

2016 Douglas County Community Health Needs Assessment (CHNA) Executive Summary

September 2016



University of Nevada
School of Medicine

(This page intentionally left blank)

Table of Contents

Special Thanks to the 2016 Douglas County CHNA Planning Committee.....	1
Section I: Introduction.....	2
Section II: Community Member Assessments.....	5
COMMUNITY SURVEY	5
SURVEY INSTRUMENT.....	5
DATA COLLECTION PROCESS.....	5
SURVEY RESULTS	6
TARGETED INFORMATION-GATHERING GROUP	22
Section III: Community Health Status Data.....	23
NEVADA CORE HEALTH INDICATORS	23
DATA COLLECTION PROCESS.....	23
DOUGLAS COUNTY AREAS OF STRENGTH	23
AREAS FOR IMPROVEMENT	24
LIMITATIONS.....	25
COUNTY HEALTH RANKINGS	25
DISCUSSION	26
Section IV: Local Public Health System Performance Assessment.....	27
PURPOSE.....	27
PROCESS	27
ASSESSMENT RESULTS	29
AREAS OF STRENGTH.....	30
AREAS FOR IMPROVEMENT	30
Section V: Common Themes and Next Steps	32
COMMON FINDINGS	32
NEXT STEPS	32
Section VI: References.....	33
Appendix A: Nevada Core Health Indicators, v. 1.0 (2016)	34
Appendix B: Results of the Targeted Information-Gathering Group	57
Appendix C: Questions from the Community Survey: “Carson Valley Community Needs Healthcare Assessment – 2016”	63

Special Thanks to the 2016 Douglas County CHNA Planning Committee

Organization	Planning Committee Representative
Carson City Health and Human Services	Nicki Aaker, MPH, RN, <i>CCHHS Director</i> Angela Barosso, <i>Public Health Preparedness Division Manager</i> Dustin Boothe, MPH, <i>Disease Control and Prevention Division Manager</i> Valerie Cauhape, MA, <i>Public Health Educator, Accreditation Coordinator</i> Ali Garcia, <i>Disease Investigator</i> Taylor Radtke, <i>Public Health Preparedness Planner, Public Information Officer</i>
Carson Valley Medical Center	Shannon Albert, <i>Director of Development and Outreach</i> Becky Hanson, <i>Marketing Communications Coordinator</i> Rhonda Jorgenson, <i>Executive Assistant</i>
Douglas County City Manager's Office	Melissa Blosser, <i>Community Relations Coordinator and Public Information Officer</i>
Douglas County Social Services	Karen Breckerbauer, MS, <i>Social Services Manager</i>
East Fork Fire	Dave Fogerson, <i>Deputy Fire Chief, Operations Division</i>
Partnership of Community Resources	Cheryl Bricker, <i>Executive Director</i>
University of Nevada Cooperative Extension	Steve Lewis, Ed.D., <i>Extension Educator</i>
University of Nevada, Reno, School of Medicine, Office of Statewide Initiatives	John Packham, Ph.D., <i>Director of Health Policy Research</i> Laima Etchegoyhen, MPH, <i>Health Services Research Analyst</i>

Section I: Introduction

Background and Purpose

Community Health Needs Assessments (CHNAs) provide health organizations with a snapshot of the health status of the community being served. By understanding the current health needs of the community, health organizations can identify and target specific health issues to improve in the community through new or improved programs and services, as well as being able to better focus resources on addressing areas of highest need.

As a non-profit hospital, Carson Valley Medical Center (CVMC) is required to by the Center for Medicare & Medicaid Services (CMS) and hospital accreditation to complete a Community Health Needs Assessment (CHNA) every three years. CVMC’s last CHNA was completed in 2013 in conjunction with the University of Nevada, Reno, School of Medicine’s Office of Statewide Initiatives. Carson City Health and Human Services (CCHHS) completed a similar assessment (“Carson City Community Health Assessment” - described in public health as a “CHA”) in 2012, and is required by the Public Health Accreditation Board (PHAB) to complete subsequent assessments at no more than five year intervals. At the time of this first CHA, CCHHS only provided public health preparedness and epidemiological services to Douglas County. However, in the time since the first CHA was published, CCHHS was contracted by Douglas County to provide necessary public health services to the community, thus creating the need to have a better understanding of the community health status of Douglas County.

As both organizations began to prepare for assessment processes and with both providing services to Douglas County residents, a partnership was developed to combine efforts to complete a joint CHNA process and openly share information among organizations involved. This joint effort resulted in reduced duplication of assessments and improved communication of health data not only between CVMC and CCHHS, but also with other local community health organizations.

Service Area of Carson Valley Medical Center

The healthcare partner in this project, Carson Valley Medical Center (CVMC), serves an area spanning 710 square miles and includes a total of seven zip code areas: 89705 (south Carson City), 89460 (Gardnerville), 89411 (Genoa), 89423 (Minden), 89448 (Lake Tahoe towns, including Stateline), 89449 (Lakeridge), and 89410 (Topaz Lake and Dresslerville). This broad area encompasses varied neighborhood settings, including both rural and suburban areas. The following tables outline the population demographics of Douglas County, being the focus of the CVMC service area.

Table 1: Total Population of Douglas County and the State of Nevada

Region	2000*	2012*	2015**
Douglas County	41,674	47,223	47,118
Nevada	2,023,394	2,750,307	2,790,136

*Data previously published in the Carson Valley Medical Center Community Health Needs Assessment, 2013

**Data published in the Carson City Health and Human Services: Primary and Secondary Data Sets, 2016. Please see Appendix A for more information.

Table 2: Population Demographics of Douglas County

Demographic	Douglas County	Carson City	Nevada
Population Density (population per square mile), 2014	66.2	382.1	24.6
Number of Female Population, 2015	24,392	27,694	1,418,491
Number of Male Population, 2015	23,680	25,087	1,463,570
Number of Population Identifying as Hispanic, 2015	5,793	11,437	801,760
Number of Population Identifying as Black, 2015	260	323	239,611
Number of Population Identifying as Native American, 2015	1,111	1,385	32,608
Number of Population Identifying as Asian, 2015	1,260	1,186	250,963
Number of Population Identifying as White, 2015	39,784	38,449	1,530,118
Estimated Median Household Income, 2013	56,613	47,476	51,250
Unemployment: number and percent of population 16+ unemployed but seeking work, 2015	2,248 (10.5%)	2,762 (10.2%)	135,137 (9.8%)
Population in Poverty: number and percent of population in poverty, 2013	4,806 (10.2%)	8,761 (16.2%)	-

*Data from the Carson City Health and Human Services: Primary and Secondary Data Sets, 2016. Please see Appendix A for more information.

CHNA Process and Components

A planning committee was developed and met throughout the first half of 2016. The committee included representatives from CVMC, CCHHS, University of Nevada’s Office of Statewide Initiatives, East Fork Fire District, Partnership of Community Resources, Douglas County Social Services, Douglas County City Manager’s Office, and the University of Nevada Cooperative Extension. The combination of including members who were well networked within the Local Public Health System (LPHS) and also represent a broad spectrum of traditional and non-traditional public health entities allowed for a whole-community perspective and insight as to all possible resources that might be available to complete the assessment process.

As the committee met, it was decided that including additional components to the 2016 CHNA that were not included in the 2013 CHNA would both satisfy the requirements of both organizations, but would also give a more broad perspective to the CHNA results. The three components of the 2016 assessment process included:

1. A Community Survey (see Section II: Community Member Assessments), disseminated to all community members to gather input on their health status and views of that of the community as a whole. This survey was developed by the University of Nevada's Office of Statewide Initiatives and sponsored by CVMC. In addition, a focus group was held to gather information specifically from Spanish-speaking community members. All members of the planning committee aided in the distribution of the Community Survey, and Partnership of Community Resources and CCHHS coordinated the implementation of the focus group for Spanish-speaking community members.
2. A data set using the Nevada Core Health Indicators (v. 1.0) that showcases data on a variety of health outcomes from not only Douglas County, but also the surrounding communities and the state and national levels where available (see Section III: Community Health Status Data). This data set was compiled by CCHHS staff.
3. A Local Public Health System Performance Assessment (LPHSPA), which brings representatives from a broad spectrum of community organizations together to discuss how well local organizations work together to address community health needs and other public health services. The organization and implementation of this portion of the assessment was the focus of the planning committee.

These assessments are three of the four suggested within the "Mobilizing for Action through Planning and Partnerships", or MAPP process, which is regarded as a best practice for CHNAs within the realm of public health practice. The "Forces of Change Assessment" (FoC Assessment), the last in the series, will be completed after dissemination of this summary document and the full results of the reports of the other three assessments in order to ensure that participants may be advised with these results. The purpose of the FoC Assessment is to reconvene representatives from community organizations, members of the community at large, and community leadership to identify how to best work together to leverage existing assets and capitalize on community strengths, while addressing areas in need of improvement and avoiding known threats to future activities to improve health.

The purpose of this document is to summarize the results of these three assessments. Section V ("Common Themes and Next Steps") outlines major findings and includes suggested next steps for community health organizations.

Section II: Community Member Assessments

Community Survey

The purpose of the Community Survey (CS) is to gain insight from community members themselves regarding both their personal health status, what barriers they experience when accessing health care, and what programs, services and aspects of the community they feel improve their overall health and well-being. The survey also asks respondents what aspects they feel need to be prioritized for improvement in order to improve the health of all community members. This information may prove particularly important for local decision makers throughout both the Local Public Health System (LPHS) and local government.

Survey Instrument

The survey instrument itself was comprised of 25 questions (two Likert scale format, five “Yes”/”No” format, three open-ended, 11 multiple choice, and four fill in the blank), with the purpose of gathering a variety of information, including respondent demographics, self-reported personal health status, ability to access medical services, and perceptions of overall community health.

Data Collection Process

Convenience and snowball sampling methods were used to garner survey responses. An electronic link to the survey (housed by Survey Monkey) was disseminated via all planning committee’s email communications lists and social media outlets, advertised in a press release to the local newspaper (The Record-Courier), as well as being advertised on planning committee partners’ webpages, including Carson Valley Medical Center.

Paper surveys were also distributed throughout the community, along with pre-paid return envelopes to facilitate survey completion and return. Organizations on the planning committee and many others participated in disseminating the paper surveys to community members, including:

- Carson Valley Medical Center (Gardnerville, NV)
- Carson Valley Medical Center – Urgent Care (Minden, NV)
- Douglas County Senior and Community Center (Gardnerville, NV)
- Kahle Community Center (Stateline, NV)
- Carson Valley Swim Center (Minden, NV)
- Family Support Council (Gardnerville, NV)
- Partnership of Community Resources (Gardnerville, NV)
- VA Carson Valley Clinic (Gardnerville, NV)
- Douglas County School District (Gardnerville, NV)

Survey Results

Of the 1200 surveys distributed throughout the community, a total of 307 survey responses were received: 93 paper surveys were returned and an additional 214 responses were received through the online survey.

Respondent Characteristics

Several demographic questions were included in the survey to look for similarities in the survey sample and the population of Douglas County as a whole. The series of charts below outline the results generated by the survey questions.

Chart 1: “What is the zip code where you reside?” (Q. 23; N=287)

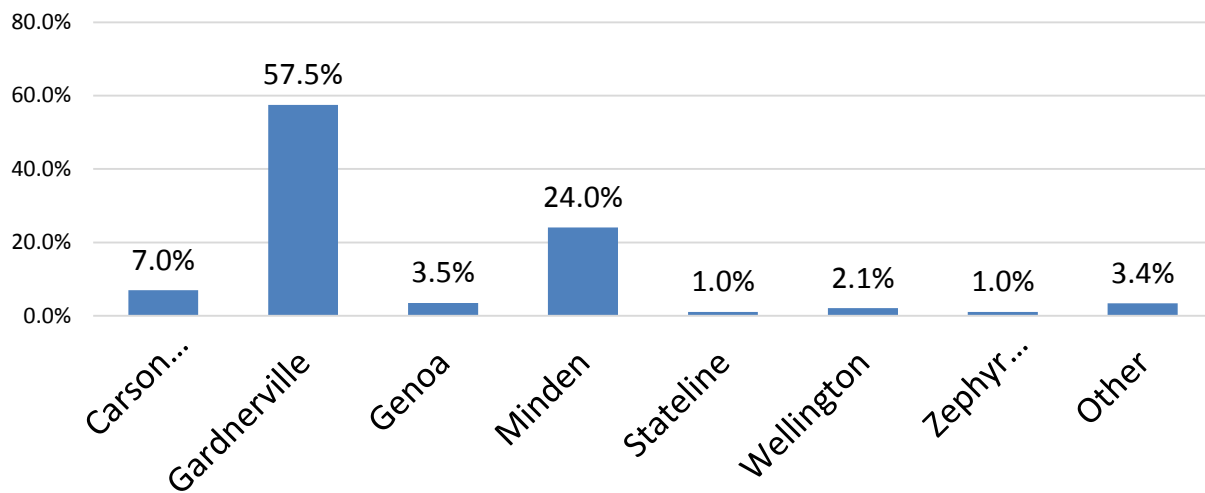


Chart 2: “What is your gender?” (Q.20; N=287)

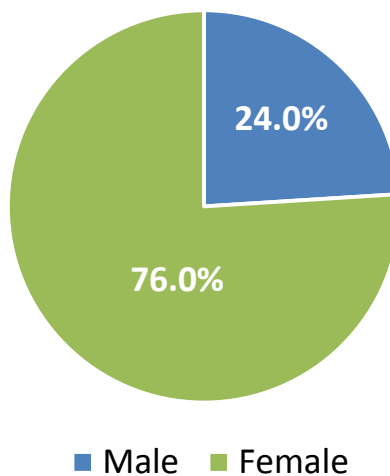
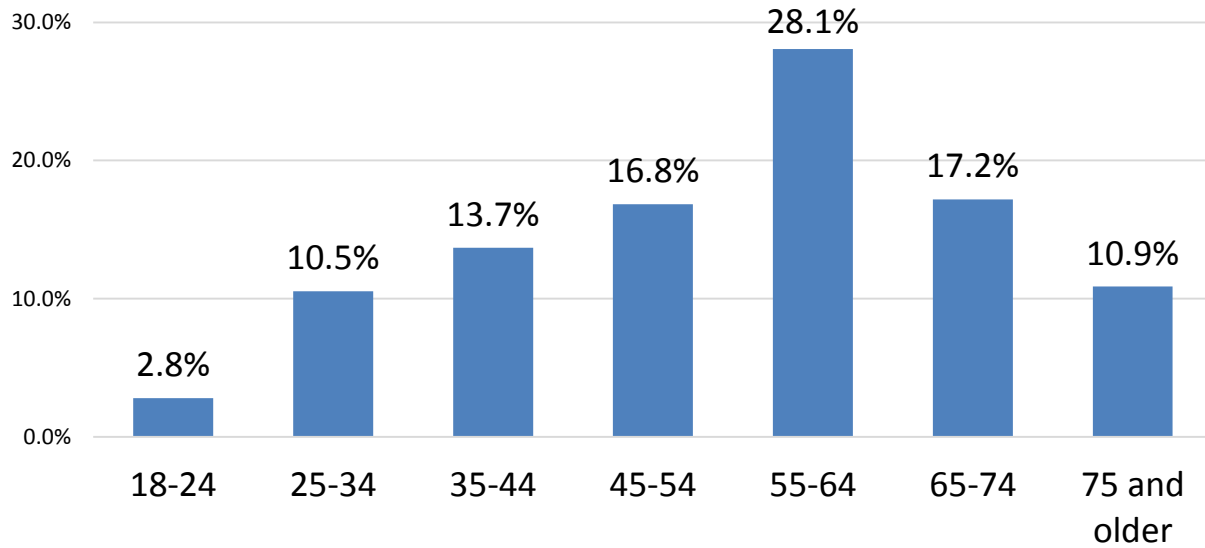


Chart 3: “What is your age?” (Q.21; N=285)



For Douglas County’s age-group demographics, please see the “Carson City Health and Human Services: Primary and Secondary Data Sets”, located in Appendix A.

