Executive Summary

2018 Community Health Needs Assessment

Primary Service Area

Prepared for: Barton Health

By:

Professional Research Consultants, Inc. 11326 P Street Omaha, NE 68137-2316 www.PRCCustomResearch.com

2017-0412-02 © June 2018



Professional Research Consultants, Inc.

Project Overview

Project Goals

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

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

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

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

Methodology

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

PRC Community Health Survey

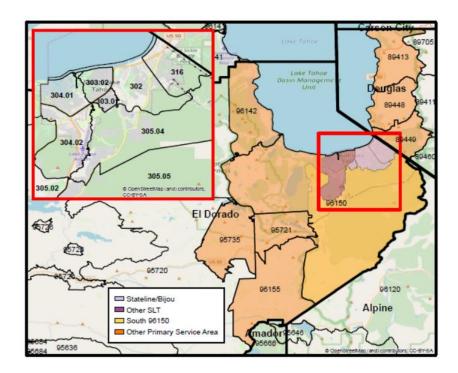
Survey Instrument

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

Community Defined for This Assessment

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

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

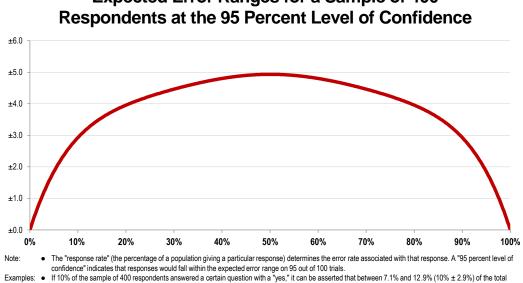


Sample Approach & Design

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

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

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



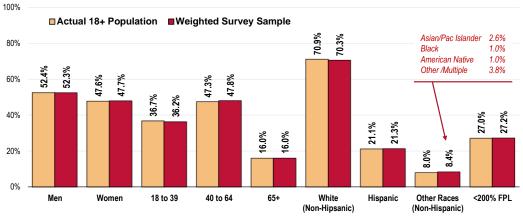
Expected Error Ranges for a Sample of 400

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 "ves" if asked this question

Sample Characteristics

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

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



Population & Survey Sample Characteristics (Primary Service Area, 2018)

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

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

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

Online Key Informant Survey

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

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

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

Final participation included representatives of the organizations outlined below.

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

- Live Violence Free
- Mt. Tallac High School
- NAMI El Dorado County
- Patient Family Advisory Board
- Radon At Tahoe
- Sierra Child and Family Services
- South Tahoe High School
- SOS Outreach
- South Lake Tahoe Family Resource Center
- South Lake Tahoe Juvenile Treatment Center
- South Lake Tahoe Library
- South Lake Tahoe Police Department
- Tahoe Coalition for the Homeless
- Tahoe Magic
- Tahoe Transportation District
- Tahoe Youth and Family Services/Drug Store Project

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

Minority/medically underserved populations represented:

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

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

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

Public Health, Vital Statistics & Other Data

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

- California Department of Public Health, Center for Health Statistics and Informatics, Public Health Policy and Research Branch
- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

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

Benchmark Data

Trending

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

California and Nevada Risk Factor Data

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

Nationwide Risk Factor Data

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

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:



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

Healthy People strives to:

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

Determining Significance

Differences noted 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 assessment, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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

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

Public Comment

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

Summary of Findings

Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment					
Access to Healthcare Services	 Barriers to Access Appointment Availability Finding a Physician Primary Care Physician Ratio Routine Medical Care (Adults) Routine Medical Care (Children) Eye Exams Ratings of Local Healthcare 				
Cancer	 Cancer is a leading cause of death. Female Breast Cancer Screening [Age 50-74] Colorectal Cancer Screening [Age 50-75] 				
Heart Disease & Stroke	 Cardiovascular disease is a leading cause of death. High Blood Pressure Management Blood Cholesterol Screening Overall Cardiovascular Risk 				
Immunization & Infectious Diseases	 Flu Vaccination [Age 65+] Pneumonia Vaccination [High-Risk Age 18-64] 				
Infant Health & Family Planning	Prenatal Care				
Injury & Violence	 Falls [Age 45+] Violent Crime Experience Domestic Violence Experience 				

—continued on the next page—

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

Community Feedback on Prioritization of Health Needs

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

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

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

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

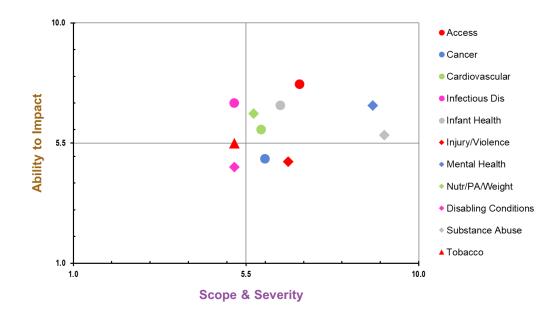
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

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

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

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

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



Hospital Implementation Strategy

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

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

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

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

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

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

TREND SUMMARY (Current vs. Baseline Data)

Survey Data Indicators:

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

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health

data) represent point-to-point changes between the most current reporting period and the earliest presented in the full report (typically representing the span of roughly a decade).

