2018 Tahoe Forest Health System CHNA Summary Report

Overview of the Community

January 2018

Center for
OPINION RESEARCH

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Executive Summary

Consistent with our mission, core values and vision, Tahoe Forest Health System is committed to the health needs in the communities we serve. Every three years our region conducts a Community Health Needs Assessment (CHNA) to understand our broad health care needs and to prioritize identified issues and develop strategies to address these needs.

The following document provides an overview of findings based on a Behavioral Risk Factor Surveillance Survey (BRFSS) of 415 adults who reside in the North Tahoe/Truckee area at least nine months per year. The survey sample was designed to be representative of the adult, non-institutionalized population of the Tahoe Forest Health System service area. The survey interviewing took place from September 6 – 25, 2017.

This survey identifies community health needs based on the prevalence of health risks and health disparities. It focuses specifically on health risks that contribute to non-communicable disease that are among the leading causes of death and disability with some emphasis on how these risk factors are unevenly distributed across demographic groups. This approach shows the most significant health risks in the TFHS relate to obesity, including obesity-related behaviors such as diet and exercise, mental health, and substance use in terms of both the number of people affected and the amount of death and disability each creates. The data also shows that barriers to accessing health care among some groups as well as the high costs of housing may exacerbate these problems. The report finds wide variation on key health indicators for the counties located within the health system and raises some questions about improving public health in an area where there are high numbers of seasonal residents.

Introduction

Tahoe Forest Health System is proud to present the 2017 Community Health Needs Assessment of the medical service area of Tahoe Forest Health System. This report provides an assessment of the region's current health needs, issues, and strengths, identifies how needs and issues have changed over time, and highlights how our region compares to health and wellness at the county and state level.

The Community Health Needs Assessment (CHNA) was a collaborative effort of Tahoe Forest Health System (TFHS) and the Center for Opinion Research (COR) at Franklin and Marshall College. This is the third CHNA initiated by Tahoe Forest Health System with previous assessments taking place in 2011 and 2014.

Improving the health of our community through excellence and compassion is primary to the mission and vision of TFHS and should be an important priority for all residents of our community. Through collective efforts with our partnering organizations, we hope this report will stimulate continued collaboration and innovation. TFHS strives to create a culture of health and wellness and to lead our community in health improvement.

Data Sources

The assessment uses information from primary and secondary sources to identify health issues of consequence to the community. Estimates are presented for selected demographic and health indicators, including access to healthcare, health-related behavioral risks, and prevention behaviors and context. The information presented in this summary comes from following sources:

1. The primary source of comparative health information is provided by the Robert Wood Johnson Foundation County Health Rankings. These rankings provide county-level information on health factors and health outcomes. The performance of individual counties is compared to other CA and NV counties to provide a relative performance ranking.
2. The primary source of local, current information comes from the Community Health Needs Assessment (CHNA) survey which uses questions from the Behavioral Risk Factor Surveillance Survey (BRFSS).
3. Additional secondary data comes from the Nevada Department of Public Health, the UCLA California Health Interview Survey (AskCHIS), the CDC BRFSS Prevalence and Trends Data tool, and the Washoe County NV Health Department.

Behavioral Risk Factor Surveillance Survey

The Behavioral Risk Factor Surveillance Survey (BRFSS) allows us to review a variety of health indicators specific to the area, and comparisons to BRFSS surveys conducted in 2011 and 2014 allow us to identify trends on comparable indicators. These indicators fall into the broad categories of health care access, behavioral risk, health conditions, and prevention behaviors and context detailed in Table 1.

Community Priorities

Analysis of the results of the survey as well as data trends from previous CHNA assessments highlighted the following priority areas:

- Access to care: Reviewing the overall data shows that access indicators for TFHS are generally favorable, with most residents reporting they have health care coverage and a personal physician. Few reported that language or cultural barriers kept them from seeking care. The health care access indicators appear to show some signs of improvement from prior surveys, although one in seven residents said that the cost of treatment, availability of transportation, or availability of health insurance prevented them accessing care in the previous year, and one out of four residents experienced some economic hardships in the past 12 months.

- Behavioral risk: Indicators show that few residents exercise regularly, that is for 30 minutes five times per week, and even fewer eat three servings of vegetables every day. More troubling are the rates of binge drinking, specifically, and substance abuse more generally.

One in four residents had a binge drinking episode in the month prior to the survey and nearly one in three has some substance use. One in ten residents is a current smoker, which is an increase from prior surveys, and about half of area residents are overweight or obese.

- Mental Health: Data show that although nine out of ten residents get the social and emotional support they need (sometimes, usually, or always), over half of residents experienced one or more days with depressive symptoms in the two weeks prior to the survey. One in three residents had at least one day when mental health was not good in the past month, an increase from previous surveys, and one in twenty are currently depressed according to the current depression indicator Patient Health Questionnaire.
- Health Conditions: Rates of health conditions such as diabetes, heart conditions, breathing conditions and cancer are about as expected and are mostly consistent with previous surveys.

Transforming these proportions into population totals shows that, in aggregate terms, diet, exercise, obesity, and mental health issues affect large numbers of TFHS residents. In the TFHS service area, more than 30,000 adults did not consume three vegetables each day, more than 20,000 did not exercise 30 minutes on five days in the weeks preceding the survey, and more than 15,000 were overweight or obese. Additionally, more than 17,000 adults in the service area experienced one or more days with depressive symptoms in the two weeks preceding the survey and almost 11,000 has some problematic substance use. More than 3,000 residents are regular smokers.

There are notable health disparities within TFHS that, generally speaking, show clear patterns. Age and poverty status are most likely to be associated with disparities across every health indicator category. In terms of age, older residents are more likely to have better access to healthcare and have better rates on most prevention-related indicators, but they are also more likely to have specific health conditions. Younger residents are more likely to have better rates for behavioral indicators, notably for overweight and obesity as well as physical activity, although they are more likely to drink and use illegal drugs. Poverty is strongly related to health access and prevention behaviors. Other characteristics, including race, gender, education, and state of residence are less commonly associated with these health indicators.

A more sophisticated analysis of the relationships between access, depressive symptoms, substance use and selected demographic variables shows how the likelihood of experiencing these things differs depending on demographic background, but that no single demographic characteristic is associated with all of them. This is a reminder that while certain groups are more likely to experience certain conditions, most conditions are experienced across many different groups.

Health disparity analysis identifies those demographic characteristics that are more often associated with poor health behaviors and conditions, but because these demographic disparities are often geographically concentrated, public health researchers have begun to focus on the characteristics of place and geography through social determinants analysis as a way to more effectively target public health interventions. Healthy People 2020 uses a series of indicators to assess the social determinants of health within specific geographies. On many indicators, the TFHS social and physical environment appears more likely to support positive health outcomes, although access to health insurance and housing costs are potential vulnerabilities.

Finally, the relative health rankings of the counties located in the TFHS vary considerably. Compared to other counties in the state, Placer County has mostly positive health rankings, and in fact ranks among the top three counties in the state of California on health outcomes and factors. Sierra County is situated in the bottom half of counties in the state of California for its health outcomes and factors. Nevada and El Dorado counties are in the top half of California counties in terms of length of life and quality of life. Washoe County has comparatively favorable rankings relative to other counties in Nevada.

The themes revealed by this quantitative assessment of the community are reinforced and amplified by themes that emerged from a series of community focus groups. Focus group participants commonly expressed concerns around mental health, substance abuse, being disconnected from the community, and the high cost of living and its impact on health in terms of affordable housing, food/nutrition and health care. While health conditions such as cancer, heart health and diabetes were mentioned, the discussions largely focused on underlying factors that contribute to these

health conditions, as mentioned above. Barriers to accessing care included affordability, the high cost of living, language barriers, stigma, cultural beliefs and norms, and knowing where to find resources and support.

The rest of this report provides more details about the overall findings discussed in the executive summary.

Table 1. Summary of Health Indicators with Comparison to Prior CHNA Surveys

Summary of Health Indicators	Tahoe Forest CHNA		
	2011	2014	2017
	n=436	*n=402*	*n=415*
Access Indicators			
Uninsured (% of pop. under age 65 without health insurance)	25.3	16.8	4.8
Has personal physician	67.5	66.0	71.1
Economic hardships (one or more)	***	***	22.9
Did not receive health care in past year because of cost	17.3	12.9	4.4
No health insurance any time during past year (ages 18 - 64)	***	***	9.2
Limited access to care	***	***	14.2
Behavioral Risk Indicators			
Participated in physical activities or exercise in past month	***	***	94.3
BMI: Overweight and Obese	48.9	***	48.5
Strength training in past month	***	***	63.3
Exercised 30 minutes on five days in past week	***	***	34.4
Adult smoking (% current smokers)	6.2	7.7	9.9
Smoked 100 or more cigarettes in lifetime	33.2	33.9	33.9
Ate fast food three or more days in past week	***	***	5.1
Binge drinking behavior	21.6	24.6	28.3
Consumed three servings of vegetables daily	***	***	11.6
Used illegal drugs in past year	***	***	3.4
Any substance use	***	***	34.0
Conditions			
Has high cholesterol	36.3	24.7	36.5
Ever diagnosed with high blood pressure	20.7	25.5	24.7
Ever had COPD, emphysema, or chronic bronchitis	***	***	1.9
Told has heart disease, heart attack, or stroke	4.4	***	7.2
Ever told had heart attack	2.9	***	3.4
Ever told had stroke	1.1	***	3.5
Ever diagnosed with heart disease	0.3	3.1	4.5
Respondent is diabetic	2.7	***	3.9
Has ever had cancer	***	***	9.9
Currently has Asthma	5.5	***	5.9
Ever diagnosed with asthma	10.9	***	15.7
Ever told had anxiety	***	***	10.4
Ever told had a depressive disorder	***	***	13.4
PHQ-8 current depression indicator-currently depressed	***	***	4.5
Any depressive symptoms	***	***	21.0
Prevention Behaviors and Context			
Gets needed social and emotional support	93.1	86.9	90.1
Has ever had blood cholesterol checked	76.3	88.8	85.8
Ever had colonoscopy/sigmoidoscopy (age 50+)	74.2	70.3	77.6
Routine check-up with doctor in past 12 months	54.4	59.5	57.9
Has seen a dentist in past year	***	73.9	82.3
One or more days with depressive symptoms in past two weeks	***	***	57.0
Has had flu shot in past year (ages 18-64)	27.3	31.9	48.6
Has had flu shot in past year (age 65+)	68.5	61.5	72.4
Poor physical health days (mean days)	3.6	2.6	3.0
Poor mental health days (mean days)	3.1	3.0	2.1
At least one day physical health was not good in past month	39.5	28.9	35.7
At least one day mental health was not good in past month	31.9	31.8	34.0
Physical inactivity (% physically inactive)	***	***	5.7
Poor or fair health	13.1	8.2	7.8
Stressed about paying rent or mortgage	19.3	***	15.5
Avoids or never uses health care system	***	***	12.2
****Not asked in survey*			

Population Totals

The estimates produced by the Behavioral Risk Factor survey provide a tool for translating the proportion of citizens with a specific characteristic into an estimate of the number of adult residents with that characteristic. In aggregate terms, diet, exercise, obesity, and mental health issues affect large numbers of TFHS residents. In the TFHS, more than 30,000 adults did not consume three vegetables each day, more than 20,000 did not exercise 30 minutes on five days in the weeks preceding the survey, and more than 15,000 were overweight or obese. Additionally, more than 17,000 adults in the service area experienced one or more days with depressive symptoms in the two weeks preceding the survey and almost 11,000 has some problematic substance use. More than 3,000 residents are regular smokers (Figure 1).

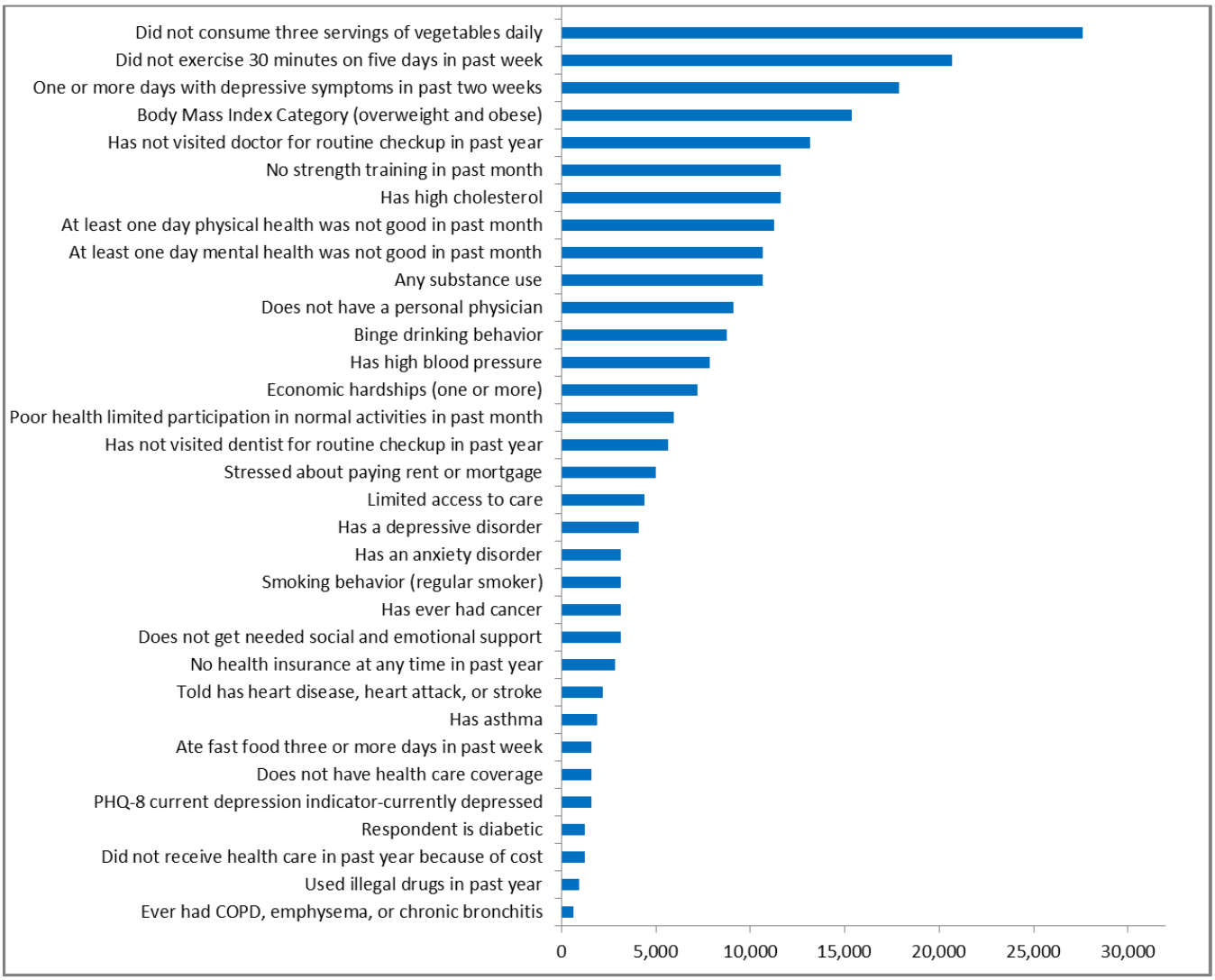


Figure 1. Total Adult Residents Reporting Condition, TFHS 2017. *The blue bars provide estimates of the adult population in 2017 that reported each behavior, condition, or experience. In the TFHS, more than 30,000 adults did not consume three vegetables each day, more than 20,000 did not exercise 30 minutes on five days in the weeks preceding the survey, and more than 15,000 were overweight or obese. Additionally, more than 17,000 adults in the service area experienced one or more days with depressive symptoms in the two weeks preceding the survey. The estimated error for these estimates is ± 2,664 adults. See Table 1 for definitions and subgroups (Total number of adult residents in TFHS: 2015 Final Estimate=31,343).*

