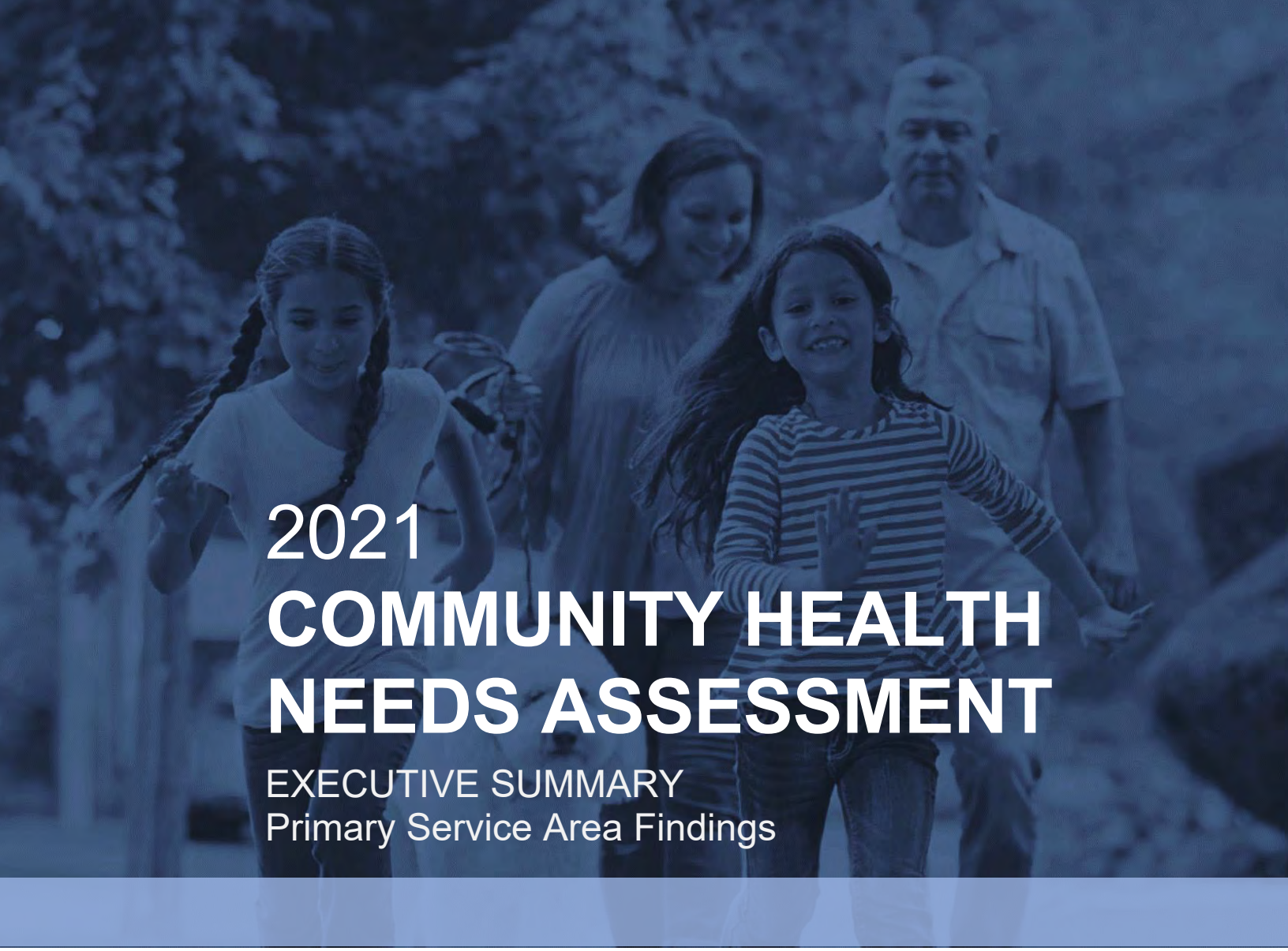


2021 COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY
Primary Service Area Findings

Sponsored by

Barton Health

2020-0885-02

Prepared by PRC

www.PRCCustomResearch.com

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012, 2015, and 2018, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Barton Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

