



CARSON TAHOE
— HEALTH —



2022 QUAD-COUNTY REGIONAL

COMMUNITY HEALTH NEEDS ASSESSMENT

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 community-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:



A coalition of eight community agencies came together to complete this Community Health Needs Assessment (CHNA).

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.

Carson City Health & Human Services aims to protect and improve the quality of life of our community through disease prevention, education, and support services.

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.

Nevada Association of Counties strives to encourage county government to provide services that will maximize efficiency and foster public trust in county government.

Partnership Douglas County is committed to serving Douglas County and beyond and their staff are active voices for health policy and program innovation.

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.

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.

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.

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Introduction: Quad-County Regional Community Health Needs Assessment

Purpose

This Quad-County Community Health Needs Assessment (CHNA) serves as a critical phase in the overall effort to improve community health and reduce health disparities. The CHNA process provides a means of collecting community health status and behaviors, identifying community health needs, and engaging community members to improve the well-being of the community. The resulting document creates a frame of reference for community members to discuss the health status of a population. The purpose of this CHNA process and report has been to identify health issues, identify and engage local collaborators and assets, and prioritize the implementation activities needed to address the identified issues.

This assessment is the result of a collaborative planning effort between eight agencies: Carson Tahoe Health, Carson City Health & Human Services, Nevada Association of Counties, Community Chest, Inc., Lyon County Human Services, Partnership Douglas County, and Douglas County Community Services.

Carson Tahoe Health (CTH), a Nevada nonprofit corporation, and its subsidiaries, Carson Tahoe Regional Healthcare (CTRH), a Nevada nonprofit corporation doing business as Carson Tahoe Regional Medical Center (CTRMC), and Carson Tahoe Continuing Care Hospital, Inc. (CTCCH) contracted Crescendo Consulting Group (CCG) to conduct this survey of the Carson Tahoe Health Primary Service Area and the Quad-County communities. Carson Tahoe Health will develop a hospital specific Implementation Strategy based on this CHNA.

At a minimum Carson City Health & Human Services conducts a CHNA every 5 years which is a necessary component for Public Health Accreditation that was obtained in May 2016. Next steps are updating the Community Health Improvement Plan and a Health Department Specific Strategic Plan based on this CHNA.

Importance of the Collaborative Approach

Collaboration is a key operating principle across the Quad-County Region. Many local non-profits and organizations recognize the importance of collaboration, or working together to achieve a common purpose, and view it as a strength of the Quad-County Region. To better understand the needs of the community and deepen cooperation among agencies with the ability to impact the most pressing needs, a coalition of like-minded community partners joined the effort to complete the 2022 Community Health Needs Assessment.

Effective collaborative partnerships include objectives such as the following:

• **Create a vision that is broadly understood**

• **Work across organizational boundaries**

• **Include those most affected by health challenges in solution-creation**

• **Utilize ongoing planning and joint accountability to measure change**

Quad-County Planning Partners

The number and the quality of partner engagement involved is a key measure of an effective collaborative. The Quad-County Region partnership includes various community care positions, public health departments, community-based organizations, and others. The planning committee included leaders and stakeholders from the following agencies:

Carson Tahoe Health

Carson City Health & Human Services

Lyon County Human Services

Nevada Association of Counties

Community Chest, Inc.

Partnership Douglas County

Douglas County Community Services

Quad-County Public Health Preparedness

Equity Champions

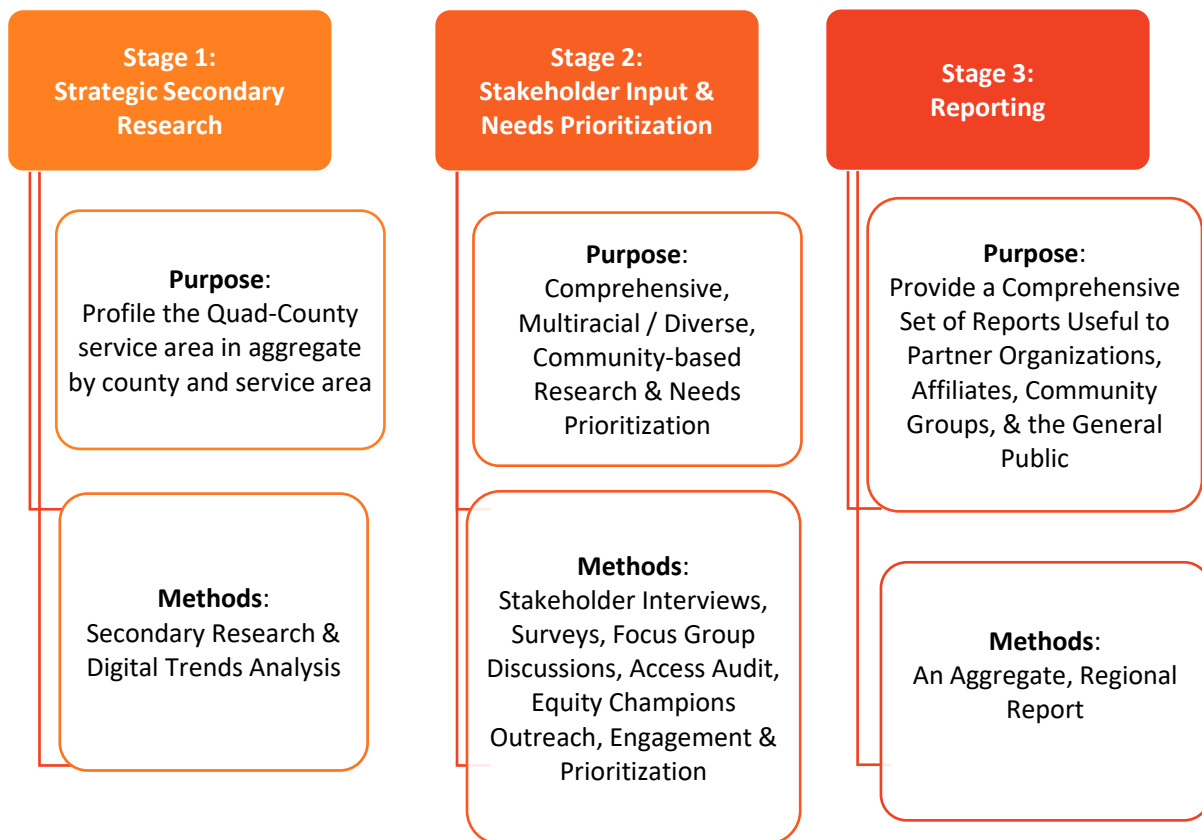
Equity Champions were recruited to join the planning coalition and paid a stipend to advise on the CHNA process, research instruments, and communities surveyed. They provided additional insight and facilitated connections into medically underserved populations in the community. Additionally, Equity Champions reviewed research tools for cultural competency and inclusion. Five equity champions each brought personal and/or extensive work experience related to the following populations in the Quad-County Region: LGBTQ+ individuals, Hispanic/Latino individuals, individuals in poverty and with food insecurity, individuals with severe mental illness, and peers and families of individuals with mental health and substance abuse challenges.

CHNA Methodology

The Quad-County CHNA Planning Committee worked with its assessment partner Crescendo Consulting Group to formalize and deploy a highly inclusive assessment framework. At the conclusion of the process, the Quad-County Region developed a succinct, prioritized list of community needs. To do this, 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. Crescendo engaged community partners, used data analytics, and invited others to join the discovery process to help create a positive cycle of change. The assessment activities met the following goals:

- Identify community resources, strengths, and barriers.
- Develop a deeper understanding of community access to care challenges, including those faced by groups historically underserved by healthcare facilities and programs.
- Enable partners to coalesce around, and act upon, the opportunities for population health improvement.

The following illustrates the three-stage approach used to support the project goals.



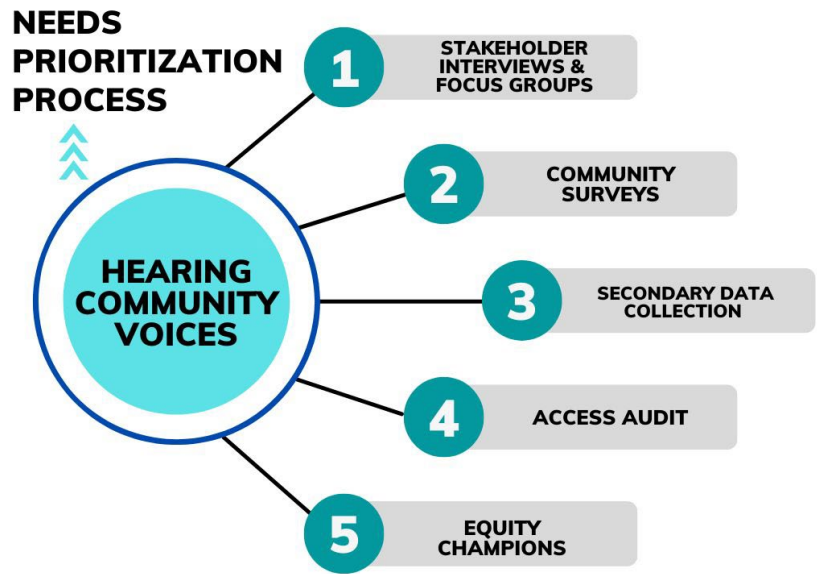
Operational Framework

The image illustrates how the mixed modality research methodology used stakeholder interviews, focus group discussions, a large sample community survey, and an access audit to ensure community voices were amplified and included in the prioritization process.

Based on the results of the mixed-modality approach, an extensive list of approximately 40 community needs were identified for the Quad-County Region.

This CHNA deployed a “*Modified Delphi Technique*” to prioritize the needs.

Each technique deployed in the CHNA was part of the longer-term Assessment as Action Cycle which jump-starts the continuous process of assessing community needs, addressing high-priority needs, evaluating impact, adjusting strategies, and assessing community needs.



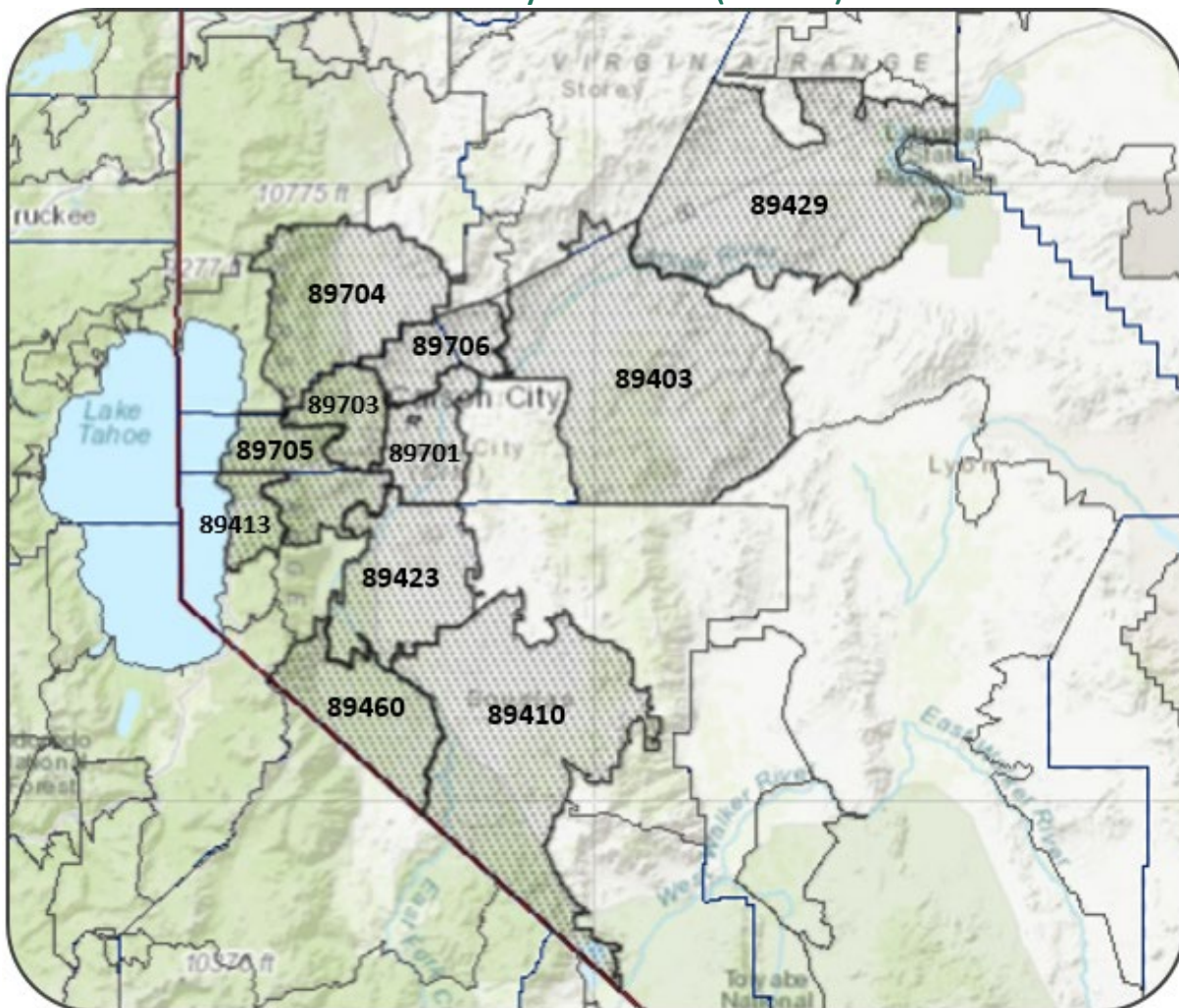
The CHNA provided an important opportunity for all the stakeholders in this complex landscape to work together to build a positive cycle of change. The ongoing cycle of assessment, strategy development, program development, program implementation, data collection, and program evaluation are a proven way to continually improve community health.

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.

The Carson Tahoe Health Primary Service Area encompasses the ZIP codes in which 75.0% of Carson Tahoe Regional Healthcare (CTRH), Carson Tahoe Regional Medical Center (CTRMC), and Carson Tahoe Continuing Care Hospital (CTCCH) (collectively, Carson Tahoe Health) patients live, illustrated in the following map. All named facilities (CTRH, CTRMC, CTCCH) use the same definition of community.

Exhibit 1: Carson Tahoe Health’s Primary Service Area (CTH PSA)



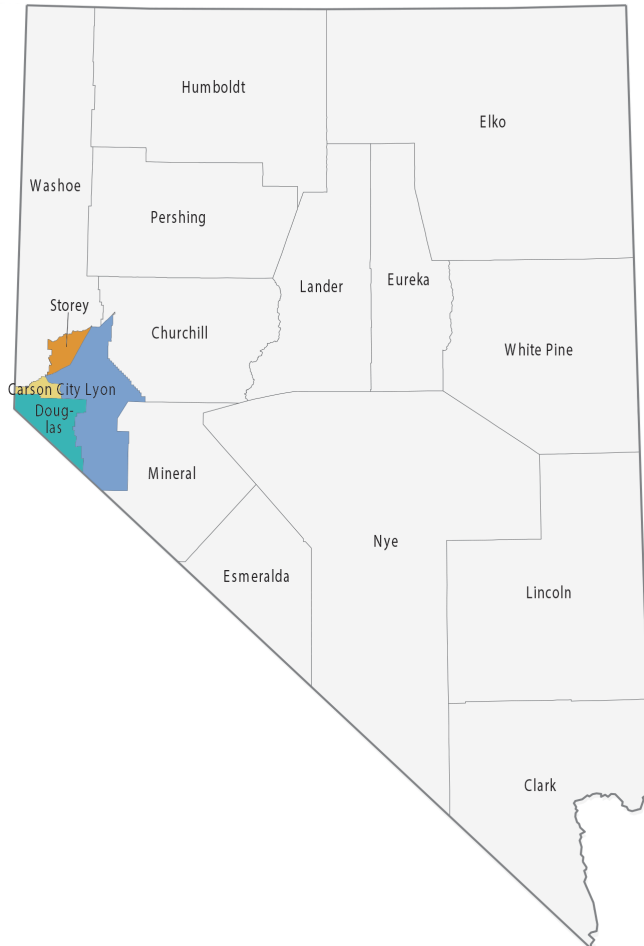
Source: UDS Mapper¹

¹ UDS Mapper. Carson Tahoe Health Primary Service Area. Link: https://maps.udsmapper.org/map?map_id=QvD2XVqleQvzrmjANnbk

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Across all survey methods, insight and data were collected for Carson City, Douglas, Lyon, and Storey Counties, collectively referred to as the Quad-County Region.

Exhibit 2: Quad-County Region

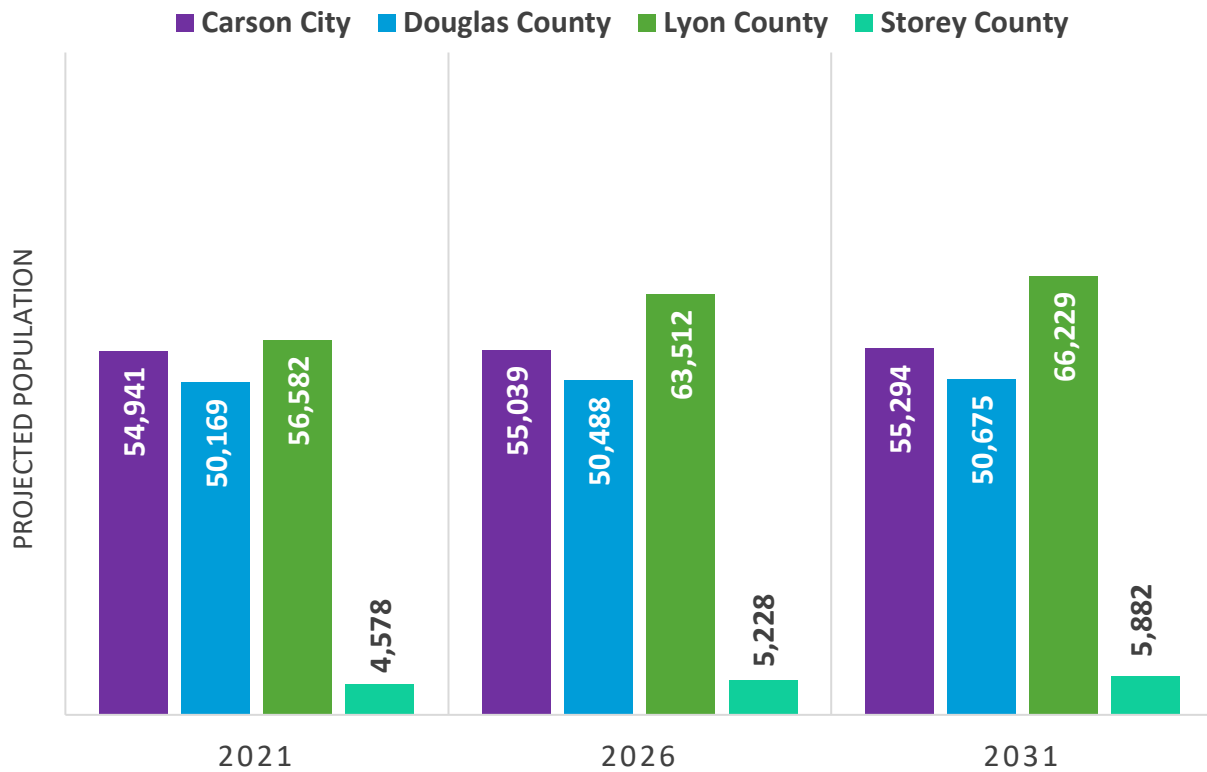


Source: <https://gethealthycarsoncity.org/novel-coronavirus-2019/>

Source: gisgeography.com modified by CTH

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%).

Exhibit 3: Quad-County Region Projected Populations



	Nevada	Carson City	Douglas County	Lyon County	Storey County
2031	3,469,124	55,294	50,675	66,229	5,882
2026	3,360,737	55,039	50,488	63,512	5,228
2021	3,173,326	54,941	50,169	56,582	4,578

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Rural & Frontier Health Data Book, 2021

Exhibit 4: Projected Population Change

2021 TO 2031	Nevada	Carson City	Douglas County	Lyon County	Storey County
Projected % Change	9.3%	0.6%	1.0%	17.0%	28.5%

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Rural & Frontier Health Data Book, 2021

The median age within the Carson Tahoe Health Primary Service Area (CTH PSA) is at least eight years older compared to Nevada as well as Carson City (42.2), and Lyon County (43.9). Storey

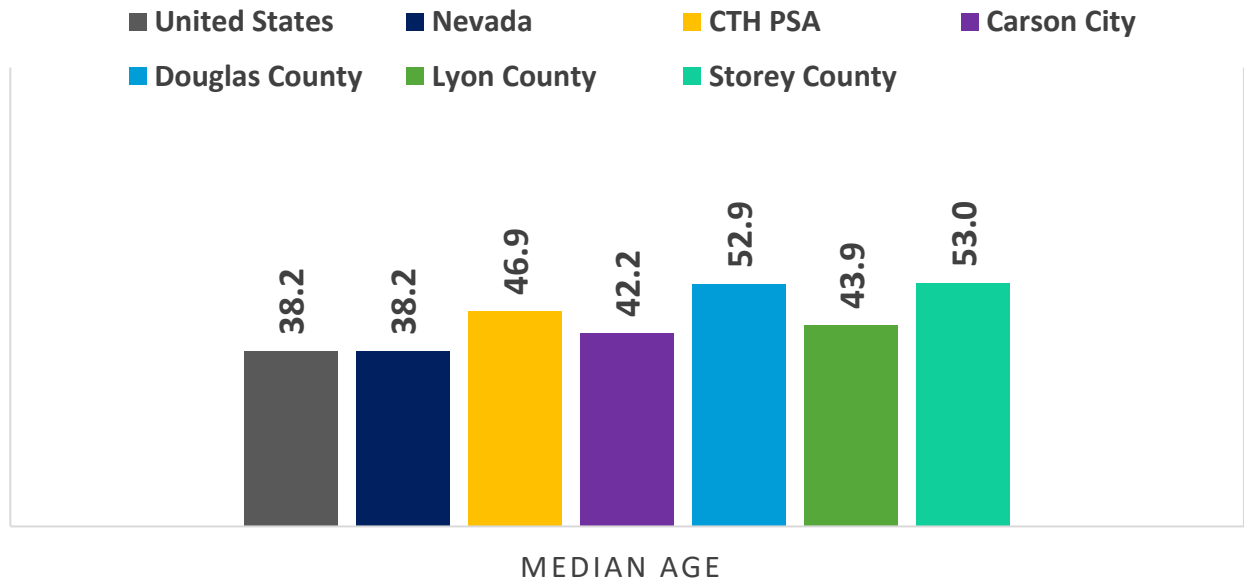
County presents the highest median age at 53 years old.

Exhibit 5: Population by Select Age Groups

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Total Population	326,569,308	3,030,281	126,246	55,244	48,486	55,667	4,086
Median Age	38.2	38.2	46.9	42.2	52.9	43.9	53.0
Under 5	6.0%	6.1%	4.7%	5.5%	3.4%	5.2%	4.2%
5 to 9	6.1%	6.2%	5.3%	5.5%	5.0%	6.4%	5.6%
10 to 14	6.5%	6.6%	5.2%	5.9%	4.6%	5.7%	4.4%
15 to 19	6.5%	6.0%	5.2%	5.4%	5.2%	5.9%	6.5%
20 to 24	6.7%	6.0%	5.0%	5.6%	4.1%	4.4%	4.6%
25 to 34	13.9%	14.6%	11.6%	13.0%	9.6%	12.3%	5.5%
35 to 44	12.7%	13.3%	10.8%	11.7%	9.8%	11.9%	11.4%
45 to 54	12.7%	13.0%	12.0%	12.4%	11.3%	12.2%	11.7%
55 to 59	6.7%	6.5%	8.4%	7.4%	8.7%	7.3%	7.2%
60 to 64	6.2%	5.9%	8.2%	7.3%	9.7%	7.5%	7.3%
65 and Older	16.0%	15.8%	23.6%	20.3%	28.5%	21.2%	31.6%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 6: Median Age

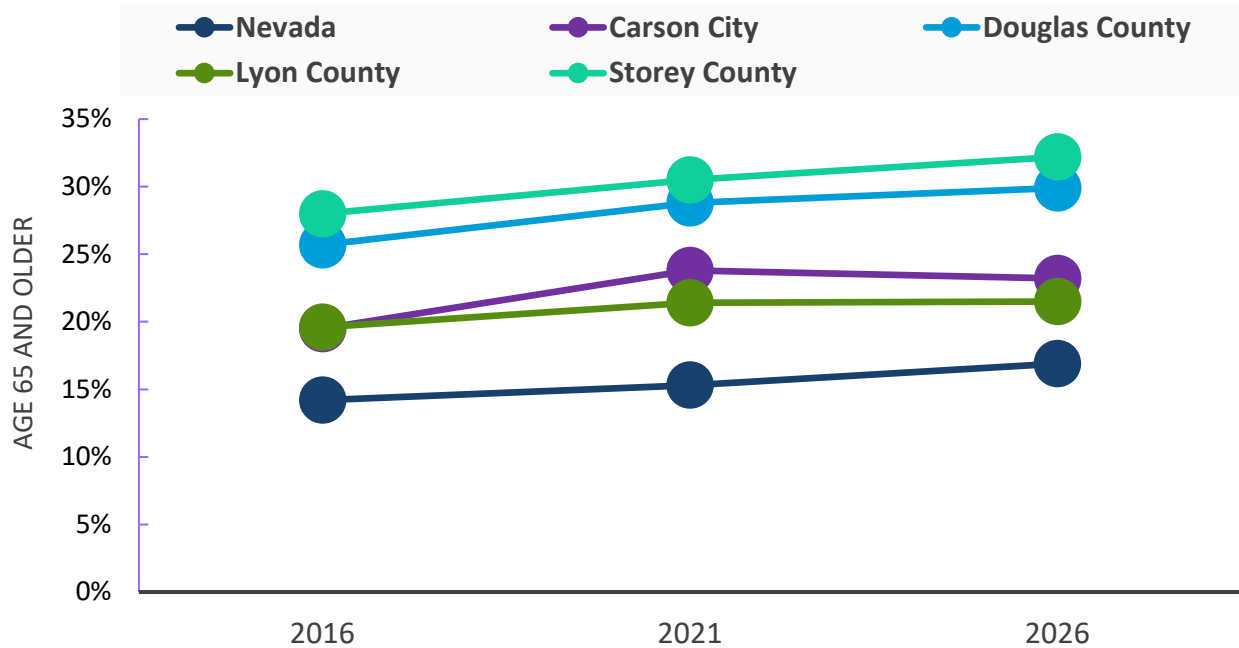


Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The population of older adults in the Quad-County Region has been steadily increasing since 2016 and is expected to grow by 2026. The population 65 and older within the Quad-County Region is greater compared to the population under 18, and between the ages of 18 and 64.²

In 2021, Douglas and Storey County had the highest percentage of older adults aged 65 and older within the Quad-County Region (28.8%, 30.5%, respectively).

Exhibit 7: Projected Population of Older Adults



AGE 65 AND OLDER	Nevada	Carson City	Douglas County	Lyon County	Storey County
2026	16.9%	23.2%	29.9%	21.5%	32.2%
2021	15.3%	23.8%	28.8%	21.4%	30.5%
2016	14.2%	19.5%	25.7%	19.6%	28.0%

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Demographer’s Office

² University of Nevada Reno School of Medicine Office of Statewide Initiatives. Nevada Rural & Frontier Health Data Book, 2021.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

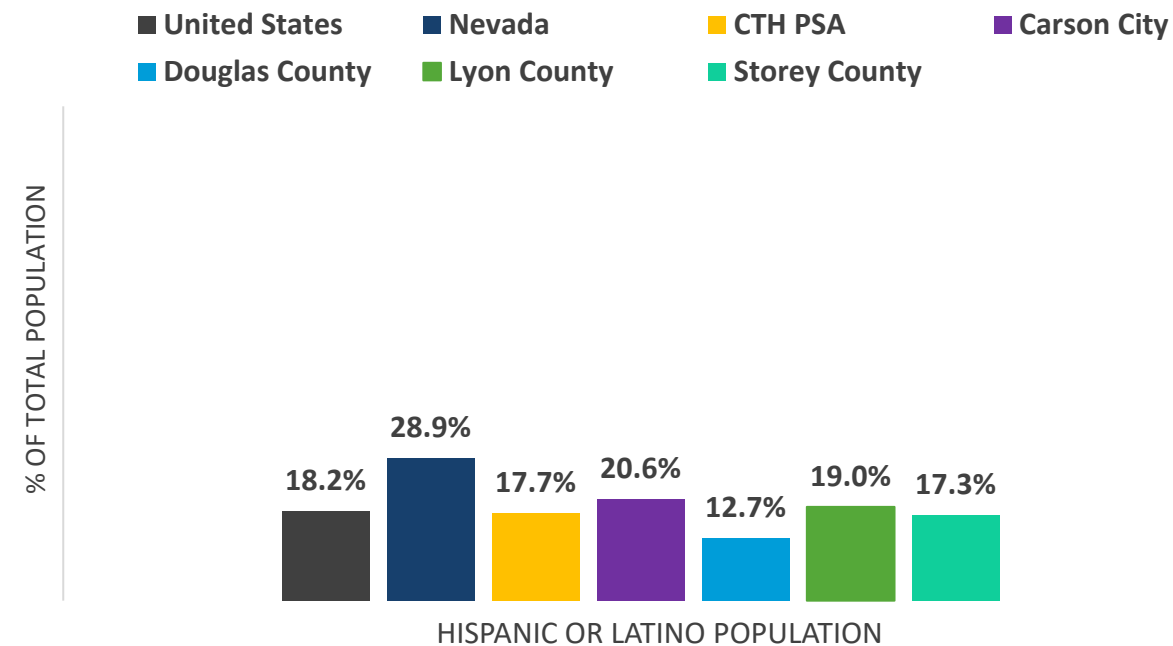
The Carson Tahoe Primary Service Area (CTH PSA) is primarily comprised of residents who identify as White (83.5%), similar to each service area county. Lyon County has the highest percentage of those who identify as American Indian and Alaskan Native (3.1%). Lyon County is home to the Yerington Reservation and Trust Lands, Walker River Indian Reservation, and Pyramid Lake Indian Reservation.

Exhibit 8: Population by Race

Population by Race	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
White	70.4%	62.1%	83.5%	79.5%	87.0%	81.4%	77.6%
Black or African American	12.6%	9.3%	1.1%	2.3%	0.7%	1.3%	1.3%
American Indian and Alaska Native	0.8%	1.2%	2.0%	2.6%	1.6%	3.1%	1.2%
Asian	5.6%	8.3%	2.1%	3.5%	1.9%	1.6%	6.7%
Native Hawaiian and Other Pacific Islander	0.2%	0.7%	0.2%	0.1%	0.2%	0.1%	0.8%
Some other race	5.1%	10.8%	6.1%	7.2%	4.1%	6.5%	5.3%
Two or more races	5.2%	7.5%	5.1%	4.8%	4.6%	5.9%	7.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 9: Population by Ethnicity



QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Hispanic or Latino	18.2%	28.9%	17.7%	20.6%	12.7%	19.0%	17.3%
Mexican	11.2%	21.7%	14.4%	17.5%	10.3%	14.8%	13.1%
Puerto Rican	1.7%	0.9%	0.4%	0.1%	0.6%	0.3%	0.3%
Cuban	0.7%	1.2%	0.3%	0.1%	0.1%	0.3%	0.5%
Other Hispanic or Latino	4.5%	5.1%	2.7%	2.8%	1.7%	3.6%	3.4%
Not Hispanic or Latino	81.8%	71.1%	82.3%	79.4%	87.3%	81.0%	82.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The percentage of residents who identify as Hispanic or Latino in the Quad-County Region is lower than the statewide population percentage (28.9%). Between 2021 and 2031, the Hispanic population in Nevada is projected to increase by 205,794 (21.1%), more than twice the overall population (21.1% 9.3%, respectively).³

Exhibit 10: Hispanic or Latino Population Percent Changed⁴

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
2010 to 2020	+23.0%	+24.3%	+26.3%	+20.3%	+34.7%	+49.1%
Total Population Change	+11,602,450	+173,756	+3,093	+1,038	+2,665	+112

Source: U.S. Census Bureau. Racial & Ethnic Diversity in the United States: 2010 Census & 2020 Census

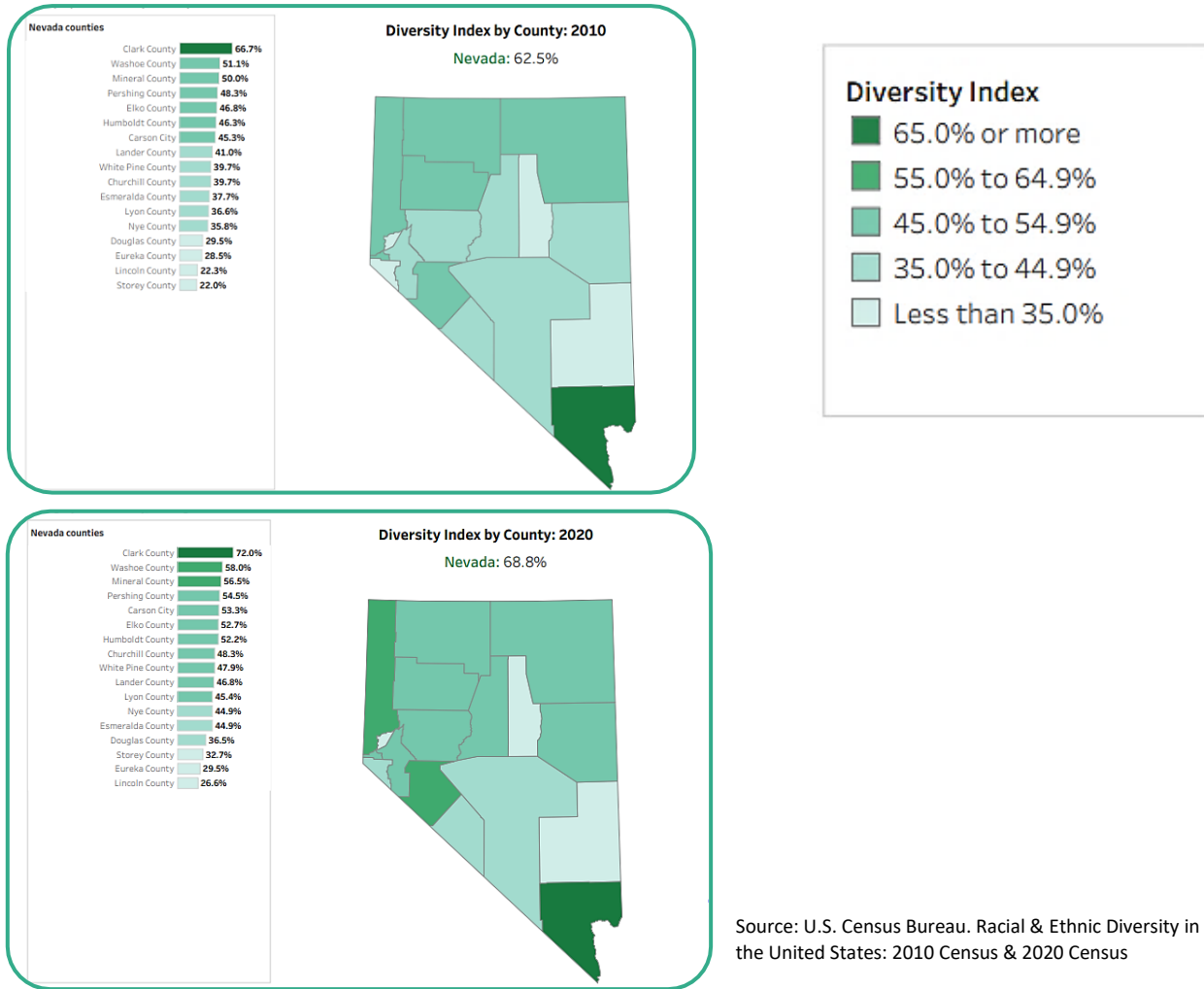
³ University of Nevada Reno School of Medicine Office of Statewide Initiatives. Nevada Rural & Frontier Health Data Book, 2021. Link: med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book

⁴ Data for the Carson Tahoe Health service area were based on aggregated data available at the ZIP Code level. For some measures, ZIP Code data was not available, so some CTH data points are omitted.

Diversity Index

The Quad-County Region is becoming a more diverse community over time. The Diversity Index (DI) measures the probability or chance that two people chosen at random will identify as a different race and ethnic group by county. Probabilities have been converted into percentages for easier interpretations. Storey County’s DI score increased 10.7%, indicating the largest increase in diversity, followed by Lyon, Carson City, and Douglas County.

Exhibit 12: Diversity Index Ten-Year Comparison



Source: U.S. Census Bureau. Racial & Ethnic Diversity in the United States: 2010 Census & 2020 Census

Exhibit 13: Diversity Index Scores

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	61.1%	68.8%	45.9%	36.5%	45.4%	32.7%
2010	54.9%	62.5%	37.2%	29.5%	36.6%	22.0%

Source: U.S. Census Bureau. Racial & Ethnic Diversity in the United States: 2010 Census & 2020 Census

Exhibit 1: Population World Region of Births

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Foreign-born	13.5%	19.4%	9.4%	12.8%	6.9%	6.7%	5.1%
Europe	10.8%	7.4%	1.2%	9.6%	21.5%	6.4%	14.4%
Asia	31.3%	31.4%	1.5%	14.2%	19.5%	14.8%	40.4%
Africa	5.4%	3.7%	0.2%	3.1%	0.6%	0.1%	0.0%
Oceania	0.6%	0.6%	0.0%	0.2%	0.5%	0.0%	0.0%
Latin America	50.0%	55.0%	6.0%	69.0%	48.6%	76.1%	5.3%
Northern America	1.9%	1.9%	0.5%	3.9%	9.3%	2.6%	39.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

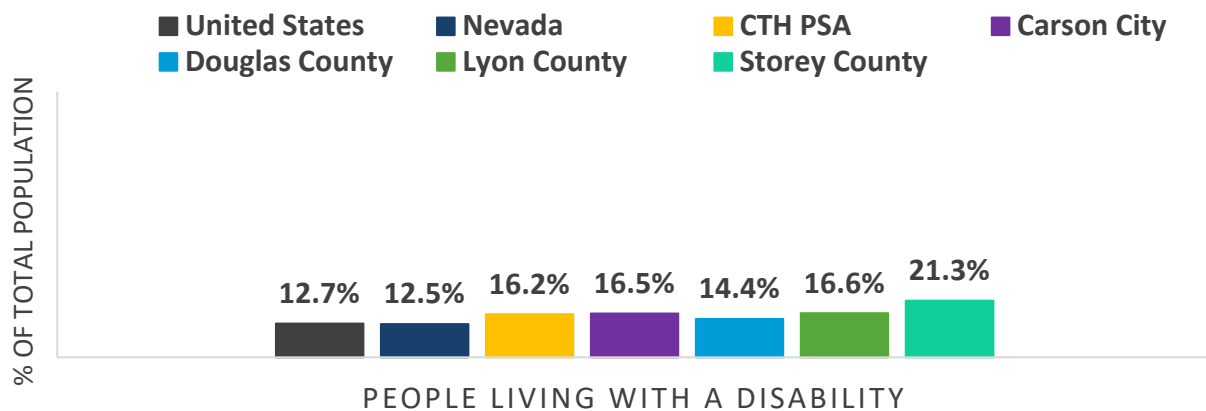
- Over three-quarters (76.1%) of the foreign-born residents in Lyon County were born in Latin America. Carson City also has a high population that was born in Latin America at 69.0%, both of which are higher than the state and national percentages.
- Nearly half of the Douglas County foreign-born population was born in Latin America (48.6%), a lower percentage than any county besides Storey County (5.3%).
- There is a high percentage of individuals in Storey County that were born in Asia (40.4%). Approximately 19.5% of the foreign born population in Douglas County was born in Asia, with a similar percentage born in Europe (21.5%).

Population Living with a Disability

In comparison to those living without a disability, people with disabilities have less access to healthcare, experience more depression and anxiety, engage more often in risky health behaviors such as smoking, and are less physically active.⁵

Within the Carson Tahoe Primary Service Area, 16.2% of the population is living with a type of disability, a percentage higher than the statewide figure (12.5%). The CTH PSA, among the delineated service areas, has the highest population of children aged five to 17 living with a disability (9.1%).

Exhibit 15: People Living with a Disability Profile⁶



	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Total Population	326,569,308	3,030,281	126,246	55,244	48,486	55,667	4,086
% of Population LWD ⁷	12.7%	12.5%	16.2%	16.5%	14.4%	16.6%	21.3%
Male	12.5%	12.6%	16.5%	15.9%	14.9%	17.8%	28.7%
Female	12.8%	12.5%	15.8%	17.1%	13.8%	15.4%	13.4%
Age							
Under 5	0.7%	1.1%	3.0%	3.9%	0.0%	0.0%	0.0%
5 to 17	5.7%	5.1%	9.1%	7.0%	3.6%	7.8%	0.0%
18 to 34	6.6%	6.2%	12.6%	12.5%	4.3%	7.1%	15.2%
35 to 64	12.5%	12.4%	18.4%	13.3%	10.4%	16.2%	14.4%
65 to 74	24.4%	25.5%	32.9%	28.0%	23.7%	31.8%	35.7%

⁵ Centers for Disease Control & Prevention. Health Equity for People with Disabilities, 2021.

Link: [cdc.gov/ncbddd/humandevelopment/health-equity.htm](https://www.cdc.gov/ncbddd/humandevelopment/health-equity.htm)

⁶ Civilian noninstitutionalized population.

⁷ LWD = Living with Disability

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	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
75 and over	48.1%	48.2%	59.8%	50.3%	44.2%	44.9%	55.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

- Approximately three in five people aged 75 and older in the CTH PSA (59.8%) live with a disability. Among the counties, Storey County has the highest percentages of individuals aged 65 and older living with a disability.
- More than one in five people in Storey County (21.3%) is living with a disability. This figure is further supported by the high percentage of older adults in the area – more than thirty percent of the population is age 65 and older.

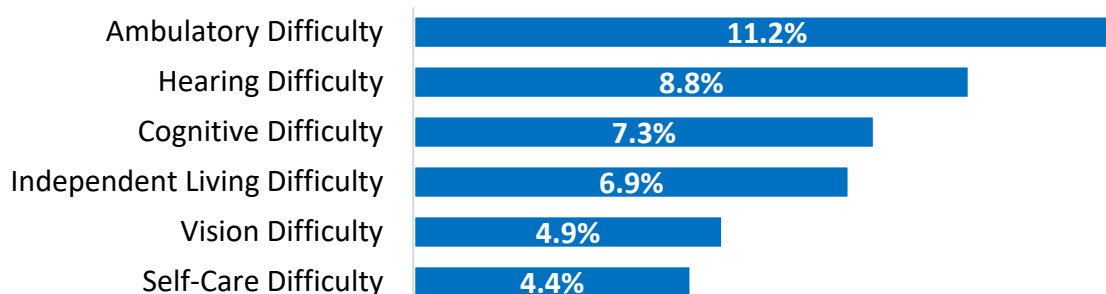
Approximately 11.2% of residents in the CTH PSA live with an ambulatory difficulty, defined as having serious difficulty walking or climbing stairs, more than any other disability. The percentages of individuals living with a disability in the PSA are higher than state and national averages in every category. Among the four counties, Storey County presents with the highest percentages of residents living with any type of disability.

Exhibit 16: People Living with a Disability by Difficulty

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Hearing Difficulty	3.6%	3.8%	8.8%	7.0%	6.1%	5.5%	9.0%
Vision Difficulty	2.4%	2.7%	4.9%	4.4%	2.7%	3.2%	6.0%
Cognitive Difficulty	5.1%	4.6%	7.3%	6.3%	4.5%	6.4%	10.3%
Ambulatory Difficulty	6.8%	7.0%	11.2%	9.0%	7.5%	9.6%	14.5%
Self-Care Difficulty	2.6%	2.5%	4.4%	3.7%	2.5%	4.4%	7.3%
Independent Living Difficulty	5.8%	5.3%	6.9%	6.4%	4.6%	7.5%	9.2%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 17: Percentage of People in CTH PSA Living with a Disability, by Disability Type



Prioritization Process and Results

Needs Prioritization Process

The Needs Prioritization Process brought together the summary of results from secondary research data, qualitative research themes, and the community and telephone survey.

A detailed list of 43 needs were identified for the Quad-County Region. Each of the needs in the prioritization process directly links to data observations and/or qualitative feedback. The resulting list of needs represents the items participants were asked to evaluate in the Prioritization Process. (For full list see Appendix J).

The Leadership Group utilized a modified Delphi Method to construct a prioritized list of needs for the region. The three-round approach described for the participants in advance included:

- **Round 1:** The first step asked participants to evaluate and comment on each need in a provided list via an online survey derived from primary and secondary research.
- **Round 2:** The second step asked participants to evaluate the same list of needs, but this list showed their colleagues' deidentified comments. The purpose of this process is to provide participants with additional insight as they evaluate each need.
- **Round 3:** The third step was an in-person meeting of the Leadership Group to discuss the results of the first two steps of the Prioritization Process along with any other observations that may have been missed along the way. The group utilized a score metric that measured community partnership and feasibility, resources and capacity, and timeline. The group also compared and discussed the rankings of each need in the community survey relative to the prioritization survey and discussed disparities across each of the counties and the CTH Primary Service Area. The individual needs were also grouped to weigh the relative acuity of broad, high-level domains of need.

