Executive Summary

2015 Community Health Needs Assessment

Primary Service Area

Prepared for:
 Barton Health

By:

 Professional Research Consultants, Inc.
 11326 P Street Omaha, NE 68136-2316
 www.PRCCustomResearch.com

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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to a similar study conducted in 2012, 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 which have historically 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 such as this 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.
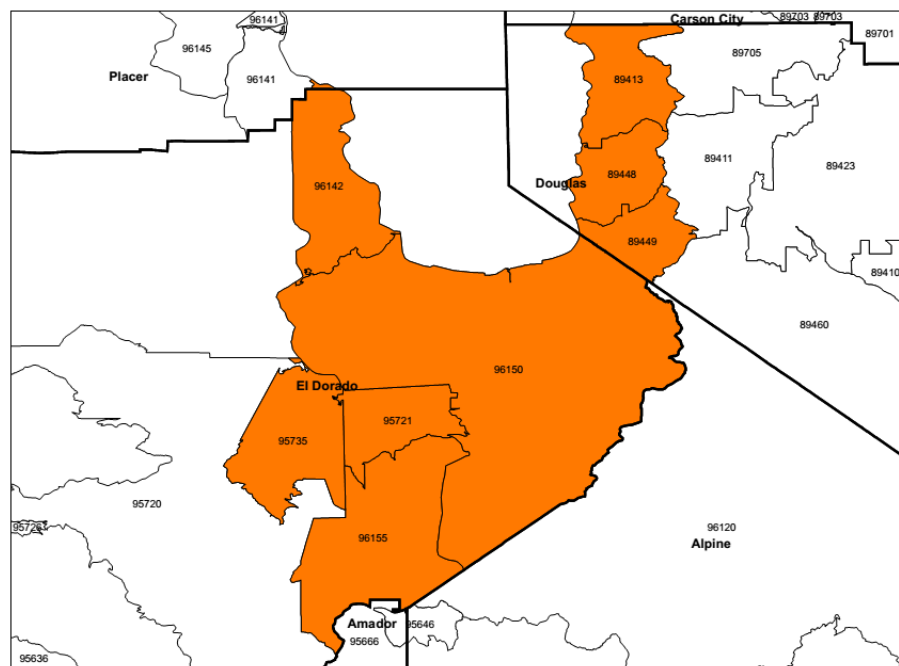
PRC Community Health Survey

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 survey used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Primary Service Area" in this report) is defined as each of the residential ZIP Codes comprising the service area, 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.

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 random sample of 400 individuals age 18 and older in the Primary Service Area. 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 Professional Research Consultants, Inc. (PRC).

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

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence
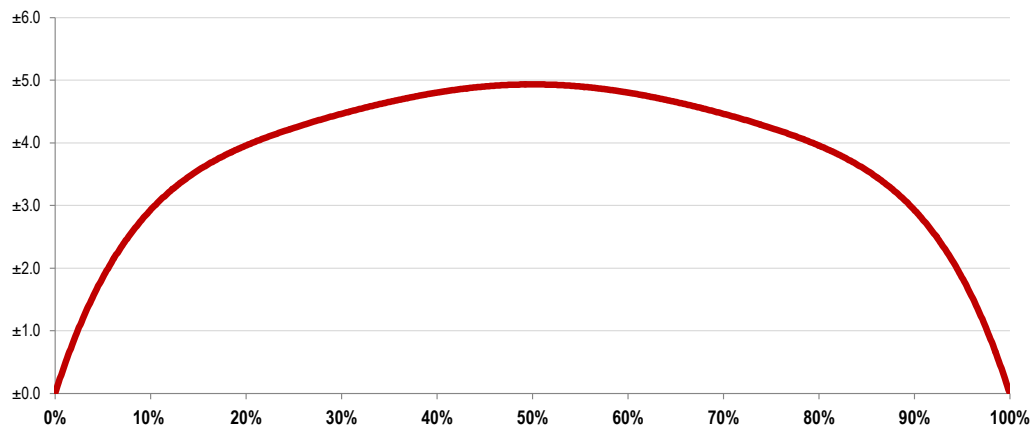
Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

