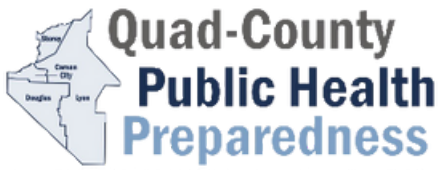




CARSON TAHOE
HEALTH



2022 QUAD-COUNTY REGIONAL

COMMUNITY HEALTH NEEDS ASSESSMENT

EXECUTIVE SUMMARY

A coalition of eight community agencies came together to complete this Community Health Needs Assessment (CHNA). The goal of this assessment is to determine the most pressing health-related needs from the perspective of community members themselves. A variety of data sources were used including focus groups, phone interviews, national and state government reports and data, and a robust communities-wide online survey.

Altogether, the report tells a story of a resilient, collaborative community ready to meet the many health-related challenges of today and tomorrow to build a healthier future for all.

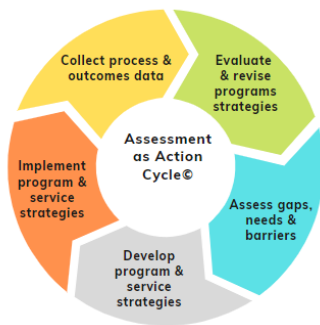
COMPILED FOR CARSON TAHOE HEALTH
ON BEHALF OF THE QUAD COUNTIES BY:



Our Purpose: A Healthier Community For All

This Quad-County Community Health Needs Assessment (CHNA) serves as a critical phase in the overall effort to improve community health. Through the collaborative CHNA process, we create a snapshot of community health perceptions, health behaviors, and disparities. We develop an inventory of community assets and resources available to catalyze progress, and we reach consensus on our top community health priorities.

We commit to work together to achieve a healthier tomorrow.



The Quad-County CHNA Planning Committee worked with its assessment partner Crescendo Consulting Group to formalize and deploy a highly inclusive Assessment-As-Action-Cycle framework that included a community-wide email survey (English & Spanish), stakeholder interviews, focus groups, an access audit, equity champions outreach, secondary research, and stakeholder commitment to collaboratively develop strategies and solutions in response to identified needs.

At the conclusion of the process, a prioritized list of top community need domains was established (see page 4). The methodology included a mixed modality approach – quantitative, qualitative, and technology-based techniques – to learn about the human stories and voices while weaving them with the best available data.

By the numbers...

- 46 stakeholder interviews across the region
- 15 focus groups with over 125 participants total
- 1,551 community survey respondents
- 400 participants in random digit dialing telephone survey

How can I use the report?

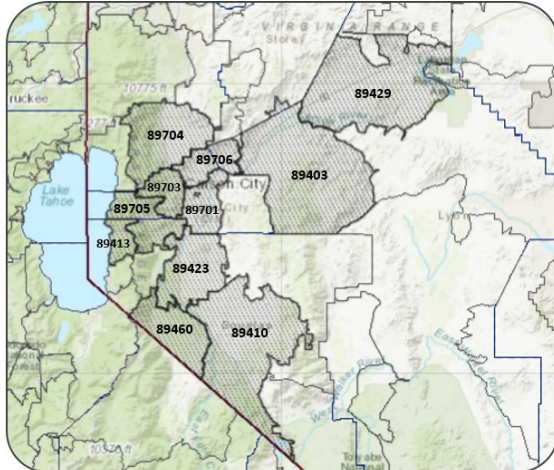
The report creates a shared frame of reference for local health and government agencies, not-for-profit organizations, lawmakers, employers, advocates, businesses, and every community member across the Quad-County region.

Let the data **guide collective planning**. Let the community voices – stories of need, but also of possibility – **inspire action**. Let this report **prompt every individual to consider their own ability to impact the health of just one neighbor, one friend, one stranger...** until everyone has the support and resources they need to live their healthiest life.