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

		Eac	h Sub-A	rea vs. O	thers	
Social Determinants	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
Linguistically Isolated Population (Percent)						
					1.9	1.8
Population in Poverty (Percent)					É	Ŕ
					9.8	10.9
Population Below 200% FPL (Percent)					Ŕ	Ŕ
					24.6	26.6
Children Below 200% FPL (Percent)					Ø	
					27.9	36.7
No High School Diploma (Age 25+, Percent)					Ŕ	Ŕ
					7.4	7.0
Unemployment Rate (Age 16+, Percent)					É	É
					5.1	5.6
% Worry/Stress Over Rent/Mortgage in Past Year		Ŕ		Ŕ		
	51.5	35.9	21.3	28.2		
% Low Health Literacy			É	É		
	35.3	14.8	18.4	26.7		
% Have Internet Access for Personal Use	É	Ŕ	Ŕ	Ŕ		
	89.7	94.7	96.4	94.6		
% Have a Smartphone	Ŕ	Ê	É	É		
	80.3	87.0	87.9	85.6		

	P	SA vs. I	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
1.9		※ 8.9			
10.1) 15.8			
25.0		X 35.2			
29.5	X	\$ 45.2			
7.3) 17.9			
5.2		<i>6</i> ∕€ 5.5	É		
36.4			30.8		
24.2			合 23.3		
93.4					
84.8					
			∽ Similar		

ouglas ounty

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

	P				
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
15.8					$\mathcal{D}_{\mathcal{F}}$
	20.9	17.8	18.1		13.6
28.2			É		
	20.3	19.1	25.0		20.4
47.8			X		
			56.8		
27.3					
			20.8		
			Ŕ		
		better	similar	worse	

	Each Sub-Area vs. Others							
Access to Health Services	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		
% [Age 18-64] Lack Health Insurance	3 0.2	※ 8.2	2 13.2	() 6.3				
% [Insured 18-64] Have Coverage Through ACA	26.5	20.3	14.4	27.3				
% Difficulty Accessing Healthcare in Past Year (Composite)	<i>4</i> 3.9	<u>ح</u> 48.4	<u>ح</u> 48.4	云 51.6				
% Difficulty Finding Physician in Past Year	순 12.9	23.5	<i>€</i> ⊂ੇ 23.2	仑 13.6				

	Р	SA vs. E	arks		
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
16.4	5	Ŕ	Ŕ		
	17.9	12.9	13.7	0.0	26.2
22.2					
47.6					4 0.1
18.2					2335
			13.4		10.6

Professional Research Consultants, Inc.

	Each Sub-Area vs. Others								
Access to Health Services (continued)	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County			
% Difficulty Getting Appointment in Past Year		£							
% Cost Prevented Physician Visit in Past Year	19.2 	19.8 2	30.2	20.8					
	18.3	21.2	16.4	20.1					
% Transportation Hindered Dr Visit in Past Year		Ŕ	Ŕ	É					
	10.8	4.7	7.3	8.9					
% Inconvenient Hrs Prevented Dr Visit in Past Year	谷	É	É	£					
	13.3	7.4	10.2	8.4					
% Language/Culture Prevented Care in Past Year		۲	É						
	7.1	0.0	0.6	0.0					
% Cost Prevented Getting Prescription in Past Year	£	Ŕ	£	£					
	11.4	15.3	7.2	13.0					
% "Very Likely" to Use a Tele-Health Visit	Ŕ		Ê	Ê					
	29.1	46.4	40.6	32.1					
% Skipped Prescription Doses to Save Costs	Ŕ	Ŕ	Ŕ	Ŕ					
	12.4	10.8	9.6	11.9					
% Difficulty Getting Child's Healthcare in Past Year									
Primary Care Doctors per 100,000					Ŕ	Ŕ			
					75.4	69.4			
% Have a Specific Source of Ongoing Care	Ŕ	Ê	Ŕ	Ŕ					
	68.1	74.5	79.7	69.1					

	P	SA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
21.9			<u>ک</u> 17.5		16.4
19.1	16.0	11.4	<u>ب</u> 15.4		<i>د</i> ≧ 19.3
8.0			8.3		<u>ح</u> ک 9.8
10.0			<u>合</u> 12.5		谷 10.6
2.4			合 1.2		
12.0			<u>6</u> 14.9		** 18.5
37.0					
11.3) 15.3		<u>ب</u> 15.4
6.1			公 5.6		谷 3.7
74.2	64.2	86.7	87.8		66.0
72.5			合 74.1	95.0	2 77.0