Chart 4: “Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?”

(Q.22; N=287)

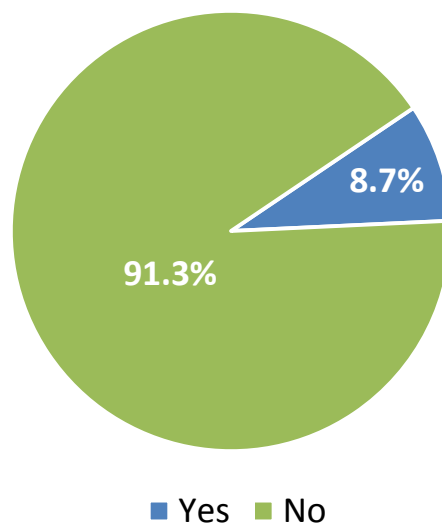


Chart 5: “Select the response that best describes your racial and ethnic background” (Q.18; N=288)

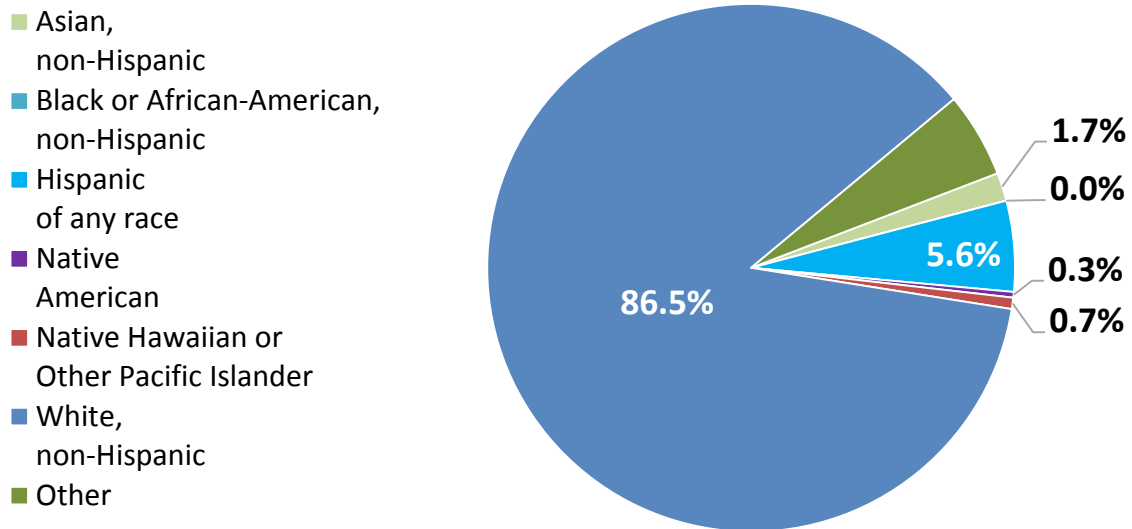
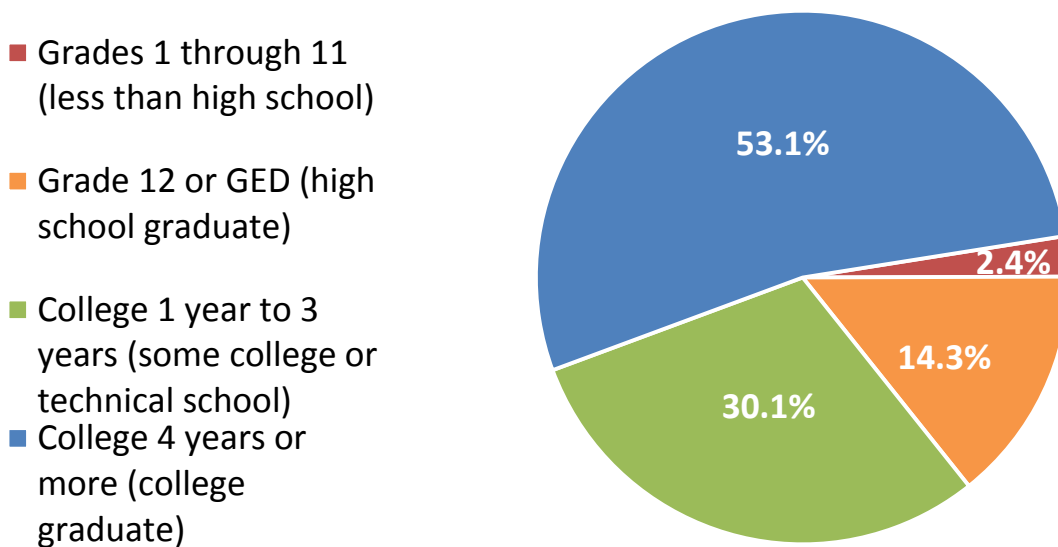


Chart 6: “What is the highest grade or year of school you completed?” (Q.19; N=286)



Healthcare Responses

One of the primary focuses of this survey was on healthcare, specifically that which may be provided to the community by CVMC. The following responses describe respondents’ perspectives on community health, their personal health, and the healthcare services available in the community.

Table 3: “What contributes to people’s health and well-being in a positive way?”
(Q.1; N=248)

Sense of community	25.4%
Clean air	19.4%
Access to community parks, trails, events, and facilities	19.0%
Environment	12.5%
Access to outdoor activities	10.5%
Access to good medical care	10.1%
*Other	3.2%

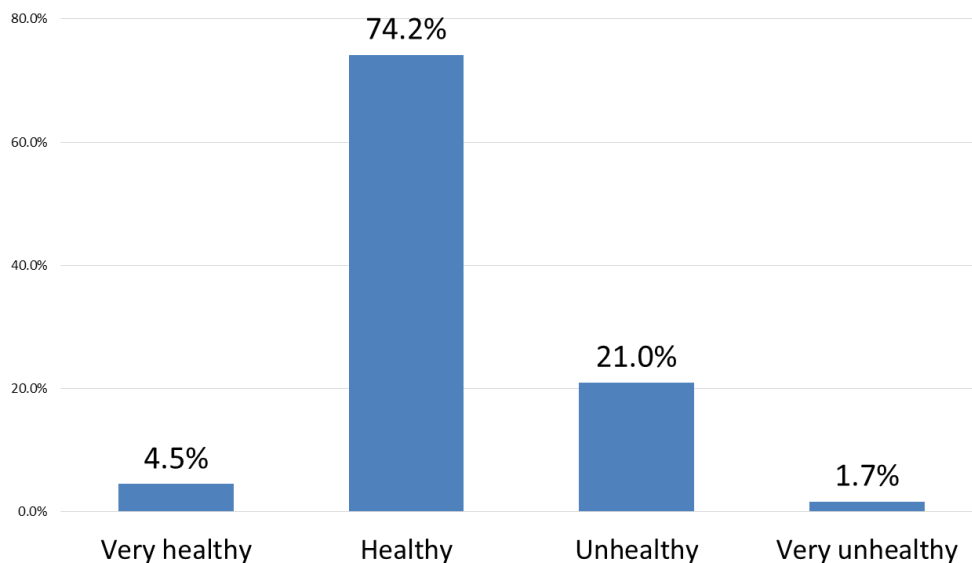
2016 *Other includes: Lack of traffic, Transportation, awareness

Responses from the 2013 survey included: “Outdoors and recreation” 44.7%; “Air quality” 21.2%; “Sense of community” 12.6%; “Environment/Sunshine” 6.8%; “Access to quality care” 5.9%

Table 4: “What are the top three health needs people in our community face?”
(Q.2, N=357)

Cost of health care	13.5%
Access to health care	10.4%
Mental illness	8.9%
Obesity	8.3%
Drug abuse	6.3%
Alcohol abuse	6.1%
Access to Medicaid/Medicare providers	5.9%
Heart disease and stroke	5.5%
Cancers	5.0%
Aging related problems	4.7%

Chart 7: “In the most general terms, how would you rate the overall health of our community?” (Q.3; N=295)



In comparison, results from the 2013 CHNA found that 1.7% of respondents indicated they felt their community was “Very Healthy” (4.5% in 2016), while 0.6% indicated they felt that their community was “Very Unhealthy” (1.7% in 2016).

Table 5: “What contributes to people’s health and well-being in a negative way?” (Q.4, N=272)

24 hour gambling industry	20.6%
Smoking, alcohol, and drug abuse	17.6%
Limited access to health care	13.2%
Cost of living and health care	10.3%
Environment: dust, winds, elevation	8.8%
Lack of healthy food choices	8.1%
Lack of road and trail infrastructure	7.4%
Unhealthy life styles	7.4%
Lack of mental health services	5.1%
Lack of big city services and competition	4.0%
Other	2.6%)

Chart 8: “How would you rate your personal health?” (Q.5; 2013, N=353; 2016, N=302)

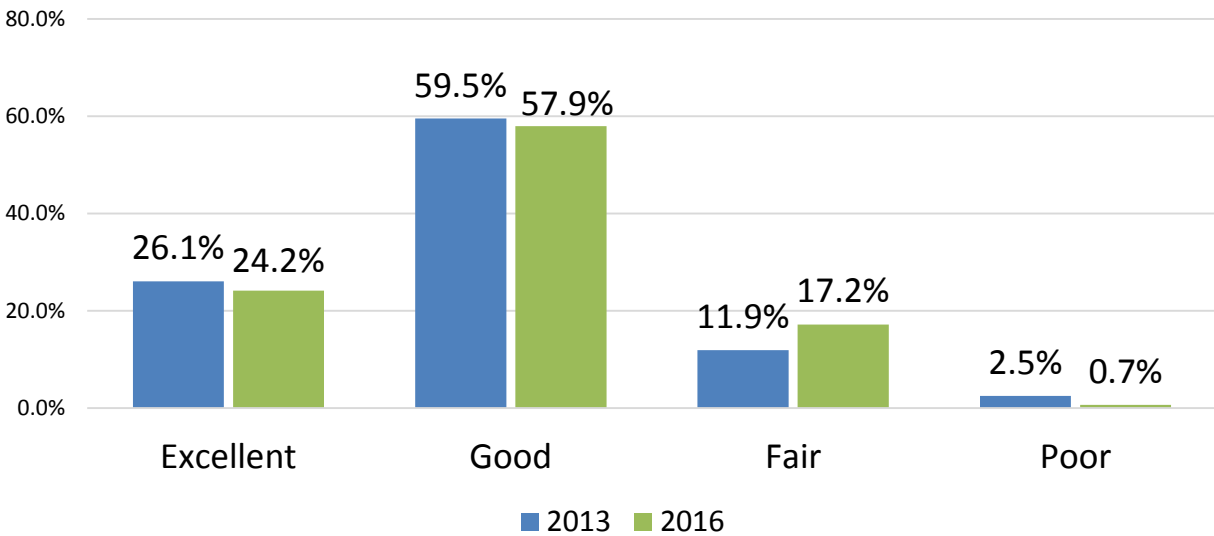


Chart 8 contrasts the responses to the same question in 2016 to those gathered in 2013. It should be noticed that while there were small decreases in self-identified health status of “excellent”, “good” and “poor”, there was also an increase in those who identified their health status as being “fair”.

Chart 9: “Physical health includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” (Q.6; N=289)

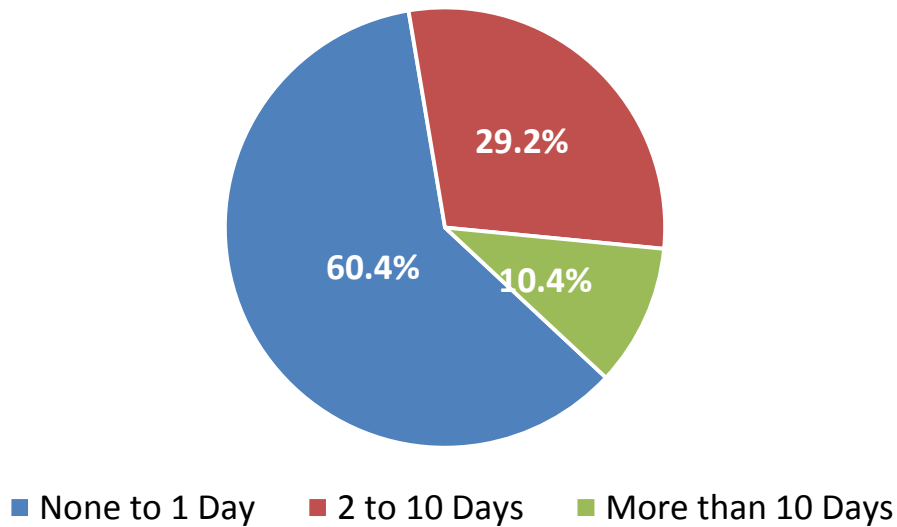


Chart 10: “Mental health includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?” (Q.7; N=297)

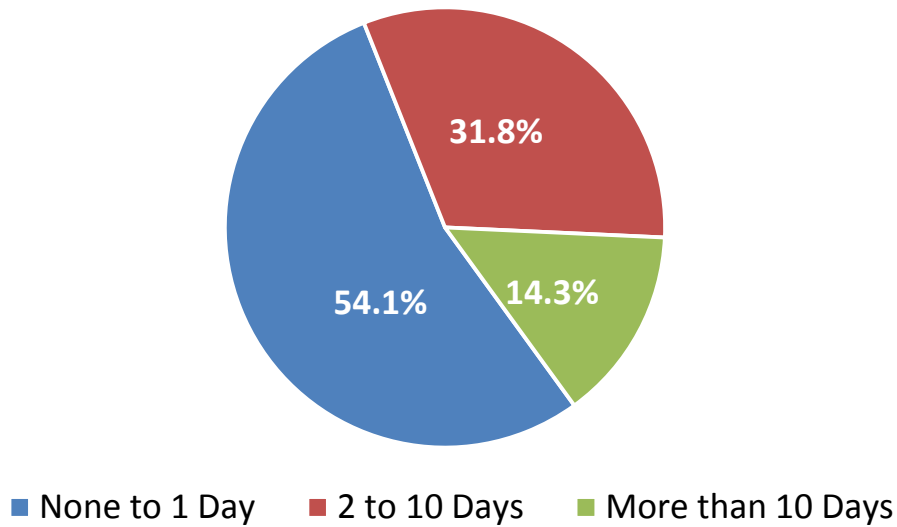


Chart 11: “Do you have at least one person you think of as your personal doctor or health care provider?” (Q.8; 2013, N=351; 2016, N=298)

