

Executive Report

2019 Community Health Needs Assessment

Douglas County, Nevada

Prepared for:
Carson Valley Medical Center

By:
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*This document and the information
contained herein are embargoed
until edited to include:*

- the results of prioritization*
- an evaluation of past work to
address health priorities*



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Introduction



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Project Overview

Project Goals

This Community Health Needs Assessment is a systematic approach to determining the health status, behaviors, and needs of residents in the service area of Carson Valley Medical Center. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

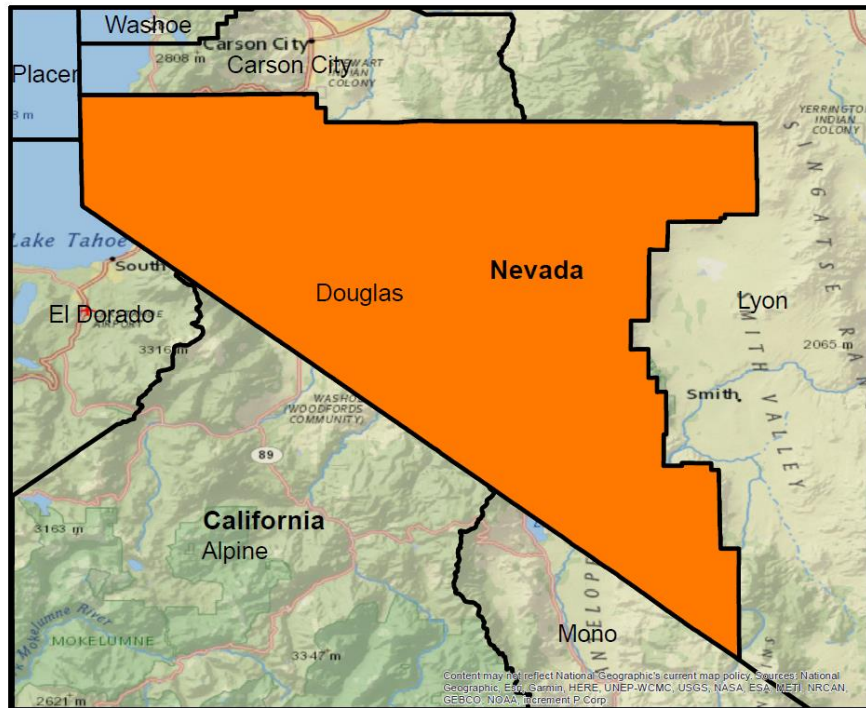
This assessment was conducted on behalf of Carson Valley Medical Center by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States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

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes secondary research (vital statistics and other existing health-related data) that allows for comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through the Online Key Informant Survey.

Community Defined for This Assessment

The study area for this effort is Douglas County, Nevada. This community definition, determined based on the areas of residence of most recent patients of Carson Valley Medical Center, is illustrated in the following map.



Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 33 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation		
Key Informant Type	Number Invited	Number Participating
Physicians	32	12
Public Health Representatives	8	2
Other Health Providers	12	5
Community Leaders	52	14

Final participation included representatives of the organizations outlined below.

- Carson Valley Medical Center/
Minden Family Medicine
- Carson Valley Chamber of
Commerce
- Douglas County School District
- Douglas County Sheriff's Office
- DP Consulting
- East Fork Fire Protection District
- Me for Incredible Youth (MEFIYI)
- Minden Family Medicine, Rural
Health Clinic (CVMC)
- REMSA/Care Flight
- Renown Health
- Senior Care
- Sierra Nevada ENT and Hearing
Aid Center
- Tahoe Fracture and Orthopedics
- The Record–Courier Newspaper

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

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

NOTE: The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are based on perceptions, not facts.

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Determining Significance

Differences noted in this report represent those determined to be significant. For the purpose of this report, “significance” of secondary data indicators (which might be subject to reporting error) is determined by a 5% variation from the comparative measure.

Information Gaps

While this assessment is quite extensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

In terms of content, this assessment was designed to provide a broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

IRS Form 990, Schedule H Compliance

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

IRS Form 990, Schedule H (2017)	See Report Page(s)
Part V Section B Line 3a <i>A definition of the community served by the hospital facility</i>	6
Part V Section B Line 3b <i>Demographics of the community</i>	20
Part V Section B Line 3c <i>Existing health care facilities and resources within the community that are available to respond to the health needs of the community</i>	99
Part V Section B Line 3d <i>How data was obtained</i>	6
Part V Section B Line 3e <i>The significant health needs of the community</i>	11
Part V Section B Line 3f <i>Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</i>	Addressed Throughout
Part V Section B Line 3g <i>The process for identifying and prioritizing community health needs and services to meet the community health needs</i>	Pending
Part V Section B Line 3h <i>The process for consulting with persons representing the community's interests</i>	7
Part V Section B Line 3i <i>The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)</i>	Pending

Summary of Findings

Identified Health Needs of the Community

The following “Areas of Opportunity” represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	<ul style="list-style-type: none"> • Lack of Health Insurance (Children & Adults) • Primary Care Physician Ratio
Heart Disease & Stroke	<ul style="list-style-type: none"> • High Blood Cholesterol
Infant Health & Family Planning	<ul style="list-style-type: none"> • Low-Weight Births
Injury & Violence	<ul style="list-style-type: none"> • Unintentional Injury Deaths
Mental Health	<ul style="list-style-type: none"> • Suicide Deaths • <i>Mental Health ranked as a top concern in the Online Key Informant Survey.</i>
Nutrition, Physical Activity & Weight	<ul style="list-style-type: none"> • Low Food Access • <i>Nutrition, Physical Activity, & Weight ranked as a top concern in the Online Key Informant Survey.</i>
Substance Abuse	<ul style="list-style-type: none"> • Excessive Drinking • <i>Substance Abuse ranked as a top concern in the Online Key Informant Survey.</i>
Tobacco Use	<ul style="list-style-type: none"> • Cigarette Smoking Prevalence

Data Tables: Comparisons With Benchmark Data






The following tables provide an overview of secondary data indicators in Douglas County. These data are grouped to correspond with the Topic Areas presented in Healthy People 2020 and the areas addressed in the Online Key Informant Survey.










Reading the Summary Tables









- In the following charts, Douglas County results are shown in the larger, blue column.
- The columns adjacent to the Douglas County column provide comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Symbols indicate whether Douglas County compares favorably (☀️), unfavorably (☁️), or comparably (☔️) to these external data.






Blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.






Social Determinants	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Linguistically Isolated Population (Percent)	1.8	☀️ 6.1	☀️ 4.5	
Population in Poverty (Percent)	10.9	☀️ 14.9	☀️ 15.1	
Population Below 200% FPL (Percent)	26.6	☀️ 35.9	☀️ 33.6	
Children Below 200% FPL (Percent)	36.7	☀️ 48.8	☀️ 43.3	
No High School Diploma (Age 25+, Percent)	7.0	☀️ 14.6	☀️ 13.0	
Unemployment Rate (Age 16+, Percent)	4.8	☁️ 5.0	☔️ 4.1	
		☀️ better	☁️ similar	☔️ worse
















Overall Health	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Fair/Poor Overall Health (Percent)	14.8	 17.3	 15.7	
		 better	 similar	 worse






Access to Health Services	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Uninsured (% Adults 18-64)	12.5	 5.5	 12.1	
Uninsured (% Children 0-17)	10.8	 7.2	 4.7	
Primary Care Doctors per 100,000	69.4	 64.2	 87.8	
		 better	 similar	 worse









Cancer	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Cancer (Age-Adjusted Death Rate)	125.9	 161.3	 160.9	 160.6
Mammogram in the Past 2 Years (Women 67-69, Percent)	65.8	 55.3	 63.1	
		 better	 similar	 worse










Diabetes	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Prevalence of Diabetes (Percent)	5.9	 8.3	 9.2	
		 better	 similar	 worse







Family Planning	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Teen Births per 1,000 (Age 15-19)	18.9	 43.6	 36.6	
		 better	 similar	 worse














Heart Disease & Stroke	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Diseases of the Heart (Age-Adjusted Death Rate)	135.4	 198.6	 168.2	 156.9
Stroke (Age-Adjusted Death Rate)	30.2	 35.0	 36.9	 33.8
Told Have High Cholesterol (Percent)	37.3	 37.5	 38.5	 13.5
Told Have High Blood Pressure (Percent)	22.8	 27.5	 28.2	 26.9
		 better	 similar	 worse







HIV	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
HIV Prevalence per 100,000	85.1	 331.8	 353.2	
		 better	 similar	 worse








Injury & Violence Prevention	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Unintentional Injury (Age-Adjusted Death Rate)	45.3	 43.2	 41.9	 36.0
Violent Crime per 100,000	138.5	 610.1	 379.7	
		 better	 similar	 worse








Maternal, Infant & Child Health	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Low Birthweight Births (Percent)	8.4	 8.2	 8.2	 7.8
Infant Death Rate	3.0	 5.9	 6.5	 6.0
		 better	 similar	 worse







Mental Health	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Suicide (Age-Adjusted Death Rate)	16.9	 19.3	 13.0	 10.2
		 better	 similar	 worse







Nutrition, Physical Activity & Weight	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
<5 Fruits/Vegetables Per Day (Percent)	72.7	 77.3	 75.7	
Population With Low Food Access (Percent)	49.1	 24.1	 22.4	
Prevalence of Obesity (BMI 30+)	21.5	 26.7	 27.5	 30.5
No Leisure-Time Physical Activity (Percent)	14.9	 20.3	 21.8	 32.6
		 better	 similar	 worse

Oral Health	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Dental Visit in Past Year (Percent)	75.5	 65.7	 69.8	 49.0
		 better	 similar	 worse

Respiratory Diseases	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
CLRD (Age-Adjusted Death Rate)	40.9	 54.0	 41.3	
Asthma Prevalence (Percent)	9.6	 12.7	 13.4	
		 better	 similar	 worse

Sexually Transmitted Diseases	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Gonorrhea Incidence per 100,000	12.7	 14.3	 110.7	
Chlamydia Incidence per 100,000	176.2	 423.8	 456.1	
		 better	 similar	 worse

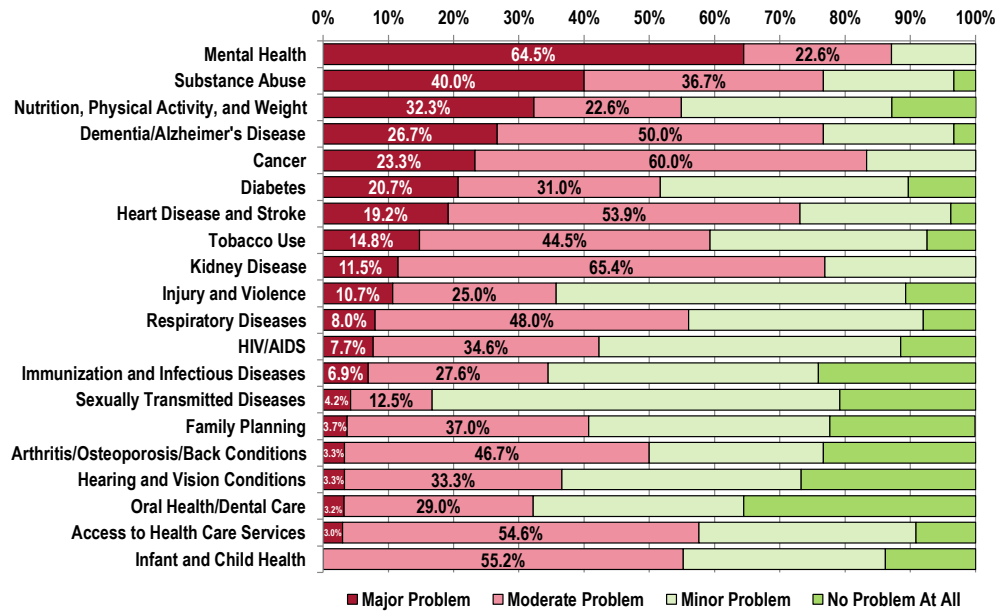
Substance Abuse	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Excessive Drinking (Percent)	20.9	 18.2	 16.4	 25.4
		 better	 similar	 worse

Tobacco Use	Douglas County	Douglas County vs. Benchmarks		
		vs. NV	vs. US	vs. HP2020
Current Smoker (Percent)	17.8	 20.8	 17.8	 12.0
		 better	 similar	 worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of “major problem,” “moderate problem,” “minor problem,” or “no problem at all.” The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description



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Population Characteristics

Total Population

Douglas County, the focus of this Community Health Needs Assessment, encompasses 709.72 square miles and houses a total population of 47,426 residents, according to latest census estimates.

Total Population (Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Douglas County	47,426	709.72	66.82
Nevada	2,839,172	109,780.17	25.86
United States	318,558,162	3,532,068.58	90.19

Sources:

- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at <http://www.chna.org>.

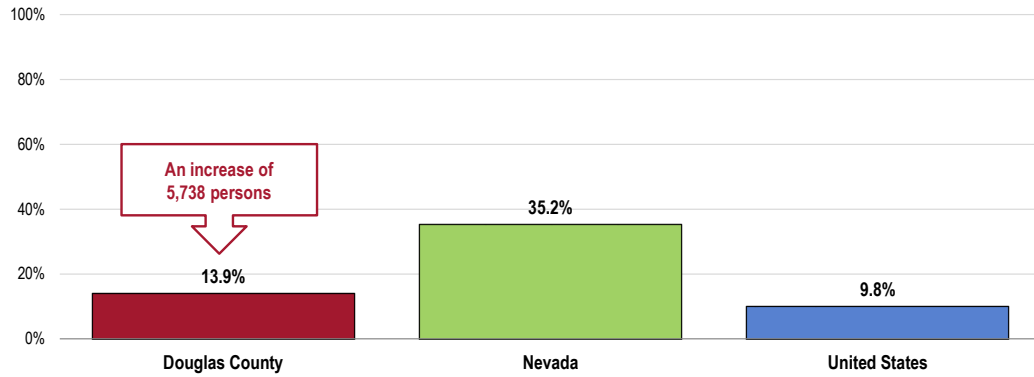
Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

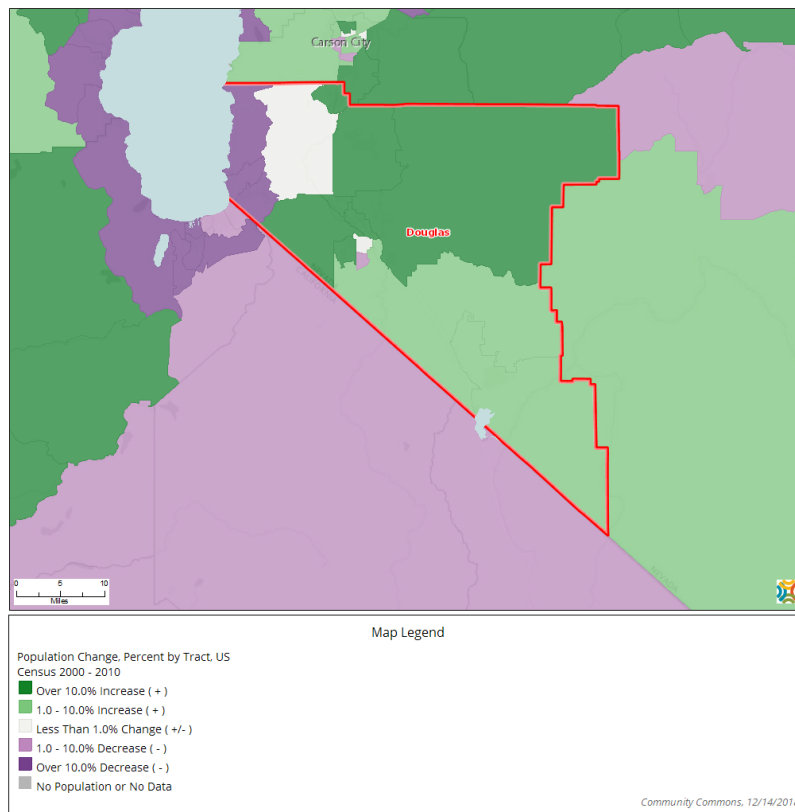
Between the 2000 and 2010 US Censuses, the population of Douglas County increased by 5,738 persons, or 13.9%.