	Each Sub-Area vs. Others						
Access to Health Services (continued)	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	
% Have Had Routine Checkup in Past Year			Ŕ				
	61.0	57.8	56.7	49.7			
% Child Has Had Checkup in Past Year							
% Two or More ER Visits in Past Year	Ŕ	Ŕ	숨	Ŕ			
	13.5	12.8	6.0	5.8			
% Rate Local Healthcare "Fair/Poor"	Ŕ	Ŕ					
	17.9	25.2	36.3	7.6			
% Used Alternative/Complementary Medicine in the Past Year	Ŕ	Ŕ	Ŕ	Ŕ			
	40.0	44.3	41.7	35.0			
	Note: In the green section, each subarea is compared against all other areas combined Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.					not available for	

	P	SA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
57.0	-	-			
	69.1	67.0	68.3		54.3
71.1					
			87.1		84.3
10.2			É		
			9.3		8.6
21.9			16.2		2 9.3
40.6					
		🂢 better	会 similar	worse	

COMMUN	NITY HE	ALTH N	IEEDS AS	SSESSM	ENT

	Each Sub-Area vs. Others							
Cancer	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		
Cancer (Age-Adjusted Death Rate)					<u>ک</u> 144.7) 124.0		
Lung Cancer (Age-Adjusted Death Rate)					144.7	124.0		
Prostate Cancer (Age-Adjusted Death Rate)								
Female Breast Cancer (Age-Adjusted Death Rate)								
Colorectal Cancer (Age-Adjusted Death Rate)								
Female Breast Cancer Incidence Rate					<i>2</i> ⊂ً 133.7			
Prostate Cancer Incidence Rate					2 108.5			
Lung Cancer Incidence Rate					<i>4</i> 9.9			
Colorectal Cancer Incidence Rate					<u>ح</u> ے 36.7			
Cervical Cancer Incidence Rate					6.5			
% Cancer (Other Than Skin)	€3.5	2 11.1	2 8.2	<u>ح</u> 5.4				

	Р	SA vs. E	Benchma	arks	
PSA		vs. CA		vs. HP2020	TREND
139.7) 161.4) 164.4
32.1	Ø	29.4	Ø	*	
19.7	Ŕ	۲ <u>۲)</u> 19.8	Ŕ	E.	
19.0	Ŕ	۲ <u>۲</u> 19.3	Ĥ		
12.7	2 A A A	イン 12.9			
133.7		公 120.7	公 123.5		
108.5		合 109.2	114.8		
49.9		公 44.6			
36.7		37.1			
6.5		※ 7.5			
7.0		5.6			行7.3

		Ead	ch Sub-A	rea vs. O	thers	
Cancer (continued)	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
% Skin Cancer	*		Ŕ	Ŕ		
	4.3	15.4	11.3	13.6		
% [Women 50-74] Mammogram in Past 2 Years						
% [Women 21-65] Pap Smear in Past 3 Years						
% [Age 50-75] Colorectal Cancer Screening	Ŕ	Ŕ	Ŕ	Ŕ		
	56.6	74.5	65.7	70.2		
	Note: In the gree	en section, ea	ach subarea is	s compared a	igainst all other a	areas combined.

	P	SA vs. E	Benchma	irks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
10.7					D3
	4.8	5.0	8.5		7.5
62.3		-			
	73.3	82.4	77.0	81.1	74.7
77.2		Ŕ	É		
	74.8	81.6	73.5	93.0	78.5
66.5	Ŕ	É		É	
	62.2	71.4	76.4	70.5	73.3
		Ö	Ŕ		
		better	similar	worse	

Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
			28.4	33.4
e	tables, a	tables, a blank or emp	tables, a blank or empty cell indicate	28.4 section, each subarea is compared against all other a e tables, a blank or empty cell indicates that data are r or that sample sizes are too small to provide meaning

		F	PSA vs. E	Benchma	arl
Douglas County	PSA	vs. NV	vs. CA	vs. US	
	29.7	S.	ME.	₹ S	

	P	PSA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
29.7	$\sum_{i=1}^{n}$				\mathcal{O}
	27.1	34.2	28.4		27.0
		Ö	É		
		better	similar	worse	

		Ead	ch Sub-A	rea vs. C	thers	
Diabetes	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
Diabetes (Age-Adjusted Death Rate)) 11.0	12.9
% Diabetes/High Blood Sugar	☆3.7	<i>ت</i> ڪ 4.5	⁄仝 4.0	谷 7.2		
% Borderline/Pre-Diabetes	8.1	6.8	公 4.6	<u>ب</u> 5.9		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	Ŕ	Ŕ	Ŕ	Ê		