This assessment was conducted on behalf of Barton Health by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

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

PRC Community Health Survey

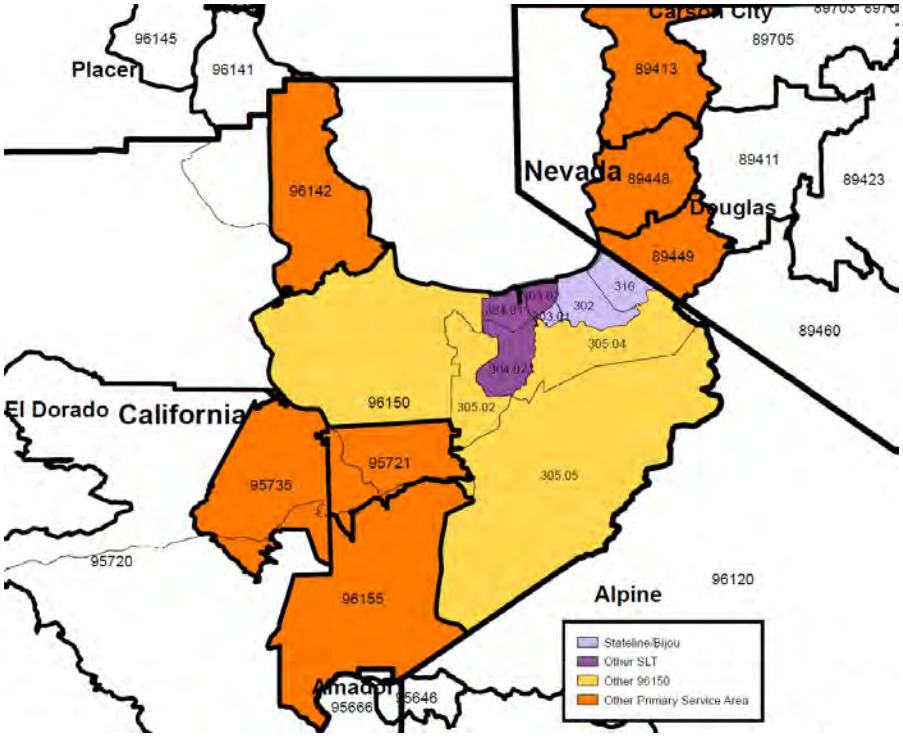
Survey Instrument

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

Community Defined for This Assessment

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

In reporting, results are further segmented to census tracts associated with the Stateline/Bijou area of South Lake Tahoe, Other South Lake Tahoe ("Other SLT"), Other 96150 ZIP Code ("Other 96150"), and Other Primary Service Area ("Other PSA").