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

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, 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 gender, 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, 2015)
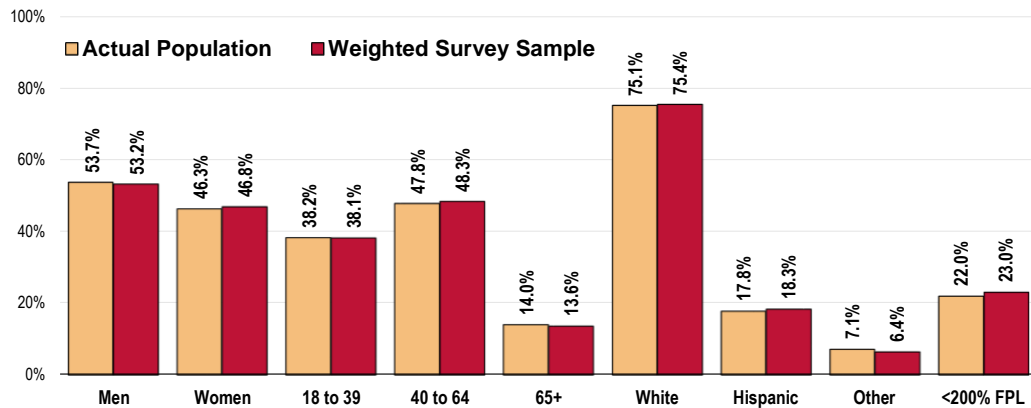
Sources: ● Census 2010, Summary File 3 (SF 3). US Census Bureau.
          ● 2015 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 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 the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more 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 was also 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, 44 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**
Physician	16	1
Other Health Provider	19	5
Public Health Expert	7	5
Social Services Representative	21	15
Community Leader	35	17
Other/Unknown	3	1

Organizations represented in this Online Key Informant Survey are outlined in the following table.

Participating Organization	Populations Served		
	Low-Income Residents	Minority Populations	Medically Underserved
Alta California Regional Center	✓	✓	✓
Barton Hospital	✓	✓	✓
Boys and Girls Club	✓	✓	✓
Casa El Dorado County	✓	✓	✓
Choices For Children	✓	✓	✓
Christmas Cheer All Year Emergency Food Pantry	✓	✓	
Community Advocate	✓	✓	✓
County of El Dorado Probation Department	✓	✓	✓
El Dorado County Alcohol & Drug Programs Division	✓	✓	✓
El Dorado County Library	✓	✓	✓
El Dorado County Mental Health, South Lake Tahoe	✓	✓	✓
El Dorado County Office of Education	✓	✓	✓
Health and Human Services Agency	✓	✓	✓
Lake Tahoe South Shore Chamber of Commerce			
Lake Tahoe Unified School District	✓	✓	✓
Lakeside Inn and Casino			
Live Violence Free	✓	✓	✓
Mount Tallac High School	✓	✓	✓
National Alliance on Mental Illness SLT			✓
South Lake Tahoe Family Resource Center	✓	✓	✓
South Lake Tahoe Library	✓	✓	✓
South Tahoe Drug Free Coalition	✓	✓	
State of California, Department of Rehabilitation	✓	✓	✓
Tahoe Dream Foundation	✓	✓	✓
Tahoe Magic, First Five	✓	✓	✓
Tahoe Prosperity Center	✓	✓	✓
Tahoe Transportation District	✓	✓	✓
Tahoe Youth and Family Services	✓	✓	✓