Health Risks and Disability-Adjusted Life Years

Long-term health risk and disability can be quantified by calculating disability-adjusted life years. Disability-adjusted life years (DALYs)[i] calculations provide an estimate of the burden of disease by assessing premature mortality and disability, thus providing an overall view of the most important contributors to health loss. In the United States, the leading causes of DALYs were all non-communicable diseases. The rates for these leading causes of death and disability are shown in Table 2 for the US, California, and Nevada.[iiiii]

Table 2. Rates of Leading Causes of Death per 100,000 Residents

	U.S.[iv]	CA[v]	NV[vi]
Heart Disease	168.5	145.6	200.9
Cancer	158.5	142.8	157.2
Accidents	43.2	30.6	45.4
Chronic lower respiratory disease	41.6	33.1	54.1
Stroke	37.6	36.2	37.0
Alzheimer's Disease	29.4	35.7	32.9
Diabetes	21.3	21.2	13.4

**Age-adjusted rate, 2015; https://www.cdc.gov/nchs/pressroom/states/california/california.htm*

The disability-adjusted life years (DALY's) estimates might encourage a focus on these conditions, but such efforts would emphasize treatment and not causes; focusing on these conditions alone would do little to reduce lives lost and disability within a community. Instead, a public health focus on reducing DALY's encourages the prevention of disease instead of its treatment. Even though the specific conditions affect a small segment of the population, the risk factors that account for the most disease burden in the United States are dietary risks, smoking, and high BMI. Each contributes to cancer, cardiovascular and circulatory disorders, chronic respiratory diseases, and diabetes.[vii] Chronic, non-communicable diseases pose a tremendous health burden throughout the world.[viii] Residents of the TFHS area compare mostly favorably on these risk factors when compared to California and Nevada overall, with lower rates of overweight and obese, smoking, and high blood pressure (Figure 2). On the other hand, rates of binge drinking and hypercholesterolemia are high. The rates for overweight/obese and binge drinking exceed the Healthy People 2020 targets established by the Centers for Disease Control.

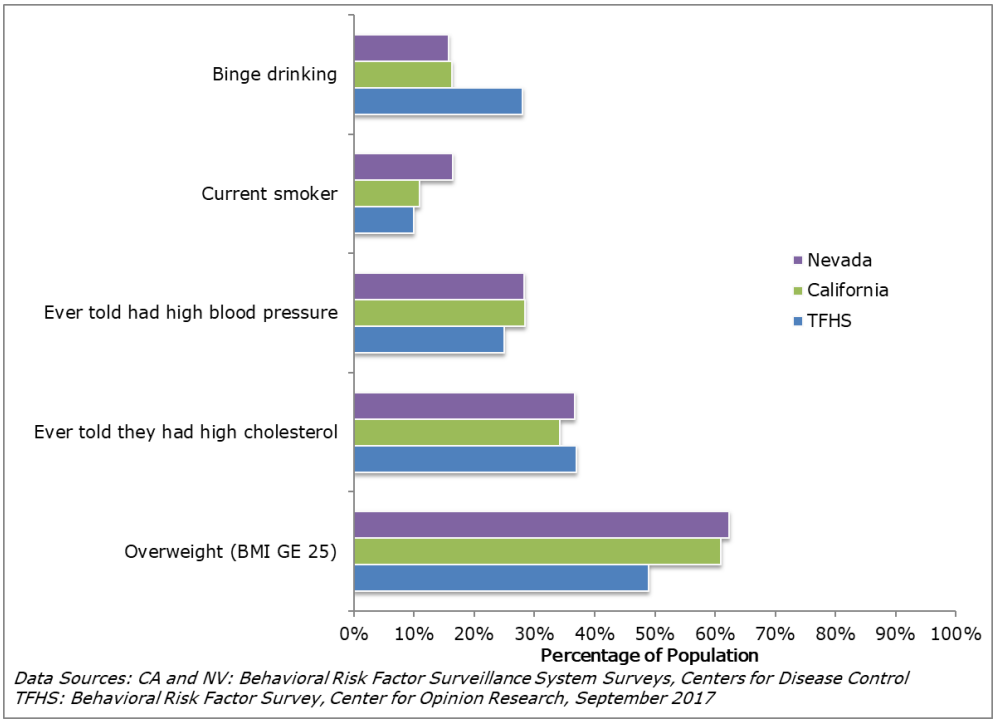


Figure 2. Behavioral Health Risks, Tahoe Forest Health System Compared to CA and NV Estimates. *This figure compares the prevalence of health risks among residents in the Tahoe Forest area compared to California and Nevada state estimates. Residents in the TFHS are comparably better on body weight, and smoking, the rate of binge drinking is comparatively higher than in either CA or NV and both the rate of binge drinking and the rate of overweight/obese exceed Healthy People 2020 targets.*

Health Disparities and Social Determinants of Health

The CHNA identifies the presence of numerous health disparities, i.e., gaps in access, conditions, or behaviors that are larger for some demographic groups than for others.

The area's health disparities, generally speaking, show clear patterns. Age and poverty status are most likely to be associated with disparities across every health indicator category. In terms of age, older residents are more likely to have better access to healthcare and have better rates on most prevention-related indicators, but they are also more likely to have specific health conditions. Younger residents are more likely to have better rates for behavioral indicators, notably for overweight and obesity as well as physical activity, although they are more likely to drink and use illegal drugs. Poverty is strongly related to health access and prevention behaviors. Other characteristics, including race, gender, education, and state of residence are less commonly associated with these health indicators.

Figure 3 displays the relationships that exist between each survey indicator and each individual demographic subgroup (Appendix D provides cross tabulations that show the estimate of each indicator within each subgroup). The color coding identifies whether there is a significant relationship between each indicator and each demographic subgroup and how strong those differences are; the darkest coloring indicates the strongest associations.[ix]

Results of Significance Testing for Selected Variables
Tahoe Forest Health System Community Health Needs Assessment Survey

	Demographic Groups					
	Age	**Poverty**	**Race/Ethnicity**	**Gender**	**Education**	**State**
Access Indicators						
Has health care coverage						
Has a personal physician						
Did not receive health care in past year because of cost						
Economic hardships						
Limited access to care						
Behavioral Indicators						
Participated in physical activities or exercise in past month						
Exercised 30 minutes on five days in past week						
Strength training in past month						
Smoking behavior						
Body Mass Index Category						
Binge drinking behavior						
Consumed three servings of vegetables daily						
Ate fast food 3 or more days in past week						
Used illegal drugs in past year						
Any substance use						
Conditions						
Respondent is diabetic						
Told has heart disease, heart attack, or stroke						
Has COPD, emphysema, or chronic bronchitis						
Has high cholesterol						
Has high blood pressure						
Has asthma						
Has ever had cancer						
Ever told had anxiety						
Ever told had a depressive disorder						
PHQ-8 current depression indicator						
Any depressive symptoms						
Prevention Behaviors and Context						
At least one day physical health was not good in past month						
At least one day mental health was not good in past month						
Visited doctor for routine checkup in past year						
Has ever had blood cholesterol checked						
Gets needed social and emotional support						
One or more days with depressive symptoms in past two weeks						
Stressed about paying rent or mortgage						
Has had flu shot in past year						
Avoids or never uses health care system						
Visited dentist for routine checkup in past year						

Figure 3. Health Indicators by Selected Demographic Groups, TFHS, 2017. *This figure displays the relationships between each survey indicator and selected demographic characteristics. The color coding identifies whether there is a significant relationship between each indicator and each demographic subgroup and how strong those differences are; the darkest coloring indicates the strongest associations.*

Health Disparities and Correlates of Access, Depressive Symptoms, and Substance Use

This section extends the preceding disparities analysis by using more sophisticated analytic tools to further disentangle the demographic patterns among area residents who experience limited health care access, depressive symptoms, and substance use. The models described in this section are purposely limited to demographic characteristics and do not attempt to use other variables that could increase their explanatory power. This approach is used to demonstrate the complex interplay of and influence different demographic characteristics have on different types of health indicators.

One in seven (14%) area residents reported some limitation that hindered their access to receiving health care. Those residents who had the least amount of education were about four times more likely than those with more education to have limited access to care (Table 3).

One in five (21%) area residents had at least some depressive symptoms in the two weeks prior to the survey. The likelihood of having some depressive symptoms is twice as likely for women than men, and is about five times higher for the unemployed. Retirees are less likely than non-retirees to report depressive symptoms.

One in three (34%) residents reported some substance use, primarily binge drinking. The likelihood of substance use is lower for those over 55 years of age than for those younger than that, and is higher for males than females. The unmarried and those with the least amount of education are also more likely to report substance use.

Table 3 displays the relationships between access, depressive symptoms, substance use and selected demographic variables and shows how the likelihood of experiencing these things differs depending on demographic background, but that no single demographic characteristic is associated with all of them. This is a reminder that while certain groups are more likely to experience certain conditions, most conditions are experienced across many different groups. (see Appendix E for a more detailed explanation of this analysis).

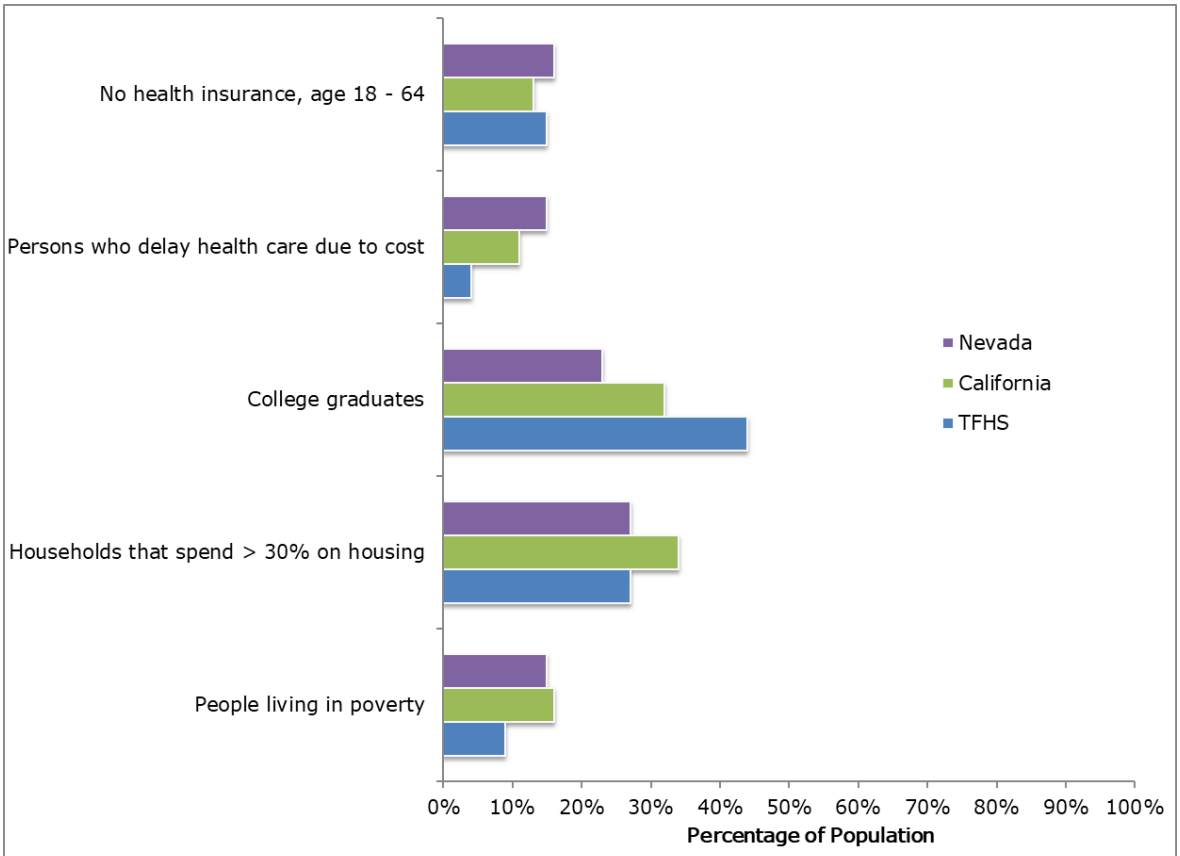
Table 3. Logistic Regression Results for Selected Variables

	Limited Access	Depressive Symptoms	Substance Use
Male	0.394	-0.630*	0.637**
	(0.378)	(0.332)	(0.263)
Age over 55	-0.579	-0.316	-1.062***
	(0.450)	(0.378)	(0.332)
Age under 35	0.238	0.028	-0.310
	(0.703)	(0.679)	(0.598)
White	-0.320	0.270	1.055
	(0.764)	(0.749)	(0.741)
High School or less	1.443**	0.383	1.174**
	(0.568)	(0.573)	(0.487)
Some college	0.663	0.500	0.514*
	(0.423)	(0.342)	(0.296)
Unmarried	0.650	0.308	0.783***
	(0.398)	(0.337)	(0.284)
Unemployed	0.023	1.601***	-0.241
	(0.649)	(0.515)	(0.532)
Retired	-1.038	-2.148***	-0.234
	(0.737)	(0.575)	(0.555)
Constant	-1.982**	-1.606**	-1.798**
	(0.836)	(0.788)	(0.777)
Observations	342	325	342
R^2	0.149	0.131	0.175
chi^2 (df = 9)	26.001***	27.077***	44.543***
Note:	*p<0.1; **p<0.05; ***p<0.01		

Social Determinants

Health disparity analysis identifies those demographic characteristics that are more often associated with poor health behaviors and conditions, but because these demographic disparities are often geographically concentrated, public health researchers have begun to focus on the characteristics of place and geography through social determinants analysis as a way to more effectively target public health interventions. Social determinants analysis attempts to geographically describe the physical environments where people live and work that can contribute to health outcomes and risks. [x] Social determinants research highlighting the importance of poverty, residential segregation, stigma and discrimination, incarceration, and educational attainment on health outcomes provides a deeper understanding of the complex social and structural determinants of health and pinpoints additional opportunities for enhancing prevention and control efforts. [xi]

Healthy People 2020 uses a series of indicators to assess the social determinants of health within a specific geographic area. The TFHS has higher rates of college graduates and fewer residents living in poverty, making its social and physical environment more likely to support positive health outcomes (Figure 4). Access to health insurance and housing costs are potential vulnerabilities.



