2023

TAHOE FOREST **COMMUNITY HEALTH**

Annual Report

TAHOE FOREST HEALTH SYSTEM

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2023-2025 Health Priorities

Tahoe Forest Community Health

We proudly present to you the 2023 Annual Report!

Established in 2012, Tahoe Forest Community Health *(formerly known as the Wellness Neighborhood)* supports and enhances health and wellbeing in the Truckee North Tahoe region. We assess the health needs of our community every three years and develop a Community Health Improvement Plan (CHIP) to address the identified needs and guide our strategic priorities.

Mission: Providing inspiration, expertise, and advocacy in making meaningful change for individuals, our community and in the health system.

Tahoe Forest Health System

Tahoe Forest Hospital is a Special District formed in 1949 to provide health care services and wellness and prevention programs for the benefit of Truckee and North Tahoe Communities.

Vision: To strive to be the health system of choice in our region and the best mountain health system in the nation.

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

Available for download!

View the 2023-2025 CHIP and the 2021 Community Health Needs Assessment (CHNA): Go to **tfhd.com/wellness-neighborhood/reports** or scan the QR code.

Scan here!

SCAN ME

Priority Area 1: Health Equity & Social Drivers of Health (SDOH)

Community Health Improvement Plan Goals (2023 - 2025):

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

Ensuring Health Equity by addressing Social Drivers of Health and Health Disparities is in the forefront of our existing Community Health programs. We are implementing strategies to identify disparities in patient outcomes and address health equity throughout the health system.

For FY2023, strategies to address Health Equity included 1) standardizing data collection, 2) increasing organizational knowledge and 3) community partnerships/community health advocates.

Standardizing Data Collection

State and federal legislation requires most hospitals to collect equity-focused data, train staff in health equity related issues, and develop health equity reports that include measurable objectives and quality improvement activities focused on reducing disparities.

To position the health system to meet impending requirements, Community Health and Care Coordination implemented a pilot to screen patients within their care for the five social drivers of health required by the Centers for Medicaid/Medicare Services (CMS): food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

This pilot includes training staff on standardized data collection, troubleshooting data entry into the electronic health record to ensure it is extractable for data analysis, analyzing data to identify trends and need for community and health system support services, and ensuring patients are linked with services to address these social drivers of health.

Preliminary data from the pilot identified the greatest need is Unmet Transportation Needs (49%) followed by Financial Difficulty (9% high risk), Food Insecurity (7%) and Housing Stability (6% high risk).

Organizational Knowledge - JEDI Certificate Program

A multi-disciplinary team of TFHS staff completed the Weitzman Institute **Justice, Equity, Diversity, and Inclusion (JEDI) Certificate Program: Organizational Change Series for Leaders** beginning in January through July 2023. Topics included: Empowering Leaders as Change Agents, Conducting an Inclusive and Equitable Hiring Process, Implementing Strategies to Engage and Retain your Employees, Embedding Accountability into JEDI Policies and Practices, Delivering Culturally Responsive Care to Patients and Putting it All Together — From Implementation to Sustainability.

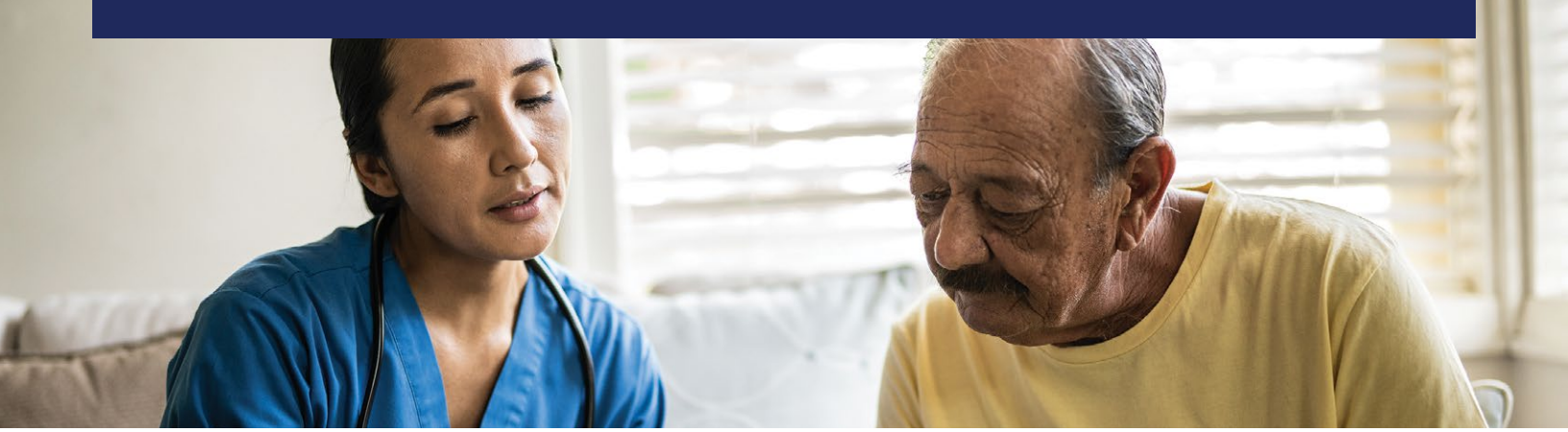
Training participants were demographically diverse and represented the departments of Human Resources, Quality/Risk Management, Primary Care, Administrative Council, Community Health, Education, and Physician Services/Neurology. By the end of the JEDI Certificate Program, the team had developed a work plan and prioritized short term and long term goals.

