

# COMMUNITY HEALTH NEEDS ASSESSMENT

2023

Renown Health

CONDUENT 

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# INTRODUCTION

## RENOWN HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT

Welcome to the 2023 Renown Health Community Health Needs Assessment (CHNA), a dynamic chronicle of our joint effort towards community well-being. This report represents our firm commitment to inclusive healthcare that is rooted in community input.

Our aim is to co-create a healthcare ecosystem that provides tailored support for each resident's unique needs. Our approach is comprehensive, acknowledging and addressing health disparities, promoting health equity, and recognizing the significant impact of social determinants of health within our community.

The Renown Health 2023 CHNA is based on collective community perspectives and goes beyond conventional healthcare planning. It reflects our commitment to tearing down barriers and creating an inclusive space where quality healthcare is accessible to all. We have integrated these strategies into the BARHII Framework and the CMS Framework for Health Equity, ensuring that our initiatives and identified health needs are based on a true understanding of the root causes of health disparities.

Our approach to healthcare planning encompasses more than traditional methods, recognizing the complex interplay of factors, including social determinants of health. We are committed to promoting health equity, striving to ensure equal access to opportunities for all, irrespective of their background, to lead healthy lives. By prioritizing access to healthcare, we bridge gaps, ensuring no one in our community is left behind.

This report represents more than just a collection of information; it is a foundation that we can share, a significant step towards developing a healthcare model that is responsive to the diverse needs of Washoe County and the communities we serve.

The Community Health Needs Assessment process and objectives are focused on co-creating a healthier, more equitable, and resilient community. As a healthcare provider, Renown Health is deeply committed to the well-being of our community.

**For further details, including CHNA materials for this report, as well as past CHNA reports, please visit the websites [www.renownhealth.org](http://www.renownhealth.org) and [www.nevadatomorrow.org](http://www.nevadatomorrow.org).**

**Please note the CHNA/IS Reports are living documents adapted in response to everchanging citizens, community and stakeholder needs. Any list(s) of partners included is not exhaustive. The collaborative welcomes any organizations and stakeholders involved in priority-centered work to join our efforts.**

# ABOUT RENOWN HEALTH

## RENONN HEALTH COMMUNITY HEALTH NEEDS ASSESSMENT

### Our Story

Renown Health was founded as Washoe Health System in 1862 during a smallpox outbreak. The clinic became the area's first hospital when Nevada became a state in 1864 and opened the first 40-bed facility in 1876. Over the next century, Washoe Health System would establish pediatric, cardiac and cancer centers in northern Nevada. In 1984, Washoe Health System transitioned to a private not-for-profit health network and became the region's only Level II Trauma Center between Sacramento and Salt Lake City. Washoe Health System launched its not-for-profit health insurance division, Hometown Health (formerly Hospital Health Plan), in 1988 and earned a Medicare contract with the Centers for Medicare and Medicaid to offer a Medicare Advantage Plan, Senior Care Plus, in 1996.

In 2006, Washoe Health System rebranded to Renown Health and in 2007, opened the Tahoe Tower in Renown Regional Medical Center, a 10-story patient care tower featuring state-of-the-art technology. Renown Health became the first hospital in northern Nevada to perform robotic surgery using the da Vinci Surgical System in 2008. The area's first and only children's emergency room was opened in 2009 at Renown Regional Medical Center and is the region's only Children's Hospital.

Renown Health launched the Healthy Nevada Project, a population health study, in 2016. The Healthy Nevada Project provided northern Nevadans with no-cost genetic testing and participants who opted-in to receive clinical results were then screened for Tier 1 CDC genetic conditions in 2018.

In 2020, Renown Health established the Western Clinical Alliance, a clinically integrated network focused on improving patient outcomes and lowering the overall cost of care. In addition to partnering with community physicians, Renown Health is also affiliated with the University of Nevada, Reno School of Medicine, establishing Nevada's first fully integrated health system.

Today, Renown Health is the region's only Level II Trauma Center, serving more than 1 million people and over a 100,000 square mile reach - across northern Nevada, Lake Tahoe and eastern California.

### Our Mission

Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.

### Our Vision

Renown Health, with our partners, will inspire better health in our communities.

### Our Values

**Caring:** We are caring and compassionate.

**Integrity:** We demonstrate respect and integrity.

**Collaboration:** We collaborate with our patients, families, employees, physicians, and communities.

**Excellence:** We strive for excellence in all we do.

# THANK YOU TO OUR COMMUNITY

Renown Health would like to express sincere appreciation to our community partners who have been instrumental in the successful completion of the 2023 Community Health Needs Assessment (CHNA). We extend special thanks to Northern Nevada Public Health for their invaluable insights, unwavering dedication, and community involvement that has helped shape this report.

We would also like to acknowledge and thank the Board and leadership at Renown Health for their support and commitment to community health. Their guidance has been pivotal in fostering a collaborative environment that promotes inclusivity and equity.

Our non-profit partners have played a crucial role in facilitating communication, data sharing, and community engagement. Together, we remain committed to enhancing the health and well-being of Washoe County residents and our state.

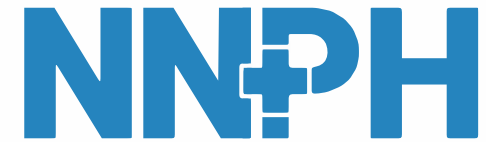
We would like to recognize the invaluable contributions of our public health consultants from Conduent Healthy Communities Institute (HCI), especially Maudra Brown and Alison Sunahara whose expertise, dedication, and leadership have been integral to the success of the CHNA. Their commitment to equity, collaboration, and community-centric approaches has enriched the entire assessment process.

This report is a testament to the spirit of collaboration and commitment to improving community health, and we look forward to continued growth and diverse partnerships for a healthier community.

**Suzanne Hendery, MA, APR**  
**CHIEF COMMUNICATIONS & CUSTOMER OFFICER**

“Healthcare and our economy are in the midst of a major transformation, and Renown Health is very well positioned for the future. Our ongoing success will hinge on our ability to establish positive and productive relationships, maintain high-quality patient clinical outcomes and experiences, reduce healthcare costs, encourage innovation and improve access and affordability for patients and members.

**Brian Erling, MD, MBA**  
**PRESIDENT AND CHIEF EXECUTIVE OFFICER**

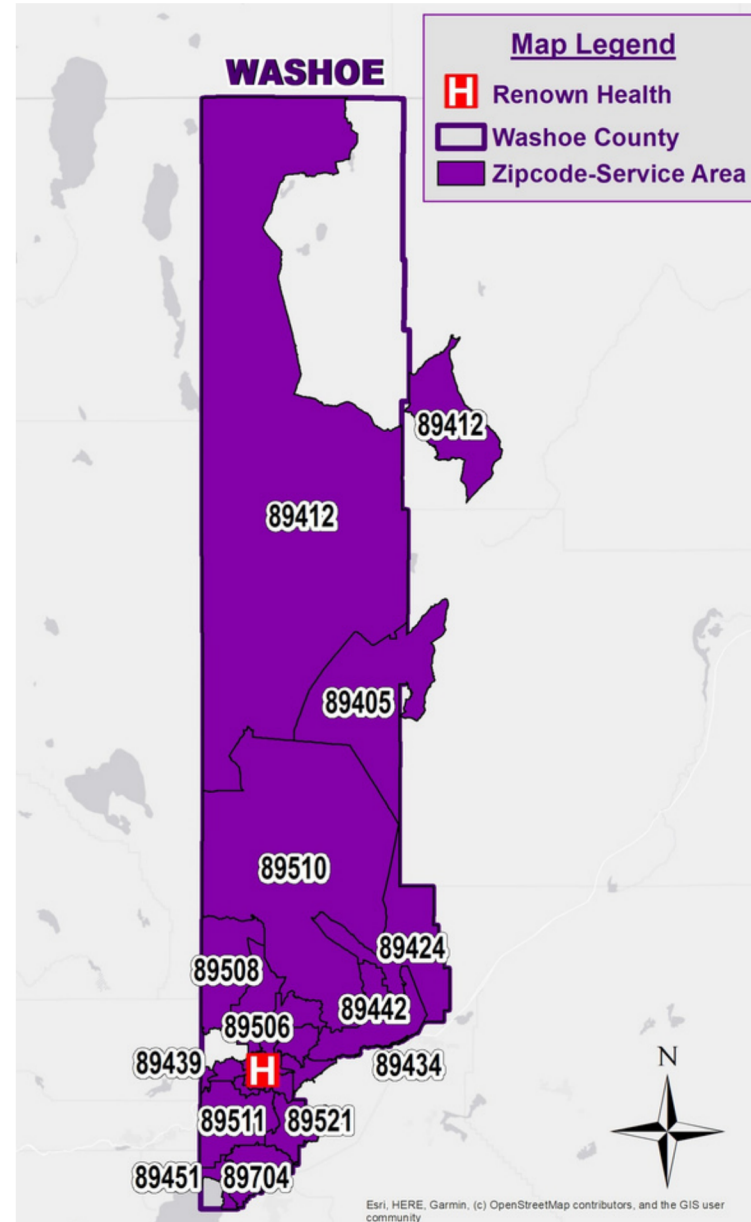


**NEVADA TOMORROW**



# RENOWN HEALTH SERVICE AREA

Renown Health is a healthcare provider serving multiple communities in northern Nevada and eastern California, located east of the Sierra Nevada mountain range. The primary focus of Renown Health is to provide healthcare services to residents of the Reno Sparks area, which is situated in Washoe County. This county has a population of approximately 502,193 residents, making it the second most populous county in Nevada. Over 90% of the county's population lives in the Reno-Sparks metropolitan area, which has undergone significant growth in the last decade.



# LOOK BACK: EVALUATION OF PROGRESS SINCE PRIOR CHNA

Renown Health's 2020 Community Health Needs Assessment (CHNA) took into account demographic factors and disparities to identify top health needs. Through a comprehensive analysis, four areas were prioritized: Health Behaviors, Immunizations & Infectious Diseases, Substance Abuse, and Youth & Adolescent Health. This inclusive approach, which incorporated community input, helped shape the Renown Health Implementation Plan for 2021-2023. These insights aim to connect patients with necessary resources to address community health challenges, reflecting Renown Health's commitment to equitable and inclusive healthcare. Additional updates on the status of Renown's efforts for the 2020 CHNA cycle can be found in the Appendix.



By incorporating an equity lens into the CHNA (Community Health Needs Assessment) process, Renown Health identified significant disparities in health outcomes across various demographics. The analysis highlighted inequities based on race/ethnicity, age, and location. Notably, the Black/African American and Hispanic/Latino populations faced significant challenges. The health issues of teenagers and adolescents were also more prominent, and specific geographic regions exhibited higher levels of socioeconomic need, which could lead to potential health disparities. This equity-based understanding has enabled us to develop strategies and interventions aimed at addressing these disparities and fostering a more inclusive and equitable healthcare system for the community.

- 01 Health Behaviors (Health Literacy and Systems Navigation)**  
Focused on deciphering health literacy and navigating complex healthcare systems.
- 02 Immunizations and Infectious Diseases**  
Addressing concerns related to immunization practices and the management of infectious diseases.
- 03 Behavioral Health (Combining Substance Abuse and Mental Health)**  
Encompassing the interconnected challenges of substance abuse and mental health.
- 04 Youth and Adolescent Health**  
Delving into the unique health dynamics affecting the youth and adolescents in our community.



# CHNA PLANNING PROCESS

Renown Health led the CHNA planning process, with representatives from internal leadership and partner organizations. This section highlights the planning process and work plans of the CHNA initiative to tackle prioritized health needs over the next three years. Conduent HCI worked with Renown Health representatives, community partners, and leadership to guide the process. The plan's proposed activities align with current needs, the mission, and the capacity of Washoe County's community partners. The CHNA process timeline is depicted in the graphic. Regular reviews and updates will ensure the plan reflects community needs and resources as they evolve.

## Kick Off Meeting

In June 2023, the project timeline for the Community Health Needs Assessment was created after an initial review process by the leadership team. The working group and stakeholders had a project kick-off meeting to discuss the project's scope, timeline, milestones, roles, and responsibilities.

## Community Data Presentation

In October 2023, Conduent and Renown Health facilitated two virtual prioritization sessions to identify priority health needs in the service area, including presentation of data findings and discussion exercises.

## Implementation Strategy Planning

In January 2024, Renown Health will identify priority health needs in the service area, and with its partners develop an implementation strategy designed to address those prioritized health needs.

## Secondary Data Presentation

In July 2023, Conduent Healthy Communities Institute analyzed community health status indicators, demographic information, and socioeconomic data for Washoe County using their SocioNeeds Index Suite® and Data Scoring Tool. They identified the needs of vulnerable or underserved populations and incorporated additional indicators from Northern Nevada Public Health.

## Data Collection & Community Voices

In August 2023, Conduent collaborated with Northern Nevada Public Health and Renown Health to gather and synthesize quantitative and qualitative data for the CHNA process.

## CHNA Final Report

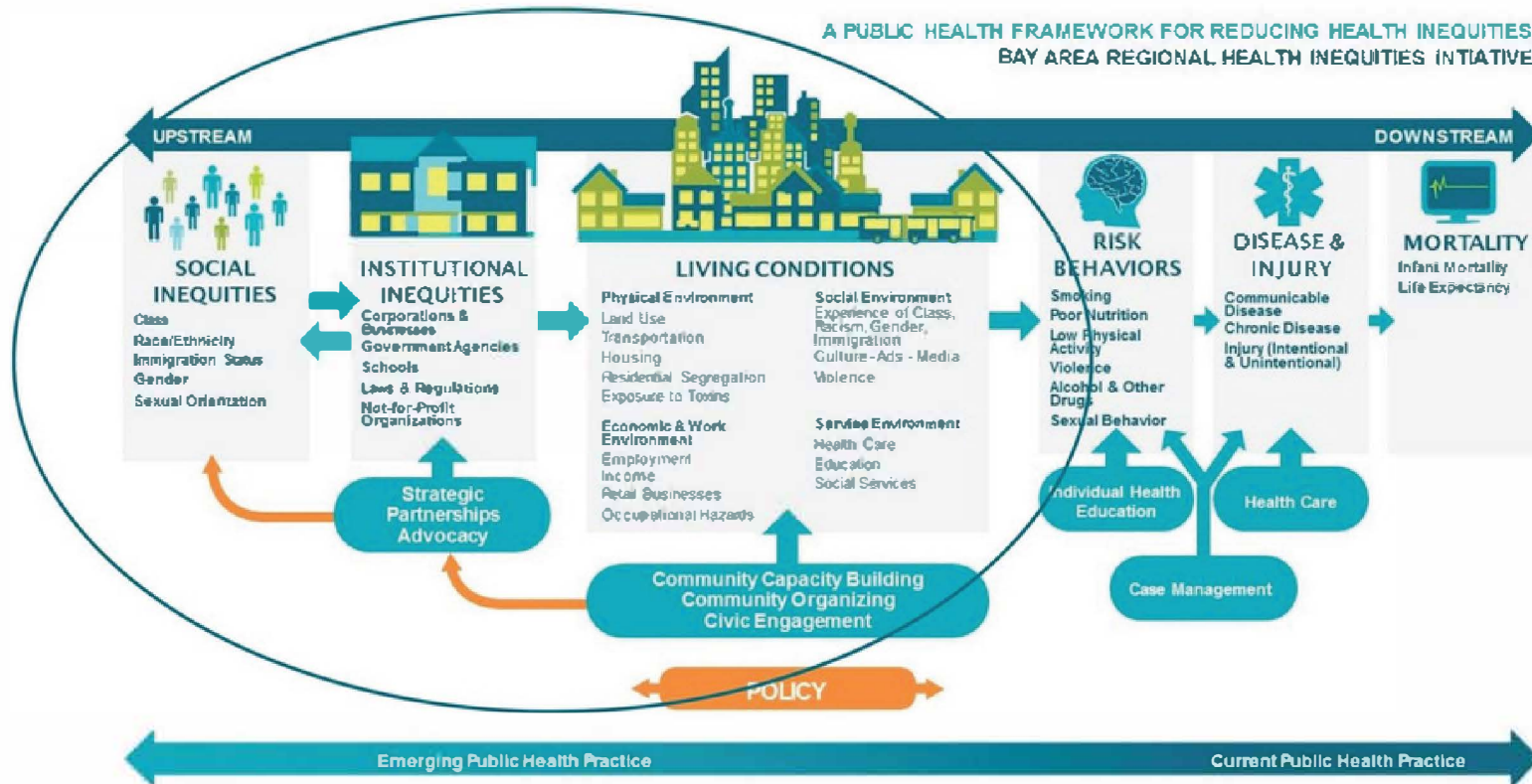
In December 2023, after completing the community health needs assessment (CHNA), a final report was produced, summarizing the findings, prioritized health needs, and an action plan for addressing those needs. The plan involved collaboration among healthcare providers, community organizations, and public health agencies.



# BARHII FRAMEWORK:

## COMMUNITY-CENTRIC WITH A HEALTH EQUITY LENS

BARHII, the Bay Area Regional Health Inequities Initiative has developed a conceptual framework that emphasizes the connection between social inequalities and health. This approach emphasizes measures that have traditionally not been within the scope of public health and health systems. The BARHII Framework provides a comprehensive approach to public health practice, ranging from cataloging causes of mortality and disease management to addressing social inequalities like racism and class disparities. By recognizing and addressing these social determinants of health, the BARHII Framework offers a more holistic approach to public health practice. This framework along with the Health Equity Roadmap from the American Hospital Association helped inform the community inclusion of the data collection efforts within the CHNA process for Renown Health.



BARHII: FRAMEWORK – BARHII - Bay Area Regional Health Inequities Initiative. (n.d.). BARHII - Bay Area Regional Health Inequities Initiative. <https://barhii.org/framework>

The Health Equity Roadmap | AHA. (n.d.). Equity. <https://equity.aha.org/>

# CENTER FOR MEDICAID AND MEDICARE SERVICES:

## HEALTH EQUITY FRAMEWORK



CMS Framework for Health Equity | CMS. (n.d.). <https://www.cms.gov/priorities/health-equity/minority-health/equity-programs/framework>

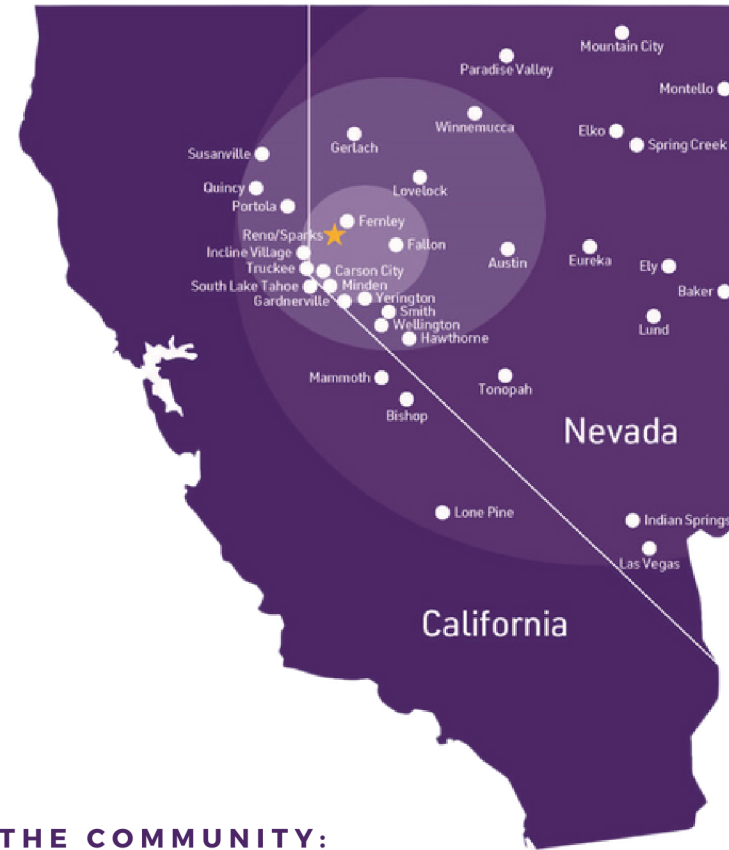
CMS has released an updated framework, with the objective of improving health outcomes and expanding coverage for the millions of individuals currently supported by CMS programs across the nation. The framework prioritizes health equity, evaluates infrastructure, creates synergies in healthcare systems, and overcomes barriers to CMS-supported services, benefits, and coverage. The CMS Framework for Health Equity forms the cornerstone of CMS's efforts to promote health equity, increase coverage, and enhance health outcomes. As a crucial provider within the healthcare system, Renown utilized this framework during its CHNA process, providing additional guidance while supporting inclusion, community input, and equitable access throughout the CHNA process.



## OVERVIEW

The health needs and outcomes in Washoe County are significantly impacted by the demographic composition of the region. To address these needs, this CHNA comprehensively assesses population dynamics, taking into account aspects such as age, ethnicity, and socioeconomic status, among other factors. By acknowledging the unique health requirements of various groups and communities, we can develop targeted interventions that address specific health disparities. Such a population-centric approach will ensure inclusivity and effectiveness in our community health initiatives.

# DEMOGRAPHICS



### RENOWN'S BENEFIT TO THE COMMUNITY:

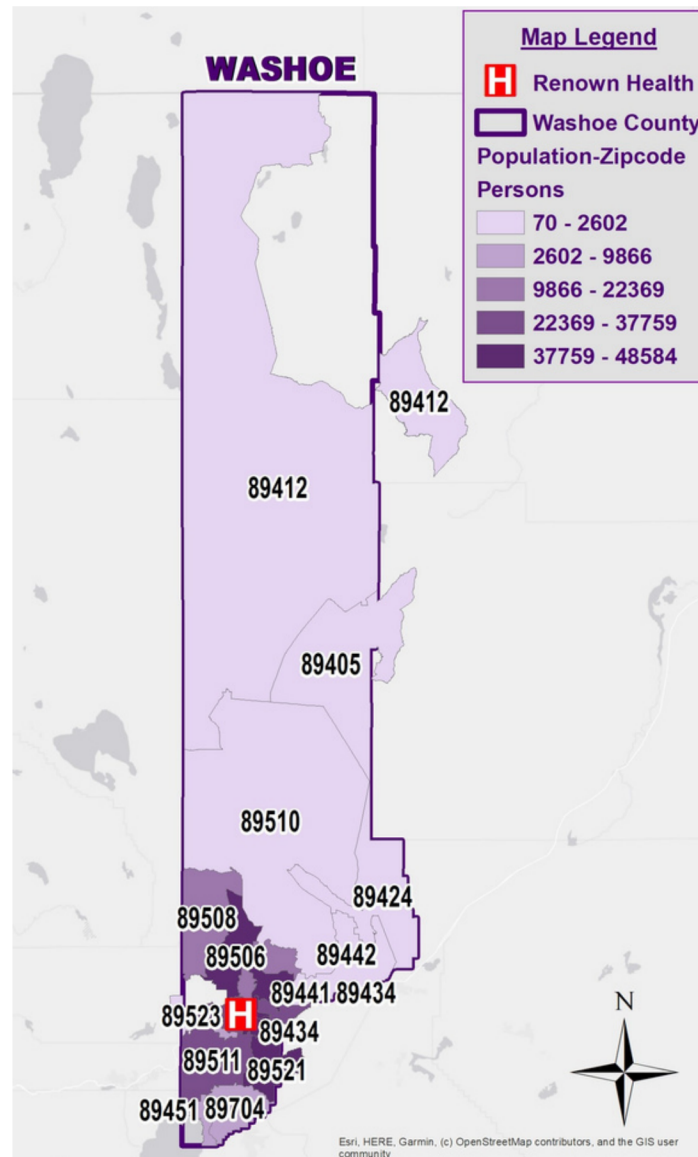
Renown provides care to 66.5% of the Medicaid and uninsured in our region.

To Improve access to care, Renown provides unique outpatient services to Medicaid recipients.

In FY2022, Renown Health provided \$260.6 Million dollars in community benefit, predominantly for unreimbursed healthcare services, community health improvement and health profession education.

# POPULATION

Washoe County, situated in northern Nevada, is a diverse and growing community. In 2023, the estimated population of the county is expected to reach 502,193, with the zip code 89436 having the largest population. Understanding the age demographics of a population is crucial for healthcare planning, social services allocation, education, and policy-making. The data in the graphic below is essential in developing targeted interventions and programs that are developed for the unique needs of different age groups and geography.