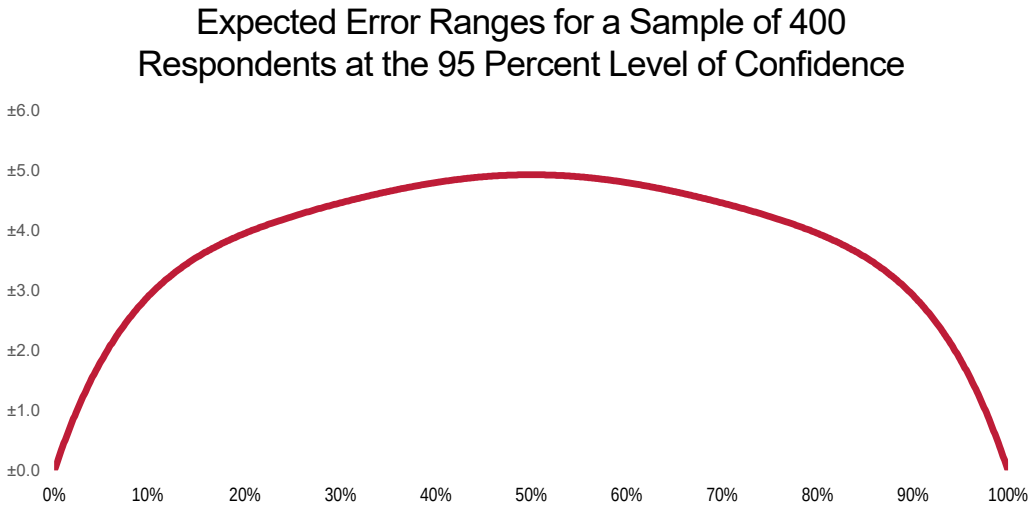


Sample Approach & Design

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

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Primary Service Area, separated into four sub-communities of interest to Barton Health (including 122 in Stateline/Bijou, 117 in Other SLT, 84 in Other 96150, and 77 in Other PSA). Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

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



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

Examples: If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% 2.9%) of the total population would offer this response.

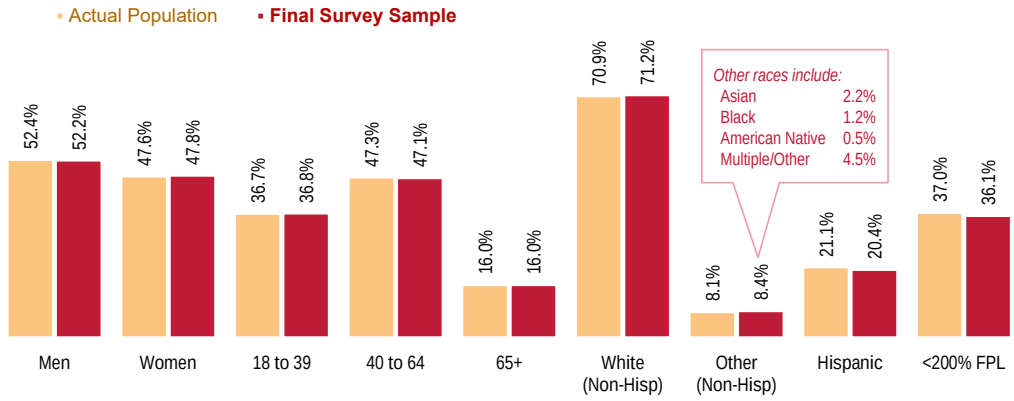
If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% 4.9%) of the total population would respond "yes" if asked this question.

Sample Characteristics

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

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

Population & Survey Sample Characteristics
(Primary Service Area, 2021)



Sources: US Census Bureau, 2011-2015 American Community Survey.
2021 PRC Community Health Survey, PRC, Inc.
Notes: FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2020 guidelines place the poverty threshold for a family of four at $26,200 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In this report, "White" reflects non-Hispanic White respondents; "Communities of Color" includes Hispanics and non-White race groups.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 69 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	14
Public Health Representatives	1
Other Health Providers	10
Social Services Providers	16
Other Community Leaders	28

Final participation included representatives of the organizations outlined below.

- A Balanced Life
- ADVANCE Education
- Alpine Family Practice
- Barton Foundation
- Barton Health
- Boys & Girls Club
- Bread & Broth
- CalFresh
- Catalyst Community
- City of South Lake Tahoe
- City of South Lake Tahoe PD
- EDCOE–Lake Tahoe Unified School District
- El Dorado Community Foundation
- El Dorado County
- El Dorado County Board of Supervisors
- Family Resource Center
- First Five Community Hubs
- Lake Tahoe Coalition for the Homeless
- Lake Tahoe Unified School District
- Live Violence Free
- Mountain High Recovery Center
- Mount Tallac
- NAMI
- PFAC–Patient Family Advisory Council
- Phoenix Food Pantry
- RJ Counseling
- Sierra Child & Family Services
- South Lake Tahoe Library
- SOS Outreach
- Tahoe Chamber
- Tahoe Prosperity Center
- Tahoe Transportation District
- Tahoe Youth & Family Services
- TASK
- Temple Bat Yam
- Zephyr Cove Elementary

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

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area.