JEDI Future Work Plan Short Term Goals

1. Create a leadership structure for JEDI moving forward
2. Demonstrate our uniqueness through monthly celebrations (i.e. PRIDE Month, Women's History Month, Black History Month)
3. Incorporate strategies that support inclusive and collaborative Town Halls

JEDI Future Work Plan Longer Term Goals

1. Conduct a Health Equity Organizational Assessment
2. Improve data collection and analytics to track progress
3. Develop a public facing dashboard to report progress on JEDI initiatives and inform key stakeholders including leaders, medical providers and staff about JEDI progress to reduce identified health care disparities
4. Ensure an inclusive work environment



Community Partnership and Community Health Advocates

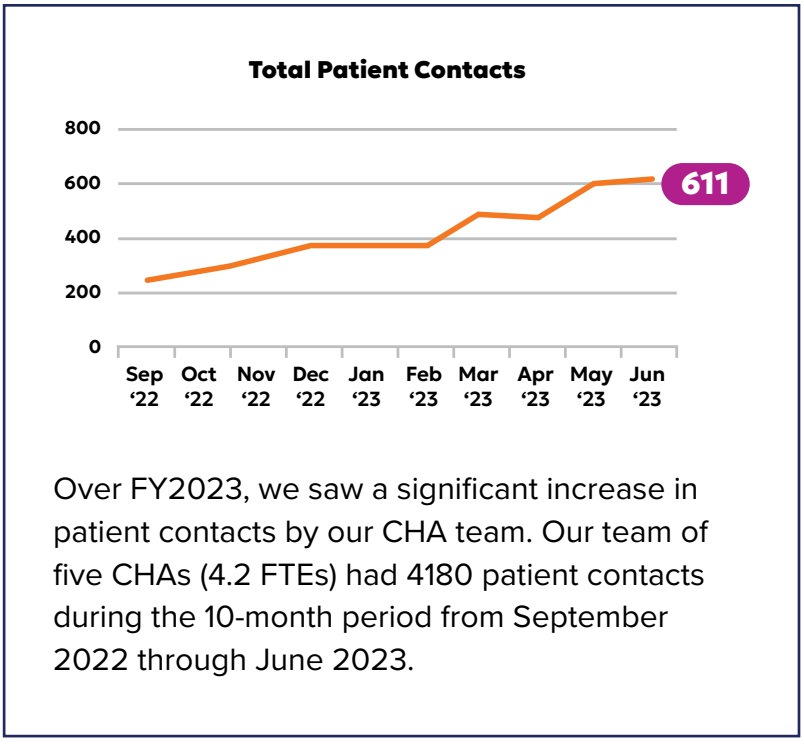
TFHS created the Community Health Advocate/Promotor (CHA) position and hired the first CHA in 2014 in response to “Ethnic Disparities” identified as a significant health need in the 2011 Community Health Needs Assessment. The TFHS CHA team currently has five bilingual/bicultural team members, and this year expanded to include a direct partnership with Sierra Community House.

What is a Community Health Advocate/Promotor?

Community Health Advocates/Promotores (CHAs) are highly trained, frontline outreach workers who have a strong connection to the communities they serve, with in-depth understanding of local experiences, culture, language and needs. They serve as liaisons between the community, health professionals and social service organizations facilitating access to an array of services to patients with complex medical and health-related social needs. Ultimately, CHAs improve patient health outcomes and overall wellness by improving the quality and cultural competence of service delivery.

How do Community Health Advocates benefit our community and Tahoe Forest Health System?

- Build trust between patients and medical providers
- Offer in-person support and interpretation
- Help patients navigate the broader health care system including connection to community resources and financial supports
- Help patients understand and follow their treatment plan
- Provide culturally-competent health education
- Provide advocacy and support
- Offer community outreach and preventative health screenings



Over FY2023, we saw a significant increase in patient contacts by our CHA team. Our team of five CHAs (4.2 FTEs) had 4180 patient contacts during the 10-month period from September 2022 through June 2023.