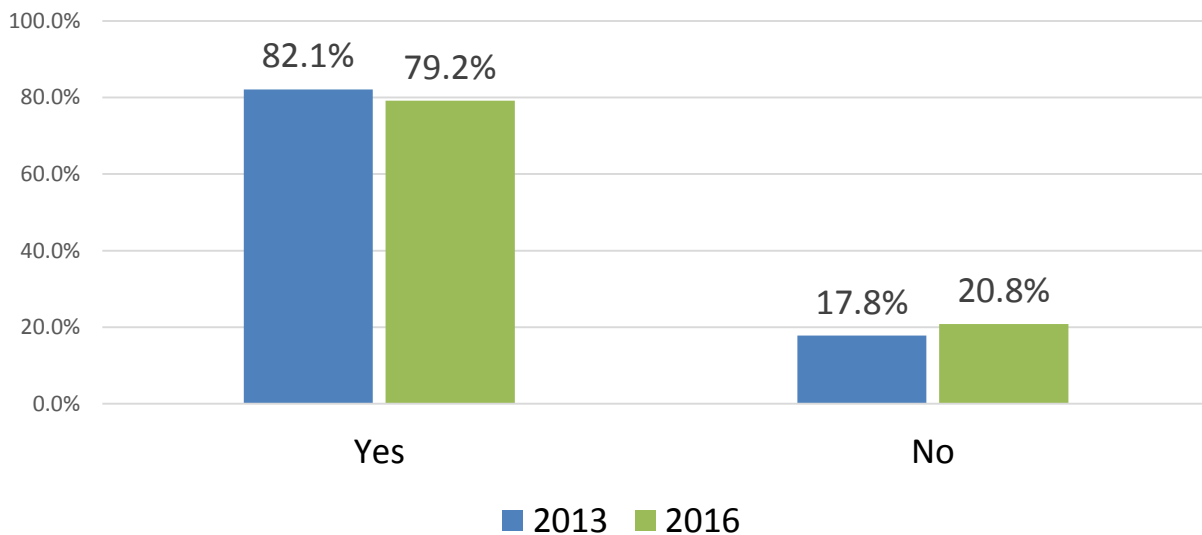
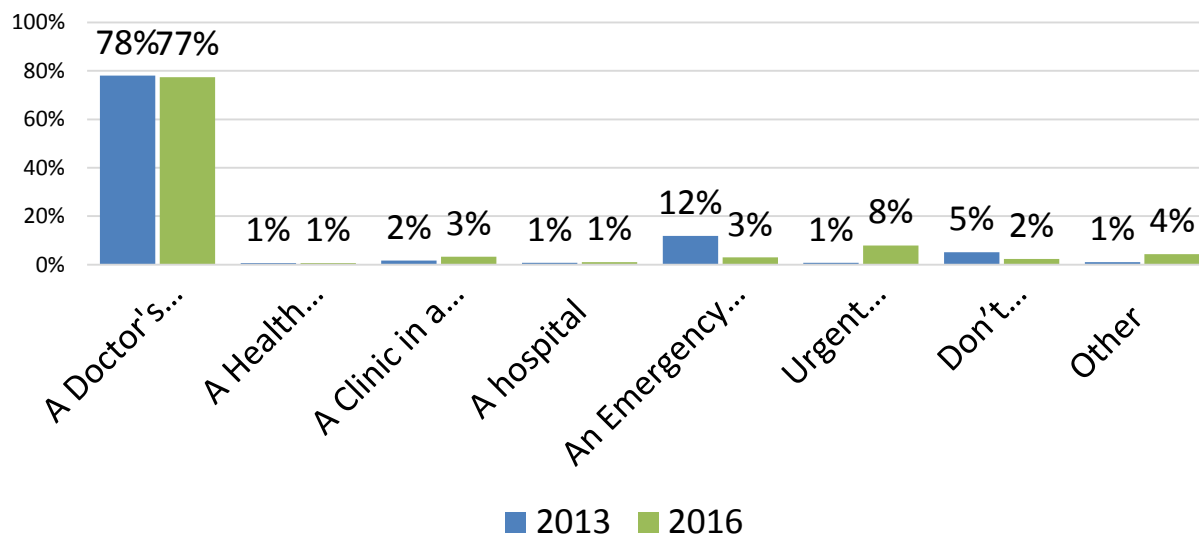
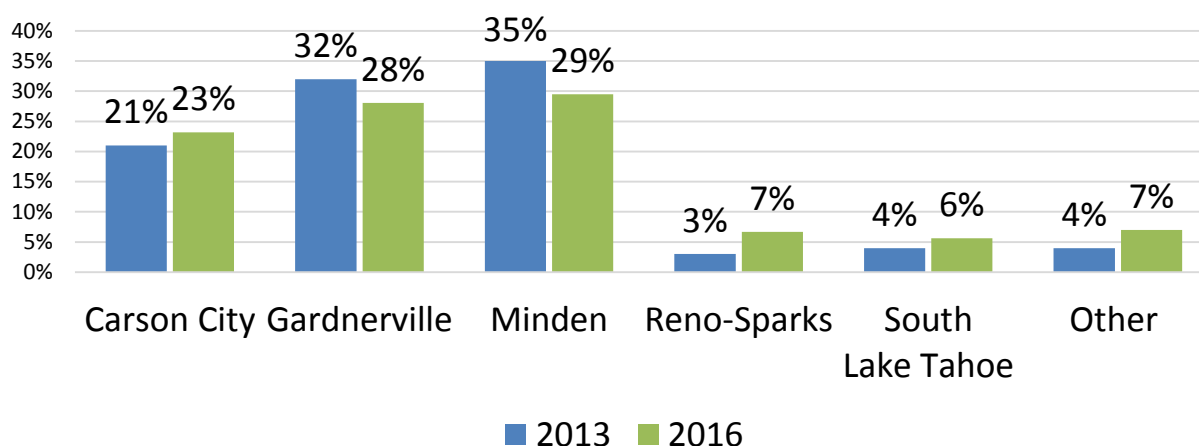


Chart 12: “Where do you go most often for your medical care?” (Q.9; N=301)



It should be noted that Chart 12 shows a decrease in emergency room utilization and an increase in urgent care utilization. This insinuates that non-emergency use of emergency rooms may be on the decline. As shown above, 77.4% of respondents indicated that they go to a doctor’s office for most of their health care, and 79.2% have at least one person they think of as their personal doctor or health care provider. As described in Chart 14, only 19.8% reported that there was a time in the past 12 months when they needed to see a doctor, but could not because of the cost

Chart 13: “Where do you primarily go to for your health care related needs?” (Q.10; 2013, N=350; 2016, N=285)



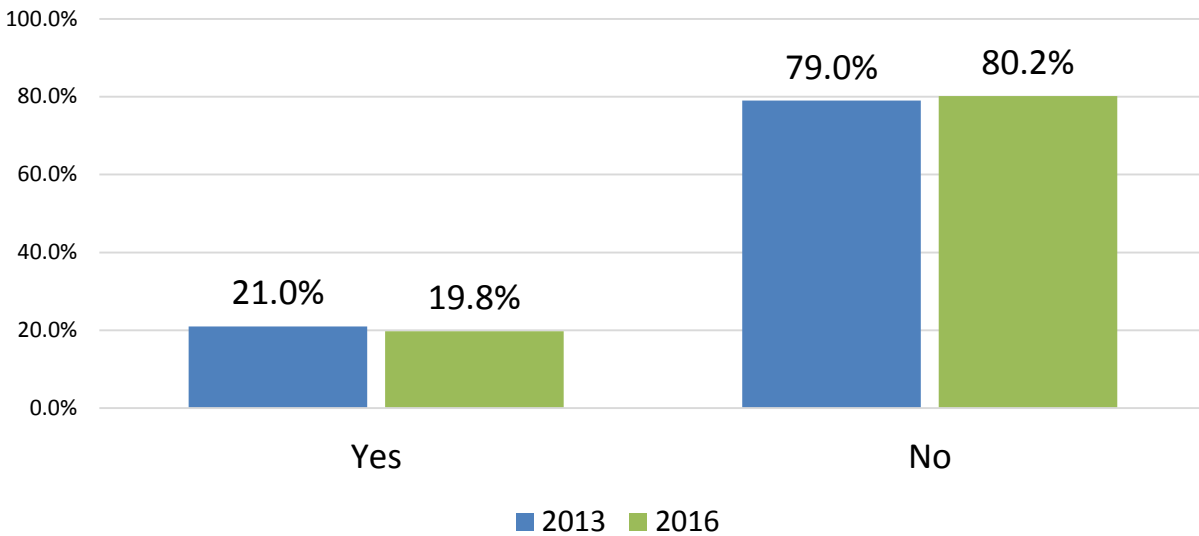
In the 2016 survey, “Other” includes the following communities: Wellington, Topaz clinic, other countries, other states (recently moved), none. Differences between 2013 and 2016 results also could be explained by the difference in zip codes utilized in 2013 and 2016. 2013 had 17.5% other residence areas, whereas 2016 had more Genoa and Carson City participants. It should also be mentioned that most people that went to Carson City had surgery or specialty procedure

Table 6: “Reasons for receiving medical care from other hospital or medical provider than CVMC?” (Q.11; *N=272)

Hospital or specialty services not available locally	21.3%
Insurance coverage	14.0%
Convenience	13.6%
Referred to another hospital or medical provider by physician	11.4%
Cost	8.8%
Quality of care considerations	5.9%
Recommendation by a friend or relative	4.8%
Out of town when the illness or injury occurred	3.3%
Confidentiality	3.3%
Other:	13.6%
A primary care office	3.7%
Continuity of care	4.8%

*N = includes only those that receive medical services anywhere other than CVMC

Chart 14: “Time in the past 12 months when you needed to see a doctor but could not because of the cost?” (Q.12; 2013, N=351; 2016, N=293)



Given that the differences in Chart 13 are very small, it is likely that there is no significant difference between 2013 and 2016 responses.

Chart 15: “How long has it been since you last visited a doctor for a routine checkup?” (Q.12; 2013, N=349; 2016, N=292)

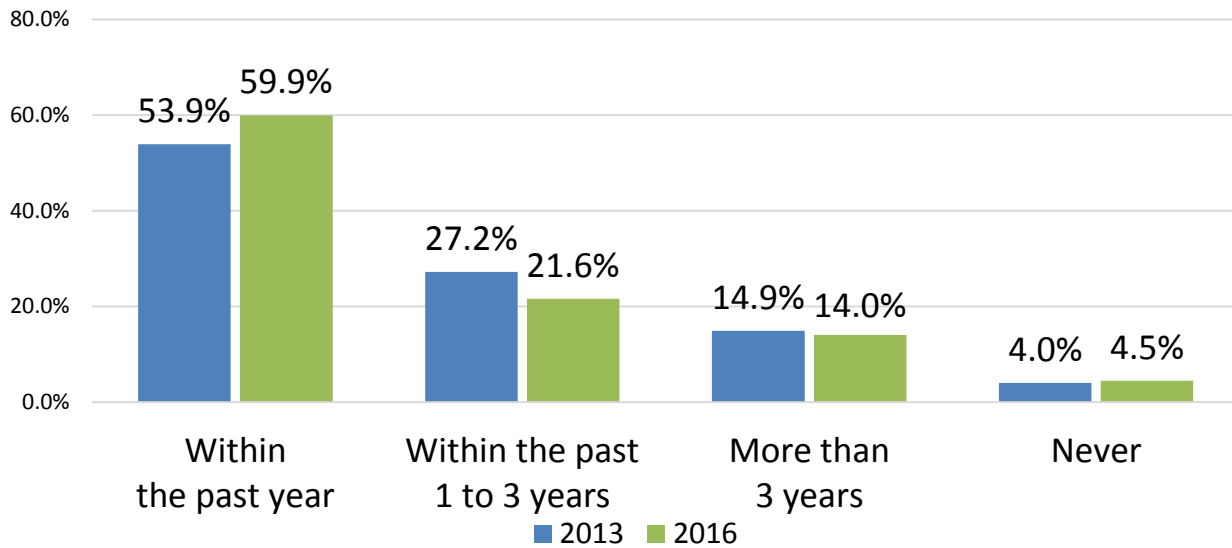


Chart 15 insinuates a positive shift among some community members towards seeking checkups on an annual basis, rather than allowing a year or more to lapse between regular exams. However, the lack of change among those who indicated that they had not received a regular checkup in “More than 3 years” or “Never” suggest that some community members still experience barriers in accessing healthcare.

Table 7: “What is the principal barrier you face in accessing health care in our community?” (Q.14; N=289)

No barriers	46.7%
Finding a place open when I’m not working	12.8%
Finding a place that takes my insurance	9.3%
Ability to take off work without losing pay	4.5%
I don’t have health insurance	2.8%
Lack of transportation to my doctor or health care provider	1.7%
Finding a place where they speak my language	1.0%
Finding child care when I need to see a doctor or health provider	0.0%
Other	21.1%
<ul style="list-style-type: none"> • Appointment availability (8.0%) • Cost of care and high insurance deductibles (5.5%) • Lack of quality care locally, including specialists (2.1%) 	

In 2013, the primary barriers to care indicated by survey respondents were as follows: “Finding a place that takes my insurance” (21.3%); “Finding a place open when I’m not working” (19.7%); “Finding free or low cost services” (15.3%); “Ability to take off work without losing pay” (6.3%); “Finding a place where they speak my language” (1.9%); “Lack of transportation” (1.6%); and “Other” (33.0%), which includes “Lack of quality care locally, including specialists”, “Cost of care and insurance deductibles”, “Appointment availability”, and “No Barrier” or “Not Applicable”. Given that in 2016, “No Barrier” was the primary answer with 46.7% of responses, while it was wrapped into the “Other” category in 2013 with far fewer responses, it is safe to assume that the 2016 survey respondents experience fewer barriers to care than those in 2013.

Chart 16: “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO’s or governmental plans such as Medicare?” (Q.15; N=284)

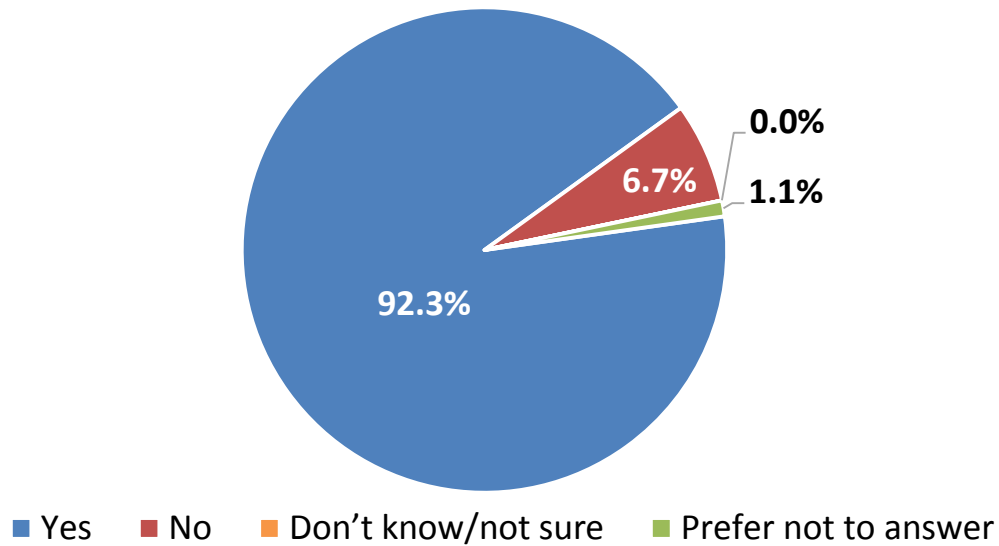


Chart 17: “What type of health care insurance do you have?” (Q.16; N=281)

