2026

Community Health Needs Assessment

Renown HEALTH

NORTHERN NEVADA Public Health

Serving Reno, Sparks & Washoe County

Letter to Community

Dear Washoe County Community Members and Leaders,

The health of our region depends on how thoughtfully we listen and how intentionally we act. Renown Health and Northern Nevada Public Health are proud to present this 2026 Community Health Assessment, a comprehensive and data-driven reflection of the needs, strengths, and opportunities across Washoe County, Nevada.

This report represents the combined efforts of public health leadership and clinical expertise, grounded in both quantitative data and the lived experiences of members of our community. Through broad engagement and careful analysis, this report identifies health disparities, examines root causes, and highlights opportunities to improve well-being for individuals and families throughout our region.

The findings outlined in this report serve as a foundation for coordinated action across Washoe County, aligning priorities, resources, and strategies to address the most pressing health needs. Together, as the region's not-for-profit academic health system and public health authority, we are committed to advancing prevention, expanding access to high quality care, and ensuring our collective efforts lead to measurable and lasting impact through transparency and shared accountability.

This report is not the end of a process but the beginning of continued collaboration. Meaningful progress requires shared responsibility. We invite you to review the data, reflect on the findings, and join us in shaping solutions that reflect our community's priorities.

Together, we will turn insight into action and create a healthier future for all.

Brian Erling, MD, MBA
President and Chief Executive Officer
Renown Health

Chad Kingsley, MD
District Health Officer
Northern Nevada Public Health

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About Us

As the state's first not-for-profit academic health system, Renown Health is dedicated to transforming lives, strengthening communities, and providing care for all people across Nevada, Lake Tahoe and northeast California. Together with the University of Nevada, Reno School of Medicine, Renown Health improves health and lives through exceptional care, comprehensive education and training, and innovative research to ensure a healthier future for Nevada. The Renown Health network includes Renown Regional Medical Center, the region's only Level II Trauma Center and one of Nevada's largest hospitals, along with Renown South Meadows Medical Center, Renown Children's Hospital, and a comprehensive network of primary care, specialty care, and urgent care locations serving communities across northern Nevada. Renown's 10-year strategic plan that launched in 2025 comprises five imperatives, founded on clinical and operational excellence. These imperatives support our long-term aspiration to be the destination for care across our region, including: Academic Integration, Essential & Advanced Care, Not-for-Profit Mission, People First and Quality & Affordable Care.

Northern Nevada Public Health (NNPH) is nationally accredited by the Public Health Accreditation Board and has jurisdiction over all public health matters in Reno, Sparks, and Washoe County through the policy-making District Board of Health. NNPH consists of six divisions: Administrative Health Services, Air Quality Management, Community and Clinical Health Services, Office of the District Health Officer, Environmental Health Services, and Population Health. Through these divisions, NNPH works to prevent disease, promote healthy environments, strengthen emergency preparedness, and improve health outcomes for all residents across the region.

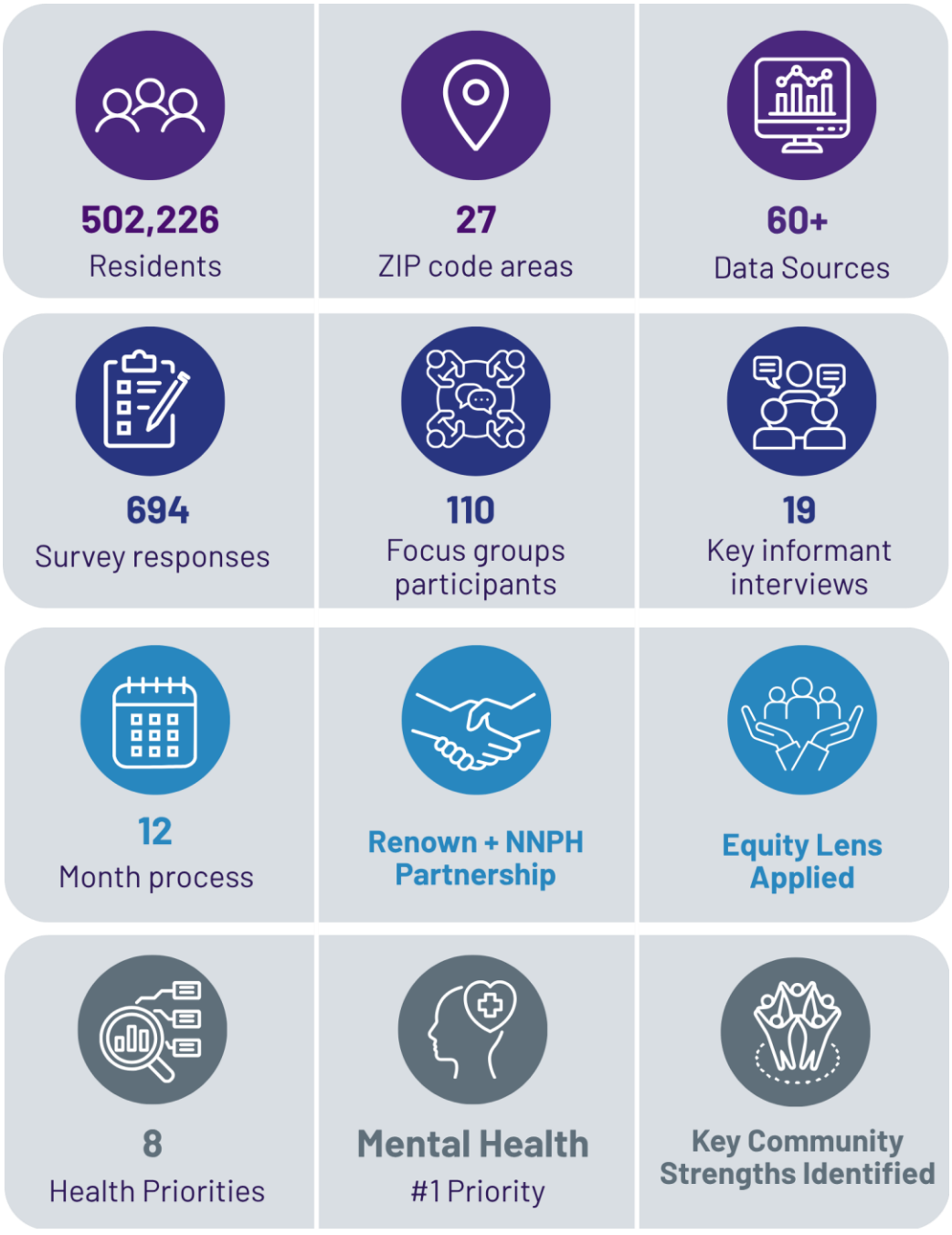
Northern Nevada Public Health is committed to advancing health equity and addressing the social, environmental, and behavioral factors that influence community well-being. Through collaboration with community partners, education, prevention, outreach, and policy development, NNPH strives to improve and protect quality of life while increasing equitable opportunities for better health. Guided by values of collaboration, adaptability, trust, inclusion, and compassion, NNPH is dedicated to serving the community with transparency, respect, and care.

Our Commitment Together

Renown Health and Northern Nevada Public Health are united in their commitment to improving community health through collaboration, prevention, and equitable access to care and resources. Together with community partners, healthcare providers, public agencies, and residents, we work to address priority health needs, strengthen systems of support, and create opportunities for all people to achieve better health and well-being across our region. As we look ahead, continued partnership and coordination will be essential to leveraging resources effectively, responding to emerging needs, and advancing health equity across Northern Nevada. By working together, we can continue building a healthier, more resilient community for everyone.

2026 CHNA Executive Summary

The 2026 Renown Health & Northern Nevada Public Health Community Health Needs Assessment (CHNA) reflects the experiences and perspectives of people from different backgrounds and communities across Washoe County. Combined with health and demographic data, these insights help identify the community's health needs, strengths, and opportunities for improvement. Together, these findings informed four Significant Health Needs that will guide community health improvement efforts over the next three years.



Introduction

The 2026 Renown Health and Northern Nevada Public Health Community Health Needs Assessment (CHNA) represents a comprehensive, data-driven examination of the health landscape across Washoe County, Nevada. This assessment fulfills Renown Health's commitment as a not-for-profit health system to understand and respond to community needs in alignment with IRS Section 501(r)(3) requirements, which mandate that nonprofit hospitals conduct a CHNA at least once every three years.

This assessment also supports the Public Health Accreditation Board (PHAB) accreditation process by demonstrating Northern Nevada Public Health's ongoing use of data, community engagement, and collaborative planning to advance population health. This assessment provides a foundation for identifying community health priorities, informing strategic planning, and guiding public health action.

This report combines information collected directly from community members and information gathered from trusted data sources. Primary data consist of information collected directly from community members. Between September and November 2025, community members shared their experiences and opinions through surveys, focus groups, interviews, and conversations with local partners and stakeholders. Secondary data consist of information previously collected by trusted organizations. We reviewed data from more than 60 public health, population, and quality-of-life sources, including Nevada Tomorrow, the American Community Survey, the Nevada Behavioral Risk Factor Surveillance System, and the Centers for Medicare & Medicaid Services. By using both primary and secondary data, we gained a more complete understanding of the community's health needs, strengths, and challenges.

The CHNA employs an equity-centered framework, using tools such as the BARHII (Bay Area Regional Health Inequities Initiative) framework and the CMS Health Equity Framework to ensure that social determinants of health and community disparities are placed at the center of the analysis. The Washoe County service area includes 27 ZIP code tabulation areas (ZCTAs) and serves a population of approximately 502,226 residents.

This assessment was developed as a partnership between Renown Health and Northern Nevada Public Health and reflects contributions from a broad coalition of community members, health system partners, faith communities, school districts, social service organizations, and local government agencies. The findings of this report will directly inform the development of Renown Health's 2026–2029 Implementation Strategy and Northern Nevada Public Health's Community Health Improvement Plan (CHIP), guiding community benefit investments, clinical programming, and collaborative initiatives across the region.

This report represents Renown Health and Northern Nevada Public Health's good-faith effort to accurately reflect community health data, stakeholder input, and organizational capacity at the time of publication. It is intended to serve as a strategic planning tool and a foundation for action.

Thank you to our community

This assessment would not have been possible without the generous participation and thoughtful engagement of the Washoe County community. Renown Health and Northern Nevada Public Health extend our deepest gratitude to every individual, organization, and community partner who contributed to this process.

Across focus groups, key informant interviews, community surveys, and stakeholder conversations, residents and community leaders gave generously of their time, perspectives, and expertise. Their willingness to share both challenges and community strengths provided the foundation for a meaningful, community-centered assessment.

We are especially grateful to the members of the CHNA Steering Committee and the many community organizations, faith communities, school districts, healthcare providers, social service agencies, and government partners who facilitated outreach and engagement across diverse populations and geographies. A full list of acknowledgments can be found in the Appendix.

Service Area

Renown Health's service area encompasses Washoe County, Nevada, and extends into portions of eastern California and surrounding rural communities east of the Sierra Nevada Mountain range. The Reno-Sparks metropolitan area, situated within Washoe County, represents the geographic and population core of Renown's service area.

Northern Nevada Public Health serves the Cities of Reno, Sparks and Washoe County.

For the purposes of this Community Health Needs Assessment, the service area is defined by 27 ZIP Code Tabulation Areas (ZCTAs) within Washoe County. These ZIP codes capture the full range of the county's demographic, geographic, and socioeconomic diversity from densely populated urban corridors in downtown Reno and Sparks, to rural and tribal communities in areas such as Nixon (89424) and Wadsworth (89442).

Primary Service Area

Population
502,226 residents (2025 Claritas PopFacts estimates)

County
Washoe County, Nevada

Zip Codes Analyzed
27 ZIP Code Tabulation Areas (ZCTAs)

Primary Hospitals
Renown Regional Medical Center, Renown South Meadows

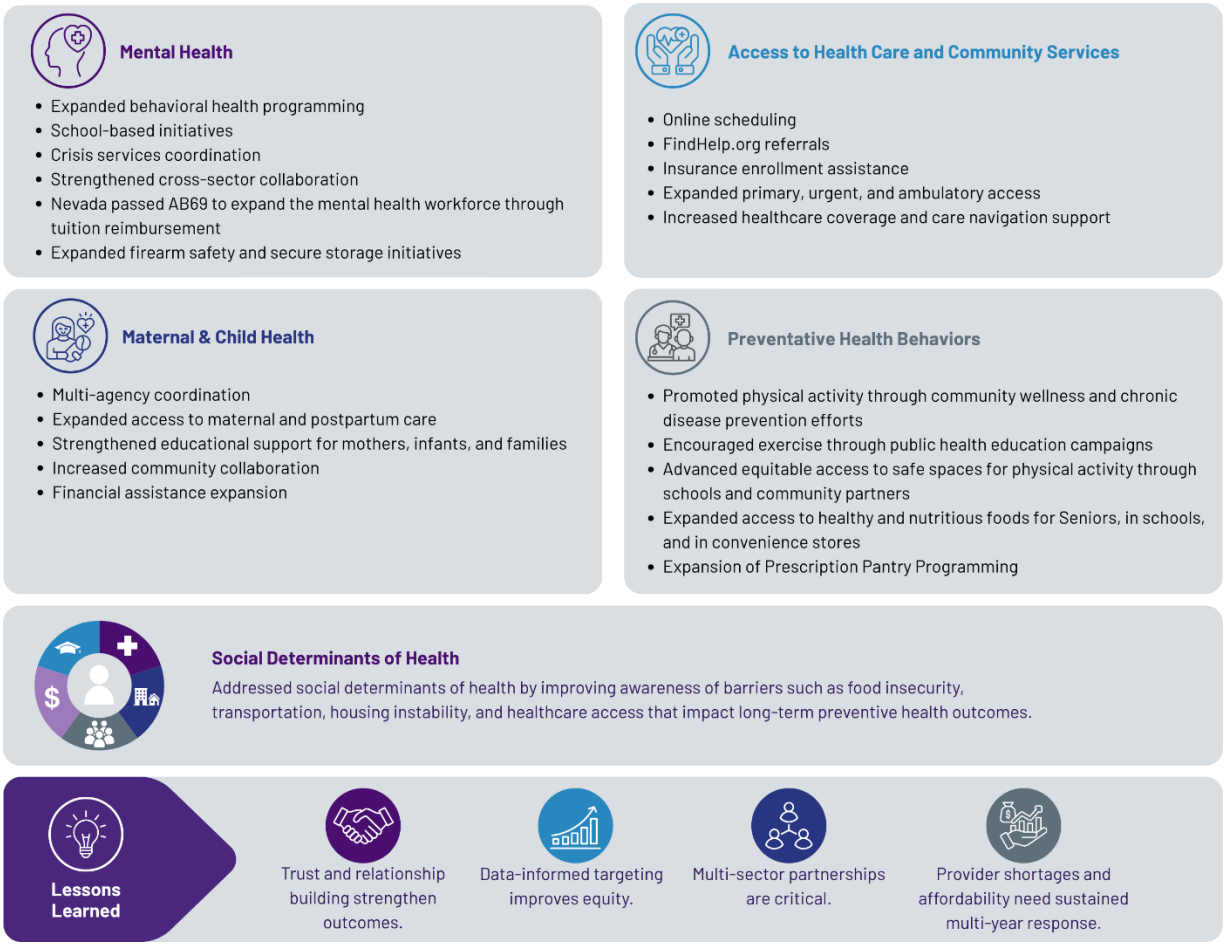
Medical Center Primary Partner
Northern Nevada Public Health

Look Back: Evaluation of Progress Since Prior CHNA

The northern Nevada community has made meaningful progress through Renown Health's 2025-2027 Community Health Implementation Plan and Northern Nevada Public Health's 2022-2025 Community Health Improvement Plan (CHIP). Together, these efforts advanced priorities related to behavioral health, social determinants of health, preventive health behaviors, and access to healthcare.

Key accomplishments included expanding behavioral health and crisis response services, increasing school-based mental health supports, improving access to nutritious foods and community resources, and strengthening care coordination in underserved areas. Efforts also expanded access to primary, preventive, and maternal health services while supporting healthier lifestyles through education, screenings, and wellness initiatives.

These collaborative efforts strengthened connections between healthcare, public health, and community organizations while helping reduce barriers to care and improve quality of life across the region. Despite this progress, ongoing challenges related to mental health, affordability of care, provider shortages, and access to resources continue to shape community priorities identified in the 2026 CHNA.



What's New in the 2026 CHNA

The 2026 Community Health Needs Assessment includes several enhancements designed to strengthen collaboration, community engagement, and data-informed decision-making:

Unified Assessment Process

Renown Health and Northern Nevada Public Health partnered to conduct a single, coordinated Community Health Needs Assessment that serves as a shared regional roadmap. By identifying common priorities and opportunities, the assessment provides the foundation for coordinated action and helps partners work together to improve the health and well-being of the community.

Expanded Community Engagement

The assessment incorporated additional focus groups, key informant interviews, stakeholder conversations, and a community prioritization forum to ensure broad community participation.