Through this process, input was gathered from several individuals whose organizations work with **low-income**, **minority populations** (including abused persons, addicts, African-Americans, American Indians, Asians, Central Americans, the chronically ill, deaf/blind persons, the disabled, the elderly, families in the child dependency court system, Filipinos, people with geographic barriers without transportation, Hispanics, the homeless, homeless youth, residents with low socio-economic status, mentally ill persons, minors, pregnant youth, second-generation immigrants, second language learners, single mothers with multiple children, Spanish-speaking persons with severe mental health concerns, those with special education needs, undocumented immigrants, uneducated residents, uninsured/underinsured persons, women, young parents), or other **medically underserved populations** (including children, parents, children with mental health issues, children without access to dental care, disabled persons, the elderly, Hispanics, the homeless, homeless youth, lesbian/gay/bisexual/transgender individuals, low-income residents, those with major dental issues, Medicaid/Medi-Cal recipients, medically involved children, the mentally ill [disabled, elderly, homeless, transitional age youth, uninsured/underinsured], pregnant youth, students needing glasses, teens with substance abuse issues, undocumented residents, uninsured/underinsured persons, veterans, young adults).

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 be better addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

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

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 (specific citations are included with the graphs throughout this report):

- 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

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

California and Nevada Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data are reported in the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trend Data* published by the Centers for Disease Control and Prevention and the US Department of Health & Human Services. 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 *2013 PRC National Health Survey*; the methodological approach for the national study is identical 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. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

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

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 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 secondary data indicators (which do not carry sampling error, but might be subject to reporting error), "significance," for the purpose of this report, is determined by a 5% 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 a great number of medical conditions that are not specifically addressed.

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).

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Specific Source for Healthcare
	• Barriers to Access
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Health Professional Shortage Area Designation

Cancer	• *Cancer is the #1 Leading Cause of Death in the Area* • Cancer Incidence ○ Including Lung Cancer, Prostate Cancer, Female Breast Cancer • Skin Cancer Prevalence
Dementia, Including Alzheimer's Disease	• Alzheimer's Disease Deaths
Heart Disease & Stroke	• *Heart Disease is the #2 Leading Cause of Death in the Area*
Infant Health	• Prenatal Care
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Firearm-Related Deaths
Mental Health	• Suicide Deaths • Seeking Help for Mental Health • *Mental Health ranked #2 as a "major problem" in the Online Key Informant Survey*
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Obesity • Medical Advice on Weight
Oral Health	• *Oral Health ranked #3 as a "major problem" in the Online Key Informant Survey*
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Overall Alcohol Use • Excessive Drinking • Drinking & Driving • Drug-Induced Deaths • *Substance Abuse ranked #1 as a "major problem" in the Online Key Informant Survey*
Tobacco Use	• Chronic Lower Respiratory Disease (CLRD) Deaths • Use of Cigars • Use of Smokeless Tobacco

Summary Tables: Comparisons with Benchmark Data

The following tables provide an overview of indicators in the Primary Service Area, including 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.

■ 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. Symbols indicate whether the Primary Service Area compares favorably (☀), unfavorably (🐙), or comparably (✍) to these external data.

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

TREND SUMMARY
(Current vs. Baseline Data)

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

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

Social Determinants	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
Linguistically Isolated Population (Percent)	2.2	☀ 10.3	☀ 7.3	☀ 4.9		
Population in Poverty (Percent)	8.4	☀ 15.3	☀ 14.2	☀ 14.9		
Population Below 200% FPL (Percent)	21.9	☀ 35.1	☀ 34.0	☀ 33.6		
Children Below 200% FPL (Percent)	10.6	☀ 21.3	☀ 20.3	☀ 20.8		
No High School Diploma (Age 25+, Percent)	7.0	☀ 19.0	☀ 15.6	☀ 14.3		
Unemployment Rate (Age 16+, Percent)	6.4	☀ 8.9	☁ 6.6	🌧 5.6		🌧 5.1
% Aware of Exposure to Mold	8.3					☀ 12.7
% Aware of Exposure to Radon	10.4					☀ 16.8
% Aware of Exposure to Lead	5.8					☁ 8.7
% Lived w/Friend or Relative Due to Housing Emergency	7.7					☁ 7.3
		☀ better	☁ similar	🌧 worse		