HIGHLIGHT

Partnership with Sierra Community House

In FY2023, TFHS Community Health expanded the CHA program with a 3-year grant with Sierra Community House. The purpose of the grant is to facilitate improved community health and health outcomes for socioeconomically disadvantaged (SED) community members through enhanced collaboration and coordination.

Sierra Community House is the local non-profit that provides a wide array of social supports for our SED population including housing, food, legal assistance and domestic violence supports.

The grant supports a part-time Community Health Services Coordinator, as well as discretionary funds to supplement the Community Promotora Program, Family Support Advocates, and Peer Support program, and funding for evaluation, reporting and oversight.

A key area of this new project is to increase place-based support for patients. Between March 2023 through June 2023, the Coordinator supported nine patients referred by TFHS CHAs with place-based care. In addition to directly supporting community members, the Coordinator also serves as the point of contact and facilitator for community events in partnership with Placer County such as local dental screenings and fluoride varnish applications, vaccine clinics and health screening collaborations with the Mexican Consulate.

Filling the Gap in Patient Advocacy

Tahoe Forest CHAs are limited in their ability to travel with patients. Our partnership with Sierra Community House expands support and addresses barriers experienced when accessing specialized, out-of-area care. The Coordinator was instrumental in supporting a patient with pregnancy complications. Prior to working with the Coordinator, this family had experienced multiple miscommunications when traveling for care related to their appointments, medical care options, prescriptions, and accommodations.

The impact of this support is immense.

> *"The community member was so happy to have that support [of the Coordinator] as doctors usually give a lot of information that is difficult to process and understand and a language barrier can only make things more difficult. The doctor usually has a virtual interpreter but other staff members such as doctor's assistant, receptionist, nurses, student practitioner, sonographers, etc. do not."*

SIERRA Community HOUSE

Priority Area 2: Prevention & Wellness

Community Health Improvement Plan Goals (2023 - 2025):

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

Supporting All Life Phases

Child, Infant & Toddler Programs

414

Children & Families Supported

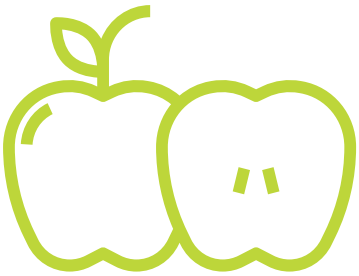
- Baby Friendly Practices at TFH
- Birthing with Confidence
- Infant CPR
- Infant and Toddler Nutrition
- Mamas Meet Up Breastfeeding Support
- Nutrition for a Healthy Pregnancy
- Raising Healthy Toddlers Nutrition

Youth & School-Based Outreach

28,768

Youth Contacts

- Around the Table Cooking Class
- **BFit** - 8 monthly brain breaks and wellness themes in 83 classrooms
- Boys and Girls Club Cooking Class
- Gardening Club
- **Harvest of the Month** - 7 monthly fruit and vegetable tastings in 83 classrooms
- Healthy Snack Day
- Kinder Orientation - Immunization & Well Child Visit Support
- Nutrition Education
- Rethink Your Drink



Active Community

1,229

Adult Contacts

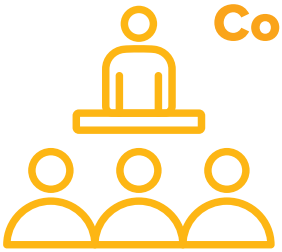
- Community Walking Challenge
- Legacy Trail Walk for Neuro Patients and Caregivers
- Senior Chair Yoga
- Sunshine Walk

Chronic Disease Management

1,925
Community Contacts

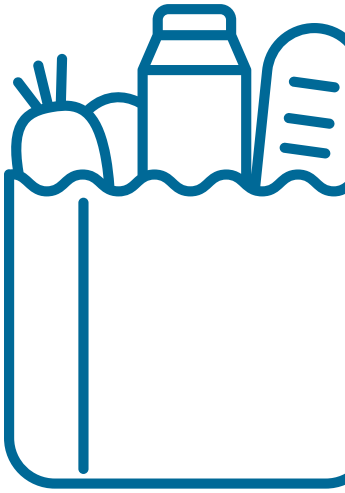
- Affordable Labs
- Blood Sugar/Pressure Health Screening
- Building Better Caregivers
- Chronic Pain Self Management Program
- Cooking Club
- Diabetes Self Management
- Gestational Diabetes Consults
- Parkinson's Support Group
- Pediatric Nutrition Consults
- Prevent T2
- The Wise Mind Series

Community Health Outreach & Events



448
Community Members Reached

- Free Community Health Talks
- Homeless Day Center Outreach
- Lions Club Community Health Fair
- Truckee Thursdays