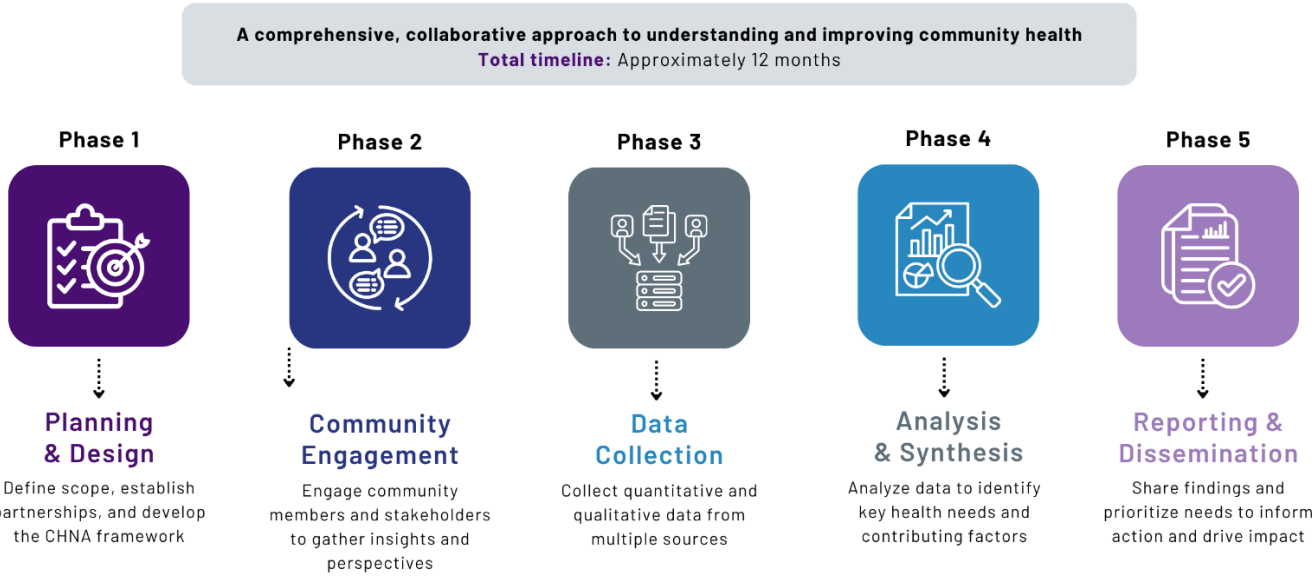
Health Equity Focus

Intentional outreach and enhanced data analysis helped elevate the voices and experiences of historically underserved populations and identify disparities across race, ethnicity, geography, and socioeconomic status.

Updated Prioritization Methodology

The prioritization process placed greater emphasis on community voice by increasing the influence of resident experiences and stakeholder input in identifying the community's most significant health needs.

CHNA Planning Process



The 2026 Renown Health and Northern Nevada Public Health Community Health Needs Assessment was conducted using a rigorous, community-centered planning process spanning approximately 12 months. The process was structured in five phases: Planning & Design, Community Engagement, Data Collection, Analysis & Synthesis, and Reporting & Dissemination.

Planning & Design

The CHNA process was guided by a multi-sector Steering Committee representing Renown Health, Northern Nevada Public Health, community-based organizations, academic partners, faith communities, social service agencies, and representatives of priority populations.

Assessment tools and planning frameworks were selected to align with regulatory requirements, including IRS Section 501(r)(3), American Hospital Association (AHA) guidelines, and Public Health Accreditation Board (PHAB) standards, while incorporating established, evidence-informed planning resources. Together, these frameworks help ensure that the community health assessment and subsequent health improvement planning reflect recognized best practices and support coordinated, effective action.

Mobilizing for Action through Planning and Partnerships (MAPP) 2.0, a community-driven strategic planning framework developed by the National Association of County and City Health Officials (NACCHO), was selected to guide the activities and collaborative processes encompassed in the 2026 Renown Health and Northern Nevada Public Health Community Health Assessment.

Community Engagement

Broad and inclusive community engagement was a central commitment of this CHNA. Engagement strategies were designed to reach a diverse cross-section of Washoe County residents, with intentional outreach to populations that have historically been underrepresented in health needs assessments, including Hispanic/Latino residents, American Indian/Alaska Native communities, low-income households, and rural residents.

The focus group recruitment strategy was developed in collaboration with the CHNA Steering Committee, which provided leadership, coordination, and oversight throughout the assessment process. The Steering Committee played a central role in identifying key populations and communities requiring intentional outreach to ensure inclusive and representative participation.

To reach community members representing diverse identities and lived experiences, additional recruitment strategies were implemented in partnership with local organizations serving specific populations, including LGBTQIA+ individuals, youth, faith-based communities, and individuals in recovery from substance use. Outreach strategies included bilingual (English and Spanish) flyers and a media toolkit distributed by Renown Health and Northern Nevada Public Health to community partners, patients, and the steering committee's broad network of cross-sector organizations and community representatives.

Data Collection

Primary data were collected from September-November through four complementary methods: a community health survey (n=694), focus groups (15 sessions, n=110 participants), key informant interviews (19 sessions, n=42), and stakeholder conversations. Secondary data were compiled from more than 60 sources encompassing demographic, health status, quality of life, and environmental health indicators. Focus group sessions were hosted in community centers, libraries, and partner organization spaces serving diverse neighborhoods and populations, including The Eddy House (supporting homeless and at-risk youth), The Empowerment Center (serving individuals in recovery), the Cold Springs Community Center (capturing input from rural Washoe County), and Latino Arte (a session conducted entirely in Spanish to engage Spanish-speaking participants).

Analysis & Synthesis

Quantitative and qualitative data were analyzed using thematic coding, triangulation methodology, and a structured data scoring process. Priority health needs were identified through a multi-criteria decision matrix that evaluated magnitude of impact, cross-source convergence, health equity implications, community urgency, and trend direction.

Reporting & Dissemination

This report represents the culmination of the 2026 Community Health Needs Assessment (CHNA) process. It will be made publicly available on the Renown Health and Northern Nevada Public Health websites and submitted for formal adoption to the Renown Health Board of Directors and the Washoe County District Board of Health.

Findings will directly inform the development of Renown Health's 2027-2029 Implementation Strategy, Northern Nevada Public Health's 2027-2029 Community Health Implementation Plan, and support community health planning efforts across the region.

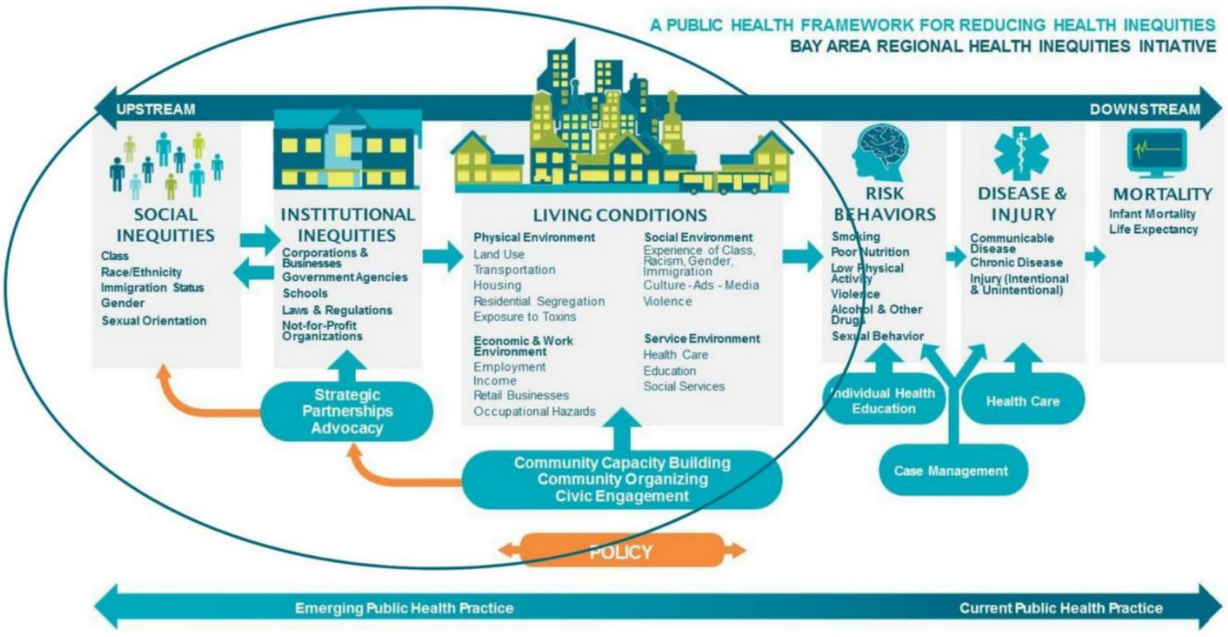
The Nevada Tomorrow platform, a partnership among Northern Nevada Public Health, Renown Health, Truckee Meadows Tomorrow, Conduent, and other community organizations, serves as the shared data infrastructure supporting this Community Health Needs Assessment (CHNA) and the subsequent Community Health Improvement Plan (CHIP). The platform provides access to more than 450 community indicators and interactive data tools that allow residents, organizations, and decision-makers to monitor health trends, track progress toward community health goals, and support data-driven action over time. Indicators from this CHNA are incorporated into a publicly accessible Community Health Assessment Dashboard available at: https://www.nevadatomorrow.org/indicators/index/dashboard?alias=2027_2029CHA

By providing a common source of community-level data, the platform helps partners align efforts, measure impact, and move the needle together on improving community health outcomes.

BARHII Framework: Community-Centric with a Health Equity Lens

This CHNA employs the Bay Area Regional Health Inequities Initiative (BARHII) Framework to ensure that health equity and social determinants of health are centered throughout the assessment process. The BARHII Framework recognizes that health outcomes are not shaped by healthcare access alone, but by the underlying social, economic, and environmental conditions in which people are born, grow, live, work, and age.

Utilizing this framework, the CHNA systematically investigates health inequities across dimensions such as race, ethnicity, income, geography, and other social factors, placing emphasis on findings that identify underlying causes of health disparities rather than merely their symptoms. This methodology informs both community data analysis and the formulation of recommendations with a focus on equity.



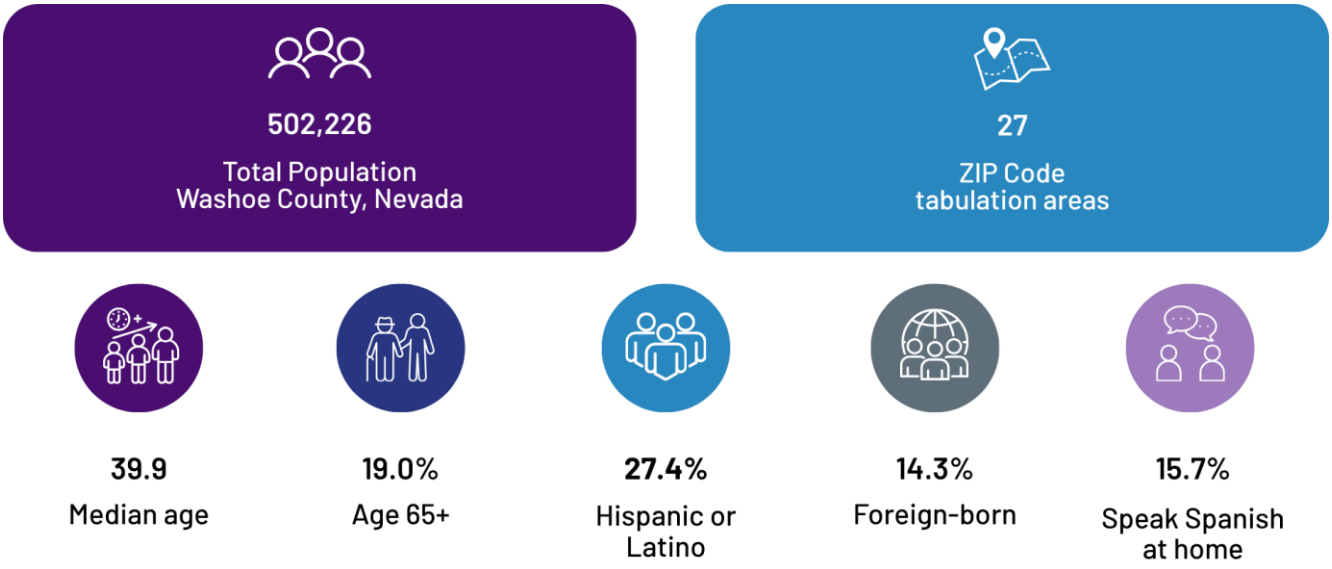
Demographics

Overview

Demographic characteristics such as age, socioeconomic status, and race play an important role in shaping the overall health profile of a community. These characteristics provide valuable insight for effective and equitable healthcare improvement planning.

Geography and Data Sources

Data are presented in this section at the geographic level of Washoe County. Comparisons to county, state, and national values are also provided when available. Unless otherwise indicated, all demographic estimates at the ZIP code, county, and state level are sourced from Claritas Pop-Facts (2025 population estimates)[1] and U.S. demographic estimates are sourced from American Community Survey[2] five-year (2019-2023) estimates.

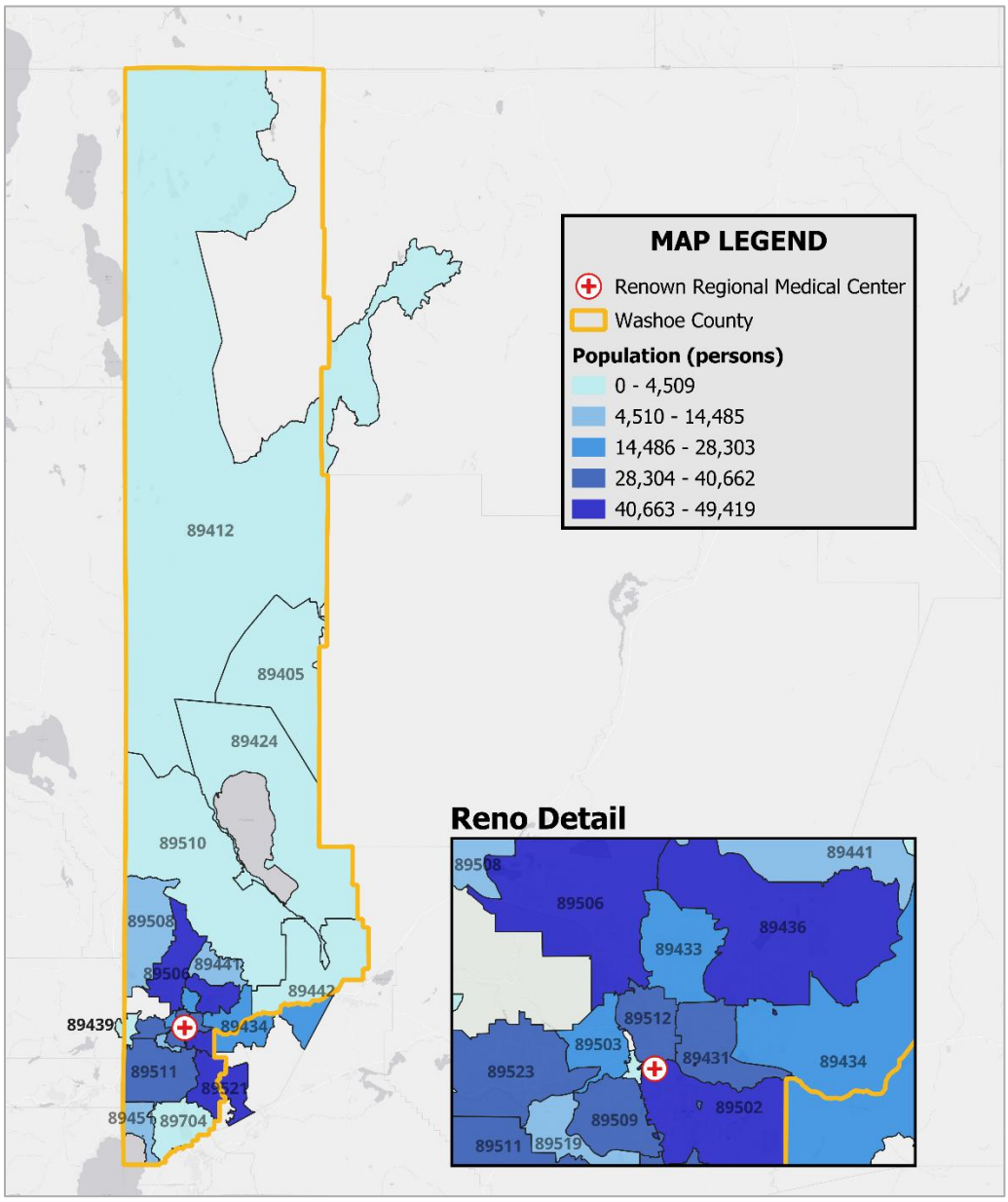


[1] Nevada Tomorrow online platform. https://www.nevadatomorrow.org/
[2] American Community Survey. https://www.census.gov/programs-surveys/acs

Population

According to the 2025 Claritas PopFacts population estimates, Washoe County includes 27 ZIP code tabulation areas (ZCTAs) and serves a population of approximately 502,226 residents. Figure 1 shows the population size in each ZIP code, with the darkest blue representing the ZIP codes with the largest populations. The Appendix provides a table of population estimates for each ZIP code. The two most populated ZIP codes within Washoe County are 89436 (Sparks) and 89502 (Reno), with populations of 49,419 and 46,279, respectively.

