2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Douglas County, Nevada

Sponsored by
Carson Valley Health Hospital

CARSON VALLEY HEALTH

2025-0547-02

Prepared by
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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Douglas County, the service area of Carson Valley Health Hospital. A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

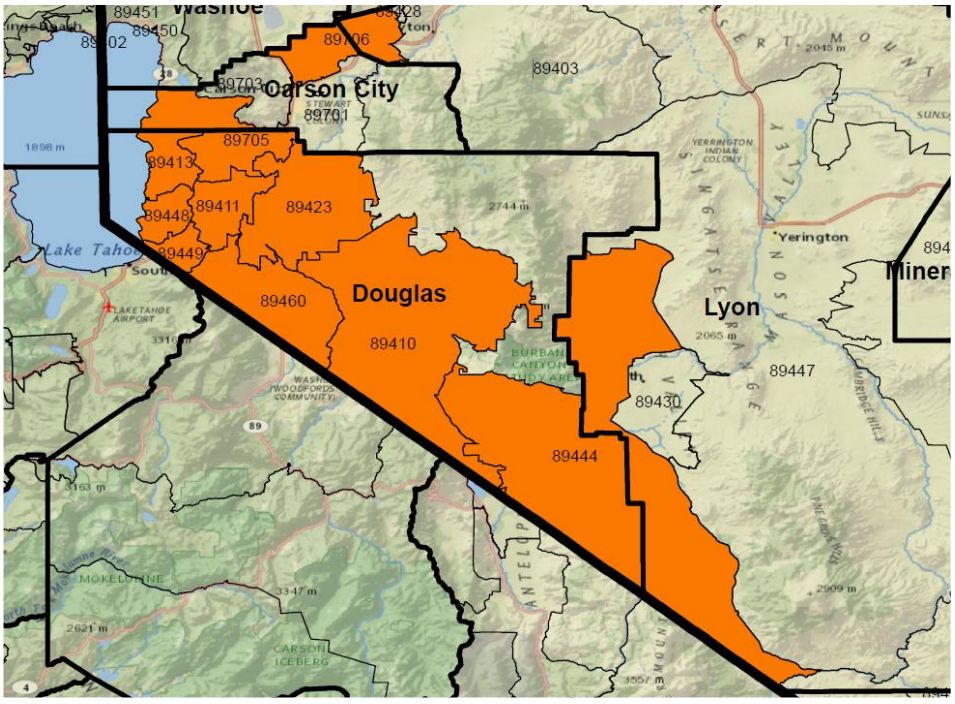
This assessment was conducted on behalf of Carson Valley Health Hospital by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since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

Methodology

Quantitative data input for this assessment includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research among community leaders gathered through an Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort includes Douglas County, Nevada. This community definition, determined based on the residences of most recent patients of Carson Valley Health Hospital, is illustrated in the following map.



Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 29 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	7
Public Health Representatives	8
Other Health Providers	3
Social Services Providers	3
Other Community Leaders	8

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Carson Valley Community Food Closet
- Carson Valley Health
- Carson Valley Health Foundation
- Douglas County
- Douglas County Sheriff's Office
- East Fork Fire Protection District
- FISH (Friends in Service Helping)
- Kindred Hospice
- MEFIYI Foundation
- Regional Emergency Medical Service Authority (REMSA)
- Town of Gardnerville
- Washoe Tribe

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for Douglas County were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Benchmark Data

Nevada and National Data

Where possible, state and national data are provided as an additional benchmark against which to compare local findings.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

For the purpose of this report, "significance" of secondary data indicators (which might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs. In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

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

IRS FORM 990, SCHEDULE H COMPLIANCE

For nonprofit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS FORM 990, SCHEDULE H (2022)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	6
Part V Section B Line 3b Demographics of the community	20
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	80
Part V Section B Line 3d How data was obtained	6
Part V Section B Line 3e The significant health needs of the community	11
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	11
Part V Section B Line 3h The process for consulting with persons representing the community's interests	7
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	83

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in Douglas County with regard to the following health issues (see also the summary tables presented in the following section).

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Lack of Health Insurance [Children] ▪ Access to Primary Care Physicians
CANCER	▪ Leading Cause of Death ▪ Cancer Deaths ▪ Female Breast Cancer Incidence
DISABLING CONDITIONS	▪ Disability Prevalence ▪ Key Informants: *Disabling Conditions* ranked as a top concern.
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Deaths ▪ Stroke Deaths
MENTAL HEALTH	▪ Suicide Deaths ▪ Mental Health Provider Ratio ▪ Key Informants: *Mental Health* ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Low Food Access
RESPIRATORY DISEASE	▪ Lung Disease Deaths
SUBSTANCE USE	▪ Excessive Drinking

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Disabling Conditions
3. Substance Use
4. Cancer
5. Nutrition, Physical Activity & Weight
6. Heart Disease & Stroke
7. Access to Health Care Services
8. Respiratory Disease

Hospital Implementation Strategy

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

Note: An evaluation of the hospital's past activities to address the needs identified in the prior CHNA can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

Note that blank cells in the tables that follow signify that data are not available or are not reliable for that indicator.

The following tables provide an overview of indicators in Douglas County, grouped by health topic.

Reading the Summary Tables

- In the following tables, Douglas County results are shown in the larger, gray column.
- The columns to the right of the Douglas County column provide comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether Douglas County compares favorably (), unfavorably (), or comparably () to these external data.

SOCIAL DETERMINANTS	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Linguistically Isolated Population (Percent)	0.6	4.8	3.9	
Population in Poverty (Percent)	8.3	12.6	12.4	8.0
Children in Poverty (Percent)	12.6	16.8	16.3	8.0
No High School Diploma (Age 25+, Percent)	6.3	12.6	10.6	
Unemployment Rate (Age 16+, Percent)	4.6	5.4	4.3	
Housing Exceeds 30% of Income (Percent)	28.4	33.6	29.3	25.5
		better	similar	worse

OVERALL HEALTH	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
"Fair/Poor" Overall Health (Percent)	16.9	21.0	17.9	
		better	similar	worse

ACCESS TO HEALTH CARE	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Uninsured (Adults 18-64, Percent)	10.7	15.3	11.2	7.6
Uninsured (Children 0-18, Percent)	8.0	7.7	5.1	7.6
Routine Checkup in Past Year (Percent)	77.9	69.7	76.1	
Primary Care Doctors per 100,000	70.7	93.1	116.6	
		better	similar	worse

CANCER	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Cancer Deaths per 100,000	276.5	172.8	182.7	
Cancer Incidence per 100,000	432.7	388.3	444.4	
Female Breast Cancer Incidence per 100,000	136.9	113.0	129.8	
Prostate Cancer Incidence per 100,000	109.9	94.1	113.2	
Colorectal Cancer Incidence per 100,000	29.3	34.0	36.4	
Lung Cancer Incidence per 100,000	35.0	44.7	53.1	
Breast Cancer Screening in Past 2 Years (Women 50-74, Percent)	74.1	69.1	76.5	80.5
Cervical Cancer Screening in Past 3 Years (Women 21-65, Percent)	81.8	79.1	82.8	84.3
Colorectal Cancer Screening (Age 45-75, Percent)	71.5	58.5	66.3	74.4
		better	similar	worse

DIABETES	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Diabetes Prevalence (Percent)	11.5	11.3	12.0	
		better	similar	worse

DISABLING CONDITIONS	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Disability Prevalence (Percent)	16.3	13.4	13.0	
		better	similar	worse

HEART DISEASE & STROKE	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Heart Disease Deaths per 100,000	279.7	227.7	207.2	
Stroke Deaths per 100,000	76.9	44.3	48.3	
High Blood Pressure Prevalence (Percent)	36.5	33.4	32.7	42.6
High Blood Cholesterol Prevalence (Percent)	36.9	36.1	35.5	
		better	similar	worse

INFANT HEALTH & FAMILY PLANNING	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Low Birthweight (Percent of Births)	9.2	9.1	8.4	
Teen Births per 1,000 Females 15-19	7.0	17.1	15.5	
		better	similar	worse

INJURY & VIOLENCE	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Unintentional Injury Deaths per 100,000	61.9	62.5	63.3	
Motor Vehicle Crash Deaths per 100,000	11.3	12.0	12.8	
		better	similar	worse

MENTAL HEALTH	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Suicide Deaths per 100,000	30.0	21.1	14.5	
Mental Health Providers per 100,000	97.0	229.0	319.4	
		better	similar	worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Fast Food Restaurants per 100,000	88.9	93.6	80.0	
Population With Low Food Access (Percent)	50.1	23.0	22.2	
No Leisure-Time Physical Activity (Percent)	14.2	20.4	19.5	21.8
Recreation/Fitness Facilities per 100,000	18.2	11.3	12.3	
Obese (Percent)	30.0	32.4	33.3	36.0
		better	similar	worse

ORAL HEALTH	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Dental Visit in Past Year (Percent)	69.1	58.1	63.9	45.0
Dentists per 100,000	66.7	62.9	66.7	
		better	similar	worse

RESPIRATORY DISEASE	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Lung Disease Deaths per 100,000	71.2	49.9	44.9	
Asthma Prevalence (Percent)	10.3	10.5	9.9	
COPD Prevalence (Percent)	7.6	7.0	6.8	
		better	similar	worse

SEXUAL HEALTH	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
HIV Prevalence per 100,000	102.9	436.0	386.6	
Chlamydia Incidence per 100,000	157.4	493.6	492.2	
Gonorrhea Incidence per 100,000	30.3	204.7	179.0	
		better	similar	worse

SUBSTANCE USE	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Excessive Drinking (Percent)	24.2	19.9	19.4	
Drug Overdose Deaths per 100,000	21.4	30.0	29.1	
		better	similar	worse

TOBACCO USE	Douglas County	DOUGLAS COUNTY vs. BENCHMARKS		
		vs. NV	vs. US	vs. HP2030
Cigarette Smoking (Percent)	11.6	15.6	12.9	6.1
		better	similar	worse

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Data from the US Census Bureau reveal the following statistics for our community relative to size, population, and density.

Total Population
(Estimated Population, 2019-2023)

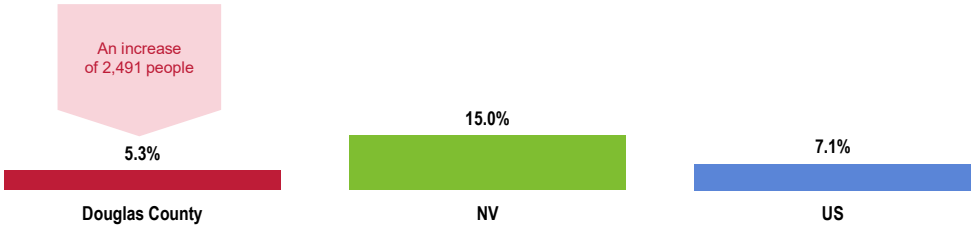
	TOTAL POPULATION	TOTAL LAND AREA (SQUARE MILES)	POPULATION DENSITY (PER SQUARE MILE)
Douglas County	49,624	710.54	70
Nevada	3,141,000	109,860.38	29
United States	332,387,540	3,533,298.58	94

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

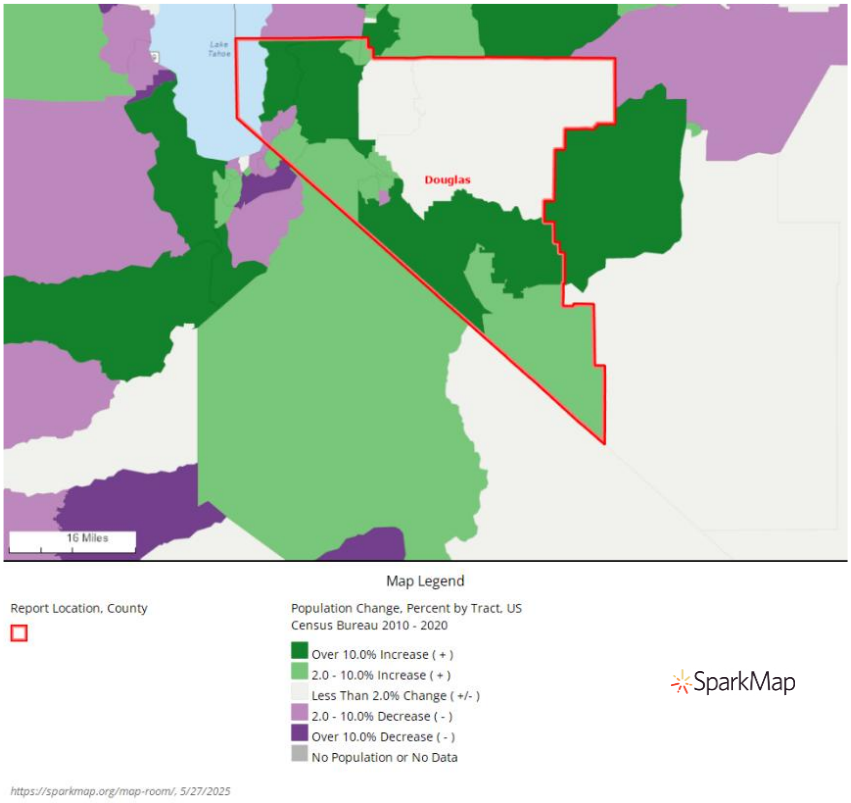
Population Change

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources. The following chart and map illustrate the changes that have occurred in Douglas County between the 2010 and 2020 US Censuses.

Change in Total Population
(Percentage Change Between 2010 and 2020)

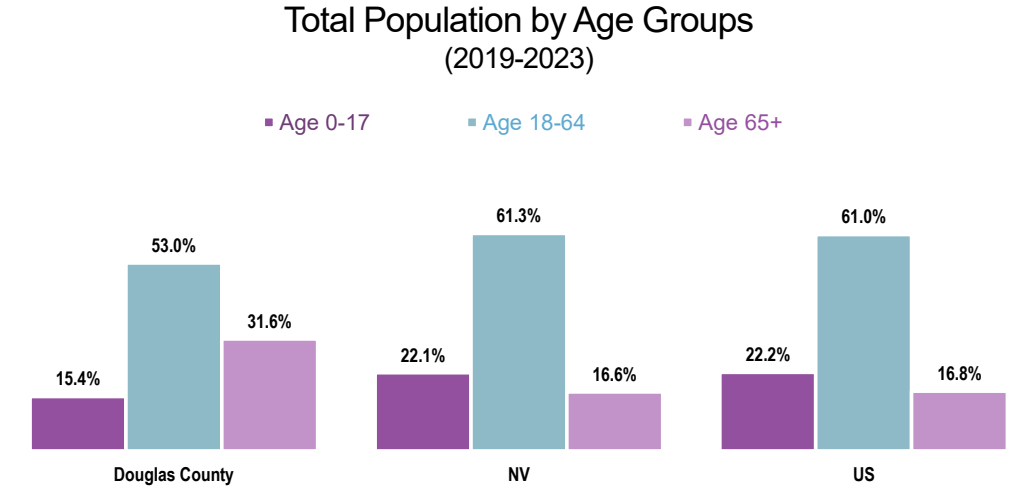


Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).



Age

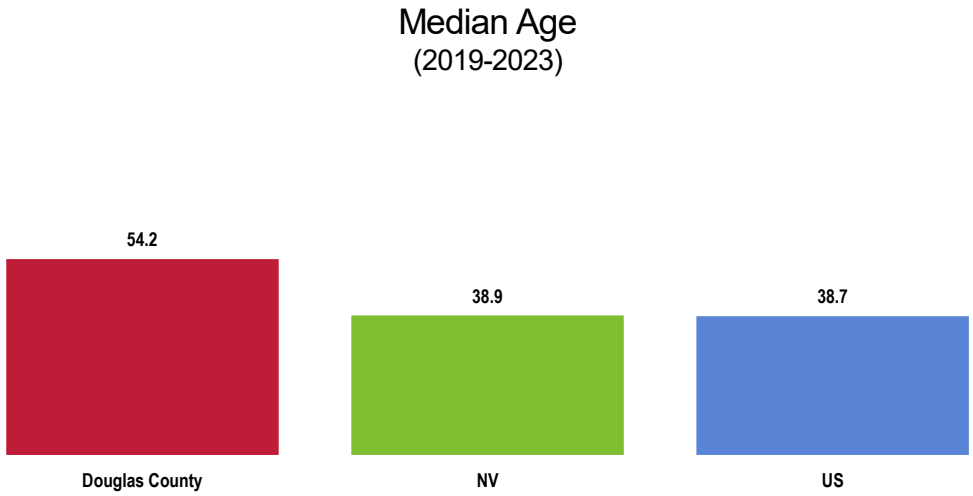
It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Median Age

Note the median age of our population, relative to state and national medians.