The resulting data was analyzed from a variety of perspectives, with each of the metrics (i.e. feasibility, resources, community perspective from survey, variance between counties, etc.) prioritized in turn to understand where there was commonality across modes of analysis. From this analysis, the Leadership Group determined the **four domains of need shown below** as the top priority health needs for the Quad-County region. The prioritized needs listed within each domain were selected based on the ranking process described above, which includes perceived severity of need by community members and Leadership Group, as well as disease prevalence and mortality data from the secondary population research.

Prioritized Community Need 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

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

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

Substance Use Prevention, Treatment, & Recovery

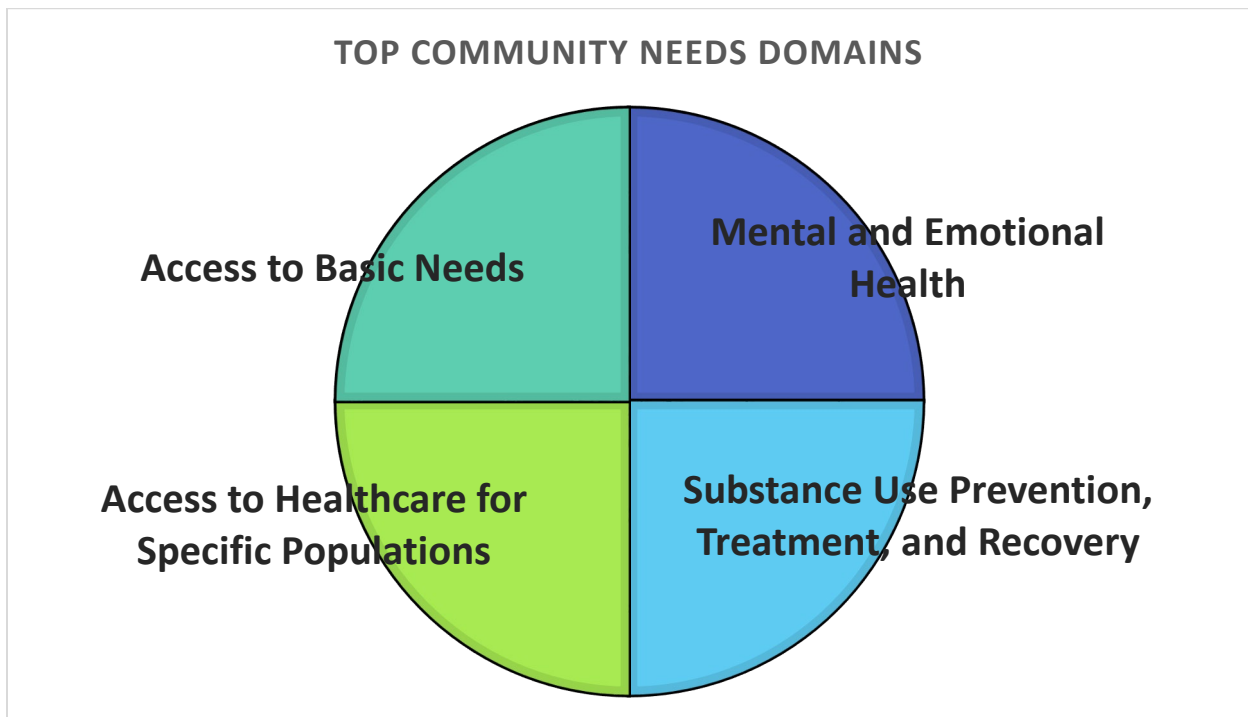
- Need capacity across range of acuity:
 - Drug and other substance use prevention and early intervention programs
 - Drug and other substance use treatment services, including Intensive Outpatient Services, Groups, and community-based treatments.
 - Programs and services to support individuals in recovery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

Summary of Findings

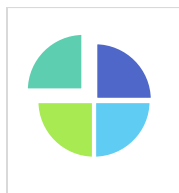
The Community Health Needs Assessment utilized an inclusive quantitative and qualitative research approach to understand the community needs in the Quad-County Region. In addition to analyzing a plethora of secondary data measures using the Social Determinants of Health framework, the Community Health Needs Assessment engaged the community to participate in the process through:

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

The primary and secondary data was analyzed, and the following four categories were identified as the top community needs domains: (1) Access to Basic Needs; (2) Access to Healthcare for Specific Populations; (3) Mental and Emotional Health; (4) Substance Use Prevention, Treatment, and Recovery.



Access to Basic Needs



In 1943, Abraham Maslow introduced the world to his hierarchy of needs” theory⁸, which suggests that people are motivated to fulfill basic needs before moving on to other more advanced needs. Maslow’s Hierarchy of Needs is often portrayed as a pyramid with physiological needs, such as things that humans need to survive like food, water, shelter, and clothing, serving as the base. The second level is security and safety needs, such as health, employment, and resources.

The global COVID-19 pandemic over the past few years 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 income⁹.

“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

⁸ McLeod S. Maslow’s Hierarchy of Needs. <https://www.simplypsychology.org/maslow.html>

⁹ National Low Income Housing Coalition. The Gap. <https://nlihc.org/gap>

affecting residents of all income levels for both home buying and rentals. Low-income housing is limited across the Carson Tahoe Health PSA and the Quad-County 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, transportation, medical care, childcare, and more.

Exhibit 28: Cost-burdened Households

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
With a Mortgage	20.6%	23.0%	32.9%	30.9%	34.6%	29.2%	27.7%
Without a Mortgage	10.4%	8.7%	11.5%	10.2%	12.7%	11.2%	11.5%
Renter (35.0% or more)	40.0%	40.8%	33.1%	29.6%	36.9%	36.2%	32.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Childcare

“In general, we need more childcare facilities, there are only five places. They don't take many kids and it's very expensive. Many parents don't work because it only covers gas and childcare. When COVID hit, I had three kids in day care, and I paid \$1,700 every paycheck and I have a 50% discount due to my family owning the facility.” - 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 costs¹⁰, which is approximately

¹⁰ ChildCare Aware of America. Demanding Change. <https://info.childcareaware.org/hubfs/FINAL-Demanding%20Change%20Report-020322.pdf>

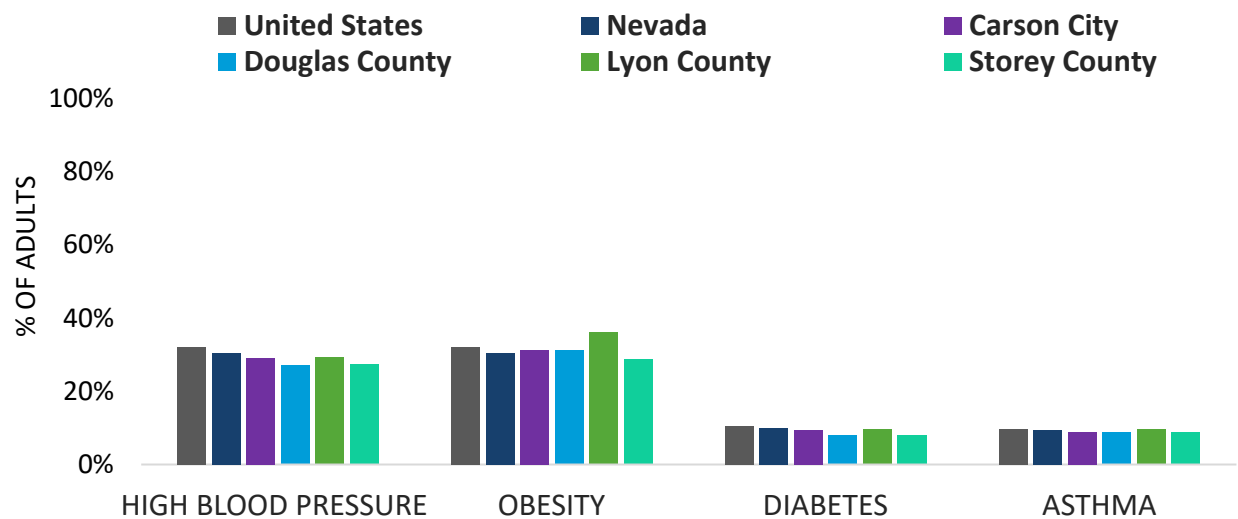
10% of the median income for a married couple and more than 35% of the median income for a single parent.

Affordable quality childcare was ranked as the fourth highest need in the community survey and ranked seventh in the telephone survey (see section “Quantitative Community Survey” for more rankings).

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. The chronic disease prevalence rates for older adults are even higher (see exhibit 161). Many chronic diseases are treated with prescription medication. A 2019 KFF Health Tracking Poll¹¹ 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.

Exhibit 19: Chronic Disease Prevalence



Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019

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

¹¹ 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/>

communities that can be a barrier, especially for individuals without reliable transportation. For example, a stakeholder in Storey County said, “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.”

Access to Healthcare Services for Low-Income Individuals

The median annual household income varies across the counties in region from \$71,415 in Douglas County to \$58,305 in Carson City. While the percentage of households living below the federal poverty line (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 (see exhibit 133). 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.

73.0% of community survey respondents reported needing medical or medical healthcare in the past two years but chose **NOT** to get it.

In the community survey, approximately three in four survey respondents 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.

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 outcomes¹²” in 1993. Healthy People 2020 further defined access to healthcare as four components: coverage, services, timeliness, and workforce¹³. 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, cultural competency and transportation were also identified as top access to healthcare needs in the Quad-County Region.

Access to Specialty Care

“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

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.¹⁴

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

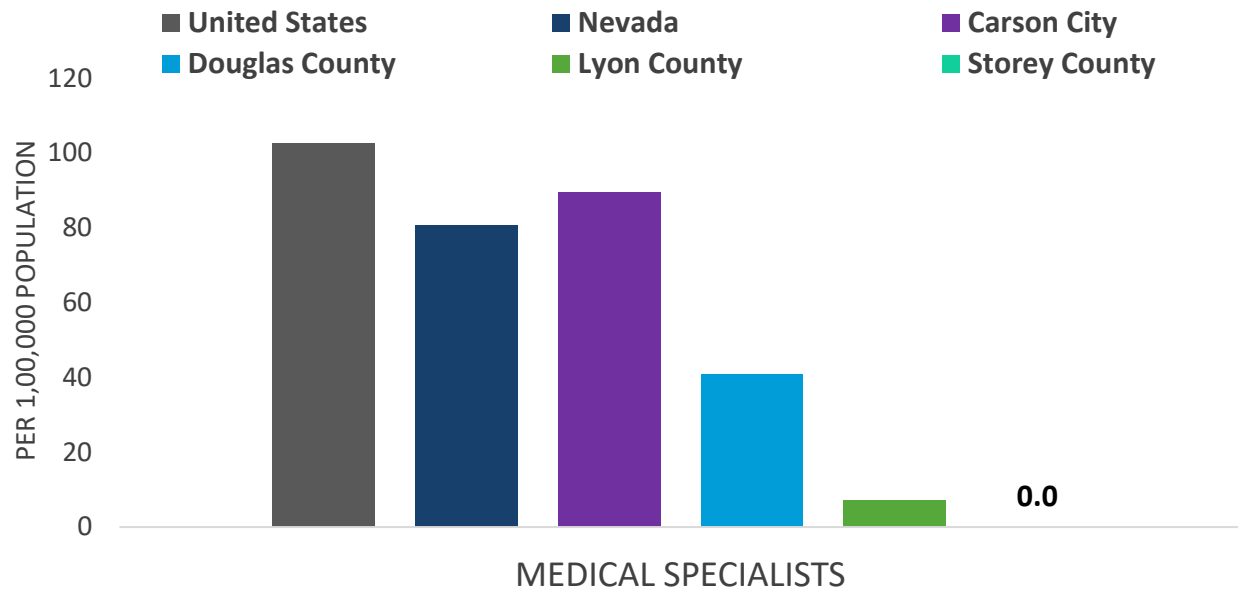
¹² IOM. Access to Health in America. <https://www.ncbi.nlm.nih.gov/books/NBK235882/>

¹³ 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>

¹⁴ 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>

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. (Note: see page 160 for data limitations regarding provider count).

Exhibit 20: Medical Specialists



Health System Competency & Access for Specific Populations

In addition to a shortage of medical providers, provider competency, especially for the LGBTQ+ and Spanish-speaking population, was identified as a top community need that serves as a potential barrier for some subpopulations. The Hispanic or Latino population is the fastest growing population in the Quad-County Region (see exhibit 9). Approximately one in five individuals in Carson City speaks Spanish.

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. Approximately 30.2% of the state’s population speaks a language other than English, and 15.0% of the CTH PSA.

“Older Mexican Americans who live in low English-speaking neighborhoods are at greater risk for poor health and even early death.”

National Library of Medicine, 2021

Exhibit 21: Linguistic Isolation

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
English only	78.5%	69.8%	80.2%	77.6%	89.0%	86.5%	95.2%
Language other than English	21.5%	30.2%	15.0%	22.4%	11.0%	13.5%	4.8%
Spanish	13.2%	20.9%	11.7%	17.9%	8.1%	10.8%	0.3%
Other Indo-European languages	3.7%	2.4%	1.6%	2.2%	1.5%	1.4%	3.8%
Asian and Pacific Islander languages	3.5%	5.8%	1.2%	1.8%	1.0%	0.8%	0.3%
Other languages	1.1%	1.1%	0.5%	0.6%	0.4%	0.5%	0.4%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

- 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 the language.

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. One stakeholder said “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.” Another stakeholder shared, “There is a huge need for endocrinology for transgender care.”

Transportation

Across the Quad-Counties, access to transportation is an area of concern voiced by community stakeholders. Community members mentioned challenges in accessing transportation to medical appointments and services around the community in particular. Unreliability, timely access, and subpopulation criteria to public transportation were also themes heard in interviews.

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 scheduling, which can cause poorer health outcomes and added health

“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

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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.

Mental and Emotional Health



The 2022 State of Mental Health in America¹⁵ reported that 19.86% of adults experienced a mental health illness in 2019. The report also found there is a growing percentage of youth in the country living with major depression, and suicidal ideation continues to increase among adults as well. The COVID-19 pandemic has had a huge impact on the mental health of both youth and adults 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 (see exhibit 54). 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

“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

¹⁵ Mental Health America. The State of Mental Health in America. <https://mhanational.org/issues/state-mental-health-america>

(exhibit 221). Counseling services for youth ranked the second top community need in the telephone survey (exhibit 57).

Additionally, the University of Nevada Reno School of Medicine’s Office of Statewide Initiatives’ Nevada Instant Atlas indicate 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. See “Secondary Population Research: Behavioral Health” section of this report (pp. 206-207) for further detail.

Exhibit 22: Psychiatrists & Psychologists

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Psychiatrists ¹⁶	15.6	ND	9.0	286	7.1	4	2.0	1	0.0	0	0.0	0
Psychologists	30.0	ND	14.5	459	44.3	25	12.0	6	3.5	2	0.0	0

Source: University of Nevada, Reno, School of Medicine. Office of Statewide Initiatives, Nevada Board of Psychological Examiners & Board of Osteopathic Medicine, 2020

Capacity Across Acuity

The mental health challenges range across 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 Brief¹⁷ reported that social isolation is a significant contributor to morbidity and early mortality. With COVID-19 restrictions, schools and offices

¹⁶ MD & DO.

¹⁷ Health Affairs. Social Isolation and Health. <https://www.healthaffairs.org/content/briefs/social-isolation-and-health>

going fully remote, many people across the country were isolated at home for long periods of time. Additionally, social isolation existed before the pandemic at alerting rates. A 2018 Cigna report¹⁸ found that three in five (61%) of Americans reported feeling lonely.

The CHNA community survey asked a series of questions on social connectedness to begin to understand the extent of the challenges in the community, especially post-pandemic. 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 listed below were available to the “none” or “a little of the time.”

Exhibit 23: How often is each of the following kinds of support available to you if you need it? Measure reported is percentage of patients answering “none” or “a little of the time”

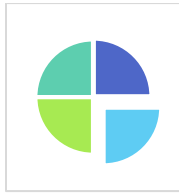
PERCENT SAYING, "NONE" OR "A LITTLE OF THE TIME"	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Someone you can count on to listen to you when you need to talk	35.1%	28.0%	34.6%	38.6%	21.6%	33.4%
Someone to give you information to help you understand a situation	34.5%	31.3%	38.3%	44.6%	26.3%	35.1%
Someone to confide in or talk to about yourself or your problems	34.0%	30.3%	34.7%	38.6%	26.7%	33.5%
Someone to turn to for suggestions about how to deal with a personal problem	35.3%	30.2%	39.0%	43.6%	25.8%	35.3%
Someone to help you if you were confined to bed	36.8%	34.2%	41.7%	39.6%	30.7%	37.2%
Someone to take you to the doctor if you needed it	34.3%	32.1%	36.6%	36.6%	25.9%	34.3%
Someone to help with daily chores if you were sick	36.3%	34.6%	34.0%	38.6%	30.1%	35.6%
Someone who hugs you	39.5%	29.1%	35.0%	48.5%	23.9%	36.7%
Someone to love and make you feel wanted	35.9%	31.5%	36.3%	38.6%	26.0%	35.0%

¹⁸ Cigna. Loneliness and the Workplace. <https://www.cigna.com/static/www-cigna-com/docs/about-us/newsroom/studies-and-reports/combating-loneliness/cigna-2020-loneliness-factsheet.pdf>

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PERCENT SAYING, "NONE" OR "A LITTLE OF THE TIME"	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Someone to get together with for relaxation	35.9%	28.7%	30.4%	44.6%	25.6%	33.7%
Someone to do something enjoyable with	33.5%	30.9%	30.4%	38.0%	26.0%	32.6%

Substance Use Prevention, Treatment, and Recovery



A recent KFF report, [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.), reported that deaths due to drug overdose in adolescents nearly doubled nationally in the first year of the pandemic¹⁹. Additionally, a third of high school students reported using substance 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 fentanyl²⁰.

“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

While much of the data for substance use during COVID-19 has yet to be analyzed and released to the public, through conversations with stakeholders and focus group participants in the Quad-County Region, the need for substance use prevention, treatment, and recovery programs is vital to the overall health of the community.

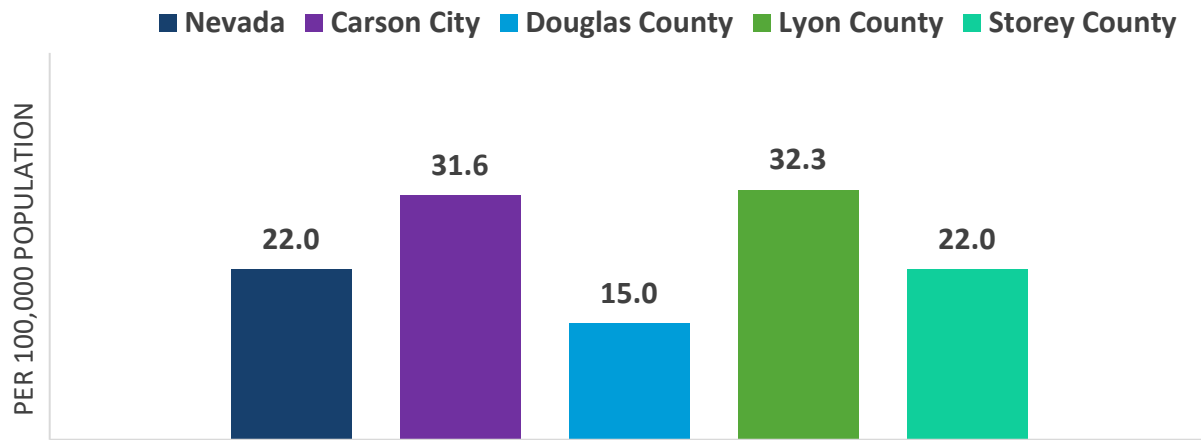
Survey respondents ranked “programs to help drug and other substance use disorder patients in recovery stay healthy” as the ninth top community need followed by substance use treatment services at 13 and drug and other substance abuse early intervention services as 15.

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 (see table below). Several stakeholders indicated that there are very little prevention programs, especially for youth, available in the community due, in part, to lack of funding as well as grant criteria and restrictions on available funding.

¹⁹ 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.>

²⁰ CDC. Provisional Drug Overdose Death Counts. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

Exhibit 24: Substance Use-related Mortality Rate



SUBSTANCE USE-RELATED DEATHS					
PER 100,000 POPULATION	Nevada	Carson City	Douglas County	Lyon County	Storey County
2017-2019	22.0	31.6	15.0	32.3	22.0

Source: State of Nevada Department of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

Youth substance use continues to be a problem across the Quad-County region, with especially high rates of electronic vapor products and alcohol.

Exhibit 25: High School Student Self-Reported Lifetime Substance Use²¹

GRADES 9 TO 12	Nevada	Carson City	Douglas County	Lyon & Storey County
Alcohol	56.9%	63.1%	69.3%	63.1%
Cigarettes	18.0%	24.7%	21.4%	28.7%
Cocaine	5.2%	10.6%	8.9%	6.2%
Ecstasy	4.8%	6.5%	8.7%	6.3%
Electronic vapor products ²²	43.5%	61.4%	58.0%	57.7%
Heroin	2.5%	2.8%	1.9%	2.5%
Injectable Substances	2.2%	2.2%	1.2%	2.9%
Marijuana	35.4%	48.0%	40.5%	39.2%
Methamphetamines ²³	2.9%	5.5%	1.8%	3.8%
Prescription Pain Medicine ²⁴	18.8%	21.7%	18.2%	17.1%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

²¹ Percentage of students who answered, 'yes'.

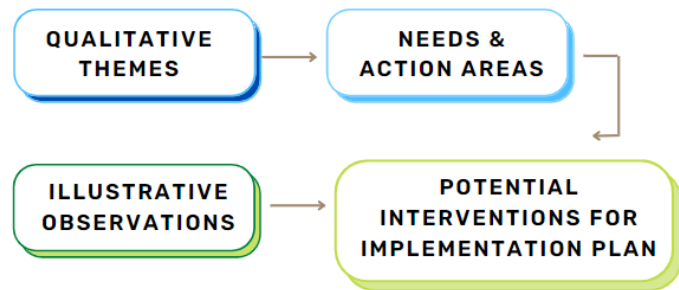
²² Including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods such as JUUL, Vuse, MarkTen, and blu

²³ Used methamphetamines (also called "speed", "crystal meth", "crank", "ice", or "meth").

²⁴ Percentage of high school students who ever took prescription pain medicine without a doctor's prescription or differently than prescribed (codeine, Vicodin, OxyContin, Hydrocodone, and Percocet).

Qualitative Research Approach

The qualitative primary research methodology consisted of stakeholder interviews and focus group discussions with key community organization leaders and service providers, healthcare providers, policymakers, and community residents. An interview guide and focus group moderator’s guide were implemented to help guide conversations, found in Appendix D and E.



Qualitative data collection resulted in a consensus of several top areas of need that can be described as qualitative themes. Each of these qualitative themes impact the subsequent high-level action areas. The action areas include an overview of the subject and utilize de-identified illustrative observations in italics which are representative of respondents’ consensus perspectives.

One-on-One Interviews

In total, **46** one-on-one virtual phone interviews were conducted, lasting approximately 20 to 30 minutes, although some community members chose to share a great deal of information and exceeded 30 minutes. These conversations provided the opportunity for:

- In-depth conversations about the strengths and challenges to receiving healthcare, services, impacts of the COVID-19 pandemic, and ideas for solutions to improve their communities.
- In-depth discussions about healthcare, social service, mental health, and other service issues with leaders, community partners, and individuals from the community.

Focus Group Discussions

Fifteen community-wide focus groups with over 125 community participants in total were conducted. Due to a number of focus groups taking place as an open forum at established community meetings, as well as some offered as hybrid in-person and Zoom meetings, an exact headcount of total focus group participants is not available. Each focus group started with brief introductions, followed by hearing participants’ broad thoughts about topic areas. Discussions were narrowed down to focus on topics participants observed as the greatest concerns facing their community and what possible solutions they envisioned. Participants were encouraged to

speaking about their particular areas of concern, interest, or experience as many opinions and observations were grounded in both personal and professional experiences.

Qualitative Data Collection Participants

Through the stakeholder interviews and focus groups, a diverse group of community organizations provided valuable insight into the challenges and barriers community residents may experience in the Quad-County Region.

Exhibit 26: Qualitative Research Participants

Qualitative Research Participants	
Boys & Girls Clubs Of Western Nevada	Nevada Urban Indians
Carson City Behavioral Health Task Force	PFLAG Carson City
Carson City Fire Department	Nevada Division of Healthcare Financing and Policy
Carson City Health And Human Services	Carson Medical Group
Carson City Sheriff's Office	Douglas County East Fork Fire Protection
Carson Tahoe Behavioral Health Assertive Community Treatment	Storey Senior Citizens Center
Carson Valley Community Food Closet	Turning Points Inc.
Carson Valley Medical Center	Storey County Emergency Department
Carson Valley Veteran's Affairs Clinic	Storey County Community Relations
Community Chest, Inc.	Nevada Department of Health and Human Services Division of Welfare and Supportive Services
Douglas County Behavioral Health Task Force	Nevada Business Group on Health
Douglas County School District	JOIN Inc.
Friends In Service Helping (Fish)	Partnership Douglas County
Healthy Communities Coalition of Lyon And Storey Counties	Ron Wood Family Resource Center
Lyon County Human Services	Storey County Community Library
Lyon County Juvenile Probation	Tahoe Youth & Family Services
Lyon County Public And Behavioral Health Task Force	Tahoe Youth & Family Services
Lyon County School District	Washoe Tribe Health Center
Nami Western Nevada	Western Nevada College
Nevada Association Of Counties	Northern Regional Behavioral Health Policy Board

Insights into the Quad-County Region

Community stakeholders were asked to share positive traits about their community. Quad-County residents expressed a sense of support and collaboration throughout their communities. Residents also appreciate the natural beauty and weather that the Quad-County region has to offer.

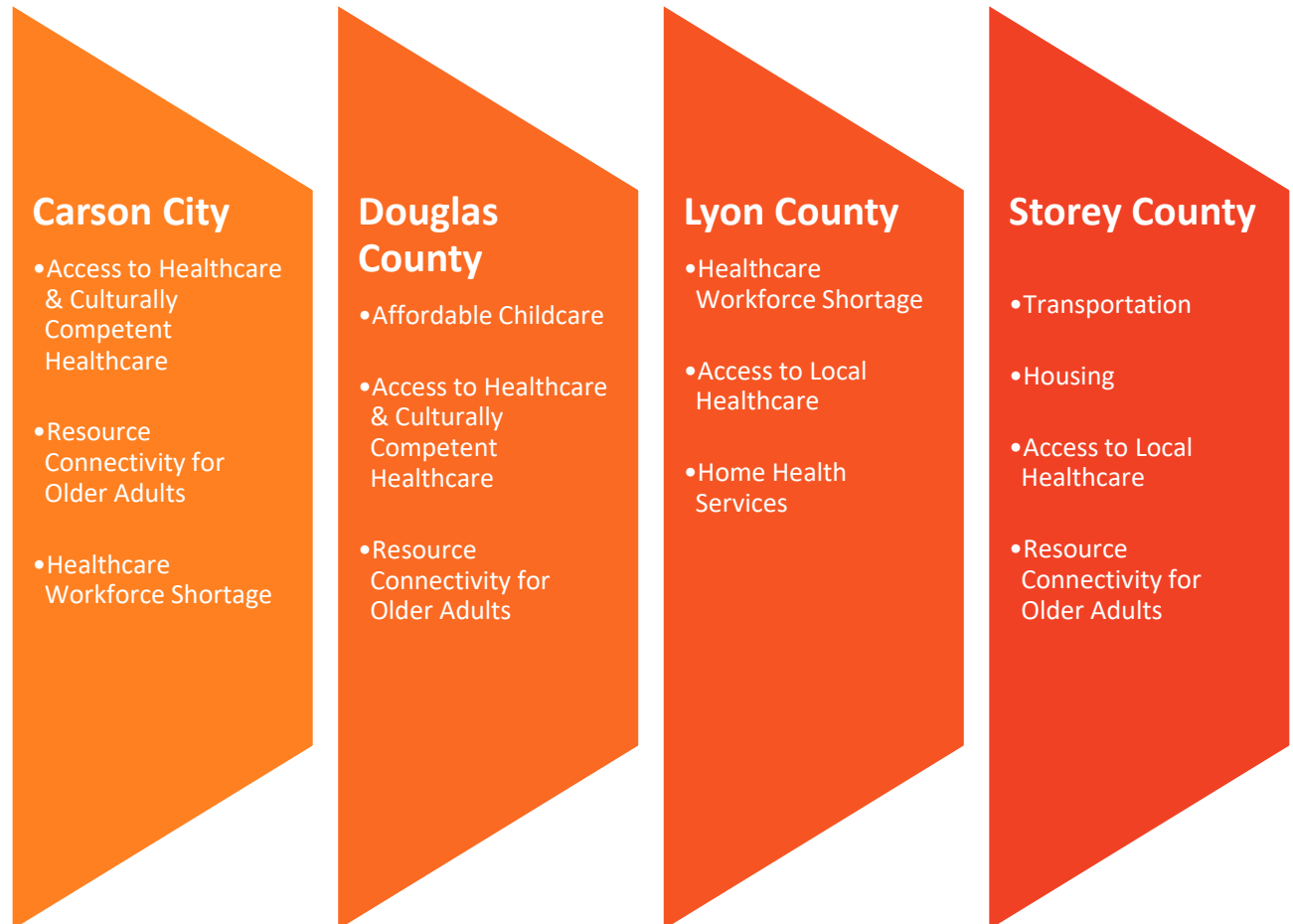
Sample voices from the Community

- *“The community spirit is amazing. It is a community that cares about each other and looks for ways to live in harmony.” -Carson City*
- *“We are a supportive community and a community that wants involvement from hospitals, city government, and agencies.” -Carson City*
- *“We have a very loyal and close-knit patient base and I think overall the compliance and care recommendations are good. I think the area kind of attracts persons who enjoy the semi-rural aspect of Carson City.” -Carson City*
- *“How caring people are and willing to wrap around and help when there is a tragedy or need. People donate, volunteer, and work with organizations and they want to interact with people.” -Douglas County*
- *“We have the best weather. We have lots of community activities. We have every outdoor activity that you can think of available year-round.” -Douglas County*
- *“It is a pretty close-knit community. We are a small town, and the town pulls together when there are issues or something goes on.” -Lyon County*
- *“I think in the end we have each other’s backs. People step up and help one another. It is a town that has a lot of diversity not ethnically or racially but in economics and gender identification. It is a place that has real commitment to create events so people can be involved.” -Storey County*

County-Level Action Areas

The following section highlights county-level needs identified through the qualitative research.

Exhibit 27: Unique Qualitative Themes by County



Voices of Carson City

Access to healthcare for the Spanish-speaking, New American, and older adult community were highlighted in one-on-one and group conversations. These challenges are exacerbated by workforce shortages in the healthcare sector and financial barriers to services. Carson City is largely viewed as the healthcare and services hub of the Quad-County Region and many people drive long distances from the more rural counties to seek care and services in Carson City.

Sample voices from the community

- **The Spanish-speaking New Americans are facing financial barriers to accessing healthcare, as well as feeling fearful when trying to access healthcare.**

“Financially, the immigrant population is not able to pay rent and when they come to the hospital, they can't afford hospital bills.”

“A lot of people have fear around going to the doctor and if they are here illegally, then doctors won't want to give them treatment.”

- **Older adults are a vulnerable population that faces many challenges in accessing resources, including healthcare, in Carson City. Community members voiced that many older adults are unaware of what services they are eligible to receive.**

“We have a large senior population and often they don't know how to access resources or don't qualify for resources. From the EMS side, our biggest struggle is to and from appointments for people with disabilities and wheelchairs who can't walk more than 10 feet in their walker.”

“There are very limited transportation services for them. We have public transportation, but people have to get all the way to the curb out by the bus by themselves.”

“We have a lot of seniors, and a lot of people won't take new Medicare patients. A lot of seniors have no access to primary care and when they do, they are struggling because they have no family support here.”

“There is a struggle that a lot of the doctors are refusing to take senior care patients for those on Medicare or Medicaid.”

- **The healthcare system in Carson City is facing healthcare workforce shortages causing patients to have longer wait times to see their primary care provider, specialists, and behavioral health providers. Healthcare providers also mentioned that workforce recruitment of more providers in Carson City is a challenge. Additionally, throughout the COVID-19 pandemic, healthcare providers have left the sector.**

“For certain specialists, we struggle to get patients in. For example, it is six to nine months for rheumatology.”

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“The pandemic drove a lot of technical people out of here, especially nurses and doctors, a lot of retirements.”

“For a cardiologist, a patient is waiting until December because he can’t get to Reno – except if they want to go at 6:00 in the morning and get home at 6:00 at night, but for seniors that is not appropriate.”

Voices of Douglas County

Douglas County residents cited a noticeable disconnect between community-based resources and services and older adults, predominantly caused by technology and transportation-related challenges. There is a lack of culturally competent community-based resources and services for the growing Spanish-speaking community, including behavioral health and healthcare. Many stakeholders discussed frustration at the lack of quality translation services, especially for the Spanish-speaking older adult community. Additionally, there is a general lack of affordable, safe childcare.

Sample voices from the community,

- **For older adults in Douglas County, there are challenges to enrolling in general community-based services, exacerbated by most information being online and often inaccessible.**

“I think a lot of the elderly population is not sure where to go to get a lot of information. Many don’t understand how to access services online nor have the desire to learn how to access things online.”

“During COVID, seniors struggled with using online services because they have very spotty internet connection. We have a mobile crisis team, Mobile Outreach Safety Team (MOST) that goes out two days a week. Older adults will call just to get someone to take out their trash. The calls are getting more aggressive when we tell them we can’t help them, and it’s hard to tell if it’s Alzheimer’s or Dementia or other mental health issues.”

“The aging population is the biggest health concern. Our average age has risen from 43 to 50 years in the last two years. More older people are coming here and moving away from their family and living on their own. Their spouse may or may not be around. It is hard for single older people to find social activities.”

- **Stakeholders who identify and/or work in the Spanish-speaking community highlighted the need for more Spanish-speaking providers and sufficient translation services. Children often have to translate for parents and family members at healthcare appointments.**

“Providers don’t seem to understand the burden on the children who translate to their parents. The information may not be translated correctly. It could lead to a dangerous situation, diabetes, heart disease, etc.”

“Many providers won’t use a translator unless they are certified. Some providers use the call-in translator but it’s terrible.”

“For Spanish-speaking elderly, our community health workers will be on the phone for hours. We have a lack of services for them.”

- **There are a limited number of mental health providers that speak Spanish, and some community members feel uncomfortable speaking Spanish because providers have not been welcoming towards their language and cultural needs.**

“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 and 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.”

“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.”

“We have no mental health providers that speak Spanish in Douglas. Trying to get services is nearly impossible and families are desperate for mental health and medical providers”

- **A number of community members are concerned with the affordability of local childcare. There are very limited childcare facilities, no infant childcare, and long wait lists. A lot of parents are working to pay for childcare because childcare is so expensive.**

“There’s one good facility and you need to get on the waiting list before you’re even pregnant.”

“We had someone here that has four kids, and it’s like she is working to pay for the summer care.”

“In general, we need more childcare facilities, there are only five places. They don’t take many kids and it’s very expensive. Many parents don’t work because it only covers gas and childcare. When COVID hit, I had three kids in day care and I paid \$1,700 every paycheck and I have a 50% discount due to my family owning the facility.”

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

Voices of Lyon County

Discussions with Lyon County residents reveal that there is a lack of home health services for older adults and populations living with disability and other mobility challenges, caused by workforce shortages and the unwillingness or inability of agencies to send staff to rural areas. The distance to basic community-based services in the county creates barriers. According to residents, there is limited access to healthcare services, emergency medical services (EMS), and limited hospital resources in the county.

Sample voices from the community,

- **Home health is an area that has been hit hard during the COVID-19 pandemic and has caused services to be spread thin across the county.**

“Home health agencies don't reimburse staff for gas or mileage. We are so geographically far apart that it's not feasible for them to make minimum wage and spend half of it on gas.”

“During COVID, we lost a lot of in-home care providers, and they never came back. They lost their jobs due to restrictions and then they became part of the great resignation.”

- **Many community stakeholders cited that the rural communities in the county, such as Silver Springs, are isolated and have limited access to resources.**

“Silver Springs is an isolated community with limited access to transportation. The fire department becomes their front-line providers. We have a lot of isolated people in Silver Springs with poor health. It is a medical desert.”

“Silver Springs has no transportation, so it adds to the disparity. In Dayton, we're really seeing food insecurity hit home to a lot of folks that were normally not food insecure, so we are really grateful that we have food pantries.”

- **Stakeholders shared that there is only one hospital in Lyon County. Specialty care access is lacking, and for the majority of services, patients have to travel outside of the county. EMS is an area that is facing challenges due to shortages in volunteers. This shortage is causing more patients to be transferred to other facilities by Care Flight. Community members stated that there is also a sense of high provider turnover.**

“We do not have any OBGYN services, so if you are pregnant, you have to travel out of town for arrangements. We don't have a surgery center, so if you have a broken arm you have to drive outside of the county.”

“EMS is volunteer-based, and we have to transport out of that hospital and out of the emergency room. EMS transport and volunteer resources are challenging to come by

because they have to cover the entire local area. They have a limited crew. Approximately 70% to 80% of patients who get transferred are done via Care Flight but only 10% to 15% require that.”

“We have so many of our folks out here, both young and old, and I’m not an expert, but the fact that these folks have to travel two to three times a week for their dialysis, it’s upsetting.”

“We go through a physician’s group that contracts traveling doctors for short stents. They don’t know our problems and they don’t know the community. By the time they get to understand and get a sense of the community, they go somewhere else.”

Voices of Storey County

The geographically fractured nature of Storey County’s communities and the distance to services creates challenges in accessing healthcare and health-related services for the residents in Storey County. Common themes included a lack of access to affordable housing, a lack of healthcare programs accessible to all community members, challenges with transportation from Virginia City to neighboring cities, and little to no access to pharmacy facilities. The older adult population suffers from isolation in Storey County as well. Stakeholders shared that older adults in the community experience longer periods of isolation than in other communities.

Sample voices from the community:

- **An absence of local medical and pharmacy care has created many barriers to access for residents of Storey County.**

“We have no doctors, hospitals, or pharmacies in Storey County. Telehealth has been helpful, but it is limited and there are challenges with the senior population. Seniors don’t have internet, don’t understand technology. We do have a health clinic here one day a week, but it’s often limited. We do have access to telehealth, but again can be limited.”

“Virginia City is geographically distant from major services. People have to drive to Carson City or Reno. It is a very windy road to go down to get services. I think part of the problem is it’s difficult for those outside of our county to understand the dynamics of it. We are one geography split up into four sections, so it is very geographically cut off.”

“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”

- **To access an array of healthcare and community-based services, Storey County residents must drive or find transportation outside of the county. Resources are often scattered throughout communities, creating further difficulties.**

“It is a 20-minute drive, and it is not about the length of drive it is the elevation change, especially in winter when we could have two more feet of snow up here than they do down there.”

“There’s a new online system but it’s not always effective. It makes it very hard for people without reliable transportation. People can’t just go somewhere at a drop of a hat. This has been happening a lot with chemo appointments. Carson doesn’t seem to understand the rural community and distance, travel, and weather. We’re not just down the road from them. Carson needs a way to flag the people that we know that have

transportation or out-of-town challenges, and that they are the ones that aren't getting canceled."

- **Older adults have even less access to resources, decreasing the overall quality of life for a critical part of the Storey County community.**

"Seniors can't get out and go to places easily. Seniors just sit in their homes. They don't get out. There is a community effort to help one another, but many seniors are virtually shut-ins. It significantly affected their mental health. They fear going outside for their health. They lost the socialization from the senior center."






"Seniors call the senior center or friends to help them get along. Kids don't care about their parents 90% of the time. The senior center is the emergency contact for many of our seniors as they don't have family."

Quad-County Region High-Level Action Areas from Qualitative Data Collection

Each of the themes noted in the bullets below are evident in the subsequent observations on each action area. Each of the key Action Areas and de-identified illustrative quotes are representative of respondents' consensus perspectives.

Action Areas are in alphabetical, not prioritized, order.

Exhibit 28: Overarching High-Level Action Areas in the Quad-County Region

 <p>Housing</p>	<ul style="list-style-type: none"> • Affordable housing • Housing stock • Population experiencing homelessness
 <p>Mental Health</p>	<ul style="list-style-type: none"> • Shortage of providers for youth and adults • Lack of crisis services • Lack of social connectivity • COVID-19 impacts
 <p>Speciality Healthcare</p>	<ul style="list-style-type: none"> • Long wait times • Shortage of providers
 <p>Substance Use</p>	<ul style="list-style-type: none"> • Increased usage of substances • Lack of treatment facilities and beds • Lack of prevention and recovery services
 <p>Transportation</p>	<ul style="list-style-type: none"> • Unreliability and timely access • Exclusive criteria

Housing

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 Carson Tahoe Health PSA and the Quad-County Region.

“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

The community voiced their concern and frustration about the lack of affordable housing for middle-income and low-income people and families within the Quad-County Region.

- *“Low-income housing is very limited. It is not very affordable even with two people working full-time jobs.”* - Carson City
- *“Rentals in Virginia City are unaffordable. The average is \$2,400 a month for tiny little apartments above shops.”* - Storey County
- *“[Apartment complex] went up too high, and 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.”* - Carson City
- *“A lot of landlords are not willing to work with voucher-type programs. People wait to get Section 8 housing and then they end up living in their cars or doubling up or becoming homeless.”* - Carson City
- *“It's way too expensive. There are fewer mobile home parks than there used to be and that used to be the affordable housing for most people. We are seeing people get more and more housing vouchers, but no landlords will take them.”* - Douglas County
- *“Safe housing that is affordable is a different story. There are very few median-income houses that are on the market, and they are priced at \$550,000. Prices have gone really crazy.”* - Douglas County
- *“In Mark Twain, Lockwood, and Highlands, there are individual homes; Highlands is more wealthy housing. Lockwood's are smaller homes for those with lower incomes. In Virginia City, there are a lot of*

buildings that are from the 1800s and are privately owned homes.” - Storey County

Community members cited a severe lack of housing stock, exacerbated by large corporations moving into the area, which are causing an unexpected influx of residents from outside of Nevada who are able to afford the majority of rental properties.

- *“There is nothing for first-time homebuyers. You have to put in about 40 offers. The inventory is low.” – Carson City*
- *“I have lost employees because they couldn’t find rentals.”- Douglas County*
- *“Douglas County is one of the most expensive places to live. A one-bedroom studio is \$1,800.” – Douglas County*
- *“There are not a lot of multi-family housing available and recently we have seen big growth.” – Douglas County*
- *“We have several apartment complexes. The other issue is we have a start-up copper mine; it has taken a lot of rentals and made them unavailable because people are coming from out of town to get jobs.” - Lyon County*
- *“The housing stock is old and it's unsafe for many seniors. A lot of the staircases are very narrow. Many people live in travel trailers.” - Storey County*

Many stakeholders across the service area discussed how the support and availability of housing is impacting the housing insecure and people experiencing homelessness.

- *“There’s a lot of homeless families and they won’t go into the shelters because they will split the families up.” - Carson City*
- *“Connecting folks that need them with services that are available that are homeless, and stressed families don't know about the resources available.” - Carson City*
- *“Veterans are getting kicked out and priced out. Veterans are ending up homeless and there is no homeless shelter.” - Douglas County*
- *“The Dayton area does have a small homeless population. There is the bridge in Dayton, and you’ll find 30 to 50 homeless people camped out in there.” - Lyon County*

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- *“Homelessness and people of low socioeconomic status – we really need to start addressing housing.*

People are living out of their cars or are doubling up. We have no shelter.” - Storey County

Mental Health

Access to mental health services is one of the most critical needs across the Quad-County Region. The majority of stakeholders in both one-on-one interviews and focus groups are concerned with mental health access. 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. Mental health services specifically for youth and seniors is an urgent and dire need in almost every community that participated in the qualitative data collection 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.

“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

Community members explained the several challenges to accessing mental healthcare services:

- *“For mental health, we don't have enough options for people to access care on the outpatient side especially. Inpatient, you can get a bed within reason but when they need outpatient, the rehab options we have is one facility that is very good and is able to accommodate in-patient rehab centers.” - Carson City*
- *“We lack services for the youth. There is no funding or infrastructure for mental health. We don't have anything lower than an inpatient facility or the hospital. There is nothing in between.” - Carson City*
- *“Depression and anxiety have skyrocketed. It's mainly what a lot of are people struggling with and it's worse than prior.” - Douglas County*
- *“There are a lack of mental health resources and the resources available are stretched thin. Nonprofits are trying to fill the void but there is a lack of resources for children. Some hospitals don't have youth mental health screenings.” - Douglas County*
- *“Seniors have a pretty high mental health burden. In June we had six completed senior suicides.” - Douglas County*
- *“We have some counselors at the Community Chest. If it's something more severe, then you need to go out of the community. We do have a*

local and state crisis line. It's being transferred to 988, but that has

some issues. Many people will call 911.” - Storey County

Since the COVID-19 pandemic, stakeholders stated that there has been an increase of mental health needs throughout the service area counties.