35,539
TOTAL Community Contacts

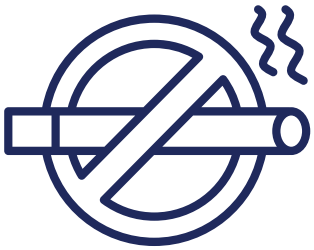
Employee Produce

1,391
Produce bags delivered to TFHS Team Members

Substance Misuse

1,364
Community Contacts

- Alcohol Free Weekend Challenge
- Fentanyl & Vaping Education
- Know Overdose Lunch and Learn
- Mocktail Booth
- Smoking Cessation
- AlcoholEdu
- Prescription Drug Take Back



Community Partnerships

- ACEs Network of Care
- Immunization Coalition
- Tahoe Truckee Suicide Prevention Coalition
- Depression Screening and ACEs Workgroups
- Community Collaborative of Tahoe Truckee
- Oral Health Alliances (Placer County and Nevada County)
- TTUSD School Wellness Partners

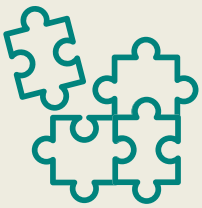
Priority Area 3: Chronic Disease Management

Community Health Improvement Plan Goals (2023 - 2025):

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

Demographics nationally as well as locally are shifting as the population ages. Census data reported in the 2021 CHNA showed that residents ages 55 and older increased from 35% in 2015 to 42% in 2019. In response to our aging population, and in collaboration with the Care Coordination and Neurology departments, programming was developed to address cognitive function, a common concern for older residents.

HIGHLIGHT



The Wise Mind Series – A Brain Health Promotion Program

by Care Coordinator Jackie Griffin, RN

Background: Dementia is a loss of cognitive function that interferes with a person's daily living. Dementia can have a significant impact on individuals, families and community. As a Care Coordinator working with the senior population, I became increasingly aware of our communities' concerns about memory loss and the progression towards Dementia. In August of 2022, I attended the Alzheimer's Association Conference. I learned about the many studies on preventing and slowing the progression of this disease from around the world. I brought the knowledge back to our community and started the Wise Minds series in April of 2022.

The Program: Every month for 12 months, the program will present information and speakers that highlight the different modifiable risk factors for Dementia. These factors are the MIND Diet, exercise/balance activities, sleep, hearing, socialization, volunteering, management of chronic conditions, cognitive training, healthy communication and stress management. The program focuses on education, participation and empowerment. We meet for 2 hours and end each session with setting SMART goals for the month. All speakers are local community members and offer classes and resources that are available after the class is over. We also will have a representative from the Alzheimer's Association speak on the latest research on prevention and treatment options.

The Response: Our community has received this program very well. Our first three classes had more than 18 participants, and participation currently averages 10-12 a month. The feedback has been positive and we hope to continue the Wise Mind series moving forward.

HIGHLIGHT

TFHS Community Health Advocates and Chronic Disease Management

A 39-year-old patient reported to Urgent Care in March 2023 with blurry vision and eye pain. An in-office test revealed high blood glucose. The patient was started on medication, additional labs were ordered, and they were given an expedited referral to Primary Care for follow up care.

Less than a week later, the patient met with the Primary Care Provider who diagnosed them with type 2 diabetes and referred the patient to the CHA team for assistance obtaining insurance as well as education on diabetes. The CHA reached out to the patient the next day and scheduled a meeting for the following week to develop a plan of action. Over the next 3 weeks, the CHA worked with the patient to:

- ☑ **Complete and submit financial assistance forms**
- ☑ **Help patient enroll in Medi-Cal**
- ☑ **Provide emotional support and diabetes self-management education for patient and family**
- ☑ **Obtain referral to Ophthalmology, schedule and attend appointment with Ophthalmology**
- ☑ **Obtain referral to Nutrition, schedule and attend appointment with the TFHS Center for Health**

A Healthy Outcome:

The CHA was able to provide culturally-appropriate education for the patient and their family to understand and adhere to the care plan and support the patient in accessing ongoing care. This included diabetes-specific education, behavior changes to support diabetes management and peer support in the patient's primary language.

As a result, the patient made dramatic changes in lifestyle behaviors (diet and exercise) for the entire family and is taking medications as prescribed. Two weeks after the initial diagnosis the blood sugars were already decreasing, and within 3 months they had reduced their hemoglobin A1c average blood sugar levels to normal, healthy range. By June 2023, eye pain was gone and vision had completely improved.

> *"My motivation to continue taking care of myself, with healthy behaviors for me and my entire family, is to not EVER feel so helpless as when I was losing my vision and had no hope."*

ZERO Suicide
IN HEALTH AND BEHAVIORAL HEALTH CARE

Everyone can help prevent suicide and save lives.
Suicide is not inevitable.
You can make a difference.