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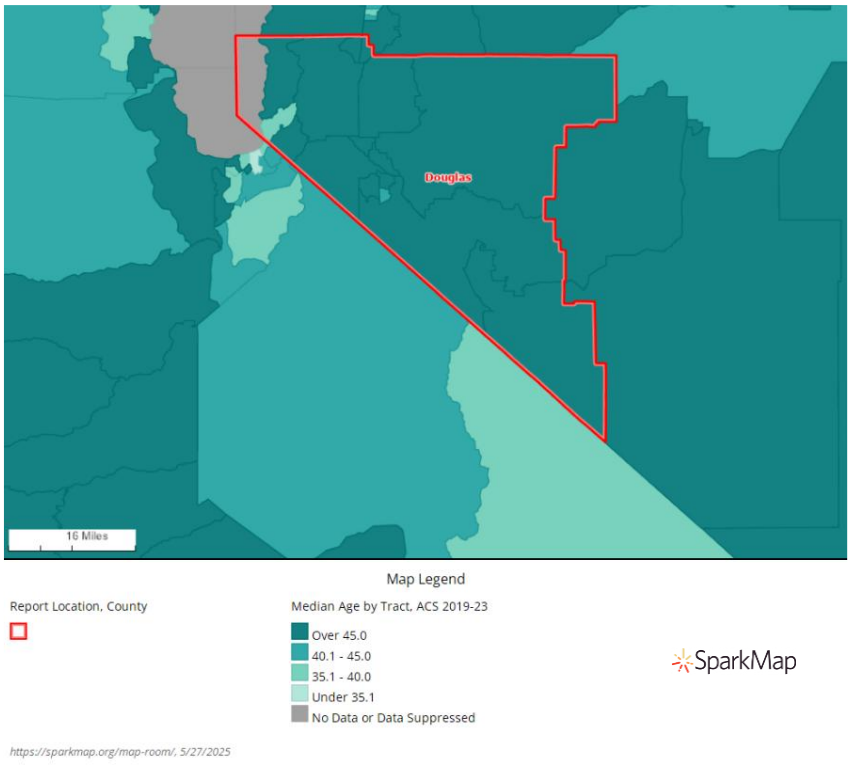
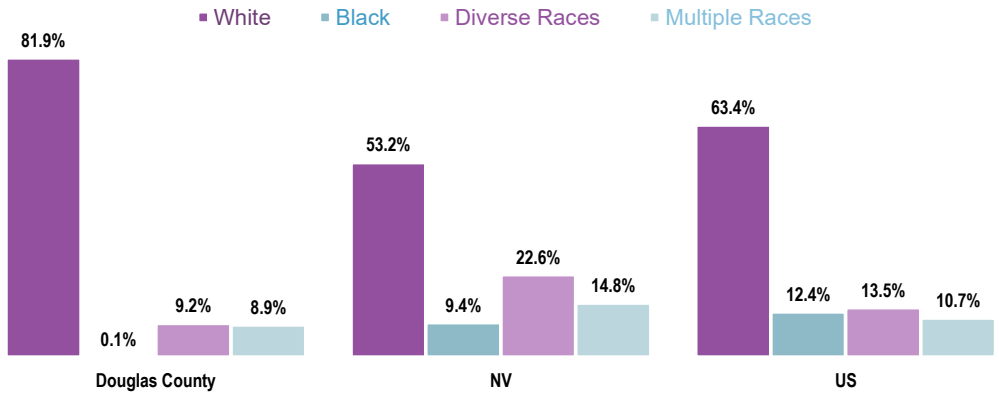


Race & Ethnicity

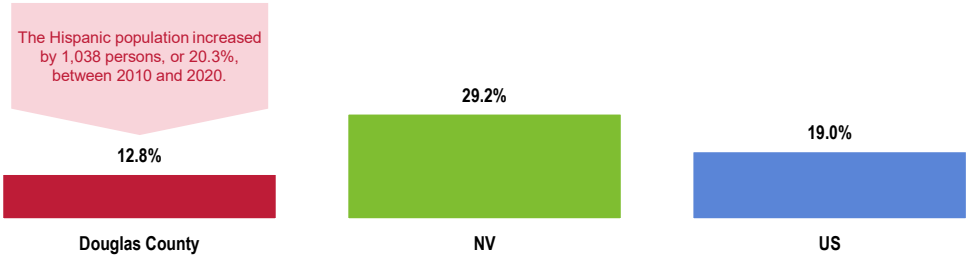
The following charts illustrate the racial and ethnic makeup of our community. “Race Alone” reflects those who identify with a single race category — people who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Total Population by Race Alone
(2019-2023)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Hispanic Population
(2019-2023)



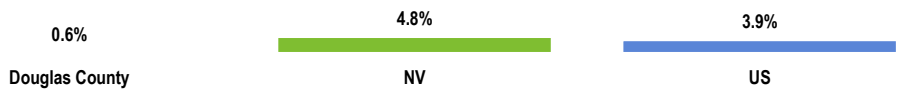
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

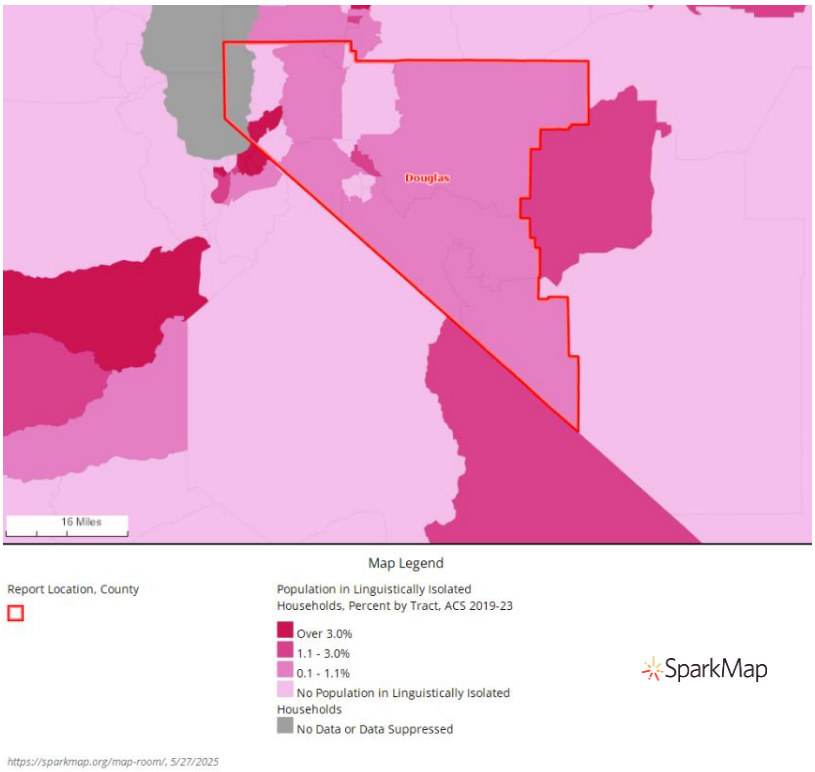
This indicator reports the percentage of the population age 5 years and older who live in a home in which: 1) no person age 14 years or older speaks only English; or 2) no person age 14 years or older speaks a non-English language but also speaks English “very well.”

Linguistically Isolated Population
(2019-2023)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

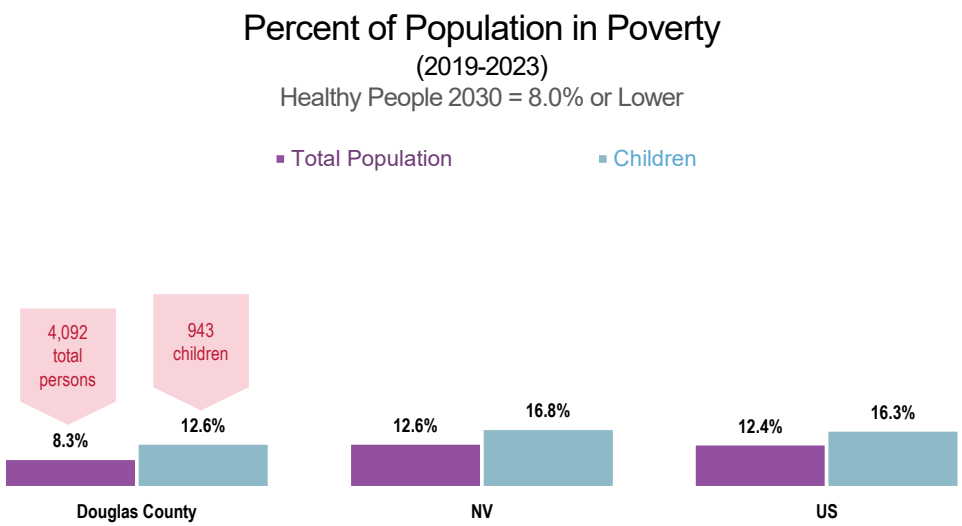
SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to accessing health services, healthy food, and other necessities that contribute to health status. The following chart and maps outline the proportion of our population below the federal poverty threshold, as well as the percentage of children in Douglas County living in poverty, in comparison to state and national proportions.



Sources:
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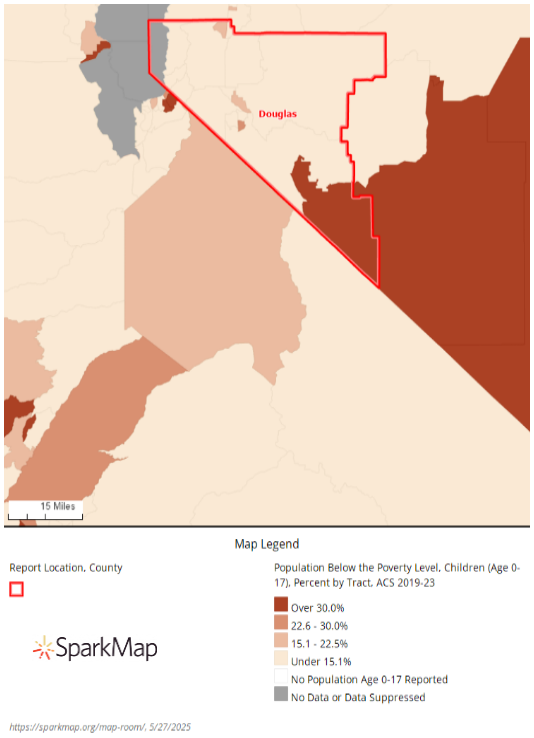
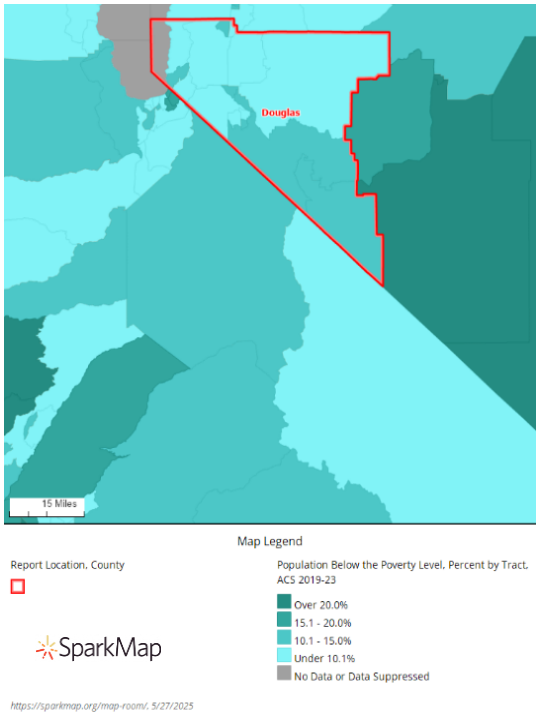
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

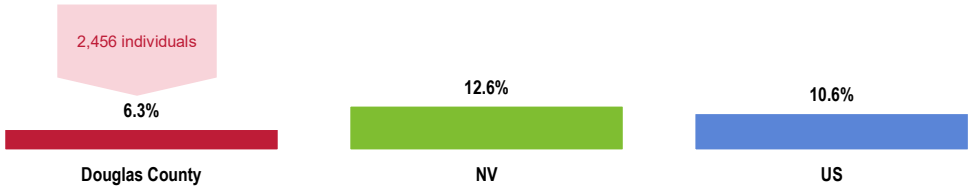




Education

Education levels are reflected in the proportion of our population age 25 and older without a high school diploma. This indicator is relevant because educational attainment is linked to positive health outcomes.

Population With No High School Diploma
(Adults Age 25 and Older, 2019-2023)



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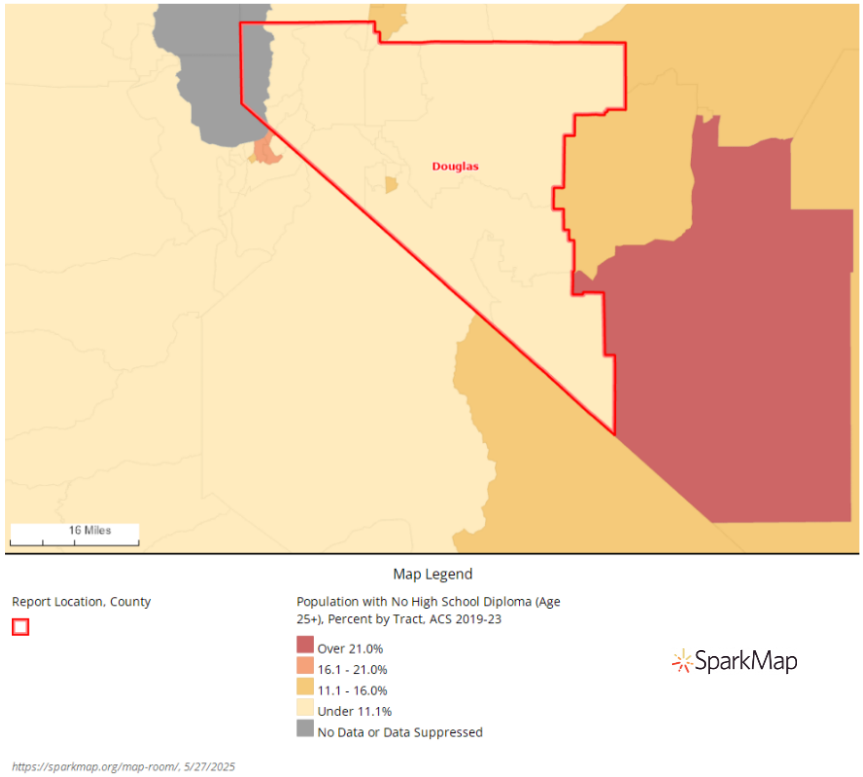
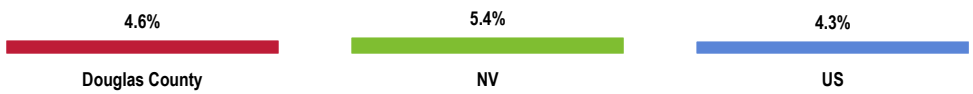


Employment

Changes in unemployment rates in Douglas County over the past several years are outlined in the following chart. This indicator is relevant because unemployment creates financial instability and barriers to accessing insurance coverage, health services, healthy food, and other necessities that contribute to health status.

Unemployment Rate
(March 2025)



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

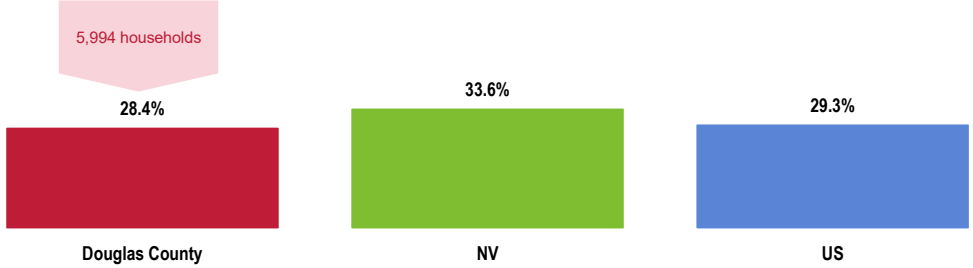
Notes:
- Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Housing Burden

"Housing burden" reports the percentage of the households where housing costs (rent or mortgage costs) exceed 30% of total household income.

The following chart shows the housing burden in Douglas County. This serves as a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

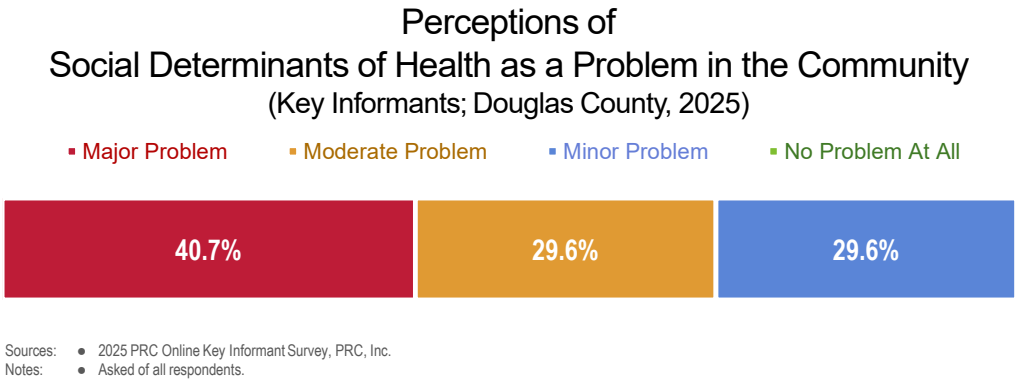
Housing Costs Exceed 30 Percent of Household Income
(Percent of Households; 2019-2023)
Healthy People 2030 = 25.5% or Lower



Sources:
- US Census Bureau, American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Key Informant Input: Social Determinants of Health

Key informants' ratings of the severity of *Social Determinants of Health* as a concern in Douglas County are outlined below.



Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Housing

> Affordable housing. — Community Leader
>
> The cost of living in Douglas County is very high and contributes to significant issues, especially for young people and young families to afford to live here. There are still very prominent "old-fashioned" values and ideals in several parts of our community that significantly contribute to racial discrimination, religious discrimination, and SES status discrimination. Income is often not enough to cover the cost of living in this area, and many people are being forced to relocate to have a more manageable cost of living, which contributes to workforce shortages and issues with access to many kinds of services. — Social Services Provider
>
> High cost of living with no affordable housing, puts a huge burden on families in our community. Our citizens can't afford to live in their own communities. Rents and housing prices are so high that families need to move or double up to make ends meet. Wages do not reflect the high prices for everyday needs like groceries, gas, and utilities. — Public Health Representative
>
> Housing in our community. To purchase a home is an average cost of $550,000. The average cost of rent is over $2,000 a month. Many of our seniors live on a fixed income of Social Security, with an average income of $1,100. This will not pay rent. A room for rent in our community is approximately $900 a month. We need more low-income senior housing and low-income housing options. — Public Health Representative
>
> Affordable housing, housing, housing!! There is a lack of housing units available in our community. There are seniors and low-income people with disabilities on waitlists for housing for several years, waiting for an apartment. Income does not keep up with inflation (food, housing, medical costs). Certain members of our community do not believe there are issues in our community. They live under the impression of "not in my county." Homelessness, low-income housing, access to transportation, fire, law enforcement, and medical access are big issues. Our community has outgrown the current services. — Public Health Representative

Lack of Social Service Programs

> Lack of governmental social services for low- to moderate-income families. Strain on nonprofit organizations to fill in gaps. — Community Leader

Impact on Quality of Life

> It is important to have basic needs met in order to be able to focus on big-picture items. — Public Health Representative

Vulnerable Population

> The reservations typically have the highest rates of unhealthiness, even with the amount of assistance afforded to them. — Public Health Representative

HEALTH STATUS

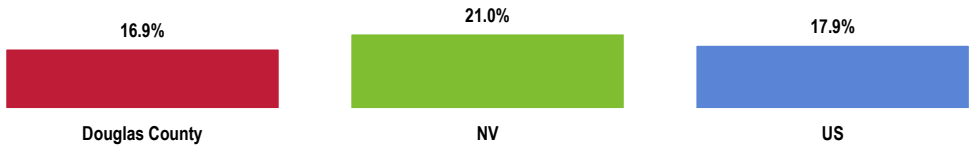
OVERALL HEALTH STATUS

The following indicator provides a relevant measure of overall health status in Douglas County, noting the prevalence of residents' "fair" or "poor" health evaluations. While this measure is self-reported and a subjective evaluation, it is an indicator which has proven to be highly predictive of health needs.

The CDC's Behavioral Risk Factor Survey, from which these data are derived, asked respondents:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

Adults With "Fair" or "Poor" Overall Health
(2022)



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

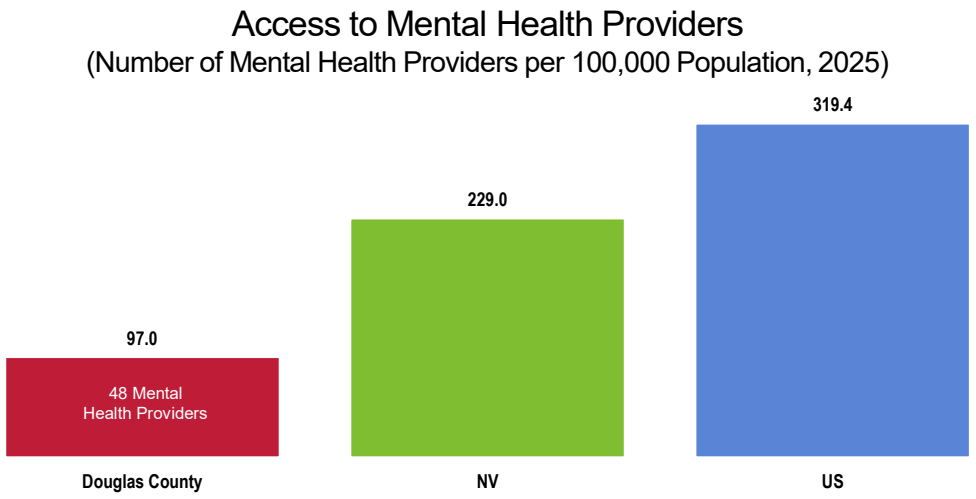
– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care.

Note that this indicator only reflects providers practicing in Douglas County and residents in Douglas County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

The data below show the number of mental health care providers in Douglas County relative to the Douglas County population size (per 100,000 residents). This is compared to the rates found statewide and nationally.

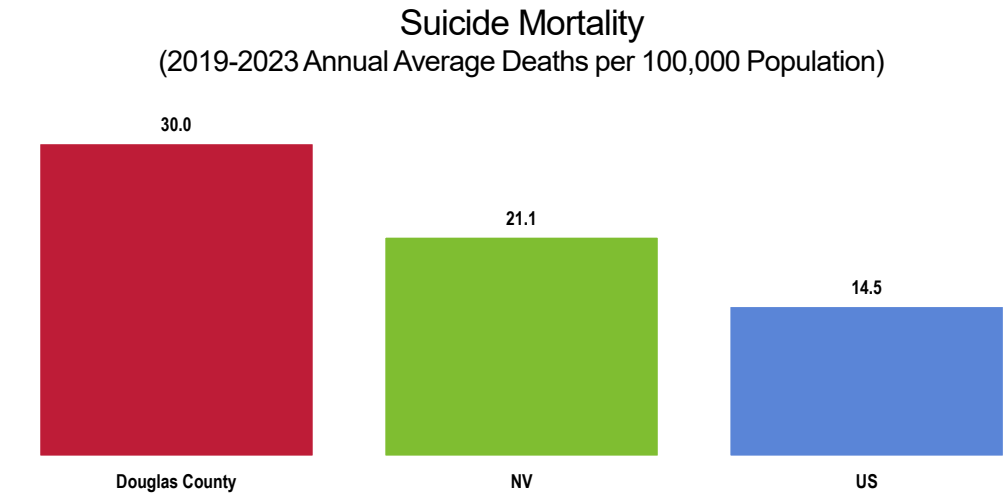


Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Suicide

The following reports the rate of death in Douglas County due to intentional self-harm (suicide) in comparison to statewide and national rates. This measure is relevant as an indicator of poor mental health.

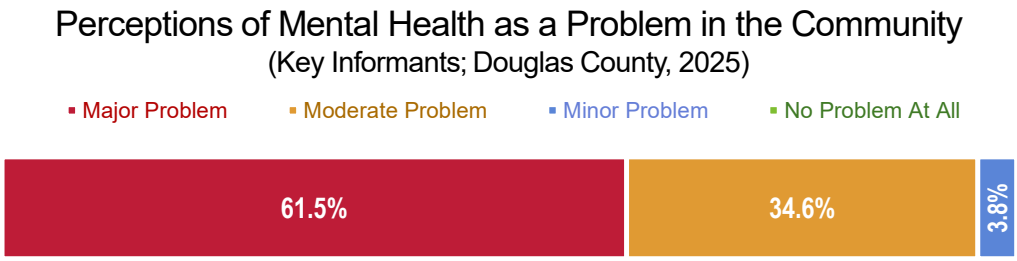


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Key Informant Input: Mental Health

Key informants' ratings of the severity of *Mental Health* as a concern in Douglas County are outlined below.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> Lack of psychiatry specialty providers, including outpatient behavioral health, intensive outpatient programs, and counseling services. — Social Services Provider
>
> There are limited options for psychiatrists, and waitlists for therapists are very long. — Physician
>
> We have a large issue with mental health in our community. It is difficult to get clients in to see a psychiatrist or counselor. There are extensive waiting lists. When in a mental health crisis, our community members should not have to wait up to six months for an appointment with a psychiatrist and/or a counselor. We do not have any inpatient treatment programs in our county. — Public Health Representative

> Lack of providers. Waitlists are long to see providers and prescribers. People with mental health issues need services during a crisis, and they cannot get the care needed. No Inpatient facilities in our county.
> — Public Health Representative
>
> Not enough providers. Waitlists too long for this area of health for appropriate interventions.
> — Public Health Representative
>
> There is a severe shortage of mental health professionals in the state, leading to long waitlists for individuals who need psychiatric services. There are also significant parity issues between physical health and mental health coverage that can cause access issues for individuals. The services that are in place are overwhelmed with volume, and this contributes significantly to burnout and compassion fatigue for the providers who are doing this work, only increasing the provider shortage. Wages for therapists, in particular in hospital-based settings, are low compared with other companies that employ therapists. Mental health needs for individuals seem to be increasing significantly, with people needing more intensive treatment, and longer-term treatment than we have seen previously, also burdening providers and systems, and increasing wait times for access to services for those on waiting lists. There is a lack of centralization of services at the county level in Douglas County.
> — Social Services Provider

Access to Care/Services

> Access to care, both chronic and acute. — Physician
>
> Lack of mental health services in the schools and for the community as a whole. — Community Leader
>
> Access to care within a reasonable timeline. — Physician

Affordable Care/Services

> Whether one may afford any treatment services. — Community Leader
>
> Lack of providers who assist those with low incomes and those without insurance.
> — Public Health Representative

Comorbidities

> Many people with physical health conditions also have mental health conditions. There is a lack of mental health professionals nationally and in major urban areas, which only further exacerbates the problem in the rural setting. We are all sharing the same handful of resources across county lines, which creates burnout for the providers.
> — Community Leader

Awareness/Education

> Lack of education, resources, and providers in our community. — Public Health Representative

Children's Mental Health

> Mental health specific to children is a major problem. — Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

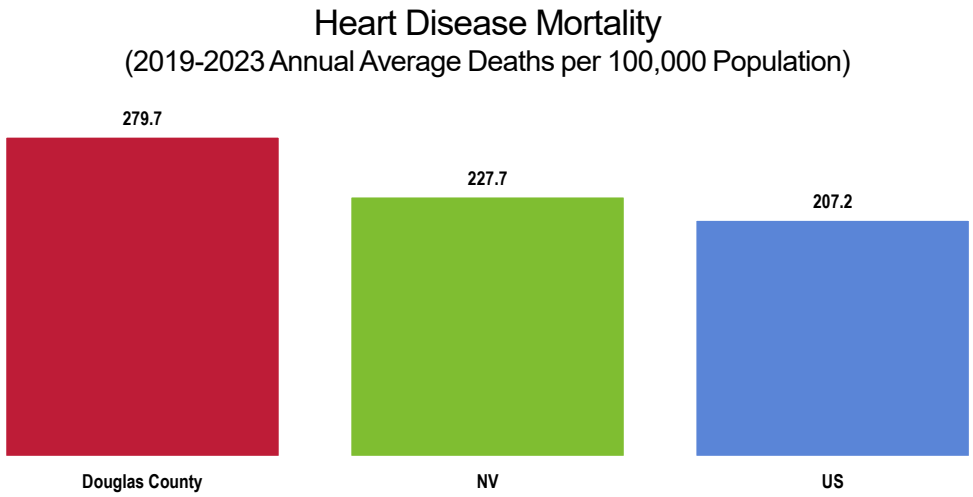
Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Heart Disease Deaths

Heart disease is a leading cause of death in Douglas County and throughout the United States. The chart that follows illustrates how our mortality rate compares to rates in Nevada and the US.

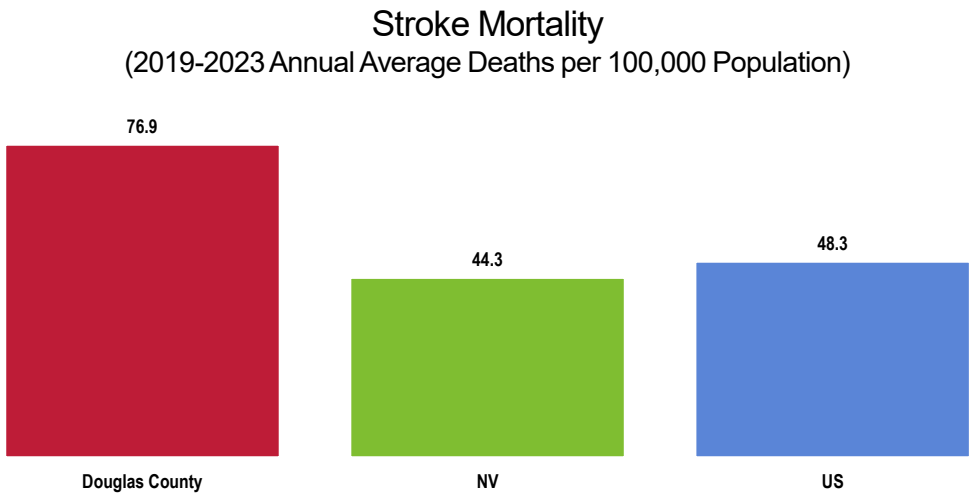


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Deaths

Stroke, a leading cause of death in Douglas County and throughout the nation, shares many of the same risk factors as heart disease. Outlined in the following chart is a comparison of stroke mortality locally, statewide, and nationally.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

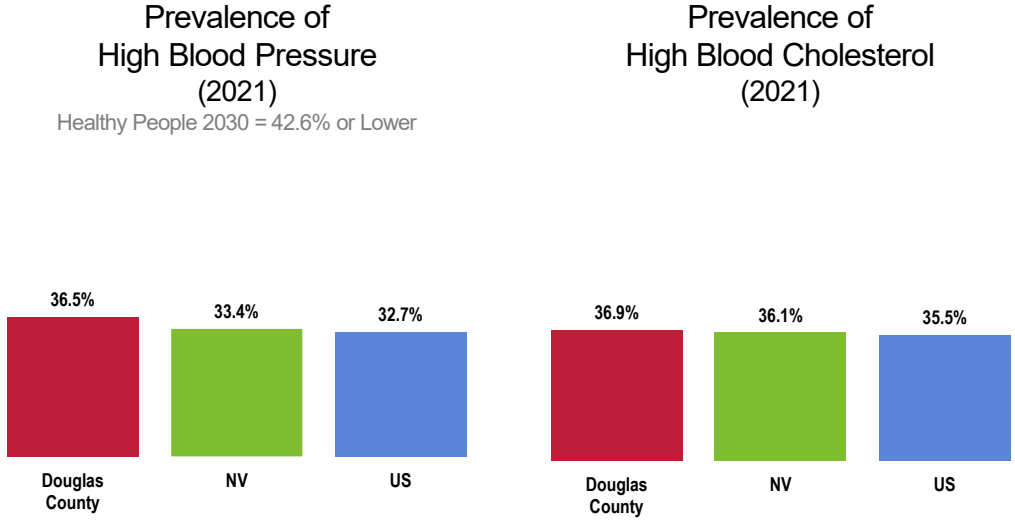
Blood Pressure & Cholesterol

The following chart illustrates the percentages of Douglas County adults who have been told that they have high blood pressure or high cholesterol, known risk factors for cardiovascular disease.

The CDC's Behavioral Risk Factor Survey asked:

"Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?"

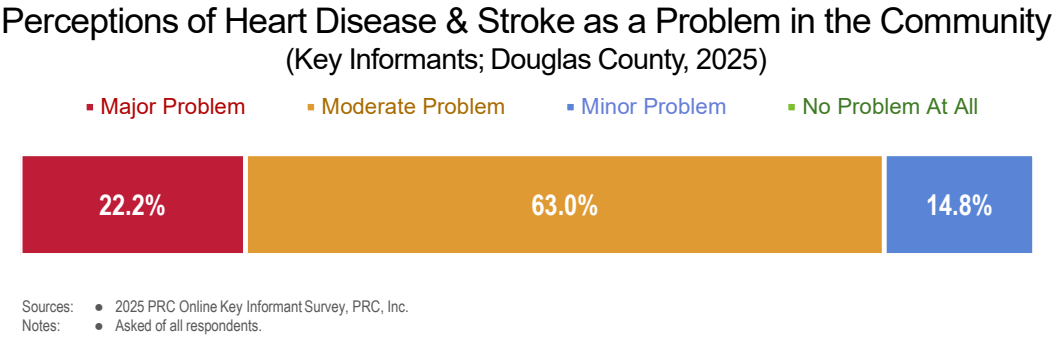
"Have you ever been told by a doctor, nurse, or other health professional that your cholesterol is high?"