- Considerably lower than the Nevada percentage increase.
- Above the US percentage.

Change in Total Population (Percentage Change Between 2000 and 2010)



- Sources:
- Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Census Bureau Decennial Census (2000-2010).
- Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

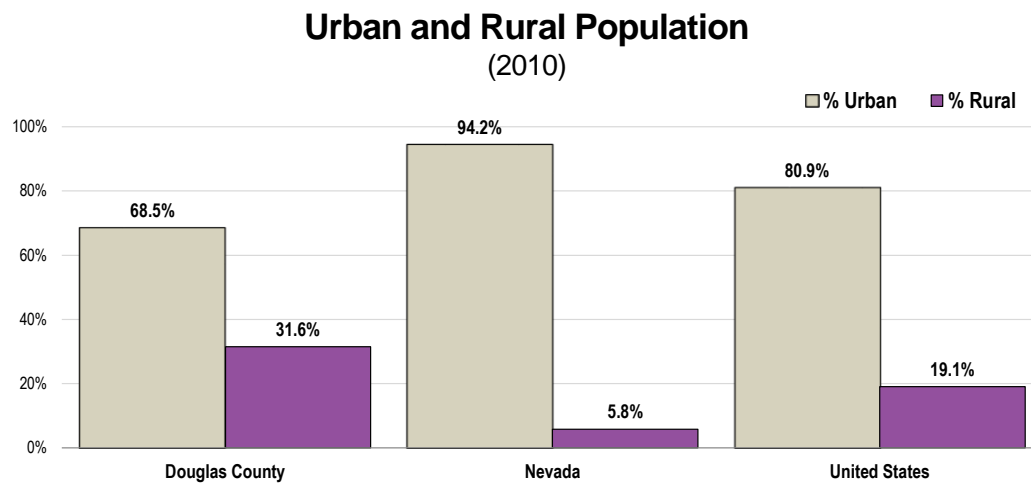


Urban/Rural Population

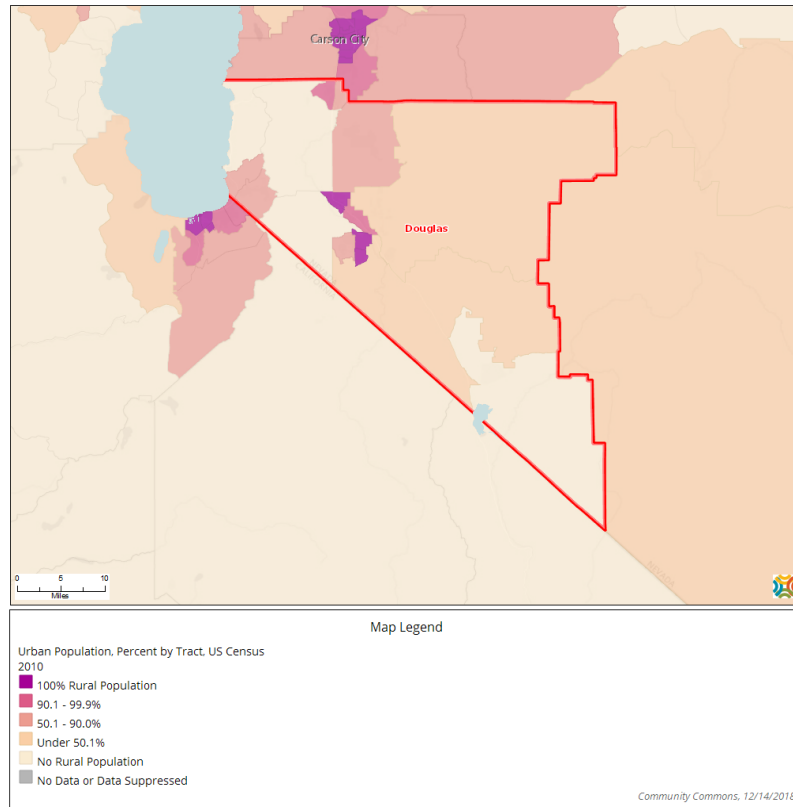
Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Douglas County is predominantly urban, with 68.5% of the population living in urban settings.

- For comparison, over 90% of the state population and over 80% of the national population live in urban areas.



- Sources:
- US Census Bureau Decennial Census.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.



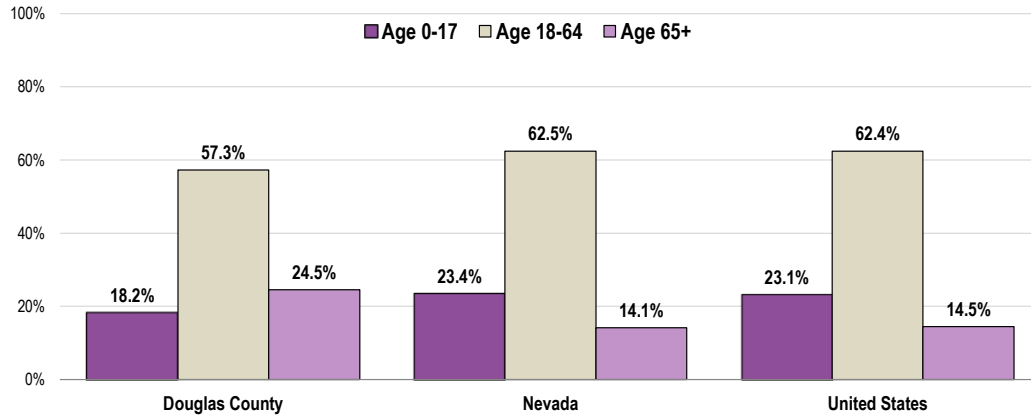
Age

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

In Douglas County, 18.2% of the population are infants, children, or adolescents (age 0-17); another 57.3% are age 18 to 64, while 24.5% are age 65 and older.

- The percentage of older adults (65+) is well above what is found statewide or nationally.

Total Population by Age Groups, Percent (2012-2016)

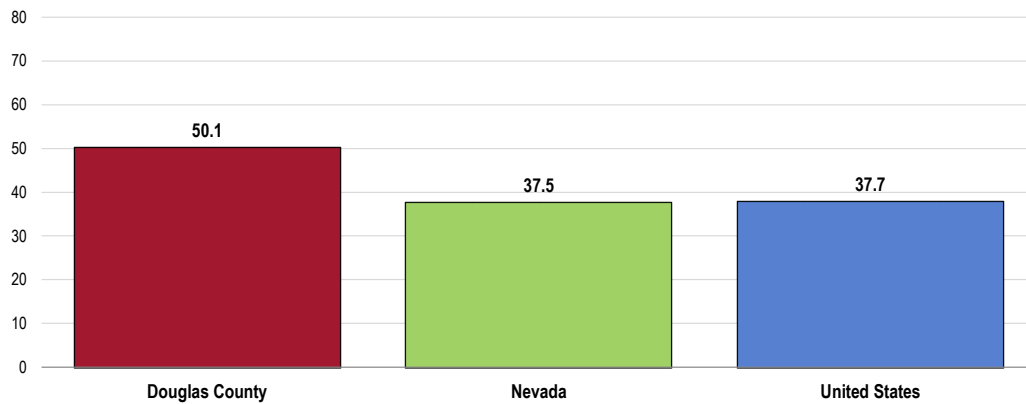


Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved January 2019 from Community Commons at <http://www.chna.org>.

Median Age

Douglas County is considerably “older” than the state and the nation in that the median age is higher.

Median Age (2012-2016)



Sources:
 • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved January 2019 from Community Commons at <http://www.chna.org>.



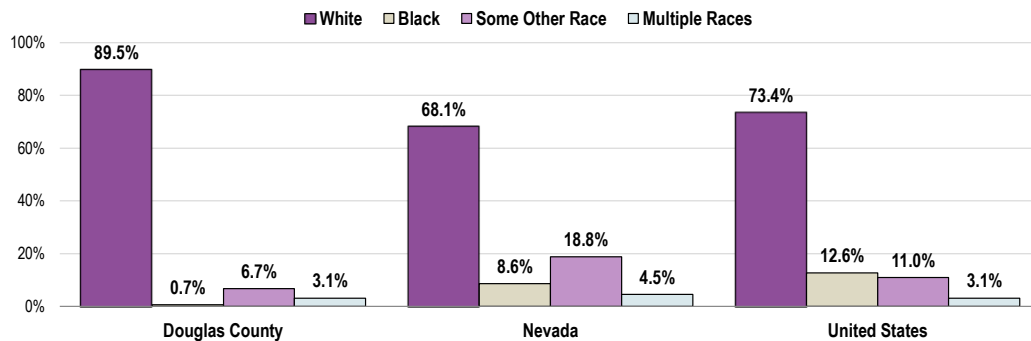
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 89.5% of county residents are White, 0.7% are Black, 6.7% are some other race, and 3.1% reported multiple races.

- Much less diverse than found statewide and nationally.

Total Population by Race Alone, Percent (2012-2016)



Sources:

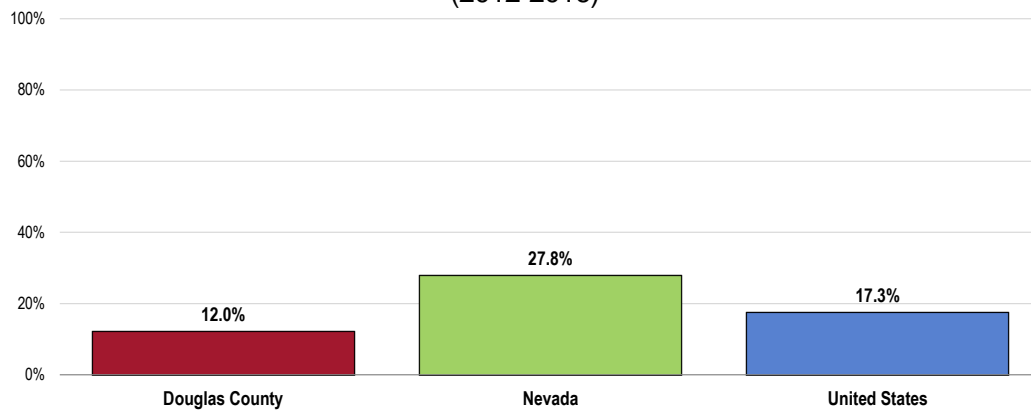
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved January 2019 from Community Commons at <http://www.chna.org>.

Ethnicity

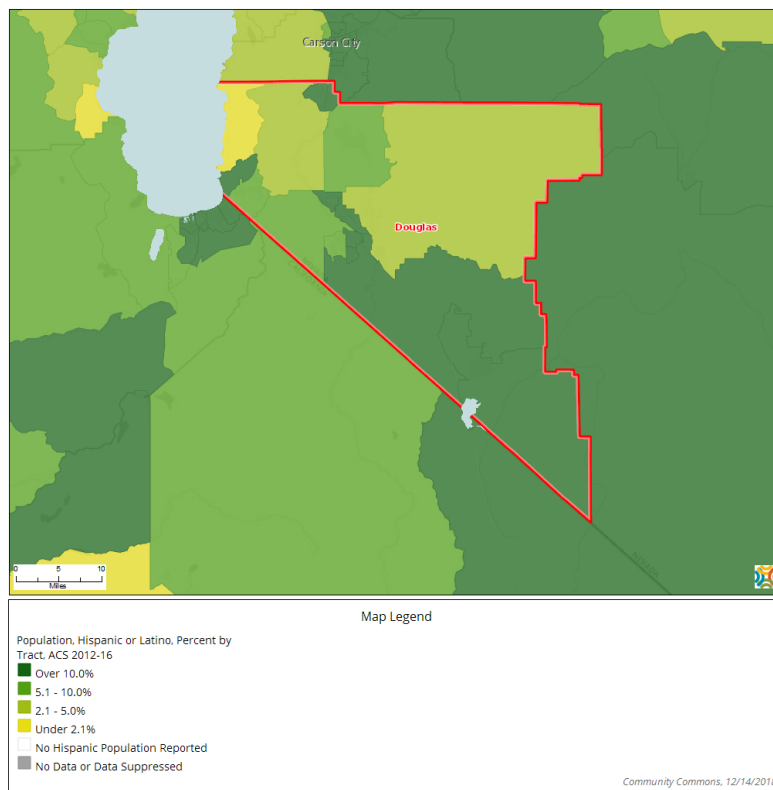
A total of 12.0% of Douglas County residents are Hispanic or Latino.

- Much lower than the state percentage (especially) as well as the national percentage.

Hispanic Population (2012-2016)

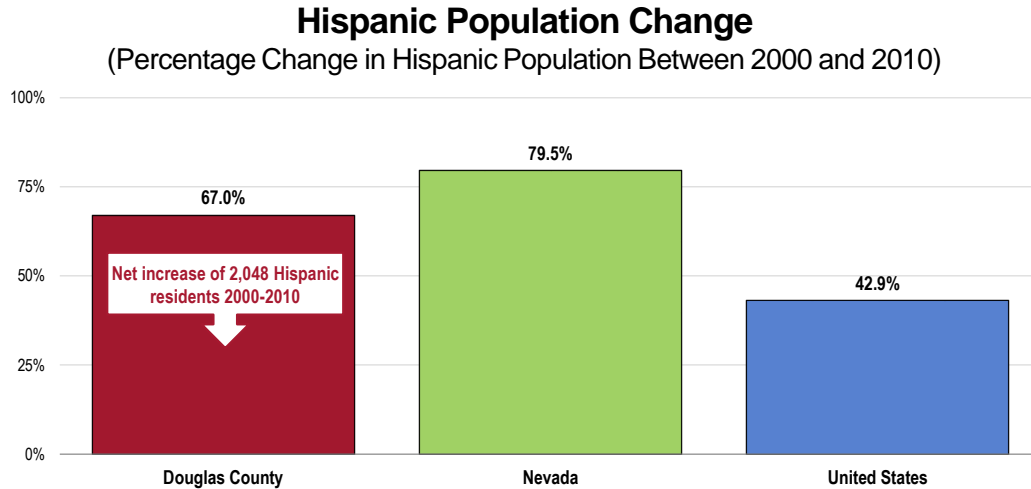


- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.



Between 2000 and 2010, the Hispanic population in Douglas County increased by 2,048 residents, or 67.0%.

- Lower (in terms of percentage growth) than that found statewide.
- Much higher than found nationally.

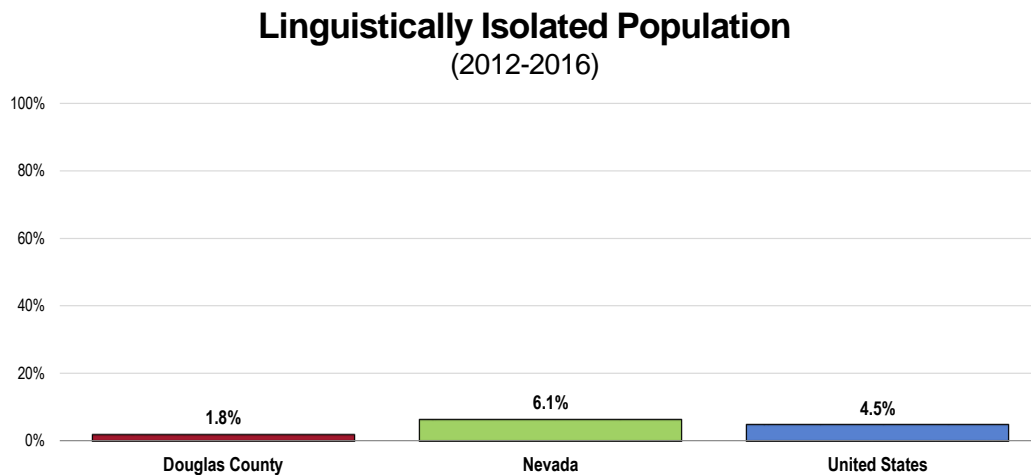


Sources: • US Census Bureau Decennial Census (2000-2010).
 • Retrieved January 2019 from Community Commons at <http://www.chna.org>.