Data Sources: All Indicators based on ACS16 5 Year Data except for persons who delay health care due to cost. Health care delay data comes from Behavioral Risk Factor Surveillance System Surveys, Centers for Disease Control and TFHS data for the indicator is from the Behavioral Risk Factor Survey, Center for Opinion Research, September 2017

Figure 4. TFHS Social Determinants Indicators. *This figure displays five social determinants indicators for the TFHS as well as California and Nevada. The TFHS has higher rates of college graduates and fewer residents living in poverty, making its social and physical environment more likely to support positive health outcomes. Access to health insurance and housing costs are potential vulnerabilities.*

The low rates of poverty and high rates of educational attainment suggest that the TFHS is relatively affluent, and this is borne out by home values.[xii] About one in ten owner-occupied homes in the service area is valued at $1 million or more. The median home price in California is $409,300, while the median home value is higher than that in 10 of the 11 TFHS zip codes (Table 4). The vacancy rates in these zip codes are also well above state averages because the housing units are for seasonal, recreational, or occasional use. In total, 35.3% of households in

the TFHS zip codes are occupied according to the Census Bureau. The seasonal nature of residency in TFHS raises important questions about how the community should plan for and deliver public health policies and interventions that prioritize the needs and interests of full-time residents.

Table 4. Selected Housing Characteristics for TFHS Zip Codes

Zip Code	Total Housing Units	Total Occupied Housing Units	Occupied Housing Units %	Vacant Housing Units	Seasonally Vacant	Median $ Value Owner Occupied
89450	134	82	61.2	52	52	na
89451	7754	3696	47.7	4058	3524	737400
95728	1241	157	12.7	1084	1023	627900
96140	1637	353	21.6	1284	1186	546400
96141	1668	228	13.7	1440	1403	581600
96142	2167	313	14.4	1854	1726	443400
96143	3197	1324	41.4	1873	1694	384700
96145	4771	1112	23.3	3659	3415	603500
96146	1857	450	24.2	1407	1323	862600
96148	638	242	37.9	396	342	614600
96161	17391	7024	40.4	10367	9666	515100

Relative County Health Rankings

The relative health rankings of the counties located in the TFHS vary considerably, according to county health rankings data.[xiii] Compared to other counties in the state, Placer County has mostly positive health rankings, and in fact ranks among the top three counties in the state on health outcomes and factors. Sierra County is situated in the bottom half of counties in the state of California for its health outcomes and factors. Washoe County has comparatively favorable rankings relative to other counties in Nevada (see Appendix F for County Health Rankings by County, 2010-2017). Table 5 displays the health outcomes and factors for the counties within the TFHS as well as the same ranks for the top performing counties in California and Nevada.

Table 5. Relative County Ranks on County Health Rankings Outcomes and Factors

	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
El Dorado County, CA	20	12	11	11	6	11
Nevada County, CA	26	3	16	8	20	7
Placer County, CA	8	1	3	3	3	34
Sierra County, CA	31	46	23	42	38	14
Washoe County, NV	5	6	4	2	6	16
Top Performing CA Counties (out of 58 CA counties)						
Marin County	2	6	4	1	2	21
San Mateo County	1	5	2	5	1	29
Placer County	8	1	3	3	3	34
Top Performing NV Counties (out of 17 NV counties)*						
Douglas County	2	7	1	1	2	14
Eureka County	9	3	5	6	7	3
Lincoln County	3	1	6	12	4	8

Source: Robert Wood Johnson County Health Rankings, 2017. http://www.countyhealthrankings.org/explore-health-rankings

**Nevada has 16 counties and 1 independent city (Carson City) which is treated as a county in the County Health Rankings*

Focus Group Results

Focus groups were conducted with three targeted subgroups of the Truckee/North Tahoe community: Hispanic, youth (ages 18-24) and homeless populations (see Appendix G for more details about methods and findings). Focus group feedback complemented the findings of the CHNA survey and provided additional insight into the health concerns, needs and barriers experienced within our local community. Prevailing themes that emerged from focus groups included concerns around mental health, substance abuse, being disconnected from the community, and the high cost of living and its impact on health in terms of affordable housing, food/nutrition and healthcare. While health conditions such as cancer, heart health and diabetes were mentioned, the discussions largely focused on underlying factors that contribute to

these health conditions, as mentioned above. When asked to identify specific community groups more likely to experience these health issues, participants most frequently noted lower socioeconomic groups including those without stable work, transitional age youth (ages 18 to 24), those with less formal education, the homeless, the undocumented, and those who do not speak English.

The commonly expressed barriers to getting health care included affordability of services, the high cost of living, language barriers, stigma, cultural beliefs and norms, and knowing where to find resources and support. Participants offered many solutions to address community health needs in the TFHS. Suggestions for reducing barriers included:

- Nutrition education that complements the Hispanic diet
- Cultural competence education for healthcare workers
- Expanding year-round, affordable recreation options
- Local substance use rehabilitation facilities
- Affordable mental health services/providers
- Increasing affordable housing units
- Expanded care coordination programs/mentor programs
- Expanded education and programming on various health topics
- Establishing permanent donation bins in local grocery stores

Endnotes

[i] *2016 Disability-Adjusted Life Years (DALYs) for the U.S. https://vizhub.healthdata.org/gbd-compare/*
[ii] *https://www.healthsystemtracker.org/chart-collection/know-burden-disease-u-s/#item-mental-health-circulatory-disorders-leading-causes-disease-burden-u-s*
[iii] *Low back pain appears in the top five leading causes of DALYs in the US, but is not included in this section because the CHNA did not include any questions specifically about low back pain.*
[iv] *https://www.cdc.gov/nchs/pressroom/states/california/california.htm*
[v] *https://www.cdc.gov/nchs/pressroom/states/california/california.htm*
[vi] *https://www.cdc.gov/nchs/pressroom/states/nevada/nevada.htm*
[vii] *Institute for Health Metrics and Evaluation. GBD Profile: United States. Retrieved from http://www.healthmetricsandevaluation.org on April 28, 2015.*
[viii] *Draft Political Declaration of the High-level Meeting on the prevention and control of non-communicable diseases, United Nations, 7 September 2011.*
[ix] *These patterns represent bivariate relationships within the data and do not account for simultaneous effects of multiple variables as the previous analysis of obesity and depression do.*
[x] *http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health*
[xi] *Dean, H., Williams, K., Fenton, K. (2013). From Theory to Action: Applying Social Determinants of Health to Public Health Practice. Public Health Reports, Supplement 3 (128): 1 – 4.*
[xii] *The data in this section of the report comes from the U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates.*
[xiii] *Robert Wood Johnson Foundation. (2016). 2016 County Health Rankings Pennsylvania Data – v1_0.xls [Data file]. Retrieved from http://www.countyhealthrankings.org/app/pennsylvania/2016/overview.*
[IV] *Forouzanfar, Mohammad H et al. Global, regional, and national comparative risk assessment of 79 behavioural, environmental and occupational, and metabolic risks or clusters of risks in 188 countries, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013. The Lancet , Volume 386, Issue 10010, 2287 – 2323.*

Description of Data Sources

The primary source of local, current data about the Tahoe Forest Health System comes from a Community Health Needs Assessment (CHNA) survey. The CHNA survey information is based on a behavioral risk factor survey of 415 adult residents of the Tahoe Forest Heath System service area. The survey interviewing took place from September 6 – 25, 2017. The survey sample was designed to be representative of the adult, non-institutionalized population of the Tahoe Forest Health System service area. Survey results were weighted (gender, education, race and age) using an iterative weighting algorithm to reflect the known distribution of those characteristics as reported by the Census Bureau's American Community Survey for the Tahoe Forest Health System service area (see Table A-1). The sample error is +/- 8.5 percentage points for the Tahoe Forest Health System when the design effects from weighting are considered. In addition to sampling error, this survey is also subject to other sources of non-sampling error. Generally speaking, two sources of error concern researchers most. Non-response bias is created when selected participants either choose not to participate in the survey or are unavailable for interviewing. Response errors are the product of the question and answer process. Surveys that rely on self-reported behaviors and attitudes are susceptible to biases related to the way respondents process and respond to survey questions.

Table A-1. Unweighted and Weighted Sample Estimates, 2017 Weighting Variables

Group	Parameter	Unweighted Estimate	Weighted Estimate
Male	54.9	38.0	54
Female	45.1	62.0	46
HS or <	22.4	6.9	8
some college	33.3	23.2	34.4
College or >	44.3	65.2	45.2
White	80.1	94.0	85.2
Other	19.9	6.0	14.8
18 - 34	26.4	4.6	8.9
35 - 54	38.2	27.7	54.1
55 or >	35.4	67.7	36.4

Note: All parameter estimates are from US Census Bureau, 2012-2016 5-Yr ACS

Comparisons to prior TFHS CHNA survey data should be interpreted with care. Table A-2 shows the weighted and unweighted distribution on gender, age, and race for those prior surveys. Differences in the distribution of the samples by age and race in particular may be an important reason that estimates for specific indicators appear to vary over time.

The primary source of comparative health information is provided by the Robert Wood Johnson Foundation County Health Rankings. These rankings provide county-level information on health factors and health outcomes. Table A-3 provides a list of the measures used by the County Health Rankings.

The trend data that appears in the Table A-3 is based on the data available through the Nevada Department of Public Health, the UCLA California Heath Interview Survey (AskCHIS), the CDC BRFSS Prevalence and Trends Data tool, and the Washoe County NV Health Department.

Table A-2. Unweighted and Weighted Sample Estimates, Prior Surveys

Group	Unweighted Estimate 2011	Weighted Estimate 2011	Unweighted Estimate 2014	Weighted Estimate 2014
Male	42	49	47	47
Female	58	51	53	53
White	82	81	92	91
Other	18	19	8	9
18 - 34	11	23	13	28
35 - 54	42	50	34	38
55 or >	46	28	53	35

Table A-3. Summary of Health Indicators, BRFSS Comparison

Summary of Health Indicators	California Counties				California	Nevada Counties		Nevada
	Nevada		Placer		State	Washoe		State
	F&M	BRFSS	F&M	BRFSS	BRFSS	F&M	BRFSS	BRFSS
Access Indicators								
Uninsured (% of pop. under age 65 without health insurance)	4.4	11.7	3.8	8.8	10.8	9.6	11.2	17.9
Has personal physician	70.8		70.5		76.0	71.3	75.4	66.8
Economic hardships (one or more)	25.4		19.4			18.7		
Did not receive health care in past year because of cost	4.0		5.7	6.3	11.4	4.2	13.0	15.1
Behavioral Risk Indicators								
Participated in physical activities or exercise in past month	95.6		96.5		79.5	88.0		75.3
BMI: Overweight and Obese	44.0	53.2	51.9	69.2	61.0	55.1	58.0	62.3
Strength training in past month	64.3		60.4			67.1		
Adult obesity: % Obese (BMI=30 or more)	7.1	21.1	9.8	21.7	25.0	16.3	21.8	25.8
Exercised 30 minutes on five days in past week	32.6		39.6			33.7		
Adult smoking (% current smokers)	6.1	12.0	11.9	10.1	11.0	9.9	17.1	16.5
Smoked 100 or more cigarettes in lifetime	27.4	42.1	39.8	43.1	34.0	40.5		40.9
Ate fast food three or more days in past week	5.9		0.4			11.2		
Binge drinking behavior	28.4		27.5		16.3	31.2	16.2	15.8
Excessive drinking (% binge and heavy drinking)	30.6	19.0	34.6	17.6	22.2	34.8	21.3	22.1
Consumed three servings of vegetables daily	14.3		6.3			7.0		
Used illegal drugs in past year	2.3		4.6			4.0		
Conditions								
Has high cholesterol	30.6		46.4		34.2	40.5		36.7
Ever diagnosed with high blood pressure	21.3	30.5	25.1	29.9	28.5	33.9	32.4	28.3
Ever told had anxiety	8.8		12.0			14.8		
Ever told had a depressive disorder	12.7		11.1		13.5	20.9		17.2
Told has heart disease, heart attack, or stroke	3.9		10.3			12.5		
Ever told had heart attack	1.9		5.3		3.0	4.6	4.9	4.9
Ever told had stroke	2.3		5.6		2.4	2.8	2.1	3.3
Ever diagnosed with heart disease	2.7	5.7	4.9	10.5	3.3	9.1	3.3	4.4
Respondent is diabetic	3.4		3.9	0.0		6.3		
Diabetes prevalence (% aged 20+ with diagnosed diabetes)	3.4	8.0	3.9	9.0	10.2	7.0	7.9	9.7
Has ever had cancer	5.5		13.5			17.0		
Currently has Asthma	8.0	8.8	4.6	13.0	7.8	1.2	9.5	7.9
Ever diagnosed with asthma	14.2	11.2	16.5	15.2	12.8	19.7	13.2	11.6
PHQ-8 current depression indicator-currently depressed	3.2		6.3			6.1		
Ever had COPD, emphysema, or chronic bronchitis	1.8		1.3			1.9		
Prevention Behaviors and Context								
Gets needed social and emotional support	94.4		84.9			84.3		
Has ever had blood cholesterol checked	85.2		80.3		80.5	94.3		79.8
Ever had colonoscopy/sigmoidoscopy (ages 50-75)	72.5		76.0		71.4	66.7		62.2
Routine check-up with doctor in past 12 months	57.6	81.9	56.0	74.9	67.0	56.7	65.8	69.1
Has seen a dentist in past year	81.6	69.7	83.6	79.7	67.1	84.0		60.4
One or more days with depressive symptoms in past two weeks	55.0		60.1			57.4		
Has had flu shot in past year (Ages 18-64)	56.0		38.4			32.3	39.0	26.9
Has had flu shot in past year (Age 65+)	79.1		73.4		58.1	55.4	56.1	54.1
Poor physical health days (mean days)	2.1	3.4	3.9	3.3	3.6	4.5	3.8	3.9
Poor mental health days (mean days)	1.6	3.7	2.8	3.5	3.6	2.4	4.0	3.9
At least one day physical health was not good in past month	32.9		38.9			39.1		
Poor health limited participation in normal activities in past month	81.6		90.0			69.5		
At least one day mental health was not good in past month	33.1		38.0			34.9		
Physical inactivity (% physically inactive)	4.4	17.2	3.5	14.8	17.4	12.0	16.0	20.8
Poor or fair health	6.2	12.2	4.7	11.7	17.8	14.2	14.8	17.2
Stressed about paying rent or mortgage	15.5		21.8			7.0		
Avoids or never uses health care system	11.1		10.1			19.7		
Unemployment (% Unemployed)	1.1	5.5	4.0	5.0	6.2	0.0	6.2	6.7
Notes: BRFSS Data Sources:								
http://ask.chis.ucla.edu/AskCHIS/tools/_layouts/AskChisTool/home.aspx#/results								
http://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/BRFSS/dta/Publications/Final_2015_Annual_Report%20for%20Website_05-19-17.pdf								
http://washoe.nv.networkofcare.org/ph/indicator.aspx?id=123&c=8								
https://nccd.cdc.gov/BRFSSPrevalence/								
https://www.washoecounty.us/health/files/data-publications-reports/community-health-needs-assessment.pdf								

Marginal Frequency Report: Behavioral Risk Factor Survey

California (CA)	n=324
Nevada (NV)	n=91

Health Status

S1_1. Would you say that in general your health is...