51.9

48.5

COMMUNITY HEALTH NEEDS ASSESSMENT

	P	SA vs. I	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
11.5			X	X	*
	14.2	21.0	21.1	20.5	13.6
4.6			X		
	11.1	10.2	13.3		5.3
6.6			É		
			9.5		6.5
49.2			É		Ŕ
			50.0		47.3
			Ŕ	-	
		better	similar	worse	

	Each Sub-Area vs. Others								
Heart Disease & Stroke	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County			
Diseases of the Heart (Age-Adjusted Death Rate)					Ŕ	숨			
					138.0	133.4			
Stroke (Age-Adjusted Death Rate)					X				
					27.0	31.9			
% Heart Disease (Heart Attack, Angina, Coronary Disease)	É	Ŕ	Ŕ	Ŕ					
	4.7	5.8	2.8	5.0					
% Stroke	谷	É		É					
	1.7	2.5	0.0	3.8					

Each Sub-Area	vs.	Othe	ers
			-

47.9

47.5

	Р	PSA vs. Benchmarks						
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND			
136.8	Ö		Ö	D3	Ö			
	201.3	143.6	167.0	156.9	159.2			
28.1	Ö	Ö	Ö	Ö				
	35.6	35.7	37.1	34.8	30.7			
4.7								
			8.0		3.6			
2.0	É	É	Ø		Ŕ			
	3.3	2.4	4.7		1.1			

	Each Sub-Area vs. Others					
Heart Disease & Stroke (continued)	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
% Blood Pressure Checked in Past 2 Years	Ŕ	Ø				
	84.3	94.7	91.3	85.4		
% Told Have High Blood Pressure (Ever)	É	Ŕ	Ŕ	Ŕ		
	33.2	30.7	33.0	23.8		
% [HBP] Taking Action to Control High Blood Pressure						
% Cholesterol Checked in Past 5 Years	Ŕ	Ŕ	Ŕ	É		
	70.2	79.2	82.4	80.6		
% Told Have High Cholesterol (Ever)	É	Ê	Ê	Ŕ		
	27.3	26.7	25.3	25.7		
% [HBC] Taking Action to Control High Blood Cholesterol						
% 1+ Cardiovascular Risk Factor		Ŕ				
	92.6	78.6	70.0	90.9		
	Note: In the gree Throughout the				gainst all other a s that data are r	

	P	SA vs. I	Benchma	arks	
PSA	vs. NV	vs. CA	vs. vs. US HP2020		TREND
88.9					
			90.4	92.6	91.1
30.6		Ŕ	Ø	Ŕ	
	28.3	28.5	37.0	26.9	30.2
78.3					
			93.8		91.1
77.1		Ŕ			
	74.7	76.9	85.1	82.1	84.0
26.4			پ		
			36.2	13.5	30.6
90.8			Ŕ		
			87.3		87.4
83.5			Ŕ		
			87.2		77.6
		٢	Ŕ		
		better	similar	worse	

this indicator or that sample sizes are too small to provide meaningful results.

		Eac	h Sub-A	rea vs. O	thers	
HIV	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
HIV Prevalence Rate					£}	Ŕ
					90.7	85.1
% [Age 18-44] HIV Test in the Past Year						
		ese tables, a l	plank or empt	y cell indicate	gainst all other a s that data are r provide meaning	not available for

	P	SA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
89.5	X 331.8	※ 376.2	\$ 353.2		
23.2			会 24.7		2 13.3
		🔅 better	<i>s</i> imilar	worse	

		P	SA vs. I			
Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
	61.7	D_{3}	Ŕ		Ŕ	
		54.1	58.1	76.8	70.0	54.8
	44.5			É		
				55.7	70.0	44.9
	79.4		£	É		
		65.9	72.4	82.7	90.0	60.6
	26.9					
				39.9	60.0	36.2
areas combined. not available for				É		
gful results.			better	similar	worse	

	Each Sub-Area vs. Others					
Immunization & Infectious Diseases	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
% [Age 65+] Flu Vaccine in Past Year						
% [High-Risk 18-64] Flu Vaccine in Past Year						
% [Age 65+] Pneumonia Vaccine Ever						
% [High-Risk 18-64] Pneumonia Vaccine Ever						
		se tables, a b	blank or empty	cell indicate	against all other a es that data are r provide meaning	not available for

		Ead	ch Sub-A	rea vs. O	thers	
Infant Health & Family Planning	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
No Prenatal Care in First Trimester (Percent)						
Low Birthweight Births (Percent)					() 6.3	8.4
Infant Death Rate						
Teen Births per 1,000 (Age 15-19)					Ê	Ê
		<u>.</u>			16.5	18.9
	Note: In the gre	en section, ea	ach subarea is	s compared a	igainst all other a	areas combined.