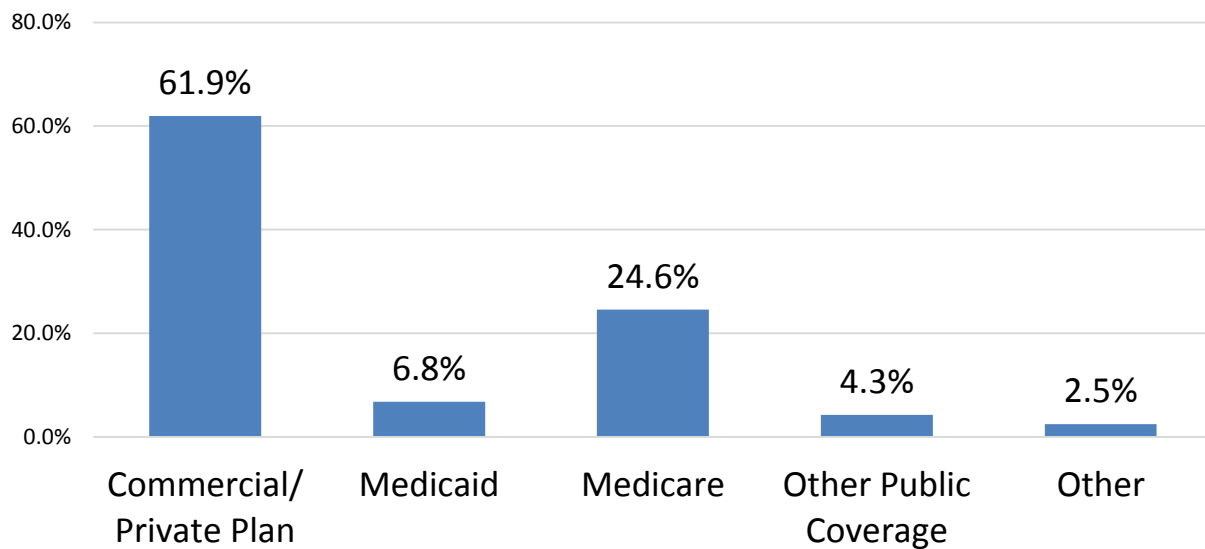
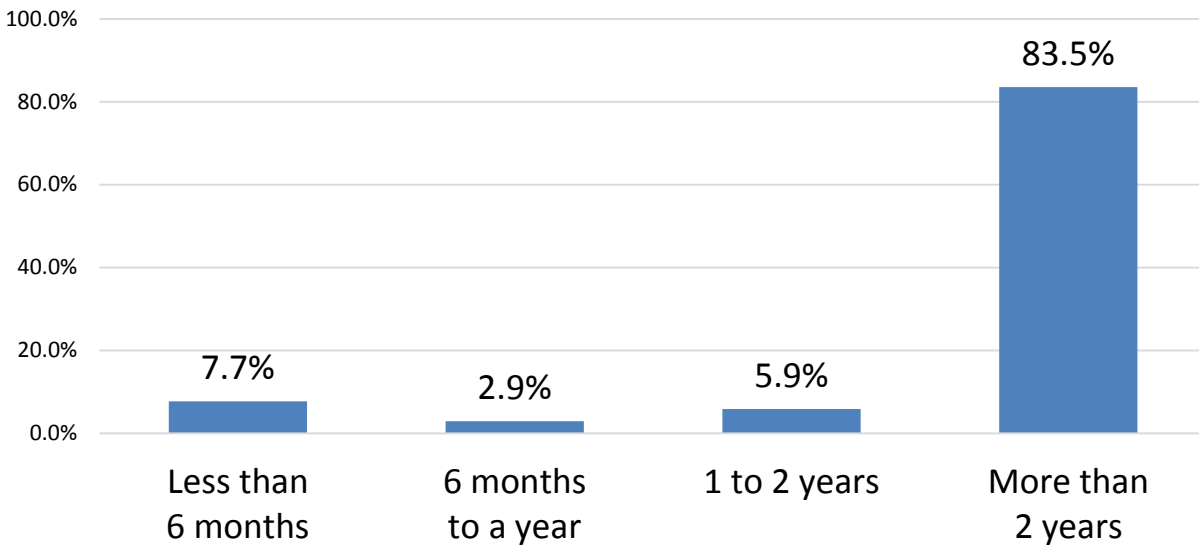


Chart 18: “For how long have you had health insurance coverage without a lapse in coverage?” (Q.17; N=273)



The responses to Charts 16 through 18 outline 2016 respondents’ health care insurance coverage status. Although the 2013 survey did not include questions regarding insurance coverage, these questions were included in the 2016 because insurance type and coverage may at times affect an individual’s access to regular healthcare services. Although respondents indicated a high level of coverage (Chart 16), there are factors that may affect the ability of an individual with coverage to seek health care services when needed. Lapses in coverage (described in Chart 18) may cause an individual to miss important routine screenings or exams. Coverage type (Chart 17) may also play an important role in affecting an individual’s access to care, based on the type of insurance accepted by providers. Additionally, Table 7 shows that 9.3% of respondents indicated “Finding a place that takes my insurance” as a barrier experienced when trying to access services.

Table 8: “Thinking back on the responses you have given us, are there any additional services you would like to see at Carson Valley Medical Center?”

(Q.25; N=152)

The hospital offers reasonable resources	31.6%
More services needed* <ul style="list-style-type: none"> • OB/GYN (6.6%) • Pediatrician (3.9%) • Cardiologist (3.3%) • Primary care providers (2.6%) • Rheumatologist, Oncologist, Dermatologist (percentage not available) 	30.3%
Public health outreach	8.6%
Mental/emotional/behavioral health services	5.9%
Accepting more health insurance plans	5.3%
Substance abuse counseling/support groups	3.3%
Improved billing department	2.6%
Other	12.5%

*In addition to “More services needed” respondents included the following: “resources in Spanish”; “dental care for Medicare recipients”; “Public Health”; “smoking sensation classes”; “fitness health”; “health education”; “weight loss/nutrition”; “health fairs for women”; “Tai Chi classes”; and “health screenings”.

Major Highlights

Through this survey process, several points float to the top that should be taken into consideration in future health program planning. The community’s self-identified areas of strength and improvement in regards to health are outlined below.

Community - Identified Strengths

- Community perceived as overall healthy
- Many positive community factors influencing community health (Table 3)
- Consistent health care coverage (Charts 16-18)

Community – Identified Areas for Improvement

- Social factors such as prevalence of the 24-hour nature of a community with casinos, smoking, gambling, and substance abuse (Tables 4 and 5)
- Access to health care services (Tables 4, 5 and 7)

Limitations

It should be noted that sampling methods may have impacted the survey results, including respondent gender, age, and zip code. All of these demographic factors may influence the respondents' perspectives on personal and community health, as well as the actions they may see of higher priority in improving community health. This should be taken into consideration during health program planning processes resulting from this assessment.

Targeted Information-Gathering Group

A small group survey was conducted to gather information from the Spanish-speaking population of the community to ensure that their needs were properly represented in the Community Member Assessment data.

Data Collection Process

A convenience sample of participants (N = 9, ages 15-45 years) were recruited by implementing the focus group within a regularly scheduled meeting of Spanish-speaking women held by Partnership of Community Resources (PCR). Participants were asked a series of open-ended scripted questions in Spanish by the facilitator (a PCR staff member who was also the regular meeting facilitator), while a note-taker (another PCR staff member) recorded de-identified responses to each question. An audio recorder was also used to back up the note taker's recording of responses. Upon completion, the notes and the audio recording were compared and then translated into English by a staff member at Carson City Health and Human Services (CCHHS).

Highlights and Findings

Group Identified Community Strengths

- The community is considered low-crime and “quiet”
- There are health resources available in the community
- There are many free or inexpensive informational resources that community members use to seek out health information (social media sites, word of mouth, television, radio, etc.)

Group Identified Community Areas for Improvement

- Remaining lack of resources available in Spanish
- Lack of awareness of resources available
- Substance abuse (both alcohol and other illicit substances) and gambling are seen as the largest threats to community health
- Lack of insurance, or underinsurance is considered a current barrier to health care services
- Remaining perceived lack of patience among healthcare providers for Spanish-speaking patients when translation services are required

The above findings point to a community perception of overall positive feelings of safety within the community, as well as progress in the availability of services for persons who may not speak English as their primary language. Partner organizations may consider using current informational outlets such as the schools, social media, and others (outlined in Appendix B) to improve the marketing of health information and services to this population. Additionally, increasing the amount of health education and marketing materials available in Spanish (optimally, all such materials would be available in both languages) may further improve the understanding of relevant materials among the Spanish-speaking community, which may in turn help improve community prevention and healthcare access efforts.

Section III: Community Health Status Data

Nevada Core Health Indicators

The Nevada Core Health Indicators (v. 1.0) is a list of suggested health status data which is available to organization through various state and federal agencies. The Nevada Core Health Indicators (NCHI) list was developed by a group of representatives of state and local public health agencies in Nevada who had noted a consistent lack of comparable data being collected and reported among organizations. The list itself includes many indicators from a broad spectrum of health outcomes, including communicable diseases, chronic diseases, maternal and child health, mental health, and lifestyle and behavioral outcomes. To increase usability, the list includes the appropriate reporting format of measures, as well as the appropriate organization to contact to access the most recent data.

Data Collection Process

The NCHI tool itself consists of a list of suggested health indicators and identifies sources where data can be collected. A CCHHS staff member reviewed the NCHI listing and all associated data sources to find the most current data published by each source. In some instances the data source identified in the NCHI tool was either no longer available or no longer offered the data associated with that health indicator. In these cases other sources of data were sought out and the reference source was altered to reflect these changes. The completed document resulting from this effort, “Carson City Health and Human Services Primary and Secondary Data Sets”, has been inserted into Appendix A for reference and may be found at the Carson City Health and Human Services website (www.gethealthycarsoncity.org).

Douglas County Areas of Strength

The community of Douglas County is influenced by many factors that may either indirectly or directly improve health. The points below are not exhaustive of all positive data points in the NCHI, but rather a selection of those which were more favorable than regional, statewide, or national data (where available). This information is categorized below by the type of factor that may influence health.

Socioeconomic Factors

- Percent of Population in Poverty (2013): **10.2%** (Carson City: 16.2%, Statewide: 15%, Nationwide: 14.8%)
- Free and Reduced School Lunches: percent of students qualifying for free/reduced school lunch (2013): **33.5%** (Carson City: 52%, Statewide: 54.7%, Nationwide: 48.1%)

Lifestyle Factors

- Exercise – Adults: leisure time physical inactivity prevalence (2011): **14.3%** (Carson City: 16.8%, Statewide: 21.3%, Nationwide: 26.1%).

Maternal and Child Health Factors

- Teen Pregnancy Rate: sum of live births, fetal deaths and abortions among women aged 15-19 per 1,000 women of the same age group (2012): **19.1** (Carson City: 34.4, Statewide: 28.4)

Mental Health Factors

- Suicide: overall age-adjusted suicide rate per 100,000 population (1999-2013): **22.7** (Carson City: 40.2, Statewide: 67.13)

Reportable Conditions

- Syphilis: number per 100,000 population (2013): **1.3** (Carson City: 1.3, Statewide: 7.2)
- Gonorrhea: rate per 100,000 population (2012-2013): **12.45** (Carson City: 51.13)
- Chlamydia: rate per 100,000 population (2014): **192.91** (Carson City: 410.84)

Areas for Improvement

As with any community, there are factors that may negatively impact overall health and quality life of residents. The points below are not exhaustive of all potentially negative points found in the NCHI. As above, this information is categorized by the type of factors that may influence health.

Environmental Factors

- Public Drinking Water Safety: percent of population served by community water systems that does not meet all applicable health-based drinking water standards (2015): **34%** (Statewide: 1%, Nationwide: 7%)

Substance Use and Abuse

- Drug Use – Adults: (percent) of adults who have used illicit drugs (2014): **27.4%** (Carson City: 17.9%, Statewide: 9.35%)
- Binge Drinking – Adolescents: percent of students who had five or more drinks in a row (2013): **26.8%** (Carson City: 26.8%, Statewide: 17.5%, Nationwide: 6.8%)
- Alcohol-Related Motor Vehicle Incidents: percent of alcohol related crashes (2015): **48%** (Carson City: 33%, Statewide: 33%, Nationwide: 31%)

Lifestyle Factors

- Nutrition – Adults: percent of adults who ate vegetables three or more times per day (2011-2013): **14.6%** (Carson City: 17.5%, Statewide, 2014: 36.9%, Nationwide, 2014: 37.7%)

Maternal and Child Health Factors

- Neonatal Mortality: total infant deaths before first 28 days of life per 1,000 live births: **22.6** (Carson City: 4.6, Statewide: 3.4, Nationwide: unavailable)

Vaccinations

- Child Immunization: percent of children 6-36 months receiving Healthy People 2020 recommended vaccination series (2014-2015): **34%** (Carson City: 47%, Statewide 37%)
- Adults 65+ reporting immunization for influenza in the past year (2014-2015): **45%** (Carson City: 58%, Statewide: 35%, Nationwide: 62.8%)

Limitations

Health-related factors that were not described above were not included in the Areas of Strength or Areas of Improvement above because they were not dissimilar from regional or statewide data. Additionally, it should be noted that any dissimilarities mentioned above have *not been analyzed for statistically significant differences*.

While the greatest effort was made to include the most recent data available, it should be noted that it is common for several years to lapse between the time of data collection and publication in reputable sources. Additionally, not all health data is collected on an annual basis. Since the factors that affect community health are broad and dynamic, data that is several years old may not represent the exact current health status of the community. However, this data is not without merit; it gives community members and other interested stakeholders an approximation of the health status of the community.

Among the reportable conditions, it should be cautioned that the data provided only reflects the number of cases reported by providers among patients that had received testing. Because it is mandated by NAC 441A and NRS 441A that providers report all positive cases, it may be possible that differences among counties may be attributed to the prevalence of testing for reportable conditions among infected persons differing among communities.

Additionally, there are several areas within the NCHI that, although were included in the tool itself, are not currently being collected at the local, state, or national level. Thus, although these factors may affect community health, there may not be published data available from reputable sources currently available to include in this and related documents. There were also many factors for which the NCHI tool outlined both the number and rate per 100,000 population to be included in the final document, and only rate or number data was available. In future updates of the “Primary and Secondary Data Sets” published by CCHHS that use the NCHI, the descriptors will be altered to ensure more clarity as to which measure is being presented (rate, number, etc.).

County Health Rankings

The County Health Rankings, an annual project funded by the Robert Wood Johnson Foundation and authored the University of Wisconsin - Madison, ranks all counties by state on various health indicators and outcomes. This ranking helps give communities an idea of their overall health in comparison to other counties in their state.

Douglas County currently ranks highest on the County Health Rankings among the 17 counties in Nevada. In 2016, Douglas County ranked 1st in overall health outcomes, while the neighboring counties of Storey, Carson City and Lyon ranked 10th, 12th and 14th respectively. Similarly, Douglas County also ranked 1st of all Nevada counties for Health Factors, while Storey, Carson City and Lyon Counties ranked 6th, 11th and 13th respectively. Measures contributing to the overall rankings include Health Outcomes such as length of life (premature death) and quality of life (overall physical and mental health), as well as other Health Factors that include access to clinical care, health behaviors (such as smoking, physical

activity, etc.), social and economic factors, and the physical environment of the county. For more information on the County Health Rankings, please visit www.CountyHealthRankings.org.

Discussion

The abovementioned data comes together to paint Douglas County as a community that stands out among the other counties in Nevada as a comparatively healthy place where residents enjoy many positive resources and influencing factors that improve both health and quality of life. However, Douglas County is considered “worse” in overall adult health when compared to “peer counties” across the U.S. that have similar demographics and other characteristics (CDC, 2015). Thus, there is still much work to be done in Douglas County to optimize the health of the community, as well as in all Nevada counties.

Section IV: Local Public Health System Performance Assessment

Purpose

The Local Public Health System (LPHS) is a network of organizations in a community or region who work together towards the common goal of improving community health and wellness. The LPHS may be comprised of non-profit health-related organizations, hospitals and other clinical care providers, the designated provider of local public health services (such as a local health department), social service agencies, organizations overseeing local parks and recreation programs, emergency service agencies, other local governmental agencies, local civic leaders, service and civic organizations, local media outlets, educational institutions, and many others. The purpose of the Local Public Health System Assessment is to convene representatives from these organizations to evaluate the status of the function of the LPHS at a point in time. This evaluation includes highlighting the LPHS’ strengths, identifying service gaps, and lays the foundation for plans to leverage system strengths and address areas of improvement. Although an LPHSPA had not previously been conducted in Douglas County, doing so provides a baseline that may act as a springboard for improvement activities, as well as to provide a measure of comparison to evaluate the results of those improvement activities over time.