	CA	NV	Total
Excellent	31%	21%	30%
Very good	42%	44%	42%
Good	19%	21%	20%
Fair	5%	14%	6%
Poor	2%	0%	2%

Health Days – Health Related Quality of Life

S2_1. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

	CA	NV	Total
None	65%	61%	64%
1 or more	35%	39%	35%
Don't Know, Not sure	1%	1%	1%

S2_1cp. Do you suffer from any type of chronic pain, that is, pain that occurs constantly or flares up frequently?

	CA	NV	Total
Yes	33%	32%	33%
No	67%	68%	67%

S2_1med. Are you currently taking any prescription medications for your pain? [*Asked if yes to S1_1cp*]

	CA n=116	NV n=21	Total n=137
Yes	20%	33%	22%
No	80%	67%	78%

S2_2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good?

	CA	NV	Total
None	66%	65%	66%
1 or more	34%	35%	34%
Don't Know, Not sure	0%	1%	0%

S2_3. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [*Asked if S2_1 or S2_2 1 or more*]

	CA n=230	NV n=45	Total n=274
None	17%	31%	19%
1 or more	83%	70%	81%

Health Care Access

IN1. Do you have any kind of health care coverage, including health insurance from an employer or private, prepaid plans such as HMOs, or government plans such as Medicare, Medicaid or CHIP?

	CA	NV	Total
Yes	97%	94%	96%
No health insurance coverage	3%	6%	4%

HCins. Which is it…[*Asked if yes to IN1*]	CA n=340	NV n=62	Total n=402
Health insurance from employer	45%	46%	45%
Private health insurance	16%	13%	15%
Medicare	12%	8%	12%
Medicare and insurance you purchased yourself	9%	21%	11%
A state or federal health exchange	6%	3%	6%
Employer and Medicare	4%	7%	4%
A prepaid plan such as an HMO	2%	0%	2%
Medicaid	1%	0%	1%
Employer and insurance you purchased yourself	1%	0%	1%
Other	3%	1%	3%
Don't know	1%	0%	1%

S3_2@a. Do you have ONE person you think of as your personal doctor or health care provider?

	CA	NV	Total
Yes, only one	46%	52%	47%
Yes, more than one	25%	19%	24%
No personal doctor	29%	29%	29%

T3. Has a lack of transportation kept you from getting to a doctor's office or to any other health care appointment during the PAST YEAR?

	CA	NV	Total
Yes	5%	2%	5%
No	95%	96%	95%
Don't Know	0%	2%	0%

S3_4. About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

	CA	NV	Total
Within past year (anytime less than 12 months ago)	58%	57%	58%
Within past 2 years (1 year ago but less than 2 years ago)	14%	23%	16%
Within past 5 years (2 years ago but less than 5 years ago)	17%	11%	16%
5 or more years ago	10%	8%	10%
Never	1%	0%	1%
Don't Know, Not sure	0%	2%	0%

HCrel Which of the following BEST describes your relationship with your physician and your health care use…

	CA	NV	Total
I have a chronic health condition and require frequent care	8%	10%	8%
I use health care mostly for preventive check-ups and health monitoring	48%	39%	46%
I seek out health care ONLY when I'm sick or injured	33%	25%	32%
I try to avoid using the health care system as much as possible	9%	16%	10%
I never use the health care system	2%	4%	2%
Don't Know	0%	6%	1%

S3_5. How often do you have someone help you read materials you receive from your doctor or hospital...

	CA	NV	Total
Always	2%	0%	2%
Often	5%	6%	5%
Sometimes	3%	0%	3%
Occasionally	6%	7%	6%
Never	82%	87%	83%
PR says has NEVER visited provider	1%	0%	1%
Do Not Know	1%	0%	0%

S3_7. How confident do you feel when leaving the doctor's office that you understand what the doctor has told you...

	CA	NV	Total
Extremely confident	57%	67%	59%
Quite a bit	31%	30%	31%
Somewhat	8%	0%	6%
A little bit	3%	0%	3%
Not at all confident	0%	3%	1%
Do Not Know	1%	0%	1%

Exercise

S5_1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

	CA	NV	Total
Yes	96%	88%	94%
No	4%	12%	6%

[*Asked if yes to S5_1*]	CA			NV			Total		
	n	Mean	S.D.	n	Mean	S.D.	n	Mean	S.D.
S5_2: When you took part in this physical activity for how many minutes did you usually keep at it?	329	71.68	76.67	57	72.60	53.38	386	71.82	73.63
S5_3: During the past month, how many times per week did you take part in these physical activities?	334	5.12	8.82	58	4.37	3.39	392	5.01	8.26
S5_4: During the past month, how many times per week did you do physical activities to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling	350	2.79	8.83	65	2.77	3.81	416	2.79	8.24

Diabetes

Gender. How do you describe yourself?

	CA	NV	Total
Male	52%	67%	54%
Female	48%	33%	46%

S6_1A. Have you ever been told by a doctor that you have diabetes?

	CA	NV	Total
Yes	4%	6%	4%
No	95%	92%	94%
No, pre-diabetes or borderline diabetes	1%	2%	1%

Oral Health

S7_1. How long has it been since you last visited a dentist or a dental clinic for any reason?

	CA	NV	Total
Within the past year (anytime less than 12 months ago)	82%	84%	82%
Within the past 2 years (1 year ago but less than 2 years ago)	13%	13%	13%
Within the past 5 years (2 years ago but less than 5 years ago)	2%	1%	2%
5 or more years ago	1%	2%	1%
Never	1%	0%	0%

S7_2cod. What is the MAIN reason you have NOT visited the dentist in the last year? *[Asked if S7_1 is not within past year]*

	CA n=62	NV n=11	Total n=73
Unnecessary, do not need to, no problems, only go when problem arises	33%	17%	31%
Cost: cannot afford it	9%	24%	12%
Do not like the dentist, fear	12%	13%	12%
Do not have dental insurance, no coverage	9%	0%	8%
Time	6%	4%	6%
Unable to get an appointment, availability	7%	0%	6%
Other medical issues take priority	4%	13%	5%
Dentist does not accept insurance	1%	0%	1%
Other	18%	29%	19%

S7_4. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? *[Asked if S7_1 is not within the past year]*

	CA n=60	NV n=11	Total n=71
Within the past year (anytime less than 12 months ago)	80%	81%	80%
Within the past 2 years (1 year ago but less than 2 years ago)	8%	8%	8%
Within the past 5 years (2 years ago but less than 5 years ago)	7%	5%	7%
5 or more years ago	3%	6%	4%
Never	1%	0%	1%

Cardiovascular Disease Prevalence

S8_1. Has a doctor, nurse, or other health professional EVER told you that you had...

		CA	NV	Total
A heart attack, also called a myocardial infarction?	Yes	3%	5%	3%
	No	97%	95%	97%
Angina or coronary heart disease?	Yes	4%	9%	5%
	No	96%	91%	95%
	Do Not Know	1%	0%	0%
A stroke?	Yes	4%	3%	4%
	No	96%	97%	96%
Chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?	Yes	2%	2%	2%
	No	98%	98%	98%

S8_5. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood CHOLESTEROL checked?

	CA	NV	Total
Yes	84%	94%	86%
No	14%	0%	12%
Do Not Know	1%	6%	2%

S8_6. Has a doctor, nurse, or other health professional EVER told you that your blood CHOLESTEROL is high? [*Asked if yes to S8_5*]

	CA n=296	NV n=62	Total n=357
Yes	36%	41%	36%
No	63%	60%	62%
Do Not Know	1%	0%	1%

S8_7. Has a doctor, nurse, or other health professional EVER told you that you had HIGH blood PRESSURE?

	CA	NV	Total
Yes	23%	34%	25%
No	77%	65%	75%
Do Not Know	0%	1%	0%

S8_12. Has a doctor or other health professional EVER advised you to TAKE MEDICATION to help lower or control your high blood pressure? [*Asked if yes to S8_7*]

	CA n=81	NV n=22	Total n=103
Yes	81%	84%	82%
No	19%	16%	18%

Asthma

S9_1. Has a doctor, nurse, or other health professional EVER told you that you had ASTHMA?

	CA	NV	Total
Yes	15%	20%	16%
No	85%	79%	84%

S9_2. Do you still have asthma? [*Asked if yes to S9_1*]

	CA n=52	NV n=13	Total n=66
Yes	45%	6%	37%
No	46%	94%	55%
Do Not Know	9%	0%	7%

Tobacco Use

S11_1. Have you smoked at least 100 cigarettes in your entire life?

	CA	NV	Total
Yes	33%	41%	34%
No	67%	60%	66%

S11_2. Do you now smoke cigarettes every day, some days, or not at all? [*Asked if yes to S11_1*]

	CA n=115	NV n=26	Total n=141
Every day	7%	10%	7%
Some days	3%	0%	3%
Not at all	90%	90%	90%

S11_5. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

	CA	NV	Total
Every day	1%	0%	0%
Some days	1%	0%	1%
Not at all	99%	100%	99%

ECIG1. Electronic cigarettes, or e-cigarettes as they are often called, are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco. The heated vapor produced by an e-cigarette often contains nicotine. Have you ever used an electronic cigarette, even just one time in your entire life?

	CA	NV	Total
Yes	6%	13%	7%
No	94%	87%	93%

ECIG2. Do you now use electronic cigarettes every day, some days, or not at all? [*Asked if yes to ECIG1*]

	CA n=22	NV n=9	Total n=30
Every day	0%	16%	5%
Some days	5%	8%	6%
Not at all	95%	76%	90%

Demographics

AGE. What is your AGE?

	CA	NV	Total
18-24	0%	10%	2%
25-34	8%	3%	7%
35-44	27%	21%	26%
45-54	31%	13%	28%
55-64	13%	16%	13%
65 and over	21%	36%	24%

HISP. Are you Hispanic or Latino, or NOT?

	CA	NV	Total
Yes	7%	8%	7%
No	92%	92%	92%

RACE. Which one of these groups would you say best represents your race?

	CA	NV	Total
White	85%	85%	85%
Nonwhite	15%	15%	15%

Q76. Have any language, cultural barriers, or your immigration status kept you from seeking medical care in the past year?

	CA	NV	Total
Yes	1%	0%	1%
No	99%	100%	99%

S12_6. What is your CURRENT marital status, are you married, divorced, widowed, or separated?

	CA	NV	Total
Married	75%	72%	75%
Divorced	6%	11%	6%
Widowed	2%	2%	2%
Never married	13%	15%	13%
A member of an unmarried couple	4%	0%	3%

NumC. How many children LESS than 18 years of age live in your household?

	CA	NV	Total
None	58%	74%	61%
1-2	34%	23%	32%
3-4	7%	3%	7%

Care Givers

CG1. Some people play the role of caregiver as part of their daily lives, which means they are responsible for meeting the physical and psychological needs of others. Do you act as a caregiver for another ADULT, such as a spouse, sibling, aunt, uncle, parent, or grandparent?

	CA	NV	Total
Yes	11%	9%	11%
No	89%	91%	89%

CG1a. Do you care for someone regularly, on a daily basis? [*Asked if yes to CG1*]

	CA n=38	NV n=6	Total n=44
Yes	49%	93%	55%
No	51%	7%	45%

EDUC. What was the HIGHEST level of schooling you have completed?

	CA	NV	Total
HS or less	11%	7%	10%
Some college	31%	33%	31%
College degree	58%	60%	58%

S12_9. Are you currently…

	CA	NV	Total
Employed for wages	53%	38%	51%
Self-employed	19%	14%	18%
Out of work for MORE than one year	2%	0%	2%
Out of work for LESS than one year	0%	0%	0%
A Homemaker	2%	3%	2%
A Student	0%	10%	2%
Retired	20%	35%	23%
Unable to work	3%	0%	3%

INCOME. Annual household income

	CA	NV	Total
Under $10,000	1%	0%	1%
$10-$15,000	1%	0%	1%
$15-20,000	2%	7%	3%
$20-25,000	1%	0%	1%
$25 - 35,000	6%	2%	6%
$35 - 50,000	9%	8%	9%
$50 - 75,000	10%	7%	10%
Over $75,000	64%	73%	65%
Don't Know, Not sure	6%	2%	6%

BMIcat. Body Mass Index Score (**Note: BMI Score calculated using respondent height and weight)*

	CA	NV	Total
Underweight	1%	1%	1%
Normal	52%	44%	51%
Overweight	39%	39%	39%
Obese	8%	16%	10%

S12_15. Do you now consider yourself to be...