Priority Area 4: Mental/Behavioral Health

Community Health Improvement Plan Goals (2023 - 2025):

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

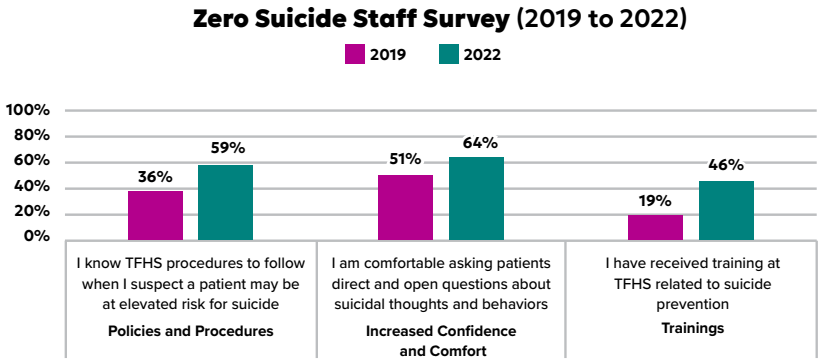
TFHS launched the **Zero Suicide Initiative** in 2019 as a system wide transformation toward safer suicide care. The year 2023 marks the completion of our initial three-year Implementation Roadmap.

The 2020 – 2023 goals of the Zero Suicide Initiative at Tahoe Forest were to:

- Increase awareness about suicide
- Increase confidence and ability to identify and work with at-risk patients
- Decrease stigma about suicide and seeking help for mental health

Strategies to meet these goals focused on updating policies and procedures, staff training, standardization of screening processes for early identification, and universal screening to reduce stigma.

Staff surveys conducted in 2019 and again in 2022 show increased confidence, knowledge, and comfort with the screening and follow up process, clarity in organizational procedures, and trainings received at TFHS.



Additional successes included:

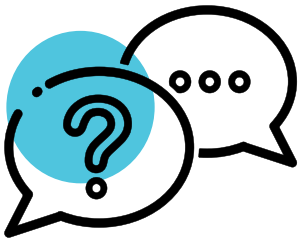
- Mental Health resources now included on all After Visit Summaries
- Promotion of “988” as the new national Suicide and Crisis Lifeline
- Standardized training for all departments using the Columbia Suicide Severity Rating Scale (CSSRS) – Inpatient, Emergency, Ambulatory Surgical Unit
- Expanded universal depression screening and follow up processes to Physical Therapy/ Occupational Therapy/Speech Therapy, Tahoe Forest Women’s Center and Wound Care
- Development of the 2023 – 2026 TFHS Zero Suicide Initiative Strategic Plan

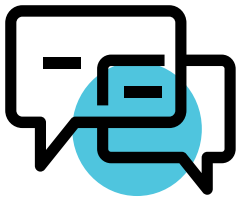
988 SUICIDE & CRISIS LIFELINE

The 988 Suicide and Crisis Lifeline is available by phone and text 24 hours a day, 7 days a week

There is hope.

Talk with us.





Stress Buster Supports for Resiliency

Mental/Behavioral Health needs identified in the first CHNA in 2011 were exacerbated by the COVID-19 pandemic due to life-saving social distancing measures, economic hardship and extreme stress. Local data show that since 2017, currently depressed respondents doubled, poor mental health days doubled, and anxiety and depression diagnosis both increased.

We can help our community learn to identify and respond to stress and anxiety in healthy ways through increasing awareness and practice of "Stress Busters", feasible practices that help our bodies manage stress during challenging times. For calendar year 2023, Community Health incorporated the 7 "Stress Buster" themes into our monthly wellness promotions and outreach through social media, clinic video monitors, community talks, targeted direct-to-provider outreach and general outreach.

Free Community Health Talks

December
Supportive Relationships
"Making Conflict Resolution Actionable"

April
Quality Sleep
"Better Sleep, Better You!"

May
Mental Healthcare
"It's OK to not be OK"

March
Balanced Nutrition
"Hot Topics in Nutrition"

June
Experiencing Nature
"Forest Bathing Experience"

October
Physical Activity
"Hike with Intention – A Guided Meditaion Hike"

January
Mindfulness Practices
"The Joy Choice"

HIGHLIGHT

Gateway Mountain Center

Background: Since 2016, TFHS Community Health has been supporting Gateway Mountain Center in providing mental health services for youth and transitional age youth, ages 5 to 23, who live within the Tahoe Truckee Unified School District. The purpose of this support is to increase access to nature-based, therapeutic mentoring for our region's most severely "at-risk" youth who are experiencing depression, anxiety, suicidality, bipolar, traumatic brain injury and substance abuse.

