Nevada State Health Needs Assessment | 2019

Nevada Department of
Health and Human Services

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Purpose

This assessment report contains a vast amount of data and information, which has been collected, analyzed and summarized to comprehensively assess the health status of Nevadans in each county within the state. This assessment examines the many complex factors that influence and interact with our health, providing a point-in-time view of current health status, strengths, opportunities for improvement, and county-level priorities.

The purpose of this assessment is to inform future social services and public health priorities across a multitude of programs implemented and funded by the various Divisions at the Nevada Department of Health and Human Services (DHHS). Social services data were collected for adoption services, case management, congregate meals, counseling services, day care, education and training services, employment services, family planning services, foster care, health related and home health services, home based services, home-delivered meals, housing services, independent transitional living services, information and referral, legal services, pregnancy and parenting, prevention and intervention, protective services, recreation services, residential treatment, services for individuals with disabilities, services for youth at-risk, substance abuse services and transportation.

In addition to social services data, indicators related to public health and social determinants of health (SDOH) were also included to comprehensively assess needs in Nevada. These indicators include behavioral health, health behaviors and preventive care, maternal and child health, individuals with disabilities and social determinants of health (SDOH). SDOH encompass the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.[1] The SDOH included in this report are access to care, Adverse Childhood Experiences (ACES), education, employment, environment and built environment (air/water quality, crime and violent related behaviors and quality of housing), food insecurity/hunger, incarceration and income/poverty.

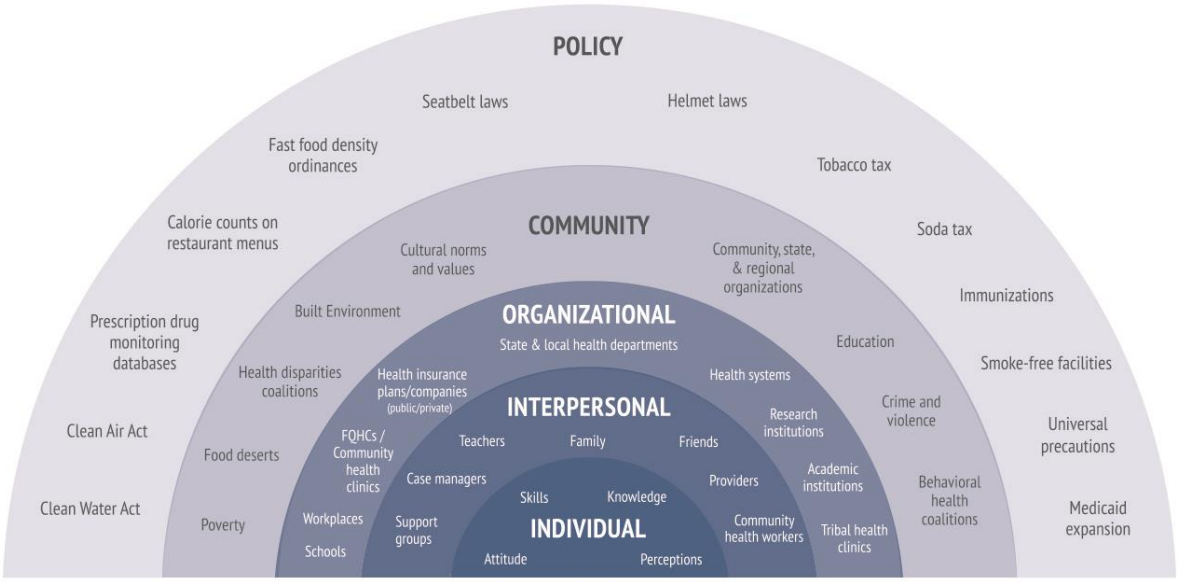
This assessment is intended to identify needs and priorities for Nevadans, recognizing that health behaviors and health outcomes are influenced by a dynamic, interrelated, and complex relationship of social, cultural, and systemic factors that cannot be evaluated or addressed in isolation.

Social Ecological Model of Health

The Social Ecological Model of Health (Figure 1) has been adapted for this assessment to show the myriad factors that influence an individual's decision-making and lifestyle choices.[2] These include systemic policies that may restrict or promote an individual's ability to live a healthier lifestyle; for example, neighborhood safety, availability of affordable healthy food, and accessible places to engage in physical activity. Therefore, this assessment encompasses a comprehensive and wide variety of social and health indicators to better evaluate each county and the factors that influence health of the persons who reside in those communities.

[1] Centers for Disease Control and Prevention. www.cdc.gov/socialdeterminants/index.htm.
[2] McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education Quarterly. Winter; 15(4):351-77.

Figure 1: Social Ecological Model of Health



Limitations, Challenges and Technical Notes

Limitations and Challenges of a Statewide Needs Assessment

1. This document serves as a point-in-time assessment of the health of Nevadans and residents of the state's seventeen counties. It includes a multitude of health care indicators and perceived needs from a number of sources, covering issues from birth to death in all domains of health, as well as many factors that influence health (e.g., education, income, housing). The authors recognize each of the health topics included in this report can be examined in a more targeted and in-depth manner. However, that was not the purpose of this assessment, as it is intended to provide a broad overview of several health issues and related determinants for the state.
2. Many of the indicators included within the topics in this report could be presented under more than one section, as health behaviors and outcomes are multidimensional. That said, the authors established categories for this report based on other state health needs assessments, the Centers for Disease Control and Prevention (CDC), Healthy People 2020, and World Health Organization classifications and groupings in order to interpret data for an assessment of this type.
3. This report includes a number of indictors that are referred to as Social Determinants of Health (SDOH), which is a broad category that includes the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.[3] Therefore, the authors had to evaluate those indicators as subcategories in order to determine top health priorities.
4. Eight of the frontier and rural counties in Nevada have small populations (< 10,000), while only four counties have a population over 50,000. As a result, data are not available or suppressed for several rural and frontier counties and a common notation (":") was used to note those instances.
5. Many of the data indicators contained in this report were provided by the Nevada Department of Health and Human Services Office of Analytics, however the time period over which this report was

[3] Centers for Disease Control and Prevention. Social Determinants of Health: Know what Affects Health. www.cdc.gov/socialdeterminants/index.htm. Retrieved May 2019.

conducted spanned the biennial 2019 Nevada Legislative session. This placed an additional burden on the Office of Analytics as those staff were expected to produce several reports and statistical analyses for various legislative issues in conjunction with the hundreds of data elements requested for inclusion in this report. Therefore, some major health issues, such as Medicaid utilization and patient movement to seek care, were not provided and could not be included in this report.

6. The authors of this report were not able to physically visit each county in the state, which may have increased the number of participants in the Key Informant interviews as well as the online community survey. While there was representation from more than one person in each county for both of those primary data points (community voices), there was an unequal distribution from county to county. In some instances, health priorities were identified utilizing the voice of fewer than 10 participants, and prioritization leaned on secondary data more than in other counties where there were several hundred participants from the county.
7. The comparative At-A-Glance tables and prioritization methods compare each county to all other counties in Nevada, and Nevada overall, for each secondary health indicator, when appropriate. The reasons for not comparing to just state or national data include: 1) Comparative data for the United States was not available for many indicators, especially in the Access to Health Care, Behavioral Health, Adverse Childhood Experiences (ACEs), Disability, and the Social Determinants of Health sections; and 2) Since nearly three in four Nevadans reside in Clark County, the overall rates and percentages for Nevada are largely impacted by, and closely mirror, the trends occurring in Clark County. Therefore, comparing to only Nevada rates would render comparative analyses for Clark County relatively useless.

Technical Notes

The following describes major sources of secondary data utilized throughout the assessment and the methods by which those data are collected. These sources of data are commonly utilized and referenced by public health professionals as well as other entities, on regular basis. Additionally, these data are publicly available, and most are updated annually.

Nevada 2-1-1 Data

2-1-1 is the telephone number across North America that, when dialed, will provide information and referrals to health, human and social service organizations in the area that a person is calling from. The 2-1-1 system includes places to find emergency food, housing and emergency shelter locations, children's services, support for seniors, older persons, and people with disabilities, and mental health and counseling services, among many others.

American Community Survey

The American Community Survey (ACS) is administered by the United States Census Bureau each year. Approximately one in 38 US households receives an invitation to complete the survey either as a hardcopy or online. Questions are diverse and relate to socioeconomics, demographics, household composition, occupational status, housing status, educational attainment, and more. The resulting data are available from the national to the local levels and are often available at the census tract or census block level. Center for Health Information Analysis (CHIA) Data

Hospital Emergency Department Billing (HEDB)

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a

standard universal billing form. The data are for patients who were seen in the emergency room setting. The data uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses. ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015, therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, discharge status, and external cause of injury codes. The billing information is for billed charges and not the actual payment received by the hospital.

Hospital Inpatient Billing (HIB)

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were admitted for at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical 5.

Nevada Behavioral Risk Factor Surveillance Survey

The Behavioral Risk Factor Surveillance Survey (BRFSS) is a health survey administered via telephone annually in all 50 states, the District of Colombia, and three US territories. The BRFSS is the largest continuously conducted health survey in the world and asks adults questions regarding risk behaviors, chronic health conditions, and use of preventive screening and immunization services. There are the following modules: 1) a fixed core module, 2) rotating modules which are asked in either even or odd years, 3) emerging modules, and 4) states may elect to include state-specific questions within the BRFSS.

Nevada Report Card

Nevada Department of Education releases school district data on an annual basis and makes most data elements available at state, district (county), and school levels. Most data are collected from students or as reported by the schools and include topics such a demographics, funding, staff, test scores among others.

Nevada Department of Health and Human Services Office of Analytics

The Office of Analytics provides staff, media, legislators and the public a consistent location to request data to support grant funding, drive policy, and inform the public. The Office of Analytics is made up of staff from each division and focuses on utilizing coordinated and advanced cross-divisional analytics to drive policy and decision making across the Department of Health and Human Services. This enables department wide improvements to the consistency and quality of analytic products being produced and disseminated by DHHS while allowing for staff of the Office of Analytics the opportunity for peer-to-peer development and capacity building through a skilled analytic workforce.

Nevada Youth Risk Behavioral Survey

The Youth Risk Behavioral Survey (YRBS) is administered to high school students on odd years in every state across the nation. The YRBS provides an estimated prevalence of risk behaviors and protective factors among adolescents. The survey is voluntary, and results include self-reported responses to questions related to the following areas:

- Violence and violent behaviors
- Physical activity, nutrition, and obesity
- Substance use
- Sexual health behaviors

- Home and family environment

Nevada Rural and Frontier Data Book

The University of Nevada, Reno, School of Medicine, Office of Statewide Initiatives releases a data book that contains a wide range of up-to-date county-level information on the economy, social environment, population health, health workforce, and the health care delivery system. The six major sections include:

- Demographic characteristics of rural/frontier Nevada, including population estimates/projections
- The social and economic characteristics of rural/frontier Nevada, including data on income, poverty, and educational attainment
- Health insurance coverage in rural/frontier Nevada, including data on Medicare/Medicaid coverage
- Population health status in rural/frontier Nevada
- The health care workforce in rural/frontier Nevada, including estimates and projections for many licensed health care occupations across the major regions of the state
- Health care resources and economics of health care in rural and frontier Nevada

Robert Wood Johnson Foundation County Health Rankings

The County Health Rankings and Roadmaps is a collaborative endeavor between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings data measure health outcomes, health behaviors and other factors that influence health outcomes. This data is released annually for nearly every county in the United States and provides a rank of county within each state after weighting the data for health outcomes and health behaviors.

How to Use this Report

This report includes a vast amount of data and information that is used to describe and inform the health of Nevadans at this point-in-time. Table 1 briefly defines the main sections of this report.

Table 1: Report Sections and Definitions

Section	Description
Nevada Overview	Nevada Demographic and Geographic Information
Special Populations	Information about the eight special populations included in this report, with a summary of US, Nevada and health-related detail for each population.
Statewide Assessment Results	Summary of the Secondary and Primary Data collected, analyzed, summarized and prioritized for this assessment.
Prioritization Methodology	Description of the prioritization process used to determine top priorities for each county and the state overall.
At-A-Glance (AAG) Tables	These tables include a summary of the secondary data indicators collected for this assessment (in Appendix A). The AAG tables identify the highest and lowest ranked counties (when ranking was conducted).
Nevada State Profile	Two-page infographic for Nevada that summarizes key indicator data for each County. This follows the Prioritization Methodology section and precedes the County Profiles and Summaries. Source data for profiles follow Nevada State Profile.
State & County Profile Icon Legend	One-page legend for the icons used in the Nevada and County Profiles. This follows the Nevada State Profile and source pages.
County Profiles	Two-page infographic that summarize key indicator data for each county. These precede the County Summaries.
County Summaries	Overview and summary of primary and secondary data, and other information for each county. These follow the County Profiles.

Nevada Overview

Nevada Demographics

Total Population

Nevada is ranked 32nd in the United States for population size.[4] The state is comprised of 17 counties that are categorized as either urban, rural or frontier. With regard to public health and health care, two counties, Clark and Washoe, as well as the consolidated municipality of Carson City are considered *urban*. Three counties, Douglas, Lyon, and Storey, are considered as *rural*. The remaining eleven counties, Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, and White Pine, are considered *frontie*r. Frontier counties are different than rural counties because they are more remote in terms of both travel time and distance from the nearest population center that has a more specialized medical care/facility.[5]

Table 2 includes the 2019 population in Nevada, by county, with the respective percentage each county represents within Nevada. Nearly three fourths of the population (73%) resides in Clark County, with Washoe County being the second largest, at 16%. The four counties that follow Washoe as the third largest in the state (comprising 2% of the population each) are: Carson City, Douglas, Elko, and Lyon. The remaining counties, which represent <1% to 1% of the population, include: Churchill, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.

Table 2: Population Number, Percent of Nevada Population* and Designation‡ , by County, 2019

County/Region	Number	% of Nevada Population	Designation
Carson City	54,102	1.8%	Urban
Churchill	26,257	<1%%	Frontier
Clark	2,255,102	73.4%	Urban
Douglas	49,463	1.6%	Rural
Elko	53,852	1.8%	Frontier
Esmeralda	964	<1%	Frontier
Eureka	1,759	<1%	Frontier
Humboldt	16,792	<1%	Frontier
Lander	6,073	<1%	Frontier
Lincoln	4,679	<1%	Frontier
Lyon	56,054	1.8%	Rural
Mineral	4,569	<1%	Frontier
Nye	46,400	1.5%	Frontier
Pershing	4,949	<1%	Frontier
Storey	4,196	<1%	Rural
Washoe	459,210	15.3%	Urban
White Pine	9,507	<1%	Frontier
Nevada	**3,053,928**		

*Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.
‡Source: Griswold, T., Packham, J., Etchegoyhen, L., Young, V., & Friend, J. (2019) Nevada Rural and Frontier Health Data Book – Ninth Edition. Reno, NV.

[4] http://worldpopulationreview.com/states/nevada-population/
[5] Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table 3 includes the population estimates for the five-year period 2020-2024, and percent change projected during this period. The Nevada population is projected to increase by 5%.

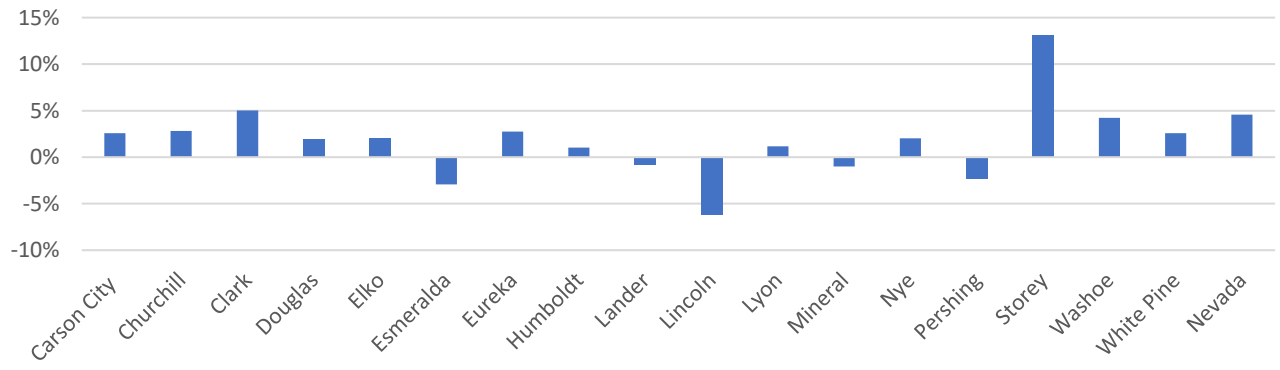
Table 3: Population Projections by Year, Number and Percent Change, by County, 2020 to 2024

County/Region	Population		Change 2019 to 2029 (%)
	2020	2024	
Carson City	54,556	55,961	+3%
Churchill	26,551	27,301	+3%
Clark	2,310,442	2,426,577	+5%
Douglas	49,848	50,824	+2%
Elko	54,276	55,402	+2%
Esmeralda	959	931	-3%
Eureka	1,788	1,837	+3%
Humboldt	16,777	16,948	+1%
Lander	6,050	6,005	-1%
Lincoln	4,604	4,321	-6%
Lyon	56,324	56,984	+1%
Mineral	4,534	4,489	-1%
Nye	46,720	47,671	+2%
Pershing	4,908	4,796	-2%
Storey	4,408	4,985	+13%
Washoe	466,582	486,374	+4%
White Pine	9,517	9,761	+3%
Nevada	**3,118,844**	**3,261,167**	**+5%**

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Figure 2 depicts the percent change, by county, between 2020-2024. The county with the greatest projected percent increase over this five-year period is Storey, with an increase of 13%. The county with the lowest projected percent increase is Lincoln (-6%).

Figure 2: Projected Percent Change in Population, 2020-2024, by County, and State



Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Population by Age

Table 4 includes the number of individuals per age group, by county and the state, for 2019. Figures 3-5 illustrate the percent of residents by age group for each county.

Table 4: Population by Age Group, by County and State, 2019

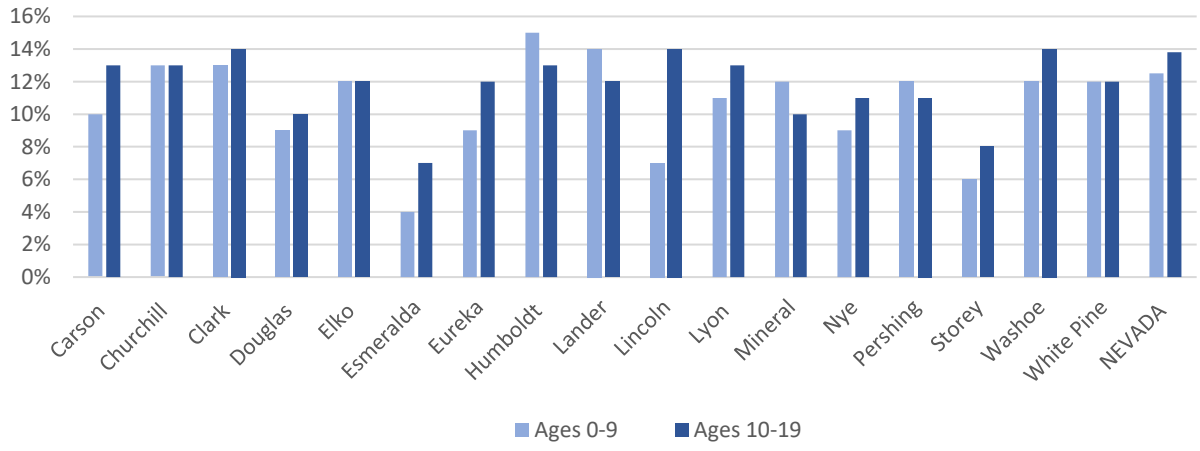
County/ Region	Age Groups								
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
Carson City	5,354	7,262	5,695	6,148	6,250	7,231	8,478	4,675	3,010
Churchill	3,395	3,462	3,935	3,478	2,977	3,157	2,972	1,851	1,031
Clark	290,238	317,419	308,851	307,816	311,188	284,382	231,582	142,742	60,885
Douglas	4,420	4,739	5,016	4,987	5,072	7,052	8,822	6,172	3,182
Elko	6,266	6,622	10,906	7,318	5,493	6,647	5,521	4,058	1,021
Esmeralda	40	64	199	125	79	121	116	127	92
Eureka	164	205	289	162	227	230	234	172	78
Humboldt	2,459	2,234	2,225	2,623	1,475	2,383	1,937	1,025	429
Lander	854	711	901	916	555	775	739	439	183
Lincoln	305	664	730	569	442	562	582	561	265
Lyon	6,225	7,025	8,169	4,784	7,104	7,370	7,516	5,314	2,547
Mineral	556	462	586	775	396	515	558	446	276
Nye	4,075	5,059	5,355	3,936	4,373	6,381	7,773	6,292	3,158
Pershing	597	569	780	481	499	664	665	465	229
Storey	249	342	431	389	339	687	928	631	201
Washoe	56,142	62,332	62,973	63,609	54,387	57,607	55,087	33,647	13,425
White Pine	1,100	1,108	948	1,040	1,112	1,394	1,478	898	430
Nevada	382,439	420,282	417,988	409,154	401,966	387,157	334,985	209,514	90,444

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Youth Ages 0-19 Years Old

Figure 3 illustrates the percent of the population by ages 0-9 and 10-19 in Nevada counties and state overall. The county with the greatest percent of youth ages 0-9 was Humboldt (15%), while the county with the lowest was Esmeralda County (4%). Clark and Lincoln had the highest proportion of youth ages 10-19 (14% each), while Esmeralda had the lowest (7%).

Figure 3: Percent of Population Ages 0-19, by County and State, 2019

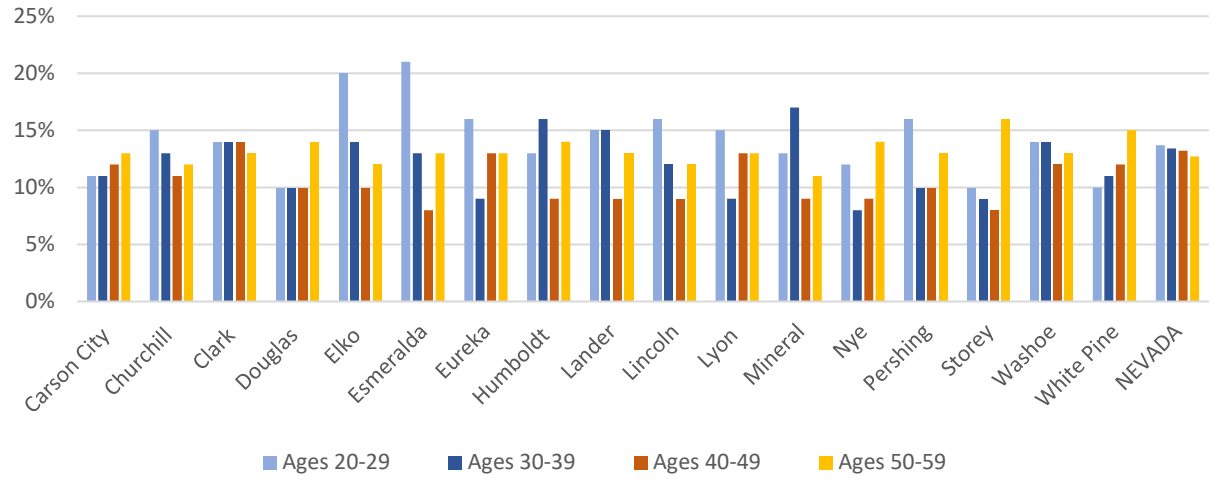


Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Adults Ages 20-59 Years Old

Figure 4 depicts the percent of the population ages 20-59 by county and the state overall. One in five residents in Esmeralda (21%) and Elko (20%) were ages 20-29, in 2019. Storey and White Pine both had the lowest (with 10% each). Mineral had the highest proportion of residents ages 30-39 (17%), while Nye had the least (8%). Eureka and Lyon had the highest proportion of residents ages 40-49 (with 13% each). Esmeralda and Storey both had the lowest (with 8% each). Storey had the highest proportion of residents ages 50-59 (16%) and Mineral had the lowest (11%).

Figure 4: Percent of Population Ages 20-59, by County and State, 2019

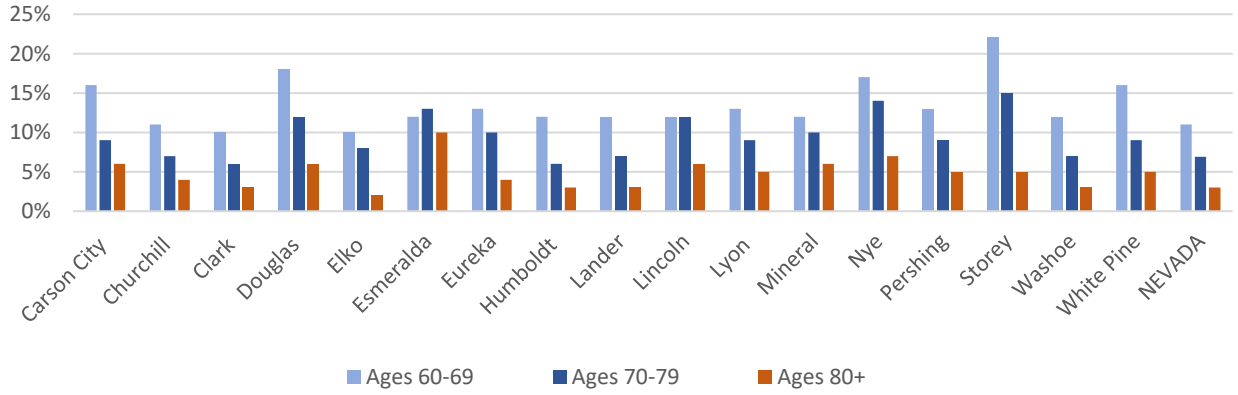


Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Adults Ages 60-69 Years Old

Figure 5 depicts the percent of the population over the age of 60, by three age group categories. Over one in five residents in Storey County (22%) were ages 60-69, in 2019. Two counties, Clark and Elko, had the lowest (with 10% each). Storey also had the highest proportion of residents ages 70-79 (15%), while Clark and Humboldt had the lowest (with 6% each). The county with the highest proportion of residents 80 and older was Esmeralda (10%), while Elko had the lowest (2%).

Figure 5: Percent of Population Ages 60-80+, By County and State, 2019



Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Median Age

Table 5 includes the median age in years, by sex and Nevada county, in aggregate, for the years 2013-2017. The county with the lowest median age was Elko (34.1 years old), while the county with the highest median age was Storey (54.7 years old). These counties also had the lowest and highest median ages of males and females, respectively.

Table 5: Median Age in Years, by Sex and County, 2013 2017 Aggregate Data

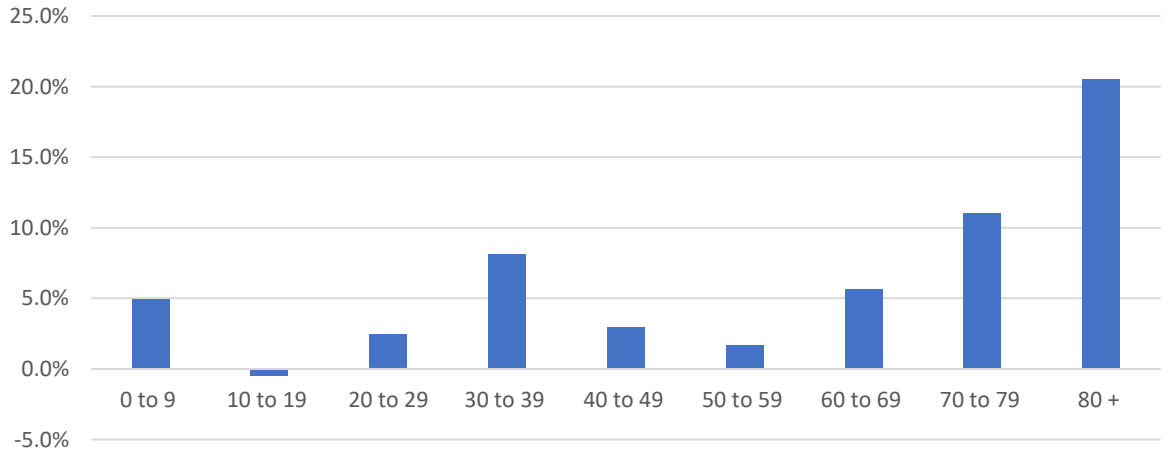
County/Region	Median Age	Male Median Age	Female Median Age
Carson City	43.0	40.6	44.8
Churchill	38.9	37.8	40.9
Clark	36.9	36.3	37.5
Douglas	50.8	49.8	51.8
Elko	34.1	33.6	34.4
Esmeralda	48.0	48.9	46.7
Eureka	47.3	47.8	44.5
Humboldt	35.6	36.5	35.2
Lander	37.8	35.2	42.9
Lincoln	41.6	44.1	40.0
Lyon	43.8	43.4	44.2
Mineral	46.7	47.4	45.7
Nye	51.6	51.0	52.2
Pershing	43.1	42.2	43.9
Storey	54.7	54.4	55.3
Washoe	38.0	37.3	38.8
White Pine	39.4	37.4	44.7
Nevada	**38.7**	**37.0**	**38.3**

Source: US Census Bureau; American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table B01002.

Projected Change in Age Groups

Figure 6 depicts the percent change by age group in Nevada, between 2020-2024. The age group projected to increase the most during this period are individuals 80+, with a 20% increase. One age group (ages 10-19 year) is projected to decrease by 0.5%.

Figure 6: Projected Percent Change by Age Group in Nevada, 2020-2024



Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Population by Race/Ethnicity

Table 6 provides the number and percent of the Nevada population by race/ethnicity in 2019. One half of Nevada's population (51%) were white, not Hispanic. Nearly one third (30%) were Hispanic Origin of Any Race. The other race/ethnicities and their respective percentages were Asian/Pacific Islander, not Hispanic (10%), Black, not Hispanic (9%), and American Indian, Eskimo, Aleut, not Hispanic (1%).

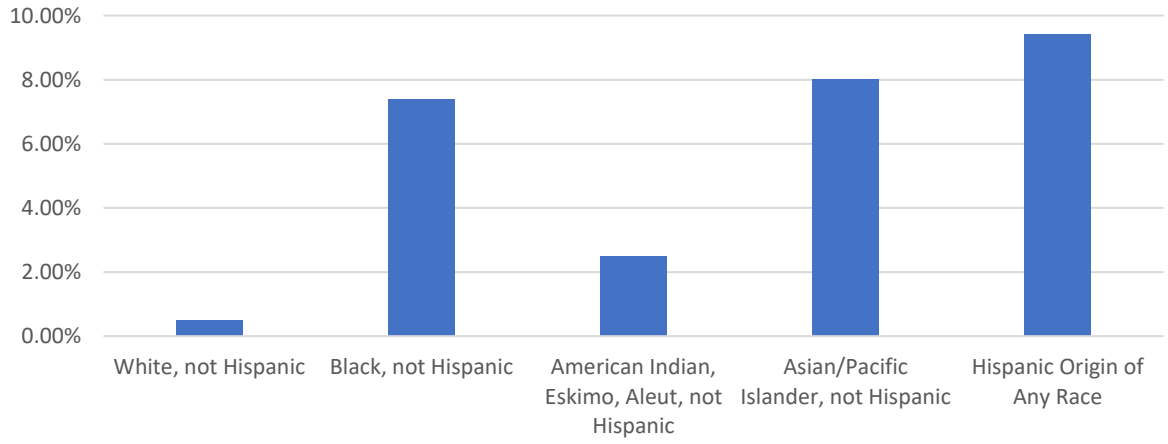
Table 6: Population by Race/Ethnicity, Number and Percent of State Population, 2019

Race/Ethnicity	Number	% of Nevada Population
White, not Hispanic	1,543,237	51%
Black, not Hispanic	265,980	9%
American Indian, Eskimo, Aleut, not Hispanic	35,037	1%
Asian/Pacific Islander, not Hispanic	298,338	10%
Hispanic Origin of Any Race	911,335	30%
Nevada	**3,055,076**	**100%**

Note: May not equal 100% due to rounding.
Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Figure 7 illustrates the projected change in race/ethnicity between 2020-2024. During this five-year period, the population projected to increase the most is Hispanic Origin of Any Race (9%). The white, not Hispanic population is projected to increase the least (0.5%).

Figure 7: Projected Percent Change in Race and Ethnicity, Nevada Population, 2020-2024



*Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Public School Enrollment

Table 7 includes public school enrollment between the 2007-2008 school year and the 2017-2018 school year, by county, with the percent change noted for each. The counties with the greatest increase in public school enrollment were White Pine (37%), Lincoln (21%), and Eureka (18%). The counties with the lowest increase in public school enrollment over this period were Churchill (-23%), Lander (-19%) and Nye (-17%).

Table 7: Public School Enrollment Number and Percent Change, by County, 2007 2008 to 2017 2018 School Years			
County/Region	**2007-2008 School Year**	**2017-2018 School Year**	**% Change in Enrollment 2007-2008 to 2017-2018**
Carson City	8,116	8,085	0%
Churchill	4,409	3,374	-23%
Clark	308,554	324,030	5%
Douglas	6,746	5,798	-14%
Elko	9,748	9,924	2%
Esmeralda CSD	77	73	-5%
Eureka	246	291	18%
Humboldt	3,379	3,573	6%
Lander	1,274	1,027	-19%
Lincoln	877	1,057	21%
Lyon	9,236	8,927	-3%
Mineral	617	565	-8%
Nye	6,438	5,337	-17%
Pershing	723	667	-8%
Storey	427	443	4%
Washoe	63,635	64,240	1%
White Pine	1,422	1,955	37%
Nevada	**432,850**	**485,768**	**12%**

Source: Nevada Department of Education. Nevada Report Card Accountability Portal. Nevadareportcard.com.

Table 8 summarizes the percent of students enrolled in public school by race/ethnicity, by county, for the 2017-2018 year.

Table 8: Percent of Students Enrolled in Public School by Race/Ethnicity, by County, 2017 2018 School Year							
County/ Region	**American Indian/Alaskan Native %**	**Asian %**	**Hispanic %**	**Black %**	**White %**	**Pacific Islander %**	**Two or More Races %**
Carson City	2.3	1.88	41.78	0.54	48.68	0.22	4.59
Churchill	5.96	1.69	23.12	1.75	60.17	0.71	6.61
Clark	0.36	6.34	46.54	14.14	24.5	1.59	6.54
Douglas	3.17	1.35	22.37	0.59	66.33	0.31	5.88
Elko	6.11	0.63	31.71	0.79	59.07	0.24	1.45
Esmeralda	0	0	36.99	0	54.79	0	0
Eureka	5.15	0	9.97	0	80.41	0	0
Humboldt	4.28	0.59	36.66	0	55.56	0	2.29
Lander	3.99	0	30.67	0	62.71	0	1.75
Lincoln	0.95	0	9.65	5.77	80.13	0	2.08
Lyon	3.63	0.97	25.67	0.71	64.43	0.65	3.93
Mineral	12.74	0	17.52	3.19	60.18	0	5.66
Nye	1.35	1.48	27.62	2.94	61.65	1.18	3.78
Pershing	9.6	0	31.93	2.25	50.22	0	5.25
Storey	0	0	7.9	0	84.65	0	2.93
Washoe	1.36	4.19	40.59	2.35	44.36	1.21	5.95
White Pine	2.97	1.74	15.91	10.18	64.3	1.07	3.84
Nevada	**0.88**	**5.49**	**42.41**	**11.09**	**32.47**	**1.41**	**6.24**

Note: Nevada Department of Education data do not delineate between white, non-Hispanic and white as a race alone, not combined with ethnicity; therefore, Department of Education data should not be compared to the remaining Nevada demographic tables provided throughout this report.
Source: Nevada Department of Education. Nevada Report Card Accountability Portal. Nevadareportcard.com. Retrieved March 2019.

Income in Nevada

According to the National Bureau of Economic Research, there were 10 recessions between 1948 and 2011, with the most recent recession (the Great Recession) beginning in December 2007 and ending in June 2009.[6] During the Great Recession, Nevada's unemployment rates were among the highest in the nation; however, they have since returned to near pre-recession rates. As of July 2019, Nevada was ranked 38th in the nation for unemployment rates with the monthly unemployment rate at 4.1%.[7] The median household income in Nevada for 2013-2017 (aggregate) was $55,434, which was $2,218 lower than the median household income in the US for this period, $57,652. The median annual earnings for females in Nevada for the 2013-2017 (aggregate) period was $37,184, which is $8,282 less than the median earnings for males, $45,466.[8]

Nevada's Geography

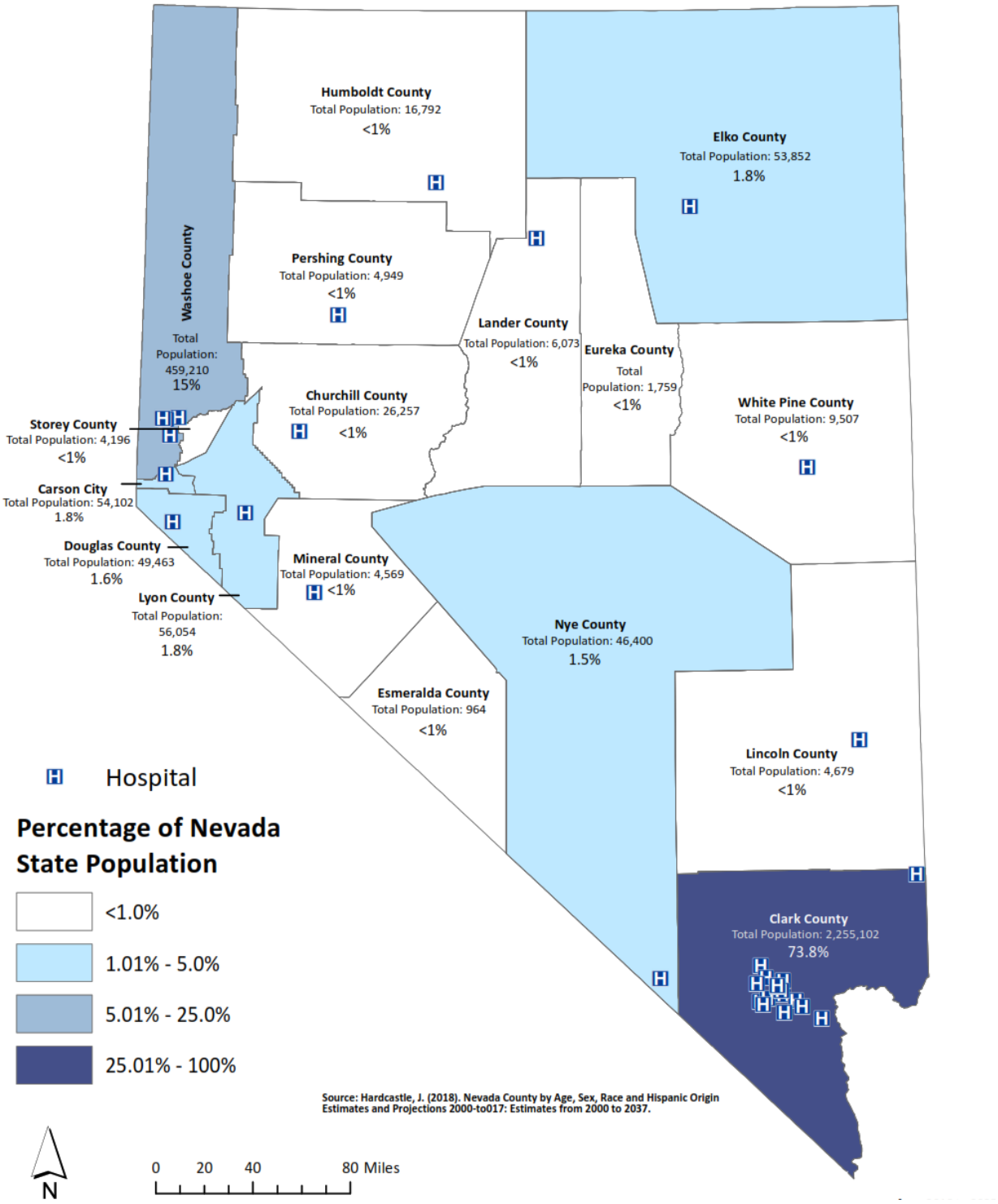
Nevada is the 7th largest state in the US, with a land mass of approximately 109,781 square miles.[9] The driest state in the US, Nevada is a western state defined by its large areas of high desert and legalized gambling. Its largest city, Las Vegas, is famous for 24-hour casinos, hotels, and luxury resorts. Nevada has a highly diverse climate that ranges from hot lowland desert in the south to cooler mountain forests in the north.[10] Much of the land is sparsely populated, in part due to the climate and the rugged mountainous terrain.

Approximately 10% of Nevada's land is privately owned. The remaining 90% is publicly owned and administered by a wide range of federal, state, and tribal agencies (i.e., Bureau of Land Management (BLM), Bureau of Indian Affairs (BIA), the Bureau of Reclamation, the Department of Defense, the Department of Energy, Fish and Wildlife Services, and the Forest and National Park Service).

Map 1 includes the seventeen Nevada counties, with total number and percent of the state population in 2019. The county with the most residents was Clark, with 73.4% of the state population. The county with the least number of residents was Esmeralda, with less than 1% of the state population. This map also includes the location of hospitals in Nevada.

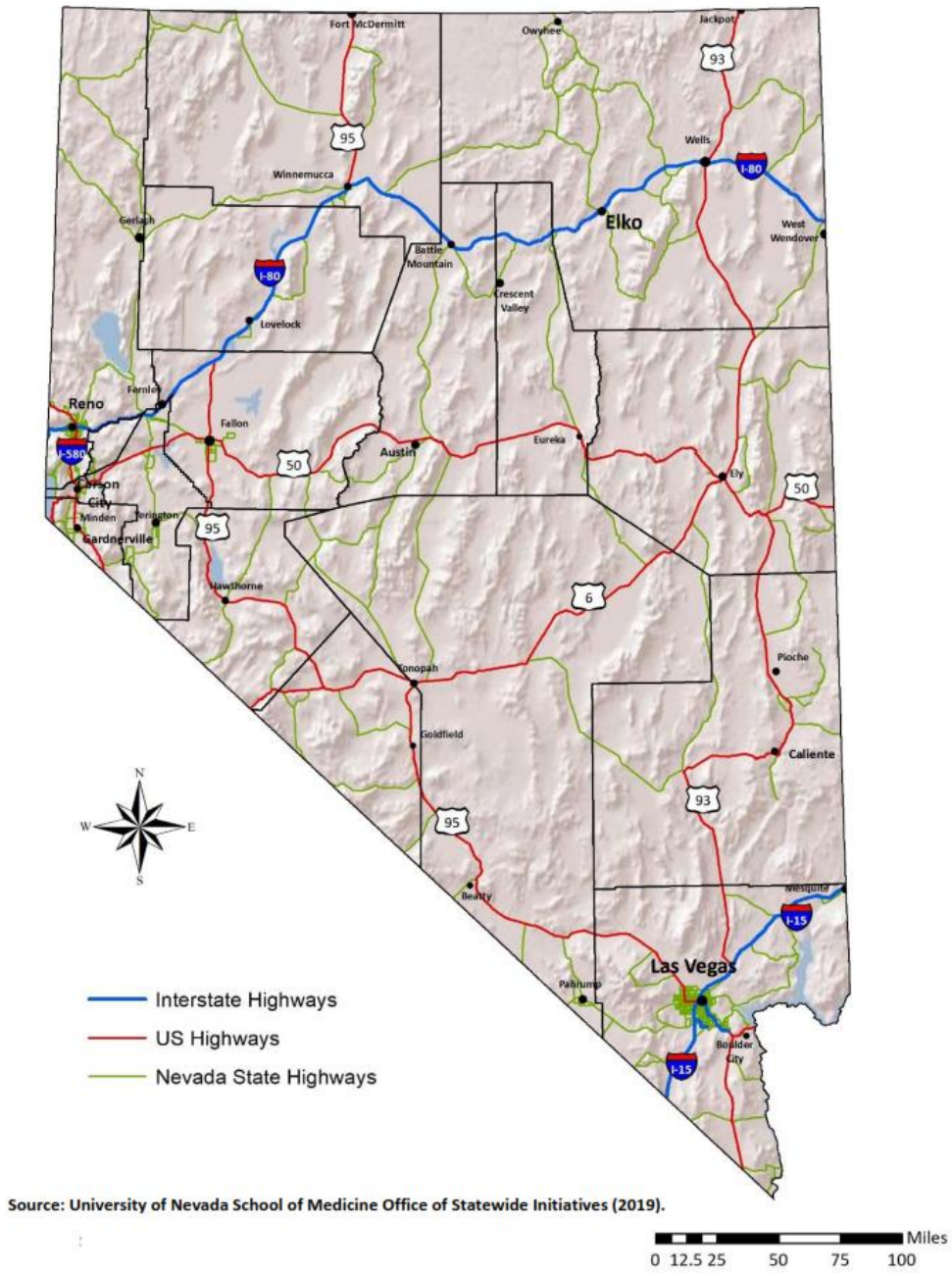
[6] US Bureau of Labor Statistics. https://www.bls.gov/spotlight/2012/recession/pdf/recession_bls_spotlight.pdf. retrieved August 2019.
[7] US Bureau of Labor Statistics https://www.bls.gov/web/laus/laumstrk.htm. retrieved August 2019.
[8] US Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates. Table DP03.
[9] US Census Bureau, 2010 Census. Census 2010 Summary File 1, Geographic Header Record G001.
[10] National Center for Environmental Information: State Climate Summaries, Nevada. www.statesummaries.ncics.org/chapter/nv/.

Map 1: Nevada Population - Total Number and Percent of State Population, by County, 2019.



Many rural and frontier communities are located in sparsely populated counties which are considerable distances from urban communities and larger health care centers. Map 2 illustrates Nevada's topography and highways, depicting the vast distances separating the state's rural communities from the urban centers.

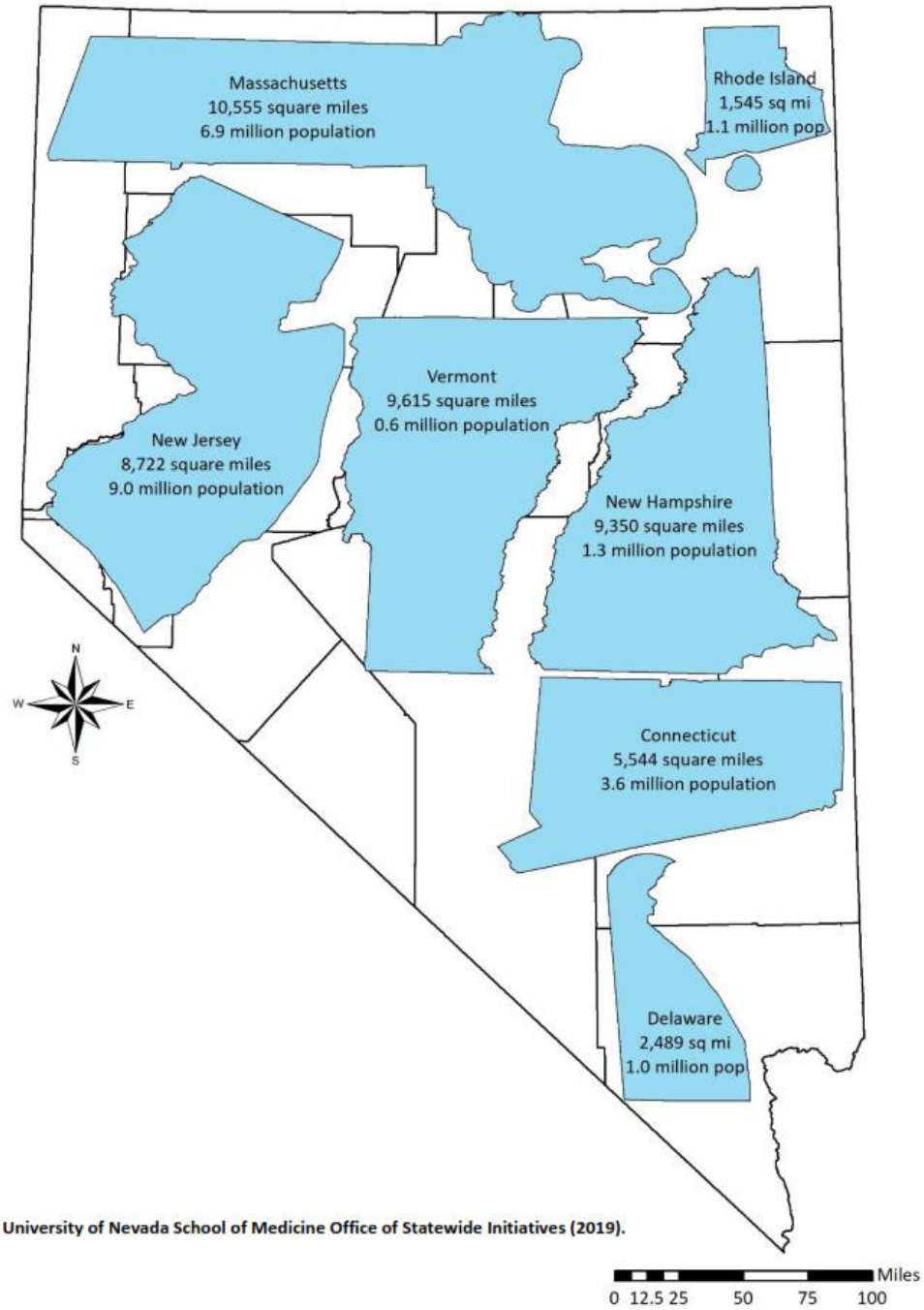
Map 2: Nevada Topography and Highway Systems



Source: University of Nevada School of Medicine Office of Statewide Initiatives (2019).

Map 3 illustrates the vast geographic size of Nevada by comparing it to select northeastern US states. Seven northeastern states would easily fit within Nevada's borders.

Map 3: Nevada's Size Compared to Seven Select Northeastern States



Source: University of Nevada School of Medicine Office of Statewide Initiatives (2019).

Special Populations

Special populations typically refer to populations who are disproportionately affected by social and health factors that put them at increased risk for health disparities. The select special populations included in this report are 1) American Indian and Tribal Populations, 2) Children Ages 0-18 years old, 3) People Experiencing Homelessness, 4) Incarcerated Populations, 5) Individuals with Disabilities, 6) Minority Populations, 7) Seniors Ages 65 years and Older, 8) Sexual and Gender Minority Populations (often referred to as LGBTQ), 9) Transitional Aged Youth, and 10) Veterans.

American Indian and Tribal Populations

American Indian and Tribal Populations in the United States

American Indian is the term describing individuals who are decedents of indigenous populations of North America. Federal recognition of a tribe means the United States has acknowledged the particular tribe's political status as a government and members of a federally recognized tribe are eligible for federal programs, such as Indian Health Services. American Indian tribes are recognized as a sovereign entity, or self-governing. Although tribes have relationships with both state and federal governing bodies, they have separate governing bodies, usually a Tribal Council, to determine their own governance structure, enforce laws through tribal police and courts, and work to protect the health, safety, and welfare of tribal citizens within the respective tribal territory.[11]

Tribal lands are designated under federal law as land-based territories under tribal self-government. American Indian populations may live on tribal lands or a reservation; however, not all persons who are American Indian belong to a federally recognized tribe. There are 567 sovereign tribal nations in the US, however in 2010 there were only 334 federal- and state-recognized American Indian reservations.[12]

American Indian and Tribal Populations in Nevada

According to Nevada State Demographer 2019 data, approximately 1% (35,037 people) of Nevada's total population was American Indian. This population has increased from 2015 to 2019 by 4 %, while Nevada overall population has increased by 6% over the same time period.[13]

Table 9 provides a snapshot of socioeconomic indicators across 28 tribal populations representing those who reside on reservations and colonies located in, or partially in, Nevada. United States Census Bureau aggregate data (2013-2017) indicate approximately 15,617 persons were living on tribal reservations or colonies in Nevada.

Among all reservation and tribal populations for which data were available, the median household income was lower among tribal households (low of $9,107 to a high of $53,438) compared to Nevada overall ($55,454). The unemployment rates among tribal populations were higher in all but one colony (Wells Colony) ranging from a low of 1.5% to a high of 60.0%. Total population poverty rates were higher among all tribal populations except four compared to Nevada (14.2%); poverty rates among tribal populations ranged from a low of 7% to a high of 50%.

With the exception of Winnemucca Indian Colony (28.6%), the percentage of tribal populations with a high school degree or higher ranged from a low of 67.6% to a high of 92.8% and was relatively similar to Nevada

[11] National Congress of American Indians. (2019). Tribal Nations and the United States: An Introduction. http://www.ncai.org/about-tribes retrieved August 2019.
[12] Ibid
[13] Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037.

overall (85.8%). However, the percentage of tribal populations with a bachelor's degree or higher was much lower than Nevada overall (23.7%), ranging from a low of 0% to a high of 17.5%.

Maps are provided for each county with tribal lands in their respective county profile and summary sections. Of note in tribal county maps and in Table 9 below, tribal lands may cross over county and state borders, being represented across multiple counties.

Table 9: Select Social Determinant Indicators Among Reservation and Colony Populations*, 2013 2017 Aggregate Data

Reservation	Location	Median Household Income	Percent			
			Unemployment	Poverty	High School Graduate or Higher	Bachelor's Degree or Higher
Battle Mountain Reservation	Lander	$39,583	25.0	15.4	81.6	3.5
Campbell Ranch	Lyon	$27,500	25.6	42.7	82.0	4.3
Carson Colony	Carson	$40,000	22.9	21.0	80.8	4.5
Dresslerville Colony	Douglas	$20,625	19.6	45.1	83.1	5.9
Duck Valley Reservation	Elko County, Nevada & Idaho	$35,391	17.3	32.3	87.1	14.4
Duckwater Reservation	Nye	$45,000	20.0	26.2	86.9	4.1
Elko Colony	Elko	$34,375	7.0	27.5	82.6	7.0
Ely Shoshone Reservation	Ely	$37,708	8.6	34.0	92.8	4.8
Fallon Paiute-Shoshone Colony and Off-Reservation Trust Land	Churchill	$21,250	35.6	41.5	77.6	6.9
Fallon Paiute-Shoshone Reservation and Off-Reservation Land Trust	Churchill	$31,786	17.8	35.6	85.0	7.8
Fort McDermitt Indian Reservation	Humboldt	$16,989	20.4	49.0	74.8	7.8
Fort Mojave Reservation and Off-Reservation Trust Land	Clark County, Nevada, Arizona, & California	$39,313	17.6	24.4	77.0	9.1
Goshute Reservation	White Pine County, Nevada & Utah	$30,625	16.1	43.3	78.2	10.3
Las Vegas Indian Colony	Clark	:	33.3	7.0	82.8	1.7
Lovelock Indian Colony	Pershing	$9,107	60.0	50.0	67.6	0.0
Moapa River Indian Reservation	Clark	$27,500	23.4	31.3	81.0	3.8
Pyramid Lake Paiute Reservation	Washoe	$31,800	21.0	22.1	85.2	10.6
Reno-Sparks Indian Colony	Washoe	$31,912	23.5	39.6	80.1	6.4
South Fork Reservation and Off-Reservation Trust Land	Elko	$53,333	5.4	22.2	87.3	17.5
Stewart Community	Douglas & Carson City	$41,250	28.6	42.9	91.9	8.1
Summit Lake Reservation and Off-Reservation Trust Land	Humboldt	0	0	0	0	0
Timbi-She Shoshone Reservation and Off-Reservation Trust Land	Esmeralda & Nye Counties, Nevada &California	:	10.0	22.2	81.0	4.8
Walker River Reservation	Churchill, Lyon & Mineral Counties	$26,898	32.8	41.5	82.6	7.6
Washoe Ranches Trust Land	Douglas &Carson City	$50,194	12.1	12.8	88.3	13.1
Wells Colony	Elko	$53,438	1.5	12.1	84.8	11.4
Winnemucca Indian Colony	Humboldt	$15,000	20.0	36.7	28.6	0.0
Yerington Colony	Lyon	$22,159	41.8	48.4	85.7	0.7
Yomba Reservation	Nye	$53,393	0.0	8.5	92.0	0.0
Nevada		**$55,434**	**5.1**	**14.2**	**85.8**	**23.7**

Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates. https://www.census.gov/tribal/?st=32&aianihh=4740. Retrieved June 2019.

*Although in some areas non-native American persons may live on tribal lands, if permissible; this data serves to represent select disparities in measures of social determinants of health among Native American tribal populations.

American Indian and Tribal Populations and Health

Although there are major socioeconomic disparities between tribal populations and Nevada's population overall, the overall death rate among American Indian populations was lower compared to Nevada's total population each year from 2013 to 2017 (Table 10).

Table 10: Age adjusted Death Rate per 100,000 Population, American Indian/Alaska Native Compared to Nevada Overall, 2013 2017

Population	2013	2014	2015	2016	2017
American Indian/Alaska Native	543.4	522.4	511.6	575.8	544.3
Nevada, All Races	769.8	749.2	757.2	762.6	765.5

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database released December 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/ucd-icd10.html. Retrieved June 2019.

The top five causes of death in 2017 among American Indian populations differed slightly from that of the overall population, with diabetes mellitus ranked fourth highest, which did not fall into the top five among Nevada's population overall (Table 11).

Table 11: Top 5 Causes of Death Among Native American Populations Compared to Total Population, Nevada, 2017

Rank	American Indian/Alaska Native	Total Population
1	Diseases of the Heart	Diseases of the Heart
2	Malignant Neoplasms	Malignant Neoplasms
3	Accidents (unintentional injuries)	Chronic Lower Respiratory Diseases
4	Diabetes Mellitus	Accidents (unintentional injuries)
5	Chronic Lower Respiratory Diseases	Cerebrovascular diseases

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database released December 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/ucd-icd10.html. Retrieved June 2019.

Children Ages 0-18 Years Old

Children in the United States

The changing demographic characteristics of children in the United States is critical for shaping policies and social programs, as the number of children determines the demand for health care, schools, and a variety of social services essential for meeting the daily needs of families. While the number of children residing in the US has grown, the ratio of children to adults has decreased.[14]

There were 73.7 million children in the US in 2017, an increase of 1.3 million (1.76%) from 2000. This number is expected to increase to 76.3 million in 2030. In 2017, there were fewer children ages 0-5 (23.9 million) than ages 6-11 (24.7 million) and 12-17 (25.1 million).

In the US, the proportion of the total population that are children has steadily decreased since the 1960s. In 2017, children made up 23% of the population, down from 36% at the end of 1964 (end of the "Baby Boom"). The percentage of children in the US is projected to continue a slow decline through 2050, when children are projected to make up only 20% of the population, and those over age 65 are expected to be approximately 20% of the population as well.

[14] Forum on Child and Family Statistics. America's Children in Brief: Key National Indicators of Well-Being, 2018. https://www.childstats.gov/americaschildren/demo.asp retrieved August 2019.

Children in Nevada

Table 12 includes the total population, the number and percent of the population ages 0-19, by county, in the state. In 2019, the counties with the greatest percent of the population ages 0-19 were Humboldt (27.9%), Clark (26.9), and Churchill (26.1), while the counties with the lowest were Esmeralda (10.7%), Storey (14.0%), and Douglas (18.5%).

Table 12: Total Population, Total and Percent of Population Ages 0 19, by County, 2019

County/ Region	Total Population	Population 0-19	% of Individuals 0-19
Carson City	54,102	12,616	23.3
Churchill	26,257	6,857	26.1
Clark	2,255,102	607,657	26.9
Douglas	49,463	9,159	18.5
Elko	53,852	12,888	23.9
Esmeralda	964	104	10.7
Eureka	1,759	369	20.9
Humboldt	16,792	4,693	27.9
Lander	6,073	1,565	25.7
Lincoln	4,679	969	20.7
Lyon	56,054	13,250	23.6
Mineral	4,569	1,018	22.2
Nye	46,400	9,134	19.6
Pershing	4,949	1,166	23.5
Storey	4,196	591	14.0
Washoe	459,210	118,474	25.7
White Pine	9,507	2,208	23.2
Nevada	**3,053,928**	**802,718**	**26.2**

Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Children in Nevada and Health

According to 2018 America's Health Rankings (AHR), Nevada ranked 38th in the overall health of infants and 47th in the overall health of children out of the 50 states in the following combined areas: 1) behaviors, 2) community and environment, 3) policy, 4) clinical care, and 5) outcomes.[15] Numerous sources of data are used to determine these rankings, which typically include the following age groups: infants (0 to 1 year of age) and children (1 to 17 years of age). The strength noted in Nevada by the 2018 AHR was a low prevalence of homeless family households. The challenge noted was a low prevalence of adolescent well visits. Also noted was the increase in child mortality in children ages 0-18 over a two-year period, from a rate of 21.8 per 100,000 in 2016 to 25.3 per 100,000 in 2018.

The Annie E. Casey Foundation 2019 Kids Count Profile also ranks Nevada 47th of 50 states in the following combined areas: 1) well-being, 2) education, 3) health, and 4) family and community.[16]

This needs assessment includes several health indicators for children. In addition, several social determinants of health indicators are included. The tables in Appendix A include recent indicator data for children in Nevada. These indicators are ranked in the *At-A-Glance* Tables in the sections that follow and are also included in the County Snapshot sections of this report.

[15] United Health Foundation America's Health Rankings. Health of Women and Children Report State Findings: Nevada, 2018. https://www.americashealthrankings.org/explore/health-of-women-and-children/measure/overall_mch/state/NV retrieved August 2019.
[16] The Annie E. Casey Foundation. 2019 Kids Count Profile. Nevada. https://www.aecf.org/m/databook/2019KC_profile_NV.pdf retrieved August 2019.

People Experiencing Homelessness

People Experiencing Homelessness in the United States

The term homeless is used to describe a person who lacks a fixed, regular and adequate nighttime residence. However, there are several different subcategories of homeless individuals[17]:

- ***Homeless Individual:*** A person who is not part of a family with children during an episode of homelessness; may include single adults or unaccompanied youth.
- ***Unaccompanied Homeless Youth (under 18):*** People in households with only children who are not part of a family with children or are *not accompanied by their parent or guardian* during their episode of homelessness, and who are under the age of 18.
- ***Chronically Homeless Individuals:*** An individual with a disability who has been chronically homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.
- ***Chronically Homeless Families:*** People in families in which the head of household has a disability and has either been continuously homeless for one year or more or has experienced at least four episodes of homelessness in the last three years where the combined length of time homeless in those occasions is at least 12 months.
- ***Sheltered Homeless:*** People who are staying in emergency shelters, transitional housing programs, or safe havens.
- ***Unsheltered Homeless:*** People whose primary nighttime location is a public or private place not designated for, or ordinarily used as, a regular sleeping accommodation for people (e.g., streets, vehicles, parks).

The US Department of Housing and Urban Development (HUD) conducts an annual Point-in-Time (PIT) data collection to determine the number of homeless in the country. In 2018, this information was reported in the 2018 Annual Homeless Assessment Report (AHAR) to Congress, summarizing the PIT assessment that took place on one single night in January 2018.[18] Nationally, over half a million people (552,830) experienced homelessness on this night. Nearly two thirds (65%) stayed in shelters, while 35% were in unsheltered locations. Two thirds of those experiencing homelessness were adults in households without children. The remaining third were people who were part of a family. This assessment suggests the average rate of homelessness is 17 per 10,000 people in the US on a single night in 2018.

The states with the highest rates of homelessness (per 10,000 individuals) were New York (46), Hawaii (46), Oregon (35), and California (33). The state with the greatest total number of homeless was California, accounting for 30% of all people experiencing homelessness in the US and 49% of all unsheltered homeless in the nation.

People Experiencing Homelessness in Nevada

Table 13 includes the number of homeless individuals in Nevada, by county or region for a five-year period. The total number of homeless individuals in 2018 was 7,544,[19] with Nevada ranking ***first in the nation*** for the rate of ***unsheltered unaccompanied homeless youth*** (83.8%).[20]

[17] The US Department of Housing and Urban Development Office of Community Planning and Development. The 2018 Annual Homeless Assessment Report (AHAR) to Congress.
[18] Ibid.
[19] US Department of Housing and Urban Development. HUD Continuum of Care Homeless Populations and Subpopulations Reports, 2014-2018 data for Clark, Washoe, and Balance of State. https://files.hudexchange.info/reports/published/CoC_PopSub_State_NV_2018.pdf. Retrieved May 2019.
[20] US Department of Housing and Urban Development Office of Community Planning and Development. The 2018 Annual Homeless Assessment Report (AHAR) to Congress.

Between 2014 and 2018, the number of homeless individuals in Nevada decreased by 12.1%. During this period, Clark had a decrease of 18.3% and the balance of State (not Clark or Washoe) decreased by 27.3%. However, Washoe had an increase in the number of homeless individuals, with a 55.5% increase.

Table 13: Number of Homeless Individuals, Clark, Washoe, and Balance of State, 2014 2018

County/Region	2014	2015	2016	2017	2018	% change 2014 to 2018
Clark	7,443	7,509	6,208	6,490	6,083	-18.3
Washoe	769	907	989	1,106	1,192	+55.5
Balance of State	370	327	201	237	269	-27.3
Total	8,582	8,743	7,398	7,833	7,544	-12.1

Source: US Department of Housing and Urban Development. HUD Continuum of Care Homeless Populations and Subpopulations Reports, 2014-2018 data for Clark, Washoe, and Balance of State. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2018&filter_Scope=CoC&filter_State=NV&filter_CoC=&program=CoC&group=PopSub. Retrieved May 2019.

Nevada's Interagency Council on Homelessness (ICH) coordinates and focuses the state's efforts to address homelessness across the state and has developed a 10-year plan to address chronic homelessness. The issues identified in the strategic plan include: 1) Housing, 2) Homelessness Prevention and Intervention, 3) Wraparound Services, 4) Education and Workforce Development, 5) Coordination of Primary and Behavioral Health, 6) Coordination of Data Resources, 7) Policies, and 8) Long-term Planning.

Nevada has three Continua of Care (CoCs) in the state (northern, southern and rural) which have two main goals: to plan for a homeless housing and service system and to apply for competitive funding through HUD. Nevada's CoCs work to end homelessness, work collaboratively in their respective regions and across the state and report to the federal government on numerous homeless metrics in the state.

According to the National Low-Income Housing Coalition (2019), Nevada has the greatest shortage of affordable housing for Extremely Low Income (ELI) households in the nation. The state has over 90,000 ELI households and a rate of 19 per 100 affordable and available rental homes for extremely low-income renter households.[21]

People Experiencing Homelessness and Health Disparities

Individuals who are homeless are at increased risk for mental health issues[22], substance use disorder,[23] as well as the coexistence of both, referred to as co-occurring disorders. In addition, homeless individuals are at increased risk for the following health conditions: Hepatitis A,[24] Human Immunodeficiency Virus (HIV),[25] Invasive Group A Streptococcus infections,[26] tuberculosis,[27] opioid overdoses,[28] bronchitis and pneumonia,

[21] National Low-Income Housing Coalition. *The Gap: A Shortage of Affordable Rental Homes, March 2019*. https://reports.nlihc.org/gap. Retrieved July 2019.
[22] Sauer-Zavala S, Ametaj AA, Wilner JG, Bentley KH, Marquez S, Patrick KA, Starks B, Shtasel D, Marques L. Evaluating Transdiagnostic, Evidence-based Mental Health Care in a Safety-net Setting Serving Homeless Individuals. *Psychotherapy (Chic)*. 2019 Mar;56(1):100-114. doi: 10.1037/pst0000187
[23] Wilson E, Hofmeister MG, McBee S, Briscoe J, Thomasson E, Olaisen RH, Augustine R, Duncan E, Bamrah Morris S, Haddy L. Notes from the Field: Hepatitis A Outbreak Associated with Drug Use and Homelessness – West Virginia, 2018. *MMWR Morb Mortal Wkly Rep.* 2019 Apr 12;68(14):330-331. doi: 10.15585/mmwr.mm6814a4.
[24] Holland DP, Alexander S, Onwubiko U, Goswami ND, Yamin A, Mohamed O, Sales RM, Grant G, Talboy P, Ray S, Toomey KE. Response to Isoniazid-Resistant Tuberculosis in Homeless Shelters, Georgia, USA, 2015-2017. *Emerg Infect Dis*. 2019 Mar;25(3):593-595. doi: 10.3201/eid2503.181678
[25] Golden et al. Outbreak of Human Immunodeficiency Virus Infection Among Heterosexual Persons Who Are Living Homeless and Inject Drugs – Seattle. Washington, 2018. *MMWR Morb Mortal Wkly Rep*. 2019. Apr 19;(68):344-349. doi: 10.15585/mmwr.mm6815a2
[26] Valenciano SJ, McMullen C, Torres S, Smelser C, Matanock A, Van Beneden C. Notes from the Field: Identifying Risk Behaviors for Invasive Group A Streptococcus Infections Among Persons who Inject Drugs and Persons Experiencing Homelessness – New Mexico, May 2018. *MMWR Morb Mortal Wkly Rep.* 2019 Mar 1;68(8):205-206. doi: 10.15585/mmwr.mm6808a5.
[27] Holland DP, Alexander S, Onwubiko U, Goswami ND, Yamin A, Mohamed O, Sales RM, Grant G, Talboy P, Ray S, Toomey KE. Response to Isoniazid-Resistant Tuberculosis in Homeless Shelters, Georgia, USA, 2015-2017. *Emerg Infect Dis*. 2019 Mar;25(3):593-595. doi: 10.3201/eid2503.181678
[28] Baggett TP, Hwang SW, O'Connell JJ, et al. Mortality among homeless adults in Boston: Shifts in causes of death over a 15-year period. *JAMA Intern Med.* 2013 Feb 11; 173(3): 189–195. doi: 10.1001/jamainternmed.2013.1604.

wounds and skin infections as well as a number of other chronic health conditions, infectious, and communicable diseases.[29]

The connection between mental illness, substance abuse and homelessness is complicated; studies suggest mental illness and/or substance abuse substance abuse can be both cause and consequence of homelessness.[30] Furthermore, research on adverse childhood experiences (ACEs) has provided a valuable framework for understanding associations between childhood maltreatment and family dysfunction and later poor health outcomes. A recent study of Behavioral Risk Factor Surveillance System (BRFSS) respondents who reported homelessness in childhood suggests these individuals were at risk for greater exposure to higher numbers and other types of ACEs than adults reporting no childhood homelessness.[31]

Incarcerated Populations

Incarcerated Populations the United States

The rate of incarceration in the United States has more than quadrupled within the last four decades.[32] The United States has the largest penal population in the world, totaling 2.2 million adults at the end of 2016.[33] Nearly 25% of the world's prisoners are detained in American prisons. The US rate of incarceration is 5-10 times higher than the rates in Western Europe and other democracies, with one out of every 100 adults in prison or jail.

The US prison population is largely drawn from the nation's most disadvantaged populations: mostly men under the age of 40, disproportionately minority populations, with lower levels of education. In addition, prisoners are often dealing with mental and physical illnesses; drug and alcohol addictions; and lack of work experience or skills-based training.

Incarcerated Populations in Nevada

The Nevada Department of Corrections (NDOC) has three different types of facilities to house inmates: 1) institutions (correctional facilities and prisons), 2) conservation camps, and 3) transitional housing centers. Map 4 details the locations of these facilities. There are seven institutions currently in operation (and two institutions that have closed). Of the institutions in operation, their respective locations and numbers are Carson City (2), Pershing County (1), White Pine County (1), and Clark County (3).

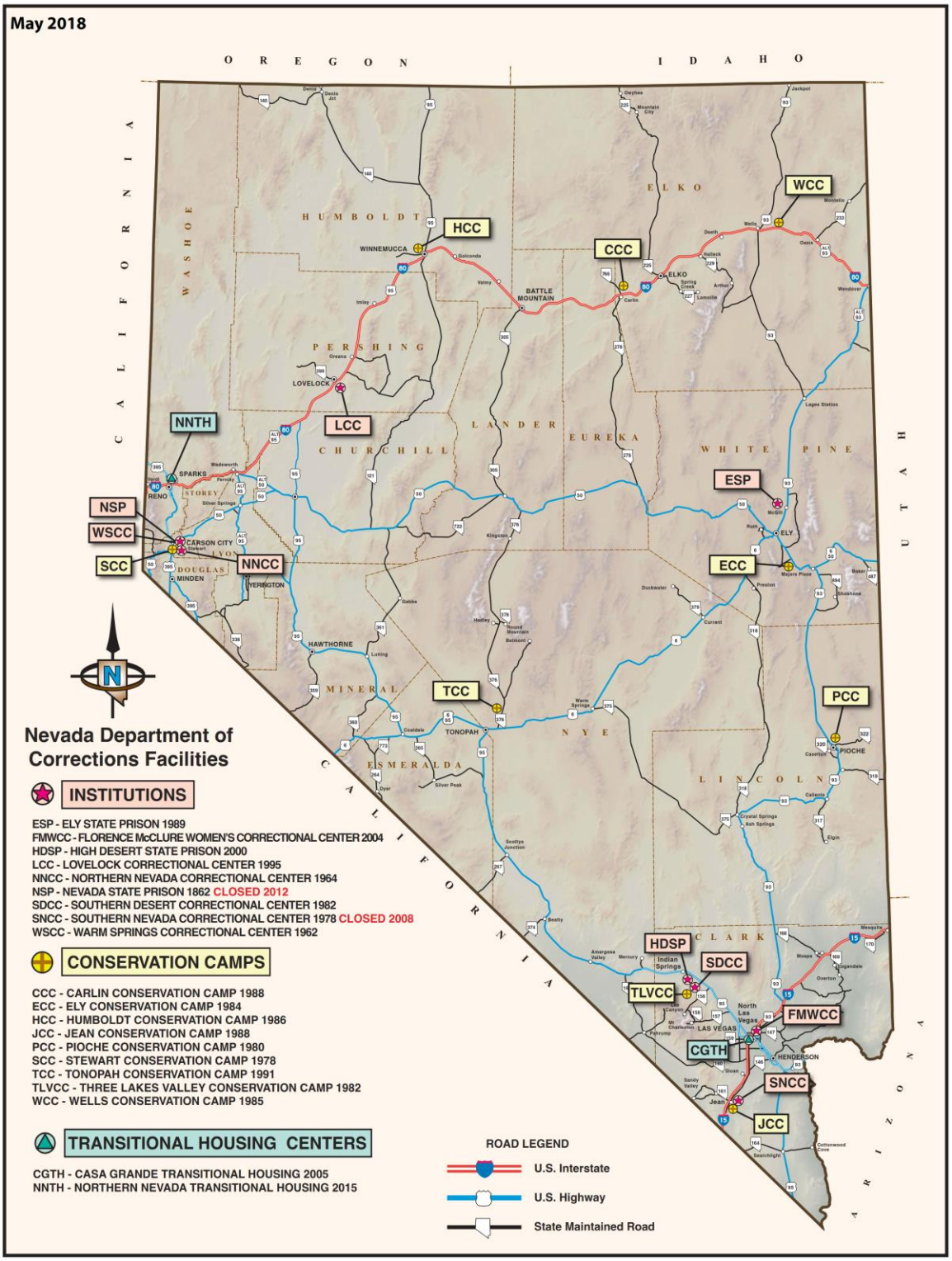
There are nine conservation camps in Nevada, which allow for inmates to participate in programs aimed to help conserve Nevada's environment. These programs can include roadside cleanup, working in the community, and aiding firefighter crews in combatting wildfires in both Nevada and California. The conservation camps are located in the following nine counties: Carson City (1), Clark (2), Elko (2), Lincoln (1), Nye (1), and White Pine (1). Both institutions and conservation camps offer rehabilitation programs, such as educational courses, vocational training, and treatment services.

NDOC also has two transitional housing centers. These centers house non-violent and non-sex crime offenders who are within either a year to eighteen months (depending on the housing center) of their parole eligibility or the termination of their sentence. These types of facilities make it possible for inmates to start to acclimate and rehabilitate into normal life, giving them an opportunity to secure jobs, find

[29] US Interagency Council on Homeless. Integrate Health Care. https://www.usich.gov/solutions/health-care/. Retrieved July 2019.
[30] Polcin, DL. Co-occurring substance abuse and mental health problems among homeless persons. *J Soc Distress Homeless.* 2016 Jan 2; 25(1):1-10.
[31] Radcliff, E., Crouch, E., Stromopolis, M & Srivastav, A. Homelessness in Childhood and Adverse Childhood Experiences (ACEs). *Matern Child Health J*. 2019 Jun; 23(6):811-820. doi: 10.1007/s10995-018-02698-w
[32] National Research Council. 2014. The Growth of Incarceration in the United States: Exploring Causes and Consequences. Washington, DC: The National Academies Press. https://doi.org/10.17226/18613. Retrieved August 2019.
[33] US Department of Justice. Office of Justice Programs. Bureau of Justice Statistics. Correctional Populations in the United States 2016. Bulletin: April 2018. NCJ 251211.

housing, and begin reintegrating into society as a whole. The two transitional housing centers are located in Clark and Washoe counties.

Map 4: Nevada Department of Corrections Facilities, 2019



Source: Nevada Department of Corrections: Governor Recommends Budget State Fiscal Years 2020 and 2021, Steve Sisolak, Governor and James Dzurenda, Director of NDOC. http://doc.nv.gov/uploadedFiles/docnvgov/content/Home/features/FY20-21%20190129%20Leg%20Pre-Session%20Final(1).pdf. Retrieved June 2019.

Table 14 summarizes the number of incarcerated individuals and the percentage of the population incarcerated as a percent of the total county population, in 2019. It is important to note Table 14 cannot be used to determine which counties have higher crime rates, as some counties do not have an incarceration institution, and therefore those committing crimes within one county will be transported to an incarceration institution in a different county based on the nature of the crime. Additionally, some correctional institutions house inmates from outside Nevada.

Table 14: Number of Prisoners, Incarcerated Individuals, and Percent of Population Incarcerated, by County, 2019

County/Region	# of Incarcerated Individuals	% of Population Incarcerated
Carson	2,335	4%
Churchill	0	0%
Clark	11,600	1%
Douglas	0	0%
Elko	292	1%
Esmeralda	0	0%
Eureka	0	0%
Humboldt	134	1%
Lander	0	0%
Lincoln	317	6%
Lyon	0	0%
Mineral	0	0%
Nye	959	2%
Pershing	1,683	25%
Storey	0	0%
Washoe	1,181	0%
White Pine	1,279	12%
Nevada	**19,780**	**1%**

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Incarcerated Populations and Health

Beginning in 2017, Nevada saw a moderate decrease in the inmate population. However, NDOC continues to observe an increase in an unhealthier inmate population. Between State Fiscal Year (SFY) 2015 and SFY 2018, NDOC enrolled more inmates in chronic clinics, with the total number of chronic clinic enrollees increasing by 22% over this time period. NDOC has also seen an increase in hospital admissions. Between SFY15 and SFY18, inmate hospital admissions increased by 45% and the number of days inmates spent in the hospital increased by 52%.[34]

The Nevada Department of Corrections is governed by the Board of State Prison Commissioners. This Board consists of the Governor as chairperson, the Secretary of State, and the Attorney General.

Note: Juvenile Justice information is included in the Transitional Age Youth Section later in this report.

[34] Nevada Department of Corrections. Presentation: Governor Recommends Budget, State Fiscal Years 2020 and 2021. January 29, 2019. http://doc.nv.gov/uploadedFiles/docnvgov/content/Home/features/FY20-21%20190129%20Leg%20Pre-Session%20Final(1).pdf. Retrieved August 2019.

Individuals with Disabilities

Individuals with disabilities are considered a special population. However, they are also included in this assessment as a primary section. The information about this special population can be found in the Statewide Assessment Results in the Secondary Data, Health Indicators section.

Minority Populations

Minority Populations in the United States and Nevada

Racial and ethnic minority populations are persons who self-identify or are categorized as "non-white" in terms of race and ethnicity. The United States has over time shifted from a predominantly white, non-Hispanic population to a more racially and ethnically diverse population. In 2005, approximately 66.8% of the total US population was white, non-Hispanic, decreasing to 60.6% in 2017.[35]

Historically, Nevada has also been majority white, non-Hispanic population; however, the white, non-Hispanic population growth has slowed to just 1% from 2015 to 2019, while the proportion of the population categorized as non-white has decreased (Table 15). Nevada State Demographer population estimates indicate Nevada will be a majority minority state by 2020; and by 2024 nearly one in three persons will be of Hispanic ethnicity (Table 16).[36]

The proportion of students enrolled in school has also shifted to predominately non-white. Data for the 2017-2018 school year indicate over 50% of all three of Nevada's urban counties' (Carson City, Clark County and Washoe County) student populations were a minority race/ethnicity (Table 17).

Table 15: 2019 Number and Percent of Nevada Population by Race/Ethnicity and Percent Change 2015 to 2019

Race and Ethnicity	2019		2015-2019 % Change
	#	%	
White, not Hispanic	1,543,237	51%	1%
Black, not Hispanic	265,980	9%	9%
American Indian, Eskimo, Aleut, not Hispanic	35,037	1%	4%
Asian/Pacific Islander, not Hispanic	298,338	10%	11%
Hispanic Origin of Any Race	911,335	30%	11%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table 16: 2024 Number and Percent of Students Enrolled in School by Race/Ethnicity and Percent Change 2020 to 2024

Race and Ethnicity	2024		2020-2024 % Change
	#	%	
White, not Hispanic	1,560,725	48%	0.48%
Black, not Hispanic	295,048	9%	7%
American Indian, Eskimo, Aleut, not Hispanic	36,211	1%	2%
Asian/Pacific Islander, not Hispanic	335,983	10%	8%
Hispanic Origin of Any Race	1,033,199	32%	9%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

[35] US Census Bureau, 2005 and 2017 American Community Survey, 1-year Estimates. Table S0601.
[36] Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037.

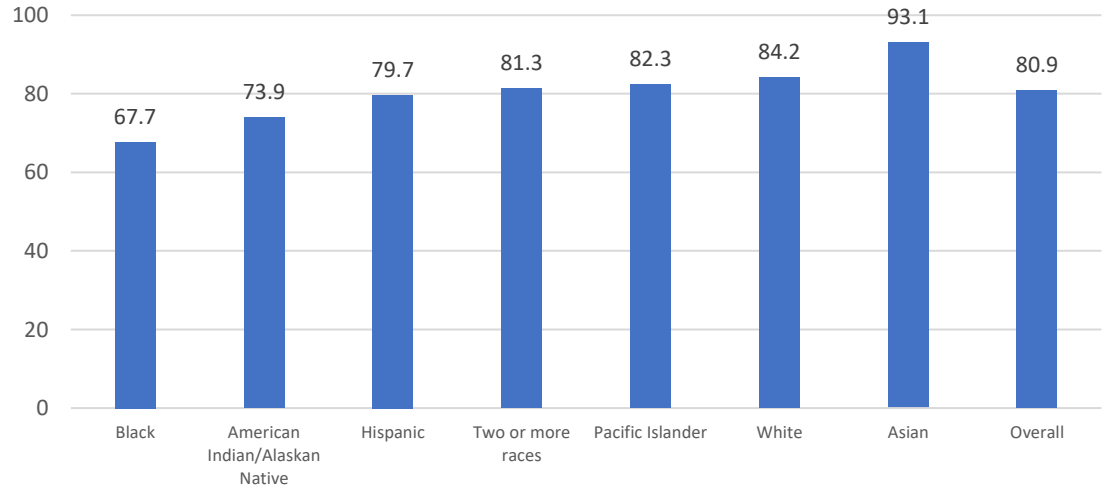
Table 17: Percent of Students Enrolled in Public School that are non white, by County, 2007 2008 and 2017 2018		
County/Region	**2007-2008 % non-white**	**2017-2018 % non-white**
Carson City	39.96	51.31
Churchill	28.87	39.84
Clark	63.89	75.51
Douglas	22.8	33.67
Elko	35.48	40.93
Esmeralda	20.78	36.99
Eureka	19.92	15.12
Humboldt	36.31	43.82
Lander	30.06	36.41
Lincoln	10.04	18.45
Lyon	27.91	35.56
Mineral	37.44	39.11
Nye	30.79	38.35
Pershing	38.72	49.03
Storey	9.83	10.83
Washoe	45.59	55.65
White Pine	18.71	35.71
Nevada	**56.94**	**67.52**

Source: Nevada Department of Education. Nevada Report Card Accountability Portal. Nevadareportcard.com. Retrieved March 2019.

Minority Populations and Educational Disparities

Figure 8 includes the 4-Year high school graduation rates by race/ethnicity in 2016-2017. These rates in Nevada differ among students of different racial and ethnic backgrounds ranging from a low of 67.7% among black students to a high of 93.1% graduation rate among Asian students.

Figure 8: Nevada 4-Year High School Graduation Rates by Race/Ethnicity, 2016-2017 School Year

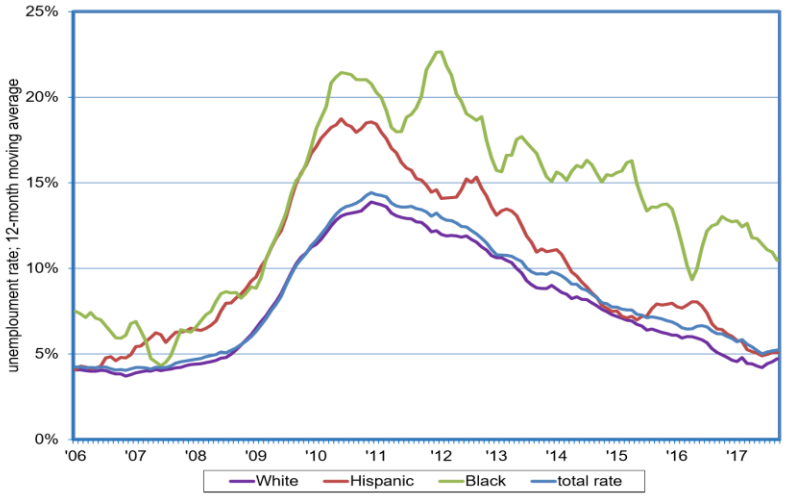


Source: Nevada Department of Education. Nevada Report Card Accountability Portal. Nevadareportcard.com. Retrieved March 2019.

Minority Populations and Income Disparities

According to the Nevada Department of Employment, Training and Rehabilitation Research and Analysis Bureau 2017: IIIQ Nevada Unemployment Rate Demographics Report, the unemployment rates have been higher among Hispanic and black populations compared to white populations from 2006 through 2017 (Figure 9).[37]

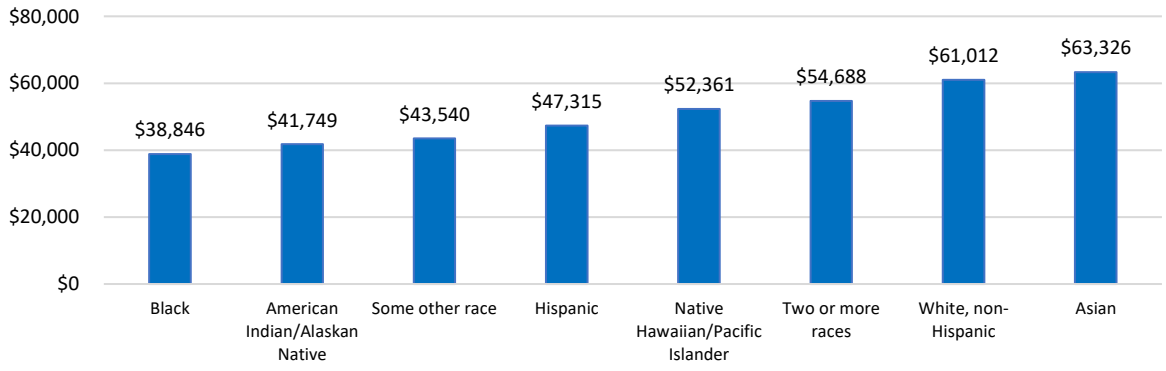
Figure 9: Annual Average Unemployment Rates by Race/Ethnicity, Nevada, 2006-2017



Source: Nevada Department of Employment, Training and Rehabilitation Research and Analysis Bureau. (2017). 2017: IIIQ Nevada Unemployment Rate Demographics Report. https://cms.detr.nv.gov/Content/Media/2017%20IIIQ%20Final%20Version.pdf Retrieved August 2019.

Most recent five-year estimates from 2013-2017 American Community Survey data for Nevada illustrate the stark difference in household income by race and ethnicity. Annual household income levels varied ranging from a low among households with a black head of household at $38,846, to a high in households with an Asian head of household at $63,326 (Figure 10).

Figure 10: Annual Household Income by Race/Ethnicity, Adjusted to 2017 Inflation Rates, Nevada 2013-2017 Aggregate



Source: US Census Bureau; American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1903

[37] Nevada Department of Employment, Training and Rehabilitation Research and Analysis Bureau. (2017). 2017:IIIQ Nevada Unemployment Rate Demographics Report. https://cms.detr.nv.gov/Content/Media/2017%20IIIQ%20Final%20Version.pdf Retrieved August 2019.

Minority Populations and Health Disparities

The following select racial and ethnic disparities were identified through the most recent *Minority Health Report* released early 2019 by the Nevada Department of Health and Human Services[38]:

- In 2017, Black-non-Hispanic populations had the highest mortality rates of heart disease, at 291.7 per 100,000 population, when compared across all other race/ethnicity groups in 2017.
- Black-non-Hispanic populations had significantly higher death rates from homicide for each year from 2013 to 2017 than any other race/ethnicity group.
- Black-non-Hispanic populations had significantly higher rates of reported cases of HIV infection than every other race/ethnicity group for each year from 2013 to 2017.
- In 2017, Black-non-Hispanic populations had significantly higher infant mortality rates, at 10.4 deaths per 1,000 live births, than White-non-Hispanic (4.5 per 1,000 live births) and Hispanic (5.4 per 1,000 live births) populations
- In 2017, Hispanic populations in the rural and frontier counties (combined) had significantly higher death rates from motor vehicle accidents, at 25.3 per 100,000 population, than Hispanic populations in Clark County (6.7 per 100,000) and Washoe County (6.8 per 100,000).

Public health has measured disparities, or differences, in health outcomes among different racial and ethnic groups and the conditions that impact populations. One of the major disparities among various racial and ethnic groups are differences in socioeconomic status (SES), typically measured as education, occupation, and income. The factors that measure SES are strong predictors of health across the lifespan and overall life expectancy. Persons with a higher level of SES are more likely to achieve higher levels of education, find employment in higher paying jobs, and have increased access to healthcare and preventive services.[39, 40] Additionally, people with a lower level of SES are more likely to engage in unhealthy behaviors such as smoking and physical inactivity, and they often live in low-income neighborhoods with fewer resources. [41] Persons with a lower SES experience higher rates of poor health outcomes such as obesity, stroke, cardiovascular disease, depression, and diabetes. [42,43 44]

Table 18 illustrates key disparities in select indicators of health access and outcomes among two levels of income, those with the lowest range of income (less than $15,000) and those with the highest range of income ($75,000 and higher) as measured in the 2018 Nevada Behavioral Risk Factor Surveillance Survey.

[38] Office of Analytics. Department of Health and Human Services. Minority Health Report 2019. Carson City, Nevada e 2.0. January 2019.
[39] National Center for Health Statistics. (2012). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD.
[40] Agency for Healthcare Research and Quality. (2012). National Healthcare Disparities Report, 2011. Rockville, MD.
[41] National Center for Health Statistics. (2012). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD.
[42] Telfair, J. & Shelton, T.L. (2012). Educational Attainment as a Social Determinant of Health. *North Carolina Medical Journal*. 73(5); 358-365.
[43] Chen, Edith & Paterson, Laurel, Q. (2006). Neighborhood, Family and Subjective Socioeconomic Status: How Do They Relate to Adolescent Health? *Health Psychology*. 25(6); 704-714.
[44] Goodman, E. (1999). The Role of Socioeconomic Status Gradients in Explaining Differences in US Adolescents' Health. *American Journal of Public Health*. 89; 1522-1528.

Table 18: Prevalence of Select Indicators Among Adults by Low (<$15,000) and High ($75,000) Income Levels, Nevada, 2018		
Indicator	**<$15,000**	**$75,000 +**
Currently smoke*	25.9% (17.3-34.6)	9.9% (6.9-13.0)
Visited a dentist (past 12 months) *	43.5% (33.9-53.2)	83.5% (79.9-87.0)
Told they have arthritis*	41.1% (32.0-50.2)	18.9% (15.4-22.4)
Told they have had a heart attack*	11.0% (5.9-16.0)	2.8% (1.6-3.9)
Told they have had a stroke*	7.5% (2.8-12.1)	1.2% (0.5-1.9)
Told they have high blood pressure*	49.0% (38.4-59.9)	24.9% (20.6-29.3)
Told they have COPD*	22.5% (14.5-30.5)	3.0% (1.3-4.7)
Told they have diabetes*	25.4% (17.6-33.2)	6.5% (4.4-8.5)
Adults 65+ years reporting fair/poor health*	57.1% (40.6-73.6)	8.9% (4.1-13.7)
Have health insurance*	72.7% (62.4-83.0)	92.8% (88.7-97.0)

*Denotes statistically significant difference in prevalence
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table 19 below illustrates key differences in select indicators of health access and outcomes by educational attainment, comparing those with less than a high school education to those who are college graduates. Those with less than a high school education had a statistically significantly lower prevalence of having visited a dentist (for any reason) or a doctor (for preventive general checkup) in the past 12 months, less likely to have health insurance, and were also less likely to report having at least one health care provider. Less than half (46.4%) of adults aged 50 years and older with high school education had ever received a colonoscopy to screen for colorectal cancer, compared to 72.0% of adults who were a college graduate. Additionally, among adults 65 years and older, those who were college graduates had a lower prevalence of perceived fair or poor health, at 18%, compared to 57.6% of those with less than a high school education.

Table 19: Prevalence of Select Indicators Among Adults by Educational Attainment, Nevada, 2018		
Indicator	**Less than HS**	**College Graduate**
Adults 65+ years reporting fair/poor health*	57.6 (38.7-76.5)	18.0 (12.3-23.6)
Visited a dentist (past 12 months) *	49.2 (41.0-57.4)	78.9 (75.3-82.5)
Visited a doctor for routine checkup (past 12 months) *	67.3 (59.7-74.9)	79.3 (75.8-82.8)
Have health insurance*	59.0 (49.9-68.1)	94.1 (91.9-96.4)
Have one or more healthcare provider(s)*	55.7 (47.8-63.6)	78.4 (74.8-82.1)
Adults 50+ years had colonoscopy (ever)*	46.4 (33.6-59.1)	72.0 (66.0-78.0)

*Denotes statistically significant difference in prevalence of each indicator
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Minority Populations and Disparities in Access to Healthcare

2018 Nevada Behavioral Risk Factor Surveillance (BRFSS) data indicate there are disparities among select indicators that measure access to health care, especially for Hispanic populations compared to white populations (Table 20). However, the Agency for Healthcare Quality and Research (AHQR) 2016 National Healthcare Quality and Disparities Report indicate Nevada is within the 2nd best quartile for average differences in quality of care for minority populations, illustrating the differences in access to health care among minority populations are not as great compared to other states in the US (Figure 11).[45]

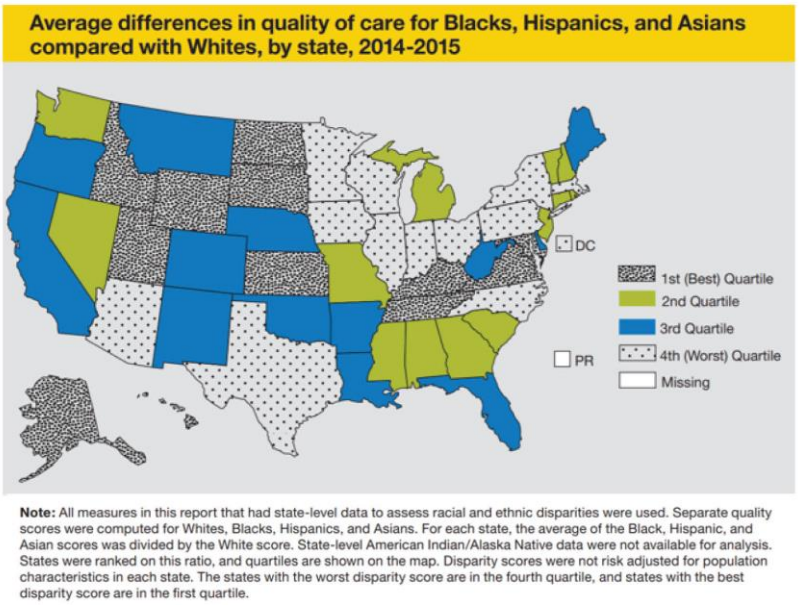
Table 20: Prevalence of Select Access to Health Care Indicators Among Adults by Race and Ethnicity, Nevada, 2018

Indicator	White	Black	Other Race	Hispanic
One or more personal healthcare provider(s)	76.9 (74.3-79.6)	72.1 (64.0-80.1)	74.4 (66.5-82.4)	52.5* (47.1-57.8)
Needed a doctor but couldn't because of cost (past 12 months)	11.2 (9.4-13.1)	15.4 (8.7-22.1)	12.4 (4.8-20.1)	19.8* (15.7-23.8)
Have health insurance	92.9 (90.9-94.8)	88.9 (82.8-95.1)	84.8 (76.6-92.9)	65.8* (60.3-71.3)
Adults 50+ years had colonoscopy (ever)	70.9 (67.4-74.4)	63.1 (49.3-76.8)	51.7* (36.5-66.8)	40.3* (30.3-50.4)

*Denotes statistically significant compared to white

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Figure 11: Access Disparities by State



Source: 2016 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; October 2017. AHRQ Pub. No. 17-0001.

[45] 2016 National Healthcare Quality and Disparities Report. Rockville, MD: Agency for Healthcare Research and Quality; October 2017. AHRQ Pub. No. 17-0001.

Seniors, Ages 65 and Older

Seniors, 65 and Older, in the US

In the United States, those aged 65 and over totaled 50.9 million in 2017, representing 15.6% of the population (over one in every seven Americans). The number of older Americans has increased by 13 million (34%) since 2007, compared to an increase of 4% for population under the age of 65. In five states, those aged 65 and older increased by 50% or more between 2007 and 2017: Alaska (71.0%), **Nevada (57.8%),** Colorado (55.7%), South Carolina (50.7%), and Georgia (50.3%).[46]

The older population is expected to continue to grow significantly in future decades. The growth of the older population slowed somewhat during the 1990s, due in large part to the lower number of babies born during the Great Depression (the 1930s). However, the older population is beginning to grow rapidly as approximately one-third (31%) of the "baby boom" generation is now aged 65 years and older. By 2040, there will be approximately 80.8 million older persons, more than twice the number in 2000, and a growth from 15.6% of the population in 2017 to an estimated 21.6% of the population in 2040. In addition, the 85 and over population is projected to more than double from 6.5 million in 2017 to 14.4 million in 2040, an increase of 123%.

Seniors, Ages 65 and Older, in Nevada

The America's Health Rankings 2019 Nevada Senior Report identified several challenges for seniors in Nevada: 1) the high prevalence of smoking, 2) the high prevalence of intensive care unit (ICU) utilization, 3) the low prevalence of seniors with a dedicated provider, and 4) a 23% increase (12.0% to 14.7%) in the percent of seniors with depression between 2018 and 2019.[47] The strengths for seniors in Nevada include: the high percentage of home delivered meals, low prevalence of obesity, and a high SNAP enrollment.

The 2018 Behavioral Risk Factor Surveillance Survey results in Table 21 below suggest that seniors have a greater prevalence of certain health conditions when compared to the Nevada population. The percent of seniors with select health conditions are noted in this table, with confidence intervals included.

Table 21: Prevalence of Select Indicators Among Nevada Adults 65 years and Older Compared to Nevada Overall, 2018

Indicator	Adults 65+	Nevada Overall
Told have arthritis*	48.6 (44.0-53.2)	24.8 (22.7-26.9)
Told they have had a heart attack*	11.1 (8.6-13.7)	5.0 (4.0-5.9)
Told they have had a stroke*	7.7 (5.3-10.1)	3.3 (2.5-4.1)
Told they have COPD*	15.4 (12.4-18.4)	7.3 (6.1-8.5)
Told they have diabetes*	25.2 (21.2-29.3)	11.3 (9.8-12.8)
Told they have high blood pressure*	61.1 (56.4-65.7)	31.2 (28.7-33.8)

*Denotes statistically significant difference in prevalence
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

[46] US Department of Health and Human Services Administration for Community Living, which includes the Administration on Aging. April 2018. 2018 Profile of Older Americans.
[47] United Health Foundation America's Health Rankings. Senior Report State Findings: Nevada, 2019. https://www.americashealthrankings.org/explore/senior/measure/poverty_sr/state/NV. Retrieved July 2019.

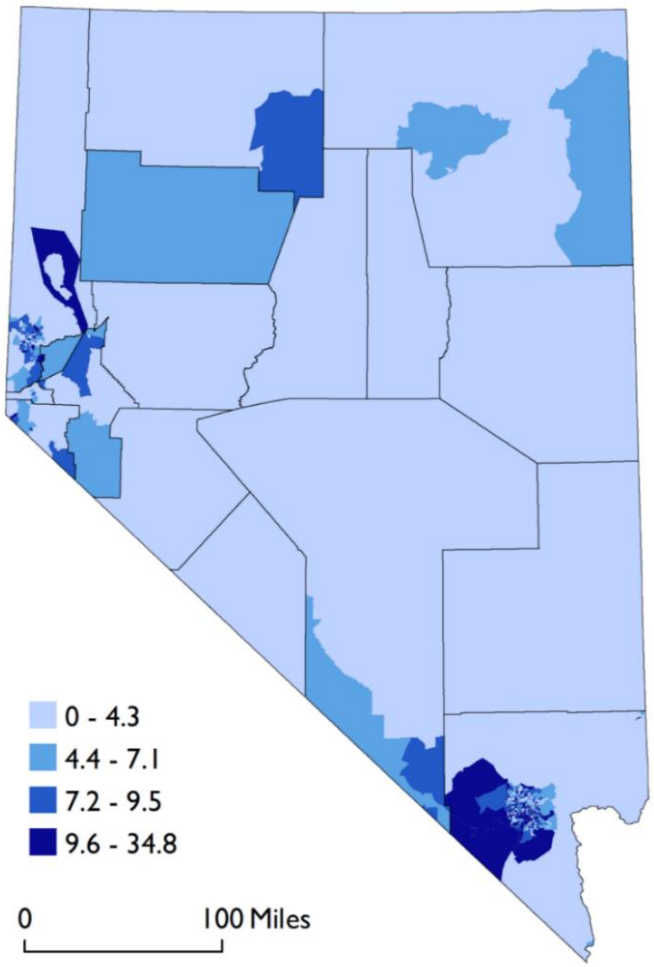
This assessment includes health indicators for seniors that are ranked in the At-A-Glance Tables, included in the County Profiles, as well as Appendix A.

Sexual and Gender Minority Populations

Sexual and gender minorities include a diverse group of individuals, such as those who identify as lesbian, gay, bisexual, transgender, or queer, among others and collectively, these individuals are often referred to as "LGBTQ" populations.

The Williams Institute of the University of California, Los Angeles School of Law, estimates approximately 5.5% of Nevada's population to be lesbian, gay, bisexual, or transgender (LGBT). The Williams Institute ranked Nevada as the third highest state in the nation for proportion of LGBT as a percentage of the total population (Map 5).[48]

Map 5: Rate of Same-sex Couples per 1,000 Households by Census Tract, Nevada, 2010



Source: Gates, G.J. & Cooke, A.M. 2010 US Census data, same-sex couples snapshot. Los Angeles, CA: The Williams Institute, UCLA School of Law. https://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_Nevada_v2.pdf Retrieved August 2019.

[48] University of California, Los Angeles, School of Law, Williams Institute. https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT#density Retrieved August 2019.

Persons who identify as LGBTQ experience discrimination, harassment, violence, and denial of civil and human rights at a much higher rate compared to other populations, largely due to culturally imposed stigma in the United States. Research demonstrates that LGBT populations had higher unemployment rates, higher uninsured rates, higher prevalence of food insecurity, and lower levels of educational attainment compared to non-LGBT populations.[49] Additionally, sexual and gender minority populations are disproportionately impacted by negative health outcomes. The National Alliance on Mental Illness (NAMI) states persons who identify as LGBTQ are at a higher risk for suicidal ideation and attempts of suicide compared to the general population.[50]

According to the 2015 National Survey on Drug Use and Health, lesbian, gay, or bisexual (LGB) adults were found to be more than twice as likely to experience a mental health condition compared to heterosexual adults. Sexual minority populations were also found to have substance use issues including use of alcohol, illicit drugs, marijuana, and misuse of pain relivers.[51]

The 2017 Nevada High School YRBS Sexual Identity Report summarizes risk behaviors that were statistically associated with sexual orientation among high school-aged youth. Table 22 provides a snapshot of the risk behaviors assessed in the 2017 statewide survey. Among the 107 characteristics and behaviors assessed, 67% (n = 72) were significantly associated with sexual orientation. This included 100% of risks measured in victimization and emotional health, where those high school students who identified as LGB had a higher prevalence of all measured risk factors in those categories compared to high school students who identified as heterosexual.[52]

Table 22: 2017 YRBS Risk Behaviors Significantly Associated with Sexual Orientation, Nevada, 2017

Risk Behavior Category	Total Characteristics Assessed	# with a Significant Difference (p <.05)	% with a Significant Difference (p <.05)
Safety	2	1	50%
Violence	3	1	33%
Victimization	11	11	100%
Emotional Health	8	8	100%
Substance Use	39	30	77%
Sexual Behaviors	13	7	54%
Diet, Physical Activity & Weight	31	14	45%
Total	**107**	**72**	**67%**

Source: Lensch, T., Martin, H., Zhang, F., Peek, J., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS): Sexual Identity Special Report.

Transitional Aged Youth

Transitional Aged Youth in the United States

Transitional Aged Youth (TAY), also known as "youth in transition" and "youth aging out" are defined as individuals between the ages of 16 to 24 who experience a number of challenges on their path to a successful adulthood.[53] TAY may refer to youth transitioning out of foster care or juvenile detention facilities, youth with disabilities, youth who have run away from home, and/or youth who have dropped

[49] LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.
[50] National Alliance on Mental Illness. LGBTQ. https://www.nami.org/Find-Support/LGBTQ Retrieved August 2019.
[51] Medley, G., Lipari, R., Bose, J., Cribb, D.S, Kroutil, L.A., & McHenry, G. (2016). Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health. https://www.samhsa.gov/data/sites/default/files/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015/NSDUH-SexualOrientation-2015.htm Retrieved August 2019.
[52] Lensch, T., Martin, H., Zhang, F., Peek, J., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS): Sexual Identity Special Report.
[53] Youth.gov. https://youth.gov/youth-topics/transition-age-youth. Retrieved on August 2019.

out of school. For the purpose of this assessment, TAY refers to youth who are transitioning out of foster care and/or juvenile detention.

Adversity during this developmental stage can derail the achievement of normative transitions, including poor relationships with family members, lack of adult role models, poverty, school failure and/or dropout, and negative peer groups. Successful transitions to adulthood often depend on emotional and financial support beyond adolescence, an advantage many youth in transitioning out of the foster system and/or juvenile justice system do not have.

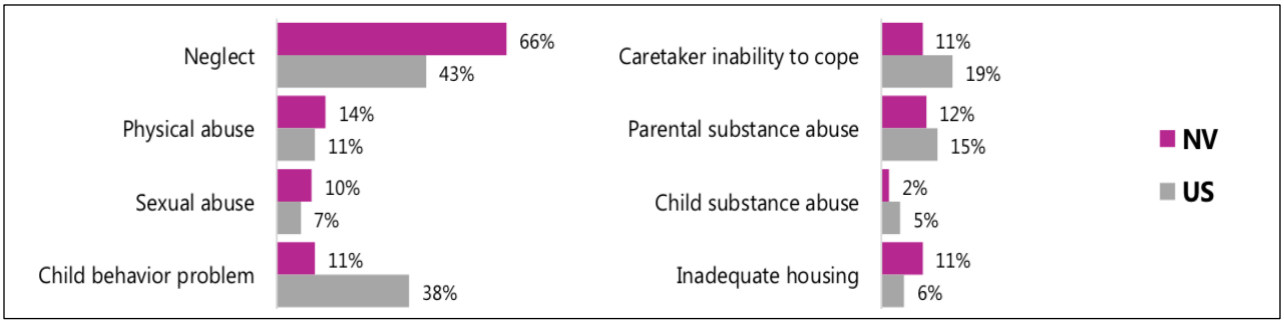
According to the US Adoption and Foster Care Analysis and Reporting System (AFCARS), the number of individuals in foster care in 2017 was 442,995, with 269,690 entering, 247,631 exiting,[54] and over 20,000 emancipated (aging out) that year.[55] A total of 171,162 (25% of the foster care population) were 14 or older.[56]

Young people of color enter the foster care system at much higher rates than their white peers, with disparate outcomes. For example, in approximately 50% of US states, the rate of being in foster care for African Americans ages 14-21 is over three times greater than the rate of young white people. [57] Having continued support and care is key for youth who age out of the foster system (age 18), however, only one in four is receiving it.[58]

Transitional Aged Youth Population in Nevada

The total number of transitional aged youth (ages 14+) in foster care in Nevada in 2018 was 1,240, representing 16% of the total foster care population. Figure 12 illustrates the foster care entry reasons for transitional aged youth in Nevada compared to the US in 2018. The top three reasons TAY entered foster care in Nevada in 2018 were: neglect, physical abuse and parental substance abuse.

Figure 12: Percentage of Transitional Aged Youth Entering Foster Care, by Reason for Entry, Nevada and US, 2018

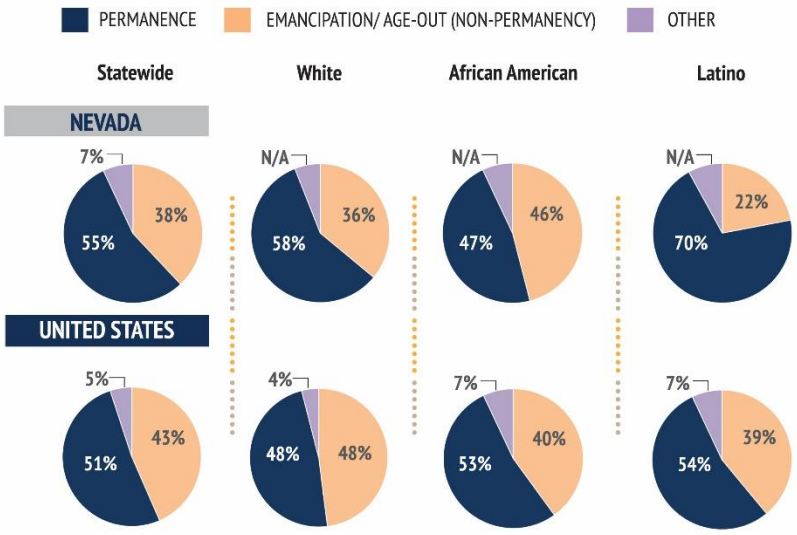


Note: Totals add up to more than 100% due to youth having more than one reason for entry. The following entry reasons are not reported by Child Trends in this chart: abandonment, parental incarceration, child disability parental death, and relinquishment of parental rights.
Source: Child Trends. Transition-Age Youth in Foster Care in Nevada. https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth_Nevada.pdf. Retrieved August 2019.

Figure 13 identifies the percentage of youth who were emancipated in Nevada and the US in 2018. This figure also includes the percentage of youth who leave because of permanence, and other reasons (e.g., runaway, missing).

[54] US DHHS Administration for Children Families, Administration on Children, Youth and Families, Children's Bureau. Adoption and Foster Care Analysis and Reporting System (AFCARS), FY2017.
[55] Ibid.
[56] Annie E. Casey Foundation. 2018 Nevada Profile. Transition-Aged Youth in Foster Care. https://www.aecf.org/m/resourcedoc/nevada-fosteringyouthtransitions-2018.pdf. Retrieved August 2019.
[57] Annie E. Casey Foundation. Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions. 2018. https://www.aecf.org/m/resourcedoc/aecf-fosteringyouthtransitions-2018.pdf#page=3. Retrieved August 2019.
[58] Ibid.

Figure 13: Percentage of Youth Leaving Foster Care, by Reason, Nevada and the United States, 2018



Note: Due to rounding, some charts may not equal 100%
Source: Image adapted from Annie E. Casey Foundation. https://www.aecf.org/m/resourcedoc/nevada-fosteringyouthtransitions-2018.pdf. Retrieved August 2019.

Table 23 summarizes the monthly average count for youth ages 14 and up, over a four-year period, by placement type in Nevada. The majority of placement types are family care, followed by unpaid placements. Only seventeen placements were independent living types.

Table 23: Monthly Average Count for Youth, Age 14 and Up, by Placement in Nevada, SFY2015 SFY2018

Placement Type	SFY2015	SFY2016	SFY2017	SFY2018
Family Care	224	208	225	379
Pre-Adoptive Home	2	2	2	2
Residential Care	211	206	157	43
Shelter Care	45	48	33	35
Unpaid Placements	204	234	240	234
Independent Living	21	17	12	17

Source: Nevada Department of Health and Human Services, Office of Analytics. UNITY report CFS704. Data provided upon request. Carson City, NV.

Table 24 below summarizes the monthly average count for youth, with the goal of emancipation, for a four-year period, by placement type in Nevada.

Table 24: Monthly Average Count for Youth, with Goal of Emancipation, by Placement in Nevada, SFY2015 SFY2018

Placement Type	SFY2015	SFY2016	SFY2017	SFY2018
Family Care	49	45	37	48
Pre-Adoptive Home	0	0	0	0
Residential Care	71	62	31	6
Shelter Care	8	5	4	3
Unpaid Placements	30	32	24	26
Independent Living	9	8	3	7

Source: Nevada Department of Health and Human Services, Office of Analytics. UNITY report CFS704. Data provided upon request. Carson City, NV.

Table 25 summarizes the total annual count of youth ages 14-17 who received independent living services in Nevada. During State Fiscal Year (SFY) 2018, Clark County had the greatest number, at 177.

Table 25: Total Annual Count of Youth Ages 14 through 17 Receiving Independent Living Services in Nevada, SFY2015 SFY2018

Jurisdiction	SFY2015	SFY2016	SFY2017	SFY2018
Clark	158	213	206	177
Washoe	53	75	36	65
Rural	65	96	61	43

Source: Nevada Department of Health and Human Services, Office of Analytics. DCFS Databook, Cognos report COG204. Data provided upon request. Carson City, NV.

Table 26 includes the removal rate per 1,000 children by region for a four-year period. The county with the greatest removal rate in 2018 was Washoe County, at 5.15 per 1,000 children.

Table 26: Removal Rate per 1,000 Children by Region, SFY2015 SFY2018

Jurisdiction	SFY2015	SFY2016	SFY2017	SFY2018
Clark	4.98	5.42	5.50	4.80
Washoe	7.42	6.19	5.10	5.15
Carson City	4.85	3.49	4.40	4.15
Rural	3.53	3.27	3.58	3.68

Source: Nevada Department of Health and Human Services, Office of Analytics. DCFS Databook, UNITY report CFS7G6, ASRHO Population Tables. Data provided upon request. Carson City, NV.

Transitional Age Youth and the Juvenile Detention System

Each year, more than 2 million children and young adults come into contact with the juvenile justice system in the United States. The majority of these youth (65-70%) have one or more diagnosable mental health conditions. In addition, approximately 20-25% have serious emotional problems. Transitional age youth are a vulnerable subgroup of the juvenile justice system, as this group has the highest rates of mental health problems, in addition to facing multiple transitions in life roles during this critical developmental period. Furthermore, TAY have the highest rates of problematic substance use and abuse disorders compared to those in other age groups. The majority of TAY within the juvenile justice system report lifetime alcohol (90%) and illicit drug use (61%).[59]

While the primary focus of the juvenile justice system is on adolescents, a significant number of youth fall into the 16-25-year-old developmental period known as TAY. The majority of youth in the juvenile justice system are also involved with the child welfare system as a result of family discord and disruption. In addition to child welfare, these TAY may interact with special education services, mental health services, vocational rehabilitation, and housing authority just to name a few. Unfortunately, as noted by the Institute of Medicine and National Research Council, current programs and policies for TAY are often inadequately coordinated, fragmented, and not designed for specific developmental needs. Navigating these multiple and separate systems can be incredibly challenging for a young adult facing multiple psychosocial problems.[60]

Table 27 below provides select Nevada youth parole closure performance summary metrics for FY2015-FY2018 in Nevada.

[59] Zajac, Kristyn, Sheidow, Ashli J., and Davis, Maryann (2016). US National Library of Medicine National Institutes of Health. Juvenile Justice, Mental Health, and the Transition to Adulthood: A Review of Service System Involvement and Unmet Needs in the US https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4530519/. Retrieved August 2019.
[60] Annie E. Casey Foundation. Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions. 2018. https://www.aecf.org/m/resourcedoc/aecf-fosteringyouthtransitions-2018.pdf#page=3. Retrieved August 2019.

Table 27: Select Nevada Youth Parole Closure Performance Summary Metrics, Nevada, FY15 to FY18								
Statewide Youth Closure Performance Measure	**SFY2015**		**SFY2016**		**SFY2017**		**SFY2018**	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Total Youth Parole Closure Records Approved	246	-	228	-	299	-	240	-
Youth with Successful Completion of Parole Program*	121	49%	108	47%	131	44%	109	45%
Youth with School/Employment at Closure**	78	32%	73	32%	97	32%	72	30%
Youth Re-offending While Under Parole Supervision†	133	54%	127	56%	171	57%	120	50%

**Successful completion = "Juvenile successfully completed court-ordered obligations" on case closure*

***Youth with school/employment = "Yes" to enrolled in school, or "No" to enrolled in school and Reason = "Employed"*

†Youth re-offending while under parole supervision = "Yes" to either Charges filed for committing new offense, or Youth's parole revoked while under parole supervision, on case closure

Source: Nevada Department of Health and Human Services, Office of Analytics. Data source DCFS Databook, UNITY report RPT745. Data provided upon request. Carson City, NV.

Transitional Aged Youth and Health

Much of the research on TAY centers around those who are in (or have been in) foster care. Research demonstrates that TAY who age out, or emancipate, from foster care struggle in a number of domains during their transition to adulthood; these include: homelessness and housing stability,[61,62] education completion,[63] employment and financial stability,[64,65] mental health issues,[66] as well as other poor outcomes and barriers to well-being.[67] Approximately a quarter of youth aging out of foster care report being unsheltered for at least one day within the year of leaving foster care.[68]

Figure 14 identifies four social determinant of health (SDOH) outcomes, by age 21, for young adults who were in the foster care system (with comparison to the general population of youth) in 2018, for Nevada and US. Young adults who were in the foster care system have lower rates of employment, high school graduation/general equivalency diploma (GED), stable housing and greater likelihood of becoming young parents.

[61] Dworsky, A., Napolitano, L. Courntey, M. Homelessness during the transition from foster care to adulthood. *Am J of Public Health.* 2130 Dec; 103 Suppl 2: S318-23.

[62] Fowler PJ, Toro PA, Miles BW. Pathways to and from homelessness and associated psychosocial outcomes among adolescents leaving the foster care system. *Am J Public Health. 2009 Aug; 99(8):1453-8.*

[63] Courtney ME, Dworsky A, Brown A, Cary C, Love K, Vorhies V. Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26. University of Chicago; Chapin Hall: 2011. https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf. Retrieved August 2019.

[64] Goerge R, Bilaver L, Lee BJ, Needell B, Brookhart A, Jackman W. Employment outcomes for youth aging out of foster care. University of Chicago; Chapin Hall: 2002. http://aspe.hhs.gov/hsp/fostercare-agingout02/. Retrieved August 2019.

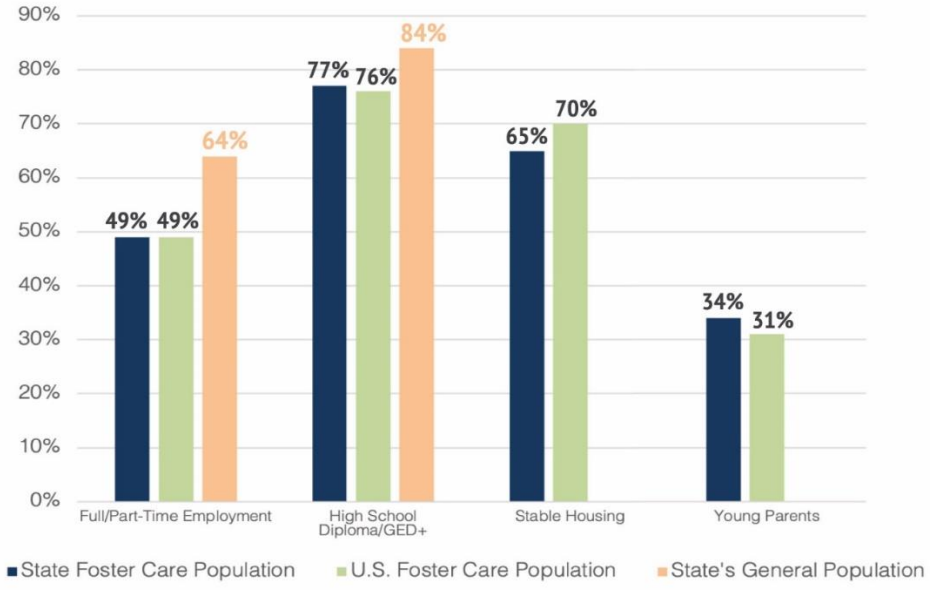
[65] Needell B, Cuccaro-Alamin S, Brookhart A, Jackman W, Shlonsky A. Youth emancipation from foster care in California: Findings using linked administrative data. 2002. http://eric.ed.gov/?id=ED477793. Retrieved July 2019.

[66] Pecora PJ, White CR, Jackson LJ, Wiggins T. Mental health of current and former recipients of foster care: A review of recent studies in the USA. Child and Family Social Work. 2009;14(2):132–146. http://dx.doi.org/10.1111/j.1365-2206.2009.00618.x. Retrieved July 2019.

[67] Rebbe, R. Nurius, PS, Ahrens, KR, Courtney, ME. Adverse Childhood Experiences Among Youth Aging Out of Foster Care: A Latent Class Analysis. *Child Youth Serv. Rev*. 2017 Mar, 754: 108-116.

[68] Shah MF, Liu Q, Mancuso D, Marshall D, Felver BEM, Lucenko B, Huber A. Youth at risk of homelessness: Identifying key predictive factors among youth aging out of foster care in Washington State. Washington State DSHS Research and Data Analysis Division; 2015. https://www.dshs.wa.gov/sites/default/files/SESA/rda/documents/research-7-106.pdf.

Figure 14: Young Adult Social Determinant of Health Outcomes by Age 21, Foster Care Population and General Population, Nevada and US, 2018.



Source: Figure adapted from Annie E. Casey Foundation. https://www.aecf.org/m/resourcedoc/nevada-fosteringyouthtransitions-2018.pdf. Retrieved August 2019.

In a recent study that examined difference patterns of adverse childhood experiences (ACEs) among youth aging out of foster care, results suggest that this population have varying patterns of stress and adversity exposure that has implications for their economic, psychosocial and risk outcomes.[69] These results emphasize the importance of comprehensive screening with this population, focusing on a variety of ACEs (e.g., maltreatment, household, and environment) in order to target services based on these exposures in order to improve outcomes for this vulnerable population.

Veterans

Veterans in the United States

Veterans are men and women who have served (even for a short time) but are not currently serving on active duty in the US Army, Navy, Air Force Marine Corps, or the Coast Guard, or who served in the Merchant Marine during WWII.[70] People who served in the National Guard or Reserves are only classified as veterans if they were ever called or ordered to active duty (not counting their initial 4-6 month training or summer camps).

The American veteran population is unique, with varying military service branches and varying military experiences among the veteran population, including different wartime eras and health-specific issues associated with those eras.

The number of veterans in the US in 2019 was approximately 19,209,704.[71] The majority of veterans (90%) are male and nearly half (47%) are 65 years of age or older.

[69] Rebbe, R. Nurius, PS, Ahrens, KR, Courtney, ME. Adverse Childhood Experiences Among Youth Aging Out of Foster Care: A Latent Class Analysis. *Child Youth Serv. Rev*. 2017 Mar, 754: 108-116.
[70] US Census Bureau, American Community Survey (ACS) and Puerto Rico Community Survey (PRCS), 5-Year Estimates
[71] US Department of Veterans Affairs. https://www.va.gov/vetdata/veteran_population.asp. Retrieved August 2019.

Veterans in NV

Nevada had approximately 210,766 veterans in 2019.[72] Nevada is similar to the US, with a majority male veteran population (90%) and nearly half (47%) of the state's veterans ages 65 or older. The majority (80%) are white, with 9% African American and 4% Asian, and 4% two or more races combined. The remaining races, American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, and Other, comprise less than 2%, respectively. Eight percent of Nevada's veterans are Hispanic or Latino.

Veterans and Health

The Veterans Administration (VA) is the nation's largest integrated health care system serving over nine million enrolled veterans each year. The VA system is comprised of 1,255 health care facilities, which include 170 medical centers and 1,074 outpatient sites of care of varying size and complexity (VHA outpatient clinics).[73] The Government Accountability Office (GAO) identified five areas of concern regarding the VA's ability to provide timely access to safe, high-quality health care for veterans: 1) ambiguous policies and inconsistent processes, 2) inadequate oversight and accountability, 3) information technology challenges, 4) inadequate staff training, and 5) unclear resource needs and allocation priorities.[74] In a report issued in 2017, the GAO stated that while the VA had taken actions to improve these issues, little progress had been made; leading to recommendations that the VA develop capacity building initiatives and improvements in the measurement of progress related to the areas of concern. The 2018 update on progress identified more than 125 recommendations remain open.[75]

Veterans are affected by mental health disorders,[76] substance use disorders,[77] post-traumatic stress disorders,[78] and traumatic brain injury[79] at disproportionate rates compared to their civilian counterparts.[80] Many veterans are reluctant to seek help or treatment for mental health and substance use disorder, making it difficult to diagnose and treat these conditions in this population.[81]

According to the Veterans Administration Office of Mental Health and Suicide Prevention (2017), male veterans are at a greater risk of suicide than the male civilian population, with 18-22 American veterans committing suicide daily. The suicide risk in the female veteran population is 2.5 times greater than female civilians, and they are more likely to have access to firearms which is associated with their increased risk of suicide. [82]

Risk assessment and intervention are critical, and private and public health care professionals must be aware of patients' military history since not all veterans seek care in Veterans Administration Clinics.[83] The National Strategy for Preventing Veteran Suicide (2018) has identified 14 goals that serve as a framework

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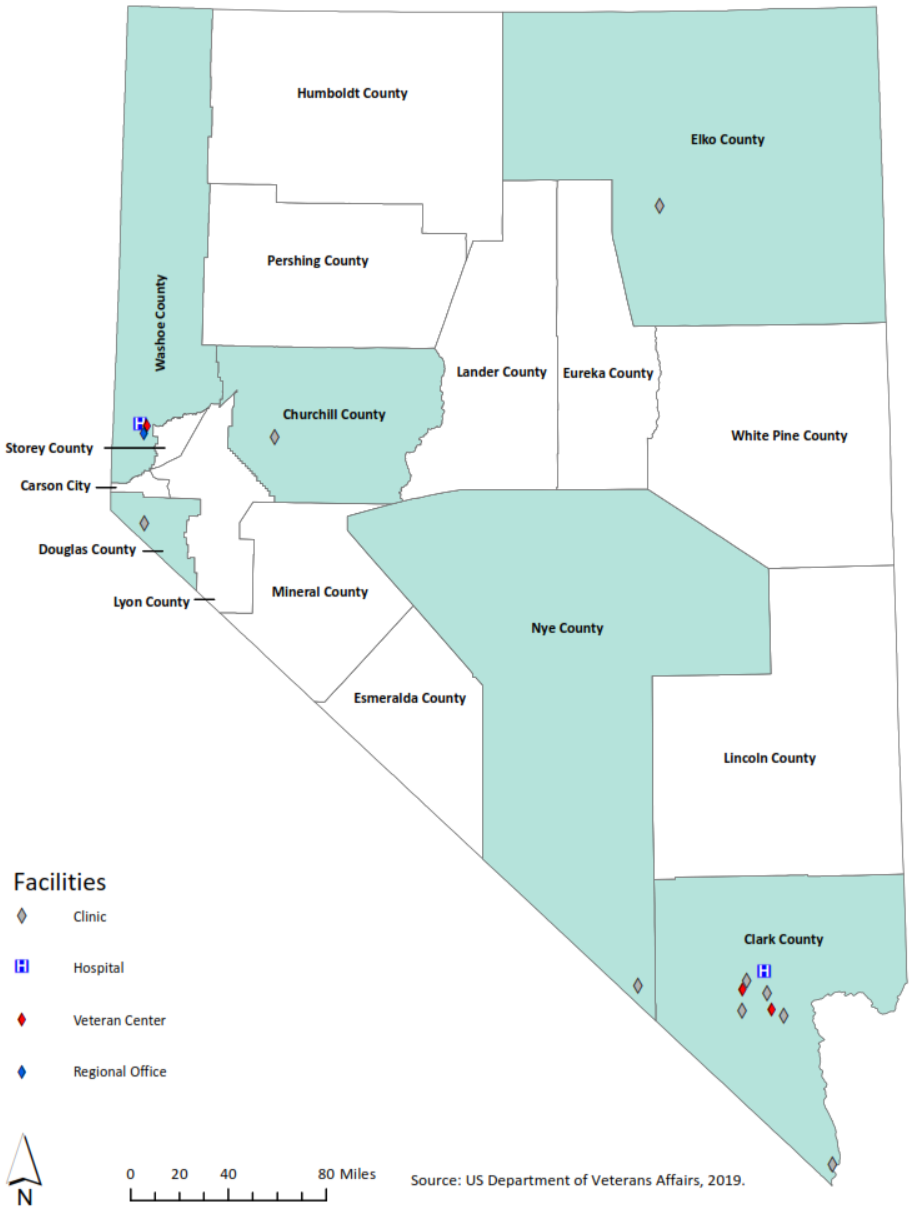
[72] Ibid.
[73] US Department of Veterans Affairs. https://www.va.gov/health/. Retrieved August 2019.
[74] US Government Accountability Office. Managing Risks and Improving VA Health Care. https://www.gao.gov/key_issues/managing_risks_improving_va_health_care/issue_summary. Retrieved August 2019.
[75] Ibid.
[76] National Alliance on Mental Illness (NAMI) Depression and Veterans Fact Sheet. Arlington, VA: National Alliance on Mental Illness; 2009. https://www.nami.org/learn-more/fact-sheet-library. Retrieved July 2019.
[77] Johnson BS, Boudiab LD, Freundl M, Anthony M, Gmerek GB, Carter J. Enhancing veteran-centered care: a guide for nurses in non-VA settings. *Am J Nurs*. 2013 Jul; 113(7):24-39.
[78] Ibid
[79] Ibid.
[80] Olenick, MO. Flowers, M, & V. Diaz. US veterans and their unique issues: enhancing health care professional awareness. *Adv Med Educ Pract.* 2015; 6:635-639.
[81] LeardMann CA, Powell TM, Smith TC, Bell MR, Smith B, Boyko EJ, Hooper TI, Gackstetter GD, Ghamsary M, Hoge CW. Risk factors associated with suicide in current and former US military personnel. *JAMA. 2013 Aug 7; 310(5):496-506.*
[82] US Department of Veterans Affairs Office of Mental Health and Suicide Prevention. Suicide among veterans and other Americans, 2001-2014. 3 August 2017 (Updated August 2017). https://www.mentalhealth.va.gov/docs/2016suicidedatareport.pdf. Retrieved July 2019.
[83] Johnson BS, Boudiab LD, Freundl M, Anthony M, Gmerek GB, Carter J. Enhancing veteran-centered care: a guide for nurses in non-VA settings. *Am J Nurs. 2013 Jul; 113(7):24-39.*

for identifying priorities, organizing efforts and contributing to a national focus on Veteran suicide prevention.[84]

In Nevada, veterans are a priority population in the Nevada Office of Suicide Prevention Action Plan, 2017-2019. The suicide rate among Nevada's veterans in 2014 was 54.8 per 100,000, compared to the US rate of 35.5 per 100,000. When compared to their civilian counterparts, Nevada's veterans have a 2 to 2.5 times greater death rate by suicide.[85] Map 6 depicts the VA facilities for veterans in Nevada.

Map 6: State of Nevada Veterans Administration Facilities, 2019



[84] US Department of Veterans Affairs Office of Mental Health and Suicide Prevention. National Strategy for Preventing Veteran Suicide, 2018-2028. file:///C:/Users/dinah/OneDrive%20-%20Dina%20Hunsberger/1-Title%20XX/Special%20Populations/Office-of-Mental-Health-and-Suicide-Prevention-National-Strategy-for-Preventing-Veterans-Suicide.pdf. Retrieved August 2019.

[85] Office of Suicide Prevention. Nevada Division of Public and Behavioral Health. *Nevada Office of Suicide Prevention Action Plan*, 2017-2019. E.1.0. Carson City, Nevada. April 2017.

Statewide Assessment Results

This report includes over 250 indicators presented in Appendix A; however, this section contains introductions to each topic, why they matter, and how these various factors impact and play a part in health behaviors and health outcomes. Each section provides an overview of the topic and an *At-A-Glance* table, which provides a snapshot of each indicator, with identification of the highest and lowest ranked counties (when data were available and able to be ranked).

Secondary Data

Health Indicator Data

Access to Health Care

According to the US Department of Health and Human Services (DHHS), access to health care is comprised of the following:

- *Availability:* Provider number is adequate enough to meet the needs of the population, providers available offer timely appointments, and there is willingness to participate in insurance plans and Medicare/Medicaid (for individuals enrolled in those programs).
- *Accessibility:* The proximity of providers to individuals in the population, based on geographic time and distance. At point of care, this relates to accessibility determined by physical access, such as ramps, staff/provider ability to community in non-English languages or sign language.
- *Accommodation:* This includes hours of operation, appointment policies, language and cultural competencies, and the approach providers use to communicate to patients/enrollees in Medicare and Medicaid.
- *Acceptability:* The extent to which patients and providers are comfortable with and relate well to one another.
- *Affordability:* The costs that patients incur relative to their ability to pay.[86]

Access to Primary Care

The National Academy of Sciences, Engineering and Medicine (NASEM), formerly known as the Institutes of Medicine (IOM), defines primary care as, "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing sustained partnerships with patients, and practicing in the context of family and community.[87] For the purpose of this assessment, primary care providers (PCPs) include family practitioners, internists, midlevel practitioners (i.e., nurse practitioners and physician assistants). On occasion, obstetrician and gynecologists are also referred to as primary care providers.

Health Professional Shortage Areas (HPSAs) are designations that indicate health care provider shortages in primary care, dental health and mental health care; these shortages can be geographic, population- or facility-based.[88] According to the Nevada Primary Care Office (PCO), all 17 counties in Nevada have some type of shortage designation, due to high ratios of population to provider, a statewide lack of providers who accept Medicaid, and the travel time required to access a provider.[89]

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[86] Lipson, Debra J., Jenna Libersky, Katharine Bradley, Corinne Lewis, Allison Wishon Siegwarth, and Rebecca Lester (2017). *Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability.* Baltimore, MD: Division of Managed Care Plans, Center for Medicaid and CHIP Services, CMS, US Department of Health and Human Services.

[87] As cited in *Healthy People 2020*. www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/access-to-primary#1. Retrieved May 26, 2019.

[88] Health Resources and Services Administration (HRSA). www.data.hrsa.gov/tools/shortage-area/hpsa-find. Retrieved June 1, 2019.

[89] Nevada Division of Public and Behavioral Health Primary Care Office. http://dpbh.nv.gov/Programs/PCO/Health_Planning_and_Primary_Care_Office_-_Home/. Retrieved May 26, 2019.

Access to Behavioral/Mental Health Care

In recent years, behavioral health is a term commonly used to encompass mental health and substance use disorder (SUD), as well as co-occurring (both mental disorders and SUD) and co-existing disorders (both behavioral and physical condition).[90]

According to the Centers for Disease Control and Prevention, nearly 1 in 5 children have a mental, emotional, or behavioral disorder[91] and 1 in 5 adults in the US experience mental illness in a given year.[92] While children benefit greatly from early diagnosis and treatment, only about 20% receive care from a specialized mental health care provider.[93] According to the Substance Abuse and Mental Health Services Administration (SAMHSA) National Survey on Drug Use and Health (NSDUH), less than half (48.1%) of 8.2 million US adults in 2016 with both mental illness and a substance use disorder received either mental health services or substance use treatment at a specialty facility.[94] Cost of care was the most commonly reported reason for not receiving services.

Individuals living with serious mental illness face an increased risk of having chronic medical conditions.[95] Adults in the US living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions.[96]

According to the Health Resources and Services Administration (HRSA), 61% of areas with mental health professional shortages are rural or partially rural.[97] Rural areas have fewer mental health professionals than urban areas; they also have unique socioeconomic and cultural factors (i.e., higher poverty rates, geographic isolation) and transportation barriers that make it more challenging for rural populations to access mental and behavioral health services.[98,99]

Access to mental health care is affected by the five aforementioned access barriers: availability, accessibility, accommodation, acceptability, and affordability. According to a recent review of policy levers intended to promote access to and utilization of children's mental health services, location-based policy levers (school-based services and integrated care models) were associated with higher utilization and acceptability, with mixed evidence on accessibility.[100] Furthermore, insurance-based levers (mental health parity and public insurance) provided evidence for affordability outcomes.

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[90] Centers for Medicare and Medicaid Services (CMS). A Roadmap to Behavioral Health: A Guide to Using Mental Health and Substance Use Disorder Services, Revised August 2017. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/Coverage-to-Care-Behavioral-Roadmap.pdf. Retrieved June 2019.

[91] Centers for Disease Control and Prevention (CDC). Making Sure Children Get the Mental Health Care They Need. https://www.cdc.gov/features/child-mental-healthcare/index.html. Retrieved July 28, 2019.

[92] Any Mental Illness (AMI) Among Adults. Retrieved May 1, 2019, from https://www.nimh.nih.gov/health/statistics/mental-illness.shtml#part_154785

[93] Martini, R., Hilt, R, Marx, L. et al. (2012). Best Principles for Integration of Child Psychiatry into the Pediatric Home. *American Academy of Adolescent Psychiatry.*

[94] SAMHSA NSDUH Review. (2017). Receipt of Services for Substance Use and Mental Health Issues Among Adults: Results from the 2016 National Survey on Drug Use and Health.

[95] Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, *3*(2), 1–14. Retrieved July 28, 2019 from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563985/

[96] National Association of State Mental Health Program Directors Council. (2006). *Morbidity and Mortality in People with Serious Mental Illness.*

[97] Bureau of Health Workforce, HRSA, US DHHS. (2017). Designated Health Professional Shortage Areas Statistics.

[98] Benavides-Vaello, S., Strode, A. & Sheeran, B.C. (2013). Using Technology in the Delivery of Mental Health and Substance Abuse Treatment in Rural Communities: A Review. J Behav Health Serv Res, 40: 111. https://www.ncbi.nlm.nih.gov/pubmed/23093443

[99] Arcury, T. A., Preisser, J. S., Gesler, W. M., & Powers, J. M. (2005). Access to transportation and health care utilization in a rural region. The Journal of Rural Health, 21(1), 31-38. https://www.ncbi.nlm.nih.gov/pubmed/15667007

[100] So, M., McCord, R.F., & J.W. Kaminski. (2019) Policy Levers to Promote Access to and Utilization of Children's Mental Health Services: A Systematic Review. *Administration and Policy in Mental Health and Mental Health Services Research*. May 2019. Vol 46(3); 334-351. https://doi.org/10.1007/s10488-018-00916-9

Access to Dental Care

Many factors influence access to dental care in the US, with many barriers occurring simultaneously.[101] Among the external barriers are the five access barriers noted previously; in addition, there is a lack of interdisciplinary collaboration and a dental health system that can be difficult to navigate. Internal barriers include low oral health literacy, fear and anxiety associated with dental care, and perceptions or misconceptions about preventive oral health care.

Dental caries is the most common chronic disease among youth aged 6-19 years in the US; if left untreated, caries can cause pain and infections.[102] Adults aged 65 and over are also a population impacted by lack of dental care since Medicare does not cover routine dental care; in 2017, only 29% had dental insurance.[103] Key findings from the National Health Interview Survey suggest that the percent of adults aged 65 and over who had a dental visits (in 12 months before the survey) decreased with age, from 68% among adults aged 65–74 to 64% among those aged 75–84, and to 58% among those aged 85 and over.

Several health conditions are known to affect oral health. Among these are diabetes, increasing the risk of gum disease; HIV/AIDS, causing oral lesions and other dental problems; osteoporosis, leading to periodontal bone loss and/or tooth loss; and Alzheimer's Disease, which is related to worsening oral health as the disease progresses. Additionally, poor oral health is linked to the following health conditions: endocarditis, cardiovascular disease, pregnancy and birth complications, pneumonia.[104]

Health Care Affordability

In 2016, the national healthcare expenditures in the United States totaled $3.3 trillion, an increase of 4.3% from 2015, while the per capita expenditure in 2016 was an estimated $8,788.[105] The cost of healthcare has skyrocketed over the past five decades, while the median income has not. Health insurance is estimated to cover approximately 79.2% of the per capita annual expenditures, however for those without health insurance, or those who are underinsured, obtaining basic health services may be cost prohibitive.[106] Obtaining affordable health insurance is a necessary step in accessing health services in the United States.

Access to Health Care At-A-Glance in Nevada: Access to Primary Care, Mental Health Care, Dental Care, Insurance Coverage and Health Care Affordability

Table 28 below provides an At-A-Glance summary of twenty *Access to Health Care* indicators included in this assessment, and their respective data table numbers (which are included in Appendix A). Five additional indicators which could not be ranked are also listed. This At-A-Glance table includes green bullet symbols for the best ranked counties for each indicator, and red symbols for the worst ranked counties for each. The indicators that are not ranked are noted.

[101] US Senate Committee on Health, Education, Labor & Pensions, Subcommittee on Primary Health and Aging (2012). *Dental crisis in America: The need to expand access*. http://www.sanders.senate.gov/imo/media/doc/DENTALCRISIS.REPORT.pdf Retrieved July 2019.
[102] Seirawan H, Faust S, Mulligan R. (2012). The impact of oral health on the academic performance of disadvantaged children. Am J Public Health 102(9):1729–34.
[103] US DHHS, National Center for Health Statistics (NCHS) and Kramarow, E. Dental Care Among Adults Aged 65 and Over, 2017. NCHS Data Brief No. 227, May 2019. https://www.cdc.gov/nchs/data/databriefs/db337-h.pdf. Retrieved June 2019.
[104] Mayo Clinic. Oral Health: A window to your overall health. https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475. Retrieved July 2019.
[105] Department of Health and Human Services. (2018). Health, United States, 2017: With Special Feature on Mortality. Hyattsville, MD.
[106] Ibid

Table 28: Access to Health Care Indicators At A Glance, by County, with Reference to Best and Worst Ranking

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Access to Primary Care																				
A1 A2	% of Adults Who Have 1+ Personal Care Provider	2015-2018A: R, 2018: U	3					●	:	:		●	●		●	●		●		
A3	Licensed Primary Care Physicians (MDs and DOs) - Rate per 100,000 Population	2018	3	●		●			●	●								●	●	
A4	Ratio of Primary Care Providers to Population	2016	3	●					●			●		●			:	:	●	●
A5	% of Population Residing in a 1° Care Provider Health Professional Shortage Area (HPSA)	2019	Indicator could not be ranked																	
A6	Licensed Advanced Practice Registered Nurses (APRNs) – Rate per 100,000 Population	2018	3	●					●	●				●	●				●	
A7	Licensed Advanced Physician Assistants – Rate per 100,000 Population	2018	3	●			●		●	●			●				●			
A8 A9	% of Adults Last Visit to Dr for Routine Checkup or Physical Exam (Past 12 Months)	2015-2018A: R, 2018: U	3		●				:	:		●			●		●	●	●	
A8 A10	% of Adults Last Visit to Dr for Routine Checkup/Physical Exam 5+ Years Ago	2015-2018A: R, 2018: U	3						:	:		●		●	●			●	●	●
A8 A11	% of Adults Never Visited Dr for Routine Checkup or Physical Exam	2015-2018A: R, 2018: U	3	●					:	:		●	●		●		●			●
Access to Mental Health Care																				
A12	Ratio of Mental Health Providers to Population	2016	3	●				●	●	:		●							●	●
A13	% of Population Residing in a Mental HPSA	2019	Indicator could not be ranked																	
A14	% of Population that Received Mental Health Services in the Past Year, Adults 18+	2014-2016A	Indicator could not be ranked																	
Access to Dental Care																				
A15	Licensed Dentists - Rate per 100,000 Population	2018	3	●		●			●								●	●	●	
A16	Ratio of Dentists to Population	2016	3	●			●		●	●		●	●					:		
A17	% of Population Residing in Dental Provider HPSA	2019	Indicator could not be ranked																	
A18	% of High School (HS) Students Who Visited a Dentist (Past 12 Months)	2017	3	●		●	●	●			●		●			●			●	●
A19 A20	% of Adults Last Visit to Dentist (Past 12 Months)	2015-2018A: R, 2018: U	3	●		●	●		:	:	●	:	:	●	:	●	:	:		
A19 A21	% of Adults Last Visit to Dentist 5+ Years Ago	2015-2018A: R, 2018: U	3	●	●		●		:	:	●	:	:	●	:	●	:	:		
A19 A22	% Adults Never Visited Dentist	2015-2018A: R, 2018: U	3	●	●		●		:	:	●	:	:		:	●	:	:		●
Access to Insurance Coverage/Health Care Affordability																				
A23 A24	% of Population w/No Health Insurance Coverage	2013-2017A: R, 2017: U	3						●		●	●					●	●	●	
A23 A25	% of Population 18 (U) or 19 (R) and Younger with No Health Insurance Coverage	2013-2017A: R; 2017: U	3									●	●		●		●	●	●	
A26	Children Enrolled in NV CHIP (NV Check Up) - % change between 2013 to 2018	2013, 2018	3						●	●	●	●	●					●		
A27	% of Population Enrolled in Medicaid	2018	Indicator could not be ranked																	
A28	Population Eligible and Enrolled in Medicaid - % change between 2012 to 2018	2012, 2018	Indicator could not be ranked																	
A29 A30	% of Adults (18-64 Years) Who Have Health Insurance	2015-2018A: R, 2018: U	3	● tie		●	●		:	:		●	:		:	●	:	:	● tie	●
A31 A32	% of Adults Who Needed Dr but Couldn't Because of Cost (Past 12 Months)	2013-2018A: R, 2018: U	3	●					:	:		●	●	●			●			●

Notes: 1) Cells with a ● bullet symbol represent counties in which indicator data is **worst ranked in the state**; **2)** Cells with a ● bullet symbol represent counties in which indicators are **best ranked in the state**; **3)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **4)** In the *Date(s)* column, years with an "A" represent data that is provided in aggregate for those years; R = Rural and U = Urban. **Sources:** Noted on individual tables located in Appendix A.

Behavioral Health

As noted in the section above, behavioral health includes treatment that encompasses services that help those with mental illness and/or substance use disorders (SUD).[107] The Affordable Care Act (ACA) has extended the impact of the Mental Health Parity and Addiction Equity Act (MHPAEA), requiring health plans to offer coverage for mental health and SUD with at least an equal level of benefits as the plans offer for the treatment of physical health problems.[108]

Mental Health

Mental Health includes emotional, psychological and social well-being, encompassing how people handle stress and relate to others. The factors that contribute to mental health problems include biological factors, life experiences and family history of mental health problems. Mental health problems include anxiety disorders, mood disorders, depression, suicidal ideation, post-traumatic stress disorder (PTSD) and schizophrenia, and other psychiatric disorders.[109] Mental health problems are related to physical problems as well as mental problems; among these are sleep problems, unexplained aches and pains, substance use and abuse, and autoimmune disorders.[110]

Substance Use and Substance Use Disorder

Substance use disorder, also referred to as substance abuse, occurs when an individual's use of substances (alcohol and drugs) contributes to health issues or problems at work, school or home.[111] While the exact cause is not known, several mental health issues are common to those with substance use disorder. Among these are depression, post-traumatic stress disorder, as well as stress during childhood, referred to as ACEs.

Comorbidity is when two or more disorders occur at the same time (e.g., mental illness and substance use disorder). Approximately half of the people who experience mental illness will experience substance use issues during their lifetime, and vice versa.[112]

Behavioral Health in Nevada At-A-Glance: Mental Health, Suicide and Substance Use

Table 29 below provides an *At-A-Glance* summary of 36 *Behavioral Health* indicators and their respective data tables (included in Appendix A). This table includes green bullets for the best ranked counties for each indicator, and red bullets for the worst ranked counties. Behavioral Health indicator data are reported by county and two different substate regions (eight and four regions, respectively).

[107] Substance Abuse and Mental Health Services Administration (SAMHSA). 2019. www.samhsa.gov/find-help/treatment
[108] Substance Abuse and Mental Health Services Administration (SAMHSA). 2018. https://blog.samhsa.gov/2018/04/23/release-of-hhs-mental-health-and-substance-use-disorder-parity-action-plan
[109] Nordqvist, C. What is Mental Health? https://www.medicalnewstoday.com/articles/154543.php. Retrieved August 2019.
[110] US Department of Health and Human Services, What is mental health? https://www.mentalhealth.gov/basics/what-is-mental-health. Retrieved August 2019.
[111] US National Library of Medicine. Substance Use Disorder. https://medlineplus.gov/ency/article/001522.htm. Retrieved August 2019.
[112] Kelly TM, Daley DC. Integrated Treatment of Substance Use and Psychiatric Disorders. *Soc Work Public Health.*2013;28(0):388-406. doi:10.1080/19371918.2013.774673

Table 29: Behavioral Health Indicators At A Glance, with Reference to Best and Worst Ranking

Mental Health

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A35 A36	% of Adults Reporting No Poor Mental Health Days (Past 30 Days)	2015-2018A: R, 2018: U	3						:	:			●		●		●	●	●	●
A35 A37	% of Adults Reporting 14+ Poor Mental Health Days (Past 30 Days)	2015-2018A: R, 2018: U	3		●		● tie		:	:	● tie		●		●			●		●
A38 A39	% of Adults who Have Ever Been Told They Have a Form of Depression	2015-2018A: R, 2018: U	3		●				:	:	●		●		●			●		●

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A33	% of High School (HS) Students who Felt Sad or Hopeless (2+ wks in row 12 months before survey)	2017	2		●		●			●	●
A34	% of HS Students who Never/Rarely got Help Needed when Felt Sad, Empty, Hopeless, Angry, or Anxious	2017	2	●	●	●		●			

Table #	Indicators Reported by 4 Substate Regions	Date(s)	# ranked best & worst	Carson City, Douglas, Lyon	Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	Clark	Washoe
A40	% of Population 18+ with a Major Depressive Episode (Past 12 Months)	2014-2016A	1	●			●
A41	% of Population 18+ with Any Mental Illness (Past 12 Months)	2014-2016A	1			●	●
A42	% of Population 18+ with Serious Mental Illness (Past 12 Months)	2014-2016A	1	●			●

Suicide

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A46	Suicide Mortality Rate per 100,000 Population	2015-2018A	3			●				:	●		●		● tie		●	●	● tie	

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A43	% of HS Students who Seriously Considered Attempting Suicide (Past 12 Months)	2017	2			●	●	●		●	
A44	% of HS Students who Attempted Suicide (Past 12 Months)	2017	2		●	●			●	●	

Table #	Indicators Reported by 4 Substate Regions	Date(s)	# ranked best & worst	Carson City, Douglas, Lyon	Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	Clark	Washoe
A45	% of Population 18+ Year who had Serious Thoughts of Suicide (Past 12 Months)	2014-2016A	1		●		●

Substance Use: Tobacco, Alcohol, Marijuana, Prescription Drugs and Opioids

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A51 A52	% of Adults who Currently Smoke Cigarettes	2015-2018A: R, 2018: U	3				●		:	:			●		○	○	○			●
A53 A54	% of Adults who Currently Smoke E-Cigarettes	2015-2018A: R, 2018: U	3				○ tie		:	:	○	●	●	○ tie		○		●		
A58	% of Motor Vehicle Crashes with at Least 1 Driver Involved Having a BAC of 0.08 or Higher	2017	1 (B) 3 (W)	● (0)	● (0)			○		● (0)		○	● (0)		● (0)			● (0)	○	
A59 A60	% of Adults who are Binge Drinkers	2015-2018A: R, 2018: U	3	●				○	:	:	○ tie	○ tie	●					○		●
A61 A62	% of Adults who are Heavy Drinkers	2015-2018A: R, 2018: U	3	●		●			:	:		○	○					○		●
A64 A65	Alcohol Poisoning/Overdose Emergency Department Encounters - Rate per 100,000 Population	2015-2018A: R, 2018: U	3	○					●	●		○			○			●		
A66 A67	Alcohol Poisoning/Overdose Inpatient Admissions - Rate per 100,000 Population	2015-2018A: R, 2018: U	3	○				●							○			●	○	●
A68 A69	Alcohol Poisoning/Overdose Mortality - Rate per 100,000 Population	2015-2018A: R, 2018: U	3			●		●	○	○					○					●
A73 A74	% of Adults who Currently Use Marijuana	2015-2018A: R, 2018: U	3	○				●	:	:			●					○	○	●
A77 A78	Opioid Prescription - Rate per 1,000 Population	2015-2018A: R, 2018: U	3	●			●								○	○		○		●
A79 A80	Opioid Poisoning/Overdose Emergency Department Encounters - Rate per 100,000 Population	2015-2018A: R, 2018: U	3				●		● tie	●			○				○	● tie		○
A81 A82	Opioid Poisoning/Overdose Hospital Inpatient Admissions - Rate per 100,000 Population	2015-2018A: R, 2018: U	3					●	● tie				●	○		○		● tie	○	● tie
A83 A84	Opioid Poisoning/Overdose Mortality - Rate per 100,000 Population	2015-2018A: R, 2018: U	3					●	● tie	● tie		● tie	○	○		○				●

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A48	% of HS Students who Smoked Cigarettes (1+ Times Past 30 Days)	2017	2			○	●		○		●
A49	% of HS Students who Used Tobacco (1+ Times Past 30 Days)	2017	2		○		●		○	●	
A50	% of HS Student who Used Electronic Vapor Products (1+ Times Past 30 Days)	2017	2		○		●		○	●	
A55	% of HS Students who Drank Alcohol (1+ Times Past 30 Days)	2017	2		○		●	○		●	
A56	% of HS Students who Rode in Car with Driver who had Been Drinking (1+ Times Past 30 Days)	2017	2	●	○				○	●	
A57	% of HS Students who Drove Car/Vehicle when had Been Drinking Alcohol (1+ Times Past 30 Days)	2017	2	●	○			○		●	
A70	% of HS Students who Used Marijuana (1+ Times Past 30 Days)	2017	2		○		●		○	●	
A71	% of HS Students who Rode in Car w/Driver who had Been Using Marijuana (1+ Times Past 30 Days)	2017	2		○				●	●	○
A72	% of HS Students who Drove a Car/Other Vehicle Using Marijuana (1+ Times Past 30 Days)	2017	2	●	○					●	○
A76	% of HS Students Ever Took Prescription Pain Meds w/o Prescription/Differently Than Prescribed	2017	2		○			●	○	●	

Table #	Indicators Reported by 4 Substate Regions	Date(s)	# ranked	Carson, Douglas, Lyon	Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	Clark	Washoe
A63	% of Population 12 or Older with an Alcohol Use Disorder (Past 12 Months)	2014-2016A	1		○	●	

Notes: 1) Cells with a ● symbol represent counties in which indicator data is **best ranked in the state**; **2)** Cells with a ● symbol represent counties in which indicators are **worst ranked in the state**; **3)** Indicators with **gray shading** across their respective rows are intentionally not ranked; **4)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **5)** In the *Date(s)* column, date ranges with an "A" refer to data that has been reported in aggregate for those years; R = Rural and U = Urban. **Sources:** Noted on individual tables located in Appendix A.