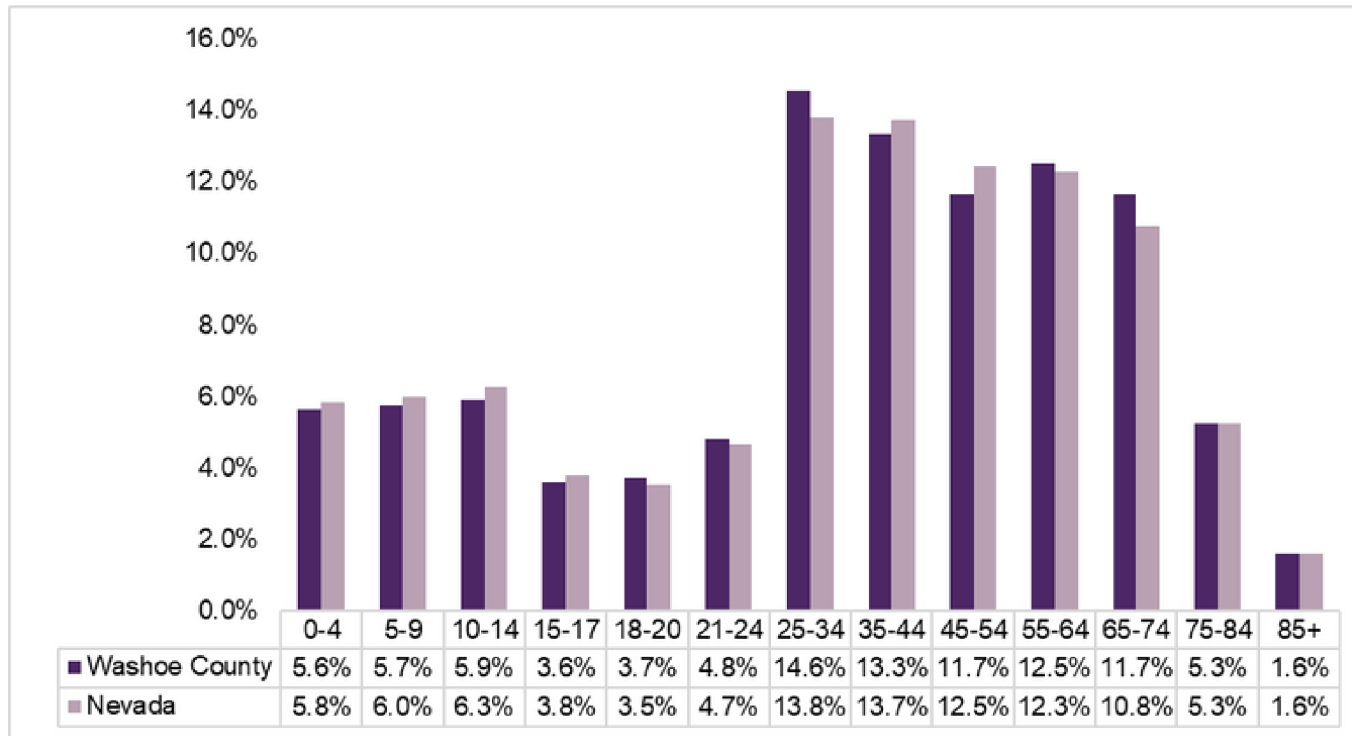
**502,193**  
Estimated 2023  
population

**89436**  
Largest zip code  
population

# POPULATION

Displayed in the graphic below is a breakdown of the population of Washoe County and Nevada by age group. The data reveal that infants, children, and adolescents (age 0-17) constitute 20.8% of the population, with the majority (60.6%) being between 18 to 64 years old, while 18.6% are aged 65 and above. The high number of children and adolescents in Washoe County and Nevada implies a significant demand for education, childcare, and healthcare services. On the other hand, the increasing number of older adults signals a need for healthcare services, social support, and policies that promote healthy aging. Overall, examining population demographics by age is vital for creating a comprehensive and inclusive society that addresses the needs of all its communities.

AGE DISTRIBUTION



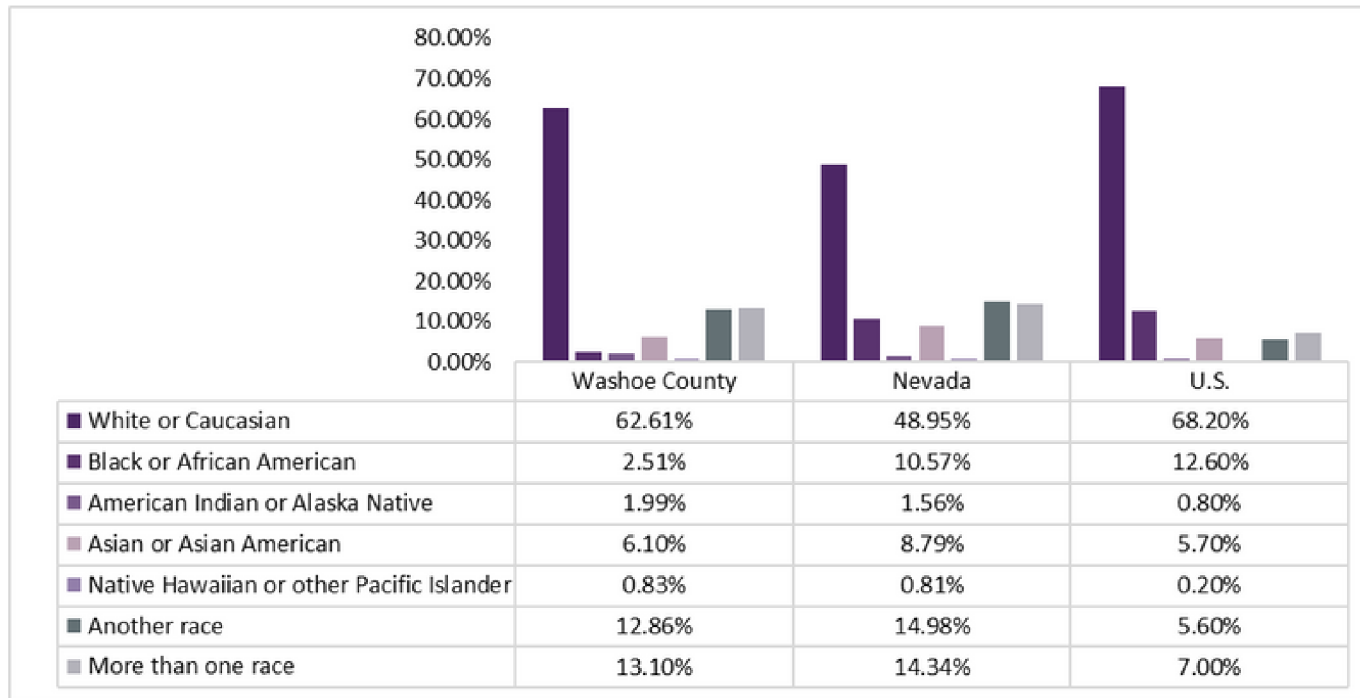
SOURCE: CLARITAS 2023

**20.8%**  
Population are infants, children, or adolescents

# RACE AND ETHNICITY

Race and ethnicity play a critical role in determining the healthcare and wellness resources available to individuals and communities. In Washoe County, the racial and ethnic composition differs significantly from that of the state of Nevada. Specifically, 62.61% of Washoe County residents identify as White or Caucasian, compared to only 48.95% of Nevada residents. Conversely, the proportion of residents identifying as Black or African American in Washoe County is lower (2.51%) than both Nevada (10.57%) and the US national average (12.6%).

RACE DISTRIBUTION



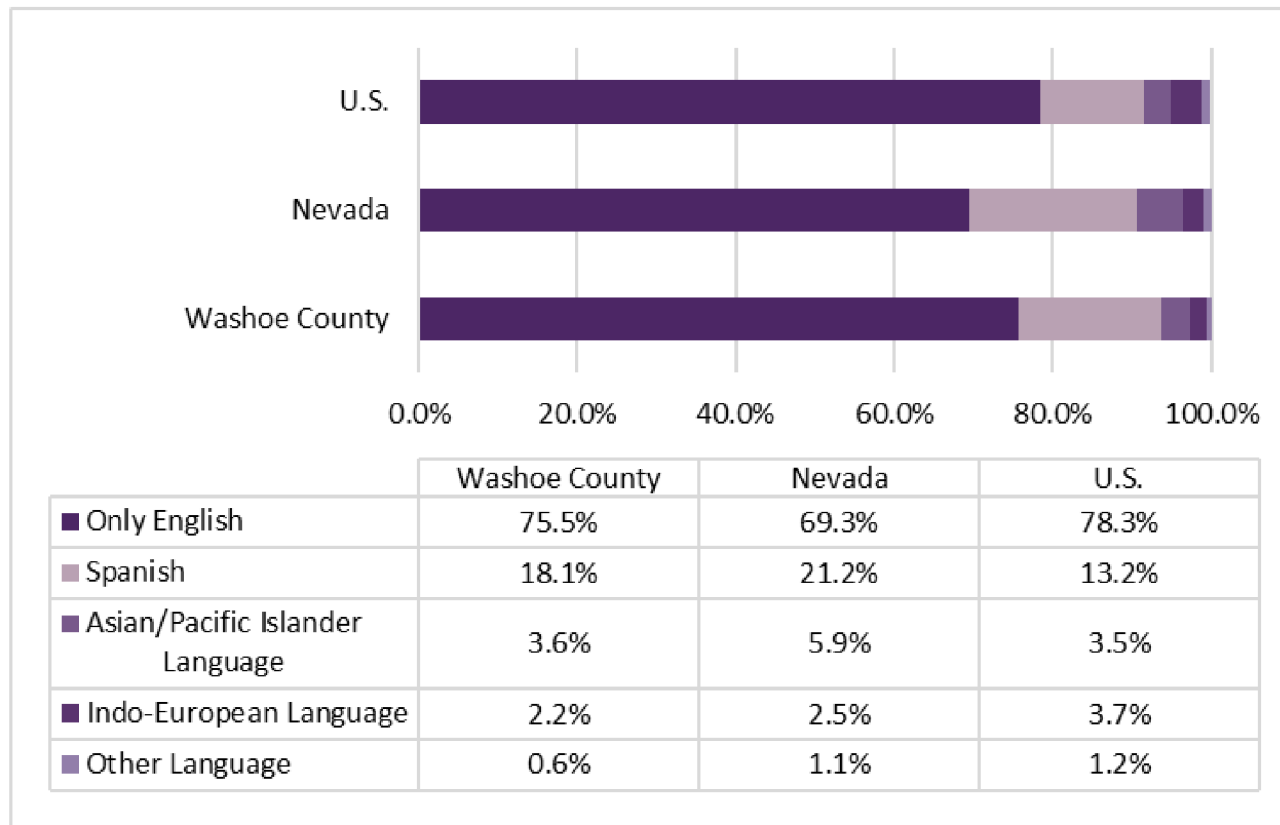
SOURCE: CLARITAS 2023, ACS 2017-2021

**62.61%**  
Population in Washoe County identify as White or Caucasian

# LANGUAGE AND IMMIGRATION

Understanding the countries of origin and languages spoken at home is integral to comprehending the cultural and linguistic context of the health and public health system. In Washoe County, approximately 14% of the population was born outside the United States, with a steady decline observed over the past decade. Furthermore, around 24.5% of Washoe County residents aged five and above speak a language other than English at home, which has remained relatively unchanged since 2009. This figure is lower than the Nevada state average of 30.7%. English is the most commonly spoken language at home, with Spanish and Asian or Pacific Islander languages following at 18.07% and 3.61%, respectively.

LANGUAGE OTHER THAN ENGLISH AT HOME



SOURCE: CLARITAS 2023, ACS 2017-2021

**1 in 4**  
 People speak another language other than English at home





## OVERVIEW

This section delves into the economic, environmental, and social factors that impact the health determinants of Washoe County. Social determinants refer to the conditions that influence people's lives, including where they are born, grow, work, live, and age, as well as the broader systems that shape their daily lives. It's essential to note that although county-level data can provide useful insights, it may not always reveal the full picture of a community's health status, especially at the zip code level. Analyzing indicators at the zip code level may unearth disparities that aren't readily apparent at the county level.

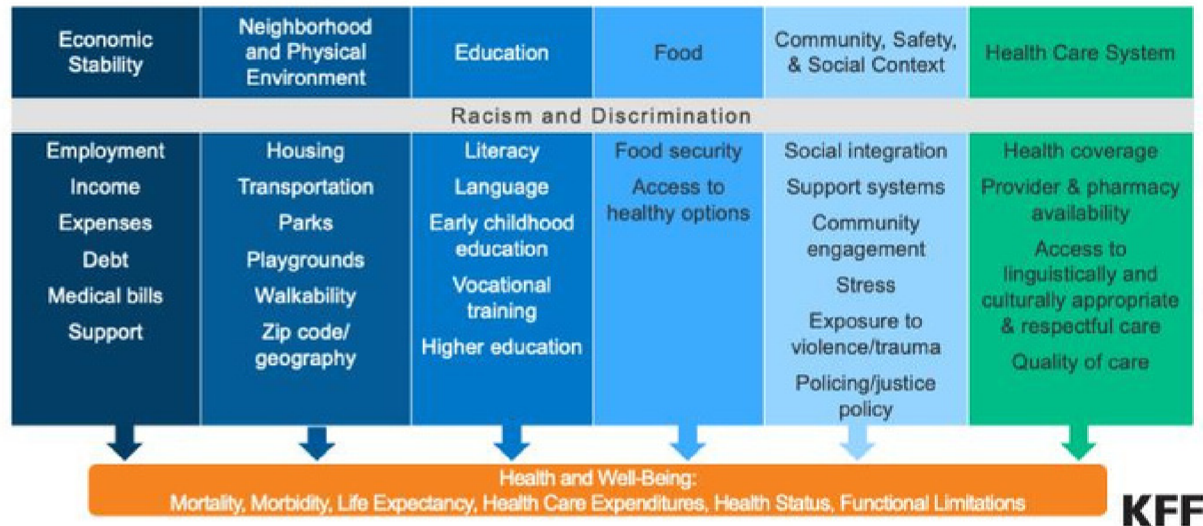


# SOCIAL AND ECONOMIC DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are a major contributor to the wide disparities and inequities in healthcare. For instance, individuals who lack access to grocery stores that offer nutritious food options are at a disadvantage when it comes to maintaining a balanced diet. This increases their susceptibility to health issues such as heart disease, diabetes, and obesity, while also lowering their life expectancy compared to those with better access to healthier food choices.

Solely promoting healthy lifestyle choices will not eliminate these and other health disparities. Instead, healthcare systems, public health organizations and their partners in other sectors can take collaborative action to improve the conditions in community environments through shared planning and action.

## Health Disparities are Driven by Social and Economic Inequities



KFF. "Disparities in Health and Health Care: 5 Key Questions and Answers | KFF." May 24, 2023. <https://www.kff.org/racial-equity-and-health-policy/issue-brief/disparities-in-health-and-health-care-5-key-question-and-answers/>.

Social Determinants of Health - Healthy People 2030 | Health.gov. (n.d.). <https://health.gov/healthypeople/priority-areas/social-determinants-health>

# INCOME

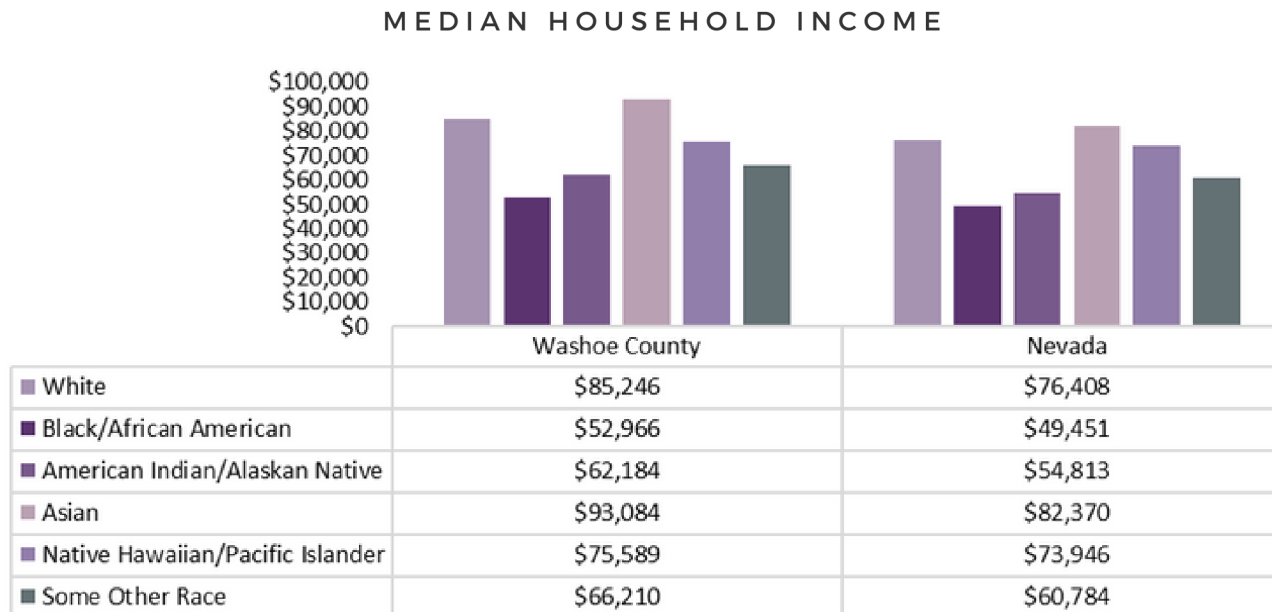
## The Impact of Income on Health

Income is a significant factor that affects health through various clinical, behavioral, social, and environmental factors. People with higher levels of wealth tend to have longer life expectancies and a lower risk of health conditions such as heart disease, diabetes, obesity, and stroke. Poor health can also exacerbate the issue by limiting a person's ability to work and earn a living.

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, since many families get their health insurance through their employer.

### Income Disparities in Washoe County

The graph shown provides insight into the median household income of Washoe County's residents with respect to their race and ethnicity compared to state benchmarks. While the county's median household income is higher than the state's value, there are significant disparities among the different groups. African Americans and American Indian/Alaska Natives have a lower median household income of \$52,966 and \$62,184, respectively, compared to Asian households, which have a median value of \$93,084.



SOURCE: CLARITAS 2023

# EMPLOYMENT

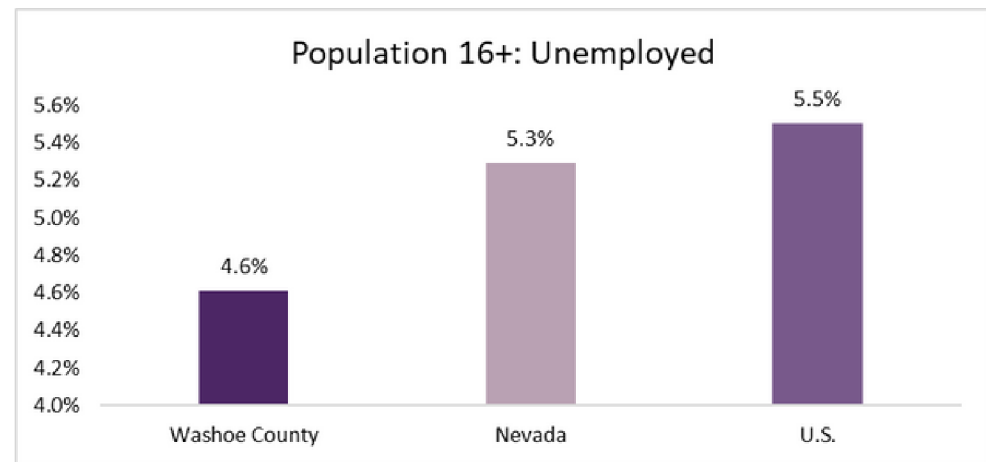
The employment rate of a community stands as a critical indicator of the local economy. The type and level of employment an individual holds impacts their access to healthcare, work environment, and health behaviors and outcomes. With stable employment comes the provision of benefits and conditions necessary for maintaining good health. On the other hand, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.

Unemployment and underemployment can severely limit access to health insurance coverage and preventive care services. Underemployment refers to involuntary part-time employment, poverty-wage employment, and insecure employment.

Moreover, the type of employment and working conditions can significantly affect one's health. Work-related stress, injuries, and exposure to harmful chemicals are some of the ways in which employment can lead to poorer health outcomes.

In Washoe County, the unemployment rate stands at 4.6%, which is lower than the Nevada state average (5.3%) and the US national value (5.5%). The most common employment industries in Washoe County are Retail Trade (11.57%), Healthcare and Social Assistance (11.32%), and Food Service or Accommodations Services (9.15%).

## UNEMPLOYMENT RATE

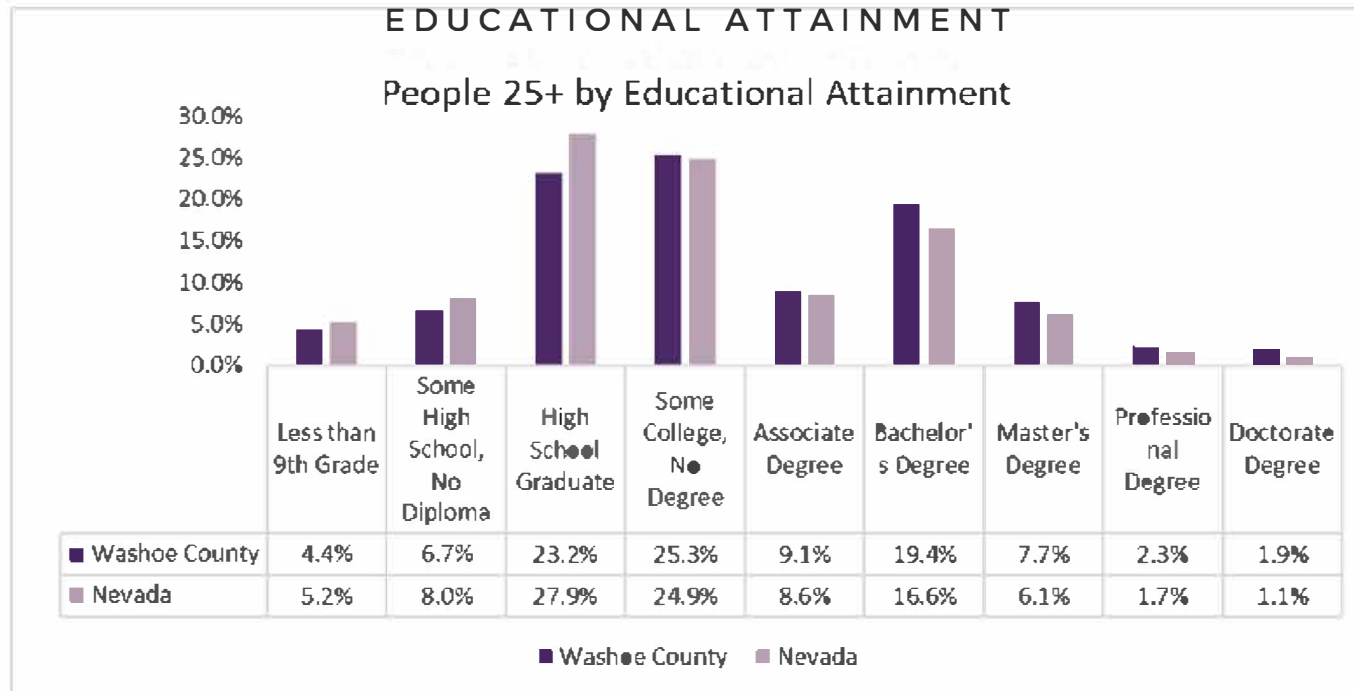


SOURCE: CLARITAS 2023, ACS 2017-2021

# EDUCATION

Another indicator related to education is on-time high school graduation. A high school diploma is a requirement for many employment opportunities and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and limited resources. In Washoe County, the percentage of individuals with only a high school diploma (23.2%) is lower than the Nevada state average (27.9%).

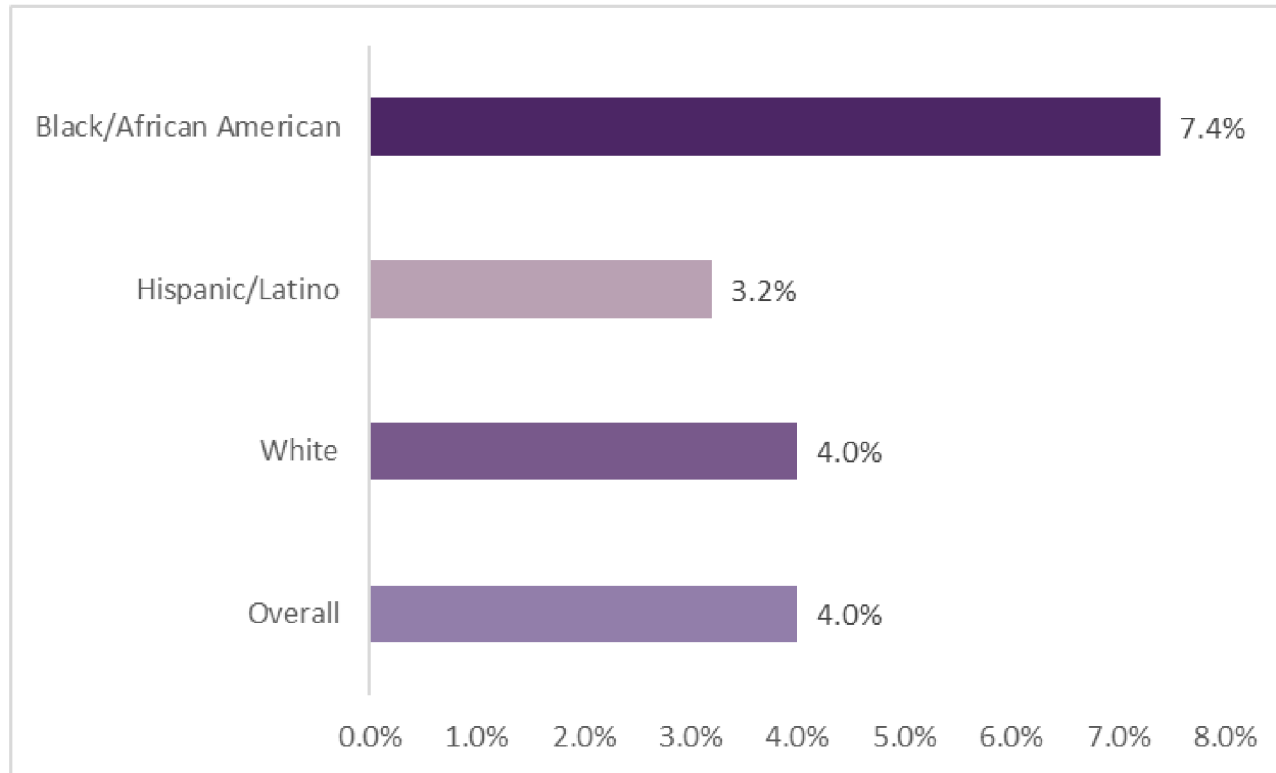
Educational attainment can influence health in many ways, including one's ability to secure employment and make a livable wage. In the graph below, you can see the proportion of residents with a bachelor's degree or higher is greater in Washoe County than in the state of Nevada. But the proportion of residents with a high school diploma is lower in Washoe County.