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

COMMUNITY HEALTH NEEDS ASSESSMENT

	F	SA vs. I	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
21.7					
	7.1	18.1	17.3	22.1	
6.7		Ŕ	Ø		숨
	8.2	6.8	8.2	7.8	6.8
4.1		Ŕ		X	Ŕ
	5.5	4.3	5.9	6.0	4.6
17.0	X		X		Ö
	43.6	34.2	36.6		20.1
		Ö	Ŕ	-	
		better	similar	worse	

	Each Sub-Area vs. Others					
Injury & Violence	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
Unintentional Injury (Age-Adjusted Death Rate)					É	É
					47.7	48.2
Motor Vehicle Crashes (Age-Adjusted Death Rate)						
					10.8	
[65+] Falls (Age-Adjusted Death Rate)						
					40.6	
% [Age 45+] Fell in the Past Year	Ŕ	É	É	Ŕ		
	41.8	38.8	44.0	37.7		

Each Sub Area va Othe

	P	SA vs. E			
PSA	vs. vs. vs. vs. NV CA US HP2020		TREND		
47.9	D_{2}		Ŕ		
	43.9	30.6	43.7	36.4	46.1
10.4	Ŕ	É	É		
	11.3	9.0	11.0	12.4	
44.2	Ø	Ŕ		È	
	52.3	39.0	60.6	47.0	
40.6					
			31.6		

		Eac	h Sub-A	rea vs. O	thers	
Injury & Violence (continued)	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
Firearm-Related Deaths (Age-Adjusted Death Rate)) 10.7	*** 15.0
Homicide (Age-Adjusted Death Rate)					2.5	
Violent Crime Rate					227.6) 138.5
% Victim of Violent Crime in Past 5 Years	✓3.7	9 .2	<u>ح</u> 3.5	仝 2.1		
% Victim of Domestic Violence (Ever)	公 23.7	29.0	<i>∽</i> ≳ 18.6) 11.7		
% Perceive Neighborhood as "Slightly/Not At All Safe"	28.3	2 18.5	** 4.4	* 4.5		
	Throughout the	ese tables, a b	blank or empty	cell indicate	gainst all other a s that data are r	

	F	SA vs. E	Benchma	arks	
PSA	vs. NV		vs. US	vs. HP2020	TREND
11.5	Ö				
	15.5		11.1	9.3	
2.5	Ö	Ö			
			5.6	5.5	
209.2	Ö	Ø	Ö		
	- C.C.	403.2			
4.9			É		
			3.7		2.2
21.8					D3
			14.2		19.4
15.8			É		
			15.6		
		Ö	Ŕ		
		better	similar	worse	

	Each Sub-Area vs. Others							
Kidney Disease	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		
Kidney Disease (Age-Adjusted Death Rate)					(6.4	9 .5		
% Kidney Disease	Ê	Ŕ	Ŕ	Ê				
	4.7	0.9	1.6	1.4				

this indicator or that sample sizes are too small to provide meaningful results.

	Р	SA vs. E	arks		
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
7.2			Ø		
	10.7	8.3	13.2		7.7
2.3	Ê	Ê	Ŕ		
	3.3	2.8	3.8		

		Eac	h Sub-A	rea vs. O	thers	
Mental Health	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
% "Fair/Poor" Mental Health		Ŕ	Ŕ	Ŕ		
	12.8	19.3	11.0	20.0		
% Diagnosed Depression	Ŕ	Ŕ	É	É		
	16.8	20.7	16.5	15.2		
% Symptoms of Chronic Depression (2+ Years)	Ŕ	Ŕ	Ś	Ê		
	37.7	31.7	33.2	28.1		
% Typical Day Is "Extremely/Very" Stressful	Ŕ		É	Ö		
	10.8	17.6	10.7	2.1		
Suicide (Age-Adjusted Death Rate)					Ŕ	É
					17.9	18.5
% Considered Suicide in the Past Year		Ŕ	É			
	1.4	2.4	6.4	14.4		
% Taking Rx/Receiving Mental Health Trtmt			É	É		
	17.6	6.8	8.6	9.9		
% Aware of Local Mental Health Resources		X	É	É		
	53.0	76.7	62.3	55.1		
% [Those With Diagnosed Depression] Seeking Help						
% Unable to Get Mental Health Svcs in Past Yr	Ŕ	É	É	Ŕ		
	1.9	4.0	3.0	6.0		
% Average <7 Hours of Sleep per Night	Ŕ	Ŕ	Ŕ	Ŕ		
	35.7	42.7	33.6	42.3		

	P	SA vs. E	Benchm	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
15.7			2 13.0		8 .0
17.6	行	1 3.5	21.6		<u>کے</u> 15.9
33.2			<u>ح</u> 31.4		29.5
10.9			2 13.4		会 9.7
18.1	<i>€</i> ⊂⊂ 19.8	*** 10.4	13.0	10.2	2 16.0
5.2					
11.2			<u>6</u> 13.9		
62.1					
84.3			会 87.1		2 77.5
3.5			** 6.8		ے 4.8
38.6			会 36.7		