Overall Health	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
% "Fair/Poor" Physical Health	12.3	☀ 18.9	☀ 17.3	☁ 15.3		☁ 13.6
% Activity Limitations	20.8	☁ 18.6	☁ 18.8	☁ 21.5		☁ 20.4
		☀ better	☁ similar	🌧 worse		

Access to Health Services	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	14.7	☀ 20.3	☀ 27.3	⛅ 15.1	🌧 0.0	☀ 26.2
% [Insured] Went Without Coverage in Past Year	7.6			⛅ 8.1		⛅ 8.3
% Size of Insurance Deductible Prevented Care	11.2					
% Difficulty Accessing Healthcare in Past Year (Composite)	42.2			⛅ 39.9		⛅ 40.1
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.2			☀ 15.4		⛅ 10.6
% Cost Prevented Getting Prescription in Past Year	10.4			☀ 15.8		☀ 18.5
% Cost Prevented Physician Visit in Past Year	13.1			☀ 18.2		☀ 19.3
% Difficulty Getting Appointment in Past Year	25.7			🌧 17.0		🌧 16.4
% Difficulty Finding Physician in Past Year	20.1			🌧 11.0		🌧 10.6
% Transportation Hindered Dr Visit in Past Year	5.0			☀ 9.4		☀ 9.8
% Skipped Prescription Doses to Save Costs	13.0			⛅ 15.3		⛅ 15.4
% Difficulty Getting Child's Healthcare in Past Year	4.3			⛅ 6.0		⛅ 3.7
Primary Care Doctors per 100,000	69.8	🌧 84.0	☀ 63.3	🌧 85.8		☀ 59.4
% [Age 18+] Have a Specific Source of Ongoing Care	73.4			⛅ 76.3	🌧 95.0	⛅ 77.0
% [Age 18-64] Have a Specific Source of Ongoing Care	73.2			⛅ 75.6	🌧 89.4	

Access to Health Services (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [Age 65+] Have a Specific Source of Ongoing Care	81.9			☁️ 80.0	🌧️ 100.0	
% Have Had Routine Checkup in Past Year	64.7	☁️ 62.7	☁️ 65.7	☁️ 65.0		☀️ 54.3
% Child Has Had Checkup in Past Year	84.7			☁️ 84.1		☁️ 84.3
% Two or More ER Visits in Past Year	4.1			☀️ 8.9		☀️ 8.6
% Rate Local Healthcare "Fair/Poor"	15.6			☁️ 16.5		☀️ 29.3
Live in a Health Professional Shortage Area (Percent)	64.1	🌧️ 32.8	🌧️ 47.1	🌧️ 37.6		
		☀️ better	☁️ similar	🌧️ worse		

Arthritis, Osteoporosis & Chronic Back Conditions	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	24.1			☀️ 37.3		☁️ 24.7
% [50+] Osteoporosis	9.2			☁️ 13.5	🌧️ 5.3	☁️ 10.9
% Sciatica/Chronic Back Pain	18.8			☁️ 18.4		☁️ 22.8
% Migraines/Severe Headaches	9.1			☀️ 18.2		☁️ 9.9
% Chronic Pain (Not Back/Neck)	13.0					
% [Parents of Children <7] Ever Refused Vaccine for Child	14.3					
		☀️ better	☁️ similar	🌧️ worse		