- *“We get a significant amount of medical calls that are really suicidal or mental health related issues. We're getting more suicidal ideations. Community Chest counseling services increased 50% over the course of the pandemic.” - Storey County*
- *“Behavioral health is becoming a bigger problem for youth due to the pandemic.” - Storey County*
- *“We have seen an increase of mental health issues since COVID in our youth and senior population. We have had seven juveniles in the emergency room for suicide ideation and we only have a total of seven beds in the hospital. There is nowhere to take them.” - Douglas County*

The community cited a critical shortage of mental health providers who have availability and accept specific health insurance plans:

- *“Our biggest challenge is mental health. We don't have many outpatient psychiatrists, only one total, but they are not taking new patients. When we try to refer, there are no psychologists or therapists that are taking new patients. As primary care providers, we do a lot more therapy work and psychiatry medicine than what we are supposed to do.” - Carson City*
- *“Schools try to help mental health, but the staff is limited. In the elementary school, there is one counselor for five schools.” - Carson City*
- *“My middle school-aged son is very anxious, but there is no school identifying the need. It took about four to five months to get into seeing a provider.” - Carson City*
- *“It is a mental health desert here. We have a few counselors, and a couple of psychologists, but no psychiatrists. You have to go to Carson City to get mental healthcare. There are options for online appointments. The counselors here are full.” - Douglas County*
- *“There are no psychiatrists; we have to refer to Reno or use telehealth.” - Douglas County*
- *“Our local providers are tapped. Our behavioral task force does have a lot of behavioral health providers and most of them have a week to three-week waitlist. South Lyon medical center has a little better access to*

mental health. Silver Springs doesn't really have anything." - Lyon County

- *"Many providers have a four to six-month waiting list, which doesn't help with medication access and management." - Douglas County*
- *"It was a four-month waiting list to get a kid on a mental health treatment list." - Lyon County*
- *"There are a lot of mental health providers that are booked four to five months out. I don't want to wait so long." - Carson City*
- *"There are people who don't have insurance, and a lot of facilities cost a lot out of pocket." - Carson City*
- *"There are not enough of community-based services and Medicaid dollars for mental health services, and it needs to be increased. The state only funds six residents for psychiatrists." - Carson City*
- *"Not a lot of providers take insurance due to the hoops to jump through or the low reimbursement rate. They might have 15-20 Medicaid providers in Douglas. They can't pay cash rate and afford copays." - Douglas County*

Specialty Healthcare

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.²⁵

Timely access to see providers and a shortage of specialists is an identified need that came across during stakeholder interviews and focus groups. Competent healthcare for the LGBTQIA+ community was also highlighted as a gap in services.

“In all four counties, it’s a crisis. We don’t have the workforce. We are trying to build up Community Health Workers. One of the issues from my perspective is Medicare – the split between rural and urban is deplorable.

In rural areas, we can’t access senior healthcare and we are bound to go to the city. We don’t have the same options with insurance.”

- Storey County Community Member

The community identified several barriers to accessing equitable, quality, and local healthcare services in a timely manner:

- *“There are long wait times to see primary care and some of the specialty appointments.” - Carson City*
- *“If you are in a wheelchair, you need to navigate how to get to these facilities by yourself. There is no help.” - Carson City*
- *“For pediatric appointments, they fill up quickly and there is always a wait.” - Douglas County*
- *“There are really long wait times to get into a general practitioner.” - Lyon County*
- *“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.” - Lyon County*

Shortages of specialty healthcare providers is a frequent challenge most stakeholders mentioned:

- *“We need more OBGYNs and more providers in general. We have another OBGYN starting next year, but that’s not going to be enough. Our physicians are trying to fit many patients in a day and there are only*

²⁵ 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>

so many hours in a day.” - Carson City

- *“The struggles are referrals to specialists. We have four neurologists, and for a while we had none. Now we only have one rheumatologist and to see that doctor, it is over a year out. We only have two endocrinologists.” - Carson City*
- *“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*
- *“Access used to be okay; about five years ago I would say it was fair, but*

it has taken a downturn in the last couple of years. Lots of providers have retired or left the practice, left the county for greener pastures. Patients are finding it difficult to find providers. Providers who were fee-for-service have switched to concierge only. Now they are taking care of 300 to 500 patients rather than 1,500 to 2,000. It is tough to recruit providers in rural areas.” - Douglas County

- *“Insurance companies are the gatekeepers to patient access to care instead of providers. It is not an ideal setup and huge problem and is negatively affecting the rural healthcare system.” - Lyon County*

Substance Use

Substance use is an area of significant concern. Many community members described an increase in the usage of harmful and illicit substances and alcohol in their communities. Service providers noted that there is a lack of services across the spectrum of need, including prevention, treatment, and recovery services.

“We need substance use disorder prevention. We are working on a substance abuse treatment facility. We haven't had one for 15 years.” - Stakeholder Interviewee

Organizations are working to combat the increased incidence of substance use while raising awareness and developing prevention programs. There are many barriers that individuals face in seeking treatment for substance use disorders. Community members reported that the facilities have limited capacity.

According to stakeholders, substance use/misuse is a notable community issue in all service area counties:

- *“Fentanyl is on the rise and being mixed into other substances. It's certainly not getting better.” - Carson City*
- *“Opioids are a big problem here. As first responders, we are starting to see a greater number of calls on opioid overdoses. Alcohol is a major issue here as well, especially with our homeless.” - Carson City*
- *“Alcohol use has gone down in the school system. Pills are a problem - usually oxys or hydrocodone, other opiates. Vaping is out of control.” - Douglas County*
- *“There are a lot of opioids, meth, and Fentanyl. It just seems like everywhere I turn someone is getting poisoned to death.” - Douglas County*
- *“Marijuana gets a little dicey because kids are bringing it to school, and we are seeing a huge increase in violence. Marijuana is laced with other drugs like meth or other stimulants.” - Douglas County*
- *“We are seeing a lot of vaping, not just nicotine. People are using substances to cope.” - Douglas County*
- *“Meth has always been prevalent – cheap, fast, easy to make. Alcohol continues to be an issue.” - Lyon County*
- *“Inmates are frequently mixing meth and heroin together.” - Lyon County*
- *“When you look at our general arrest rates, what they are tied to, and root causes of people seeking social services, it comes down to an unhealthy coping mechanism, which*

is usually alcohol, which can lead to poly substance use. The severe drug use is concerning meth. Recently we have been seeing more and more opioid use.” -Lyon County

- *“There is mostly alcohol and marijuana here. We were highest for opioid addiction. We have bars open 24 hours. We don't have a grocery store but have bars.” - Storey County*

There is a lack of treatment centers and availability for persons with substance use disorder:

- *“There is an in-patient treatment center in Carson City. They have 20 beds, and the beds aren't always full. There is no addiction in-patient treatment in the other counties.” - Carson City*
- *“All we really have is DHS inpatient substance use disorder treatment center, outpatient therapy, AA groups, and Vitality, but their capacity is very limited so there are really only two treatment centers.” -Carson City*
- *“Reno and Carson City have a few detox facilities but not treatment.” -Carson City*
- *“There is no treatment for substance use. You have to go out of the county or state, around an hour and a half to go to California. In Nevada, there is Reno or Carson which is 20 minutes, but they almost have no availability.” -Douglas County*

Transportation

Across the Quad-Counties, access to transportation is an area of concern voiced by community stakeholders. Particularly, community members mentioned challenges in accessing transportation to medical appointments and services around the community. Unreliability, timely access, and subpopulation criteria to public transportation were challenges identified in interviews. Public transportation can impact a person’s health and influence health equity. Lack of transportation can cause an individual to miss their health appointments, 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.²⁶

“Medical transportation is extremely unreliable. Approximately 70% of the time patients tell us that their ride didn't show and had to cancel for some reason.” - Stakeholder Interviewee

The community consensus indicates that transportation is a major barrier to accessing healthcare and community-based services:

- *“A lot of our patients come from Silver Springs, which is 45 minutes away on the highway. We discharge people and then they have to figure out how to get home.” - Carson City*
- *“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.” - Carson City*
- *“There is no consistent bus system, and we have one taxi driver for lower Douglas County.” – Douglas County*
- *“When we call for hospitals for senior transportation, we schedule strategically. We can’t get any information. Discharges are one of my biggest pet peeves with hospitals. It’s an unsafe discharge.” – Storey County*

Many communities in the Quad-County Region have transportation that is exclusive to pockets of the community, and/or requires specific criteria:

- *“We have very poor transportation. With DART we need to set up appointments between nine and two and you need to fill out the application with the healthcare provider.” - Carson City*

²⁶ Health Affairs. Culture of Health: Public Transportation in the US, 2021
<https://www.healthaffairs.org/doi/10.1377/hpb20210630.810356/full/health-affairs-brief-public-transportation-health-equity-heaps.pdf>

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- *“I have a friend who is terminal and has no transportation; a lot of services have closed down. DART doesn’t go to the hospital.” - Carson City*
- *“We do transportation through Lyon County Services; our Monday, Wednesday, and Friday bus – we refer to it as the dialysis bus. It is packed full of patients going to Reno to see two providers there. The other lines are pretty restrictive.” - Lyon County*
- *“There is no transportation in Douglas County other than DART. It runs 9 am until 1 pm and is only for doctor’s appointments, and you need to call three days in advance. There’s a limited number of drivers. With COVID, we had limited capacity.” - Douglas County*
- *We have SAFE transportation for the elderly. Most transportation goes North to Reno and not the other way. Some don’t allow oxygen, wheelchairs, walkers. We are working on getting a van for a clinic, but we can’t find someone to drive the van. When we find someone, they will be immediately full and we would need multiple vans. - Douglas County*

Potential Solutions

At the end of the interview, community stakeholders were asked the “magic wand” question: “If you had all the money and access to resources in the world, what is one thing you would do to make your community a better place?” Many stakeholders shared potential solutions to enhance access to services and increase opportunities for social connectivity.

- *“We need to increase our funds so when we have a patient that comes in without money then we can pay for some of their services (i.e., blood work).”*
- *“Some form of a clinic or even a mobile clinic would be helpful with the growth of the county.”*
- *“We need a resource guide that has all the answers for people so they know where to go for resources and services.”*
- *“A place where someone could go with their needs and get help such as a resource center equipped with wraparound services and an information hub.”*
- *“For those who are incarcerated if we could offer drug and alcohol rehab as part of their incarceration it would be a benefit.”*
- *“I would put in robust eldercare programs- long-term care, nursing homes, and assisted living independent living cottages.”*
- *“Senior citizens I feel like they are active at senior centers and clubs but there needs to be different programs that are offered to them.”*
- *“We need more English classes. We used to have an ESL program but we don't have mentors. The ESL program is restricted by grant conditions. For example, there were college students teaching ESL classes but the grant says that if there are not a minimum of 10 students then they can't teach the class.”*
- *“We have no further adult education programs so something of that nature would be nice.”*
- *“As far as the kid population if we could offer an explorer program so they can learn about life and develop skills. It would be really great to see more facilities and jobs do junior training programs. They help them apply for colleges but they don't set them up for adulting. If we took more time doing that then we would have more successful kids.”*
- *“I think there could be a variety of activities youth and adult sports. There are no adult recreation leagues and the youth leagues are run locally but sporadically.”*
- *“We need opportunities for all ages to come together with an emphasis on healthy interactive exchanges such as arts and activities for children and families.”*

Quantitative Community Survey

The Community Survey enabled a greater share of community residents across the Quad-County Region to share their perspectives on the unique challenges, barriers, and possible solutions to healthcare and social service access, and other community needs.

Survey Methodology

Two survey methods – telephone and online – were deployed in the community to further capture the insights of community residents. Each survey results supplement other primary research activities – focus groups, interviews, access audit, and others – and provide an empirical perspective on key project issues. Specifically, the confidential survey helped to further identify community members’ perspectives and opinions about community health needs, currently available resources, services that should be added or modified, and ways to help communities receive the care they need.

Online Community Survey

The community survey was made available via online and paper questionnaires, and it was offered in two languages, English and Spanish. The questionnaire included closed-ended, need-specific evaluation questions; open-ended questions; and demographic questions. There were 1,551 survey responses from individuals living in Carson City, Douglas, Lyon, or Storey counties, including 706 responses from those in Carson Tahoe Health service area ZIP codes.

Special care was exercised to minimize the amount of non-sampling error by careful assessment of design effects (e.g., question order, question wording, response alternatives). The survey was conducted to maximize accessibility and comprehensively evaluate community members’ insights. The community survey had 28 numbered questions and 68 sub-questions, while the telephone survey had 12 questions and 30 sub-questions. Sub-questions include requests to rate each community health need listed on a five-point scale. See appendix for each survey instrument.

Invitations to participate were provided to the community through e-mails from the CHNA project partners, among others in each county. Community partners disseminated the survey through a wide variety of channels, including websites, social media, and email.

Telephone Survey

During late July 2022, a random-digital telephone survey was conducted of 400 community residents across the Quad-County Region service area. The survey consisted of 42 questions. It was a modified, scaled-down version of the online community survey.

Community Survey Demographics

Among respondents to the community survey (n=1,551), one in two (47.8%) live in Carson City. Nearly one-third of respondents (32.2%) are younger than age 35, with half (50.9%) falling between the ages of 35 and 55. Nearly two in three respondents (63.8%) identify as male, and the vast majority of respondents (91.0%) are heterosexual. Most respondents (90.8%) identify as White or Caucasian, and better than one in eight (13.2%) identify as Hispanic, Latino, or other Spanish origin. Nearly four in five (78.1%) reported total annual household income of less than \$65,000.

Exhibit 29: Community Survey Respondent Demographics

DEMOGRAPHIC VARIABLE	Percent of Community Survey Respondents
COUNTY	
Carson City	47.8% (n=742)
Lyon County	17.8% (n=276)
Douglas County	27.4% (n=425)
Storey County	7.0% (n=108)
AGE[^]	
18-24	1.9%
25-34	30.3%
35-44	28.4%
45-54	22.5%
55-64	7.5%
65-74	7.2%
75 and older	2.2%
GENDER IDENTITY	
Female	34.1%
Male	64.1%
Gender non-binary	0.5%
Transgender female	0.8%
Transgender male	0.5%
RACE⁺	
White or Caucasian	90.8%
Another race	1.4%
American Indian or Alaska Native	3.0%
Black or African American	2.1%
Asian	2.6%

DEMOGRAPHIC VARIABLE	Percent of Community Survey Respondents
Native Hawaiian or other Pacific Islander	0.7%
ETHNICITY	
Hispanic, Latino, or other Spanish origin	13.2%
Not Hispanic Latino, or other Spanish origin	86.8%
ANNUAL HOUSEHOLD INCOME	
Under \$15,000	1.1%
\$15,000-\$24,999	3.2%
\$25,000-\$34,999	21.8%
\$35,000-\$74,999	57.3%
\$75,000-\$99,999	5.8%
\$100,000 and above	10.8%

[^] Population age 18 and older only

⁺ Survey instruction to 'check all that apply'

Community Survey Findings

The survey results yielded frequency tables and cross tabulations, which are survey responses sorted by age group, income, or other respondent categories, for all survey questions.

Routine Care

Most individuals in the Quad-County Region indicated that they have a family doctor or place where they get routine care. While the majority of respondents reported having a family doctor or place to go for routine care, the use of emergency rooms for such care was greater among younger respondents. There is minimal reported difference between those with household income less than \$55,000 and those with household income of \$55,000 or more with regard to having a family doctor or other source of routine care.

Exhibit 30: Do you have a family doctor or a place where you go for routine care?

	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Yes, family doctor, family health center, or clinic	93.1%	81.6%	80.7%	81.5%	91.8%	86.9%
Yes, emergency room	2.3%	9.7%	8.2%	13.0%	0.7%	6.1%
Yes, walk-in urgent care	1.4%	3.6%	5.2%	4.6%	2.1%	2.9%
No	3.2%	5.1%	5.9%	0.9%	5.4%	4.0%

Exhibit 31: Do you have a family doctor or a place where you go for routine care?

	Younger than 35	35 to 54	55 and older	Total
Yes, family doctor, family health center, or clinic	80.8%	89.1%	93.8%	87.2%
Yes, emergency room	12.3%	5.8%	0.0%	6.9%
Yes, Walk-in urgent care	3.8%	2.1%	2.8%	2.8%
No	3.1%	3.0%	3.3%	3.1%

- Overall, 87.2% of respondents reported going to a family doctor, family health center, or clinic for routine care, ranging from 93.8% of those age 55 and older to 80.8% of those younger than 35.

Exhibit 32: Do you have a family doctor or a place where you go for routine care?

	Less than \$55,000	\$55,000 or more	Total
Yes, family doctor, family health center, or clinic	87.1%	87.0%	87.1%
Yes, emergency room	8.2%	6.0%	7.2%
Yes, Walk-in urgent care	2.9%	2.6%	2.8%
No	1.8%	4.4%	2.9%

Occasions When Not Getting Needed Care

It was common for people in the service area to have unmet medical or mental health needs. Respondents noted that their primary reason for not seeking care was lack of money, but also cited wait times and comfort with the providers as barriers. Respondents aged 55 and older were far less likely to report one or more occasions where they needed care but chose not to get it. Among those younger than age 55, the most common reasons for not getting needed care were lack of money or ability to pay, and/or not feeling comfortable with available providers. Those with income less than \$55,000 were more likely to report one or more occasions in the past two years when they needed care but chose not to get it (87.1% vs. 66.7%).

Exhibit 33: In the past two years, has there been one or more occasions when you needed medical or mental healthcare but chose NOT to get it?

	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Yes	74.2%	64.2%	74.2%	95.4%	54.9%	73.0%
No	25.8%	35.8%	25.8%	4.6%	45.1%	27.0%

- 73% of respondents indicated that there had been one or more occasions in which they did not seek care in the past two years.
95.4% of respondents from Storey County indicated that there had been one or more occasions in which they did not seek care in the past two years

Exhibit 34: In the past two years, has there been one or more occasions when you needed medical or mental healthcare but chose NOT to get it?

	Younger than 35	35 to 54	55 and older	Total
Yes	86.1%	84.2%	31.5%	75.9%
No	13.9%	15.8%	68.5%	24.1%

Exhibit 35: In the past two years, has there been one or more occasions when you needed medical or mental healthcare but chose NOT to get it?

	Less than \$55,000	\$55,000 or more	Total
Yes	87.1%	66.7%	78.0%
No	12.9%	33.3%	22.0%

Reasons for Not Getting Needed Care

Beyond lack of money, wait times, and comfort with providers, nearly two in five respondents selected lack of provider cultural competency (18.4%) and/or COVID-19 restrictions (18.2%) as reasons for not seeking care. Other responses selected by more than one in seven included lack of health insurance (17.3%), lack of provider knowledge about sexual orientation or gender status (16.6%), provider language spoken (15.5%), and distance from home to doctor's office (14.8%). More than eight in 10 respondents younger than age 55 reported not getting needed care, compared to fewer than one in three respondents aged 55 or older (31.5%).

Interestingly, among those with household income of \$55,000 or more, a greater proportion reported lack of money/ability to pay as the reason they did not get needed care (27.6% vs. 22.9%). Among those with less than \$55,000 in household income, the most common reason for not seeking care was lack of comfort with available providers (23.0%). The higher income group was more likely to report long wait times and/or issues with COVID-19 related restrictions, while the lower income group was more likely to report provider lack of knowledge about people with their sexual orientation or gender status.

Exhibit 36: Reason for Note Getting Need Care by Geography

	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Lack of money/ability to pay	24.3%	26.2%	26.4%	19.4%	34.0%	24.7%
Long wait times to see a provider	22.2%	27.3%	22.9%	13.6%	33.2%	22.8%
Did not feel comfortable with available providers	21.3%	19.9%	28.9%	25.2%	21.7%	22.7%
Providers are not culturally competent	16.4%	17.6%	22.9%	22.3%	12.0%	18.4%
COVID-19 related restrictions	16.5%	19.9%	19.9%	19.4%	17.3%	18.2%
Lack of health insurance	19.3%	11.6%	18.4%	19.4%	15.2%	17.3%
Providers not knowledgeable about people with my sexual orientation or gender status	14.9%	16.9%	16.9%	24.3%	11.5%	16.6%
Providers did not speak my language	16.4%	15.0%	12.9%	17.5%	9.9%	15.5%
Doctor's office is too far from my house	14.3%	10.9%	17.9%	21.4%	10.7%	14.8%
Concern about my immigration status	13.8%	12.0%	14.9%	19.4%	8.4%	14.1%
Lack of transportation	11.6%	9.4%	15.4%	13.6%	10.5%	11.9%
I don't like the providers	2.0%	1.5%	4.0%	2.9%	5.0%	2.3%

- Approximately 28.9% of Lyon County respondents and 25.2% of Storey county respondents indicated that they did not feel comfortable with available providers, which was well above Carson City’s 15.6% and Douglas County’s 12.5% of respondents.
- Conversely, the proportions of respondents from CTH service area were lower than other respondents in most cases, with the exception of lack of money/ability to pay (34.0%) and long wait times to see a provider (33.2%), each of which were above the overall figures (24.7% and 22.8%, respectively).

Exhibit 3: Reasons for Not Getting Needed Care by Age Group

	Younger than 35	35 to 54	55 and older	Total
Lack of money/ability to pay	27.5%	22.3%	29.0%	24.7%
Did not feel comfortable with available providers	23.9%	22.0%	18.8%	22.5%
Long wait times to see a provider	17.8%	20.7%	59.4%	22.4%
Providers are not culturally competent	20.0%	20.2%	10.1%	19.4%
Providers not knowledgeable about people with my sexual orientation or gender status	21.7%	16.8%	5.8%	17.8%
COVID-19 related restrictions	15.3%	19.1%	20.3%	17.8%
Lack of health insurance	18.6%	18.6%	4.3%	17.6%
Providers did not speak my language	18.1%	16.8%	1.4%	16.2%
Doctor's office is too far from my house	15.3%	15.5%	11.6%	15.1%
Concern about my immigration status	14.7%	16.2%	1.4%	14.6%
Lack of transportation	12.2%	13.2%	8.7%	12.5%
I don't like the providers	2.5%	1.1%	4.3%	1.8%

- Among those younger than age 55, lack of money/ability to pay and/or lack of comfort with available providers were the two most common reasons for not getting needed care, selected by more than one in five respondents in each case. Provider lack of knowledge about sexual orientation or gender status was also a common reason identified by those younger than 35 (21.7%).
- The most common reason for not getting care about those 55 and older, by far, was long wait times to see a provider (59.4%). The second most common reason was lack of money/ability to pay (29.0%).

Exhibit 38: Reason for Not Getting Needed Care by Income

Reason for Not Getting Needed Care by Income	Less than \$55,000	\$55,000 or more	Total
Lack of money/ability to pay	22.9%	27.6%	24.7%
Did not feel comfortable with available providers	23.0%	22.0%	22.6%
Long wait times to see a provider	17.6%	27.4%	21.4%
Providers are not culturally competent	21.2%	17.6%	19.8%

Reason for Not Getting Needed Care by Income	Less than \$55,000	\$55,000 or more	Total
Providers not knowledgeable about people with my sexual orientation or gender status	20.3%	14.6%	18.2%
Lack of health insurance	18.3%	17.6%	18.0%
COVID-19 related restrictions	15.6%	20.6%	17.5%
Providers did not speak my language	17.1%	15.7%	16.6%
Doctor's office is too far from my house	15.5%	15.7%	15.6%
Concern about my immigration status	16.6%	12.2%	14.9%
Lack of transportation	14.5%	9.8%	12.7%
I don't like the providers	1.8%	1.9%	1.9%

Community Profile

The following question was presented in the survey: *“Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).”* The exhibit below shows the percentage of respondents who chose either *“Disagree”* or *“Strongly Disagree”*. Overall, a minority of respondents disagreed or strongly disagreed with statements about their community’s ability to improve its health. Respondents aged 55 and older disagreed or strongly disagreed less often than younger respondents with statements regarding their community’s ability to work to improve health. Those with household income of less than \$55,000 were more likely to disagree with statements about their community’s ability to work to improve health and make positive change.

Exhibit 39: Ranking Community Health, please rate each statement.

PERCENT "DISAGREE" OR "STRONGLY DISAGREE"	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
My community can work together to improve its health	24.6%	23.2%	28.2%	30.2%	18.3%	25.3%
My community has the resources to improve its health	35.3%	29.6%	40.6%	32.1%	34.2%	34.5%
My community works together to make positive change for health	37.2%	31.9%	33.7%	35.2%	32.5%	35.0%
I know my neighbors will help me stay healthy	42.2%	30.2%	38.4%	32.1%	42.9%	37.6%

- Across counties, more respondents disagreed that their community works together to make positive change for health (35.0% overall) than disagreed that their community can work together to improve its health (25.3% overall).
- 40.6% of respondents from Lyon County disagreed that their community has the resources to improve its health, compared to just 29.6% of respondents in Douglas County.

Exhibit 40: Rating of Community Health Indicators

Percent who “Disagree” or “Strongly Disagree”	Younger than 35	35 to 54	55 and older	Total
My community can work together to improve its health	29.1%	30.1%	6.4%	25.8%
My community has the resources to improve its health	34.8%	38.4%	22.8%	34.6%
My community works together to make positive change for health	39.3%	36.3%	24.3%	35.3%
I know my neighbors will help me stay healthy	37.1%	39.8%	35.0%	38.1%

- While one in four respondents disagreed that their community could work together to improve itself, more than one in four of those younger than age 55 disagreed with this statement, compared to only 6.4% of those age 55 and older.
- For three out of the four statements, respondents aged 35 to 54 were most likely of any group to disagree, and those age 55 and older were least likely to disagree.

Exhibit 41: Rating of Community Health Indicators

Percent who “Disagree” or “Strongly Disagree”	Less than \$55,000	\$55,000 or more	Total
My community can work together to improve its health	30.4%	21.8%	26.6%
My community has the resources to improve its health	35.5%	34.2%	34.9%
My community works together to make positive change for health	35.9%	34.2%	35.2%
I know my neighbors will help me stay healthy	39.4%	36.3%	38.0%

Community Engagement & Belonging

Across counties, respondents reported belonging to a variety of groups and organizations. In the CTH service area, one in five respondents (20.1%) reported not belonging to any of the groups listed in the table above. In other counties, this ranged from 1.9% (Storey County) to 14.4% (Douglas County). Those with household income less than \$55,000 were more likely to report belonging to a social organization and/or neighborhood association or club, while those with household income of \$55,000 or greater were more likely to belong to a volunteer group, church, temple or religious group, or professional or trade organization.

Exhibit 4: Do you belong to any of the following in the community?

	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Volunteer group	18.1%	17.9%	15.2%	16.7%	16.0%	17.4%
Church, temple, or religious group	18.1%	14.8%	12.7%	11.1%	18.7%	15.7%
Social organization (such as Lions Clubs, Masonic organizations, etc.)	12.3%	16.7%	17.8%	26.9%	10.6%	15.5%
Professional or trade organizations	13.5%	15.5%	15.6%	22.2%	14.4%	15.0%
School, university, technical training, or adult education	15.8%	12.5%	13.4%	16.7%	12.3%	14.5%
Recreational or sports club or team	11.3%	12.9%	13.0%	16.7%	10.3%	12.4%
Neighborhood association or club	10.0%	11.8%	12.7%	19.4%	6.8%	11.6%
Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance, etc.)	3.1%	3.8%	6.2%	10.2%	4.4%	4.3%
Other (please specify)	3.4%	1.9%	0.4%	0.9%	4.2%	2.3%
None of the above	9.6%	14.4%	12.3%	1.9%	20.1%	10.8%

- Only 1.9% of respondents in Storey County chose none of the above, and had more individuals involved in youth-focused organizations at 10.2% than Douglas County, 3.8%, and Carson City, 3.1%, combined. The other most popular affiliations were social organizations and professional or trade organizations in Storey County (26.9% and 22.2% of respondents, respectively), volunteer groups in Carson City and Douglas County (18.1% and 17.9%, respectively), and social organizations in Lyon County (17.8%).

Exhibit 43: Do you belong to any of the following in the community?

	Less than \$55,000	\$55,000 or more	Total
Volunteer group	16.7%	24.0%	19.9%
Social organization (such as Lions Clubs, Masonic organizations, etc.)	19.9%	16.6%	18.4%
Church, temple, or religious group	14.6%	21.4%	17.7%
Professional or trade organizations	14.8%	21.1%	17.6%
School, university, technical training, or adult education	16.2%	18.9%	17.4%
Recreational or sports club or team	14.8%	15.0%	14.9%
Neighborhood association or club	15.8%	10.6%	13.5%
Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance, etc.)	3.2%	6.8%	4.8%
Other	1.0%	3.6%	2.2%
None of the above	8.6%	12.6%	10.4%

Social Connectedness

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 listed below were available to them “none” or “a little of the time.” Members of the lower income group were more likely to report having the supports listed below ‘none’ or ‘a little of the time’ compared to those from the higher income group.

Exhibit 44: How often is each of the following kinds of support available to you if you need it?

PERCENT SAYING, "NONE" OR "A LITTLE OF THE TIME"	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Someone you can count on to listen to you when you need to talk	35.1%	28.0%	34.6%	38.6%	21.6%	33.4%
Someone to give you information to help you understand a situation	34.5%	31.3%	38.3%	44.6%	26.3%	35.1%
Someone to confide in or talk to about yourself or your problems	34.0%	30.3%	34.7%	38.6%	26.7%	33.5%
Someone to turn to for suggestions about how to deal with a personal problem	35.3%	30.2%	39.0%	43.6%	25.8%	35.3%
Someone to help you if you were confined to bed	36.8%	34.2%	41.7%	39.6%	30.7%	37.2%
Someone to take you to the doctor if you needed it	34.3%	32.1%	36.6%	36.6%	25.9%	34.3%
Someone to help with daily chores if you were sick	36.3%	34.6%	34.0%	38.6%	30.1%	35.6%
Someone who hugs you	39.5%	29.1%	35.0%	48.5%	23.9%	36.7%
Someone to love and make you feel wanted	35.9%	31.5%	36.3%	38.6%	26.0%	35.0%
Someone to get together with for relaxation	35.9%	28.7%	30.4%	44.6%	25.6%	33.7%
Someone to do something enjoyable with	33.5%	30.9%	30.4%	38.0%	26.0%	32.6%

- A smaller percentage of respondents from the CTH service area responded that the supports listed below were available to them “none” or “a little of the time” than other respondents. Among those from the CTH service area, these percentages ranged from 21.6% to 30.7% of respondents. Across the other geographies, these percentages ranged from 28.0% to 48.5% of respondents.

- Overall, the largest proportion of respondents (37.2%) reported that they did not have someone to help them if they were confined to bed, ranging from 41.7% of those in Lyon County to 30.7% of those in the CTH service area.
- In all cases, those in Storey County had the highest proportion of responses of “none” or “a little of the time” with regard to the identified supports.

Exhibit 45: People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

PERCENT SAYING, "NONE" OR "A LITTLE OF THE TIME"	Less than \$55,000	\$55,000 or more	Total
Someone who hugs you	44.0%	31.2%	38.2%
Someone to help you if you were confined to bed	44.0%	30.9%	38.1%
Someone to help with daily chores if you were sick	43.3%	28.4%	36.6%
Someone to love and make you feel wanted	41.7%	30.1%	36.5%
Someone to turn to for suggestions about how to deal with a personal problem	42.4%	28.2%	36.0%
Someone to give you information to help you understand a situation	44.7%	25.1%	35.9%
Someone to take you to the doctor if you needed it	41.8%	28.5%	35.9%
Someone to get together with for relaxation	39.9%	28.7%	34.9%
Someone to confide in or talk to about yourself or your problems	40.1%	27.5%	34.4%
Someone you can count on to listen to you when you need to talk	41.2%	26.1%	34.4%
Someone to do something enjoyable with	40.5%	25.4%	33.7%

Pelvic Pain

While proportions of those identifying as a woman or someone with a uterus, and among this group, those experiencing pelvic pain, were variable across geography, the majority of those experiencing pain reported having access to resources, medical treatment, and support.

Exhibit 46: Do you belong to any of the following in the community?

	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Do you identify as a woman or someone with a uterus?	34.5%	59.5%	46.8%	31.0%	59.7%	43.0%
Do you currently experience pain in your pelvis that has recurred for over six months? (Percent experiencing pain)	21.9%	30.8%	42.0%	74.2%	12.5%	31.9%
Do you have access to adequate community resources, medical treatment, and support for your pain? (Percent of those experiencing pain)	83.3%	88.5%	86.8%	91.3%	74.2%	87.2%
Have you ever been pregnant? (Percent of those who are, or have been, pregnant)	75.2%	79.4%	89.2%	76.7%	76.9%	79.6%

- Fewer than half of respondents (43.0%) identified as a woman or someone with a uterus, ranging from 59.7% of those in the CTH service area to 31.0% of those from Storey County.
- Among women, fewer than half (31.9%) reported experiencing current pelvic pain that has recurred for over six months. This ranged from 12.5% of those in the CTH service area to 74.2% of those in Storey County.
- Most respondents (87.2%) who reported experiencing pain also reported having access to community resources, medical treatment, and support for their pain. This percentage was lower in the CTH service area, where fewer than three in four respondents (74.2%) reported having access to such resources, treatment, and support.
- Nearly four in five women surveyed (79.6%) reported having ever been pregnant, including 89.2% of those in Lyon County.

The age distribution of respondents to the question about pelvic pain varied considerably across CTH and non-CTH zip codes.

Other Reproductive Health Issues

Relatively few respondents who identify as women or having a uterus reported challenges accessing reproductive care in their area, with consistent differences across geographies.

Exhibit 47: In the past two years, have you had any challenges accessing any of the following associated reproductive care in your location?

PERCENT OF WOMEN SAYING, "YES"	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Birth control	9.4%	15.8%	19.1%	35.5%	4.9%	15.0%
Menopause support and education	7.2%	12.4%	10.0%	19.4%	8.3%	10.3%
Postpartum care with a medical provider	6.3%	9.1%	15.5%	9.7%	2.4%	9.2%
Fertility treatments	5.4%	7.2%	10.0%	35.5%	2.8%	8.6%
STI testing and/or treatment	4.0%	9.6%	9.1%	29.0%	2.4%	8.4%
Abortion	4.9%	6.2%	11.8%	22.6%	2.4%	7.7%
Prenatal care with a medical provider	5.8%	4.8%	10.0%	16.1%	1.5%	6.8%
Sexual violence or rape support	4.0%	0.0%	1.8%	6.5%	1.8%	2.3%
Other	8.5%	9.1%	8.2%	0.0%	11.3%	8.2%

- The greatest overall percentage of respondents (15.0%) reported having challenges accessing birth control, including one in three of those from Storey County (35.5%).

The percentage of women living in a CTH PSA zip code who answered 'Yes' to questions about experiencing challenges accessing various reproductive health care services in the past two years was consistently lower than the corresponding percentage of women who did not report living in a CTH PSA zip code. For example, for the question about experiencing challenges accessing care related to birth control, two-thirds of respondents (65.8%) reported living in a CTH PSA zip code, but respondents from these zip codes accounted for only one in five 'Yes' responses (20.9%). An important difference between respondents identifying as women (or someone with a uterus) is that the sample of respondents from the CTH PSA zip codes reported being older than those not from these zip codes. More than four in ten women from a CTH PSA (43.3%) reported being age 55 and older, compared to fewer than two in ten (18.6%) of those not from these zip codes. Given that the content of this series of questions largely covers current or recent experiences related to child-bearing, it is reasonable to expect the sample of older respondents from CTH PSA to respond less affirmatively regarding experiencing these issues in the recent past (i.e., within the past two years) than the sample of younger respondents from non-CTH PSA zip codes.

Unmet Health Needs

Nearly three in four respondents (73.7%) reported that they or their family did not have unmet mental health or substance abuse needs, and this percentage was lower in Douglas, Lyon, and Storey counties. Respondents younger than age 35 were most likely to identify that they or their family have unmet mental health or substance abuse needs. Those with household income of less than \$55,000 were slightly more likely to report having an unmet mental health or substance use need themselves (9.6% vs. 6.7%).

Exhibit 48: Do you or your family currently have unmet mental health or substance abuse needs? (Reported by County)

	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Yes, I have an unmet need	5.6%	11.3%	10.1%	9.9%	7.0%	8.2%
Yes, an adult family member has an unmet need	7.4%	14.7%	17.1%	18.9%	10.8%	12.0%
Yes, a child family member has an unmet need	4.2%	6.8%	8.5%	9.9%	5.8%	6.1%
No	82.9%	67.2%	64.3%	61.3%	76.3%	73.7%

- One in three respondents from Douglas, Lyon, or Storey counties reported that they or their family had unmet mental health or substance abuse needs, compared to fewer than one in four of those in Carson City or the CTH service area.
- Storey County featured the greatest proportion of respondents reporting adult or child family members with unmet needs, 19.9% and 9.9%, respectively.

Exhibit 49: Do you or your family currently have unmet mental health or substance abuse needs? (Reported by Age)

	Younger than 35	35 to 54	55 and older	Total
Yes, I have an unmet need	12.6%	6.2%	4.1%	7.9%
Yes, an adult family member has an unmet need	16.5%	9.8%	10.0%	12.0%
Yes, a child family member has an unmet need	6.7%	6.7%	2.7%	6.0%
No	64.0%	80.2%	75.3%	74.1%

- Three in 10 respondents younger than age 35 reported that they or a family member has an unmet need, compared to fewer than two in 10 respondents aged 35 or older.
- Respondents younger than 35 were most likely to report that they had an unmet need (12.6%) or that an adult family member has an unmet need (16.5%).

Exhibit 50: Do you or your family currently have unmet mental health or substance abuse needs? (Reported by Income)

	Less than \$55,000	\$55,000 or more	Total
Yes, I have an unmet need	9.6%	6.7%	8.3%
Yes, an adult family member has an unmet need	11.5%	13.5%	12.4%
Yes, a child family member has an unmet need	5.8%	6.8%	6.3%
No	74.9%	72.8%	73.9%

Impact of COVID-19

More than one in five respondents reported challenges stemming from the past two years, with respondents from the CTH service area consistently reporting the lowest levels of these issues as common or more frequent challenges. Greater proportions of respondents younger than age 55 report such challenges compared with those age 55 and older. More of those with household income less than \$55,000 reported struggling daily or experiencing common challenges with the variety of issues listed below, as compared to the higher income group.

Exhibit 51: The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? (Reported by County)

PERCENT SAYING THAT THIS IS A "COMMON" OR MORE FREQUENT CHALLENGE	Carson City	Douglas County	Lyon County	Storey County	CTH PSA	Total
Feeling lonely	37.4%	31.6%	34.9%	46.1%	28.7%	36.1%
Enjoying leisure activities	36.2%	33.9%	34.3%	40.6%	26.3%	35.6%
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness	35.1%	34.1%	34.8%	34.3%	24.7%	34.7%
Establishing and maintaining trusted relationships	34.8%	28.5%	33.7%	38.2%	25.1%	33.2%
Getting along with people at work or in the community	32.2%	28.8%	33.3%	38.6%	21.9%	32.0%
Getting along well with friends and family members	35.3%	26.3%	26.5%	39.6%	20.8%	31.7%
Performing well at school or work	33.3%	25.4%	30.0%	46.9%	20.6%	31.7%
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	32.5%	24.6%	33.2%	42.2%	20.8%	31.3%

- Overall, the greatest proportion of respondents (36.1%) reported that feeling lonely was a common or more frequent challenge, while the smallest proportion (31.3%) reported challenges with regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks.
- The greatest proportions of respondents reporting challenges in the areas above were found in Storey County, ranging from 46.9% (performing well at school or work) to 34.3% (managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness).

- The smallest proportions of respondents reporting challenges were found in the CTH service area, ranging from 28.7% in “feeling lonely” to 20.6% in “performing well at school or work”.

Exhibit 52: The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? (Reported by Age)

	Younger than 35	35 to 54	55 and older	Total
Feeling lonely	41.5%	40.7%	14.6%	36.6%
Enjoying leisure activities	41.2%	39.1%	15.7%	35.8%
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness	42.1%	38.9%	9.5%	35.1%
Establishing and maintaining trusted relationships	39.0%	37.1%	11.6%	33.5%
Getting along with people at work or in the community	38.5%	37.7%	3.8%	32.4%
Performing well at school or work	36.2%	39.1%	2.0%	32.3%
Getting along well with friends and family members	37.0%	37.2%	6.9%	32.1%
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	36.6%	36.3%	7.9%	31.7%

- More than four in 10 respondents younger than age 35 report feeling lonely (41.5%), enjoying leisure activities (41.2%), and/or managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness (42.1%).
- Respondents aged 35 to 54 most commonly report feeling lonely (40.7%) and least commonly report challenges with regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks (36.3%).
- Respondents aged 55 and older most commonly report challenges enjoying leisure activities (15.7%) and/or feeling lonely (14.6%).

Exhibit 53: The past two years have been a challenge for all of us. Currently, are you having any challenges with the following? (Reported by Income)

Percent reporting 'I struggle with this issue daily' or 'This is a common challenge for me'	Less than \$55,000	\$55,000 or more	Total
Feeling lonely	44.8%	28.9%	37.7%
Enjoying leisure activities	42.5%	29.0%	36.4%
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness	42.1%	28.5%	36.0%
Establishing and maintaining trusted relationships	40.1%	28.0%	34.6%
Getting along with people at work or in the community	41.3%	24.2%	33.7%
Performing well at school or work	40.9%	24.3%	33.4%
Getting along well with friends and family members	39.6%	25.5%	33.3%
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks	38.1%	25.5%	32.5%

Community Survey Prioritized Needs Results

Overall, respondents prioritized access to safe, affordable housing, counseling services for mental health issues for adults and adolescents/children, affordable quality childcare, and affordable prescription drugs as issues that need more attention for improvement. A full table of all ranked needs is available in Appendix I.

Exhibit 54: Which of the following community and health-related issues do you feel need more attention for improvement?

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
1	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adults	Access to safe, affordable housing	Access to clean, public places to play and exercise	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Access to safe, affordable housing
2	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Affordable healthcare services for individuals or families with low income	Opportunities for physical fitness	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adults
3	Affordable prescription drugs	Access to safe, affordable housing	Supportive housing for individuals in need of wrap-around supportive services	Services or education to help reduce teen pregnancy	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
4	Affordable quality childcare	Livable wage job opportunities	Crisis or emergency care programs for mental health	Programs to help drug and other substance use disorder patients in recovery stay healthy	Affordable quality childcare	Affordable quality childcare

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
5	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Affordable quality childcare	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Drug and other substance abuse treatment services	Livable wage job opportunities	Affordable prescription drugs
6	Crisis or emergency care programs for mental health	Affordable prescription drugs	Drug and other substance abuse education and prevention	General public transportation	Affordable prescription drugs	Crisis or emergency care programs for mental health
7	Livable wage job opportunities	Supportive housing for individuals in need of wrap-around supportive services	Counseling services for mental health issues such as depression, anxiety, and others for adults	Programs and initiatives to mitigate the health impacts of environmental changes	Crisis or emergency care programs for mental health	Livable wage job opportunities
8	Programs to help drug and other substance use disorder patients in recovery stay healthy	Crisis or emergency care programs for mental health	Affordable quality childcare	Transportation services for people needing to go to doctor's appointments or the hospital	Affordable healthcare services for individuals or families with low income	Affordable healthcare services for individuals or families with low income

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
9	Access to quality education for youth	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Affordable prescription drugs	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Supportive housing for individuals in need of wrap-around supportive services	Programs to help drug and other substance use disorder patients in recovery stay healthy
10	Affordable healthcare services for individuals or families with low income	Affordable healthcare services for individuals or families with low income	Livable wage job opportunities	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Programs to help drug and other substance use disorder patients in recovery stay healthy	Supportive housing for individuals in need of wrap-around supportive services

Telephone Survey Demographics

Respondents to the telephone survey (n=400) are split relatively equitably between Carson City (35.8%), Lyon County (31.5%), and Douglas County (29.3%), with a small fraction from Storey County (3.5%). Nearly one in two respondents (49.6%) are age 65 or older. Proportions of female and male respondents were relatively comparable (50.3% and 47.5%, respectively). As with the community survey, most respondents (91.3%) identify as White or Caucasian, with fewer than one in ten (8.1%) identifying as Hispanic, Latino, or other Spanish origin. Two in five (40.1%) reported total annual household income of \$75,000 or more, including one quarter of respondents with \$100,000 or above.

Exhibit 55. Telephone Survey Respondent Demographics

Demographic Variable	Percent of Telephone Survey Respondents
COUNTY	
Carson City	35.8% (n=143)
Lyon County	31.5% (n=126)
Douglas County	29.3% (n=117)
Storey County	3.5% (n=14)
AGE[^]	
18-24	2.6%
25-34	5.6%
35-44	13.8%
45-54	12.8%
55-64	15.6%
65-74	26.3%
75 and older	23.3%
GENDER IDENTITY	
Female	51.0%
Male	48.2%
Gender non-binary	0.8%
Transgender female	-
Transgender male	-
RACE⁺	
White or Caucasian	91.3%
Another race	3.0%
American Indian or Alaska Native	2.5%
Black or African American	1.0%

Demographic Variable	Percent of Telephone Survey Respondents
Asian	0.5%
Native Hawaiian or other Pacific Islander	0.0%
ETHNICITY	
Hispanic, Latino, or other Spanish origin	8.1%
Not Hispanic Latino, or other Spanish origin	91.9%
ANNUAL HOUSEHOLD INCOME	
Under \$15,000	5.8%
\$15,000-\$24,999	8.6%
\$25,000-\$34,999	8.6%
\$35,000-\$74,999	37.0%
\$75,000-\$99,999	15.3%
\$100,000 and above	24.8%

^ Population age 18 and older only

+ Survey instruction to 'check all that apply'

Telephone Survey Findings

Telephone survey results produced frequency tables for survey questions measuring community engagement and community needs. The tables and analysis reported in this section feature these community needs-related questions.

Community Engagement

Respondents most commonly reported belonging to none of the groups listed as options (37.0%). Among the options, the most popular group affiliation reported was with a church, temple, or religious group (31.5%).

Exhibit 56: Do you belong to any of the following in the community?