Public Health, Vital Statistics & Other Data

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

- California Department of Public Health, California Comprehensive Master Death File
- California Department of Public Health, Birth Cohort-Perinatal Outcome Files
- Center for Applied Research and Engagement Systems (CARES) , University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect aggregated, county-level data for El Dorado County (California) and Douglas County (Nevada). For select birth and death indicators, data for Eastern El Dorado County (inclusive of just those ZIP Codes within the Primary Service Area) are also provided.

Benchmark Data

Trending

Similar surveys were administered in the Primary Service Area in 2012, 2015, and 2018 by PRC on behalf of Barton Health. Trending data, as revealed by comparison to prior survey results, are provided whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California & Nevada Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor*

Surveillance System) Prevalence and Trends Data published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

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

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

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

Determining Significance

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

Information Gaps

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

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

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

Public Comment

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

SUMMARY OF FINDINGS

Significant Health Needs of the Community

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

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Barriers to Access – Inconvenient Office Hours – Cost of Physician Visits – Appointment Availability – Finding a Physician ▪ Routine Medical Care (Adults) ▪ Emergency Room Utilization ▪ Eye Exams ▪ Ratings of Local Health Care
CANCER	▪ Leading Cause of Death ▪ Colorectal Cancer Screening [Age 50-75]
DIABETES	▪ Blood Sugar Testing [Non-Diabetics]
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Stroke Prevalence
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care
INJURY & VIOLENCE	▪ Motor Vehicle Crash Deaths ▪ Intimate Partner Violence
MENTAL HEALTH	▪ "Fair/Poor" Mental Health ▪ Diagnosed Depression ▪ Symptoms of Chronic Depression ▪ Suicide Deaths ▪ Receiving Treatment for Mental Health ▪ Adverse Childhood Experiences ▪ Key Informants: Mental health ranked as a top concern.

—continued on the following page—

AREAS OF OPPORTUNITY (continued)	
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access ▪ Fruit/Vegetable Consumption ▪ Overweight & Obesity [Adults]
POTENTIALLY DISABLING CONDITIONS	▪ Activity Limitations ▪ High-Impact Chronic Pain
RESPIRATORY DISEASE	▪ Key Informants: COVID-19 ranked as a top concern.
SUBSTANCE ABUSE	▪ Cirrhosis/Liver Disease Deaths ▪ Unintentional Drug-Related Deaths ▪ Personally Impacted by Substance Abuse (Self or Other's) ▪ Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	▪ Use of Vaping Products

Note that, for many of these indicators, issues are more pronounced in the city of South Lake Tahoe, particularly in the Bijou/Stateline neighborhoods.

Community Feedback on Prioritization of Health Needs

On May 14, 2021, Barton Health convened a group of community stakeholders (including members of the Community Health Advisory Committee [CHAC], as well as other representatives of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the online meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