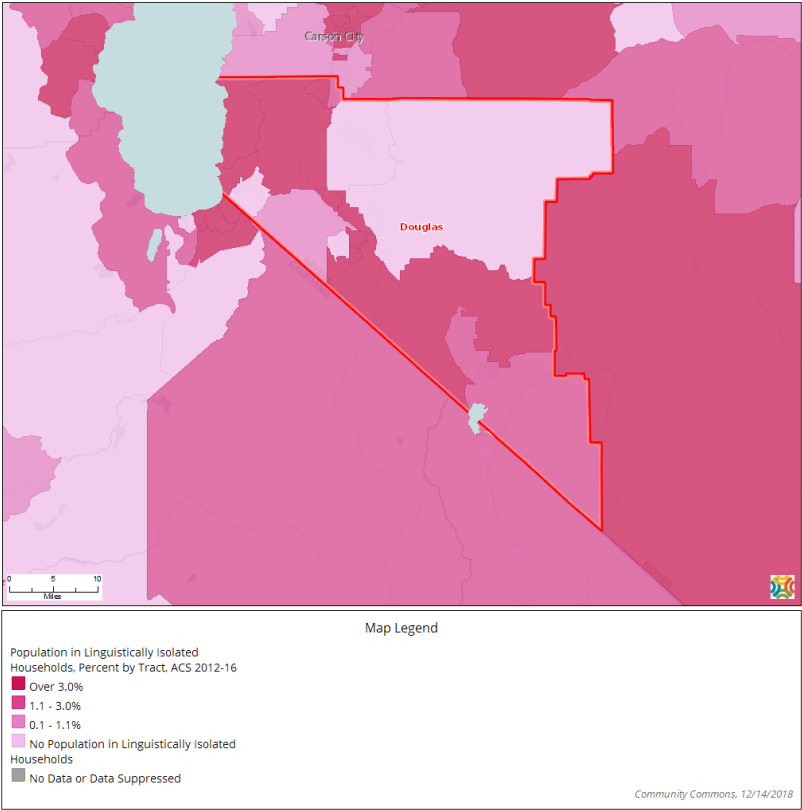
Linguistic Isolation

A total of 1.8% of the Douglas County population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English “very well”).

- Well below the state and US percentages.



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English “very well.”



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

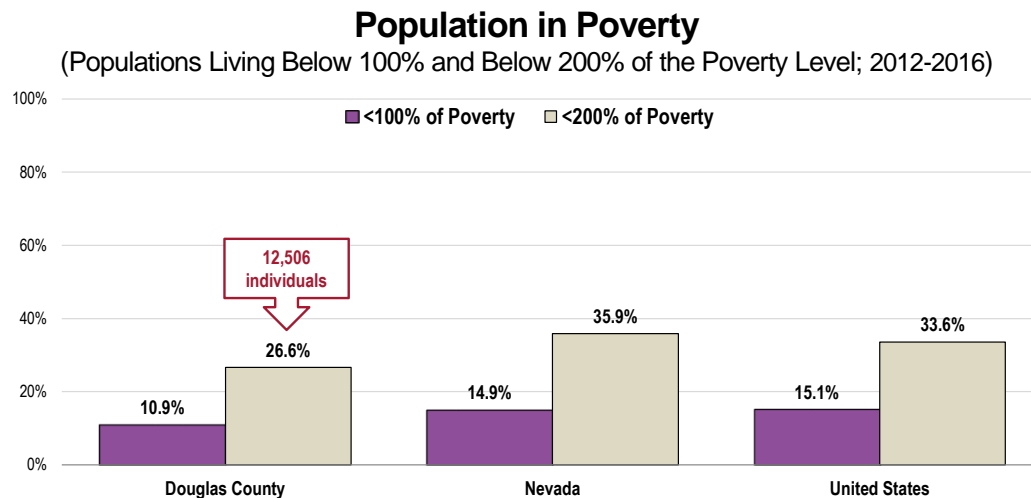
- Healthy People 2020 (www.healthypeople.gov)

Poverty

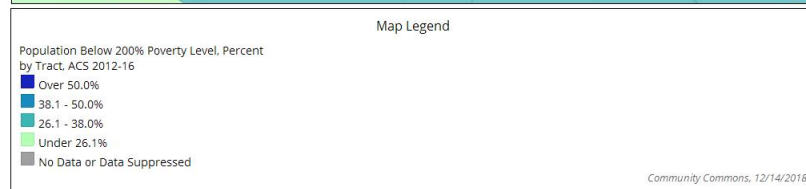
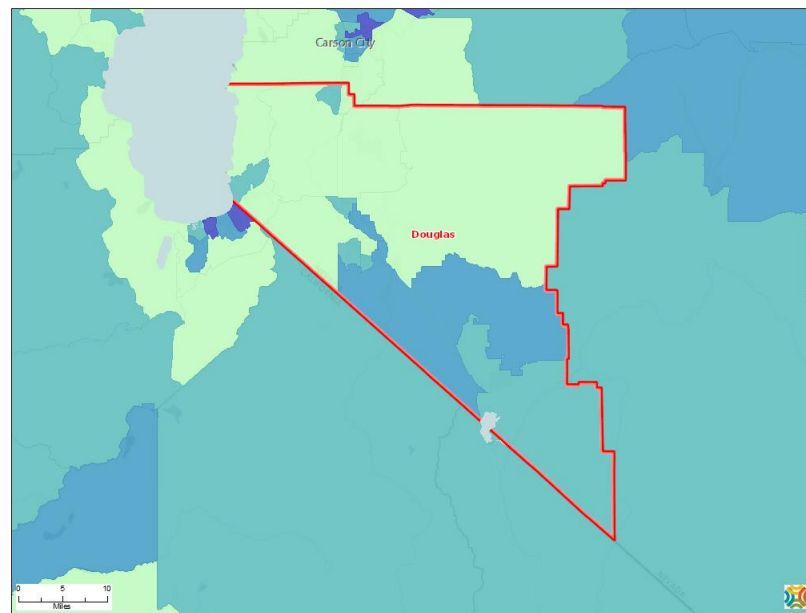
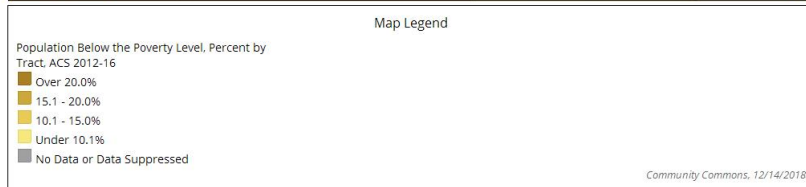
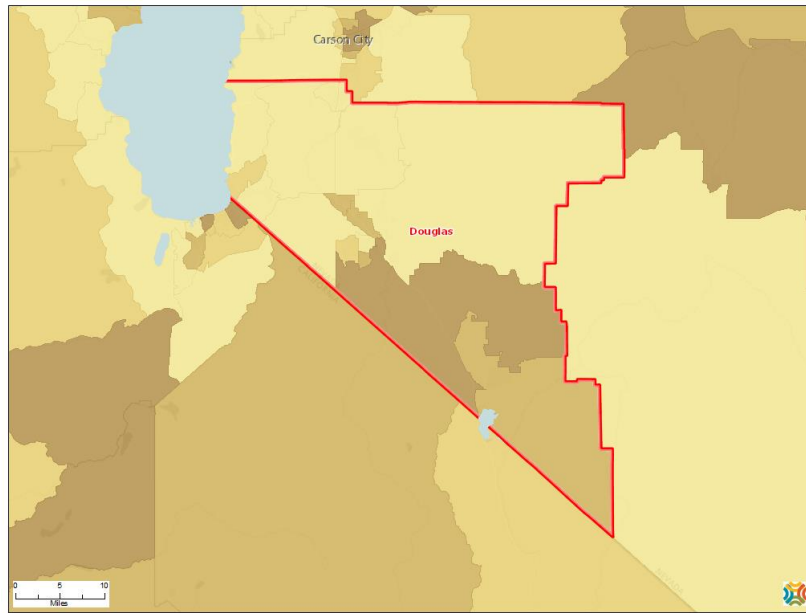
The latest census estimate shows **10.9%** of Douglas County population living **below the federal poverty level**.

In all, **26.6%** of county residents (over 12,500 individuals) live **below 200% of the federal poverty level**.

- The percentages are statistically lower than the statewide and US figures.



- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

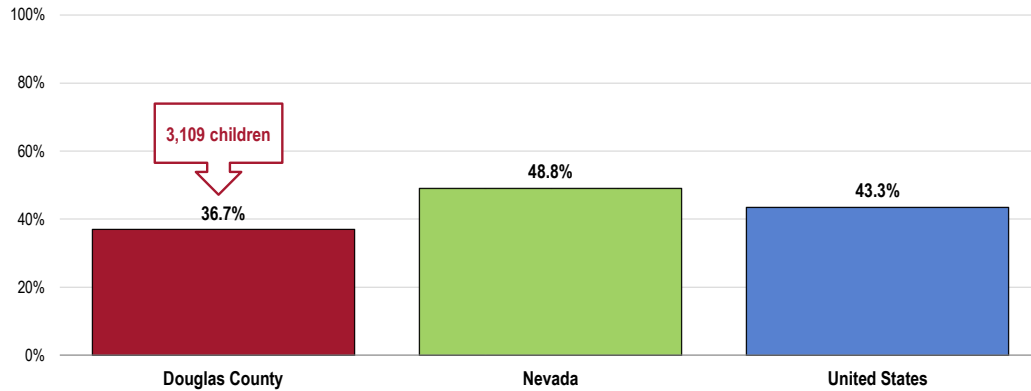


Children in Low-Income Households

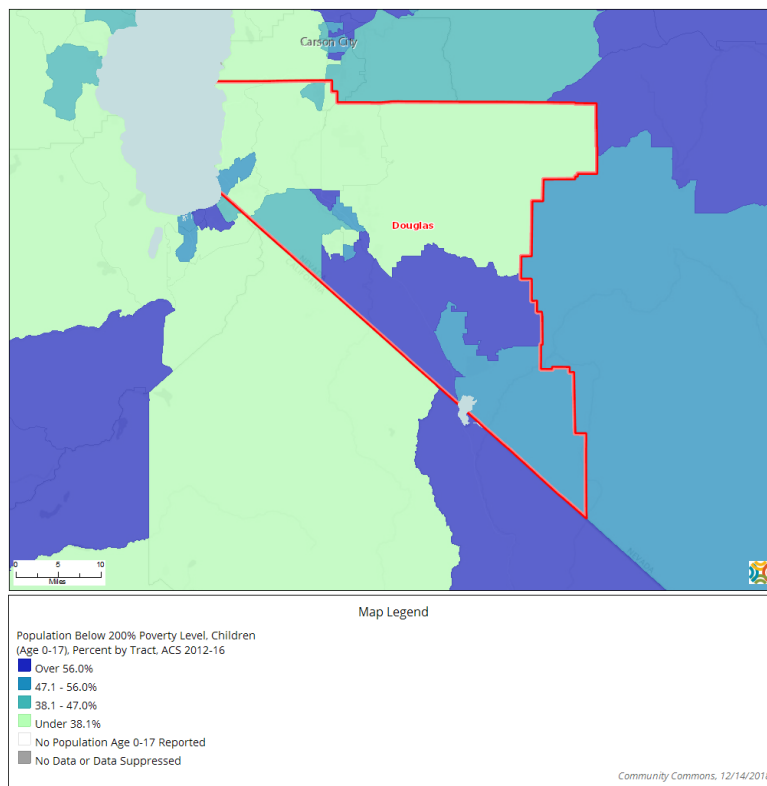
Additionally, 36.7% of Douglas County children age 0-17 (representing an estimated 3,109 children) live below the 200% poverty threshold.

- Lower than the proportions found statewide and nationally.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources: • US Census Bureau American Community Survey 5-year estimates.
 • Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



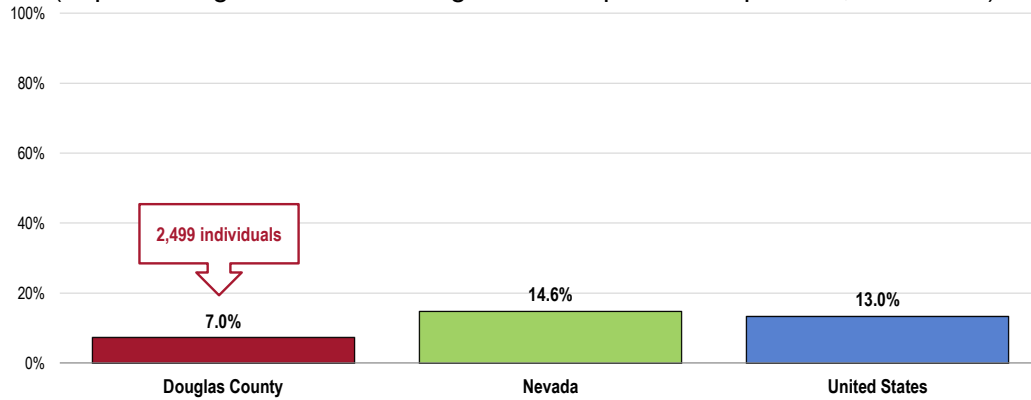
Education

Among Douglas County population age 25 and older, an estimated 7.0% (about 2,500 individuals) do not have a high school diploma.

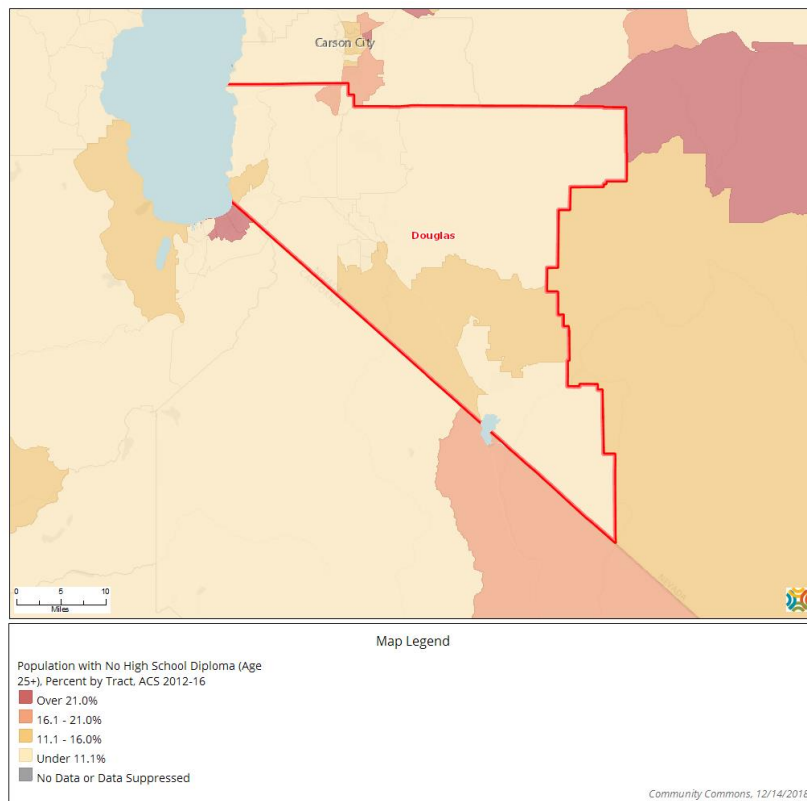
- Lower than the Nevada and US percentages.

Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



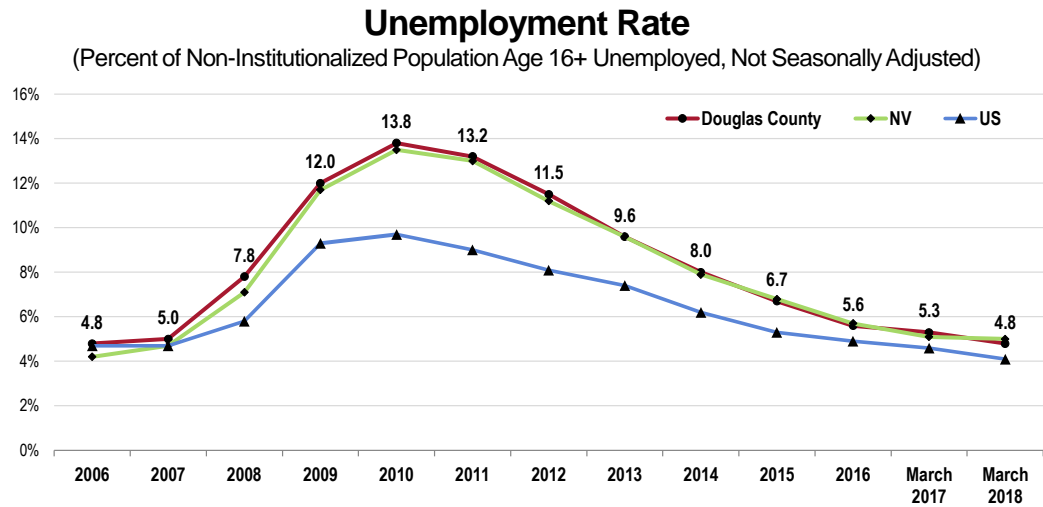
- Sources:
- US Census Bureau American Community Survey 5-year estimates.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in Douglas County in March 2018 was 4.8%.

- Similar to the Nevada unemployment rate.
- Worse than the national unemployment rate.



- Sources:
- US Department of Labor, Bureau of Labor Statistics.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

General Health Status



Professional Research Consultants, Inc.

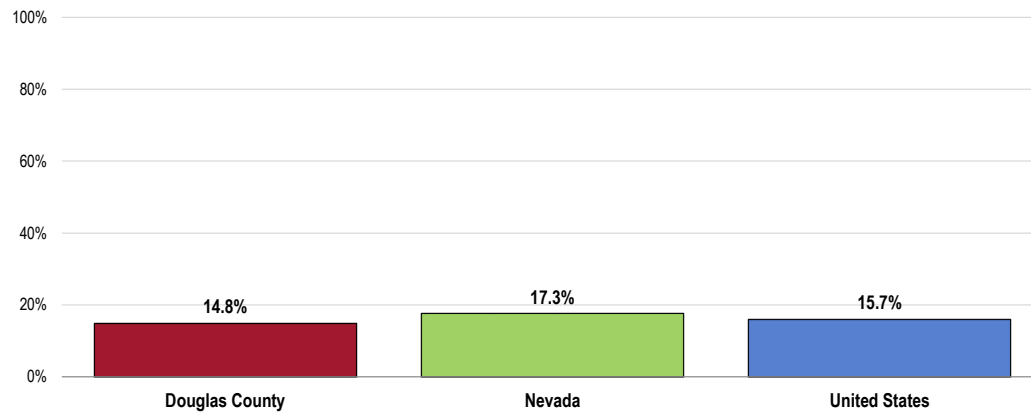
Overall Health Status

Self-Reported Health Status

A total of 14.8% of Douglas County adults rate their overall health as “fair” or “poor.”

- Lower than the state and national percentages.

Adults With Fair or Poor Health (Age-Adjusted) (2006-2012)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because it is a measure of general poor health status.

Mental Health

RELATED ISSUE:

See also *Potentially Disabling Conditions in the Death, Disease & Chronic Conditions* section of this report.

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

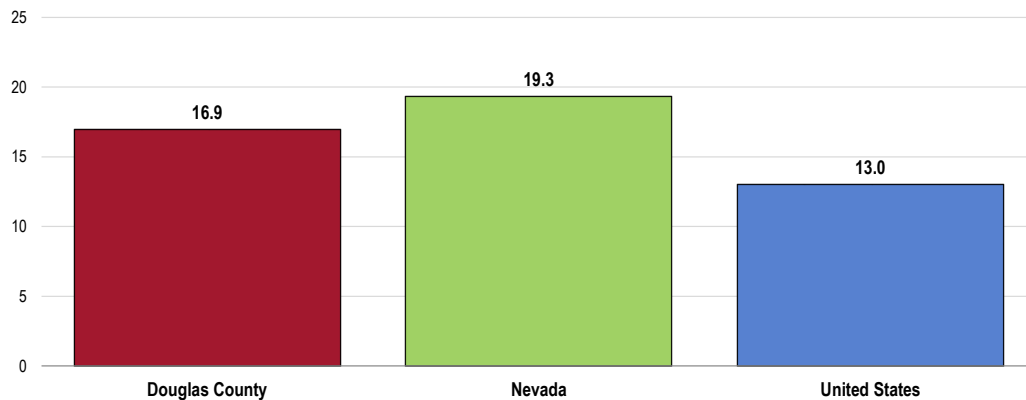
- Healthy People 2020 (www.healthypeople.gov)

Suicide

Between 2012 and 2016, there was an annual average age-adjusted suicide rate of 16.9 deaths per 100,000 population in Douglas County.

- Below what is seen statewide.
- Above the national suicide rate.

Suicide: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 10.2 or Lower

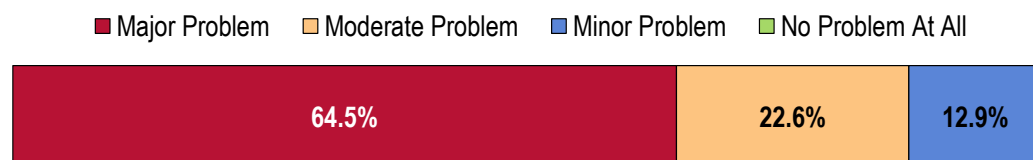


- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MHMD-1]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Key Informant Input: Mental Health

A clear majority of key informants taking part in an online survey characterized *Mental Health* as a “major problem” in the service area.

Perceptions of Mental Health as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Challenges

Among those rating this issue as a “major problem,” the following represent what key informants see as the main challenges for persons with mental illness:

Access to Care/Services

The county does not have the resources to deal with the mentally ill, who end up being incarcerated instead of treated. – Community Leader

Shortage of adequate support for treating the whole person. – Physician

There are extremely limited mental health services in Douglas County, few psychiatrists, no pediatric psychiatry in the county. – Physician

Access to mental health facilities – can include transportation and finances as barriers. A big challenge is transitioning patients through the system and continuity of care as that is how many patients are lost in the system and revert back to continued issues without any resolution. The lack of facilities for treatment of both substance abuse and mental illness is a major gap. – Other Health Provider

Ability to find resources for support and consistent therapy. – Community Leader

The lack of emergency mental health care resources. Long-term mental health care needs a lot of work in our community too, but people in mental health crisis need a place to go and they need expert care and we simply don't have it. – Community Leader

Access to appropriate services that are close to home and affordable. – Other Health Provider

Mental health is a substantial problem in our community and each community. Services are hard to access, medication is expensive, therapy is hard to find. The stigma of having a mental health condition is looked upon as an outcast person. – Community Leader

Having been involved in the county, a club that is made up of mentally affected adults, and on the Board that assists such individuals. The resources aren't there to help these individuals and don't meet the need of the Community. The local jail has numerous individuals that would be better treated than being arrested. – Community Leader

Lack of access to care to see psychiatrists, psychologists and social work. Limited community programs to help these folks succeed. – Physician

Lack of timely and geographically convenient resources. Lack of funding to get these resources. Lack of payer resources to pay for these resources. – Physician

Suicide

The high number of suicides per capita and substance abuse. – Public Health Representative

Douglas county has a high rate of suicide especially among the elderly. With our average age rate of citizens in the valley, we are faced with low income, inadequate mental health services to assist with the depression that comes with being low income and therefore directly relates to a person's sense of hopelessness and suicide risk rates. – Community Leader

Number of suicides in the Valley. – Community Leader

Bullying in our schools is leading to so many mental health issues, such as anxiety, depression, thoughts of suicide, physical health issues including obesity and eating, and it is disrupting sleep architecture which cascades into other health issues. – Community Leader

Lack of Providers

Large number of the population with the disease process, but limited providers and services. – Public Health Representative

Lack of providers. – Physician

Few providers nearby. Many don't accept insurance. – Community Leader

Affordable Care/Services

Lack of ability to afford or find availability for both counseling and or psychiatry. – Physician

Death, Disease & Chronic Conditions



Professional Research Consultants, Inc.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than \$500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, Nevada and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

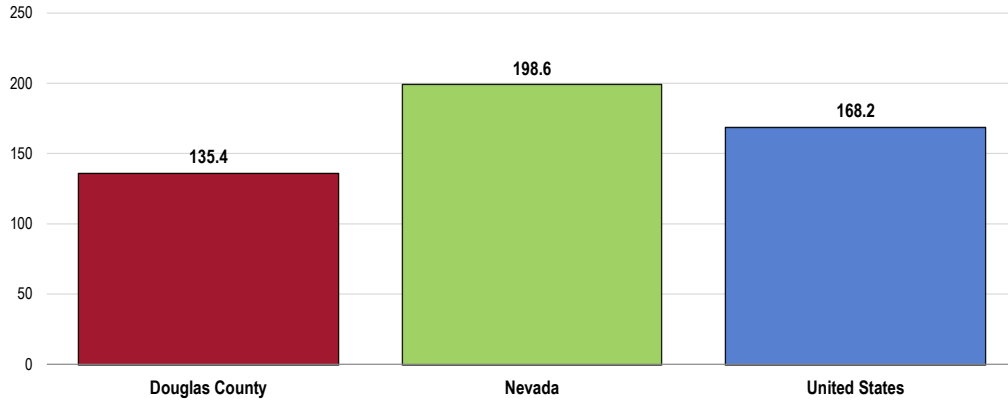
Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these “age-adjusted” rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

Heart Disease Deaths

Between 2012 and 2016, Douglas County reported an annual average age-adjusted heart disease mortality rate of 135.4 deaths per 100,000 population.

- Lower than the statewide (especially) and US rates.

Heart Disease: Age-Adjusted Mortality
 (2012-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 156.9 or Lower (Adjusted)



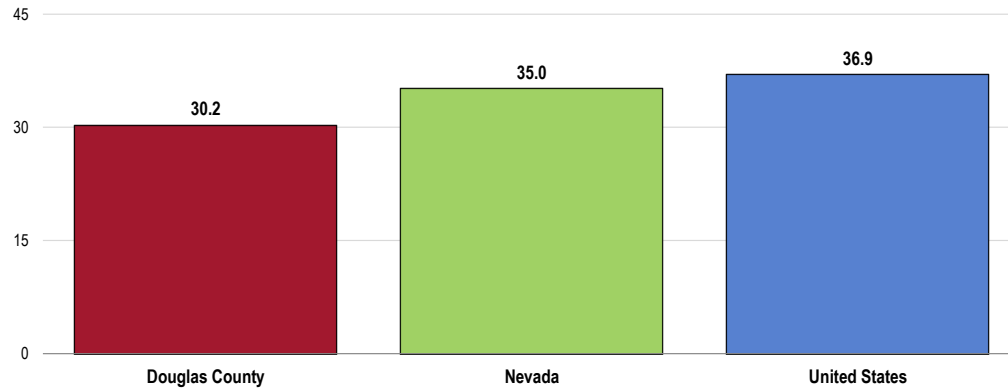
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-2]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke Deaths

Between 2012 and 2016, there was an annual average age-adjusted stroke mortality rate of 30.2 deaths per 100,000 population in the area.

- Lower than the state and national rates.

Stroke: Age-Adjusted Mortality
 (2012-2016 Annual Average Deaths per 100,000 Population)
 Healthy People 2020 Target = 33.8 or Lower (Adjusted)



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2016-2016. Accessed using CDC WONDER.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective HDS-3]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of High Blood Pressure & High Blood Cholesterol

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

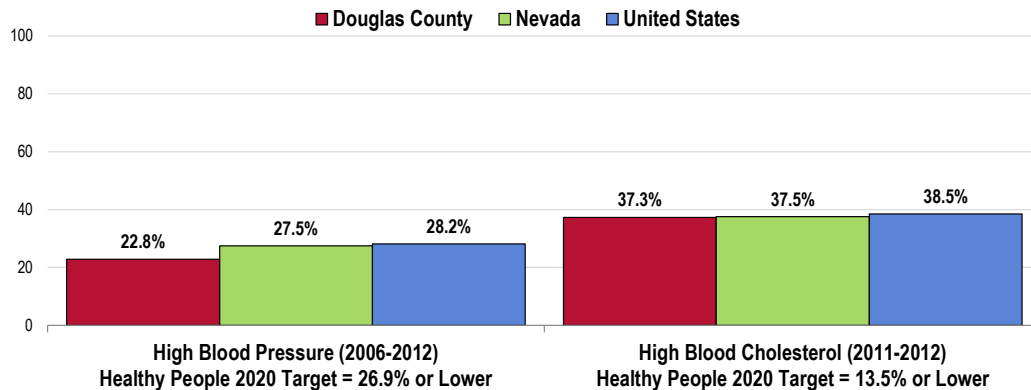
A total of 22.8% of area adults have been told at some point that their blood pressure was high.

- Lower than the Nevada and US percentages.
- Satisfies the Healthy People 2020 target (26.9% or lower).

A total of 37.3% of adults have been told by a health professional that their cholesterol level was high.

- Comparable to state and national figures.
- Over twice the Healthy People 2020 target (13.5% or lower).

Prevalence of High Blood Pressure & High Blood Cholesterol



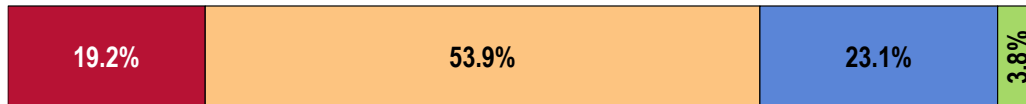
- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objectives HDS-5.1 and HDS-7]
- Notes:
- This indicator is relevant because coronary heart disease is a leading cause of death in the US and is also related to high blood pressure, high cholesterol, and heart attacks.

Key Informant Input: Heart Disease & Stroke

A plurality of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a “moderate problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Contributing Factors

Heavy burden of tobacco and alcohol use, community of advanced age. – Physician

We have an increasing elderly population in our community. With age often comes heart disease and often strokes. We need to be sure our healthcare solutions fit the needs of our population.

– Community Leader

Treatment of the root cause is not promoted. Nutrition and stress reduction are not at the forefront of treatment. – Physician

Lack of Providers

Large number of the population with the disease process but limited providers and services. – Public Health Representative

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

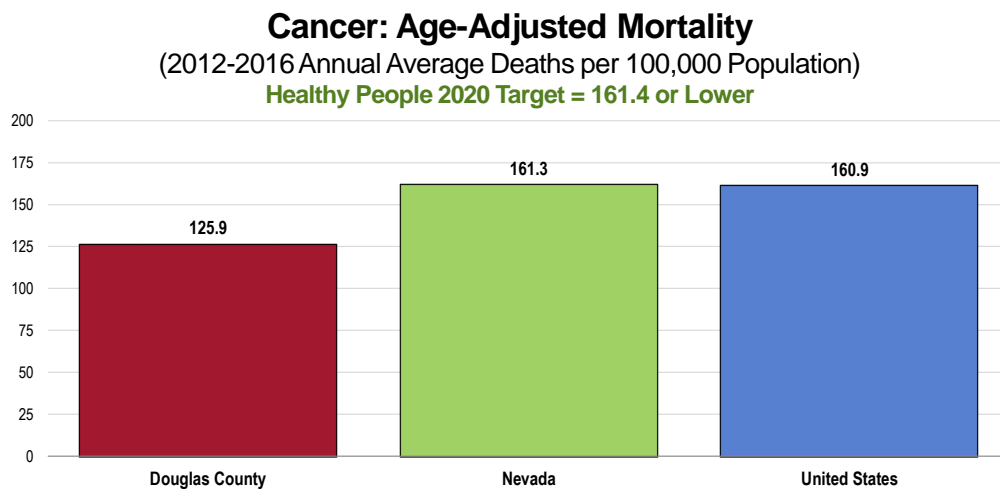
- Breast cancer (using mammography)
 - Cervical cancer (using Pap tests)
 - Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012 and 2016, there was an annual average age-adjusted cancer mortality rate of 125.9 deaths per 100,000 population in Douglas County.