	Total
Church, temple, or religious group	31.5%
Volunteer group	18.3%
Recreational or sports club or team	16.0%
Social organization (such as Lions Clubs, Masonic organizations, etc.)	13.5%
Neighborhood association or club	12.8%
Professional or trade organizations	9.5%
School, university, technical training, or adult education	9.3%
Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance etc.)	8.0%
Other (Please specify)	7.5%
None of these	37.0%

- Other reported group affiliations include volunteer group (18.3%), recreational or sports club or team (16.0%), social organization (such as Lions Clubs, Masonic organizations, etc.) (13.5%), and/or neighborhood association or club (12.8%).

Prioritized Needs

Similarly, to the community survey, respondents to the telephone survey prioritized access to safe, affordable housing, counseling services for mental health issues for adolescents/children, and affordable prescription drugs as issues that need more attention for improvement.

Telephone survey respondents also highly prioritized crisis or emergency care programs for mental health, and support services for children with developmental disabilities.

Exhibit 57: Prioritized Community Needs (Based on percent saying, "Much more needed")

Rank	Need
1	Access to safe, affordable housing
2	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
3	Affordable prescription drugs
4	Crisis or emergency care programs for mental health
5	Support services for children with developmental disabilities
6	Counseling services for mental health issues such as depression, anxiety, and others for adults
7	Affordable quality childcare
8	Drug and other substance abuse education, prevention, and treatment services
9	Healthcare services for people experiencing homelessness
10	Long-term care or dementia care for seniors
11	General public transportation
12	Social services (other than healthcare) for people experiencing homelessness
13	Supportive housing for individuals in need of wrap-around supportive services
14	Women's health services / Prenatal care / Reproductive health services
15	Access to quality education for youth
16	Affordable healthcare services for individuals or families with low income
17	Healthcare services for seniors
18	Transportation services for people needing to go to doctor's appointments or the hospital
19	Programs to help steward and protect environmental resources
20	Programs and initiatives to mitigate the health impacts of environmental changes
21	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
22	Programs to support community cohesion and inclusion, including those to combat discrimination and racism
23	Emergency care and trauma services
24	Programs for smoking cessation (including vaping)
25	Programs for obesity prevention, awareness, and care
26	Primary care services (such as a family doctor or other provider of routine care)
27	Accessible sources for affordable, nutritious food
28	Programs for diabetes prevention, awareness, and care
29	Programs for heart health or cardiovascular health
30	Access to clean, public places to play and exercise

Demographic Comparison: Surveys vs. Secondary Data

Across a number of demographic variables, the telephone survey sample is comparable to Census Bureau American Community Survey (ACS) Five-Year Population Estimates for 2016-2020 for the aggregated communities of Carson City, Douglas County, Lyon County, and Storey County. An exception is the proportion of respondents identifying as Hispanic, Latino, or other Spanish origin (8.1% of the telephone sample vs. 18.1% of the estimated population).

The community survey sample is over-representative of people who live in Carson City and includes a larger proportion of respondents younger than age 55, more male respondents, and more respondents with annual household income less than \$75,000.

Exhibit 58: Comparison of Survey Demographics to Secondary Data Demographics

Demographic Variable	ACS 2016 2020 Population Estimates*	Community Survey	Telephone Survey
COUNTY			
Carson City	33.8%	47.8%	35.8%
Lyon County	34.1%	17.8%	31.5%
Douglas County	29.7%	27.4%	29.3%
Storey County	2.5%	7.0%	3.5%
AGE[^]			
18-24	8.3%	1.9%	2.6%
25-34	14.3%	30.3%	5.6%
35-44	13.9%	28.4%	13.8%
45-54	14.9%	22.5%	12.8%
55-64	19.7%	7.5%	15.6%
65-74	17.7%	7.2%	26.3%
75 and older	11.3%	2.2%	23.3%
GENDER IDENTITY			
Female	49.2%	34.1%	51.0%
Male	50.8%	64.1%	48.2%
Gender non-binary	-	0.5%	0.8%
Transgender female	-	0.8%	-
Transgender male	-	0.5%	-
RACE⁺			
White or Caucasian	88.0%	90.8%	91.3%
Another race	8.6%	1.4%	3.0%
American Indian or Alaska Native	3.7%	3.0%	2.5%
Black or African American	2.0%	2.1%	1.0%

Demographic Variable	ACS 2016 2020 Population Estimates*	Community Survey	Telephone Survey
Asian	3.1%	2.6%	0.5%
Native Hawaiian or other Pacific Islander	0.5%	0.7%	0.0%
ETHNICITY			
Hispanic, Latino, or other Spanish origin	18.1%	13.2%	8.1%
Not Hispanic Latino, or other Spanish origin	81.9%	86.8%	91.9%
ANNUAL HOUSEHOLD INCOME			
Under \$15,000	8.2%	1.1%	5.8%
\$15,000-\$24,999	7.9%	3.2%	8.6%
\$25,000-\$34,999	9.0%	21.8%	8.6%
\$35,000-\$74,999	34.3%	57.3%	37.0%
\$75,000-\$99,999	14.4%	5.8%	15.3%
\$100,000 and above	26.2%	10.8%	24.8%

* Based on aggregate totals for Carson City, Douglas, Lyon, and Storey counties

^ Population age 18 and older only

+ Race alone or in combination with one or more other races; survey instruction to 'check all that apply'

Secondary Population Research

The following analysis highlights diverse ethnicities, median incomes, and other lifestyle factors that impact the needs of the service area, as well as the development of effective strategies to meet evolving needs. Demographic analysis of the CTH Primary Service Area and the Quad-County Region provides a framework from which to better understand geographies, population trends, and the overall fabric of need across the community.

Approach

The following data was gathered primarily from the United States Census Bureau 2016-2020 American Community Survey (ACS) Five-Year Estimates, the Nevada Rural and Frontier Health Data Book, 2021 (10th Edition), and the University of Nevada, Reno School of Medicine's Office of Statewide Initiatives' Nevada Instant Atlas. For full data sources, see appendix D.

The University of Nevada Reno School of Medicine's Office of Statewide Initiatives Nevada Instant Atlas. The atlas is compiled from over 50 sources, including information on demographic characteristics, social and economic characteristics, health insurance coverage, population health, healthcare workforce, and healthcare resources.²⁷

The United States Census Bureau American Community Survey five-year estimates versus one-year estimates are intentionally utilized for this CHNA as the five-year estimates represent data collected over some time and provides a more accurate estimate of the measures, especially among high-risk populations or subgroups compared to one-year estimates. For example, one-year data for African Americans may have too small of a sample size to produce notable data points, however the five-year average will have enough observations to make an accurate, more reliable data point.²⁸

Please note, for some measures, such as unemployment rates, the most contemporary data is preferable. Where appropriate, Crescendo Consulting Group has provided the most up-to-date figures.

The Carson Tahoe Health primary service area (CTH PSA) has been provided wherever possible to provide the most accurate in-depth outlook of the service area.

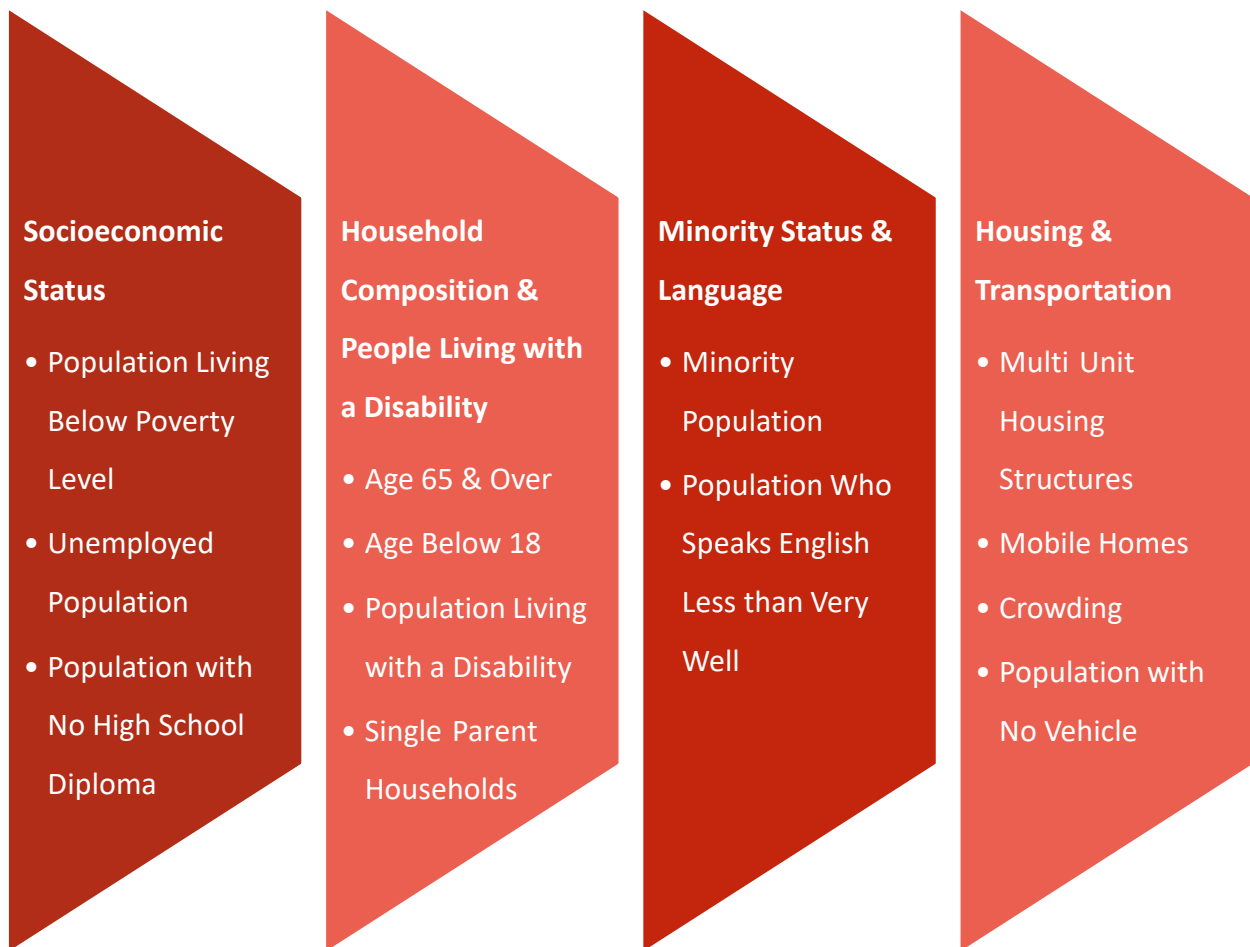
²⁷ The University of Nevada Reno School of Medicine's Office of Statewide Initiatives' Nevada Instant Atlas. Link: med.unr.edu/statewide/nevada-instant-atlas

²⁸ American Community Survey, 2010 & 2019 Five-year Estimates. Link: census.gov/programs-surveys/acs

Social Vulnerability Index

The Social Vulnerability Index (SVI) helps identify areas of need in the community. Developed by the Centers for Disease Control and Prevention (CDC) as a metric for analyzing population data to identify vulnerable populations, the SVI's measures are housed within the domains of Socioeconomic Status, Household Composition and Disability, Minority Status and Language, Housing, and Transportation. This tool may be used to rank overall population well-being and mobility relative to county and state metrics. It can also be used to determine the most vulnerable populations during disaster preparedness and global pandemics.²⁹

Exhibit 59: Social Vulnerability Index Measures



²⁹ Agency for Toxic Substances & Disease Registry. Link: atsdr.cdc.gov/placeandhealth/svi/index.html

The Social Vulnerability Index is especially helpful when comparing and contrasting the needs of vulnerable populations across geographies.

Exhibit 60: Social Vulnerability Index

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Total Population	326,569,308	3,030,281	126,246	55,244	48,486	55,667	4,086
Living in Poverty	12.8%	12.8%	8.5%	10.0%	7.5%	10.2%	9.2%
Unemployed ³⁰	3.6%	5.1%	ND	3.2%	3.4%	3.9%	3.6%
Median Household Income	\$64,994	\$62,043	\$64,887	\$58,305	\$71,415	\$58,814	\$64,000
Age 65 and Older	16.0%	15.8%	23.6%	20.3%	28.5%	21.2%	31.6%
Age Under 18	22.4%	22.7%	18.7%	20.4%	16.5%	21.2%	16.6%
Living with a Disability	12.7%	12.5%	16.2%	16.5%	14.4%	16.6%	21.3%
Single-Parent Households ³¹	14.0%	28.0%	ND	24.0%	22.0%	21.0%	16.0%
Minority Population ³²	39.9%	51.8%	25.7%	33.9%	20.3%	25.9%	18.5%
Speaks English Less than Very Well ³³	8.2%	11.3%	4.9%	7.5%	3.5%	3.8%	0.5%
Multi-Unit Housing Structures	26.1%	30.0%	ND	25.6%	12.7%	6.5%	2.2%
Mobile Homes	6.0%	5.3%	11.6%	10.3%	5.6%	18.3%	21.4%
No Vehicle	8.5%	7.3%	3.3%	5.4%	2.0%	2.8%	1.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

“ND” indicates that No Data was available for the data indicator.

³⁰ U.S. Bureau Of Labor Statistics, Local Area Unemployment Statistics Information & Analysis. State & county data as of May 2022. Rates are not seasonally adjusted.

³¹ County Health Rankings & Roadmaps, 2022. Link: countyhealthrankings.org/app/nevada/2022/measure/factors/82/data

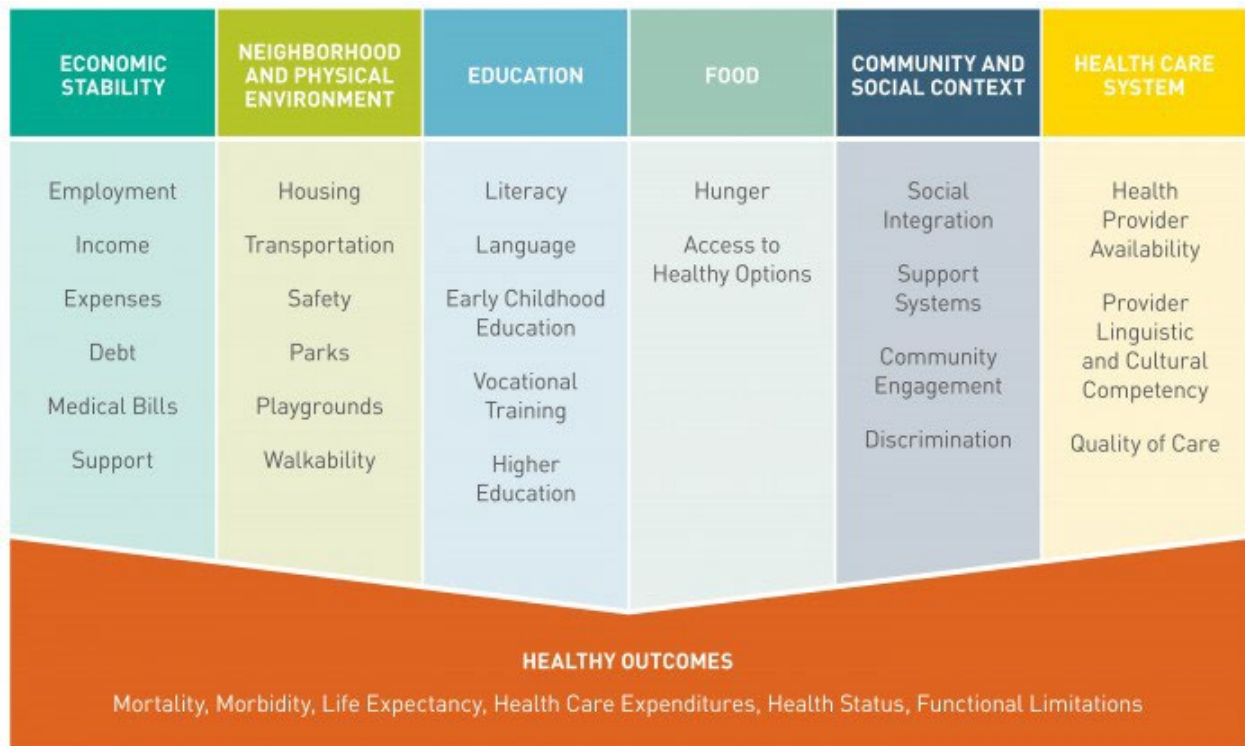
³² Population that does not identify as “White alone.”

³³ “Speak English less than “very well.”

Social Determinants of Health

Social determinants of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and grow older. These factors affect a wide range of health, functioning, and quality-of-life outcomes and risks. These conditions contribute to wide health disparities and inequities. For example, people who do not have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity, and even lowers life expectancy relative to people who do have access to healthy foods.³⁴ Addressing social determinants of health is not only important for improving overall health, but also for reducing health disparities that are often rooted in social and economic disadvantages.

Exhibit 61: SDoH Indicators



Source: Kaiser Family Foundation

³⁴ U.S. Department of Health and Human Services. *Healthy People 2030, Social Determinants of Health*. Link: health.gov/healthypeople/objectives-and-data/social-determinants-health

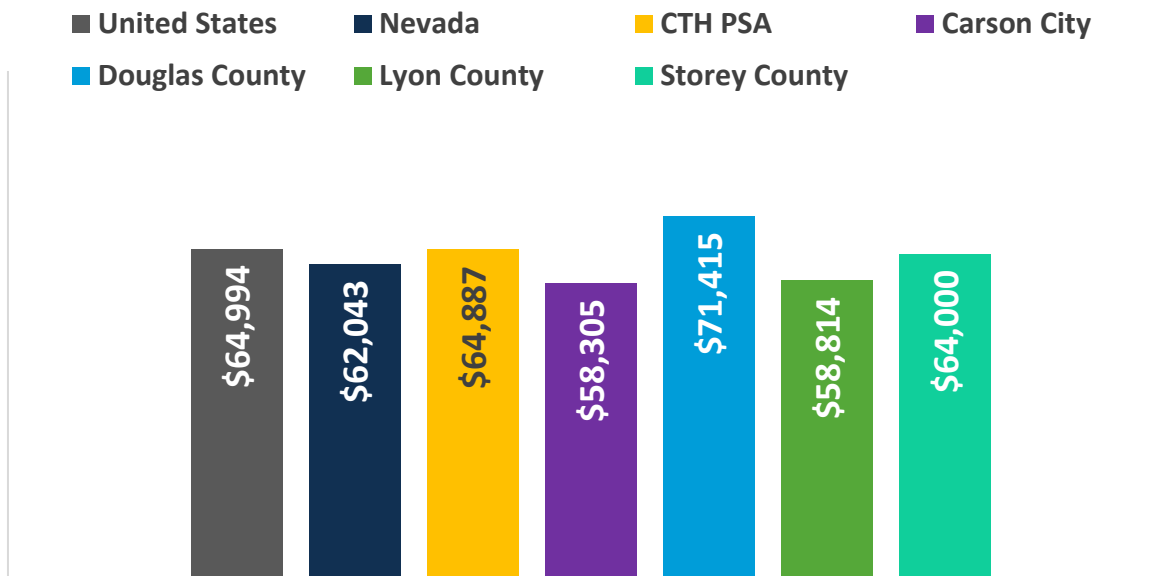
Economic Stability

Economic stability includes a wide range of factors not limited to employment, individual and family income, expenses, medical debt, and support.³⁵ People living in poverty are less likely to have access to healthcare, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to die from preventable diseases.³⁶ Research suggests that low-income status is associated with adverse health consequences, including shorter life expectancy, higher infant mortality rates, and other poor health outcomes.³⁷

Employment & Income

Income is an important contribution to a person’s socioeconomic status or the social standing or class of an individual or group often measured as a combination of education, income, and occupation.³⁸ Douglas County has the highest annual median household income within the Quad-County Region, higher than the CTH PSA as well.

Exhibit 62: Annual Median Household Income



ANNUAL MEDIAN HOUSEHOLD INCOME

United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
\$64,994	\$62,043	\$64,887	\$58,305	\$71,415	\$58,814	\$64,000

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

³⁵ Kaiser Family Foundation. *Beyond Healthcare: The Role of Social Determinants in Promoting Health & Health Equity*, 2018.

³⁶ U.S. Department of Health and Human Services, *Healthy People 2030. Social Determinants of Health, Economic Stability*.

³⁷ American Academy Of Family Physicians, *Poverty & Health. The Family Medicine Perspective*, April 2021.

³⁸ American Psychological Association, *Socioeconomic Status*.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 63: Trend of Annual Per Capita Personal Income

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	\$59,510	\$53,720	\$56,510	\$78,416	\$44,098	\$65,971
2018	\$54,098	\$49,424	\$50,378	\$72,605	\$39,137	\$57,763
2016	\$49,812	\$45,323	\$45,264	\$66,023	\$35,955	\$45,379

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. U.S. Department of Commerce Bureau of Economic Analysis

Temporary Assistance for Needy Families (TANF) is designed to provide assistance and care for dependent children in their own homes or in the homes of relative caregivers. TANF provides financial and support services such as childcare, transportation and other services.³⁹ TANF data for 2020 was unavailable due to the COVID-19 pandemic. The number of people using Nevada's TANF program has been consistently dropping over the past year, most likely as a result of federal assistance being provided through pandemic relief programs.

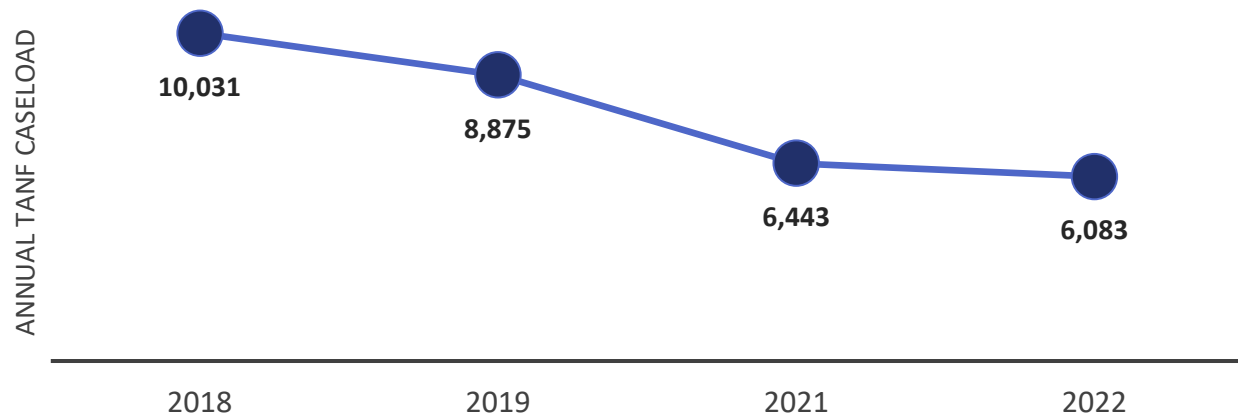


Exhibit 64: Trend of Temporary Assistance for Needy Families Nevada Enrollment

	Caseload	Expenditures
2022	6,083	\$25,229,786
2021	6,443	\$26,917,354
2019	8,875	\$34,824,936
2018	10,031	\$39,116,848

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

³⁹ Nevada Department of Health & Human Services Division of Welfare & Supportive Services, Temporary Assistance for Needy Families. Link: dwss.nv.gov/TANF/Financial_Help/

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Educational services, and healthcare and social assistance is the predominant industry in the CTH PSA (17.5%), Carson City (17.7%), and Douglas County (18.4%).

Exhibit 65: Employment by Industry

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Population Aged 16 +	155,888,980	1,425,040	57,281	25,998	21,579	23,278	1,500
Industry							
Agriculture, forestry, fishing and hunting, and mining	1.7%	1.4%	1.5%	0.7%	1.7%	2.3%	0.6%
Construction	6.7%	7.2%	9.0%	9.1%	8.4%	8.2%	7.6%
Manufacturing	10.0%	4.8%	9.8%	9.4%	8.5%	12.7%	7.5%
Wholesale trade	2.5%	2.1%	1.8%	2.2%	0.9%	4.3%	3.1%
Retail trade	11.0%	11.5%	11.4%	11.8%	10.1%	13.9%	9.0%
Transportation and warehousing, and utilities	5.5%	6.2%	4.0%	3.4%	4.0%	7.9%	5.3%
Information	2.0%	1.5%	1.6%	1.7%	1.4%	0.9%	4.0%
Finance and insurance, and real estate and rental and leasing	6.6%	5.6%	4.4%	3.7%	6.4%	3.2%	8.0%
Professional, scientific, and management, and administrative and waste management services	11.7%	11.5%	8.7%	9.4%	9.0%	7.5%	14.1%

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Educational services, and healthcare and social assistance	23.3%	16.3%	17.5%	17.7%	18.4%	14.5%	10.8%
Arts, entertainment, and recreation, and accommodation and food services	9.4%	23.1%	14.4%	14.4%	15.2%	11.6%	17.4%
Other services, except public administration	4.8%	4.6%	4.9%	4.5%	5.2%	5.1%	6.9%
Public administration	4.7%	4.2%	11.0%	12.2%	10.8%	7.8%	5.7%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

- A higher proportion of individuals in the professional, scientific, and management, and administrative and waste management services reside in Storey County than in other counties.
- Douglas County has the highest percentage of residents working in the arts, entertainment, and recreation, and accommodation and food services industry.

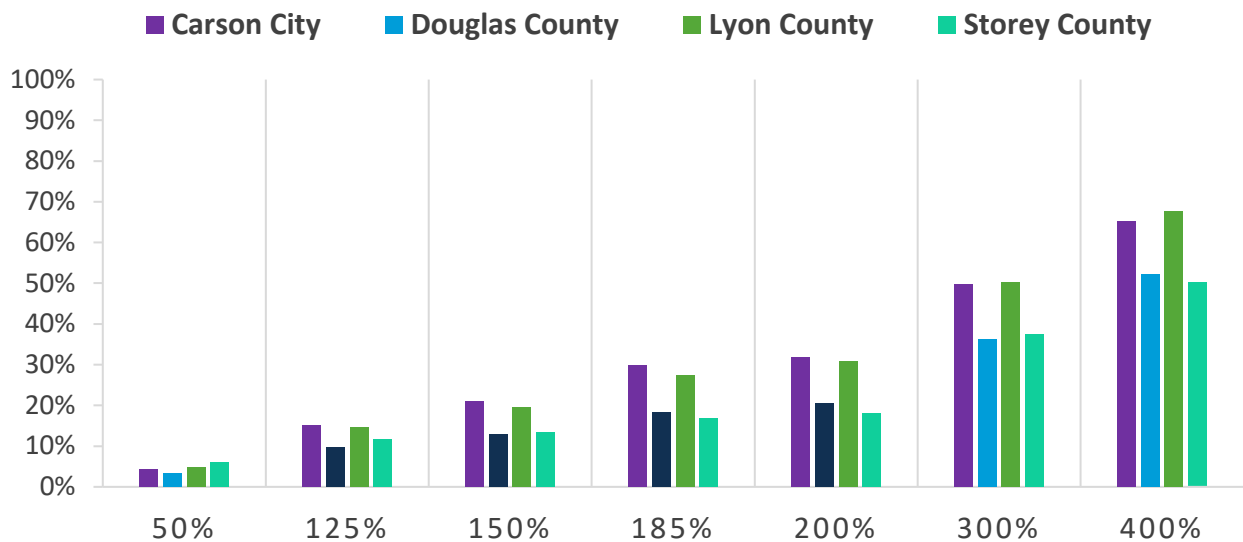
Economically Disadvantaged Populations

Socioeconomic status can be determined by a family's income level, education level, and occupational status. Despite the differences in definition between poverty and socioeconomic status, researchers agree that there is a clear and established relationship between poverty, socioeconomic status, and health outcomes, including increased risk for disease and premature death.⁴⁰

Data for the Carson Tahoe Health service area were based on aggregated data available at the ZIP Code level. For some measures, ZIP Code data was not available, so some CTH data points are omitted.

The Federal Poverty Level (FPL) is set by the U.S. government to help determine which individuals and families in the United States are living “in poverty”. For 2022, the Federal Poverty Guideline for a single person household is \$13,590, meaning that if you are an individual living alone and you make \$13,590 per year, you are living at the Federal Poverty Level. For a single parent with two children (3 person household), the level is \$23,030. For a family of 4, the Level is \$27,750. As the costs of living continue to grow, many Community Action Agencies determine need at 150-180% or more of the Federal Poverty Level.⁴¹

Exhibit 66: Population Living in Poverty



⁴⁰ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Poverty. Link: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>

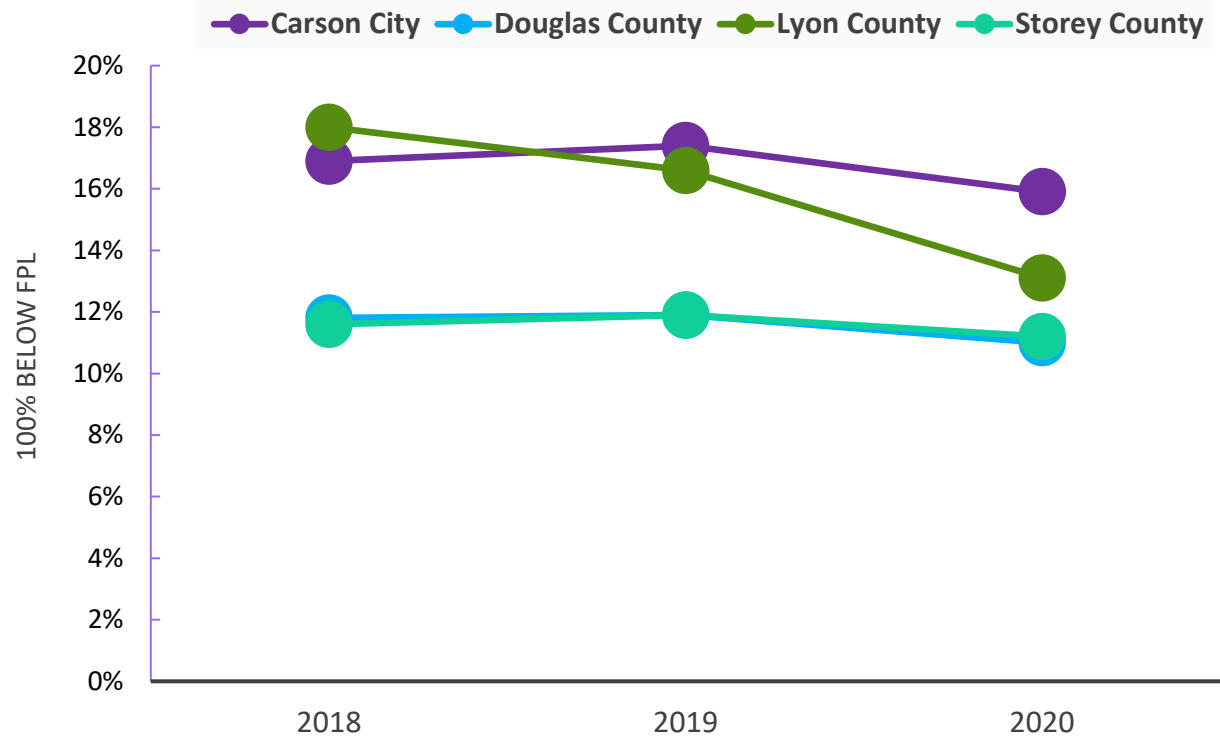
⁴¹ <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

FEDERAL POVERTY LEVELS	Carson City	Douglas County	Lyon County	Storey County
50%	4.3%	3.2%	4.7%	6.1%
125%	15.1%	9.7%	14.6%	11.6%
150%	21.1%	13.0%	19.6%	13.4%
185%	29.9%	18.4%	27.3%	16.7%
200%	31.9%	20.5%	30.9%	18.1%
300%	49.7%	36.3%	50.1%	37.4%
400%	65.2%	52.1%	67.6%	50.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 67: Trend of Children Living in Poverty as Measured at 100% of Federal Poverty Line



	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	15.7%	16.7%	15.9%	11.0%	13.1%	11.2%
2019	16.8%	17.6%	17.4%	11.9%	16.6%	11.9%
2018	18.0%	18.4%	16.9%	11.8%	18.0%	11.6%

Source: U.S. Census Bureau, Small Area Income & Poverty Estimates

- The percentage of children under age 18 living in poverty in Carson City in 2020 is slightly higher than the national percentage (15.9%, 15.7%, respectively).

Neighborhood & Physical Environment

The neighborhoods people live in have a major impact on their health and well-being. Many people in the United States live in neighborhoods with high rates of violence, unsafe air or water, and other health and safety risks. The physical environment includes housing and transportation, parks and playgrounds, and the opportunities for recreational opportunities.⁴²

Housing Stock & Cost

Housing is an important social determinant of health, as poor-quality housing is associated with negative health outcomes, including chronic disease, injury, and poor mental health.⁴³

Of the 56,186 housing units within the PSA, only 6.8% are vacant, a lower percentage compared to Nevada. Douglas County has the highest percentage of vacant housing units, followed closely by Storey County, which is likely due to seasonal or vacation homes. The rental vacancy rate is highest in Douglas and Lyon Counties (5.4% and 5.3%, respectively).

“Many forces have combined to create a rental market that’s setting records for a lack of vacancies & high costs, including a historic shortage of housing.”

National Association of Realtors, 2022

Exhibit 68: Housing Units

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Total Housing Units	138,432,751	1,268,533	56,186	24,132	24,570	23,697	1,969
Occupied housing	88.4%	89.1%	93.2%	94.7%	85.8%	91.7%	86.5%
Vacant housing	11.6%	10.9%	6.8%	5.3%	14.2%	8.3%	13.5%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 69: Vacancy Rate

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Homeowners	1.4%	1.7%	0.8%	1.6%	1.3%	0.0%
Rentals	5.8%	7.2%	2.1%	5.4%	5.3%	0.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

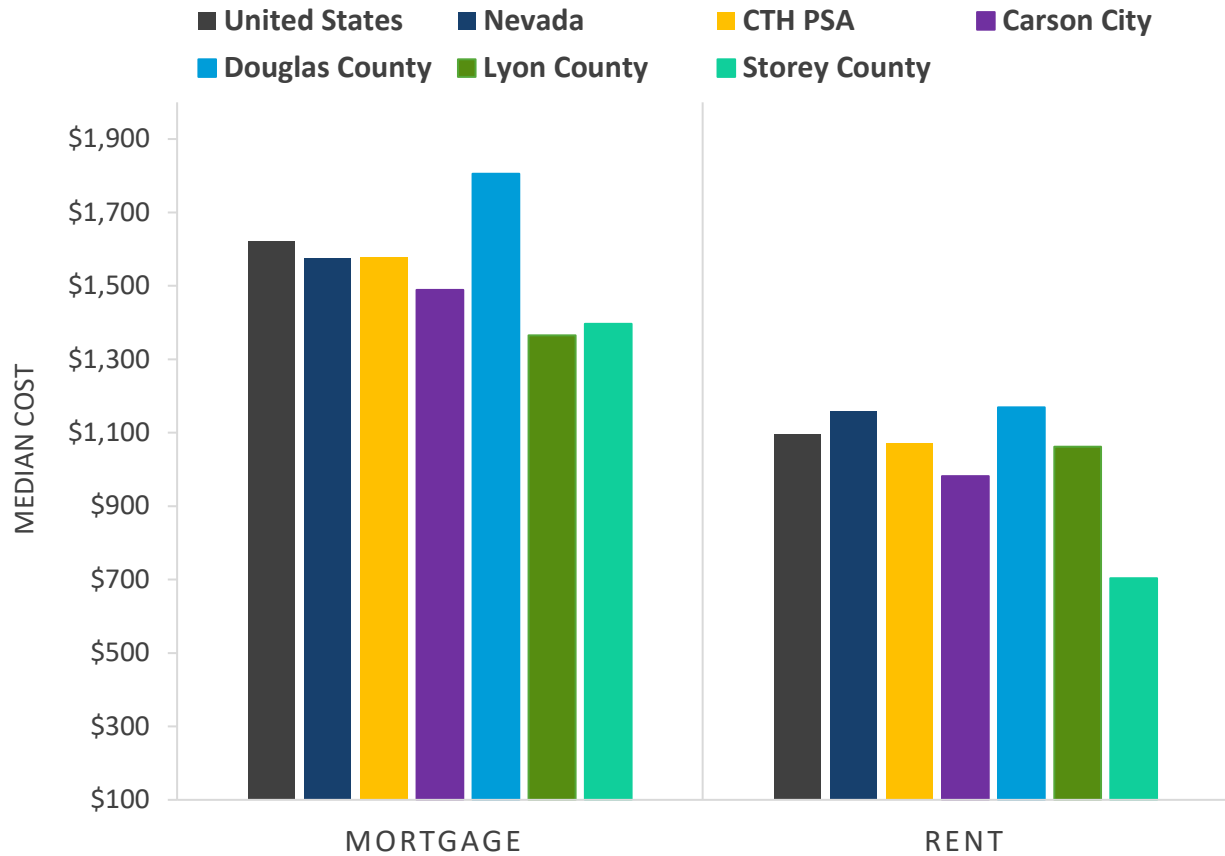
⁴² Kaiser Family Foundation. *Beyond Healthcare: The Role of Social Determinants in Promoting Health & Health Equity*, 2018. Link: [kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/](https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/)

⁴³ Centers for Disease Control & Prevention, *Social Determinants Of Health*. Link: [cdc.gov/socialdeterminants/index.htm](https://www.cdc.gov/socialdeterminants/index.htm)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Median homeowner costs in the CTH PSA are slightly higher than statewide medians at \$1,577, while rent is slightly lower. The median cost of a mortgage and rental unit in Douglas County is higher than both state and national medians.

Exhibit 70: Median Cost of Housing



	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Median Mortgage	\$1,621	\$1,574	\$1,577	\$1,489	\$1,805	\$1,365	\$1,397
Median Rent	\$1,096	\$1,159	\$1,070	\$982	\$1,169	\$1,062	\$704

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Close to one in three households with a mortgage and renters in all geographies are cost burdened. Roughly one in ten homes without a mortgage in the Quad-County Region are cost burdened.

“Cost-burdened households are households who pay more than 30.0% of their income for housing and may have difficulty affording necessities such as food, clothing, transportation, and medical care.”

The U.S. Department of Housing & Urban Development

Exhibit 71: Cost-burdened Households

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
With a Mortgage	20.6%	23.0%	32.9%	30.9%	34.6%	29.2%	27.7%
Without a Mortgage	10.4%	8.7%	11.5%	10.2%	12.7%	11.2%	11.5%
Renter (35.0% or more)	40.0%	40.8%	33.1%	29.6%	36.9%	36.2%	32.9%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

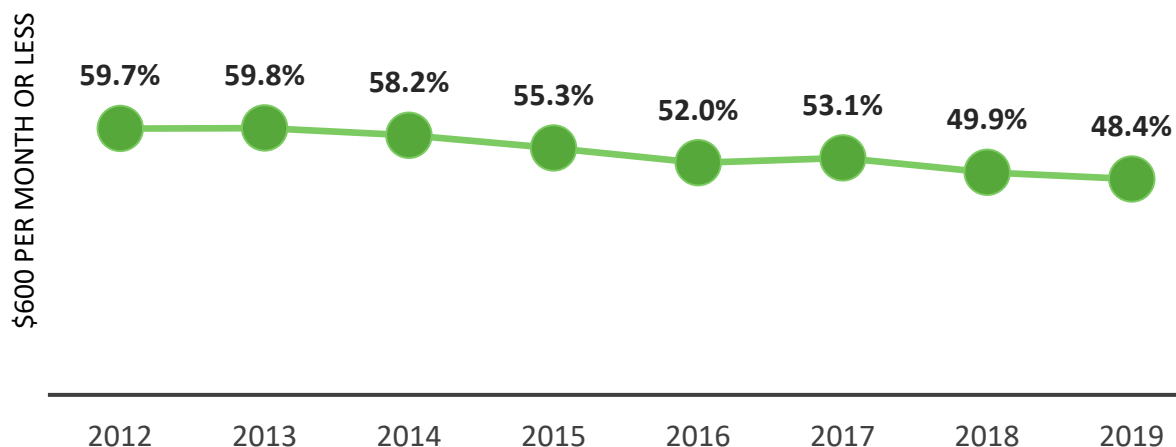
Exhibit 72: Median Home Value

United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
\$229,800	\$290,200	\$318,698	\$299,900	\$416,900	\$238,600	\$264,000

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The stock of low-rent units, under \$600 per month, in Nevada has been on the decline since 2011, declining from 59.7% to 48.4%.

Exhibit 73: Trend of Low-Rent Units



Source: Harvard Joint Center for Housing Studies, America's Rental Housing 2022 Report

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Nationally, rents for available apartments rose 15.0% since 2021, while the median listed rent for an available apartment rose above \$2,000 a month for the first time. According to the Nevada Housing Coalition,

“Fair Market Rent for a two-bedroom apartment is \$1,135. In order to afford this level of rent and utilities, without paying more than 30.0% of income on housing, a household must earn \$3,785 monthly or \$45,416 annually. Assuming a 40-hour work week, 52 weeks per year.”

Exhibit: State Wage & Housing Facts⁴⁴

Nevada Minimum Wage	\$10.50
Average Renter Hourly Wage	\$20.66
Two-Bedroom Housing Wage	\$23.70
Number of Renter Households	485,147
Percent Renters	43.0%

Although the minimum wage in Nevada is set to increase by \$0.75 cents until it reaches \$11.00 per hour over the next two years, the cost of housing in 2022 is expected to outweigh the benefits of wage increases.⁴⁵

Source: National Low Income Housing Coalition. Nevada Factsheet 2022 Out of Reach

Fair market housing wage indicates the wage individuals would need to make hourly in 2021 to afford a two-bedroom rental unit.

Although it can be expected that the fair market housing wage has increased since 2021, at the time of data collection Storey County residents would have needed to earn hourly wage of \$23.40 to afford a two-bedroom rental unit according to fiscal year 2021 fair market rent, the highest within the service area.

Exhibit 74: Fair Market Housing Wage

Nevada	Carson City	Douglas County	Lyon County	Storey County
\$21.83	\$19.67	\$19.48	\$15.54	\$23.40

Source: National Low Income Housing Coalition. Nevada Factsheet 2021 Out of Reach

Exhibit 75: Housing Costs

FISCAL YEAR 2021 FAIR MARKET RENT	Nevada	Carson City	Douglas County	Lyon County	Storey County
Annual income needed to afford a two-bedroom rental unit	\$45,416	\$40,920	\$40,520	\$32,320	\$48,680
Full-time jobs at minimum wage to afford a two-bedroom rental unit	2.2	2.0	2.0	1.6	2.4

Source: National Low Income Housing Coalition. Nevada Factsheet 2021 Out of Reach

⁴⁴ National Low Income Housing Coalition. Nevada Factsheet 2021 Out of Reach. Link: <https://reports.nlihc.org/sites/default/files/oor/files/reports/state/nv-2021-oor.pdf>

⁴⁵ State of Nevada Department of Business & Industry. Nevada’s minimum wage & daily overtime rates to increase July 1, 2022. Link: [Business.nv.gov/News_Media/Press_Releases/2022/Labor/Nevada%E2%80%99s_minimum_wage_and_daily_overtime_rates_to_increase_July_1,_2022/](https://business.nv.gov/News_Media/Press_Releases/2022/Labor/Nevada%E2%80%99s_minimum_wage_and_daily_overtime_rates_to_increase_July_1,_2022/)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Fair market rent increased in all four counties between 2021 and 2022. The largest increase is in rent prices for a four-bedroom in Lyon and Storey Counties, which increased by \$302 and \$279, respectively. Rent for a one-bedroom increased in all four counties by an average of \$132 in 2022 while rent for a two-bedroom increased in all four counties by an average of nearly \$156. The lowest increase was for an efficiency in Carson City, which went up by \$61 in 2022.

Exhibit 76: Fair Market Rent

	Carson City		Douglas County		Lyon County		Storey County	
	2021	2022	2021	2022	2021	2022	2021	2022
Efficiency	\$675	\$736	\$772	\$853	\$630	\$776	\$803	\$926
One-Bedroom	\$788	\$853	\$830	\$986	\$634	\$798	\$964	\$1,108
Two-Bedroom	\$1,023	\$1,108	\$1,013	\$1,188	\$808	\$994	\$1,217	\$1,394
Three-Bedroom	\$1,464	\$1,574	\$1,435	\$1,688	\$1,156	\$1,412	\$1,742	\$1,980
Four-Bedroom	\$1,771	\$1,896	\$1,686	\$1,792	\$1,399	\$1,701	\$2,107	\$2,386

Source: United States Department of Housing and Urban Development, Program Parameters & Research Division

Exhibit 77: Most Expensive Areas in Nevada

Metropolitan Statistical Area	Housing Wage
Reno MSA	\$23.40
Vegas-Henderson-Paradise MSA	\$21.98
Carson City MSA	\$19.67
Douglas County	\$19.48

The most expensive areas in Nevada, ranked from highest to lowest in terms of two-bedroom housing wage, include multiple areas in the Quad-County Region.

Source: National Low Income Housing Coalition. Nevada Factsheet 2021 Out of Reach

There is a shortage of rental homes affordable and available to extremely low-income households in Nevada, whose incomes are at or below the poverty guideline or 30.0% of their area median income. Many of these households are severely cost burdened. Low-income households are more likely than other renters to sacrifice other necessities like healthy food and healthcare to pay the rent, and to experience unstable housing situations like evictions.⁴⁶

⁴⁶ National Low-income Coalition. Link: nlihc.org/

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

In 2021, Carson City had the highest number of subsidized housing units among the counties.

Exhibit 78: Number of Households Living In Subsidized Housing

Nevada	Carson City	Douglas County	Lyon County	Storey County
22,231	770	236	164	ND

Source: U.S. Department of Housing & Urban Development's A Picture of Subsidized Households Housing Insecurity, 2021

Housing Instability

Housing instability encompasses several challenges, such as having trouble paying rent, overcrowding, moving frequently, staying with relatives, or spending the bulk of household income on housing. These experiences may negatively affect physical health and make it harder to access healthcare.⁴⁷

The Point-in-Time (PIT) count is a HUD mandated count of sheltered and unsheltered people experiencing homelessness. The count is conducted on a specific night (i.e., a single “point in time”) during the last two weeks in January to minimize duplicated counts and give a more accurate picture of homelessness in Nevada’s 15 rural counties.