SOURCE: CLARITAS 2023

# EDUCATION

STUDENT LOAN SPENDING-TO-INCOME RATIO BY RACE/ETHNICITY OF HOUSEHOLD (WASHOE COUNTY)



SOURCE: CLARITAS 2023

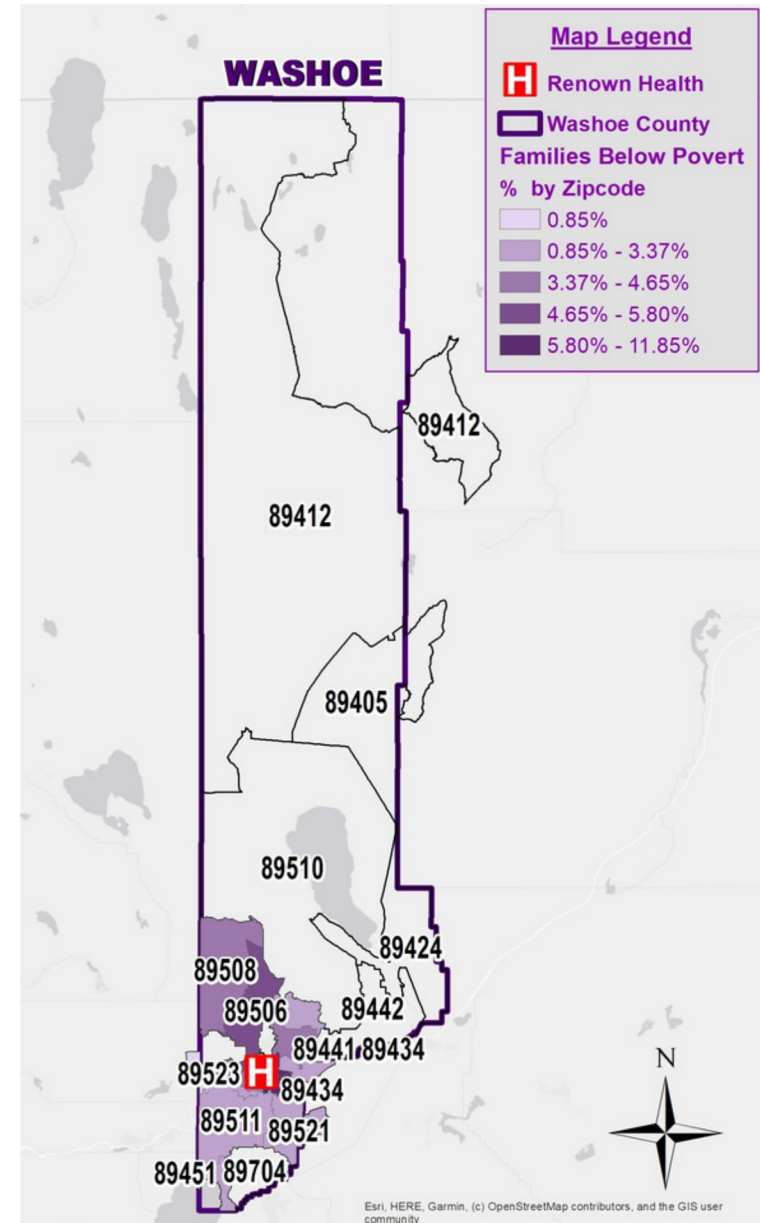
Spending a high percentage of household income on college tuition or student loan payments may limit funding available for basic needs such as housing, food, and transportation. A high student loan spending-to-income may also impact student loan debt, which can have long-term financial consequences and contribute to stress. Black/African American households (7.4%) spend a higher ratio of their income on student loan debt repayment than White households (4.0%) in Washoe County.

# POVERTY

## HIGH POVERTY RATE IS BOTH A CAUSE AND A CONSEQUENCE OF POOR ECONOMIC CONDITIONS

A high poverty rate can be both a cause and a consequence of poor economic conditions. The federal poverty thresholds, which are determined annually by the Census Bureau, vary according to the size and ages of family members. Individuals residing in poverty-stricken areas are more likely to face challenges such as inadequate access to healthcare, healthy food, stable housing, and opportunities for physical activity. Consequently, such disparities can result in poorer health outcomes and premature deaths caused by preventable diseases.

Washoe County's average rate of families living below the poverty line is 5.84%, which is lower than the state average of 8.84%. However, a closer examination of zip code data reveals disparities. For instance, zip code 89424, which includes Nixon, NV, has the highest percentage of families living below the poverty line in the county, at 14.42%.



# HOUSING

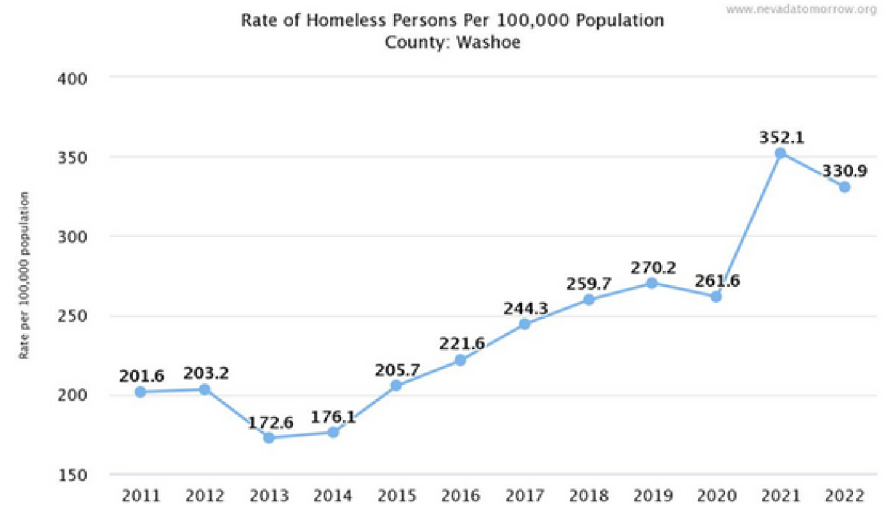
## ADDRESSING HOMELESSNESS IN WASHOE COUNTY: TRENDS AND CONTRIBUTING FACTORS

The importance of safe, stable, and affordable housing cannot be overstated, as it has a significant impact on maintaining good health and overall wellbeing. Exposure to health hazards and toxins due to substandard housing can cause serious health problems for both individuals and families. Housing insecurity also results in financial difficulties, depriving families of healthy food, healthcare, and other vital resources, leading to increased stress, mental health issues, and a higher risk of disease.

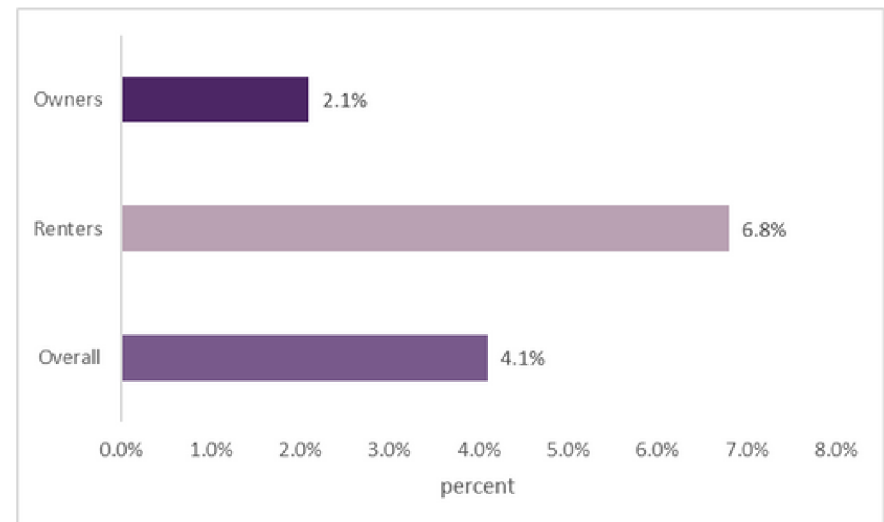
Overcrowding is a prevalent issue for renters in Washoe County, with 6.8% of them living in crowded households compared to 2.1% of homeowners. Although the average percentage of overcrowded households has decreased over the past decade, it still remains relatively high at 4.1%, which is slightly lower than the Nevada average of 4.2% but higher than the national average of 3.4%.

Homelessness has been a persistent and significant challenge in Washoe County over the past ten years, with a notable increase from 2011 to 2022. Homelessness is caused by a complex array of factors, including domestic crises, unemployment, unaffordable housing, unexpected expenses, and sudden family illnesses. Other contributing factors include inadequate transportation, unpaid child support, substance abuse, severe mental illness, and domestic violence.

To prevent and end homelessness, it is crucial to establish a coordinated system that provides access to essential services such as substance abuse prevention and treatment.



### OVERCROWDED HOUSEHOLDS BY TYPE OF HOUSEHOLD (WASHOE COUNTY)





# DISPARITIES AND HEALTH EQUITY

## OVERVIEW

Primary and secondary data revealed significant community health disparities based on race/ethnicity, particularly among the Black and Hispanic communities. The assessment also found zip codes/cities/municipalities with disparities related to health and social determinants of health. It is important to note that while much of the data is presented to show differences and disparities by population groups, differences within each population group can be as great as differences between different groups. For instance, Asian or Asian and Pacific Islander encompasses individuals from over 40 different countries with very different languages, cultures, and history in the U.S. Information and themes captured through focus groups, key informant interviews, and an online community survey have been shared to provide a more comprehensive and nuanced understanding of each community's experiences.

Health Indicator	Group (s) Negatively Impacted (highest rates)
Young Children Living Below Poverty Level	Black/African American, American Indian / Alaska Native, Hispanic / Latino, Other Races
Children Living Below Poverty Level	Black/African American, American Indian / Alaska Native, Hispanic / Latino, Other Races, Two or More Races
8th Grade Students Proficient in Math	Black /African American, Hispanic
Families Living Below Poverty Level	Black/African American, American Indian / Alaska Native, Hispanic / Latino, Native Hawaiian / Pacific Islander, Other Races, Two or More Races
People 65+ Living Below Poverty Level	Black/African American, Asian, American Indian / Alaska Native, Hispanic / Latino, Native Hawaiian / Pacific Islander, Other Races, Two or More Races





## OVERVIEW

Primary and secondary data were collected and analyzed to inform the 2023 Community Health Needs Assessment (CHNA). Primary data consisted of focus group discussions, key informant interviews, and a community survey. The secondary data included indicators of health outcomes, health behaviors and social determinants of health. The methods used to analyze each type of data are outlined. The findings from each data source were then synthesized and organized by health topic.

# METHODOLOGY

## PRIMARY DATA

Primary data used in this assessment consisted of a community survey, key informant interviews, and focus groups. Designed by Northern Nevada Public Health (NNPH), all primary data instruments were reviewed, modified, and approved by the Steering Committee. In our commitment to understanding the varied health needs of Washoe County, Renown Health engaged in additional qualitative data collection, giving voice to the community through focus groups and stakeholder interviews. This section delves into insights gleaned directly from the individuals and leaders who form the backbone of our community.

## SECONDARY DATA

Renown Health's CHNA Final Report utilized Conduent HCI's Data Scoring Tool to assess and prioritize secondary data. Each health issue outlined here includes a table of indicators with HCI Scores. These scores, ranging from 0 to 3, compare Washoe County values to Nevada and/or national benchmarks. A score of 1.5 or higher indicates a substantial need, with 0 reflecting the best health outcomes and 3 the worst. It's essential to note that any cited data reflects the information available at the time of analysis and may have been updated before publication on 12/20/23.

# Primary Data

## COMMUNITY HEALTH SURVEY

In the continued efforts during this process to incorporate collaboration and inclusivity, Renown Health partnered with Northern Nevada Public Health (NNPH) including their quantitative and qualitative data collected effort in 2022. The community survey questions were thoughtfully crafted to supplement the county-level information and gain insight into the factors that impact health behaviors. Unlike the secondary data, which provides information such as the number of high school students who engage in physical activity or the frequency of fruit and vegetable consumption, the survey focused on understanding the challenges faced by residents of Washoe County in their attempts to eat healthy or increase physical activity. By identifying such barriers, steps can be taken to address these issues.

Furthermore, the survey offered the respondents an opportunity to rank the major health topics, giving them a voice in highlighting what they perceived as significant. The survey questions were created after careful consideration by the CHA author, utilizing a combination of standardized questions, and then presented to the Steering Committee for review and feedback. The online survey tool underwent translation and back-translation into Spanish and adaptation for distribution in hardcopy format in both English and Spanish.

The survey, distributed online and in paper format from March to May 2022, comprising 31 questions, and completed by 641 residents, was aimed at assessing the perceived barriers to accessing healthcare, engaging in physical activity, and eating healthy foods in Washoe County. Additionally, it evaluated food insecurity, perceived stress, and financial challenges. One of the critical survey questions asked the respondents to rank the health topics, which were then used to score, rank, and identify the health needs in Washoe County.

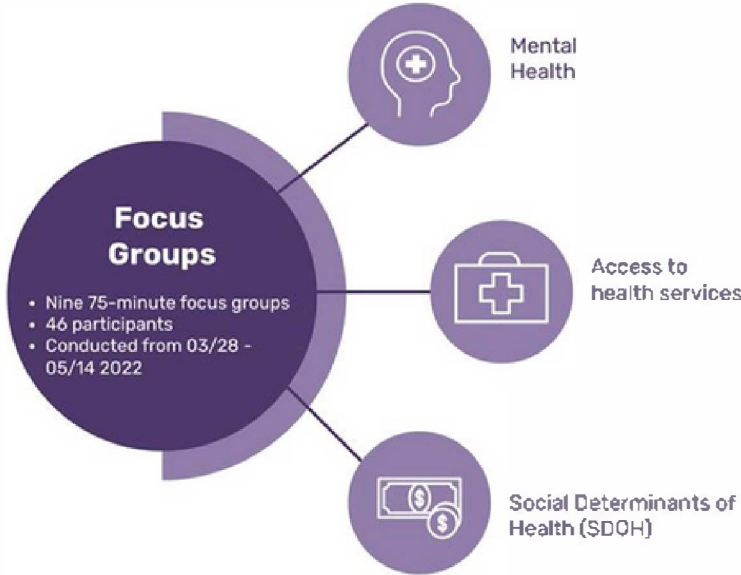


# Primary Data

## FOCUS GROUPS

Northern Nevada Public Health (NNPH) hosted a total of nine 75-minute focus groups consisting of 46 participants that were conducted from March 28 through May 14, 2022. Participants were Washoe County residents representing a wide range of ages, sex at birth, current sex, sexual orientation, race and ethnicity. The focus group questions were designed to identify participants' perceptions of and behaviors related to living a quality life, conditions which make a community healthy, how friends and family maintain a healthy lifestyle or improve their own quality of life, and if there were any services or programs they rely on to live a healthy lifestyle. Recruitment consisted of online advertisement including social media and in-person recruitment through community events. Special populations actively recruited for included youth, college students, LGBTQ+, and persons whose preferred (or only) spoken language was Spanish.

Renown Health also convened diverse focus groups, bringing together community members representing varied demographics, socioeconomic statuses, and geographic locations. These sessions provided a platform for open dialogue, allowing participants to share personal experiences and concerns regarding the health of Washoe County and its citizens. The themes that emerged from these discussions serve as crucial threads woven into the fabric of the Community Health Needs Assessment.



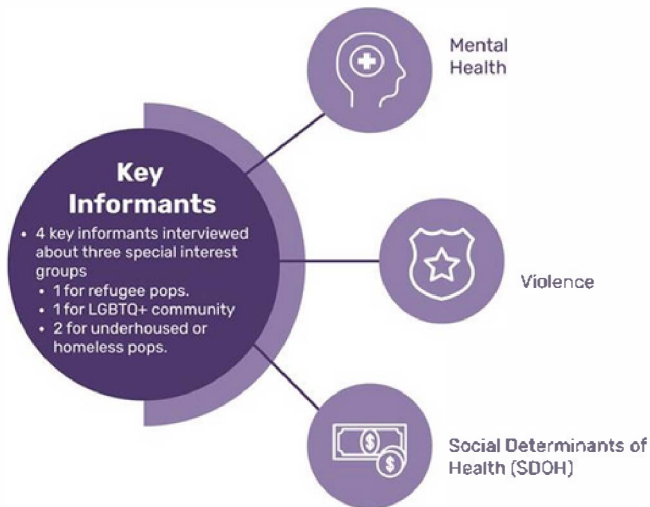
# Primary Data

## KEY INFORMANT INTERVIEWS

Northern Nevada Public Health (NNPH) interviewed four key informants on three special interest groups; refugees, the LGBTQ + community, and the underhoused or homeless populations. The questions posed were similar to those asked of the focus group participants but tailored to fit the key informant group being interviewed. Renown led additional key informant interviews, expanding the reach and community populations represented within the qualitative data collection.

The purpose of these discussions were to gain a deeper understanding of the unique challenges faced by these marginalized groups and to identify potential solutions to improve their well-being. Through the interviews, we were able to gain valuable insights into the specific needs and experiences of each group.

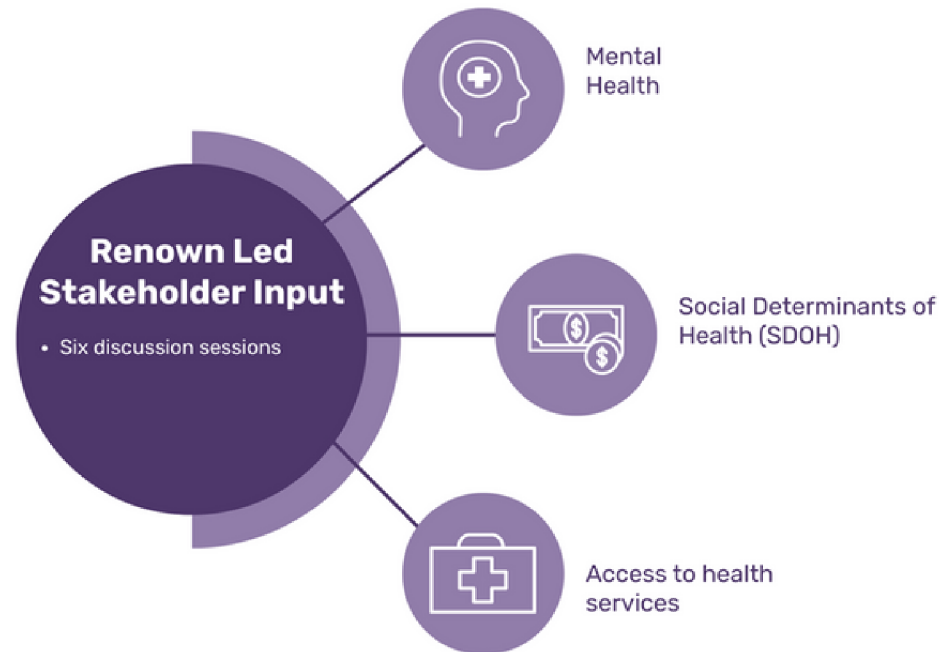
These findings will be used to inform the development of targeted interventions and policies that aim to address the needs of these communities. By taking a more nuanced and informed approach to addressing these broad community issues, we hope to create a more equitable and inclusive intervention and programmatic responses to inequity.



# Primary Data

## STAKEHOLDER CONVERSATIONS

In addition to broader discussions, Renown Health engaged with local experts and community leaders to gain additional insights. These stakeholder conversations provided in-depth feedback from individuals who possess unique perspectives and expertise on the challenges and opportunities within Washoe County. Their contributions provided valuable qualitative data that complemented the quantitative analysis, ultimately enriching the understanding of the local health landscape.



### Special Thanks to:

**Nevada Department of Health and Human Services Aging and Disability Services Division**

**Renown Health**

**Northern Nevada Hopes**

**Community Health Alliance**

**Catholic Charities**

**Reno Police Department Mobile Outreach Safety Team (MOST)**

**University of Nevada Reno School of Medicine**

**Behavioral Health Patient Care Center**

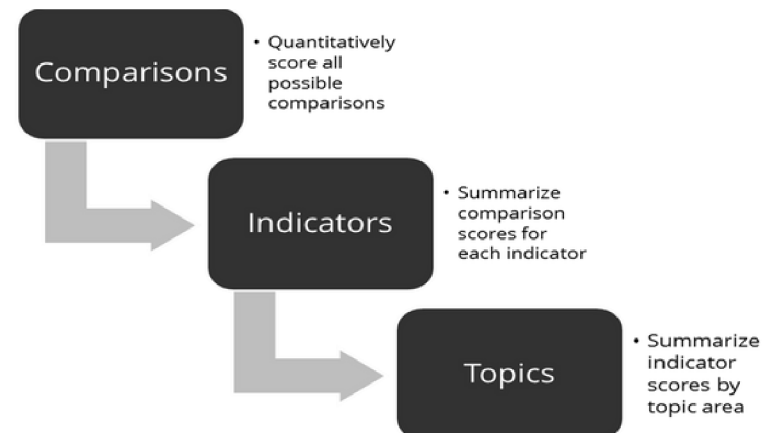
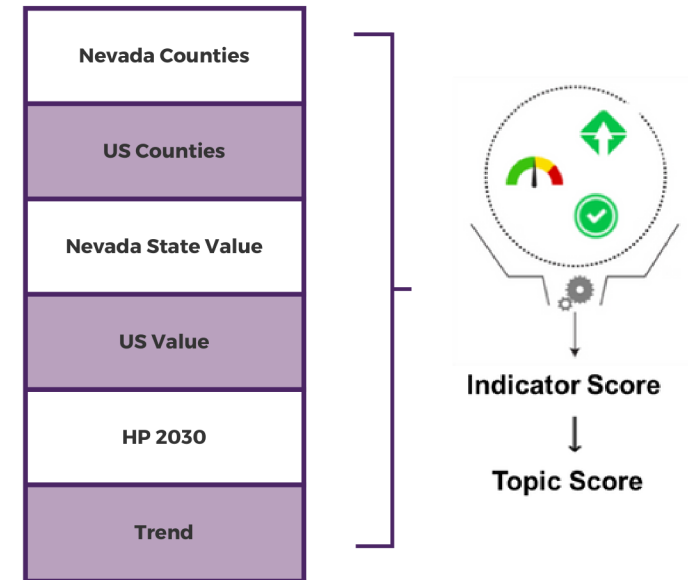
**Food Bank of Northern Nevada**

# Secondary Data

## METHODOLOGY

The secondary data used in this assessment were obtained from the Nevada Tomorrow website. The database, developed and maintained by Conduent HCI, encompasses over 450 community indicators, spanning at least 24 topics in the areas of health, determinants of health, and quality of life. The data sources primarily include state and national public secondary data sources. The database compares the value of each indicator to other communities, national targets, and previous time periods to derive insights.

Conduent HCI's Data Scoring Tool systematically summarizes multiple comparisons and ranks indicators based on the highest need. Each indicator is assigned a score ranging from 0 to 3, where 0 indicates the best outcome and 3 indicates the poorest outcome, based on comparisons with a distribution of Nevada and U.S. counties, state and national values, Healthy People 2030 targets, and significant trends. The availability of each comparison type varies by indicator and depends on the data source, comparability with data from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs. However, due to the limited availability of zip code, census tract, or other sub-county health data, the data scoring technique is only accessible at the county level. Therefore, the data scoring results are presented in the context of Washoe County.



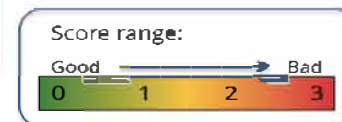
# Secondary Data

## SCORING

The table below shows the health and quality of life topic scoring results for Washoe County, with Sexually Transmitted Infections as the poorest performing topic area with a score of 2.14, followed by Men's Health with a score of 1.83. Topics that received a score of 1.50 or higher were considered a significant health need. Seven topics scored at or above the threshold. Topic areas with fewer than three indicators were considered a data gap. Please see Appendix X for the full list of health and quality of life topics, including the list of national and state indicators that are categorized into and included in the secondary data analysis for each topic area. Further details on the quantitative data scoring methodology are also available in Appendix A.