Health Behaviors and Preventive Care

Immunizations

The 20th Century was a significant period for vaccine research and development, with innovative techniques leading to considerable advances.[113] According to the World Health Organization, vaccines are far safer than therapeutic medicines.[114] Over the past two decades, there have been several "vaccine scares," suggesting risks associated with autism and other health conditions. However, most vaccine concerns have been shown to be false alarms, with little scientific backing.[115] As a result of the widespread concern about vaccine safety, there has been a reduction in the number of children receiving scheduled vaccinations. This led to an increase in pertussis and measles across the US and the world. Although measles was declared eliminated in 2000, in 2019, there were 1,215 cases of measles confirmed in 30 states, the greatest number of cases reported in the US since 1992.[116]

According to the CDC, one of the best steps parents can take to reduce the risk of fourteen serious childhood diseases, before the age of two years old, is to vaccinate their children according to the recommended immunization schedule.[117] The recommended childhood vaccine series in the US is referred to as the 4:3:1:3:3:1:4, which refers to 4+Diptheria, Tetanus and Pertussis (DTaP), 3+Polio, 1+Measles, Mumps and Rubella (MMR), 3+Haemphilus influenzae type b (Hib), 3+Hepatitis B (HepB), 1+ Varicella (also known as chickenpox), 4+Pneumococcal Vaccine (HCV). In addition, the CDC recommends two doses of the Human Papilloma Virus (HPV) vaccine for boys and girls at ages 11-12 to protect them from developing certain types of cancers later in life.[118]

Nutrition, Physical Activity and Sedentary Lifestyles

Nutrition plays an important role in health. Poor nutrition is associated with cancer, heart disease, stroke, obesity, diabetes, and osteoporosis. The 2015-2020 Dietary Guidelines for Americans recommend a diet high in whole fruits, veggies, whole grains, low-fat dairy choices, reduced sodium and added sugars, as well as varied protein sources.[119]

Regular physical activity reduces the risk of chronic diseases, anxiety and depression, and osteoporosis, while improving sleep and cognitive functioning.[120] The 2018 Physical Activity Guidelines for Americans recommends:

- Children ages 6-17 get 60 minutes (1 hour) or more of moderate-to-vigorous physical activity daily [with a combination of aerobic activity (at least three days a week), as well as muscle and bone-strengthening activities (at least three days a week)].
- Adults should get 150 minutes of moderate-intensity or 75 minutes of vigorous-intensity aerobic activity per week, with two or more days of muscle-strengthening activities for all major muscle groups.[121]

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[113] The College of Physicians of Philadelphia. The History of Vaccines. https://www.historyofvaccines.org/timeline/all. Retrieved August 2019.
[114] Andre, F.E., et al. Vaccination greatly reduces disease, disability, death and inequity worldwide. https://www.who.int/bulletin/volumes/86/2/07-040089/en/. Retrieved August 2019.
[115] Folb PI, Bernastowska E, Chen R, Clemens J, Dodoo AN, Ellenberg SS, et al. A global perspective on vaccine safety and public health: The Global Advisory Committee on Vaccine Safety. *Am J Public Health* 2004; 94: 1926-31.
[116] Centers for Disease Control and Prevention. Measles Cases in 2019. https://www.cdc.gov/measles/cases-outbreaks.html. Retrieved August 2019.
[117] Centers for Disease Control and Prevention. Vaccinate Your Baby for Best Protection. https://www.cdc.gov/features/infantimmunization/index.html. Retrieved August 2019.
[118] Centers for Disease Control and Prevention. Human Papilloma Virus (HPV), Vaccinating Boys and Girls. https://www.cdc.gov/hpv/parents/vaccine.html. Retrieved September 2019.
[119] United States Department of Agriculture. Dietary Guidelines for Americans, 2015-2020. https://www.choosemyplate.gov/dietary-guidelines. Retrieved August 2019.
[120] US Department of Health and Human services. *Physical Activity Guidelines for Americans, 2nd edition*. 2018. Washington, DC.
[121] US Department of Health and Human services. *Physical Activity Guidelines for Americans, 2nd edition*. 2018. Washington, DC.

Sedentary behavior is characterized by a low level of energy expenditure while sitting, reclining or lying. It includes time spent sitting or lying down, whether for leisure and work. More and more Americans are spending time sitting in front of computers, televisions, electronics and mobile phone screens. This has received an increasing amount of attention in recent years as it is a highly prevalent behavior in the US population, and sedentary behavior is related to the risk of all-cause mortality and cardiovascular disease in adults.[122]

Preventive Health Screenings

Seven out of ten US deaths are cause by chronic disease, with almost half of the population diagnosed with a chronic illness classified by the public health and medical community as preventable (e.g., heart disease, cancer, diabetes).[123] Lipid disorders, such as high blood cholesterol and high triglyceride levels, increase the risk for coronary heart disease, a leading cause of death in the United States. The National Cholesterol Education Program recommends lipoprotein profile (lipid screening) for adults over age 20 every 5 years, while the United States Preventive Services Task Force (USPSTF) recommends screening and treatment for lipid disorders among adults aged 40 to 75 years.[124] The USPSTF recommends adults aged 40 to 70 years who are overweight or obese be screened for abnormal blood glucose as part of cardiovascular risk assessment.[125]

The USPSTF recommends the following cancer screenings:

- Colorectal cancer starting at age 50 through age 75. Recommendations include receiving an annual fecal immunochemical test (FIT), which identifies blood in stool and obtaining a direct visualization screening or obtaining a sigmoidoscopy or colonoscopy, every 10 years.[126] If an irregular test result occurs, provider may recommend alternative intervals for screening or additional follow up procedures.
- Cervical cancer (women) starting at age 21 through age 65. Recommendations include receiving a cervical cytology (pap test) every 3 years or, for women 30 to 65 years, an alternative of every 5 years using high-risk human papillomavirus testing.[127] If an irregular test result occurs, provider may recommend alternative intervals for screening or additional follow up procedures.
- Mammography (women) screening for breast cancer every 2 years in women age 50-74 years. When a woman has a higher than average risk for breast cancer (parent, sibling or child with breast cancer), they may benefit from starting to screen at age 40.[128] If an irregular test result occurs, a provider may recommend alternative intervals for screening or additional follow up procedures. The ACS recommends women aged 40- 44 have the choice to obtain screening and women 45-54 years of age should obtain an annual screen and those 55 years and older can switch to every other year.[129] Other professional organizations provide recommendations which vary from those described above. The differences in mammography recommendations may be

[122] Ibid.
[123] Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), 2019.
[124] Gillespie, C.D, Keenan, N.L., Miner, J.B., & Hog, Y. Screening for Lipid Disorders Among Adults-National Health and Nutrition Examination Survey, United States, 2005-2008. MMWR; 61(02); 26-31.
[125] United States Preventive Services Task Force, 2016. Final Recommendation Summary Abnormal Blood Glucose and Type 2 Diabetes Mellitus: screening. www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/screening-for-abnormal-blood-glucose-and-type-2-diabetes?ds=1&s=diabetes. Retrieved June 2019.
[126] United States Preventive Services Task Force. USPSTF A and B Recommendations. www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations/. Retrieved June 2019.
[127] Ibid.
[128] United States Preventive Services Task Force. USPSTF Final Recommendation Statement, 2016. www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/breast-cancer-screening1. Retrieved June 2019.
[129] American Cancer Society. Breast Cancer Screening Guidelines. www.cancer.org/content/cancer/en/research/infographics-gallery/breast-cancer-screening-guideline.html. Retrieved June 2019.

contributing to the decline in screening rates. The USPSTF recommendations align with the Behavioral Risk Factor Surveillance Survey data.

- Prostate cancer (men) screening recommends clinicians inform patients ages 55 to 69 years of age the potential benefits and harms of prostate-specific antigen (PSA) screening for prostate cancer. The USPSTF recommendation aligns with the American Urological Association recommendations, noting that the screening interval should be every 2 years or more.[130] This differs from the American Cancer Society recommendations which are, men with an average risk of prostate cancer should obtain PSA screenings every 2 years beginning at age 50, and for men with more than one relative with prostate cancer at an early age, screening should be initiated at 40 years.[131]

Sexual Health

Sexual health includes the physical, mental, emotional, and social well-being in relation to sex and sexuality.[132] Health outcomes related to sexual health include sexually transmitted diseases (STDs), unintended pregnancy, as well as certain types of cancer (e.g., cervical). Sexual violence (rape, assault and dating violence) are related to sexual health but included in the Social Determinants of Health Crime and Violent-Related Behaviors section.

Health Behaviors and Preventive Care At-A-Glance: Immunizations, Nutrition, Physical Activity and Sedentary Behaviors, Preventive Health Screening, and Sexual Health

Table 30 below provides an At-A-Glance summary of 19 *Health Behavior and Preventive Health* indicators and their respective data tables (included in Appendix A). This table includes green bullets for the best ranked counties for each indicator, and red bullets for the worst ranked counties. This indicator data is reported by county and one substate region.

[130] United States Preventive Services Task Force. (2017). Draft Recommendation Statement: Prostate Cancer: Screening. https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/prostate-cancer-screening1

[131] American Cancer Society. American Cancer Society Recommendations for Prostate Cancer Early Detection. www.cancer.org/cancer/prostate-cancer/early-detection/acs-recommendations.html. Retrieved June 2019.

[132] World Health Organization. Health Topics: Sexual Health. https://www.who.int/topics/sexual_health/en/. Retrieved May 2019.

Table 30: Health Behaviors and Preventive Care At A Glance, with Reference to Best and Worst Ranking

Immunizations

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A85	% of Children 19-35 Months who are Appropriately Vaccinated*see note	2018	3					●	●	●			●			●			●	
A86	% of Children 6 Months to 18 Years who Were Vaccinated for Influenza	2017/2018 flu season	3	●					●		● tie	● tie				●		●	●	
A87 A88	% of Adults 18-64 Years who Received an Annual Flu Shot	2015-2018A: R, 2018: U	2	● tie	●	● tie	●	●	:	:		:	:		:	●	:	:		
A89 A90	% of Adults 65+ Years who Received an Annual Flu Shot	2015-2018A: R, 2018: U	2	●			●		:	:	●	:	:		:		:	:		●
A91 A92	% of Adults 65+ Years who Ever Received Pneumonia Vaccination	2015-2018A: R, 2018: U	2				●		:	:	●	:	:		:	●	:	:	●	

Nutrition

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A93	% of High School (HS) Students who ate Breakfast on all 7 Days Before the Survey	2017	2		●	●		●		●	
A94	% of HS Students who did not Drink Soda or Pop in 7 Days Before the Survey	2017	2		●	●			●	●	

Physical Activity and Sedentary Behaviors

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A99 A100	% of Adults 18-64 Years who Participated in Enough Aerobic & Muscle Strengthening Exercises to Meet Both Guidelines	2015-2017A: R, 2017: U	2			●	●		:	:	●	:	:			●	:	:		:

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A95	% of HS Students who were Physically Active at Least 60 Minutes on all 7 Days Before Survey	2017	2		●		●	●		●	
A98	% of HS Students who Played Video/Computer Games, Watched TV or Used Computer (not for schoolwork) 3+ Hrs/Day on Average	2017	2			●	●	●	●		

Preventive Health Screenings

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
General Screenings																				
A101 A102	% of Adults who have had Cholesterol Checked within Past 5 Years	2015-2017A: R. 2017: U	2						:	:	●	:	:		:	●	:	:	●	●
A103 A104	% of Adults who have had Test for High Blood Sugar or Diabetes within Past 3 Years	2014-2017A: R, 2017: U	2				●		:	:	●	:	:		:	●	:	:		●
A105 A106	% of Adults 50+ who have Received Blood Stool Test within Past 2 Years	2015-2018A: R, 2018: U	2			●		●	:	:		:	:		:	●	:	:		●

Preventive Health Screenings

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
General Screenings																				
A107 A108	**% of Adults 50+ who have ever had a Sigmoidoscopy/Colonoscopy**	2015-2018A: R, 2018: U	**2**		●		●	●	:	:	● tie	:	:		:	● tie	:	:		
Female Specific Screenings																				
A109 A110	**% of Adult Females 50+ who have Received Mammogram within Past 2 Years**	2016-2018A: R, 2018: U	**2**	●		●		●	:	:		:	:	●	:		:	:		
A111 A112	**% of Adult Females 21+ who Received Pap Smear within Past 3 Years**	2016-2018A: R, 2018: U	**2**	●		●		●	:	:		:	:		:	●	:	:		
Male Specific Screenings																				
A113 A114	**% of Adult Males 40+ who have Received a PSA Test within Past 2 Years**	2016-2018A: R, 2018: U	**2**	●	●		●	●	:	:	:	:	:		:		:	:		:

Sexual Health

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A115	**% of HS Students who had Sexual Intercourse with at Least One Person (Past 3 months)**	2017	**2**		●	●	●				●
A116	**% of HS Students who did not use any Method to Prevent Pregnancy During Last Sexual Intercourse (Among students who were sexually active in past 3 months)**	2017	**2**	●	●			●		●	

Notes: **1)** Cells with a ● bullet symbol represent counties in which indicator data is **worst ranked in the state**; **2)** Cells with a ● bullet symbol represent counties in which indicators are **best ranked in the state**; **3)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **4)** In the *Date(s)* column, R = Rural and U = Urban. **Sources:** Noted on individual tables located in Appendix A.
NOTE: *DTaP, 3 Polio, 1 MMR, 3Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal vaccine doses received.

Health Outcomes

Chronic Disease

As noted above, chronic diseases, such as heart disease, diabetes, arthritis, and obesity, are largely preventable. One in two adults in the United States has a chronic disease, while one in three adults have two or more. The key risk factors for most chronic diseases are tobacco use, poor nutrition and lack of physical activity resulting in obesity, and excessive alcohol use.[133] One third of all deaths per year (859,000) are due to heart disease and stroke.[134] The economic toll from these diseases include $199 billion in costs to the health care system and $131 billion in lost productivity on the job.[135]

Cancer

Cancer has been the second leading cause of death in the United States since the beginning of the 20th Century.[136] According to the National Cancer Institute, an estimated 1.7 million cases of cancer were diagnosed in the US in 2018. The eight most common cancers in the US include: breast, lung and bronchus, prostate, colon and rectal, melanoma, bladder and lymphoma, kidney and renal, and endometrial.[137] The cost of cancer care continues to rise each year and is expected to reach nearly $174 billion by 2020.[138]

Communicable Disease

Communicable diseases are caused by infectious agents (or their toxins) through direct or indirect transmission of an infectious agent through contact with contaminated surfaces, bodily fluids, insect bites, or through environmental exposure.[139] Examples of communicable diseases include measles, HIV, hepatitis, STDs, and salmonella. The communicable disease indicators presented in this section include select vaccine-preventable diseases, food and waterborne illnesses, sexually transmitted diseases and diseases that are contracted by contact with bodily fluids.

Weight Status

Overweight is defined as a body mass index (BMI) of 25 or higher; obesity is defined as a BMI of 30 or higher.[140] Individuals who are overweight and obese are increased risk for many serious diseases and health conditions, including: premature mortality, high blood pressure, high LDL cholesterol, low HDL cholesterol, high triglycerides, Type 2 diabetes, coronary heart disease, stroke, gallbladder disease, osteoarthritis, sleep apnea and breathing problems, some cancers (endometrial, breast, colon, kidney, gallbladder and liver), body pain and difficulty with physical functioning.[141,142,143] Studies have also suggested an increase in depression and anxiety in individuals who are obese.[144,145]

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[133] CDC. Chronic Disease Prevention and Health Promotion. Accessed https://www.cdc.gov/chronicdisease/about/infographic.htm
[134] Benjamin EJ, Virani SS, Callaway CW, et al. Heart disease and stroke statistics—2018 update: a report from the American Heart Association. *Circulation*. 2018;137: e67–e492.
[135] Ibid.
[136] CDC, National Vital Statistic System. Leading Causes of Death, 1990-1998. https://www.cdc.gov/nchs/nvss/mortality_historical_data.htm
[137] National Institutes of Health. Cancer Statistics. www.cancer.gov/about-cancer/understanding/statistics. Retrieved August 2019.
[138] National Cancer Institute. Cancer Prevalence and Cost of Care Projections. Retrieved June 2019.
[139] Edemekong. P.F. Epidemiology of Prevention of Communicable Diseases, August 2019. https://www.ncbi.nlm.nih.gov/books/NBK470303/. Retrieved August 2019.
[140]CDC. Overweight and Obesity. https://www.cdc.gov/obesity/adult/defining.html. Retrieved June 2019.
[141] NHLBI. 2013. Managing Overweight and Obesity in Adults: Systematic Evidence Review from the Obesity Expert Panel. Cdc-pdf. Retrieved May 2019.
[142] Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Cdc-pdf
[143] Bhaskaran K, Douglas I, Forbes H, dos-Santos-Silva I, Leon DA, Smeeth L. Body-mass index and risk of 22 specific cancers: a population-based cohort study of 5•24 million UK adults. Lancet. 2014 Aug 30;384(9945):755-65. doi: 10.1016/S0140-6736(14)60892-8.
[144]Kasen, S. et al. "Obesity and psychopathology in women: a three-decade prospective study." *Internat J Obesity* 32.3 (2008): 558-566.
[145]Luppino, FS., et al. "Overweight, obesity, and depression: a systematic review and meta-analysis of longitudinal studies. *Archives of general psychiatry,* 67.3 (2010): 220-229.

Mortality

In 2017, life expectancy at birth was 78.6 years for the total US population, a decrease from 78.7 in 2016. The 10 leading causes of death in the US in 2017 included heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, kidney disease and suicide. In 2017, the rates across the nation for 10 leading causes of death remained the same as 2016. Rates of death among various racial and ethnic groups were also not equal in 2017, with highest rates of death among black males (1,083.3 per 100,000). The lowest rate was among Hispanic females (434.2 per 100,000).[146]

Health Outcomes At-A-Glance: Chronic Disease, Cancer, Communicable Disease, Weight Status, Mortality and Perceived Health Status

Table 31 below provides an At-A-Glance summary of 68 *Health Outcome* indicators and their respective data tables (included in Appendix A). This table includes green bullets for the best ranked counties for each indicator, and red bullets for the worst ranked counties. This indicator data is reported by county and one substate region.

[146] Murphy, SL, Xu, J, Kochanek, KD & Arias, E. Mortality in the United States, 2017. National Center for Health Statistics Data Brief, no 328, November 2018. www.cdc.gov/nchs/products/databriefs/db328.htm. Retrieved June 2019.

Table 31: Health Outcomes At A Glance, with Reference to Best and Worst Ranking

Chronic Disease

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A117 A118	% of Adults told they have Arthritis	2015-2018A: R, 2018: U	3	●		●		●	:	:			●		●			●		
A119 A120	% of Adults told they Currently have Asthma	2015-2018A: R, 2018: U	3						:	:	●	●		●	●	●		●		
A121 A122	% of Adults who had Cholesterol Checked and told it was High	2014-2017A: R, 2017: U	2	●	●	●			:	:		:	:	●	:		:	:		
A123 A124	% of Adults told they have High Blood Pressure	2015-2018A: R, 2018: U	3		●				:	:	●	●	●		:	●	:	:		●
A125 A126	% of Adults told have Angina or Coronary Heart Disease	2015-2018A: R, 2018: U	3				●		:	:	●	●				●	●		●	
A127 A128	% of Adults told they have had a Heart Attack	2015-2018A: R, 2018: U	3	●					:	:		●				●	●	●	●	
A129 A130	% of Adults told they have had a Stroke	2015-2018A: R, 2018: U	3						:	:	●	●		●		●		●		●
A131 A132	% of Adults told they have COPD	2015-2018A: R, 2018: U	3					●	:	:	●	●	●			●		●		
A133 A134	% of Adults told they have Diabetes	2015-2018A: R, 2018: U	3						:	:	●	●	●		●		●	●		

Cancer

Table #	Indicators Reported by County (Rates per 100,00)	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A135	Cumulative Incidence Rates of Breast Cancer	2012-2016A	3	●					:	:		●	●		●			●		●
A136	Cumulative Incidence Rates of Cervical Cancer	2012-2016A	2	●	:			●	● (0)	:	:	:	:		:	●	● (0)	:		:
A137	Cumulative Incidence Rates of Colorectal Cancer	2012-2016A	2	● tie			●		:	:			:	●		●	:	:		● tie
A138	Cumulative Incidence Rates of Lung and Bronchus Cancer	2012-2016A	3	●			●		:	:			●			●		●		●
A139	Cumulative Incidence Rates Melanoma	2012-2016A	2	●		● tie		●	:	:	● tie	:	:		:		:	:	●	:
A140	Cumulative Incidence Rates for Prostate Cancer	2012-2016A	3	●					:	:		:		●	●			●	●	●
A141 A142	Rate of Death Due to Breast Cancer – Rate per 100,000 Females (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2						● (0)	● (0)			● tie		● tie	●	● (0)	●		
A141 A143	Rate of Death Due to Cancer of the Cervix Uteri – (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	1	● (0)					● (0)	● (0)		● (0)	● (0)	● (0)	● (0)		●	● (0)		● (0)
A141 A144	Rate of Death Due to Cancer of the Colon, Rectum, and Anus	2015-2018A: R, 2018: U	3					●		●		●			●	●	●			
A141 A145	Rate of Death Due to Cancer of the Trachea, Bronchus, and Lung	2015-2018A: R, 2018: U	3	●				●	●						●	●				●
A141 A146	Rate of Death Due to Leukemia	2015-2018A: R, 2018: U	3		●			●	●	●	●				●					
A141 A147	Rate of Death Due to Melanoma (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2	●	●				● (0)	● (0)		● (0)	● (0)			●	● (0)	● (0)		● (0)
A141 A148	Rate of Death Due to Prostate Cancer (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2				●	●	● (0)	● (0)			● (0)		●					

Communicable Disease

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Vaccine Preventable Communicable Diseases (Rate per 100,000)																				
A149 A150	**Invasive Pneumococcal Disease** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2	●					● (0)	● (0)		● (0)			●			:	●	
A149 A153	**Pertussis** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2						● (0)	● (0)	●	●	● (0)		● (0)	●	● (0)	:		● (0)
A149 A155	**Tuberculosis** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	1		● (0)				● (0)	● (0)		● (0)	● (0)		● (0		● (0)	:	●	● (0)
A149 A152	**Mumps** (Only 4 counties with case rates above 0.00)	2015-2018A: R, 2018: U	Indicator could not be ranked																	
A151	**Measles** (No rural cases reported; only 2 urbans with rates above 0.00)	2018	Indicator could not be ranked																	
A154	**Tetanus** (All counties are 0)	2018	Indicator could not be ranked																	
Food and Waterborne Infectious Diseases (Rate per 100,000)																				
A156 A157	**Campylobacteriosis** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2				●		●	● (0)			● (0)				● (0)	:		●
A156 A158	**Salmonellosis**	2015-2018A: R, 2018: U	3						●	●		●	●		●	●		:		
Sexually Transmitted Diseases (Rate per 100,000)																				
A159 A160	**Chlamydia**	2015-2018A: R, 2018: U	3	●		●				●			●					●	●	
A159 A161	**Gonorrhea**	2015-2018A: R, 2018: U	3	●		●			● tie	●			●					● tie	●	
A159 A162	**Syphilis, 1° & 2°** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	2			●	●		● (0)	● (0)	● (0)	● (0)			● (0)			● (0)	●	
Contact with Bodily Fluids (Rate per 100,000)																				
A163 A164	**Hepatitis C** (Only 7 counties with case rates above 0.00)	2015-2018A: R, 2018: U	Indicator could not be ranked																	
A165 A166	**Human Immunodeficiency Virus (HIV)** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	1			●			● (0)	● (0)		● (0)	● (0)			●	● (0)	● (0)		

Weight Status

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A170 A171	**% of Adults Classified as Healthy BMI**	2015-2018A: R, 2018: U	3	●			●		:	:					●		●	●	●	
A170 A172	**% of Adults Classified as Overweight BMI**	2015-2018A: R, 2018: U	3					●	:	:		●	●				●		●	●
A170 A173	**% of Adults Classified as Obese BMI**	2015-2018A: R, 2018: U	3				●		:	:		●			●		●	●	●	

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A167	**% of HS Students who were Overweight**	2017	2	●	●	●				●	
A168	**% of HS Students who were Obese**	2017	2	●	● tie			●	●		● tie
A169	**% of HS Students who were Overweight or Obese (Combined)**	2017	2	●	●	●					●

Mortality

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Ten Leading Causes of Death (Rates per 100,000)																				
A174 A176-8	**Heart Disease**	2015-2018A: R, 2018: U	**3**		●			●				●			●	●		●		
A174 A176-8	**Malignant Neoplasms**	2015-2018A: R, 2018: U	**3**					●		●					●	●	●	●		
A174 A176-8	**Chronic Lower Respiratory Disease**	2015-2018A: R, 2018: U	**3**	●		●		●							●	●			●	
A174 A176-8	**Cerebrovascular Disease (Stroke)**	2015-2018A: R, 2018: U	**3**	●			●	●					●			●				●
A174 A176-8	**Non-transport Accidents***	2015-2018A: R, 2018: U	**3**		●			●	●	●			●			●				
A174 A176-8	**Alzheimer's Disease**	2015-2018A: R, 2018: U	**3**		●		●		● tie	● tie	●					●				●
A174 A176-8	**Intentional Self-Harm (Suicide)**	2015-2018A: R, 2018: U	RANKED BELOW																	
A174 A176-8	**Influenza and Pneumonia**	2015-2018A: R, 2018: U	**3**									●	●		●	●	●			●
A174 A176-8	**Diabetes Mellitus**	2015-2018A: R, 2018: U	**3**					●	●	●		●			●					●
A174 A176-8	**All Other Diseases (Residual)***	2015-2018A: R, 2018: U	**3**	●			●	●				●			●					●
Mortality Related to Behavioral Health/Substance Use (Rates per 100,000)																				
A46	**Suicide Mortality Rate per 100,000 Population**	2015-2018A	**3**			●				:	●		●		● tie		●	●	● tie	
A68 A69	**Alcohol Poisoning/Overdose Rate per 100,000 Population**	2015-2018A: R, 2018: U	**3**			●		●	●	●					●					●
A83 A84	**Opioid Poisoning/Overdose Rate per 100,000 Population**	2015-2018A: R, 2018: U	**3**					●	● tie	● tie		● tie	●	●		●				●
Infant and Child Mortality (Rates Noted for Each)																				
A198 A199	**Infant Mortality (among infants < 1 year) – Rate per 1,000**	2015-2018A: R, 2018: U	**2**						:	:	●	●	:		:	●	●	:		:
A200 A201	**Child Mortality (among children 1-18 years) – Rate per 100,000**	2015-2018A: R, 2018: U	**3**	●				●	●	●					:		:		●	●
Cancer Mortality (Rates per 100,000)																				
A141 A142	**Breast Cancer, Females** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	**2**						● (0)	● (0)		●	● tie		● tie	●	● (0)	●		
A141 A143	**Cancer of the Cervix Uteri, Females** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	**1**	● (0)					● (0)	● (0)		● (0)	● (0)	● (0)	● (0)		●	● (0)		● (0)
A141 A144	**Colon, Rectum, and Anus**	2015-2018A: R, 2018: U	**3**					●		●		●			●	●	●			
A141 A145	**Trachea, Bronchus, and Lung**	2015-2018A: R, 2018: U	**3**	●				●	●						●	●				●
A141 A146	**Leukemia**	2015-2018A: R, 2018: U	**3**		●			●	●	●	●				●					
A141 A147	**Skin Cancer** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	**2**	●	●				● (0)	● (0)		● (0)	● (0)			●	● (0)	● (0)		● (0)
A141 A148	**Prostate Cancer** (counties with "0" noted with number as all tie for best rank)	2015-2018A: R, 2018: U	**2**				●	●	● (0)	● (0)			● (0)		●					
Other (Crime and Violence, Motor Vehicle and Pedestrian Deaths) Rate per 100,000																				
A266 A267	**Rate of Death Due to Homicide/Assault**	2015-2018A: R, 2018: U	**2**			●	●		:	:	●	:			:			:		●
A284	**Pedestrian Death Rate per 100,000 Population**	2013-2017A	Indicator could not be ranked																	
A284	**Motor Vehicle Death Rate per 100,000 Population**	2013-2017A	**2**			●			:	:		●	:		:	●	:	:	●	

Perceived Health Status																				
Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A179 A180	**% of Adults Reporting Fair/Poor Health**	2015-2018A: R, 2018: U	**3**	●			●		:	:			●		●		●		●	
A181 A182	**% of Adults 65+ Reporting Fair/Poor Health**	2015-2018A: R, 2018: U	**2**	●	● tie		●	●	:	:		:	:		:		:	:	● tie	

Notes: **1)** Cells with a ● bullet symbol represent counties in which indicator data is **worst ranked in the state**; **2)** Cells with a ● bullet symbol represent counties in which indicators are **best ranked in the state**; **3)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **4)** In the *Date(s)* column, R = Rural and U = Urban. **Sources:** Noted on individual tables located in Appendix A.
*****Per the International Classification of Diseases, 10th Revision (ICD-10), **Nontransport accidents** include falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke, fire and flames, accidental poisoning and exposure to noxious substances, and other and unspecified non transport accidents and their sequelae and **All Other Diseases (Residual)** are those that are left over after accounting for the other causes.

Maternal and Child Health

According to the World Health Organization, maternal and child health are terms collectively used to refer to the health of women during pregnancy, childbirth and postpartum.[147] Poor health at birth is associated with many health effects over a child's lifetime; these include the ability to learn, high school graduation rates, poor health outcomes and higher childhood mortality.

One half of all pregnancies in the US are unplanned.[148] As a result, half of the children conceived are at greater risk for complications later in life since their parents are not prepared financially, emotionally, or physically to raise a child. The American College of Obstetricians and Gynecologists (ACOG) recommends women planning to become pregnant take steps prior to conception to identify potential risk factors for their pregnancies prior to conception. These recommendations include physical screenings (e.g., obesity, substance use, genetic testing), risk screenings, vaccinations, and counseling. In addition, ACOG recommends pre-pregnancy testing for HIV and other sexually transmitted infections (STIs) to prevent passing these diseases to the fetus.[149]

Teen Births

Teen childbearing, defined as one or more live births before age 20, has negative health, economic and social consequences for mothers and their children.[150] Pregnant teens are more likely to have abortions, less likely to receive prenatal care, and more likely to give birth preterm. In addition, teen moms are more likely to drop out of school, less likely to graduate or earn their GED, and more likely to live in poverty.[151,152]

Children of teen mothers are more likely to have more health problems, become incarcerated during adolescence, give birth as a teenager, drop out of high school and face unemployment as young adults.[153] In the US, there were a record low number of teen births in 2017, a 7% drop from 2016.[154]

[147] World Health Organization. Maternal, Newborn, Child and Adolescent Health. www.who.int/maternal_child_adolescent/maternal/en/. Retrieved August 2019.
[148] US DHHS. Office on Women's Health. Unplanned pregnancy.
[149] American College of Obstetrics and Gynecology. Good Health Before Pregnancy: Pregnancy Care. www.acog.org/Patients/FAQs/Good-Health-Before-Pregnancy-Prepregnancy-Care#what. Retrieved August 2019.
[150] Centers for Disease Control and Prevention. Trends in Repeat Births and Use of Contraception Among Teens, United States, 2004-205. MMWR, April 28, 2017, 66(16):422-426.
[151] Ibid.
[152] Perper K, Peterson K, Manlove J. Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC: Child Trends; 2010.
[153] Hoffman SD. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 2008.
[154] Martin JA, Hamilton BE, Osterman MJK. Births in the United States, 2017. NCHS data brief. 2018 (318):1-8.

While the reason for this decline is unclear, declines are believed to be due to the increase in teens using birth control and/or abstaining from sex.[155]

Prenatal Care

Prenatal care includes routine visits to a health care provider post conception. During prenatal visits, providers complete physical exams, check maternal and fetal weight, conduct screenings, ultrasounds and other important testing to manage the health of the mother and her fetus.[156] Among the benefits of prenatal care are reduced risk of pregnancy complications, low birth weight, preterm birth and infant mortality.[157,158]

Low Birth Weight

Low birth weight is a term used to describe babies born weighing less than 2,500 grams (5 pounds, 8 ounces). In 2017, 8.3% of babies in the US were born low birthweight.[159] These infants are at greater risk for numerous health problems after birth and later in life; these include cardiac problems, chronic lung disorders, infections, infant mortality, and developmental delays.[160]

Women, Infants and Children (WIC)

Women, Infants and Children (WIC), provides federal grants to states for supplemental nutritious foods, nutrition education and counseling, and screening and referrals to other health, welfare and social services.[161] The target population for WIC includes low-income at-risk pregnant women (pregnancy through six weeks after birth), breastfeeding women (up to infant's first birthday), non-breastfeeding women (up to six months after birth of an infant), infants (up to 1 year) and children up to their fifth birthday.

WIC served approximately 6.9 million participants per month in FY 2018, which included almost half of the infants born in the US.[162] Research suggests that participants in the WIC program have an increased likelihood of receiving prenatal care, fewer premature births, lower infant mortality, an increase in breastfeeding duration, and savings in health care costs within the first two months after birth.[163,164]

Breast Feeding

According to the CDC, breastfeeding is the best source of nutrition for most infants. The World Health Organization, the US Surgeon General, and the American Academy of Pediatrics recommend exclusive breastfeeding for infants from birth through the first 6 months of life. The health benefits for infants who are breastfed include reduced risk of asthma, respiratory and ear infections, gastrointestinal infections, obesity and SIDS.[165]

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[155] Lindberg LD, Santelli JS, Desai, S. Understanding the Decline in Adolescent Fertility in the United States, 2007–2012. J Adolesc Health. 2016: 1-7
[156] US DHHS. Eunice Kennedy Shriver National Institute of Child Health and Human Development. What is prenatal care and why is it important? www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care. Retrieved August 2019.
[157] Alexander, G.R. & Kotelchuck, M. (2001). Assessing the Role and Effectiveness of Prenatal Care. Public Health Reports. 116; 306-316.
[158] US DHHS. Eunice Kennedy Shriver National Institute of Child Health and Human Development. What is prenatal care and why is it important? www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care. Retrieved August 2019.
[159]Centers for Disease Control and Prevention. National Center for Health Statistics. Birthweight and gestation, 2017. https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf, Retrieved August 2019.
[160] US Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Child Health USA 2014. Rockville, Maryland: US Department of Health and Human Services, 2015. www.mchb.hrsa.gov/chusa14/
[161] US Department of Agriculture. Special Supplemental Nutrition Program for Women, Infants and Children (WIC). https://www.fns.usda.gov/wic. Retrieved August 2019.
[162] US Department of Agriculture. Economic Research Service: WIC Program. https://www.ers.usda.gov/topics/food-nutrition-assistance/wic-program/. Retrieved August 2019.
[163] Khanani, I., Elam, J., Hearn, R., Jones, C., & Maeru, N. (2010). The Impact of Prenatal WIC Participation on Infant Mortality and Racial Disparities. *American Journal of Public Health*. S1:100(S1); S204-S209.
[164]US Department of Agriculture. Food and Nutrition Service. About WIC-How WIC Helps. https://www.fns.usda.gov/wic/about-wic-how-wic-helps. Retrieved August 2019.
[165]Centers for Disease Control and Prevention. Breastfeeding, why it matters. https://www.cdc.gov/breastfeeding/about-breastfeeding/why-it-matters.html. Retrieved August 2019.

Infant and Child Mortality

Infant mortality is the death of an infant before his or her first birthday. The infant mortality rate is the number of infant deaths for every 1,000 live births. The infant mortality rate is considered an important marker of the overall health of a society. In 2017, the infant mortality rate in the United States was 5.8 deaths per 1,000 live births. Nevada's rate was slightly lower for the same year (5.5). The leading causes of infant death in 2017 were birth defects, preterm birth, pregnancy complications, sudden infant death syndrome (SIDS), and injuries.

Maternal and Child Health At-A-Glance

Table 32 below provides an At-A-Glance summary of eight *Maternal and Child Health* indicators and their respective data tables (included in Appendix A). Two indicators were not ranked. This table includes green bullets for the best ranked counties for each indicator, and red bullets for the worst ranked counties. This indicator data is reported by county.

Table 32: Maternal and Child Health At A Glance, with Reference to Best and Worst Ranking

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A183 A184	**Abortion Among Women 15-44 Years – Rate per 1,000 Females**	2015-2018A: R, 2018: U	Indicator could not be ranked																	
A185 A186	**% of Women who Received Prenatal Care in the First Trimester**	2015-2018A: R, 2018: U	**3**			●			●				●		●	●	●			
A187 A188	**% of Infants Born Preterm (less than 37 weeks gestation)**	2014-2018A: R, 2018: U	**3**	●	●			●	●			● tie	● tie					●		
A189 A190	**Live Births Among Teens 15-17 Years – Rate per 1,000 Females 15-17 Years**	2015-2018A: R, 2018: U	**3**						● tie	● tie	●		● tie		●		●	●		●
A191 A192	**Live Births Among Teens 15-19 Years – Rate per 1,000 Females 15-19 Years**	2015-2018A: R, 2018: U	**3**						●	●	● tie	● tie	●		●					●
A193 A194	**Live Births Among Women 20-44 Years – Rate per 1,000 Women 20-44 Years**	2015-2018A: R, 2018: U	Indicator could not be ranked																	
A195 A196	**% of Infants Born Low Birth Weight (less than 2500 grams)**	2015-2018A: R, 2018: U	**3**	●	●			●	●		●							●		
A197	**% of Infants 0-2 Years Enrolled in WIC Ever Breastfed**	2015-2018A	**3**	●		●	●				●		●						●	
A198 A199	**Infant Mortality Among Infants <1 Year – Rate per 1,000 live Births**	2015-2018A: R, 2018: U	**2**						:	:	●	●	:		:	●	●	:		:
A200 A201	**Mortality Among Children 1-18 Years – Rate per 100,000 Children 1-18 Years**	2015-2018A: R, 2018: U		●				●	●	●					:		:		●	●

Notes: **1)** Cells with a ● symbol represent counties in which indicator data is **worst ranked in the state**; **2)** Cells with a ● symbol represent counties in which indicators are **best ranked in the state**; **3)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **4)** In the *Date(s)* column, R = Rural and U = Urban. **Sources:** Noted on individual tables located in Appendix A.

Individuals with Disabilities

The definition of the term disability (and therefore, individuals with disabilities) varies greatly between educators, health professionals, researchers, policymakers and the general public. While there are a range of broad and specific definitions, the one that is most universally agreed upon is that used by the Americans with Disabilities Act (ADA). The ADA defines an individual with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has history or record of such an impairment, or a person who is perceived by others as having such an impairment.[166] According to the US Census Disability Report 2017, there were an estimated 57 million people (nearly 20% of the US population) living with one or more disabilities and more than 38 million had a severe disability.[167]

According to the Developmental Disabilities Assistance Bill of Rights, developmental disabilities are defined as:

- a severe, chronic, disability of an individual that is attributable to a mental or physical impairment or combination of mental and physical impairments; is manifested before the individual attains age 22;
- likely to continue indefinitely;
- disability that results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language; learning, mobility, self-direction, capacity for independent living, economic self-sufficiency;
- disability that reflect the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

An individual from birth to age nine, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described [above] if the individual, without services and supports, has a high probability of meeting those criteria later in life. [168] It is estimated that over 6 million individuals in the US have developmental disabilities.

For some developmental disabilities, the risk factors and causes are known; however, for many others they are not known, and research is currently underway to better understand these. The CDC is currently funding and collaborating on a multi-year Study to Explore Early Development (SEED), one of the largest studies in the US. This multi-site study will help to identify risk factors for autism spectrum disorder (ASD) and other developmental disabilities.[169]

Individuals with Disabilities At-A-Glance

Table 33 below provides an *At-A-Glance* summary of 23 indicators for *Individuals with Disabilities* and their respective data tables (included in Appendix A). This table includes green bullets for the counties with the lowest proportion of the population or rate for each indicator, and red bullets for the counties with the highest percent or rate for each. This indicator data is reported by county.

[166] Americans with Disabilities Act, as Amended. 42 USC. § 12102(1).
[167] US Census Bureau. US Disability Statistics. Revised 6/28/17.
[168] Developmental Disabilities Assistance and Bill of Rights Act. 42 USC. § 15002(8).
[169] Centers for Disease Control and Prevention (CDC). CDC's Work on Developmental Disabilities. https://www.cdc.gov/ncbddd/developmentaldisabilities/about.html. Retrieved August 2019.

Table 33: Individuals with Disabilities At A Glance, with Reference to Counties with Most and Least for Each Indicator*

Individuals with Disabilities, All Populations

Table #	Indicators Reported by County	Date(s)	# ranked, most & least	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A202	% of Total Population with a Disability	2013-2017A	3	●				○				○				●		●	○	
A203	% of Individuals Ages 18-34 with a Disability	2013-2017A	3	●			●		○							●	○	○		
A203	% of Individuals Ages 35-64 with a Disability	2013-2017A	3				○				○	○				●		●		●
A203	% of Individuals Ages 65-74 with a Disability	2013-2017A	3				○		○		○	●				●	●			
A203	% of Individuals Ages 75+ with a Disability	2013-2017A	3		○				○	●	●		○		●					
A204	% of Total Population with a Hearing Difficulty	2013-2017A	3	●		○ tie			○ tie	●	○							●	○	
A205	% of Total Population with a Vision Difficulty	2013-2017A	3	●			○ tie	○		○ tie					○	●		●		
A206	% of Total Population with a Self-Care Difficulty	2013-2017A	3	●	○			○					○	●				●		
A207	% of Total Population with a Cognitive Difficulty	2013-2017A	3	●				○				○				●	○	●		
A208	% of Total Population with an Ambulatory Difficulty	2013-2017A	3	●				○			○	○ tie				●		●	○ tie	
A209	% of Total Population with an Independent Living Difficulty	2013-2017A	3	●				○					○			●	○	●		

Children with Disabilities (rates are reported per 1,000 enrolled students)

A210	Total Rate of Children with Disabilities	2017	3		●				:	○	●	○			○	●				
A210	% Change in Rate of Total Children with Disabilities Over Two Year Period	2015, 2017	3	●		●			:	○			●		○			○		
A211	Rate of Children with a Learning Disability	2015-2017	3		●	○			:			○			○		●	●		
A211	% Change in Rates of Children with a Learning Disability Over Two Year Period	2015-2017	3		○	●			:	:		●			○	○	●			
A212	Rate of Children with a Childhood Disability, Other Health Impairment (Merged Other)	2017	2		○				:	:	○	:	:	●	:		:	:		●
A212	% Change in Rate of Children with a Childhood Disability, Other Health Impairment (Merged Other) Over Two Year Period	2015-2017	2		○			●	:	:				●						○
A213	Rate of Children with Speech/Language/Hearing Impairment	2017	3	●					:	:			●	●		○	○			○
A213	% Change in Rate of Children with Speech/ Language/Hearing Impairment Over Two Year Period	2015-2017	3	●	○		○		:	:		●		●	:					○
A214	Rate of Children with Emotional Disturbance	2017	2	○ tie	○ tie			○	:	:	●	:		:	:	●	:	:		:
A214	% Change in Rate of Children with Emotional Disturbance Over Five Year Period	2013-2017	2	○		●		●	:	:				○						
A215	Children with Autism Spectrum Disorder (rate per 1,000 enrolled students)		2	○		●		○	:	:		:	:		●		:	:		:
A247	High School Graduation Rates, Ever Individual Education Plan (IEP)	2016-2017	2		●				:	:	○	:	○		:		:	:	●	

Notes: **1)** Cells with a ● bullet symbol represent counties with most for each indicator; **2)** Cells with a ○ bullet symbol represent counties with least for each indicator; **3)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **4)** In the *Date(s)* column, R = Rural and U = Urban. **Sources:** Noted on individual tables located in Appendix A.

Social Determinants of Health (SDOH)

According to the CDC, social determinants of health include the places where people live, learn, work, and play that affect a wide range of health risks and outcomes.[170] Healthy People 2020 developed a "place-based" framework that includes five key areas of SDOH[171]: 1) Economic Stability, 2) Education, 3) Social and Community Context, 4) Health and Health Care, and 5) Neighborhood and Built Environment.

This report includes indicator data for the following SDOH indicators: access to care, Adverse Childhood Experiences, education, employment, environment and built environment (air/water quality, crime and violent related behaviors and quality of housing), food insecurity/hunger, incarceration and income/poverty.

Access to Care

Access to health care indicators are included in the Access to Care section of this report above.

Adverse Childhood Experiences (ACEs)

Adverse Childhood Experiences (ACEs) refer to all types of abuse, neglect, and other potentially traumatic experiences that occur to people under the age of 18.[172] They have been linked to chronic health conditions, risky health behaviors, and premature death. As the number of ACEs increases, so does the risk for these outcomes. In 2015, Nevada added ACEs questions to the High School Youth Behavioral Risk Factor Survey (YRBS). These questions assessed lifetime prevalence of exposure to 1) physical abuse, 2) forced sex, 3) household domestic violence, 4) household mental illness and 5) household substance abuse. In addition, Nevada began including questions for adults regarding lifetime prevalence of ACES to the Behavioral Risk Factor Surveillance Survey (BRFSS) in 2014.

Education

Health and quality of life are greatly impacted and influenced by educational attainment. Educational status (especially of the mother) has been identified as a major predictor of health outcomes, and economic trends in the industrialized world have long focused on the relationship between education and health[173]. Over the last four decades, health outcomes are increasingly correlated with educational attainment, with a large gap in health status between Americans with lower and higher education levels.[174]

Education impacts various health outcomes such as decision-making in regard to healthy choices, occupational options, and income.[175,176] Adults with higher levels of education are less likely to engage in risky behaviors, such as smoking and drinking, and are more likely to have healthy behaviors related to diet and exercise.[177] The impact of education on health behaviors likely stems from education's impact on skills as well as socioeconomic status.

Because it is considered both an essential component and a major contributing cause of health, researchers have suggested that educational achievement should broadly be a legitimate arena for

[170] Centers for Disease Control and Prevention. www.cdc.gov/socialdeterminants/index.htm.
[171] Healthy People 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
[172] US Center for Disease Control and Prevention. Adverse Childhood Experiences. https://www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/aboutace.html, Retrieved July 2019.
[173] Zimmerman, EB, Woolf, SH, & Haley, A (2015) Population Health: Behavioral and Social Science Insights. Agency for Healthcare Research and Quality. Rockville, MD.
[174] Olshansky, SJ, Atonucci, T, Berkman, L et al. (2012) Differences in life expectancy due to race and educational differences are widening and many may not catch up. Health Affairs, 31:1803-13.
[175] National Center for Health Statistics. (2012). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD.
[176] Telfair, J. & Shelton, T. L. (2012). Educational Attainment as a Social Determinant of Health. 2012. *North Carolina Medical Journal*. 73(5); 358-365.
[177] Zimmerman, EB, Woolf, SH, & Haley, A (2015) Population Health: Behavioral and Social Science Insights. Agency for Healthcare Research and Quality. Rockville, MD.

public health intervention; that is, *public health practitioners could legitimately promote educational programs to advance public health.*[178] Furthermore, education is an essential requirement for the disruption of the cycle of poverty and inequities in health.

Education also plays a critical role in health literacy, not only affecting personal health behaviors but also an individual's ability to navigate the health care system and make important health care and pharmacy-related decisions.

Employment, Income and Poverty

Income and employment are strongly associated with health behaviors and health outcomes.[179] Having a consistent and reliable source of income is important to be able to afford the basic amenities such as shelter, utilities, and food. There is a growing body of research that demonstrates, not only is individual income and wealth associated with health outcomes, but the amount of disparity between the wealthiest and poorest impacts the overall health and wellness of a nation.[180] Residents of poor neighborhoods are at increased risk for chronic illness, behavioral health problems, higher mortality and shorter life expectancy.[181,182,183]Older adults who are poor experience higher rates of disability and mortality. The population that is considered most vulnerable to the effects of poverty when compared to other groups are individuals with disabilities.[184,185]

Environment and Built Environment

According to Healthy People 2020, environmental health includes the following factors: exposure to substances in the air, water, soil and food; natural and technological disasters, climate change, occupational hazards, and the built environment.[186] The built environment includes the physical components of where people live (e.g., buildings, streets, open spaces and infrastructure) and impacts human health by influencing behaviors, physical activity patterns, social networks, and access to resources.[187,188]

Air/Water Quality

Air pollution is related to numerous health problems, including asthma, chronic obstructive pulmonary disease (COPD), heart disease and stroke.[189] Passed in 1963, the Clean Air Act is designed to control air pollution on a national level, required the Environmental Protection Agency (EPA) to monitor six criteria air pollutants: particulate matter ($PM_{2.5}$ and PM_{10}), ozone (O_3), nitrogen dioxide (NO_2), carbon monoxide (CO), sulfur dioxide (SO_2) and lead (Pb). The EPA has established the National Ambient Air Quality Standards (NAAQS), which define the Air Quality Index (AQI) category ranges. AQI is a measure that is

[178] Hahn, RA, & Truman, BI (2015). Education improves public health and promotes health equity. International Journal of Health Services, 45(4): 657-678.
[179] Robert Wood Johnson Foundation. Health Policy Snapshot. How Does Employment – or Unemployment- Affect Health? Issue Brief, March 2013.
[180] Braveman P, Acker J, Arkin E, Proctor D, Gillman A, McGeary KA, Mallya G. Wealth Matters for Health Equity. Princeton, NJ: Robert Wood Johnson Foundation, 2018.
[181] Caughy MO, O'Campo PJ, Muntaner C. When being alone might be better: Neighborhood poverty, social capital, and child mental health. Social Science & Medicine. 2003;57(2):227-237.
[182] Mode NA, Evans MK, Zonderman AB. Race, neighborhood economic status, income inequality and mortality. PLoS ONE. 2016;12;11(5):1-14. doi:10.1371.
[183]Braveman PA, Cubbin C, Egerter S, Williams DR, Pamuk E. Socioeconomic disparities in health in the United States: What the patterns tell us. Am J Public Health. 2010;100(S1): S188-S196.
[184] Rank MR, Hirschl TA. The likelihood of experiencing relative poverty over the life course. PLoS ONE. 2015;10(7):1-11. doi:10.1371.
[185] Brucker DL, Mitra S, Chaitoo N, Mauro J. More likely to be poor whatever the measure: Working-age persons with disabilities in the United States. Social Science Quarterly. 2015;96(1):273-296. doi:10.1111.
[186] Office of Disease Prevention and Health Promotion. Healthy People 2020, Environmental Health. https://www.healthypeople.gov/2020/topics-objectives/topic/environmental-health#seven. Retrieved June 2019.
[187]Jackson R, Dannenberg A, Frumkin, H. Health and the Built Environment: 10 Years After. Am J Public Health. 2013 September;103(9):1542–44.
[188]Centers for Disease Control and Prevention. The impact of the built environment on health. https://www.cdc.gov/nceh/publications/factsheets/impactofthebuiltenvironmentonhealth.pdf. Retrieved June 2019.
[189]Centers for Disease Control and Prevention. Air Quality. https://www.cdc.gov/air/air_health.htm. Retrieved July 2019.

used to report daily air quality, accounting for four of the major air pollutants regulated by the Clean Air Act: ozone, particulate matter, carbon monoxide, sulfur dioxide.[190]

The US has one of the safest and most reliable drinking water systems in the world. In 1974, Congress passed the Safe Drinking Water Act (SDWA), requiring the EPA to establish and enforce standards for public drinking water systems. A public or community water system is any system that provides water for human consumption with at least 15 service connections or that serves an average of 25 persons for at least 60 days out of the year.[191] There are over 151,000 public water systems in the US that are regularly tested for water contaminants.

Crime and Violent-related Behaviors

Crime and violence in a community is an important public health issue; people may be directly victimized or witness violence or crime. Children and adolescents who are exposed to violence are at greater risk for poor behavioral health outcomes, experiencing behavioral problems, depression, anxiety, and PTSD.[192] Furthermore, the effects of violence in childhood can results in problems in adulthood, including increased risk for substance abuse and risky sexual behavior. Women who are exposed to domestic violence are more likely to have physical and behavioral health issues, including depression and suicidal ideation.[193]

Quality of Housing

There is strong evidence identifying housing's relationship to health, with four important connections: stability, quality and safety, affordability, and neighborhood.[194] With regard to stability, people who are chronically homeless have greater morbidity and mortality when compared to their stably housed peers. A review of studies examining the impact of home foreclosure on health and mental health found it is related to poor health outcomes such as substance use, depression, anxiety and suicide.[195]

Housing safety and quality refer to the environmental factors within the home, such as lead exposure, which is correlated with irreversible brain and nervous system damage in children.[196] Other housing conditions that impact health include poor ventilation, pest infestation, water leaks, and poor temperature control.

In 2015, approximately 39 million families spent more than 30% of their income on housing. These individuals are considered to be cost burdened and the associated housing cost is referred to as "unaffordable."[197] These families are less able to cover other essential expenses, like food, clothing and health care.

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[190] US Environmental Protection Agency. Air Quality Index: A Guide to Air Quality and Your Health, February 2014. https://www3.epa.gov/airnow/aqi_brochure_02_14.pdf. Retrieved July 2019.
[191] Environmental Protection Agency. Public Water Systems. www.epa.gov/dwreginfo/information-about-public-water-systems Retrieved July 2019.
[192] Fowler PJ, Tompsett CJ, Braciszewski JM, Jacques-Tiura AJ, Baltes BB. Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. Dev Psychopathol. 2009;21(01):227-59.
[193] 13 Brady SS. Lifetime community violence exposure and health risk behavior among young adults in college. J Adolesc Health. 2006;39(4):610-13
[194]Taylor, L. "Housing and Health: An Overview of The Literature," Health Affairs Health Policy Brief, June 7, 2018. DOI: 10.1377/hpb20180313.396577. Retrieved August 2019.
[195] Tsai, A.C. Home Foreclosure, Health and Mental Health: A Systematic Review of Individual, Aggregate and Contextual Associations. PLoS One. 2015; 10(4): e0123182. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4388711/. Retrieved August 2019.
[196] World Health Organization. Lead poisoning and health, August 2018. https://www.who.int/en/news-room/fact-sheets/detail/lead-poisoning-and-health. Retrieved August 2019.
[197] US Department of Housing and Urban Development. Affordable Housing. https://www.hud.gov/program_offices/comm_planning/affordablehousing. Retrieved July 2019.

The neighborhood an individual lives in impacts health in terms of transportation, access to nutritious food and safe spaces to exercise. In contrast, living near high volume traffic is correlated with increased risk of asthma and respiratory diseases.[198]

Food Insecurity/Hunger

The US Department of Agriculture defines food insecurity as households that were uncertain of having, or unable to acquire, enough food to meet the needs of household members due to insufficient resources for food.[199] Approximately 11.8% of households were food insecure at some point during 2017, which is lower than 2016 (12.3%). Of the households that were food insecure, 30.3% were households with children headed by a single woman. Food insecurity is associated with poor physical and mental health, unmet needs for chronic conditions such as diabetes and hypertension, and less health care access.[200,201]

SDOH Indicators At-A-Glance: ACES, Education, Employment, Food Insecurity/Hunger, Income/Poverty, and Environment/Built Environment

Table 33 below provides an At-A-Glance summary of 65 indicators for *Social Determinants of Health* and their respective data tables (included in Appendix A). Five indicators were not ranked. This table includes green bullets for the best ranked counties for each indicator, and red bullets for the worst ranked counties. These indicators are reported by county and one substate region.

[198] Robert Wood Johnson and Pew Charitable Trust. Health Impact Assessment and Housing: Opportunities for the Housing Sector, March 2016. http://www.pewtrusts.org/~/media/assets/2016/03/opportunities_for_the_housing_sector.pdf. Retrieved August 2019.
[199] US Department of Agriculture. Economic Research Service. Food Security in the US, Key Statistics and Graphs, 2017. https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics.aspx. Retrieved August 2019.
[200] Pruitt SL, Leonard T, Xuan L, Amory R, Higashi RT, Nguyen OK, et al. Who Is Food Insecure? Implications for Targeted Recruitment and Outreach, National Health and Nutrition Examination Survey, 2005–2010. Prev Chronic Dis 2016; 13:160103. doi: http://dx.doi.org/10.5888/pcd13.160103. Retrieved July 2019.
[201] Alvarez C, Lantz P, Sharac J, Shin P. Food insecurity, food assistance, and health status in the US community health center population. J Health Care Poor Underserved 2015;26(1):82–91. https://www.ncbi.nlm.nih.gov/pubmed/25702729. Retrieved August 2019.

Table 34: Social Determinants of Health At A Glance, with Reference to Best and Worst Ranking*

Adverse Childhood Experiences (ACES)

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A222 A223	% of Adults whose Parents were Separated or Divorced	2015-2018A: R, 2018: U	3						:	:	●		●	●		●	●		●	
A224 A225	% of Adults Reporting How Often During Childhood a Parent or Adult in Their Home Ever Swore, Insulted or Put them Down (Once/More than Once)	2015-2018A: R, 2018: U	3	●					:	:		●	●				●		●	●
A226 A227	% of Adults Ever Lived with Anyone who was a Problem Drinker or Alcoholic	2014-2017A: R, 2017: U	3	●		●			:	:			●	●				●	●	
A228 A229	% of Adults who Ever Lived with Anyone who Abused Illegal Street Drugs or who Abused Prescription Medications	2015-2018A: R, 2018: U	3	●					:	:			●	●			●		●	●
A230 A231	% of Adults who Ever Lived with Anyone who was Depressed, Mentally Ill or Suicidal	2015-2018A: R, 2018: U	3	●			●		:	:		●	●						●	●
A232 A233	% of Adults who Ever Lived with Anyone who Served Time or was Sentenced to Serve Time in Prison, Jail, or Other Correctional Facility	2015-2018A: R, 2018: U	3	●		●			:	:		●		●	●		●			
A234 A235	% of Adults whose Parents or Adults in their Home Ever Slapped, Hit, Kicked, Punched, or Beat Each Other Up When They Were Children (Once/More than Once)	2015-2018A: R, 2018: U	3		●				:	:	●	●	●	●	●					
A236 A237	% of Adults Reporting How Often During Childhood a Parent or Adult in their Home Ever Hit, Beat, Kick, or Physically Hurt them in Any Way (Once/More than Once)	2015-2018A: R, 2018: U	3	●	●	●			:	:		●	●	●						
A238 A239	% of Adults Reporting How Often During Childhood Anyone at Least 5 Years Older or an Adult, Touched Them Sexually (Once/More than Once)	2015-2018A: R, 2018: U	3	●					:	:		●	●		●	●	●			
A240 A241	% of Adults Reporting How Often During Childhood Anyone at Least 5 Years Older or an Adult Tried to Make you Touch Them Sexually (Once/More than Once)	2015-2018A: R, 2018: U	3	●					:	:		●	●		●		●	●		
A242 A243	% of Adults Reporting How Often During Childhood Anyone at Least 5 Years Older or an Adult Forced You to have Sex (Once/More than Once)	2015-2018A: R, 2018: U	3	●			●		:	:		●	●				● tie	●		● tie

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A216	% of HS Students who have Ever been Sworn at, Insulted by, or Put Down by an Adult (Sometimes/Most of time/Always)	2017	2	●	●	●		●			
A217	% of HS Students who have Ever Lived with Someone who was a Problem Drinker, Alcoholic or Abused Street/Prescription Drugs	2017	2				●	● tie	●	●	● tie
A218	% of HS Students who have Ever Lived with Someone who was Depressed, Mentally Ill or Suicidal	2017	2	●	●		●		●		
A219	% of HS Students who have Ever Seen Adults in their Home Slap, Hit, Kick, Punch, or Beat Each Other Up	2017	2	●		● tie		●	●	● tie	
A220	% of HS Students who have Ever Been Hit, Beaten, Kicked, or Physically Hurt in any Way by an Adult	2017	2	●		●		●	●		
A221	% of HS Students who were Ever Physically Forced to have Sexual Intercourse	2017	2	●			●	●		●	

Education

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A244	**% Change Between 2014 and 2018 in Per Pupil Spending for Public Schools**	2014, 2018	Indicator could not be ranked																	
A245	**11th grade HSPE – % Math Proficient**	2014-2015	**3**			🔴	🟢		:	🟢		🟢	🔴			🔴				
A245	**11th grade HSPE – % Reading Proficient**	2014-2015	**3**					🔴	:	🟢		🟢	🔴 tie			🔴	🔴 tie	🟢		
A245	**11th grade HSPE – % Science Proficient**	2014-2015	**3**			🔴	🟢		:	🟢		🟢	🔴			🔴				
A245	**11th grade HSPE – % Writing Proficient**	2014-2015	**3**						:	🟢		🟢			🟢	🔴		🔴		🔴
A246	**Four-year HS Graduation Rates**	2017-2018	**3**		🔴				:	🟢						🔴	🟢	🟢		🔴
A247	**HS Graduation Rates, Students Ever Career and Technical Edu (CTE)** (3 tied for best with 100%)	2016-2017	**2**		🔴				:	🟢 tie		🟢 tie		🟢			🟢 tie	:		🔴
A247	**HS Graduation Rates, Students Ever Free and Reduced Lunch (FRL)**	2016-2017	**3**		🔴				:	:	🟢	🟢		🔴			🟢	:		🔴
A247	**HS Graduation Rates, Students Ever Individual Education Plan (IEP)**	2016-2017	**2**		🔴				:	:	🟢	:	🟢		:		:	:	🔴	
A247	**HS Graduation Rates, Students Ever English Learner (EL)**	2016-2017	**1**	🔴					:	:	🟢	:	:	:	:		:	:		:
A248	**% Public HS Students Enrolled in NV System of Higher Ed**	2015	**3**				🟢		:	🔴		🟢	🔴				🔴		🟢	
A249	**Ed Attainment by Adults 25+: % Less than 9th Grade**	2013-2017A	**3**								🔴	🔴	🟢		🟢		🔴	🟢		
A249	**Ed Attainment by Adults 25+: % High School Grade or Higher**	2013-2017A	**3**				🟢			🟢	🔴	🔴					🔴	🟢		
A249	**Ed Attainment by Adults 25+: % Bachelor's Degree or Higher**	2013-2017A	**3**			🟢	🟢			🔴		🔴				🔴			🟢	
A249	**Ed Attainment by Adults 25+: % Bachelor's Degree or Higher, Males**	2013-2017A	**3**				🟢					🔴				🔴 tie	🔴	🟢	🟢	🔴 tie
A249	**Ed Attainment by Adults 25+: % Bachelor's Degree or Higher, Female**	2013-2017A	**3**			🟢	🟢			🔴					🔴	🔴			🟢	

Employment

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A252	**Unemployment Rate**	2018	**3**					🟢		🟢		🟢		🔴	🔴	🔴				
A252	**Change in Unemployment Rate, 2008 to 2018**	2008, 2018	**3**				🟢	🔴 tie	🔴			🔴 tie	🔴	🟢		🟢				
A253	**% of Population 16+ Years of Age in Labor Force**	2013-2017A	**3**					🟢			🟢		🔴			🔴	🔴		🟢	

Food Insecurity/Hunger

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A255	**% of Population Enrolled in SNAP**	2018	Indicator could not be ranked																	
A255	**% Change, 2010 and 2018 in SNAP Enrollment**	2010, 2018	Indicator could not be ranked																	
A256	**% of Population that is Food Insecure**	2017	**3**		🔴			🟢			🟢	🟢			🔴	🔴				
A257	**% of Students who Qualify for Free or Reduced Lunch**	2018	**3**						🔴	🟢					🔴	🔴		🟢		🟢
A258	**Food Environment Index Score**	2015/2016	**3**					🟢	🔴			🟢	🔴		🔴			🟢		

Income/Poverty																						
Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Income																						
A259	Median Household Income (dollars)	2013-2017A	3					●	●		●	●			●	●				
A259	Median Earnings for Workers (dollars)	2013-2017A	3		●			●	●	●		●				●				
A259	Median Earnings for Male Workers, Full-time, Year-round (dollars)	2013-2017A	3	●				●	●	●		●			●					
A259	Median Earnings for Female Workers, Full-time, Year-round (dollars)	2013-2017A	3		●				●	●			●				●	●		
A259	Difference in Annual Earnings Between Male and Female Workers, Full-time, Year-round (dollars)	2013-2017A	3	●				●		●	●		●		●					
Poverty																						
A265	% of Population whose Income in Past 12 Months was Below Poverty Level	2013-2017A	3						●		●				●	●	●	●		
A265	% of Population under 18 whose Income in Past 12 Months was Below Poverty Level	2013-2017A	3	● tie					●	●	●		●		●	● tie				
A265	% of Population 18-64 whose Income in Past 12 Months was Below Poverty Level	2013-2017A	3		●				●	●	●			●	●					
A265	% of Population 65+ whose Income in Past 12 Months was Below Poverty Level	2013-2017A	3		●		●			●			●				●	●		
A265	% of Families whose Income in Past 12 Months was Below Poverty Level	2013-2017A	3							●	●				●	●	●	●		
A265	% of Families with Female Householder (no husband present and children under 18) in Past 12 Months Below Poverty Level	2013-2017A	3		●		●			● tie	●	●					●	● tie		
A265	% of Households with Cash Public Assistance Income in Past 12 Months	2013-2017A	3	●	●			●	● tie	● tie	●					●				
A247	HS Graduation Rates, Students Ever Free and Reduced Lunch (FRL)	2016-2017	3		●				:	:	●	●		●			●	:		●

Environment and Built Environment																						
Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
Air and Water Quality																						
A273	# of Days per Year Air Quality Index Over 100	2018	Indicator could not be ranked																	
A274	Number of Community Water Systems in Violation of Max Containment Levels for Primary Drinking Water Standards	2018	Indicator could not be ranked																	
Crime and Violent Related Behaviors																						
A280	Number of Reported Child Fatalities Due to Maltreatment	2018	Indicator could not be ranked																	
A281 A282	Death Due to Homicide/Assault (Rate per 100,000)	2015-2018A: R 2018: U	2			●	●		:	:	●	:			:			:		●

Environment and Built Environment

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
Crime and Violent Related Behaviors											
A275	**% of HS Students Electronically Bullied (via email, chat rooms, instant msg, websites or texting) in Past 12 Months**	2017	**2**			●	●		●	●	
A276	**% of HS Students who Did Not go to School Because they Felt Unsafe at School or on their way to or from School** (on at least one day during 30 days before survey)	2017	**2**	●			●			●	●
A277	**% of HS Students who Carried a Weapon on School Property** (e.g., gun, knife or club on at least one day during 30 days before survey)	2017	**2**	●		●	●	●			
A278	**% of HS Students who Experienced Physical Dating Violence** (e.g., hit, slammed into something or injured with an object/weapon on purpose by someone they were dating/going out with 1+ times during 12 months before the survey)	2017	**2**		●	●		●	●		
A279	**% of HS Students who Experienced Sexual Dating Violence** (including kissing, touching, physically forced to have sexual intercourse when they did not want to by someone they were dating/going out with 1+ times during 12 months before the survey)	2017	**2**	●			●			●	●

Quality of Housing

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A290	**% of <u>Owner Households</u> Unaffordable (housing is 30+% of monthly cost as a % of household income)**	2013-2017A	**3**	●			●		●	●		●				●				
A290	**% of <u>Renter Households</u> Unaffordable (housing is 30+% of monthly cost as a % of household income)**	2013-2017A	**3**		●	●				●			●					●	●	

Motor Vehicle Related

Table #	Indicators Reported by County	Date(s)	# ranked best & worst	Carson City	Churchill	Clark	Douglas	Elko	Esmeralda	Eureka	Humboldt	Lander	Lincoln	Lyon	Mineral	Nye	Pershing	Storey	Washoe	White Pine
A295	**% of Households with no Vehicles Available**	2013-2017A	**3**			●	● tie		●			●			●			●		● tie
A297	**Mean Travel time to Work in Minutes**	2013-2017A	**3**					●			●		●	●	●					●
A299	**Pedestrian Death Rate per 100,000 Population**	2008-2017A	Indicator could not be ranked																	
A299	**Motor Vehicle Death Rate per 100,000 Population**	2008-2017A	**2**			●			:	:		●	:		:	●	:	:	●	

Table #	Indicators Reported by 8 Substate Regions	Date(s)	# ranked best & worst	Carson City	Douglas	Churchill, Humboldt, Lander, Pershing	Clark	Elko, White Pine, Eureka	Lyon, Mineral, Storey	Nye, Lincoln	Washoe
A298	**% of HS Students who Texted or e-Mailed While Driving a Car or Other Vehicle (in past 30 days)**	2017	**2**	● tie	●		●		● tie		● Tie

Notes: 1) Cells with a ● symbol represent counties in which indicator data is **worst ranked in the state**; **2)** Cells with a ● symbol represent counties in which indicators are **best ranked in the state**; **3)** The symbol "**:**" is used to demonstrate data that are unavailable or suppressed; **4)** In the *Date(s)* column, R = Rural and U = Urban.
Sources: Noted on individual tables located in Appendix A.
*Access to Care is included in Table 28.

Nevada 2-1-1 and Title XX Services per County

2-1-1 is the telephone number across North America that, when dialed or access online, will provide information and referrals to health, human and social service organizations in the area that a person is calling from. The 2-1-1 system includes places to find emergency food, housing and emergency shelter locations, children's services, support for seniors, older persons, and people with disabilities, and mental health and counseling services, among many others. The 2-1-1 data included for this report were focused on the 28 service categories that are permissible to receive federal funding through the Title XX block grant. Title XX funding is tailored towards helping persons with the following:

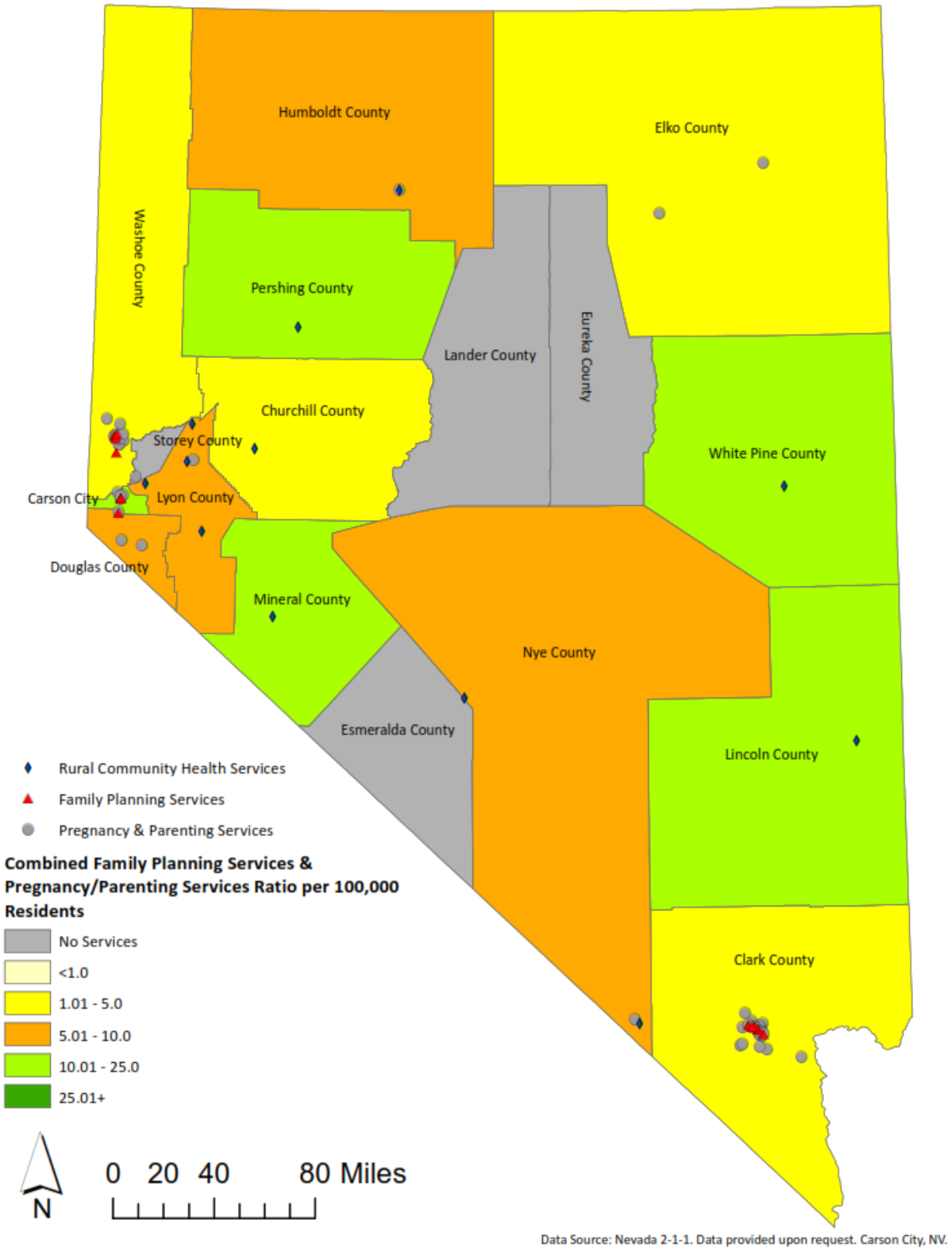
- Achieve or maintain self-sufficiency, including reduction or prevention of dependency
- Prevent neglect, abuse, or exploitation of children and adults unable to protect their own interests, or preserving, rehabilitating or reuniting families
- Prevent or reduce inappropriate institutional care by providing for community-based care, home-based care, or other forms of less intensive care
- Secure referral or admission for institutional care when other forms of care are not appropriate, or providing services to individuals in institutions

The resources in each county that fell under the 28 service categories were reviewed and combined into similar services. While not all 28 service categories are included in the following four maps, these maps account for the majority of the physical locations in each county that Nevada 2-1-1 determined fell within the Title XX service categories. The maps provide the number of physical locations for select types of service categories within each county relative to total population and are expressed as a rate per 100,000 residents.

Map 7: Family Planning & Pregnancy/Parenting Services

According to Nevada 2-1-1 data, eleven counties have physical locations that provide family planning or pregnancy and parenting services. Carson City has the highest ratio of service locations per capita. DHHS rural community health services locations also provide family planning and pregnancy/parenting services and 2-1-1 data are supplemented in this map to reflect these locations.

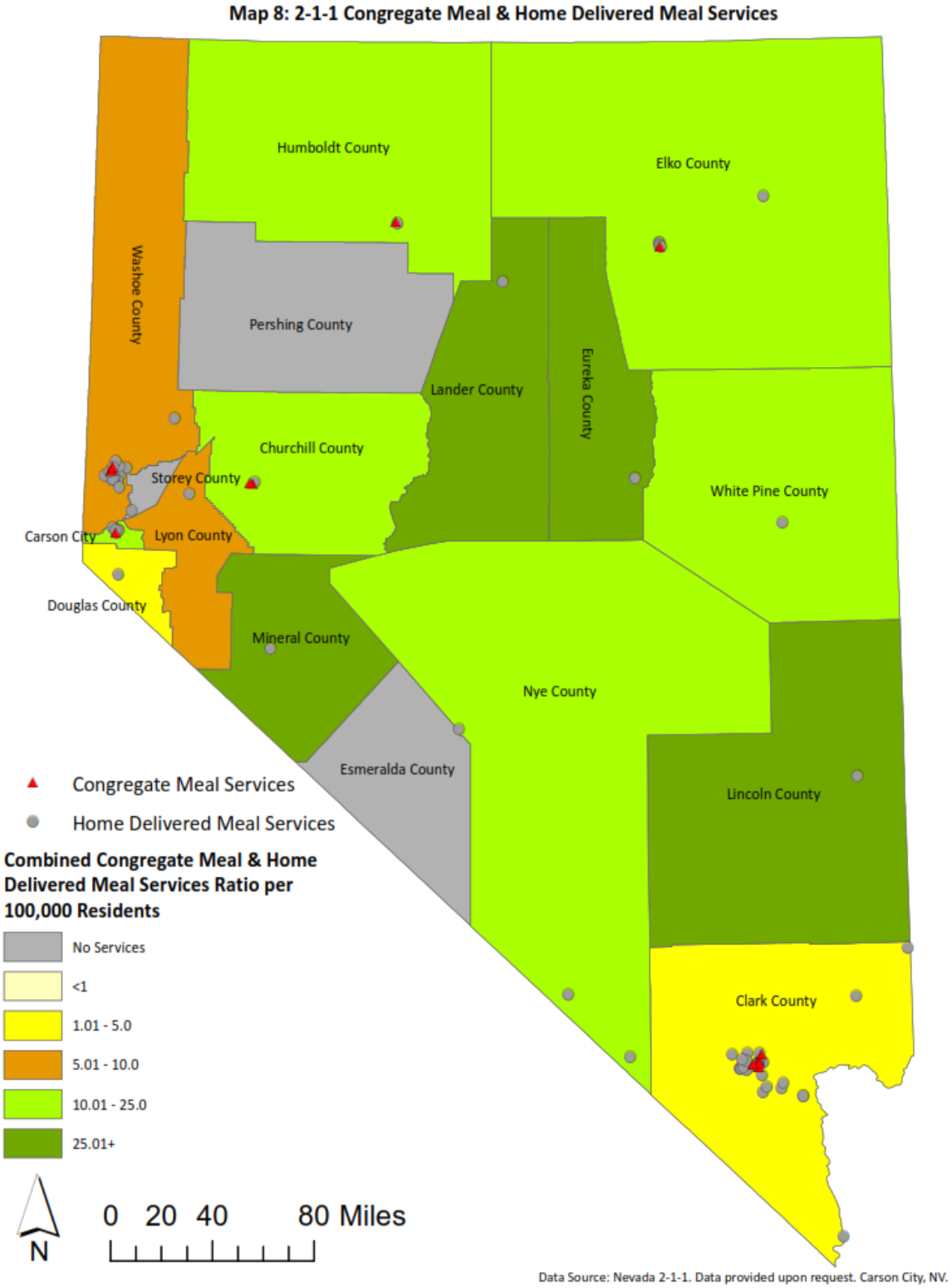
Map 7: 2-1-1 Family Planning & Pregnancy/Parenting Services



Data Source: Nevada 2-1-1. Data provided upon request. Carson City, NV.

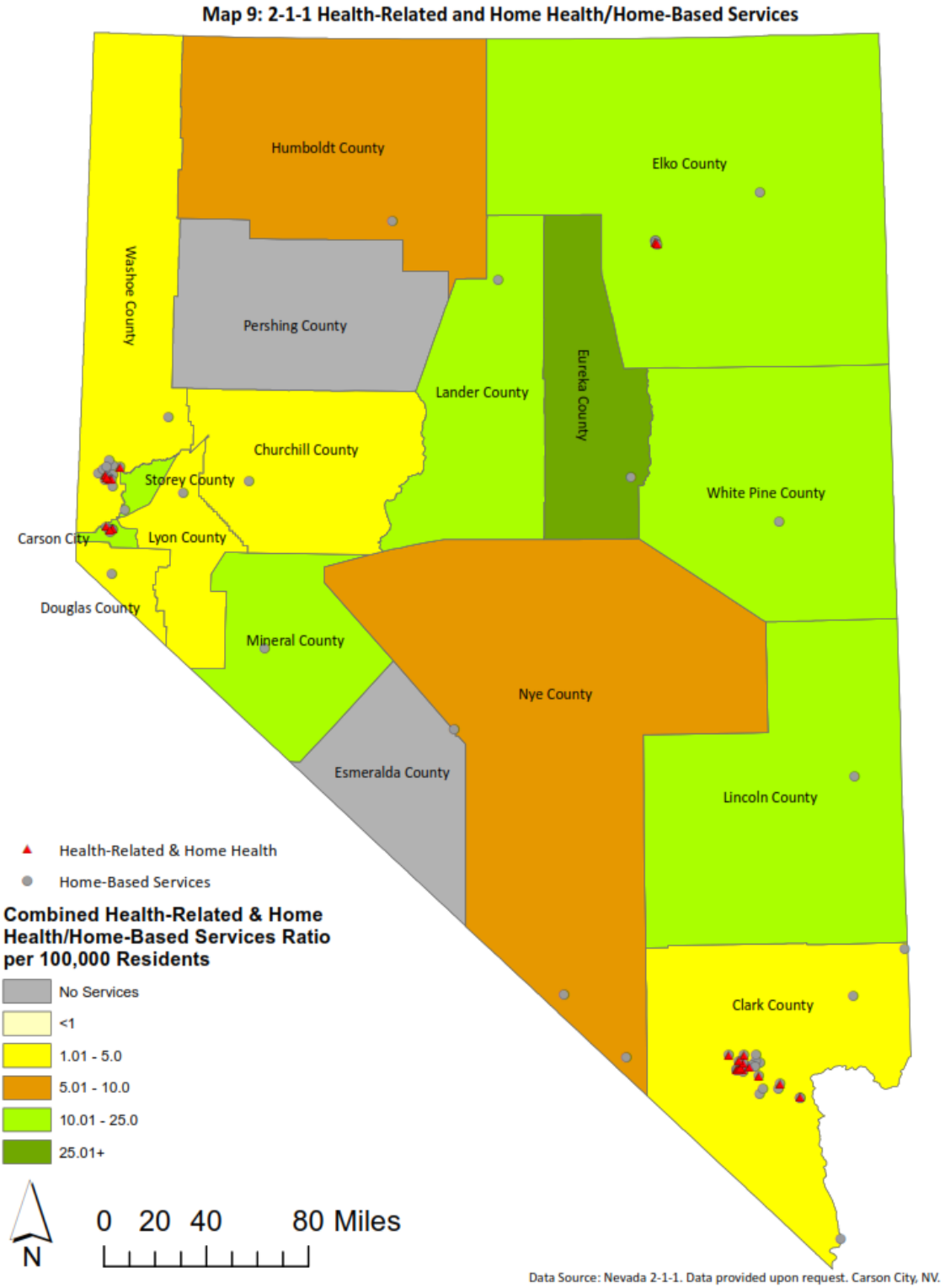
Map 8: Congregate Meal & Home Delivered Meal Services

Nevada 2-1-1 data indicate the majority of counties have at least one congregate meal or home delivery meal service provider. There were three counties without services in this category, Esmeralda, Storey, and Pershing counties. While the rate per capita is highest in Eureka, Lander, Lincoln, and Mineral those may be misleading due to the small population living within those frontier counties.



Map 9: Health-related & Home Health/Home-based Services

The Nevada 2-1-1 services under these combined categories exist in nearly every county, except for Esmeralda and Pershing counties. Eureka County has the highest rate per capita, however with only one location, this is due to the small population residing in the county.



Health Services Utilization Data

All Payer Utilization Data

For this assessment, emergency department and inpatient utilization data for the period from 2016-2018 (aggregate) were requested from the Nevada DHHS Office of Analytics. This data is provided to the state by the University of Nevada, Las Vegas (UNLV) Center for Health Information Analysis (CHIA).

Emergency Department Visits and Inpatient Hospitalizations

These data were provided in two distinct sets for all payers: 1) emergency department visits and 2) inpatient hospitalizations. Behavioral health hospitals were excluded from this dataset, as there are only two counties, Clark and Washoe, that have behavioral health hospitals. A description of the data included for each dataset is included below.

Hospital Emergency Department Billing (HEDB): Health billing data for emergency room patients for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were seen in the emergency room setting. The data uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses. ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015, therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, discharge status, and external cause of injury codes. The billing information is for billed charges and not the actual payment received by the hospital

Hospital Inpatient Billing (HIB): Health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were admitted for at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical 5.

Number and Proportion of Emergency Department Visits and Inpatient Hospitalizations Among Residents of Each County that were Within and Outside of County of Residence

Data for 2016, 2017, and 2018 were aggregated and a series of maps were generated to better understand how often and where persons obtain emergency and medical care in hospital settings. Two important caveats regarding this data include: 1) these data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period; 2) these data only represent visits made by Nevada residents within Nevada only. These numbers DO NOT represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

There are three counties in Nevada with no hospital: Esmeralda County, Eureka County, and Storey County. If a condition requires care in an emergency department or hospitalization, residents in these three counties must be transported or self-transport to a county to seek the level of care necessary.

There are two overview tables (Table 35 and Table 36) that depict the number and proportion of emergency department visits and inpatient hospitalizations among residents of each county that were within and out of the county of residence.

Emergency Department Visits

Table 35 shows the number and percentage of emergency department visits that occurred in and out of each county by residents of that county. From 2016 through 2018, the majority of emergency department visits were within the county of residence, except for the three counties without a hospital, and Lyon County, where only 15% of the 59,311 emergency department visits among residents of Lyon County were in Lyon County.

Table 35: Number and Percent of Total Emergency Department Visits In and Out of County Among Residents of Each County and Nevada, 2016 2018 Aggregate

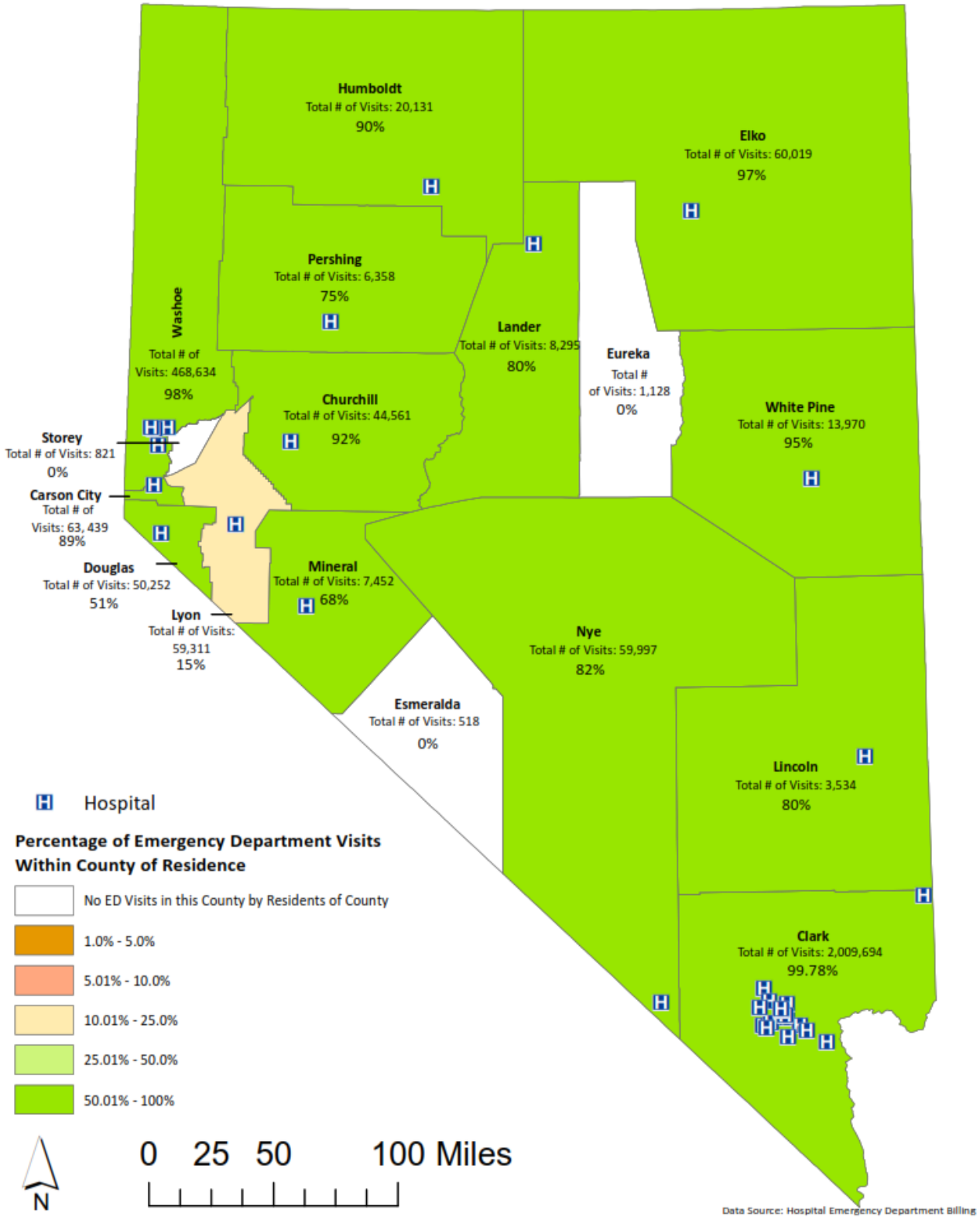
Patient County of Origin/Residence	ED Visits IN Own County		ED Visits OUT of Own County		Total # ED Visits Among Residents
	#	%	#	%	
Carson	56,684	89%	6,755	11%	63,439
Churchill	41,177	92%	3,384	8%	44,561
Clark	2,005,306	99.78%	4,388	0.22%	2,009,694
Douglas	25,530	51%	24,722	49%	50,252
Elko	58,447	97%	1,572	3%	60,019
Esmeralda*	0	0%	518	100%	518
Eureka*	0	0%	1,128	100%	1,128
Humboldt	18,078	90%	2,053	10%	20,131
Lander	6,661	80%	1,634	20%	8,295
Lincoln	2,839	80%	695	20%	3,534
Lyon	8,715	15%	50,596	85%	59,311
Mineral	5,050	68%	2,402	32%	7,452
Nye	49,247	82%	10,750	18%	59,997
Pershing	4,799	75%	1,559	25%	6,358
Storey*	0	0%	821	100%	821
Washoe	460,887	98%	7,747	2%	468,634
White Pine	13,340	95%	630	5%	13,970
Total	**2,756,760**	**96%**	**121,354**	**4%**	**2,878,114**

*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 10 includes the percentage of ED visits in each county by residents of the county for 2016-2018 (in aggregate). Clark and Washoe counties had the greatest percent of residents of the county going to EDs within the county, 99.78% and 98%, respectively. Eureka, Esmeralda and Storey Counties do not have hospitals, so they did not have any ED visits.

Map 10: Percentage of Emergency Department Visits in Each County by Residents of the County, 2016-2018 Aggregate Data



Inpatient Hospitalization Visits

Table 36 shows the number and percentage of inpatient hospitalizations that occurred in and out of each county by residents of that county. Only six counties (Carson City, Clark, Elko, Humboldt, Washoe, and White Pine) had the majority of inpatient hospitalizations within the county of residence. The majority of inpatient hospitalizations among residents of the other 11 counties were in a county outside the county where the patient lived.

Table 36: Number and Percent of Total Hospital Inpatient Visits IN and Out of County of Residence by County and Nevada, 2016 2018 Aggregate

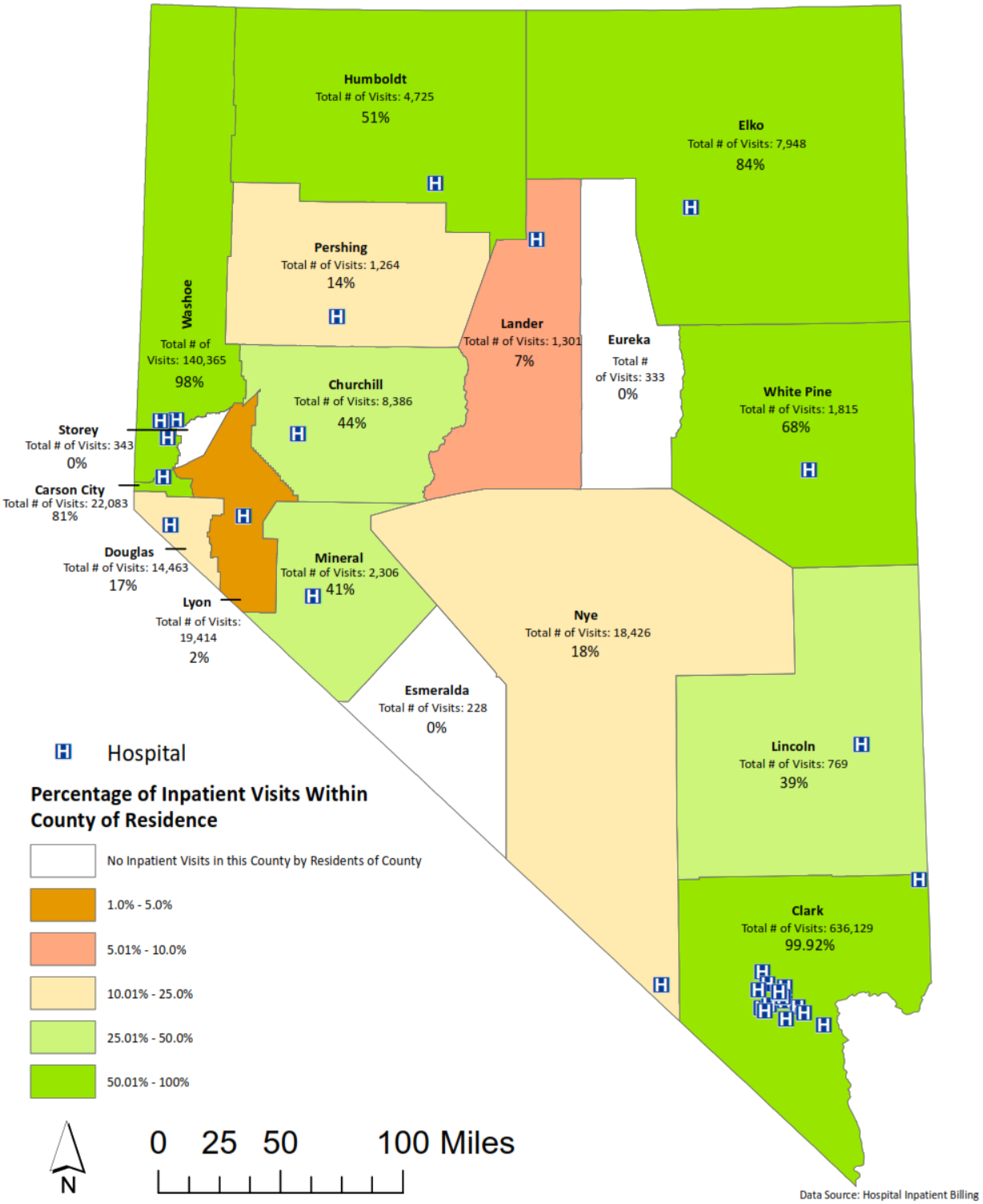
Patient County	Hospitalizations IN Own County		Hospitalizations OUT of Own County		Total # Hospital Inpatient Visits Among Residents
	#	%	#	%	
Carson	17,964	81%	4,119	19%	22,083
Churchill	3,729	44%	4,657	56%	8,386
Clark	635,647	99.92%	482	0.08%	636,129
Douglas	2,517	17%	11,946	83%	14,463
Elko	6,641	84%	1,307	16%	7,948
Esmeralda*	0	0%	228	100%	228
Eureka*	0	0%	333	100%	333
Humboldt	2,430	51%	2,295	49%	4,725
Lander	96	7%	1,205	93%	1,301
Lincoln	299	39%	470	61%	769
Lyon	375	2%	19,039	98%	19,414
Mineral	944	41%	1,362	59%	2,306
Nye	3,327	18%	15,099	82%	18,426
Pershing	180	14%	1,084	86%	1,264
Storey*	0	0%	343	100%	343
Washoe	137,272	98%	3,093	2%	140,365
White Pine	1,227	68%	588	32%	1,815
Total	**812,648**	**92%**	**67,650**	**8%**	**880,298**

*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 11 includes the percentage of Hospital Inpatient visits in each county by residents of the county for 2016-2018 (in aggregate). Clark and Washoe counties had the greatest percentage of residents of the county with inpatient visits within the county, 99.92% and 98%, respectively. Eureka, Esmeralda and Storey counties do not have hospitals, so they did not have any inpatient visits.

Map 11: Percentage of Inpatient Hospital Visits in Each County by Residents of the County, 2016-2018 Aggregate Data



Emergency Department and Hospital Visits Among Nevada Residents

Table 37 illustrates the number and percent of emergency department visits that are from residents of other counties and the total number of ED visits with residents and non-residents combined.

Table 37: Number and Percent of Total Emergency Department Visits among Non residents, and Total Number of Emergency Department Visits Combined

Hospital Location	Total # Visits Among Non-residents	% of ED Visits Among Non-residents	Total # Visits to ED - Residents and Non-residents Combined
Carson	47,499	46%	104,183
Churchill	13,321	24%	54,498
Clark	13,246	1%	2,018,552
Douglas	4,547	15%	30,077
Esmeralda*	:	:	:
Eureka*	:	:	:
Elko	2,606	4%	61,053
Humboldt	1,587	8%	19,665
Lander	800	11%	7,461
Lincoln	239	8%	3,078
Lyon	671	7%	9,386
Mineral	857	15%	5,907
Nye	1,279	3%	50,526
Pershing	292	6%	5,091
Storey*	:	:	:
Washoe	33,641	7%	494,528
White Pine	769	5%	14,109
Total	121,354	24%	508,637

*these counties do not have a hospital

The symbol "**:**" is used to demonstrate data that are unavailable or suppressed.

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Table 38 illustrates the number and percent of inpatient visits that are from residents of other counties, and the total number of inpatient hospitalizations with residents and non-residents combined.

Table 38: Number and Percent of Total Inpatient Hospitalizations among Non residents and Total Number of Inpatient Hospitalizations Combined			
Hospital Location	**Total Inpatient Hospitalizations Among Non-residents**	**% of Inpatient Hospitalizations Among Non-residents**	**Total # Inpatient Hospitalizations - Residents and Non-residents Combined**
Carson	20,584	53%	3,8548
Churchill	1,404	27%	5,133
Clark	16,466	3%	65,2113
Douglas	548	18%	3,065
Elko	487	7%	7,128
Esmeralda*	:	:	:
Eureka*	:	:	:
Humboldt	485	17%	2,915
Lander	6	6%	102
Lincoln	13	4%	312
Lyon	21	5%	396
Mineral	123	12%	1,067
Nye	42	1%	3,369
Pershing	17	9%	197
Storey*	:	:	:
Washoe	27,382	17%	164,654
White Pine	72	36%	199
Total	**67,650**	**8%**	**879,198**

*these counties do not have a hospital
The symbol "**:**" is used to demonstrate data that are unavailable or suppressed.
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV

Medicaid Utilization

Medicaid utilization data were requested from the DHHS Office of Analytics for this assessment for specific time periods, provider/service types and counties. However, the DHHS Office of Analytics was unable to provide the requested data as they were experiencing unexpected technical challenges which arose with the ongoing migration from legacy to modernized version of the Medicaid claims databases. As work continues on this modernization process, claims data will be included in assessments of this type in the future.

Data from existing Medicaid reports are included in Tables 39 and 40 below. Table 39 includes a summary of the main provider service types and the average monthly amount spent in SFY 2018 and 2019. The main service type with the greatest percent increase was optical (+22.6%), while behavioral health had the greatest percent decrease (-28.0).

Table 39: Medicaid Average Monthly Amount Spent, by Provider Service Type, SFY 2018 and 2019			
Provider Service Type	**SFY 2018 Avg/Mo**	**SFY 2019 Avg/Mo**	**% Change**
Managed Care	$148,871,711	$158,428,207	+6.4
Long Term Support Services	$48,762,289	$51,629,903	+5.9
Hospitals	$48,482,325	$51,806,959	+6.9
Behavioral Health	$26,895,706	$19,365,476	-28.0
Pharmacy	$23,687,337	$24,097,343	+1.7
Indian Health Services	$1,565,883	$1,642,329	+4.9
Optical	$744,969	$913,267	+22.6

Source: Division of Health Care Financing and Policy, Fiscal Reporting Team. Medicaid Provider Services, Spend by Provider Type, August 9, 2019

Table 40 includes the subcategories within the provider service types that had a 25% or greater increase in the average monthly spend between SFY 2018 and 2019.

Table 40: Provider Service Type Subcategories with Greater than 25% Increase in Monthly Average Spent Between SFY 2018 and 2019			
Provider Service Type and Subcategory	**SFY 2018 Avg/Mo**	**SFY 2019 Avg/Mo**	**% Change**
Managed Care			
Podiatrist	11,408	42,488	+272.4
Nurse Midwife	$3,757	$11,678	+210.8
Chiropractor	$545	$1,216	+123.1
Applied Behavior Analysis	$416,237	$624,240	+50.0
Non-Emergency Transportation	$1,136,153	$1,466,644	+29.1
Long Term Support Services			
Habilitation Services	**$99,037**	$440,883	+345.2%
Hospice Outpatient	**$225,148**	$372,347	+65.4
Adult Health Day Care	**$1,055,825**	$1,399,521	+32.6%
Hospitals			
End Stage Renal Disease Facilities	**$1,026,293**	$1,387,363	+35.2
Behavioral Health			
Special Clinics (BH)	**$1,066,066**	$1,435,788	+34.7

Source: Division of Health Care Financing and Policy, Fiscal Reporting Team. Medicaid Provider Services, Spend by Provider Type, August 9, 2019

County Priorities

The summaries for each county below identify the priorities identified through existing county priorities Identified in Community Health Needs Assessments (CHNAs), Community Health Improvement Plans (CHIPs), Community Prevention and Wellness Plans, and Community Benefit Plans. Table 41 (below this section) also provides a high-level summary of this information.

Carson City

Carson City organizations have collaborated to develop three recent documents that identify health priorities for Carson City. These documents and the health priorities listed within include:

A. Carson City Community Health Needs Assessment (CHNA) 2017, a collaboration among Carson Tahoe Health, Carson City Health and Human Services, Carson Valley Medical Center, and University of Nevada Reno, School of Medicine, Office of Statewide Initiatives. The CHNA lists the following health priorities for Carson Tahoe Health, Carson Valley Medical Center, and includes common themes from CHNA Assessments:

Carson Tahoe Health

- Access to Healthcare Services
- Cancer
- Dementia, including Alzheimer's Disease
- Diabetes
- Heart Disease and Stroke
- Infant Health and Family Planning
- Injury and Violence
- Mental Health
- Nutrition, Physical Activity, and Weight
- Oral Health
- Potentially Disabling Conditions
- Respiratory Diseases
- Substance Abuse

Carson Valley Medical Center

- Access to Healthcare Services
    - Insurance overage
    - Transportation
    - Availability of services outside of business hours
    - Language and cultural barriers
- Substance Abuse and Safety
    - Drug and alcohol use and abuse
    - Gambling
    - Crime associated with drug and alcohol abuse

Common Themes Among Four Completed CHNA Assessments

- Access to Health Care
- Behavioral Health and Substance Abuse
- Data Collection and Analysis
- Community Health and Science Literacy
- Built Environment

- Physical Activity
- Nutrition
- Public Health Infrastructure and Workforce Development
- General Education and Community Workforce Development
- Housing and Cost of Living

B. 2018-2021 Carson City Community Health Improvement Plan (CHIP) which lists the following health priorities, in priority order:
    1. Access to Healthcare
    2. Behavioral Health
    3. Nutrition
    4. Workforce Development

C. 2016 Community Health Needs Assessment Report, prepared for Carson Tahoe Health System, lists the following health priorities, in priority order:
    1. Mental Health
    2. Access to Healthcare Services
    3. Heart Disease and Stroke
    4. Substance Abuse
    5. Diabetes
    6. Cancer
    7. Nutrition, Physical Activity, and Weight
    8. Infant Health and Family Planning
    9. Respiratory Diseases
    10. Dementia, including Alzheimer's Disease
    11. Injury and Violence
    12. Oral Health
    13. Potentially Disabling Conditions

Churchill County

Banner Churchill Community Hospital developed a Community Health Needs Assessment (CHNA) in 2016 to identify health priorities for Churchill County. The CHNA lists the following health priorities, in priority order:

1. Access to Care
2. Behavioral Health
3. Chronic Disease

Additional health priorities listed, but not ranked, include: Dental Care, Rehabilitation for Drug/Alcohol Addiction, and Affordability of Care.

Clark County

Clark County organizations have collaborated to develop three recent documents that identify health priorities for Clark County. These documents and the health priorities listed within include:

A. Boulder City Hospital Community Health Needs Assessment, Fall 2018 lists the following health priorities, in priority order:
    1. Access to Health Care services
    2. Cost of Health Care

3. Access to Medicaid/Medicare Providers
4. Mental Illness
5. Drug Abuse

B. Dignity Health – St. Rose Dominican Community Health Needs Assessment, May 2019 lists the following health priorities, in priority order:
    1. Access to Care
    2. Motor Vehicle and Pedestrian Safety
    3. Violence Prevention
    4. Substance Use
    5. Mental Health

C. Southern Nevada Community Health Improvement Plan, June 2016 lists the following health priorities, in priority order:
    1. Access to Care
    2. Chronic Diseases
    3. Policy and Funding

Douglas County

Douglas County organizations have collaborated to develop two recent documents that identify health priorities for Douglas County. These documents and the health priorities listed within include:

A. 2016 Douglas County Community Health Needs Assessment Executive Summary, a collaboration among Carson Valley Medical Center, Douglas County, Carson City Health and Human Services, and University of Nevada School of Medicine. The CHNA lists the following health priorities, in priority order:
    1. Cost of Health Care
    2. Access to Health Care
    3. Mental Illness
    4. Obesity
    5. Drug Abuse
    6. Alcohol Abuse
    7. Access to Medicaid/Medicare Providers
    8. Heart Disease and Stroke
    9. Cancers
    10. Aging Related Problems

B. Carson Valley Medical Center 2016 Community Health Needs Assessment Implementation Plan 2017-2019 lists the following health priorities, in no particular order:
    - Cost of Healthcare
    - Substance Abuse
    - Access to Healthcare
    - Mental Illness
    - Obesity

Elko County

Elko County developed a Community Health Needs Assessment and a Community Health Improvement Plan to identify health priorities in Elko County. These documents and the health priorities listed within include:

A. Comprehensive Community Health Assessment for Elko County Health Board, October 2017, lists the following health priorities, in no particular order:
    - Cost of Medical Care
    - Lack of Providers who Accept Medicaid/Medicare
    - Quality of Health Care
    - Timeliness of Scheduling an Appointment
    - Shortage of Mental Health Providers
    - Substance Abuse Prevention and Treatment
    - Family Planning Services (OB/GYNs)
    - Shortage of Specialized Health Care Providers and Shortage of Providers in General
    - Preventing/Treating Obesity
    - Immunizations
B. 2018-2021 Community Health Improvement Plan, Elko County, Nevada, lists the following health priorities, in no particular order:
    - Lack of Providers who Accept Medicaid/Medicare
    - Quality of Health Care
    - Shortage of Mental Health Providers
    - Substance Abuse Prevention and Treatment
    - Family Planning Services (OB/GYNs)
    - Shortage of Specialized Health Care Providers and Shortage of Providers in General
    - Preventing/Treating Obesity
    - Immunizations

Esmeralda County

Esmeralda County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

Eureka County

Eureka County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

Humboldt County

Humboldt County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

Lander County

Lander County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

Lincoln County

Lincoln County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

Lyon County

Lyon County developed two recent documents to help identify health priorities in Lyon County. These documents and the health priorities listed within include:

A. Healthy Communities Coalition, Lyon and Storey Counties, 2016-2018 Community Prevention and Wellness Plan lists the following community concerns, in no particular order:

Emotional Wellness

- Increased Suicide Rates
- Access to Mental Health Care
- Access to Treatment
- School Bullying
- High Unemployment Rates
- Increased Use of Antidepressants in Both Youth and Adult Populations
- Stigma of Mental Illness and Addictions
- Few Alternatives to the Justice System
- Fetal Alcohol/Drug Syndrome Disorders

Physical Wellness

- Poor Nutrition
- Poor Nutrition in Economically Stressed Families
- Under Medical Served
- Little Choices for Mental Health Other than State Services
- Current Mental Health Providers and Treatment Providers not Working Together for Dual Diagnosis
- Barriers to Collaboration Including HIPAA, Billing, Different Policies and Procedures for State, County, and non-Profit Service Providers
- Remote Technology Barriers Overcome

Occupational and Environmental Wellness

- Youth and Students Do Not Know Where Their Food Comes From
- School Yards Bleak with Little Area to Relax

Social Wellness

- Adult Use of Meth
- Parent Use of Meth Exposing Children
- Meth Initiation
- Recovery of Meth Users Focusing on Parents
- Parental Use Prescription Drugs/Marijuana/Opiates
- Drug Initiation
- Youth 30 Day Drug Use
- Recovery of People who are Addicted Focusing on Parents
- Lack of Support for Youth Suffering with Parental Addictions
- Parental Use of Alcohol
- Alcohol Initiation
- Youth 30 Day Alcohol use
- Recovery of Alcoholics Focusing on Parents
- Lack of Support for Youth Suffering with Parental Addictions
- Artificial Barriers to Treatment

- Stigma or Using Mental Health or Treatment Services
- Major Mental Health Gaps in our Rural Communities
- Ensure Resources are Utilized to the Utmost
- Deepen Collaboration to Piece Together Wrap-Around Services
- Barriers to Collaboration such as HIPAA, Billing, and Different Policies and Procedures for State Services vs. County vs. Profit

Intellectual Wellness

- Graduation Rates
- Little Art and Music in Schools
- Very High Youth Unemployment Rate

B. South Lyon Medical Center Community Health Needs Assessment Report 2019, lists the following health priorities, in no particular order:
    - Lack of Specialists
    - Lack of Physicians
    - Quality of Care Considerations
    - Cost of Health Care

Mineral County

Lyon and Storey Counties Healthy Communities Coalition developed a Healthy Communities Coalition, Lyon and Storey Counties, 2016-2018 Community Prevention and Wellness Plan which also identifies health priorities in Mineral County. Please see the priorities for this Plan noted in the Lyon County section above.

Nye County

Northern Nevada County Hospital District developed a Comprehensive Community Health Assessment in May 2019 to help identify health priorities for Nye County. The CHNA lists the following health priorities, in no particular order:

- Emergency Care
- Communication Protocols/Systems/Public Education
- Behavioral Health
- Substance Abuse
- Geriatric Care
- Cardiovascular Health
- Maternal and Infant Care
- Obesity
- Dental
- Vision

Pershing County

Pershing County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

Storey County

Lyon and Storey Counties Healthy Communities Coalition developed a Healthy Communities Coalition, Lyon and Storey Counties, 2016-2018 Community Prevention and Wellness Plan to help identify health

priorities in Lyon, Storey and Mineral Counties. Please see the priorities for this Plan noted in the Lyon County section above.

Washoe County

Washoe County organizations have collaborated to develop three recent documents that identify health priorities for Washoe County. These documents and the health priorities listed within include:

A. 2018-2020 Washoe County Community Health Needs Assessment (CHNA), a collaboration among Washoe County Health District, Renown Health, and Truckee Meadows Healthy Communities. The CHNA lists the following health priorities, in priority order:
    1. Access to Health
    2. Mental Health
    3. Social Determinants
    4. Crime and Violent-Related Behaviors
    5. Physical Activity, Nutrition, and Weight
    6. Chronic Disease/Screenings
    7. Substance Use
    8. Injury Prevention
    9. Maternal and Child Health
    10. Environmental Health
    11. Sexual Health
    12. Infectious Disease and Immunizations

B. Washoe County Health District 2018-2020 Community Health Improvement Plan. The CHIP lists the following health priorities, in priority order:
    1. Housing
    2. Behavioral Health
    3. Nutrition/Physical Activity

C. Renown Health Community Benefit Plan, 2018-2021 lists the following health priorities, in priority order:
    1. Mental Health
    2. Substance Use
    3. Physical Activity, Nutrition, Weight
    4. Chronic Disease, Screenings

    Additional health priorities listed, but not ranked, include: Access to Healthcare, Social Determinants, and Crime and Violent-Related Behaviors.

White Pine County

White Pine County is one of seven counties in Nevada that has not developed a Community Health Needs Assessment or Community Health Improvement Plan.

County Priorities (based on County CHNAs, CHIPs, Strategic and Other Plans)

Several counties in Nevada have conducted health assessments and implemented plans to effect change. Table 41 displays the priorities for ten Nevada counties based on a review of individual county Community Health Needs Assessments (CHNAs) and Community Health Improvement Plans (CHIPs). If a county did not have a CHNA or CHIP, but had a strategic plan, the strategic plan was referenced to determine the county's health-related priorities. Seven of Nevada's counties have not conducted a CHNA, CHIP, or health-related strategic plan, and therefore, these counties (Esmeralda, Eureka, Humboldt, Lander, Lincoln, Pershing, and White Pine) are not included in Table 41. In addition, some counties had combined health topics as a priority area, in those instances those priorities are noted with a "C" in the table below. For example, the Carson City CHNA lists "Nutrition, Physical Activity, and Weight" as one priority. Because other counties have listed these combined priorities as individual priorities (i.e., nutrition as a stand-alone priority), an "X C" is marked in the table below for the Carson City CHNA for "Nutrition," "Physical Activity," and "Weight." The most recent, publicly available CHNAs, CHIPs, and strategic plans were included.

LEGEND	X = County Priority, not ranked	# = County Priority, ranked	C = Combined Priority

Table 41: County Priorities Based on County Community Health Needs Assessments (CHNAs), Community Health Improvement Plans (CHIPs), and Strategic Plans

PRIORITIES	Carson City			Churchill	Clark			Douglas		Elko		Lyon		Mineral	Nye	Storey	Washoe		
	Carson City CHNA (2017)	Carson City CHIP (2018-2021)	Carson Tahoe Health Needs Assessment (2016)	Banner Churchill Hospital CHNA (2016)	Boulder City Hospital CHNA (2018)	SNHD/Dignity Health CHNA (2019)	SNHD CHIP (2016)	Douglas/Carson City CHNA/CVMC	CVMC Implementation Plan (2016) & Needs Assessment (2017-2019)	Elko CHNA (2017)	Elko CHIP (2018-2021)	Lyon/Storey/Mineral Healthy Communities Coalition (2016-2018)*	South Lyon Medical Center CHNA (2019)	Lyon/Storey/Mineral Healthy Communities Coalition (2016-2018)*	Nye CHNA (2019)	Lyon/Storey/Mineral Healthy Communities Coalition (2016-2018)*	Washoe CHNA (2018-2020)	Washoe CHIP (2018-2020)	Renown Community Health Benefits Plan (2018-2021)
Access to Health Care																			
Access to Health Care	X	1	2	1	1	1	1	2	X			X		X		X	1		X
Lack/Access to Specialty Providers										X C	X C		X						
Lack of Providers in General										X C	X C		X						
Lack/Access to Mental Health Providers										X	X	X		X		X			
Oral Health/Dental Care	X		12	X											X				
Vision Care															X				
Lack/Access to Medicaid/Medicare Providers					3			7		X	X								
Cost/Affordability of Medical Care				X	2			1	X	X			X						
Quality of Health Care										X	X		X						
Timeliness of Scheduling an Appt.										X									
Emergency Care															X				
Behavioral Health																			
Behavioral Health		2		2								X		X	X	X		2	
Mental Health	X		1			5						X		X		X	2		1
Mental Illness					4			3	X			X		X		X			
Substance Use/Abuse	X		4			4			X	X	X	X		X	X	X	7		2
Alcohol Abuse								6				X		X		X			
Drug Abuse					5			5				X		X		X			
Rehab for Alcohol & Drug Addiction				X								X		X		X			

PRIORITIES	Carson City			Churchill	Clark			Douglas		Elko		Lyon		Mineral	Nye	Storey	Washoe		
	Carson City CHNA (2017)	Carson City CHIP (2018-2021)	Carson Tahoe Health Needs Assessment (2016)	Banner Churchill Hospital CHNA (2016)	Boulder City Hospital CHNA (2018)	SNHD/Dignity Health CHNA (2019)	SNHD CHIP (2016)	Douglas/Carson City CHNA/CVMC	CVMC Implementation Plan (2016) & Needs Assessment (2017-2019)	Elko CHNA (2017)	Elko CHIP (2018-2021)	Lyon/Storey/Mineral Healthy Communities Coalition (2016-2018)*	South Lyon Medical Center CHNA (2019)	Lyon/Storey/Mineral Healthy Communities Coalition (2016-2018)*	Nye CHNA (2019)	Lyon/Storey/Mineral Healthy Communities Coalition (2016-2018)*	Washoe CHNA (2018-2020)	Washoe CHIP (2018-2020)	Renown Community Health Benefits Plan (2018-2021)
Health Behaviors and Preventive Care																			
Immunizations										X	X						12 C		
Nutrition	X C	3	7 C									X		X		X	5 C	3 C	3 C
Physical Activity	X C		7 C														5 C	3 C	3 C
Preventive Health Screenings																	6 C		4 C
Sexual Health																	11		
Health Outcomes																			
Chronic Diseases				3			2										6 C		4 C
Cancer	X		6					9											
Communicable/Infectious Disease																	12 C		
Weight	X C		7 C														5 C		3 C
Obesity								4	X	X	X				X				
Heart Disease & Stroke	X		3					8											
Cardiovascular Health															X				
Diabetes	X		5																
Respiratory Disease	X		9																
Dementia/Alzheimer's	X		10																
Maternal and Child Health																			
Maternal, Infant, & Child Health												X		X	X	X	9		
Infant Health & Family Planning	X		8																
Family Planning Services (OB/GYNs)										X	X								
Individuals with Disabilities																			
Potentially Disabling Conditions	X		13																
Social Determinants of Health																			
Social Determinants of Health												X		X		X	3		X
Workforce Development		4										X		X		X			
Food Security and Food Access												X		X		X			
Income/Poverty												X		X		X			
Environmental Health																	10		
Injury Prevention																	8		
Violence Prevention						3						X		X		X			
Injury and Violence	X		11																
Crime and Violent-related Behaviors																	4		X
Motor Vehicle & Pedestrian Safety						2													
Housing																		1	
Other																			
Policy & Funding							3												
Geriatric Health/Aging-related Problems								10							X				
Comm. Protocols/Systems/Public Education												X		X	X	X			

*The Healthy Communities Coalition 2016-2018 Community Prevention & Wellness Plan addresses needs for Lyon, Storey, and Mineral County; it includes 40+ community concerns which have been consolidated in this table.

Primary Data

Key Informant Interviews

Methods

Seventy-five Key Informant (KI) interviews were conducted via phone to gather insight from a wide range of professionals working in health, social services, and other public service positions in each county across Nevada. Eleven types of KI roles were identified:

1. County Health Officers
2. Human or Social Services Directors
3. County Commissioners, preferably one who is active in public health or health-related initiatives
4. Sheriffs
5. Medical provider in a hospital-based emergency department, either a charge nurse or physician
6. Community clinical health providers (e.g. nurse or physician in a school health clinic, community clinic, or public health clinic)
7. Federally Qualified Health Center CEOs
8. School Superintendents
9. Community Health Improvement Plan Coordinators
10. Behavioral Health Policy Board Coordinators
11. Statewide Coalition Directors
12. Other, individuals referred by initial interviewee that did not fit one of the above roles (e.g. directors of community-based organizations, faculty for institutions of higher education)[202]

Interview Questions

Ten open-ended KI interview questions were designed to gather insight from various individuals in the roles identified. Questions focused on priority populations, as well as health, education, and job-related strengths, weaknesses, existing assets, and potential solutions to issues identified. A closing question asked if there were additional individuals to contact about the needs within each county. The full Key Informant interview script is provided in Appendix B.

Recruitment Methods

Email invitations to participate in a key informant interview were initially sent to 116 individuals who fit one of the KI roles across all 17 counties in Nevada, additional invites were sent as KI interviews were conducted and additional contacts were recommended by Key Informants. A few rural and frontier counties required additional solicitation through phone calls to actively request contact information for persons to conduct a KI, this helped to ensure at least one individual was interviewed for each county.

Conducting Interviews

Interview invitations were sent to the initial 116 individuals on May 20, 2019 and a total of 75 interviews were conducted between May 21, 2019 and July 10, 2019. Interviews were conducted over the phone and lasted approximately twenty minutes in length; however, interviews ranged from 10 minutes to over an hour, depending on the depth and amount of information provided by the interviewee. There were two persons conducting each KI, interviewer (who asked the questions) and a note-taker. The note-taker typed the interviewees' responses verbatim. After each section of questions, the question-asker would ask the note-taker if there were any points needing clarification from the interviewee prior to moving to the next series of questions. Interviews were conducted with some individuals who represented more than one county and in those instances the interviewee was encouraged to respond

[202] Note: KI Role type "Other" was later split into "Community-based Organizations" and "Academic" categories and identified in Figure 16.

to the questions for each county in their regional jurisdiction, if they felt comfortable speaking to issues specific to each county.

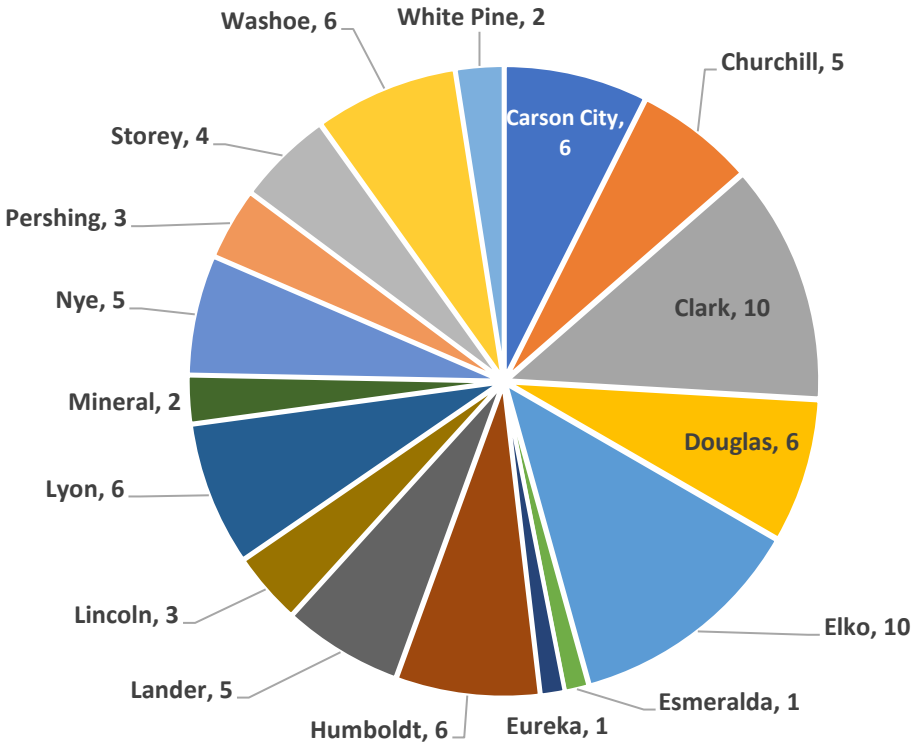
Analyses

Dedoose, a secure web-based qualitative and mixed-methods coding program, was used to analyze key informant interview data. The note-taker's interview notes were cleaned up for typos and uploaded into Dedoose; counties and roles were auto-coded into the system for simplifying analytics by county. If an interviewee was assigned regional responsibilities, the interviewee was encouraged to provide responses specific to a single county. In cases where responses were provided for specific counties, the interview scripts were stratified by county-specific responses and coded under each of those counties. A total of 82 interview scripts were analyzed for thematic elements under the following categories: 1) Priority Populations; 2) Strengths; 3) Barriers; and 4) Solutions.

Findings

Figure 15 summarizes the number of key informant interviewees by county. The counties with the most key informant interviewees were Clark and Elko (with 10 each). The counties with the least number of interviewees were Esmeralda and Eureka (with 1 each).

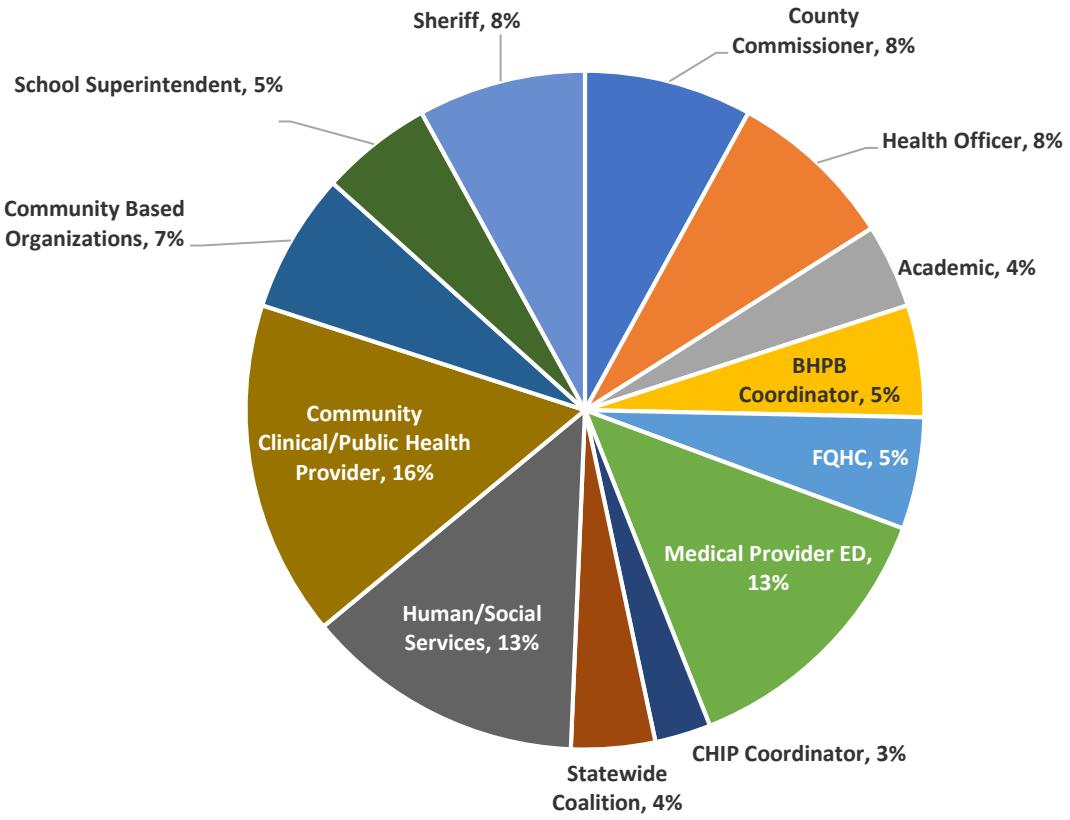
Figure 15: Number of Key Informant Interviewees by County, 2019



Note: Total number equals more than the 75 individuals who conducted a Key Informant interview due to some positions representing more than one county as their job position is regional in nature. Key Informants with regional responsibilities were encouraged to respond for each county under their region; in cases where interviewee responses were specific to a single county, the interview scripts were coded under each of those counties.

Figure 16 includes the percent of key informant interviewees by role. The roles with the greatest percent of key informant interviewees were Community Clinical/Public Health (16%), Human/Social Services (13%), and Medical Provider (13%). The roles with the lowest percent of interviewees by role were CHIP Coordinators (3%), Academic (4%), and Statewide Coalition (4%).

Figure 16: Percent of Key Informant Interviewees (N = 75) by Role, 2019



KI ROLE KEY:
BHPB Coordinator: Behavioral Health Policy Board Coordinator;
CHIP Coordinator: Community Health Improvement Plan Coordinator
FQHC: Federally Qualified Health Center; Medical Provider
ED: Emergency Department provider

KI Findings for Nevada: Priority Populations, Strengths, Barriers and Solutions

Table 42 summarizes health findings of Nevada Key Informant interviews taking place between May and July 2019 with regard to priority populations, strengths, barriers and solutions among all 17 counties in the State of Nevada. The top three populations discussed by KIs as priorities across the state of Nevada, in priority order, include: individuals with behavioral health issues, seniors, and children. Most barriers and solutions discussed focused on behavioral health, with "lack of behavioral health services" as the number one barrier, and "more behavioral health services and providers" as the number one solution. Additional barriers and solutions centered around a greater need for access to health care services.

Table 42: Nevada Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues 2. Seniors 3. Children 4. Low income families 5. Minority populations 6. Homeless populations (tied) Veterans (tied) 7. Individuals with intellectual and developmental disabilities 8. Those with chronic disease 9. Young adults and transitional aged youth 10. Victims of domestic abuse/sex trafficking	1. Collaborative nature of organizations: in rural communities this was expressed as working together to pool resources and create clear pathways for clients and in urban counties this was focused on entities getting behind the same issue 2. Vocational training and workforce development opportunities 3. Institutions of higher education 4. Health is a stakeholder and community leader priority 5. Medical and allied health professional training programs
Barriers	**Solutions**
1. Lack of behavioral health services 2. Cultural barriers and stigma, some related to behavioral health and some more general with lack of prioritizing health and education 3. Lack of funding 4. Small/rural community challenges and the lack of appeal for people to work and live in rural communities 5. Lack of specialty care providers 6. Lack of transportation **7.** Lack of primary care providers	1. More behavioral health services and providers 2. More funding 3. More collaboration and stakeholder organization 4. Increase public awareness about mental health issues and general health-related resources available in communities 5. More providers and infrastructure in general 6. More staff and programs 7. Policy reform: a. Accessing health care services b. Gaps in services related to conditional qualifications for certain programs/funding c. Funding alignment for school systems and counties

Community Member Survey

Methods

A five-question online and mobile phone community member survey was developed to solicit community member perceptions about the single most significant issue impacting health in their community. The target population was Nevada residents 18 years or older. The online and mobile phone survey was available for 31 days, from July 24, 2019 through August 23, 2019. A total of 2,879 surveys were completed, with representation from every county in Nevada.

Survey Questions

The survey was provided in both English and Spanish. Spanish translations were provided by The Language Bank at the Northern Nevada International Center at the University of Nevada, Reno.

Two questions were developed to capture the inclusion criteria for participating in the online survey. The inclusion criteria questions were: 1) "Are you 18 years or older?"; and 2) "Are you a resident of Nevada?". There were seven additional demographic questions: 1) Sex, 2) Age group, 3) Ethnicity, 4) Race, 5) Current health insurance status, 6) Current employment status, and 7) Highest education level reached.

Respondents were asked to identify the primary county of residence and the primary county where they work. Respondents were asked to select how healthy they perceived their community to be on a Likert-scale ranging from Very Unhealthy to Very Healthy.

The main question asked respondents to select the *MOST SIGNIFICANT* health issue that impacts the health of their community. The initial health issue choices provided were broad and corresponded to the 2019 Nevada Health Assessment major sections. Once the respondent selected the single health issue perceived to impact their community most, they were routed to branching questions to select more specific reasons why they perceive that issue to be the most significant in their community. A full copy of the online community survey questions is provided in English (Appendix C1) and Spanish (Appendix C2).

Recruitment Methods

The community survey recruitment methods were a hybrid of: 1) convenience sampling, 2) email invitations to individuals who participated in key informant interviews and the contacts they provided; 3) email invitations to individuals whose email addresses were known or publicly available, 4) email/mobile text invitations to individuals who expressed interest in completing the survey, and 5) snowball sampling, which is when participants refer others for participation.

Over 20,000 email invitations were sent to persons across the state inviting them to participate in the online community survey. These invitations included: 1) all individuals initially invited to participate in a Key Informant interview (116), 2) all individuals who participated in a Key Informant interview (who agreed to complete a survey) (75), 3) various community, professional and personal email listservs (which included Title XX program recipients), 4) Medicaid enrollees with email addresses (≈10,000), 5) academic faculty and staff from all community colleges, and select health-related staff from universities. In addition, the Nevada Department of Health and Human Services Division Administrators were invited to send the survey invitation email to their staff and community-based organizations as well as professional list serves.

Over 300 text messages were sent containing the link to the online survey. There were several organizations that provided links to the surveys in monthly e-newsletters to their stakeholders. The Nevada DHHS provided the survey link on the social media platform Facebook. Additionally, the

invitation email and survey closing page encouraged persons to share the survey link with friends, family and co-workers who reside in Nevada.

Analyses

SAS software version 9.4 was used to analyze community survey responses by county of residence.

Findings

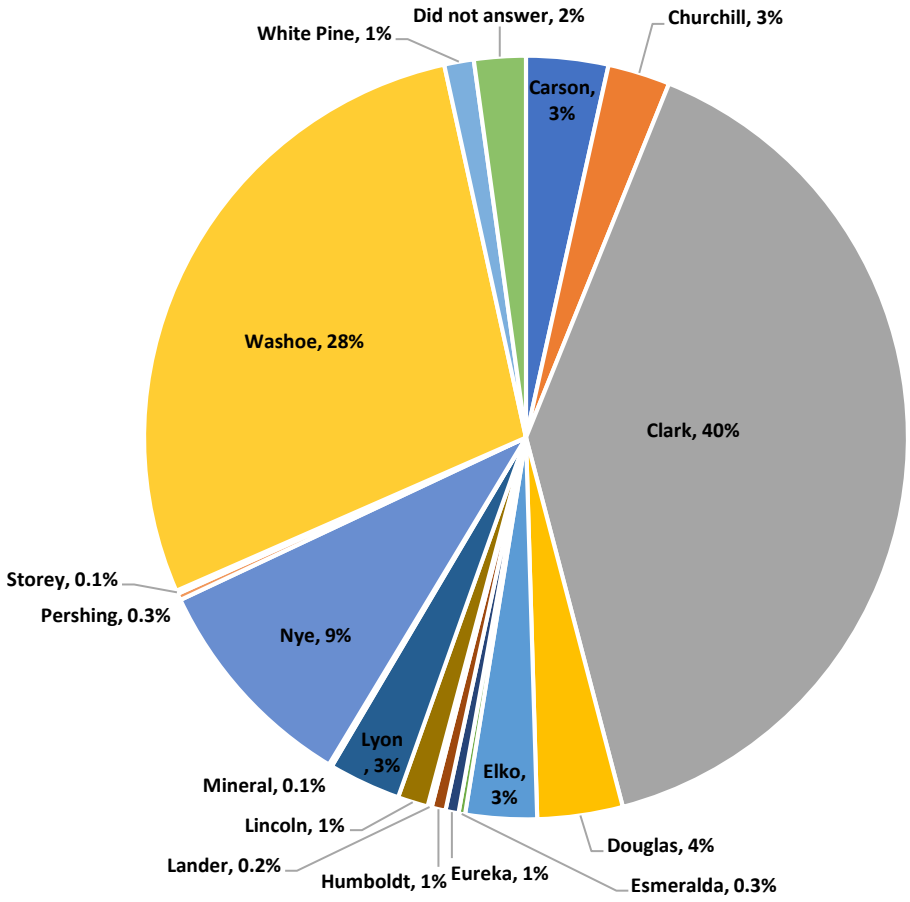
The online community survey was not designed to obtain a statistically reliable population sample and data were not weighted for age, race/ethnicity, or any other demographic variable. Results and findings from the online community survey are not considered representative of county or state populations nor are they generalizable to the population as a whole.

The findings for the state are summarized below. The findings by county are included in the individual County Summaries that follow.

Survey Respondents Compared to Total Nevada Population, Percent by County

Figure 17 provides the proportion of survey respondents by county where they reside. Just over two in three respondents were from Clark County (40%) or Washoe County (28%).

Figure 17: Percent of Survey Respondents by County, 2019



Figures 18 to 20 illustrate a comparison between the percent of the total state population residing in each county to the percent of survey respondents for each county. Figure 18 illustrates this comparison for the two most populated counties in the state, Clark and Washoe. Figures 19 and 20 illustrate the comparison for counties that represent ≥1% and <1% of the state population, respectively. Sixteen of the 17 counties had greater survey response representation than their percent of the state population. One county, Clark, had a lower representation for survey responses (41%) compared to the percent of the state population it represents (74%).

Figure 18: Percent of Survey Responses Compared to % of Nevada Population, Clark and Washoe Counties (n=1956)

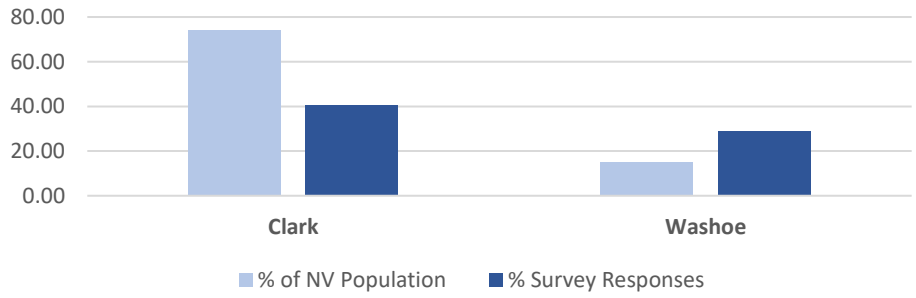


Figure 19: Percent of Survey Responses Compared to % of Nevada Population, Counties with ≥1% of the Population (n=742)

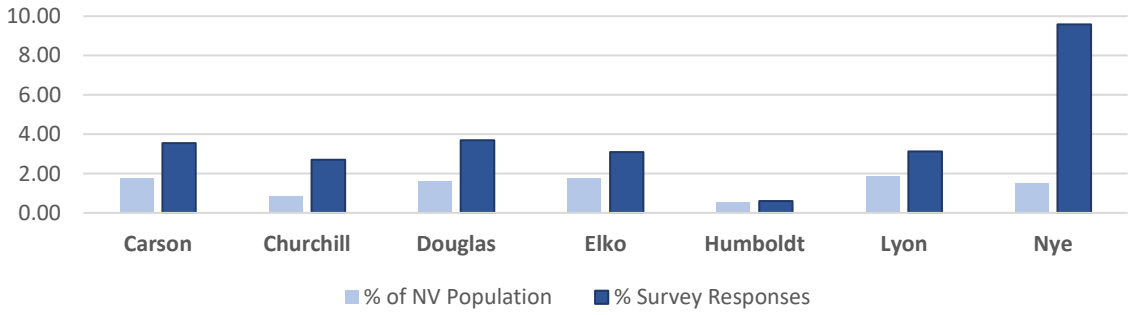
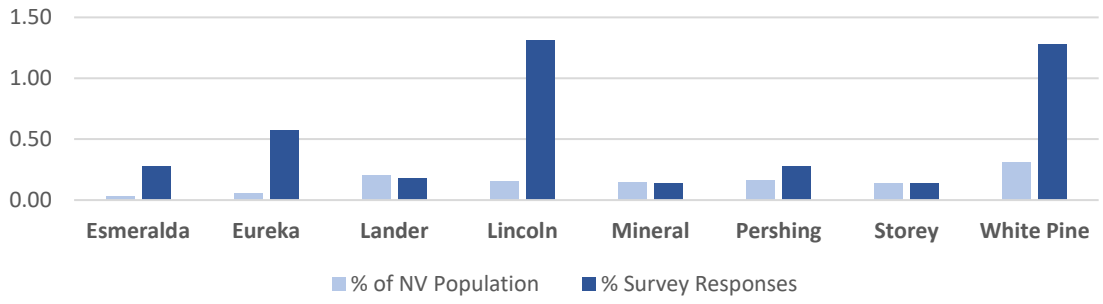


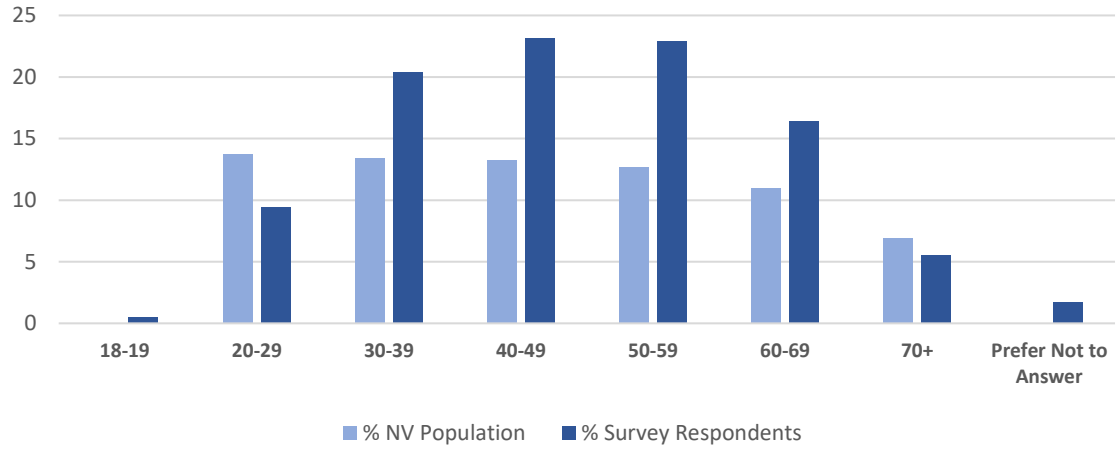
Figure 20: Percent of Survey Responses Compared to % of Nevada Population, Counties with <1% of the Population (n= 118)



Age of Survey Respondents Compared to Age of Total Nevada Population, by Percent Overall

Figure 21 illustrates a comparison between the survey respondent age groups compared to the age of residents in the total Nevada population, by percent and ten-year age range. Less than 1% of the individuals completing the survey were ages 18-19, and a comparison for this age range in Nevada is not provided in Figure 21. The percent of survey respondents compared to the total Nevada population was greater for four of the age ranges (30-39, 40-49, 50-59 and 60-69). For two age ranges (20-29 and 70+), the percent of survey respondents was lower than the percent these ages represent in the total population. Approximately 1.7% of survey respondents preferred not to answer this question.

Figure 21: Age of Survey Respondents Compared to Nevada Population, by Percent (n=2546)



Sex of Survey Respondents Compared to Sex of Total Nevada Population, by Percent

Figures 22 and 23 illustrate a comparison between the sex of the survey respondents compared to the sex of the total Nevada population, by percent. The percent of female survey respondents (76%) was greater than the percent they represent in the state (50.2%), while the percent of male survey respondents (21.6%) was lower than the percent they represent in Nevada (49.8%).

Figure 22: Percent of Nevada Population by Sex, 2019

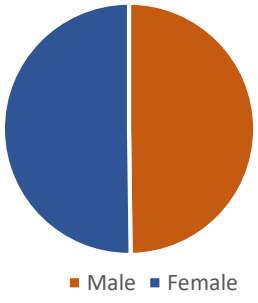
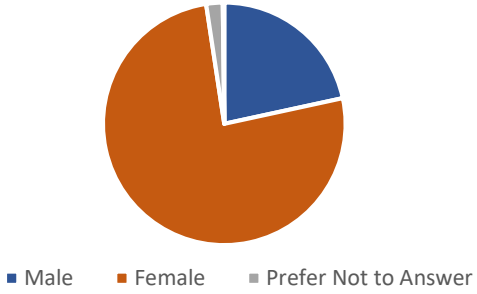


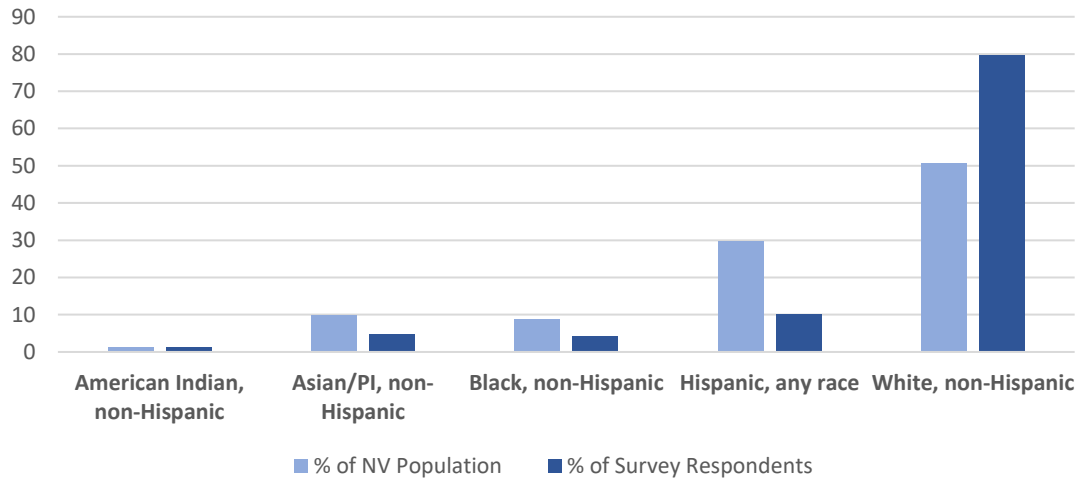
Figure 23: Percent of Survey Respondents by Sex, 2019



Race/Ethnicity of Survey Respondents Compared to Race/Ethnicity of Total Nevada Population, by Percent

Figure 24 illustrates a comparison between the race/ethnicity of the survey respondents compared to the race/ethnicity of the total Nevada population, by percent. The percent of white, non-Hispanic survey respondents (79.6%) was greater than the percent they represent in the Nevada population (50.5%). The percent of American Indian, non-Hispanics was nearly the same for both (1.2% of survey respondents and 1.1% of the state population). The percent of survey respondents for the other three race/ethnicities (Asian/Pacific Islander, non-Hispanic; Black, non-Hispanic; and Hispanic, any race) compared to the total population for all three was lower; the greatest difference in the Hispanic, any race population (29.8% of the state population and 10.1% of survey respondents).

Figure 24: Race/Ethnicity of Survey Respondents Compared to Nevada Population, by Percent (n=2337)



Health of Community

Figure 25 depicts the percent of respondents who perceive the health of their community on a four- point scale (Very Unhealthy, Unhealthy, Healthy, and Very Healthy), with a choice of "I Don't Know." Over 40% of respondents in Nevada ranked the health of their community as *Unhealthy,* while 37% chose *Healthy.* Thirteen percent of respondents chose *I Don't Know*, and less than 10% chose *Very Unhealthy* (5.3%), and *Very Healthy* (4%), respectively.

Figure 25: Perceived Health of Community Rank, by Percent of Respondents (n=2776)

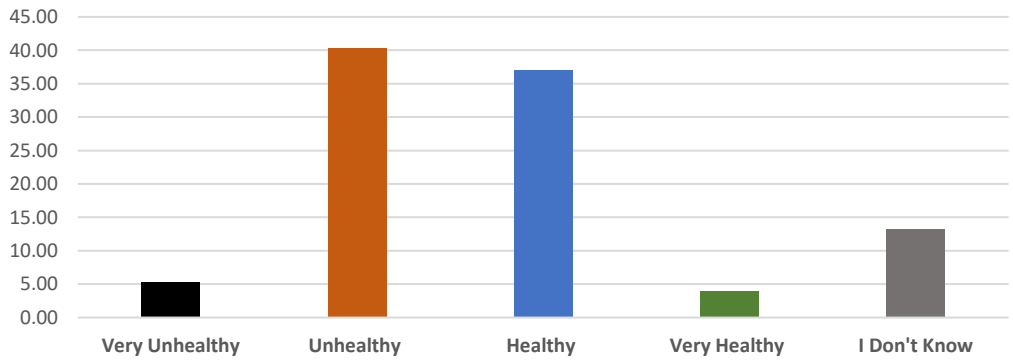


Table 43 shows the average score for perceived health by county, with 1 representing a low score for *Very Unhealthy* and 4 representing a high score for *Very Healthy*. Survey respondents from Douglas County reported the highest score with an average of 3.25 on a scale from 1 to 4. Survey respondents from Esmeralda County reported the lowest score for perceived health with an average of 1.86.

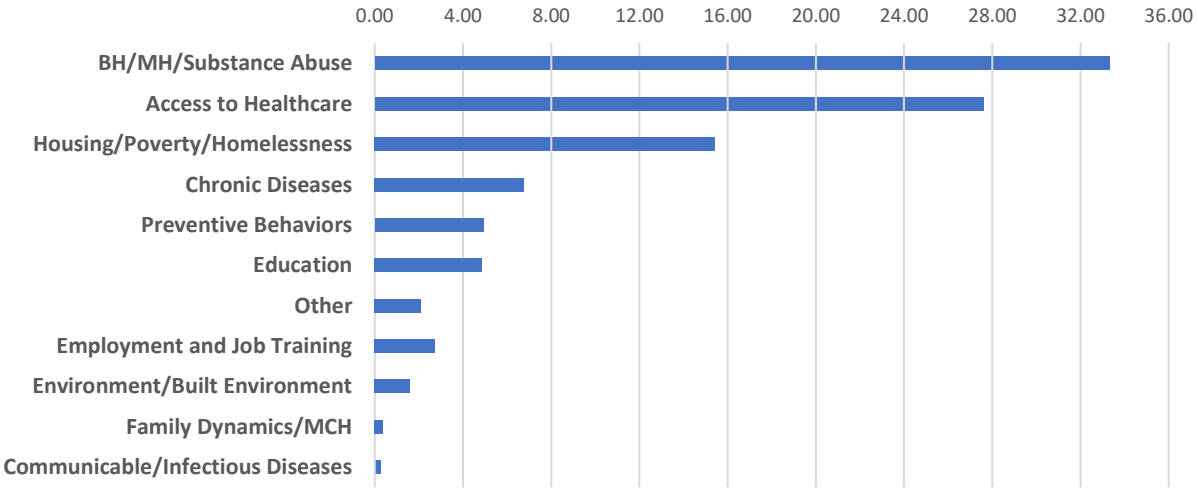
Table 43: Average Rating among Survey Respondents when asked to "Rate the Health of Your Community"; 1= Very Unhealthy 4 Very Healthy, by County and Nevada, 2019 (n = 2,776)

County/Region	Average Score	Rank (1=lowest score; 17=highest score)
Carson City	2.65	6
Churchill	2.34	13
Clark	2.40	12
Douglas	3.00	2
Elko	2.45	10
Esmeralda	1.86	17
Eureka	2.82	3
Humboldt	2.67	5
Lander	2.40	11
Lincoln	2.81	4
Lyon	2.24	14
Mineral	2.50	9
Nye	2.07	16
Pershing	2.13	15
Storey	3.25	1
Washoe	2.61	7
White Pine	2.53	8
Nevada (all respondents combined)	2.46	NA

Most Significant Health Issue that Impacts Health of Community

Figure 26 illustrates the most significant health issues that were identified by survey respondents. The most significant health issue identified by the greatest percent of community members was Behavioral/Mental Health Issues and/or Substance Use and Abuse (33%), followed by Access to Health Care (28%). The other health issues were each chosen by 15% or less of survey respondents.

Figure 26: Most Significant Health Issue, by % of Respondents (n=2676)



Prioritization Methodology

Three major types of data were collected for this report, 1) Secondary data (health indictor data, Nevada 2-1-1 services, health services utilization, and existing county priorities); 2) Key Informant interview data; and 3) Online Community Survey data. All three of these data types were used to conduct the prioritization of health needs within each county. Given the large amount of information at the county level, a series of step were undertaken to determine highest needs within each county, those steps are outlined as follows:

Step 1: Rank ordered the secondary data grouped within each of the broad health topics from worst to best within each county. Then a score was assigned to each of those categories, higher score for topics where a county performed the worst and lower score given for those topics any given county performed best. The Social Determinants of Health were divided into subcategories due to so many indicators being included under this topic.

Step 2: Rank ordered the barriers identified by Key Informants, from most frequently identified to least frequently identified barriers within each county. Then, similar to Step 1, a score was assigned, the more frequently identified barriers were given a higher score and least frequently identified were assigned the lowest scores.

Step 3: Rank ordered the survey categories for each of the broad health topics from most commonly selected to least commonly selected within each county. Again, assigned the most commonly selected health topic with the highest score and the least commonly selected was given the lowest score.

Step 4: The three sets of scores were then added together and reviewed in conjunction with county-identified priorities (if available) as well as the 2-1-1 services requested.

Step 5: A deeper dive into the secondary data was conducted to determine which of the indicators in the top ranked (highest scoring) health topics each county performed the worst.

If several health topics were tied, additional steps were taken to narrow down to the top three priorities, if these steps did not result in a clear “top three priority” the rank was left as a tie, which was the case for one county.

Tie Breaker Steps

Step 6: Review of the subcategories from the Online Community Survey in the top three needs most commonly selected by survey respondents.

Step 7: Review of all indicator data in the major health topics to determine which specific data point a county was performing poorly.

These steps were conducted for each county and resulted in the identification of top three needs for all counties, except for Eureka and Storey counties, where there was not enough primary and secondary data to determine the third highest need. Several of the secondary indicators were suppressed for Eureka and Storey counties; in addition, there were too few interview and survey respondents to clearly determine a third highest priority. Finally, there were no county-identified CHNAs, CHIPs or strategic plans for Eureka available for consideration.

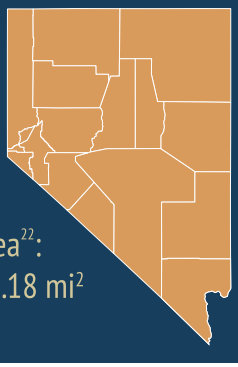
Nevada State and County Priorities

Nevada and county priorities are summarized in Table 1. This includes the top three priorities for each county and Nevada overall. Two counties, Eureka and Storey, do not have a third priority since many secondary data were suppressed and there were too few primary data (interview and survey results) to determine a third top priority.

Table 44: Top Three Priorities for Counties and Nevada based on the 2019 State Health Needs Assessment

County/Region	Priority 1	Priority 2	Priority 3
Carson City	Behavioral health	Chronic & communicable diseases	Income, poverty & housing
Churchill	Behavioral health	Income, poverty & housing	Access to health care
Clark	Access to health care	Behavioral health	Housing & poverty
Douglas	Behavioral health	Access to health care	Chronic diseases
Elko	Access to health care	Behavioral health	Health behaviors & preventive care
Esmeralda	Access to health care	Maternal and Child Health	Income & poverty
Eureka	Access to health care	Behavioral health	No third priority
Humboldt	Behavioral health	Access to health care	Health behaviors & preventive care
Lander	Behavioral health	Health behaviors & preventive care (tie) Maternal & child health (tie)	Access to health care
Lincoln	Employment & job training	Access to health care	Health behaviors & preventive care
Lyon	Behavioral health	Access to health care	Employment & poverty
Mineral	Behavioral health	Chronic diseases	Employment & poverty
Nye	Access to health care	Employment, income, poverty & housing	Chronic diseases
Pershing	Access to health care	Employment & poverty	Behavioral health
Storey	Behavioral health	Access to health care	No third priority
Washoe	Behavioral health	Housing	Chronic & communicable diseases
White Pine	Access to health care	Education	Behavioral health
Nevada	Behavioral health	Access to health care	Poverty

Nevada priorities are summarized in the Nevada profile on pages 106-107. The upper right corner of the profile includes the top three priorities, as well as other important indicator data. This profile format is used to summarize information for each county in the County Summary section that follows. The state and county profile *sources* and the *icon legend* both follow the Nevada profile. These are the sources and legends for all county profile documents.



Land Area[22]: 109,781.18 mi²

NEVADA STATE PROFILE

2019 Population[1]: 3,053,928 people
Population Density: 27.8 people per square mile (mi²)
Capital: Carson City
Sixteen counties and one consolidated municipality (Carson City)

TOP PRIORITIES

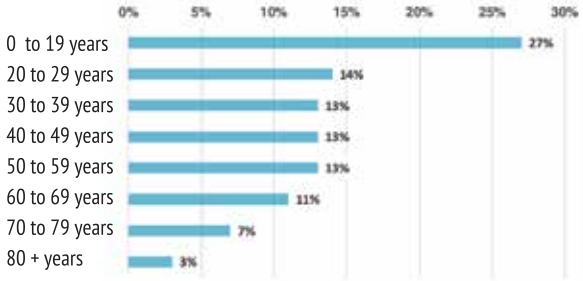
Behavioral Health

Access to Health Care

Poverty

DEMOGRAPHICS

AGE[1]

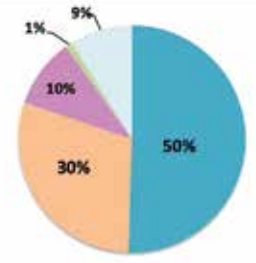


MEDIAN AGE[4] 38.7

17 & UNDER[3] **23.5%**

OVER 65 +[3] **15.1%**

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

		US
% who seriously considered attempting suicide[2]	16.6%	US 17.2%
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	30.3%	
% who used tobacco one or more times in the last 30 days[2]	12%	US 19.5%
% who drank alcohol one or more times in the last 30 days[2]	26.5%	US 29.8%
% who played video or computer games for 3 or more hours per day[2]	54.9%	
% who are overweight or obese[2]	28.9%	US 30.4%
% who texted or emailed while driving a car or other vehicle[2]	31.5%	US 39.2%

US 77.3%

71.6%

% of women who received prenatal care in the first trimester[5]

US 70.7%

69%

% of children, 19 to 35 months old, who are appropriately vaccinated[6]

6.8%

% of population, 18 and younger, without health insurance[7]

27,159

# of children enrolled in Nevada Children's Health Insurance Program[8]

7.3%

US 7.4%

% of high school students who have ever been physically forced to have sexual intercourse[2]

8.7%

US 6.7%

% of high school students who did not go to school because they felt unsafe[2]

If there is national data available for indicators, it will be presented in the following format. All data represent most recent year available. US %

NEVADA STATE PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

11.2%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (208.7)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

15.7% US 17.1%

% of adults who are overweight or obese (combined statistic)[9]

67.7% US 66.6%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

24.2

% of adults who are binge drinkers[9]

15% US 17.4%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

998.4

Suicide mortality rate per 100,000 people[14]

20.5 US 14.5

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$58,003
MEDIAN ANNUAL HOUSEHOLD INCOME[7]

US $60,336

Median Annual Income by Gender[7]

MALE $45,439 | FEMALE $37,880

Difference in annual earnings between male and female workers (full-time, year round)[7] **$7,559**

US $9,831

% of population that is food insecure[15]

12.2% US 12.5%

Unemployment Rate[18]

3.7%

US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	13%	US 13.4%
18 & UNDER	18.5%	US 18.4%
OVER 65 +	8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	31%	US 35.7%

Four-year high school graduation rate[16]

US 85%

83.2%

Bachelor's degree or higher[17]

23.7%

US 30.9%

MALE 23.6%

US 30.6%

FEMALE 23.8%

US 31.2%

47.9%
Total renter households unaffordable[19]

US 49.5%

40.6%
Total owner households unaffordable[19]

US 40%

Individuals with Disabilities

% of total population that has a disability[20]

13% US 12.6%

Rate per 1,000 children with a disability[21]

122.6

STATE & COUNTY PROFILE SOURCES (pg 1)

1. 2019 data: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

2. 2017 County/Nevada data: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.
2017 United States data: Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

3. 2019 data: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

4. 2013-2017 aggregate data: U.S. Census Bureau. American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table B01002.