The 2021 count was substantially impacted by COVID-19, as the ability to conduct a comprehensive Unsheltered Count was affected and limited the Continuum of Care’s ability to better understand the root causes of homelessness through surveys and interviews.

Winter weather conditions during count activities may have reduced the number of individuals visible to be counted during the observation-only head count that was conducted. Count teams did not attempt to ascertain the occupancy of tents, RVs, vehicles, and outbuildings, which may have led to an underestimation of the true number of individuals experiencing unsheltered homelessness in 2021.⁴⁸

Point-in-Time Count

The PIT is conducted to,

- Measure and monitor trends and changes in homelessness on local and national levels and track progress toward ending homelessness.
- Help communities understand what resources are needed and strategize the best ways to use them to end homelessness.

Rural Nevada Continuum of Care

⁴⁷ U.S. Department of Health and Human Services, *Healthy People 2030. Social Determinants of Health Literature Summaries, Housing Instability*. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/housing-instability#cit2

⁴⁸ Rural Nevada Continuum of Care 2021 Point-in-Time Count. Link: legistarweb-production.s3.amazonaws.com/uploads/attachment/pdf/1025858/-Rural_Nevada_Continuum_of_Care_Point-in-Time_Count_Report.pdf

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

In total, **860** people were identified as housing insecure within the Quad-County Region.

Carson City had the highest number of housing insecure individuals at 480, while Lyon County had 296 housing insecure residents. Three of the four counties have children experiencing housing insecurity or instability.

Carson City and Lyon County have housing insecure individuals residing in motels (79 and 21, respectively). There are 82 unsheltered residents in Carson City and 20 unsheltered residents of Lyon County.

About the Data

A value of **zero** indicates that the count component was conducted within that county, but no individuals were counted. A value of **ND** indicates No Data available.

Exhibit 79: Point-in-Time Count

2021	Nevada	Carson City	Douglas County	Lyon County	Storey County
Sheltered	76	52	0	1	ND
Unsheltered	223	82	3	20	0
Motel Count	285	79	0	21	0
School Count	1,161	267	81	254	0
Total	1,745	480	84	296	0

Source: Rural Nevada Continuum of Care 2021 Point-in-Time Count

- Carson City reported the highest number of individuals living in motels. However, Douglas and Storey counties conducted the motel count but found no individuals living in motels.
- The categories for the school count include residents who are “doubled-up,” wherein families share the housing of other persons and likely do not have legal rights or a lease to ensure their continued housing; children living in a hotel or motel; children in a shelter (which also includes transitional housing and, in some cases, waiting for foster care); and children who are unsheltered.
- The School Count for Carson City and Lyon County had the most children who were experiencing housing insecurity or instability, with 267 and 254, respectively.

Exercise & Physical Activity

Access to exercise opportunities measures the percentage of individuals who live reasonably close to a location for physical activity such as parks or recreational facilities. Individuals are considered to have access to exercise opportunities if they reside in a census block that is within a half mile of a park or reside in an urban census block that is within one mile of a recreational facility or reside in a rural census block that is within three miles of a recreational facility.⁴⁹

Poor health outcomes related to inadequate physical activity can lead to heart disease, type two diabetes, and cancer even for those with no preexisting risk factors. Obesity, high blood pressure, and high blood cholesterol can also result from poor physical activity.

Exhibit 80: Access to Exercise Opportunities

United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
86.0%	90.0%	93.0%	76.0%	54.0%	17.0%

Source: County Health Rankings & Roadmaps, 2021

Self-reported physical activity indicates the proportion of those 18 and older who did not meet aerobic physical activity recommendations of at least 150 minutes per week of moderate-intensity, or 75 minutes per week of vigorous intensity, or an equivalent combination.⁵⁰

Exhibit 81: Self-Reported Physical Activity in Adults

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
No Leisure-Time Physical Activity	23.0%	25.6%	26.1%	22.5%	26.7%	21.6%

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019

- Over a quarter of the population in Carson and Lyon County reported having no leisure time physical activity, higher than the national figure.

⁴⁹ County Health Rankings & Roadmaps, Access to Exercise Opportunities.

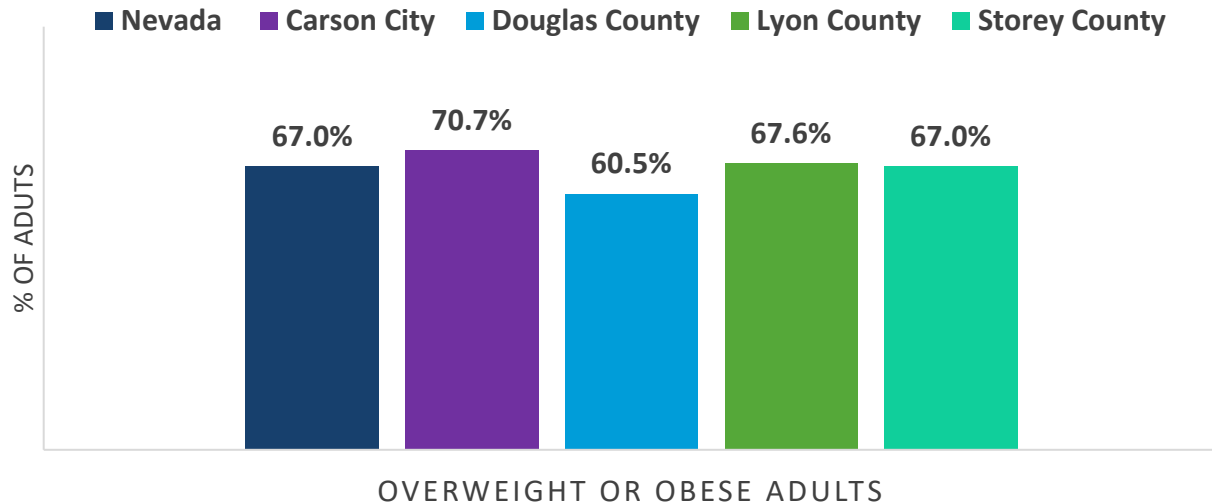
Link: countyhealthrankings.org/app/nevada/2022/measure/factors/132/map

⁵⁰ County Health Rankings & Roadmaps, Physical Inactivity. Link: countyhealthrankings.org/app/nevada/2022/measure/factors/70/map

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson City has the highest percentage of obese adults within the Quad-County Region, about one in seven members of the adult population.

Exhibit 82: Overweight or Obese Adults



	Nevada	Carson City	Douglas County	Lyon County	Storey County
Overweight or Obese	67.0%	70.7%	60.5%	67.6%	67.0%

Source: Nevada Department of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

Physical activity indicators self-reported by high school and middle school students refers to the percentage of high school students who were physically active at least 60 minutes per day on five or more days during the seven days before the 2019 Youth Behavioral Risk Factor Surveillance Survey. Physical activity is higher among middle school students than among high school students, except for Lyon and Storey County students.

Exhibit 83: Self-Reported Physical Activity by Youth⁵¹

PHYSICALLY ACTIVE STUDENTS	Nevada	Carson City	Douglas County	Lyon & Storey County
High school students	38.4%	39.2%	49.7%	52.0%
Middle school students	42.5%	47.2%	52.7%	49.1%

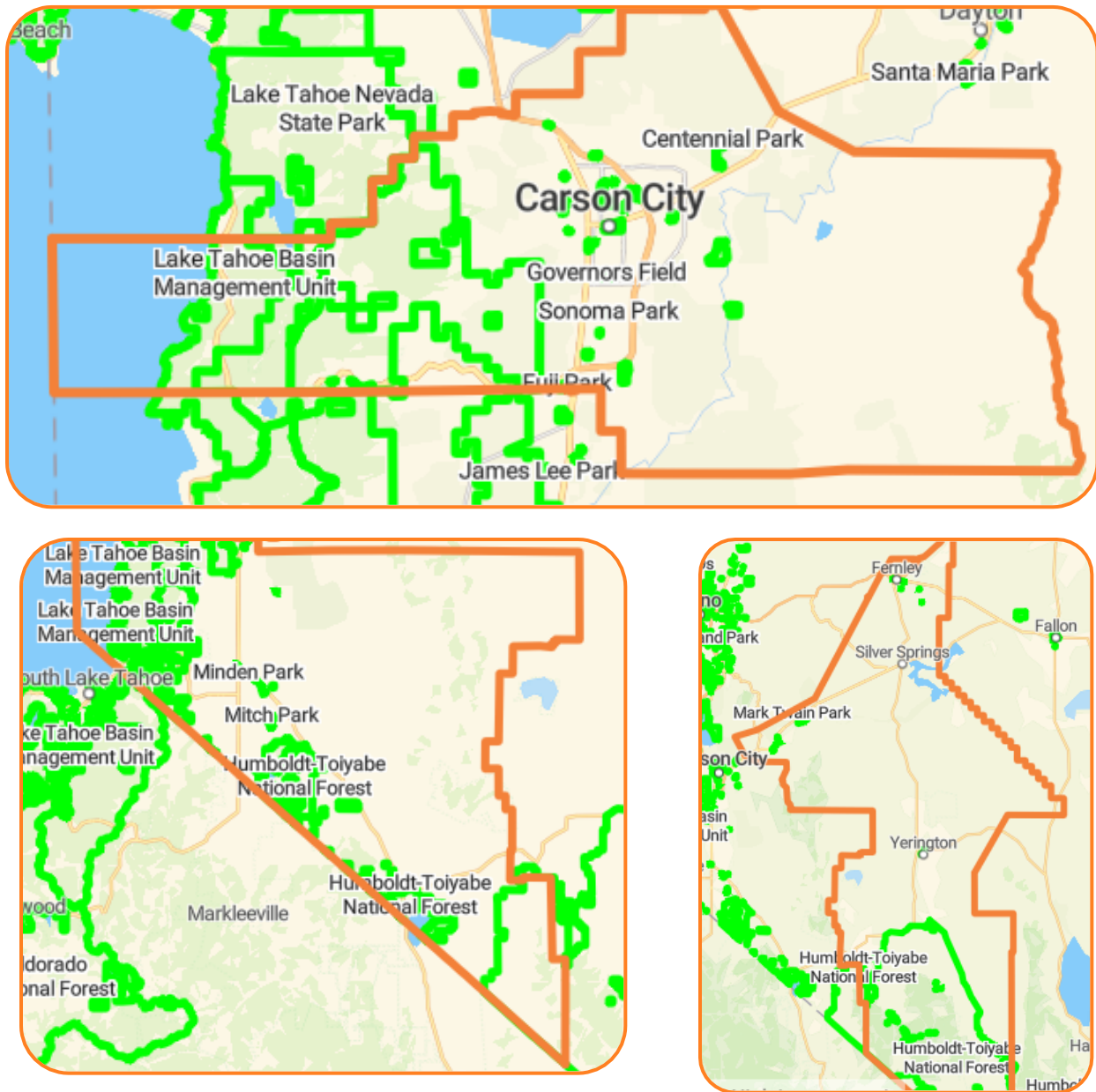
Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School & Middle School Youth Risk Behavior Survey Report

⁵¹ Percentage of high school students who were physically active at least 60 minutes/day on 5 or more days during the 7 days before the survey.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

The green highlighted areas below indicate locations of parklands within the service area. Carson and Douglas County are in close proximity to the Lake Tahoe area, allowing ample accessibility to outdoor recreational activities. Lyon County is home to Humboldt-Toiyabe National Forest, consisting of 6.3 million acres making it the largest National Forest in the lower 48 states.⁵²

Exhibit 84: Quad-County Region Park Locations



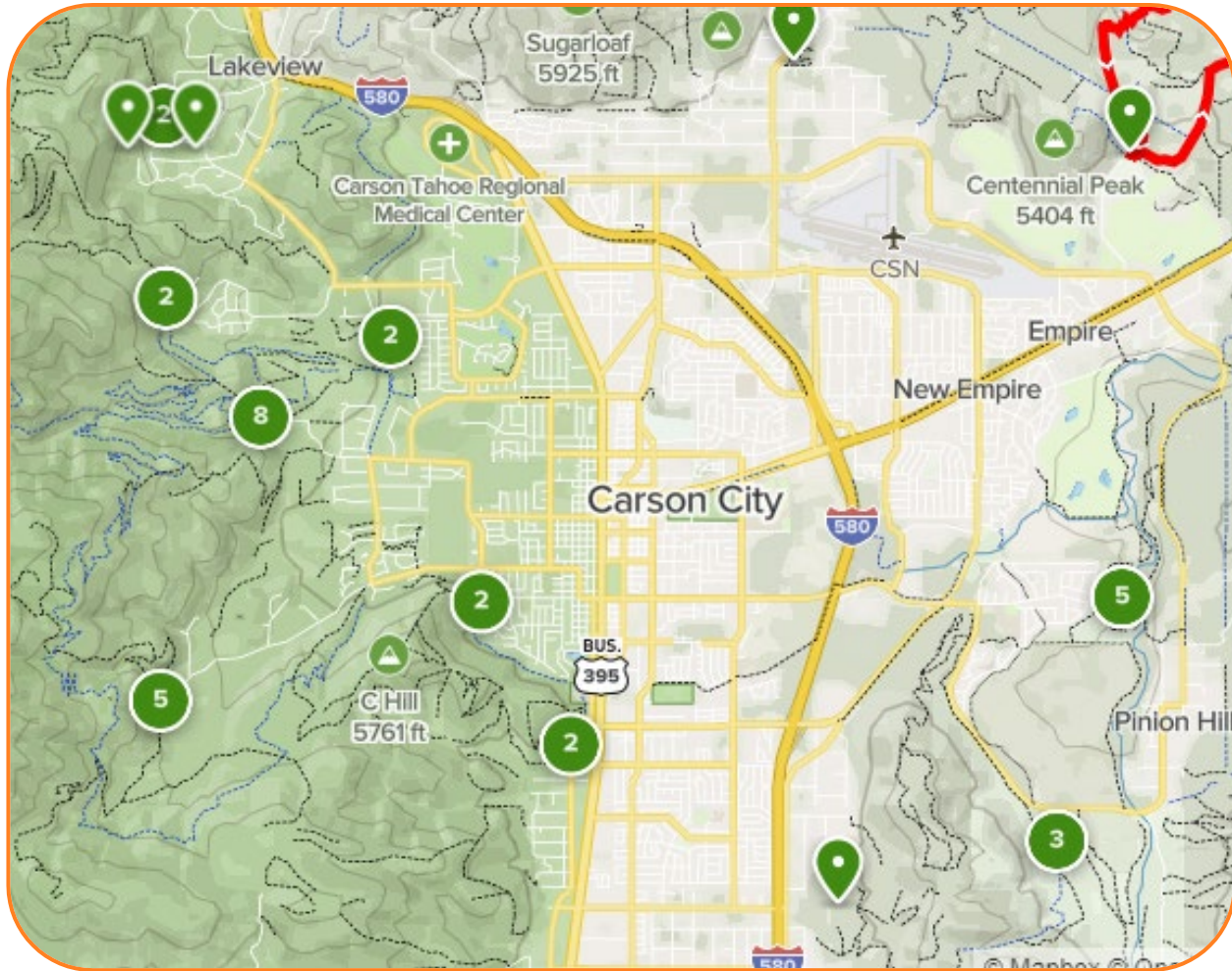
Source: PolicyMap (Park Locations). Trust for Public Land: ParkServe, 2020

⁵² U.S. Department of Agriculture, Forest Service.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson City alone has over 100 miles of walking and biking trails and over 40 verified walking and biking trails and over 100 miles of available to the public, providing sufficient opportunities for community residents (and visitors) to bike, hike, walk, backpack and more.⁵³

Exhibit 85: Estimated Number of Available Trails in Carson City



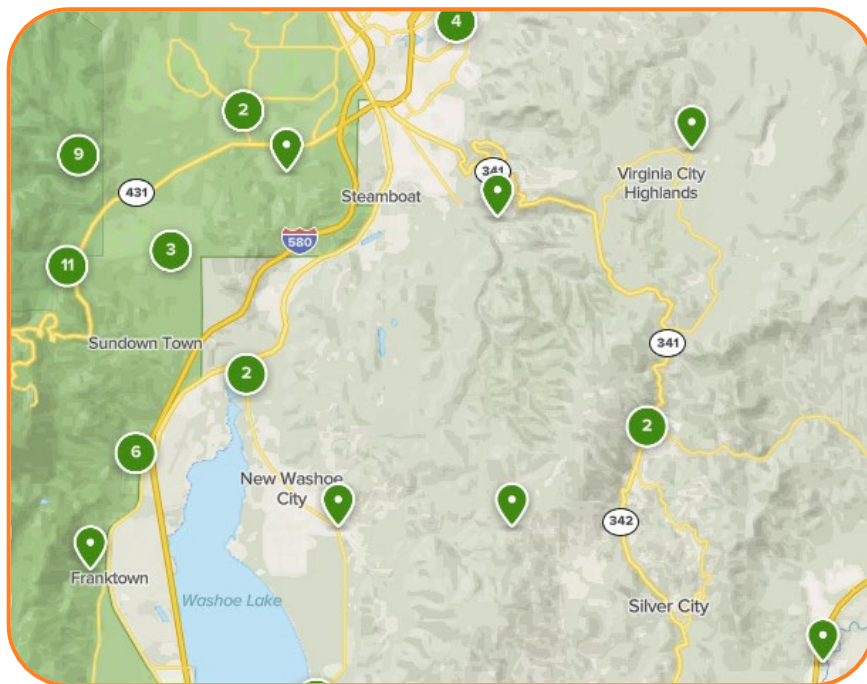
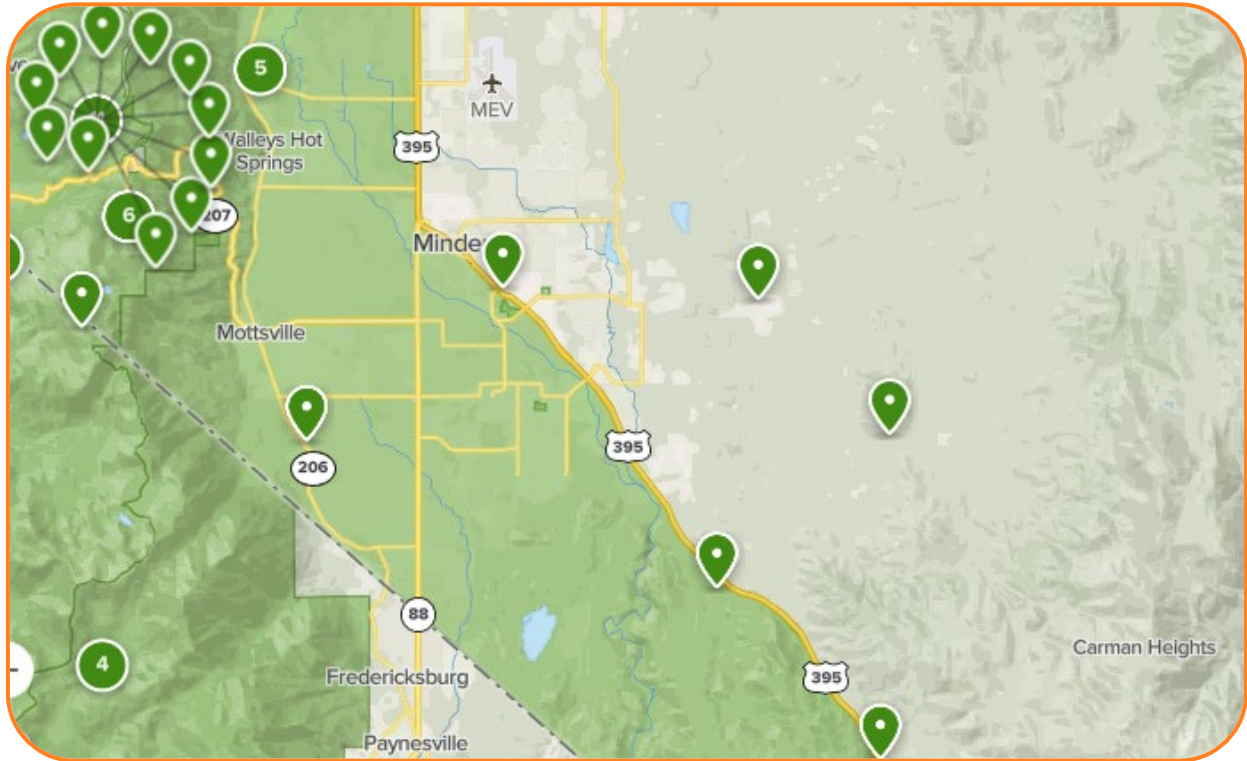
Source: AllTrails. Carson City, 2022

⁵³ All Trails. Link: [alltrails.com/us/nevada/carson-city/walking](https://www.alltrails.com/us/nevada/carson-city/walking)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Douglas and Lyon County are home to several mountain peaks, offering opportunities for regular physical activity.

Exhibit 86: Estimated Number of Available Trails Within the Service Area

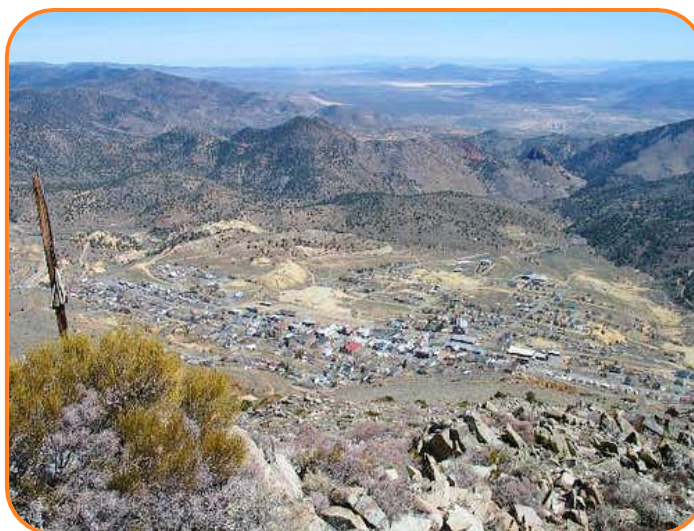


Source: AllTrails, 2022

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 87: Virginia City, Near the Summit of Mount Davidson

Because of its rural geography, Storey County can present as having limited access to opportunities to physical activities. However, Storey County is home to Mount Davidson, the highest point within Virginia Mountain Range. This, and other mountains, provide miles of often off-the-map trails for both hiking and mountain biking for its residents.⁵⁴



Source: SummitPost, Mt. Davidson

In the table below, over half of all middle and high school students reported spending at least three hours on the computer or watching television per school day. This data was collected prior to the COVID-19 pandemic. Because of remote learning and other virtual events, these figures are expected to increase from 2019 levels.

Exhibit 88: Self-Reported Physical Health by Students

	Nevada	Carson City	Douglas County	Lyon & Storey County
High School				
Overweight high school students ⁵⁵	15.6%	19.3%	16.1%	15.2%
Obese students	12.7%	9.2%	5.1%	14.0%
Students who used the computer 3+ hours per school day or watched TV 3+ hours	59.6%	58.9%	57.0%	51.2%
Middle School				
Students who used the computer 3+ hours per school day or watched TV 3+ hours	59.6%	56.6%	49.8%	56.0%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School & Middle School Youth Risk Behavior Survey Report

- Approximately one-fifth of Carson high school students are overweight, and 14.0% of Storey County high school students are obese.

⁵⁴ SummitPost, Mt. Davidson. Link: summitpost.org/mount-davidson-nv/153745

⁵⁵ Students who were ≥85th percentile but <95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth chart.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Transportation

Transportation systems help ensure that people can reach everyday destinations, such as jobs, schools, healthy food outlets, and healthcare facilities, safely and reliably. Enhanced built environment interventions including sidewalks, bicycle infrastructure, and public transit infrastructure can make physical activity easier, safer, and more accessible.⁵⁶ More housing units in Carson City had no vehicles available. Commute times range from 20 minutes in Storey County to 28.6 minutes in Douglas County. Approximately 6.4% of Storey County residents walk to work, a percentage that is much higher than the surrounding service area.

Exhibit 89: Access to a Vehicle & Commute Time

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
No vehicles available	8.5%	7.3%	3.3%	5.4%	2.0%	2.8%	1.1%
Travel time to work in minutes	26.9	24.6	24.1	20.0	24.8	28.6	27.9

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Exhibit 90: Means of Commuting to Work

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Workers 16 and over	153,665,654	1,402,593	55,827	25,337	21,060	22,859	1,531
Drove alone	74.9%	76.8%	79.4%	79.4%	75.4%	81.8%	76.3%
Carpooled	8.9%	10.6%	11.7%	11.5%	11.6%	11.9%	7.9%
Public transportation (excluding taxicab)	4.6%	2.9%	0.5%	0.7%	0.1%	0.8%	1.8%
Walked	2.6%	1.6%	1.2%	1.7%	1.6%	1.2%	6.4%
Other means	1.8%	2.3%	1.0%	1.3%	2.0%	0.6%	0.8%
Worked from home	7.3%	5.8%	6.1%	6.5%	9.6%	3.7%	7.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

⁵⁶ U.S. Department of Health and Human Services, Assistant Secretary for Planning and Evaluation Office of Health Policy. *Addressing Social Determinants of Health: Examples of Successful Evidence-Based Strategies and Current Federal Efforts*, 2022.

Broadband

Research has shown that investing in broadband infrastructure has social benefits, including better health outcomes and improved job prospects for people in rural areas. In Nevada, rural and tribal communities have less access compared to more densely population areas like Reno or Las Vegas. The lack of access highlights disparities within the Quad-County Region, as historically, Nevada’s 28 tribal nations have experienced a lack of infrastructure funding for decades.⁵⁷ Broadband connectivity has also become a key social determinant of health and health equity. Research shows that for many years,

“The shift of work and school online highlighted the lack of access to high-speed broadband internet service in some parts of the U.S. and intensified political pressure on the government to make it more widely available.”

Brookings Institute, 2021

“Stakeholders have viewed broadband as a critical means to connect doctors to patients and to close gaps related to time and distance. Unfortunately, many Americans are still falling through the broadband health gap.”⁵⁸

As restrictions on telehealth loosened during the pandemic, including HIPAA requirements for video-conferencing software and geographic requirements, providers conducted 75.0% of behavioral health visits via telehealth in May and June 2020 for patients with commercial insurance nationwide.⁵⁹

Exhibit 91: Computers & Internet Use

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Total households	122,354,219	1,130,011	ND	22,858	21,071	21,726	1,704
With a computer	91.9%	93.6%	93.5%	92.0%	94.4%	93.5%	94.6%
With a broadband Internet subscription	85.2%	85.5%	11.5%	14.6%	9.5%	12.0%	14.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

⁵⁷ *Governing. Rural Areas in Nevada See Broadband as Key to Progress, 2022.*

⁵⁸ *Federal Communications, Advancing Broadband Connectivity as a Social Determinant of Health. Link: fcc.gov/health/SDOH*

⁵⁹ *American Hospital Association. Trend Watch: The impacts of the COVID-19 pandemic on behavioral health, 2022. Link: aha.org/system/files/media/file/2022/05/trendwatch-the-impacts-of-the-covid-19-pandemic-on-behavioral-health.pdf*

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Environmental Health

Polluted air, contaminated water, and extreme heat are three environmental conditions that can negatively impact population health. Location, race and ethnicity, and socioeconomic status affect an individual’s environmental exposures and subsequent risk of negative health outcomes. Reducing harmful environmental exposures can improve population health and may contribute to decreases in health disparities.⁶⁰ The Safe Drinking Water Information System contains information about public water systems and their violations of United States Environmental Protection Agency (EPA) drinking water regulations. These regulations establish maximum contaminant levels, treatment techniques, and monitoring and reporting requirements to ensure that water systems provide safe water to their customers.⁶¹

Exhibit 92: Water Violations

	Nevada	Carson City	Douglas County	Lyon County	Storey County
Presence of Water Violation	ND	No	Yes	No	No

Source: United States Environmental Protection Agency, 2020

Below are the test results to date for the Water Infrastructure Improvements for the Nation (WIIN) project testing of lead in drinking water for childcare centers in each county. Results are updated as they are received from the laboratory, beginning in early 2022.

Carson City was the only area within the Quad-County Region with lead levels which required action.

About the Data

Parts per billion (ppb) is a measure of the concentration of lead within a water sample. Sources with an initial lead result of 15 and over require that the water source be blocked off and restricted from use until the source of the problem can be identified. All water sources above the action level of 15 ppb will be addressed.

Exhibit 93: Lead Testing Results

COUNTY	Initial Lead Result	Source Type	Facility Name	Corrective Action	Corrected Result
Carson City	17 ppb	Classroom Faucet	Child Development Center	Fixture Replaced and Pitcher Filter	2 ppb
	22 ppb	Classroom Faucet	Community Services Agency Carson City Early Head Start	Fixture Replaced	9 ppb

Source: Nevada Division of Environmental Protection. Lead Testing Program, 2022

⁶⁰ U.S. Department of Health and Human Services, *Healthy People 2030. Social Determinants of Health Literature Summaries, Environmental Conditions*. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/environmental-conditions.

⁶¹ United States Environmental Protection Agency, *Drinking Water Violations*. Link: <https://www.countyhealthrankings.org/app/nevada/2022/measure/factors/124/datasource>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Education

Education is not only about the schools or higher education opportunities within a community; it includes the languages spoken, literacy, vocational training, and early childhood education.⁶²

The Quad-County Region is home to Western Nevada College in Carson City and is near Sierra Nevada College in Washoe County, and the University of Nevada, Reno. Across the counties, the population over 25 with less than a 9th grade education ranges from 0.5% of those in Storey County to 4.1% of those in Carson City. Generally, more than eight in ten graduated high school or higher, and proportions of those with a Bachelor's degree or higher range from 13.9% (Lyon) to 33.3% (Storey County).

Exhibit 94: Educational Achievement

	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
Population 25 and over	222,836,834	2,093,820	94,168	39,827	37,672	40,302	3,055
Less than 9th grade	4.9%	5.3%	3.0%	4.1%	1.7%	3.9%	0.5%
9th to 12th grade, no diploma	6.6%	7.7%	7.1%	7.9%	4.1%	9.2%	5.3%
High school graduate (includes equivalency)	26.7%	27.9%	26.7%	26.6%	23.6%	32.9%	23.6%
Some college, no degree	20.3%	25.1%	28.1%	28.3%	26.8%	29.4%	28.5%
Associate degree	8.6%	8.4%	11.4%	10.3%	11.9%	10.7%	8.8%
Bachelor's degree	20.2%	16.6%	15.8%	15.0%	20.1%	9.7%	23.2%
Graduate or professional degree	12.7%	8.8%	8.0%	7.8%	11.7%	4.2%	10.0%
High school graduate or higher	88.5%	86.9%	89.9%	88.1%	94.2%	86.9%	94.2%
Bachelor's degree or higher	32.9%	25.5%	23.8%	22.9%	31.9%	13.9%	33.3%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

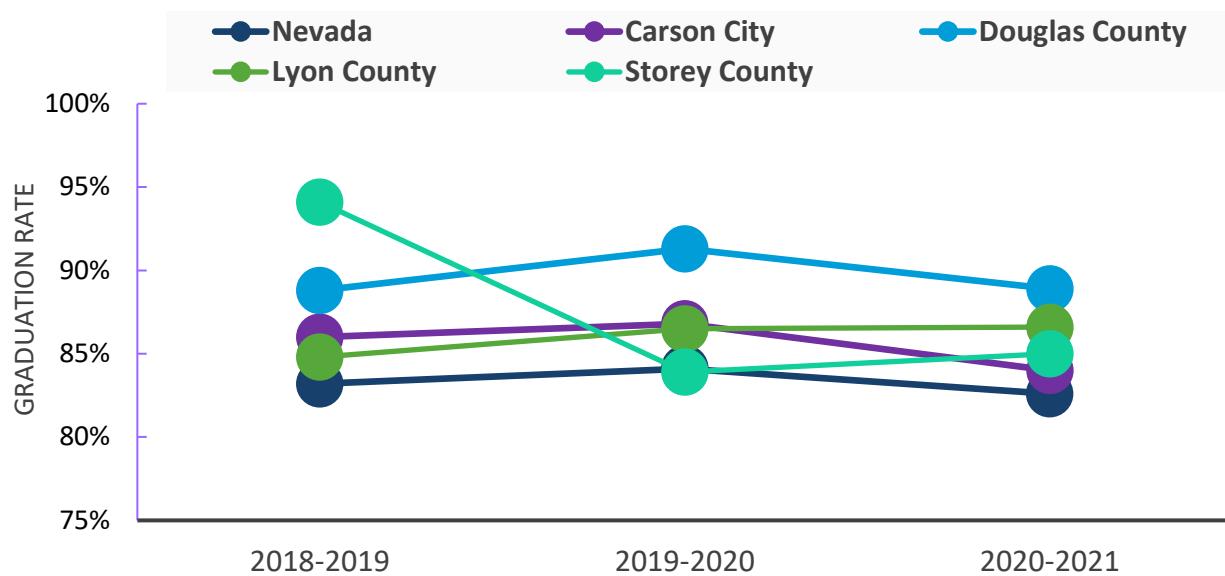
⁶² Kaiser Family Foundation. *Beyond Healthcare: The Role of Social Determinants in Promoting Health & Health Equity*, 2018.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- The percentage of individuals who have a 9th to 12th grade education without a diploma in Carson City and Lyon County is higher than statewide. The Carson City percentage is also higher than the national percentage.

The trend of students graduating high school have remained steady or slightly declines between the 2019-2019 and 2020-2021 within the Quad-County Region. The COVID-19 pandemic “appears to have blunted some of the progress made over the past decade or so. Many Nevada high school students did not attend in-person classes full time during the 2020-2021 school year, and while virtual learning worked for some students, others struggled.”⁶³

Exhibit 95: Trend of Graduation Rates



SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020-2021	82.6%	84.0%	88.9%	86.6%	85.0%
2019-2020	84.1%	86.8%	91.3%	86.5%	83.9%
2018-2019	83.2%	86.0%	88.8%	84.8%	94.1%

Source: State of Nevada Department of Education, Nevada Accountability Portal

- For the 2020-2021 school year, Douglas County has the highest levels of graduation rates (88.9%) across the service area.
- The lowest graduation rate is in Carson City (84.0%). The graduation rate decreased from 86.0% in 2018-2019 to 84.0% in 2020-2021.
- Graduation rates in Storey County decreased from a notable high of 94.1% in 2018-2019 to 85.0% in 2020-2021. The decrease in graduate rates may be due to the COVID-19

⁶³ Pandemic 'survival mode' complicates students' pathways to graduation, *The Nevada Independent*, 2022.

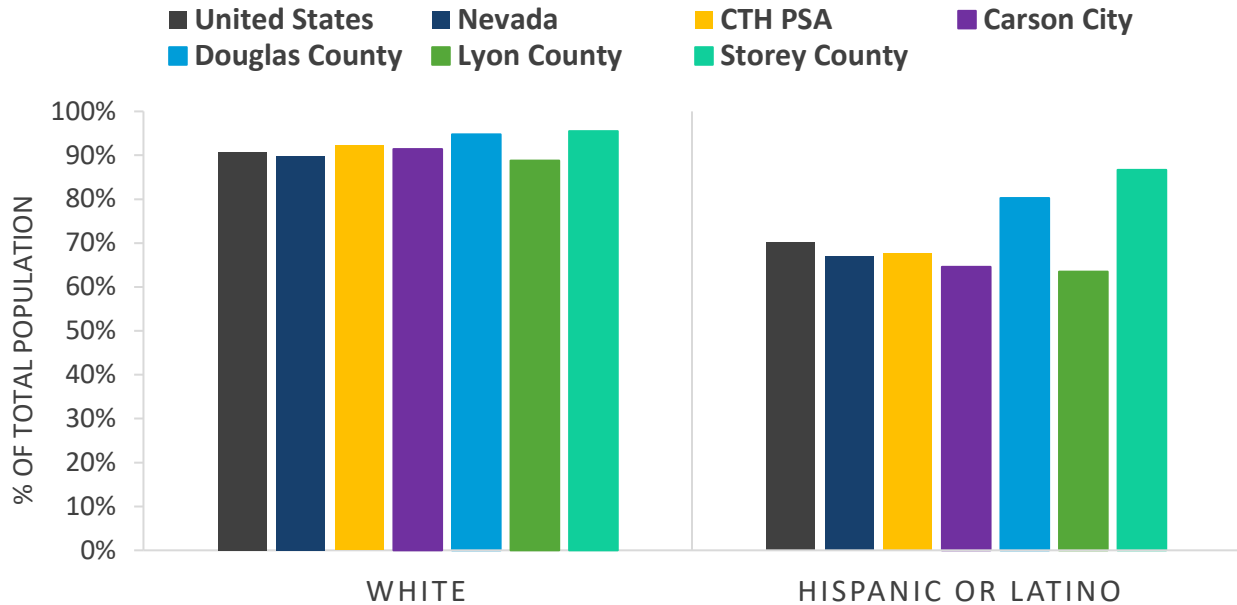
QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

pandemic. Lyon County graduation rates increased from 84.8% in 2018-2019 to 86.6% in 2020-2021.

The graph below indicates the percentage of the white and hispanic or latino population who have graduated high school or high education degree.

Lower percentages of Hispanic or Latino individuals have earned a high school graduate or higher within the Quad-County Region than those of other races.

Exhibit 96: High School Graduate Degree or Higher by Race & Ethnicity



	United States	Nevada	CTH PSA	Carson City	Douglas County	Lyon County	Storey County
White (any ethnicity)	90.7%	89.8%	92.2%	91.4%	94.8%	88.8%	95.5%
Black or African American (any ethnicity)	86.7%	90.0%	75.9%	70.0%	97.2%	89.2%	15.0%
American Indian and Alaskan Native (any ethnicity)	80.6%	81.1%	80.4%	79.7%	79.9%	90.0%	100.0%
Asian (any ethnicity)	87.3%	90.7%	90.7%	88.7%	96.6%	83.3%	100.0%
Native Hawaiian and Other Pacific Islander (any ethnicity)	86.9%	91.6%	100.0%	100.0%	100.0%	100.0%	ND
Some other race alone (any ethnicity)	63.9%	61.2%	58.9%	54.9%	81.7%	57.6%	0.0%
Hispanic or Latino (any race)	70.3%	67.1%	67.7%	64.6%	80.3%	63.5%	86.7%

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Some children live in places with poorly performing schools, and the stress of living in poverty can affect children’s brain development, making it harder for them to do well in school.⁶⁴ The following data utilizes the Nevada Department of Education’s Accountability Portal to provide critical data related to educational success and outcomes.⁶⁵

More fourth grade students in Douglas and Storey counties meet the standard proficiencies for English Language Arts (ELA) compared to the statewide figure, whereas those in Carson City and Lyon County are lower percentages. However, while only 16.2% of students meet the ELA standard proficiencies in Carson City, 22.9% of students exceed the standard proficiencies, higher compared to other service area counties.

Exhibit 97: Fourth Grade Assessment

2020 2021 SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
English Language Arts					
Meets Standard	21.2%	16.2%	32.9%	25.5%	40.3%
Exceeds Standard	19.1%	22.9%	18.0%	9.0%	14.1%
Math					
Meets Standard	19.0%	27.2%	27.2%	16.5%	40.7%
Exceeds Standard	9.2%	9.8%	15.4%	<5%	ND

Source: Nevada Department of Education, Nevada Accountability Portal

Exhibit 98: Fourth Graders Who Meet Standard by Race & Ethnicity

2020 2021 SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
English Language Arts					
American Indian and Alaskan Native	16.1%	22.4%	17.1%	14.9%	ND
Hispanic	18.4%	19.6%	28.4%	24.0%	ND
White	26.6%	27.8%	35.0%	26.6%	40.0%
Math					
American Indian and Alaskan Native	9.4%	ND	ND	ND	ND
Hispanic	13.6%	21.4%	17.9%	19.8%	ND
White	27.4%	35.8%	32.4%	18.8%	ND

Source: Nevada Department of Education, Nevada Accountability Portal

- Fewer students in the Quad-County Region meet or exceed the standard for math when compared to those who meet or exceed the standard for ELA. The proportion of students who meet or exceed the standard for math is greater in Carson City, Douglas County, and Storey County than the state figure.

⁶⁴ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health, Education Access & Quality.

⁶⁵ Nevada Department of Education, Nevada Accountability Portal. Link: nevadareportcard.nv.gov/di/

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- A greater percentage of fourth graders who identify as white meet both ELA and math standard proficiencies in every service area.

More eighth grade students in the Quad-County Region meet the standard proficiencies for English Language Arts (ELA) compared to the statewide figure, except for Lyon County. The same is true for math standards.

Exhibit 99: Eighth Grade Assessment

2020 2021 SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
English Language Arts					
Meets Standard	26.9%	27.9%	32.9%	25.5%	40.3%
Exceeds Standard	14.5%	11.7%	18.0%	9.0%	14.1%
Math					
Meets Standard	16.6%	18.9%	25.0%	14.9%	23.9%
Exceeds Standard	9.7%	9.3%	12.9%	6.6%	8.8%

Source: Nevada Department of Education, Nevada Accountability Portal

Exhibit 100: Eighth Graders Who Meet Standard by Race & Ethnicity

2020 2021 SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
English Language Arts					
American Indian and Alaskan Native	19.7%	22.4%	17.1%	14.9%	ND
Hispanic	22.9%	23.7%	28.4%	24.0%	ND
White	32.7%	32.3%	35.0%	26.6%	40.0%
Math					
American Indian and Alaskan Native	8.5%	ND	ND	8.5%	ND
Hispanic	12.1%	15.4%	19.8%	12.4%	ND
White	23.0%	22.6%	27.1%	15.7%	23.5

Source: Nevada Department of Education, Nevada Accountability Portal

- White students in the Quad-County Region meet the standards for ELA and math at a higher rate than students who are Hispanic or American Indian and Alaskan Native.

The Quad-County Region has approximately 22,150 students enrolled in public school systems.

Exhibit 101: Educational System Overview

2020 2021 SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
Total Student Enrollment	482,364	7,500	5,385	8,817	448
Number of Schools per District	752	13	17	20	4
Per Public Expenditures ⁶⁶	\$9,607	\$11,100	\$11,067	\$10,830	\$16,654

Source: Nevada Department of Education, Nevada Accountability Portal

⁶⁶ Some spending comes from Federal funds and some comes from State/Local funds.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

The average number of students in each class in secondary schools for core subjects in Storey County is notably low, at about two or three students per class. Carson City has the highest average class size for core subjects, with an average of 22 students per class.

Exhibit 102: Average Class Size for Core Subjects

2020 2021 SCHOOL YEAR	Nevada	Carson City	Douglas County	Lyon County	Storey County
Math	24	21	12	18	2
English	22	22	13	16	2
Science	25	23	14	18	3
Social Studies	23	22	13	17	3

Source: Nevada Department of Education, Nevada Accountability Portal

Exhibit 103: Chronic Absenteeism⁶⁷

	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020-2021 School Year	31.2%	40.9%	16.9%	31.2%	32.9%

Source: Nevada Department of Education, Nevada Accountability Portal

- In the 2020-21 school year, Carson City presents a higher percentage of chronically absent students (40.9%), the percentage of students who miss 10.0% or more of enrolled school days per year either with or without a valid excuse.

⁶⁷ Percentage of students who miss 10% percent or more of enrolled school days per year either with or without a valid excuse.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Individualized Education Program (IEP)

The data below indicates the number of students between the ages of three and 21 enrolled in each district who had an individualized education program (IEP), or a plan developed in accordance with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. § 794 as of October 2021. Section 504 of the Rehabilitation act of 1973, as amended, prohibits discrimination against otherwise qualified individuals on the basis of disability.⁶⁸ Please note, that the asterisk (*) indicates suppressed values in order to protect student privacy.

About the Data

IEPs are covered by special education law, or the Individuals with Disabilities Education Act (IDEA). They are created for eligible kids who attend public school, which includes charter schools. IEPs provide individualized special education and related services to meet a child's unique needs at no cost to families.

Of the select types of disability within the data, most students have a form of specific learning disability within the service area, followed by Autism. Since the Center of Disease Control and Prevention began tracking autism rates in 2000, the rate has more than doubled from one in 150 to one in 59.

Exhibit 104: Students Enrolled in an IEP Program by Primary Disability Category

	Nevada	Carson City	Douglas County	Lyon County	Storey County
Autism	9,171	101	61	126	*
Developmental Delay	4,801	66	51	96	*
Emotional Disturbance	2,077	13	*	30	*
Intellectual Disability	2,185	36	26	47	*
Specific Learning Disability	26,448	444	322	405	28
Multiple Disabilities	1,201	26	*	32	*

Source: Nevada Department of Education. Children With Disabilities School Age, 2021

- The Special Education Child Count estimates for overall Autism Spectrum Disorder prevalence in Nevada between 2010 and 2018 has increased from 7.3 per 1,000 children to 14.7 per 1,000 children.⁶⁹

⁶⁸ U.S. Department of Health & Human Services Office for Civil Rights.