- Well below the Nevada and US rates.
- Satisfies the Healthy People 2020 target of 161.4 or lower.



Sources: • Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
• Retrieved January 2019 from Community Commons at <http://www.chna.org>.

Notes: • US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective C-1]
• Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.
- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

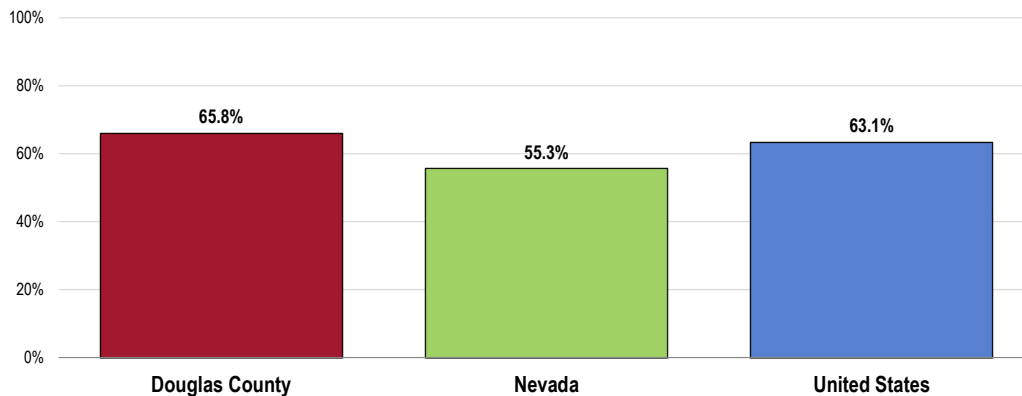
Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Among service area women age 67-69 enrolled in Medicare, 65.8% had a mammogram within the past two years.

- Above the state percentage.
- Similar to the national percentage.

Mammogram in the Past 2 Years (Female Medicare Enrollees Age 67-69)



Sources: • Dartmouth College Institute for Health Policy & Clinical Practice, 2014.

• Retrieved January 2019 from Community Commons at <http://www.chna.org>.

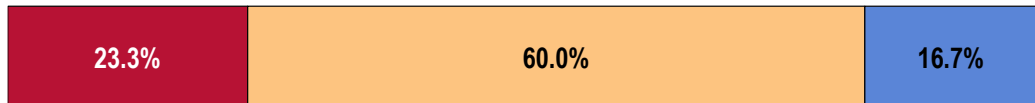
Notes: • This indicator can highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Key Informant Input: Cancer

A majority of key informants taking part in an online survey characterized **Cancer** as a “moderate problem” in the community.

Perceptions of Cancer as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Prevalence/Incidence

Cancer is a significant issue in nearly every community. It touches nearly every family in some way. While it may not be practical for CVMC to address each specialty, the use of “telemedicine” combined with onsite counseling and support services helps families stay together during diagnosis and treatment. – Community Leader

Perhaps it is simply reflective of the advanced age of both the respondent and the community, but cancer seems to touch a very large percentage of my network. – Community Leader

Seems like the majority of people I know have or are connected to someone with cancer. – Community Leader

Access to Care/Services

Decreased access, increased travel time. – Physician

Had to travel outside of the area for treatment. – Community Leader

Cancer care specialists are not well-established in Douglas County. People have to go to Reno for care. Treatment options are limited to infusion only and no resident medical care or physicians. – Public Health Representative

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at \$20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

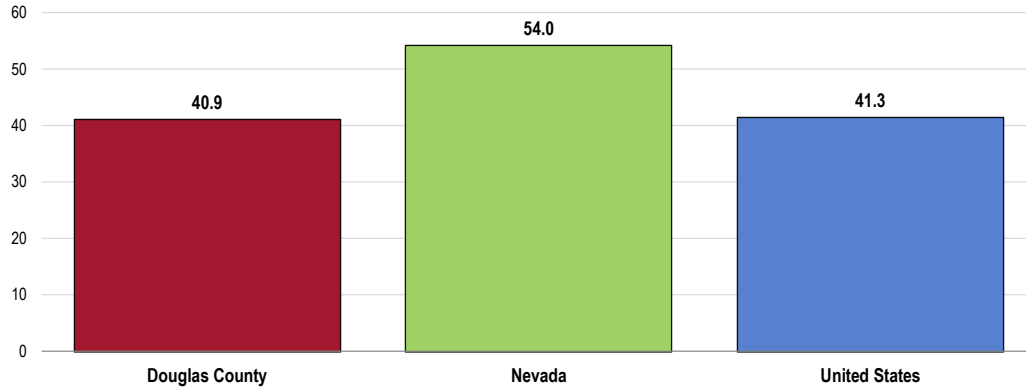
[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Chronic Lower Respiratory Disease Deaths

Between 2012 and 2016, there was an annual average age-adjusted lung disease mortality rate of 40.9 deaths per 100,000 population in Douglas County.

- Lower than the statewide mortality rate.
- Similar to the national mortality rate.

CLRD: Age-Adjusted Mortality
(2012-2016 Annual Average Deaths per 100,000 Population)



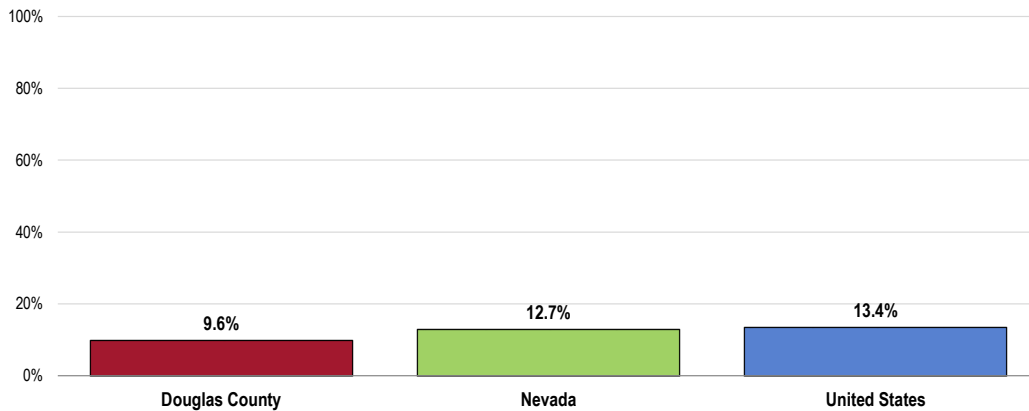
- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma Prevalence

A total of 9.6% of area adults currently suffer from asthma.

- Below the Nevada and US percentages.

Asthma Prevalence
(2011-2012)



- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because asthma is a prevalent problem in the US that is often exacerbated by poor environmental conditions.

Key Informant Input: Respiratory Disease

Nearly half of key informants taking part in an online survey characterized *Respiratory Disease* as a “moderate problem” in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Prevalence/Incidence

I see lots of oxygen tanks and bottles on people. – Community Leader

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as “accidents,” “acts of fate,” or as “part of life.” However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

• Healthy People 2020 (www.healthypeople.gov)

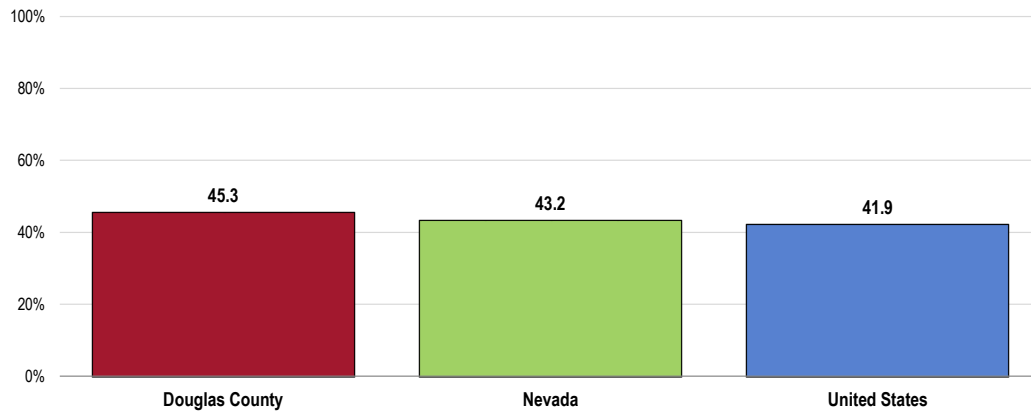
Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2012 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 45.3 deaths per 100,000 population in the area.

- Comparable to the Nevada rate.
- Worse than the US rate.
- Fails to satisfy the Healthy People 2020 target of 36.0 or lower.

Unintentional Injuries: Age-Adjusted Mortality (2012-2016 Annual Average Deaths per 100,000 Population) Healthy People 2020 Target = 36.0 or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2012-2016. Accessed using CDC WONDER.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective IVP-11]
- Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
 - Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Violent Crime

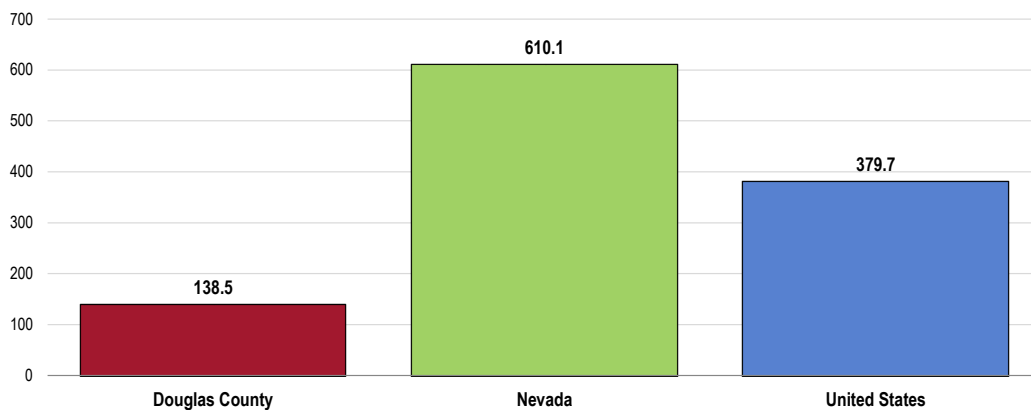
Between 2012 and 2014, Douglas County reported 138.5 violent crimes per 100,000 population.

- Considerably lower than the state and national rates for the same period.

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Violent Crime (Rate per 100,000 Population, 2012-2014)

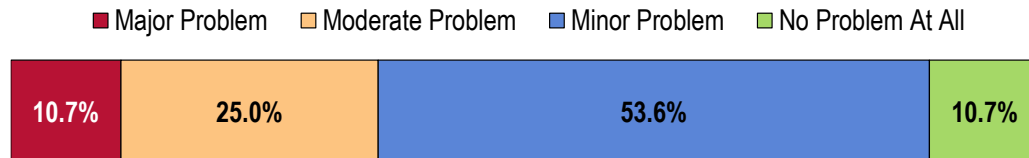


- Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
 - Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Key Informant Input: Injury & Violence

Over half of key informants taking part in an online survey characterized *Injury & Violence* as a “minor problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community (Key Informants, 2018)



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

Top Concerns

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

Domestic/Family Violence

Too often I hear about domestic violence cases in some of our schools' families, and too often I read in the Record-Courier about violence, abuse, battery, assault, and injury in our community. – Community Leader

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus: lowers life expectancy by up to 15 years; increases the risk of heart disease by 2 to 4 times; and is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

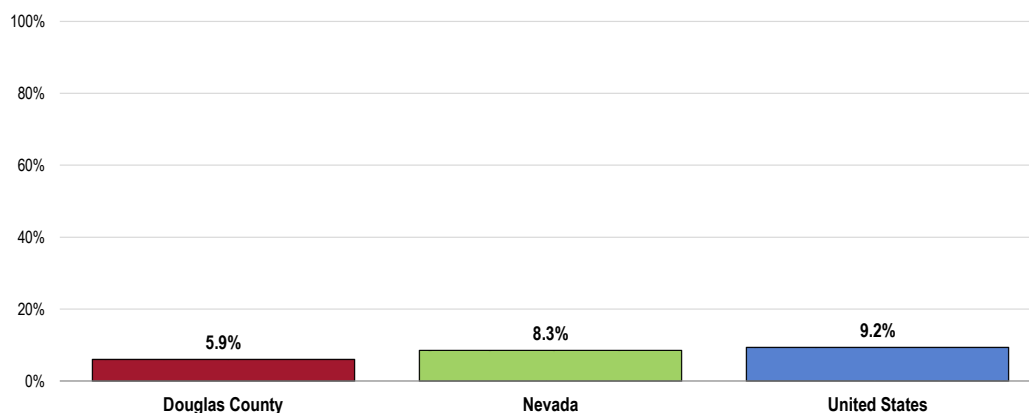
- Healthy People 2020 (www.healthypeople.gov)

Prevalence of Diabetes

Among service area adults age 20 and older, 5.9% have been diagnosed with diabetes.

- Lower than the statewide and national prevalence.

Adult Age 20+ Who Have Diabetes (2013)

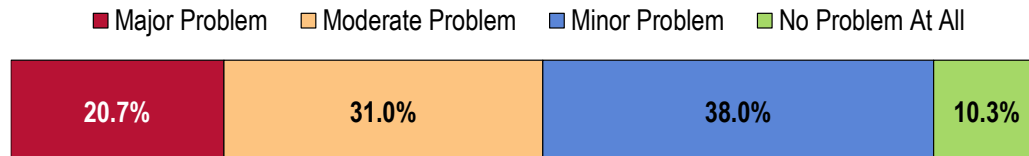


- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the US; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Key Informant Input: Diabetes

The greatest share of key informants taking part in an online survey characterized *Diabetes* as a “minor problem” in the community.

Perceptions of Diabetes as a Problem in the Community (Key Informants, 2018)



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

Challenges

Among those rating this issue as a “major problem,” the biggest challenges for people with diabetes are seen as:

Access to Services/Providers

Large number of the population with the disease process but limited providers and services. – Public Health Representative

Inability to afford medications. Inadequate nutritional guidance and support. Irresponsible lifestyles due to lack of understanding. – Physician

Awareness/Education

Nutrition education. – Physician

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

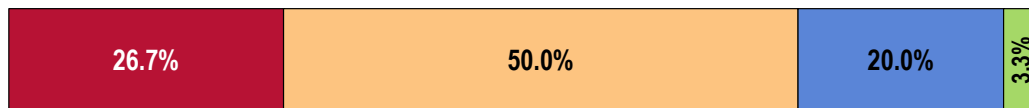
Key Informant Input: Dementias, Including Alzheimer's Disease

Half of key informants taking part in an online survey characterized *Dementias*, including *Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



- Sources: • PRC Online Key Informant Survey, Professional Research Consultants, Inc.
 Notes: • Asked of all respondents.

Top Concerns

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

Aging Population

Simply the high number of elder Americans living here. – Public Health Representative

We have a rapidly aging population and instances of dementia and Alzheimer's are cropping more and more frequently. – Community Leader

Population base is retired community. The population has experienced poor lifetime nutrition, environmental toxins and unresolved stressors. – Physician

Lack of Providers

Large number of the population with the disease process, but limited providers and services. – Public Health Representative

Access to Care/Services

Rural communities do not have the resources to deal with high support illness or illnesses with high frequency in the community. – Community Leader

Quality of Care/Services

The skilled nursing facilities are understaffed, which affects the quality of care. – Other Health Provider

Prevalence/Incidence

Incidence in all communities. – Physician

Kidney Disease

About Chronic Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

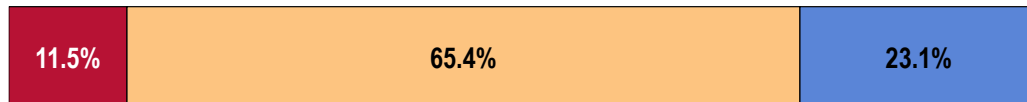
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Kidney Disease

A majority of key informants taking part in an online survey characterized *Kidney Disease* as a “moderate problem” in the community.