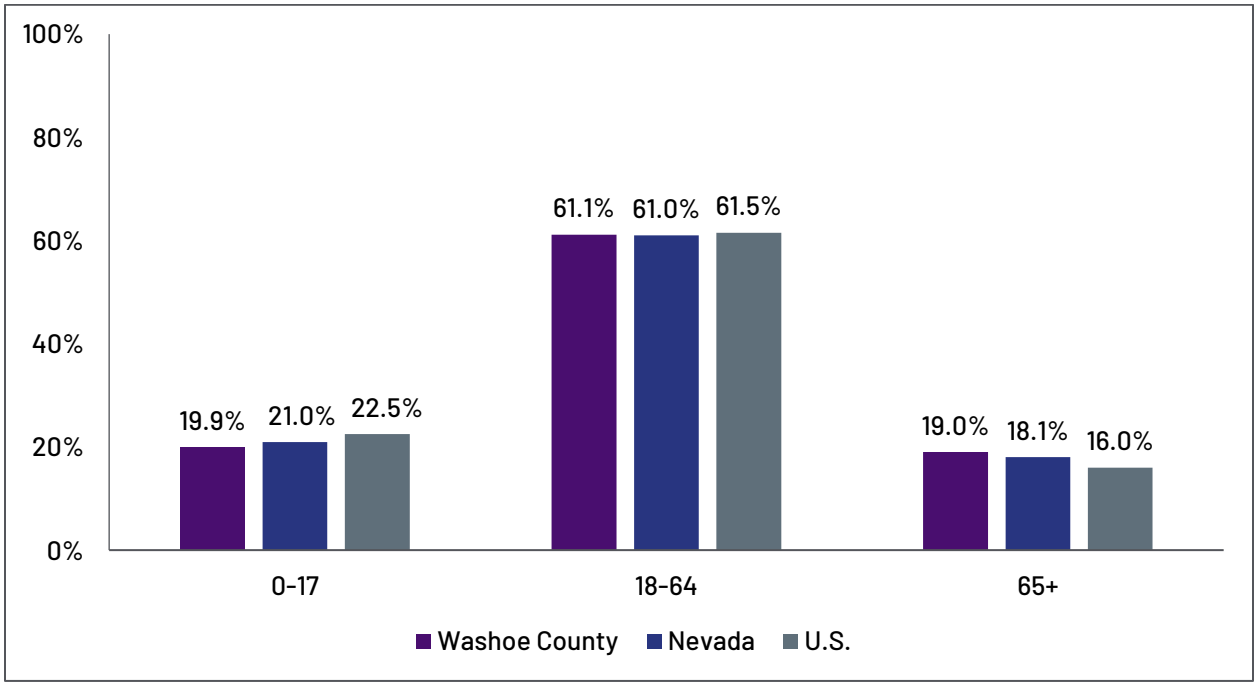
FIGURE 1: WASHOE COUNTY POPULATION BY ZIP CODE



Age

The median age of Washoe County is 39.9 years. As seen in Figure 2, Washoe County has a somewhat older population than the surrounding state of Nevada and the U.S. overall. About one in five individuals (19.0%) is aged 65 or above, which is higher than both the statewide and nationwide populations. The Appendix provides a more detailed breakdown of the Washoe County population by age group.

FIGURE 2: POPULATION BY AGE: COUNTY, STATE, AND NATION

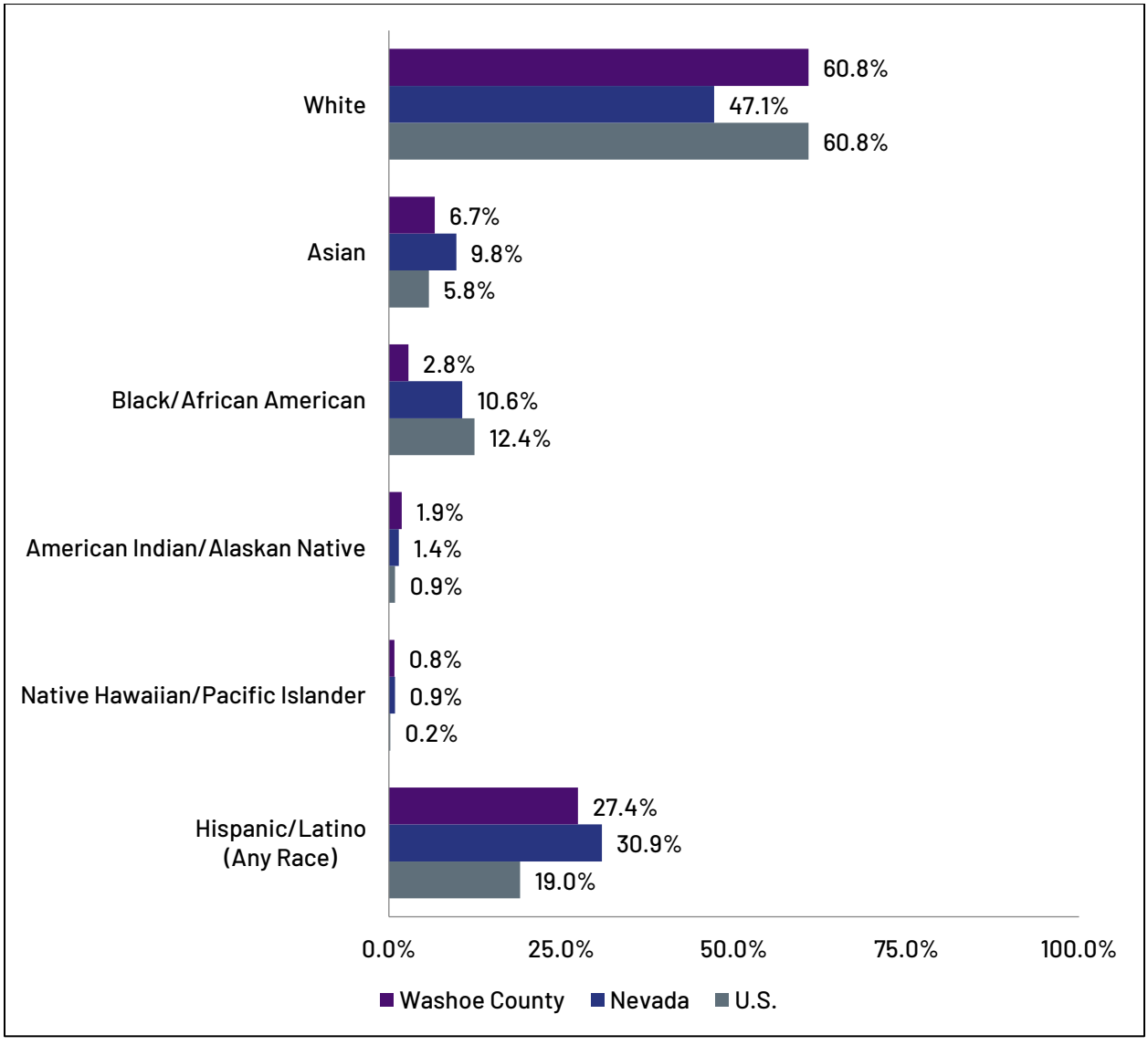


Race and Ethnicity

The racial and ethnic composition of a population is important in planning for future interventions and strategies, particularly for schools, businesses, community centers, healthcare, and childcare. Analysis of health and social determinants of health data by race and ethnicity can also help identify disparities in housing, employment, income, and poverty.

More than half of the Washoe County population is White (60.8%), and more than a quarter is Hispanic or Latino of any race (27.4%). As seen in Figure 3, Washoe County has a larger percentage of American Indian/Alaskan Native and Native Hawaiian/Pacific Islander residents than the overall Nevada and U.S. populations.

FIGURE 3: POPULATION BY RACE AND ETHNICITY: COUNTY, STATE, AND NATION

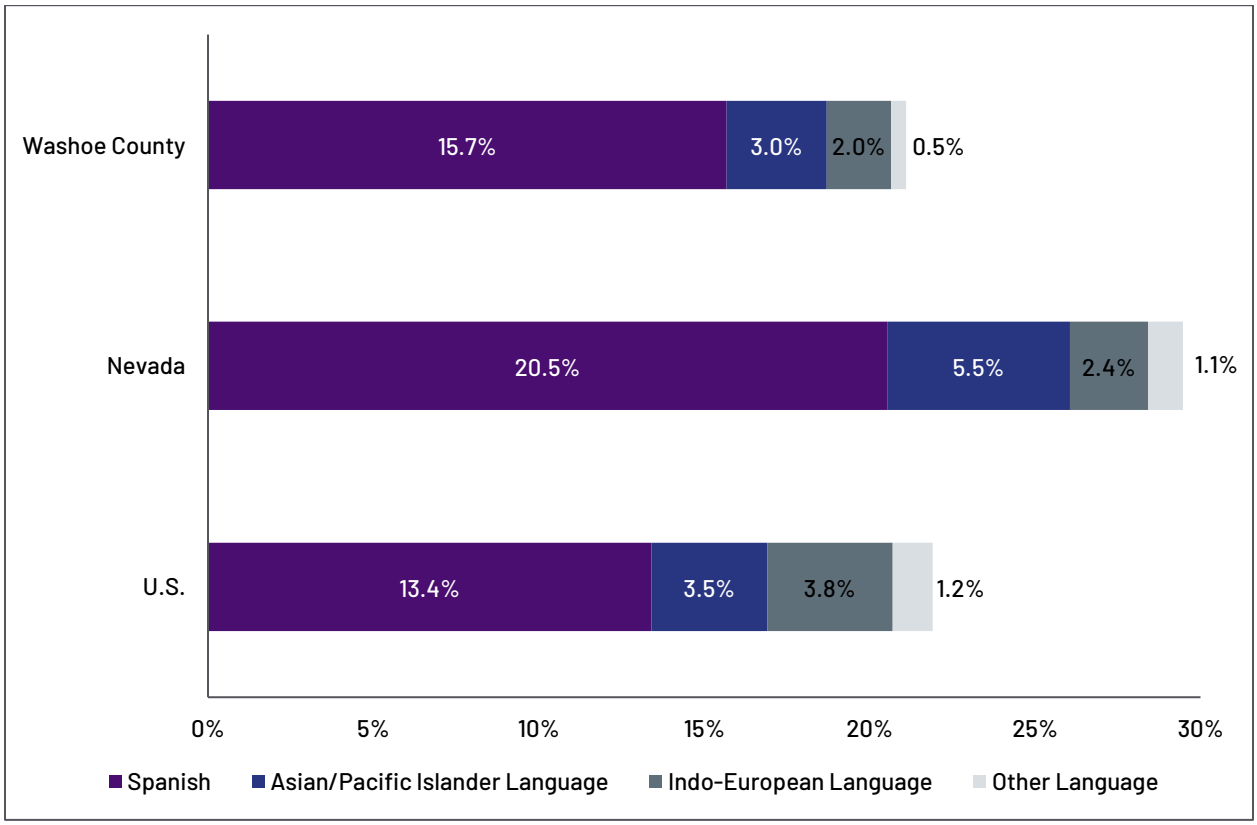


Language and Immigration

Understanding a community's countries of origin and languages spoken at home helps inform the cultural and linguistic context for local health and public health systems.

In Washoe County, 14.3% of residents were born outside the U.S., which is a lower rate than that of Nevada (19.0%).[3] Accordingly, Washoe County also has a smaller percentage of residents who speak a language other than English at home (see Figure 4). Most commonly, 15.7% of county residents speak Spanish at home, which is somewhat higher than the U.S. average (13.4%) and lower than the Nevada average (20.5%).

FIGURE 4: NON-ENGLISH LANGUAGES SPOKEN AT HOME: COUNTY, STATE, AND NATION (PERCENTAGE OF POPULATION AGE 5+)



[3] American Community Survey, 2019-2023.

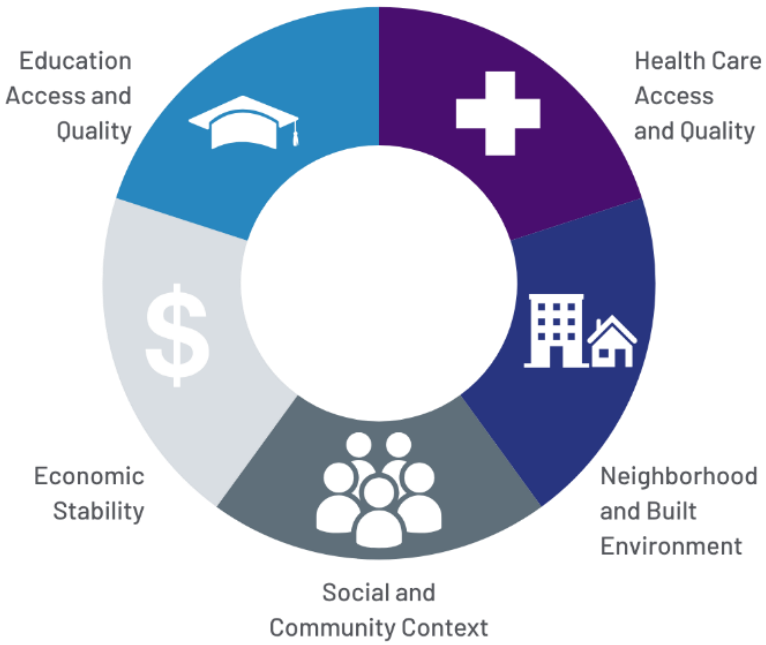
Social and Economic Determinants of Health

Overview

This section explores the economic, environmental, and social determinants of health impacting residents of Washoe County. Social determinants of health are the everyday conditions in which people live, work, learn, and play that can affect their overall health. Elements like access to safe housing, quality education, employment, transportation, healthy food, and healthcare all influence how healthy a community and its members are or can be.

Based on Healthy People 2030, which is a national initiative that sets data-driven objectives to improve the health and well-being of people in the United States over a 10-year period, the social determinants of health (SDOH) can be grouped into five domains. Figure 5 shows the Healthy People 2030 social determinants of health domains.[4]

FIGURE 5: HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH DOMAINS



[4] Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from https://health.gov/healthypeople/objectives-and-data/socialdeterminants-health

Geography and Data Sources

Data in this section are presented at various geographic levels (ZIP code and/or county) to describe the Washoe County population, depending on data availability. ZIP code data may reveal differences in outcomes across the county that would be otherwise masked by county-level data. When available, comparisons of state and/or national values are also provided.

All demographic estimates are sourced from Claritas Pop-Facts (2025 population estimates) and American Community Survey five-year (2019-2023) estimates, unless otherwise indicated.

Income

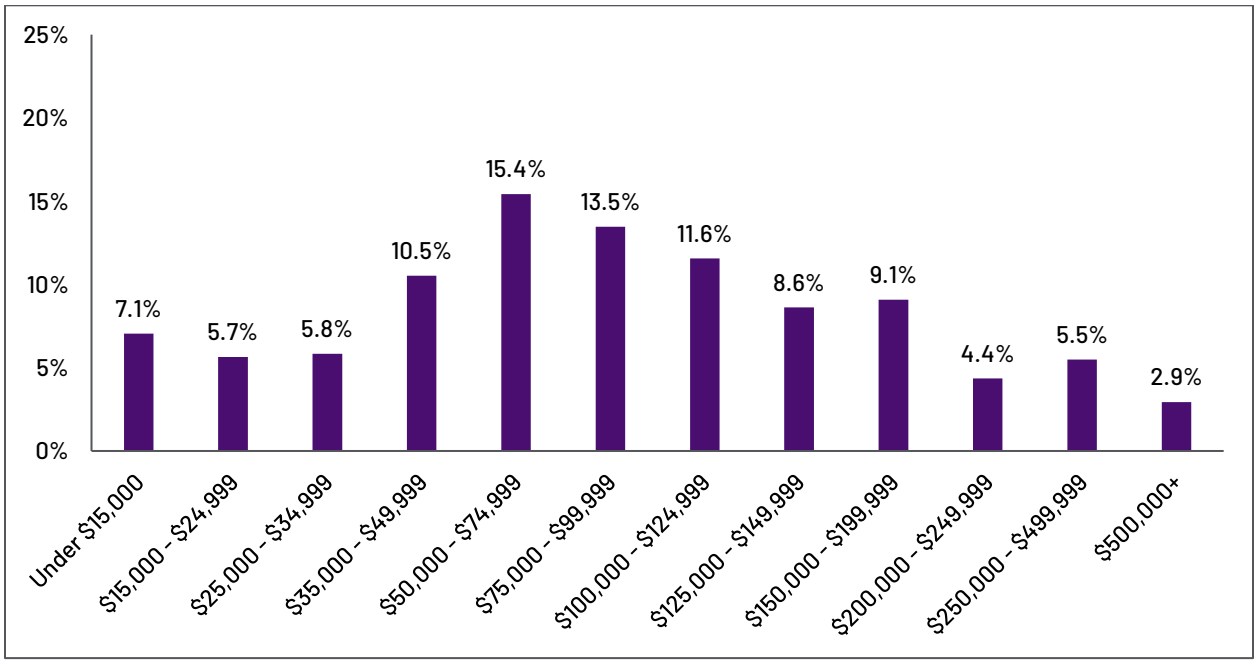
Income is strongly associated with morbidity and mortality, influencing health through clinical, behavioral, social, and environmental factors. For example, a lower income limits one's ability to pay for healthcare and health insurance, which may limit an individual's ability to obtain regular, routine care. Living in a lower-income neighborhood may limit one's access to secure housing, nutritious foods, and a safe community.[5] In contrast, those with greater wealth are more likely to have a higher life expectancy and reduced risk of a range of health conditions, including heart disease, diabetes, obesity, and stroke.[6] This financial burden means that low-income individuals may forgo routine screenings and preventive care, delaying the detection of conditions such as cancer, diabetes, and cardiovascular disease until they have progressed to more advanced and costly stages.

[5] U.S. Department of Health and Human Services, Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

[6] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/insights/our-research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

Figure 6 provides a detailed breakdown of the percentage of households by income level across Washoe County. About two in five households in Washoe County (40.5%) have a total annual income between $50,000 and $124,999. Households with an income of less than $15,000 make up 7.1% of all households in Washoe County.

FIGURE 6: HOUSEHOLDS BY INCOME, WASHOE COUNTY



The median household income in Washoe County is $85,240. As seen in Figure 7, the county has a higher median income than statewide and nationwide figures.