Mental Health	(continued)
montal mount	(continuou)

% [Age 45+] Increasing Confusion/Memory Loss in Past Yr

Each Sub-Area vs. Others									
Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County				
19.5	8.2	13.0	4.8						
Noto: In the gray	n agation of	ah auharaa is	oomnorod o	agingt all other	aroog combined				

	F	PSA vs. I	arks		
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
11.6			È		
			11.2		
		Ø	Ŕ		
		better	similar	worse	

		Ea	ch Sub-A	rea vs. C	thers		
Nutrition, Physical Activity & Weight	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	
% Food Insecure		Ŕ	Ŕ				
	34.5	24.1	17.1	12.8			
% Eat 5+ Servings of Fruit or Vegetables per Day		Ê	Ŕ	Ŕ			
	27.0	36.6	44.4	40.1			
% "Very/Somewhat" Difficult to Buy Fresh Produce	经	Ŕ		Ŕ			
	27.2	21.5	13.5	22.5			
% 7+ Sugar-Sweetened Drinks in Past Week	-	X		Ŕ			
	48.0	17.8	19.4	28.2			
Population With Low Food Access (Percent)					25.8	4 9.1	
% No Leisure-Time Physical Activity		Ŕ	پ				
	37.4	21.4	5.1	9.6			
% Meeting Physical Activity Guidelines	谷	Ŕ	۵				
	24.1	33.6	46.4	14.2			

	P				
PSA	VS.	VS.	VS.	-	TREND
23.7			Ŕ		
			27.9		
35.9			Ŕ		
			33.5		53.6
21.8			Ŕ		
			22.1		18.4
29.6			Ê		
			29.0		
30.6					
	24.1				
20.8	Ŕ	Ś	Ø		
	24.7	20.5		32.6	13.8
29.6		X	X		
			22.8	20.1	

Each Sub-Area vs. Others							PSA vs. Benchmarks			
Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs HP2
				8.8	※ 17.0	10.5	<i>€</i> 2 91	合 10 2	公 10 5	
£5.9	<u>6</u>	<u>6</u>		0.0	11.0	57.2	*	Ŕ		
Ŕ	Ŕ	Ŕ				42.2	X			% 33
*	É	Ŕ	Ŕ			56.7	35.9	30.4	Ŕ	33
Ŕ	É	Ŕ	É			21.5		<u>6</u>		*
Ŕ	Ŕ	Ŕ	Ŕ			11.9	25.8	25.0	-	30
Ŕ	É	Ŕ	Ŕ			17.0				
23.0	19.3	12.3	10.5			59.4			Ŕ	
_						26.3			Ŕ	
_						17.2			Ŕ	É
						47.8			20.4	14
	Bijou	Stateline/ Bijou Other SLT Stateline/ Bijou Stateline/ SLT Stateline/	Stateline/ Bijou Other SLT South 96150 Cher 96150 South 96150 Cher 96150 South 96150 Cher 55.8 Cher 55.8 Cher 50.0 Cher 55.8 52.6 50.0 Cher 55.8 Cher 52.6 Cher 50.9 Cher 54.4 Cher 73.5 50.9 54.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 S0.9 S4.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 S0.9 S4.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 Cher 50.9 Cher 54.4 Cher 73.5 Cher 54.4 Cher 54.4 Cher 73.5 Cher 54.4 Cher 54.4 Cher 73.5 Cher 54.4 Cher 54.4 Cher 74.5 Cher 54.4 Cher 54.4 </td <td>Stateline/ Bijou Other SLT South 96150 Other PSA Cher 96150 PSA Cher 96150 PSA Cher 96150 PSA Cher 96150 PSA Cher 96150 PSA Cher 55.8 Cher 52.6 South 50.0 PSA Cher 55.8 Cher 52.6 South 50.0 T4.7 Cher 44.3 47.1 48.8 24.0 Cher 73.5 So.9 54.4 45.4 Cher 73.5 So.9 54.4 45.4 Cher 73.5 Cher 73.5 Cher 73.5 Cher 73.5 South 73.5 Cher 73.5 Cher 73.5 Cher 73.5 Cher 73.5 Cher 73.5 Cher 74.7 Cher 74.7 Cher 74.7 Cher 74.7 Cher 74.7</td> <td>Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Image: Superior S</td> <td>Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County Image: Superstance Superstenter Superstance Superstance Superstance Superstance Superstance S</td> <td>Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA Image: Superstand Superstand</td> <td>Stateline/ Other SLT South 96150 Other PSA El Dorado County Douglas County PSA vs. NV Image: County Image: County</td> <td>Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA vs. NV vs. CA C S.2 S0.0 74.7 Int. 9.1 10.2 Int. 9.1 10.2 Int. 9.1 10.2 Int. <td< td=""><td>Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA Vs. NV Vs. CA Vs. US Image: County Image: County</td></td<></td>	Stateline/ Bijou Other SLT South 96150 Other PSA Cher 96150 PSA Cher 96150 PSA Cher 96150 PSA Cher 96150 PSA Cher 96150 PSA Cher 55.8 Cher 52.6 South 50.0 PSA Cher 55.8 Cher 52.6 South 50.0 T4.7 Cher 44.3 47.1 48.8 24.0 Cher 73.5 So.9 54.4 45.4 Cher 73.5 So.9 54.4 45.4 Cher 73.5 Cher 73.5 Cher 73.5 Cher 73.5 South 73.5 Cher 73.5 Cher 73.5 Cher 73.5 Cher 73.5 Cher 73.5 Cher 74.7 Cher 74.7 Cher 74.7 Cher 74.7 Cher 74.7	Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Image: Superior S	Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County Image: Superstance Superstenter Superstance Superstance Superstance Superstance Superstance S	Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA Image: Superstand	Stateline/ Other SLT South 96150 Other PSA El Dorado County Douglas County PSA vs. NV Image: County Image: County	Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA vs. NV vs. CA C S.2 S0.0 74.7 Int. 9.1 10.2 Int. 9.1 10.2 Int. 9.1 10.2 Int. Int. <td< td=""><td>Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA Vs. NV Vs. CA Vs. US Image: County Image: County</td></td<>	Stateline/ Bijou Other SLT South 96150 Other PSA El Dorado County Douglas County PSA Vs. NV Vs. CA Vs. US Image: County Image: County