Perceptions of Kidney Disease as a Problem in the Community (Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Prevalence/Incidence

A family member has kidney disease and we see a lot of people from the Valley when we go to the doctor. – Community Leader

Potentially Disabling Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least \$50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Key informants taking part in an online survey most often characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Aging Population

The community as a whole is an older community. – Community Leader

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such as social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Vision & Hearing

A plurality of key informants taking part in an online survey characterized *Vision & Hearing* as a “minor problem” in the community, followed closely by “moderate problem” ratings of the issue.

Perceptions of Vision and Hearing as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Denial/Stigma

Denial about hearing loss and its effect on cognition and dementia. – Physician

Infectious Disease



Professional Research Consultants, Inc.

HIV

About HIV

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

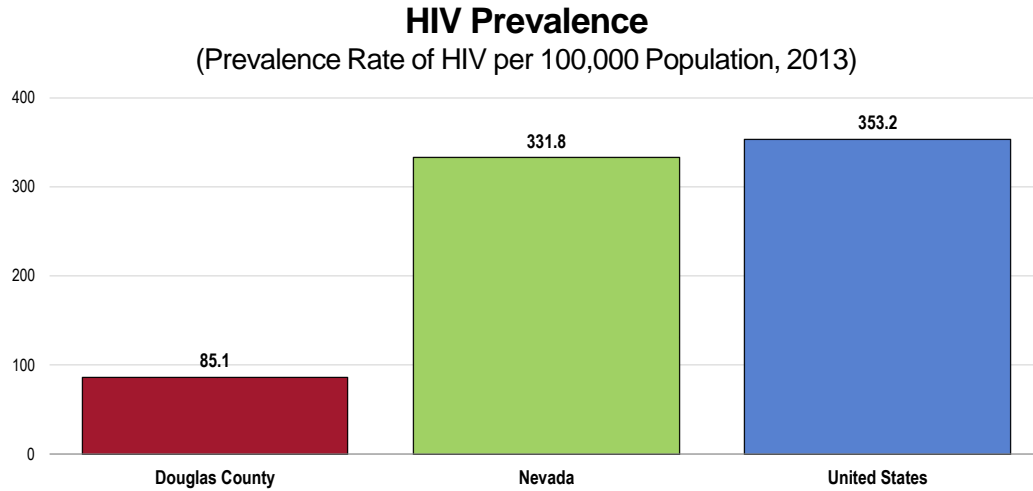
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

HIV Prevalence

In 2013, Douglas County reported a prevalence of 85.1 HIV cases per 100,000 population.

- Well below the Nevada and US prevalence.

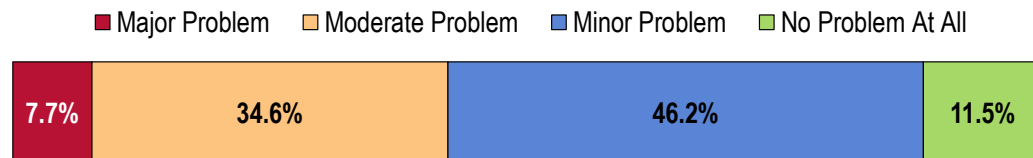


- Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

A plurality of key informants taking part in an online survey characterized *HIV/AIDS* as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

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

Access to Care/Services

It is a small problem; however, there is no one here who actively treats that. – Physician

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs.** The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities.** Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities.** Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications.** Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

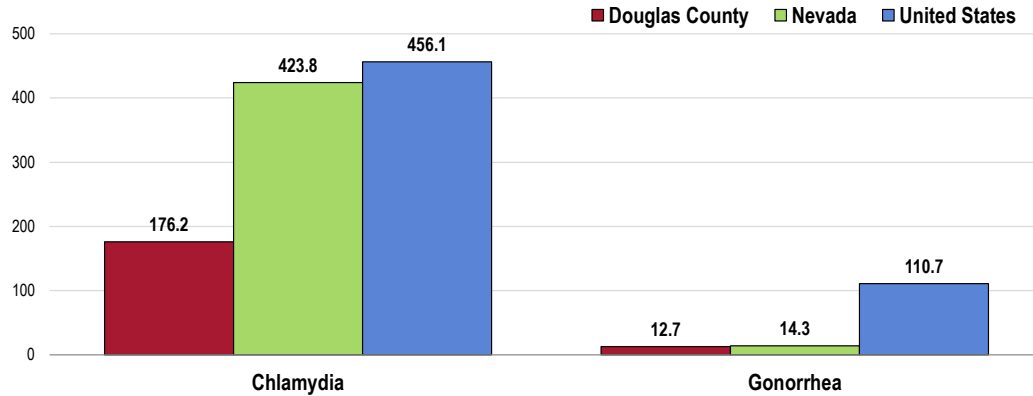
In 2014, the Douglas County chlamydia incidence rate was 176.2 cases per 100,000 population.

- Lower than the state and US rates.

The 2014 gonorrhea incidence rate in the county was 12.7 per 100,000 population.

- Lower the statewide and national incidence rates.

Chlamydia & Gonorrhea Incidence (Incidence Rate per 100,000 Population, 2014)



Sources:

- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved January 2019 from Community Commons at <http://www.chna.org>.

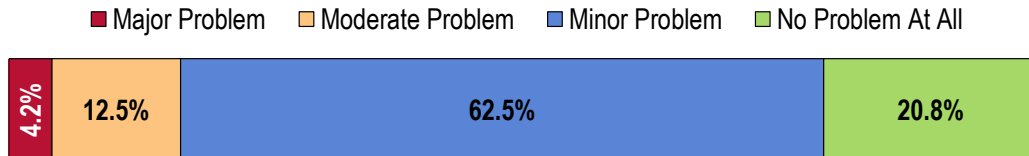
 Notes:

- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Key informants taking part in an online survey most often characterized *Sexually Transmitted Diseases* as a “minor problem” in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community (Key Informants, 2018)



Sources:

- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

 Notes:

- Asked of all respondents.

Top Concerns

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

Prevalence/Incidence

We have limited resources for family life/sex education (which I feel should be mandatory attendance in schools), and we really only have one local clinic that offers free condoms, sexual education pamphlets, and WIC services. – Community Leader

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

The greatest share of key informants taking part in an online survey characterized *Immunization & Infectious Diseases* as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Cultural/Personal Beliefs

■ *Lots of people I know aren't immunizing their children anymore. – Community Leader*

Births



Professional Research Consultants, Inc.

Birth Outcomes & Risks

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Low-Weight Births

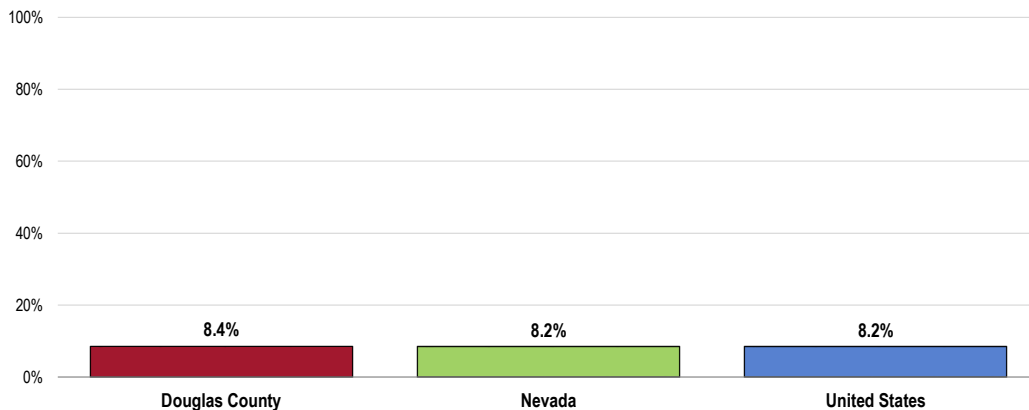
A total of 8.4% of 2006-2012 Douglas County births were low-weight.

- Comparable to the state and national percentages.
- Fails to satisfy the Healthy People 2020 target (7.8% or lower).

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

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

Low-Weight Births (Percent of Live Births, 2006-2012) Healthy People 2020 Target = 7.8% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System: 2006-2012. Accessed using CDC WONDER.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective MICH-8.1]

Note:

- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

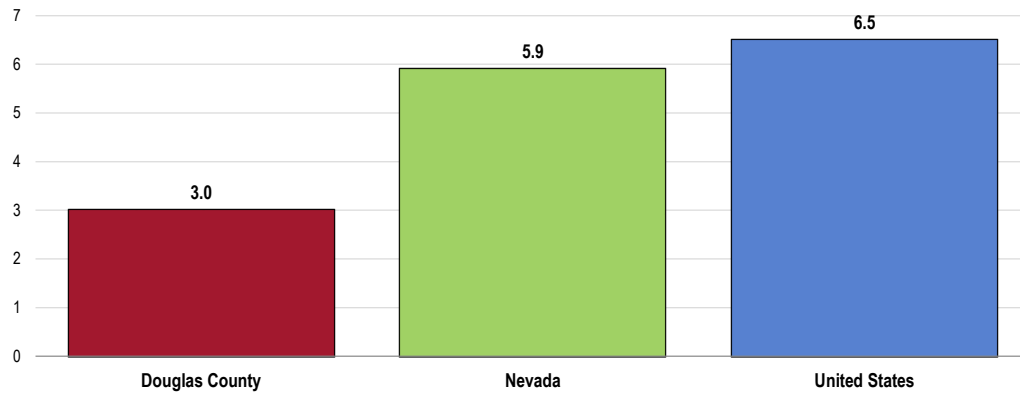
Infant Mortality

Between 2006 and 2010, Douglas County reported an annual average of 3.0 infant deaths per 1,000 live births.

- Below the state and US mortality rates.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)
Healthy People 2020 Target = 6.0 or Lower

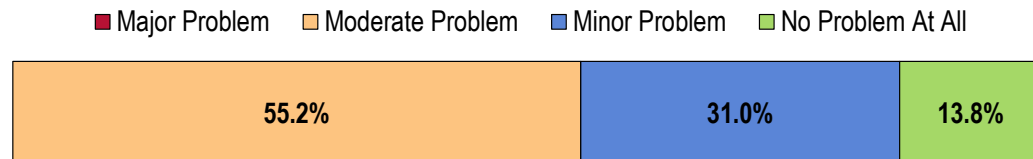


- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, *Area Health Resource File*. Data extracted January 2019.
 - US Department of Health and Human Services. *Healthy People 2020*. December 2010. <http://www.healthypeople.gov> [Objective MICH-1.3]
- Notes:
- Infant deaths include deaths of children under 1 year old.
 - This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Key Informant Input: Infant & Child Health

Over half of key informants taking part in an online survey characterized *Infant & Child Health* as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

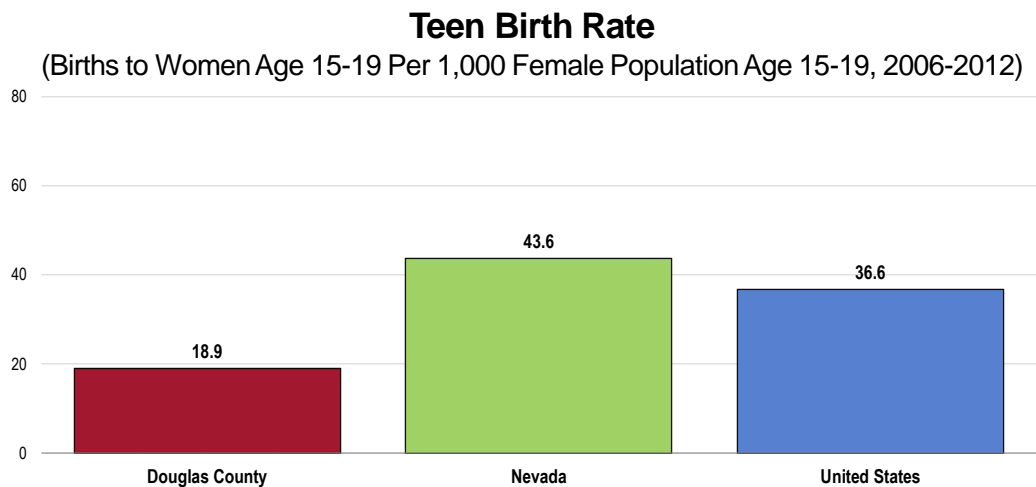
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately \$3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 18.9 births to women age 15 to 19 per 1,000 women (age 15 to 19) in Douglas County.

- Considerably lower than the Nevada and national rates.



Sources:

- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at <http://www.chna.org>.

Notes:

- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey were equally likely to characterize *Family Planning* as a “moderate problem” and a “minor problem” in the community.

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



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

Top Concerns

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

Access to Care/Services

There is no family planning clinic in Douglas County. – Community Leader

Modifiable Health Risks



Professional Research Consultants, Inc.

Nutrition, Physical Activity & Weight

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

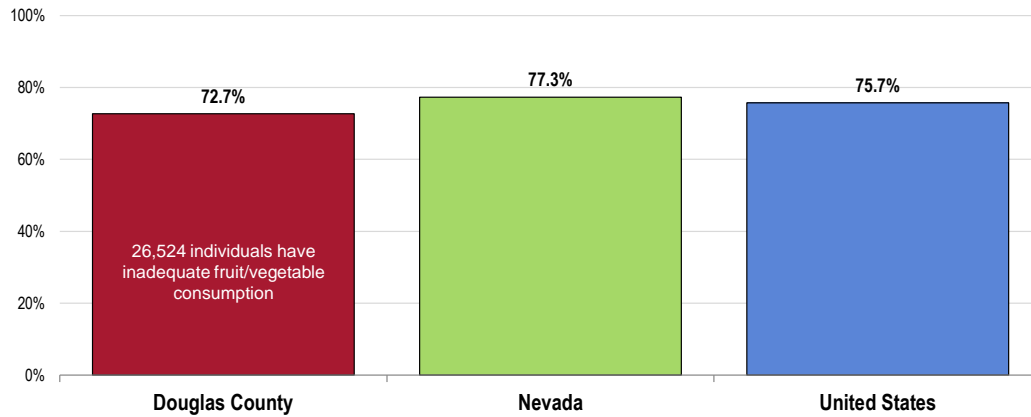
- Healthy People 2020 (www.healthypeople.gov)

Fruits/Vegetable Consumption

A total of 72.7% of Douglas County adults (representing 26,524 individuals) get fewer than the recommended five servings of fruits and/or vegetables per day.

- Lower than the statewide percentage.
- Comparable to national findings.

Less Than 5 Servings of Fruits and Vegetables Each Day (2005-2009)



Sources: • Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 • Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 Notes: • This indicator reports the percent of adults age 18+ who are consuming less than 5 servings of fruits and vegetables each day. This indicator is relevant because current behaviors are determinants of future health, and because unhealthy eating habits may cause of significant health issues, such as obesity and diabetes.

Low Food Access (Food Deserts)

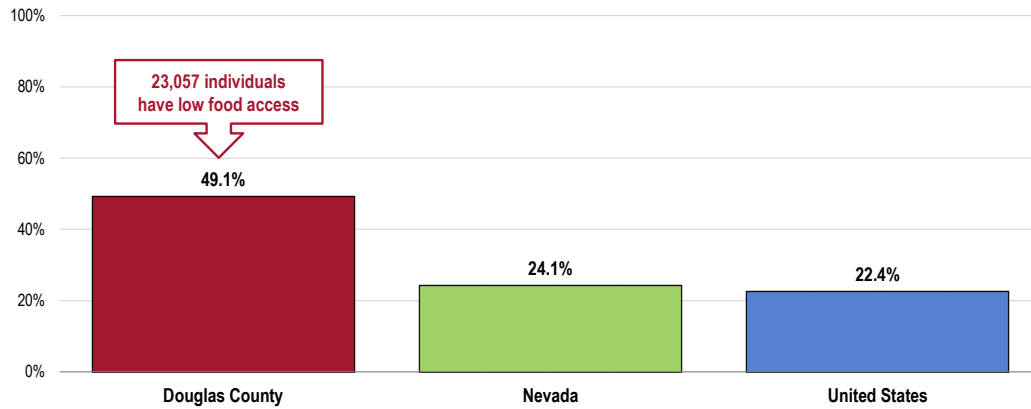
US Department of Agriculture data show that 49.1% of the Douglas County population (representing over 23,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- Over twice the state and national percentages.