Additional secondary data used for this assessment were collected from Nevada Tomorrow, a web-based community health platform developed by Conduent Healthy Communities Institute. Additional state and local data were identified by the CHNA workteam. Two tools were used to analyze the secondary data from the Nevada Tomorrow data platform: HCI's Data Scoring Tool® and the Index of Disparity.

Health Topic	Score
Sexually Transmitted Infections	2.14
Men's Health	1.83
Prevention & Safety	1.69
Maternal, Fetal & Infant Health	1.66
Women's Health	1.64
Alcohol & Drug Use	1.59
Immunizations & Infectious Diseases	1.54
Weight Status	1.48
Nutrition & Healthy Eating	1.40
Cancer	1.40
Children's Health	1.40
Adolescent Health	1.39
County Health Rankings	1.36
Heart Disease & Stroke	1.32
Mental Health & Mental Disorders	1.30
Physical Activity	1.29
Health Care Access & Quality	1.25
Family Planning	1.25
Oral Health	1.25
Wellness & Lifestyle	1.19
Tobacco Use	1.13
Older Adults	1.10
Diabetes	1.09
Other Conditions	1.08
Respiratory Diseases	0.96



Quality of Life Topic	Score
Environmental Health	1.41
Education	1.32
Community	1.32
Economy	1.26

# Secondary Data

## NEVADA TOMORROW: MEASURING WHAT MATTERS

Within the scope of the 2023 Community Health Needs Assessment, the Nevada Tomorrow website emerges as a pivotal resource, transforming data into actionable insights for the betterment of Washoe County. It is a dynamic and data-driven platform, a tool for accessing, analyzing, and interpreting information that spans vital aspects of the community.

Designed to empower various stakeholders, from policymakers and researchers to residents, Nevada Tomorrow offers a comprehensive array of data. Encompassing diverse subjects like health, education, economics, and social well-being, the platform presents this wealth of information through a user-friendly interface. Interactive maps, charts, and reports provide a visually engaging experience, ensuring accessibility to a broad audience.

What distinguishes Nevada Tomorrow is its focus on local data specific to Washoe County. This localized emphasis tailors information to the unique needs of the community, ensuring relevance for residents and organizations alike. Whether delving into education outcomes, economic trends, public health statistics, or demographic shifts, users can discover insights crafted to the distinctive context of Washoe County.

Beyond being a repository of data, Nevada Tomorrow serves as a catalyst for community engagement and informed decision-making. Users can navigate trends, pinpoint disparities, and develop a profound understanding of the challenges and opportunities inherent to Washoe County. This knowledge becomes instrumental in shaping policies, programs, and initiatives aimed at elevating the quality of life for residents. For more information, data and insights about Washoe County, visit [www.nevadatomorrow.org](http://www.nevadatomorrow.org).



**NEVADA TOMORROW**





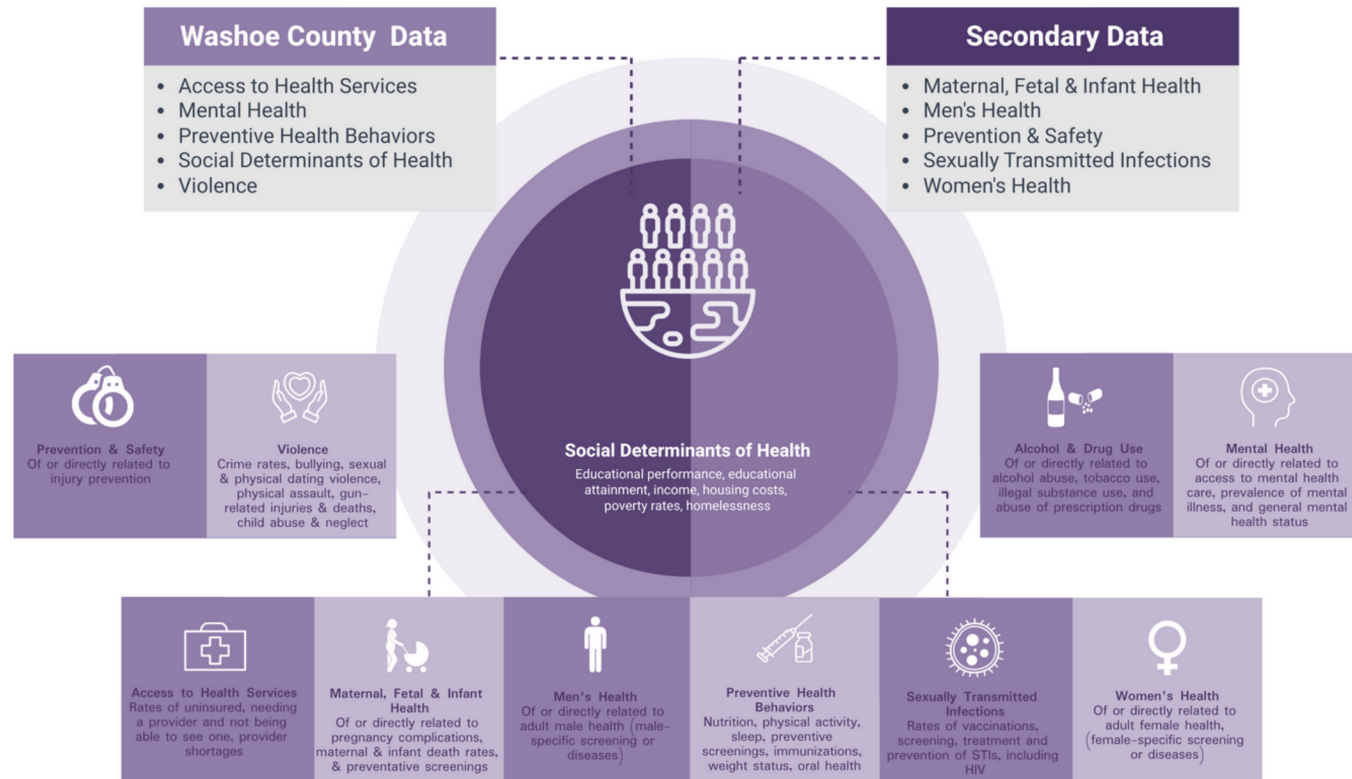
# OVERVIEW

The data utilized in this assessment were gathered by Conduent Healthy Communities Institute (HCI) and evaluated for commonalities, frequency, and health implications. The CHNA work team, in collaboration with Conduent HCI analysts, extensively reviewed key findings and themes to identify the health concerns, priority populations, and social determinants that constitute the 2023 Renown Health Community Health Needs Assessment.

# DATA SYNTHESIS

## Top Health Needs

The two data sets included Washoe County data & Conduent HCI Secondary Data. Health needs emerged as significant in both data sets and are listed below. It is important to note that many health needs often coincide with one another, as shown by the visual groupings below.



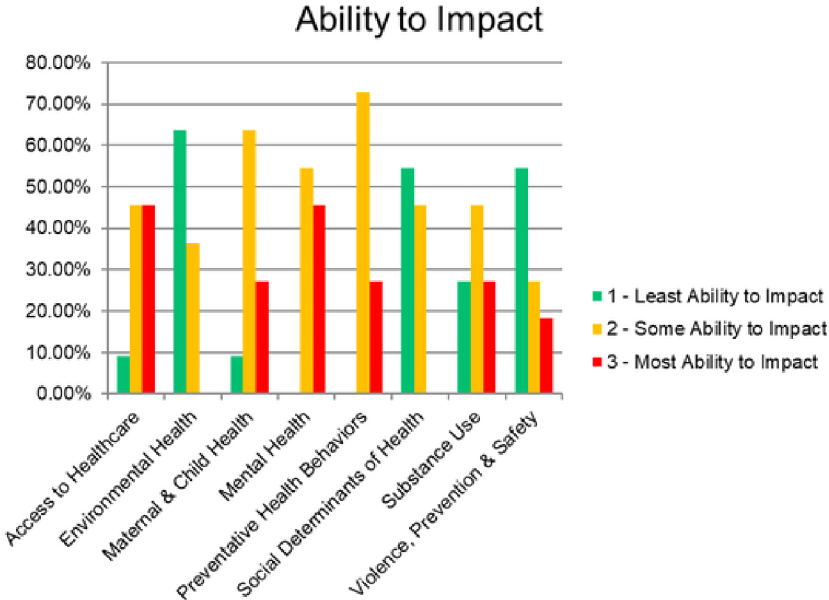
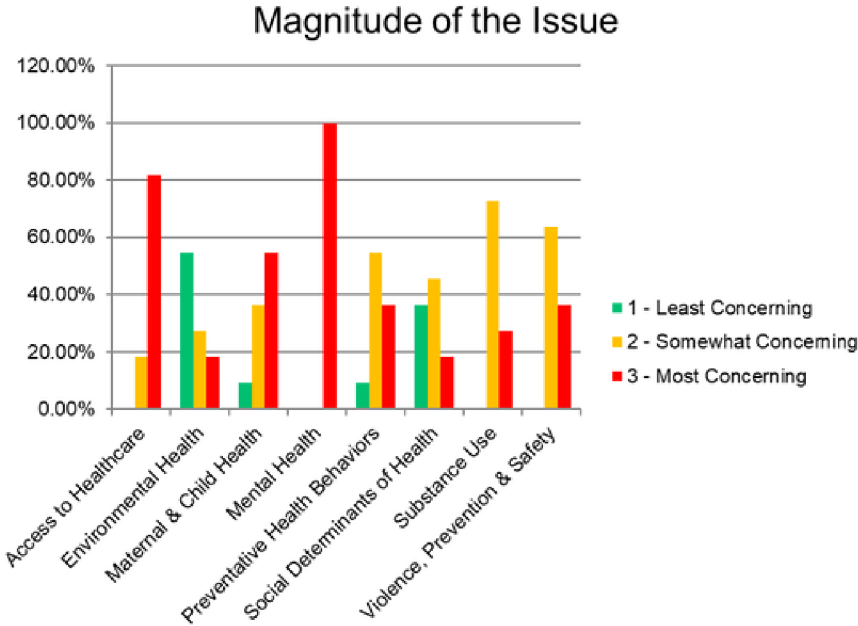
# Prioritization

Renown Health has taken an inclusive approach to prioritize the most pressing health needs of the Washoe County community. The organization conducted two community data presentations, inviting 1,956 community partners, 7,250+ Renown Health staff, non-profit partners, and community leaders. This process aimed to ensure equitable access throughout the Community Health Needs Assessment (CHNA) process.

The participants reviewed the primary and secondary data analysis, after which they engaged in a virtual prioritization ranking exercise. The exercise evaluated each health area based on two criteria: Scope & Severity and Ability to Impact. Participants scored each health area on a scale of 1-3, with 1 indicating that it did not meet the given criterion, 2 indicating that it met the criterion, and 3 indicating that it strongly met the criterion.

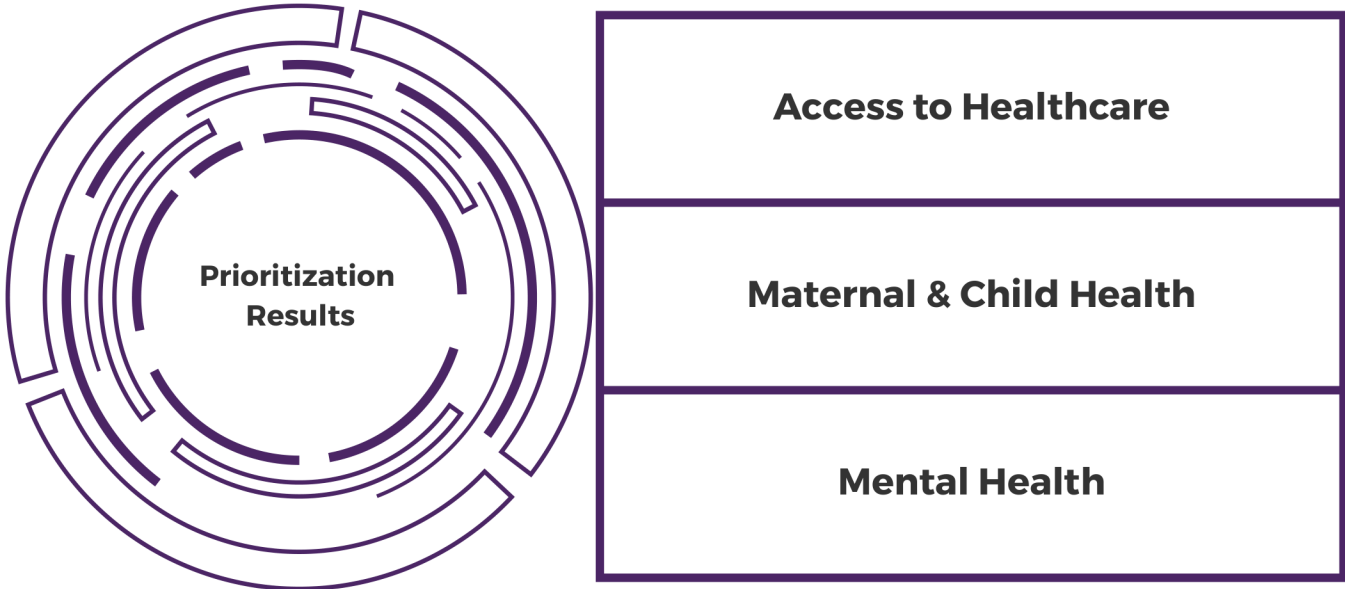
To ensure that the prioritized health topics were comprehensive, the group considered root causes, disparities, and social determinants of health. Participants were also urged to use their judgment and knowledge of the community to evaluate how well a health topic met the criteria.

After completing the online exercise, the significant health needs were ranked according to their topic scores, with the highest priority given to the health need that received the highest score. This approach ensures that Renown Health provides healthcare services that address the most critical needs of the community.



# Prioritization

The graphic below shows the aggregate ranking of significant community needs. To determine the priority health needs based on the same criteria used in the scoring process, Renown Health formed a decision-making team to review the scoring results. Three priority health areas were identified for subsequent implementation planning. These areas are discussed in depth in the report, providing primary and secondary data indicators for each health topic. The report also highlights how each issue became a high priority health need for Washoe County. One of these updated health topic areas align with the priority areas identified in the previous CHNA process; Mental Health. Renown Health is committed to continuing its efforts to address these health needs in its upcoming Implementation Strategy.





# SIGNIFICANT HEALTH NEEDS

## Access to Healthcare

The following section outlines the three priority health areas for Renown Health including Access to Healthcare, Maternal and Child Health, and Mental Health.

Renown Health recognizes access to healthcare as a key priority and that there are many barriers that can prevent people from accessing the care they need, including financial constraints, lack of transportation, and geographic isolation.

## Maternal and Child Health

Maternal and child health is another identified priority for Renown Health. Ensuring the health and well-being of mothers and children is critical for building healthy communities.

## Mental Health

Renown Health recognizes mental health as an essential component of overall health and well-being, and that many people struggle with mental health challenges at some point in their lives.

# Access To Healthcare

According to the secondary data scoring results, Access to Health Services (Health Care Access and Quality) was identified as the 17th highest priority topic area in Washoe County, with an overall score of 1.25. This area of health focuses on indicators such as Children without Health Insurance, Adults Unable to Afford to See a Doctor, and Physician Provider Rates (refer to Appendix A for a comprehensive list of indicators per topic area). The Secondary Data scoring technique employed by Conduent Healthy Communities Institute revealed that Children without Health Insurance: Under 19 received the highest score of 2.47, followed by Percent Born Preterm (less than 37 completed weeks of gestation) (2.12), and Adults Unable to Afford to See a Doctor (1.76).

## Access to Healthcare

Secondary Data Score: **1.25**



### Key Themes from Community Input



- Having access to healthcare through Medicaid does **not** result in timely care
- Medicaid recipients unable to find providers, despite provider listed as accepting Medicaid
- Lack of providers, lack of timely appointments, costs of services, and insurance not covering certain procedures as barriers to accessing healthcare
- Difficulty finding available specialty providers in the area
- Finding a culturally appropriate provider was an added challenge for persons who identify with and belonging to disenfranchised populations
- Issues with insurance acceptance, long wait times, providers not accepting new patients/not being able to establish care

### Warning Indicators



- Adults Unable to Afford to See a Doctor
- Adults who have had a Routine Checkup
- Adults with Health Insurance
- Adults without Health Insurance
- Children without Health Insurance: Under 19
- Persons with Health Insurance

# HEALTH EQUITY

## YOUR ZIP CODE MAY BE THE MOST IMPORTANT FACTOR IN DETERMINING LIFELONG HEALTH

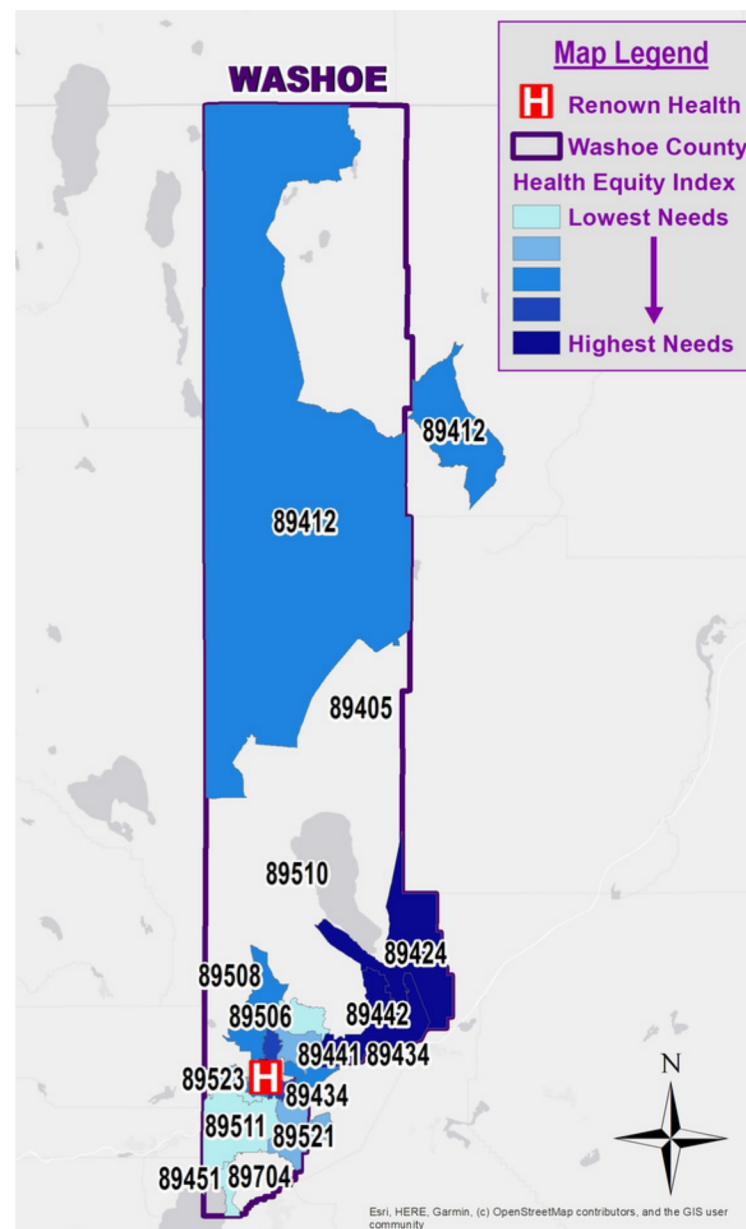
Conduent HCI has developed the Health Equity Index® (HEI), which classifies indicators related to income, poverty, unemployment, occupation, education, and language to identify areas of high socioeconomic need that have poor health outcomes. The HEI ranks zip codes based on their value, with eleven zip codes identified in the CHNA as having the highest health needs.

The index value is utilized to rank zip codes and determine the relative levels of need across the entire assessment region. Residents in high HEI zip codes are expected to experience greater burdens related to preventable health issues.

The three zip codes with the highest level of socioeconomic need, indicated by the darkest shade of blue, are 89424 (88.8), 89442 (88), and 89431 (78.6). For a comprehensive overview of the methodology used in calculating the Health Equity Index, please refer to the Methodology Appendix.

Recognizing the locations of communities with high socioeconomic needs and poor health outcomes is critical for targeting essential prevention and outreach activities, particularly in high-need zip codes where residents experience greater burdens related to preventable health issues.

HEALTH EQUITY INDEX MAP BY ZIP CODE



.....

**He didn't even understand what was going on because he really wasn't being communicated to in Spanish, which was his preferred language. He wasn't getting consensus in Spanish. He wasn't getting his bills in Spanish, like none of it .**

**COMMUNITY MEMBER / KEY INFORMANT**

.....

# Mental Health

Based on the secondary data scoring results, Mental Health and Mental Disorders was ranked as the 15th highest need topic area in Washoe County with an overall value of 1.30. This health topic area includes indicators such as Poor Mental Health: 14+ Days, Teens who have Attempted Suicide, and Adults Ever Diagnosed with Depression (for a complete list of indicators per topic area see Appendix A). Using HCI's Secondary Data scoring technique, Poor Mental Health: 14+ Days had the highest score of 1.91, followed by Intentional Injury (Suicide) Mortality Rate (1.85), and Teens who Felt Sad or Hopeless (1.74).

## Mental Health

Secondary Data Score: **1.30**



### Key Themes from Community Input



- Lack of mental health providers
- Cultural stigma preventing discussion of mental health issues
- Inability to locate mental health providers who are accepting new patients
- Concerns with conditions related to cost of living: adding to financial strain/increase in stress, resulting in poor mental health
- Lack of and need for comprehensive and accessible mental health services

### Warning Indicators



- Age-Adjusted Death Rate due to Suicide
- High School Students Who Ever Thought Seriously About Committing Suicide
- High School Students who Have Lived with Someone with Mental Illness
- Intentional Injury (Suicide) Mortality Rate
- Poor Mental Health: 14+ Days
- Poor Mental Health: Average Number of Days
- Teens who Felt Sad or Hopeless
- Teens who have Attempted Suicide



# MENTAL HEALTH INDEX

## PEOPLE'S ABILITY TO LIVE FULFILLING LIVES OFTEN DEPENDS ON THEIR MENTAL HEALTH

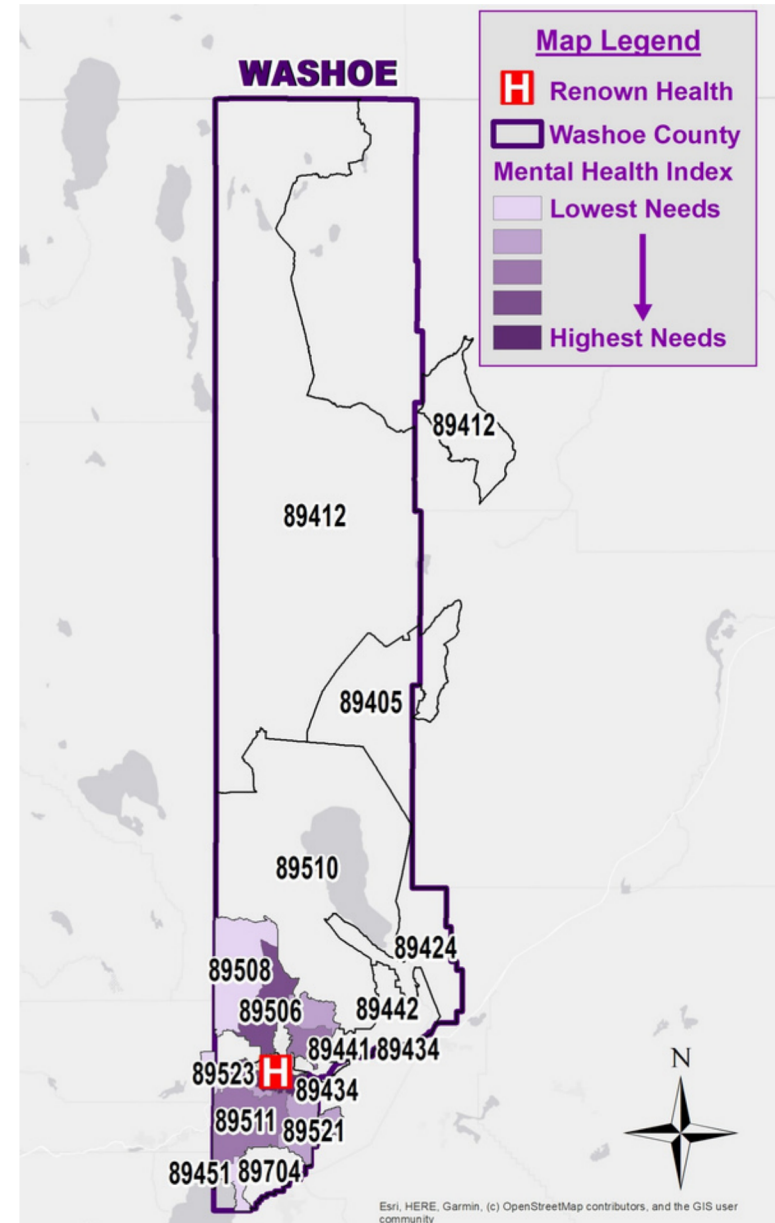
The Mental Health Index (MHI) was developed by Conduent HCI as a validated measure that considers various indicators related to socioeconomic and health factors such as access to care, physical health status, transportation, employment, and household environment. The index aims to identify areas with the highest risk of experiencing poor mental health.