5. 2015-2018 aggregate Rural/Frontier County data: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided up on request. Carson City, NV.
2018 Urban Counties/Nevada data: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided up on request. Carson City, NV.
2017 United States data: Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. (2018). National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics.

6. 2018 County/Nevada data: Department of Health and Human Services, Office of Analytics. NV WebIZ replica database using SQL Studio. Data provided upon request. Carson City, NV. 2017.
2016 United States data: Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hus/2017/066.pdf retrieved Aug 2019.

7. 2013-2017 aggregate Rural/Frontier County/Carson City data: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP03.
2017 Clark/Washoe/Nevada/United States data: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03.

8. 2018 data: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

9. 2013-2017 Rural/Frontier County data: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
2018 Urban County/Nevada data: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
2017 United States data: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

10. Calculated using 2018 Medicaid enrollment data and 2018 population estimate data
2018 Medicaid enrollment data: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.
Population estimate data: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

STATE & COUNTY PROFILE SOURCES (pg 2)

11. 2018 (preliminary data) County/Nevada data: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

12. 2015-2018 aggregate Rural/Frontier County data: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV. Opioid overdose includes Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2.
2018 Urban County/Nevada data: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV. Opioid overdose includes Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2.

13. 2015-2018 aggregate Rural/Frontier County data: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV. Alcohol poisoning/overdose includes All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3
2018 Urban County/Nevada data: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV. Alcohol poisoning/overdose includes All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3

14. 2015-2018 aggregate Rural/Frontier County data: Nevada Department of Health and Human Services, Office of Analytics. Electronic Death Registry System. Data provided upon request. Carson City, NV.
2018 (preliminary data) Urban County/Nevada data: Nevada Department of Health and Human Services, Office of Analytics. Electronic Death Registry System. Data provided upon request. Carson City, NV.
2017 United States data: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. http://wonder.cdc.gov/ucd-icd10.html retrieved Aug 2019.

15. 2017 data: Feeding America, Mind the Meal Gap. Interactive Map Food Insecurity in the United States. http://map.feedingamerica.org/ retrieved March and Aug 2019.

16. 2017-2018 School Year County/Nevada data: Nevada Department of Education. Nevada Report Card Accountability Portal. www.Nevadareportcard.com Retrieved March 2019.
2016-2017 School Year United States data: National Center for Education Statistics. Table 219.46. Public high school 4-year adjusted cohort graduation rate (ACGR), by selected student characteristics and state: 2010-11 through 2016-17. https://nces.ed.gov/programs/digest/d18/tables/dt18_219.46.asp retrieved Aug 2019.

17. 2013-2017 aggregate data: U.S. Census Bureau. American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1501.

18. 2018 County/Nevada data: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.
2018 United States data: US Department of Labor, Bureau of Labor Statistics. (n.d). Labor Force Statistics from the Current Community Population Survey. Employment status of the civilian noninstitutional population, 1948 to date. https://www.bls.gov/cps/cpsaat01.pdf retrieved Aug 2019.

19. 2013-2017 aggregate Rural/Frontier County and Carson City data: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP04.
2017 Urban County/Nevada/United States data: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04.

STATE & COUNTY PROFILE SOURCES (pg 3)

20. 2013-2017 aggregate Rural/Frontier County and Carson City data: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810.

21. 2017 data: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. https://med.unr.edu/statewide/instant-atlas/county-data-map retrieved March 2019.

22. 2010 data: U.S. Census Bureau, 2010 Census. Census 2010 Summary File 1, Geographic Header Record G001.

23. 2017-2018 data for Esmeralda County: Department of Health and Human Services, Office of Analytics. NV WebIZ replica database and Nevada State Demographer. Data provided upon request. Carson City, NV.

STATE & COUNTY PROFILES: ICON LEGEND

Behavioral Health: Mental Health & Substance Use*

Access to Health Care

Income, Poverty, & Housing*

Chronic Disease

Education

Preventive Behaviors

Employment, Jobs, & Job Training

Individuals with Disabilities

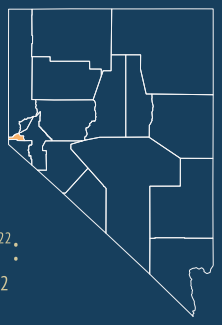
Environment & Built Environment

Crime & Violence

Family Dynamics & Maternal Child Health*

Communicable & Infectious Diseases

*These category icons may be separated and represented as individual icons within the report if they do not apply to that specific county. Individual icons are separated above by the following mark: ⋮



Land Area[22]: 144.66 mi²

CARSON CITY PROFILE

2019 Population[1]: 54,102 people, 1.8% of Nevada's Population
Population Density: 374 people per square mile (mi²)
Consolidated Municipality | Capital of Nevada
Designation: Urban

TOP PRIORITIES

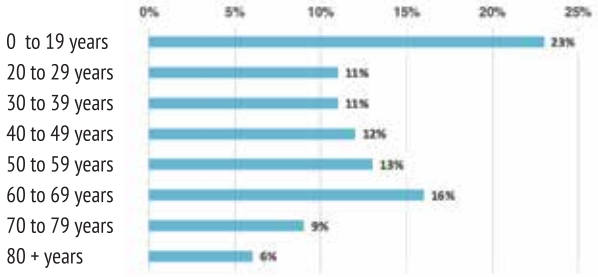
Behavioral Health

Chronic & Communicable Diseases

Income, Poverty, & Housing

DEMOGRAPHICS

AGE[1]

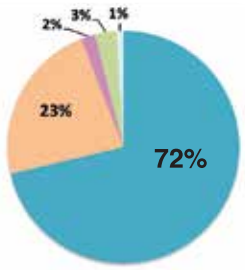


MEDIAN AGE[4] 43
NV 38.7

17 & UNDER[3] 20.4%
NV 23.5%

OVER 65 +[3] 22.5%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

% who seriously considered attempting suicide[2]
NV 16.6%
US 17.2%
16.6%

% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]
NV 30.3%
26.2%

% who used tobacco one or more times in the last 30 days[2]
NV 12%
US 19.5%
15.4%

% who drank alcohol one or more times in the last 30 days[2]
NV 26.5%
US 29.8%
31.3%

% who played video or computer games for 3 or more hours per day[2]
NV 54.9%
46.7%

% who are overweight or obese[2]
NV 28.9%
US 30.4%
35.1%

% who texted or emailed while driving a car or other vehicle[2]
NV 31.5%
US 39.2%
32.3%

NV 71.6%
US 77.3%
59.6%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
67%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
8.8%
% of population, 19 and younger, without health insurance[7]

NV 27,159
704
# of children enrolled in Nevada Children's Health Insurance Program[8]

14.2%
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

10.1%
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

NV %
US %

CARSON CITY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

11.6%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

18.6%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

29%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (268.1)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

17.7%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

73.3%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

30.4

% of adults who are binge drinkers[9]

NV 15% US 17.4%

11.9%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,324.5

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

30.4

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$49,341

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $41,609 FEMALE $36,685

Difference in annual earnings between male and female workers (full-time, year round)[7] **$4,924**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

86.0%

Bachelor's degree or higher[17]

21.6%

NV 23.7% US 30.9%

MALE 23.3%

NV 23.6% US 30.6%

FEMALE 19.8%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

12.4%

Unemployment Rate[18]

4.3%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	14.7%	NV 13%	US 13.4%
18 & UNDER	22.8%	NV 18.5%	US 18.4%
OVER 65 +	8.9%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	36.0%	NV 31%	US 35.7%

44.2%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

48.8%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

23.3% NV 13% US 12.6%

Rate per 1,000 children with a disability[21]

142.2 NV 122.6

Carson City

Carson City, a consolidated municipality also known as a city-county, is the capital of the state and is the smallest county, in terms of land area, in Nevada. Carson City is home to many of Nevada's governmental departments and federal offices. The 2019 total population for Carson City was 54,102 people, which represents 1.8% of Nevada's population. Carson City's land area is 144.66 mi^2 with a population density of 374 people per mi^2.

Carson City Community Survey Results

A survey was distributed statewide to determine which health issues were a priority among community members within each county. Table C1 provides community survey results for Carson City. Thirty-five of the 97 respondents (36%) from Carson City selected Behavioral Health as the top health priority in their county, followed by Housing/Poverty and Access to Health Care, selected by 24% and 23% of respondents, respectively.

Table C1: Carson City Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	35	36%
Housing/Poverty	23	24%
Access to Health Care	22	23%
Other	4	4%
Chronic Diseases	4	4%
Preventive Behaviors	4	4%
Education	2	2%
Employment and Job Training	2	2%
Environment and Built Environment	1	1%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**97**	**100%**

Carson City Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C2 summarizes health findings of Carson City Key Informant interviews taking place between May and July 2019. Behavioral health and vocational training/workforce development stand out as common themes identified by Carson City Key Informants.

Table C2: Carson City Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health needs 2. Low income families 3. Minority populations	1. Collaborative nature of organizations 2. Several behavioral health initiatives through the Behavioral Health Task Force 3. Education-based settings a. K-12 grade school b. institutions of higher education c. community classes offered by various organizations 4. Vocational training/workforce development programs 5. Health is perceived as a priority among leaders in the community
Barriers	**Solutions**
1. Lack of behavioral health services and related infrastructure 2. Lack of comprehensive vocational training/workforce development opportunities 3. Lack of transportation 4. Rural residents coming into urban areas to utilize health-related and other services	1. More behavioral health services and behavioral health providers, staff and support 2. Increased funding 3. Better collaboration and organization amongst stakeholders 4. Prioritize vocational trainings and workforce development

Carson City Specific Indicator Data

Table C3 displays the number and percent of Carson City's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Carson City's population was white, not Hispanic (74% in 2015 and 72% in 2019). The Hispanic population increased by 14%, from 20% in 2015 to 23% in 2019.

Table C3: Number and Percent of Carson City Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	38,749	74%	38,950	72%	-1%
Black, not Hispanic	316	1%	328	1%	4%
American Indian, Eskimo, Aleut, not Hispanic	1,332	3%	1,377	3%	3%
Asian/Pacific Islander, not Hispanic	1,135	2%	1,167	2%	3%
Hispanic Origin of Any Race	10,535	20%	12,280	23%	14%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 200 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C4 displays the projected number and percent of Carson City's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Carson City's population is projected to be white, not Hispanic in 2020 (71%) and 2024 (68%). The Hispanic population is projected to increase by 16%, from 24% in 2020 to 27% in 2024.

Table C4: Number and Percent of Carson City Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	38,843	71%	38,283	68%	-1%
Black, not Hispanic	326	1%	340	1%	4%
American Indian, Eskimo, Aleut, not Hispanic	1,388	3%	1,394	2%	0%
Asian/Pacific Islander, not Hispanic	1,156	2%	1,097	2%	-5%
Hispanic Origin of Any Race	12,843	24%	14,847	27%	16%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C5 displays the number and percent of Carson City's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 60-69-year-old age group is the largest, representing 15% of Carson City's population in 2015 and increasing to 16% in 2019. The population with the greatest percent change between 2015 and 2019 is the 50-59-year-old age group with a 38% increase.

Table C5: Number and Percent of Carson City Population by Age Group, 2015 and 2019, and Percent Change 2015 to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	7,224	14%	5,354	10%	-26%
10 to 19 years	6,206	12%	7,262	13%	17%
20 to 29 years	6,815	13%	5,695	11%	-16%
30 to 39 years	4,777	9%	6,148	11%	29%
40 to 49 years	7,060	14%	6,250	12%	-11%
50 to 59 years	5,226	10%	7,231	13%	38%
60 to 69 years	7,635	15%	8,478	16%	11%
70 to 79 years	4,164	8%	4,675	9%	12%
80 + years	2,963	6%	3,010	6%	2%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C6 displays the number and percent of Carson City's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 60-69-year-old age group is projected to be the largest in 2020 at 16%, while the 50-59-year-old age group is projected to be the largest in 2024 at 18%. The population with the greatest projected percent increase between 2020 and 2024 is the 50-59-year-old age group (26%).

Table C6: Number and Percent of Carson City Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	5,316	10%	5,246	9%	-1%
10 to 19 years	7,030	13%	6,297	11%	-10%
20 to 29 years	5,681	10%	5,579	10%	-2%
30 to 39 years	6,089	11%	7,296	13%	20%
40 to 49 years	6,307	12%	4,459	8%	-29%
50 to 59 years	7,767	14%	9,825	18%	26%
60 to 69 years	8,539	16%	7,909	14%	-7%
70 to 79 years	4,918	9%	6,099	11%	24%
80 + years	2,912	5%	3,252	6%	12%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C7 lists the top ten causes of death for residents of Carson City for 2015, 2016, 2017, and 2018. Diseases of the heart was the number one cause of death for Carson City residents in 2015, 2017, and 2018, while malignant neoplasms were the number one cause of death for Carson City residents in 2016.

Table C7: Top 10 Causes of Death, Rate per 100,000, Carson City, 2015 2018

Cause of Death	2015	2016	2017	2018*
Diseases of the heart	263.5	273.6	256.1	268.1
Malignant neoplasms	232.2	313.5	232.7	203.8
All other diseases (residual)**	187.9	164.9	185.8	203.8
Chronic lower respiratory disease	86.6	99.7	93.8	137.6
Cerebrovascular diseases (stroke)	49.7	52.6	63.1	71.5
Nontransport accidents**	64.5	36.2	55.9	34.0
Alzheimer's disease	62.6	38.1	45.1	34.0
Influenza and pneumonia	35.0	NL	34.3	12.5
Intentional self-harm (suicide)	18.4	30.8	30.7	30.4
Chronic liver disease and cirrhosis	29.5	NL	NL	NL
System missing or undefined**	NL	65.2	NL	NL
Diabetes mellitus	NL	18.1	27.1	42.9

*2018 data are preliminary and are subject to change; NL = Not listed in top 10 statewide causes of death for that year.
****Per the International Classification of Diseases, 10th Revision (ICD-10), **Nontransport accidents** include falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke, fire and flames, accidental poisoning and exposure to noxious substances, and other and unspecified non transport accidents and their sequelae and **All Other Diseases (Residual)** are those that are left over after accounting for the other causes. Per the DHHS Office of Analytics, **System missing or undefined** refers to causes of death with death certificates that had all unknown fields.
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table C8 lists the incidence rates for all types of cancer aggregate for Carson City and Nevada, 1995-2015. Carson City's incidence rates for all types of cancer aggregate were higher than Nevada's incidence rates for 14 of the 21 years listed.

Table C8: Incidence Rates of All Types of Cancer Aggregate, Carson City and Nevada, 1995 2015

Year	Carson City		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	508.5	(448.5, 568.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	525.8	(465.1, 586.5)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	488.7	(430.5, 546.9)	417.1	(407.1, 427.2)	236.9-488.7
1998	575.3	(512.8, 637.9)	418.5	(408.8, 428.2)	232.8-815.9
1999	489.5	(431.9, 547.0)	422.1	(412.6, 431.6)	240.7-1091.8
2000	534.4	(476.1, 592.6)	513.8	(503.6, 524.1)	223.4-534.4
2001	459.0	(406.4, 511.6)	505.4	(495.5, 515.4)	184.9-563.2
2002	515.7	(460.9, 570.4)	506.9	(497.1, 516.7)	253.2-672.6
2003	483.5	(431.1, 535.9)	487.6	(478.2, 497.0)	194.0-551.2
2004	424.0	(376.4, 471.5)	487.6	(478.2, 496.5)	387.2-631.1
2005	426.9	(379.0, 474.8)	456.2	(447.5, 464.8)	343.7-829.8
2006	459.3	(411.0, 507.6)	467.1	(458.5, 475.7)	258.2-589.7
2007	458.9	(409.9, 507.8)	443.7	(435.5, 451.9)	191.9-544.8
2008	435.0	(386.9, 483.0)	457.0	(448.8, 465.2)	315.1-637.8
2009	429.8	(381.9, 477.8)	459.5	(451.4, 467.6)	232.1-560.3
2010	455.8	(405.6, 505.9)	431.2	(423.5, 439.0)	390.4-524.5
2011	448.6	(400.0, 497.1)	433.4	(425.7, 441.1)	227.1-546.1
2012	453.5	(404.3, 502.8)	411.3	(403.9, 418.7)	266.7-527.4
2013	464.3	(413.6, 515.0)	410.4	(403.2, 417.7)	207.5-530.8
2014	519.9	(465.5, 574.4)	399.4	(392.3, 406.4)	207.5-530.8
2015	503.5	(450.4, 556.6)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C9 lists the number and percentage of calls made by Carson City residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Carson City residents represented 0.7% of the total calls made by Nevada residents. Carson City residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (25%).

Table C9: 2 1 1 Most Requested Services in Carson City

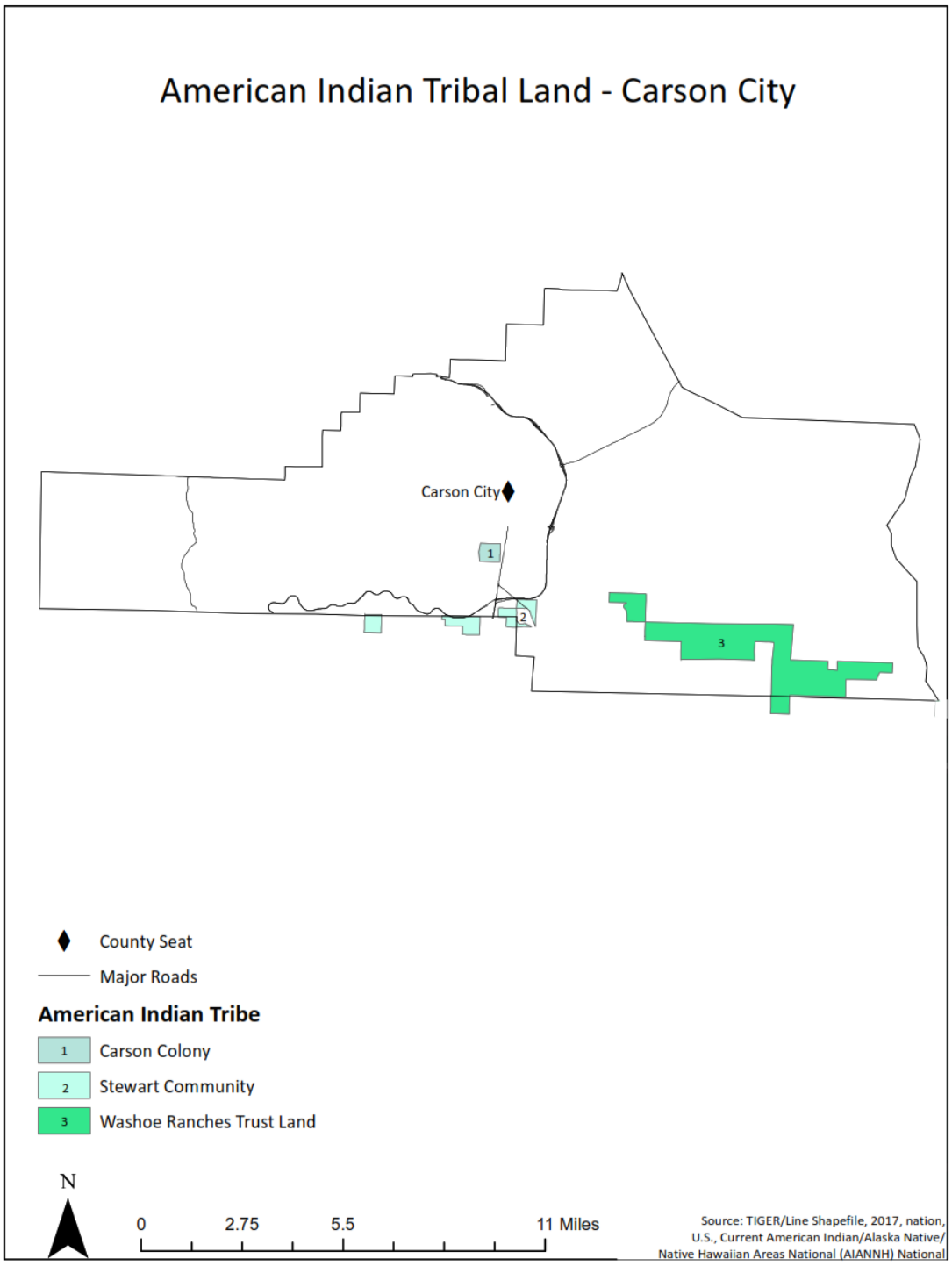
Service	#	%
Housing and Shelter	178	25%
Other	157	22%
Utilities	75	10%
Health Care	92	13%
Food	54	8%
Mental Health and Addictions	42	6%
Transportation Assistance	37	5%
Government and Legal	34	5%
Employment and Income	30	4%
Clothing and Household	15	2%
Education	3	0%
Child Care and Parenting	1	0%
Disaster	0	0%
Total	**718**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Carson City American Indian Tribal Land

Map 12 below depicts American Indian Tribal land in Carson City, which includes the Carson Colony, Stewart Community, and Washoe Ranches Trust Land.

Map 12



Carson City Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) The data within this section represents the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 63,439 emergency department visits made by Carson City residents; of those 11% occurred outside of Carson City. There were a total of 22,083 inpatient hospitalizations among Carson City residents; of those, 19% occurred outside of Carson City.

Maps 13 and 14 display: When a Carson City Resident Obtains Hospital Care Outside of Carson City, Where Do They Go? A description of each map is included below:

> Map 13: Percentage of Emergency Department Visits Among Residents of Carson City to Other Nevada Counties, 2016-2018 Aggregate Data, shows the emergency department visits made 1) by Carson City residents outside of Carson City and 2) the county where the emergency department visit occurred.
>
> Map 14: Percentage of Hospital Inpatient visits Among Residents of Carson City to Other Nevada Counties, 2016-2018 Aggregate Data, shows the hospital inpatient visits made 1) by Carson City residents outside of Carson City and 2) the county where the hospital inpatient visit occurred.

Table C10 provides the detailed numbers and percentages shown in Maps 12 and 13. When a Carson City resident obtained care in a hospital outside Carson City, the majority of out of county emergency department visits and inpatient hospitalizations were into Washoe County, at 72% and 94% respectively.

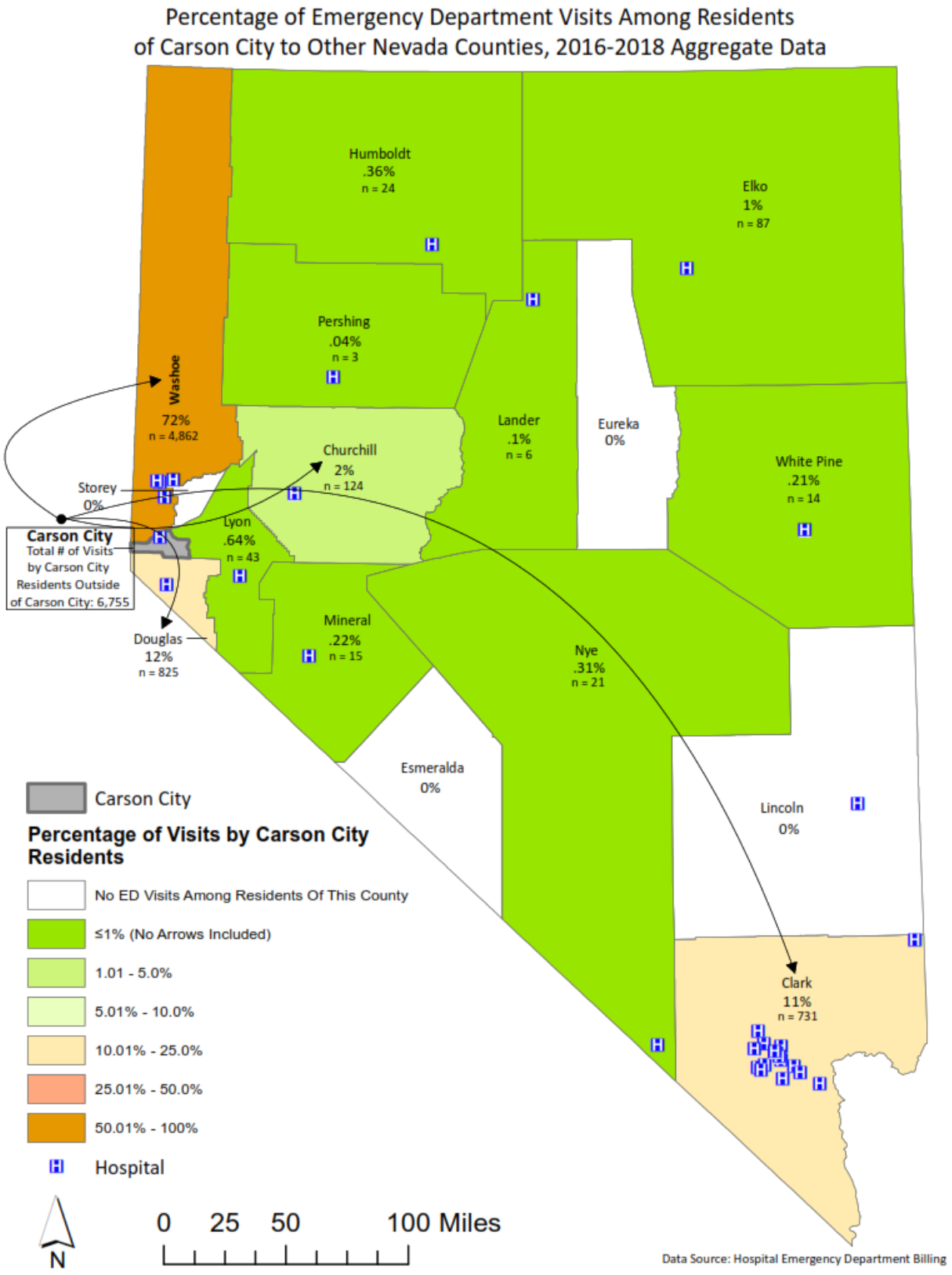
Table C10: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Carson City Residents that Occurred Outside of Carson City by County, 2016 2018 Aggregate

Hospital Location	ED Visit Outside Carson City		Inpatient Hospitalization Outside Carson City	
	#	%	#	%
Carson	-	-	-	-
Churchill	124	2%	6	0.15%
Clark	731	11%	140	3%
Douglas	825	12%	94	2%
Elko	87	1%	0	0%
Esmeralda	0	0%	0	0%
Eureka	0	0%	0	0%
Humboldt	24	0.36%	6	0.15%
Lander	6	0.1%	0	0%
Lincoln	0	0%	0	0%
Lyon	43	0.64%	3	0.07%
Mineral	15	0.22%	0	0%
Nye	21	0.31%	1	0.02%
Pershing	3	0.04%	0	0%
Storey	0	0%	0	0%
Washoe	4,862	72%	3,869	94%
White Pine	14	0.21%	0	0%
ED/Hospitalizations Outside County Among Residents	**6,755**	**100%**	**4,119**	**100%**

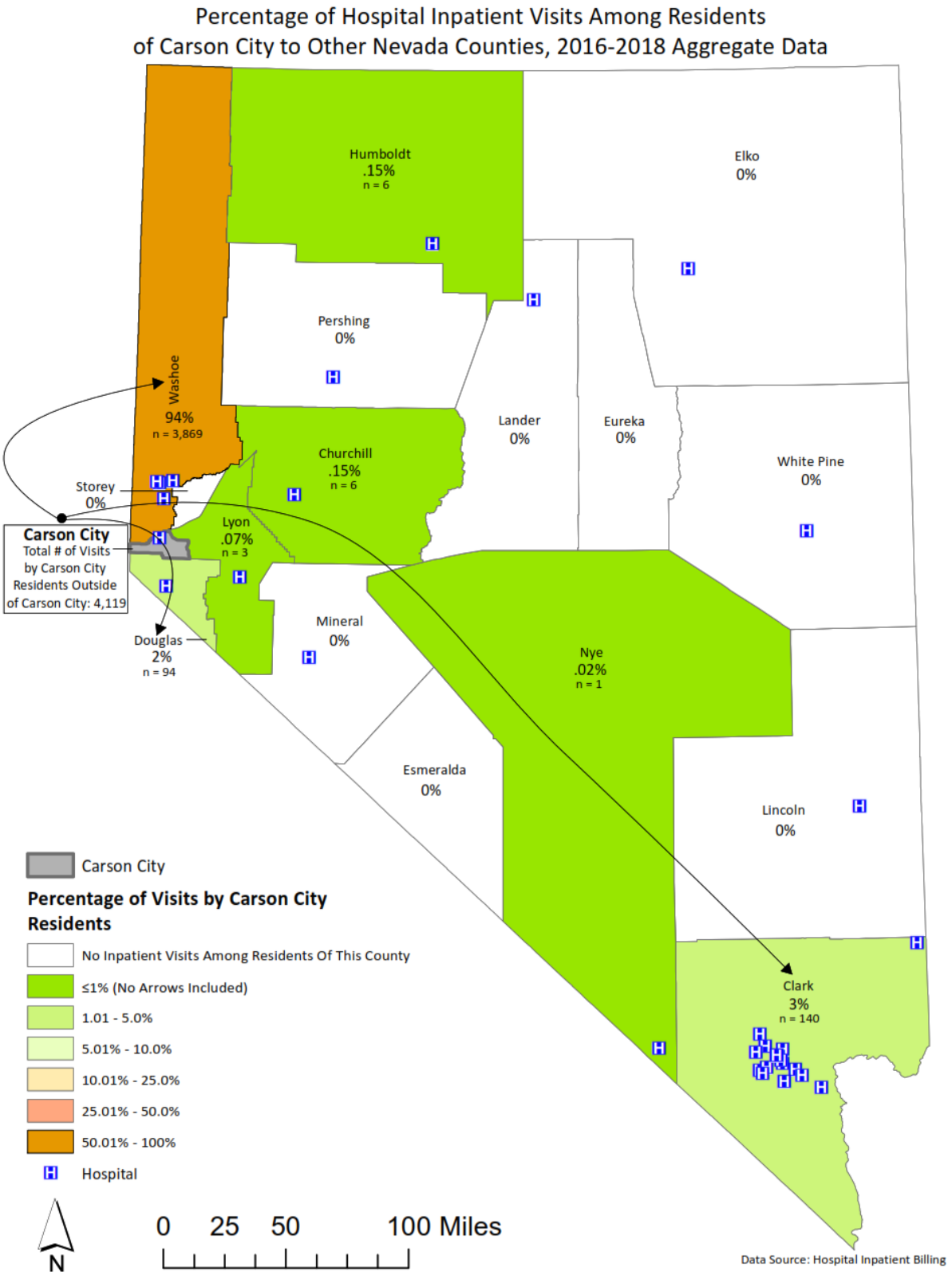
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 13


Percentage of Emergency Department Visits Among Residents of Carson City to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .36% n = 24
Elko 1% n = 87
Pershing .04% n = 3
Washoe 72% n = 4,862
Lander .1% n = 6
Eureka 0%
Churchill 2% n = 124
White Pine .21% n = 14
Storey 0%
Carson City
Total # of Visits by Carson City Residents Outside of Carson City: 6,755
Lyon .64% n = 43
Douglas 12% n = 825
Mineral .22% n = 15
Nye .31% n = 21
Esmeralda 0%
Lincoln 0%
Clark 11% n = 731
Carson City
Percentage of Visits by Carson City Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 14


Percentage of Hospital Inpatient Visits Among Residents of Carson City to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .15% n = 6
Elko 0%
Pershing 0%
Washoe 94% n = 3,869
Lander 0%
Eureka 0%
Churchill .15% n = 6
White Pine 0%
Storey 0%
Carson City
Total # of Visits by Carson City Residents Outside of Carson City: 4,119
Lyon .07% n = 3
Douglas 2% n = 94
Mineral 0%
Nye .02% n = 1
Esmeralda 0%
Lincoln 0%
Clark 3% n = 140
Carson City
Percentage of Visits by Carson City Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Carson City Hospital Burden

Table C11 indicates nearly half (46%) of emergency department visits into Carson City were made by non-Carson City residents, while just over half (53%) of inpatient hospitalization were made by non-Carson City residents.

Table C11: Total Number and Percent of Visits Made to Carson City Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	47,499	46%	104,183
Inpatient Hospitalizations	20,584	53%	38,548

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 15 and 16 display: Visits Occurring in Carson City Among Residents of Other Nevada Counties. A description of each map is included below:

Map 15: Percentage of Carson City Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Carson City hospitals by persons who do not reside in Carson City and 2) the county where the patient resides.

Map 16: Percentage of Carson City Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Carson City hospitals by persons who do not reside in Carson City and 2) the county where the patient resides.

Table C12 provides the detailed numbers and percentages shown in Maps 15 and 16. The largest proportion of non-resident emergency department visits were from Douglas County (47%) and Lyon County residents (43%). The largest proportion of non-resident inpatient hospitalizations were from Douglas County (42%) and Lyon County (40%) residents.

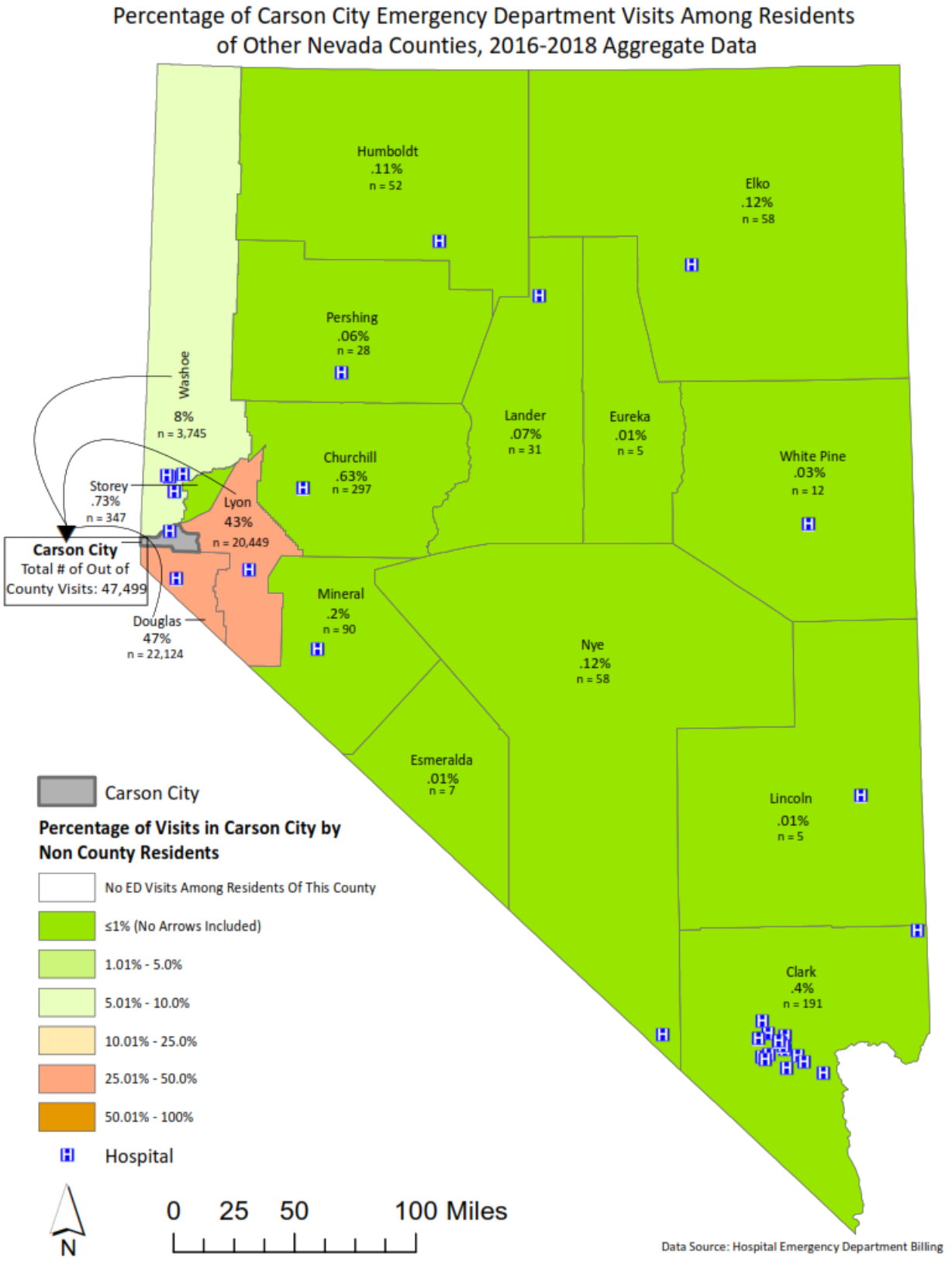
Table C12: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Carson City Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in Carson City by Non-Carson City Residents		Inpatient Hospitalization Occurring in Carson City by Non-Carson City Residents	
	#	%	#	%
Carson	-	0%	-	0%
Churchill	297	0.63%	590	3%
Clark	191	0.40%	50	0.25%
Douglas	22,124	47%	8,627	42%
Elko	58	0.12%	132	1%
Esmeralda	7	0.01%	6	0.03%
Eureka	5	0.01%	13	0.06%
Humboldt	52	0.11%	129	1%
Lander	31	0.07%	32	0.16%
Lincoln	5	0.01%	0	0%
Lyon	20,449	43%	8,131	40%
Mineral	90	0.2%	214	1%
Nye	58	0.12%	45	0.22%
Pershing	28	0.06%	41	0.20%
Storey	347	0.73%	134	0.66%
Washoe	3,745	8%	2,408	12%
White Pine	12	0.03%	32	0.16%

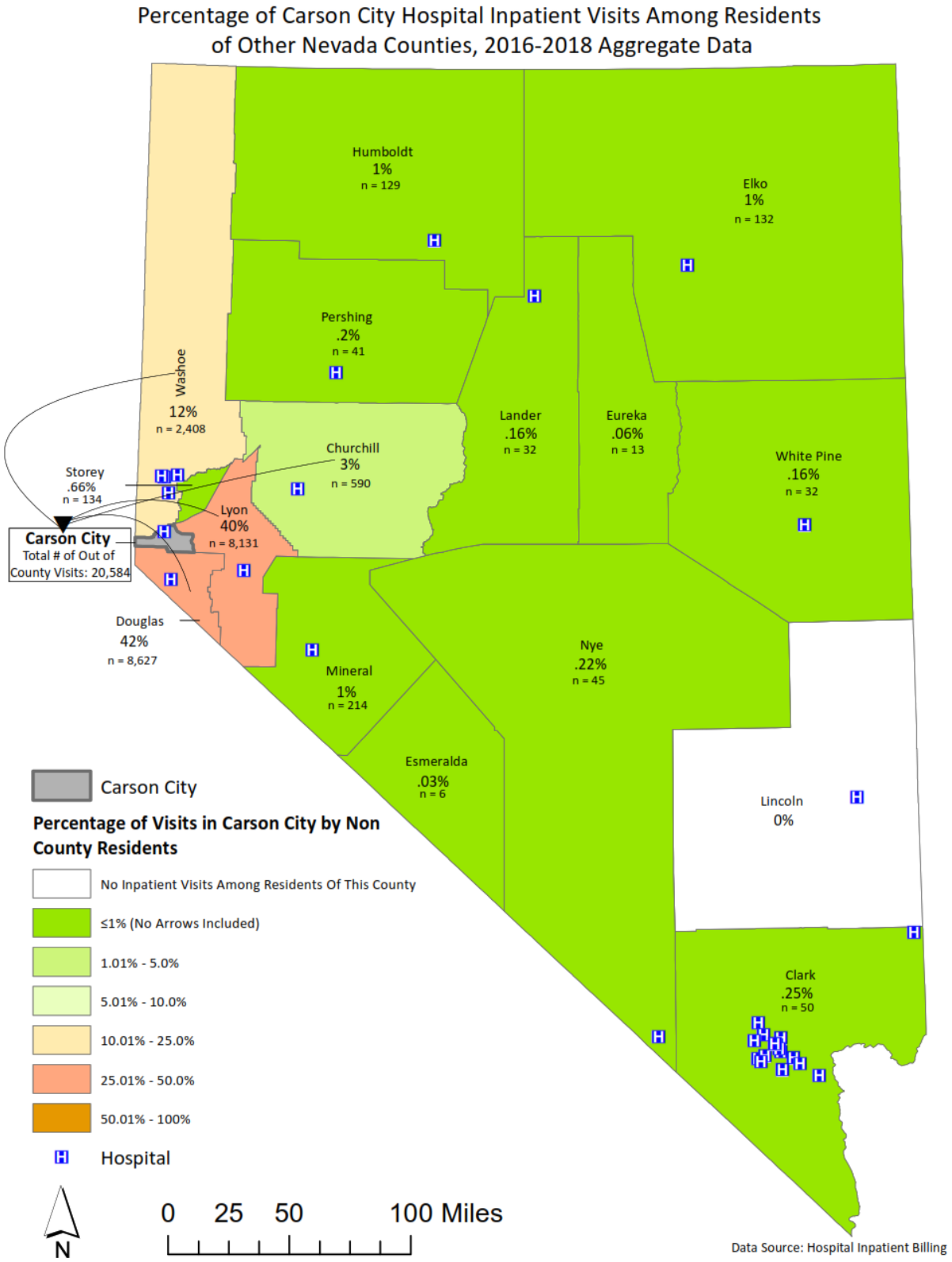
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 15


Percentage of Carson City Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .11% n = 52
Elko .12% n = 58
Pershing .06% n = 28
Lander .07% n = 31
Eureka .01% n = 5
White Pine .03% n = 12
Washoe 8% n = 3,745
Churchill .63% n = 297
Storey .73% n = 347
Lyon 43% n = 20,449
Carson City Total # of Out of County Visits: 47,499
Douglas 47% n = 22,124
Mineral .2% n = 90
Nye .12% n = 58
Esmeralda .01% n = 7
Lincoln .01% n = 5
Clark .4% n = 191
Carson City
Percentage of Visits in Carson City by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 16


Percentage of Carson City Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
1%
n = 129
Elko
1%
n = 132
Pershing
.2%
n = 41
Washoe
12%
n = 2,408
Churchill
3%
n = 590
Lander
.16%
n = 32
Eureka
.06%
n = 13
White Pine
.16%
n = 32
Storey
.66%
n = 134
Carson City
Total # of Out of County Visits: 20,584
Lyon
40%
n = 8,131
Douglas
42%
n = 8,627
Mineral
1%
n = 214
Nye
.22%
n = 45
Esmeralda
.03%
n = 6
Lincoln
0%
Clark
.25%
n = 50
Carson City
Percentage of Visits in Carson City by Non County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Carson City Health Priorities

Table C13 includes the priorities identified for Carson City through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities for Carson City are: 1) Behavioral Health, 2) Chronic and Communicable Diseases, and 3) Income, Housing and Poverty. This table includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C13 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted in Carson City.

#1 Behavioral Health
For Carson City, many of the behavioral health secondary data-driven opportunities for improvement were related to substance use, specifically alcohol-related emergency department and inpatient hospitalizations, as well as marijuana use among adults. Secondary data-driven opportunities for improvement that were related to mental health included obtaining help for high school students who report feeling sad, empty, hopeless, angry, or anxious.

Survey respondents echoed the findings in the secondary data, as the top selected issue for behavioral health was illegal drug use being a problem in the community. Additionally, survey respondents frequently identified alcoholism/binge drinking and tobacco and vapor product use as problems, as well as a lack of substance treatment resources and programs. Several mental health challenges were also frequently identified by survey respondents, which included lack of mental health providers, a long wait to be seen by mental health care providers, and a lack of long-term inpatient clinics for behavioral health issues in the community.

#2 Chronic and Communicable Diseases
The data-driven opportunities for improvement under chronic diseases include risk factors such as high cholesterol and high blood pressure among adults and weight status, among both high school students and adults, and the perception among adults 18 to 64 years and adults 65 years and older that their own health status is fair or poor. Additionally, incidence rates for breast, colorectal, lung and bronchus, and prostate cancer are high in Carson City and the mortality rate for trachea, bronchus, and lung cancer are also high. In terms of communicable diseases, chlamydia, gonorrhea, and hepatitis C, incidence rates are high in Carson City, similar to other urban counties in Nevada.

None of the Carson City survey respondents selected communicable diseases as a major health issue, therefore areas most frequently identified by survey respondents included chronic disease factors including arthritis, asthma, cancer, and chronic obstructive pulmonary disease (COPD).

#3 Income, Poverty, and Housing
The data-driven opportunities for improvement under this health priority include income levels of male full-time workers, children under age 18 who live in poverty, households on cash public assistance, and unaffordable owner households.

Survey respondents echoed the findings of the secondary data as lack of affordable housing, high number of homeless persons, and the community has few resources/services available to individuals who are homeless, many residents rely on public assistance, and too many people live in poverty, were among the most frequently identified subcategories under the housing, poverty, and income topics. Additionally, survey respondents also identified the lack of diversity of local businesses (only a few options for employment) as an issue in Carson City.

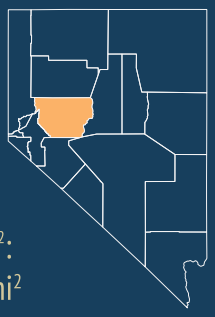
Community-Identified Priorities

The top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted by Carson City entities. The only differences are the communicable diseases identified through the secondary data in this report.

Adverse Childhood Experiences - ACEs

Is it important to note, although not present in Table C13 as a priority area to improve upon, Carson City adults and high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C13: Carson City Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Behavioral Health**	• Alcohol-related emergency department and inpatient admits • Marijuana use among adults • High school students who rarely/never get help they need when sad	1. Illegal drugs (e.g., meth, heroin, cocaine) are a problem 2. Lack of mental health providers 3. Two-way tie: Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months and Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem 4. Two-way tie: Depression is a problem and Alcoholism/binge drinking is a problem 5. Tobacco and vapor product use is a problem 6. Two-way tie: Lack of substance abuse treatment resources/programs and Lack of long-term inpatient clinics for behavioral health issues	**Carson City CHNA (2017)** • Mental Health • Access to Healthcare Services • Heart Disease and Stroke • Substance Abuse • Diabetes • Cancer • Nutrition, Physical Activity, and Weight • Infant Health and Family Planning • Respiratory Diseases • Dementia, including Alzheimer's Disease • Injury and Violence • Oral Health • Potentially Disabling Conditions **Carson City CHIP (2018-2021)** 1. Access to Healthcare 2. Behavioral Health 3. Nutrition 4. Workforce Development **Carson Tahoe Health Needs Assessment (2016)** 1. Access to Healthcare Services 2. Cancer 3. Dementia, including Alzheimer's Disease 4. Diabetes 5. Heart Disease and Stroke 6. Infant Health and Family Planning 7. Injury and Violence 8. Mental Health 9. Nutrition, Physical Activity, and Weight 10. Oral Health 11. Potentially Disabling Conditions 12. Respiratory Diseases 13. Substance Abuse
2	**Chronic and Communicable Diseases**	• High cholesterol among adults • High blood pressure among adults • Weight status of high school students and adults • Perceived health status of adults fair/poor (both adults 18-65 years and 65+ years) • Cancer: Incidence rate for - breast cancer, colorectal, lung and bronchus, prostate; Mortality rate for - trachea, bronchus, and lung cancer • Incidence rates for Chlamydia and Gonorrhea • Incidence rates for Hepatitis C • Death due to Chronic Lower Respiratory Disease and Stroke	1. Arthritis is a problem 2. Three-way tie: Asthma is a problem; Cancer is a problem; and Chronic Obstructive Pulmonary Disorder (COPD) is a problem	
3	**Income, Poverty, & Housing**	• Median income for male full-time workers • Children in poverty • Households on cash public assistance • Unaffordable owner households	1. Lack of affordable housing 2. Lack of diversity of local businesses (only a few options for employment) 3. Two-way tie: Many residents rely on public assistance and My community has few resources/services available to individuals who are homeless 4. My community has a high number of individuals who are homeless 5. Too many people live in poverty	



CHURCHILL COUNTY PROFILE

Land Area[22]: 4,930.46 mi²

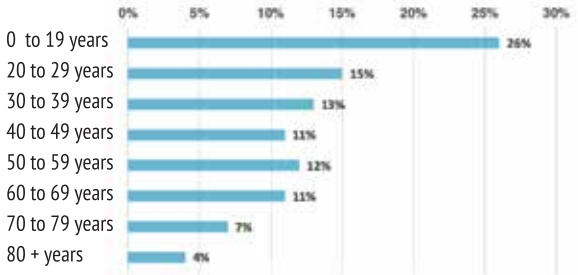
2019 Population[1]: 26,257 people, 0.9% of Nevada's Population
Population Density: 5 people per square mile (mi²)
County Seat: Fallon
Designation: Frontier

TOP PRIORITIES

- Behavioral Health
- Income, Poverty, & Housing
- Access to Health Care

DEMOGRAPHICS

AGE[1]

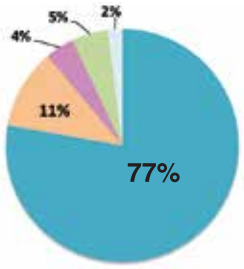


MEDIAN AGE[4] 38.9
NV 38.7

17 & UNDER[3] 23.9%
NV 23.5%

OVER 65 +[3] 18.3%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Churchill, Humboldt, Pershing & Lander)

% who seriously considered attempting suicide[2]	NV 16.6% US 17.2%	19.8%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	32.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% US 19.5%	22.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% US 29.8%	34.1%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	46.6%*
% who are overweight or obese[2]	NV 28.9% US 30.4%	31.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% US 39.2%	42.6%*

NV 71.6%
US 77.3%
65.6%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
71%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
10.7%
% of population, 19 and younger, without health insurance[7]

NV 27,159
288
# of children enrolled in Nevada Children's Health Insurance Program[8]

10.3%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.2%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Churchill, Humboldt, Pershing, and Lander)

NV %
US %

CHURCHILL COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

13.9%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

15.5%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

27%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (290.4)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

20.9%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

68.4%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

21.7

% of adults who are binge drinkers[9]

NV 15% US 17.4%

16%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,198.0

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

32.5

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$46,914

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $46,265 FEMALE $35,596

Difference in annual earnings between male and female workers (full-time, year round)[7] **$10,669**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

76.0%

Bachelor's degree or higher[17]

18.3%

NV 23.7% US 30.9%

MALE 16.3%

NV 23.6% US 30.6%

FEMALE 20.3%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

12.7%

Unemployment Rate[18]

4.0%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	13.8%	NV 13%	US 13.4%
18 & UNDER	15.3%	NV 18.5%	US 18.4%
OVER 65 +	12.1%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	55.8%	NV 31%	US 35.7%

46.3%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

42.0%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

14.9%

NV 13% US 12.6%

Rate per 1,000 children with a disability[21]

146.4

NV 122.6

Churchill County

The majority of Churchill County's residents live in the county seat of Fallon. Fallon is home to the Naval Air Station, where some of the Navy's premier training programs, TOPGUN and TOPDOME, are located.[1] Churchill County's 2019 total population was 26,257 people, representing 0.9% of Nevada's population. Churchill County's land area is 4,930.46 mi^2 with a population density of 5 people per mi^2.

Churchill County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C14 provides community survey results for Churchill County. Thirty-two of the 72 respondents (44%) from Churchill County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 29% of respondents.

Table C14: Churchill County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	32	44%
Access to Health Care	21	29%
Housing/Poverty	8	11%
Chronic Diseases	4	6%
Employment and Job Training	3	4%
Other	1	1%
Preventive Behaviors	1	1%
Environment and Built Environment	1	1%
Family Dynamics and MCH	1	1%
Education	0	0%
Communicable Diseases	0	0%
Total	**72**	**100%**

[1] United States Navy

Churchill County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C15 summarizes health findings of Churchill County Key Informant interviews taking place between May and July 2019. Behavioral health issues stand out as a common theme identified by Churchill County Key Informants.

Table C15: Churchill County Key Informant Findings	
Priority Populations	**Strengths**
1. Individuals with behavioral health issues 2. Children 3. Individuals who are homeless	1. Collaborative nature of various community entities 2. Vocational training and workforce development opportunities 3. Behavioral health is a priority among community leaders 4. K-12 grade education
Barriers	**Solutions**
1. Lack of behavioral health services and providers 2. Lack of funding 3. Lack of primary care providers 4. Recruiting and retaining providers and provider burnout	1. Increase the number of behavioral health services and providers 2. More health-related infrastructure in general 3. Increase public awareness of behavioral health issues to reduce stigma 4. Increase funding

Churchill County Specific Indicator Data

Table C16 displays the number and percent of Churchill County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Churchill County's population was white, not Hispanic (78% in 2015 and 77% in 2019). Both the black, not Hispanic and Hispanic populations increased by 8% between 2015 and 2019.

Table C16: Number and Percent of Churchill County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	19,637	78%	20,327	77%	-3%
Black, not Hispanic	457	2%	497	2%	8%
American Indian, Eskimo, Aleut, not Hispanic	1,338	5%	1,443	5%	7%
Asian/Pacific Islander, not Hispanic	920	4%	974	4%	6%
Hispanic Origin of Any Race	2,775	11%	3,017	11%	8%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C17 displays the projected number and percent of Churchill County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Churchill County's population is projected to be white, not Hispanic in 2020 (77%) and 2024 (76%). The Hispanic population is projected to increase by 7% between 2020 and 2024; while the black, not Hispanic and the American Indian, Eskimo, Aleut, not Hispanic populations are both expected to increase by 6% between 2020 and 2024; and the Asian/Pacific Islander, not Hispanic population is expected to increase by 5%.

Table C17: Number and Percent of Churchill County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	20,487	77%	20,843	76%	-2%
Black, not Hispanic	507	2%	538	2%	6%
American Indian, Eskimo, Aleut, not Hispanic	1,474	6%	1,562	6%	6%
Asian/Pacific Islander, not Hispanic	990	4%	1,035	4%	5%
Hispanic Origin of Any Race	3,094	12%	3,322	12%	7%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C18 displays the number and percent of Churchill County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 20-29-year-old age group was the largest, representing 15% of Churchill County's population in both 2015 and 2019. The population with the greatest percent change between 2015 and 2019 was the 30-39-year-old age group with a 22% increase.

Table C18: Number and Percent of Churchill County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	3,223	13%	3,395	13%	5%
10 to 19 years	3,459	14%	3,462	13%	0%
20 to 29 years	3,857	15%	3,935	15%	2%
30 to 39 years	2,860	11%	3,478	13%	22%
40 to 49 years	3,089	12%	2,977	11%	-4%
50 to 59 years	3,404	14%	3,157	12%	-7%
60 to 69 years	2,690	11%	2,972	11%	10%
70 to 79 years	1,630	6%	1,851	7%	14%
80 + years	913	4%	1,031	4%	13%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C19 displays the number and percent of Churchill County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 15%, while the 30-39-year-old age group is projected to be the largest in 2024 at 15%. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group with a 20% increase.

Table C19: Number and Percent of Churchill County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	3,421	13%	3,586	13%	5%
10 to 19 years	3,491	13%	3,671	13%	5%
20 to 29 years	3,965	15%	3,895	14%	-2%
30 to 39 years	3,635	14%	4,056	15%	12%
40 to 49 years	2,906	11%	2,825	10%	-3%
50 to 59 years	3,149	12%	3,053	11%	-3%
60 to 69 years	3,066	12%	2,937	11%	-4%
70 to 79 years	1,851	7%	1,995	7%	8%
80 + years	1,068	4%	1,285	5%	20%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C20 lists the incidence rates for all types of cancer aggregate for Churchill County and Nevada, 1995-2015. Churchill County's incidence rates for all types of cancer aggregate were higher than Nevada's incidence rates for 12 of the 21 years listed.

Table C20: Incidence Rates of All Types of Cancer Aggregate, Churchill County and Nevada, 1995 2015

Year	Churchill County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	505.4	(407.3, 603.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	419.0	(332.4, 505.6)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	400.5	(316.8, 484.1)	417.1	(407.1, 427.2)	236.9-488.7
1998	477.6	(387.6, 567.7)	418.5	(408.8, 428.2)	232.8-815.9
1999	416.5	(332.7, 500.2)	422.1	(412.6, 431.6)	240.7-1091.8
2000	428.2	(344.7, 511.7)	513.8	(503.6, 524.1)	223.4-534.4
2001	489.0	(400.4, 577.6)	505.4	(495.5, 515.4)	184.9-563.2
2002	457.5	(372.4, 542.6)	506.9	(497.1, 516.7)	253.2-672.6
2003	551.2	(459.9, 642.5)	487.6	(478.2, 497.0)	194.0-551.2
2004	419.4	(339.9, 498.8)	487.6	(478.2, 496.5)	387.2-631.1
2005	550.9	(460.0, 641.8)	456.2	(447.5, 464.8)	343.7-829.8
2006	524.1	(435.0, 613.2)	467.1	(458.5, 475.7)	258.2-589.7
2007	544.8	(457.0, 632.5)	443.7	(435.5, 451.9)	191.9-544.8
2008	516.1	(432.7, 599.6)	457.0	(448.8, 465.2)	315.1-637.8
2009	432.6	(356.8, 508.4)	459.5	(451.4, 467.6)	232.1-560.3
2010	468.7	(390.0, 547.5)	431.2	(423.5, 439.0)	390.4-524.5
2011	520.2	(436.9, 603.4)	433.4	(425.7, 441.1)	227.1-546.1
2012	464.6	(387.4, 541.8)	411.3	(403.9, 418.7)	266.7-527.4
2013	413.9	(341.4, 486.5)	410.4	(403.2, 417.7)	207.5-530.8
2014	353.6	(288.1, 419.1)	399.4	(392.3, 406.4)	207.5-530.8
2015	419.8	(347.1, 492.6)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C21 lists the number and percentage of calls made by Churchill County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Churchill County residents represented 0.1% of the total calls made by Nevada residents. Churchill County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (25%).

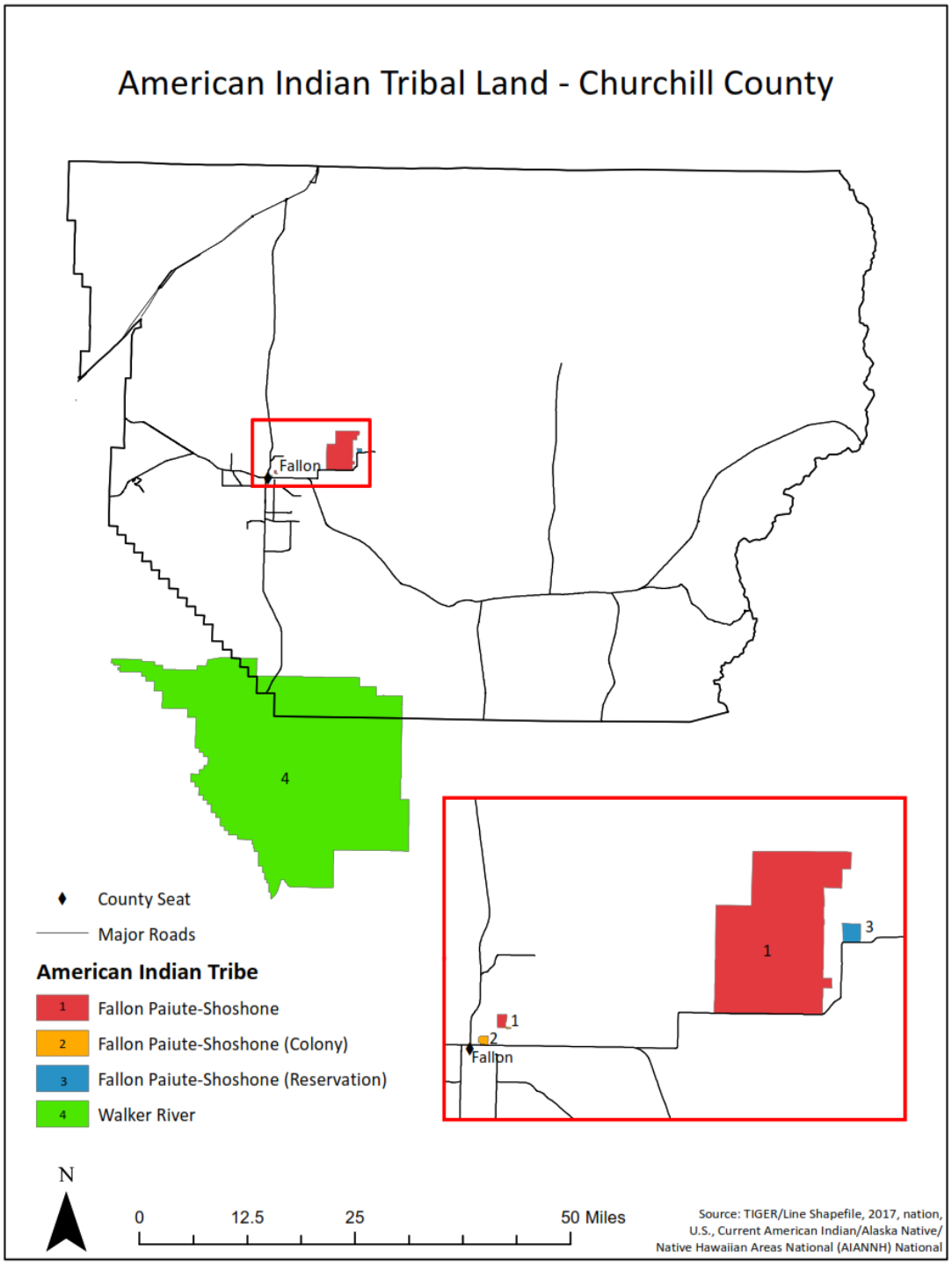
Table C21: 2 1 1 Most Requested Services in Churchill County		
Service	**#**	**%**
Housing and Shelter	33	25%
Other	26	19%
Health Care	16	12%
Utilities	15	11%
Mental Health and Addictions	14	10%
Transportation Assistance	9	7%
Government and Legal	7	5%
Food	5	4%
Employment and Income	4	3%
Clothing and Household	2	1%
Child Care and Parenting	2	1%
Education	1	1%
Disaster	0	0%
Total	**134**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Churchill County American Indian Tribal Land

Map 17 below depicts American Indian Tribal land in Churchill County, which includes the Fallon Paiute-Shoshone, the Fallon Paiute Shoshone Colony, the Fallon Paiute Reservation Community, and Walker River.

Map 17



Churchill County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 44,561 emergency department visits made by Churchill County residents; of those 8% occurred outside of Churchill County. There were a total of 8,386 inpatient hospitalizations among Churchill County residents; of those, 56% occurred outside of Churchill County.

Maps 18 and 19 display: When a Churchill County Resident Obtains Hospital Care Outside Churchill County, Where Do They Go? A description of each map is included below:

> Map 18: Percentage of Emergency Department Visits Among Residents of Churchill County to Other Nevada Counties, 2016-2018 Aggregate Data, shows the emergency department visits made 1) by Churchill County residents outside of Churchill County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 19: Percentage of Hospital Inpatient visits Among Residents of Churchill County to Other Nevada Counties, 2016-2018 Aggregate Data, shows the hospital inpatient visits made 1) by Churchill County residents and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C22 provides the detailed numbers and percentages shown in Maps 18 and 19. When a Churchill County resident obtained care in a hospital outside Churchill County, the majority of out of county emergency department visits and inpatient hospitalizations were into Washoe County, at 82% and 86% respectively.

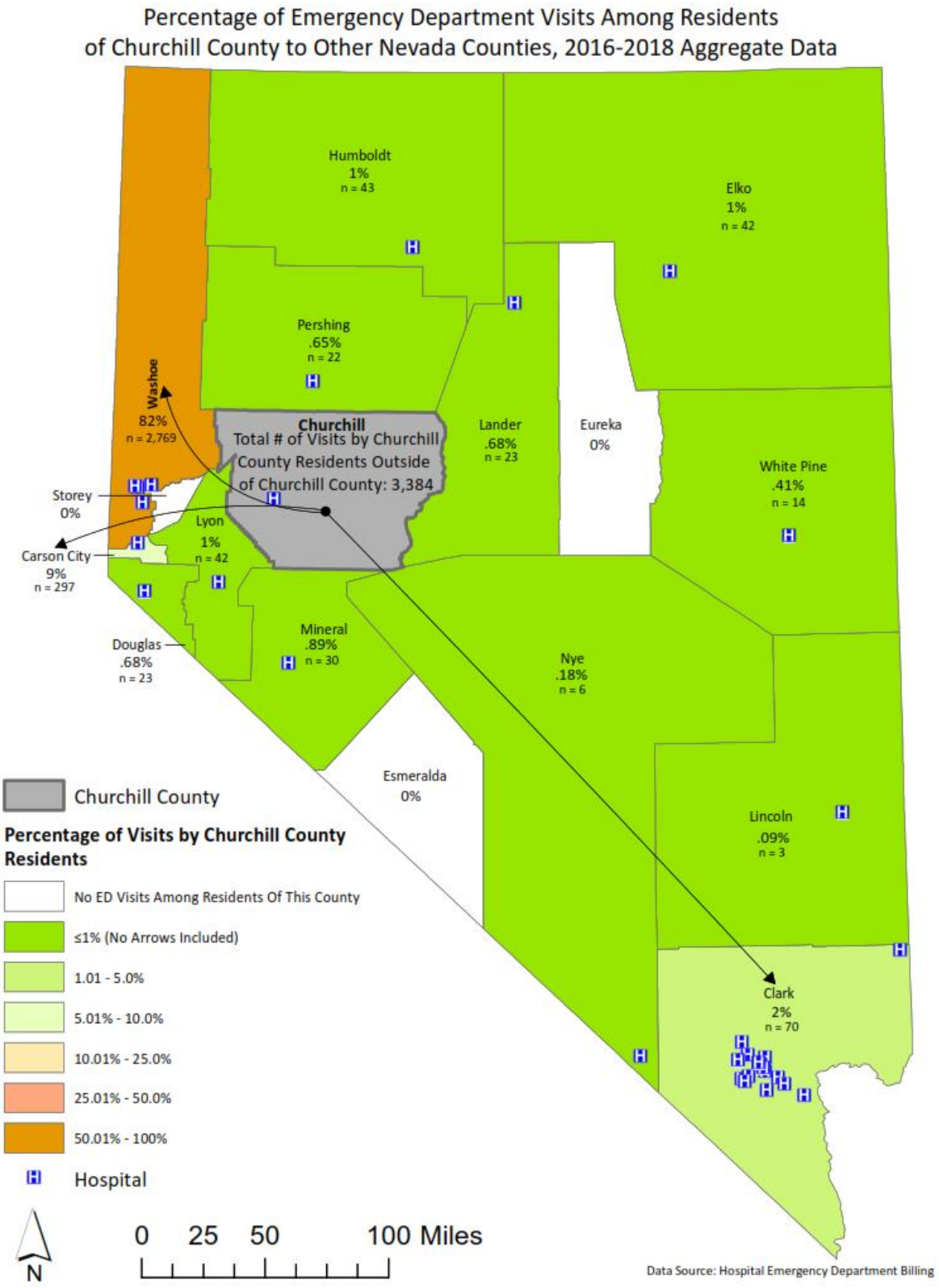
Table C22: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Churchill County Residents that Occurred Outside of Churchill County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Churchill County		Inpatient Hospitalization Outside Churchill County	
	#	%	#	%
Carson	297	9%	590	13%
Churchill	-	0%	-	0%
Clark	70	2%	36	0.77%
Douglas	23	0.68%	8	0.2%
Elko	42	1%	3	0.06%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	43	1%	5	0.11%
Lander	23	0.68%	0	0%
Lincoln	3	0.09%	0	0%
Lyon	42	1%	1	0.02%
Mineral	30	0.89%	8	0.2%
Nye	6	0.18%	1	0.02%
Pershing	22	0.65%	4	0.1%
Storey*	0	0.00%	0	0%
Washoe	2,769	82%	3,999	86%
White Pine	14	0.41%	2	0.04%
Number of ED/Hospitalizations Outside County Among Residents	**3,384**	**100%**	**4,657**	**4,657**

*these counties do not have a hospital

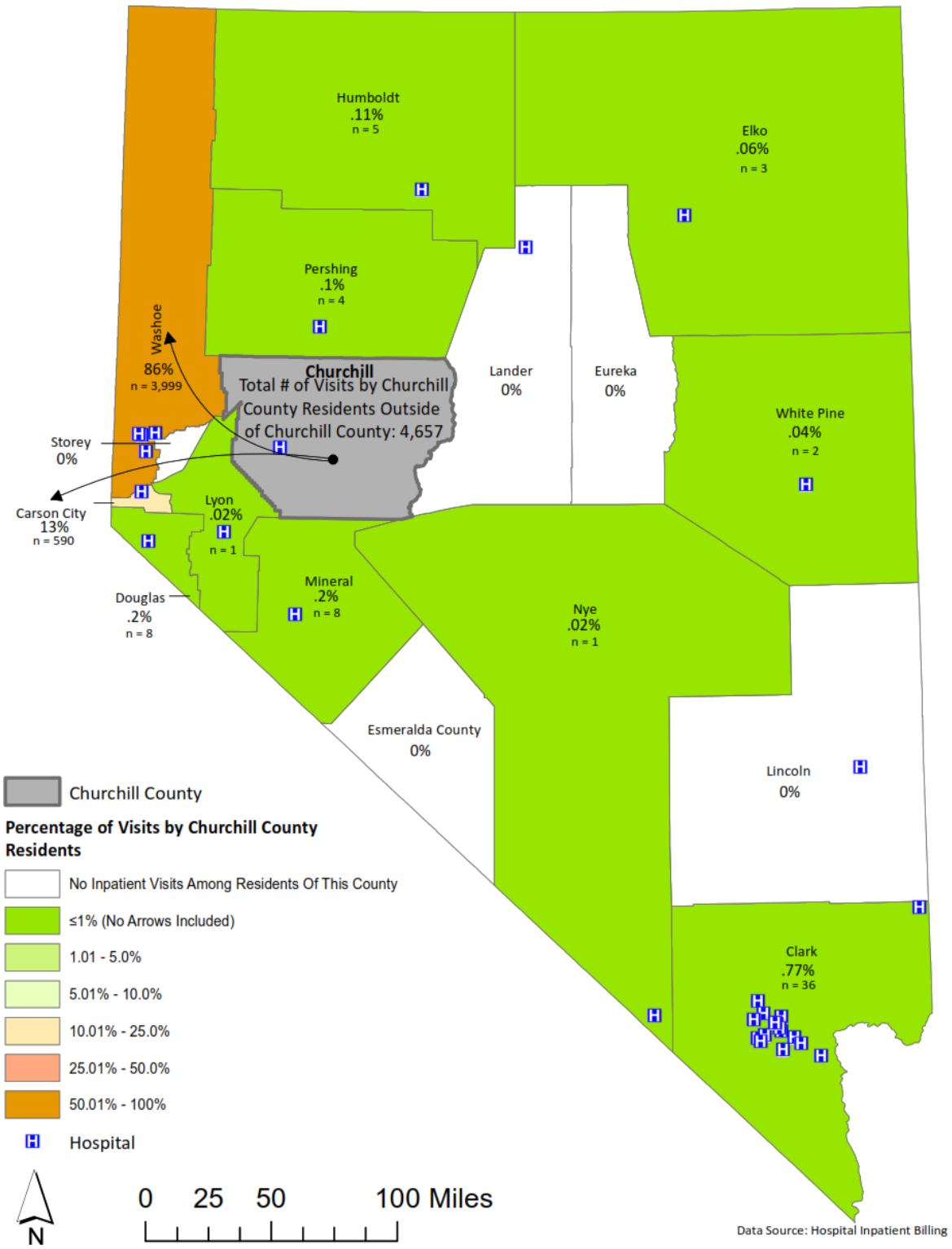
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 18


Percentage of Emergency Department Visits Among Residents of Churchill County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
1%
n = 43
Elko
1%
n = 42
Pershing
.65%
n = 22
Washoe
82%
n = 2,769
Churchill
Total # of Visits by Churchill County Residents Outside of Churchill County: 3,384
Lander
.68%
n = 23
Eureka
0%
White Pine
.41%
n = 14
Storey
0%
Lyon
1%
n = 42
Carson City
9%
n = 297
Douglas
.68%
n = 23
Mineral
.89%
n = 30
Nye
.18%
n = 6
Esmeralda
0%
Lincoln
.09%
n = 3
Clark
2%
n = 70
Churchill County
Percentage of Visits by Churchill County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 19

Percentage of Hospital Inpatient Visits Among Residents
of Churchill County to Other Nevada Counties, 2016-2018 Aggregate Data



Churchill County Hospital Burden

Table C23 indicates nearly one in four (24%) emergency department visits into Churchill County were made by non-Churchill County residents, while slightly over one in four (27%) inpatient hospitalization were made by non-Churchill County residents.

Table C23: Total Number and Percent of Visits Made to Churchill County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	13,321	24%	54,498
Inpatient Hospitalizations	1,404	27%	5133

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 20 and 21: display Visits Occurring in Churchill County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 20: Percentage of Churchill County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Churchill County hospitals by persons who do not reside in Churchill County and 2) the county where the patient resides.

Map 21: Percentage of Churchill County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Churchill County hospitals by persons who do not reside in Churchill County and 2) the county where the patient resides.

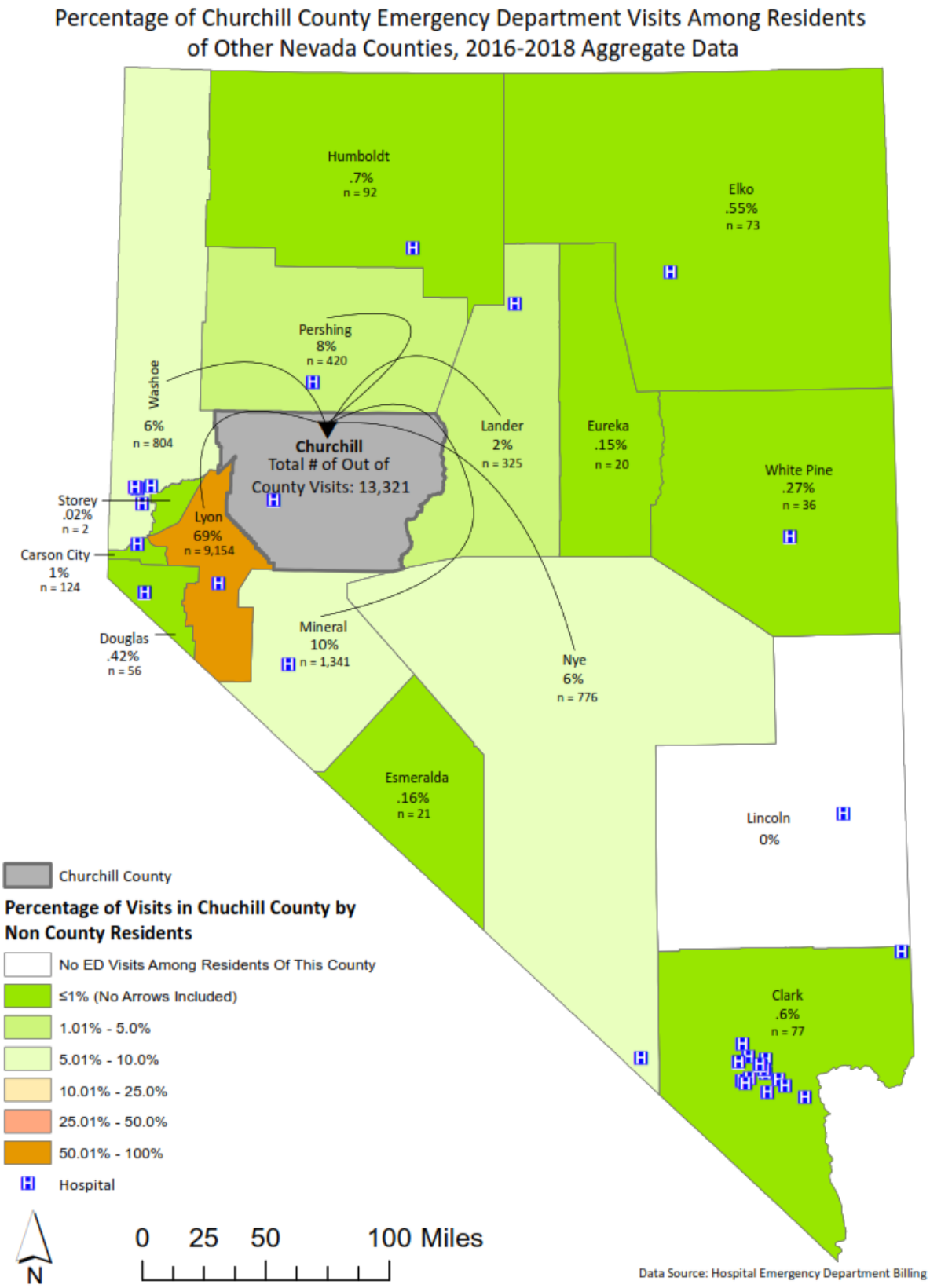
Table C24 provides the detailed numbers and percentages shown in Maps 20 and 21. The largest proportion of non-resident emergency department visits were from Lyon County (69%) and Mineral County residents (10%). The largest proportion of non-resident inpatient hospitalizations were from Lyon County (55%) and Mineral County (20%) residents.

Table C24: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Churchill County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in Churchill County by Non-Churchill County Residents		Inpatient Hospitalization Occurring in Churchill County by Non-Churchill County Residents	
	#	%	#	%
Carson	124	1%	6	0.4%
Churchill	-	0%	-	0%
Clark	77	0.6%	1	0.07%
Douglas	56	0.42%	4	0.28%
Elko	73	0.55%	3	0.21%
Esmeralda*	21	0.16%	1	0.07%
Eureka*	20	0.15%	3	0.21%
Humboldt	92	0.7%	11	1%
Lander	325	2%	33	2%
Lincoln	0	0%	0	0%
Lyon	9,154	69%	779	55%
Mineral	1,341	10%	275	20%
Nye	776	6%	125	9%
Pershing	420	3%	112	8%
Storey*	2	0.0%	0	0%
Washoe	804	6%	47	3%
White Pine	36	0.27%	4	0.28%
Number of ED/Hospitalizations Among Persons who Reside Outside of Churchill County	**13,321**	**100%**	**1,404**	**100%**

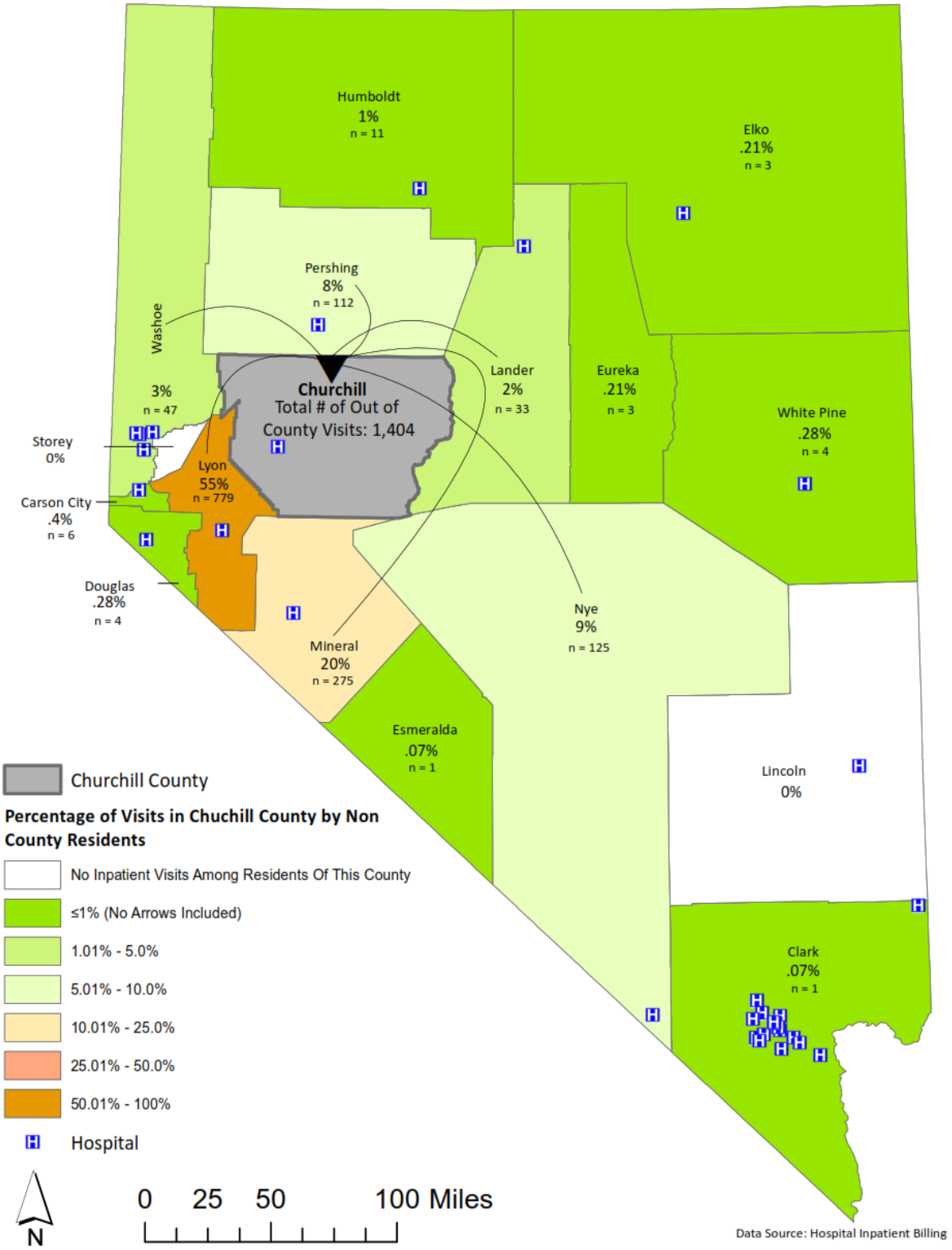
*these counties do not have a hospital
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 20


Percentage of Churchill County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
.7%
n = 92
Elko
.55%
n = 73
Pershing
8%
n = 420
Washoe
6%
n = 804
Churchill
Total # of Out of County Visits: 13,321
Lander
2%
n = 325
Eureka
.15%
n = 20
White Pine
.27%
n = 36
Storey
.02%
n = 2
Lyon
69%
n = 9,154
Carson City
1%
n = 124
Douglas
.42%
n = 56
Mineral
10%
n = 1,341
Nye
6%
n = 776
Esmeralda
.16%
n = 21
Lincoln
0%
Clark
.6%
n = 77
Churchill County
Percentage of Visits in Chuchill County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 21

Percentage of Churchill County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Churchill County Health Priorities

Table C25 includes the priorities identified for Churchill County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities for Churchill County are: 1) Behavioral Health, 2) Income, Housing, and Poverty; and 3) Access to Health Care. Table C25 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly, those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C25 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted in Churchill County.

#1 Behavioral Health
For Churchill County, the behavioral health secondary data-driven opportunities for improvement include poor mental health days among adults, depression among adults and tobacco use among high school students, as well as the population aged 12 years or older with an alcohol use disorder.

Survey respondents echoed the findings in the secondary data, as the most frequently identified issues under behavioral health related to substance use included the ease of access to alcohol and drugs, as well as illegal and prescription drug use, alcoholism/binge drinking, tobacco and vapor product use, marijuana use, and driving under the influence of alcohol or drugs as problems in the community. Mental health related issues identified among survey respondents from Churchill County included the lack of mental health providers, long waits to be seen by mental health providers, depression among persons in the community, and lack of long-term inpatient clinics for behavioral health issues.

#2 Income, Poverty, and Housing
The data-driven opportunities for improvement under income, poverty, and housing include the median earnings for workers, the median earnings for female workers, poverty among adults ages 18 to 64 years, seniors aged 65 years and older, and households with female householder, no husband present, with their own children under the age of 18 in poverty. Additionally, Churchill County residents have a high proportion of households with cash public assistance income and a high percentage of renter households that are unaffordable.

The survey respondents identified the lack of affordable housing, too many people live in poverty, many residents rely on public assistance, and the community has few resources/services available to individuals who are homeless as the underlying reasons as to why income, poverty, and housing are issues in Churchill County.

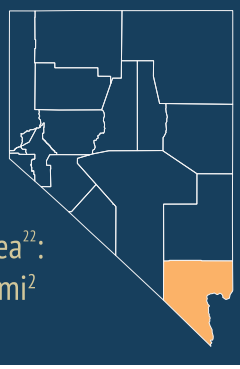
#3 Access to Health Care
The data-driven opportunities for improvement under this access to health care include routine checkups among adults, dental care visits among adults, additionally, all of Churchill County is listed as a HRSA-defined health care provider shortage area of primary care providers, mental care providers, and dental care providers.

Survey respondents perceive that many residents believe the hospital does not provide quality care, so they seek care from hospital(s) in another community, there is a lack of primary care and mental health providers, a long wait to be seen by providers, many people cannot afford cost of health care even with insurance, insurance is not accepted, and persons cannot afford the cost of health insurance. Additionally, survey respondents identified the perception residents have of the poor quality of care from primary care providers, and finally transportation barriers make it challenging for people to get to healthcare appointments.

Community-Identified Priorities

The top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted for Churchill County. The only differences are the areas related to chronic disease, which was a top three priority area identified by the Banner Churchill Hospital Community Health Needs Assessment conducted in 2016.

Table C25: Churchill County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Behavioral Health**	• Poor mental health days among adults • Depression among adults • Cigarette smoking among high school students • Population 12+ with an alcohol use disorder • Mental health provider shortage area	1. Illegal drugs (e.g., meth, heroin, cocaine) are a problem 2. Lack of mental health providers 3. Alcoholism/binge drinking is a problem 4. Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem 5. Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months 6. Lack of long-term inpatient clinics for behavioral health issues 7. Ease of access to alcohol and drugs 8. Tobacco and vapor product use is a problem 9. Marijuana use is a problem 10. Depression is a problem 11. Driving under the influence of alcohol or drugs is a problem	**Banner Churchill Hospital CHNA (2016)** 1. Access to Health Care 2. Behavioral Health 3. Chronic Disease Not prioritized: • Dental Care • Affordability of Medical Care • Rehab for Alcohol and Drug Addiction
2	**Income, Poverty, & Housing**	• Median earnings for workers (all) • Median earnings for female workers • Poverty among adults, 18 to 64 years • Poverty among people 65+ years • Poverty among households with female householder, no husband present, own children under 18 years • Poverty among children under 18 years • Households with cash public assistance income • Percent of renter households that are unaffordable	1. Lack of affordable housing 2. Too many people live in poverty 3. Two-way tie: Many residents rely on public assistance; My community has few resources/services available to individuals who are homeless.	
3	**Access to Health Care**	• Adults who visit doctor for routine checkup or physical exam (past 12 months) • Primary care provider shortage area • Mental health provider shortage area • Dental visits among adults • Dental provider shortage area	1. Many residents believe the hospital does not provide quality care, so they seek care from hospital(s) in another community 2. Two-way tie: Lack of primary care providers and Lack of mental health providers 3. Long wait to be seen - the providers are not able to book an appointment for a patient for several weeks or months 4. Many people CANNOT afford cost of health care, even w/health insurance coverage 5. Many people CANNOT afford the cost of health insurance 6. Many residents believe the primary care providers DO NOT provide quality care 7. Two-way tie: Healthcare providers DO NOT take my insurance and Transportation barriers make it challenging for members to get to healthcare appointments	



Land Area[22]: 7,891.4 mi²

CLARK COUNTY PROFILE

2019 Population[1]: 2,255,102 people, 73% of Nevada's Population
Population Density: 285 people per square mile (mi²)
County Seat: Las Vegas
Designation: Urban

TOP PRIORITIES

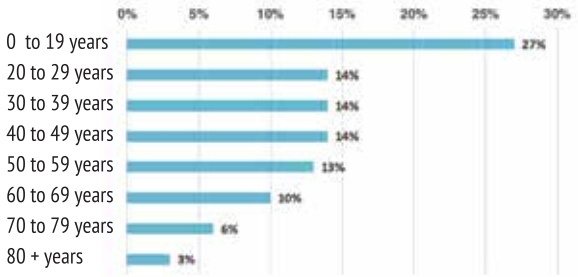
Access to Health Care

Behavioral Health

Housing & Poverty

DEMOGRAPHICS

AGE[1]



MEDIAN AGE[4] 36.9

NV 38.7

17 & UNDER[3] 24%
NV 23.5%

OVER 65 +[3] 14%
NV 15.1%

RACE/ETHNICITY[1]

- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

% who seriously considered attempting suicide[2]
NV 16.6%
US 17.2%
15.9%

% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]
NV 30.3%
29%

% who used tobacco one or more times in the last 30 days[2]
NV 12%
US 19.5%
10.5%

% who drank alcohol one or more times in the last 30 days[2]
NV 26.5%
US 29.8%
25.1%

% who played video or computer games for 3 or more hours per day[2]
NV 54.9%
57.9%

% who are overweight or obese[2]
NV 28.9%
US 30.4%
29.1%

% who texted or emailed while driving a car or other vehicle[2]
NV 31.5%
US 39.2%
29.6%

NV 71.6%
US 77.3%
75.3%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
68%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
6.8%
% of population, 18 and younger, without health insurance[7]

NV 27,159
19,930
# of children enrolled in Nevada Children's Health Insurance Program[8]

6.8%
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

7.9%
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

NV %
US %

CLARK COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

11.8%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

14.1%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

30%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (194.2)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

15%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

69.2%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

24.3

% of adults who are binge drinkers[9]

NV 15% US 17.4%

13.9%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

938.7

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

19.0

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$57,189

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $43,420 FEMALE $37,407

Difference in annual earnings between male and female workers (full-time, year round)[7] **$6,013**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

85.2%

Bachelor's degree or higher[17]

23.3%

NV 23.7% US 30.9%

MALE 23.2%

NV 23.6% US 30.6%

FEMALE 23.4%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

12.6%

Unemployment Rate[18]

4.7%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	13.8%	NV 13%	US 13.4%
18 & UNDER	20.3%	NV 18.5%	US 18.4%
OVER 65 +	8.5%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	33.4%	NV 31%	US 35.7%

49.2%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

42%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

12.4%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

122.4

NV 122.6

Clark County

The majority of Nevada's population resides in the southern part of the state in Clark County. It is the most populous county in the state with the two largest cities, Las Vegas (county seat) and Henderson. Clark County is also the most racially diverse county in Nevada, as non-white minority populations make up the majority of the total county population. Clark County's 2019 total population was 2,255,102 people, which represents 73% of Nevada's population. Clark County's land area is 7,891.4 mi^2 with a population density of 285 people per mi^2.

Clark County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C26 provides community survey results for Clark County. Three hundred sixty-four of the 1,083 respondents (34%) from Clark County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 25% of respondents.

Table C26: Clark County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	364	34%
Access to Health Care	267	25%
Housing/Poverty	127	12%
Chronic Diseases	104	10%
Education	78	7%
Preventive Behaviors	53	5%
Employment and Job Training	34	3%
Other	24	2%
Environment and Built Environment	21	2%
Communicable Diseases	6	1%
Family Dynamics and Maternal Child Health	5	0%
Total	**1,083**	**100%**

Clark County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C27 summarizes health findings of Clark County Key Informant interviews taking place between May and July 2019. Behavioral health issues stand out as a common theme identified by Clark County Key Informants.

Table C27: Clark County Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues 2. Individuals who are homeless 3. Low-income families (tied) Seniors (tied) Veterans (tied)	1. Collaborations among several larger organizations and non-profits 2. Medical/health training programs 3. Have general providers available 4. Institutions of higher education 5. Lots of support for more behavioral health services 6. Federally Qualified Health Centers and other clinics that accept CMS insurance or low-income populations
Barriers	**Solutions**
1. Cultural barriers related to Nevadans not prioritizing health and education, largely due to lack of funding, the stark difference between rural and urban counties, and Clark being located in southern Nevada, while the legislative decisions are made in the northern part of the state. 2. Lack of behavioral health services 3. Lack of primary care providers 4. Lack funding 5. Poor performing K-12 educational system	1. Policy reform: a. Funding public health b. Funding health care services 2. More funding for a variety of organizations and initiatives 3. Increase the number of residency or medical professional training programs 4. Increase the number of providers in general 5. Increase the number of behavioral health services and providers 6. Better care coordination

Clark County Specific Indicator Data

Table C28 displays the number and percent of Clark County's population for 2015 and 2019 and the percent change between 2015 and 2019. The white, not Hispanic population represents the highest percentage when compared to other race/ethnicities in Clark County (47% in 2015 and 44% in 2019). The Asian/Pacific Islander, not Hispanic population increased by 12% between 2015 and 2019, and the Hispanic population increased by 11% between 2015 and 2019.

Table C28: Number and Percent of Clark County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	981,369	47%	996,209	44%	1%
Black, not Hispanic	227,308	11%	250,835	11%	9%
American Indian, Eskimo, Aleut, not Hispanic	14,412	1%	14,990	1%	4%
Asian/Pacific Islander, not Hispanic	229,158	11%	259,122	11%	12%
Hispanic Origin of Any Race	654,507	31%	733,946	33%	11%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C29 displays the projected number and percent of Clark County's population for 2020 and 2024 and the percent change between 2020 and 2024. The white, not Hispanic population represented the highest percentage when compared to other race/ethnicities in Clark County (43% in 2020 and 41% in 2024). The Hispanic population is projected to increase by 9% between 2020 and 2024.

Table C29: Number and Percent of Clark County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	1,003,485	43%	1,006,948	41%	0%
Black, not Hispanic	259,284	11%	278,454	11%	7%
American Indian, Eskimo, Aleut, not Hispanic	15,183	1%	15,610	1%	3%
Asian/Pacific Islander, not Hispanic	270,792	12%	292,814	12%	8%
Hispanic Origin of Any Race	761,699	33%	832,750	34%	9%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C30 displays the number and percent of Clark County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 0-9, 10-19, 20-29, 30-39, 40-49, and 50-59-year-old age groups in Clark County each represented between 13-14% of the population in 2015 and 2019. The population with the greatest percent change between 2015 and 2019 was the 70-79-year-old age group with a 17% increase.

Table C30: Number and Percent of Clark County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	292,011	14%	290,238	13%	-1%
10 to 19 years	286,745	14%	317,419	14%	11%
20 to 29 years	286,369	14%	308,851	14%	8%
30 to 39 years	304,126	14%	307,816	14%	1%
40 to 49 years	289,908	14%	311,188	14%	7%
50 to 59 years	265,477	13%	284,382	13%	7%
60 to 69 years	206,949	10%	231,582	10%	12%
70 to 79 years	122,083	6%	142,742	6%	17%
80 + years	53,085	3%	60,885	3%	15%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C31 displays the number and percent of Clark County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. For both 2020 and 2024, it is projected the 0-9, 10-19, 20-29, 30-39, 40-49, and 50-59-year-old age groups will be similar in size for both 2020 and 2024, representing between 12-14% of Clark County's population. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group with a 21% increase.

Table C31: Number and Percent of Clark County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	295,927	13%	311,863	13%	5%
10 to 19 years	322,682	14%	322,432	13%	0%
20 to 29 years	320,139	14%	331,672	14%	4%
30 to 39 years	312,440	14%	335,280	14%	7%
40 to 49 years	318,105	14%	327,088	13%	3%
50 to 59 years	292,416	13%	302,311	12%	3%
60 to 69 years	239,138	10%	256,799	11%	7%
70 to 79 years	146,396	6%	162,744	7%	11%
80 + years	63,200	3%	76,386	3%	21%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C32 lists the top ten causes of death for residents of Clark County for 2015, 2016, 2017, and 2018. Diseases of the heart was the number one cause of death for Clark County residents for all four years.

Table C32: Top 10 Causes of Death, Rate per 100,000, Clark County, 2015 2018

Cause of Death	2015	2016	2017	2018*
Diseases of the heart	202.4	206.7	208.7	194.2
Malignant neoplasms	159.2	158.3	166.7	155.1
All other diseases (residual)**	58.1	64.4	75.2	71.2
Chronic lower respiratory disease	51.5	53.2	48.6	47.6
Cerebrovascular diseases (stroke)	34.6	35.8	36.8	33.4
Nontransport accidents**	29.6	29.8	32.3	31.9
Alzheimer's disease	29.3	19.5	23.5	21.9
Influenza and pneumonia	22.6	NL	20.2	15.6
Intentional self-harm (suicide)	17.0	18.5	19.2	19.0
Chronic liver disease and cirrhosis	14.1	NL	NL	NL
System missing or undefined**	NL	19.7	NL	NL
Diabetes mellitus	NL	18.7	17.5	18.5

*2018 data are preliminary and are subject to change; NL = Not listed in top 10 statewide causes of death for that year

****Per the International Classification of Diseases, 10th Revision (ICD-10), **Nontransport accidents** include falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke, fire and flames, accidental poisoning and exposure to noxious substances, and other and unspecified non transport accidents and their sequelae and **All Other Diseases (Residual)** are those that are left over after accounting for the other causes. Per the DHHS Office of Analytics, **System missing or undefined** refers to causes of death with death certificates that had all unknown fields.

Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table C33 lists the incidence rates for all types of cancer aggregate for Clark County and Nevada, 1995-2015. Clark County's incidence rates for all types of cancer aggregate were higher than Nevada's incidence rates for 12 of the 21 years listed.

Table C33: Incidence Rates of All Types of Cancer Aggregate, Clark County and Nevada, 1995 2015					
Year	Clark County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	465.3	(451.4, 479.2)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	444.4	(431.2, 457.5)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	410.3	(398.1, 422.5)	417.1	(407.1, 427.2)	236.9-488.7
1998	395.2	(383.6, 406.9)	418.5	(408.8, 428.2)	232.8-815.9
1999	410.0	(398.5, 421.4)	422.1	(412.6, 431.6)	240.7-1091.8
2000	531.0	(518.3, 543.8)	513.8	(503.6, 524.1)	223.4-534.4
2001	522.3	(510.0, 534.6)	505.4	(495.5, 515.4)	184.9-563.2
2002	510.7	(498.8, 522.6)	506.9	(497.1, 516.7)	253.2-672.6
2003	499.0	(487.4, 510.6)	487.6	(478.2, 497.0)	194.0-551.2
2004	495.7	(484.5, 506.9)	487.6	(478.2, 496.5)	387.2-631.1
2005	461.3	(450.7, 471.8)	456.2	(447.5, 464.8)	343.7-829.8
2006	469.0	(458.5, 479.4)	467.1	(458.5, 475.7)	258.2-589.7
2007	444.1	(434.1, 454.0)	443.7	(435.5, 451.9)	191.9-544.8
2008	453.0	(443.2, 462.9)	457.0	(448.8, 465.2)	315.1-637.8
2009	464.1	(454.3, 473.9)	459.5	(451.4, 467.6)	232.1-560.3
2010	432.4	(423.1, 441.8)	431.2	(423.5, 439.0)	390.4-524.5
2011	435.0	(425.7, 444.2)	433.4	(425.7, 441.1)	227.1-546.1
2012	409.2	(400.3, 418.0)	411.3	(403.9, 418.7)	266.7-527.4
2013	406.5	(397.8, 415.2)	410.4	(403.2, 417.7)	207.5-530.8
2014	392.0	(383.6, 400.4)	399.4	(392.3, 406.4)	207.5-530.8
2015	353.0	(345.1, 360.8)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C34 lists the number and percentage of calls made by Clark County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Clark County residents represented 91.9% of the total calls made by all Nevada residents. Clark County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (31%).

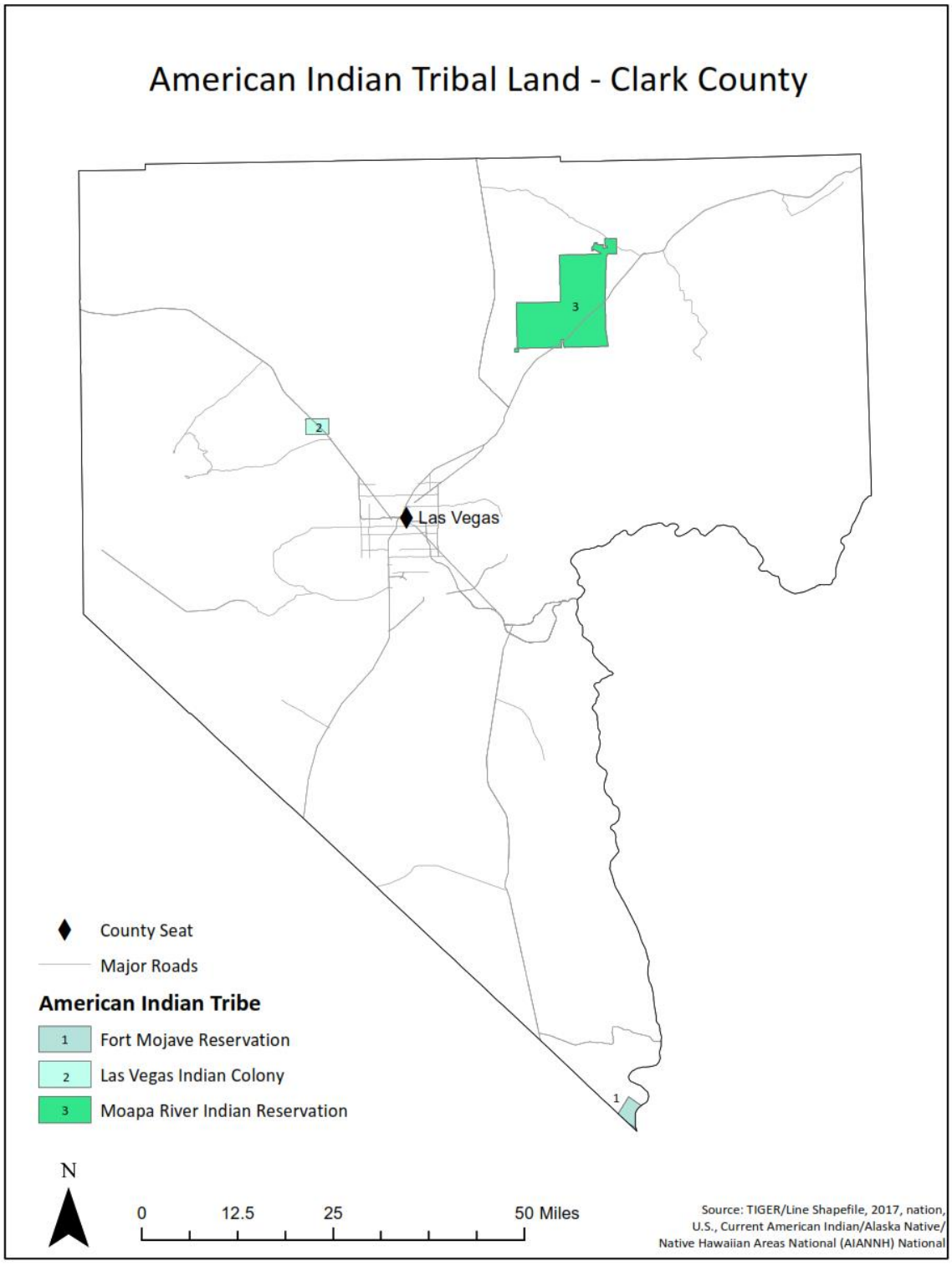
Table C34: 2 1 1 Most Requested Services in Clark County		
Service	#	%
Housing and Shelter	28,117	31%
Other	17,883	20%
Food	8,933	10%
Utilities	7,595	8%
Health Care	6,923	8%
Government and Legal	5,552	6%
Employment and Income	4,484	5%
Mental Health and Addictions	3,873	4%
Transportation Assistance	3,456	4%
Clothing and Household	2,950	3%
Child Care and Parenting	1,016	1%
Education	744	1%
Disaster	67	0%
Total	**91,593**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Clark County - American Indian Tribal Land

Map 22 below depicts American Indian Tribal land in Clark County, which includes the Fort Mojave Reservation, the Las Vegas Indian Colony, and the Moapa River Indian Reservation.

Map 22



Clark County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 2,009,694 emergency department visits made by Clark County residents, of those 0.22% occurred outside of Clark County. There were a total of 636,129 inpatient hospitalizations among Clark County residents, of those, 0.08% occurred outside of Clark County.

Maps 23 and 24 display: When a Clark County Resident Obtains Hospital Care Outside Clark County, Where Do They Go? A description of each map is included below:

> Map 23: Percentage of Emergency Department Visits Among Residents of Clark County to Other Nevada Counties, 2016-2018 Aggregate Data, shows the emergency department visits made 1) by Clark County residents outside of Clark County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 24: Percentage of Hospital Inpatient visits Among Residents of Clark County to Other Nevada Counties, 2016-2018 Aggregate Data, shows the hospital inpatient visits made 1) by Clark County residents outside of Clark County and 2) the county where the hospital inpatient visit occurred in Nevada.

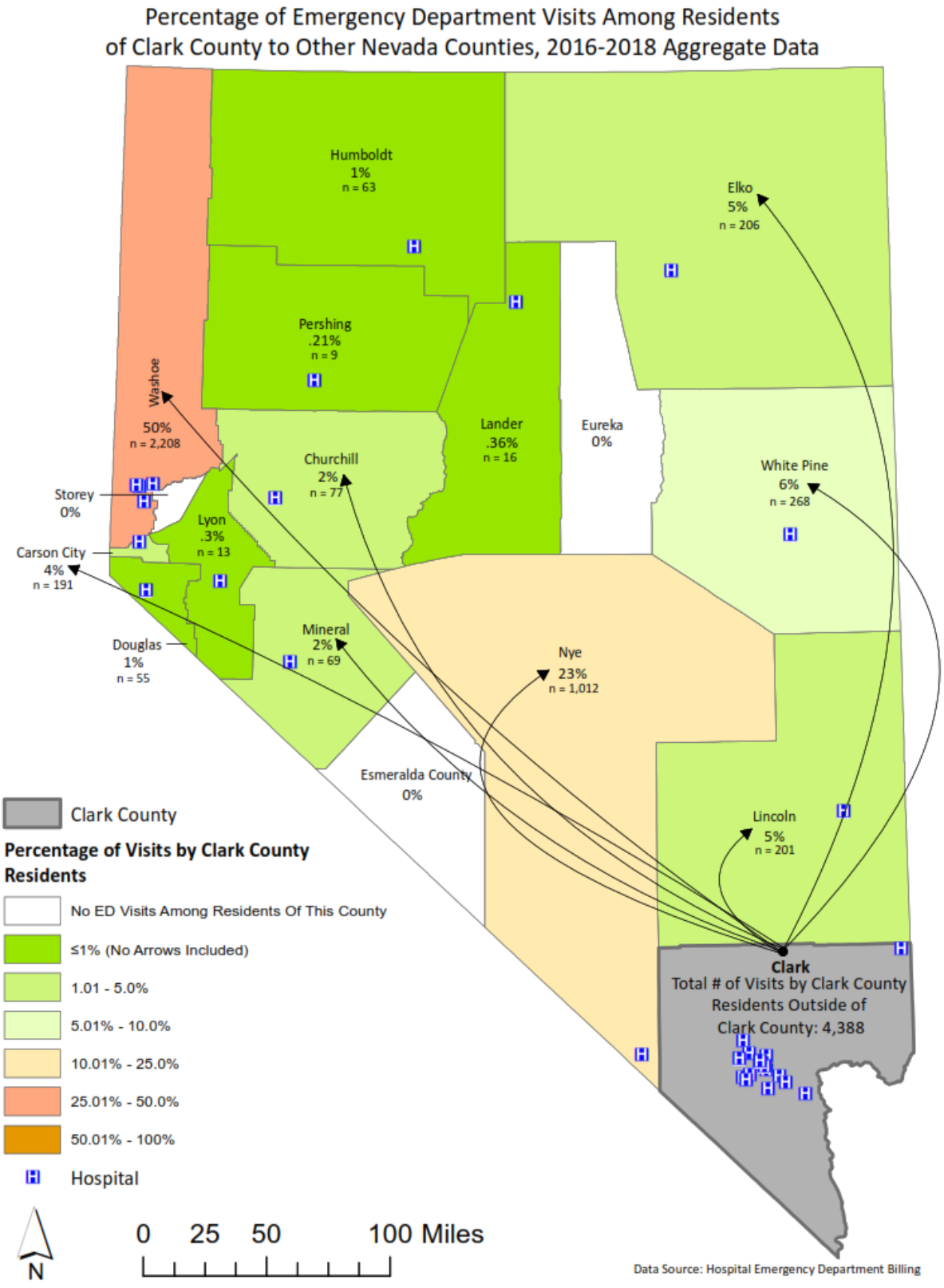
Table C35 provides the detailed numbers and percentages shown in Maps 23 and 24. When a Clark County resident obtained care in a hospital outside Clark County, the majority of out of county emergency department visits and inpatient hospitalizations were into Washoe County, at 50% and 72% respectively.

Table C35: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Clark County Residents that Occurred Outside of Clark County by County, 2016 2018 Aggregate				
Hospital Location	**ED Visits Outside Clark County**		**Inpatient Hospitalization Outside Clark County**	
	#	%	#	%
Carson	191	4%	50	10%
Churchill	77	2%	1	0.2%
Clark	-	0%	-	0%
Douglas	55	1%	2	0.4%
Elko	206	5%	16	3%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	63	1%	3	0.6%
Lander	16	0.36%	0	0%
Lincoln	201	5%	11	2%
Lyon	13	0.3%	0	0%
Mineral	69	2%	16	3%
Nye	1012	23%	31	6%
Pershing	9	0.21%	0	0%
Storey*	0	0%	0	0%
Washoe	2208	50%	345	72%
White Pine	268	6%	7	1%
Number of ED/Hospitalizations Outside County Among Residents	**4388**	**100%**	**482**	**100%**

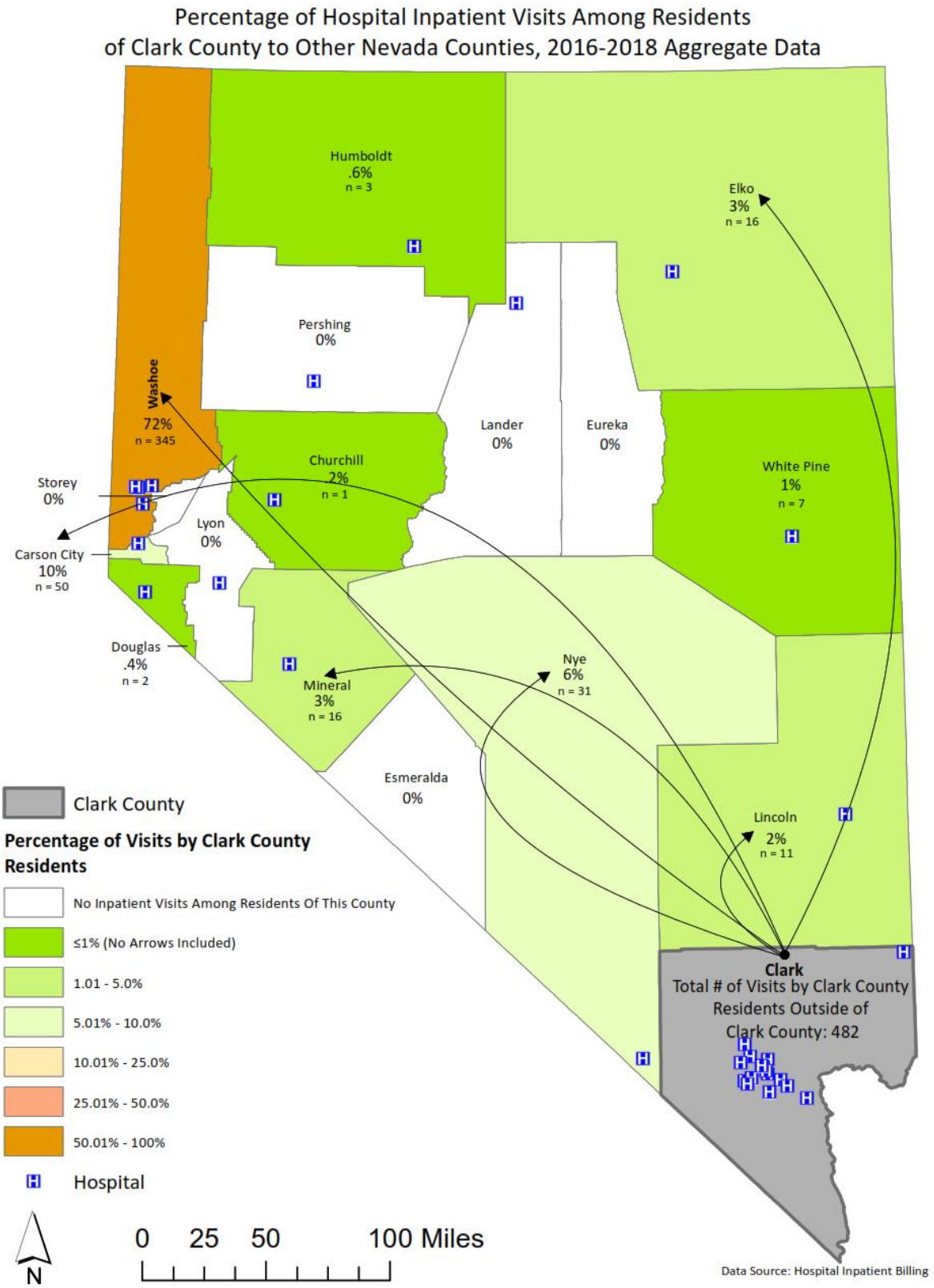
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 23


Percentage of Emergency Department Visits Among Residents of Clark County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 1% n = 63
Elko 5% n = 206
Pershing .21% n = 9
Washoe 50% n = 2,208
Lander .36% n = 16
Eureka 0%
Churchill 2% n = 77
White Pine 6% n = 268
Storey 0%
Lyon .3% n = 13
Carson City 4% n = 191
Douglas 1% n = 55
Mineral 2% n = 69
Nye 23% n = 1,012
Esmeralda County 0%
Lincoln 5% n = 201
Clark
Total # of Visits by Clark County Residents Outside of Clark County: 4,388
Clark County
Percentage of Visits by Clark County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 24


Percentage of Hospital Inpatient Visits Among Residents of Clark County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .6% n = 3
Elko 3% n = 16
Pershing 0%
Washoe 72% n = 345
Lander 0%
Eureka 0%
Churchill 2% n = 1
White Pine 1% n = 7
Storey 0%
Lyon 0%
Carson City 10% n = 50
Douglas .4% n = 2
Mineral 3% n = 16
Nye 6% n = 31
Esmeralda 0%
Lincoln 2% n = 11
Clark
Total # of Visits by Clark County Residents Outside of Clark County: 482
Clark County
Percentage of Visits by Clark County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Clark County Hospital Burden

Table C36 indicates that only 1% of emergency department visits into Clark County were made by non-Clark County residents, while only 3% of inpatient hospitalization were made by non-Clark County residents.

Table C36: Total Number and Percent of Visits Made to Clark County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	13,246	1%	2,018,552
Inpatient Hospitalizations	16,466	3%	652,113

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 25 and 26 display: Visits Occurring in Clark County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 25: Percentage of Clark County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Clark County hospitals by persons who do not reside in Clark County and 2) the county where the patient resides.

Map 26: Percentage of Clark County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Clark County hospitals by persons who do not reside in Clark County and 2) the county where the patient resides.

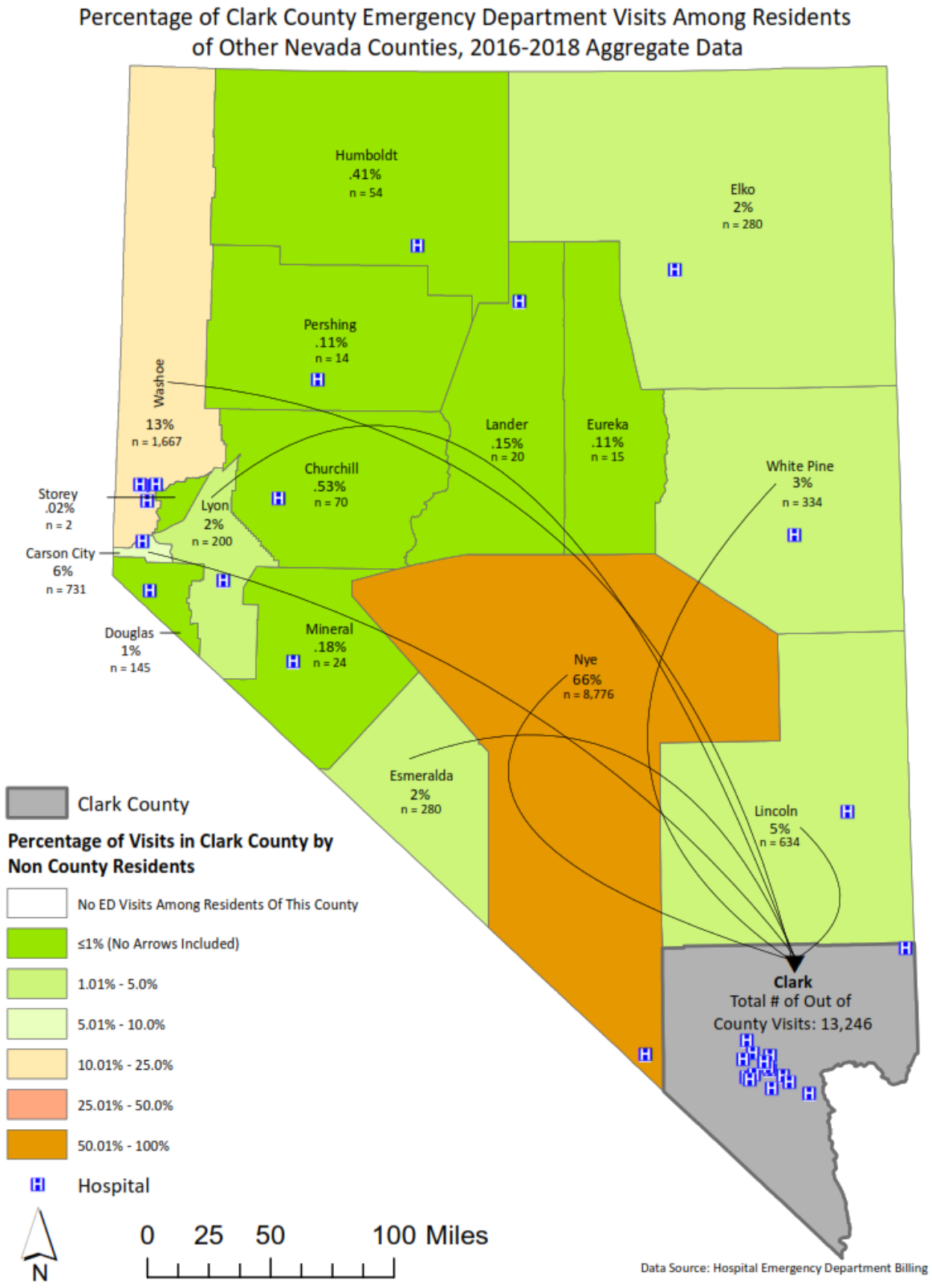
Table C37 provides the detailed numbers and percentages shown in Maps 25 and 26. The largest proportion of non-resident emergency department visits were from Nye County (66%) residents. The largest proportion of non-resident inpatient hospitalizations in Clark County were also from Nye County (87%).

Table C37: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Clark County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

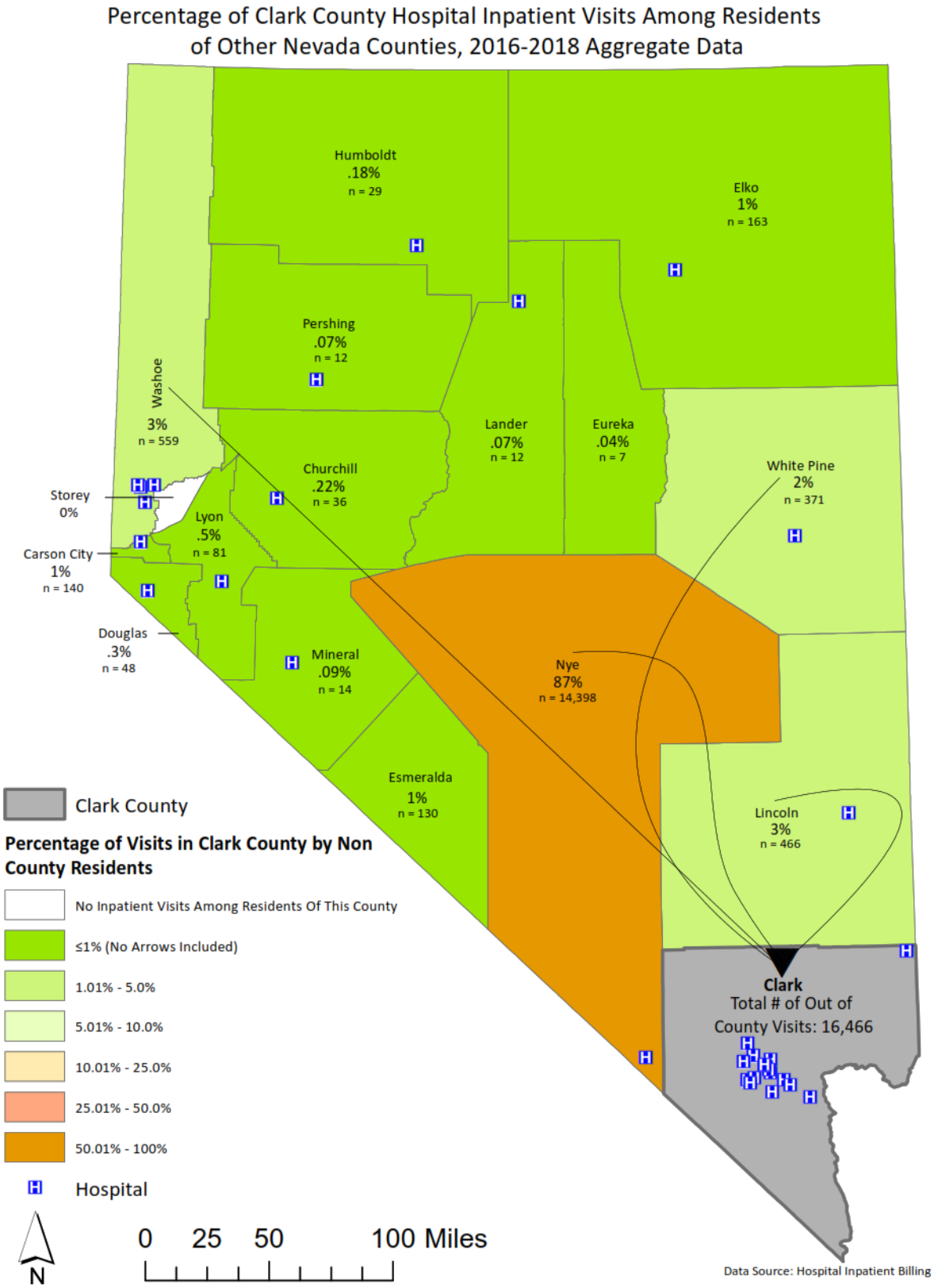
Patient County of Origin/Residence	ED Visits Occurring in Clark County by Non-Clark County Residents		Inpatient Hospitalization Occurring in Clark County by Non-Clark County Residents	
	#	%	#	%
Carson	731	6%	140	1%
Churchill	70	0.53%	36	0.22%
Clark	0	0%	0	0%
Douglas	145	1%	48	0%
Elko	280	2%	163	1%
Esmeralda*	280	2%	130	1%
Eureka*	15	0.11%	7	0.04%
Humboldt	54	0.41%	29	0.18%
Lander	20	0.15%	12	0.07%
Lincoln	634	5%	466	3%
Lyon	200	2%	81	0.5%
Mineral	24	0.18%	14	0.09%
Nye	8,776	66%	14,398	87%
Pershing	14	0.11%	12	0.07%
Storey*	2	0.02%	0	0%
Washoe	1,667	13%	559	3%
White Pine	334	3%	371	2%
Number of ED/Hospitalizations Among Persons who Reside Outside of Clark County	**13,246**	**100%**	**16,466**	**100%**

*these counties do not have a hospital
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 25


Percentage of Clark County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .41% n = 54
Elko 2% n = 280
Pershing .11% n = 14
Washoe 13% n = 1,667
Lander .15% n = 20
Eureka .11% n = 15
Churchill .53% n = 70
White Pine 3% n = 334
Storey .02% n = 2
Lyon 2% n = 200
Carson City 6% n = 731
Douglas 1% n = 145
Mineral .18% n = 24
Nye 66% n = 8,776
Esmeralda 2% n = 280
Lincoln 5% n = 634
Clark
Total # of Out of County Visits: 13,246
Clark County
Percentage of Visits in Clark County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 26


Percentage of Clark County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .18% n = 29
Elko 1% n = 163
Pershing .07% n = 12
Washoe 3% n = 559
Lander .07% n = 12
Eureka .04% n = 7
White Pine 2% n = 371
Churchill .22% n = 36
Storey 0%
Lyon .5% n = 81
Carson City 1% n = 140
Douglas .3% n = 48
Mineral .09% n = 14
Nye 87% n = 14,398
Esmeralda 1% n = 130
Lincoln 3% n = 466
Clark
Total # of Out of County Visits: 16,466
Clark County
Percentage of Visits in Clark County by Non County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Clark County Health Priorities

Table C38 provides the priorities identified for Clark County through the prioritization process described in the section entitled Prioritization Methodology. The top three priorities are: 1) Access to Health Care, 2) Behavioral Health, and 3) Housing and Poverty. Table C38 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C38 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans related to health, that have been conducted in Clark County.

#1 Access to Health Care
For Clark County, the secondary data-driven opportunities for improvement within access to health care included dental visits among high school students, adults aged 18 to 64 years who do not have health insurance, the total population without health insurance, the percentage of adults who report having at least one personal care provider, the percentage of the population enrolled in Medicaid, and all of Clark County is a HRSA-designated mental health provider shortage area.

Survey respondents echoed the findings in the secondary data, as the top selected issues for behavioral health include the long wait to be seen by primary and mental health providers, the lack of primary care and mental health providers and that many people cannot afford the cost of health care, even with health insurance coverage, while others are unable to afford the cost of health insurance.

#2 Behavioral Health
The data-driven opportunities for improvement under behavioral health are the percentage of high school students who feel sad or hopeless as well as the lower percentage of high school students who got the help they need when they felt sad, empty, hopeless, angry, or anxious. Additionally, Clark County has a high percent of motor vehicle crashes that involved alcohol.

Survey respondents who selected behavioral health as the MOST SIGNIFICANT health issue identified mental health issues such as lack of mental health providers, the long wait to be seen by mental health providers, and a perception that depression and suicide are problems among residents in the community. Behavioral health issues related to substance use included prescription and illegal drug abuse, driving under the influence of alcohol or drugs, alcoholism/binge drinking, the lack of substance abuse treatment resources/programs in the community, and the ease of access to alcohol and drugs as prevalent issues. Additionally, survey respondents indicated there is a lack of 1) long-term inpatient clinics for behavioral health issues 2) outreach to community about behavioral health services available in Clark County.

#3 Poverty and Housing
The data-driven opportunities for improvement under poverty include total population in poverty, poverty among children 18 years and younger, poverty among seniors 65 years and older, as well as poverty rates among female heads of household, no husband present, with their own children. The housing data-driven opportunities for improvement include unaffordable mortgages and rent, the rate of homelessness, the median household income, the median income among full-time workers. Survey respondents most frequently selected the high number of individuals who are homeless, the lack of affordable housing, too many people in the community live in poverty, and there few resources/services available to individuals who are homeless as the primary drivers of poverty and housing issues.

Community-Identified Priorities

The top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted by Clark County entities. The only differences are the priorities for motor vehicle and pedestrian safety, violence prevention, chronic diseases, and policy and funding issues, which were identified as priorities in Clark County community health assessments and the 2016 Community Health Improvement Plan.

Table C38: Clark County Health Priorities, 2019

Rank	Priorities	Secondary Data Opportunities for Improvement	Primary Data Rank Ordered Survey Subcategory Results	CHNA/CHIP Priorities
1	**Access to Health Care**	• Dental visits among high school students • Adults, 18 to 64 years, without health insurance • Total population with no health insurance • Adults who report having a personal care provider • Percent of population enrolled in Medicaid • Mental health provider shortage area	1. Long wait to be seen - the providers in the community are not able to book an appointment for a patient for several weeks or months 2. Lack of primary care providers 3. Two-way tie: Many people CANNOT afford the cost of health care, even with health insurance coverage and Lack of mental health providers 4. Many people CANNOT afford the cost of health insurance 5. Long wait to be seen - the mental healthcare providers are not able to book an appointment for a patient for several weeks or months	**Boulder City Hospital CHNA (2018)** 1. Access to Health Care 2. Cost/Affordability of Medical Care 3. Lack of/Access to Medicaid/Medicare Providers 4. Mental illness 5. Drug Abuse **SNHD/Dignity Health CHNA (2019)** 1. Access to Health Care 2. Motor Vehicle and Pedestrian Safety 3. Violence Prevention 4. Substance Use 5. Mental Health **SNHD CHIP (2016)** 1. Access to Health Care 2. Chronic Disease 3. Policy and Funding
2	**Behavioral Health**	• High school students who feel sad or hopeless • High school students who got the help they need when they felt sad, empty, hopeless, angry, or anxious • Percent of motor vehicle crashes that involved alcohol	1. Lack of mental health providers 2. Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months 3. Depression is a problem 4. Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem 5. Illegal drugs (e.g., meth, heroin, cocaine) are a problem 6. Driving under the influence of alcohol or drugs is a problem 7. Two-way tie: Lack of long-term inpatient clinics for behavioral health issues and Lack of outreach to community about the behavioral health services available 8. Alcoholism/binge drinking is a problem 9. Suicide is a problem 10. Lack of substance abuse treatment resources/programs 11. Ease of access to alcohol and drugs	
3	**Housing & Poverty**	• Unaffordable mortgages and rent • Homelessness • Median household income • Median income among full-time workers • Total population poverty rates • Poverty among children, 1-18 years • Poverty among seniors, 65+ years • Poverty in female head of household, no husband present, with own children	1. My community has a high number of individuals who are homeless 2. Lack of affordable housing in my community 3. Too many people in my community live in poverty 4. Two-way tie: My community has few resources/services available to individuals who are homeless and lack of diversity of local businesses (only a few options for employment) in my community	

Land Area[22]: 709.7 mi²

DOUGLAS COUNTY PROFILE

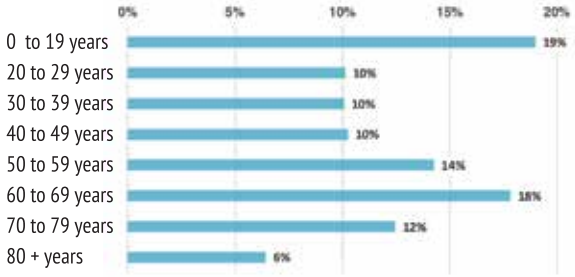
2019 Population[1]: 49,463 people, 1.6% of Nevada's Population
Population Density: 70 people per square mile (mi²)
County Seat: Minden
Designation: Rural

TOP PRIORITIES

- Behavioral Health
- Access to Health Care
- Chronic Diseases

DEMOGRAPHICS

AGE[1]

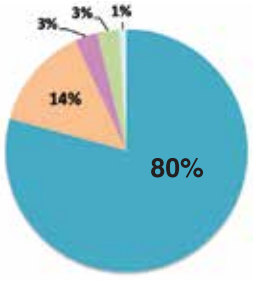


MEDIAN AGE[4] 50.8
NV 38.7

17 & UNDER[3] 17.3%
NV 23.5%

OVER 65 +[3] 27.8%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

	NV	US	
% who seriously considered attempting suicide[2]	NV 16.6%	US 17.2%	18.2%
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%		40.5%
% who used tobacco one or more times in the last 30 days[2]	NV 12%	US 19.5%	22.9%
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5%	US 29.8%	47.1%
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%		47.3%
% who are overweight or obese[2]	NV 28.9%	US 30.4%	18.2%
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5%	US 39.2%	47.8%

NV 71.6%
US 77.3%
64.2%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
62%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
11.9%
% of population, 19 and younger, without health insurance[7]

NV 27,159
322
# of children enrolled in Nevada Children's Health Insurance Program[8]

7.5%
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

9.8%
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

NV %
US %

DOUGLAS COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

10.8%

NV 11.2%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

9.9%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

16%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (225.6)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

12.7%

NV 15.7% US 17.1%

% of adults who are overweight or obese (combined statistic)[9]

60%

NV 67.7% US 66.6%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

15.0

NV 24.2

% of adults who are binge drinkers[9]

12%

NV 15% US 17.4%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

818.4

NV 998.4

Suicide mortality rate per 100,000 people[14]

24.3

NV 20.5 US 14.5

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$61,176

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $52,080 FEMALE $38,931

Difference in annual earnings between male and female workers (full-time, year round)[7] $13,149

NV $7,559 US $9,831

% of population that is food insecure[15]

11%

NV 12.2% US 12.5%

Unemployment Rate[18]

3.9%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	9.8%	NV 13%	US 13.4%
18 & UNDER	13.5%	NV 18.5%	US 18.4%
OVER 65 +	5.3%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	22.4%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

88.6%

Bachelor's degree or higher[17]

27.2%

NV 23.7% US 30.9%

MALE 28.5%

NV 23.6% US 30.6%

FEMALE 25.9%

NV 23.8% US 31.2%

45.8%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

53.2%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

15.4%

NV 13% US 12.6%

Rate per 1,000 children with a disability[21]

136.4

NV 122.6

Douglas County

Douglas County is located in northern Nevada and is one of the smaller counties; the northwestern part of the county borders Lake Tahoe. Minden is the county seat. Douglas County's 2019 total population was 49,463 people, representing 1.6% of Nevada's population. Douglas County's land area is 709.7 mi^2 with a population density of 70 people per mi^2.

Douglas County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C39 provides community survey results for Douglas County. Thirty-four of the 101 respondents (34%) from Douglas County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 22% of respondents.

Table C39: Douglas County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	34	34%
Access to Health Care	22	22%
Housing/Poverty	16	16%
Chronic Diseases	14	14%
Preventive Behaviors	8	8%
Employment and Job Training	3	3%
Education	2	2%
Other	2	2%
Environment and Built Environment	0	0%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**101**	**100%**

Douglas County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C40 summarizes health findings identified through Douglas County Key Informant interviews taking place between May and July 2019 with regard to priority populations, strengths, barriers and solutions in Douglas County. Behavioral health issues stand out as a common theme identified by identified by Douglas County Key Informants.

Table C40: Douglas County Key Informant Findings	
Priority Populations	**Strengths**
1. Individuals with behavioral health issues 2. Seniors	1. Collaborative nature of community organizations and surrounding counties 2. Vocational training and workforce development programs 3. Have access to health care services including a public health clinic and a hospital
Barriers	**Solutions**
1. Lack of behavioral health services 2. Rural residents going to urban areas for services 3. Lack affordable housing/homelessness (tied) Lack of primary care providers (tied) Lack training/workforce development/ career tech education (tied)	1. Increase public awareness, specifically around behavioral and mental health services and available programs in general 2. Increase collaboration 3. Increase the number of behavioral health services and providers

Douglas County Specific Indicator Data

Table C41 displays the number and percent of Douglas County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Douglas County's population was white, not Hispanic (82% in 2015 and 80% in 2019). The black, not Hispanic population increased by 14% between 2015 and 2019; the Asian Pacific Islander, not Hispanic population increased by 13%; the Hispanic population increased by 12%; and the American Indian, Eskimo, Aleut, not Hispanic population increased by 11%.

Table C41: Number and Percent of Douglas County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019
	#	%	#	%	% Change
White, not Hispanic	39,629	82%	39,679	80%	0%
Black, not Hispanic	268	1%	312	1%	14%
American Indian, Eskimo, Aleut, not Hispanic	1,134	2%	1,281	3%	11%
Asian/Pacific Islander, not Hispanic	1,285	3%	1,474	3%	13%
Hispanic Origin of Any Race	5,907	12%	6,717	14%	12%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C42 displays the projected number and percent of Douglas County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Douglas County's population is projected to be white, not Hispanic (80% in 2020 and 78% in 2024). The Black, not Hispanic population is projected to increase by 14% between 2020 and 2024.

Table C42: Number and Percent of Douglas County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	39,752	80%	39,567	78%	0%
Black, not Hispanic	330	1%	375	1%	14%
American Indian, Eskimo, Aleut, not Hispanic	1,312	3%	1,471	3%	12%
Asian/Pacific Islander, not Hispanic	1,511	3%	1,670	3%	11%
Hispanic Origin of Any Race	6,943	14%	7,741	15%	11%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C43 displays the number and percent of Douglas County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 60-69-year-old age group was the largest, representing 17% of Douglas County's population in 2015 and increasing to 18% in 2019. The population with the greatest percent change between 2015 and 2019 was the 80+ year age group with a 20% increase.

Table C43: Number and Percent of Douglas County Population by Age Group, 2015 and 2019, and Percent Change 2015 to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	4,241	9%	4,420	9%	4%
10 to 19 years	5,450	11%	4,739	10%	-13%
20 to 29 years	4,793	10%	5,016	10%	5%
30 to 39 years	4,482	9%	4,987	10%	11%
40 to 49 years	5,332	11%	5,072	10%	-5%
50 to 59 years	7,544	16%	7,052	14%	-7%
60 to 69 years	8,110	17%	8,822	18%	9%
70 to 79 years	5,629	12%	6,172	12%	10%
80 + years	2,642	5%	3,182	6%	20%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C44 displays the number and percent of Douglas County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 60-69-year-old age group is projected to be the largest in 2020 and 2024 at 18% for both years. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group with an 18% increase.

Table C44: Number and Percent of Douglas County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024 % Change
	#	%	#	%	
0 to 9 years	4,395	9%	4,563	9%	4%
10 to 19 years	4,816	10%	4,858	10%	1%
20 to 29 years	4,747	10%	4,193	8%	-12%
30 to 39 years	5,373	11%	6,029	12%	12%
40 to 49 years	5,032	10%	5,183	10%	3%
50 to 59 years	7,010	14%	6,346	12%	-9%
60 to 69 years	8,909	18%	8,913	18%	0%
70 to 79 years	6,312	13%	6,903	14%	9%
80 + years	3,255	7%	3,834	8%	18%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C45 lists the incidence rates for all types of cancer aggregate for Douglas County and Nevada, 1995-2015. Douglas County's incidence rates for all types of cancer aggregate were higher than Nevada's incidence rates for only two of the 21 years listed.

Table C45: Incidence Rates of All Types of Cancer Aggregate, Douglas County and Nevada, 1995 2015

Year	Douglas County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	360.8	(302.1, 419.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	424.5	(363.0, 486.0)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	379.5	(322.5, 436.6)	417.1	(407.1, 427.2)	236.9-488.7
1998	464.5	(403.0, 526.0)	418.5	(408.8, 428.2)	232.8-815.9
1999	390.8	(333.4, 448.2)	422.1	(412.6, 431.6)	240.7-1091.8
2000	484.9	(424.2, 545.6)	513.8	(503.6, 524.1)	223.4-534.4
2001	460.3	(402.3, 518.3)	505.4	(495.5, 515.4)	184.9-563.2
2002	393.4	(341.4, 445.4)	506.9	(497.1, 516.7)	253.2-672.6
2003	381.0	(331.9, 430.0)	487.6	(478.2, 497.0)	194.0-551.2
2004	478.6	(425.5, 531.7)	487.6	(478.2, 496.5)	387.2-631.1
2005	443.1	(392.7, 493.5)	456.2	(447.5, 464.8)	343.7-829.8
2006	460.9	(410.0, 511.8)	467.1	(458.5, 475.7)	258.2-589.7
2007	399.0	(352.9, 445.2)	443.7	(435.5, 451.9)	191.9-544.8
2008	446.1	(396.9, 495.4)	457.0	(448.8, 465.2)	315.1-637.8
2009	416.2	(369.5, 463.0)	459.5	(451.4, 467.6)	232.1-560.3
2010	390.4	(344.5, 436.3)	431.2	(423.5, 439.0)	390.4-524.5
2011	395.3	(350.7, 439.9)	433.4	(425.7, 441.1)	227.1-546.1
2012	385.3	(341.6, 429.0)	411.3	(403.9, 418.7)	266.7-527.4
2013	382.5	(339.9, 425.2)	410.4	(403.2, 417.7)	207.5-530.8
2014	428.3	(382.4, 425.2)	399.4	(392.3, 406.4)	207.5-530.8
2015	345.4	(304.9, 386.0)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C46 lists the number and percentage of calls made by Douglas County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Douglas County residents represented 0.2% of the total calls made by Nevada residents. Douglas County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (21%) followed closely by Health Care services (19%).

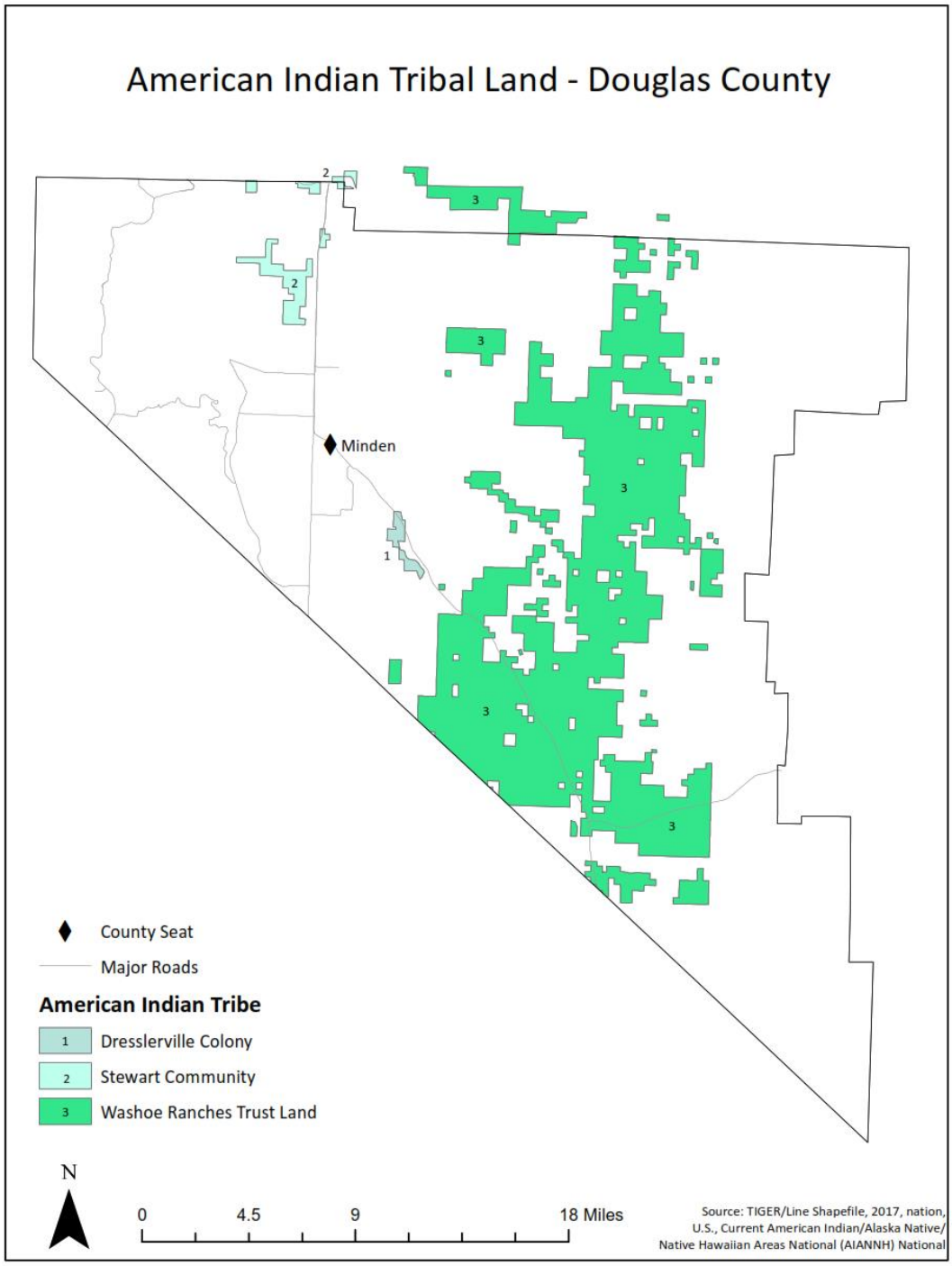
Table C46: 2 1 1 Most Requested Services in Douglas County		
Service	**#**	**%**
Housing and Shelter	45	21%
Health Care	42	19%
Other	32	15%
Utilities	30	14%
Mental Health and Addictions	21	10%
Employment and Income	13	6%
Food	12	6%
Government and Legal	11	5%
Transportation Assistance	6	3%
Child Care and Parenting	2	1%
Clothing and Household	1	0%
Education	1	0%
Disaster	0	0%
Total	**216**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Douglas County American Indian Tribal Land

Map 27 below depicts American Indian Tribal land in Douglas County, which includes the Dresslerville Colony, the Stewart Community, and Washoe Ranches Trust Land.

Map 27



Douglas County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 50,252 emergency department visits made by Douglas County residents; of those, 49% occurred outside of Douglas County. There were a total of 14,463 inpatient hospitalizations among Douglas County residents; of those, 83% occurred outside of Douglas County.

Maps 28 and 29 display: When a Douglas County Resident Obtains Hospital Care Outside Douglas County, Where Do They Go? A description of each map is included below:

> Map 28: Percentage of Emergency Department Visits Among Residents of Douglas County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Douglas County residents outside of Douglas County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 29: Percentage of Hospital Inpatient visits Among Residents of Douglas County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Douglas County residents outside of Douglas County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C47 provides the detailed numbers and percentages shown in the Maps 28 and 29. When a Douglas County resident obtained care in a hospital outside Douglas County, the majority of out of county emergency department visits and inpatient hospitalizations were into Carson City, at 89% and 72% respectively.

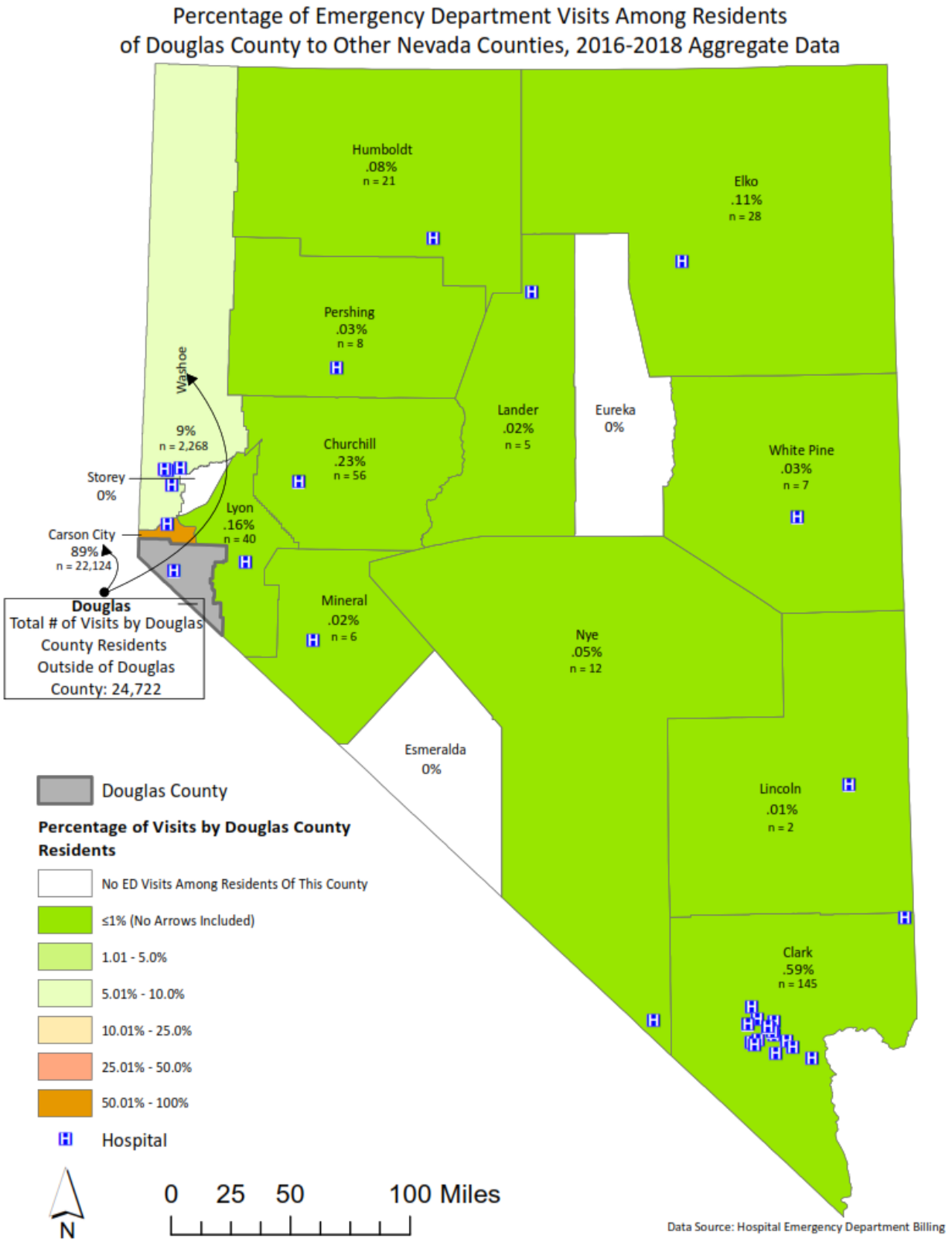
Table C47: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Douglas County Residents that Occurred Outside of Douglas County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Douglas County		Inpatient Hospitalization Outside Douglas County	
	#	%	#	%
Carson	22,124	89%	8,627	72%
Churchill	56	0.23%	4	0.03%
Clark	145	0.59%	48	0.4%
Douglas	0	0%	0	0%
Elko	28	0.11%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	21	0.08%	3	0.03%
Lander	5	0.02%	0	0%
Lincoln	2	0.01%	0	0%
Lyon	40	0.16%	1	0.01%
Mineral	6	0.02%	0	0%
Nye	12	0.05%	0	0%
Pershing	8	0.03%	2	0.02%
Storey*	0	0%	0	0%
Washoe	2,268	9%	3,261	27%
White Pine	7	0.03%	0	0%
Number of ED/Hospitalizations Outside County Among Residents	**24,722**	**100%**	**11,946**	**100%**

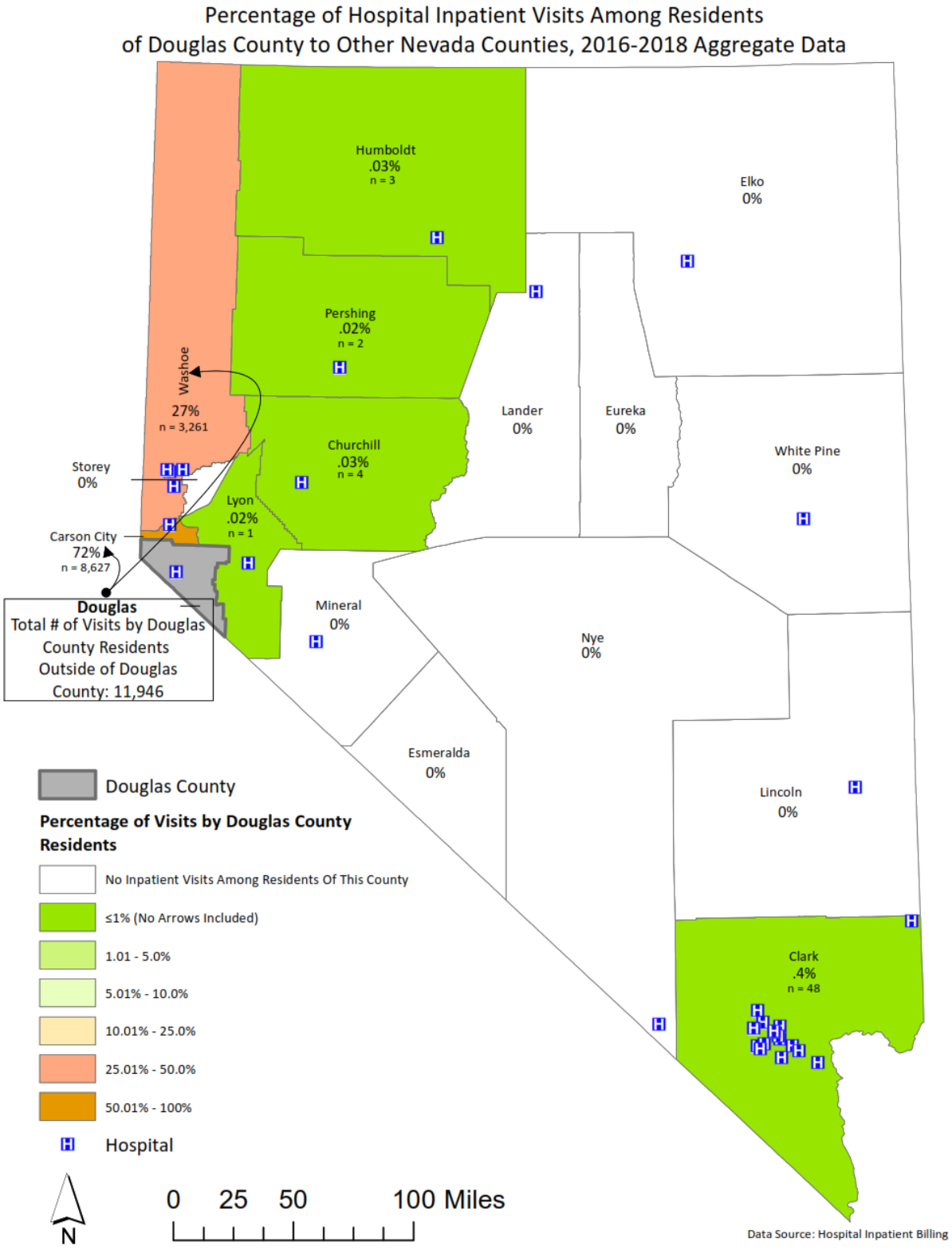
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 28


Percentage of Emergency Department Visits Among Residents of Douglas County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .08% n = 21
Elko .11% n = 28
Pershing .03% n = 8
Lander .02% n = 5
Eureka 0%
White Pine .03% n = 7
Churchill .23% n = 56
Lyon .16% n = 40
Mineral .02% n = 6
Nye .05% n = 12
Esmeralda 0%
Lincoln .01% n = 2
Clark .59% n = 145
Washoe 9% n = 2,268
Storey 0%
Carson City 89% n = 22,124
Douglas
Total # of Visits by Douglas County Residents Outside of Douglas County: 24,722
Douglas County
Percentage of Visits by Douglas County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 29


Percentage of Hospital Inpatient Visits Among Residents
of Douglas County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
.03%
n = 3
Elko
0%
Pershing
.02%
n = 2
Washoe
27%
n = 3,261
Lander
0%
Eureka
0%
White Pine
0%
Churchill
.03%
n = 4
Storey
0%
Lyon
.02%
n = 1
Carson City
72%
n = 8,627
Douglas
Total # of Visits by Douglas County Residents Outside of Douglas County: 11,946
Mineral
0%
Nye
0%
Esmeralda
0%
Lincoln
0%
Clark
.4%
n = 48
Douglas County
Percentage of Visits by Douglas County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Douglas County Hospital Burden

Table C48 indicates 15% of emergency department visits into Douglas County were made by non-Douglas County residents, while 18% of inpatient hospitalization were made by non-Douglas County residents.