FIGURE 7: MEDIAN HOUSEHOLD INCOME: COUNTY, STATE, AND NATION

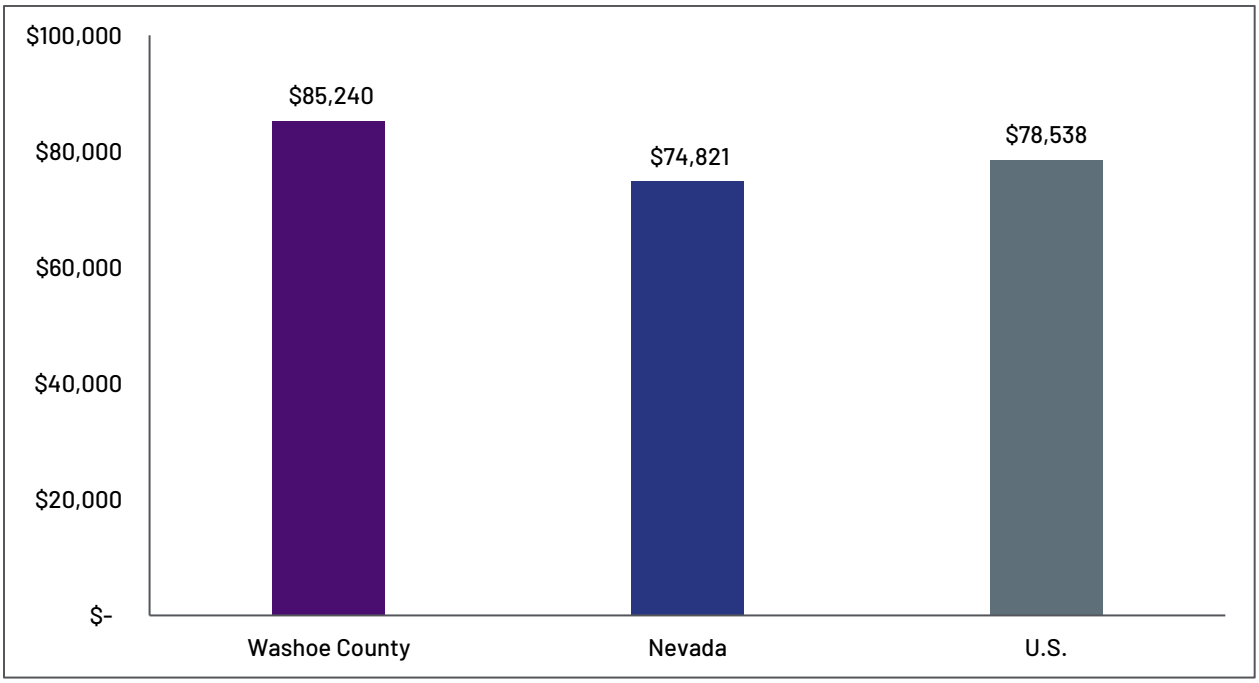
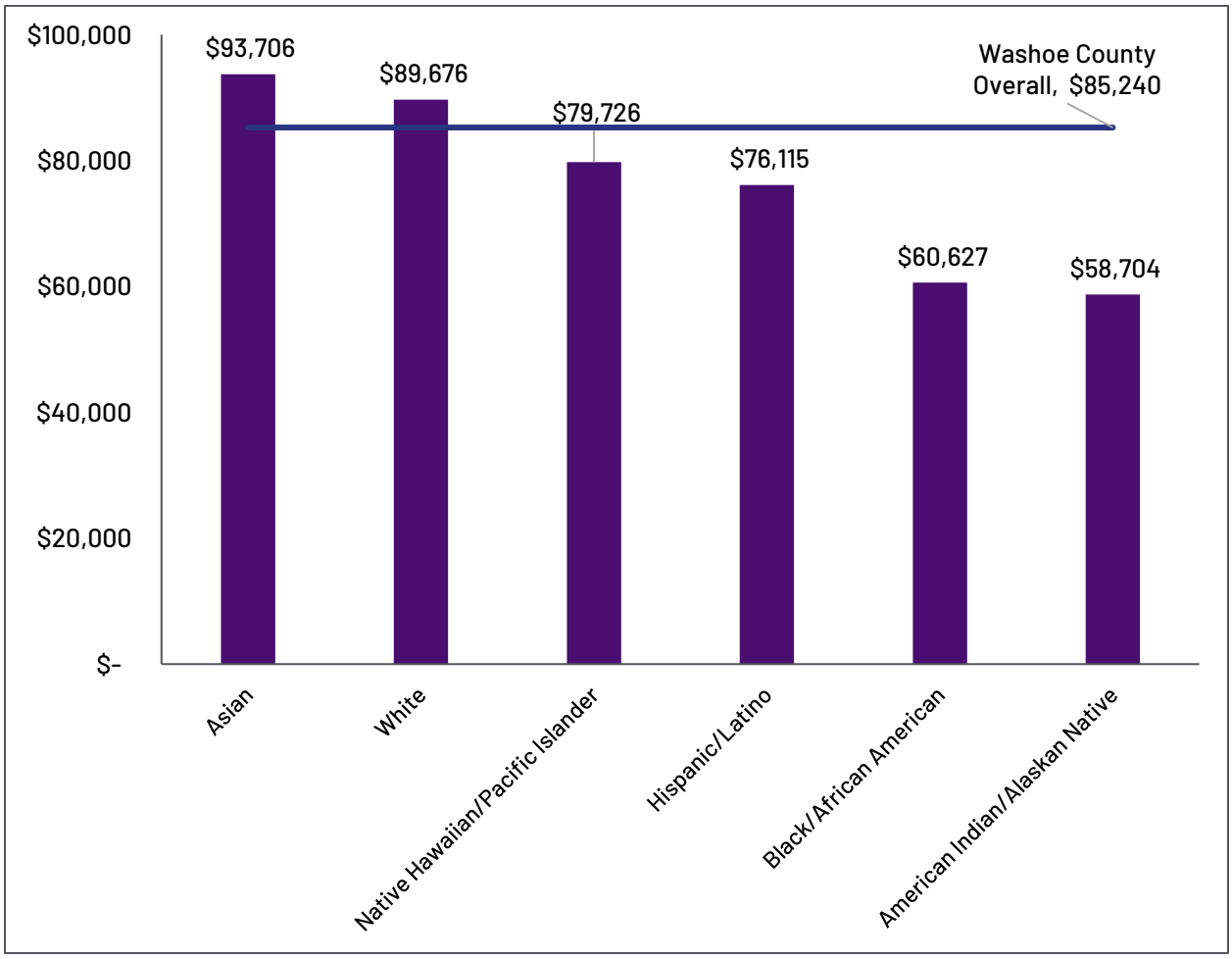


Figure 8 illustrates how the median income in Washoe County differs by race and ethnicity. For example, the county's American Indian/Alaskan Native and Black/African American populations each have a lower median household income than all other racial/ethnic groups and are approximately $25,000 lower than the county's overall median income.

FIGURE 8: MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY, WASHOE COUNTY

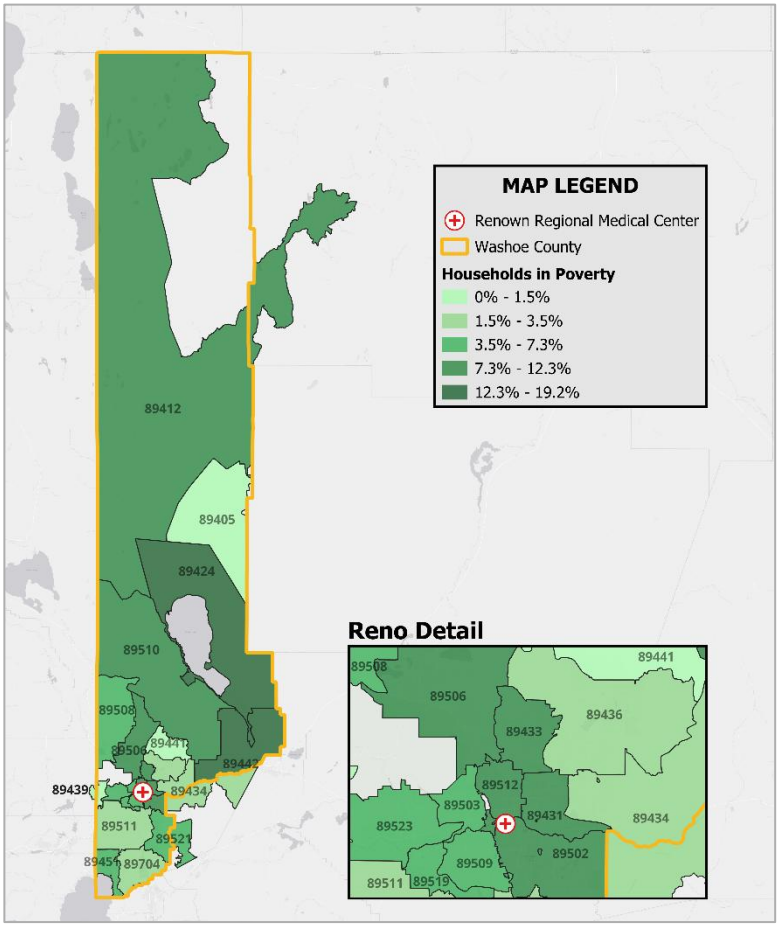


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by the number and age of adults and the number of children under age 18 in the family unit. People living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. These disparities mean that people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[7]

Overall, 6.5% of families in Washoe County live below the poverty level, which is lower than both the statewide and nationwide values (9.3% and 8.8%, respectively). Figure 9 illustrates the percentage of families living below the federal poverty level by ZIP code. The darker green colors represent a higher percentage of families living in poverty, with the highest concentrations of poverty in the ZIP codes 89424 (Nixon) and 89442 (Wadsworth) where poverty impacts 19.2% and 18.9% of families, respectively. A detailed breakdown for each ZIP code in Washoe County is provided in the Appendix.

FIGURE 9: FAMILIES IN POVERTY BY ZIP CODE, WASHOE COUNTY



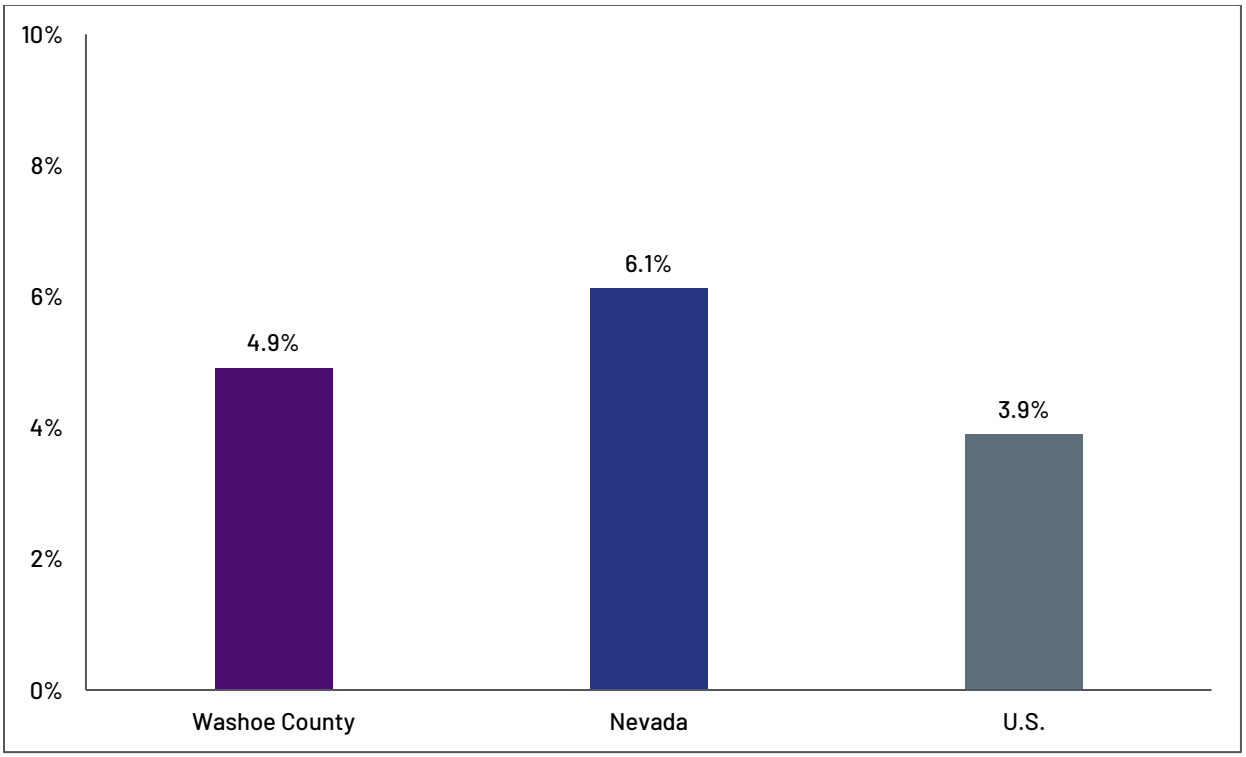
[7] U.S. Department of Health and Human Services, Healthy People 2030. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty

Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment also impacts access to healthcare, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes. Work-related stress, injury, and exposure to harmful chemicals are some examples of how certain types of employment can lead to poorer health.[8]

Figure 10 illustrates the county, state, and national unemployment rates. The unemployment rate for Washoe County is 4.9%, which is lower than the Nevada state value (6.1%) but higher than the U.S. value (3.9%).

FIGURE 10: POPULATION AGE 16+ UNEMPLOYED: COUNTY, STATE, AND NATION



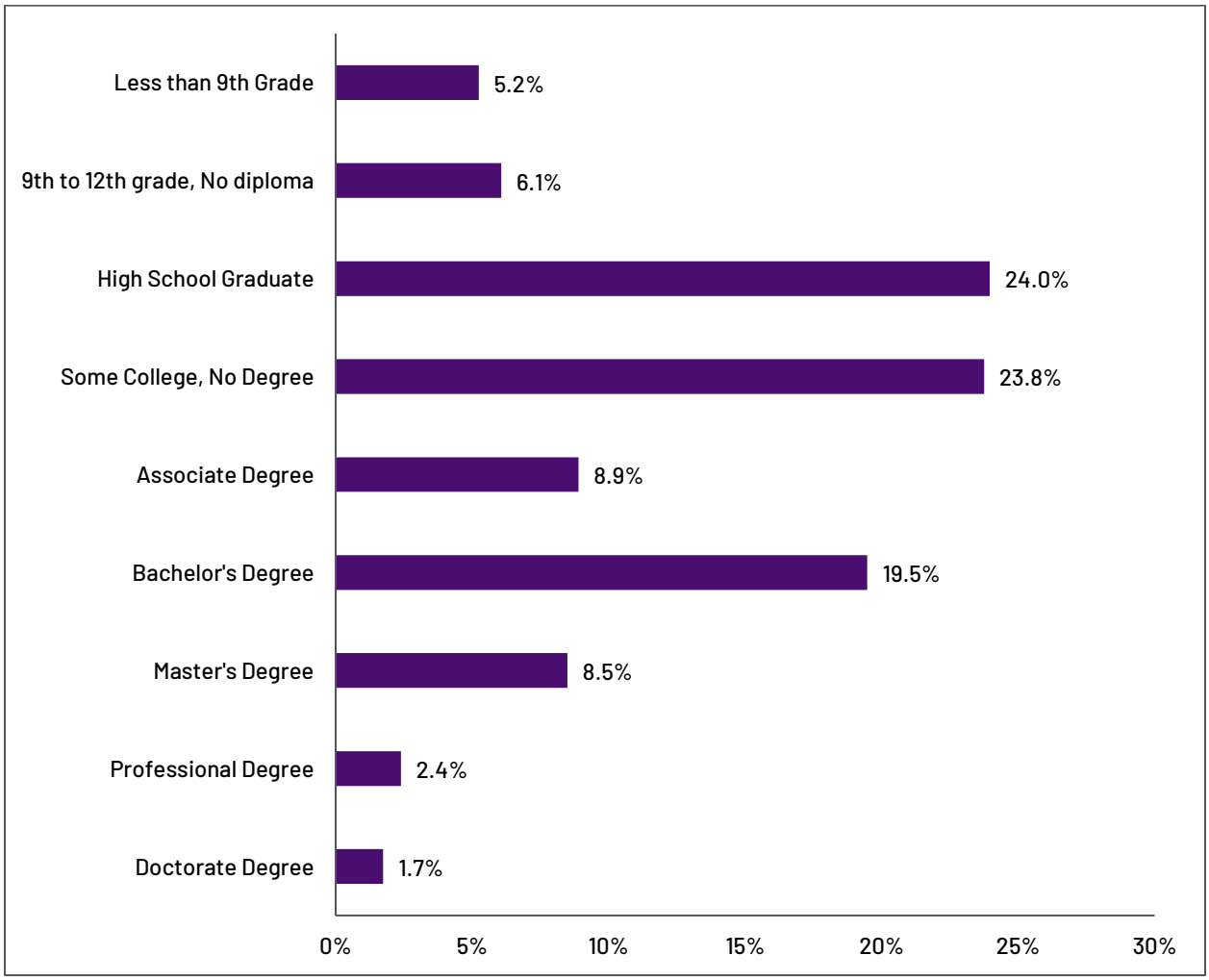
[8] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/socialdeterminants-health/literature-summaries/employment

Education

Education is another important indicator for health and wellbeing. Those with higher levels of education have greater access to well-paying jobs and employer-based health insurance, both of which are linked to greater healthcare access, safe and stable housing, and other key community resources for well-being. Education can also increase one's knowledge and skills regarding healthy lifestyle behaviors, such as nutritious meal preparation, health literacy, and routine preventative care.[9]

Figure 11 illustrates the highest educational attainment of the Washoe County population age 25 and above.