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Key Informant Input: Heart Disease & Stroke

Outlined below are key informants' levels of concern for *Heart Disease & Stroke* as an issue in Douglas County.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Lack of medical services and providers and education. — Public Health Representative
>
> Our community does not have a cardiology team or cardiac rehab. Patients have to commute to Carson City to Carson Tahoe Hospital and sometimes to Reno. Our seniors lack transportation and support systems. — Public Health Representative

Aging Population

> Aging population. Lack of specialized services. — Community Leader
>
> We have an aging population in our county. Having cardiac rehab close is important. — Public Health Representative

Incidence/Prevalence

> I talk with many people in the community who suffer from these issues. — Social Services Provider

CANCER

ABOUT CANCER

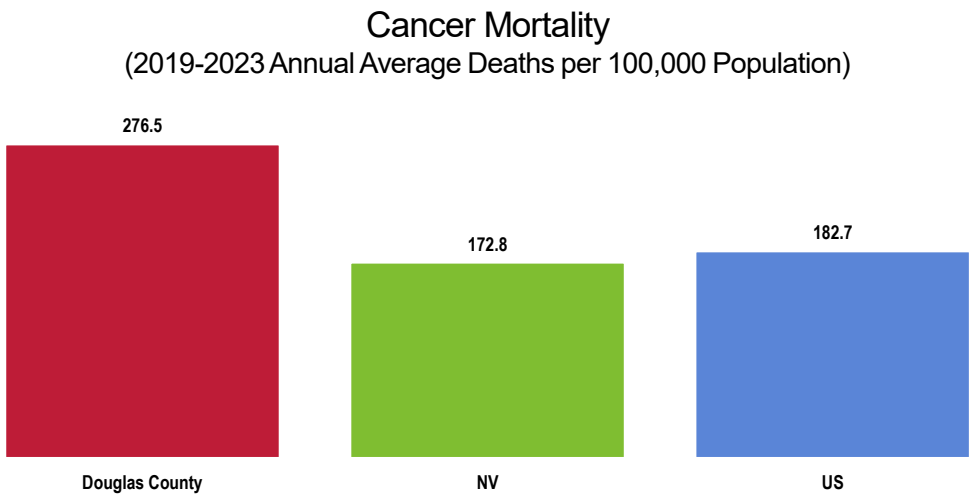
Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Cancer Deaths

Cancer is a leading cause of death in Douglas County and throughout the United States. Cancer mortality rates are outlined below.



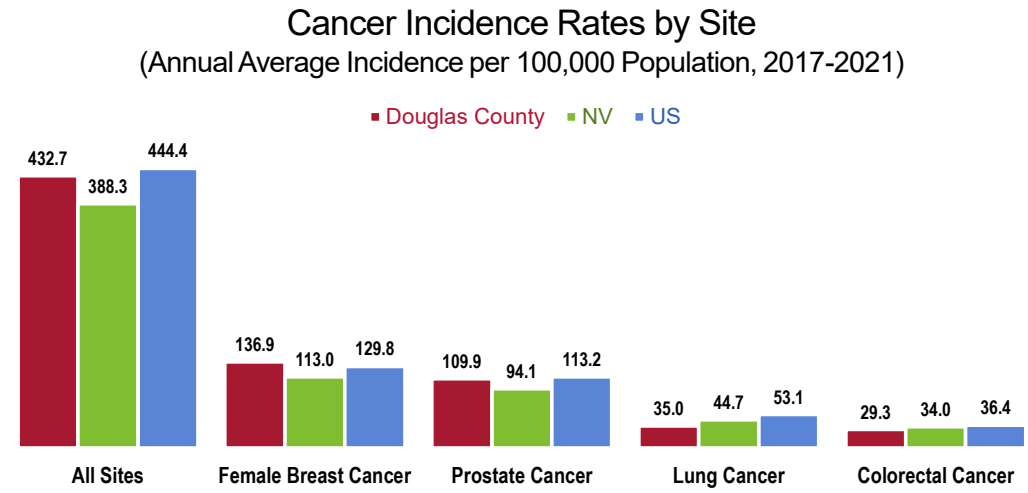
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

It is important to identify leading cancers by site in order to better address them through targeted intervention. The following chart illustrates Douglas County incidence rates for leading cancer sites.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.

Cancer Screenings

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

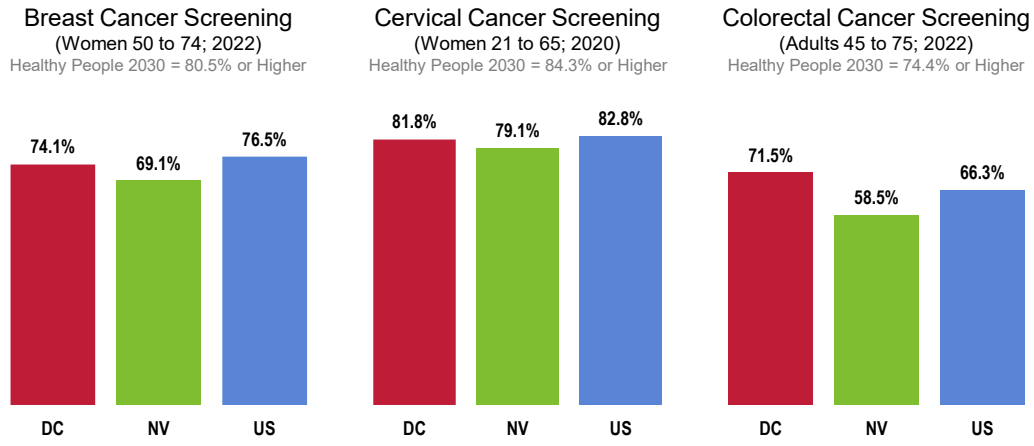
COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

The following outlines the percentages of residents receiving these age-appropriate cancer screenings. These are important preventive behaviors for early detection and treatment of health problems. Low screening levels can highlight a lack of access to preventive care, a lack of health knowledge, or other barriers.

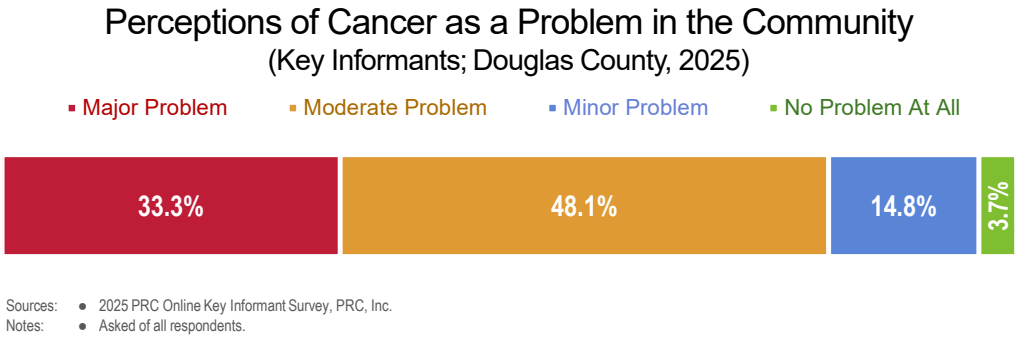


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the age group specified. Breast cancer screenings are mammograms among females age 50-74 in the past 2 years. Cervical cancer screenings are Pap smears among women 21-65 in the past 3 years. Colorectal cancer screenings include the percentage of population age 45-75 years who report having had 1) a fecal occult blood test (FOBT) within the past year, 2) a sigmoidoscopy within the past 5 years and a FOBT within the past 3 years, or 3) a colonoscopy within the past 10 years.

Key Informant Input: Cancer

Key informants' perceptions of *Cancer* as a local health concern are outlined below.



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> There are few patients being diagnosed and treated in the valley. In part, there are long delays getting diagnostic procedures done in a timely fashion, particularly scans and interventional radiology locally. — Physician
>
> There is not a cancer center here in the Carson Valley. — Community Leader
>
> A lot of folks who get diagnosed have to go out of the area to get the treatments they need. — Public Health Representative

Aging Population

> Aging community, a large proportion of people are 65 and older, but also the prevalence of cancer in younger people appears to be increasing in the community. — Community Leader
>
> Our population is aging in Douglas County. We do not have an oncology clinic with oncologists to treat them. This leaves seniors to commute to Carson Tahoe Hospital oncology. Our seniors in our community tend to lack a support system and do not have a way to get to their MD appointments. We have DART through Douglas County, but they do not go to Carson City. RSVP transportation only goes to Carson City one day a week. — Public Health Representative

Diagnosis/Treatment

> We have a rural hospital and medical center that is not equipped with a specific cancer center. While there may be initial diagnosis support, I don't believe there are long-term care/treatment options. — Community Leader

Lack of Providers

> Only Reno has the specialists needed to treat. — Public Health Representative
>
> We have one provider at CVH; we are able to do some chemo treatments. Transportation can be an issue with people who are going through treatment. — Public Health Representative

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

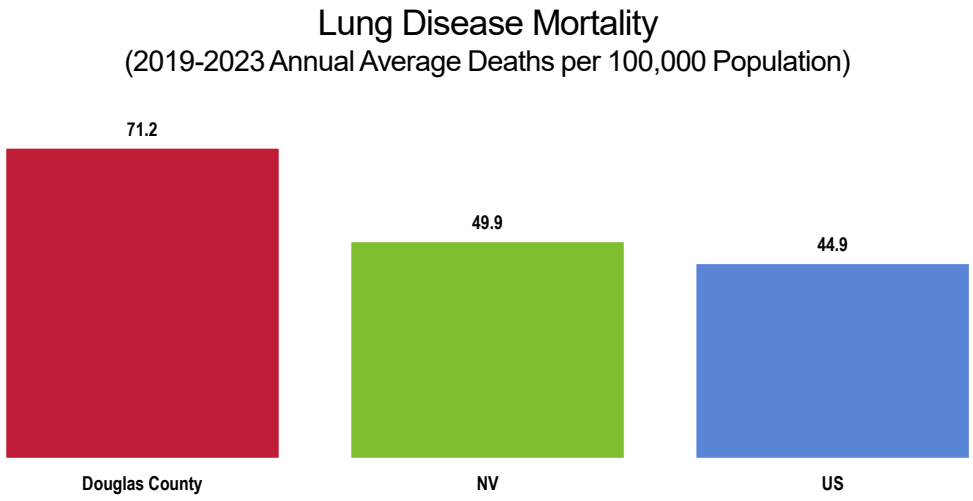
– Healthy People 2030 (https://health.gov/healthypeople)

Note that this section also includes data relative to COVID-19 (coronavirus disease).

Lung Disease Deaths

Note: Here, lung disease reflects chronic lower respiratory disease deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

The mortality rate for lung disease in Douglas County is summarized below, in comparison with Nevada and national rates.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Asthma Prevalence

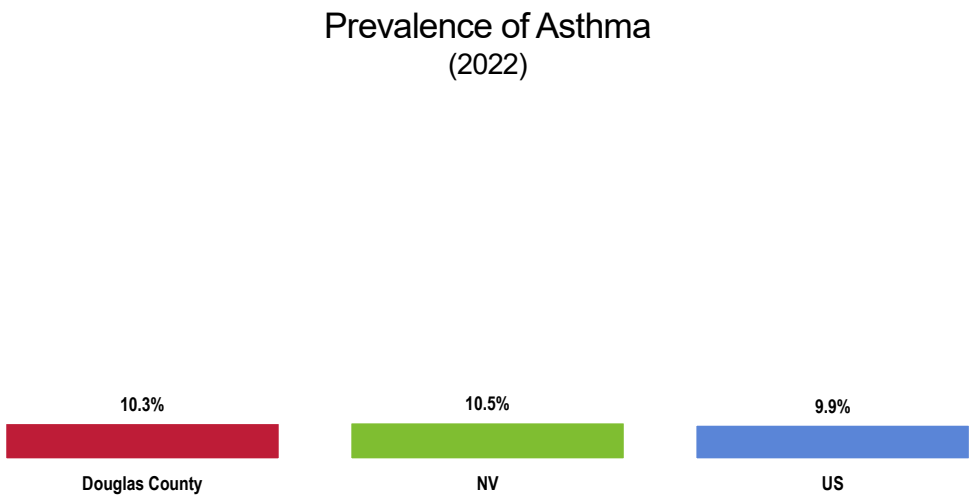
The following chart shows the prevalence of asthma among Douglas County adults.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had asthma?"

"Do you still have asthma?"

Prevalence includes those responding "yes" to both.



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

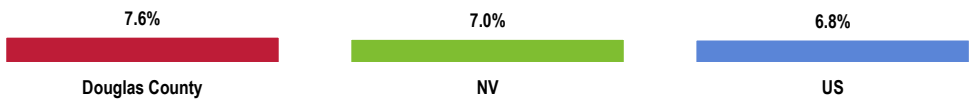
Notes:
- Includes those who have ever been diagnosed with asthma and report that they still have asthma.

COPD Prevalence

The following chart shows the prevalence of chronic obstructive pulmonary disease (COPD) among Douglas County adults.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had COPD (chronic obstructive pulmonary disease), emphysema, or chronic bronchitis?"

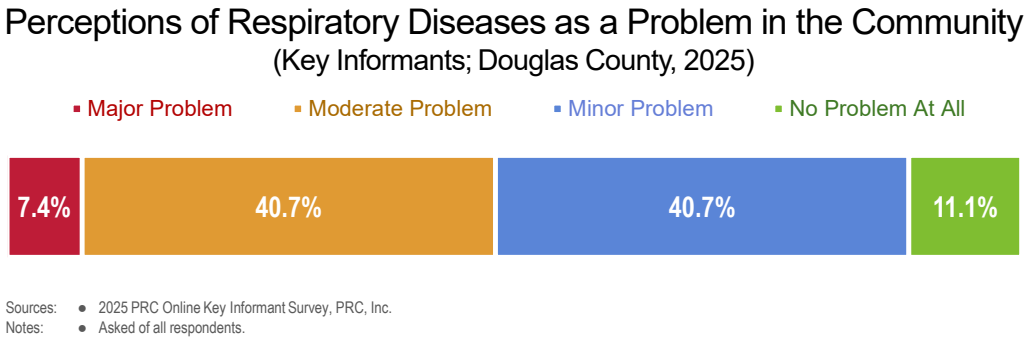


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Includes those who have ever been diagnosed with chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis.

Key Informant Input: Respiratory Disease

The following outlines key informants' perceptions of *Respiratory Disease* in our community.



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Tobacco Use

> Many seniors in our community were smokers and suffer from COPD. We do not have a pulmonologist in our county. Clients need to go to Carson and Reno for treatment. — Public Health Representative

Incidence/Prevalence

> Multiple employees in our Douglas County locations have regular COPD episodes, more than other work sites. — Community Leader

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

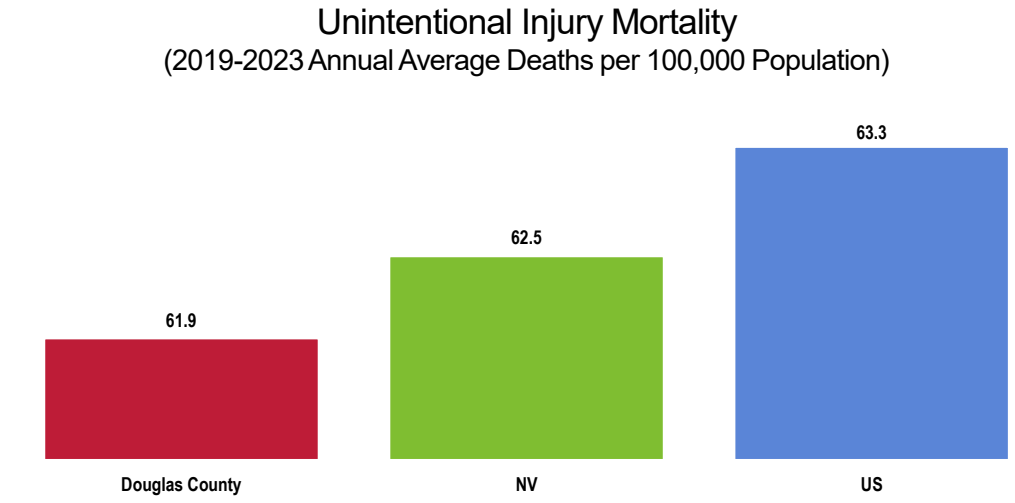
Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Unintentional Injury Deaths

Unintentional injury is a leading cause of death. The chart that follows illustrates unintentional injury death rates for Douglas County, Nevada, and the US.