	CA	NV	Total
Overweight	33%	40%	34%
Underweight	4%	3%	4%
About average	62%	57%	62%

Alcohol Consumption

S13_1. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

	CA	NV	Total
Yes	85%	83%	84%
No	15%	17%	16%

S13_2a. During the past 30 days, how many DAYS per WEEK OR per MONTH did you have at least one drink of any alcoholic beverage? [*Asked if yes to S13_1*]

Days Per Week	CA n=203	NV n=27	Total n=231
1	15%	9%	14%
2	15%	9%	15%
3	18%	16%	18%
4	12%	5%	12%
5	14%	16%	14%
6	8%	7%	8%
7	18%	38%	20%
Days Per Month	**CA n=90**	**NV n=25**	**Total n=115**
None	4%	0%	4%
1-3	31%	42%	34%
4-6	17%	13%	17%
7-9	4%	0%	3%
10-15	16%	19%	17%
16-20	9%	8%	9%
21-25	8%	0%	6%
26 or more days	10%	18%	12%

S13_3. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? [*Asked if S13_2a is > 0*]

	CA n=293	NV n=52	Total n=346
None	1%	0%	1%
1-3	86%	81%	85%
4-6	7%	6%	7%
7-9	0%	12%	2%
10 or more drinks	5%	1%	4%
Don't Know, Not sure	1%	0%	1%

S13_4. Considering all types of alcoholic beverages, how many times during the past 30 days did you have FIVE (default) / FOUR (women) or more drinks on an occasion?

	CA	NV	Total
No binge drinking	72%	69%	72%
Binge drinker	28%	31%	28%

Substance Abuse

Did any of the following happen to you during the past 12 months? First, during the past 12 months, did you…

		CA	NV	Total
Use illegal drugs, including marijuana, one or more times?	Yes	3%	4%	3%
	No	97%	96%	97%
Have a child under 18 who used drugs or had a drinking problem?	Yes	0%	0%	0%
	No	100%	100%	100%
Use painkillers NOT prescribed for you (such as: OxyContin, Vicodin)?	Yes	1%	0%	1%
	No	99%	100%	99%
Use stimulants NOT prescribed for you (such as: Adderall, Ritalin)?	Yes	1%	0%	1%
	No	98%	100%	99%
Use tranquilizers NOT prescribed for you (such as: Xanax, Valium, Ativan, Klonopin)?	Yes	2%	5%	2%
	No	98%	95%	98%
Take someone else's medicines for any reason?	Yes	2%	5%	2%
	No	98%	95%	98%

Marijuana Series - SAMHSA

SA_MJ1. The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes, called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash." It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hashish?

	CA	NV	Total
Yes	66%	57%	65%
No	33%	38%	34%
Don't Know	1%	6%	1%

SA_MJ2. Think specifically about the past 30 days, from [date] up to and including today. During the past 30 days, on how many days did you use marijuana or hashish? [*Asked if yes to SA_MJ1*]

	CA n=233	NV n=37	Total n=270
None	72%	82%	74%
1-3	9%	4%	8%
4-6	6%	6%	6%
7-9	0%	0%	0%
10-15	4%	0%	3%
16-20	2%	0%	2%
21-25	3%	0%	3%
26 or more days	4%	8%	5%

SA_TorC. During the past 12 months, that is since [date], have you received treatment or counseling for your use of alcohol or any drug, not including cigarettes? *[Asked of respondents who answered "yes" to any of the substance abuse and marijuana questions]*

	CA n=239	NV n=37	Total n=276
Yes	1%	0%	1%
No	99%	100%	99%

Immunization

S14_1. Now I will ask you questions about seasonal flu. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

	CA	NV	Total
Yes	56%	43%	54%
No	44%	53%	45%
Don't Know, Not sure	0%	4%	1%

S14_6cod. What is the MAIN reason you have NOT received a flu vaccination during the past 12 months? [*Asked if no to S14_1*]

	CA n=153	NV n=34	Total n=188
Have never gotten it, does not want to get it (unspecified)	15%	28%	17%
No need, not necessary, not high risk	17%	5%	15%
Healthy, never or rarely gets the flu or sick	14%	14%	14%
Not effective, does not believe in it	15%	6%	13%
Planning on getting it, has or is making appointment	8%	3%	7%
Side effects, causes the flu, makes you sick	6%	15%	7%
Afraid, does not like needles, shots, or doctors	4%	9%	5%
Too busy, no time	4%	3%	4%
Haven't gotten around to it, haven't been to doctor's office	4%	0%	3%
Cost, no insurance	2%	2%	2%
Allergic	1%	4%	1%
Forgot to get one	2%	0%	1%
Do not know	9%	11%	9%

S14_Tdap Have you ever had the adult booster for the Tdap vaccine, which is the combined Tetanus, diphtheria and pertussis vaccine?

	CA	NV	Total
Yes	62%	57%	62%
No	21%	37%	24%
Don't Know, Not sure	17%	6%	15%

End of Life

EL1. Have you, personally, had experience with palliative care, end-of-life care, or hospice care either for yourself or a family member?

	CA	NV	Total
Yes	42%	48%	43%
No	58%	52%	57%

Do you have any of the following legal documents that are used in end-of-life situations? Do you have…

		CA	NV	Total
A living will or not?	Yes	41%	52%	43%
	No	57%	43%	55%
	Don't Know	2%	5%	2%
An advanced directive related to health care treatment, or not?	Yes	40%	56%	42%
	No	58%	39%	55%
	Don't Know	3%	5%	3%
A power of attorney or not?	Yes	36%	52%	39%
	No	61%	41%	58%
	Don't Know	2%	7%	3%
A health care proxy or not?	Yes	28%	43%	30%
	No	65%	47%	62%
	Don't Know	8%	10%	8%

Cancer Screening

S18_5. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? [*Asked if respondent is female*]

	CA n=169	NV n=22	Total n=191
Yes	97%	100%	98%
No	3%	0%	2%

S20_3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? [*Asked if respondent is 50 or older]*

	CA n=172	NV n=40	Total N=211
Yes	77%	79%	78%
No	23%	22%	22%

S20_3a. What has prevented you from having these exams? [*Asked if no to S20_3*]

	CA n=41	NV n=9	Total n=51
Haven't gotten around to it, haven't been to doctor's office	26%	8%	22%
Planning on getting it, has or is making appointment	20%	13%	19%
Have never gotten it, does not want to get it (unspecified)	17%	0%	13%
Lack of availability, doctor does not have it	10%	15%	11%
Too busy, no time	10%	15%	11%
No need, not necessary, not high risk	8%	0%	6%
Cost, no insurance	1%	15%	4%
Age	0%	15%	3%
Allergic	0%	15%	3%
Afraid, does not like needles, shots, or doctors	1%	4%	2%
Healthy	3%	0%	2%
None, nothing	7%	0%	6%
Other	2%	0%	2%
Do not know	12%	0%	9%

**Totals may exceed 100% because multiple responses were accepted*

S20_6. Have you EVER been told by a doctor, nurse, or other health professional that you had CANCER?

	CA	NV	Total
Yes	9%	17%	10%
No	91%	83%	90%

Emotional Support and Life Satisfaction

S22_1. The next two questions are about emotional support and your satisfaction with life. How often do you get the social and emotional support you need...

	CA	NV	Total
Always	37%	43%	38%
Usually	42%	23%	39%
Sometimes	12%	16%	13%
Rarely	4%	7%	4%
Never	5%	8%	6%
Don't Know, Not sure	1%	2%	1%

S22_2. In general, how satisfied are you with your life...

	CA	NV	Total
Very satisfied	56%	57%	56%
Satisfied	39%	40%	39%
Dissatisfied	3%	3%	3%
Very dissatisfied	0%	0%	0%
Don't Know, Not sure	1%	0%	1%

Anxiety and Depression

Now, I'm going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks. Over the last 2 weeks, how many days have you…

		CA	NV	Total
Had little interest or pleasure in doing things?	None	64%	66%	64%
	1-3 days	23%	9%	21%
	4-6 days	6%	5%	6%
	7-9 days	3%	3%	3%
	10-12 days	1%	4%	2%
	13-14 days	2%	13%	3%
	Do not know	1%	1%	1%
Felt down, depressed or hopeless?	None	72%	65%	71%
	1-3 days	18%	25%	19%
	4-6 days	6%	3%	5%
	7-9 days	4%	0%	3%
	10-12 days	1%	6%	2%
	13-14 days	0%	0%	0%
Had trouble falling asleep or staying asleep or sleeping too much?	None	45%	49%	46%
	1-3 days	26%	14%	24%
	4-6 days	14%	17%	14%
	7-9 days	6%	1%	5%
	10-12 days	5%	7%	6%
	13-14 days	3%	12%	5%
Felt tired or had little energy?	None	37%	40%	37%
	1-3 days	36%	30%	35%
	4-6 days	13%	12%	13%
	7-9 days	4%	0%	3%
	10-12 days	5%	4%	5%
	13-14 days	5%	14%	6%
Had a poor appetite or eaten too much?	None	66%	65%	66%
	1-3 days	18%	13%	17%
	4-6 days	4%	16%	6%
	7-9 days	4%	3%	4%
	10-12 days	4%	0%	4%
	13-14 days	3%	3%	3%
Felt bad about yourself or that you were a failure or had let yourself or your family down?	None	77%	77%	77%
	1-3 days	15%	13%	14%
	4-6 days	3%	2%	3%
	7-9 days	1%	0%	1%
	10-12 days	0%	2%	0%
	13-14 days	4%	6%	4%
Had trouble concentrating on things, such as reading the newspaper or watching the TV?	None	83%	73%	82%
	1-3 days	7%	17%	9%
	4-6 days	3%	3%	3%
	7-9 days	3%	0%	2%
	10-12 days	1%	0%	1%
	13-14 days	3%	6%	3%
Moved or spoken so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you were moving around a lot more than usual?	None	92%	87%	92%
	1-3 days	4%	8%	4%
	4-6 days	1%	0%	1%
	7-9 days	0%	0%	0%
	10-12 days	0%	3%	0%
	13-14 days	1%	2%	1%
	Do not know	1%	0%	1%

Has a doctor or other healthcare provider EVER told you that you have…

		CA	NV	Total
An ANXIETY disorder (including acute stress disorder, anxiety, generalized anxiety disorder, OCD, panic disorder, phobia, PTSD, or social anxiety disorder)?	Yes	10%	15%	10%
	No	90%	85%	90%
A DEPRESSIVE disorder (including depression, major depression, dysthymia, or minor depression)?	Yes	12%	21%	13%
	No	88%	79%	87%

M17_TorC. During the past 12 months, have you received any treatment or counseling for any problem you were having with your emotions, nerves or mental health? Please do not include treatment for alcohol or drug use. [*Asked if yes to M17_9 or M17_10*]

	CA n=59	NV n=16	Total n=75
Yes	42%	40%	42%
No	58%	60%	58%

Social Context

M19_1. Now, I am going to ask you about several factors that can affect a person's health. Do you own or rent your home?

	CA	NV	Total
Own	81%	72%	80%
Rent	16%	27%	18%
Other arrangement	2%	2%	2%

M19_2. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your [rent/mortgage]? Would you say you were worried or stressed…[*Asked if M19_1 is own or rent*]

	CA n=344	NV n=64	Total n=408
Always	2%	1%	2%
Usually	2%	2%	2%
Sometimes	13%	4%	11%
Rarely	17%	16%	17%
Never	62%	72%	64%
Not applicable	5%	6%	5%

Now I'm going to ask you about various events that happen to people. I'm interested in those that happened to you at any point during the last 12 months, that is since [fill one year ago's date]. Did any of the following hardships happen to you in the last 12 months?

		CA	NV	Total
Fall behind in paying your rent or mortgage	Yes	2%	3%	2%
	No	98%	97%	97%
Were you evicted from your apartment or house?	Yes	0%	0%	0%
	No	100%	100%	100%
Did you have any UTILITIES, such as water, heat, or electricity, shut off because you couldn't afford the bill?	Yes	2%	0%	1%
	No	98%	100%	99%
Were you unable to purchase needed FOOD because you couldn't afford it?	Yes	2%	2%	2%
	No	98%	98%	98%
Were you unable to get needed MEDICAL CARE because you couldn't afford it?	Yes	4%	4%	4%
	No	96%	96%	96%
Did you lack health insurance coverage?	Yes	7%	6%	7%
	No	93%	88%	92%
	Do Not Know	0%	6%	1%
For financial reasons, did you have to temporarily live with others or in a shelter or on the street?	Yes	1%	0%	1%
	No	99%	100%	99%
Were you let go or permanently laid off from your job?	Yes	4%	4%	4%
	No	96%	96%	96%
Did you experience a reduction in pay for any reason?	Yes	13%	5%	12%
	No	87%	95%	88%
Were you unemployed and looking for work for as long as a month?	Yes	8%	11%	8%
	No	92%	89%	91%

Fruits and Vegetables

These next questions are about the foods you usually eat or drink. During the PAST WEEK, how often did you eat or drink each one, for example, twice a WEEK, three times a WEEK, and so forth. We're only interested in the foods YOU ate. Please include all foods you ate both at home and away from home. During the PAST WEEK, how often did you...

		CA	NV	Total
Drink fruit JUICES such as orange, grapefruit, or tomato?	None	44%	38%	43%
	1-2 times	22%	21%	22%
	3-4 times	12%	11%	11%
	5-7 times	20%	29%	21%
	More than once per day	2%	0%	2%
Eat FRUIT, NOT counting juice?	None	0%	0%	0%
	1-2 times	4%	9%	5%
	3-4 times	9%	9%	9%
	5-7 times	16%	17%	16%
	More than once per day	55%	56%	55%
	Never eat/drink item/DK	17%	7%	15%

Eat GREEN SALAD?	None	0%	2%	0%
	1-2 times	5%	8%	6%
	3-4 times	12%	23%	14%
	5-7 times	29%	26%	28%
	More than once per day	49%	43%	48%
	Never eat/drink item/DK	5%	0%	4%
Eat POTATOES not including French fries, fried potatoes, or potato chips?	None	1%	0%	1%
	1-2 times	24%	35%	26%
	3-4 times	54%	44%	53%
	5-7 times	17%	18%	17%
	More than once per day	3%	4%	4%
Eat CARROTS?	None	1%	0%	1%
	1-2 times	0%	0%	0%
	3-4 times	20%	25%	20%
	5-7 times	42%	42%	42%
	More than once per day	21%	20%	21%
	Never eat/drink item/DK	16%	13%	16%

Q18_6. Not counting carrots, potatoes, or salad, how many SERVINGS of VEGETABLES did you eat during the PAST WEEK? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

	CA	NV	Total
None	1%	2%	1%
1-2 times	6%	18%	8%
3-4 times	12%	12%	12%
5-7 times	27%	39%	29%
8 or more servings	53%	28%	49%
Never eat/drink item/DK	1%	2%	1%

Do any of the following keep you and your family from eating more vegetables?