Community Description & Population Demographics

The community defined for this assessment is delineated by Carson Tahoe Health’s Primary Service Area ZIP codes (referred to as CTH PSA in this report) and by Carson City, Douglas, Lyon, and Storey Counties, collectively known as the Quad-County Region.

Carson Tahoe Health’s Primary Service Area (CTH PSA)



Source: UDS Mapper¹

Quad-County Region



Source: *gisgeography.com* modified by CTH



Source: <https://gethealthycarsoncity.org/novel-coronavirus-2019/>

The total population of the Quad-County Region is expected to expand rapidly over the next decade. The population in Nevada is projected to grow from 3,173,326 in 2021 to 3,469,124 in 2031 (9.3%).

¹ UDS Mapper. Carson Tahoe Health Primary Service Area. Link: https://maps.udsmapper.org/map?map_id=QvD2XVqleQvrzmjANnbk

Summary of Community Prioritized Domains & Needs

Access to Basic Needs



- Access to Primary Care, including for Low-Income & Underinsured Individuals
- Availability and Affordability of Childcare
- Availability and Affordability of Housing, including supportive and transitional housing for individuals in need of wrap-around services
- Prescription Affordability and Access
- Access to internet and broadband
- Access to physical and social activities for youth

Mental and Emotional Health



- Providers for both youth and adults including Peer Support Specialists, Community Health Workers, Clinical Professional Counselors, Licensed Clinical Social Workers, and Psychiatrists.
- Resource capacity across range of acuity
 - Screening & Assessments
 - Outpatient services, including Intensive Outpatient Services
 - Inpatient services
 - Crisis care
- Programs/activities to reduce social isolation, increase support, and promote mental and emotional health

Access to Healthcare for Specific Populations



- Access to Specialty Care
- Home Health Care across region
- Increased case management, treatment, and care coordination for people with complex chronic health problems such as diabetes
- Prevention and Treatment for Cardiovascular Disease, Kidney Disease, and Cancer
- Care for individuals with dementia/memory care needs
- Care for youth and adults with developmental disabilities
- Competency of providers to serve specific populations, including knowledge of LGBTQ+ needs and increasing Spanish-speaking providers
- Transportation to medical appointments

Substance Use Prevention, Treatment, and Recovery



- Need capacity across range of acuity
 - Drug and other substance use prevention and early intervention programs
 - Drug and other substance use treatment services, including Intensive Outpatient Services, Groups, and community-based treatments.
 - Programs and services to support individuals in recovery
- For youth, increased coordination between school systems and community providers and agencies to address prevention and early intervention

Summary of Findings



Access to Basic Needs

The global COVID-19 pandemic impacted virtually everyone on the planet, however, it has disproportionately impacted more vulnerable populations, including locally in the Quad-County Region. Many struggle to have their basic needs met, which impacts their ability to get and stay healthy. Some of the top community needs identified throughout the primary and secondary research include access to basic needs such as affordable housing, childcare, affordable and accessible prescriptions, and access to healthcare services for low-income individuals.

Housing

The United States is currently in an affordable housing crisis that was brewing long before the COVID-19 pandemic, but escalated during the pandemic for a variety of reasons. According to the National Low Income Housing Coalition, there is a housing shortage of 7 million available and affordable rental units for extremely low-income renters, whose household incomes are at or below the federal poverty guidelines or 30% of their area median income².

“Rents are in the \$2,000 range and most of our clients live on less than \$900 a month. We've got motels that have transitioned to a monthly rate and people are paying \$900 a month to live in a facility with no kitchen or other amenities”. - Focus Group Participant

Across the Quad-County Region, residents face a variety of housing challenges. Many stakeholders voiced challenges surrounding themes of affordable housing, housing stock, and a lack of resources for those experiencing housing insecurities. The lack of affordable housing is affecting residents of all income levels for both home buying and rentals. Low-income housing is limited across the region.