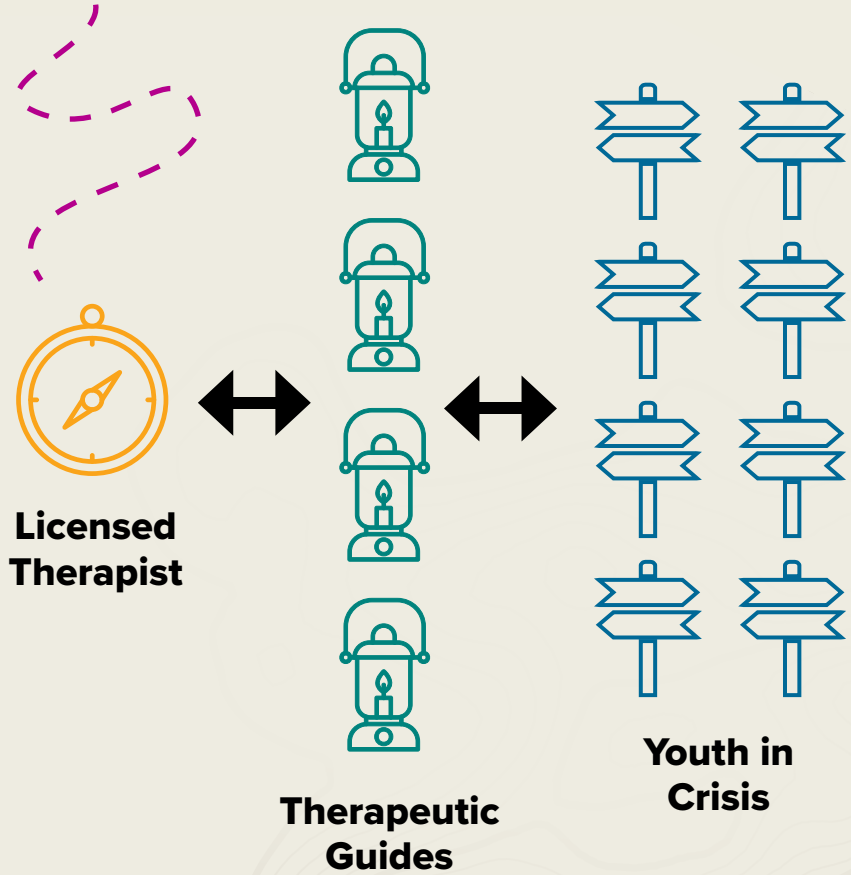
The Program: Gateway Mountain Center is a local non-profit whose mission is to transform the lives of youth by cultivating authentic relationships, connection with nature, outdoor peak experiences and community engagement. To meet the youth needs, Gateway offers clinical mental health services, recovery services, school programming, summer camps, the 4Roots Wellness Center and one-on-one therapeutic mentoring. Gateway's therapeutic mentoring is a unique service beyond that which can be provided in a traditional health care setting. Therapeutic sessions are 2-4 hours each week, and eliminate barriers common to accessing mental health such as transportation, cost and stigma. In the words of Gateway, "We pick up the youth from school, often with a kayak on our car, go on a 2-3 hour adventure in nature, grab a bite to eat, and then bring your child home."

The Response: In FY23, TFHS Community Health supported Gateway in providing 782 hours of one-on-one therapeutic mentoring to 16 unique youth who had no alternative funding for mental health services.

Our Delivery Method

Each licensed Therapist clinically supervises 4-6 highly trained Therapeutic Mentors.

Each Therapeutic Mentor completes weekly 2-4 hour nature-based rehabilitation sessions with 1-3 clients with severe emotional disturbances and/or complex trauma.



Gateway Mountain Center

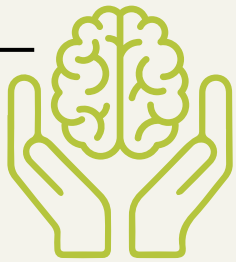
Priority Area 5: Substance Misuse

Community Health Improvement Plan Goals (2023 - 2025):

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

Community Health prevention and cessation activities included ongoing tobacco and vaping cessation support for adults and youth with a Certified Tobacco Cessation Counselor, collaboration with Nevada County on the Know Overdose Campaign and prescription drug take-back events, and education in local schools on substance and alcohol use.