Cancer	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
Cancer (Age-Adjusted Death Rate)	144.1	☁ 149.9	☀ 166.1	☀ 166.2	☀ 161.4	☀ 164.6
Lung Cancer (Age-Adjusted Death Rate)	33.3	☁ 33.3	☀ 46.6	☀ 44.7	☀ 45.5	
Prostate Cancer (Age-Adjusted Death Rate)	18.3	☀ 19.8	☀ 21.0	☀ 19.8	☀ 21.8	
Female Breast Cancer (Age-Adjusted Death Rate)	19.9	☁ 20.6	☀ 22.7	☀ 21.3	☁ 20.7	
Colorectal Cancer (Age-Adjusted Death Rate)	11.4	☀ 13.6	☀ 17.0	☀ 14.9	☀ 14.5	
Prostate Cancer Incidence per 100,000	152.7	🌧 122.9	🌧 123.6	🌧 123.6		
Female Breast Cancer Incidence per 100,000	130.6	🌧 122.4		🌧 122.7		
Lung Cancer Incidence per 100,000	53.2	🌧 49.5		☀ 64.9		
Colorectal Cancer Incidence per 100,000	42.8	☁ 41.5		☁ 43.3		
% Skin Cancer	9.3	🌧 5.1	🌧 6.1	☁ 6.7		☁ 7.5
% Cancer (Other Than Skin)	5.1	☁ 6.0	☁ 6.3	☁ 6.1		☁ 7.3
% [Men 50+] Prostate Exam in Past 2 Years	76.6			☁ 75.0		☁ 74.8
% [Women 50-74] Mammogram in Past 2 Years	76.9	☁ 81.8	☁ 73.1	☁ 83.6	☁ 81.1	☁ 74.7
% [Women 21-65] Pap Smear in Past 3 Years	86.5	☀ 78.3	☀ 72.6	☁ 83.9	🌧 93.0	☁ 78.5
% [Age 50-75] Colorectal Cancer Screening	71.2			☁ 75.1	☁ 70.5	☁ 73.3

☀ better	☁ similar	🌧 worse

Chronic Kidney Disease	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	5.8	☀️ 7.1	☀️ 14.8	☀️ 13.2		☀️ 6.7
		☀️ better	☁️ similar	🌧️ worse		

Diabetes	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Diabetes Mellitus (Age-Adjusted Death Rate)	12.2	☀️ 20.7	☀️ 15.3	☀️ 21.3	☀️ 20.5	☀️ 13.1
% Diabetes/High Blood Sugar	5.7	☀️ 10.2	☀️ 9.6	☀️ 11.7		☁️ 5.3
% Borderline/Pre-Diabetes	6.5			☁️ 5.1		
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	47.3			☁️ 49.2		
		☀️ better	☁️ similar	🌧️ worse		

Dementias, Including Alzheimer's Disease	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)	25.6	☀️ 30.2	🌧️ 16.5	🌧️ 24.0		🌧️ 20.4
		☀️ better	☁️ similar	🌧️ worse		

Educational & Community-Based Programs	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% Attended Health Event in Past Year	25.2			☁️ 23.8		☁️ 19.6
		☀️ better	☁️ similar	🌧️ worse		

Family Planning	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Teen Births per 1,000 (Age 15-19)	17.0	☀️ 34.2	☀️ 43.6	☀️ 36.6		
		☀️ better	☁️ similar	🌧️ worse		

Hearing & Other Sensory or Communication Disorders	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% Deafness/Trouble Hearing	7.7			☁️ 10.3		☀️ 11.9
		☀️ better	☁️ similar	🌧️ worse		

Heart Disease & Stroke	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	139.2	☀️ 154.7	☀️ 194.6	☀️ 171.3	☀️ 156.9	☀️ 174.8
Stroke (Age-Adjusted Death Rate)	25.8	☀️ 35.6	☀️ 34.5	☀️ 37.0	☀️ 34.8	☀️ 38.4
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.5			☁️ 6.1		☁️ 3.6
% Stroke	1.7	☁️ 2.2	☁️ 2.9	☀️ 3.9		☁️ 1.1
% Blood Pressure Checked in Past 2 Years	91.8			☁️ 91.0	☁️ 92.6	☁️ 91.1
% Told Have High Blood Pressure (Ever)	29.8	☁️ 28.7	☁️ 30.6	☁️ 34.1	☁️ 26.9	☁️ 30.2
% [HBP] Taking Action to Control High Blood Pressure	92.4			☁️ 89.2		☁️ 91.1
% Cholesterol Checked in Past 5 Years	86.7	☀️ 75.2	☀️ 74.0	☁️ 86.6	☀️ 82.1	☁️ 84.0

