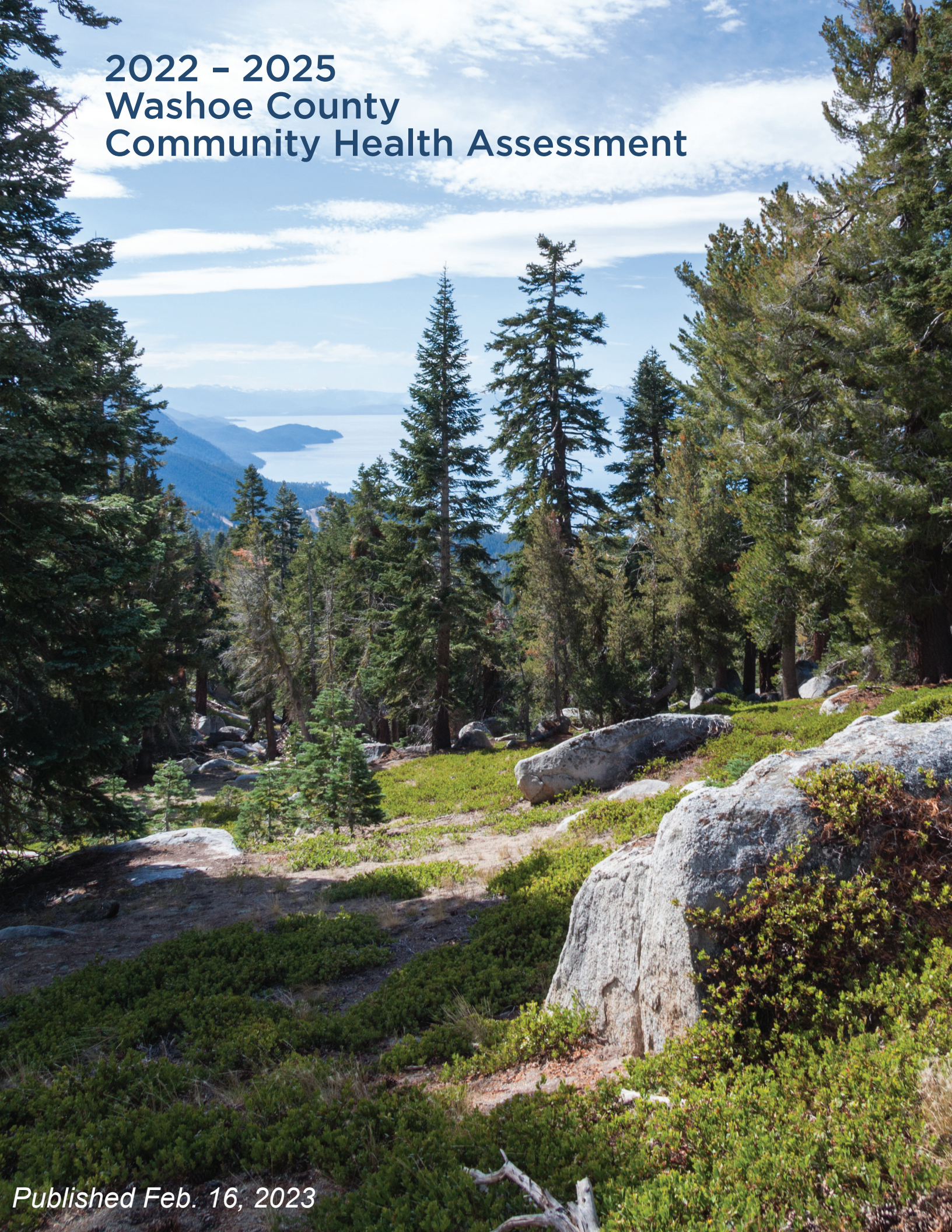

2022 – 2025 Washoe County Community Health Assessment

Published Feb. 16, 2023

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Executive Summary

The 2022-2025 Washoe County Community Health Assessment (CHA) is a comprehensive overview of health-related statistical data and data from engagement with community members, to inform the development of the Washoe County Health District's 2022-2025 Community Health Improvement Plan. The 2022-2025 CHA utilizes validated and reliable secondary data sources, results from an online community survey, focus group, input from key informants, as well as an agency survey. Each source of information provided additional insight into the health needs of Washoe County's residents and the circumstances that impact health in the region. An objective scoring matrix was applied to the data and resulting scores determined the rank of eight health topics to be prioritized for community health improvement plan initiatives. The CHA serves as a resource for those working to address health behaviors and health outcomes in Washoe County.

State, tribal, local, and territorial health departments conduct CHAs in accordance with the Public Health Accreditation Board (PHAB) standards for accreditation. Although health networks in Washoe County serve residents across the region, including persons who reside in rural areas of northern rural counties in California, for clarity and focus of this report, the data were narrowed in scope to the geopolitical boundary of Washoe County. Historically, the Washoe County Health District has partnered with Renown Health to conduct collaborative health assessments. The first collaborative assessment was created in 2014 and released in coordination with the 2015 Truckee Meadows Healthy Communities Conference held at the University of Nevada, Reno on January 8, 2015. The second assessment conducted in collaboration with Renown Health was the 2018-2020 Washoe County Community Health Needs Assessment.

The third assessment was initially planned to occur in 2020, however due to the COVID-19 pandemic, most staff in the Health District were re-directed and tasked with disease investigation, data collection, dashboarding development, and most programmatic duties remained untouched during calendar year 2020. This iteration of the assessment was conducted in 2022 and was not done in conjunction with a non-profit hospital, as the assessment cycles no longer aligned with the same required timeframes.

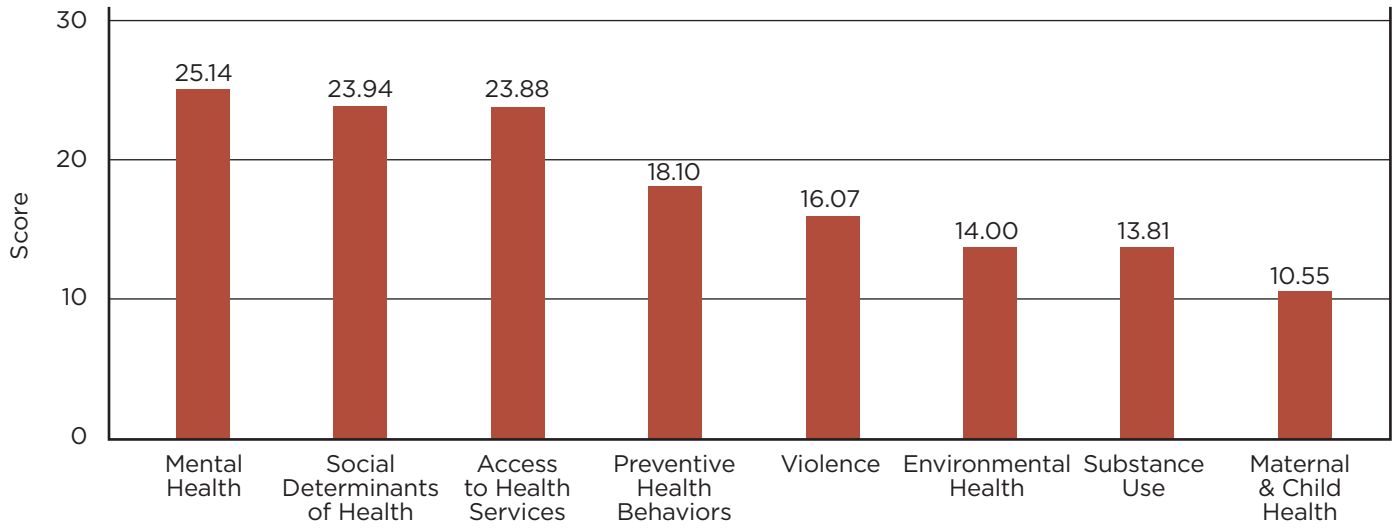
A ranking of health needs was conducted to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey, focus group participants, key informants) contained within the assessment. The selected criteria include, 1) magnitude; 2) trend; 3) benchmark relative to Nevada; 4) benchmark relative to the United States; 5) community survey ranking; 6) focus group participant mentioned priorities, and 7) key informant mentioned priorities were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the full assessment.

Although the rankings are relatively self-explanatory, there are considerations for interpretation. The health behaviors and health outcomes are influenced by intricate and multidimensional factors not often captured within a single health topic. Mental health (#1), for example, often coincides with substance use (#7). Substance use sometimes serves as a coping mechanism for persons with mental illness, which can in turn exacerbate the mental health issue and both factors may be influenced by having access to healthcare (#3). Any approach to address needs should be cognizant of the cyclical relationships between human nature and the systemic factors that influence health behavior and resulting health outcomes. This is frequently illustrated by the socio-ecological model of health promotion.[1]

[1] McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education Quarterly. Winter; 15(4):351-77.

EXECUTIVE SUMMARY

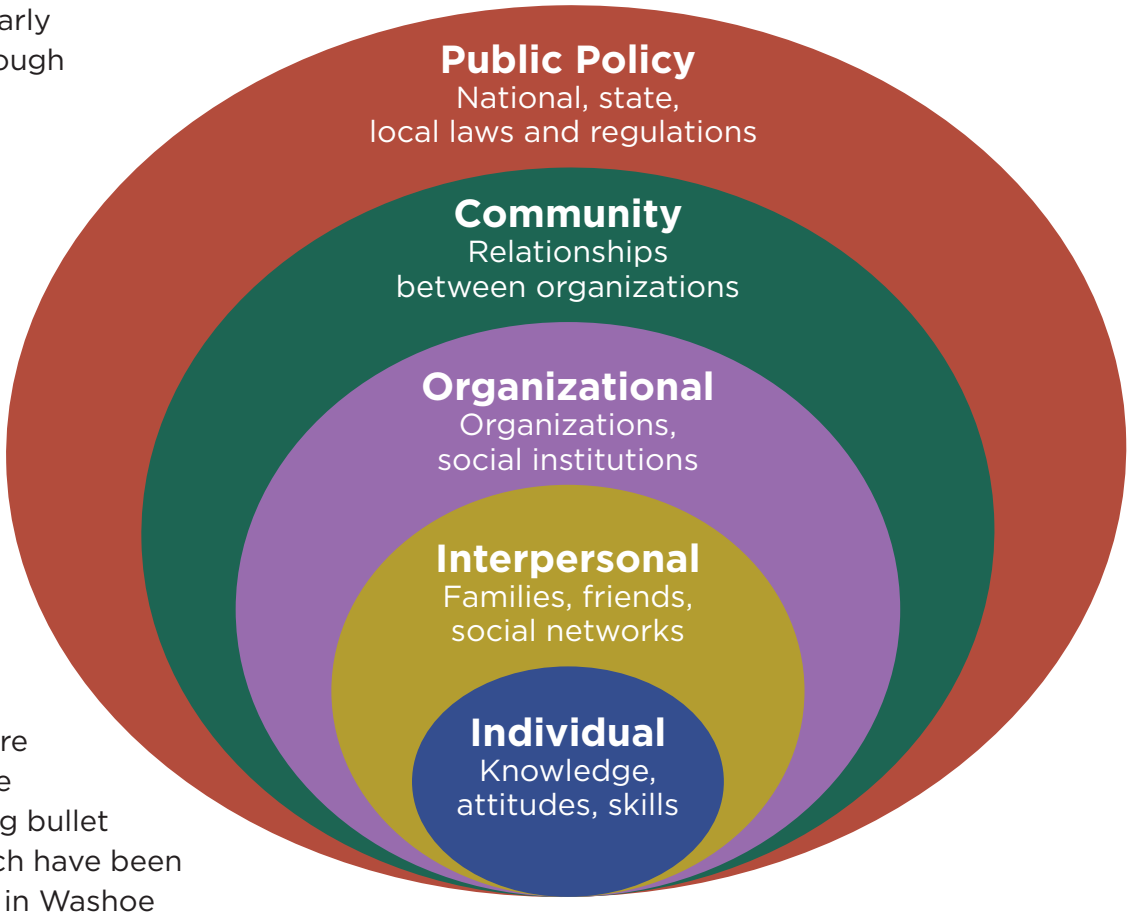
Rank and Score of Health Topics, Washoe County, 2022



Secondary Data Overview

Secondary data are those data which are gathered regularly (annually, biannually) through standardized collection processes and weighted to the population. These data are generalizable to the population and representative of the best estimates for occurrence of the condition, behavior, or outcome being measured. Over 120 different indicators were assessed within the full report and trends over time as well as comparisons to Nevada and the United States were provided, when data were comparable. The following bullet points provide areas which have been improving over the years in Washoe County, as well as areas which are continuing to worsen.

Socio-ecological model of health promotion



EXECUTIVE SUMMARY

There are several areas that warrant recognition for improvement in recent years:

- Decrease in suicide attempts among high school students
- Higher proportion of adults with a higher education level
- Improvement in high school graduation rates
- Decrease in poverty
- Decrease in food insecurity among children
- Reduction in adults who could not access a doctor due to costs
- Decrease in soda consumption among high school students
- Decrease in physical and sexual dating violence among high school students
- Decrease in high school students who reported they currently drink alcohol
- Decrease in high school students who reported they currently smoke cigarettes
- Decrease in middle and high school students who reported they currently use marijuana
- Increase in high school students who reported they used a method to prevent pregnancy when sexually active
- Decrease in teenage pregnancy rates
- Decrease in prevalence of diabetes
- Increase in adults who met the colorectal screening recommendations
- Decrease in rate of deaths due to colorectal cancer, lung cancer

Areas of concern, not demonstrating improvement include:

- Increase in the proportion of high school students who felt sad or hopeless
- Low rate of English Language arts proficiency rates among students in grades 3 through 8
- Low rate of mathematics proficiency rates among students in grades 3 through 8
- Increasing percent of children who are uninsured
- Low vegetable consumption among adolescents
- Low vegetable consumption among adults
- Increase in proportion of high school students who do not eat breakfast
- Increased reported of screen time (TV, video/computer games, computer use) among adolescents
- Worsening air quality as measured by the Air Quality Index
- Increase in electronic vapor use among adolescents
- Decrease in high school students who eat breakfast each day
- Increase in adolescents who reported they have ever lived with someone who was depressed, mentally ill, or suicidal
- Increasing rates of homelessness
- Increase in middle school students reporting they ever rode in a vehicle driven by someone who had been drinking alcohol
- Increase in middle school students who reported they currently drink alcohol
- Increase in new infections of chlamydia, gonorrhea, and syphilis
- No change in high blood pressure or high cholesterol among adults
- Increase of alcohol induced mortality rates
- Increase in all-cause (overall) mortality rates
- Increase in unintentional fatality rates, largely driven by an increase in poisonings
- Lack of improvement in child (aged 1 to 19 years) mortality rates
- Increased rate of death due to prostate cancer

Primary Data Overview

Primary data are data collected from the population of interest, typically these types of data are not representative of the general population, but do provide insight into explaining the secondary data. For example, secondary data indicates how often adults consume a serving of vegetables, but do not explain why those servings are lower than should be. Primary data collection can be designed to obtain more information about the "why", however due to primary data not being representative or weighted, these data are only indicative of the perceptions, thoughts, feelings, and opinions of those who participated, and are not intended to be representative of the greater community.

There were four types of primary data gathered for the purpose of this assessment, those include, 1) focus groups; 2) community survey; 3) key informant interviews; and 4) an agency survey. Recruitment strategies were intended to solicit participation from a diverse representation of residents, not just limited to diversity of race and ethnicity, but sexual orientation, gender identity, occupational groups, and locations of residence within Washoe County.

The primary data findings from community survey responses identified the top three ranked areas of need to be 1) Mental health; 2) Access to health services; and 3) Social determinants of health. While focus group data indicated the top three ranked areas of need to be 1) Social determinants of health; 2) Access to health services; and 3) Mental health. Key informant interviews differed slightly and ranked needs as 1) Mental health; 2) Social determinants of health; and 3) Violence as top health needs among populations they represented.

Detailed discussions of the primary data are provided in the Assets & Gaps section and relevant deep dives are within subtopic areas throughout the assessment.

Assets & Gaps Overview

While there are notable benefits of living in a smaller city or metropolitan region, there is a shortage of amenities needed to have a healthy community. Most participants mentioned barriers such as access to direct health services, and the downfalls of unchecked population growth which continues to put pressure on existing resources. Additionally the cost of living and lack of affordable housing, coupled with stress and inability to have a healthy work-life-balance, result in impacts to both mental and physical health.

Washoe County has the benefit of relatively great weather and climate, however in recent years smoke from wildfires has been cited as a reason for staying indoors, cancelling outdoor activities, including exercise options and outdoor event-based gatherings. Wildfire smoke has a direct impact on heart and lung health.

Summary

It is challenging to determine when a community has reached the status of "healthy". The Healthy People objectives are one metric or benchmark to consider; however, Washoe County falls short of achieving the majority of those measures. Additionally, there are tools such as Robert Wood Johnson Foundation's County Health Rankings for in-state comparisons to other counties and multitude of

other websites that compare peer counties across state lines, which allow for quantifiable success relative to the nation. However, the United States remains among one of the least healthy developed countries as measured by life expectancy and premature mortality, indicating there are multiple opportunities for improvement across most spectrums of health nationwide.

Focusing on continued outreach, support, and partnership at the individual and agency- levels will enhance opportunities for innovative approaches to improving health outcomes. Achieving a healthy community is not a one-time or short-term success, it involves ongoing and cross-sector collaboration, as there will always be areas to improve upon to directly or indirectly affect the health of the community.

Moving forward, the CHA will serve as a guiding document for the goals and objectives of the Washoe County Health District Community Health Improvement Plan (CHIP). The CHIP will outline the next steps taken over the coming three years to address the community health needs identified and will rely heavily on a collaborative approach to make a collective, broad impact on the health of our community.

Acknowledgements

The Washoe County Health District would like to acknowledge and thank the Steering Committee members for their time and efforts as well as Scott Oxarart and Mike Corbitt for graphic design and editing.

Name	Organization	Position
LaNesha Battle	Washoe County School District	Director, Equity and Diversity
Michael Brazier	United Way Northern Nevada Sierras	CEO and President
Benjamin Challinor	Faith in Action	Policy Director
Megan Comlossy	University of Nevada, Reno	Associate Director, Center for Public Health Excellence
Lucius Dennis	Washoe County School District	Equity and Diversity Specialist
Ashleigh Foster	United Way Northern Nevada Sierra	Interim CEO and President
Shaunda Johnson	Faith In Action	State Director
Jessica Mahon	Community Services Agency	Program Director
Chasity Martinez	Faith In Action	Community Organizer
Erica Mirich	Truckee Meadows Tomorrow	Chief Executive Officer
Annie Zucker	Renown Health	Community Health and Relations Officer
Heather Kerwin	Washoe County Health District	Epidemiology Program Manager
Julia Ratti	Washoe County Health District	Director of Programs and Projects
Rayona LaVoie	Washoe County Health District	Management Analyst
Falisa Hilliard	Washoe County Health District	Program Assistant
Camille Haga	Washoe County Health District	Program Coordinator
Camarina Augusto	Washoe County Health District	Health Equity Coordinator
Nancy Diao	Washoe County Health District	Division Director, Epidemiology and Public Health Preparedness

2.0 METHODOLOGY

Framework

The American Hospital Association (AHA) Community Health Improvement (ACHI) Toolkit was the process selected to undertake the activities encompassed in the 2022-2025 Washoe County Health District Community Health Assessment. A Steering Committee was assembled with members representing a wide range of community sectors as listed below. The Steering Committee members met throughout the assessment cycle to weigh in on key decision points and discuss the direction of the assessment. The Steering Committee decided the definition of the community to be measured would include the geopolitical boundary of Washoe County, while recognizing services and amenities in the area are heavily relied upon by neighboring rural communities across county lines in both Nevada and California.

Steering Committee Member Organizations Represented
Washoe County School District
University of Nevada, Reno
United Way Northern Nevada Sierra
Community Services Agency
Faith In Action
Truckee Meadows Tomorrow
Renown Health

Community Engagement

There were seven meetings held with the Steering Committee present through the process.

The first meeting was the introduction and overview of the assessment and the purpose of the Steering Committee. Roles and responsibilities of the internal planning team and the Committee were also covered, along with the meeting schedule.

The second meeting included robust discussion of the definition of a healthy community, which can vary from geographic location to neighborhood aesthetics, cultural groups, religious groups, other social support groups, and access to amenities, some of which are not traditionally viewed as having an impact on health. This discussion assisted in framing the definition of the community to be measured. Discussions included the availability of data, geographic limitations of granular-level data, the difference between primary and secondary data, and solicitation for input on secondary data indicators to be included.

The third meeting continued the discussion of secondary indicators to be collected and discussion of health disparities, how disparities are measured, limitations of data and options for primary data collection, including focus groups, key informant interviews, or through community surveys. Example community health assessments were presented and discussed to engage the Steering Committee in decision making about the layout, data presentation, length, and depth of the written assessment during this meeting as well.

During the fourth meeting, discussions were held regarding the types of primary data to be gathered and through which means. The Steering Committee decided conducting both key informant interviews and focus groups would be beneficial, as key informant interviews would allow for input on behalf of high needs groups which are traditionally more challenging to solicit input though a focus group. Key informants for refugees, undocumented, and unhoused populations were selected as three groups which typically have high level of needs, however, are not easily reached through other means. The Steering Committee also decided to move forward with a community survey to obtain a higher volume of input with close-ended questions.

The fifth meeting was predominantly intended to frame out focus group participant recruitment and included a brief overview of the types of questions to be included during the key informant interviews and focus group sessions through community participation.

During the sixth meeting options for scoring and ranking were presented to the Steering Committee members, and while background materials were provided in advance of the meeting, the research team outlined in detail the Hanlon Method, which was proposed as an option for ranking and scoring. Criteria for ranking included magnitude of persons impacted, data trends, Washoe County data relative to Nevada, and the United States and then the primary data factors including ranked health needs identified during key informant interviews, focus group sessions, and the community survey ranking question.

The seventh and final meeting was to share the results of the scored and ranked health needs with the Steering Committee members, a presentation was provided on the findings of the ranked health needs including a brief overview of the primary data results.

Contents

The contents of the report are similar to previous health assessments conducted in part by Washoe County Health District, although the layout and formatting approach for this document is different. All secondary data can be found in tables in the appendix, however in each section only select indicators are provided in graphic form with description of the data. In some sections, where there is related primary data, the focus group findings and community survey responses are provided within the respective section as well.

Secondary Data

Secondary data are data systematically gathered typically through surveys. Major secondary data sources used throughout the assessment include the Youth Risk Behavioral Survey (YRBS), the Behavioral Risk Factor Surveillance Survey (BRFSS), and the American Community Survey (ACS) data.

2.0 METHODOLOGY

These surveys collect data through a variety of means and descriptions of the methodology for major sources of data are provided in the Technical Notes. Secondary data for several of the indicators were provided internally through Washoe County Health District and the Nevada State Department of Health and Human Services. State and local health data include standardized and reportable health-related statistics, which are tracked on an ongoing basis. Only high-quality reliable sources of data were utilized, so secondary data estimates are generalizable to Washoe County's overall population, meaning the estimates provided through secondary are usually a reflection of the prevalence of a condition or behavior being measured. Secondary data sources are abbreviated and located at the bottom of graphs, while additional secondary data tables are available the appendix, with sources listed at the bottom of each table.

Selection of Secondary Data Indicators
The initial set of secondary data indicators was based on the Nevada Core Health Indicators list. The Nevada Core Health Indicators were developed by a statewide taskforce in 2013 and defines a minimum set of data to be included in local and state health assessments conducted in Nevada. Through two iterations of health assessments already conducted by Washoe County Health District, further additions and changes to this list were made and the revised selection of secondary data health indicators were presented to the Steering Committee during the second meeting. It was during the second and third meetings where members were provided the opportunity to add or make changes to the list of indicators or provide alternative data for any of the corresponding sections.

Presentation of Secondary Data
Each section contains written context outlining why a select area is important to health and how data in the section relates to health and health outcomes. Only a few indicators were selected to be illustrated through graphical depiction in each section, all secondary data gathered are available in the appendix. When data were available, the health indicator includes percentages or rates at the local (Washoe County), state (Nevada), and national (United States) levels for comparison purposes. When available, trend data were provided to understand changes over a five to ten year period as well.

Primary Data

Primary data are data or input collected directly from a population of interest. Primary data can be obtained through a variety of means including public forums, focus groups, surveys, interviews and/or panel discussions. For the 2022-2025 Washoe County Health District Community Health Assessment, primary data were obtained via focus groups, key informant interviews, and an online community survey.

The focus groups, key informant interviews, and online community survey were not designed to obtain a statistically reliable population sample and data were not weighted for age, race/ethnicity, or any other demographic variable. Results and findings from the primary data sources are not intended to be applied to or descriptive of all Washoe County residents and only represent the opinions, perceptions and feedback of the participants and survey respondents themselves. These data are not generalizable to the greater Washoe County population and are not intended to represent community-wide statistics.

Focus Group Questions, Recruitment and Participants

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

Focus Group Participant Demographics Washoe County, 2022

Demographic Characteristics		N	%
Sex at Birth	Female	30	65.2%
	Male	14	30.4%
	Unknown	2	4.3%
Current Sex	Female	28	60.9%
	Male	14	30.4%
	Genderqueer/Nonbinary	1	2.2%
	Trans male/Trans man	1	2.2%
	Unknown	2	4.3%
Identify As	Heterosexual/ Straight	30	65.2%
	Bisexual	9	19.6%
	Gay	1	2.2%
	Lesbian	2	4.3%
	Pansexual	1	2.2%
	Asexual	1	2.2%
	Unknown	2	4.3%
Age Group	18 years or younger	7	15.2%
	19-24 years	2	4.3%
	25-34 years	12	26.1%
	35-44 years	9	19.6%
	45-54 years	6	13.0%
	55-64 years	5	10.9%
	65-74 years	4	8.7%
	75 years or older	1	2.2%
Race/ Ethnicity	Asian	4	8.7%
	Black/African American	1	2.2%
	White/Caucasian	23	50.0%
	Hispanic, any race	18	39.1%
Total		**46**	

Key Informant Questions, Recruitment and Special Interest Groups

Four key informants were interviewed about three special interest groups respectively, one for refugee populations, one for the LGBTQ+ community, and two for underhoused or homeless populations. Questions were the same as asked of focus group participants, however, were tailored to the key informant group of interest.

2022 Online Community Survey Development

Community survey questions were designed to gather additional information not widely available at the county level in order to understand the factors that influence health behaviors. For example, secondary data show the frequency and quantity of consumption of fruits and vegetables or the proportion of high school students that engage in physical activity. The community survey questions were developed to better understand what about Washoe County makes it challenging to eat more healthy foods or which barriers could be addressed to increase physical activity levels. Additionally, the survey asked respondents to rank major health topics, providing residents an opportunity to "vote" on what they perceive as important. The survey questions were initially drafted by the CHA author using a combination of standardized questions and then presented to the Steering Committee for revisions and

input. The online survey instrument was translated and back translated into Spanish and adapted for distribution as a hardcopy in both English and Spanish.

The 31-question survey assessed respondents' perceived barriers to engaging in physical activity, eating healthy foods more often, accessing healthcare in Washoe County, and asked respondents what would help to reduce those barriers. Other questions included measures for food insecurity, perceived stress, and financial challenges. A key question asked survey respondents to rate health topics, these ratings were used as a criteria metric to score, rank, and identify the health needs in Washoe County.

2022 Community Survey Dissemination and Respondents

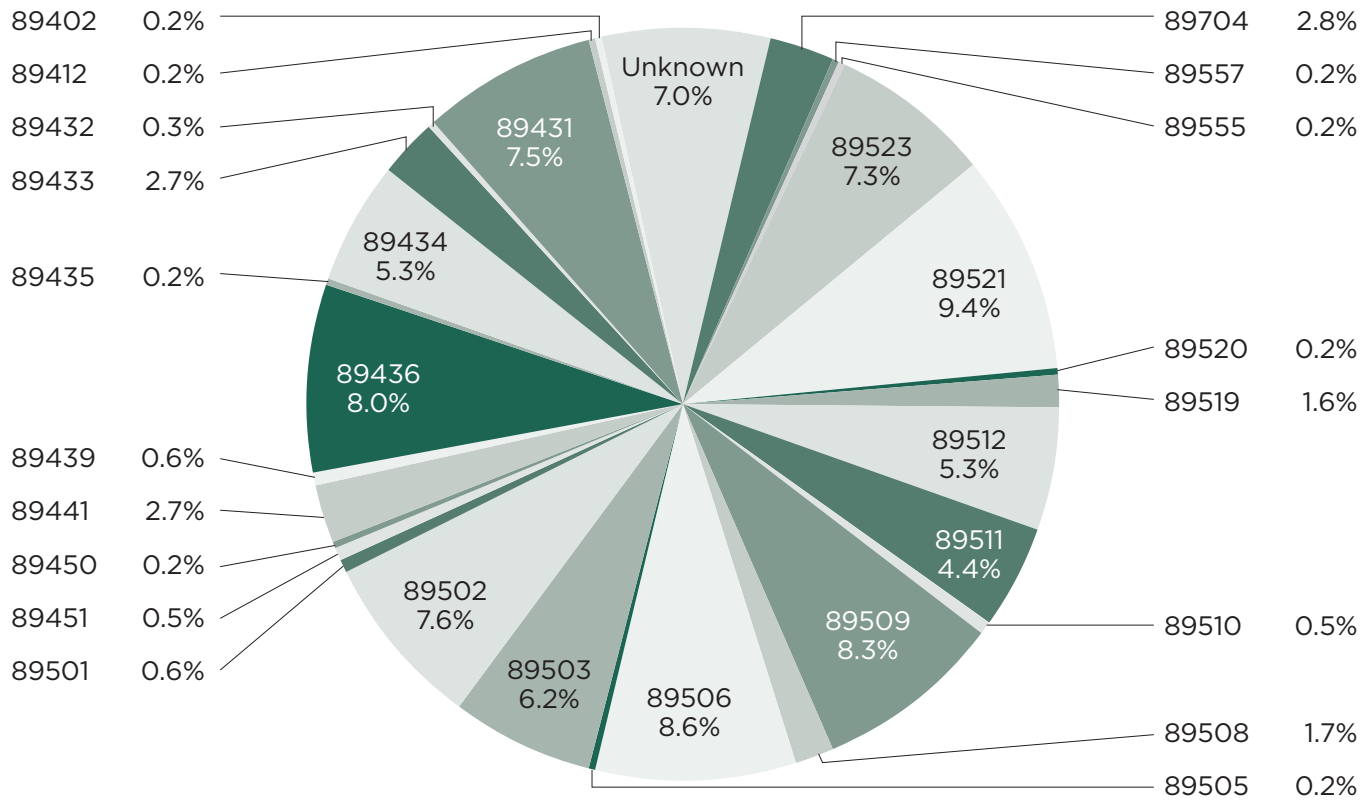
Information regarding the survey's purpose and a link to the surveys (English and Spanish versions) were provided via email to the Steering Committee members who actively advertised through their own organizational channels. The links to the online survey were shared through a variety of means including sending the links to employees, providing survey links in organizational and community newsletters/announcements, and posting the survey links to websites and social media. Some organizations permitted hardcopy distribution of the survey in locations such as clinic waiting rooms, food bank lines, at educational classes, health fairs, and senior centers. The survey was open from March 29 to May 23, 2022, and resulted in 641 unique respondents. Respondents were limited to Washoe County residents and represented a wide range of ages as well as, race and ethnicity.

Overall, the 641 community survey respondents were not well-balanced across sex, with much higher proportion being female relative to Washoe County's population. There were proportionately more community survey respondents who identified as Asian, non-Hispanic

Community Survey Respondent Demographics Compared to Nevada State Demographer 2021 Population Estimates

Demographic Characteristics		Community Survey Respondents (N=641)	2021 Population Nevada State Demographer
Sex	Female	72.7%	50.2%
	Male	25.6%	49.8%
	Unknown	1.7%	-
Sexual Orientation	Another sexual orientation not listed	1.4%	-
	Bisexual	4.7%	-
	Gay	1.3%	-
	Lesbian	1.6%	-
	Pansexual	1.7%	-
	Queer	1.1%	-
	Questioning or unsure	1.4%	-
	Straight/Heterosexual	84.4%	-
	Unknown	2.5%	-
Age	18 years or younger	0.6%	18.6%
	19-24 years	9.7%	14.0%
	25-34 years	22.8%	13.8%
	35-44 years	19.3%	13.2%
	45-54 years	17.5%	11.6%
	55-64 years	13.4%	12.4%
	65-74 years	11.1%	10.3%
	75 years or older	4.5%	6.2%
	Unknown	1.1%	-
Race/ Ethnicity	AI/AN	2.5%	1.6%
	Asian	3.4%	7.2%
	Black	3.7%	2.6%
	Hispanic	28.4%	26.5%
	NH/OPI	0.3%	-
	Other	4.5%	-
	Unknown	2.8%	-
	White	54.3%	62.2%

Community Survey Respondents by Zip Code, Washoe County, 2022



and White, non-Hispanic when compared to Washoe County's population.

Presentation of Primary Data

Primary data results are included throughout the assessment within associated sections of the report and are summarized in text after the secondary data. In lieu of presenting all community survey results within a single section, the survey results are grouped within associated topic areas. The community survey, focus groups, and key informant questions did not include all health-related topics, therefore not every section of the report contains primary data summaries.

Technical Notes

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

American Community Survey

The American Community Survey (ACS) is administered by the United States Census Bureau each year. Approximately one in 38 U.S. households receives an invitation to complete the survey either as a hardcopy or online. Questions are diverse and relate to socioeconomics, demographics, household

composition, occupational status, housing status, educational attainment, and more. The resulting data are available from the national to the local levels and are often available at the census tract or census block level.

Nevada Behavioral Risk Factor Surveillance Survey

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

Nevada Office of Public Health Informatics and Epidemiology

The Nevada Office of Public Health Informatics and Epidemiology (OPHIE) operates under the Nevada Division of Public and Behavioral Health and is largely in charge of investigations, data collection, and the compiling of statistics related to the following areas:

- Communicable and infectious diseases
- Sexually transmitted diseases
- Adult hepatitis
- Behavioral Risk Factor Surveillance System (BRFSS)
- Nevada Birth Outcomes Monitoring System
- Nevada Central Cancer registry
- Syndromic surveillance
- Youth Risk Behavioral Survey (YRBS)

Nevada Youth Risk Behavioral Survey

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

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

Nevada Report Card

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

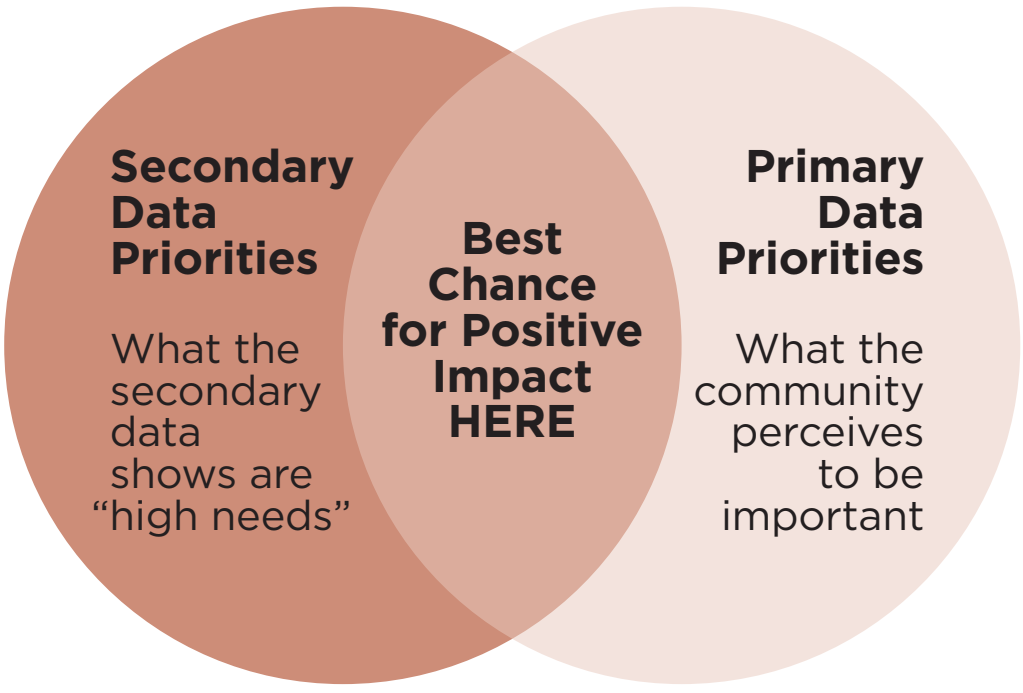
3.0 SCORING & RANKING OF HEALTH NEEDS

Ranked Health Priorities

This section describes the methodology for determining the ranked health needs in Washoe County. Ranking the health needs provides a means for understanding and organizing the large amount of secondary data (extracted statistics/numbers from available county, state and national databases) and primary data (firsthand collected community data through online community survey, focus groups, and key informant interviews) contained within the assessment. Although the health topics rank differently when looking at only primary or only secondary data independent of one another, the overall rank, which includes both, identifies which areas of need community members may be more inclined to support and ultimately where efforts will have the best capacity to influence change.

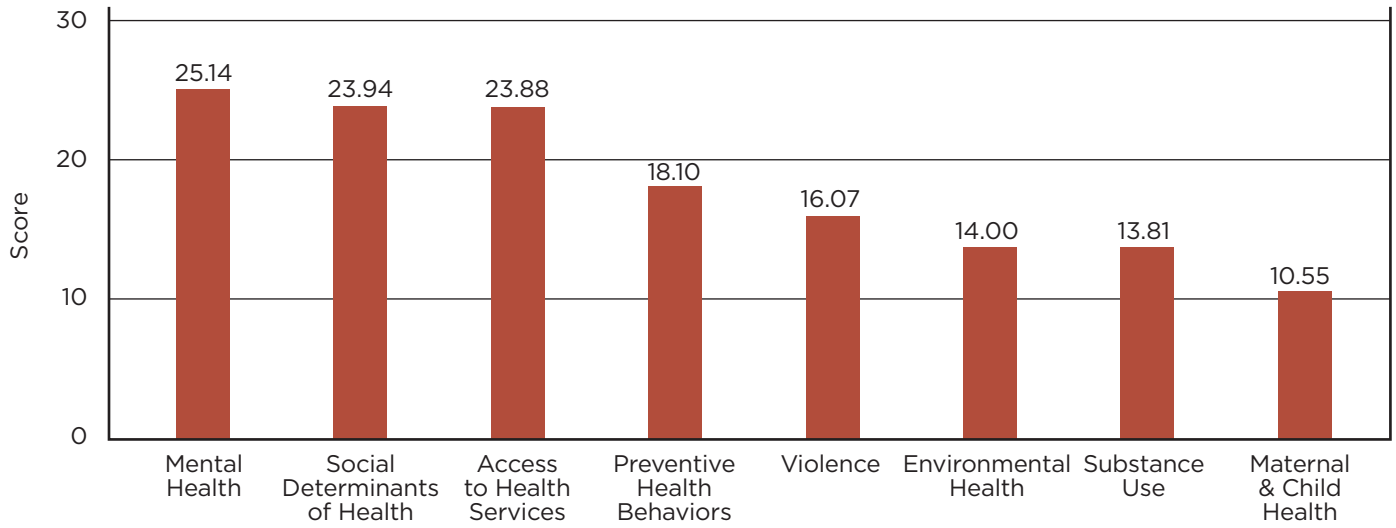
It is important to consider both the secondary data indicators and the primary data input (community's perception of important health topics) for prioritization. Future programs and initiatives based on only the secondary data rankings may not be endorsed by the community and could result in an ineffective expenditure of resources. Alternatively, development of initiatives to improve community health based solely on the primary data would be biased towards the perceptions and input of only persons and organizations able to participate in primary data collection methods, instead of incorporating the information reliable and accurate data provided through the secondary data sources, which are generalizable and representative of the county population.

The Hanlon Method was selected as the objective approach to score and rank the health topics. Seven criteria, 1) Magnitude; 2) Trend, 3) Benchmark compared to Nevada; 4) Benchmark compared to the United States; 5) Community survey ranking; 6) Focus group identified needs; and 7) Key informant identified needs, were utilized to apply a scoring matrix to rank the health topics. The overall score and rank evaluate the secondary and primary data across eight major health topics, and assigned scores to each topic per section per the criteria, resulting in the rankings as described in this section.



3.0 SCORING & RANKING OF HEALTH NEEDS

Rank and Score of Health Topics, Washoe County, 2022



The final rank, score, and examples of types of issues included for the eight health topics were:

1) Mental Health, score 25.14: depression, stress, suicide
2) Social Determinants of Health, score 23.94: educational performance, educational attainment, income, housing costs, poverty rates, homelessness
3) Access to Health Services, score 23.88: rates of uninsured, needing a provider and not being able to see one, provider shortages
4) Preventive Health Behaviors, score 18.10: nutrition, physical activity, sleep, preventive screenings, immunizations, weight status, oral health
5) Violence, score 16.07: crime rates, bullying, sexual and physical dating violence, physical assault, gun-related injuries and deaths, child abuse and neglect
6) Environmental Health, score 14.00: air and water quality, food safety, illegal dumping
7) Substance Use, score 13.81: alcohol consumption, cigarette use, marijuana use, driving under the influence of alcohol, prescription drug use and abuse
8) Maternal and Child Health, score 10.55: sex education, single-parent household, low birth weight, preterm births, prenatal care, pregnancy prevention, teen birth rates, sexually transmitted infections

While reviewing ranks and scores, one should consider the many factors that influence health behaviors and health outcomes including dynamic and complex factors not captured or in some instances not measurable within a single health topic. Mental health (#1), for example, often coincides with substance use (#7). Substance use serves as a coping mechanism among many people with mental illness, which can in turn exacerbate mental health issues and both factors may be influenced by having access to health services (#3). Any approach to address health needs should be aware of and recognize the relationships between human nature, behavioral changes, and the systemic factors that influence health outcomes.

3.0 SCORING & RANKING OF HEALTH NEEDS

Criteria for Scoring

Criteria	Score	Definition
Magnitude [weight 1.0]	1	<.9% of population impacted
	2	.91-3.0% of population impacted
	3	3.1-5.0% of population impacted
	4	5.1-7.0% of population impacted
	5	7.1% -10% of population impacted
	6	10.1% - 20% of population impacted
	7	20.1%- 30% of population impacted
	8	30.1%-40% of population impacted
	9	40.1% - 50% of population impacted
	10	50.1% + of population impacted
Trend [weight 1.0]	0	Improvement over the past 5-10 years
	1	Improvement only over the past 2-3 years
	2	No clear trend up or down OR no trend information available
	3	Worsening only within past 2-3 years
	4	Worsening over past 5-10 years
Benchmark to Nevada [weight .5]	0	Better than Nevada by more than 2%
	1	Same as Nevada; within 1-2% OR no benchmark
	3	Worse than Nevada by 3-5%
	5	Worse than Nevada by 6% or higher
Benchmark to United States [weight .5]	0	Better than United States level by more than 2%
	1	Same as United States; within 1-2% OR no benchmark
	3	Worse than United States by 3-5%
	5	Worse than United States by 6% or higher
Community Survey Ranking [weight 2.0]	1	Ranked 7-9 The calculated Community Survey results from the health topic prioritization questions
	3	Ranked 4-6 The calculated Community Survey results from the health topic prioritization questions
	5	Ranked 1-3 The calculated Community Survey results from the health topic prioritization questions
Focus Group [weight .75]	1	Ranked 7-9 number of mentions during Focus Groups from the top 2-3 issues to be addressed question
	3	Ranked 4-6 number of mentions during Focus Groups from the top 2-3 issues to be addressed question
	5	Ranked 1-3 number of mentions during Focus Groups from the top 2-3 issues to be addressed question
Key Informant [weight .25]	1	Ranked 7-9 number of mentions by Key Informant from the top 2-3 issues to be addressed question
	3	Ranked 4-6 number of mentions by Key Informant from the top 2-3 issues to be addressed question
	5	Ranked 1-3 number of mentions by Key Informant from the top 2-3 issues to be addressed question

3.0 SCORING & RANKING OF HEALTH NEEDS

Methodology for Scoring and Ranking Health Topics

Scores were calculated for each of the secondary data indicators using the following criteria: magnitude, trend, benchmark to Nevada, and benchmark to United States. Scores were generated for primary data sources (community ranking, focus group mentions and key informant mentions) separately, and were applied to the major health topic. The total score incorporating both the secondary and primary scores is the final score for a particular health topic used in overall ranking. Criteria were weighted differently, based on various factors which were discussed with the Steering Committee for input and feedback prior to applying criteria and scoring. The weighted approach is needed because strengths and limitations pertaining to quality and reliability of data were considered so that the overall score was as unbiased as possible.

Criteria for Scoring

- **Magnitude:** The percent, rate, or number of the population impacted.
- **Trend:** Improvement, no improvement, or worsening over time.
- **Benchmark to Nevada:** Washoe County percentage or rate relative to Nevada
- **Benchmark to United States:** Washoe County percentage or rate relative to United States
- **Community Survey Ranking:** Perceived importance as determined by the score resulting from the online community survey respondents.
- **Focus Group:** Top issues identified by focus group participants.
- **Key Informant:** Top issues identified by key informants.

Ranked Health Topics by Data Source

Health Topic	Secondary Data Rank	Community Survey Rank	Focus Group Rank	Key Informant	FINAL RANK
Mental Health	2	1	3	1	1
Social Determinants of Health	5	3	1	2	2
Access to Health Services	4	2	2	4	3
Preventive Health Behaviors	1	5	8	6	4
Violence	7	4	7	3	5
Environmental Health	3	7	5	~	6
Substance Use	6	8	4	5	7
Maternal & Child Health	8	9	9	~	8
Built Environment & Infrastructure	NR	6	6	~	NR

Note: ~ indicates not mentioned; NR = Not Ranked

Comparing rankings across the different sources of primary and secondary data is helpful to visualize various types of data input relative to the overall final rank order.

If only secondary data were evaluated, preventive health behaviors would be the top ranked issue, which is in line with research demonstrating that improving preventive behaviors such as eating healthy, engaging in physical activity, reducing screen time, adequate amount of sleep, receiving recommending screenings and immunizations are far less costly to society and result in longer and better-quality lives at a population level.

The diverse range of ranking of health issues across the primary data collection methods are often driven by current events which are garnering attention at the time of data collection. For example, in past health assessments, air quality ranked highest due to gathering input during the summer when

air quality was poor due to wildfire smoke, an issue which was most important to several participants as breathing was difficult and outdoor recreation was unsafe due to dangerous levels of air pollution.

Of note, the built environment and infrastructure was not included in the overall ranking due to the format of available data. There was no data available to measure trends over time and a lack of proven method available to compare to the state and nation overall, thus three of the four criteria were missing for built environment and infrastructure. Three of the nine topics were not selected as top health priorities by key informants including environmental health, maternal and child health, and built environment and infrastructure, therefore those topics were given a score of one, the lowest rank for the key informant criteria.

Limitations

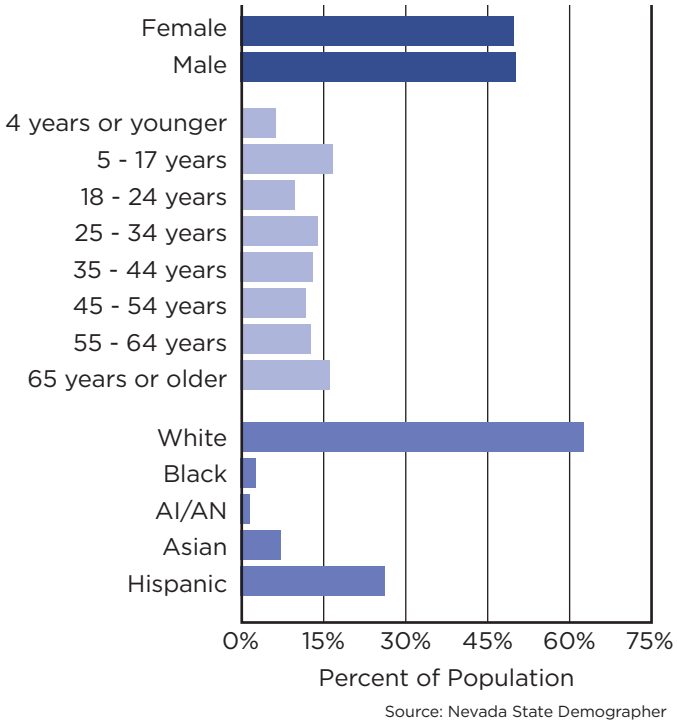
While ranking the health needs provides an objective way to measure needs, the scores could differ based on any number of changes, however the overall rank is not likely to drastically shift. These changes include, but are not limited to, the grouping of health topics, the online community survey development and administration, and the individual indicators (secondary data) that were included in the assessment. The ranking helps to summarize the health topics in an organized manner by simplifying the large amount of data included in the assessment. It is important to recognize the limitations of the methods employed to score and rank this data and most importantly to acknowledge that health behaviors and outcomes are influenced by a dynamic, complex range of factors.

4.0 DESCRIPTION OF COMMUNITY

Geography & Demographics

Nevada is the 7th largest state in size, with an estimated population of 3.1 million as of 2021.[3] From 2010 to 2015 Nevada's population growth rate was 7.0%, ranking 6th in the United States.[4] There are few urban areas across the state, which are separated by large tracts of unoccupied rural and frontier land. Washoe County residents represent 15.2% of the state's population, making it the second most populated county in the state. Washoe County is located in the northwestern corner of the state along the east side of the Sierra Nevada mountain range and shares borders with California to the west and Oregon to the north. The county is long and narrow as it takes over five hours to drive the length of the county north to south and only one hour to drive the width - east to west. Washoe County is approximately 6,302 square land miles and contains two incorporated cities, Reno and Sparks, and several smaller towns. Reno is the county seat of Washoe County and the third largest city in Nevada, while Sparks is a smaller city, just east of Reno. Two major highways intersect in the Reno-Sparks area, Interstate 80 running east to west and Highway 395/Interstate 580 running north to south. This intersection is viewed as a hub for commerce, transit of goods, and as a strategic location for storage and shipping.

Percent of Population by Demographics Washoe County, 2020



Source: Nevada State Demographer

Washoe County's geographic nature creates a unique dichotomous challenge as the Reno-Sparks area is largely urbanized, however residents of the rural and frontier parts of the county have limited access to various types of services and are restricted by the lack of choices in services and resources such as grocery stores, health clinics, libraries, and indoor recreation options. Many rural residents travel long distances (over an hour) to reach the nearest hospital or health clinic and full-service grocery stores. Additionally, Washoe County resources are frequently utilized by residents of other rural counties across Northern Nevada and neighboring rural counties in Northern California. Due to continued rapid population growth, many urban residents face issues related to the limited amount of resources being stretched thin. There are shortages of

[3] United States Census Bureau. Quick Facts Nevada. Accessed https://www.census.gov/quickfacts/NV

[4] World Population Review. Nevada Population 2022. Accessed https://worldpopulationreview.com/states/nevada-population

adequate and affordable housing, the school system is overburdened, and many healthcare facilities are often at or nearing capacity. Additionally, Washoe County urban centers provide services to residents of surrounding rural counties; therefore, examining only the population of Washoe County may underestimate the true utilization of certain services, especially healthcare providers and public service facilities. Although population growth has slowed, relative to the population boom of the 1990's through the late 2000's, continued growth is expected.

Washoe County has become more ethnically diverse over the years, with the largest increase from 2010 to 2020 among the Hispanic population (+24.3%).[5] Among school aged children, as of the 2020-2021 school year, the proportion of students enrolled in public schools were nearly equal between white, non-Hispanic (42.6%) and Hispanic (41.8%).[6] Another subpopulation experiencing continued growth were adults 65 years and older, with a 31.8% increase in the proportion of the population from 2010 to 2020.[7] Issues related to the health of these two growing subpopulations are important to take into consideration for future planning. Notable growth of the Hispanic and elderly (60 years and older) populations has occurred and is predicted to continue. Service providers across all spectrums should actively ensure they have resources in place to meet the needs of a growing population and are able to communicate effectively with clients of all ages and diverse cultural backgrounds. Defining and understanding a community in terms of size, growth, and demographic characteristics helps determine public health needs and potentially where to allocate resources to meet those needs.

The following four maps provide detailed overview of population density in overlay with low-income census tracts across Washoe County. Low income was defined as (1) had a poverty rate (income at or below the Federal poverty thresholds for family size) that was 20 percent or greater; (2) was at or below 80 percent of the greater metropolitan statistical area (MSA) median family income or the state's median family income; or (3) if outside an MSA, had median family income at or below 80 percent of the state's median family income.[8]

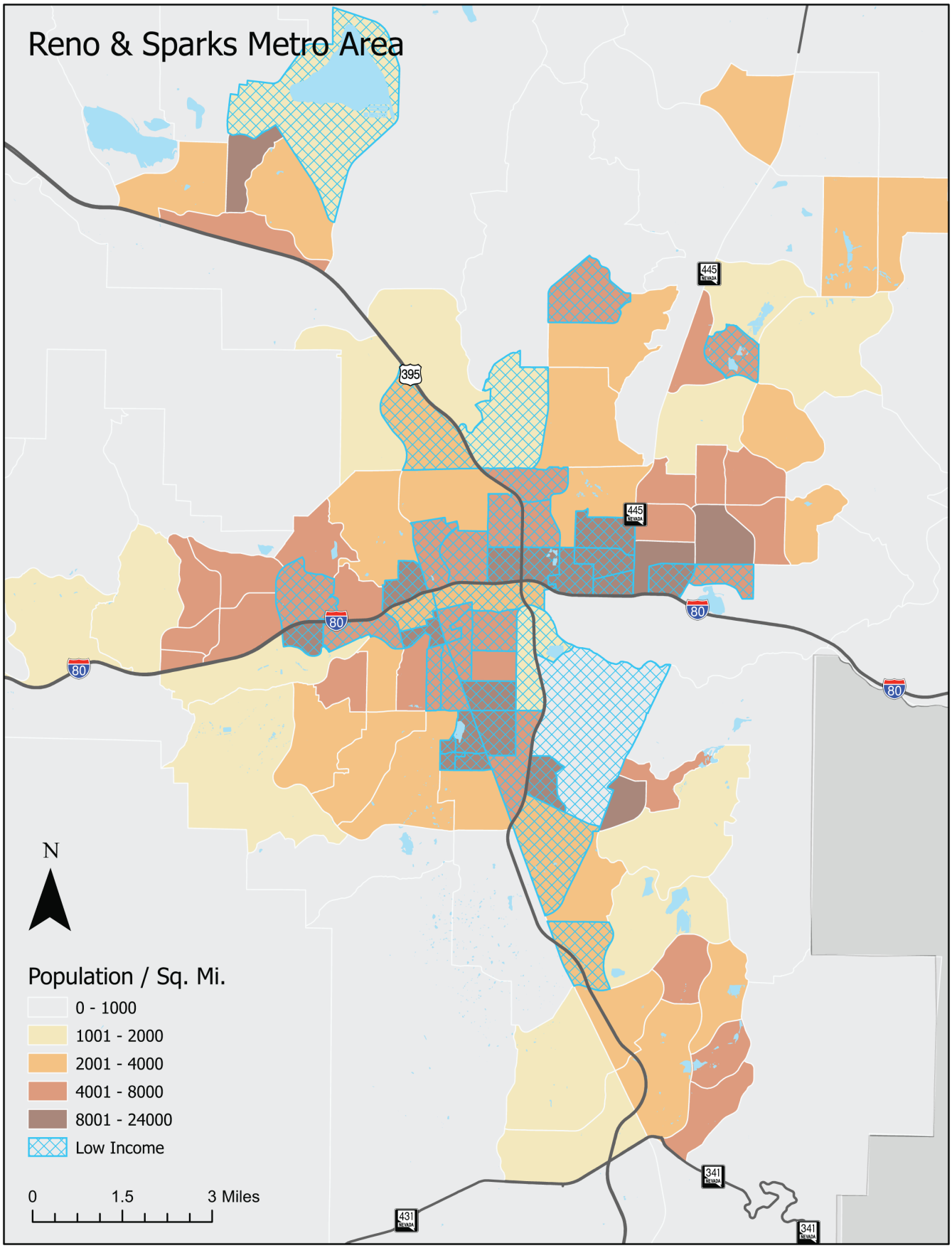
The majority of low-income census tracts are located in the MSA core, with a few outliers in the far north of the Reno and Sparks metro areas, as well as a few areas in the far northeast census tracts of Sparks. There were no areas in Gerlach, or Incline Village denoted as low-income, in contrast with the Pyramid Lake reservation, which is entirely defined as low-income.

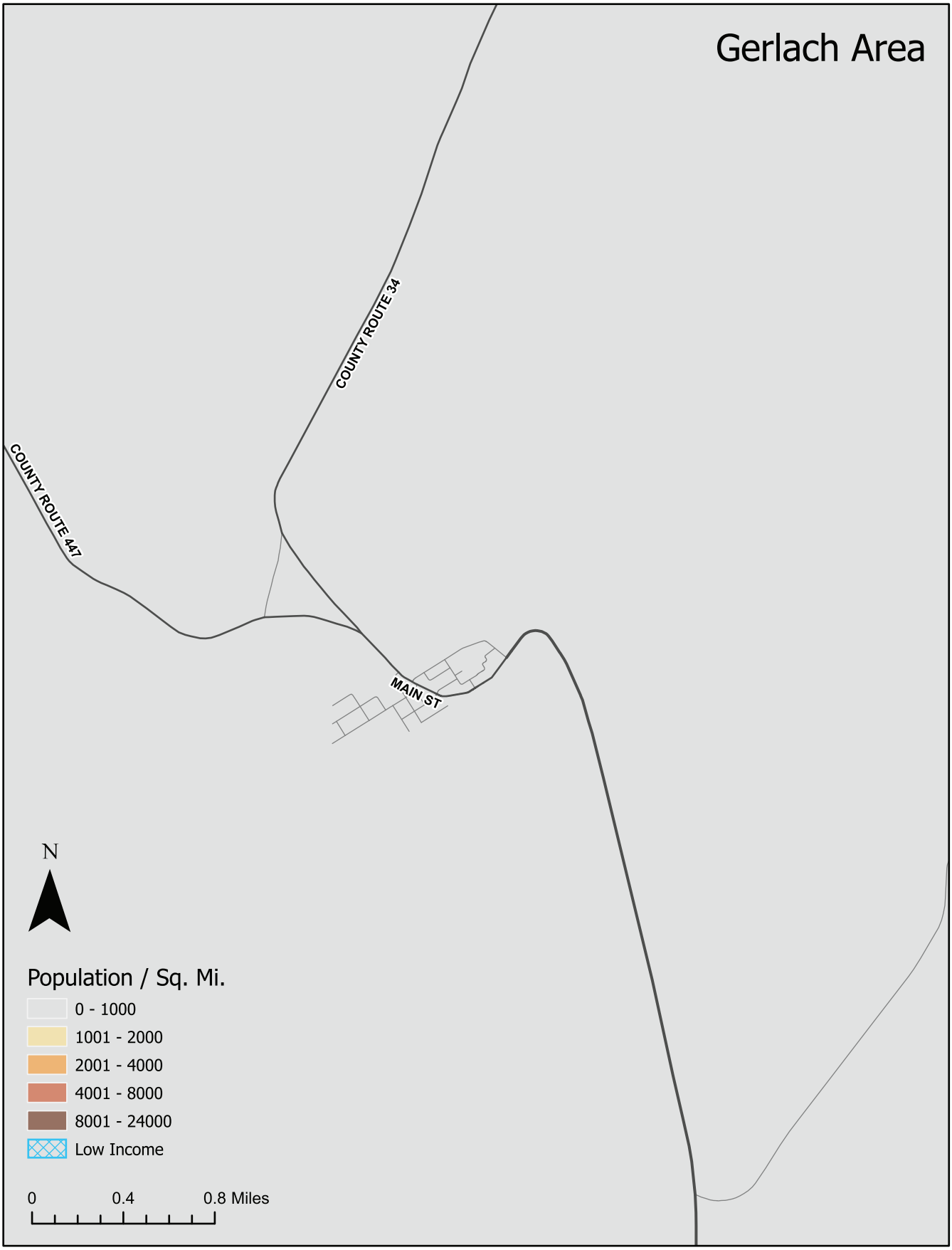
[5] Nevada Department of Taxation. Nevada State Demographer Population Estimates. Data provided upon request.

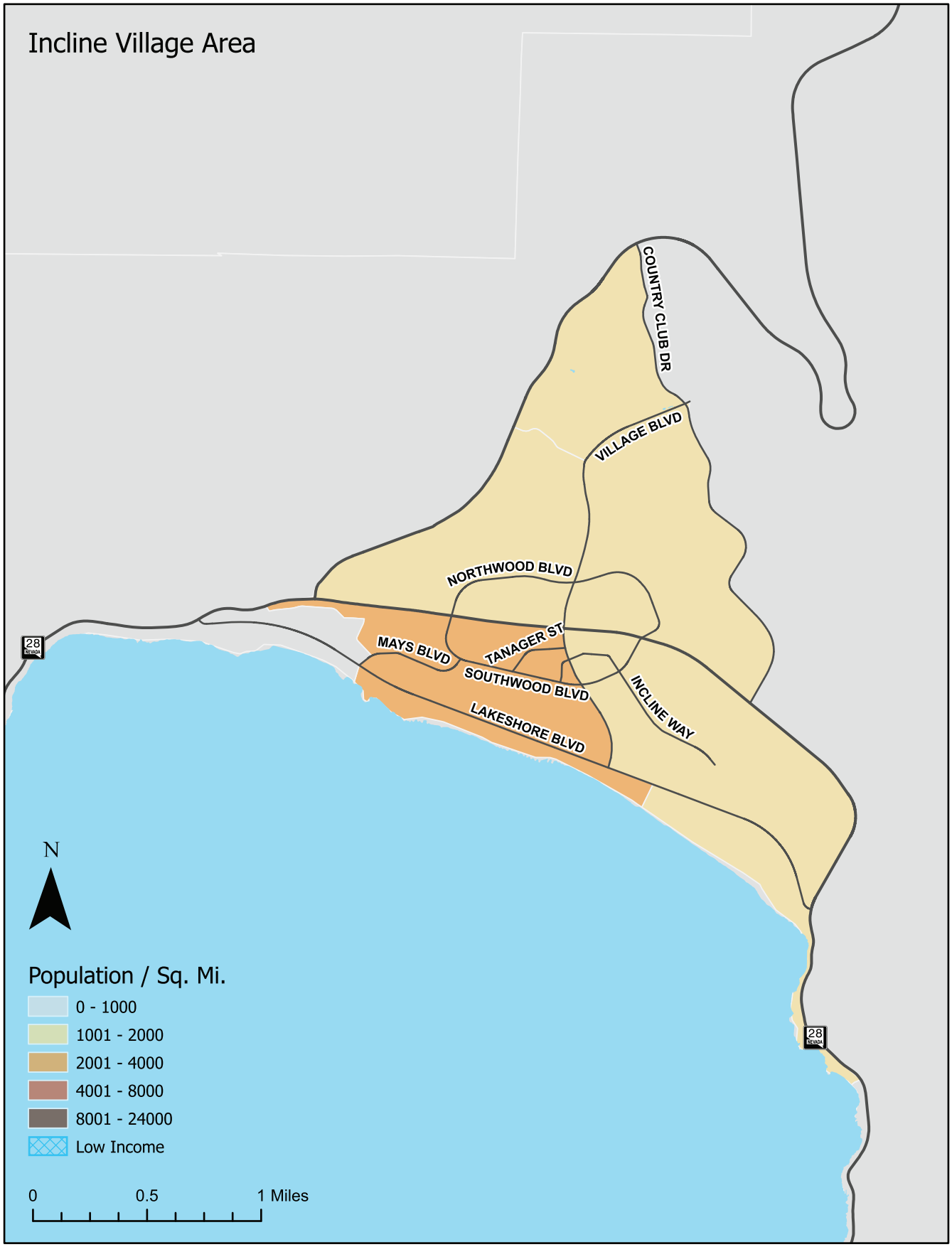
[6] Nevada Report Card. Accessed http://nevadareportcard.nv.gov/di/

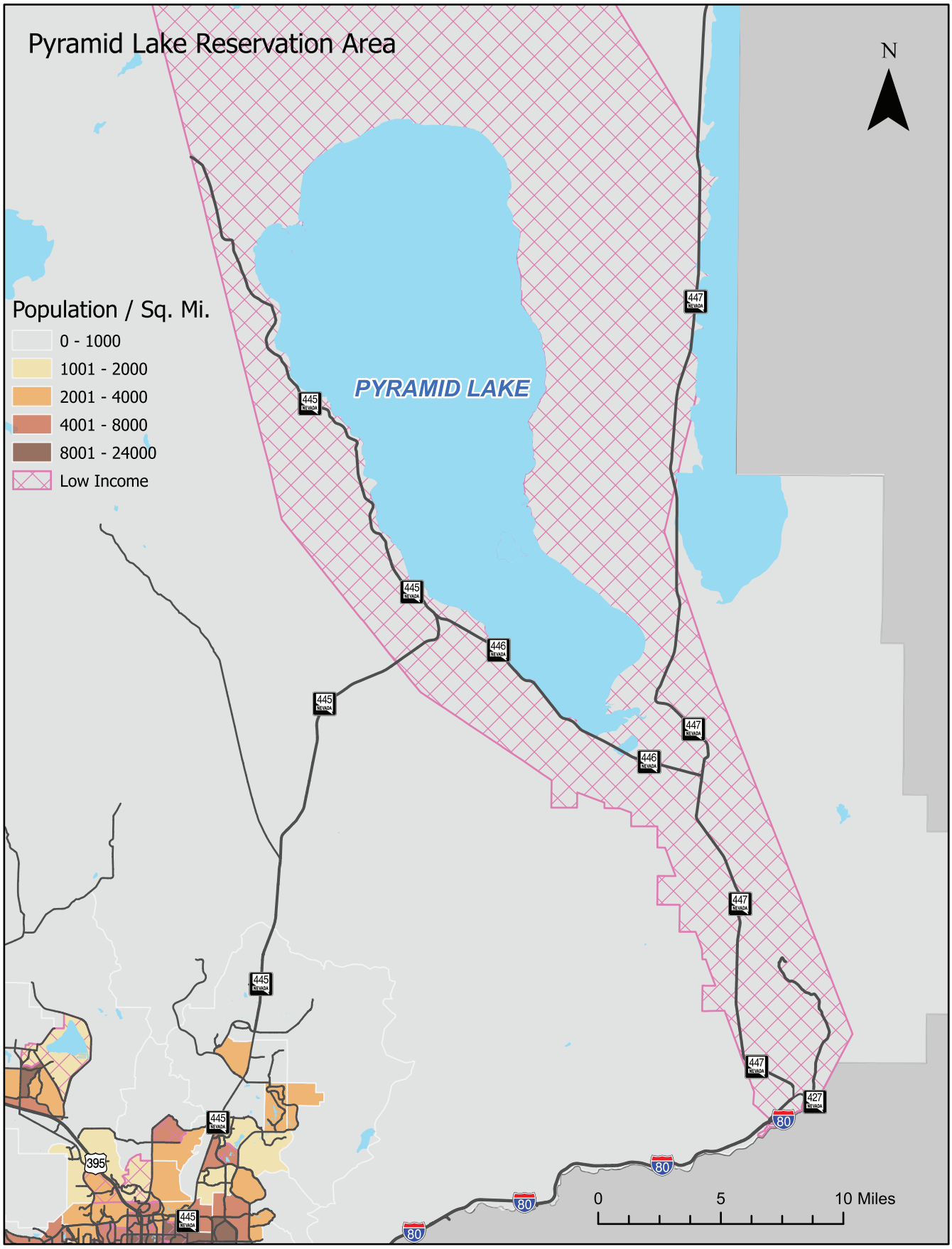
[7] Nevada Department of Taxation. Nevada State Demographer Population Estimates. Data provided upon request.