The MHI incorporates five social and economic determinants of health to generate an index value for every zip code in the region, ranging from 0 to 100. Higher values suggest that zip codes in Washoe County have a higher likelihood of poor mental health, as reflected in self-reported mental health status.

89501 (93.2), 89512 (74.0), and 89431 (68.4) are the zip codes with the highest mental health needs, as indicated by the darkest shade of purple in the map. A detailed methodology for calculating the Mental Health Index is available in the Methodology Appendix.

It's worth noting that zip codes with higher values are associated with higher rates of self-reported poor mental health status, emphasizing the importance of addressing mental health needs in high-risk areas.

MENTAL HEALTH INDEX MAP BY ZIP CODE



.....

**Our system isn't always welcome to meeting [patient] needs in a way that makes sense. So, it's not always practical for somebody who is in survival mode to set in a doctor's appointment on this day.**

**COMMUNITY MEMBER / KEY INFORMANT**

.....

# Maternal and Child Health

Infant Mortality Rate for Washoe County is on the rise and Maternal and Child Health indicators are worsening. Both Primary and Secondary Data collection for the CHNA process showed this health need as a priority for the community.

It is important for the community to take action in addressing this health need. Improvements in healthcare services, access to prenatal care, and education on maternal and child health can help to decrease the infant mortality rate and improve the health outcomes for mothers and children in Washoe County.

Community outreach programs and support systems can play a crucial role in providing resources and assistance to families in need. Collaboration between healthcare providers, community organizations, and government agencies can also lead to more effective interventions and solutions. By working together, a positive impact on the health and well-being of our community can be sustained.

## Maternal and Child Health

Secondary Data Score: **1.66**



### Key Themes from Community Input



- Poverty is one of the strongest predictors of negative health outcomes, including high infant and maternal mortality rate
- Competing time interests in work, earning a living wage, and supporting a family, especially among those with young children and needing to be involved enough to help shape them into responsible adults and prepare them for the future
- Birthing people in Nevada have a very high vulnerability to poor outcomes and are most vulnerable due to reproductive healthcare access

### Warning Indicators



- Babies with Low Birthweight
- Infant Mortality Rate
- Low Birth Weight Babies
- Mortality Rate Among Infants: Under 1 Year
- Percent Born Preterm (less than 37 completed weeks of gestation)
- Percent of Infants Breastfed at 1 Year
- Percent of Women Receiving Prenatal Care in the First Trimester

**5.8%**

INFANT MORTALITY RATE

# FOOD INSECURITY

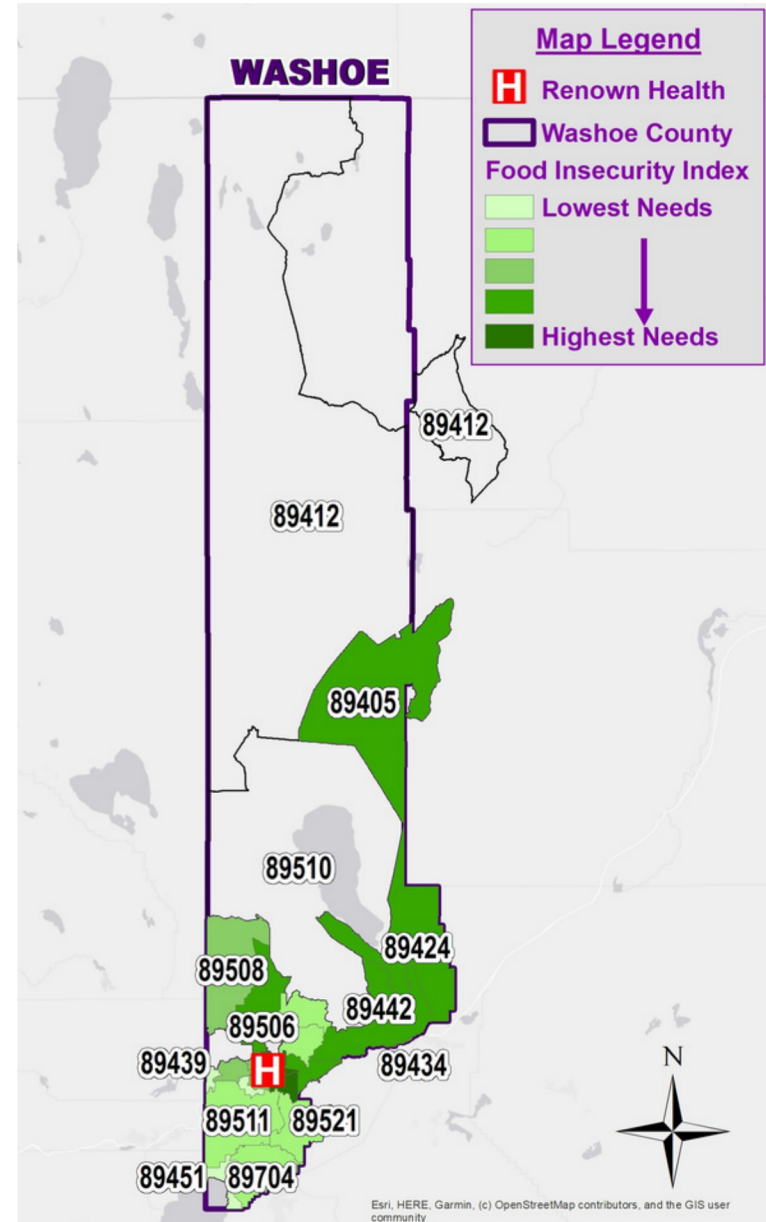
## IDENTIFYING AREAS WITH LOW FOOD ACCESS IS CRITICAL TO TARGETING SERVICES AND INTERVENTIONS

Conduent HCI's Food Insecurity Index (FII) assesses the availability of food within areas that are correlated with social and economic hardship. The FII is used to rank zip codes in Washoe County based on their index value and identify areas of low food accessibility as illustrated by the Food Insecurity Index Map.

The index values give an indication of the relative levels of need, with high FII zip codes indicating higher levels of food insecurity and greater social and economic hardship. The three zip codes with the highest levels of food insecurity, as indicated by the darkest shade of green are 89442 (96.8), 89424 (96.3), and 89512 (94.3). For a more detailed explanation of the methodology used for calculating the Food Insecurity Index, please refer to the Methodology Appendix..

It's worth noting that the areas with the highest food insecurity needs align with the results obtained from the health equity index, with two zip codes (89442 and 89424) appearing in both lists. Zip code 89512 also emerges as an area with a high food insecurity need.

FOOD INSECURITY INDEX MAP BY ZIP CODE



.....

**I think access [is] what needs to exist, [it is] where we are lacking, increased access to specialty care for all patients. Private, uninsured Medicaid does matter. We have a huge underserved population and for specialty services.**

**COMMUNITY MEMBER / KEY INFORMANT**

.....



# HEALTH NEEDS: AREAS OF CONCERN

**Preventative Health  
Behaviors**

**Social Determinants  
of Health**

**Substance Use**

**Violence Prevention  
and Safety**

Following a comprehensive examination of primary and secondary data, this report highlights additional health needs. Renown Health will not be prioritizing these areas in their Implementation Strategy. The report incorporates noteworthy themes from community feedback pertaining to each identified health need, as well as secondary data scores and warning indicators.

It is important to note Renown Health and its community partners will focus on the highest identified health needs within the Implementation Strategy, to ensure that the greatest health needs of the community are addressed first. Authentic collaboration is needed with community stakeholders and partners to develop targeted interventions that will effectively address these health needs. Additionally, there is an emphasis on the importance of ongoing monitoring and evaluation to assess the effectiveness of the Implementation Strategy and to ensure that the health needs of the community are being met.

# PREVENTATIVE HEALTH BEHAVIORS

The cornerstone of community well-being in Washoe County lies in fostering preventative health behaviors. The below data highlights the significance of proactive measures in reducing health risks and enhance overall health outcomes. Preventative Health Behaviors encourage practices such as regular health check-ups, vaccinations, and maintaining a healthy lifestyle through proper nutrition and exercise. Below are some preventative health indicators specific to Washoe County, Although not a prioritized health need, there is emphasis on the importance of awareness, education, and community engagement to create a culture of prevention.

## Preventative Health Behaviors

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### Key Themes from Community Input



- More than one in five community survey respondents indicated they participate in physical activity five or more days per week
- Top barrier to engaging in more physical activity was being too busy and not being able to fit exercising into a schedule
- Parks need to be better kept, in safer neighborhoods, have more amenities including functioning drinking fountains or maintained paths to increase utilization
- Healthy foods or nutrition was most often discussed in combination with lack of public transportation
- Need for more neighborhood centric farmer's markets and community gardens to increase healthy food access in the community
- Largest barrier to eating more healthy foods identified by community survey respondents was healthy foods are too expensive followed by healthy foods take too much time to prepare

# SOCIAL DETERMINANTS OF HEALTH

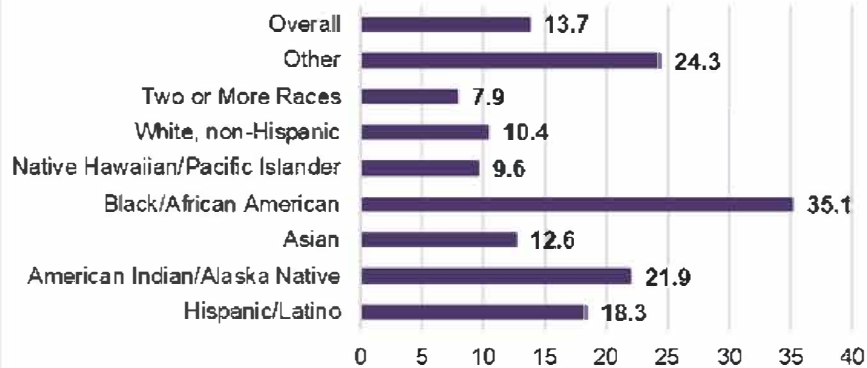
Social determinants of health refer to the conditions in which people are born, grow, live, work, and age, and how these conditions affect their health and well-being. These determinants include factors such as income, education, employment, and housing. While these factors may not be considered immediate health needs, they play a crucial role in determining an individual's overall health outcomes.

To address these social determinants of health, it is important to raise awareness about their impact on health. Steps such as educating individuals about these factors and how they can take steps to improve their overall health are helpful within communities impacted by Social Determinants of Health. Engagement is also crucial in creating a culture of prevention. By working together to address these social determinants of health, communities can create healthier environments that benefit everyone.

**35.1%**

Black/African American young children had the highest rate of living below poverty level

## Young Children Living Below Poverty Level (%)



## Social Determinants of Health



### Key Themes from Community Input



- **Unaffordable cost of living & lack of affordable housing**
  - Compromising time with friends or family support systems to work
  - Limits on being able to afford necessities/other competing financial pressures to pay for housing costs
  - Difficulties maintaining personal health as many have to work more to afford basic amenities & are experiencing higher rates of stress due to financial burdens
  - Parents struggling to provide stable environment for families as they must navigate difficult financial decisions
  - Need for more affordable housing units as wages have not kept pace with cost of living
  - Affordable housing units are in terrible condition, located in unsafe and undesirable areas of town, are poorly kept, and are barely affordable to those who need them
- **Road Safety & Transportation:**
  - Lack of road safety including limited bike access and poor walkability
  - Insufficient public transportation system
- **Lack of access to good education**
- **Systemic inequality, discrimination, and racism**



# SUBSTANCE USE

According to the qualitative data collection, substance abuse is a top health concern in Washoe County. Drug abuse, including opioids and methamphetamines, and alcohol abuse were identified as two of the most significant risky behaviors affecting community health.

From secondary data, Washoe County indicators that have higher values than both state and national values are Alcohol-Impaired Driving Deaths, Adults who Drink Excessively, Death Rate due to Drug Poisoning and Age-Adjusted Drug and Opioid Involved Overdose Death Rates. Key informants highlighted the behavioral health impact of substance abuse in Washoe County. The identified barriers to care, such as the stigma associated with seeking services and limited access to care, providers and specialty care.

## Substance Use

Secondary Data Score: **1.59**



### Key Themes from Community Input



- Substance use mentioned in conjunction with persons who are unhoused or homeless and being related to the conditions which lead to their current housing status
- Some participants did provide personal experiences with overcoming substance use on a personal level or mentioned having to care for an extended family member who had substance use problems

### Warning Indicators



- Alcohol-Impaired Driving Deaths
- Adults who Drink Excessively
- Alcohol-Induced Mortality Rate
- Age-Adjusted Drug and Opioid-Involved Overdose Death Rate
- Adults who Use Marijuana
- Adults who Binge Drink
- Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin)
- Adults who are Heavy Drinkers
- Adolescents who have ever Used Alcohol
- Death Rate due to Drug Poisoning
- High School Students who Have Lived with Someone who Abused Alcohol or Street or Prescription Drugs
- Middle School Students who Use Vapor Products
- Prescription Drug Related Mortality Rate
- Teens who Have Ever Used Cocaine
- Teens who Use Vapor Products

Tomorrow, N. (n.d.). Nevada Tomorrow :: Indicators :: Behavioral Health. Copyright (C) 2023 by Nevada Tomorrow. [https://www.nevadatomorrow.org/indicators/index/dashboard?alias=Critical\\_Local\\_Issue\\_BehavioralHealth](https://www.nevadatomorrow.org/indicators/index/dashboard?alias=Critical_Local_Issue_BehavioralHealth)

# VIOLENCE PREVENTION AND SAFETY

Within the communities served, it is imperative to prioritize safety and prevention measures. Violence prevention initiatives should include educating individuals on healthy coping mechanisms, promoting conflict resolution strategies, and establishing safe spaces for individuals to voice their concerns regarding violence. Community engagement is essential in creating a culture of prevention, enabling individuals to collaborate in addressing issues and implementing effective solutions. By emphasizing safety and violence prevention, we can strive towards building a more secure and peaceful world for everyone.

## Violence Prevention and Safety

Secondary Data Score: **1.69**



### Key Themes from Community Input

- Safety concerns including bullying and gun violence
- Violence, crime, and abuse as a concern among the LGBTQ+ community, persons who are unsheltered or without a home, and refugees
- Homelessness mentioned as a perceived barrier to safety coupled with connotation that homelessness contributes to general feeling of not being able to be around persons who are unhoused, as they pose a threat to others safety
- Some participants mentioned they carry weapons such as firearms or knives, just to feel safer while out in the community

### Warning Indicators

- Age-Adjusted Death Rate due to Unintentional Injuries
- Age-adjusted Unintentional Injury Mortality Rate
- Alcohol-Induced Mortality Rate
- Death Rate due to Drug Poisoning
- Death Rate due to Injuries
- Firearm Fatalities Per 100,000 Population
- High School Students who have Been Verbally Abused by an Adult
- High School Students who Have Ever Rode in a Car with a Drunk Driver
- High School Students who were ever Forced to have Sexual Intercourse
- Middle School Students who have been Electronically Bullied: Past Year
- Middle School Students who have Been Physically Hurt by an Adult
- Middle School Students who have Been Verbally Abused by an Adult
- Middle School Students who Have Ever Rode in a Car with a Drunk Driver
- Middle School Students who were ever Forced to have Sexual Intercourse
- Mortality Rate Among Children: 0-19 Years
- Severe Housing Problems

Tomorrow, N. (n.d.-b). Nevada Tomorrow :: Indicators :: Public Safety & Wellbeing. Copyright (C) 2023 by Nevada Tomorrow. [https://www.nevadatomorrow.org/indicators/index/dashboard?alias=public\\_wellbeing](https://www.nevadatomorrow.org/indicators/index/dashboard?alias=public_wellbeing)

# CONCLUSION

## Capturing Diverse Perspectives

Implementing focus group discussions and key informant interviews adds authentic and valuable perspectives to identify recurrent themes. This sheds light on the health challenges encountered by community members, as well as strengths and opportunities for improvement.

Renown Health places great emphasis on amplifying community voices to ensure that this community health needs assessment is not only a data collection exercise but also an authentic representation of the experiences of the community. Through this process, we can establish the foundation for targeted and community-centric interventions, guaranteeing that our healthcare initiatives align with the diverse perspectives that shape Washoe County.

## A Foundation for Action

Through this process, Renown Health has developed a unique foundation for action through the grant making process with its community and non-profit partners.

Through collaboration with its community and partners, Renown Health has been able to identify and address the most pressing health needs of the community. This has resulted in the development of innovative programs and initiatives that have had a significant impact on improving the health and well-being of individuals and families in the region. By working together, Renown Health and its partners are can leverage their resources and expertise to create lasting change in Washoe County.



# NEXT STEPS

The Community Health Needs Assessment (CHNA) Final Report serves as a valuable tool for identifying and tracking the health needs and priorities of a community. As a continuous work in progress, it helps stakeholders identify gaps in resources and services and opportunities for innovation and collaboration. By providing a roadmap for addressing community health needs and improving overall health outcomes, the final report is an essential asset for healthcare organizations, policymakers, and community leaders to make informed decisions. Ultimately, the CHNA Final Report is a valuable resource for all those dedicated to improving the health and wellbeing of their communities.

1

## Strengthen Shared Data Collection and Monitoring

Establish and maintain strong connections with Nevada Tomorrow, while also implementing shared data collection methods and systems. This approach will ensure the precise and timely monitoring of progress towards achieving common goals within the CHNA.

3

## Integrate of National Policies and Strategies

To address the unique challenges of Washoe County and its residents, it's important to maintain a comprehensive understanding of the persistent issues while also integrating national efforts and innovative approaches. The BARRHII Framework and CMS Health Equity Framework are two such examples of innovation in practice.

2

## Foster Multi-Stakeholder Collaboration

Leveraging the knowledge of local experts can prove to be an effective approach for accomplishing objectives within a particular community or region. This requires identifying individuals who possess a comprehensive understanding of the culture, traditions, and norms of the area. By engaging with these experts, this process can gain valuable insights, enhancing future approaches, and fostering strong relationships with the local community.

4

## Sustainable Implementation

Renown Health will work with community partners to develop initiatives addressing health needs identified in the Community Health Needs Assessment. They will collaborate with local organizations to ensure that resources are effectively used and progress is tracked and evaluated regularly, aiming to promote wellness, prevent illness, and improve healthcare access for underserved populations. Renown Health is committed to building a healthier and more equitable community through a comprehensive and collaborative approach.

# APPENDICES

The following support documents are shared separately on the Renown Health Community Health Improvement Website at <https://www.renown.org/about/community-commitment/community-health-needs-assessment/>

## METHODOLOGY AND DATA SCORING TABLES

## COMMUNITY DATA COLLECTION TOOLS

## 2020 CHNA REPORT CARD

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# APPENDIX

**METHODOLOGY AND SCORING TABLES**

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## 2022 Mental Health Index Methodology

Conduent’s Health Mental Health Index (formerly SocioNeeds Index®) was developed by Conduent Healthy Communities Institute (HCI). The Mental Health Index is available as part of Conduent’s SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes. Each index summarizes multiple health and socioeconomic indicators into one validated composite score to help identify areas for action.

The SocioNeeds Index Suite can help:

- Justify and validate investments for prevention and early intervention
- Clearly communicate areas for shared action by healthcare, public health, social services, community organizations, business, and others
- Inform policies and interventions at the regional level

### Selection and Weighting of Index Components

Conduent HCI reviewed its current library of indicators for component indicators to include in the Mental Health Index. Indicators were considered if available at the county, zip code, and census tract level, and updated at least annually. Index components were then scored based on the strength of their Pearson correlation coefficient with selected health outcomes. The indicators that were selected to be included in the Mental Health Index are listed in the table below (see *Component Indicators*).

Topic	Component Indicator	Source	Period of Measure
Disability	Persons with a Disability	American Community Survey, 5-Year Estimates	2016-2020
Employment	Unemployment Rate	Claritas Pop-Facts®	2022
Health Care Access	Adults who had a Routine Checkup in the Past Year	CDC PLACES	2019
Health Insurance	Adults with Health Insurance: 18+	Claritas Consumer Profiles	2022
Household	Single-Parent Households	American Community Survey, 5-Year Estimates	2016-2020
Transportation	Households without a Vehicle	Claritas Pop-Facts	2022

Outcome indicators of poor mental health were selected based on their broad applicability and geographic granularity (see *Outcome Indicators* in table below). A regression analysis was performed to measure the strength of the component indicators with each outcome indicator. Component indicators were standardized into Z-scores, in which they were transformed into a z-distribution with a mean value of zero and a standard deviation of one. The final index score was calculated as a weighted average of the component indicator Z-scores. The optimal weighting for each component indicator was determined by examining the Pearson correlation coefficient



between the aggregated z-score of component indicators and each outcome indicator. Weights were adjusted until the optimal coefficients were observed for the association between the index and the outcome indicators.

Outcome Indicator	Locale Type	R <sup>2</sup> value	Pearson Coefficient
Poor Mental Health Days: 14+ Days	Zip code	77%	87%
I often feel like my life is slipping out of control: Agree completely	Zip code	62%	79%

The R<sup>2</sup> results of our regression analysis show that for all the outcome indicators, between 62-77% of the variation can be attributed to the Mental Health Index for the entire United States at the zip code level. The Pearson correlation coefficient output shows that the association between the index and the outcome indicators ranges from 79-87% for values when optimal weights are used. Equal weights are used across all component indicators to calculate the final index values. *Note: The results of the regression and correlation analysis are based on American Community Survey, 5-year Estimates, 2015-2019; Claritas Pop-Facts 2021; CDC PLACES, 2018; Claritas Consumer Profiles, 2021.*

## Presentation of Index Values Within a Community

Final index values range from 0-100, representing the percentile of each geographic location within the entire United States. Within the community or service area, the index values are grouped into five ranks, where a low rank represents a low level of need and a high rank represents a high level of need. These ranks are determined using natural breaks classification, which groups locations into clusters based on similar index values. This method minimizes the variance within a rank and maximizes the variance between ranks. All locations with a population of over 300 persons, as reported by Claritas population estimates, are included in the Mental Health Index. Those with populations under 300 persons are excluded for purposes of data stability.



# Food Insecurity Index

The information in this document is the intellectual property of Conduent Healthy Communities Institute (HCI). The content is intended for use solely by current clients of HCI, and is provided under the confidentiality terms of our master contract with your organization.

## Background

Food insecurity rates can act as a bellwether for economic, health, and social burdens in communities. While food insecurity is experienced in all counties in every state and affects households of all races and ages, food insecurity rates tend to be higher in BIPOC households due to systemic and generational discriminatory wage, health, and policing practices and policies.

Community health improvement efforts must link data with action. Improving a community’s access to food can improve other health and social outcomes, such as hospital readmissions, financial burdens for medication purchasing, and school readiness and attendance.<sup>1-4</sup>

Food insecurity is well known to be a strong correlate with other household and community measures of financial stress, such as Medicaid enrollment, SNAP enrollment, and mental health burden. The Food Insecurity Index created by Conduent Healthy Communities Institute summarizes multiple socio-economic and health indicators into one composite score for easier identification of high need areas by zip code, census tract, or county.

## Selection and Weighting of Index Components

Social, behavioral, and economic estimates for 2021 were obtained for all U.S. counties, zip codes, and census tracts from the Claritas 2021 datasets. Components considered for inclusion in the index were selected based on the strength of their Pearson correlation coefficient with hospital and emergency room patients exhibiting characteristics of social and economic burden and SNAP eligible populations at the zip code and county level. The components of the Food Insecurity Index are listed in the table below.

Topic	Indicator
Income	Average Household Expenditures/Household Income
Household	Female-Headed Single-Parent Households with Children
Health Insurance	Percent of Adults with Medicaid Insurance
Behavioral Health	Percent of Adults who Perceive their Health as Poor

Component indicators were then standardized into z-scores, in which they were transformed to a z-distribution with a mean value of zero and a standard deviation of one. The final index score was calculated as a weighted average of the component z-scores. The optimal weighting for each component indicator was determined by examining the correlation between county and zip code hospital and ER patient characteristics and SNAP eligible

populations. The weighting ratios that resulted in the highest correlation with the outcome measures at the county level and zip code levels were selected.

## **Presentation of Index Values Within a Community**

Final index values range from 0-100, representing the percentile of each zip code among all U.S. zip codes and each census tract for all U.S. census tracts. For counties, the 0-100 index value represents the percentile of each county among all U.S. counties. Within the community, the index values are grouped into five ranks, where a low rank represents a low level of need and a high rank represents a high level of need. These ranks are determined using natural breaks classification, which groups the zip codes or counties into clusters based on similar index values. This method minimizes the variance within a rank, and maximizes the variance between ranks. All zip codes with a population of over 300 persons, as reported by Claritas estimates, are included in the Food Insecurity Index. Those with populations under 300 persons are excluded.