Heart Disease & Stroke (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% Told Have High Cholesterol (Ever)	31.1	☀️ 37.7	☀️ 38.6	⛅ 29.9	🌧️ 13.5	⛅ 30.6
% [HBC] Taking Action to Control High Blood Cholesterol	93.1			☀️ 81.4		⛅ 87.4
% 1+ Cardiovascular Risk Factor	73.4			☀️ 82.3		⛅ 77.6
		☀️ better	⛅ similar	🌧️ worse		

HIV	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.2	☀️ 2.6	☀️ 2.8	☀️ 3.2	☀️ 3.3	
HIV Prevalence per 100,000	89.3	☀️ 363.0	☀️ 310.0	☀️ 340.4		
% [Age 18-44] HIV Test in the Past Year	26.8			⛅ 19.3		☀️ 13.3
		☀️ better	⛅ similar	🌧️ worse		

Immunization & Infectious Diseases	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [Parents] Would Want All Vaccinations for a Newborn	75.1					
% [Age 65+] Flu Vaccine in Past Year	55.9	⛅ 62.5	⛅ 51.6	⛅ 57.5	🌧️ 90.0	⛅ 54.8
% [High-Risk 18-64] Flu Vaccine in Past Year	36.0			⛅ 45.9	🌧️ 90.0	⛅ 44.9
% [Age 65+] Pneumonia Vaccine Ever	63.7	⛅ 64.5	⛅ 66.8	⛅ 68.4	🌧️ 90.0	⛅ 60.6

Immunization & Infectious Diseases (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [High-Risk 18-64] Pneumonia Vaccine Ever	36.7			☁ 41.9	🌧 60.0	☁ 36.2
% Have Completed Hepatitis B Vaccination Series	47.0			☁ 44.7		☀ 39.8
			☀ better	☁ similar	🌧 worse	

Injury & Violence Prevention	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	44.0	🌧 28.5	☁ 42.4	🌧 39.2	🌧 36.4	☁ 43.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)	12.0	🌧 7.9	🌧 9.7	🌧 10.7	☁ 12.4	☀ 17.1
% "Always" Wear Seat Belt	92.9			☀ 84.8	☁ 92.0	☁ 91.2
% Child [Age 0-17] "Always" Uses Seat Belt/Car Seat	98.0			☀ 92.2		☁ 96.7
% Child [Age 5-17] "Always" Wears Bicycle Helmet	66.1			☀ 48.7		☁ 55.7
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.5	🌧 7.8	☀ 13.4	☁ 10.4	🌧 9.3	☀ 11.8
% Firearm in Home	32.1			☁ 34.7		☁ 27.8
% [Homes With Children] Firearm in Home	30.6			☁ 37.4		☁ 19.6
% [Homes With Firearms] Weapon(s) Unlocked & Loaded	18.4			☁ 16.8		☁ 18.6
Homicide (Age-Adjusted Death Rate)	2.8	☀ 5.9	☀ 6.3	☀ 5.7	☀ 5.5	
Violent Crime per 100,000	218.4	☀ 423.0	☀ 607.5	☀ 386.8		

Injury & Violence Prevention (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
% Victim of Violent Crime in Past 5 Years	3.2			☁ 2.8		☁ 2.2
% Victim of Domestic Violence (Ever)	12.5			☁ 15.0		☀ 19.4
			☀ better	☁ similar	🌧 worse	

Maternal, Infant & Child Health	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
No Prenatal Care in First Trimester (Percent)	21.7	🌧 18.1	🌧 7.1	🌧 17.3	☁ 22.1	
Low Birthweight Births (Percent)	6.7	☁ 6.8	☀ 8.2	☀ 8.2	☀ 7.8	
Infant Death Rate	2.8	☀ 4.6	☀ 5.2	☀ 6.0	☀ 6.0	☀ 3.8
			☀ better	☁ similar	🌧 worse	