[8] Rhone, A. Ver Ploeg, M., Williams, R. & Breneman, V. Understanding Low-Income and Low-Access Census Tracts Across the National: Subnational and Subpopulation Estimates of Access to Healthy Food, EIB-209, United States Department of Agriculture, Economic Research Service, May 2019.


Reno & Sparks Metro Area
395
445
445
80
80
80
80
N
Population / Sq. Mi.
0 - 1000
1001 - 2000
2001 - 4000
4001 - 8000
8001 - 24000
Low Income
0
1.5
3 Miles
431
341
341


Gerlach Area
COUNTY ROUTE 34
COUNTY ROUTE 447
MAIN ST
N
Population / Sq. Mi.
0 - 1000
1001 - 2000
2001 - 4000
4001 - 8000
8001 - 24000
Low Income
0
0.4
0.8 Miles

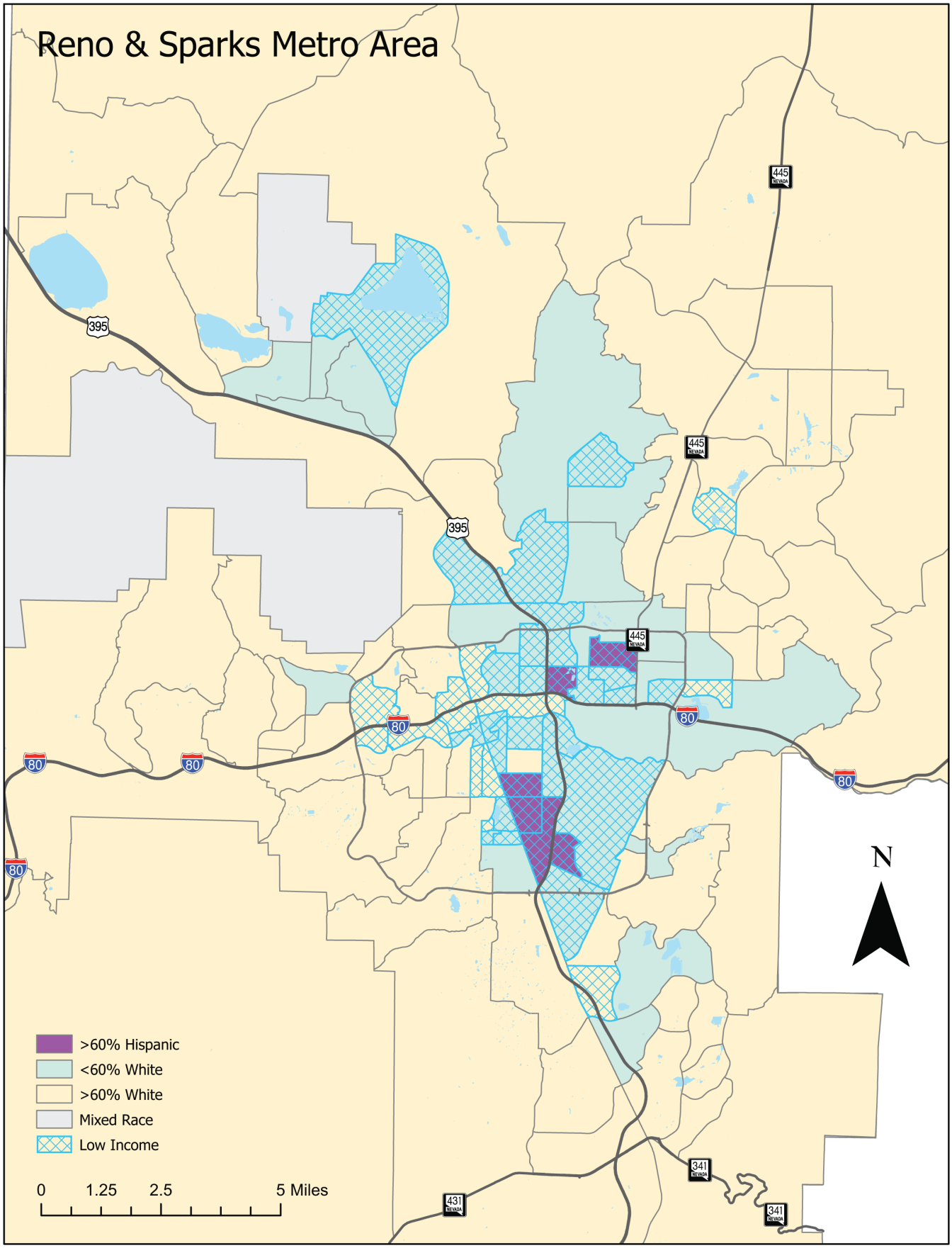

Incline Village Area
COUNTRY CLUB DR
VILLAGE BLVD
NORTHWOOD BLVD
MAYS BLVD
TANAGER ST
SOUTHWOOD BLVD
INCLINE WAY
LAKESHORE BLVD
28
28
N
Population / Sq. Mi.
0 - 1000
1001 - 2000
2001 - 4000
4001 - 8000
8001 - 24000
Low Income
0
0.5
1 Miles

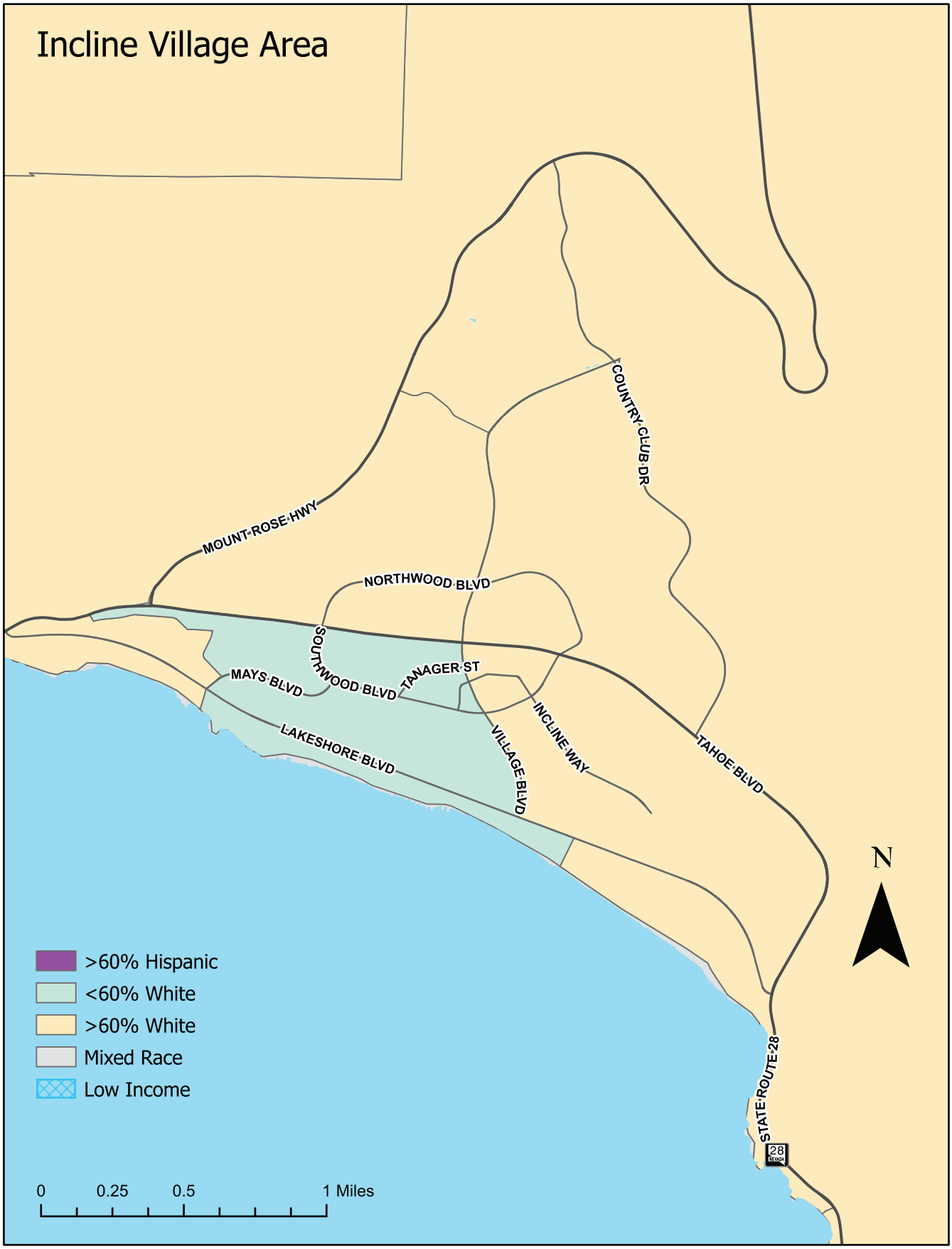

Pyramid Lake Reservation Area
N
Population / Sq. Mi.
0 - 1000
1001 - 2000
2001 - 4000
4001 - 8000
8001 - 24000
Low Income
PYRAMID LAKE
445
446
447
427
80
395
0
5
10 Miles

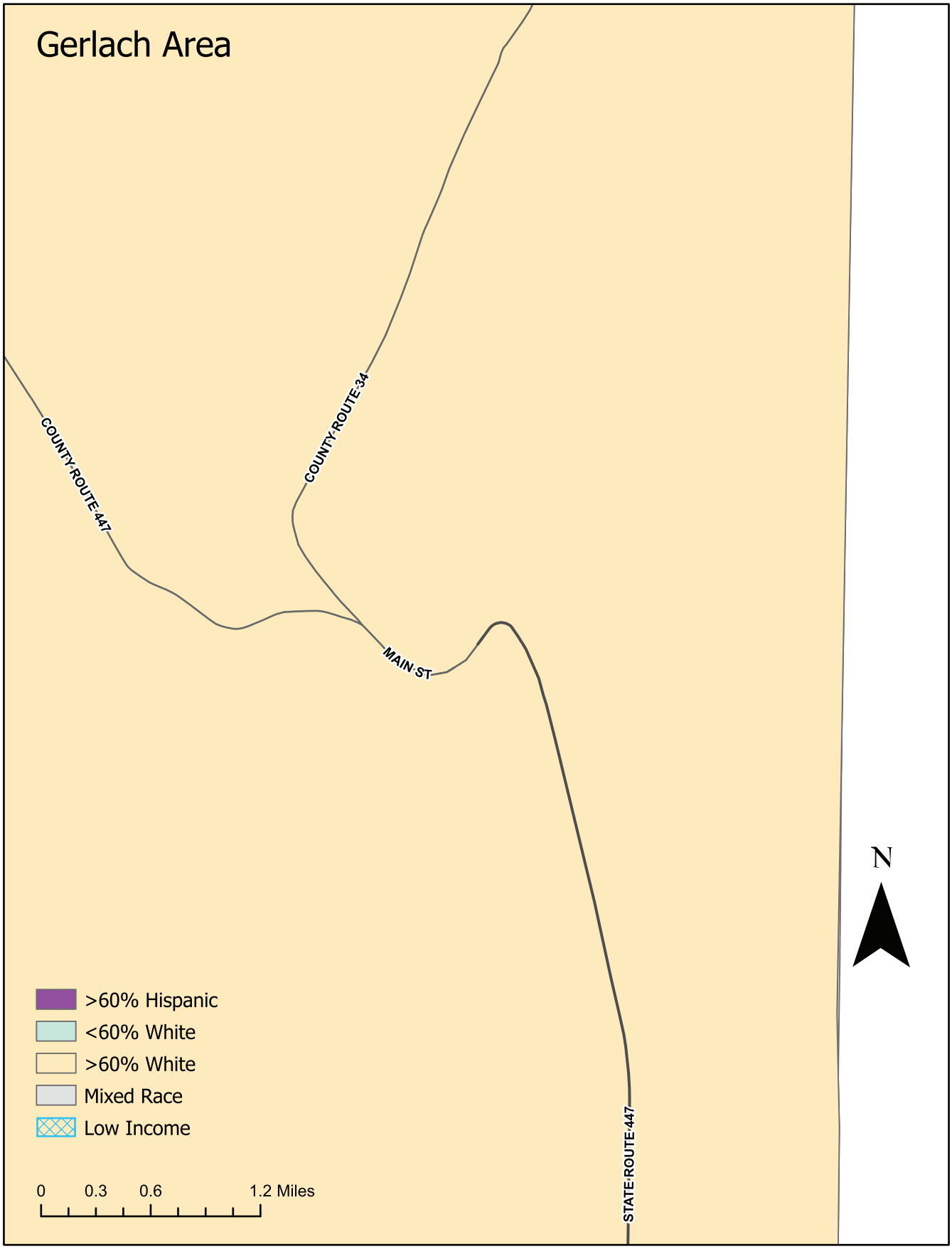
4.0 DESCRIPTION OF COMMUNITY

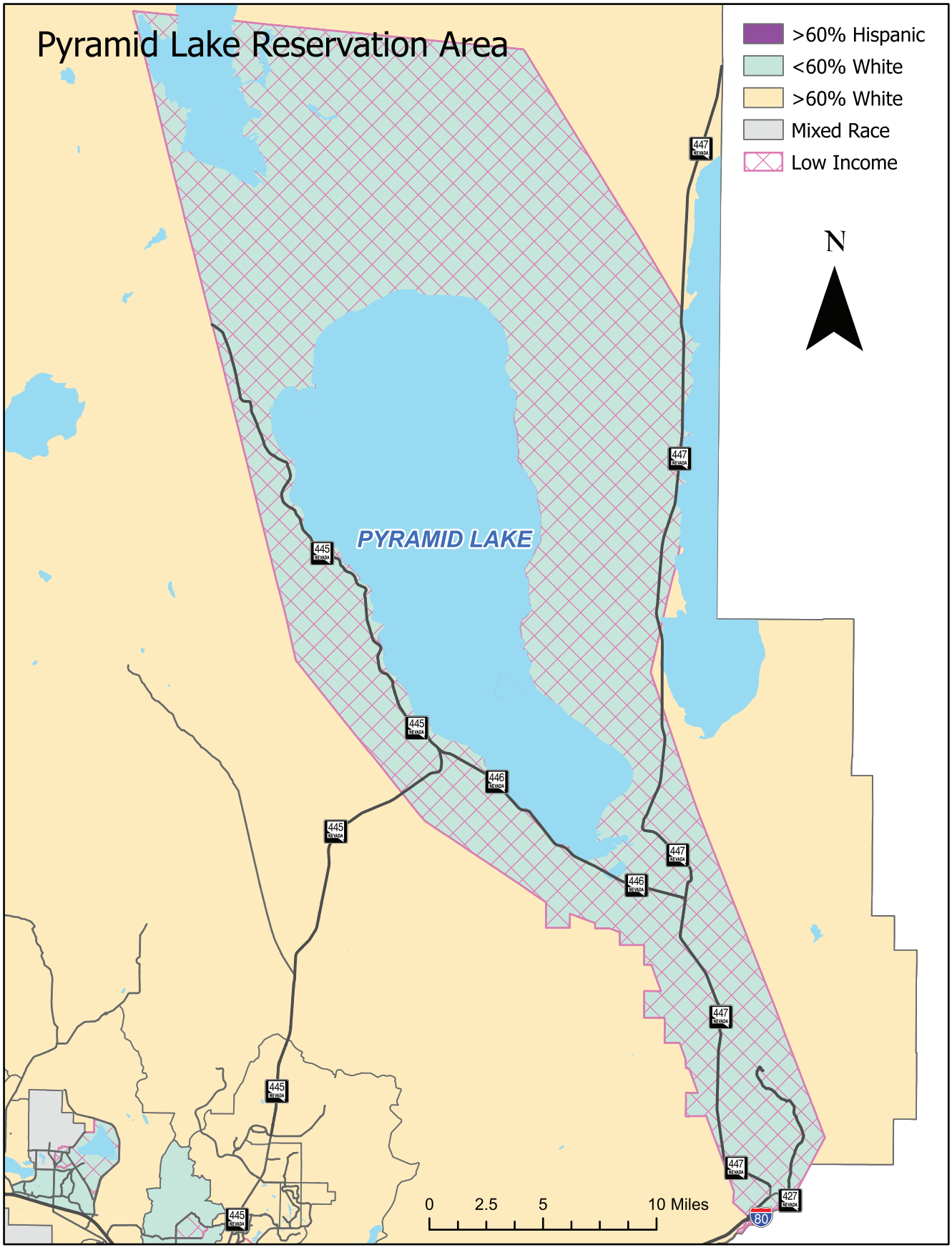
The following four maps depict low-income census tracts overlay with majority minority census tracts. Minority census tracts were defined as those with a percent of population greater than 60% of a dominant race/ethnicity. There were four categories, 1) Greater than 60% Hispanic; 2) Less than 60% white, non-Hispanic; 3) Greater than 60% white, non-Hispanic; and 4) mixed race.

Most of the majority non-white population census tracts are located east of Highway 395, while the majority Hispanic tracts are predominantly located in the area south of the downtown region and the airport. The majority white, non-Hispanic census tracts are in the outer ring of the most urban areas. Most of the majority minority census tracts are also low-income. There is only one census tract in Incline Village that is less than 60% white, non-Hispanic, and all of the Pyramid Lake Reservation area is less than 60% white, non-Hispanic. There are no majority minority census tracts in Gerlach.


Reno & Sparks Metro Area
395
445
80
341
431
N
>60% Hispanic
<60% White
>60% White
Mixed Race
Low Income
0
1.25
2.5
5 Miles


Incline Village Area
COUNTRY CLUB DR
MOUNT ROSE HWY
NORTHWOOD BLVD
SOUTHWOOD BLVD
TANAGER ST
MAYS BLVD
INCLINE WAY
LAKESHORE BLVD
VILLAGE BLVD
TAHOE BLVD
STATE ROUTE 28
28
N
>60% Hispanic
<60% White
>60% White
Mixed Race
Low Income
0
0.25
0.5
1 Miles


Gerlach Area
COUNTY ROUTE 447
COUNTY ROUTE 34
MAIN ST
STATE ROUTE 447
N
>60% Hispanic
<60% White
>60% White
Mixed Race
Low Income
0
0.3
0.6
1.2 Miles


Pyramid Lake Reservation Area
>60% Hispanic
<60% White
>60% White
Mixed Race
Low Income
N
PYRAMID LAKE
445
446
447
427
80
0
2.5
5
10 Miles

Community Needs Index

The Community Needs Index (CNI) is a standardized tool used to measure and compare socioeconomic factors and health outcomes at the ZIP code level. Truven Health Analytics calculates CNI scores on an annual basis by examining five socioeconomic health indicators: income, culture/language, education level, housing status and medical insurance coverage. This tool assigns a CNI score from 1 (lowest need) to 5 (highest need). Researchers have found when analyzing national CNI data, residents in communities with the highest CNI scores were shown to be twice as likely to be hospitalized for preventable conditions when compared to communities with the lowest CNI scores.[9] This emphasizes the importance of accounting for socioeconomic factors when trying to understand health disparities across ZIP codes.

The highest needs ZIP codes have remained the highest needs ZIP codes since 2013, with very few changes in the top 5.[10] This is a strong indication of needs not being met in these areas, some of which are home to large proportions of Washoe County's total population, specifically for ZIP codes 89431 and 89502.

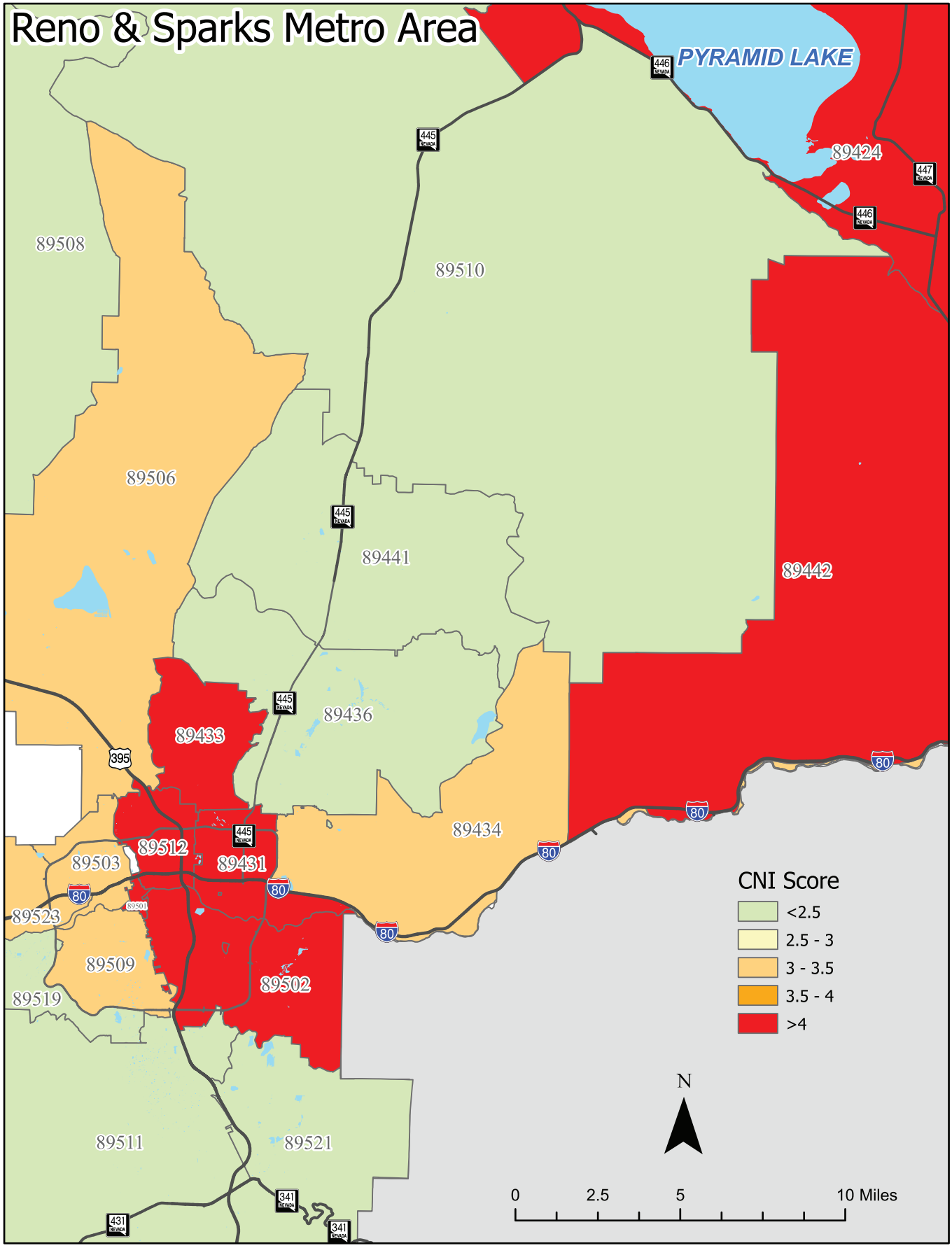
The following three maps provide a visual depiction of the table and illustrates the urban core containing many of the ZIP codes with a CNI score higher than 4.0 with some outliers such as Pyramid Lake reservation, and ZIP code 89442 on the eastern most border of the county, also scoring above a 4.0. The Incline Village area is predominantly one zip code, 89451, scoring a 3.0, with the Crystal Bay community among the lowest CNI score (lowest needs) at 1.8. While the Gerlach are composed of two ZIP codes, 89412 (Gerlach proper) and 89405 (Empire), scoring a 3.2 and 3.6 respectively.

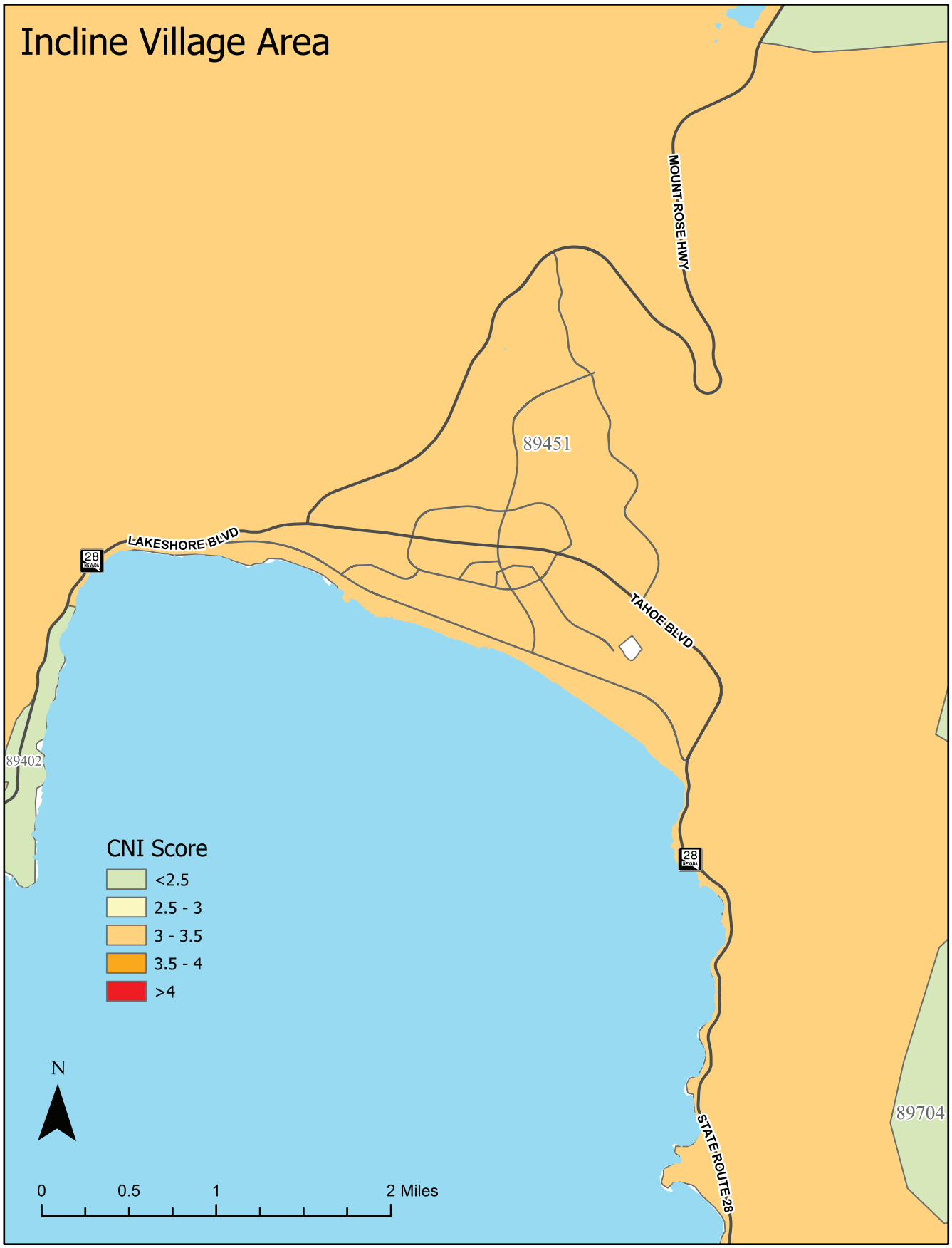
Community Needs Index Score
Washoe County ZIP Codes, 2021

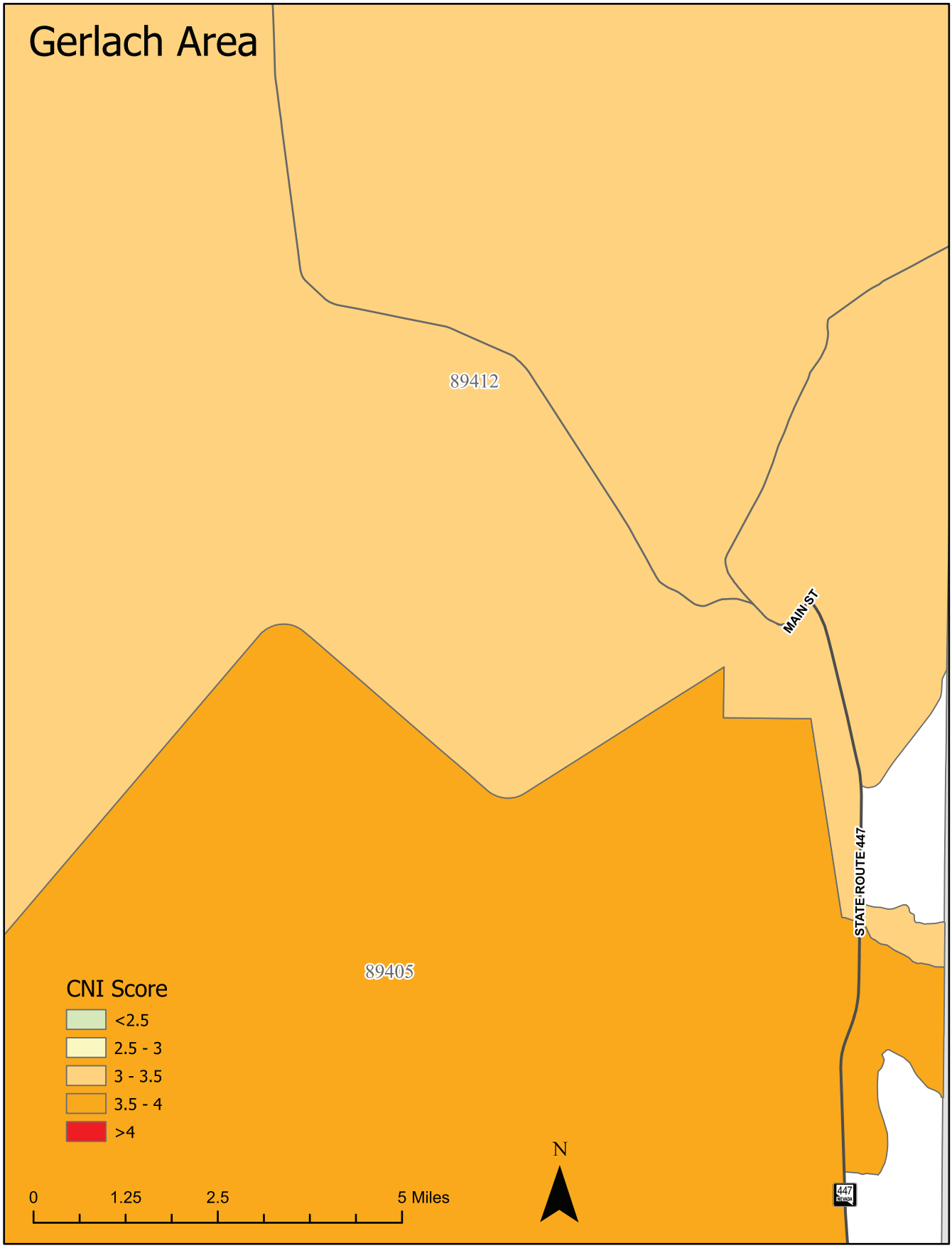
ZIP	CNI Score	City	Population
89431	4.6	Sparks	37,703
89512	4.6	Reno	27,989
89502	4.4	Reno	45,584
89424	4.0	Nixon	319
89433	4.0	Sun Valley	21,391
89442	4.0	Wadsworth	862
89501	4.0	Reno	4,816
89405	3.6	Empire	338
89503	3.4	Reno	29,243
89506	3.4	Reno	46,047
89509	3.4	Reno	35,121
89412	3.2	Gerlach	159
89434	3.2	Sparks	28,591
89451	3.0	Incline Village	9,588
89523	3.0	Reno	37,969
89436	2.4	Sparks	46,660
89508	2.4	Reno	13,776
89510	2.4	Reno	2,577
89521	2.4	Reno	34,151
89439	2.2	Verdi	1,575
89511	2.2	Reno	29,048
89704	2.2	Washoe Valley	4,299
89519	2.0	Reno	9,011
89402	1.8	Crystal Bay	290
89441	1.8	Sparks	13,619

[9] Roth, R. & Barsi, E.. (2005). The "Community Need Index": A New Tool Pinpoints Health Care Disparities in Communities throughout the Nation. Health Progress. Accessed http://www.chausa.org/docs/default-source/health-progress/the-community-need-index-pdf.pdf?sfvrsn=0

[10] Kerwin, H. (2018). 2018-2020 Washoe County Community Health Assessment. Reno, Nevada.


Reno & Sparks Metro Area
PYRAMID LAKE
89424
89508
89510
89506
89441
89442
89436
89433
89434
89512
89503
89431
89523
89509
89502
89519
89511
89521
CNI Score
<2.5
2.5 - 3
3 - 3.5
3.5 - 4
>4
N
0
2.5
5
10 Miles


Incline Village Area
MOUNT ROSE HWY
89451
LAKESHORE BLVD
28
TAHOE BLVD
89402
CNI Score
<2.5
2.5 - 3
3 - 3.5
3.5 - 4
>4
N
0
0.5
1
2 Miles
28
89704
STATE ROUTE 28


Gerlach Area
89412
89405
MAIN ST
STATE ROUTE 447
CNI Score
<2.5
2.5 - 3
3 - 3.5
3.5 - 4
>4
0
1.25
2.5
5 Miles
N
447

5.0 SOCIAL DETERMINANTS OF HEALTH

Environment & Built Environment

Environmental health encompasses the physical, chemical, and biological factors which people are exposed to including indoor and outside ambient air, drinking and recreational water quality, and waste. Natural disasters, occupational hazards, and the built environment (infrastructure) are also environmental factors which may impact a person's quality of life and overall health.

Waste Management

The Washoe County Health District Waste Management program does not validate any data for recycled commodities in Washoe County. Since recycling is voluntary in Nevada, only those specifically permitted facilities for materials recycling have to report data. However, reporting is not consistent in the state and cannot be validated within each region, so it is not possible to accurately assess the true impact of recycling in Washoe County. Currently, the most accurate assessment for what is actually recycled in Washoe County comes from Waste Management based off the total weight of recyclables (that do not also end up at the landfill) compared to the total weight of garbage that goes to the landfill.

The Waste Management program has been representing Washoe County on the Partners for a Sustainable Nevada (PSN) as a means to incorporate new ideas and greater opportunities for sustainable actions in the state. The PSN's mission is to change the way Nevada thinks about sustainability for future generations by identifying and promoting opportunities to advance and expand sustainability efforts statewide.

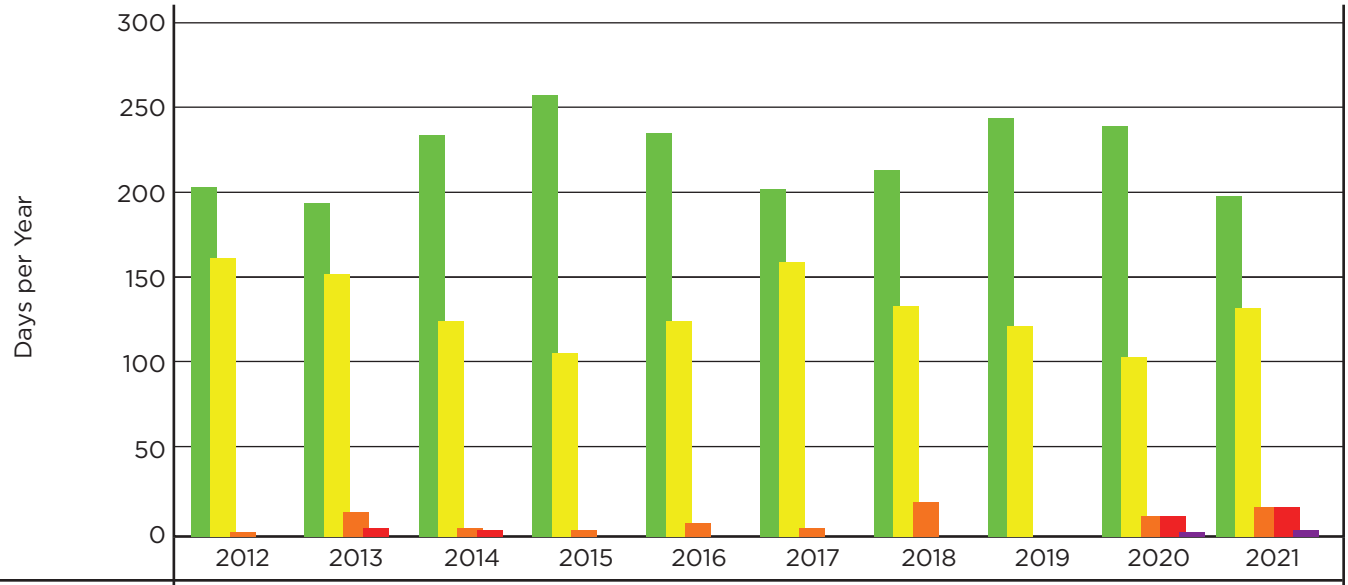
https://ndep.nv.gov/land/waste/bsmm-strategic-plan/partners-for-a-sustainable-nevada#:~:text=Partners%20for%20a%20Sustainable%20Nevada%20brings%20together%20non%2Dgovernment%20organizations,recognize%20and%20implement%20the%20sustainable

Long-term goals in Washoe County include developing a mechanism to target recycling that is not part of the single stream process, partnering with Waste Management to create more opportunities for businesses and multifamily housing to recycle, and working within the community to divert more products from the waste stream to sustainable businesses. This should create more opportunity for new business growth, as well as improve the environment and lessen the impact of waste products on the community.

Air Quality

The Environmental Protection Agency (EPA) developed standards known as National Ambient Air Quality Standards (NAAQS), which are the regulatory levels at which air is considered unhealthy. The Air Quality Index (AQI) is a metric for reporting air quality each day; the AQI was also established by EPA and accounts for the major air pollutants combined. There have been NAAQS revisions in 2008, 2012, and 2015 which changed the AQI category ranges and number of days per year in each range. According to the EPA, air pollution can lead to health problems including increased respiratory and cardiovascular disease, decreased lung function, increased frequency and severity of respiratory symptoms such as difficulty breathing and coughing, and an increased susceptibility to respiratory infections. Additional negative health impacts of poor air quality include effects on the nervous system, and impacts on learning, memory, and behavior, some cancers, and premature death.[11]

Ten-year Trend in AQI
Washoe County, 2012–2021



	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Good	203	196	234	257	235	202	213	244	239	198
Moderate	161	152	124	105	124	159	133	121	103	132
USG*	2	13	4	3	7	4	19	-	11	16
Unhealthy	-	4	3	-	-	-	-	-	11	16
Very Unhealthy	-	-	-	-	-	-	-	-	2	3
Hazardous	-	-	-	-	-	-	-	-	-	-

*Unhealthy for Sensitive Groups

NAAQS revisions in 2012 and 2015 resulted in changes to AQI category ranges and the number of days per year within those ranges.

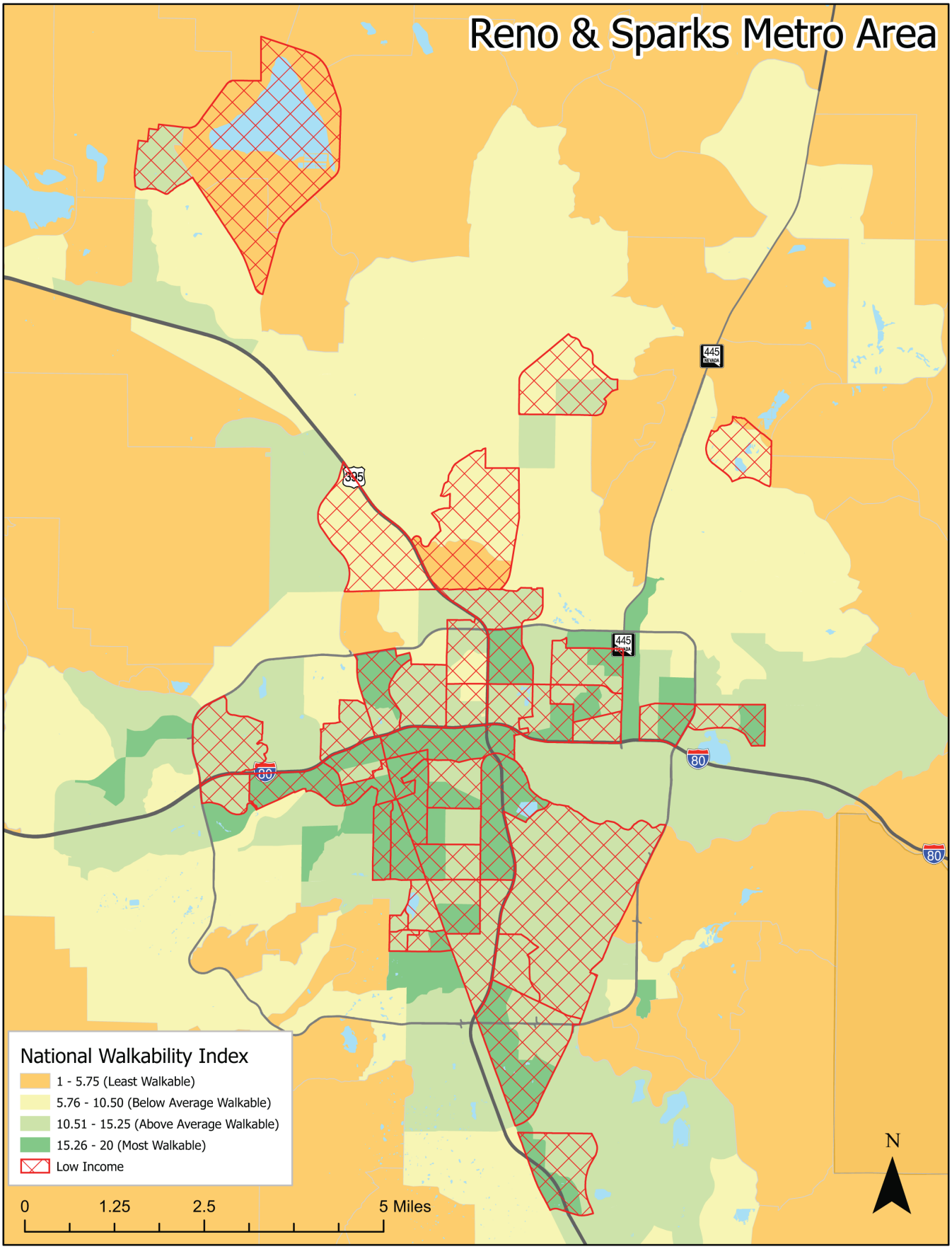
Notes:
2012: Annual PM2.5 NAAQS strengthened from 15.0 to 12.0 Qg/m3.
2015: 8-hour O3 NAAQS strengthened from 0.075 to 0.070 ppm.

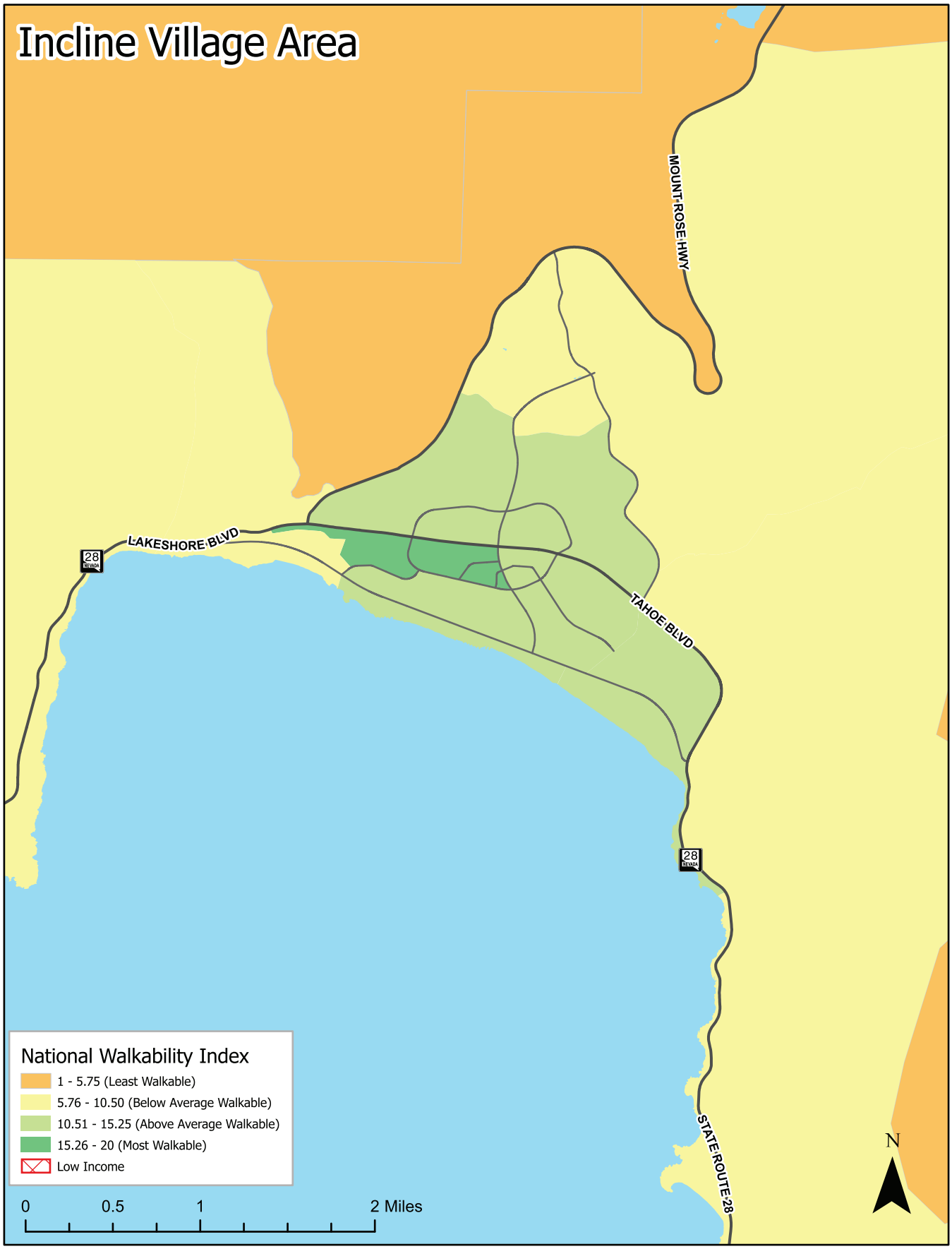
- Despite the NAAQS revisions in 2012 and 2015 resulting in changes to AQI category ranges and the number of days per year within those ranges, the ten-year trend in AQI between 2012 and 2021 indicate trends for air quality have become worse in the area, largely due to smoke from wildfires.

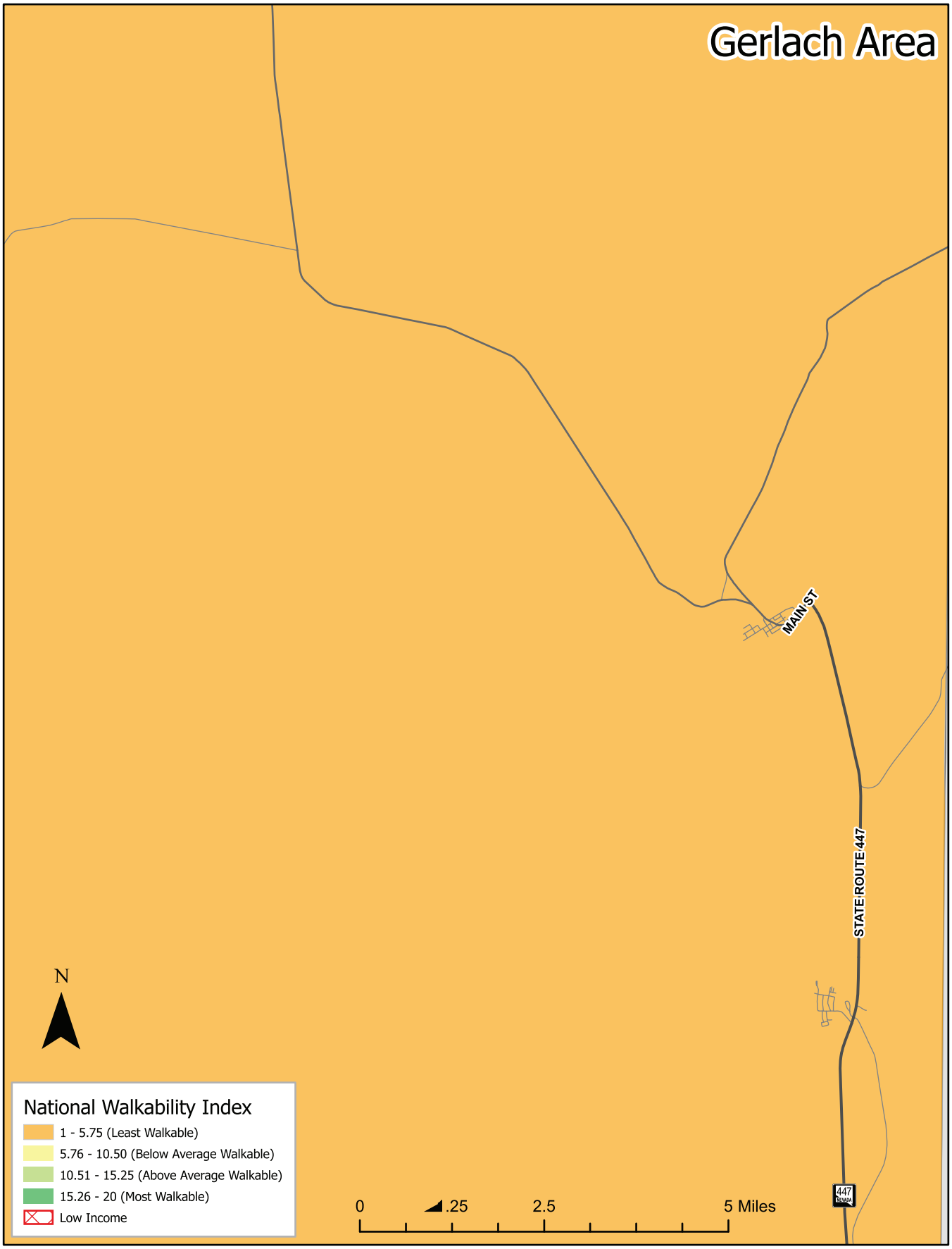
[11] United States Environmental Protection Agency. (2012). National Air Quality: Status and Trends of Key Air Pollutants. Accessed https://www.epa.gov/air-trends

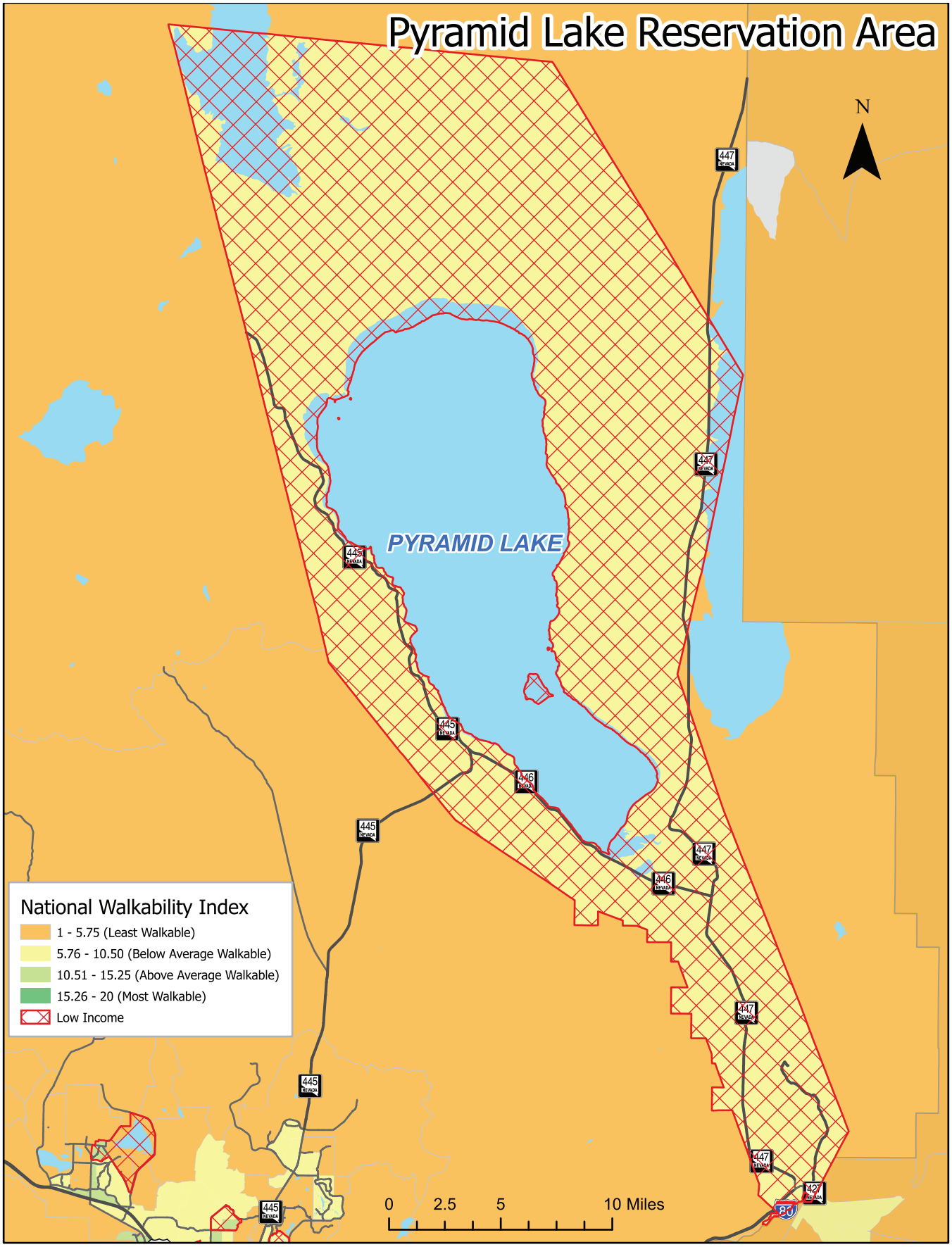
Walkability

Data from the EPA's National Walkability Index (2021) was utilized to create the following four maps, which illustrates block group walkability scores for Washoe County block groups, a census geographic area that is smaller than a census tract and larger than a census block. The National Walkability Index scores range from 1 (least walkable) to 20 (most walkable) as depicted on the key for each map. It should be noted, while many of the suburban and rural areas have lower walkability scores, many persons in those areas have the ability to recreate on public lands, which are not always accessible to all, however the National Walkability Index scores reflect the street intersection density, proximity to transit stops, and diversity of land uses – three elements of the built environment which can influence the walkability of the area. More details on the methods for the National Walkability Index can be found here:
https://www.epa.gov/sites/default/files/2021-06/documents/national_walkability_index_methodology_and_user_guide_june2021.pdf


Reno & Sparks Metro Area
National Walkability Index
1 - 5.75 (Least Walkable)
5.76 - 10.50 (Below Average Walkable)
10.51 - 15.25 (Above Average Walkable)
15.26 - 20 (Most Walkable)
Low Income
0
1.25
2.5
5 Miles
N
395
445
80


Incline Village Area
MOUNT ROSE HWY
LAKESHORE BLVD
28
TAHOE BLVD
28
STATE ROUTE 28
National Walkability Index
1 - 5.75 (Least Walkable)
5.76 - 10.50 (Below Average Walkable)
10.51 - 15.25 (Above Average Walkable)
15.26 - 20 (Most Walkable)
Low Income
0
0.5
1
2 Miles
N


Gerlach Area
MAIN ST
STATE ROUTE 447
N
National Walkability Index
1 - 5.75 (Least Walkable)
5.76 - 10.50 (Below Average Walkable)
10.51 - 15.25 (Above Average Walkable)
15.26 - 20 (Most Walkable)
Low Income
0
.25
2.5
5 Miles
447


Pyramid Lake Reservation Area
N
PYRAMID LAKE
National Walkability Index
1 - 5.75 (Least Walkable)
5.76 - 10.50 (Below Average Walkable)
10.51 - 15.25 (Above Average Walkable)
15.26 - 20 (Most Walkable)
Low Income
0
2.5
5
10 Miles

Food Environments

Two terms were used to create the next series of maps, food deserts and food swamps. A food desert is defined as an area with no or limited access to a supermarket or a healthy food outlet, while a food swamp is an overabundance of unhealthy, often fast food based, food and beverage outlets.[12]
A comprehensive overview of only food deserts for Washoe County can be explored here:
https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/
The following maps developed for this assessment provide the number of healthy food options in contrast with the number of unhealthy food options expressed as a ratio at the census tract level.

Research demonstrates having an overabundance of unhealthy food options is a strong predictor of obesity rates compared to having lack of access to a full-service grocery store with healthy food options..[13] Experimental and longitudinal studies have evaluated the impact of new grocery stores opening in areas with low healthy food access and have found while perception of access to healthy food increases, the quality of diet and body mass index do not indicate improvement in overall diet.[14, 15, 16, 17] This suggests simply adding a healthy food establishment in an area inundated with unhealthy food options, is not a likely successful intervention. Rather the cost of the foods and how foods are marketed may play a larger and more important role.

The next four maps provide four types of food establishments indicated by colored dots, 1) fast food locations; 2) convenience stores; 3) grocery stores; and 4) restaurants. A ratio of healthy food locations to unhealthy food locations was calculated for each census tract and the maps illustrate these ratios for each census tracts with more healthy food options as having a lower ratio, while areas inundated with unhealthy food options, have a higher ratio. These maps also show the low-income census tracts to provide additional context.

FOOD SWAMP LOCATION (Unhealthy)

- Fast Food Chain: Chain/franchise restaurants with ready to go meals or sit-down restaurants with meals that are prepared quickly. This includes ice cream shops and nutrition juice stores, coffee, and tea shops.
- Gas/Convenience: Establishments with grab and go food and limited healthy food and beverage items. Stores and specialty stores such as meat and spice markets fall under this umbrella, vending machines, movie theater and concession stands.
- Restaurants: These are establishments that are sit-down and require longer prep time for full meals. (i.e. casino restaurants, fine dining, buffets).

HEALTHY FOOD LOCATION

- Grocery Store: Sells fresh produce.

[12] Chen, T. & Gregg, E. (2017). Food Deserts and Food Swamps: A primer. National Collaborating Centre for Environmental Health.

[13] Cooksey-Stowers, K., Schwartz, M.B., & Brownell, K.D. (2017). Food Swamps Predict Obesity Rates Better Than Food Deserts in the United States. International Journal of Environmental Research and Public Health, 14, doi:10.3390/ijerph14111366

[14] Dubowitz, T., Ghosh-Dastidar, M., & Cohen, D.A., et.al. Diet and perceptions change with supermarket introduction in a food desert, but not because of supermarket use. Health Affairs. 2015, 34, 1858–1868.

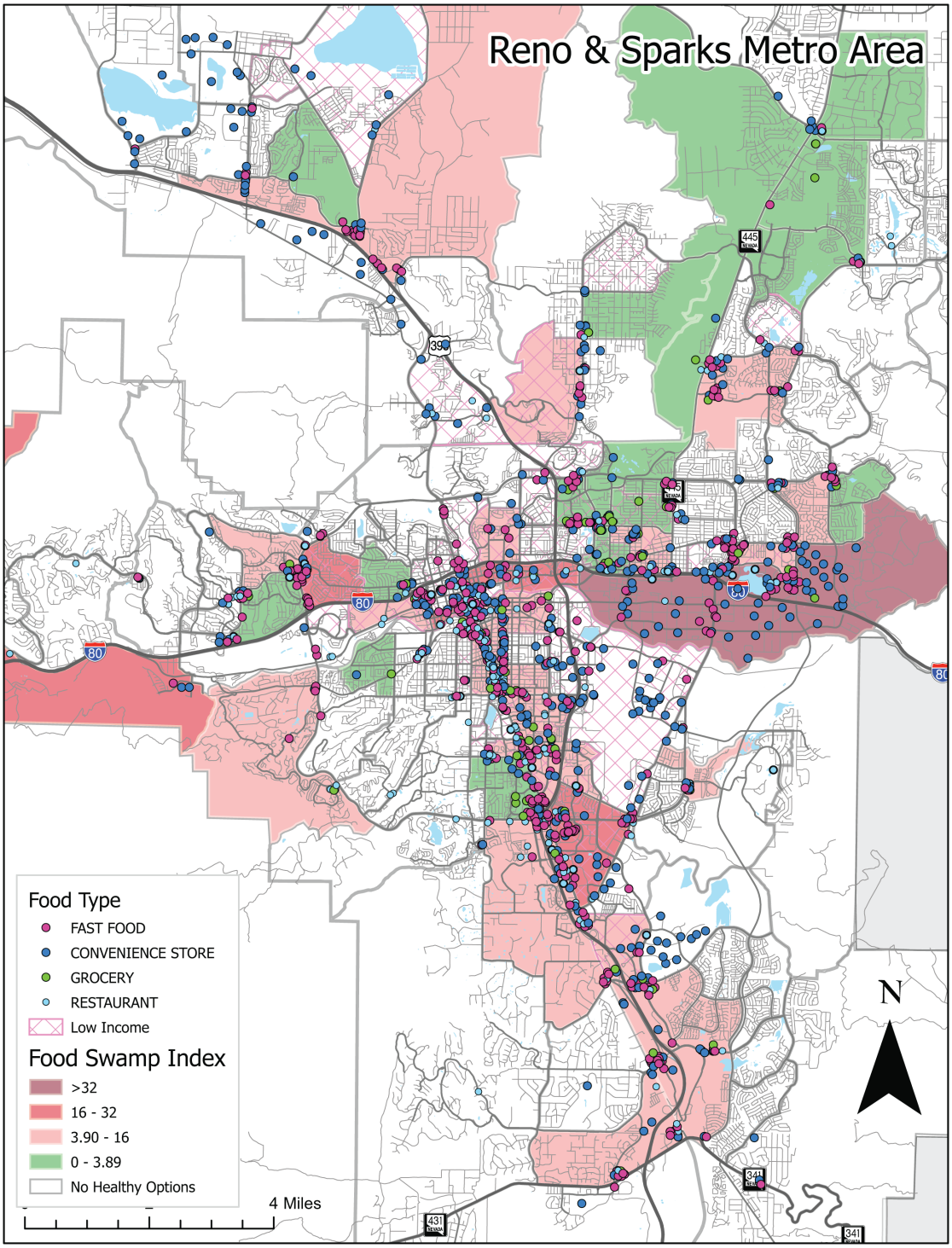
[15] Elbel, B., Moran, A., & Dixon, L.B. et.al. (2015). Assessment of a government-subsidized supermarket in a high-need area on household food availability and children's dietary intakes. Public Health Nutrition. 2015, 18, 2881–2890.

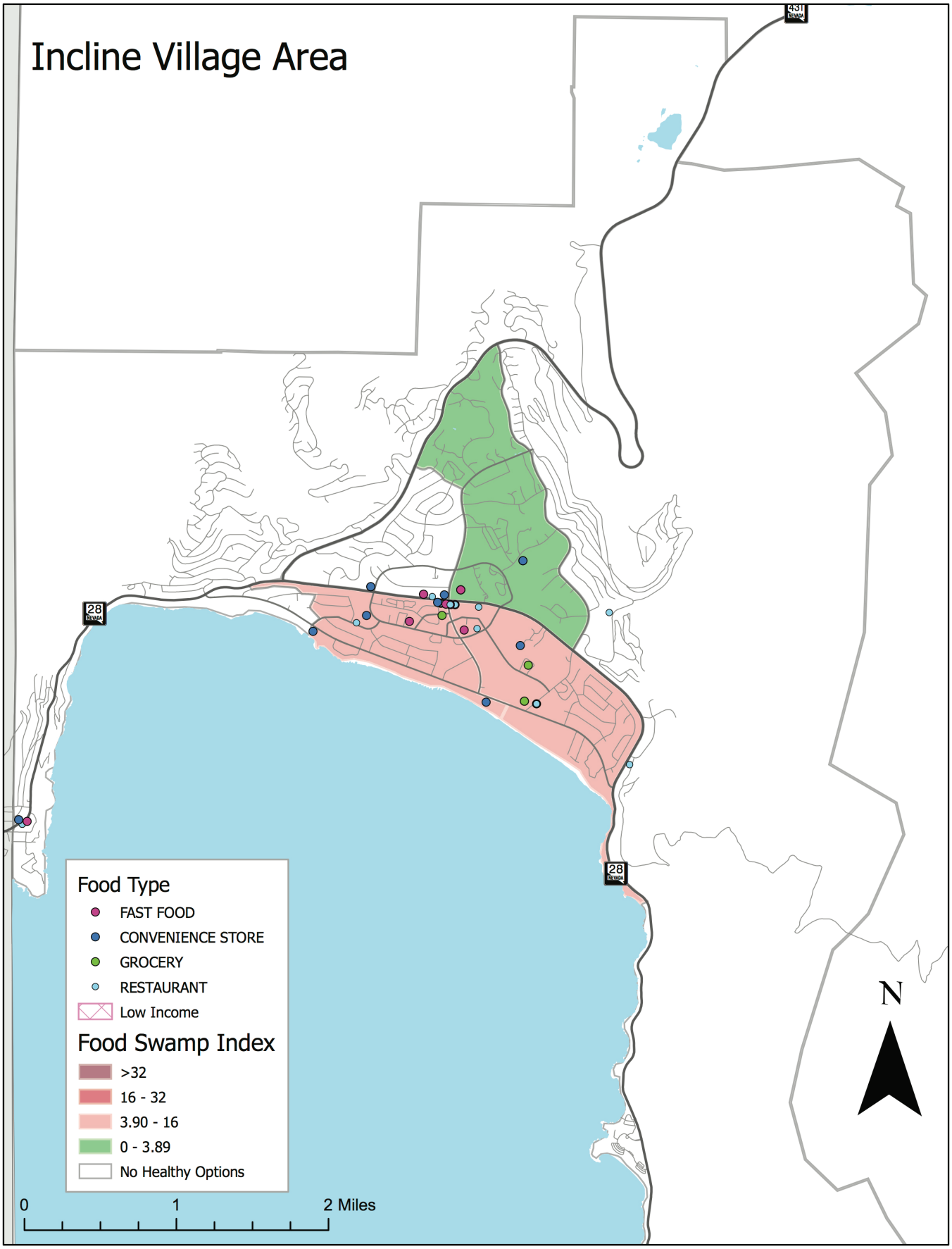
[16] Ghosh-Dastidar, B.,Cohen, D., & Hunter, G. et.al. (2014). Distance to store, food prices, and obesity in urban food deserts. American Journal of Preventive Medicine. 2014, 47, 587–595.