### *References*

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# 2023 Health Equity Index Methodology

Conduent’s Health Equity Index (formerly SocioNeeds Index®) was developed by Conduent Healthy Communities Institute (HCI). The Health Equity Index is available as part of Conduent’s SocioNeeds Index® Suite, which provides analytics around social determinants of health to advance equitable outcomes. Each index summarizes multiple health and socioeconomic indicators into one validated composite score to help identify areas for action.

The SocioNeeds Index Suite can help:

- Justify and validate investments for prevention and early intervention
- Clearly communicate areas for shared action by healthcare, public health, social services, community organizations, business, and others
- Inform policies and interventions at the regional level

## Selection and Weighting of Index Components

Conduent HCI reviewed its current library of indicators for component indicators to include in the Health Equity Index. Indicators were considered if available at the county, zip code, and census tract level, and updated at least annually. Index components were then scored based on the strength of their Pearson correlation coefficient with selected health outcomes. The indicators that were selected to be included in the Health Equity Index are listed in the table below (see *Component Indicators*).

Topic	Component Indicator	Source
Income	Average Household Income	Claritas Pop-Facts®
Poverty	Families Below Poverty	Claritas Pop-Facts
Employment	Percent of Civilian Labor Force Unemployed	Claritas Pop-Facts
Education	Population 25+ with a High School Degree or Higher	Claritas Pop-Facts
Language	Population 5+ that Speaks Only English at Home	Claritas Pop-Facts
Medicaid enrollment	Adults with Medicaid Health Insurance	Claritas Consumer Profiles
Race	Percent of Non-White Population	Claritas Pop-Facts

Outcome indicators of poor health were selected based on their broad applicability and geographic granularity (see *Outcome Indicators* in table below). A regression analysis was performed to measure the strength of the component indicators with each outcome indicator. Component indicators were standardized into Z-scores, in which they were transformed into a z-distribution with a mean value of zero and a standard deviation of one. The final index score was calculated as a weighted average of the component indicator Z-scores. The optimal weighting for each component indicator was determined by examining the Pearson correlation coefficient between the aggregated z-score of component indicators and each outcome indicator. Weights were adjusted until the optimal coefficients were observed for the association between the index and the outcome indicators.

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Outcome Indicator	Locale Type	R <sup>2</sup> value	Pearson Coefficient
Preventable Hospitalization	Zip code	67%	77%
Premature Death Rate	County	64%	71%
Adults with Medical Conditions Limiting Lifestyle	Census Tract	73%	78%
Self-Reported General Health Assessment: Poor	Census Tract	84%	82%

The R<sup>2</sup> results of our regression analysis show that for all of the outcome indicators, between 64-84% of the variation can be attributed to the Health Equity Index for the entire United States at various geographic levels. The Pearson correlation coefficient output shows that the association between the index and the outcome indicators ranges from 71-82% for values across all location types when optimal weights are used. The weights listed in the table below are used to calculate the final index values.

Component Indicator	Weights
Average Household Income	17.1%
Families Below Poverty	19.9%
Percent of Civilian Labor Force Unemployed	16.5%
Population 25+ with a High School Degree or Higher	14.7%
Population 5+ that Speaks Only English at Home	2.9%
Adults with Medicaid Health Insurance	18.0%
Percent of Non-White Population	10.9%

Based on these weights, *Families Below Poverty* and *Adults with Medicaid Health Insurance* have the most impact on index values. *Population 5+ that Speaks Only English at Home* has the smallest impact on index values.

## Presentation of Index Values Within a Community

Final index values range from 0-100, representing the percentile of each geographic location within the entire United States. Within the community or service area, the index values are grouped into five ranks, where a low rank represents a low level of need and a high rank represents a high level of need. These ranks are determined using natural breaks classification, which groups locations into clusters based on similar index values. This method minimizes the variance within a rank and maximizes the variance between ranks. All locations with a population of over 300 persons, as reported by Claritas population estimates, are included in the Health Equity Index. Those with populations under 300 persons are excluded for purposes of data stability.

*Please note: This document describes the methodology for the Health Equity Index starting in 2022. Prior years use the original methodology as described in the [2014 Health Equity Index document](#) found in the HCI Help Center.*

SCORE	ADOLESCENT HEALTH	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
	High School Students who have been Electronically Bullied	percent	18.6		14.9		2021		31
1.74	Teens who Felt Sad or Hopeless	percent	47.1		46.1		2021		31
1.68	Teen Fruit Consumption	percent	32.9		26.6		2021		31
1.62	Teens who Have Ever Used Cocaine	percent	4.9		3.8		2021		31
1.62	Teens who Use Vapor Products	percent	20.5		17.5		2021		31
1.59	Adolescents who have ever Used Alcohol	percent	49.3		46.9		2021		31
	High School Students Who Ever Thought Seriously About Committing Suicide	percent	23.6		22.4		2021		31
1.59	Teens who have Attempted Suicide	percent	12.6		12.3		2021		31
1.56	Teens who are Overweight or Obese	percent	31.6		33.8		2021		31
	Teens who have Smoked: Middle School Students	percent	1.8		1.8		2021		31
1.38	Teen Vegetable Consumption	percent	31.7		25.2		2021		31
1.32	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15	22.2		21.9	20.5	2015-2017		5
1.26	Teens who have Used Methamphetamines	percent	3.1		3.1		2021		31
	Teens who do not Engage in Physical Activity: Middle School Students		20		23.9		2021		31
1.24	Teens who get 8 or more Hours of Sleep	percent	24.3	27.4	21.7		2021		31
	Rate of Live Births Among Women Aged 15-19 Years Per 1,000 Females Aged 15-19 Years	per 1,000 females ages 15-19	15.4		15.6	15.4	2020	Black (37.3) White (9.3) AIAN (20.2) API (4.1) Hisp (23.5)	46
1.15	Teens who Have Ever Used Ecstasy	percent	5.4		5.2		2021		31
	Teens who Use Marijuana: High School Students	percent	16.5		15.5		2021		31
	Teens who Experienced Physical Dating Violence	percent	6.2		6.8		2021		31
0.97	Teens who Have Ever Used Heroin	percent	2.4		2.6		2021		31
	Teens who Smoke Cigarettes: High School Students	percent	3.2		3.4		2021		31
SCORE	ALCOHOL & DRUG USE	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Alcohol-impaired Driving Deaths	rate of driving deaths with alcohol involved	37.2		27.3	27	2016-2020		12
2.65	Death Rate due to Drug Poisoning	deaths/ 100,000 population	27.9	20.7	23.4	23	2018-2020		12
2.38	Adults who Drink Excessively	percent	22.6		19.9	19	2020		12
2.18	Alcohol-Induced Mortality Rate	Deaths per 100,000 population	28.9	28.3	22.8	14.9	2020		9
	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	26.4		22.4	23.5	2018-2020	Black (45.5) White (27.7) Hisp (12.3)	9
2.03	Adults who Use Marijuana	percent	19.9		19.4		2020		21
1.91	Adults who Binge Drink	percent	19.9		12.7		2021		21
1.91	Prescription Drug Related Mortality Rate	Deaths per 100,000 population	19.3		16.7		2020	White (35.7) Hisp (16.5)	46
	Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin)	Rate per 100,000 residents	15.7		11.1		2018		29
1.62	Adults who are Heavy Drinkers	percent	8.2		5		2021		21
	Middle School Students who Use Vapor Products	percent	6.1		5.4		2021		31
1.62	Teens who Have Ever Used Cocaine	percent	4.9		3.8		2021		31
1.62	Teens who Use Vapor Products	percent	20.5		17.5		2021		31
1.59	Adolescents who have ever Used Alcohol	percent	49.3		46.9		2021		31
	High School Students who Have Lived with Someone who Abused Alcohol or Street or Prescription Drugs	percent	32.2		30.5		2019		31
	High School Students who have Ever Used Prescription Drugs	percent	14.8		14.8		2017	Black (15.8) White (12.8) Asian (6.5) AIAN (39.5) NHPI (7.2) Other (10.1) Hisp (15.1)	31
	Middle School Students who Have Lived with Someone who Abused Alcohol or Street or Prescription Drugs	percent	19.9		20.1		2021		31
	Middle School Students who Use Alcohol: Past 30 Days	percent	6.4		6.4		2021		31
	High School Students who Use Alcohol: Past 30 Days	percent	21.4		19.3		2021		31
1.32	Teens who have Used Methamphetamines	percent	3.1		3.1		2021		31
1.26	Teens who have Used Methamphetamines	percent	3.1		3.1		2021		31
1.24	Health Behaviors Ranking		3				2023		12
	High School Students Who Have Ever Used Marijuana	percent	33.1		30.2		2021		31
1.15	High School Students who Use Marijuana	percent	16.5		15.5		2021		31
1.15	Teens who Have Ever Used Ecstasy	percent	5.4		5.2		2021		31

1.15	Teens who Use Marijuana: High School Students	percent	16.5	15.5	2021				31
0.97	Teens who Have Ever Used Heroin	percent	2.4	2.6	2021				31
0.79	Middle School Students who Use Marijuana	percent	3.6	4	2021				31
0.74	Liquor Store Density	stores/ 100,000 population	4.9	5.3	10.7	2021			40

SCORE	CANCER	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.74	Melanoma Incidence Rate	cases/ 100,000 population	31.2		17.6	22.6	2014-2018	White (38.5) Hisp (8.9)	16
2.47	Breast Cancer Incidence Rate	cases/ 100,000 females	131.5		115	126.8	2014-2018		16
2.21	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.1		9.1	7.7	2014-2018		16
2.18	Breast Cancer Mortality Rate	Deaths per 100,000 females	28.8	15.3	25.5	25.3	2020		9
2.03	Prostate Cancer Mortality Rate	deaths/ 100,000 males	24.9	16.9	21.5	20.2	2020		9
1.88	Prostate Cancer Incidence Rate	cases/ 100,000 males	104		85.9	106.2	2014-2018		16
1.85	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.7		10.9	11.9	2014-2018		16
1.76	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.3	16.9	19.4	18.8	2016-2020		16
1.65	Cancer: Medicare Population	percent	10		10	11	2021		10
1.65	Males 40+ Years Who Received a PSA Test Within Past 2 Years	Percent (%) of males	31.7		29.5	31.8	2020		6
1.59	Cervical Cancer Screening: 21-65	Percent	80.3			82.8	2020		7
1.59	Mammogram in Past 2 Years: 50-74	percent	70.2	80.5		78.2	2020		7
1.44	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21	15.3	21.8	19.6	2016-2020		16
1.41	Colon Cancer Screening: USPSTF Recommendation	percent	69.7			72.4	2020		7
1.35	All Cancer Incidence Rate	cases/ 100,000 population	429.8		398.8	448.6	2014-2018		16
0.88	Adults with Cancer	percent	6.5			6.5	2020		7
0.82	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	144.4	122.7	150.7	149.4	2016-2020		16
0.82	Colorectal Cancer Mortality Rate	deaths/ 100,000 population	11.9	8.9	15.9	16.1	2020		9
0.82	Lung Cancer Mortality Rate	Deaths per 100,000 population	34.6	25.1	39.9	41.3	2020		9
0.74	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	12.4	8.9	14.6	13.1	2016-2020		16
0.65	Mammography Screening: Medicare Population	percent	47		38	45	2021		10
0.47	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	29.6	25.1	34.9	35	2016-2020	White (32.7) API (17.7) Hisp (10.1)	16
0.35	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	50.3		51.9	57.3	2014-2018		16
0.18	Colorectal Cancer Incidence Rate	cases/ 100,000 population	32.5		35.6	38	2014-2018		16

SCORE	CHILDREN'S HEALTH	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.29	Child Care Centers	per 1,000 population under age 5	0.3		2.9	7	2022		12
2.18	Food Insecure Children Likely Ineligible for Assistance	percent	32		35	25	2021		13
2.18	Mortality Rate Among Children: 0-19 Years	Rate per 100,000 population	59.1		49.5	50.5	2020		9
1.41	Middle School Students who get 9 or More Hours of Sleep	percent	19.6		18.6		2021		31
1.35	Children that Received Recommended Vaccination Series: 19-35 months	percentage	76		79	75.4	2018		8
1.35	Children with Health Insurance	percent	93.9		91.4	94.6	2021		2
1.24	High School Students with Excessive Electronic Use	percent	53.6		59.6		2019		31
1.24	Middle School Students with Excessive Electronic Use	percent	44.6		53.3		2021		31
1.18	Children without Health Insurance: Under 18	Percent (%)	10.7		16.5	10.2	2021		1
1.06	Washoe County Children Enrolled in Nevada Check Up	Enrolled children from birth to 1	4792				2021		43
0.88	Home Child Care Expenditure-to-Income Ratio	percent	3.1		3.3		2022		11
0.79	Combined 7-Vaccine Series Coverage: Children 19-35 Months	percent	68.9		54.1		2020		24
0.65	Child Food Insecurity Rate	percent	11		18.5	12.8	2021		13

SCORE	COMMUNITY	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Alcohol-Impaired Driving Deaths	# of driving deaths with alcohol involved	37.2		27.3	27	2016-2020		12
2.38	Median Household Gross Rent	dollars	1251		1238	1163	2017-2021		3
2.38	Mortgaged Owners Median Monthly Household Costs	dollars	1810		1655	1697	2017-2021		3
2.21	Child Abuse and Neglect Substantiated Reports	Percent (%) substantiated report	30.8		22.4		2022		27
2.21	Violent Crime Rate Per 100,000 population	Rate per 100,000 population	524.7		469.4		2022		25

2.18	Age-adjusted Unintentional Injury Mortality Rate	Deaths per 100,000 population	68.4	43.2	53.5	57.6	2020	9
2.18	Rate of Homeless Persons Per 100,000 Population	Rate per 100,000 population	330.9		241.2	173.7	2022	Black (46.4) White (243.9) AIAN (20.6) API (4.9) Mult (6.6) Hisp (48.2)
2.03	Motor Vehicle Accident Mortality Rate	Deaths per 100,000 population	10.5	10.1	7	7	2020	9
1.94	People 65+ Living Alone (Count)	people	20456				2017-2021	3
1.94	Regional Transportation Commission (RTC) Annual Access Bus Passengers	RTC Access ridership	118659				2022	35
1.94	Workers who Walk to Work	percent	2		1.6	2.5	2017-2021	Black (3.4) White (1.6) Asian (2.5) AIAN (4.8) NHPI (1.1) Mult (2.9) Other (1.3) Hisp (2.5)
1.91	Elder Abuse Crime Rate	Rate per 1,000 population	3.7		3.3		2022	25
1.91	High School Students who have been Electronically Bullied	percent	18.6		14.9		2021	31
1.74	Median Monthly Owner Costs for Households without a Mortgage	dollars	484		454	538	2017-2021	3
1.65	Adults Participating in Truckee River Education Programs	Number of Adults	1008				2022	32
1.65	Child Abuse	Number of referrals/ reports received	7173				2022	48
1.65	Eligible Voter Turnout	Percent (%)	50.1				2022	49
1.65	Homelessness: Chronically Homeless	Count of persons chronically homeless	68				2023	33
1.65	Homelessness: Point-in-Time (PIT) Count	Count of persons experiencing homelessness	1690				2023	33
1.65	New Bike Lanes	miles	3.7				2022	35
1.65	New Pedestrianways	miles	3.6				2022	35
1.65	Regional Transportation Commission (RTC) Annual Transit Bus Passengers	RTC Transit ridership	3597006				2022	35
1.65	Students Participating in Truckee River Education Programs	Number of Students	5523				2022	32
1.65	Washoe County School District GASB 34 Government Activity Instruction-only Expenditure Dollars	government activity instruction-only	386990505				2022	47
1.65	WCSD Operating Statistics: Primary Government Pupil to Teacher Ratio	ratio of pupils to teacher	18.8				2022	47
1.65	Youth not in School or Working	percent	7.8		9.9	6.9	2017-2021	3
1.56	Crime Index	Rate per 1,000 population	27.5		29.3		2022	25
1.56	Persons with Health Insurance	percent	86.7	92.4	86.2		2020	41
1.53	Homeownership	percent	54.1		51.9	57.4	2017-2021	3
1.53	Social Associations	membership associations/ 10,000 population	6.4		4.2	9.1	2020	12
1.53	Workers Commuting by Public Transportation	percent	2	5.3	2.7	4.2	2017-2021	Black (10.3) White (0.9) Asian (7.3) AIAN (1.9) NHPI (0.4) Mult (2.1) Other (4.3) Hisp (2.9)
1.41	Mean Travel Time to Work	minutes	22.4		24.7	26.8	2017-2021	3
1.41	Social and Economic Factors Ranking		6				2023	12
1.35	Air Traffic Cargo Reno-Tahoe International Airport	pounds of air cargo	147276696				2022	36
1.35	Children in Transition (CIT) Count	children without permanent housing	1950				2022	47
1.35	Homelessness: Transitional Aged Youth 18-24	youth aged 18-24 experiencing homelessness	8				2023	33
1.35	Homelessness: Veterans	Count of unsheltered veterans	15				2023	33
1.35	Keep Truckee Meadow Beautiful Volunteers for Community Cleanups	Number of volunteers	5528				2022	32
1.35	Participants in KTMB's Adopt-A-Spot and Neighborhood Cleanup Programs	Number of volunteers	4132				2022	32
1.35	People 25+ with a High School Diploma or Higher	percent	88.5		87	88.9	2017-2021	3
1.35	Voter Registration	Percent (%)	79.4				2022	49
1.35	Washoe County School District Per-Pupil Expenditures	WCSD expenditure dollars	10220				2022	47
1.32	Age-Adjusted Death Rate due to Firearms	deaths/ 100,000 population	14.5	10.7	15.9	12	2018-2020	9
1.32	Single-Parent Households	percent	24.7		27.7	25.1	2017-2021	3
1.26	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	10.7	10.1	10.3	11.4	2018-2020	9
1.24	Day Care Center and Preschool Expenditure-to-Income Ratio	percent	6.9		7.8		2022	11
1.24	Solo Drivers with a Long Commute	percent	24.1		31.8	37	2017-2021	12
1.18	People who have Difficulty Speaking English: 65+	percent	5.3		10.4	8.6	2017-2021	3
1.12	Age-Adjusted Death Rate due to Homicide	deaths/ 100,000 population	5.2	5.5	6.8	6.6	2018-2020	9
1.12	Total Employment Change	percent	-2.2		-9.3	-4.3	2020-2021	40
1.09	Domestic Violence Crime Rate	Rate per 1,000 population	7.3		9.2		2022	25
1.06	Elder Care Expenditure-to-Income Ratio	percent	11.1		13.7		2022	11

1.06	Homelessness: PIT Count of Persons in Weekly Motels	is experiencing homelessness living in	2132					2023		33
1.00	Voter Turnout: Presidential Election	percent	86.7	58.4	78.2			2020		30
0.97	Teens who Experienced Physical Dating Violence	percent	6.2		6.8			2021		31
0.88	Households without a Vehicle	percent	6.3		7.1	8.3		2017-2021		3
0.88	Linguistic Isolation	percent	3		5.4	4.2		2017-2021		3
0.88	People 65+ Living Alone	percent	26		24	26.3		2017-2021		3
0.79	Child Abuse Removal Rate	Rate per 1,000 children	2.8		3.6			2022		27
0.76	Workers who Bike to Work	percent	0.5		0.3	0.5		2017-2021		3
0.71	Gasoline and Other Fuels Expenditure-to-Income Ratio	percent	3		3.4			2022		11
0.65	People Living Below Poverty Level	percent	10.9	8	12.9	12.6		2017-2021		3
0.65	Population 16+ in Civilian Labor Force	percent	63		58.5	59.6		2017-2021		3
0.53	Households with an Internet Subscription	percent	88.3		87.5	87.2		2017-2021		3
0.53	Persons with an Internet Subscription	percent	90.4		89.9	89.9		2017-2021		3
0.53	Workers who Drive Alone to Work	percent	73.1		75.2	73.2		2017-2021		3
0.53	Young Children Living Below Poverty Level	percent	13.7		19.1	18.5		2017-2021	Black (35.1) White (10.4) Asian (12.6) AIAN (21.9) NHP (9.6) Mult (7.9) Other (24.3) Hisp (18.3)	3
0.35	Children Living Below Poverty Level	percent	12.7		17.5	17		2017-2021	Black (35.6) White (9.3) Asian (7.1) AIAN (15.3) NHP (10.2) Mult (14.3) Other (19) Hisp (16.6)	3
0.35	Female Population 16+ in Civilian Labor Force	percent	61.8		58.4	58.7		2017-2021		3
0.35	Households with One or More Types of Computing Devices	percent	95.5		94.7	93.1		2017-2021		3
0.35	People 25+ with a Bachelor's Degree or Higher	percent	32.3		26.1	33.7		2017-2021		3
0.26	Median Housing Unit Value	dollars	388600		315900	244900		2017-2021		3
0.18	Median Household Income	dollars	74292		65686	69021		2017-2021		3
0.18	Per Capita Income	dollars	40301		34621	37638		2017-2021		3
SCORE	<b>COUNTY HEALTH RANKINGS</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.		MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.76	Physical Environment Ranking		14					2023		12
1.41	Social and Economic Factors Ranking		6					2023		12
1.24	Clinical Care Ranking		3					2023		12
1.24	Health Behaviors Ranking		3					2023		12
1.24	Morbidity Ranking		4					2023		12
1.24	Mortality Ranking		2					2023		12
SCORE	<b>DIABETES</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.		MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.59	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	21		22.2	22.6		2018-2020		9
1.41	Adults with Diabetes	percent	12		12.3			2021		21
1.35	Diabetic Monitoring: Medicare Population	percent	83.7		81.2	87.5		2019		38
0.82	Adults 20+ with Diabetes	percent	6.3					2020		9
0.29	Diabetes: Medicare Population	percent	17		23	24		2021	Black (25) White (16) Asian (28) AIAN (35) Hisp (24)	10
SCORE	<b>DISABILITIES</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.		MEASUREMENT PERIOD	HIGH DISPARITY*	Source
0.97	Adults with Disability Living in Poverty (5-year)	percent	21.9		23.1	24.9		2017-2021		3
SCORE	<b>ECONOMY</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.		MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.53	Veterans Living Below Poverty Level	percent	10.8		8.3	6.8		2017-2021		3
2.38	Median Household Gross Rent	dollars	1251		1238	1163		2017-2021		3
2.38	Mortgaged Owners Median Monthly Household Costs	dollars	1810		1655	1697		2017-2021		3
2.18	Food Insecure Children Likely Ineligible for Assistance	percent	32		35	25		2021		13
2.18	Rate of Homeless Persons Per 100,000 Population	Rate per 100,000 population	330.9		241.2	173.7		2022	Black (46.4) White (243.9) AIAN (20.6) API (4.9) Mult (6.6) Hisp (48.2)	14
2.03	Households that are Asset Limited, Income Constrained, Employed (ALICE)	percent	35.4		31			2021		42
1.94	Homeowner Expenditure-to-Income Ratio	percent	15.2		14			2022		11
1.94	People 65+ Living Below Poverty Level	percent	9.8		9.8	9.6		2017-2021	Black (13.3) White (8.7) Asian (10.9) AIAN (15) NHP (16.4) Mult (13.5) Other (25.2) Hisp (17.1)	3
1.94	People 65+ Living Below Poverty Level (Count)	people	7669					2017-2021		3
1.88	Total Local Area Employment	number of the labor force employ	247203		1466213	1.58E+08		2022		23
1.85	Households that are Above the Asset Limited, Income Constrained, Employed (ALICE) Threshold	percent	53.2		55			2021		42
1.74	Median Monthly Owner Costs for Households without a Mortgage	dollars	484		454	538		2017-2021		3
1.68	Income Inequality		0.5		0.5	0.5		2017-2021		3