Mental Health & Mental Disorders	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	10.3			☁ 11.9		☁ 8.0
% Diagnosed Depression	15.9			☀ 20.4		
% Symptoms of Chronic Depression (2+ Years)	31.4			☁ 30.4		☁ 29.5
Suicide (Age-Adjusted Death Rate)	16.0	🌧 10.2	☀ 18.4	🌧 12.5	🌧 10.2	🌧 14.6
% [Those With Diagnosed Depression] Seeking Help	77.5			☁ 76.6		

Mental Health & Mental Disorders (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
% Typical Day Is "Extremely/Very" Stressful	8.1			☀️ 11.9		☁️ 9.7
% Emotionally Abused on a Regular Basis (Ever)	17.0					
% Dr Has Discussed Mental Health Issues	24.2					
% Difficulty Getting Mental Health Services in the Past Year	4.8					
% Child [Age 5-17] Takes Prescription for ADD/ADHD	10.2			☁️ 11.3		☁️ 4.5
		☀️ better	☁️ similar	🌧️ worse		

Nutrition & Weight Status	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
% Eat 5+ Servings of Fruit or Vegetables per Day	40.4			☁️ 39.5		🌧️ 53.6
% "Very/Somewhat" Difficult to Buy Fresh Produce	18.4			☀️ 24.4		
Population With Low Food Access (Percent)	32.6	🌧️ 14.3	🌧️ 22.3	🌧️ 23.6		
% Medical Advice on Nutrition in Past Year	39.6			☁️ 39.2		☁️ 36.5
% Healthy Weight (BMI 18.5-24.9)	41.5	☁️ 37.9	☀️ 33.4	☀️ 34.4	☀️ 33.9	☁️ 44.8
% Overweight (BMI 25+)	55.2	☁️ 60.1	☀️ 64.8	☀️ 63.1		☁️ 53.0
% Obese (BMI 30+)	23.2	☁️ 24.1	☁️ 26.2	☀️ 29.0	☀️ 30.5	🌧️ 15.2
% Medical Advice on Weight in Past Year	21.0			☁️ 23.7		☁️ 18.1

Nutrition & Weight Status (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [Overweights] Counseled About Weight in Past Year	29.7			☁ 31.8		
% [Obese Adults] Counseled About Weight in Past Year	35.0			🌧 48.3		
% [Overweights] Trying to Lose Weight Both Diet/Exercise	40.6			☁ 39.5		☀ 22.6
% Child [Age 5-17] Healthy Weight	72.0			☀ 56.7		
% Children [Age 5-17] Overweight (85th Percentile)	13.4			☀ 31.5		☀ 34.6
% Children [Age 5-17] Obese (95th Percentile)	5.5			☀ 14.8	☀ 14.5	☀ 20.4

		☀ better	☁ similar	🌧 worse

Oral Health	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% [Age 18+] Dental Visit in Past Year	75.6	☀ 67.0	☀ 60.8	☀ 65.9	☀ 49.0	☀ 62.8
% Child [Age 2-17] Dental Visit in Past Year	90.5			☀ 81.5	☀ 49.0	☁ 81.3
% Have Dental Insurance	66.1			☁ 65.6		☀ 54.5
% Avoided Dental Care/Past Year Due to Insurance	23.6					

		☀ better	☁ similar	🌧 worse

Physical Activity	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% No Leisure-Time Physical Activity	13.8	☀ 21.4	☀ 23.7	☀ 20.7	☀ 32.6	☁ 13.8
% Meeting Physical Activity Guidelines	61.4			☀ 50.3		☁ 58.6
% Moderate Physical Activity	41.9			☀ 30.6		
% Vigorous Physical Activity	42.7			☁ 38.0		
Recreation/Fitness Facilities per 100,000	11.4	☀ 8.7	☀ 7.2	☀ 9.4		
% Medical Advice on Physical Activity in Past Year	44.1			☁ 44.0		☁ 40.0
% Child [Age 2-17] Physically Active 1+ Hours per Day	41.9			☁ 48.6		
% Child [Age 5-17] Watches TV 3+ Hours per Day	19.6					
% Child [Age 5-17] Uses Computer 3+ Hours per Day	16.2					
% Child [Age 5-17] 3+ Hours per Day of Total Screen Time	48.1			☁ 54.7		☁ 39.2
		☀ better	☁ similar	🌧 worse		