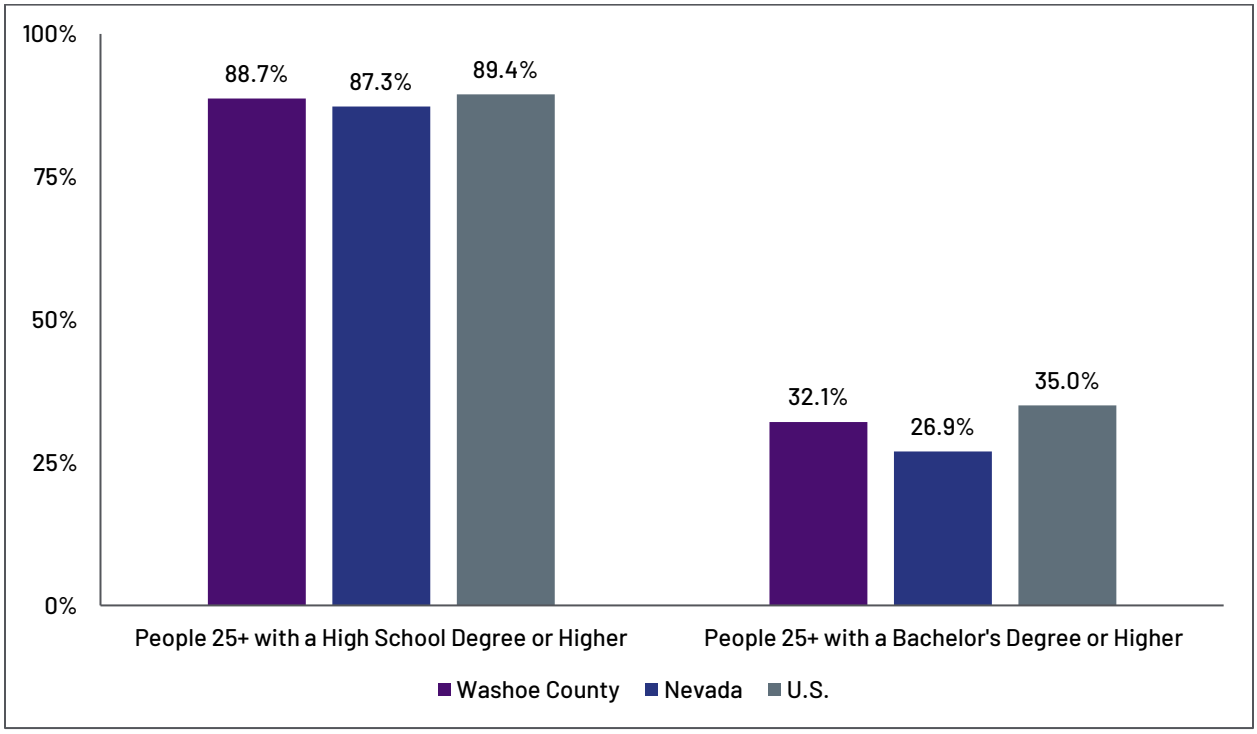
FIGURE 11: POPULATION 25+ BY EDUCATIONAL ATTAINMENT, WASHOE COUNTY



[9] Robert Wood Johnson Foundation, Why Education Matters to Health. https://www.rwjf.org/en/insights/our-research/2014/04/why-education-matters-to-health.html

Two important educational milestones are high school completion and completing a bachelor's degree. The vast majority of the county population (88.7%) have a high school diploma or higher, and nearly a third (32.1%) have a bachelor's degree or higher. As seen in Figure 12, Washoe County residents are more likely than the statewide Nevada population to have a bachelor's degree or higher (32.1% vs. 26.9%).

FIGURE 12: EDUCATIONAL MILESTONES: COUNTY, STATE, AND NATION

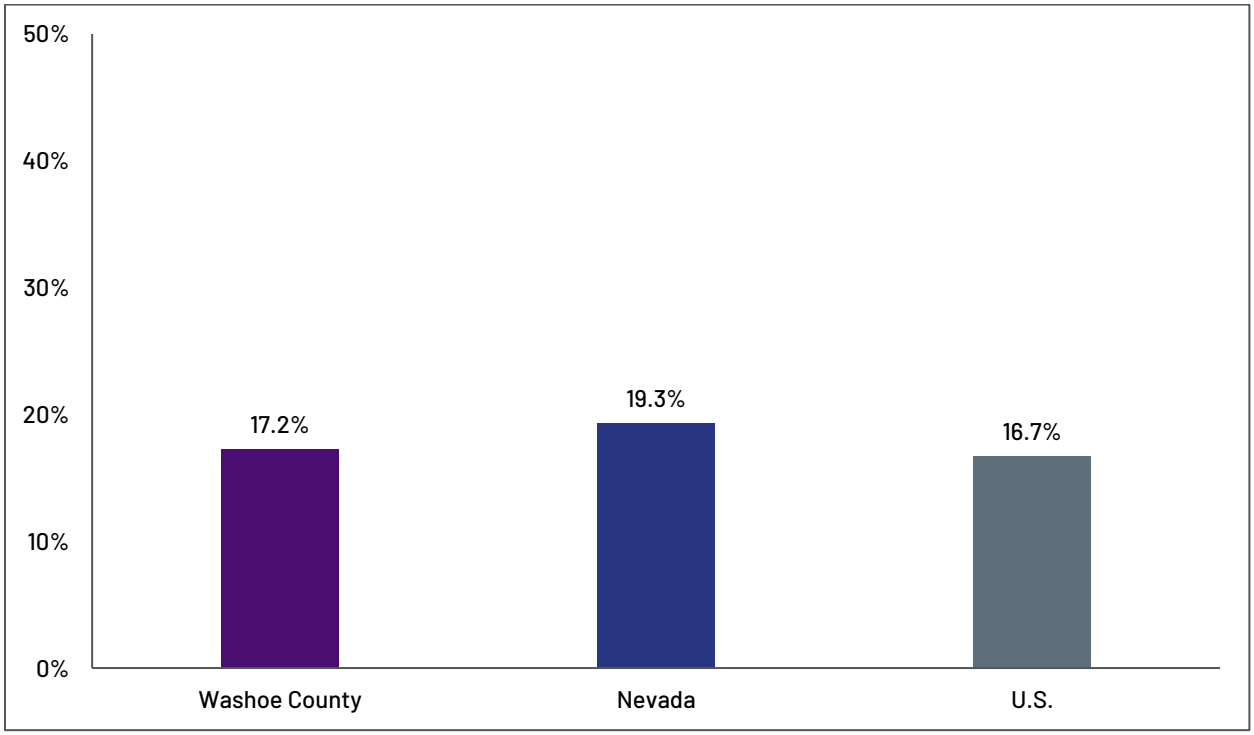


Housing

Safe, stable, and affordable housing provides a critical foundation for health and wellbeing. Severe housing problems, which include housing with overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities, can cause significant damage to an individual's or family's health. For example, these problems can contribute to infectious disease risk from poor sanitary conditions. Poor housing conditions may also be a barrier to nutritious home-cooked meals, can raise one's risk for unintentional injury at home, and can even increase one's risk of chronic disease through exposure to hazards such as mold growth and lead paint.[10]

As seen in Figure 13, 17.2% of households in Washoe County have severe housing problems. Households in Washoe are less likely to have these problems than households across Nevada, broadly (19.3%).

FIGURE 13: HOUSES WITH SEVERE HOUSING PROBLEMS: COUNTY, STATE, AND NATION



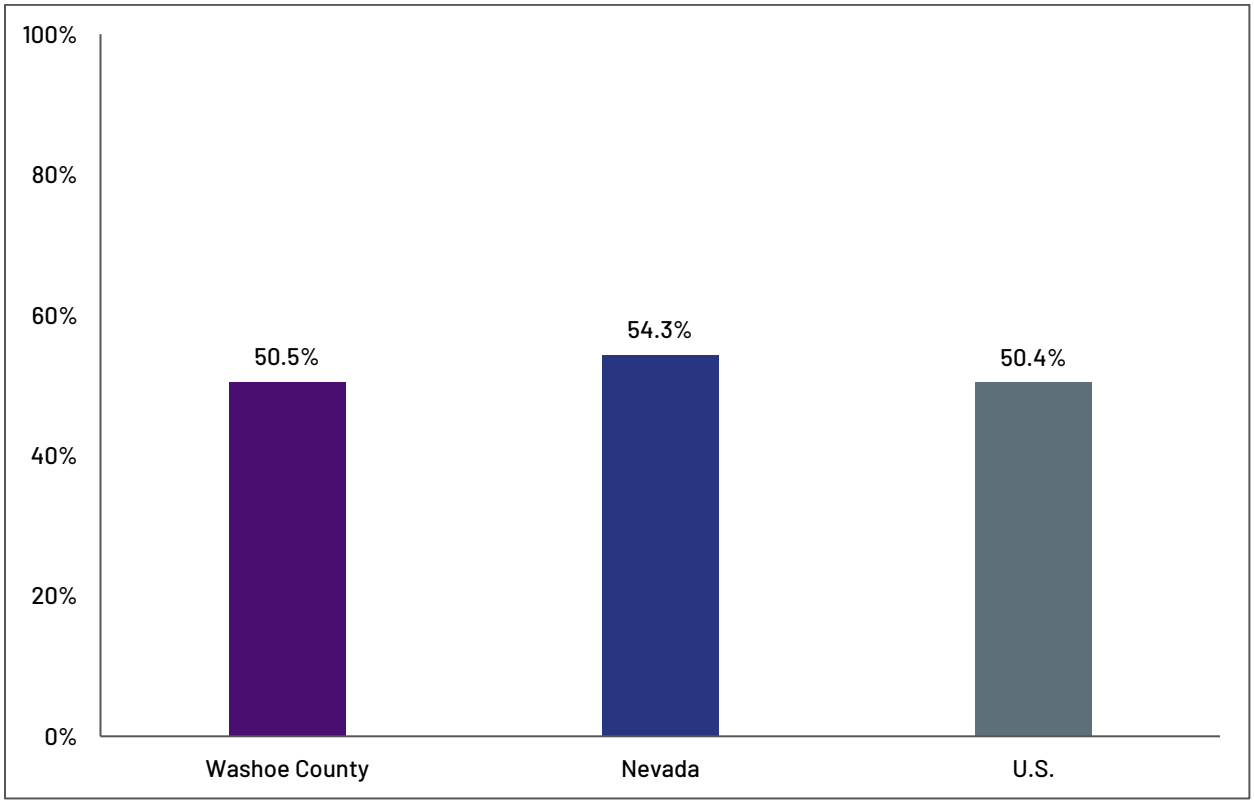
County, state, and national estimates: County Health Rankings (2017-2021)

[10] County Health Rankings, Severe Housing Problems. https://www.countyhealthrankings.org/health-data/community-conditions/physical-environment/housing-and-transportation/severe-housing-problems?

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy foods or healthcare. This is linked to increased stress, mental health problems, and an increased risk of disease.[11]

Although there are many factors which contribute to individuals' household budgets, a common target which has been adopted by Healthy People 2030 to reduce the financial burden of housing is to spend 30% or less of one's household income on housing.[12] As seen in Figure 14, half of renters in Washoe County (50.5%) spend 30% or more of their income on rent. This rate is lower than the Nevada statewide rate (54.3%).

FIGURE 14: RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT



County, state, and national estimates: American Community Survey (2019-2023)

[11] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browseobjectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

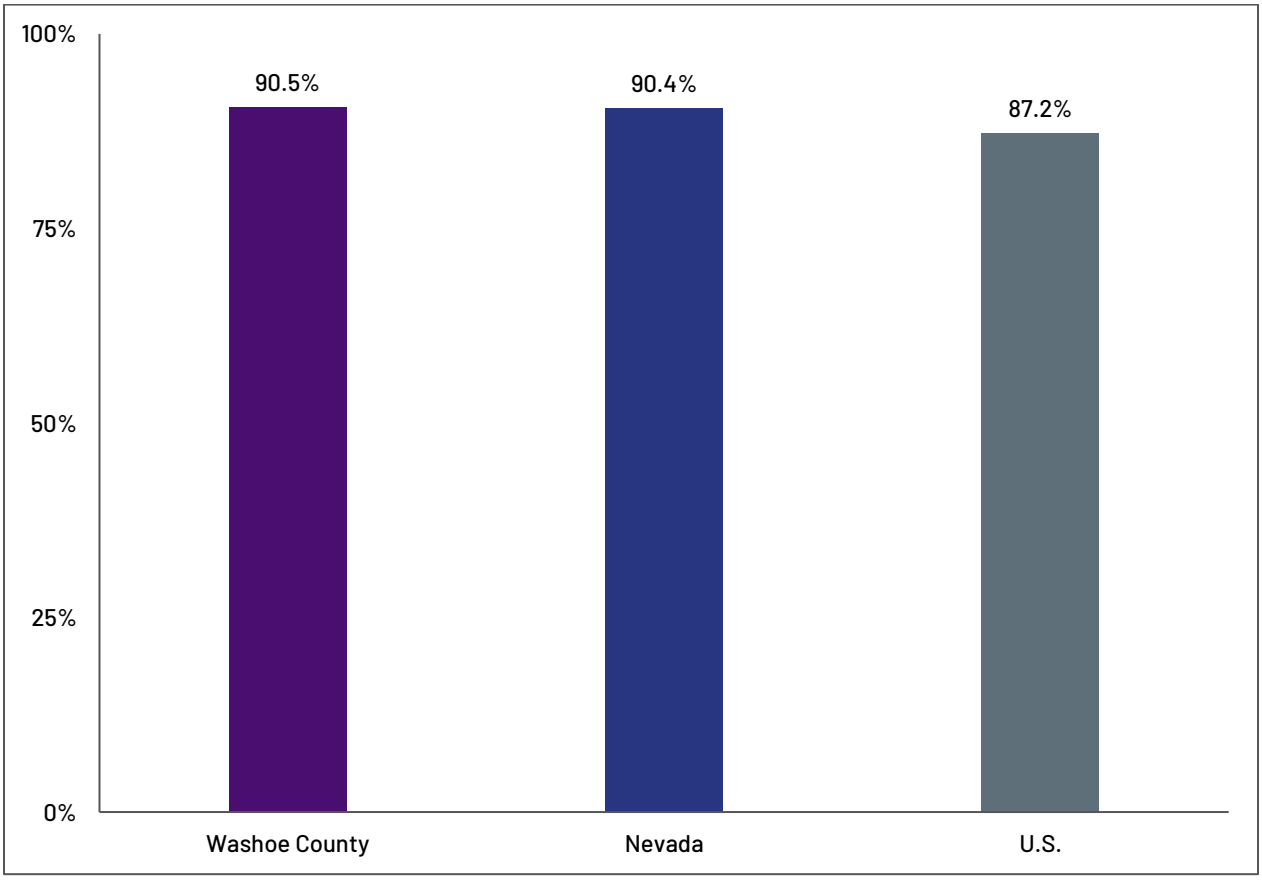
[12] U.S. Department of Health and Human Services, Healthy People 2030. https://odphp.health.gov/healthypeople/objectives-and-data/browse-objectives/housing-and-homes/reduce-proportion-families-spend-more-30-percent-income-housing-sdoh-04

Neighborhood and Built Environment

Reliable internet service is no longer a luxury; it's a critical tool for accessing timely and effective healthcare. It empowers patients to become involved partners in their care. Individuals can schedule appointments, access test results, and communicate with providers to help manage their chronic conditions. Telemedicine, which became essential during the COVID-19 pandemic, depends entirely on stable internet, allowing patients, especially those in underserved areas, to receive care from their homes. Without reliable/stable internet, there may be delays in healthcare, missed follow-up appointments, or disconnection from other health resources. Additionally, this digital divide can lead to adverse health outcomes and widen existing health disparities.[13]

Figure 15 shows the percentage of households with an internet subscription. Most people across Washoe County (90.5%) have internet access at home.

FIGURE 15: HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION: COUNTY, STATE, AND U.S. COMPARISONS



County, state, and national estimates: American Community Survey (2019-2023)

[13] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/browseobjectives/neighborhood-and-built-environment/increase-proportion-adults-broadband-internet-hchit-05

Disparities and Health Equity

Overview

Health disparities are preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations. In Washoe County, health disparities are present across racial, ethnic, geographic, and socioeconomic lines, and are compounded by structural barriers including historical disinvestment, language access challenges, and uneven distribution of healthcare resources.

This CHNA applied an equity lens throughout the data collection, analysis, and prioritization process. Secondary data were disaggregated by race and ethnicity wherever available, and primary data collection was designed to intentionally reach and amplify the voices of historically underserved populations, including Hispanic/Latino residents, American Indian/Alaska Native communities, and low-income households.

24.0%
AIAN adults report 14+ poor mental health days

29.8%
Black/African American adults are unable to afford a doctor visit

25.9%
Hispanic/Latino adults are unable to afford care

24.0%
Black households experience poverty

13%
AIAN female Medicare enrollees received a mammogram

27.4%
Black infants and children completed the 7-vaccine series

Targeting resources to the communities most affected is how we close equity gaps and build a healthier Washoe.