Many community residents identified the rising costs of rents and home prices as a top community need in the Quad-County Region. Cost-burdened households is a metric commonly used to identify potentially struggling households. Approximately one in three renter households in the Quad-County Region pay more than 35% of their household income in rent. Additionally, approximately one in three households with a mortgage are also cost-burdened, which is higher than the state and national percentage. Households that need to spend more on housing costs are less likely to be able to afford other necessities such as food, clothing,

² National Low Income Housing Coalition. The Gap. <https://nlihc.org/gap>

transportation, medical care, childcare, and more. For additional information on housing instability and cost, housing stock trends, homelessness, and more see pages 106-112 of the full CHNA report.

Childcare

“There has been increased truancy due to older children watching a younger child. They might miss a couple of days of school a week.”

- Community Stakeholder

The COVID-19 pandemic has put the childcare crisis in the national limelight over the past few years. The childcare industry has always been fragile and plagued with sustainability challenges from both the family and childcare provider sides, and COVID-19 restrictions only exacerbated the crisis. Childcare is often the biggest barrier for parents and caregivers, especially single moms, to

entering and maintaining employment. In addition to limited capacity, the cost of childcare is expensive with the average family paying approximately \$10,174 a year in childcare costs³, which is approximately 10% of the median income for a married couple and more than 35% of the median income for a single parent.

Affordable quality childcare was ranked as the fourth highest need in the community survey and ranked seventh in the telephone survey (See page 87 of the “Quantitative Community Survey” section of the full CHNA report for more rankings, and “Voices of Douglas County” on page 46 for more on childcare).

Affordable and Accessible Prescriptions

Approximately one in three residents in the Quad-County Regional has at least one chronic disease, with hypertension (high blood pressure) and obesity having the highest prevalence rates (See pages 174-176 of the full CHNA report for more on chronic disease outcomes). The chronic disease prevalence rates for older adults are even higher. Many chronic diseases are treated with prescription medication. A 2019 KFF Health Tracking Poll⁴ on prescription drugs revealed that about one in four adults say that it is “difficult” to afford their prescription medications and one in three adults reported not taking their medicines as prescribed in the past 12 months because of costs.

³ ChildCare Aware of America. Demanding Change. <https://info.childcareaware.org/hubfs/FINAL-Demanding%20Change%20Report-020322.pdf>

⁴ KFF. KFF Health Tracking Poll – February 2019: Prescription Drugs. <https://www.kff.org/health-costs/poll-finding/kff-health-tracking-poll-february-2019-prescription-drugs/>

“There are no pharmacies here. We use Access to Healthcare (out of Reno), and they work with insurance. We have a post office, but you have to pick medication up, and for online meds, it has to be ordered online.”

– Storey County community member

Access to affordable prescription drugs was ranked as the fifth highest need in the community survey overall and the top need for individuals younger than 35. Access to affordable prescription drugs was ranked third on the telephone survey. While affordability is one of the biggest challenges to prescription drugs, it is also the access to pharmacies in more rural communities that can be a barrier, especially for individuals without reliable transportation.

Access to Healthcare Services for Low-Income Individuals

The median annual household income varies across the region from \$71,415 in Douglas County to \$58,305 in Carson City. While the percentage of households living below the Federal Poverty Level (FPL) is less than the state and national population, approximately one in ten households live below 100% FPL in the Quad-County Region.

Additionally, the percentage of uninsured individuals across the region varies by county from 10.1% in Carson City to 7.2% in Douglas County. It is estimated that approximately one in four adults with employer health plans are considered underinsured and likely struggle to pay for out-of-pocket healthcare costs. Check out the full report for more data on economically disadvantaged populations (pages 104-105), the uninsured community (pages 150-153), and the underinsured community (pages 154-157).

PERCENTAGE OF COMMUNITY MEMBERS WHO NEED CARE BUT CHOSE NOT TO GET IT

73%

In the community survey, approximately three in four survey respondents (73%) said that within the past two years there has been at least one occasion where they needed medical or mental healthcare, but chose not to get it. The most common reason was lack of money or ability to pay followed by long wait times to see providers. Additionally, the survey respondents ranked “affordable healthcare services for individuals and families with low income” as the eighth top community need.