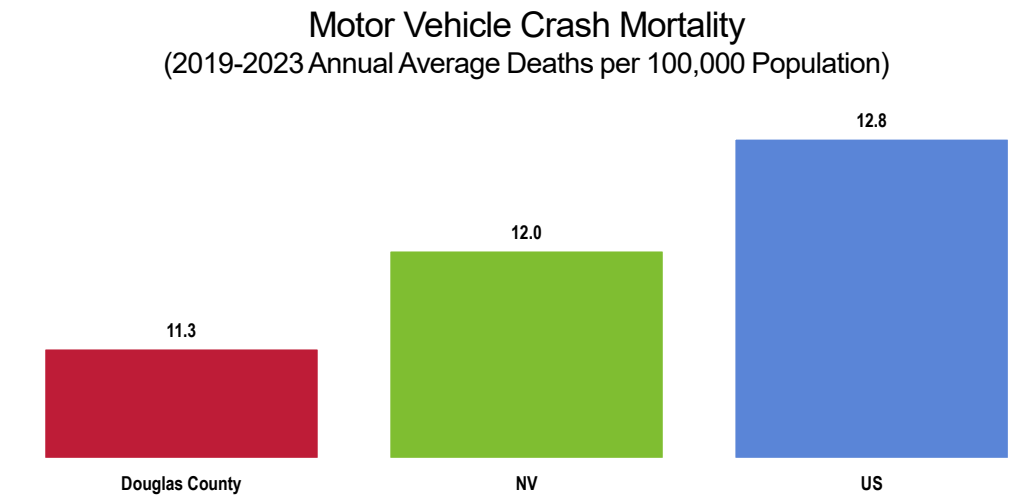


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Motor Vehicle Crash Deaths

Motor vehicle crash deaths are preventable and are a cause of premature death. Mortality rates for motor vehicle crash deaths are outlined below.

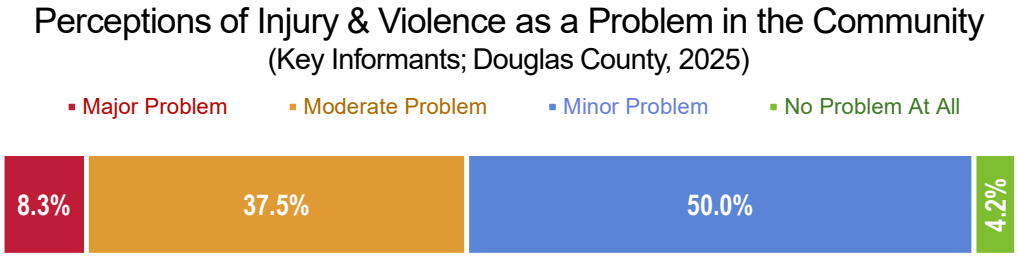


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Key Informant Input: Injury & Violence

Key informants' perceptions of *Injury & Violence* in our community:



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> We do not have a trauma center in our county. This leaves patients needing to be sent via ambulance or helicopter to Carson Tahoe Hospital or Reno (Renown) for trauma treatment. We do have a high incidence of violence in our county domestically. — Public Health Representative

Incidence/Prevalence

> I believe this is a major problem in all communities. The high schools have seen significant increases in violent behaviors, and there are more assault-related arrests recently. — Public Health Representative

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

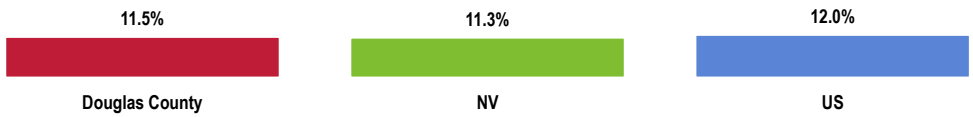
Prevalence of Diabetes

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Has a doctor, nurse, or other health professional ever told you that you had diabetes?"

Diabetes is a prevalent and long-lasting (chronic) health condition with a number of adverse health effects, and it may indicate an unhealthy lifestyle. The prevalence of diabetes among Douglas County adults age 20 and older is outlined below, compared to state and national prevalence levels.

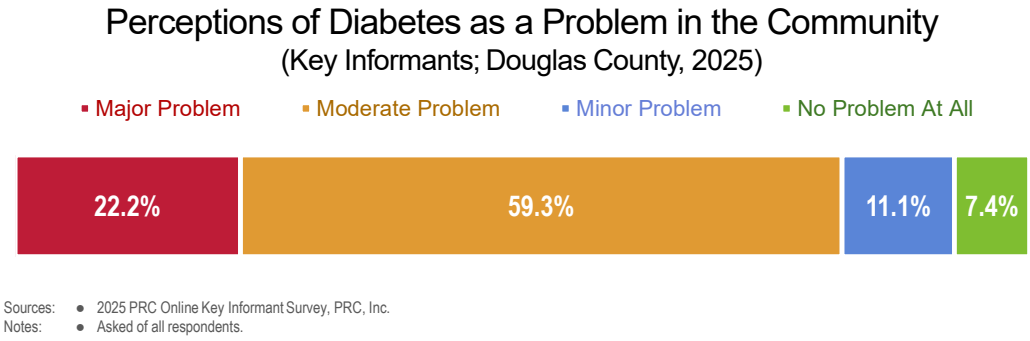
Prevalence of Diabetes
(Adults Age 20 and Older; 2022)



Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Key Informant Input: Diabetes

The following are key informants' ratings of *Diabetes* as a health concern in Douglas County.



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Probably lack of overall resources available. — Community Leader
>
> Access to proper services, medication, and education. — Public Health Representative
>
> Access to endocrinology doctors in the county. Patients have to go to Carson, Reno for their appointments. — Public Health Representative

Lack of Specialists

> No endocrinologist in Carson Valley. — Community Leader
>
> Our community does not have a diabetic health nurse, diabetes educator, or a diabetic nutritionist. We need more education for people with diabetes in our community. There is no local endocrinologist. — Public Health Representative

Lifestyle

> Diet, exercise, weight control, and specialty access. — Physician

DISABLING CONDITIONS

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

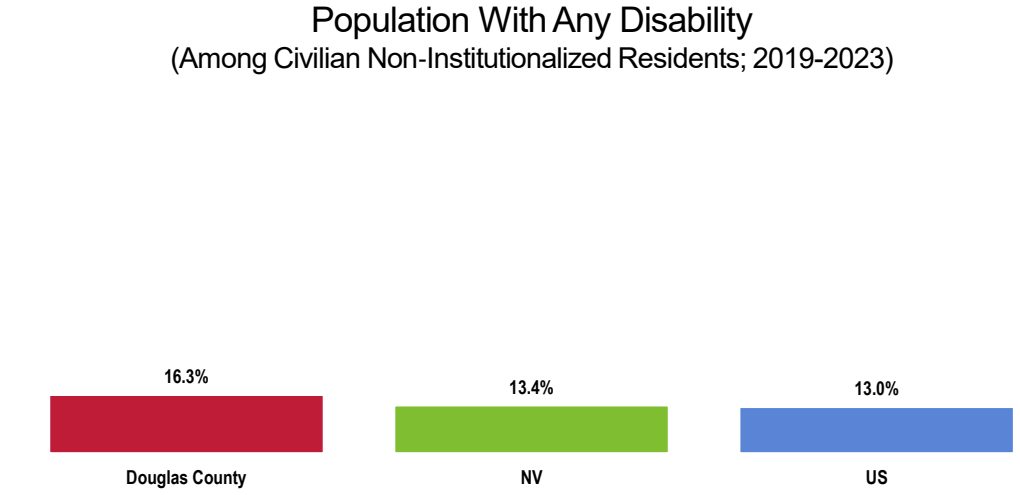
– Healthy People 2030 (https://health.gov/healthypeople)

Disability

Disability data come from the US Census Bureau's American Community Survey (ACS), Survey of Income and Program Participation (SIPP), and Current Population Survey (CPS). All three surveys ask about six disability types: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent-living difficulty.

Respondents who report any one of the six disability types are considered to have a disability.

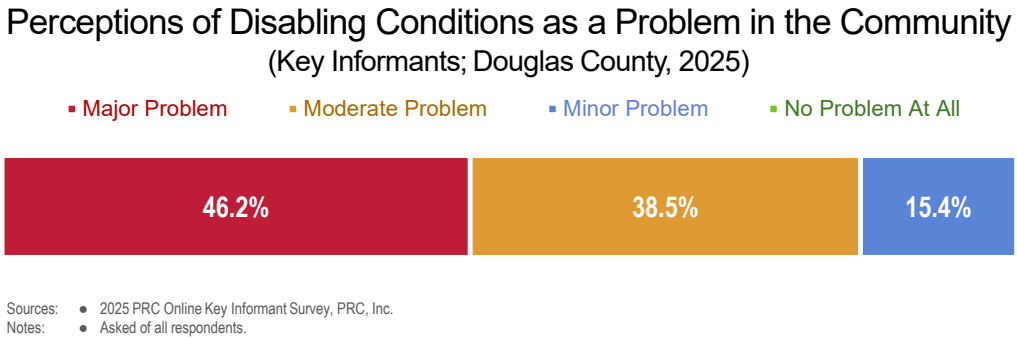
The following represents the percentage of the total civilian, non-institutionalized population in Douglas County with a disability. This indicator is relevant because disabled individuals may comprise a vulnerable population that requires targeted services and outreach.



Sources:
- US Census Bureau, American Community Survey.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Key Informant Input: Disabling Conditions

Key informants' perceptions of *Disabling Conditions* are outlined below.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Access to care and support services. — Physician
>
> Not enough resources to care for those with disabilities. — Physician
>
> Dementia is one of the biggest issues that I see on a regular basis, where there are severely limited resources for both the person living with dementia and their caregivers. The cost of assisted living is high, and many people cannot afford it. There are virtually no outpatient resources for dementia care. The other major disabling conditions that have very few resources are intellectual and developmental disabilities. Once a person ages out of the school system, there is not a lot for these individuals to support their needs and well-being, often placing a large burden on families who have to provide full-time care. — Social Services Provider
>
> Limited health care. — Physician
>
> We have a growing senior population, with an increased surge with dementia. We lack an infrastructure to assist with people suffering from dementia. Our community relies on the sheriff's department to respond to dementia crisis. We lack any services in our community for people suffering with dementia. The only services we have for the blind is the State of Nevada Office for the Disabled and Blind. We do not have any services in Douglas County to assist people with vision loss. We need more transportation services for these patients. — Public Health Representative

Aging Population

> We have an aging population, so there is saturation in needs and not enough resources to address those needs. Many people typically have more than one condition as well, so it requires more than one type of medical resource. — Community Leader
>
> We reside in a community with a large population of seniors and disabled persons who don't always have access to or knowledge of services and who struggle advocating for themselves. — Social Services Provider
>
> We have an aging community with limited specialized medical services. Most have to travel out of town. — Community Leader
>
> We live in an aging population area. With aging comes special considerations for their health care and support. We have no Medicaid assisted living facilities in our county. Therefore, people who are on Medicaid wavier programs have to go outside our area, away from family and friends. There are no resources for vision/hearing loss. Pain management is in North County only. We live in a large county with limited public transportation. — Public Health Representative

Transportation

> We live in a rural area and do not have access to resources that are needed due to transportation issues and lack of caregivers. — Public Health Representative

BIRTHS

BIRTH OUTCOMES & RISKS

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

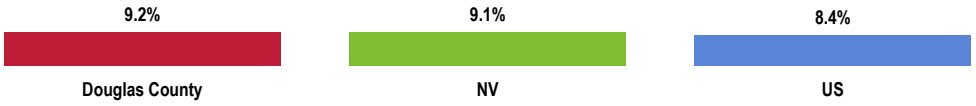
– Healthy People 2030 (https://health.gov/healthypeople)

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable. The following chart illustrates the percent of total births that are low birth weight.

Low-Weight Births
(Percent of Live Births, 2017-2023)



Sources: ● University of Wisconsin Population Health Institute, County Health Rankings.
Note: ● This indicator reports the percentage of total births that are low birth weight (Under 2500g).

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

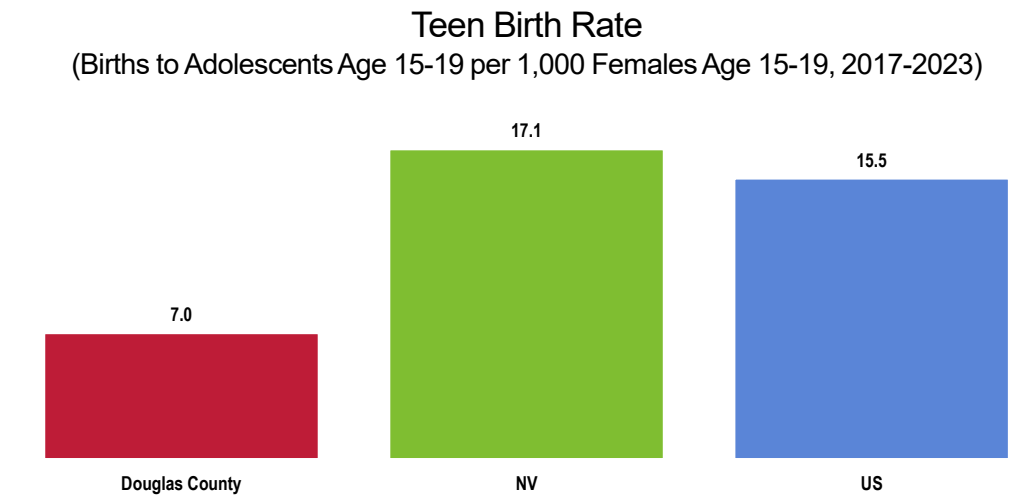
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Here, teen births include births to women ages 15 to 19 years old, expressed as a rate per 1,000 female population in this age cohort.

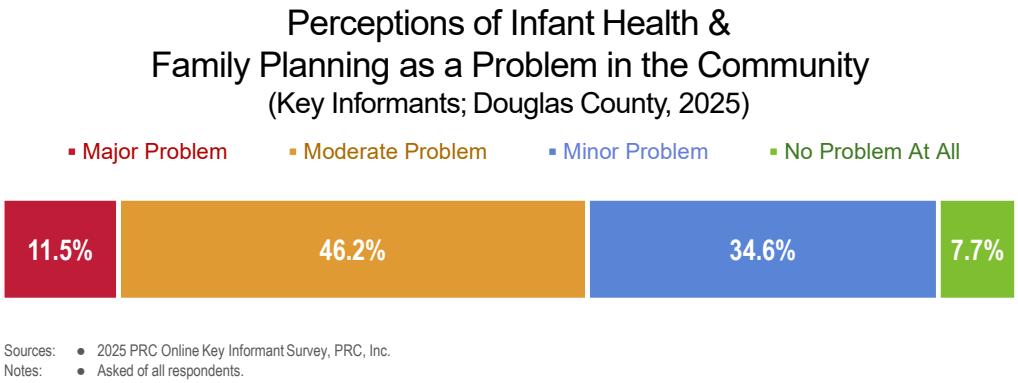
The following chart outlines the teen birth rate in Douglas County, compared to rates statewide and nationally. In many cases, teen parents have unique health and social needs. High rates of teen pregnancy might also indicate a prevalence of unsafe sexual behavior.



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Key Informant Input: Infant Health & Family Planning

Key informants' perceptions of *Infant Health & Family Planning* as a community health issue are outlined below.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> In order to give birth, you have to go to Carson City or Reno. — Community Leader
>
> We don't have any pediatric care that I know of in the valley. — Public Health Representative

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

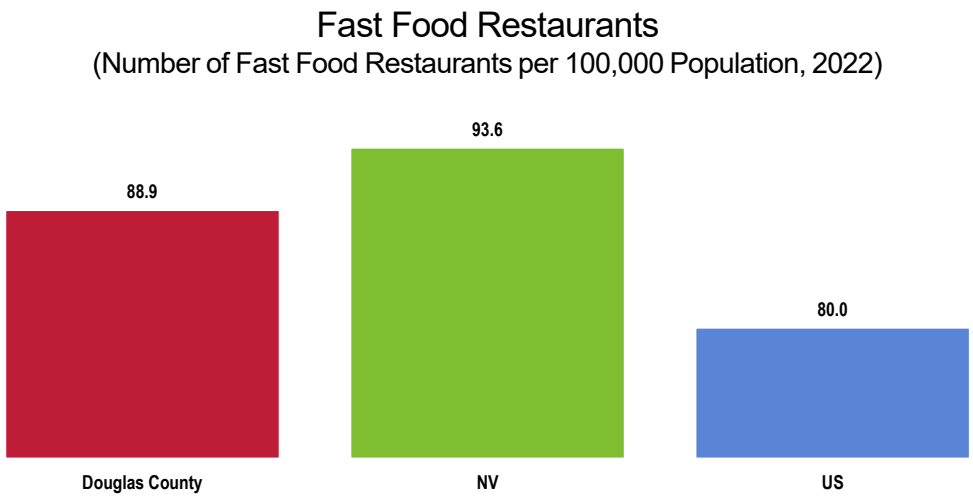
Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Food Environment: Fast Food

The following shows the number of fast food restaurants in Douglas County, expressed as a rate per 100,000 residents. This indicator provides a measure of healthy food access and environmental influences on dietary behavior.