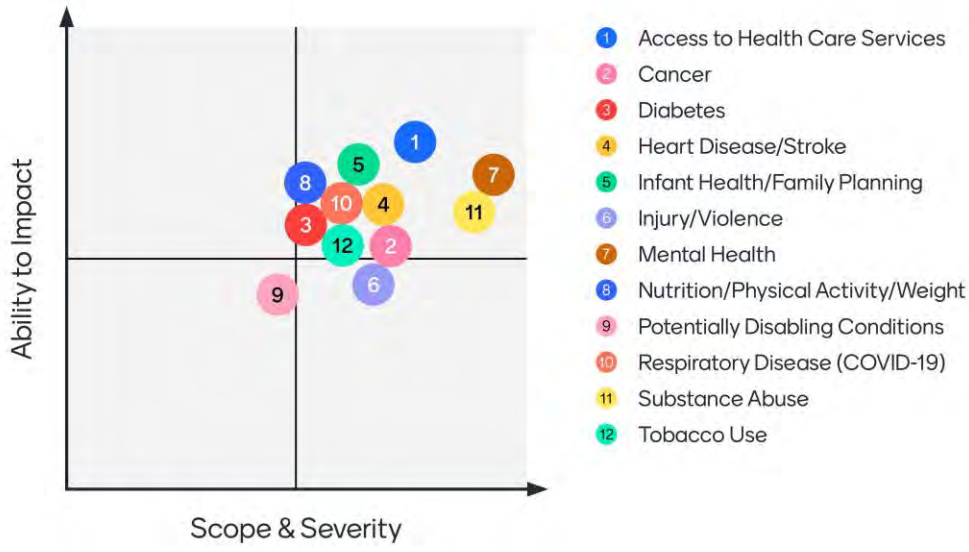
In order to assign priority to the identified health needs (i.e., Areas of Opportunity), an online voting system was used in which each participant was able to register his/her individual ratings. The participants were asked to evaluate each health issue along two criteria:

- Scope & Severity — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - *How many people are affected?*
    - *How does the local community data compare to state or national levels, or Healthy People 2020 targets?*
    - *To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?*
- Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).
- Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

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

1. Mental Health
2. Substance Abuse
3. Access to Health Care Services
4. Infant Health/Family Planning
5. Heart Disease/Stroke
6. Nutrition/Physical Activity/Weight
7. Diabetes
8. Cancer
9. Respiratory Disease (COVID-19)
10. Injury/Violence
11. Tobacco Use
12. Potentially Disabling Conditions

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



Hospital Implementation Strategy

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

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

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

The columns to the left of the Primary Service Area column provide comparisons among the four community areas (or among the two counties, as available), identifying differences for each as "better than" (☀), "worse than" (🌺), or "similar to" (☁) the combined opposing areas.

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

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2012 (or earliest available data). Note that survey data reflect the ZIP Code-defined Primary Service Area.

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

Note that secondary data reflect county-level data.

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

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

SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)					1.5	2.3	1.7	8.3	5.8	4.4		
Population in Poverty (Percent)					8.9	9.3	9.0	14.3	13.7	14.1	8.0	
Children in Poverty (Percent)					9.5	13.3	10.2	19.5	19.1	19.5	8.0	
No High School Diploma (Age 25+, Percent)					6.9	6.3	6.8	17.1	13.7	12.3		
% Unable to Pay Cash for a $400 Emergency Expense	22.0	17.6	7.2	8.0			14.9			24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	38.9	46.0	15.3	27.6			33.8			32.2		36.4
% Unhealthy/Unsafe Housing Conditions	20.8	12.6	2.6	15.7			13.6			12.2		
% Food Insecure	33.5	21.5	4.9	6.2			19.0			34.1		23.7
% 4+ Adverse Childhood Experiences (High ACEs Score)	22.0	24.7	21.4	21.2			22.4			16.3		

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

better similar worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	21.6	21.5	12.2	3.4			16.3	18.2	20.9	12.6		13.6

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

better similar worse

ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance							10.2	15.1	20.3	8.7	7.9	26.2
% Difficulty Accessing Health Care in Past Year (Composite)	65.5	47.6	43.4	56.7			54.0			35.0		40.1
% Cost Prevented Physician Visit in Past Year	24.7	12.9	10.9	19.0			17.3	11.9	15.1	12.9		19.3
% Cost Prevented Getting Prescription in Past Year	14.5	10.2	7.8	8.5			10.8			12.8		18.5
% Difficulty Getting Appointment in Past Year	34.4	27.5	28.8	35.5			31.5			14.5		16.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	22.4	15.3	7.3	16.7			16.1			12.5		10.6
% Difficulty Finding Physician in Past Year	29.7	23.5	14.2	27.6			24.3			9.4		10.6
% Transportation Hindered Dr Visit in Past Year	8.4	0.8	1.0	3.9			3.8			8.9		9.8