HIGHLIGHT



Expanded Substance Misuse Services at TFHS

by Behavioral Health

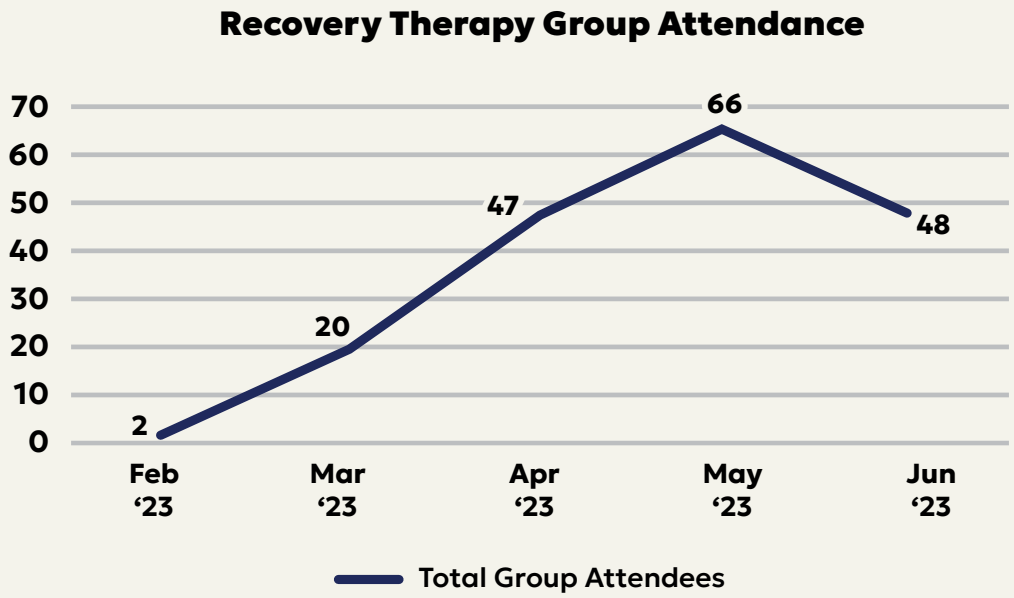
Background: Substance use continues to be a significant health problem in our community. Substance Use Disorder visits to the Emergency Department in Nevada County, CA (662.3/100,000) are higher than the state average (453.0/100,000). Locally, 28.6% of our community self-reports binge-drinking behavior compared to 16% in California, with only 2% receiving counseling or treatment for alcohol use or drug use (excluding tobacco). Local rates of substance use and alcohol abuse constantly outpace state and national averages.

In response to this need, the Tahoe Forest Behavioral Health Department has expanded clinical and harm-reduction strategies, as well as culturally appropriate care and trainings for staff, to support patients experiencing substance use disorder in achieving recovery.

Clinical Services: Direct patient care was enhanced with the addition of a new Licensed Advanced Alcohol and Drug Counselor who leads recovery therapy groups and one-on-one therapy to all Medication Assisted Treatment (MAT) patients. The groups have grown in response to need and patient feedback and use evidence-based materials and therapeutic interventions. The second position added was a Peer Navigator, with lived experience, to assist with group facilitation and patient engagement.

The MAT program, initially developed in 2018 to support opioid use disorder, expanded in FY23 to increase access to care for patients with alcohol use disorder. An interdepartmental council, facilitated by the MAT provider, meets quarterly to address the needs of patients with alcohol use disorder outside the MAT clinic – be it in Primary Care, Urgent Care, the Emergency Department, or the Intensive Care Unit.

Group therapy and one-on-one therapy with the Licensed Advanced Alcohol and Drug Counselor and Peer Navigator and visits with the MAT provider, including medications for treatment, are offered at no cost to the patient.



Harm Reduction Strategies: TFHS expanded the harm reduction program to include Fentanyl test strips and Xylazine test strips, which are now accessible, along with Narcan, in the Emergency Department. These resources are available 24/7, no appointment needed, no limit on supplies, and anonymously with no questions asked. Over 400 drug-testing strips were distributed into the community during FY23.

Culturally Appropriate Care: TFHS has prioritized increasing access to culturally appropriate care to the Latin community. Members of the Behavioral Health team, as well as TFHS leadership, were trained in Justice, Equity, Diversity, and Inclusion techniques. Behavioral Health is applying the techniques learned, increasing system-wide awareness of these concepts through micro-trainings (e.g. Lunch and Learns), and plans to expand the trainings to additional teams within TFHS. Additionally, the MAT program hired a bilingual/bicultural Medical Assistant, and the literature associated with the harm reduction supplies and MAT program are provided in English and Spanish, the two primary languages spoken in our region.

Collectively, these resources are embedding culturally appropriate treatment access and harm reduction into Tahoe Forest health care.

Team Members & Collaborators

Community Health Team Members

Maria Martin, MPH, RDN, *Director of Community Health*
Chris Arth, MD, *Medical Director*
Lizzy Henasey, MPH, *Population Health Analyst*
Maison Power, MS, *Community Health Coordinator*
Dana Dose, RDN, CDE, LD, *Wellness Dietitian (Prevent T2, Pediatrics, Perinatal)*
Lisa Fligor, RDN, *Cardiac Rehab Dietitian*
Reyna Sanchez, MA, *Community Health Advocate, Master Trainer: Self-Management Programs*
Victoria Ferris, *Community Health Advocate*
Amelia Espinoza, MA, *Community Health Advocate*
Coco Pimentel Zarate, *Community Health Advocate*
Jocelyn Sanchez Cruz, *Community Health Advocate*
Lisa Stekert, LCSW, *Youth Behavioral Health Navigator*
Britte Ginty, RN, *Prenatal and Infant CPR Educator*
Justine Nelson, *Smoking Cessation Counselor/Health Coach*
Sandy Deason, RN, *Prenatal Educator*
Nisha Bista, MPH, *QIP Data Analyst*
Liz Schenk, NBC-HWC, MBA, *Health Coach*
Sunee Zrno, LMFT, *QIP Care Coordinator*
Lorna Fichter, RN, *QIP Care Coordinator*
Jackie Griffin, RN, *Care Coordinator, Master Trainer: Self-Management Programs*
Carrie Riley, RN, IBCLC, RDN, *Perinatal Care Coordinator, Lactation Consultant*
Tamaro Margraf, RN, IBCLC, *Lactation Consultant*
Fernanda Campos-Taylor, RN, IBCLC, *Lactation Consultant*