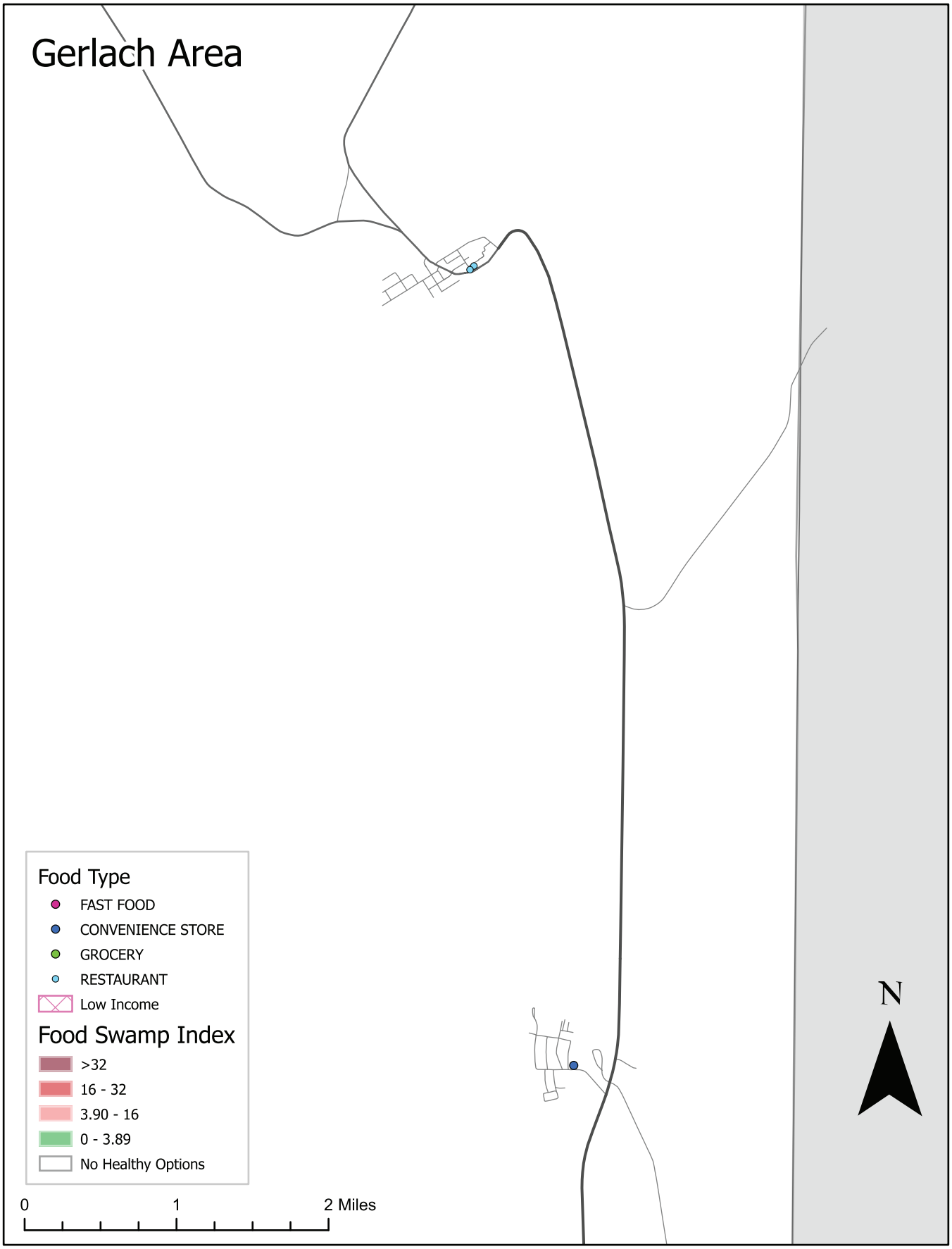
[17] Ver Ploeg, M., Larimore, E., & Wilde, P. (2017). The Influence of Foodstore Access on Grocery Shopping and Food Spending. U.S. Department of Agriculture, Economic Research Service.

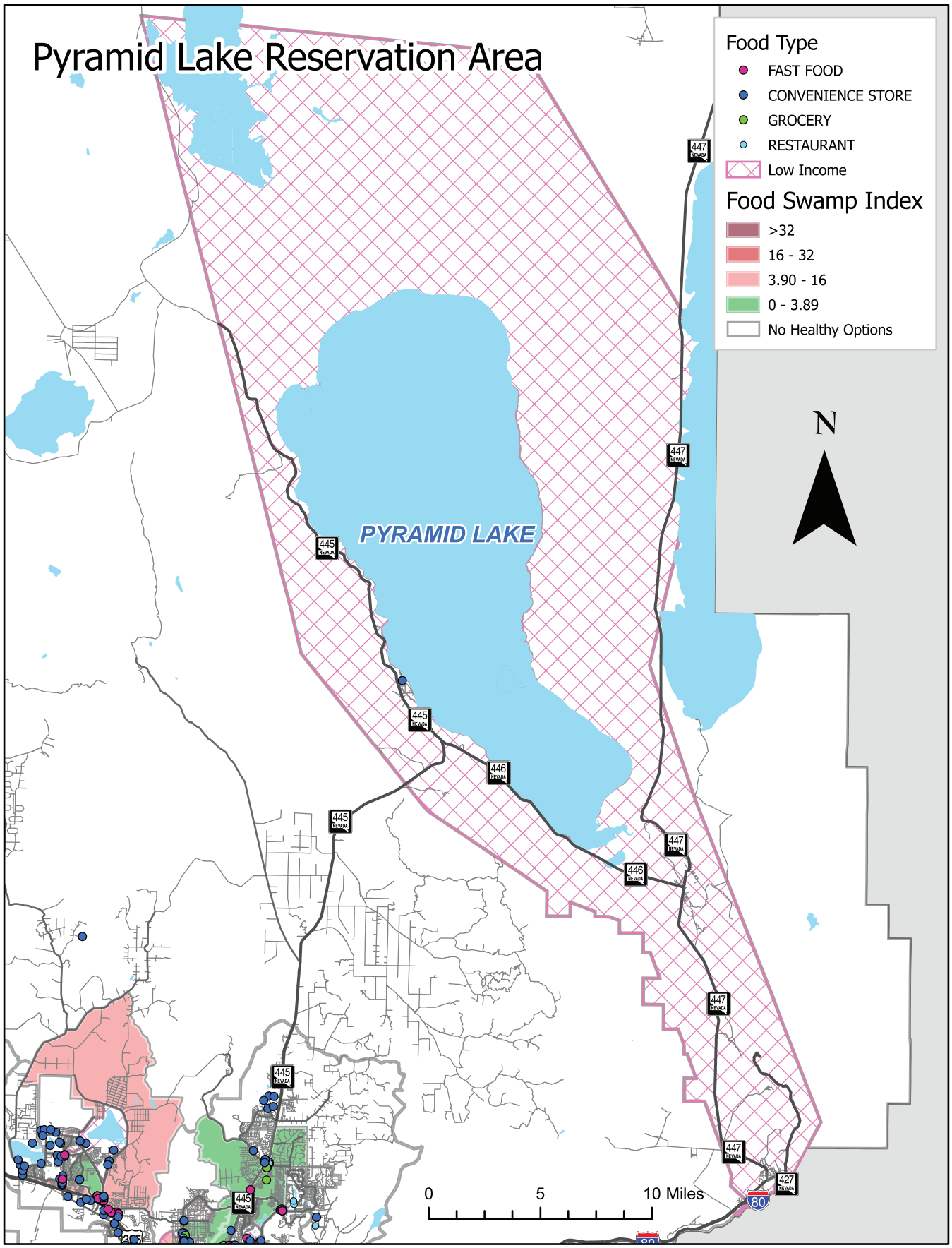
5.0 SOCIAL DETERMINANTS OF HEALTH

In the Reno and Sparks metro areas, only three low-income census tracts fall into the lowest food swamp index score (more healthier food options compared to unhealthy food options), while much of the core and some of the suburban and less densely populated areas in the metro area have high food swamp index scores. The Incline Village area illustrates a mix in food swamp indexes, both still are on the lower end of the ratio, while neither Gerlach nor the Pyramid Lake Reservation areas had any data to create a ratio as there are no grocery stores in either location. Residents of both Gerlach and Pyramid Lake Reservation must drive long distances to shop at a full-service grocery store.




Incline Village Area
431
28
28
Food Type
FAST FOOD
CONVENIENCE STORE
GROCERY
RESTAURANT
Low Income
Food Swamp Index
>32
16 - 32
3.90 - 16
0 - 3.89
No Healthy Options
0
1
2 Miles
N


Gerlach Area
Food Type
FAST FOOD
CONVENIENCE STORE
GROCERY
RESTAURANT
Low Income
Food Swamp Index
>32
16 - 32
3.90 - 16
0 - 3.89
No Healthy Options
0
1
2 Miles
N


Pyramid Lake Reservation Area
Food Type
FAST FOOD
CONVENIENCE STORE
GROCERY
RESTAURANT
Low Income
Food Swamp Index
>32
16 - 32
3.90 - 16
0 - 3.89
No Healthy Options
N
PYRAMID LAKE
445
446
447
427
80
0
5
10 Miles

Grocery Stores

Research has found little difference in the distance from a grocery store and dietary behaviors, as many people will go grocery shopping on the way home from work or while enroute to other locations requiring transport via personal vehicle.[18, 19, 20] While few persons may route directly from home to grocery stores and back, for those concerned with traffic congestion and increased time spent in vehicles, or for those without access to a vehicle, it may be beneficial to be in closer proximity to a full-service grocery store. Nationally, only 1.7% of the population is far from a grocery store and does not have a vehicle, and there are many other significant factors involved with where an individual or household may conduct grocery shopping.[21, 22]

The following series of maps provide the percent of population in each zip code residing more than a quarter (¼) mile from a grocery store overlay with low-income census tracts. Within the Reno-Sparks Metro area there are few low-income census tracts in zip codes where more than 70% of residents in the zip code are further than ¼ mile from the nearest grocery store. The entire Incline Village area is denoted as 70-80% of the population residing more than a ¼ mile of a grocery store, while both the Gerlach and Pyramid Lake Paiute Reservation areas falls in the range of 90-100% of the population being more than ¼ mile from a grocery store.

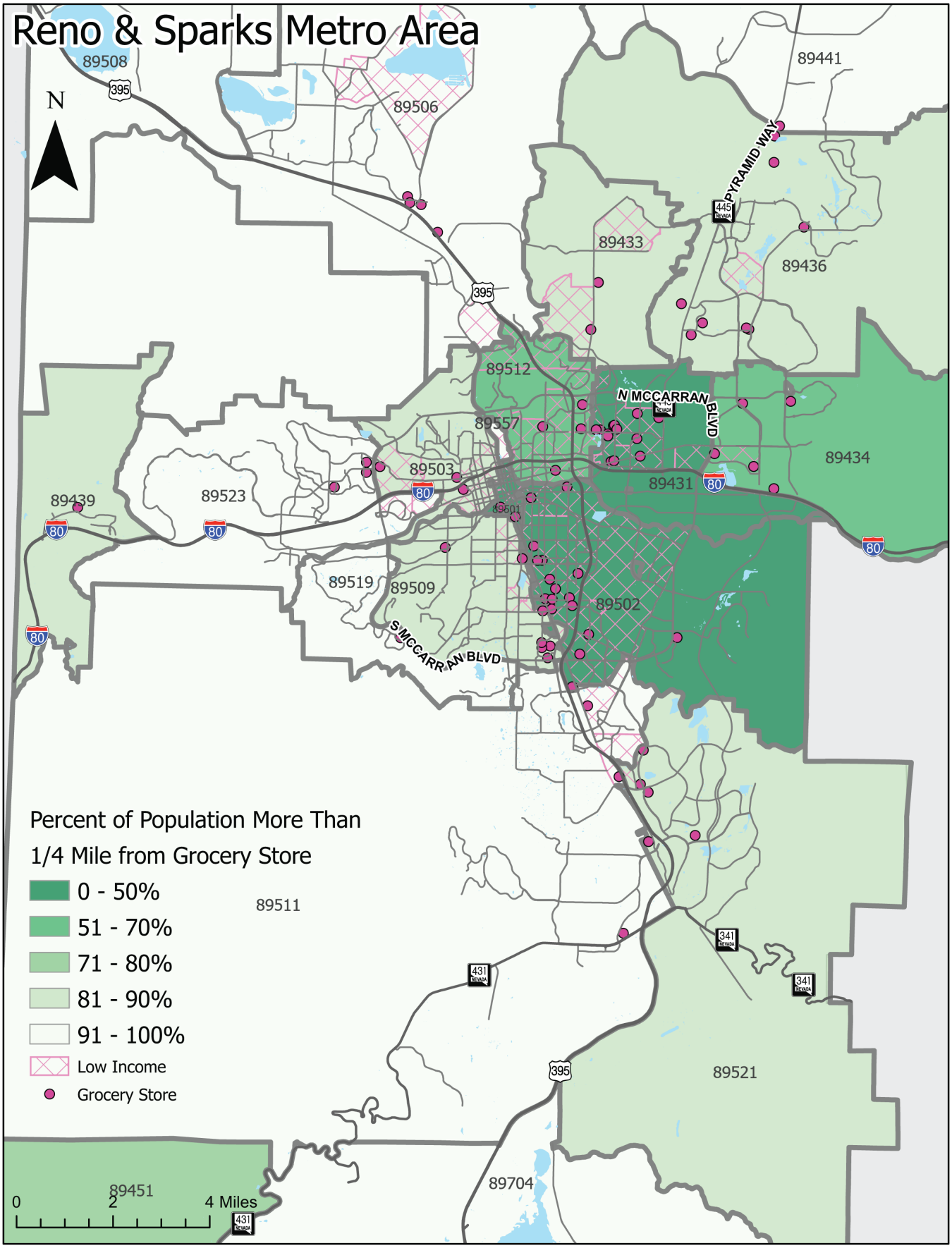
[18] Liu J.L., Han B., Cohen D.A.. (2015). Beyond Neighborhood Food Environments: Distance Traveled to Food Establishments in 5 US Cities, 2009–2011. Preventing Chronic Disease;12:150065. doi: http://dx.doi.org/10.5888/pcd12.150065

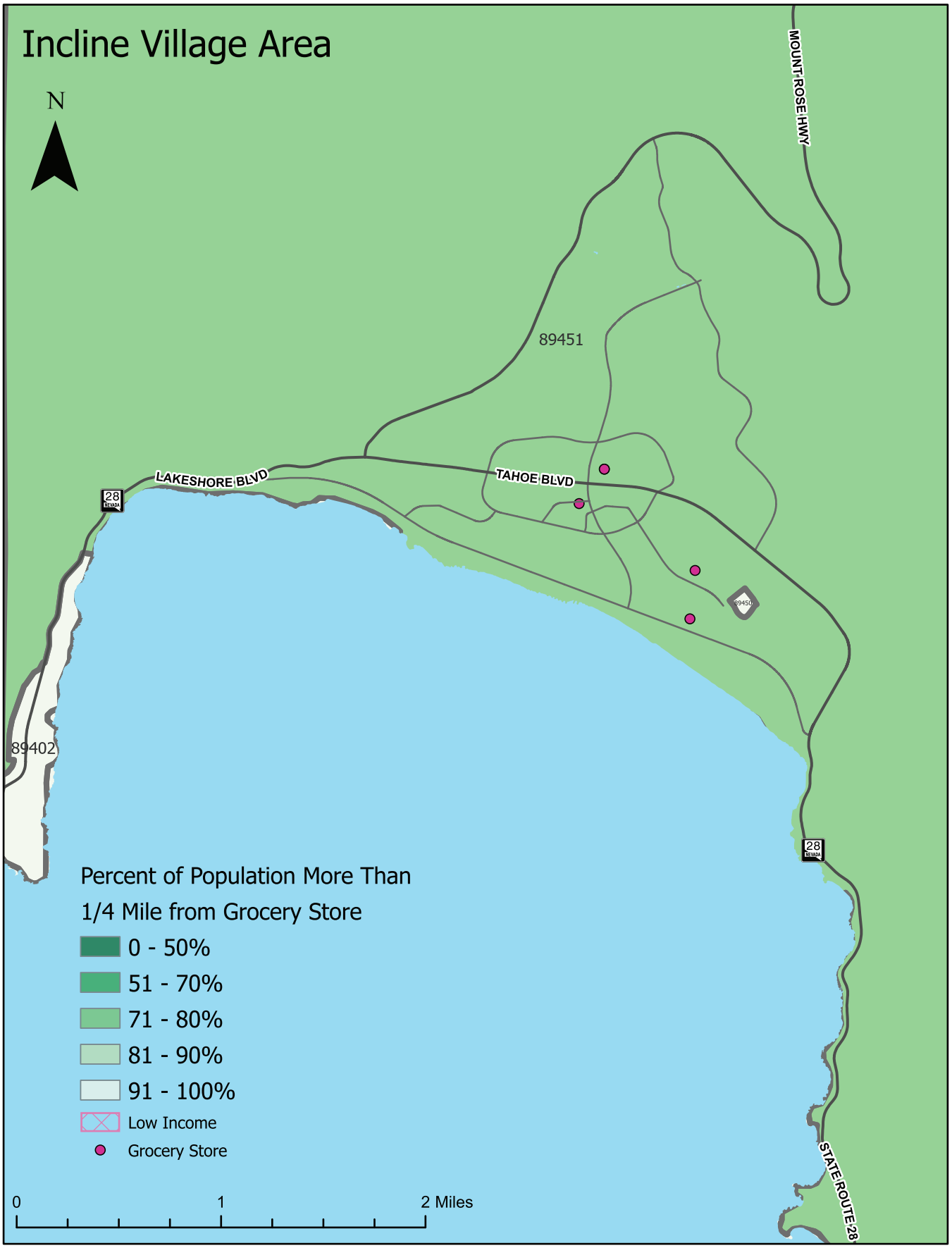
[19] Aggarwal, A., Cook, A.J., & Jiao, J. et.al. (2014). Access to Supermarkets and Fruit and Vegetable Consumption. American Journal of Public Health; 104(5), 917-923.

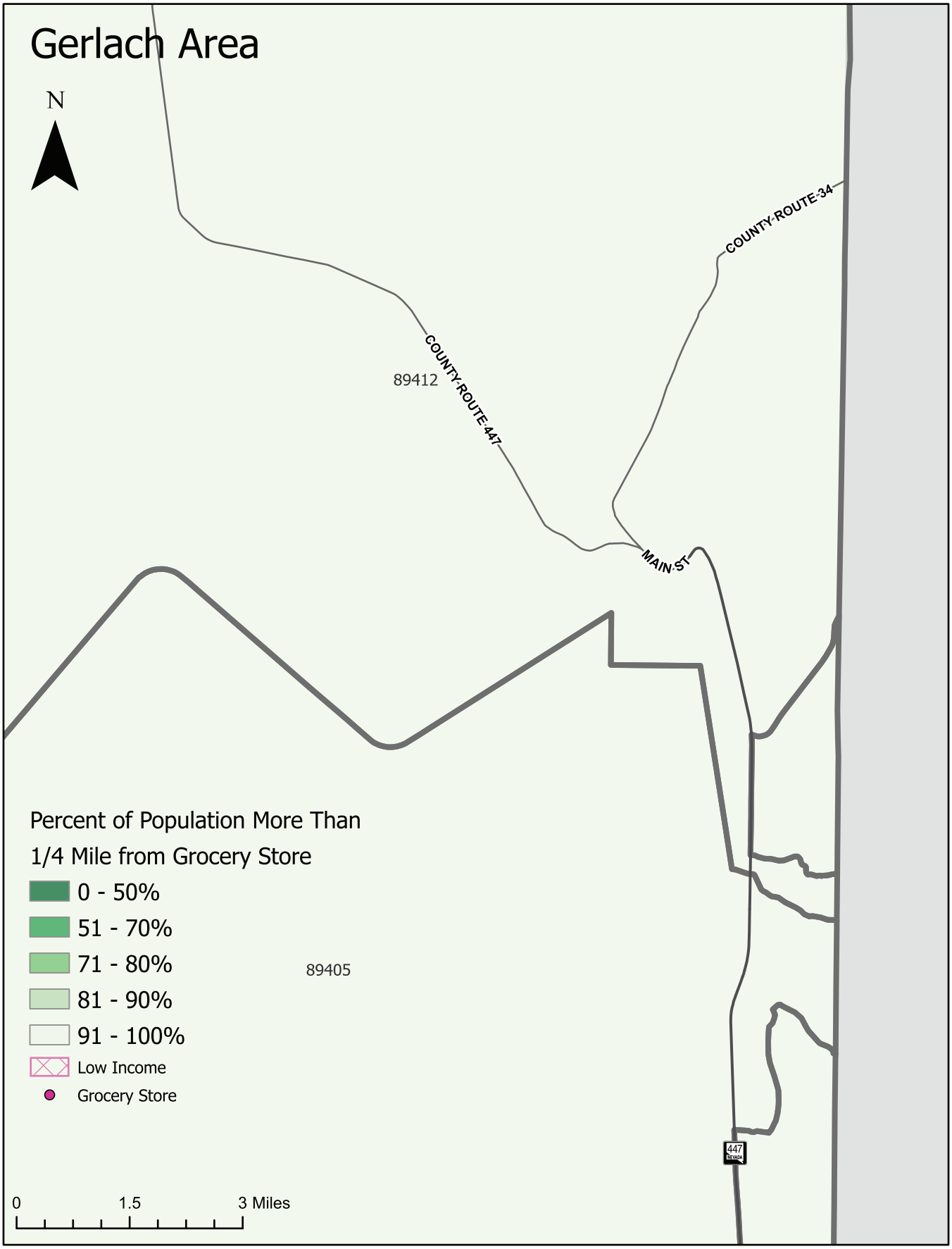
[20] Ver Ploeg, M., Larimore, E., & Wilde, P. (2017). The Influence of Foodstore Access on Grocery Shopping and Food Spending. U.S. Department of Agriculture, Economic Research Service.

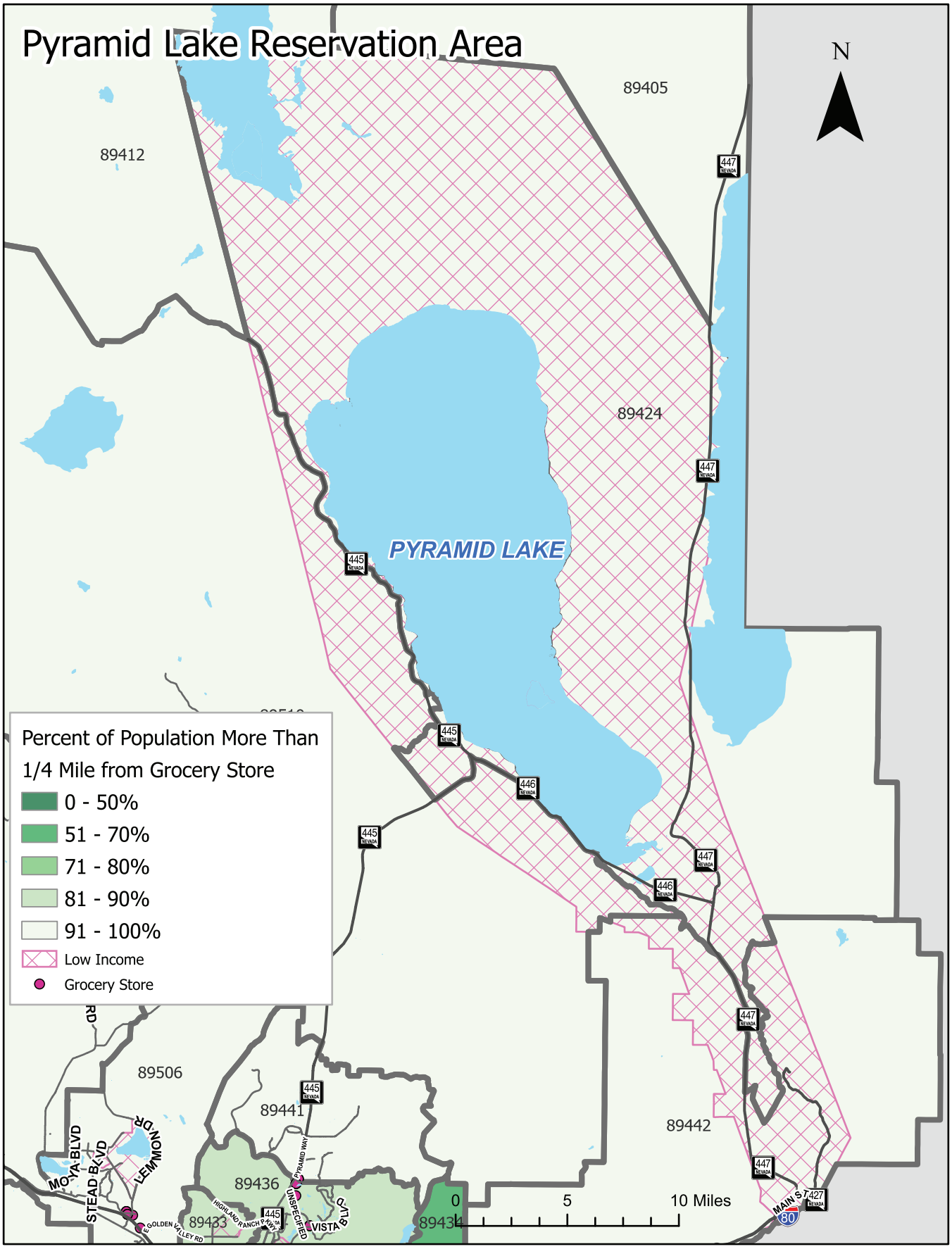
[21] Rhone, A., Williams, R., & Dicken, C. (2022). Low-Income and Low-Foodstore-Access Census Tracts, 2015-19. U.S. Department of Agriculture, Economic Research Service.

[22] Jiao J, Moudon AV, Drewnowski A. (2011). Grocery Shopping How Individuals and Built Environments Influence Choice of Travel Mode. Transportation Research Record. 2011;2230:85-95. doi: 10.3141/2230-10


Reno & Sparks Metro Area
N
89508
395
89506
89441
PYRAMID WAY
445
89433
89436
395
89512
N MCCARRAN BLVD
89557
89434
89503
80
89431
89439
89523
89501
80
80
80
89519
89509
89502
S MCCARRAN BLVD
80
Percent of Population More Than
1/4 Mile from Grocery Store
0 - 50%
51 - 70%
71 - 80%
81 - 90%
91 - 100%
Low Income
Grocery Store
89511
341
431
341
395
89521
89704
89451
0
2
4 Miles
431


Incline Village Area
N
MOUNT ROSE HWY
89451
LAKESHORE BLVD
TAHOE BLVD
28
NEVADA
89450
89402
28
NEVADA
STATE ROUTE 28
Percent of Population More Than
1/4 Mile from Grocery Store
0 - 50%
51 - 70%
71 - 80%
81 - 90%
91 - 100%
Low Income
Grocery Store
0
1
2 Miles


Gerlach Area
N
COUNTY ROUTE 34
COUNTY ROUTE 447
89412
MAIN ST
89405
Percent of Population More Than
1/4 Mile from Grocery Store
0 - 50%
51 - 70%
71 - 80%
81 - 90%
91 - 100%
Low Income
Grocery Store
0
1.5
3 Miles


Pyramid Lake Reservation Area
N
89405
89412
89424
PYRAMID LAKE
89506
89441
89442
89436
89433
89434
Percent of Population More Than
1/4 Mile from Grocery Store
0 - 50%
51 - 70%
71 - 80%
81 - 90%
91 - 100%
Low Income
Grocery Store
0
5
10 Miles

Transit Stops

The Regional Transportation Commission (RTC) is the legislated Metropolitan Planning Organization in Washoe County and is responsible for metropolitan transportation planning, public transportation, and engineering and construction. Although there are numerous improvement projects underway, and alternative transportation modalities for persons with disabilities, there are several opportunities for improvement which were identified in the most recent study (2016) conducted to inform the 2018-2022 Short Range Transit Plan.[23, 24] Among the areas noted for improvement, running more frequently, serving more places, increase service on weekends and later evening hours, were among the topmost identified across the various forms of community input. For example, the author resides less than a 3.1-mile, 10-minute drive from home to work, while the same route via public transportation would involve a ¾ mile walk to the nearest stop followed by a 50-minute bus ride involving at least one bus line transfer, route dependent.

There are several benefits to having accessible public transportation services in urban areas such as increased access to services and amenities, including healthcare and places of employment.[25] Additionally, widespread use of public transportation reduces traffic congestion and air pollution and can result in an increase in physical activity.[26] A meta-analysis found switching from automobile use to use of public transportation was associated with a lower BMI on an individual level, likely due to users of public transportation reliant on active transport (walking or biking) to get to and from transit stops.[27]

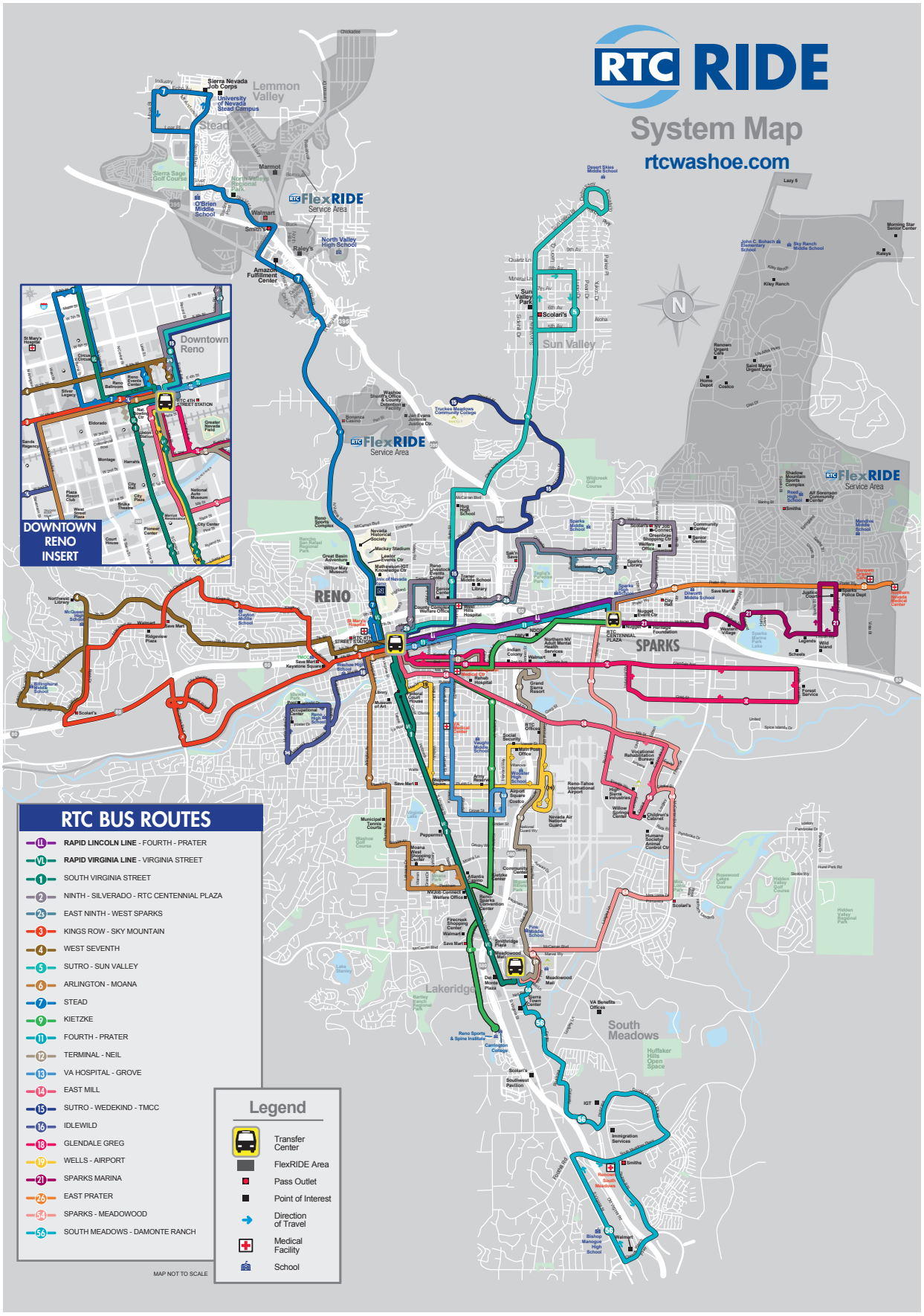
[23] RTC. (2021). 2021 Annual Report: Building a Better Community Through Quality Transportation. Accessed https://www.rtcwashoe.com/wp-content/uploads/2021/05/RTC-AnnualReport-2021-FINAL.pdf

[24] RTC. (2017). Short Range Transit Plan. Accessed https://rtcwashoe.wpengine.com/wp-content/uploads/2017/06/SRTP17-FINAL1-EMD.pdf

[25] Smith, L.B., Yang, Z., & Golberstein, E. et.al. (2021). The effect of a public transportation expansion on no-show appointments. Health Services Research. 57(3), 472-481.

[26] Saif, M.A., Zefreh, M.M., & Torok, A. (2019). Public Transport Accessibility: A Literature Review. Periodica Polytechnica Transportation Engineering. 47(1), 36-43.

[27] Patterson, R., Webb, E., & Hone, T. et.al. (2019). Associations of Public Transportation Use With Cardiometabolic Health: A Systematic Review and Meta-Analysis. American Journal of Epidemiology. 188(4). 785-795. https://doi.org/10.1093/aje/kwz012


RTC RIDE
System Map
rtcwashoe.com
FlexRIDE Service Area
DOWNTOWN RENO INSERT
RENO
SPARKS
Sun Valley
Lemmon Valley
Stead
Lakeridge
South Meadows
RTC BUS ROUTES
RAPID LINCOLN LINE - FOURTH - PRATER
RAPID VIRGINIA LINE - VIRGINIA STREET
SOUTH VIRGINIA STREET
NINTH - SILVERADO - RTC CENTENNIAL PLAZA
EAST NINTH - WEST SPARKS
KINGS ROW - SKY MOUNTAIN
WEST SEVENTH
SUTRO - SUN VALLEY
ARLINGTON - MOANA
STEAD
KIETZKE
FOURTH - PRATER
TERMINAL - NEIL
VA HOSPITAL - GROVE
EAST MILL
SUTRO - WEDEKIND - TMCC
IDLEWILD
GLENDALE GREG
WELLS - AIRPORT
SPARKS MARINA
EAST PRATER
SPARKS - MEADOWOOD
SOUTH MEADOWS - DAMONTE RANCH
MAP NOT TO SCALE
Legend
Transfer Center
FlexRIDE Area
Pass Outlet
Point of Interest
Direction of Travel
Medical Facility
School

Parks and Open Space

There have been mixed studies on the proximity to parks and recreation in relation to obesity or overall physical activity, while some research yields either no correlation or lack of statistically significant associations.[28] Some studies find for specific populations, being close to a park or open space designed for physical activity or even simply being in close proximity to nature, may play a role in increased physical activity levels and has the potential to improve mental health, however these locations must be perceived as safe.[29, 30, 31]

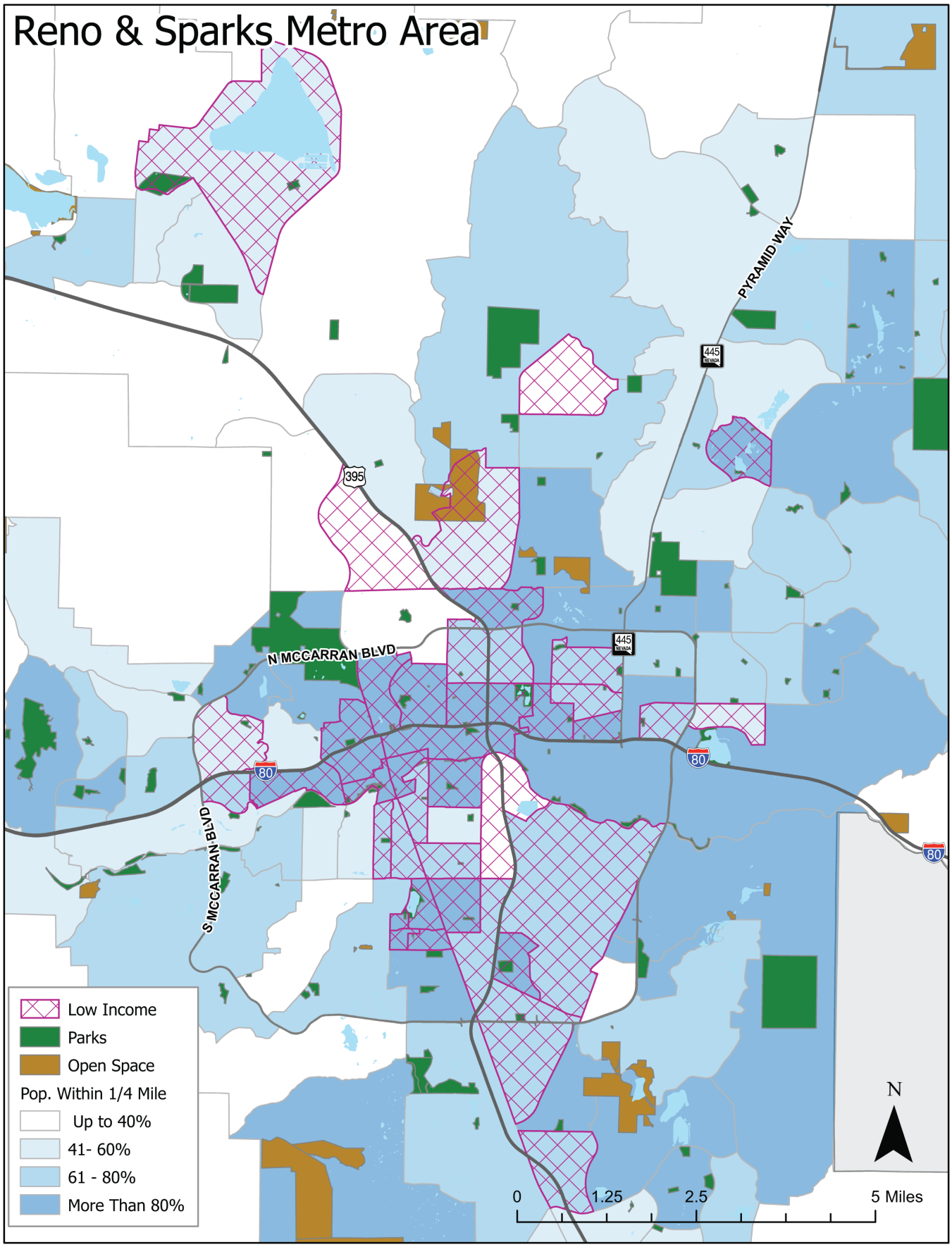
The final set of maps in this section illustrate the percent of the population within each census tract within a ¼ mile to a park or open-space overlay with low-income. In the Reno-Sparks Metro area most census tracts have more than 60% of the population living within a ¼ mile to a park or designated open-space. Only one tract in Incline Village is denoted as 40-60% of the population residing within a ¼ mile of a park, while Gerlach and Pyramid Lake Reservation census tracts are denoted as no access within ¼ mile. It should be noted the Reno-Sparks area and much of Washoe County is surrounded by foothills with formal and informal trails and paths to access public lands, however these are not always easily accessed.

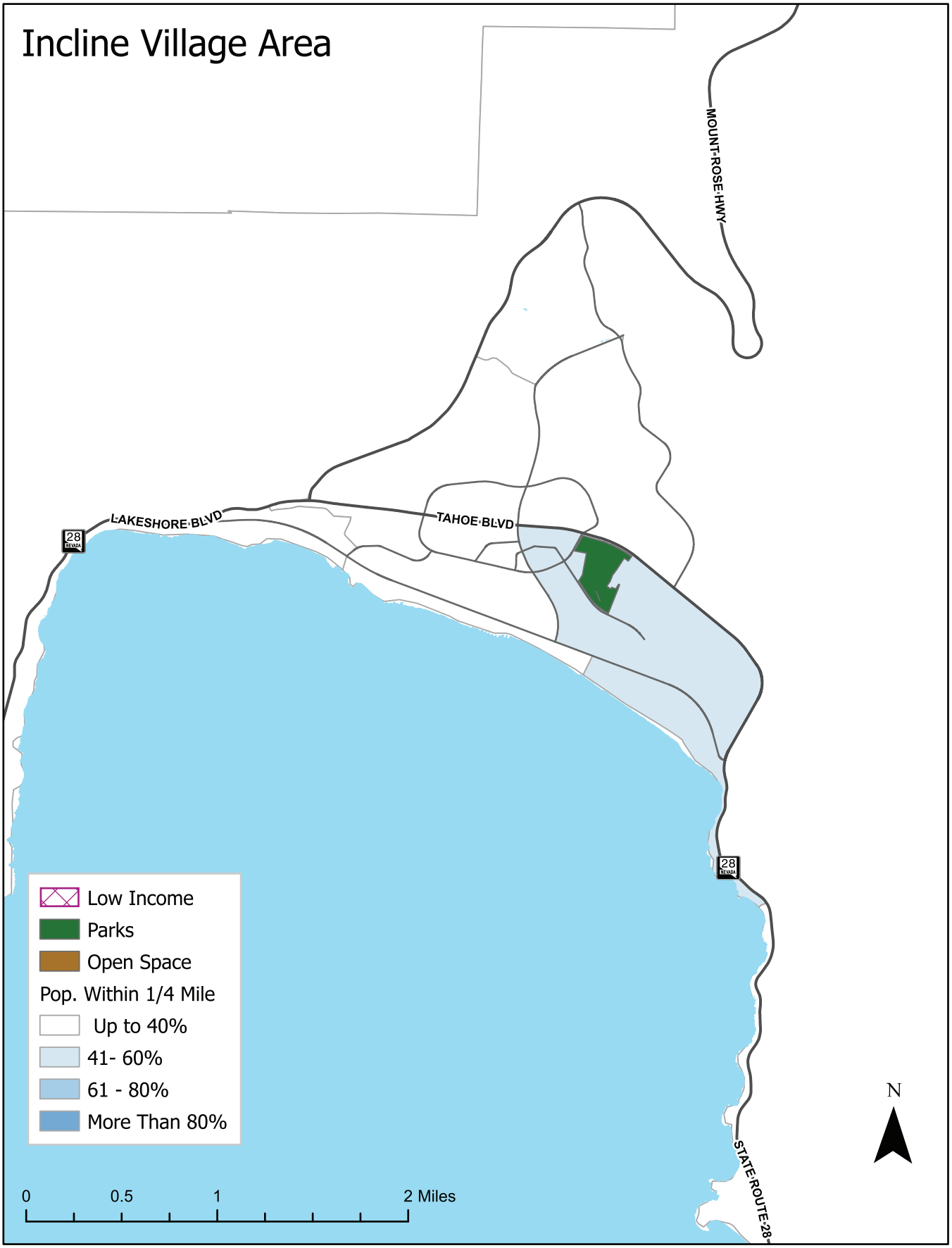
[28] Stewart, O.T., Moudon, A.V. & Littman, A.J. et.al. (2018). Why neighborhood park proximity is not associated with total physical activity. Health & Place. 52, 163-169. https://doi.org/10.1016/j.healthplace.2018.05.011

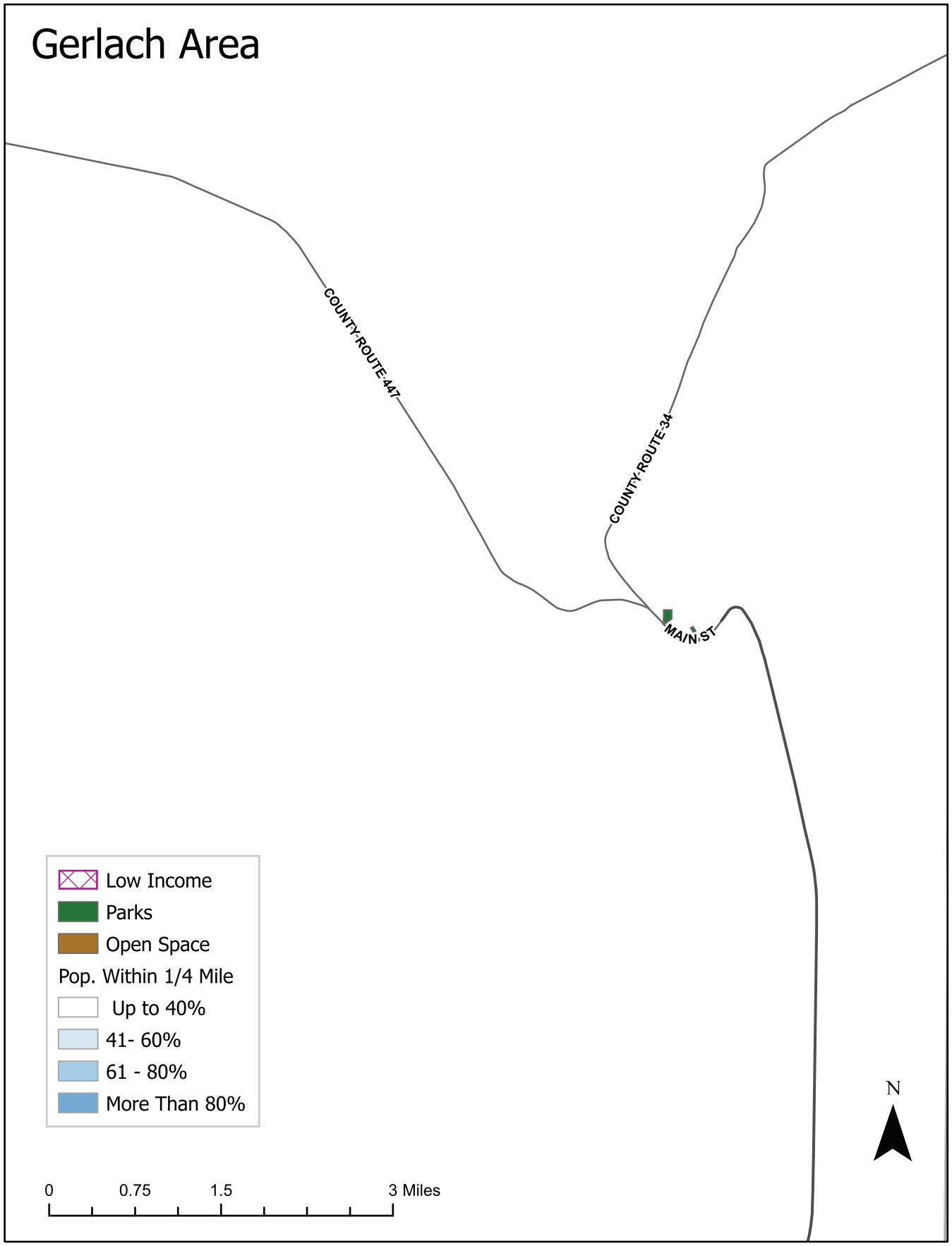
[29] Orstad, S.L, Szuhany, K., & Tamura, K. et.al. (2020). Park Proximity and Use for Physical Activity among Urban Residents: Association with Mental Health. International Journal of Environmental Research and Public Health. 17, 4885; doi:10.3390/ijerph17134885

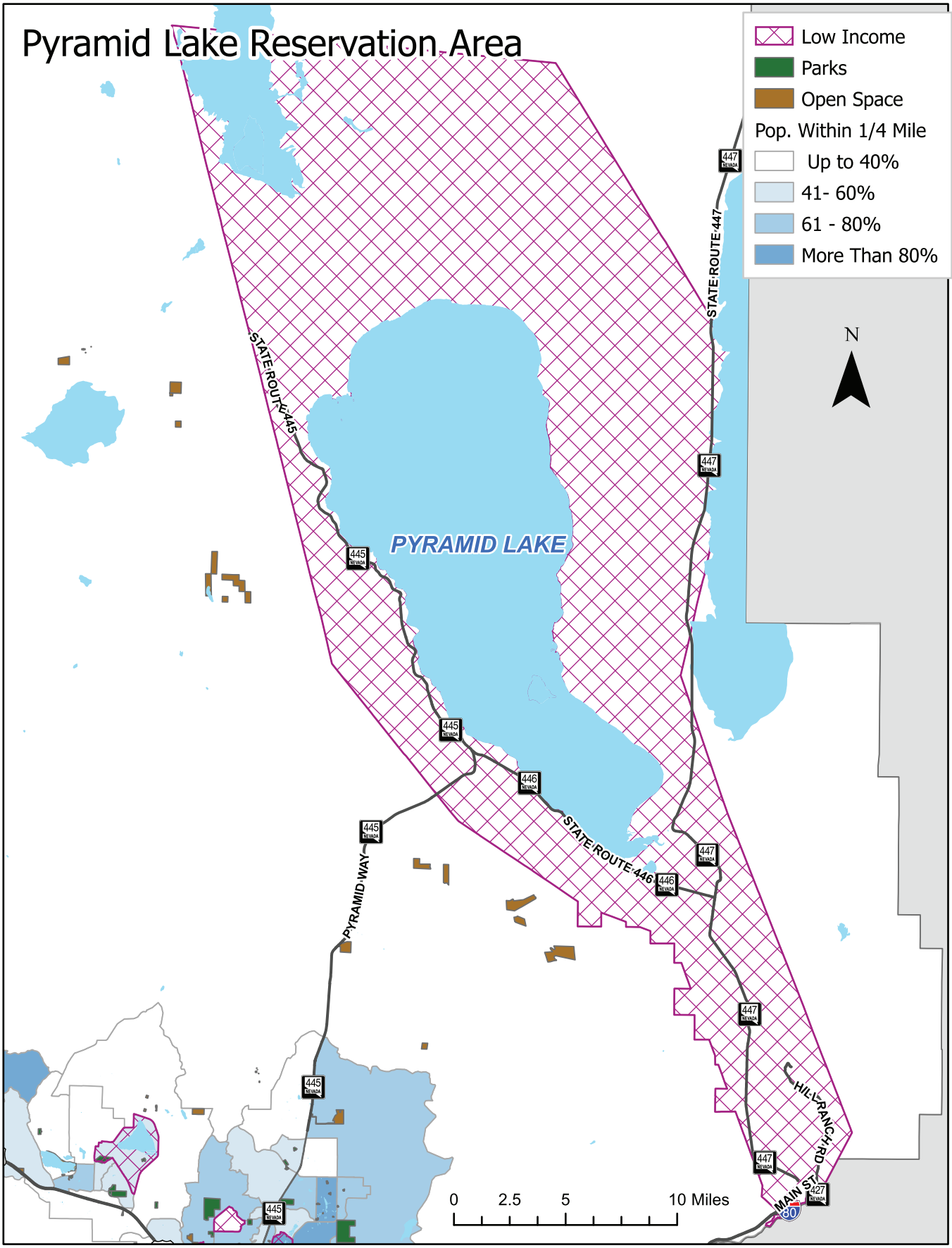
[30] Kolokotsa, D., Lilli, A.A., Lilli, M.A., & Nikolaidis, N.P. (2020). On the impact of nature-based solutions on citizens' health & well being. Energy and Buildings. 229, https://doi.org/10.1016/j.enbuild.2020.110527

[31] Reuben, A., Rutherfor, G.W., James, J., & Razani, N. (2020). Association of neighborhood parks with child health in the United States. Preventive Medicine; 141, https://doi.org/10.1016/j.ypmed.2020.106265


Reno & Sparks Metro Area
PYRAMID WAY
445
395
N MCCARRAN BLVD
80
S MCCARRAN BLVD
Low Income
Parks
Open Space
Pop. Within 1/4 Mile
Up to 40%
41- 60%
61 - 80%
More Than 80%
N
0
1.25
2.5
5 Miles


Incline Village Area
MOUNT ROSE HWY
LAKESHORE BLVD
TAHOE BLVD
28
28
STATE ROUTE 28
Low Income
Parks
Open Space
Pop. Within 1/4 Mile
Up to 40%
41- 60%
61 - 80%
More Than 80%
0
0.5
1
2 Miles
N


Gerlach Area
COUNTY ROUTE 447
COUNTY ROUTE 34
MAIN ST
Low Income
Parks
Open Space
Pop. Within 1/4 Mile
Up to 40%
41- 60%
61 - 80%
More Than 80%
N
0
0.75
1.5
3 Miles


Pyramid Lake Reservation Area
Low Income
Parks
Open Space
Pop. Within 1/4 Mile
Up to 40%
41- 60%
61 - 80%
More Than 80%
N
PYRAMID LAKE
STATE ROUTE 445
STATE ROUTE 447
STATE ROUTE 446
PYRAMID WAY
HILLCREST RD
MAIN ST
0
2.5
5
10 Miles

Environmental health was mentioned by many focus group participants in relation to visibility of trash being a deterrent to engaging in outdoor activities including near the Truckee River and some surrounding foothill communities. Visible trash was frequently mentioned in conjunction with persons who are unhoused or homeless as they often are observed leaving trash in encampments. A strong emergent theme from focus group participants was an important component of a healthy community is one where trash is disposed of correctly. Many participants became visibly distressed when describing garbage in public places as a reason for not going to certain places, and how "junk" in neighbor's yards reduces the perceived value of the neighborhood. The additional environmental factor which was frequently mentioned was poor air quality in summer months specifically when smoke from wildfires drifts into the Truckee Meadows Basin and an inversion builds, creating unhealthy air quality for weeks, sometimes months on end. With increase in erratic winds and drought, several historic fires have burned in recent years, taken longer to suppress, and created increasingly poor air quality, which disincentivizes people from engaging in outdoor activities.

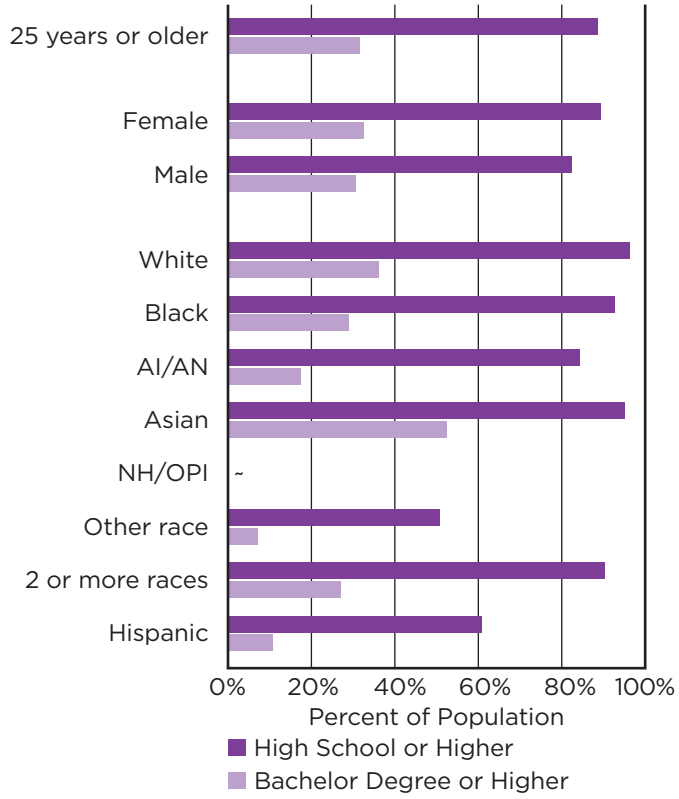
Many focus group participants do engage in volunteer opportunities and several mentioned trash pick up or community clean up events as essential, both for connecting them with like-minded persons as well as having a sense of pride in the overall look and health of the community, making it a more desirable place to live.

Socioeconomic Status

Socioeconomic status (SES) is measured by education, occupation, and earned income, which frame the hierarchy of a person's social standing. The factors used to measure SES are predictors of health across the lifespan and overall life expectancy. Those with a higher SES are more likely to achieve higher levels of education, find employment in higher paying jobs, and have increased access to healthcare and preventive services. Additionally, research shows those with a higher SES have lower levels of chronic stress as measured by cortisol in the bloodstream.[32, 33] Conversely people with a lower SES are more likely to engage in unhealthy behaviors such as smoking and physical inactivity, and they are more likely to live in low-income neighborhoods with fewer resources.[34] Persons with a lower SES experience higher rates of poor health outcomes such as obesity, stroke, cardiovascular disease, depression, and diabetes.[35, 36, 37] The effects of socioeconomic status on quality of life and life expectancy are interrelated and challenging to measure independent of one another.

Overall quality of life is largely impacted and influenced by educational attainment. Persons without a high school diploma or GED equivalent are more likely to have poorer heath and live shorter lives. The relationship between education and quality of life has been demonstrated worldwide; however, the relationship is much more apparent in the United States. Education impacts various health outcomes such as decision-making in regard to healthy choices, occupational options, and income.[35, 38, 39]

Percent of Population Among Adults 25 Years or Older By Educational Attainment Level Washoe County, 2019



Source: US Census, American Community Survey. Table S1501 1-year estimates - Educational Attainment

- In 2019, the rate of adults 25 years or older in Washoe County who reported having graduated from high school or reached a higher level of attainment was lowest among those who identified as an "other" race (50.8%), or Hispanic (60.8%) compared to those who identified as Asian (94.9%).
- While a higher proportion of adults 25 and older in Washoe County report having a bachelor's degree or higher over the past years, as of 2019 still fewer than one in three (31.5%) had graduated with a four-year college degree or higher.

[32] National Center for Health Statistics. (2012). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD.

[33] Agency for Healthcare Research and Quality. (2012). National Healthcare Disparities Report, 2011. Rockville, MD.

[34] National Center for Health Statistics. (2012). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD.

[35] Telfair, J. & Shelton, T.L. (2012). Educational Attainment as a Social Determinant of Health. North Carolina Medical Journal. 73(5); 358-365.

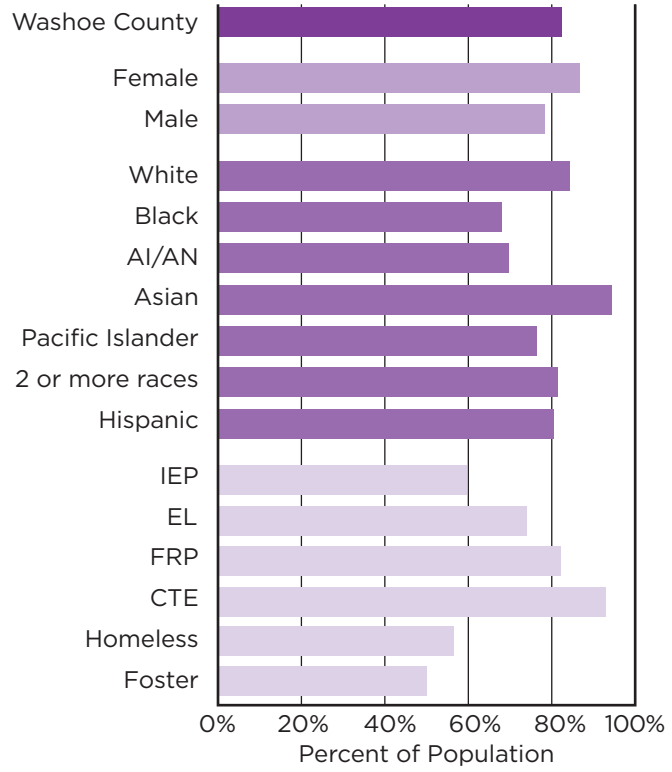
[36] Chen, Edith & Paterson, Laurel, Q. (2006). Neighborhood, Family and Subjective Socioeconomic Status: How Do They Relate to Adolescent Health?. Health Psychology. 25(6); 704-714.

[37] Goodman, E. (1999). The Role of Socioeconomic Status Gradients in Explaining Differences in US Adolescents' Health. American Journal of Public Health. 89; 1522-1528.

[38] Cutler, D.M. & Lleras-Muney, A. (2006). Education and Health: Evaluating Theories and Evidence. National Bureau of Economic Research. Cambridge, MA.

[39] National Center for Health Statistics. (2012). Health, United States, 2011: With Special Feature on Socioeconomic Status and Health. Hyattsville, MD.

High School Graduation Rate
Washoe County, 2020-2021 School Year



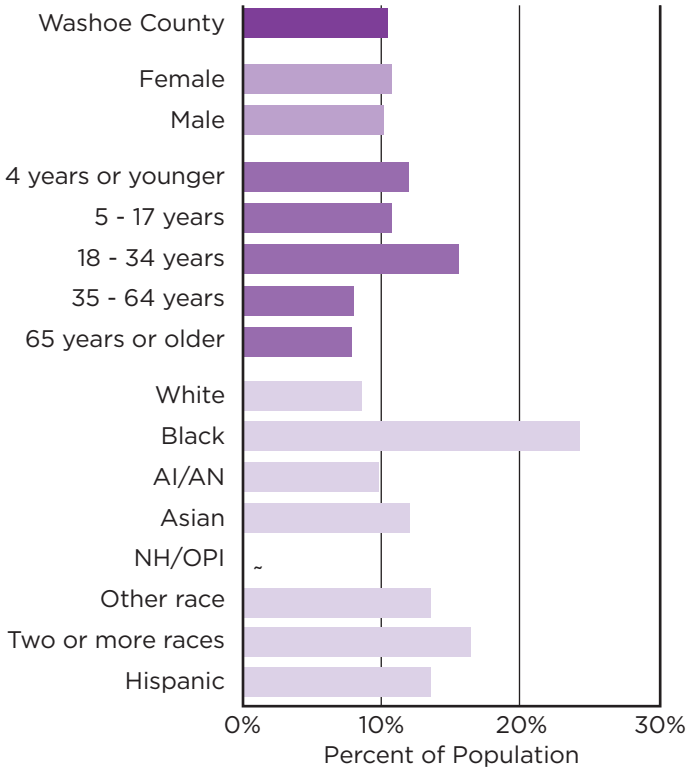
Note: IEP = Individualized Education Plan; EL = English Learner; FRP = Free-reduced Price; CTE = Career Technical Education
Source: Nevada Report Card

prevalence of risk factors for disease such as obesity, depression, high blood pressure, and substance use. Higher rates of poverty are associated with higher prevalence of poor health behaviors and poor health outcomes, thus resulting in premature death.[40, 41]

- As of 2019, approximately 10.5% of Washoe County's population was living at or below the poverty level, with rates higher among those who identified as Black (24.3%) compared to White (8.6%).
- Rate of poverty was also higher in Washoe County among those aged 18 to 34 years (15.6%) compared to those aged 35 to 64 years (8.0%).
- As of the 2020-2021 school year, high school graduation rates in Washoe County were lowest among those who identified as Black, non-Hispanic (67.9%) compared to those who identified as Asian, non-Hispanic (94.4%).
- In Washoe County, only one in two students who had ever been in the foster system graduated high school compared to 93.1% of students who had ever been part of the Career and Technical Education (CTE) program.

Being employed is important; however, having a decent paying job may be more difficult to come by. Poverty is one of the strongest predictors of negative health outcomes, which include high infant and maternal mortality rate and a higher

Percent of Population in Poverty
Washoe County, 2019

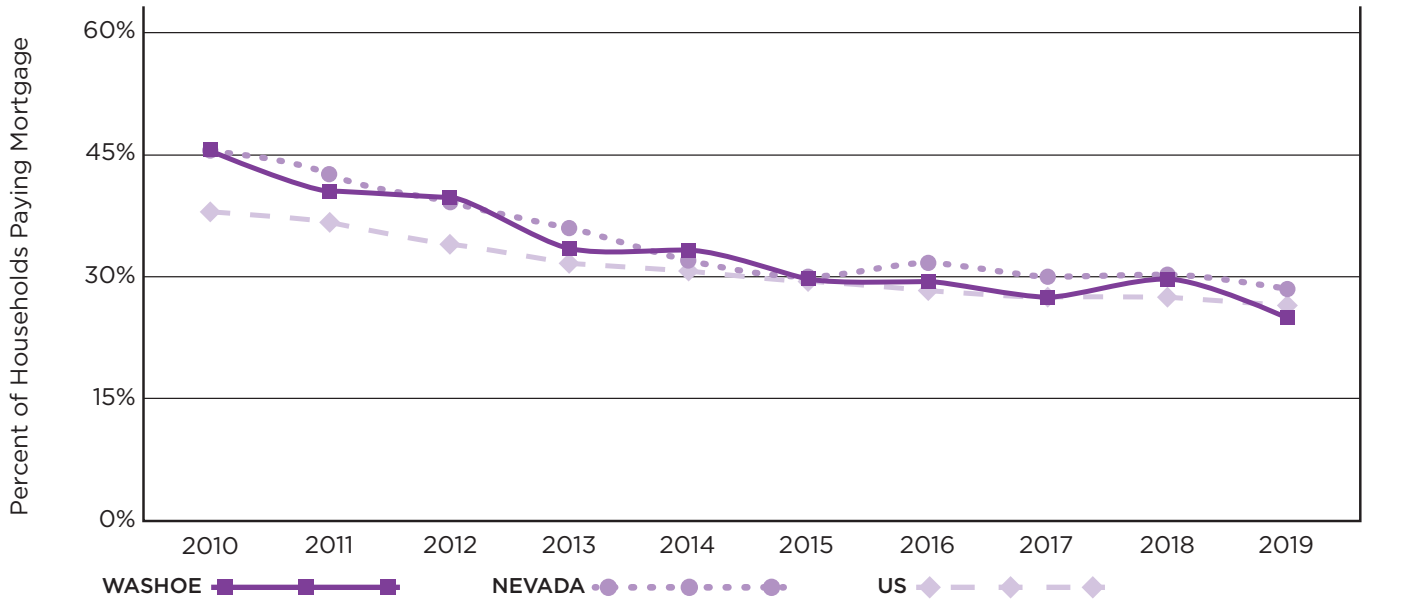


Source: US Census, American Community Survey.
Table S1701 1-year estimates -Poverty Status in the Past 12 Months

[40] UC Davis Center for Poverty Research. (2014). Focus on Poverty and Health. Spring Issue. Davis, CA

[41] World Health Organization, Organisation for Economic Co-operation and Development. (2003). DAC Guidelines and Reference Series Poverty and Health. OECD Publications Service, Paris, France.