Here, fast food restaurants are defined as limited-service establishments primarily engaged in providing food services (except snack and nonalcoholic beverage bars) where patrons generally order or select items and pay before eating.

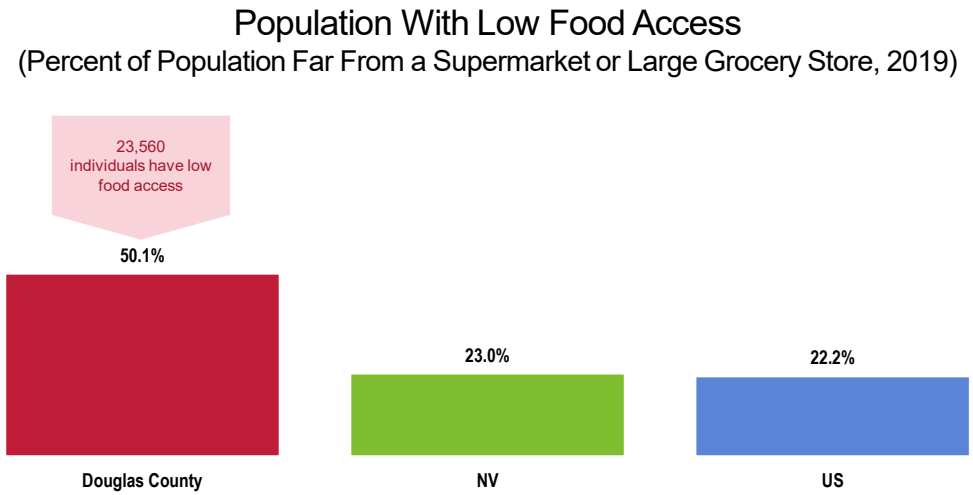


Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Low Food Access

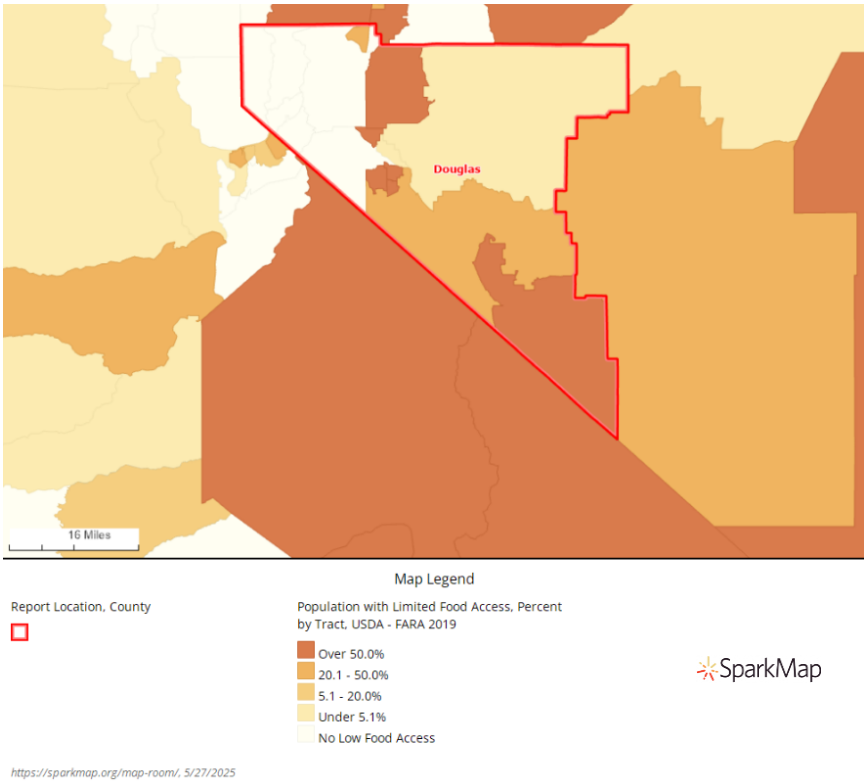
Low food access is defined as living more than 1 mile from the nearest supermarket, supercenter, or large grocery store (or 10 miles in rural areas).

The following chart shows US Department of Agriculture data determining the percentage of Douglas County residents found to have low food access, meaning that they do not live near a supermarket or large grocery store.



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

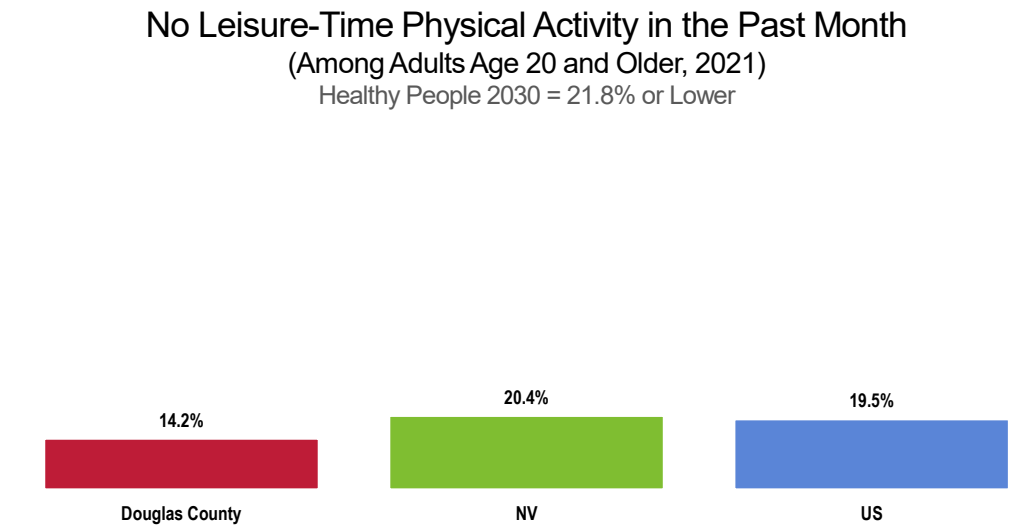
Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

Below is the percentage of Douglas County adults age 20 and older who report no leisure-time physical activity in the past month. This measure is important as an indicator of risk for significant health issues such as obesity or poor cardiovascular health.



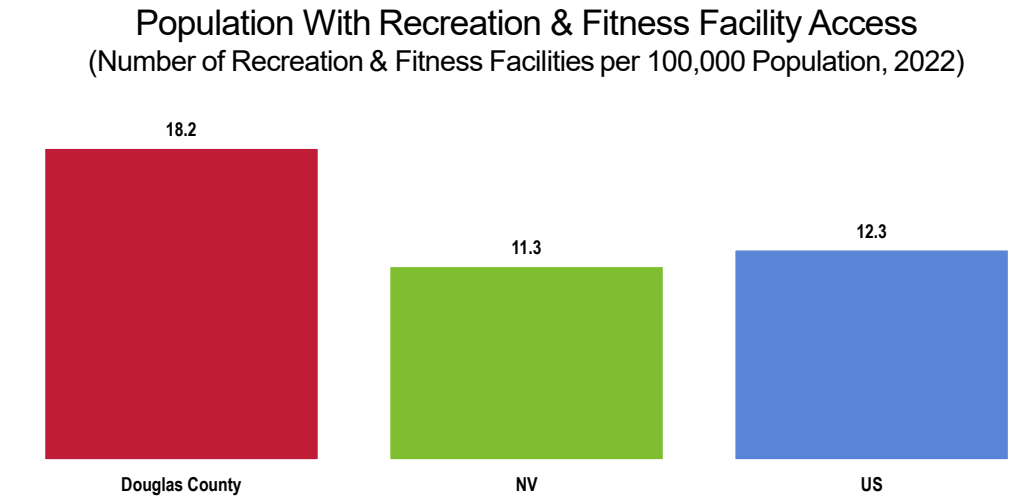
Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Access to Physical Activity

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

The following chart shows the number of recreation/fitness facilities for every 100,000 population in Douglas County. This is relevant as an indicator of the built environment's support for physical activity and other healthy behaviors.



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

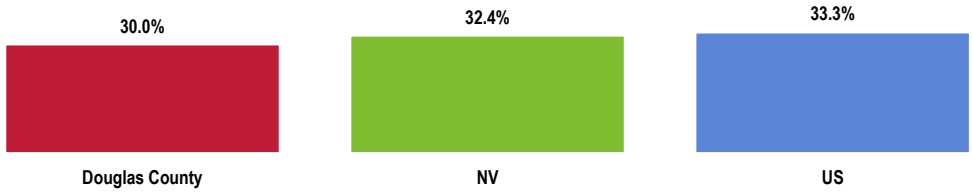
Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Obesity

"Obese" includes respondents with a BMI value ≥30.0.

Outlined below is the percentage of Douglas County adults age 20 and older who are obese, indicating that they might lead an unhealthy lifestyle and be at risk for adverse health issues.

Prevalence of Obesity
(Adults Age 20 and Older With a Body Mass Index ≥ 30.0, 2022)
Healthy People 2030 = 36.0% or Lower



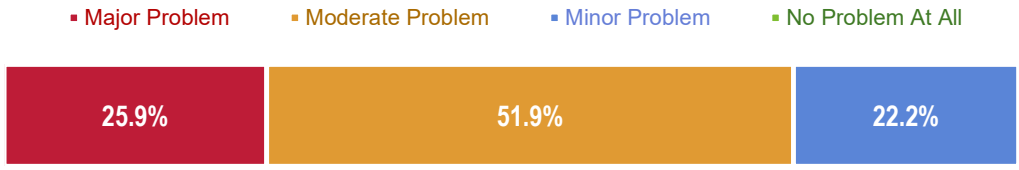
Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants' ratings of *Nutrition, Physical Activity & Weight* as a community health issue are illustrated below.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community
(Key Informants; Douglas County, 2025)



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

> Lack of education about healthy lifestyle practices. Lack of resources to provide information and support. — Social Services Provider
>
> Understanding the importance. — Community Leader

> There is very little education regarding food nutrition and its effects on humans. The community center has been a great addition to the valley, and it's mostly full of people using it for a variety of sports. More facilities should be built like this in different areas to make it easier for the youth to walk to. — Public Health Representative

> Lack of education on what healthy food is. Schools and other government entities provide and endorse processed food. — Public Health Representative

Access to Providers

> Lack of medical expertise that is solely dedicated to weight loss. — Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

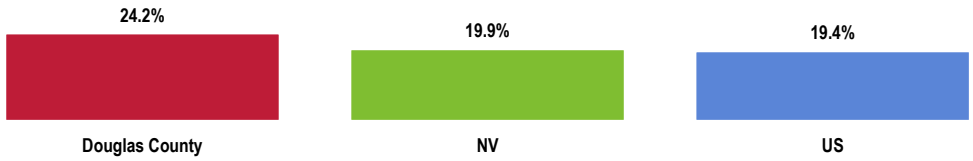
Excessive Alcohol Use

Excessive drinking includes heavy and/or binge drinking:

- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

The following illustrates the prevalence of excessive drinking in Douglas County, as well as statewide and nationally. Excessive drinking is linked to significant health issues, such as cirrhosis, certain cancers, and untreated mental/behavioral health issues.

Engage in Excessive Drinking
(2022)

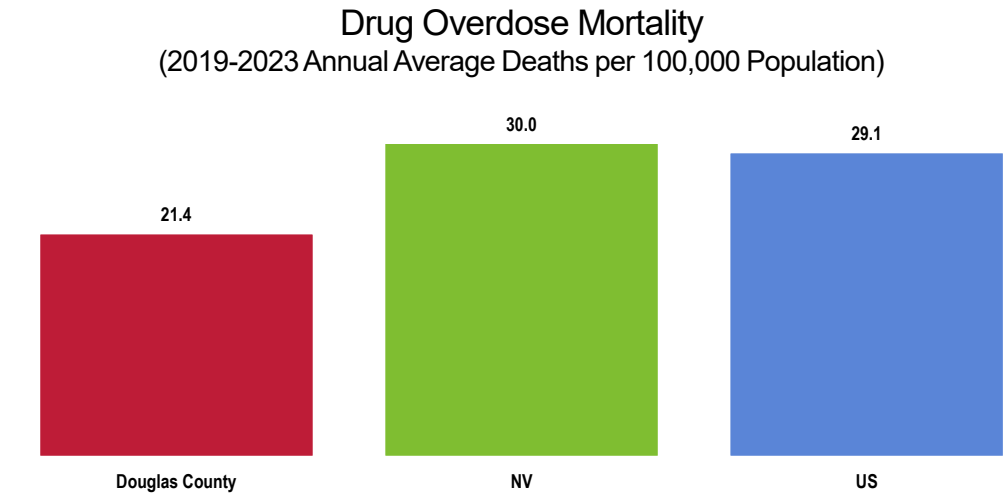


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Excessive drinking is defined as the percentage of the population who report at least one binge drinking episode involving five or more drinks for men and four or more for women over the past 30 days, or heavy drinking involving more than two drinks per day for men and more than one per day for women, over the same time period.

Drug Overdose Deaths

The chart that follows illustrates death rates attributed to drug overdoses (all substances, excluding alcohol) for Douglas County, Nevada, and the US.

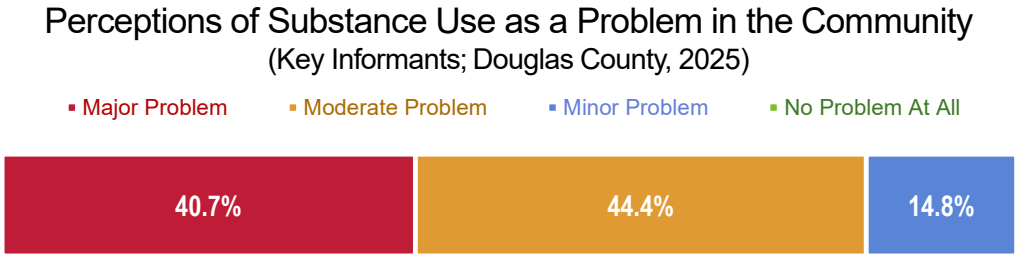


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Key Informant Input: Substance Use

Note the following perceptions regarding *Substance Use* in the community among key informants taking part in an online survey.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Lack of detox facilities and ongoing support. — Physician
>
> No local facility available. Must travel outside of the community. — Community Leader
>
> We do not have any inpatient substance abuse treatment programs in our county. Carson Tahoe Hospital is the only one in our area that has this program. However, they recently restructured and downsized their program. Our community members should not have to leave the area for treatment. We also do not have any crisis mental health services (inpatient) in our county. — Public Health Representative
>
> Inpatient substance use treatment and counseling services are not available. Waitlists are a big issue in receiving the treatment and support needed. — Public Health Representative

Lack of Providers

> More providers and counselors are needed here for mental health and addiction. A van for transportation to appointments. — Health Care Provider
>
> Not enough providers and supportive services. — Social Services Provider

Social Norms/Community Attitude

> The perpetuation of ideals and values that support significant substance use and abuse in our society, particularly in Nevada, and in small cowboy towns. It is considered "normal" to have severe alcoholism, and people will refuse to acknowledge that they need help or that they should change their habits/behaviors because it is the norm in this area. The other major barrier is access to appropriate services, especially for detox, inpatient, and residential care for individuals who are looking to get substance use treatment. All of this has to be done in Carson or Reno. There are also very limited outpatient resources specifically for substance use. — Social Services Provider

Awareness/Education

> Awareness — that it is a problem. Vape availability and the fact that it is legalized. Youth and others assume there is no danger or long-term effects. Need more outreach, training, and treatment centers. — Community Leader

Most Problematic Substances

Note below which substances key informants (who rated this as a “major problem”) identified as causing the most problems in Douglas County.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	33.4%
HEROIN OR OTHER OPIOIDS	19.0%
PRESCRIPTION MEDICATIONS	19.0%
MARIJUANA	14.3%
METHAMPHETAMINE OR OTHER AMPHETAMINES	14.3%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking Prevalence

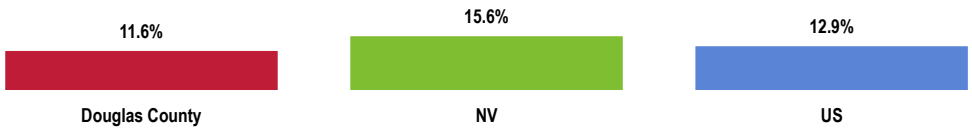
Tobacco use is linked to the two major leading causes of death: cancer and cardiovascular disease. Note below the prevalence of cigarette smoking in our community.

The CDC Behavioral Risk Factor Surveillance Survey asked respondents:

"Have you smoked at least 100 cigarettes in your entire life?"

"Do you now smoke cigarettes every day, some days, or not at all?"

Cigarette smoking prevalence includes those who report having smoked at least 100 cigarettes in their lifetime and who currently smoke every day or on some days.