Special Shout Outs to our TFHS Collaborators

Brooke Schauder, PsyD, *Clinical Director of Behavioral Health*
Claire Da Luz, MPH, *Behavioral Health Grant Specialist*
Robert Mills, *Licensed Advanced Alcohol and Drug Counselor*
Sam Valois, *Substance Use Navigator*
Ashley Nelson, *Pediatrics Practice Lead II*
Michelle Churchill, *Pediatrics Manager*
Estella Iniguez, *Primary Care Manager*
Tamara Troxel, *Primary Care Clinical Lead*
Ryan Solberg, *Director of Therapy Services*

Tahoe Forest Center for Health

Wendy Buchanan, *MS, Director*
Brandy Willoughby, *Customer Care Navigator Manager*
Gloria Acevedo-Klenk, *Customer Care Navigator*
Tracy Chaney, *Customer Care Navigator*

Thank you!

Tackling complex community health needs would not be possible without collaboration, teamwork and advocacy from voices throughout our community. Thank you to all the Community Partners and Provider Champions who are helping to improve the health of Truckee North Tahoe.

Community Partnerships

ACEs Aware Network of Care
Cancer Committee
Community Collaborative of Tahoe Truckee
Crisis Team
Gateway Mountain Center
Immunization Coalition
Nevada County Public Health Department
Placer County Public Health Department
Sierra Community House
Suicide Prevention Coalition
Tahoe Truckee Future Without Drug Dependence
Truckee Tahoe Perinatal Outreach Team
Tahoe Truckee Unified School District

Provider Champions

Chris Arth, MD, Medical Director
Chelsea Wicks, MD, ACEs
Cherisse Mwero, MD, JEDI
Jonathan Hedrick, MD, Primary Care Mental Health
Jonathan Lowe, PMH-APRN, Zero Suicide
Jen Lang-Ree, PNP, CPNP, Immunization
Katina Varzos, PMH-APRN, Zero Suicide
Megan Shirley, PA-C, MPA, Immunization
Meggie Inouye, PNP, MN, MPH, Lactation, ACEs

Kind words...

PRENATAL EDUCATION

> Very well explained information and great ability to grab the attention of the class. Made me feel very good about where we chose to have our baby. Thank you!

HARVEST OF THE MONTH

> After making sugar-free baked pears for my son's kindergarten class he started begging for them at home! He'd never liked pears before and now they're a regular request!

BOYS AND GIRLS CLUB COOKING CLASS

> Maison and Dana – Thank you for running an incredible program at Boys and Girls Club last week. My daughter looked forward to going every single day. She didn't just say her day was "good". She would go on and on about the class, what you made, and plans for the next day. She has made several smoothies, she made us French toast with the berry sauce, and she gave us a shopping list so she can make the tofu mousse for visiting company. Before Friday, she was very concerned about using tofu – so thanks for broadening horizons. We are looking forward to her making the full 3-course meal. She said she liked everything you make. I hope we get to participate in your next youth programming!

LIONS CLUB HEALTH FAIR

> A special thanks to Tahoe Forest Community Health. They saw the potential in this event, pledged their support, and guided [the Lions Club Organizers] along the way. Thank you for all your advice and for assistance in coordinating translations of our many forms.

PREVENT T2 DIABETES PREVENTION PROGRAM

> I am grateful to find out about this program as I couldn't make changes alone.

COMMUNITY HEALTH ADVOCATES

> Life is full of challenges to meet, dreams to achieve and I know that if my dreams don't scare me then they are not dreams, however the support of Amelia, Coco, Gaby and the entire team that have made it possible; starting over in the most difficult moments, the immeasurable effort they have made for us shows us that we are not alone, every gesture, every word, every help, motivates us on this path called life. Thank you.

THE WISE MIND SERIES

> We are so glad we learned about the Wise Mind Program, and look forward to the monthly meetings as we always come away with new knowledge and resources to support brain health. We are so fortunate to have this program as our journey takes us through uncharted territory and change. Much appreciation goes to Jackie Griffin and her support team.

Tahoe Forest Health System

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