1.68	Students Eligible for the Free Lunch Program	percent	44	68.1	37.3	2021-2022	17
1.65	Homelessness: Chronically Homeless	Count of persons chronically homeless	68			2023	33
1.65	Homelessness: Point-in-Time (PIT) Count	Count of persons experiencing homelessness	1690			2023	33
	Renters Spending 30% or More of Household Income on Rent						
1.65	Income on Rent	percent	47.3	25.5	51.4	49.4	2017-2021
1.65	Tourism Occupancy Rate	percentage %	65.5				2021-2022
1.65	Youth not in School or Working	percent	7.8	9.9	6.9		2017-2021
1.59	Home Renter Expenditure-to-Income Ratio	percent	17.3	18			2022
1.59	Severe Housing Problems	percent	17.2	18.5	17		2015-2019
1.53	Homeownership	percent	54.1	51.9	57.4		2017-2021
1.53	Unemployed Workers in Civilian Labor Force	percent	4	5.2	3.1		April 2023
1.41	Social and Economic Factors Ranking		6				2023
	Air Traffic Cargo Reno-Tahoe International Airport						
1.35	Airport	pounds of air cargo	147276696				2022
1.35	Building Permits Issued	Number of building permits issued	4324				2022
1.35	Building Permits Valuation	Dollar value of building permits issued	678470836				2021
1.35	Children in Transition (CIT) Count	Children without permanent housing	1950				2022
1.35	Employment-to-Population Ratio	Ratio of employment to labor force	1				2023
1.35	Homelessness: Transitional Aged Youth 18-24	youth aged 18-24 experiencing homelessness	8				2023
1.35	Homelessness: Veterans	Count of unsheltered veterans	15				2023
	Households with Cash Public Assistance Income						
1.35	Income	percent	2.7	3.2	2.6		2017-2021
	Ratio of Assisted Households to Households in Need						
1.35	Need	housing assistance to the need for	30				2022
1.35	Size of Labor Force	persons	263132				April 2023
1.35	Subsidized Affordable Housing Inventory	subsidized affordable housing units per household	17.8				2022
	Households Without Sufficient Net Worth to Subsidize at the Poverty Level for 3 Months in the Absence of Income						
1.32	the Absence of Income	percent of households	20	23	19		2021
1.24	College Tuition Expenditure-to-Income Ratio	percent	11.4	11.9			2022
	Day Care Center and Preschool Expenditure-to-Income Ratio						
1.24	Income Ratio	percent	6.9	7.8			2022
	Mortgaged Owners Spending 30% or More of Household Income on Housing						
1.24	Household Income on Housing	percent	27.3	25.5	30.7	27.4	2021
1.24	Overcrowded Households	percent	4.1	4.2			2017-2021
1.18	Homeowner Vacancy Rate	percent	1.3	1.4	1.2		2017-2021
1.15	Households Living Below Poverty Level	percent	11.4	14			2021
1.15	Unemployment Rate	percent of labor force	3.5	5.4	3.6		2022
1.12	Total Employment Change	percent	-2.2	-9.3	-4.3		2020-2021
1.06	Elder Care Expenditure-to-Income Ratio	percent	11.1	13.7			2022
	Homelessness: PIT Count of Persons in Weekly Motels						
1.06	Motels	persons experiencing homelessness living in motels	2132				2023
	Washoe County Children Enrolled in Nevada Check Up						
1.06	Check Up	Enrolled children from birth to 1 year	4792				2021
	Adults with Disability Living in Poverty (5-year)						
0.97	Adults with Disability Living in Poverty (5-year)	percent	21.9	23.1	24.9		2017-2021
	Older Adult Homeowners Spending 30% or More of Household Income on Housing Costs						
0.97	More of Household Income on Housing Costs	percent	25.3	27.1	25.3		2017-2021
	Home Child Care Expenditure-to-Income Ratio						
0.88	Home Child Care Expenditure-to-Income Ratio	percent	3.1	3.3			2022
0.88	Student Loan Expenditure-to-Income Ratio	percent	4	5			2022
0.88	Unemployed Veterans	percent	3.1	3.9	3.3		2017-2021
	Vocational, Technical, and Other School Tuition Expenditure-to-Income Ratio						
0.88	Tuition Expenditure-to-Income Ratio	percent	1.4	1.7			2022
0.71	Cigarette Expenditure-to-Income Ratio	percent	1.8	2			2022
	Gasoline and Other Fuels Expenditure-to-Income Ratio						
0.71	Income Ratio	percent	3	3.4			2022
	Health Insurance Expenditure-to-Income Ratio						
0.71	Health Insurance Expenditure-to-Income Ratio	percent	5.8	6.5			2022
0.71	People Living 200% Above Poverty Level	percent	72.6	68.8	70.8		2017-2021
0.71	Utilities Expenditure-to-Income Ratio	percent	5.2	6.3			2022
0.65	Child Food Insecurity Rate	percent	11	18.5	12.8		2021
0.65	Families Living Below Poverty Level	percent	6.6	9.1	8.9		2017-2021
0.65	Food Insecurity Rate	percent	9.7	13	20.4		2021
0.65	People Living Below Poverty Level	percent	10.9	8	12.9	12.6	2017-2021
0.65	Population 16+ in Civilian Labor Force	percent	63	58.5	59.6		2017-2021
0.53	Young Children Living Below Poverty Level	percent	13.7	19.1	18.5		2017-2021
0.35	Children Living Below Poverty Level	percent	12.7	17.5	17		2017-2021

0.35	Female Population 16+ in Civilian Labor Force	percent	61.8	58.4	58.7	2017-2021	3
0.26	Median Housing Unit Value	dollars	388600	315900	244900	2017-2021	3
0.18	Median Household Income	dollars	74292	65686	69021	2017-2021	3
0.18	Per Capita Income	dollars	40301	34621	37638	2017-2021	3
0.00	Median Household Income: Householders 65+	dollars	58898	51989	50523	2017-2021	3

SCORE	EDUCATION	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.29	Child Care Centers	per 1,000 population under age	0.3		2.9	7	2022		12
1.91	High School Students who have been Electronically Bullied	percent	18.6		14.9		2021		31
1.76	8th Grade Students Proficient in Reading	percent	44		42.9		2021-2022		22
1.65	Library System Collection Turnover	per volumes in collection	4.1				2022		48
1.65	Library System Patron Visitors Per Capita	per capita	1.1				2022		48
1.65	Washoe County School District GASB 34 Government Activity Instruction-only Expenditure Dollars	government activity instruction-on	386990505				2022		47
1.65	WCSD Operating Statistics: Primary Government Pupil to Teacher Ratio	ratio of pupils to teacher	18.8				2022		47
1.56	Students Proficient in English Language Arts (CRT): Grades 3-8	Percent	45.4		43.7		2021-2022		20
1.47	High School Graduation	percent	84.4	90.7	81.7		2021-2022		22
1.38	Students Proficient in Math (CRT): Grades 3-8	Percent	33.6		29.8		2021-2022		20
1.35	People 25+ with a High School Diploma or Higher	percent	88.5		87	88.9	2017-2021		3
1.35	Washoe County School District Graduates Completing Nevada System of Higher Education Remedial Coursework	percentage of WCSD graduates	41.2				2022		47
1.35	Washoe County School District Per-Pupil Expenditures	WCSD expenditure dollars	10220				2022		47
1.29	4th Grade Students Proficient in Math	percent	39.8		34.9		2021-2022		22
1.29	4th Grade Students Proficient in Reading	percent	46.1		42.7		2021-2022		22
1.29	8th Grade Students Proficient in Math	percent	25.1		22.2		2021-2022	Black (9) White (36.4) Asian (48.6) Mult (34.3) Hisp (13.4)	22
1.24	College Tuition Expenditure-to-Income Ratio	percent	11.4		11.9		2022		11
1.24	Day Care Center and Preschool Expenditure-to-Income Ratio	percent	6.9		7.8		2022		11
1.00	Veterans with a Bachelor's Degree or Higher	percent	30.1		27.9		2017-2021		3
0.88	Home Child Care Expenditure-to-Income Ratio	percent	3.1		3.3		2022		11
0.88	Student Loan Expenditure-to-Income Ratio	percent	4		5		2022		11
0.88	Student-to-Teacher Ratio	students/ teacher	15.9		20.3	16.3	2020-2021		17
0.88	Vocational, Technical, and Other School Tuition Expenditure-to-Income Ratio	percent	1.4		1.7		2022		11
0.82	Veterans with a High School Diploma or Higher	percent	96.3		95.8	94.8	2017-2021		3
0.35	People 25+ with a Bachelor's Degree or Higher	percent	32.3		26.1	33.7	2017-2021		3

SCORE	ENVIRONMENTAL HEALTH	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Regional Transportation Commission (RTC) Annual Access Bus Passengers	RTC Access ridership	118659				2022		35
1.91	Annual Particle Pollution	grade	F				2019-2021		4
1.76	Annual Ozone Air Quality	grade	F				2019-2021		4
1.76	Physical Environment Ranking		14				2023		12
1.65	Adults Participating in Truckee River Education Programs	Number of Adults	1008				2022		32
1.65	New Bike Lanes	miles	3.7				2022		35
1.65	New Pedestrianways	miles	3.6				2022		35
1.65	Number of Extreme Heat Days	days	48				2021		19
1.65	Number of Extreme Heat Events	events	46				2021		19
1.65	Park Acreage Rate	park acreage rate per 1,000 popula	3.9				2022		15
1.65	Regional Transportation Commission (RTC) Annual Transit Bus Passengers	RTC Transit ridership	3597006				2022		35
1.65	Students Participating in Truckee River Education Programs	Number of Students	5523				2022		32
1.65	Weeks of Moderate Drought or Worse	weeks per year	47				2021		19
1.59	Severe Housing Problems	percent	17.2		18.5	17	2015-2019		12
1.50	Proximity to Highways	percent	4.7		5		2020		19

1.35	Air Traffic Cargo Reno-Tahoe International Airport	pounds of air cargo	147276696			2022			36	
1.35	Keep Truckee Meadow Beautiful Volunteers for Community Cleanups	Number of volunteers	5528			2022			32	
1.35	Number of Extreme Precipitation Days	days	17			2021			19	
1.35	Participants in KTMB's Adopt-A-Spot and Neighborhood Cleanup Programs	Number of volunteers	4132			2022			32	
1.35	Ratio of Assisted Households to Households in Need	housing assistance to the need for	30			2022			28	
1.35	Subsidized Affordable Housing Inventory	subsidized affordable housing units per	17.8			2022			28	
1.29	Asthma: Medicare Population	percent	6	7	6	2021			10	
1.24	Adults with Current Asthma	percent	9.8		9.2	2020			7	
1.24	Overcrowded Households	percent	4.1	4.2		2017-2021			3	
1.15	Access to Parks	percent	94.8	80.7		2020			19	
1.12	Food Environment Index		7.8	7.2	7	2023			12	
1.00	Houses Built Prior to 1950	percent	4.5	2.2	17	2017-2021			3	
0.97	Access to Exercise Opportunities	percent	88.3	91.5	84	2023			12	
0.74	Liquor Store Density	stores/ 100,000 population	4.9	5.3	10.7	2021			40	
0.71	Gasoline and Other Fuels Expenditure-to-Income Ratio	percent	3	3.4		2022			11	
0.71	Utilities Expenditure-to-Income Ratio	percent	5.2	6.3		2022			11	
SCORE	<b>FAMILY PLANNING</b>		UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.32	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15	22.2			21.9	20.5	2015-2017		5
1.24	High School Students who Did Not Use Any Method to Prevent Pregnancy	percent	13.4			16.6		2021		31
1.18	Rate of Live Births Among Women Aged 15-19 Years Per 1,000 Females Aged 15-19 Years Population	per 1,000 females ages 15-19	15.4			15.6	15.4	2020	Black (37.3) White (9.3) AIAN (20.2) API (4.1) Hisp (23.5)	46
SCORE	<b>HEALTH CARE ACCESS &amp; QUALITY</b>		UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.47	Children without Health Insurance: Under 19	percent	19.1			16.6	14.3	2016-2020		1
2.12	Percent Born Preterm (less than 37 completed weeks of gestation)	Percent of live births	10.8			10.6	10.1	2020		9
1.76	Adults Unable to Afford to See a Doctor	percent	14.4			12.7		2021		21
1.76	Adults who have had a Routine Checkup	percent	69.3				74.7	2020		7
1.65	Adults with Health Insurance	percent	87			84.3	87.8	2021		2
1.59	Adults without Health Insurance	percent	15.6				15.3	2020		7
1.56	Persons with Health Insurance	percent	86.7	92.4		86.2		2020		41
1.47	Adults 65+ without Health Insurance	percent	0.7			1.3	0.8	2017-2021		3
1.35	Children with Health Insurance	percent	93.9			91.4	94.6	2021		2
1.32	Dentist Rate	dentists/ 100,000 population	69.5			64.2		2021		12
1.24	Adults who Visited a Dentist	percent	64.7				64.8	2020		7
1.24	Clinical Care Ranking		3					2023		12
1.18	Children without Health Insurance: Under 18	Percent (%)	10.7			16.5	10.2	2021		1
1.09	Geriatric Focus Nurse Practitioners Per 1,000 Population Aged 65+		1.1			0.8		2022		43
1.06	Washoe County Children Enrolled in Nevada Check Up	Enrolled children from birth to 1.	4792					2021		43
0.71	Health Insurance Expenditure-to-Income Ratio	percent	5.8			6.5		2022		11
0.56	Mental Health Provider Rate	providers/ 100,000 population	341.3			240.1		2022		12
0.44	Non-Physician Primary Care Provider Rate	providers/ 100,000 population	121.8			101.2		2022		12
0.26	Primary Care Provider Rate	providers/ 100,000 population	81.3			58.9		2020		12
0.18	Preventable Hospital Stays: Medicare Population	ischarges/ 100,000 Medicare enro.	1912			2686	2686	2021		10
SCORE	<b>HEART DISEASE &amp; STROKE</b>		UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.65	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	45.4	33.4		38.3	37.6	2018-2020		9
2.06	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	116.4	71.1		104.9	90.2	2018-2020		9
2.00	Hyperlipidemia: Medicare Population	percent	62			61	63	2021		10
1.94	Adults who Have Taken Medications for High Blood Pressure	percent	71.6				76.2	2019		7
1.62	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ ye	40.6			30.1		2020		19
1.59	Cholesterol Test History	percent	84.4				87.6	2019		7
1.41	High Cholesterol Prevalence: Past 5 Years	percent	34				33.6	2019		7
1.29	Stroke: Medicare Population	percent	5			5	6	2021		10

1.06	Adults who Experienced Coronary Heart Disease	percent	6.7		6.4	2020		7	
0.94	Atrial Fibrillation: Medicare Population	percent	12	12	14	2021		10	
0.94	Hypertension: Medicare Population	percent	55	59	65	2021		10	
0.88	Adults who Experienced a Stroke	percent	2.9		3.2	2020		7	
0.71	High Blood Pressure Prevalence	percent	28.1	42.6	32.6	2019		7	
0.47	Ischemic Heart Disease: Medicare Population	percent	15		18	21	2021	10	
0.29	Heart Failure: Medicare Population	percent	7		9	11	2021	10	
SCORE	<b>IMMUNIZATIONS &amp; INFECTIOUS DISEASES</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Gonorrhea Incidence Rate	cases/ 100,000 population	238.6		206.6	206.5	2020		18
2.71	Syphilis Incidence Rate	cases/ 100,000 population	28.2		24.9	12.7	2020		18
2.56	Chlamydia Incidence Rate	cases/ 100,000 population	535.9		478.5	481.3	2020		18
2.21	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.1		9.1	7.7	2014-2018		16
1.41	Pneumonia Vaccinations: Medicare Population Children that Received Recommended	percent	6		5	19	2021		10
1.35	Vaccination Series: 19-35 months	percentage	76		79	75.4	2018		8
1.35	HIV Rate Per 100,000 Population	Rate per 100,000 population	4.9				2021	Black (23) White (5) API (2.8) Hisp (3.9)	44
1.35	Influenza-Like Illness (ILI) Trends	Weekly percentage average	2.1				2021-2022		45
1.35	Salmonellosis Rate Per 100,000 Population	Rate per 100,000 population	6.4				2021	Black (0) White (8) API (0) Hisp (5.4)	44
1.35	Stage 3 HIV (Formerly Known as AIDS) Rate Per 100,000 Population	Rate per 100,000 population	2.9				2021	Black (0) White (2.7) API (0) Hisp (4.7)	44
1.35	Tuberculosis Rate Per 100,000 Population	Rate per 100,000 population	1.4				2021	Black (7.7) White (0.7) API (11.2) Hisp (0)	44
1.26	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.5		14.3	13.4	2018-2020		9
1.24	Overcrowded Households	percent	4.1		4.2		2017-2021		3
0.88	Influenza Hospitalizations Per 100,000 Population	Rate per 100,000 population	2.3		2.1	8.9	2020-2021	Black (58.1) White (35.3) AIAN (67.4) API (26.8) Hisp (14.7)	45
0.79	Combined 7-Vaccine Series Coverage: Children 19-35 Months	percent	68.9		54.1		2020		24
0.76	Flu Vaccinations: Medicare Population	percent	48		40	37	2021		10
SCORE	<b>MATERNAL, FETAL &amp; INFANT HEALTH</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.26	Infant Mortality Rate	deaths/ 1,000 live births	6.4		5	5.9	2015-2017		5
2.12	Percent Born Preterm (less than 37 completed weeks of gestation)	Percent of live births	10.8		10.6	10.1	2020		9
1.76	Percent of Infants Breastfed at 1 Year	percentage of infants	31		27.7	33.9	2021		26
1.71	Mortality Rate Among Infants: Under 1 Year	Rate per 1,000 live births	5.9	5	4.6	5.4	2020		9
1.56	Babies with Low Birthweight	percent	8.1		8.7	8.2	2015-2017		5
1.53	Percent of Women Receiving Prenatal Care in the First Trimester	percentage of women	71.8		74.4	77.7	2020		46
1.50	Low Birth Weight Babies	Percent (%)	8.5		9	8.2	2020		46
1.32	Teen Birth Rate: 15-19	live births/ 1,000 females aged 15	22.2		21.9	20.5	2015-2017		5
1.18	Rate of Live Births Among Women Aged 15-19 Years Per 1,000 Females Aged 15-19 Years Population	per 1,000 females ages 15-19	15.4		15.6	15.4	2020	Black (37.3) White (9.3) AIAN (20.2) API (4.1) Hisp (23.5)	46
SCORE	<b>MEN'S HEALTH</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.03	Prostate Cancer Mortality Rate	deaths/ 100,000 males	24.9		16.9	21.5	20.2	2020	9
1.88	Prostate Cancer Incidence Rate	cases/ 100,000 males	104		85.9	106.2	2014-2018		16
1.76	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.3		16.9	19.4	18.8	2016-2020	16
1.65	Males 40+ Years Who Received a PSA Test Within Past 2 Years	Percent (%) of males	31.7		29.5	31.8	2020		6
SCORE	<b>MENTAL HEALTH &amp; MENTAL DISORDERS</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.91	Poor Mental Health: 14+ Days	percent	19.3		17.5		2021		21
1.85	Intentional Injury (Suicide) Mortality Rate	deaths/ 100,000 population	20.1	12.8	19.2	14	2020		9
1.74	Teens who Felt Sad or Hopeless	percent	47.1		46.1		2021		31
1.59	High School Students Who Ever Thought Seriously About Committing Suicide	percent	23.6		22.4		2021		31
1.59	High School Students who Have Lived with Someone with Mental Illness	percent	41.6		39.9		2021		31
1.59	Teens who have Attempted Suicide	percent	12.6		12.3		2021		31
1.50	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	19.9	12.8	19.6	13.9	2018-2020		9
1.50	Poor Mental Health: Average Number of Days	days	5.2		5.6	4.4	2020		12
1.41	Adults Ever Diagnosed with Depression	percent	19.1		18.4		2020		7

1.41	Middle School Students who Felt Sad or Hopeless	percent	32.7	34.6		2021		31
1.41	Middle School Students who Have Lived with Someone with Mental Illness	percent	26.1	26.8		2021		31
1.24	Middle School Students who Have Attempted Suicide: Past Year	percent	5.9	7.7		2021		31
0.82	Depression: Medicare Population	percent	13	13	16	2021		10
0.56	Mental Health Provider Rate	providers/ 100,000 population	341.3	240.1		2022		12
0.47	Alzheimer's Disease or Dementia: Medicare Population	percent	4	5	6	2021		10
0.26	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	17.4	24.7	31	2018-2020		9

SCORE	MORTALITY DATA	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.71	Alcohol-Impaired Driving Deaths	Rate of driving deaths with alcohol in	37.2		27.3	27	2016-2020		12
2.65	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	deaths/ 100,000 population	45.4	33.4	38.3	37.6	2018-2020		9
2.65	Death Rate due to Drug Poisoning	deaths/ 100,000 population	27.9	20.7	23.4	23	2018-2020		12
2.47	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	60.5	43.2	48.7	51.6	2018-2020		9
2.47	Death Rate due to Injuries	deaths/ 100,000 population	94		80	76	2016-2020		12
2.26	Infant Mortality Rate	deaths/ 1,000 live births	6.4	5	5.7	5.9	2015-2017		5
2.18	Age-adjusted Unintentional Injury Mortality Rate	Deaths per 100,000 population	68.4	43.2	53.5	57.6	2020		9
2.18	Alcohol-Induced Mortality Rate	Deaths per 100,000 population	28.9	28.3	22.8	14.9	2020		9
2.18	Breast Cancer Mortality Rate	Deaths per 100,000 females	28.8	15.3	25.5	25.3	2020		9
2.18	Mortality Rate Among Children: 0-19 Years	Rate per 100,000 population	59.1		49.5	50.5	2020		9
2.12	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Deaths per 100,000 population	26.4		22.4	23.5	2018-2020	Black (45.5) White (27.7) Hisp (12.3)	9
2.06	Age-Adjusted Death Rate due to Coronary Heart Disease	deaths/ 100,000 population	116.4	71.1	104.9	90.2	2018-2020		9
2.03	Motor Vehicle Accident Mortality Rate	Deaths per 100,000 population	10.5	10.1	7	7	2020		9
2.03	Prostate Cancer Mortality Rate	deaths/ 100,000 males	24.9	16.9	21.5	20.2	2020		9
1.91	Prescription Drug Related Mortality Rate	Deaths per 100,000 population	19.3		16.7		2020	White (35.7) Hisp (16.5)	46
1.85	Intentional Injury (Suicide) Mortality Rate	deaths/ 100,000 population	20.1	12.8	19.2	14	2020		9
1.76	Age-Adjusted Death Rate due to Prostate Cancer	deaths/ 100,000 males	20.3	16.9	19.4	18.8	2016-2020		16
1.71	Mortality Rate Among Infants: Under 1 Year	Rate per 1,000 live births	5.9	5	4.6	5.4	2020		9
1.65	Cervical Cancer Mortality Rate	deaths / 100,000 females	869.3		856.6	965.1	2020		9
1.65	Mortality Rate for Leading Causes	Deaths per 100,000 population	990.8		975.6	1027	2020		9
1.62	Age-Adjusted Death Rate due to Heart Attack	deaths/ 100,000 population 35+ ye	40.6		30.1		2020		19
1.59	Age-Adjusted Death Rate due to Diabetes	deaths/ 100,000 population	21		22.2	22.6	2018-2020		9
1.50	Age-Adjusted Death Rate due to Suicide	deaths/ 100,000 population	19.9	12.8	19.6	13.9	2018-2020		9
1.50	Firearm Fatalities Per 100,000 Population	Rate per 100,000 population	15.3	10.7	17.5	13.8	2020		9
1.44	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21	15.3	21.8	19.6	2016-2020		16
1.32	Age-Adjusted Death Rate due to Firearms	deaths/ 100,000 population	14.5	10.7	15.9	12	2018-2020		9
1.26	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.5		14.3	13.4	2018-2020		9
1.26	Age-Adjusted Death Rate due to Motor Vehicle Traffic Collisions	deaths/ 100,000 population	10.7	10.1	10.3	11.4	2018-2020		9
1.24	Mortality Ranking		2				2023		12
1.21	Age-Adjusted Death Rate due to Kidney Disease	deaths/ 100,000 population	9		8.8	12.8	2018-2020		9
1.18	Life Expectancy	years	78.2		78.1	78.5	2018-2020		12
1.12	Age-Adjusted Death Rate due to Homicide	deaths/ 100,000 population	5.2	5.5	6.8	6.6	2018-2020		9
0.97	Premature Death	years/ 100,000 population	7273.2		7493	7300	2018-2020	Black (12021.36) White (7997.62) Asian (5077.47) AIAN (13605.4) Hisp (5063.24)	12
0.88	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/ 100,000 population	43.9		47.1	38.1	2018-2020		9
0.82	Age-Adjusted Death Rate due to Cancer	deaths/ 100,000 population	144.4	122.7	150.7	149.4	2016-2020		16
0.82	Colorectal Cancer Mortality Rate	deaths/ 100,000 population	11.9	8.9	15.9	16.1	2020		9
0.82	Lung Cancer Mortality Rate	Deaths per 100,000 population	34.6	25.1	39.9	41.3	2020		9
0.74	Age-Adjusted Death Rate due to Colorectal Cancer	deaths/ 100,000 population	12.4	8.9	14.6	13.1	2016-2020		16
0.47	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	29.6	25.1	34.9	35	2016-2020	White (32.7) API (17.7) Hisp (10.1)	16
0.26	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	17.4		24.7	31	2018-2020		9

SCORE	NUTRITION & HEALTHY EATING	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
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1.68	Teen Fruit Consumption	percent	32.9	26.6	2021		31
1.59	High School Students who Drink Soda or Pop	percent	14.4	14	2021		31
1.41	Adult Vegetable Consumption	percent	80.1	77.9	2017		21
1.38	Teen Vegetable Consumption	percent	31.7	25.2	2021		31
1.24	Adult Fruit Consumption	percent	69.5	62.4	2017		21
1.12	Food Environment Index		7.8	7.2	7	2023	12