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Language/Culture Prevented Care in Past Year	3.6	2.9	2.3	0.0			2.5			2.8		2.4
% Skipped Prescription Doses to Save Costs	18.5	12.9	6.3	7.2			12.2			12.7		15.4
% Difficulty Getting Child's Health Care in Past Year							9.0			8.0		3.7
Primary Care Doctors per 100,000					81.6	58.3	76.9	79.6	57.1	76.6		
% Have a Specific Source of Ongoing Care	71.8	84.4	74.7	83.3			78.2			74.2	84.0	77.0
% Have Had Routine Checkup in Past Year	49.5	57.7	58.8	54.2			54.7	71.8	71.8	70.5		54.3
% Child Has Had Checkup in Past Year							79.1			77.4		84.3
% Used Alternative Medicine in the Past Year	32.8	36.5	35.4	48.2			37.2					40.6
% Two or More ER Visits in Past Year	21.2	15.2	10.8	8.8			15.0			10.1		8.6
% Eye Exam in Past 2 Years	38.0	35.6	40.4	52.6			40.5			61.0	61.1	50.9
% Rate Local Health Care "Fair/Poor"	31.3	27.1	14.5	9.1			22.3			8.0		29.3

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

better similar worse

CANCER	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)					127.1	132.7	128.0	134.4	150.3	149.3	122.7	149.0
Lung Cancer (Age-Adjusted Death Rate)							23.0	25.1	34.7	34.9	25.1	
Prostate Cancer (Age-Adjusted Death Rate)							19.8	19.4	19.1	18.6	16.9	
Female Breast Cancer (Age-Adjusted Death Rate)							14.3	19.0	22.0	19.7	15.3	
Colorectal Cancer (Age-Adjusted Death Rate)							11.8	12.3	14.6	13.4	8.9	
Cancer Incidence Rate (All Sites)					436.5	396.4	427.0	404.6	397.2	448.7		
Female Breast Cancer Incidence Rate					128.7	132.7	129.6	121.5	113.5	125.9		
Prostate Cancer Incidence Rate					101.0	95.8	99.8	93.0	85.5	104.5		
Lung Cancer Incidence Rate					45.2	43.9	44.9	41.5	53.3	58.3		
Colorectal Cancer Incidence Rate					32.4	32.7	32.5	35.1	36.0	38.4		
% Cancer	6.0	12.0	6.3	7.9			8.2	10.4	10.8	10.0		

CANCER (continued)	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% [Women 50-74] Mammogram in Past 2 Years							68.1	81.1	72.3	76.1	77.1	74.7
% [Women 21-65] Cervical Cancer Screening							71.1	79.2	78.9	73.8	84.3	78.5
% [Age 50-75] Colorectal Cancer Screening	52.5	70.5	72.5	73.1			67.1	72.1	61.7	77.4	74.4	73.3

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

better similar worse

DIABETES	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)					12.2	14.0	12.5	21.8	20.2	21.5		13.9
% Diabetes/High Blood Sugar	6.8	7.4	8.6	2.3			6.5	10.1	10.9	13.8		5.3
% Borderline/Pre-Diabetes	7.5	13.4	7.3	4.2			8.6			9.7		6.5
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	43.8	37.8	35.6	37.7			39.2			43.3		47.3