Table C48: Total Number and Percent of Visits Made to Douglas County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	4,547	15%	30,077
Inpatient Hospitalizations	548	18%	3,065

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 30 and 31 display: Visits Occurring in Douglas County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 30: Percentage of Douglas County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Douglas County hospitals by persons who do not reside in Douglas County and 2) the county where the patient resides.

Map 31: Percentage of Douglas County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Douglas County hospitals by persons who do not reside in Douglas County and 2) the county where the patient resides.

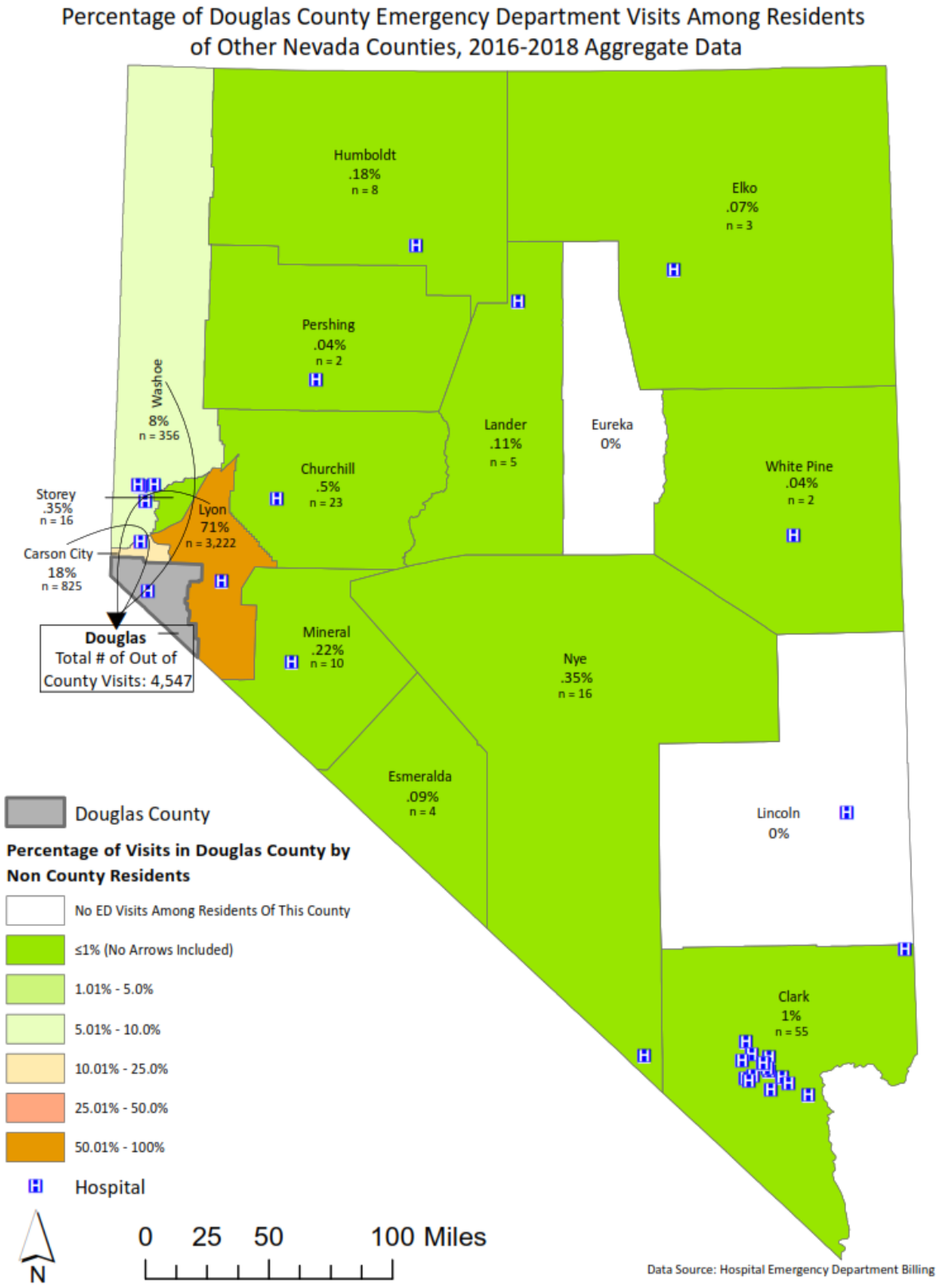
Table C49 provides the detailed numbers and percentages shown in Maps 30 and 31. The largest proportion of non-resident emergency department visits were from Lyon County (71%) and Carson City residents (18%). The largest proportion of non-resident inpatient hospitalizations were from Lyon County (72%) and Carson City (17%) residents.

Table C49: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Douglas County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate				
Patient County of Origin/Residence	**ED Visits Occurring in Douglas County by Non-Douglas County Residents**		**Inpatient Hospitalization Occurring in Douglas County by Non-Douglas County Residents**	
	#	**%**	**#**	**%**
Carson	825	18%	94	17%
Churchill	23	0.5%	8	1%
Clark	55	1%	2	0.37%
Douglas	0	0%	0	0%
Elko	3	0.07%	0	0%
Esmeralda*	4	0.09%	2	0.37%
Eureka*	0	0%	0	0%
Humboldt	8	0.18%	2	0.37%
Lander	5	0.11%	0	0%
Lincoln	0	0%	0	0%
Lyon	3,222	71%	397	72%
Mineral	10	0.22%	2	0.37%
Nye	16	0.35%	2	0.37%
Pershing	2	0.04%	0	0%
Storey*	16	0.35%	1	0.2%
Washoe	356	8%	37	7%
White Pine	2	0.04%	1	0.2%
Number of ED/Hospitalizations Among Persons who Reside Outside of Douglas County	**4,547**	**100%**	**548**	**100%**

*these counties do not have a hospital

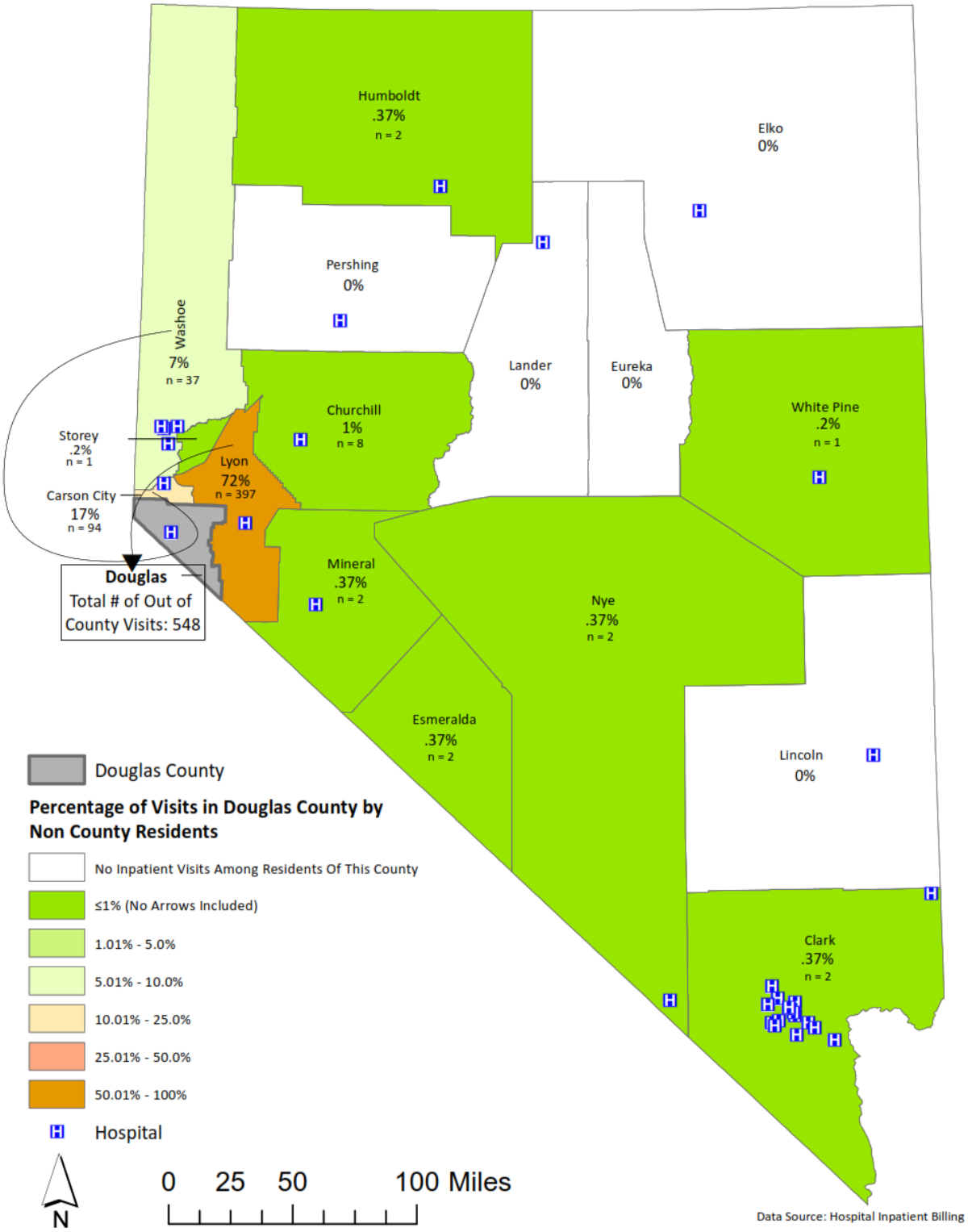
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 30


Percentage of Douglas County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .18% n = 8
Elko .07% n = 3
Pershing .04% n = 2
Lander .11% n = 5
Eureka 0%
White Pine .04% n = 2
Churchill .5% n = 23
Washoe 8% n = 356
Storey .35% n = 16
Lyon 71% n = 3,222
Carson City 18% n = 825
Douglas Total # of Out of County Visits: 4,547
Mineral .22% n = 10
Nye .35% n = 16
Esmeralda .09% n = 4
Lincoln 0%
Clark 1% n = 55
Douglas County
Percentage of Visits in Douglas County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 31

Percentage of Douglas County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Douglas County Health Priorities

Table C50 includes the priorities identified for Douglas County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Behavioral Health, 2) Access to Health Care, and 3) Chronic Disease. Table C50 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C50 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted in Douglas County.

#1 Behavioral Health
For Douglas County, the secondary data-driven opportunities for improvement under behavioral health were all substance-related and included e-cigarette smoking among adults and several substance use indicators which were prevalent among high school students including: tobacco and electronic vapor product use, alcohol consumption, riding in a car with a driver who had been drinking, as well as high school students reporting they had driven a car when they had been drinking alcohol. Additionally, there was a high prevalence of high school students who reported consuming marijuana, riding in a car with a driver who had been using marijuana, driving a car while using marijuana, and using prescription pain medications without a prescription or differently than prescribed.

Survey respondents top selected issues for behavioral health related to mental health included lack of long-term inpatient clinics for behavioral health issues, lack of mental health providers, long wait to be seen by mental health providers, and the perception that depression and suicide are problems in the community. Issues frequently selected by survey respondents related to substance use included the lack of substance abuse treatment resources/programs including inpatient alcohol and drug treatment facilities, use of illegal drugs, and the lack of outreach to community about the behavioral health services available.

#2 Access to Health Care
The data-driven opportunities for improvement under access to health care did not stand out in the data relative to other counties or Nevada overall. Unfortunately, there were very few access to health care indicators available at the national level for comparison purposes, however Nevada is a shortage area in terms of number of primary, mental and dental care providers and many counties have access to health care as a top priority.

Survey respondents who selected access to health care as the MOST SIGNIFICANT health issue identified challenges such as the lack of primary care providers and the long wait to be seen by providers in the community, as well as transportation barriers that make it difficult for people to get to healthcare appointments.

#3 Chronic Diseases
The data-driven opportunities for improvement within chronic diseases include risk factors such as high blood pressure among adults as well as adults who have had a heart attack, asthma or angina/coronary

heart disease. Additionally, rates of death due to prostate cancer, stroke and Alzheimer's disease were much higher in Douglas County relative to other Nevada counties and Nevada overall.

Survey respondents who selected chronic disease as the MOST SIGNIFICANT health issues frequently selected Chronic Obstructive Pulmonary Disorder (COPD), heart disease and hypertension as problems. Additionally, arthritis, cancer, and diabetes were identified as prevalent chronic disease issues in the community.

Community-Identified Priorities

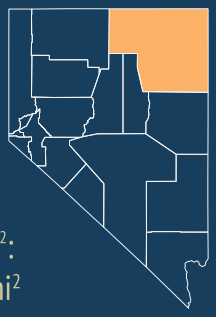
The top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted for Douglas County.

Adverse Childhood Experiences - ACEs

Is it important to note, although not present in Table C50 as a priority area to improve upon, Douglas County adults and high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C50: Douglas County Health Priorities, 2019

Rank	Priorities	Secondary Data Opportunities for Improvement	Primary Data Rank Ordered Survey Subcategory Results	CHNA/CHIP Priorities
1	**Behavioral Health**	• E-cigarette smoking among adults Among high school students: • Tobacco use • Electronic vapor products • Alcohol consumption • Riding in a car with a driver who had been drinking • Driving a car when they had been drinking alcohol • Marijuana consumption • Riding in a car with a driver who had been using marijuana • Driving a car while using marijuana • Using prescription pain medications without a prescription or differently than prescribed	1. Lack of long-term inpatient clinics for behavioral health issues 2. Lack of mental health providers 3. Two-way tie: Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months and Lack of substance abuse treatment resources/programs 4. Illegal drugs (e.g., meth, heroin, cocaine) are a problem 5. Two-way tie: Depression is a problem and Lack of inpatient alcohol and drug treatment facilities 6. Lack of outreach to community about the behavioral health services available 7. Suicide is a problem	**Douglas/Carson City CHNA/CVMC** • Cost of Medical Care • Access to Health Care • Mental Illness • Obesity • Drug Abuse • Alcohol Abuse • Access to Medicaid/Medicare Providers • Heart Disease and Stroke • Cancer • Aging-related Problems **CVMC Implementation Plan (2016) and Needs Assessment (2017-2019)** 1. Cost of Healthcare 2. Substance Abuse 3. Access to Healthcare 4. Mental Illness 5. Obesity
2	**Access to Health Care**	Though Douglas County findings show access to health care to be a top priority, the secondary data do not corroborate this finding compared to other Nevada counties; however, the primary data identified this as a top health priority and the county-identified CHNA and CVMC Implementation Plan also support this finding.	1. Lack of primary care providers 2. Long wait to be seen - the providers in the community are not able to book an appointment for a patient for several weeks or months 3. Transportation barriers make it challenging for members of my community to get to their healthcare appointments	
3	**Chronic Disease**	• Adults with high blood pressure • Adults who have had a heart attack • Adults who have asthma • Angina/Coronary Heart Disease • Deaths due to prostate cancer, stroke and Alzheimer's Disease	1. Two-way tie: Chronic Obstructive Pulmonary Disorder (COPD) is a problem and Heart disease and hypertension are problems 2. Arthritis is a problem 3. Two-way tie: Cancer is a problem and Diabetes is a problem	



Land Area[22]: 17,169.8 mi²

ELKO COUNTY PROFILE

2019 Population[1]: 53,852 people, 1.7% of Nevada's Population
Population Density: 3 people per square mile (mi²)
County Seat: Elko
Designation: Frontier

TOP PRIORITIES

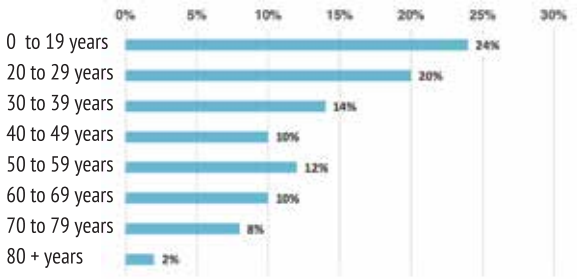
Access to Health Care

Behavioral Health

Health Behaviors & Preventive Care

DEMOGRAPHICS

AGE[1]

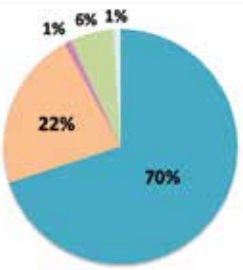


MEDIAN AGE[4] 34.1
NV 38.7

17 & UNDER[3] 24.3%
NV 23.5%

OVER 65 +[3] 13.4%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Elko, White Pine, & Eureka)

% who seriously considered attempting suicide[2]	NV 16.6% US 17.2%	22.2%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	35.3%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% US 19.5%	19.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% US 29.8%	36.6%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	38.5%*
% who are overweight or obese[2]	NV 28.9% US 30.4%	28.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% US 39.2%	40.6%*

NV 71.6%
US 77.3%
58.5%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
75%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
7.5%
% of population, 19 and younger, without health insurance[7]

NV 27,159
339
# of children enrolled in Nevada Children's Health Insurance Program[8]

14.7%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.1%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Elko, White Pine, and Eureka)

NV %
US %

ELKO COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

10.5%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

16.6%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

20%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (105.8)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

22.9%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

67.6%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

16.3

% of adults who are binge drinkers[9]

NV 15% US 17.4%

20.6%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,288.7

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

26.1

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$76,178

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $68,019 | FEMALE $37,872

Difference in annual earnings between male and female workers (full-time, year round)[7] **$30,147**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

91.8%

Bachelor's degree or higher[17]

17.7%

NV 23.7% US 30.9%

MALE 17.2%

NV 23.6% US 30.6%

FEMALE 18.1%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

8.7%

Unemployment Rate[18]

3.2%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	11.5%	NV 13%	US 13.4%
18 & UNDER	16.2%	NV 18.5%	US 18.4%
OVER 65 +	10.0%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	36.9%	NV 31%	US 35.7%

32.0%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

23.0%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

11.9%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

116.8

NV 122.6

Elko County page 2

Elko County

Elko County is the second largest county in Nevada, located in the northeast most corner of the state. The majority of residents live in the city of Elko (county seat) and adjacent town of Spring Creek. Elko County's 2019 total population was 53,852 people, representing 1.7 % of Nevada's population. Elko County's land area is 17,169.8 mi^2 and has a population density of 3 people per mi^2.

Elko County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C51 provides community survey results for Elko County. Forty-three of the 84 respondents (51%) from Elko County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 31% of respondents.

Table C51: Elko County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	43	51%
Access to Health Care	26	31%
Environment and Built Environment	4	5%
Housing/Poverty	3	4%
Chronic Diseases	3	4%
Preventive Behaviors	3	4%
Education	1	1%
Other	1	1%
Employment and Job Training	0	0%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**84**	**100%**

Elko County Key Informant Interview Summary

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C52 summarizes health findings of Elko County Key Informant interviews taking place between May and July 2019. Behavioral health issues stand out as a common theme identified by identified by Elko County Key Informants.

Table C52: Elko County Key Informant Findings	
Priority Populations	**Strengths**
1. Individuals with behavioral health issues 2. Seniors (tied) Children (tied)	1. Vocational training/workforce development programs, especially within the mining industry 2. Institutions of higher education (tied) Health issues are a community leader and stakeholder priority (tied) 3. Have been successful in recent years with recruiting providers
Barriers	**Solutions**
1. Lack of behavioral health services 2. Providers won't accept Medicaid or Medicare 3. Lack of quality care in the community 4. Lack of specialty care (tied) Difficult to recruit and retain providers and provider burnout (tied) 5. Lack of or slow internet 6. Lack funding (tied) Other than mines, lack training/workforce development/career tech education (tied)	1. Prioritize education 2. Policy reform: a. Patient access for behavioral health issues b. Removing barriers for mental health providers to practice in Nevada 3. Prioritize vocational training/workforce development (tied) Make rural communities more appealing (tied) Increase incentives for providers (tied) More collaboration (tied)

Table C53 displays the number and percent of Elko County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Elko County's population was white, not Hispanic (71% in 2015 and 70% in 2019). The American Indian, Eskimo, Aleut, not Hispanic population increased by 4% between 2015 and 2019.

Table C53: Number and Percent of Elko County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	37,784	71%	37,925	70%	0%
Black, not Hispanic	345	1%	353	1%	2%
American Indian, Eskimo, Aleut, not Hispanic	2,907	5%	3,020	6%	4%
Asian/Pacific Islander, not Hispanic	653	1%	651	1%	0%
Hispanic Origin of Any Race	11,576	22%	11,903	22%	3%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C54 displays the projected number and percent of Elko County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Elko County's population is projected to be white, not Hispanic (71% in both 2020 and 2024). The Hispanic population is estimated to represent 22% of Elko County's population in both 2020 and 2024.

Table C54: Number and Percent of Elko County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	38,296	71%	39,134	71%	2%
Black, not Hispanic	357	1%	349	1%	-2%
American Indian, Eskimo, Aleut, not Hispanic	3,017	6%	3,038	5%	1%
Asian/Pacific Islander, not Hispanic	633	1%	593	1%	-6%
Hispanic Origin of Any Race	11,973	22%	12,289	22%	3%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C55 displays the number and percent of Elko County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 20-29-year-old age group was the largest, representing 23% of Elko County's population in 2015 and 20% in 2019. The population with the greatest percent change between 2015 and 2019 was the 30-39-year-old age group with a 57% increase.

Table C55: Number and Percent of Elko County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	6,673	13%	6,266	12%	-6%
10 to 19 years	7,043	13%	6,622	12%	-6%
20 to 29 years	12,283	23%	10,906	20%	-11%
30 to 39 years	4,675	9%	7,318	14%	57%
40 to 49 years	5,881	11%	5,493	10%	-7%
50 to 59 years	7,159	13%	6,647	12%	-7%
60 to 69 years	5,750	11%	5,521	10%	-4%
70 to 79 years	2,739	5%	4,058	8%	48%
80 + years	1,061	2%	1,021	2%	-4%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C56 displays the number and percent of Elko County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 20%, while the 30-39-year-old age group is projected to be the largest in 2024 at 20%. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group with a 46% increase, followed closely by the 30-39-year-old age group with a 43% increase.

Table C56: Number and Percent of Elko County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024 % Change
	#	%	#	%	
0 to 9 years	6,014	11%	5,830	11%	-3%
10 to 19 years	6,772	12%	6,788	12%	0%
20 to 29 years	10,722	20%	8,549	15%	-20%
30 to 39 years	7,930	15%	11,312	20%	43%
40 to 49 years	5,248	10%	4,724	9%	-10%
50 to 59 years	6,827	13%	6,213	11%	-9%
60 to 69 years	5,380	10%	6,089	11%	13%
70 to 79 years	4,209	8%	4,177	8%	-1%
80 + years	1,174	2%	1,718	3%	46%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C57 lists the incidence rates for all types of cancer aggregate for Elko County and Nevada, 1995-2015. Elko County's incidence rates for all types of cancer aggregate were higher than Nevada's incidence rates for only five of the 21 years listed.

Table C57: Incidence Rates of All Types of Cancer Aggregate, Elko County and Nevada, 1995 2015

Year	Elko County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	265.7	(198.5, 332.9)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	360.8	(281.3, 440.4)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	314.2	(245.8, 382.6)	417.1	(407.1, 427.2)	236.9-488.7
1998	380.4	(301.4, 459.4)	418.5	(408.8, 428.2)	232.8-815.9
1999	265.0	(198.5, 331.5)	422.1	(412.6, 431.6)	240.7-1091.8
2000	223.4	(169.9, 276.9)	513.8	(503.6, 524.1)	223.4-534.4
2001	370.8	(301.2, 440.4)	505.4	(495.5, 515.4)	184.9-563.2
2002	557.9	(472.3, 643.6)	506.9	(497.1, 516.7)	253.2-672.6
2003	365.2	(472.3, 643.6)	487.6	(478.2, 497.0)	194.0-551.2
2004	500.8	(417.9, 583.8)	487.6	(478.2, 496.5)	387.2-631.1
2005	409.9	(340.2, 479.6)	456.2	(447.5, 464.8)	343.7-829.8
2006	477.5	(403.9, 551.0)	467.1	(458.5, 475.7)	258.2-589.7
2007	376.3	(310.8, 441.7)	443.7	(435.5, 451.9)	191.9-544.8
2008	393.3	(329.3, 457.4)	457.0	(448.8, 465.2)	315.1-637.8
2009	447.1	(378.3, 516.0)	459.5	(451.4, 467.6)	232.1-560.3
2010	453.6	(385.2, 522.0)	431.2	(423.5, 439.0)	390.4-524.5
2011	355.9	(299.3, 412.5)	433.4	(425.7, 441.1)	227.1-546.1
2012	324.6	(270.6, 378.5)	411.3	(403.9, 418.7)	266.7-527.4
2013	379.1	(323.4, 434.8)	410.4	(403.2, 417.7)	207.5-530.8
2014	339.5	(288.5, 390.6)	399.4	(392.3, 406.4)	207.5-530.8
2015	430.9	(369.6, 492.2)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C58 lists the number and percentage of calls made by Elko County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Elko County residents represented 0.3% of the total calls made by Nevada residents. Elko County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (27%), followed by Utilities and "Other" services, both at 17%.

Table C58: 2 1 1 Most Requested Services in Elko County

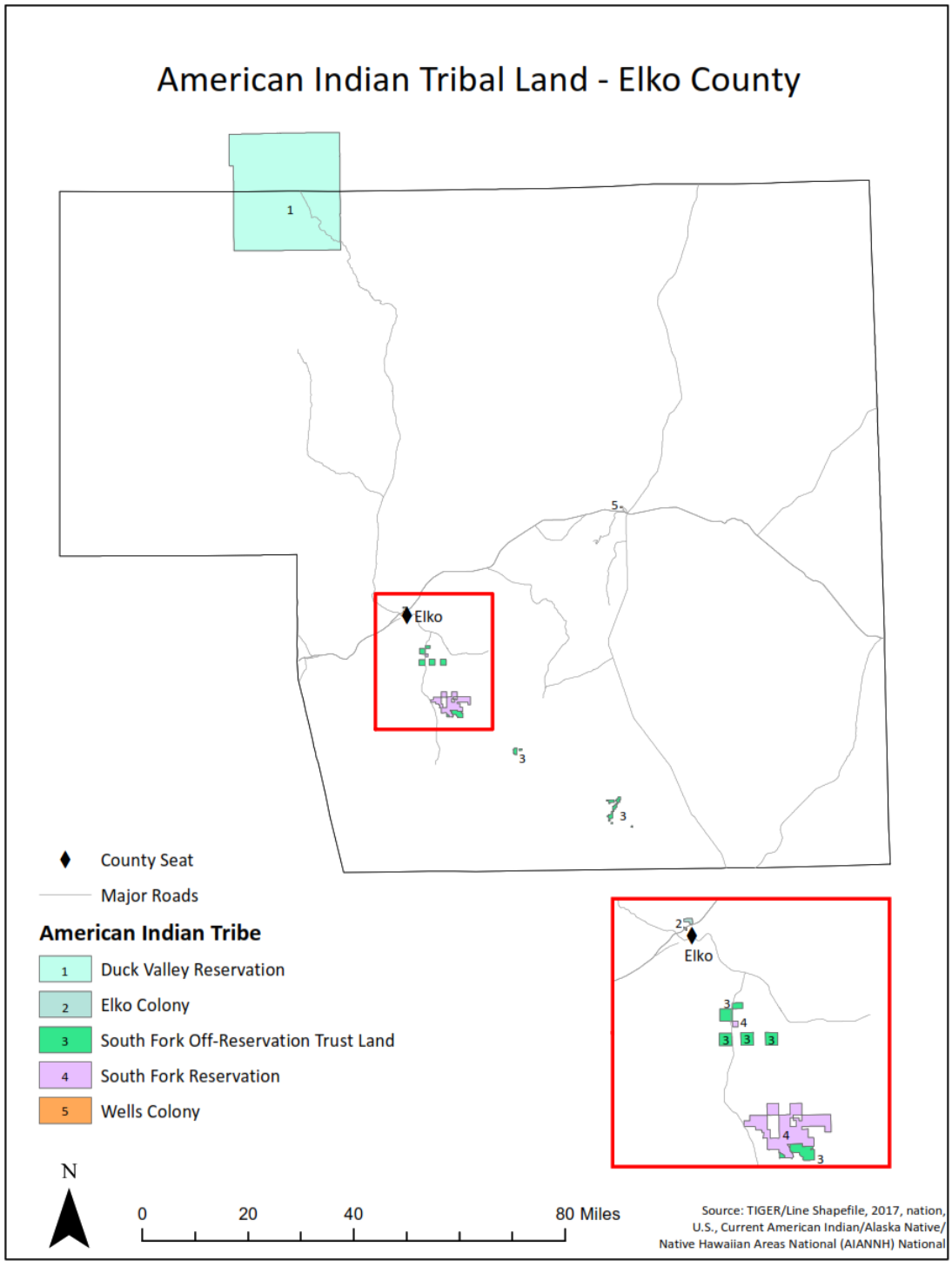
Service	#	%
Housing and Shelter	69	27%
Utilities	43	17%
Other	43	17%
Transportation Assistance	28	11%
Health Care	25	10%
Food	11	4%
Mental Health and Addictions	11	4%
Government and Legal	10	4%
Clothing and Household	8	3%
Employment and Income	3	1%
Child Care and Parenting	2	1%
Education	1	0%
Disaster	0	0%
Total	**254**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Elko County – American Indian Tribal Land

Map 32 below depicts American Indian Tribal land in Douglas County, which includes the Duck Valley Reservation, the Elko Colony, the South Fork Off-Reservation Trust Land, South Fork Reservation and the Wells Colony.

Map 32



Elko County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 60,019 emergency department visits made by Elko County residents; of those, 3% occurred outside of Elko County. There were a total of 14,463 inpatient hospitalizations among Elko County residents; of those, 83% occurred outside of Elko County.

Maps 33 and 34 display: When an Elko County Resident Obtains Hospital Care Outside Elko County, Where Do They Go? A description of each map is included below:

Map 33: Percentage of Emergency Department Visits Among Residents of Elko County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Elko County residents outside of Elko County and 2) the county where the emergency department visit occurred in Nevada.

Map 34: Percentage of Hospital Inpatient visits Among Residents of Elko County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Elko County residents outside of Elko County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C59 provides the detailed numbers and percentages shown in the Maps 33 and 34. When an Elko County resident obtained care in a hospital outside Elko County, the majority of out of county emergency department visits and inpatient hospitalizations were into Washoe County, at 40% and 74% respectively.

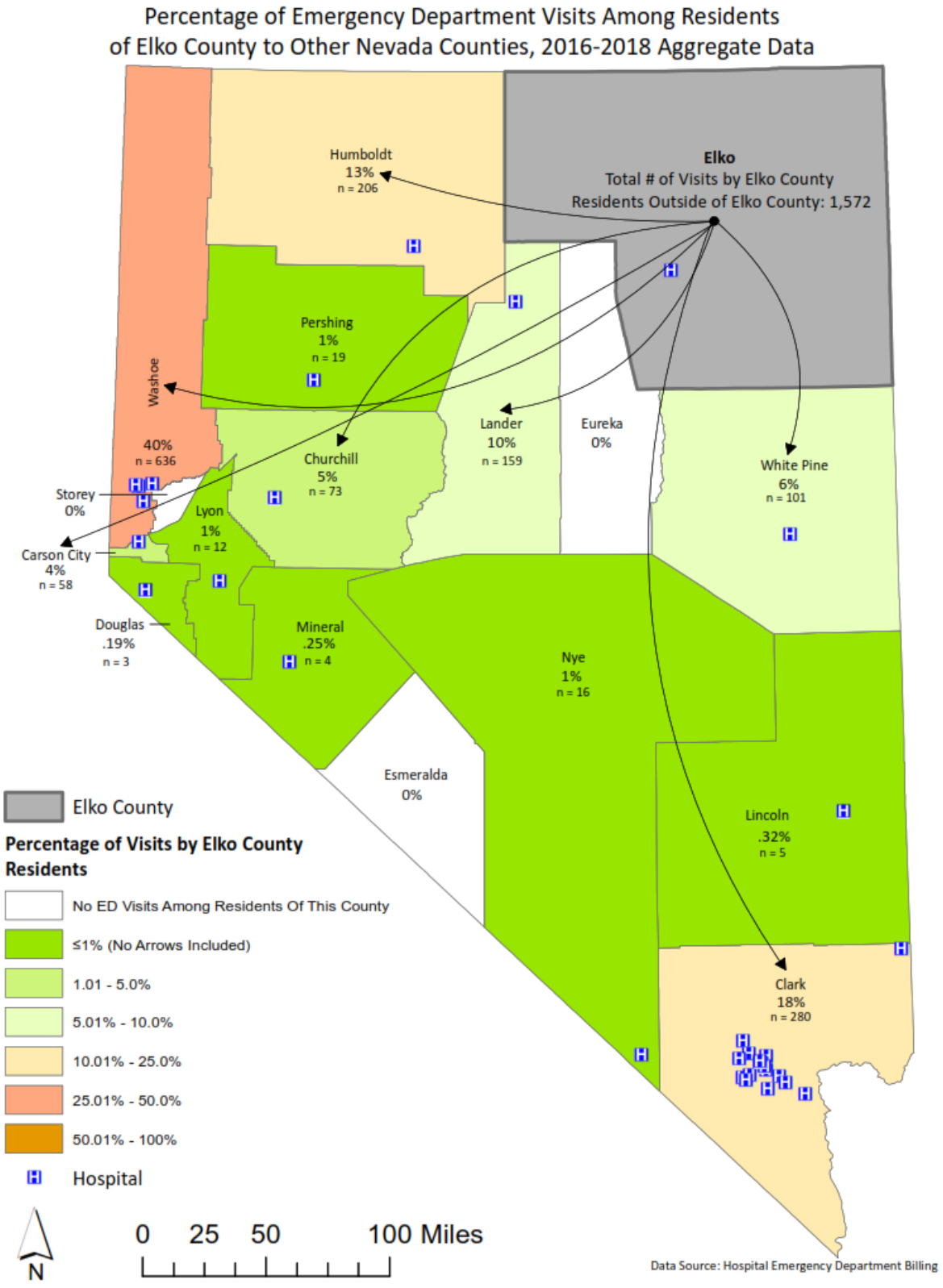
Table C59: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Elko County Residents that Occurred Outside of Elko County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Elko County		Inpatient Hospitalization Outside Elko County	
	#	%	#	%
Carson	58	4%	132	10%
Churchill	73	5%	3	0.23%
Clark	280	18%	163	12%
Douglas	3	0.19%	0	0%
Elko	0	0%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	206	13%	34	3%
Lander	159	10%	1	0.1%
Lincoln	5	0.32%	0	0%
Lyon	12	1%	0	0%
Mineral	4	0.25%	1	0.1%
Nye	16	1%	0	0%
Pershing	19	1%	0	0%
Storey*	0	0%	0	0%
Washoe	636	40%	965	74%
White Pine	101	6%	8	0.6%
Number of ED/Hospitalizations Outside County Among Residents	**1572**	**100%**	**1307**	**100%**

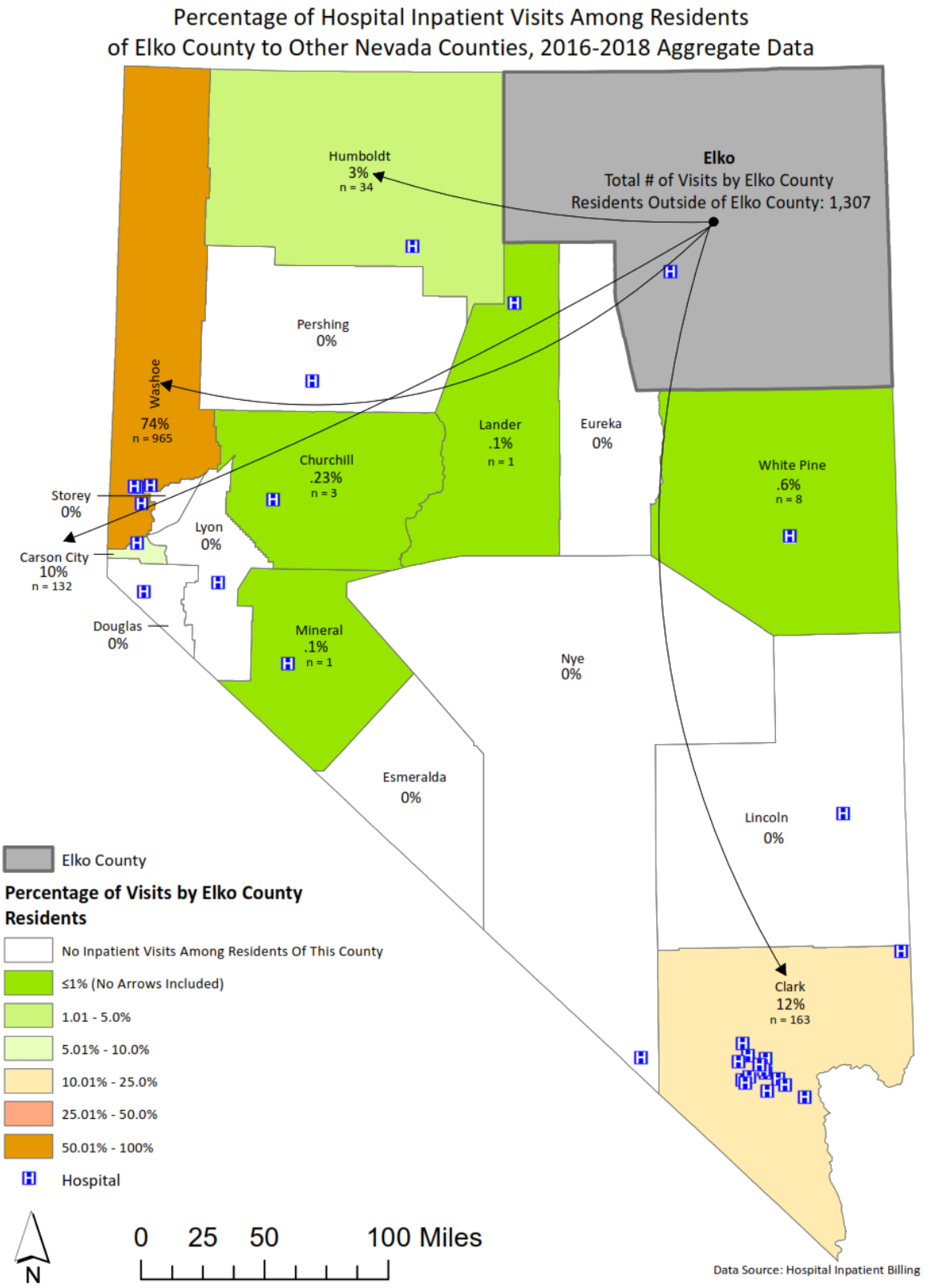
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 33


Percentage of Emergency Department Visits Among Residents of Elko County to Other Nevada Counties, 2016-2018 Aggregate Data
Elko
Total # of Visits by Elko County Residents Outside of Elko County: 1,572
Humboldt
13%
n = 206
Pershing
1%
n = 19
Washoe
40%
n = 636
Churchill
5%
n = 73
Lander
10%
n = 159
Eureka
0%
White Pine
6%
n = 101
Storey
0%
Lyon
1%
n = 12
Carson City
4%
n = 58
Douglas
.19%
n = 3
Mineral
.25%
n = 4
Nye
1%
n = 16
Esmeralda
0%
Lincoln
.32%
n = 5
Clark
18%
n = 280
Elko County
Percentage of Visits by Elko County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 34


Percentage of Hospital Inpatient Visits Among Residents
of Elko County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
3%
n = 34
Elko
Total # of Visits by Elko County
Residents Outside of Elko County: 1,307
Pershing
0%
Washoe
74%
n = 965
Lander
.1%
n = 1
Eureka
0%
Churchill
.23%
n = 3
White Pine
.6%
n = 8
Storey
0%
Lyon
0%
Carson City
10%
n = 132
Douglas
0%
Mineral
.1%
n = 1
Nye
0%
Esmeralda
0%
Lincoln
0%
Clark
12%
n = 163
Elko County
Percentage of Visits by Elko County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Elko County Hospital Burden

Table C60 indicates 4% of emergency department visits into Elko County were made by non-Elko County residents, while 7% of inpatient hospitalization were made by non-Elko County residents.

Table C60: Total Number and Percent of Visits Made to Elko County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	2,606	4%	61,053
Inpatient Hospitalizations	487	7%	7,128

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 35 and 36 displays: Visits Occurring in Elko County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 35: Percentage of Elko County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Elko County hospitals by persons who do not reside in Elko County and 2) the county where the patient resides.

Map 36: Percentage of Elko County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Elko County hospitals by persons who do not reside in Elko County and 2) the county where the patient resides.

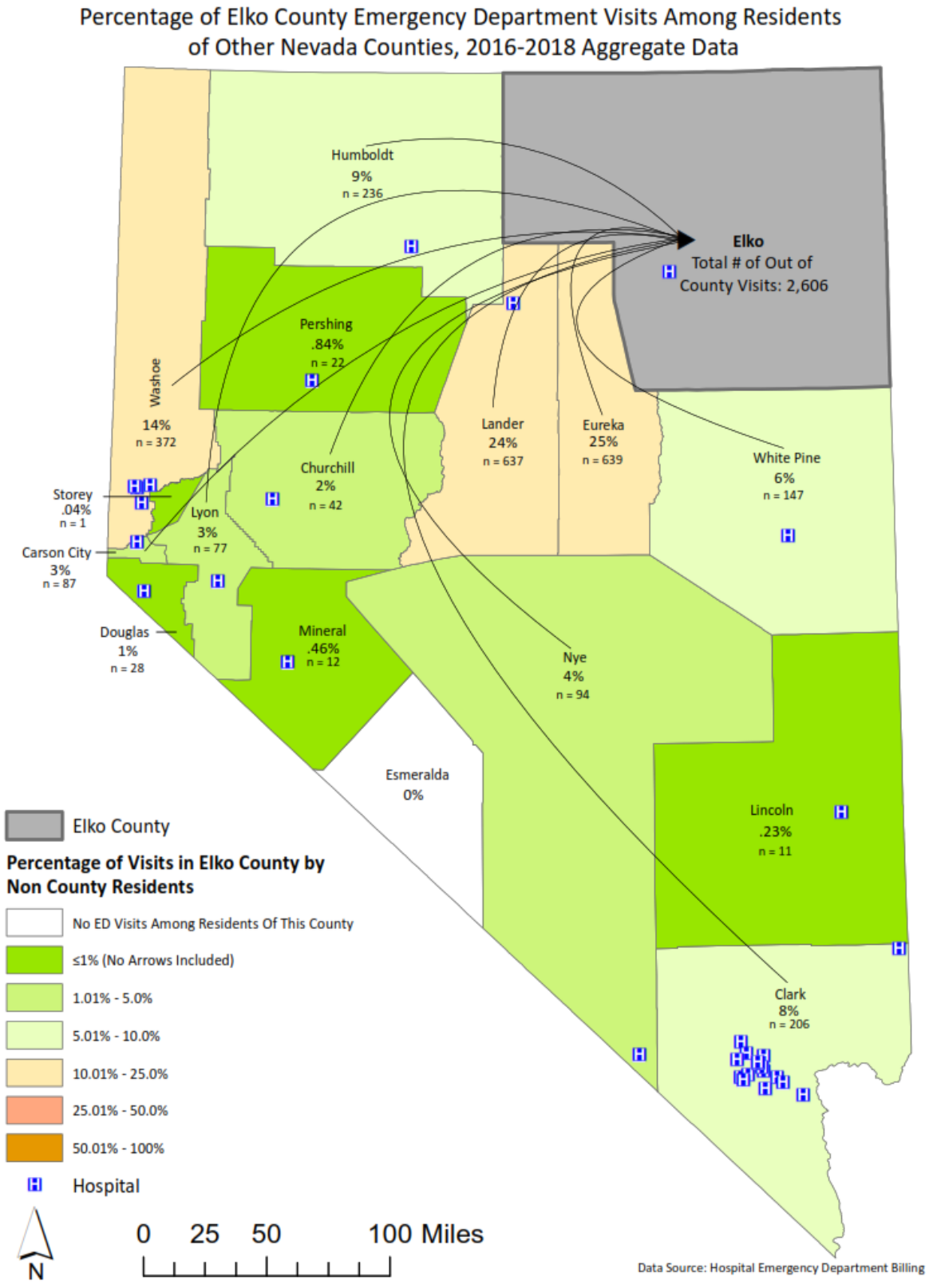
Table C61 provides the detailed numbers and percentages shown in Maps 35 and 36. The largest proportion of non-resident emergency department visits were from Eureka County (25%) and Lander County (24%). The largest proportion of non-resident inpatient hospitalizations were from Lander County (49%) and Eureka County (29%) residents.

Table C61: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Elko County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate				
Patient County of Origin/Residence	**ED Visits Occurring in Elko County by Non-Elko County Residents**		**Inpatient Hospitalization Occurring in Elko County by Non-Elko County Residents**	
	#	%	#	%
Carson	87	3%	0	0%
Churchill	42	2%	3	1%
Clark	206	8%	16	3%
Douglas	28	1%	0	0%
Elko	0	0%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	639	25%	143	29%
Humboldt	236	9%	35	7%
Lander	637	24%	241	49%
Lincoln	6	0.23%	0	0%
Lyon	77	3%	0	0%
Mineral	12	0.46%	1	0.2%
Nye	94	4%	11	2%
Pershing	22	0.84%	1	0.2%
Storey*	1	0.04%	0	0%
Washoe	372	14%	13	3%
White Pine	147	6%	23	5%
Number of ED/Hospitalizations Among Persons who Reside Outside of Elko County	**2606**	**100%**	**487**	**487**

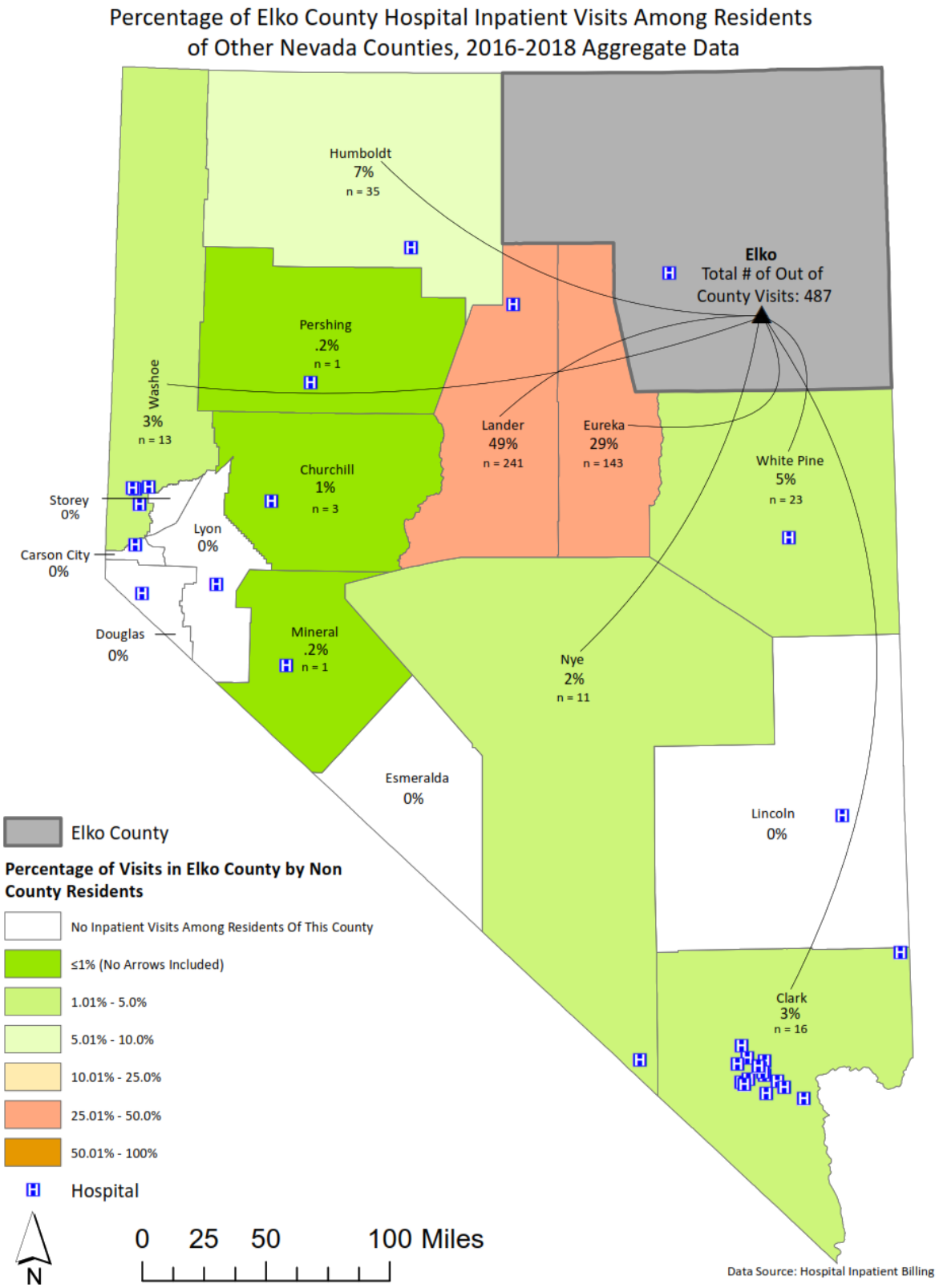
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 35


Percentage of Elko County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
9%
n = 236
Elko
Total # of Out of County Visits: 2,606
Pershing
.84%
n = 22
Washoe
14%
n = 372
Lander
24%
n = 637
Eureka
25%
n = 639
White Pine
6%
n = 147
Churchill
2%
n = 42
Storey
.04%
n = 1
Lyon
3%
n = 77
Carson City
3%
n = 87
Douglas
1%
n = 28
Mineral
.46%
n = 12
Nye
4%
n = 94
Esmeralda
0%
Lincoln
.23%
n = 11
Clark
8%
n = 206
Elko County
Percentage of Visits in Elko County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 36


Percentage of Elko County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
7%
n = 35
Elko
Total # of Out of County Visits: 487
Pershing
.2%
n = 1
Washoe
3%
n = 13
Lander
49%
n = 241
Eureka
29%
n = 143
White Pine
5%
n = 23
Churchill
1%
n = 3
Storey
0%
Lyon
0%
Carson City
0%
Douglas
0%
Mineral
.2%
n = 1
Nye
2%
n = 11
Esmeralda
0%
Lincoln
0%
Clark
3%
n = 16
Elko County
Percentage of Visits in Elko County by Non County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Elko County Health Priorities

Table C62 includes the priorities identified for Elko County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Access to Health Care, 2) Behavioral Health, and 3) Health Behaviors and Preventive Care. Table C62 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C62 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted in Elko County.

#1 Access to Health Care
For Elko County, the secondary data-driven opportunities for improvement under access to health care include adults who have at least one personal care provider, the rate of licensed primary care providers per 100,000 population, the ratio of mental health providers to population, lack of dental visits among high school students, and the entire county of Elko was a HRSA – defined mental health provider shortage area in 2019.

Survey respondents identified that many residents believe the hospital, primary care and mental health care providers in the community do not provide quality care, so they seek care from hospital(s) or other providers in another community, there is a lack of primary care and mental care providers and a long wait to be seen for both primary care providers as well as mental health providers. Additionally, survey respondents believe many people cannot afford the cost of health care, even with health insurance coverage and that healthcare providers do not accept many types of health insurance.

#2 Behavioral Health
The data-driven opportunities for improvement under behavioral health related to mental health included again that the entire county is a HRSA – defined mental health provider shortage area, high school students had a high prevalence of reporting never/rarely getting the help they needed when they felt sad, empty, hopeless, angry, or anxious, and a high percentage of high school students seriously considered attempting suicide. Behavioral health data-driven opportunities for improvement related to substance use included driving under the influence of alcohol resulting in an accident, binge drinking among adults, alcohol consumption among high school students, and high school student who reported driving when they had been drinking alcohol. Additionally, the percentage of the population 12+ years with an alcohol use disorder was high in Elko County relative to other Nevada counties and Nevada overall.

Survey respondents who selected behavioral health as the MOST SIGNIFICANT health issue identified mental health problems such as depression and suicide being prevalence tin the community, the lack of mental health providers, and a long wait to be seen by those providers. While substance related issues most frequently identified include illegal drug use, alcoholism/binge drinking and ease of access to alcohol and drugs. Additionally, the lack of long-term inpatient clinics for behavioral health issues was cited as an issue in Elko County.

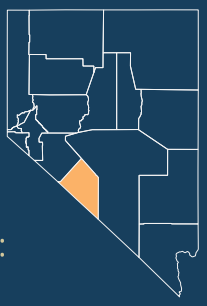
#3 Health Behaviors and Preventive Care
The data-driven opportunities for improvement within health behaviors and preventive care include low rates of flu shot among adults 18 to 64 years, the percentage of high school students who report eating breakfast, colon cancer screening among adults 50 years or older, prostate cancer screening among men 40 years and older, and sexually active high school students who do not use any method to prevent pregnancy during sexual intercourse.

Survey respondents who selected health behaviors and preventive care as the MOST SIGNIFICANT health issues most frequently cited too many people eat unhealthy foods, too many people eat/drink a lot of sugar, many people do not engage in enough physical activity, and obesity is a concern for many people. Additional issues included the perceptions that many parents do not get their children immunized, adults do not stay up to date with their immunizations, people do not get the flu shot, and that not enough people are screened for chronic illnesses (such as cancer).

Community-Identified Priorities
With the exception of family planning services, the top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted by Elko County entities.

Adverse Childhood Experiences - ACEs
Is it important to note, although not present in Table C62 as a priority area to improve upon, Elko County high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C62: Elko County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Access to Health Care**	• Adults who have at least one personal care provider • Rate of licensed primary care providers • Ratio of mental health providers to population • Dental visits among high school students • HRSA – defined mental health provider shortage area	1. Many residents believe the hospital does not provide quality care, so they seek care from hospital(s) in another community 2. Two-way tie: Lack of primary care providers and Lack of MH providers 3. Long wait to be seen – the providers in the community are not able to book an appointment for a patient for several weeks or months 4. Long wait to be seen – the mental healthcare providers are not able to book an appointment for a patient for several weeks or months 5. Many residents believe primary care providers DO NOT provide quality care 6. Many people CANNOT afford the cost of health care, even with health insurance coverage. 7. Two-way tie: Healthcare providers DO NOT take my insurance and Many residents believe mental health care providers DO NOT provide quality care	**Elko CHNA (2017)** • Lack of/Access to Specialty Providers and Providers in General • Lack of/Access to Mental Health Providers • Lack of/Access to Medicaid/Medicare Providers • Cost/Affordability of Medical Care • Quality of Health Care • Timeliness of Scheduling an Appointment • Substance Use/Abuse • Immunizations • Obesity • Family Planning Services (OB/GYNs) **Elko CHIP (2018)** • Lack of/Access to Specialty Providers and Providers in General • Lack of/Access to Mental Health Providers • Lack of/Access to Medicaid/Medicare Providers • Quality of Health Care • Substance Use/Abuse • Immunizations • Obesity • Family Planning Services (OB/GYNs)
2	**Behavioral Health**	• HRSA – defined mental health provider shortage area • Driving under the influence of alcohol resulting in an accident • Binge drinking among adults Among High School Students • Never/rarely got the help they needed when they felt sad, empty, hopeless, angry, or anxious • Seriously considered attempting suicide • Alcohol consumption • Driving when they had been drinking alcohol • Population 12+ years with an alcohol use disorder	1. Suicide is a problem 2. Two-way tie: Lack of mental health providers; and Illegal drugs (e.g., meth, heroin, cocaine) are a problem 3. Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months 4. Depression is a problem 5. Lack of long-term IP clinics for behavioral health issues 6. Alcoholism/binge drinking is a problem 7. Ease of access to alcohol and drugs 8. Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem 9. Driving under the influence of alcohol or drugs is a problem 10. Tobacco and vapor product use is a problem 11. Lack of inpatient alcohol and drug treatment facilities 12. Two-way tie: Lack of outreach to community about the behavioral health services available and Marijuana use is a problem 13. Lack of substance abuse treatment resources/programs	
3	**Health Behaviors & Preventive Care**	• Flu shot among adults 18 to 64 years • Breakfast consumption among high school students • Colon cancer screening among adults 50+ years • Prostate cancer screening among men 40 years and older • Sexually active HS students do not use any method to prevent pregnancy	1. Four-way tie: Too many people eat unhealthy foods (e.g., fried foods, potato chips); Too many people eat/drink a lot of sugar (e.g., sodas, sugary drinks, candy); Many people do not engage in enough physical activity; and Obesity is a concern for many people 2. Four-way tie: Many parents do not get their children immunized; Adults do not stay up to date with their immunizations (e.g., shingles, pneumococcal vaccine); People do not get the flu shot; Not enough people are screened for chronic illnesses (such as cancer)	



Land Area[22]: 3,581.8 mi²

ESMERALDA COUNTY PROFILE

2019 Population[1]: 964 people, 0.03% of Nevada's Population
Population Density: 0.3 people per square mile (mi²)
County Seat: Goldfield
Designation: Frontier

TOP PRIORITIES

- Access to Health Care
- Maternal Child Health
- Income & Poverty

DEMOGRAPHICS

AGE[1]

MEDIAN AGE[4] 48.0
NV 38.7

17 & UNDER[3] 10.1%
NV 23.5%

OVER 65 +[3] 26.6%
NV 15.1%

RACE/ETHNICITY[1]

- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND MATERNAL CHILD HEALTH

NV 10.2%
30.0%
% of infants born preterm[5]

NV 71.6%
US 77.3%
30.0%
% of women who received prenatal care in the first trimester[5]

NV 8.7%
10.0%
% of infants born low birth weight[5]

NV 53.8%
57.3%
% of students who qualify for a free or reduced lunch[3]

NV 69%
US 70.7%
46%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
14.4%
% of population, 19 and younger, without health insurance[7]

NV 27,159
7
# of children enrolled in Nevada Children's Health Insurance Program[8]

% of population, 16 years or older, in the labor force[3]
50.8%
NV 63.9%

NV 23%
15%
% of children, 6 months to 18 years old, who were vaccinated for influenza[23]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.
*No high school data available due to no high school school being located within Esmeralda County School District.

NV %
US %

ESMERALDA COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

20.2%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

Data Not Available

US 12.4%

% of total population enrolled in Medicaid[10]

18%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (285.1)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

Data Not Available

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

Data Not Available

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

n/a

% of adults who are binge drinkers[9]

NV 15% US 17.4%

Data Not Available

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

414.7

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$39,405
MEDIAN ANNUAL HOUSEHOLD INCOME[7]

US $60,336

Median Annual Income by Gender[7]

MALE $38,500 FEMALE $27,250

US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

n/a

Bachelor's degree or higher[17]

16.7%

US 30.9%

MALE 21.0%

US 30.6%

US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

11.1%

Unemployment Rate[18]

5.0%

US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL 6.8% US 13.4%

18 & UNDER 8.9% US 18.4%

US 9.3%

50.0% US 35.7%

31.3%
Total renter households unaffordable[19]

NV 47.9% US 49.5%

17.2%
Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

US 12.6%

Rate per 1,000 children with a disability[21]

Data Not Available

Esmeralda County

Esmeralda County is the least populous county in Nevada. The majority of residents live in the county seat of Goldfield. Esmeralda County is home to several ghost towns, and the highest mountain peak in Nevada, Boundary Peak at 13,140 ft elevation. There are three elementary schools in the county that teach grades K-8; however, the school district has no high school, so students grade 9-12 attend school in Tonopah, a town located in the neighboring county, Nye County.[2] Esmeralda County's 2019 total population was 964 people, representing 0.03% of Nevada's population. Esmeralda County's land area is 3,581.8 mi^2 with a population density of 0.3 people per mi^2.

Esmeralda County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C63 provides community survey results for Esmeralda County. Six of the eight respondents (75%) from Esmeralda City selected Access to Health Care as the top health priority in their county.

Table C63: Esmeralda County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Access to Health Care	6	75%
Behavioral Health	1	13%
Housing/Poverty	1	13%
Environment and Built Environment	0	0%
Chronic Diseases	0	0%
Preventive Behaviors	0	0%
Education	0	0%
Other	0	0%
Employment and Job Training	0	0%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**8**	**100%**

[2] http://www.esmeraldacountyschools.com. Retrieved August 2019.

Esmeralda County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C64 summarizes health findings of Esmeralda County Key Informant interviews taking place between May and July 2019. Access to health care (general) and behavioral health are common themes identified by Esmeralda County Key Informants.

Table C64: Esmeralda County Key Informant Findings	
Priority Populations	**Strengths**
1. Individuals with behavioral health issues (tied) Persons with chronic disease (tied)	1. Collaborative nature of community organizations
Barriers	**Solutions**
1. Lack of vocational training and workforce development opportunities 2. Poor K-12 educational system (tied) Lack of emergency medicine/care providers (tied)	1. Increase public awareness of what is available 2. Emergency medicine/care providers (tied) More providers in general (tied) 3. More funding

Esmeralda County Specific Indicator Data

Table C65 displays the number and percent of Esmeralda County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Esmeralda's population was white, not Hispanic (83% in both 2015 and 2019).

Table C65: Number and Percent of Esmeralda County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	797	83%	795	83%	0%
Black, not Hispanic	0	0%	0	0%	0%
American Indian, Eskimo, Aleut, not Hispanic	47	5%	47	5%	0%
Asian/Pacific Islander, not Hispanic	2	0%	1	0%	-100%
Hispanic Origin of Any Race	117	12%	120	12%	3%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C66 displays the projected number and percent of Esmeralda County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Esmeralda County's population is projected to be white, not Hispanic (82% in both 2020 and 2024). The Hispanic population is projected to represent 13% of Esmeralda County's population in both 2020 and 2024.

Table C66: Number and Percent of Esmeralda County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	790	82%	764	82%	-3%
Black, not Hispanic	0	0%	0	0%	0%
American Indian, Eskimo, Aleut, not Hispanic	47	5%	46	5%	-2%
Asian/Pacific Islander, not Hispanic	1	0%	1	0%	0%
Hispanic Origin of Any Race	121	13%	121	13%	0%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C67 displays the number and percent of Esmeralda County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 20-29-year-old age group was the largest, representing 20% of Esmeralda County's population in 2015 and increasing to 21% in 2019. The population with the greatest percent change between 2015 and 2019 was the 30-39-year-old age group with a 74% increase.

Table C67: Number and Percent of Esmeralda County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	46	5%	40	4%	-13%
10 to 19 years	84	9%	64	7%	-24%
20 to 29 years	190	20%	199	21%	5%
30 to 39 years	72	7%	125	13%	74%
40 to 49 years	95	10%	79	8%	-17%
50 to 59 years	142	15%	121	13%	-15%
60 to 69 years	114	12%	116	12%	2%
70 to 79 years	147	15%	127	13%	-14%
80 + years	72	7%	92	10%	28%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C68 displays the number and percent of Esmeralda County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 20%, while the 30-39-year-old age group is estimated to be the largest in 2024 at 22%. The population with the greatest estimated percent change between 2020 and 2024 is the 30-39-year-old age group with a 40% increase.

Table C68: Number and Percent of Esmeralda County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	43	4%	54	6%	26%
10 to 19 years	56	6%	45	5%	-20%
20 to 29 years	191	20%	131	14%	-31%
30 to 39 years	147	15%	206	22%	40%
40 to 49 years	69	7%	70	8%	1%
50 to 59 years	120	13%	102	11%	-15%
60 to 69 years	116	12%	128	14%	10%
70 to 79 years	118	12%	97	10%	-18%
80 + years	100	10%	98	11%	-2%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C69 lists the number and percentage of calls made by Esmeralda County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Esmeralda County residents represented less than .01% of the total calls made by all Nevada residents. Esmeralda County residents who called Nevada 2-1-1 were most in need of "other" services (43%), followed by Housing and Shelter (29%) and Employment and Income services (29%).

Table C69: 2 1 1 Most Requested Services in Esmeralda County

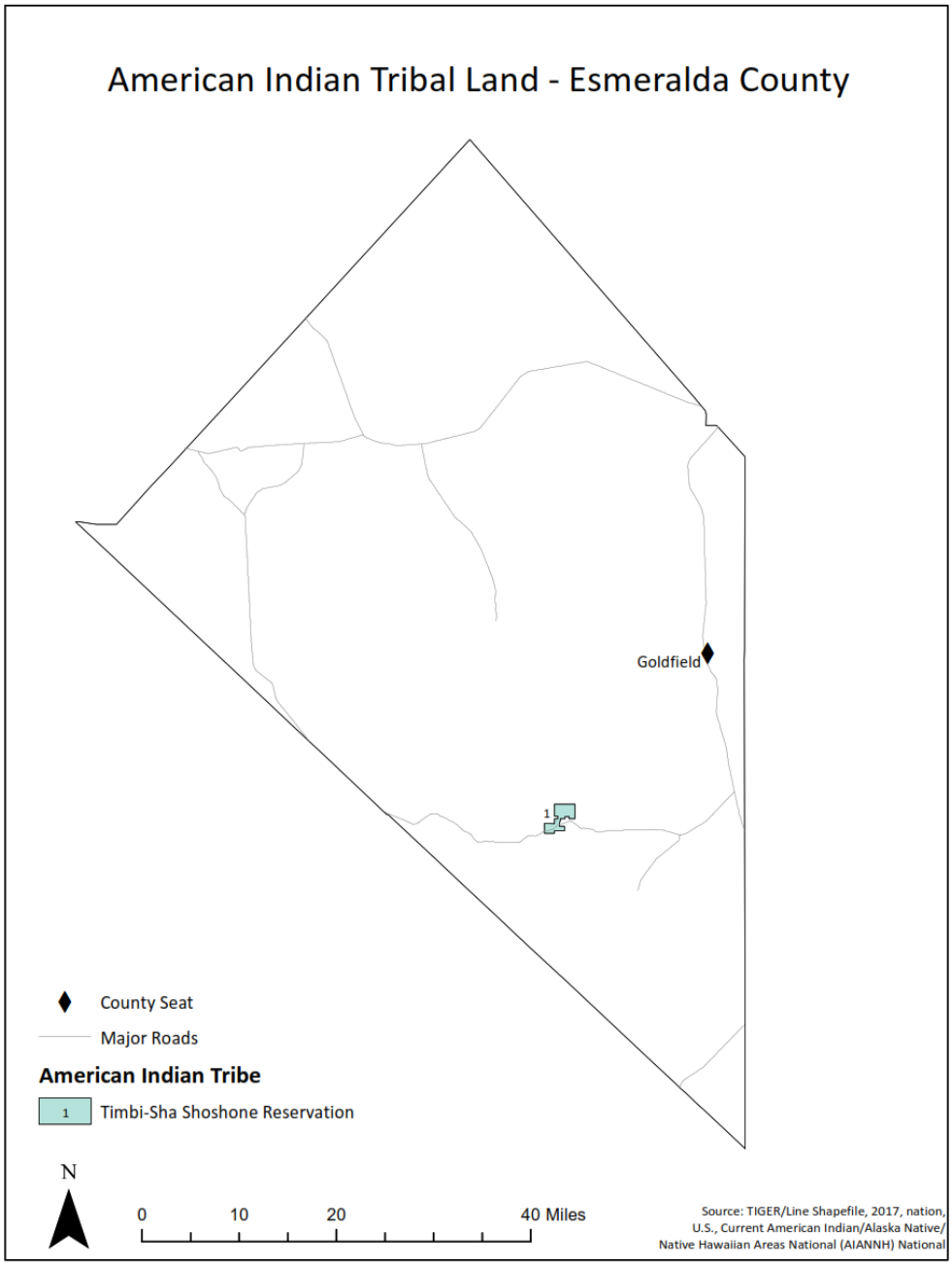
Service	#	%
Other	3	43%
Employment and Income	2	29%
Housing and Shelter	2	29%
Food	0	0%
Utilities	0	0%
Health Care	0	0%
Mental Health and Addictions	0	0%
Clothing and Household	0	0%
Child Care and Parenting	0	0%
Government and Legal	0	0%
Transportation Assistance	0	0%
Education	0	0%
Disaster	0	0%
Total	**7**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Esmeralda County – American Tribal Land

Map 37 below depicts American Indian Tribal land in Esmeralda County, which includes the Timbi-Shoshone Reservation.

Map 37



Esmeralda County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 518 emergency department visits made by Esmeralda County residents and a total of 228 inpatient hospitalizations among Esmeralda County residents; of those, 100% occurred outside of Esmeralda County as there is no hospital in Esmeralda County.

Maps 38 and 39 display: When an Esmeralda County Resident Obtains Hospital Care Outside Esmeralda County, Where Do They Go? A description of each map is included below:

> Map 38: Percentage of Emergency Department Visits Among Residents of Esmeralda County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Esmeralda County residents outside of Esmeralda County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 39: Percentage of Hospital Inpatient visits Among Residents of Esmeralda County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Esmeralda County residents outside of Esmeralda County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C70 provides the detailed numbers and percentages shown in the Maps 38 and 39. When an Esmeralda County resident obtained care in a hospital outside Esmeralda County, the majority of out of county emergency department visits and inpatient hospitalizations were into Clark County, at 54% and 57% respectively.

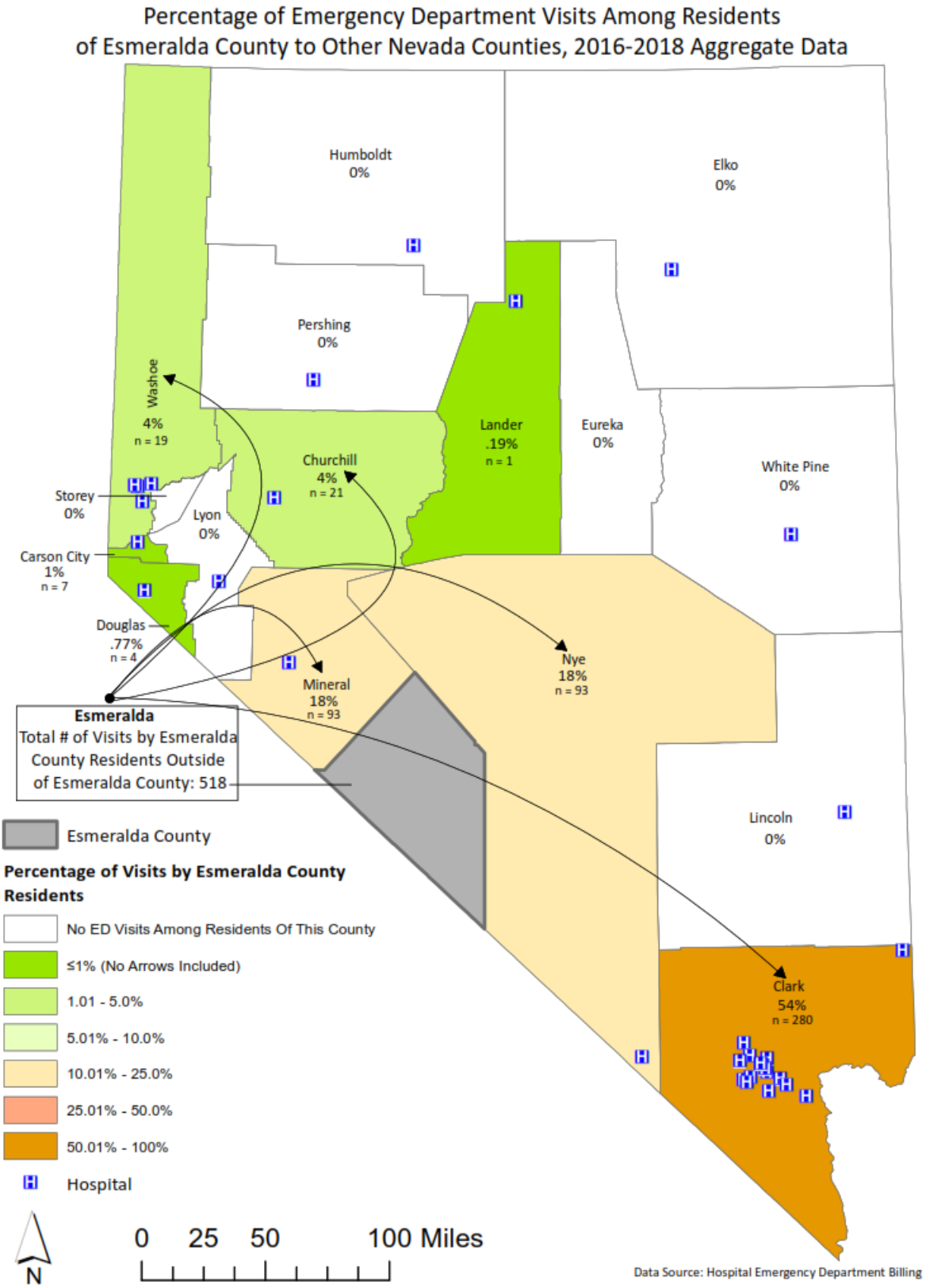
Table C70: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Esmeralda County Residents that Occurred Outside of Esmeralda County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Esmeralda County		Inpatient Hospitalization Outside Esmeralda County	
	#	%	#	%
Carson	7	1%	6	3%
Churchill	21	4%	1	0.44%
Clark	280	54%	130	57%
Douglas	4	0.77%	2	0.88%
Elko	0	0%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	0	0%	0	0%
Lander	1	0.19%	0	0%
Lincoln	0	0%	0	0%
Lyon	0	0%	0	0%
Mineral	93	18%	16	7%
Nye	93	18%	7	3%
Pershing	0	0%	0	0%
Storey*	0	0%	0	0%
Washoe	19	4%	66	29%
White Pine	0	0%	0	0%
Number of ED/Hospitalizations Outside County Among Residents	**518**	**100%**	**228**	**100%**

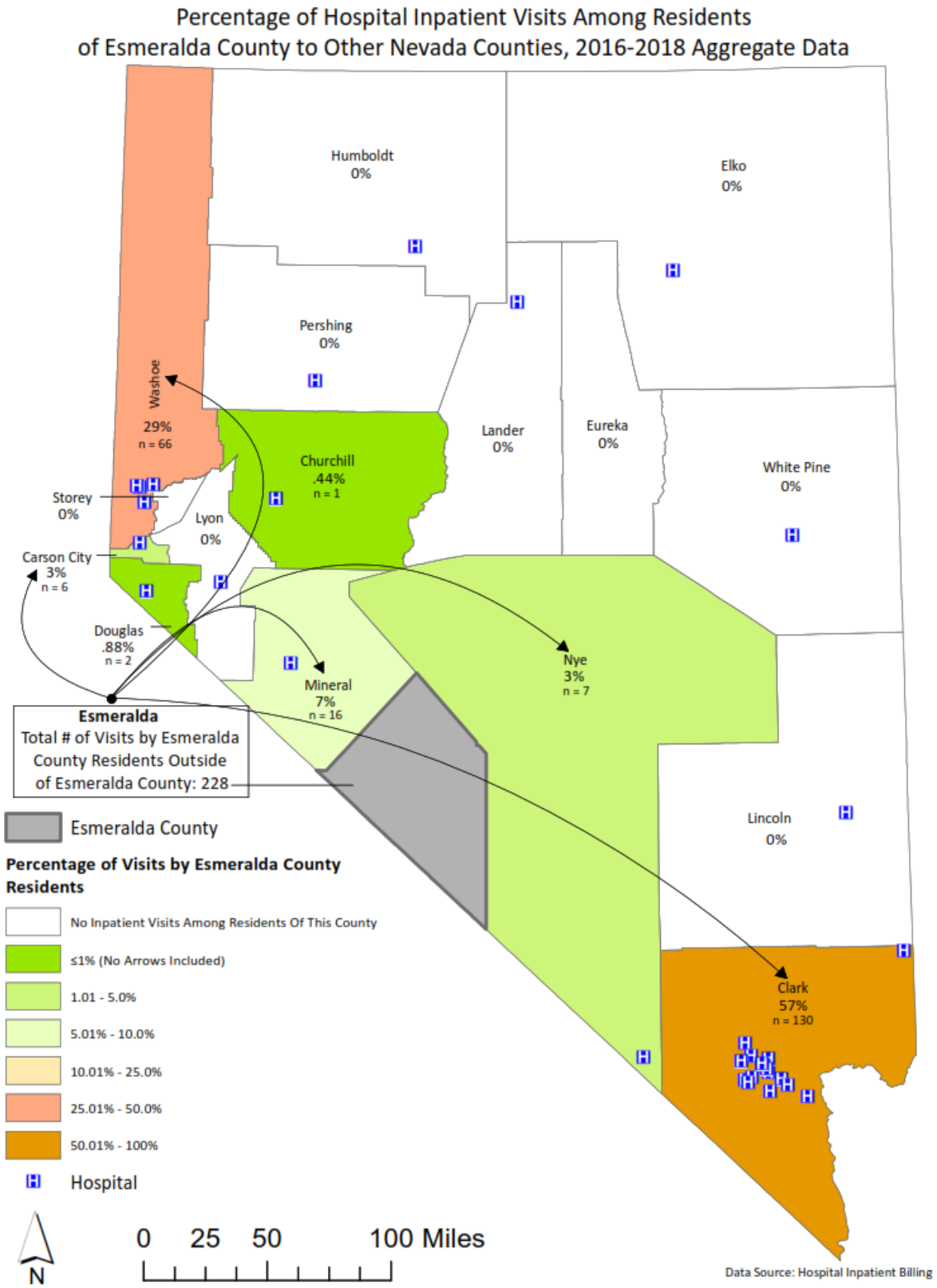
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 38


Percentage of Emergency Department Visits Among Residents of Esmeralda County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 0%
Elko 0%
Pershing 0%
Washoe 4% n = 19
Lander .19% n = 1
Eureka 0%
Churchill 4% n = 21
White Pine 0%
Storey 0%
Lyon 0%
Carson City 1% n = 7
Douglas .77% n = 4
Nye 18% n = 93
Mineral 18% n = 93
Esmeralda
Total # of Visits by Esmeralda County Residents Outside of Esmeralda County: 518
Lincoln 0%
Clark 54% n = 280
Esmeralda County
Percentage of Visits by Esmeralda County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 39


Percentage of Hospital Inpatient Visits Among Residents
of Esmeralda County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
0%
Elko
0%
Pershing
0%
Washoe
29%
n = 66
Churchill
.44%
n = 1
Lander
0%
Eureka
0%
White Pine
0%
Storey
0%
Lyon
0%
Carson City
3%
n = 6
Douglas
.88%
n = 2
Mineral
7%
n = 16
Nye
3%
n = 7
Esmeralda
Total # of Visits by Esmeralda
County Residents Outside
of Esmeralda County: 228
Lincoln
0%
Clark
57%
n = 130
Esmeralda County
Percentage of Visits by Esmeralda County
Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Esmeralda County Health Priorities

Table C71 includes the priorities identified for Esmeralda County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Access to Health Care, 2) Maternal and Child Health, and 3) Income and Poverty. Table C71 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community.

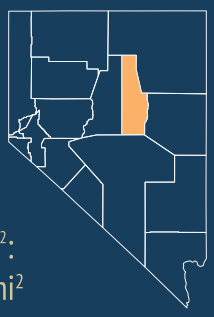
#1 Access to Health Care
For Esmeralda County, the secondary data-driven opportunities for improvement under access to health care include the rate of primary care providers, licensed advanced practice registered nurses, licensed advanced physician assistants to population, and the ratio of mental and dental providers to populations. Additionally, the percentage of population with no health insurance coverage is high in Esmeralda County relative to other Nevada counties and Nevada overall.

Survey respondents identified the fact that there is no hospital or urgent care in the county as issues, as well as the lack of primary care and dental care providers. Additionally, survey respondents frequently identified many people cannot afford the cost of health insurance and transportation barriers make it challenging for people to get to their healthcare appointments.

#2 Maternal and Child Health
The data-driven opportunities for improvement under maternal and child health included low percentages of pregnant mothers receiving prenatal care in the first trimester, the high percentage of infants born preterm and birth weight and child mortality among children aged 0 to 18 years. There were relatively few survey respondents from Humboldt County, and none selected health behaviors and preventive care, therefore survey subcategory results are not provided within Table C71.

#3 Income and Poverty
The data-driven opportunities for improvement within income and poverty include proxies for income such as the high percentage of students who qualify for free or reduced lunch as well as the low median household income and the low median income among workers (both male and female). Since there were relatively few survey respondents who selected income and poverty and their responses varied too greatly, the subcategories did not result in a clear majority under this topic and are not provided within Table C71.

Table C71: Esmeralda County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Access to Health Care**	• Rate of primary care providers to population • Rate of licensed advanced practice registered nurses to population • Rate of licensed advanced physician assistants to population • Ratio of mental health providers to population • Ratio of dentists to population • Percent of population with no health insurance coverage	1. Two-way tie: There is no hospital and There is no urgent care 2. Lack of primary care providers 3. Three-way tie: Many people CANNOT afford the cost of health insurance; Transportation barriers make it challenging for members of my community to get to their healthcare appointments; Lack of dental care	No CHNA or CHIP
2	**Maternal & Child Health**	• Receiving prenatal care in the first trimester • Percent of infants born preterm • Percent of infants born low birth weight • Mortality among child 0-18 years	No survey respondents selected this as the MOST SIGNIFICANT health need.	
3	**Income & Poverty**	• High percentage of students who qualify for free or reduced lunch • Median household income • Median income among workers (male and female)	Due to varied respondent answers and too few respondents, unable to utilize survey responses for this category.	



Land Area[22]: 4,175.68 mi²

EUREKA COUNTY PROFILE

2019 Population[1]: 1,759 people, 0.06% of Nevada's Population
Population Density: 0.4 people per square mile (mi²)
County Seat: Eureka
Designation: Frontier

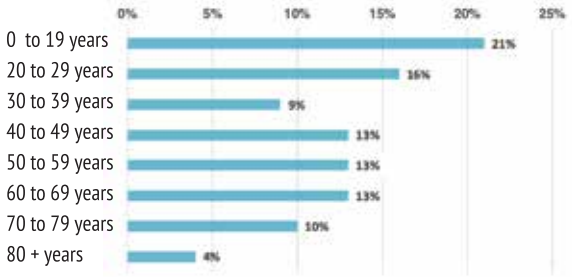
TOP PRIORITIES

Access to Health Care

Behavioral Health

DEMOGRAPHICS

AGE[1]



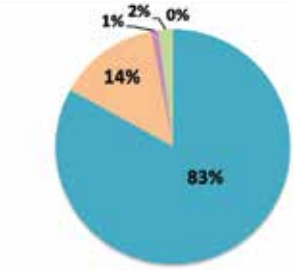
MEDIAN AGE[4] 47.3

NV 38.7

17 & UNDER[3] **19.5%**
NV 23.5%

OVER 65 +[3] **18.3%**
NV 15.1%

RACE/ETHNICITY[1]



CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Elko, White Pine, & Eureka)

	NV	US	
% who seriously considered attempting suicide[2]	NV 16.6%	US 17.2%	22.2%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%		35.3%*
% who used tobacco one or more times in the last 30 days[2]	NV 12%	US 19.5%	19.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5%	US 29.8%	36.6%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%		38.5%*
% who are overweight or obese[2]	NV 28.9%	US 30.4%	28.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5%	US 39.2%	40.6%*

NV 71.6%
US 77.3%
60.0%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
83%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
7.0%
% of population, 19 and younger, without health insurance[7]

NV 27,159
4
# of children enrolled in Nevada Children's Health Insurance Program[8]

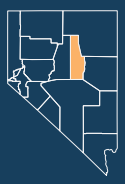
14.7%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.1%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Elko, White Pine, and Eureka)

NV %
US %



EUREKA COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

13.6%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

Data Not Available

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

15%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (171.1)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

Data Not Available

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

Data Not Available

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

13.2

% of adults who are binge drinkers[9]

NV 15% US 17.4%

Data Not Available

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

539.5

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

Data Not Available

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$67,159

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $71,447 | FEMALE $51,250

Difference in annual earnings between male and female workers (full-time, year round)[7] **$20,197**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

100%

Bachelor's degree or higher[17]

13.5%

NV 23.7% US 30.9%

MALE 17.5%

NV 23.6% US 30.6%

FEMALE 9.0%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

11.5%

Unemployment Rate[18]

2.8%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	10.0%	NV 13%	US 13.4%
18 & UNDER	N/A	NV 18.5%	US 18.4%
OVER 65 +	51%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	N/A	NV 31%	US 35.7%

26.1%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

18.5%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

17.6%

NV 13% US 12.6%

Rate per 1,000 children with a disability[21]

61.6

NV 122.6

Eureka County

Eureka County is the second least populated county in Nevada; the town of Eureka is the county seat. Eureka County's 2019 total population was 1,759 people, representing 0.06% of Nevada's population. Eureka County's land area is 4,175.68 mi^2 with a population density of 0.4 people per mi^2.

Eureka County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C72 provides community survey results for Eureka County. Twelve of the 14 respondents (86%) from Eureka County selected Access to Health Care as the top health priority in their county.

Table C72: Eureka County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Access to Health Care	12	86%
Behavioral Health	1	7%
Employment and Job Training	1	7%
Housing/Poverty	0	0%
Environment and Built Environment	0	0%
Chronic Diseases	0	0%
Preventive Behaviors	0	0%
Education	0	0%
Other	0	0%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**14**	**100%**

Eureka County Key Informant Interview Findings

Table C73 summarizes health findings of Eureka County Key Informant interviews taking place between May and July 2019 with regard to priority populations, strengths, barriers and solutions in Eureka County. General issues related to small, rural communities (lack of transportation services, lack of slow internet, lack of training and workforce development) were common themes identified by Eureka County Key Informants.

Table C73: Eureka County Key Informant Findings

Priority Populations	Strengths
1. Seniors (tied) Veterans (tied)	1. Telehealth program (tied) Clinic and the rotating providers that come through a few times a week to a few times a month (tied)
Barriers	**Solutions**
1. Lack of training among providers/staff 2. Small community and rural challenges (tied) Lack of or slow internet (tied) K-12 Educational system (tied) Lack of jobs (tied) Lack transportation services (tied) Lack vocational training and workforce development (tied)	1. Transportation 2. Increase affordable housing (tied Better job opportunities (tied) More providers and infrastructure in general (tied) More funding (tied) Prioritize vocational training/workforce development (tied)

Eureka County Specific Indicator Data

Table C74 displays the number and percent of Eureka County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Eureka County's population was white, not Hispanic (84% in 2015 and 83% in 2019).

Table C74: Number and Percent of Eureka County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	1,572	84%	1,467	83%	-7%
Black, not Hispanic	4	0%	4	0%	0%
American Indian, Eskimo, Aleut, not Hispanic	27	1%	27	2%	0%
Asian/Pacific Islander, not Hispanic	18	1%	18	1%	0%
Hispanic Origin of Any Race	241	13%	244	14%	1%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C75 displays the projected number and percent of Eureka County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Eureka County's population is projected to be white, not Hispanic (83% in both 2020 and 2024). The Hispanic population is projected to represent 14% of Eureka County's population in both 2020 and 2024.

Table C75: Number and Percent of Eureka County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	1,490	83%	1,523	83%	2%
Black, not Hispanic	4	0%	3	0%	-25%
American Indian, Eskimo, Aleut, not Hispanic	27	2%	27	1%	0%
Asian/Pacific Islander, not Hispanic	17	1%	17	1%	0%
Hispanic Origin of Any Race	250	14%	266	14%	6%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C76 displays the number and percent of Eureka County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 50-59-year-old age group represented the largest percentage of Eureka County's population in 2015 at 16%, and the 20-29-year-old age group represented the largest portion of Eureka County's population in 2019 at 16%. The population with the greatest percent change between 2015 and 2019 was the 70-79-year-old age group with a 17% increase.

Table C76: Number and Percent of Eureka County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019
	#	%	#	%	% Change
0 to 9 years	188	10%	164	9%	-13%
10 to 19 years	216	12%	205	12%	-5%
20 to 29 years	278	15%	289	16%	4%
30 to 39 years	178	10%	162	9%	-9%
40 to 49 years	241	13%	227	13%	-6%
50 to 59 years	290	16%	230	13%	-21%
60 to 69 years	250	13%	234	13%	-6%
70 to 79 years	147	8%	172	10%	17%
80 + years	73	4%	78	4%	7%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C77 displays the number and percent of Eureka County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 16%, while the 30-39-year-old age group is estimated to be the largest in 2024 at 15%. The population with the greatest projected percent change between 2020 and 2024 is the 30-39-year-old age group with a 48% increase.

Table C77: Number and Percent of Eureka County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	168	9%	195	11%	16%
10 to 19 years	205	11%	189	10%	-8%
20 to 29 years	283	16%	226	12%	-20%
30 to 39 years	186	10%	275	15%	48%
40 to 49 years	206	12%	191	10%	-7%
50 to 59 years	239	13%	243	13%	2%
60 to 69 years	248	14%	252	14%	2%
70 to 79 years	171	10%	174	9%	2%
80 + years	82	5%	93	5%	13%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C78 lists the number and percentage of calls made by Eureka County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Eureka County residents represented less than 0.1% of the total calls made by all Nevada residents. Eureka County residents who called Nevada 2-1-1 were most in need of Utilities services (27%).

Table C78: 2 1 1 Most Requested Services in Eureka County		
Service	**#**	**%**
Utilities	12	27%
Other	8	18%
Health Care	7	16%
Housing and Shelter	6	13%
Food	5	11%
Employment and Income	3	7%
Government and Legal	2	4%
Mental Health and Addictions	2	4%
Clothing and Household	0	0%
Child Care and Parenting	0	0%
Transportation Assistance	0	0%
Education	0	0%
Disaster	0	0%
Total	**45**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Eureka County – American Indian Tribal Land

There are no American Indian tribal lands in Eureka.

Eureka County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 1,128 emergency department visits made by Eureka County residents and a total of 333 inpatient hospitalizations among Eureka County residents; of those, 100% occurred outside of Eureka County as there is no hospital in Eureka County.

Maps 40 and 41 display: When a Eureka County Resident Obtains Hospital Care Outside Eureka County, Where Do They Go? A description of each map is included below:

> Map 40: Percentage of Emergency Department Visits Among Residents of Eureka County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Eureka County residents outside of Eureka County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 41: Percentage of Hospital Inpatient visits Among Residents of Eureka County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Eureka County residents outside of Eureka County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C79 provides the detailed numbers and percentages shown in Maps 40 and 41. When a Eureka County resident obtained care in a hospital outside Eureka County, the largest proportion of out of county emergency department visits and inpatient hospitalizations were into Elko County, at 57% and 43% respectively. Another 35% of Eureka County resident inpatient hospitalizations occurred in Washoe County.

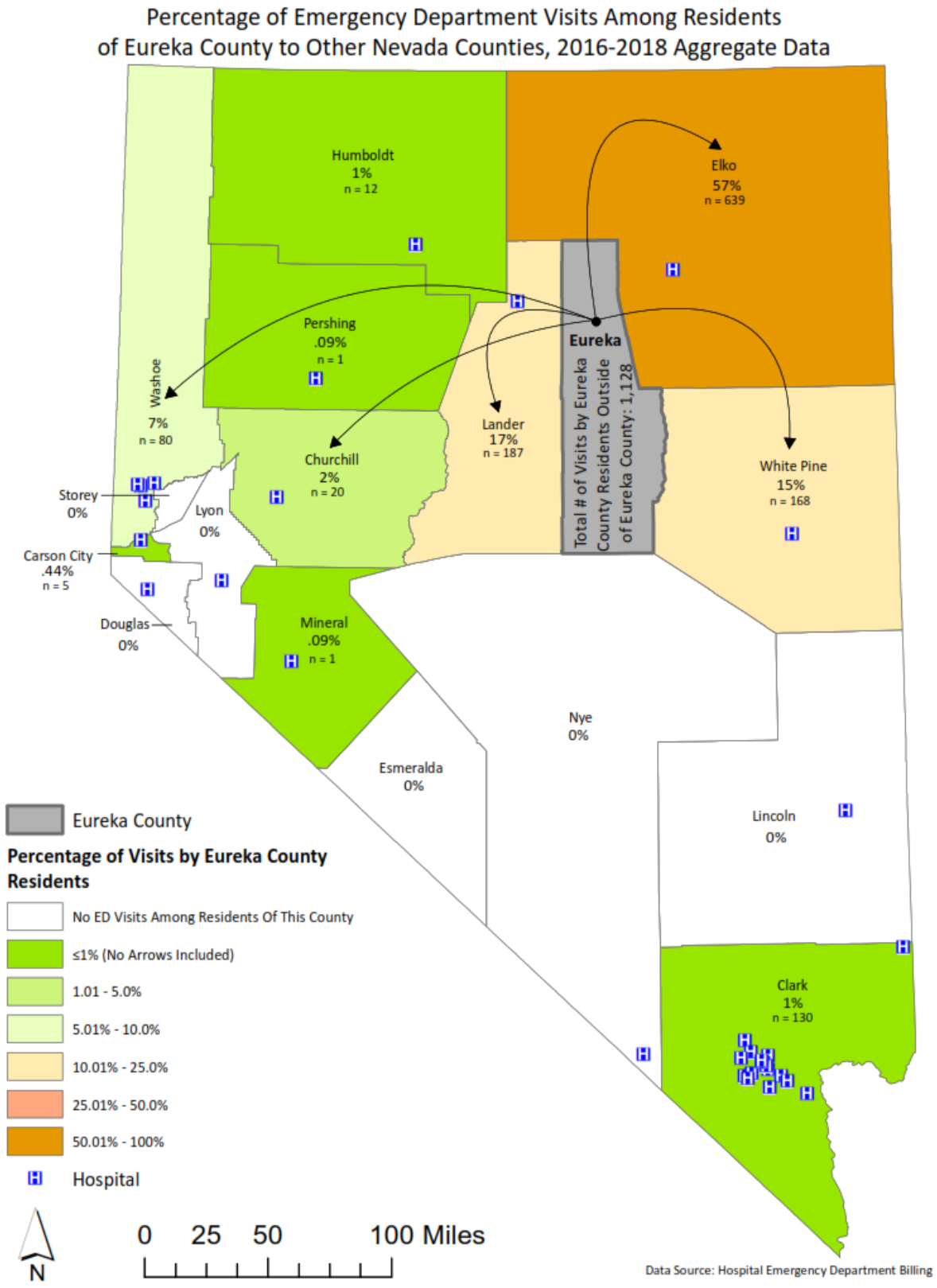
Table C79: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Eureka County Residents that Occurred Outside of Eureka County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Eureka County		Inpatient Hospitalization Outside Eureka County	
	#	%	#	%
Carson	5	0.44%	13	4%
Churchill	20	2%	3	1%
Clark	15	1%	7	2%
Douglas	0	0%	0	0%
Elko	639	57%	143	43%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	12	1%	6	2%
Lander	187	17%	3	1%
Lincoln	0	0%	0	0%
Lyon	0	0%	0	0%
Mineral	1	0.09%	0	0%
Nye	0	0%	0	0%
Pershing	1	0.09%	0	0%
Storey*	0	0%	0	0%
Washoe	80	7%	118	35%
White Pine	168	15%	40	12%
Number of ED/Hospitalizations Outside County Among Residents	**1,128**	**100%**	**333**	**100%**

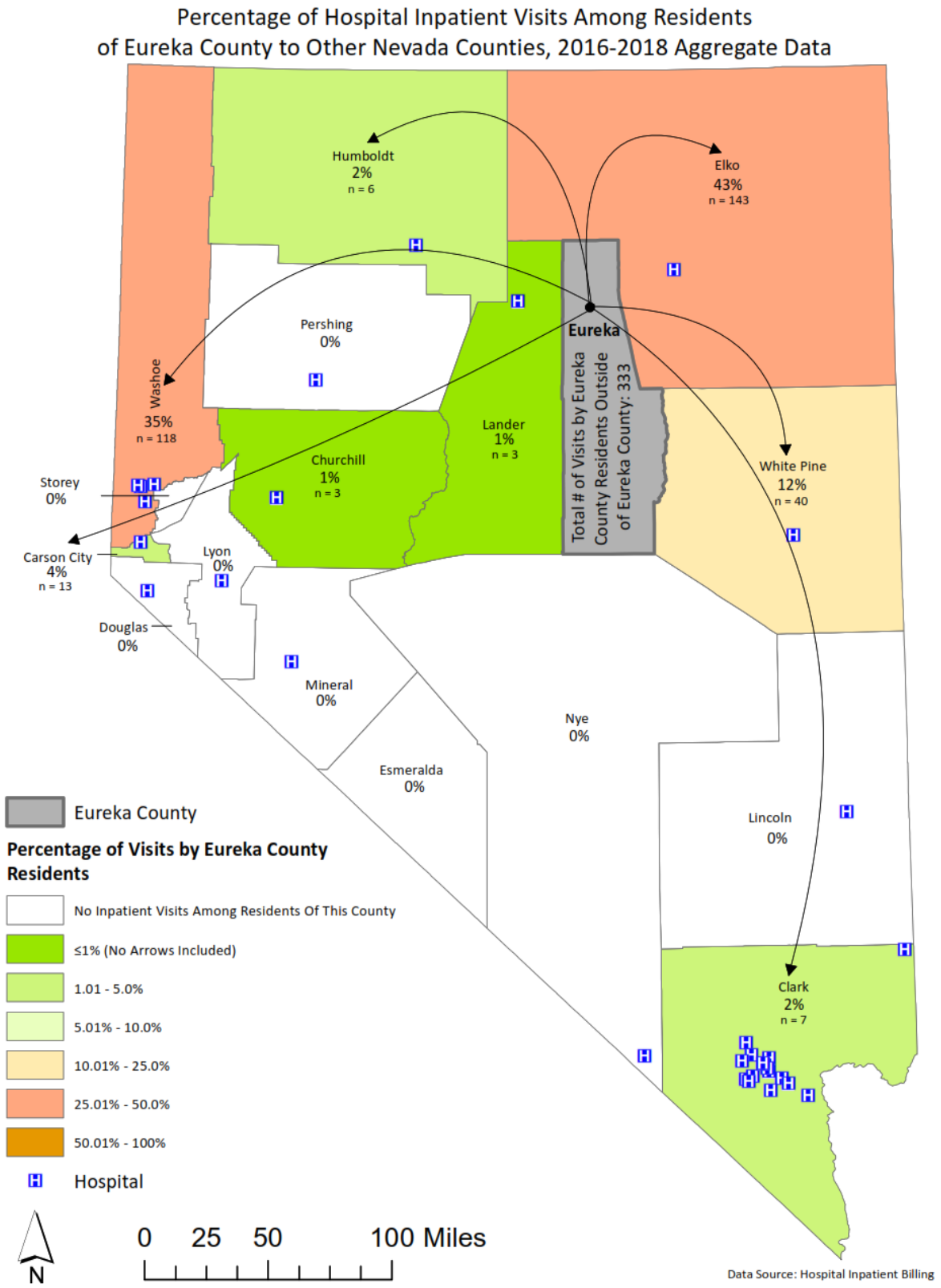
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 40


Percentage of Emergency Department Visits Among Residents of Eureka County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 1% n = 12
Elko 57% n = 639
Pershing .09% n = 1
Eureka
Total # of Visits by Eureka County Residents Outside of Eureka County: 1,128
Washoe 7% n = 80
Churchill 2% n = 20
Lander 17% n = 187
White Pine 15% n = 168
Storey 0%
Lyon 0%
Carson City .44% n = 5
Douglas 0%
Mineral .09% n = 1
Nye 0%
Esmeralda 0%
Lincoln 0%
Clark 1% n = 130
Eureka County
Percentage of Visits by Eureka County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 41


Percentage of Hospital Inpatient Visits Among Residents of Eureka County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 2% n = 6
Elko 43% n = 143
Pershing 0%
Eureka
Total # of Visits by Eureka County Residents Outside of Eureka County: 333
Washoe 35% n = 118
Lander 1% n = 3
Churchill 1% n = 3
White Pine 12% n = 40
Storey 0%
Carson City 4% n = 13
Lyon 0%
Douglas 0%
Mineral 0%
Nye 0%
Esmeralda 0%
Lincoln 0%
Clark 2% n = 7
Eureka County
Percentage of Visits by Eureka County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Eureka County Health Priorities

Table C80 includes the priorities identified for Eureka County through the prioritization process described in the section entitled Prioritization Methodology. The top priorities are: 1) Access to Health Care and 2) Behavioral Health. There is not a third priority, as some secondary indicator data (Appendix A) were suppressed for Eureka County and there were too few survey and interview respondents from Eureka County. Table C80 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community.

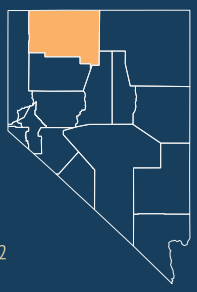
#1 Access to Health Care
For Eureka County, the secondary data-driven opportunities for improvement under access to health care include the rate of primary care providers and licensed advanced physician assistants to population. In 2019, all of Eureka County was considered a HRSA-defined primary care provider, mental care provider and a dental care provider shortage area.

Survey respondents identified the fact that there is no hospital or urgent care in the county as issues, as well as the lack of primary care providers and mental health providers. Survey respondents also frequently selected that many people cannot afford the cost of health care even with health insurance, transportation barriers make it challenging for people to get to their healthcare appointments, and there is a perception that primary care providers do not provide quality care.

#2 Behavioral Health
The data-driven opportunities for improvement under behavioral health related to mental health include the high percentage of school students who never/rarely got the help they needed when they felt sad, empty, hopeless, angry, or anxious and high school students who seriously considered attempting suicide. The secondary data related to substance use include alcohol consumption among high school students, high school students who reported they had drove when they had been drinking alcohol, and deaths due to alcohol poisoning/overdose. Since there were relatively few survey respondents from Eureka County and only one selected behavioral health the subcategories selected are not provided within Table C80.

Adverse Childhood Experiences - ACEs
Is it important to note, although not present in Table C80 as a priority area to improve upon, Eureka County high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C80: Eureka County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Access to Health Care**	• Rate of primary care providers to population • Rate of licensed advanced physician assistants to population	1. Three-way tie: There is no urgent care; There is no hospital; Lack of primary care providers 2. Lack of mental health providers 3. Two-way tie: Transportation barriers make it challenging for members of my community to get to their healthcare appointments and Many people CANNOT afford the cost of health care, even with health insurance coverage. 4. Many residents believe the primary care providers DO NOT provide quality care	No CHNA or CHIP
2	**Behavioral Health**	• High school students who never/rarely got the help they needed when they felt sad, empty, hopeless, angry, or anxious • High school students who seriously considered attempting suicide • Deaths due to alcohol poisoning/overdose • Alcohol consumption among high school students • High school students who drove when they had been drinking alcohol • Population 12+ years with an alcohol use disorder	Only one respondent selected this as the MOST SIGNIFICANT issue unable to display survey responses.	
3	Due to many secondary data being suppressed and too few respondents, unable to determine a third top priority.			



Land Area[22]: 9,640.76 mi²

HUMBOLDT COUNTY PROFILE

2019 Population[1]: 16,792 people, 0.5% of Nevada's Population
Population Density: 1.7 people per square mile (mi²)
County Seat: Winnemucca
Designation: Frontier

TOP PRIORITIES

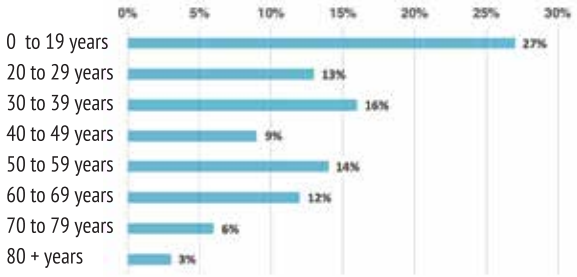
Behavioral Health

Access to Health Care

Health Behaviors & Preventive Care

DEMOGRAPHICS

AGE[1]

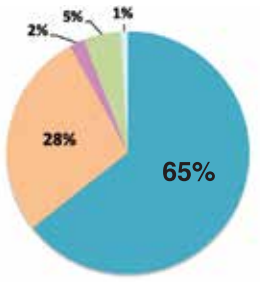


MEDIAN AGE[4] 35.6
NV 38.7

17 & UNDER[3] 26.8%
NV 23.5%

OVER 65 +[3] 14.4%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Churchill, Humboldt, Pershing & Lander)

% who seriously considered attempting suicide[2]	NV 16.6% / US 17.2%	19.8%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	32.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% / US 19.5%	22.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% / US 29.8%	34.1%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	46.6%*
% who are overweight or obese[2]	NV 28.9% / US 30.4%	31.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% / US 39.2%	42.6%*

NV 71.6% / US 77.3%
58.4%
% of women who received prenatal care in the first trimester[5]

NV 69% / US 70.7%
66%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
15.3%
% of population, 19 and younger, without health insurance[7]

NV 27,159
119
# of children enrolled in Nevada Children's Health Insurance Program[8]

10.3%*
NV 7.3% / US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.2%*
NV 8.7% / US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Churchill, Humboldt, Pershing, and Lander)

NV %
US %

HUMBOLDT COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

16%

NV 11.2%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

15.9%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

25%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (166.7)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

23.9%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

73%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

29.5

% of adults who are binge drinkers[9]

NV 15% US 17.4%

24%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,010.8

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

35.4

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$69,324

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $63,119 FEMALE $38,073

Difference in annual earnings between male and female workers (full-time, year round)[7] $25,046

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

7.6%

Unemployment Rate[18]

3.5%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	9.1%	NV 13%	US 13.4%
18 & UNDER	9.7%	NV 18.5%	US 18.4%
OVER 65 +	8.0%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	31.7%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

90.6%

Bachelor's degree or higher[17]

15.2%

NV 23.7% US 30.9%

MALE 12.7%

NV 23.6% US 30.6%

FEMALE 18.1%

NV 23.8% US 31.2%

39.7%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

26.5%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

12.5%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

154.2

NV 122.6

Humboldt County

The majority of Humboldt County's residents live in the county seat of Winnemucca. Humboldt County's 2019 total population was 16,792 persons, representing 0.5% of Nevada's population. Humboldt County's land area is 9,640.76 mi^2 with a population density of 1.7 people per mi^2.

Humboldt County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C81 provides community survey results for Humboldt County. Eight of the 17 respondents (47%) from Humboldt County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 29% of respondents.

Table C81: Humboldt County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	8	47%
Access to Health Care	5	29%
Housing Poverty	2	12%
Education	1	6%
Other	1	6%
Employment and Job Training	0	0%
Environment and Built Environment	0	0%
Chronic Diseases	0	0%
Preventive Behaviors	0	0%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**17**	**100%**

Humboldt County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C82 summarizes health findings of Humboldt County Key Informant interviews taking place between May and July 2019. Behavioral health issues stand out as a common theme identified by Humboldt County Key Informants.

Table C82: Humboldt County Key Informant Findings	
Priority Populations	**Strengths**
1. Individuals with behavioral health issues 2. Minority populations 3. Seniors (tied) Low income families (tied) Victims of domestic abuse (tied)	1. Providers and health services are available including a Community Paramedicine Program, the hospital, a clinic, the mining clinic, and a full-time general surgeon 2. Vocational training/workforce development (tied) Institutions of higher education (tied) 3. Specialty care or service providers are available including OBGYN, radiology, and a coumadin clinic for seniors to get lab work done
Barriers	**Solutions**
1. Lack of behavioral health services (tied) Recruitment and retention of providers (tied) 2. People are not motivated to do well in school or seek higher education 3. Gap in services (tied) Have to travel to urban areas to obtain health services (tied)	1. Recruit and retain providers 2. Improve collaboration (tied) Increase funding (tied) 3. More behavioral health services/providers (tied) Increase public awareness (tied) Prioritize vocational training/workforce development (tied)

Table C83 displays the number and percent of Humboldt County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Humboldt County's population was white, not Hispanic (67% in 2015 and 65% in 2019). The Hispanic population increased by 9%, from 25% in 2015 to 28% in 2019.

Table C83: Number and Percent of Humboldt County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	11,413	67%	10,837	65%	-5%
Black, not Hispanic	100	1%	107	1%	7%
American Indian, Eskimo, Aleut, not Hispanic	901	5%	886	5%	-2%
Asian/Pacific Islander, not Hispanic	237	1%	254	2%	7%
Hispanic Origin of Any Race	4,264	25%	4,707	28%	9%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C84 displays the projected number and percent of Humboldt County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Humboldt County's population is projected to be white, not Hispanic (64% in 2020 and 63% in 2024). The Hispanic population is projected to represent 29% of Humboldt County's population in 2020 and 30% in 2024.

Table C84: Number and Percent of Humboldt County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	10,728	64%	10,608	63%	-1%
Black, not Hispanic	108	1%	109	1%	1%
American Indian, Eskimo, Aleut, not Hispanic	881	5%	871	5%	-1%
Asian/Pacific Islander, not Hispanic	258	2%	262	2%	2%
Hispanic Origin of Any Race	4,802	29%	5,098	30%	6%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C85 displays the number and percent of Humboldt County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 20-29-year-old age group represented the largest percentage of Humboldt County's population in 2015 at 18%, and the 30-39-year-old age group represents the largest portion of Humboldt County's population in 2019 at 16%. The population with the greatest percent change between 2015 and 2019 is the 30-39-year-old age group with a 63% increase.

Table C85: Number and Percent of Humboldt County Population by Age Group, 2015 and 2019, and Percent Change 2015 to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	2,619	15%	2,459	15%	-6%
10 to 19 years	2,070	12%	2,234	13%	8%
20 to 29 years	3,103	18%	2,225	13%	-28%
30 to 39 years	1,607	9%	2,623	16%	63%
40 to 49 years	2,130	13%	1,475	9%	-31%
50 to 59 years	2,397	14%	2,383	14%	-1%
60 to 69 years	1,668	10%	1,937	12%	16%
70 to 79 years	950	6%	1,025	6%	8%
80 + years	373	2%	429	3%	15%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C86 displays the number and percent of Humboldt County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 30-39-year-old age group is projected to be the largest in 2020 and 2024 at 16% for both years. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group with a 25% increase.

Table C86: Number and Percent of Humboldt County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024 % Change
	#	%	#	%	
0 to 9 years	2,445	15%	2,297	14%	-6%
10 to 19 years	2,242	13%	2,631	16%	17%
20 to 29 years	2,084	12%	1,498	9%	-28%
30 to 39 years	2,757	16%	3,180	19%	15%
40 to 49 years	1,382	8%	1,397	8%	1%
50 to 59 years	2,357	14%	2,024	12%	-14%
60 to 69 years	1,985	12%	2,141	13%	8%
70 to 79 years	1,047	6%	1,182	7%	13%
80 + years	479	3%	598	4%	25%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C87 lists the incidence rates for all types of cancer aggregate for Humboldt County and Nevada, 1995-2015. Humboldt County's incidence rates for all types of cancer were higher than Nevada's incidence rates for only seven of the 21 years listed.

Table C87: Incidence Rates of All Types of Cancer Aggregate, Humboldt County and Nevada, 1995 2015

Year	Humboldt County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	349.7	(243.9, 455.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	374.1	(261.0, 487.2)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	296.1	(199.4, 392.9)	417.1	(407.1, 427.2)	236.9-488.7
1998	304.1	(208.7, 399.5)	418.5	(408.8, 428.2)	232.8-815.9
1999	423.4	(309.4, 537.4)	422.1	(412.6, 431.6)	240.7-1091.8
2000	322.4	(218.5, 426.3)	513.8	(503.6, 524.1)	223.4-534.4
2001	446.7	(322.9, 570.6)	505.4	(495.5, 515.4)	184.9-563.2
2002	436.5	(321.2, 551.9)	506.9	(497.1, 516.7)	253.2-672.6
2003	390.1	(283.0, 497.2)	487.6	(478.2, 497.0)	194.0-551.2
2004	462.2	(336.6, 587.8)	487.6	(478.2, 496.5)	387.2-631.1
2005	541.6	(409.9, 673.2)	456.2	(447.5, 464.8)	343.7-829.8
2006	504.8	(386.5, 623.0)	467.1	(458.5, 475.7)	258.2-589.7
2007	498.3	(379.0, 617.6)	443.7	(435.5, 451.9)	191.9-544.8
2008	446.5	(339.6, 553.4)	457.0	(448.8, 465.2)	315.1-637.8
2009	548.9	(423.0, 674.8)	459.5	(451.4, 467.6)	232.1-560.3
2010	424.0	(320.1, 527.8)	431.2	(423.5, 439.0)	390.4-524.5
2011	408.8	(308.7, 509.0)	433.4	(425.7, 441.1)	227.1-546.1
2012	293.2	(211.1, 375.3)	411.3	(403.9, 418.7)	266.7-527.4
2013	403.9	(303.4, 504.5)	410.4	(403.2, 417.7)	207.5-530.8
2014	432.0	(327.0, 537.0)	399.4	(392.3, 406.4)	207.5-530.8
2015	443.4	(338.7, 548.0)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C88 lists the number and percentage of calls made by Humboldt County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Humboldt County represented 0.1% of the total calls made by all Nevada residents. Humboldt County residents who called Nevada 2-1-1 were most in need of Utilities services (31%) followed closely by Housing and Shelter services (24%).

Table C88: 2 1 1 Most Requested Services in Humboldt County

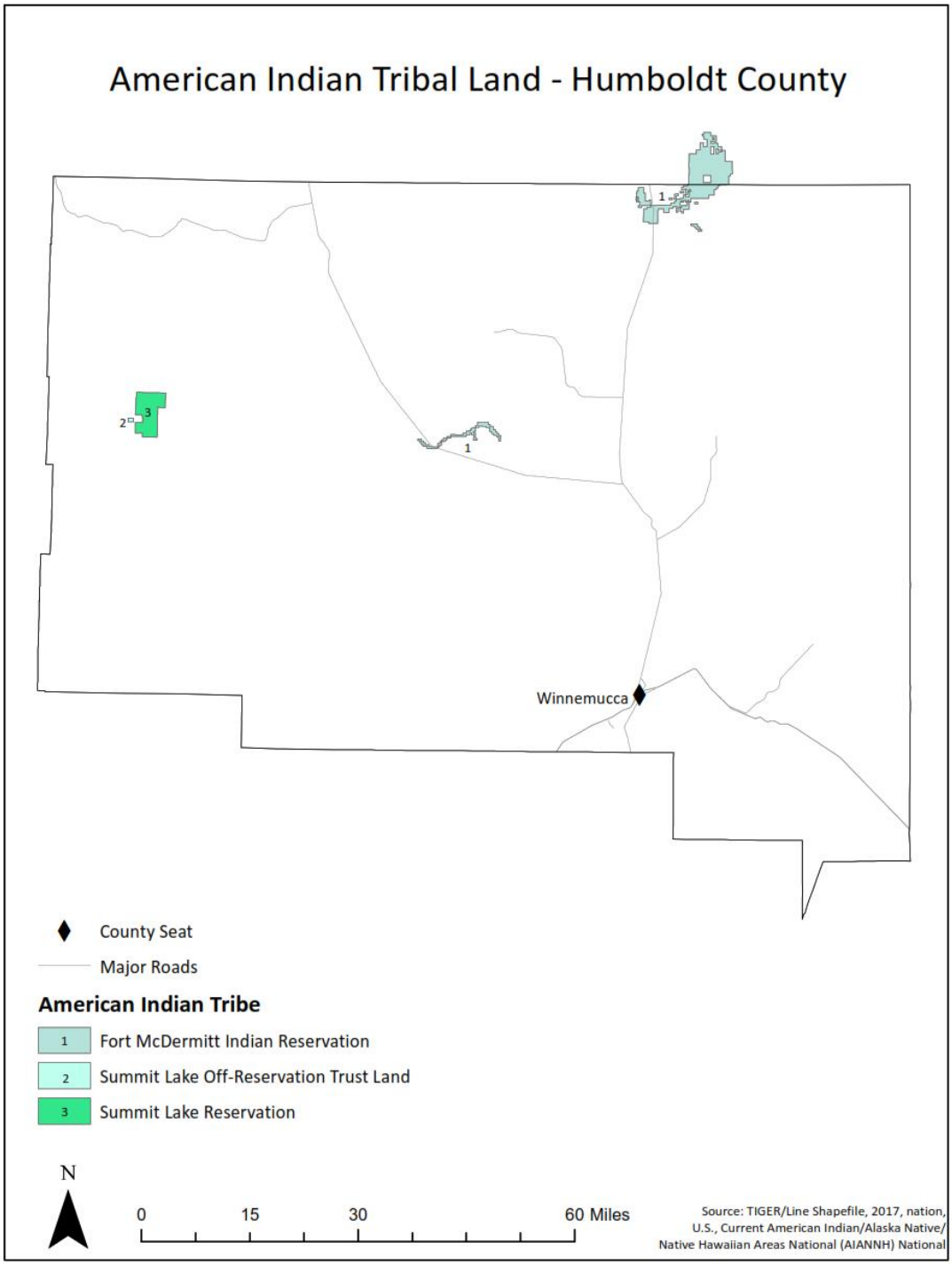
Service	#	%
Utilities	17	31%
Housing and Shelter	13	24%
Other	11	20%
Health Care	5	9%
Transportation Assistance	2	4%
Government and Legal	2	4%
Food	2	4%
Mental Health and Addictions	1	2%
Employment and Income	1	2%
Clothing and Household	1	2%
Child Care and Parenting	0	0%
Education	0	0%
Disaster	0	0%
Total	**55**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Humboldt County – American Indian Tribal Land

Map 42 below depicts American Indian Tribal land in Humboldt County, which includes the Fort McDermitt Indian Reservation, Summit Lake Off-Reservation Trust Land, and Summit Lake Reservation.

Map 42



Humboldt County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 20,131 emergency department visits made by Humboldt County residents; of those, 10% occurred outside of Humboldt County. There were a total of 4,725 inpatient hospitalizations among Humboldt County residents; of those, 49% occurred outside of Humboldt County.

Maps 43 and 44 display: When a Humboldt County Resident Obtains Hospital Care Outside Humboldt County, Where Do They Go? A description of each map is included below:

> Map 43: Percentage of Emergency Department Visits Among Residents of Humboldt County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Humboldt County residents outside of Humboldt County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 44 Percentage of Hospital Inpatient visits Among Residents of Humboldt County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Humboldt County residents outside of Humboldt County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C89 provides the detailed numbers and percentages shown in the Maps 43 and 44. When a Humboldt County resident obtained care in a hospital outside Humboldt County, the majority of out of county emergency department visits and inpatient hospitalizations were into Washoe County, at 60% and 91% respectively.

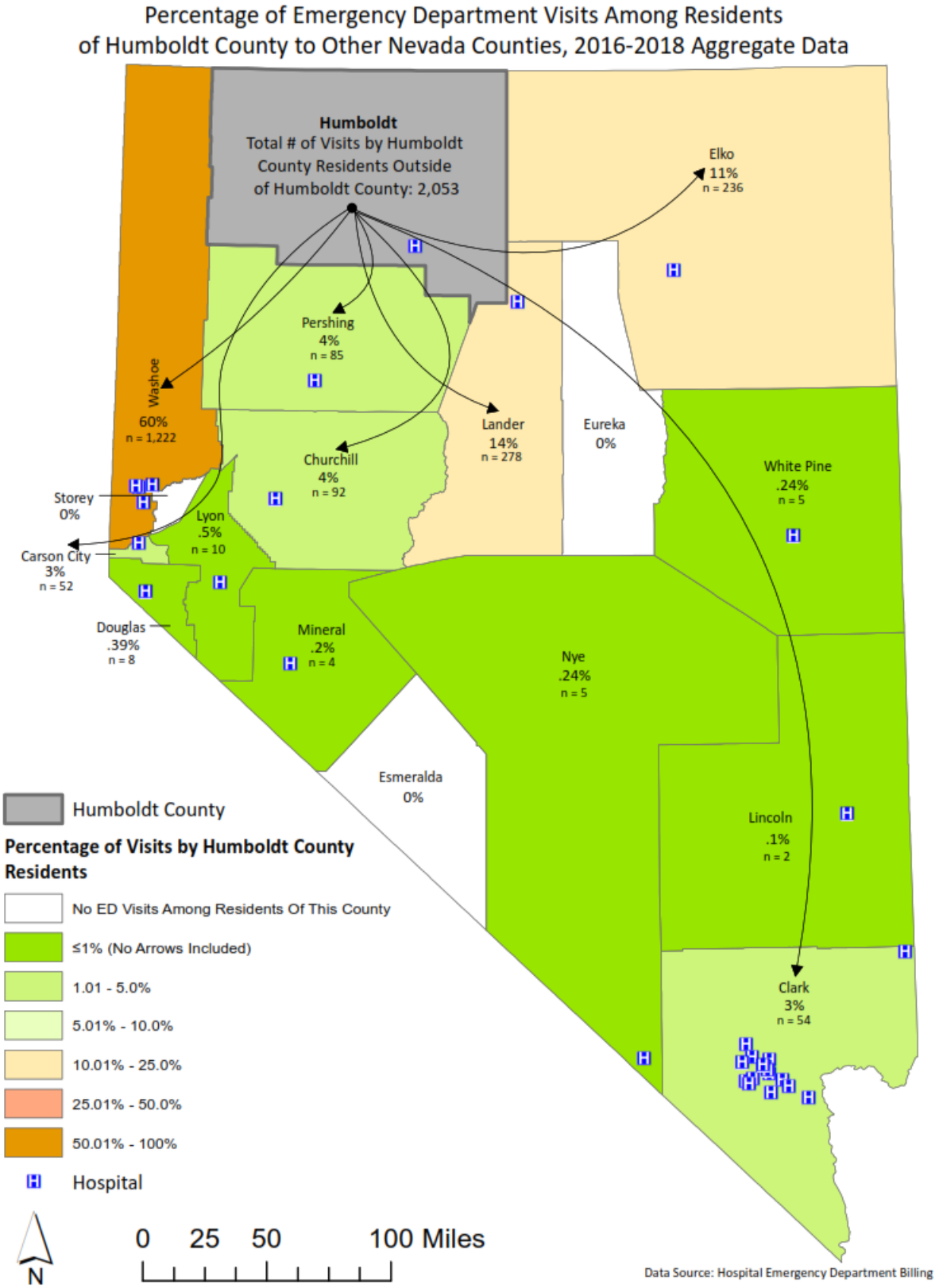
Table C89: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Humboldt County Residents that Occurred Outside of Humboldt County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Humboldt County		Inpatient Hospitalization Outside Humboldt County	
	#	%	#	%
Carson	52	3%	129	6%
Churchill	92	4%	11	0.5%
Clark	54	3%	29	1%
Douglas	8	0.39%	2	0.1%
Elko	236	11%	35	2%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	0	0%	0	0%
Lander	278	14%	1	0.04%
Lincoln	2	0.1%	0	0%
Lyon	10	0.5%	0	0%
Mineral	4	0.2%	0	0%
Nye	5	0.24%	0	0%
Pershing	85	4%	10	0.44%
Storey*	0	0%	0	0%
Washoe	1,222	60%	2,077	91%
White Pine	5	0.24%	1	0.04%
Number of ED/Hospitalizations Outside County Among Residents	**2,053**	**100%**	**2,295**	**100%**

*these counties do not have a hospital

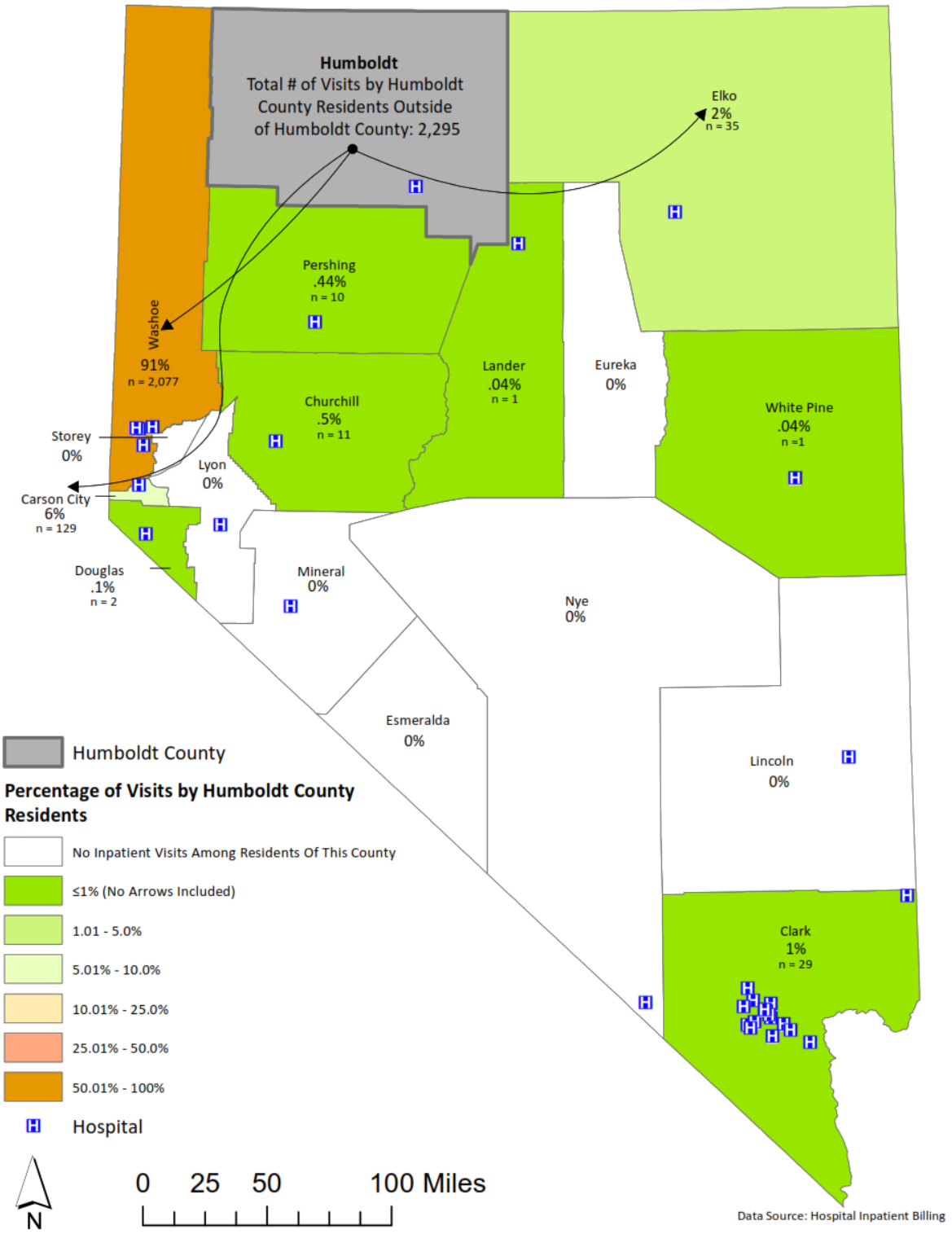
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 43


Percentage of Emergency Department Visits Among Residents of Humboldt County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
Total # of Visits by Humboldt County Residents Outside of Humboldt County: 2,053
Elko
11%
n = 236
Pershing
4%
n = 85
Washoe
60%
n = 1,222
Lander
14%
n = 278
Eureka
0%
Churchill
4%
n = 92
White Pine
.24%
n = 5
Storey
0%
Lyon
.5%
n = 10
Carson City
3%
n = 52
Douglas
.39%
n = 8
Mineral
.2%
n = 4
Nye
.24%
n = 5
Esmeralda
0%
Lincoln
.1%
n = 2
Clark
3%
n = 54
Humboldt County
Percentage of Visits by Humboldt County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 44

Percentage of Hospital Inpatient Visits Among Residents of Humboldt County to Other Nevada Counties, 2016-2018 Aggregate Data



Humboldt County Hospital Burden

Table C90 indicates 8% of emergency department visits into Humboldt County were made by non-Humboldt County residents, while 17% of inpatient hospitalization were made by non-Humboldt County residents.

Table C90: Total Number and Percent of Visits Made to Humboldt County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	1,587	8%	19,665
Inpatient Hospitalizations	485	17%	2,915

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 45 and 46 displays: Visits Occurring in Humboldt County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 45: Percentage of Humboldt County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Humboldt County hospitals by persons who do not reside in Humboldt County and 2) the county where the patient resides.

Map 46: Percentage of Humboldt County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Humboldt County hospitals by persons who do not reside in Humboldt County and 2) the county where the patient resides.

Table C91 provides the detailed numbers and percentages shown in Maps 45 and 46. The largest proportion of non-resident emergency department visits were from Pershing County (34%) and Lander County (21%). The largest proportion of non-resident inpatient hospitalizations were from Lander County (60%) and Pershing County (24%) residents.

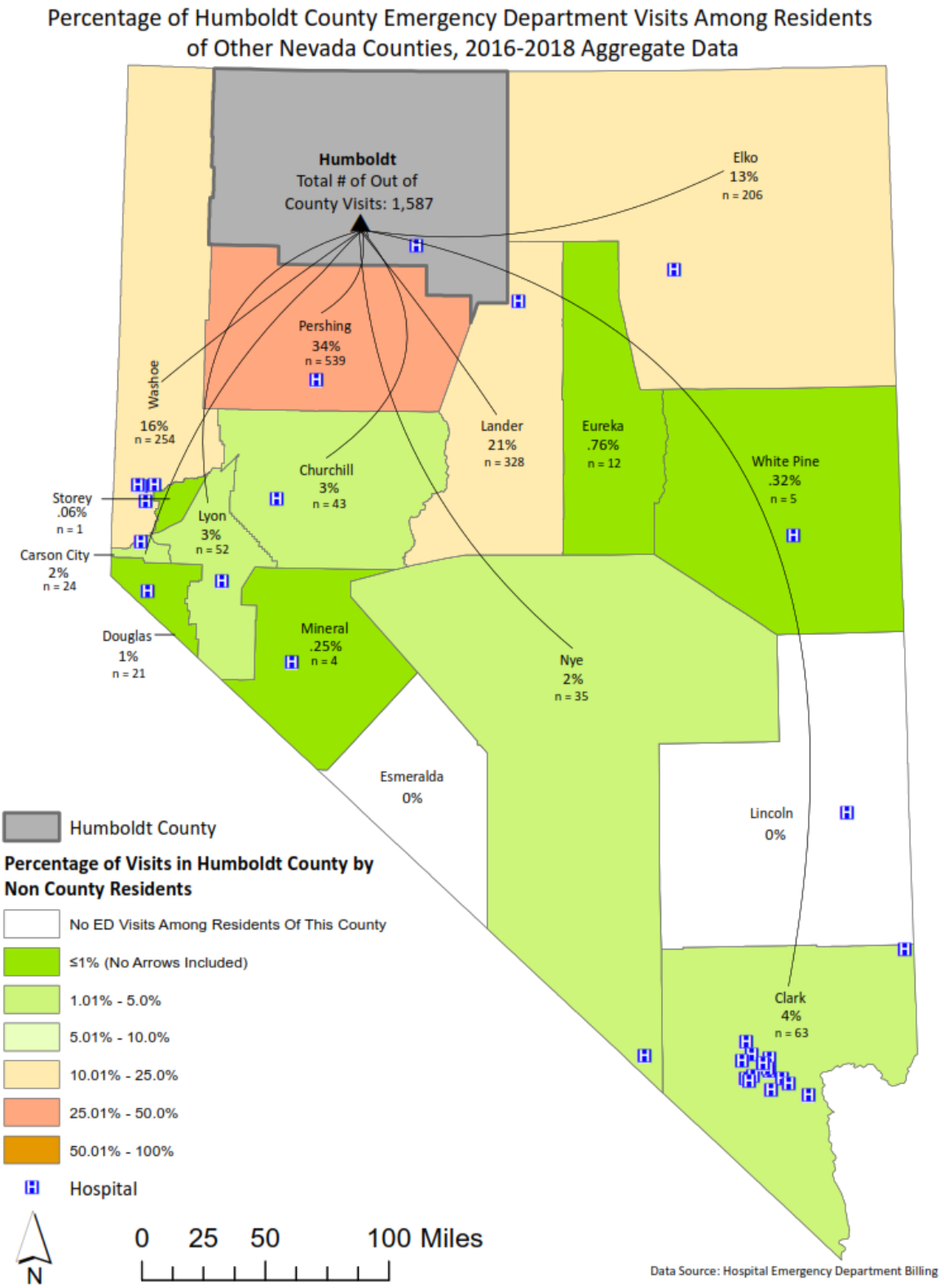
Table C91: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Humboldt County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in Humboldt County by Non-Humboldt County Residents		Inpatient Hospitalization Occurring in Humboldt County by Non-Humboldt County Residents	
	#	%	#	%
Carson	24	2%	6	1%
Churchill	43	3%	5	1%
Clark	63	4%	3	1%
Douglas	21	1%	3	1%
Elko	206	13%	34	7%
Esmeralda*	0	0%	0	0%
Eureka*	12	0.76%	6	1%
Humboldt	0	0%	0	0%
Lander	328	21%	293	60%
Lincoln	0	0%	0	0%
Lyon	52	3%	4	1%
Mineral	4	0.25%	0	0%
Nye	35	2%	2	0.4%
Pershing	539	34%	115	24%
Storey*	1	0.06%	0	0%
Washoe	254	16%	14	3%
White Pine	5	0.32%	0	0%
Number of ED/Hospitalizations Among Persons who Reside Outside of Humboldt County	**1,587**	**100%**	**485**	**100%**

*these counties do not have a hospital

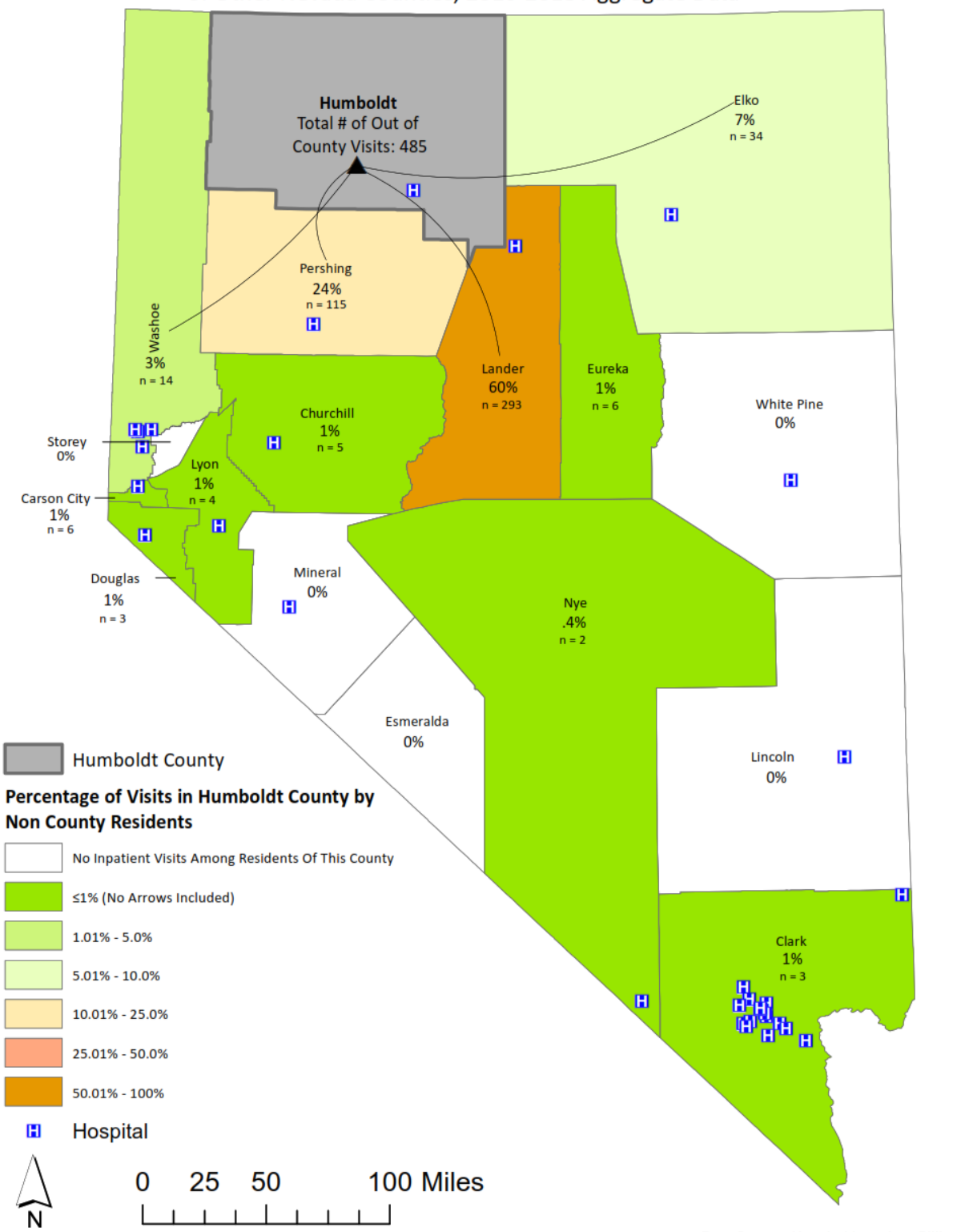
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 45


Percentage of Humboldt County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
Total # of Out of County Visits: 1,587
Elko
13%
n = 206
Pershing
34%
n = 539
Washoe
16%
n = 254
Lander
21%
n = 328
Eureka
.76%
n = 12
White Pine
.32%
n = 5
Churchill
3%
n = 43
Storey
.06%
n = 1
Lyon
3%
n = 52
Carson City
2%
n = 24
Douglas
1%
n = 21
Mineral
.25%
n = 4
Nye
2%
n = 35
Esmeralda
0%
Lincoln
0%
Clark
4%
n = 63
Humboldt County
Percentage of Visits in Humboldt County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 46

Percentage of Humboldt County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Data Source: Hospital Inpatient Billing

Humboldt County Health Priorities

Table C92 includes the priorities identified for Humboldt County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Behavioral Health, 2) Access to Health Care and 3) Health Behaviors and Preventive Care. Table C92 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community.

#1 Behavioral Health
For Humboldt County, the secondary data-driven opportunities for improvement under behavioral health related to substance use include e-cigarette use among adults, binge drinking among adults, and cigarette smoking among high school students. The secondary data related to mental health include high school students who seriously considered attempting suicide, high school students who attempted suicide, as well as high suicide mortality rates (total population) relative to other Nevada counties and Nevada overall.

Survey respondents from Humboldt County identified that depression and suicide are a problem in the community, there are a lack of mental health providers, and there is a long wait to be seen by mental health providers. Respondents frequently identified the ease of access to alcohol and drugs, the use of illegal drugs, and driving under the influence of alcohol or drugs to be problems in the community. Additionally, the lack of long-term inpatient clinics for behavioral health issues, the lack of inpatient alcohol and drug treatment facilities, alcohol and drug treatment programs, the lack of outreach to community about the behavioral health services available, and perceived lack of alcohol/drug prevention programs in the school system were identified as issues in Humboldt County.

#2 Access to Health Care
The data-driven opportunities for improvement under access to health care included low rates of annual dental visits among both adults and high school students, as well as the higher percentage of the population without health insurance relative to other Nevada counties and Nevada overall.

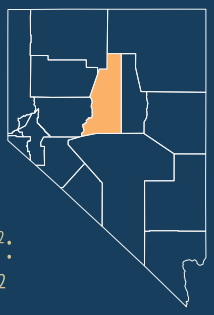
Survey respondents who selected access to health care as the MOST SIGNIFICANT health issue identified the lack of primary care and mental health providers, the perception that many residents believe the hospital and primary care providers do not provide quality care, so they seek care from hospital(s) in another community, many people cannot afford the cost of health care, even with health insurance coverage, many people do not have health insurance, and that many people cannot afford the cost of health insurance. Additionally, it is a long wait to be seen by both primary care and mental health providers, and there is a lack of dental care in Humboldt County.

#3 Health Behaviors and Preventive Care
The data-driven opportunities for improvement within health behaviors and preventive care include low rates of annual flu shot among adults 65+ years and older and low rates of pneumonia vaccination among adults 65+ years and older. High school students do not report eating breakfast daily and there is a high percentage who report consuming soda. As far as preventive care, the percentage of adults who receive a cholesterol screening, diabetes screening, and colorectal cancer screening is low.

There were relatively few survey respondents from Humboldt County and none selected health behaviors and preventive care, therefore survey subcategory results are not provided within Table C92.

Table C92: Humboldt County Health Priorities, 2019

Rank	Priorities	Secondary Data Opportunities for Improvement	Primary Data Rank Ordered Survey Subcategory Results	CHNA/CHIP Priorities
1	**Behavioral Health**	• Suicide mortality rates • High school students who seriously considered attempting suicide • High school students who attempted suicide • E-cigarette use among adults • Binge drinking among adults • Cigarette smoking among high school students	1. Suicide is a problem 2. Six-way tie: Lack of mental health providers; Illegal drugs (e.g., meth, heroin, cocaine) are a problem; Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months; Lack of long-term inpatient clinics for behavioral health issues; Lack of inpatient alcohol and drug treatment facilities; Lack of alcohol and drug treatment programs 3. Two-way tie: Depression is a problem and Ease of access to alcohol and drugs 4. Four-way tie: Driving under the influence of alcohol or drugs is a problem; Lack of outreach to community about the behavioral health services available; Lack of substance abuse treatment resources/programs; Lack of alcohol/drug prevention programs in school system 5. Alcoholism/binge drinking is a problem	No CHNA or CHIP
2	**Access to Health Care**	• Annual dentist visits among high school students • Annual dentist visits among adults • Percent of population without health insurance	1. Three-way tie: Lack of primary care providers; Lack of mental health providers; and Many residents believe the hospital does not provide quality care, so they seek care from hospital(s) in another community 2. Four-way tie: Many people CANNOT afford the cost of health care, even with health insurance coverage; Many residents believe the primary care providers DO NOT provide quality care; Many people CANNOT afford the cost of health insurance; and Long wait to be seen - the mental healthcare providers are not able to book an appointment for a patient for several weeks or months 3. Three-way tie: Lack of dental care; Many people DO NOT have health insurance; Long wait to be seen - the providers in the community are not able to book an appointment for a patient for several weeks or months	
3	**Health Behaviors & Preventive Care**	• Annual flu shot among adults 65+ years and older • Pneumonia vaccination among adults 65+ years and older • Breakfast consumption among high school students • Soda consumption among high school students • Cholesterol screening among adults • Diabetes screening among adults • Colorectal cancer screening among adults	There were few survey respondents and no survey responses for this category.	



Land Area[22]: 5,490.1 mi²

LANDER COUNTY PROFILE

2019 Population[1]: 6,073 people, 0.2% of Nevada's Population
Population Density: 1.1 people per square mile (mi²)
County Seat: Battle Mountain
Designation: Frontier

TOP PRIORITIES

Behavioral Health

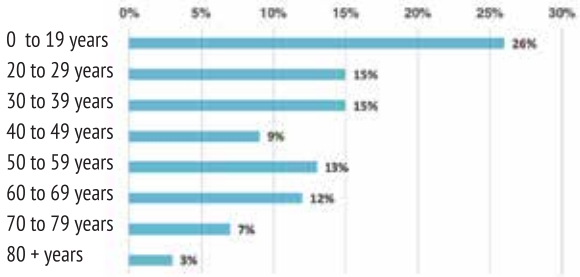
Health Behaviors & Preventive Care
Maternal Child Health

tie

Access to Health Care

DEMOGRAPHICS

AGE[1]

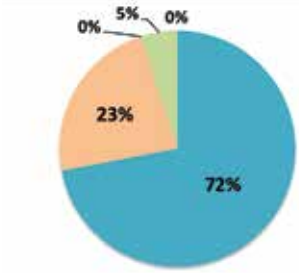


MEDIAN AGE[4] 37.8
NV 38.7

17 & UNDER[3] 24.2%
NV 23.5%

OVER 65 +[3] 15.4%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Churchill, Humboldt, Pershing & Lander)

% who seriously considered attempting suicide[2]	NV 16.6% US 17.2%	19.8%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	32.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% US 19.5%	22.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% US 29.8%	34.1%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	46.6%*
% who are overweight or obese[2]	NV 28.9% US 30.4%	31.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% US 39.2%	42.6%*

NV 71.6%
US 77.3%
55.9%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
66%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
6.7%
% of population, 19 and younger, without health insurance[7]

NV 27,159
32
# of children enrolled in Nevada Children's Health Insurance Program[8]

10.3%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.2%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Churchill, Humboldt, Pershing, and Lander)

NV %
US %

LANDER COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

9.5%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

8.4%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

21%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Malignant Neoplasms (cancer) (165.2)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

17.5%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

70.1%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

20.1

% of adults who are binge drinkers[9]

NV 15% US 17.4%

24.0%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,337.7

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

24.2

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$79,865

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $63,292 | FEMALE $45,000

Difference in annual earnings between male and female workers (full-time, year round)[7] **$18,292**

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

7.9%

Unemployment Rate[18]

3.3%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	13.2%	NV 13%	US 13.4%
18 & UNDER	22.3%	NV 18.5%	US 18.4%
OVER 65 +	11.1%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	68.9%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

86.8%

Bachelor's degree or higher[17]

13.3%

NV 23.7% US 30.9%

MALE 12.8%

NV 23.6% US 30.6%

FEMALE 13.7%

NV 23.8% US 31.2%

32.5%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

9.8%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

12.3%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

97.6

NV 122.6

Lander County

Battle Mountain is the county seat of Lander County and home to the majority of residents in the county. Lander County's 2019 total population was 6,073 people, representing 0.2% of Nevada's population. Lander County's land area is 5,490.1 mi^2 with a population density of 1.1 people per mi^2.

Lander County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C93 provides community survey results for Lander County. Three of the five respondents (60%) from Lander County selected Behavioral Health as the top health priority in their county.

Table C93: Lander County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	3	60%
Access to Health Care	1	20%
Preventive Behaviors	1	20%
Housing/Poverty	0	0%
Education	0	0%
Other	0	0%
Employment and Job Training	0	0%
Environment and Built Environment	0	0%
Chronic Diseases	0	0%
Communicable Diseases	0	0%
Family Dynamics and Maternal Child Health	0	0%
Total	**5**	**100%**

Lander County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C94 summarizes health findings of Lander County Key Informant interviews taking place between May and July 2019. Behavioral health issues and small, rural community issues (lack of specialty care, a need for better job opportunities, etc.) stand out as common themes identified by Lander County Key Informants.

Table C94: Lander County Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues 2. Minority populations (tied) Children (tied)	1. Great Basin College has great vocational training and workforce development opportunities, as well as the mines 2. Great Basin College for students to obtain higher education
Barriers	**Solutions**
1. Small community and rural challenges make it difficult to recruit or retain quality people in all professions/services 2. Lack of behavioral health services 3. Lack funding (tied) Lack of specialty care (tied) Lack of providers who will accept Medicaid or Medicare (tied)	1. Improve community collaborations 2. Increase incentives for providers 3. Better job opportunities (tied) Improve infrastructure in general (tied) Make rural communities more appealing (tied) More funding for staff and programs (tied) Prioritize education (tied)

Lander County Specific Indicator Data

Table C95 displays the number and percent of Lander County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Lander County's population was white, not Hispanic (73% in 2015 and 72% in 2019). The black, not Hispanic population increased by 6% between 2015 and 2019.

Table C95: Number and Percent of Lander County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	4,567	73%	4,350	72%	-5%
Black, not Hispanic	16	0%	17	0%	6%
American Indian, Eskimo, Aleut, not Hispanic	302	5%	308	5%	2%
Asian/Pacific Islander, not Hispanic	25	0%	24	0%	-4%
Hispanic Origin of Any Race	1,337	21%	1,374	23%	3%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C96 displays the projected number and percent of Lander County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Lander County's population is projected to be white, not Hispanic (71% in 2020 and 70% in 2024). The Hispanic population is projected to represent 23% of Lander County's population in 2020 and 24% in 2024.

Table C96: Number and Percent of Lander County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	4,317	71%	4,233	70%	-2%
Black, not Hispanic	17	0%	18	0%	6%
American Indian, Eskimo, Aleut, not Hispanic	308	5%	305	5%	-1%
Asian/Pacific Islander, not Hispanic	24	0%	25	0%	4%
Hispanic Origin of Any Race	1,384	23%	1,424	24%	3%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C97 displays the number and percent of Lander County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. In 2015, the 20-29-year-old age group represented the largest age group of Lander County's population at 18%. In 2019, both the 20-29 and 30-39-year-old age groups each represented 15% of Lander County's population. The population with the greatest percent change between 2015 and 2019 was the 30-39-year-old age group with a 39% increase.

Table C97: Number and Percent of Lander County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	858	14%	854	14%	0%
10 to 19 years	753	12%	711	12%	-6%
20 to 29 years	1,134	18%	901	15%	-21%
30 to 39 years	659	11%	916	15%	39%
40 to 49 years	689	11%	555	9%	-19%
50 to 59 years	898	14%	775	13%	-14%
60 to 69 years	709	11%	739	12%	4%
70 to 79 years	407	7%	439	7%	8%
80 + years	141	2%	183	3%	30%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C98 displays the number and percent of Lander County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 30-39-year-old age group is projected to be the largest in 2020 at 16% and increasing to 18% in 2024. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group with a 23% increase.

Table C98: Number and Percent of Lander County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024 % Change
	#	%	#	%	
0 to 9 years	849	14%	818	14%	-4%
10 to 19 years	709	12%	799	13%	13%
20 to 29 years	847	14%	604	10%	-29%
30 to 39 years	975	16%	1,076	18%	10%
40 to 49 years	542	9%	616	10%	14%
50 to 59 years	722	12%	613	10%	-15%
60 to 69 years	769	13%	727	12%	-5%
70 to 79 years	436	7%	507	8%	16%
80 + years	200	3%	246	4%	23%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C99 lists the incidence rates for all types of cancer aggregate for Lander County and Nevada, 1995-2015. Lander County's incidence rates for all types of cancer were higher than Nevada's incidence rates for only six of the 19 years listed (data were suppressed for Humboldt County in 2009 and 2014).

Table C99: Incidence Rates of All Types of Cancer Aggregate, Lander County and Nevada, 1995 2015

Year	Lander County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	446.2	(245.6, 646.8)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	367.7	(187.5, 547.9)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	391.4	(210.6, 572.2)	417.1	(407.1, 427.2)	236.9-488.7
1998	427.2	(240.0, 614.4)	418.5	(408.8, 428.2)	232.8-815.9
1999	:	:	422.1	(412.6, 431.6)	240.7-1091.8
2000	438.5	(223.6, 653.3)	513.8	(503.6, 524.1)	223.4-534.4
2001	402.0	(225.8, 578.2)	505.4	(495.5, 515.4)	184.9-563.2
2002	637.9	(387.8, 887.9)	506.9	(497.1, 516.7)	253.2-672.6
2003	518.8	(291.4, 746.2)	487.6	(478.2, 497.0)	194.0-551.2
2004	387.2	(208.3, 566.1)	487.6	(478.2, 496.5)	387.2-631.1
2005	493.9	(271.8, 716.0)	456.2	(447.5, 464.8)	343.7-829.8
2006	392.6	(193.9, 591.3)	467.1	(458.5, 475.7)	258.2-589.7
2007	216.9	(94.2, 339.6)	443.7	(435.5, 451.9)	191.9-544.8
2008	441.8	(257.2, 626.4)	457.0	(448.8, 465.2)	315.1-637.8
2009	543.5	(321.4, 765.6)	459.5	(451.4, 467.6)	232.1-560.3
2010	396.8	(234.6, 559.0)	431.2	(423.5, 439.0)	390.4-524.5
2011	227.1	(112.2, 342.0)	433.4	(425.7, 441.1)	227.1-546.1
2012	382.2	(232.3, 532.0)	411.3	(403.9, 418.7)	266.7-527.4
2013	490.8	(315.1, 666.4)	410.4	(403.2, 417.7)	207.5-530.8
2014	:	:	399.4	(392.3, 406.4)	207.5-530.8
2015	199.2	(94.9, 303.6)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C100 lists the number and percentage of calls made by Lander County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Lander County residents represented less than 0.1% of the total calls made by all Nevada residents. Lander County residents who called Nevada 2-1-1 were most in need of "Other" services (25%), followed by Housing and Shelter services (21%) and Utilities services (18%).

Table C100: 2 1 1 Most Requested Services in Lander County

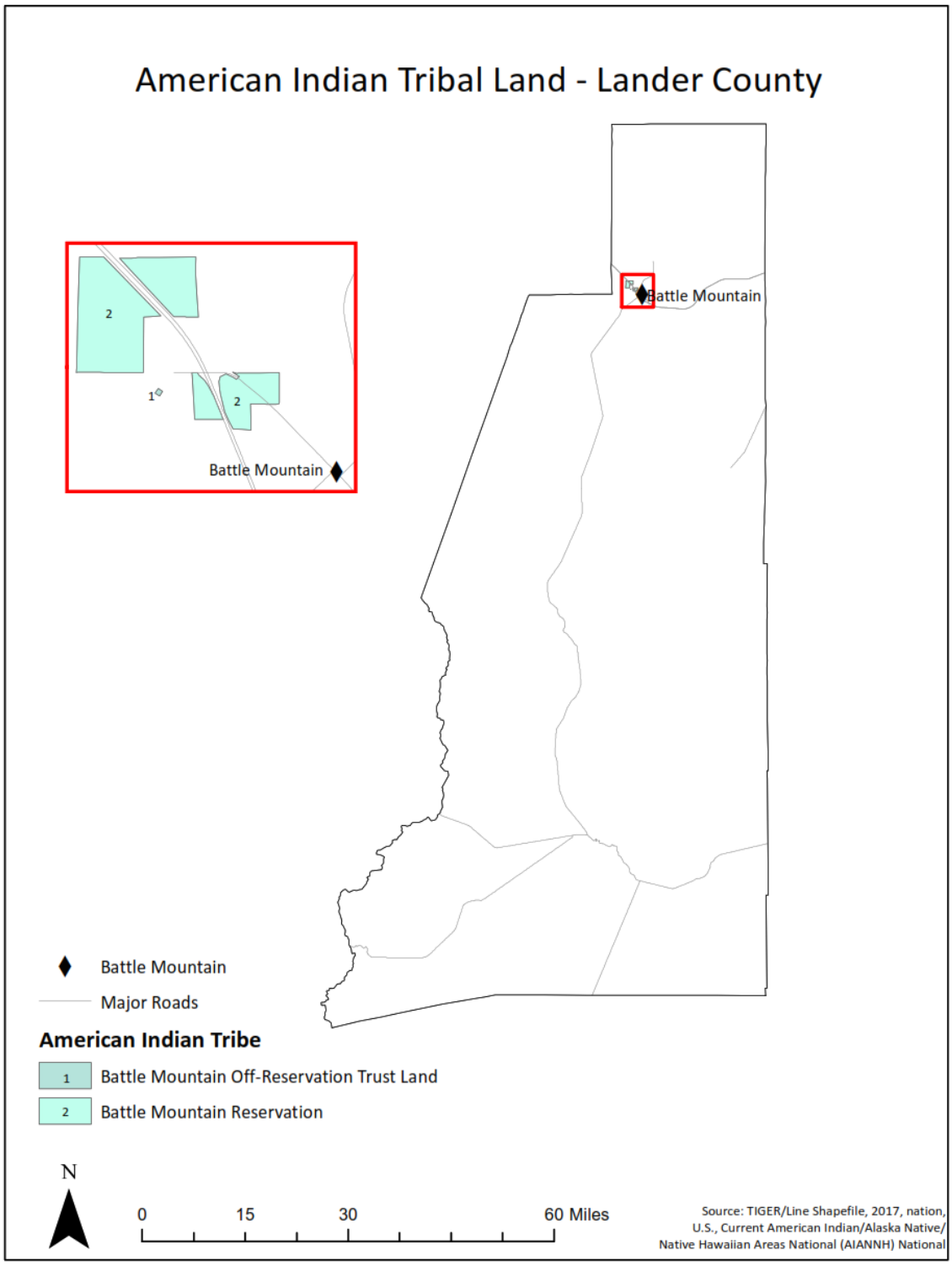
Service	#	%
Other	7	25%
Housing and Shelter	6	21%
Utilities	5	18%
Mental Health and Addictions	1	11%
Transportation Assistance	3	11%
Education	1	4%
Food	1	4%
Health Care	1	4%
Employment and Income	3	2%
Clothing and Household	0	0%
Child Care and Parenting	0	0%
Government and Legal	0	0%
Disaster	0	0%
Total	**28**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Lander County – American Indian Tribal Land

Map 48 below depicts American Indian Tribal land in Lander County, which includes the Battle Mountain Off-Reservation Trust Land and the Battle Mountain Reservation.