TREND

Ê

53.0

£

44.8

15.2

18.1

29.7

Ê

34.6

Ĥ

20.4

É

41.9

VS.

HP2020

\$

33.9

30.5

Â

14.5

Professional Research Consultants, Inc.

Oral Health

% Have Dental Insurance

% [Age 18+] Dental Visit in Past Year

% Child [Age 2-17] Dental Visit in Past Year

	Eac	h Sub-A	rea vs. O	thers		1	
Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		PSA
60.7	谷 66.1	۲ <u>۲</u> 68.9	公 60.6				63.9
67.2	谷 77.5	<i>合</i> 75.0	<i>合</i> 71.1				72.5
							91.7

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

	F	PSA vs. I	Benchma	irks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
63.9					*
			59.9		54.5
72.5			X		
	60.4	67.1	59.7	49.0	62.8
91.7			É		*
			87.0	49.0	81.3
		💭 better	✓ Similar	worse	

	F	PSA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
25.6					
			38.3		24.7
9.3			Ŕ		
			9.4	5.3	10.9
25.1			É		
			22.9		22.8
48.5					
			55.3		50.9
		Ŭ	谷		
		better	similar	worse	

. . . . **A**(1)

	Each Sub-Area vs. Others						
Potentially Disabling Conditions	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	
% [50+] Arthritis/Rheumatism	Ŕ	Ŕ	Ŕ				
	32.6	29.2	24.0	14.6			
% [50+] Osteoporosis	Ŕ	Ŕ	Ŕ	Ŕ			
	12.0	8.0	9.0	7.7			
% Sciatica/Chronic Back Pain	谷	Ŕ	Ŕ	É			
	22.8	26.8	29.6	21.3			
% Eye Exam in Past 2 Years	Ŕ	Ŕ	Ŕ	Ŕ			
	44.7	44.5	56.7	51.7			

		Eac	h Sub-A	rea vs. O	thers	
Respiratory Diseases	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
CLRD (Age-Adjusted Death Rate)						
					36.5	37.0
Pneumonia/Influenza (Age-Adjusted Death Rate)						
					12.8	9.9
% [Adult] Currently Has Asthma	Ŕ	Ŕ	Ŕ	É		
	8.6	5.2	5.9	2.8		
% [Child 0-17] Currently Has Asthma						
% COPD (Lung Disease)	É	É	É	É		
	10.2	7.7	6.8	7.2		
		ese tables, a l	plank or empty	/ cell indicate	igainst all other a s that data are r provide meaning	not available for

	P	SA vs. I	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
36.5	Ö				D3
	54.5	32.6	40.9		40.5
12.1	Ö	Ö	Ö		
	21.1	14.5	14.6		12.9
6.0	Ŕ	Ŕ	Ø		
	7.9	7.8	11.8		6.3
6.8			Ŕ		
			9.3		3.2
8.2	Ŕ		Ŕ		
	6.9	4.4	8.6		7.6
			Ŕ		
		better	similar	worse	

		Each Sub-Area vs. Others						
Sexually Transmitted Diseases	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		
Chlamydia Incidence Rate					<u>ح</u> 178.3	谷 176.2		
Gonorrhea Incidence Rate					27.5) 12.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year								
% [Unmarried 18-64] Using Condoms								
					igainst all other a s that data are r	areas combined. not available for		