Respiratory Diseases	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
CLRD (Age-Adjusted Death Rate)	39.4	⛈ 35.5	☀ 52.0	☀ 42.0		☀ 43.5
Pneumonia/Influenza (Age-Adjusted Death Rate)	12.3	☀ 16.1	☀ 19.1	☀ 15.3		☀ 17.3
% COPD (Lung Disease)	5.5	☁ 4.6	☁ 6.7	☀ 8.6		☁ 7.6
% [Adult] Currently Has Asthma	5.4	☀ 8.8	☁ 7.6	☀ 9.4		☁ 6.3
% [Child 0-17] Currently Has Asthma	4.6			☁ 7.1		☁ 3.2
		☀ better	☁ similar	⛈ worse		

Sexually Transmitted Diseases	Primary Service Area	Primary Service Area vs. Benchmarks				TREND
		vs. CA	vs. NV	vs. US	vs. HP2020	
Gonorrhea Incidence per 100,000	12.7	☀ 89.1	☀ 83.1	☀ 107.5		
Chlamydia Incidence per 100,000	165.5	☀ 444.9	☀ 409.0	☀ 452.2		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year	13.1			☁ 11.7		☁ 12.5
% [Unmarried 18-64] Using Condoms	39.2			☁ 33.6		☁ 37.3
		☀ better	☁ similar	⛈ worse		

Substance Abuse	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	13.8	⛈ 11.7	⛈ 12.2	⛈ 9.9	⛈ 8.2	⛈ 11.8
% Current Drinker	69.7	⛈ 55.5	⛈ 54.1	⛈ 56.5		☁ 69.4
% Heavy Drinkers (2+ Daily Drinks for Men/1+ Daily Drink for Women)	17.5					☁ 22.3
% Excessive Drinker (Heavy or Binge Drinking)	33.5			⛈ 23.2		☁ 35.2
% Drinking & Driving in Past Month	7.1			☁ 5.0		⛈ 2.1
Drug-Induced Deaths (Age-Adjusted Death Rate)	18.4	⛈ 11.4	☀ 21.9	⛈ 14.1	⛈ 11.3	⛈ 14.2
% Illicit Drug Use in Past Month	5.7			☁ 4.0	☁ 7.1	☁ 6.7
% Ever Sought Help for Alcohol or Drug Problem	5.0			☁ 4.9		☁ 8.1
			☀ better	☁ similar	⛈ worse	

Tobacco Use	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% Current Smoker	13.9	☁ 12.5	☀ 19.4	☁ 14.9	☁ 12.0	☁ 18.2
% Someone Smokes at Home	7.0			☀ 12.7		☀ 12.8
% [Non-Smokers] Someone Smokes in the Home	2.2			☀ 6.3		
% [Household With Children] Someone Smokes in the Home	3.4			☀ 9.7		☁ 6.6
% [Smokers] Received Advice to Quit Smoking	54.9			☁ 67.8		☁ 62.2

Tobacco Use (continued)	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% Smoke Cigars	3.5			☁ 4.1	🌧 0.2	☁ 4.8
% Use Smokeless Tobacco	2.2			☀ 4.0	🌧 0.3	☁ 3.9
			☀ better	☁ similar	🌧 worse	

Vision	Primary Service Area	Primary Service Area vs. Benchmarks				
		vs. CA	vs. NV	vs. US	vs. HP2020	TREND
% Blindness/Trouble Seeing	6.3			☁ 8.5		☁ 5.5
% Eye Exam in Past 2 Years	55.5			☁ 56.8		☁ 50.9
			☀ better	☁ similar	🌧 worse	