SCORE	OLDER ADULTS	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.18	Osteoporosis: Medicare Population	percent	10	9	11	2021			10
2.00	Hyperlipidemia: Medicare Population	percent	62	61	63	2021			10
1.94	Adults 65+ who Received Recommended Preventive Services: Females	percent	31.3		37.9	2020			7
1.94	People 65+ Living Alone (Count)	people	20456			2017-2021			3
1.94	People 65+ Living Below Poverty Level	percent	9.8	9.8	9.6	2017-2021		Black (13.3) White (8.7) Asian (10.9) AIAN (15) NHPI (16.4) Mult (13.5) Other (25.2) Hisp (17.1)	3
1.94	People 65+ Living Below Poverty Level (Count)	people	7669			2017-2021			3
1.88	Prostate Cancer Incidence Rate	cases/ 100,000 males	104	85.9	106.2	2014-2018			16
1.65	Cancer: Medicare Population	percent	10	10	11	2021			10
1.59	Adults 65+ who Received Recommended Preventive Services: Males	percent	41.7		43.7	2020			7
1.47	Adults 65+ without Health Insurance	percent	0.7	1.3	0.8	2017-2021			3
1.35	Diabetic Monitoring: Medicare Population	percent	83.7	81.2	87.5	2019			38
1.29	Asthma: Medicare Population	percent	6	7	6	2021			10
1.29	Stroke: Medicare Population	percent	5	5	6	2021			10
1.18	People who have Difficulty Speaking English: 65+	percent	5.3	10.4	8.6	2017-2021			3
1.09	Geriatric Focus Nurse Practitioners Per 1,000 Population Aged 65+		1.1	0.8		2022			43
1.06	Elder Care Expenditure-to-Income Ratio	percent	11.1	13.7		2022			11
0.97	Older Adult Homeowners Spending 30% or More of Household Income on Housing Costs	percent	25.3	27.1	25.3	2017-2021			3
0.94	Atrial Fibrillation: Medicare Population	percent	12	12	14	2021			10
0.94	Hypertension: Medicare Population	percent	55	59	65	2021			10
0.88	Adults 65+ with Total Tooth Loss	percent	10.5		13.4	2020			7
0.88	People 65+ Living Alone	percent	26	24	26.3	2017-2021			3
0.82	Depression: Medicare Population	percent	13	13	16	2021			10
0.65	Chronic Kidney Disease: Medicare Population	percent	15	17	17	2021			10
0.65	Mammography Screening: Medicare Population	percent	47	38	45	2021			10
0.65	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	29	30	34	2021			10
0.47	Alzheimer's Disease or Dementia: Medicare Population	percent	4	5	6	2021			10
0.47	Ischemic Heart Disease: Medicare Population	percent	15	18	21	2021			10
0.29	COPD: Medicare Population	percent	9	11	11	2021			10
0.29	Diabetes: Medicare Population	percent	17	23	24	2021		Black (25) White (16) Asian (28) AIAN (35) Hisp (24)	10
0.29	Heart Failure: Medicare Population	percent	7	9	11	2021			10
0.26	Age-Adjusted Death Rate due to Alzheimer's Disease	deaths/ 100,000 population	17.4	24.7	31	2018-2020			9
0.00	Median Household Income: Householders 65+	dollars	58898	51989	50523	2017-2021			3

SCORE	ORAL HEALTH	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.85	Oral Cavity and Pharynx Cancer Incidence Rate	cases/ 100,000 population	11.7	10.9	11.9	2014-2018			16
1.32	Dentist Rate	dentists/ 100,000 population	69.5	64.2		2021			12
1.24	Adults who Visited a Dentist	percent	64.7		64.8	2020			7
1.09	High School Students who Visited a Dentist	percent	75.3	67.7		2021			31
1.09	Middle School Students who Visited a Dentist	percent	71	63.9		2021			31
0.88	Adults 65+ with Total Tooth Loss	percent	10.5		13.4	2020			7

SCORE	OTHER CONDITIONS	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.18	Osteoporosis: Medicare Population	percent	10	9	11	2021			10
1.21	Age-Adjusted Death Rate due to Kidney Disease	deaths/ 100,000 population	9	8.8	12.8	2018-2020			9
0.88	Adults with Arthritis	percent	24		24.2	2020			7
0.88	Adults with Kidney Disease	percent	2.9		3	2020			7
0.65	Chronic Kidney Disease: Medicare Population	percent	15	17	17	2021			10

0.65	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	percent	29	30	34	2021		10	
SCORE	<b>PHYSICAL ACTIVITY</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
1.94	Workers who Walk to Work	percent	2		1.6	2.5	2017-2021	Black (3.4) White (1.6) Asian (2.5) AIAN (4.8) NHIPI (1.1) Mult (2.9) Other (1.3) Hisp (2.5)	3
1.65	Park Acreage Rate	Park acreage rate per 1,000 popula	3.9				2022		15
1.47	Adults 20+ Who Are Obese	percent	25.5	36			2020		9
1.41	Adults who are Overweight or Obese	percent	64.3		67.5		2021		21
1.26	High School Students who were Physically Active	percent	86		84.7		2021		31
1.24	Adults who meet U.S. Aerobic and Strength Guidelines	percent	27.3		19.3		2017		21
1.24	Health Behaviors Ranking		3				2023		12
1.15	Access to Parks	percent	94.8		80.7		2020		19
1.00	Adults 20+ who are Sedentary	percent	16.6				2020		9
0.97	Access to Exercise Opportunities	percent	88.3		91.5	84	2023		12
0.76	Workers who Bike to Work	percent	0.5		0.3	0.5	2017-2021		3
SCORE	<b>PREVENTION &amp; SAFETY</b>	UNITS	WASHOE COUNTY	HP2030	NV	U.S.	MEASUREMENT PERIOD	HIGH DISPARITY*	Source
2.65	Death Rate due to Drug Poisoning	deaths/ 100,000 population	27.9	20.7	23.4	23	2018-2020		12
2.47	Age-Adjusted Death Rate due to Unintentional Injuries	deaths/ 100,000 population	60.5	43.2	48.7	51.6	2018-2020		9
2.47	Death Rate due to Injuries	deaths/ 100,000 population	94		80	76	2016-2020		12
2.18	Age-adjusted Unintentional Injury Mortality Rate	Deaths per 100,000 population	68.4	43.2	53.5	57.6	2020		9
2.18	Alcohol-Induced Mortality Rate	Deaths per 100,000 population	28.9	28.3	22.8	14.9	2020		9
2.18	Mortality Rate Among Children: 0-19 Years	Rate per 100,000 population	59.1		49.5	50.5	2020		9
1.76	High School Students who Have Ever Rode in a Car with a Drunk Driver	percent	17.2		14.3		2019		31
1.76	Middle School Students who have Been Verbally Abused by an Adult	percent	38		31.7		2021		31
1.65	Males 40+ Years Who Received a PSA Test Within Past 2 Years	Percent (%) of males	31.7		29.5	31.8	2020		6
1.62	High School Students who were ever Forced to have Sexual Intercourse	percent	7.9		6.2		2019	Black (18.9) White (7.5) Asian (5.6) AIAN (13.8) NHIPI (4.1) Other (13.6) Hisp (7)	31
1.59	High School Students who have Been Verbally Abused by an Adult	percent	42.2		41.8		2021		31
1.59	Middle School Students who have been Electronically Bullied: Past Year	percent	17.9		17.7		2021		31
1.59	Middle School Students who have Been Physically Hurt by an Adult	percent	11.1		11		2021		31
1.59	Middle School Students who Have Ever Rode in a Car with a Drunk Driver	percent	19.8		18.6		2021		31
1.59	Middle School Students who were ever Forced to have Sexual Intercourse	percent	4.1		4		2021		31
1.59	Severe Housing Problems	percent	17.2		18.5	17	2015-2019		12
1.53	Percent of Women Receiving Prenatal Care in the First Trimester	percentage of women	71.8		74.4	77.7	2020		46
1.50	Firearm Fatalities Per 100,000 Population	Rate per 100,000 population	15.3	10.7	17.5	13.8	2020		9
1.41	High School Students who have Seen or Heard Adults in their Home Become Violent	percent	8.6		8.6		2021		31
1.41	Middle School Students who have Seen or Heard Adults in their Home Become Violent	percent	13.2		14.3		2021		31
1.35	Children that Received Recommended Vaccination Series: 19-35 months	percentage	76		79	75.4	2018		8
1.32	Age-Adjusted Death Rate due to Firearms	deaths/ 100,000 population	14.5	10.7	15.9	12	2018-2020		9
1.24	High School Students who have Been Physically Hurt by an Adult	percent	10.9		14		2021		31
1.24	Teens who Experienced Sexual Dating Violence	percent	11.7		13.9		2021		31
0.79	Combined 7-Vaccine Series Coverage: Children 19-35 Months	percent	68.9		54.1		2020		24
1.50	Proximity to Highways	percent	4.7		5		2020		19
1.41	Teens who have Smoked: Middle School Students	percent	1.8		1.8		2021		31
1.32	Adults who Smoke	percent	17.4	6.1	14.1	16	2020		12
1.29	Asthma: Medicare Population	percent	6		7	6	2021		10
1.26	Age-Adjusted Death Rate due to Influenza and Pneumonia	deaths/ 100,000 population	13.5		14.3	13.4	2018-2020		9

1.24	Adults with Current Asthma	percent	9.8	9.2	2020	7			
1.06	Adults with COPD	Percent of adults	6.7	6.4	2020	7			
0.97	Teens who Smoke Cigarettes: High School Students	percent	3.2	3.4	2021	31			
0.88	Age-Adjusted Death Rate due to Chronic Lower Respiratory Diseases	deaths/ 100,000 population	43.9	47.1	38.1	2018-2020	9		
0.47	Age-Adjusted Death Rate due to Lung Cancer	deaths/ 100,000 population	29.6	25.1	34.9	35	2016-2020	White (32.7) API (17.7) Hisp (10.1)	16
0.35	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	50.3	51.9	57.3	2014-2018	16		
0.29	COPD: Medicare Population	percent	9	11	11	2021	10		
2.71	Gonorrhea Incidence Rate	cases/ 100,000 population	238.6	206.6	206.5	2020	18		
2.71	Syphilis Incidence Rate	cases/ 100,000 population	28.2	24.9	12.7	2020	18		
2.56	Chlamydia Incidence Rate	cases/ 100,000 population	535.9	478.5	481.3	2020	18		
1.35	HIV Rate Per 100,000 Population	Rate per 100,000 population	4.9			2021	Black (23) White (5) API (2.8) Hisp (3.9)	44	
1.35	Stage 3 HIV (Formerly Known as AIDS) Rate Per 100,000 Population	Rate per 100,000 population	2.9			2021	Black (0) White (2.7) API (0) Hisp (4.7)	44	
2.03	Adults Who Currently Use E-cigarettes	percent	6.6	5.4	4.6	2021	Black (8.3) White (3.3) Asian (4.6) AIAN (0) Other (8) Hisp (3.2)	6	
1.41	Teens who Have Smoked: Middle School Students	percent	1.8	1.8		2021	31		
1.32	Adults who Smoke	percent	17.4	6.1	14.1	16	2020	12	
0.97	Teens who Smoke Cigarettes: High School Students	percent	3.2	3.4		2021	31		
0.71	Cigarette Expenditure-to-Income Ratio		1.8	2		2022	11		
0.35	Lung and Bronchus Cancer Incidence Rate	cases/ 100,000 population	50.3	51.9	57.3	2014-2018	16		
1.56	Teens who are Overweight or Obese	percent	31.6	33.8		2021	31		
1.47	Adults 20+ Who Are Obese	percent	25.5	36		2020	9		
1.41	Adults who are Overweight or Obese	percent	64.3	67.5		2021	21		
1.50	Poor Physical Health: Average Number of Days	days	3.6	3.9	3	2020	12		
1.24	High School Students who Eat Breakfast	percent	23.8	20.9		2021	31		
1.24	Morbidity Ranking		4			2023	12		
1.24	Poor Physical Health: 14+ Days	percent	11	10		2020	7		
1.24	Self-Reported General Health Assessment: Poor or Fair	percent	14.9	14.5		2020	7		
1.24	Teens who get 8 or more Hours of Sleep	percent	24.3	27.4	21.7	2021	31		
1.18	Life Expectancy	years	78.2	78.1	78.5	2018-2020	12		
1.15	Insufficient Sleep	percent	33.1	31.4	35.3	33	2020	12	
0.71	High Blood Pressure Prevalence	percent	28.1	42.6	32.6	2019	7		
2.47	Breast Cancer Incidence Rate	cases/ 100,000 females	131.5	115	126.8	2014-2018	16		
2.21	Cervical Cancer Incidence Rate	cases/ 100,000 females	9.1	9.1	7.7	2014-2018	16		
1.65	Cervical Cancer Mortality Rate	deaths / 100,000 females	869.3	856.6	965.1	2020	9		
1.59	Cervical Cancer Screening: 21-65	Percent	80.3		82.8	2020	7		
1.59	Mammogram in Past 2 Years: 50-74	percent	70.2	80.5	78.2	2020	7		
1.53	Percent of Women Receiving Prenatal Care in the First Trimester	percentage of women	71.8	74.4	77.7	2020	46		
1.44	Age-Adjusted Death Rate due to Breast Cancer	deaths/ 100,000 females	21	15.3	21.8	19.6	2016-2020	16	
0.65	Mammography Screening: Medicare Population	percent	47	38	45	2021	10		



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# APPENDIX

## COMMUNITY DATA COLLECTION TOOLS

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**Purpose**

Thank you for participating in the Washoe County Community Health Needs Assessment focus group. This 75-minute discussion was designed to learn about your thoughts and feelings about the health of our community. Some of the questions asked you to think specifically through the lens of identifying as a resident living or working in the community. This information will help to determine what assets exist and will help identify the most pressing needs of the community.

This focus group was voice recorded so the data can be analyzed for the final report. Your real names were not used anywhere in the transcripts or the report, all your opinions remained anonymous, and the voice recordings will be destroyed. Below are the questions we discussed in the focus group today, if you have any further questions about the focus group, data uses or the family planning assessment in general, please contact Rayona LaVoie at (775) 328-2404 or email at [rlavoie@washoecounty.gov](mailto:rlavoie@washoecounty.gov)

Please sign and return the slip attached to this form acknowledging you received one \$20 Target gift card as a thank you for participating, so we can keep track how many persons received a card.

**Washoe County Community Health Needs Assessment Focus Group Questions**

1. Tell us your alias name and what do you consider to be the most positive aspects of your community?

**General Community Questions**

2. What actions do you do each day, or try to do, to make sure you have a quality of life?
3. What criteria or conditions make an entire community healthy, what must exist in the community to make sure more people can have a quality of life?
4. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community and why these issues?

**Family & Friends Questions**

5. What do you, your family and/or friends in the community do to maintain or improve their own quality of life?
6. What types of programs, services or support do you, your family and/or friends use to maintain your health?

**Non-specific Closing Question**

7. Thinking about all the topics and issues discussed is there anything else you believe it important that wasn't mentioned or anything that was mentioned that you'd like to really emphasize or come back to? Anything we forgot?

## 2022-2025 Washoe County Community Health Assessment

### Physical Activity

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**Page description:**

The following questions help identify barriers to being physically active in our community.

 2

1. During the past week (previous 7 days), other than your regular job, how many days did you participate in physical activity or exercise such as running, lifting weights, gardening, or walking for exercise?

- 0 days in past week
- 1-2 days in past week
- 3-4 days in past week
- 5 or more days in past week

39

2. Where do you currently go most often to be physically active?

- Outdoors (i.e. hiking, biking, running trails)
- Public recreation or community center
- Membership facility (i.e. private gym/pool/yoga studio) Home
- Work
- School or playground
- I do not exercise
- Other - Write In (Required)

3

3. Which of the following is **the largest barrier** to you being more physically active?

- Too expensive
- Too busy/does not fit into my schedule
- Too tired
- Bad weather
- Not enough safe places to exercise
- I don't like to exercise
- Not enough support/lack friends to keep me
- motivated Physically unable to exercise
- No barriers, I exercise enough
- Other - Write In (Required)

4

4. Which of the following would help you to increase your physical activity levels? **Select all that apply.**

- More or improved park facilities
- More or improved bike/running trails
- Improved sidewalks
- Having an exercise facility where I work
- Free sports team leagues
- Less expensive gym memberships
- More or improved recreation facilities
- (indoor/outdoor) Having support of friends to keep me motivated
- More running/walking events
- Walking or exercise groups

Other - Write In (Required)

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## Nutrition

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### Page description:

The following questions help identify barriers to eating healthy foods in Washoe County.

5

5. During the past week, about how many servings of fruit did you eat each day? A serving is  $\frac{1}{2}$  cup of fresh, frozen, or canned fruits. **DO NOT COUNT** items such as fruit drinks or candied fruit.

- 0 servings of fruits each day (past week)
- 1 to 2 servings of fruits each day (past week)
- 3 to 4 servings of fruits each day (past week)
- 5 or more servings of fruits each day (past week)

6

6. During the past week, about how many servings vegetables did you eat each day? A serving is  $\frac{1}{2}$  cup of fresh, frozen, or canned vegetables. **DO NOT COUNT** items such as French fries or potato chips.

- 0 servings of vegetables each day (past week)
- 1 to 2 servings of vegetables each day (past week)
- 3 to 4 servings of vegetables each day (past week)
- 5 or more servings of vegetables each day (past week)

7

7. How many days in the past week (previous 7 days) did you eat fresh meals (not pre-made)?

- 0 days in past week
- 1-2 days in past week
- 3-4 days in past week
- 5-6 days in past week
- All 7 days in past week

8

8. Which of the following is **the largest barrier** to you eating healthy food more often?

- Healthy foods are too expensive
- Healthy foods do not taste good
- Healthy foods spoil too quickly
- Limited access to healthy foods
- Do not know how to prepare healthy foods
- Healthy foods take too much time to prepare
- Do not know how to identify healthy foods
- Nothing, I already eat enough healthy foods
- Other - Write In (Required)



**Page description:**

These statements help identify hunger among families in our community.

**Identify how often the following situations are true for your household.**

 10

9. Within the past 12 months we worried whether our food would run out before we got money to buy more.

- Often true
- Sometimes true
- Never true

 11

10. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

- Often true
- Sometimes true
- Never true

**Perceived Stress**

---

**Page description:**

The following questions ask you about your feelings and thoughts during the last month. In each case, please indicate how often you felt or thought a certain way in the last month.

12

11. In the **last month**, how often have you felt that you were unable to control important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

13

12. In the **last month**, how often have you felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

14

13. In the **last month**, how often have you felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

15

14. In the **last month**, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

### Neighborhood Safety

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16

15. How safe do you feel your neighborhood is from crime?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Very unsafe

### Access to Healthcare

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**Page description:**

The following questions help identify the types of providers residents rely on most and the barriers residents face when they need to access healthcare providers.

17

16. In the **past 12 months**, which, if any, of the following type of healthcare providers have you needed to see, but couldn't? **Select all that apply.**

- Primary care, general practitioner, or family doctor
- Advanced Practitioner of Nursing (APN) or Physician's Assistant (PA)
- Obstetrician or gynecologist
- Eye doctor, optometrist, or ophthalmologist
- Dentist or orthodontist
- Psychiatrist, psychologist, or counselor
- Specialist such as: allergist, cardiologist, dermatologist, immunology, neurologist, infectious disease, oncology/cancer treatment, ear/nose/throat doctor, physical therapist, urologist, or other specialist
- None, I was able to see all healthcare providers necessary
- Other type of provider - Write In (Required)

\*

18

17. What are the main barriers you face when accessing healthcare in Washoe County? **Select all that apply.**

- No barriers to accessing healthcare in Washoe County
- Finding providers who accept my insurance
- Insurance does not cover what I need
- Finding providers who are accepting new patients
- Could not get an appointment soon enough/long wait list to be seen
- Finding a provider close to where I work or live
- Lack of childcare when I need to see provider
- Lack of transportation
- Hours the clinics are open
- Not able to take leave from work without pay
- Do not know where to go
- Other - Write In (Required)

\*

**Financial Challenges**

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19

18. Indicate if your household has had a hard time paying for any of the following within the past 12 months. **Select all that apply.**

- Housing (mortgage or rent)
- Utilities, including heat, light, water, trash/waste, or sewer
- Phone, cell or land line
- Credit card payments
- Educational loans
- Medical debt
- Childcare
- Vehicle maintenance/ Transportation
- Have not had a hard time paying for any of the above in the past 12 months
- Other - Write In (Required)

\*

### Ranking of Health Priorities

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**Page description:**

The following questions will help prioritize which health-related topics should be addressed in Washoe County.

Please review each of the following health-related topics in **BOLD**.

Each health-related topic has a list of examples of issues which could be addressed in *italics*.

**Use the next three questions to RANK, in order of importance for the top THREE health-related issues that are most important to you.**

**Access to Health Services**

*More primary care doctors  
Affordable health insurance  
More specialty providers  
Providers who accept your insurance*

**Mental Health**

*Daily stress reduction  
Depression  
Suicide  
Serious mental illnesses such as bipolar, schizophrenia  
Mental & behavioral health services & programs*

**Built Environment & Infrastructure**

*Bike trails  
Walking paths & sidewalks  
Parks & open spaces  
Public transportation  
Community gardens  
Public recreation facilities*

**Environmental Health**

*Clean water  
Clean air  
Illegal dumping  
Food safety  
Mosquito control*

**Violence**

*Domestic violence  
Gun-related injuries/deaths  
Rape/sexual assault  
Gang-related violence  
Child abuse/child neglect*

**Maternal & Child Health**

*Sex education  
Preterm birth  
Testing for sexually transmitted infections/diseases  
Teen pregnancy  
Family planning  
Birth control*

**Social Determinants of Health**

*K-12 education system  
Availability of employment  
Jobs that pay living wage  
Hunger  
Poverty  
Affordable housing  
Homelessness*

**Substance Use**

*Alcohol use/abuse  
Marijuana use/abuse  
Prescription drug use/abuse  
Tobacco/e-cigarette use  
Substance use/addiction recovery services & programs*

**Preventive Health Behaviors**

*Physical activity  
Healthy eating  
Overweight/obesity  
Immunizations  
Oral health  
Cancer screenings  
Chronic disease management*

19. What among the major categories is the **most important** issue to be addressed in Washoe County?

- Access to Health Services
- Mental Health
- Built Environment & Infrastructure
- Environmental Health
- Violence
- Maternal & Child Health
- Social Determinants of Health
- Substance Use
- Preventive Health Behaviors

22

20. What among the major categories is the **second most important** issue to be addressed in Washoe County?

- Access to Health Services
- Mental Health
- Built Environment & Infrastructure Environmental Health
- Violence
- Maternal & Child Health
- Social Determinants of Health
- Substance Use
- Preventive Health Behaviors

24

21. What among the major categories is the **third most important** issue to be addressed in Washoe County?

- Access to Health Services
- Mental Health
- Built Environment & Infrastructure Environmental Health
- Violence
- Maternal & Child Health
- Social Determinants of Health
- Substance Use
- Preventive Health Behaviors

### Demographics

---

36

22. What sex were you assigned at birth?

- Male
- Female



25

23. How do you describe yourself?

- Male
- Female
- Trans male / Trans man
- Trans female / Trans woman
- Genderqueer / Nonbinary
- Questioning or unsure of gender identity
- Another gender identity not listed - Write In

37

24. Do you think of yourself as

- Straight / Heterosexual
- Gay
- Lesbian
- Bisexual
- Pansexual
- Queer
- Questioning or unsure
- Another sexual orientation not listed - Write In (Required)

26

25. Select which age group you are currently in

- 18 years or younger
- 19-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75 years or older

27

26. Which ethnicity do you identify as?

- Hispanic/Latinx
- Non-Hispanic/Latinx

28

27. Which race(s) do you identify as? Select all that apply.

- Asian
- Black/ African American
- Native American or Alaska Native
- Native Hawaiian or Other Pacific
- Islander White/Caucasian
- Other - Write In (Required)

\*

29

28. What is your 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
- Other - Write In (Required)

\*

30

29. What type of health insurance coverage do you currently have? **Select all that apply.**

- None/uninsured
- Medicare
- Medicaid
- Private insurance, provided through
- employer Veterans/Military
- Indian Health Service
- Nevada Health Link/Purchased
- Other - Write In (Required)

\*

31

30. What is the highest grade or level of school you have **completed**?

- Less than high school, did not graduate high school
- Graduated high school or a GED equivalent
- Some college, no formal degree
- Graduated college - associate's degree
- Graduated college - bachelor's degree
- Master's degree or professional program (physical therapy, nursing) PhD, medical degree, law degree, or higher

32

31.

Zip

Code

Type the five-digit zip code where you primarily live

### Gift Card Drawing

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#### Page description:

If you would like to be entered for a chance to win a **\$ 20 gift card**, please enter your name, email and phone number so we can notify you if you are selected.

33

32. What is your name?

Type your name

34

33.

Email

Type your email address

35

34. Phone number

Type your phone number

**Thank You!**

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Thank you for participating in the survey for the Washoe County Community Health Assessment!

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# APPENDIX

2020 CHNA REPORT CARD

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# CHNA

GOALS  
MET BY  
YEAR 3

HEALTH  
BEHAVIORS

PARTNERING  
WITH  
RENOWN  
HEALTH  
COMMUNITY  
BENEFIT

GOALS  
MET BY  
YEAR 3

IMMUNIZATIONS  
AND INFECTIOUS  
DISEASES

PARTNERING  
WITH  
TIER ONE  
GENOMICS

GOALS  
MET BY  
YEAR 3

BEHAVIORAL  
HEALTH

PARTNERING  
WITH  
THE  
CHILDREN'S  
CABINET

GOALS  
MET BY  
YEAR 3

YOUTH AND  
ADOLESCENT  
HEALTH

PARTNERING  
WITH  
THE  
CHILDREN'S  
CABINET