Mental and Emotional Health

The 2022 State of Mental Health in America⁵ reported that 19.86% of adults experienced a mental health illness in 2019. The report also found there is a growing percentage of youth living with major depression, and suicidal ideation continues to increase among adults. The COVID-19 pandemic has had a huge impact on the mental health of individuals across the country and the long-term impacts are yet to be fully discovered.

Access to mental health services is one of the most critical needs across the Quad-County Region as identified by the qualitative research and community and telephone surveys. Themes found across the counties included challenges in timely access, shortage of mental health providers, cost, and an increase demand of mental health services since the beginning of the pandemic.

Providers for Youth and Adults

Mental health services specifically for youth and adults is an urgent and dire need in every community that participated in the qualitative research process. There are workforce shortages in mental health pediatric providers and mental health capacity within the schools, a shortage of education providers, and substance use concerns in the youth population.

In the community survey, counseling services for adults ranked number two below affordable housing followed by counseling services for youth at number three. When the community survey was further analyzed by age group, counseling services for youth was the top community need for survey respondents aged 55 and older. Counseling services for youth ranked the second top community need in the telephone survey.

Additionally, the University of Nevada Reno School of Medicine’s Office of Statewide Initiatives’ Nevada Instant Atlas indicates that there is a shortage of psychiatrists in the Quad-County Region. However, there are a greater number of psychologists available in the community, and also other providers of behavioral health care including Clinical Professional Counselors and Peer Support Specialists. For more on healthcare workforce challenges, see pages 159-169 of the full report.

“The available data for behavioral health providers in the region, while alarming in itself, does not speak to the severity of need for youth providers. Very few providers (if any, for parts of the region) specialize in youth or are able to support youth in any capacity.”

— Leadership Group Member

⁵ Mental Health America. The State of Mental Health in America. <https://mhanational.org/issues/state-mental-health-america>

Capacity Needed Across Acuity

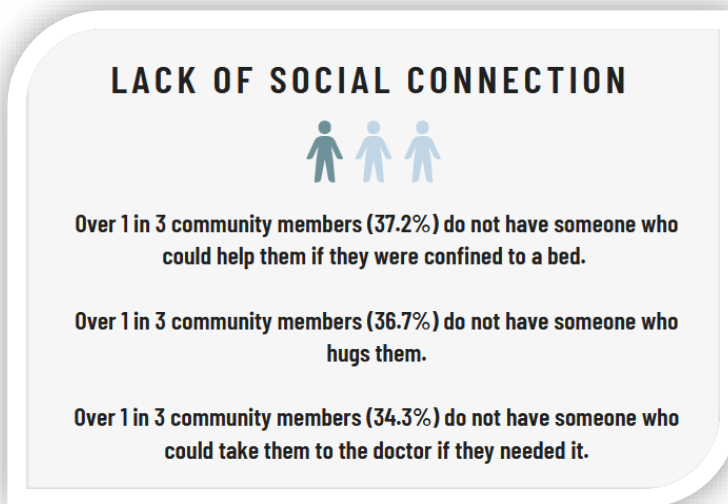
The mental health needs span the various levels of acuity from early screening and assessment, to outpatient services, to crisis and long-term care. The Quad-County Region does have some designated mental health beds, but access is limited due to barriers such as age of patient and insurance type. Finding beds for youth in crisis is especially difficult at times. With schools moving to remote models over the course of the pandemic, early intervention and prevention, especially among youth, was less robust and is now more important than ever.

“On the pediatric side, we had kids in inpatient in the acute care hospital for months just waiting for a psych bed. It wasn't safe to send them home and there wasn't anywhere to send them locally. We had to send them all across the country just to find a psych bed.”

- Carson City Community Member

Social Connectivity

A 2020 Health Affairs Health Policy Brief⁶ reported that social isolation is a significant contributor to morbidity and early mortality. With COVID-19 restrictions, schools and offices going remote, many people across the country were isolated at home for long periods of time.