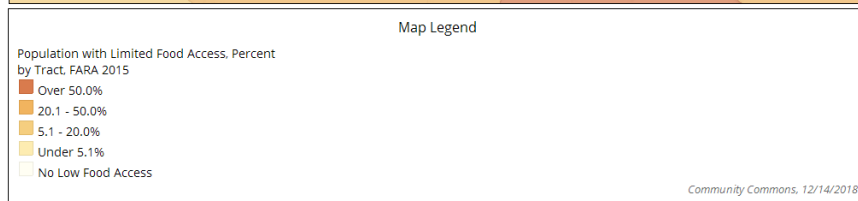
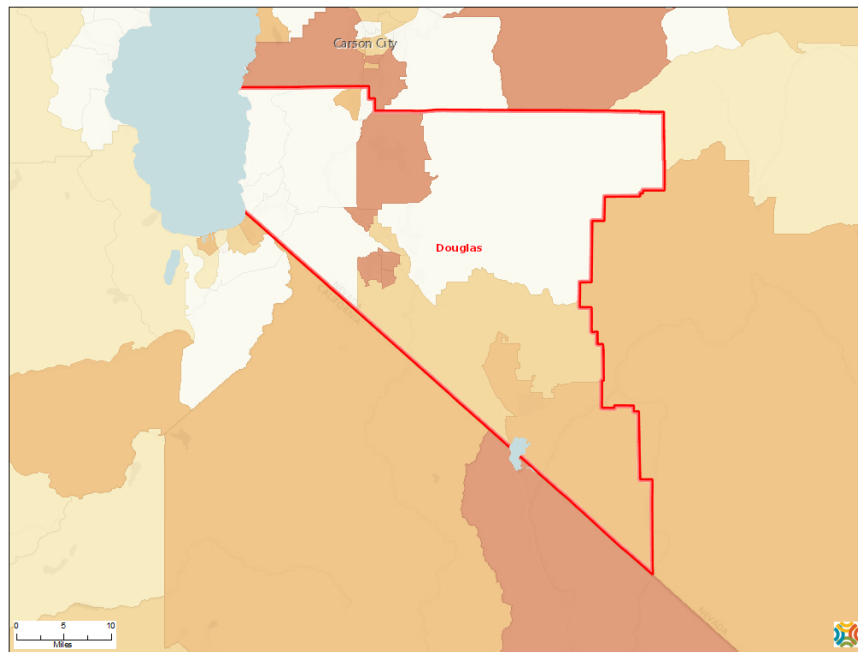
A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.

Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



- Sources:
- US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas (FARA).
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

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

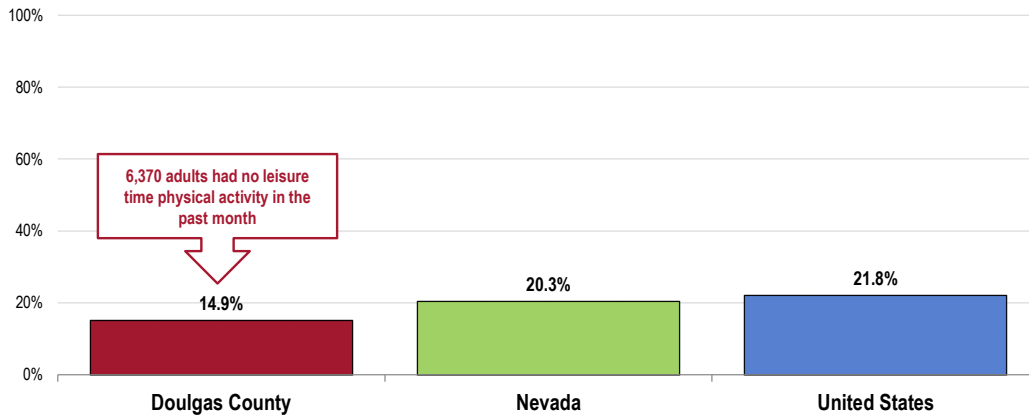
Lack of Leisure-Time Physical Activity

A total of 14.9% of Douglas County adults (representing 6,370 individuals) report no leisure-time physical activity in the past month.

- More favorable than statewide and US findings.
- Satisfies the Healthy People 2020 target (32.6% or lower).

Adults Age 20+ Who Have No Leisure-Time Physical Activity in the Past Month (2013)

Healthy People 2020 Target = 32.6% or Lower



Sources: • Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. Retrieved January 2019 from Community Commons at <http://www.chna.org>.

• US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective PA-1].

Notes: • This indicator reports the percent of adults aged 20+, who self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches²)] x 703.

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

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

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥ 30.0

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

Obesity

A total of 21.5% of Douglas County adults age 20 and older (representing over 8,000 individuals) are obese.

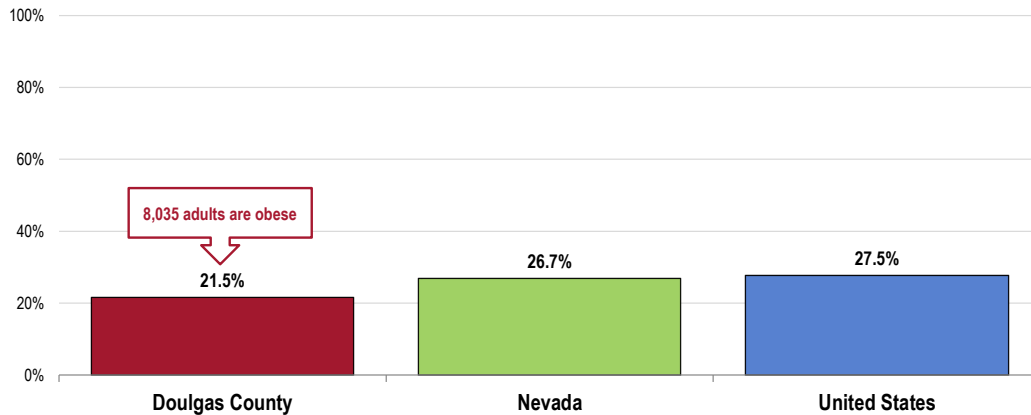
"Obese" includes respondents with a BMI value ≥ 30.0 .

- Below the state and national figures.
- Satisfies the Healthy People 2020 target (30.5% or lower).

Adults Age 20 and Older Who Are Obese

(Body Mass Index ≥ 30.0 ; 2013)

Healthy People 2020 Target = 30.5% or Lower



- Sources:
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective NWS-9].
- Notes:
- This indicator reports the percent of adults aged 20+ who self-report that they have a Body Mass Index (BMI) of 30.0 or greater (obese). This indicator is relevant because excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

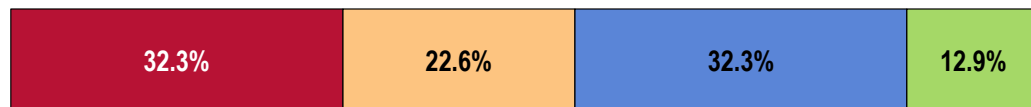
Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey were equally likely to characterize *Nutrition, Physical Activity & Weight* as a “major problem” and a “minor problem” in the community.

Perceptions of Nutrition, Physical Activity & Weight as a Problem in the Community

(Key Informants, 2018)

■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

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

Awareness/Education

Nutritional guidance and a very limited number of qualified fitness trainers. Many fitness trainers only claim to be qualified, most are not. – Public Health Representative

Nutrition education is not readily available or easily accessible for those in need. Physical activity (gyms, rec center, outdoor hiking/biking etc.) is offered in abundance in our community so I can't say that is an issue. Note our local/Nevada/US obesity epidemic. Until people learn about & honor health in general, we will continue with poor nutrition and obesity and multiple health issues such as cardiovascular disease, diabetes, cancer, and the list goes on. – Community Leader

Failure of nutrition information and availability of healthy food sources. – Physician

Contributing Factors

Food insecurities, not having good health so they don't exercise, and depression. – Community Leader

Patients report inadequate income to afford healthy foods. Inadequate motivation for regular exercise. This community has a high use of tobacco and alcohol influencing and inhibiting physical activities. – Physician

Resources/Services

No community initiatives supporting nutrition or physical activity. Lack of nutritionists in the area for one on one counseling. Lack of funding in the schools for these issues. – Physician

Obesity Prevalence

Being athletic and in shape I tend to notice a lot of obese and out-of-shape individuals. – Community Leader

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

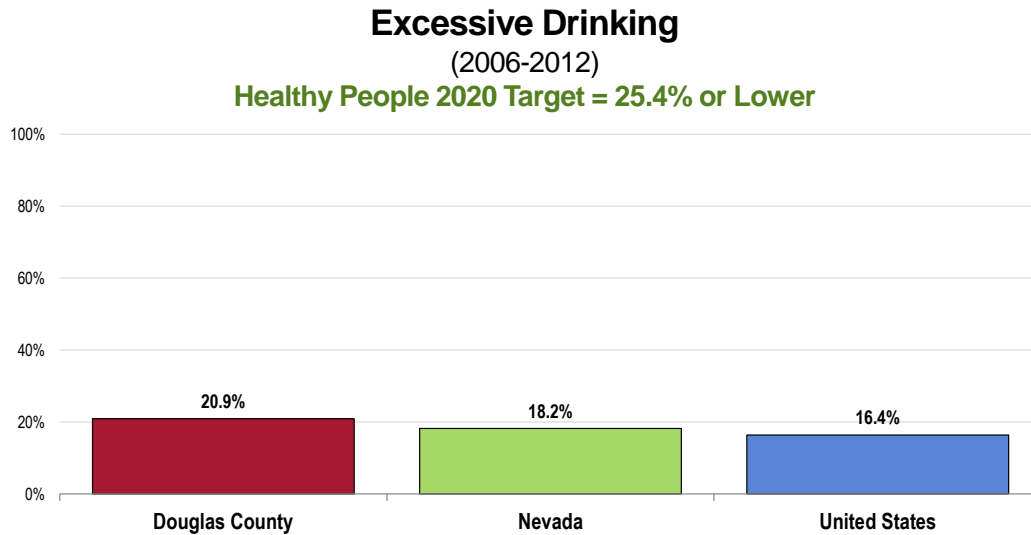
A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Excessive Drinking

A total of 20.9% of area adults are considered to be excessive drinkers (defined as more than two drinks per day on average for men and one drink per day on average for women).

- Above the state and national figures.
- Satisfies the Healthy People 2020 target (25.4% or lower).

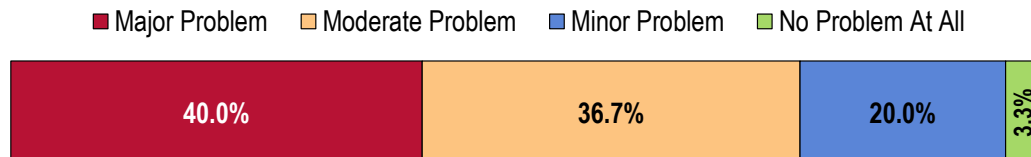


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective SA-15].
- Notes:
- This indicator reports the percentage of adults aged 18 and older who self-report heavy drinking (defined as more than two drinks per day on average for men and one drink per day on average for women).

Key Informant Input: Substance Abuse

Key informants taking part in an online survey most often characterized *Substance Abuse* as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Access to Care/Services

Rapid response to provide connection to care if the patient is open to services, otherwise you may lose the opportunity and the patient. – Other Health Provider

There is no substance abuse treatment facility in our community. The closest one is in Reno, an hour from our town. – Community Leader

No local programs available for tapering use of prescription drugs like opioids or benzos. – Community Leader

No substance rehabilitation services available in Douglas County. – Physician

No access to services. – Other Health Provider

Prevalence/Incidence

Fortunately, this is not something I have needed nor had my family, however there are many single parents and working parent families and they and others are more susceptible to the many avenues of drug and alcohol abuse we see in the community. There are a number of non-profit support groups and, for youth there are some additional resources most of which are not accessed until some “event” like overdose or encounter with law enforcement precipitates the intro of support. – Community Leader

I was aware of the problem there and also have a few friends who are abusers. – Community Leader

Denial/Stigma

Patients do not want it. Those that do cannot afford rehab unless it is court ordered. – Community Leader

Most people that are abusing don't want help until they hit rock bottom or get in trouble with the law. – Community Leader

Personal motivation. – Physician

Lack of Providers

Large number of the population with the disease process but limited providers and services. – Public Health Representative

Most Problematic Substances

Key informants (who rated this as a “major problem”) identified **alcohol** and **methamphetamines/other amphetamines** as the most problematic substances abused in the community, followed by **prescription medications**.

Most Problematic Substances Abused in the Community
 (Among Key Informants Rating Substance Abuse as a “Major Problem,” 2018)

	Most Problematic	Second-Most Problematic	Third-Most Problematic	Total Mentions
Alcohol	60.0%	20.0%	10.0%	9
Methamphetamines or Other Amphetamines	20.0%	60.0%	10.0%	9
Prescription Medications	10.0%	10.0%	30.0%	5
Marijuana	10.0%	10.0%	10.0%	3
Heroin or Other Opioids	0.0%	0.0%	20.0%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	10.0%	1
Over-The-Counter Medications	0.0%	0.0%	10.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes: cancer; heart disease; lung diseases (including emphysema, bronchitis, and chronic airway obstruction); and premature birth, low birth weight, stillbirth, and infant death.

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking Prevalence

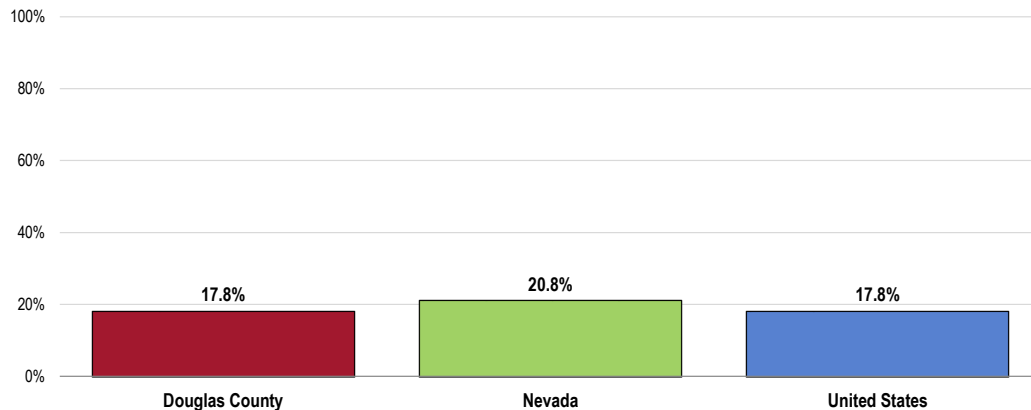
A total of 17.8% of area adults currently smoke cigarettes, either regularly or occasionally.

- Lower than the statewide findings.
- Identical to the US figure.
- Fails to satisfy the Healthy People 2020 target (12.0% or lower).

Current Smokers

(2006-2012)

Healthy People 2020 Target = 12.0% or Lower

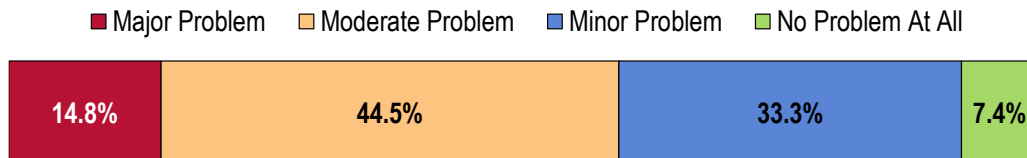


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective TU-1.1]
- Notes:
- This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.
 - Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Key Informant Input: Tobacco Use

Key informants taking part in an online survey most often characterized *Tobacco Use* as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community (Key Informants, 2018)



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

Top Concerns

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

Easily Accessible

Children are often not ID'd when they buy cigarettes, so they are easy to get. Vaping devices and supplies are very flashy and attractive for the teen population, so vaping is easy to access and is very popular and addictive. Tobacco products (especially for vape devices) often lie about the actual nicotine strength, which adds to the dangers of tobacco as well as to the addictiveness of it. – Community Leader

Prevalence/Incidence

Seems a lot of people around the community smoke, mostly older individuals. Vaping is becoming a problem at the high school and there are a lot of tobacco chewers around. – Community Leader

Contributing Factors

People are addicted to nicotine, high level of mental health needs in the region. Alcohol and gambling seem correlated to smoking. – Physician

Access to Health Services



Professional Research Consultants, Inc.