Link: hhs.gov/sites/default/files/ocr/civilrights/resources/factsheets/504.pdf

⁶⁹ National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention. Link: cdc.gov/ncbddd/autism/data/index.html#explore

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 105: Preschool & Nursery Enrollment⁷⁰

	Nevada	Carson City	Douglas County	Lyon County	Storey County
Three to Four Year Olds Enrolled	36.7%	43.5%	41.1%	36.4%	15.7%

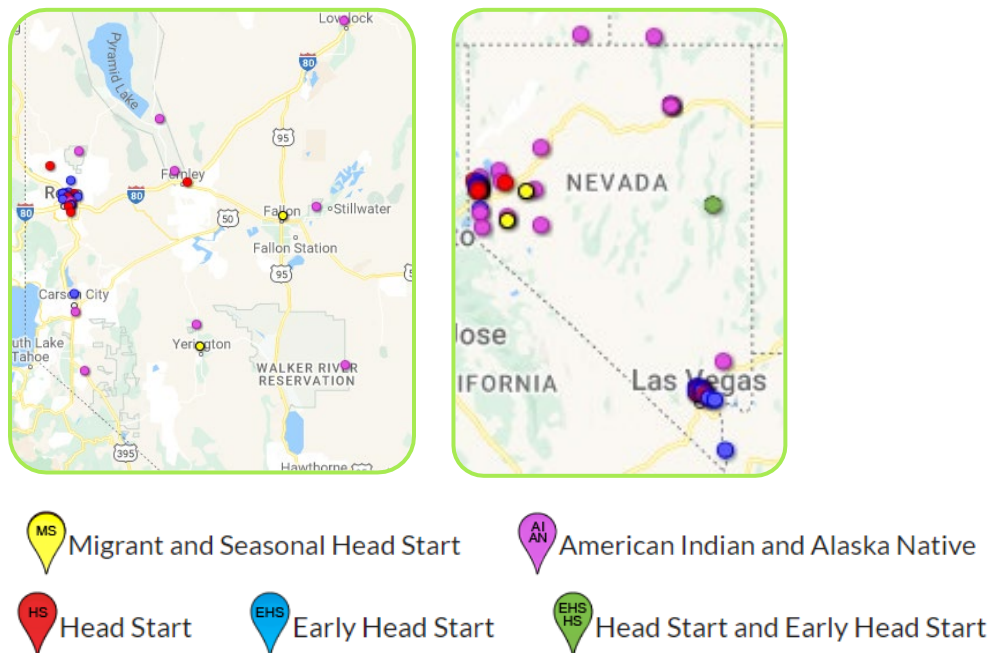
Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Head Start and Early Head Start programs promote school readiness for economically disadvantaged children by enhancing their social and cognitive development through the provision of educational, health, nutritional, social, and other services. Head Start programs serve children ages three to five and their families. Early Head Start programs serve pregnant women and children birth to three and their families.⁷¹ There are five locations throughout the region, primarily designated as American Indian and Alaska Native Centers.

Exhibit 106: Quad-County Head Start Locations

County	Center Name	Center
Lyon County	Yerington Center	Migrant and Seasonal Head Start Center
Lyon County	Yerington Head Start	American Indian and Alaska Native Center
Douglas County	Dresslerville	American Indian and Alaska Native Center
Carson City	Stewart	American Indian and Alaska Native Center
Carson City	Carson	Early Head Start Center

Source: U.S. Department of Health & Human Services, Head Start Center Locator

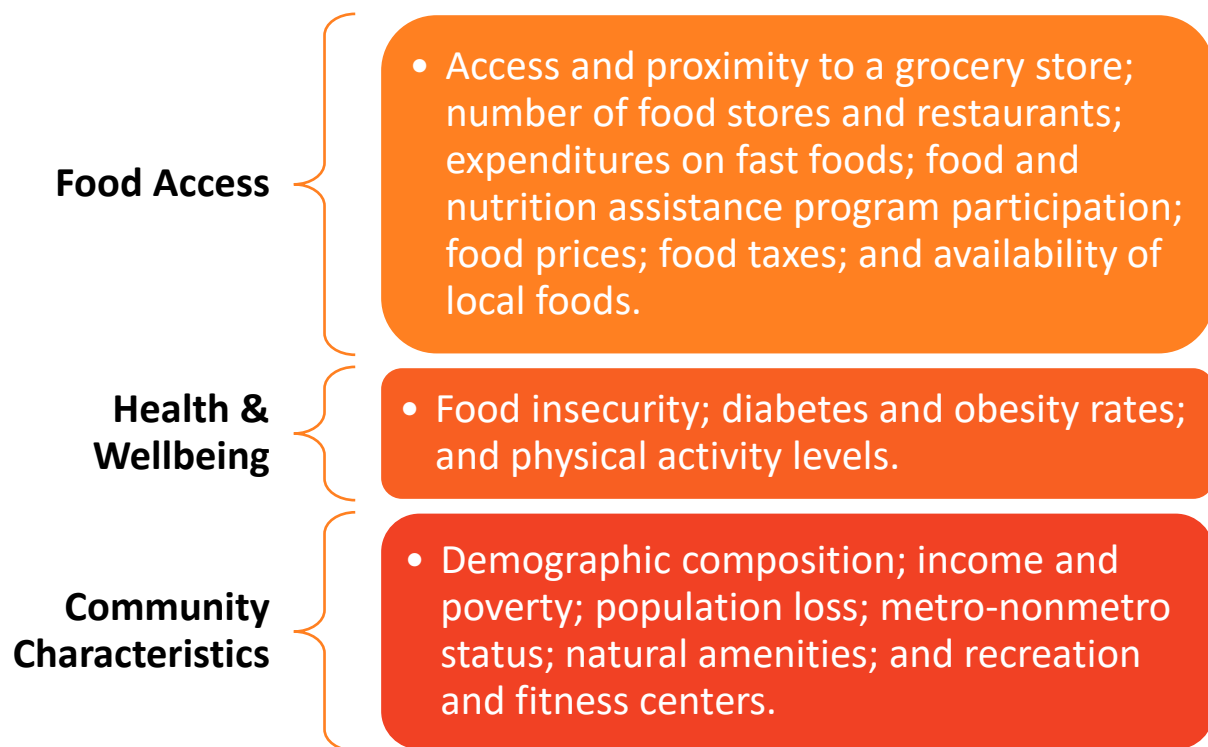


⁷⁰ Data for the Carson Tahoe Health service area were based on aggregated data available at the ZIP Code level. For some measures, ZIP Code data was not available, so some CTH data points are omitted.

⁷¹ State of Nevada Department of Education, Head Start Program.

Food Access

Exhibit 5: U.S. Department of Agriculture Food Environment Factors⁷²



Food Insecurity

Food insecurity is defined as the disruption of food intake or eating patterns because of a lack of money and other resources. Food insecurity may be long-term or temporary. It may be influenced by several factors including income, employment, race/ethnicity, and disability. The risk for food insecurity increases when money to buy food is limited or not available. People living in some urban areas, rural areas, and low-income neighborhoods may have limited access to full-service supermarkets or grocery stores.⁷³ The pandemic impacted access to nutritious foods for vulnerable populations and communities that had not experienced food insecurity prior to 2020.⁷⁴

⁷² U.S. Department of Agriculture Food Environment Atlas. Link: ers.usda.gov/data-products/food-environment-atlas/about-the-atlas/

⁷³ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Food Insecurity. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity#cit1

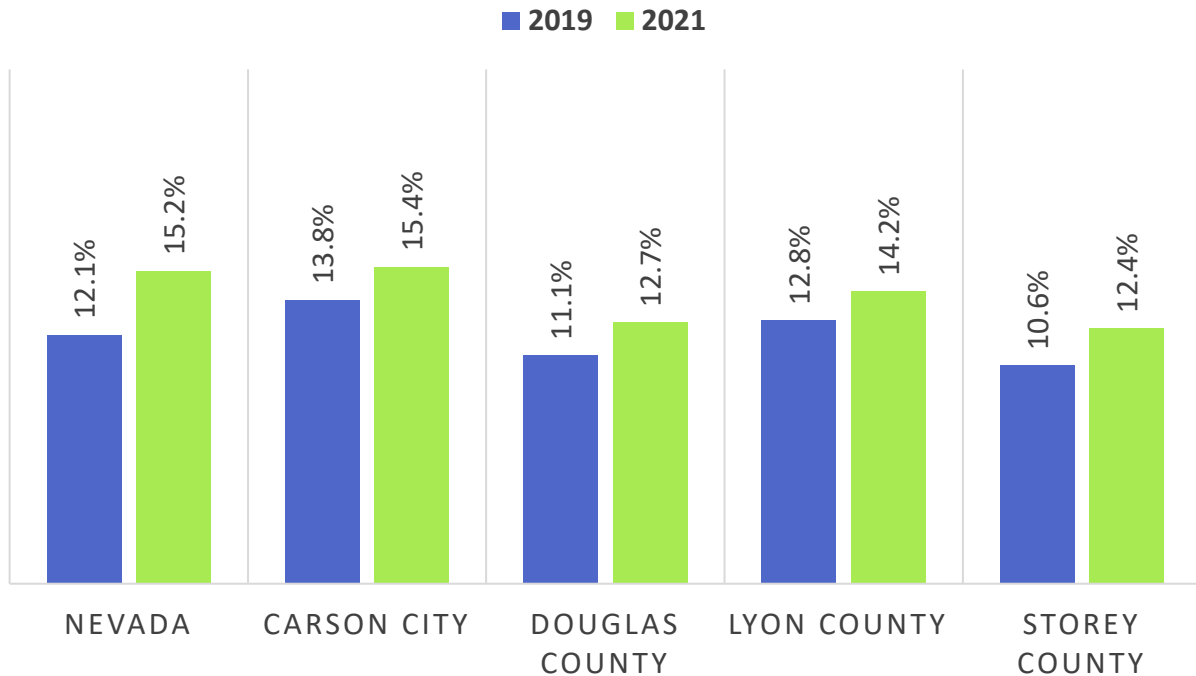
⁷⁴ Feeding America. The Impact Of The Coronavirus On Food Insecurity In 2020 & 2021, March 2021. Link: feedingamerica.org/sites/default/files/2021-03/National_Projections_Brief_3.9.2021_0.pdf

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Between 2019 and 2021, the overall food insecurity rate and child food insecurity rate increased in all service area counties. Storey County experienced the greatest increase in food insecurity (+1.8%), as well as the greatest increase in the child food insecurity rate (+2.7%).

Additional food access data including food deserts and maps can be found in the Appendices of this report.

Exhibit 107: Food Insecurity



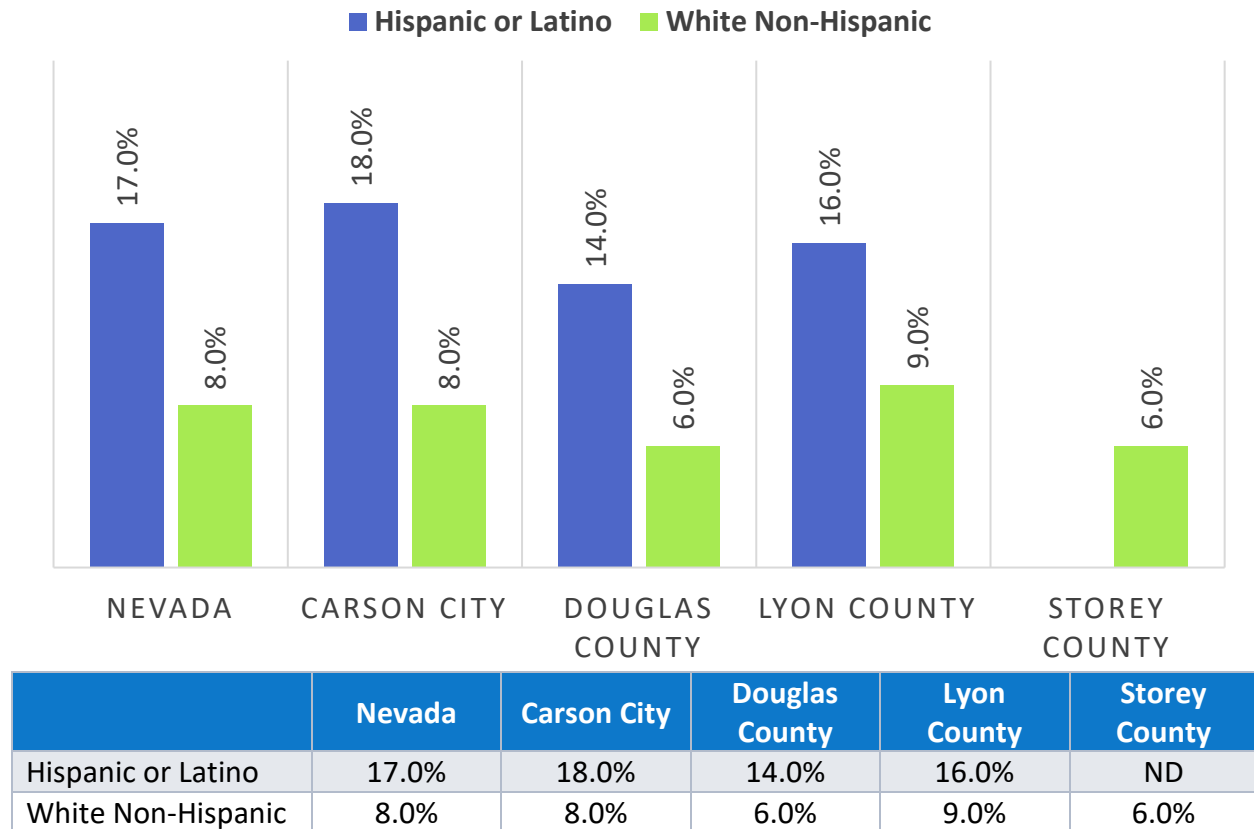
	Nevada		Carson City		Douglas County		Lyon County		Storey County	
	2019	2021	2019	2021	2019	2021	2019	2021	2019	2021
Food Insecurity Rate	12.1%	15.2%	13.8%	15.4%	11.1%	12.7%	12.8%	14.2%	10.6%	12.4%
Child Food Insecurity Rate	17.7%	23.0%	19.3%	21.9%	16.2%	18.7%	18.9%	21.2%	20.0%	22.7%

Source: Feeding America, Map the Meal Gap

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

The white non-Hispanic population in each county and statewide face less food insecurity compared to those identifying as Hispanic or Latino as rates generally twice as high for Hispanic or Latino residents.

Exhibit 108: Food Insecurity Rates by Ethnicity



Source: Feeding America, Map the Meal Gap

Limited access to healthy food indicates the population who are low-income and do not live close to a grocery store based on the U.S. Department of Agriculture Food Environment Atlas and three broad categories of factors seen below.

Nearly 13.0% of the low-income population in Douglas County does not live in close proximity to a grocery store, which indicates a more limited environment for residents trying to access healthy foods.

Exhibit 109: Limited Access to Healthy Food

	Nevada	Carson City	Douglas County	Lyon County	Storey County
	5.4%	5.2%	12.5%	8.7%	1.2%

Source: U.S. Department of Agriculture Food Environment Atlas, 2019

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Because of the pandemic, the National School Breakfast and Lunch Program for Nevada was free for all students for the 2021-2022 school year. Some of these options have begun to expire, so many schools cannot serve all meals free anymore. Instead, families will do what they did prior to COVID-19.⁷⁵ Lyon County has the highest percentage of students that are eligible for free and reduced lunch (45.1%), followed by Carson (43.4%).

Exhibit 110: Students Qualifying for Free or Reduced Lunch Programs

	Nevada	Carson City	Douglas County	Lyon County	Storey County
Students eligible for free and reduced lunch	275,161	3,381	1,642	3,507	138
Percent of students eligible for free and reduced lunch	64.9%	43.4%	30.7%	45.1%	31.2%

Source: Nevada Department of Agriculture, National School Lunch Program. Free & Reduced Lunch Reports, 2021

Exhibit 111: Fruits & Vegetable Consumption

	Nevada	Carson City	Douglas County	Lyon County	Storey County
High school students who ate vegetables 3x or more a day ⁷⁶	5.1%	6.8%	4.4%	ND	ND

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

The Supplemental Nutrition Assistance Program (SNAP) helps low-income people buy the food they need for good health. Most SNAP applicants must not have more than the gross and net income limits.

In 2020, Carson City has the highest percentage of residents in the Quad-County Region that are enrolled in the Supplemental Nutrition Assistance Program (SNAP). Storey County has a notably low percentage (1.8%) of residents enrolled in SNAP, as enrollment has decreased since 2018.

Exhibit 112: Trend of Individuals Enrolled in the Supplemental Nutrition Assistance Program

	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	456,958	6,749	2,737	6,615	78
2018	448,045	7,702	2,615	6,553	114
2016	451,954	7,805	2,742	6,591	101

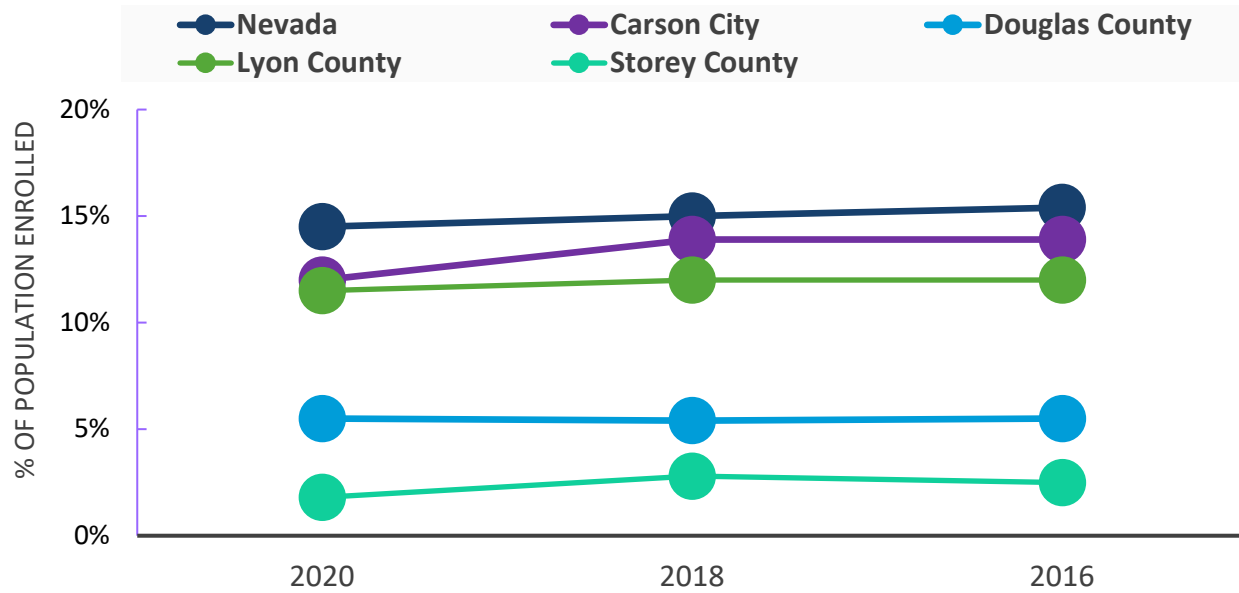
University of Nevada Reno, School of Medicine Office of Statewide Initiatives. Nevada Division of Welfare and Supportive Services. Nevada Department of Health and Human Services, Supplemental Nutrition Assistance Program

⁷⁵ USDA. School Meal Changes are Coming in the 2022-2023 School Year, 2022. Link: fns.usda.gov/cn/2022-23-parent-faqs

⁷⁶ Douglas County includes Lyon and Storey County schools. Percentage of high school students who ate vegetables three or more times/day during the 7 days before the survey according to the Nevada, Youth Risk Behavior Survey, 2019. Vegetables: Green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 113: Trend of the Percent of the Population Enrolled in the SNAP



	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	14.5%	12.0%	5.5%	11.5%	1.8%
2018	15.0%	13.9%	5.4%	12.0%	2.8%
2016	15.4%	13.9%	5.5%	12.0%	2.5%

University of Nevada Reno, School of Medicine Office of Statewide Initiatives. Nevada Division of Welfare and Supportive Services. Nevada Department of Health and Human Services, Supplemental Nutrition Assistance Program

Exhibit 114: Supplemental Nutrition Assistance Program Enrollment

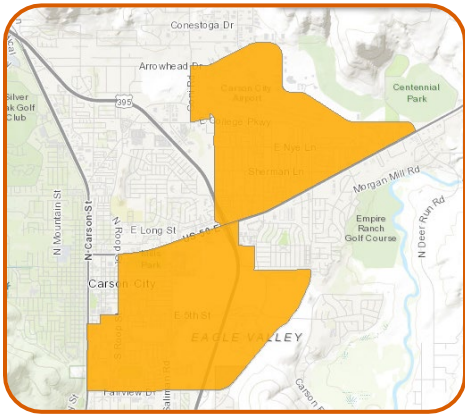
	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Population enrolled in SNAP	ND	456,958	6,749	2,737	6,615	78
Percent of population enrolled in SNAP	ND	14.5%	12.0%	5.5%	11.5%	1.8%

Source: University of Nevada Reno, School of Medicine Office of Statewide Initiatives. Nevada Division of Welfare and Supportive Services. Nevada Department of Health and Human Services, Supplemental Nutrition Assistance Program, 2020

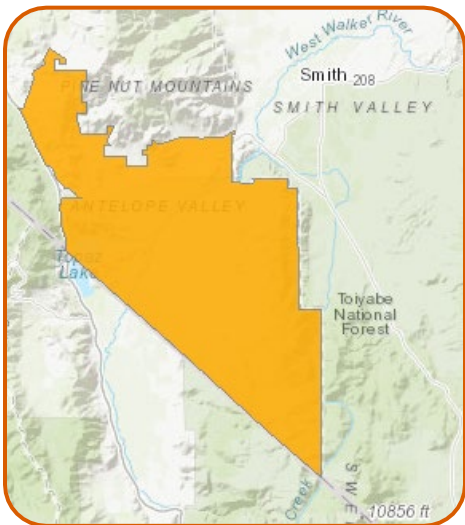
Food Deserts

The maps below indicate low-income census tracts where a significant number or share of residents is more than a half mile or from a grocery store, or 10 miles in rural tracts. In Carson City one census tracts are considered low-oncome and at least a half mile away from a grocery store (Tract 32510). Douglas County presents a fairly large census tract as well (Tract 320050). Storey and Lyon County did not have any reported food deserts.

Exhibit 115: Quad-County Region Food Deserts



Carson City



Douglas County

Source: U.S. Department of Agriculture.
Food Access Research Atlas

Food Deserts

Census tracts qualify as food deserts if they meet low-income and low-access thresholds.

Low Income.

A poverty rate of 20% or greater, or a median family income at or below 80% of the statewide or metropolitan area median family income.

Low Access.

At least 500 persons and/or at least 33% of the population lives more than 1/2 mile from a supermarket or large grocery store (10 miles, in the case of rural census tracts).

USDA, Mapping Food Deserts in the United States

Community & Social Context

Community and social context refer to the support systems and community engagement, including discrimination, non-profits, and social integration. People’s relationships and interactions with family, friends, co-workers, and community members can have a major impact on their health and well-being. Positive relationships at home, at work, and in the community can help reduce negative impacts caused by challenges people cannot control, like unsafe neighborhoods, discrimination, or trouble affording the things they need. However, some people, for example children whose parents are in jail and adolescents who are bullied, often do not get support from loved ones or others.⁷⁷

⁷⁷ U.S. Department of Health and Human Services, *Healthy People 2030. Social Determinants of Health, Social & Community Context.*

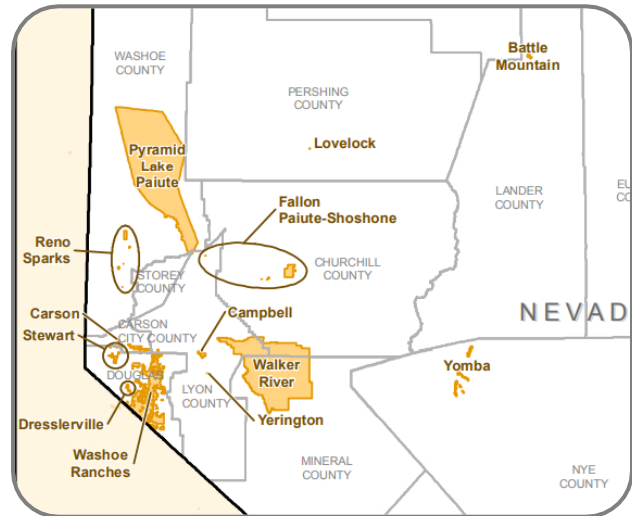
QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Tribal Nations

In Nevada, there are 20 federally recognized tribes, comprised of 27 separate reservations, bands, colonies, and community councils.⁷⁸

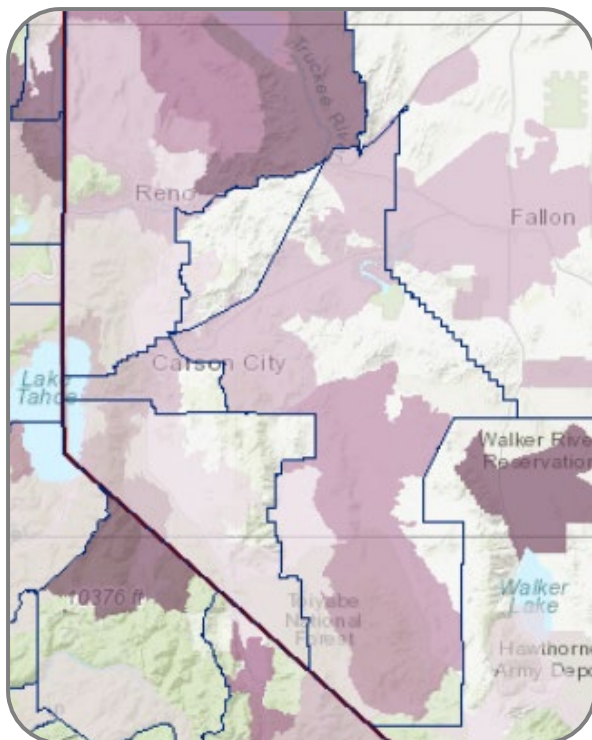
The Quad-County Region was built surrounding four major Tribal Nation lands, including the Washoe Tribe in Douglas County, Pyramid Lake Indian Reservation in parts of Lyon and Storey counties, the Yerington Reservation and Trust Lands and the Walker River Indian Reservation in Lyon County.

Exhibit 116: Map of American Indian & Alaskan Native Land



Source: United States Environmental Protection Agency, USEPA Air Quality Analysis Maps, Nevada Tribal Lands

Exhibit 117: Map of American Indian & Alaskan Native Population



States	
Counties	
Pop: American Indian/ Alaska Native (%) 2015-2019	
<1%	
1 - 5%	
5 - 10%	
10 - 20%	
>20%	

Source: UDS Mapper. American Community Survey (ACS) 2015-2019 five-year estimates

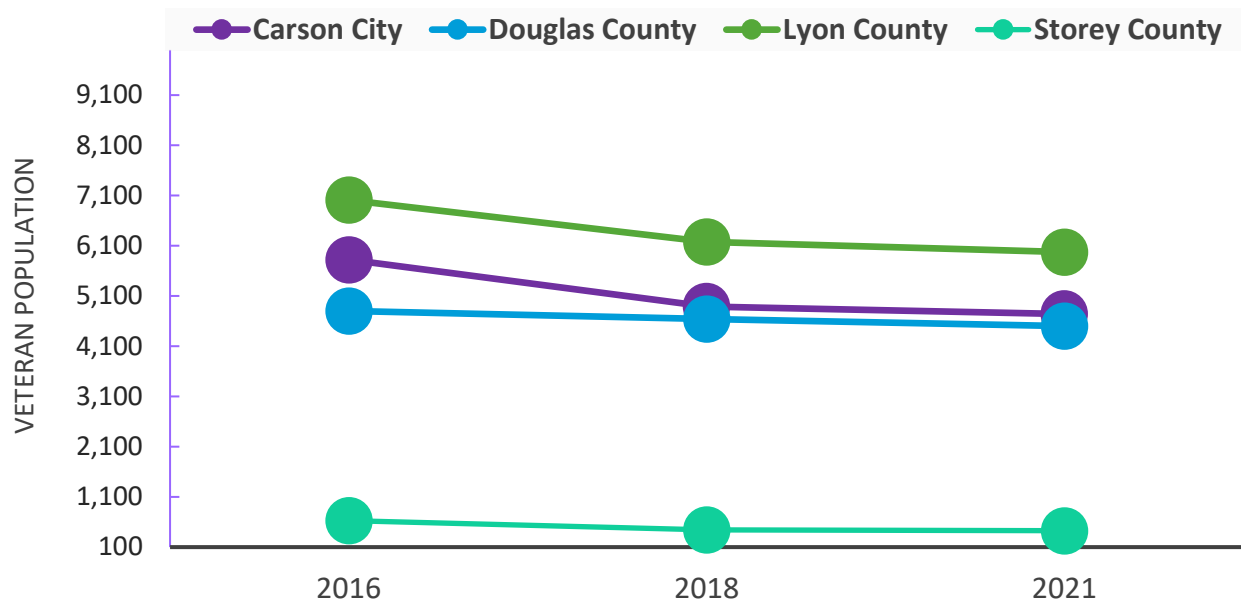
⁷⁸ Nevada Indian Commission. Nevada's Great Basin Tribes, 2019.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Veteran Community

According to the Veterans Health Administration, the veteran population is projected to decline in every county between 2021 and 2031 and consequently the veteran population in Nevada is projected to decrease by more than 13%.⁷⁹ This downward trend is clear in the data, as the number and percentage of veterans in each county has steadily declined. Lyon County presently has the largest veteran population, making up 10.6% of the county population.

Exhibit 118: Trend of Veteran Population



	Nevada	Carson City	Douglas County	Lyon County	Storey County
2021	195,573	4,741	4,501	5,975	427
2018	206,228	4,890	4,645	6,179	444
2016	221,927	5,824	4,802	7,010	627

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. United States Department of Veterans Health Administration

Exhibit 119: Veteran Population

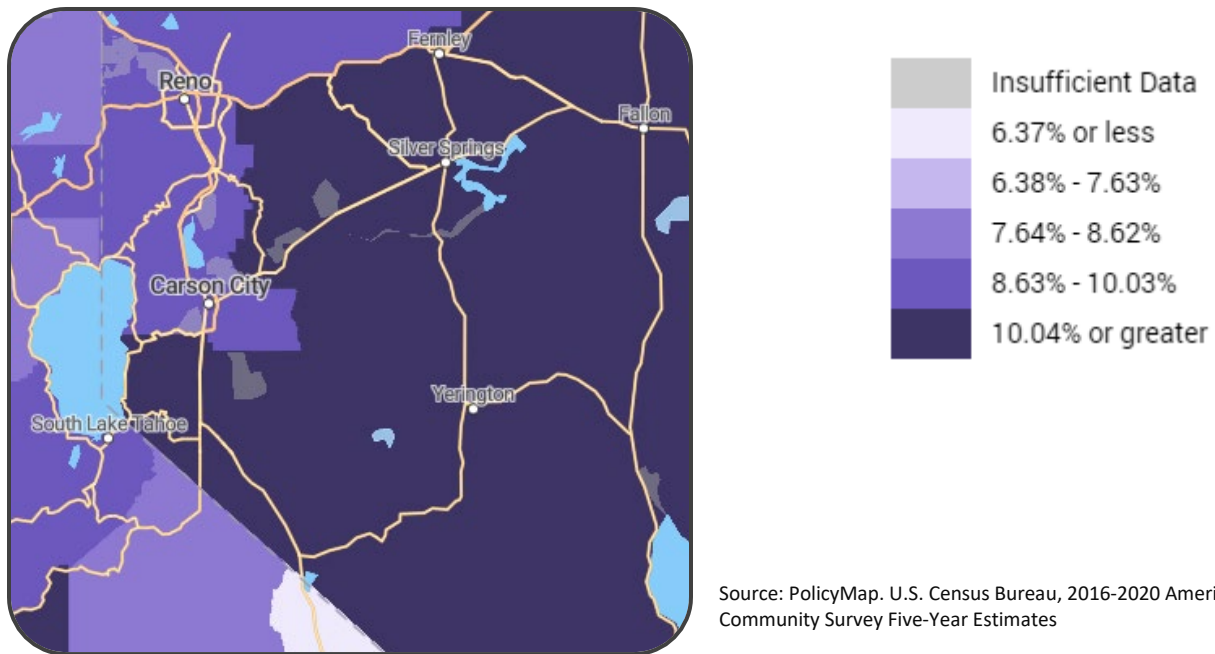
	Nevada	Carson City	Douglas County	Lyon County	Storey County
Percent of all Veterans in Nevada	100.0%	2.4%	2.3%	3.1%	0.2%
Percent of Population	6.2%	8.6%	9.0%	10.6%	9.3%

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. United States Department of Veterans Health Administration, 2021

⁷⁹ Source: University of Nevada Reno School of Medicine Office of Statewide Initiatives. Nevada Rural & Frontier Health Data Book, 2021.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 120: Percent of Veterans Aged 18 & Older



Nevada Department of Veterans Services operates nationally recognized facilities across the state including Southern Nevada State Veterans Home in Boulder City, and our Northern Nevada State Veterans Home in Sparks.⁸⁰ Naturally, more veterans in Lyon County are enrolled in the VA healthcare system.

Exhibit 121: Veterans Assistance Healthcare System

	Nevada	Carson City	Douglas County	Lyon County	Storey County
Total VA enrollees	76,046	1,924	1,716	2,758	65
VA enrollees as a percent of the veteran population	37.6%	39.7%	37.3%	45.1%	14.8%

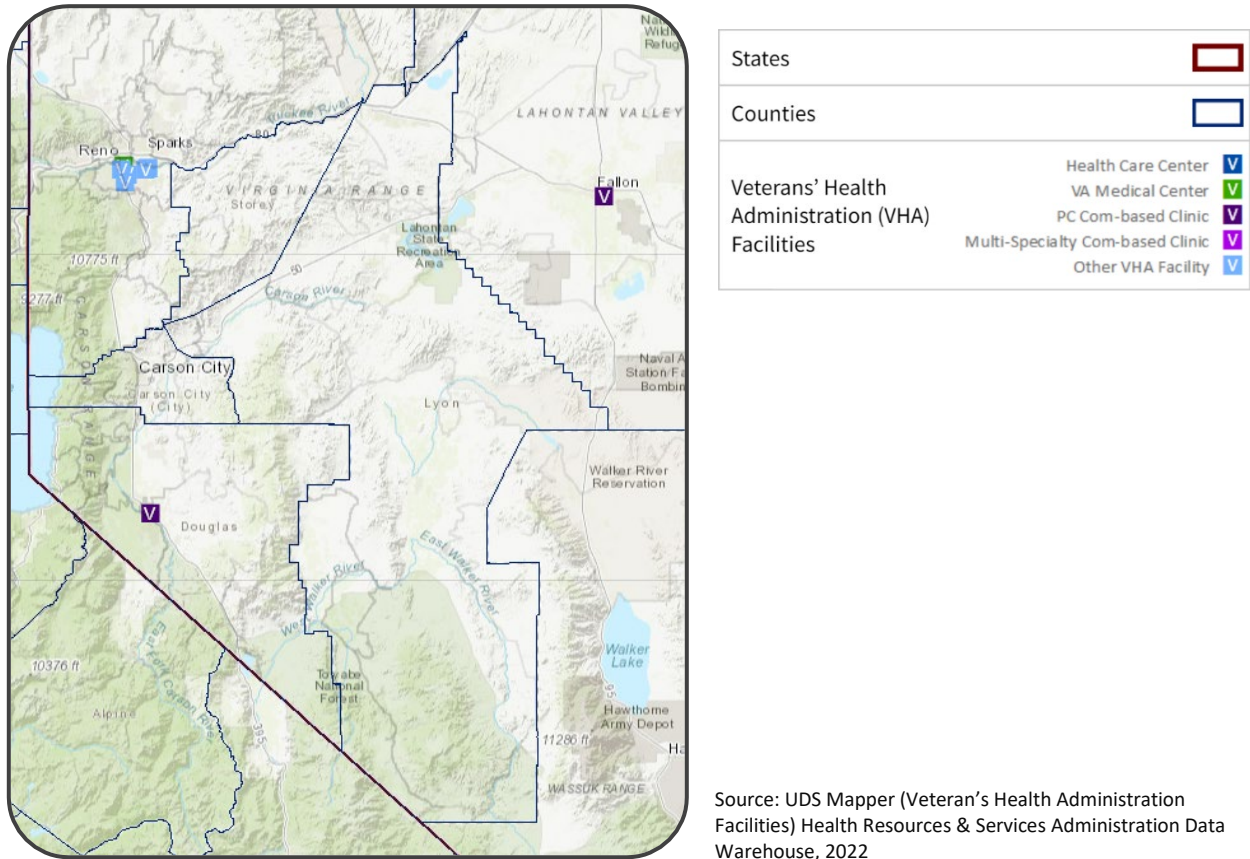
Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. United States Department of Veterans Health Administration, 2019

- Lyon County has the highest percentage of VA enrollees as a percent of the veteran population.

⁸⁰ Nevada Department of Veterans Services. Link: veterans.nv.gov

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 122: Veteran’s Health Administration Facilities



- The map displays the location of all Veterans Health Administration (VA) Facilities by type including healthcare centers, VA medical center, primary care community-based outpatient clinics, multi-specialty community-based outpatient clinics, and other VA health facilities.

Violent Crime

People who survive violent crimes endure physical pain and suffering and may also experience mental distress and reduced quality of life. Repeated exposure to crime and violence may be linked to an increase in negative health outcomes. Children and adolescents exposed to violence are at risk for poor long-term behavioral and mental health outcomes regardless of whether they are victims, direct witnesses, or hear about the crime.⁸¹

About the Data

The data below indicates counts as reported number of violent crimes while rate indicates the number of cases per 100,000 population.

The dramatic increase of reported violent crime in Storey County is skewed because of the relatively smaller population compared to other counties within the Quad-County Region.

As seen in the data below, Storey County had the smallest number of violent crimes.

Violent crime includes murder, rape, aggravated assault, and robbery.⁸² Please note, one crime is counted for each victim.⁸³ Between 2017 and 2021, the rate of violent crimes decreased in all counties, with the exception of Storey County. Statewide, the violent crime rate increased from 373.3 crimes per 100,000 residents to 414.7.

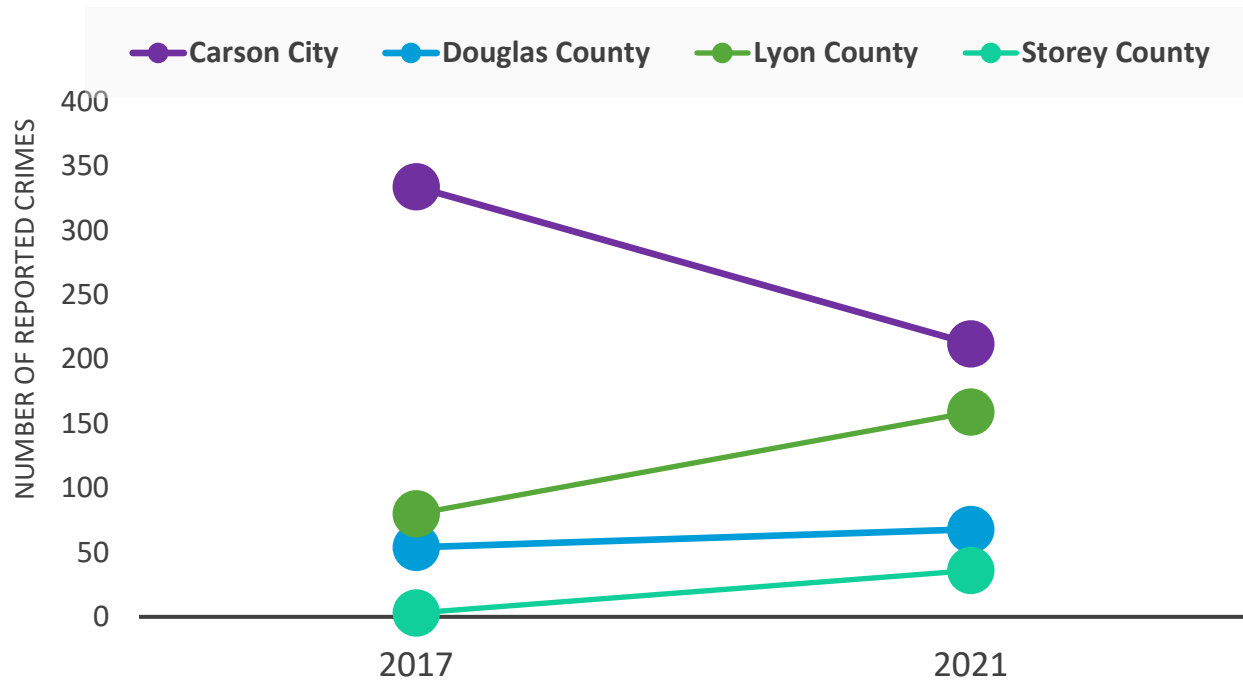
⁸¹ U.S. Department of Health and Human Services, *Healthy People 2030. Social Determinants of Health Literature Summaries, Crime & Violence.* Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence

⁸² Nevada Crime Statistics. *Violent Crime, 2021.* Link: nevadacrimestats.nv.gov/tops

⁸³ Nevada Crime Statistics. *Violent Crime, 2021.* Link: nevadacrimestats.nv.gov/tops

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 123: Trend of Reported Violent Crimes



	Nevada		Carson City		Douglas County		Lyon County		Storey County	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
2021	13,014	414.7	212	378.3	68	138.5	159	272.6	36	855.7
2017	11,161	373.7	334	603.2	54	186.6	80	147.0	3	72.9

Source: Nevada Annual Reports of Accountability, Nevada Department of Education

As mentioned above, Storey County had the lowest number of violent crimes in 2021 within the service area, followed by Douglas County. Within the Quad-County Region, aggravated assault was the leading type of violent crime (475 total), followed by rape (114).

Exhibit 124: Number of Reported Violent Crimes by Type

	Nevada	Carson City	Douglas County	Lyon County	Storey County	Quad County Total
Number of Violent Crime Offenses	13,034	212	68	159	36	475
Aggravated Assault	8,654	144	35	120	29	328
Homicide	233	1	2	0	3	6
Rape	1,854	55	27	30	2	114
Robbery	2,273	12	4	9	2	27

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Department of Public Safety, 2021

Domestic Violence

Exhibit 125: Domestic Violence & Crimes Against the Elderly in Nevada

Total number of cases

30,423

Cases where medical attention was needed

4,923

Number of children present

15,889

Domestic violence is defined as,

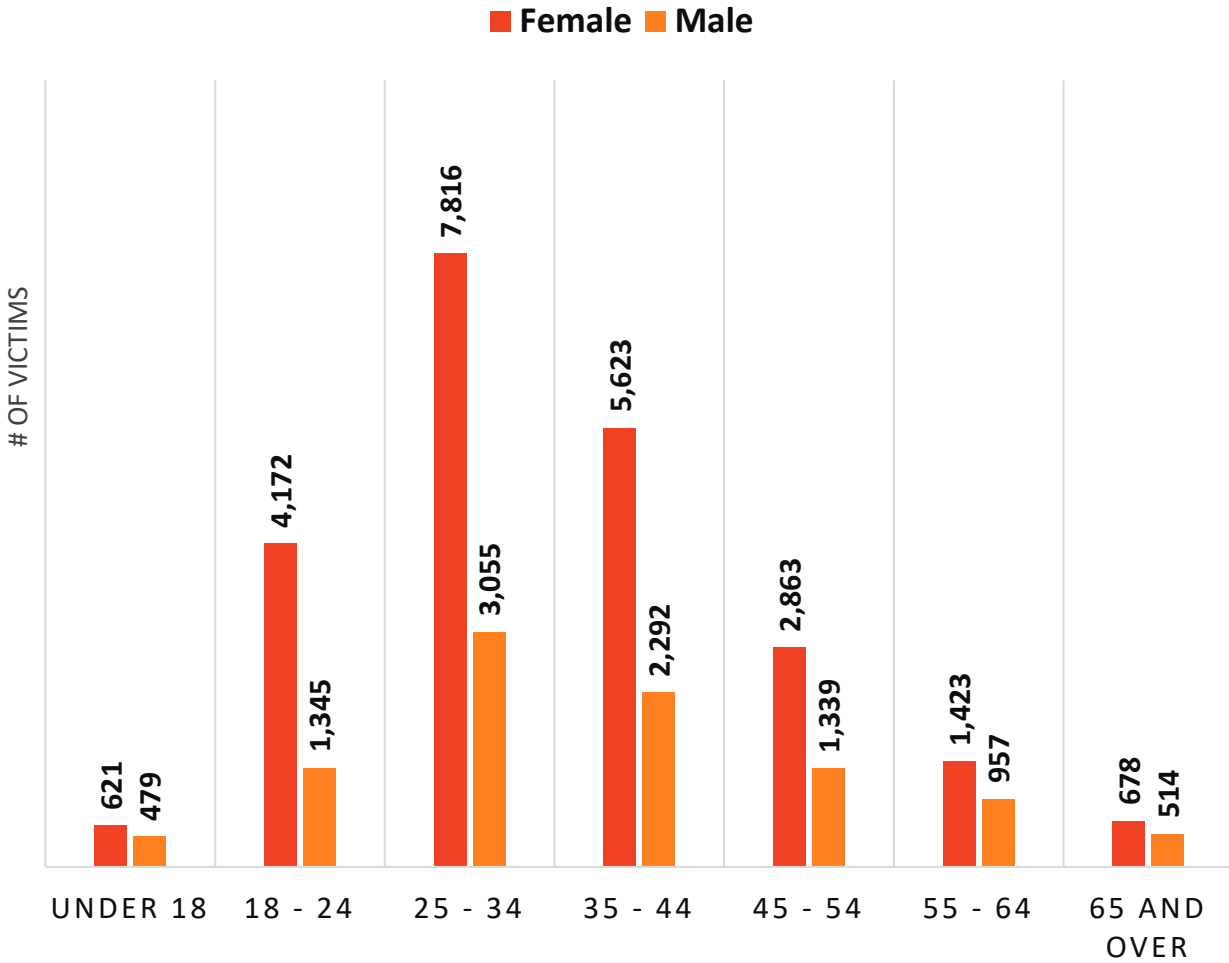
“The use, attempted use, or threatened use of physical force, or a weapon; or the use of coercion or intimidation; or committing a crime against property by a current or former spouse, parent, or guardian of the victim; a person with whom the victim shares a child in common; a person who is or has been in a social relationship of a romantic or intimate nature with the victim; a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian; or by a person who is or has been similarly situated to a spouse, parent, or guardian of the victim.”