The CHNA community survey asked a series of questions on social connectedness to begin to understand the extent of the challenges in the community. Across geographies, no fewer than one in five respondents, and most commonly, at least one in three respondents, reported that the various types of support were available to them “none” or “a little of the time.”

For additional measures of social connection, community engagement, and belonging in the region, see pages 76-79 of the full report.

⁶ Health Affairs. Social Isolation and Health. <https://www.healthaffairs.org/content/briefs/social-isolation-and-health>



Access to Healthcare for Specific Populations

The Institute of Medicine defined access to healthcare as “the timely use of personal health services to achieve the best health outcomes⁷” in 1993. Healthy People 2020 further defined access to healthcare as four components: coverage, services, timeliness, and workforce⁸. Throughout the Quad-County Region, community residents have identified challenges to accessing healthcare services, especially in more rural communities. While access to primary care services was relatively good, stakeholders and focus group participants identified access to specialty care as more challenging. Additionally, provider competency to serve specific populations and transportation were also identified as top access to healthcare needs in the Quad-County Region.

Access to Specialty Care

Higher chances of hospitalization and mortality are seen in residents who live in rural areas with limited access to specialist providers. Research has shown that patients who see a specialist in addition to their primary care provider are less likely to be hospitalized and die from a preventable disease.⁹

Timely access to see providers and a shortage of specialists is an identified need that came across during stakeholder interviews and focus groups.

Some stakeholders identified the need for specific types of providers like pediatricians, endocrinologists, OBGYNs, and other medical specialists. Many community residents need to travel to Carson City (from Douglas, Lyon, or Storey Counties) or Reno to access specialty care in a timely manner.

Additionally, the University of Nevada Reno School of Medicine’s Office of Statewide Initiatives’ Nevada Instant Atlas medical specialist counts indicate that there is a shortage of specialty care providers in the more rural counties, such as Lyon and Storey Counties. Carson City has a slightly higher rate of specialists than Nevada as a whole.

“There is a lack of timely access to specialists. Where I am at, I try to get someone in with a neurologist and gastrologist; it takes two to three months, rheumatology is six months out.”

– Stakeholder from Lyon County

⁷ IOM. Access to Health in America. <https://www.ncbi.nlm.nih.gov/books/NBK235882/>

⁸ HealthPeople.gov. Access to Health Services. <https://wayback.archive-it.org/5774/20220413202227/https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

⁹ Health Affairs. Lack of Access to Specialists Associated with Mortality and Preventable Hospitalizations of Rural Medicine Beneficiaries, 2019 <https://www.healthaffairs.org/doi/10.1377/hlthaff.2019.00838>

Health System Competency & Access for Specific Populations

In addition to a shortage of medical providers, provider competency, especially for the LGBTQ+ and Spanish-speaking populations, was identified as a top community need. The Hispanic or Latino population is the fastest growing population in the Quad-County Region. Approximately one in five individuals in Carson City speaks Spanish. For more on community demographics, including data on population growth, median age, diversity index, and more, see pages 12-22 of the full CHNA report.

- **Linguistic Isolation**

Language barriers can be a significant deterrent to accessing healthcare. People who do not speak English well are less likely to seek healthcare or receive health information. This can lead to delay of care and missed health screenings for chronic disease and cancers. Language isolation is also linked to poor mental health.

“Too many providers say that if you live in this country that you need to speak English. It’s demeaning and it turns that Hispanic person off from seeking medical care.”

- Douglas County Community Member

PERCENTAGE OF NEVADANS THAT
SPEAK A LANGUAGE
OTHER THAN ENGLISH

30.2%

Over one-fifth of the population (22.4%) in Carson City speaks a language other than English, which is higher than the national percentage (21.5%). Over 11.0% of the CTH PSA population speaks Spanish. Approximately one-tenth of the populations in Douglas and Lyon Counties speak Spanish.