Stateline/

Bijou

É

60.9

É

35.2

Ê

68.7

É

30.9

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

	Р	SA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
177.8	*	*			
	423.8	459.2	456.1		
24.5	Ø		Ø		
	114.3	118.5	110.7		
17.6			Ŕ		
			13.8		12.5
39.8			Ê		
			39.4		37.3
		Ö	Ŕ	8255	
		better	similar	worse	

	P	SA vs. E	Benchma	arks	
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
20.9	16.5	9.5	14.3	11.3	16.4
13.8	会 13.0	仝 12.3	10.6	8.2	10.2
68.9	52.6	5 3.7	*** 55.0		69.4
35.2			22.5	25.4	<u>ح</u> ے 35.2

Each Sub-Area vs. Others

Other South Other

SLT 96150 PSA

É

67.9

É

28.3

83.3

48.7

liat sample	51265 di t	5 100 51	nan to p	IOVIUE	mean

EI

Dorado

County

21.4

15.0

Douglas

County

Ê

19.7

9.6

Professiona	l Researc	h Consultants, I	nc.

Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)

Cirrhosis/Liver Disease (Age-Adjusted Death Rate)

Substance Abuse

% Current Drinker

% Excessive Drinker

		Eac	ch Sub-A	rea vs. O	thers	
Substance Abuse (continued)	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
% Drinking & Driving in Past Month	*			$\sum_{i=1}^{n}$		
	0.5	7.8	4.8	4.1		
% Illicit Drug Use in Past Month	*		É	Ŕ		
	0.0	6.7	2.6	1.7		
% Have Used Marijuana/Hashish in Past 30 Days	Ŕ	Ŕ	Ŕ			
	20.7	30.3	26.5	29.3		
% Used Opioids/Opiates in the Past Year	*	9 7775	É			
	12.9	30.7	18.7	27.9		
% Ever Sought Help for Alcohol or Drug Problem	슘	Ŕ	É			
	12.7	5.3	10.7	3.9		
% Life Negatively Affected by Substance Abuse	Ŕ	Ŕ	Ŕ			
	52.4	55.8	53.9	71.1		
					-	

	P				
PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
4.2			Ŕ		D3
			5.2		2.1
2.8			É	X	\$
			2.5	7.1	6.7
26.3			8005		
			8.5		
22.1					
8.5			پ		È
			3.4		8.1
57.2					
			37.3		
		٢	Ŕ		
		better	similar	worse	

	Each Sub-Area vs. Others					
Tobacco Use	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County
% Current Smoker	Ŕ	Ŕ	Ŕ	£		
	13.8	15.8	10.4	20.9		
% Someone Smokes at Home	仝	Ŕ	É	É		
	7.6	1.9	1.7	3.4		
% [Nonsmokers] Someone Smokes in the Home	Ŕ	Ŕ	Ŕ			
	2.7	1.6	1.5	0.0		
% [Household With Children] Someone Smokes in the Home						
% [Smokers] Received Advice to Quit Smoking						
% Currently Use Vaping Products		Ŕ	Ŕ			
	7.8	1.3	1.5	0.0		
	Note: In the groop section, each subgroap is compared against all other groop combined					

	F					
PSA	vs. NV				TREND	
15.1	$\sum_{i=1}^{n}$					
	16.5	11.0	11.0	12.0	18.2	
3.9			Ø		*	
			10.7		12.8	
1.6			Ø		Ŕ	
			4.0		2.2	
0.8			X			
			7.2		6.6	
58.2			Ŕ		Ŕ	
			58.0		62.2	
3.1	Ø	Ŕ	Ŕ			
	6.0	3.2	3.8			
			Ŕ			
		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 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses. (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.)

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100% Substance Abuse 85.0% 12.5% П Mental Health 73 49 22.8% 36.8% 42.6% Cancer 43.5% Tobacco Use 29.0% **Oral Health/Dental Care** 26.8% 47.9% 24.6% Diabetes 38.5% 55.0% Access to Health Services 23.8% **Kidney Disease** 22.6% 24.2% 21.3% Heart Disease and Stroke 41.0% Dementia/Alzheimer's Disease 21.2% 36.4% Family Planning 16.9% 38.0% Injury and Violence 15.9% 50.7% Nutrition, Physical Activity, and Weight 13.0% 44.9% Immunization and Infectious Diseases 10.8% 32.3% Infant and Child Health 10.1% 37.7% Respiratory Diseases 9.8% 41.0% Arthritis/Osteoporosis/Back Conditions 7.8% 25.0% HIV/AIDS 4.9% 27.9% 4.8% Sexually Transmitted Diseases 39.7% Hearing and Vision Problems 30.2% 3.2%

Key Informants: Relative Position of Health Topics as Problems in the Community

Major Problem Moderate Problem Minor Problem No Problem At All