*Nevada Crime Statistics.
Domestic & Elderly Crimes 2021*

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Victims of domestic violence and crimes against the elderly were most common among females and males between the ages of 25 to 34 in Nevada as of 2021. Although men do experience domestic violence as well, the data indicates females are more likely to be victims.

Exhibit 126: Victims of Domestic Violence & Crimes Against the Elderly in Nevada

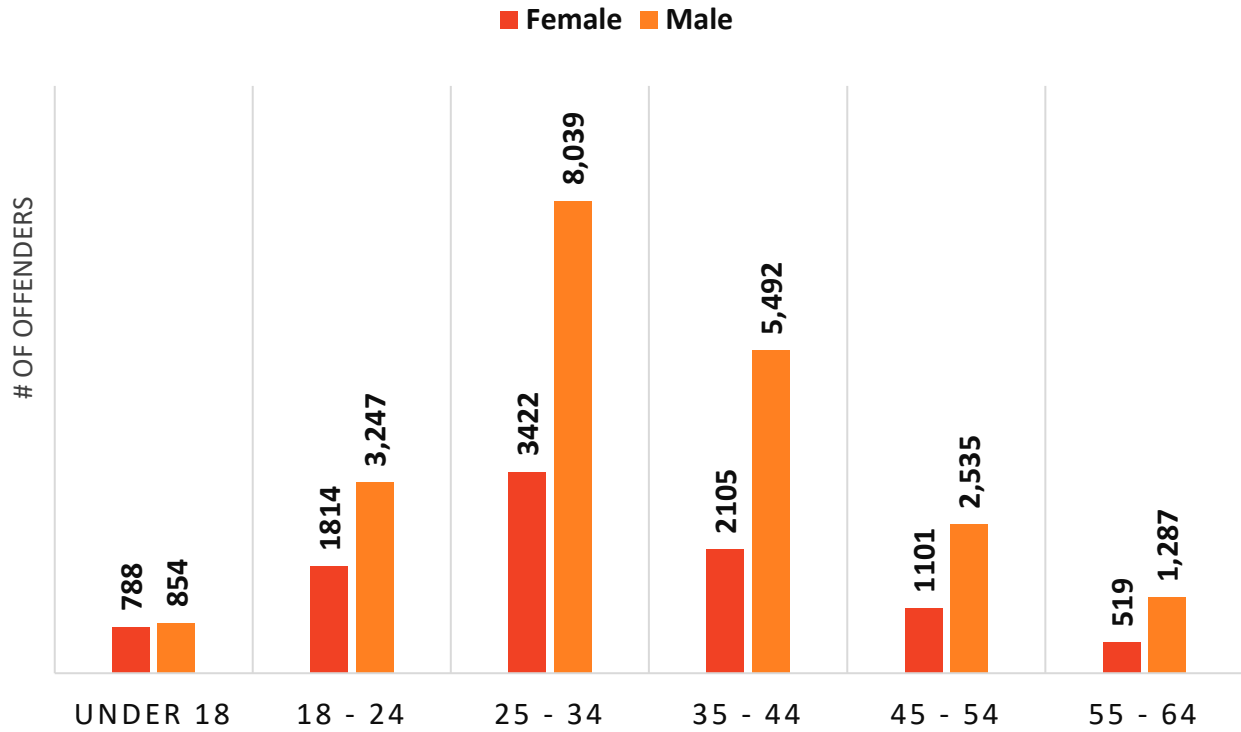


Source: Nevada Crime Statistics. Domestic & Elderly Crimes, 2021

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Males are more likely to be domestic violence offenders compared to women in Nevada, especially men between the ages of 25 and 34.

Exhibit 127: Offendants of Domestic Violence & Crimes Against the Elderly in Nevada



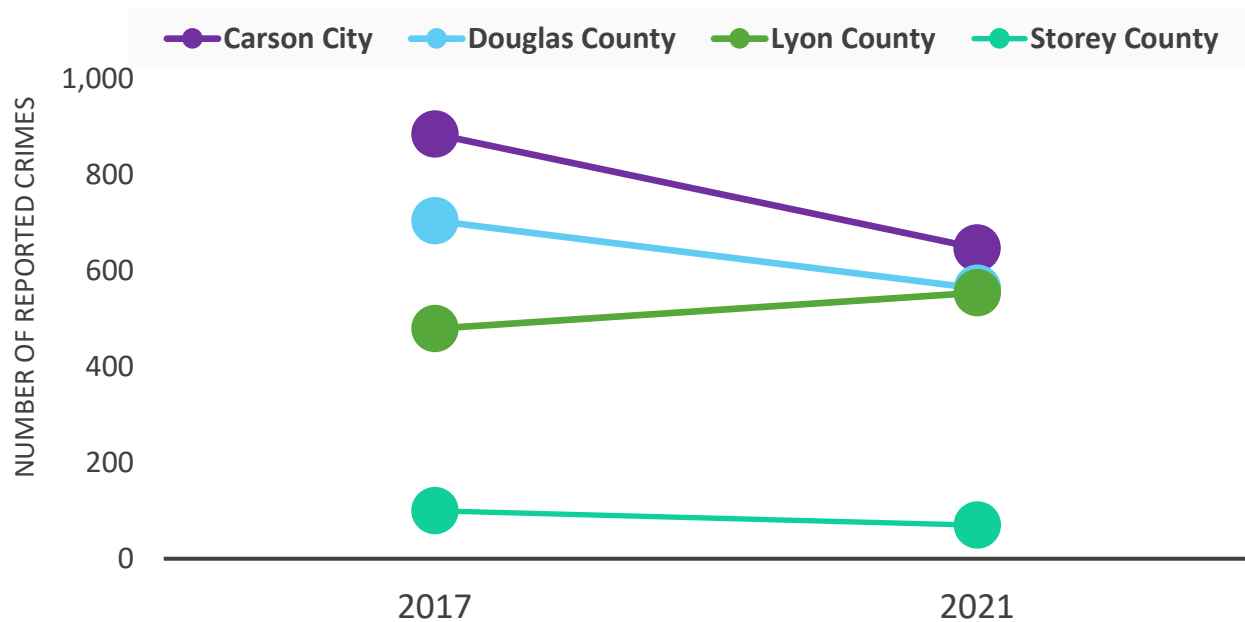
Source: Nevada Crime Statistics. Domestic & Elderly Crimes, 2021

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Property Crime

Crimes against property include burglary, motor vehicle theft, larceny and arson. Victims are always counted individually though there could be multiple victims / offenders per crime.⁸⁴ Please note, one crime is counted for each victim.⁸⁵ Between 2017 and 2021, the rate of property crimes decreased in all counties, except for Lyon County, which increased by 7.9%. Storey County's property crime decreased during this period by approximately 31.5%.

Exhibit 128: Trend of Reported Property Crimes



	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
2021	ND	ND	69,459	2,213.3	648	1,156.4	564	1,149.0	555	951.7	70	1,663.9
2017	ND	2,362.0	62,217	2,612.4	886	1,594.5	705	1,450.4	480	882.0	100	2,430.1

Source: University of Nevada. Reno School of Medicine Office of Statewide Initiatives. Nevada Annual Reports of Accountability, Nevada Department of Education

⁸⁴ Nevada Crime Statistics. Property Crime, 2021. Link: nevadacrimestats.nv.gov/tops/report/property-crimes/douglas-county/2021

⁸⁵ Nevada Crime Statistics. Violent Crime, 2021. Link: nevadacrimestats.nv.gov/tops

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Within the Quad-County Region, larceny-theft (occurs when property is taken unlawfully without force) was the leading type of property crime (1,314 total), followed by burglary (293).

Exhibit 129: Number of Reported Property Crimes by Type

	Nevada	Carson City	Douglas County	Lyon County	Storey County	Quad County Total
Number of Property Crime Offenses	69,459	648	564	555	70	1,837
Arson	456	6	5	9	2	22
Burglary	12,703	106	60	110	17	293
Motor-Vehicle Theft	13,465	86	36	80	6	208
Larceny-theft	42,835	450	463	356	45	1,314

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Annual Reports of Accountability, Nevada Department of Education, 2021


Workplace Injuries

In 2020, Private industry employers reported 29,800 nonfatal workplace injuries and illnesses in Nevada resulting in an incidence rate of 3.2 cases per 100 full-time equivalent workers.⁸⁶ This rate is higher compared to the United States figure.


About the Data

Incidence rates represent the number of injuries and illnesses per 100 full-time workers working 40 hours per week, 50 weeks per year.


Exhibit 130: Workplace Injuries in Nevada



Of the 29,800 private industry injury and illness cases reported in Nevada, 18,500 were of a more severe nature, involving days away from work, job transfer, or restriction—commonly referred to as DART cases.



These cases occurred at a rate of 2.0 cases per 100 full-time workers. Fifty-nine percent of the DART cases in Nevada were incidents that resulted in at least one day away from work, compared to 69.1 percent nationally.



Other recordable cases (those not involving days away from work, job transfer, or restriction) accounted for the remaining 11,300 cases in Nevada, at a rate of 1.2. In comparison, the national rate for other recordable cases was 1.0.

Source: U.S. Bureau Of Labor Statistics. Employer-Reported Workplace Injuries & Illnesses in Nevada, 2020

Exhibit 131: Nonfatal Occupational Injuries & Illnesses In Private Industry

PER 100,000 POPULATION	United States	Nevada
Overall Rate	2.7	3.2
Cases with days away from work, job transfer, or restriction	1.7	2.0
Cases with days away from work	1.2	1.2
Cases with job transfer or restriction	0.5	0.8

Source: U.S. Bureau Of Labor Statistics. Employer-Reported Workplace Injuries & Illnesses in Nevada, 2020

⁸⁶ U.S. Bureau Of Labor Statistics. Employer-Reported Workplace Injuries & Illnesses in Nevada, 2020. Link: bls.gov/regions/west/news-release/workplaceinjuriesandillnesses_nevada.htm#SOII_TableANevada.xlsx.f.1

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

In 2020, there were nearly 11,000 nonfatal occupational injuries and illnesses involving days away from work. Most injuries were sustained by workers between the ages of 25 to 54, and predominantly male.

Exhibit 132: Number of nonfatal Occupational Injuries & Illnesses Involving Days Away From Work

PRIVATE INDUSTRY	Nevada
Total Non-fatal Occupational Injuries	10,970
Male	56.3%
Female	43.3%
Age	
14 to 15	0.0%
16 to 19	1.9%
20 to 24	8.3%
25 to 34	21.4%
35 to 44	20.8%
45 to 54	20.4%
55 to 64	17.9%
65 and over	8.7%
Race & Ethnicity	
White	15.9%
African American or Black	8.9%
Asian	3.8%
Native Hawaiian or other Pacific Islander	0.9%
Multi-race	0.3%
Hispanic or Latino	20.9%
Not reported	49.2%

Source: U.S. Bureau Of Labor Statistics. Employer-Reported Workplace Injuries & Illnesses in Nevada, 2020

Healthcare System

To understand the healthcare system of communities, multiple factors including provider availability, provider linguistic and cultural competency, quality of care must be recognized.

Uninsured Population

Inadequate health insurance coverage is one of the largest barriers to healthcare access, and the unequal distribution of coverage contributes to disparities in health. Out-of-pocket medical care costs may lead individuals to delay or forgo needed care (such as doctor visits, dental care, and medications), and medical debt is common among both insured and uninsured individuals. Additionally, primary care providers offer a usual source of care, early detection, and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.⁸⁷

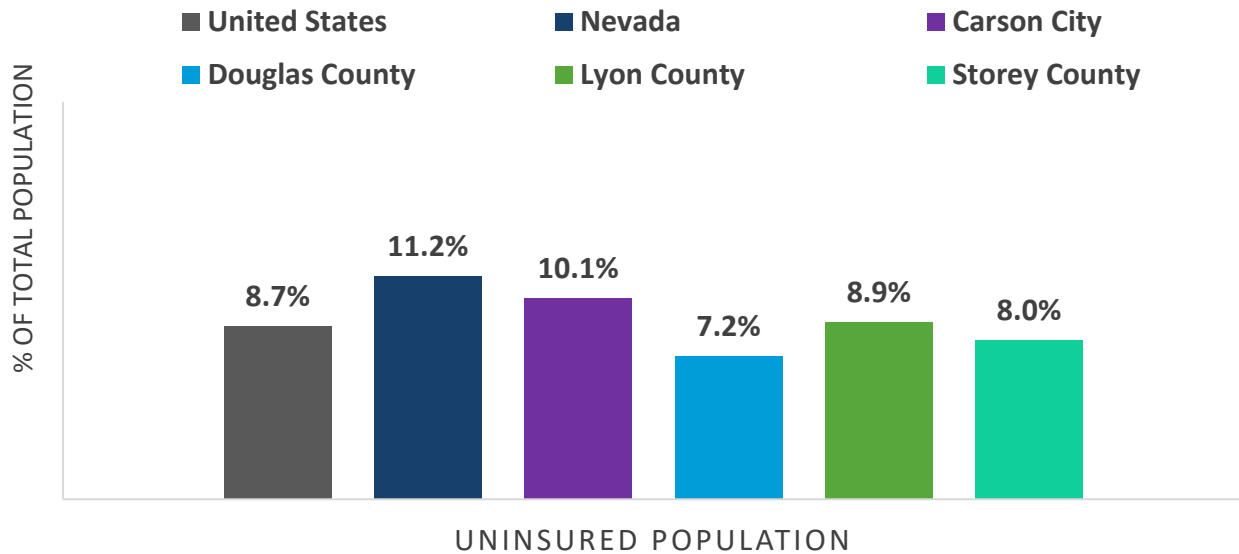
Approximately 10.0% of the population in Carson City is uninsured, followed by 8.9% in Lyon County. Nearly fifteen percent of the Carson City population aged 19 to 64 is uninsured. This is higher than the national percentage, but lower than statewide.

Data for the Carson Tahoe Health service area is based on aggregated data available at the ZIP Code level. For some measures, ZIP Code data is not available.

⁸⁷ U.S. Department of Health and Human Services, *Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services*. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

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Exhibit 133: Uninsured Population



Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

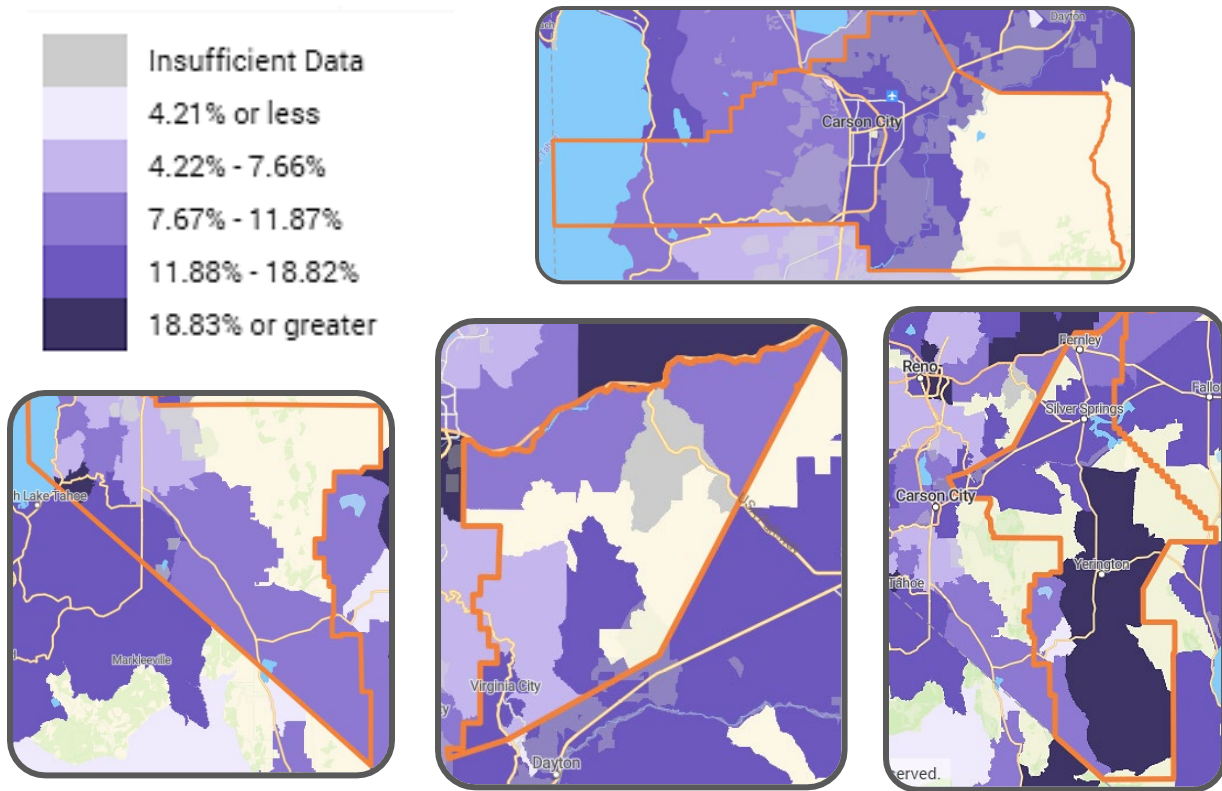
	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Uninsured Population	28,058,903	334,130	5,336	3,467	4,921	324
% of Population Uninsured	8.7%	11.2%	10.1%	7.2%	8.9%	8.0%
Age						
Under 19	5.2%	7.7%	7.3%	5.6%	5.4%	11.0%
19 to 64	12.3%	15.1%	14.5%	11.3%	13.3%	12.2%
65 and older	0.8%	1.3%	0.5%	0.3%	0.6%	0.0%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

The maps below indicate the population between the ages of 18 and 64 who do not have health insurance, highlighted by zip code tabulated areas. Darker shaded areas indicate higher percentages of the uninsured by county.

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Exhibit 134: Estimated Percent of Uninsured Adults Aged 18-64 by County



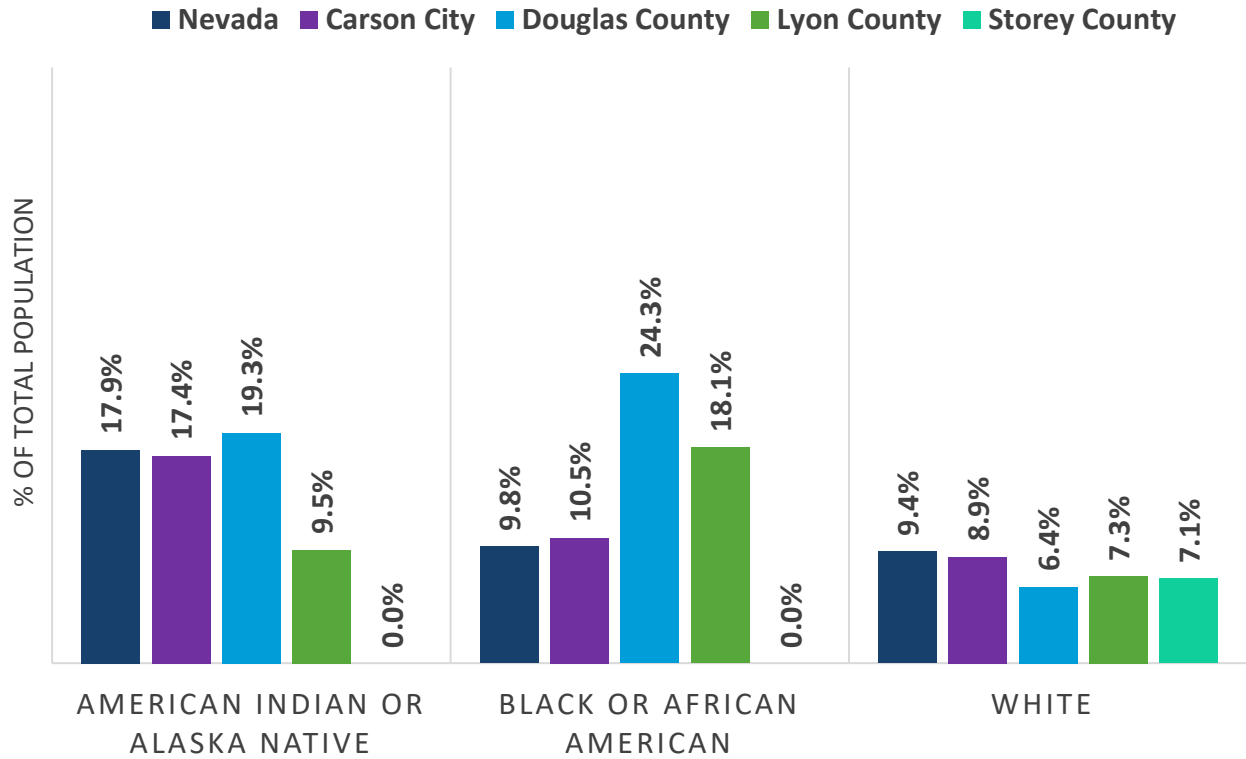
Carson City (top right), Douglas County (bottom left), Lyon County (bottom middle), Storey County (bottom right)

Source: PolicyMap. U.S. Census Bureau. 2016-2020 American Community Survey Five Year Estimates.

The uninsured population by race indicates disparities between races within the service area. Overall, American Indian or Alaskan Native and Black or African Americans are more likely to be uninsured compared to people identifying as White alone (any ethnicity). In Douglas County, nearly a quarter of the Black or African American and nearly 20.0% of American Indian or Alaskan Natives are uninsured.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 135: Uninsured Population by Race



	Nevada	Carson City	Douglas County	Lyon County	Storey County
American Indian or Alaska Native	17.9%	17.4%	19.3%	9.5%	0.0%
Black or African American	9.8%	10.5%	24.3%	18.1%	0.0%
White	9.4%	8.9%	6.4%	7.3%	7.1%

Source: U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates

Underinsured Population

While there is no universal definition for being underinsured, for the purposes of this Community Health Needs Assessment underinsured populations have the following traits:

Who Are the Underinsured?

People who are underinsured have high health plan deductibles and high out-of-pocket medical expenses relative to their incomes.

Like uninsured people, individuals who are underinsured are more likely to have difficulties paying medical bills and to forgo medical care and needed treatments because of cost.

Non-elderly adults who were insured for the entire year in 2018, 29.0% were underinsured, a six percent increase from 2014.

PAN Foundation

- Individual out-of-pocket healthcare costs in the last year, not counting premiums, represent 10.0% or more of individual household income. **Note** that the threshold drops to five percent if an individual is living under 200.0% of the federal poverty level. That is less than \$53,000 for a family of four in 2021 in any state but Hawaii or Alaska.
- The deductible, or the amount required to pay before health insurance starts paying covered medical costs, is at least five percent of individual income.⁸⁸

Many underinsured people are employed and have health insurance through their employers, but for many workers, the cost of these plans is very high relative to their incomes. In 2018, 28.0% of people with health insurance through their employers were underinsured. The Affordable Care Act facilitated access to health insurance for many people by allowing them to buy individual insurance or to explore Marketplace health plans, but in 2018, 42.0% of people who had Marketplace insurance reported being underinsured.

The 2020 Commonwealth Fund Biennial Health Insurance Survey found that nationwide, 21.3% of adults were underinsured. Key findings from the report also include:

- In the first half of 2020, 43.4% of adults were inadequately insured. This group is made up of people who were uninsured at the time of the survey (12.5%), were insured but had experienced a coverage gap in the past year (9.5%) or were insured continuously but had such high out-of-pocket costs or deductibles relative to their income that they were effectively underinsured (21.3%).

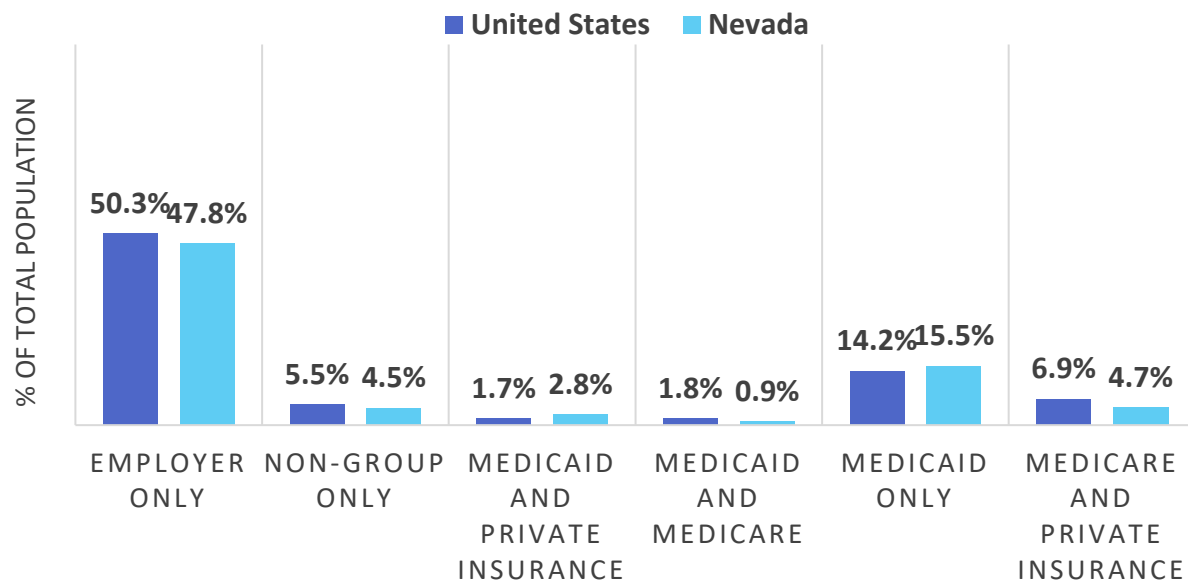
⁸⁸ Kaiser Family Foundation Healthcare Debt Survey: Feb.-Mar. 2022. Link: kff.org/report-section/kff-health-care-debt-survey-main-findings/

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- Hispanic and Latino adults had underinsured rates that were two times as high as their higher-income counterparts.
- One quarter of adults in employer plans were underinsured. Because there were an estimated 122 million working-age people in employer plans, compared to just 15 million in the individual market, there were far more underinsured people with employer coverage than with individual market insurance.⁸⁹

In Nevada, nearly half of the population receive their health insurance coverage through an employer only, followed by Medicaid. Nationally, one quarter of adults with employer plans are considered underinsured. Given this, it can be inferred that there is a fair percentage of underinsured people in Nevada.

Exhibit 136: Health Insurance Coverage of the Total Population



Source: Kaiser Family Foundation estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social & Economic Supplements), 2017-2021

Data Key

Employer Only: Includes those covered by employer-sponsored coverage either through their own job or as a dependent in the same household.

Non-Group Only: Includes individuals and families who purchased or are covered as a dependent by non-group insurance.

Medicaid and Private Insurance: Includes those covered by Medicaid and private insurance through an employer or non-group insurance.

Medicaid and Medicare: Includes those covered by both Medicaid and Medicare, also known as dual eligible.

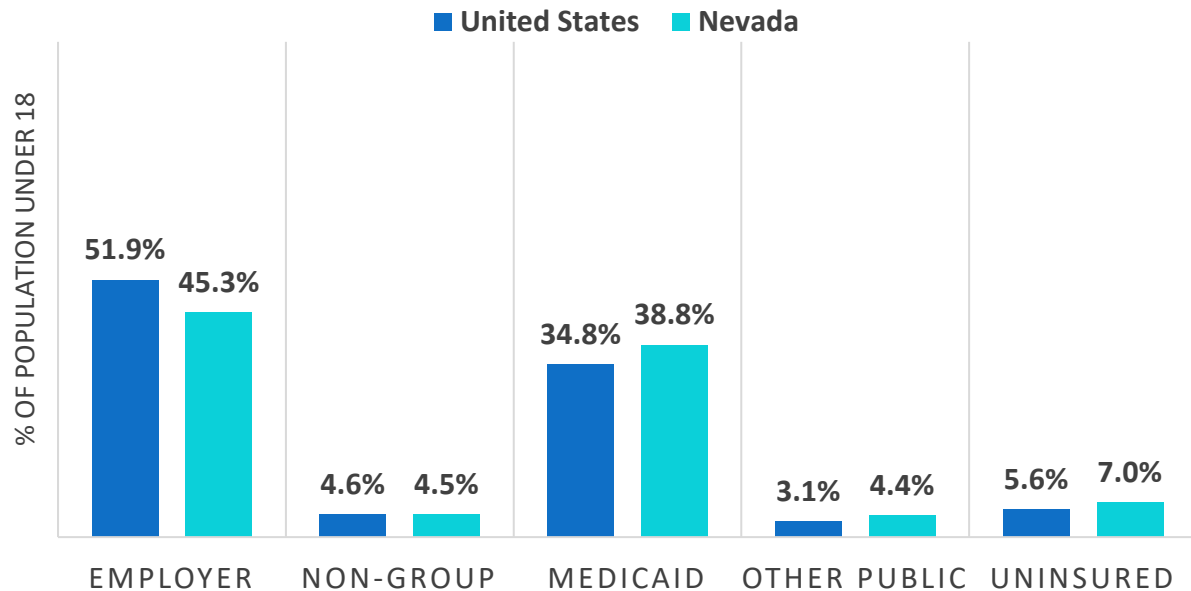
⁸⁹ Commonwealth Fund. *U.S. Health Insurance Coverage in 2020: A Looming Crisis in Affordability, 2020*. Link: commonwealthfund.org/publications/issue-briefs/2020/aug/looming-crisis-health-coverage-2020-biennial

Data Key

Medicaid Only: Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability.

Medicare and Private Insurance: Includes those covered by Medicare and private insurance through an employer or non-group insurance.

Exhibit 137: Health Insurance Coverage of Children



Source: Kaiser Family Foundation estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social & Economic Supplements), 2017-2021.

DATA INDICATORS

Medicaid: Includes those covered by Medicaid, Medical Assistance, Children's Health Insurance Plan (CHIP) or any kind of government-assistance plan for those with low incomes or a disability, as well as those who have both Medicaid and another type of coverage, such as dual eligible who are also covered by Medicare.

Employer: Includes those covered by employer-sponsored coverage either through their own job or as a dependent in the same household.

Other Public: Includes those covered under the military or Veterans Administration as well as nonelderly Medicare enrollees.

Non-Group: Includes individuals and families that purchased or are covered as a dependent by non-group insurance.

Healthcare Facility Profile

Within the Quad-County Region, there are very few Federally Qualified Health Centers (FQHCs), also referred to as Community Health Centers. There is a cluster of FQHC’s just north of the service area in Reno, however, accessibility challenges are common given there are little to no public transportation services.

Exhibit 138: Hospitals Within the Quad-County Region



Health Center	Town	County
South Lyon Medical Center	Yerington	Lyon County
Carson Valley Medical Center	Gardnerville	Douglas County
Carson Tahoe Continuing Care Hospital	Carson City	Carson City
Carson Tahoe Regional Medical Center	Carson City	Carson City

Source: PolicyMap (Hospitals) Health Resources & Services Administration, 2022

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The Health Resources and Services Administration identified four federally funded health centers that provide health services. Douglas and Lyon County have no reported facilities.

Exhibit 139: Health Center by Program Type

County	Site Name	Health Center Type	Location Type
Carson City	Nevada Health Centers Carson City School Based	Service Delivery Site	Permanent
Carson City	Miles For Smiles	Service Delivery Site	Mobile Van
Carson City	Sierra Nevada Health Center & NVHC Administrative Offices	Administrative/Service Delivery Site	Permanent
Storey County	Nevada Health Centers at Virginia City	Service Delivery Site	Permanent

Source: Health Resources & Services Administration, 2022

Carson City has the highest community hospital bed and long-term bed capacity in the Quad-County Region, approximately 4.4 beds per 1,000 population. Fewer community hospital or long-term beds exist in Douglas, Lyon, and Storey counties.

Exhibit 140: Community Hospital Beds⁹⁰

Nevada		Carson City		Douglas County		Lyon County		Storey County	
Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
2.1	5,320	4.4	220	0.5	23	0.2	14	0.0	0

Source: University of Nevada, Reno School of Medicine. Office of Statewide Initiatives & Bureau of Healthcare Quality & Compliance, Nevada Compare Care & Nevada Rural Hospital Partners, 2020

Exhibit 141: Rate of Long-Term Beds

Nevada	Carson City	Douglas County	Lyon County	Storey County
1.8	7.6	1.2	2.6	0.0

⁹⁰ Rates, 2018 Data. Number of beds, 2020 Data.

Healthcare Workforce

The COVID-19 pandemic has taken a heavy toll on healthcare providers across all disciplines, as those who have remained on the front lines of the pandemic have reported suffering from stress, trauma, burnout, and increased behavioral health challenges. In 2021, a nation-wide survey found that nearly 30.0% of healthcare workers are considering leaving their profession altogether, and nearly 60.0% reported impacts to their mental health stemming from their work during the COVID-19 pandemic.⁹¹

Nevada is not spared from a national shortage of providers, as healthcare work force projections share that America will face a shortage of up to 124,000 physicians by 2033 and will need to hire at least 200,000 nurses per year to meet increased demand and to replace retiring nurses.⁹²

The following data highlights the healthcare workforce at various licensure levels. It is important to understand specific differences between the MD workforce and DO workforce.

MDs & DOs

Doctor of Osteopathic Medicine (DO) and Doctor of Medicine (MD) are two types of accredited doctor that can practice medical care in the United States.

The main difference between DOs and MDs comes down to the philosophy of care. DOs practice an osteopathic approach to care, while MDs practice an allopathic approach to care. An MD is a traditional medicine degree, while a DO takes a holistic, mind-body-spirit approach to care. In the U.S., the same licensing boards give licenses to both types of doctors, and they must meet the same standards for practicing medicine.

Medical News Today

⁹¹ Kaiser Family Foundation & The Washington Post. *Frontline Healthcare Workers Survey, 2021*. Link: kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/

⁹² American Hospital Association. *Fact Sheet: Strengthening The Healthcare Workforce, May 2021*. Link: aha.org/fact-sheets/2021-05-26-fact-sheet-strengthening-health-care-workforce

A Key Note About the Data

To provide the most fair and accurate overview of each service area county's healthcare workforce, Crescendo Consulting Group met with key leadership at the Nevada Health Workforce Research Center to determine limitations in the data presented in the University of Nevada, Reno School of Medicine Office of Statewide Initiatives Instant Atlas.

Although workforce data has been confirmed to reflect the most up-to-date numbers and rates available, the following limitations are critical to understanding the "full picture" of the healthcare workforce in each of the Quad-County Regions.

Data Limitations:

- Data on licensed active healthcare provider is collected **by billing address only**.
- Current collection methods **do not** collect data on race/ethnicity, sub-specialty (if applicable), or part-time or full-time status of healthcare providers.
- Numbers and/or rates may reflect providers that may work in one geographical area, **but travel to other counties periodically**.

For example, if a dentist from Carson City provides services to Storey County every Wednesday, the current data collecting methodology may count that as a standing provider in Storey County.

Improving Data Collection Statewide

In May of 2021, the Senate Committee on Health and Human Services (on Behalf of the Legislative Committee on Healthcare) sponsored bill, **SB379**, passed. Senate Bill 379 requires the director of the Department of Health and Human Services (DHHS),

"to establish and maintain a database comprised of information collected from certain applicants for the renewal of a license, certificate, or registration as a healthcare provider. The information must contain certain demographic information and certain information about the applicant's practice."

Nevada Legislature

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

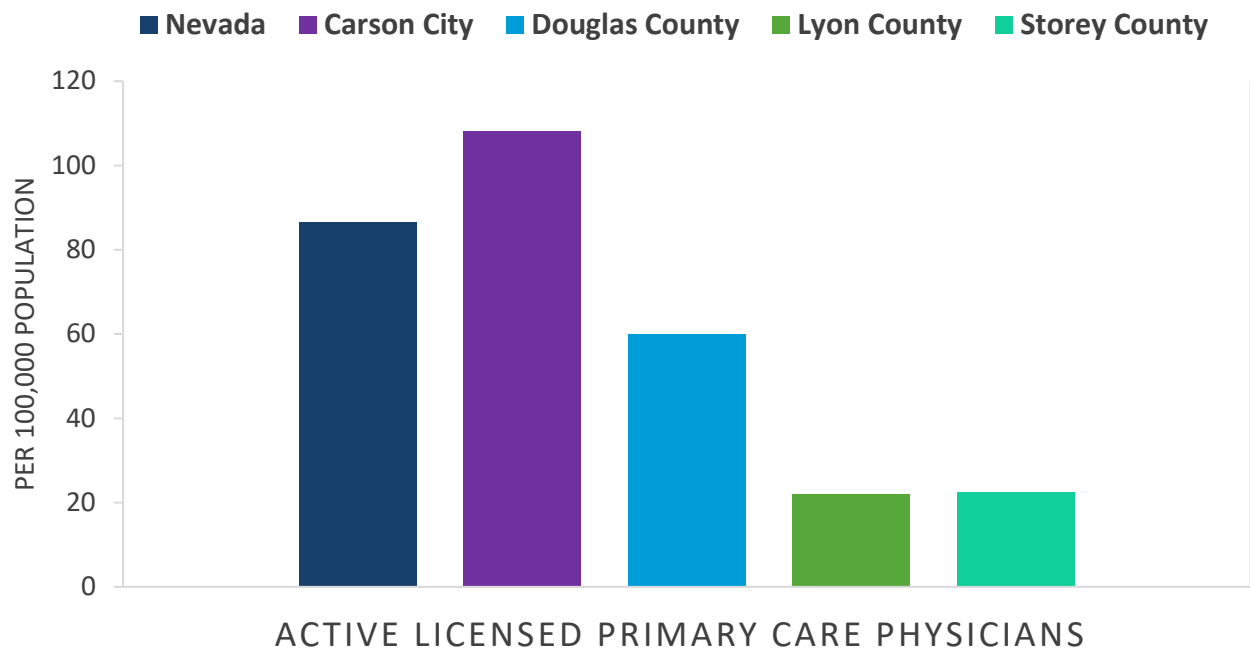
Primary Care Providers

Overall, higher rates of healthcare providers in Carson City are attributed to the concentration of Carson Tahoe Healthcare Network service locations within the area. Primary care providers offer a usual source of care, early detection, and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.⁹³

About the Data
Rates of healthcare providers are per 100,000 population unless specified.

Carson City has the highest rate of primary care physicians, both MDs and Dos, within the service area, followed by Douglas County.

Exhibit 142: Rate of Active Licensed Primary Care Physicians per 100,000 Population



Nevada		Carson City		Douglas County		Lyon County		Storey County	
Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
86.4	2,782	108.0	62	60.0	33	22.0	13	22.4	1

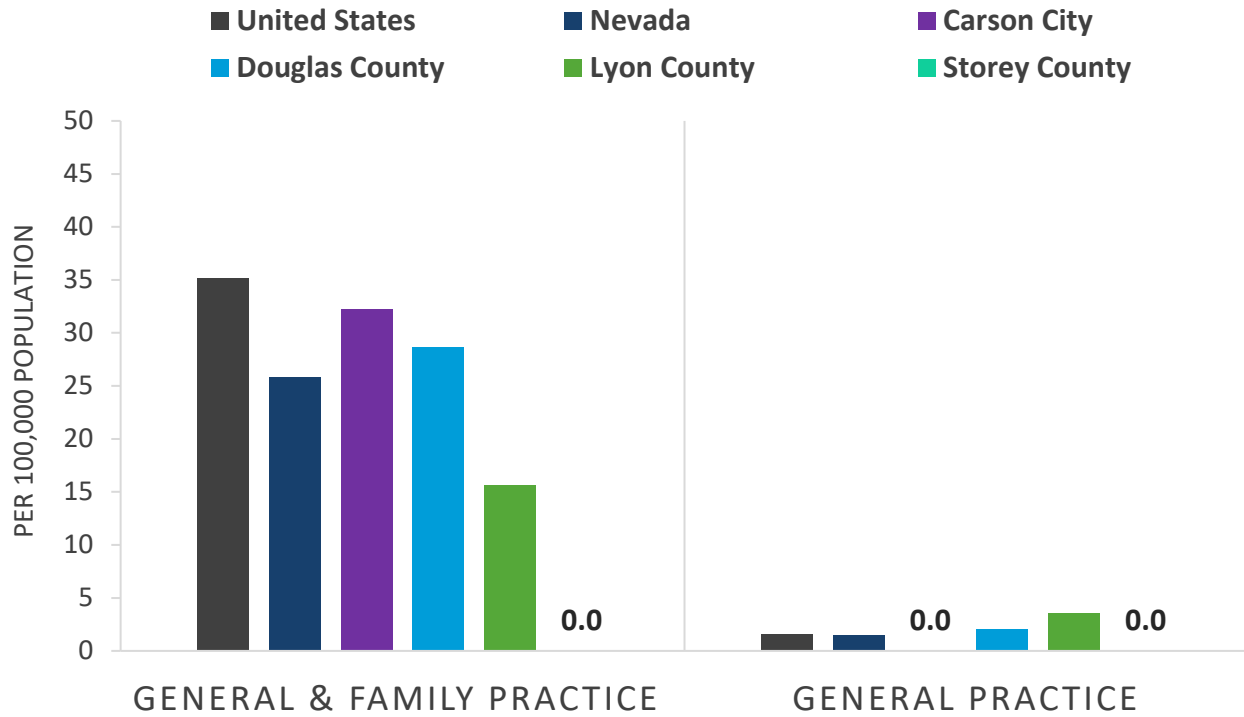
Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Medical Examiners, 2022

⁹³ U.S. Department of Health and Human Services, Healthy People 2030. Social Determinants of Health Literature Summaries, Access to Health Services. Link: health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services

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Within the Quad-County Region, there is a higher concentration in Carson City of general practice and family practice providers.

Exhibit 143: General Practice Providers⁹⁴



	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
General and Family Practice	35.1	ND	25.8	826	32.2	18	28.6	14	15.6	9	0.0	0
General Practice	1.6	ND	1.5	45	0.0	0	2.0	1	3.5	2	0.0	0

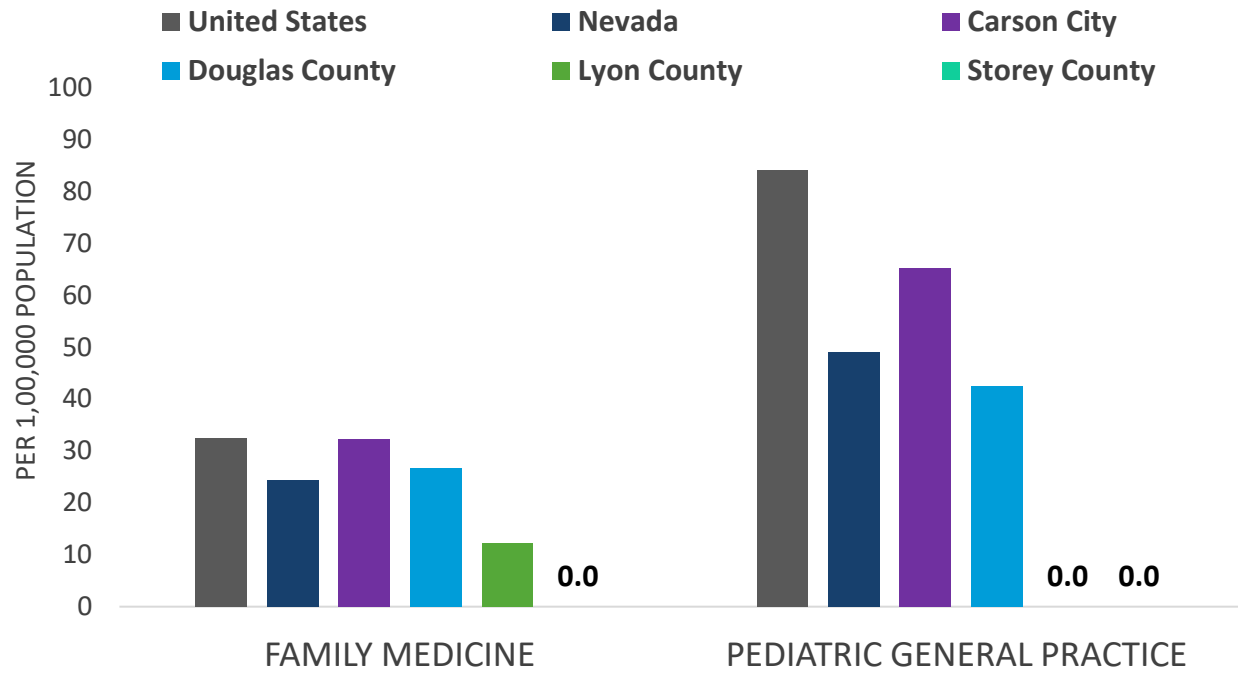
Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Health Resources and Services Administration. Find shortage Areas: HPSA by State and County, 2019

⁹⁴ MD & DO.

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Similarly to general practice providers, Carson City has the highest rates of family medicine and pediatric general practice providers, both MDs and Dos, within the service area.