“Access to mental healthcare is challenging for Spanish-speaking communities. For the kids, they speak English so it is not a problem to have a therapist that only speaks English, but for the parents it’s hard part because they don’t speak English. There are not many Spanish-speaking therapists and mental health providers. For adults that don’t speak English, they can use an interpreter, but a lot is lost in translation.”

- Community Stakeholder

- **Provider Competency to Serve LGBTQ+ Individuals**

LGBTQ+ community members have significantly higher percent of depressive disorder diagnoses and more days of poor mental health.¹⁰ In Nevada, gay, lesbian, and/or bisexual students were twice as more likely to be bullied on school property according to the 2019 Youth Behavioral Risk Factor Surveillance System. For more of LGBTQ+ health and risk factors, see pages 213-215 of the full report.

“Providers are not trained, especially for transgender individuals. Youth are now coming out and transitioning at younger ages. We need doctors who are trained to work with young transgender individuals.”

- Carson City Community Member



Several stakeholders, including several Equity Champions, identified the need for healthcare providers who understand the unique health needs of transgender people, especially youth, in the community. Additionally, one local stakeholder shared how limited access to specialty care impacts LGBTQ+ individuals: “There is a huge need for endocrinology for transgender care.”

Transportation

Across the Quad Counties, community members mentioned challenges in accessing transportation to medical appointments and services around the community in particular. Unreliability, timely access, and subpopulation criteria for public transportation were specific challenges shared.

Public transportation can impact a person’s health and influence health equity. Lack of transportation can cause an individual to miss their health appointments, or to delay

“Transportation for elderly - sometimes they have to sit in the waiting room for hours waiting to be picked up and they get a timeframe such as a three-hour window, and they're just sitting in the waiting room for someone to get them.” – Stakeholder

scheduling, which can cause poorer health outcomes and added health expenditures. Reliable transportation can improve stability in access to health, nutrition, employment opportunities, and social inclusion. Transportation ranked 26 on the community survey, however, it ranked higher in Storey (8) and Lyon (14) Counties compared to the other service areas.

¹⁰ Nevada SAPTA EPI Profile, 2019. Link: [/dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/SAPTA_EPI_Profile_Nevada_2019.pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/SAPTA_EPI_Profile_Nevada_2019.pdf)



Substance Use Prevention, Treatment, and Recovery

A recent Kaiser Family Foundation report, Recent Trends in Mental Health and Substance Use Concerns Among Adolescents, reported that deaths due to drug overdose in adolescents nearly doubled nationally in the first year of the pandemic.¹¹

Additionally, a third of high school students reported using substances such as alcohol, tobacco, marijuana, and misuse of prescription opioids in 2021. As of April 2022, over 100,000 people have died of drug overdose largely due to fentanyl.¹²

Through conversations with stakeholders and focus group participants in the Quad-County region, it was clear that substance use prevention, treatment, and recovery programs are vital to the overall health of the community. Survey respondents ranked these needs as follows:

#9 Ranked Need - Programs to Help Patients in Recovery Stay Healthy

#13 Ranked Need - Substance Use Treatment Services

#15 Ranked Need - Substance Abuse Early Intervention Services

“There are a lot of opioids, meth, and Fentanyl. It just seems like everywhere I turn someone is getting poisoned to death.” Stakeholder from Douglas County

Data from the State of Nevada Department of Health & Human Services Office of Analytics reported that between 2017 and 2019, Lyon County experienced the highest rate of substance use-related deaths per 100,000 population, over twice as high compared to Douglas County. Several stakeholders indicated that there are very little prevention programs, especially for youth, due in part to lack of funding as well as restrictions on available funding.

- Between 2019 and 2020, Nevada experienced a 55.0% increase in drug-related overdose deaths. In 2020, 788 drug-related overdose deaths occurred. Of those deaths, 65.2% were attributable to opioids.¹³
- Between 2019 and 2020, the opioid-related overdose death rate increased in three out of four service area counties, with Carson City alone reporting a decrease. Douglas County experienced the most severe increase from 5.1 deaths to 18.1 deaths per 100,000 population.