Process

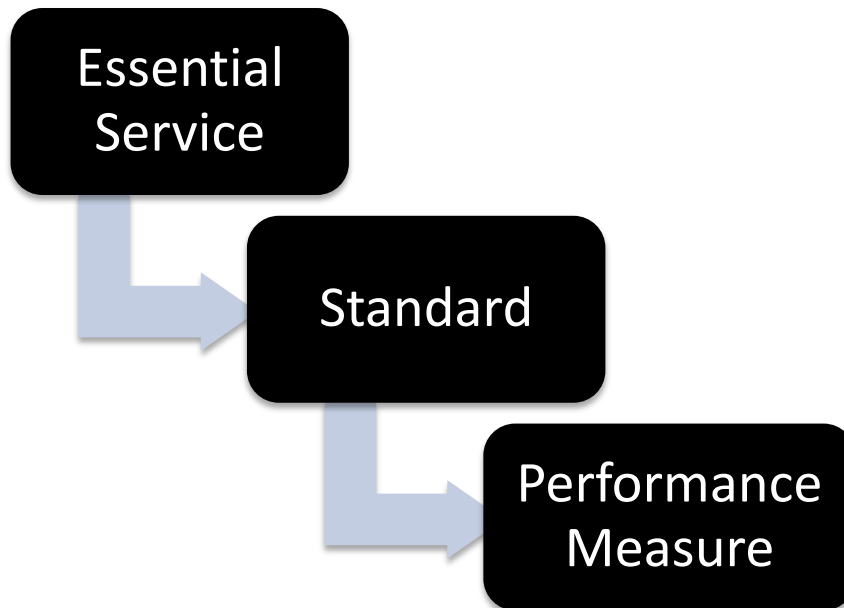
The Local Public Health System Performance Assessment Instrument (LPHSPAI) from the National Association of City and County Health Official’s (NACCHO) National Public Health Performance Standards Program was chosen, due to the assessment having been utilized previously neighboring communities, including Carson City and Lyon County. Given the length of the LPHSPAI, the Douglas County CHNA Planning Committee worked together to strategize how to best implement the assessment. It was agreed that the Essential Services broken up and spread out over three separate meetings, and to use various meeting locations to have the meetings more accessible to representatives from different areas of the community. The LPHSPA meeting dates, location, and Essential Services evaluated can be found in the table below:

Meeting Date	Meeting Location	Essential Services Evaluated
May 3, 2016	Douglas County Senior and Community Center, Gardnerville, NV	Essential Services 1, 2, 5 and 6
May 4, 2016	Kahle Community Center, Stateline, NV	Essential Services 8 and 10
May 12, 2016	Carson Valley Museum and Cultural Center, Gardnerville, NV	Essential Services 3, 4, 7 and 9

Throughout the assessment process, it is important to ensure that representatives from a spectrum of public health organizations are represented throughout the process. In an attempt to be respectful of the time of representatives attending the LPHSPA meetings, the essential services were grouped into

likely target audience groups. For example, the planning committee grouped the Essential Services evaluated during the first meeting (May 3, 2016) to target local public health professionals, representatives from health-promoting non-profit organizations, and health care providers. Likewise the Essential Services grouped together and evaluated during the second meeting (May 4, 2016) in a manner that would best suit educational and research institutions. Finally, the Essential Services evaluated in the third meeting (May 12, 2016) were grouped as a means to best suite a broad spectrum of community and social service organizations. Although these target audiences were identified, LPHSPA invitees were encouraged to attend any or all of the meetings of their choosing. The third replaced the scheduled coalition meeting of a local community health and prevention organization (Partnership of Community Resources), garnering the best attendance of the three assessment meetings.

The assessments themselves were presented via MS PowerPoint, and included an introduction to the concepts behind the LPHS and how each network was involved in the LPHS, the purpose of the assessment meeting, and an introduction section for each Essential Service that utilized selected discussion questions to open up forum-style discussions to allow participants to explore the strengths and areas for improvement within that Essential Service, and then the according standards, as a group. Discussions were recorded by the designated note-taker and were included in the LPHSPA. After these discussions, the participants were asked to score the LPHS' functions for a set of performance measures under each standard.



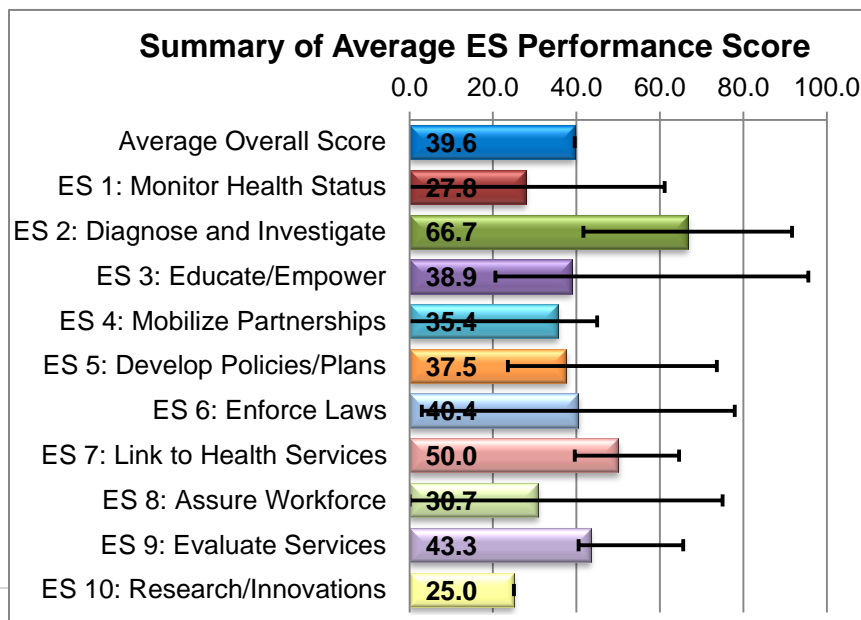
The scoring system asked the participants to score the LPHS on the performance measures on the bases of the following categories of functionality: Optimal Activity, Significant Activity, Moderate Activity, Minimal Activity, and No Activity. These categories are detailed in the table below.

Optimal Activity (76-100%)	Greater than 75% of the activity described within the question is met.
Significant Activity (51-75%)	Greater than 50%, but no more than 75% of the activity described within the question is met.
Moderate Activity (26-50%)	Greater than 25%, but no more than 50% of the activity described within the question is met.
Minimal Activity (1-25%)	Greater than zero, but no more than 25% of the activity described within the question is met.
No Activity (0%)	0% or absolutely no activity.

Although not included in the LPHSPA, there was an additional category of “Don’t Know” that was added to the scoring menu to allow the group to gauge how many participants were unfamiliar with the LPHS’s function by that particular measure, allowing for the opportunity to identify areas where more communication among organizations may be necessary on those specific topics. The presentation slides were linked to software allowing each attending to score the measure simultaneously and anonymously. The category that received that largest number of votes among participants was recorded as the measure’s score.

Assessment Results

The table below summarizes the average score of each of the Ten Essential Services as voted upon during the LPHSPA meetings.



Performance Scores for each Essential Service indicated on the x-axis of the above chart show the average percentage of optimal functionality and activity among its performance measures, as voted upon in the process described above. The black bars describe the range of category scores received within that Essential Service.

Areas of Strength

Three areas of public health practice that scored the highest among the 10 Essential Services include:

1. Essential Service 2: “Diagnose and Investigate”

This area demonstrates the LPHSPA participants’ understanding of community assets to the public health system, such as strong epidemiological, environmental health, and public health preparedness services. However, given that the overall percentage given to this essential service was 66.7%, there is room for improvement.

2. Essential Service 7: “Link to Health Services”

One major asset of the LPHS in Douglas County discussed among participants included strong communication and both formal and informal referral systems among organizations across a broad spectrum of health and well-being-related backgrounds. This aids in linking community members in need to a variety of health and social services. However, gaps in coverage and difficulty in reaching vulnerable and transient populations were obstacles discussed among participants that ultimately lead to an average score of 50.0%.

3. Essential Service 9: “Evaluate Services”

Participants discussed various means of evaluating the effectiveness of health programs and other health-related community communications, highlighting not only a general awareness among participants of the value of such evaluations, but also of several informal mechanisms used (e.g.: asking new clients where they heard of the services for which they came to the organization, etc.). However, evaluation processes were largely informal, varied among similar organizations (thus decreasing comparability), and evaluation results were not often communicated to other organizations. These areas for improvement resulted in the average score of 43.3%.

Areas for Improvement

The following areas of public health practice represent the three Essential Services that were scored the lowest by participants in the LPHSPA process. The Essential Services below are ranked by greatest need for improvement.

1. Essential Service 10: “Research/Innovations”

Through discussion, participants noted the importance of being in relative close proximity to the University of Nevada, Reno and the resources that may be available through the school

in regards to both public health and medicine. However, it was also noted by participants that there seemed to be a disconnect between academically-decided best practices and what is necessitated in field implementation of health programs. The average score for this Essential Services was 25.0%.

2. Essential Service 1: “Monitor Health Status”

Although participants noted that there are many resources available to community organizations to gather data regarding community health status, both from state and national-level organizations, there seemed to be little awareness among local organizations of what data each is collecting, how it is being collected and analyzed, and then communicating that information out to not only the community at large, but also sharing it with other community partners. It was also noted that when state and federal health status data is published, it is often several years old, and thus the relevance of the information in regard to the current status of the community is called into question. The average score for this Essential Service was 27.8%.

3. Essential Service 8: “Assure Workforce”

Discussions during the evaluation of this Essential Service surrounded the difference between anecdotal evidence of “knowing” that the public health workforce in the community is competent, versus being able to gather evidence to prove that point, particularly outside of direct medical services where it is mandated that CEUs and certifications are maintained for employment. For non-clinical positions, there may be no applicable certifications or licensure programs, and opportunities for professional development are historically inconsistent. However, with the development and launching of new programs from the Nevada Public Health Training Center (NVPHTC – housed by the University of Nevada, Reno), there will many more opportunities for non-clinical workforce development in the future. The average score for this Essential Service was 30.7%.

Section V: Common Themes and Next Steps

Common Findings

- Community members at large who participated in these assessments indicated that their perception of both their personal health and that of the community is generally positive.
- The major negative influences indicated by both community member surveys, a targeted information gathering group interview, and quantitative health indicator data suggests that many social issues (such as alcohol and substance abuse, gambling, etc.) may be the largest influences to overall community health.
- Insurance coverage, lack of knowledge about available services, language barriers, transportation issues, and the ability to seek out services without negatively impacting employment were factors that community members perceive as barriers to accessing healthcare services.

Next Steps

Carson Valley Medical Center (CVMC) and Carson City Health and Human Services (CCHHS) will both take the results of this assessment into consideration when moving forward with health program planning. In addition, it is recommended that the community complete the fourth assessment of the previously described MAPP process, the “Forces of Change Assessment” (FoC Assessment), now that preliminary data has been collected regarding community health. The FoC Assessment may allow stakeholders to examine how anticipated opportunities and obstacles may be optimized or overcome, given the context of the current community health status.

Section VI: References

Carson City Health and Human Services (2016). *Carson City Health and Human Services: Primary and Secondary Data Sets*. Carson City, Nevada.

Centers for Disease Control and Prevention (2015). *Community Health Status Indicators: Information for Improving Community Health*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Atlanta, Georgia.

University of Nevada, School of Medicine - Office of Rural Health Initiatives (2016). *Carson Valley Medical Center and Douglas County Community Health Assessment: Community Survey Results* (Unpublished Report). University of Nevada, Reno. Reno, Nevada.

University of Wisconsin, Population Health Institute (2016). *County Health Rankings and Roadmaps: 2016 Nevada Summary Report*. Madison, Wisconsin.

Appendix A: Nevada Core Health Indicators, v. 1.0 (2016)



Primary and Secondary Data Sets – Nevada Core Health Indicators Tool

Date of Last Revision: May 20, 2016

Points of Contact

Dustin Boothe, MPH, RHES
Epidemiologist
Office: (775) 283-7220
Fax: (775) 887-2195
Email: dboothe@carson.org

Alessandra Garcia
Public Health Investigator
Office: (775)283-7207
Email: agarcia@carson.com

This document is available for download at www.GetHealthyCarsonCity.org.

Introduction

Public health departments and other entities complete regular assessments of community health in order to meet requirements by the Public Health Accreditation Board (PHAB) and other accrediting bodies. In order to simplify this process and make data more comparable between Nevada counties and the state, a statewide workgroup has completed a Nevada Core Health Indicators list. The Indicators list identifies a minimum set of data that streamlines what all counties, the state and other entities completing community health assessments should include. Additional data can always be included, but these core indicators are meant to contribute to a comprehensive picture of the health of the community and state and possibly act as a catalyst for action.

This document is meant to be a companion document to the Nevada Core Health Indicators Table and Resource Document – v 1.0*, in order to provide more detail for the actual data collection process. For each indicator, information is provided on measurement, source and year.

Carson City Health & Human Services (CCHHS) contributes to the Nevada Core Health Indicators list by providing primary and secondary data to the Nevada Division of Public & Behavioral Health and other public health data collection agencies. This document serves as a comprehensive list of primary and secondary data collected by CCHHS and other community partners as of May 2016.

*The Nevada Core Health Indicators Table and Resource Document can be found at the Nevada Division of Public & Behavioral Health's Website: dpbh.nv.gov.

Table of Contents:

Domain	<i>Page Number</i>
Population and Demographic Data	1 - 2
Socioeconomic, Quality of Life, and Environmental Factors	3 - 6
Health Resource Availability	7
Health Behaviors	8 - 11
Maternal and Child Health	12 - 13
Health Status	14 - 15
Reportable Conditions	16 - 18
Citations	19
Key	20

Note: These domains align with those identified in the Nevada Core Health Indicators Table and Resource Document – v 1.0.

Population & Demographic Data:

Demographic Characteristics						
Overall Population <i>Estimated Population</i>	Carson City (2015) ¹	Douglas County (2015) ¹	Statewide (2015) ¹	National (2014) ²	Lyon County (2015) ¹	Storey County (2015) ¹
	54,080	47,118	2,790,136	318,857,056	51,557	3,942
Population Change <i>Net change and percent change</i>	Carson City (2010 vs 2014) ²	Douglas County (2010 vs 2014) ²	Statewide (2010 vs 2014) ²	National (2010 vs 2014) ²	Lyon County (2010 vs 2014) ²	Storey County (2010 vs 2014) ²
	55,274 vs 54,772	46,997 vs 48,208	2.7 million vs 2.8 million	281.4 million vs 308.7 million	51,980 vs 51,789	4,010 vs 3,912
Population Density <i>Population per square mile</i>	Carson City (2014) ²	Douglas County (2014) ²	Statewide (2014) ²	National (2014) ²	Lyon City (2014) ³	Storey County (2014) ³
	382.1	66.2	24.6	87.4	26.7	15.3
Population by Sex and Age <i>Population by sex (M/F), then by age, separated into age categories</i>	Carson City (2010) ³	Douglas County (2010) ³	Statewide (2010) ³	National (2010) ²	Lyon County (2010) ³	Storey County (2010) ³
	M- 25,087 F- 27,694	M- 23,680 F- 24,392	M- 1,463,570 F- 1,418,491	M - 151.8 million F - 157 million	M - 26,178 F - 25,802	M - 2,044 F - 386
	0 to 4 Years - 2,896 5 to 9 Years - 3,954 10 to 14 Years - 3,406 15 to 19 Years - 3,267 20 to 24 Years - 2,450 25 to 29 Years - 4,283 30 to 34 Years - 1,937 35 to 39 Years - 2,594 40 to 44 Years - 3,175 45 to 49 Years - 4,024 50 to 54 Years - 2,840 55 to 59 Years - 2,732 60 to 64 Years - 5,251 65 to 69 Years - 2,698 70 to 74 Years - 2,547 75 to 79 Years - 1,795 80 to 84 Years - 1,179 85 Years & over - 1,753	0 to 4 Years - 1,871 5 to 9 Years - 2,386 10 to 14 Years - 2,544 15 to 19 Years - 2,928 20 to 24 Years - 2,213 25 to 29 Years - 2,629 30 to 34 Years - 1,985 35 to 39 Years - 2,421 40 to 44 Years - 2,373 45 to 49 Years - 2,929 50 to 54 Years - 3,480 55 to 59 Years - 3,999 60 to 64 Years - 4,163 65 to 69 Years - 3,842 70 to 74 Years - 3,276 75 to 79 Years - 2,326 80 to 84 Years - 1,331 85 Years & over - 1,306	0 to 4 Years - 178,511 5 to 9 Years - 201,254 10 to 14 Years - 190,445 15 to 19 Years - 183,667 20 to 24 Years - 195,656 25 to 29 Years - 194,340 30 to 34 Years - 186,068 35 to 39 Years - 201,541 40 to 44 Years - 196,206 45 to 49 Years - 196,848 50 to 54 Years - 191,449 55 to 59 Years - 177,913 60 to 64 Years - 162,991 65 to 70 Years - 138,241 70 to 74 Years - 108,724 75 to 79 Years - 70,248 80 to 84 Years - 42,851 85 Years of Age & Over - 38,10	<18 - 74.2 million 18 to 44 - 112.9 million 45 to 64 - 81.5 million <65 - 40.3 million	Under 5 Years - 3,404 5 to 9 Years - 3,511 10 to 14 Years - 3,652 15 to 19 Years - 3,532 20 to 24 Years - 2,361 25 to 29 Years - 2,719 30 to 34 Years - 3,009 35 to 39 Years - 3,162 40 to 44 Years - 3,315 45 to 49 Years - 3,790 50 to 54 Years - 3,926 55 to 59 Years - 3,768 60 to 64 Years - 3,616 65 to 69 Years - 3,126 70 to 74 Years - 2,188 75 to 79 Years - 1,411 80 to 84 Years - 885 85 Years & Over - 605	Under 5 Years - 174 5 to 9 Years - 178 10 to 14 Years - 193 15 to 19 Years - 230 20 to 24 Years - 136 25 to 29 Years - 140 30 to 34 Years - 159 35 to 39 Years - 186 40 to 44 Years - 214 45 to 49 Years - 356 50 to 54 Years - 442 55 to 59 Years - 422 60 to 64 Years - 442 65 to 69 Years - 323 70 to 74 Years - 197 75 to 79 Years - 111 80 to 84 Years - 61 85 Years and over - 46