Key Disparities Identified

Across the health need areas examined in this report, data consistently revealed disparate health burdens for specific population groups:

Mental Health	American Indian/Alaska Native high school students were more likely than their peers to report self-injury or a suicide plan. AIAN adults were nearly twice as likely as the general population to report 14 or more days of poor mental health.
Access to Care	Black/African American adults were about twice as likely as the overall county population to report that they could not afford to see a doctor (29.8% vs. 14.6%). Hispanic/Latino adults were also disproportionately affected (25.9% unable to afford care) and had lower insurance rates (77.6% insured vs. 88.6% overall).
Economic Stability	Black/African American households experience a poverty rate three times higher than the county-wide rate. Hispanic/Latino and AIAN populations also experience significantly elevated poverty rates. Mammography Screening: Among American Indian/Alaska Native female Medicare enrollees, only 13% received a mammogram in the past year, compared to 46% of the overall Medicare population.
Vaccination	Black/African American infants and children were about one-third less likely than the overall county population to receive the CDC-recommended seven-vaccine series before age three (53.2% vs. 73.2%).
Geographic Disparities	Rural and peri-urban ZIP codes including 89424 (Nixon), 89442 (Wadsworth), 89501 (downtown Reno), and 89433 (Sun Valley/Sparks) consistently rank among the highest-need areas across multiple health indices.

Addressing these disparities requires targeted, culturally responsive strategies that go beyond general population approaches to meet the specific needs of communities that have been historically underserved and underinvested.

Methodology

Overview

The 2026 Renown Health Community Health Needs Assessment employed a comprehensive, mixed-methods approach that integrates both primary and secondary data to produce a rigorous and community-grounded analysis of health needs across Washoe County. The methodology was designed to ensure rigor, equity, and community voice at every stage of the assessment process.

Primary data were gathered directly from Washoe County residents, community leaders, and health system stakeholders through four complementary methods. Secondary data were drawn from existing databases and reports to provide quantitative health status context and enable comparison across local, state, and national benchmarks. Together, these data streams were synthesized using a triangulation approach to identify converging evidence across multiple sources. Primary data refers to information collected directly from the community specifically for this assessment — through surveys, interviews, and focus groups — and reflects the lived experiences and priorities of Washoe County residents. Secondary data refers to existing, publicly available data gathered by other organizations (such as state health departments, the U.S. Census Bureau, and the Centers for Disease Control and Prevention) that provide a broader statistical context for understanding community health trends.

12-Month process

Guided by MAPP 2.0

900+ Community members engaged

100+ Partner organizations

Focused on equity

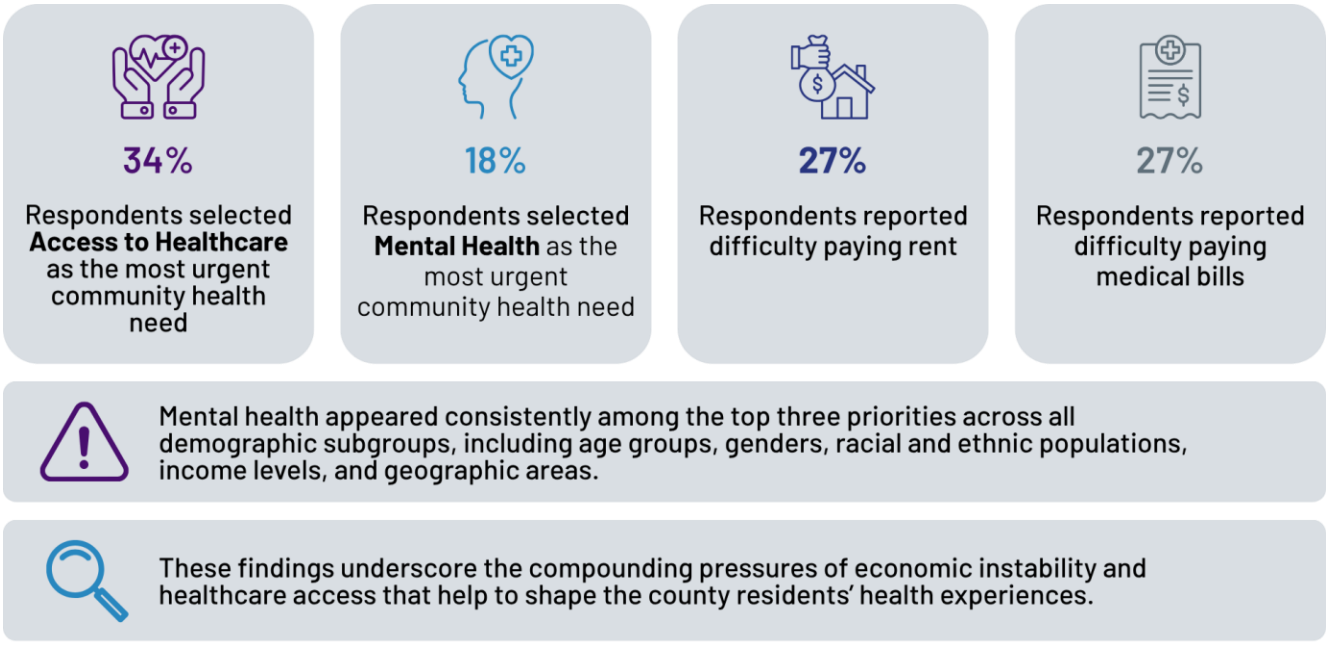
Primary Data

Primary Data: Community Health Survey

A community health survey was administered in October 2025 to adults residing in Washoe County, yielding 694 completed responses. The survey was distributed through electronic channels and community partner networks and was available in both English and Spanish. The survey captured self-reported health status, health behaviors, access to care, and perceived community health priorities.

Strengths of the survey approach include its large sample size and broad reach, which allows for quantifiable identification of community health trends. Survey responses were self-reported from a convenience sample, which may be subject to response biases, and may not fully capture all perspectives across Washoe County population. However, we mitigate these data limitations by comparing and synthesizing findings with other primary and secondary data sources to develop a more comprehensive understanding of the county's health needs.

Key findings from the survey offer insight into the community's perceived health priorities.



In addition to the above healthcare challenges, survey respondents also identified community assets, including outdoor recreational access, cultural diversity, mutual aid networks, and strong cross-sector collaboration. These are strengths that the health system can leverage to support community health improvement over the 2026–2029 planning cycle.

Primary Data: Focus Groups

Fifteen focus group sessions were conducted between September 2 and September 16, 2025, engaging a total of 110 participants. Focus groups were facilitated in both English and Spanish and were intentionally held in community-based settings across diverse neighborhoods and ZIP codes to maximize accessibility and representation.

Focus groups provided rich qualitative data on lived experiences, barriers to care, community assets, and health priorities. Themes were identified through systematic thematic coding by the analysis team. Methodological considerations include potential self-selection bias and the over-representation of certain demographic groups (notably, the majority of participants were aged 55–74 and identified as White/Caucasian, with Hispanic/Latino representation at approximately 17%).

Top Barriers Identified Through Focus Groups

Analysis of the focus group discussions revealed five key themes emerging as barriers to achieving and maintaining a healthy community: (1) Health Information Access, (2) Provider Shortage, (3) Chronic Illness Management, (4) Mental Health Services, (5) Cost of Living. Community strengths (natural environment, social connection, Food Bank of Northern Nevada) also added.

Challenges Accessing Health Information

Many community members reported feeling insufficiently empowered to make informed health decisions due to limited access to clear, reliable, and culturally relevant health education. This gap was especially evident in areas such as understanding healthy food choices, identifying root causes of illness, and managing chronic conditions. Health information was often difficult to locate, inconsistent across sources, or unavailable in languages commonly spoken in the community, including Spanish and various Asian languages.

Lack of Healthcare Providers

A shortage of healthcare providers emerged as a dominant theme across nearly all focus group sessions. Residents reported that demand for care far exceeds provider availability. Participants described difficulty establishing care, noting that many providers are not accepting new patients and that wait times for appointments can be three months or more for both primary and specialty care, with similar delays for dental services. One participant described needing up to three months to find a primary care provider after switching insurance, followed by an additional three-month wait for a specialist appointment.

Concerns About Managing Chronic Illness

Community members reported that high costs associated with managing chronic illnesses including transportation, co-pays, medications, and healthy foods needed to manage conditions such as diabetes pose significant barriers to care and adherence. Potential improvement strategies identified by participants included expanding screening and early detection, increasing access to affordable healthy food, and enhancing transportation options to healthcare facilities and grocery stores.

Lack of Mental Health Providers and Services

Focus group participants observed an increase in the number of individuals experiencing mental health challenges and expressed concern about the limited availability of services to support and treat these issues. Demand for general mental health providers including therapists, counselors, sobriety programs, group therapy, and support groups exceeds availability for both youth and adults. When mental health needs go untreated, symptoms worsen, leading to increased crisis situations, absenteeism, and greater reliance on emergency services.

Cost of Living is Unaffordable

The increasing cost of living, particularly housing, was identified as a significant concern across all focus groups. Housing affordability has declined as rental and mortgage costs in the local market rank among the highest in the nation, while wages have remained largely stagnant. Residents described the difficult trade-offs between paying for rent, food, healthcare, or medications, noting that instability in basic needs directly undermines physical and mental health and overall quality of life.

Community Strengths Identified Through Focus Groups

In addition to barriers, focus group participants consistently described community assets that support health and quality of life. Three themes emerged: (1) Natural environment and recreational opportunities residents expressed deep appreciation for Washoe County's mountains, lakes, trails, and climate, which support year-round physical activity and mental health; (2) Social and community connection—participants highlighted positive neighbor relationships and a general sense of community mutual aid as essential contributors to well-being; and (3) Community food resources the Food Bank of Northern Nevada (FBNN) was widely recognized as a vital asset, valued for its non-discriminatory approach and mobile distribution programs that bring food directly to underserved neighborhoods.

Primary Data: Key Informant Interviews

Nineteen semi-structured key informant interviews (KIIs) were conducted between September-November 2025 with a total of 42 community leaders, health system professionals, social service providers, and representatives of priority populations. KIIs were designed to elicit expert and systems-level perspectives on community health challenges, service gaps, and opportunities for intervention.

Transcripts were reviewed using thematic coding to ensure accuracy and alignment with direct quotes. Five primary themes emerged from the KII process:

Lack of Health Information & Outreach

Mental Health Concerns Across the Lifespan

High Cost of Living & Healthcare Affordability

Provider Shortages & System Gaps

Housing Instability & Unsafe Neighborhoods

Primary Data: Stakeholder Conversations

Supplemental stakeholder conversations were conducted with organizational leaders, policymakers, and community coalition representatives throughout the assessment period. These conversations provided contextual intelligence to inform both data interpretation and priority-setting, and ensured that the CHNA reflected current community dynamics, emerging needs, and the perspectives of organizations deeply embedded in the local health ecosystem.

Renown Health and Northern Nevada Public Health hosted a community forum on January 27, 2026, bringing together residents, community-based organizations, healthcare providers, educators, and public sector partners to review primary and secondary data findings and discuss the feasibility of addressing identified community health priorities. The forum created an opportunity for open dialogue around community strengths, barriers to health, and opportunities for collaboration. Insights shared during the discussion helped validate community concerns and helped to inform the identification of key health needs reflected in this assessment. Participants considered where existing partnerships, community momentum, and organizational capacity could support the greatest collective impact.

Secondary Data

Secondary Data: Methodology

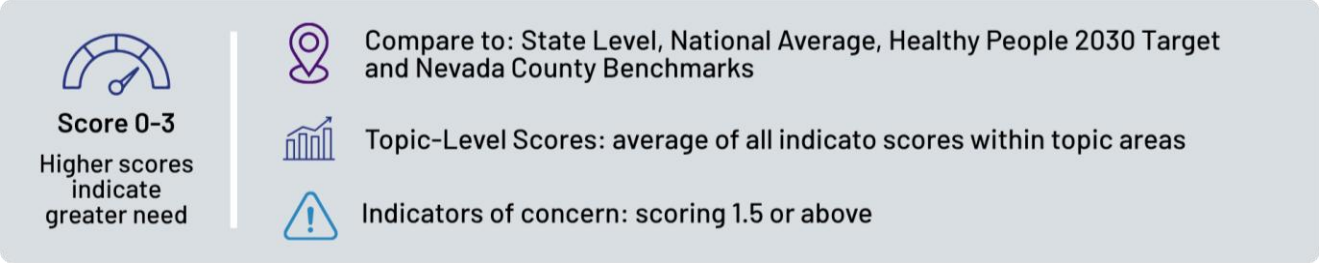
Secondary data for the 2026 CHNA were compiled from more than 60 authoritative data sources covering demographic, health status, quality of life, behavioral, environmental, and clinical indicators across Washoe County, Nevada, and the United States. Data sources included the Nevada Tomorrow platform, Claritas Pop-Facts (2025 population estimates), the American Community Survey (2019–2023), the Nevada Behavioral Risk Factor Surveillance System (BRFSS), the Nevada Youth Risk Behavior Survey (YRBS), the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and the County Health Rankings, among others.

All demographic data are sourced from Claritas Pop-Facts (2025 population estimates) for ZIP code, county, and state estimates and American Community Survey for U.S. estimates. Data were collected and compiled across 27 ZIP code tabulation areas (ZCTAs) within Washoe County to enable geographically granular analysis of health disparities.

Secondary Data: Scoring

Secondary data indicators were organized into topic areas and scored using standardized rubric developed by Conduent HCI. Each indicator was evaluated on up to five dimensions: comparison to state averages, comparison to national averages, comparison to Healthy People 2030 targets (where available), comparison to Nevada county benchmarks, and trend direction over time. Scores ranged from 0 to 3, with higher scores indicating greater need relative to comparators.

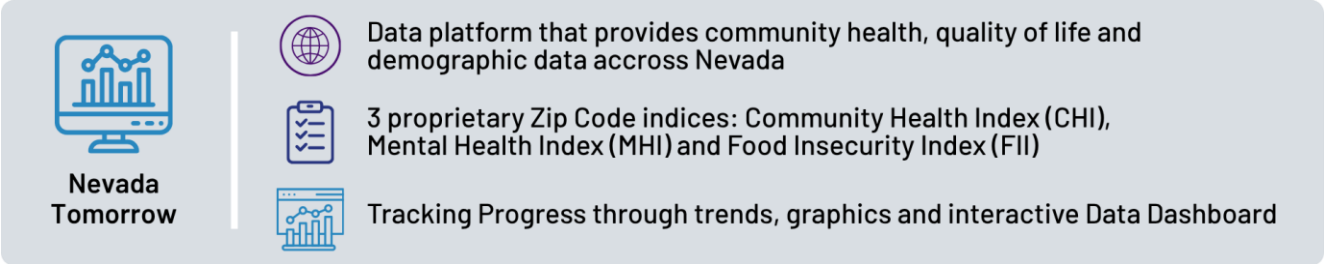
Topic-level scores were calculated as averages of individual indicator scores within each topic area. Indicators with a score at or above 1.50 were considered indicators of concern. This scoring process provided a systematic and transparent basis for comparing health burden across topic areas and informing data-driven prioritization.



Secondary Data: Nevada Tomorrow: Measuring What Matters

The Nevada Tomorrow platform serves as a centralized hub for community health data across Nevada, aggregating indicators from multiple public health, quality of life, and demographic sources into a user-friendly, publicly accessible format. The platform enables tracking of progress toward community health goals over time and supports data-informed decision-making by health departments, hospitals, and community organizations.

Conduent HCI's proprietary Community Health Index (CHI), Mental Health Index (MHI), and Food Insecurity Index (FII) derived from widely available socioeconomic data were also applied at the ZIP code level to identify geographic areas of concentrated health need within Washoe County. These indices, with values ranging from 0 (least concern) to 100 (greatest concern), enabled a nuanced, spatial understanding of health disparities across the county.



Data synthesis

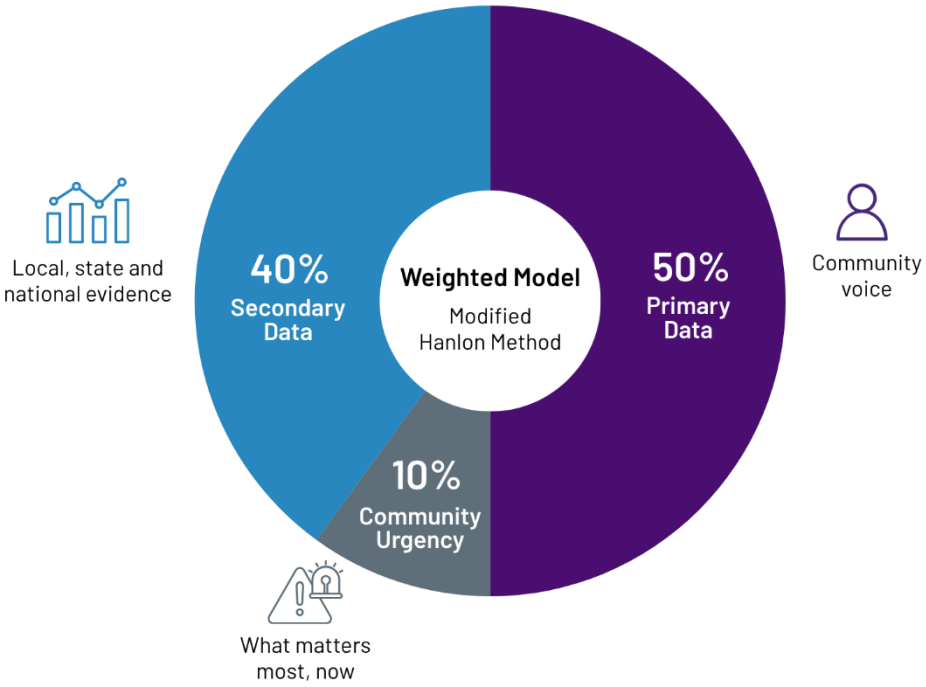
Overview

The 2026 Renown Health and Northern Nevada Public Health CHNA integrated findings from all primary and secondary data sources using a triangulation methodology. This approach identifies areas where multiple independent data streams converge on the same finding, strengthening confidence in the identified community health priorities. The synthesis process examined convergence across key informant interviews, focus groups, the community survey, and secondary data indicators for each potential health need area.