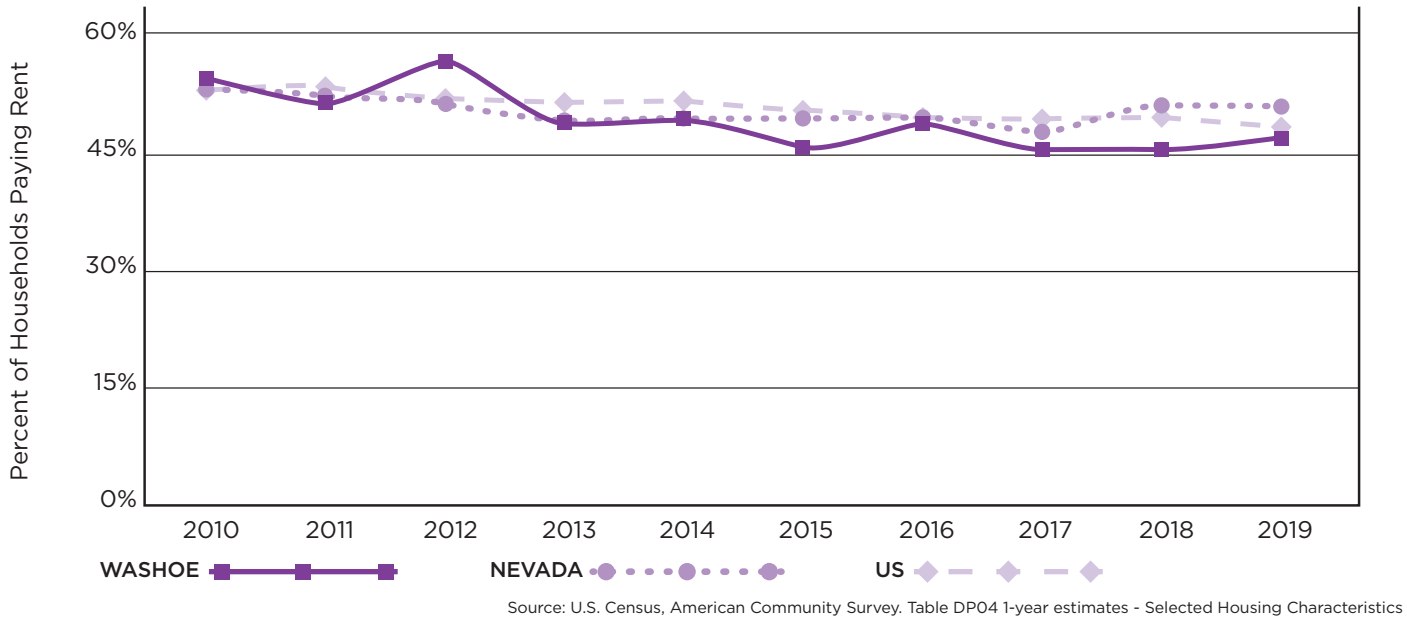
Percent of Households with a Mortgage, Spending 30% or More of Monthly Income on Mortgage
Washoe County, Nevada and United States, 2010-2019



Source: U.S. Census, American Community Survey. Table DP04 1-year estimates - Selected Housing Characteristics

- While the proportion of persons who own a home and pay an unaffordable monthly mortgage (30% or more of income) has declined from 2010 (45.4%) to 2019 (24.8%) in Washoe County, the portion of persons who pay an unaffordable monthly cost of rent has not declined in parallel.

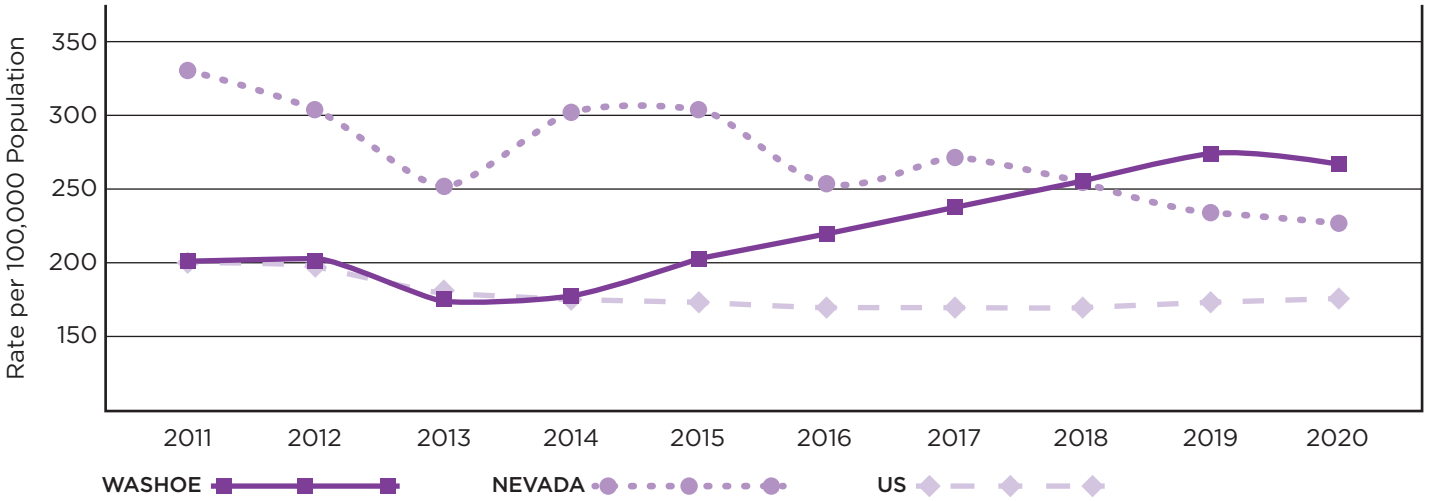
Percent of Households Spending 30% or More of Income on Rent
Washoe County, Nevada and United States, 2010-2019



Source: U.S. Census, American Community Survey. Table DP04 1-year estimates - Selected Housing Characteristics

- In 2010, approximately 54.4% of renters in Washoe County paid an unaffordable rent, compared to 47.0% in 2019, a nominal decline.

Rate of Homeless Persons per 100,000 Population
Washoe County, Nevada and United States, 2011-2020



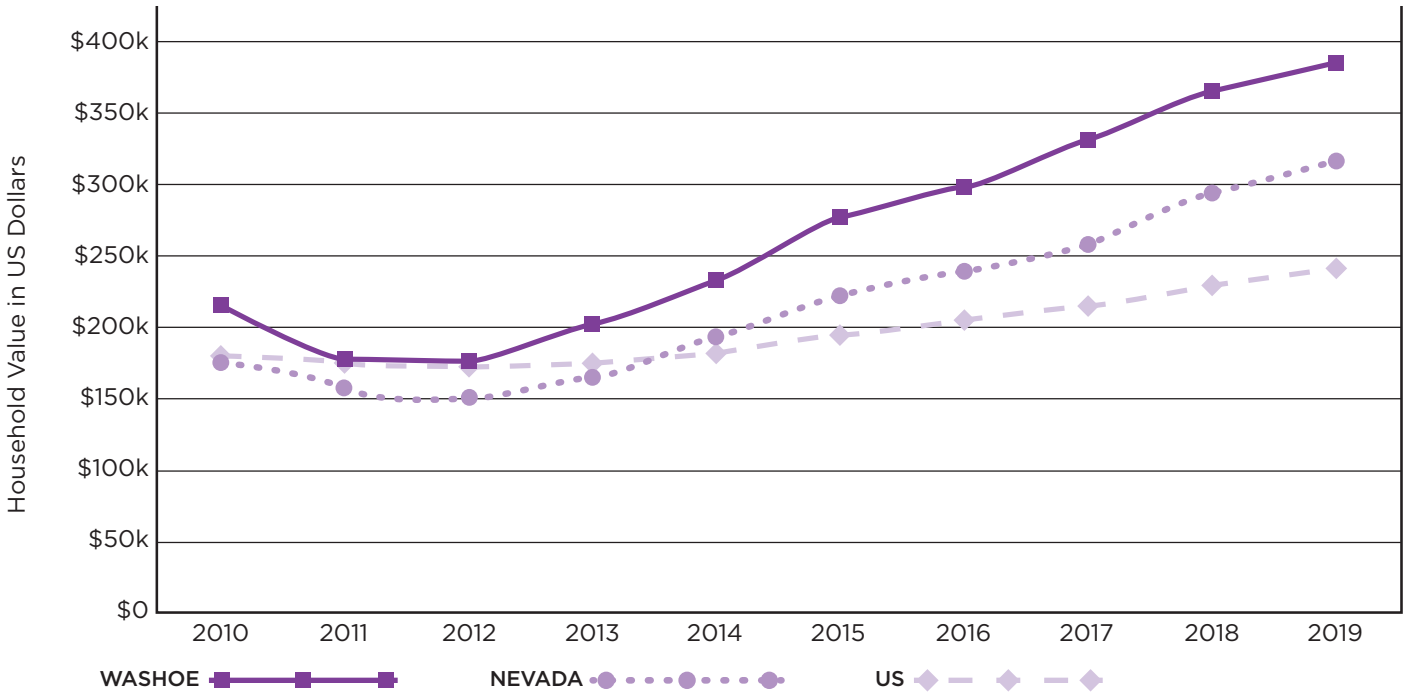
Source: https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html
Population Data Table - Washoe County and Nevada from Nevada State Demographer; US data from US Census - American Communtiy Survey Table B01003 Total Population

- Since 2014 the rate of homelessness in Washoe County steadily increased and as of 2020 was higher at 261.6 per 100,000 population compared to Nevada (229.9) and the United States (175.1).

5.0 SOCIAL DETERMINANTS OF HEALTH

While the household value can be viewed as an indicator for tangible assets, the estimated value skyrocketing over the past 5 years has placed more working-class families in a situation where homeownership is an unattainable goal as increase in median income has not outpaced the cost of living or housing in Washoe County.

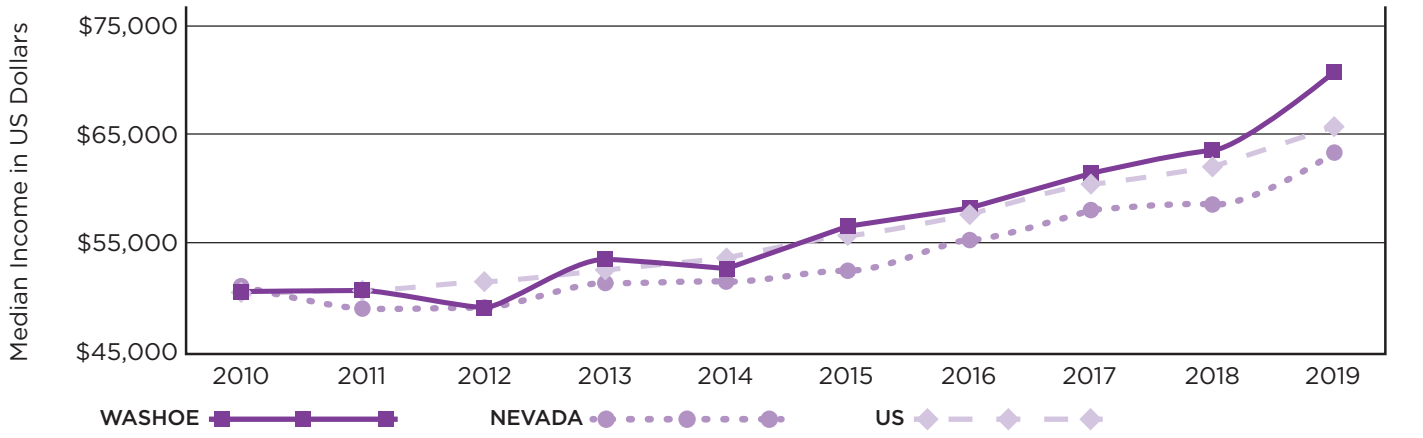
Median Household Value
Washoe County, Nevada and United States, 2010-2019



Source: U.S. Census, American Community Survey.
Table B25077 1-year estimates - Median Value (Dollars) Owner-occupied housing units

- Since 2012, the cost of housing (household value) in Washoe County has substantially outpaced the household value in Nevada and the United States.

Median Household Income
Washoe County, Nevada and United States, 2010–2019



Source: US Census, American Community Survey. Table S1901 1-year estimates - Income in the Past 12 Months

5.0 SOCIAL DETERMINANTS OF HEALTH

The unaffordability of the general cost of living and lack of affordable housing were both among the most frequently identified barriers to living a healthy lifestyle or having a healthy community among focus group participants. Having basic needs be met was the most frequently identified characteristic for having a quality of a life, with some focus group participants citing having to trade off spending time with friends and family in order to work more hours to make ends meet.

There were also concerns about homelessness, predominately safety concerns and complaints about homelessness being intertwined with the environment and the trash found in and near homeless encampments, generally deterring the public from enjoying open spaces. Some participants were interested in finding solutions to reduce the many barriers persons who are unhoused face, including co-occurrence of substance use and untreated mental health issues.

Among Community Survey respondents, just over one half reported their household had a hard time paying for one or more amenities, including housing (19.8%) in the past 12 months.

Has your household had a hard time paying for any of the following in the past 12 months?

RESPONSE CATEGORIES	FREQUENCY	PERCENT
Housing (mortgage or rent)	127	19.8%
Utilities, including heat, light, water, trash/waste, or sewer	89	13.9%
Phone, cell or land line	74	11.5%
Credit card payments	119	18.6%
Educational loans	74	11.5%
Medical debt	101	15.8%
Childcare	32	5.0%
Vehicle maintenance/ Transportation	109	17.0%
Have not had a hard time paying for any of the above in the past 12 months	319	49.8%
Other	23	3.6%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Adverse Childhood Experiences (ACE)

The health maintenance organization Kaiser Permanente conducted the initial Adverse Childhood Experiences (ACE) Study from 1995 to 1997. The ACE Study found a graded dose-response relationship between the number of ACEs experienced and poor health outcomes. An adverse childhood experience, or ACE, is an event which contributes to stress including psychological, physical or sexual abuse, violence against a mother, or living with household members who abused substances, were mentally ill or suicidal, or ever imprisoned.[42] As the number of cumulative ACEs increases, so does the risk for infant death, alcoholism/alcohol abuse, chronic obstructive pulmonary disease, depression, liver disease, poor work performance, financial stress, risk for intimate partner violence, sexually transmitted diseases, smoking, attempted suicide, unintended pregnancies, and poor academic achievement, among others.[43]

In Nevada, assessment of the prevalence of lifetime ACE exposure was conducted through the 2018 and 2020 Behavioral Risk Factor Surveillance Survey (BRFSS) and the 2019 Nevada Youth Risk Behavior Survey (YRBS). Analyses of results found a strong dose response relationship between mental health/depression, suicidal ideation and substance use including tobacco use, electronic vapor product use, alcohol use, and marijuana use. The BRFSS report identified that nearly 1/3 (29.9%) of adults in Nevada had an ACE score of three or higher.[44] The 2019 YRBS data illustrate 21.4% of Nevada high school students have an ACE Score of three or higher.[45]

While not all ACEs among middle and high school students in Washoe County are illustrated in this section, data for additional ACEs can be found in the tables in the appendix.

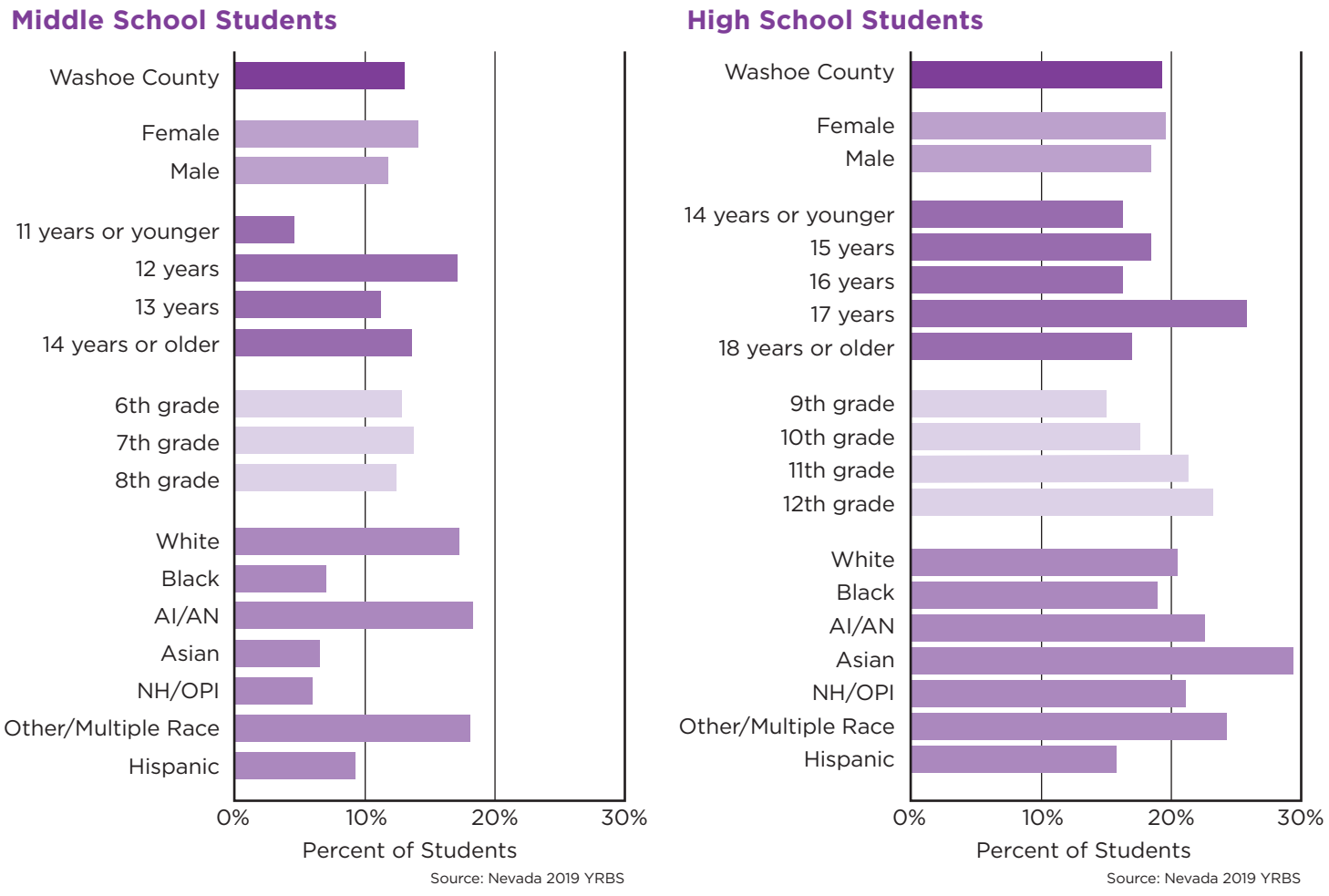
[42] Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., & Marks, J.S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine; 14(4):245-258.

[43] Centers for Disease Control and Prevention. About the CDC-Kaiser ACE Study. Accessed https://www.cdc.gov/violenceprevention/acestudy/about.html

[44] Starcevich, K., Zhang, F., Clements-Nolle, K., Zhang, F., & Yang, W. University of Nevada, Reno. 2018 and 2020 Nevada Behavioral Risk Factor Surveillance System (BRFSS): Adverse Childhood Experiences (ACEs) Special Report. Reno, NV.

[45] Young, A., Brandon, K., Anderson, M., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey (YRBS): Adverse Childhood Experiences (ACEs) Special Report. Provided upon request.

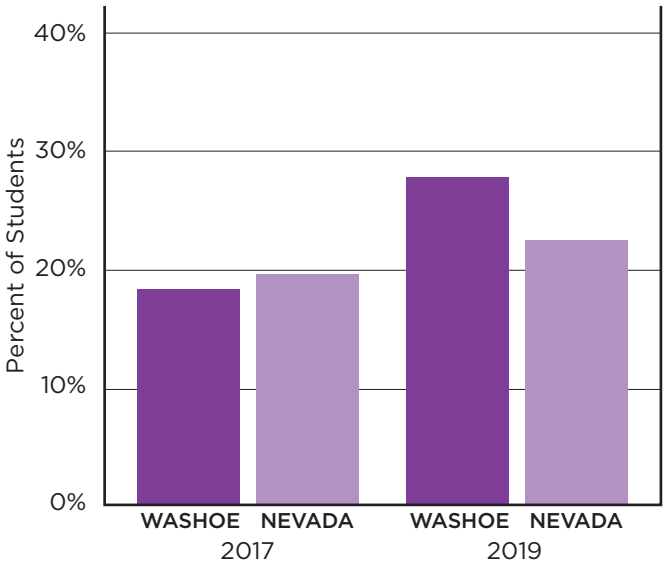
Percent of Middle School and High School Students Who Have Ever Been Hit, Beaten, Kicked, or Physically Hurt in Any Way by an Adult Washoe County, 2019



- More than 10% of middle school students and nearly one in five high school students in Washoe County reported they had ever been hit, beaten, kicked, or physically hurt in any way by an adult.

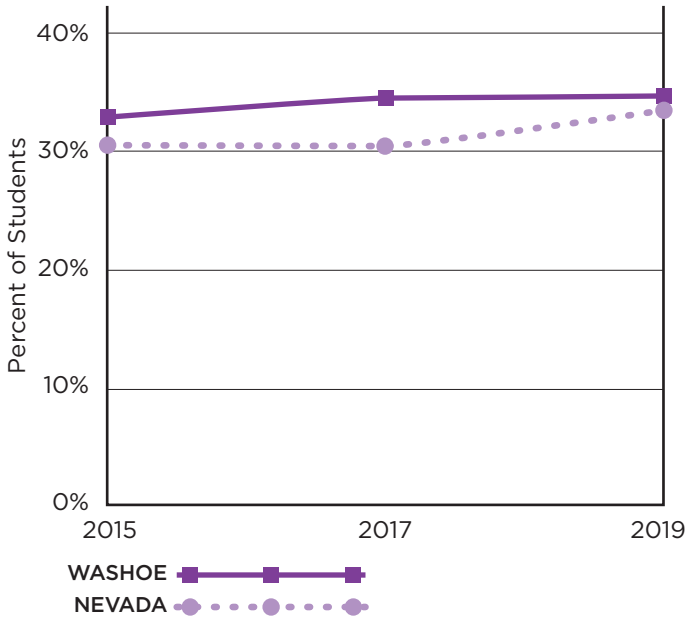
Percent of Middle School and High School Students Who Ever Lived with Someone Who was Depressed, Mentally ill, or Suicidal Washoe County and Nevada

Middle School Students, 2017 and 2019



Source: Nevada 2017, 2019 YRBS

High School Students, 2015–2019

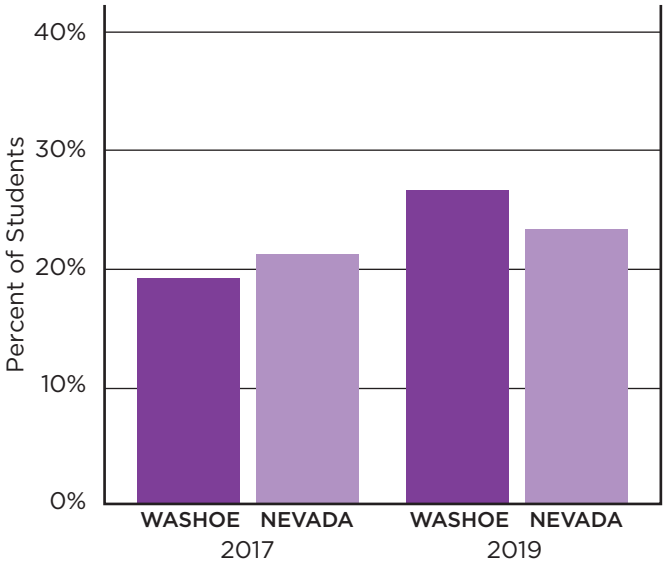


Source: Nevada 2015, 2017, 2019 YRBS

- From 2015 through 2019, over 30% of high school students reported ever having lived with someone who was depressed, mentally ill, or suicidal.

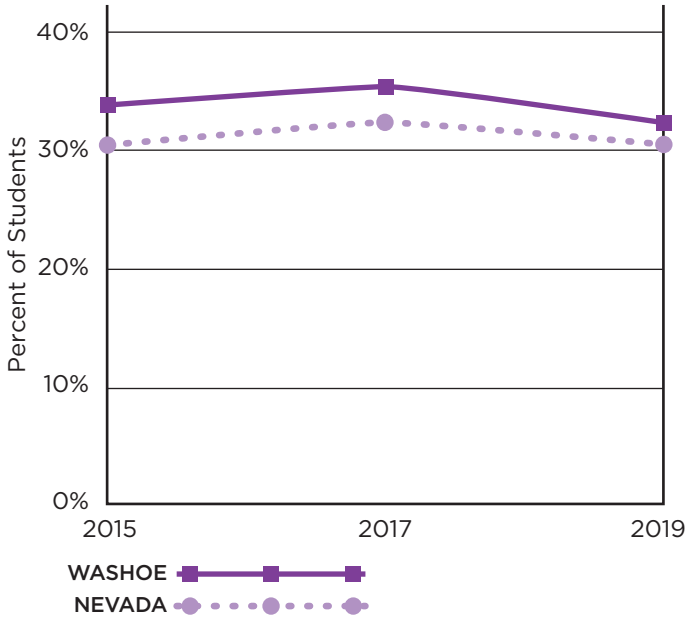
Percent of Middle School and High School Students Who Ever Lived with Someone Who was a Problem Drinker, Alcoholic, or Abused Street or Prescription Drugs Washoe County and Nevada

Middle School Students, 2017 and 2019



Source: Nevada 2017, 2019 YRBS

High School Students, 2015–2019



Source: Nevada 2015, 2017, 2019 YRBS

- From 2015 through 2019, over 30% of high school students reported ever having lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs.

6.0 PREVENTION

Prevention, General Health & Wellness

Health behaviors, education, socioeconomic, and environmental conditions not only impact health and health outcomes, but also influence an individual's perceived importance of health and ability to overcome health issues. Perceived self-reported health status is a validated proxy indicator for assessing population health. The categories of self-reported health status range from "excellent" to "poor". These categories are a predictor of morbidity and mortality and correlate with socioeconomic indicators such as educational attainment and income.[46, 47]

In 2020, approximately 11.4% of adults in Washoe County perceived their health status to be fair or poor, this increased, worsening with age and was higher among those with lower levels of educational attainment as 16.9% of adults with high school diploma or less reported fair or poor health compared to only 6.4% of those with a college degree or more.[48]

This section contains descriptions of select indicators which are markers for prevention including physical activity, nutrition, weight status, sleep, substance use, access to healthcare, screenings, immunizations, and maternal and child health. Preventive actions are the first line defense against a variety of negative health outcomes, both acute (short lived) and chronic (conditions which persist of a year or longer). Reducing burden and severity of disease is a major contributing factor to quality of life, and most of the health behaviors described in this section are interconnected, meaning occurence of one, or high prevalence of one condition, may be linked or associated with one or more negative health outcomes.

Physical Activity

The benefits of regular physical activity are numerous and include increased strength and aerobic capacity, improved mental health, sleep, and reduction in risk for many chronic conditions. The impacts of physical activity can be felt immediately and when practiced regularly on a long-term basis, can have cumulative beneficial long-term effects. The second edition of the Physical Activity Guidelines for Americans, released in 2018, recommends 60 or more minutes of physical activity each day with a combination of aerobic activity (at least three days a week), as well as muscle and bone-strengthening activities (at least three days a week) for children and adolescents ages 6 through 17 years. The recommendations for adults are 150 minutes to 300 minutes of moderate-intensity or 75 minutes to 150 minutes of vigorous-intensity aerobic activity per week, with two or more days of muscle-strengthening activities for all major muscle groups.[49]

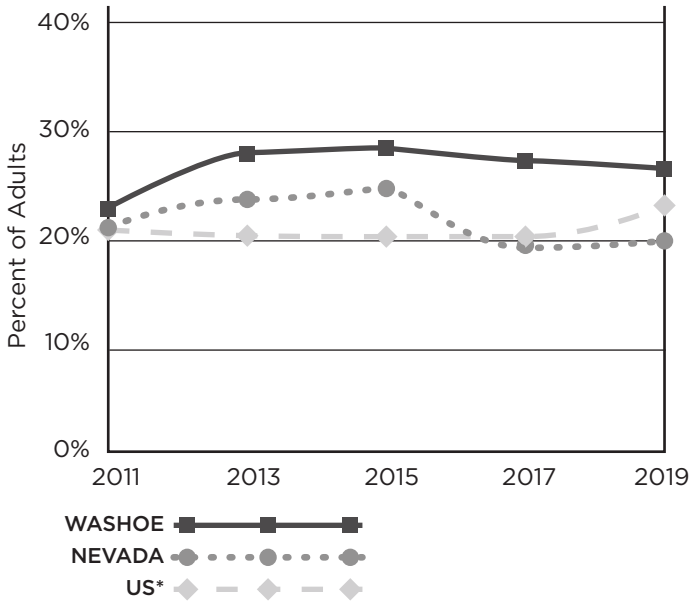
[46] Milunpalo S., Vuori I., Oja P., Pasanen M., & Urponen H. (1997). Self-Rated Health Status as a Health Measure: The Predictive Value of Self-Reported Health Status on the Use of Physician Services and on Mortality in the Working-Age Population. Journal of Clinical Epidemiology. 50(5); 517-528.

[47] Goldberg, P., Gueguen, A., Schumas, A., Nakacha, J.P., & Goldberg, M. (2001). Longitudinal Study of Associations between Perceived Health Status and Self-Reported Diseases in the French Gazel Cohort. Journal of Epidemiology and Community Health. 55; 233-238.

[48] Nevada 2020 Behavioral Risk Factor Surveillance Survey. Carson City, NV. Data provided upon request.

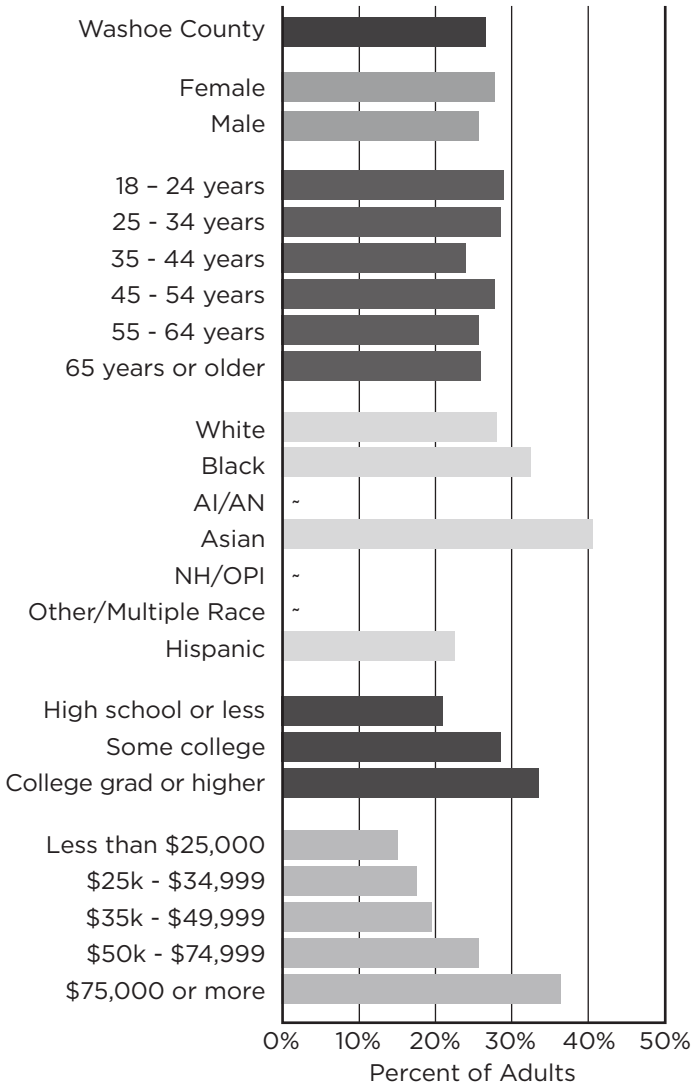
[49] United States Department of Health and Human services. (2018). 2018 Physical Activity Guidelines for Americans, 2nd Edition. Washington, DC.

Percent of Adults that Participated in Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines Washoe County, Nevada and United States 2011–2019



WC Source: Nevada 2011, 2013, 2015, 2017, 2019 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

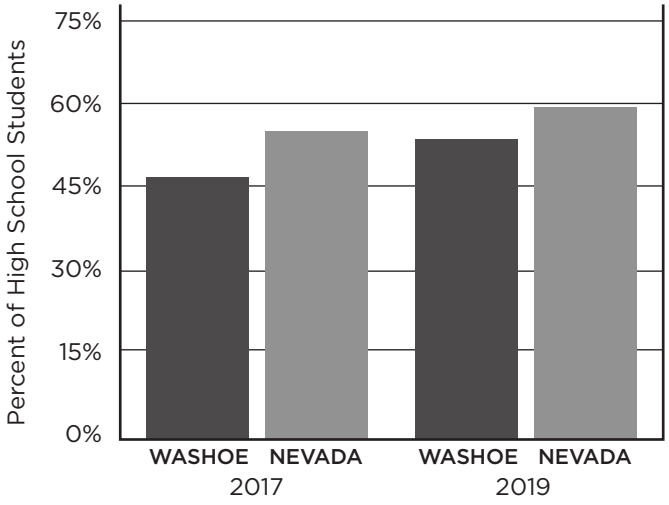
Percent of Adults that Participated in Enough Aerobic and Muscle Strengthening Exercises to Meet Guidelines Washoe County, 2019



Source: Nevada 2019 BRFSS

- A higher proportion of adults in Washoe County reported engaging in rates of aerobic and muscle strengthening activity compared to Nevada and the United States from 2011 through 2019.
- From 2011 through 2019, fewer than one in three adults in Washoe County met the aerobic and muscle strengthening recommendations for physical activity.
- In 2019, there was a positive correlation between income and physical activity, with those earning less reported income reporting lower rates of physical activity compared to those earning higher rates of income. The same trend is seen with increases in educational attainment.
- Those who identified as Asian had the highest proportion of adults who met the aerobic and muscle strengthening recommendations at 40.4%, while rates were lowest among those who identified as Hispanic, 22.6%.

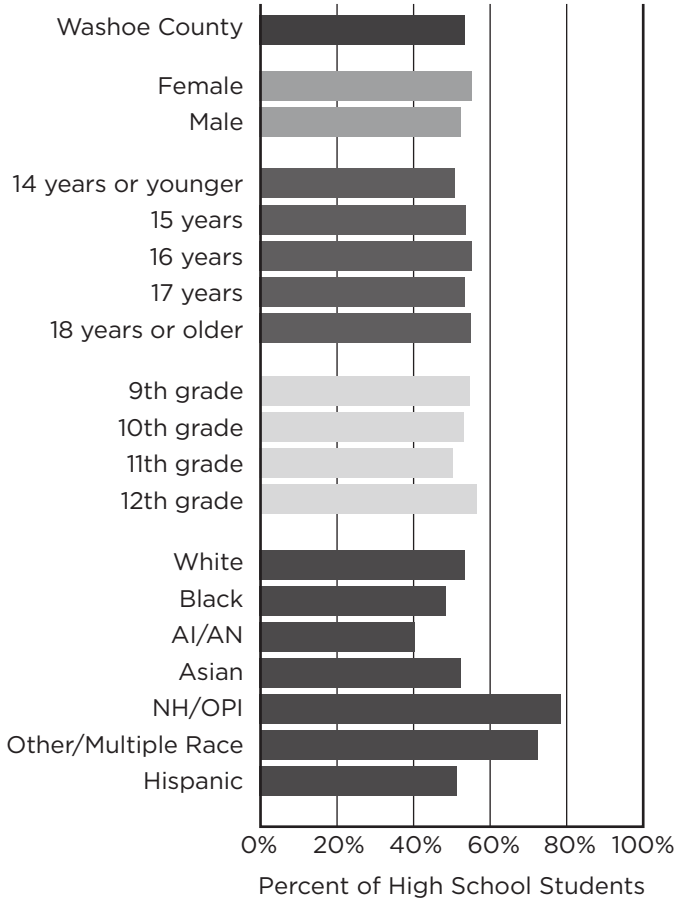
Percent of High School Students who Watched TV, Played Video or Computer Games or Used a Computer for 3 or More Hours per Day Washoe County and Nevada, 2017 and 2019



Source: Nevada 2017, 2019 YRBS

- In 2019, 60.6% of middle school students and 53.6% of high school students reported watching TV, paying video or computer games, or using a computer for three or more hours per day.
- There were few differences by the proportion of Washoe County high school students who reported watching TV, paying video or computer games, or using a computer for three or more hours per day by sex, age, or grade in 2019.

Percent of High School Students who Watched TV, Played Video or Computer Games or Used a Computer for 3 or More Hours per Day Washoe County, 2019



Source: Nevada 2019 YRBS

- Nearly 80% of those who identified as Native Hawaiian/Other Pacific Islander reported 3 or more hours of screen time each day compared to 40% of those who identified as American Indian/Alaska Native.

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

RESPONSE CATEGORIES	FREQUENCY	PERCENT
0 days in past week	94	14.8%
1-2 days in past week	214	33.6%
3-4 days in past week	183	28.7%
5 or more days in past week	146	22.9%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

- Just over one in five community survey respondents indicated they participate in physical activity five or more days per week, while nearly half reported engaging in physical activity two or less days per week, including the 14.8% who reported not having engaged in any physical activity in the seven days preceding the survey.

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

RESPONSE CATEGORIES	FREQUENCY	PERCENT
Bad weather	52	8.2%
I don't like to exercise	29	4.6%
No barriers, I exercise enough	115	18.1%
Not enough safe places to exercise	23	3.6%
Not enough support/lack friends to keep motivated	26	4.1%
Other	39	6.1%
Physically unable to exercise	25	3.9%
Too busy/does not fit into my schedule	193	30.4%
Too expensive	33	5.2%
Too tired	100	15.8%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

- The top barrier to engaging in more physical activity was being too busy and not being able to fit exercising into a schedule (30.4%), while the second highest mentioned barrier was being too tired (15.8%).

Which of the following would help you to increase your physical activity level?*

RESPONSE CATEGORIES	FREQUENCY	PERCENT
More or improved park facilities	166	25.9%
More or improved bike/running trails	183	28.5%
Improved sidewalks	139	21.7%
Having an exercise facility where I work	147	22.9%
Free sports team leagues	79	12.3%
Less expensive gym memberships	183	28.5%
More or improved recreation facilities (indoor/outdoor)	179	27.9%
Having support of friends to keep me motivated	175	27.3%
More running/walking events	69	10.8%
Walking or exercise groups	100	15.6%
Other	71	11.1%

*Option to select all that apply.

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Focus group participants frequently mentioned walking with friends and family as a means of physical activity, and while a few participants mentioned parks, many indicated they prefer the parks to be better kept, in safer neighborhoods, or have more amenities including functioning drinking fountains or maintained paths in order to increase utilization.

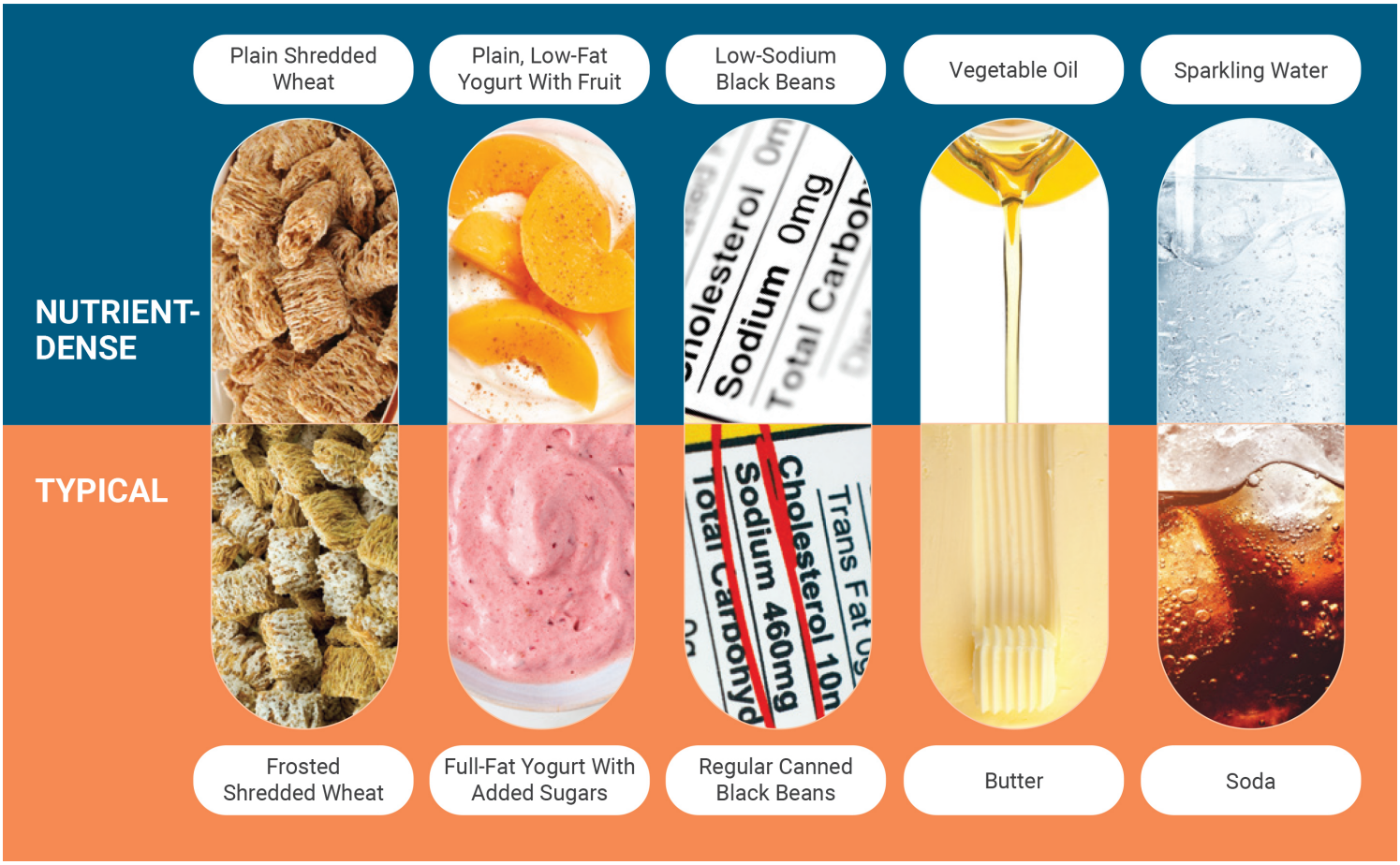
Concerns about road and traffic safety and the lack of walkability and bike lanes were among the highest mentioned barriers by focus group participants to engaging in physical activity outside, as much of the suburban neighborhoods are isolated and do not have separate paths for connecting neighborhoods to other amenities. There are efforts in the downtown corridors to create safe bike lanes, a much-needed improvement in an otherwise traffic congested section of the community. The increase in smoke from wildfires in summer months was also cited as a barrier to engaging in physical activity outdoors.

The focus group findings were echoed in the Community Survey responses related to physical activity as well, with 25% or more respondents indicating more or improved park facilities, more or improved bike and running trails, and more or improved recreation facilities would help to increase physical activity levels.

6.0 PREVENTION

Nutrition

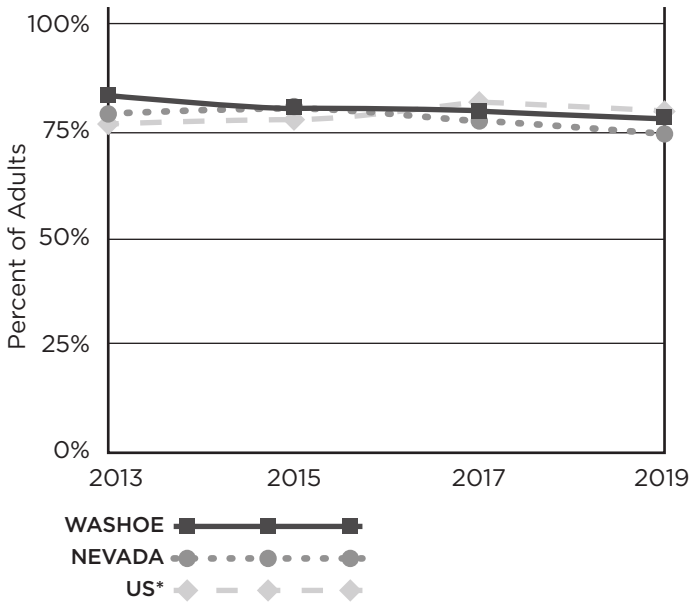
The benefits of a healthy, well-balanced diet have been long studied and proven to reduce the risk for chronic conditions and other poor health outcomes across the lifespan. Most people in the United States do not achieve the recommended nutritional intake. This is apparent as the top causes of death are due to chronic underlying health conditions which could be improved with better nutrition meaning a higher intake of vegetables, fruits, and whole grains, and reducing consumption of high fat – especially saturated fat, high sugar, high salt, and high caloric, low nutrient foods. According to the 2020-2025 Dietary Guidelines for Americans, a healthful diet includes a variety of vegetables and fruits, whole grains, fat-free or low-fat diary, and a variety of proteins such as seafood, lean meats, beans, nuts, and seeds.[50] Additionally, the Centers for Disease Control and Prevention (CDC) developed documentation on strategies to increase and promote the consumption of fruits and vegetables, reinforcing their importance in the prevention of obesity and related chronic diseases.



Source: Dietary Guidelines for Americans, 2020-2025, 9th Edition

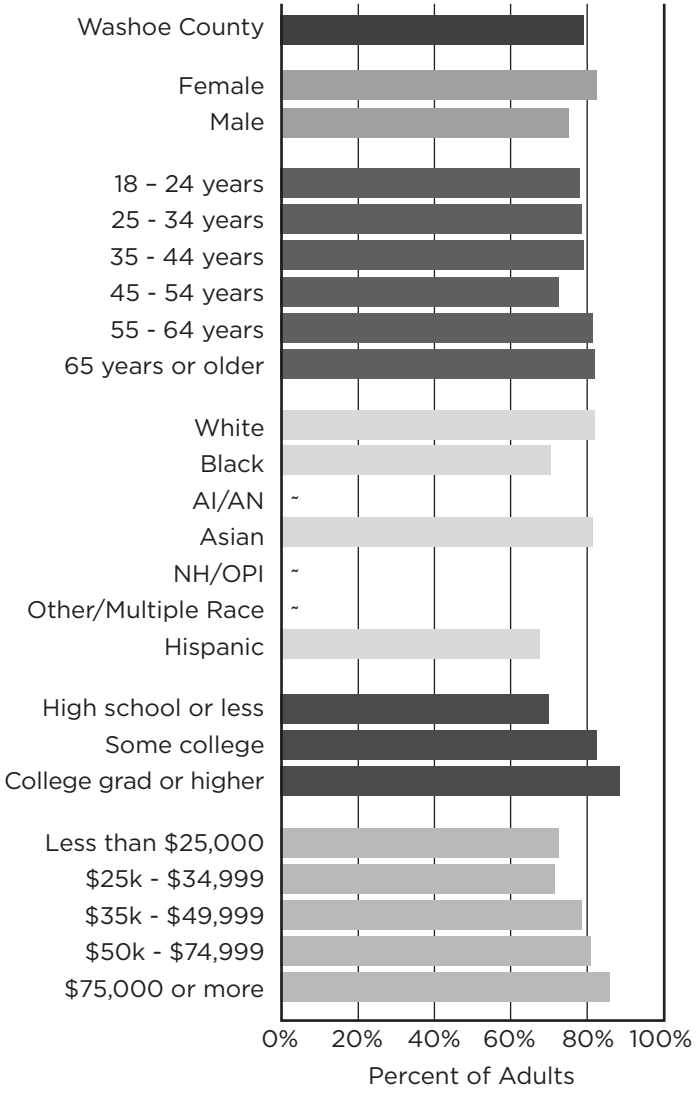
[50] United States Department of Health and Human Services and United States Department of Agriculture. (2020). Dietary Guidelines for Americans, 2020-2025, 9th Edition. Washington, DC.

Percent of Adults that had at Least 1 Serving of Vegetables per Day Washoe County, Nevada and United States 2013–2019



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

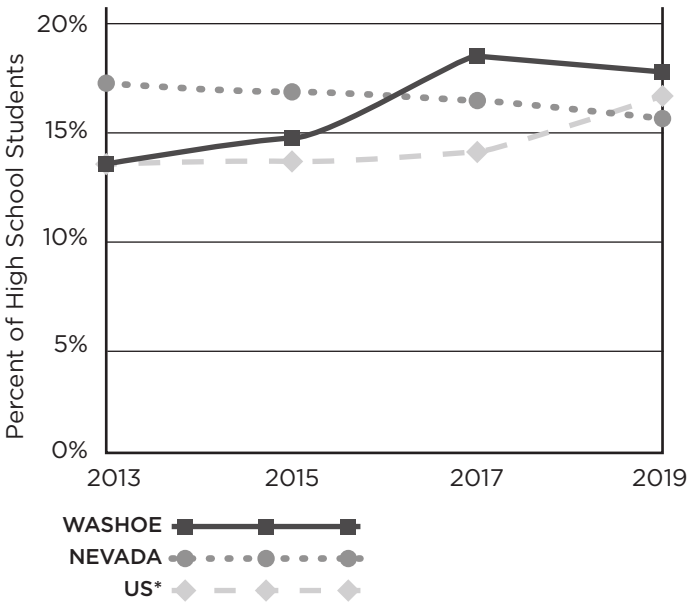
Percent of Adults that had at Least 1 Serving of Vegetables per Day Washoe County, 2019



Source: Nevada 2019 BRFSS

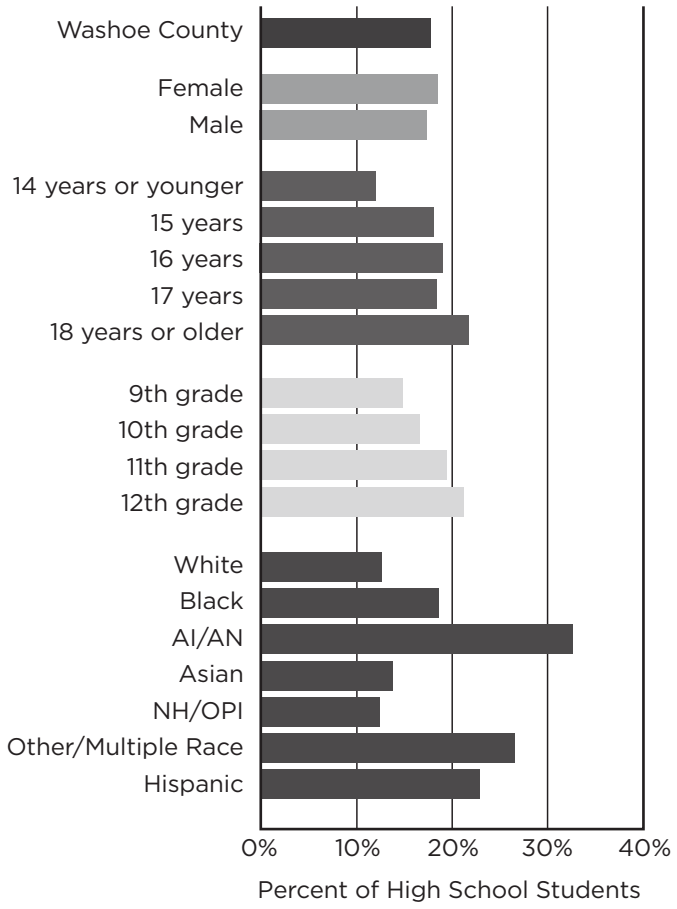
- The reported rate of having consumed at least one serving of vegetables each day among adults in Washoe County has remained relatively stable from 2013 though 2019.
- In 2019, the rates of having at least one serving of vegetables per day were lower among adults in Washoe County who identified as Black or Hispanic compared to those who identified as White or Asian.
- There was a positive association of having at least one serving of vegetables per day as educational attainment increased, so did proportion of the subgroup reporting one serving of vegetables per day. Among those at high school education or less, 70.1% indicated eating one serving of vegetables per day, compared to 88.7% of those who were a college graduate or higher.

Percent of High School Students who did not eat Breakfast During the 7 days before the Survey Washoe County, Nevada and United States 2013–2019



WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

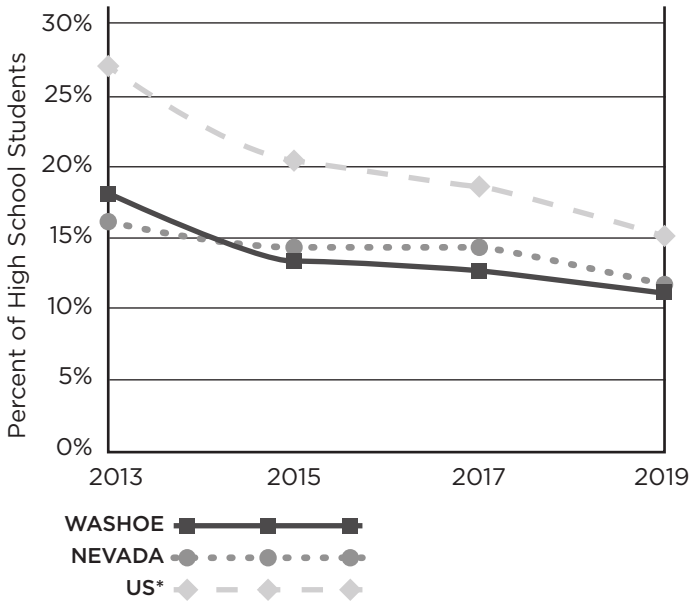
Percent of High School Students who did not eat Breakfast During the 7 days before the Survey Washoe County, 2019



Source: Nevada 2019 YRBS

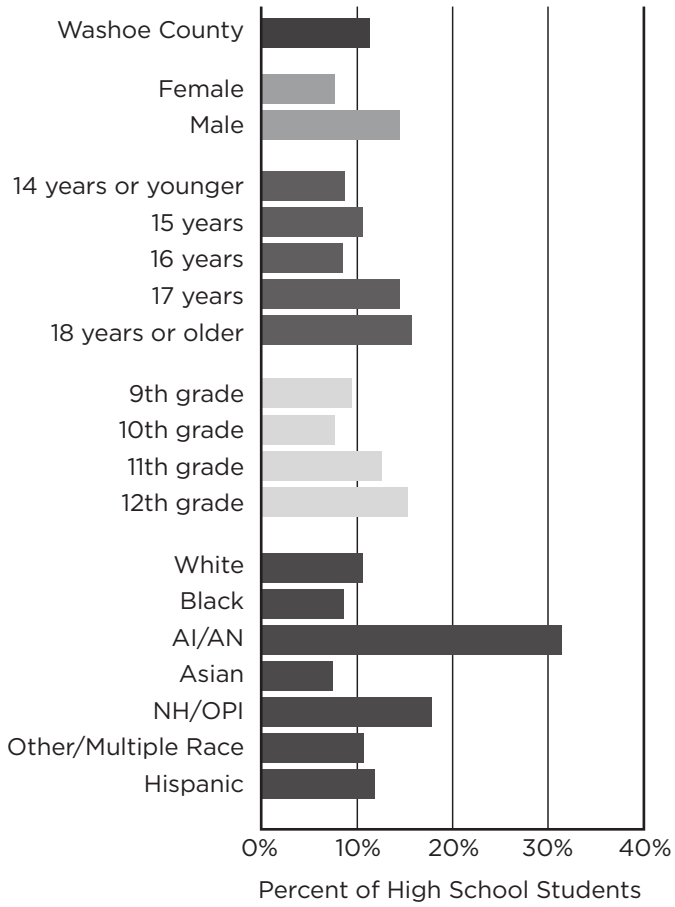
- Nearly one in five (17.8%) high school students in Washoe County reported not having eaten breakfast during the past seven days, and nearly one in three of students who identified as American Indian/Alaska Native (32.5%) reporting not eating breakfast, compared to only 12.2% of those who identified as Native Hawaiian/Other Pacific Islander.

Percent of High School Students who Drank a Can, Bottle, or Glass of Soda or Pop 1 or more times per day During the 7 days before the Survey Washoe County, Nevada and United States 2013–2019



WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Percent of High School Students who Drank a Can, Bottle, or Glass of Soda or Pop 1 or more times per day During the 7 days before the Survey Washoe County, 2019



Source: Nevada 2019 YRBS

- Although there is a noted decrease in soda consumption among high school students in Washoe County from 2013 (17.9%) through 2019 (11.2%), in 2019, nearly one in three (31.4%) of high school students who identified as American Indian/Alaska Native reported having at least one soda each day a week, compared to 7.4% of those who identified as Asian.

6.0 PREVENTION

Focus group participants did not identify barriers to nutrition often, nor did they mention healthy foods as a high need in Washoe County. When healthy foods or nutrition were mentioned during focus group sessions, the topic was most often discussed in combination with lack of public transportation. Having more neighborhood centric farmer's markets and community gardens were some of the ideas focus group participants shared as potentially having the ability to increase healthy food access in the community.

- Approximately 60% of community survey respondents indicated they eat 1-2 servings of fruit per day, and only 4.1% of respondents indicated they ate zero servings of vegetables per day in the past seven days.

- More than half of community survey respondents indicated they ate fresh meals five or more days in the past seven days, and nearly one in three (32.1%) indicated they perceive they eat enough healthy foods.

- The largest barrier to eating more healthy foods identified by the community survey respondents was healthy foods are too expensive (26.1%), followed by healthy foods take too much time to prepare (15.7%).

During the past week, about how many servings of fruit did you eat each day?

RESPONSE CATEGORIES	FREQUENCY	PERCENT
0 servings of fruits each day (past week)	58	9.1
1 to 2 servings of fruits each day (past week)	383	60.1
3 to 4 servings of fruits each day (past week)	138	21.7
5 or more servings of fruits each day (past week)	58	9.1

Note: A serving is defined as ½ cup of fresh, frozen, or canned fruits. Respondents were instructed to NOT COUNT items such as fruit drinks or candied fruit.
Source: Washoe County Health District 2022 Community Health Assessment Community Survey

During the past week, about how many servings vegetables did you eat each day?

RESPONSE CATEGORIES	FREQUENCY	PERCENT
0 servings of vegetables each day (past week)	26	4.1
1 to 2 servings of vegetables each day (past week)	328	51.4
3 to 4 servings of vegetables each day (past week)	199	31.2
5 or more servings of vegetables each day (past week)	85	13.3

Note: A serving is defined as ½ cup of fresh, frozen, or canned vegetables. Respondents were instructed to NOT COUNT items such as French fries or potato chips.
Source: Washoe County Health District 2022 Community Health Assessment Community Survey

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

RESPONSE CATEGORIES	FREQUENCY	PERCENT
0 days in past week	23	3.6
1-2 days in past week	62	9.7
3-4 days in past week	200	31.3
5-6 days in past week	192	30.1
All 7 days in past week	162	25.4

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

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

RESPONSE CATEGORIES	FREQUENCY	PERCENT
Do not know how to identify healthy foods	9	1.4
Do not know how to prepare healthy foods	19	3.0
Healthy foods are too expensive	166	26.1
Healthy foods do not taste good	22	3.5
Healthy foods spoil too quickly	54	8.5
Healthy foods take too much time to prepare	100	15.7
Limited access to healthy foods	18	2.8
Nothing, I already eat enough healthy foods	204	32.1
Other	44	6.9

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Weight Status

Being overweight or obese increases the risk for the majority of the leading causes of death in the United States. Becoming overweight or obese is a result of a variety of factors including diet, exercise, chronic stress, genetic predisposition, and even medication use. However, in 1960, only 13.4% of Americans were obese, compared to 37.9% of adults as of 2013-2014.[51] In 2019, nearly one in every three (31.6%) adolescents in the United States were classified as either overweight or obsess and similarly, by 2020, more than two in three (67.1%) adults in the United States were in the overweight or obese weight category, as measured by body mass index (BMI).[52, 53] Obesity may be the single largest threat to not only public health, but the economy as well.[54] Obese individuals spend approximately 36% more on healthcare related costs compared to the general population, and spend 21% more than daily smokers and 14% more than heavy drinkers on general health services.[55] An extensive literature review concluded that although there is a wide range of cost burden estimates, researchers agree that obesity is a driver of a substantial fraction of costs to individuals and the economy, and the burden to society should not be ignored. Prevention, especially at an early age, is important for reducing and slowing the prevalence of obesity.[56]

[51] Fryar C.D., Carroll M.D., & Ogden C.L. (2016). Prevalence of Overweight, Obesity, and Extreme Obesity Among Adults Aged 20 and Over: United States, 1960-1962 through 2013-2014. Atlanta, GA.

[52] 2020 Behavioral Risk Factor Surveillance System data for the United States. Accessed https://www.cdc.gov/brfss/brfssprevalence/index.html

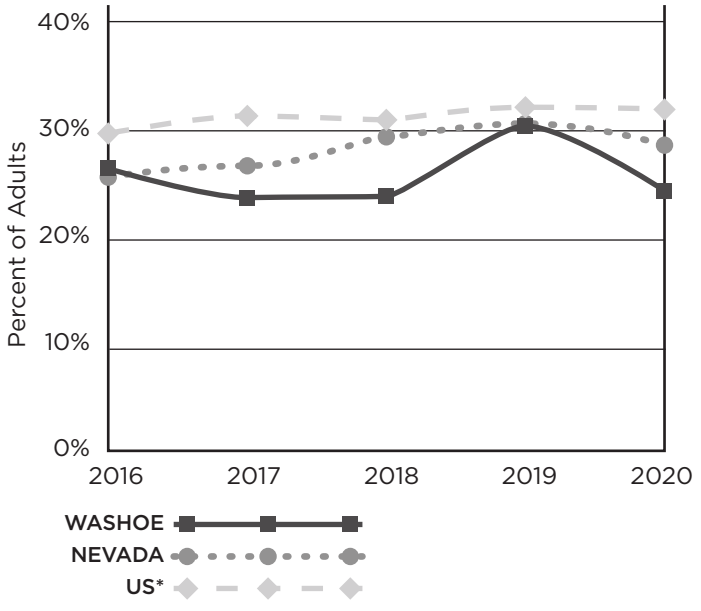
[53] Centers for Disease Control and Prevention. (2020). Youth Risk Behavior Surveillance System (YRBSS). Accessed https://www.cdc.gov/healthyyouth/data/yrbs/index.htm

[54] Trust for America's Health and the Robert Wood Johnson Foundation. (2013). F as in Fat: How Obesity Threatens America's Future, 2013. Accessed http://www.rwjf.org/content/dam/farm/reports/reports/2013/rwjf407528

[55] Sturm R., & Wells K.B. (2002). The Health Risks of Obesity: Worse than Smoking, Drinking or Poverty. RAND Health. Accessed https://www.rand.org/pubs/research_briefs/RB4549.readonline.html

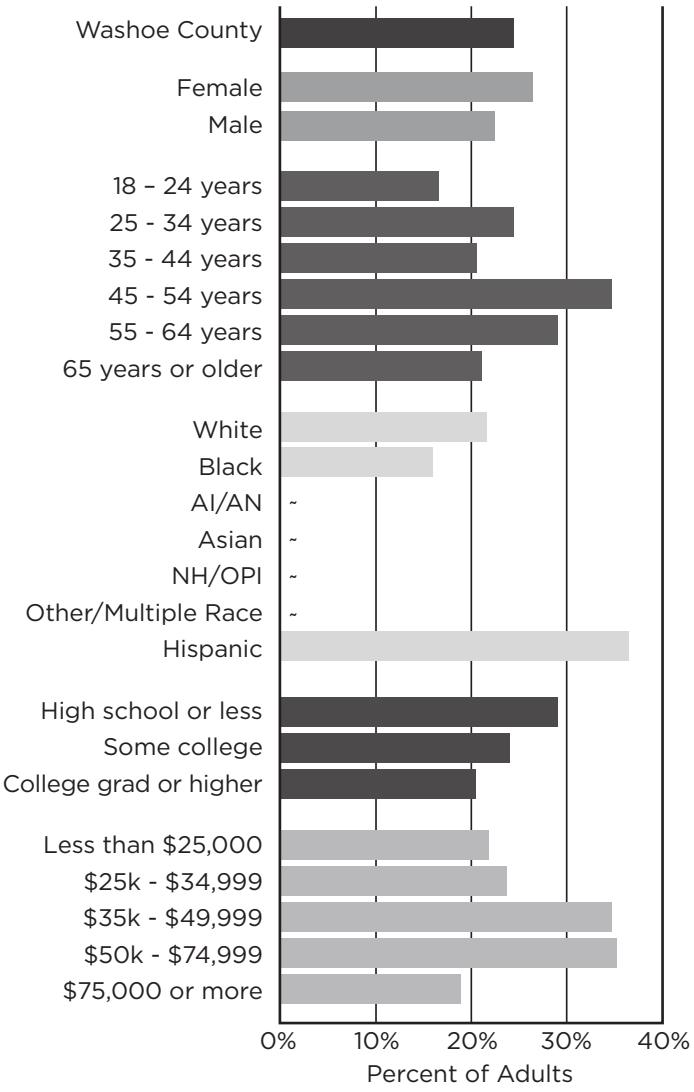
[56] Tremmel, M., Gerdtham, U. G., Nilsson, P. M., & Saha, S. (2017). Economic Burden of Obesity: A Systematic Literature Review. International journal of environmental research and public health, 14(4), 435. https://doi.org/10.3390/ijerph14040435

Percent of Adults Classified as Obese Washoe County, Nevada and United States 2016–2020



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

Percent of Adults Classified as Obese Washoe County, 2020



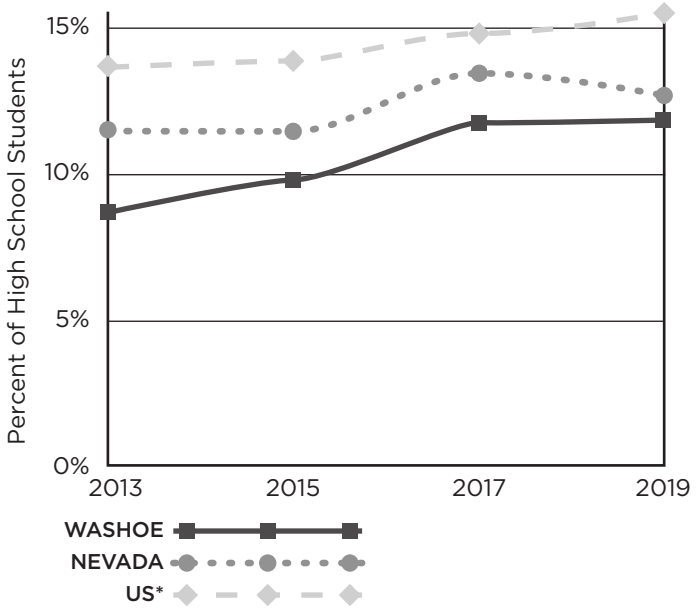
Source: Nevada 2020 BRFSS

- Although the prevalence of obesity among adults in Washoe County has historically been lower than Nevada and the United States, more than one in five adults in Washoe County were classified as obese in 2020.

- Among adults in the obese weight category, there was a correlation between educational attainment and obesity, with lower levels of educational attainment having a higher prevalence of obesity, while those with the highest levels of education having a lower prevalence of obesity.

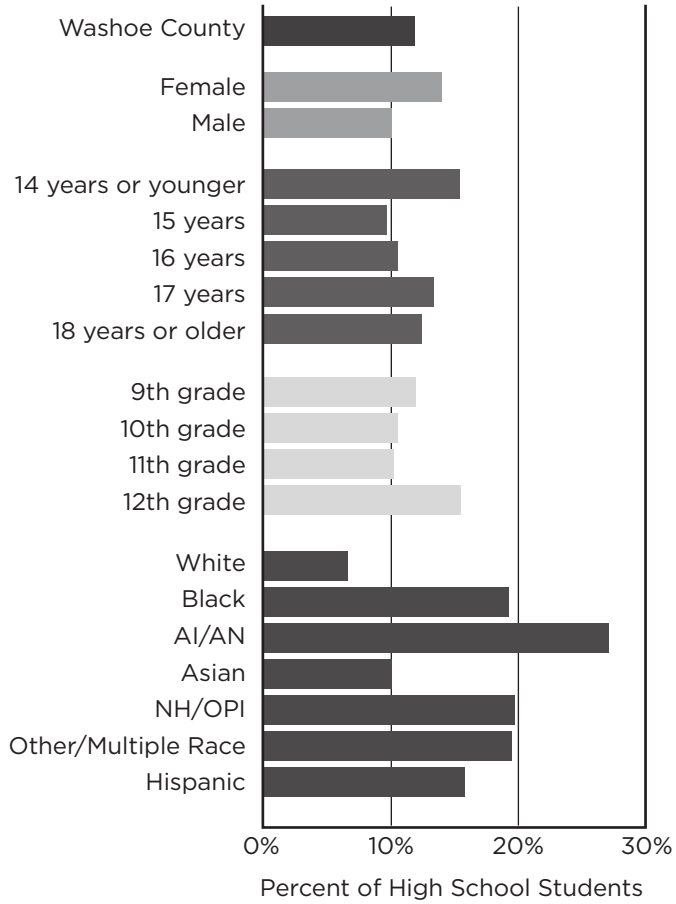
- In 2020, the prevalence of obesity was highest among those who identify as Hispanic.