¹¹ KFF. Recent Trends in Mental Health and Substance Use Concerns Among Adolescents. <https://www.kff.org/coronavirus-covid-19/issue-brief/recent-trends-in-mental-health-and-substance-use-concerns-among-adolescents/#:~:text=Some%20research%20has%20shown%20that,in%20substance%20use%20in%202021.>

¹² CDC. Provisional Drug Overdose Death Counts. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

¹³ Nevada Department of Health & Human Services, Nevada State Unintentional Drug Overdose Reporting System: Report of Deaths 2019 to 2020 – Statewide 2020. Link: nvopioidresponse.org/wp-content/uploads/2019/05/sudors_report_2019_2020.pdf

This Executive Summary is a small snapshot of the data collected for Quad-County Regional Community Health Needs Assessment. The full report includes additional community voices, survey measures, and secondary data for the region across a range of health outcome and social determinants of health measures, including:

- Full Community Survey Findings
- Telephone Survey Findings
- Economic Stability
- Neighborhood & Physical Environment
- Education
- Food Access
- Community & Social Context
- Local Healthcare System & Workforce
- Health Status, Chronic Disease, & Outcomes
- Mental Health of Older Adults
- Youth Behavioral Health
- Substance Use
- The Opioid Epidemic
-and, more!

The full report is available through the Carson Tahoe Health website (www.carson Tahoe.com), the Carson City Health & Human Services website (<https://getthehealthycarsoncity.org/>), and with partner organizations across the Quad County Region. Requests for copies and comments can be submitted to community@carsontahoe.org.

On behalf of the organizations who led this work, a huge thank you to our community members who shared their time, insights, expertise, and perspectives.

Join Us!

We invite you to participate in the next step – Community Health Improvement Plans! Monitor partner organizations' social media, websites, and announcements for more information.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

A coalition of eight community agencies came together to plan this Community Health Needs Assessment (CHNA), and additional agencies supported through equity champion participation.

Carson Tahoe Health is a comprehensive healthcare network featuring two hospitals, two urgent cares, an emergent care center, outpatient services, and a provider network with 21 regional locations servicing communities across Northern Nevada and the Eastern Sierras. <https://www.carsontahoe.com/>

Carson City Health & Human Services aims to protect and improve the quality of life of our community through disease prevention, education, and support services. <https://gethealthycarsoncity.org/>

Community Chest, Inc. is a leader at working with communities and joining hands with others to provide blended and integrated health and human services across the spectrum – from early childhood education to comprehensive mental health supports – throughout rural Nevada so that all may have access to the resources they need to not only survive but thrive. <https://communitychestnevada.net/>

Nevada Association of Counties strives to encourage county government to provide services that will maximize efficiency and foster public trust in county government. <https://www.nvnaco.org/>

Partnership Douglas County is committed to serving Douglas County and beyond and their staff are active voices for health policy and program innovation. <https://www.pdcnv.org/>

Lyon County Human Services works to enhance the well-being of individuals and families across the lifespan. They believe that it is their primary responsibility to provide for the human service needs of Lyon County's residents, especially those most at risk. <https://www.lyon-county.org/175/Human-Services>

Quad-County Public Health Preparedness, housed within Carson City Health & Human Services, aims to build relationships and break down silos between agencies that represent the healthcare system in Carson City, Douglas, Lyon, and Storey counties. <https://gethealthycarsoncity.org/preparedness/>

Douglas County Community Services, Parks, & Recreation works to create and preserve quality parks and recreation opportunities, servicing people of all ages and interests, that positively affect the community and enrich life. <https://communityservices.douglascountynv.gov/>

Special thanks to our Equity Champions from the following organizations for helping to bring the voices of specific populations, often underrepresented in healthcare, into our work:

- **PFLAG Carson City** (<https://pflagcarson.org/>)
- **Carson Valley Community Food Closet** (<https://www.thefoodcloset.org/>)
- **Partnership Douglas County** (<https://www.pdcnv.org/>)
- **NAMI Western Nevada** (<https://namiwesternnevada.org/>)