Lack of Health Insurance Coverage

Among adults age 18 to 64 in Douglas County, 12.5% report having no insurance coverage for healthcare expenses.

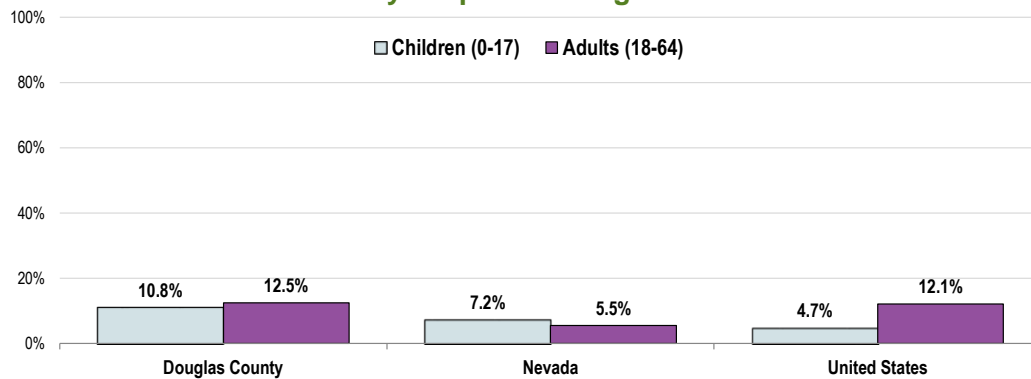
- Higher than the state findings.
- Similar to national findings.
- The Healthy People 2020 target is universal coverage (0.0% uninsured).

Additionally, among children age 0 to 17 in Douglas County, 10.8% have no insurance coverage for healthcare expenses.

- Worse than the Nevada and US percentages.

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Uninsured Population (2016) Healthy People 2020 Target = 0.0%



- Sources:
- US Census Bureau, Small Area Health Insurance Estimates. & American Community Survey 5-year estimates.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective AHS-1.1].
- Notes:
- The lack of health insurance is considered a *key driver* of health status. This indicator is relevant because lack of insurance is a primary barrier to healthcare access (including regular primary care, specialty care, and other health services) that contributes to poor health status.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

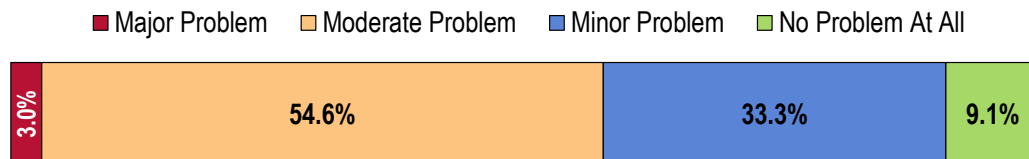
- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Access to Healthcare Services

The largest share of key informants taking part in an online survey characterized *Access to Healthcare Services* as a “moderate problem.”

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)



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

Top Concerns

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

Lack of Specialty Services

Endocrinology, as far as I know, there are no endocrinologists in Douglas County. – Other Health Provider

No gastroenterologist services at hospital. – Physician

Pediatric care. There just aren't enough services. – Other Health Provider

Lack of adequate primary care and specialty providers. Shortage of mental health providers and programs. Lack of supportive care for mental health and stress reduction teaching. – Physician

Cost of Care

High cost of medical and dental care prohibits patients from being proactive in their healthcare. – Physician

Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) were equally likely to identify these types of care as the most difficult to access in the community: **behavioral health, primary care, and specialty care.**

Medical Care Difficult to Access				
	Most Difficult to Access	Second-Most Difficult to Access	Third-Most Difficult to Access	Total Mentions
Behavioral Health	100.0%	0.0%	0.0%	1
Primary Care	0.0%	100.0%	0.0%	1
Specialty Care	0.0%	0.0%	100.0%	1

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

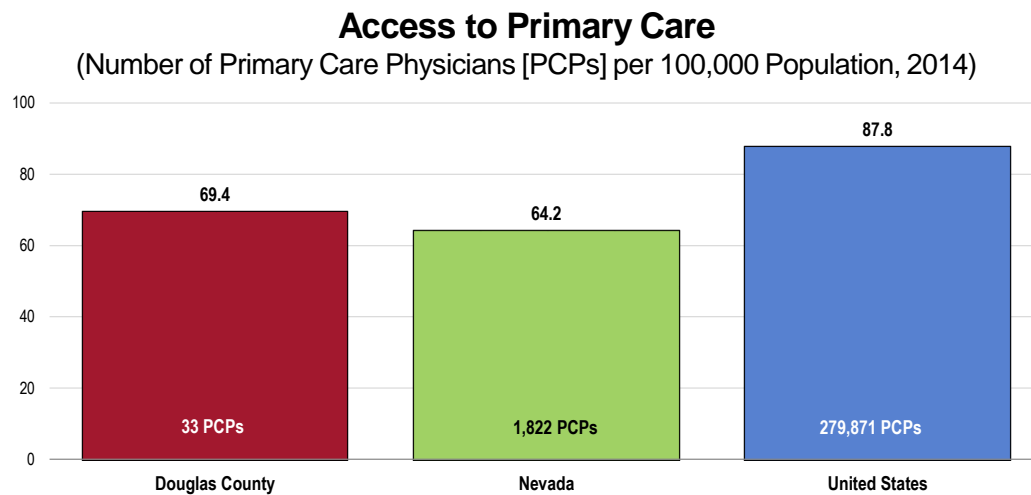
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, Douglas County had 33 primary care physicians, translating to a rate of 69.4 primary care physicians per 100,000 population.

- Above the Nevada rate.
- Below the US rate.



- Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
- Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use; and poor dietary choices.**

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

- Healthy People 2020 (www.healthypeople.gov)

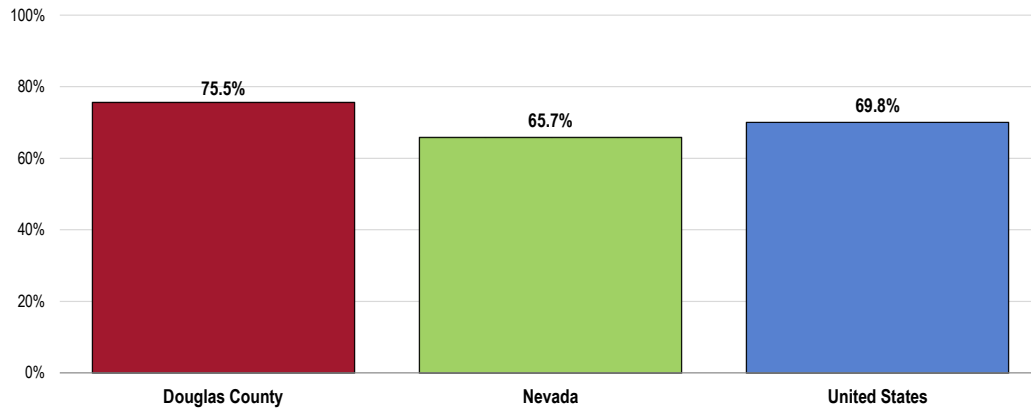
Dental Care

A total of 75.5% of Douglas County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Above the state and US figures.
- Easily satisfies the Healthy People 2020 target (49% or higher).

Have Visited a Dentist or Dental Clinic Within the Past Year (2006-2010)

Healthy People 2020 Target = 49.0% or Higher

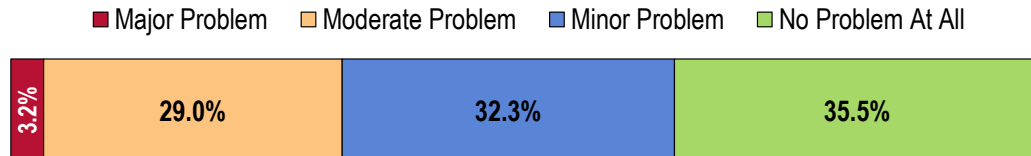


- Sources:
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES.
 - Retrieved January 2019 from Community Commons at <http://www.chna.org>.
 - US Department of Health and Human Services. Healthy People 2020. December 2010. <http://www.healthypeople.gov> [Objective OH-7]
- Notes:
- This indicator is relevant because engaging in preventive behaviors decreases the likelihood of developing future health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as “no problem at all” in the community (followed closely by “minor problem” ratings of the issue).

Perceptions of Oral Health as a Problem in the Community (Key Informants, 2018)



- Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.
- Notes:
- Asked of all respondents.

Top Concerns

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

Contributing Factors

Lack of funding and health insurance coverage for dental maintenance and treatment. Heavy methamphetamine use in the region. – Physician

Local Resources

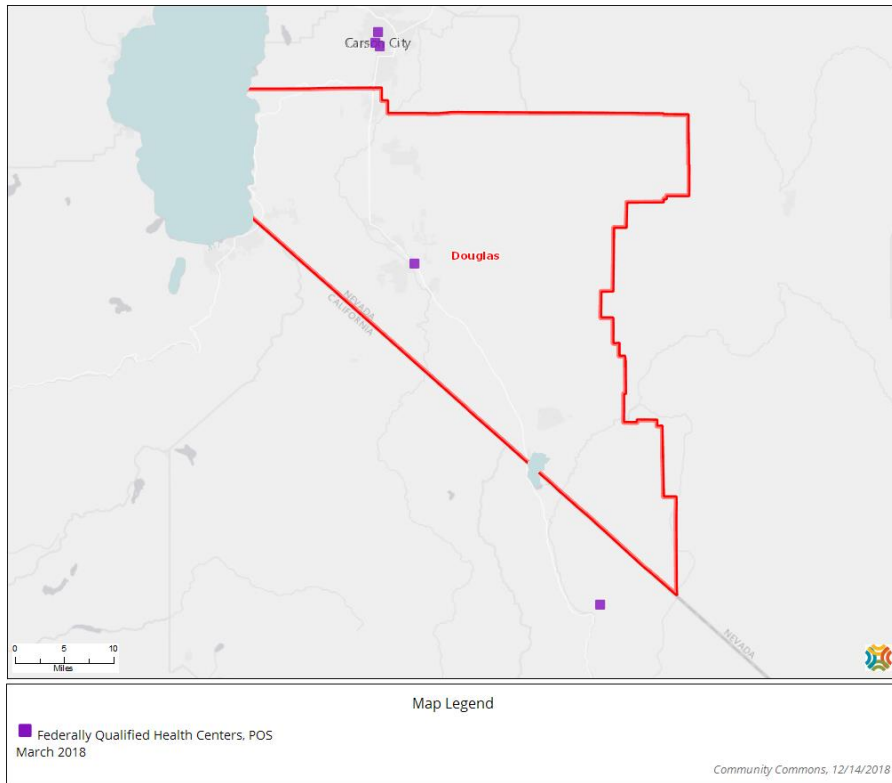


Professional Research Consultants, Inc.

Healthcare Resources & Facilities

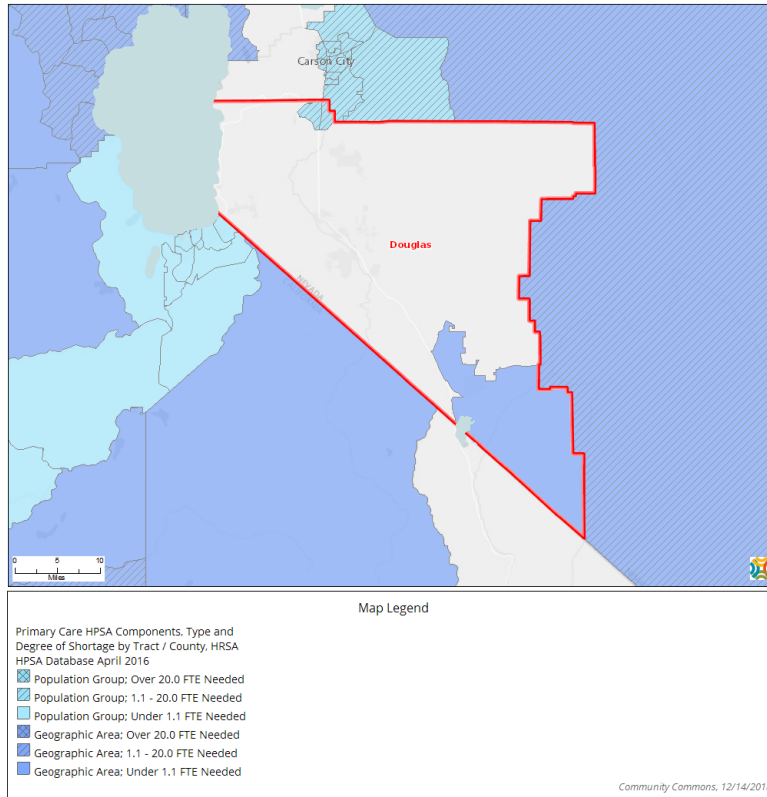
Hospitals & Federally Qualified Health Centers (FQHCs)

The following map provides an illustration of the hospitals and federally qualified health centers (FQHCs) found within Douglas County as of March 2018.



Health Professional Shortage Areas (HPSAs)

This map illustrates the locations designated as health professional shortage areas in Douglas County as of April 2016.



Resources Available to Address the Significant Health Needs

Incorporating input from community stakeholders taking part in the Online Key Informant Survey, the following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

Access to Healthcare Services

- Carson Tahoe Regional Medical Center*
- Carson Valley Medical Center*
- Doctor's Offices*
- Douglas County Mental Health*

Cancer

- Cancer League*
- Carson Tahoe Cancer Center*
- Carson Valley Medical Center*
- Hospitals*

Dementia/Alzheimer's Disease

- Carson Hospital*
- Carson Valley Community Center*
- Carson Valley Medical Center*
- County Mental Health*
- Douglas County Senior Services*
- East Fork Fire District*
- Gardnerville Health and Rehab*
- Mountain View Health and Rehabilitation Center*

Diabetes

- Carson Tahoe Regional Medical Center*
- Carson Valley Medical Center*
- Douglas County Community Health*
- Gardnerville Senior Center*
- Monthly Community Support Meetings*
- Renown Health*

Heart Disease and Stroke

- Carson Tahoe Regional Medical Center*
- Carson Valley Medical Center*

Injury and Violence

- Douglas County Sheriff's Office*
- Partnership for Community Resources*

Mental Health

- Behavioral Health Services*
- Carson Tahoe Regional Medical Center*
- Carson Valley Medical Center*
- Doctor's Offices*
- Douglas County Community Center*
- Douglas County Mental Health*
- Douglas County MOST*
- Douglas County Sheriff's Office*
- Family Support Council*
- Hospitals*
- Kiwanis Aktion Club*
- Mental Health Services*
- National Alliance on Mental Illness (NAMI)*
- Reno Behavioral Healthcare Hospital*
- Social Services*
- Suicide Prevention Network*
- Tahoe Youth and Family Services*
- Telemedicine*
- Three Peaks*
- Veterans Affairs*
- West Hills Hospital*

Nutrition, Physical Activity, and Weight

- Anytime Fitness*
- Carson Valley Food Closet*
- Carson Valley Medical Center*
- Carson Valley Swim Center*
- Douglas County Community Center*
- Douglas County Senior Center*
- Fitness Centers/Gyms*
- Gardnerville Senior Center*
- K2 Pilates*
- Parks and Recreation*
- Partnership Douglas County*
- Pulse*
- Senior Day Care Program*

Substance Abuse

AA/NA
Carson Tahoe Regional Medical Center
Churches
Douglas County Juvenile Probation
Douglas County Mental Health
East Fork Justice Court
Family Support Council
Hospitals
Mallory Crisis Center
Social Services

Tobacco Use

Northern Nevada Quit Tobacco Program