Map 47



Lander County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 8,295 emergency department visits made by Lander County residents; of those, 20% occurred outside of Lander County. There were a total of 1,301 inpatient hospitalizations among Lander County residents; of those, 93% occurred outside of Lander County.

Maps 48 and 49 display: When a Lander County Resident Obtains Hospital Care Outside Lander County, Where Do They Go? A description of each map is included below:

> Map 48: Percentage of Emergency Department Visits Among Residents of Lander County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Lander County residents outside of Lander County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 49: Percentage of Hospital Inpatient visits Among Residents of Lander County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made 1) by Lander County residents outside of Lander County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C101 provides the detailed numbers and percentages shown in the Maps 48 and 49. When a Lander County resident obtained care in a hospital outside Lander County, the largest proportion of out of county emergency department visits were into Elko County (39%) and Humboldt County (20%). The largest proportion of inpatient hospitalizations were into Washoe County (49%), Humboldt County (24%) and Elko County (20%).

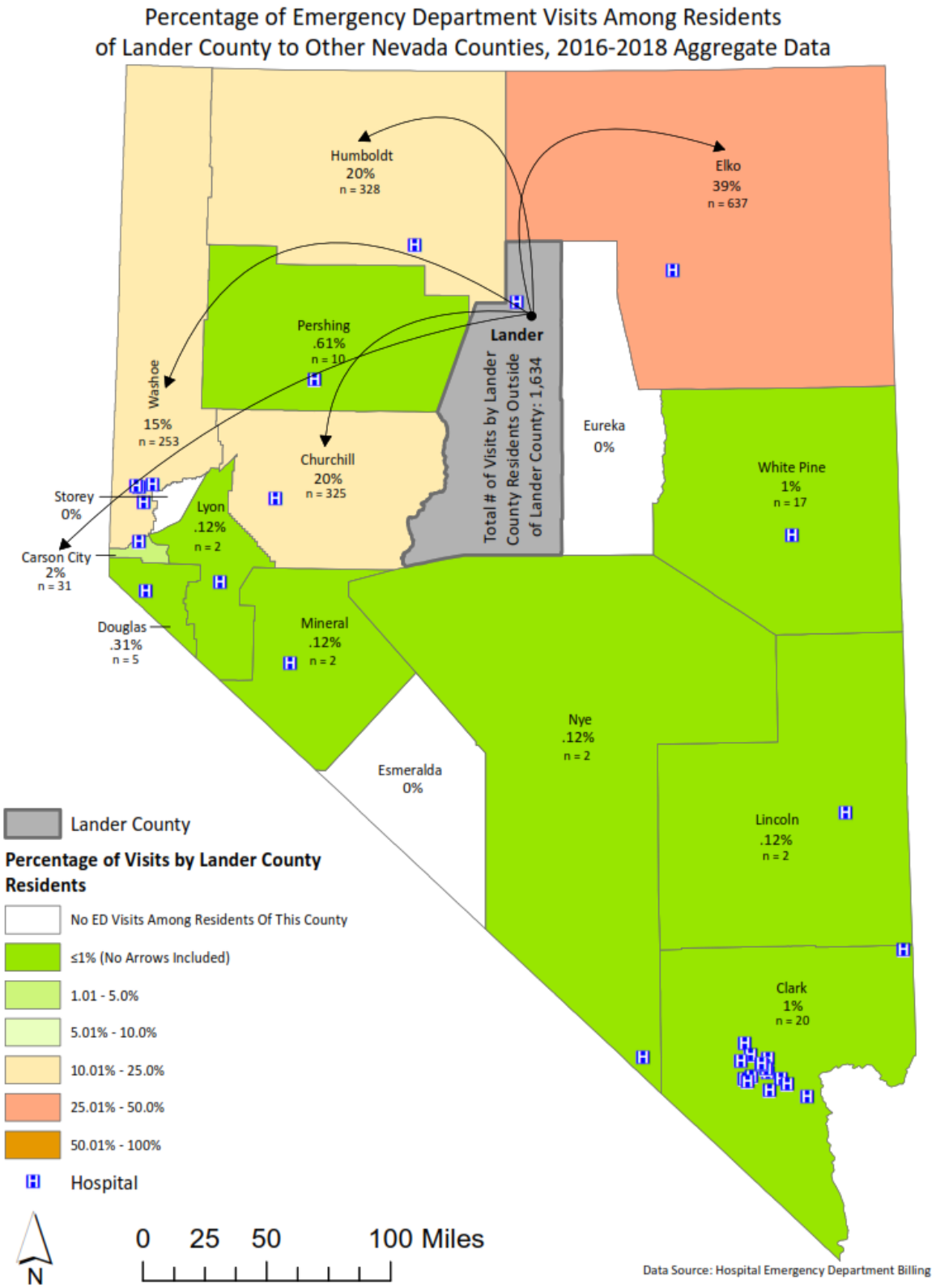
Table C101: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Lander County Residents that Occurred Outside of Lander County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Lander County		Inpatient Hospitalization Outside Lander County	
	#	%	#	%
Carson	31	2%	32	3%
Churchill	325	20%	33	3%
Clark	20	1%	12	1%
Douglas	5	0.31%	0	0%
Elko	637	39%	241	20%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	328	20%	293	24%
Lander	0	0%	0	0%
Lincoln	2	0.12%	0	0%
Lyon	2	0.12%	0	0%
Mineral	2	0.12%	0	0%
Nye	2	0.12%	0	0%
Pershing	10	0.61%	0	0%
Storey*	0	0%	0	0%
Washoe	253	15%	593	49%
White Pine	17	1%	1	0.1%
Number of ED/Hospitalizations Outside County Among Residents	**1,634**	**100%**	**1,205**	**100%**

*these counties do not have a hospital

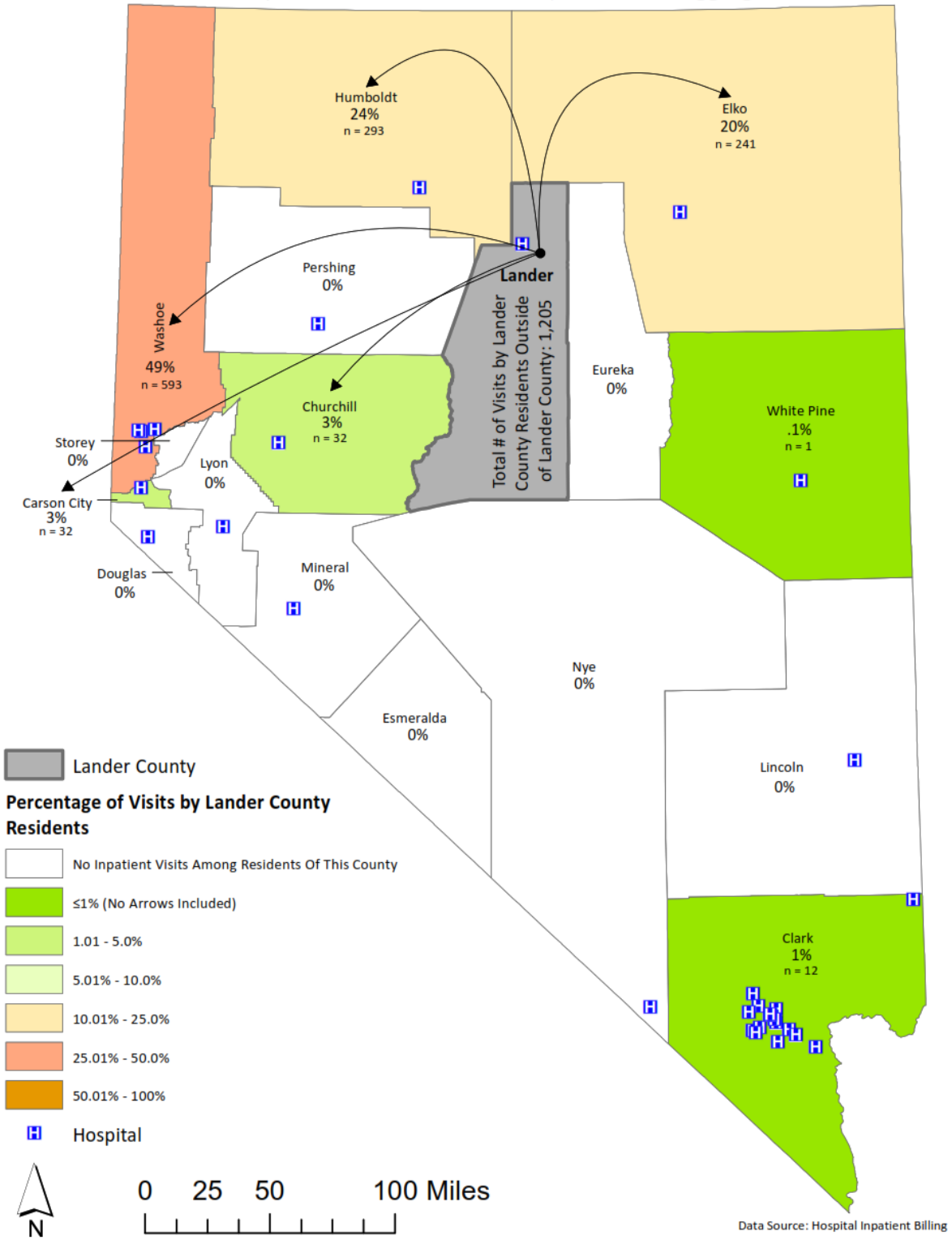
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 48


Percentage of Emergency Department Visits Among Residents of Lander County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
20%
n = 328
Elko
39%
n = 637
Pershing
.61%
n = 10
Lander
Total # of Visits by Lander County Residents Outside of Lander County: 1,634
Washoe
15%
n = 253
Churchill
20%
n = 325
Eureka
0%
White Pine
1%
n = 17
Storey
0%
Lyon
.12%
n = 2
Carson City
2%
n = 31
Douglas
.31%
n = 5
Mineral
.12%
n = 2
Nye
.12%
n = 2
Esmeralda
0%
Lincoln
.12%
n = 2
Clark
1%
n = 20
Lander County
Percentage of Visits by Lander County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 49

Percentage of Hospital Inpatient Visits Among Residents of Lander County to Other Nevada Counties, 2016-2018 Aggregate Data



Lander County Hospital Burden

Table C102 indicates 11% of emergency department visits into Lander County were made by non-Lander County residents, while 6% of inpatient hospitalization were made by non-Lander County residents.

Table C102: Total Number and Percent of Visits Made to Lander County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	800	11%	7,461
Inpatient Hospitalizations	6	6%	102

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 50 and 51 display: Visits Occurring in Lander County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 50: Percentage of Lander County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Lander County hospitals by persons who do not reside in Lander County and 2) the county where the patient resides.

Map 51: Percentage of Lander County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Lander County hospitals by persons who do not reside in Lander County and 2) the county where the patient resides.

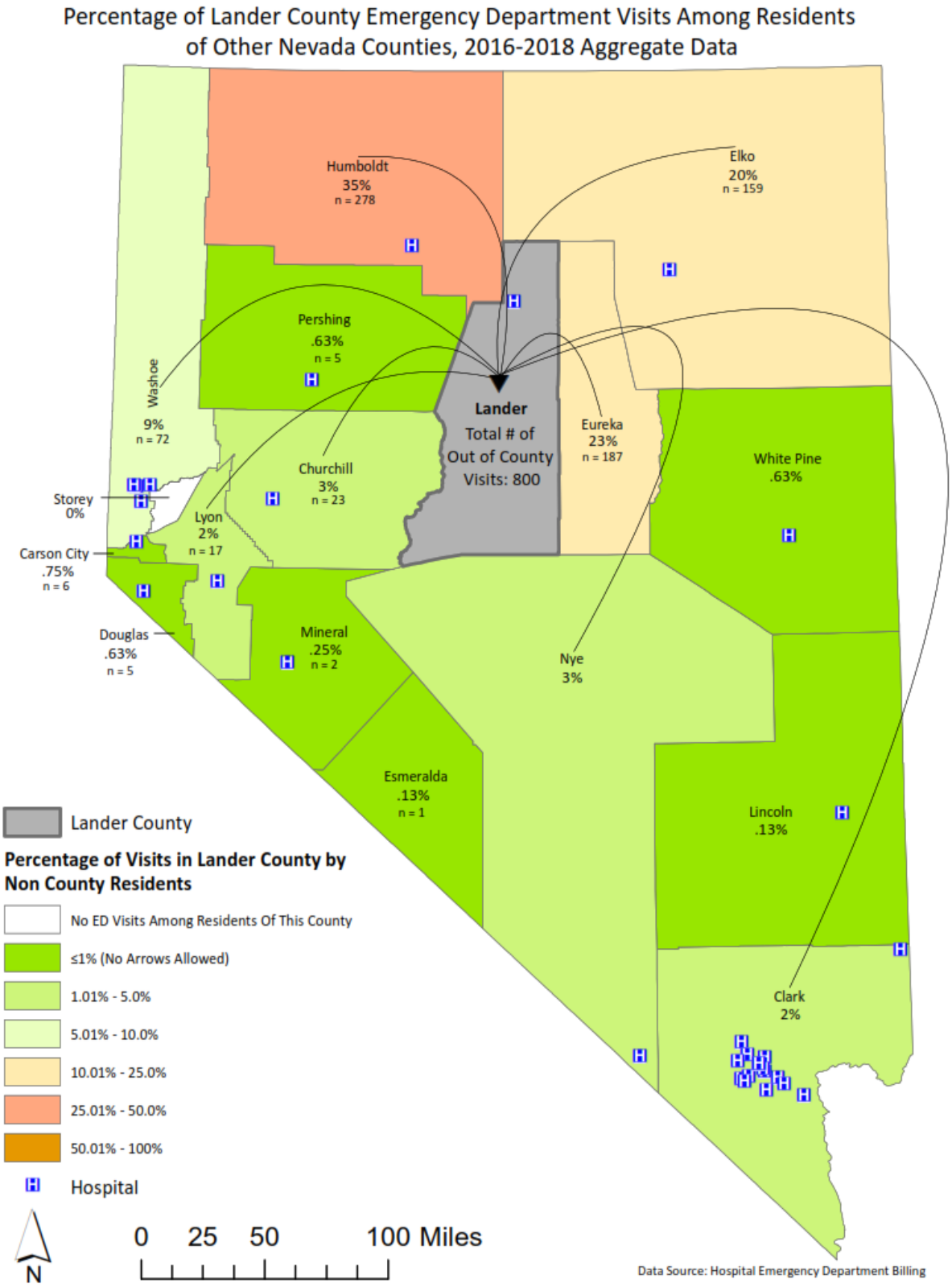
Table C103 provides the detailed numbers and percentages shown in Maps 50 and 51. The largest proportion of non-resident emergency department visits were from Humboldt County (35%) and Eureka County (23%). The largest proportion of non-resident inpatient hospitalizations were from Eureka County (50%).

Table C103: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Lander County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate				
Patient County of Origin/Residence	**ED Visits Occurring in Lander County by Non-Lander County Residents**		**Inpatient Hospitalization Occurring in Lander County by Non-Lander County Residents**	
	#	**%**	**#**	**%**
Carson	6	0.75%	0	0%
Churchill	23	3%	0	0%
Clark	16	2%	0	0%
Douglas	5	0.63%	0	0%
Elko	159	20%	1	17%
Esmeralda*	1	0.13%	0	0%
Eureka*	187	23%	3	50%
Humboldt	278	35%	1	17%
Lander	0	0%	0	0%
Lincoln	1	0.13%	0	0%
Lyon	17	2%	0	0%
Mineral	2	0.25%	0	0%
Nye	23	3%	0	0%
Pershing	5	0.63%	0	0%
Storey*	0	0%	0	0%
Washoe	72	9%	1	17%
White Pine	5	0.63%	0	0%
Number of ED/Hospitalizations Among Persons who Reside Outside of Lander County	**800**	**100%**	**6**	**100%**

*these counties do not have a hospital

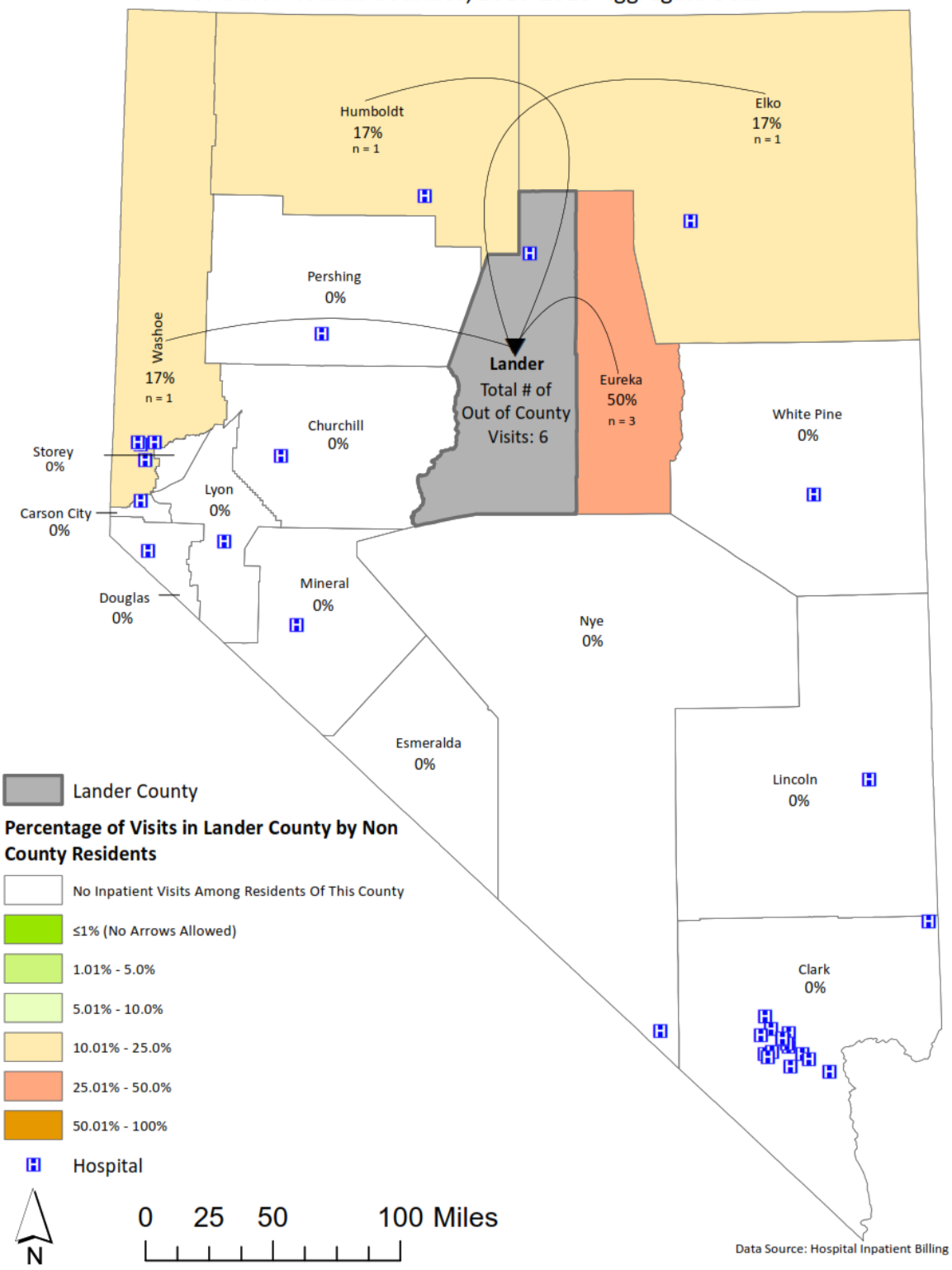
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 50


Percentage of Lander County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
35%
n = 278
Elko
20%
n = 159
Pershing
.63%
n = 5
Washoe
9%
n = 72
Lander
Total # of Out of County Visits: 800
Eureka
23%
n = 187
White Pine
.63%
Churchill
3%
n = 23
Storey
0%
Lyon
2%
n = 17
Carson City
.75%
n = 6
Douglas
.63%
n = 5
Mineral
.25%
n = 2
Nye
3%
Esmeralda
.13%
n = 1
Lincoln
.13%
Clark
2%
Lander County
Percentage of Visits in Lander County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Allowed)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 51

Percentage of Lander County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Lander County Health Priorities

Table C104 includes the priorities identified for Lander County through the prioritization process previously described in the section entitled Prioritization Methodology. The top priorities are: 1) Behavioral Health, 2) Health Behaviors & Preventive Care and Maternal and Child Health (tied), and 3) Access to Health Care. Table C104 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community.

#1 Behavioral Health
For Lander County, the secondary data-driven opportunities for improvement under behavioral health related to substance use include driving under the influence of alcohol resulting in an accident, binge and heavy drinking among adults, emergency department encounters due to alcohol poisoning/overdose, cigarette smoking among high school students, and the percentage of the population 12+ years with an alcohol use disorder. The secondary data related to mental health include high school students who seriously considered attempting suicide and high school students who attempted suicide.

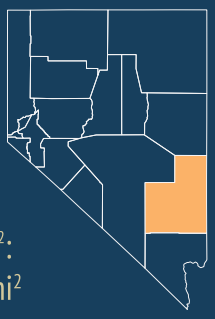
Survey respondents from Lander County identified that there is easy access to alcohol and drugs, alcoholism/binge drinking, prescription, and illegal drugs are problems, driving under the influence of alcohol or drugs is a problem, as is marijuana, tobacco and vapor product use. Mental health issues were commonly cited, although at a lesser frequency than substance use issues, and included depression and suicide being prevalent in the community, the lack of long-term inpatient clinics for behavioral health issues, and the lack of inpatient alcohol and drug treatment facilities in Lander County.

#2 (TIED) Health Behaviors and Preventive Care
The data-driven opportunities for improvement under health behaviors and preventive care include lack of regular breakfast consumption and frequent soda consumption among high school students. There was only one survey respondent who selected this as the MOST SIGNIFICANT issue in Lander County, therefore those data are not provided in Table C104.

#2 (TIED) Maternal and Child Health
The data-driven opportunities for improvement under maternal and child health identified a high percentage of high school students who are sexually active, a high percentage of infants born preterm, and teen birth rates among teenagers aged 15 to 19 years. There were relatively few survey respondents from Lander County and none selected maternal and child health as the MOST SIGNIFICANT health issue, therefore survey subcategory results are not provided within Table C104.

#3 Access to Health Care
The data-driven opportunities for improvement within access to health care include the low percentage of adults that have at least one personal care provider, percentage of adults who visit doctor for routine physical or exam, the low ratio of primary care, mental health, and dental providers to population. There was only one survey respondent who selected this as the MOST SIGNIFICANT issue in Lander County, therefore those data are not provided in Table C104.

Table C104: Lander County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP/ Strategic Plan Priorities**
1	**Behavioral Health**	• High school students who seriously considered attempting suicide • High school students who attempted suicide • Driving under the influence of alcohol resulting in an accident • Binge drinking among adults • Heavy drinking among adults • Emergency department encounters due to alcohol poisoning/overdose • Cigarette smoking among high school students • Population 12+ years with an alcohol use disorder	1. Seven-way tie: Illegal drugs (e.g., meth, heroin, cocaine) are a problem; Ease of access to alcohol and drugs; Driving under the influence of alcohol or drugs is a problem; Alcoholism/binge drinking is a problem; Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem; Tobacco and vapor product use is a problem; and Marijuana use is a problem; 2. Four-way tie: Suicide is a problem; Lack of long-term inpatient clinics for behavioral health issues; Lack of inpatient alcohol and drug treatment facilities; and Depression is a problem	No CHNA or CHIP
2 TIE	**Health Behaviors & Preventive Care**	• Breakfast consumption among high school students • Soda consumption among high school students	Due only one respondent selecting this category, unable to display survey responses.	
	Maternal and Child Health	• Percent of high school students who are sexually active • Percent of infants born preterm • Teen birth rates (15 to 19 years)	There were few survey respondents and no survey responses for this category.	
3	**Access to Health Care**	• Percent of adults that have at least one personal care provider • Ratio of primary care providers to population • Percent of adults who visit doctor for routine physical or exam • Ratio of mental health providers to population • Ratio of licensed dentists to population	Due only one respondent selecting this category, unable to display survey responses.	



LINCOLN COUNTY PROFILE

Land Area[22]: 10,633.2 mi²

2019 Population[1]: 4,679 people, 0.15% of Nevada's Population
Population Density: 0.4 people per square mile (mi²)
County Seat: Pioche
Designation: Frontier

TOP PRIORITIES

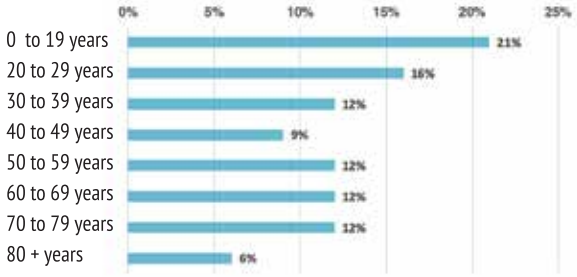
Employment & Job Training

Access to Health Care

Health Behaviors & Preventive Care

DEMOGRAPHICS

AGE[1]

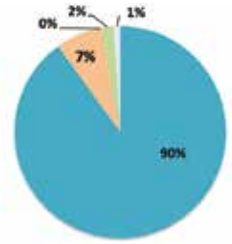


MEDIAN AGE[4] 41.6
NV 38.7

17 & UNDER[3] 17.6%
NV 23.5%

OVER 65 +[3] 23.2%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Nye and Lincoln)

	NV	US	
% who seriously considered attempting suicide[2]	NV 16.6%	US 17.2%	14.4%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%		31.4%*
% who used tobacco one or more times in the last 30 days[2]	NV 12%	US 19.5%	12.2%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5%	US 29.8%	23.8%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%		47.5%*
% who are overweight or obese[2]	NV 28.9%	US 30.4%	28.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5%	US 39.2%	42.8%*

NV 71.6%
US 77.3%
77.5%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
53%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
18.3%
% of population, 19 and younger, without health insurance[7]

NV 27,159
48
# of children enrolled in Nevada Children's Health Insurance Program[8]

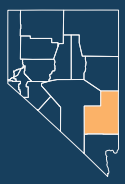
7.0%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

5.8%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Nye and Lincoln)

NV %
US %



LINCOLN COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

10.4%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

3.6%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

21%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (196.3)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

12.8%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

67.3%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

49.1

% of adults who are binge drinkers[9]

NV 15% US 17.4%

8.4%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

888.0

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

39.3

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$52,971

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $49,327 FEMALE $47,716

Difference in annual earnings between male and female workers (full-time, year round)[7] **$1,611**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

89.4%

Bachelor's degree or higher[17]

21.7%

NV 23.7% US 30.9%

MALE 21.9%

NV 23.6% US 30.6%

FEMALE 21.6%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

12.5%

Unemployment Rate[18]

3.9%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	12.1%	NV 13%	US 13.4%
18 & UNDER	25.2%	NV 18.5%	US 18.4%
OVER 65 +	2.3%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	50.0%	NV 31%	US 35.7%

25.9% Total renter households unaffordable[19]

NV 47.9% US 49.5%

28.1% Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

15.4%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

136.4

NV 122.6

Lincoln County

The town of Pioche is the county seat of Lincoln County. The United States Air Force facility commonly referred to as Area 51, is located in Lincoln County. Lincoln County's 2019 total population was 4,679 people, representing 0.15 % of Nevada's population. Lincoln County's land area is 10,633.2 mi^2 with a population density of 0.4 people per mi^2.

Lincoln County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C101 provides community survey results for Lincoln County. Nineteen of the 35 respondents (54%) from Lincoln County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care and Employment and Job Training, both selected by 14% of respondents.

Table C105: Lincoln County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	19	54%
Access to Health Care	5	14%
Employment and Job Training	5	14%
Housing/Poverty	2	6%
Chronic Diseases	2	6%
Education	1	3%
Environment and Built Environment	1	3%
Preventive Behaviors	0	0%
Other	0	0%
Family Dynamics and Maternal Child Health	0	0%
Communicable Diseases	0	0%
Total	**35**	**100%**

Lincoln County Key Informant Interview Findings

Table C106 summarizes health findings of Lincoln County Key Informant interviews taking place between May and July 2019 with regard to priority populations, strengths, barriers and solutions in Lincoln County. Small, rural community challenges (lack of jobs, lack of trained health care staff and providers, a need to prioritize education) stand out as a common theme identified by Lincoln County Key Informants.

Table C106: Lincoln County Key Informant Findings

Priority Populations	Strengths
1. Children 2. Seniors 3. Individuals with behavioral health issues	1. Vocational training/workforce development program are available 2. K-12 educational system 3. Quality health care
Barriers	**Solutions**
1. Small community and rural challenges make it challenging to obtain well-trained staff and providers (tied) Lack of funding (tied) 2. Lack of jobs 3. Lack of trained health care staff and providers	1. More staff and programs 2. More funding 3. Prioritize education (tied) More providers and infrastructure in general (tied)

Lincoln County Specific Indicator Data

Table C107 displays the number and percent of Lincoln County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Lincoln County's population was white, not Hispanic (90% in both 2015 and 2019).

Table C107: Number and Percent of Lincoln County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	4,339	90%	4,209	90%	-3%
Black, not Hispanic	27	1%	27	1%	0%
American Indian, Eskimo, Aleut, not Hispanic	83	2%	86	2%	3%
Asian/Pacific Islander, not Hispanic	21	0%	20	0%	-5%
Hispanic Origin of Any Race	330	7%	337	7%	2%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C108 displays the projected number and percent of Lincoln County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Lincoln County's population is projected to be white, not Hispanic (90% in 2020 and 89% in 2024).

Table C108: Number and Percent of Lincoln County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	4,134	90%	3,854	89%	-7%
Black, not Hispanic	26	1%	26	1%	0%
American Indian, Eskimo, Aleut, not Hispanic	87	2%	87	2%	0%
Asian/Pacific Islander, not Hispanic	20	0%	20	0%	0%
Hispanic Origin of Any Race	337	7%	334	8%	-1%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C109 displays the number and percent of Lincoln County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 20-29-year-old age group was the largest, representing 15% of Lincoln County's population in 2015 and increasing to 16% in 2019. The population with the greatest percent change between 2015 and 2019 was the 70-79-year-old age group with a 15% increase.

Table C109: Number and Percent of Lincoln County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019
	#	%	#	%	% Change
0 to 9 years	422	9%	305	7%	-28%
10 to 19 years	646	13%	664	14%	3%
20 to 29 years	707	15%	730	16%	3%
30 to 39 years	527	11%	569	12%	8%
40 to 49 years	475	10%	442	9%	-7%
50 to 59 years	653	14%	562	12%	-14%
60 to 69 years	609	13%	582	12%	-4%
70 to 79 years	486	10%	561	12%	15%
80 + years	277	6%	265	6%	-4%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C110 displays the number and percent of Lincoln County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 18% and in 2024 at 16%. The population with the greatest projected percent change between 2020 and 2024 is the 40-49-year-old age group with a 26% increase.

Table C110: Number and Percent of Lincoln County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	240	5%	212	5%	-12%
10 to 19 years	606	13%	466	11%	-23%
20 to 29 years	817	18%	679	16%	-17%
30 to 39 years	567	12%	665	15%	17%
40 to 49 years	396	9%	497	12%	26%
50 to 59 years	533	12%	464	11%	-13%
60 to 69 years	599	13%	526	12%	-12%
70 to 79 years	548	12%	476	11%	-13%
80 + years	298	6%	336	8%	13%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C111 lists the incidence rates for all types of cancer aggregate for Lincoln County and Nevada, 1995-2015. Lincoln County's incidence rates for all types of cancer were higher than Nevada's incidence rates for 11 of the 19 years listed (data was unavailable for Lincoln County in 1997 and 2001).

Table C111: Incidence Rates of All Types of Cancer Aggregate, Lincoln County and Nevada, 1995 2015					
Year	**Lincoln County**		**Nevada**		**Range in Nevada**
	Rate	**CI 95%**	**Rate**	**CI 95%**	**Rate**
1995	1,514.5	(794.6, 2,234.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	1,147.8	(617.6, 1,678.1)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	:	:	417.1	(407.1, 427.2)	236.9-488.7
1998	815.9	(388.5, 1,243.3)	418.5	(408.8, 428.2)	232.8-815.9
1999	1,091.8	(556.8, 1,626.8)	422.1	(412.6, 431.6)	240.7-1091.8
2000	310.9	(167.3, 454.6)	513.8	(503.6, 524.1)	223.4-534.4
2001	:	:	505.4	(495.5, 515.4)	184.9-563.2
2002	557.7	(361.4, 754.1)	506.9	(497.1, 516.7)	253.2-672.6
2003	536.6	(347.7, 725.5)	487.6	(478.2, 497.0)	194.0-551.2
2004	631.1	(424.9, 837.2)	487.6	(478.2, 496.5)	387.2-631.1
2005	829.8	(597.5, 1,062.1)	456.2	(447.5, 464.8)	343.7-829.8
2006	393.3	(236.0, 550.7)	467.1	(458.5, 475.7)	258.2-589.7
2007	191.9	(91.4, 292.5)	443.7	(435.5, 451.9)	191.9-544.8
2008	637.8	(453.5, 822.1)	457.0	(448.8, 465.2)	315.1-637.8
2009	232.1	(121.8, 342.4)	459.5	(451.4, 467.6)	232.1-560.3
2010	563.1	(398.6, 727.7)	431.2	(423.5, 439.0)	390.4-524.5
2011	338.5	(197.1, 480.0)	433.4	(425.7, 441.1)	227.1-546.1
2012	371.7	(223.0, 520.3)	411.3	(403.9, 418.7)	266.7-527.4
2013	336.2	(204.4, 468.0)	410.4	(403.2, 417.7)	207.5-530.8
2014	338.7	(197.2, 480.2)	399.4	(392.3, 406.4)	207.5-530.8
2015	479.0	(304.7, 653.4)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C112 lists the number and percentage of calls made by Lincoln County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Lincoln County residents represented less than 0.1% of the total calls made by Nevada residents. Lincoln County residents who called Nevada 2-1-1 were most in need of "Other" services (22%), followed by Housing and Shelter (17%), Food (17%), and Health Care services (17%).

Table C112: 2 1 1 Most Requested Services in Lincoln County		
Service	**#**	**%**
Other	5	22%
Housing and Shelter	4	17%
Food	4	17%
Health Care	4	17%
Mental Health and Addictions	2	9%
Employment and Income	1	4%
Utilities	1	4%
Child Care and Parenting	1	4%
Government and Legal	1	4%
Clothing and Household	0	0%
Transportation Assistance	0	0%
Education	0	0%
Disaster	0	0%
Total	**23**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Lincoln County – American Indian Tribal Land

There are no American Indian tribal lands in Lincoln County.

Lincoln County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 3,534 emergency department visits made by Lincoln County residents; of those, 20% occurred outside of Lincoln County. There were a total of 769 inpatient hospitalizations among Lincoln County residents; of those, 61% occurred outside of Lincoln County.

Maps 52 and 53 display: When a Lincoln County Resident Obtains Hospital Care Outside Lincoln County, Where Do They Go? A description of each map is included below:

> Map 52: Percentage of Emergency Department Visits Among Residents of Lincoln County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Lincoln County residents outside of Lincoln County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 53: Percentage of Hospital Inpatient visits Among Residents of Lincoln County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Lincoln County residents outside of Lincoln County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C113 provides the detailed numbers and percentages shown in the Maps 52 and 53. When a Lincoln County resident obtained care in a hospital outside Lincoln County, the largest proportion of out of county emergency department visits and inpatient hospitalizations were into Clark County, at 91% and 99% respectively.

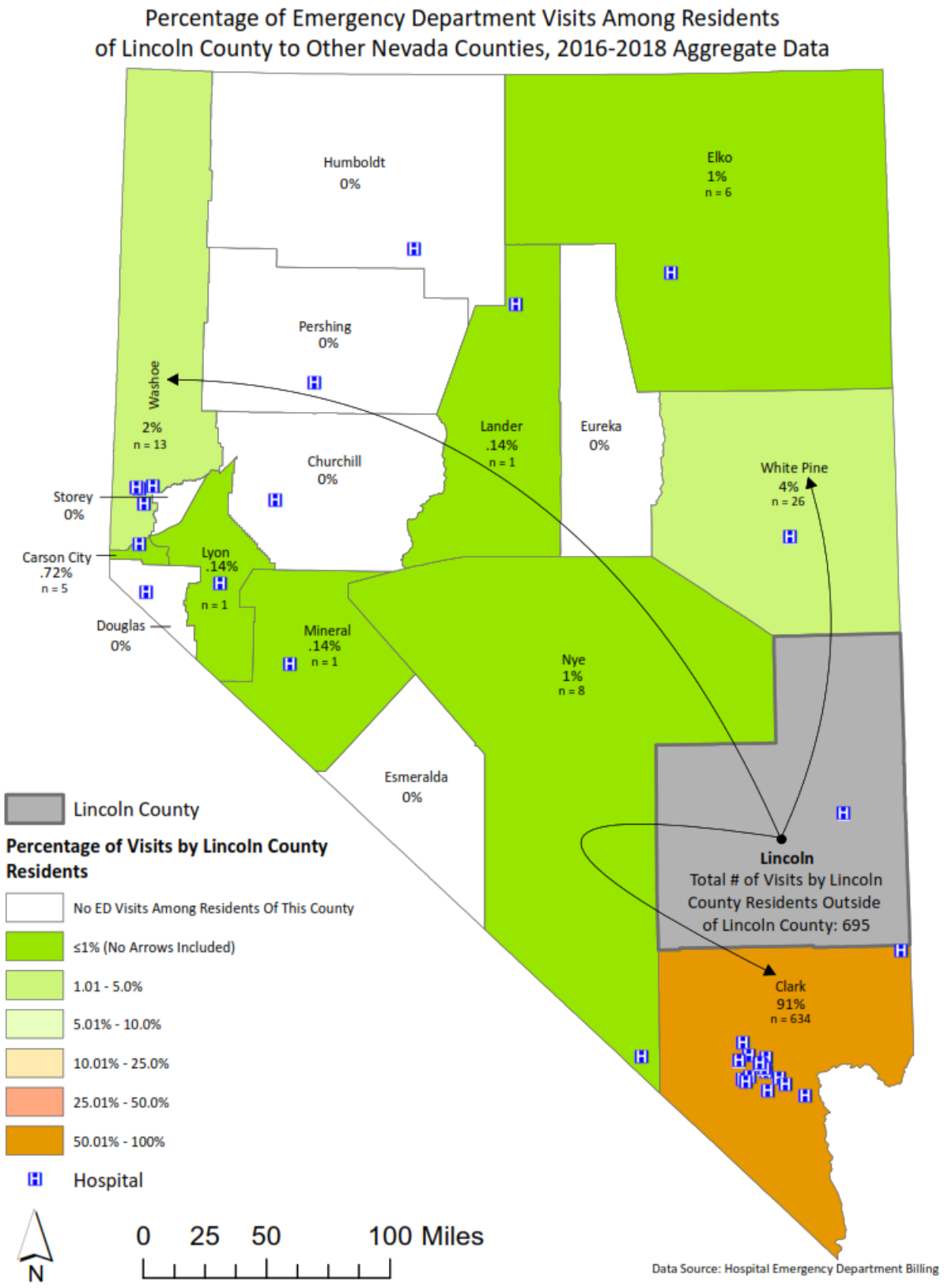
Table C113: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Lincoln County Residents that Occurred Outside of Lincoln County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Lincoln County		Inpatient Hospitalization Outside Lincoln County	
	#	%	#	%
Carson	5	0.72%	0	0%
Churchill	0	0%	0	0%
Clark	634	91%	466	99%
Douglas	0	0%	0	0%
Elko	6	1%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	0	0%	0	0%
Lander	1	0.14%	0	0%
Lincoln	0	0%	0	0%
Lyon	1	0.14%	0	0%
Mineral	1	0.14%	0	0%
Nye	8	1%	0	0%
Pershing	0	0%	0	0%
Storey*	0	0%	0	0%
Washoe	13	2%	1	0.2%
White Pine	26	4%	3	0.64%
Number of ED/Hospitalizations Outside County Among Residents	**695**	**100%**	**470**	**100%**

*these counties do not have a hospital

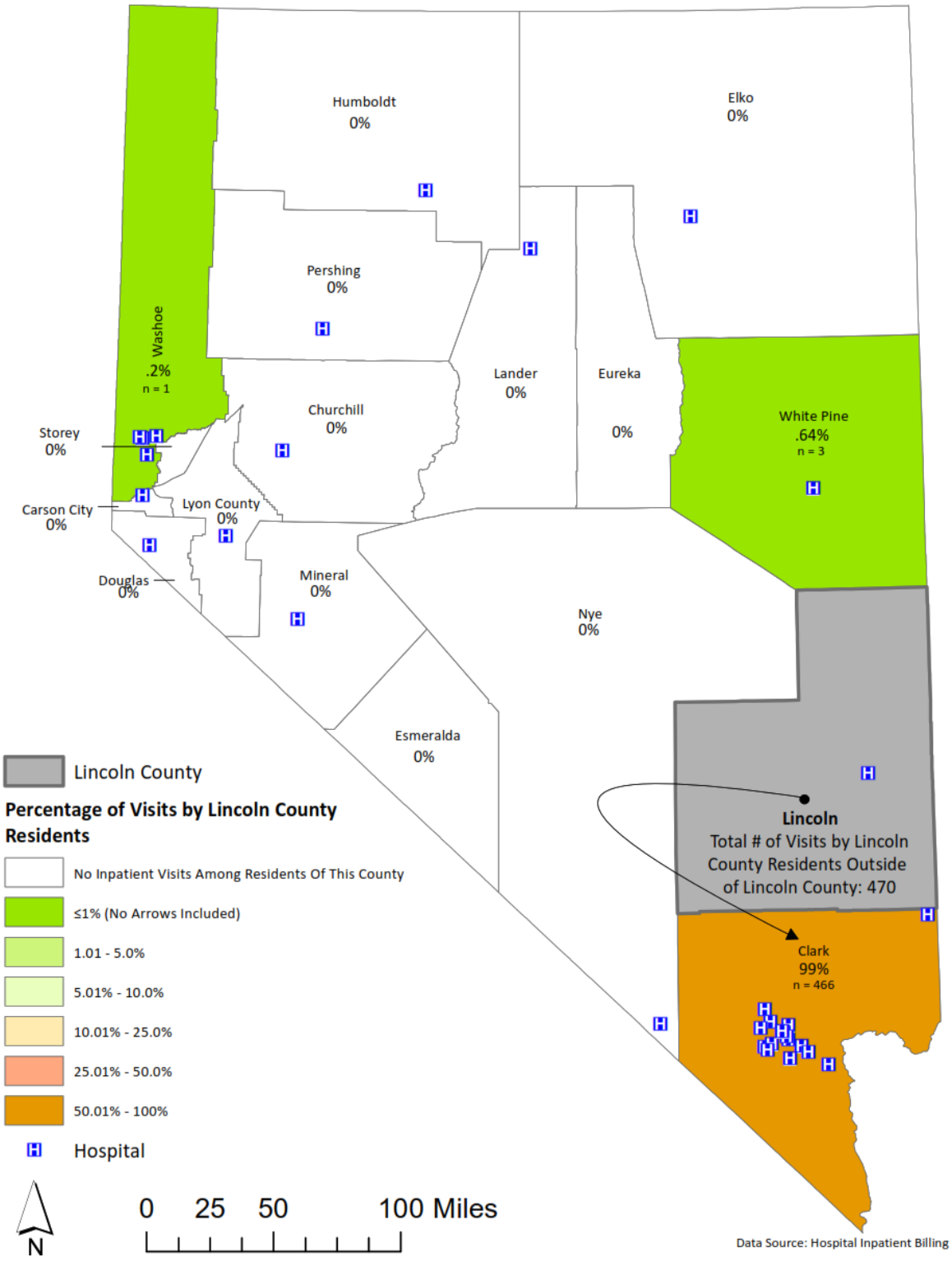
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 52


Percentage of Emergency Department Visits Among Residents of Lincoln County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 0%
Elko 1% n = 6
Pershing 0%
Washoe 2% n = 13
Lander .14% n = 1
Eureka 0%
Churchill 0%
White Pine 4% n = 26
Storey 0%
Carson City .72% n = 5
Lyon .14% n = 1
Douglas 0%
Mineral .14% n = 1
Nye 1% n = 8
Esmeralda 0%
Lincoln
Total # of Visits by Lincoln County Residents Outside of Lincoln County: 695
Clark 91% n = 634
Lincoln County
Percentage of Visits by Lincoln County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 53

Percentage of Hospital Inpatient Visits Among Residents of Lincoln County to Other Nevada Counties, 2016-2018 Aggregate Data



Lincoln County Hospital Burden

Table C114 indicates 8% of emergency department visits into Lincoln County were made by non-Lincoln County residents, while 4% of inpatient hospitalization were made by non-Lincoln County residents.

Table C114: Total Number and Percent of Visits Made to Lincoln County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	239	8%	3,078
Inpatient Hospitalizations	13	4%	312

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 54 and 55 display: Visits Occurring in Lincoln County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 54: Percentage of Lincoln County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Lincoln County hospitals by persons who do not reside in Lincoln County and 2) the county where the patient resides.

Map 55: Percentage of Lincoln County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Lincoln County hospitals by persons who do not reside in Lincoln County and 2) the county where the patient resides.

Table C115 provides the detailed numbers and percentages shown in Maps 54 and 55. The largest proportion of non-resident emergency department visits and non-resident inpatient hospitalizations were from Clark County, at 84% and 85% respectively.

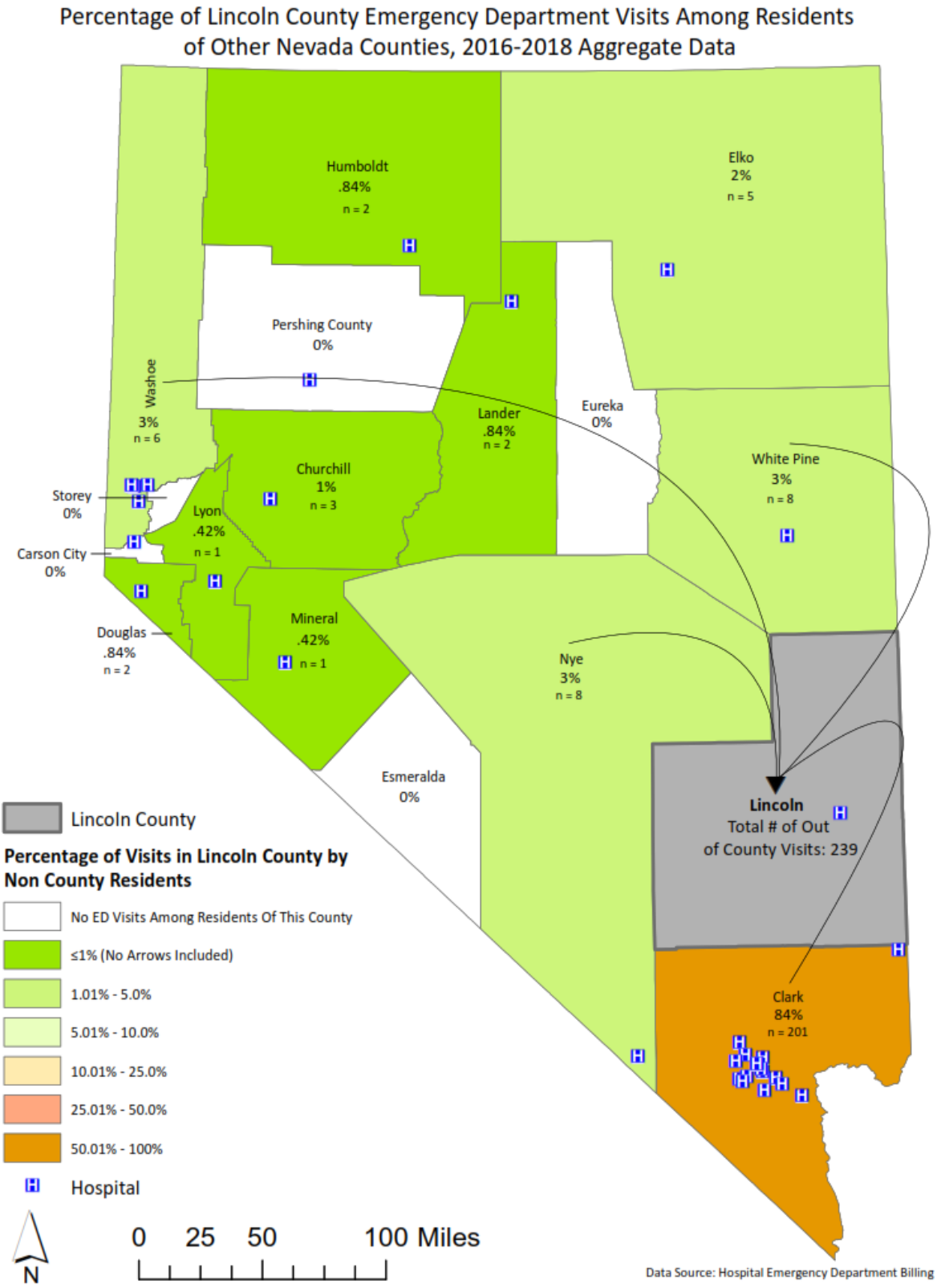
Table C115: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Lincoln County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in Lincoln County by Non-Lincoln County Residents		Inpatient Hospitalization Occurring in Lincoln County by Non-Lincoln County Residents	
	#	%	#	%
Carson	0	0%	0	0%
Churchill	3	1%	0	0%
Clark	201	84%	11	85%
Douglas	2	0.84%	0	0%
Elko	5	2%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	2	0.84%	0	0%
Lander	2	0.84%	0	0%
Lincoln	0	0%	0	0%
Lyon	1	0.42%	0	0%
Mineral	1	0.42%	0	0%
Nye	8	3%	1	8%
Pershing	0	0%	0	0%
Storey*	0	0%	0	0%
Washoe	6	3%	1	8%
White Pine	8	3%	0	0%
Number of ED/Hospitalizations Among Persons who Reside Outside of Lincoln County	**239**	**100%**	**13**	**100%**

*these counties do not have a hospital

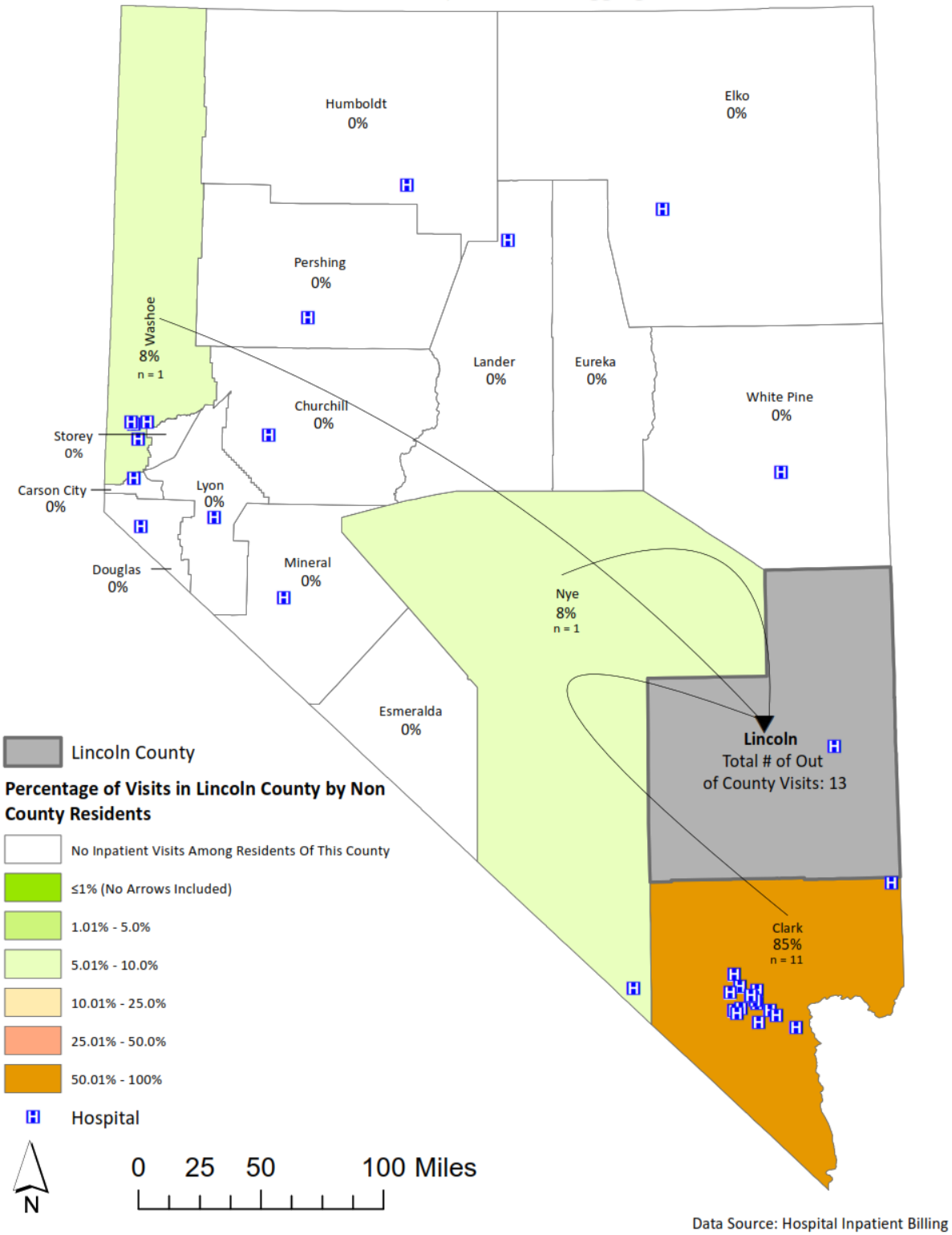
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 54


Percentage of Lincoln County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
.84%
n = 2
Elko
2%
n = 5
Pershing County
0%
Washoe
3%
n = 6
Lander
.84%
n = 2
Eureka
0%
White Pine
3%
n = 8
Churchill
1%
n = 3
Storey
0%
Lyon
.42%
n = 1
Carson City
0%
Douglas
.84%
n = 2
Mineral
.42%
n = 1
Nye
3%
n = 8
Esmeralda
0%
Lincoln
Total # of Out of County Visits: 239
Clark
84%
n = 201
Lincoln County
Percentage of Visits in Lincoln County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 55

Percentage of Lincoln County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Data Source: Hospital Inpatient Billing

Lincoln County Health Priorities

Table C116 includes the priorities identified for Lincoln County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Employment and Job Training, 2) Access to Health Care, and 3) Health Behaviors and Preventive Care. Table C116 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community.

#1 Employment and Job Training
For Lincoln County, the secondary data-driven opportunities for improvement under employment and job training include the low percentage of the population 16+ years in the labor force.

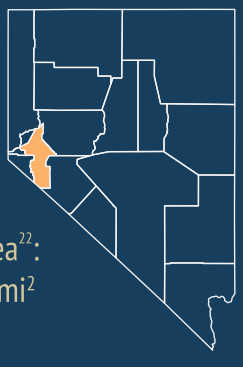
Survey respondents from Lincoln County identified there are not enough jobs that pay a living wage, not enough jobs to support all the individuals needing jobs, a lack of diversity in local businesses-meaning only a few options for employment, a lack of job training/vocational/technical opportunities-especially for young adults who prefer not to go to college, a lack of affordable childcare for parents who are attending college or job training programs, and a lack of job opportunities for those individuals with college education or higher.

#2 Access to Health Care
The data-driven opportunities for improvement under access to health care include a low ratio of dentist providers to population, dental visits among high school students and a high percentage of population under age 19 without health insurance.

Survey respondents from Lincoln County identified the lack of primary care and mental care providers, many people do not have health insurance, many people cannot afford the cost of health care even with health insurance coverage, many people cannot afford the cost of health insurance, there is a lack of dental care, no urgent care, a lack of emergency response services or EMS Vehicles, and transportation barriers make it challenging for people to get to their healthcare appointments.

#3 Health Behaviors and Preventive Care
The data-driven opportunities for improvement within health behaviors and preventive care include low rates of vaccination among children aged 19 to 35 months and sexually active high school students who do not use any method to prevent pregnancy. There were relatively few survey respondents from Lincoln County, and none selected health behaviors and preventive care, therefore survey subcategory results are not provided within Table C116.

Table C116: Lincoln County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Order Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Employment & Job Training**	• Percent of population 16+ years in the labor force	1. Three-way tie: Not enough jobs that pay a living wage; Not enough jobs to support all the individuals needing jobs; Lack of diversity of local businesses (only a few options for employment); 2. Three-way tie: Lack of job training/vocational/technical opportunities (for young adults who prefer not to go to college); Lack of affordable childcare (for parents who are attending college or job training programs); and Lack of job opportunities for those individuals with college education or higher	No CHNA or CHIP
2	**Access to Health Care**	• Ratio of dentist providers to population • Dental visits among high school students • Percent of population under age 19 without health insurance	**ALL TIED** • Lack of primary care providers • Lack of mental health providers • Many people CANNOT afford the cost of health care, even with health insurance coverage. • Many people CANNOT afford the cost of health insurance • Lack of dental care • Many people DO NOT have health insurance • Transportation barriers make it challenging for members of my community to get to their healthcare appointments • There is no urgent care • Lack of Emergency Response Services or EMS Vehicles (e.g., Ambulance, Life Flight)	
3	**Health Behaviors & Preventive Care**	• Vaccination among children, aged 19 to 35 months • Sexually active high school students who do not use any method to prevent pregnancy	There were few survey respondents and no survey responses for this category.	



Land Area[22]: 2,001.2 mi²

LYON COUNTY PROFILE

2019 Population[1]: 56,054 people, 1.8% of Nevada's Population
Population Density: 28 people per square mile (mi²)
County Seat: Yerington
Designation: Rural

TOP PRIORITIES

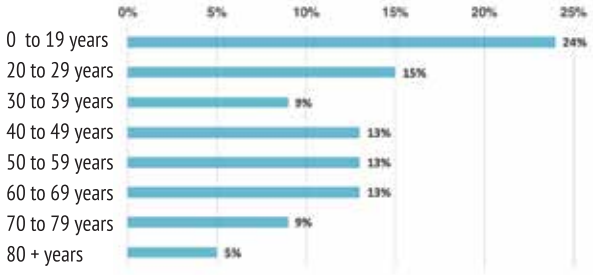
Behavioral Health

Access to Health Care

Employment & Poverty

DEMOGRAPHICS

AGE[1]



MEDIAN AGE[4] 43.8

NV 38.7

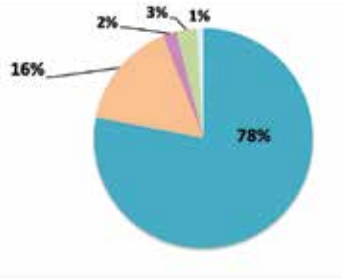
17 & UNDER[3] 21.4%

NV 23.5%

OVER 65 +[3] 20.5%

NV 15.1%

RACE/ETHNICITY[1]



CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Lyon, Mineral, & Storey)

% who seriously considered attempting suicide[2]	NV 16.6% US 17.2%	16.9%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	37.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% US 19.5%	25.7%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% US 29.8%	33.9%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	49.7%*
% who are overweight or obese[2]	NV 28.9% US 30.4%	30.2%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% US 39.2%	32.3%*

NV 71.6%
US 77.3%
61.9%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
66%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
10.7%
% of population, 19 and younger, without health insurance[7]

NV 27,159
558
# of children enrolled in Nevada Children's Health Insurance Program[8]

7.3%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

9.5%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Lyon, Mineral, and Storey)

NV %
US %

% of total population with no health insurance[7]

NV 11.2%

11.6%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

17.4%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

26%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Malignant Neoplasms (cancer) (246.1)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

21.1%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

68.4%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

23.5

% of adults who are binge drinkers[9]

NV 15% US 17.4%

15.8%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

757.1

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

24.0

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$50,920

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $47,791 FEMALE $35,996

Difference in annual earnings between male and female workers (full-time, year round)[7] **$11,795**

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

12.3%

Unemployment Rate[18]

5.2%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	13.7%	NV 13%	US 13.4%
18 & UNDER	18.3%	NV 18.5%	US 18.4%
OVER 65 +	7.1%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	37.4%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

84.8%

Bachelor's degree or higher[17]

14.7%

NV 23.7% US 30.9%

MALE 13.0%

NV 23.6% US 30.6%

FEMALE 16.4%

NV 23.8% US 31.2%

39.4%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

43.2%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

19.1%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

137.5

NV 122.6

Lyon County

The county seat of Lyon County is Yerington, located in the southern part of the county. Lyon County's 2019 total population was 56,054 people, representing 1.8 % of Nevada's population. Lyon County's land area is 2,001.2 mi^2 with a population density of 28 people per mi^2.

Lyon County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C117 provides community survey results for Lyon County. Thirty-one of the 83 respondents (37%) from Lyon County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 35% of respondents.

Table C117: Lyon County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	31	37%
Access to Health Care	29	35%
Housing/Poverty	11	13%
Environment and Built Environment	3	4%
Preventive Behaviors	2	2%
Employment and Job Training	2	2%
Chronic Diseases	2	2%
Education	1	1%
Other	1	1%
Family Dynamics and Maternal Child Health	1	1%
Communicable Diseases	0	0%
Total	**83**	**100%**

Lyon County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C118 summarizes health findings of Lyon County Key Informant interviews taking place between May and July 2019. Behavioral health issues and small, rural community challenges (lack of transportation, a need for increased funding, etc.) stand out as common themes identified by Lyon County Key Informants.

Table C118: Lyon County Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues 2. Seniors 3. Children (tied) Individuals with intellectual and developmental disorders (tied)	1. Health is a stakeholder priority across the county 2. Collaborative nature of various organizations and grassroots efforts 3. Vocational training and workforce development programs
Barriers	**Solutions**
1. Lack of transportation 2. Cultural challenges (varied) including lack of motivation and time to obtain higher education or job skills, stigma around the government and government services, mental health stigma, and disparities among higher income and lower income families 3. Lack of behavioral health services	1. Prioritize vocational training and workforce development (tied) Improve collaborative efforts (tied) 2. Increase public awareness about what programs are available 3. Prioritize education 4. Increase funding (tied) 5. Policy reform (tied) a. Schools funding b. Behavioral health access c. County-based funding allotment

Lyon County Specific Indicator Data

Table C119 displays the number and percent of Lyon County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Lyon County's population was white, not Hispanic (79% in 2015 and 78% in 2019). The Asian/Pacific Islander population increased by 15% between 2015 and 2019.

Table C119: Number and Percent of Lyon County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	42,268	79%	43,937	78%	-4%
Black, not Hispanic	499	1%	541	1%	8%
American Indian, Eskimo, Aleut, not Hispanic	1,547	3%	1,617	3%	4%
Asian/Pacific Islander, not Hispanic	874	2%	1,029	2%	15%
Hispanic Origin of Any Race	8,088	15%	8,930	16%	9%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C120 displays the projected number and percent of Lyon County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Lyon County's population is projected to be white, not Hispanic (78% in 2020 and 77% in 2024). The Asian/Pacific Islander, not Hispanic population is projected to increase by 7% between 2020 and 2024.

Table C120: Number and Percent of Lyon County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	44,033	78%	44,086	77%	0%
Black, not Hispanic	551	1%	581	1%	5%
American Indian, Eskimo, Aleut, not Hispanic	1,624	3%	1,645	3%	1%
Asian/Pacific Islander, not Hispanic	1,050	2%	1,120	2%	7%
Hispanic Origin of Any Race	9,066	16%	9,554	17%	5%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C121 displays the number and percent of Lyon County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 10-19-year-old age group represented the largest percentage of Lyon County's population in 2015 at 14%, and the 20-29-year-old age group represented the largest portion of Lyon County's population in 2019 at 15%. The population with the greatest percent change between 2015 and 2019 is the 80+ years age group with a 32% increase.

Table C121: Number and Percent of Lyon County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	5,877	11%	6,225	11%	6%
10 to 19 years	7,507	14%	7,025	13%	-6%
20 to 29 years	6,694	13%	8,169	15%	22%
30 to 39 years	5,372	10%	4,784	9%	-11%
40 to 49 years	6,868	13%	7,104	13%	3%
50 to 59 years	6,918	13%	7,370	13%	7%
60 to 69 years	7,083	13%	7,516	13%	6%
70 to 79 years	5,032	9%	5,314	9%	6%
80 + years	1,924	4%	2,547	5%	32%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C122 displays the number and percent of Lyon County's population by age group estimated for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 14%, while the 30-39, 50-59, and 60-69-year-old age groups are projected to be the largest in 2024 at 13% for all three groups. The population with the greatest projected percent change between 2020 and 2024 is the 30-39-year-old age group with a 35% increase.

Table C122: Number and Percent of Lyon County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	6,152	11%	6,168	11%	0%
10 to 19 years	7,124	13%	6,693	12%	-6%
20 to 29 years	7,666	14%	7,035	12%	-8%
30 to 39 years	5,479	10%	7,398	13%	35%
40 to 49 years	6,919	12%	6,285	11%	-9%
50 to 59 years	7,492	13%	7,328	13%	-2%
60 to 69 years	7,468	13%	7,209	13%	-3%
70 to 79 years	5,340	9%	5,813	10%	9%
80 + years	2,685	5%	3,054	5%	14%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C123 lists the incidence rates for all types of cancer aggregate for Lyon County and Nevada, 1995-2015. Lyon County's incidence rates for all types of cancer were higher than Nevada's incidence rates for 13 of the 21 years listed.

Table C123: Incidence Rates of All Types of Cancer Aggregate, Lyon County and Nevada, 1995 2015

Year	Lyon County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	491.8	(413.1, 570.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	515.4	(437.5, 593.3)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	454.7	(384.2, 525.1)	417.1	(407.1, 427.2)	236.9-488.7
1998	512.7	(439.4, 586.0)	418.5	(408.8, 428.2)	232.8-815.9
1999	472.0	(404.7, 539.3)	422.1	(412.6, 431.6)	240.7-1091.8
2000	513.4	(442.1, 584.8)	513.8	(503.6, 524.1)	223.4-534.4
2001	442.2	(378.3, 506.1)	505.4	(495.5, 515.4)	184.9-563.2
2002	515.4	(447.1, 583.7)	506.9	(497.1, 516.7)	253.2-672.6
2003	534.8	(468.9, 600.7)	487.6	(478.2, 497.0)	194.0-551.2
2004	442.3	(384.5, 500.1)	487.6	(478.2, 496.5)	387.2-631.1
2005	501.5	(442.1, 560.9)	456.2	(447.5, 464.8)	343.7-829.8
2006	488.7	(433.2, 544.1)	467.1	(458.5, 475.7)	258.2-589.7
2007	421.2	(370.1, 472.3)	443.7	(435.5, 451.9)	191.9-544.8
2008	469.8	(418.2, 521.5)	457.0	(448.8, 465.2)	315.1-637.8
2009	415.3	(365.5, 465.0)	459.5	(451.4, 467.6)	232.1-560.3
2010	419.2	(369.6, 468.9)	431.2	(423.5, 439.0)	390.4-524.5
2011	413.7	(365.5, 462.0)	433.4	(425.7, 441.1)	227.1-546.1
2012	399.1	(352.5, 445.7)	411.3	(403.9, 418.7)	266.7-527.4
2013	411.2	(352.5, 445.7)	410.4	(403.2, 417.7)	207.5-530.8
2014	483.2	(432.1, 534.2)	399.4	(392.3, 406.4)	207.5-530.8
2015	425.8	(378.6, 473.1)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C124 lists the number and percentage of calls made by Lyon County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Lyon County residents represented 0.5% of the total calls made by all Nevada residents. Lyon County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (23%).

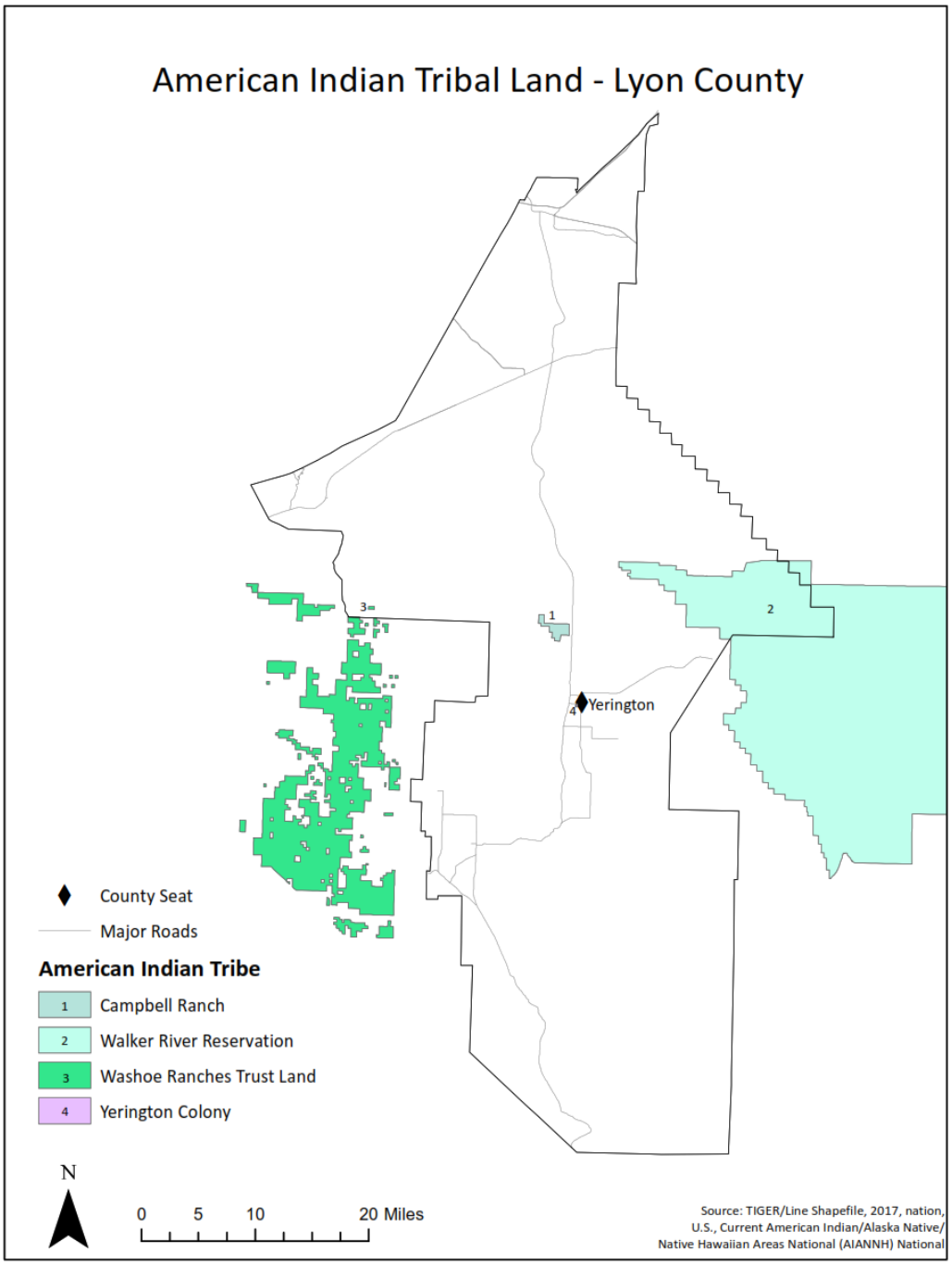
Table C124: 2 1 1 Most Requested Services in Lyon County		
Service	**#**	**%**
Housing and Shelter	103	23%
Other	83	18%
Health Care	70	15%
Utilities	60	13%
Transportation Assistance	31	7%
Food	25	6%
Government and Legal	22	5%
Employment and Income	21	5%
Mental Health and Addictions	20	4%
Disaster	8	2%
Clothing and Household	6	1%
Child Care and Parenting	3	1%
Education	1	0%
Total	**453**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Lyon County – American Indian Tribal Land

Map 56 below depicts American Indian Tribal land in Lyon County, which includes the Campbell Ranch, the Walker River Reservation, the Walker Ranches Trust Land, and the Yerington Colony.

Map 56



Lyon County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 59,311 emergency department visits made by Lyon County residents; of those, 85% occurred outside of Lyon County. There were a total of 19,039 inpatient hospitalizations among Lyon County residents; of those, 98% occurred outside of Lyon County.

Maps 57 and 58 display: When a Lyon County Resident Obtains Hospital Care Outside Lyon County, Where Do They Go? A description of each map is included below:

> Map 57: Percentage of Emergency Department Visits Among Residents of Lyon County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Lyon County residents outside of Lyon County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 58: Percentage of Hospital Inpatient visits Among Residents of Lyon County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Lyon County residents outside of Lyon County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C125 provides the detailed numbers and percentages shown in the Maps 57 and 58. When a Lyon County resident obtained care in a hospital outside Lyon County, the largest proportion of out of county emergency department visits were into Carson City (40%) and Washoe County (34%). The largest proportion of out of county inpatient hospitalizations were into Washoe County (51%) and Carson City (43%).

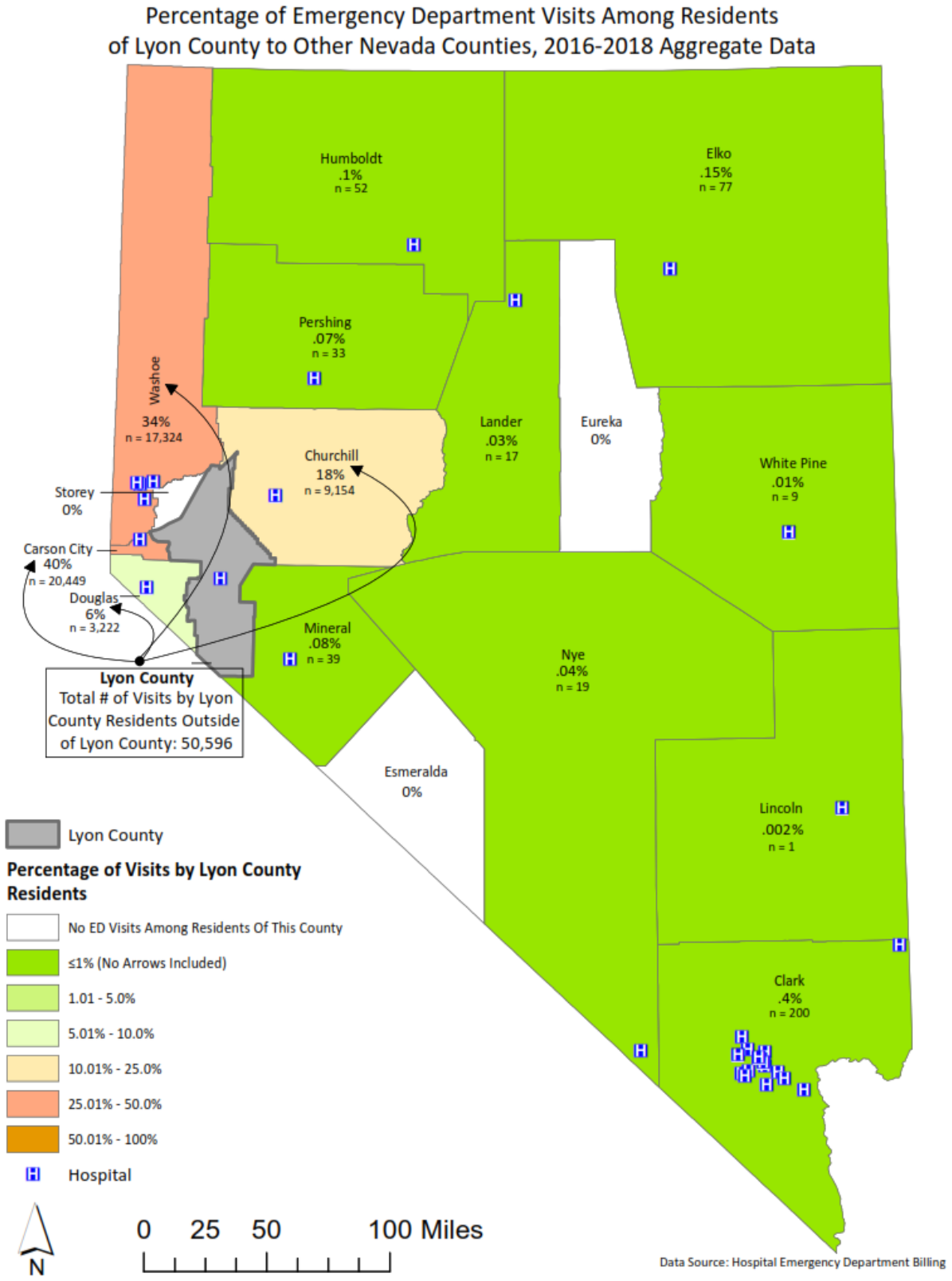
Table C125: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Lyon County Residents that Occurred Outside of Lyon County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Lyon County		Inpatient Hospitalization Outside Lyon County	
	#	%	#	%
Carson	20,449	40%	8,131	43%
Churchill	9,154	18%	779	4%
Clark	200	0%	81	0.43%
Douglas	3,222	6%	397	2%
Elko	77	0.15%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	52	0.1%	4	0.02%
Lander	17	0.03%	0	0%
Lincoln	1	0%	0	0%
Lyon	0	0%	0	0%
Mineral	39	0.08%	15	0.08%
Nye	19	0.04%	0	0%
Pershing	33	0.07%	0	0%
Storey*	0	0%	0	0%
Washoe	17,324	34%	9,631	51%
White Pine	9	0.01%	1	0.01%
Number of ED/Hospitalizations Outside County Among Residents	**50,596**	**100%**	**19,039**	**100%**

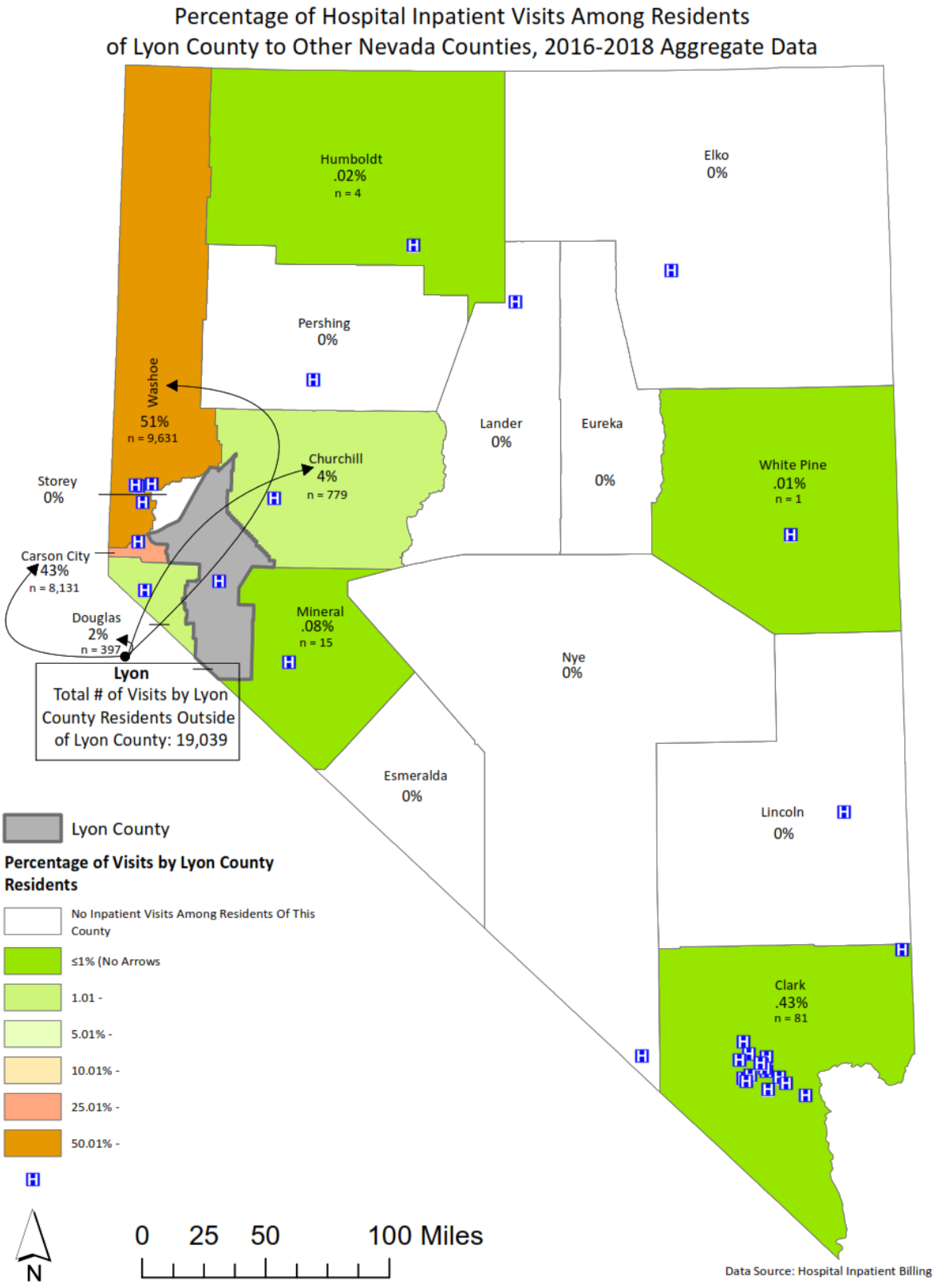
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 57


Percentage of Emergency Department Visits Among Residents of Lyon County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .1% n = 52
Elko .15% n = 77
Pershing .07% n = 33
Washoe 34% n = 17,324
Churchill 18% n = 9,154
Lander .03% n = 17
Eureka 0%
White Pine .01% n = 9
Storey 0%
Carson City 40% n = 20,449
Douglas 6% n = 3,222
Mineral .08% n = 39
Nye .04% n = 19
Esmeralda 0%
Lincoln .002% n = 1
Clark .4% n = 200
Lyon County
Total # of Visits by Lyon County Residents Outside of Lyon County: 50,596
Lyon County
Percentage of Visits by Lyon County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 58


Percentage of Hospital Inpatient Visits Among Residents
of Lyon County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
.02%
n = 4
Elko
0%
Pershing
0%
Washoe
51%
n = 9,631
Churchill
4%
n = 779
Lander
0%
Eureka
0%
White Pine
.01%
n = 1
Storey
0%
Carson City
43%
n = 8,131
Douglas
2%
n = 397
Mineral
.08%
n = 15
Lyon
Total # of Visits by Lyon County Residents Outside of Lyon County: 19,039
Nye
0%
Esmeralda
0%
Lincoln
0%
Clark
.43%
n = 81
Lyon County
Percentage of Visits by Lyon County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows
1.01 -
5.01% -
10.01% -
25.01% -
50.01% -
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Lyon County Hospital Burden

Table C126 indicates 7% of emergency department visits into Lyon County were made by non-Lyon County residents, while 5% of inpatient hospitalization were made by non-Lyon County residents.

Table C126: Total Number and Percent of Visits Made to Lyon County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	671	7%	9,386
Inpatient Hospitalizations	21	5%	396

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 59 and 60 display: Visits Occurring in Lyon County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 59: Percentage of Lyon County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Lyon County hospitals by persons who do not reside in Lyon County and 2) the county where the patient resides.

Map 60: Percentage of Lyon County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Lyon County hospitals by persons who do not reside in Lyon County and 2) the county where the patient resides.

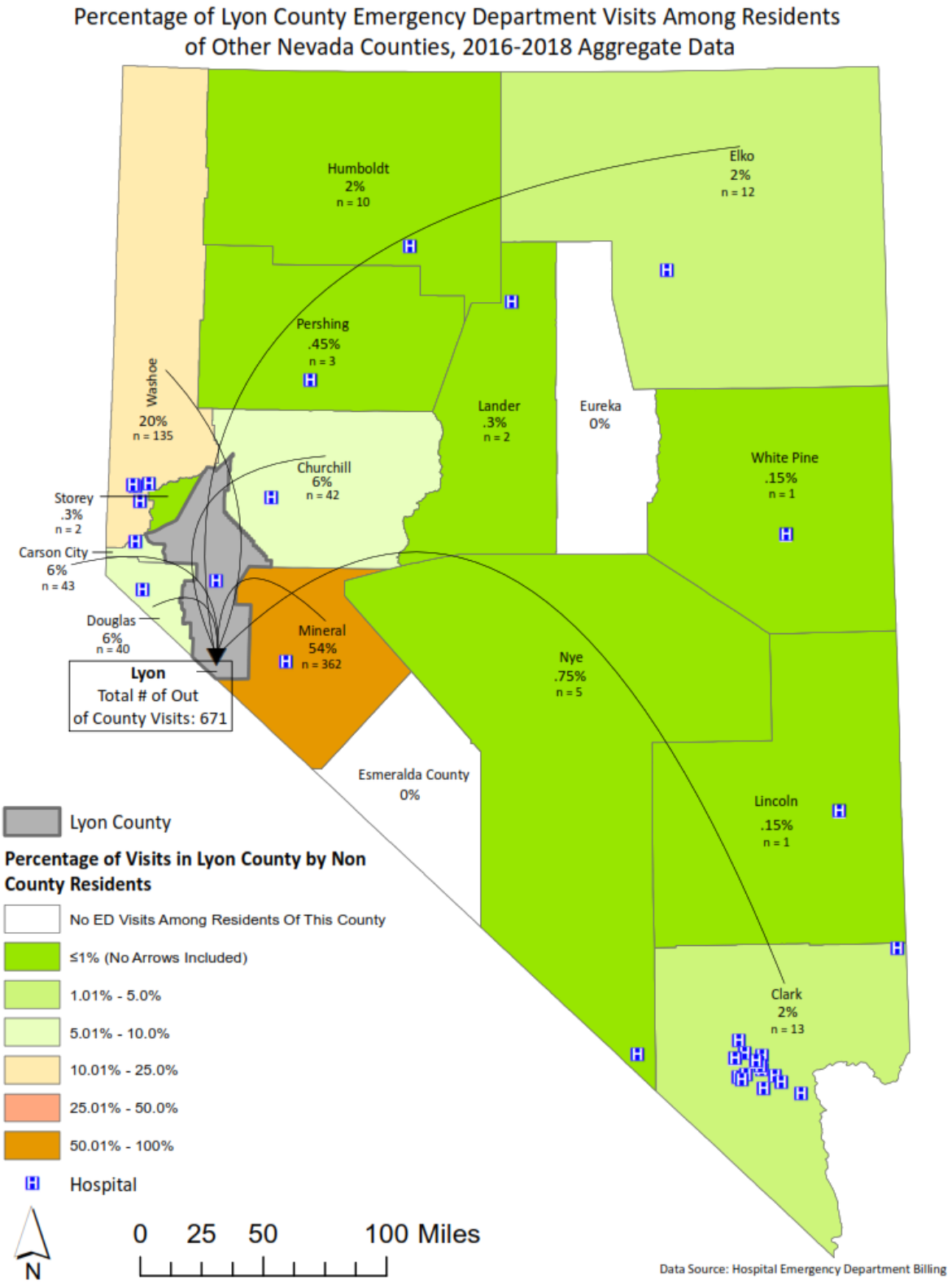
Table C127 provides the detailed numbers and percentages shown in Maps 59 and 60. The largest proportion of non-resident emergency department visits and non-resident inpatient hospitalizations were from Mineral County, at 54% and 57% respectively.

Table C127: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Lyon County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate				
Patient County of Origin/Residence	**ED Visits Occurring in Lyon County by Non-Lyon County Residents**		**Inpatient Hospitalization Occurring in Lyon County by Non-Lyon County Residents**	
	#	**%**	**#**	**%**
Carson	43	6%	3	14%
Churchill	42	6%	1	5%
Clark	13	2%	0	0%
Douglas	40	6%	1	5%
Elko	12	2%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	10	2%	0	0%
Lander	2	0.3%	0	0%
Lincoln	1	0.15%	0	0%
Lyon	0	0%	0	0%
Mineral	362	54%	12	57%
Nye	5	0.75%	1	5%
Pershing	3	0.45%	0	0%
Storey*	2	0.3%	0	0%
Washoe	135	20%	2	10%
White Pine	1	0.15%	1	5%
Number of ED/Hospitalizations Among Persons who Reside Outside of Lyon County	**671**	**100%**	**21**	**100%**

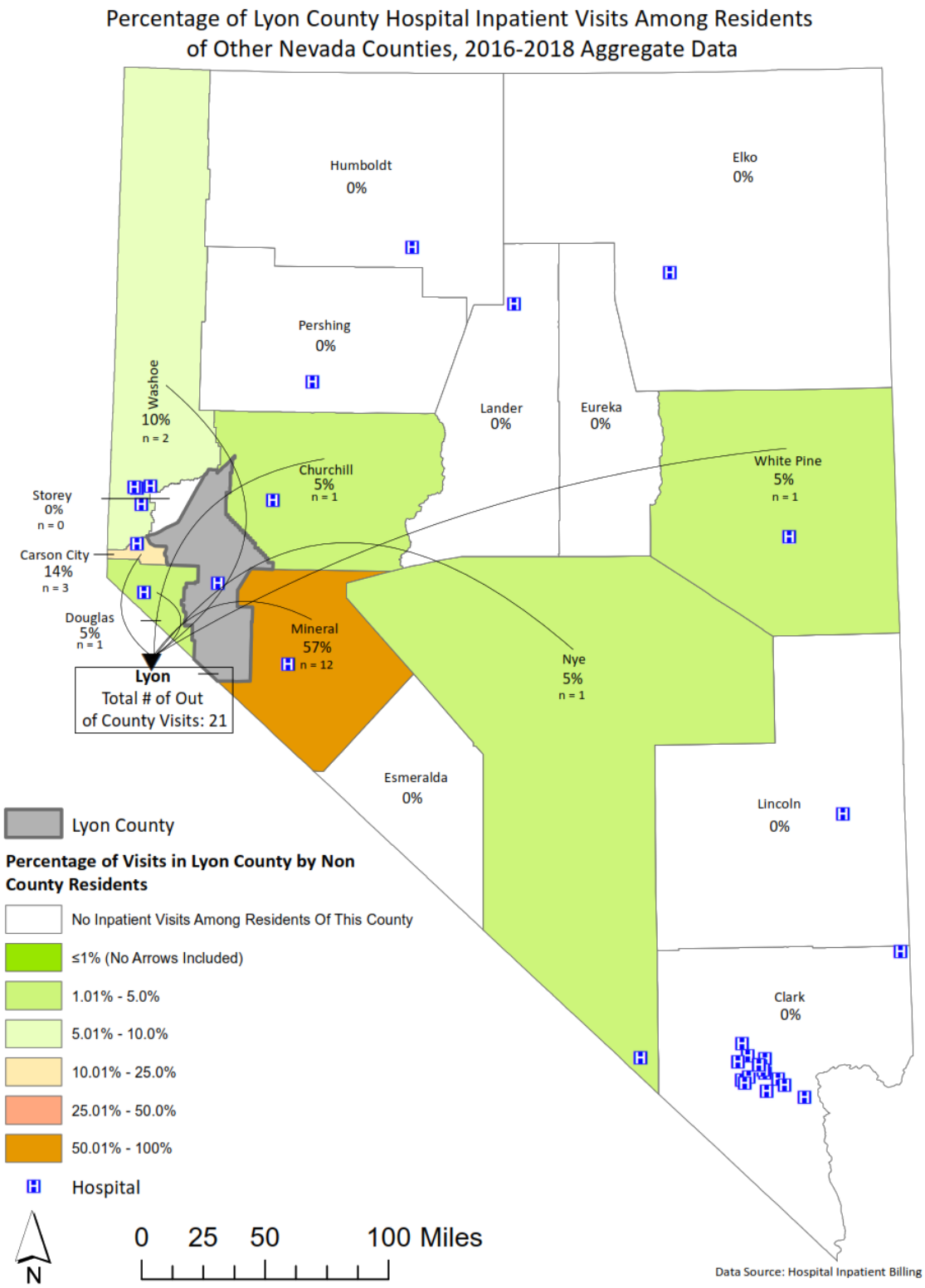
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 59


Percentage of Lyon County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
2%
n = 10
Elko
2%
n = 12
Pershing
.45%
n = 3
Washoe
20%
n = 135
Lander
.3%
n = 2
Eureka
0%
White Pine
.15%
n = 1
Churchill
6%
n = 42
Storey
.3%
n = 2
Carson City
6%
n = 43
Douglas
6%
n = 40
Mineral
54%
n = 362
Lyon
Total # of Out of County Visits: 671
Nye
.75%
n = 5
Esmeralda County
0%
Lincoln
.15%
n = 1
Clark
2%
n = 13
Lyon County
Percentage of Visits in Lyon County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 60


Percentage of Lyon County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 0%
Elko 0%
Pershing 0%
Lander 0%
Eureka 0%
Washoe 10% n = 2
Churchill 5% n = 1
White Pine 5% n = 1
Storey 0% n = 0
Carson City 14% n = 3
Douglas 5% n = 1
Mineral 57% n = 12
Nye 5% n = 1
Lyon Total # of Out of County Visits: 21
Esmeralda 0%
Lincoln 0%
Clark 0%
Lyon County
Percentage of Visits in Lyon County by Non County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Lyon County Health Priorities

Table C128 includes the priorities identified for Lyon County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Behavioral Health, 2) Access to Health Care, and 3) Poverty. Table C128 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C128 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted in Lyon County.

#1 Behavioral Health

For Lyon County, the secondary data-driven opportunities for improvement under behavioral health include mental health-related findings such as the high percent of high school students who attempted suicide. The other drivers of behavioral health were mostly related to substance use and include the percentage of the population 12+ years with an alcohol use disorder, e-cigarette use among adults, and the following behaviors among high school students: tobacco use, cigarette use, electronic vapor products, riding in a car with a driver who had been drinking, marijuana use, and using prescription pain medications without a prescription or differently than prescribed. All of Lyon County is a HRSA-designated mental health provider shortage area. Additionally, Lyon County has a higher rate of hospital inpatient admissions due to opioid poisoning/overdose and deaths due to opioid poisoning/overdose compared to other Nevada counties and Nevada overall.

Survey respondents identified depression as an issue, the lack of mental health providers, a long wait to be seen by mental care providers, the lack of long-term inpatient clinics for behavioral health issues, the lack of substance abuse treatment resources/programs, and the lack of outreach to community about the behavioral health services available. In terms of substance use-related areas for improvement identified by survey respondents the most frequently selected include driving under the influence of alcohol or drugs as a problem, tobacco and vapor product use are problems, illegal and prescription drug use is a problem, and the lack of inpatient alcohol and drug treatment facilities.

#2 Access to Health Care

The data-driven opportunities for improvement under access to health care included the ratio of primary care providers to population as well as the rate of licensed advanced practice registered nurses to population. Additionally, the percentage of adults who visited doctor for routine physical or exam and the percentage of dentist visits among adults, as well as the percent of adults who needed a doctor but couldn't seek care because of costs. All of Lyon County is a HRSA-designated primary care and dental care provider shortage area.

Survey respondents who selected access to health care as the MOST SIGNIFICANT health issue identified the lack of primary care, dental care, and mental care providers, many residents believe the primary care providers do not provide quality care, and there is a long wait to be seen by a primary care provider. Additionally, the perception is that many people cannot afford the cost of health insurance, many people cannot afford the cost of health care, even with health insurance coverage, there is no hospital, and transportation barriers make it challenging people to get to their healthcare appointments.

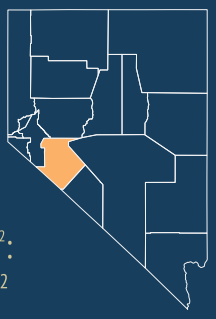
#3 Employment and Poverty
The data-driven opportunities for improvement within employment and poverty included the higher rates of unemployment and the percent of population ages 18 to 64 years, in poverty.

Survey respondents who selected these areas as the MOST SIGNIFICANT health issues most frequently cited many residents rely on public assistance, too many people live in poverty, not enough jobs pay a living wage, the lack of diversity of local businesses such as only having a few options for employment, not enough jobs to support all the individuals needing jobs, and lack of job opportunities in my community for those individuals with college education or higher.

Community-Identified Priorities
The top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted by Lyon County entities.

Adverse Childhood Experiences - ACEs
Is it important to note, although not present in Table C62 as a priority area to improve upon, Lyon County adults and high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C128: Lyon County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Behavioral Health**	• Percent of high school students who attempted suicide • E-cigarette use among adults • Hospital inpatient admissions due to opioid poisoning/overdose • Deaths due to opioid poisoning/overdose • Population 12+ years with an alcohol use disorder Among high school students: • Tobacco use • Cigarette use • Electronic vapor products • Riding in a car with a driver who had been drinking • Marijuana consumption • Using prescription pain medications without a prescription or differently than prescribed	1. Lack of mental health providers 2. Lack of outreach to community about the behavioral health services available 3. Lack of long-term inpatient clinics for behavioral health issues 4. Three-way tie: Depression is a problem; Lack of substance abuse treatment resources/programs; Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months 5. Two-way tie: Illegal drugs (e.g., meth, heroin, cocaine) are a problem; Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem 6. Lack of inpatient alcohol and drug treatment facilities 7. Driving under the influence of alcohol or drugs is a problem 8. Two-way tie: Tobacco and vapor product use is a problem; Lack of alcohol and drug treatment programs	**Lyon/Storey/Mineral Communities Coalition (2016-2018) Community Prevention and Wellness Plan*** • Access to Health Care • Lack of/Access to Mental Health Providers • Behavioral Health • Mental Health • Mental Illness • Substance Use/Abuse • Alcohol Abuse • Drug Abuse • Rehab for Alcohol and Drug Addiction • Nutrition • Maternal, Infant, and Child Health • Social Determinants of Health • Workforce Development • Food Security and food Access • Income/Poverty • Violence Prevention • Communication Protocols, Systems, Public Education **South Lyon Medical Center CAN (2019)** • Lack of/Access to Specialty Providers • Lack of Providers in General • Cost/Affordability of Medical Care • Quality of Health Care *The Healthy Communities Coalition 2016-2018 Community Prevention and Wellness Plan (Plan) addresses needs for both Lyon and Storey counties and includes Mineral county within their service area. The Plan lists 40+ community concerns which have been consolidated in the list of priorities addressed here.
2	**Access to Health Care**	• Ratio of primary care providers to population • Rate of licensed advanced practice registered nurses to population • Percent of adults who visit doctor for routine physical or exam • Annual dentist visits among adults • Percent of adults who needed a doctor but couldn't seek care because of costs	1. Lack of primary care providers 2. There is no hospital 3. Lack of mental health providers 4. Two-way tie: Transportation barriers make it challenging for members of my community to get to their healthcare appointments; Many residents believe the primary care providers DO NOT provide quality care 5. Three-way tie: Many people CANNOT afford the cost of health insurance; Lack of dental care; Long wait to be seen - the providers in the community are not able to book an appointment for a patient for several weeks or months 6. Many people CANNOT afford the cost of health care, even with health insurance coverage	
3	**Employment & Poverty**	• Rate of unemployment • Percent of population, 18 to 64 years, in poverty	1. Three-way tie: Many residents rely on public assistance; Too many people live in poverty; Not enough jobs that pay a living wage 2. Three-way tie: Lack of diversity of local businesses (only a few options for employment); Not enough jobs to support all the individuals needing jobs; Lack of job opportunities in my community for those individuals with college education or higher	



MINERAL COUNTY PROFILE

Land Area[22]: 3,752.8 mi²

2019 Population[1]: 4,569 people, 0.1% of Nevada's Population
Population Density: 1.2 people per square mile (mi²)
County Seat: Hawthorne
Designation: Frontier

TOP PRIORITIES

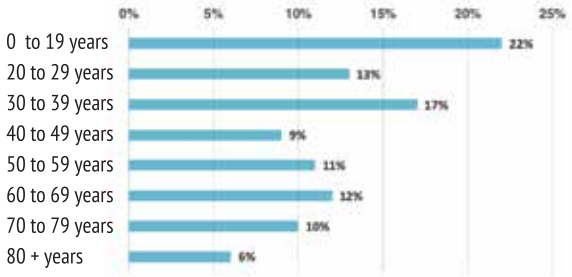
Behavioral Health

Chronic Diseases

Employment & Poverty

DEMOGRAPHICS

AGE[1]



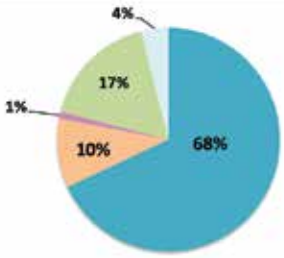
MEDIAN AGE[4] 46.7

NV 38.7

17 & UNDER[3] 22.2%
NV 23.5%

OVER 65 +[3] 21.3%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Lyon, Mineral, & Storey)

% who seriously considered attempting suicide[2]	NV 16.6% US 17.2%	16.9%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	37.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% US 19.5%	25.7%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% US 29.8%	33.9%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	49.7%*
% who are overweight or obese[2]	NV 28.9% US 30.4%	30.2%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% US 39.2%	32.3%*

NV 71.6%
US 77.3%
55.8%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
69%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
15.5%
% of population, 19 and younger, without health insurance[7]

NV 27,159
53
# of children enrolled in Nevada Children's Health Insurance Program[8]

7.3%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

9.5%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Lyon, Mineral, and Storey)

NV %
US %

% of total population with no health insurance[7]

NV 11.2%

15.3%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

12.8%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

33%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11]

| #1 | Diseases of the Heart (358.7)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

31.2%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

79.6%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

38.0

% of adults who are binge drinkers[9]

NV 15% US 17.4%

13.5%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,967.5

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

21.7

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$39,375

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $42,868 FEMALE $37,596

Difference in annual earnings between male and female workers (full-time, year round)[7]

$5,272

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

89.3%

Bachelor's degree or higher[17]

14.0%

NV 23.7% US 30.9%

MALE 17.6%

NV 23.6% US 30.6%

FEMALE 10.7%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

15.1%

Unemployment Rate[18]

5.1%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	20.3%	NV 13%	US 13.4%
18 & UNDER	41.4%	NV 18.5%	US 18.4%
OVER 65 +	11.4%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	46.2%	NV 31%	US 35.7%

28.4%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

34.5%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

21.3%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

110.0

NV 122.6

Mineral County

Mineral County is located along the western boarder of Nevada and the majority of Mineral County's residents live in the county seat of Hawthorne. Mineral County's 2019 total population was 4,569 people, representing 0.1% of Nevada's population. Mineral County's land area is 3,752.8 mi^2 with a population density of 1.2 people per mi^2.

Mineral County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C129 provides community survey results for Mineral County. Two of the four respondents (50%) from Mineral County selected Behavioral Health as the top health priority in their county.

Table C129: Mineral County Community Survey Results, Priority Health Issues, 2019

Health Issue	Mineral	%
Behavioral Health	2	50%
Chronic Diseases	1	25%
Education	1	25%
Access to Health Care	0	0%
Housing/Poverty	0	0%
Environment and Built Environment	0	0%
Preventive Behaviors	0	0%
Employment and Job Training	0	0%
Other	0	0%
Family Dynamics and Maternal Child Health	0	0%
Communicable Diseases	0	0%
Total	**4**	**100%**

Mineral County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, solutions to health issues, within each county. Table C130 summarizes health findings of Mineral County Key Informant interviews taking place between May and July 2019. Small, rural community challenges (lack of higher education facilities, lack of transportation, a need to improve infrastructure, etc.) stand out as common themes identified by Mineral County Key Informants.

Table C130: Mineral County Key Informant Findings	
Priority Populations	**Strengths**
1. Seniors 2. Individuals with behavioral health issues (tied) Low income families (tied)	1. Vocational training and workforce development: School to Careers program through the K-12 school and Western Nevada College has an adult education class, fire department trainings on the job for graduates of the high school (tied) Collaboration with grassroots efforts prioritizing housing and health (tied)
Barriers	**Solutions**
1. Small community and rural challenges including not having enough jobs, aside from mining, to support family members 2. Lack of higher education facilities (tied) Lack of transportation (tied) Lack of vocational training and workforce development programs (tied)	1. Make rural communities more appealing 2. Increase number of staff and program available 3. Improve infrastructure (tied) More specialty providers and related services (tied)

Mineral County Specific Indicator Data

Table C131 displays the number and percent of Mineral County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Mineral County's population was white, not Hispanic (69% in 2015 and 68% in 2019). The Asian/Pacific Islander population increased by 10% between 2015 and 2019.

Table C131: Number and Percent of Mineral County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019
	#	%	#	%	% Change
White, not Hispanic	3,134	69%	3,129	68%	0%
Black, not Hispanic	176	4%	169	4%	-4%
American Indian, Eskimo, Aleut, not Hispanic	736	16%	762	17%	3%
Asian/Pacific Islander, not Hispanic	52	1%	58	1%	10%
Hispanic Origin of Any Race	441	10%	451	10%	2%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C132 displays the projected number and percent of Mineral County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Mineral County's population is projected to be white, not Hispanic (69% in both 2020 and 2024). The American Indian, Eskimo, Aleut, not Hispanic population is projected to represent 17% of the population in both 2020 and 2024.

Table C132: Number and Percent of Mineral County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	3,106	69%	3,075	69%	-1%
Black, not Hispanic	164	4%	155	3%	-5%
American Indian, Eskimo, Aleut, not Hispanic	759	17%	755	17%	-1%
Asian/Pacific Islander, not Hispanic	57	1%	55	1%	-4%
Hispanic Origin of Any Race	448	10%	449	10%	0%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C133 displays the number and percent of Mineral County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 20-29-year-old age group represented the largest percentage of Mineral County's population in 2015 at 15%, and the 30-39-year-old age group represented the largest portion of Mineral County's population in 2019 at 17%. The population with the greatest percent change between 2015 and 2019 was the 30-39-year-old age group with a 41% increase.

Table C133: Number and Percent of Mineral County Population by Age Group, 2015 and 2019, and Percent Change 2015 to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	547	12%	556	12%	2%
10 to 19 years	452	10%	462	10%	2%
20 to 29 years	691	15%	586	13%	-15%
30 to 39 years	551	12%	775	17%	41%
40 to 49 years	450	10%	396	9%	-12%
50 to 59 years	555	12%	515	11%	-7%
60 to 69 years	623	14%	558	12%	-10%
70 to 79 years	391	9%	446	10%	14%
80 + years	279	6%	276	6%	-1%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C134 displays the number and percent of Mineral County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 30-39-year-old age group is projected to be the largest in 2020 and 2024 at 18% for both years. The population with the greatest projected percent change between 2020 and 2024 is the 40-49-year-old age group with a 39% increase.

Table C134: Number and Percent of Mineral County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	544	12%	511	11%	-6%
10 to 19 years	472	10%	539	12%	14%
20 to 29 years	543	12%	453	10%	-17%
30 to 39 years	830	18%	795	18%	-4%
40 to 49 years	377	8%	525	12%	39%
50 to 59 years	521	11%	404	9%	-22%
60 to 69 years	531	12%	507	11%	-5%
70 to 79 years	457	10%	475	11%	4%
80 + years	258	6%	281	6%	9%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C135 lists the incidence rates for all types of cancer aggregate for Mineral County and Nevada, 1995-2015. Mineral County's incidence rates for all types of cancer were higher than Nevada's incidence rates for 13 of the 21 years listed.

Table C135: Incidence Rates of All Types of Cancer Aggregate, Mineral County and Nevada, 1995 2015

Year	Mineral County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	381.8	(237.8, 525.8)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	427.4	(277.0, 577.9)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	427.2	(271.7, 582.7)	417.1	(407.1, 427.2)	236.9-488.7
1998	449.3	(293.6, 605.0)	418.5	(408.8, 428.2)	232.8-815.9
1999	382.7	(243.4, 522.0)	422.1	(412.6, 431.6)	240.7-1091.8
2000	473.4	(316.5, 630.2)	513.8	(503.6, 524.1)	223.4-534.4
2001	467.2	(307.8, 626.6)	505.4	(495.5, 515.4)	184.9-563.2
2002	672.6	(480.3, 864.8)	506.9	(497.1, 516.7)	253.2-672.6
2003	356.2	(219.3, 493.1)	487.6	(478.2, 497.0)	194.0-551.2
2004	514.6	(348.8, 680.4)	487.6	(478.2, 496.5)	387.2-631.1
2005	480.3	(311.2, 649.4)	456.2	(447.5, 464.8)	343.7-829.8
2006	589.7	(404.6, 774.8)	467.1	(458.5, 475.7)	258.2-589.7
2007	347.9	(211.5, 484.3)	443.7	(435.5, 451.9)	191.9-544.8
2008	609.6	(413.2, 806.0)	457.0	(448.8, 465.2)	315.1-637.8
2009	445.1	(285.8, 604.4)	459.5	(451.4, 467.6)	232.1-560.3
2010	524.5	(348.2, 700.8)	431.2	(423.5, 439.0)	390.4-524.5
2011	546.1	(365.2, 727.0)	433.4	(425.7, 441.1)	227.1-546.1
2012	527.4	(347.5, 707.4)	411.3	(403.9, 418.7)	266.7-527.4
2013	530.8	(359.7, 701.8)	410.4	(403.2, 417.7)	207.5-530.8
2014	512.7	(326.1, 699.3)	399.4	(392.3, 406.4)	207.5-530.8
2015	408.5	(241.5, 575.4)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C136 lists the number and percentage of calls made by Mineral County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 19, 2019). Mineral County residents represented less than 0.1% of the total calls made by Nevada residents. Mineral County residents who called Nevada 2-1-1 were most in need of Housing and Shelter (31%) and Food services (31%).

Table C136: 2 1 1 Most Requested Services in Mineral County

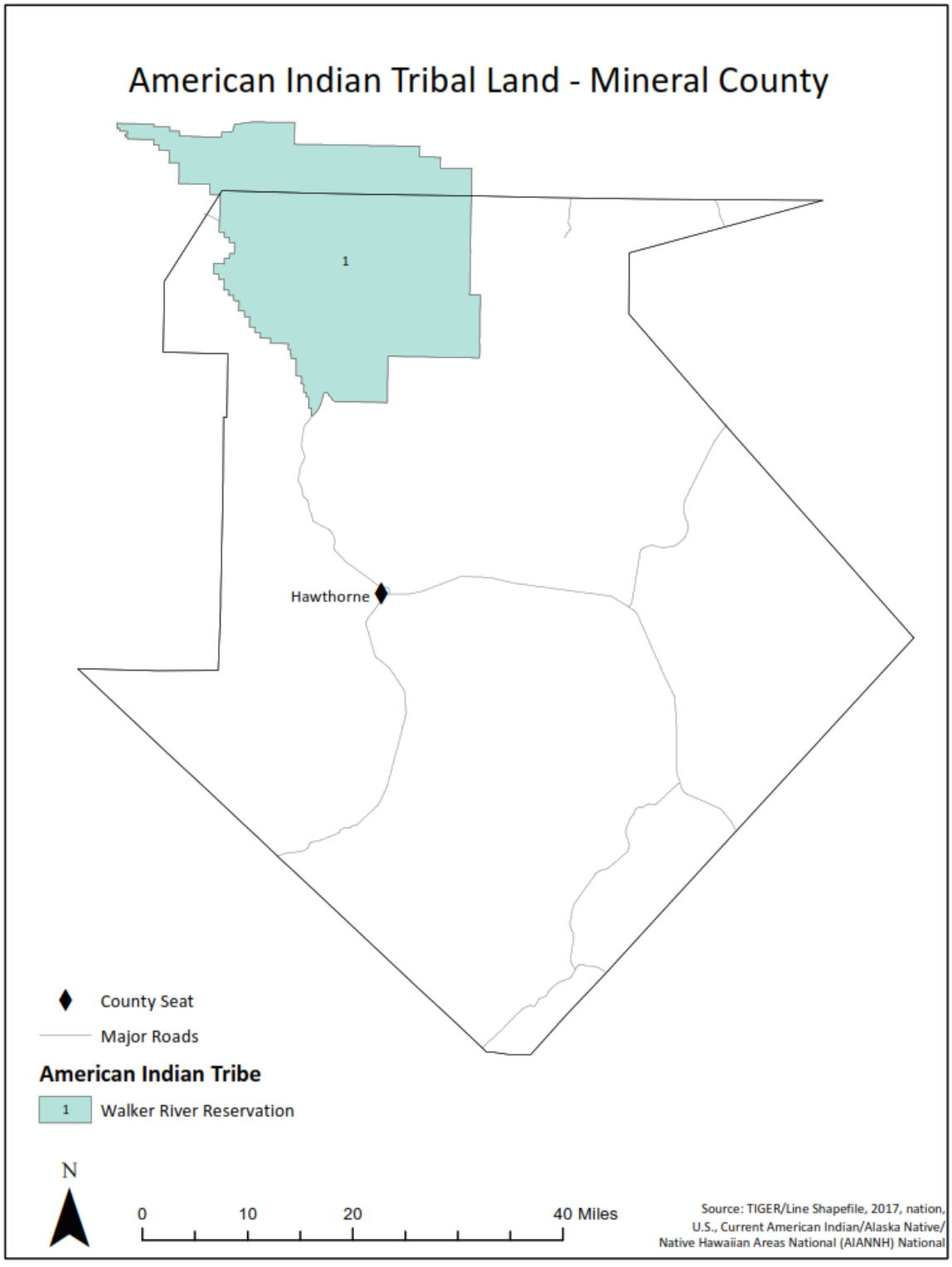
Service	#	%
Housing and Shelter	4	31%
Food	4	31%
Other	3	23%
Health Care	1	8%
Clothing and Household	1	8%
Utilities	0	0%
Mental Health and Addictions	0	0%
Employment and Income	0	0%
Child Care and Parenting	0	0%
Government and Legal	0	0%
Transportation Assistance	0	0%
Education	0	0%
Disaster	0	0%
Total	**13**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Mineral County – American Indian Tribal Land

Map 61 below depicts American Indian Tribal land in Mineral County, which includes the Walker River Reservation.

Map 61



Mineral County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 7,452 emergency department visits made by Mineral County residents; of those, 32% occurred outside of Mineral County. There were a total of 2,306 inpatient hospitalizations among Mineral County residents; of those, 59% occurred outside of Mineral County.

Maps 62 and 63 displays: When a Mineral County Resident Obtains Hospital Care Outside Mineral County, Where Do They Go? A description of each map is included below:

Map 62: Percentage of Emergency Department Visits Among Residents of Mineral County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Mineral County residents outside of Mineral County and 2) the county where the emergency department visit occurred in Nevada.

Map 63: Percentage of Hospital Inpatient visits Among Residents of Mineral County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Mineral County residents outside of Mineral County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C137 provides the detailed numbers and percentages shown in the Maps 62 and 63. When a Mineral County resident obtained care in a hospital outside Mineral County, the largest proportion of out of county emergency department visits were into Churchill County (56%) and Washoe County (23%). The largest proportion of out of county inpatient hospitalizations were into Washoe County (62%) and Churchill County (20%).

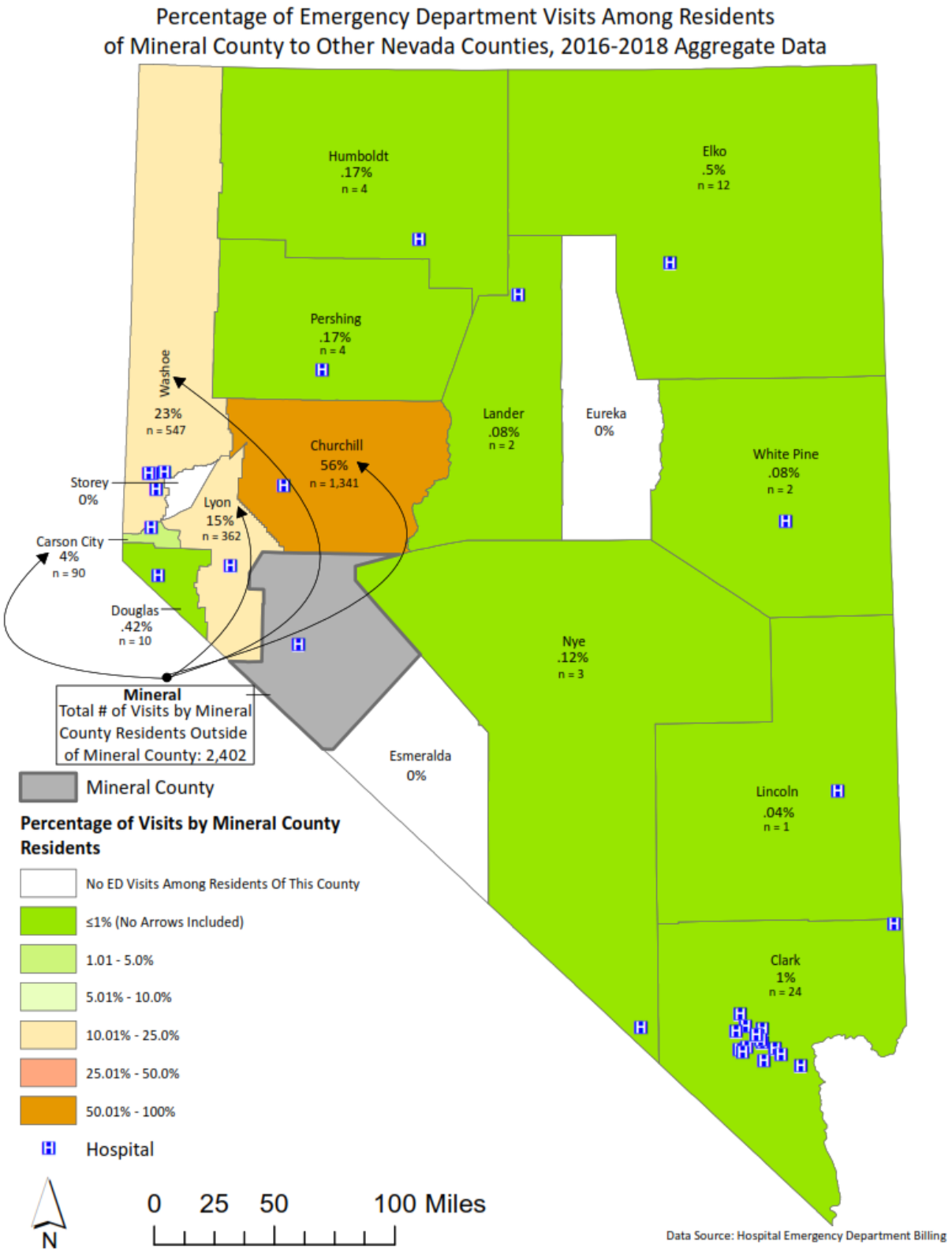
Table C137: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Mineral County Residents that Occurred Outside of Mineral County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Mineral County		Inpatient Hospitalization Outside Mineral County	
	#	%	#	%
Carson	90	4%	214	16%
Churchill	1,341	56%	275	20%
Clark	24	1%	14	1%
Douglas	10	0.42%	2	0.15%
Elko	12	0.5%	1	0.07%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	4	0.17%	0	0%
Lander	2	0.08%	0	0%
Lincoln	1	0.04%	0	0%
Lyon	362	15%	12	0.9%
Mineral	0	0%	0	0%
Nye	3	0.12%	0	0%
Pershing	4	0.17%	0	0%
Storey*	0	0%	0	0%
Washoe	547	23%	844	62%
White Pine	2	0.08%	0	0%
Number of ED/Hospitalizations Outside County Among Residents	**2,402**	**100%**	**1,362**	**100%**

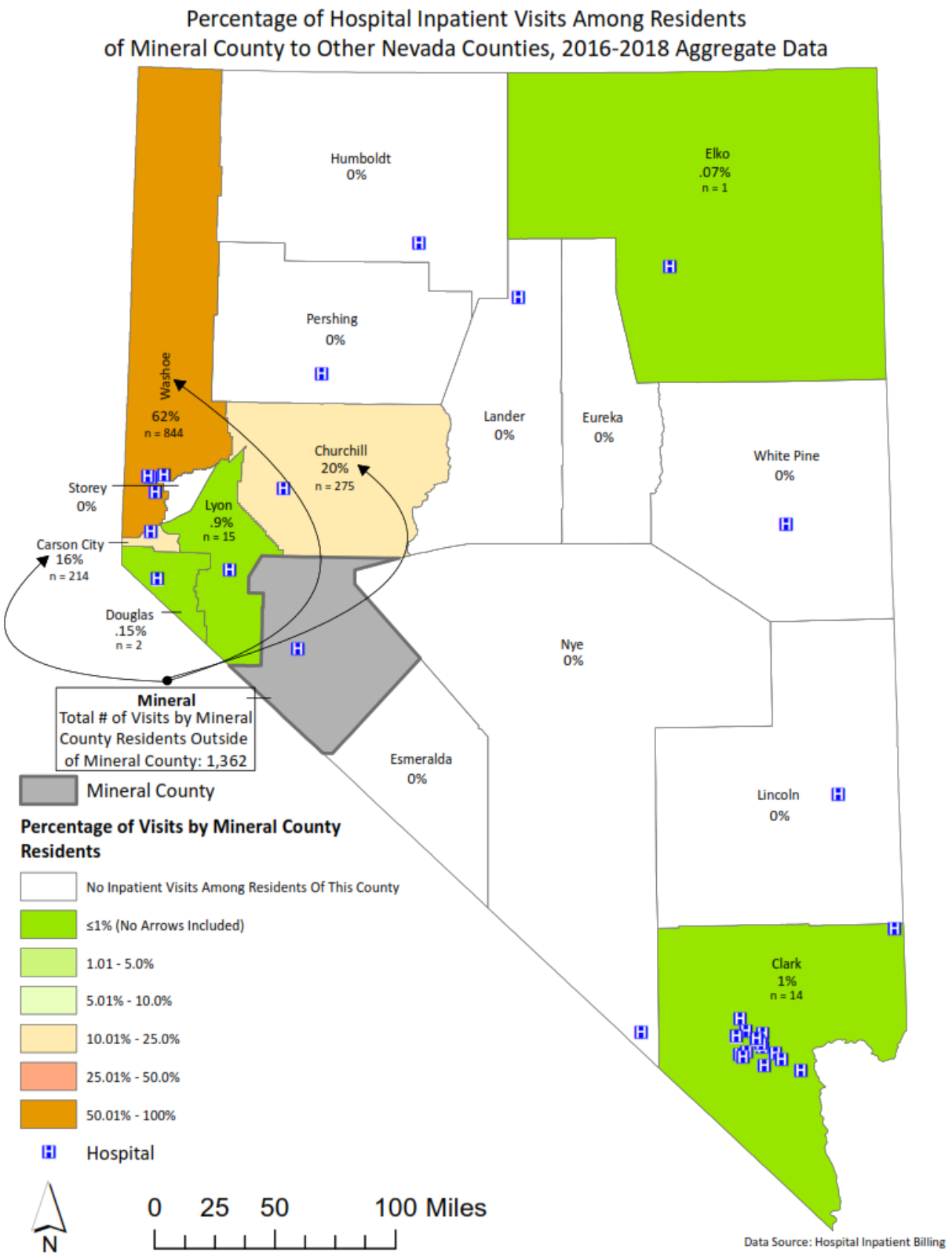
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 62


Percentage of Emergency Department Visits Among Residents of Mineral County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .17% n = 4
Elko .5% n = 12
Pershing .17% n = 4
Washoe 23% n = 547
Churchill 56% n = 1,341
Lander .08% n = 2
Eureka 0%
White Pine .08% n = 2
Storey 0%
Lyon 15% n = 362
Carson City 4% n = 90
Douglas .42% n = 10
Nye .12% n = 3
Mineral
Total # of Visits by Mineral County Residents Outside of Mineral County: 2,402
Esmeralda 0%
Lincoln .04% n = 1
Clark 1% n = 24
Mineral County
Percentage of Visits by Mineral County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 63


Percentage of Hospital Inpatient Visits Among Residents
of Mineral County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
0%
Elko
.07%
n = 1
Pershing
0%
Washoe
62%
n = 844
Churchill
20%
n = 275
Lander
0%
Eureka
0%
White Pine
0%
Storey
0%
Lyon
.9%
n = 15
Carson City
16%
n = 214
Douglas
.15%
n = 2
Nye
0%
Mineral
Total # of Visits by Mineral County Residents Outside of Mineral County: 1,362
Esmeralda
0%
Lincoln
0%
Mineral County
Percentage of Visits by Mineral County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
Clark
1%
n = 14
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Mineral County Hospital Burden

Table C138 indicates 15% of emergency department visits into Mineral County were made by non-Mineral County residents, while 12% of inpatient hospitalizations were made by non-Mineral County residents.

Table C138: Total Number and Percent of Visits Made to Mineral County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	857	15%	5,907
Inpatient Hospitalizations	123	12%	1,067

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 64 and 65 displays: Visits Occurring in Mineral County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 64: Percentage of Mineral County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Mineral County hospitals by persons who do not reside in Mineral County and 2) the county where the patient resides.

Map 65: Percentage of Mineral County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Mineral County hospitals by persons who do not reside in Mineral County and 2) the county where the patient resides.

Table C139 provides the detailed numbers and percentages shown in Maps 64 and 65. The largest proportion of non-resident emergency department visits and non-resident inpatient hospitalizations were from Nye County, at 60% and 47% respectively.

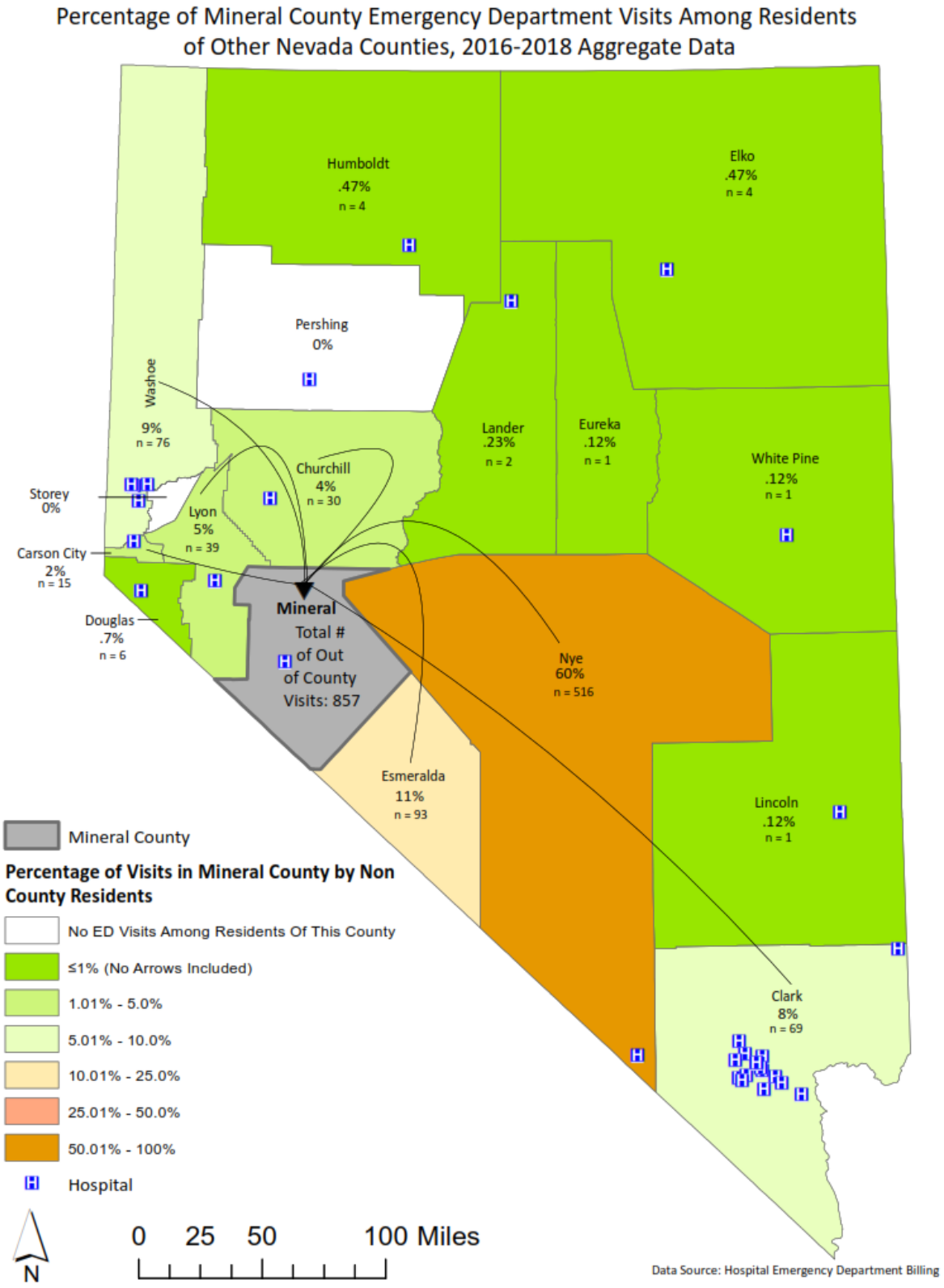
Table C139: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Mineral County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in Mineral County by Non-Mineral County Residents		Inpatient Hospitalization Occurring in Mineral County by Non-Mineral County Residents	
	#	%	#	%
Carson	15	2%	0	0%
Churchill	30	4%	8	7%
Clark	69	8%	16	13%
Douglas	6	0.7%	0	0%
Elko	4	0.47%	1	1%
Esmeralda*	93	11%	16	13%
Eureka*	1	0.12%	0	0%
Humboldt	4	0.47%	0	0%
Lander	2	0.23%	0	0%
Lincoln	1	0.12%	0	0%
Lyon	39	5%	15	12%
Mineral	0	0%	0	0%
Nye	516	60%	58	47%
Pershing	0	0%	0	0%
Storey*	0	0%	0	0%
Washoe	76	9%	7	6%
White Pine	1	0.12%	2	2%
Number of ED/Hospitalizations Among Persons who Reside Outside of Mineral County	**857**	**100%**	**123**	**100%**

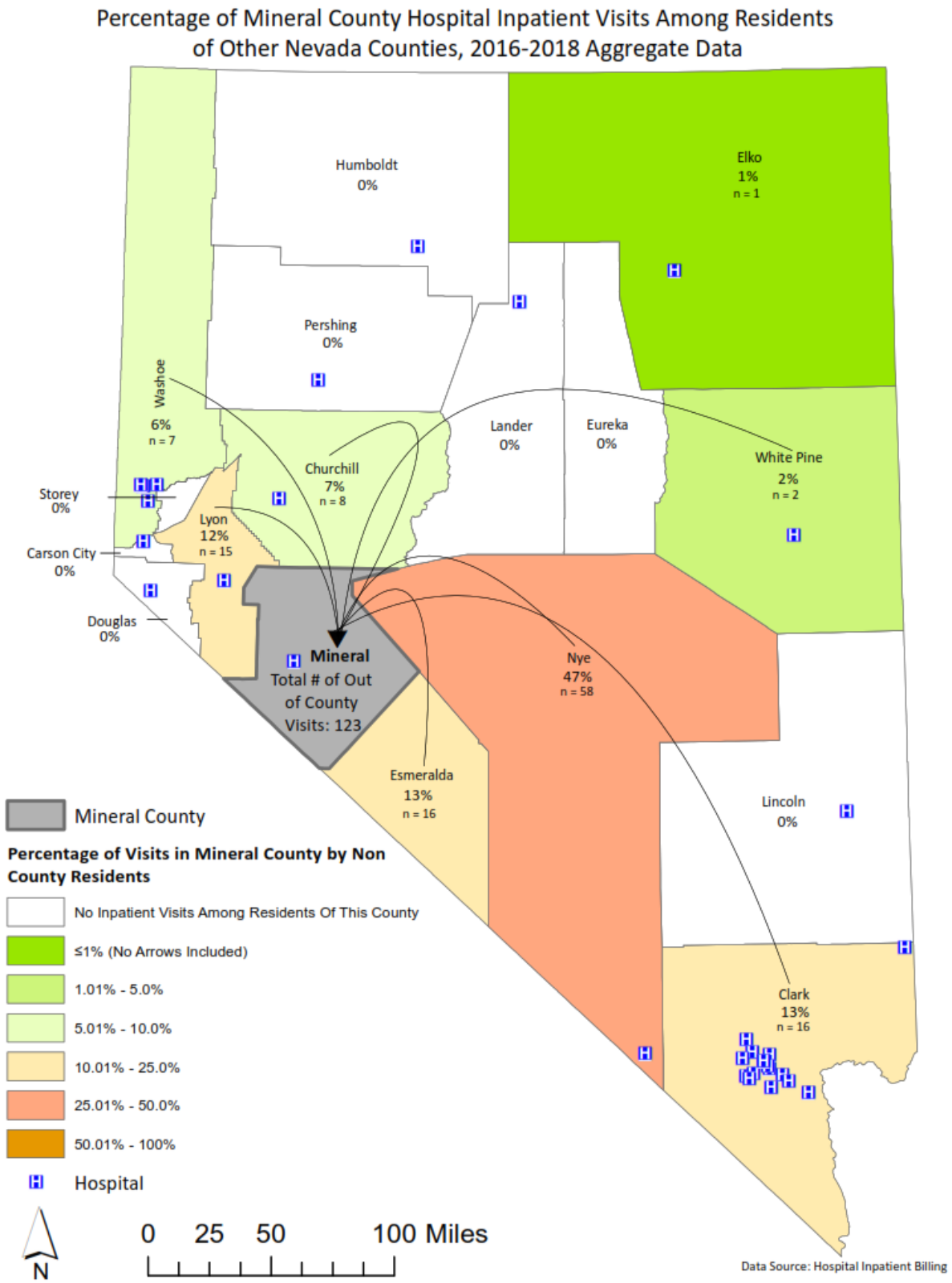
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 64


Percentage of Mineral County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .47% n = 4
Elko .47% n = 4
Pershing 0%
Washoe 9% n = 76
Lander .23% n = 2
Eureka .12% n = 1
White Pine .12% n = 1
Churchill 4% n = 30
Storey 0%
Lyon 5% n = 39
Carson City 2% n = 15
Douglas .7% n = 6
Mineral Total # of Out of County Visits: 857
Nye 60% n = 516
Esmeralda 11% n = 93
Lincoln .12% n = 1
Clark 8% n = 69
Mineral County
Percentage of Visits in Mineral County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 65


Percentage of Mineral County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 0%
Elko 1% n = 1
Pershing 0%
Washoe 6% n = 7
Lander 0%
Eureka 0%
White Pine 2% n = 2
Churchill 7% n = 8
Storey 0%
Lyon 12% n = 15
Carson City 0%
Douglas 0%
Mineral Total # of Out of County Visits: 123
Nye 47% n = 58
Esmeralda 13% n = 16
Lincoln 0%
Clark 13% n = 16
Mineral County
Percentage of Visits in Mineral County by Non County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Mineral County Health Priorities

Table C140 includes the priorities identified for Mineral County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Behavioral Health, 2) Chronic Disease, and 3) Employment and Poverty. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C140 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted in Mineral County.

#1 Behavioral Health

For Mineral County, the secondary data-driven opportunities for improvement under behavioral health include mental health-related indicators such as the high percentage of adults who reported 14 or more poor mental health days, depression among adults, and a high percentage of high school students who attempted suicide. The behavioral health data-driven opportunities for improvement regarding substance use include, cigarette use among adults, emergency department encounters and inpatient admissions due to alcohol poisoning/overdose, as well as deaths due to alcohol poisoning/overdose. Additionally, Mineral County has a high rate of opioid prescriptions per resident, and a high percentage of the population 12 years or older with an alcohol use disorder. High school students in Mineral County reported a higher percentage of tobacco use, cigarette use, electronic vapor product use, riding in a car with a driver who had been drinking, marijuana consumption, and using prescription pain medications without a prescription or differently than prescribed compared to other regions in Nevada and Nevada overall. There were few survey respondents from Mineral County and those who selected behavioral health were varied in their responses and there was no clear majority among the subcategories, therefore those data are not provided in Table C140.

#2 Chronic Disease

The data-driven opportunities for improvement under chronic disease included risk factors such as obesity among both high school students and adults and the percentage of adults whose own perception is that their health is poor or fair. Additional secondary data indicators that were higher in Mineral County include arthritis and diabetes prevalence among adults and incidence rates for breast and prostate cancer. Death rates due to colon, rectum, anus cancer; trachea, bronchus, and lung cancer; leukemia; prostate cancer; heart disease; all types of cancer combined; chronic lower respiratory disease; influenza and pneumonia; and diabetes were all higher in Mineral County relative to other Nevada counties and Nevada overall. There were relatively few survey respondents from Mineral County, and only one selected chronic disease, therefore survey subcategory results are not provided within Table C140.

#3 Employment and Poverty

The data-driven opportunities for improvement within employment and poverty include high rates of unemployment, lower median household income, high percentage of the population 18 to 64 years below poverty level, and families whose income below the poverty level. There were relatively few survey respondents from Mineral County, and none of them selected employment or poverty, therefore survey subcategory results are not provided within Table C140.

Community-Identified Priorities

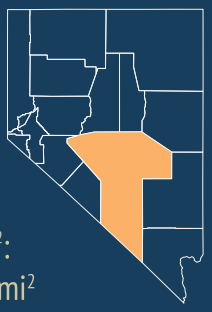
With the exception of chronic disease, the top three priorities identified through data in this report closely align with the findings of the community-identified priorities outlined in the community health assessments and community health improvement plans conducted on behalf of Mineral County entities.

Adverse Childhood Experiences - ACEs

Is it important to note, although not present in Table C140 as a priority area to improve upon, Mineral County high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C140: Mineral County Health Priorities, 2019

Rank	Priorities	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	CHNA/CHIP Priorities
1	**Behavioral Health**	• Poor mental health days for adults • Depression among adults • High school students who attempted suicide • Cigarette use among adults • ED encounters due to alcohol poisoning/overdose • Inpatient admissions due to alcohol poisoning/overdose • Deaths due to alcohol poisoning/overdose • Rate of opioid prescriptions • Population 12+ years with an alcohol use disorder Among high school students: • Tobacco use • Cigarette use • Electronic vapor products • Riding in a car with a driver who had been drinking • Marijuana consumption • Using prescription pain medications without a prescription or differently than prescribed	Due to varied respondent answers and too few respondents, unable to utilize survey responses for this category.	**Lyon/Storey/Mineral Communities Coalition (2016-2018) Community Prevention** and Wellness Plan* • Access to Health Care • Lack of/Access to Mental Health Providers • Behavioral Health • Mental Health • Mental Illness • Substance Use/Abuse • Alcohol Abuse • Drug Abuse • Rehab for Alcohol and Drug Addiction • Nutrition • Maternal, Infant, and Child Health • Social Determinants of Health • Workforce Development • Food Security and Food Access • Income/Poverty • Violence Prevention • Communication Protocols, Systems, Public Education *The Healthy Communities Coalition 2016-2018 Community Prevention and Wellness Plan (Plan) addresses needs for both Lyon and Storey counties and includes Mineral county within their service area. The Plan lists 40+ community concerns which have been consolidated in the list of priorities addressed here.
2	**Chronic Disease**	• Arthritis among adults • Diabetes among adults • Breast cancer incidence • Prostate cancer incidence • Deaths due to colon, rectum, anus cancer; trachea, bronchus, and lung cancer; leukemia, & prostate cancer • Obesity among adults • Obesity among high school students • Percent of adults reporting fair/poor health • Deaths due to Heart Disease, Malignant neoplasms (cancer), Chronic lower respiratory disease, Influenza and Pneumonia, Diabetes	There were few survey respondents and only one survey response for this category.	
3	**Employment & Poverty**	• Unemployment rate • Median household income • Population 18 to 64 years below poverty level • Families whose income below the poverty level	There were few survey respondents and no survey responses for this category.	



Land Area[22]:
18,181.92 mi²

NYE COUNTY PROFILE

2019 Population[1]: 46,400 people, 1.5% of Nevada's Population
Population Density: 2.5 people per square mile (mi²)
County Seat: Tonopah
Designation: Frontier

TOP PRIORITIES

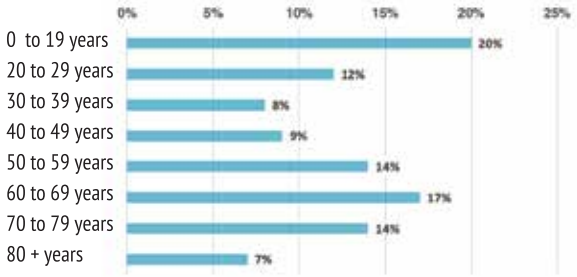
Access to Health Care

Employment, Income, Poverty, & Housing

Chronic Diseases

DEMOGRAPHICS

AGE[1]

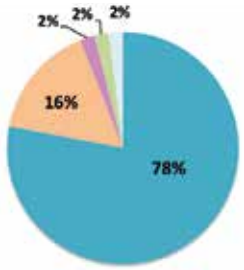


MEDIAN AGE[4] 51.6
NV 38.7

17 & UNDER[3] 17.7%
NV 23.5%

OVER 65 +[3] 29.0%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Nye and Lincoln)

	NV	US	
% who seriously considered attempting suicide[2]	NV 16.6%	US 17.2%	14.4%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%		31.4%*
% who used tobacco one or more times in the last 30 days[2]	NV 12%	US 19.5%	12.2%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5%	US 29.8%	23.8%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%		47.5%*
% who are overweight or obese[2]	NV 28.9%	US 30.4%	28.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5%	US 39.2%	42.8%*

NV 71.6%
US 77.3%
73.3%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
59%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
9.5%
% of population, 19 and younger, without health insurance[7]

NV 27,159
291
# of children enrolled in Nevada Children's Health Insurance Program[8]

7.0%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

5.8%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Nye and Lincoln)

NV %
US %

NYE COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

12.7%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

12.4%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

35%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (447.4)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

28.5%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

68.2%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

33.5

% of adults who are binge drinkers[9]

NV 15% US 17.4%

12.9%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

879.1

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

33.5

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$44,225

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $46,971 FEMALE $36,025

Difference in annual earnings between male and female workers (full-time, year round)[7] **$10,946**

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

14.1%

Unemployment Rate[18]

5.7%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	17.3%	NV 13%	US 13.4%
18 & UNDER	26.7%	NV 18.5%	US 18.4%
OVER 65 +	10.5%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	46.7%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

80.0%

Bachelor's degree or higher[17]

11.5%

NV 23.7% US 30.9%

MALE 11.6%

NV 23.6% US 30.6%

FEMALE 11.4%

NV 23.8% US 31.2%

42.8%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

44.5%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

25.9%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

146.5

NV 122.6

Nye County

Nye County is the largest county in the state of Nevada in terms of land size and the county seat is Tonopah. The Nevada National Security Site, the location of the historic nuclear testing grounds, and the proposed Yucca Mountain Nuclear Waste Repository are located in the southern end of Nye County, approximately 65 miles north of Las Vegas. Nye County's 2019 total population was 46,400 people, representing 1.5% of Nevada's population. Nye County's land area is 18,181.92 mi^2 with a population density of 2.5 people per mi^2.

Nye County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C141 provides community survey results for Nye County. One hundred thirty-six of the 261 respondents (52%) from Nye County selected Access to Health Care as the top health priority in their county, followed by Behavioral Health, selected by 18% of respondents.

Table C141: Nye County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Access to Health Care	136	52%
Behavioral Health	48	18%
Housing/Poverty	27	10%
Employment and Job Training	13	5%
Other	10	4%
Preventive Behaviors	9	3%
Chronic Diseases	8	3%
Environment and Built Environment	6	2%
Education	4	2%
Family Dynamics and MCH	0	0%
Communicable Diseases	0	0%
Total	**261**	**100%**

Nye County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C142 summarizes health findings of Nye County Key Informant interviews taking place between May and July 2019. Small, rural community challenges (lack of specialty and primary care providers, lack of jobs, a need for increased funding, etc.) stand out as a common theme identified by Nye County Key Informants.

Table C142: Nye County Key Informant Findings	
Priority Populations	**Strengths**
1. Individuals with behavioral health issues 2. Children (tied) Low income families (tied) Seniors (tied)	1. Nye County coalition provides vocational training and workforce development opportunities 2. Health is a stakeholder priority 3. Great Basin College provides some medical/health training programs
Barriers	**Solutions**
1. Lack of specialty care providers (tied) 2. Small rural community challenges specifically related to the isolated nature of Nye County communities and the lack of supportive infrastructure 3. Lack pf primary care providers (tied) Lack of jobs (tied) Lack of vocational training and workforce development programs (tied)	1. Increase funding 2. Make rural communities more appealing (tied) More behavioral health services/providers (tied) More providers and infrastructure in general (tied)

Nye County Specific Indicator Data

Table C143 displays the number and percent of Nye County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Nye County's population was white, not Hispanic (79% in 2015 and 78% in 2019). The Hispanic population increased by 10% from 14% in 2015 to 16% in 2019.

Table C143: Number and Percent of Nye County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	35,855	79%	36,155	78%	1%
Black, not Hispanic	892	2%	974	2%	8%
American Indian, Eskimo, Aleut, not Hispanic	942	2%	946	2%	0%
Asian/Pacific Islander, not Hispanic	1,001	2%	1,093	2%	8%
Hispanic Origin of Any Race	6,476	14%	7,232	16%	10%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C144 displays the projected number and percent of Nye County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Nye County's population is projected to be white, not Hispanic (78% in 2020 and 76% in 2024). The Hispanic population is projected to increase by 10% between 2020 and 2024.

Table C144: Number and Percent of Nye County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	36,230	78%	36,262	76%	0%
Black, not Hispanic	998	2%	1,082	2%	8%
American Indian, Eskimo, Aleut, not Hispanic	945	2%	926	2%	-2%
Asian/Pacific Islander, not Hispanic	1,116	2%	1,203	3%	8%
Hispanic Origin of Any Race	7,432	16%	8,198	17%	10%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C145 displays the number and percent of Nye County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 60-69-year-old age group represented the largest percentage of Nye County's population in 2015 at 16%, increasing to 17% in 2019. The population with the greatest percent change between 2015 and 2019 was the 80+ year age group with a 23% increase.

Table C145: Number and Percent of Nye County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	4,284	9%	4,075	9%	-5%
10 to 19 years	5,103	11%	5,059	11%	-1%
20 to 29 years	4,689	10%	5,355	12%	14%
30 to 39 years	3,744	8%	3,936	8%	5%
40 to 49 years	4,637	10%	4,373	9%	-6%
50 to 59 years	6,773	15%	6,381	14%	-6%
60 to 69 years	7,140	16%	7,773	17%	9%
70 to 79 years	6,232	14%	6,292	14%	1%
80 + years	2,566	6%	3,158	7%	23%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C146 displays the number and percent of Nye County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 60-69-year-old age group is projected to be the largest in 2020 and 2024 at 17% for both years. The population with the greatest projected percent change between 2020 and 2024 is the 30-39-year-old age group with a 21% increase.

Table C146: Number and Percent of Nye County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	4,074	9%	4,233	9%	4%
10 to 19 years	5,054	11%	5,052	11%	0%
20 to 29 years	5,190	11%	4,755	10%	-8%
30 to 39 years	4,248	9%	5,142	11%	21%
40 to 49 years	4,301	9%	4,485	9%	4%
50 to 59 years	6,338	14%	5,853	12%	-8%
60 to 69 years	7,918	17%	7,952	17%	0%
70 to 79 years	6,211	13%	6,272	13%	1%
80 + years	3,385	7%	3,928	8%	16%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C147 lists the incidence rates for all types of cancer aggregate for Nye County and Nevada, 1995-2015. Nye County's incidence rates for all types of cancer were higher than Nevada's incidence rates for only eight of the 21 years listed.

Table C147: Incidence Rates of All Types of Cancer Aggregate, Nye County and Nevada, 1995 2015

Year	Nye County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	459.5	(378.9, 540.0)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	398.6	(331.8, 465.3)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	412.2	(345.6, 478.8)	417.1	(407.1, 427.2)	236.9-488.7
1998	404.6	(342.5, 466.7)	418.5	(408.8, 428.2)	232.8-815.9
1999	388.2	(330.6, 445.7)	422.1	(412.6, 431.6)	240.7-1091.8
2000	501.1	(435.3, 566.8)	513.8	(503.6, 524.1)	223.4-534.4
2001	498.4	(434.6, 562.3)	505.4	(495.5, 515.4)	184.9-563.2
2002	456.6	(396.9, 516.3)	506.9	(497.1, 516.7)	253.2-672.6
2003	487.5	(427.5, 547.6)	487.6	(478.2, 497.0)	194.0-551.2
2004	534.6	(474.0, 595.1)	487.6	(478.2, 496.5)	387.2-631.1
2005	440.7	(387.7, 493.8)	456.2	(447.5, 464.8)	343.7-829.8
2006	477.0	(422.7, 531.2)	467.1	(458.5, 475.7)	258.2-589.7
2007	425.5	(377.3, 473.6)	443.7	(435.5, 451.9)	191.9-544.8
2008	433.6	(384.9, 482.4)	457.0	(448.8, 465.2)	315.1-637.8
2009	560.3	(504.9, 615.7)	459.5	(451.4, 467.6)	232.1-560.3
2010	426.1	(379.5, 472.7)	431.2	(423.5, 439.0)	390.4-524.5
2011	440.5	(393.2, 487.8)	433.4	(425.7, 441.1)	227.1-546.1
2012	500.7	(450.1, 551.3	411.3	(403.9, 418.7)	266.7-527.4
2013	412.1	(368.0, 456.1)	410.4	(403.2, 417.7)	207.5-530.8
2014	419.7	(374.1, 465.3)	399.4	(392.3, 406.4)	207.5-530.8
2015	428.2	(381.8, 474.6)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C148 lists the number and percentage of calls made by Nye County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Nye County residents represented 0.5% of the total calls made by Nevada residents. Nye County residents who called Nevada 2-1-1 were most in need of "Other" services (26%), followed by Housing and Shelter services (19%) and Health Care services (14%).

Table C148: 2 1 1 Most Requested Services in Nye County

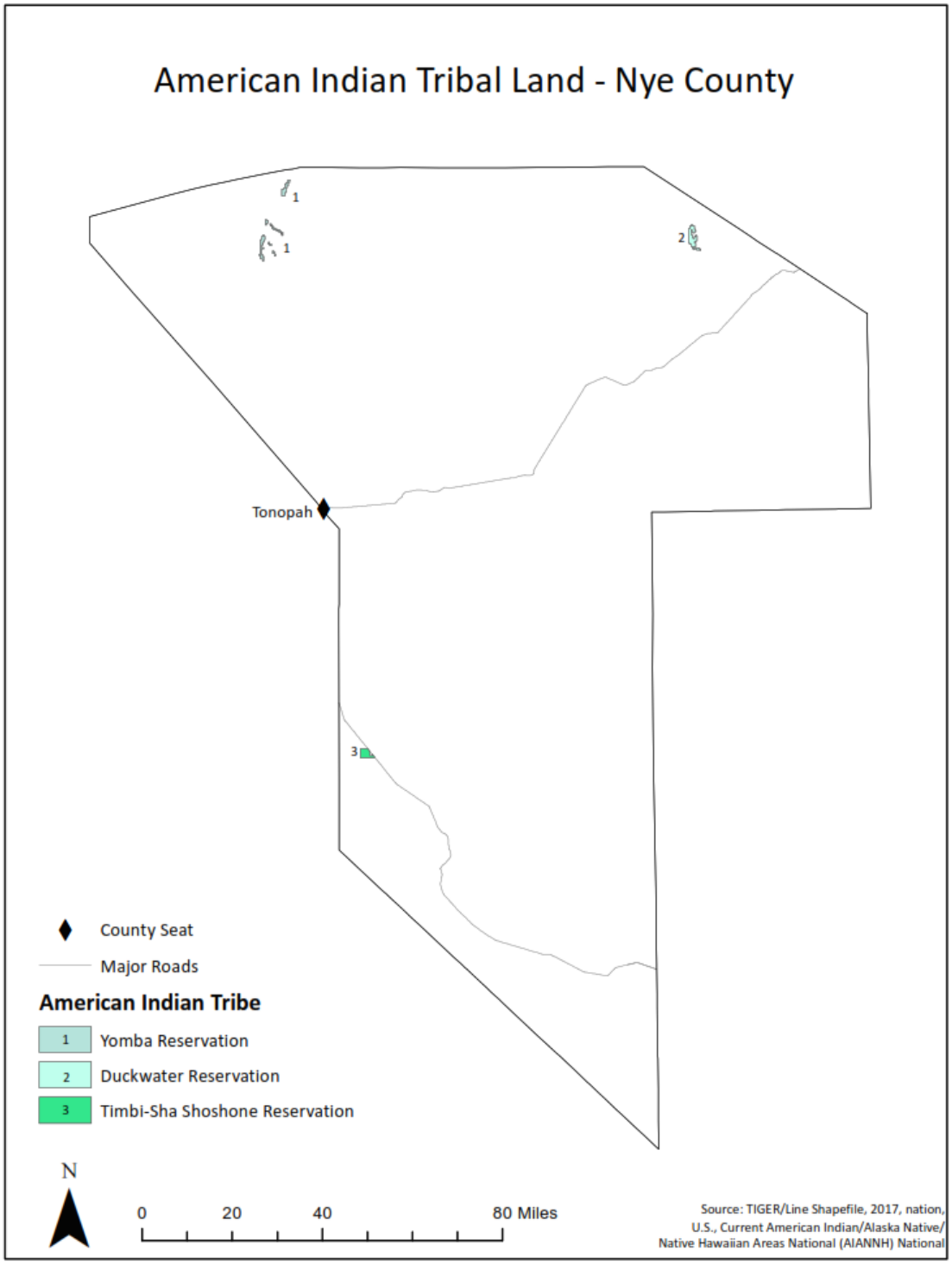
Service	#	%
Other	131	26%
Housing and Shelter	95	19%
Health Care	72	14%
Transportation Assistance	49	10%
Food	44	9%
Government and Legal	36	7%
Mental Health and Addictions	29	6%
Utilities	26	5%
Employment and Income	18	4%
Clothing and Household	10	2%
Child Care and Parenting	0	0%
Education	0	0%
Disaster	1	0%
Total	**511**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Nye County – American Indian Tribal Land

Map 66 below depicts American Indian Tribal land in Nye County, which includes the Yomba Reservation, Duck Water Reservation, and Timbi-Sha Shoshone Reservation.

Map 66



Nye County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 59,997 emergency department visits made by Nye County residents; of those, 18% occurred outside of Nye County. There were a total of 19,426 inpatient hospitalizations among Nye County residents; of those, 82% occurred outside of Nye County.

Maps 67 and 68 display: When a Nye County Resident Obtains Hospital Care Outside Nye County, Where Do They Go? A description of each map is included below:

> Map 67: Percentage of Emergency Department Visits Among Residents of Nye County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Nye County residents outside of Nye County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 68: Percentage of Hospital Inpatient visits Among Residents of Nye County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Nye County residents outside of Nye County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C149 provides the detailed numbers and percentages shown in the Maps 67 and 68. When a Nye County resident obtained care in a hospital outside Nye County, the largest proportion of out of county emergency department visits and out of county inpatient hospitalizations were into Clark County, at 82% and 95% respectively.