		CA	NV	Total
Does THE COST keep you from eating more vegetables?	Yes	7%	0%	6%
	No	93%	100%	94%
Does NOT HAVING TIME TO COOK keep you from eating more vegetables?	Yes	29%	20%	27%
	No	71%	73%	71%
	Do Not Know	0%	7%	1%
Does NOT KNOWING HOW TO PREPARE THEM keep you from eating more vegetables?	Yes	8%	6%	7%
	No	92%	93%	92%
	Do Not Know	0%	1%	0%

Fast Food

FF1. How many days in the past WEEK did you prepare your evening meal at home?

	CA	NV	Total
None	4%	8%	5%
1 day	1%	6%	2%
2 days	4%	7%	4%
3 days	4%	11%	5%
4 days	12%	13%	12%
5 days	26%	21%	26%
6 days	26%	17%	25%
7 days - Every day	22%	17%	21%
Don't Know	1%	0%	1%

How many days in the past week did you purchase or receive food from the following sources:

		CA	NV	Total
A senior center or food pantry?	None	97%	99%	97%
	1 day	2%	0%	2%
	2 days	0%	0%	0%
	3 days	0%	1%	0%
	4 days	0%	0%	0%
	5 or more days	1%	0%	0%
A Wal Mart, Target, or other big box store?	None	80%	63%	77%
	1 day	15%	20%	16%
	2 days	3%	13%	4%
	3 days	1%	2%	1%
	4 days	1%	2%	1%
	5 or more days	1%	0%	1%

		CA	NV	Total
A convenience store, or corner store?	None	78%	89%	80%
	1 day	13%	3%	11%
	2 days	5%	7%	5%
	3 days	2%	0%	2%
	4 days	1%	0%	1%
	5 or more days	1%	0%	1%
	Don't know	0%	1%	0%
A farmers market?	None	66%	78%	68%
	1 day	28%	13%	26%
	2 days	2%	3%	3%
	3 days	1%	6%	2%
	4 days	0%	0%	0%
	5 days	1%	0%	1%
	6 days	1%	0%	0%
	7 days - Every day	1%	0%	0%
A grocery store such as Giant, Weis, Food Lion?	None	4%	8%	5%
	1 day	27%	17%	26%
	2 days	26%	23%	26%
	3 days	15%	28%	17%
	4 days	8%	20%	10%
	5 days	8%	1%	7%
	6 days	4%	2%	3%
	7 days - Every day	6%	2%	6%
	Don't Know	1%	0%	1%
A fast food or chain restaurant?	None	70%	52%	67%
	1 day	18%	31%	20%
	2 days	7%	7%	7%
	3 days	3%	5%	4%
	4 days	0%	5%	1%
	5 or more days	0%	1%	0%

ImpHS. This survey has asked about many different health-related topics. What, if anything, should be done to improve the health and meet the health needs of your local community?

	CA	NV	Total
Affordability of (local, healthy) food	15%	5%	13%
Reduce cost/fees for medical services	14%	9%	13%
Additional general practice physicians, more convenient times	7%	14%	8%
Access to healthcare of all	7%	3%	6%
Additional mental health resources	6%	0%	5%
Healthier grocery options	6%	0%	5%
Access/Affordability health oriented recreation (yoga, gym)	4%	3%	4%
Community outreach to increase health awareness	3%	3%	3%
Improve healthcare, in general	3%	2%	3%
Improve walkability, bike-ability	3%	0%	3%
Nutrition education	2%	4%	3%
Reduce cost of health insurance	3%	2%	3%
Access to affordable housing	3%	0%	2%
Access to transportation	2%	1%	2%
Additional pediatric and adolescent care	1%	6%	2%
Additional services/resources for seniors	1%	2%	2%
Less fast food options	2%	0%	2%
Single payer system	1%	5%	2%
Aid to understand medical coverage and available options	1%	0%	1%
Assistance for homeless population	0%	2%	1%
Ease of billing/payment	1%	4%	1%
English as second language for parents	1%	0%	1%
Improved access to preventative health (flu shots)	1%	0%	1%
Normalization of cannabis use	1%	0%	1%
Additional dermatologist	0%	1%	0%
Additional pharmacy services	0%	1%	0%
Health clinic	1%	0%	0%
None, nothing	11%	15%	11%
Other	9%	14%	10%
Do not know	13%	23%	15%

**Totals may exceed 100% because multiple responses were accepted*

NUMA. Including yourself, how many adults 18 years of age or OLDER CURRENTLY live in this household?

	CA	NV	Total
1	16%	16%	16%
2	72%	68%	72%
3-4	11%	13%	11%
5 or more	1%	3%	1%

Definitions of Selected Terms

Age-adjusted Rate: Age-adjustment is the process by which differences in the age composition of two or more populations are removed, to allow comparisons between these populations in the frequency with which an age-related health event occurs.[1]

ALA Grades: The American Lung Association grades counties in which the EPA has placed the necessary monitoring equipment and creates weighted annual averages for both high ozone days and high particle pollution days.

Binge Drinker: Males having five or more drinks on one occasion or females having four or more drinks on one occasion.[1]

Body Mass Index (BMI): Number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.[2]

Confidence Intervals: Interval determining the variability of a rate, ratio or percent.[1]

Current smoker: During Center for Opinion Research (COR) interviewing, respondents who said they had smoked more than 100 cigarettes in their life were asked about the frequency of their current smoking habits. If the respondent confirmed to smoking occasionally or every day, they were labeled as smokers.

Days with depressive symptoms: During COR interviewing, respondents were asked a series of questions relating to their mood over the past month. These questions each received values that were then compiled to create a composite score for days with depressive symptoms.

Depressive symptoms: Depression calculations were made using the PHQ-8 scale.[6]

Economic hardships: During COR interviewing, respondents were asked a series of questions relating to economic hardships experienced within the past year, such as falling behind on rent payments or being unable to pay for food, utilities, gasoline or medical care. These questions each received values that were then compiled to create a composite score for economic hardships experienced in the past year.

Gets needed social and emotional support: During COR interviewing, respondents were asked how often they received the social and emotional support they need. If respondents answered "Always", "Usually" or "Sometimes", they were marked as getting needed social and emotional support. If they answered "Rarely" or "Never", they were marked as not getting needed support.

Healthy literacy: During COR interviewing, respondents were asked a series of questions relating to their own confidence in understanding medical information, which was used to create a composite score that determined the threshold of health literacy.

Healthy People 2020: Healthy People provides science-based, 10-year national objectives for improving the health of all Americans.[3]

Limited Access to Care: Any respondent who responded "yes" to any of three questions was classified as having limited access to care. The questions were: Has a lack of transportation kept you from getting to a doctor's office or to any other health care appointment during the PAST YEAR? Were you unable to get needed MEDICAL CARE because you couldn't afford it during the last 12 months? Did you lack health insurance coverage during the last 12 months?

Low birth Weight: Birth weight of less than 2,500 grams.[4]

Obese: Has a BMI over 30.[1]

Overweight: Has a BMI between 25 and 30.[1]

Physical activity: During COR interviewing, respondents were marked as engaging in physical activity if the respondent said to have exercised at least 30 minutes on five days of the past week.

Poverty Status of Household: During COR interviewing, respondents were asked to indicate their

income level, as well as the number of people in their household. Three categories of poverty status (in poverty, low-income and other) were created based on the 2015 US Department of Health and Human Services (HSS) Poverty Guidelines. The category "In Poverty" was created based on these guidelines. Respondents were marked as "Low- income" if their income level fell within 100% and 200% of the HSS guidelines.[5]

Rate: A rate is a measure of the frequency of an event per population unit. The use of rates, rather than raw numbers, is important for comparison among populations, since the number of events depends, in part, on the size of the population.[1]

Statistical significance: The difference between two independent rates is statistically significant if the confidence intervals for two independent rates do not overlap.[1]

Stressed about paying for food: During COR interviewing, respondents were asked how often in the past 12 months they were stressed about having enough money to buy nutritious meals. If they answered "Always", "Usually" or "Sometimes", as opposed to "Rarely" or "Never", they were marked as being stressed about paying for food.

Stressed about paying for rent or mortgage: During COR interviewing, respondents were asked how often in the past 12 months they were stressed about having enough money to pay their rent or mortgage. If they answered "Always", "Usually" or "Sometimes", as opposed to "Rarely" or "Never", they were marked as being stressed about paying rent or mortgage.

Substance Use: Respondents classified in the substance use category reported binge drinking, use of non-prescribed painkillers, stimulants, or tranquilizers, or use of marijuana 20 or more times in the past 20 days.

Unemployed persons : Persons aged 16 years and older who had no employment during the reference week, were available for work, except for temporary illness, and had made specific efforts to find employment sometime during the 4-week period ending with the reference week. Persons who were waiting to be recalled to a job from which they had been laid off need not have been looking for work to be classified as unemployed.[4]

Unemployment rate: The unemployment rate represents the number unemployed as a percent of the labor force.[4]

Vegetable Consumption: During COR interviewing, respondents were asked how many servings of vegetables they had eaten during the past week, to determine whether they consumed three or more servings of vegetables per day on average during that week.

Endnotes

[1]EpiQMS Help. Epidemiologic Query and Mapping System, Pennsylvania Department of Health, http://app2.health.state.pa.us/epiqms/EpiQMSHelp/DGEpiQMSHELP.htm.
[2]Body Mass Index. Healthy Weight, Assessing Your Weight, Centers for Disease Control and Prevention, http://www.cdc.gov/healthyweight/assessing/bmi/.
[3]Healthy People 2020, http://www.healthypeople.gov.
[4]Economic Indicators. Definitions, UNICEF, http://www.unicef.org/infobycountry/stats_popup7.html.
[5]2017 Poverty guidelines: https://www.federalregister.gov/documents/2017/01/31/2017-02076/annual-update-of-the-hhs-poverty-guidelines and 2015 Poverty guidelines: https://aspe.hhs.gov/2015-poverty-guidelines
[6]Kroenke, K., T. Strine, R. Spitzer, J. Williams, J. Berry, A. Mokdad. (2008). The PHQ-8 as a measure of current depression in the general population. J. Affect. Disorders, doi:10.1016/j.jad.2008.06.026.

Health Indicators for Tahoe Forest Health System

Appendix D: Health Indicators for Tahoe Forest Health System
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Center For Opinion Research Tahoe Forest Community Health Needs Assessment 2017

Logistic Regression Analysis

The logistic regression model for limited health care access was statistically significant, $\chi^2(9) = 26.00$, $p = .002$. The model explained 15% (Nagelkerke R^2) of the variance in access and correctly classified 90% of cases. The largest effect was found for educational attainment (Table E-1). Model sensitivity (the percent of cases that showed limited access that were accurately predicted) was 6% and model specificity (the percent of cases that had no limitations that were accurately predicted) was 99%.

The logistic regression model for depressive symptoms was statistically significant, $\chi^2(9) = 27.08$, $p = .001$. The model explained 13% (Nagelkerke R^2) of the variance in displaying depressive symptoms and correctly classified 83% of cases. The largest effect was found for employment status and gender (Table E-1). Model sensitivity (the percent of cases that showed depressive symptoms that were accurately predicted) was 14% and model specificity (the percent of cases that had no depressive symptoms that were accurately predicted) was 98%.

The logistic regression model for substance use was statistically significant, $\chi^2(9) = 44.54$, $p < .001$. The model explained 18% (Nagelkerke R^2) of the variance in substance use and correctly classified 71% of cases. The largest effects were found for gender, age, educational attainment, and marital status (Table E-1). Model sensitivity (the percent of cases that showed substance use that were accurately predicted) was 1% and model specificity (the percent of cases that had no substance use that were accurately predicted) was 99%.

Table E-1

	Limited Access	Depressive Symptoms	Substance Use
Male	0.394	-0.630*	0.637**
	(0.378)	(0.332)	(0.263)
Age over 55	-0.579	-0.316	-1.062***
	(0.450)	(0.378)	(0.332)
Age under 35	0.238	0.028	-0.310
	(0.703)	(0.679)	(0.598)
White	-0.320	0.270	1.055
	(0.764)	(0.749)	(0.741)
High School or less	1.443**	0.383	1.174**
	(0.568)	(0.573)	(0.487)
Some college	0.663	0.500	0.514*
	(0.423)	(0.342)	(0.296)
unmarried	0.650	0.308	0.783***
	(0.398)	(0.337)	(0.284)
unemployed	0.023	1.601***	-0.241
	(0.649)	(0.515)	(0.532)
retired	-1.038	-2.148***	-0.234
	(0.737)	(0.575)	(0.555)
Constant	-1.982**	-1.606**	-1.798**
	(0.836)	(0.788)	(0.777)
Observations	342	325	342
R^2	0.149	0.131	0.175
chi² (df = 9)	26.001***	27.077***	44.543***
Note:	*p<0.1; **p<0.05; ***p<0.01		