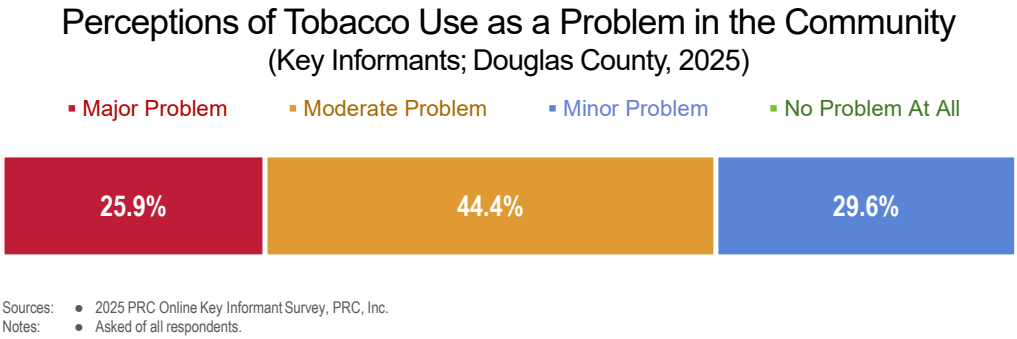


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Includes those who report having smoked at least 100 cigarettes in their lifetime and currently smoke cigarettes every day or on some days.

Key Informant Input: Tobacco Use

Below are key informants' ratings of *Tobacco Use* as a community health concern.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Social Norms/Community Attitude

> Similar to alcohol use in this community, for men in particular, tobacco use is an accepted and often encouraged habit. Many men are exposed at a young age and are addicted very easily. There are societal norms in this area related to the cowboy history that significantly push the use of tobacco products. — Social Services Provider

E-Cigarettes

> We have an excessive amount of people who vape, both adolescents and adults in this community. — Social Services Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

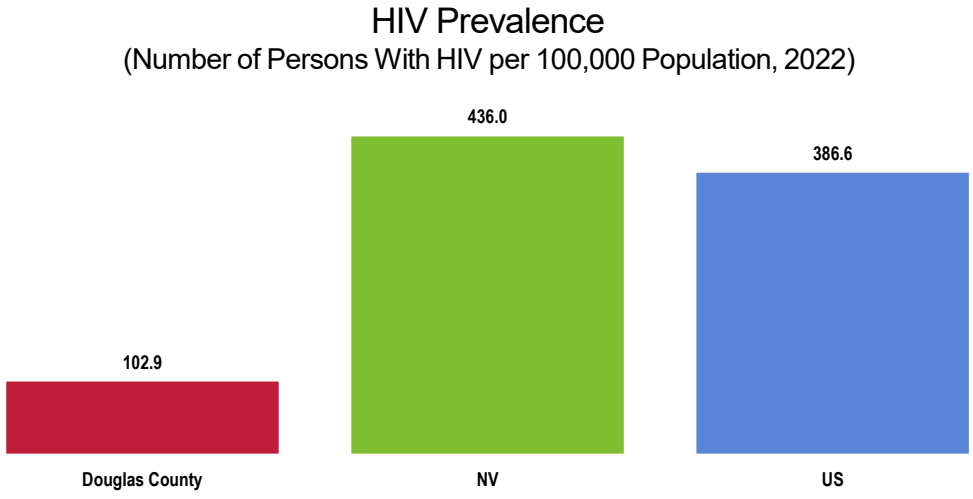
Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

The following chart outlines the prevalence of HIV in our community, expressed as a rate per 100,000 population. This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

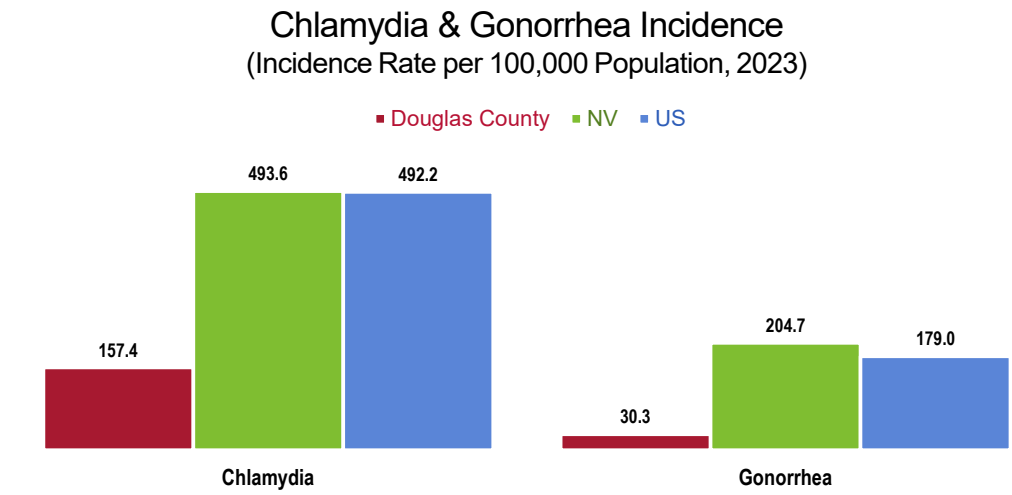


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

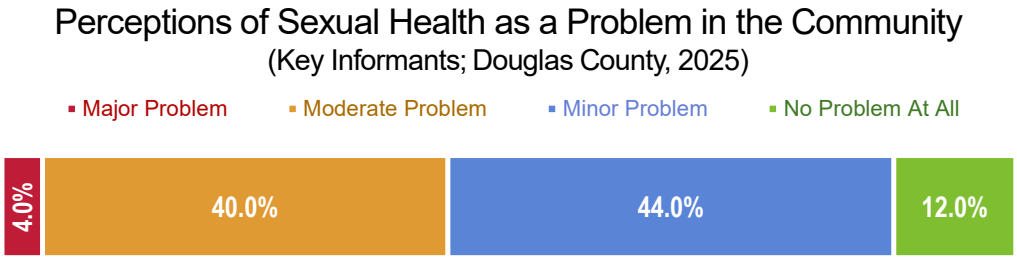
Chlamydia and gonorrhea are reportable health conditions that might indicate unsafe sexual practices in the community. Incidence rates for these sexually transmitted diseases are shown in the following chart.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Key Informant Input: Sexual Health

Key informants' ratings of *Sexual Health* as a community health concern are shown in the following chart.



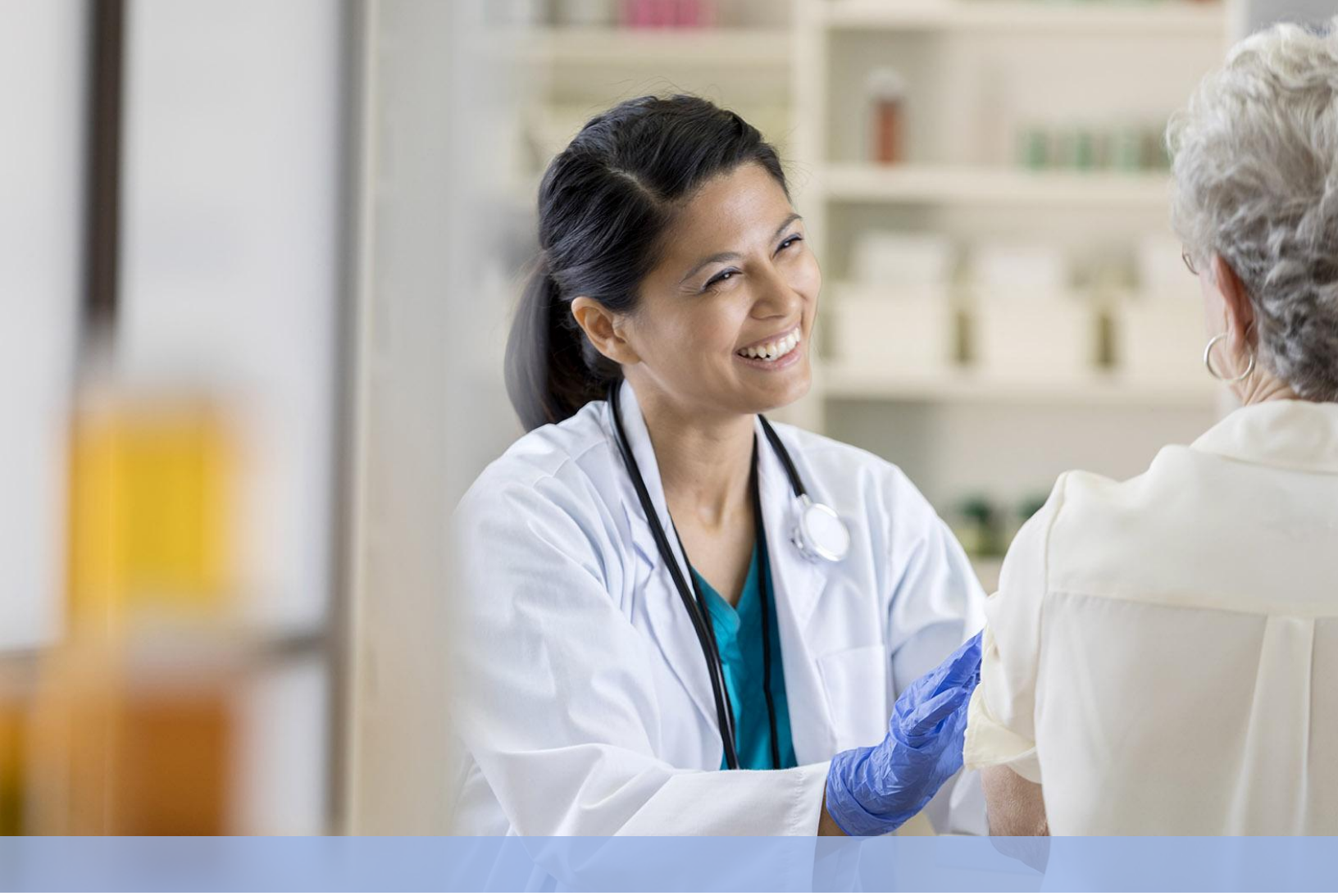
Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Denial/Stigma

> This is an ongoing problem that carries a stigma, and not enough people in the community are tested and treated for sexual health. — Public Health Representative



ACCESS TO HEALTH CARE

BARRIERS TO HEALTH CARE ACCESS

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

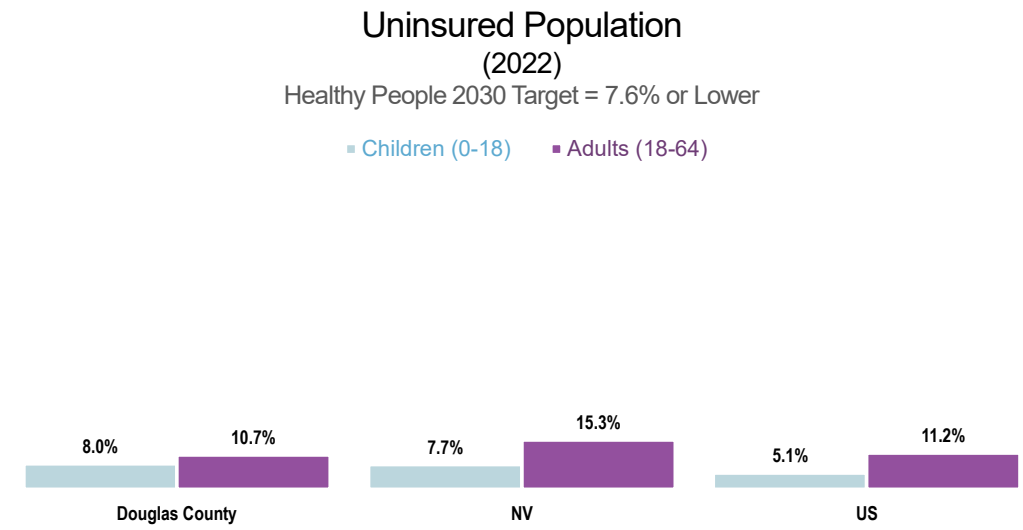
Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects those younger than 65 (thus excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans.

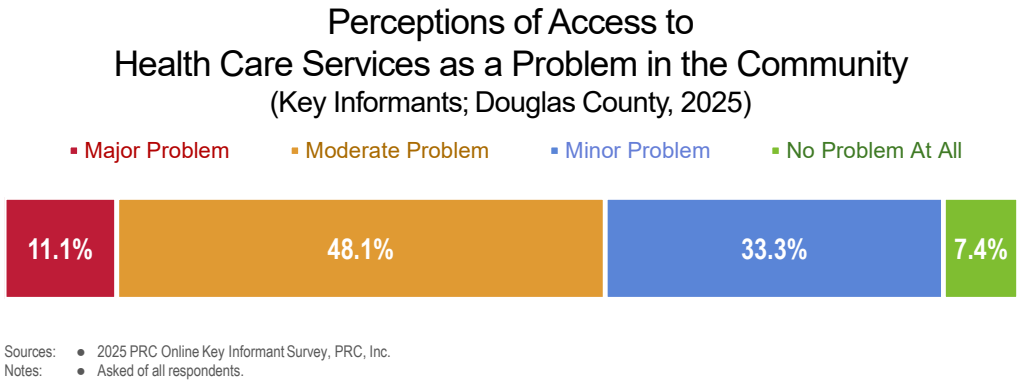
Health insurance coverage is a critical component of health care access and a key driver of health status. The following chart shows the latest figures for the prevalence of uninsured adults (age 18 to 64 years) and of uninsured children (under the age of 19) in Douglas County.



Sources:
- US Census Bureau, Small Area Health Insurance Estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Key Informant Input: Access to Health Care Services

Key informants' ratings of *Access to Health Care Services* as a problem in Douglas County is outlined below.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> We don't have enough specialist MDs in the area. People are low-income, lack transportation and a support system, so getting to Reno for specialists is a huge barrier. We need better transport to and from MD appointments. We are lacking in mental health providers who can prescribe and monitor mental health medications. We do not have any substance abuse inpatient programs for youth, young adults, and adults. — Public Health Representative

> Lack of GP providers, specialty doctors, and transportation, especially for our elderly. Wait times for mental health treatment are too long. When people are in crisis, they are not able to be seen in a timely manner. — Public Health Representative

Aging Population

> Not enough services for the senior populations in our area. It is also extremely difficult to assist those who are living with dementia and their caregivers. As a resource agency, there is no place to refer the individuals and families for assistance. — Public Health Representative

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

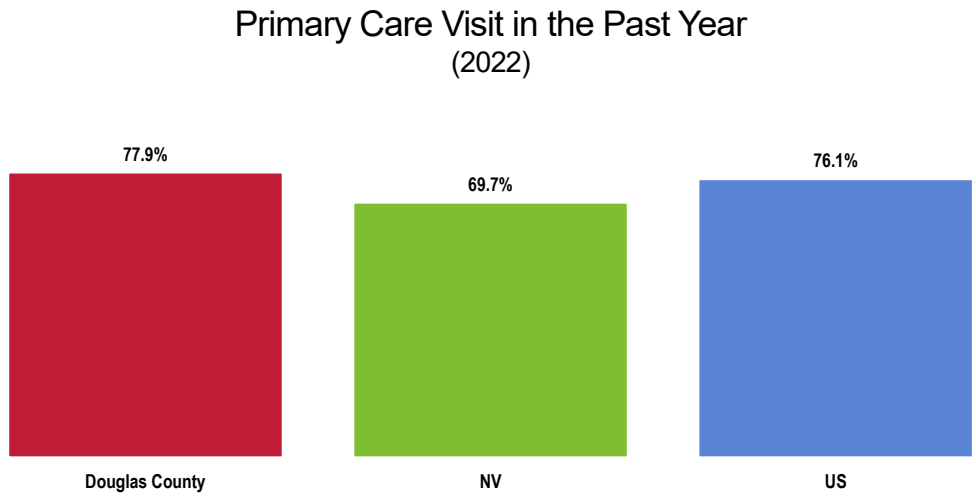
Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Primary Care Visits

The following chart reports the percentage of Douglas County adults who visited a doctor for a routine checkup in the past year.



Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

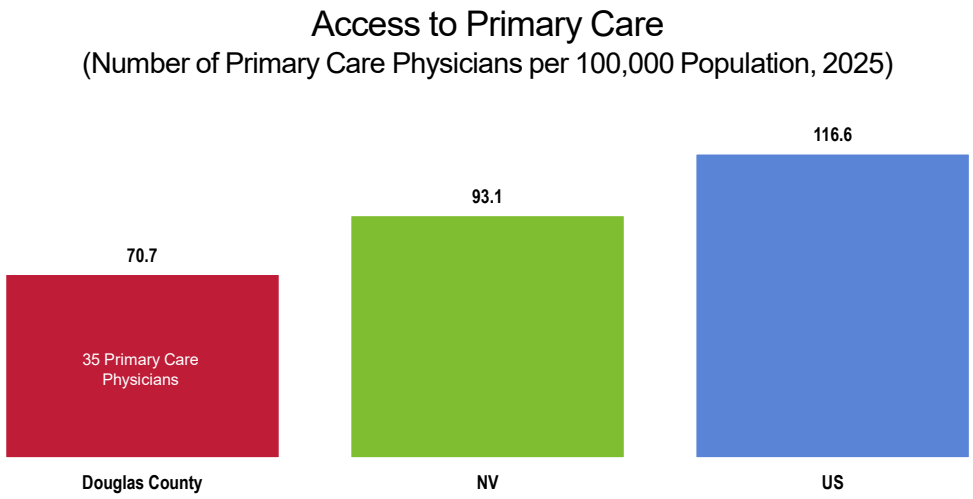
Notes:
- This indicator reports the number and percentage of adults age 18 and older with one or more visits to a doctor for routine checkup within the past one year.