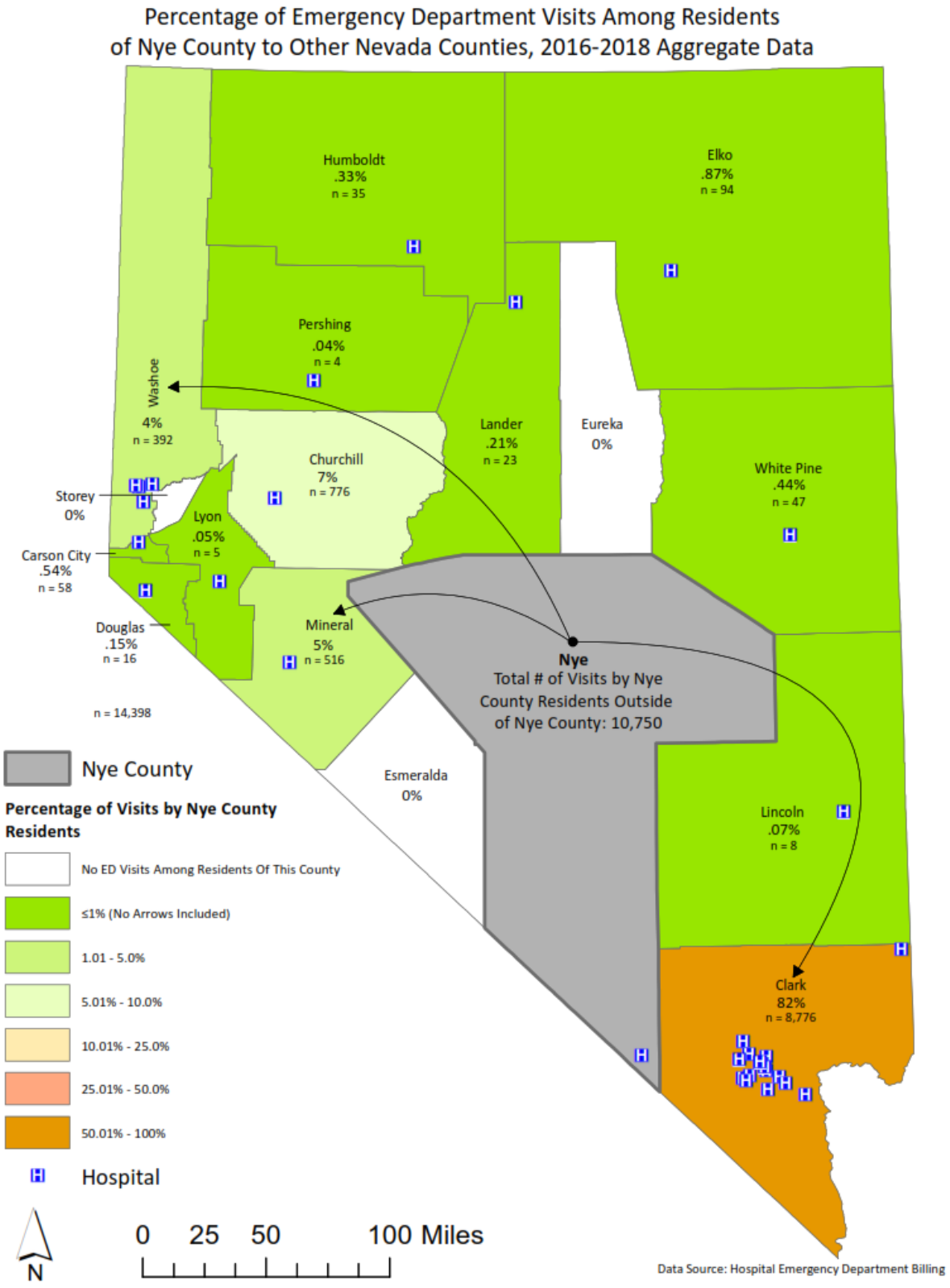
Table C149: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Nye County Residents that Occurred Outside of Nye County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Nye County		Inpatient Hospitalization Outside Nye County	
	#	%	#	%
Carson	58	0.54%	45	0.30%
Churchill	776	7%	125	1%
Clark	8,776	82%	14,398	95%
Douglas	16	0.15%	2	0.01%
Elko	94	0.87%	11	0.07%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	35	0.33%	2	0.01%
Lander	23	0.21%	0	0%
Lincoln	8	0.07%	1	0.01%
Lyon	5	0.05%	1	0.01%
Mineral	516	5%	58	0.38%
Nye	0	0%	0	0%
Pershing	4	0.04%	0	0%
Storey*	0	0%	0	0%
Washoe	392	4%	448	3%
White Pine	47	0.44%	8	0.05%
Number of ED/Hospitalizations Outside County Among Residents	**10,750**	**100%**	**15,099**	**100%**

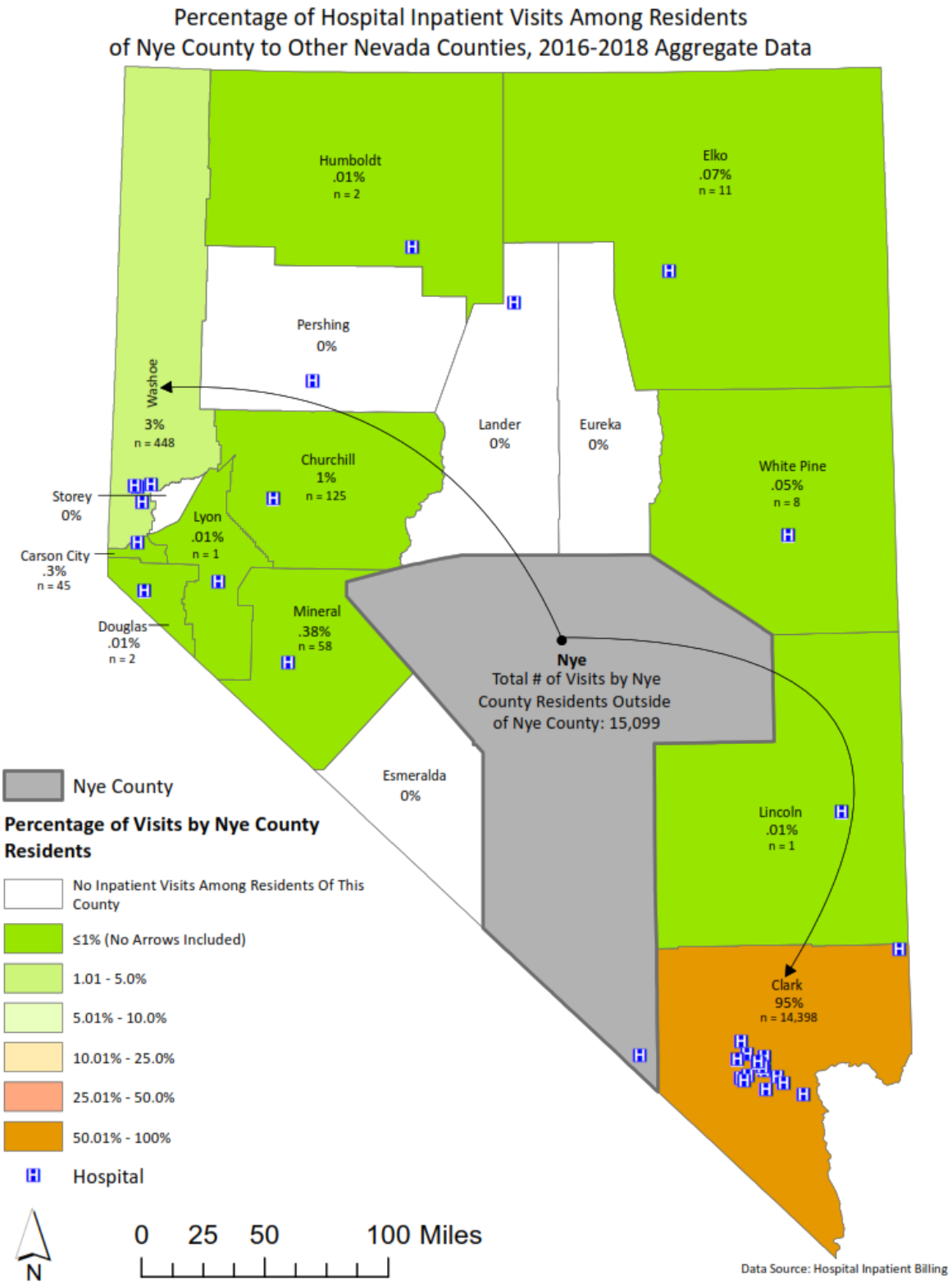
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 67


Percentage of Emergency Department Visits Among Residents of Nye County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .33% n = 35
Elko .87% n = 94
Pershing .04% n = 4
Washoe 4% n = 392
Lander .21% n = 23
Eureka 0%
White Pine .44% n = 47
Churchill 7% n = 776
Storey 0%
Lyon .05% n = 5
Carson City .54% n = 58
Douglas .15% n = 16
Mineral 5% n = 516
Nye
Total # of Visits by Nye County Residents Outside of Nye County: 10,750
n = 14,398
Esmeralda 0%
Lincoln .07% n = 8
Clark 82% n = 8,776
Nye County
Percentage of Visits by Nye County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 68


Percentage of Hospital Inpatient Visits Among Residents of Nye County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .01% n = 2
Elko .07% n = 11
Pershing 0%
Washoe 3% n = 448
Lander 0%
Eureka 0%
Churchill 1% n = 125
White Pine .05% n = 8
Storey 0%
Lyon .01% n = 1
Carson City .3% n = 45
Douglas .01% n = 2
Mineral .38% n = 58
Nye
Total # of Visits by Nye County Residents Outside of Nye County: 15,099
Esmeralda 0%
Lincoln .01% n = 1
Clark 95% n = 14,398
Nye County
Percentage of Visits by Nye County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Nye County Hospital Burden

Table C150 indicates 3% of emergency department visits into Nye County were made by non-Nye County residents, while 1% of inpatient hospitalization were made by non-Nye County residents.

Table C150: Total Number and Percent of Visits Made to Nye County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	1,279	3%	50,526
Inpatient Hospitalizations	42	1%	3,369

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 69 and 70 display: Visits Occurring in Nye County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 69: Percentage of Nye County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Nye County hospitals by persons who do not reside in Nye County and 2) the county where the patient resides.

Map 70: Percentage of Nye County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Nye County hospitals by persons who do not reside in Nye County and 2) the county where the patient resides.

Table C151 provides the detailed numbers and percentages shown in Maps 69 and 70. The largest proportion of non-resident emergency department visits and non-resident inpatient hospitalizations were from Clark County, at 79% and 74% respectively.

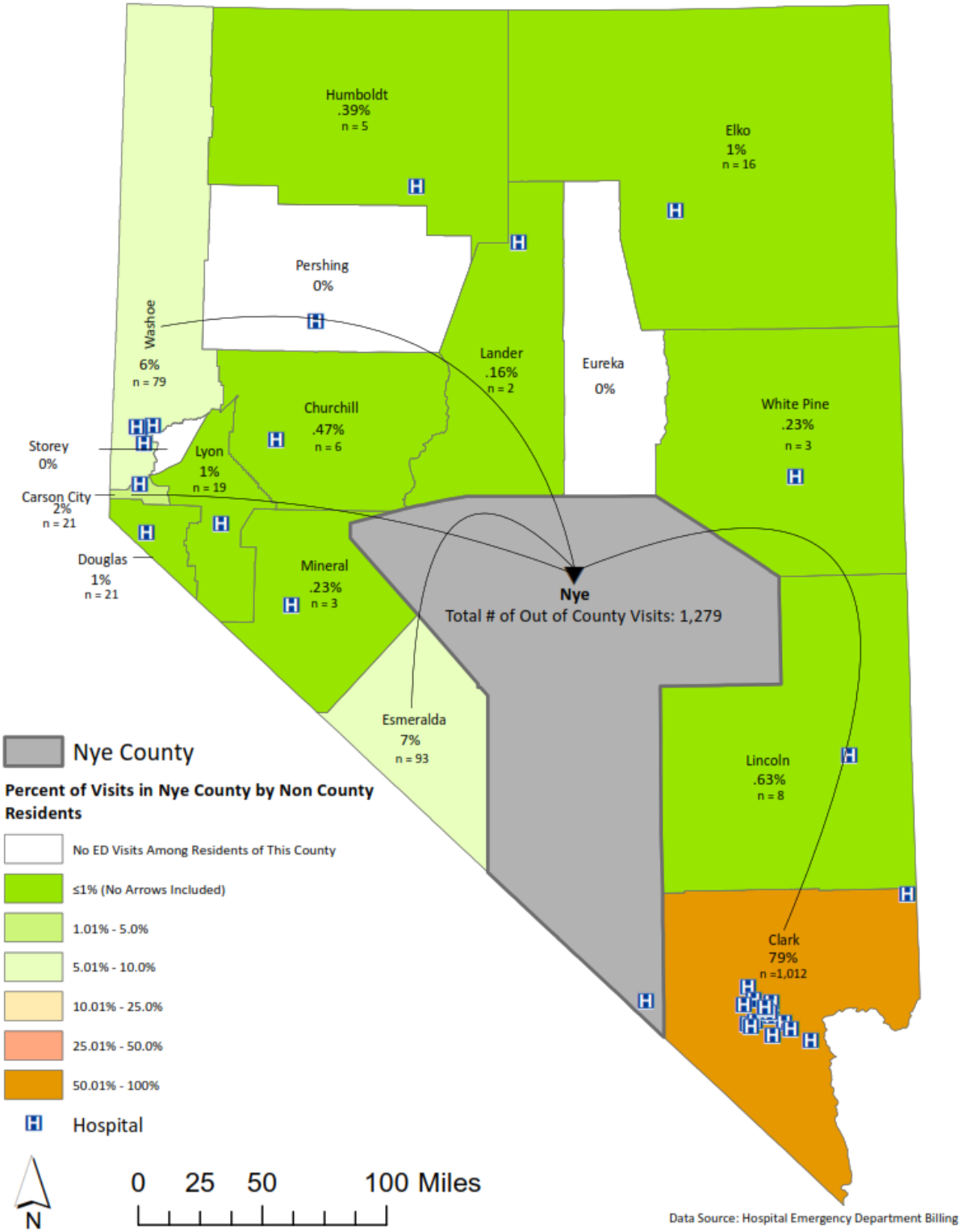
Table C151: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Nye County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate				
Patient County of Origin/Residence	**ED Visits Occurring in Nye County by Non-Nye County Residents**		**Inpatient Hospitalization Occurring in Nye County by Non-Nye County Residents**	
	#	**%**	**#**	**%**
Carson	21	2%	1	2%
Churchill	6	0.47%	1	2%
Clark	1,012	79%	31	74%
Douglas	12	1%	0	0%
Elko	16	1%	0	0%
Esmeralda*	93	7%	7	17%
Eureka*	0	0%	0	0%
Humboldt	5	0.39%	0	0%
Lander	2	0.16%	0	0%
Lincoln	8	0.63%	0	0%
Lyon	19	1%	0	0%
Mineral	3	0.23%	0	0%
Nye	0	0%	0	0%
Pershing	0	0%	0	0%
Storey*	0	0%	0	0%
Washoe	79	6%	2	5%
White Pine	3	0.23%	0	0%
Number of ED/Hospitalizations Among Persons who Reside Outside of Nye County	**1,279**	**100%**	**42**	**100%**

*these counties do not have a hospital

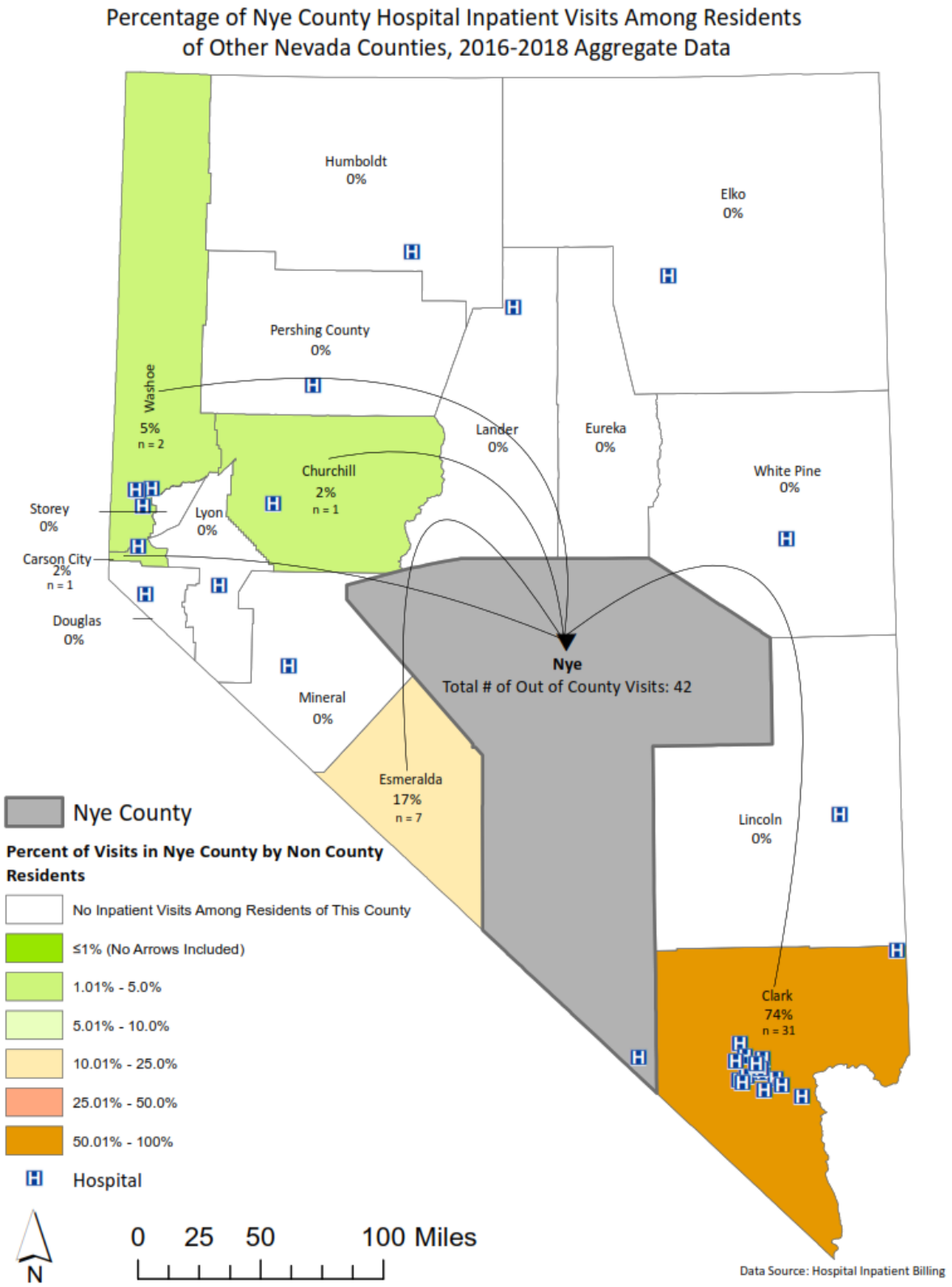
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 69

Percentage of Nye County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Map 70


Percentage of Nye County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt 0%
Elko 0%
Pershing County 0%
Washoe 5% n = 2
Churchill 2% n = 1
Lander 0%
Eureka 0%
White Pine 0%
Storey 0%
Lyon 0%
Carson City 2% n = 1
Douglas 0%
Mineral 0%
Nye
Total # of Out of County Visits: 42
Esmeralda 17% n = 7
Lincoln 0%
Clark 74% n = 31
Nye County
Percent of Visits in Nye County by Non County Residents
No Inpatient Visits Among Residents of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Nye County Health Priorities

Table C152 includes the priorities identified for Nye County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Access to Health Care, 2) TIE: Income & Poverty and Employment & Jobs, and 3) Chronic Disease (cancer, mortality, chronic disease). Table C152 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C152 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted for Nye County.

#1 Access to Health Care
For Nye County, the secondary data-driven opportunities for improvement under access health care include percent of adults who have at least one personal care provider and the lower percentage of annual dentist visits among both high school students and adults.

Survey respondents identified lack of primary care and mental health providers, the long wait to be seen by providers, the lack of dental care, there is no hospital or urgent care facilities in the county, and transportation barriers make it challenging for people to get to healthcare appointment as challenges related to accessing health care. Additionally, people cannot afford the cost of health care-even with health insurance coverage and many people cannot afford the cost of health insurance.

#2 Income, Employment, Housing, and Poverty
The data-driven opportunities for improvement under these health areas included low median household income, low median earnings for workers, unaffordable mortgages, and the lower percent of population 16+ years in the labor force. Additionally, Nye County has a higher percentage of poverty among the total population, poverty among children under the age of 18, and poverty among families, as well as a high percentage of households with cash public assistance income, and a higher unemployment rate compared to other Nevada counties and Nevada overall.

Survey respondents who selected these areas as the MOST SIGNIFICANT health issues, identified the lack of diversity of local businesses meaning only a few options for employment, not enough jobs that pay a living wage, not enough jobs to support all the individuals needing jobs, the lack of job opportunities for those individuals with college education or higher, the lack of job training/vocational/ technical opportunities for young adults who prefer not to go to college, and the lack of affordable childcare for parents who are attending college or job training programs. Additionally, survey respondents frequently identified issues such as many residents rely on public assistance, too many people live in poverty, the lack of affordable housing, and the community has too few resources/services available to individuals who are homeless.

#3 Chronic Diseases
The data-driven opportunities for improvement within chronic diseases included risk factors such as high blood pressure among adults, and adults who reported having angina/coronary heart disease, a

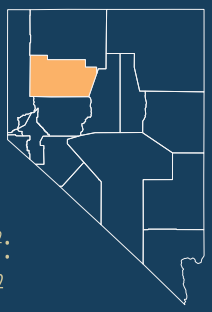
heart attack, stroke, or COPD. Nye County residents also have a high incidence rate of cervical cancer, colorectal cancer, and lung and bronchus cancer compared to other Nevada counties and Nevada overall. Death rates due to malignant neoplasms; breast cancer; colon, rectum, and anus cancer; trachea, bronchus, and lung cancer; skin cancer; heart disease; chronic lower respiratory disease; stroke; non-transport accidents; Alzheimer's disease; and influenza and pneumonia are higher in Nye County compared to other Nevada counties and Nevada Overall.

Survey respondents who selected chronic disease as the MOST SIGNIFICANT health issue identified arthritis, cancer, COPD, heart disease and hypertension, as well as diabetes, as problems prevalent in the community.

Community-Identified Priorities

The top three priorities identified through data in this report align with the findings of the community-identified priorities outlined in the 2019 Community Health Need Assessment conducted in Nye County. Although there is not a direct emphasis for chronic diseases in the 2019 CHNA, cardiovascular health, obesity, and geriatric care are all issues related to chronic diseases.

Table C152: Nye County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP/ Strategic Plan Priorities**
1	**Access to Health Care**	• Percent of adults who have at least one personal care provider • Annual dentist visits among high school students • Annual dentist visits among adults	1. Lack of primary care providers 2. Lack of dental care 3. There is no hospital 4. There is no urgent care 5. Lack of mental health providers 6. Transportation barriers make it challenging for members of my community to get to healthcare appt 7. Two-way tie: Long wait to be seen - the providers in the community are not able to book an appt for several weeks or months and Many people CANNOT afford the cost of health care, even with health insurance coverage. 8. Many people CANNOT afford the cost of health insurance	**Nye CHNA (2019)** • Emergency Care • Communication Protocols/Systems/Public Education • Behavioral Health • Substance Abuse • Geriatric Care • Cardiovascular Health • Maternal and Infant Care • Obesity • Dental • Vision
2	**Income, Employment, Housing, & Poverty**	• Median household income • Median earnings for workers • Unaffordable mortgages • Total population in poverty • Children in poverty • Families in poverty • Households with cash public assistance income • Unemployment rate • Percent of population 16+ years in the labor force	1. Lack of diversity of local businesses (only a few options for employment) 2. Many residents rely on public assistance 3. Two-way tie: Lack of affordable housing and My community has few resources/services available to individuals who are homeless 4. Too many people live in poverty 5. Not enough jobs that pay a living wage 6. Not enough jobs to support all the individuals needing jobs 7. Lack of job opportunities for those individuals with college education or higher 8. Lack of job training/vocational/technical opportunities (for young adults who prefer not to go to college) 9. Lack of affordable childcare (for parents who are attending college or job training programs)	
3	**Chronic Disease**	• Incidence rates of - Cervical cancer; Colorectal cancer; Lung and bronchus cancer • Deaths due to malignant neoplasms, breast, colon, rectum, anus, trachea, bronchus, lung, skin cancer; heart disease; chronic lower respiratory disease; cerebrovascular disease (stroke), non-transport accidents; Alzheimer's disease; and influenza and pneumonia Among adults • High blood pressure; Angina/coronary heart disease; Heart attacks; Strokes; & COPD	1. Two-way tie: Arthritis is a problem and Cancer is a problem 2. Two-way tie: Chronic Obstructive Pulmonary Disorder (COPD) and Heart disease and hypertension are problems 3. Diabetes is a problem	



PERSHING COUNTY PROFILE

Land Area[22]: 6,036.6 mi²

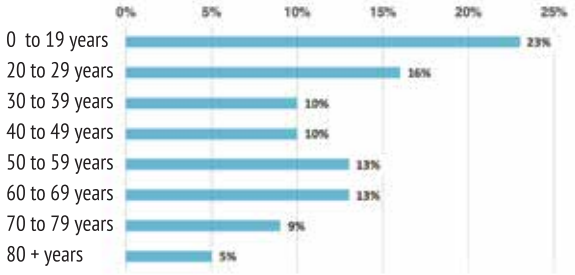
2019 Population[1]: 4,949 people, 0.16% of Nevada's Population
Population Density: 0.8 people per square mile (mi²)
County Seat: Lovelock
Designation: Frontier

TOP PRIORITIES

- Access to Health Care
- Employment & Poverty
- Behavioral Health

DEMOGRAPHICS

AGE[1]

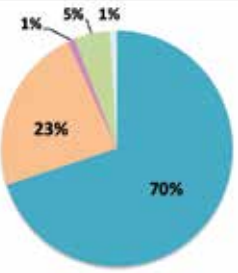


MEDIAN AGE[4] 43.1
NV 38.7

17 & UNDER[3] 19.7%
NV 23.5%

OVER 65 +[3] 20.4%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Churchill, Humboldt, Pershing & Lander)

% who seriously considered attempting suicide[2]	NV 16.6%	US 17.2%	19.8%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%		32.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12%	US 19.5%	22.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5%	US 29.8%	34.1%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%		46.6%*
% who are overweight or obese[2]	NV 28.9%	US 30.4%	31.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5%	US 39.2%	42.6%*

NV 71.6%
US 77.3%
51.8%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
66%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
16.7%
% of population, 19 and younger, without health insurance[7]

NV 27,159
38
# of children enrolled in Nevada Children's Health Insurance Program[8]

10.3%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.2%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Churchill, Humboldt, Pershing, and Lander)

NV %
US %

PERSHING COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

16.5%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

20.4%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

26%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (156.6)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

24.0%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

78.1%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

41.0

% of adults who are binge drinkers[9]

NV 15% US 17.4%

12.0%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

928.2

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

41.0

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$52,308

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $51,875 | FEMALE $35,521

Difference in annual earnings between male and female workers (full-time, year round)[7] **$16,354**

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

11.1%

Unemployment Rate[18]

3.6%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	15.0%	NV 13%	US 13.4%
18 & UNDER	22.8%	NV 18.5%	US 18.4%
OVER 65 +	15.9%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	68.6%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

96.3%

Bachelor's degree or higher[17]

13.7%

NV 23.7% US 30.9%

MALE 11.4%

NV 23.6% US 30.6%

FEMALE 18.4%

NV 23.8% US 31.2%

39.2%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

39.3%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

16.1%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

143.5

NV 122.6

Pershing County

The majority of Pershing County residents live in the county seat of Lovelock. Pershing County's 2019 total population was 4,949 people, representing 0.16% of Nevada's population. Pershing County's land area is 6,036.6 mi^2 with a population density of 0.8 people per mi^2.

Pershing County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C153 provides community survey results for Pershing County. Four of the eight respondents (50%) from Pershing County selected Behavioral Health as the top health priority in their county, followed by Chronic Diseases, selected by 38% of respondents.

Table C153: Pershing County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	4	50%
Chronic Diseases	3	38%
Access to Health Care	1	13%
Housing/Poverty	0	0%
Employment and Job Training	0	0%
Other	0	0%
Preventive Behaviors	0	0%
Environment and Built Environment	0	0%
Education	0	0%
Family Dynamics and Maternal Child Health	0	0%
Communicable Diseases	0	0%
Total	**8**	**100%**

Pershing County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C154 summarizes health findings of Pershing County Key Informant interviews taking place between May and July 2019. Small, rural community challenges (recruitment and retention of providers, lack of vocational trainings and workforce development programs, a need for increased funding, etc.) stand out as a common theme identified by Pershing County Key Informants.

Table C154: Pershing County Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues (tied) Low income families (tied)	1. Pershing General Hospital employs a lot of people and provides great services to the community 2. Community organizations are very collaborative 3. Health is a stakeholder priority
Barriers	**Solutions**
1. Recruitment and retention of providers is a challenge (tied) Lack vocational training and workforce development programs (tied) 2. Gap in services for those with Medicaid and those just above the federal poverty line	1. Increase funding available 2. Recruitment and retention of providers (tied) Prioritize vocational training and workforce development (tied)

Pershing County Specific Indicator Data

Table C155 displays the number and percent of Pershing County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Pershing County's population was white, not Hispanic (71% in 2015 and 70% in 2019). The black, not Hispanic population increased by 12% between 2015 and 2019.

Table C155: Number and Percent of Pershing County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	3,648	71%	3,455	70%	-6%
Black, not Hispanic	43	1%	49	1%	12%
American Indian, Eskimo, Aleut, not Hispanic	253	5%	263	5%	4%
Asian/Pacific Islander, not Hispanic	56	1%	55	1%	-2%
Hispanic Origin of Any Race	1,125	22%	1,128	23%	0%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C156 displays the projected number and percent of Pershing County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Pershing County's population is projected to be white, not Hispanic (70% in 2020 and 69% in 2024). The Hispanic population is projected to represent 23% of Pershing County's population in 2020 and 24% in 2024.

Table C156: Number and Percent of Pershing County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	3,414	70%	3,298	69%	-3%
Black, not Hispanic	49	1%	46	1%	-6%
American Indian, Eskimo, Aleut, not Hispanic	263	5%	259	5%	-2%
Asian/Pacific Islander, not Hispanic	55	1%	55	1%	0%
Hispanic Origin of Any Race	1,128	23%	1,138	24%	1%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C157 displays the number and percent of Pershing County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 10-19-year-old age group represented the largest percentage of Pershing County's population in 2015 at 15%, and the 20-29-year-old age group represented the largest portion of Pershing County's population in 2019 at 16%. The population with the greatest percent change between 2015 and 2019 was the 80+ age group with a 35% increase.

Table C157: Number and Percent of Pershing County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019
	#	%	#	%	% Change
0 to 9 years	567	11%	597	12%	5%
10 to 19 years	785	15%	569	11%	-28%
20 to 29 years	714	14%	780	16%	9%
30 to 39 years	446	9%	481	10%	8%
40 to 49 years	622	12%	499	10%	-20%
50 to 59 years	696	14%	664	13%	-5%
60 to 69 years	660	13%	665	13%	1%
70 to 79 years	465	9%	465	9%	0%
80 + years	170	3%	229	5%	35%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C158 displays the number and percent of Pershing County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 20-29-year-old age group is projected to be the largest in 2020 at 16%, while the 30-39-year-old age group is projected to be the largest in 2024 at 14%. The population with the greatest projected percent change between 2020 and 2024 is the 30-39-year-old age group with a 27% increase.

Table C158: Number and Percent of Pershing County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	553	11%	536	11%	-3%
10 to 19 years	548	11%	578	12%	5%
20 to 29 years	795	16%	598	12%	-25%
30 to 39 years	526	11%	670	14%	27%
40 to 49 years	449	9%	427	9%	-5%
50 to 59 years	691	14%	586	12%	-15%
60 to 69 years	665	14%	589	12%	-11%
70 to 79 years	432	9%	539	11%	25%
80 + years	249	5%	273	6%	10%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C159 lists the incidence rates for all types of cancer aggregate for Pershing County and Nevada, 1995-2015. Pershing County's incidence rates for all types of cancer were higher than Nevada's incidence rates for only three of the 20 years listed (2015 data suppressed).

Table C159: Incidence Rates of All Types of Cancer Aggregate, Pershing County and Nevada, 1995 2015

Year	Pershing County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	270.2	(117.3, 423.1)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	317.4	(156.8, 478.0)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	294.2	(145.3, 443.1)	417.1	(407.1, 427.2)	236.9-488.7
1998	343.5	(180.2, 506.8)	418.5	(408.8, 428.2)	232.8-815.9
1999	353.4	(180.2, 526.6)	422.1	(412.6, 431.6)	240.7-1091.8
2000	316.3	(170.2, 462.4)	513.8	(503.6, 524.1)	223.4-534.4
2001	481.7	(280.4, 682.9)	505.4	(495.5, 515.4)	184.9-563.2
2002	379.8	(217.3, 542.2)	506.9	(497.1, 516.7)	253.2-672.6
2003	194.0	(84.2, 303.7)	487.6	(478.2, 497.0)	194.0-551.2
2004	466.8	(287.4, 646.2)	487.6	(478.2, 496.5)	387.2-631.1
2005	343.7	(180.3, 507.0)	456.2	(447.5, 464.8)	343.7-829.8
2006	479.4	(295.1, 663.7)	467.1	(458.5, 475.7)	258.2-589.7
2007	309.2	(173.7, 444.7)	443.7	(435.5, 451.9)	191.9-544.8
2008	379.1	(233.4, 524.9)	457.0	(448.8, 465.2)	315.1-637.8
2009	456.1	(290.1, 622.0)	459.5	(451.4, 467.6)	232.1-560.3
2010	434.8	(270.8, 598.9)	431.2	(423.5, 439.0)	390.4-524.5
2011	307.9	(176.2, 439.5)	433.4	(425.7, 441.1)	227.1-546.1
2012	333.3	(190.8, 475.9)	411.3	(403.9, 418.7)	266.7-527.4
2013	449.4	(288.6, 610.2)	410.4	(403.2, 417.7)	207.5-530.8
2014	309.8	(180.3, 439.2)	399.4	(392.3, 406.4)	207.5-530.8
2015	:	:	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C160 lists the number and percentage of calls made by Pershing County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Pershing County residents represented 0.1% of the total calls made by Nevada residents. Pershing County residents who called Nevada 2-1-1 were most in need of "Other" services (23%), followed by Housing/Shelter and Health Care services, both (20%).

Table C160: 2 1 1 Most Requested Services in Pershing County

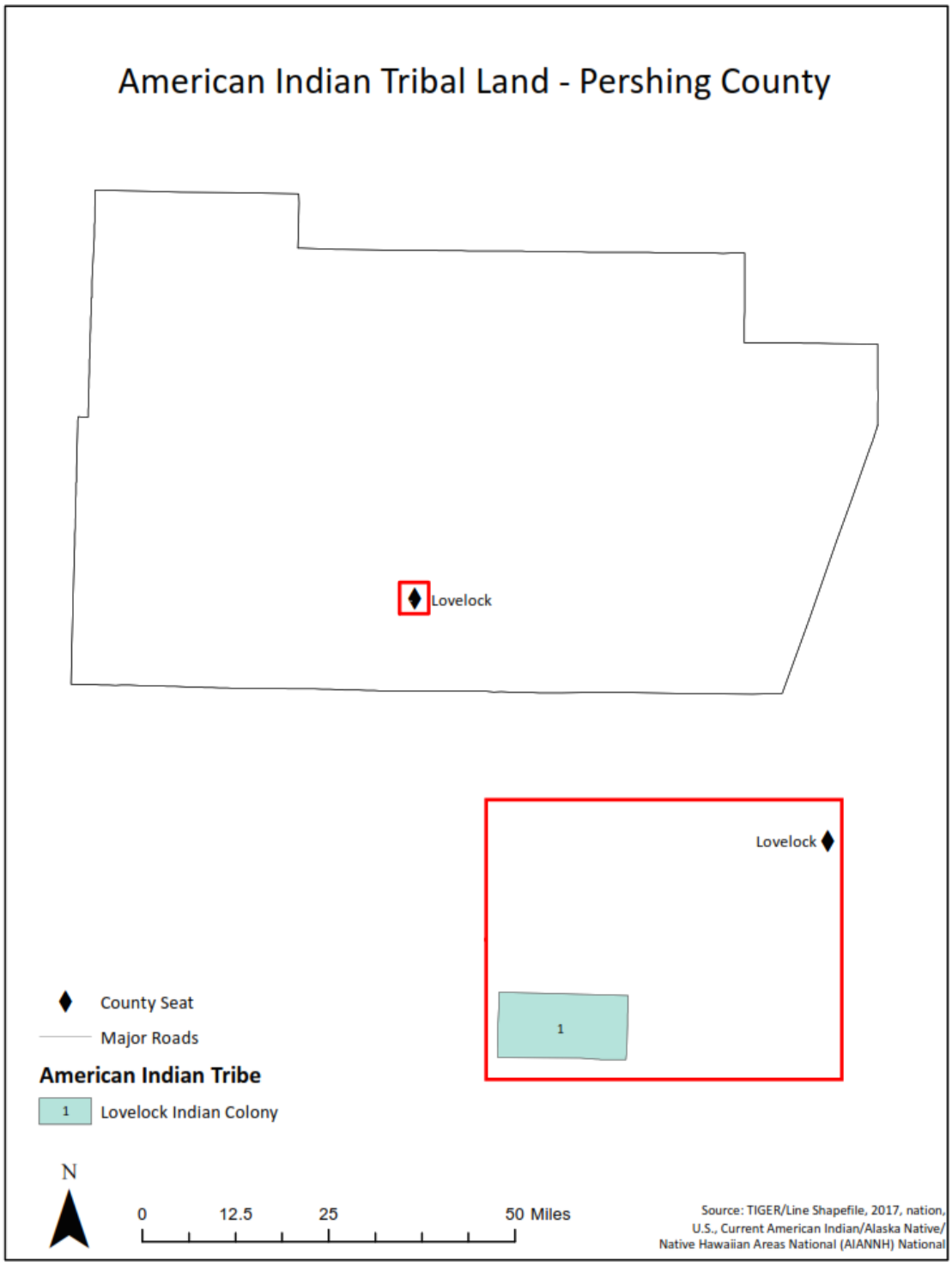
Service	#	%
Other	14	23%
Health Care	12	20%
Housing and Shelter	12	20%
Food	9	15%
Transportation Assistance	5	8%
Mental Health and Addictions	4	7%
Government and Legal	2	3%
Utilities	2	3%
Employment and Income	1	2%
Clothing and Household	0	0%
Child Care and Parenting	0	0%
Education	0	0%
Disaster	0	0%
Total	**61**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Pershing County – American Indian Tribal Land

Map 71 below depicts American Indian Tribal land in Pershing County, which includes Lovelock Indian Colony.

Map 71



Pershing County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Utilization Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 6,358 emergency department visits made by Pershing County residents; of those, 25% occurred outside of Pershing County. There were a total of 1,264 inpatient hospitalizations among Pershing County residents; of those, 86% occurred outside of Pershing County.

Maps 72 and 73 display: When a Pershing County Resident Obtains Hospital Care Outside Pershing County, Where Do They Go? A description of each map is included below:

> Map 72: Percentage of Emergency Department Visits Among Residents of Pershing County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Pershing County residents outside of Pershing County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 73: Percentage of Hospital Inpatient visits Among Residents of Pershing County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Pershing County residents outside of Pershing County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C161 provides the detailed numbers and percentages shown in the Maps 72 and 73. When a Pershing County resident obtained care in a hospital outside Pershing County, the largest proportion of out of county emergency department visits were into Humboldt County (35%) and Washoe County (34%). The largest proportion of out of county inpatient hospitalizations were into Washoe County at 74%.

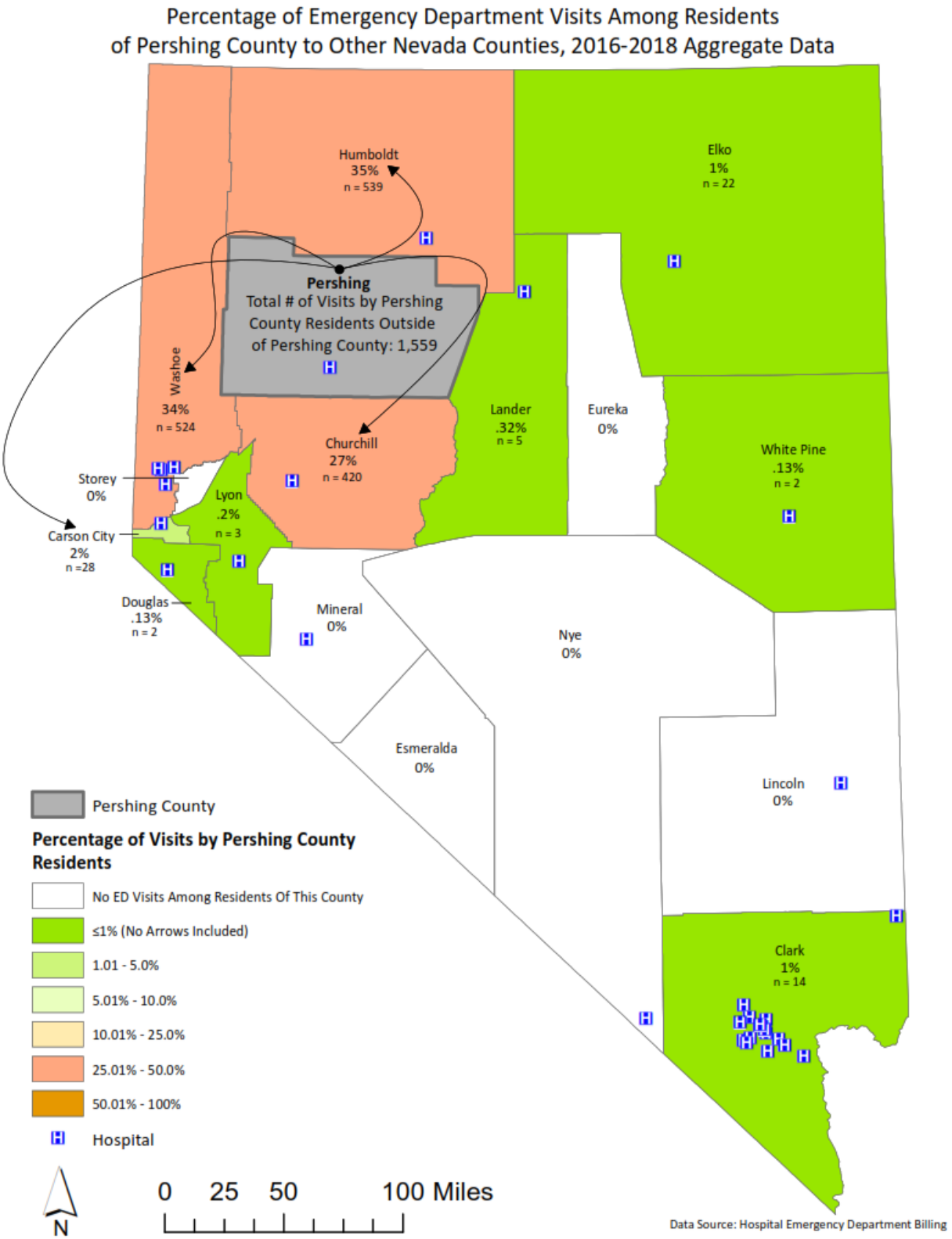
Table C161: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Pershing County Residents that Occurred Outside of Pershing County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Pershing County		Inpatient Hospitalization Outside Pershing County	
	#	%	#	%
Carson	28	2%	41	4%
Churchill	420	27%	112	10%
Clark	14	1%	12	1%
Douglas	2	0.13%	0	0%
Elko	22	1%	1	0.09%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	539	35%	115	11%
Lander	5	0.32%	0	0%
Lincoln	0	0%	0	0%
Lyon	3	0.2%	0	0%
Mineral	0	0%	0	0%
Nye	0	0%	0	0%
Pershing	0	0%	0	0%
Storey*	0	0%	0	0%
Washoe	524	34%	803	74%
White Pine	2	0.13%	0	0%
Number of ED/Hospitalizations Outside County Among Residents	**1,559**	**100%**	**1,084**	**100%**

*these counties do not have a hospital

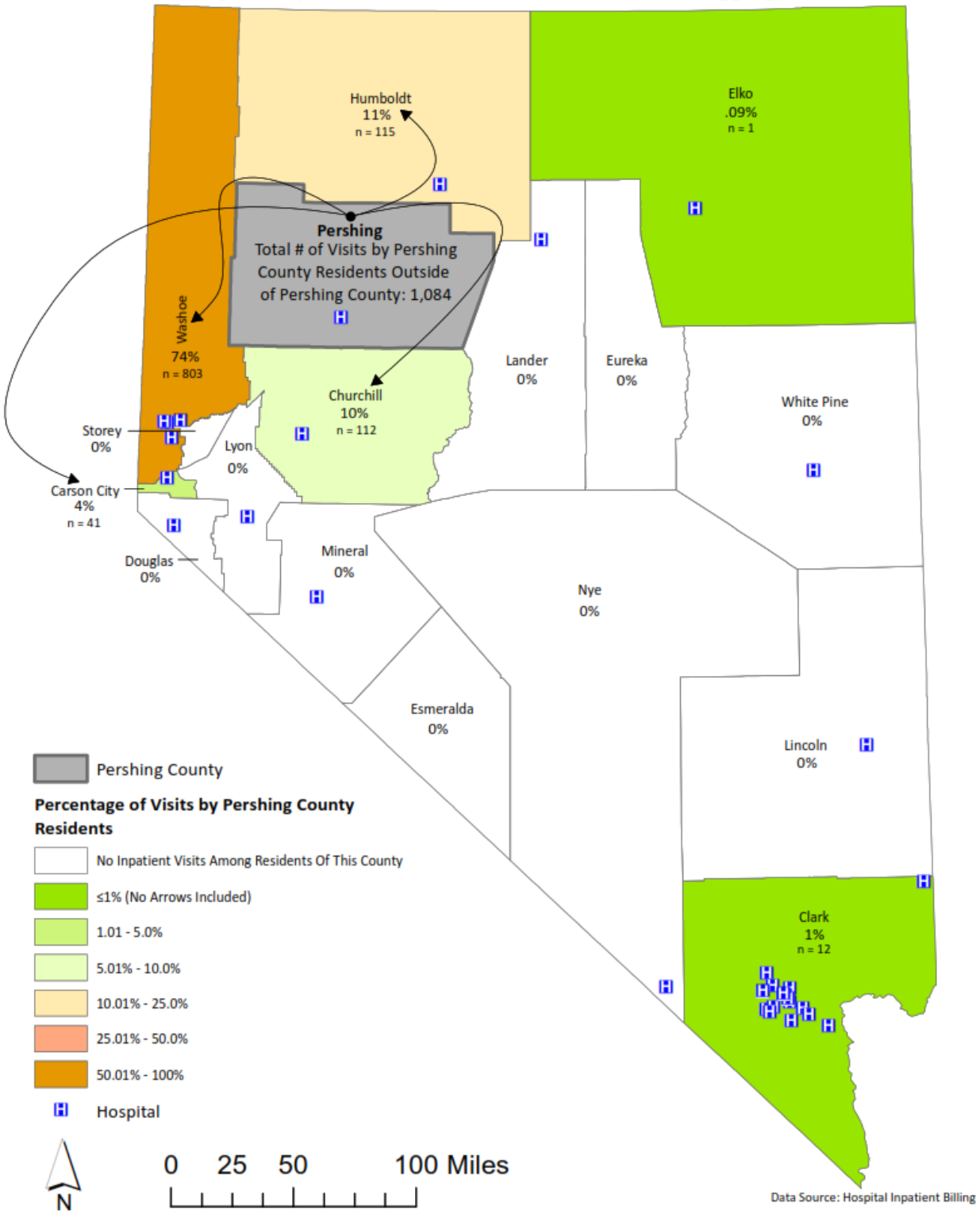
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 72


Percentage of Emergency Department Visits Among Residents of Pershing County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt
35%
n = 539
Elko
1%
n = 22
Pershing
Total # of Visits by Pershing County Residents Outside of Pershing County: 1,559
Washoe
34%
n = 524
Lander
.32%
n = 5
Eureka
0%
White Pine
.13%
n = 2
Churchill
27%
n = 420
Storey
0%
Lyon
.2%
n = 3
Carson City
2%
n =28
Douglas
.13%
n = 2
Mineral
0%
Nye
0%
Esmeralda
0%
Lincoln
0%
Clark
1%
n = 14
Pershing County
Percentage of Visits by Pershing County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 73

Percentage of Hospital Inpatient Visits Among Residents of Pershing County to Other Nevada Counties, 2016-2018 Aggregate Data



Pershing County Hospital Burden

Table C162 indicates 6% of emergency department visits into Pershing County were made by non-Pershing County residents, while 9% of inpatient hospitalization were made by non-Pershing County residents.

Table C162: Total Number and Percent of Visits Made to Pershing County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	292	6%	5,091
Inpatient Hospitalizations	17	9%	197

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 74 and 75 display: Visits Occurring in Pershing County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 74: Percentage of Pershing County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Pershing County hospitals by persons who do not reside in Pershing County and 2) the county where the patient resides.

Map 75: Percentage of Pershing County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Pershing County hospitals by persons who do not reside in Pershing County and 2) the county where the patient resides.

Table C163 provides the detailed numbers and percentages shown in Maps 74 and 75. The largest proportion of non-resident emergency department visits were from Washoe County (32%) and Humboldt County (29%). The largest proportion of non-resident inpatient hospitalizations were from Humboldt County (59%) and Churchill County (24%).

Table C163: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Pershing County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

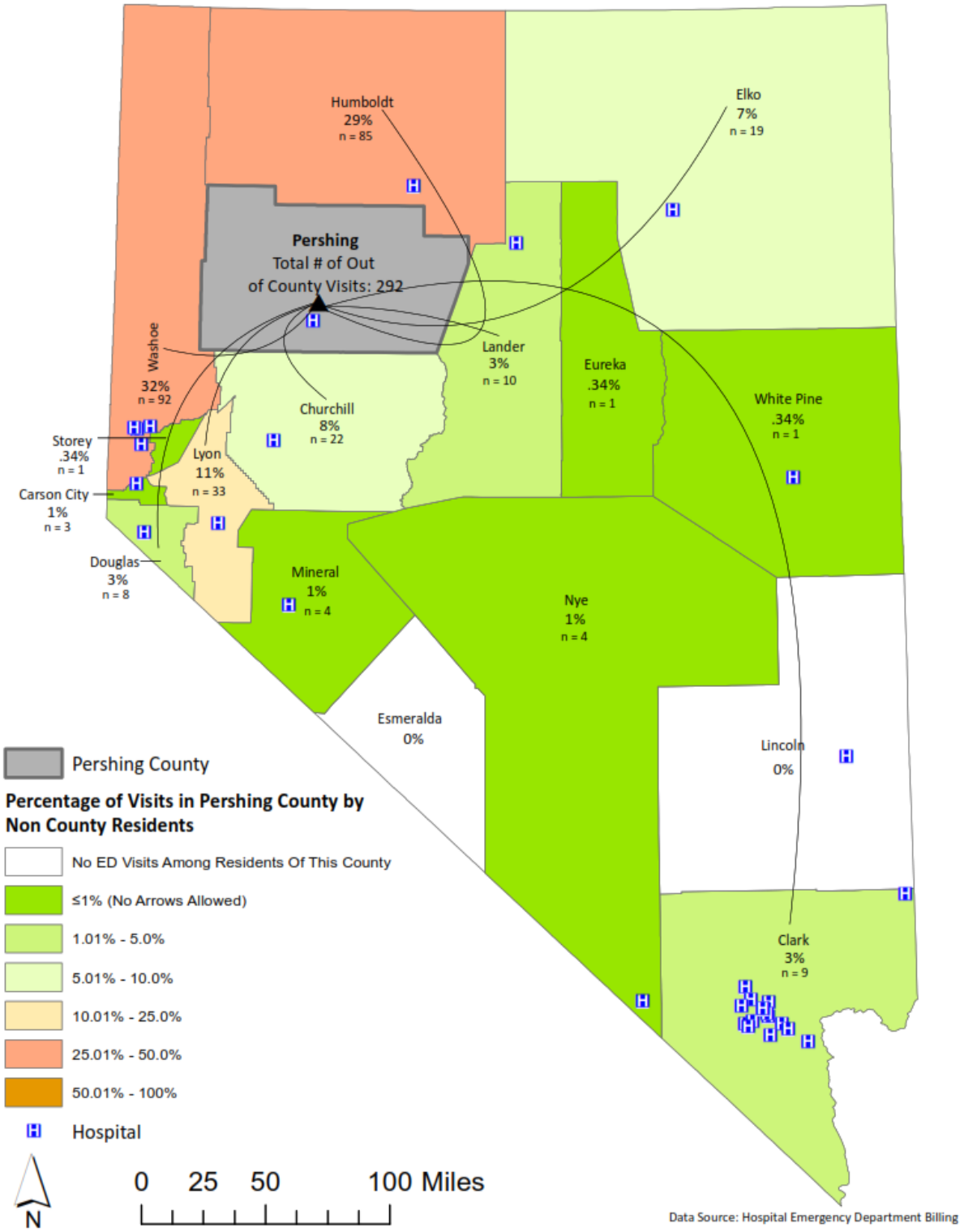
Patient County of Origin/Residence	ED Visits Occurring in Pershing County by Non-Pershing County Residents		Inpatient Hospitalization Occurring in Pershing County by Non-Pershing County Residents	
	#	%	#	%
Carson	3	1%	0	0%
Churchill	22	8%	4	24%
Clark	9	3%	0	0%
Douglas	8	3%	2	12%
Elko	19	7%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	1	0.34%	0	0%
Humboldt	85	29%	10	59%
Lander	10	3%	0	0%
Lincoln	0	0%	0	0%
Lyon	33	11%	0	0%
Mineral	4	1%	0	0%
Nye	4	1%	0	0%
Pershing	0	0%	0	0%
Storey*	1	0.34%	0	0%
Washoe	92	32%	1	6%
White Pine	1	0.34%	0	0%
Number of ED/Hospitalizations Among Persons who Reside Outside of Pershing County	**292**	**100%**	**17**	**100%**

*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

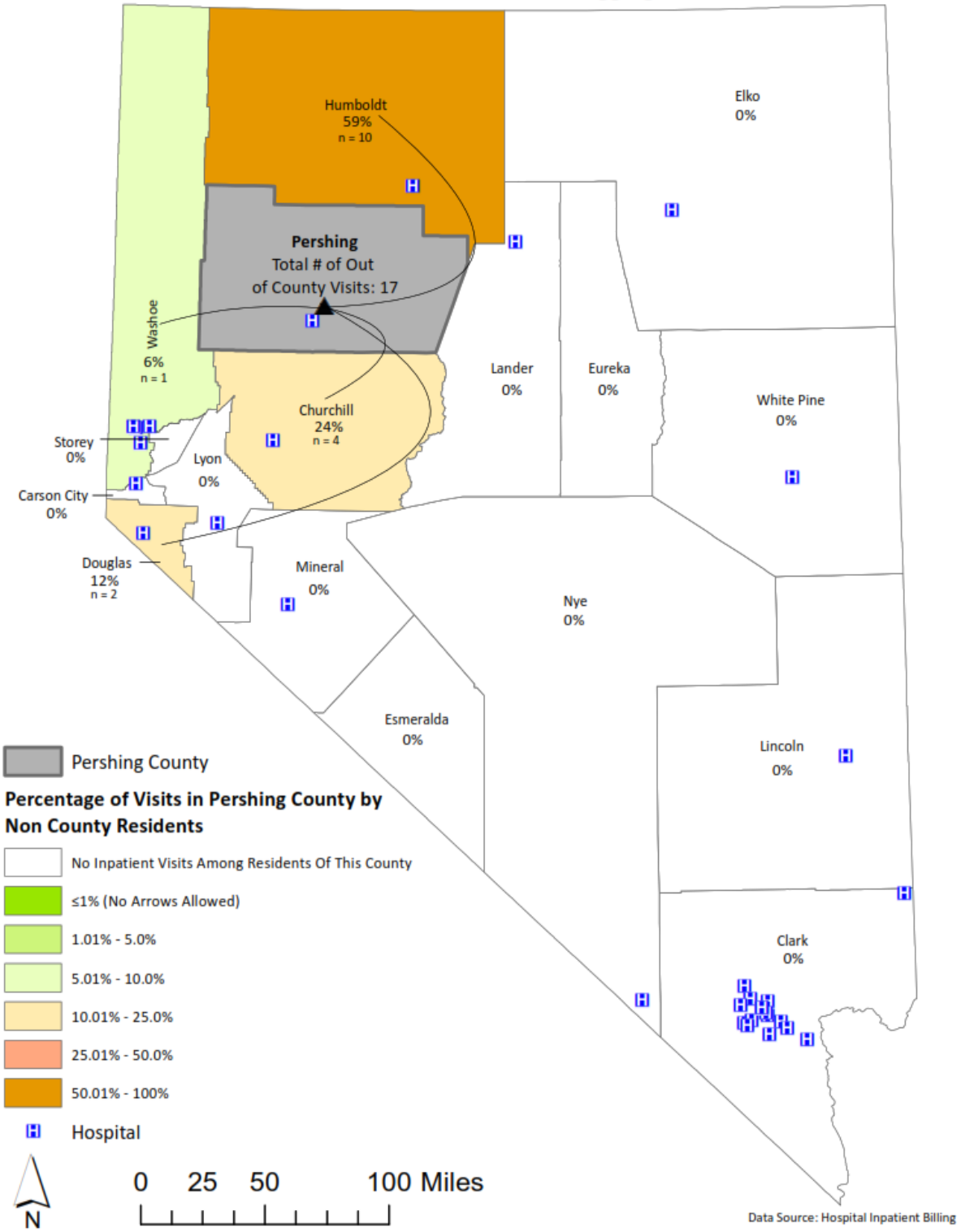
Map 74

Percentage of Pershing County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Map 75

Percentage of Pershing County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



Pershing County Health Priorities

Table C164 includes the priorities identified for Pershing County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Access to Health Care, 2) Employment and Poverty, and 3) Behavioral Health. Table C164 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators (Appendix A) were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C164 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted for Pershing County.

#1 Access to Health Care

For Pershing County, the secondary data-driven opportunities for improvement under access health care include the rate of licensed advanced physician assistants and dentists to population, the percentage of adults who visit doctor for routine physical or exam, percentage of the total population without health insurance coverage, the percent of population 19 years and younger without health insurance coverage, and the percentage of adults who needed a doctor but couldn't seek care because of costs. There were relatively few survey respondents from Pershing County, and only one selected access to health care, therefore survey subcategory results are not provided within Table C164.

#2 Employment and Poverty

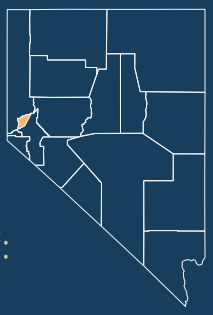
The data-driven opportunities for improvement under employment and poverty included the lower percentage of the population 16 years and older in the labor force, the total population in poverty, seniors 65 years and older in poverty, percentage of families in poverty, and households with cash public assistance income. There were relatively few survey respondents from Pershing County, and none selected employment or poverty, therefore survey subcategory results are not provided within Table C164.

#3 Behavioral Health

The data-driven opportunities for improvement within behavioral health related to substance use included cigarette use among both adults and high school students, population 12+ years with an alcohol use disorder, and the higher rates of emergency department encounters due to opioid poisoning/overdose. Behavioral health indicators for improvement that are related to mental health include a higher rate of high school students who seriously considered attempting suicide, high school students who attempted suicide, and a higher rate of deaths due to suicide compared to other Nevada counties and Nevada Overall.

Survey respondents identified the use of illegal and prescription drugs, alcoholism and binge drinking, marijuana, and tobacco use as problems, as well as the ease of accessibility to alcohol and drugs. The lack of mental health providers, lack of long-term inpatient clinics for behavioral health issues, lack of substance abuse treatment resources, and a lack of alcohol and drug treatment programs as driver of behavioral health issues in Pershing County. Additionally, depression was often identified as an issue.

Table C164: Pershing County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Access to Health Care**	• Rate of licensed advanced physician assistants to population • Percent of adults who visit doctor for routine physical or exam • Rate of licensed dentists to population • Percent of population without health insurance coverage • Percent of population 19 years and younger without health insurance coverage • Percent of adults who needed a doctor but couldn't seek care because of costs	Due to varied respondent answers and only one respondent selecting this category, unable to display survey responses.	No CHNA or CHIP
2	**Employment & Poverty**	• Percent of population 16+ years in labor force • Total population in poverty • Seniors 65+ years in poverty • Families in poverty • Households with cash public assistance income	There were few survey respondents and no survey response for this category.	
3	**Behavioral Health**	• Deaths due to suicide • High school students who seriously considered attempting suicide • High school students who attempted suicide • Cigarette use among adults • Emergency department encounters due to opioid poisoning/overdose • Cigarette use among high school students • Population 12+ years with an alcohol use disorder	1. Two-way tie: Illegal drugs (e.g., meth, heroin, cocaine) are a problem and Alcoholism/binge drinking is a problem 2. Two-way tie: Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem and Ease of access to alcohol and drugs 3. Seven-way tie: Lack of mental health providers; Lack of long-term inpatient clinics for behavioral health issues; Depression is a problem; Lack of substance abuse treatment resources/programs; Lack of alcohol and drug treatment programs; Marijuana use is a problem; and Tobacco and vapor product use is a problem	



STOREY COUNTY PROFILE

Land Area[22]: 262.9 mi²

2019 Population[1]: 4,196 people, 0.1% of Nevada's Population
Population Density: 15 people per square mile (mi²)
County Seat: Virginia City
Designation: Rural

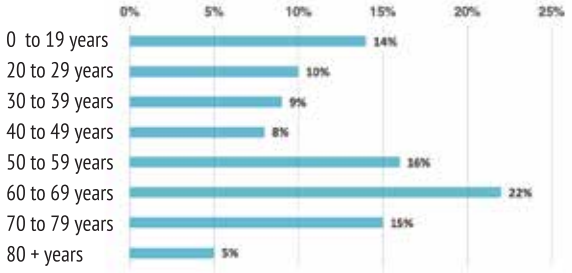
TOP PRIORITIES

Behavioral Health

Access to Health Care

DEMOGRAPHICS

AGE[1]



MEDIAN AGE[4] 54.7

NV 38.7

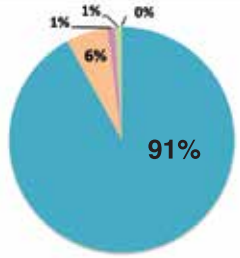
17 & UNDER[3] 13.5%

NV 23.5%

OVER 65 +[3] 30.0%

NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Lyon, Mineral, & Storey)

% who seriously considered attempting suicide[2]	NV 16.6% US 17.2%	16.9%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%	37.9%*
% who used tobacco one or more times in the last 30 days[2]	NV 12% US 19.5%	25.7%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5% US 29.8%	33.9%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%	49.7%*
% who are overweight or obese[2]	NV 28.9% US 30.4%	30.2%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5% US 39.2%	32.3%*

NV 71.6%
US 77.3%
71.6%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
64%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
5.1%
% of population, 19 and younger, without health insurance[7]

NV 27,159
5
# of children enrolled in Nevada Children's Health Insurance Program[8]

7.3%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

9.5%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Lyon, Mineral, and Storey)

NV %
US %

STOREY COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

8.8%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

16.9%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

5%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Malignant Neoplasms (cancer) (238.2)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

23.2%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

56.7%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

0.0

% of adults who are binge drinkers[9]

NV 15% US 17.4%

26.8%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

189.4

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

18.3

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$63,607

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $59,688 FEMALE $50,897

Difference in annual earnings between male and female workers (full-time, year round)[7] **$8,791**

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

10.2%

Unemployment Rate[18]

4.6%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	7.7%	NV 13%	US 13.4%
18 & UNDER	16.4%	NV 18.5%	US 18.4%
OVER 65 +	2.2%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	N/A	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

94.1%

Bachelor's degree or higher[17]

22.9%

NV 23.7% US 30.9%

MALE 29.3%

NV 23.6% US 30.6%

FEMALE 16.5%

NV 23.8% US 31.2%

12.8%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

40.4%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

25.2%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

122.4

NV 122.6

Storey County

Storey County is the second smallest county in terms of land size, known for the historical Comstock Lode, a silver ore lode discovered in the county seat, Virginia City. Storey County's 2019 total population was 4,196 persons, representing 0.1% of Nevada's population. Storey County's land area is 262.9 mi^2 with a population density of 15 people per mi^2.

Storey County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C165 provides community survey results for Storey County. Two of the four respondents (50%) from Storey County selected Access to Health Care as the top health issue in their county.

Table C165: Storey County Community Survey Results, Priority Health Issues, 2019

Health Issue	Storey	%
Access to Health Care	2	50%
Behavioral Health	1	25%
Preventive Behaviors	1	25%
Chronic Diseases	0	0%
Housing/Poverty	0	0%
Employment and Job Training	0	0%
Other	0	0%
Environment and Built Environment	0	0%
Education	0	0%
Family Dynamics and Maternal Child Health	0	0%
Communicable Diseases	0	0%
Total	**4**	**100%**

Storey County Community Survey Results

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C166 summarizes health findings of Storey County Key Informant interviews taking place between May and July 2019. Behavioral health issues and small, rural community challenges (lack of transportation, lack of specialty and general providers, a need for more transportation services, etc.) stand out as common themes identified by Storey County Key Informants.

Table C166: Storey County Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues (tied) Seniors (tied) 2. Children	1. Collaborative partnership with neighboring counties 2. Community Chest 3. Telehealth (tied) Vocational training and workforce development (tied)
Barriers	**Solutions**
1. Lack of transportation 2. Lack of behavioral health services 3. Small community and rural challenges having to rely on neighboring counties for many services 4. Lack of specialty care providers (tied) Lack of primary care providers (tied)	1. More behavioral health providers and services 2. More staff and programs for health-related efforts 3. More transportation services (tied) Mobile health care or telehealth services (tied) Increase public awareness about existing services (tied)

Storey County Specific Indicator Data

Table C167 displays the number and percent of Storey County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Storey County's population was white, not Hispanic (91% in both 2015 and 2019).

Table C167: Number and Percent of Storey County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	3,688	91%	3,820	91%	3%
Black, not Hispanic	11	0%	12	0%	8%
American Indian, Eskimo, Aleut, not Hispanic	54	1%	56	1%	4%
Asian/Pacific Islander, not Hispanic	55	1%	57	1%	4%
Hispanic Origin of Any Race	235	6%	251	6%	6%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C168 displays the estimated number and percent of Storey County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Storey County's population is estimated to be white, not Hispanic (91% in both 2020 and 2024).

Table C168: Number and Percent of Storey County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	4,018	91%	4,526	91%	13%
Black, not Hispanic	12	0%	15	0%	25%
American Indian, Eskimo, Aleut, not Hispanic	57	1%	63	1%	11%
Asian/Pacific Islander, not Hispanic	60	1%	70	1%	17%
Hispanic Origin of Any Race	261	6%	310	6%	19%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C169 displays the number and percent of Storey County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 60-69-year-old age group represented the largest percentage of Storey County's population in 2015 at 21%, increasing to 22% in 2019. The population with the greatest percent change between 2015 and 2019 was the 30-39-year-old age group with a 61% increase.

Table C169: Number and Percent of Storey County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	232	6%	249	6%	7%
10 to 19 years	381	9%	342	8%	-10%
20 to 29 years	454	11%	431	10%	-5%
30 to 39 years	242	6%	389	9%	61%
40 to 49 years	420	10%	339	8%	-19%
50 to 59 years	781	19%	687	16%	-12%
60 to 69 years	862	21%	928	22%	8%
70 to 79 years	512	13%	631	15%	23%
80 + years	158	4%	201	5%	27%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C170 displays the number and percent of Storey County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 60-69-year-old age group is projected to be the largest in 2020 and 2024 at 22% for both years. The population with the greatest projected percent change between 2020 and 2024 is the 10-19-year-old age group with a 37% increase.

Table C170: Number and Percent of Storey County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024 % Change
	#	%	#	%	
0 to 9 years	282	6%	344	7%	22%
10 to 19 years	358	8%	491	10%	37%
20 to 29 years	385	9%	248	5%	-36%
30 to 39 years	464	11%	586	12%	26%
40 to 49 years	330	7%	416	8%	26%
50 to 59 years	741	17%	796	16%	7%
60 to 69 years	973	22%	1,085	22%	12%
70 to 79 years	666	15%	746	15%	12%
80 + years	209	5%	275	6%	32%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C171 lists the incidence rates for all types of cancer aggregate for Storey County and Nevada, 1995-2015. Storey County's incidence rates for all types of cancer were higher than Nevada's incidence rates for only four of the 20 years listed (data was unavailable for Storey County in 2010).

Table C171: Incidence Rates of All Types of Cancer Aggregate, Storey County and Nevada, 1995 2015

Year	Storey County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	423.2	(183.7, 662.6)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	326.2	(141.6, 510.7)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	371.1	(194.7, 547.5)	417.1	(407.1, 427.2)	236.9-488.7
1998	397.0	(202.5, 591.6)	418.5	(408.8, 428.2)	232.8-815.9
1999	467.2	(251.3, 683.0)	422.1	(412.6, 431.6)	240.7-1091.8
2000	389.5	(214.4, 564.6)	513.8	(503.6, 524.1)	223.4-534.4
2001	563.2	(316.4, 810.1)	505.4	(495.5, 515.4)	184.9-563.2
2002	253.2	(120.6, 385.8)	506.9	(497.1, 516.7)	253.2-672.6
2003	329.9	(162.9, 496.8)	487.6	(478.2, 497.0)	194.0-551.2
2004	391.9	(199.9, 583.9)	487.6	(478.2, 496.5)	387.2-631.1
2005	369.3	(207.5, 531.2)	456.2	(447.5, 464.8)	343.7-829.8
2006	258.2	(117.9, 398.6)	467.1	(458.5, 475.7)	258.2-589.7
2007	326.4	(190.0, 462.8)	443.7	(435.5, 451.9)	191.9-544.8
2008	315.1	(189.1, 441.2)	457.0	(448.8, 465.2)	315.1-637.8
2009	470.4	(269.2, 671.6)	459.5	(451.4, 467.6)	232.1-560.3
2010	:	:	431.2	(423.5, 439.0)	390.4-524.5
2011	271.3	(152.4, 390.2)	433.4	(425.7, 441.1)	227.1-546.1
2012	298.1	(173.5, 422.6)	411.3	(403.9, 418.7)	266.7-527.4
2013	207.5	(105.8, 309.1)	410.4	(403.2, 417.7)	207.5-530.8
2014	552.1	(339.9, 764.4)	399.4	(392.3, 406.4)	207.5-530.8
2015	288.5	(162.0, 414.9)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C172 lists the number and percentage of calls made by Storey County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Storey County residents represented less than 0.1% of the total calls made by Nevada residents. Storey County residents who called Nevada 2-1-1 were most in need of Employment and Income services (30%).

Table C172: 2 1 1 Most Requested Services in Storey County		
Service	**#**	**%**
Employment and Income	3	30%
Health Care	2	20%
Other	2	20%
Food	1	10%
Mental Health and Addictions	1	10%
Clothing and Household	1	10%
Housing and Shelter	0	0%
Utilities	0	0%
Child Care and Parenting	0	0%
Government and Legal	0	0%
Transportation Assistance	0	0%
Education	0	0%
Disaster	0	0%
Total	**10**	**100%**

Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Storey County – American Indian Tribal Lands

There are no American Indian tribal lands in Storey County.

Storey County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 821 emergency department visits made by Storey County residents and a total of 343 inpatient hospitalizations among Storey County residents; of those, 100% occurred outside of Storey County since there is no hospital in the county.

Maps 76 and 77 display: When a Storey County Resident Obtains Hospital Care Outside Storey County, Where Do They Go? A description of each map is included below:

Map 76: Percentage of Emergency Department Visits Among Residents of Storey County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Storey County residents outside of Storey County and 2) the county where the emergency department visit occurred in Nevada.

Map 77: Percentage of Hospital Inpatient visits Among Residents of Storey County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Storey County residents outside of Storey County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C173 provides the detailed numbers and percentages shown in the Maps 76 and 77. When a Storey County resident obtained care in a hospital outside Storey County, the largest proportion of out of county emergency department visits were into Washoe County (55%) and Carson City (42%). The largest proportion of out of county inpatient hospitalizations were into Washoe County at 61% and Carson City at 39%.

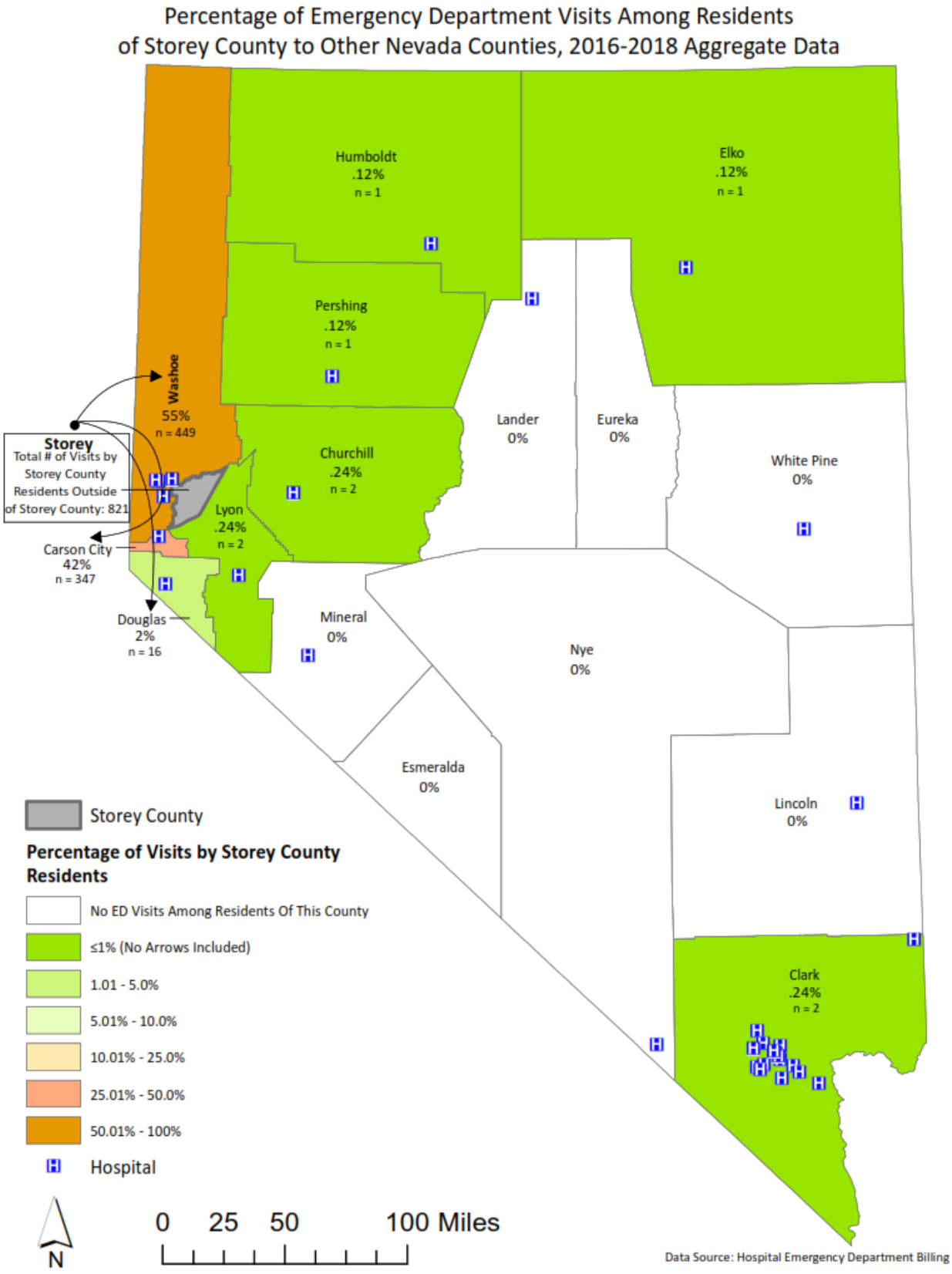
Table C173: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Storey County Residents that Occurred Outside of Storey County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Storey County		Inpatient Hospitalization Outside Storey County	
	#	%	#	%
Carson	347	42%	134	39%
Churchill	2	0.24%	0	0%
Clark	2	0.24%	0	0%
Douglas	16	2%	1	0.3%
Elko	1	0.12%	0	0%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	1	0.12%	0	0%
Lander	0	0%	0	0%
Lincoln	0	0%	0	0%
Lyon	2	0.24%	0	0%
Mineral	0	0%	0	0%
Nye	0	0%	0	0%
Pershing	1	0.12%	0	0%
Storey*	0	0%	0	0%
Washoe	449	55%	208	61%
White Pine	0	0%	0	0%
Number of ED/Hospitalizations Outside County Among Residents	**821**	**100%**	**343**	**100%**

*these counties do not have a hospital

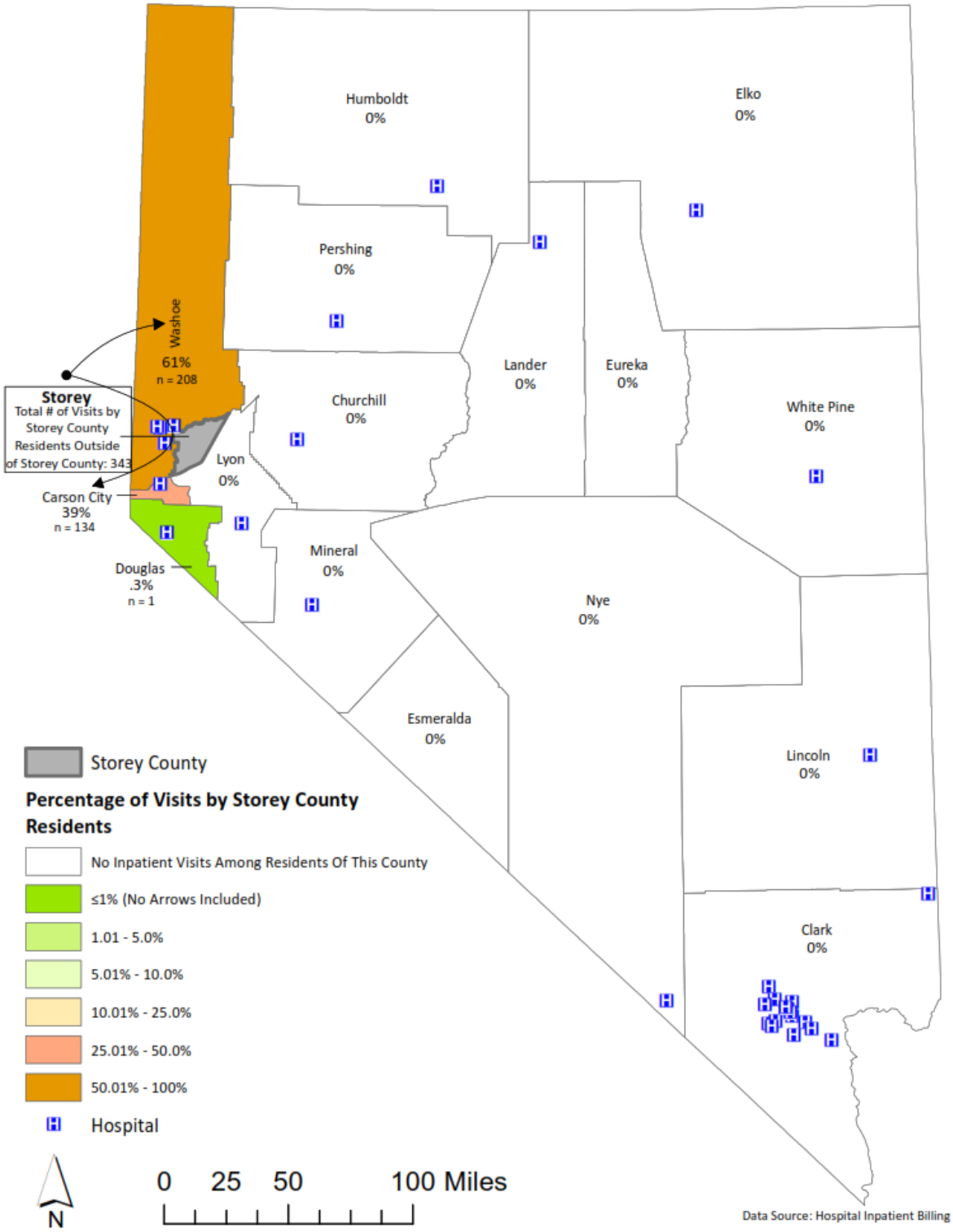
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 76


Percentage of Emergency Department Visits Among Residents of Storey County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .12% n = 1
Elko .12% n = 1
Pershing .12% n = 1
Washoe 55% n = 449
Storey
Total # of Visits by Storey County Residents Outside of Storey County: 821
Churchill .24% n = 2
Lander 0%
Eureka 0%
White Pine 0%
Lyon .24% n = 2
Carson City 42% n = 347
Douglas 2% n = 16
Mineral 0%
Nye 0%
Esmeralda 0%
Lincoln 0%
Clark .24% n = 2
Storey County
Percentage of Visits by Storey County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 77

Percentage of Hospital Inpatient Visits Among Residents of Storey County to Other Nevada Counties, 2016-2018 Aggregate Data



Storey County Health Priorities

Table C174 includes the priorities identified for Storey County through the prioritization process previously described in the section entitled Prioritization Methodology. The top two priorities are: 1) Behavioral Health and 2) Access to Health Care. There is not a third priority, as some secondary indicator data (Appendix A) were suppressed for Storey County and there were too few survey and interview respondents from Storey County. Table C174 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C174 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted for Storey County.

#1 Behavioral Health

The data-driven opportunities for improvement under behavioral health related to mental health include a higher percentage of adults who report 14 or more poor mental health days among adults, depression among adults, and high school students who attempted suicide. Other secondary data driving behavioral health issues were related to substance use and included, binge and heavy drinking among adults, marijuana use among adults, rate of opioid prescriptions, and population 12+ years with an alcohol use disorder. Substance use issues among high school students included tobacco use, cigarette use, electronic vapor products, riding in a car with a driver who had been drinking, marijuana consumption, and using prescription pain medications without a prescription or differently than prescribed. There were relatively few survey respondents from Storey County, and only a few selected behavioral health, therefore survey subcategory results are not provided within Table C174.

#2 Access to Health Care

For Storey County, the secondary data-driven opportunities for improvement under access to health care include the rate of licensed primary care physicians and licensed dentists to population. All of Storey County is designated as a HRSA-defined primary care, dental care, and mental health provider shortage area.

Survey respondents identified that transportation barriers make it challenging for people to get to their healthcare appointments, there is a long wait to be seen – the providers in the community are not able to book an appointment for a patient for several weeks or months, a lack of primary care providers, and a lack of dental care.

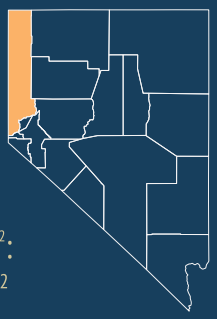
Community-Identified Priorities

The both of the top priorities identified through data in this report align with the findings of the community-identified priorities outlined in the Lyon/Storey/Mineral Communities Coalition 2016-2018 Community Prevention and Wellness Plan.

Adverse Childhood Experiences - ACEs

Is it important to note, although not present in Table C174 as a priority area to improve upon, Storey County adults and high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C174: Storey County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Behavioral Health**	• Poor mental health days among adults • Depression among adults • High school students who attempted suicide • Binge drinking among adults • Heavy drinking among adults • Marijuana use among adults • Rate of opioid prescriptions • Population 12+ years with an alcohol use disorder Among high school students: • Tobacco use • Cigarette use • Electronic vapor products • Riding in a car with a driver who had been drinking • Marijuana consumption • Using prescription pain medications without a prescription or differently than prescribed	Due to varied respondent answers and too few respondents, unable to utilize survey responses for this category.	**Lyon/Storey/Mineral Communities Coalition (2016-2018) Community Prevention and Wellness Plan*** • Access to Health Care • Lack of/Access to Mental Health Providers • Behavioral Health • Mental Health • Mental Illness • Substance Use/Abuse • Alcohol Abuse • Drug Abuse • Rehab for Alcohol and Drug Addiction • Nutrition • Maternal, Infant, and Child Health • Social Determinants of Health • Workforce Development • Food Security and food Access • Income/Poverty • Violence Prevention • Communication Protocols, Systems, Public Education **South Lyon Medical Center CNA (2019)** • Lack of/Access to Specialty Providers • Lack of Providers in General • Cost/Affordability of Medical Care • Quality of Health Care *The Healthy Communities Coalition 2016-2018 Community Prevention and Wellness Plan (Plan) addresses needs for both Lyon and Storey counties and includes Mineral county within their service area. The Plan lists 40+ community concerns which have been consolidated in the list of priorities addressed here.
2	**Access to Health Care**	• Rate of licensed primary care physicians to population • Rate of licensed dentists to population	**ALL TIED** • Transportation barriers make it challenging for members of my community to get to their healthcare appointments • Long wait to be seen – the providers in the community are not able to book an appointment for a patient for several weeks or months • Lack of primary care providers • Lack of dental care	
3	Due to many secondary data being suppressed and varied respondent answers with too few respondents, unable to determine a third top priority.			



Land Area[22]: 6,302.4 mi²

WASHOE COUNTY PROFILE

2019 Population[1]: 459,210 people, 15% of Nevada's Population
Population Density: 73 people per square mile (mi²)
County Seat: Reno
Designation: Urban

TOP PRIORITIES

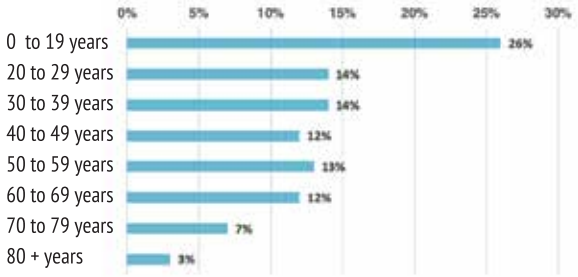
Behavioral Health

Housing

Chronic & Communicable Diseases

DEMOGRAPHICS

AGE[1]



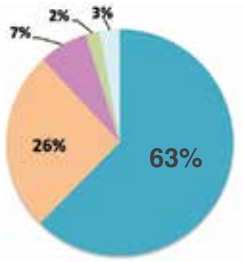
MEDIAN AGE[4] 38

NV 38.7

17 & UNDER[3] 23.1%
NV 23.5%

OVER 65 +[3] 15.7%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

% who seriously considered attempting suicide[2]
NV 16.6%
US 17.2%
18.6%

% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]
NV 30.3%
34.5%

% who used tobacco one or more times in the last 30 days[2]
NV 12%
US 19.5%
13.5%

% who drank alcohol one or more times in the last 30 days[2]
NV 26.5%
US 29.8%
27.2%

% who played video or computer games for 3 or more hours per day[2]
NV 54.9%
46.7%

% who are overweight or obese[2]
NV 28.9%
US 30.4%
28.1%

% who texted or emailed while driving a car or other vehicle[2]
NV 31.5%
US 39.2%
32.3%

NV 71.6%
US 77.3%
58.5%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
76%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
5.8%
% of population, 18 and younger, without health insurance[7]

NV 27,159
4,392
# of children enrolled in Nevada Children's Health Insurance Program[8]

7.6%
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

12.7%
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

NV %
US %

WASHOE COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

9.9%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

15.9%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

23%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (200.9)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

15.2%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

63.1%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

30.3

% of adults who are binge drinkers[9]

NV 15% US 17.4%

19.4%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

1,267.0

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

16.7

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$61,498

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $48,018 FEMALE $40,158

Difference in annual earnings between male and female workers (full-time, year round)[7] **$7,860**

NV $7,559 US $9,831

Four-year high school graduation rate[16]

NV 83.2%

US 85%

84.4%

Bachelor's degree or higher[17]

29.8%

NV 23.7% US 30.9%

MALE 29.8%

NV 23.6% US 30.6%

FEMALE 29.8%

NV 23.8% US 31.2%

% of population that is food insecure[15]

NV 12.2% US 12.5%

11.2%

Unemployment Rate[18]

4.1%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	10.8%	NV 13%	US 13.4%
18 & UNDER	12.7%	NV 18.5%	US 18.4%
OVER 65 +	8.5%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	22.6%	NV 31%	US 35.7%

45.7%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

35.8%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

12.1%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

125.8

NV 122.6

Washoe County

Washoe County is the second most populous county in Nevada. The majority of residents live in the county seat of Reno and the neighboring city of Sparks. Washoe County's 2019 total population was 459,210 persons, representing 15% of Nevada's population. Washoe County's land area is 6,302.4 mi^2 with a population density of 73 people per mi^2.

Washoe County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C175 provides community survey results for Washoe County. Two hundred fifty-one of the 766 respondents (33%) from Washoe County selected Behavioral Health as the top health priorities in their county, followed by Housing/Poverty and Access to Health Care, selected by 25% and 22% of respondents, respectively.

Table C175: Washoe County Community Survey Results, Priority Health Issues, 2019

Health Issue	#	%
Behavioral Health	251	33%
Housing/Poverty	192	25%
Access to Health Care	172	22%
Preventive Behaviors	48	6%
Education	38	5%
Chronic Diseases	34	4%
Other	12	2%
Employment and Job Training	9	1%
Environment and Built Environment	6	1%
Family Dynamics and Maternal Child Health	3	0%
Communicable Diseases	1	0%
Total	**766**	**100%**

Washoe County Key Informant Interview Findings

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions, within each county. Table C176 summarizes health findings of Washoe County Key Informant interviews taking place between May and July 2019. Behavioral health issues stand out as a common theme identified by Washoe County Key Informants.

Table C176: Washoe County Key Informant Findings

Priority Populations	Strengths
1. Individuals with behavioral health issues 2. Person with chronic diseases 3. Children	1. Collaboration across various entities regarding health priorities 2. Board of Health/Health District (tied) Community education or classes provided (tied) Medical/health training programs available (tied)
Barriers	**Solutions**
1. Lack of behavioral health services (tied) Lack funding (tied) 2. Lack of prioritizing educational initiatives 3. Misaligned policy and duplicative services	1. Policy reform: a. Housing b. Medicaid c. Accessing behavioral health services 2. Increased funding 3. More affordable housing (tied) Increase public awareness about programs available (tied) Improve collaboration (tied) More behavioral health services/providers (tied) More staff and programs (tied)

Washoe County Specific Indicator Data

Table C177 displays the number and percent of Washoe County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of Washoe County's population was white, not Hispanic (65% in 2015 and 63% in 2019). The Hispanic population increased by 9%, from 24% in 2015 to 26% in 2019.

Table C177: Number and Percent of Washoe County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	286,642	65%	290,538	63%	1%
Black, not Hispanic	10,869	2%	11,697	3%	7%
American Indian, Eskimo, Aleut, not Hispanic	7,189	2%	7,355	2%	2%
Asian/Pacific Islander, not Hispanic	29,775	7%	32,218	7%	8%
Hispanic Origin of Any Race	106,291	24%	117,401	26%	9%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C178 displays the projected number and percent of Washoe County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of Washoe County's population is projected to be white, not Hispanic (63% in 2020 and 61% in 2024). The Hispanic population is projected to increase by 10% from 26% in 2020 to 28% in 2024.

Table C178: Number and Percent of Washoe County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	292,701	63%	296,185	61%	1%
Black, not Hispanic	11,988	3%	12,894	3%	8%
American Indian, Eskimo, Aleut, not Hispanic	7,380	2%	7,524	2%	2%
Asian/Pacific Islander, not Hispanic	33,184	7%	35,820	7%	8%
Hispanic Origin of Any Race	121,329	26%	133,951	28%	10%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C179 displays the number and percent of Washoe County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 0-9, 10-19, 20-29, 30-39, 40-49, 50-59 and 60-69-year-age groups are all very similar in their representation of Washoe County's population (between 12%-14%). The population with the greatest percent change between 2015 and 2019 was the 70-79-year-old age group with a 21% increase.

Table C179: Number and Percent of Washoe County Population by Age Group, 2015 and 2019, and Percent Change 2015to 2019

Age Group	2015		2019		2015-2019 % Change
	#	%	#	%	
0 to 9 years	57,410	13%	56,142	12%	-2%
10 to 19 years	58,266	13%	62,332	14%	7%
20 to 29 years	62,360	14%	62,973	14%	1%
30 to 39 years	59,563	14%	63,609	14%	7%
40 to 49 years	53,695	12%	54,387	12%	1%
50 to 59 years	58,696	13%	57,607	13%	-2%
60 to 69 years	50,910	12%	55,087	12%	8%
70 to 79 years	27,809	6%	33,647	7%	21%
80 + years	12,057	3%	13,425	3%	11%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C180 displays the number and percent of Washoe County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 10-19, 20-29, and 30-39-year-old age groups are projected to be the largest in 2020 at 14% for each group, while the 20-29 and 30-39-year-old age groups are projected to be the largest in 2024 at 14% for each group. The population with the greatest projected percent change between 2020 and 2024 is the 80+ age group (22% increase).

Table C180: Number and Percent of Washoe County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	56,898	12%	59,984	12%	5%
10 to 19 years	63,534	14%	62,085	13%	-2%
20 to 29 years	64,052	14%	68,581	14%	7%
30 to 39 years	64,553	14%	66,113	14%	2%
40 to 49 years	55,141	12%	60,236	12%	9%
50 to 59 years	57,313	12%	54,799	11%	-4%
60 to 69 years	56,156	12%	58,073	12%	3%
70 to 79 years	34,898	7%	39,321	8%	13%
80 + years	14,036	3%	17,182	4%	22%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C181 lists the top ten causes of death for residents of Washoe County for 2015, 2016, 2017, and 2018. Diseases of the heart was the number one cause of death for Washoe County residents for all four years.

Table C181: Top 10 Causes of Death, Rate per 100,000, Washoe County, 2015 2018

Cause of Death	2015	2016	2017	2018*
Diseases of the heart	201.8	215.0	193.4	200.9
Malignant neoplasms	180.8	187.1	168.8	163.6
All other diseases (residual)	93.0	95.0	94.5	86.6
Chronic lower respiratory disease	50.9	63.3	60.4	45.2
Cerebrovascular diseases (stroke)	39.6	35.9	35.6	40.6
Nontransport accidents	35.5	42.4	47.6	44.3
Alzheimer's disease	29.2	23.2	26.1	20.0
Influenza and pneumonia	16.3	NL	19.0	16.9
Intentional self-harm (suicide)	22.9	27.2	20.1	16.7
Chronic liver disease and cirrhosis	21.0	NL	NL	NL
System missing or undefined	NL	28.8	NL	NL
Diabetes mellitus	NL	16.5	25.2	22.1

*2018 data are preliminary and are subject to change; NL = Not listed in top 10 statewide causes of death for that year

Per the International Classification of Diseases, 10th Revision (ICD-10), **Nontransport accidents include falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke, fire and flames, accidental poisoning and exposure to noxious substances, and other and unspecified non transport accidents and their sequelae and **All Other Diseases (Residual)** are those that are left over after accounting for the other causes. Per the DHHS Office of Analytics, **System missing or undefined** refers to causes of death with death certificates that had all unknown fields.

Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table C182 lists the incidence rates for all types of cancer aggregate for Washoe County and Nevada, 1995-2015. Washoe County's incidence rates for all types of cancer were higher than Nevada's incidence rates for 15 of the 21 years listed.

Table C182: Incidence Rates of All Types of Cancer Aggregate, Washoe County and Nevada, 1995 2015

Year	Washoe County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	477.4	(451.0, 503.8)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	458.4	(433.2, 483.6)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	468.1	(442.0, 494.1)	417.1	(407.1, 427.2)	236.9-488.7
1998	474.9	(449.9, 499.9)	418.5	(408.8, 428.2)	232.8-815.9
1999	491.0	(465.9, 516.1)	422.1	(412.6, 431.6)	240.7-1091.8
2000	510.6	(485.6, 535.6)	513.8	(503.6, 524.1)	223.4-534.4
2001	502.5	(478.1, 526.9)	505.4	(495.5, 515.4)	184.9-563.2
2002	514.7	(490.3, 539.0)	506.9	(497.1, 516.7)	253.2-672.6
2003	470.7	(447.9, 493.5)	487.6	(478.2, 497.0)	194.0-551.2
2004	472.5	(450.0, 495.0)	487.6	(478.2, 496.5)	387.2-631.1
2005	443.1	(421.8, 464.5)	456.2	(447.5, 464.8)	343.7-829.8
2006	466.9	(445.2, 488.6)	467.1	(458.5, 475.7)	258.2-589.7
2007	474.2	(452.7, 495.7)	443.7	(435.5, 451.9)	191.9-544.8
2008	497.4	(475.8, 519.0)	457.0	(448.8, 465.2)	315.1-637.8
2009	466.5	(445.9, 487.1)	459.5	(451.4, 467.6)	232.1-560.3
2010	444.5	(424.6, 464.5)	431.2	(423.5, 439.0)	390.4-524.5
2011	446.1	(426.4, 465.8)	433.4	(425.7, 441.1)	227.1-546.1
2012	431.5	(412.4, 450.5)	411.3	(403.9, 418.7)	266.7-527.4
2013	434.4	(415.5, 453.3)	410.4	(403.2, 417.7)	207.5-530.8
2014	425.5	(407.1, 444.0)	399.4	(392.3, 406.4)	207.5-530.8
2015	447.0	(428.4, 465.6)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C183 is the number and percentage of calls made by Washoe County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). Washoe County residents represented 5.4% of the total calls made by Nevada residents. Washoe County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (27%).

Table C183: 2 1 1 Most Requested Services in Washoe County

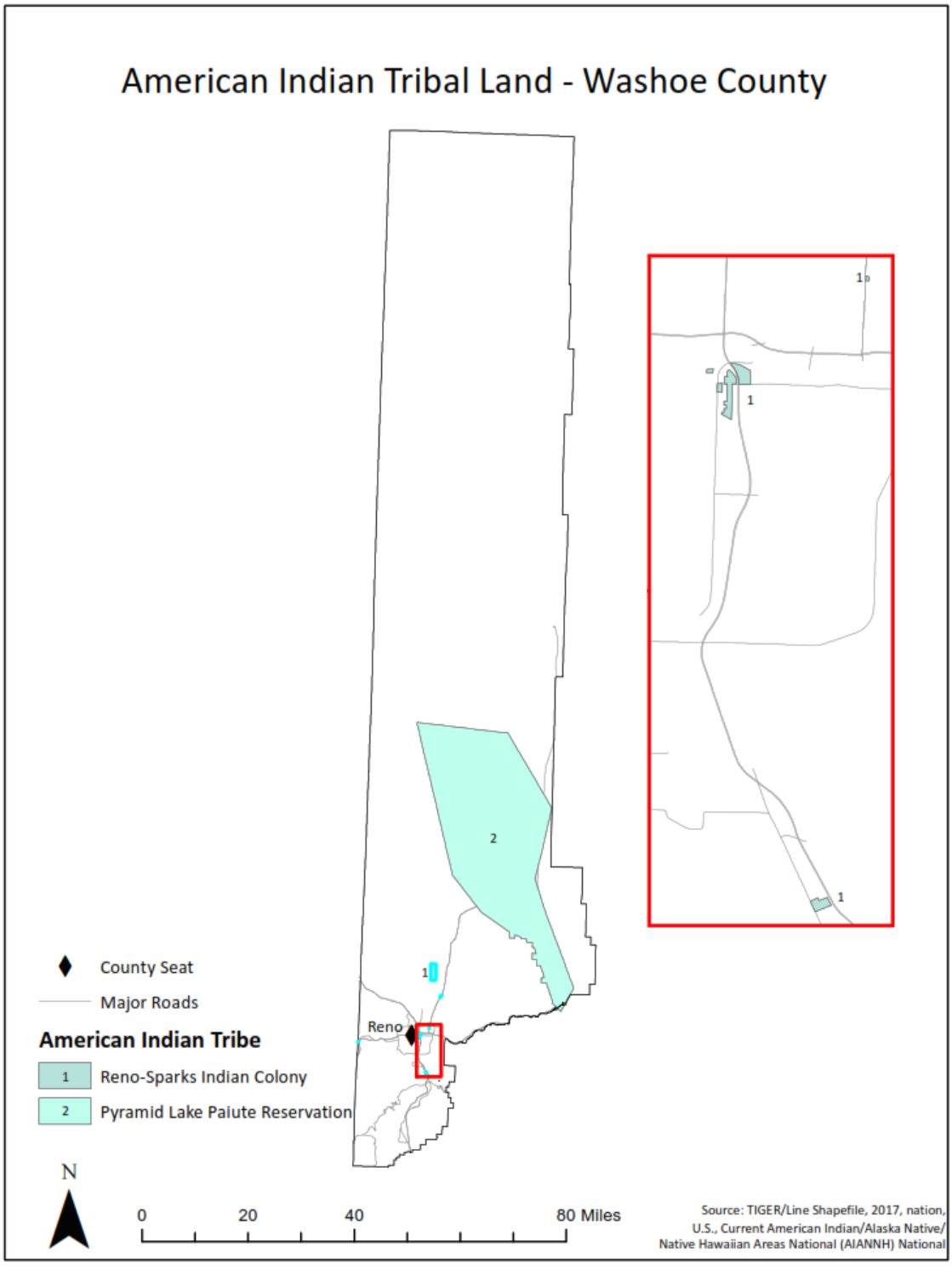
Service	#	%
Housing and Shelter	1,460	27%
Other	1,303	24%
Health Care	589	11%
Food	404	7%
Mental Health and Addictions	331	6%
Government and Legal	313	6%
Utilities	312	6%
Transportation Assistance	290	5%
Employment and Income	183	3%
Clothing and Household	126	2%
Child Care and Parenting	41	1%
Education	29	1%
Disaster	7	0%
Total	**5,388**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. Https://nv.211counts.org/. Retrieved June 17, 2019.

Washoe County – American Indian Tribal Land

Map 78 below depicts American Indian Tribal land in Pershing County, which includes Reno Sparks Indian Colony and Pyramid Lake Paiute Reservation.

Map 78



Washoe County Emergency Department and Hospital Inpatient Utilization Data

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 468,634 emergency department visits made by Washoe County residents; of those, 2% occurred outside of Washoe County. There were a total of 140,365 inpatient hospitalizations among Washoe County residents; of those, 2% occurred outside of Washoe County.

Maps 79 and 80 display: When a Washoe County Resident Obtains Hospital Care Outside Washoe County, Where Do They Go? A description of each map is included below:

> Map 79: Percentage of Emergency Department Visits Among Residents of Washoe County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by Washoe County residents outside of Washoe County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 80: Percentage of Hospital Inpatient visits Among Residents of Washoe County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by Washoe County residents outside of Washoe County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C184 provides the detailed numbers and percentages shown in the Maps 79 and 80. When a Washoe County resident obtained care in a hospital outside Washoe County, the largest proportion of out of county emergency department visits and inpatient hospitalizations were into Carson City, at 48% and 78% respectively.

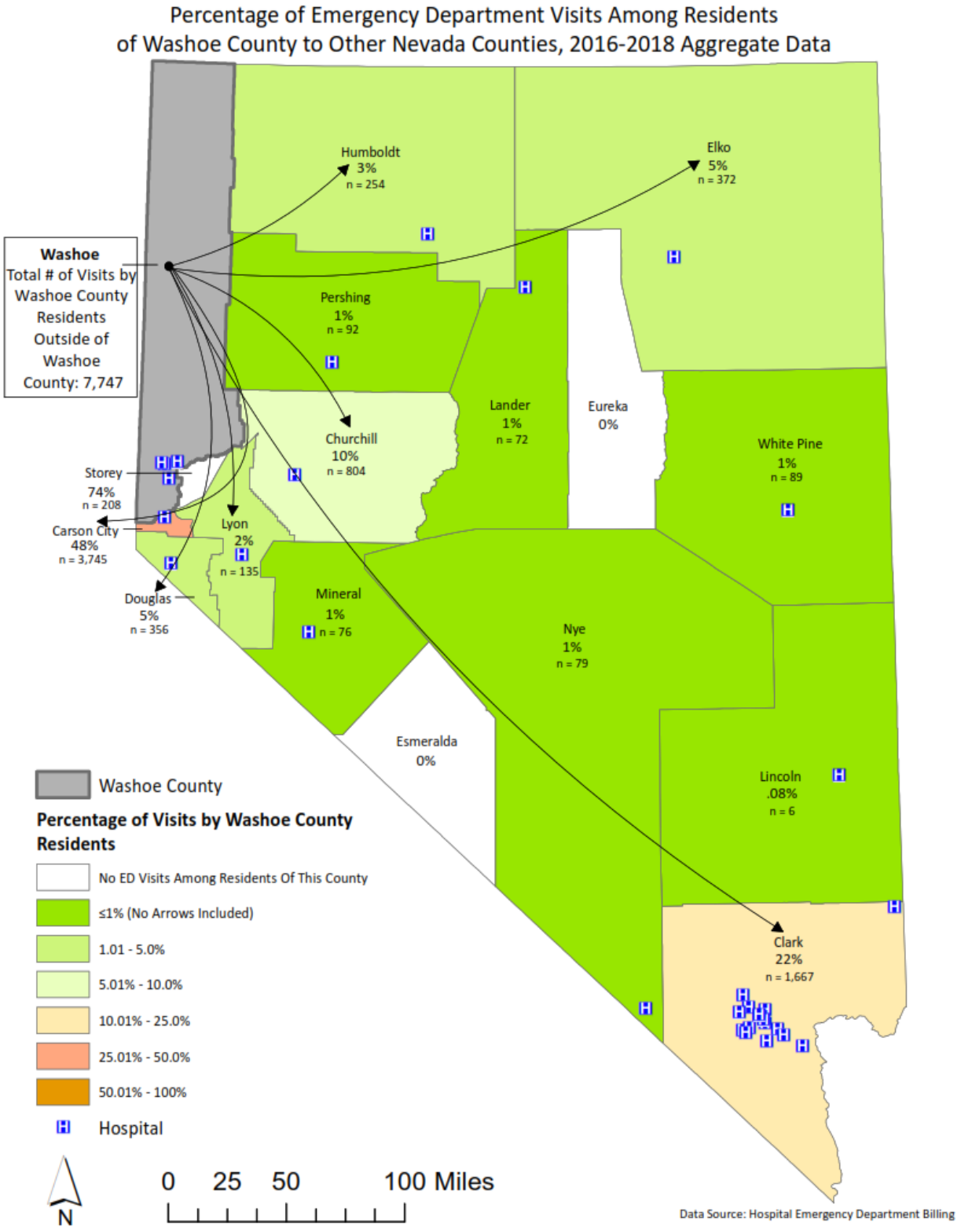
Table C184: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among Washoe County Residents that Occurred Outside of Washoe County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside Washoe County		Inpatient Hospitalization Outside Washoe County	
	#	%	#	%
Carson	3,745	48%	2,408	78%
Churchill	804	10%	47	2%
Clark	1,667	22%	559	18%
Douglas	356	5%	37	1%
Elko	372	5%	13	0.42%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	254	3%	14	0.45%
Lander	72	1%	1	0.03%
Lincoln	6	0.08%	1	0.03%
Lyon	135	2%	2	0.06%
Mineral	76	1%	7	0.23%
Nye	79	1%	2	0.06%
Pershing	92	1%	1	0.03%
Storey*	0	0%	0	0%
Washoe	0	0%	0	0%
White Pine	89	1%	1	0.03%
Number of ED/Hospitalizations Outside County Among Residents	**7,747**	**100%**	**3,093**	**100%**

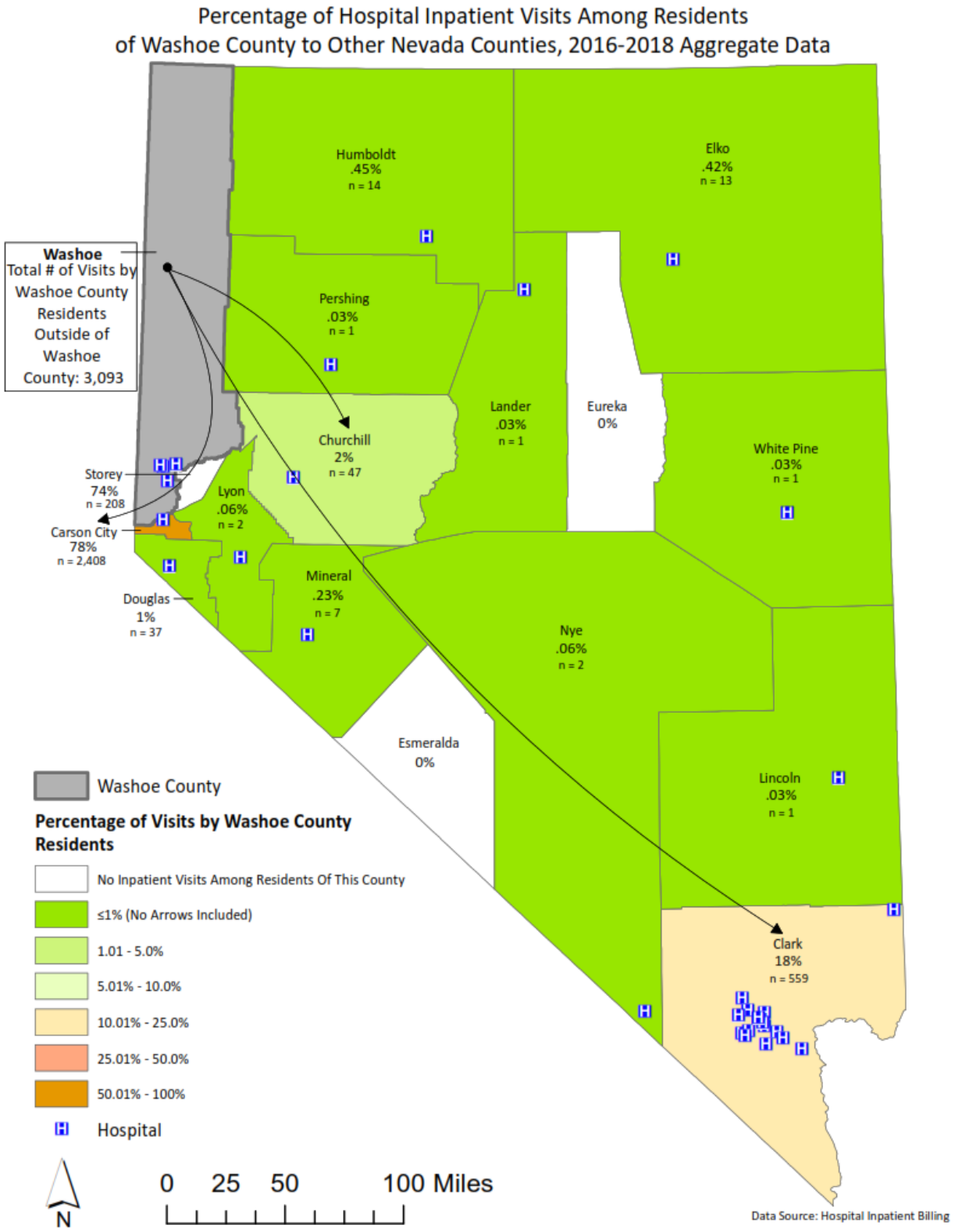
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 79


Percentage of Emergency Department Visits Among Residents of Washoe County to Other Nevada Counties, 2016-2018 Aggregate Data
Washoe
Total # of Visits by Washoe County Residents Outside of Washoe County: 7,747
Humboldt
3%
n = 254
Elko
5%
n = 372
Pershing
1%
n = 92
Churchill
10%
n = 804
Lander
1%
n = 72
Eureka
0%
White Pine
1%
n = 89
Storey
74%
n = 208
Carson City
48%
n = 3,745
Lyon
2%
n = 135
Douglas
5%
n = 356
Mineral
1%
n = 76
Nye
1%
n = 79
Esmeralda
0%
Lincoln
.08%
n = 6
Clark
22%
n = 1,667
Washoe County
Percentage of Visits by Washoe County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 80


Percentage of Hospital Inpatient Visits Among Residents
of Washoe County to Other Nevada Counties, 2016-2018 Aggregate Data
Washoe
Total # of Visits by Washoe County Residents Outside of Washoe County: 3,093
Humboldt
.45%
n = 14
Elko
.42%
n = 13
Pershing
.03%
n = 1
Lander
.03%
n = 1
Eureka
0%
White Pine
.03%
n = 1
Churchill
2%
n = 47
Storey
74%
n = 208
Lyon
.06%
n = 2
Carson City
78%
n = 2,408
Douglas
1%
n = 37
Mineral
.23%
n = 7
Nye
.06%
n = 2
Esmeralda
0%
Lincoln
.03%
n = 1
Clark
18%
n = 559
Washoe County
Percentage of Visits by Washoe County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Washoe County Hospital Burden

Table C185 indicates 7% of emergency department visits into Washoe County were made by non-Washoe County residents, while 17% of inpatient hospitalization were made by non-Washoe County residents.

Table C185: Total Number and Percent of Visits Made to Washoe County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate

Visit Type	Total # Visits Among Non-residents	% of Visits Among Non-residents	Total # Visits - Residents and Non-residents Combined
Emergency Department Visits	33,641	7%	494,528
Inpatient Hospitalizations	27,382	17%	164,654

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 81 and 82 display: Visits Occurring in Washoe County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 81: Percentage of Washoe County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in Washoe County hospitals by persons who do not reside in Washoe County and 2) the county where the patient resides.

Map 82: Percentage of Washoe County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in Washoe County hospitals by persons who do not reside in Washoe County and 2) the county where the patient resides.

Table C186 provides the detailed numbers and percentages shown in Maps 81 and 82. The largest proportion of non-resident emergency department visits were from Lyon County (32%). The largest proportion of non-resident inpatient hospitalizations were from Lyon County (35%), Churchill County (15%), and Carson City (14%).

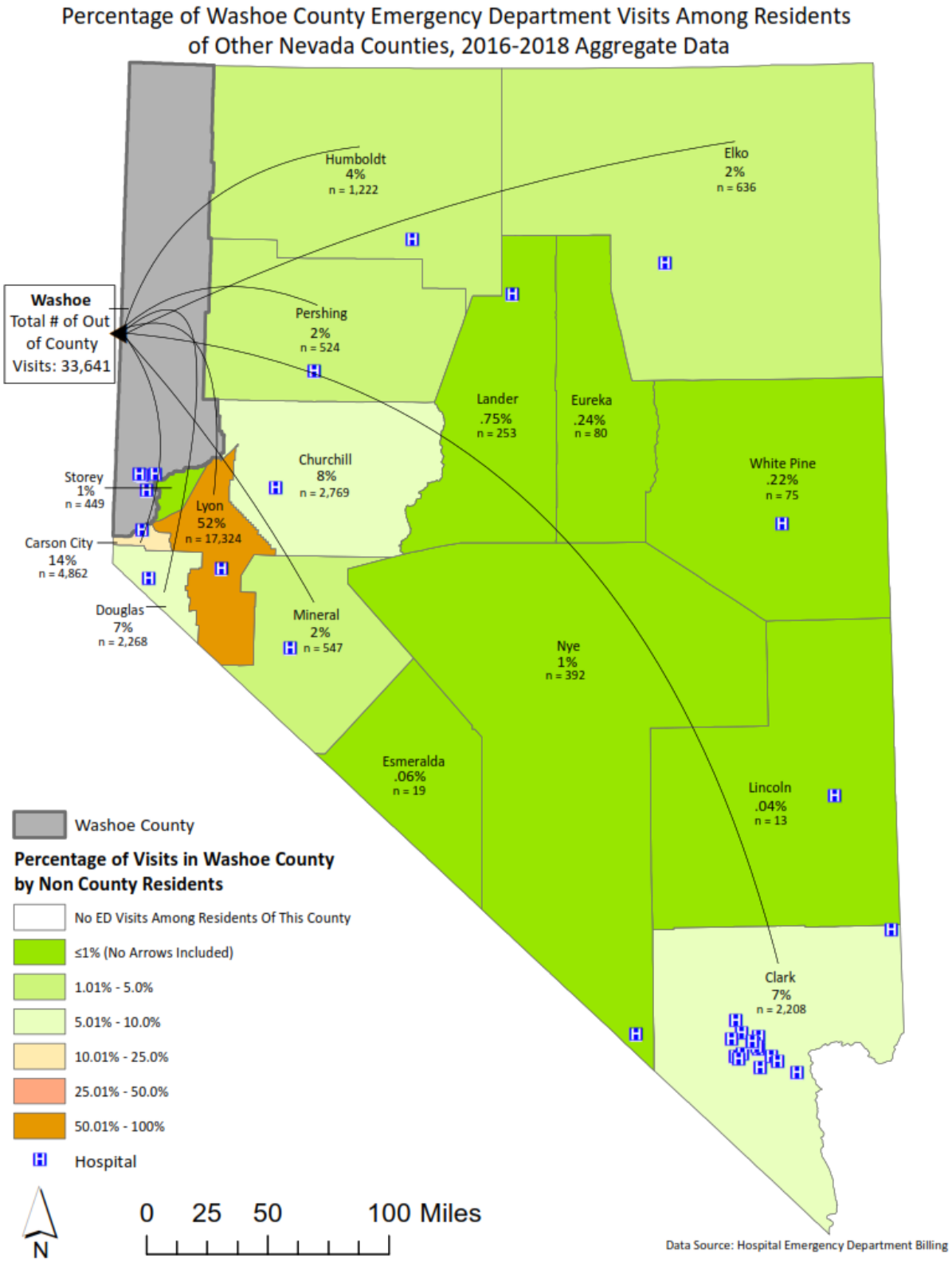
Table C186: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In Washoe County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in Washoe County by Non-Washoe County Residents		Inpatient Hospitalization Occurring in Washoe County by Non-Washoe County Residents	
	#	%	#	%
Carson	4,862	14%	3,869	14%
Churchill	2,769	8%	3,999	15%
Clark	2,208	7%	345	1%
Douglas	2,268	7%	3,261	12%
Elko	636	2%	965	4%
Esmeralda*	19	0.06%	66	0.24%
Eureka*	80	0.24%	118	0.43%
Humboldt	1,222	4%	2,077	8%
Lander	253	0.75%	593	2%
Lincoln	13	0.04%	1	0.004%
Lyon	17,324	51%	9,631	35%
Mineral	547	2%	844	3%
Nye	392	1%	448	2%
Pershing	524	2%	803	3%
Storey*	449	1%	208	1%
Washoe	0	0%	0	0%
White Pine	75	0.22%	154	1%
Number of ED/Hospitalizations Among Persons who Reside Outside of Washoe County	**33,641**	**100%**	**27,382**	**100%**

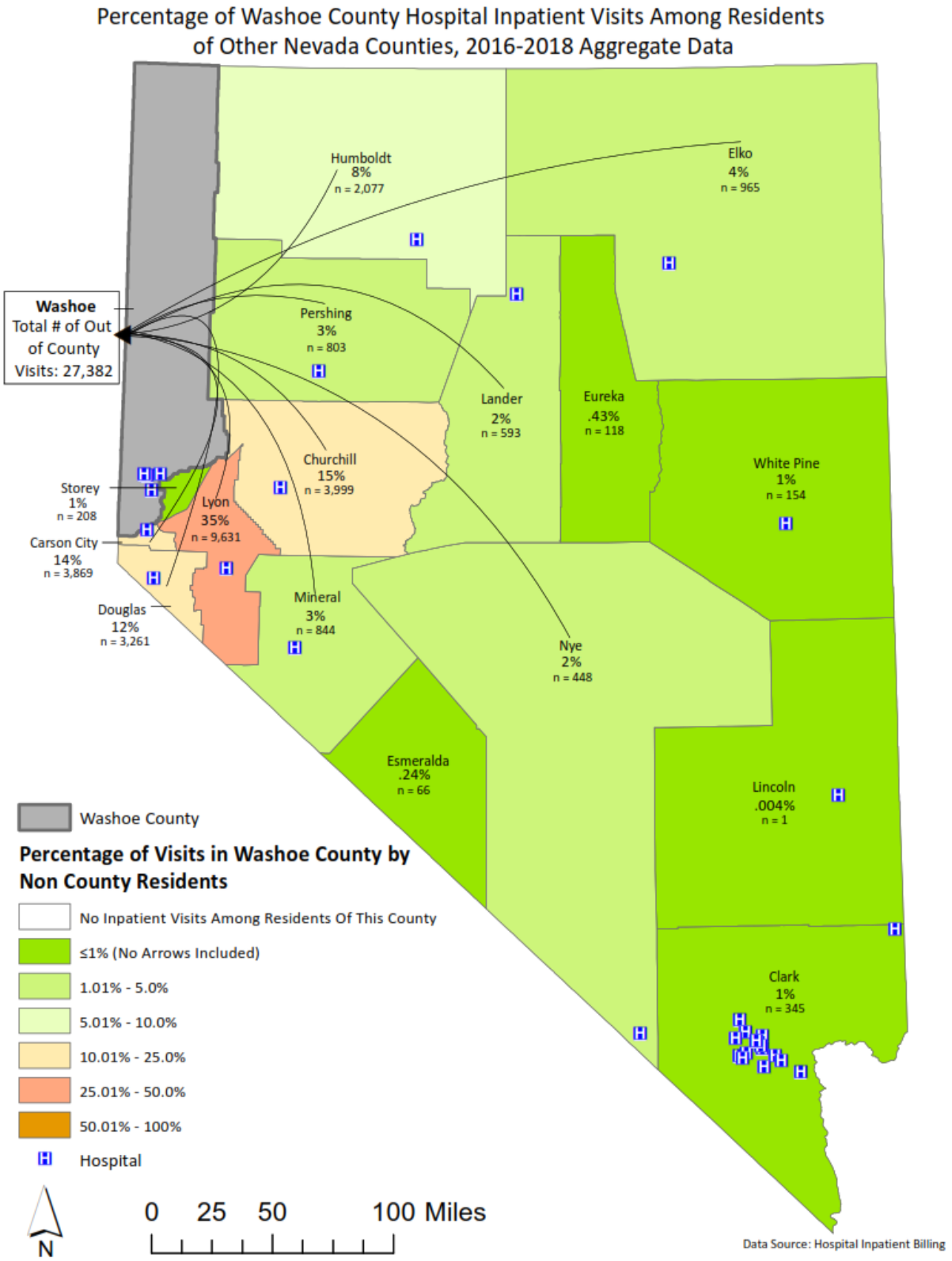
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 81


Percentage of Washoe County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Washoe
Total # of Out of County Visits: 33,641
Humboldt
4%
n = 1,222
Elko
2%
n = 636
Pershing
2%
n = 524
Lander
.75%
n = 253
Eureka
.24%
n = 80
White Pine
.22%
n = 75
Churchill
8%
n = 2,769
Storey
1%
n = 449
Lyon
52%
n = 17,324
Carson City
14%
n = 4,862
Douglas
7%
n = 2,268
Mineral
2%
n = 547
Nye
1%
n = 392
Esmeralda
.06%
n = 19
Lincoln
.04%
n = 13
Clark
7%
n = 2,208
Washoe County
Percentage of Visits in Washoe County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 82


Percentage of Washoe County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Washoe
Total # of Out of County Visits: 27,382
Humboldt
8%
n = 2,077
Elko
4%
n = 965
Pershing
3%
n = 803
Lander
2%
n = 593
Eureka
.43%
n = 118
White Pine
1%
n = 154
Churchill
15%
n = 3,999
Storey
1%
n = 208
Lyon
35%
n = 9,631
Carson City
14%
n = 3,869
Douglas
12%
n = 3,261
Mineral
3%
n = 844
Nye
2%
n = 448
Esmeralda
.24%
n = 66
Lincoln
.004%
n = 1
Clark
1%
n = 345
Washoe County
Percentage of Visits in Washoe County by Non County Residents
No Inpatient Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Inpatient Billing

Washoe County Health Priorities

Table C187 includes the priorities identified for Washoe County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Behavioral Health, 2) Housing, and 3) Chronic and Communicable Diseases. Table C187 includes key drivers for each priority area identified through the data and survey responses. The secondary health data indicators were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community. The final column in Table C187 provides a brief summary of the community-identified health priorities described in the most recent community health needs assessments and community health improvement plans that have been conducted for Washoe County.

#1 Behavioral Health
The data-driven opportunities for improvement under behavioral health related to mental health include a higher percentage of 14 or more poor mental health days among adults, percentage of high school students who feel sad or hopeless, and the percentage of the population 18 years and older with major depressive episode, any mental illness, serious mental illness, or who had serious thoughts of suicide. Those secondary data indicators related to substance use include driving under the influence of alcohol resulting in an accident, inpatient admissions due to alcohol poisoning/overdose, marijuana use among adults, inpatient admissions due to opioid poisoning/overdose, high school students who rode in a car with a driver who had been using marijuana , and high school student who drove a car while using marijuana.

Washoe County survey respondents identified illegal and prescription drug use, alcoholism and binge drinking, tobacco and vapor product use are problems, additionally the ease of access to alcohol and drugs, driving under the influence of alcohol or drugs, and the lack of substance abuse treatment resources/programs were selected as issues in the community. Areas related to mental health included depression and suicide as a problem, lack of mental health providers, the long wait to be seen by mental health providers, the lack of long-term inpatient clinics for behavioral health issues, and the lack of outreach to community about the behavioral health services available.

#2 Housing
For Washoe County, the secondary data-driven opportunities for improvement under access to health care include unaffordable rent and homelessness.

Survey respondents identified a lack of affordable housing, the high number of individuals who are homeless, too many people live in poverty, and the perception that the community has few resources/services available to individuals who are homeless.

#3 Chronic and Communicable Diseases
The data-driven opportunities for improvement under chronic disease include incidence rates for melanoma incidence (skin cancer), prostate cancer incidence, and the percentage of adults that are overweight. The data-driven opportunities for improvement under communicable disease include incidence rates for tuberculosis, invasive pneumococcal disease, and the incidence rates for sexually transmitted diseases such as chlamydia, gonorrhea, and primary and secondary syphilis.

Survey respondents from Washoe County perceive Chronic Obstructive Pulmonary Disorder (COPD), arthritis, heart disease and hypertension to be problems related to chronic diseases.

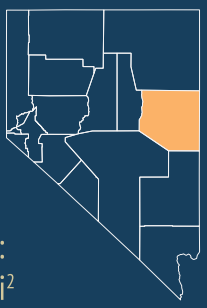
Community-Identified Priorities

The top two priorities identified through data in this report align with the findings of the community-identified priorities outlined in the Washoe County CHNA and all three priorities identified in this report align with the 2018-2021 Washoe County CHIP, as nutrition, physical activity and weight are all upstream factors that impact chronic disease outcomes.

Adverse Childhood Experiences - ACEs

Is it important to note, although not present in Table C174 as a priority area to improve upon, Washoe County adults and high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C187: Washoe County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Behavioral Health**	• Poor mental health days among adults • High school students who feel sad or hopeless • Percent of population 18+ years and older with major depressive episode • Percent of population 18+ years and older with any mental illness • Percent of population 18+ years and older with serious mental illness • Percent of population 18+ year and older who had serious thoughts of suicide • Driving under the influence of alcohol resulting in an accident • Inpatient admissions due to alcohol poisoning/overdose • Marijuana use among adults • Inpatient admissions due to opioid poisoning/overdose • High school students who rode in a car with a driver who had been using marijuana • High school student who drove a car while using marijuana	1. Illegal drugs (e.g., meth, heroin, cocaine) are a problem 2. Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months 3. Depression is a problem 4. Lack of mental health providers 5. Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem 6. Alcoholism/binge drinking is a problem 7. Tobacco and vapor product use is a problem 8. Lack of long-term inpatient clinics for behavioral health issues 9. Suicide is a problem 10. Lack of substance abuse treatment resources/programs 11. Lack of outreach to community about the behavioral health services available 12. Ease of access to alcohol and drugs 13. Driving under the influence of alcohol or drugs is a problem	**Washoe CHNA (2018)** 1. Access to Health Care 2. Mental Health 3. Social Determinants of Health 4. Crime and Violent-related Behaviors 5. Nutrition, Physical Activity, and Weight 6. Chronic Disease Screenings 7. Substance Use 8. Injury Prevention 9. Maternal and Child Health 10. Environmental Health 11. Sexual Health 12. Infectious Disease and Immunizations **Washoe CHIP 2018** 1. Housing 2. Behavioral Health 3. Nutrition and Physical Activity **Renown Community Health Benefits Plan (2018-2021)** 1. Mental Health 2. Substance Use/Abuse 3. Nutrition, Physical Activity, and Weight 4. Chronic Disease/Preventive Health Screenings Not Prioritized: • Access to Health Care • Social Determinants of Health • Crime and Violent-related Behaviors
2	**Housing**	• Unaffordable rent • Homelessness	1. Lack of affordable housing 2. My community has a high number of individuals who are homeless 3. Too many people live in poverty 4. My community has few resources/services available to individuals who are homeless	
3	**Chronic & Communicable Diseases**	• Melanoma incidence (skin cancer) • Prostate cancer incidence • Tuberculosis incidence • Invasive pneumococcal disease • Sexually transmitted diseases (Chlamydia, Gonorrhea, Syphilis) • Adults that are overweight	1. Chronic Obstructive Pulmonary Disorder (COPD) is a problem 2. Two-way tie: Arthritis is a problem and Heart disease and hypertension are problems	



WHITE PINE COUNTY PROFILE

Land Area[22]: 8,875.65 mi²

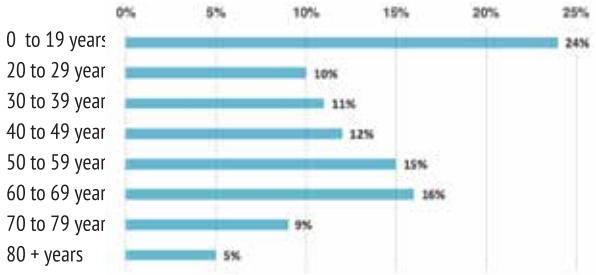
2019 Population[1]: 9,507 people, 0.3% of Nevada's Population
Population Density: 1 people per square mile (mi²)
County Seat: Ely
Designation: Frontier

TOP PRIORITIES

- Access to Health Care
- Education
- Behavioral Health

DEMOGRAPHICS

AGE[1]

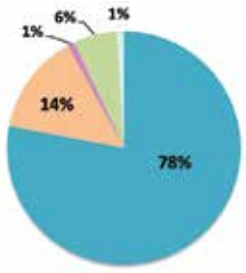


MEDIAN AGE[4] 39.4
NV 38.7

7 & UNDER[3] 22.1%
NV 23.5%

OVER 65 +[3] 22.2%
NV 15.1%

RACE/ETHNICITY[1]



- White, non-Hispanic
- Hispanic
- Asian/Pacific Islander
- American Indian/Alaska Native
- African American/Black

CHILDREN AND ADOLESCENTS

HIGH SCHOOL STUDENTS[2]

*(Elko, White Pine, & Eureka)

% who seriously considered attempting suicide[2]	NV 16.6%	US 17.2%	22.2%*
% that have lived with someone who was depressed, mentally ill, and/or suicidal[2]	NV 30.3%		35.3%*
% who used tobacco one or more times in the last 30 days[2]	NV 12%	US 19.5%	19.6%*
% who drank alcohol one or more times in the last 30 days[2]	NV 26.5%	US 29.8%	36.6%*
% who played video or computer games for 3 or more hours per day[2]	NV 54.9%		38.5%*
% who are overweight or obese[2]	NV 28.9%	US 30.4%	28.5%*
% who texted or emailed while driving a car or other vehicle[2]	NV 31.5%	US 39.2%	40.6%*

NV 71.6%
US 77.3%
61.0%
% of women who received prenatal care in the first trimester[5]

NV 69%
US 70.7%
61%
% of children, 19 to 35 months old, who are appropriately vaccinated[6]

NV 6.8%
8.1%
% of population, 19 and younger, without health insurance[7]

NV 27,159
29
# of children enrolled in Nevada Children's Health Insurance Program[8]

14.7%*
NV 7.3%
US 7.4%
% of high school students who have ever been physically forced to have sexual intercourse[2]

8.1%*
NV 8.7%
US 6.7%
% of high school students who did not go to school because they felt unsafe[2]

If there is statewide or national data available for indicators, it will be presented in the following format. All data represent most recent year available.

*Data reported for these counties combined (Elko, White Pine, and Eureka)

NV %
US %

WHITE PINE COUNTY PROFILE

ACCESS TO HEALTH CARE

% of total population with no health insurance[7]

NV 11.2%

11.2%

% of adults unable to seek a doctor's care due to costs in the last 12 months[9]

7.2%

NV 14.5%

US 12.4%

% of total population enrolled in Medicaid[10]

22%

NV 28%

LEADING CAUSE OF DEATH per 100,000 people[11] | #1 | Diseases of the Heart (182.4)

HEALTH BEHAVIORS AND HEALTH OUTCOMES

% of adults who currently smoke[9]

NV 15.7% US 17.1%

13.3%

% of adults who are overweight or obese (combined statistic)[9]

NV 67.7% US 66.6%

63.9%

Rate of emergency room visits due to opiod overdose per 100,000 people[12]

NV 24.2

40.3

% of adults who are binge drinkers[9]

NV 15% US 17.4%

8.5%

Rate of emergency room visits due to alcohol poisoning/overdose per 100,000 people[13]

NV 998.4

983.3

Suicide mortality rate per 100,000 people[14]

NV 20.5 US 14.5

30.8

INCOME, EDUCATION, POVERTY, AND INDIVIDUALS WITH DISABILITIES

$60,358

MEDIAN ANNUAL HOUSEHOLD INCOME[7]

NV $58,003 US $60,336

Median Annual Income by Gender[7]

MALE $58,824 vs FEMALE $40,578

Difference in annual earnings between male and female workers (full-time, year round)[7] **$18,246**

NV $7,559 US $9,831

% of population that is food insecure[15]

NV 12.2% US 12.5%

10.8%

Unemployment Rate[18]

3.5%

NV 3.7% US 3.9%

Household income was below poverty level in past 12 months[7]

TOTAL	13.0%	NV 13%	US 13.4%
18 & UNDER	21.3%	NV 18.5%	US 18.4%
OVER 65 +	7.4%	NV 8.5%	US 9.3%
SINGLE FEMALE HOUSEHOLD WITH CHILDREN OR DEPENDENTS	45.1%	NV 31%	US 35.7%

Four-year high school graduation rate[16]

NV 83.2%

US 85%

66.9%

Bachelor's degree or higher[17]

14.6%

NV 23.7% US 30.9%

MALE 11.6%

NV 23.6% US 30.6%

FEMALE 18.9%

NV 23.8% US 31.2%

31.7%

Total renter households unaffordable[19]

NV 47.9% US 49.5%

26.9%

Total owner households unaffordable[19]

NV 40.6% US 40%

Individuals with Disabilities

% of total population that has a disability[20]

18.6%

NV 13%

US 12.6%

Rate per 1,000 children with a disability[21]

124.5

NV 122.6

White Pine County

The majority of White Pine County residents live in the county seat of Ely. White Pine County's 2019 total population was 9,507 people, representing 0.3% of Nevada's population. White Pine County's land area is 8,875.65 mi^2 with a population density of 1.0 people per mi^2.

White Pine County Community Survey Results

A survey was distributed statewide to determine which health issues were a priority to community members within each county. Table C188 provides community survey results for White Pine County. Fifteen of the 34 respondents (44%) from White Pine County selected Behavioral Health as the top health priority in their county, followed by Access to Health Care, selected by 35% of respondents.

Table C188: White Pine Community Survey Results, Priority Health Issues, 2019		
Health Issue	**#**	**%**
Behavioral Health	15	44%
Access to Health Care	12	35%
Housing/Poverty	1	3%
Preventive Behaviors	2	6%
Chronic Diseases	2	6%
Education	1	3%
Employment and Job Training	1	3%
Other	0	0%
Environment and Built Environment	0	0%
Family Dynamics and Maternal Child Health	0	0%
Communicable Diseases	0	0%
Total	**34**	**100%**

White Pine County Community Survey Results

Key Informant interviews were conducted statewide to best understand priority populations, strengths, barriers, and solutions to health issues, within each county. Table C189 summarizes health findings of White Pine County Key Informant interviews that took place between May and July 2019. Small, rural community challenges (lack of specialty care, transportation barriers, a need for more youth programs and after-school activities, etc.) stand out as common themes identified by White Pine County Key Informants.

Table C189: White Pine County Key Informant Findings	
Priority Populations	**Strengths**
1. Veterans 2. Children (tied) Minority populations (tied) Low income families (tied)	1. Collaborative environment due to small community, everyone works closely together 2. K-12 education system
Barriers	**Solutions**
1. Small community and rural challenges dealing with remoteness of communities in White Pine and lack of supportive infrastructure for new growth and development to succeed 2. Lack of specialty care providers (tied) Having to travel to urban locations for many services (tied) 3. Lack of behavioral health services	1. More youth programs and after-school activities 2. More providers and infrastructure 3. More behavioral health services and providers

White Pine County Specific Indicator Data

Table C190 displays the number and percent of White Pine County's population for 2015 and 2019 and the percent change between 2015 and 2019. The majority of White Pine County's population was white, not Hispanic (80% in 2015 and 78% in 2019). The Hispanic population increased by 11% between 2015 and 2019.

Table C190: Number and Percent of White Pine County Population by Race/Ethnicity, 2015 and 2019, and Percent Change 2015 to 2019

Race and Ethnicity	2015		2019		2015-2019 % Change
	#	%	#	%	
White, not Hispanic	7,306	80%	7,455	78%	2%
Black, not Hispanic	54	1%	58	1%	7%
American Indian, Eskimo, Aleut, not Hispanic	521	6%	574	6%	9%
Asian/Pacific Islander, not Hispanic	114	1%	122	1%	7%
Hispanic Origin of Any Race	1,161	13%	1,298	14%	11%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 200 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C191 displays the projected number and percent of White Pine County's population for 2020 and 2024 and the percent change between 2020 and 2024. The majority of White Pine County's population is projected to be white, not Hispanic (78% in 2020 and 77% in 2024). The American Indian, Eskimo, Aleut, not Hispanic population is projected to increase by 8% between 2020 and 2024, while the black, not Hispanic and Hispanic populations are projected to increase by 7% during this same time period.

Table C191: Number and Percent of White Pine County Population by Race/Ethnicity, 2020 and 2024, and Percent Change 2020 to 2024

Race and Ethnicity	2020		2024		2020-2024 % Change
	#	%	#	%	
White, not Hispanic	7,446	78%	7,536	77%	1%
Black, not Hispanic	59	1%	63	1%	7%
American Indian, Eskimo, Aleut, not Hispanic	580	6%	629	6%	8%
Asian/Pacific Islander, not Hispanic	122	1%	125	1%	2%
Hispanic Origin of Any Race	1,310	14%	1,408	14%	7%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C192 displays the number and percent of White Pine County's population by age group for 2015 and 2019 and the percent change between 2015 and 2019. The 50-59 and 60-69-year-old age groups represented the largest percentage of White Pine County's population in 2015 (each representing 15%), and 2019 (15% and 16% respectively). The population with the greatest percent change between 2015 and 2019 was the 70-79-year-old age group with a 20% increase.

Table C192: Number and Percent of White Pine County Population by Age Group, 2015 and 2019, and Percent Change 2015 to 2019

Age Group	2015		2019		2015-2019
	#	%	#	%	% Change
0 to 9 years	1,168	13%	1,100	12%	-6%
10 to 19 years	1,085	12%	1,108	12%	2%
20 to 29 years	870	10%	948	10%	9%
30 to 39 years	1,098	12%	1,040	11%	-5%
40 to 49 years	1,057	12%	1,112	12%	5%
50 to 59 years	1,332	15%	1,394	15%	5%
60 to 69 years	1,417	15%	1,478	16%	4%
70 to 79 years	750	8%	898	9%	20%
80 + years	378	4%	430	5%	14%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C193 displays the number and percent of White Pine County's population by age group projected for 2020 and 2024 and the percent change between 2020 and 2024. The 60-69-year-old age group is projected to be the largest in 2020 at 16% and in 2024 at 15%. The population with the greatest projected percent change between 2020 and 2024 is the 70-79-year-old age group with a 26% increase.

Table C193: Number and Percent of White Pine County Population by Age Group, 2020 and 2024, and Percent Change 2020 to 2024

Age Group	2020		2024		2020-2024
	#	%	#	%	% Change
0 to 9 years	1,010	11%	962	10%	-5%
10 to 19 years	1,174	12%	1,306	13%	11%
20 to 29 years	905	10%	714	7%	-21%
30 to 39 years	1,146	12%	1,098	11%	-4%
40 to 49 years	1,082	11%	1,305	13%	21%
50 to 59 years	1,310	14%	1,240	13%	-5%
60 to 69 years	1,519	16%	1,509	15%	-1%
70 to 79 years	923	10%	1,159	12%	26%
80 + years	449	5%	467	5%	4%

Source: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table C194 lists the incidence rates for all types of cancer aggregate for White Pine County and Nevada, 1995-2015. White Pine County's incidence rates for all types of cancer were higher than Nevada's incidence rates for only five of the 21 years listed.

Table C194: Incidence Rates of All Types of Cancer Aggregate, White Pine County and Nevada, 1995 2015

Year	White Pine County		Nevada		Range in Nevada
	Rate	CI 95%	Rate	CI 95%	Rate
1995	296.6	(184.7, 408.5)	460.9	(449.8, 472.0)	265.7-1,514.5
1996	338.0	(222.7, 453.3)	444.8	(434.2, 455.4)	326.2-1,147.8
1997	236.9	(137.9, 336.0)	417.1	(407.1, 427.2)	236.9-488.7
1998	232.8	(137.7, 328.0)	418.5	(408.8, 428.2)	232.8-815.9
1999	240.7	(146.3, 335.0)	422.1	(412.6, 431.6)	240.7-1091.8
2000	284.6	(177.3, 392.0)	513.8	(503.6, 524.1)	223.4-534.4
2001	184.9	(94.3, 275.5)	505.4	(495.5, 515.4)	184.9-563.2
2002	547.6	(400.2, 695.1)	506.9	(497.1, 516.7)	253.2-672.6
2003	527.8	(380.0, 675.5)	487.6	(478.2, 497.0)	194.0-551.2
2004	411.0	(282.0, 540.0)	487.6	(478.2, 496.5)	387.2-631.1
2005	337.1	(227.0, 447.2)	456.2	(447.5, 464.8)	343.7-829.8
2006	445.2	(321.8, 568.6)	467.1	(458.5, 475.7)	258.2-589.7
2007	373.5	(256.3, 490.7)	443.7	(435.5, 451.9)	191.9-544.8
2008	471.4	(343.3, 599.6)	457.0	(448.8, 465.2)	315.1-637.8
2009	329.0	(227.0, 430.9)	459.5	(451.4, 467.6)	232.1-560.3
2010	398.8	(287.2, 510.5)	431.2	(423.5, 439.0)	390.4-524.5
2011	460.2	(333.9, 586.6)	433.4	(425.7, 441.1)	227.1-546.1
2012	266.7	(171.2, 362.1)	411.3	(403.9, 418.7)	266.7-527.4
2013	286.9	(196.8, 376.9)	410.4	(403.2, 417.7)	207.5-530.8
2014	316.0	(219.2, 412.7)	399.4	(392.3, 406.4)	207.5-530.8
2015	377.8	(268.6, 486.9)	374.3	(367.6, 381.0)	199.2-503.5

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table C195 lists the number and percentage of calls made by White Pine County residents to Nevada 2-1-1 in the past 365 days (June 18, 2018 to June 17, 2019). White Pine County residents represented 0.1% of the total calls made by Nevada residents. White Pine County residents who called Nevada 2-1-1 were most in need of Housing and Shelter services (34%).

Table C195: 2 1 1 Most Requested Services in White Pine County

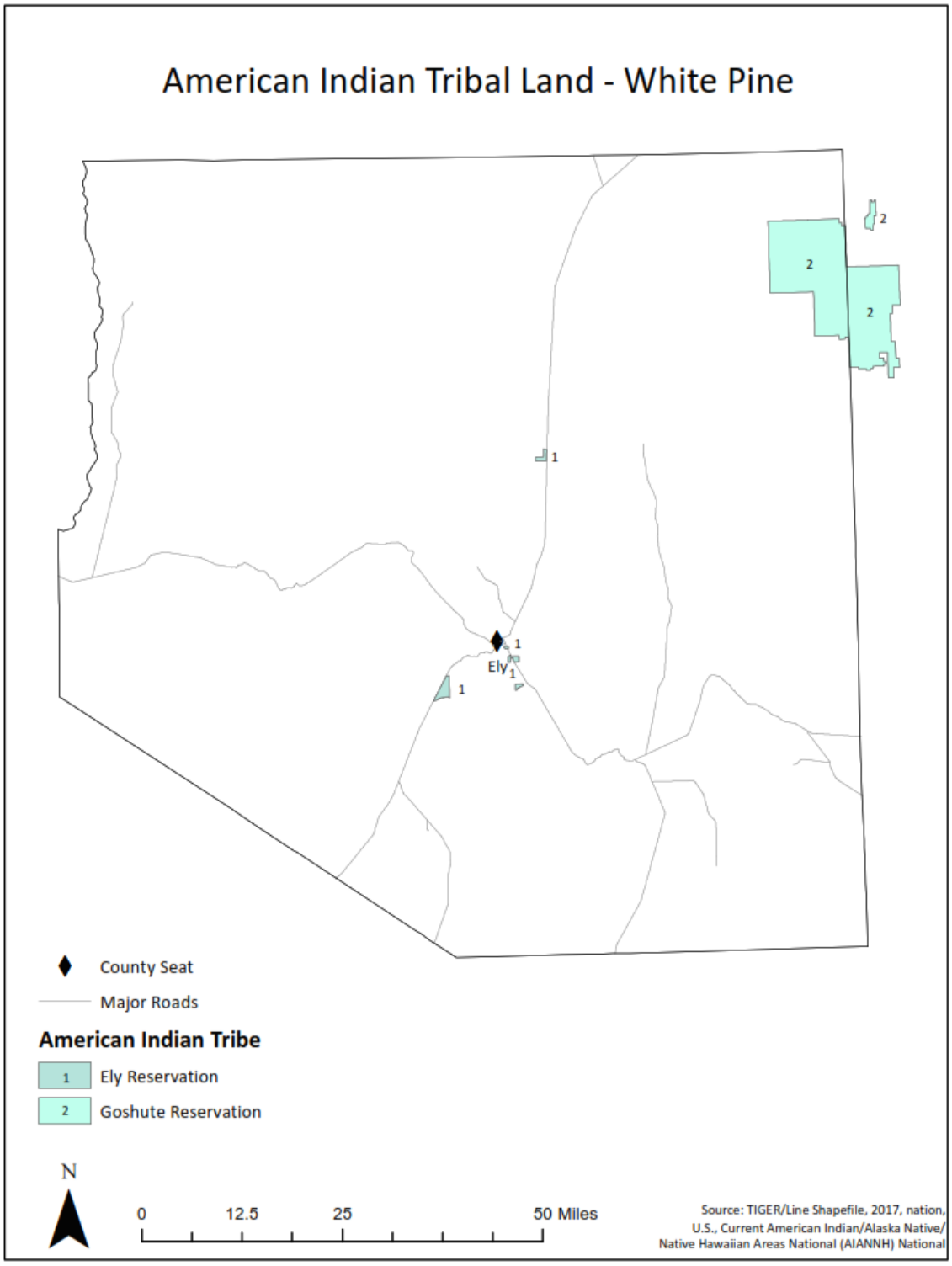
Service	#	%
Housing and Shelter	41	34%
Other	25	21%
Transportation Assistance	14	12%
Food	12	10%
Government and Legal	9	7%
Clothing and Household	5	4%
Utilities	5	4%
Health Care	5	4%
Mental Health and Addictions	2	2%
Employment and Income	2	2%
Education	1	1%
Child Care and Parenting	0	0%
Disaster	0	0%
Total	**121**	**100%**

Due to rounding, percentages may not total 100%
Source: Nevada 2-1-1. https://nv.211counts.org/. Retrieved June 17, 2019.

White Pine County – American Indian Tribal Land

Map 83 below depicts American Indian Tribal land in White Pine County, which includes the Ely Reservation and the Goshute Reservation.

Map 83



White Pine County Emergency Department and Hospital Utilization Data Caveats

Emergency Department and Hospital Inpatient Data Caveats

1) These data represent the number of visits, not the number of persons; therefore, a person may be counted more than once if they had multiple visits over the three-year period.

2) These data only represent visits made by Nevada residents within Nevada only. These numbers do not represent the number of times a resident of Nevada had to travel out of state for care, nor does it represent visits by persons who are not a Nevada resident.

From 2016 through 2018, there were a total of 13,970 emergency department visits made by White Pine County residents; of those, 5% occurred outside of White Pine County. There were a total of 1,815 inpatient hospitalizations among White Pine County residents; of those, 32% occurred outside of White Pine County.

Maps 84 and 85 display: When a White Pine County Resident Obtains Hospital Care Outside White Pine County, Where Do They Go? A description of each map is included below:

> Map 84: Percentage of Emergency Department Visits Among Residents of White Pine County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made by White Pine County residents outside of White Pine County and 2) the county where the emergency department visit occurred in Nevada.
>
> Map 85: Percentage of Hospital Inpatient visits Among Residents of White Pine County to Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the hospital inpatient visits made by White Pine County residents outside of White Pine County and 2) the county where the hospital inpatient visit occurred in Nevada.

Table C196 provides the detailed numbers and percentages shown in the Maps 84 and 85. When a White Pine County resident obtained care in a hospital outside White Pine County, the largest proportion of out of county emergency department visits and inpatient hospitalizations were into Clark County, at 53% and 63% respectively.

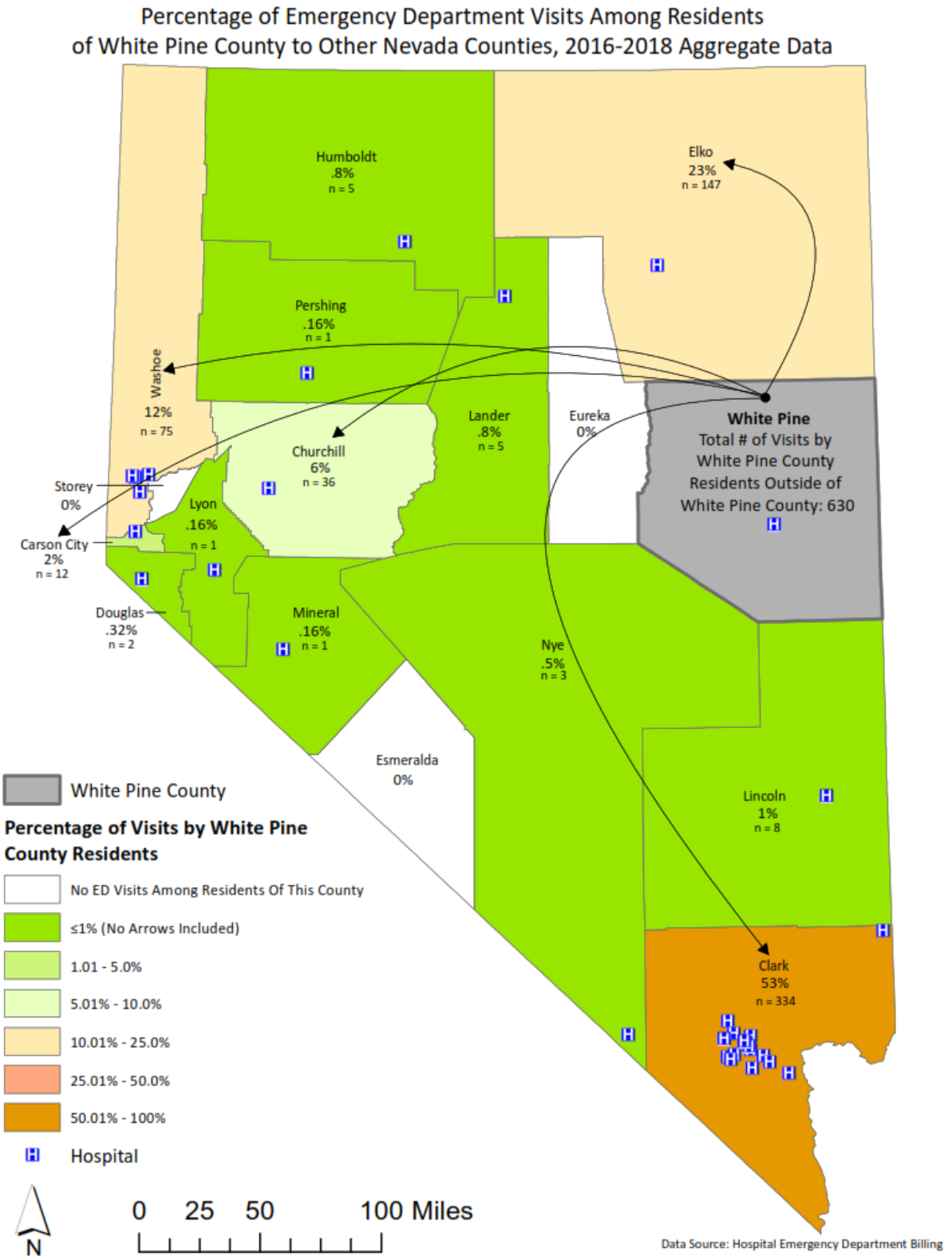
Table C196: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Among White Pine County Residents that Occurred Outside of White Pine County by County, 2016 2018 Aggregate

Hospital Location	ED Visits Outside White Pine County		Inpatient Hospitalization Outside White Pine County	
	#	%	#	%
Carson	12	2%	32	5%
Churchill	36	6%	4	0.68%
Clark	334	53%	371	63%
Douglas	2	0.32%	1	0.17%
Elko	147	23%	23	4%
Esmeralda*	0	0%	0	0%
Eureka*	0	0%	0	0%
Humboldt	5	0.8%	0	0%
Lander	5	0.8%	0	0%
Lincoln	8	1%	0	0%
Lyon	1	0.16%	1	0.17%
Mineral	1	0.16%	2	0.34%
Nye	3	0.5%	0	0%
Pershing	1	0.16%	0	0%
Storey*	0	0%	0	0%
Washoe	75	12%	154	26%
White Pine	0	0%	0	0%
Number of ED/Hospitalizations Outside County Among Residents	**630**	**100%**	**588**	**100%**

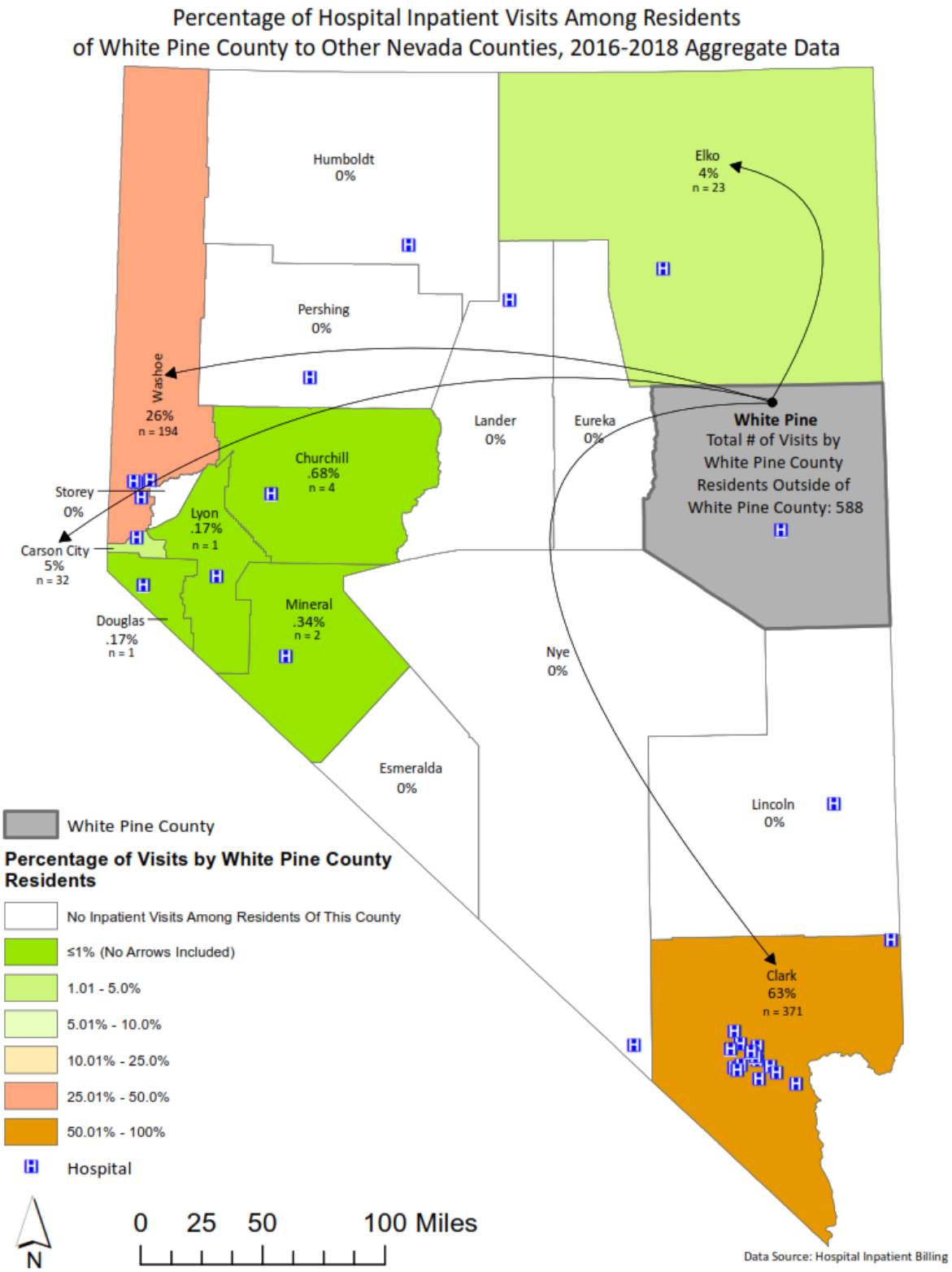
*these counties do not have a hospital

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 84


Percentage of Emergency Department Visits Among Residents of White Pine County to Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .8% n = 5
Elko 23% n = 147
Pershing .16% n = 1
Washoe 12% n = 75
Lander .8% n = 5
Eureka 0%
White Pine
Total # of Visits by White Pine County Residents Outside of White Pine County: 630
Churchill 6% n = 36
Storey 0%
Lyon .16% n = 1
Carson City 2% n = 12
Douglas .32% n = 2
Mineral .16% n = 1
Nye .5% n = 3
Esmeralda 0%
Lincoln 1% n = 8
Clark 53% n = 334
White Pine County
Percentage of Visits by White Pine County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01 - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 85



White Pine County Hospital Burden

Table C197 indicates 5% of emergency department visits into White Pine County were made by non-White Pine County residents, while 36% of inpatient hospitalization were made by non-White Pine County residents.