Robert Wood Johnson County Health Rankings by County

County, State, and US Comparison Data, 2017

County Trend Data, 2010-2017

Table F-1. 2017 County Health Rankings

Focus Areas	Measures	Description	Top Performers	US Overall	CA Overall	CA Top Performers	NV Overall	NV Top Performers	El Dorado County	Nevada County	Placer County	Sierra County	Washoe County
Health Outcomes													
Health Outcomes Rank									**15**	**13**	**4**	**34**	**4**
Length of Life Rank									**20**	**26**	**8**	**31**	**5**
Length of life (50%)	Premature death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	5,200	6,600	5213	3538	6971	5306	5221	6122	4666		6959
Quality of Life Rank									**12**	**3**	**1**	**46**	**6**
Quality of life (50%)	Poor or fair health	% of adults reporting fair or poor health (age-adjusted)	12	15	18	11	17	12	12	12	12	14	15
	Poor physical health days	Average # physically unhealthy days reported in past 30 days (age-adjusted)	3.0	3.6	3.6	3	3.9	3.4	3.7	3.4	3.3	3.9	3.8
	Poor mental health days	Average # mentally unhealthy days reported in past 30 days (age-adjusted)	3.0	3.7	3.6	3	3.9	3.8	3.5	3.7	3.5	3.9	4.0
	Low birthweight	% of live births with low birthweight (< 2500 grams)	6.0	8.0	6.8	5	8.1	5	6.3	5.4	5.6	7.5	7.9
	Health Behaviors												
Health Behaviors Rank									**11**	**16**	**3**	**23**	**4**
Tobacco use (10%)	Adult smoking	% of adults who are current smokers	14	18	12	8	18	14	11	12	10	12	17
Diet and exercise (10%)	Adult obesity	% of adults that report a BMI of 30 or more	26	28	23	16	27	21	21	21	22	23	22
	Food environment index	Index of factors that contribute to a healthy food environment(0=worst, 10=best)	8.4	7.3	7.8	8.8	7.6	8.6	7.7	7.4	8.1	5.2	7.6
	Physical inactivity	% of adults aged 20 and over reporting no leisure-time physical activity	19	22	17	12	21	16	16	17	15	16	16
	Access to exercise opportunities	% of population with adequate access to locations for physical activity	91	84	94	100	88	96	94	78	92	74	91
Alcohol and drug use (5%)	Excessive drinking	% of adults reporting binge or heavy drinking	12	18	18	16	16	15	19	19	18	17	21
	Alcohol-impaired driving deaths	% of driving deaths with alcohol involvement	13	30	29	11	33	13	43	35	22	33	33
Sexual activity (5%)	Sexually transmitted infections	# of newly diagnosed chlamydia cases per 100,000 population	146	456	460	66	424	149	178	225	241	131	352
	Teen births	Teen birth rate per 1,000 female population, ages 15-19	17	32	29	10	37	10	14	15	12		35
	Clinical Care												
Clinical Care Rank									**11**	**8**	**3**	**42**	**2**
Access to care (10%)	Uninsured	% of population under age 65 without health insurance	8	14	14	8	17	11	9	12	9	15	16
	Primary care physicians	Ratio of population to primary care physicians	1040:1	1320:1	1281:1	634:1	1749:1	1136:1	1366:1	1284:1	833:1		1362:1
	Dentists	Ratio of population to dentists	1320:1	1520:1	1246:1	695:1	1692:1	1008:1	1318:1	1150:1	975:1	1484:1	1485:1
	Mental health providers	Ratio of population to mental health providers	360:1	500:1	346:1	123:1	583:1	327:1	360:1	177:1	408:1	593:1	387:1
Quality of care (10%)	Preventable hospital stays	# of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	36	50	36	18	42	32	32	33	28	38	38
	Diabetic monitoring	% of diabetic Medicare enrollees ages 65-75 that receive HbA1c monitoring	91	85	82	89	77	81	84	88	86	78	80
	Mammography screening	% of female Medicare enrollees ages 67-69 that receive mammography screening	71	63	60	71	55	66	65	69	71	56	61
	Social and Economic Environment												
Social & Economic Factors Rank									**6**	**20**	**3**	**38**	**6**
Education (10%)	High school graduation	% of ninth-grade cohort that graduates in four years	95	83	82	94	73	91	92	47	90		75
	Some college	% of adults ages 25-44 years with some post-secondary education	72	64	63	85.5	57	67.1	70	70	77	56	61
Employment (10%)	Unemployment	% of population ages 16 and older unemployed but seeking work	3	5	6	3	7	4.6	6	5	5	9	6
Income (10%)	Children in poverty	% of children under age 18 in poverty	12	21	21	9	22	12	12	16	9	17	18
	Income inequality	Ratio of household income at the 80th to the 20th percentile	3.7	5.0	5.2	3.1	4.3	3.3	4.9	4.3	4.5	5.8	4.7
Family and social support (5%)	Children in single-parent households	% of children that live in a household headed by single parent	21	34	32	16	36	12	22	26	23	31	34
	Social associations	Number of membership associations per 10,000 population	22	9	6	19	4	10	6	10	8	7	6
Community safety (5%)	Violent crime	# of reported violent crime offenses per 100,000 population	62	380	407	176	616	44	228	332	176	380	372
	Injury deaths	Number of deaths due to injury per 100,000 population	53	62	47	36	69	64	72	82	51	99	74
	Physical Environment												
Physical Environment Rank									**11**	**7**	**34**	**14**	**16**
Air and water quality (5%)	Air pollution - particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.7	8.7	8.0	4.9	5.9	4.6	8.1	6.7	8.7	5.6	7.0
	Drinking water violations	Indicator of the presence of health-related drinking water violations.	No	NA	NA	No	NA	No	No	No	Yes	Yes	Yes
Housing and transit (5%)	Severe housing problems	% of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	9	19	28	16	22	5	21	23	20	20	23
	Driving alone to work	% of the workforce that drives alone to work	72	76	73	36	78	57	76	75	79	71	78
	Long commute - driving alone	Among workers who commute in their car alone, % that commute > 30 min	15	34	39	9	29	11	40	28	39	46	20

Source: Robert Wood Johnson Foundation (2017). 2017 County Health Rankings California and Nevada Data. Retrieved from www.countyhealthrankings.org

The following figures display the relative ranking of each county in TFHS to other California or Nevada counties on individual health indicators. Lower scores closer to the left hand axis indicate stronger relative performance, in that fewer counties perform better on that indicator. Different colors represent different years. Not all indicators have data for all years. Calculations by the Center for Opinion Research based on Robert Wood Johnson Foundation County Health Rankings data.

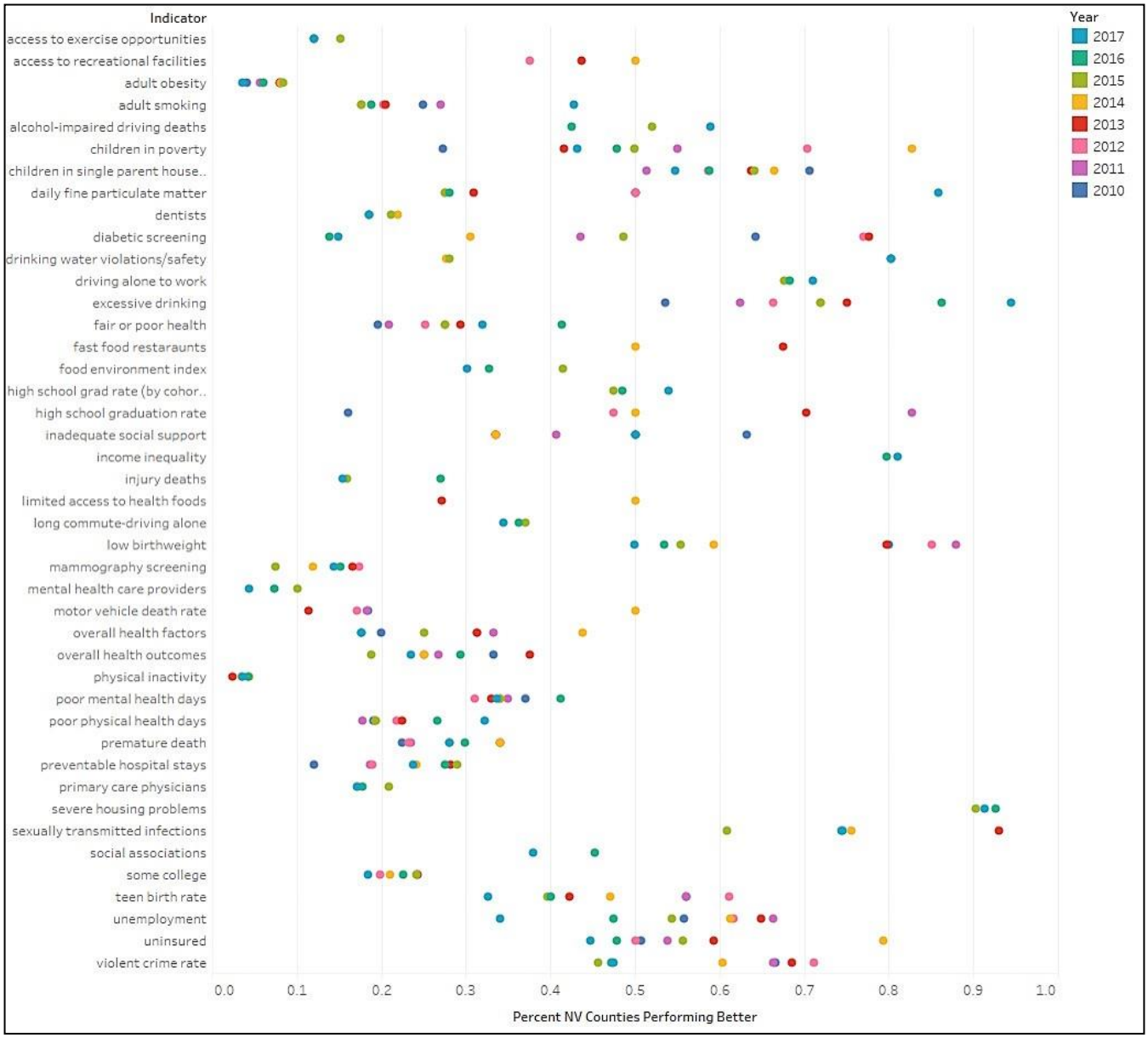

Figure F1. Relative Health Rankings, Washoe County, Nevada, 2010-2017. Washoe County has comparatively favorable rankings relative to other counties in Nevada. Washoe performs best in clinical care, health behaviors, and length of life categories. Washoe County performs worst in severe housing problems, income inequality, sexually transmitted infections, and excessive drinking. Washoe performs best in low rates of physical inactivity, adult obesity, and ratio of mental healthcare providers.

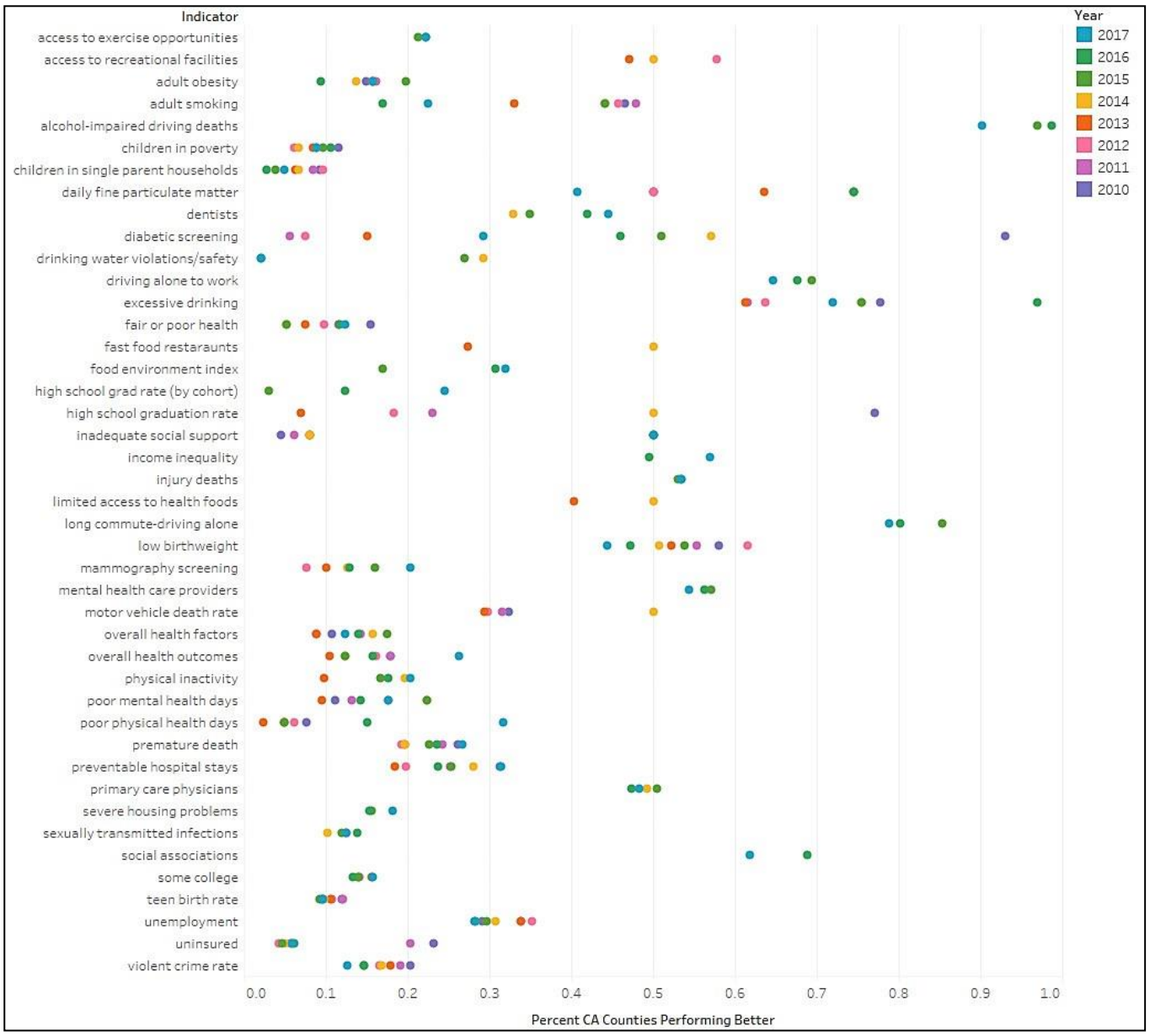

Figure F2. Relative Health Rankings, El Dorado County, California, 2010-2017. El Dorado County has its highest rankings in social and economic factors, and its worst in length of life. El Dorado performs worst in alcohol-impaired driving deaths, long commute-driving alone, and excessive drinking. El Dorado performs best in having low rates of children in single parent households, children in poverty, and uninsured individuals.

Figure F3. Relative Health Rankings, Nevada County, California, 2010-2017. Nevada performs best in quality of life, and worst in length of life. Nevada ranks highest in rates of mammography screenings and rates of mental health care providers. Nevada County does worst alcohol-impaired driving deaths, injury deaths, and driving alone to work.

Figure F4. Relative Health Rankings, Placer County, California, 2010-2017. Placer County is ranked first in the state of California for quality of life, and third in the state for health behaviors, clinical care, and social and economic factors. Placer receives its highest ratings for educational attainment, low rates of uninsured individuals, low rates of children in poverty, and high rates of mammography screenings. Placer performs worst in driving alone to work and long commute-driving alone.