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

better similar worse

HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)					127.6	129.9	128.9	139.8	196.0	163.4	127.4	142.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	10.5	7.6	0.0	2.6			6.0	4.7	7.2	6.1		3.6
Stroke (Age-Adjusted Death Rate)					26.9	37.9	29.4	37.3	36.8	37.2	33.4	26.7
% Stroke	11.1	3.1	0.0	5.8			5.5	2.6	3.4	4.3		1.1
% Told Have High Blood Pressure	39.9	25.6	23.9	29.2			30.4			36.9	27.7	30.2
% Told Have High Cholesterol	29.8	25.3	24.3	30.5			27.5			32.7		30.6
% 1+ Cardiovascular Risk Factor	86.6	64.0	79.1	55.5			72.8			84.6		77.6

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

better similar worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
No Prenatal Care in First Trimester (Percent)					21.7		21.7	18.1	7.1	17.3		
Low Birthweight Births (Percent)					6.3	8.4	6.7	6.8	8.2	8.2		6.8
Infant Death Rate					2.3	6.8	3.0	4.0	5.8	5.6	5.0	2.8
Births to Adolescents Age 15 to 19 (Rate per 1,000)					10.1	14.5	10.9	19.5	26.6	22.7	31.4	

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

better similar worse

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)					44.9	39.3	43.8	34.2	46.8	48.9	43.2	42.9
Motor Vehicle Crashes (Age-Adjusted Death Rate)					14.9		13.9	9.7	10.3	11.3	10.1	
[65+] Falls (Age-Adjusted Death Rate)					52.6		52.2	40.6	67.4	65.1	63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)					9.2	17.9	11.0	7.5	16.6	11.9	10.7	

INJURY & VIOLENCE (continued)	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Homicide (Age-Adjusted Death Rate)							3.7	4.8	6.9	6.1	5.5	
Violent Crime Rate					184.4	166.2	180.6	440.5	642.7	416.0		
% Victim of Violent Crime in Past 5 Years	4.8	10.0	0.5	0.0			4.5			6.2		2.2
% Victim of Intimate Partner Violence	15.5	33.9	18.2	19.0			22.1			13.7		19.4

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

better similar worse

KIDNEY DISEASE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)					5.1	11.9	6.7	8.8	8.9	12.9		5.7
% Kidney Disease	2.1	2.8	6.7	1.4			3.2	3.0	3.0	5.0		2.3

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

better similar worse

MENTAL HEALTH	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	31.4	25.6	15.0	13.0			23.0			13.4		8.0
% Lonely	27.3	25.0	17.0	23.1			23.7			23.8		
% Diagnosed Depression	30.7	30.7	9.2	19.9			24.1	14.6	17.7	20.6		15.9
% Symptoms of Chronic Depression (2+ Years)	50.0	44.1	29.7	26.1			39.6			30.3		29.5
% Typical Day Is "Extremely/Very" Stressful	12.8	8.5	4.1	8.5			9.0			16.1		9.7
% Considered Suicide in the Past Year	2.2	13.4	4.0	7.2			6.8					5.2
% [Child Age 5-17] "Fair/Poor" Mental Health							9.6					13.8
Suicide (Age-Adjusted Death Rate)					16.3	35.6	20.0	10.7	20.3	14.0	12.8	18.2
Mental Health Providers per 100,000					107.0	16.7	88.7	49.1	42.2	42.6		
% Taking Rx/Receiving Mental Health Trtmt	19.7	26.9	21.2	9.6			20.3			16.8		11.2
% Unable to Get Mental Health Svcs in Past Yr	9.8	9.2	0.7	3.2			6.5			7.8		4.8

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

better similar worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)					25.8	49.1	30.6	13.4	24.1	22.4		
% "Very/Somewhat" Difficult to Buy Fresh Produce	15.0	12.7	2.4	8.1			10.4			21.1		18.4
% 5+ Servings of Fruits/Vegetables per Day	30.1	27.6	35.5	45.3			33.4			32.7		53.6
% No Leisure-Time Physical Activity	15.9	13.5	13.2	4.6			12.5	22.4	25.8	31.3	21.2	13.8
% Meeting Physical Activity Guidelines	39.9	37.4	45.2	45.3			41.3	22.6	20.0	21.4	28.4	29.6
% Child [Age 2-17] Physically Active 1+ Hours per Day							34.1			33.0		41.9
Recreation/Fitness Facilities per 100,000					14.4	14.9	14.5	11.8	10.6	11.8		
% Overweight (BMI 25+)	61.6	48.8	54.6	42.0			52.7	62.8	67.8	61.0		53.0
% Obese (BMI 30+)	22.6	26.8	18.9	14.8			21.6	26.1	30.6	31.3	36.0	15.2