Table C197: Total Number and Percent of Visits Made to White Pine County Hospitals, by Visit Type, Residents and Non residents, 2016 2018 Aggregate			
Visit Type	**Total # Visits Among Non-residents**	**% of Visits Among Non-residents**	**Total # Visits - Residents and Non-residents Combined**
Emergency Department Visits	769	5%	14,109
Inpatient Hospitalizations	72	36%	199

Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Maps 86 and 87 display: Visits Occurring in White Pine County Among Residents of Other Nevada Counties. A description of each map is included below:

Map 86: Percentage of White Pine County Emergency Department Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the emergency department visits made in White Pine County hospitals by persons who do not reside in White Pine County and 2) the county where the patient resides.

Map 87: Percentage of White Pine County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data, shows 1) the inpatient hospitalizations that occurred in White Pine County hospitals by persons who do not reside in White Pine County and 2) the county where the patient resides.

Table C198 provides the detailed numbers and percentages shown in Maps 86 and 87. The largest proportion of non-resident emergency department visits were from Clark County (35%). The largest proportion of non-resident inpatient hospitalizations were from Eureka County (56%).

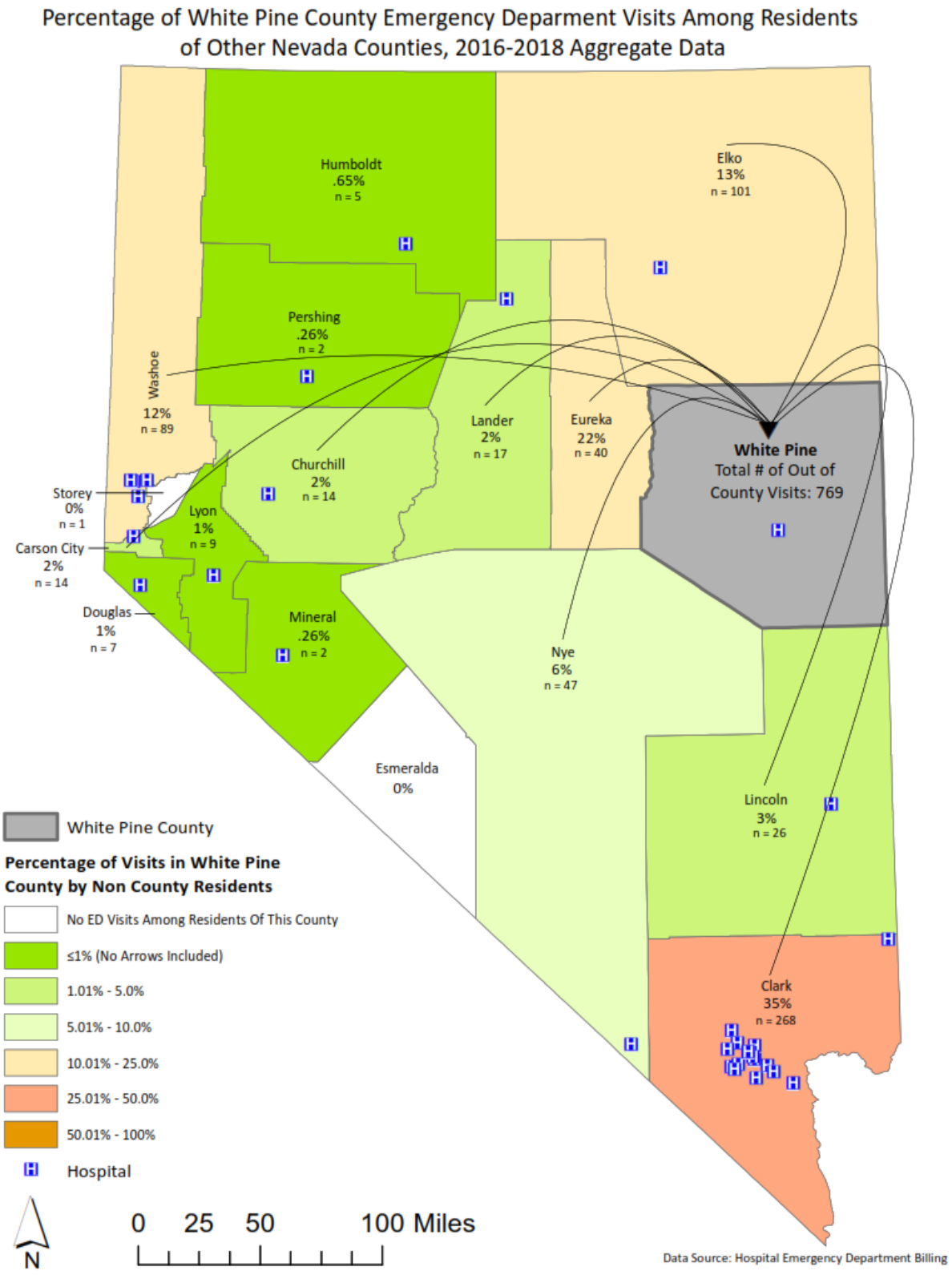
Table C198: Number and Percent of Emergency Department Visits and Inpatient Hospitalizations Occurring In White Pine County Among Residents of Other Nevada Counties, by County, 2016 2018 Aggregate

Patient County of Origin/Residence	ED Visits Occurring in White Pine County by Non-White Pine County Residents		Inpatient Hospitalization Occurring in White Pine County by Non-White Pine County Residents	
	#	%	#	%
Carson	14	2%	0	0%
Churchill	14	2%	2	3%
Clark	268	35%	7	10%
Douglas	7	1%	0	0%
Elko	101	13%	8	11%
Esmeralda*	0	0%	0	0%
Eureka*	168	22%	40	56%
Humboldt	5	0.65%	1	1%
Lander	17	2%	1	1%
Lincoln	26	3%	3	4%
Lyon	9	1%	1	1%
Mineral	2	0.26%	0	0%
Nye	47	6%	8	11%
Pershing	2	0.26%	0	0%
Storey*	0	0%	0	0%
Washoe	89	12%	1	1%
White Pine	0	0%	0	0%
Number of ED/Hospitalizations Among Persons who Reside Outside of White Pine County	**769**	**100%**	**72**	**100%**

*these counties do not have a hospital

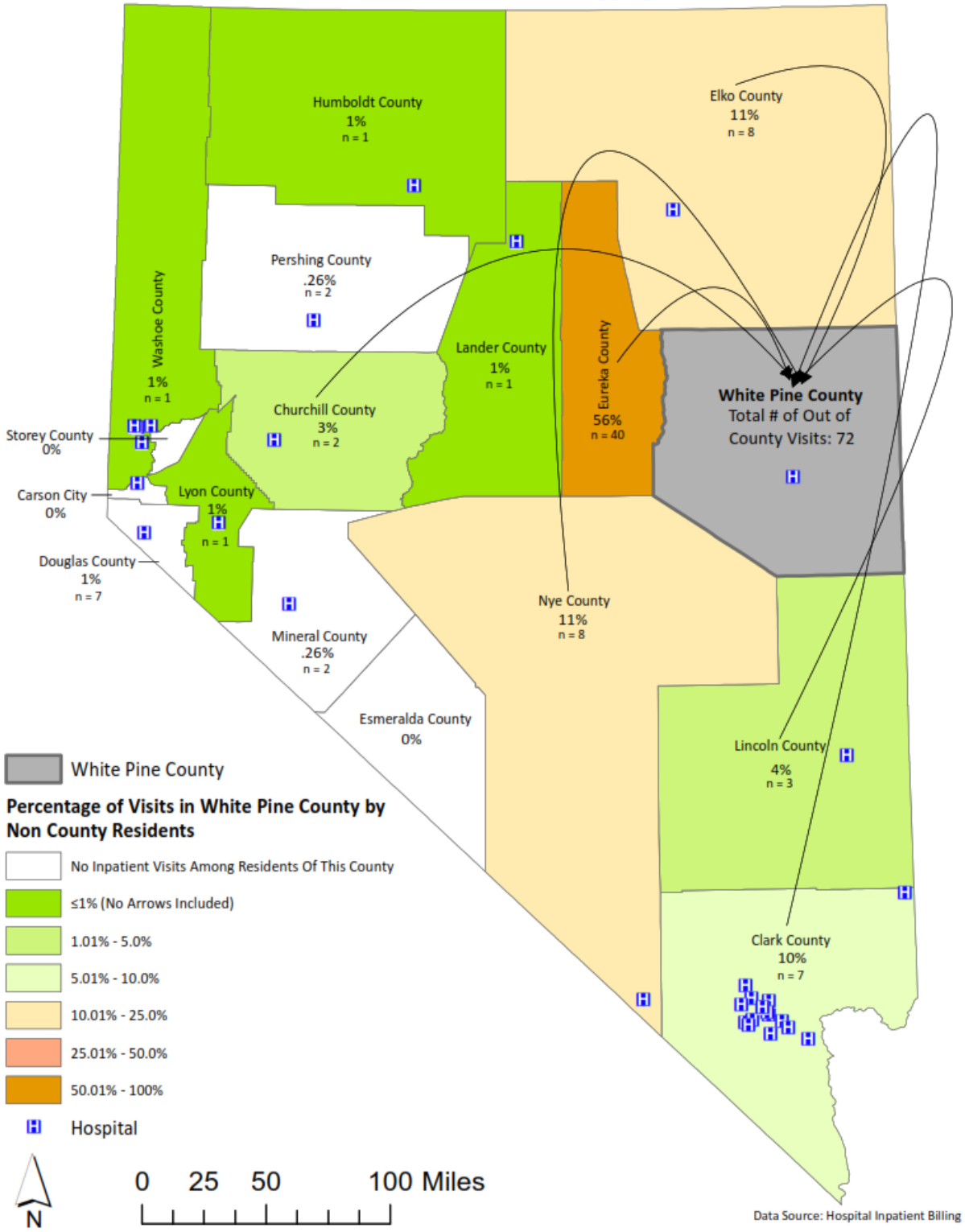
Source: Nevada Division of Health and Human Services, Office of Analytics. CHIA Data. Provided upon request. Carson City, NV.

Map 86


Percentage of White Pine County Emergency Deparment Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data
Humboldt .65% n = 5
Elko 13% n = 101
Pershing .26% n = 2
Washoe 12% n = 89
Lander 2% n = 17
Eureka 22% n = 40
White Pine Total # of Out of County Visits: 769
Churchill 2% n = 14
Storey 0% n = 1
Lyon 1% n = 9
Carson City 2% n = 14
Douglas 1% n = 7
Mineral .26% n = 2
Nye 6% n = 47
Esmeralda 0%
Lincoln 3% n = 26
Clark 35% n = 268
White Pine County
Percentage of Visits in White Pine County by Non County Residents
No ED Visits Among Residents Of This County
≤1% (No Arrows Included)
1.01% - 5.0%
5.01% - 10.0%
10.01% - 25.0%
25.01% - 50.0%
50.01% - 100%
Hospital
N
0 25 50 100 Miles
Data Source: Hospital Emergency Department Billing

Map 87

Percentage of White Pine County Hospital Inpatient Visits Among Residents of Other Nevada Counties, 2016-2018 Aggregate Data



White Pine County Health Priorities

Table C199 includes the priorities identified for White Pine County through the prioritization process previously described in the section entitled Prioritization Methodology. The top three priorities are: 1) Access to Health Care, 2) Education, and 3) Behavioral Health. The secondary health data indicators were reviewed to determine areas where a county was performing poorly; those indicators are provided in the Opportunities for Improvement column. The most frequently identified subcategory responses to the online survey are provided in the Primary Data column, rank ordered based on frequency of selection among survey respondents who selected that health area as the MOST SIGNIFICANT issue in their community.

#1 Access to Health Care
The data-driven opportunities for improvement under behavioral health related to access to health care include the percentage of adults who visit doctor for routine physical or exam, the percentage of both high school students and adults who report an annual dentist visit, and the percentage of adults aged 18 to 64 years without health insurance coverage.

White Pine County survey respondents identified the lack of an urgent care, lack of primary care providers and mental health providers, a long wait to be seen by providers, many people cannot afford the cost of health insurance, and many residents believe the hospital and primary care providers ds not provide quality care, so they seek care from hospital(s) and providers in another community. Additionally, there is a lack of emergency response services or EMS vehicles, the lengthy response time for emergency response services, transportation barriers make it challenging people to get to their healthcare appts, many people do not have health insurance and there is a lack of dental care.

#2 Education
For White Pine County, the secondary data-driven opportunities for improvement under education include poor performance in writing proficiency among 11th graders, low high school graduation rates, low graduation rates among students who were ever career and technical education, low high school graduation rates among students with free and reduced lunch, and low level of educational attainment among male adults 25+ years and older with a Bachelor's degree or higher compared to other Nevada counties and Nevada overall. There were relatively few survey respondents from White Pine County, and only a few selected education, therefore survey subcategory results are not provided within Table C199.

#3 Behavioral Health
The data-driven opportunities for improvement under behavioral health include indicators such as emergency department encounters due to opioid poisoning/overdose, the percentage population 12+ years with an alcohol use disorder and several areas among high school students including: those who never/rarely got the help they needed when they felt sad, empty, hopeless, angry, or anxious, seriously considered attempting suicide, riding in a car with a driver who had been using marijuana, and driving a car while using marijuana.

Survey respondents from White Pine County perceive the ease of access to alcohol and drugs, illegal drug use, prescription drug use, marijuana use, alcoholism/binge drinking, as well as driving under the influence of alcohol or drugs to be problems. Additionally, the lack of inpatient alcohol and drug treatment facilities, alcohol and drug treatment programs, a lack of alcohol and drug treatment support

programs, and lack of substance abuse treatment resources/programs to be issues driving the behavioral health issues. In terms of mental health issues, White Pine County survey respondents selected depression and suicide as problems, a lack of mental health providers, long wait to be seen my mental health providers, the lack of long-term inpatient clinics for behavioral health issues, and the lack of outreach to community about the behavioral health services available to be issues in White Pine County.

Adverse Childhood Experiences - ACEs

Is it important to note, although not present in Table C174 as a priority area to improve upon, White Pine County adults and high school students had a high prevalence of reported adverse childhood experiences or ACEs. While programs can be put into place to assist with the long-lasting impact of ACEs, those are retrospectively reported, often traumatic, events that community-based organizations and entities working to improve health in the community should be cognizant of when implementing services and programs.

Table C199: White Pine County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Access to Health Care**	• Percent of adults who visit doctor for routine physical or exam • Annual dentist visits among high school students • Annual dentist visits among adults • Percent of adults, 18 to 64, without health insurance coverage	1. There is no urgent care 2. Three-way tie: Lack of primary care providers; Many people CANNOT afford the cost of health insurance; and Many residents believe the hospital does not provide quality care, so they seek care from hospital(s) in another community 3. Two-way tie: Many residents believe the primary care providers DO NOT provide quality care and Lack of Emergency Response Services or EMS Vehicles (e.g., Ambulance, Life Flight) 4. Six-way tie: Transportation barriers make it challenging for members of my community to get to their healthcare appts; Long wait to be seen - the providers in the community are not able to book an appt for a patient for several weeks or months; Lack of mental health providers; Many people DO NOT have health insurance; and Lengthy response time for Emergency Response Services 5. Lack of dental care	No CHNA or CHIP
2	**Education**	• Writing proficiency among 11th graders • High school graduation rates • Graduation rates among students who were ever career and technical education • High school graduation rates among students with free and reduced lunch • Educational attainment among male adults 25+ years and older with Bachelor's degree or higher	Due to varied respondent answers and too few respondents, unable to utilize survey responses for this category.	
3	**Behavioral Health**	• Emergency department encounters due to opioid poisoning/overdose • Population 12+ years with an alcohol use disorder Among high school students • Never/rarely got the help they needed when they felt sad, empty, hopeless, angry, or anxious • Seriously considered attempting suicide • Rode in a car with a driver who had been using marijuana • Drove a car while using marijuana	1. Two-way tie: Illegal drugs (e.g., meth, heroin, cocaine) is a problem and Lack of mental health providers 2. Lack of inpatient alcohol and drug treatment facilities 3. Two-way tie: Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem and Lack of alcohol and drug treatment programs 4. Lack of substance abuse treatment resources/programs 5. Two-way tie: Depression is a problem and Alcoholism/binge drinking is a problem 6. Lack of outreach to community about the behavioral health services available 7. Two-way tie: Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months and Suicide is a problem 8. Three-way tie: Lack of long-term inpatient clinics for behavioral health issues; Ease of access to alcohol and drugs; and Marijuana use is a problem 9. Driving under the influence of alcohol or drugs is a problem 10. Lack of alcohol and drug treatment support programs (e.g., AA Program)	

Table C199: White Pine County Health Priorities, 2019				
Rank	**Priorities**	**Secondary Data** Opportunities for Improvement	**Primary Data** Rank Ordered Survey Subcategory Results	**CHNA/CHIP Priorities**
1	**Access to Health Care**	• Percent of adults who visit doctor for routine physical or exam • Annual dentist visits among high school students • Annual dentist visits among adults • Percent of adults, 18 to 64, without health insurance coverage	1. There is no urgent care 2. Three-way tie: Lack of primary care providers; Many people CANNOT afford the cost of health insurance; and Many residents believe the hospital does not provide quality care, so they seek care from hospital(s) in another community 3. Two-way tie: Many residents believe the primary care providers DO NOT provide quality care and Lack of Emergency Response Services or EMS Vehicles (e.g., Ambulance, Life Flight) 4. Six-way tie: Transportation barriers make it challenging for members of my community to get to their healthcare appts; Long wait to be seen - the providers in the community are not able to book an appt for a patient for several weeks or months; Lack of mental health providers; Many people DO NOT have health insurance; and Lengthy response time for Emergency Response Services 5. Lack of dental care	No CHNA or CHIP
2	**Education**	• Writing proficiency among 11th graders • High school graduation rates • Graduation rates among students who were ever career and technical education • High school graduation rates among students with free and reduced lunch • Educational attainment among male adults 25+ years and older with Bachelor's degree or higher	Due to varied respondent answers and too few respondents, unable to utilize survey responses for this category.	
3	**Behavioral Health**	• Emergency department encounters due to opioid poisoning/overdose • Population 12+ years with an alcohol use disorder Among high school students • Never/rarely got the help they needed when they felt sad, empty, hopeless, angry, or anxious • Seriously considered attempting suicide • Rode in a car with a driver who had been using marijuana • Drove a car while using marijuana	1. Two-way tie: Illegal drugs (e.g., meth, heroin, cocaine) is a problem and Lack of mental health providers 2. Lack of inpatient alcohol and drug treatment facilities 3. Two-way tie: Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem and Lack of alcohol and drug treatment programs 4. Lack of substance abuse treatment resources/programs 5. Two-way tie: Depression is a problem and Alcoholism/binge drinking is a problem 6. Lack of outreach to community about the behavioral health services available 7. Two-way tie: Long wait to be seen - the mental health providers are not able to get patients in for appointments for several weeks or months and Suicide is a problem 8. Three-way tie: Lack of long-term inpatient clinics for behavioral health issues; Ease of access to alcohol and drugs; and Marijuana use is a problem 9. Driving under the influence of alcohol or drugs is a problem 10. Lack of alcohol and drug treatment support programs (e.g., AA Program)	

Access to Health Care

General Providers

Table A1: Percent of Adults with One or more Personal Healthcare Provider(s), Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	70.3	(64.4-76.3)
Douglas	77.3	(72.6-82.0)
Elko	63.2	(58.3-68.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	70.1	(62.3-77.9)
Lander	67.7	(52.4-82.9)
Lincoln	80.5	(68.3-92.7)
Lyon	68.5	(63.7-73.4)
Mineral	85.2	(73.9-96.6)
Nye	68.1	(62.4-73.8)
Pershing	68.3	(54.2-82.4)
Storey	79.3	(66.8-91.8)
White Pine	76.6	(67.2-86.0)
Nevada	**68.0**	**(66.7-69.2)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A2: Percent of Adults with One or More Personal Healthcare Provider(s), Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	74.3	(63.8-84.8)	69.8	(62.1-77.5)	72.0	(63.7-80.2)	74.1	(65.4-82.8)
Clark	64.2	(60.4-67.9)	68.2	(65.6-70.9)	63.8	(60.7-66.9)	68.2	(65.1-71.3)
Washoe	75.4	(71.1-79.8)	72.2	(69.1-75.2)	75.4	(72.2-78.5)	75.9	(72.6-79.1)
Nevada	**66.8**	**(63.9-69.6)**	**69.2**	**(67.2-71.3)**	**66.2**	**(63.9-68.6)**	**69.5**	**(67.1-71.9)**
United States	**79.0**	**:**	**78.4**	**:**	**77.5**	**:**	**:**	**:**

2018 data and CI for United States estimate not available
Sources: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Access to Primary Care

Table A3: Licensed Primary Care Physicians (MDs and DOs) Number and Rate per 100,000 Population, by County and Nevada, 2018		
County/Region	**# Primary Care Providers**	**Rate per 100,000 Population**
Carson City	61	109.2
Churchill	18	69.6
Clark	1,967	89.0
Douglas	29	59.2
Elko	21	38.3
Esmeralda	0	0.0
Eureka	0	0.0
Humboldt	8	47.3
Lander	1	16.1
Lincoln	2	40.5
Lyon	12	21.8
Mineral	1	22.4
Nye	14	30.2
Pershing	3	45.2
Storey	0	0.0
Washoe	529	115.3
White Pine	7	68.6
Nevada	**2,673**	**88.7**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A4: Ratio of Primary Care Providers to Population by County and Nevada, 2015 2016		
County/Region	**2015**	**2016**
Carson City	1,212:1	1,244:1
Churchill	2,200:1	1,728:1
Clark	1,809:1	1,818:1
Douglas	1,645:1	1,779:1
Elko	2,733:1	2,608:1
Esmeralda	829:0	790:0
Eureka	2,016:1	1,917:1
Humboldt	1,891:1	1,871:1
Lander	2,952:1	5,702:1
Lincoln	2,518:1	2,528:1
Lyon	5,843:1	6,647:1
Mineral	1,493:1	2,225:1
Nye	3,267:1	3,340:1
Pershing	:	:
Storey	:	:
Washoe	1,397:1	1,354:1
White Pine	1,402:1	1,383:1
Nevada	**1,764:1**	**1,762:1**

Sources: Robert Wood Johnson Foundation. (2018). 2018 County Health Rankings. http://www.countyhealthrankings.org/app/nevada/2018 Retrieved April 2019; Robert Wood Johnson Foundation. (2019). 2019 County Health Rankings. http://www.countyhealthrankings.org/app/nevada/2019 Retrieved April 2019.

Table A5: Number and Percent of Population Residing in a Primary Care Provider Health Professional Shortage Area, by County and Nevada, 2019		
County/Region	**# Residents in Shortage Area**	**% Residents in Shortage Area**
Carson City	52,063	93.2
Churchill	25,844	100
Clark	1,408,516	63.7
Douglas	32,012	65.4
Elko	21,874	39.9
Esmeralda	957	100
Eureka	1,873	100
Humboldt	13,415	79.3
Lander	6,194	100
Lincoln	4,935	100
Lyon	55,124	100
Mineral	4,466	100
Nye	46,337	100
Pershing	6,639	100
Storey	4,206	100
Washoe	331,526	72.3
White Pine	10,200	100
Nevada	**2,026,181**	**67.3**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A6: Licensed Advanced Practice Registered Nurses (APRNs) Number and Rate per 100,000 Population by County and Nevada, 2018		
County/Region	**# Licensed APRNs**	**Rate per 100,000 Population**
Carson City	33	59.0
Churchill	6	23.2
Clark	872	39.4
Douglas	27	55.1
Elko	17	31.0
Esmeralda	0	0.0
Eureka	2	106.8
Humboldt	7	41.4
Lander	2	32.3
Lincoln	1	20.3
Lyon	6	10.9
Mineral	0	0.0
Nye	7	15.1
Pershing	1	15.1
Storey	2	47.6
Washoe	293	63.9
White Pine	3	29.4
Nevada	**1,279**	**42.5**

Source: Griswold, T., Packham, J., Etchegoyen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book – Ninth Edition. Reno, NV.

Table A7: Licensed Physician Assistants (PAs) Number and Rate per 100,000 Population by County and Nevada, 2018		
County/Region	**# Licensed PAs**	**Rate per 100,000 Population**
Carson City	30	53.7
Churchill	7	27.1
Clark	694	31.4
Douglas	22	44.9
Elko	20	36.4
Esmeralda	0	0.0
Eureka	0	0.0
Humboldt	1	5.9
Lander	1	16.1
Lincoln	4	81.1
Lyon	9	16.3
Mineral	2	44.8
Nye	5	10.8
Pershing	0	0.0
Storey	1	23.8
Washoe	180	39.2
White Pine	1	9.8
Nevada	**977**	**32.4**

Source: Griswold, T., Packham, J., Etchegoyen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book – Ninth Edition. Reno, NV.

Table A8: Percent of Adults Reporting Time Since Last Visit to a Doctor for a Routine Checkup or General Physical Exam, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**<12 months**		**More than 5 Years**		**Never**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	64.4	(58.0-70.7)	10.5	(6.3-14.8)	2.2	(0.3-4.0)
Douglas	69.9	(65.4-74.4)	9.7	(6.5-12.9)	1.0	(0.0-2.1)
Elko	67.2	(62.5-71.9)	10.7	(7.4-14.0)	2.0	(0.7-3.3)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	68.6	(60.9-76.3)	7.5	(3.7-11.4)	2.6	(0.0-5.2)
Lander	65.2	(50.1-80.4)	14.9	(3.6-26.1)	0.0	(0.0-0.0)
Lincoln	70.8	(59.2-82.4)	11.2	(3.8-18.6)	0.0	(0.0-0.0)
Lyon	67.6	(62.8-72.5)	13.2	(9.2-17.2)	1.4	(0.2-2.5)
Mineral	73.9	(60.3-87.5)	14.3	(2.8-25.8)	0.0	(0.0-0.0)
Nye	66.1	(60.0-72.2)	12.6	(7.2-18.0)	1.7	(0.0-3.3)
Pershing	49.2	(34.5-63.9)	12.9	(3.1-22.8)	3.4	(0.0-10.0)
Storey	75.8	(63.0-88.7)	4.8	(0.0-10.3)	0.8	(0.0-2.5)
White Pine	71.5	(61.6-81.3)	6.1	(2.4-9.8)	3.7	(0.0-8.4)
Nevada	69.2	(68.0-70.4)	8.8	(8.1-9.5)	1.8	(1.4-2.2)

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A9: Percent of Adults Last Visit to a Doctor for a Routine Checkup or General Physical Exam within Past 12 Months, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	65.3	(54.6-76.0)	59.1	(51.0-67.2)	65.4	(56.8-74.0)	72.4	(63.5-81.2)
Clark	66.3	(62.6-70.1)	70.9	(68.2-73.6)	68.7	(65.7-71.7)	73.1	(70.0-76.2)
Washoe	65.8	(61.5-70.2)	64.7	(61.5-67.9)	65.3	(61.9-68.6)	74.4	(71.2-77.7)
Nevada	**66.2**	**(63.4-69.0)**	**69.1**	**(67.1-71.2)**	**67.9**	**(65.6-70.2)**	73.1	(70.8-75.5)
United States	**70.2**	**:**	**70.9**	**:**	**70.4**	**:**	**:**	**:**

2018 data and CI for United States estimate not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A10: Percent of Adults Last Visit to a Doctor for a Routine Checkup or General Physical Exam Longer than 5 Years Ago, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	7.0	(1.0-12.9)	14.3	(8.1-20.6)	7.6	(2.9-12.2)	6.5	(1.57-11.3)
Clark	9.6	(7.3-12.0)	8.6	(7.0-10.2)	8.8	(6.9-10.6)	7.3	(5.4-9.1)
Washoe	9.5	(6.4-12.5)	9.0	(7.1-11.0)	10.3	(8.0-12.5)	5.8	(4.1-7.5)
Nevada	**9.7**	**(7.9-11.5)**	**9.1**	**(7.9-10.4)**	**9.4**	**(8.0-10.8)**	**7.1**	**(5.7-8.5)**
United States	**8.3**	**:**	**7.3**	**:**	**7.5**	**:**	**:**	**:**

2018 data CI for United States estimate not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A11: Percent of Adults who have Never Visited a Doctor for a Routine Checkup or General Physical Exam, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	3.4	(0.0-8.2)	0.4	(0.0-1.2)	1.3	(0.3-2.3)	3.6	(0.0-8.0)
Clark	3.2	(1.5-4.8)	1.3	(0.7-2.0)	2.4	(1.2-3.6)	0.7	(0.2-1.2)
Washoe	2.4	(0.7-4.1)	2.1	(1.1-3.1)	1.1	(0.3-1.9)	0.7	(0.0-1.3)
Nevada	**2.8**	**(1.6-4.1)**	**1.6**	**(1.1-2.1)**	**2.1**	**(1.2-3.0)**	0.8	(0.4-1.2)
United States	**1.0**	**:**	**1.0**	**:**	**1.1**	**:**	**:**	**:**

2018 data and CI for United States estimate not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Access to Mental Health Care

Table A12: Ratio of Mental Health Providers to Population by County and Nevada, 2015 2016		
County/Region	**2015**	**2016**
Carson City	464:1	449:1
Churchill	605:1	638:1
Clark	573:1	542:1
Douglas	889:1	878:1
Elko	1,683:1	1,815:1
Esmeralda	790:0	850:0
Eureka	:	:
Humboldt	991:1	990:1
Lander	1,901:1	1,898:1
Lincoln	1,685:1	1,741:1
Lyon	673:1	685:1
Mineral	1,112:1	1,114:1
Nye	736:1	702:1
Pershing	2,187:1	1,627:1
Storey	1,013:1	668:1
Washoe	353:1	335:1
White Pine	323:1	320:1
Nevada	**536:1**	**509:1**

Sources: Robert Wood Johnson Foundation. (2018). 2018 County Health Rankings. http://www.countyhealthrankings.org/app/nevada/2018 Retrieved April 2019; Robert Wood Johnson Foundation. (2019). 2019 County Health Rankings. http://www.countyhealthrankings.org/app/nevada/2019 Retrieved April 2019.

Table A13: Population Residing in a Mental Health Provider Health Professional Shortage Area Number and Percent of Population by County and Nevada, 2019		
County/Region	**# Population in Shortage Area**	**% Population in Shortage Area**
Carson City	55,885	100
Churchill	25,844	100
Clark	2,210,674	100
Douglas	48,973	100
Elko	54,890	100
Esmeralda	957	100
Eureka	1,873	100
Humboldt	16,906	100
Lander	6,194	100
Lincoln	4,935	100
Lyon	55,124	100
Mineral	4,466	100
Nye	46,337	100
Pershing	6,639	100
Storey	4,206	100
Washoe	287,547	62.9
White Pine	10,200	100
Nevada	**2,533,058**	**94.3**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A14: Percent of Population that Received Mental Health Services* in the Past Year among Adults 18 Years and Older, by State and Substate Region, 2014 2016 Aggregate Data	
County/Region	**%**
Clark	11.30
Washoe	13.19
Region 3: Capital District Counties + Rural/Frontier Counties	12.92
Rural/Frontier: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	12.85
Capital District: Carson, Douglas, Lyon	13.01
Nevada	**11.79**
United States	**14.47**

*Mental health services are defined as having received inpatient treatment/counseling or outpatient treatment/counseling or having used prescription medication for problems with emotions, nerves, or mental health. Respondents were not to include treatment for drug or alcohol use.
Source: Substance Abuse and Mental Health Services Administration. (2018). 2014, 2015, 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-estimates. Retrieved April 2019.

Access to Dental Care

Table A15: Licensed Dentists Number and Rate per 100,000 Population by County and Nevada, 2018		
County/Region	**# of Licensed Dentists**	**Rate per 100,000 Population**
Carson City	41	73.4
Churchill	711	42.6
Clark	1,209	54.7
Douglas	26	53.1
Elko	25	45.5
Esmeralda	0	0.0
Eureka	1	53.4
Humboldt	7	41.4
Lander	1	16.1
Lincoln	1	20.3
Lyon	15	27.2
Mineral	1	22.4
Nye	8	17.3
Pershing	0	0.0
Storey	0	0.0
Washoe	324	70.6
White Pine	3	29.4
Nevada	**1,673**	**55.5**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A16: Ratio of Dentists to Population by County and Nevada, 2015 2016		
County/Region	**2015**	**2016**
Carson City	1,095:1	1,095:1
Churchill	1,423:1	1,425:1
Clark	1,628:1	1,599:1
Douglas	1,412:1	1,421:1
Elko	2,371:1	2,393:1
Esmeralda	790:0	850:0
Eureka	959:1	981:1
Humboldt	2,406:1	2,404:1
Lander	5,702:1	5,693:1
Lincoln	5,055:1	5,223:1
Lyon	4,432:1	4,920:1
Mineral	2,225:1	2,229:1
Nye	4,825:1	4,911:1
Pershing	3,280:1	2,169:1
Storey	:	:
Washoe	1,440:1	1,426:1
White Pine	3,227:1	3,197:1
Nevada	**1,632:1**	**1,609:1**

Sources: Robert Wood Johnson Foundation. (2018). 2018 County Health Rankings. http://www.countyhealthrankings.org/app/nevada/2018 retrieved April 2019; Robert Wood Johnson Foundation. (2019). 2019 County Health Rankings. http://www.countyhealthrankings.org/app/nevada/2019 retrieved April 2019.

Table A17: Population Residing in a Dental Provider Health Professional Shortage Area Number and Percent of Population by County and Nevada, 2019		
County/Region	**# Population in Shortage Area**	**% Population in Shortage Area**
Carson City	55,885	100
Churchill	25,844	100
Clark	1,400,729	63.4
Douglas	36,560	74.7
Elko	36,568	74.7
Esmeralda	957	100
Eureka	1,873	100
Humboldt	13,415	79.3
Lander	6,194	100
Lincoln	4,935	100
Lyon	55,124	100
Mineral	4,466	100
Nye	46,337	100
Pershing	6,639	100
Storey	4,206	100
Washoe	458707	100
White Pine	10,200	100
Nevada	**1,688,887**	**72**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A18: Percent of High School Students Who Visited a Dentist*, County, Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	79.2
Douglas	:	:	81.2
Carson City & Douglas	79.7	76.7	:
Churchill, Humboldt, Pershing, & Lander	66.9	65.1	72.6
Clark	67.1	69.1	70.7
Elko, White Pine, & Eureka	69.2	65.8	70.2
Lyon, Mineral, & Storey	71.6	67.9	71.6
Nye & Lincoln	69.6	60.9	67.7
Washoe	69.2	73.6	75.4
Nevada	**68.1**	**69.7**	**71.7**
Range in NV	**66.9 79.7**	**60.9 76.7**	**67.7 81.2**
United States	**:**	**:**	**75.7**

*during the 12 months before the survey
2013 and 2015 data for the United States not available
Source: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.; Redfield, R.R., Schuchat, A., Dauphin, L., Cono, C.L., Richard, C.L., & Iademarco, M.F. (2018). Youth Risk Behavior Surveillance – United States, 2017. *MMWR Surveill Summ* 2018;67

Table A19: Time Since Last Visit to a Dentist, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**<12 months**		**More than 5 Years**		**Never**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	59.7	(51.1-68.2)	17.0	(10.8-23.2)	1.2	(0.0-3.6)
Douglas	69.6	(63.4-75.9)	8.8	(5.1-12.6)	0.0	(0.0-0.0)
Elko	61.4	(55.0-67.7)	10.6	(6.8-14.4)	0.3	(0.0-1.0)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	58.2	(47.8-68.5)	10.5	(4.6-16.3)	0.0	(0.0-0.0)
Lander	:	:	:	:	:	:
Lincoln	:	:	:	:	:	:
Lyon	55.3	(48.7-62.0)	21.6	(16.2-27.0)	0.2	(0.0-0.5)
Mineral	:	:	:	:	:	:
Nye	50.9	(42.6-59.2)	20.3	(15.1-25.6)	1.3	(0.0-3.7)
Pershing	:	:	:	:	:	:
Storey	:	:	:	:	:	:
White Pine	62.7	(47.7-77.7)	16.3	(5.0-27.6)	5.4	(0.0-13.8)
Nevada	**62.6**	**(60.9-64.2)**	**12.8**	**(11.7-13.9)**	**0.9**	**(0.6-1.2)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A20: Percent of Adults Last Visit to a Dentist within Past 12 Months, Urban Counties, Nevada, and United States, 2014, 2016, and 2018						
County/Region	**2014**		**2016**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	62.3	(53.8-70.8)	56.8	(48.5-65.1)	66.4	(57.1-75.7)
Clark	59.6	(56.2-62.9)	59.7	(56.9-62.6)	65.5	(62.3-68.7)
Washoe	64.0	(60.2-67.7)	65.4	(62.2-68.5)	63.5	(59.8-67.1)
Nevada	**60.0**	**(57.5-62.5)**	**60.4**	**(58.2-62.6)**	**64.7**	**(62.2-67.1)**
United States	**65.3**	**:**	**66.4**	**:**	**:**	**:**

2018 data and CI for United States estimates not available

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.; Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A21: Percent of Adults Last Visit to a Dentist 5 or More Years, Urban Counties and Nevada, 2014, 2016, and 2018						
County/Region	**2014**		**2016**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	13.6	(7.2-19.9)	15.9	(9.6-22.2)	10.1	(4.3-15.9)
Clark	12.9	(10.6-15.2)	13.4	(11.4-15.4)	11.9	(9.7-14.1)
Washoe	12.1	(9.5-14.6)	10.7	(8.7-12.6)	13.3	(10.6-16.0)
Nevada	**13.3**	**(11.5-15.0)**	**13.2**	**(11.7-14.7)**	**12.4**	**(10.7-14.1)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A22: Percent of Adults who have Never Visited a Dentist, Urban Counties and Nevada, 2014, 2016, and 2018						
County/Region	**2014**		**2016**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	1.0	(0.0-2.4)	0.5	(0.0-1.3)	0.0	(0.0-0.0)
Clark	1.7	(0.7-2.7)	1.6	(0.8-2.5)	0.4	(0.0-0.8)
Washoe	0.9	(0.1-1.7)	0.7	(0.2-1.2)	0.4	(0.0-1.1)
Nevada	**1.5**	**(0.7-2.3)**	**1.4**	**(0.8-2.0)**	0.5	(0.1-0.8)

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Access to Insurance Coverage/Health Care Affordability

Table A23: Percent of Total Population and Population <19 Years with No Health Insurance Coverage by County, Nevada, and the United States, 2013 2017 Aggregate Data		
County/Region	**% of Total Population**	**% of Population 19 Years and Younger**
Carson City	11.6	8.8
Churchill	13.9	10.7
Clark	14.7	9.8
Douglas	10.8	11.9
Elko	10.5	7.5
Esmeralda	20.2	14.4
Eureka	13.6	7.0
Humboldt	16.0	15.3
Lander	9.5	6.7
Lincoln	10.4	18.3
Lyon	11.6	10.7
Mineral	15.3	15.5
Nye	12.7	9.5
Pershing	16.5	16.7
Storey	8.8	5.1
Washoe	11.8	8.8
White Pine	11.2	8.1
Nevada	**14.0**	**9.7**
Range in NV	**8.8 20.2**	**5.1 18.3**
United States	**10.5**	**5.7**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP03

Table A24: Percent of Total Population with No Health Insurance Coverage, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	21.6	16.0	13.3	12.1	11.8
Washoe	18.3	12.7	9.2	9.0	9.9
Nevada	**20.7**	**15.2**	**12.3**	**11.4**	**11.2**
United States	**14.5**	**11.7**	**9.4**	**8.6**	**8.7**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A25: Percent of Population 18 Years or Younger with No Health Insurance Coverage, Clark County, Washoe County, Nevada, and the United States, 2013 2016				
County/Region	**2013**	**2014**	**2015**	**2016**
Clark	15.3	9.7	8.1	6.8
Washoe	13.4	8.0	4.8	5.8
Nevada	**14.9**	**9.6**	**7.6**	**6.8**
United States	**7.1**	**6.0**	**4.8**	**4.5**

Source: U.S. Census Bureau, American Community Survey, 2013-2016 American Community Survey 1-Year Estimates, Table DP03

Table A26: Children Enrolled in Nevada Children s Health Insurance Program (Nevada Check Up) Number and Percent Change 2013 to 2018 by County and Nevada, 2013 and 2018			
County/Region	**2013**	**2018**	**% Change 2013-2018**
Carson City	775	704	-9.2
Churchill	184	288	56.5
Clark	15,327	19,930	30.0
Douglas	218	322	47.7
Elko	270	339	25.6
Esmeralda	11	7	-36.4
Eureka	8	4	-50.0
Humboldt	132	119	-9.8
Lander	19	32	68.4
Lincoln	25	48	92.0
Lyon	470	558	18.7
Mineral	40	53	32.5
Nye	240	291	21.3
Pershing	29	38	31.0
Storey	3	5	66.7
Washoe	3,540	4,392	24.1
White Pine	20	29	45.0
Nevada	**21,275**	**27,159**	**27.7**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A27: Percent of Population Enrolled in Medicaid by County and Nevada, 2018	
County/Region	**% Population**
Carson City	29
Churchill	27
Clark	30
Douglas	16
Elko	20
Esmeralda	18
Eureka	15
Humboldt	25
Lander	21
Lincoln	21
Lyon	26
Mineral	33
Nye	35
Pershing	26
Storey	5
Washoe	23
White Pine	22
Nevada	**28**

Calculated using 2018 Medicaid enrollment numbers provided by Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV; and county populations from: Hardcastle, J. (2018). Nevada County Age, Sex, Race, and Hispanic Origin Estimates and Projections 2000 to 2037: Estimates from 2000 to 2017 and Projections from 2018 to 2037. Carson City, NV.

Table A28: Number of People Eligible and Enrolled in Medicaid and Percent Change from 2012 to 2018 by County and Nevada, 2012 2018								
County/Region	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**% Increase from 2012 to 2018**
Carson City	8,859	9,155	13,842	15,715	16,116	16,287	15,957	80%
Churchill	3,713	3,949	6,177	7,013	7,126	7,002	7,001	89%
Clark	295,676	314,015	501,440	604,808	640,485	666,284	679,776	130%
Douglas	4,120	4,173	6,964	8,073	8,271	8,061	7,798	89%
Elko	5,041	5,249	8,041	9,623	10,250	10,717	10,832	115%
Esmeralda	84	110	146	168	185	219	177	111%
Eurkea	84	84	143	193	228	247	280	233%
Humboldt	1,842	1,864	3,214	3,951	4,126	4,308	4,279	132%
Lander	613	652	1,091	1,244	1,270	1,315	1,321	115%
Lincoln	463	513	767	922	982	1,040	999	116%
Lyon	7,230	7,561	12,463	14,583	14,692	14,627	14,331	98%
Mineral	885	871	1,262	1,486	1,533	1,533	1,539	74%
Nye	8,317	8,391	12,880	14,557	15,214	15,659	16,008	92%
Pershing	620	616	920	1,061	1,166	1,177	1,278	106%
Storey	74	91	160	199	211	213	198	168%
Washoe	56,704	59,251	99,888	111,112	109,961	108,104	105,420	86%
White Pine	1,263	1,245	1,772	2,088	2,169	2,121	2,092	66%
Nevada	**395,588**	**417,790**	**671,170**	**796,796**	**833,985**	**858,914**	**869,286**	**120%**

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A29: Percent of Adults 18 64 Years who Have Health Insurance, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	85.4	(80.0-90.8)
Douglas	90.5	(86.6-94.4)
Elko	86.8	(82.5-91.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	85.9	(78.5-93.3)
Lander	90.8	(82.1-99.5)
Lincoln	:	:
Lyon	85.2	(80.9-89.5)
Mineral	:	:
Nye	87.0	(81.6-92.3)
Pershing	:	:
Storey	:	:
White Pine	82.2	(69.8-94.6)
Nevada	**82.1**	**(80.9-83.3)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A30: Percent of Adults 18 64 years who Have Health Insurance, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	81.0	(69.2-92.7)	73.6	(64.5-82.8)	78.7	(69.9-87.6)	84.5	(75.6-93.3)
Clark	80.2	(76.6-83.9)	81.3	(78.7-83.8)	78.5	(75.3-81.6)	82.4	(79.3-85.4)
Washoe	88.7	(85.1-92.3)	86.0	(83.2-88.9)	88.0	(85.2-90.7)	84.5	(81.3-87.7)
Nevada	**82.3**	**(79.5-85.1)**	**82.1**	**(80.2-84.1)**	**80.6**	**(78.2-83.0)**	83.2	(80.9-85.6)
United States	**87.0**	**:**	**87.7**	**:**	**87.3**	**:**	**:**	**:**

2018 data and CI for United States estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A31: Percent of Adults who Needed a Doctor in the Past 12 Months but Couldn t Because of Cost, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	%	95% C.I.
Churchill	15.5	(10.6-20.3)
Douglas	9.9	(6.6-13.1)
Elko	16.6	(12.6-20.7)
Esmeralda	:	:
Eureka	:	:
Humboldt	15.9	(9.5-22.3)
Lander	8.4	(0.5-16.3)
Lincoln	3.6	(0.0-8.0)
Lyon	17.4	(13.4-21.4)
Mineral	12.8	(2.7-22.9)
Nye	12.4	(8.7-16.0)
Pershing	20.4	(6.4-34.4)
Storey	16.9	(5.5-28.2)
White Pine	7.2	(1.5-13.0)
Nevada	**15.6**	**(14.6-16.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A32: Percent of Adults who Needed a Doctor in the Past 12 Months but Couldn t Because of Cost, Urban Counties, Nevada, and United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	11.8	(5.4-18.2)	16.8	(10.5-23.1)	19.9	(12.5-27.3)	18.6	(10.7-26.5)
Clark	15.4	(12.5-18.3)	16.4	(14.3-18.6)	17.3	(14.8-19.7)	14.1	(11.7-16.6)
Washoe	13.0	(9.8-16.3)	16.3	(13.8-18.7)	17.1	(14.4-19.8)	15.9	(12.9-18.8)
Nevada	**15.1**	**(12.9-17.3)**	**16.0**	**(14.4-17.7)**	**16.8**	**(14.9-18.7)**	14.5	(12.6-16.4)
United States	**12.1**	**:**	**12.0**	**:**	**12.4**	**:**	**:**	**:**

2018 data and CI for United States estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Behavioral Health

Mental Health

Table A33: Percent of High School Students who Felt Sad or Hopeless*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	33.5
Douglas	:	:	32.4
Carson City & Douglas	30.4	30.1	:
Churchill, Humboldt, Pershing, & Lander	29.2	31.7	32.6
Clark	31.4	35.0	34.4
Elko, White Pine, & Eureka	34.3	33.5	33.1
Lyon, Mineral, & Storey	30.1	37.1	33.2
Nye & Lincoln	29.3	31.8	31.3
Washoe	34.0	33.5	36.6
Nevada	**31.7**	**34.5**	**34.6**
Range in NV	**29.2 34.3**	**30.1 37.1**	**31.3 36.6**
United States	**29.9**	**29.9**	**31.5**

*for two or more weeks in a row during the 12 months before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. (nd). Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf

Table A34: Percent of High School Students who Never or Rarely got the Kind of Help they Need when they Felt Sad, Empty, Hopeless, Angry, or Anxious, by County/Region and Nevada, 2017	
County/Region	**2017**
Carson City	59.7
Douglas	51.9
Churchill, Humboldt, Pershing, & Lander	51.6
Clark	55.2
Elko, White Pine, & Eureka	56.9
Lyon, Mineral, & Storey	52.5
Nye & Lincoln	53.2
Washoe	56.8
Nevada	**55.3**
Range in NV	**51.6 59.7**

Source: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A35: Percent of Adults Reporting No Poor Mental Health Days and 14 or more Poor Mental Health Days*, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate				
County/Region	None		14 or More	
	%	95% C.I.	%	95% C.I.
Churchill	62.9	(56.6-69.2)	20.2	(14.6-25.7)
Douglas	67.0	(62.1-71.8)	10.7	(7.1-14.3)
Elko	63.9	(59.2-68.6)	11.7	(8.7-14.8)
Esmeralda	:	:	:	:
Eureka	:	:	:	:
Humboldt	71.1	(63.9-78.4)	10.7	(5.8-15.6)
Lander	58.9	(43.0-74.9)	11.3	(2.5-20.0)
Lincoln	80.5	(70.1-90.8)	4.0	(0.1-7.9)
Lyon	62.4	(57.6-67.2)	17.6	(13.6-21.5)
Mineral	46.3	(31.3-61.3)	25.4	(12.9-38.0)
Nye	68.4	(63.4-73.4)	13.6	(9.8-17.4)
Pershing	73.7	(61.0-86.5)	11.8	(2.0-21.5)
Storey	45.2	(31.6-58.8)	26.1	(12.8-39.5)
White Pine	72.8	(63.8-81.7)	6.3	(1.9-10.7)
Nevada	**65.6**	**(64.3-66.8)**	**12.6**	**(11.8-13.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A36: Percent of Adults Reporting No Poor Mental Health Days*, Urban Counties and Nevada, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	65.2	(54.9-75.5)	67.3	(59.7-74.9)	63.3	(54.8-71.8)	63.0	(53.6-72.3)
Clark	66.1	(62.4-69.8)	63.8	(60.9-66.6)	70.9	(68.0-73.8)	67.3	(64.1-70.6)
Washoe	60.6	(56.1-65.1)	60.1	(56.9-63.4)	60.0	(56.6-63.4)	54.5	(50.8-58.2)
Nevada	**65.1**	**(62.3-67.9)**	**63.5**	**(61.3-65.6)**	**68.7**	**(66.5-70.9)**	**64.9**	**(62.4-67.4)**

*In past 30 days
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A37: Percent of Adults Reporting 14 or more Poor Mental Health Days*, Urban Counties and Nevada, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	13.2	(5.5-20.8)	12.5	(7.2-17.8)	18.5	(11.2-25.8)	14.0	(7.2-20.8)
Clark	11.1	(8.5-13.6)	14.4	(12.3-16.5)	11.2	(9.0-13.3)	12.3	(10.1-14.4)
Washoe	11.8	(8.7-14.8)	14.1	(11.8-16.4)	12.5	(10.2-14.9)	15.6	(12.8-18.5)
Nevada	**11.5**	**(9.5-13.4)**	**14.2**	**(12.5-15.8)**	**11.7**	**(10.1-13.3)**	13.1	(11.5-14.8)

*In past 30 days
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A38: Percent of Adults Who Have Ever Been Told They Have a Form of Depression, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	22.8	(17.4-28.2)
Douglas	16.9	(12.5-21.2)
Elko	17.4	(13.6-21.2)
Esmeralda	:	:
Eureka	:	:
Humboldt	13.3	(8.1-18.5)
Lander	17.4	(2.0-32.9)
Lincoln	7.8	(1.6-13.9)
Lyon	20.3	(16.8-23.9)
Mineral	27.9	(14.3-41.4)
Nye	21.2	(15.6-26.8)
Pershing	14.1	(3.3-24.9)
Storey	29.3	(15.9-42.6)
White Pine	13.6	(5.9-21.3)
Nevada	**16.3**	**(15.4-17.2)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A39: Percent of Adults Who Have Ever Been Told They Have a Form of Depression, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	23.0	(14.1-31.8)	15.6	(10.3-20.9)	21.4	(14.5-28.4)	21.9	(13.7-30.2)
Clark	15.8	(13.2-18.5)	17.8	(15.5-20.0)	14.2	(12.0-16.3)	15.3	(13.0-17.6)
Washoe	16.6	(13.3-19.9)	15.1	(12.8-17.5)	19.4	(16.6-22.1)	16.7	(13.7-19.6)
Nevada	**16.6**	**(14.6-18.6)**	**17.2**	**(15.5-18.9)**	**15.6**	**(13.9-17.3)**	**15.7**	**(14.0-17.5)**
United States	**19.0**	**:**	**17.4**	**:**	**20.5**	**:**	**:**	**:**

2018 data and CI for the United States unavailable
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A40: Percent of Population with a Major Depressive Episode in the Past Year among Adults 18 Years and Older, by State and Substate Region, 2014 2016 Aggregate Data	
County/Region	**%**
Clark	7.13
Washoe	7.47
Region 3: Capital District Counties + Rural/Frontier Counties	6.84
Rural/Frontier: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	6.96
Capital District: Carson, Douglas, Lyon	6.70
Nevada	**7.14**
United States	**6.66**

Source: Substance Abuse and Mental Health Services Administration. (2018). 2014, 2015, 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-estimates Retrieved April 2019.

Table A41: Percent of Population with Any Mental Illness in the Past Year among Adults 18 Years and Older, by State and Substate Region, 2014 2016 Aggregate Data	
County/Region	**%**
Clark	17.62
Washoe	19.60
Region 3: Capital District Counties + Rural/Frontier Counties	18.57
Rural/Frontier: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	19.16
Capital District: Carson, Douglas, Lyon	17.93
Nevada	**18.05**
United States	**18.09**

Source: Substance Abuse and Mental Health Services Administration. (2018). 2014, 2015, 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-estimates retrieved April 2019.

Table A42: Percent of Population with a Serious Mental Illness in the Past Year among Adults 18 Years and Older, by State and Substate Region, 2014 2016 Aggregate Data	
County/Region	**%**
Clark	4.37
Washoe	5.14
Region 3: Capital District Counties + Rural/Frontier Counties	4.45
Rural/Frontier: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	4.61
Capital District: Carson, Douglas, Lyon	4.27
Nevada	**4.50**
United States	**4.12**

Source: Substance Abuse and Mental Health Services Administration. (2018). 2014, 2015, 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-estimates retrieved April 2019.

Suicide

Table A43: Percent of High School Students who Seriously Considered Attempting Suicide*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	16.6
Douglas	:	:	18.2
Carson City & Douglas	16.9	10.2	:
Churchill, Humboldt, Pershing, & Lander	20.9	18.7	19.8
Clark	19.0	17.5	15.9
Elko, White Pine, & Eureka	21.4	19.4	22.2
Lyon, Mineral, & Storey	18.9	23.4	16.9
Nye & Lincoln	17.1	20.4	14.4
Washoe	20.9	18.8	18.6
Nevada	**19.3**	**17.7**	**16.6**
Range in NV	**16.9 21.4**	**10.2 23.4**	**14.4 22.2**
United States	**17.0**	**17.7**	**17.2**

*during the 12 months before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. (nd). Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf

Table A44: Percent of High School Students who Attempted Suicide*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017

County/Region	2013	2015	2017
Carson City	:	:	10.2
Douglas	:	:	7.7
Carson City & Douglas	6.6	11.7	:
Churchill, Humboldt, Pershing, & Lander	15.6	8.3	11.8
Clark	11.3	9.2	8.2
Elko, White Pine, & Eureka	15.1	11.4	9.5
Lyon, Mineral, & Storey	14.7	12.8	12.0
Nye & Lincoln	8.3	14.9	6.8
Washoe	13.6	11.7	8.9
Nevada	**11.8**	**9.8**	**8.5**
Range in NV	**6.6 15.6**	**8.3 14.9**	**6.8 12.0**
United States	**8.0**	**8.6**	**7.4**

*during the 12 months before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. (nd). Youth Risk Behavior Survey: Data Summary & Trends Report 2007-2017. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trendsreport.pdf

Table A45: Percent of Population that Had Serious Thoughts of Suicide in the Past Year among Adults 18 Years and Older, by County, Region, Nevada and the United States, 2014 2016 Aggregate Data	
County/Region	**%**
Clark	4.34
Washoe	5.44
Region 3: Capital District Counties + Rural/Frontier Counties	4.15
Rural/Frontier: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	4.11
Capital District: Carson, Douglas, Lyon	4.19
Nevada	**4.49**
United States	**4.01**

Source: Substance Abuse and Mental Health Services Administration. (2018). 2014, 2015, 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-estimates retrieved April 2019.

Table A46: Suicide Mortality Rate per 100,000 Population, by County/Region and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Carson City	27.6
Clark	18.5
Churchill	32.5
Douglas	24.3
Elko	26.1
Esmeralda	25.9
Eureka	:
Humboldt	35.4
Lander	24.2
Lincoln	39.3
Lyon	24.0
Mineral	21.7
Nye	33.5
Pershing	41.0
Storey	18.3
Washoe	21.7
White Pine	30.8
Rural	**28.1**
Urban	**19.2**
Nevada	**20.2**
Range in NV	**18.5 41.0**

Source: Nevada Department of Health and Human Services, Office of Analytics. Electronic Death Registry System. Data provided upon request. Carson City, NV.

Table A47: Suicide Mortality Rate per 100,000 Population, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	18.4	30.8	30.7	30.4
Clark	17.0	18.5	19.2	19.0
Washoe	22.9	27.2	20.1	16.7
Urban	18.1	20.2	19.6	18.8
Nevada	**18.8**	**21.2**	**20.4**	**20.5**
United States	**13.7**	**13.9**	**14.5**	**:**

2018 data for US not available

*2018 death data are preliminary and are subject to changes

Source: Nevada Department of Health and Human Services, Office of Analytics. Electronic Death Registry System. Data provided upon request. Carson City, NV.

Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved at http://wonder.cdc.gov/ucd-icd10.html on Aug 10, 2019 2:56:57 PM

Substance Use

Tobacco and Tobacco Related Products

Table A48: Percent of High School Students who Smoked Cigarettes*, by County/ Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	9.8
Douglas	:	:	11.0
Carson City & Douglas	18.0	9.8	:
Churchill, Humboldt, Pershing, & Lander	17.3	9.8	14.4
Clark	7.8	5.9	5.4
Elko, White Pine, & Eureka	20.1	16.0	12.5
Lyon, Mineral, & Storey	17.6	15.6	16.8
Nye & Lincoln	19.6	8.3	5.9
Washoe	14.3	10.3	7.2
Nevada	**10.2**	**7.2**	**6.4**
Range in NV	**7.8 20.1**	**5.9 16.0**	**5.4 16.8**
United States	**15.7**	**10.8**	**8.8**

*One or more times during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A49: Percent of High School Students who used Tobacco*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	15.4
Douglas	:	:	22.9
Carson City & Douglas	25.0	17.2	:
Churchill, Humboldt, Pershing, & Lander	25.3	20.0	22.6
Clark	11.5	9.4	10.5
Elko, White Pine, & Eureka	26.7	24.1	19.6
Lyon, Mineral, & Storey	23.4	25.4	25.7
Nye & Lincoln	23.6	14.9	12.2
Washoe	18.4	14.4	13.5
Nevada	**14.3**	**11.4**	**12.0**
United States	**:**	**:**	**19.5**

*One or more times during the 30 days before the survey

2013 and 2015 data for United States not available

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV. Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A50: Percent of High School Students who used Electronic Vapor Products*, by County/ Region, Nevada, and the United States, 2015, and 2017		
County/Region	**2015**	**2017**
Carson City	:	17.1
Douglas	:	22.9
Carson City & Douglas	27.0	:
Churchill, Humboldt, Pershing, & Lander	29.1	20.1
Clark	24.8	12.9
Elko, White Pine, & Eureka	34.2	21.0
Lyon, Mineral, & Storey	32.3	22.2
Nye & Lincoln	23.2	14.6
Washoe	30.1	21.8
Nevada	**26.1**	**15.0**
Range in NV	**23.2 30.1**	**14.6 22.9**
United States	**24.1**	**13.2**

*One or more times during the 30 days before the survey
Sources: Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.
Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A51: Percent of Adults who Currently Smoke Cigarettes, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	20.9	(15.6-26.2)
Douglas	12.7	(8.7-16.6)
Elko	22.9	(18.7-27.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	23.9	(16.6-31.3)
Lander	17.5	(5.4-29.7)
Lincoln	12.8	(3.9-21.8)
Lyon	21.1	(17.2-25.0)
Mineral	31.2	(18.0-44.4)
Nye	28.5	(22.3-34.6)
Pershing	24.0	(9.4-38.6)
Storey	23.2	(10.3-36.1)
White Pine	13.3	(7.7-18.8)
Nevada	**16.8**	**(15.8-17.8)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A52: Percent of Adults who Currently Smoke Cigarettes, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	16.6	(8.1-25.1)	19.0	(12.3-25.7)	21.7	(14.5-28.9)	17.7	(9.7-25.7)
Clark	16.9	(13.8-20.0)	15.9	(13.8-18.1)	17.8	(15.2-20.4)	15.0	(12.6-17.4)
Washoe	18.8	(14.9-22.7)	15.3	(12.9-17.7)	14.6	(12.0-17.1)	15.2	(12.5-18.0)
Nevada	**17.5**	**(15.2-19.9)**	**16.5**	**(14.8-18.1)**	**17.6**	**(15.6-19.6)**	**15.7**	**(13.9-17.5)**
United States	17.5	:	17.1	:	17.1	:	:	:

2018 data and CI for United States estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A53: Percent of Adults who Currently Smoke E Cigarettes, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	%	95% C.I.
Churchill	5.2	(1.9-8.6)
Douglas	8.1	(4.3-11.8)
Elko	6.3	(3.4-9.2)
Esmeralda	:	:
Eureka	:	:
Humboldt	9.7	(2.5-17.0)
Lander	2.1	(0.0-6.3)
Lincoln	0.0	(0.0-0.0)
Lyon	8.1	(5.3-11.0)
Mineral	3.2	(0.0-7.8)
Nye	11.5	(5.8-17.2)
Pershing	6.7	(0.0-14.6)
Storey	1.5	(0.0-4.5)
White Pine	3.7	(0.0-8.4)
Nevada	**5.8**	**(5.2-6.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A54: Percent of Adults who Currently Smoke E Cigarettes, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	4.8	(0.0-10.3)	7.9	(3.1-12.8)	5.9	(2.1-9.8)	4.3	(0.7-7.9)
Clark	5.8	(3.5-8.1)	5.8	(4.3-7.3)	4.9	(3.3-6.5)	5.8	(4.0-7.5)
Washoe	5.0	(2.9-7.1)	6.3	(4.7-7.9)	6.7	(4.8-8.5)	7.0	(4.9-9.0)
Nevada	**5.8**	**(4.1-7.5)**	**6.0**	**(4.9-7.2)**	**5.4**	**(4.2-6.7)**	**6.1**	**(4.8-7.4)**
United States	:	:	4.7	:	4.6	:	:	:

2015, 2018 data and CI for United States estimates not available; 2014 and 2015 data for United States not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Alcohol

Table A55: Percent of High School Students who Drank Alcohol*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	31.3
Douglas	:	:	47.1
Carson City & Douglas	41.9	33.3	:
Churchill, Humboldt, Pershing, & Lander	36.6	41.7	34.1
Clark	31.8	29.0	25.1
Elko, White Pine, & Eureka	38.9	31.1	36.6
Lyon, Mineral, & Storey	38.7	36.0	33.9
Nye & Lincoln	28.4	29.6	23.8
Washoe	36.5	35.5	27.2
Nevada	**33.3**	**30.6**	**26.5**
Range in NV	**28.4 41.9**	**29.0 41.7**	**25.1 47.1**
United States	**34.9**	**32.8**	**29.8**

*One or more times during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/. Retrieved Aug 2019.

Table A56: Percent of High School Students who Reported Riding in a Car with a Driver who had been Drinking Alcohol*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	15.1
Douglas	:	:	22.7
Carson City & Douglas	21.3	23.1	:
Churchill, Humboldt, Pershing, & Lander	20.4	19.3	17.7
Clark	20.6	21.3	17.2
Elko, White Pine, & Eureka	26.1	20.0	18.8
Lyon, Mineral, & Storey	22.0	18.1	20.1
Nye & Lincoln	19.3	23.4	11.9
Washoe	24.6	22.1	15.2
Nevada	**21.4**	**21.4**	**17.0**
United States	**21.9**	**20.0**	**16.5**

*One or more times during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/. Retrieved Aug 2019.

Table A57: Percent of High School Students who Drove a Car or Other Vehicle when they had been Drinking Alcohol*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	2.1
Douglas	:	:	10.1
Carson City & Douglas	9.8	1.4	:
Churchill, Humboldt, Pershing, & Lander	9.2	9.9	6.5
Clark	5.3	6.7	5.2
Elko, White Pine, & Eureka	10.9	8.3	10.5
Lyon, Mineral, & Storey	9.8	6.9	8.9
Nye & Lincoln	9.1	7.8	4.5
Washoe	11.7	8.2	4.9
Nevada	**7.0**	**6.9**	**5.5**
Range in NV	**5.3 11.7**	**1.4 9.9**	**2.1 10.5**
United States	**10.0**	**7.8**	**5.5**

*One or more times during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A58: Percent of Motor Vehicle Crashes with at least one Driver involved in Crash having a Blood Alcohol Content (BAC) Level of .08 or Higher, by County, 2017	
County/Region	**2017**
Carson City	0
Churchill	0
Clark	30
Douglas	15
Elko	53
Esmeralda	5
Eureka	0
Humboldt	23
Lander	35
Lincoln	0
Lyon	14
Mineral	0
Nye	7
Pershing	5
Storey	0
Washoe	42
White Pine	15
Nevada	**29**

Source: National Highway Traffic Safety Association. Fatality Analysis Reporting System data query. https://www-fars.nhtsa.dot.gov/States/StatesAlcohol.aspx retrieved April 2019.

Table A59: Percent of Adults who are Binge Drinkers, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	16.0	(10.5-21.4)
Douglas	12.0	(8.8-15.3)
Elko	20.6	(16.3-24.8)
Esmeralda	:	:
Eureka	:	:
Humboldt	24.0	(16.5-31.4)
Lander	24.0	(10.2-37.8)
Lincoln	8.4	(0.8-16.0)
Lyon	15.8	(12.0-19.6)
Mineral	13.5	(2.7-24.4)
Nye	12.9	(9.1-16.8)
Pershing	12.0	(2.6-21.4)
Storey	26.8	(12.8-40.9)
White Pine	8.5	(3.6-13.4)
Nevada	**15.8**	**(14.8-16.7)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A60: Percent of Adults who are Binge Drinkers, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	17.4	(8.2-26.6)	14.5	(8.7-20.3)	17.1	(10.1-24.1)	11.9	(5.2-18.7)
Clark	13.9	(10.9-16.8)	15.1	(12.9-17.3)	17.3	(14.6-20.0)	13.9	(11.5-16.3)
Washoe	16.2	(12.9-19.6)	18.7	(16.0-21.3)	20.5	(17.6-23.4)	19.4	(16.4-22.4)
Nevada	**14.2**	**(12.0-16.5)**	**15.8**	**(14.1-17.5)**	**17.9**	**(15.9-20.0)**	**15.0**	**(13.2-16.9)**
United States	**16.3**	**:**	**16.9**	**:**	**17.4**	**:**	**:**	**:**

2018 data and CI for United States estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A61: Percent of Adults who are Heavy Drinkers, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	8.6	(4.7-12.6)
Douglas	9.1	(6.5-11.7)
Elko	7.4	(4.7-10.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	6.2	(2.5-9.9)
Lander	11.8	(1.0-22.5)
Lincoln	9.5	(1.4-17.7)
Lyon	6.7	(4.2-9.3)
Mineral	7.2	(0.0-16.0)
Nye	7.7	(4.7-10.6)
Pershing	7.4	(0.4-14.5)
Storey	13.7	(4.9-22.6)
White Pine	3.9	(0.4-7.4)
Nevada	**6.2**	**(5.6-6.7)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.

Table A62: Percent of Adults who are Heavy Drinkers, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	7.4	(0.8-14.0)	7.6	(3.4-11.8)	6.8	(2.9-10.8)	3.6	(0.4-6.8)
Clark	5.4	(3.6-7.2)	5.8	(4.4-7.1)	5.3	(3.9-6.8)	5.5	(4.0-7.0)
Washoe	8.2	(5.8-10.6)	8.0	(6.2-9.9)	9.1	(7.1-11.1)	7.4	(5.6-9.1)
Nevada	**6.2**	**(4.8-7.6)**	**6.3**	**(5.3-7.4)**	**6.2**	**(5.1-7.3)**	**5.9**	**(4.8-7.1)**
United States	**5.9**	**:**	**6.5**	**:**	**6.3**	**:**	**:**	**:**

2018 data and CI for United States estimates not available

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A63: Percent of Population with an Alcohol Use Disorder in the Past Year among Persons 12 Years and Older, Substate Regions, Nevada, and the United States, 2014 2016 Aggregate Data	
County/Region	**%**
Clark	5.88
Washoe	6.19
Region 3: Capital District Counties + Rural/Frontier Counties	6.22
Rural/Frontier: Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, White Pine	6.46
Capital District: Carson, Douglas, Lyon	5.95
Nevada	**5.97**
United States	**5.96**

Source: Substance Abuse and Mental Health Services Administration. (2018). 2014, 2015, 2016 National Survey on Drug Use and Health. https://www.samhsa.gov/data/report/2014-2016-nsduh-substate-region-estimates retrieved April 2019.

Table A64: Alcohol Poisoning/Overdose Emergency Department Encounters, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Population**
Churchill	1,198.0
Douglas	818.4
Elko	1,288.7
Esmeralda	414.7
Eureka	539.5
Humboldt	1,010.8
Lander	1,337.7
Lincoln	888.0
Lyon	757.1
Mineral	1,967.5
Nye	879.1
Pershing	928.2
Storey	189.4
White Pine	983.3
Nevada	**1,032.0**

*Alcohol poisoning/overdose: All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A65: Emergency Department Encounters due to Alcohol Poisoining/Overdose Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	1,282.4	1,364.6	1,188.7	1,324.5
Clark	957.0	1,073.7	893.4	938.7
Washoe	1,320.1	1,427.6	1,381.2	1,267.0
Nevada	**1,029.5**	**1,126.5**	**974.9**	**998.4**

*Alcohol poisoning/overdose: All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A66: Alcohol Poisoning/Overdose Hospital Inpatient Admissions, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Population**
Churchill	823.0
Douglas	873.1
Elko	343.6
Esmeralda	492.5
Eureka	368.4
Humboldt	690.6
Lander	439.2
Lincoln	431.8
Lyon	851.6
Mineral	1,739.2
Nye	749.4
Pershing	458.5
Storey	262.7
White Pine	291.4
Nevada	**680.2**

*Alcohol poisoning/overdose: All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A67: Inpatient Hospitalizations due to Alcohol Overdose Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	1,197.7	1,221.4	1,544.1	1,467.5
Clark	590.5	608.9	576.4	630.6
Washoe	910.5	987.7	924.7	1,043.8
Nevada	**660.3**	**687.8**	**654.2**	**717.4**

*Alcohol poisoning/overdose: All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A68: Alcohol related Mortality Rate, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Population**
Churchill	46.3
Douglas	43.4
Elko	17.7
Esmeralda	51.8
Eureka	65.8
Humboldt	51.6
Lander	28.2
Lincoln	29.4
Lyon	39.2
Mineral	108.7
Nye	43.2
Pershing	48.5
Storey	30.5
White Pine	19.0
Nevada	**29.0**

Contributing cause of death: F10, K70, Y90, Y91, X45, X65, Y15, T51.0, G31.2, G62.1, G72.1, I42.6, O35.4, P04.3, Q86.0, O35.4, K85.2, K86.0, E24.4, R78.0, Z72.1

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A69: Alcohol related Mortality Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	40.5	61.6	93.8	50.0
Clark	22.1	23.3	23.2	24.4
Washoe	45.3	46.2	47.1	44.3
Nevada	**27.4**	**28.3**	**30.4**	**30.0**

*2018 death data are preliminary and subject to changes

Contributing cause of death: F10, K70, Y90, Y91, X45, X65, Y15, T51.0, G31.2, G62.1, G72.1, I42.6, O35.4, P04.3, Q86.0, O35.4, K85.2, K86.0, E24.4, R78.0, Z72.1

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Marijuana

Table A70: Percent of High School Students who used Marijuana*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	20.2
Douglas	:	:	32.5
Carson City & Douglas	29.9	23.1	:
Churchill, Humboldt, Pershing, & Lander	20.8	18.1	22.0
Clark	15.9	18.6	18.4
Elko, White Pine, & Eureka	20.8	19.4	20.4
Lyon, Mineral, & Storey	20.2	15.7	24.4
Nye & Lincoln	14.3	20.6	13.2
Washoe	28.2	24.6	23.2
Nevada	**18.5**	**19.6**	**19.5**
Range in NV	**14.3 29.9**	**15.7 24.6**	**13.2 32.5**
United States	**23.4**	**21.7**	**19.8**

*during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV. Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A71: Percent of High School Students who Reported Riding in a Car with a Driver who had been Using Marijuana*, by County/Region and Nevada, 2017	
County/Region	**2017**
Carson City	23.9
Douglas	32.1
Churchill, Humboldt, Pershing, & Lander	19.8
Clark	19.6
Elko, White Pine, & Eureka	19.3
Lyon, Mineral, & Storey	18.1
Nye & Lincoln	16.4
Washoe	24.6
Nevada	**20.5**
Range in NV	**16.4 32.1**

*One or more times during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A72: Percent of High School Students who Drove a car or Other Vehicle when they had been Using Marijuana*, by County/Region and Nevada, 2017	
County/Region	**2017**
Carson City	11.0
Douglas	20.7
Churchill, Humboldt, Pershing, & Lander	12.2
Clark	11.7
Elko, White Pine, & Eureka	11.6
Lyon, Mineral, & Storey	12.0
Nye & Lincoln	9.3
Washoe	12.7
Nevada	**12.0**
Range in NV	**9.3 20.7**
United States	**13.0**

*One or more times during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A73: Percent of Adults who Currently Use Marijuana, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	8.5	(4.2-12.7)
Douglas	10.3	(6.8-13.8)
Elko	6.9	(3.9-9.8)
Esmeralda	:	:
Eureka	:	:
Humboldt	11.0	(3.1-18.9)
Lander	10.0	(0.0-21.4)
Lincoln	7.4	(0.0-15.2)
Lyon	13.5	(9.7-17.2)
Mineral	13.0	(1.8-24.2)
Nye	9.3	(5.9-12.7)
Pershing	9.6	(0.0-22.3)
Storey	16.0	(4.5-27.6)
White Pine	6.8	(1.0-12.7)
Nevada	**10.5**	**(9.6-11.3)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A74: Percent of Adults who Currently Use Marijuana, Urban Counties and Nevada, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	3.9	(0.0-8.6)	11.8	(5.9-17.8)	15.9	(8.0-23.7)	15.8	(8.9-22.7)
Clark	6.6	(4.3-8.9)	7.8	(6.0-9.5)	10.5	(8.0-13.0)	13.9	(11.2-16.7)
Washoe	9.5	(6.3-12.8)	11.6	(9.3-13.9)	15.4	(12.5-18.3)	16.8	(13.9-19.8)
Nevada	**7.3**	**(5.5-9.0)**	**8.4**	**(7.1-9.7)**	**11.5**	**(9.7-13.3)**	14.3	(12.3-16.4)

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Prescription Drugs and Opioids

Table A75: Percent of High School Students who ever took Prescription Drugs without a Doctor s Prescription, by County/Region and Nevada, 2013 and 2015		
County/Region	**2013**	**2015**
Carson City & Douglas	25.7	20.2
Churchill, Humboldt, Pershing, & Lander	22.6	15.7
Clark	16.7	16.5
Elko, White Pine, & Eureka	23.5	15.1
Lyon, Mineral, & Storey	23.6	21.7
Nye & Lincoln	23.9	19.3
Washoe	21.9	18.3
Nevada	**18.4**	**16.9**
Range in NV	**16.7 25.7**	**15.1 21.7**

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.

Table A76: Percent of High School Students who ever took Prescription Pain Medicine without a Doctor s Prescription or Differently than Prescribed, by County/Region, Nevada, and the United States, 2017	
County/Region	**2017**
Carson City	15.5
Douglas	21.3
Churchill, Humboldt, Pershing, & Lander	18.1
Clark	14.5
Elko, White Pine, & Eureka	14.2
Lyon, Mineral, & Storey	18.7
Nye & Lincoln	12.3
Washoe	14.8
Nevada	**14.8**
Range in NV	**12.3 21.3**
United States	**14.0**

Source: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.
Redfield, R.R., Schuchat, A., Dauphin, L., Cono, C.L., Richard, C.L., & Iademarco, M.F. (2018). Youth Risk Behavior Surveillance – United States, 2017. MMWR Surveill Summ 2018;67

Table A77: Opioid Prescription Rate, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Prescriptions per 1,000 Residents**
Churchill	972.6
Douglas	945.4
Elko	628.3
Esmeralda	651.6
Eureka	802.6
Humboldt	667.3
Lander	755.0
Lincoln	669.3
Lyon	1,173.0
Mineral	1,274.4
Nye	1,345.9
Pershing	661.1
Storey	1,317.0
White Pine	814.3
Nevada	**765.4**

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A78: Opioid Prescription Rate per 1,000 Residents, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	1,104.2	1,041.1	956.3	703.4
Clark	827.9	823.3	754.1	526.9
Washoe	926.0	870.2	781.3	551.5
Nevada	**872.9**	**859.5**	**784.0**	**552.6**

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A79: Opioid Poisoning/Overdose Emergency Department Encounters, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Population**
Churchill	21.7
Douglas	15.0
Elko	16.3
Esmeralda	0.0
Eureka	13.2
Humboldt	29.5
Lander	20.1
Lincoln	49.1
Lyon	23.5
Mineral	38.0
Nye	33.5
Pershing	41.0
Storey	0.0
White Pine	40.3
Nevada	**23.7**

*Opioid overdose: Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A80: Emergency Department Encounters due to Opioid Overdose Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	31.3	25.4	32.5	30.4
Clark	24.5	25.2	26.4	24.3
Washoe	32.4	33.5	36.3	30.3
Nevada	**26.2**	**26.8**	**27.8**	**24.2**

*Opioid overdose: Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A81: Opioid Poisoning/Overdose Hospital Inpatient Admissions, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Population**
Churchill	19.7
Douglas	10.8
Elko	7.0
Esmeralda	0.0
Eureka	13.2
Humboldt	13.3
Lander	8.1
Lincoln	4.9
Lyon	25.8
Mineral	16.3
Nye	22.7
Pershing	11.2
Storey	0.0
White Pine	0.0
Nevada	**15.2**

*Opioid overdose: Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A82: Inpatient Hospitalizations due to Opioid Overdose Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	29.5	18.1	18.0	16.1
Clark	19.9	19.1	16.7	14.7
Washoe	21.0	26.3	26.1	23.0
Nevada	**20.0**	**19.7**	**18.0**	**16.0**

*Opioid overdose: Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2
Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A83: Opioid Poisoning/Overdose Mortality Rate, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Population**
Churchill	15.8
Douglas	11.9
Elko	4.2
Esmeralda	0.0
Eureka	0.0
Humboldt	13.3
Lander	0.0
Lincoln	19.6
Lyon	18.0
Mineral	16.3
Nye	21.1
Pershing	14.9
Storey	12.2
White Pine	9.5
Nevada	**13.3**

Underlying cause of death: X40-X44, X60-X64, X85, Y10-Y14; Contributing cause of death: T40.0-T40.4, T40.6

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A84: Opioid Mortality Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	22.1	14.5	23.4	16.1
Clark	13.7	12.7	12.5	11.1
Washoe	16.3	16.1	16.4	11.8
Nevada	**14.1**	**13.3**	**13.4**	**11.7**

*2018 death data are preliminary and are subject to change

Underlying cause of death: X40-X44, X60-X64, X85, Y10-Y14; Contributing cause of death: T40.0-T40.4, T40.6

Source: Nevada Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Health Behaviors and Preventive Care

Immunizations

Table A85: Percent of Children 19 35 Months Old who are Appropriately Vaccinated*, by County, Nevada, and the United States, 2014 2018					
County/Region	**2014**	**2015**	**2016**	**2017**	**2018**
Carson City	56%	51%	53%	60%	67%
Churchill	64%	67%	71%	69%	71%
Clark	65%	68%	69%	69%	68%
Douglas	62%	60%	57%	59%	62%
Elko	64%	68%	74%	77%	75%
Esmeralda	54%	58%	71%	57%	46%
Eureka	63%	59%	74%	76%	83%
Humboldt	63%	63%	66%	65%	66%
Lander	68%	73%	68%	67%	66%
Lincoln	56%	64%	64%	59%	53%
Lyon	61%	61%	64%	66%	66%
Mineral	68%	73%	70%	70%	69%
Nye	55%	57%	60%	61%	59%
Pershing	61%	68%	68%	63%	66%
Storey	53%	55%	45%	67%	64%
Washoe	72%	75%	76%	76%	76%
White Pine	67%	68%	66%	59%	61%
Nevada	**66%**	**68%**	**70%**	**70%**	**69%**
United States	**71.6%**	**72.2%**	**70.7%**	**:**	**:**

*4 DTaP, 3 Polio, 1 MMR, 3 Hib, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal vaccine doses received
2017 and 2018 data for the United States not available
Source: Department of Health and Human Services, Office of Analytics. NV WebIZ replica database using SQL Studio. Data provided upon request. Carson City, NV.; Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/hus/2017/066.pdf retrieved August 2019.

Table A86: Percent of Children 6 months to 18 Years who Were Vaccinated for Influenza, by County and Nevada, 2014/2015 Flu Season to 2017/2018 Flu Season				
County/Region	**2014-2015**	**2015-2016**	**2016-2017**	**2017-2018**
Carson City	35%	35%	35%	35%
Churchill	22%	22%	24%	25%
Clark	20%	19%	19%	21%
Douglas	29%	26%	25%	25%
Elko	37%	31%	23%	22%
Esmeralda	7%	5%	9%	15%
Eureka	10%	8%	15%	18%
Humboldt	26%	21%	24%	26%
Lander	33%	27%	31%	26%
Lincoln	26%	18%	22%	20%
Lyon	24%	22%	22%	25%
Mineral	36%	26%	24%	22%
Nye	15%	10%	11%	11%
Pershing	26%	17%	16%	20%
Storey	9%	8%	6%	8%
Washoe	27%	26%	27%	31%
White Pine	18%	15%	17%	21%
Nevada	**22%**	**20%**	**21%**	**23%**

Source: Department of Health and Human Services, Office of Analytics. NV WebIZ replica database and Nevada State Demographer. Data provided upon request. Carson City, NV.

Table A87: Percent of Adults 18 64 Years who Received an Annual Flu Shot, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	33.5	(26.0-41.1)
Douglas	37.4	(31.3-43.4)
Elko	25.4	(20.7-30.2)
Esmeralda	:	:
Eureka	:	:
Humboldt	33.6	(24.2-43.1)
Lander	:	:
Lincoln	:	:
Lyon	30.3	(25.0-35.5)
Mineral	:	:
Nye	24.7	(18.1-31.4)
Pershing	:	:
Storey	:	:
White Pine	26.5	(11.9-41.1)
Nevada	**26.3**	**(25.0-27.6)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A88: Percent of Adults 18 64 Years who Received an Annual Flu Shot, Urban Counties and Nevada, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	35.5	(22.6-48.4)	35.2	(25.8-44.6)	29.8	(20.1-39.6)	24.1	(13.8-34.5)
Clark	23.9	(20.0-27.8)	25.3	(22.3-28.3)	23.8	(20.6-27.0)	24.1	(20.5-27.6)
Washoe	39.2	(33.9-44.4)	31.1	(27.5-34.7)	31.3	(27.5-35.1)	31.7	(27.6-35.9)
Nevada	**26.9**	**(23.9-29.9)**	**26.9**	**(24.6-29.2)**	**26.0**	**(23.5-28.5)**	25.4	(22.7-28.1)

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A89: Percent of Adults 65 Years or Older who Received an Annual Flu Shot, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	54.5	(44.4-64.6)
Douglas	62.0	(55.5-68.5)
Elko	56.7	(47.0-66.5)
Esmeralda	:	:
Eureka	:	:
Humboldt	42.9	(29.5-56.2)
Lander	:	:
Lincoln	:	:
Lyon	49.4	(41.9-56.9)
Mineral	:	:
Nye	47.3	(40.3-54.3)
Pershing	:	:
Storey	:	:
White Pine	36.8	(22.2-51.4)
Nevada	**56.5**	**(54.3-58.8)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A90: Percent of Adults 65 Years or Older who Received an Annual Flu Shot, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	58.2	(39.9-76.5)	61.9	(50.1-73.6)	62.0	(49.8-74.3)	60.6	(43.4-77.8)
Clark	54.5	(47.2-61.9)	55.7	(50.1-61.3)	57.9	(52.1-63.8)	60.5	(54.2-66.8)
Washoe	56.1	(48.4-63.8)	52.0	(46.4-57.6)	56.4	(50.6-62.2)	57.2	(49.9-64.5)
Nevada	**54.3**	**(49.1-59.6)**	**54.1**	**(50.1-58.2)**	**57.6**	**(53.4-61.8)**	**59.5**	**(55.0-64.1)**
United States	61.3	:	58.6	:	60.7	:	:	:

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A91: Percent of Adults 65 Years or Older who have Ever Received a Pneumonia Vaccination, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	%	95% C.I.
Churchill	68.4	(58.7-78.1)
Douglas	74.5	(68.2-80.7)
Elko	66.0	(56.5-75.6)
Esmeralda	:	:
Eureka	:	:
Humboldt	54.7	(41.0-68.5)
Lander	:	:
Lincoln	:	:
Lyon	70.5	(63.9-77.2)
Mineral	:	:
Nye	52.3	(45.3-59.3)
Pershing	:	:
Storey	:	:
White Pine	65.6	(48.9-82.2)
Nevada	**68.8**	**(66.6-70.9)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A92: Percent of Adults 65 Years or Older who have Ever Received a Pneumonia Vaccination, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	77.6	(59.5-95.7)	79.5	(69.6-89.3)	76.3	(65.7-86.8)	65.6	(47.7-83.5)
Clark	69.4	(62.9-76.0)	63.9	(58.4-69.4)	68.2	(62.7-73.8)	65.7	(59.3-72.2)
Washoe	76.9	(70.8-83.0)	74.8	(69.8-79.8)	81.0	(76.2-85.8)	78.2	(72.1-84.4)
Nevada	**70.1**	**(65.4-74.8)**	**65.9**	**(61.9-69.9)**	**70.7**	**(66.7-74.7)**	**68.5**	**(63.8-73.1)**
United States	72.7	:	73.4	:	75.4	:	:	:

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Nutrition

Table A93: Percent of High School Students who ate Breakfast on all 7 Days Before the Survey*, by County/Region and Nevada, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	32.4
Douglas	:	:	39.7
Carson City & Douglas	32.8	44.6	:
Churchill, Humboldt, Pershing, & Lander	35.5	38.1	30.9
Clark	34.1	32.8	32.7
Elko, White Pine, & Eureka	32.0	34.3	28.8
Lyon, Mineral, & Storey	34.1	25.9	32.9
Nye & Lincoln	40.2	34.2	36.0
Washoe	36.8	38.9	32.6
Nevada	**34.5**	**34.1**	**32.7**
Range in NV	**32.0 40.2**	**25.9 44.6**	**28.8 39.7**

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A94: Percent of High School Students who Did Not Drink Soda or Pop in the 7 Days Before the Survey*, by County/Region and Nevada, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	29.9
Douglas	:	:	33.9
Carson City & Douglas	26.5	30.3	:
Churchill, Humboldt, Pershing, & Lander	24.4	26.3	22.8
Clark	30.1	29.1	30.7
Elko, White Pine, & Eureka	20.2	27.6	28.7
Lyon, Mineral, & Storey	21.0	25.7	21.1
Nye & Lincoln	27.9	34.1	34.4
Washoe	24.8	31.2	30.8
Nevada	**28.5**	**29.4**	**30.4**
Range in NV	**20.2 30.1**	**25.7 34.1**	**21.1 34.4**

*A can, bottle, or glass of soda or pop, not counting diet soda or diet pop

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Physical Activity and Sedentary Behaviors

Table A95: Percent of High School Students who were Physically Active at Least 60 Minutes on all 7 days Before the Survey*, by County/Region and Nevada, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	24.8
Douglas	:	:	22.1
Carson City & Douglas	25.1	30.8	:
Churchill, Humboldt, Pershing, & Lander	34.3	34.7	31.4
Clark	22.3	27.1	22.0
Elko, White Pine, & Eureka	26.5	34.2	31.5
Lyon, Mineral, & Storey	27.0	27.8	26.9
Nye & Lincoln	29.5	27.5	35.9
Washoe	23.9	27.0	23.3
Nevada	**23.3**	**27.6**	**23.0**
Range in NV	**22.3 34.3**	**27.0 34.7**	**22.0 35.9**

*Were physically active doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time.
Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A96: Percent of High School Students who Played Video or Computer Games or used a Computer for 3 or More Hours per Day*, by County/Region, Nevada, and the United States, 2013 and 2015		
County/Region	**2013**	**2015**
Carson City & Douglas	33.6	31.5
Churchill, Humboldt, Pershing, & Lander	32.2	32.7
Clark	39.0	40.2
Elko, White Pine, & Eureka	38.3	34.3
Lyon, Mineral, & Storey	33.7	32.0
Nye & Lincoln	33.0	31.7
Washoe	36.2	33.6
Nevada	**37.9**	**38.3**
Range in NV	**32.2 39.0**	**31.5 40.2**
United States	**41.3**	**41.7**

*On an average school day for something that was not schoolwork
Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.
Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A97: Percent of High School Students who Watched 3 or More Hours/Day of Television*, by County/Region, Nevada, and the United States, 2013 and 2015		
County/Region	**2013**	**2015**
Carson City & Douglas	24.6	18.3
Churchill, Humboldt, Pershing, & Lander	27.1	25.6
Clark	30.8	23.3
Elko, White Pine, & Eureka	31.1	24.4
Lyon, Mineral, & Storey	34.5	21.4
Nye & Lincoln	25.9	25.9
Washoe	28.9	20.9
Nevada	**30.2**	**22.9**
Range in NV	**24.6 34.5**	**18.3 25.9**
United States	**32.5**	**24.7**

*On an average school day

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.
Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A98: Percent of High School Students who Played Video or Computer Games, Watched Television, or Used a Computer for 3 or More Hours per Day*, by County/Region and Nevada, 2017	
County/Region	**2017**
Carson City	46.7
Churchill, Humboldt, Pershing, & Lander	46.6
Clark	57.9
Douglas	47.3
Elko, White Pine, & Eureka	38.5
Lyon, Mineral, & Storey	49.7
Nye & Lincoln	47.5
Washoe	46.7
Nevada	**54.9**
Range in NV	**38.5 57.9**

*On an average school day for something that was not schoolwork including Xbox, PlayStation, iPad or other tablet, a smartphone, texting, YouTube, Instagram, Facebook, or other social media

Source: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A99: Percent of Adults 18 64 Years who Participated in Enough Aerobic and Muscle Strengthening Exercises to Meet Both Guidelines, Rural/Frontier Counties and Nevada, 2015 and 2017 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	18.9	(9.1-28.7)
Douglas	32.8	(23.6-41.9)
Elko	23.5	(16.0-31.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	32.3	(15.3-49.2)
Lander	:	:
Lincoln	:	:
Lyon	22.4	(13.6-31.3)
Mineral	:	:
Nye	15.5	(6.4-24.7)
Pershing	:	:
Storey	:	:
White Pine	:	:
Nevada	**22.8**	**(20.9-24.8)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A100: Percent of Adults aged 18 64 years who Participated in Enough Aerobic and Muscle Strengthening Exercises to Meet Both Guidelines, Urban Counties and Nevada, 2015 and 2017				
County/Region	**2015**		**2017**	
	%	**95% C.I.**	**%**	**95% C.I.**
Carson City	30.8	(17.3-44.4)	27.0	(17.1-36.9)
Clark	24.7	(20.5-28.8)	18.3	(15.4-21.2)
Washoe	29.1	(23.9-34.3)	27.1	(23.3-30.9)
Nevada	**25.7**	**(22.5-28.9)**	**20.0**	**(17.8-22.3)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Preventive Health Screenings

Table A101: Percent of Adults who have had Cholesterol Checked within Past 5 years, Rural/Frontier Counties and Nevada, 2015 and 2017 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	82.0	(73.9-90.1)
Douglas	82.7	(76.2-89.3)
Elko	78.1	(71.8-84.4)
Esmeralda	:	:
Eureka	:	:
Humboldt	73.1	(59.8-86.3)
Lander	:	:
Lincoln	:	:
Lyon	83.2	(77.2-89.3)
Mineral	:	:
Nye	77.1	(68.3-85.9)
Pershing	:	:
Storey	:	:
White Pine	88.2	(78.7-97.7)
Nevada	**79.8**	**(78.1-81.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A102: Percent of Adults who have had Cholesterol Checked within Past 5 years, Urban Counties, Nevada, and the United States, 2015 and 2017				
County/Region	**2015**		**2017**	
	%	**95% C.I.**	**%**	**95% C.I.**
Carson City	81.9	(72.8-91.0)	84.9	(78.5-91.2)
Clark	73.8	(70.1-77.4)	84.5	(82.0-87.0)
Washoe	77.3	(73.2-81.5)	86.6	(84.0-89.1)
Nevada	**74.7**	**(71.9-77.5)**	**84.8**	**(82.9-86.7)**
United States	**77.7**	**:**	**85.9**	**:**

CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A103: Percent of Adults who have had a Test for High Blood Sugar or Diabetes within the Past 3 years, Rural/Frontier Counties and Nevada, 2014, 2016, and 2017 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	57.1	(49.5-64.7)
Douglas	51.0	(45.3-56.7)
Elko	52.9	(46.8-59.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	49.7	(40.1-59.4)
Lander	:	:
Lincoln	:	:
Lyon	56.5	(50.2-62.7)
Mineral	:	:
Nye	59.7	(52.0-67.5)
Pershing	51.5	(34.1-68.8)
Storey	:	:
White Pine	65.3	(51.5-79.0)
Nevada	**56.1**	**(54.5-57.7)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A104: Percent of Adults who have had a Test for High Blood Sugar or Diabetes within the Past 3 years, Urban Counties and Nevada, 2014, 2016, and 2017								
County/Region	**2014**		**2015**		**2016**		**2017**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	57.8	(48.1-67.6)	:	:	60.3	(51.7-68.9)	55.9	(46.1-65.7)
Clark	56.3	(52.3-60.4)	:	:	55.3	(52.0-58.6)	57.3	(53.4-61.1)
Washoe	53.5	(49.5-57.6)	:	:	56.9	(53.3-60.5)	56.3	(52.6-60.0)
Nevada	**55.5**	**(52.5-58.4)**	**:**	**:**	**56.0**	**(53.5-58.5)**	**56.7**	**(53.9-59.5)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A105: Percent of Adults 50 Years or Older who have Received a Blood Stool Test within the Past 2 years, Rural/Frontier Counties and Nevada, 2015, 2016, and 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	11.7	(5.7-17.6)
Douglas	9.9	(6.4-13.5)
Elko	3.8	(1.4-6.2)
Esmeralda	:	:
Eureka	:	:
Humboldt	6.3	(0.9-11.7)
Lander	:	:
Lincoln	:	:
Lyon	11.8	(7.2-16.5)
Mineral	:	:
Nye	21.4	(15.7-27.0)
Pershing	:	:
Storey	:	:
White Pine	5.0	(0.3-9.6)
Nevada	**15.4**	**(14.0-16.8)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A106: Percent of Adults 50 Years or Older who have Received a Blood Stool Test within the past 2 years, Urban Counties and Nevada, 2014 2018*								
County/Region	2014		2015		2016		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	14.2	(7.8-20.5)	15.0	(6.3-23.7)	11.3	(5.7-16.9)	12.8	(5.2-20.5)
Clark	18.5	(15.1-21.8)	14.5	(10.9-18.2)	18.5	(15.4-21.5)	17.3	(13.9-20.7)
Washoe	13.0	(10.1-15.9)	11.1	(6.7-15.4)	12.8	(10.1-15.5)	12.8	(9.3-16.3)
Nevada	**17.0**	**(14.6-19.4)**	**13.2**	**(10.7-15.8)**	**16.4**	**(14.2-18.6)**	**16.1**	**(13.6-18.6)**

*Data not available for 2017
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A107: Percent of Adults 50 Years or Older who have Ever had a Sigmoidoscopy/Colonoscopy, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	%	95% C.I.
Churchill	70.8	(63.0-78.6)
Douglas	78.5	(73.2-83.9)
Elko	56.1	(48.7-63.4)
Esmeralda	:	:
Eureka	:	:
Humboldt	57.0	(45.5-68.5)
Lander	:	:
Lincoln	:	:
Lyon	68.5	(62.0-75.0)
Mineral	:	:
Nye	57.0	(48.4-65.6)
Pershing	:	:
Storey	:	:
White Pine	68.8	(55.6-82.0)
Nevada	**64.0**	**(62.0-66.1)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A108: Percent of Adults 50 Years or Older who have Ever had a Sigmoidoscopy/Colonoscopy, Urban Counties and Nevada, 2014 2018*								
County/Region	2014		2015		2016		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	66.7	(56.7-76.7)	64.3	(50.9-77.6)	66.3	(56.7-75.9)	60.4	(48.4-72.3)
Clark	62.2	(57.7-66.7)	61.5	(55.6-67.3)	63.7	(59.7-67.7)	61.7	(56.8-66.7)
Washoe	69.4	(65.0-73.8)	73.8	(69.0-78.5)	70.0	(66.1-73.9)	67.7	(62.7-72.7)
Nevada	**63.0**	**(59.7-66.2)**	**64.3**	**(60.3-68.2)**	**64.6**	**(61.7-67.5)**	**63.4**	**(59.7-67.0)**

*Data not available for 2017
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Female Specific Screenings

Table A109: Percent of Adults Females 50 Years or Older who have Received a Mammogram within the Past 2 Years, Rural/Frontier Counties and Nevada, 2016 and 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	65.9	(52.5-79.3)
Douglas	67.0	(56.3-77.8)
Elko	70.9	(59.7-82.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	:	:
Lander	:	:
Lincoln	:	:
Lyon	58.3	(46.9-69.6)
Mineral	:	:
Nye	67.8	(57.3-78.4)
Pershing	:	:
Storey	:	:
White Pine	:	:
Nevada	**69.5**	**(66.7-72.4)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A110: Percent of Adults Females 50 Years or Older who have Received a Mammogram within the Past 2 Years, Urban Counties, Nevada, and the United States, 2014, 2016, and 2018						
County/Region	**2014**		**2016**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	71.7	(57.7-85.7)	67.2	(55.1-79.3)	56.6	(40.7-72.5)
Clark	71.8	(66.6-77.1)	72.0	(67.1-76.9)	70.1	(64.3-75.9)
Washoe	69.5	(64.4-74.7)	66.6	(61.3-71.9)	68.8	(61.6-76.1)
Nevada	**70.9**	**(67.0-74.7)**	**70.3**	**(66.7-73.9)**	**68.8**	**(64.4-73.2)**
United States	**78.1**	**:**	**77.6**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A111: Percent of Adult Females 21 Years or Older who Received a Pap Smear within the Past 3 Years, Rural/Frontier Counties and Nevada, 2016 and 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	55.6	(42.3-68.8)
Douglas	54.6	(43.6-65.6)
Elko	68.1	(59.3-76.9)
Esmeralda	:	:
Eureka	:	:
Humboldt	57.4	(43.2-71.7)
Lander	:	:
Lincoln	:	:
Lyon	57.0	(46.9-67.1)
Mineral	:	:
Nye	44.3	(32.2-56.4)
Pershing	:	:
Storey	:	:
White Pine	:	:
Nevada	**66.0**	**(63.7-68.3)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A112: Percent of Adult Females 21 Years or Older who Received a Pap Smear within the Past 3 Years, Urban Counties, Nevada, and the United States, 2014, 2016, 2018						
County/Region	**2014**		**2016**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	72.6	(62.3-82.9)	61.7	(51.4-72.0)	51.0	(36.8-65.2)
Clark	70.4	(66.1-74.8)	67.2	(63.3-71.2)	67.4	(62.8-72.0)
Washoe	69.3	(64.4-74.1)	67.9	(63.5-72.4)	65.6	(60.4-70.8)
Nevada	**69.4**	**(66.1-72.7)**	**65.9**	**(62.9-68.9)**	**66.1**	**(62.5-69.6)**
United States	**82.6**	**:**	**79.8**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Male Specific Screenings

Table A113: Percent of Males 40 Years or Older who have Received a PSA test within the Past 2 Years, Rural/Frontier Counties and Nevada, 2016 and 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	37.9	(23.4-52.4)
Douglas	49.8	(39.3-60.3)
Elko	26.5	(16.7-36.2)
Esmeralda	:	:
Eureka	:	:
Humboldt	:	:
Lander	:	:
Lincoln	:	:
Lyon	28.1	(18.4-37.7)
Mineral	:	:
Nye	29.9	(19.8-39.9)
Pershing	:	:
Storey	:	:
White Pine	:	:
Nevada	**34.4**	**(31.5-37.2)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A114: Percent of Males 40 Years or Older who have Received a PSA test within the Past 2 Years, Urban Counties, Nevada, and the United States, 2014, 2016, and 2018						
County/Region	**2014**		**2016**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	45.6	(32.2-59.0)	26.4	(15.8-37.1)	21.8	(9.4-34.2)
Clark	40.9	(34.9-47.0)	39.7	(34.5-45.0)	29.3	(23.7-35.0)
Washoe	43.5	(37.2-49.8)	41.2	(35.7-46.6)	29.8	(23.9-35.6)
Nevada	**41.2**	**(36.9-45.5)**	**39.5**	**(35.6-43.3)**	29.5	(25.4-33.7)
United States	**42.8**	**:**	**39.5**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Sexual Health

Table A115: Percent of High School Students who had Sexual Intercourse with at Least one Person*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	33.1
Douglas	:	:	44.1
Carson City & Douglas	35.4	22.8	:
Churchill, Humboldt, Pershing, & Lander	41.4	36.3	36.1
Clark	26.4	25.9	24.9
Elko, White Pine, & Eureka	38.4	32.1	30.4
Lyon, Mineral, & Storey	40.6	38.9	32.2
Nye & Lincoln	31.1	31.0	29.6
Washoe	29.1	29.8	24.7
Nevada	**28.2**	**27.1**	**25.8**
Range in NV	**26.4 41.4**	**22.8 38.9**	**24.7 44.1**
United States	**34.0**	**30.1**	**28.7**

*during the 3 months before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019

Table A116: Percent of High School Students who Did Not Use Any Method to Prevent Pregnancy During Last Sexual Intercourse*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	10.1
Douglas	:	:	5.5
Carson City & Douglas	13.6	10.5	:
Churchill, Humboldt, Pershing, & Lander	11.2	18.1	15.1
Clark	19.5	12.0	17.4
Elko, White Pine, & Eureka	14.8	15.1	20.2
Lyon, Mineral, & Storey	9.8	14.7	14.4
Nye & Lincoln	15.6	16.9	18.3
Washoe	18.7	12.2	16.7
Nevada	**18.0**	**12.4**	**16.8**
Range in NV	**9.8 19.5**	**10.5 18.1**	**5.5 20.2**
United States	**13.7**	**13.8**	**13.8**

*Among students who were sexually active in the past 3 months

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Health Outcomes

Chronic Diseases

Table A117: Percent of Adults told they have Arthritis, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	26.0	(21.1-31.0)
Douglas	31.2	(26.7-35.7)
Elko	24.1	(20.2-28.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	28.0	(20.8-35.1)
Lander	32.0	(15.5-48.6)
Lincoln	41.7	(23.7-59.8)
Lyon	30.8	(26.7-34.9)
Mineral	47.9	(33.2-62.7)
Nye	32.7	(28.0-37.4)
Pershing	36.6	(20.8-52.4)
Storey	42.7	(28.8-56.7)
White Pine	30.5	(21.2-39.9)
Nevada	**22.6**	**(21.6-23.6)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A118: Percent of Adults told they have Arthritis, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	25.1	(17.2-33.0)	22.7	(16.4-28.9)	23.9	(17.0-30.8)	23.7	(16.2-31.2)
Clark	20.1	(17.3-22.9)	22.6	(20.3-24.8)	18.5	(16.2-20.8)	23.3	(20.6-26.1)
Washoe	21.7	(18.3-25.1)	25.6	(22.9-28.3)	24.5	(21.8-27.2)	27.5	(24.2-30.8)
Nevada	**21.5**	**(19.4-23.7)**	**23.7**	**(22.0-25.5)**	**20.3**	**(18.5-22.1)**	**24.8**	**(22.7-26.9)**
United States	**25.3**	**:**	**25.8**	**:**	**24.9**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A119: Percent of Adults told they Currently have Asthma, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	9.5	(6.0-13.0)
Douglas	11.1	(7.8-14.4)
Elko	8.2	(5.5-11.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	4.4	(1.1-7.7)
Lander	18.0	(2.4-33.5)
Lincoln	7.1	(1.7-12.5)
Lyon	12.3	(9.3-15.3)
Mineral	6.2	(0.0-12.3)
Nye	7.0	(4.7-9.4)
Pershing	11.4	(1.2-21.7)
Storey	12.2	(3.7-20.8)
White Pine	7.7	(2.4-12.9)
Nevada	**8.6**	**(7.9-9.3)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A120: Percent of Adults told they Currently have Asthma, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	5.2	(2.1-8.2)	4.2	(1.1-7.3)	8.0	(3.3-12.7)	11.8	(4.8-18.8)
Clark	7.5	(5.6-9.3)	7.9	(6.2-9.5)	10.5	(8.6-12.5)	7.5	(5.5-9.4)
Washoe	9.5	(7.0-12.1)	8.5	(6.7-10.2)	10.5	(8.4-12.7)	9.2	(6.9-11.5)
Nevada	**8.1**	**(6.7-9.6)**	**7.9**	**(6.7-9.2)**	**10.4**	**(8.9-11.9)**	**8.0**	**(6.5-9.5)**
United States	**9.2**	**:**	**9.3**	**:**	**9.4**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A121: Percent of Adults who had Cholesterol Checked and was told it was High, Rural/Frontier Counties and Nevada, 2015 and 2017 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	30.3	(21.8-38.8)
Douglas	35.0	(28.9-41.2)
Elko	35.0	(28.0-42.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	33.2	(19.6-46.8)
Lander	:	:
Lincoln	:	:
Lyon	38.3	(31.1-45.6)
Mineral	:	:
Nye	38.1	(29.6-46.7)
Pershing	:	:
Storey	:	:
White Pine	36.6	(21.8-51.5)
Nevada	**34.8**	**(32.9-36.7)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A122: Percent of Adults who had Cholesterol Checked and was told it was High, Urban Counties, Nevada, and the United States, 2015 and 2017				
County/Region	**2015**		**2017**	
	%	**95% C.I.**	**%**	**95% C.I.**
Carson City	46.0	(34.8-57.3)	48.6	(39.6-57.7)
Clark	35.8	(31.7-39.8)	32.1	(29.0-35.3)
Washoe	40.3	(35.7-44.8)	34.8	(31.5-38.1)
Nevada	**36.7**	**(33.7-39.7)**	**33.1**	**(30.8-35.5)**
United States	**36.3**	**:**	**33.0**	**:**

CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A123: Percent of Adults told they have High Blood Pressure, Rural/Frontier Counties and Nevada, 2015, 2017, and 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	37.7	(30.1-45.2)
Douglas	35.7	(30.4-41.1)
Elko	31.4	(26.2-36.7)
Esmeralda	:	:
Eureka	:	:
Humboldt	26.0	(18.1-34.0)
Lander	19.3	(5.7-32.9)
Lincoln	42.4	(20.9-63.9)
Lyon	33.1	(28.0-38.1)
Mineral	:	:
Nye	38.0	(31.5-44.4)
Pershing	:	:
Storey	:	:
White Pine	21.4	(11.0-31.8)
Nevada	**29.0**	**(18.6-39.3)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A124: Percent of Adults told they have High Blood Pressure, Urban Counties, Nevada, and the United States, 2015, 2017, and 2018						
County/Region	**2015**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	39.5	(29.0-50.0)	34.2	(26.3-42.0)	34.7	(25.8-43.7)
Clark	26.7	(23.6-29.9)	32.5	(29.7-35.4)	30.9	(27.5-34.3)
Washoe	32.4	(28.3-36.5)	31.0	(28.0-34.0)	30.4	(26.9-33.8)
Nevada	28.3	(25.9-30.8)	32.6	(30.5-34.8)	**31.2**	**(28.7-33.8)**
United States	**30.9**	**:**	**32.3**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A125: Percent of Adults told they have Angina or Coronary Heart Disease, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	4.0	(1.9-6.1)
Douglas	7.1	(4.7-9.5)
Elko	3.7	(2.2-5.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	2.3	(0.7-3.9)
Lander	0.4	(0.0-1.3)
Lincoln	5.5	(0.2-10.7)
Lyon	4.4	(2.8-6.0)
Mineral	4.1	(0.0-9.3)
Nye	6.3	(4.0-8.6)
Pershing	7.5	(0.0-16.4)
Storey	4.1	(0.0-8.9)
White Pine	5.2	(1.4-9.0)
Nevada	**4.2**	**(3.8-4.7)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A126: Percent of Adults told they have Angina or Coronary Heart Disease, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	7.3	(1.1-13.5)	4.2	(1.4-7.0)	5.9	(2.4-9.3)	5.1	(1.7-8.5)
Clark	3.8	(2.4-5.1)	4.5	(3.4-5.5)	4.4	(3.1-5.6)	4.5	(3.3-5.6)
Washoe	3.3	(1.5-5.1)	4.1	(3.0-5.3)	3.6	(2.4-4.7)	3.1	(2.0-4.1)
Nevada	**3.9**	**(2.9-4.9)**	**4.4**	**(3.6-5.2)**	**4.3**	**(3.3-5.2)**	**4.3**	**(3.4-5.2)**
United States	**3.9**	**:**	**4.1**	**:**	**3.9**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A127: Percent of Adults told they have had a Heart Attack, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	5.2	(2.7-7.6)
Douglas	6.4	(4.3-8.5)
Elko	5.1	(3.3-7.0)
Esmeralda	:	:
Eureka	:	:
Humboldt	6.1	(2.8-9.4)
Lander	2.4	(0.0-5.4)
Lincoln	5.4	(0.5-10.3)
Lyon	6.4	(4.5-8.3)
Mineral	8.0	(1.2-14.8)
Nye	8.7	(6.1-11.3)
Pershing	9.2	(0.0-18.4)
Storey	11.6	(2.6-20.6)
White Pine	7.6	(3.2-12.0)
Nevada	**4.7**	**(4.3-5.2)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A128: Percent of Adults told they have had a Heart Attack, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	4.8	(1.7-7.8)	5.0	(2.2-7.9)	6.8	(2.9-10.8)	4.6	(1.2-8.0)
Clark	3.8	(2.6-5.0)	4.7	(3.6-5.9)	4.7	(3.4-6.0)	4.8	(3.6-6.1)
Washoe	4.9	(2.8-7.0)	4.1	(3.0-5.2)	4.9	(3.5-6.3)	4.1	(2.9-5.3)
Nevada	**4.2**	**(3.2-5.1)**	**4.9**	**(4.0-5.7)**	**4.8**	**(3.8-5.8)**	**5.0**	**(4.0-5.9)**
United States	**4.2**	**:**	**4.4**	**:**	**4.2**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A129: Percent of Adults told they have had a Stroke, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	4.0	(2.1-6.0)
Douglas	3.1	(1.6-4.6)
Elko	3.5	(2.0-5.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	2.0	(0.4-3.7)
Lander	1.8	(0.0-4.1)
Lincoln	4.2	(0.0-9.2)
Lyon	4.7	(2.8-6.6)
Mineral	4.6	(0.0-10.8)
Nye	7.3	(2.8-11.9)
Pershing	4.6	(0.0-11.2)
Storey	7.6	(0.0-15.6)
White Pine	2.5	(0.1-4.8)
Nevada	**3.0**	**(2.6-3.4)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A130: Percent of Adults told they have had a Stroke, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	4.7	(0.0-9.8)	2.9	(0.4-5.3)	4.3	(1.3-7.4)	3.9	(0.0-8.0)
Clark	2.1	(1.2-3.1)	3.2	(2.4-4.1)	2.8	(1.9-3.7)	3.0	(2.1-4.0)
Washoe	2.1	(1.1-3.2)	2.7	(1.8-3.7)	3.9	(2.6-5.1)	3.8	(2.0-5.5)
Nevada	**2.4**	**(1.6-3.1)**	**3.3**	**(2.6-4.0)**	**3.0**	**(2.3-3.8)**	3.3	(2.5-4.1)
United States	**3.0**	**:**	**3.1**	**:**	**3.0**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A131: Percent of Adults told they have COPD, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	10.1	(6.4-13.8)
Douglas	7.0	(4.8-9.3)
Elko	6.4	(4.5-8.4)
Esmeralda	:	:
Eureka	:	:
Humboldt	3.7	(1.3-6.1)
Lander	5.6	(0.0-11.6)
Lincoln	16.1	(0.0-32.2)
Lyon	9.8	(7.5-12.2)
Mineral	11.0	(3.4-18.6)
Nye	11.1	(8.0-14.2)
Pershing	6.9	(0.0-14.3)
Storey	14.7	(5.3-24.1)
White Pine	8.6	(3.6-13.5)
Nevada	**7.0**	**(6.4-7.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A132: Percent of Adults told they have COPD, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	7.5	(2.7-12.2)	4.0	(1.4-6.6)	8.1	(4.0-12.1)	10.7	(4.9-16.6)
Clark	6.4	(4.8-8.0)	7.1	(5.7-8.5)	6.8	(5.4-8.2)	7.1	(5.5-8.7)
Washoe	5.7	(4.0-7.5)	5.4	(4.1-6.8)	7.1	(5.5-8.7)	7.3	(5.6-9.1)
Nevada	**6.6**	**(5.3-7.8)**	**6.9**	**(5.9-8.0)**	**7.0**	**(5.9-8.1)**	**7.3**	**(6.1-8.5)**
United States	**6.2**	**:**	**6.3**	**:**	**6.5**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A133: Percent of Adults told they have Diabetes*, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	12.6	(8.5-16.7)
Douglas	11.8	(8.4-15.1)
Elko	13.9	(10.7-17.2)
Esmeralda	:	:
Eureka	:	:
Humboldt	10.3	(5.5-15.2)
Lander	18.2	(2.8-33.5)
Lincoln	16.1	(0.0-32.2)
Lyon	12.5	(9.6-15.4)
Mineral	14.3	(4.6-23.9)
Nye	13.6	(10.1-17.0)
Pershing	7.2	(0.1-14.3)
Storey	10.7	(2.7-18.7)
White Pine	14.2	(7.2-21.2)
Nevada	**11.3**	**(10.6-12.0)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
*Diabetes includes gestational diabetes but excludes pre-diabetes or borderline diabetes.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A134: Percent of Adults told they have Diabetes*, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	16.7	(8.8-24.7)	13.1	(7.5-18.8)	16.1	(9.6-22.7)	10.9	(5.9-15.9)
Clark	10.3	(8.2-12.5)	12.3	(10.6-14.0)	11.9	(10.0-13.9)	11.0	(9.1-13.0)
Washoe	8.8	(6.4-11.2)	10.4	(8.5-12.3)	8.0	(6.2-9.7)	11.2	(8.6-13.8)
Nevada	**10.6**	**(8.9-12.2)**	**11.9**	**(10.6-13.2)**	**11.4**	**(9.9-12.9)**	**11.3**	**(9.8-12.8)**
United States	**9.9**	**:**	**10.5**	**:**	**10.5**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
*Diabetes includes gestational diabetes but excludes pre-diabetes or borderline diabetes.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Cancer

Table A135: Cumulative Incidence Rates of Breast Cancer by County and Nevada, 2012 2016 Aggregate Data			
County/Region	Rate per 100,000 females	95% Confidence Limits	
		Lower	Upper
Carson City	139.5	122.2	156.8
Churchill	105.9	83.5	128.3
Clark	105.4	102.7	108.1
Douglas	114.2	99.2	129.3
Elko	91.3	73.7	109
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	104.6	70.4	138.7
Lander	81.9	38.3	129.7
Lincoln	69.1	26.3	111.9
Lyon	116.7	101.2	132.2
Mineral	144.9	85.7	204.1
Nye	108.9	93.6	124.3
Pershing	110.3	59.4	161.3
Storey	156.4	82	230.7
Washoe	130.4	124.1	136.8
White Pine	79.2	48.1	110.2
Nevada	**109.8**	**107.5**	**112.1**

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table A136: Cumulative Incidence Rates of Cervical Cancer by County and Nevada, 2012 2016 Aggregate Data			
County/Region	Rate per 100,000 females	95% Confidence Limits	
		Lower	Upper
Carson City	7.4	3.0	11.7
Churchill	:	:	:
Clark	7.5	6.8	8.3
Douglas	7.6	2.6	12.5
Elko	12.0	5.7	18.3
Esmeralda	0.0	:	:
Eureka	:	:	:
Humboldt	:	:	:
Lander	:	:	:
Lincoln	:	:	:
Lyon	8.2	3.5	12.8
Mineral	:	:	:
Nye	9.2	4.0	14.4
Pershing	0.0	:	:
Storey	:	:	:
Washoe	8.3	6.6	10.0
White Pine	:	:	:
Nevada	**7.9**	**7.2**	**8.5**

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table A137: Cumulative Incidence Rates of Colorectal Cancer by County and Nevada, 2012 2016 Aggregate Data			
County/Region	Rate per 100,000 population	95% Confidence Limits	
		Lower	Upper
Carson City	45.5	38.5	52.5
Churchill	36.8	27.3	46.2
Clark	38.2	37.1	39.4
Douglas	35.0	29.3	40.8
Elko	37.6	29.7	45.5
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	36.0	23.1	48.9
Lander	35.9	15.6	56.1
Lincoln	:	:	:
Lyon	34.9	28.9	41
Mineral	36.4	15.8	57
Nye	43.1	36.6	49.6
Pershing	:	:	:
Storey	:	:	:
Washoe	35.3	32.9	37.7
White Pine	45.5	29	62.1
Nevada	**37.8**	**36.8**	**38.8**

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table A138: Cumulative Incidence Rates of Lung and Bronchus Cancer by County and Nevada, 2012 2016 Aggregate Data			
County/Region	Rate per 100,000 population	95% Confidence Limits	
		Lower	Upper
Carson City	73.1	64.4	81.8
Churchill	70.4	57.1	83.7
Clark	56.8	55.4	58.2
Douglas	46.0	39.8	52.3
Elko	50.1	41.1	59.1
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	50.0	34.7	65.3
Lander	51.1	25.2	76.9
Lincoln	76.4	48.6	104.3
Lyon	70.4	62.1	78.7
Mineral	67.7	40.6	94.8
Nye	72.7	64.8	80.7
Pershing	55.9	30.1	81.7
Storey	32.8	15.6	50
Washoe	54.5	51.5	57.5
White Pine	32.5	29	62.1
Nevada	**37.8**	**36.8**	**38.8**

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table A139: Cumulative Incidence Rates of Melanoma (Cancer of the Skin) by County and Nevada, 2012 2016 Aggregate Data			
County/Region	Rate per 100,000 population	95% Confidence Limits	
		Lower	Upper
Carson City	14.3	10.4	18.2
Churchill	14.6	8.5	20.7
Clark	12.0	11.4	12.7
Douglas	16.8	12.7	20.8
Elko	20.1	14.3	26
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	12.0	8.3	29.9
Lander	:	:	:
Lincoln	:	:	:
Lyon	17.3	12.8	21.9
Mineral	:	:	:`
Nye	16.7	12.6	20.7
Pershing	:	:	:
Storey	:	:	:
Washoe	20.8	19	22.7
White Pine	:	:	:
Nevada	**14.0**	**13.4**	**14.6**

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table A140: Cumulative Incidence Rates for Prostate Cancer by County and Nevada, 2012 2016 Aggregate Data			
County/Region	Rate per 100,000 males	95% Confidence Limits	
		Lower	Upper
Carson City	112.9	96.5	129.2
Churchill	89.7	69.1	110.2
Clark	92.3	89.8	94.9
Douglas	97.8	84.7	110.9
Elko	74.1	59.5	88.7
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	95.8	68.1	123.4
Lander	:	:	:
Lincoln	102.5	31.2	112.7
Lyon	72.4	60.3	84.5
Mineral	114.6	61.7	167.6
Nye	91.7	79.1	104.3
Pershing	76.3	33.1	119.5
Storey	51.4	23.5	79.3
Washoe	108.8	103	114.6
White Pine	53.5	30.1	77
Nevada	**94.6**	**92.4**	**96.7**

Source: Department of Health and Human Services, Nevada Central Cancer Registry. Data provided upon request. Carson City, NV.

Table A141: Cancer specific Rates of Death per 100,000, Rural/Frontier Counties and Nevada, 2015 2018* Aggregate							
County/Region	**Breast†**	**Cervix Uteri†**	**Colon, Rectum, Anus**	**Leukemia**	**Prostate‡**	**Melanoma (Skin)**	**Trachea, Bronchus, Lung**
Churchill	31.0	1.9	20.7	9.8	14.0	6.9	76.8
Douglas	24.4	2.0	19.1	6.2	33.6	5.2	46.5
Elko	16.3	1.9	9.3	1.9	10.0	5.1	22.8
Esmeralda	0.0	0.0	25.9	25.9	0.0	0.0	0.0
Eureka	0.0	0.0	26.3	0.0	0.0	0.0	39.5
Humboldt	15.3	3.1	14.8	3.0	20.0	4.4	36.9
Lander	32.4	0.0	12.1	4.0	16.0	0.0	40.3
Lincoln	10.8	0.0	14.7	4.9	0.0	0.0	44.2
Lyon	26.8	0.0	24.9	7.8	30.3	2.8	66.4
Mineral	10.8	0.0	32.6	10.9	54.5	5.4	70.7
Nye	49.2	6.6	38.4	7.0	29.9	7.6	95.6
Pershing	0.0	10.2	11.2	3.7	11.7	0.0	44.7
Storey	49.3	0.0	18.3	6.1	12.1	0.0	24.4
White Pine	22.1	0.0	16.6	4.7	16.6	0.0	16.6
Rural Aggregate	**26.8**	**2.3**	**21.1**	**5.9**	**22.7**	**4.6**	**54.5**
Nevada	**24.5**	**2.7**	**17.3**	**5.7**	**17.5**	**2.7**	**42.1**
Range in NV	0.0 49.3	0.0 10.2	9.3 38.4	0.0 25.9	0.0 54.5	0.0 7.6	0.0 95.6

*2018 data are preliminary and are subject to change
†Rate per 100,000 Females; ‡Rate per 100,000 Males
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A142: Rate of Death due to Breast Cancer per 100,000 Females, Urban Counties and Neavda, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	22.3	50.6	28.6	24.2
Clark	23.6	21.8	24.6	23.8
Washoe	30.5	29.6	22.7	23.4
Urban	**24.7**	**23.7**	**24.4**	**23.8**
Nevada	**24.8**	**24.4**	**24.4**	**24.5**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A143: Rate of Death due to Cancer of the Cervix Uteri, per 100,000 Females, Urban Counties and Nevada, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	3.7	3.6	0.0	0.0
Clark	3.4	2.9	2.8	2.9
Washoe	1.4	1.3	1.3	3.1
Urban	**3.1**	**2.6**	**2.5**	**2.8**
Nevada	**3.1**	**2.5**	**2.6**	**2.8**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A144: Rate of Death due to Cancer of the Colon, Rectum, and Anus, per 100,000 Population, Urban Counties and Nevada, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	25.8	39.9	27.1	14.3
Clark	16.3	17.2	18.3	14.1
Washoe	15.6	20.5	19.0	12.9
Urban	**16.4**	**18.2**	**18.6**	**13.9**
Nevada	**16.7**	**18.5**	**19.0**	**15.0**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A145: Rate of Death due to Cancer of the Trachea, Bronchus, and Lung, per 100,000 Population, Urban Counties and Nevada, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	60.8	63.4	57.7	50.0
Clark	42.2	39.2	42.4	37.4
Washoe	47.1	41.5	38.1	33.5
Urban	**43.4**	**40.1**	**42.0**	**37.0**
Nevada	**45.1**	**42.1**	**43.0**	**38.4**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A146: Rate of Death due to Leukemia (Cancer of the Blood), per 100,000 Population, Urban Counties and Nevada, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	12.9	5.4	9.0	3.6
Clark	5.7	5.2	5.9	5.1
Washoe	7.0	6.5	6.0	5.7
Urban	**6.0**	**5.4**	**6.0**	**5.2**
Nevada	**6.3**	**5.5**	**5.7**	**5.3**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A147: Rate of Death due to Melanoma (Cancer of the Skin), per 100,000 Population, Urban Counties and Nevada, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	1.8	9.1	7.2	1.8
Clark	2.4	2.3	2.4	2.0
Washoe	3.4	3.8	3.1	2.0
Urban	**2.6**	**2.7**	**2.6**	**2.0**
Nevada	**2.9**	**2.9**	**2.7**	**2.2**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A148: Rate of Death due to Prostate Cancer, per 100,000 Males, Urban Counties and Nevada, 2015 2018*				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	40.2	40.0	14.6	22.2
Clark	15.0	15.9	16.2	17.7
Washoe	17.1	16.0	22.0	18.8
Urban	**15.9**	**16.4**	**17.1**	**18.0**
Nevada	**16.3**	**17.5**	**17.2**	**19.0**

*2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Communicable Disease

Table A149: Incidence Rate per 100,000 Population for Select Vaccine preventable Infectious Diseases, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate Data				
County/Region	**Invasive Pneumococcal Disease**	**Pertussis**	**Tuberculosis**	**Mumps**
Churchill	9.84	2.95	0.00	0.00
Douglas	3.61	3.61	0.52	0.00
Elko	1.87	2.80	0.47	0.52
Esmeralda	0.00	0.00	0.00	0.00
Eureka	0.00	0.00	0.00	0.00
Humboldt	2.95	1.48	1.48	0.00
Lander	0.00	8.06	0.00	0.00
Lincoln	4.91	0.00	0.00	0.00
Lyon	7.83	1.84	0.92	0.46
Mineral	10.87	0.00	0.00	0.00
Nye	8.10	25.93	0.54	0.54
Pershing	7.46	0.00	0.00	0.00
Storey	:	:	:	:
White Pine	4.74	0.00	0.00	0.00
Nevada	**8.11**	**2.75**	**2.43**	**0.11**

*No cases of Measles, Tetanus, Rubella, Diphtheria and Polio
Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A150: Invasive Pneumococcal Disease Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	1.84	1.81	3.61	1.79
Clark	4.77	6.88	8.39	9.27
Washoe	13.35	13.61	14.38	15.35
Nevada	**6.00**	**7.72**	**8.77**	**9.86**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A151: Measles Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	0.00	0.00	0.00	0.22
Clark	0.42	0.00	0.00	0.04
Washoe	0.00	0.00	0.00	0.00
Nevada	**0.31**	**0.00**	**0.00**	**0.07**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A152: Mumps Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	0.00	0.00	0.00	0.22
Clark	0.00	0.05	0.05	0.00
Washoe	0.00	0.67	0.44	0.09
Nevada	**0.00**	**0.17**	**0.17**	**0.10**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A153: Pertussis Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	:	:	14.43	5.36
Clark	4.20	1.38	1.78	2.11
Washoe	2.94	0.45	2.43	2.85
Nevada	**3.87**	**1.22**	**3.08**	**2.84**
United States	**6.5**	**5.6**	**5.83**	**4.1**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention. Pertussis Surveillance Reports. https://www.cdc.gov/pertussis/surv-reporting.html retrieved August 2019.

Table A154: Tetanus Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	0.00	0.00	0.00	0.00
Clark	0.00	0.00	0.00	0.00
Washoe	0.00	0.00	0.22	0.00
Nevada	**0.00**	**0.00**	**0.03**	**0.00**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A155: Tuberculosis Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	0.00	0.00	0.00	1.97
Clark	3.40	2.12	2.83	0.00
Washoe	2.49	1.34	3.76	2.69
Nevada	**2.93**	**1.86**	**2.68**	**2.28**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A156: Incidence Rate per 100,000 Population for Food and Waterborne Infectious Diseases, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate Data		
County/Region	**Campylobacteriosis**	**Salmonellosis**
Churchill	7.88	14.77
Douglas	22.20	10.84
Elko	15.85	7.46
Esmeralda	25.92	25.92
Eureka	0.00	26.32
Humboldt	7.38	5.90
Lander	16.12	32.23
Lincoln	0.00	4.91
Lyon	9.22	12.90
Mineral	5.44	5.44
Nye	5.40	4.86
Pershing	0.00	14.91
Storey	:	:
White Pine	4.74	11.85
Nevada	**6.39**	**9.65**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A157: Campylobacteriosis Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	11.06	3.62	10.82	7.15
Clark	5.00	5.68	4.42	5.47
Washoe	7.92	10.48	8.19	10.09
Nevada	**6.04**	**7.04**	**5.83**	**6.66**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A158: Salmonellosis Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	16.58	5.44	9.02	21.45
Clark	9.82	8.59	8.25	9.23
Washoe	18.78	8.48	9.29	12.50
Nevada	**11.56**	**8.60**	**8.71**	**9.76**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A159: Incidence Rate per 100,000 Population for Select Sexually Transmitted Infections, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate Data			
County/Region	**Chlamydia**	**Gonorrhea**	**Syphilis-Primary and Secondary**
Churchill	417.4	41.3	3.0
Douglas	209.1	23.8	0.5
Elko	290.9	44.8	1.9
Esmeralda	103.7	0.0	0.0
Eureka	78.9	13.2	0.0
Humboldt	271.5	69.4	0.0
Lander	302.2	52.4	0.0
Lincoln	103.0	14.7	9.8
Lyon	334.5	51.6	1.8
Mineral	358.7	32.6	0.0
Nye	174.0	45.9	2.7
Pershing	130.5	44.7	7.5
Storey	91.6	0.0	0.0
White Pine	142.2	66.3	4.7
Nevada	**516.8**	**168.5**	**17.3**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A160: Chlamydia Incidence Rate per 100,000 Population, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	460.6	536.4	580.8	495.1
Clark	474.3	524.5	571.1	613.5
Washoe	460.0	490.7	553.6	598.4
Nevada	**446.0**	**496.0**	**544.4**	**577.5**
United States	**475.0**	**494.7**	**528.8**	**:**

2018 data for United States not available

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.; Centers for Disease Control and Prevention. (2018). Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services.

Table A161: Gonorrhea Incidence Rate per 100,000 Population, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	55.3	43.5	70.3	150.1
Clark	140.4	168.6	209.1	237.2
Washoe	123.8	133.4	164.0	201.3
Nevada	**125.3**	**148.3**	**184.8**	**213.6**
United States	**123.0**	**145.0**	**171.9**	**:**

2018 data for United States not available

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.; Centers for Disease Control and Prevention. (2018). Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services.

Table A162: Syphilis Primary and Secondary Incidence Rate per 100,000 Population, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	1.8	7.2	7.2	19.7
Clark	14.4	18.4	23.7	24.8
Washoe	6.1	7.4	12.6	24.3
Nevada	**11.6**	**15.0**	**197.0**	**22.5**
United States	**7.4**	**8.6**	**9.5**	**:**

2018 data for United States not available

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.; Centers for Disease Control and Prevention. (2018). Sexually Transmitted Disease Surveillance 2017. Atlanta: U.S. Department of Health and Human Services.

Contact with Bodily Fluids

Table A163: Hepatitis C Incidence Rate per 100,000 Population, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate Data	
County/Region	**Rate per 100,000 Population**
Churchill	0.00
Douglas	0.52
Elko	0.47
Esmeralda	0.00
Eureka	0.00
Humboldt	0.00
Lander	0.00
Lincoln	0.00
Lyon	0.46
Mineral	0.00
Nye	0.00
Pershing	0.00
Storey	0.98
White Pine	0.00
Nevada	**0.98**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A164: Hepatitis C Incidence Rate per 100,000 Population, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	1.84	5.44	1.80	3.57
Clark	0.47	0.97	1.32	1.03
Washoe	0.23	0.89	2.88	1.10
Nevada	**0.45**	**0.95**	**1.47**	**1.02**
United States	**0.4**	**0.6**	**:**	**:**

2017 and 2018 data for United States not available

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.; Centers for Disease Control and Prevention. (nd). Surveillance for Viral Hepatitis – United States, 2016. https://www.cdc.gov/hepatitis/statistics/2016surveillance/index.htm#tabs-1-1 retrieved August 2019.

Table A165: HIV Incidence Rate per 100,000 Population, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate Data	
County/Region	**2015-2018 Aggregate**
Churchill	3.00
Douglas	3.60
Elko	2.80
Esmeralda	0.00
Eureka	0.00
Humboldt	5.90
Lander	0.00
Lincoln	0.00
Lyon	2.80
Mineral	5.40
Nye	2.70
Pershing	0.00
Storey	0.00
White Pine	7.10
Nevada	**16.80**

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.

Table A166: HIV Incidence Rate per 100,000 Population, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	9.2	0.0	7.2	3.6
Clark	20.7	21.1	20.2	20.5
Washoe	8.8	9.6	7.1	8.6
Nevada	**16.7**	**17.3**	**16.5**	**16.7**
United States	**12.4**	**12.2**	**11.8**	**:**

2018 data for the United States not available

Source: Department of Health and Human Services, Office of Analytics. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention. HIV Surveillance Report, 2017; vol. 29.
http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published November 2018.

Weight Status

Table A167: Percent of High School Students who were Overweight*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	18.5
Douglas	:	:	6.4
Carson City & Douglas	12.7	15.0	:
Churchill, Humboldt, Pershing, & Lander	14.0	18.6	16.6
Clark	15.2	16.2	15.4
Elko, White Pine, & Eureka	16.9	14.8	18.4
Lyon, Mineral, & Storey	11.3	16.4	15.0
Nye & Lincoln	9.4	16.9	14.4
Washoe	14.9	13.9	16.3
Nevada	**14.9**	**15.8**	**15.5**
Range in NV	**9.4 16.9**	**13.9 18.6**	**6.4 18.5**
United States	**16.6**	**16.0**	**15.6**

*Students who were ≥85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV. Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A168: Percent of High School Students who were Obese*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	16.6
Douglas	:	:	11.8
Carson City & Douglas	9.3	11.6	:
Churchill, Humboldt, Pershing, & Lander	15.5	15.7	14.9
Clark	12.1	11.4	13.7
Elko, White Pine, & Eureka	12.6	13.0	10.1
Lyon, Mineral, & Storey	10.4	15.4	15.2
Nye & Lincoln	10.9	12.7	14.1
Washoe	8.7	9.9	11.8
Nevada	**11.5**	**11.4**	**13.4**
Range in NV	**8.7 15.5**	**9.9 15.7**	**10.1 16.6**
United States	**13.7**	**14.0**	**14.8**

*Students who were ≥95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV. Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A169: Percent of High School Students who were Overweight or Obese (Combined)*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	35.1
Douglas	:	:	18.2
Carson City & Douglas	22.0	26.6	:
Churchill, Humboldt, Pershing, & Lander	29.5	34.3	31.5
Clark	27.3	27.6	29.1
Elko, White Pine, & Eureka	29.5	27.8-	28.5
Lyon, Mineral, & Storey	21.7	31.8	30.2
Nye & Lincoln	20.3	29.6	28.5
Washoe	23.6	23.8	28.1
Nevada	**26.4**	**27.2**	**28.9**
Range in NV	**20.3 29.5**	**26.6 31.8**	**18.2 35.1**
United States	**30.3**	**30.0**	**30.4**

Calculated from Table A167 and Table A168.

Table A170: Percent of Adults Classified as Healthy, Overweight and Obese BMI, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**Healthy**		**Overweight**		**Obese**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	30.6	(24.3-36.9)	34.9	(28.6-41.3)	33.5	(27.0-40.1)
Douglas	36.1	(31.4-40.8)	35.4	(30.6-40.1)	24.6	(20.5-28.8)
Elko	31.3	(26.7-36.0)	40.1	(35.1-45.0)	27.5	(23.0-32.0)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	26.4	(18.4-34.3)	39.7	(31.4-48.0)	33.3	(25.2-41.3)
Lander	29.9	(15.6-44.2)	30.7	(15.7-45.6)	39.4	(22.3-56.5)
Lincoln	31.5	(19.7-43.3)	39.0	(21.3-56.7)	28.3	(11.0-45.6)
Lyon	29.6	(24.9-34.4)	37.0	(32.1-41.9)	31.4	(26.9-36.0)
Mineral	19.4	(8.1-30.7)	37.7	(23.1-52.4)	41.9	(26.5-57.2)
Nye	29.4	(24.0-34.7)	34.8	(28.7-40.9)	33.4	(27.6-39.2)
Pershing	18.4	(6.3-30.4)	31.2	(16.2-46.2)	46.9	(30.5-63.3)
Storey	41.4	(26.1-56.7)	33.3	(19.1-47.5)	23.4	(10.9-35.9)
White Pine	33.6	(23.3-43.9)	27.3	(18.0-36.7)	36.6	(26.2-46.9)
Nevada	**33.0**	**(31.8-34.2)**	**37.9**	**(36.6-39.2)**	**27.2**	**(26.0-28.4)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A171: Percent of Adults Classified as Healthy BMI, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	26.5	(17.3-35.8)	28.0	(21.0-35.0)	25.1	(17.6-32.5)	26.2	(17.8-34.6)
Clark	32.8	(29.0-36.5)	37.4	(34.4-40.4)	31.9	(28.8-35.0)	28.9	(25.7-32.1)
Washoe	40.4	(35.8-45.0)	34.6	(31.3-37.8)	36.0	(32.5-39.4)	34.8	(31.3-38.4)
Nevada	**33.6**	**(30.7-36.4)**	**35.9**	**(33.7-38.2)**	**32.3**	**(30.0-34.7)**	**30.3**	**(27.9-32.8)**
United States	**32.7**	**:**	**32.9**	**:**	**32**	**:**	**:**	**:**

2018 data and CI for United states estimates not available
Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A172: Percent of Adults Classified as Overweight BMI, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	41.3	(30.4-52.2)	42.0	(33.8-50.2)	43.4	(34.4-52.3)	35.9	(26.1-45.7)
Clark	38.4	(34.5-42.2)	36.2	(33.3-39.1)	39.2	(35.9-42.4)	38.7	(35.3-42.2)
Washoe	37.1	(32.6-41.7)	36.4	(33.1-39.6)	37.5	(34.2-40.9)	39.0	(35.4-42.7)
Nevada	**37.9**	**(35.0-40.9)**	**36.5**	**(34.3-38.7)**	**39.0**	**(36.5-41.5)**	**38.2**	**(35.6-40.8)**
United States	**35.5**	**:**	**35.3**	**:**	**35.3**	**:**	**:**	**:**

2018 data and CI for United States data not available.

Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A173: Percent of Adults Classified as Obese BMI, Urban Counties, Nevada, and the United States, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	27.4	(17.2-37.6)	29.8	(22.2-37.3)	31.1	(22.6-39.7)	37.4	(27.9-46.8)
Clark	27.1	(23.5-30.7)	24.7	(22.2-27.3)	26.9	(24.0-29.9)	30.5	(27.2-33.7)
Washoe	20.9	(17.4-24.4)	26.4	(23.3-29.4)	23.9	(20.9-27.0)	24.1	(20.9-27.3)
Nevada	**26.7**	**(24.0-29.4)**	**25.8**	**(23.8-27.8)**	**26.7**	**(24.4-28.9)**	**29.5**	**(27.1-31.9)**
United States	**29.8**	**:**	**29.9**	**:**	**31.3**	**:**	**:**	**:**

2018 data and CI for United states estimates not available.

Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Mortality Rates

Mortality Data Caveats

- All death data for 2018 are preliminary and subject to change.
- Most death rates are calculated per 100,000 population, however, there are certain rates calculated per 1,000 including infant mortality rates. The population calculation is identified either in the table title or the column headers.
- Per the International Classification of Diseases, 10th Revision (ICD-10):
    - **Nontransport accidents** include falls, accidental discharge of firearms, accidental drowning and submersion, accidental exposure to smoke, fire and flames, accidental poisoning and exposure to noxious substances, and other and unspecified non transport accidents and their sequelae; and
    - **All Other Diseases (Residual)** are those that are left over after accounting for the other causes.[1]
- Per the DHHS Office of Analytics, causes of death listed as **System missing or undefined** are those for which the death certificates were left with all unknown fields.
- Mortality rates and death data for select specific conditions can be found under the following sections:

Behavioral Health

- Death due to suicide, Table A46.
- Death due to alcohol-related conditions, Table A68 and Table A69.
- Death due to opioids, Table A83 and Table A84.

Maternal and Child Health

- Infant (<1 year) mortality rates, Table A198 and Table A199.
- Child (1 to 18 years) mortality rates, Table A200 and Table A201.

Chronic Disease

- Death due to select types of cancer, Table A141, Table A142, Table A143, Table A144, Table A145, Table A146, Table A147, and Table A148.

Crime and Violence-related

- Deaths due to homicide/assault, Table A281 and Table A282.

Traffic Safety

- Deaths due to motor vehicles, Table A299.
- Pedestrian deaths, Table A299.

[1] Heron, M. Deaths: Leading Causes for 2017. National Vital Statistics Reports. 68(6). June 24, 2019. https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf. Retrieved September 2019.

Table A174: Top 10 Causes of Death, Rate per 100,000 Population, Rural/Frontier Counties and Nevada, 2015 2018* Aggregate										
County/ Region	Diseases of the Heart	Malignant Neoplasms	All Other diseases (residual)	Chronic Lower Respiratory Disease	Cerebrovascular Disease (stroke)	Non-transport Accidents	Alzheimer Disease	Intentional Self harm (suicide)	Influenza and Pneum-onia	Diabetes Mellitus
Churchill	290.4	220.5	90.6	91.5	35.4	51.2	35.4	32.5	28.5	33.5
Douglas	225.6	222.5	125.5	65.6	56.8	38.7	48.0	24.3	17.0	25.8
Elko	105.8	99.3	56.4	34.5	14.9	22.8	7.9	26.1	16.8	14.5
Esmeralda	285.1	181.4	77.8	77.8	25.9	25.9	0.0	25.9	25.9	51.8
Eureka	171.1	105.3	78.9	78.9	39.5	0.0	0.0	0.0	13.2	13.2
Humboldt	166.7	135.8	73.8	54.6	25.1	38.4	10.3	35.4	17.7	36.9
Lander	153.1	165.2	60.4	68.5	16.1	36.3	24.2	24.2	36.3	16.1
Lincoln	196.3	137.4	73.6	122.7	14.7	49.1	14.7	39.3	9.8	44.2
Lyon	233.2	246.1	131.8	92.2	55.3	45.2	28.1	24.0	21.7	41.0
Mineral	358.7	271.8	168.5	141.3	54.4	43.5	16.3	21.7	87.0	70.7
Nye	447.4	364.7	120.5	156.1	69.7	55.7	58.9	33.5	34.6	31.3
Pershing	156.6	130.5	100.7	78.3	18.6	33.6	14.9	41.0	3.7	18.6
Storey	103.8	238.2	73.3	73.3	18.3	30.5	24.4	18.3	12.2	36.7
White Pine	182.4	139.8	66.3	68.7	7.1	35.5	7.1	30.8	11.8	45.0
Rural Aggregate	**237.7**	**213.7**	**101.0**	**84.1**	**41.8**	**40.3**	**30.3**	**28.1**	**22.6**	**30.3**
Nevada	**208.7**	**169.7**	**76.8**	**55.5**	**36.8**	**34.3**	**25.2**	**20.2**	**20.2**	**18.8**
Range in NV	**103.8 447.4**	**99.3 364.7**	**56.4 168.5**	**34.5 156.1**	**7.1 69.7**	**0.0 55.7**	**0.0 58.9**	**0.0 41.0**	**3.7 87.0**	**13.2 51.8**

*2018 data are preliminary and are subject to change

Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A175: Top 10 Causes of Death, Rate per 100,000, Nevada, 2015 2018				
Cause of Death	**2015**	**2016**	**2017**	**2018***
Diseases of the heart	207.0	213.4	210.3	204.0
Malignant neoplasms	169.9	171.5	172.1	165.4
All other diseases (residual)	68.8	74.2	83.5	80.4
Chronic lower respiratory disease	55.3	59.5	54.0	53.1
Cerebrovascular diseases (stroke)	36.2	36.0	37.2	37.8
Nontransport accidents	32.0	32.8	35.9	36.5
Alzheimer's disease	29.9	23.0	25.5	22.7
Influenza and pneumonia	21.4	NL	20.9	16.6
Intentional self-harm (suicide)	18.8	21.2	20.4	20.5
Chronic liver disease and cirrhosis	16.2	NL	NL	NL
System missing or undefined	NL	23.0	NL	NL
Diabetes mellitus	NL	19.0	20.1	21.6

NL = Not listed as top cause of death for that year

*2018 data are preliminary and are subject to change

Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A176: Top 10 Causes of Death, Rate per 100,000, Carson City, 2015 2018				
Cause of Death	**2015**	**2016**	**2017**	**2018***
Diseases of the heart	263.5	273.6	25.1	268.1
Malignant neoplasms	232.2	313.5	232.7	203.8
All other diseases (residual)	187.9	164.9	185.8	203.8
Chronic lower respiratory disease	86.6	99.7	93.8	137.6
Cerebrovascular diseases (stroke)	49.7	52.6	63.1	71.5
Nontransport accidents	64.5	36.2	55.9	34.0
Alzheimer's disease	62.6	38.1	45.1	34.0
Influenza and pneumonia	35.0	NL	34.3	12.5
Intentional self-harm (suicide)	18.4	30.8	30.7	30.4
Chronic liver disease and cirrhosis	29.5	NL	NL	NL
System missing or undefined	NL	65.2	NL	NL
Diabetes mellitus	NL	18.1	27.1	42.9

NL = Not listed as top cause of death for that year; *2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A177: Top 10 Causes of Death, Rate per 100,000, Clark County, 2015 2018				
Cause of Death	**2015**	**2016**	**2017**	**2018***
Diseases of the heart	202.4	206.7	208.7	194.2
Malignant neoplasms	159.2	158.3	166.7	155.1
All other diseases (residual)	58.1	64.4	75.2	71.2
Chronic lower respiratory disease	51.5	53.2	48.6	47.6
Cerebrovascular diseases (stroke)	34.6	35.8	36.8	33.4
Nontransport accidents	29.6	29.8	32.3	31.9
Alzheimer's disease	29.3	19.5	23.5	21.9
Influenza and pneumonia	22.6	NL	20.2	15.6
Intentional self-harm (suicide)	17.0	18.5	19.2	19.0
Chronic liver disease and cirrhosis	14.1	NL	NL	NL
System missing or undefined	NL	19.7	NL	NL
Diabetes mellitus	NL	18.7	17.5	18.5

NL = Not listed as top cause of death for that year; *2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Table A178: Top 10 Causes of Death, Rate per 100,000, Washoe County, 2015 2018				
Cause of Death	**2015**	**2016**	**2017**	**2018***
Diseases of the heart	201.8	215.0	193.4	200.9
Malignant neoplasms	180.8	187.1	168.8	163.6
All other diseases (residual)	93.0	95.0	94.5	86.6
Chronic lower respiratory disease	50.9	63.3	60.4	45.2
Cerebrovascular diseases (stroke)	39.6	35.9	35.6	40.6
Nontransport accidents	35.5	42.4	47.6	44.3
Alzheimer's disease	29.2	23.2	26.1	20.0
Influenza and pneumonia	16.3	NL	19.0	16.9
Intentional self-harm (suicide)	22.9	27.2	20.1	16.7
Chronic liver disease and cirrhosis	21.0	NL	NL	NL
System missing or undefined	NL	28.8	NL	NL
Diabetes mellitus	NL	16.5	25.2	22.1

NL = Not listed as top cause of death for that year; *2018 data are preliminary and are subject to change
Source: Nevada Department of Health and Human Service, Office of Analytics. Electronic Death Registry Data. Data provided upon request. Carson City, NV.

Perceived Health Status

Table A179: Percent of Adults Reporting Fair/Poor Health, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	20.1	(15.1-25.0)
Douglas	15.9	(12.1-19.7)
Elko	21.0	(17.2-24.9)
Esmeralda	:	:
Eureka	:	:
Humboldt	20.6	(14.0-27.2)
Lander	23.9	(11.8-36.1)
Lincoln	13.8	(5.5-22.0)
Lyon	20.8	(17.2-24.4)
Mineral	28.1	(15.4-40.9)
Nye	23.8	(18.8-28.9)
Pershing	50.4	(35.0-65.7)
Storey	25.7	(13.7-37.8)
White Pine	22.2	(12.4-32.0)
Nevada	**19.9**	**(18.9-20.9)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A180: Percent of Adults Reporting Fair/Poor Health, Urban Counties, Nevada, and the United States 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	19.4	(10.9-27.9)	23.9	(16.6-31.1)	28.0	(19.8-36.3)	26.2	(17.3-35.0)
Clark	17.6	(14.7-20.4)	21.5	(19.2-23.8)	20.4	(17.8-22.9)	20.6	(18.0-23.2)
Washoe	15.7	(12.6-18.8)	18.7	(16.1-21.3)	18.8	(16.1-21.5)	18.4	(15.5-21.4)
Nevada	**17.6**	**(15.4-19.8)**	**20.9**	**(19.2-22.7)**	**20.3**	**(18.4-22.3)**	**20.6**	**(18.5-22.6)**
United States	**16.4**	**:**	**16.4**	**:**	**17.6**	**:**	**:**	**:**

2018 data and CI for United states estimates not available.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.
Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. https://www.cdc.gov/brfss/brfssprevalence/ Retrieved July 2019.

Table A181: Percent of Adults 65 Years or Older Reporting Fair/Poor Health, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	19.9	(12.6-27.3)
Douglas	19.2	(13.8-24.6)
Elko	35.0	(25.3-44.7)
Esmeralda	:	:
Eureka	:	:
Humboldt	26.3	(14.6-38.0)
Lander	:	:
Lincoln	:	:
Lyon	30.2	(23.1-37.2)
Mineral	:	:
Nye	21.9	(15.9-27.9)
Pershing	:	:
Storey	:	:
White Pine	27.1	(13.2-40.9)
Nevada	**25.5**	**(23.6-27.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A182: Percent of Adults 65 Years or Older Reporting Fair/Poor Health, Urban Counties and Nevada, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	25.1	(8.1-42.2)	21.5	(10.4-32.5)	23.5	(12.2-34.9)	32.8	(16.2-49.5)
Clark	21.0	(15.6-26.5)	28.1	(22.8-33.3)	27.2	(22.0-32.5)	29.4	(23.7-35.1)
Washoe	19.7	(14.1-25.2)	24.0	(19.0-29.0)	20.1	(15.0-25.2)	19.9	(14.3-25.5)
Nevada	**21.8**	**(17.8-25.8)**	**26.8**	**(23.1-30.6)**	**25.7**	**(22.0-29.5)**	27.4	(23.3-31.6)

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Maternal and Child Health

Abortion Rate

Table A183: Abortion Among Women 15 44 Years Rate per 1,000 Females Aged 15 44 Years, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 1,000 females**
Churchill	5.5
Douglas	6.2
Elko	3.7
Esmeralda	1.6
Eureka	0.7
Humboldt	7.6
Lander	4.3
Lincoln	2.0
Lyon	6.7
Mineral	3.0
Nye	4.5
Pershing	2.4
Storey	1.5
White Pine	3.7
Nevada	**11.7**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A184: Abortion Among Women 15 44 Years Rate per 1,000 Females Aged 15 44 Years, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	7.0	8.6	7.4	9.8
Clark	12.8	14.0	12.6	13.1
Washoe	7.6	8.7	8.9	10.0
Nevada	**11.2**	**12.5**	**11.3**	**11.9**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Prenatal Care

Table A185: Percent of Women who Received Prenatal Care in the First Trimester, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Churchill	65.6
Douglas	64.2
Elko	58.5
Esmeralda	30.0
Eureka	60.0
Humboldt	58.4
Lander	55.9
Lincoln	77.5
Lyon	61.9
Mineral	55.8
Nye	73.3
Pershing	51.8
Storey	71.6
White Pine	61.0
Nevada	**69.6**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A186: Percent of Women who Received Prenatal Care in the First Trimester, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	51.5	62.5	61.7	59.6
Clark	71.0	69.7	70.6	75.3
Washoe	69.7	65.8	61.1	58.5
Nevada	**69.6**	**68.5**	**68.7**	**71.6**
United States	**:**	**77.1**	**77.3**	**:**

2015 and 2018 data for the United States not available

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Osterman MJK, Martin JA. Timing and adequacy of prenatal care in the United States, 2016. National Vital Statistics Reports, vol 67 no 3. Hyattsville, MD: National Center for Health Statistics. 2018.

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.

Pre-Term Births

Table A187: Percent of Infants Born Preterm*, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Churchill	7.9
Douglas	9.7
Elko	6.5
Esmeralda	30.0
Eureka	10.2
Humboldt	8.4
Lander	11.3
Lincoln	11.3
Lyon	10.5
Mineral	8.4
Nye	11.2
Pershing	8.5
Storey	4.2
White Pine	9.4
Nevada	**10.2**

*Less than 37 completed weeks of gestation
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A188: Percent of Infants Born Preterm*, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	7.6	11.6	9.8	12.1
Clark	10.0	10.5	11.0	10.1
Washoe	9.9	9.3	9.5	9.6
Nevada	**9.8**	**10.3**	**10.6**	**10.0**
United States	**9.63**	**9.85**	**9.93**	**:**

*Less than 37 completed weeks of gestation
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.
Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.

Teen Pregnancy

Table A189: Live Births Among Teens 15 17 Years Rate per 1,000 Females Aged 15 17 Years, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Churchill	11.9
Douglas	7.9
Elko	7.3
Esmeralda	0.0
Eureka	0.0
Humboldt	12.4
Lander	11.6
Lincoln	0.0
Lyon	10.4
Mineral	13.7
Nye	9.3
Pershing	4.9
Storey	4.7
White Pine	15.1
Nevada	**9.0**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A190: Live Births Among Teens 15 17 Years Rate per 1,000 Females Aged 15 17 Years, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	13.3	10.1	2.0	11.7
Clark	11.2	9.3	8.1	6.8
Washoe	12.4	10.6	7.3	10.3
Nevada	**11.2**	**9.2**	**8.2**	**7.6**
United States	**9.9**	**8.8**	**7.9**	**:**

2018 data for the United States not available

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.