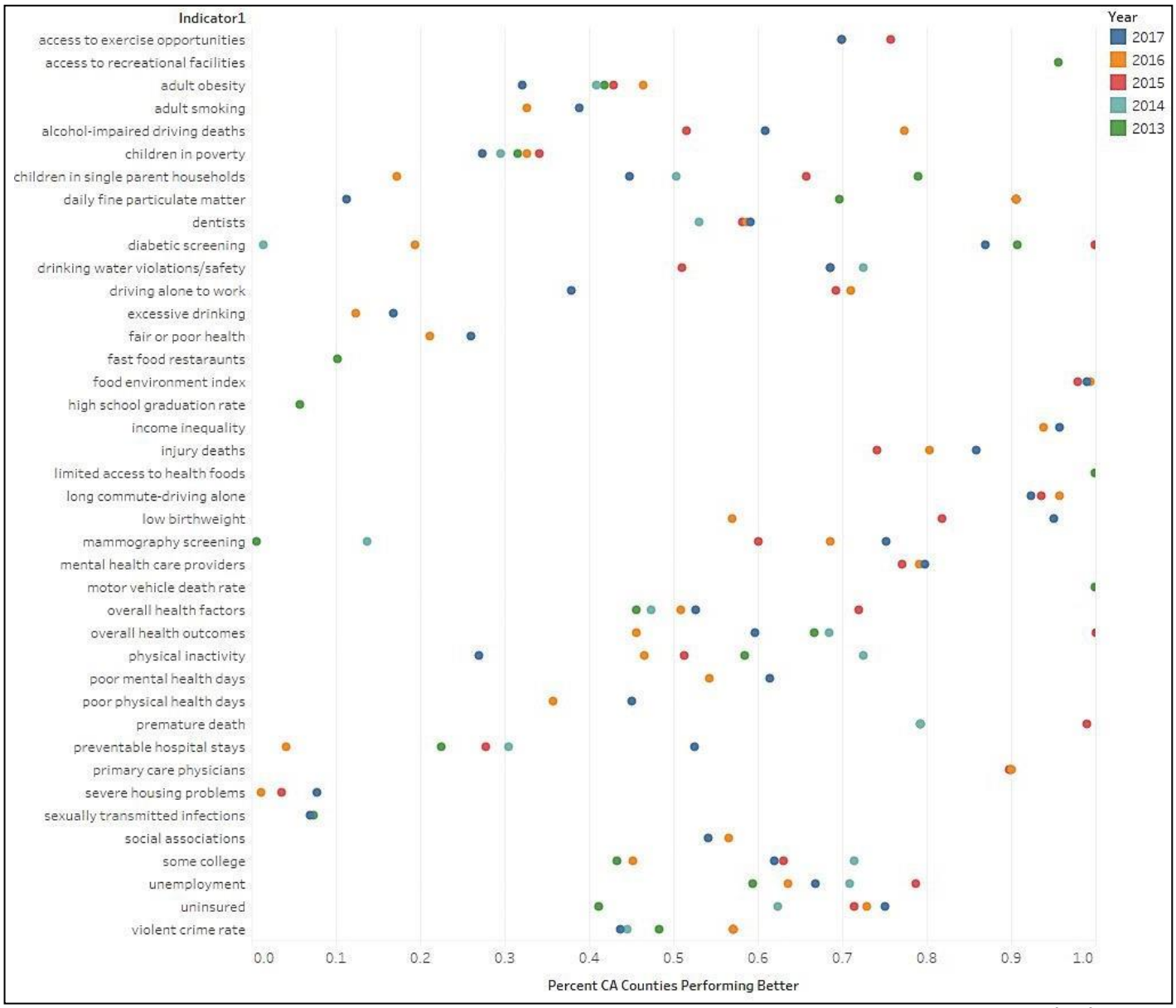

Figure F5. Relative Health Rankings, Sierra County, California, 2010-2017. Sierra County receives its highest ranking in physical environment, and its worst in quality of life. Sierra County is ranked in the bottom half of counties for almost all factors, and is nearly the worst ranked in California for several factors, including food environment index, income inequality, long commute-driving alone, ratio of primary care physicians, and premature death. Sierra County does perform well in low rates of severe housing problems and low rates of excessive drinking.

Focus Group Results

Focus groups were conducted with three targeted subgroups of the Truckee/North Tahoe community: Hispanic, Youth (ages 18-24) and Homeless populations. Each focus group consisted of ~4-5 people. Two focus groups were conducted in Spanish (Hispanic), and two groups were conducted in English (Youth and Homeless). Responses and findings have been aggregated and detailed below. Moderator questions can be found at the end of this document.

Focus Group Participant Summary (Nov – Dec 2017)

Focus Group	Language	Total	Male	Female	Hispanic
Kings Beach	Spanish	5	0	5	5
Incline Village	Spanish	5	0	5	5
Youth (age 18-24)	English	5	2	3	1
Homeless	English	4	4	0	0
Total		**19**	**6**	**13**	**11**

Identifying Problems:

- Nutrition/Access to healthy food/High cost of healthy food/Weight management
- Mental Health/Depression/Stress
- Substance abuse
- Feelings of being disconnected or not a part of society/Societal judgement
- High cost of living/Lack of affordable housing
- Access to healthcare and resources/Cost of healthcare/Affordability of health insurance/Cost of medication
- Lack of stability (jobs, housing, support system)
- Cancer
- Heart Health/High Cholesterol/High Blood Pressure
- Diabetes

Anything we missed (at the end of the survey)

- Stress related to not having documentation/Separation of family
- Domestic Violence
- Bullying
- Respect for those with different sexual orientations/gender orientations
- Anger/Stress management for men

Identifying Solutions:

Problem: Nutrition/Access to healthy food/High cost of healthy food/Weight management
Suggested Solutions to Increase Access to Affordable, Nutritious Food

- Free or reduced community meals/Vouchers to hospital cafeteria
- Reduce stigma around accessing food pantries
- Implement a damaged goods section with reduced cost at grocery stores
- Permanent donation bins in the grocery stores
- Nutrition education specific to the Hispanic diet

Problem: Mental Health/Depression/Stress
Suggested Solutions to Improve Mental Health

- Affordable mental health services
- Comprehensive healthcare that includes mental health
- Workshops (healthy ways to handle stress, anger management etc.)
- Affordable exercise and recreational facilities

Problem: Substance abuse
Suggested Solutions to Decrease Substance Abuse

- Comprehensive substance use education including "lived-experience" speakers and how substance use has impacted their life
- Rule enforcement regarding drug use on school campuses
- Local rehabilitation facilities and programs
- Increase outlets for energy/recreation to encourage other means of coping with stress (repeated multiple times)

- Develop programs for those who aren't necessarily addicted, but want additional support and information
- Increase accessibility of group support meetings (location and time), provide evening sessions and hours that are before/after work at a time public transportation is available
- Asked directly- "Do we need a needle exchange program here?" - All participants agreed that is NOT needed.

Problem: Feelings of being disconnected or not a part of society/Societal judgement
Suggested Solutions to Increase Community Connection

- Increased support and involvement with youth and workforce through mentoring and youth volunteer programs
- Increase options for winter activities
- Care packages for those who are struggling (food, essentials) handed out by law enforcement
- Cultural competence education for healthcare workforce/broader community
    - To address misperceptions of homeless people (i.e. that all homeless people are alcoholics).
    - To ensure equal treatment regardless of health insurance coverage, housing situation

Problem: High cost of living/Lack of affordable housing
Suggested Solutions to Support Those Lacking Housing and Essentials

- Increase affordable housing units
    - Temporary housing/workforce housing/affordable housing
    - Year-round shelter with an outreach counselor onsite to link patrons to resources/jobs/ housing. Substance use could be deterred by using breathalyzers, urine analysis while staying in the shelter (like Hospitality House in Nevada City/Grass Valley)
    - A place those lacking housing can go to recuperate from surgery or being sick so they can heal properly
- Rentable lockers to place belongings so those lacking housing can look for jobs and resources without being judged for carrying around their belongings with them
- Volunteer programs that provide volunteers with vouchers to the thrift stores, sleeping bags, essentials

Problem: Access to Care/Cost of healthcare/Affordability of health insurance/Cost of medication/Lack of preventive health as a priority
Suggested Solution to Increase Access to Care

- Access to affordable healthcare/Sliding scale clinic
- Specialists/Prenatal Care (Incline Village)
- Local Indian Health Services
- Extend the length of Medi-Cal so that renewal doesn't have to occur so often
- Care Coordination for young adults
- Health Fairs (comprehensive- diabetes, BP, vision, dental)
- Planned Parenthood
- Shift the view of healthcare from an expense to an investment in one's health (a benefit)
- Improved communication and understanding with health care professionals

Education/Information

- Workshops/Classes/Coffee Talks/Health Talks/Lunch and Learn's
    - Signs and Symptoms of Drug Use for Parents
    - Mental Health
    - Healthcare 101: How to access health insurance, medical billing, how to find accurate health information from reputable sources, what to know before, during and after an appointment, affordable medical resources and services, how to use the medical system in the United States
    - Life Skills education/Financial management
    - Bullying
- English language classes "No hay nada mejor que aprender el ingles" Learning English – "This could help our health because then we could communicate directly with the healthcare providers."

- Workshops/Classes/Resources/ etc. need
    - Consistency
    - English and Spanish
    - Increased Promotion
        - Home visiting program for volunteers to share local, community health resources
        - Publicize classes throughout town on posts on the street, at 7-11, bus stops, Facebook

Identifying Disparities

- Working class/Those without stable work
- Lower socioeconomic groups
- Transitional age youth (18-24+)
- Uneducated
- Homeless
- Undocumented/Those who don't speak English
- Veterans
- Seniors
- Disabled people
- Drug users

Why are these people more likely to experience health problems/barriers?

- Lack of knowledge of resources/Where to access services
- Lack of confidence both in themselves and others within them
- Lack of education
- Lack of positive mentors/Family support/Support system
- Need encouragement
- Feeling disconnected from the community
- Self-inflicted/Lack of accountability

Barriers

- Language
- Low-income/High costs/Affordability (healthcare, housing, food)
- Lack of stability (job, housing, seasonal work)
- Stigma in accessing health care (mental health, reproductive health)
- Availability of appointments that don't conflict with school or work/lack of time to seek healthcare due to working multiple jobs
- Judgement/Misperceptions from providers
- Lack of support around workplace injury from employers
- Knowledge on where to find resources and support
- Transportation/Lack of a car
- Cultural differences/norms: Having to learn a new system and how to access healthcare/ preventive health isn't a part of the culture/different ideas on what constitutes healthy "I'm fat so I'm unhealthy or I'm skinny so I'm healthy"
- Fear- of going to the doctor because they will learn something is wrong
- Fear- of immigration/Lack of documentation and stress around separation of family
- People want things for free, but at the same time they don't show up for free events because they are embarrassed about what the community is going to say about them for getting things for free (stigma/discrimination in the community) or free services aren't valued because they are free even if they are needed services
- Previous healthcare experiences- provider not being able to determine what the source of pain is after multiple tests and visits, problems unresolved or on the other hand positive experiences with specific providers
- Lack of places to access reproductive health services/birth control
- Lack of trust in the healthcare system, difficulty in finding accurate information
- Lack of accountability in taking care of one's health

Problem Impact

- Due to the lack of affordable housing, living with roommates who constantly use substances is extremely stressful, negative environment
- People self-medicating due to high costs of medicine and cost of living
- When working the cost of health insurance increases so one no longer qualifies for Medi-Cal/ subsidized health care making it difficult to pay for housing and food due to the region's high cost of living. Having to choose between healthcare and a place to stay.
- When programs are free people don't see the benefit, or they're offended it's free, but if it's not free they don't go because they have to pay. It's conflicting.
- Linkage between lower socioeconomic groups and those who are uneducated because those who need to work more have less time to become educated.

Quotes

- *"You don't need to be homeless to feel disconnected."*
- *"In our culture, [healthcare] is seen as an expense, and it's an investment in my health. That I can see a doctor, in reality is a benefit, an investment to be healthier."*
- *"I just want someone to say- 'I know it's really hard. I'm here to help you.' Wow - when was the last time you heard that?"*
- *"We need a Planned Parenthood here."*
- *"Food is the most important thing for us to be successful."*
- *"Because there's nothing to do, they look for drugs to do something new, to experiment."*
- *"Comprehensive wellness includes mental health, it's not just physical health."*
- *"You don't even think about your health. You think about where you're going to sleep and what you're going to eat tonight."*

What would you want to say to those working to improve the overall health of our community?

- Thank you
- Imperfect solutions and options are better than having no solutions or options
- More education is needed
- We're all human beings. Listen [to us] with respect.
- The impact that being low-income has on health
- How to implement a healthy diet in the Hispanic culture. *"We're accustomed to eating what we eat, and it's a different way of eating within our culture."*

Information sources

Those interviewed gather information from a variety of sources. Although a couple groups mentioned using online resources, each group emphasized person-to-person contact in learning about programs, events, resources and services.

Moderator Questions:

1. Would you please take a moment to write down or draw those health issues you think cause the most early deaths in our community? After that, please write down those health issues you think cause a reduced quality of life in our community? We will not be collecting what your write or draw.
2. What worries you most about your health or the health of your family or loved ones?
3. Are you most concerned about health issues that cause early death or health issues that impact (reduce) your quality of life?
4. What if anything, can we do as a community to prevent these health issues (use specific listed examples)?
5. What should the community do to help those who have these health issues (again, use specific listed examples)?
6. In your own mind, are there specific groups of people who are more likely to suffer early death or reduced quality of life due to health issues?
7. Are there barriers that these groups experience that may affect their health? What are these barriers?
8. What can be done to help people who are facing a situation like this? Why are these people more likely to die early or experience a reduced quality of life due to health-related issues? What can be

done to change this?

9. I'm going to give you a few minutes to write down or draw what you would want to say to the people who are working to help improve the overall health of our community. We will discuss your ideas after you've had a few minutes to write them down or think about them. We will not be collecting what your write or draw.
10. What do you think is an effective way to improve the health of our community? Separate out early death and reduced quality of life if additional prompts are needed.
11. How do your own personal experiences affect how you think about health care?
12. How many of you have ever tried to find information about any of the topics we've discussed so far? Where did you look? What did you find? Why haven't you looked for information?
13. What do you need to know more about to improve you and your family's health?
14. What resources are you aware of that help people understand and improve their health?
15. Of all the things we discussed today, what is most important?
16. Is there anything you thought we might talk about today that we missed?