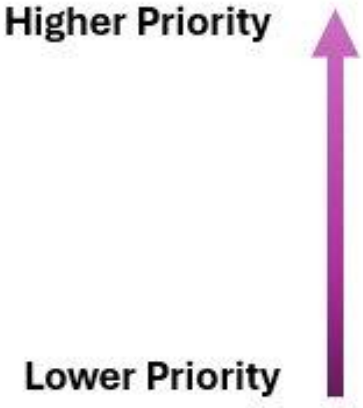
A total of 350+ secondary health and quality-of-life indicators from over 60 data sources were analyzed alongside qualitative themes from 19 KIIs (42 participants), 15 focus groups (110 participants), and 694 community survey responses. The synthesis identified both areas of strong cross-source consensus and areas of divergence that merited further contextual analysis.

Weighted prioritization model (modified Hanlon Method)

By giving the greatest weight to primary data, we ensure that the voices and experiences of our community drive the priorities we address together.



Prioritization



Topic	Score
Mental Health	4.95
Access to Healthcare	5.35
Economic Stability	7.20
Health Risk and Early Detection	9.45
Maternal and Child Health	9.60
Substance Use	9.90
Violence Prevention and Crime	10.15
Environmental Sustainability	10.35

Community health needs were prioritized using a modified Hanlon Method, a widely recognized public health prioritization framework that supports objective, transparent, and data-informed decision-making. The modified approach considered the magnitude and severity of each health issue, health equity disparities, community input, the effectiveness of potential interventions, and the feasibility of addressing each need based on available resources and community capacity.

To better reflect lived experience, the 2026 CHNA introduced a weighted composite scoring methodology. Primary community input, including the community survey, focus groups, and key informant interviews, accounted for 50% of the final score. Secondary data, including health indicators, trends, and disparities, accounted for 40%, while community urgency, as identified during the January 2026 Community Forum, accounted for the remaining 10%. This intentional weighting ensured that community voice remained the primary driver of prioritization.

During the prioritization process, each health topic was scored across these criteria using the modified Hanlon framework. Composite scores were then calculated, with lower scores indicating higher priority. This structured approach allowed Renown Health, Northern Nevada Public Health, and community partners to consistently evaluate community health needs and identify where collective action would have the greatest impact.

Based on this multi-criteria process, four areas were elevated as Significant Health Needs requiring primary investment and intervention, and five areas were identified as Areas of Concern warranting monitoring and targeted response. This distinction reflects both the severity of evidence and the strategic capacity of Renown Health, Northern Nevada Public Health, and community partners

The final prioritized list of community health needs, as presented during the 2026 Community Health Assessment public meeting co-hosted by Renown Health and Northern Nevada Public Health, is as follows: (1) Mental Health; (2) Access to Health Services; (3) Economic Stability; (4) Health Risk Behaviors and Early Detection; (5) Maternal and Child Health; (6) Substance Use; (7) Violence Prevention and Crime and (8) Environmental Sustainability. This ordering reflects the combined weight of primary and secondary data, with community voice, particularly focus group findings, given greater weight in the final ranking methodology.

Prioritization Limitations

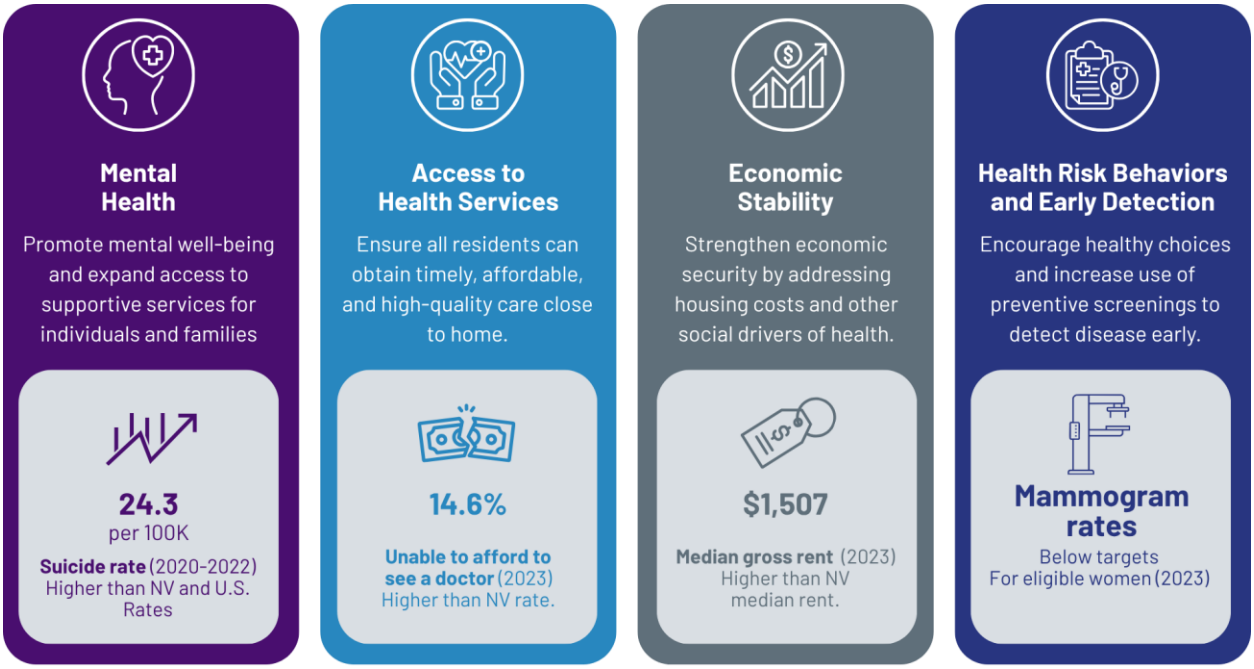
Although the prioritization and ranking process provides a consistent framework for identifying community health needs, the results are influenced by the methodology, data sources, and community input available at the time of the assessment. Variations in topic grouping, survey design and distribution, stakeholder participation, and the selection of secondary data indicators could impact individual scores and rankings. However, these variations are not expected to significantly alter the overall identification of the community's most pressing health needs.

Significant Health Needs

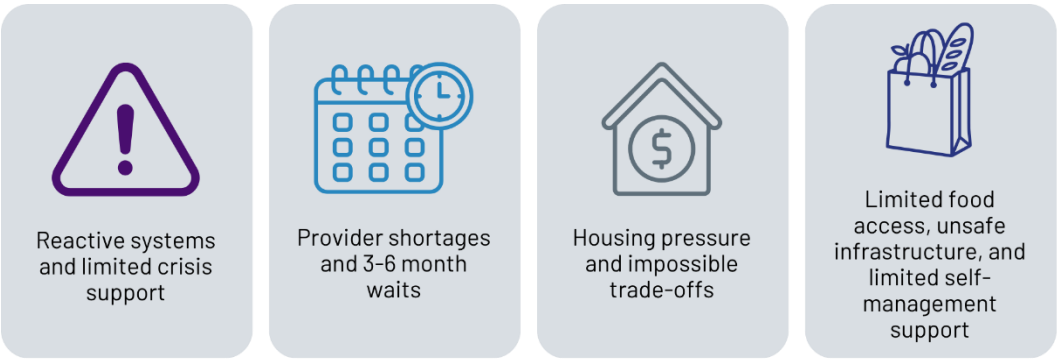
Overview

The following four areas represent the most significant community health needs identified through the 2026 CHNA process. These areas are characterized by the highest burden of evidence across primary and secondary data sources, the greatest community urgency, and significant health equity implications. They will serve as the primary focus of Renown Health and Northern Nevada Public Health's 2027–2029 Community Health Improvement efforts and Implementation Strategy.

These four priority areas reflect the most pressing health needs in Washoe County



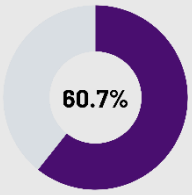
Qualitative themes: Cross-cutting themes identified in community conversations.



Mental Health

Focus on emotional well-being and support.

24.3 per 100,000
Suicide rate



60.7% Of high school students rarely or never get help when sad or hopeless.

Mental health emerged as the highest-priority community health need in the 2026 CHNA, with maximum convergent evidence strength across all four primary data methods and significant secondary data indicators.

> "Our mental health system is so reactive. People have to get really sick before they get help." - Community Participant

Secondary Data Findings

Based on secondary data scoring, the topic of Mental Health & Mental Disorders received a score of 1.44 out of 3, making it the eighth most concerning health topic by secondary data alone. However, when combined with primary data convergence, it rises to the top overall priority. Nevada has a statewide suicide rate that is 50% higher than the national rate (21.6 vs. 14.7 deaths per 100,000), and the rate in Washoe County is even higher at 24.3 deaths per 100,000.

Key indicators of concern include:

- Suicide mortality rate: 24.3 per 100,000 (vs. HP2030 target: 12.8)
- Age-adjusted death rate due to suicide: 22.0 per 100,000 (score: 1.62)
- High school students who have attempted suicide in the past year: 11.7% (vs. NV: 10.4%)
- Adults reporting 14+ days of poor mental health: 18.8%
- High school students who rarely/never get help when feeling sad, hopeless, or anxious: 60.7% (vs. NV: 57.2%)
- Middle school students who have lived with someone with mental illness: 31.1%

The Conduent HCI Mental Health Index (MHI) identifies the downtown Reno ZIP code 89501 as having the highest mental health concern in the county (MHI = 95.7), indicating exceptionally high mental health challenges relative to both county and national norms. Surrounding ZIP codes 89502, 89512, 89431, and 89503 also show elevated MHI values.

> "Adults are cracking under the weight of cost, caregiving, and crisis. By the time they show up, they're already overwhelmed." - Community Participant

Health Equity Implications

American Indian/Alaska Native (AIAN) residents experience particularly severe mental health disparities. AIAN high school students were more likely than their peers to report non-suicidal self-injury and suicide plans. AIAN adults were nearly twice as likely as the general population to report 14 or more days of poor mental health.

Across focus groups, key informant interviews, and the community survey, mental health was consistently identified as one of the most urgent community health concerns, particularly for youth and families. Participants described insufficient therapists, counselors, and support groups; reactive rather than preventive systems; rising substance use; and limited crisis intervention capacity.

Renown Health and NNPH have made targeted investments in the behavioral health response system that directly address the gaps identified through primary data collection. Current community assets in this area include the 988 Suicide and Crisis Lifeline, mobile crisis teams, Renown Crisis Care Center, and Code Phoenix, an anonymity-preserving pathway for individuals in mental health crisis. These investments reflect a coordinated systems response to the surge in youth and adult mental health need identified throughout the 2026 CHNA process. Focus group participants emphasized that demand for general mental health services, including therapists, counselors, sobriety programs, group therapy, and support groups, continues to exceed available capacity for both youth and adults.

Sub Areas of Concern

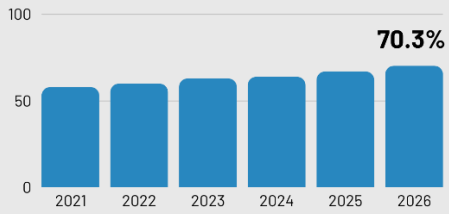
- School-based mental health screening and services
- Mental health care utilization and treatment access
- Crisis services and emergency response capacity
- Insurance coverage for mental health services
- Suicide prevention and intervention
- Serious mental illness (bipolar disorder, schizophrenia)
- Youth mental health, bullying, and social media impact

Access to Health Services

Improve access to affordable, timely, high-quality healthcare.

14.6%
Of adults cannot afford to see a doctor.

70.3%
Of adults had a routine checkup in the last year.



Access to health services represents a systemic and pervasive barrier to health for Washoe County residents. It is the second highest Significant Health Need, with very high convergent evidence strength and broad-based community urgency.

> "Even if the care exists, it's financially out of reach for a lot of people." - Community Participant

Secondary Data Findings

The topic of Healthcare Access & Quality received a secondary data score of 1.33 out of 3, ranking 13th most concerning by secondary data scoring. However, primary data convergence across all methods significantly elevates this as a priority need.

Key indicators of concern include:

- Adults who have had a routine checkup in the last year: 70.3% (score: 2.12), among the lowest county rates nationally
- Adults unable to afford to see a doctor: 14.6% (vs. U.S.: 10.6%) (score: 1.82)
- Children with health insurance: 92.7% (vs. U.S.: 94.6%) (score: 1.76)
- Adults with health insurance: 88.6% (score: 1.59)

The Conduent HCI Community Health Index (CHI) identifies ZIP codes 89433 (CHI = 89.8), 89431 (85.6), 89442 (85.3), and 89424 (85.0) as areas with the greatest concentration of general health risk factors in the county.

> "Services exist, but unless you're already in the system, it's impossible to know what's available."
> - Community Participant

Health Equity Implications

Black/African American adults were about twice as likely as the overall county population to report that they could not afford to see a doctor (29.8% vs. 14.6%). Hispanic/Latino adults face both access barriers (25.9% unable to afford care) and lower insurance coverage (77.6% insured vs. 88.6% overall). AIAN adults also show disproportionate access challenges (25.3% unable to afford care).

> "We don't have enough providers in almost every specialty. Even for basic care, the wait times are months." - Community Participant

All three primary data methods confirmed critical provider shortages, wait times of three to six months for primary and specialty care, dental and vision provider shortages (especially for Medicaid recipients), cost-related barriers to care utilization, and health literacy gaps that prevent effective navigation of the healthcare system.

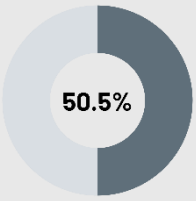
Sub Areas of Concern

- Availability of primary, specialty, dental, and vision care providers
- Affordability of care (insurance costs, co-pays, deductibles, prescription costs)
- Health literacy and patient navigation support
- Health insurance coverage and enrollment assistance
- Telehealth and digital access to care

Economic Stability

Strengthen financial security and reduce economic hardship

50.5%
Of renters spend 30% or more of income on rent.



35.4%
Of households are ALICE.
(ALICE: Asset Limited, Income Constrained, Employed)

Economic stability is foundational to health. In Washoe County, persistent affordability pressures, housing costs, and income disparities undermine the ability of many residents to maintain good health, even when health services are nominally available.

> "Housing is the biggest stressor for most families. If your housing isn't stable, nothing else is."
> - Community Participant

Secondary Data Findings

The Economy topic received a secondary data score of 1.42 out of 3 — the highest-scoring Quality of Life topic in the county. Key indicators of concern include:

- Median household gross rent: $1,507 (score: 2.82) — among the highest nationally
- Mortgaged owners median monthly housing costs: $2,054 (score: 2.82)
- Food insecure children likely ineligible for public assistance: 40.0% (score: 2.53)
- Overcrowded households: 4.2% (score: 2.35)
- Renters spending 30%+ of income on rent: 50.5% (score: 2.29)
- Homeless persons rate: 342.4 per 100,000 (score: 2.03) — above state (307.8) and national (226.8) rates
- ALICE households (Asset Limited, Income Constrained, Employed): 35.4%

Despite a county median household income of $85,240 — higher than state and national averages — the high cost of living in Washoe County means that income does not translate to financial security for a significant portion of the population.

Health Equity Implications

Economic disparities are deeply stratified by race and ethnicity. Black/African American households experience a poverty rate three times higher than the county-wide rate (19.4%). Poverty rates are also significantly elevated for AIAN (17.5%) and Hispanic/Latino (10.5%) households. Rural ZIP codes 89424 and 89442 show poverty rates approaching 20% of families.

> "It's not that people don't care about health — they just have to choose between rent and medication"
> - Community Participant

Focus groups, key informant interviews, and the community survey collectively identified economic insecurity as both a primary health concern and the root driver of barriers to healthcare access, mental health, food security, and housing stability. The high cost of living, stagnant wages, and housing market pressures were consistently described as creating impossible trade-offs for working families.

> "People are working full time and still can't afford to go to the doctor." - Community Participant

Sub Areas of Concern

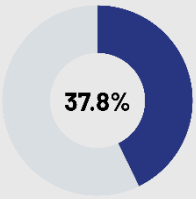
- K–12 education system and workforce pipeline
- Availability of employment and wage equity
- Cost of living and affordable housing
- Food insecurity and nutrition access
- Poverty and ALICE households
- Homelessness and supportive housing

Health Risk Behaviors and Early Detection

Promote healthy behaviors and increase early detection of disease.

13%
Of AIAN female Medicare enrollees received a mammogram in the past year

37.8%
Of residents report insufficient sleep



Health risk behaviors and opportunities for early detection represent a fourth significant health need, reflecting patterns of preventable illness and missed opportunities for screening and intervention across Washoe County.

> "We have great outdoor spaces, but many people don't have safe places to walk or exercise in their own neighborhoods" - Community Participant

Secondary Data Findings

Secondary data indicators related to Health Risk Behaviors and Early Detection span multiple topic areas. The highest scoring topics include Men's Health (1.52), Immunizations and Infectious Diseases (1.46), and Cancer (1.44). Key indicators of concern include:

- Mammogram in past 2 years (women 50–74): 68.8% (vs. HP2030 target: 80.3%) one of the lowest county rates nationally (score: 2.29)
- Insufficient sleep: 37.8% (vs. HP2030 target: 26.7%) (score: 1.76)
- Adults who currently use e-cigarettes: 6.6% (vs. U.S.: 4.6%) (score: 2.03)
- Middle school students not physically active in past 7 days: 22.8% (score: 2.03)
- High school students who have ever used electronic vapor products: 37.4% (score: 1.62)
- Adult vegetable consumption below recommended levels: 77.6% (score: 1.94)
- Cervical cancer screening (ages 21–65): 80.3% (vs. U.S.: 82.8%) (score: 1.59)

The Conduent HCI Food Insecurity Index (FII) identifies ZIP codes 89512 (FII = 86.7), 89424 (85.1), and 89433 (83.2) as areas with the greatest food access challenges, with substantial variation across the county.