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

better similar worse

ORAL HEALTH	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% [Age 18+] Dental Visit in Past Year	61.9	59.6	73.3	67.1			64.6	67.4	64.7	62.0	45.0	62.8
% Child [Age 2-17] Dental Visit in Past Year							77.9			72.1	45.0	81.3

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

better similar worse

POTENTIALLY DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	35.5	32.5	18.5	23.9			28.9			32.5		30.8
% Activity Limitations	28.3	42.0	23.6	20.1			29.8			24.0		20.4
% With High-Impact Chronic Pain	22.4	21.5	15.4	20.5			20.3			14.1	7.0	
Alzheimer's Disease (Age-Adjusted Death Rate)					27.5	15.6	24.6	37.1	24.2	30.4		28.7
% Caregiver to a Friend/Family Member	24.2	23.5	21.2	24.4			23.4			22.6		27.3

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

better similar worse

RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)					35.6	32.5	35.0	30.7	48.9	39.6		40.3
Pneumonia/Influenza (Age-Adjusted Death Rate)					10.4	10.3	10.4	14.2	16.3	13.8		12.8
% [Age 65+] Flu Vaccine in Past Year							78.4	63.9	61.0	71.0		54.8
% [Adult] Asthma	9.8	8.2	4.6	12.0			8.6	7.8	9.4	12.9		6.3
% [Child 0-17] Asthma							4.8			7.8		3.2
% COPD (Lung Disease)	1.5	11.3	2.7	3.8			5.0	4.4	8.0	6.4		7.6

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

better similar worse

SEXUAL HEALTH	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
HIV Prevalence Rate					125.6	111.3	122.7	395.9	402.5	372.8		
Chlamydia Incidence Rate					236.5	248.4	238.9	585.3	584.0	539.9		
Gonorrhea Incidence Rate					50.3	39.3	48.0	200.3	216.0	179.1		

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

better similar worse

SUBSTANCE ABUSE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)					14.2	18.4	14.9	12.2	13.5	11.1	10.9	12.4
% Excessive Drinker	29.8	22.8	27.6	38.5			28.9	18.3	18.4	27.2		35.2
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)					13.8		13.3	11.8	17.5	18.8		17.0
% Illicit Drug Use in Past Month	0.9	5.9	4.2	8.0			4.4			2.0	12.0	6.7
% Used a Prescription Opioid in Past Year	12.8	18.3	15.3	18.6			16.0			12.9		22.1
% Ever Sought Help for Alcohol or Drug Problem	15.1	8.3	3.2	7.1			9.1			5.4		8.1
% Personally Impacted by Substance Abuse	42.8	55.0	56.3	43.1			49.2			35.8		57.2

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

better similar worse

TOBACCO USE	DISPARITY AMONG SUBAREAS						PSA	PSA vs. BENCHMARKS				
	Stateline/ Bijou	Other SLT	Other 96150	Other PSA	El Dorado County	Douglas County		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Current Smoker	17.3	8.9	18.1	10.5			13.8	10.0	15.7	17.4	5.0	18.2
% Someone Smokes at Home	15.5	4.8	5.7	2.2			7.9			14.6		12.8
% [Household With Children] Someone Smokes in the Home							0.5			17.4		6.6
% Currently Use Vaping Products	13.9	8.3	16.7	0.0			10.3			8.9		3.1

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

better similar worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 17 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)