Access to Primary Care

Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded.

Note that this indicator takes into account only primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

The following indicator outlines the number of primary care physicians per 100,000 population in Douglas County. Having adequate primary care practitioners contributes to access to preventive care.



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

ORAL HEALTH

ABOUT ORAL HEALTH

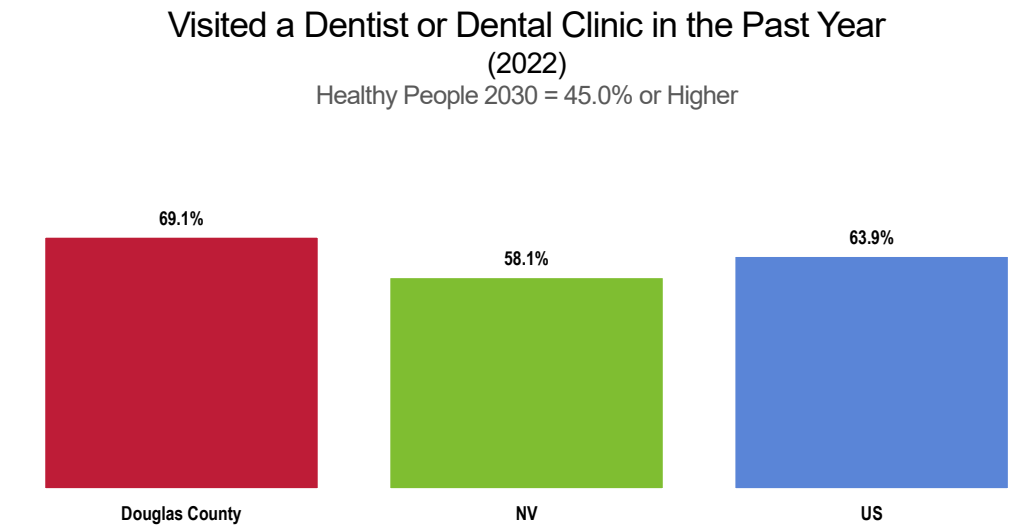
Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Visits

The following chart shows the percentage of Douglas County adults age 18 and older who have visited a dentist or dental clinic in the past year.

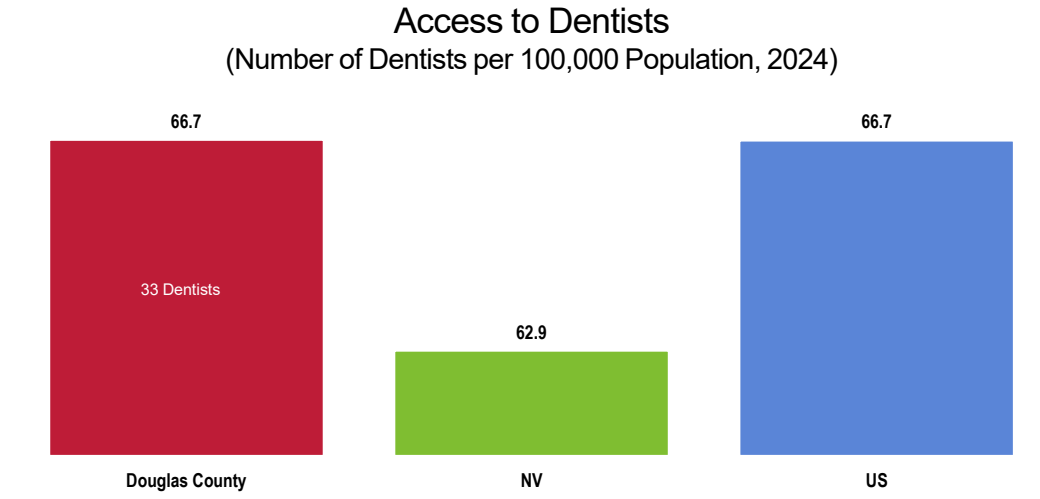


Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Access to Dentists

This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

The following chart outlines the number of dentists for every 100,000 residents in Douglas County.

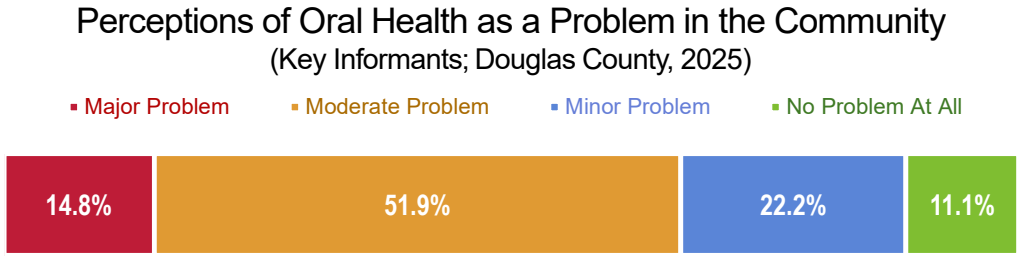


Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved May 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists — qualified as having a doctorate in dental surgery (DDS) or dental medicine (DMD) — who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Key Informant Input: Oral Health

Key informants' perceptions of *Oral Health* are outlined below.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medicare/Medicaid Patients

> Lack of providers who accept low-income programs such as Medicare and Medicaid or services for those without health insurance. The cost of dental care is extremely expensive, and most individuals cannot afford to go to the dentist, even with health insurance. — Public Health Representative

Affordable Care/Services

> Despite having dental practitioners, this is the number-one thing I hear clients talk about not being able to afford. — Social Services Provider

Access to Care for Uninsured/Underinsured

> Are not properly insured. — Community Leader

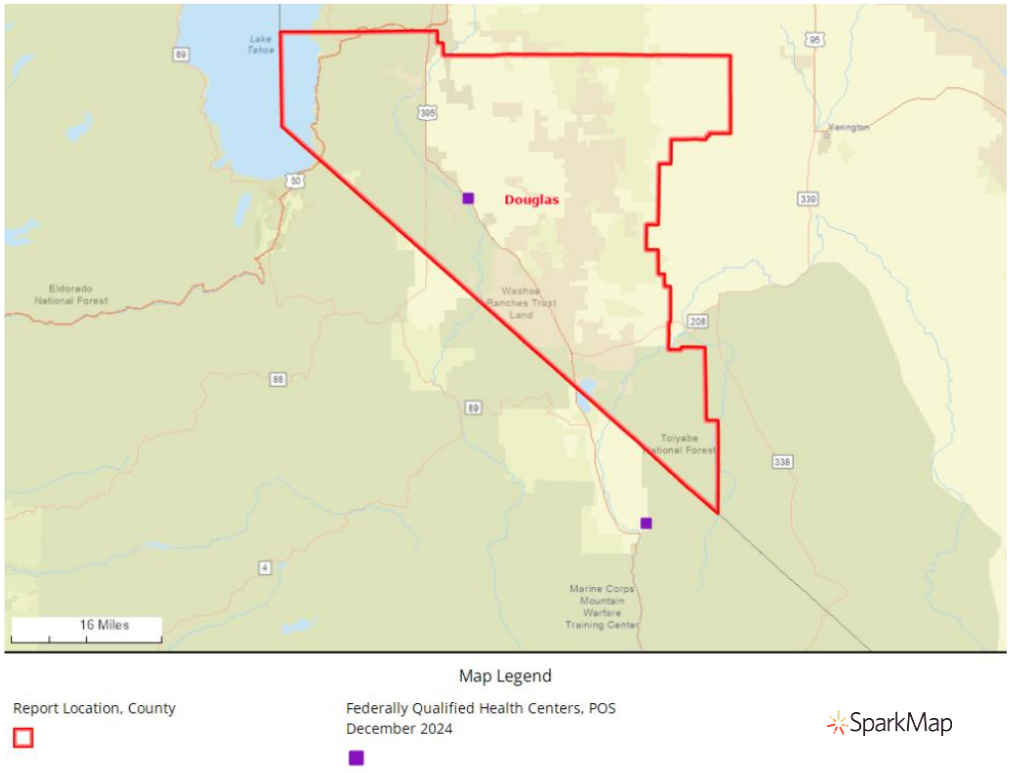
LOCAL RESOURCES

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

FQHCs are community assets that provide health care to vulnerable populations; they receive federal funding to promote access to ambulatory care in areas designated as medically underserved.

The following map details Federally Qualified Health Centers (FQHCs) within Douglas County.



Resources Available to Address Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Carson Valley Health Behavioral Health
- Carson Valley Health Senior Care
- Community Resource Center
- Dementia Friendly Douglas County and Nevada
- Douglas Area Rural Transit
- Douglas County Community Health
- Douglas County Senior Center
- Douglas County Social Services
- Mobile Outreach Safety Team
- Rural Clinics
- Social Services
- Suicide Prevention Network

Cancer

- Cancer Clinic
- Cancer Resource Center
- Carson Valley Health
- Carson Valley Health Infusion Center
- Nevada Cancer Coalition

Diabetes

- ADA
- Carson Valley Health
- Diabetes Educator

Disabling Conditions

- Action Club
- Aging and Disability
- Alz.org
- Carson Valley Health
- Disability Offices
- Doctors' Offices
- Douglas Area Rural Transit
- Douglas County Social Services
- Memory Cafe at Kids and Horses
- Minden Taxi
- Retired Senior Volunteer Program
- Senior Center
- Service Clubs
- Skilled Nursing Facilities with Dementia Care
- State of Nevada Services for the Blind and Disabled

Heart Disease & Stroke

- Carson Tahoe Cardiac Rehab
- Carson Tahoe Hospital
- Carson Valley Health
- Doctors' Offices
- Hospitals

Infant Health & Family Planning

- Family Support Council

Injury & Violence

- Carson Tahoe Hospital
- Renown

Mental Health

- Carson City Community Counseling Center
- Carson Tahoe Inpatient Behavioral Health
- Carson Tahoe Mallory Crisis Center
- Carson Valley Health
- Carson Valley Health Behavioral Health
- Carson Valley Health Senior Care
- Doctors' Offices
- Douglas County Mental Health
- Douglas County Social Services
- Douglas Rural Clinics
- Family Support Council
- Hypnotherapy
- Mobile Outreach Safety Team
- Partnership Douglas County
- Reno Behavioral Health
- Rural Clinics
- Suicide Prevention Network

- Suicide Prevention Nonprofit
- Tahoe Youth and Family Care
- Vitality for Life

Nutrition, Physical Activity, & Weight

- Anytime Fitness
- Carson Valley Health
- Community Center
- Douglas County Community Center
- Nutritionist

Oral Health

- Carson Valley Dental Art
- Carson Valley Health
- Carson Valley Pediatric Dentistry
- Dental Offices
- Dragon Dental
- Indian Health Clinic

Respiratory Diseases

- Barton Health Clinic
- Barton Health Hospital
- Carson Tahoe Medical Clinic
- Carson Valley Health
- Mountain Medical Pulmonary Center
- Reno

Sexual Health

- Carson City Health and Human Services
- Carson Valley Health
- Doctors' Offices
- Douglas County Community Health
- Nevada Health Centers

Social Determinants of Health

- Carson Valley Community Food Closet
- Churches
- Douglas County Social Services
- Friends in Service Helping
- Hospitals
- Indian Health Clinic
- Intero Real Estate
- Mobile Outreach Safety Team
- RE/MAX Realty
- Senior Center
- Sierra Sothebay Realty
- Social Services

Substance Use

- AA/NA
- Carson Community Counseling
- Carson Valley Health Behavioral Health
- Doctors' Offices
- Douglas Rural Clinics
- Partnership Douglas County
- School System
- Washoe Tribal Health Clinic Healing Center

Tobacco Use

- Partnership Douglas County

APPENDIX

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Carson Valley Health has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal is reflected in:

- Providing approximately $1 million in community health initiatives annually.
- Providing approximately $1.5 million in uncompensated care annually.

Our work also reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Carson Valley Health conducted its last CHNA in 2022 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Carson Valley Health would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Care Services
- Cancer Care
- Mental Health
- Heart Disease & Stroke
- Nutrition, Physical Activity, and Weight

Strategies for addressing these needs were outlined in Carson Valley Health Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Carson Valley Health to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Need	Improve access to healthcare services.
Goal(s)	• Increase specialists and care providers to the valley

Strategy 1: Build the capacity of local community clinics to provide primary and preventive healthcare services.	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of Carson Valley and Surrounding Communities
Results/Impact	• Successfully recruited 4 primary care providers in 2024 • Primary care visits increased 7% in 2023, and another 6.5% in 2024

Strategy 2: Increase specialty services available to our community	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of Carson Valley and Surrounding Communities
Results/Impact	• In 2023, CVH added physical medicine, cardiology and oncology clinics. • In 2024, CVH added rheumatology and oncology clinics • In 2025, CVH added pain management and GI clinics.

Priority Area: Mental Health	
Community Health Need	Increase mental health services and resources.
Goal(s)	• Increase number of mental health providers • Increase number of patients served for depression • Support local partners who share this mission

Strategy 3: Increase number of mental health providers and patient visits	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of the Carson Valley and Surrounding Communities
Results/Impact	• Between 2023 and 2025, CVH increased our provider count from 8 to 11 and are actively recruiting for this hard to fill role.

Strategy 4: Increase number of patients served for depression	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of the Carson Valley and Surrounding Communities
Results/Impact	• 7% increase in patients served who had the primary diagnosis of depression from 2023-2024

Strategy 5: Support Local Partners for Behavioral Health	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of the Carson Valley and Surrounding Communities
Partnering Organization(s)	External: Suicide Prevention Network (SPN)
Results/Impact	• CVH Behavioral Health Manager sits on board of SPN. • CVH monetarily supports SPN's programs annually.

Priority Area: Heart Disease and Stroke	
Community Health Need	Increase services – therapeutic and diagnostic – to address growing need for heart disease and stroke patients.
Goal(s)	• Add services to support patients with heart disease and stroke patients. • Increase utilization of heart healthy screenings.

Strategy 6: Add Services to Support Patients with Heart Disease and Stroke	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of the Carson Valley and Surrounding Communities
Results/Impact	• In 2024, opened CVH Cardiology Clinic with three dedicated providers. • In 2024, opened the Carson Valley's only Cardiac Catheterization Lab. • In 2025, added Cardiac Rehab to scope of services. • In 2025, increased speech therapy services for stroke patients.

Strategy 7: Increase utilization of heart healthy screenings	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of the Carson Valley and Surrounding Communities
Results/Impact	• Over the course of 2023-2025, CVH provided 112 discounted heart healthy screenings, a 130% increase over prior period.

Priority Area: Nutrition, Physical Activity, and Weight	
Community Health Need	Provide support and education to community members in need.
Goal(s)	• Increase participation at educational and support events focused on healthy nutrition, physical activity, and weight.

• **Strategy 8: Increase participation at educational and support events focused on healthy nutrition, physical activity, and weight.**	
Strategy Was Implemented?	Yes
Target Population(s)	Residents of the Carson Valley and Surrounding Communities Diabetic patients School-aged children and their families
Partnering Organization(s)	External: Douglas County Schools
Results/Impact	• Diabetes educational series offered monthly. • Sponsor and participate in Douglas County School District family events and walk-a-thons. • 17% increase year over year in discounted nutritional screenings.

Priority Area: Cancer	
Community Health Need	Increase access to cancer services and utilization of diagnostics.
Goal(s)	• Increase number of breast diagnostics provided. • Open a women's imaging center. • Open a CVH Cancer Center

Strategy 9: Increase number of mammograms provided.	
Strategy Was Implemented?	Yes
Target Population(s)	Women over age 45
Results/Impact	• Increased mammograms performed by 3% from 2023-2024. • Added breast MRI to scope of services in 2025.

Strategy 10: Open a women's imaging center.	
Strategy Was Implemented?	No
Target Population(s)	Women
Results/Impact	• Delayed; to be planned in our upcoming renovations

Strategy 11:Open a CVH Cancer Center	
Strategy Was Implemented?	Yes
Target Population(s)	Cancer patients
Results/Impact	• In 2023, opened a CVH oncology clinic as the start of a Cancer Center. Plans underway for a full cancer center to combine our oncology clinic and infusion services in one location. • Cancer Care visits increased 2% from 2023-2024