> "I was receiving insulin, but it went up in price, and I could no longer afford it, so I just don't use it anymore. I think this happens to a lot of people. The prices go up, so they stop buying their medicine."
> - Community Participant

Health Equity Implications

Early detection disparities are stark. Among American Indian/Alaska Native female Medicare enrollees, only 13% received a mammogram in the past year (vs. 46% overall). Black/African American infants and children are about one-third less likely than the overall county population to receive the CDC-recommended seven-vaccine series. Flu vaccination rates are lowest among Hispanic (28%) and Black/African American (32%) Medicare enrollees.

Primary Data

Community survey respondents and focus group participants identified physical activity, healthy eating, and chronic disease management as areas of significant concern. Participants described barriers including food access limitations, unsafe neighborhood infrastructure for physical activity, and insufficient resources for chronic disease self-management education.

Sub Areas of Concern

- Physical activity promotion and access
- Healthy eating and nutrition access
- Overweight and obesity prevention
- Immunizations and vaccination equity
- Oral health access
- Annual check-ups and cancer screening
- Chronic disease management and self-management support
- Social connectedness and support systems

Areas Of Concern

Overview

The following five areas represent additional health needs of concern identified through the 2026 CHNA process. While these areas did not rise to the level of Significant Health Need in the prioritization process, they reflect meaningful community health challenges that warrant sustained attention, targeted monitoring, and coordinated response strategies. These areas will be reflected in community benefit programming and partnership investments over the 2027–2029 planning cycle.

Maternal & Child Health

Environmental Sustainability

Violence Prevention

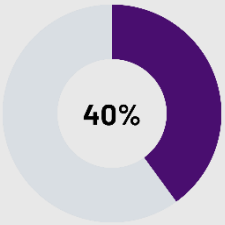
Substance Use

Crime

Maternal and Child Health

$11,278
Annual Price of Licensed Childcare

40%
Food-Insecure Children Likely Ineligible for Public Health Assistance.



Children's Health was the second most concerning health topic in Washoe County based on secondary data scoring, with a topic score of 1.63 out of 3. Maternal, Fetal, and Infant Health received a score of 1.32. Together, these topic areas highlight a cluster of concerns around prenatal care access, child food security, child care availability, and infant and child mortality.

Key Indicators of Concern

- Food insecure children likely ineligible for public assistance: 40.0%
- Women receiving prenatal care in the first trimester: 60.0%
- Child care centers per 1,000 population under age 5: 0.3
- Children with health insurance: 92.7% (vs. U.S.: 94.6%)
- Price of licensed child care: $11,278 annually
- Middle school students getting nine or more hours of sleep on average school nights: 17.7%
- Mortality rate among children ages 0–19: 58.1 per 100,000

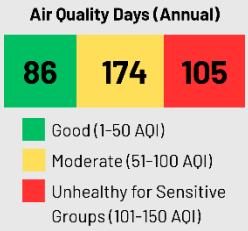
Sub Areas of Concern

- Education and prevention of reproductive health
- Preterm birth and prenatal care access
- Sexually transmitted infection testing and treatment
- Teen pregnancy and family planning
- Availability of reproductive health clinics and family planning services

Environmental Sustainability

F
Ozone air quality grade

174
Moderate air quality days annually.



Environmental Health was the 11th most concerning topic in Washoe County, with a secondary data score of 1.40 out of 3. Environmental conditions in Washoe County are shaped by its desert climate, wildfire smoke exposure, drought cycles, and urban development patterns. These conditions pose direct and indirect risks to community health, particularly for vulnerable populations including older adults, children, and those with respiratory conditions.

Key Indicators of Concern

- Air pollution due to particulate matter: 11.2 micrograms per cubic meter
- Adults with current asthma: 10.9%
- Air Quality Index: 174 moderate days annually
- Annual ozone air quality grade: F
- Annual particle pollution grade: F
- Weeks of moderate drought or worse: 47.0 annually
- Park acreage rate: 3.8 acres per 1,000 population

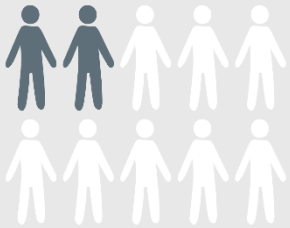
Sub Areas of Concern

- Air quality and wildfire smoke mitigation
- Urban tree canopy and green space
- Bike trails, walking paths, and pedestrian infrastructure
- Parks and open recreational spaces
- Transportation infrastructure and public transit access
- Community gardens and food environment
- Clean water access and environmental justice

Violence Prevention

20.5
Firearm fatalities per 100,000

15.6%
Of high school students experienced sexual dating violence in the past year.



Violence prevention is an area of concern in Washoe County, encompassing domestic violence, youth violence, firearm safety, and child maltreatment. Secondary data reveal elevated rates of violent crime, firearm fatalities, and youth exposure to violence and bullying.

Key Indicators of Concern

- Violent crime rate: 474.7 per 100,000 population
- Firearm fatalities: 20.5 per 100,000 population
- High school students electronically bullied in past year: 17.5–19.3%
- High school students experiencing sexual dating violence in past year: 15.6%
- High school students experiencing physical dating violence in past year: 9.1%
- Middle school students ever physically hurt by an adult: 16.6%
- Child abuse and neglect substantiated reports: 29.3% of substantiated reports

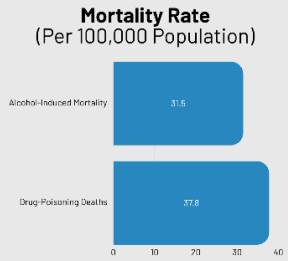
Sub Areas of Concern

- Early childhood development and trauma-informed care
- Mentorship programs and youth engagement
- Social-emotional learning in schools
- Safe firearm storage education and outreach
- Harm reduction and domestic violence services

Substance Use

31.5
Alcohol-induced mortality per 100,000

37.8
Drug poisoning deaths per 100,000



Substance use is the third most concerning health topic by secondary data scoring, with a topic score of 1.59 out of 3. Washoe County faces particularly alarming rates of alcohol-induced mortality and drug poisoning deaths, significantly exceeding national averages. The substance use crisis intersects directly with the mental health and economic stability priorities identified in this CHNA.

Key Indicators of Concern

- Death rate due to drug poisoning: 37.8 per 100,000 (vs. HP2030 target: 20.7) — 82% above target
- Alcohol-induced mortality rate: 31.5 per 100,000 (vs. U.S.: 14.4) — 119% higher than national average
- Adults who drink excessively: 23.0% (vs. NV: 19.9%)
- Adults who binge drink: 19.9%
- Adults who use marijuana: 20.8%
- Age-adjusted drug and opioid-involved overdose death rate: 26.4 per 100,000
- Middle school students living with someone who abused alcohol or drugs: 24.2%
- High school students who have ever lived with a parent/guardian having problems with alcohol or drug use: 30.4%

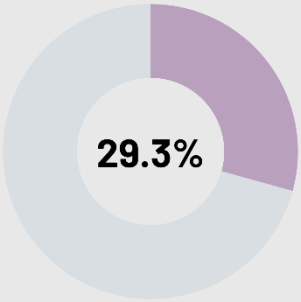
Sub Areas of Concern

- Alcohol use and abuse prevention and treatment
- Marijuana use and public health education
- Prescription drug misuse prevention
- Tobacco and e-cigarette use, especially among youth
- Youth substance use prevention programs
- Access to treatment and recovery services
- Harm reduction (needle exchange programs, safe use education)

Crime

474.7
Violent crime rate per 100,000

29.3%
Of child abuse reports are substantiated.



Crime and public safety represent an additional area of concern in Washoe County, with elevated rates of violent crime and ongoing community concerns about neighborhood safety. Crime intersects with multiple social determinants of health, including housing instability, economic insecurity, and youth development, making it a relevant component of the broader community health landscape.

Key Indicators of Concern

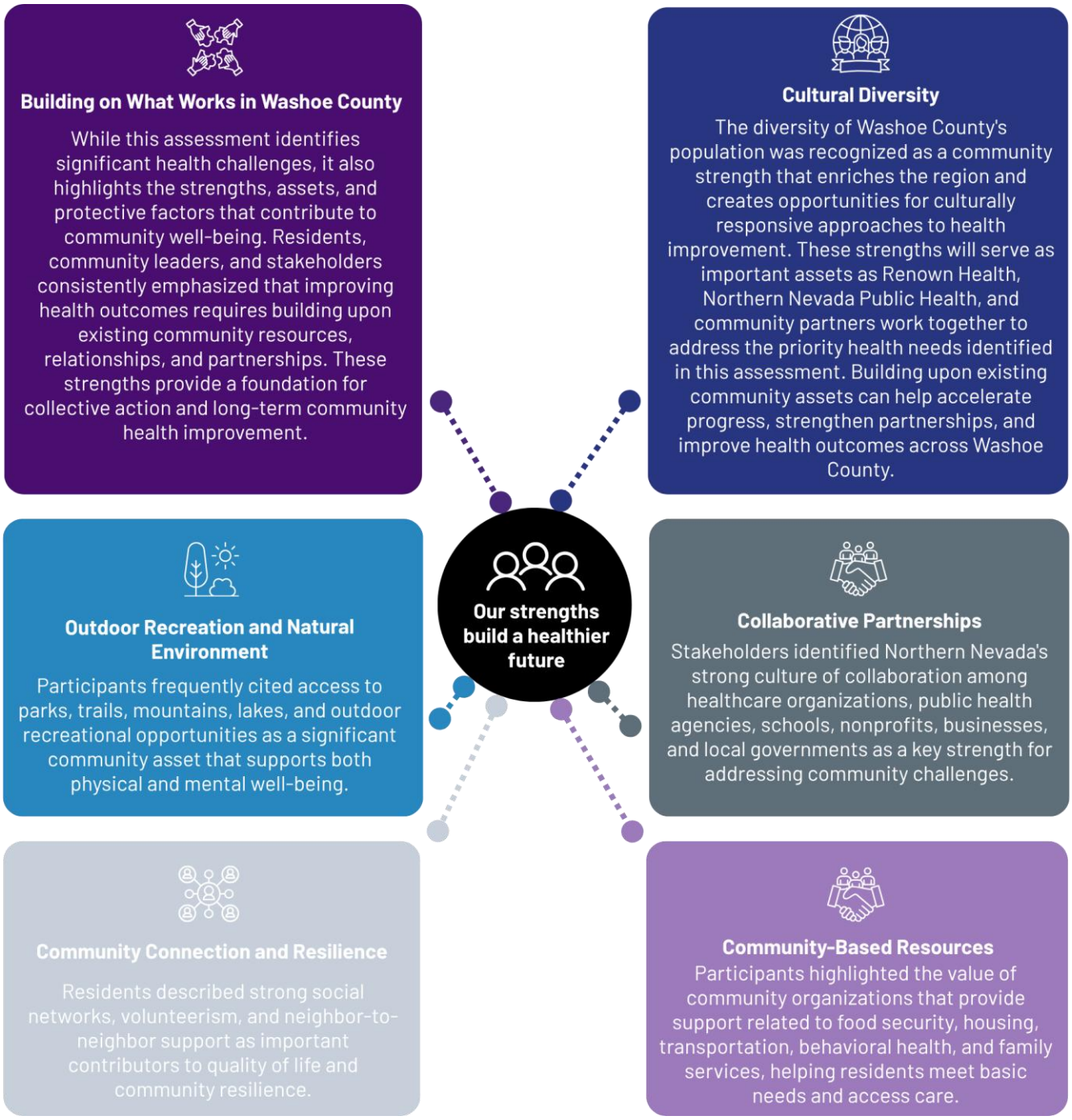
- Violent crime rate: 474.7 per 100,000 population
- Domestic violence incidents and service gaps
- Gun-related injuries and deaths: 20.5 firearm fatalities per 100,000
- Rape and sexual assault rates
- Child abuse and neglect substantiated reports

Community Context

Primary data participants noted that concerns about crime, neighborhood safety, and gang activity contribute to elevated stress, reduced physical activity, and avoidance of community spaces; compounding health disparities in high-need ZIP codes. Addressing crime as a public health issue requires coordinated strategies that integrate law enforcement, social services, mental health resources, and community development.

Community Strengths and Assets

Throughout the Community Health Needs Assessment, residents, community leaders, and partners identified the existing assets that make Washoe County resilient. These strengths provide the foundation for collaboration, guide future investments, and create opportunities to improve health outcomes together.



Conclusion

Lessons Learned

The 2026 Renown Health and Northern Nevada Public Health Community Health Assessment reflects a year of deep community engagement, rigorous data analysis, and collaborative deliberation. Several important lessons emerged from this process that will shape the development of the Implementation Strategy and guide future assessment cycles:

Community voice is essential. Primary data collected directly from residents, community leaders, and health system stakeholders consistently enriched and challenged the picture painted by secondary data alone. The lived experience of Washoe County residents, particularly those most affected by health disparities is an essential evidence source that must continue to be prioritized and resourced.

Applying an equity lens throughout the assessment process revealed disparities that would have been obscured by aggregate data. The most meaningful findings of this assessment emerged when data were disaggregated by race, ethnicity, and geography. Aggregate county-level data can mask significant disparities. Future assessment and intervention efforts must maintain this level of granularity as a standard practice.

Social determinants drive health outcomes. Across every significant health need and area of concern identified in this CHNA, the underlying drivers trace back to social, economic, and environmental conditions. Housing instability, economic insecurity, food access, and neighborhood safety are not peripheral concerns they are central to health. Renown Health and Northern Nevada Public Health's implementation response must engage these upstream factors alongside clinical interventions.

Provider shortages are a systemic constraint requiring systemic solutions. The persistent shortage of primary care, specialty care, mental health, and dental providers in Washoe County cannot be resolved by any single organization. Multi-sector, multi-year strategies, including workforce development, telehealth expansion, and community health worker investment are essential.

Trust takes time to build and must be continuously earned. Engagement with historically underserved communities, including tribal nations, immigrant communities, and low-income households, requires sustained relationship-building, culturally responsive approaches, and demonstrated follow-through on community feedback. This CHNA is one step in an ongoing partnership.

Next Steps

The 2026 Community Health Needs Assessment provides a roadmap for community health improvement efforts from 2027 through 2029. The priorities identified through this assessment will inform future investments, partnerships, and strategies designed to improve health outcomes and address the most significant health needs facing the community. The following steps are planned:

1 Implementation Strategy Development

Renown Health will develop a detailed Implementation Strategy that identifies specific programs, strategies, partnerships, and metrics aligned with the Significant Health Needs identified in this report. Northern Nevada Public Health will also develop a Community Health Improvement Plan (CHIP) aligned with these priorities.

2 Board Adoption

The Implementation Strategy & Plan will be presented to the Renown Health Board of Directors for formal adoption within the timeframe required by IRS Section 501(r)(3). Northern Nevada Public Health's Community Health Improvement Plan (CHIP) will be formally adopted by The District Board of Health.

3 Public Availability

This CHNA report and the subsequent Implementation Strategy will be made publicly available on the Renown Health website, on the Northern Nevada Public Health website, on Truckee Meadows Tomorrow's website, and through the Truckee Meadows Tomorrow community health dashboard, which will host community health indicators for public access and transparency.

4 Community Dissemination

Renown Health and Northern Nevada Public Health will share key findings with community partners, stakeholders, and residents through town halls, partner briefings, and community events. Northern Nevada Public Health will utilize the Nevada Tomorrow platform to disseminate findings and track progress through the Community Health Improvement Plan (CHIP). Community partners are invited to submit desired community health headlines for the next three years via the Nevada Tomorrow platform to inform CHIP and Implementation Plan priorities. A second phase of community input will be conducted to invite additional participation before Implementation Strategy finalization.

5 CHIP and Implementation Alignment

Renown Health and Northern Nevada Public Health will coordinate their Community Health Improvement Plan and Implementation Strategy to reduce duplication, align funding, and maximize community benefit. Indicators presented through this CHNA will be integrated into a Community Health Assessment Dashboard hosted by Truckee Meadows Tomorrow to support ongoing public accountability and transparency.

6 Ongoing Monitoring and Evaluation

Progress against Implementation Strategy goals will be monitored annually, with formal evaluation reports integrated into the next CHNA cycle. Northern Nevada Public Health will produce an annual community health report to track progress against CHIP priorities and share findings with the public and the District Board of Health.

Appendices Summary

The CHNA Companion Appendices provide supplemental data, documentation, and references supporting the findings and processes detailed in this Community Health Needs Assessment:

Community Definition Materials

Includes the complete list of the zip codes that define the service area, along with a Social Vulnerability Index (SVI) map illustrating high-need areas across the region and identification of federally designated Health Professional Shortage Areas (HPSAs).

Stakeholder and Community Engagement Summary

Lists all organizations that contributed input through interviews, surveys, or listening sessions, including representatives of public health agencies, medically underserved, low-income, and minority populations. Also includes data collection tools such as survey instruments and discussion guides used during community engagement.

Data Sources and Methodology Details

Includes methodology overview, data scoring criteria and tables, and a summary of how qualitative and quantitative data were collected and analyzed. This section also includes any supplemental information from the previous CHNA to support comparison and context.

Stakeholder Committee Members

Provides a list of community-based organizations, coalitions, and state and local leaders that participated in this 2026 CHNA process.