Table A191: Live Births Among Teens 15 19 Years Rate per 1,000 Females Aged 15 19 Years, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Churchill	22.4
Douglas	11.2
Elko	22.0
Esmeralda	0.0
Eureka	8.0
Humboldt	35.8
Lander	35.8
Lincoln	4.6
Lyon	20.0
Mineral	39.1
Nye	24.3
Pershing	25.6
Storey	9.5
White Pine	26.7
Nevada	**21.0**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A192: Live Births Among Teens 15 19 Years Rate per 1,000 Females Aged 15 19 Years, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	40.2	31.0	25.9	22.9
Clark	24.8	21.9	19.1	17.2
Washoe	27.0	21.4	18.7	18.9
Nevada	**25.2**	**21.4**	**19.4**	**18.0**
United States	**22.3**	**20.3**	**18.8**	**:**

2018 data for the United States not available

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.

Birth Rate

Table A193: Live Births Among Women 20 44 Years Rate per 1,000 Females Aged 20 44 Years, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Churchill	70.3
Douglas	44.2
Elko	47.8
Esmeralda	19.1
Eureka	47.9
Humboldt	82.7
Lander	70.9
Lincoln	24.0
Lyon	69.8
Mineral	60.0
Nye	60.8
Pershing	69.2
Storey	41.6
White Pine	59.7
Nevada	**66.5**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A194: Live Births Among Women 20 44 Years Rate per 1,000 Females Aged 20 44 Years, Urban Counties and Nevada, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	66.5	72.4	68.4	67.1
Clark	68.8	68.2	66.7	65.4
Washoe	69.1	67.1	64.8	66.3
Nevada	**68.3**	**67.1**	**65.8**	**64.8**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Low Birth Weight

Table A195: Percent of Infants Born Low Birth Weight*, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**2015-2018 Aggregate**
Churchill	6.5
Douglas	8.4
Elko	5.7
Esmeralda	10.0
Eureka	8.3
Humboldt	7.1
Lander	10.9
Lincoln	8.5
Lyon	9.0
Mineral	7.9
Nye	9.8
Pershing	7.0
Storey	5.4
White Pine	8.8
Nevada	**8.7**

*Less than 2,500 grams
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.

Table A196: Percent of Infants Born Low Birth Weight*, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018**
Carson City	7.4	7.2	8.2	10.2
Clark	8.6	8.6	9.5	8.6
Washoe	8.3	7.7	8.1	8.6
Nevada	**8.5**	**8.4**	**9.1**	**8.6**
United States	**8.07**	**8.17**	**8.28**	**:**

*Less than 2,500 grams
2018 data for the United States not available
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Birth and Demographic Data. Data provided upon request. Carson City, NV.
Martin JA, Hamilton BE, Osterman MJK, Driscoll AK, Drake P. Births: Final data for 2017. National Vital Statistics Reports; vol 67 no 8. Hyattsville, MD: National Center for Health Statistics. 2018.

Breastfeeding

Table A197: Percent of Infants 0 2 Years Enrolled in Women Infants Children (WIC) Programming Ever Breastfed by County and Nevada, 2015 2018				
County	**2015**	**2016**	**2017**	**2018**
Carson City	82.9	81.8	78.8	81.7
Churchill	55.6	54.6	54.4	61.9
Clark	51.1	52.7	52.6	57.5
Douglas	76.4	79.2	78.4	88.2
Elko	32.7	40.8	56.3	73.3
Humboldt	41.9	46.4	45.5	57.1
Lander	39.3	59.2	73.0	67.6
Lincoln	28.3	18.2	16.7	37.1
Lyon	60.8	61.3	57.9	67.8
Mineral	45.3	43.4	40.4	66.7
Nye	45.0	49.1	48.5	69.1
Pershing	50.0	54.7	52.9	66.7
Washoe	59.3	62.4	63.4	73.9
White Pine	75.5	74.3	63.7	67.9
Nevada	**52.8**	**54.5**	**54.3**	**60.6**

Source: Nevada Department of Health and Human Services, Office of Analytics. WIC and SNAP Participation Data. Data provided upon request. Carson City, NV.

Infant Mortality

Table A198: Infant Mortality Rate Among Infants <1 Year, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 1,000 Live Births**
Churchill	6.2
Douglas	4.2
Elko	6.2
Esmeralda	:
Eureka	:
Humboldt	3.2
Lander	3.0
Lincoln	:
Lyon	4.9
Mineral	:
Nye	11.1
Pershing	9.2
Storey	:
White Pine	:
Nevada	**5.5**

*2018 data are preliminary and subject to change

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Death Registry System. Data provided upon request. Carson City, NV.

Table A199: Infant Mortality Rate per 1,000 Live Births Among Infants <1 Year, Urban Counties, Nevada, and United States, 2015 2018				
County	**2015**	**2016**	**2017**	**2018***
Carson City	3.6	1.7	7.2	8.4
Clark	5.2	5.6	5.3	5.3
Washoe	5.7	6.5	6.5	5.7
Nevada	**5.4**	**5.6**	**5.5**	**5.4**
United States	**5.90**	**5.87**	**5.79**	**:**

*2018 data are preliminary and subject to change
2018 data for the United States not available
Sources: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Death Registry System. Data provided upon request. Carson City, NV.
US Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. (2019). Infant Mortality in the United States, 2017.

Child and Adolescent Mortality

Table A200: Rate of Death Among Children 1 18 Years, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 Children**
Churchill	28.9
Douglas	20.5
Elko	14.8
Esmeralda	246.7
Eureka	137.3
Humboldt	41.2
Lander	35.2
Lincoln	25.1
Lyon	29.1
Mineral	:
Nye	35.9
Pershing	:
Storey	93.2
White Pine	758.2
Nevada	**22.7**

NOTE: Rates for Nevada overall are low due to low rates in counties with majority of the population, Clark and Washoe.
*2018 data are preliminary and subject to change
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Death Registry System. Data provided upon request. Carson City, NV.

Table A201: Rate of Death (per 100,000) Among Children 1 18 Years, Urban Counties, Nevada, and the United States, 2015 2018				
County	**2015**	**2016**	**2017**	**2018***
Carson City	16.0	41.0	33.6	8.6
Clark	26.8	23.2	21.5	20.4
Washoe	23.0	20.8	16.1	16.0
Nevada	**26.4**	**23.2**	**21.1**	**20.1**
United States	**22.30**	**23.20**	**23.10**	**:**

*2018 data are preliminary and subject to change.
2018 data for the United States not available.
Sources: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Death Registry System. Data provided upon request. Carson City, NV and Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved at http://wonder.cdc.gov/ucd-icd10.html on Aug 3, 2019 1:07:49 pm.

Individuals with Disabilities

All Populations

Table A202: Percent of Total Population with a Disability, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	23.3
Churchill	14.9
Clark	12.4
Douglas	15.4
Elko	11.9
Esmeralda	17.0
Eureka	17.6
Humboldt	12.5
Lander	12.3
Lincoln	17.0
Lyon	19.1
Mineral	21.3
Nye	25.9
Pershing	16.1
Storey	25.2
Washoe	12.1
White Pine	18.6
Nevada	**13.0**
Range in NV	**11.9 25.9**
United States	**12.6**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A203: Percent of Total Population with a Disability by Select Age Groups, by County, Nevada, and the United States, 2013 2017 Aggregate Data				
County/Region	**18 to 34 years**	**35 to 64 years**	**65 to 74 years**	**75 years and over**
Carson City	22.7	19.1	31.5	47.6
Churchill	7.4	17.7	25.0	43.9
Clark	5.8	13.3	27.2	49.8
Douglas	11.5	12.1	21.7	46.7
Elko	4.4	14.9	35.5	57.4
Esmeralda	2.0	19.8	22.3	34.7
Eureka	7.5	18.5	36.8	67.3
Humboldt	9.0	12.4	21.1	72.8
Lander	6.3	8.7	38.4	56.8
Lincoln	6.8	12.9	36.0	44.5
Lyon	11.2	19.6	32.4	47.0
Mineral	11.0	17.8	34.9	69.0
Nye	16.4	25.6	37.6	52.5
Pershing	3.8	13.2	46.8	54.7
Storey	1.3	24.7	30.1	64.0
Washoe	6.4	12.6	24.2	45.3
White Pine	7.1	23.2	31.3	50.4
Nevada	**6.4**	**13.7**	**27.3**	**49.2**
Range in NV	**1.3 22.7**	**8.7 25.6**	**21.1 46.8**	**34.7 72.8**
United States	**6.1**	**12.9**	**25.4**	**49.7**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A204: Percent of Total Population with a Hearing Difficulty, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	13.0
Churchill	5.5
Clark	3.5
Douglas	5.7
Elko	5.1
Esmeralda	3.5
Eureka	9.5
Humboldt	5.0
Lander	5.2
Lincoln	5.9
Lyon	8.7
Mineral	8.2
Nye	8.8
Pershing	6.8
Storey	9.7
Washoe	4.3
White Pine	7.6
Nevada	**4.1**
Range in NV	**3.5 13.0**
United States	**3.6**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A205: Percent of Total Population with a Vision Difficulty, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	11.5
Churchill	2.7
Clark	2.9
Douglas	2.6
Elko	2.4
Esmeralda	2.8
Eureka	2.6
Humboldt	3.3
Lander	3.1
Lincoln	3.9
Lyon	5.5
Mineral	1.6
Nye	5.7
Pershing	3.6
Storey	6.7
Washoe	3.1
White Pine	4.0
Nevada	**3.2**
Range in NV	**1.6 11.5**
United States	**2.3**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A206: Percent of Total Population with a Self care Difficulty, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	10.9
Churchill	2.0
Clark	2.4
Douglas	3.3
Elko	1.9
Esmeralda	3.6
Eureka	3.7
Humboldt	2.1
Lander	2.6
Lincoln	1.8
Lyon	5.6
Mineral	3.7
Nye	4.7
Pershing	2.2
Storey	7.6
Washoe	2.4
White Pine	3.1
Nevada	**2.7**
Range in NV	**1.8 10.9**
United States	**2.7**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A207: Percent of Total Population with a Cognitive Difficulty, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	13.1
Churchill	5.0
Clark	4.6
Douglas	5.2
Elko	3.8
Esmeralda	8.1
Eureka	6.7
Humboldt	4.4
Lander	3.2
Lincoln	7.7
Lyon	7.2
Mineral	8.0
Nye	9.9
Pershing	2.4
Storey	9.4
Washoe	4.4
White Pine	7.4
Nevada	**4.9**
Range in NV	**2.4 13.1**
United States	**5.1**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A208: Percent of Total Population with an Ambulatory Difficulty, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	15.7
Churchill	7.9
Clark	7.0
Douglas	8.1
Elko	6.1
Esmeralda	8.4
Eureka	7.6
Humboldt	4.7
Lander	6.6
Lincoln	10.0
Lyon	12.5
Mineral	9.7
Nye	14.6
Pershing	8.8
Storey	16.6
Washoe	6.6
White Pine	9.5
Nevada	**7.3**
Range in NV	**4.7 16.6**
United States	**7.0**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Table A209: Percent of Total Population with an Independent Living Difficulty, by County, Nevada, and the United States, 2013 2017 Aggregate Data	
County/Region	**%**
Carson City	13.5
Churchill	5.1
Clark	5.3
Douglas	6.0
Elko	3.7
Esmeralda	9.2
Eureka	5.9
Humboldt	4.2
Lander	6.1
Lincoln	3.9
Lyon	9.1
Mineral	6.1
Nye	9.7
Pershing	3.2
Storey	9.9
Washoe	4.8
White Pine	5.5
Nevada	**5.5**
Range in NV	**3.2 13.5**
United States	**5.8**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1810

Children with Disabilities

Table A210: Total Children with Disabilities, Rate per 1,000 Enrolled Students and Percent Change, by County and Nevada, 2015 and 2017			
County/Region	**2015**	**2017**	**% Change**
Carson City	133.8	142.2	+5.9
Churchill	168.3	146.4	-15.0
Clark	114.7	122.4	+6.2
Douglas	153.1	136.4	-12.2
Elko	112.9	116.8	+3.3
Esmeralda	:	:	:
Eureka	97.2	61.6	-57.8
Humboldt	150.0	154.2	+2.7
Lander	104.9	97.6	-7.5
Lincoln	125.1	131.8	+5.1
Lyon	136.1	137.5	+1.0
Mineral	172.6	110.0	-57.0
Nye	165.3	146.5	-12.8
Pershing	137.3	143.5	+4.3
Storey	167.1	122.4	-36.5
Washoe	140.1	125.8	-11.4
White Pine	152.0	124.5	-22.1
Nevada	117.1	122.6	+4.5
Range in NV	**97.2 172.6**	**61.6 154.2**	

Source: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. Https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Table A211: Children with a Learning Disability, Rate per 1,000 Enrolled Students and Percent Change, by County and Nevada, 2015 and 2017			
County/Region	**2015**	**2017**	**% Change**
Carson City	59.0	60.4	+2.3
Churchill	90.6	84.8	-6.8
Clark	48.3	53.1	+9.0
Douglas	58.5	57.8	-1.2
Elko	61.2	58.9	-3.0
Esmeralda	:	:	:
Eureka	:	61.6	:
Humboldt	79.2	80.6	+1.7
Lander	49.6	52.8	+6.1
Lincoln	65.0	68.2	+4.7
Lyon	45.3	44.8	-1.1
Mineral	80.0	61.8	-29.4
Nye	94.6	79.3	-19.3
Pershing	66.5	105.3	+36.8
Storey	94.8	94.1	-0.7
Washoe	64.3	64.0	-0.5
White Pine	62.4	66.2	+5.7
Nevada	**50.6**	**54.0**	**+6.3**
Range in NV	**45.3 94.8**	**44.8 105.3**	

Source: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Table A212: Childhood Disability, Other Health Impairment (Merged Other), Rate per 1,000 Enrolled Students and Percent Change, by County, 2015 and 2017			
County/Region	**2015**	**2017**	**% Change**
Carson City	21.3	19.4	-9.8
Churchill	12.3	5.9	-108.5
Clark	13.2	10.3	-28.2
Douglas	30.2	22.3	-35.4
Elko	11.7	10.7	-9.3
Esmeralda	:	:	:
Eureka	97.2	:	:
Humboldt	9.2	7.1	-29.6
Lander	22.9	:	:
Lincoln	9.9	:	:
Lyon	26.4	26.0	-1.5
Mineral	92.6	:	:
Nye	15.3	13.5	-13.3
Pershing	26.0	:	:
Storey	39.9	:	:
Washoe	20.9	17.7	-18.1
White Pine	44.8	23.0	-94.8
Nevada	**14.5**	**12.0**	**-20.8**
Range in NV	**9.2 97.2**	**5.9 26.0**	

Source: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. Https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Table A213: Children with Speech/Language/Hearing Impairment, Rate per 1,000 Enrolled Students and Percent Change, by County and Nevada, 2015 and 2017			
County/Region	**2015**	**2017**	**% Change**
Carson City	30.4	37.5	+18.9
Churchill	28.4	23.5	-20.9
Clark	16.6	17.5	+5.1
Douglas	36.5	30.8	-18.5
Elko	20.3	24.0	+15.4
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	23.6	26.5	+10.9
Lander	18.1	30.9	+41.4
Lincoln	40.4	47.0	+14.0
Lyon	29.6	35.6	+16.9
Mineral	:	27.0	:
Nye	16.3	14.7	-10.9
Pershing	20.2	17.4	-16.1
Storey	32.4	28.2	-14.9
Washoe	22.8	22.5	-1.3
White Pine	28.0	16.5	-69.7
Nevada	**18.2**	**19.6**	**+7.1**
Range in NV	**16.3 40.4**	**14.7 47.0**	

Source: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Table A214: Children with Emotional Disturbance, Rate per 1,000 Enrolled Students and Percent Change, by County and Nevada, 2015 and 2017			
County/Region	**2015**	**2017**	**% Change**
Carson City	3.6	1.8	-100.0%
Churchill	:	1.8	:
Clark	4.2	4.4	+4.5
Douglas	4.1	2.5	-64.0
Elko	1.4	2.0	30.0
Esmeralda	:	:	:
Eureka	:	:	:
Humboldt	4.3	5.3	-5.6
Lander	:	:	:
Lincoln	:	2.9	:
Lyon	5.5	:	-83.3
Mineral	:	:	:
Nye	8.5	7.8	-23.1
Pershing	:	:	:
Storey	:	:	:
Washoe	4.4	4.0	-14.5
White Pine	:	:	:
Nevada	**4.0**	**4.1**	**+2.5**
Range in NV	**0 1,322**	**0 1,418**	

Source: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Table A215: Children with Autism Spectrum Disorder, Rate per 1,000 Enrolled Students, by County and Nevada, 2017	
County/Region	**2017**
Carson City	8.8
Churchill	11.3
Clark	18.8
Douglas	10.8
Elko	7.0
Esmeralda	:
Eureka	:
Humboldt	16.2
Lander	:
Lincoln	:
Lyon	12.6
Mineral	21.2
Nye	11.3
Pershing	:
Storey	:
Washoe	13.2
White Pine	:
Nevada	**16.4**
Range in NV	**7.0 21.2**

Source: Nevada Instant Atlas. (2019). County Level Population Health Indicators Database. https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Social Determinants of Health (SDOH)

Access (please see Access to Health Care Section Above)

Adverse Childhood Experiences (ACES)

Table A216: Percent of High School Students who have Ever Been Sworn at, Insulted by, or put Down by an Adult (Sometimes/Most of the time/Always), by County/Region and Nevada, 2017	
County/Region	**2017**
Carson City	30.8
Douglas	41.1
Carson City & Douglas	:
Churchill, Humboldt, Pershing, & Lander	31.3
Clark	33.1
Elko, White Pine, & Eureka	35.3
Lyon, Mineral, & Storey	31.9
Nye & Lincoln	31.7
Washoe	34.2
Nevada	**33.3**
Range in NV	**30.8 41.1**

Source: Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A217: Percent of High School Students who have Ever Lived with Someone who was a Problem Drinker, Alcoholic, or Abused Street or Prescription Drugs, by County/Region and Nevada, 2015, and 2017		
County/Region	**2015**	**2017**
Carson City	:	31.9
Douglas	:	34.0
Carson City & Douglas	26.6	:
Churchill, Humboldt, Pershing, & Lander	30.3	34.7
Clark	29.5	31.4
Elko, White Pine, & Eureka	32.2	35.2
Lyon, Mineral, & Storey	38.2	39.4
Nye & Lincoln	38.5	26.9
Washoe	33.8	35.2
Nevada	**30.4**	**32.3**
Range in NV	**26.6 38.5**	**26.9 39.4**

Sources: Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A218: Percent of High School Students who have Ever Lived with Someone who was Depressed, Mentally Ill, or Suicidal, by County/Region and Nevada, 2015, and 2017		
County/Region	**2015**	**2017**
Carson City	:	26.2
Douglas	:	40.5
Carson City & Douglas	29.9	:
Churchill, Humboldt, Pershing, & Lander	25.4	32.9
Clark	29.8	29.0
Elko, White Pine, & Eureka	30.4	35.3
Lyon, Mineral, & Storey	34.9	37.9
Nye & Lincoln	37.3	31.4
Washoe	32.8	34.5
Nevada	**30.4**	**30.3**
Range in NV	**25.4 37.3**	**26.2 37.9**

Sources: Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A219: Percent of High School Students who have Ever Seen Adults in their Home Slap, Hit, Kick, Punch, or Beat Each Other Up, by County/Region and Nevada, 2015, and 2017		
County/Region	**2015**	**2017**
Carson City	:	13.7
Douglas	:	15.4
Carson City & Douglas	10.3	:
Churchill, Humboldt, Pershing, & Lander	17.6	14.4
Clark	16.6	17.1
Elko, White Pine, & Eureka	16.4	17.5
Lyon, Mineral, & Storey	17.3	22.0
Nye & Lincoln	17.1	11.5
Washoe	16.6	16.3
Nevada	**16.4**	**16.8**
Range in NV	**10.3 17.6**	**11.5 22.0**

Sources: Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A220: Percent of High School Students who have Ever Been Hit, Beaten, Kicked, or Physically Hurt in any way by an Adult, by County/Region and Nevada, 2015, and 2017		
County/Region	**2015**	**2017**
Carson City	:	17.0
Douglas	:	22.4
Carson City & Douglas	11.2	:
Churchill, Humboldt, Pershing, & Lander	15.7	16.0
Clark	15.2	17.4
Elko, White Pine, & Eureka	17.8	23.3
Lyon, Mineral, & Storey	24.8	23.9
Nye & Lincoln	19.5	16.0
Washoe	17.7	17.4
Nevada	**15.8**	**17.7**
Range in NV	**11.2 24.8**	**16.0 23.9**

Sources: Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Table A221: Percent of High School Students who were Ever Physically Forced to Have Sexual Intercourse, by County/Region and Nevada, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	14.2
Douglas	:	:	7.5
Carson City & Douglas	10.5	5.3	:
Churchill, Humboldt, Pershing, & Lander	11.9	10.5	10.3
Clark	11.5	8.7	6.8
Elko, White Pine, & Eureka	13.5	12.5	14.7
Lyon, Mineral, & Storey	11.2	15.7	7.3
Nye & Lincoln	9.1	12.6	7.0
Washoe	10.8	9.1	7.6
Nevada	**11.3**	**9.0**	**7.3**
Range in NV	**9.1 13.5**	**5.3 15.7**	**6.8 14.7**
United State	**7.3**	**6.7**	**7.4**

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.
Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A222: Percent of Adults whose Parents were Separated or Divorced, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	30.9	(24.7-37.1)
Douglas	34.8	(29.7-39.8)
Elko	32.8	(27.6-38.1)
Esmeralda	:	:
Eureka	:	:
Humboldt	26.2	(18.6-33.8)
Lander	30.3	(14.3-46.3)
Lincoln	40.9	(29.1-52.7)
Lyon	36.9	(32.0-41.8)
Mineral	34.5	(20.2-48.8)
Nye	29.4	(23.7-35.1)
Pershing	26.7	(12.8-40.6)
Storey	29.5	(15.7-43.3)
White Pine	30.7	(20.3-41.2)
Nevada	**33.5**	**(32.1-34.8)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A223: Percent of Adults whose Parents were Separated or Divorced, Urban Counties and Nevada, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	40.9	(29.2-52.5)	37.8	(29.7-46.0)	33.9	(25.1-42.7)	35.2	(25.8-44.5)
Clark	32.1	(27.8-36.3)	34.5	(31.4-37.5)	32.6	(29.1-36.2)	32.7	(29.1-36.3)
Washoe	33.0	(28.5-37.5)	36.3	(32.8-39.7)	35.6	(32.0-39.3)	36.7	(32.9-40.5)
Nevada	**32.1**	**(29.1-35.2)**	**34.2**	**(31.9-36.5)**	**33.6**	**(31.0-36.2)**	**33.7**	**(31.0-36.4)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A224: Percent of Adults Reporting How Often a Parent or Adult in Their Home Ever Swore at, Insulted, or Put them Down, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**Never**		**Once**		**More than once**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	67.0	(60.6-73.4)	6.5	(2.8-10.2)	26.5	(20.6-32.4)
Douglas	64.0	(58.9-69.1)	5.4	(3.0-7.7)	30.6	(25.7-35.6)
Elko	62.1	(56.8-67.5)	7.5	(4.5-10.5)	30.4	(25.3-35.4)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	60.4	(51.8-69.0)	7.4	(3.1-11.7)	32.2	(24.0-40.3)
Lander	56.6	(38.4-74.7)	2.7	(0.0-7.8)	40.7	(22.5-59.0)
Lincoln	70.6	(50.2-90.9)	17.9	(0.0-37.4)	11.5	(3.2-19.8)
Lyon	60.7	(55.6-65.7)	3.0	(1.1-4.8)	36.4	(31.4-41.3)
Mineral	67.0	(52.3-81.8)	8.4	(0.0-18.9)	24.6	(11.0-38.2)
Nye	63.3	(57.0-69.5)	6.1	(2.6-9.7)	30.6	(24.8-36.4)
Pershing	72.9	(59.4-86.3)	6.2	(0.0-18.0)	21.0	(8.9-33.1)
Storey	57.9	(41.9-73.9)	11.2	(0.4-21.9)	30.9	(15.9-46.0)
White Pine	72.0	(60.7-83.4)	3.6	(0.5-6.6)	24.4	(13.3-35.5)
Nevada	**64.0**	**(62.6-65.3)**	**6.2**	**(5.6-6.9)**	**29.8**	**(28.5-31.1)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A225: Percent of Adults Reporting How Often a Parent or Adult in Their Home Ever Swore at, Insulted, or Put them Down, Urban Counties and Nevada, 2015 2018									
County/Region		2015		2016		2017		2018	
		%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	*Never*	68.5	(57.0-80.0)	60.5	(52.1-68.9)	52.6	(43.2-62.0)	48.4	(38.6-58.2)
	Once	3.2	(0.6-5.8)	6.1	(2.3-9.9)	5.4	(2.0-8.8)	8.5	(3.1-13.9)
	More than once	28.3	(16.7-39.8)	33.4	(25.2-41.6)	42.0	(32.6-51.5)	43.1	(33.5-52.7)
Clark	*Never*	62.4	(58.1-66.8)	63.9	(60.8-67.0)	69.5	(66.1-73.0)	66.4	(62.7-70.0)
	Once	7.8	(5.4-10.3)	6.0	(4.4-7.6)	4.6	(3.0-6.2)	6.4	(4.6-8.2)
	More than once	29.8	(25.6-33.9)	30.1	(27.1-33.0)	25.9	(22.6-29.2)	27.2	(23.7-30.6)
Washoe	*Never*	58.1	(53.4-62.8)	60.5	(57.0-64.0)	57.9	(54.2-61.6)	57.5	(53.6-61.4)
	Once	8.9	(6.1-11.8)	5.1	(3.5-6.7)	7.3	(5.4-9.2)	5.7	(3.9-7.5)
	More than once	33.0	(28.6-37.4)	34.4	(31.0-37.7)	34.8	(31.2-38.4)	36.8	(33.0-40.7)
Nevada	***Never***	**62.0**	**(58.8-65.1)**	**63.3**	**(61.0-65.7)**	**66.5**	**(63.9-69.0)**	**64.1**	**(61.3-66.8)**
	Once	**8.1**	**(6.3-9.8)**	**5.7**	**(4.5-6.9)**	**5.1**	**(3.9-6.3)**	**6.2**	**(4.9-7.6)**
	More than once	**30.0**	**(27.0-33.0)**	**30.9**	**(28.7-33.1)**	**28.4**	**(26.0-30.8)**	**29.7**	**(27.2-32.3)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A226: Percent of Adults who ever Lived with Anyone who was a Problem Drinker or Alcoholic, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	%	95% C.I.
Churchill	27.2	(21.3-33.1)
Douglas	32.3	(27.2-37.3)
Elko	30.0	(25.2-34.9)
Esmeralda	:	:
Eureka	:	:
Humboldt	30.2	(22.4-38.0)
Lander	27.5	(11.1-43.9)
Lincoln	12.2	(5.2-19.2)
Lyon	38.1	(33.1-43.0)
Mineral	27.1	(13.8-40.3)
Nye	31.1	(25.6-36.6)
Pershing	28.5	(14.4-42.5)
Storey	35.6	(20.8-50.5)
White Pine	30.3	(18.0-42.6)
Nevada	**26.4**	**(25.2-27.6)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A227: Percent of Adults who ever Lived with Anyone who was a Problem Drinker or Alcoholic, Urban Counties and Nevada, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	26.9	(16.9-37.0)	29.7	(22.0-37.5)	29.8	(21.1-38.4)	26.4	(18.0-34.8)
Clark	25.3	(21.5-29.1)	22.6	(20.1-25.2)	24.3	(21.1-27.5)	24.2	(20.9-27.4)
Washoe	34.3	(29.6-39.0)	31.4	(28.2-34.7)	32.6	(29.1-36.2)	33.0	(29.4-36.6)
Nevada	**27.4**	**(24.6-30.2)**	**24.9**	**(23.0-26.9)**	**26.7**	**(24.4-29.1)**	**26.7**	**(24.2-29.1)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A228: Percent of Adults who Ever Lived with Anyone who used Illegal Street Drugs or who Abused Prescription Medications, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	12.8	(8.2-17.4)
Douglas	15.9	(11.3-20.4)
Elko	16.4	(11.9-20.8)
Esmeralda	:	:
Eureka	:	:
Humboldt	16.8	(10.5-23.0)
Lander	18.3	(0.5-36.2)
Lincoln	9.0	(1.5-16.6)
Lyon	18.5	(14.3-22.8)
Mineral	17.3	(5.3-29.3)
Nye	14.1	(9.6-18.6)
Pershing	10.9	(0.9-21.0)
Storey	14.1	(3.4-24.7)
White Pine	12.7	(4.7-20.8)
Nevada	**14.0**	**(13.1-15.0)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A229: Percent of Adults who Ever Lived with Anyone who used Illegal Street Drugs or who Abused Prescription Medications, Urban Counties and Nevada, 2015 2018								
County/Region	**2015**		**2016**		**2017**		**2018**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	19.5	(9.7-29.3)	15.3	(9.0-21.6)	19.4	(11.7-27.1)	19.8	(12.1-27.5)
Clark	13.2	(10.2-16.1)	13.4	(11.2-15.5)	12.3	(9.9-14.7)	12.8	(10.2-15.3)
Washoe	18.8	(14.3-23.2)	15.0	(12.3-17.7)	16.1	(13.2-19.1)	18.7	(15.6-21.9)
Nevada	**14.2**	**(12.0-16.4)**	**13.7**	**(12.0-15.3)**	**13.8**	**(12.0-15.6)**	**14.4**	**(12.4-16.3)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A230: Percent of Adults who ever Lived with Anyone who was Depressed, Mentally Ill, or Suicidal, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	**%**	**95% C.I.**
Churchill	16.0	(11.1-20.9)
Douglas	20.8	(16.0-25.6)
Elko	20.3	(15.7-24.9)
Esmeralda	:	:
Eureka	:	:
Humboldt	15.9	(9.4-22.4)
Lander	12.7	(0.0-25.7)
Lincoln	7.9	(1.0-14.8)
Lyon	19.6	(15.6-23.7)
Mineral	17.4	(5.1-29.7)
Nye	16.8	(12.3-21.2)
Pershing	15.1	(3.9-26.4)
Storey	14.4	(4.3-24.5)
White Pine	10.4	(4.8-16.0)
Nevada	**16.8**	**(15.8-17.8)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A231: Percent of Adults who ever Lived with Anyone who was Depressed, Mentally Ill, or Suicidal, Urban Counties and Nevada, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	15.8	(7.1-24.5)	22.2	(15.1-29.3)	25.8	(17.0-34.5)	24.6	(16.1-33.1)
Clark	17.8	(14.3-21.3)	14.0	(11.8-16.1)	14.1	(11.6-16.6)	16.1	(13.3-18.8)
Washoe	19.9	(15.9-23.9)	20.9	(18.1-23.8)	19.5	(16.5-22.5)	24.5	(21.1-27.8)
Nevada	**18.0**	**(15.4-20.5)**	**15.5**	**(13.8-17.2)**	**15.9**	**(14.0-17.8)**	**17.9**	**(15.8-19.9)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A232: Percent of Adults who Ever Lived with Anyone who Served Time or was Sentenced to Serve Time in a Prison, Jail, or Other Correctional Facility, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate		
County/Region	%	95% C.I.
Churchill	8.9	(4.9-12.9)
Douglas	9.4	(6.0-12.8)
Elko	12.8	(8.9-16.8)
Esmeralda	:	:
Eureka	:	:
Humboldt	9.2	(4.5-13.9)
Lander	13.8	(0.8-26.8)
Lincoln	10.4	(1.0-19.8)
Lyon	14.8	(10.8-18.7)
Mineral	7.4	(0.0-16.8)
Nye	10.7	(7.1-14.3)
Pershing	4.3	(0.0-10.8)
Storey	13.4	(3.0-23.8)
White Pine	10.5	(2.5-18.5)
Nevada	**9.7**	**(8.9-10.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A233: Percent of Adults who Ever Lived with Anyone who Served Time or was Sentenced to Serve Time in a Prison, Jail, or Other Correctional Facility, Urban Counties and Nevada, 2015 2018								
County/Region	2015		2016		2017		2018	
	%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	15.0	(5.2-24.7)	10.2	(4.3-16.2)	6.2	(2.1-10.2)	14.9	(7.7-22.1)
Clark	9.5	(7.0-12.1)	9.0	(7.2-10.7)	9.3	(7.1-11.5)	8.8	(6.7-11.0)
Washoe	11.3	(7.6-15.0)	10.5	(8.1-12.8)	10.2	(7.7-12.7)	11.4	(8.8-13.9)
Nevada	**9.9**	**(8.0-11.8)**	**9.3**	**(8.0-10.7)**	**9.8**	**(8.1-11.4)**	**9.9**	**(8.2-11.5)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A234: Percent of Adults whose Parents or Adults in their Home Ever Slapped, Hit, Kicked, Punched or Beat Each Other Up, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	Never		Once		More than once	
	%	95% C.I.	%	95% C.I.	%	95% C.I.
Churchill	84.8	(80.2-89.4)	2.5	(0.9-4.0)	12.8	(8.3-17.2)
Douglas	82.8	(78.4-87.2)	6.6	(2.9-10.3)	10.5	(7.6-13.5)
Elko	79.7	(75.5-83.9)	4.7	(2.5-6.9)	15.6	(11.8-19.3)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	76.1	(68.5-83.6)	4.1	(0.5-7.6)	19.9	(12.9-26.9)
Lander	68.8	(49.9-87.7)	1.9	(0.0-4.7)	29.3	(10.5-48.2)
Lincoln	87.0	(79.1-94.8)	1.8	(0.0-4.1)	11.2	(3.6-18.8)
Lyon	74.7	(70.2-79.3)	6.6	(3.7-9.5)	18.7	(14.7-22.7)
Mineral	84.6	(73.4-95.8)	3.2	(0.0-8.1)	12.2	(1.8-22.5)
Nye	80.1	(75.5-84.7)	4.4	(2.5-6.4)	15.5	(11.2-19.8)
Pershing	78.0	(65.2-90.9)	6.2	(0.0-14.6)	15.8	(5.0-26.6)
Storey	78.1	(64.7-91.5)	9.0	(0.0-18.4)	12.9	(1.5-24.3)
White Pine	79.1	(67.6-90.6)	6.7	(0.0-13.6)	14.2	(4.0-24.3)
Nevada	**80.2**	**(79.0-81.3)**	**5.7**	**(5.0-6.3)**	**14.2**	**(13.2-15.1)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A235: Percent of Adults whose Parents or Adults in their Home Ever Slapped, Hit, Kicked, Punched or Beat Each Other Up, Urban Counties and Nevada, 2015 2018									
County/Region		2015		2016		2017		2018	
		%	95% C.I.	%	95% C.I.	%	95% C.I.	%	95% C.I.
Carson City	*Never*	80.8	(70.8-90.7)	80.0	(73.0-87.1)	75.9	(67.8-84.0)	77.4	(69.4-85.3)
	Once	0.6	(0.0-1.3)	3.5	(0.7-6.3)	8.0	(2.8-13.2)	2.1	(0.0-5.3)
	More than once	18.6	(8.7-28.6)	16.5	(9.8-23.2)	16.1	(9.1-23.0)	20.5	(12.9-28.1)
Clark	*Never*	78.8	(75.1-82.5)	82.3	(79.9-84.8)	82.1	(79.2-85.1)	80.3	(77.3-83.3)
	Once	6.4	(4.3-8.5)	5.8	(4.2-7.3)	4.4	(2.8-6.1)	6.3	(4.5-8.1)
	More than once	14.8	(11.5-18.2)	11.9	(9.9-13.9)	13.4	(10.8-16.0)	13.4	(10.9-16.0)
Washoe	*Never*	78.1	(73.9-82.2)	77.2	(74.1-80.2)	78.6	(75.5-81.8)	76.2	(72.8-79.6)
	Once	4.8	(2.8-6.8)	6.6	(4.7-8.4)	7.0	(5.0-9.0)	6.5	(4.4-8.5)
	More than once	17.1	(13.3-21.0)	16.3	(13.6-19.0)	14.4	(11.7-17.0)	17.3	(14.4-20.3)
Nevada	***Never***	**78.9**	**(76.2-81.6)**	**81.2**	**(79.4-83.1)**	**81.0**	**(78.9-83.2)**	**79.4**	**(77.1-81.6)**
	Once	**5.7**	**(4.2-7.2)**	**5.7**	**(4.5-6.9)**	**5.2**	**(4.0-6.4)**	**6.1**	**(4.8-7.5)**
	More than once	**15.4**	**(12.9-17.8)**	**13.1**	**(11.5-14.6)**	**13.8**	**(11.8-15.7)**	**14.5**	**(12.6-16.4)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A236: Percent of Adults Reporting How Often a Parent or Adult in their Home Ever Hit, Beat, Kick, or Physically Hurt them in Any Way, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**Never**		**Once**		**More than once**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	85.4	(80.7-90.0)	2.0	(0.3-3.7)	12.6	(8.2-17.0)
Douglas	82.1	(77.7-86.5)	5.3	(2.4-8.1)	12.6	(8.9-16.4)
Elko	79.2	(74.7-83.7)	6.2	(3.6-8.7)	14.6	(10.6-18.6)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	78.5	(71.6-85.5)	6.4	(2.0-10.9)	15.0	(9.2-20.9)
Lander	75.2	(60.0-90.4)	7.0	(0.0-15.3)	17.8	(4.1-31.4)
Lincoln	89.7	(82.3-97.1)	3.8	(0.0-7.7)	6.5	(0.2-12.9)
Lyon	74.6	(70.3-79.0)	3.2	(1.6-4.8)	22.1	(17.9-26.3)
Mineral	81.8	(68.9-94.6)	3.2	(0.0-7.9)	15.1	(2.6-27.6)
Nye	79.7	(74.7-84.7)	2.2	(0.8-3.7)	18.1	(13.2-22.9)
Pershing	79.4	(67.0-91.8)	4.0	(0.0-9.8)	16.6	(5.2-27.9)
Storey	79.0	(65.8-92.2)	1.8	(0.0-5.5)	19.2	(6.1-32.4)
White Pine	76.4	(66.1-86.8)	3.3	(0.0-6.9)	20.3	(10.3-30.3)
Nevada	**79.0**	**(77.8-80.1)**	**5.1**	**(4.5-5.7)**	**15.9**	**(14.9-17.0)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A237: Percent of Adults Reporting How Often a Parent or Adult in their Home Ever Hit, Beat, Kick, or Physically Hurt them in Any Way, Urban Counties and Nevada, 2015 2018									
County/Region		**2015**		**2016**		**2017**		**2018**	
		%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	*Never*	81.1	(71.9-90.4)	77.2	(70.0-84.4)	70.4	(61.7-79.1)	75.6	(67.2-84.0)
	Once	6.0	(0.0-12.1)	5.4	(1.4-9.4)	3.9	(0.1-7.8)	4.7	(1.1-8.4)
	More than once	12.9	(5.4-20.4)	17.4	(10.9-23.9)	25.7	(17.4-34.0)	19.7	(11.8-27.5)
Clark	*Never*	78.2	(74.4-82.0)	79.1	(76.5-81.8)	78.7	(75.6-81.9)	82.5	(79.5-85.4)
	Once	6.1	(3.9-8.3)	5.1	(3.6-6.6)	4.7	(3.0-6.5)	4.4	(3.0-5.8)
	More than once	15.7	(12.3-19.1)	15.7	(13.4-18.1)	16.5	(13.7-19.3)	13.1	(10.5-15.8)
Washoe	*Never*	74.1	(69.8-78.4)	76.5	(73.5-79.5)	77.5	(74.4-80.6)	75.7	(72.4-79.0)
	Once	6.8	(4.4-9.2)	4.6	(3.2-6.0)	5.5	(3.8-7.3)	6.2	(4.3-8.1)
	More than once	19.1	(15.2-23.0)	18.9	(16.0-21.7)	17.0	(14.2-19.8)	18.1	(15.2-21.1)
Nevada	***Never***	**78.0**	**(75.2-80.7)**	**78.7**	**(76.7-80.7)**	**78.2**	**(76.0-80.5)**	**80.8**	**(78.6-83.0)**
	Once	**6.0**	**(4.5-7.6)**	**4.9**	**(3.8-6.0)**	**4.9**	**(3.6-6.2)**	**4.6**	**(3.5-5.6)**
	More than once	**16.0**	**(13.5-18.5)**	**16.4**	**(14.6-18.2)**	**16.8**	**(14.8-18.9)**	**14.6**	**(12.6-16.6)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A238: Percent of Adults Reporting How Often Anyone at Least 5 Years Older or an Adult, Touched them Sexually, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**Never**		**Once**		**More than once**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	88.7	(84.6-92.8)	2.8	(0.9-4.7)	8.5	(4.8-12.2)
Douglas	85.4	(81.0-89.7)	5.5	(1.9-9.1)	9.1	(6.2-12.0)
Elko	87.7	(83.9-91.5)	7.5	(4.2-10.7)	4.8	(2.6-7.1)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	87.2	(81.7-92.7)	2.7	(0.0-5.5)	10.1	(5.3-14.9)
Lander	95.3	(91.5-99.1)	3.0	(0.0-6.2)	1.7	(0.0-3.7)
Lincoln	95.9	(91.5-100.0)	0.2	(0.0-0.7)	3.9	(0.0-8.2)
Lyon	85.3	(82.0-88.6)	4.7	(2.7-6.6)	10.0	(7.3-12.8)
Mineral	91.8	(81.9-100.0)	2.3	(0.0-6.8)	5.9	(0.0-14.9)
Nye	83.3	(77.2-89.5)	5.0	(0.0-10.1)	11.7	(7.3-16.1)
Pershing	81.3	(68.8-93.7)	0.2	(0.0-0.5)	18.6	(6.1-31.0)
Storey	91.0	(83.9-98.2)	2.4	(0.0-6.0)	6.5	(0.4-12.7)
White Pine	84.8	(75.2-94.3)	4.6	(0.4-8.8)	10.6	(1.8-19.4)
Nevada	**87.9**	**(87.0-88.8)**	**4.4**	**(3.8-5.0)**	**7.7**	**(7.0-8.4)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A239: Percent of Adults Reporting How Often Anyone at Least 5 Years Older or an Adult, Touched them Sexually, Urban Counties and Nevada, 2015 2018									
County/Region		**2015**		**2016**		**2017**		**2018**	
		%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	*Never*	89.6	(83.5-95.8)	84.8	(79.0-90.6)	83.5	(76.8-90.1)	79.1	(71.1-87.0)
	Once	3.5	(0.0-7.6)	9.8	(4.8-14.8)	5.9	(1.4-10.4)	7.8	(3.0-12.6)
	More than once	6.8	(2.0-11.6)	5.4	(2.0-8.8)	10.6	(5.3-15.9)	13.1	(6.3-19.9)
Clark	*Never*	86.3	(83.2-89.5)	87.7	(85.6-89.8)	90.4	(88.2-92.5)	89.4	(87.1-91.6)
	Once	6.0	(3.6-8.3)	3.7	(2.6-4.9)	3.1	(1.8-4.4)	4.0	(2.6-5.4)
	More than once	7.7	(5.5-9.9)	8.5	(6.7-10.4)	6.5	(4.7-8.3)	6.6	(4.8-8.4)
Washoe	*Never*	86.8	(83.9-89.7)	87.6	(85.3-89.9)	87.9	(85.5-90.4)	85.0	(82.2-87.9)
	Once	5.7	(3.7-7.8)	4.4	(3.0-5.7)	4.1	(2.7-5.5)	5.4	(3.6-7.1)
	More than once	7.5	(5.3-9.6)	8.0	(6.2-9.9)	8.0	(5.9-10.0)	9.6	(7.2-12.0)
Nevada	***Never***	**86.6**	**(84.3-88.8)**	**87.6**	**(86.0-89.2)**	**89.3**	**(87.7-90.9)**	**88.2**	**(86.5-89.9)**
	Once	**5.7**	**(4.0-7.4)**	**4.1**	**(3.2-5.0)**	**3.6**	**(2.6-4.6)**	**4.3**	**(3.3-5.4)**
	More than once	**7.7**	**(6.1-9.3)**	**8.3**	**(7.0-9.7)**	**7.1**	**(5.8-8.5)**	**7.5**	**(6.1-8.8)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A240: Percent of Adults Reporting "How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? , Rural/Frontier Counties and Nevada, 2015 2018 Aggregate						
County/Region	**Never**		**Once**		**More than once**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	89.2	(85.0-93.5)	4.7	(1.9-7.5)	6.1	(2.7-9.4)
Douglas	87.7	(83.5-91.9)	5.8	(2.1-9.4)	6.6	(4.0-9.1)
Elko	91.1	(87.7-94.5)	5.2	(2.3-8.1)	3.7	(1.8-5.6)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	90.5	(86.0-95.1)	2.3	(0.2-4.3)	7.2	(3.1-11.3)
Lander	95.1	(91.0-99.2)	3.7	(0.1-7.3)	1.2	(0.0-2.9)
Lincoln	94.6	(88.5-100.0)	3.1	(0.0-8.3)	2.3	(0.0-5.5)
Lyon	90.1	(87.4-92.8)	3.6	(1.8-5.4)	6.3	(4.2-8.4)
Mineral	85.1	(73.2-97.1)	7.0	(0.0-15.5)	7.8	(0.0-17.3)
Nye	87.0	(82.5-91.4)	4.1	(2.0-6.2)	9.0	(4.9-13.0)
Pershing	77.0	(61.4-92.6)	16.5	(1.8-31.3)	6.5	(0.0-13.9)
Storey	100.0	(100.0-100.0)	0.0	(0.0-0.0)	0.0	(0.0-0.0)
White Pine	87.6	(77.6-97.7)	4.8	(0.0-10.5)	7.5	(0.0-16.2)
Nevada	**90.9**	**(90.1-91.7)**	**3.4**	**(3.0-3.9)**	**5.7**	**(5.0-6.3)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A241: Percent of Adults Reporting "How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?", Urban Counties and Nevada, 2015 2018								
County/Region		**2015**		**2016**		**2017**		**2018**	
		%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	*Never*	86.8	(78.9-94.8)	89.6	(84.5-94.7)	86.4	(80.2-92.6)	83.4	(75.9-90.8)
	Once	5.9	(0.0-12.1)	5.8	(1.7-10.0)	7.2	(2.5-11.9)	5.9	(1.7-10.0)
	More than once	7.2	(1.7-12.8)	4.5	(1.3-7.7)	6.4	(1.9-10.9)	10.8	(4.3-17.2)
Clark	*Never*	90.7	(88.2-93.2)	91.8	(90.1-93.5)	92.5	(90.5-94.5)	90.7	(88.6-92.9)
	Once	3.4	(1.8-4.9)	2.7	(1.8-3.7)	1.9	(1.0-2.9)	4.4	(2.9-5.9)
	More than once	6.0	(3.9-8.0)	5.4	(4.0-6.9)	5.6	(3.8-7.4)	4.9	(3.3-6.4)
Washoe	*Never*	90.6	(88.1-93.0)	91.4	(89.5-93.3)	90.7	(88.5-92.9)	87.6	(84.7-90.4)
	Once	3.7	(2.1-5.2)	3.5	(2.2-4.8)	3.0	(1.9-4.2)	4.6	(2.7-6.6)
	More than once	5.8	(3.9-7.7)	5.1	(3.7-6.6)	6.3	(4.4-8.2)	7.8	(5.6-10.0)
Nevada	***Never***	**90.4**	**(88.6-92.2)**	**91.6**	**(90.4-92.9)**	**91.5**	**(90.0-93.0)**	**90.0**	**(88.4-91.6)**
	Once	**3.7**	**(2.6-4.8)**	**3.0**	**(2.2-3.7)**	**2.6**	**(1.9-3.4)**	**4.4**	**(3.3-5.6)**
	More than once	**5.9**	**(4.4-7.4)**	**5.4**	**(4.3-6.5)**	**5.8**	**(4.5-7.1)**	**5.6**	**(4.4-6.8)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A242: Percent of Adults Reporting How Often Anyone at Least 5 Years Older than them or an Adult, Forced them to have Sex, Rural/Frontier Counties and Nevada, 2015 2018						
County/Region	**Never**		**Once**		**More than once**	
	%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Churchill	94.7	(91.5-97.9)	0.6	(0.0-1.3)	4.7	(1.6-7.9)
Douglas	91.6	(87.8-95.4)	4.5	(1.1-7.9)	3.9	(2.0-5.8)
Elko	94.0	(91.0-97.1)	3.5	(0.9-6.1)	2.5	(0.8-4.1)
Esmeralda	:	:	:	:	:	:
Eureka	:	:	:	:	:	:
Humboldt	95.1	(91.8-98.4)	1.0	(0.0-2.5)	3.9	(1.0-6.9)
Lander	96.6	(91.5-100.0)	2.9	(0.0-7.8)	0.5	(0.0-1.6)
Lincoln	97.8	(94.7-100.0)	0.0	(0.0-0.0)	2.2	(0.0-5.3)
Lyon	94.9	(93.0-96.7)	1.3	(0.4-2.3)	3.8	(2.2-5.4)
Mineral	96.0	(90.2-100.0)	2.4	(0.0-7.3)	1.6	(0.0-4.8)
Nye	93.5	(90.9-96.1)	1.6	(0.2-2.9)	4.9	(2.7-7.2)
Pershing	87.7	(77.4-98.0)	2.8	(0.0-8.5)	9.5	(0.3-18.6)
Storey	98.3	(94.8-100.0)	0.0	(0.0-0.0)	1.7	(0.0-5.2)
White Pine	87.7	(78.0-97.3)	3.2	(0.0-8.2)	9.1	(0.5-17.7)
Nevada	**94.2**	**(93.6-94.9)**	**1.9**	**(1.5-2.2)**	**3.9**	**(3.3-4.5)**

Percent estimate suppressed when the unweighted sample size for the denominator was <50.
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Table A243: Percent of Adults Reporting How Often Anyone at Least 5 Years Older than them or an Adult, Forced them to have Sex, Urban Counties and Nevada, 2015 2018									
County/Region		**2015**		**2016**		**2017**		**2018**	
		%	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**	**%**	**95% C.I.**
Carson City	*Never*	94.8	(89.7-100.0)	94.0	(90.0-97.9)	89.7	(84.2-95.1)	89.9	(83.6-96.2)
	Once	1.9	(0.0-5.7)	3.8	(0.4-7.1)	5.8	(1.3-10.3)	4.2	(0.4-8.0)
	More than once	3.2	(0.0-6.8)	2.3	(0.1-4.4)	4.5	(1.2-7.9)	5.9	(0.7-11.1)
Clark	*Never*	93.1	(90.7-95.5)	93.8	(92.1-95.5)	94.9	(93.2-96.5)	95.6	(94.0-97.2)
	Once	2.5	(1.3-3.8)	1.9	(1.1-2.7)	1.5	(0.6-2.4)	1.1	(0.2-1.9)
	More than once	4.4	(2.3-6.5)	4.3	(2.8-5.9)	3.6	(2.2-5.0)	3.3	(2.0-4.7)
Washoe	*Never*	95.1	(93.3-96.9)	93.4	(91.7-95.1)	95.0	(93.2-96.7)	93.1	(91.0-95.3)
	Once	1.5	(0.5-2.5)	2.6	(1.4-3.8)	1.5	(0.7-2.4)	2.8	(1.5-4.1)
	More than once	3.4	(1.9-4.9)	4.0	(2.7-5.2)	3.5	(2.0-5.1)	4.1	(2.3-5.8)
Nevada	***Never***	**93.6**	**(91.9-95.4)**	**93.7**	**(92.5-95.0)**	**94.7**	**(93.5-95.9)**	**94.8**	**(93.6-96.0)**
	Once	**2.2**	**(1.3-3.1)**	**2.0**	**(1.4-2.7)**	**1.7**	**(1.1-2.4)**	**1.6**	**(0.9-2.2)**
	More than once	**4.1**	**(2.6-5.6)**	**4.2**	**(3.1-5.3)**	**3.5**	**(2.5-4.5)**	**3.7**	**(2.7-4.7)**

Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Behavioral Risk Factor Surveillance Survey. Data provided upon request. Carson City, NV.

Education

Table A244: Per Pupil Funding for Public Schools by County and Nevada, 2014, 2018 and Percent Change from 2014 to 2018			
County/Region	**2014**	**2018**	**% Change 2014-2018**
Carson City	$9,587	$10,751	12.1%
Churchill	$10,265	$11,238	9.5%
Clark	$8,006	$9,146	14.2%
Douglas	$9,689	$10,817	11.6%
Elko	$9,553	$12,124	26.9%
Esmeralda	$31,980	$33,263	4.0%
Eureka	$31,461	$32,147	2.2%
Humboldt	$9,568	$11,691	22.2%
Lander	$11,761	$12,920	9.9%
Lincoln	$14,076	$14,248	1.2%
Lyon	$9,914	$10,647	7.4%
Mineral	$14,013	$15,920	13.6%
Nye	$10,417	$12,291	18.0%
Pershing	$14,161	$17,032	20.3%
Storey	$15,768	$15,932	1.0%
Washoe	$8,506	$9,599	12.8%
White Pine	$10,745	$10,728	-0.2%
Nevada	**$8,274**	**$9,389**	**13.5%**
Range in NV	**$8,006 $33,980**	**$9,146 $33,263**	

Source: Nevada Department of Education. Nevada Report Card Accountability Portal. www.Nevadareportcard.com Retrieved March 2019.

Table A245: 11th Grade High School Proficiency Exam (HSPE) by Subject, County, and Nevada, 2014 2015 School Year*				
County/Region	**Mathematics - % Proficient**	**Reading - % Proficient**	**Science - % Proficient**	**Writing - % Proficient**
Carson City	83.9	88.6	87.5	83.2
Churchill	76.3	85.2	87.8	79.3
Clark	75.4	81.1	77.5	80.3
Douglas	89.3	90.2	89.0	86.0
Elko	76.9	80.2	81.1	77.1
Esmeralda	:	:	:	:
Eureka	100.0	95.5	95.5	95.5
Humboldt	78.4	84.8	84.3	86.0
Lander	88.7	91.5	95.8	92.9
Lincoln	61.1	80.4	74.0	87.1
Lyon	80.6	85.8	84.4	83.7
Mineral	80.8	84.6	80.8	92.3
Nye	65.8	76.3	74.9	74.9
Pershing	78.3	80.4	80.4	84.8
Storey	82.4	100.0	88.2	75.0
Washoe	81.1	83.9	82.0	82.7
White Pine	78.6	85.7	84.3	70.9
Nevada	**76.4**	**82.0**	**78.9**	**80.7**
Range in NV	**61.1 100.0**	**76.3 100.0**	**74.0 95.8**	**70.9 95.5**

*most recent year for which data is available for all counties; HSPE not administered after the 2014-2015 year.
Source: Nevada Department of Education. Nevada Report Card Accountability Portal. www.Nevadareportcard.com
Retrieved March 2019.

Table A246: Four year High School Graduation Rates by County and Nevada, 2015 2016 to 2017 2018			
County/Region	**2015-2016**	**2016-2017**	**2017-2018**
Carson City	80.3	83.9	86.0
Churchill	59.7	73.3	76.0
Clark	74.9	83.2	85.2
Douglas	88.3	87.5	88.6
Elko	85.1	88.5	91.8
Esmeralda	:	:	:
Eureka	100.0	100.0	100.0
Humboldt	76.6	89.5	90.6
Lander	80.3	92.3	86.8
Lincoln	82.4	86.1	89.4
Lyon	81.3	83.6	84.8
Mineral	74.2	84.4	89.3
Nye	68.9	79.3	80.0
Pershing	83.3	100.0	96.3
Storey	100.0	90.6	94.1
Washoe	76.6	84.0	84.4
White Pine	83.1	69.9	66.9
Nevada	**73.6**	**80.9**	**83.2**
Range in NV	**59.7 100.0**	**69.9 100.0**	**66.9 100.0**
United States	**84.0**	**85.0**	**:**

2018 data for the United States not available.
Source: Nevada Department of Education. Nevada Report Card Accountability Portal. www.Nevadareportcard.com Retrieved March 2019.
National Center for Education Statistics. Table 219.46. Public high school 4-year adjusted cohort graduation rate (ACGR), by selected student characteristics and state: 2010-11 through 2016-17. https://nces.ed.gov/programs/digest/d18/tables/dt18_219.46.asp retrieved August 2019.

Table A247: High School Graduation Rates by County and Select Special Population, 2016 2017					
County/Region	**Overall Graduation Rates**	**Ever Career and Technical Edu (CTE) Graduation Rates**	**Ever Free-reduced Lunch (FRL) Graduation Rates**	**Ever Individual Education Plan (IEP) Graduation Rates**	**Ever English Learner (EL) Graduation Rates**
Carson City	83.9	93.8	78.8	61.5	65.4
Churchill	73.3	82.8	69.9	52.6	:
Clark	83.2	92.3	80.2	69.0	83.4
Douglas	87.5	92.4	80.8	66.7	79.3
Elko	88.5	92.0	81.7	78.2	87.0
Esmeralda	:	:	:	:	:
Eureka	100.0	100.0	:	:	:
Humboldt	89.5	93.8	86.1	82.9	95.5
Lander	92.3	100.0	84.0	:	:
Lincoln	86.1	91.7	78.1	90.9	:
Lyon	83.6	95.3	66.7	75.6	:
Mineral	84.4	90.5	80.0	:	:
Nye	79.3	89.5	77.1	61.8	85.7
Pershing	100.0	100.0	100.0	:	:
Storey	90.6	:	:	:	:
Washoe	84.0	92.2	76.2	58.7	80.4
White Pine	69.9	83.3	63.4	60.7	:
Nevada	**80.9**	**91.2**	**76.8**	**64.7**	**81.7**
Range in NV	**69.9 100.0**	**82.8 100.0**	**63.4 100.0**	**52.6 90.9**	**65.4 95.5**

Source: Nevada Department of Education. Nevada Report Card Accountability Portal. Nevadareportcard.com retrieved March 2019.

Table A248: Public High School Students Enrolled in Nevada System of Higher Education by County and Nevada, 2015	
County/Region	**% of Total High School Graduates**
Carson City	48.9
Churchill	43.1
Clark	45.1
Douglas	49.3
Elko	43.5
Esmeralda	:
Eureka	26.3
Humboldt	47.7
Lander	50.0
Lincoln	12.5
Lyon	43.0
Mineral	33.3
Nye	34.4
Pershing	31.2
Storey	34.2
Washoe	54.3
White Pine	33.3
Nevada	**46.0**
Range in NV	**12.5 54.3**

Source: Nevada Instant Atlas. (2019). County Level Social and Economic Indicators Database. https://med.unr.edu/statewide/instant-atlas/county-data-map. Retrieved March 2019.

Table A249: Educational Attainment Level Among Population 25 Years and Older by County, Nevada, and the United States, 2013 2017 Aggregate Data					
County/Region	**% Less than 9th grade**	**% High School Graduate or Higher**	**% Bachelor's Degree or Higher**	**% Males w/ Bachelor's Degree or Higher**	**% Females w/ Bachelor's Degree or Higher**
Carson City	3.8	87.0	21.6	23.3	19.8
Churchill	4.3	89.4	18.3	16.3	20.3
Clark	6.3	85.3	23.3	23.2	23.4
Douglas	2.6	93.5	27.2	28.5	25.9
Elko	6.3	83.8	17.7	17.2	18.1
Esmeralda	3.5	90.3	16.7	21.0	12.9
Eureka	2.4	91.2	13.5	17.5	9.0
Humboldt	7.0	83.3	15.2	12.7	18.1
Lander	8.3	83.3	13.3	12.8	13.7
Lincoln	1.9	88.2	21.7	21.9	21.6
Lyon	4.8	85.5	14.7	13.0	16.4
Mineral	1.2	86.3	14.0	17.6	10.7
Nye	3.4	85.2	11.5	11.6	11.4
Pershing	8.5	80.9	13.7	11.4	18.4
Storey	0.3	94.7	22.9	29.3	16.5
Washoe	5.3	87.6	29.8	29.8	29.8
White Pine	4.3	84.9	14.6	11.6	18.9
Nevada	**5.9**	**85.8**	**23.7**	**23.6**	**23.8**
Range in NV	**0.3 8.5**	**80.9 94.7**	**11.5 29.8**	**11.4 29.8**	**9.0 29.8**
United States	**5.4**	**87.3**	**30.9**	**30.6**	**31.2**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table S1501

Table A250: Percent of Population 25 Years and Older with Less than 9th Grade, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	6.4	6.5	6.8	6.5	5.8
Washoe	6.2	6.2	5.2	5.5	3.7
Nevada	**6.0**	**6.1**	**6.4**	**6.1**	**5.2**
United States	**5.8**	**5.8**	**5.5**	**5.4**	**5.1**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table S1501

Table A251: Percent of Population 25 years and over Bachelor s Degree or Higher, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	22.1	22.7	23.1	23.3	24.4
Washoe	28.4	29.0	29.6	29.2	31.1
Nevada	**22.5**	**23.1**	**23.6**	**23.5**	**24.9**
United States	**29.6**	**30.1**	**30.6**	**31.2**	**32.0**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table S1501

Employment

Table A252: Unemployment Rates 2008 2018, by County and Nevada, Even Years 2008 2018							
County/Region	**Unemployment Rate**						**Change in Unemployment Rate 2008 to 2018**
	2008	**2010**	**2012**	**2014**	**2016**	**2018**	
Carson City	7.1	13.5	11.7	8.7	6.1	4.3	-2.8
Churchill	6.0	12.4	11.0	7.6	5.4	4.0	-2.0
Clark	6.6	13.8	11.3	8.0	5.9	4.7	-1.9
Douglas	7.4	13.8	11.5	8.0	5.6	3.9	-3.5
Elko	4.3	7.7	6.3	5.6	4.5	3.2	-1.1
Esmeralda	4.9	9.2	6.9	4.5	4.6	5.0	0.1
Eureka	5.2	7.8	6.1	5.9	4.6	2.8	-2.4
Humboldt	4.9	9.5	7.4	6.6	5.3	3.5	-1.4
Lander	4.4	9.5	7.4	6.6	6.2	3.3	-1.1
Lincoln	5.6	10.6	10.5	7.5	5.2	4.3	-1.3
Lyon	9.8	17.5	14.8	10.2	7.4	5.2	-4.6
Mineral	7.5	14.4	13.6	11.2	6.5	5.1	-2.4
Nye	9.7	17.3	14.5	9.6	7.3	5.7	-4.0
Pershing	7.0	10.6	9.7	7.2	5.8	3.6	-3.4
Storey	6.9	16.7	13.3	9.1	6.3	4.6	-2.3
Washoe	5.8	9.6	8.1	6.2	5.1	4.1	-1.7
White Pine	6.8	12.9	11.0	7.6	5.0	3.5	-3.3
Nevada	**4.7**	**9.2**	**7.7**	**6.0**	**4.6**	**3.7**	**-1.0**
Range in NV	**4.3 9.8**	**7.7 17.5**	**6.1 14.8**	**4.5 11.2**	**4.5 7.4**	**2.8 5.7**	**NA**
United States	**5.8**	**9.6**	**8.1**	**6.2**	**4.9**	**3.9**	**11.9**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.; US Department of Labor, Bureau of Labor Statistics. (n.d). Labor Force Statistics from the Current Community Population Survey. Employment status of the civilian noninstitutional population, 1948 to date. https://www.bls.gov/cps/cpsaat01.pdf retrieved August 2019.

Table A253: Percent of Population 16 Years or Older in Labor Force 2013 2017 Aggregate Data, by County and Nevada, 2013 2017 Aggregate	
County/Region	**% of population 16 yrs and over - in labor force (2013-2017 Aggregate Data)***
Carson City	59.5
Churchill	56.8
Clark	64.6
Douglas	55.2
Elko	70.2
Esmeralda	50.8
Eureka	64.9
Humboldt	70.1
Lander	65.7
Lincoln	45.1
Lyon	55.5
Mineral	58.2
Nye	44.6
Pershing	40.4
Storey	53.1
Washoe	65.9
White Pine	47.3
Nevada	**63.9**
Range in NV	**40.4 70.2**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A254: Percent of Population 16 Years or Older In labor force, Clark County, Washoe County, Nevada, and the Untied States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	65.3	64.6	64.2	63.9	64.1
Washoe	66.2	64.2	65.8	66.3	66.6
Nevada	**64.6**	**63.7**	**63.5**	**63.3**	**63.7**
United States	**63.6**	**63.3**	**63.1**	**63.1**	**63.2**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP03

Food Insecurity/Hunger

Table A255: Percent of Population Enrolled in SNAP 2010 and 2018 and Percent Change Based on Number of SNAP Enrollees 2010 to 2018, by County and Nevada			
County/Region	**2010**	**2018**	**% change in SNAP enrollment from 2010 to 2018**
Carson City	13.7	13.9	1.9
Churchill	13.3	14.9	14.8
Clark	12.4	16.4	48.2
Douglas	5.5	5.4	1.0
Elko	6.9	8.8	40.8
Esmeralda	3.3	6.8	150.0
Eureka	2.2	4.3	86.4
Humboldt	7.9	11.5	48.8
Lander	7.5	8.5	21.4
Lincoln	6.7	10.4	45.5
Lyon	9.9	12.0	27.4
Mineral	14.8	17.5	11.9
Nye	19.6	20.2	7.7
Pershing	6.9	7.9	14.3
Storey	2.0	2.8	44.3
Washoe	10.9	10.7	5.7
White Pine	8.7	10.2	20.7
Nevada	**12.0**	**15.0**	**38.6**
Range in NV	**2.0 19.6**	**2.8 20.2**	**1.0 150.0**

Sources: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

Table A256: Percent of Population that is Food Insecure by County and Nevada, 2016 and 2017		
County/Region	**2016**	**2017**
Carson City	13.1	12.4
Churchill	14.1	12.7
Clark	12.8	12.6
Douglas	11.8	11.0
Elko	8.7	8.7
Esmeralda	12.6	11.1
Eureka	12.8	11.5
Humboldt	8.8	7.6
Lander	8.9	7.9
Lincoln	13.0	12.5
Lyon	13.5	12.3
Mineral	15.6	15.1
Nye	14.5	14.1
Pershing	12.3	11.1
Storey	10.6	10.2
Washoe	11.9	11.2
White Pine	11.3	10.8
Nevada	12.7	12.2
Range in NV	8.7 15.6	7.6 15.1
United States	:	12.5

Source: Feeding America, Mind the Meal Gap. Interactive Map Food Insecurity in the United States. Retrieved March 2019 http://map.feedingamerica.org/

Table A257: Percent of Students who Qualify for Free or Reduced Lunch, by County and Nevada, 2018	
County/Region	**%**
Carson City	48.0
Churchill	51.8
Clark	63.6
Douglas	32.2
Elko	34.6
Esmeralda	57.3
Eureka	22.8
Humboldt	46.5
Lander	32.1
Lincoln	34.4
Lyon	45.3
Mineral	60.2
Nye	75.1
Pershing	56.9
Storey	6.1
Washoe	45.9
White Pine	29.1
Nevada	**53.8**
Range in NV	**6.1 75.1**

Source: Griswold, T. Packham, J, Etchegoyhen, L., Young, V., & Friend, J. (2019). Nevada Rural and Frontier Health Data Book - Ninth Edition. Reno, NV.

The Food Environment Index (Table A258 below) ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment:

1. Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty level threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas. In rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than one mile.
2. Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.

In addition, the Food Environment Index measure is calculated utilizing two sources of data, therefore the 2015/2016 data are composed of data from two different years. All data are presented in the 2018 and 2019 Robert Wood Johnson Foundation County Health rankings.

Table A258: Food Environment Index Scores by County and Nevada, 2018 and 2019 County Health Rankings, Data Years 2015 and 2015/2016

County/Region	2015	2015/2016
Carson City	7.8	7.9
Churchill	7.2	7.3
Clark	8.0	8.1
Douglas	7.4	7.5
Elko	8.3	8.4
Esmeralda	3.6	3.8
Eureka	5.8	5.9
Humboldt	8.3	8.3
Lander	8.7	8.6
Lincoln	5.2	5.4
Lyon	7.3	7.5
Mineral	4.4	4.8
Nye	6.1	6.2
Pershing	7.8	8.0
Storey	8.6	8.7
Washoe	7.8	7.9
White Pine	7.4	7.4
Nevada	**7.7**	**7.9**
Range in NV	**3.6 8.6**	**4.8 8.7**

Sources: Robert Wood Johnson Foundation. 2018 County Health Rankings data. Countyhealthrankings.org retrieved June 2019 and Robert Wood Johnson Foundation. 2019 County Health Rankings data. Countyhealthrankings.org retrieved June 2019.

Income/Poverty

Table A259: Median Earnings (in Dollars) by Household and Among Full time, Year round Workers by Gender, by County, Nevada, and the United States, 2013 2017 Aggregate Data					
County/Region	**Median household income**	***Median earnings**	***Median earnings for males**	***Median earnings for females**	***Difference in annual median earnings between males and females**
Carson City	$49,341	$30,256	$41,609	$36,685	$4,924
Churchill	$46,914	$27,944	$46,265	$35,596	$10,669
Clark	$54,882	$31,379	$43,742	$36,978	$6,764
Douglas	$61,176	$32,225	$52,080	$38,931	$13,149
Elko	$76,178	$40,820	$68,019	$37,872	$30,147
Esmeralda	$39,405	$27,097	$38,500	$27,250	$11,250
Eureka	$67,159	$53,327	$71,447	$51,250	$20,197
Humboldt	$69,324	$35,272	$63,119	$38,073	$25,046
Lander	$79,865	$48,887	$63,292	$45,000	$18,292
Lincoln	$52,971	$29,587	$49,327	$47,716	$1,611
Lyon	$50,920	$30,751	$47,791	$35,996	$11,795
Mineral	$39,375	$30,473	$42,868	$37,596	$5,272
Nye	$44,225	$26,642	$46,971	$36,025	$10,946
Pershing	$52,308	$32,453	$51,875	$35,521	$16,354
Storey	$63,607	$40,396	$59,688	$50,897	$8,791
Washoe	$58,595	$31,571	$47,687	$38,949	$8,738
White Pine	$60,358	$33,492	$58,824	$40,578	$18,246
Nevada	**$55,434**	**$31,465**	**$45,466**	**$37,184**	**$8,282**
Range in NV	**$39,375 $79,865**	**$26,642 $53,327**	**$38,500 $71,447**	**$27,250 $51,250**	**$1,611 $30,147**
United States	**$57,652**	**$32,141**	**$50,859**	**$40,760**	**$10,099**

*Median annual income for full-time, year-round workers

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP03

Table A260: Median Household Income (dollars), Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	$51,057	$51,214	$51,552	$54,384	$57,189
Washoe	$53,588	$52,618	$56,382	$58,175	$61,498
Nevada	**$51,230**	**$51,450**	**$52,431**	**$55,180**	**$58,003**
United States	**$52,250**	**$53,657**	**$55,775**	**$57,617**	**$60,336**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A261: Median Earnings for Workers (dollars), Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	$29,551	$30,322	$30,737	$31,133	$32,083
Washoe	$29,856	$29,945	$30,481	$30,933	$34,082
Nevada	**$29,610**	**$30,229**	**$30,799**	**$31,132**	**$32,322**
United States	**$30,454**	**$30,845**	**$31,394**	**$31,986**	**$33,646**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A262: Median Earnings for Female Full time, Year round Workers (dollars), Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	$35,478	$35,519	$36,670	$36,481	$37,407
Washoe	$37,467	$37,531	$36,568	$37,865	$40,158
Nevada	**$35,557**	**$35,993**	**$36,565**	**$36,681**	**$37,880**
United States	**$38,097**	**$38,941**	**$39,940**	**$40,626**	**$41,453**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A263: Median Earnings for Male Full time, Year round Workers (dollars), Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	$41,338	$41,731	$41,842	$43,782	$43,420
Washoe	$46,811	$42,743	$46,646	$45,360	$48,018
Nevada	**$42,682**	**$42,294**	**$43,681**	**$45,326**	**$45,439**
United States	**$48,099**	**$48,745**	**$49,938**	**$50,586**	**$51,284**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A264: Difference in Annual Median Earnings between Male and Female Full time Worker (dollars), Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	$5,860	$6,212	$5,172	$7,301	$6,013
Washoe	$9,344	$5,212	$10,078	$7,495	$7,860
Nevada	**$7,125**	**$6,301**	**$7,116**	**$8,645**	**$7,559**
United States	**$10,002**	**$9,804**	**$9,998**	**$9,960**	**$9,831**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A265: Percent of Select Populations whose Income in the Past 12 Months was Below the Poverty Level and Percent of Households with Cash Public Assistance Income by County and Nevada, 2013 2017 Aggregate Data							
County/Region	**% of total population**	**% of people under 18 years**	**% of people 18 to 64 years**	**% of people 65 years and over**	**% of families**	**% of families with female householder, no husband present - With related children of householder <18 yrs**	**% of households with cash public assistance income**
Carson City	14.7	22.8	13.8	8.9	11.1	36.0	4.5
Churchill	13.8	15.3	13.7	12.1	9.7	55.8	4.3
Clark	14.6	21.2	13.4	8.7	11.0	33.8	3.0
Douglas	9.8	13.5	10.7	5.3	6.5	22.4	1.6
Elko	11.5	16.2	9.6	10.0	9.3	36.9	1.2
Esmeralda	6.8	8.9	4.4	10.0	5.6	50.0	0.0
Eureka	10.0	0.0	4.3	51.0	2.5	0.0	0.0
Humboldt	9.1	9.7	9.0	8.0	5.4	31.7	0.9
Lander	13.2	22.3	9.3	11.1	9.8	68.9	1.5
Lincoln	12.1	25.2	11.4	2.3	7.6	50.0	3.2
Lyon	13.7	18.3	14.3	7.1	8.6	37.4	3.7
Mineral	20.3	41.4	16.1	11.4	14.6	46.2	1.8
Nye	17.3	26.7	17.9	10.5	12.0	46.7	4.2
Pershing	15.0	22.8	11.5	15.9	14.5	68.6	1.7
Storey	7.7	16.4	9.1	2.2	4.6	0.0	3.7
Washoe	13.3	16.9	13.4	7.8	8.5	33.2	3.2
White Pine	13.0	21.3	11.3	7.4	8.9	45.1	1.6
Nevada	**14.2**	**20.3**	**13.3**	**8.5**	**10.3**	**34.1**	**3.1**
Range in NV	**6.8 20.3**	**0.0 41.4**	**4.3 17.9**	**2.2 51.0**	**2.5 14.6**	**0.0 68.9**	**0.0 4.5**
United States	**14.6**	**20.3**	**13.7**	**9.3**	**11.8**	**38.7**	**2.6**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP03

Table A266: Percent of Total Population, whose Income in the Past 12 months is Below the Poverty Level, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	16.1	15.2	15.1	14.2	13.8
Washoe	15.1	15.6	13.7	12.2	10.8
Nevada	**15.8**	**15.2**	**14.7**	**13.8**	**13.0**
United States	**15.8**	**15.5**	**14.7**	**14.0**	**13.4**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A267: Percent of People under 18 years, whose Income in the Past 12 months is Below the Poverty Level, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	23.5	22.4	22.0	19.9	20.3
Washoe	19.2	18.8	17.7	16.0	12.7
Nevada	**22.7**	**22.0**	**20.9**	**19.1**	**18.5**
United States	**22.2**	**21.7**	**20.7**	**19.5**	**18.4**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A268: Percent of People 18 to 64 years, whose Income in the Past 12 months is Below the Poverty Level, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	14.6	13.8	13.9	13.4	12.7
Washoe	15.4	16.3	14.1	11.9	10.7
Nevada	**14.7**	**14.3**	**13.9**	**13.1**	**12.1**
United States	**14.8**	**14.6**	**13.9**	**13.2**	**12.6**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A269: Percent of People 65 Years and Over, whose Income in the Past 12 months is Below the Poverty Level, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	9.2	8.7	8.7	8.7	8.5
Washoe	7.3	7.6	6.4	8.0	8.5
Nevada	**8.7**	**8.3**	**8.4**	**8.7**	**8.5**
United States	**9.6**	**9.5**	**9.0**	**9.2**	**9.3**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A270: Percent of Families, whose Income in the Past 12 Months is Below the Poverty Level, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	12.1	11.5	11.7	10.9	10.1
Washoe	10.5	8.9	9.1	8.0	6.3
Nevada	**11.6**	**11.0**	**10.9**	**10.2**	**9.1**
United States	**11.6**	**11.3**	**10.6**	**10.0**	**9.5**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A271: Percent of Families with Female Householder, No Husband Present with Related Children of the Householder Under 18 Years, whose Income in the Past 12 Months is Below the Poverty Level, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	35.0	33.8	36.0	35.3	33.4
Washoe	36.5	31.2	32.1	38.0	22.6
Nevada	**35.8**	**34.3**	**35.7**	**35.8**	**31.0**
United States	**41.0**	**40.6**	**39.2**	**37.0**	**35.7**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A272: Percent of Population with Cash Public Assistance Income, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	3.2	3.1	3.2	2.8	2.7
Washoe	3.1	2.9	4.4	3.5	2.6
Nevada	**3.1**	**3.1**	**3.4**	**3.0**	**2.6**
United States	**2.8**	**2.7**	**2.5**	**2.5**	**2.3**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Environment and Built Environment

Air/Water Quality

Table A273: Number of Days per Year that the Air Quality Index was over 100 by County and Nevada, 2014 2018					
County/Region	**2014**	**2015**	**2016**	**2017**	**2018**
Carson City	8	5	0	2	8
Churchill	0	2	2	3	6
Clark	13	14	20	24	39
Douglas	3	6	1	4	9
Elko	1	0	1	1	0
Esmeralda	:	:	:	:	:
Eureka	:	:	:	:	:
Humboldt	:	:	:	:	:
Lander	:	:	:	:	:
Lincoln	:	:	:	:	:
Lyon	2	5	2	3	8
Mineral	:	:	:	:	:
Nye	2	1	2	4	0
Pershing	:	:	:	:	:
Storey	:	:	:	:	:
Washoe	7	3	7	4	19
White Pine	:	:	:	:	:

*Criteria air pollutants monitored at each location are **not identical**; Carson City - PM 2.5 and ozone; Churchill, Lyon - ozone; Douglas - PM 2.5; Elko, Nye, PM10

NOTE: In 2015 the EPA 8-hour O3 NAAQS strengthened from 0.075 to 0.070 ppm.

Sources: Washoe County data: Washoe County Health District, Air Quality Management Division. (2019). 2009-18 Washoe County, Nevada Air Quality Trends Report. Reno, NV.; Clark County data: http://airquality.clarkcountynv.gov/cgi-bin/aqi_archive_rpt.pl retrieved June 2019; Carson City, Churchill, Douglas, Elko, Lyon, Nye data: Nevada Division of Environmental Protection, Ambient Air Monitoring Branch, Bureau of Air Quality Planning. Data provided upon request. Carson City, NV.

Table A274: Number of Community Water Systems in Violation of Maximum Containment Levels for Primary Drinking Water Standards by County and Nevada, 2014 2018								
County/Region	# of Community Water Systems (CWS)	# of People Served by CWS	Proportion of Population Served by CWS	# of CWS found to be in Violation (# of Unique Violations Total)				
				2014	2015	2016	2017	2018
Carson City	3	56,310	100%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Churchill	9	13,501	51%	2 (8)	2 (8)	1 (3)	0 (0)	0 (0)
Clark	43	2,021,255	90%	4 (11)	3 (9)	3 (9)	4 (8)	4 (11)
Douglas	25	41,126	83%	2 (5)	3 (7)	0 (0)	0 (0)	1 (3)
Elko	17	45,546	85%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Esmeralda	2	488	51%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Eureka	5	1,245	71%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Humboldt	7	10,842	65%	0 (0)	1 (3)	1 (1)	1 (3)	4 (4)
Lander	3	4,335	71%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Lincoln	5	3,660	78%	2 (2)	1 (2)	1 (1)	0 (0)	0 (0)
Lyon	6	42,876	76%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Mineral	4	3,800	83%	0 (0)	1 (2)	1 (3)	0 (0)	0 (0)
Nye	25	20,737	45%	2 (8)	1 (5)	2 (5)	2 (6)	2 (8)
Pershing	4	5,652	100%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Storey	2	2,730	65%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Washoe	29	352,158	77%	1 (4)	2 (8)	2 (5)	3 (10)	4 (9)
White Pine	7	7,969	84%	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Nevada	**196**	**2,634,230**	**86%**	**13 (38)**	**14 (44)**	**11 (27)**	**10 (27)**	**15 (35)**

Source: Nevada Division of Environmental Protection, Bureau of Safe Drinking Water. Data provided upon request. Carson City, NV.

Crime and Violence-related Behaviors

Table A275: Percent of High School Students who were Electronically Bullied*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	2013	2015	2017
Carson City	:	:	16.6
Douglas	:	:	13.1
Carson City & Douglas	16.7	11.1	:
Churchill, Humboldt, Pershing, & Lander	17.4	19.3	18.8
Clark	14.4	12.9	11.6
Elko, White Pine, & Eureka	16.9	11.6	15.7
Lyon, Mineral, & Storey	15.5	19.4	19.4
Nye & Lincoln	16.1	20.6	10.8
Washoe	16.9	16.8	18.4
Nevada	**15.0**	**13.8**	**13.1**
Range in NV	**14.4 17.4**	**11.1 20.6**	**10.8 19.4**
United States	**14.8**	**15.5**	**14.9**

*Including being bullied through e-mail, chat rooms, instant messaging, websites, or texting; During the 12 months before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A276: Percent of High School Students who Did Not go to School because they Felt Unsafe at School or on their way to or from School*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	10.1
Douglas	:	:	9.8
Carson City & Douglas	5.1	9.7	:
Churchill, Humboldt, Pershing, & Lander	7.7	8.9	8.2
Clark	11.1	7.3	7.9
Elko, White Pine, & Eureka	7.4	5.8	8.1
Lyon, Mineral, & Storey	6.7	3.1	9.5
Nye & Lincoln	3.8	9.0	5.8
Washoe	14.8	9.0	12.7
Nevada	**11.0**	**7.6**	**8.7**
Range in NV	**3.8 14.8**	**3.1 9.7**	**5.8 12.7**
United States	**7.1**	**5.6**	**6.7**

*On at least 1 day during the 30 days before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A277: Percent of High School Students who Carried a Weapon on School Property*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	6.7
Douglas	:	:	11.2
Carson City & Douglas	21.4	3.7	:
Churchill, Humboldt, Pershing, & Lander	29.6	13.6	11.8
Clark	13.2	3.1	4.6
Elko, White Pine, & Eureka	25.2	4.3	15.6
Lyon, Mineral, & Storey	24.8	7.1	9.8
Nye & Lincoln	28.0	6.6	9.9
Washoe	20.3	5.0	7.4
Nevada	**15.7**	**3.7**	**5.7**
Range in NV	**13.2 29.6**	**3.1 13.6**	**4.6 15.6**
United States	**5.2**	**4.1**	**3.8**

*For example, a gun, knife, or club on at least 1 day during the 30 days before the survey.

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A278: Percent of High School Students who Experienced Physical Dating Violence*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	8.1
Douglas	:	:	4.3
Carson City & Douglas	10.4	3.0	:
Churchill, Humboldt, Pershing, & Lander	10.5	11.2	5.4
Clark	9.7	9.9	7.9
Elko, White Pine, & Eureka	11.2	10.6	10.1
Lyon, Mineral, & Storey	12.4	9.5	10.5
Nye & Lincoln	13.7	12.0	5.5
Washoe	12.8	10.8	7.8
Nevada	**10.3**	**9.9**	**7.9**
Range in NV	**9.7 13.7**	**3.0 12.0**	**4.3 10.5**
United States	**10.3**	**9.6**	**8.0**

*Including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with one or more times during the 12 months before the survey; Among students who dated or went out with someone during the 12 months before the survey

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A279: Percent of High School Students who Experienced Sexual Dating Violence*, by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	7.7
Douglas	:	:	4.6
Carson City & Douglas	12.3	6.9	:
Churchill, Humboldt, Pershing, & Lander	12.4	9.9	6.2
Clark	12.9	11.3	5.2
Elko, White Pine, & Eureka	16.8	10.5	7.2
Lyon, Mineral, & Storey	9.8	10.1	7.4
Nye & Lincoln	12.6	11.9	3.3
Washoe	13.3	12.1	7.8
Nevada	**13.0**	**11.2**	**5.7**
Range in NV	**9.8 16.8**	**6.9 12.1**	**3.3 7.8**
United States	**10.4**	**10.6**	**6.9**

*Including kissing, touching, or physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with one or more times during the 12 months before the survey; Among students who dated or went out with someone during the 12 months before the survey.

Sources: Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology. (2014). 2013 Nevada Youth Risk Behavior Survey. Carson City, NV.; Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV.; Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.

Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A280: Number of Reported Child Fatalities Due to Maltreatment by Region, SFY2015 SFY2018				
Jurisdiction	**SFY2015**	**SFY2016**	**SFY2017**	**SFY2018**
Clark	13	9	14	20
Washoe	0	0	0	1
Rural	4	0	0	0

Note: The four rural/frontier counties that reported a child fatality in SFY2015 were Douglas, Lyon, Nye, and White Pine. This report is generated for the three jurisdictions listed.
Source: Nevada Department of Health and Human Services, Office of Analytics. UNITY Report CFS742. Data provided upon request. Carson City, NV.

Table A281: Rate of Death Due to Homicide/Assault, Rural/Frontier Counties and Nevada, 2015 2018 Aggregate	
County/Region	**Rate per 100,000 population**
Churchill	4.9
Douglas	2.6
Elko	4.7
Esmeralda	:
Eureka	:
Humboldt	7.4
Lander	:
Lincoln	4.9
Lyon	5.1
Mineral	:
Nye	4.3
Pershing	3.7
Storey	:
White Pine	2.4
Nevada	**6.9**

*2018 data are preliminary and subject to change
Source: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Death Registry System. Data provided upon request. Carson City, NV.

Table A282: Rate of Death Due to Homicide/Assault per 100,000 Population, Urban Counties, Nevada, and the United States, 2015 2018				
County/Region	**2015**	**2016**	**2017**	**2018***
Carson City	:	3.6	5.4	3.6
Clark	6.8	8.4	8.2	7.8
Washoe	6.1	3.3	4.9	3.5
Nevada	6.4	7.0	7.2	6.9
United States	**4.9**	**5.5**	**5.9**	**5.9**

*2018 data are preliminary and subject to change
Sources: Nevada Department of Health and Human Services, Office of Analytics. Nevada Electronic Death Registry System. Data provided upon request. Carson City, NV and Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved at http://wonder.cdc.gov/ucd-icd10.html on Aug 3, 2019 1:27:00 pm

Quality of Housing

Table A283: Select Housing Indicators Among Rural/Frontier Counties, Nevada, and the United States, 2013 2017 Aggregate Data							
			Owner Metrics			Renter Metrics	
County/Region	Total # housing units	% occupied housing units	% occupied housing units - Owner-occupied	% owner-occupied units - Housing units with a mortgage	Homeowner vacancy rate	% occupied housing units - Renter-occupied	Rental vacancy rate
Carson City	23,722	93.4	55.0	60.0	0.8	45.0	4.5
Churchill	10,867	89.6	64.3	59.1	0.9	35.7	7.8
Clark	877,617	85.4	52.7	71.4	2.3	47.3	9.2
Douglas	24,063	84.7	69.4	62.9	1.3	30.6	2.3
Elko	21,075	84.8	70.6	57.9	0.7	29.4	13.3
Esmeralda	992	49.8	54.5	22.3	3.6	45.5	18.9
Eureka	1,167	65.6	69.0	32.8	0.0	31.0	6.7
Humboldt	7,455	84.0	76.9	58.2	2.7	23.1	4.9
Lander	2,688	81.2	81.4	43.9	1.1	18.6	9.1
Lincoln	2,661	72.5	69.2	61.7	1.1	30.8	11.7
Lyon	22,979	87.6	70.8	65.0	3.3	29.2	4.8
Mineral	2,770	67.1	65.1	40.2	5.0	34.9	17.9
Nye	22,348	80.9	69.3	52.4	1.8	30.7	4.5
Pershing	2,469	81.7	70.1	52.6	2.5	29.9	15.3
Storey	1,969	84.6	82.9	67.0	2.0	17.1	0.0
Washoe	191,068	90.8	57.7	68.1	1.8	42.3	5.6
White Pine	4,512	74.1	76.3	44.1	2.4	23.7	12.1
Nevada	**1,220,422**	**86.2**	**55.4**	**68.8**	**2.2**	**44.6**	**8.4**
Range in NV	**992 877,617**	**49.8 93.4**	**52.7 82.9**	**22.3 71.4**	**0.0 5.0**	**17.1 47.3**	**0.0 189.9**
United States		**87.8**	**63.8**	**63.5**	**1.7**	**36.2**	**6.1**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Table DP04

Table A284: Total Number of Housing Units, Clark County, Washoe County, and Nevada, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	854,128	871,866	871,866	881,238	899,735
Washoe	185,321	189,001	189,001	191,390	196,667
Nevada	**1,186,936**	**1,209,864**	**1,209,864**	**1,221,759**	**1,249,733**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A285: Percent Occupied Housing Units, Clark County, Washoe County, Nevada, and the Untied States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	83.5	84.7	85.0	85.7	86.9
Washoe	88.8	89.0	91.4	91.3	92.0
Nevada	**84.5**	**85.2**	**86.1**	**86.4**	**87.6**
United States	**87.6**	**87.5**	**87.7**	**87.6**	**87.4**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A286: Percent Owner Occupied Housing Units, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	51.9	50.3	51.6	52.3	54.2
Washoe	56.0	57.1	55.7	57.3	58.0
Nevada	**54.3**	**53.6**	**54.0**	**54.9**	**56.6**
United States	**63.5**	**6.1**	**63.0**	**63.1**	**63.9**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A287: Percent Owner Occupied Housing Units with a Mortgage, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	73.0	70.5	70.5	70.9	71.3
Washoe	66.7	69.4	68.8	66.4	69.2
Nevada	**69.9**	**68.4**	**68.2**	**68.1**	**69.0**
United States	**64.3**	**63.8**	**63.3**	**63.0**	**62.8**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A288: Percent Renter Occupied Housing Units, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	48.1	49.7	48.4	47.7	45.8
Washoe	44.0	42.9	44.3	42.7	42.0
Nevada	**45.7**	**46.4**	**46.0**	**45.1**	**43.3**
United States	**36.5**	**36.9**	**37.0**	**36.9**	**36.1**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A289: Rental Vacancy Rate, Clark County, Washoe County, and Nevada, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	11.3	8.9	9.5	8.9	7.4
Washoe	7.7	6.6	5.1	4.7	4.7
Nevada	**10.5**	**8.4**	**8.5**	**8.0**	**6.9**
United States	**6.5**	**6.3**	**5.9**	**5.9**	**6.2**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A290: Median Value of House, Percent of Renter and Total Owner Households Unaffordable, by County and Nevada, 2013 2017 Aggregate Data			
County/Region	**Median value of house (dollars)**	**Total owner households unaffordable***	**Total renter households unaffordable***
Carson City	$217,400	48.8	44.2
Churchill	$169,100	42.0	46.3
Clark	$212,300	43.9	50.0
Douglas	$311,400	53.2	45.8
Elko	$198,100	23.0	32.0
Esmeralda	$73,500	17.2	31.3
Eureka	$83,100	18.5	26.1
Humboldt	$163,500	26.5	39.7
Lander	$151,900	9.8	32.5
Lincoln	$132,900	28.1	25.9
Lyon	$158,000	43.2	39.4
Mineral	$90,900	34.5	28.4
Nye	$125,100	44.5	42.8
Pershing	$101,100	39.3	39.2
Storey	$187,100	40.4	12.8
Washoe	$268,100	43.3	47.3
White Pine	$130,600	26.9	31.7
Nevada	**$216,400**	**43.4**	**48.8**
Range in NV	**$73,500 $268,100**	**9.8 53.2**	**12.8 50.0**
United States	**$193,555**	**53.5**	**50.6**

*30%+ selected monthly costs as a percentage of household income

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Tables B25077 & DP04

Table A291: Median Value of House, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	$162,300	$188,700	$217,300	$233,700	$250,000
Washoe	$201,700	$233,300	$268,400	$299,100	$331,200
Nevada	**$165,300**	**$192,100**	**$221,400**	**$239,500**	**$258,200**
United States	**$173,900**	**$181,200**	**$194,500**	**$205,000**	**$217,600**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table B25077

Table A292: Total Percent of Owner Households Unaffordable*, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	50.3	43.7	42.1	43.7	42.0
Washoe	46.1	51.2	42.4	39.9	35.8
Nevada	**48.7**	**43.8**	**41.5**	**42.5**	**40.6**
United States	**45.9**	**45.4**	**43.6**	**41.8**	**40.0**

*30%+ selected monthly costs as a percentage of household income

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A293: Total Percent of Renter Households Unaffordable*, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	50.0	49.8	51.7	51.3	49.2
Washoe	49.0	49.6	45.9	48.7	45.7
Nevada	**49.2**	**49.5**	**49.4**	**49.7**	**47.9**
United States	**51.5**	**51.8**	**50.6**	**49.7**	**49.5**

*30%+ selected monthly costs as a percentage of household income

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A294: Number of Homeless Individuals, Clark County, Washoe County, and Balance of State, 2014 2018					
County/Region	**2014**	**2015**	**2016**	**2017**	**2018**
Clark	7,443	7,507	6,208	6,490	6,083
Washoe	769	907	989	1,106	1,192
Balance of State	370	327	201	237	269

Source: U.S. Department of Housing and Urban Development. HUD Continuum of Care Homeless Populations and Subpopulations Reports, 2014-2018 data for Clark, Washoe, and Balance of State. https://files.hudexchange.info/reports/published/CoC_PopSub_CoC_NV retrieved May 2019

Motor Vehicle Related

Table A295: Select Vehicle Access and Travel Time to Work Indicators, by County, 2013 2017 Aggregate Data		
County/Region	**% households with no vehicles available**	**Mean travel time to work (minutes)**
Carson City	6.8	18.5
Churchill	5.3	20.1
Clark	8.3	24.5
Douglas	2.6	23.9
Elko	3.6	31.3
Esmeralda	2.4	15.9
Eureka	5.1	22.5
Humboldt	3.6	29.9
Lander	8.4	23.6
Lincoln	2.7	13.2
Lyon	4.1	29.6
Mineral	9.7	13.1
Nye	3.5	24.4
Pershing	6.5	16.7
Storey	0.7	26.7
Washoe	7.2	21.4
White Pine	2.6	14.2
Nevada	**7.6**	**24.0**
Range in NV	**0.7 9.7**	**13.1 31.3**
United States	**8.8**	**26.4**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 5-Year Estimates, Tables DP04 and DP03

Table A296: Percent Occupied Housing Units with No Vehicles Available, Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	8.2	9.1	8.3	8.8	8.1
Washoe	7.3	7.6	7.5	8.4	5.9
Nevada	**7.7**	**8.3**	**7.7**	**8.2**	**7.2**
United States	**9.1**	**9.1**	**8.9**	**8.7**	**8.6**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP04

Table A297: Mean Travel Time to Work (minutes), Clark County, Washoe County, Nevada, and the United States, 2013 2017					
County/Region	**2013**	**2014**	**2015**	**2016**	**2017**
Clark	23.9	24.2	25.0	24.7	24.5
Washoe	21.6	20.8	20.8	21.2	22.5
Nevada	**23.7**	**23.8**	**24.2**	**24.1**	**24.2**
United States	**25.8**	**26.0**	**26.4**	**26.6**	**26.9**

Source: U.S. Census Bureau, American Community Survey, 2013-2017 American Community Survey 1-Year Estimates, Table DP03

Table A298: Percent of High School Students who Texted or e Mailed While Driving a Car or other Vehicle (past 30 days) by County/Region, Nevada, and the United States, 2013, 2015, and 2017			
County/Region	**2013**	**2015**	**2017**
Carson City	:	:	32.3
Douglas	:	:	47.8
Carson City & Douglas	44.8	43.9	:
Churchill, Humboldt, Pershing, & Lander	44.5	43.3	42.6
Clark	33.2	37.1	29.6
Elko, White Pine, & Eureka	45.0	48.9	40.6
Lyon, Mineral, & Storey	52.1	42.0	32.3
Nye & Lincoln	39.9	36.1	42.8
Washoe	36.8	35.3	32.3
Nevada	**35.7**	**37.7**	**31.5**
Range in NV	**33.2 52.1**	**35.3 48.9**	**32.3 47.8**
United States	**41.4**	**41.5**	**39.2**

Sources: Lensch, T., Baxa, A., Zhang, F., Gay, C., Larson, S., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2015 Nevada High School Youth Risk Behavior Survey (YRBS). Reno, NV. And Lensch, T., Martin, H., Zhang, F., Parrish, B., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report. Reno, NV.; Centers for Disease Control and Prevention. High School YRBS Trends. https://nccd.cdc.gov/youthonline/ retrieved Aug 2019.

Table A299: Rate of Motor Vehicle and Pedestrian/Pedal Cycle Fatalities per 100,000 Population by County, Nevada, and the United States, 2008 2017 Aggregate		
County/Region	**Motor Vehicle Fatality Rate**	**Pedestrian/Pedal Cycle Fatality Rate**
Carson City	10.9	3.8
Churchill	17.2	:
Clark	7.6	2.7
Douglas	9.9	:
Elko	16.6	:
Esmeralda	:	:
Eureka	:	:
Humboldt	19.7	:
Lander	37.9	:
Lincoln	:	:
Lyon	16.8	:
Mineral	:	:
Nye	26.7	:
Pershing	:	:
Storey	:	:
Washoe	7.4	3.2
White Pine	23.2	:
Nevada	**8.7**	**2.8**
United States	**9.9**	**2.2**

Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018. Data are from the Multiple Cause of Death Files, 1999-2017, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Retrieved at http://wonder.cdc.gov/ucd-icd10.html on Aug 19, 2019 3:32:42 PM

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

Introductory Script

Thank you for agreeing to participate in this key informant interview. My name is _____. The other person on the phone is: _____. As noted in the email you received, we work for The Blueprint Collaborative and have been hired by the Department of Health and Human Services to conduct a statewide needs assessment. This assessment will identify important health and community needs, within each county, for the entire state, and will be important in determining allocation for future public health funding. We are in the process of collecting data for a variety of targeted community indicators, such as health status, health outcomes, education, family and community relationships, employment and training opportunities, as well as other important information.

We respect your time and plan for this interview to last no more than 20 minutes. I will be asking the same questions that were included in the email invitation. We are not audio recording your responses. They will be recorded by _____in writing only, and the notes will be destroyed at the completion of the project. Your name will not be used in conjunction with your responses (unless you indicate you would like something conveyed on your behalf). The information you and others provide will be analyzed and summarized in aggregate. No comments will be identified or linked to individuals providing information through interviews.

Key Informant Interview Questions

Health

1. What are the strengths that exist in your county related to health?
2. What are the problems in your county related to health?
3. What do you think is needed to solve the problems you have identified?

Education and Job Training

4. What are the strengths that exist in your county related to education and job training?
5. What are the problems in your county related to education and job training?
6. What do you think is needed to solve the problems you have identified?

Highest Priority Populations

7. Please identify two populations in your county with the greatest needs. [Examples include, but are not limited to: children, seniors, individual with disabilities, veterans, etc.]
8. What services and/or programs are currently in place to support these populations?
9. What additional services/policies/supports are needed to meet the needs of these populations?

Closing Questions

10. Who would you recommend we reach out to for additional information about the needs in your county?

Thank you for your time today. We appreciate your participation in this project. If you have any questions or additional information to share after this interview, please contact us via email or phone.

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

Nevada 2019 Statewide Needs Assessment

Background

Thank you for agreeing to complete this 4-5 minute survey about your community. As noted in the email you received, The Blueprint Collaborative team was hired by the Nevada Department of Health and Human Services to conduct a statewide needs assessment. This assessment will identify important health and community needs, within each county, for the entire state. We are in the process of collecting data for a variety of targeted community indicators, such as health status, health outcomes, education, family and community relationships, employment and training opportunities, as well as other important information. Your answers to the questions included in this assessment will help inform the Department of Health and Human Services' funding priorities in the upcoming years.

The Blueprint Collaborative researchers will be the only people with access to survey responses. No comments will be identified or linked to individuals providing information through this survey.

* 1. Are you 18 years or older?

- ◯ Yes
- ◯ No

* 2. Are you a Nevada resident?

- ◯ Yes
- ◯ No

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

Nevada 2019 Statewide Needs Assessment

Nevada County You Reside and Work In

* 3. Which county do you primarily LIVE in? Select ONE from the drop down list.

4. Which county do you primarily WORK in?

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

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The Health of Your Community

5. Overall, how would you rate the health of the community you live in? Choose ONE.

- ◯ Very Unhealthy
- ◯ Unhealthy
- ◯ Healthy
- ◯ Very Healthy
- ◯ I don't know

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

Nevada 2019 Statewide Needs Assessment

The MOST Significant Issue that Impacts the Health of People in Your Community

* 6. From the list of choices below, please select the MOST significant issue that impacts the health of people in your community. Select only ONE.

- ◯ **Access to Health Care** (doctors, mental health care providers, dentists, hospitals, clinics)
- ◯ **Behavioral/Mental Health Issues and/or Substance Use & Abuse** (depression, suicide, bipolar, intellectual/developmental disabilities, use of alcohol, marijuana, prescription drugs, and/or opioids)
- ◯ **Chronic Diseases** (cancer, diabetes, heart disease)
- ◯ **Communicable or Infectious Diseases** (flu, HIV/AIDS, sexually transmitted diseases)
- ◯ **Crime and Violent-related Behaviors** (domestic violence, gangs, theft, bullying)
- ◯ **Education** (public/private K-12 school system, post high school education, college)
- ◯ **Employment and Job Training** (quality of jobs, types of jobs, vocational and technical job training)
- ◯ **Housing, Poverty, and Homelessness** (low wages, persons in poverty, food insecurity)
- ◯ **Environment and Built Environment** (air quality, water quality, food safety, bike paths, hiking trails, parks)
- ◯ **Family Dynamics and Maternal Child Health** (breastfeeding, infant mortality, prenatal care, teen pregnancy)
- ◯ **Preventive Behaviors** (nutrition, physical activity, immunizations, screenings)
- ◯ Other (please specify):

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

Nevada 2019 Statewide Needs Assessment

ACCESS TO HEALTH CARE

7. ACCESS TO HEALTH CARE: From the following list, identify the barriers that exist in your community. Check ONLY those that apply.

- [ ] Lack of primary care providers
- [ ] Long wait to be seen - the providers in the community are not able to book an appointment for a patient for several weeks or months
- [ ] Lack of mental health providers
- [ ] Long wait to be seen - the mental healthcare providers in my community are not able to book an appointment for a patient for several weeks or months
- [ ] Lack of dental care
- [ ] Long wait to be seen - the dental providers in my community are NOT able to book an appointment for a patient for several weeks or months
- [ ] Healthcare providers in my community DO NOT take my insurance
- [ ] Many residents believe the primary care providers DO NOT provide quality care
- [ ] Many residents believe the mental health care providers DO NOT provide quality care
- [ ] Many residents believe the dental care providers DO NOT provide quality care
- [ ] Other (please specify)
- [ ] Many people in my community DO NOT have health insurance
- [ ] Many people in my community CANNOT afford the cost of health insurance
- [ ] Many people in my community CANNOT afford the cost of health care, even with health insurance coverage.
- [ ] There is no hospital in my community
- [ ] Many residents believe the hospital in my community does not provide quality care, so they seek care from hospital(s) in another community
- [ ] There is no urgent care in my community
- [ ] Transportation barriers make it challenging for members of my community to get to their healthcare appointments
- [ ] Lack of outreach to community members on how to get connected with healthcare services and/or Medicaid and Medicare
- [ ] Lack of Emergency Response Services or EMS Vehicles (Ambulance, Life Flight)
- [ ] Lengthy response time for Emergency Response Services

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

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BEHAVIORAL/MENTAL HEALTH ISSUES and/or SUBSTANCE USE

8. BEHAVIORAL/MENTAL HEALTH and/or SUBSTANCE USE ISSUES: From the following list, identify the barriers that exist in your community. Check ONLY those that apply.

- [ ] Depression is a problem in my community
- [ ] Suicide is a problem in my community
- [ ] Long wait to be seen - the mental health providers in my community are not able to get patients in for appointments for several weeks or months
- [ ] Lack of mental health providers in my community
- [ ] Mental health providers in my community DO NOT take Medicare
- [ ] Mental health providers in my community DO NOT take Medicaid
- [ ] Lack of substance abuse treatment resources/programs in my community
- [ ] Lack of long-term inpatient clinics for behavioral health issues in my community
- [ ] Lack of outreach to community about the behavioral health services available
- [ ] Driving under the influence of alcohol or drugs is a problem in my community
- [ ] Alcoholism/binge drinking is a problem in my community
- [ ] Tobacco and vapor product use is a problem in my community
- [ ] Marijuana use is a problem in my community
- [ ] Illegal drugs (e.g., meth, heroin, cocaine) are a problem in my community
- [ ] Prescription drug abuse, such as pain relievers or sleep aids (e.g., oxycodone, hydrocodone, fentanyl, benzodiazepine) is a problem in my community
- [ ] Ease of access to alcohol and drugs in my community
- [ ] Lack of alcohol and drug prevention programs within the school system in my community
- [ ] Lack of alcohol and drug support groups in my community (e.g., AA Program)
- [ ] Lack of alcohol and drug treatment programs in my community
- [ ] Lack of inpatient alcohol and drug treatment facilities in my community
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

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CHRONIC DISEASES

9. CHRONIC DISEASES: From the following list, identify the barriers that exist in your community. Choose ONLY those that apply.

- [ ] Arthritis is a problem in my community
- [ ] Asthma is a problem in my community
- [ ] Cancer is a problem in my community
- [ ] Chronic Obstructive Pulmonary Disorder (COPD) is a problem in my community
- [ ] Other (please specify)
- [ ] Diabetes is a problem in my community
- [ ] Heart disease and hypertension are problems in my community
- [ ] Lack of outreach to community members on how to manage their chronic disease

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

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COMMUNICABLE AND INFECTIOUS DISEASES

10. COMMUNICABLE AND INFECTIOUS DISEASES: From the following options, identify which of these barriers exist in your community. Choose ONLY those that apply.

- [ ] Influenza (flu) is a problem in my community
- [ ] Sexually transmitted diseases are problems in my community
- [ ] Vaccine-preventable illnesses (e.g., chicken pox, measles) are problems in my community
- [ ] Hepatitis A/B/C are problems in my community
- [ ] Tick-borne infection (Lyme disease, relapsing fever, Rocky Mountain spotted fever) are a problem in my community
- [ ] Food-borne illnesses (food poisoning) are a problem in my community
- [ ] Tuberculosis is a problem in my community
- [ ] West Nile Virus is a problem in my community
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

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CRIME AND VIOLENT-RELATED BEHAVIORS

11. CRIME AND VIOLENT-RELATED BEHAVIORS: From the following list, identify which of these barriers exist in your community. Choose ONLY those that apply.

- [ ] Bullying is a problem in my community
- [ ] Child abuse is a problem in my community
- [ ] Cyberbullying (being bullied through email, texting, social media) is a problem in my community
- [ ] Domestic violence is a problem in my community
- [ ] Drug related crimes (drug sale/possession) are a problem in my community
- [ ] Elder abuse is a problem in my community
- [ ] Gun violence is a problem in my community
- [ ] Property crime (e.g., burglary, theft, motor vehicle theft) is a problem in my community
- [ ] Sexual assault/abuse is a problem in my community
- [ ] Sex trafficking is a problem in my community
- [ ] School violence (does not include bullying, which is listed above) is a problem in my community
- [ ] Lack of outreach or education on identifying crime or violent-related behaviors
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

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EDUCATION

12. EDUCATION: From the following list, identify the barriers exist in your community. Choose ONLY those that apply.

- [ ] Lack of early childhood education (preschool, pre-K) in my community
- [ ] Lack of after-school programming for kids (e.g., sports or arts) in my community
- [ ] High school graduation rate is low in my community (too many students dropout of high school before they graduate)
- [ ] Low number of young adults in my community going to college after graduating from high school
- [ ] Lack of funding for public schools in my community
- [ ] Lack of college educational opportunities in my community
- [ ] Lack of services that support educational attainment (e.g., tutoring) in my community
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

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EMPLOYMENT AND JOB TRAINING

13. EMPLOYMENT AND JOB TRAINING: From the following list, identify the barriers that exist in your community. Choose ONLY those that apply.

- [ ] Not enough jobs in my community that pay a living wage
- [ ] Not enough entry-level jobs in my community
- [ ] Not enough jobs in my community to support all the individuals needing jobs
- [ ] High unemployment rate in my community
- [ ] Lack of job training/vocational/technical opportunities in my community (for young adults who prefer not to go to college)
- [ ] Lack of affordable childcare (for parents who are attending college or job training programs) in my community
- [ ] Lack of outreach to connect community members with job training and/or job placement services
- [ ] Lack of diversity of local businesses (only a few options for employment) in my community
- [ ] Lack of job opportunities in my community for those individuals with college education or higher
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

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HOUSING, POVERTY AND HOMELESSNESS

14. HOUSING, POVERTY AND HOMELESSNESS: From the following list, identify the barriers that exist in your community. Choose ONLY those that apply.

- [ ] Too many people in my community live in poverty
- [ ] Many residents in my community rely on public assistance
- [ ] Lack of affordable housing in my community
- [ ] My community has a high number of individuals who are homeless
- [ ] My community has few resources/services available to individuals who are homeless
- [ ] The emergency departments in my community provide the majority of the medical care for the homeless population
- [ ] Lack of jobs in my community that pay a living wage
- [ ] Lack of entry-level jobs in my community
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

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ENVIRONMENT AND BUILT ENVIRONMENT

15. ENVIRONMENT AND BUILT ENVIRONMENT: From the following list, identify the barriers that exist in your community. Choose ONLY those that apply.

- [ ] Air quality is poor in my community
- [ ] Limited availability of healthy foods in my community
- [ ] Drinking water quality is poor in my community
- [ ] Lack of emergency preparedness in my community
- [ ] High number of motor vehicle accidents in my community
- [ ] High number of pedestrian accidents/deaths in my community
- [ ] Too many distracted drivers who text or use their phone while operating a car in my community
- [ ] Transportation; we need better public transportation in my community
- [ ] There are limited options for physical activity in my community
- [ ] The weather and climate in my community is a barrier for being physically active outside (too hot, too cold)
- [ ] Lack of public recreation facilities (e.g., parks, bike path, hiking trails, picnic tables, skate park) in my community
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

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FAMILY DYNAMICS AND MATERNAL CHILD HEALTH

16. FAMILY DYNAMICS AND MATERNAL CHILD HEALTH: From the following list, identify the barriers that exist in your community. Choose ONLY those that apply.

- [ ] There are too many low-birth weight babies born in my community
- [ ] Too few women in my community access prenatal care early on in their pregnancy
- [ ] Too many infants in my community are born premature
- [ ] Not enough women in my community breastfeed their infants
- [ ] My community has a high number of families whose parent(s) have substance use/abuse issues
- [ ] My community has a high number of families whose parent(s) work night and swing shifts (e.g., mining, casinos, hospitality)
- [ ] Many families in my community would benefit from parenting skills classes
- [ ] There are not enough supportive programs available in my community for single-parent households
- [ ] Lack of after-school programming for kids (e.g., sports or arts) in my community
- [ ] Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

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PREVENTIVE BEHAVIORS

17. PREVENTIVE BEHAVIORS: From the following list, identify the barriers that exist in your community. Choose ONLY those that apply.

- [ ] There is not access to healthy food in my community
- [ ] Too many people in my community eat unhealthy foods (e.g., fried foods, potato chips)
- [ ] Too many people in my community eat/drink a lot of sugar (e.g., sodas, sugary drinks, candy)
- [ ] Many people in my community do NOT engage in enough physical activity
- [ ] Obesity is a concern for many people in my community
- [ ] Other (please specify)
- [ ] Many parents in my community do NOT get their children immunized
- [ ] Adults in my community do NOT stay up to date with their immunizations (e.g., shingles, pneumococcal vaccine)
- [ ] People in my community do NOT get the flu shot
- [ ] Not enough people are screened for chronic illnesses (such as cancer) in my community

STATE HEALTH NEEDS ASSESSMENT

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DEMOGRAPHICS

These questions will help us determine how representative this survey is for each county.

18. SEX (choose one)

- ◯ Male
- ◯ Female
- ◯ Prefer not to answer
- ◯ Other (please specify)

19. AGE (choose one)

- ◯ 18-19 years old
- ◯ 20-29 years old
- ◯ 30-39 years old
- ◯ 40-49 years old
- ◯ 50-59 years old
- ◯ 60-69 years old
- ◯ 70 years or older
- ◯ Prefer Not to Answer

20. ETHNICITY

- ◯ Hispanic/Latino
- ◯ Non-Hispanic/Latino
- ◯ Prefer Not to Answer

21. RACE (select all that apply)

- [ ] Asian
- [ ] Native Hawaiian/Pacific Islander
- [ ] Black/African American
- [ ] White/Caucasian
- [ ] Native American/Alaskan Native
- [ ] Prefer Not to Answer
- [ ] Other (please specify)

22. WHAT TYPE OF HEALTH INSURANCE DO YOU CURRENTLY HAVE? (choose one).

- ○ Medicaid
- ○ Medicare
- ○ Private (through an employer)
- ○ Purchase own insurance (through marketplace or elsewhere)
- ○ Uninsured/no health insurance
- ○ Indian Health Service
- ○ Veterans/Military insurance
- ○ Prefer Not to Answer
- ○ Other (please specify)

23. CURRENT EMPLOYMENT STATUS (select all that apply).

- [ ] Employed full-time
- [ ] Employed part-time
- [ ] Out of work for less than 1 year
- [ ] Out of work for more than 1 year
- [ ] Homemaker
- [ ] Student
- [ ] Retired
- [ ] Disabled
- [ ] Unable to work
- [ ] Prefer Not to Answer
- [ ] Other (please specify)

24. HIGHEST EDUCATION LEVEL REACHED (choose one)

- ○ Did not graduate high school
- ○ Graduated high school (GED or equivalent)
- ○ Some college
- ○ College graduate (Associates or Bachelor's degree)
- ○ Graduate school (Master's degree/PhD or higher)
- ○ Health Professional School (e.g.,medical, nursing, dental, etc.)
- ○ Other Professional School (e.g., law)
- ○ Other (please specify)

STATE HEALTH NEEDS ASSESSMENT

The Blueprint Collaborative

Nevada 2019 Statewide Needs Assessment

THANK YOU. HOWEVER, THIS SURVEY IS FOR INDIVIDUALS 18 AND OVER WHO RESIDE IN NEVADA.

Thank you for your willingness to participate. This survey is for individuals 18 and older who reside in the state of Nevada. If you are under 18 or live outside of Nevada, we are not able to include you in this survey.

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Nevada 2019 Statewide Needs Assessment

Thank You!

We appreciate the time you have taken to complete the survey, please forward the link below with your neighbors, friends and family who reside in Nevada so we can obtain as much feedback as possible.

https://www.surveymonkey.com/r/2019NVNeedsAssessment

If you have any questions please contact Dina Hunsberger at dina@theblueprintcollaborative.com or Heather Kerwin at heather@theblueprintcollaborative.com.

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El Historia

Gracias por aceptar completar esta encuesta de 4-5 minutos. Como se indica en este correo electrónico que usted recibió, la organización The Blueprint Collaborative está trabajando con el Departamento de Salud y Servicios Humanos de Nevada para realizar una evaluación de las necesidades en todo el estado. Esta evaluación identificará importantes necesidades de salud y comunitarias en cada condado, en todo el estado. Estamos en el proceso de recolectar información para una variedad de indicadores comunitarios enfocados, como el estado de salud, los resultados de salud, educación, relaciones familiares y comunitarias, oportunidades de empleo y entrenamiento, así como otra información importante. Sus respuestas a las preguntas incluidas en esta encuesta ayudarán a informar al Departamento de Salud y Servicios Humanos a determinar las prioridades de financiamiento en los próximos años.

Los investigadores de The Blueprint Collaborative serán las únicas personas con acceso a sus respuestas a la encuesta. No se identificarán ni enlazarán comentarios a individuos que proporcionen información a través de esta encuesta.

* 1. ¿Tiene usted 18 años o más?

- ◯ Sí
- ◯ No

* 2. ¿Es usted residente de Nevada?

- ◯ Sí
- ◯ No

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Condado de Nevada reside y trabaja en

* 3. ¿En qué condado usted VIVE principalmente? Seleccione solo uno.

4. ¿En qué condados usted TRABAJA?

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Salud de tu comunidad

5. En general, ¿cómo calificaría la salud de la comunidad en la que usted vive?

- ◯ Muy poco saludable
- ◯ Poco saludable
- ◯ Saludable
- ◯ Muy saludable
- ◯ No sé

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Número uno de los problemas que impactan la salud en mi comunidad

* 6. **De la lista de opciones, seleccione el problema MÁS importante que impactan la salud de las personas en su comunidad.**

- ◯ **Acceso a servicios de salud** (doctores, proveedores de salud mental, dentistas, hospitales, clínicas)
- ◯ **Comportamiento/Problemas de salud mental/Uso y abuso de sustancias** (depresión, suicidio, trastorno bipolar, discapacidades intelectuales y del desarrollo, uso de alcohol, marihuana, medicamentos de venta con receta médica, opioides)
- ◯ **Enfermedades crónicas** (cáncer, diabetes, enfermedades del corazón)
- ◯ **Enfermedades contagiosas o infecciosas** (influenza, VIH/SIDA, enfermedades de transmisión sexual)
- ◯ **Comportamientos delictivos o relacionados con violencia** (violencia doméstica, pandillas, robo, hostigamiento o "bullying")
- ◯ **Educación** (sistemas escolares del kindergarten al 12.ograd público/privados, educación postsecundaria, universidad)
- ◯ **Otro** (por favor describa abajo):

- ◯ **Empleo y Entrenamiento para el empleo** (calidad de empleos, tipos de empleos, entrenamiento técnico y vocacional para el empleo)
- ◯ **Vivienda, pobreza, y falta de vivienda** (salarios bajos, personas en la pobreza, inseguridad alimentaria)
- ◯ **Medio ambiente y medio ambiente construido** (calidad del aire, calidad del agua, seguridad alimentaria, senderos para bicicletas, senderos para caminatas, parques)
- ◯ **Dinámicas familiares y salud infantil y materna** (lactancia, mortalidad de bebés, cuidado prenatal, embarazos de adolescentes)
- ◯ **Comportamientos preventivos** (nutrición, actividad física, vacunas, chequeos)

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Acceso a la atención de salud

7. **Acceso a la atención de saluda** - De la siguiente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] Faltan proveedores de atención primaria
- [ ] Largas esperas para ser visto, los proveedores en la comunidad no pueden programar una cita para un paciente por varias semanas o meses
- [ ] Faltan proveedores de salud mental
- [ ] Largas esperas para ser visto, los proveedor de servicios de salud mental en mi comunidad no pueden programar una cita para un paciente por varias semanas o meses
- [ ] Falta de atención dental
- [ ] Muchos residentes creen que los proveedores de servicios de salud dental NO ofrecen atención de calidad
- [ ] Largas esperas para ser visto, los proveedor de servicios de salud dental en mi comunidad NO pueden programar una cita para un paciente por varias semanas o meses
- [ ] Los proveedores de servicios de salud en mi comunidad NO aceptan mi seguro
- [ ] Muchos residentes creen que los proveedores de atención primaria NO ofrecen atención de calidad
- [ ] Muchos residentes creen que los proveedores de servicios de salud mental NO ofrecen atención de calidad
- [ ] Muchas personas en mi comunidad NO tienen seguro médico
- [ ] Muchas personas en mi comunidad NO PUEDEN solventar el costo del seguro médico
- [ ] Muchas personas en mi comunidad NO PUEDEN pagar el costo del seguro médico
- [ ] No hay hospital en mi comunidad
- [ ] Muchos residentes creen que el hospital en mi comunidad no ofrece atención de cuidado, por lo tanto, buscan atención de otro(s) hospital(es) en otra comunidad
- [ ] No hay atención de urgencia en mi comunidad
- [ ] Las barreras de transportación hacen que sea difícil para los miembros de mi comunidad llegar a sus citas médicas
- [ ] Falta comunicación con los miembros de la comunidad sobre cómo conectarse con servicios de atención de salud y/o Medicaid y Medicare
- [ ] Faltan servicios de respuesta de emergencia, o vehículos de servicios médicos de emergencia (por ejemplo: ambulancias, helicópteros para emergencias médicas)
- [ ] Largos periodos de respuesta para los servicios médicos de emergencia
- [ ] Otro (por favor describa abajo):

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Comportamiento/Problemas de salud mental/Uso y abuso de sustancias

8. **Comportamiento/Problemas de salud mental/Uso y abuso de sustancias** - De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] La depresión es un problema en mi comunidad
- [ ] El suicidio es un problema en mi comunidad
- [ ] Hay largas esperas para ser visto, los proveedor de servicios de salud mental en mi comunidad no pueden recibir a pacientes para citas por varias semanas o meses
- [ ] Faltan proveedores de salud mental en mi comunidad
- [ ] Los proveedores de servicios de salud mental en mi comunidad NO aceptan Medicare
- [ ] Los proveedores de servicios de salud mental en mi comunidad NO aceptan Medicaid
- [ ] Faltan recursos/programas de tratamiento para el abuso de sustancias en mi comunidad
- [ ] Faltan clínicas para estancia de largo plazo para problemas de salud conductual en mi comunidad
- [ ] Falta comunicación con la comunidad sobre los servicios de salud conductual disponibles
- [ ] El conducir bajo la influencia del alcohol y las drogas es un problema en mi comunidad
- [ ] El alcoholismo/uso de bebidas alcohólicas en exceso es un problema en mi comunidad
- [ ] El uso de productos de tabaco y vapeo es un problema en mi comunidad
- [ ] El uso de marihuana es un problema en mi comunidad
- [ ] Las drogas ilegales (por ejemplo: metanfetamina, heroína, cocaína) es un problema en mi comunidad
- [ ] El abuso de medicamentos de venta por receta médica, como analgésicos y medicamentos para dormir (por ejemplo: oxicodona, hidrocodona, fentanilo, benzodiazepina) es un problema en mi comunidad
- [ ] El fácil acceso al alcohol y drogas en mi comunidad
- [ ] La falta de programas de prevención para el uso de alcohol y drogas en el sistema escolar en mi comunidad
- [ ] La falta de programas de apoyo para el uso de alcohol y drogas en mi comunidad (por ejemplo: el programa AA)
- [ ] La falta de programas de tratamiento para el uso de alcohol y drogas en mi comunidad
- [ ] La falta de centros para internar a pacientes para el tratamiento para el uso de drogas en mi comunidad

- [ ] Otro (por favor describa abajo):

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Enfermedades crónicas

9. **Enfermedades crónicas** - De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] La artritis es un problema en mi comunidad
- [ ] El asma es un problema en mi comunidad
- [ ] El cáncer es un problema en mi comunidad
- [ ] La enfermedad obstructiva pulmonar crónica (COPD, por sus siglas en inglés) es un problema en mi comunidad
- [ ] La diabetes es un problema en mi comunidad
- [ ] Las enfermedades del corazón y la hipertensión son problemas en mi comunidad
- [ ] La falta de comunicación con los miembros de la comunidad sobre cómo controlar sus enfermedades crónicas
- [ ] Otro (por favor describa abajo):

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Enfermedades contagiosas o infecciosas

10. **Enfermedades contagiosas o infecciosas** - De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] La influenza (gripa) es un problema en mi comunidad
- [ ] Las enfermedades de transmisión sexual son un problema en mi comunidad
- [ ] Las enfermedades prevenibles con vacunas (por ejemplo: varicela, sarampión) son problemas en mi comunidad
- [ ] Las hepatitis A/B/C son problemas en mi comunidad
- [ ] Las infecciones causadas por garrapatas (enfermedad de Lyme, fiebre recurrente, fiebre maculosa) son problemas en mi comunidad
- [ ] Las enfermedades provenientes de los alimentos (intoxicación) con un problema en mi comunidad
- [ ] La tuberculosis es un problema en mi comunidad
- [ ] El virus del Nilo del oeste es un problema en mi comunidad
- [ ] Otro (por favor describa abajo):

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Comportamientos delictivos o relacionados con violencia

11. **Comportamientos delictivos o relacionados con violencia** - De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] El hostigamiento “Bullying” es un problema en mi comunidad
- [ ] El abuso infantil es un problema en mi comunidad
- [ ] El hostigamiento cibernético (hostigamiento a través de correo electrónico, mensajes de texto, redes sociales, conocido en inglés cono “Cyberbullying”) es un problema en mi comunidad
- [ ] La violencia doméstica es un problema en mi comunidad
- [ ] Los delitos relacionados con drogas (venta/posesión de drogas) son un problema en mi comunidad
- [ ] El abuso a adultos mayores es un problema en mi comunidad
- [ ] La violencia con armas de fuego es un problema en mi comunidad
- [ ] Los delitos en contra de propiedad (robo, allanamiento de morada, robo de vehículos) es un problema en mi comunidad
- [ ] El abuso/agresión sexual es un problema en mi comunidad
- [ ] El tráfico sexual es un problema en mi comunidad
- [ ] La violencia en las escuelas (lo que no incluye hostigamiento o “bullying”, que fueron mencionados anteriormente) es un problema en mi comunidad
- [ ] Falta comunicación o educación para identificar los comportamientos delictivos o violentos
- [ ] Otro (por favor describa abajo):

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Educación

12. **Educación** - De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] Falta educación temprana (preescolar, pre-K) en mi comunidad
- [ ] La tasa de graduación de la preparatoria es baja en mi comunidad (demasiados estudiantes abandonan la escuela antes de graduarse)
- [ ] Falta financiamiento para escuelas públicas en mi comunidad
- [ ] Faltan servicios de apoyo educativo (por ejemplo: tutorías) en mi comunidad
- [ ] Faltan programas para después de la escuela para niños (por ejemplo: deportes o artes) en mi comunidad
- [ ] Hay un bajo número de adultos jóvenes en mi comunidad que van a la universidad después de graduarse de la preparatoria
- [ ] Faltan oportunidades educativas a nivel de universidad en mi comunidad
- [ ] Otro (por favor describa abajo):

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Empleo y entrenamiento para el empleo

13. **Empleo y entrenamiento para el empleo** - De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] No hay suficientes empleos en mi comunidad que paguen un salario suficiente para vivir
- [ ] No hay suficientes empleos para personas sin experiencia en mi comunidad
- [ ] No hay suficientes empleos en mi comunidad para respaldar a todos los individuos que necesitan trabajo
- [ ] Alta tasa de desempleo en mi comunidad
- [ ] Faltan oportunidades de entrenamiento/vocacional/técnico en mi comunidad (para adultos jóvenes que prefieran no ir a la universidad)
- [ ] Falta cuidado infantil asequible (para padres que están asistiendo a la universidad o a programas de entrenamiento para el empleo) en mi comunidad
- [ ] Falta comunicación para conectar a los miembros de la comunidad con servicios de entrenamiento para el trabajo y/o búsqueda de empleo
- [ ] Faltan oportunidades en mi comunidad para aquellos individuos con educación universitaria o superior
- [ ] Falta diversidad en los negocios locales (solo unas cuantas opciones para empleo) en mi comunidad
- [ ] Otro (por favor describa abajo):

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Vivienda, pobreza, y falta de vivienda

14. **Vivienda, pobreza, y falta de vivienda -** De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] Demasiadas personas en mi comunidad viven en pobreza
- [ ] Demasiados residentes en mi comunidad dependen de la asistencia pública
- [ ] Falta vivienda asequible en mi comunidad
- [ ] Mi comunidad tiene un gran número de individuos que carece de vivienda
- [ ] Mi comunidad tiene pocos recursos/servicios disponibles para los individuos que carecen de vivienda
- [ ] Los departamentos de emergencia en mi comunidad ofrecen la mayoría de los servicios médicos para la población que no tiene vivienda
- [ ] No hay suficientes empleos en mi comunidad que paguen un salario suficiente para vivir
- [ ] No hay suficientes empleos para personas sin experiencia en mi comunidad
- [ ] Otro (por favor describa abajo):

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Medio ambiente y medio ambiente construido

15. **Medio ambiente y medio ambiente construido -** De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] La calidad del aire es mala en mi comunidad
- [ ] Hay disponibilidad limitada de alimentos saludables en mi comunidad
- [ ] La calidad del agua potable es mala en mi comunidad
- [ ] Falta preparación para emergencias en mi comunidad
- [ ] Hay un alto número de accidentes vehiculares en mi comunidad
- [ ] Hay un alto número de accidentes/muertes de peatones en mi comunidad
- [ ] Ha demasiados conductores distraídos usando mensajes de texto o en el teléfono mientras operan un carro en la comunidad
- [ ] Transportación; necesitamos mejor transporte público en mi comunidad
- [ ] Hay opciones limitadas para la actividad física en mi comunidad
- [ ] El clima en mi comunidad es una barrera para ser físicamente activo al aire libre (mucho calor, mucho frío)
- [ ] Faltan instalaciones recreativas públicas (por ejemplo: parques, senderos para bicicletas, senderos para caminar, mesas de pícnic, parques para patinar) en mi comunidad
- [ ] Otro (por favor describa abajo):

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Dinámicas familiares y salud infantil y materna

16. **Dinámicas familiares y salud infantil y materna -** De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] Hay demasiados bebés que nacen con bajo peso en mi comunidad
- [ ] Muy pocas mujeres en mi comunidad tienen acceso a servicios de salud prenatal a principios de su embarazo
- [ ] Muchos bebés en mi comunidad nacen prematuros
- [ ] No hay suficientes mujeres en mi comunidad que amamanten a sus bebés
- [ ] Mi comunidad tiene un alto número de familias en donde el padre o madre tienen problemas de uso/abuso de sustancias
- [ ] Mi comunidad tiene un alto número de familias en donde el padre o madre trabajan los turnos de la noche o turnos de la tarde hasta la medianoche (por ejemplo: minería, casinos, hotelería)
- [ ] Muchas familias en mi comunidad se beneficiarían de clases de habilidades para la crianza
- [ ] No hay suficientes programas de apoyo disponibles en mi comunidad para hogares con solo uno de los padres
- [ ] Faltan programas extraescolares para niños (por ejemplo: deportes o artes) en mi comunidad
- [ ] Otro (por favor describa abajo):

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Comportamientos preventivos

17. **Comportamientos preventivos -** De la siguente lista, identifique las barreras que existen en tu comunidad. Marque TODAS las opciones que apliquen.

- [ ] No hay acceso a comida saludable en mi comunidad
- [ ] Hay demasiadas personas en mi comunidad consumen alimentos que no son saludables (por ejemplo: alimentos fritos, papitas fritas)
- [ ] Hay demasiadas personas en mi comunidad comen/beben mucha azúcar (por ejemplo: refrescos, bebidas azucaradas, dulces)
- [ ] Muchas personas en mi comunidad no se involucran en suficiente actividad física
- [ ] La obesidad es una preocupación para muchas personas en mi comunidad
- [ ] Otro (por favor describa abajo):

- [ ] Muchos padres de familia en mi comunidad no vacunan a sus hijos
- [ ] Los adultos en mi comunidad no se mantienen al corriente con sus vacunas (por ejemplo: herpes, vacuna neumocócica)
- [ ] Las personas en mi comunidad no se ponen la vacuna en contra de la influenza
- [ ] En mi comunidad no hay suficientes personas que sean evaluadas para descartar enfermedades crónicas (como cáncer)

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Demografía

Estas preguntas nos ayudarán a determinar qué tan representativa es esta encuesta para cada condado.

18. **Sexo** (seleccione uno)

- ◯ Masculino
- ◯ Femenino
- ◯ Prefiero no responder
- ◯ Otro (por favor describa abajo):

19. **Edad** (seleccione uno)

- ◯ 18 a 19 años de edad
- ◯ 20 a 29 años de edad
- ◯ 30 a 39 años de edad
- ◯ 40 a 49 años de edad
- ◯ 50 a 59 años de edad
- ◯ 60 a 69 años de edad
- ◯ 70 años o más
- ◯ Prefiero no responder

20. **Etnia**

- ◯ Hispano/Latino
- ◯ No Hispano/Latino
- ◯ Prefiero no responder

21. **Raza**

- [ ] Asiático
- [ ] Negro/Afroestadounidense
- [ ] Nativo americano/Nativo de Alaska
- [ ] Nativo de Hawái/Isleño del Pacífico
- [ ] Blanco
- [ ] Prefiero no responder
- [ ] Otro (por favor describa abajo):

22. **Tipo de seguro médico** (seleccione todo lo que corresponda)

- [ ] Medicaid
- [ ] Medicare
- [ ] Seguros privado (a través del empleador)
- [ ] Compra su propio seguro (a través del mercado en línea o en otro lugar)
- [ ] Otro (por favor describa abajo):
- [ ] No está asegurado/No tiene seguro médico
- [ ] Servicio de Salud para Indígenas Estadounidenses
- [ ] Seguro médico para veteranos/militar
- [ ] Prefiero no responder

23. **Estatus de empleo (seleccione todo lo que corresponda)**

- [ ] Empleado de tiempo completo
- [ ] Empleado de medio tiempo
- [ ] Sin trabajo por menos de 1 año
- [ ] Sin trabajo por más de 1 año
- [ ] Ama de casa
- [ ] Otro (por favor describa abajo):
- [ ] Estudiante
- [ ] Retirado
- [ ] Discapacitado
- [ ] No puede trabajar
- [ ] Prefiero no responder

24. **Nivel más alto de educación que completó (seleccione uno)**

- ◯ No se graduó de la preparatoria
- ◯ Se graduó de la preparatoria (GED o equivalente)
- ◯ Algo de universidad
- ◯ Se graduó de la universidad (título técnico superior o de licenciatura)
- ◯ Título de maestría/doctorado o superior
- ◯ Prefiero no responder

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GRACIAS. SIN EMBARGO, ESTA ENCUESTA ES PARA INDIVIDUOS DE 18 Y MÁS DE QUIÉN RESIDEN EN NEVADA.

Gracias por estar dispuesto a participar. Esta encuesta es para personas mayores de 18 años que residen en el estado de Nevada. Si tiene menos de 18 años o vive fuera de Nevada, no podemos incluirlo en esta encuesta.

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¡GRACIAS!

Apreciamos el tiempo que ha tomado para completar la encuesta; envíe esta encuesta a sus vecinos, amigos y familiares que residen en Nevada para que podamos obtener la mayor cantidad de comentarios es posible.

https://www.surveymonkey.com/r/2019NVNeedsAssessment_Espanol

Si tiene alguna pregunta, póngase en contacto con Dina Hunsberger en dina@theblueprintcollaborative.com. Gracias.

Definition of Terms

Term	Definition	Source
4:3:1:3:3:1:4 vaccination series	Includes four doses of the diphtheria, tetanus, and pertussis vaccine; three doses of the poliovirus vaccine; one dose of the measles, mumps, and rubella vaccine; three doses of *Haemophilus influenza* type b vaccine; three doses of the Hepatitis B vaccine; one dose of the varicella (chicken pox) vaccine; and four doses of the *Pneumococcal* conjugate vaccine.	National Center for Immunizations and Respiratory Diseases
ACES	Adverse Childhood Experiences (ACES) are traumatic events or series of exposures during childhood (while under the age of 18). This includes physical and verbal abuse and neglect, among other factors. ACES are linked to risky health behaviors, chronic health conditions, and premature mortality/death.	Centers for Disease Control and Prevention
Air Quality Index (AQI)	The Air Quality Index was established by the United States Environmental Protection Agency (EPA) and measures five air pollutants ground-level ozone, particle pollution (also known as particulate matter), carbon monoxide, sulfur dioxide, and nitrogen dioxide to determine how clean or polluted the air is.	United States Environmental Protection Agency
Alcohol-related poisonings/overdose	All Diagnosis: ICD-9-CM 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3, 980.0, 980.1, E860.00-E860.02; ICD-10-CM F10, K70, G62.1, I42.6, K29.2, R78.0, T51.0, P04.3	Nevada DHHS - Office of Analytics
Alcohol-related mortality (deaths)	Contributing cause of death: F10, K70, Y90, Y91, X45, X65, Y15, T51.0, G31.2, G62.1, G72.1, I42.6, O35.4, P04.3, Q86.0, O35.4, K85.2, K86.0, E24.4, R78.0, Z72.1	Nevada DHHS - Office of Analytics
Ambulatory difficulty	Serious difficulty walking or climbing stairs.	Unite States Census Bureau
Autism Spectrum Disorder	Developmental disorder that affects communication and behavior.	National Institute of Mental Health
Binge drinker	5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month, measured among adults.	Behavioral Risk Factor Surveillance Survey
Birth rate	Number of live births per 1,000 women 15 to 44 years of age.	Centers for Disease Control and Prevention
Blood Alcohol Content (BAC)	The BAC is a measurement of the level of alcohol in the bloodstream. The legal limit for driving after consuming alcohol in Nevada is 0.08%.	United States National Library of Medicine
Blood stool test	A non-invasive mechanism to test for blood in fecal matter, used to screen for colon cancer.	National Cancer Institute
Built environment	Physical aspects of places where people live, work and recreate.	Centers for Disease Control and Prevention
Campylobacterosis	*Campylobacter* infection is typically acquired through exposure to raw or undercooked chicken or cross contamination from something that touched raw chicken. Other sources of infection include contaminated water and drinking unpasteurized milk and dairy products. Campylobacter can cause bloody diarrhea, fever, abdominal cramping.	Centers for Disease Control and Prevention
Career and technical education (CTE)	Program offered in public schools to provide students with technical skills and knowledge integrated with core academics tailored towards a specific career.	Association for Career and Technical Education
Cerebrovascular Disease	Disease that affects the blood supply to the brain, most often caused by a stroke, which can result in blockage or hemorrhage preventing blood from reaching the brain.	Centers for Disease Control and Prevention
Child mortality	Death rates of those aged 0 to 18 years.	Nevada DHHS - Office of Analytics
Chlamydia	Sexually Transmitted Disease (STD) that is curable with antibiotics. If left untreated, chlamydia may result in permanent damage to female reproductive organs making it difficult or impossible for future pregnancy and may also cause fatal pregnancy occurring outside the womb (ectopic pregnancy).	Centers for Disease Control and Prevention
Chronic Lower Respiratory Disease	Respiratory diseases, most commonly COPD-chronic bronchitis, emphysema, and asthma, that are collectively known as chronic lower respiratory diseases.	Centers for Disease Control and Prevention
Colonoscopy/Sigmoidoscopy	Colon cancer screening.	Behavioral Risk Factor Surveillance Survey
Community Health Needs Assessment (CHNA)	Also known as a Community Health Assessment or CHA. CHNAs/CHAs are required by the Patient Protection and Affordable Care Act (ACA) for all not-for-profit hospitals to conduct an assessment every three years. CHNAs/CHAs are required by the Public Health Accreditation Board for all county, local, regional, state, or tribal health authorities that are pursuing accreditation to perform an assessment every 5 years.	Internal Revenue Service Agency Public Health Accreditation Board
Community water systems (CWS)	Public water systems that supply ground or surface water to the same population year-round.	United States Environmental Protection Agency
Community Health Improvement Plan (CHIP)	CHIPs are conducted after an assessment and take the data findings and put them into action. CHIPs are required by the Public Health Accreditation Board to be completed every 5 years.	Public Health Accreditation Board

Appendix D: Definition of Terms

Term	Definition	Source
COPD	Chronic Obstructive Pulmonary Disease is also known as chronic bronchitis or emphysema. This is a progressive disease that may cause coughing, shortness of breath, or tightness in the chest.	National Heart, Lung, and Blood Institute
Currently drink alcohol	Had at least one drink of alcohol on at least 1 day during the past month, use measured among high school students.	Nevada Youth Risk Behavior Survey
Currently use marijuana	Used one or more times in past month.	Nevada Youth Risk Behavior Survey
Currently use tobacco	Used cigarettes, smokeless tobacco, or cigars in past month, use measured among high school students.	Nevada Youth Risk Behavior Survey
Diabetes Mellitus	Also known as diabetes, a condition where the body does not use or make insulin, which is the hormone that helps glucose transport into cells. Without insulin, blood glucose levels reach high levels and can damage organs and result in death. Persons with diabetes usually treat the disease with a prescribed and controlled diet that is low in sugar and must take insulin to process glucose.	United States National Library of Medicine
Educational attainment	Highest level of education reached.	United States Census Bureau
Electronic vapor products	Includes e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo. Use measured among high school students.	Nevada Youth Risk Behavior Survey
English language learner (ELL)	Those who are learning to speak English and/or speak limited English.	National Council of Teachers of English
Food Environment Index	The score ranges from 0 (worst) to 10 (best) and equally weights two indicators of the food environment: 1. Limited access to healthy foods estimates the percentage of the population that is low income and does not live close to a grocery store. "Low income" is defined as having an annual family income of less than or equal to 200 percent of the federal poverty level threshold for the family size. Living close to a grocery store is defined differently in rural and nonrural areas. In rural areas, it means living less than 10 miles from a grocery store whereas in nonrural areas, it means less than one mile; 2. Food insecurity estimates the percentage of the population that did not have access to a reliable source of food during the past year. A two-stage fixed effects model was created using information from the Community Population Survey, Bureau of Labor Statistics, and American Community Survey.	Robert Wood Johnson Foundation
Food Insecure	Food intake of one or more household members was reduced and their eating patterns were disrupted because the household lacked money and other resources for obtaining food.	United States Department of Agriculture
Food Insecurity	Reduced quality, variety or desirability of diet or disrupted eating patterns and reduced food intake.	United States Department of Agriculture
Free or reduced price (FRP)	Federally funded through the USDA's National School Lunch and Breakfast Programs to provide free and reduced-price breakfast and lunch during school hours to qualifying students.	United States Department of Agriculture
Frontier	Classification of a county based largely on population density and proximity to services. For the purpose of this report, "Frontier" is the least densely populated county delineation and populations are far from resources. Classifications used in this report were those used in the 2019 Nevada Rural and Frontier Health Data Book - Ninth Edition.	2019 Nevada Rural and Frontier Health Data Book - Ninth Edition
Gonorrhea	Sexually Transmitted Disease (STD) that is becoming more difficult to cure, due to antibiotic resistant strains becoming more prevalent. Gonorrhea symptoms are not always present but can cause burning sensation while urinating, discharge form the penis or vagina, or rectal infections. Gonorrhea can be passed to an infant during childbirth. If left untreated it may cause scar tissue build up in the fallopian tubes, pregnancy outside the womb, infertility, long-term pelvic or abdominal pain, and in some cases may spread to blood or joints.	Centers for Disease Control and Prevention
Health professional shortage areas (HPSA)	Designated by Health Resources and Services Administration as places with few primary, mental or dental healthcare providers given the population residing in the given area.	Health Resources and Services Administration
Heavy drinker	More than 2 drinks (men) or having more than 1 drink (women) in a day, measured among adults.	Behavioral Risk Factor Surveillance Survey
Hepatitis C	Hepatitis is inflammation of the liver; Hepatitis C is a blood-borne virus typically spread through exposure to or sharing of contaminated needles. In rare cases, Hepatitis C may be acquired through sexual contact. Upwards of 7 in 10 people with Hepatitis C infection will develop a long-term, chronic infection and if left untreated result in health issues and death.	Centers for Disease Control and Prevention
High school cohort graduation rates	Percent of incoming freshmen who graduate with a regular diploma 4 years later.	United States Department of Education
Human Immunodeficiency Virus (HIV)	Human Immunodeficiency Virus or HIV is the virus that attacks the immune system's CD4/T cells which fight off infections and disease. HIV in not treatable, but with medication, symptoms can be treated, and progression can be slowed. Eventually HIV leads to Acquired immunodeficiency syndrome or AIDS, characterized by a very low CD4 count and severe illnesses. Without treatment persons with AIDS usually survive about 3 years.	Centers for Disease Control and Prevention

Appendix D: Definition of Terms

Term	Definition	Source
Homeowner vacancy rate	Proportion of the homeowner housing inventory which is vacant for sale. It is computed by dividing the number of vacant units for sale only by the sum of owner-occupied units and vacant units that are for sale only, and then multiplying by 100.	United States Census Bureau
Household occupancy rates	Proportion of an areas houses which are occupied by either a renter or owner.	United States Census Bureau
Incidence rate	New cases of a disease or condition within a given population over a given period of time.	Centers for Disease Control and Prevention
Individualized education program (IEP)	Public school program for students with disabilities who qualify for special education and related services.	United States Department of Education
Infant mortality	Death rates per 1,000 live births among those aged 0 to < 1 year old.	Nevada DHHS - Office of Analytics
Invasive Pneumococcal Disease	*Strepotococcus pneumoniae* bacteria cause many types of illnesses, including ear infections, sinus infections, meningitis, and bacteremia (infection in the bloodstream). Some of these are invasive, meaning the bacteria has invaded a part of the body that is normally free from bacteria, virus, and other pathogens. When an infection invades the bloodstream, it can be carried to the brain/spinal cord and cause meningitis.	Centers for Disease Control and Prevention
Low birth weight	Infants born weighing less than 2,500 grams (5.5lbs).	Centers for Disease Control and Prevention
Malignant neoplasms	Cancerous tumor or cancer.	national Cancer Institute
Mammogram	Breast cancer screening.	Behavioral Risk Factor Surveillance Survey
Measles	Viral infection that is highly contagious causing high fever, cough, runny nose, red/watery eyes and eventually a rash will develop across the face spreading to the neck, body, and extremities. Serious complications include ear infections resulting in hearing loss, pneumonia, or swelling of the brain.	Centers for Disease Control and Prevention
Median family income	Annual earned income for two or more people related by birth, marriage or adoption residing in the same housing unit.	United States Census Bureau
Median household income	Annual earned income for an entire household, regardless of the relationship of persons in the house	United States Census Bureau
Median household value	Median value of a house.	United States Census Bureau
Medicaid	Health coverage for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. The program is funded jointly by states and the federal government.	Centers for Medicaid and Medicare
Medicare	Federal health insurance program for persons 65 years and older, people under 65 years of age with disabilities, and persons with end-stage renal disease, also known and permanent kidney failure.	Centers for Medicaid and Medicare
Melanoma	Most serious type of skin cancer.	United States National Library of Medicine
Mortality rate	Death rate, usually expressed as a number per 100,000 persons.	Centers for Disease Control and Prevention
Mumps	Viral infection that causes flu-like illness (fever, headache, muscle ache, loss of appetite), and is accompanied by swelling of the salivary glands resulting in tender and swollen jaw. Most people recover in two weeks, others may experience more severe complications such as inflammation of testicles, ovaries, pancreas, brain, or meninges (tissue covering brain and spinal cord).	Centers for Disease Control and Prevention
Nevada Check Up	Nevada's Children's Health Insurance Program which is similar to Medicaid for children ages zero to 18 years who are not covered by private insurance or Medicaid.	Nevada Division of Health Care Financing and Policy
Nevada Department of Health and Human Services (DHHS)	Nevada Department of Health and Human Services is the state government organization responsible for tracking, reporting on, funding, and promoting health and health-related conditions in Nevada.	Nevada Department of Health and Human Services
Nevada High School Proficiency Exam (HSPE)	State comprehensive standards-based exam administered during 10th and 11th grade. This exam was discontinued in Nevada after the 2014-2015 school year.	Nevada Department of Education
Obese	Students who were ≥95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts, measured among high school students.	Nevada Youth Risk Behavior Survey
Opioid mortality (deaths)	Underlying cause of death: X40-X44, X60-X64, X85, Y10-Y14; Contributing cause of death: T40.0-T40.4, T40.6	Nevada DHHS - Office of Analytics
Opioid-related poisonings/overdose	Principal Diagnosis: ICD-9-CM 965.0; ICD-10-CM T40.0-T40.4, T40.6; All Diagnosis: ICD-9-CM E850.0-E850.2	Nevada DHHS - Office of Analytics
Overweight	Students who were ≥85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts, measured among high school students.	Nevada Youth Risk Behavior Survey
Pap/Pap smear	Cervical cancer screening.	Behavioral Risk Factor Surveillance Survey

Appendix D: Definition of Terms

Term	Definition	Source
Pertussis	Also known as whopping cough or the 90-day cough, pertussis is caused by the bacterium *Bordetella pertussis, which* causes a violent cough which can sometimes cause apnea (pause in breathing) especially among infants. In children and adults, pertussis may cause vomiting during or after coughing.	Centers for Disease Control and Prevention
Physical dating violence	Including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with.	Youth Risk Behavior Survey
Pneumonia vaccine or *Pneumococcal* conjugate vaccine	Vaccination which protects against the *Streptococcus pneumoniae* bacteria.	Behavioral Risk Factor Surveillance Survey
Pregnancy rate	Sum of the total number of births, abortions, and fetal deaths per 1,000 women 15 to 44 years of age.	Centers for Disease Control and Prevention
Prevalence	Proportion of persons in a population who have a particular disease or attribute, at a specified point in time or over a specified period of time.	Centers for Disease Control and Prevention
Prostate-specific antigen (PSA) test	Prostate cancer screening.	Behavioral Risk Factor Surveillance Survey
Public Health Accreditation Board (PHAB)	The national accrediting body that defines the standards and measures a health authority should meet in order to be accredited.	Public Health Accreditation Board
Ratio	A few tables in Appendix A contain ratios of providers to population. The ratio represents the number of individuals served by one specific type of physician in a county, if the population was equally distributed across physicians. For example, if a county has a population of 50,000 and has 20 primary care physicians, their ratio would be: 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one Primary Care Physician in the county, and zero indicates there are no registered Primary Care Physicians in the county.	Robert Wood Johnson Foundation
Renter vacancy rate	Percentage of all available units in a rental property, such as a hotel or apartment complex, that are vacant or unoccupied at a particular time.	United States Census Bureau
Rural	Classification of a county based largely on population density and proximity to services. For the purpose of this report, "Rural" is the middle range of population density. Classifications used in this report mirrors those used in the 2019 Nevada Rural and Frontier Health Data Book - Ninth Edition.	2019 Nevada Rural and Frontier Health Data Book - Ninth Edition
Salmonellosis	Salmonellosis is caused by the bacteria, *Salmonella.* Salmonellosis may result in diarrhea, fever and abdominal cramps lasting 4-7 days. Most people recover on their own, however in severe cases persons experience bloody diarrhea or an infection in the bloodstream requiring antibiotics and often hospitalization.	Centers for Disease Control and Prevention
Sexual dating violence	Including kissing, touching, or physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with.	Youth Risk Behavior Survey
Sigmoidoscopy/Colonoscopy	Colon cancer screening exam.	Behavioral Risk Factor Surveillance Survey
Single-parent household	Household with children who live with one parent or guardian.	United States Census Bureau
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Federal program that provides nutrition education, supplemental foods, and referrals to services for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.	United States Department of Agriculture
Supplemental Nutrition Assistance Program (SNAP)	Federally funded program providing limited resources to eligible, low-income individuals and families in order to purchase food each month.	United States Department of Agriculture
Syphilis, Primary	Sexually Transmitted Disease (STD) that in the first stage or primary state causes sores around the genitals, anus, or rectum. This stage lasts from 3 to 6 weeks and will heal even if not treated. If left untreated progresses to the second stage, known as Secondary Syphilis.	Centers for Disease Control and Prevention
Syphilis, Secondary	Sexually Transmitted Disease (STD), second stage may be experienced if primary stage is left untreated. The Secondary stage is characterized by skin rash, swollen lymph nodes, and a fever. These symptoms will resolve even if left untreated, however the disease will progress to the latent and tertiary stages which emerge as symptoms up to 10 to 30 years after initial infection. The tertiary stage damages internal organs and can cause neurosyphilis resulting in dementia and eventually death.	Centers for Disease Control and Prevention
Tetanus	Bacterial infection, typically acquired from exposure to bacteria that are found in soil, and manure and transmitted through an open wound- cut, scratch, or puncture. Persons with tetanus infection may experience jaw cramping, muscle spasms, painful muscle stiffness, difficulty swallowing, seizures, fever, and changes in blood pressure and heart rate.	Centers for Disease Control and Prevention

Appendix D: Definition of Terms

Term	Definition	Source
Tuberculosis	Tuberculosis (TB) is caused by the bacterium called *Mycobacterium tuberculosis*, which typically attacks the lungs, but can be found in kidneys, spine or brain. There are two types of infection, latent TB infection and TB disease. Without treatment, TB disease can be fatal.	Centers for Disease Control and Prevention
Unaffordable housing	Monthly rent or mortgage equal to or more than 30% of the household's monthly income.	United States Department of Housing and Urban Development
Unemployment rate	Calculated as the percentage of those aged 16 years and older, who are in the labor force, but are not employed.	United States Census Bureau
Urban	Classification of a county based largely on population density and proximity to services. For the purpose of this report, "Urban" is the most densely populated county delineation. Classifications used in this report mirror those used in the 2019 Nevada Rural and Frontier Health Data Book - Ninth Edition.	2019 Nevada Rural and Frontier Health Data Book - Ninth Edition

Important Links and Reports

The following link and reports provide additional information for special populations and health issues in Nevada.

Data and Reports by Topic, Office of Analytics

http://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA___REPORTS/

Existing County Assessments and Plans

Carson City

- Carson City Community Health Needs Assessment (CHNA) 2017
- 2016 Community Health Needs Assessment Report

Churchill County

- Community Health Needs Assessment

Clark County

- Boulder City Hospital Community Health Needs Assessment, Fall 2018
- Dignity Health – St. Rose Dominican Community Health Needs Assessment, May 2019
- Southern Nevada Community Health Improvement Plan, June 2016

Douglas County

- 2016 Douglas County Community Health Needs Assessment Executive Summary
- Carson Valley Medical Center 2016 Community Health Needs Assessment Implementation Plan 2017-2019

Elko County

- Comprehensive Community Health Assessment for Elko County Health Board, October 2017

Lyon, Mineral and Story Counties

Healthy Communities Coalition, Lyon and Storey Counties, 2016-2018 Community Prevention and Wellness Plan

Nye County

- Comprehensive Community Health Assessment in May 2019

Washoe County

- 2018-2020 Washoe County Community Health Needs Assessment
- Washoe County Health District 2018-2020 Community Health Improvement Plan.
- Renown Health Community Benefit Plan, 2018-2021

Incarcerated Populations

http://doc.nv.gov/Home/Prison_Commissioners/Board_of_State_Prison_Commissioners/.

Individuals with Disabilities

Nevada has a Governor's Council on Developmental Disabilities (NGCDD) whose mission is to engage in advocacy, system's change and capacity building activities for people with developmental disabilities and their families in order to promote equal opportunity, self-determination, and community inclusion. The Developmental Disability Assistance and Bill of Rights Act (DD Act) allows state councils to identify areas of emphasis on which to focus; as such, the NCGDD conducted a needs survey that provided direction for a 2011-2016 Plan, which was approved by the US Administration of Intellectual & Developmental Disabilities

(AIDD). The four areas of emphasis identified by and for Nevada include: 1) employment; 2) transportation; 3) health; and 4) self-advocacy.

Seniors

The State of Nevada Department of Health and Human Services Aging and Disability Services Division addresses senior issues on a regular basis through the following three commissions/forums:

1. Commission on Aging (Director appointed Commission). More information can be found at http://adsd.nv.gov/Boards/COA/COA/. Additional boards and commissions focusing on specific issues related to aging and disabilities can be found at http://adsd.nv.gov/Boards/Boards_andCommissions/.
2. Legislative Commission on Senior Citizens, Veterans, and Adults with Special Needs. More information can be found at https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2017/Committee/1405/Overview?InEditMode=False
3. Nevada Silver Haired Legislative Forum. More information can be found at https://www.leg.state.nv.us/App/InterimCommittee/REL/Interim2017/Committee/1369/Overview.

Veterans

The Nevada Department of Veterans Services provides information about all veteran organizations in the state of Nevada: https://veterans.nv.gov/community/veteran-organizations/.