Percent of High School Students who were Obese* Washoe County, Nevada and United States 2013–2019



*Note: students who were >= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Percent of High School Students who were Obese* Washoe County, 2019



Source: Nevada 2019 YRBS
*Note: students who were >= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

- From 2013 through 2019, high school students in Washoe County have been reported to have a lower prevalence of obesity compared to Nevada and the United States, however the proportion of high school students classified as obese has been increasing each year measured.
- In 2019, over 10% of high school students in Washoe County were classified as obese, with 27% of those who identify as Native American/Alaska Native categorized as obese.

Sleep

Sleep is an essential and often overlooked component of health maintenance. Insufficient sleep is associated with an increased risk for high blood pressure, stroke, heart disease, type 2 diabetes, cardiovascular disease, obesity, and depression.[57, 58] Sleep deficiency has been shown to impact mental health and cognitive function, including decision making, problem solving, emotional and behavioral control, and coping.[58] Adequate amount of sleep for adults aged 18 to 60 years is 7 or more hours per night, and for teenaged children 13 to 18 years, recommendations increase to 8-9 hours per 24 hours.[59] According to the Centers for Disease Control and Prevention, in 2014, a third of adults in the United States reported they typically got less than the recommended amount of sleep.[60]

How Much Sleep Do You Need?

GROUP	AGE	RECOMMENDED HOURS OF SLEEP PER DAY
Newborn	0–3 months	14–17 hours (National Sleep Foundation)[1] No recommendation (American Academy of Sleep Medicine)[2]
Infant	4–12 months	12–16 hours per 24 hours (including naps)[2]
Toddler	1–2 years	11–14 hours per 24 hours (including naps)[2]
Preschool	3–5 years	10–13 hours per 24 hours (including naps)[2]
School Age	6–12 years	9–12 hours per 24 hours[2]
Teen	13–18 years	8–10 hours per 24 hours[2]
Adult	18–60 years	7 or more hours per night[3]
	61–64 years	7–9 hours[1]
	65 years and older	7–8 hours[1]

[1] Hirshkowitz M, Whiton K, Albert SM, Alessi C, Bruni O, et al. The National Sleep Foundation's sleep time duration recommendations: methodology and results summary. Sleep Health. 2015;1(1):40–43.

[2] Paruthi S, Brooks LJ, D'Ambrosio C, Hall WA, Kotagal S, Lloyd RM, et al. Recommended amount of sleep for pediatric populations: a consensus statement of the American Academy of Sleep Medicine. J Clin Sleep Med. 2016;12(6):785–786.

[3] Watson NF, Badr MS, Belenky G, et al. Recommended amount of sleep for a healthy adult: a joint consensus statement of the American Academy of Sleep Medicine and Sleep Research Society. Sleep. 2015;38(6):843–844.

Source: https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html

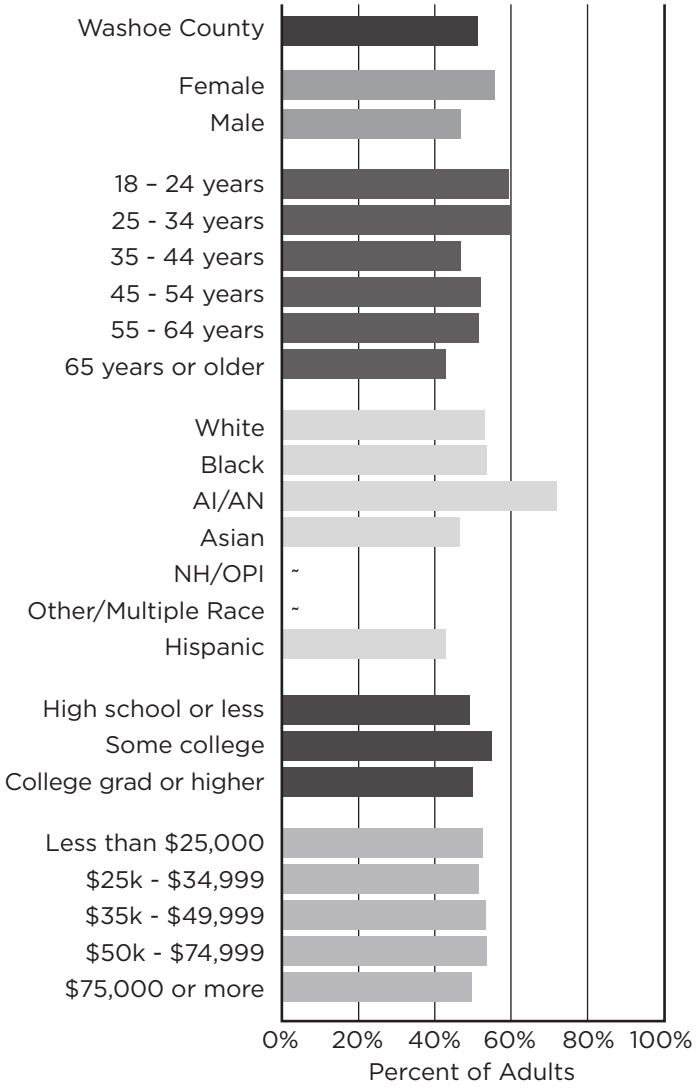
[57] Centers for Disease Control and Prevention. Sleep and Chronic Disease. Accessed https://www.cdc.gov/sleep/about_sleep/chronic_disease.html

[58] National Heart, Lung, and Blood Institute. Sleep Deprivation and Deficiency – How Sleep Affects Your Health. Accessed https://www.nhlbi.nih.gov/health/sleep-deprivation/health-effects

[59] Centers for Disease Control and Prevention. How Much Sleep Do I Need?. Accessed https://www.cdc.gov/sleep/about_sleep/how_much_sleep.html

[60] Liu Y, Wheaton AG, Chapman DP, Cunningham TJ, Lu H, Croft JB. Prevalence of Healthy Sleep Duration among Adults — United States, 2014. MMWR Morb Mortal Wkly Rep 2016;65:137–141. DOI: http://dx.doi.org/10.15585/mmwr.mm6506a1

Percent of Adults Who Reported They had Trouble Falling Asleep, Staying Asleep, or Sleeping too Much in the Last 2 Weeks, Washoe County, 2017

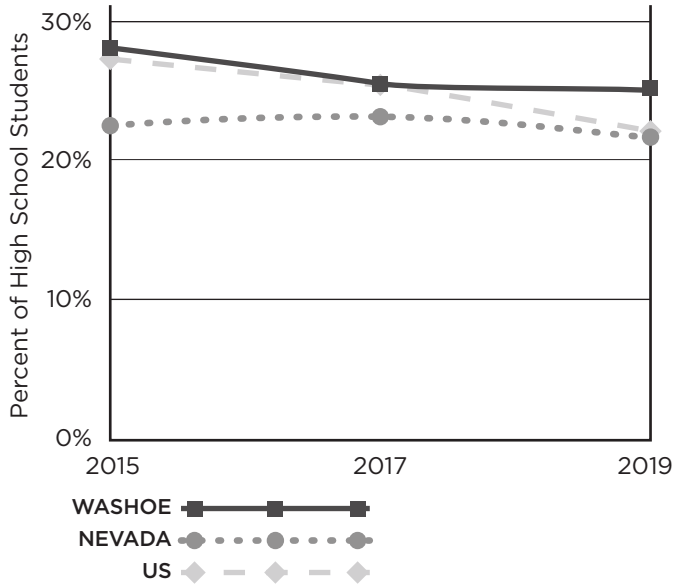


Source: Nevada 2017 BRFSS

- According to data from 2017, over half (51.5%) of the adults in Washoe County reported they had trouble falling asleep, staying asleep or sleeping too much.

- Proportionately, a higher percentage of adults who identified as American Indian or Alaska Native (72.0%) reported having problems with sleeping compared to other races or ethnicities.

Percent of High School Students who had 8 or More Hours of Sleep on an Average School Night Washoe County, Nevada and United States 2015–2019



WC and NV Source: Nevada 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

- From 2015 to 2019, fewer than one in three high school students in Washoe County reported they had 8 or more hours of sleep on an average school night.

Substance Use

Substance use is the ingestion of any substance with the ability to alter a person's mental or physical status. Some substances, even when taken in small doses, can be immediately intoxicating and may lead to chemical dependency, while other substances are harmful if an excessive amount is consumed. Substances, both legal and illegal, may be ingested to provide relief or reprieve from negative stimuli ranging from daily stress to chronic pain. When substances are used in excess or in a manner other than intended, causing harm to the user or others around them, it is classified as substance misuse or abuse.[61]

According to the National Institute on Drug Abuse and other cost estimate analyses, substance abuse costs upwards of $400 billion to $600 billion each year when taking into consideration hospital expenditures, workplace productivity, health care expenses, motor vehicle crashes, law enforcement, and criminal justice system expenditures.[62, 63, 64] The effects of substance use and misuse often extend beyond the health of the individual user. Additional impacts can include increase in violent behaviors, sexual assault, and loss of employment, housing, and other financial assets. Continued integration of substance use prevention, screening, and treatment into the traditional health care settings can decrease stigma and the burden on standalone treatment facilities, and can increase opportunities for reducing poor health outcomes and improving quality of life.

Use of tobacco products accounts for one in every five deaths each year and is among the leading causes of preventable deaths in the United States. While legal, there is no determined "safe" limit for the consumption of tobacco due to the added chemicals which are ingested when these products are used. Cigarette smokers have been long studied and are proven to have a higher risk for developing lung cancer, liver cancer, colorectal cancer, chronic obstructive pulmonary disease (COPD), stroke, pneumonia, diabetes, heart disease, congenital birth defects, and many other negative health outcomes. Smoking not only affects nearly every organ in the body, but it also causes inflammation and reduces the immune system's ability to function properly.

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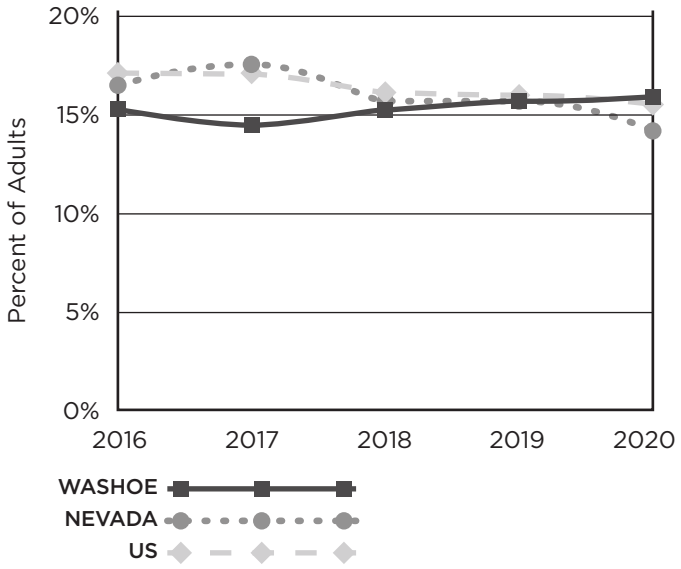
[61] U.S. Department of Health and Human Services, Office of the Surgeon General. (2016). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Washington, DC.

[62] National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-based Guide 3rd Edition.

[63] Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tomedi, L. E., & Brewer, R. D. (2015). 2010 National and State Costs of Excessive Alcohol Consumption. American Journal of Preventive Medicine, 49(5), e73-e79.

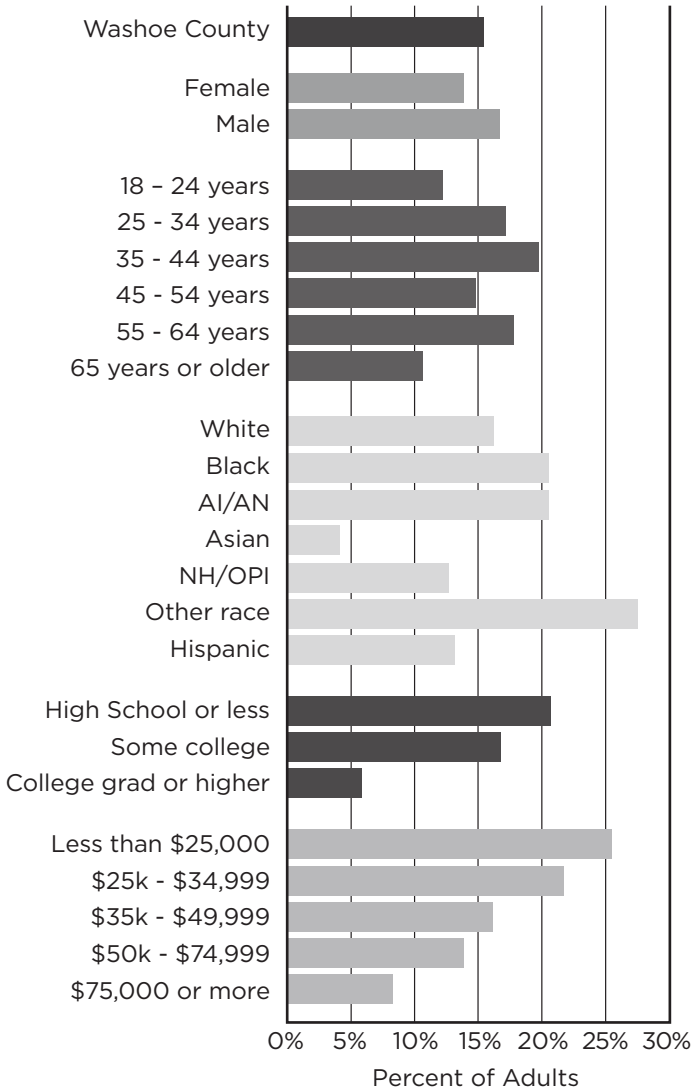
[64] U.S. Department of Justice, National Drug Intelligence Center. (2011). National Drug Threat Assessment. Washington, DC.

Percent of Adults who Currently Smoke
Washoe County, Nevada and United States
2016–2020



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

Percent of Adults who Currently Smoke
Washoe County, 2016-2020
Aggregate Data



Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS

- From 2016 through 2020, the proportion of adults who reported they currently smoke has remained relatively stable. The proportion of adults who were reported as current smokers in 2020 was 15.9%.

- In 2020, among adults in Washoe County, a higher proportion of males reported they currently smoke (16.8%) compared to females (13.9%).

- There was also a correlation between educational attainment and current smoking status, as 20.7% of those with high school or less reported they currently smoke compared to only 5.8% of those with college degree or higher.

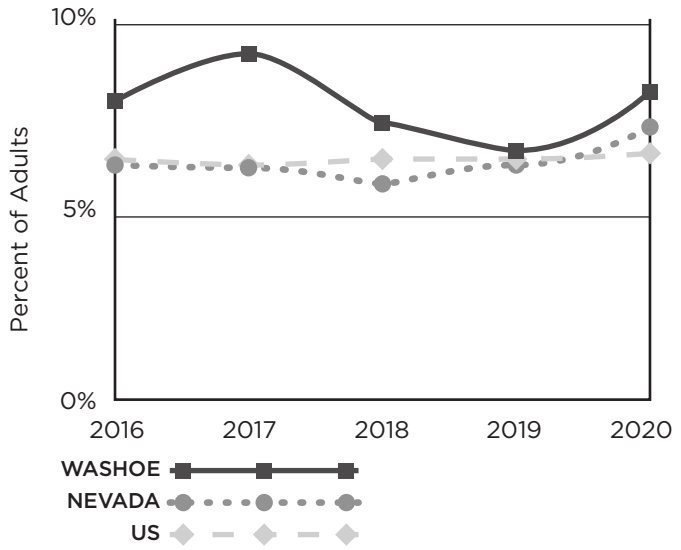
- A similar trend is noted when comparing income levels to smoking status, with a higher proportion of those with lower income level reporting they currently smoke compared to those with a higher income level.

6.0 PREVENTION

There are both immediate and long-term negative health effects related to alcohol consumption. The short-term effects of alcohol consumption include impaired brain function, coordination and memory resulting in delayed reaction times and change in moods or behaviors. Consumption of alcohol also results in decreased immune system function, reducing the body's ability to fight off infection, even 24 hours after intoxication. Long-term health effects of alcohol consumption include increased stroke risk, high blood pressure, fatty liver, cirrhosis, risk of certain cancers, including cancer of the mouth, throat, liver, and breast, as well as an increased potential for chemical dependence.[65] Additionally, fetal alcohol syndrome (FAS) and other fetal malformations or fetal death can occur if a woman consumes alcohol while pregnant.[66]

From 2015 through 2019, 42.7% of motor vehicle fatalities in Nevada involved a driver over the legal limit for blood alcohol level (blood alcohol equal to or higher than 0.08).[67]

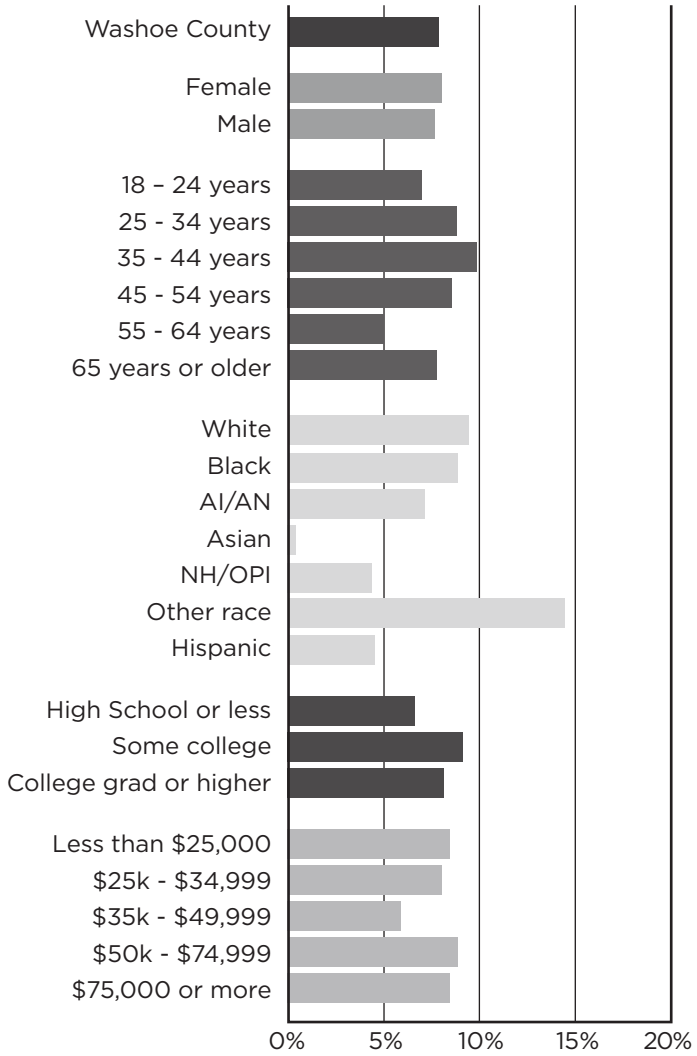
Percent of Adults Classified as Heavy Drinkers* Washoe County, Nevada and United States 2016–2020



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*Heavy drinker classified as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week
**All States and DC (median)

- From 2016 through 2020 a higher proportion of adults in Washoe County were classified as a heavy drinker (8.2%) compared to Nevada (7.3%) and the United States (6.7%).
- In 2020, the proportion of adults classified as a heavy drinker was higher among those aged 35-44 years (9.9%) and those who identified as an "other" race (14.4%).

Percent of Adults Classified as Heavy Drinkers* Washoe County, 2016-2020 Aggregate Data



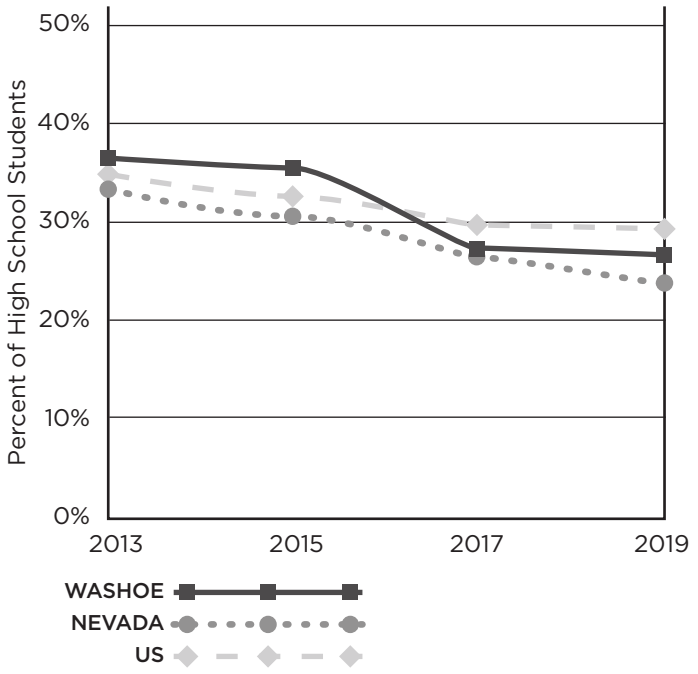
Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
*Heavy drinker classified as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week

[65] National Institute on Alcohol Abuse and Alcoholism. Alcohol's Effects on the Body. Accessed http://www.niaaa.nih.gov/alcohol-health/alcohols-effects-body

[66] National Institute on Alcohol Abuse and Alcoholism. Fetal Alcohol Spectrum Disorders. Last updated March, 2013. Accessed http://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=27

[67] Nevada Office of Traffic Safety and Kimley-Horn and Associates, Inc. (2021). Traffic Safety Crash Facts Nevada 2011-2015. Las Vegas, NV.

Percentage of High School Students Who had at Least 1 Drink of Alcohol During the 30 days Before the Survey Washoe County, Nevada and United States 2013–2019



WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

- Although the proportion of high school students in Washoe County who reported they currently drink has declined from 2013 to 2019, rates are still higher than Nevada overall.

In addition to alcohol and tobacco use, data for other substances are provided in the appendix.

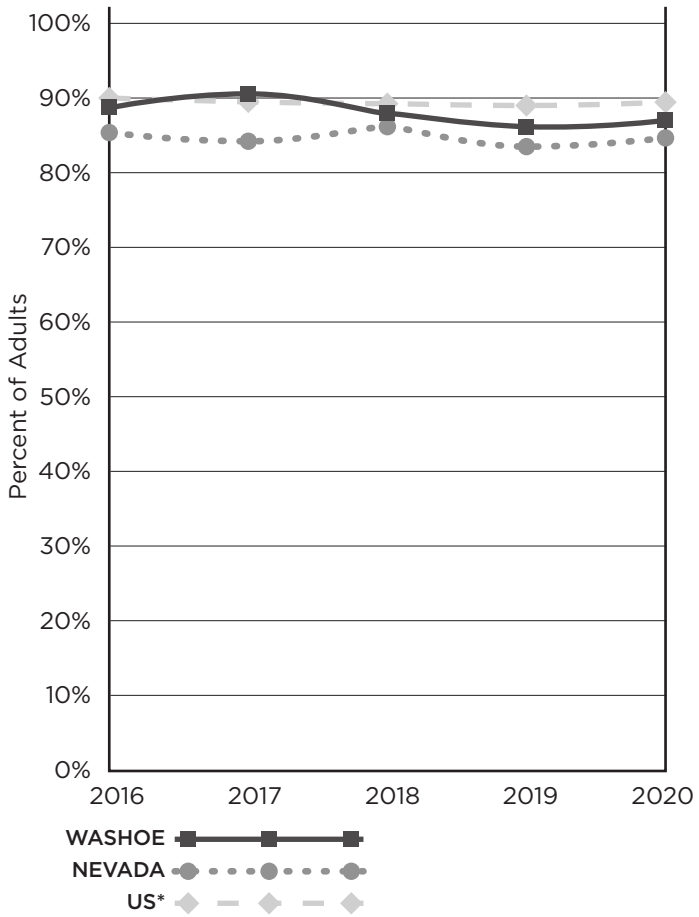
Focus group participants did not frequently mention substance use or identify it as a top health priority in comparison to other health topics. When substance use was mentioned, it was often in conjunction with persons who are unhoused or homeless and being related to the conditions which lead to their current housing status. Some participants did provide personal experiences with overcoming substance use on a personal level or mentioned having to care for an extended family member who had substance use problems.

Access to Healthcare

Adequate access to healthcare means having the ability to obtain health services in a timely order to achieve the best possible health outcomes. In 2018, the personal healthcare expenditures in the United States totaled $3.08 trillion and the per capita expenditure was an estimated $11,172.[68] The costs of healthcare have skyrocketed over the past five decades, while household income has not increased at the same rates. Meanwhile, the quality of care and equity of services fall short of expectations, resulting in poorer health outcomes compared to other developed nations.[69] Obtaining affordable health insurance is the first challenge in accessing health services in the United States. Additional barriers include the affordability and availability of services, accessible clinic hours and locations, types of health insurance accepted, and having a sufficient number of healthcare providers in the workforce.[70]

Nevada has historically experienced a lower rate of providers to population, and as of 2018 there were 206.99 providers per 100,000 persons compared to the national high of 672.22 (District of Columbia). Access to healthcare has been identified as a top five need in Washoe County across multiple assessments that rank health needs.[71, 72]

Percent of Adults Aged 18-64 Years Who Have Health Insurance Washoe County, Nevada and United States 2016-2020



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

[68] Department of Health and Human Services. (2021). Health, United States, 2019. Hyattsville, MD.

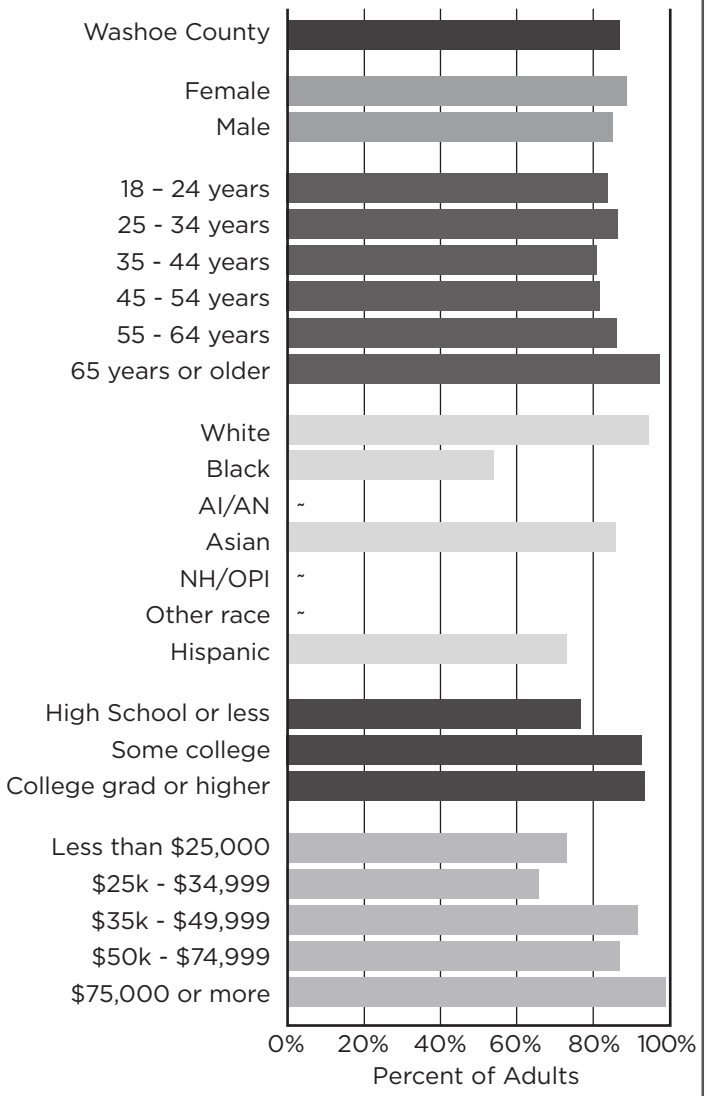
[69] Institute of Medicine, Committee on the Learning Health Care System in America. (2013). Best Care at Lower Cost: The Path to Continuously Learning Health Care in America. Washington, DC.

[70] Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. (1993). Access to Healthcare in America. Washington, DC.

[71] Washoe County Health District & Renown Health. (2018). 2018-2020 Washoe County Health Needs Assessment. Reno, NV.

[72] Nevada Department of Health and Human Services. (2019). 2019 Nevada State Health Needs Assessment. Reno, NV.

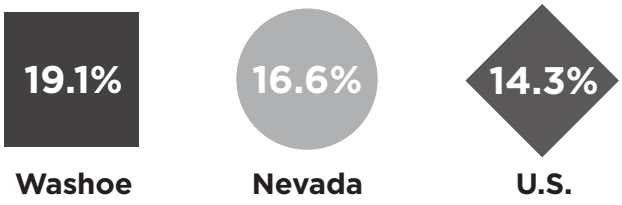
Percent of Adults Aged 18 Years and Older Who Have Health Insurance Washoe County, 2020



Source: Nevada 2020 BRFSS

- Among adult populations in Washoe County aged 18 to 64 years, those who are Black or Hispanic reported having insurance at a lower proportion than those who are Asian or White.

Percent of Children Less than 19 years who are Uninsured, Washoe County, Nevada and United States, 2016-2020 Aggregate



Source: U.S. Census, American Community Survey. Table S2702 - 5 year estimates-Selected Characteristics of the Uninsured in the United States

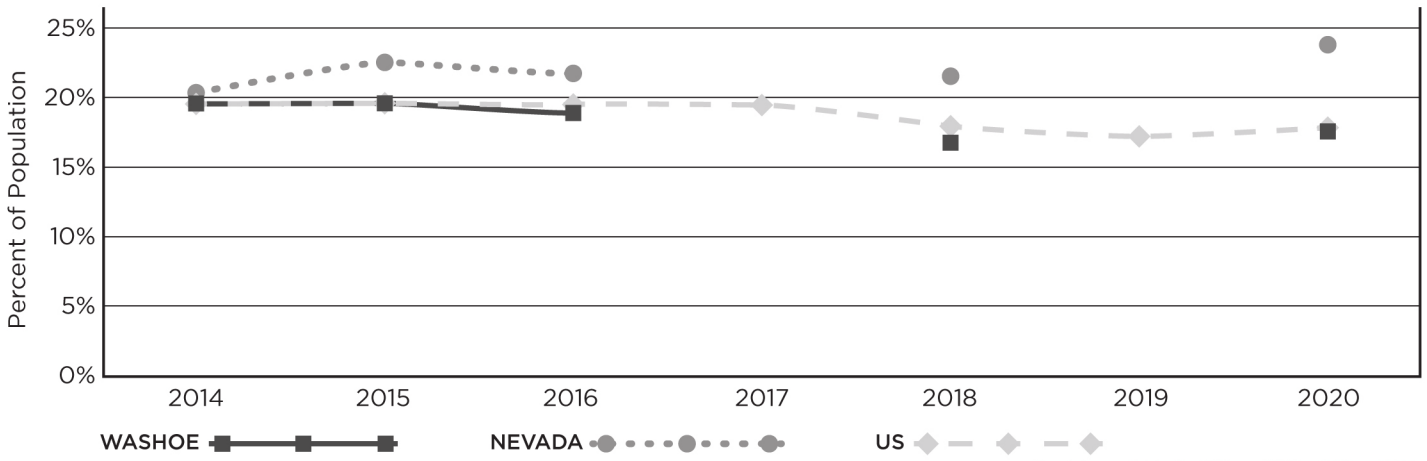
- According to aggregate data from 2016 through 2020, Washoe County has had a higher percent of children who are uninsured (19.1%) compared to Nevada (16.6%) and the United States (14.3%).

6.0 PREVENTION

Nevada is a Medicaid expansion state, and while enrollment has been slightly declining since 2014, major barriers identified in focus groups and through community survey input illustrate having access to healthcare through Medicaid does not result in timely care or levels of care needed. Many Medicaid recipients report not being able to find providers, despite the providers being listed as accepting Medicaid. This is in part due to providers being placed on the list for Medicaid only when practicing at an acute care facility, such as a hospital – which collectively accepts Medicaid, however as a private provider in their own practice, those same providers do not accept Medicaid patients or accept only a very limited number of Medicaid patients.

Providers and patients both experience many challenges with Medicaid, despite state-led initiatives to improve acceptability among providers resulting in access to qualified persons for decades.[73, 74] A fundamental change to the Medicaid structure is an often-mentioned issue in national conversations regarding healthcare access and affordability.[75]

Percent of Population Enrolled in Medicaid
Washoe County, Nevada and United States, 2014-2020



No data available for WC and NV in 2017 or 2019.
WC & NV Source: Percent of Population Enrolled in Medicaid, Nevada Instant Atlas. Accessed https://med2.unr.edu/SI/CountyData/atlas.html
US Source: US Census, 2016, 2017, 2018, 2019, 2020 Health Insurance Coverage in the United States Population Reports
Accessed https://www.census.gov/topics/health/health-insurance/library/publications.All.List_1458400546.html

[73] Gold, M & Miller, J. (2000). Medicaid's Complex Goals: Challenges for Managed Care and Behavioral Health. Health Care Financing Review. 22;2.

[74] Bindman, A. (2018). Redesigning Medicaid Managed Care. JAMA;319(15):1537–1538.

[75] Gee, R., McCarthy, J., Room, I., & Cavanaugh, S. (2021). 2021 AcademyHealth National Health Policy Conference. https://www.ajmc.com/view/experts-outline-medicaid-challenges-potential-reforms

6.0 PREVENTION

Lack of access to healthcare was among the top three identified needs across all platforms of input for the community health assessment. Focus group participants stated the lack of providers, lack of timely appointments, costs of services, and insurance not covering certain procedures as barriers to accessing healthcare. These were cited among those who have health insurance, those with full-time jobs, as well as those who were unemployed and covered under national health programs such as Medicaid and Medicare. Difficulty in finding available specialty providers in the area was noted among several focus group participants, while key informant interviews indicated finding a culturally appropriate provider was an added challenge for persons who identify with and belonging to disenfranchised populations.

Which of the following type of healthcare providers have you needed to see in the past 12 months, but couldn't?

RESPONSE CATEGORIES	FREQUENCY	PERCENT
Primary care, general practitioner, or family doctor	146	22.8%
Advanced Practitioner of Nursing (APN) or Physician's Assistant (PA)	38	5.9%
Obstetrician or gynecologist	60	9.4%
Eye doctor, optometrist, or ophthalmologist	101	15.8%
Dentist or orthodontist	142	22.2%
Psychiatrist, psychologist, or counselor	76	11.9%
Specialist such as: allergist, cardiologist, dermatologist, immunology, neurologist, infectious disease, oncology/cancer treatment, ear/nose/throat doctor, physical therapist, urologist, or other specialist	112	17.5%
None, I was able to see all healthcare providers necessary	307	47.9%
Other type of provider	19	3.0%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

- Over half of Community Survey respondents indicated they had barriers to accessing services for at least one type of provider, with one in five (22.8%) indicating they were unable to see a primary care, general practitioner, or family medicine doctor, and another one in five (22.2%) indicating they were not able to see a dentist or orthodontist within the past 12 months.

What are the main barriers you face when accessing healthcare in Washoe County?

RESPONSE CATEGORIES	FREQUENCY	PERCENT
No barriers to accessing healthcare in Washoe County	164	25.6%
Finding providers who accept my insurance	171	26.7%
Insurance does not cover what I need	145	22.6%
Finding providers who are accepting new patients	196	30.6%
Could not get an appointment soon enough/long wait list to be seen	260	40.6%
Finding a provider close to where I work or live	66	10.3%
Lack of childcare when I need to see provider	26	4.1%
Lack of transportation	25	3.9%
Hours the clinics are open	85	13.3%
Not able to take leave from work without pay	57	8.9%
Do not know where to go	31	4.8%
Other	51	8.0%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

- When asked about the main barriers faced when accessing healthcare services, four in ten (40.6%) of the Community Survey respondents indicated they could not get an appointment in a timely manner and nearly one in three (30.6%) reported that providers were not accepting new patients.

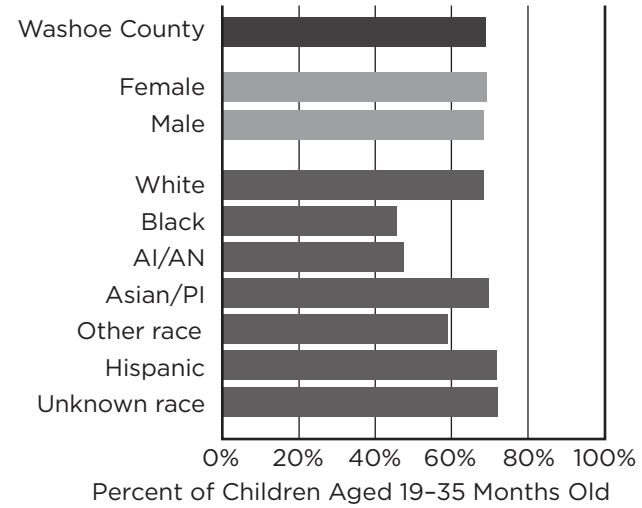
- Another one in four (26.7%) indicated they had a hard time finding providers who accepted their health insurance, while more than one in five (22.6%) indicated their health insurance does not cover what was needed. These responses illustrate even among those who are insured, many additional barriers to accessing care needed are experienced by Washoe County residents. There were no statistical differences when measured by type of insurance.

Immunizations and Screenings

Preventing disease by receiving immunizations and adhering to screening recommendations can result in reduced occurrence of illness, and chronic diseases are more likely to be caught in the early stage of disease. When conditions are prevented altogether or at least caught early, they are more likely to be treated effectively and sometimes even reversed without surgical or pharmaceutical interventions, thus decreasing the burden of high-cost long-term treatments and procedures.

Having each birth cohort (group of children born during a certain period of time) receiving the proper vaccinations at the appropriate time is estimated to save 33,000 lives, as well as prevent 14 million cases of disease. In doing so, vaccines are a cost-effective prevention measure, estimated to reduce direct health care costs by $9.9 billion and indirect costs by $33.4 billion. This cost saving is attributed to the reduction in loss of life and additional cases of disease.[76] Continued efforts to provide education on the benefits of timely vaccinations and screening, in combination with increased access to primary care providers and low-cost clinics, will be key to maximizing the impact of these preventive measures.

Combined 7-Vaccine Series* Coverage Among Children 19-35 Months Old Washoe County, 2020

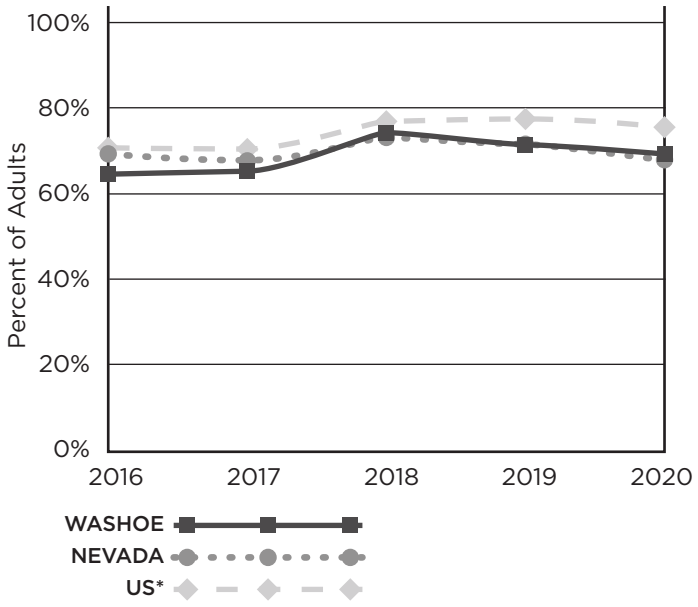


*4 doses of DTaP (diphtheria, tetanus, pertussis); 3 doses of polio; 1 dose of MMR (measles, mumps, rubella); 3 doses of Hib; 3 doses of Hepatitis B; 1 dose of varicella; 4 doses of pneumococcal
Source: Nevada Department of Health and Human Services, Office of Analytics

- In 2020 just over two in three (68.9%) of children aged 19 to 35 months in Washoe County had received the recommended series of childhood vaccinations.
- Vaccination rates were lowest among Black, non-Hispanic (45.7%) children compared to the highest rates among Hispanic (72.0%) children.

[76] U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Accessed http://www.healthypeople.gov/2020/topics-objectives/topic/immunization-and-infectious-diseases

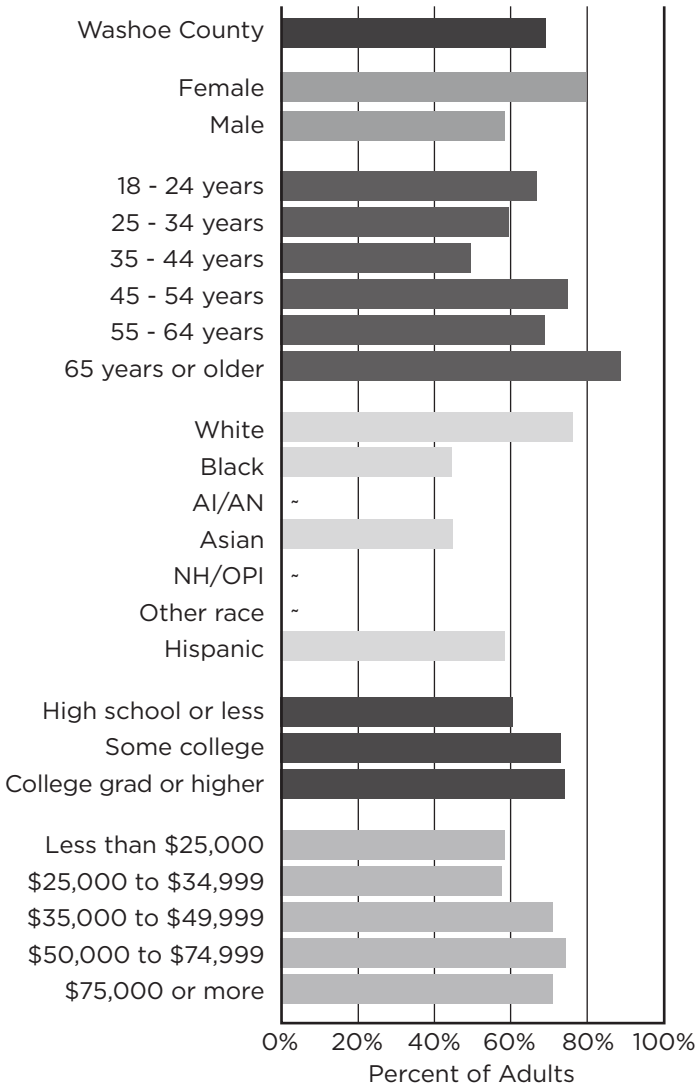
Percent of Adults Who Last Visited a Doctor or a Routine Checkup Within the Past Year Washoe County, Nevada and United States 2016–2020



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

- Among adults in Washoe County, nearly seven in ten (69.2%) reported having seen a provider for a routine checkup within the past year, however reported prevalence varies across age groups, race and ethnicity, as well as income levels.

Percent of Adults Who Last Visited a Doctor for a Routine Checkup Within the Past Year Washoe County, 2020



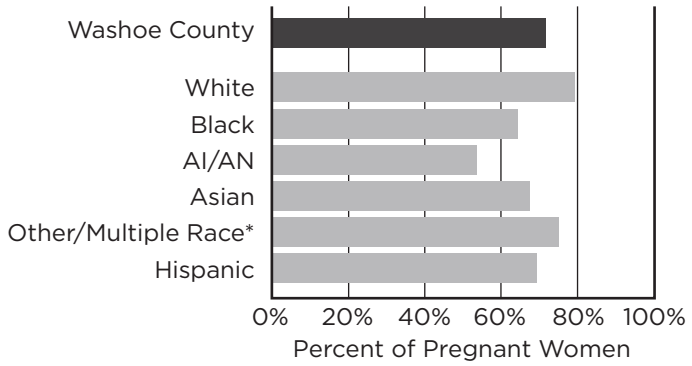
Source: Nevada 2020 BRFSS

Maternal & Child Health

The health and wellbeing of mothers and their children reflect not only the current health status of the nation, but the health of future generations. Studies have found health at birth is largely influenced by socioeconomic status and not simply genetic traits. Having poor health at birth is associated with a broad range of adverse health effects across the lifespan including, reduction in the child's ability to learn, lower rates of high school graduation, higher rates of hospitalizations, and higher childhood mortality.[77]

Prenatal care differs from preconception care in that preconception care is conducted prior to conception, while prenatal care occurs once a woman becomes pregnant. There are numerous benefits of receiving early prenatal care, including reduced risk of premature birth, low birth weight, and infant mortality.[78]

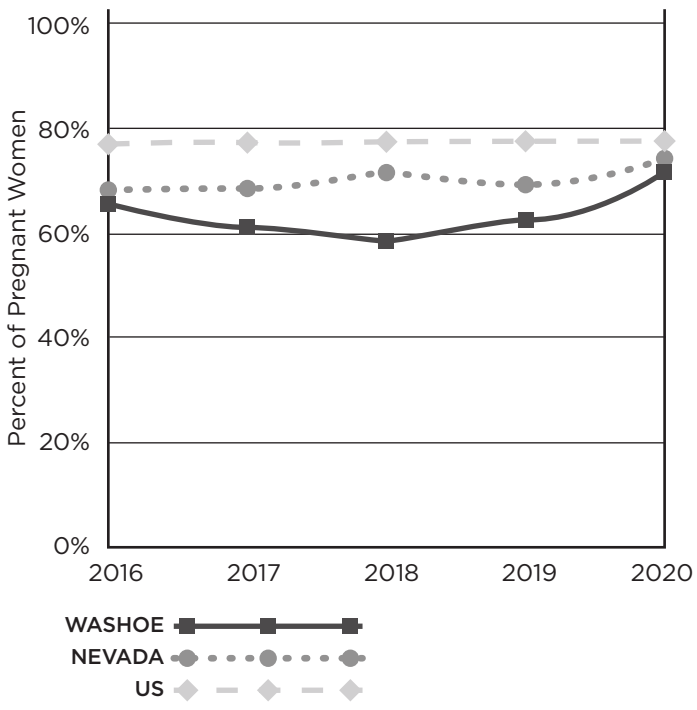
Percent of Women Who Received Prenatal Care In Their First Trimester of Pregnancy Washoe County, 2020



*Includes Native Hawaiian/Pacific Islanders
Note: 15 (0.4%) were unknown R/E and not included
Source: Washoe County Health District Vital Statistics

- From 2016 to 2020, Washoe County has had a lower percentage of women who received prenatal care within the first trimester compared to Nevada and the United States.
- In Washoe County, women who identified as American Indian/Alaska Native reported the lowest rates of early prenatal care, compared to other racial and ethnic groups for whom data were available.

Percent of Women Who Received Prenatal Care In Their First Trimester of Pregnancy Washoe County, Nevada and United States 2016-2020



WC and NV Source: Washoe County Health District Vital Statistics
US Source: US Department of Health and Human Services, National Vital Statistics Reports (2017-2020) https://www.cdc.gov/nchs/nvss/index.htm

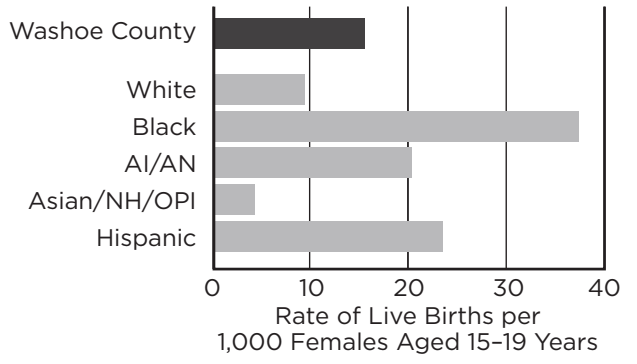
[77] Johnson R.C & Schoeni R.F. (2007). The Influence of Early-Life Events on Human Capital, Health Status, and Labor Market Outcomes over the Life Course. Institute for Social Research, Population Studies Center Report 07-616.

[78] Alexander, G.R. & Kotelchuck, M. (2001). Assessing the Role and Effectiveness of Prenatal Care. Public Health Reports. 116; 306-316.

6.0 PREVENTION

Pregnant adolescent females (15 to 19 years) are considered to have higher risks for negative health outcomes related to birth, not only impacting their child's lives, but their own as well. Teen mothers are more likely to end pregnancy in abortion and are less likely to enroll in prenatal care during pregnancy.[79] Additionally, women who give birth during their teen years are less likely to finish high school, earn a GED, and are more likely to live in poverty.[80, 81] Infants of teen mothers have an increased chance of being born prematurely, having a low weight at birth, and therefore an increased risk for infant mortality.[82] Children of teen mothers have 2-4 times higher mortality rates, higher rates of hospitalizations, and are less likely to finish high school than children born of non-teenaged mothers.[83] As adults, those born to teen mothers are more likely to grow up in poverty, give birth as a teenager, have higher unemployment rates and lower rates of income and as a result, experience more health issues through all stages of life.[83, 84]

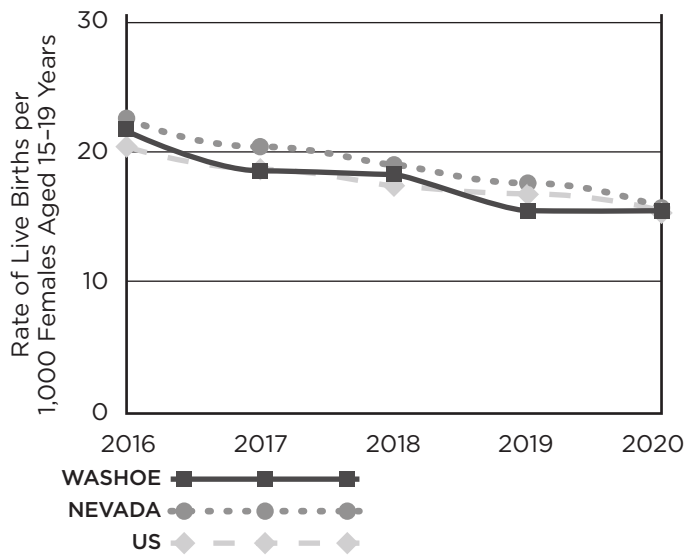
Rate of Live Births Among Women Aged 15-19 years per 1,000 Females Aged 15-19 years Population Washoe County, 2020



Source: Washoe County Health District Vital Statistics

- Rate of teen pregnancy has been declining nationwide and locally, however disparities continue to persist in Washoe County, with higher rates of teen pregnancy occurring among those who identify as black or Hispanic, as compared to Asian/Native Hawaiian/Other Pacific Islander or white.

Rate of Live Births Among Women Aged 15-19 years per 1,000 Females Aged 15-19 years Population Washoe County, Nevada and United States 2016–2020



WC and NV Source: Washoe County Health District Vital Statistics
US Source: US Department of Health and Human Services, National Vital Statistics Reports (2017-2020) https://www.cdc.gov/nchs/nvss/index.htm

Focus group participants did not frequently identify maternal child health or sexual health issues as a high need or barrier to achieving health or having a healthy community, however some did mention the need to have parental involvement in children's lives. There were mentions of competing time interests in work, earning a living wage, and supporting a family, especially among those with young children and and needing to be involved enough to help shape them into responsible adults and prepare them for the future.

[79] Nevada Division of Health and Human Service, Office of Public Health Informatics and Epidemiology. Data provided upon request. Carson City, NV.

[80] Perper K., Peterson K., & Manlove J. (2010). Diploma Attainment Among Teen Mothers. Child Trends, Fact Sheet Publication #2010-01: Washington, DC.

[81] Hotz V.J., McElroy S.W., & Sanders S.G. Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy. Washington, DC: The Urban Institute Press; 1997

[82] Martin J.A., Hamilton B.E., Osterman M.J.K., Curtin S.C., & Mathews T.J.. (2013). Births: Final Data for 2012. Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistic System. National Vital Statistics Reports; 62 (3).

[83] Jutte, D.P., Roos, N.P., Bownell, M.D., Briggs, G. MacWillian, L, & Roos, L.L.. (2010). The Ripples of Adolescent Motherhood: Social, Educational and Medical Outcomes for Children of Teen and Prior Teen Mothers. Academic Pediatrics. 10(5); 293-301.

[84] Abma, J.C., Martinez, G.M., & Copen, C.E.. (2010). Teenagers in the United States: Sexual Activity, Contraceptive Use, and Childbearing, National Survey of Family Growth 2006-2008. National Center for Health Statistics. Vital Health Statistics 23(30).

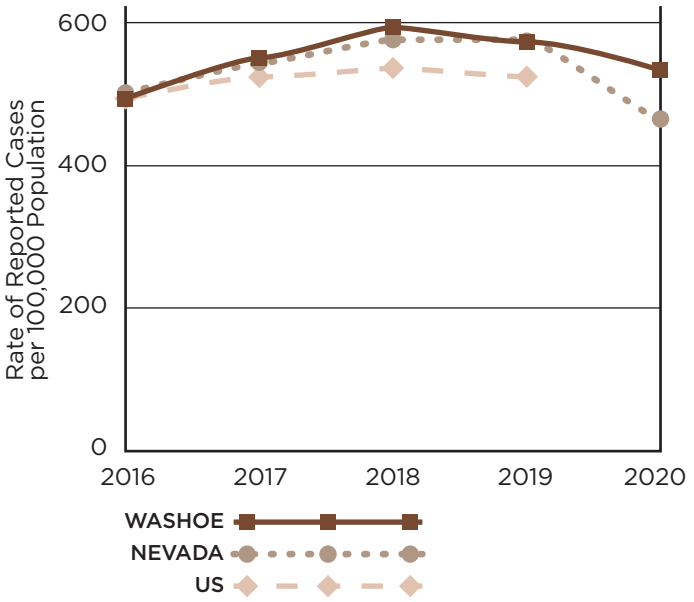
Infectious Disease

Communicable (infectious) diseases affect people regardless of gender, age, race or ethnicity, or income. These diseases can cause acute illness, develop into chronic conditions and in some cases result in death. Communicable diseases are closely monitored by hospitals, infection prevention teams, laboratories, and governmental health agencies in order to stop or mitigate potential disease outbreaks. While infectious diseases used to be responsible for a large proportion of deaths, due to advancements in modern medicine, infectious diseases have been replaced by chronic conditions such as heart disease and cancer as leading causes of death. However, in 2020, COVID-19 caused by infection with the SARS-CoV-2 virus was the third highest ranked cause of death nationally, in Nevada and in Washoe County. This illustrates the detrimental impacts unchecked spread of disease can have globally and locally, especially if immunization and treatment are limited as they were for most of 2020 during the early stages of the pandemic. The communicable disease indicators summarized in this section are limited to sexually transmitted infections and illnesses, however data for blood borne, airborne, select vaccine-preventable diseases, and foodborne illnesses are available in the appendix.

Prior to the COVID-19 pandemic, *Chlamydia trachomatis* was the most frequently reported infectious disease in the United States and is the most common sexually transmitted infection. Chlamydia is spread through vaginal, anal, and oral sexual intercourse with a person with infection and can be passed to a fetus during childbirth, which can lead to blindness and pneumonia of the infant. Chlamydia is treatable with antibiotics; however continued intercourse with a partner who is also infected and not also treated, may result in repeated infections.[85]

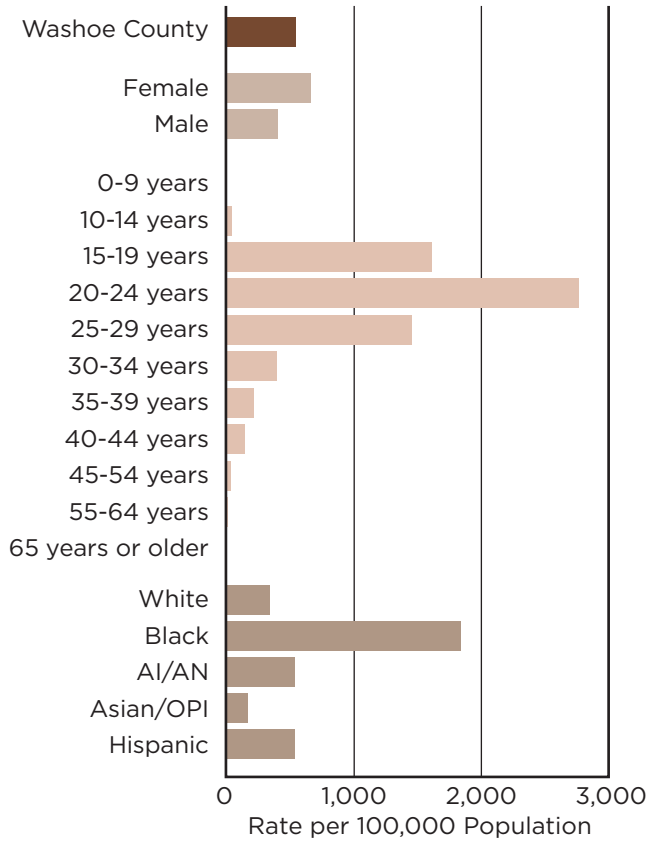
[85] Centers for Disease Control and Prevention. (2014). Chlamydia –CDC Fact Sheet. Accessed https://www.cdc.gov/std/chlamydia/stdfact-chlamydia.htm

Rate of Reported Cases of Chlamydia Washoe County, Nevada and United States 2016-2020



WC and NV Source: Nevada STD Fast Facts, 2016, 2017, 2018, 2019, 2020
US Source: Sexually Transmitted Diseases – Reported Cases and Rates of Reported Cases, United States, 1941-2019

Rate of Reported Cases of Chlamydia Washoe County, 2020



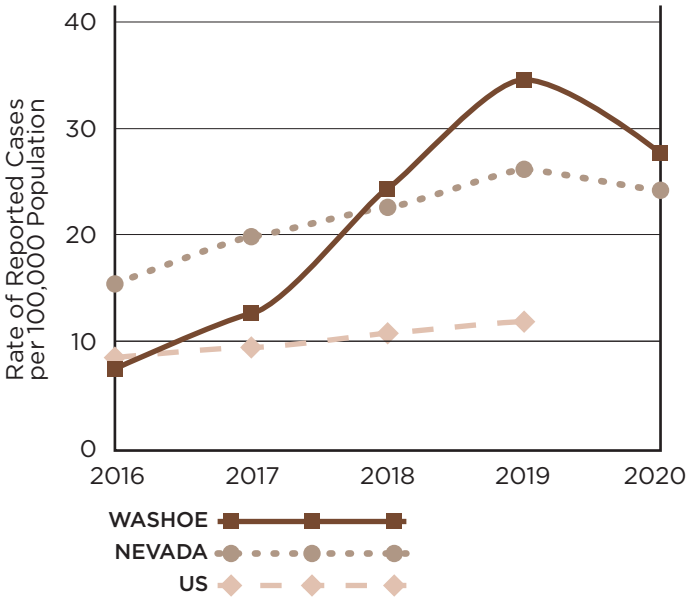
Source: Nevada STD Fast Facts 2020

- From 2016 through 2020, the rate of reported infections of chlamydia in Washoe County has generally been higher than Nevada and the United States and climbing.
- As of 2020, chlamydia rates were 533.9 per 100,000 persons in Washoe County, compared to 465.6 per 100,000 persons in Nevada.
- Chlamydia rates were highest among those aged 20 to 24 years (2,786.4) and persons who were Black, non-Hispanic (1,828.5) when compared to other ages and racial groups.

7.0 HEALTH OUTCOMES

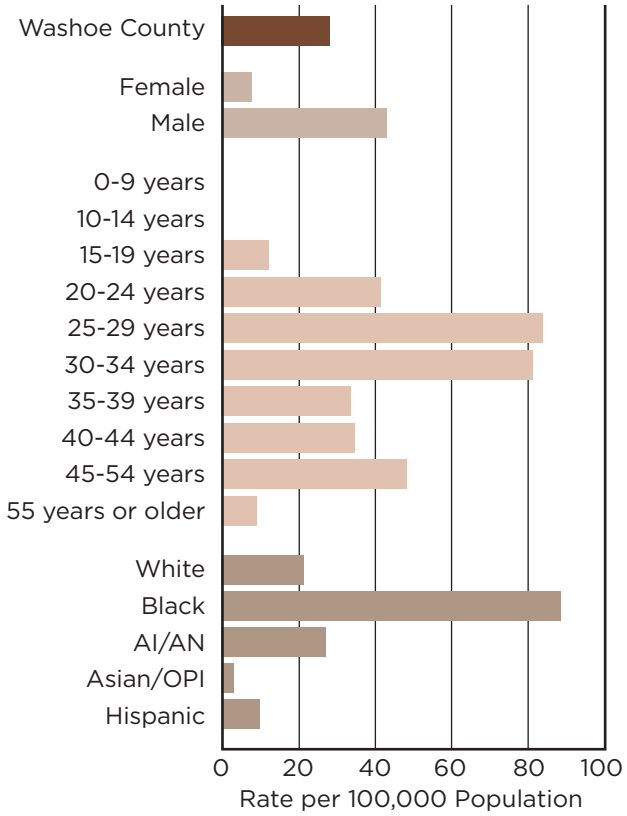
Syphilis is a complex sexually transmitted disease caused by *Treponema palladium*. The primary and secondary stages of Syphilis are both contagious, while late latent stage (infection for more than one year) and tertiary syphilis are not. Symptoms of the primary stage of syphilis include a single chancre which is usually firm, round, small, and painless, typically lasting 3-6 weeks. The secondary stage is marked by a rough, red or reddish-brown rash on the trunk and extremities, swollen lymph nodes, fever, and some may experience patchy hair loss. Both the primary and secondary stages of syphilis may be asymptomatic, however if left untreated can progress to the latent and tertiary stages. Latent syphilis can affect the heart, brain, and other organs. All stages of syphilis can be treated; however, treatment cannot reverse any damage to tissues or nerves.[86]

Rate of Reported Cases of Primary and Secondary Syphilis Washoe County, Nevada and United States 2016-2020



WC and NV Source: Nevada STD Fast Facts, 2016, 2017, 2018, 2019, 2020
US Source: Sexually Transmitted Diseases – Reported Cases and Rates of Reported Cases, United States, 1941-2019

Rate of Reported Cases of Primary and Secondary Syphilis Washoe County, 2020



Source: Nevada STD Fast Facts 2020

- Rates of reported syphilis in Washoe County steadily increased from 2016 through 2019.
- In 2020, rates of syphilis were highest among males (43.1) and persons aged 25 to 29 years (83.7) compared to other age and racial groups in Washoe County.

Aside from the COVID-19 pandemic's impact on various aspects of life, infectious diseases were not specifically mentioned as a public health concern in the primary data collection forums. The few times the pandemic was discussed is when people were describing social disruptions in how people gathered and interacted with one another and the realization of how important those interactions were in their day-to-day life.

[86] Centers for Disease Control and Prevention. (2017). Syphilis-CDC Fact Sheet. Accessed https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm

Mental Health

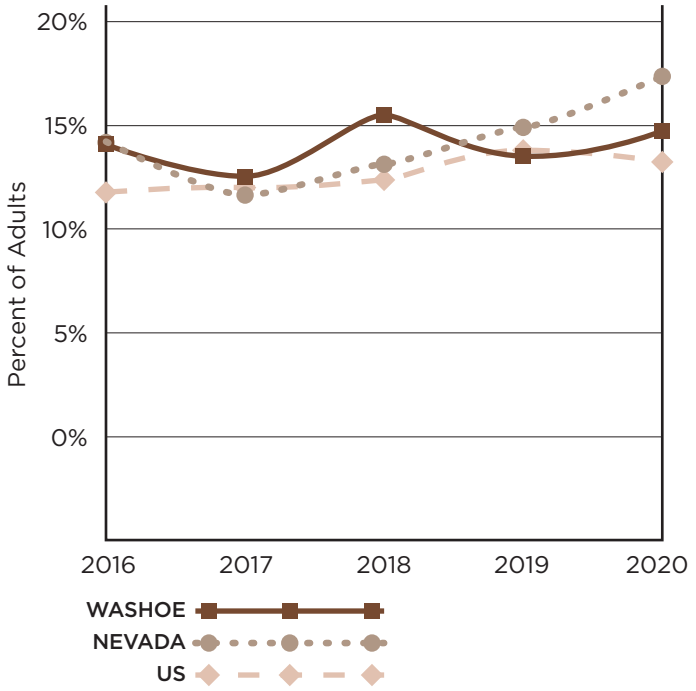
Mental health involves a person's physical, emotional, and psychological well-being, and encompasses how a person copes with stress, how they respond towards unexpected events in their life, and how they engage socially with others. Mental health can impact physical health in various ways; stress and related anxiety for example, can cause stomachaches, headaches, lack of appetite, trouble sleeping, as well as unexplained increases or decreases in energy levels.[87] Chronic stress elevates cortisol levels in the blood stream which increases blood sugar, and inhibits memory and immune system function.[88] Additionally, chronic stress and cumulative stress have been shown to be associated with diagnosable mental illnesses such as depression and other psychiatric disorders.[89] Some types of mental illness may not produce symptoms such as fevers, or other visible physical signs, but instead are subjective and measured only by the person experiencing the condition. Any type of mental illness can be challenging to recognize, especially for someone not familiar with a person's normal behavior.

[87] National Alliance on Mental Illness. Know the Warning Signs. Accessed https://www.nami.org/Learn-More/Know-the-Warning-Signs

[88] Kiecolt-Glaser, J.K., McGuire, L., Robles, T.F., and Glaser, R. (2002). Psychoneuroimmunology: Psychological influences on Immune Function and Health. Journal of Consulting and Clinical Psychology, 70(3), 537-47.