Population & Demographic Data:

Demographic Characteristics						
Race <i>Population, separated into categories</i>	Carson City (2014) ³	Douglas County (2014) ³	Statewide (2014) ³	National (2010) ²	Lyon County (2014) ³	Storey County (2014) ³
	White - 38,449	White - 39,784	White - 1,530,118	White - 211.5 mil	White - 42,431	White - 3,686
	Black - 323	Black - 260	Black - 239,611	Black - 35 mil	Black - 495	Black - 12
	Native Am. - 1,385	Native Am. -1,111	Native Am. - 32,608	Native Am. - 400,000	Native American - 1,550	Native American - 54
	Asian - 1,186	Asian - 1,260	Asian - 250,963	Asian - 10.2 mil	Asian - 856	Asian - 56
	Hispanic - 11,437	Hispanic - 5,793	Hispanic - 801,760	Hispanic - 35.3 mil	Hispanic - 7,999	Hispanic - 222
Population Change <i>Net change and percent change</i>	Carson City (2010 vs 2014) ²	Douglas County (2010 vs 2014) ²	Statewide (2010 vs 2014) ²	National (2010 vs 2014) ²	Lyon County (2010 vs 2014) ²	Storey County (2010 vs 2014) ²
	55,274 vs 54,772	46,997 vs 48,208	2.7 million vs 2.8 million	281.4 million vs 308.7 million	51,980 vs 51,789	4,010 vs 3,912

Socioeconomic, Quality of Life, and Environmental Factors:

Income, Employment & Poverty						
Household Income	Carson City (2013) ²	Douglas County (2013) ²	Statewide (2013) ²	National (2013) ²	Lyon County (2013) ²	Storey County (2013) ²
<i>Estimated median household income</i>	\$47,476	\$56,613	\$51,250	\$52,250	\$46,526	\$59,785
Family Income	Carson City (2013) ²	Douglas County (2013) ²	Statewide (2013) ²	National (2013) ²	Lyon County (2013) ²	Storey County (2013) ²
<i>Estimated median family income</i>	\$63,883	\$67,597	\$61,359	\$64,719	\$52,918	\$64,173
Unemployment	Carson City (2014) ¹	Douglas County (2014) ¹	Statewide (2014) ¹	National (2015) ²	Lyon County (2014) ¹	Storey County (2014) ¹
<i># and % of population 16+ unemployed but seeking work</i>	5,516 10.2%	4,947 10.5%	135,137 9.8%	7,900,000 5.1%	5,208 10.1%	355 9%
Children in Poverty	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National (2014) ⁴	Lyon County (2014) ⁴	Storey County (2014) ⁴
<i># and % of children 18 and under in poverty</i>	12,438 23%	7,539 16%	147,640 23%	16 mil 23%	12,374 24%	513 13%
Population in Poverty	Carson City (2013) ²	Douglas County (2013) ²	Statewide (2013) ²	National (2015) ²	Lyon County (2013) ⁴	Storey County (2013) ⁴
<i># and % of population in poverty</i>	8,761 16.2%	4,806 10.2%	2,690,659 15%	46.7 mil 14.8%	3,978 8%	186 5%
Economic Security						
Bankruptcy	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National (2013) ⁴	Lyon County (2013) ⁴	Storey County (2013) ⁴
<i>Personal bankruptcy filings per 1,000 population</i>	-2.8	-2.8	-5.9	-1.3	4.4	2.5
Food Insecurity	Carson City (2015) ⁴	Douglas County (2015) ⁴	Statewide (2015) ⁴	National (2015) ⁴	Lyon County (2015) ⁴	Storey County (2015) ⁴
<i># and % of food insecure individuals</i>	8,350 15.2%	6,630 14.1%	441,190 15.8%	48.1 million 14%	8,550 16.5%	520 13%
Free & reduced school lunches	Carson City (2013) ⁷	Douglas County (2013) ⁷	Statewide (2013) ⁷	National (2011) ²	Lyon County (2013) ⁷	Storey County (2013) ⁷
<i># and % of students qualifying</i>	3,920 52%	2,036 33.5%	233,492 54.7%	23.5 million 48.1%	315 45.9%	37.9 48.4%

Socioeconomic, Quality of Life, and Environmental Factors:

Education						
High School Graduation Rate <i>% of cohort graduating high school in four years</i>	Carson City (2013) ² 75.9%	Douglas County (2013) ² 85%	Statewide (2013) ² 67.3%	National (2013) ² 81%	Lyon County (2013) ² 78.6%	Storey County (2013) ² 89.9%
Educational Attainment <i>Educational attainment of % of persons age 25 & older</i>	Carson City (2012) ⁴ Bachelors – 20.9 Masters – 8.5	Douglas County (2012) ⁴ Bachelors – 25.5 Masters – 9.0	Statewide (2012) ⁴ Bachelors – 22.2 Masters – 7.4	National (2012) ⁴ Bachelors – 28.5 Masters – 10.6	Lyon County (2013) ⁴ Bachelors – 14.7 Masters – 5.3	Storey County (2013) ⁴ Bachelors – 18.8 Masters – 8.2
Family and Social Support						
Children in single-parent homes <i>% of children that live in a single-parent household</i>	Carson City (2015) ⁴ 38%	Douglas County (2015) ⁴ 33%	Statewide (2015) ⁴ 36%	National (2015) ⁴ 21%	Lyon County (2015) ⁴ 29%	Storey County (2015) ⁴ 31%
Social & Emotional Support <i>% of adults that don't get social & emotional support</i>	Carson City (2006-2012) ² 22.7%	Douglas County (2006-2012) ² 16.4%	Statewide (2006-2012) ² 22.5%	National (2006-2012) ² 22.5%	Lyon County (2013) ² Not Available	Storey County (2013) ² Not Available
Registered voters who vote <i>Active voters in the designated region</i>	Carson City (2014) ⁴ 28,039	Douglas County (2014) ⁴ 33,683	Statewide (2014) ⁴ 1,475,969	National	Lyon County (2013) ⁴ 31,775	Storey County (2013) ⁴ 2,768
Safety and Security						
Reported Violent Crimes <i># per 100,000 violent crimes by type</i>	Carson City (2012) ⁴ 132	Douglas County (2012) ⁴ 92	Statewide (2012) ⁴ 16,743	National (2014) ⁴ 1,246,248	Lyon County (2012) ⁴ 153	Storey County (2012) ⁴ 48
Reported Property Crimes <i># per 100,000 property crimes by type</i>	Carson City (2012) ⁴ 1,111	Douglas County (2012) ⁴ 904	Statewide (2012) ⁴ 74,932	National (2014) ⁴ 9,082,887	Lyon County (2012) ⁴ 1,037	Storey County (2012) ⁴ 88

Socioeconomic, Quality of Life, and Environmental Factors:

Built Environment and Access						
Food Environment Index <i>Index of factors that contribute to a healthy food environment on a scale of 0 (worst) to 10 (best)</i>	Carson City (2014) ¹	Douglas County (2014) ¹	Statewide (2014) ¹	National (2014) ¹	Lyon County (2014) ¹	Storey County (2014) ¹
	7.6	6.9	7.4	8.4	6.3	8.6
Fast Food Restaurants <i>% of all restaurants that are fast-food establishments</i>	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National	Lyon County (2014)	Storey County
	50	37.2	55.7	Not Available	54.5	Not Available
Access to recreational facilities <i>% with access</i>	Carson City (2013) ¹	Douglas County (2013) ¹	Statewide (2013) ¹	National (2013) ¹	Lyon County (2013) ¹	Storey County (2013) ¹
	93%	88%	87%	85%	66%	1%
Commute Time <i>Among workers who commute in their car alone, the % that commute more than 30 minutes a day</i>	Carson City (2015) ⁴	Douglas County (2015) ⁴	Statewide (2015) ⁴	National (2015) ⁴	Lyon County (2015) ⁴	Storey County (2015) ⁴
	17	32	28	33	47	49

Socioeconomic, Quality of Life, and Environmental Factors:

Environmental Safety						
⚙️ Food Safety Inspections <i># of inspections per jurisdiction</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide (2015)	National (2015)	Lyon County (2015) ⁹	Storey County (2015) ⁹
	685	617	Not Available	Not Available	509	157
⚙️ Critical Food Safety Violations <i># of critical violations per permitted facilities</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide (2015)	National (2015)	Lyon County (2015) ⁹	Storey County (2015) ⁹
	59	163	Not Available	Not Available	210	51
Radon <i>% of homes that exceed EPA action level compared to # of valid tests</i>	Carson City (2014) ⁹	Douglas County (2014) ⁹	Statewide (2014) ⁹	National (2014) ⁹	Lyon County (2014) ⁹	Storey County (2014) ⁹
	37.5%	36.5%	44.6%	8 mil 2.5%	68%	69%
Public Drinking Water Safety <i>% of population served by community water systems not meeting health-based drinking water standards</i>	Carson City	Douglas County (2015) ⁴	Statewide (2015) ⁴	National (2015) ⁴	Lyon County (2015) ⁴	Storey County (2015) ⁴
	Not Available	34	1	7	1.4	0

Health Resources Availability:

Healthcare Professionals						
Dental Health Providers <i># and number per 100,000 – dentists & dental hygienists</i>	Carson City (2014) ⁴	Douglas County (2014) ⁴	Statewide (2014) ⁴	National (2014) ⁴	Lyon County (2014) ⁴	Storey County (2014) ⁴
	63.9	58.1	54.9	55.9	18.8	0
Primary care providers <i># and number per 100,000 – primary care physicians (MDs & DOs), PAs & APNs</i>	Carson City (2014) ⁴	Douglas County (2014) ⁴	Statewide (2014) ⁴	National (2014) ⁴	Lyon County (2014) ⁴	Storey County (2014) ⁴
	136.9	66.4	86.3	79.3	30.0	0
Licensed Mental Health Professionals <i># per 100,000 – psychiatrists, psychologists and social worker</i>	Carson City (2014) ⁴	Douglas County (2014) ⁴	Statewide (2014) ⁴	National (2014) ⁴	Lyon County (2014) ⁴	Storey County (2014) ⁴
	Psychiatrists – 5.5 Psychologists – 32.9 Social Workers – 127.8	Psychiatrists – 2.1 Psychologists – 10.4 Social Workers – 2.1	Psychiatrists – 6.4 Psychologists – 13.2 Social Workers – 39.5	Psychiatrists – 10.8 Psychologists – 47.7 Social Workers – 43.5	Psychiatrists – 0 Psychologists – 9.4 Social Workers – 25.2	Psychiatrists – 0 Psychologists – 0 Social Workers – 0
Nursing Professionals <i># and number per 100,000 – RNs, LPNs, CRNAs, RN-EMS & CNAs</i>	Carson City (2014) ⁴	Douglas County (2014) ⁴	Statewide (2014) ⁴	National (2014) ⁴	Lyon County (2014) ⁴	Storey County (2014) ⁴
	APN – 38.3	APN – 39.4	APN – 31.9	APN – 38.3	APN – 13.1	APN – 0
	LPN – 91.3	LPN – 56	LPN – 105.2	LPN – 21.8	LPN – 97.5	LPN – 49.6
	RN – 945.7	RN – 771.7	RN – 762.3	RN – 854.4	RN – 530.6	RN – 446.7
	RN-EMS – 0	RN-EMS – 2.1	RN-EMS – 4.4	RN-EMS – N/A	RN-EMS – 7.5	RN-EMS – 7.5
	CRNA – 1.8	CRNA – 2.1	CRNA – 3.0	CRNA – 11.5	CRNA – 0	CRNA – 0
	CNA – 511.2	CNA – 180.5	CNA – 278.0	CNA – 447.7	CNA – 442.5	CNA – 173.7

Health Behaviors:

Substance Abuse						
Tobacco use – adults <i>% of adults who are current smokers</i>	Carson City (2013) ⁴ 21%	Douglas County (2013) ⁴ 18%	Statewide (2013) ⁴ 21%	National (2013) ⁴ 17.8%	Lyon County (2013) ⁴ 24.9%	Storey County (2013) ⁴ 22.2%
Tobacco use – adolescents <i>% of students who are current cigarette users</i>	Carson City (2015) ⁵ 9.8%	Douglas County (2015) ⁵ 9.8%	Statewide (2015) ⁵ 7.2%	National (2013) ² 22.4%	Lyon County (2015) ⁵ 15.6%	Storey County (2015) ⁵ 15.6%
Drug Use – adults <i># of adults who have used illicit drugs</i>	Carson City (2012) ⁴ 2.3%	Douglas County (2012) ⁴ 2.5%	Statewide (2014) ⁴ 2.7%	National (2007-2008) ⁴ 2.7%	Lyon County (2012) ⁴ 2.5%	Storey County (2012) ⁴ 2.5%
Binge drinking– adults <i>% of adults who are heavy drinkers (men & women); binge drinkers (men & women)</i>	Carson City (2015) ² 18.2 %	Douglas County (2015) ² 20.9%	Statewide (2015) ² 18.2%	National (2015) ² 15%	Lyon County (2015) ² 20.9%	Storey County (2015) ² 16%
Binge drinking – adolescents <i>% of students who had five or more drinks in a row</i>	Carson City (2015) ⁵ 16.5%	Douglas County (2015) ⁵ 16.5%	Statewide (2015) ⁵ 15.3%	National (2013) ² 6.8%	Lyon County (2015) ⁵ 20.5%	Storey County (2015) ⁵ 20.5%
Alcohol-related motor vehicle incidents <i># % of alcohol related crashes;</i>	Carson City (2015) ⁴ 33%	Douglas County (2015) ⁴ 48%	Statewide (2015) ⁴ 33%	National (2015) ⁴ 31%	Lyon County (2015) ⁴ 40%	Storey County Not Available
Drug-related mortality rate <i># of drug overdoses</i>	Carson City (2014) ⁷ 10	Douglas County (2014) ⁷ 10	Statewide (2014) ⁷ 578	National (2013) ² 38,371	Lyon County (2014) ⁷ 8	Storey County (2014) ⁷ 0

Lifestyle

Health Behaviors:

Nutrition – adolescents <i>% of HS students who ate vegetables 3x or more a day</i>	Carson City (2015) ⁵ 14.2%	Douglas County (2015) ⁵ 14.2%	Statewide (2015) ⁵ 11.5%	National Not Available	Lyon County (2015) ⁵ 12.6%	Storey County (2015) ⁵ 12.6%
Nutrition – adults <i>% of adults who ate vegetables 3x or more a day</i>	Carson City (2014) ⁴ 22.6%	Douglas County (2014) ⁴ 16.4%	Statewide (2014) ⁴ 18.3%	National (2014) ⁴ 12.7%	Lyon County (2014) ⁴ 16.4%	Storey County (2014) ⁴ 16.4%
Obesity – adults <i>% of adults who were overweight or obese (total based off of BMI)</i>	Carson City (2015) ⁴ 23%	Douglas County (2015) ⁴ 21.9%	Statewide (2015) ⁴ 24.7%	National (2015) ⁴ 27%	Lyon County (2015) ⁴ 28.4%	Storey County (2015) ⁴ 25.2%
Obesity – adolescents <i>% of students who were overweight</i>	Carson City (2015) ⁵ 11.6%	Douglas County (2015) ⁵ 11.6%	Statewide (2015) ⁵ 11.4%	National (2013) ² 13.7%	Lyon County (2015) ⁵ 15.4%	Storey County Not Available
Exercise – Adults <i>% of Adults aged 20 and over reporting no leisure-time physical activity</i>	Carson City (2015) ⁴ 17.9%	Douglas County (2015) ⁴ 15.9%	Statewide (2015) ⁴ 20.7%	National (2015) ⁴ 23%	Lyon County ¹⁴ (2015) ⁴ 24.8%	Storey County ¹⁴ (2015) ⁴ 23.9%
Exercise – adolescents <i>% of students who were active for at least 60 minutes every day of the week</i>	Carson City (2015) ⁵ 30.8%	Douglas County (2015) ⁵ 30.8%	Statewide (2015) ⁵ 20.7%	National Not Available	Lyon County (2015) ⁵ 27.8%	Storey County (2015) ⁵ 27.8%
Sedentary lifestyle – adolescents <i>% of students who use the computer 3+ hours per school day; % of students who watched TV 3+ hours</i>	Carson City (2015) ⁵ 31.5%	Douglas County (2015) ⁵ 31.5%	Statewide (2015) ⁵ 38.3%	National Not Available	Lyon County (2015) ⁵ 32%	Storey County (2015) ⁵ 32%

Lifestyle (Continued)

Health Behaviors:

Sleep – Adults <i>% of adults who got sufficient sleep</i>	Carson City (2011-2014) ⁷	Douglas County (2011-2014) ⁷	Statewide (2011-2014) ⁷	National (2014) ⁷	Lyon County	Storey County
	52.8%	55.6%	47.4%	64.7%	Not Available	Not Available
**7-8 hours of sleep is considered sufficient by the Mayo Clinic						
Sleep – adolescents <i>% of students who got sufficient sleep</i>	Carson City	Douglas County	Statewide	National (2014) ¹³	Lyon County	Storey County
	Not Available	Not Available	Not Available	68.3%	Not Available	Not Available
Protective Factors						
Seatbelt use – adults <i>% of adults who wore a seat belt when riding in or driving a car</i>	Carson City (2014) ⁴	Douglas County (2014) ⁴	Statewide (2014) ⁴	National (2014) ⁴	Lyon County (2014) ⁴	Storey County (2014) ⁴
	93.2%	92.1%	94.2%	94.1%	92.1%	92.1%
Seatbelt use – adolescents <i>% of students who almost never wore a seatbelt when riding in or driving a car</i>	Carson City (2012) ¹	Douglas County (2012) ¹	Statewide (2012) ¹	National (2012) ¹	Lyon County	Storey County
	4%	4%	5.8%	9.6%	9.6%	9.6%
Bicycle helmet use – adolescents <i>% of high school students who wore a helmet when riding a bicycle</i>	Carson City (2015) ⁵	Douglas County (2015) ⁵	Statewide (2015) ⁵	National (2013)	Lyon County (2015) ⁵	Storey County (2015) ⁵
	78.9%	78.9%	85%	Not Available	93.7%	93.7%
Bicyclist and Pedestrian Deaths <i>Fatalities as of current data</i>	Carson City (2014-15) ⁶	Douglas County (2014-15) ⁶	Statewide (2014-15) ⁶	National	Lyon County (2014-15) ⁶	Storey County (2014-15) ⁶
	2	2	72	Not Available	3	0
Condom Use – adolescents <i>% of students who used a condom the last time they had sex</i>	Carson City (2015) ⁵	Douglas County (2015) ⁵	Statewide (2015) ⁵	National	Lyon County (2015) ⁵	Storey County (2015) ⁵
	53.7%	53.7%	56.9%	Not Available	49.0%	49.0%
Screening						
Pap Smear	Carson City	Douglas County	Statewide	National	Lyon County	Storey County

Health Behaviors:

<i>% of women 18+ reported having within last 3 years</i>	(2012 & 2014) ⁷	(2012 & 2014) ⁷	(2014) ¹⁶	(2014) ¹⁶	(2012 & 2014) ⁷	(2012 & 2014) ⁷
	67%	70.3%	73%	73.7%	59.6%	59.6%
Mammography	Carson City	Douglas County	Statewide	National	Lyon County	Storey County
<i>% of women 40+ reported having within last 2 years</i>	(2015) ⁴	(2015) ⁴	(2015) ⁴	(2015) ⁴	(2015) ⁴	(2015) ⁴
	62.6%	64.2%	56.2%	63%	55%	53.6%
Colorectal Screening	Carson City	Douglas County	Statewide	National	Lyon County	Lyon County
<i>% of adults 50+ reported ever having sigmoidoscopy/colonoscopy</i>	(2012 & 2014) ⁴	(2012 & 2014) ⁴	(2012) ⁴	(2013) ⁴	(2015) ⁴	(2015) ⁴
	65.7%	70.2%	60.6%	68.6%	61.8%	61.8%

Maternal and Child Health:

Pregnancy						
Pregnancy Rate <i>Sum of live births, fetal deaths, abortions</i>	Carson City (2013) ⁷	Douglas County (2013) ⁷	Statewide (2013) ⁷	National (2013) ⁷	Lyon County (2013) ⁷	Lyon County (2013) ⁷
	34.7	23.1	34.8	3,932,181	66.8	40.5
Birth Rate <i># of live births per 1,000- women aged 15-44</i>	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National (2013) ¹⁴	Lyon County (2013) ⁴	Storey County (2013) ⁴
	9.8	7.2	12.4	12.4	10.8	4.9
Low birth weight <i>% of total live births less than 2,500 grams</i>	Carson City (2015) ⁴	Douglas County (2015) ⁴	Statewide (2015) ⁴	National (2015) ⁴	Lyon County (2013) ⁴	Storey County (2013) ⁴
	7	8.4	8.2	8	7.4	13.7
Abortion rate <i># of abortions per 1,000</i>	Carson City (2013) ⁷	Douglas County (2013) ⁷	Statewide (2013) ⁷	National	Lyon County (2013) ⁷	Lyon County (2013) ⁷
	134.7	126.7	162.9	Not Available	83.0	52.6
Women receiving prenatal care <i>% of women who received prenatal care in 1st trimester</i>	Carson City (2014-2015) ⁷	Douglas County (2014-2015) ⁷	Statewide (2014-2015) ⁷	National (2014-2015)	Lyon County (2014-2015) ⁷	Storey County (2014-2015) ⁷
	54.8%	67.4%	51.4%	Not Available	865	21
Neonatal Mortality <i>Total infant deaths before first 28 days of life per 1,000 live births</i>	Carson City (2014) ⁷	Douglas County (2014) ⁷	Statewide (2014) ⁷	National	Lyon County (2014) ⁷	Storey County (2014) ⁷
	4.6	22.6	3.4	Not Available	7.2	0
Post neonatal mortality <i>Total infant deaths between 28 days and 11 months per 1,000 live births</i>	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National	Lyon County (2013) ⁴	Storey County (2013) ⁴
	7	7	61	Not Available	0	0
Infant mortality <i>Total infant deaths under 1 year of age per 1,000 live births</i>	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National	Lyon County (2013) ⁴	Storey County (2013) ⁴
	7.1	7.1	5.3	Not Available	Not Available	Not Available
Child Mortality Rate <i>Rate of all deaths ages 1-14 per 1,000</i>	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National	Lyon County (2013) ⁴	Storey County (2013) ⁴
	.2	.0	.1	Not Available	.2	0
Maternal Mortality Rate <i>Sum of deaths attributable to pregnancy, defined in Chapter O of ICD-10</i>	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2013) ⁴	National	Lyon County (2013) ⁴	Storey County (2013) ⁴
	0	0	15	Not Available	0	0
Teen Pregnancy						

Maternal and Child Health:

Teen Pregnancy Rate <i>Teen Birth Rates, Females Aged 15-19</i>	Carson City <i>(2013)⁴</i>	Douglas County <i>(2013)⁴</i>	Statewide <i>(2013)⁴</i>	National <i>(2012)</i>	Lyon County <i>(2013)⁴</i>	Douglas County <i>(2013)⁴</i>
	34.4	19.1	28.4	Not Available	33.8	0
Teen birth rate <i># of live births per 1,000 women aged 15-17</i>	Carson City <i>(2013)⁴</i>	Douglas County <i>(2013)⁴</i>	Statewide <i>(2013)⁴</i>	National <i>(2013)</i>	Lyon County <i>(2013)⁴</i>	Storey County <i>(2013)⁴</i>
	-12.6	10.4	-6.5	Not Available	5.5	Not Available

Health Status:

General Health Status						
Health Status <i>% reporting fair or poor health status</i>	Carson City (2013) ¹	Douglas County (2013) ¹	Statewide (2013) ¹	National (2013) ¹	Lyon County (2013) ¹	Storey County (2013) ¹
	15%	17.8%	17.3%	16.7%	16%	16%
Sick Days <i>% of reported poor physical health in past 30 days</i>	Carson City (2011-2014) ⁷	Douglas County (2011-2014) ⁷	Statewide (2011-2014) ⁷	National	Lyon County	Storey County
	0: 64.1%	0: 61.7%	0: 65.6%	Not Available	Not Available	Not Available
	1-9: 19.6%	1-9: 25.9%	1-9: 20.6%			
	10+: 16.2%	10+: 12.3%	10+: 13.8%			
Mental Health						
Poor Mental Health – Adults <i>Average number of mentally unhealthy days reported in the past 30 days.</i>	Carson City (2011-2014) ⁷	Douglas County (2011-2014) ⁷	Statewide (2011-2014) ⁷	National	Lyon County	Storey County
	3.3	3.8	3.7	3.4	Not Available	Not Available
Poor Mental Health – Adolescents <i>% of students who felt sad or hopeless for two weeks or more in a row</i>	Carson City (2013) ⁵	Douglas County (2013) ⁵	Statewide (2013) ⁵	National	Lyon County (2013) ⁵	Storey County (2013) ⁵
	30.4%	30.4%	31.7%	Not Available	30.1%	30.1%
Suicides <i>Overall age- adjusted rate per 100,000</i>	Carson City (2013) ⁷	Douglas County (2013) ⁷	Statewide (2013) ⁷	National (2013) ⁷	Lyon County (2013) ⁷	Storey County (2013) ⁷
	40.2	22.7	67.13	12.57	27.1	10.3
Mortality						
Top 5 causes of death	Carson City (2013) ⁴	Douglas County (2013) ⁴	Statewide (2014) ⁴	National (2013) ²	Lyon County (2013) ⁴	Storey County (2013) ⁴
	1. Heart Disease 2. Malignant Neoplasms 3. Chronic Lower Respiratory Disease 4. Alzheimer’s disease 5. Cerebrovascular Disease	1. Heart Disease 2. Malignant Neoplasms 3. Chronic Lower Respiratory Illness 4. Lung, Trachea, and Bronchus Cancer 5. Cerebrovascular Disease	1. Heart Disease 2. Malignant Neoplasms 3. Chronic Lower Respiratory 4. Lung/Trachea/Bronchus Cancer 5. Cerebrovascular Disease	1. Heart disease 2. Cancer 3. Chronic lower respiratory diseases 4. Accidents (unintentional injuries) 5. Stroke (cerebrovascular diseases)	1. Heart Disease 2. Malignant Neoplasms 3. Chronic Lower Respiratory Disease 4. Cerebrovascular Disease 5. Diabetes	1. Malignant Neoplasms 2. Heart Disease 3. Lower Respiratory Disease 4. Suicide 5. Accidents
Vaccinations						

Health Status:

Child Immunization <i>% of children (6-36 months) receiving HP 2020 recommended vaccination series</i>	Carson City (2014-2015) ^{13~}	Douglas County (2014-2015) ^{13~}	Statewide (2014-2015) ^{13~}	National	Lyon County (2014) ^{13~}	Storey County (2014) ^{13~}
	47%	34%	37%	Not Available	41%	14%
	Adults 65+ reporting immunized for flu <i>% of Adults aged 65+ who presorted having had the flu shot in past year</i>	Carson City (2014-2015) ^{13~}	Douglas County (2014-2015) ^{13~}	Statewide (2014-2015) ^{13~}	National	Lyon County (2014) ^{13~}
58%	45%	35%	Not Available	47%	11%	
Adults 65+ immunized for pneumonia <i>% of Adults aged 65+ who presorted having had the pneumonia vaccination in past year</i>	Carson City (2013) ^{13~}	Douglas County (2013) ^{13~}	Statewide (2013) ²	National	Lyon County (2014) ^{13~}	Storey County (2014) ^{13~}
76%	68.2%	66.8%	Not Available	65.5%	61.54%	

~Nevada Division of Public & Behavioral Health would like to remind the viewer that this data is conveyed over TWO different systems, therefore, the data cannot be considered accurate.

Reportable Conditions:

Disease Cases						
⚙ Syphilis <i>Total Cases including Primary and Secondary</i>	Carson City (2014) ⁹	Douglas County (2014) ⁹	Statewide (2014) ¹²	National (2013) ¹³	Lyon County	Storey County
	2	2	207 (7.2)	Not Available	Not Available	Not Available
⚙ Gonorrhea <i>Total Cases</i>	Carson City (2014) ⁹	Douglas County (2014) ⁹	Statewide (2014) ¹²	National (2013)	Lyon County (2014) ¹²	Storey County (2014) ¹²
	28	6	3,401	Not Available	47*	62**
⚙ Chlamydia <i>Total Cases</i>	Carson City (2014) ⁹	Douglas County (2014) ⁹	Statewide (2014) ¹²	National (2013)	Lyon County (2014) ¹²	Storey County (2014) ¹²
	225	93	12,918	Not Available	441*	408**
⚙ Tuberculosis <i>Incidence and number per 100,000 population</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide (2013) ¹³	National (2013) ¹³	Lyon County (2015) ⁹	Storey County (2015) ⁹
	0	0	54 (##)	8,080 (###)	0	0
⚙ HIV <i>New Infection Diagnosis</i>	Carson City (2014) ¹¹	Douglas County (2014) ¹¹	Statewide (2014) ¹¹	National	Lyon County (2014) ¹¹	Storey County (2014) ¹¹
	8****	8***	420	Not Available	8***	8***
⚙ Bacterial Meningitis <i>Case counts and rates</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide	National	Lyon County (2015) ⁹	Storey County (2015) ⁹
	0	0	Not Available	Not Available	0	0
Vaccine Preventable Diseases						
⚙ Mumps <i>Case counts and rates</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide	National	Lyon County (2015) ⁹	Storey County (2015) ⁹
	0	0	Not Available	Not Available	0	0
⚙ Rubella <i>Case counts and rates</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide	National	Lyon County (2015) ⁹	Storey County (2015) ⁹
	0	0	Not Available	Not Available	0	0
⚙ Measles <i>Case counts and rates</i>	Carson City (2015) ⁹	Douglas County (2015) ⁹	Statewide	National	Lyon County (2015) ⁹	Storey County (2015) ⁹
	0	0	Not Available	Not Available	0	0

*These are totals for Carson/Douglas/Lyon Counties

**These totals are for all other counties in Nevada, excluding Carson, Clark, Douglas, Lyon, and Washoe counties

***These are totals for Nevada counties excluding Washoe, and Clark Counties

Cancers

Reportable Conditions:

Early Cervical Cancer Diagnosis <i>Rate (insitu) and % of total cancers</i>	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National (2008-2012) ¹⁷	Lyon County (2008-2012) ¹⁰	Storey County (2008-2012) ¹⁰
	0.0 (##)	4.2 (37.2%)	5.3 (37.3%)	7.7 per 100,000 <i>Invasive Cervical Cancer Incidence Rates</i>	Not Available	0
Late Stage Cervical Cancer Diagnosis <i>Rate (regional and distant) and % of total cancers</i>	Carson City	Douglas County	Statewide (2008-2012) ¹⁰	National	Lyon County	Storey County
	Not Available	Not Available	6.3 (52.2%)	Not Available	Not Available	Not Available
Early Breast Cancer Diagnosis <i>Rate (insitu and localized) and % of total cancers</i>	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National (2008-2012) ¹⁷	Lyon County (2008-2012) ¹⁰	Storey County (2008-2012) ¹⁰
	90.2 (71.9%)	135.1 (70.1%)	119.1 (65.7%)	66.36 per 100,000 <i>Invasive Breast Cancer Incidence Rates</i>	130 (70.5%)	123.2 (63.1%)
Late Stage Breast Cancer Diagnosis <i>Rate (regional and distant) and % of total cancers</i>	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National	Lyon County	Storey County
	64.0 (25.5%)	50.7 (24.8%)	55.4 (66.8%)	Not Available	Not Available	Not Available
Early Prostate Cancer Diagnosis <i>Rate (insitu and localized) and % of total cancers</i>	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National (2008-2012) ¹⁷	Lyon County (2008-2012) ¹⁰	Storey County
	124.5 (82.2%)	123.6 (77.8%)	104.1 (75%)	131.55 per 100,000 <i>Invasive Prostate Cancer Incidence Rates</i>	84.9 (80%)	Not Available
Late Stage Prostate Cancer Diagnosis <i>Rate (insitu and localized) and % of total cancers</i>	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National	Lyon County (2008-2012) ¹⁰	Storey County
	20.9 (14%)	13.7 (15.1%)	14.0 (15.5%)	Not Available	12.2 (11.2%)	Not Available

Reportable Conditions:

Cancers (Continued)						
Early Colorectal Cancer	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National (2008-2012) ¹⁷	Lyon County (2008-2012) ¹⁰	Storey County
Diagnosis <i>Rate (insitu and localized) and % of total cancers</i>	16.8 (35%)	29.0 (47.7%)	17.6 (40.6%)	41.90 per 100,000 <i>Invasive Colorectal Cancer Diagnosis Rates</i>	21.9 (39%)	Not Available
Late stage colorectal cancer diagnosis	Carson City (2008-2012) ¹⁰	Douglas County (2008-2012) ¹⁰	Statewide (2008-2012) ¹⁰	National	Lyon County (2008-2012) ¹⁰	Storey County
<i>Rate (regional and distant) and % of total cancers</i>	25.8 (42.7%)	24.8 (49.4%)	24.8 (49.4%)	Not Available	24.4 (48.2%)	Not Available

It should be noted that Nevada was not included in US rates because they did not meet high-quality standards for one or more years during 2007-2011 according to the North American Association of Central Center Registries.

Citations given in MLA format:

¹ Nevada State Demographer, 2015. Web. 18 Nov. 2015.

² *Nevada Rural and Frontier Data Book*. 2014. University of Nevada School of Medicine. UNSOM Rural Health Report. Jan. 2015.

³ "Feeding America." *Feeding America*. Feeding America Non-profit, 2015. Web. Nov. 2015.

⁴ "County Data Map: University of Nevada School of Medicine." *County Data Map: Statewide Initiatives: University of Nevada School of Medicine*. Nov. 2015.

⁵ "Youth Online: High School YRBS." *PsycEXTRA Dataset (2009): YRBS*. NAACHO. Web. Nov. 2015.

⁶ "Comparison of Fatalities by Person Type Between 2014 and 2015." NDOT. The Office of Traffic Safety, Fatal Analysis Reporting System (FARS). Feb 2016.

⁷ *Office of Public Health Informatics and Epidemiology – Reported Statistics Carson/Douglas NV 2014*. Excel. December 2015.

⁸ *Healthy People Nevada: Moving From 2010 to 2020*. 2011. Office of Health Statistics and Surveillance. Bureau of Health Statistics, Planning, Epidemiology and Response. Nevada State Health Division. Feb. 2015

⁹ *SR2: Counts of Reportable Diseases by County for Selected Time Frame (12/28/2014 - 01/02/2016)*. National Electronic Disease Surveillance System (NEDSS) Base System, 18 Feb. 2016. Web. 18 Feb. 2016.

¹⁰ Nevada Central Cancer Registry (request via OPHIE - DPBH)

¹¹ "HIV FastFacts," *HIV/AIDS Surveillance Program (HIV-OPHIE) Publications*. 2014. Department of Public and Behavioral Health (DPBH). 2014. Web. 24 Feb. 2016.

¹² "STD Fact Sheets." *Sexually Transmitted Disease (STD) Prevention and Control Program Publications*. Department of Public and Behavioral Health (DPBH), 2014. Web. 24 Feb. 2016.

¹³ Decisions, Crystal, and Douglas Banghart. *Weekly Flu Vaccine*. Excel.

¹⁴ "Resources." *UNCE and Related Links*. University of Nevada, Reno, 2015. Web. Nov. 2015.

¹⁵ Nevada Central Cancer Registry (request via OPHIE - DPBH)

¹⁶ "Vital Statistics." *Centers for Disease Control and Prevention*. Centers for Disease Control and Prevention, 03 Nov. 2015. Web. 19 Nov. 2015.

¹⁷ "Cancer-Rates.info." *Cancer-Rates.info*. CINA, 2015. Web. Nov. 2015.

∴ Indicates **primary** data that has been collected by Carson City Health and Human

Services

—* Indicated due to only having 15 deaths documented in the last 3 years, accountable pregnancy-related deaths are occurring in the two urban counties of the state (Washoe and Clark counties)

~ Nevada Division of Public and Behavioral Health would like to remind the viewer that this data is conveyed over **two** different systems, therefore, the data cannot be considered accurate

Appendix B: Results of the Targeted Information-Gathering Group

The table below outlines how participants responded to the questions posed by the facilitator. Responses in the “Positive Perceptions and Findings” column are those that were associated with improved community health and well-being, while “Negative Perceptions and Findings” are those that were associated with decreased community health and well-being. “Neither Positive nor Negative Perceptions and Findings” are those that did not assign a value to the commentary.

Question	Neither Positive nor Negative Perceptions and Findings	Positive Perceptions and Findings	Negative Perceptions and Findings
What about living in our community contributes to people’s health and well-being in a positive way?		Community is quiet Little vandalism	
What do you feel are the biggest health problems in our community?			Drug and alcohol abuse Gambling
Are there groups of people in our community who may have a harder time than others being healthy or living a healthy life?	Persons with chronic conditions (obesity, diabetes, etc.) Persons without homes		
What needs to happen in order for everyone to have an equal chance to be healthy in our community?			Increased access to affordable healthcare Increased access to affordable healthy foods
Any other comments or ideas about the overall health of the community?			Need improved knowledge about health and wellness among community members Need more programs that facilitate community physical activity

Overall Community Health and Well-Being

	Question	Neither Positive nor Negative Perceptions and Findings	Positive Perceptions and Findings	Negative Perceptions and Findings
Access to Healthcare	What are some issues that keep you, your family members, or people you know from getting routine health care services?			Language barriers Lack of insurance High medical costs
	Compared with five or more years ago, has it become easier or harder to access health care from a doctor, hospital, or clinic?		There are more bilingual staff at healthcare facilities There is more patience for Spanish-speaking clients	Without health insurance, it make take months to get an appointment
	Do you know of any groups of people in the community that are unable to access a doctor or clinic for regular health care (that's not an emergency)?			Dental care is expensive and difficult to obtain without insurance Lack of health insurance is a major barrier to access. Priority appointments given to patients with health insurance over those who do not have insurance.

	Question	Neither Positive nor Negative Perceptions and Findings	Positive Perceptions and Findings	Negative Perceptions and Findings
Mental Health and Substance Abuse	How would you describe the mental health, substance abuse or gambling treatment services available in our community?		There is medical help available in the community	Out-of-state insurance may not be accepted for these services Persons without insurance don't receive assistance, even if it is an emergency
	Are there enough mental health, substance abuse, or gambling treatment programs or services to help people in our community who need it?			Language barriers to care Lack of community awareness of programs and services available
	What do you think would be the biggest help to decrease substance abuse or help people with mental health problems in our community?			More parent information and education programs in Spanish

	Question	Neither Positive nor Negative Perceptions and Findings	Positive Perceptions and Findings	Negative Perceptions and Findings
Health Education and Information	What educational programs are available to the community?		Community physical activity programs (Zumba, yoga, etc.); STOP Program, also has information in Spanish; Fuerza Latina; Expo program for parents; ESL in schools; Some community business offer health information	
	Do you own a computer and/or have access to the internet?		Yes	Computer knowledge and understanding of technology is not universal, particularly among parents
	For what purpose do you usually use the internet?*	Facebook		Parents need to be more informed as to how their children are using the internet
	Where do you go to receive the latest health news and information?	Televised News Radio Neighbors Friends Partnership of Community Resources		
	Do you use Facebook, Twitter, or other social media sites to find health information?	Facebook Instagram Pinterest		Some parents are unaware of these informational sources
	Do you ever use printed materials to find health information?	Brochures in Spanish Bulletins and other postings in Spanish at Partnership of Community Resources, ESL programs, and schools		

	Question	Neither Positive nor Negative Perceptions and Findings	Positive Perceptions and Findings	Negative Perceptions and Findings
Health Education and Information	Do you ever hear useful health information on the radio or see it on television? What have you found to be the most useful?	Yes, both radio and television	Vaccines Flu Mammograms	
	Do you ever get health information from other people you know?	Yes	Information about services for persons with low household income	
Modifiable Risk Behaviors	What are some things that people in our community do that can make them less healthy?***			Cholesterol Hypertension Chronic Disease Diabetes
	Are there groups of people who behave in these ways more than others in our community?	Yes****		
	What do you think needs to happen for these groups of people in our community to not do unhealthy things anymore?		Education Motivation A more broad variety of activities Education regarding ending addiction	Lack of time may be a barrier
General Gaps In Services	Are there any other health services or programs that our community needs to make it more healthy? Is there anything else that is specifically needed by the Hispanic people here?		More information in Spanish More resources available in Spanish	

*Question as written is a combination of three chronic disease questions.

**Question was originally posed as “How do you usually access the internet”, for the purpose of discovering whether smartphones or computers are more commonly used. However, the question was answered as if it asked type or purpose of use.

*** It was insinuated by the participants’ responses that having the conditions listed were modifiable issues that community members could avoid or otherwise address.

****No further detail regarding what groups were being referred to was given.

Appendix C: Questions from the Community Survey: “Carson Valley Community Needs Healthcare Assessment – 2016”

Carson Valley Medical Center would like your opinion! We are working to improve the health of people in our community. Please take a moment and share your views with us.

1. **What about living in our community contributes to people’s health and well-being in a positive way? Name the **FIRST** thing that comes to mind.**

2. **From the following list and thinking about all of the people you know in our community – neighbors, friends, co-workers, family – what do you think are the top THREE health needs people face? Please select only **THREE** responses.**

- | | |
|--|--|
| <input type="checkbox"/> Access to health care services | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Access to Medicaid/Medicare | <input type="checkbox"/> Immunizations for children |
| <input type="checkbox"/> Aging-related problems, such as arthritis or hearing loss | <input type="checkbox"/> Inadequate services for seniors |
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Infectious diseases, such as hepatitis or TB |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Motor vehicle accidents |
| <input type="checkbox"/> Cost of health care | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Rape and sexual assault |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Respiratory or lung disease |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Sexually-transmitted diseases, including HIV/AIDS |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Exposure to environmental hazards | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Food safety | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Youth/gang violence |
| <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Other: _____ |

3. **In the most general terms, how would you rate the overall health of our community?**

- Very healthy
- Healthy
- Unhealthy
- Very unhealthy

4. **What about living here contributes to people’s health and well-being in a negative way?**

5. How would you rate your personal health?

- Excellent
- Good
- Fair
- Poor

6. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

List number of days

7. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

List number of days

8. Do you have at least one person you think of as your personal doctor or health care provider?

- Yes
- No

9. Where do you go most often for your health care? Please check only ONE response.

- A doctor's office
- A health department
- Another type of clinic, such as clinic in a pharmacy/drug store
- A hospital
- An emergency room
- Urgent care
- Other: _____
- Don't know or unsure

10. Which of the following towns and cities do you primarily go to for your health care? Please select only ONE response.

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Carson City | <input type="checkbox"/> Reno-Sparks |
| <input type="checkbox"/> Gardnerville | <input type="checkbox"/> South Lake Tahoe |
| <input type="checkbox"/> Minden | <input type="checkbox"/> Other: _____ |

11. In the past year, did you receive medical care from another hospital or medical provider other than Carson Valley Medical Center? If so, what was the reason? Check ALL that apply.

- Closer or more convenient
- Confidentiality
- Costs were lower
- Hospital or medical provider was recommended by a friend or relative
- Hospital or specialty services were not available locally
- Insurance coverage
- Out of town when the illness or injury occurred
- Quality of care considerations
- Referred to another hospital or medical provider by physician
- N/A – I did not receive medical care from another provider
- Other: _____

12. Was there a time in the past 12 months when you needed to see a doctor, but could not because of the cost?

- Yes
- No

13. A routine checkup is a general exam, not an exam for a specific injury, illness, or condition. About how long has it been since you last visited a doctor for a routine checkup?

- Within the past year
- Within the past 1 to 3 years
- More than 3 years
- Never

14. In your opinion, what is the principal barrier you face in accessing health care in our community? Please select only **ONE response.**

- Finding a place open when I'm not working
- Finding a place that takes my insurance – if checked, what is the name of your insurance? _____
- Finding a place where they speak my language
- Finding child care when I need to see a doctor or health provider
- I don't have health insurance
- Lack of transportation to my doctor or health provider
- My ability to take off work without losing pay
- No, there are no barriers
- Other: _____

15. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?

- Yes
- No, if "No," skip to question 18

Don't know/not sure

Prefer not to answer

16. What type of healthcare insurance do you have? Please select only ONE answer.

Commercial or private plan

Medicare

Medicaid

Other public coverage, such as Veterans Health Administration

Other: _____

N/A – I do not have health insurance

17. For how long have you had health insurance coverage without a lapse in coverage?

Less than 6 months

6 months to a year

1 to 2 years

More than 2 years

N/A – I do not have health insurance

18. From the following list, select the response that best describes your racial and ethnic background. Please select only ONE response.

Asian, non-Hispanic

Black or African American, non-Hispanic

Hispanic of any race

Native American

Native Hawaiian or other Pacific island

White, non-Hispanic

Other: _____

19. What is the highest grade or year of school you completed?

- Grades 1 through 11 (less than high school)
- Grade 12 or GED (High school graduate)
- College 1 year to 3 years (some college or technical school)
- College 4 years or more (College graduate)

20. What is your gender?

- Male
- Female

21. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and older

22. Have you served on active duty in the U.S. Armed Forces, Reserves, or National Guard?

- Yes
- No

23. What is your current zip code where you reside?

___ ___ ___ ___ ___

24. How long have you lived in this community?

- ___ years (if less than one year, enter "1")

25. Thinking back on the responses you have given us, are there any additional services you would like to see at Carson Valley Medical Center?

Thank you for participating in this community health needs assessment survey!

If you have any questions about this survey or the community health needs assessment coordinated by the University Of Nevada School Of Medicine, please contact Dr. John Packham at (775) 784-1235 or jpackham@medicine.nevada.edu, or Becky Hanson at Carson Valley Medical Hospital (775) 782-1637 or BHanson@cvmchospital.org.