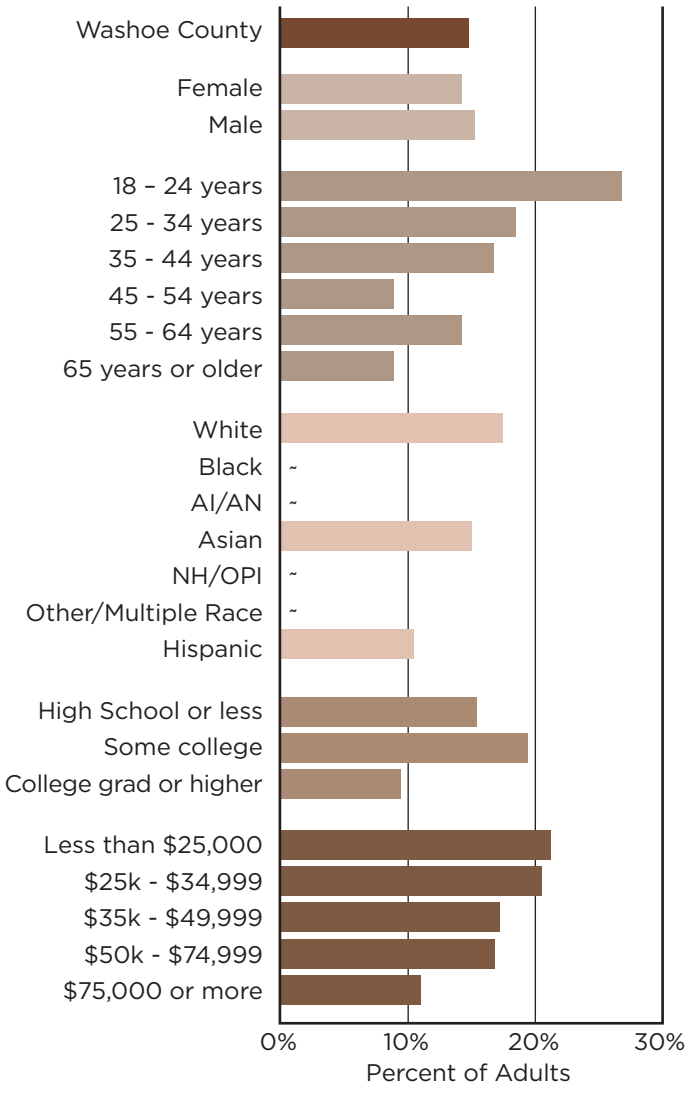
[89] Thoits, P.A. (2010). Stress and Health: Major findings and policy implications. Journal of Health and Social Behavior, 51(S) S41-S53.

Percent of Adults Reporting Mental Health "Not Good" for 14+ Days in the Past 30 Days Washoe County, Nevada and United States 2016–2020



WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and US Source: America's Health Rankings Annual Report https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/ALL

Percent of Adults Reporting Mental Health "Not Good" for 14+ Days in the Past 30 Days Washoe County, 2020



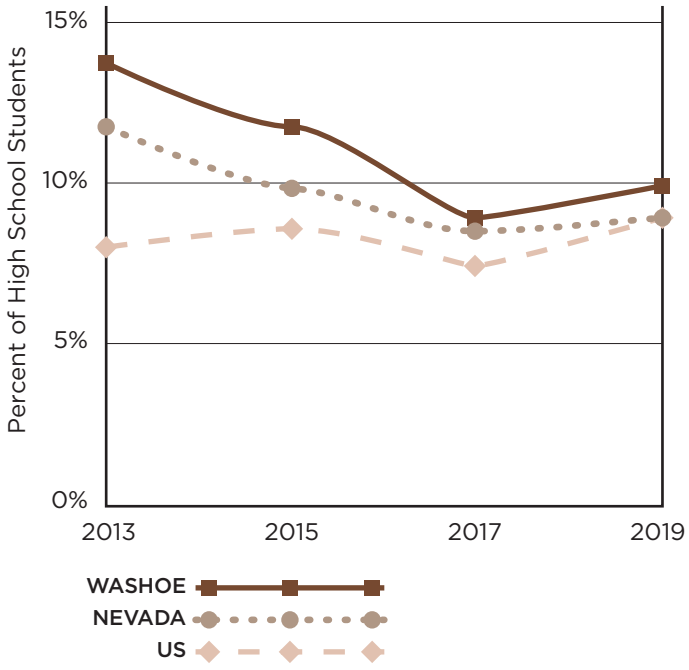
Source: Nevada 2020 BRFSS

- From 2016 through 2020 the proportion of adults in Washoe County reporting their mental health was not good for 14 or more days has not changed significantly, ranging from a low in 2017 of 12.5% to a high in 2018 at 15.6%. Most recent data from 2020 indicated 14.7% of adults reported their mental health was not good for 14 or more days in the past 30 days.

- In 2020, poor mental health was higher among younger age groups, with 18 to 24 years (26.8%) being noticeably higher compared to those 65 years or older (8.8%) in Washoe County.

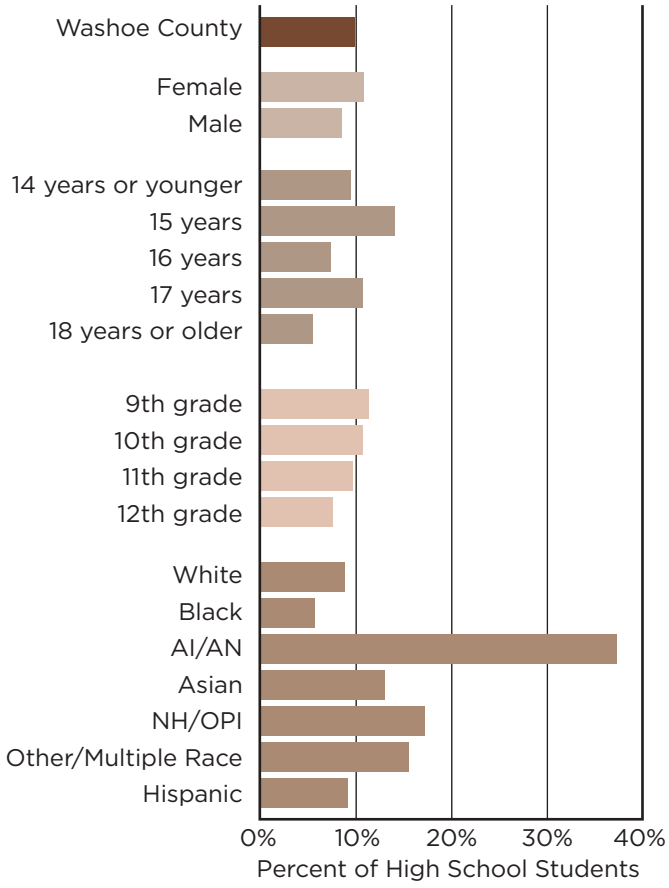
- As income levels increase, the proportion of adults in Washoe County reporting poor mental health decreased, with 21.2% of those earning less than $25,000 per year reporting mental health not good for 14 or more days in the past 30 compared to only 11.0% of those who earned $75,000 per year.

Percent of High School Students Who Tried Killing Themselves During the 12 Months Before the Survey Washoe County, Nevada and United States 2013–2019



WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Percent of High School Students Who Tried Killing Themselves During the 12 Months Before the Survey Washoe County, 2019



Source: Nevada 2019 YRBS
Note: Due to small cell size, caution against group comparisons

- The proportion of high school students in Washoe County who attempted suicide has been higher compared to high school students across Nevada and the United States from 2013 through 2019.

- In 2019, high school students who identified as American Indian/Alaska Native had the highest proportion reporting they had attempted suicide in the past 12 months (37.2%) compared to students who identified as Black (5.7%).

Mental health remains among one of the top three highest scoring health topics in Washoe County and across all forums of primary data collection (focus groups, key information interviews, community survey), participants and respondents consistently identified mental health as a top need in the area. Lack of mental health providers, cultural stigma preventing discussion of mental health issues, barriers to accessing mental health resources, and inability to locate mental health providers who are accepting new patients were all mentioned as challenges related to improving mental health. Focus group participants frequently identified several personal methods for reducing stress and relieving anxiety, including having strong social supports and people they trust, such as friends or family, to help alleviate stress. Others stated how important it was to them to be able to be in outdoor, natural environments such as parks or nature to reduce stress, while some indicated they turn to physical activity to reduce stress and improve mental health.

A four-item perceived stress assessment was included in the community survey and scores indicated most respondents fell in the middle range of 5 to 10, a lower score indicates lower perceived stress, while a higher score indicates higher level of perceived stress.[90]

Perceived Stress Assessment

PERCEIVED STRESS SCORE	FREQUENCY	PERCENT
0-4	184	29.2
5-10	404	64.1
11-16	42	6.7

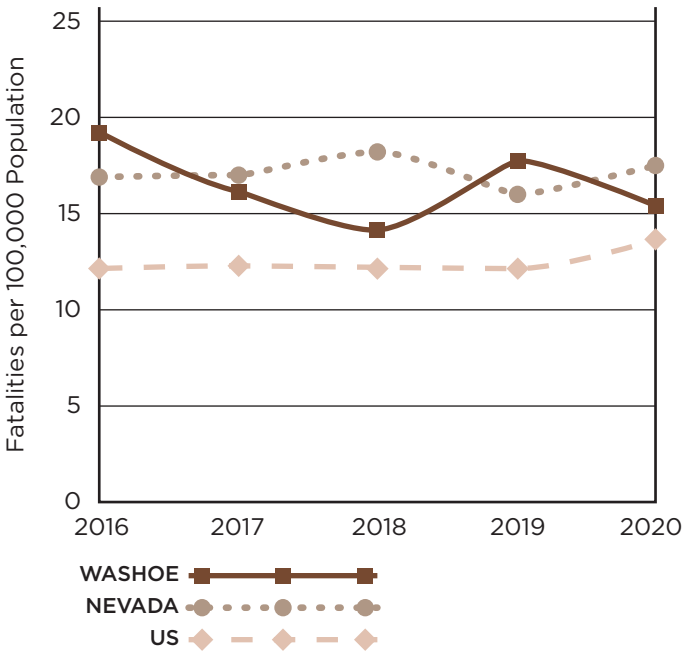
Source: Washoe County Health District 2022 Community Health Assessment Community Survey

[90] Cohen, S., Kamarck, T., & Mermelstein, R. (1983). A global measure of perceived stress. *Journal of Health and Social Behavior,* 24, 385-396

Crime & Violent-Related Behaviors

Exposure to violence and being a victim of crime or violence is detrimental to health. The effects of these experiences often last beyond the initial threat or incident. Other than direct bodily harm, the lasting health impacts include psychological and behavioral changes such as chronic stress, depression, anxiety, sleep disturbances, and may result in unhealthy coping mechanisms such as increased substance use. Persons exposed to violence and violent behaviors are more likely to be a victim of violence and commit violence acts against others in the future.[91]

Firearm Fatalities* per 100,000 Population During the 12 Months before the Survey Washoe County, Nevada and United States 2016–2020



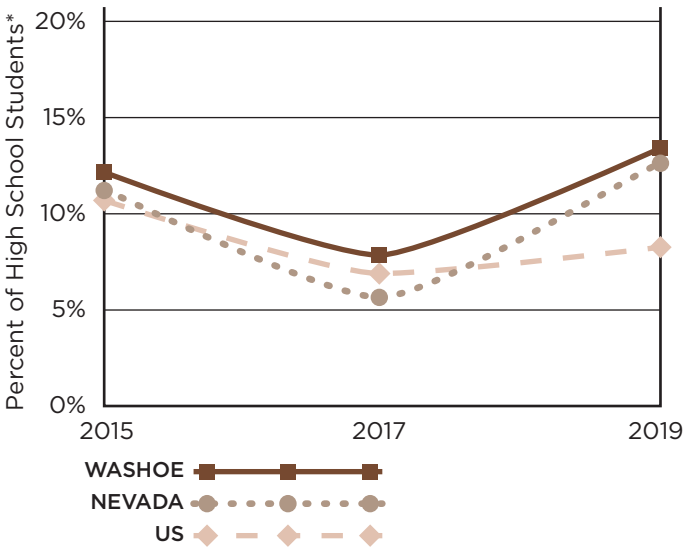
Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2020 on CDC WONDER Online Database. Accessed http://wonder.cdc.gov/ucd-icd10.html

*Causes of death attributable to firearm mortality include ICD-10 Codes W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.

- From 2016 through 2020, the firearm fatality rate among Washoe County residents has been higher than the United States.
- With the exception of 2017and 2018, firearm fatality rate in Washoe County has been higher than Nevada from 2016 through 2020.

[91] Wilkins, N., Tsao, B., Hertz, M., Davis, R., Klevens, J. (2014). Connecting the Dots: An Overview of the Links Among Multiple Forms of Violence. Atlanta, Georgia: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, Oakland, California: Prevention Institute.

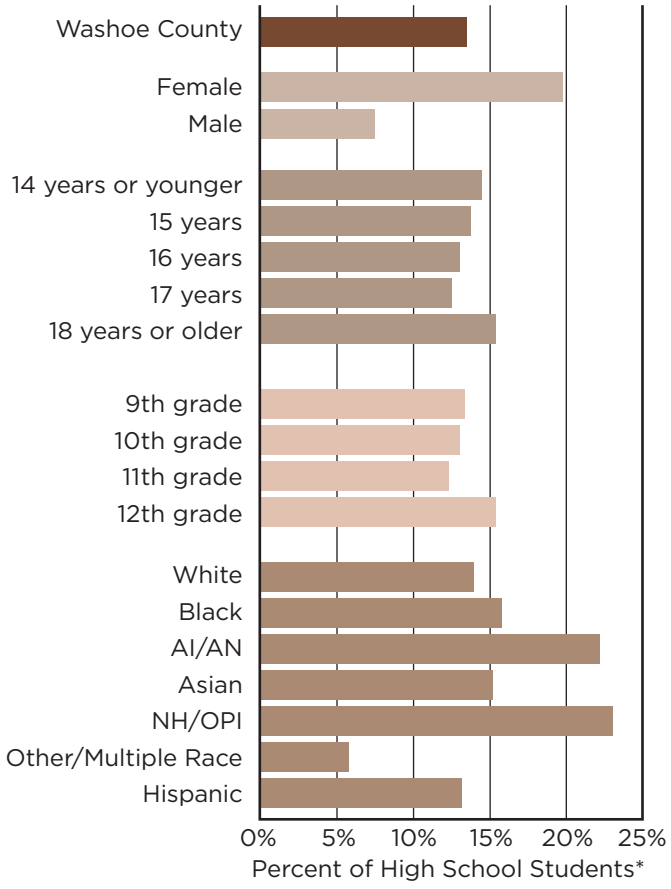
Percent of High School Students Who Experienced Sexual Dating Violence During the 12 Months before the Survey Washoe County, Nevada and United States 2015–2019



WC and NV Source: Nevada 2015, 2017, 2019 YRBS
US Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

*Among students who dated or went out with someone during the 12 months before the survey

Percent of High School Students Who Experienced Sexual Dating Violence During the 12 Months before the Survey Washoe County, 2019



Source: Nevada 2019 YRBS

*Among students who dated or went out with someone during the 12 months before the survey

- Despite a decrease in 2017, more than one in ten high school students in Washoe County who were in a relationship experienced sexual dating violence in 2019.
- More than one in five high school students who identified as American Indian/Alaska Native and those who identified as Native Hawaiian/ Other Pacific Islander reported having experienced sexual dating violence, compared to 5.7% of those who identified as multiple race or an "other" race not listed.

Focus group participants identified the need to feel safe as important to being able to live a healthy lifestyle and a quality of a healthy community, with mentions of various types of crime and violence as barriers. Among those acts of violence, bullying and gun violence were specific types of crimes mentioned during focus group sessions.

The key informants all identified violence, crime, and abuse as a concern among the populations they represented, which included the LGTBQ+ community, persons who are unsheltered or without a home, and refugees.

Fewer than one in five community survey participants perceive their neighborhood to be somewhat or very unsafe. This was not found to be statistically significant among various demographic groups or geographic zip codes.

How safe do you feel your neighborhood is from crime?

RESPONSE CATEGORIES	FREQUENCY	PERCENT
Very safe	255	40.0
Somewhat safe	274	43.0
Somewhat unsafe	88	13.8
Very unsafe	20	3.1

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Chronic Diseases

Chronic diseases, such as heart disease, diabetes, arthritis, and obesity, are largely preventable. However chronic diseases still account for seven out of ten deaths in the United States every year. Six in ten adults in the United States have a chronic disease, while four in ten adults have two or more. The key risk factors for most chronic diseases are tobacco use, poor nutrition, lack of physical activity, and excessive alcohol use.[92]

In 2020, heart disease was the number one cause of death nationwide, in Nevada, and Washoe County.[93, 94] The key risk factors for heart disease include high blood pressure, high LDL cholesterol, and smoking. Additional risk factors for heart diseases include diabetes, being overweight or obese, having a poor diet, lack of physical activity, and excessive alcohol use.[95] In 2020, stroke was the fifth leading cause of death nationwide, in Nevada, and Washoe County.[96, 97] Risk factors for stroke include high blood pressure, high cholesterol, heart disease, diabetes, sickle cell disease, unhealthy diet, obesity, excessive alcohol, and tobacco use.[98] In 2020, type 2 diabetes was ranked the seventh leading cause of death in Washoe County and Nevada, however, nationally was the eighth leading cause of death. Type 2 diabetes develops as a result from consuming high sugar foods, thus increasing demand for insulin production, and over time, the system loses the ability to respond to insulin. Risk factors for type 2 diabetes include being overweight or obese, lack of physical activity, have high blood pressure, history of heart disease or stroke, being over the age of 45, or having a family history of diabetes.[99]

92 Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion. Accessed https://www.cdc.gov/chronicdisease/about/infographic.htm

93 Murphy SL, Kochanek KD, Xu JQ, Arias E. Mortality in the United States, 2020. NCHS Data Brief, no 427. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:112079.

94 Washoe County Health District, Vital Records. Data provided upon request. Reno, NV.

95 Centers for Disease Control and Prevention. Heart Disease Fact Sheet. Accessed https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_heart_disease.htm

96 Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. Data provided upon request. Carson City, NV.

97 United States: Xu, J., Murphy, S.L., Kochanek, K.D. & Arias, E. (2016). Mortality in the United States, 2015. National Center for HealthStatistics Data Brief, no 267. Hyattsville, MD.

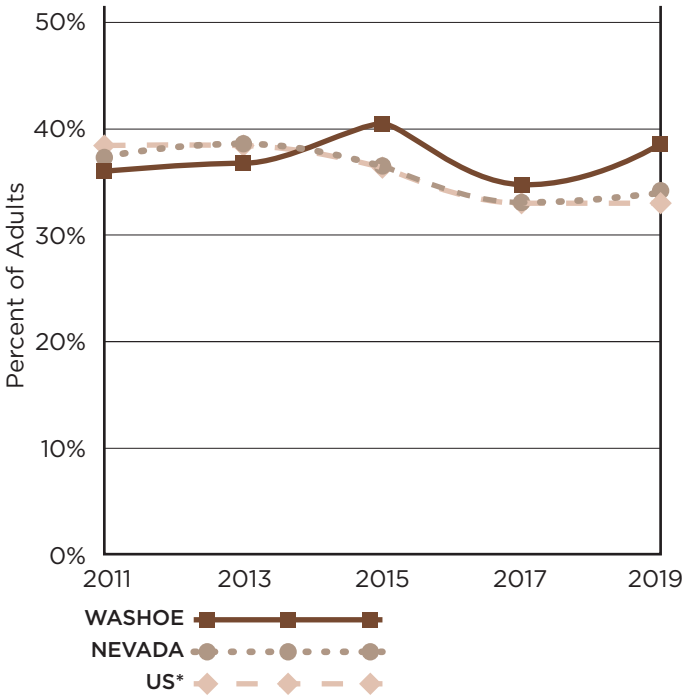
98 Centers for Disease Control and Prevention. Stroke Risk. Accessed https://www.cdc.gov/stroke/behavior.htm

99 National Institute of Diabetes and Digestive and Kidney Diseases. Risk Factors for Type 2 Diabetes. Accessed https://www.niddk.nih.gov/health-information/diabetes/overview/risk-factors-type-2-diabetes

7.0 HEALTH OUTCOMES

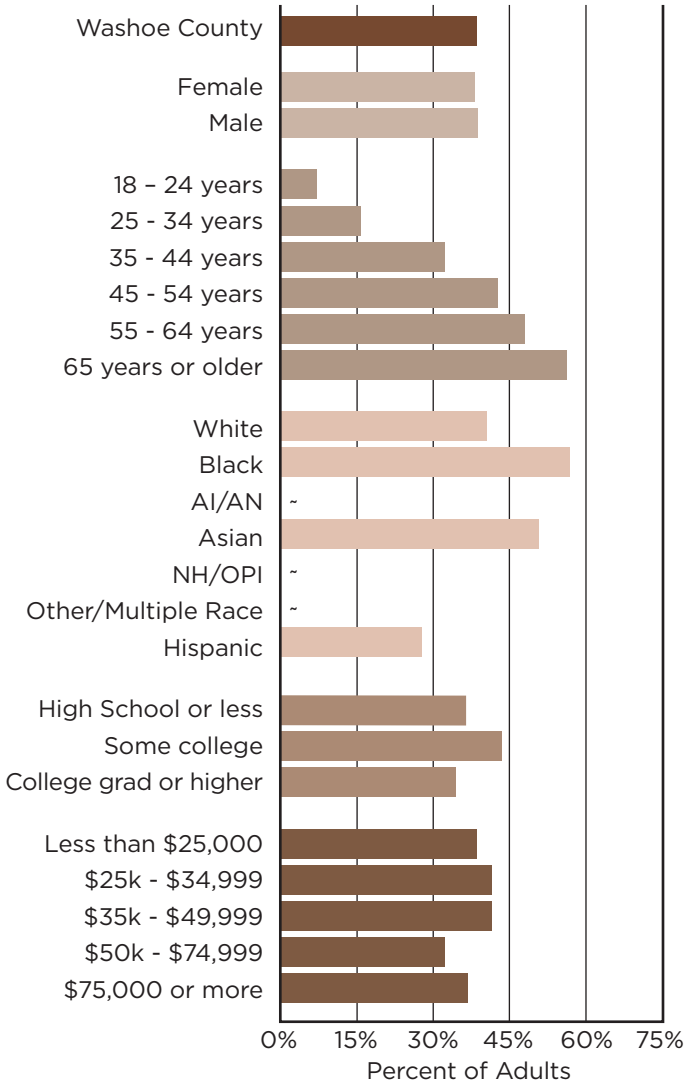
The best treatment to reduce the occurrence of chronic disease is prevention. People can significantly reduce their risk for the top chronic conditions by eating a healthy diet composed of fruits and vegetables, reducing consumption of animal fats, maintaining a healthy weight, and engaging in regular adequate physical activity. Additional forms of prevention include not using tobacco products and limiting alcohol consumption. By improving nutrition, increasing physical activity, reducing or limiting alcohol consumption, and eliminating the use of tobacco products, the United States could significantly reduce total healthcare costs and people would experience an increase in length and quality of life.

Percent of Adults Who Have Had Their Cholesterol Checked and Have Been Told it was High Washoe County, Nevada and United States 2011-2019



WC Source: Nevada 2019 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/

Percent of Adults Who Have Had Their Cholesterol Checked and Have Been Told it was High Washoe County, 2019

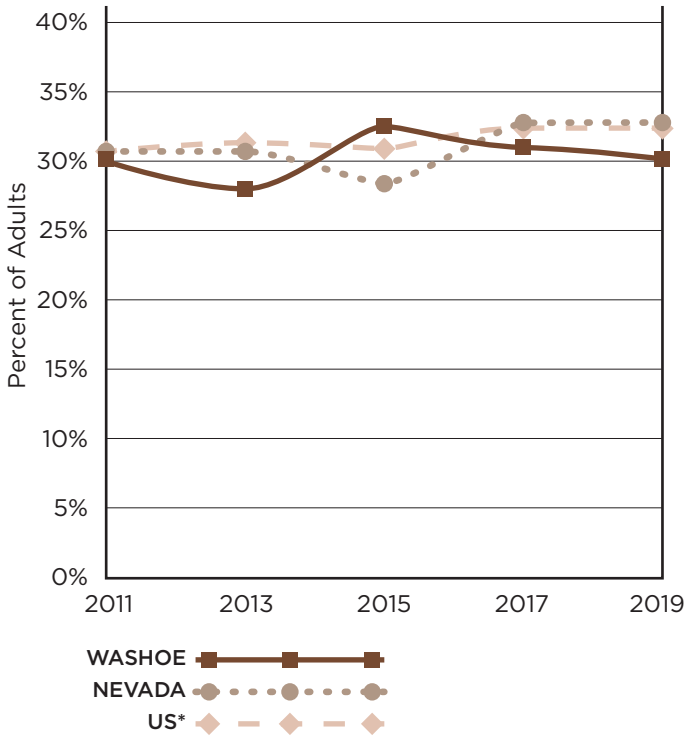


Source: Nevada 2019 BRFSS

- In 2019, nearly four in ten (38.5%) adults in Washoe County reported they had been told by a medical professional they have high cholesterol. Prevalence increased with age as nearly two in three (56.3%) adults 65 years or older reported having been told they have high cholesterol.

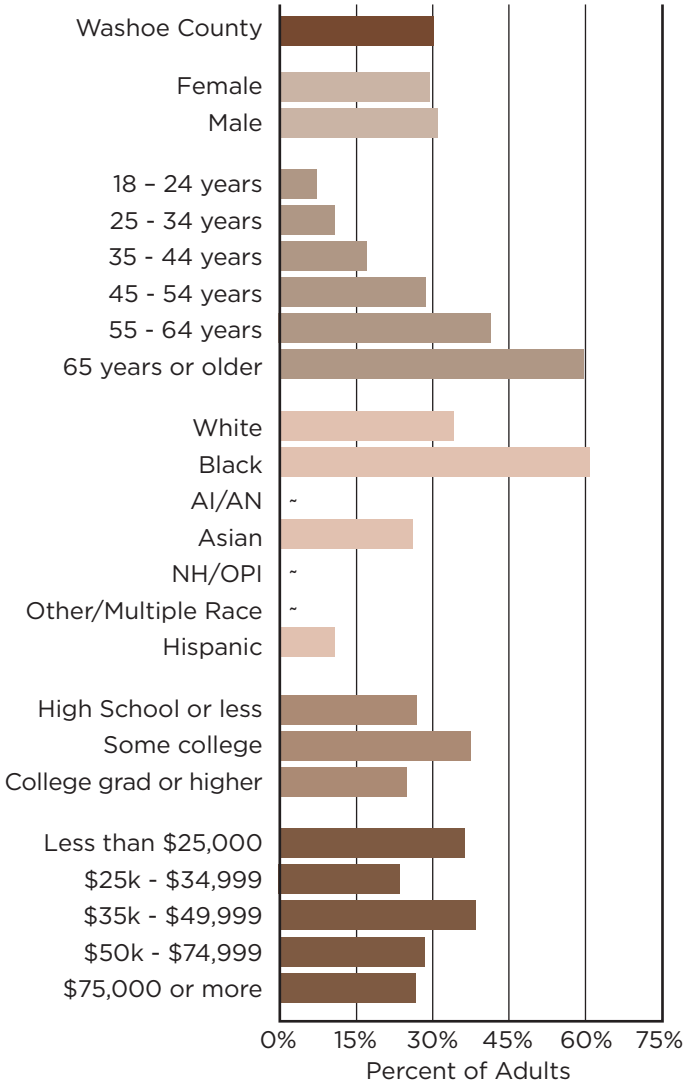
- Among adults in Washoe County, prevalence of high cholesterol was highest among Black, non-Hispanic (56.8%) and lowest among Hispanic (27.7%).

Percent of Adults Who Have Been Told Their Blood Pressure is High by a Health Professional Washoe County, Nevada and United States 2011–2019



WC Source: Nevada 2019 BRFSS
NV and US Source: https://www.cdc.gov/brfss/brfssprevalence/

Percent of Adults Who Have Been Told Their Blood Pressure is High by a Health Professional Washoe County, 2019



Source: Nevada 2019 BRFSS

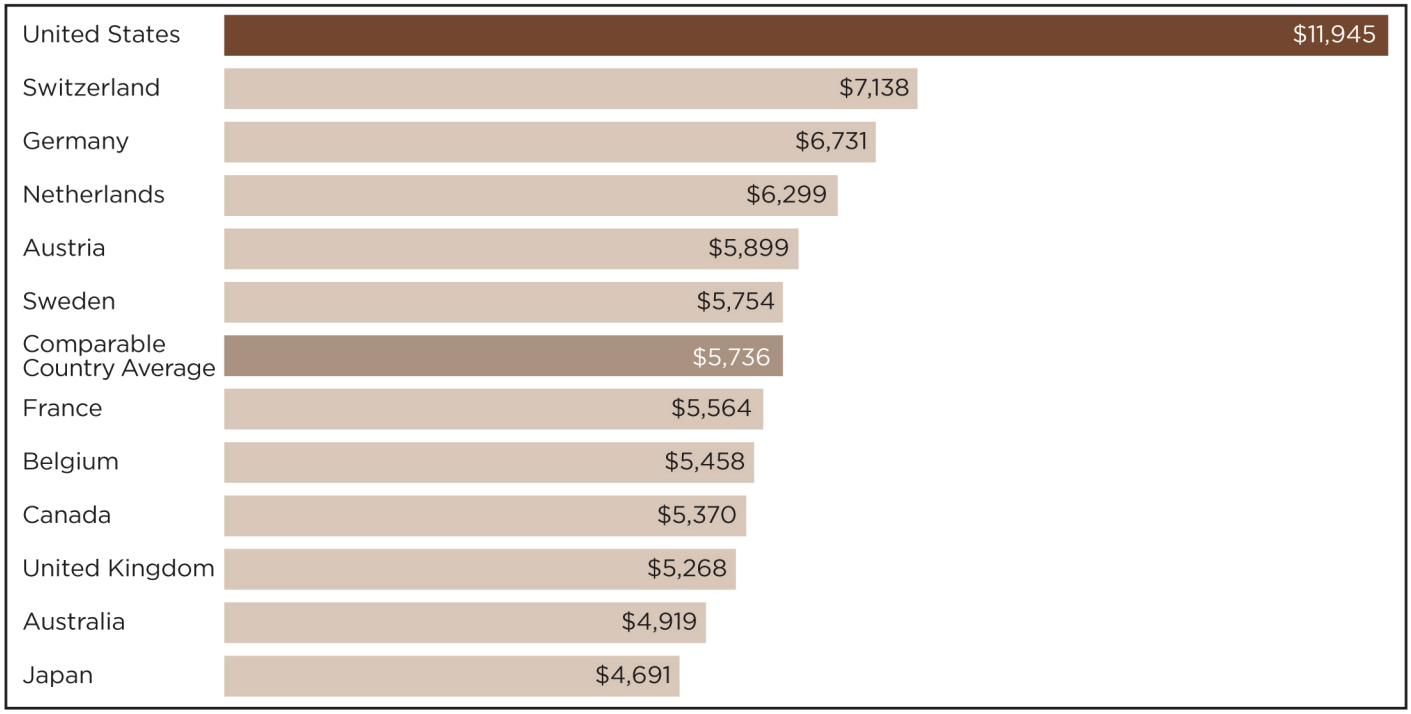
- In 2019, nearly one in three (30.1%) adults in Washoe County reported having been told by a medical professional they have high blood pressure. Prevalence increased with age as nearly two in three (59.8%) adults 65 years or older reported they had been told they have high cholesterol.
- Among adults in Washoe County prevalence of high blood pressure was highest among Black, non-Hispanic (60.8%) and lowest among Hispanic (10.8%).

Data showing prevalence of other chronic conditions including select cancers by type are available in the appendix.

Mortality

In 2019, the United States was ranked 40th by the World Health Organization in life expectancy at birth, at 78.5 years. The nation with the longest life expectancy, Japan, had a life expectancy at birth of 84.26 years.[100] As a nation, the United States spends double per capita on healthcare compared to other first world nations, which is a reflection of the dysfunctional health system in the U.S. and is echoed in the mortality rates driven by chronic underlying health conditions.[101]

Health Consumption Expenditures per Capita
U.S. Dollars, PPP Adjusted, 2020 or Nearest Year



Notes: U.S. value obtained from National Health Expenditure data. Data from Australia, Belgium, Canada, Japan and Switzerland are from 2019. Data for Australia, France, and Japan are estimated. Data for Austria, Canada, Germany, Netherlands, and Sweden are provisional. Health consumption does not include investments in structures, equipment, or research.

Source: KFF analysis of National Health Expenditure (NHE) and OECD data

Provisional 2021 mortality data for the United States indicate for the second year in a row, an infectious disease – COVID-19, appeared in the top three causes of death, outranked only by heart disease and cancer, which have remained the top two causes of deaths for decades. From 2020 to 2021, the age-adjusted death rate in the United States increased by 0.7%, from 835.4 to 841.6 per 100,000 population. The 2021 national death rate was the highest it has been since 2003, impacted in part by COVID-19 and an increase in unintentional injury deaths due to drug overdoses.[102]

[100] World Health Organization, The Global Health Observatory. Life expectancy at birth (years). Accessed https://www.who.int/data/gho/data/indicators/indicator-details/GHO/life-expectancy-at-birth-(years)

[101] Kurani, N. & Cox, C. (2020). What drives health spending in the U.S. compared to other countries. Peterson-KFF Health System Tracker.

[102] Ahmad, F.B., Cisewski, J.A., & Anderson, R.N.. (2022). Provisional Mortality Data – United States. MMWR Morb Mortal Wkly Rep. 2022 Apr 29;71(17):597-600. doi: 10.15585/mmwr.mm7117e1.

7.0 HEALTH OUTCOMES

According to the final 2020 death data, the overall age-adjusted mortality rate among residents in Washoe County was 990.8 per 100,000 population, which was higher than Nevada (975.6), however was lower than the national death rate, at 1,027.0 per 100,000 population.[103]

Heart disease encompasses several types of heart conditions, the most common being coronary artery disease. Risk factors for developing heart disease are the same risk factors for other health conditions and include high blood pressure, high blood cholesterol, smoking, having diabetes, being overweight or obese, having an unhealthy diet, lack of physical activity, and excessive alcohol use.[104]

Malignant neoplasms (cancer) are the second leading cause of death and are responsible for nearly one in every four (23%) deaths in the United States. Nationally, from 2001 to 2020, cancer deaths decreased by 27%, from 196.5 to 144.1 deaths per 100,000 population. In 2020, lung and bronchial cancers were the leading cause of cancer-specific deaths in the United States, followed by colon and rectal cancers, pancreas cancer, breast cancer (females), and prostate cancer (males).[105] The causes of cancer differ from type to type, however there are behavioral factors which increase the risk of many cancers including being obese, using tobacco products, and excessive alcohol consumption.[106] Other cancer-related risk factors are radiation, including exposure to sunlight and UV-rays, environmental toxins, and in some cases viruses such as human papilloma virus (HPV), hepatitis B and C viruses (HBV, HCV) among others.[107, 108]

[103] Centers for Disease Control and Prevention. CDC Wonder. All Cause of Death Data, 2020.

[104] Centers for Disease Control and Prevention. About Heart Disease. Accessed https://www.cdc.gov/heartdisease/about.htm

[105] Centers for Disease Control and Prevention. An Update on Cancer Deaths in the United States. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Cancer Prevention and Control; 2022.

[106] Centers for Disease Control and Prevention. Cancer – Risk Factors for Cancer. Accessed https://www.cdc.gov/cancer/risk_factors.htm

[107] American Cancer Society. Cancer A-Z. Accessed https://www.cancer.org/cancer/cancer-causes.html

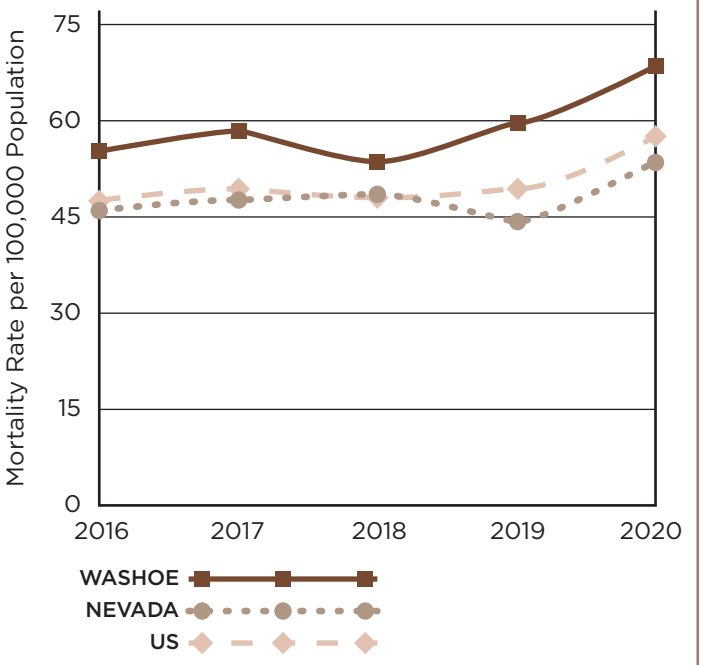
[108] U.S. Department of Health and Human Services. National Institutes of Health, National cancer Institute. Risk Factors for Cancer. Accessed https://www.cancer.gov/about-cancer/causes-prevention/risk

Age-adjusted Top Causes of Death per 100,000 Population Washoe County and Nevada, 2020

Cause of Death	Washoe County	Nevada
Diseases of heart (I00-I09,I11,I13,I20-I51)	183.1	201.3
Malignant neoplasms (C00-C97)	143.1	144.1
COVID-19 (U07.1)	80.3	88.4
Accidents (unintentional injuries) (V01-X59,Y85-Y86)	68.4	53.5
Cerebrovascular diseases (I60-I69)	53.6	40.3
Chronic lower respiratory diseases (J40-J47)	42.6	44.9
Diabetes mellitus (E10-E14)	23.0	24.2
Chronic liver disease and cirrhosis (K70,K73-K74)	17.1	15.2
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	19.7	18.2
Alzheimer disease (G30)	18.0	28.7
Influenza and pneumonia (J09-J18)	10.7	13.6
Essential hypertension and hypertensive renal disease (I10,I12,I15)	10.8	10.4
Nephritis, nephrotic syndrome and nephrosis (N00-N07,N17-N19,N25-N27)	9.9	8.9
Septicemia (A40-A41)	8.7	7.1
Parkinson disease (G20-G21)	8.4	~
Assault (homicide) (*U01-*U02,X85-Y09,Y87.1)	~	7.3

Source: CDC Wonder

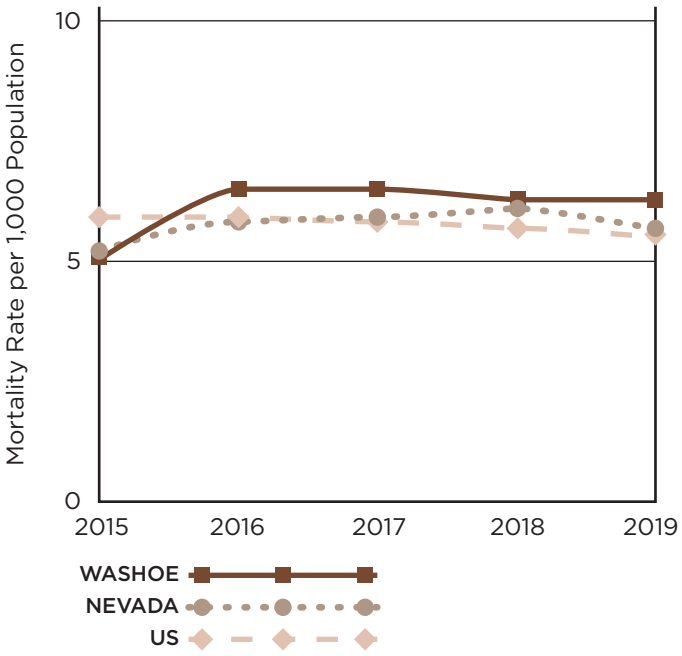
Age-Adjusted Unintentional Mortality Rate per 100,000 Population Washoe County, Nevada and United States 2016–2020



Source: CDC Wonder

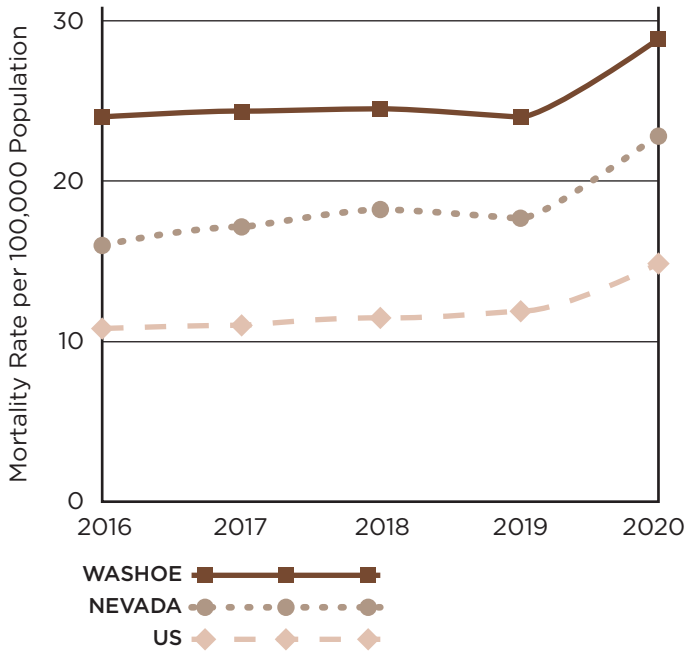
- In 2020, the top three causes of death in Washoe County were due to diseases of the heart, malignant neoplasms (cancer), and COVID-19. This is the same for Nevada and the United States.
- Washoe County residents had a lower rate of death of the top three causes of death compared to Nevada, however there was a higher rate of death for accidents (unintentional injuries) in 2020.
- From 2016 through 2020, Washoe County has had a higher mortality rate due to unintentional injuries (accidents), compared to Nevada and the United States. Although not shown in this graph, in 2020, unintentional death rates for males (90.1) were nearly double the rate for females (45.5) and higher among White, non-Hispanic (74.8) compared to Hispanic (52.3).

Mortality Rate Among Infants <1 Year of Age per 1,000 Population Washoe County, Nevada and United States 2015–2019



Source: CDC Wonder

Alcohol Induced Mortality Rate per 100,000 Population Washoe County, Nevada and United States 2016–2020



Source: CDC Wonder

- While low, the infant mortality rate in Washoe County has remained higher than Nevada and the United States from 2016 through 2019.

- Mortality due to alcohol and alcohol-related chronic conditions (cirrhosis of the liver) have been higher in Washoe County from 2016 through 2020, when compared to Nevada and the United States overall, rates increased across all jurisdictions during 2020.

Assets & Gaps Analysis

This section includes a summary of the analyses results for the four primary data collection methods utilized to solicit input directly from the community members of Washoe County. There were four types of primary data gathered for the purpose of this assessment, those include, 1) focus groups; 2) community survey; 3) key informant interviews; and 4) agency survey. Recruitment strategies were intended to garner participation from a diverse representation of residents, not just limited to diversity of race and ethnicity, but sexual orientation, gender identity, occupational groups, and locations of residence within Washoe County. Primary data collection can be designed to obtain more information about the "why" and can be tailored around local trends. However, primary data are not generalizable beyond those who responded or participated as data are not weighted. Therefore these data are only indicative of the perceptions, thoughts, feelings, and opinions of those who participated, and are not intended to be representative of the greater community.

Some of the information presented in this section is available throughout the assessment, within areas closely related to the topics of discussion, for example when focus group participants discussed mental health-related issues, those are included in the mental health section to provide a deeper context for the reader.

Focus Groups

Nine focus groups were conducted from March through May of 2022 across Washoe County. The purpose of these focus groups was to elicit insights into existing and emerging factors, both societal and economic, affecting quality of life and health in the community. The questions asked of participants were designed to generate discussion about what it meant to live a healthy lifestyle, perceptions of qualities of a healthy community, and the top health needs of the community.

A total of 46 participants attended the focus groups. More than half of participants identified as female and as heterosexual. Majority of participants were between the ages of 25-44 years. Among all participants, 50% of individuals identified as White/Caucasian, 39% identified as Hispanic or Latino, 9% identified as Asian, and 2% identified as Black or African American.

Through analyses the following areas emerged as major categories which influence community health in Washoe County:

- Barriers to achieving a healthier community and living a healthy lifestyle
- Individual behaviors that help to lead a quality life
- Examples and qualities of a healthy community

Gaps

Participants discussed a range of experiences they felt prevented them from being able to receive effective care and address their needs to live a healthy lifestyle. The top three examples of such experiences were: (1) Lack of access to healthcare; (2) Unaffordable cost of living, including unaffordable housing; and (3) Lack of road safety including limited bike access and poor walkability, and an insufficient public transportation system.

Lack of Access to Health Services

Participants in focus groups often cited barriers to accessing health services, including mental health services, primary practice providers, and specialists. Lack of providers was a predominant theme that emerged in the focus group data across nearly all participant groups. Even when a person has health insurance, they continue to experience barriers to timely, adequate, and affordable healthcare including issues with insurance acceptance. Persons on Medicaid predominantly mentioned they are unable to find providers who accept Medicaid through their private practice and experience challenges finding providers who treat them with respect. The majority of focus groups included discussions of experiences of having to wait weeks, and even months, to see a provider or the challenge of not being able to find providers who are accepting new patients and not being able to establish care.

"Some of the really good specialists are booked for months out and sometimes that can make the difference in somebody's health."

Unaffordable Cost of Living

The second most frequently identified barrier to a healthy community was the increasing cost of living coupled with unaffordable housing.

"I don't want to live off the government forever, but there's no chance for me if I can't a decent paying job to keep the needs and accommodations of what the daily cost of livings are, you know. You just, you can't. It's hard."

Focus Group Participant Demographics Washoe County, 2022

Demographic Characteristics		N	%
Sex at Birth	Female	30	65%
	Male	14	30%
	Unknown	2	4%
Current Sex	Female	28	61%
	Male	14	30%
	Genderqueer/Nonbinary	1	2%
	Trans male/Trans man	1	2%
	Unknown	2	4%
Identify As	Heterosexual/ Straight	30	65%
	Bisexual	9	20%
	Gay	1	2%
	Lesbian	2	4%
	Pansexual	1	2%
	Asexual	1	2%
	Unknown	2	4%
Age Group	18 years or younger	7	15%
	19-24 years	2	4%
	25-34 years	12	26%
	35-44 years	9	20%
	45-54 years	6	13%
	55-64 years	5	11%
	65-74 years	4	9%
	75 years or older	1	2%
Race/ Ethnicity	Asian	4	9%
	Black/African American	1	2%
	White/Caucasian	23	50%
	Hispanic, any race	18	39%
Total		**46**	

The cost of goods and services and increased gas prices were on the minds of many focus group participants, as these issues had been a focus of national news media and impacts have been experienced across the region. Even among fully employed participants, the cost of living was mentioned as a barrier to being able to focus on individual health behavior. Examples included the need to work longer hours, having to compromise down time with friends or family support systems to work and having limits on being able to afford necessities and other competing financial pressures to pay for housing costs.

Several participants expressed they are having difficulties in maintaining personal health because they are working more to afford basic amenities or are experiencing higher rates of stress due to financial burdens. The rising cost of goods and services; and the steady and steep increase in rent and gas were primary reasons people are seeking more work through overtime or additional jobs. The responsibility of having to increase the amount of time at work to ensure basic needs are covered financially were cited as a factor in compromising physical and mental health because they have less time for leisure activities.

"The biggest public health problem that we have in our community right now is not having access to appropriate housing and not having access to resources that people need to live because the cost of living is so high."

Parents indicated they struggle with being able to provide a stable environment for their families when each month they must navigate difficult financial decisions. Ultimately, conflicting with the desire to take an active role in their child's developmental years or paying for day-to-day costs of raising a family. Additionally, adults who are retired and on a fixed income expressed concerns with increasing cost of goods and services in addition to rent or property taxes and lack of being able to do the things they need to maintain a healthy lifestyle with limited or no additional income.

Lack of affordable housing was mentioned among many participants. Even fully employed young adults who mentioned the desire to call Reno and Sparks home, do not know if they will be able to enter the housing market in this area with the median cost of a house at above half a million dollars. Many participants shared the perception that affordable housing units are in terrible condition, located in unsafe and undesirable areas of town, are poorly kept, and are barely affordable to those who need them. Participants expressed fears of displacement as property owners continue to increase the cost of rent which limits the ability to live in safe and stable housing. Further, participants cited the need for more affordable housing units because wages have not kept pace with the cost of living in the area. Often mentioned was how the lack of attention and funding to improve low socio-economic neighborhoods has contributed to poor living standards.

Homelessness and unhoused populations were a frequently mentioned barrier, often coupled with the perception that persons who are unhoused contribute to litter and trash in the community and shared spaces. Several participants cited they feel unsafe when in areas of town where there are a lot of homeless persons, which makes them feel like they cannot go to those places and actively avoid those parts of town simply due to the presence of persons living on the streets.

Road Safety & Transportation

Participants mentioned road safety as a concern, including traffic congestion and too many vehicles on the roads as these issues impact being able to engage in biking or walking as means of transport or even physical activity. Participants provided several examples of how the public transportation system is ineffective as service hours and routes in Reno and Sparks have not expanded into areas where many individuals reside, especially in some lower income areas, and bus stops are uncovered leaving them vulnerable to the elements. Participants indicated they would like to rely on public transportation to reduce pollution and traffic congestion, however they choose not to use the public bus systems since the routes are not accessible, buses are not timely, nor do they run frequently enough.

"Public transportation here is bad, it's not good or effectively or timely even in different parts of the city it's not accessible. I do drive my car, though I would prefer to ride public transportation if that was an option for me but there's not a good route that effective."

INDIVIDUAL BEHAVIORS THAT HELP TO LEAD A QUALITY LIFE

Social Support Systems are Key

The pandemic shifted a multitude of daily patterns including how people work, play, and engage with one another and while not all were negative changes, recreating the lifestyle people were accustomed to prior to the pandemic is proving for some to be challenging. Many mentioned social support circles, such as family and friends, were essential for destressing, connecting, and when they were unable to engage in social connectedness in person, they noted the toll on mental health. With stay-at-home orders were lifted and social distancing was no longer widely practiced, focus group participants indicated they are having to make decisions between downtime with social support systems and taking on more work – either to earn more money or because of lack of staff to conduct the daily tasks of work, leading to ongoing stressors with an imbalance between work and life.

Outdoor Recreation for Physical & Mental Health

Many residents voiced their preference to engage in physical activity to increase physical health and mental health, as exercise serves as a stress reduction mechanism. The majority of participants also preferred to walk or bike in nature or at least outside. Several people expressed desire to reduce traffic congestion and not have to drive a personal vehicle if they could reliably utilize human-powered means of transportation, but lack of bike trails and walking paths connecting neighborhoods to areas where shops, food, and services are located, prohibit them from doing so. Additionally, the lack of safe roads due to lack of bike lanes, dangerous and distracted drivers, and long distances from neighborhood to services were all challenges mentioned by participants.

> *"I really wish we had (bike paths). That's the reason I don't ride my bike anymore is because I've been hit by a car 3 different times over the last 20 years while riding my bike, so I just don't do it anymore."*

Self-Care & Self Fulfillment

Many participants were cognizant of their personal need to take care of themselves before they can provide support or care for others, including extended family. Examples included maintaining a work-life balance to the best of their ability, focusing on mental health and engaging in an activity to reduce stress, participating in hobbies such as gardening or volunteering to help others, maintaining good sleep habits and routines, being grateful for little moments of reprieve from outside stressors, or having a moment of alone time in nature, including parks or backyards. Participants openly described examples of having to take a step back from work or caring for an elder family member as it took a toll on their personal health, in order to reestablish a routine to achieve a healthier lifestyle.

EXAMPLES AND QUALITIES OF A HEALTHY COMMUNITY

The third major theme identified from focus group analyses was how participants envisioned a healthy community might look and feel. The examples provided included other locations participants had lived or visited, however some were inclusive of elements which contribute to Washoe County's healthy lifestyles.

Outdoor Amenities

An often-recurring theme of accessing the outdoors, having outside recreational facilities and places to socialize was a dominant subcategory within this topic. Participants indicated a strong desire for more and improved parks with diversity in options to engage in physical activity, fields, trails, courts, and safe places for children to play. Having more bike paths for people to bike, run, and walk on, connecting

residential areas to shopping, and additional public pools were all mentioned as desires for the area. Participants also recognized and were grateful for the number of parks in the community, acknowledging this is a beneficial public location that others can access to improve their health.

Close Proximity to Outdoor Recreation
Participants appreciate the proximity to the outdoors, including Lake Tahoe, the Sierra Nevada mountain range, and all the recreation opportunities being relatively close and accessible. Many recognized the weather in this region is generally great for spending time outside and while weather here can be extreme, the most often mentioned barrier was smoke in the summer and late fall contributing to unsafe air quality.

Community Resources & Community Events
The importance of having free and accessible community resources such as libraries, food banks, after school programs, and senior centers were mentioned by participants – both that Washoe County has these resources, and these resources are valuable for persons to live a healthy lifestyle. Community events and festivals were discussed in a positive manner, as focus group participants mentioned how these provide informal and formal opportunities for social gathering and meeting likeminded people, who might share interests.

Community Contribution
Volunteering and community contributions were frequently mentioned as being important for the collective to "own" the community and actively participate in making it a better place to live. The most common examples were community clean up events, outside of a formally organized event several persons indicated they contribute by keeping the environment clean both in personal spaces as well as public spaces. Volunteering examples also overlapped with community clean up events, but were inclusive of helping others in need such as food bank events, senior services events, handing out goods and food to persons living on the streets, and gift wrapping or bag stuffing for persons in need, especially around the holiday season.

Need to Feel Safe
The need to feel safe in the home, while walking on streets, while being in downtown regions, having safe areas for kids to play – all were mentioned as examples for the importance of safety for community health. Often participants who resided in apartment complexes indicated they did not perceive their homes to be safe places, stating they rely on security or apartment building management to handle persons who should not be present or the physical location of the apartment complex was not in a "good neighborhood".

Again, homelessness was mentioned as a perceived barrier to safety, often coupled with the connotation that homelessness contributes to trash and mental health issues, substance use issues and a general feeling of not being able to be around persons who are unhoused, as they pose a threat to others safety. Some participants mentioned they carry weapons such as firearms or knives, just to feel safer while out in the community.

Another example of safety and the need to feel safe was related to street and traffic safety, previously mentioned as barriers to having a healthy community under the road safety and transportation sub header.

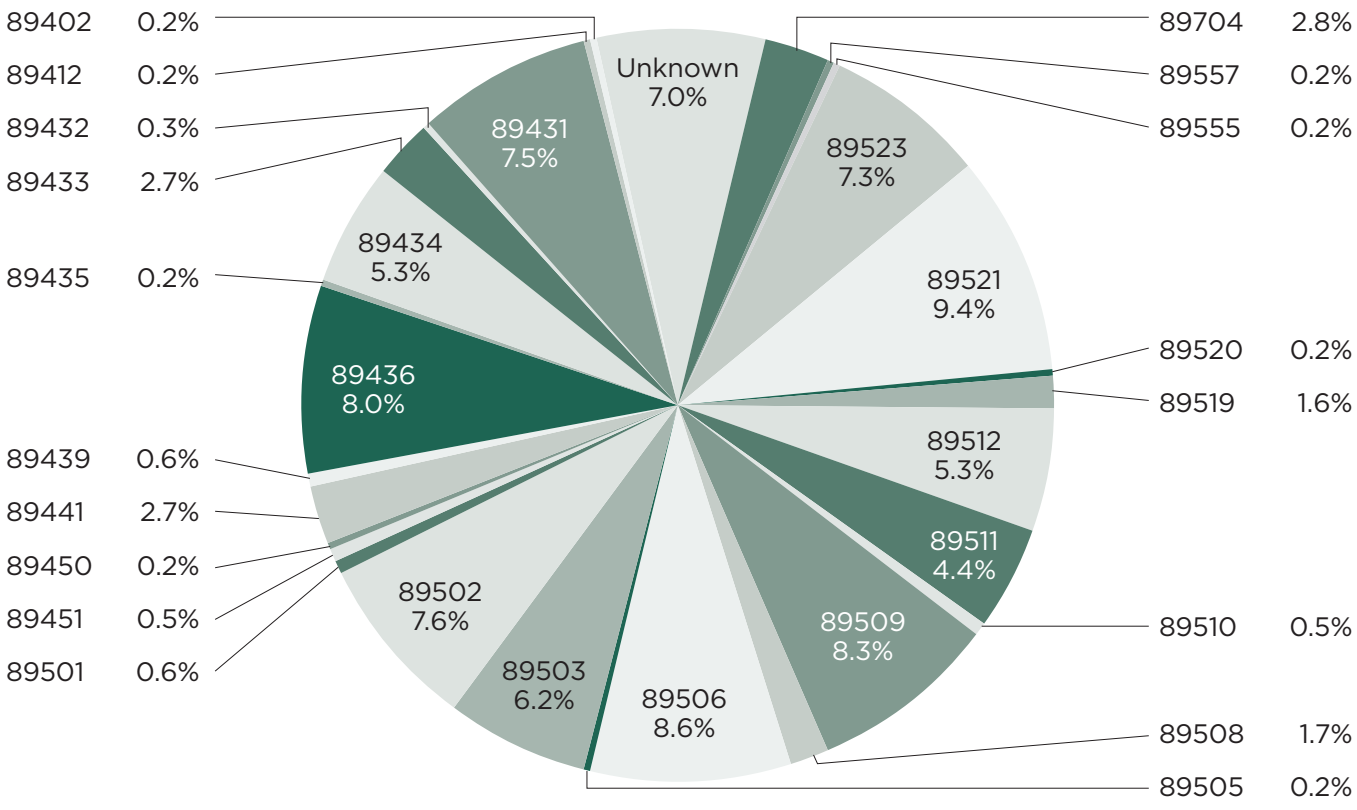
FOCUS GROUP SUMMARY

Overall participants appreciate the small city lifestyle and generally good weather, however these positive attributes have contributed to rapid, and ongoing population and business growth that has left many residents concerned with the lack of adequate investment in infrastructure such as schools, roads, public transportation, and the lack of interconnectedness to shopping and food. Many of these factors were identified as barriers preventing people from engaging in healthy behaviors. Additionally, participants frequently expressed concerns with the conditions related to the cost of living as this is adding to financial strain and an increase in stress, resulting in poor mental health, lack of affordable housing/loss of housing, and the implications an imbalanced lifestyle can have on an individual, a growing family, parenting, and mental health and these cumulative factors were limiting their ability to improve personal health.

Community Survey

An online survey was conducted for two months, during the months of April and May of 2022, and was made available in both English and Spanish. Hardcopies were distributed at several community events and through informal means to gather representation from groups who may not traditionally engage with online survey platforms or access the internet. A total of 641 responses were received with most respondents identifying as female (72.7%), straight/heterosexual (84.4%), or white, non-Hispanic (54.3%). The range of primary residence by ZIP code was diverse and inclusive of most ZIP codes in Washoe County.

Community Survey Respondents by Zip Code, Washoe County, 2022



Community survey questions were designed to capture some of the reasons why nutrition and physical activity were challenges and what could be done to help improve those areas of life. Validated questions were used to assess food security and perceived stress. Other questions assessed perceived neighborhood safety, barriers to accessing healthcare, and financial hardship.

A primary focus of the community survey was to ask for respondents to identify the top health priorities by asking them to select the top three needs from a set list of health topics including mental health, social determinants of health, access to health services, preventive health behaviors, violence, environmental health, substance use, maternal & child health, and built environment and infrastructure. Examples of what might constitute or be included in each of those categories were provided to help the responded develop a shared meaning for each of the topics provided for top three ranking. Mental health most frequently made the top three ranked health topics, followed by access to health services, and social determinants of health.

Community Survey Respondent Demographics Compared to Nevada State Demographer 2021 Population Estimates

Demographic Characteristics		Community Survey Respondents (N=641)	2021 Population Nevada State Demographer
Sex	Female	72.7%	50.2%
	Male	25.6%	49.8%
	Unknown	1.7%	-
Sexual Orientation	Another sexual orientation not listed	1.4%	-
	Bisexual	4.7%	-
	Gay	1.3%	-
	Lesbian	1.6%	-
	Pansexual	1.7%	-
	Queer	1.1%	-
	Questioning or unsure	1.4%	-
	Straight/Heterosexual	84.4%	-
	Unknown	2.5%	-
Age	18 years or younger	0.6%	18.6%
	19-24 years	9.7%	14.0%
	25-34 years	22.8%	13.8%
	35-44 years	19.3%	13.2%
	45-54 years	17.5%	11.6%
	55-64 years	13.4%	12.4%
	65-74 years	11.1%	10.3%
	75 years or older	4.5%	6.2%
	Unknown	1.1%	-
Race/ Ethnicity	AI/AN	2.5%	1.6%
	Asian	3.4%	7.2%
	Black	3.7%	2.6%
	Hispanic	28.4%	26.5%
	NH/OPI	0.3%	-
	Other	4.5%	-
	Unknown	2.8%	-
	White	54.3%	62.2%

Although a more detailed breakdown of responses is provided within various sections of the assessment a general summary is provided in this section as well. Refer to topic-specific areas for counts and frequencies of responses to each question.

Community Survey Respondents Ranking of Health Topics Washoe County, 2022

Health Topic	Community Survey Rank
Mental Health	1
Access to Health Services	2
Social Determinants of Health	3
Violence	4
Preventive Health Behaviors	5
Built Environment & Infrastructure	6
Environmental Health	7
Substance Use	8
Maternal & Child Health	9

Just over half (51.7%) of respondents participated in physical activity or exercise three or more days in the past week, with the largest barrier to engaging in more physical activity being lack of time/having too busy of a schedule (30.4%) or being too tired (15.8%). Having support of friends was the most commonly identified (18.1%) resource for increasing physical activity, followed by less expensive gym memberships (16.1%).

Nearly one in three (30.8%) of respondents indicated they ate 3 or more servings of fruit (1/2 cup) each day during the past week, while 44.5% indicated they ate 3 or more servings (1/2 cup) of vegetables each day during the past week. Over half (55.4%) indicated they ate fresh meals on 5 or more days in the past week. The most common barriers to eating healthy food more often was healthy foods are too expensive (26.1%) and they take too much time to prepare (15.7%).

A two-question food insecurity screening was asked, and analyses indicated 38.7% of respondents were food insecure, which is a much higher prevalence in comparison to secondary data, however the community survey data were not weighted to represent population by age, income, race/ethnicity, and therefore should not be compared to secondary data sources.

The vast majority (83.0%) of respondents felts their neighborhood was either very safe or somewhat safe from crime. The four-question perceived stress screening indicated most (64.1%) respondents fell into a medium stress level, not on either end of the spectrum high or low.

Too few responses were submitted to do meaningful cross-tabular analyses, which would allow for comparisons of responses to questions by race or ethnicity, sex, sexual orientation, or age.

Key Informant Interviews

Four key informants were interviewed about three special interest groups, one for refugee populations, one for the LGBTQ+ community, and two for underhoused or homeless populations. Questions were the same as asked of focus group participants, however, were tailored to the key informant group of interest.

Across all four representatives, the lack of and need for comprehensive and accessible mental health services, lack of affordable and safe housing options, and lack of accessible alternative transportation were all tied as the topmost commonly identified needs specifically for the populations these key informants represented. Having a strong support system was identified as crucial for these populations, however not all representatives provided clear examples of what constitutes a support system specific to the population.

Most of the same top issues identified in the focus groups were the same top issues for the special interest groups, having opportunities to engage with the outdoors to de-stress and engage in physical activity, having basic needs met including access to housing, food, and resources, lack of access to quality health care or services, with specific mentions related to Medicaid and similar barriers for finding a provider who will accept Medicaid patients.

Differences in comparison to focus group participants included four areas, systemic inequality, discrimination and racism, financial stability, and lack of good education. Examples of systemic inequality, discrimination, and racism included how persons in these populations experience stigma associated with the groups they represent and the perceived inequity of being able to achieve health or the desired outcomes, due to being treated lesser than others. The lack of culturally competent resources and services in the community were mentioned by all key informants as a gap in this region. The key informants also identified financial stability as a key barrier as many persons in the special populations of interest may struggle to have consistent and reliable sources of income, which results in varying and uncertain monetary reliability from month to month. Lack of access to good education, while mentioned in the focus groups, stood out as an emerging theme among the key informant populations although specific examples were not frequently identified.

Agency Survey

A survey was distributed to representatives of organizations across Washoe County and was designed to capture the populations and clients served, areas of need currently being addressed, the estimated number of persons being reached or served each month, and whether the organization has capacity to serve the number of persons requesting or seeking the services the organization provides. A second group of questions aimed to provide an assessment of diversity and cultural competence within organizations, with questions including if the organization has existing policies, procedures, or trainings on how to work and communicate with persons who speak languages other than English, persons with physical disabilities or persons with intellectual or developmental disabilities. The agency representatives were also asked to indicate if the organization has identified the demographics of their clientele served in terms of race/ethnicity, age, gender, sex, and primary language spoken and if they had compared the composition of their own staff to the clientele served.

A total of 39 agencies responded to the agency survey and detailed results are provided in this section as these results were not included elsewhere in the assessment.

The majority (82.1%) of agency survey respondents represented community based, nonprofit organizations or companies. Nearly half (48.7%) served populations regardless of age and just over half (51.3%) served populations regardless of subgroup. The most common areas being addressed, as reported by responding agencies were emotional, behavioral, or mental health care/services (41.0%), referrals to other organizations or services without direct services to clients (35.9%), with ties between substance use education, screening, or treatment and job acquisition/skills training/employment – both at 30.8%. Just over one in four (28.2%) are involved with food assistance, and another one in four (25.6%) provide transportation services or direct health care/services – medical, dental, or vision.

Agency Survey

ORGANIZATION TYPE	COUNT	PERCENT
Individual, not representing any organization	0	0.0%
Academic/ college/university/education k-12	2	5.1%
Governmental	4	10.3%
Quasi-governmental	0	0.0%
Philanthropic	1	2.6%
Community based or nonprofit organization or company	32	82.1%
For profit organization or company	1	2.6%
Other_____(please specify)	1	2.6%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Agency Survey

CLIENT POPULATION SERVED	COUNT	PERCENT
All persons regardless of age	19	48.7%
Infants (0-2 years)	1	2.6%
Children (ages 3-18 years)	9	23.1%
Adolescents or young adults (15-24 years)	6	15.4%
Adults (18 years and older)	11	28.2%
Seniors (65 years and older)	8	20.5%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Agency Survey

SUBGROUPS SERVED	COUNT	PERCENT
All persons regardless of subgroup	20	51.3%
Veterans	3	7.7%
Homeless	10	25.6%
Low-income	13	33.3%
Persons with limited English proficiency (English language learners)	4	10.3%
Minority populations	7	17.9%
LGBTQ/LGBTQIA Community	4	10.3%
People with physical disabilities	5	12.8%
People with intellectual or developmental disabilities	3	7.7%
Other subgroup _____(please specify)	8	20.5%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Agency Survey

AREAS ADDRESSING	COUNT	PERCENT
Community planning/organizing	6	15.4%
Provide direct health care/services - medical, dental, or vision	10	25.6%
Provide emotional, behavioral, or mental health care/services	16	41.0%
Substance use education, screening, or treatment	12	30.8%
Education including adult education/GED, childhood literacy, K-12	7	17.9%
Chronic disease education, screening, treatment, or management	11	28.2%
Referrals to other organizations or services without direct services to clients	14	35.9%
Job acquisition/skills training/employment	12	30.8%
Financial aid/counsel or financial stability	6	15.4%
Legal aid/counsel	6	15.4%
Food assistance	11	28.2%
Housing or homelessness	9	23.1%
Physical activity	7	17.9%
Nutrition education, counseling	9	23.1%
Transportation	10	25.6%
Public utilities	3	7.7%
Public safety	5	12.8%
Spiritual council or guidance	2	5.1%
Sexual health services	6	15.4%
Immunizations	10	25.6%
Other _____(please specify)	16	41.0%

Source: Washoe County Health District 2022 Community Health Assessment Community Survey

Only half (50.0%) of agency survey respondents indicated the organization has capacity to serve those in need of the services they provide. When asked about existing policies, procedures, or trainings on how to work and communicate with select groups, 68.4% reported yes for persons who speak language other than English, 67.6% indicated yes for persons with physical disabilities, and 50.0% indicated yes for persons with intellectual or developmental disabilities. The majority (76.3%) of agencies have identified the demographics of clientele served in relation to race/ethnicity, age, gender, sex and primary language spoken, while 65.8% have compared those demographics to the composition of their staff.

The agency survey indicates while many of the respondent organizations are working in areas of top need (e.g. mental health), they may be understaff or under-resourced to meet the demands of the community seeking those services or in need of those services. A large proportion of respondents were staffed at organizations that make referrals and do not provide direct services, and no follow up questions were asked to determine if they evaluate those referral mechanisms, how they make those referrals, or what types of services they refer out to most often. It should be noted the majority of agency survey respondents were representing community based or nonprofit organizations, therefore the agency survey may not indicate the wide variety of organizations serving the residents of Washoe County.

Demographics & Geography

Table 1: School district population, Washoe County, 2011-2012 to 2020-2021 School Years								
School Year	**Total Enrollment**	**White**	**Black**	**AI/AN**	**Asian**	**NH/OPI**	**Other**	**Hispanic**
2011-2012	62,220	48.1%	2.6%	1.8%	4.7%	0.9%	4.4%	37.5%
2012-2013	62,424	47.2%	2.5%	1.7%	4.5%	0.9%	5.1%	38.1%
2013-2014	62,986	46.4%	2.4%	1.6%	4.4%	1.0%	5.4%	38.9%
2014-2015	63,108	45.7%	2.3%	1.6%	4.3%	1.1%	5.5%	39.5%
2015-2016	63,670	45.3%	2.3%	1.6%	4.3%	1.2%	5.7%	39.8%
2016-2017	63,919	44.8%	2.4%	1.5%	4.3%	1.1%	5.8%	40.1%
2017-2018	64,240	44.4%	2.4%	1.4%	4.2%	1.2%	6.0%	40.6%
2018-2019	64,402	43.7%	2.4%	1.3%	4.1%	1.3%	6.0%	41.1%
2019-2020	64,359	43.6%	2.5%	1.3%	4.2%	1.3%	6.2%	41.0%
2020-2021	61,709	42.6%	2.6%	1.3%	4.2%	1.4%	6.2%	41.8%
Source: http://nevadareportcard.nv.gov/di/main/demoprof								

Table 2: School district population by race/ethnicity, Washoe County and Nevada, 2020-2021 School Year		
Region	**Washoe County**	**Nevada**
Total Enrollment Count	61,709	482,364
White	42.6%	30.0%
Black	2.6%	11.8%
AI/AN	1.3%	0.8%
Asian	4.2%	5.5%
NH/OPI	1.4%	1.5%
Other	6.2%	7.0%
Hispanic	41.8%	43.4%
Source: http://nevadareportcard.nv.gov/di/main/demoprof		

Table 3: Washoe County population by select demographics, 2016-2020						
Select Characteristics		**2016**	**2017**	**2018**	**2019**	**2020**
Total		446,281	452,767	459,054	464,898	470,557
Sex	Male	224,612	227,760	230,782	233,596	236,302
	Female	221,669	225,007	228,272	231,302	234,255
Race/Ethnicity	White	288,313	290,192	291,905	293,374	294,716
	Black	11,110	11,355	11,608	11,844	12,055
	AI/AN	7,265	7,300	7,351	7,380	7,419
	Asian	30,352	31,200	32,023	32,794	33,539
	Hispanic	109,241	112,720	116,167	119,506	122,828
Age group	Under 5 years	27,269	27,684	28,159	28,625	29,078
	5-17 years	77,308	77,820	78,279	78,406	78,426
	18 - 24 years	42,657	43,571	44,299	45,148	46,239
	25 - 34 years	64,131	64,797	65,088	65,334	65,529
	35 - 44 years	55,329	56,437	58,143	59,808	61,180
	45 - 54 years	56,887	56,407	55,851	55,429	55,309
	55 - 64 years	57,438	58,123	58,870	59,518	59,183
	65 years or older	65,260	67,928	70,364	72,631	75,611
Source: Nevada State Demographer						

Table 4: Percent change of population over past 5 years, Washoe County, 2016-2020						
Select Characteristics		**2015-2016**	**2016-2017**	**2017-2018**	**2018-2019**	**2019-2020**
Total		1.20	1.43	1.37	1.26	1.20
Sex	Male	1.14	1.38	1.31	1.20	1.14
	Female	1.25	1.48	1.43	1.31	1.26
Race/Ethnicity	White	0.48	0.65	0.59	0.50	0.46
	Black	1.87	2.16	2.18	1.99	1.75
	AI/AN	0.60	0.48	0.68	0.40	0.52
	Asian	2.31	2.72	2.57	2.35	2.22
	Hispanic	2.75	3.09	2.97	2.79	2.70
Age group	Under 5 years	1.17	1.50	1.69	1.63	1.56
	5-17 years	0.56	0.66	0.59	0.16	0.03
	18 - 24 years	1.40	2.10	1.64	1.88	2.36
	25 - 34 years	1.02	1.03	0.45	0.38	0.30
	35 - 44 years	1.46	1.96	2.93	2.78	2.24
	45 - 54 years	-0.89	-0.85	-1.00	-0.76	-0.22
	55 - 64 years	1.09	1.18	1.27	1.09	-0.57
	65 years or older	3.71	3.93	3.46	3.12	3.94
Source: Nevada State Demographer						

Table 5: Percent of population by language spoken, Washoe County, Nevada, and United States, 2016-2020 aggregate data					
Region	**Speak Only English**	**Speak Spanish**	**Speak Asian/Pacific Islander Lang**	**Speak Indo-European Lang**	**Speak Other Language**
Washoe County	76.6%	17.1%	3.6%	2.2%	0.6%
Nevada	69.8%	20.9%	5.8%	2.4%	1.1%
United States	78.5%	13.2%	3.5%	3.7%	1.1%
Source: US Census, American Community Survey. Table S16001 5-year estimates – Language Spoken at Home					

Table 5.a: Percent of population by language spoken, Washoe County, Nevada, and United States, 2018-2022 aggregate data			
Language Spoken	**United States**	**Nevada**	**Washoe County**
English only	77.6%	68.8%	77.0%
Spanish	12.7%	19.5%	15.3%
French, Haitian, or Cajun	0.9%	0.5%	0.6%
German or other West Germanic languages	0.6%	0.6%	0.7%
Russian, Polish, or other Slavic languages	0.8%	0.7%	0.4%
Other Indo-European languages	2.2%	1.6%	1.3%
Korean	0.4%	0.5%	0.2%
Chinese (incl. Mandarin, Cantonese)	1.2%	1.4%	0.6%
Vietnamese	0.5%	0.4%	0.2%
Tagalog (incl. Filipino)	0.6%	3.4%	2.2%
Other Asian and Pacific Island languages	1.1%	1.3%	0.8%
Arabic	0.4%	0.3%	0.1%
Other and unspecified languages	0.9%	1.0%	0.6%
Source: US Census, American Community Survey. Table B16002 2018-2022 5-Year Estimates			

Table 6: Total number and percent of the native and foreign-born population, Washoe County, Nevada, and United States, 2020					
Region	**Total**	**Native**	**Foreign born**	**Foreign born; Naturalized citizen**	**Foreign born; Not a U.S. citizen**
Washoe County	464,182	85.6%	14.4%	7.0%	7.4%
Nevada	3,030,281	80.6%	19.4%	9.8%	9.6%
United States	326,569,308	86.5%	13.5%	6.9%	6.6%
Source: US Census, American Community Survey. Table S0501 5-year estimates – Selected characteristics of Native and Foreign-Born Populations					

Table 7: Percent of population by native and foreign-born, Washoe County, 2020						
Select Characteristics		**Total**	**Born in U.S.**	**Foreign Born**	**Not Citizen**	**Naturalized**
Total Percent		100%	85.94%	14.06%	7.30%	6.76%
Sex	Male	50.4%	50.6%	48.8%	50.4%	47.2%
	Female	49.6%	49.4%	51.2%	49.6%	52.8%
Race/Ethnicity	White	62.2%	70.4%	13.2%	8.5%	18.2%
	Black	2.4%	2.4%	1.7%	1.3%	2.2%
	AI/AN	1.6%	1.7%	0.3%	0.3%	0.3%
	Asian	5.6%	2.3%	25.0%	18.4%	32.1%
	NH/OPI	0.7%	0.6%	0.8%	0.7%	0.8%
	Other	6.7%	5.5%	24.4%	30.2%	18.1%
	Hispanic	24.7%	19.3%	57.9%	69.7%	45.1%
Age Group	Under 5 years	5.9%	6.9%	0.4%	0.7%	0.0%
	5-17	15.7%	17.8%	4.0%	6.3%	1.5%
	18-24	8.9%	9.5%	5.4%	6.5%	4.2%
	25-44	27.4%	25.1%	40.0%	50.4%	28.7%
	45-54	12.5%	11.4%	21.1%	17.9%	24.5%
	55-64	13.2%	12.9%	15.4%	11.4%	19.8%
	65-74	10.4%	10.5%	8.2%	4.5%	12.2%
	75-84	4.4%	4.3%	4.5%	2.1%	7.1%
	85 and over	1.6%	1.5%	1.0%	0.2%	2.0%
Source: US Census, American Community Survey. Table S0501 5-year estimates – Selected characteristics of Native and Foreign-Born Populations						

Socioeconomic Status

Table 8: Median household value, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	$215,700	$174,800	$179,900
2011	$177,400	$158,000	$173,600
2012	$176,500	$150,700	$171,900
2013	$201,700	$165,300	$173,900
2014	$233,300	$192,100	$181,200
2015	$268,400	$221,400	$194,500
2016	$299,100	$239,500	$205,000
2017	$331,200	$258,200	$217,600
2018	$363,000	$292,200	$229,700
2019	$383,400	$317,800	$240,500
Source: US Census, American Community Survey. Table B25077 1-year estimates - Median Value (Dollars) Owner-occupied housing units			

Table 9: Percent of households with a mortgage, spending 30% or more of monthly income on mortgage, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	45.4%	45.1%	38.0%
2011	40.6%	42.8%	36.8%
2012	39.9%	39.2%	34.0%
2013	33.4%	35.9%	31.7%
2014	33.3%	32.1%	30.8%
2015	29.9%	30.0%	29.6%
2016	29.3%	31.5%	28.3%
2017	27.4%	30.0%	27.5%
2018	29.7%	30.2%	27.7%
2019	24.8%	28.5%	26.6%
Source: US Census, American Community Survey. Table DP04 1-year estimates - Selected Housing Characteristics			

Table 10: Percent of households spending 30% or more of income on rent, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	54.4%	53.1%	53.0%
2011	51.5%	52.3%	53.4%
2012	56.7%	51.2%	52.0%
2013	49.0%	49.2%	51.5%
2014	49.6%	49.5%	51.8%
2015	45.9%	49.4%	50.6%
2016	48.7%	49.7%	49.7%
2017	45.7%	47.9%	49.5%
2018	45.7%	51.1%	49.7%
2019	47.0%	51.0%	48.5%
Source: US Census, American Community Survey. Table DP04 1-year estimates - Selected Housing Characteristics			

Table 11: Number of homeless persons, Washoe County, 2020		
Select Characteristics		**Number**
Sex	Female	393
	Male	836
Age	17 years or younger	127
	18 -24	65
	25 years or older	1039
Race/Ethnicity	White	919
	Black	169
	AI/AN	56
	Asian	23
	NH/OPI	20
	Two or more races	44
	Hispanic	228
Source: https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html		

Table 12: Rate of homeless persons per 100,000 population, Washoe County, Nevada, and United States, 2011-2020			
Year	**Washoe County**	**Nevada**	**United States**
2011	201.6	336.2	200.2
2012	203.2	309.0	198.0
2013	172.6	251.3	186.7
2014	176.1	301.8	180.8
2015	205.7	304.2	175.7
2016	221.6	254.9	170.2
2017	244.3	266.8	169.2
2018	259.7	254.0	169.0
2019	270.2	238.8	173.0
2020	261.6	229.9	175.1
Source: https://www.huduser.gov/portal/datasets/ahar/2020-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html			

Table 13: Percent of population that is food insecure, Washoe County, Nevada, and United States, 2017-2019			
Region	**2017**	**2018**	**2019**
Washoe County	11.2%	11.2%	11.0%
Nevada	12.2%	12.8%	12.1%
United States	12.5%	11.5%	10.9%
Source: map.feedingamerica.org			

Table 14: Percent of children that are food insecure, Washoe County, Nevada, and United States, 2017-2019			
Region	**2017**	**2018**	**2019**
Washoe County	18.5%	16.8%	14.4%
Nevada	20.0%	19.5%	17.7%
United States	17.0%	15.2%	14.6%
Source: map.feedingamerica.org			

Table 15: Percent of population among adults 25 years or older by educational attainment level, Washoe County, 2019			
Select Characteristics		**High School or Higher**	**Bachelor's Degree or Higher**
Total	25 years or older	88.7%	31.5%
Sex	Female	89.2%	32.6%
	Male	88.3%	30.4%
Race/Ethnicity	White	95.9%	36.1%
	Black	92.8%	29.0%
	AI/AN	84.3%	17.2%
	Asian	94.9%	52.4%
	NH/OPI	~	~
	Other race	50.8%	7.0%
	2 or more races	90.1%	27.2%
	Hispanic	60.8%	10.4%
Source: US Census, American Community Survey. Table S1501 1-year estimates - Educational Attainment			

Table 16: Percent of population 25 years or older with a bachelor's degree or higher, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	26.1%	21.7%	28.2%
2011	28.0%	22.5%	28.5%
2012	27.7%	22.4%	29.1%
2013	28.4%	22.5%	29.6%
2014	29.0%	23.1%	30.1%
2015	29.6%	23.6%	30.6%
2016	29.2%	23.5%	31.3%
2017	31.1%	24.9%	32.0%
2018	31.1%	24.9%	32.6%
2019	31.5%	25.7%	33.1%
Source: US Census, American Community Survey. Table S1501 1-year estimates - Educational Attainment			

Table 17: High school graduation rate, Washoe County, 2020-2021 school year		
Total	Washoe County	82.5%
Sex	Female	86.7%
	Male	78.5%
Race/Ethnicity	White	84.4%
	Black	67.9%
	AI/AN	69.6%
	Asian	94.4%
	Pacific Islander	76.4%
	2 or more races	81.4%
	Hispanic	80.6%
Ever	Individualized Education Plan	59.6%
	English Learner	74.0%
	Free-reduced Price	82.1%
	Career Technical Education	93.1%
	Homeless	56.5%
	Foster	50.0%
Source: Nevada Report Card		

Table 18: Graduation rate by graduating class, Washoe County and Nevada, 2014-2015 school year to 2020-2021 school year		
School Year	**Washoe County**	**Nevada**
2014-2015	75.0%	71.3%
2015-2016	76.6%	73.6%
2016-2017	84.0%	80.9%
2017-2018	84.4%	83.2%
2018-2019	86.0%	84.1%
2019-2020	85.1%	82.6%
2020-2021	82.5%	81.3%
Source: Nevada Report Card		

Table 19: Percent of students in grade 3 to grade 8 proficient in criterion referenced test - English language arts, Washoe County, 2020-2021 School Year		
Total	Washoe County	43.5%
Sex	Female	47.5%
	Male	39.8%
Race/Ethnicity	White	56.6%
	Black	24.5%
	AI/AN	26.2%
	Asian	64.4%
	Pacific Islander	26.1%
	2 or more races	49.8%
	Hispanic	30.0%
Ever	Individualized Education Plan	12.7%
	English Learner	7.9%
	Free-reduced Price	27.7%
	Homeless	20.3%
	Foster	19.6%
Source: Nevada Report Card		

Table 20: Percent of students in grade 3 to grade 8 proficient in criterion referenced test - math, Washoe County, 2020-2021 School Year		
Total	Washoe County	30.9%
Sex	Female	28.6%
	Male	33.1%
Race/Ethnicity	White	43.3%
	Black	14.0%
	AI/AN	15.2%
	Asian	50.7%
	Pacific Islander	14.9%
	2 or more races	37.0%
	Hispanic	18.0%
Ever	Individualized Education Plan	9.3%
	English Learner	7.3%
	Free-reduced Price	17.2%
	Homeless	10.4%
	Foster	14.1%
Source: Nevada Report Card		

Table 21: Percent of population in the labor force, Washoe County, Nevada, and United States, 2011-2020			
Year	**Washoe County**	**Nevada**	**United States**
2011	52.6%	50.0%	49.3%
2012	51.7%	48.6%	49.4%
2013	51.2%	48.9%	49.2%
2014	50.8%	48.5%	48.9%
2015	51.0%	48.6%	48.9%
2016	51.4%	48.7%	49.3%
2017	52.7%	49.5%	49.2%
2018	54.5%	50.7%	49.5%
2019	55.8%	52.2%	49.8%
2020	54.0%	50.1%	48.5%
Source: Nevada Department of Employment, Training, and Rehabilitation, Local Area Unemployment Statistics			

Table 22: Percent of population unemployed among population in the labor force, Washoe County, Nevada, and United States, 2012-2021			
Year	**Washoe County**	**Nevada**	**United States**
2012	11.0%	11.6%	8.1%
2013	9.5%	10.0%	7.4%
2014	7.6%	8.2%	6.2%
2015	6.2%	6.8%	5.3%
2016	5.0%	5.8%	4.9%
2017	4.2%	5.0%	4.4%
2018	3.6%	4.4%	3.9%
2019	3.2%	3.9%	3.7%
2020	7.8%	13.5%	8.1%
2021	~	7.2%	5.3%
Source: Nevada Department of Employment, Training, and Rehabilitation, Local Area Unemployment Statistics			

Table 23: Median household income, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	$50,556	$51,001	$50,046
2011	$50,733	$48,927	$50,502
2012	$49,026	$49,760	$51,371
2013	$53,588	$51,230	$52,250
2014	$52,618	$51,450	$53,657
2015	$56,382	$52,431	$55,775
2016	$58,175	$55,180	$57,617
2017	$61,498	$58,003	$60,336
2018	$63,310	$58,646	$61,937
2019	$71,881	$63,276	$65,712
Source: US Census, American Community Survey. Table S1901 1-year estimates - Income in the Past 12 Months			

Table 24: Percent of households without sufficient net worth to subsist at the poverty level for 3 months in the absence of income, Washoe County, 2018		
Total	Washoe County	24.5%
Race/Ethnicity	White, non-Hispanic	20.1%
	Black	45.8%
	NA/AI	32.6%
	Asian	16.7%
	NH/PI	~
	Hispanic	38.2%
Source: https://scorecard.prosperitynow.org/data-by-location		

Table 25: Percent of households without sufficient net worth to subsist at the poverty level for 3 months in the absence of income, Washoe County, Nevada, and United States, 2018	
Region	**Percent**
Washoe County	24.5%
Nevada	22.1%
United States	24.1%
Source: https://scorecard.prosperitynow.org/data-by-location	

Table 26: Percent of population in poverty, Washoe County, 2019		
Total	Washoe County	10.5%
Sex	Female	10.8%
	Male	10.1%
Age	4 years or younger	12.0%
	5 - 17 years	10.8%
	18 - 34 years	15.6%
	35 - 64 years	8.0%
	65 years or older	7.9%
Race/Ethnicity	White	8.6%
	Black	24.3%
	AI/AN	9.9%
	Asian	12.0%
	NH/OPI	~
	Other race	13.6%
	Two or more races	16.5%
	Hispanic	13.6%
Source: US Census, American Community Survey. Table S1701 1-year estimates - Poverty Status in the Past 12 Months		

Table 27: Percent of population in poverty, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	15.8%	14.9%	15.3%
2011	13.1%	15.9%	15.9%
2012	18.3%	16.4%	15.9%
2013	15.1%	15.8%	15.8%
2014	15.6%	15.2%	15.5%
2015	13.7%	14.7%	14.7%
2016	12.2%	13.8%	14.0%
2017	10.8%	13.0%	13.4%
2018	10.2%	12.9%	13.1%
2019	10.5%	12.5%	21.3%
Source: US Census, American Community Survey. Table S1701 1-year estimates -Poverty Status in the Past 12 Months			

Table 28: Percent of children less than 18 years old below poverty level, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	21.8%	22.0%	21.6%
2011	16.5%	22.1%	22.5%
2012	27.2%	24.0%	22.6%
2013	19.2%	22.7%	22.2%
2014	18.8%	22.0%	21.7%
2015	17.7%	20.9%	20.7%
2016	16.0%	19.1%	19.5%
2017	12.7%	18.5%	18.4%
2018	13.2%	17.7%	18.0%
2019	11.1%	16.9%	16.8%
Source: US Census, American Community Survey. Table S1701 1-year estimates -Poverty Status in the Past 12 Months			

Table 29: Percent of adults 65 years and older below poverty level, Washoe County, Nevada, and United States, 2010-2019			
Year	**Washoe County**	**Nevada**	**United States**
2010	6.9%	7.6%	9.0%
2011	10.5%	9.4%	9.3%
2012	7.3%	8.1%	9.5%
2013	7.3%	8.7%	9.6%
2014	7.6%	8.3%	9.5%
2015	6.4%	8.4%	9.0%
2016	8.0%	8.7%	9.2%
2017	8.5%	8.5%	9.3%
2018	8.1%	9.8%	9.4%
2019	7.9%	9.5%	9.4%
Source: US Census, American Community Survey. Table S1701 1-year estimates -Poverty Status in the Past 12 Months			

Adverse Childhood Experiences (ACE)

Table 30: Percent of middle school students who ever lived with someone who was depressed, mentally ill, or suicidal, Washoe County, 2019		
Total	Washoe County	27.7%
Sex	Female	30.9%
	Male	24.4%
Age	11 years or younger	17.6%
	12 years	23.9%
	13 years	28.6%
	14 years or older	34.5%
Grade	6th grade	20.5%
	7th grade	25.7%
	8th grade	32.3%
Race/Ethnicity	White	30.4%
	Black	32.9%
	AI/AN	20.0%
	Asian	14.9%
	NH/OPI	43.7%
	Other/Multiple race	36.6%
	Hispanic	24.6%
Source: Nevada 2019 YRBS		

Table 31: Percent of middle school students who ever lived with someone who was depressed, mentally ill, or suicidal, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	18.5%	27.7%
Nevada	19.6%	22.3%
Source: Nevada 2017, 2019 YRBS		

Table 32: Percent of high school students who ever lived with someone who was depressed, mentally ill, or suicidal, Washoe County, 2019		
Total	Washoe County	34.7%
Sex	Female	38.2%
	Male	31.5%
Age	14 old or younger	25.4%
	15 years	32.3%
	16 years	35.1%
	17 years	41.4%
	18 years or older	37.8%
Grade	9th grade	29.5%
	10th grade	32.8%
	11th grade	35.9%
	12th grade	41.4%
Race/Ethnicity	White	37.1%
	Black	21.6%
	AI/AN	62.1%
	Asian	28.8%
	NH/OPI	41.2%
	Other/Multiple race	39.9%
	Hispanic	31.8%
Source: Nevada 2019 YRBS		

Table 33: Percent of high school students who ever lived with someone who was depressed, mentally ill, or suicidal, Washoe County and Nevada, 2015 - 2019			
Region	**2015**	**2017**	**2019**
Washoe County	32.8%	34.5%	34.7%
Nevada	30.4%	30.3%	33.3%
Source: Nevada 2015, 2017, 2019 YRBS			

Table 34: Percent of middle school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs, Washoe County, 2019		
Total	Washoe County	26.7%
Sex	Female	29.6%
	Male	23.5%
Age	11 years or younger	17.9%
	12 years	25.8%
	13 years	24.8%
	14 years or older	34.6%
Grade	6th grade	24.0%
	7th grade	23.4%
	8th grade	31.0%
Race/Ethnicity	White	29.4%
	Black	26.3%
	AI/AN	24.0%
	Asian	13.5%
	NH/OPI	29.8%
	Other/Multiple race	33.4%
	Hispanic	24.7%
Source: Nevada 2019 YRBS		

Table 35: Percent of middle school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	19.2%	26.7%
Nevada	21.1%	23.2%
Source: Nevada 2017, 2019 YRBS		

Table 36: Percent of high school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs, Washoe County, 2019		
Total	Washoe County	32.2%
Sex	Female	34.6%
	Male	30.0%
Age	14 years or younger	28.5%
	15 years	30.6%
	16 years	31.4%
	17 years	34.7%
	18 years or older	37.2%
Grade	9th grade	31.7%
	10th grade	28.4%
	11th grade	30.7%
	12th grade	39.0%
Race/Ethnicity	White	33.4%
	Black	34.7%
	AI/AN	66.0%
	Asian	23.1%
	NH/OPI	22.1%
	Other/Multiple race	32.0%
	Hispanic	31.1%
Source: Nevada 2019 YRBS		

Table 37: Percent of high school students who ever lived with someone who was a problem drinker, alcoholic, or abused street or prescription drugs, Washoe County and Nevada, 2015, 2017, and 2019			
Region	**2015**	**2017**	**2019**
Washoe County	33.8%	35.2%	32.2%
Nevada	30.4%	32.3%	30.5%
Source: Nevada 2015, 2017, 2019 YRBS			

Table 38: Percent of middle school students who were ever physically forced to have sexual intercourse when they did not want to, Washoe County, 2019		
Total	Washoe County	3.5%
Sex	Female	5.1%
	Male	1.9%
Age	11 years or younger	1.2%
	12 years	2.5%
	13 years	3.3%
	14 years or older	6.0%
Grade	6th grade	1.4%
	7th grade	3.4%
	8th grade	4.2%
Race/Ethnicity	White	3.3%
	Black	5.8%
	AI/AN	0.0%
	Asian	0.0%
	NH/OPI	9.9%
	Other/Multiple race	6.2%
	Hispanic	3.6%
Source: Nevada 2019 YRBS		

Table 39: Percent of middle school students who were ever physically forced to have sexual intercourse when they did not want to, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	4.1%	3.5%
Nevada	3.9%	4.6%
Source: Nevada 2017, 2019 YRBS		

Table 40: Percent of high school students who were ever physically forced to have sexual intercourse when they did not want to, Washoe County, 2019		
Total	Washoe County	7.9%
Sex	Female	10.4%
	Male	5.3%
Age	14 years or younger	4.8%
	15 years	7.9%
	16 years	9.4%
	17 years	9.8%
	18 years or older	4.6%
Grade	9th grade	5.0%
	10th grade	7.6%
	11th grade	12.5%
	12th grade	6.1%
Race/Ethnicity	White	7.5%
	Black	18.9%
	AI/AN	13.8%
	Asian	5.6%
	NH/OPI	4.1%
	Other/Multiple race	13.6%
	Hispanic	7.0%
Source: Nevada 2019 YRBS		

Table 41: Percent of high school students who were ever physically forced to have sexual intercourse when they did not want to, Washoe County, Nevada, and United States, 2011, 2013, 2015, 2017, and 2019					
Region	**2011**	**2013**	**2015**	**2017**	**2019**
Washoe County	~	10.8%	9.1%	7.6%	7.9%
Nevada	~	11.3%	9.0%	7.3%	6.2%
United States	8.0%	7.3%	6.7%	7.4%	7.3%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm					

Table 42: Percent of middle school students who have ever been hit, beaten, kicked, or physically hurt in any way by an adult, Washoe County, 2019		
Total	Washoe County	13.0%
Sex	Female	14.0%
	Male	11.8%
Age	11 years or younger	4.5%
	12 years	17.0%
	13 years	11.2%
	14 years or older	13.5%
Grade	6th grade	12.8%
	7th grade	13.7%
	8th grade	12.3%
Race/Ethnicity	White	17.1%
	Black	7.0%
	AI/AN	18.2%
	Asian	6.5%
	NH/OPI	6.0%
	Other/Multiple race	18.0%
	Hispanic	9.2%
Source: Nevada 2019 YRBS		

Table 43: Percent of middle school students who have ever been hit, beaten, kicked, or physically hurt in any way by an adult, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	12.8%	13.0%
Nevada	12.8%	13.0%
Source: Nevada 2017, 2019 YRBS		

Table 44: Percent of high school students who have ever been hit, beaten, kicked, or physically hurt in any way by an adult, Washoe County, 2019		
Total	Washoe County	19.1%
Sex	Female	19.5%
	Male	18.4%
Age	14 years old or younger	16.2%
	15 years	18.4%
	16 years	16.2%
	17 years	25.8%
	18 years or older	16.9%
Grade	9th grade	14.9%
	10th grade	17.6%
	11th grade	21.3%
	12th grade	23.1%
Race/Ethnicity	White	20.3%
	Black	18.9%
	AI/AN	22.5%
	Asian	29.3%
	NH/OPI	21.0%
	Other/Multiple race	24.2%
	Hispanic	15.8%
Source: Nevada 2019 YRBS		

Table 45: Percent of high school students who have ever been hit, beaten, kicked, or physically hurt in any way by an adult, Washoe County and Nevada, 2015, 2017, and 2019			
Region	**2015**	**2017**	**2019**
Washoe County	17.7%	17.4%	19.1%
Nevada	15.8%	17.7%	18.7%
Source: Nevada 2015, 2017, 2019 YRBS			

Table 46: Percent of middle school students who have ever seen or heard adults in their home slap, hit, kick, punch, or beat each other up, Washoe County, 2019		
Total	Washoe	17.0%
Sex	Female	18.7%
	Male	15.0%
Age	11 years or younger	7.1%
	12 years	18.3%
	13 years	16.8%
	14 years or older	19.1%
Grade	6th grade	14.3%
	7th grade	16.7%
	8th grade	17.7%
Race/Ethnicity	White	15.5%
	Black	15.8%
	AI/AN	12.7%
	Asian	16.4%
	NH/OPI	12.9%
	Other/Multiple race	30.5%
	Hispanic	17.3%
Source: Nevada 2019 YRBS		

Table 47: Percent of middle school students who have ever seen or heard adults in their home slap, hit, kick, punch, or beat each other up, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	11.6%	17.0%
Nevada	15.1%	16.2%
Source: Nevada 2017, 2019 YRBS		

Table 48: Percent of high school students who have ever seen or heard adults in their home slap, hit, kick, punch, or beat each other up, Washoe County, 2019		
Total	Washoe County	16.4%
Sex	Female	17.6%
	Male	15.1%
Age	14 years or younger	17.6%
	15 years	15.1%
	16 years	16.5%
	17 years	18.7%
	18 years or older	12.0%
Grade	9th grade	17.5%
	10th grade	13.3%
	11th grade	19.0%
	12th grade	16.0%
Race/Ethnicity	White	14.3%
	Black	39.2%
	AI/AN	20.5%
	Asian	17.1%
	NH/OPI	34.8%
	Other/Multiple race	16.2%
	Hispanic	19.9%
Source: Nevada 2019 YRBS		

Table 49: Percent of high school students who have ever seen or heard adults in their home slap, hit, kick, punch, or beat each other up, Washoe County and Nevada, 2015, 2017, and 2019			
Region	**2015**	**2017**	**2019**
Washoe County	16.6%	16.3%	16.4%
Nevada	16.4%	16.8%	18.2%
Source: Nevada 2015, 2017, 2019 YRBS			

Table 50: Percent of middle school students who have ever been sworn at, insulted by, or put down by an adult in their home - sometimes, most of the time/always, Washoe County, 2019		
Total	Washoe County	35.1%
Sex	Female	37.5%
	Male	32.6%
Age	11 years or younger	26.7%
	12 years	33.3%
	13 years	35.4%
	14 years or older	40.2%
Grade	6th grade	29.8%
	7th grade	33.1%
	8th grade	38.9%
Race/Ethnicity	White	39.8%
	Black	36.5%
	AI/AN	35.2%
	Asian	39.6%
	NH/OPI	37.0%
	Other/Multiple race	33.6%
	Hispanic	29.6%
Source: Nevada 2019 YRBS		

Table 51: Percent of middle school students who have ever been sworn at, insulted by, or put down by an adult in their home - sometimes, most of the time/always, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	26.8%	35.1%
Nevada	27.2%	34.3%
Source: Nevada 2017, 2019 YRBS		

Table 52: Percent of high school students who have ever been sworn at, insulted by, or put down by an adult in their home - sometimes, most of the time/always, Washoe County, 2019		
Total	Washoe County	32.9%
Sex	Female	36.1%
	Male	30.2%
Age	14 years or younger	31.8%
	15 years	32.8%
	16 years	29.8%
	17 years	35.1%
	18 years or older	37.8%
Grade	9th grade	30.3%
	10th grade	30.9%
	11th grade	34.7%
	12th grade	36.8%
Race/Ethnicity	White	37.2%
	Black	28.6%
	AI/AN	22.8%
	Asian	37.6%
	NH/OPI	54.0%
	Other/Multiple race	45.5%
	Hispanic	25.9%
Source: Nevada 2019 YRBS		

Table 53: Percent of high school students who have ever been sworn at, insulted by, or put down by an adult in their home - sometimes, most of the time/always, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	34.2%	32.9%
Nevada	33.3%	34.5%
Source: Nevada 2017, 2019 YRBS		

Health & Wellness

Table 54: Adult Health Status - Percent reporting fair/poor health, Washoe County 2020		
Total	Washoe County	11.40%
Sex	Female	10.6%
	Male	12.2%
Age	18 – 24 years	2.8%
	25 – 34 years	3.7%
	35 – 44 years	8.6%
	45 – 54 years	13.0%
	55 – 64 years	20.5%
	65 years or older	16.3%
Race/Ethnicity	White	11.9%
	Black	21.4%
	AI/AN	~
	Asian	0.0%
	NH/OPI	~
	Other	~
	Hispanic	12.6%
Education	High school or less	16.9%
	Some college	10.0%
	College grad or higher	6.4%
Income	Less Than $25,000	23.9%
	$25,000 to $34,999	11.3%
	$35,000 to $49,999	6.2%
	$50,000 to $74,999	14.5%
	$75,000 or more	4.5%
Source: Nevada 2020 BRFSS		

Table 55: Adult Health Status - Percent reporting fair/poor health, Washoe County, Nevada, and United States 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe	18.7%	18.8%	18.4%	19.6%	11.4%
Nevada	20.9%	20.3%	20.6%	20.9%	17.8%
United States	16.4%	17.6%	17.3%	18.0%	13.3%
WC and NV Source: Nevada 2016-2020 BRFSS U.S. Source: CDC BRFSS Annual Survey Data https://www.cdc.gov/brfss/annual_data/annual_data.htm					

Physical Activity

Table 56: Percent of middle school students who watched TV, played video or computer games or used a computer for 3 or more hours/day, Washoe County, 2019		
Total	Washoe County	60.6%
Sex	Female	61.1%
	Male	60.1%
Age	11 years or younger	42.6%
	12 years old	55.1%
	13 years old	64.0%
	14 years or older	68.3%
Grade	6th grade	49.0%
	7th grade	57.3%
	8th grade	67.8%
Race/Ethnicity	White	59.5%
	Black	71.0%
	AI/AN	62.4%
	Asian	60.4%
	NH/OPI	63.6%
	Other/Multiple race	69.1%
	Hispanic	60.0%

Source: Nevada 2019 YRBSS
Note: In 2017, this question was changed in Nevada to incorporate all types of screen time. Comparisons should not be made with previous years or nationally.

Table 57: Percent of middle school students that watched tv, played video or computer games or used a computer for 3 or more hours/day, Washoe County, Nevada, and United States, 2017 and 2019		
Region	**2017**	**2019**
Washoe	47.8%	60.6%
Nevada	53.9%	59.6%

WC and NV Source: Nevada 2017, 2019 YRBS
US: Data unavailable
Note: In 2017, this question was changed in Nevada to incorporate all types of screen time. Comparisons should not be made with previous years or nationally.

Table 58: Percent of high school students that watched tv, played video or computer games or used a computer for 3 or more hours per day, Washoe County, 2019		
Total	Washoe County	53.6%
Sex	Female	55.1%
	Male	52.4%
Age	14 years old or younger	50.7%
	15 years old	53.6%
	16 years old	55.3%
	17 years old	53.3%
	18 years old or older	55.0%
Grade	9th grade	54.8%
	10th grade	52.9%
	11th grade	50.3%
	12th grade	56.4%
Race/Ethnicity	White	53.4%
	Black	48.5%
	AI/AN	40.1%
	Asian	52.4%
	NH/OPI	78.6%
	Other/Multiple race	72.2%
	Hispanic	51.3%
Source: Nevada 2019 YRBS		

Table 59: Percent of high school students that watched tv, played video or computer games or used a computer for 3 or more hours per day, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe	46.7%	53.6%
Nevada	54.9%	59.6%
Source: Nevada 2017, 2019 YRBS		

Table 60: Percent of middle school students who did not participate in at least 60 minutes of physical activity on any day during the 7 days before the survey, Washoe County, 2019		
Total	Washoe County	17.4%
Sex	Female	19.6%
	Male	15.0%
Age	11 years old or younger	18.8%
	12 years old	19.0%
	13 years old	18.0%
	14 years old or older	13.5%
Grade	6th grade	19.8%
	7th grade	18.4%
	8th grade	15.2%
Race/Ethnicity	White	13.0%
	Black	29.4%
	AI/AN	18.4%
	Asian	12.9%
	NH/OPI	19.7%
	Other/Multiple race	12.6%
	Hispanic	22.4%
WC Source: Nevada 2019 YRBS		

Table 61: Percent of middle school students who did not participate in at least 60 minutes of physical activity on any day during the 7 days before the survey, Washoe County and Nevada, 2015, 2017 and 2019			
Region	**2015**	**2017**	**2019**
Washoe	10.9%	14.6%	17.4%
Nevada	12.3%	14.0%	19.4%
WC and NV Source: Nevada 2015, 2017 and 2019 YRBS U.S. Source: National data is unavailable for middle school level			

Table 62: Percent of high school students who did not participate in at least 60 minutes of physical activity on any day during the 7 days before the survey, Washoe County, 2019		
Total	Washoe County	15.0%
Sex	Female	15.6%
	Male	14.1%
Age	14 years old or younger	14.9%
	15 years old	9.6%
	16 years old	15.3%
	17 years old	17.1%
	18 years old or older	21.6%
Grade	9th grade	12.7%
	10th grade	12.3%
	11th grade	15.5%
	12th grade	19.6%
Race/Ethnicity	White	10.0%
	Black	27.3%
	AI/AN	22.0%
	Asian	14.4%
	NH/OPI	18.8%
	Other/Multiple race	15.9%
	Hispanic	19.6%
Source: Nevada 2019 YRBS		

Table 63: Percent of high school students who did not participate in at least 60 minutes of physical activity on any day during the 7 days before the survey, Washoe County, Nevada, and United States 2013-2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe	15.1%	11.2%	16.1%	15.0%
Nevada	16.5%	13.9%	14.8%	16.9%
United States	15.2%	14.3%	15.4%	17.0%
WC and NV Source: Nevada 2013, 2015, 2017 and 2019 YRBS U.S. Source: US YRBS https://www.cdc.gov/healthyyouth/data/yrbs/results.htm				

Table 64: Percent of adults that participated in enough aerobic and muscle strengthening exercises to meet guidelines, Washoe County, 2019		
Total	Washoe County	26.7%
Sex	Female	27.8%
	Male	25.7%
Age	18 - 24 years	29.0%
	25 - 34 years	28.5%
	35 - 44 years	24.1%
	45 - 54 years	27.8%
	55 - 64 years	25.7%
	65 years or older	26.0%
Race/Ethnicity	White	27.9%
	Black	32.7%
	AI/AN	~
	Asian	40.4%
	NH/OPI	~
	Other race	~
	Hispanic	22.6%
Education	High school or less	21.0%
	Some college	28.7%
	College grad or higher	33.6%
Income	Less than $25,000	14.9%
	$25,000 to $34,999	17.4%
	$35,000 to $49,999	19.4%
	$50,000 to $74,999	25.7%
	$75,000 or more	36.5%
Source: Nevada 2019 BRFSS		

Table 65: Percent of adults that participated in enough aerobic and muscle strengthening exercises to meet guidelines, Washoe County, Nevada, and United States, 2011-2019					
Region	**2011**	**2013**	**2015**	**2017**	**2019**
Washoe	22.9%	28.0%	28.5%	27.3%	26.7%
Nevada	21.3%	23.9%	24.9%	19.5%	20.0%
United States*	21.0%	20.5%	20.3%	20.3%	23.2%
WC Source: Nevada 2011, 2013, 2015, 2017, 2019 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Nutrition

Table 66: Percent of high school students who drank a can, bottle, or glass of soda or pop 1 or more times per day during the 7 days before the survey, Washoe County, 2019		
Total	Washoe County	11.2%
Sex	Female	7.5%
	Male	14.3%
Age	14 years or younger	8.7%
	15 years	10.5%
	16 years	8.5%
	17 years	14.3%
	18 years or older	15.7%
Grade	9th grade	9.6%
	10th grade	7.6%
	11th grade	12.5%
	12th grade	15.1%
Race/Ethnicity	White	10.5%
	Black	8.6%
	AI/AN	31.4%
	Asian	7.4%
	NH/OPI	17.9%
	Other/Multiple race	10.6%
	Hispanic	11.9%
Source: Nevada 2019 YRBS		

Table 67: Percent of high school students who drank a can, bottle, or glass of soda or pop 1 or more times per day during the 7 days before the survey, Washoe County, Nevada, and United States, 2013 - 2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe	17.9%	13.4%	12.8%	11.2%
Nevada	16.2%	14.5%	14.5%	11.8%
United States	27.0%	20.4%	18.7%	15.1%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm				

Table 68: Percent of high school students who did not eat breakfast during the 7 days before the survey, Washoe County, 2019		
Total	Washoe County	17.8%
Sex	Female	18.3%
	Male	17.3%
Age	14 years or younger	11.9%
	15 years	18.0%
	16 years	18.9%
	17 years	18.2%
	18 years or older	21.7%
Grade	9th grade	14.8%
	10th grade	16.5%
	11th grade	19.4%
	12th grade	21.1%
Race/Ethnicity	White	12.5%
	Black	18.6%
	AI/AN	32.5%
	Asian	13.9%
	NH/OPI	12.2%
	Other/Multiple race	26.4%
	Hispanic	22.9%
Source: Nevada 2019 YRBS		

Table 69: Percent of high school students who did not eat breakfast during the 7 days before the survey, Washoe County, Nevada, and United States, 2013 -2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe	13.6%	14.7%	18.5%	17.8%
Nevada	17.3%	16.7%	16.5%	15.6%
United States	13.7%	13.8%	14.1%	16.7%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm				

Table 70: Percent of high school students who ate vegetables 1 or more times/day during the 7 days before the survey, Washoe County, 2019		
Total	Washoe County	12.8%
Sex	Female	14.5%
	Male	11.2%
Age	14 years or younger	17.0%
	15 years	14.1%
	16 years	14.4%
	17 years	8.2%
	18 years or older	9.8%
Grade	9th grade	16.6%
	10th grade	12.5%
	11th grade	12.0%
	12th grade	9.8%
Race/Ethnicity	White	18.8%
	Hispanic	6.6%
	Black	0.0%
	AI/AN	0.0%
	Asian	15.4%
	NH/PI	12.1%
	Other/Multiple race	14.1%
Source: Nevada 2019 YRBS		

Table 71: Percent of high school students who ate vegetables 1 or more times/day during the 7 days before the survey, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe	14.3%	12.8%
Nevada	10.6%	11.2%
Source: Nevada 2017, 2019 YRBS		

Table 72: Percent of adults that had at least 1 serving of vegetables per day, Washoe County, 2019		
Total	Washoe County	78.9%
Sex	Female	82.6%
	Male	75.2%
Age	18 - 24 years	78.1%
	25 - 34 years	78.5%
	35 - 44 years	79.1%
	45 - 54 years	72.5%
	55 - 64 years	81.6%
	65 years or older	82.1%
Race/Ethnicity	White	82.0%
	Black	70.3%
	AI/AN	~
	Asian	81.5%
	NH/OPI	~
	Other race	~
	Hispanic	67.7%
Education	High school or less	70.1%
	Some college	82.4%
	College grad or higher	88.7%
Income	Less than $25,000	72.7%
	$25,000 to $34,999	71.6%
	$35,000 to $49,999	78.8%
	$50,000 to $74,999	80.9%
	$75,000 or more	85.9%
Source: Nevada 2019 BRFSS		

Table 73: Percent of adults that had at least 1 serving of vegetables per day, Washoe County, Nevada, and United States, 2013-2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe	83.3%	80.8%	80.1%	78.9%
Nevada	79.2%	80.8%	77.9%	74.8%
United States	77.1%	77.9%	82.0%	79.7%
WC Source: Nevada 2013, 2013, 2017, 2019 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)				

Weight Status

Table 74: Percent of high school students who were overweight*, Washoe County, 2019		
Total	Washoe County	13.7%
Sex	Female	12.8%
	Male	14.8%
Age	14 years or younger	13.1%
	15 years	13.0%
	16 years	14.8%
	17 years	14.2%
	18 years or older	13.3%
Grade	9th grade	10.5%
	10th grade	18.0%
	11th grade	14.3%
	12th grade	12.3%
Race/Ethnicity	White	10.9%
	Black	21.2%
	AI/AN	0.0%
	Asian	12.1%
	NH/OPI	21.4%
	Other/Multiple race	18.6%
	Hispanic	16.1%

Source: Nevada 2019 YRBS
*Note: >= 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

Table 75: Percent of high school students who were overweight*, Washoe County, Nevada, and United States, 2013- 2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe County	14.9%	13.9%	16.3%	13.7%
Nevada	14.9%	15.8%	15.5%	15.6%
United States	16.6%	16.0%	15.6%	16.1%

WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
*Note: >= 85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

Table 76: Percent of high school students who were obese*, Washoe County, 2019		
Total	Washoe County	11.9%
Sex	Female	14.0%
	Male	10.0%
Age	14 years old or younger	15.5%
	15 years old	9.6%
	16 years old	10.4%
	17 years old	13.2%
	18 years old or older	12.5%
Grade	9th grade	12.0%
	10th grade	10.6%
	11th grade	10.1%
	12th grade	15.4%
Race/Ethnicity	White	6.5%
	Black	19.2%
	AI/AN	27.0%
	Asian	10.0%
	NH/OPI	19.7%
	Other/Multiple race	19.4%
	Hispanic	15.7%

Source: Nevada 2019 YRBS
*Note: students who were >= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

Table 77: Percent of high school students who were obese*, Washoe County, Nevada, and United States, 2013-2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe County	8.7%	9.9%	11.8%	11.9%
Nevada	11.5%	11.4%	13.4%	12.7%
United States	13.7%	13.9%	14.8%	15.5%

WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
*Note: students who were >= 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth charts

Table 78: Percent of adults classified as having normal weight, Washoe County, 2020		
Total	Washoe County	39.2%
Sex	Female	47.7%
	Male	30.5%
Age	18 - 24 years	66.4%
	25 - 34 years	44.8%
	35 - 44 years	36.5%
	45 - 54 years	21.6%
	55 - 64 years	34.5%
	65 years or older	37.5%
Race/Ethnicity	White	40.2%
	Black	34.0%
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	28.7%
Education	High school or less	35.4%
	Some college	38.0%
	College grad or higher	42.0%
Income	Less than $25,000	46.8%
	$25,000 to $34,999	21.7%
	$35,000 to $49,999	42.9%
	$50,000 to $74,999	30.7%
	$75,000 or more	39.5%
Source: Nevada 2020 BRFSS		

Table 79: Percent of adults classified as having normal weight, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	34.6%	36.0%	34.8%	31.4%	39.2%
Nevada	35.9%	32.4%	30.3%	29.9%	34.5%
United States*	32.9%	32.0%	31.6%	30.7%	31.1%

WC Source: Nevada 2016-2020 BRFSS
NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

Table 80: Percent of adults classified as overweight (based on BMI categories), Washoe County, 2020		
Total	Washoe County	36.1%
Sex	Female	25.3%
	Male	46.9%
Age	18 – 24 years	17.2%
	25 – 34 years	30.6%
	35 – 44 years	43.1%
	45 – 54 years	43.5%
	55 – 64 years	36.4%
	65 years or older	40.2%
Race/Ethnicity	White	37.9%
	Black	50.2%
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other	~
	Hispanic	34.9%
Education	High school or less	35.5%
	Some college	37.2%
	College grad or higher	37.3%
Income	Less than $25,000	31.4%
	$25,000 to $34,999	54.5%
	$35,000 to $49,999	22.4%
	$50,000 to $74,999	34.2%
	$75,000 or more	40.8%
Source: Nevada 2020 BRFS		

Table 81: Percent of adult classified as overweight (based on BMI categories), Washoe County, Nevada, and United States 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe	36.4%	37.6%	39.0%	36.9%	36.1%
Nevada	36.5%	39.0%	38.2%	37.2%	35.6%
United States	35.3%	35.3%	34.9%	34.6%	35.2%
WC Source: Nevada 2016-2020 BRFSS NV and U.S. Source: CDC BRFSS https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 82: Percent of adults classified as obese (based on BMI categories), Washoe County, 2020		
Total	Washoe County	24.4%
Sex	Female	26.3%
	Male	22.5%
Age	18 – 24 years	16.4%
	25 – 34 years	24.5%
	35 – 44 years	20.4%
	45 – 54 years	34.8%
	55 – 64 years	29.1%
	65 years or older	20.8%
Race/Ethnicity	White	21.4%
	Black	15.8%
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other	~
	Hispanic	36.4%
Education	High school or less	29.1%
	Some college	24.1%
	College grad or higher	20.3%
Income	Less than $25,000	21.8%
	$25,000 to $34,999	23.9%
	$35,000 to $49,999	34.7%
	$50,000 to $74,999	35.1%
	$75,000 or more	18.9%
Source: Nevada 2020 BRFSS		

Table 83: Percent of adults classified as obese (based on BMI categories), Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe	26.4%	23.9%	24.1%	30.4%	24.4%
Nevada	25.8%	26.7%	29.5%	30.6%	28.7%
United States	29.9%	31.3%	30.9%	32.1%	31.9%
WC Source: Nevada 2016-2020 BRFSS NV and U.S. Source: CDC BRFSS https://www.cdc.gov/brfss/brfssprevalence/					

Sleep

Table 84: Percent of adults reporting over the last 2 weeks had trouble falling asleep or staying asleep or sleeping too much, Washoe County, 2017		
Total	Washoe County	51.5%
Sex	Female	56.0%
	Male	47.1%
Age	18 - 24 years	59.5%
	25 - 34 years	59.8%
	35 - 44 years	46.9%
	45 - 54 years	52.1%
	55 - 64 years	51.7%
	65 years or older	43.4%
Race/Ethnicity	White	53.3%
	Black	53.9%
	AI/AN	72.0%
	Asian	46.8%
	NH/OPI	~
	Other race	~
	Hispanic	43.3%
Education	High school or less	49.3%
	Some college	55.0%
	College grad or higher	50.2%
Income	Less than $25,000	52.7%
	$25,000 to $34,999	51.6%
	$35,000 to $49,999	53.5%
	$50,000 to $74,999	53.9%
	$75,000 or more	49.8%
Source: Nevada 2017 BRFSS		

Table 85: Percent of high school students who had 8 or more hours of sleep on an average school night, Washoe County, 2019		
Total	Washoe County	25.2%
Sex	Female	27.4%
	Male	23.1%
Age	14 years or younger	34.4%
	15 years	30.9%
	16 years	25.3%
	17 years	17.8%
	18 years or older	16.5%
Grade	9th grade	35.8%
	10th grade	27.0%
	11th grade	22.5%
	12th grade	14.2%
Race/Ethnicity	White	25.4%
	Black	33.3%
	AI/AN	25.9%
	Asian	13.8%
	NH/OPI	16.2%
	Other/Multiple race	19.6%
	Hispanic	26.8%
Source: Nevada 2019 YRBS		

Table 86: Percent of high school students who had 8 or more hours of sleep on an average school night, Washoe County, Nevada, and United States, 2015-2019			
Year	**Washoe County**	**Nevada**	**United States**
2015	28.1%	22.5%	27.3%
2017	25.5%	23.1%	25.4%
2019	25.2%	21.6%	22.1%
WC and NV Source: Nevada 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 87: Percent of middle school students who had 9 or more hours of sleep on an average school night, Washoe County, 2019		
Total	Washoe County	17.7%
Sex	Female	15.9%
	Male	19.5%
Age	11 years or younger	32.9%
	12 years	22.6%
	13 years	13.0%
	14 years or older	14.7%
Grade	6th grade	28.1%
	7th grade	19.1%
	8th grade	12.3%
Race/Ethnicity	White	19.0%
	Black	18.5%
	AI/AN	24.5%
	Asian	13.4%
	NH/OPI	17.2%
	Other/Multiple race	14.7%
	Hispanic	17.1%
Source: Nevada 2019 YRBS		

Table 88: Percent of middle school students who had 9 or more hours of sleep on an average school night, Washoe County and Nevada, 2017 and 2019		
Region	**2017**	**2019**
Washoe County	26.10%	17.70%
Nevada	27.20%	21.90%
Source: Nevada 2017, 2019 YRBS		

Substance Use

Table 89: Percent of adults classified as heavy drinkers*, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	7.9%
Sex	Female	8.0%
	Male	7.7%
Age	18-24 years	7.0%
	25-34 years	8.8%
	35-44 years	9.9%
	45-54 years	8.6%
	55-64 years	5.0%
	65 years and older	7.8%
Race/Ethnicity	White	9.4%
	Black	8.9%
	AI/AN	7.1%
	Asian	0.3%
	NH/OPI	4.3%
	Other race	14.4%
	Hispanic	4.4%
Education	High school or less	6.6%
	Some college	9.1%
	College grad or higher	8.1%
Income	Less than $25,000	8.4%
	$25,000 to $34,499	8.0%
	$35,000 to $49,999	5.9%
	$50,000 to $74,999	8.9%
	$75,000 or more	8.4%

Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
*Heavy drinker is classified as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week

Table 90: Percent of adults classified as heavy drinkers*, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States****
2016	8.0%	6.3%	6.5%
2017	9.1%	6.2%	6.3%
2018	7.4%	5.9%	6.5%
2019	6.8%	6.4%	6.5%
2020	8.2%	7.3%	6.7%

WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/
*Heavy drinker is classified as adult men having more than 14 drinks per week and adult women having more than 7 drinks per week
**All States and DC (median)

Table 91: Percent of middle school students who had at least 1 drink of alcohol during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	12.4%
Sex	Female	15.4%
	Male	9.6%
Age	11 years or younger	7.0%
	12 years	8.9%
	13 years	13.2%
	14 years	17.9%
Grade	6th grade	7.0%
	7th grade	11.5%
	8th grade	17.9%
Race/Ethnicity	White	11.9%
	Black	8.0%
	AI/AN	2.6%
	Asian	6.5%
	NH/OPI	8.0%
	Other/Multiple race	11.3%
	Hispanic	14.5%
Source: Nevada Middle School 2019 YRBS		

Table 92: Percent of middle school students who had at least 1 drink of alcohol during the 30 days before the survey, Washoe County and Nevada, 2015-2019		
Year	**Washoe County**	**Nevada**
2015	9.4%	10.3%
2017	7.5%	9.2%
2019	12.4%	11.7%
Source: Nevada Middle School 2015, 2017, 2019 YRBS		

Table 93: Percent of high school students who had at least 1 drink of alcohol during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	26.7%
Sex	Female	24.5%
	Male	28.6%
Age	14 years or younger	20.2%
	15 years	23.4%
	16 years	24.7%
	17 years	33.3%
	18 years or older	33.7%
Grade	9th grade	21.9%
	10th grade	24.8%
	11th grade	27.8%
	12th grade	33.6%
Race/Ethnicity	White	24.6%
	Black	20.8%
	AI/AN	30.7%
	Asian	24.9%
	NH/OPI	29.9%
	Other/Multiple race	38.4%
	Hispanic	27.9%
Source: Nevada 2019 YRBS		

Table 94: Percent of high school students who had at least 1 drink of alcohol during the 30 days before the survey, Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	36.5%	33.3%	34.9%
2015	35.5%	30.6%	32.8%
2017	27.2%	26.5%	29.8%
2019	26.7%	23.9%	29.2%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 95: Percent of middle school students who ever rode in a car or other vehicle driven by someone who had been drinking alcohol, Washoe County, 2019		
Total	Washoe County	24.9%
Sex	Female	29.7%
	Male	20.1%
Age	11 years or younger	17.2%
	12 years	23.8%
	13 years	27.1%
	14 years	24.8%
Grade	6th grade	18.3%
	7th grade	27.4%
	8th grade	24.6%
Race/Ethnicity	White	29.4%
	Black	15.6%
	AI/AN	17.2%
	Asian	14.1%
	NH/OPI	26.3%
	Other/Multiple race	22.6%
	Hispanic	22.4%
Source: Nevada Middle School 2019 YRBS		

Table 96: Percent of middle school students who ever rode in a car or other vehicle driven by someone who had been drinking alcohol, Washoe County and Nevada, 2015-2019		
Year	**Washoe County**	**Nevada**
2015	20.8%	22.5%
2017	21.5%	21.9%
2019	24.9%	24.6%
Source: Nevada Middle School 2015, 2017, 2019 YRBS		

Table 97: Percent of high school students rode in a car or other vehicle driven by someone who had been drinking alcohol, Washoe County, 2019		
Total	Washoe County	17.2%
Sex	Female	17.0%
	Male	17.1%
Age	14 years or younger	14.6%
	15 years	17.4%
	16 years	15.0%
	17 years	16.6%
	18 years or older	26.9%
Grade	9th grade	15.4%
	10th grade	15.9%
	11th grade	15.7%
	12th grade	21.3%
Race/Ethnicity	White	15.9%
	Black	15.7%
	AI/AN	22.2%
	Asian	17.0%
	NH/OPI	13.5%
	Other/Multiple race	9.9%
	Hispanic	19.5%
Source: Nevada 2019 YRBS		

Table 98: Percent of high school students rode in a car or other vehicle driven by someone who had been drinking alcohol, Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	11.7%	21.4%	21.9%
2015	22.1%	22.1%	20.0%
2017	15.2%	17.0%	16.5%
2019	17.2%	14.3%	16.7%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 99: Percent of middle school students who smoked cigarettes during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	3.5%
Sex	Female	3.7%
	Male	3.4%
Age	11 years or younger	3.7%
	12 years	2.3%
	13 years	3.8%
	14 years	4.7%
Grade	6th grade	2.6%
	7th grade	2.9%
	8th grade	4.6%
Race/Ethnicity	White	3.3%
	Black	2.9%
	AI/AN	2.6%
	Asian	3.3%
	NH/OPI	5.7%
	Other/Multiple race	7.1%
	Hispanic	3.4%
Source: Nevada Middle School 2019 YRBS		

Table 100: Percent of middle school students who smoked cigarettes during the 30 days before the survey, Washoe County and Nevada, 2015-2019		
Year	**Washoe County**	**Nevada**
2015	3.7%	2.4%
2017	2.1%	2.2%
2019	3.5%	2.5%
Source: Nevada Middle School 2015, 2017, 2019 YRBS		

Table 101: Percent of high school students who smoked cigarettes during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	4.5%
Sex	Female	3.1%
	Male	5.6%
Age	14 years or younger	2.1%
	15 years	3.0%
	16 years	4.5%
	17 years	5.8%
	18 years or older	8.3%
Grade	9th grade	1.5%
	10th grade	4.0%
	11th grade	4.5%
	12th grade	8.1%
Race/Ethnicity	White	4.4%
	Black	4.4%
	AI/AN	23.5%
	Asian	4.2%
	NH/OPI	15.2%
	Other/Multiple race	5.9%
	Hispanic	3.5%
Source: Nevada 2019 YRBS		

Table 102: Percent of high school students who smoked cigarettes during the 30 days before the survey, Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	14.6%	10.2%	15.7%
2015	10.3%	7.2%	10.8%
2017	7.2%	6.4%	8.8%
2019	4.5%	3.6%	6.0%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 103: Percent of adults who currently smoke, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	15.4%
Sex	Female	13.9%
	Male	16.8%
Age	18-24 years	12.2%
	25-34 years	17.1%
	35-44 years	19.8%
	45-54 years	14.9%
	55-64 years	17.8%
	65 years and older	10.7%
Race/Ethnicity	White	16.2%
	Black	20.6%
	AI/AN	20.6%
	Asian	4.1%
	NH/OPI	12.8%
	Other race	27.5%
	Hispanic	13.1%
Education	High school or less	20.7%
	Some college	16.7%
	College grad or higher	5.8%
Income	Less than $25,000	25.5%
	$25,000 to $34,499	21.8%
	$35,000 to $49,999	16.1%
	$50,000 to $74,999	13.9%
	$75,000 or more	8.2%
Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS		

Table 104: Percent of adults who currently smoke, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States***
2016	15.3%	16.5%	17.1%
2017	14.5%	17.6%	17.1%
2018	15.2%	15.7%	16.1%
2019	15.7%	15.7%	16.0%
2020	15.9%	14.2%	15.5%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ **All States and DC (median)			

Table 105: Percent of middle school students who used electronic vapor products during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	18.9%
Sex	Female	20.5%
	Male	17.3%
Age	11 years or younger	5.9%
	12 years	15.5%
	13 years	19.9%
	14 years	26.5%
Grade	6th grade	8.8%
	7th grade	16.5%
	8th grade	24.8%
Race/Ethnicity	White	18.4%
	Black	16.8%
	AI/AN	11.4%
	Asian	6.8%
	NH/OPI	27.6%
	Other/Multiple race	16.7%
	Hispanic	21.5%
Source: Nevada Middle School 2019 YRBS		

Table 106: Percent of middle school students who used electronic vapor products during the 30 days before the survey, Washoe County and Nevada, 2015-2019		
Year	**Washoe County**	**Nevada**
2015	12.3%	11.3%
2017	7.8%	6.7%
2019	18.9%	12.0%
Source: Nevada Middle School 2015, 2017, 2019 YRBS		

Table 107: Percent of high school students used electronic vapor products during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	28.3%
Sex	Female	28.2%
	Male	28.4%
Age	14 years or younger	23.0%
	15 years	24.5%
	16 years	29.5%
	17 years	33.6%
	18 years or older	30.5%
Grade	9th grade	25.2%
	10th grade	24.3%
	11th grade	32.8%
	12th grade	31.4%
Race/Ethnicity	White	30.5%
	Black	34.5%
	AI/AN	37.9%
	Asian	15.5%
	NH/OPI	33.8%
	Other/Multiple race	28.8%
	Hispanic	26.1%
Source: Nevada 2019 YRBS		

Table 108: Percent of high school students used electronic vapor products during the 30 days before the survey, Washoe County, Nevada, and United States, 2015-2019			
Year	**Washoe County**	**Nevada**	**United States**
2015	30.1%	26.1%	27.8%
2017	21.8%	15.0%	16.9%
2019	28.3%	22.5%	34.4%
WC and NV Source: Nevada 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 109: Percent of adults who currently use e-cigarettes, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	6.6%
Sex	Female	5.5%
	Male	7.7%
Age	18-24 years	12.3%
	25-34 years	9.5%
	35-44 years	9.9%
	45-54 years	8.2%
	55-64 years	5.2%
	65 years and older	3.9%
Race/Ethnicity	White	3.3%
	Black	8.3%
	AI/AN	0.0%
	Asian	4.6%
	NH/OPI	~
	Other race	8.0%
	Hispanic	3.2%
Education	High school or less	10.1%
	Some college	5.6%
	College grad or higher	3.2%
Income	Less than $25,000	14.6%
	$25,000 to $34,499	5.3%
	$35,000 to $49,999	4.2%
	$50,000 to $74,999	3.1%
	$75,000 or more	4.4%
Source: Nevada 2017 BRFSS		

Table 110: Percent of adults who currently use e-cigarettes, Washoe County, Nevada, and United States, 2016-2017		
Region	**2016**	**2017**
Washoe County	6.30%	6.60%
Nevada	6.00%	5.40%
United States*	4.70%	4.60%
WC Source: Nevada 2016, 2017 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)		

Table 111: Percent of middle school students who have used marijuana during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	3.9%
Sex	Female	2.9%
	Male	4.6%
Age	11 years or younger	2.7%
	12 years	4.1%
	13 years	3.5%
	14 years	3.9%
Grade	6th grade	2.6%
	7th grade	4.0%
	8th grade	3.9%
Race/Ethnicity	White	3.0%
	Black	6.2%
	AI/AN	2.8%
	Asian	3.3%
	NH/OPI	5.7%
	Other/Multiple race	5.5%
	Hispanic	4.5%
Source: Nevada Middle School 2019 YRBS		

Table 112: Percent of middle school students who have used marijuana during the 30 days before the survey, Washoe County and Nevada, 2015-2019		
Year	**Washoe County**	**Nevada**
2015	5.9%	3.8%
2017	5.6%	5.2%
2019	3.9%	7.9%
Source: Nevada Middle School 2015, 2017, 2019 YRBS		

Table 113: Percent of high school students who used marijuana during the 30 days before the survey, Washoe County, 2019		
Total	Washoe County	22.6%
Sex	Female	21.8%
	Male	23.2%
Age	14 years or younger	15.2%
	15 years	19.8%
	16 years	22.5%
	17 years	30.1%
	18 years or older	23.5%
Grade	9th grade	20.4%
	10th grade	18.0%
	11th grade	25.0%
	12th grade	27.4%
Race/Ethnicity	White	20.4%
	Black	49.4%
	AI/AN	49.5%
	Asian	13.3%
	NH/OPI	42.3%
	Other/Multiple race	21.5%
	Hispanic	23.4%
Source: Nevada 2019 YRBS		

Table 114: Percent of high school students who used marijuana during the 30 days before the survey, Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	49.1%	18.5%	23.4%
2015	24.6%	19.6%	21.7%
2017	23.4%	19.7%	19.8%
2019	22.6%	18.8%	21.7%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 115: Percent of adults reporting ≥ 1 day of marijuana or cannabis use in the past 30 days, Washoe County, 2020		
Total	Washoe County	19.9%
Sex	Female	18.6%
	Male	21.5%
Age	18-24 years	29.0%
	25-34 years	42.4%
	35-44 years	18.7%
	45-54 years	13.8%
	55-64 years	20.2%
	65 years and older	5.3%
Race/Ethnicity	White	17.8%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	20.8%
Education	High school or less	19.5%
	Some college	26.2%
	College grad or higher	15.7%
Income	Less than $25,000	31.3%
	$25,000 to $34,499	21.4%
	$35,000 to $49,999	16.7%
	$50,000 to $74,999	31.9%
	$75,000 or more	13.6%
Source: Nevada 2020 BRFSS		

Table 116: Percent of adults reporting ≥ 1 day of marijuana or cannabis use in the past 30 days, Washoe County and Nevada, 2019-2020		
Region	**2019**	**2020**
Washoe County	18.7%	19.9%
Nevada	17.4%	19.4%
Source: Nevada 2019, 2020 BRFSS		

Access to Healthcare

Table 117: Percent of children less than 19 years who are uninsured, Washoe County, Nevada, and United States, 2016-2020 Aggregate Data	
Region	**2016-2020**
Washoe County	19.1%
Nevada	16.6%
United States	14.3%
Source: US Census, American Community Survey. Table S2702 - 5 year estimates-Selected Characteristics of the Uninsured in the United States	

Table 118: Percent of adults aged 18-64 years who have health insurance, Washoe County, 2020		
Total	Washoe County	87.0%
Sex	Female	88.9%
	Male	85.1%
Age	18 - 24 years	83.9%
	25 - 34 years	86.6%
	35 - 44 years	81.0%
	45 - 54 years	81.8%
	55 - 64 years	86.2%
	65 years or older	97.4%
Race/Ethnicity	White	94.6%
	Black	54.2%
	AI/AN	~
	Asian	86.1%
	NH/OPI	~
	Other race	~
	Hispanic	73.1%
Education	High school or less	76.8%
	Some college	92.8%
	College grad or higher	93.5%
Income	Less than $25,000	73.1%
	$25,000 to $34,999	65.9%
	$35,000 to $49,999	91.6%
	$50,000 to $74,999	87.0%
	$75,000 or more	99.0%
Source: Nevada 2020 BRFSS		

Table 119: Percent of adults aged 18-64 years who have health insurance, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States***
2016	88.7%	85.4%	90.0%
2017	90.4%	84.1%	89.5%
2018	87.7%	86.5%	89.1%
2019	86.2%	83.4%	89.0%
2020	87.0%	84.8%	89.3%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)			

Table 120: Percent of population enrolled in Medicaid, Washoe County, Nevada, and United States, 2014-2020			
Year	**Washoe County**	**Nevada**	**United States**
2014	19.7%	20.3%	19.5%
2015	19.6%	22.5%	19.6%
2016	18.9%	21.8%	19.4%
2017	~	~	19.3%
2018	16.8%	21.6%	17.9%
2019	~	~	17.2%
2020	17.5%	23.9%	17.8%
WC and NV Source: Percent of Population Enrolled in Medicaid, Nevada Instant Atlas U.S. Source: US Census, 2016, 2017, 2018, 2019, 2020 Health Insurance Coverage in the United States Population Reports			

Table 121: Percent of adults who in the past 12 months needed a doctor but couldn't because of cost, Washoe County, 2020		
Total	Washoe County	10.1%
Sex	Female	11.1%
	Male	9.1%
Age	18 – 24 years	11.3%
	25 – 34 years	12.7%
	35 – 44 years	13.1%
	45 – 54 years	10.9%
	55 – 64 years	14.4%
	65 years or older	1.4%
Race/Ethnicity	White	10.0%
	Black	26.3%
	AI/AN	~
	Asian	10.9%
	NH/OPI	~
	Other race	~
	Hispanic	7.9%
Education	High school or less	9.8%
	Some college	14.6%
	College grad or higher	6.1%
Income	Less Than $25,000	21.3%
	$25,000 to $34,999	20.5%
	$35,000 to $49,999	10.9%
	$50,000 to $74,999	12.2%
	$75,000 or more	2.3%
Source: Nevada 2020 BRFSS		

Table 122: Percent of adults who in the past 12 months needed a doctor but couldn't because of cost, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	16.3%	17.1%	15.9%	14.5%	10.1%
Nevada	16.0%	16.8%	14.5%	15.1%	11.1%
United States*	12.0%	12.4%	12.2%	12.4%	9.8%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Screening & Immunizations

Table 123: Percent of adults who last visited a doctor for a routine checkup within the past year, Washoe County, 2020		
Total	Washoe County	69.2%
Sex	Female	79.8%
	Male	58.6%
Age	18 – 24 years	66.9%
	25 – 34 years	59.6%
	35 – 44 years	49.8%
	45 – 54 years	75.1%
	55 – 64 years	68.9%
	65 years or older	88.8%
Race/Ethnicity	White	76.2%
	Black	44.5%
	AI/AN	~
	Asian	44.8%
	NH/OPI	~
	Other race	~
	Hispanic	58.7%
Education	High school or less	60.8%
	Some college	73.1%
	College grad or higher	74.2%
Income	Less Than $25,000	58.5%
	$25,000 to $34,999	57.9%
	$35,000 to $49,999	70.9%
	$50,000 to $74,999	74.8%
	$75,000 or more	71.0%
Source: Nevada 2020 BRFSS		

Table 124: Percent of adults who last visited a doctor for a routine checkup within the past year, Washoe County, 2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	64.7%	65.2%	74.4%	71.6%	69.2%
Nevada	69.1%	67.9%	73.1%	71.8%	68.0%
United States*	70.8%	70.4%	77.0%	77.6%	75.7%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 125: Percent of adults who last visited a doctor for a routine checkup within the past two years, Washoe County, 2020		
Total	Washoe County	13.2%
Sex	Female	10.6%
	Male	15.8%
Age	18 – 24 years	21.2%
	25 – 34 years	12.0%
	35 – 44 years	16.0%
	45 – 54 years	12.3%
	55 – 64 years	14.7%
	65 years or older	7.8%
Race/Ethnicity	White	10.9%
	Black	25.9%
	AI/AN	~
	Asian	49.6%
	NH/OPI	~
	Other race	~
	Hispanic	14.9%
Education	High school or less	11.0%
	Some college	14.8%
	College grad or higher	15.1%
Income	Less Than $25,000	13.4%
	$25,000 to $34,999	16.2%
	$35,000 to $49,999	14.9%
	$50,000 to $74,999	11.1%
	$75,000 or more	13.7%
Source: Nevada 2020 BRFSS		

Table 126: Percent of adults who last visited a doctor for a routine checkup within the past two years, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	14.5%	14.0%	11.1%	11.8%	13.2%
Nevada	12.7%	11.8%	11.4%	11.8%	14.3%
United States*	12.8%	12.8%	11.0%	10.7%	12.6%

WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS
NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

Table 127: Percent of adults who last visited a doctor for a routine checkup within the past five years, Washoe County, 2020		
Total	Washoe County	8.0%
Sex	Female	5.2%
	Male	10.8%
Age	18 – 24 years	10.0%
	25 – 34 years	12.1%
	35 – 44 years	11.8%
	45 – 54 years	5.7%
	55 – 64 years	9.0%
	65 years or older	1.7%
Race/Ethnicity	White	6.7%
	Black	0.0%
	AI/AN	~
	Asian	0.0%
	NH/OPI	~
	Other race	~
	Hispanic	14.5%
Education	High school or less	12.4%
	Some college	5.4%
	College grad or higher	5.5%
Income	Less Than $25,000	13.5%
	$25,000 to $34,999	0.0%
	$35,000 to $49,999	3.1%
	$50,000 to $74,999	4.3%
	$75,000 or more	10.1%
Source: Nevada 2020 BRFSS		

Table 128: Percent of adults who last visited a doctor for a routine checkup within the past five years, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	9.7%	9.4%	8.0%	7.7%	8.0%
Nevada	7.4%	8.8%	7.6%	7.9%	8.9%
United States*	7.7%	7.9%	6.0%	6.2%	6.1%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 129: Percent of adults who last visited a doctor for a routine checkup five or more years ago, Washoe County, 2020		
Total	Washoe County	8.3%
Sex	Female	3.9%
	Male	12.6%
Age	18 – 24 years	1.9%
	25 – 34 years	15.3%
	35 – 44 years	19.2%
	45 – 54 years	5.0%
	55 – 64 years	5.9%
	65 years or older	1.4%
Race/Ethnicity	White	5.8%
	Black	29.6%
	AI/AN	~
	Asian	5.6%
	NH/OPI	~
	Other race	~
	Hispanic	6.6%
Education	High school or less	12.9%
	Some college	6.4%
	College grad or higher	4.7%
Income	Less Than $25,000	12.2%
	$25,000 to $34,999	20.1%
	$35,000 to $49,999	8.9%
	$50,000 to $74,999	9.0%
	$75,000 or more	4.4%
Source: Nevada 2020 BRFSS		

Table 130: Percent of adults who last visited a doctor for a routine checkup five or more years ago, Washoe County, Nevada, and United Stated, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	9.0%	10.3%	5.8%	7.1%	8.3%
Nevada	9.1%	9.4%	7.1%	7.3%	8.1%
United States*	7.5%	7.5%	5.6%	5.5%	5.5%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 131: Percent of adults who never visited a doctor for a routine checkup, Washoe County, 2020		
Total	Washoe County	1.4%
Sex	Female	0.5%
	Male	2.3%
Age	18 – 24 years	0.0%
	25 – 34 years	1.0%
	35 – 44 years	3.3%
	45 – 54 years	1.9%
	55 – 64 years	1.7%
	65 years or older	0.4%
Race/Ethnicity	White	0.4%
	Black	0.0%
	AI/AN	~
	Asian	0.0%
	NH/OPI	~
	Other race	~
	Hispanic	5.2%
Education	High school or less	2.9%
	Some college	0.3%
	College grad or higher	0.6%
Income	Less Than $25,000	2.4%
	$25,000 to $34,999	5.8%
	$35,000 to $49,999	2.2%
	$50,000 to $74,999	0.0%
	$75,000 or more	0.0%
Source: Nevada 2020 BRFSS		

Table 132: Percent of adults who never visited a doctor for a routine checkup, Washoe County, Nevada, and United Stated, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	2.1%	1.1%	0.7%	1.8%	1.4%
Nevada	1.6%	2.1%	0.8%	1.2%	0.7%
United States*	1.0%	1.1%	0.7%	0.7%	0.6%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 133: Percent of middle school students who visited a dentist within the past 12 months, Washoe County, 2019		
Total	Washoe County	71.6%
Sex	Female	73.8%
	Male	70.2%
Age	11 years or younger	72.6%
	12 years	73.6%
	13 years	71.2%
	14 years or older	70.1%
Grade	6th grade	73.3%
	7th grade	71.7%
	8th grade	71.4%
Race/Ethnicity	White	74.8%
	Black	72.2%
	AI/AN	75.7%
	Asian	71.9%
	NH/OPI	62.4%
	Other/Multiple race	67.8%
	Hispanic	69.0%
Source: Nevada 2019 YRBS		

Table 134: Percent of middle school students who visited a dentist within the past 12 months, Washoe County and Nevada, 2015-2019			
Region	**2015**	**2017**	**2019**
Washoe County	70.0%	70.5%	71.6%
Nevada	62.6%	65.3%	65.7%
Source: Nevada 2015, 2017, 2019 YRBS			

Table 135: Percent of high school students who visited a dentist within the past 12 months, Washoe County, 2019		
Total	Washoe County	74.7%
Sex	Female	76.0%
	Male	73.8%
Age	14 years or younger	72.5%
	15 years	79.2%
	16 years	73.9%
	17 years	73.9%
	18 years or older	71.0%
Grade	9th grade	78.1%
	10th grade	77.0%
	11th grade	72.9%
	12th grade	70.4%
Race/Ethnicity	White	83.4%
	Black	55.3%
	AI/AN	47.8%
	Asian	68.8%
	NH/OPI	67.0%
	Other/Multiple race	79.5%
	Hispanic	66.7%
Source: Nevada 2019 YRBS		

Table 136: Percent of high school students who visited a dentist within the past 12 months, Washoe County, Nevada, and United States, 2011-2019				
Region	**2013**	**2015**	**2017**	**2019**
Washoe County	69.2%	73.6%	75.4%	74.7%
Nevada	68.1%	69.7%	71.7%	70.8%
United States	~	74.4%	75.7%	75.9%
WC and NV Source: Nevada 2011, 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm				

Table 137: Percent of adults that have visited a dentist, dental hygienist or dental clinic within the past year, Washoe County, 2020		
Total	Washoe County	66.7%
Sex	Female	71.6%
	Male	61.8%
Age	18 - 24 years	65.2%
	25 - 34 years	61.9%
	35 - 44 years	53.9%
	45 - 54 years	69.6%
	55 - 64 years	66.8%
	65 years or older	78.9%
Race/Ethnicity	White	71.5%
	Black	46.0%
	AI/AN	~
	Asian	91.2%
	NH/OPI	~
	Other race	~
	Hispanic	53.9%
Education	High school or less	54.4%
	Some college	69.7%
	College grad or higher	78.3%
Income	Less than $25,000	40.2%
	$25,000 to $34,999	71.6%
	$35,000 to $49,999	63.7%
	$50,000 to $74,999	69.7%
	$75,000 or more	79.3%
Source: Nevada 2020 BRFSS		

Table 138: Percent of adults that have visited a dentist, dental hygienist or dental clinic within the past year, Washoe County, Nevada, and United States, 2012-2020					
Region	**2012**	**2014**	**2016**	**2018**	**2020**
Washoe County	64.8%	64.0%	65.4%	63.5%	66.7%
Nevada	60.8%	59.9%	60.4%	64.7%	60.8%
United States*	67.2%	65.3%	66.4%	67.6%	66.7%

WC Source: Nevada 2012, 2014, 2016, 2018, 2020 BRFSS
NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/
*All States and DC (median)

Table 139: Percent of seniors 65 years or older who have ever received a pneumonia vaccination, Washoe County, 2020		
Total	Washoe County	74.6%
Sex	Female	77.7%
	Male	70.4%
Race/Ethnicity	White	82.1%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	38.4%
Education	High school or less	74.4%
	Some college	68.0%
	College grad or higher	80.0%
Income	Less than $25,000	75.2%
	$25,000 to $34,999	69.5%
	$35,000 to $49,999	70.8%
	$50,000 to $74,999	79.7%
	$75,000 or more	74.1%
Source: Nevada 2020 BRFSS		

Table 140: Percent of seniors 65 years or older who have ever received a pneumonia vaccination, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	74.8%	81.0%	78.2%	81.5%	74.6%
Nevada	65.9%	70.7%	68.5%	67.0%	70.6%
United States*	73.4%	75.4%	73.6%	73.3%	72.2%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 141: Percent of seniors 65 years or older who received an influenza vaccination within the past year, Washoe County, 2020		
Total	Washoe County	65.8%
Sex	Female	64.4%
	Male	67.8%
Race/Ethnicity	White	69.2%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	58.4%
Education	High school or less	66.5%
	Some college	68.4%
	College grad or higher	63.0%
Income	Less than $25,000	69.9%
	$25,000 to $34,999	48.3%
	$35,000 to $49,999	57.5%
	$50,000 to $74,999	68.5%
	$75,000 or more	71.0%
Source: Nevada 2020 BRFSS		

Table 142: Percent of seniors 65 years or older who received an influenza vaccination within the past year, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	52.0%	56.4%	57.2%	67.1%	65.8%
Nevada	54.1%	57.6%	59.5%	61.1%	61.8%
United States*	58.6%	60.7%	55.3%	64.0%	67.9%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 143: Combined 7-vaccine series* coverage among children 19-35 months old, Washoe County, 2020		
Total	Washoe County	68.9%
Sex	Female	69.2%
	Male	68.7%
Race/Ethnicity	White	68.6%
	Black	45.7%
	AI/AN	47.6%
	Asian/PI	70.0%
	Other race	59.0%
	Hispanic	72.0%
	Unknown race	72.1%

Source: Nevada Department of Health and Human Services, Office of Analytics
*4 doses of DTaP (diphtheria, tetanus, pertussis); 3 doses of polio; 1 dose of MMR (measles, mumps, rubella); 3 doses of Hib; 3 doses of Hepatitis B; 1 dose of varicella; 4 doses of pneumococcal

Table 144: Combined 7-vaccine series* coverage among children 19-35 months old, Washoe County, Nevada, and United States, 2016- 2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	68.9%	66.0%	67.0%	67.2%	68.9%
Nevada	58.9%	57.3%	60.7%	55.4%	54.1%
United States	70.7%	70.4%	~	~	~

Source: Nevada Department of Health and Human Services, Office of Analytics *4 doses of DTaP (diphtheria, tetanus, pertussis); 3 doses of polio; 1 dose of MMR (measles, mumps, rubella); 3 doses of Hib; 3 doses of Hepatitis B; 1 dose of varicella; 4 doses of pneumococcal

Table 145: Percent of females 50-74 years who received a mammogram within the past 2 years, Washoe County, 2020		
Total	Washoe County	77.5%
Sex	Female	77.5%
	Male	N/A
Age	45 - 54 years	73.8%
	55 - 64 years	82.8%
	65+ years	73.2%
Race/Ethnicity	White	76.7%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	74.3%
Education	High school or less	72.0%
	Some college	83.2%
	College grad or higher	75.7%
Income	Less than $25,000	85.8%
	$25,000 to $34,999	54.8%
	$35,000 to $49,999	83.8%
	$50,000 to $74,999	93.7%
	$75,000 or more	74.0%
Source: Nevada 2020 BRFSS		

Table 146: Percent of females 50-74 years old who received a mammogram within the past 2 years, Washoe County, Nevada, and United States, 2014, 2016, 2018, and 2020				
Region	**2014**	**2016**	**2018**	**2020**
Washoe County	72.1%	69.4%	70.9%	77.5%
Nevada	72.1%	73.3%	72.4%	76.8%
United States*	78.1%	77.6%	78.3%	78.3%
WC Source: Nevada 2012, 2014, 2016, 2018, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)				

Table 147: Percent of females 21-65 years old who received a pap smear within the last 3 years, Washoe County, 2020		
Total	Washoe County	77.4%
Sex	Female	77.4%
	Male	N/A
Age	21 - 24 years	50.3%
	25 - 34 years	87.1%
	35 - 44 years	80.9%
	45 - 54 years	81.6%
	55 - 64 years	77.9%
	65 years	~
Race/Ethnicity	White	79.2%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	74.3%
Education	High school or less	67.0%
	Some college	77.2%
	College grad or higher	89.1%
Income	Less than $25,000	75.6%
	$25,000 to $34,999	54.9%
	$35,000 to $49,999	67.5%
	$50,000 to $74,999	86.8%
	$75,000 or more	87.8%
Source: Nevada 2020 BRFSS		

Table 148: Percent of females 21-65 years old who received a pap smear within the last 3 years, Washoe County, Nevada, and United States, 2014-2020				
Region	**2014**	**2016**	**2018**	**2020**
Washoe County	76.6%	76.7%	80.3%	77.4%
Nevada	78.1%	74.8%	78.9%	76.0%
United States*	82.6%	79.8%	80.2%	77.7%
WC Source: Nevada 2012, 2014, 2016, 2018, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)				

Table 149: Percent of adults 50-75 years that met the USPSTF colorectal screening recommendation, Washoe County, 2020		
Total	Washoe	86.8%
Sex	Female	89.9%
	Male	82.7%
Age	45-54 years	83.2%
	55-64 years	96.3%
	65 years or older	82.2%
Race/Ethnicity	White	85.8%
	Black	~
	Other race	89.1%
	Hispanic	83.6%
Source: Nevada 2020 BRFSS		

Table 150: Percent of adults 50-75 years that met the USPSTF colorectal screening recommendation, Washoe County, Nevada, and United States, 2015, 2016, 2018, 2019, and 2020					
Region	**2015**	**2016**	**2018**	**2019**	**2020**
Washoe County	48.2%	47.4%	44.9%	~	83.2%
Nevada	34.7%	43.0%	41.1%	~	93.1%
United States*	80.1%	80.1%	80.7%	83.2%	89.8%
WC and NV Source: Nevada 2015, 2016, 2018, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Table 151: Percent of males 40 years or older who received a PSA test within the past 2 years, Washoe County, 2020		
Total	Washoe County	31.7%
Sex	Female	N/A
	Male	31.7%
Age	40 - 44 years	7.8%
	45 - 54 years	35.0%
	55 - 64 years	26.1%
	65 years or older	49.4%
Race/Ethnicity	White	35.1%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	27.9%
Education	High school or less	17.4%
	Some college	33.5%
	College grad or higher	42.8%
Income	Less than $25,000	21.8%
	$25,000 to $34,999	39.4%
	$35,000 to $49,999	11.4%
	$50,000 to $74,999	26.2%
	$75,000 or more	43.6%
Source: Nevada 2020 BRFSS		

Table 152: Percent of males 40 years or older who received a PSA test within the past 2 years, Washoe County, Nevada, and United States, 2012, 2014, 2016, 2018, 2020					
Region	**2012**	**2014**	**2016**	**2018**	**2020**
Washoe County	47.7%	43.5%	41.2%	29.8%	31.7%
Nevada	48.8%	41.2%	39.5%	29.5%	29.5%
United States*	45.2%	42.8%	39.5%	33.2%	31.8%
WC Source: Nevada 2012, 2014, 2016, 2018, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)					

Maternal & Child Health

Table 153: Percent of children under 18 years living in single-parent households, Washoe County, Nevada, and United States, 2015-2019			
Year	**Washoe County**	**Nevada**	**United States**
2015	38.5%	39.4%	34.9%
2016	31.9%	37.9%	34.7%
2017	29.4%	36.8%	34.4%
2018	34.5%	39.5%	34.5%
2019	32.9%	39.0%	34.5%
Source: U.S. Census, American Community Survey -1 year estimates (2015-2019)-TABLE C23008 - age of own children under 18 years in families and subfamilies by living arrangements by employment status of parents			

Table 154: Percent of births under 2,500 grams (low-birth weight), Washoe County, 2020		
Total	Washoe County	8.5%
Race/Ethnicity**	White	7.8%
	Black	11.3%
	AI/AN	7.7%
	Asian	12.9%
	Other*	0.0%
	Hispanic	8.0%
Source: Washoe County Health District Vital Statistics *Includes Native Hawaiian/Pacific Islanders **R/E is of the mother; 2 (0.5%) of low-birth weight births had unknown R/E and are not included		

Table 155: Percent of births under 2,500 grams (low-birth weight), Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	7.7%	8.4%	8.2%
2017	8.1%	9.1%	8.3%
2018	8.7%	8.7%	8.3%
2019	7.9%	8.8%	8.3%
2020	8.5%	9.0%	8.2%
WC & NV Source: Washoe County Health District Vital Statistics U.S. Source: US Department of Health and Human Services, National Vital Statistics Reports (2017-2020) https://www.cdc.gov/nchs/nvss/index.htm			

Table 156: Percent of live births that were preterm (less than 37 completed weeks of gestation) among females aged 15-44, Washoe County, 2020		
Total	Washoe County	10.8%
Race/Ethnicity**	White	9.5%
	Black	9.1%
	AI/AN	15.8%
	Asian	14.2%
	Other*	0.0%
	Hispanic	11.9%

Source: Washoe County Health District Vital Statistics
*Includes Native Hawaiian/Pacific Islanders
** R/E is of the mother; 2 (0.4%) were unknown R/E and not included

Table 157: Percent of live births that were preterm (less than 37 completed weeks of gestation) among females aged 15-44, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	9.3%	10.3%	9.8%
2017	9.5%	10.6%	9.9%
2018	9.6%	10.0%	10.0%
2019	10.0%	10.6%	10.2%
2020	10.8%	10.6%	10.1%

WC & NV Source: Washoe County Health District Vital Statistics
U.S. Source: US Department of Health and Human Services, National Vital Statistics Reports (2016-2020) https://www.cdc.gov/nchs/nvss/index.htm

Note: In a previous version of this assessment, tables 158 and 159 contained invalid data, and subsequently were removed.

Table 160: Percent of women who received prenatal care in their first trimester of pregnancy, Washoe County, 2020		
Total	Washoe County	71.8%
Race/Ethnicity of the Mother	White	79.2%
	Black	64.3%
	AI/AN	53.5%
	Asian	67.6%
	Other, non-Hispanic*	75.0%
	Hispanic	69.3%

Source: Washoe County Health District Vital Statistics
*Includes Native Hawaiian/Pacific Islanders
Note: 15 (0.4%) were unknown R/E and not included

Table 161: Percent of women who received prenatal care in their first trimester of pregnancy, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	65.8%	68.5%	77.1%
2017	61.1%	68.7%	77.3%
2018	58.8%	71.5%	77.5%
2019	62.7%	69.5%	77.6%
2020	71.8%	74.4%	77.7%

WC & NV Source: Washoe County Health District Vital Statistics
U.S. Source: US Department of Health and Human Services, National Vital Statistics Reports (2017-2020)
https://www.cdc.gov/nchs/nvss/index.htm

Table 162: Percent of high school students that did not use any method to prevent pregnancy last sexual intercourse (among students who were sexually active), Washoe County, 2019		
Total	Washoe County	11.3%
Sex	Female	13.1%
	Male	9.7%
Age	14 years or younger	0.0%
	15 years	8.4%
	16 years	11.8%
	17 years	9.6%
	18 years or older	18.1%
Grade	9th grade	0.0%
	10th grade	10.3%
	11th grade	13.1%
	12th grade	13.2%
Race/Ethnicity	White	9.6%
	Black	22.5%
	AI/AN	0.0%
	Asian	0.0%
	NH/OPI	0.0%
	Other/Multiple race	4.4%
	Hispanic	15.8%

Source: Nevada 2019 YRBS
Note: Due to small cell size, caution against group comparisons.

Table 163: Percent of high school students that did not use any method to prevent pregnancy last sexual intercourse (among students who were sexually active), Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	18.7%	18.0%	13.7%
2015	12.2%	12.4%	13.8%
2017	16.7%	16.8%	13.8%
2019	11.3%	15.3%	11.9%

WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm

Table 164: Rate of live births among women aged 15-19 years per 1,000 females aged 15-19 years population, Washoe County, 2020		
Total	Washoe County	15.4
Race/Ethnicity of the Mother	White	9.3
	Black	37.3
	AI/AN	20.2
	Asian/NH/OPI	4.1
	Hispanic	23.5

Source: Washoe County Health District Vital Statistics

Table 165: Rate of live births among women aged 15-19 years per 1,000 females aged 15-19 years population, Washoe County, Nevada, and United States, 2016-2020

Year	Washoe County	Nevada	United States
2016	21.7	22.6	20.3
2017	18.5	20.4	18.8
2018	18.2	19.0	17.4
2019	15.4	17.6	16.7
2020	15.4	15.6	15.4

WC & NV Source: Washoe County Health District Vital Statistics
U.S. Source: US Department of Health and Human Services, National Vital Statistics Reports (2017-2020) https://www.cdc.gov/nchs/nvss/index.htm

Infectious Diseases

Table 166: Rate of reported cases of salmonellosis per 100,000 population, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	6.9
Sex	Female	7.5
	Male	6.1
Age	Less than 1 year	28.5
	1-9 years	8.6
	10-19 years	4.2
	20-29 years	7.5
	30-39 years	5.7
	40-49 years	6.2
	50-59 years	5.1
	60 years or older	7.8
Race/Ethnicity	White	7.1
	Black	6.9
	AI/AN	5.4
	Asian/Pacific Islander	3.8
	Hispanic	5.3
Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020		

Table 167: Rate of reported cases of salmonellosis per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	6.9	5.7	16.7
2017	6.2	7.1	16.7
2018	9.6	8.3	18.6
2019	6.5	8.0	17.8
2020	5.3	~	~
WC Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020 Nevada and U.S. Source: Nationally Notifiable Infectious Diseases and Conditions, 2016-2020			

Table 168: Rate of reported cases of tuberculosis per 100,000 population, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	1.9
Sex	Female	1.8
	Male	2.0
Age	1-9 years	0.4
	10-19 years	0.0
	20-29 years	2.2
	30-39 years	1.3
	40-49 years	2.9
	50-59 years	2.1
	60 years or older	3.4
Race/Ethnicity	White	0.5
	Black	3.4
	AI/AN	2.7
	Asian/Pacific Islander	13.8
	Hispanic	1.9
Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020		

Table 169: Rate of reported cases of tuberculosis per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	1.3	1.9	2.9
2017	3.8	2.7	2.8
2018	2.0	2.3	2.8
2019	1.7	1.7	2.7
2020	0.9	1.8	2.2
WC Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020 Nevada and U.S. Source: TB Incidence in the United States, 1953-2020			

Table 170: Rate of reported influenza hospitalizations per 100,000 population, Washoe County, 2020-2021 influenza season		
Total	Washoe County	2.3
Sex	Female	1.3
	Male	3.4
Age	Less than 1 year	0.0
	1-9 years	0.0
	10-19 years	0.0
	20-29 years	1.5
	30-39 years	1.5
	40-49 years	0.0
	50-59 years	1.7
	60 years or older	7.6
Race/Ethnicity	White	2.7
	Black	0.0
	AI/AN	0.0
	Asian/Pacific Islander	3.0
	Hispanic	1.6
Source: Washoe County Health District Influenza Report 2020-2021		

Table 171: Rate of reported influenza hospitalizations per 100,000 population, Washoe County, Nevada, and United States, 2016-2020 influenza seasons			
Season	**Washoe County**	**Nevada**	**United States**
2016-2017	70.6	18.4	62.0
2017-2018	119.7	58.5	102.9
2018-2019	68.5	41.9*	63.6
2019-2020	58.2	54.7	66.1
2020-2021	2.4	2.1	8.9
WC Source: Washoe County Health District Influenza Report 2016, 2017, 2018, 2019, 2020 NV Source: DPBH Influenza Weekly Reports 2016, 2017, 2018, 2019, 2020 U.S. Source: Flu View Interactive Laboratory-Confirmed Influenza Hospitalizations, 2016-2020 *Nevada only reported flu hospitalizations up to week 14 of the 2018-2019 flu season.			

Table 172: Rate of reported cases of HIV per 100,000 population, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	6.6
Sex	Female	1.1
	Male	12.2
Age	0-9 years	0.0
	10-14 years	0.0
	15-19 years	3.9
	20-24 years	15.8
	25-29 years	26.1
	30-34 years	11.8
	35-39 years	5.8
	40-44 years	4.3
	45-54 years	2.0
	55 years or older	1.0
Race/Ethnicity	White	8.4
	Black	32.8
	AI/AN	10.9
	Asian/Pacific Islander	0.6
	Hispanic	0.2
Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020		

Table 173: Rate of reported cases of HIV per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	7.8	17.9	12.2
2017	4.9	16.3	11.8
2018	5.9	16.7	11.5
2019	8.0	16.5	11.1
2020	6.6	11.8	~
WC Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020 NV Source: DPBH HIV/AIDS Surveillance Reports 2016, 2017, 2018, 2019, 2020 U.S. Source: Diagnoses of HIV Infection in the United States and Selected Characterizations, 2015-2019			

Table 174: Rate of reported cases of stage 3 HIV infections (formerly known as AIDS) per 100,000 population, Washoe County, 2016-2020 aggregate data		
Total	Washoe County	2.8
Sex	Female	0.6
	Male	4.9
Age	0-9 years	0.0
	10-14 years	0.0
	15-19 years	0.0
	20-24 years	3.2
	25-29 years	5.0
	30-34 years	5.2
	35-39 years	3.6
	40-44 years	4.6
	45-54 years	3.1
	55 years or older	2.4
Race/Ethnicity	White	3.4
	Black	10.3
	AI/AN	0.0
	Asian/Pacific Islander	1.9
	Hispanic	0.0
Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020		

Table 175: Rate of reported cases of stage 3 HIV infection (formerly known as AIDS) per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	3.1	7.9	5.1
2017	2.9	5.9	6.0
2018	3.0	6.5	6.2
2019	2.6	6.0	6.5
2020	2.3	4.6	6.8*

WC Source: Washoe County Health District Annual Communicable Disease Report 2016, 2017, 2018, 2019, 2020
NV Source: DPBH HIV/AIDS Surveillance Reports 2016, 2017, 2018, 2019, 2020
U.S. Source: NCHHSTP AtlasPlus. AIDS Classifications, 2016-2020
*Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state/local jurisdictions.

Table 176: Rate of reported cases of chlamydia per 100,000 population, Washoe County, 2020		
Total	Washoe County	533.9
Sex	Female	659.6
	Male	409.3
Age	0-9 years	0.0
	10-14 years	47.5
	15-19 years	1605.1
	20-24 years	2786.4
	25-29 years	1483.4
	30-34 years	790.5
	35-39 years	398.7
	40-44 years	213.5
	45-54 years	142.5
	55-64 years	38.4
	65 years or older	7.9
Race/Ethnicity	White	331.0
	Black	1828.5
	AI/AN	525.9
	Asian/Pacific Islander	178.8
	Hispanic	537.8
Source: Nevada STD Fast Facts 2020		

Table 177: Rate of reported cases of chlamydia per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	493.0	504.6	494.7
2017	551.9	544.7	524.6
2018	594.5	577.5	537.5
2019	573.9	574.8	522.8
2020	533.9	465.6	~
Washoe County and NV Source: Nevada STD Fast Facts 2016, 2017, 2018, 2019, 2020 U.S. Source: Sexually Transmitted Diseases-Reported Cases and Rates of Reported Cases, United States, 1941-2019			

Table 178: Rate of reported cases of primary and secondary syphilis per 100,000 population, Washoe County, 2020		
Total	Washoe County	27.9
Sex	Female	43.1
	Male	12.7
Age	0-9 years	0.0
	10-14 years	0.0
	15-19 years	12.0
	20-24 years	41.6
	25-29 years	83.7
	30-34 years	82.1
	35-39 years	33.7
	40-44 years	34.4
	45-54 years	48.1
	55 years or older	8.9
Race/Ethnicity	White	21.2
	Black	88.6
	AI/AN	27.0
	Asian/Pacific Islander	2.9
	Hispanic	9.8
Source: Nevada STD Fast Facts 2020		

Table 179: Rate of reported cases of primary and secondary syphilis per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	7.4	15.3	8.6
2017	12.6	19.7	9.4
2018	24.3	22.5	10.7
2019	34.5	26.1	11.9
2020	27.9	24.2	~
Washoe County and NV Source: Nevada STD Fast Facts 2016, 2017, 2018, 2019, 2020 U.S. Source: Sexually Transmitted Diseases-Reported Cases and Rates of Reported Cases, United States, 1941-2019			

Table 180: Rate of reported cases of gonorrhea per 100,000 population, Washoe County, 2020		
Total	Washoe County	237.7
Sex	Female	192.4
	Male	282.6
Age	0-9 years	1.7
	10-14 years	12.7
	15-19 years	298.1
	20-24 years	731.5
	25-29 years	652.0
	30-34 years	589.8
	35-39 years	401.8
	40-44 years	361.6
	45-54 years	155.0
	55 years or older	34.9
Race/Ethnicity	White	179.6
	Black	1184.1
	AI/AN	175.3
	Asian/Pacific Islander	32.1
	Hispanic	199.6
Source: Nevada STD Fast Facts 2020		

Table 181: Rate of reported cases of gonorrhea per 100,000 population, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	134.0	151.0	145.0
2017	163.5	184.9	170.6
2018	201.3	213.6	178.3
2019	185.5	210.2	188.4
2020	237.7	201.0	~
Washoe County and NV Source: Nevada STD Fast Facts 2016, 2017, 2018, 2019, 2020 U.S. Source: Sexually Transmitted Diseases-Reported Cases and Rates of Reported Cases, United States, 1941-2019			

Mental Health

Table 182: Percent of middle school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey, Washoe County, 2019		
Total	Washoe County	32.4%
Sex	Female	44.4%
	Male	20.8%
Age	11 years or younger	27.0%
	12 years	30.6%
	13 years	31.4%
	14 years or older	38.8%
Grade	6th grade	29.8%
	7th grade	29.9%
	8th grade	35.7%
Race/Ethnicity	White	32.6%
	Black	16.9%
	AI/AN	17.1%
	Asian	21.9%
	NH/OPI	36.5%
	Other/Multiple race	45.1%
	Hispanic	33.0%
Source: Nevada 2019 YRBS		

Table 183: Percent of middle school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey, Washoe County and Nevada, 2019		
Year	**Washoe County**	**Nevada**
2019	32.4%	34.4%
Source: Nevada 2019 YRBS		

Table 184: Percent of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey (so that they stopped doing some usual activities), Washoe County, 2019		
Total	Washoe County	40.2%
Sex	Female	48.8%
	Male	32.2%
Age	14 years or younger	33.9%
	15 years	40.3%
	16 years	39.3%
	17 years	44.8%
	18 years or older	42.2%
Grade	9th grade	36.0%
	10th grade	39.7%
	11th grade	41.1%
	12th grade	45.1%
Race/Ethnicity	White	38.6%
	Black	28.8%
	AI/AN	60.3%
	Asian	40.5%
	NH/OPI	40.1%
	Other/Multiple race	48.3%
	Hispanic	40.9%
Source: Nevada 2019 YRBS		

Table 185: Percent of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey (so that they stopped doing some usual activities), Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	34.0%	31.7%	29.9%
2015	33.5%	34.5%	29.9%
2017	36.6%	34.6%	31.5%
2019	40.2%	40.7%	36.7%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 186: Percent of adults reporting mental health "not good" for 14+ days in the past 30 days, Washoe County, 2020		
Total	Washoe County	14.7%
Sex	Female	14.2%
	Male	15.2%
Age	18 – 24 years	26.8%
	25 – 34 years	18.4%
	35 – 44 years	16.8%
	45 – 54 years	8.8%
	55 – 64 years	14.1%
	65 years or older	8.8%
Race/Ethnicity	White	17.4%
	Black	~
	AI/AN	~
	Asian	14.9%
	NH/OPI	~
	Other race	~
	Hispanic	10.4%
Education	High school or less	15.3%
	Some college	19.4%
	College grad or higher	9.4%
Income	Less than $25,000	21.2%
	$25,000 to $34,999	20.5%
	$35,000 to $49,999	17.2%
	$50,000 to $74,999	16.9%
	$75,000 or more	11.0%
Source: Nevada 2020 BRFSS		

Table 187: Percent of adults reporting mental health "not good" for 14+ days in the past 30 days, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States**
2016	14.1%	14.2%	11.7%
2017	12.5%	11.7%	12.0%
2018	15.6%	13.1%	12.4%
2019	13.6%	14.9%	13.8%
2020	14.7%	17.3%	13.2%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: America's Health Rankings Annual Report https://www.americashealthrankings.org/explore/annual/measure/mental_distress/state/ALL			

Table 188: Percent of middle school students who tried killing themselves during the 12 months before the survey, Washoe County, 2019		
Total	Washoe County	6.0%
Sex	Female	8.1%
	Male	4.0%
Age	11 years or younger	1.2%
	12 years	6.5%
	13 years	5.5%
	14 years or older	8.0%
Grade	6th grade	3.4%
	7th grade	6.9%
	8th grade	6.1%
Race/Ethnicity	White	5.4%
	Black	2.6%
	AI/AN	2.2%
	Asian	12.0%
	NH/OPI	14.3%
	Other/Multiple race	12.2%
	Hispanic	5.1%
Source: Nevada 2019 YRBS		

Table 189: Percent of middle school students who tried killing themselves during the 12 months before the survey, Washoe County and Nevada, 2019		
Year	**Washoe County**	**Nevada**
2019	6.0%	8.1%
Source: Nevada 2019 YRBS		

Table 190: Percent of high school students who tried killing themselves during the 12 months before the survey, Washoe County, 2019		
Total	Washoe County	9.9%
Sex	Female	10.8%
	Male	8.4%
Age	14 years or younger	9.2%
	15 years	14.0%
	16 years	7.3%
	17 years	10.7%
	18 years or older	5.3%
Grade	9th grade	11.2%
	10th grade	10.7%
	11th grade	9.6%
	12th grade	7.4%
Race/Ethnicity	White	8.9%
	Black	5.7%
	AI/AN	37.2%
	Asian	13.0%
	NH/OPI	17.1%
	Other/Multiple race	15.5%
	Hispanic	9.1%
Source: Nevada 2019 YRBS Note: Due to small cell size, caution against group comparisons		

Table 191: Percent of high school students who tried killing themselves during the 12 months before the survey, Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	13.7%	11.8%	8.0%
2015	11.7%	9.8%	8.6%
2017	8.9%	8.5%	7.4%
2019	9.9%	8.9%	8.9%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Crime & Violent-Related Behaviors

Table 192: Percent of middle school students electronically bullied (during the 12 months before the survey), Washoe County, 2019		
Total	Washoe County	16.8%
Sex	Female	22.6%
	Male	11.1%
Age	11 years or younger	12.1%
	12 years	18.3%
	13 years	15.7%
	14 years or older	18.3%
Grade	6th grade	15.8%
	7th grade	17.9%
	8th grade	15.9%
Race/Ethnicity	White	20.6%
	Black	14.1%
	AI/AN	20.0%
	Asian	9.0%
	NH/OPI	17.6%
	Other/Multiple race	26.6%
	Hispanic	12.4%
Source: Nevada 2019 YRBS		

Table 193: Percent of middle school students electronically bullied (during the 12 months before the survey), Washoe County and Nevada, 2017 and 2019		
Year	**Washoe County**	**Nevada**
2017	15.3%	14.0%
2019	16.8%	12.3%
Source: Nevada 2017, 2019 YRBS		

Table 194: Percent of high school students electronically bullied (during the 12 months before the survey), Washoe County, 2019		
Total	Washoe County	15.0%
Sex	Female	17.6%
	Male	12.5%
Age	14 years or younger	18.6%
	15 years	15.9%
	16 years	13.4%
	17 years	15.7%
	18 years or older	10.7%
Grade	9th grade	19.3%
	10th grade	12.3%
	11th grade	16.0%
	12th grade	12.2%
Race/Ethnicity	White	18.2%
	Black	23.8%
	AI/AN	26.6%
	Asian	14.8%
	NH/OPI	23.1%
	Other/Multiple race	13.6%
	Hispanic	10.5%
Source: Nevada 2019 YRBS		

Table 195: Percent of high school students electronically bullied (during the 12 months before the survey), Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	16.9%	15.0%	14.8%
2015	16.8%	13.8%	15.5%
2017	18.4%	13.1%	14.9%
2019	15.0%	10.9%	15.7%
WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm			

Table 196: Percent of high school students who experienced sexual dating violence during the 12 months before the survey*, Washoe County, 2019		
Total	Washoe County	13.4%
Sex	Female	19.8%
	Male	7.4%
Age	14 years or younger	14.4%
	15 years	13.8%
	16 years	13.0%
	17 years	12.3%
	18 years or older	15.3%
Grade	9th grade	13.3%
	10th grade	13.0%
	11th grade	12.2%
	12th grade	15.3%
Race/Ethnicity	White	13.9%
	Black	15.8%
	AI/AN	22.1%
	Asian	15.1%
	NH/OPI	23.0%
	Other/Multiple race	5.7%
	Hispanic	13.1%

Source: Nevada 2019 YRBS
*Among students who dated or went out with someone during the 12 months before the survey.

Table 197: Percent of high school students who experienced sexual dating violence during the 12 months before the survey*, Washoe County, Nevada, and United States, 2015-2019			
Year	**Washoe County**	**Nevada**	**United States**
2015	12.1%	11.2%	10.6%
2017	7.8%	5.7%	6.9%
2019	13.4%	12.6%	8.2%

WC and NV Source: Nevada 2015, 2017, 2019 YRBS
U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
*Among students who dated or went out with someone during the 12 months before the survey.

Table 198: Percent of high school students who experienced physical dating violence during the 12 months before the survey*, Washoe County, 2019		
Total	Washoe County	7.3%
Sex	Female	7.8%
	Male	6.7%
Age	14 years or younger	1.7%
	15 years	9.5%
	16 years	8.1%
	17 years	7.5%
	18 years or older	6.8%
Grade	9th grade	7.2%
	10th grade	7.0%
	11th grade	8.1%
	12th grade	6.9%
Race/Ethnicity	White	9.0%
	Black	8.3%
	AI/AN	22.1%
	Asian	16.9%
	NH/OPI	6.1%
	Other/Multiple race	7.1%
	Hispanic	4.7%

Source: Nevada 2019 YRBS
*Among students who dated or went out with someone during the 12 months before the survey.
Note: Due to small cell size, caution against group comparisons.

Table 199: Percent of high school students who experienced physical dating violence during the 12 months before the survey*, Washoe County, Nevada, and United States, 2013-2019			
Year	**Washoe County**	**Nevada**	**United States**
2013	12.8%	10.3%	10.3%
2015	10.8%	9.9%	9.6%
2017	7.8%	7.9%	8.0%
2019	7.3%	7.0%	8.2%

WC and NV Source: Nevada 2013, 2015, 2017, 2019 YRBS
U.S. Source: https://www.cdc.gov/healthyyouth/data/yrbs/results.htm
*Among students who dated or went out with someone during the 12 months before the survey.

Table 200: Number of reported violent crime offenses (murder, rape, robbery, and aggravated assault) per 100,000 population, Washoe County, Nevada, and United States, 2017-2019			
Year	**Washoe County**	**Nevada**	**United States****
2017	~	560.6	394.9
2018	~	552.1	383.4
2019	443.7*	493.8	379.4

Source: Uniform Crime Reporting – FBI
*Because of changes in the state/local agency's reporting practices, data are not comparable to previous years' data.
** The FBI includes estimated crime numbers.

Table 201: Firearm fatalities* per 100,000 population, Washoe County, Nevada, and United States, 2016-2020

Year	Washoe County	Nevada	United States
2016	19.2	17.0	12.1
2017	16.1	17.0	12.3
2018	14.2	18.2	12.2
2019	17.8	16.0	12.2
2020	15.3	17.5	13.8

Source: CDC, National Center for Health Statistics

*Causes of death attributable to firearm mortality include ICD-10 Codes W32-W34, Accidental discharge of firearm; Codes X72-X74, Intentional self-harm by firearm; X93-X95, Assault by firearm; Y22-Y24, Firearm discharge, undetermined intent; and Y35.

Chronic Diseases

Table 202: Incidence rate of breast cancer per 100,000 population, Washoe County, 2015-2019 aggregate data		
Age	Less than 1 year	0.0
	1-4 years	0.0
	5-9 years	0.0
	10-14 years	0.0
	15-19 years	0.0
	20-24 years	0.0
	25-29 years	3.1
	30-34 years	15.4
	35-39 years	30.5
	40-44 years	51.7
	45-49 years	111.0
	50-54 years	120.3
	55-59 years	152.4
	60-64 years	166.6
	65-69 years	271.1
	70-74 years	275.6
	75-79 years	299.9
	80-84 years	340.8
	85 years or older	256.7
Race/Ethnicity	White	80.3
	Black	68.0
	AI/AN	51.8
	Asian	59.9
	Hispanic	38.0
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019		

Table 203: Incidence rate of breast cancer per 100,000 population, Washoe County and Nevada, 2015-2019 aggregate data	
Region	**2015-2019**
Washoe	83.8
Nevada	66.0
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019	

Table 204: Incidence rate of cervical cancer per 100,000 population, Washoe County, 2015-2019 aggregate data		
Age	Less than 1 year	0.0
	1-4 years	0.0
	5-9 years	0.0
	10-14 years	0.0
	15-19 years	1.4
	20-24 years	2.6
	25-29 years	10.2
	30-34 years	10.0
	35-39 years	22.0
	40-44 years	23.8
	45-49 years	15.1
	50-54 years	12.4
	55-59 years	17.8
	60-64 years	5.4
	65-69 years	11.2
	70-74 years	10.3
	75-79 years	9.5
	80-84 years	22.1
	85 years or older	0.0
Race/Ethnicity	White	10.3
	Black	21.6
	AI/AN	22.8
	Asian	4.2
	Hispanic	5.6
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019		

Table 205: Incidence rate of cervical cancer per 100,000 population, Washoe County and Nevada, 2015-2019 aggregate data	
Region	**2015-2019**
Washoe	9.4
Nevada	8.8
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019	

Table 206: Incidence rate of prostate cancer per 100,000 population, Washoe County, 2015-2019 aggregate data		
Age	Less than 1 year	0.0
	1-4 years	0.0
	5-9 years	0.0
	10-14 years	0.0
	15-19 years	0.0
	20-24 years	0.0
	25-29 years	0.0
	30-34 years	0.0
	35-39 years	0.0
	40-44 years	0.0
	45-49 years	23.5
	50-54 years	87.4
	55-59 years	198.5
	60-64 years	410.9
	65-69 years	615.5
	70-74 years	689.6
	75-79 years	678.4
	80-84 years	629.7
	85 years or older	528.0
Race/Ethnicity	White	116.8
	Black	288.4
	AI/AN	132.1
	Asian	65.3
	Hispanic	65.2
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019		

Table 207: Incidence rates of prostate cancer per 100,000 population, Washoe County and Nevada, 2015-2019 aggregate data	
Region	**2015-2019**
Washoe	135.7
Nevada	107.3
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019	

Table 208: Incidence rate of lung cancer per 100,000 population, Washoe County, 2015-2019 aggregate data		
Sex	Female	48.4
	Male	53.4
Age	Less than 1 year	0.0
	1-4 years	0.0
	5-9 years	0.0
	10-14 years	0.0
	15-19 years	0.0
	20-24 years	0.6
	25-29 years	0.6
	30-34 years	0.6
	35-39 years	2.7
	40-44 years	4.4
	45-49 years	6.7
	50-54 years	30.7
	55-59 years	73.1
	60-64 years	118.2
	65-69 years	205.5
	70-74 years	287.3
	75-79 years	404.8
	80-84 years	448.3
	85 years and older	286.0
Race/Ethnicity	White	55.2
	Black	61.2
	AI/AN	50.4
	Asian	35.7
	Hispanic	17.3
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019		

Table 209: Incidence rate of lung cancer per 100,000 population, Washoe County and Nevada, 2015-2019 aggregate data	
Region	**2015-2022**
Washoe	59.4
Nevada	56.0
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019	

Table 210: Incidence rate of colorectal cancer per 100,000 population, Washoe County, 2015-2019 aggregate data		
Sex	Female	29.5
	Male	38.9
Age	Less than 1 year	0.0
	1-4 years	0.0
	5-9 years	0.0
	10-14 years	0.0
	15-19 years	0.7
	20-24 years	1.9
	25-29 years	3.1
	30-34 years	3.1
	35-39 years	7.5
	40-44 years	14.8
	45-49 years	33.5
	50-54 years	57.2
	55-59 years	59.3
	60-64 years	95.5
	65-69 years	111.4
	70-74 years	102.5
	75-79 years	144.9
	80-84 years	233.3
	85 years or older	237.2
Race/Ethnicity	White	35.5
	Black	35.9
	AI/AN	41.5
	Asian	33.8
	Hispanic	21.1
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019		

Table 211: Incidence rate of colorectal cancer per 100,000 population, Washoe County and Nevada, 2015-2019 aggregate data	
Region	**2015-2019**
Washoe	38.4
Nevada	39.9
Source: Nevada Central Cancer Registry, Nevada State Demographer 2015, 2016, 2017, 2018, 2019	

Table 212: Percent of adults who have had their cholesterol checked and have been told it was high, Washoe County, 2019		
Total	Washoe County	38.5%
Sex	Female	38.3%
	Male	38.8%
Age	18-24 years	7.1%
	25-34 years	15.9%
	35-44 years	32.2%
	45-54 years	42.9%
	55-64 years	48.3%
	65 years or older	56.3%
Race/Ethnicity	White	40.7%
	Black	56.8%
	AI/AN	~
	Asian	50.8%
	NH/OPI	~
	Other race	~
	Hispanic	27.7%
Education	High school or less	36.4%
	Some college	43.6%
	College grad or higher	34.2%
Income	Less than $25,000	38.6%
	$25,000 to $34,499	41.8%
	$35,000 to $49,999	41.8%
	$50,000 to $74,999	32.3%
	$75,000 or more	36.9%
Source: Nevada 2019 BRFSS		

Table 213: Percent of adults who have had their cholesterol checked and have been told it was high, Washoe County, Nevada, and United States, 2011-2019			
Year	**Washoe County**	**Nevada**	**United States***
2011	36.0%	37.3%	38.4%
2013	36.7%	38.6%	38.4%
2015	40.3%	36.7%	36.3%
2017	34.8%	33.1%	33.0%
2019	38.5%	34.1%	33.1%
WC Source: Nevada 2011, 2013, 2015, 2017, 2019 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)			

Table 214: Percent of adults who have been told their blood pressure is high by a health professional, Washoe County, 2019		
Total	Washoe County	30.1%
Sex	Female	29.3%
	Male	31.0%
Age	18-24 years	7.3%
	25-34 years	11.0%
	35-44 years	17.0%
	45-54 years	28.5%
	55-64 years	41.5%
	65 years or older	59.8%
Race/Ethnicity	White	34.1%
	Black	60.8%
	AI/AN	~
	Asian	26.1%
	NH/OPI	~
	Other race	~
	Hispanic	10.8%
Education	High school or less	26.7%
	Some college	37.4%
	College grad or higher	24.8%
Income	Less than $25,000	36.3%
	$25,000 to $34,499	23.6%
	$35,000 to $49,999	38.5%
	$50,000 to $74,999	28.5%
	$75,000 or more	26.6%
Source: Nevada 2019 BRFSS		

Table 215: Percent of adults who have been told their blood pressure is high by a health professional, Washoe County, Nevada, and United States, 2011-2019			
Year	**Washoe County**	**Nevada**	**United States***
2011	30.2%	30.8%	30.8%
2013	28.0%	30.6%	31.4%
2015	32.4%	28.3%	30.9%
2017	31.0%	32.7%	32.3%
2019	30.1%	32.8%	32.3%
WC Source: Nevada 2011, 2013, 2015, 2017, 2019 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)			

Table 216: Percent of adults who have ever been told by a doctor that they have diabetes, Washoe County, 2020		
Total	Washoe County	6.8%
Sex	Female	5.2%
	Male	8.2%
Age	18-24 years	0.0%
	25-34 years	1.7%
	35-44 years	3.4%
	45-54 years	1.2%
	55-64 years	10.8%
	65 years or older	17.4%
Race/Ethnicity	White	6.0%
	Black	~
	AI/AN	~
	Asian	~
	NH/OPI	~
	Other race	~
	Hispanic	11.8%
Education	High school or less	9.0%
	Some college	7.2%
	College grad or higher	3.5%
Income	Less than $25,000	8.9%
	$25,000 to $34,499	14.5%
	$35,000 to $49,999	8.2%
	$50,000 to $74,999	8.3%
	$75,000 or more	2.0%
Source: Nevada 2020 BRFSS		

Table 217: Percent of adults who have ever been told by a doctor that they have diabetes, Washoe County, Nevada, and United States, 2016-2020			
Year	**Washoe County**	**Nevada**	**United States***
2016	9.9%	11.1%	10.5%
2017	7.6%	10.4%	10.5%
2018	10.1%	10.8%	10.9%
2019	7.5%	10.9%	10.7%
2020	6.8%	11.1%	10.6%
WC Source: Nevada 2016, 2017, 2018, 2019, 2020 BRFSS NV and U.S. Source: https://www.cdc.gov/brfss/brfssprevalence/ *All States and DC (median)			

Mortality

Table 218: Alcohol induced mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	28.9
Sex	Female	15.7
	Male	41.9
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	~
	35-44 years	34.7
	45-54 years	40.4
	55-64 years	75.9
	65-74 years	52.6
	75-84 years	~
	85 years or older	~
Race/Ethnicity	White	35.7
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	16.5
Source: CDC Wonder		

Table 219: Alcohol induced mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	24.0	24.3	24.5	24.0	28.9
Nevada	16.0	17.1	18.2	17.7	22.8
United States	10.8	11.0	11.4	11.9	14.9
Source: CDC Wonder					

Table 220: Breast cancer mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	28.8
Sex	Female	28.8
	Male	Not applicable
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	~
	35-44 years	~
	45-54 years	~
	55-64 years	~
	65-74 years	79
	75-84 years	184.6
	85 years or older	~
Race/Ethnicity	White	37.5
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	~
Source: CDC Wonder		

Table 221: Breast cancer mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	29.3	22.3	23.4	23.1	28.8
Nevada	25.2	24.6	25.2	28.7	25.5
United States	25.3	25.4	25.6	25.4	25.3
Source: CDC Wonder					

Table 229: Mortality rate among infants <1 year of age per 1,000 live births, Washoe County, 2019		
Total	Washoe County	6.3
Sex	Female	4.7
	Male	7.9
Source: CDC Wonder		

Table 230: Mortality rate among infants <1 year of age per 1,000 live births, Washoe County, Nevada, and United States, 2015-2019					
Region	**2015**	**2016**	**2017**	**2018**	**2019**
Washoe County	5.1	6.5	6.5	6.3	6.3
Nevada	5.2	5.8	5.9	6.1	5.7
United States	5.9	5.9	5.8	5.7	5.6
Source: CDC Wonder					

Table 231: Top 3 causes of death among infants <1 year of age per 1,000 live births, Washoe County and Nevada, 2011-2019		
Causes of Death	**Washoe County**	**Nevada**
Congenital malformations, deformations and chromosomal abnormalities (Q00-Q99)	1.6	1.3
Disorders related to short gestation and low birth weight, not elsewhere classified (P07)	0.8	0.6
Sudden infant death syndrome (R95)	0.4	0.5
Source: CDC Wonder		

Table 222: Cervical cancer mortality rate per 100,000 females, Washoe County, 2020		
Total	Washoe County	869.3
Sex	Female	869.3
	Male	Not applicable
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	100.4
	35-44 years	141.2
	45-54 years	401.0
	55-64 years	722.3
	65-74 years	1527.6
	75-84 years	4174.7
	85 years or older	16358.8
Race/Ethnicity	White	1149.3
	Black	714.0
	AI/AN	1111.4
	Asian or Pacific Islander	576.8
	Hispanic	250.4
Source: CDC Wonder		

Table 223: Cervical cancer mortality rate per 100,000 females, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	811.7	772.5	728.9	753.3	869.3
Nevada	731.8	736.6	720.5	735.0	856.6
United States	819.3	831.4	831.6	829.0	965.1
Source: CDC Wonder					

Table 224: Mortality rate among children 0-19 years of age per 100,000 population, Washoe County, 2020		
Region	Washoe County	59.1
Sex	Female	42.4
	Male	74.9
Source: CDC Wonder		

Table 225: Mortality rate among children 0-19 years of age per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	58.9	52.1	52	61.1	59.1
Nevada	55.3	52.3	54.5	49.3	49.5
United States	53.0	51.9	50.2	49.4	50.5
Source: CDC Wonder					

Table 226: Top 5 causes of death among children 0-9 years of age, Washoe County and Nevada, 2012-2020		
Cause of Death	**Washoe County**	**Nevada**
Certain conditions originating in the perinatal period (P00-P96)	14.9	11.2
Accidents (unintentional injuries) (V01-X59, Y85-Y86)	9.2	10.6
Congenital malformations, deformations, and chromosomal abnormalities (Q00-Q99)	7.9	7.2
Intentional self-harm (suicide) (*U03,X60-X84,Y87.0)	4.8	3.8
Assault (homicide) (*U01-*U02, X85-Y09, Y87.1)	2.9	3.7
Malignant neoplasms (C00-C97)	~	2.1
Source: CDC Wonder		

Table 227: Colorectal cancer mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	11.9
Sex	Female	9.7
	Male	14.1
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	~
	35-44 years	~
	45-54 years	~
	55-64 years	~
	65-74 years	44.8
	75-84 years	~
	85 years or older	~
Race/Ethnicity	White	15.6
	Black	~
	AI/AN	~
	Asian/Pacific Islander	~
	Hispanic	~
Source: CDC Wonder		

Table 228: Colorectal cancer mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	20.3	19.3	12.9	10.6	11.9
Nevada	18.9	19.3	15.5	15.7	15.9
United States	16.4	16.4	16.2	16.1	16.1
Source: CDC Wonder					

Table 232: Lung cancer mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	34.6
Sex	Female	35.5
	Male	33.6
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	~
	35-44 years	~
	45-54 years	~
	55-64 years	42.0
	65-74 years	120.7
	75-84 years	205.2
	85 years or older	326.1
Race/Ethnicity	White	48.0
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	~
Source: CDC Wonder		

Table 233: Lung cancer mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	41.4	38.0	33.3	33.3	34.6
Nevada	43.1	43.8	39.3	40.7	39.9
United States	46.1	44.8	43.5	42.6	41.3
Source: CDC Wonder					

Table 234: Motor vehicle accident mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	10.5
Sex	Female	~
	Male	17.0
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	~
	35-44 years	~
	45-54 years	~
	55-64 years	~
	65-74 years	~
	75-84 years	~
	85 years or older	~
Race/Ethnicity	White	11.6
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	~
Source: CDC Wonder		

Table 235: Motor vehicle accident mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	10.8	8.7	8.6	6.8	10.5
Nevada	7.1	7.1	7.0	5.5	7.0
United States	6.9	6.9	6.8	6.7	7.0
Source: CDC Wonder					

Table 236: Prescription drug related mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	19.3
Sex	Female	12.8
	Male	25.8
Age	< 1 year	0.0
	1-4 years	0.0
	5-14 years	0.0
	15-24 years	29.2
	25-34 years	30.5
	35-44 years	31.1
	45-54 years	23.5
	55-64 years	~
	65-74 years	~
	75-84 years	~
	85 years or older	0.0
Race/Ethnicity	White	35.7
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	16.5
Source: Washoe County Health District Vital Statistics		

Table 237: Prescription drug related mortality rate per 100,000 population, Washoe County and Nevada, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	12.8	13.3	9.6	12.5	19.3
Nevada	11.7	12.6	11.1	10.8	16.7
Source: Washoe County Health District Vital Statistics					

Table 238: Prostate cancer mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	24.9
Sex	Female	NA
	Male	24.9
Age	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	~
	25-34 years	~
	35-44 years	~
	45-54 years	~
	55-64 years	~
	65-74 years	~
	75-84 years	210.1
	85 years or older	~
Race/Ethnicity	White	34.0
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	~
Source: CDC Wonder		

Table 239: Prostate cancer mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	16.2	21.6	19.6	17.2	24.9
Nevada	17.8	17.2	19.8	20.6	21.5
United States	19.1	19.0	19.5	19.6	20.2
Source: CDC Wonder					

Table 240: Intentional injury (suicide) mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	20.1
Sex	Female	8.9
	Male	31.1
Race/Ethnicity	White	28.1
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	~
Source: CDC Wonder		

Table 241: Intentional injury (suicide) mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	27.8	20.8	18.7	23.5	20.1
Nevada	22.1	20.9	21.7	20.8	19.2
United States	13.9	14.5	14.8	14.5	14.0
Source: CDC Wonder					

Table 242: Age-adjusted unintentional mortality rate per 100,000 population, Washoe County, 2020		
Total	Washoe County	68.4
Sex	Female	45.5
	Male	90.1
Age*	< 1 year	~
	1-4 years	~
	5-14 years	~
	15-24 years	60.0
	25-34 years	56.3
	35-44 years	71.0
	45-54 years	73.7
	55-64 years	88.8
	65-74 years	68.1
	75-84 years	188.5
	85+ years	581.4
Race/Ethnicity	White	74.8
	Black	~
	AI/AN	~
	Asian or Pacific Islander	~
	Hispanic	52.3
Source: CDC Wonder *Crude rates presented. Age-adjusted rates cannot be calculated when the data are grouped by Age Group, per CDC Wonder.		

Table 243: Age-adjusted unintentional mortality rate per 100,000 population, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	55.2	58.3	53.7	59.2	68.4
Nevada	46.0	47.8	48.4	44.1	53.5
United States	47.4	49.4	48.0	49.3	57.6
Source: CDC Wonder					

Table 244: Total mortality rate of top 10 causes of death by select demographics per 100,000 population, Washoe County, 2020		
Total	Washoe County	990.8
Sex	Female	869.3
	Male	1110.1
Race/Ethnicity	White	1281.1
	Black	779.7
	AI/AN	1220.9
	Asian or Pacific Islanders	641.3
	Hispanic	371.9
Source: CDC Wonder		

Table 245: Total mortality rate of top 10 causes of death by year, Washoe County, Nevada, and United States, 2016-2020					
Region	**2016**	**2017**	**2018**	**2019**	**2020**
Washoe County	896.4	858.7	826.0	844.3	990.8
Nevada	813.0	822.4	814.5	830.7	975.6
United States	849.3	863.8	867.8	869.7	1027.0
Source: CDC Wonder					

Table 246: Age-adjusted top causes of death per 100,000 Population, Washoe County, Nevada, 2020		
Cause of Death	**Washoe County**	**Nevada**
Diseases of heart (I00-I09, I11, I13, I20-I51)	183.1	201.3
Malignant neoplasms (C00-C97)	143.1	144.1
COVID-19 (U07.1)	80.3	88.4
Accidents (unintentional injuries) (V01-X59, Y85-Y86)	68.4	53.5
Cerebrovascular diseases (I60-I69)	53.6	40.3
Chronic lower respiratory diseases (J40-J47)	42.6	44.9
Diabetes mellitus (E10-E14)	23	24.2
Chronic liver disease and cirrhosis (K70, K73-K74)	17.1	15.2
Intentional self-harm (suicide) (*U03, X60-X84, Y87.0)	19.7	18.2
Alzheimer disease (G30)	18	28.7
Influenza and pneumonia (J09-J18)	10.7	13.6
Essential hypertension and hypertensive renal disease (I10, I12, I15)	10.8	10.4
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	9.9	8.9
Septicemia (A40-A41)	8.7	7.1
Parkinson disease (G20-G21)	8.4	~
Assault (homicide) (*U01-*U02, X85-Y09, Y87.1)	~	7.3
Source: CDC Wonder		

Assets

(Note that this addition is in relation to content on page 118 of this document)

Assets within the community which contribute to improvements in quality of life, as identified by focus group participants, include access to public lands and outdoor recreation, Reno and Sparks are communities with a smaller city atmosphere where community events have brought people together over shared interests and connected people who are new to the area with social networks. Several examples of community contribution were also mentioned including opportunities to volunteer and help others in need

Two sizeable assets in Washoe County. Washoe 3-1-1 (local) https://www.washoecounty.gov/311/ is both a website as well as a phone service to connect people to resources, navigate a knowledge database, submit a service request and help citizens navigate other non-emergency issues. Additionally, Nevada hosts a database called Nevada 211 https://www.nevada211.org/ which is a database or downloadable app to allow the user to search and be connected with a myriad of resources including housing and shelter, food, utility assistance, transportation and several other areas of need.

Additional information presented in this section is available throughout the assessment, within areas closely related to the topics of discussion, for example the maps in the Social Determinates of Health section illustrate both assets and gaps in the community in a geospatial manner. Walkability scores show much of the metropolitan core census block groups have a high walkability score, while the outlying suburban and rural areas in the county have a lower walkability score. The inverse pattern was observed for food swamps. Much of the inner-city metro region is inundated with a high proportion of unhealthy, fast food options, while the outer areas were more likely to have healthy options. However most of the population does not live within a ¼ mile of a grocery store, which would assist those with limited transportation options. The RTC bus routes cover much of the metropolitan areas. This, however, was mentioned by focus group participants as not a feasible alternative to individual vehicle use as the primary form of transportation due to several barriers including frequency of stops along routes and infrequent busses to outer areas resulting in long wait times, among others. One of the maps on parks and open space indicate 60% of the population in each respective census tract live within a 1/4 mile to a park or designated open-spaces, which does not include public lands, therefore access to places to recreate is available for most within walking distance of home.

9.0 APPENDICES

Focus Group and Key Informant Interview Questions

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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

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

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

Washoe County Community Health Needs Assessment Focus Group Questions

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

General Community Questions

2. What actions do you do each day, or try to do, to make sure you have a quality of life?
3. What criteria or conditions make an entire community healthy, what must exist in the community to make sure more people can have a quality of life?
    a. Do you believe these criteria or conditions are different for persons who identify as [CUSTOM INSERT]?
    b. If so, what criteria or conditions need to be addressed and how would that be done in a way that makes it better for people who identify as [INSERT CUSTOM GROUP]?
4. What do you believe are the 2-3 most important issues that must be addressed to improve health and quality of life in our community and why these issues?
    a. Do you perceive these top 2-3 most important issues to be different for persons who identify as [CUSTOM INSERT]?
    b. If so, how?

Family & Friends Questions

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

Group-specific Closing Question

7. In thinking about all the points that have been discussed how has identifying as a [CUSTOM INSERT] been most influential to your personal health and overall quality of life, either positively or negatively?

Non-specific Closing Question

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