Exhibit 144: Family & Pediatric Providers



	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Family Medicine	32.4	ND	24.3	749	32.2	18	26.6	13	12.2	7	0.0	0
Pediatric General Practice	84.1	ND	49.1	319	65.3	9	42.5	4	0.0	0	0.0	0

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Health Resources and Services Administration. Find shortage Areas: HPSA by State and County, 2020

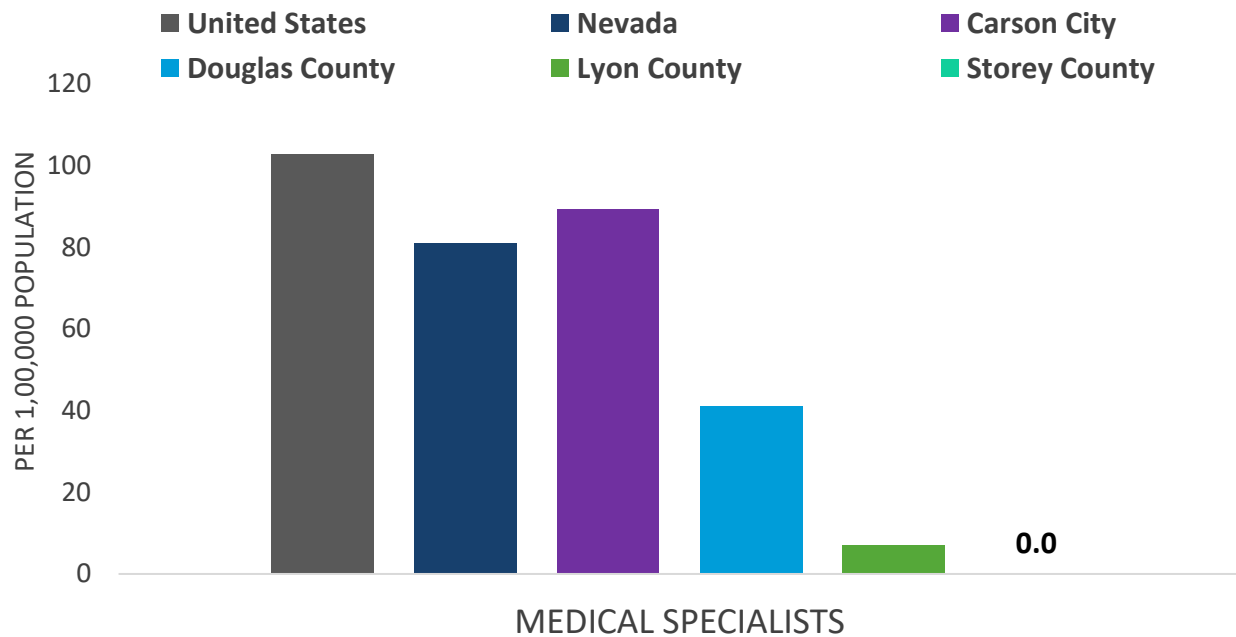
QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Specialty Care Providers

The term “specialty healthcare service” means a healthcare service that requires the services of a healthcare professional with specialized knowledge or experience. Specialty healthcare service includes any service relating to dialysis, surgery, mammography, or any other specialty healthcare service.⁹⁵

Communities do not have equal access to specialty healthcare providers per county.

Exhibit 145: Medical Specialists



United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
102.7	ND	80.8	2,008	89.4	41	40.9	20	7.0	3	0.0	0

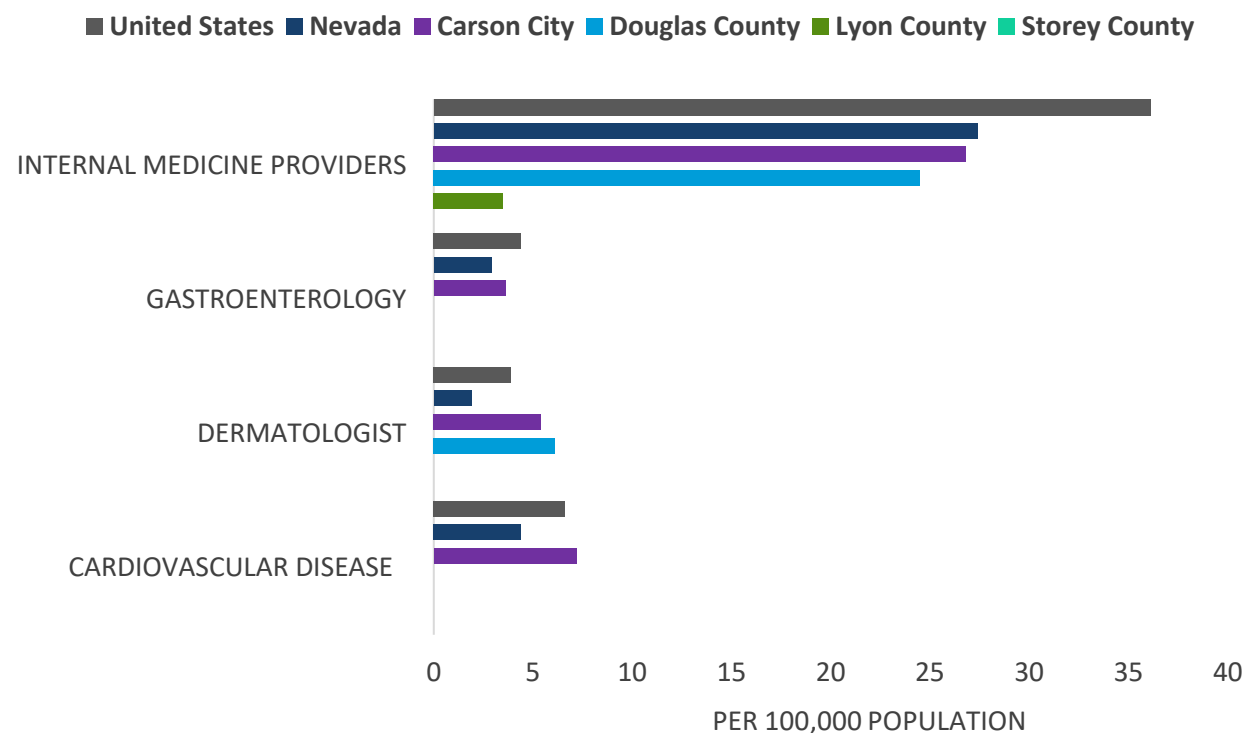
Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Health Resources and Services Administration. Find shortage Areas: HPSA by State and County, 2019

⁹⁵ Cornell Law School.

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Rates indicate that Carson City is the only area within the Quad-County Region with cardiovascular disease and gastroenterology specialists (7.2 cardiovascular disease providers per 100,000 population, 3.6 gastroenterology providers per 100,000 population). Chiropractors are also more common than any of the select specialty care providers. Douglas County has an additional three dermatologists in addition to three in Carson City.

Exhibit 146: Specialty Care Providers⁹⁶



	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Cardiovascular Disease	6.6	ND	4.4	135	7.2	4	0.0	0	0.0	0	0.0	0
Dermatologist	3.9	ND	1.9	58	5.4	3	6.1	3	0.0	0	0.0	0
Gastroenterology	4.4	ND	2.9	90	3.6	2	0.0	0	0.0	0	0.0	0
Internal Medicine Providers	36.1	ND	27.4	927	26.8	17	24.5	12	3.5	2	0.0	0
Chiropractors ⁹⁷	ND	ND	21.3	689	34.4	20	25.9	13	11.2	7	0.0	0

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Health Resources and Services Administration. Find shortage Areas: HPSA by State and County, 2019

⁹⁶ MD only.

⁹⁷ 2022 Data.

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The biggest difference between a pharmacist and a pharmacy technician is the level of education achieved by each, as in many states a pharmacy technician is not required to have any formal training beyond high school. In Nevada, most are required to get a state license and/or be certified nationally. Pharmacists are required to hold a doctorate degree in pharmacology.⁹⁸ Storey County has no pharmacists within the area, and only one Pharmaceutical Technician.

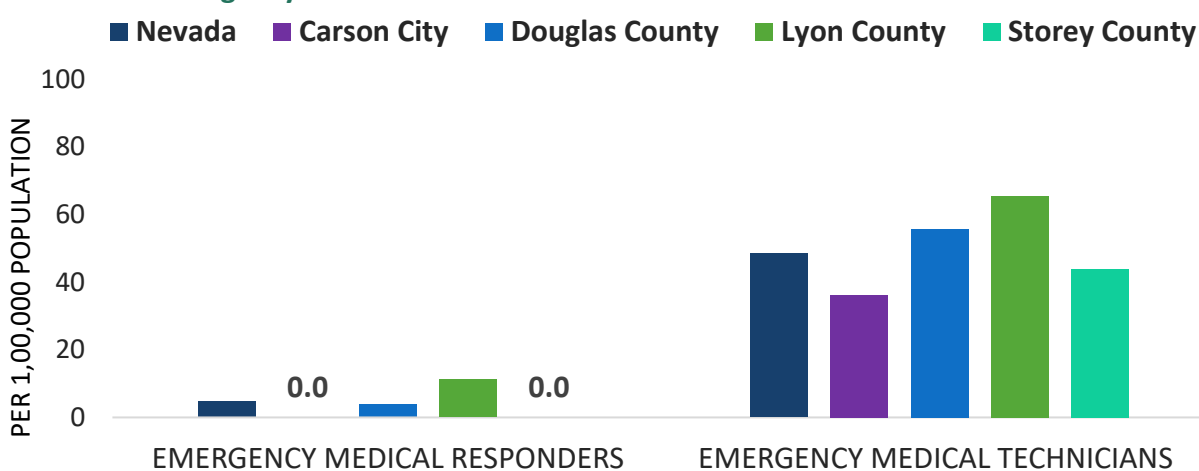
Exhibit 147: Pharmacists

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Pharmacists	98.0	ND	82.7	2,613	51.4	29	68.3	34	29.5	17	0.0	0
Pharmaceutical Technicians	128.7	ND	148.1	4,681	127.7	72	92.3	46	137.1	79	22.9	1

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Medical Examiners, 2020

Lyon County has the highest rate of emergency medical responders and emergency medical technicians within the service area. See exhibit below to learn the difference.

Exhibit 148: Emergency Medical Providers



	Nevada	Carson City	Douglas County	Lyon County	Storey County
Emergency Medical Responders	4.9	0.0	4.0	11.2	0.0
Emergency Medical Technicians	48.5	36.2	55.8	65.5	44.0

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Medical Examiners, 2022

⁹⁸ ePharmacyTechnicians, The Difference Between a Pharmacist and a Pharmacy Technician.

Exhibit 149: Emergency Medical Responders Versus Emergency Medical Technicians

Emergency Medical Responders

- **Emergency Medical Responders (EMRs) provide immediate lifesaving care to critical patients who access the emergency medical services system.**
- EMRs have the knowledge and skills necessary to provide immediate lifesaving interventions while awaiting additional EMS resources to arrive.
- EMRs also provide assistance to higher-level personnel at the scene of emergencies and during transport.
- Under medical oversight, Emergency Medical Responders perform basic interventions with minimal equipment.

Emergency Medical Technicians

- **Emergency Medical Technicians (EMTs) provide out of hospital emergency medical care and transportation for critical and emergent patients who access the emergency medical services (EMS) system.**
- EMTs have the basic knowledge and skills necessary to stabilize and safely transport patients ranging from non-emergency and routine medical transports to life threatening emergencies.
- EMTs function as part of a comprehensive EMS response system, under medical oversight. Emergency Medical Technicians perform interventions with the basic equipment typically found on an ambulance.
- EMTs are a critical link between the scene of an emergency and the healthcare system.

Source: National Registry of Emergency Medical Technicians

About the Data

The ratio of primary care physicians and dentists represents the number of individuals served by one provider if the population was equally distributed across providers within a country, state, or county.

For example, if a county has a population of 50,000 and has 20 primary care physicians, the ratio would be 2,500:1. The value on the right side of the ratio is always 1 or 0; 1 indicates that there is at least one primary care physician in the county, and zero indicates there are no primary care physicians in the county.

Regular preventative dental care is essential for good overall health, but research suggests people are unable to afford dental care more than other types of healthcare. Many people live in communities where they do not have access to fluoridated water and school sealant programs, healthy foods, and public transportation to get to dental appointments.⁹⁹

The number of dentists in the Quad-County Region is lower than state and national rates.

Exhibit 150: Oral Healthcare Providers

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Dentists	46.2	ND	55.9	1,766	79.8	45	62.2	31	17.3	10	0.0	0
Registered Dental Hygienists	69.0	ND	46.8	1,479	47.9	27	76.3	38	38.2	22	68.6	3

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Dental Examiners, 2022

Exhibit 151: Eye Care Providers

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Optometrists	ND	ND	14.2	461	31.0	18	17.9	9	4.8	3	0.0	0

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Optometry, 2022

⁹⁹ Center for Chronic Disease Prevention & Health Promotion. Division Of Oral Health, Disparities In Oral Health. Link: cdc.gov/oralhealth/oral_health_disparities/index.htm

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In Nevada there are approximately 1,710 residents per primary care physicians overall. Carson City presents a lower ratio of 1,330 residents per primary care physician.

Lyon County has higher healthcare provider and dentist ratios than state or national ratios. Douglas County has higher healthcare provider ratios than state and national levels, but lower dentist ratios than the statewide ratio.

Exhibit 152: Healthcare Provider Ratio¹⁰⁰

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Primary Care Providers	1,010:1	1,710:1	1,330:1	1,810:1	5,230:1	ND
Dentists	1,210:1	1,600:1	1,000:1	1,360:1	4,860:1	ND

Source: County Health Rankings & Roadmaps, 2019

¹⁰⁰ Primary Care Providers, 2019 data. Dentists, 2020 data.

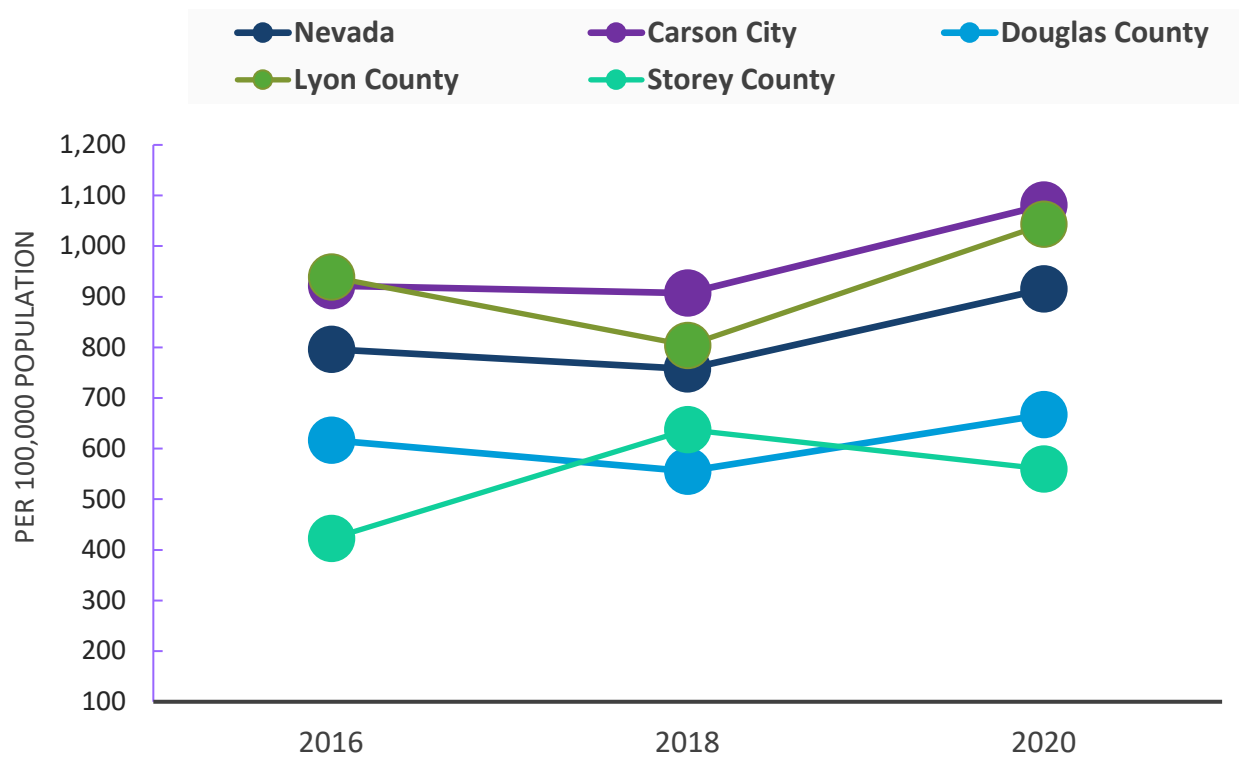
Health Status, Chronic Disease, & Outcomes

Health Status, Chronic Disease, & Outcomes Mortality rates measure the frequency of occurrence of death in a defined population during a specified interval.¹⁰¹

Leading Causes of Death & Mortality Rates

Since 2016, overall mortality rates have increased in all service area counties and statewide. The mortality rate in Carson City increased the most within the service area (+159.1).

Exhibit 153: Trend of Mortality Rates



	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	ND	915.3	1,081.0	667.2	1,043.0	559.8
2018	731.9	757.5	907.2	555.4	804.0	637.6
2016	728.8	796.3	921.9	616.3	938.8	422.5

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

¹⁰¹ Deputy Director for Public Health Science & Surveillance. Center for Surveillance, Epidemiology & Laboratory Services, Division Of Scientific Education & Professional Development. Link: cdc.gov/csels/dsepd/ss1978/lesson3/section3.html

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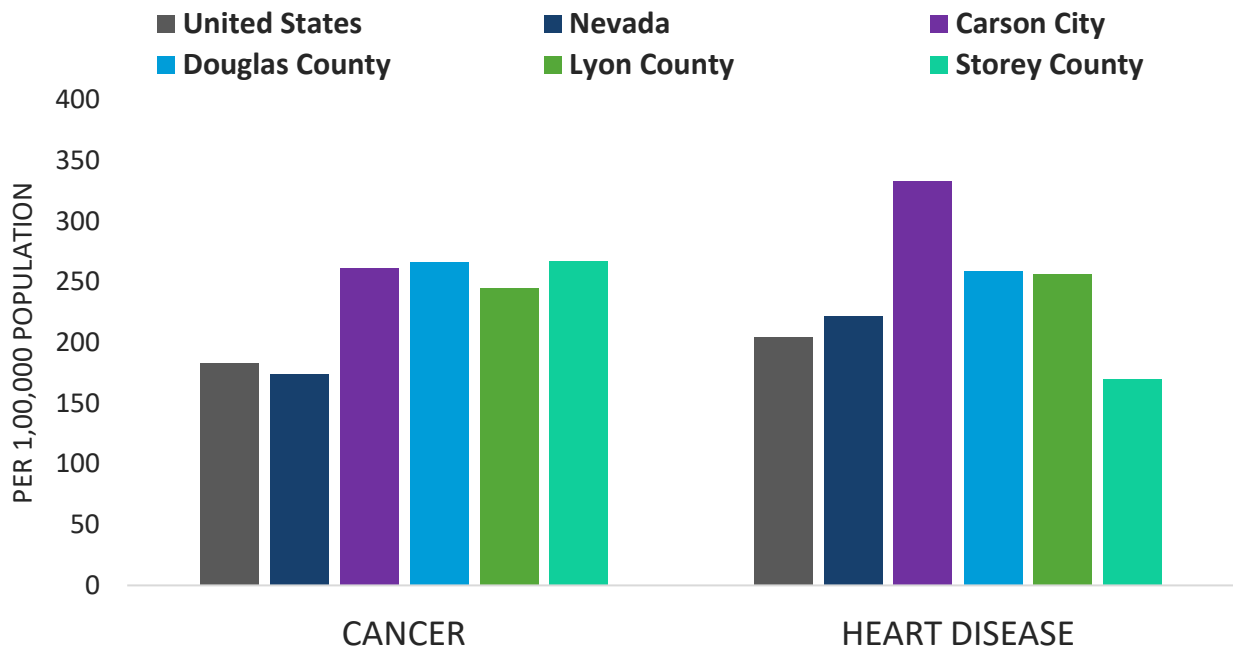
About the Data

Crude death rates equal the total number of deaths between 2018 & 2020, divided by the at-risk population for that category and multiplied by 100,000.

While crude mortality rates provide a helpful indicator of the general health status of a geographic area or population, death rates are not appropriate for comparison of different populations or areas with large differences in age distributions.

The following table indicates the 2018-2020 average crude rates of the leading causes of death.

Exhibit 154: Leading Causes of Death¹⁰²



	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Alzheimer's Disease	38.4	25.1	31.7	20.5	32.0	ND
Cancer	182.9	173.8	261.7	266.3	244.7	267.0
Heart Disease	204.2	222.0	332.8	258.8	256.4	169.9
Influenza/Pneumonia	16.5	16.0	16.1	19.1	21.0	ND
Stroke	46.5	42.3	130.9	79.2	51.3	ND
Unintentional Injury	54.9	51.3	57.4	58.0	72.8	ND

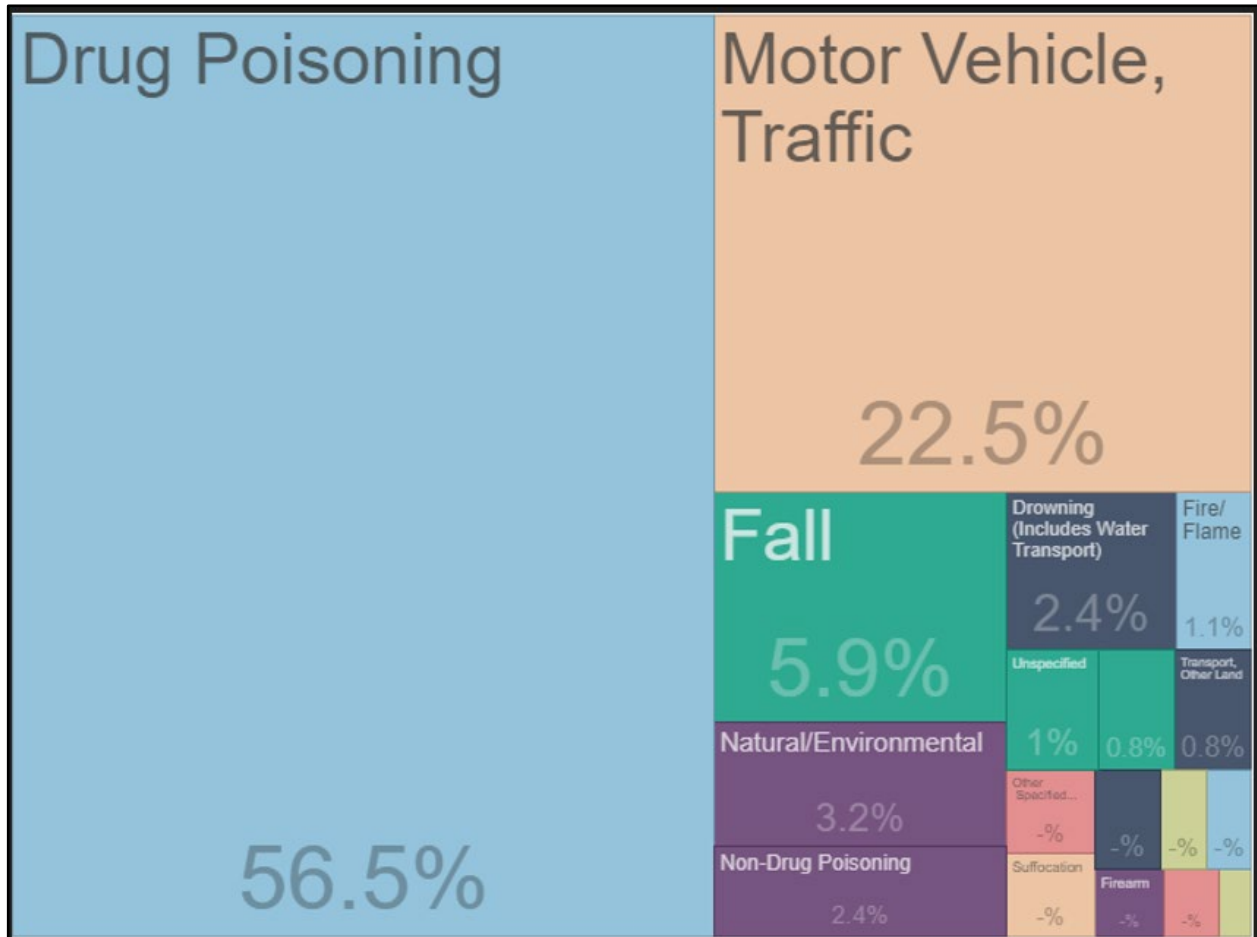
Source: Centers for Disease Control & Prevention (CDC) WONDER Online Query System, 2018-2020

¹⁰² Crude Rates.

Fatal Unintentional Injuries

In 2020, the leading cause of fatal unintentional injuries state was drug poisonings, over half of all deaths, followed by motor vehicle traffic accidents, and unintentional fatal falls.

Exhibit 155: Causes of Unintentional Injury-Related Deaths in Nevada



Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Fatal Injury Prevention & Violence Data, 2020

The age-adjusted mortality rate of individuals between the ages of five to 65 is highest in Lyon County (58.8 deaths per 100,000 population). The injury mortality rate per 100,000 is highest in Carson City and Lyon County.

About the Data

Rates measure the number of events in a given time period divided by the average number of people at risk during that period. Rates help us compare data across counties with different population sizes.

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Exhibit 156: Unintentional Injury-related Mortality Rate

AGES FIVE TO 64	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Per 100,000 Population	53.4	49.9	55.8	46.6	58.8	57.2

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Fatal Injury Prevention & Violence Data, 2020

Exhibit 157: Unintentional Injury-related Mortality Rate of Older Adults

AGES 65 AND OLDER	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Per 100,000 Population	132.6	134.6	184.5	183.1	182.0	192.0

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Fatal Injury Prevention & Violence Data, 2020

Exhibit 158: Fall-related Injury Mortality Rate¹⁰³

AGES 65 AND OLDER	Nevada	Carson City	Douglas County	Lyon County	Storey County
Per 100,000 Population	111.70	169.0**	109.7**	203.3	*

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Fatal Injury Prevention & Violence Data, 2020

¹⁰³ ** indicates Unstable values, * indicates Suppressed values

Chronic Disease

Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.¹⁰⁴ Prevalence rates indicate the proportion of a population who have a specific characteristic in a given time period. For this data, prevalence rates indicate the proportion of a population who have ever been told they have a chronic disease in their lifetime. State-level data is available through 2021 and is reported here to indicate trends that may be experienced in the Quad-County Region and CTH PSA for the 2019-2021 period.

Exhibit 159: Trends in Age-Adjusted Chronic Disease Prevalence in Nevada, 2019-2021

	2019	2020	2021	Change, 2019 2021
Asthma	9.3%	9.2%	9.1%	-2.2%
COPD	7.3%	6.5%	ND	-
Diabetes	9.9%	9.9%	10.2%	+3.0%
Heart Disease	4.2%	3.7%	3.1%	-26.2%
High Blood Pressure	30.4%	ND	29.9%	-1.6%
Kidney Disease	2.7%	3.0%	3.3%	+22.2%
Stroke	2.8%	ND	ND	-
Obesity	30.4%	28.1%	31.5%	+3.6%

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019-2021

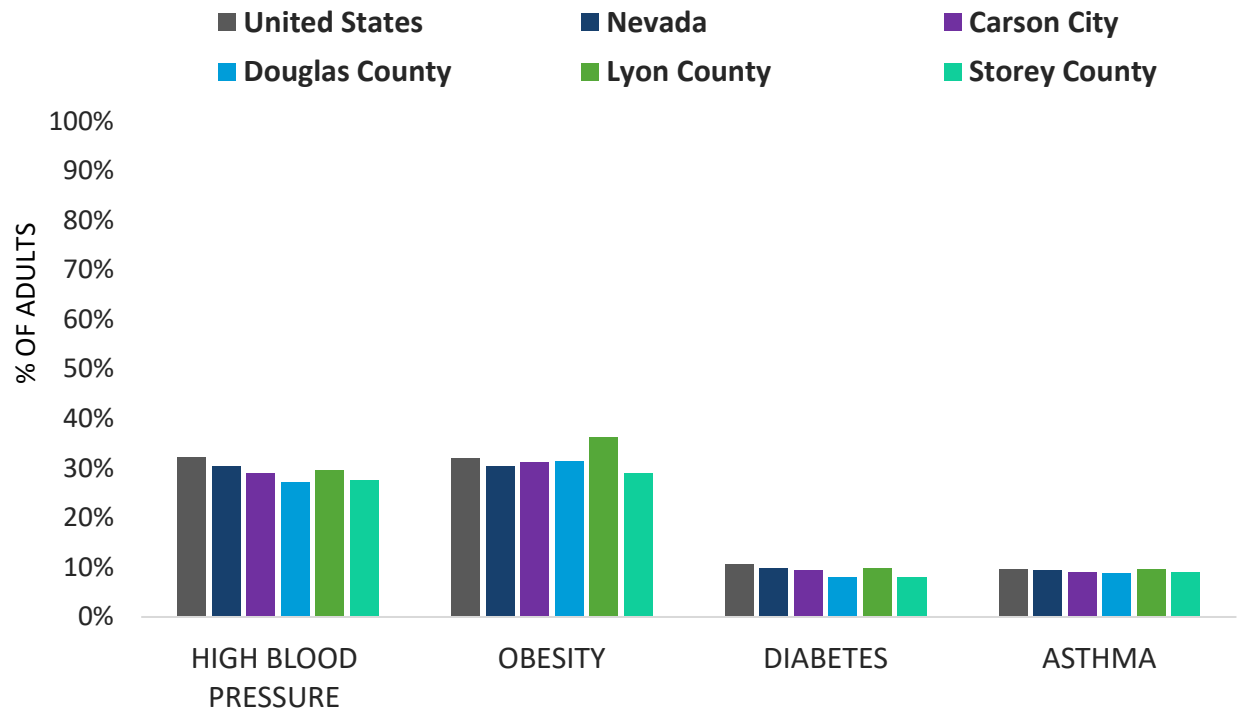
The most recent available County-level data, reported in the following tables, is from 2019.

Within the service area, high blood pressure, or hypertension, and obesity are the most common chronic diseases in adults. Each of the service area counties have higher percentages of adults with heart disease. The largest percentages of obesity and high blood pressure were observed in Lyon County (36.2% and 29.5%, respectively). Between one-quarter and one-third of the population across the Quad-County Region has high blood pressure, and slightly greater proportions report being obese.

¹⁰⁴ National Center for Chronic Disease Prevention & Health Promotion. Link: [cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States](https://www.cdc.gov/chronicdisease/about/index.htm#:~:text=Chronic%20diseases%20are%20defined%20broadly,disability%20in%20the%20United%20States)

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Exhibit 160: Chronic Disease Prevalence



	United States ¹⁰⁵	Nevada	Carson City	Douglas County	Lyon County	Storey County
Asthma	9.6%	9.3%	9.0%	8.8%	9.6%	9.0%
COPD	6.2%	7.3%	6.6%	5.8%	7.3%	5.9%
Diabetes	10.6%	9.9%	9.5%	8.0%	9.8%	8.0%
Heart Disease	4.0%	4.2%	5.7%	5.5%	6.0%	5.1%
High Blood Pressure	32.3%	30.4%	29.0%	27.1%	29.5%	27.5%
Kidney Disease	2.9%	2.7%	2.9%	2.5%	2.9%	2.5%
Stroke	3.2%	2.8%	3.0%	2.6%	3.2%	2.7%
Obesity	32.1%	30.4%	31.2%	31.3%	36.2%	28.9%

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019

The health of the older adult population is critically important to the service area. Between 2011 and 2018 the population aged 65 and older increased in Nevada by 40.0%, while the population aged 85 and older increased by 25.0%. Nevada’s growth rate for the population age 85 and older is double the national rate and is expected to continue to age at higher rates through 2030.¹⁰⁶

¹⁰⁵ United States & D.C., Median crude rates only.

¹⁰⁶ Nevada Department of Health & Human Services Aging & Disability Services Division, Elders Count Nevada 2021 Report. Link: adsd.nv.gov/About/Reports/Reports/

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Older Adult Community

Approximately half of the older adult population in Carson City has hypertension, also referred to as high blood pressure.¹⁰⁷ Lyon County follows close behind at 47.0%. Over one-fifth of older adults in Lyon County have been told by a doctor, nurse, or other health professional that they have diabetes.

Exhibit 161: Chronic Disease Prevalence in Older Adults (Aged 65+)

AGED 65 AND OLDER	Nevada	Carson City	Douglas County	Lyon County	Storey County
Alzheimer's Disease	8.0%	7.0%	7.0%	6.0%	5.0%
Asthma	4.0%	4.0%	4.0%	4.0%	3.0%
Arthritis (including Rheumatoid and Osteoarthritis)	29.0%	30.0%	32.0%	28.0%	22.0%
Chronic Kidney Disease	25.0%	21.0%	18.0%	21.0%	12.0%
Chronic Obstructive Pulmonary Disease (COPD)	9.0%	11.0%	7.0%	11.0%	9.0%
Diabetes (Excluding Diabetic Conditions Related to Pregnancy)	23.0%	18.0%	17.0%	22.0%	11.0%
Heart Failure	11.0%	10.0%	9.0%	9.0%	5.0%
Hypertension	49.0%	49.0%	45.0%	47.0%	43.0%
Osteoporosis	5.0%	6.0%	6.0%	4.0%	4.0%
Stroke	3.0%	4.0%	3.0%	3.0%	2.0%

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Centers for Medicare & Medicaid Services Office of Minority Health Mapping Medicare Disparities Tool, 2020

- Approximately 21.0% of adults aged 65 and older in Carson City and Lyon County suffer from chronic kidney disease, a figure that is higher than other counties but lower than the state figure.

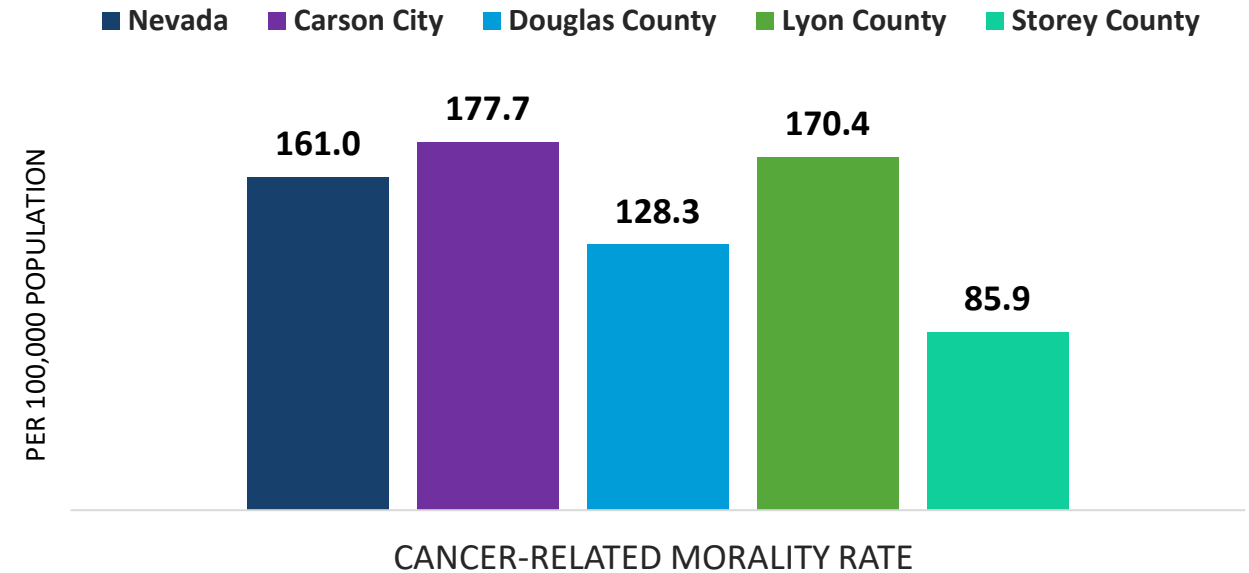
¹⁰⁷ National Center for Chronic Disease Prevention & Health Promotion Division for Heart Disease & Stroke Prevention. Link: [https://www.cdc.gov/bloodpressure/about.htm#:~:text=High%20blood%20pressure%2C%20also%20called,blood%20pressure%20\(or%20hypertension\).](https://www.cdc.gov/bloodpressure/about.htm#:~:text=High%20blood%20pressure%2C%20also%20called,blood%20pressure%20(or%20hypertension).)

Cancer

The overall cancer-related mortality rate in Carson City is the highest within the service area at approximately 177.7 deaths per 100,000 population, followed by Lyon County.

About the Data
Age-adjusted rates are per 100,000 persons unless otherwise specified.

Exhibit 162: Cancer-related Mortality Rates



	Nevada	Carson City	Douglas County	Lyon County	Storey County
Cancer-related morality rate	161.0	177.7	128.3	170.4	85.9
Female Breast Cancer	22.3	17.4	15.7	18.8	ND
Prostate Cancer	20.9	26.7	20.8	21.3	8.7
Colorectal Cancer	16.0	20.1	11.7	17.5	ND
Lung and Bronchus Cancer	38.8	42.7	23.9	184.0	ND
Ovarian Cancer	7.1	6.2	5.8	9.4	5.7

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Cancer Registry, 2019

- The Quad-County Region presents lower mortality rates related to breast cancer compared to Nevada’s state rate.
- Carson City has a notably higher rate of deaths related to prostate cancer compared to other service area counties (26.7 deaths per 100,000 population).
- Mortality rates for lung and bronchus cancer in Lyon County are high (184.0 per 100,000 population). This rate is four times higher than the state mortality rate (38.8) for lung

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and bronchus cancer. Carson City also has a higher mortality rate for lung and bronchus cancer (42.7) compared to the state figure.

Preventive healthcare services like screenings and check-ups are critical to early cancer detection and treatment.

Exhibit 162: Time Since Last Pap Test

AGES 21 TO 65	Nevada
Within the past year (anytime less than 12 months ago)	39.9%
Within the past 2 years (1 year but less than 2 years ago)	16.1%
Within the past 3 years (2 years but less than 3 years ago)	11.1%
Within the past 5 years (3 years but less than 5 years ago)	8.1%
5 or more years ago	24.8%

Source: Centers for Disease Control & Prevention Nevada Behavioral Risk Factor Surveillance System Web Enabled Analysis Tool, 2020

Exhibit 163: Trend of Women Who Have Had a Mammogram in the Past Two Years

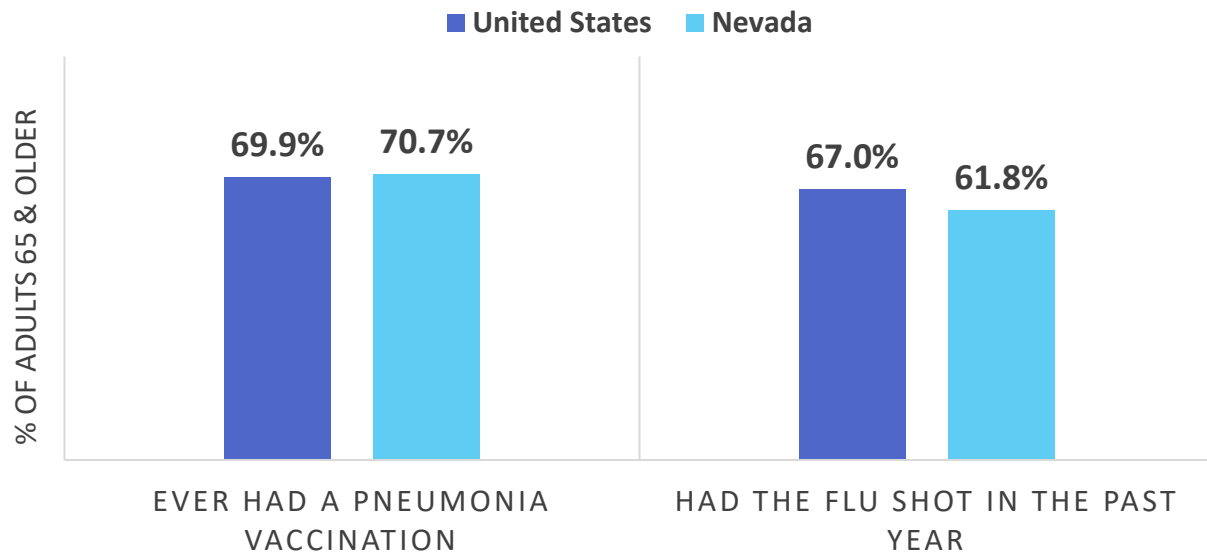
AGED 40 & OLDER	Nevada
2020	69.6%
2018	66.4%
2016	67.0%

Source: Centers for Disease Control & Prevention Nevada Behavioral Risk Factor Surveillance System Web Enabled Analysis Tool, 2020

Preventative Care

Preventive healthcare services like screenings, check-ups, and vaccinations are key to keeping people of all ages healthy. Many people do not get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services. Vaccinations throughout childhood are important because they help provide immunity before children are exposed to potentially life-threatening diseases.¹⁰⁸

Exhibit 164: Influenza & Pneumonia Vaccinations Among Older Adults



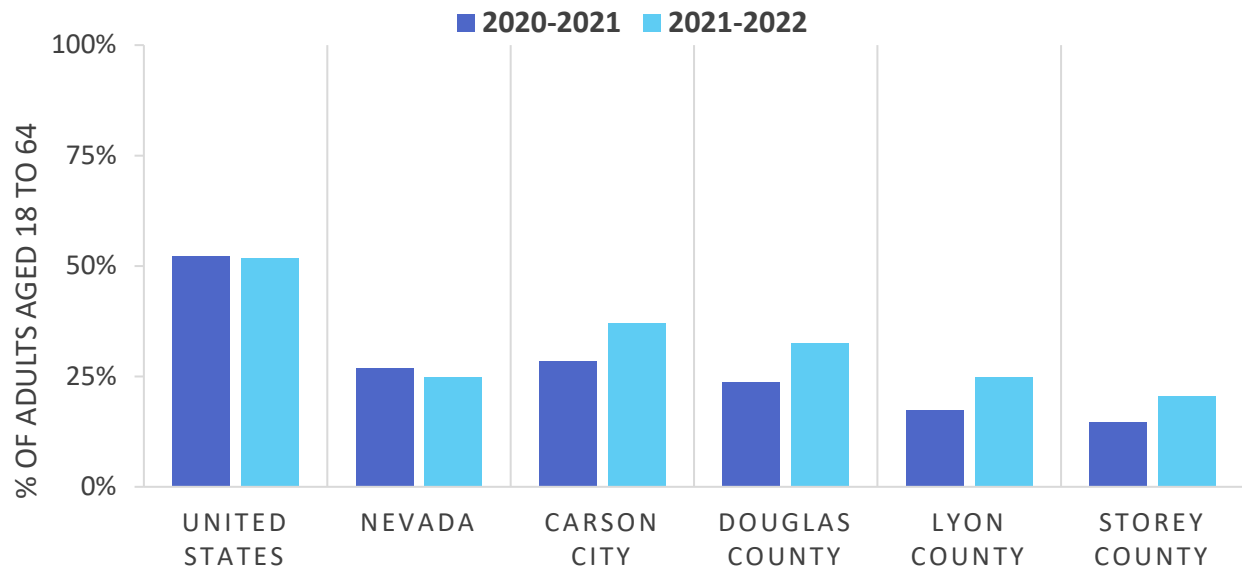
65 AND OLDER	United States	Nevada
Ever had a pneumonia vaccination	69.9%	70.7%
Had the flu shot in the past year	67.0%	61.8%

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System Web Enabled Analysis Tool, 2020

¹⁰⁸ National Center for Immunization & Respiratory Diseases. Link: cdc.gov/vaccines/parents/why-vaccinate/index.html

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Exhibit 165: Influenza Vaccinations



	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
2021-2022	52.1%	26.8%	28.5%	23.7%	17.3%	14.7%
2020-2021	51.8%	24.9%	37.1%	32.5%	24.7%	20.5%

Source: State of Nevada Department of Health & Human Services, Office of Analytics. Nevada Influenza Vaccinations

Sexual Health

Due to the impact of the COVID-19 pandemic on HIV testing in the United States during 2020, the overall number of HIV diagnoses in the United States in 2020 (30,403) was 17% lower than in 2019 (36,585). The steep reduction in diagnoses in 2020 is likely due to disruptions in clinical care services, patient hesitancy in accessing clinical services, and shortages in HIV testing reagents/materials, which causes concern regarding underdiagnosis.¹⁰⁹

Despite pandemic-related challenges, Nevada’s rate of new HIV diagnoses decreased by 25.5% between 2019 and 2020. However, the HIV and AIDS-related death rate increased slightly in Nevada, from six deaths per 100,000 population to 6.5 deaths per 100,000 population.

Exhibit 166: Human Immunodeficiency Virus & Acquired Immunodeficiency Syndrome

	United States		Nevada	
	2019	2020	2019	2020
HIV death rate	5.9	6.5	6.0	6.5
AIDS death rate	4.5	5.0	4.6	5.3
HIV prevalence	376.9	379.7	411.5	418.5
AIDS prevalence	192.3	191.4	190.8	191.7
HIV diagnoses	13.2	10.9	20.0	14.9

Source: Center for Disease Control & Prevention, National Center for HIV, Viral Hepatitis, STD & TB Prevention, 2019

Exhibit 167: Sexually Transmitted Infections

	Nevada		Carson City		Douglas County		Lyon County		Storey County	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Primary/ Secondary Syphilis	26.2	24.9	14.3	12.5	2.0	6.1	7.0	8.7	0.0	24.3
Gonorrhea	211.6	206.6	75.1	78.7	45.0	53.2	53.9	114.8	48.5	48.5

Source: Center for Disease Control & Prevention, National Center for HIV, Viral Hepatitis, STD & TB Prevention, 2019

¹⁰⁹ National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Link: [cdc.gov/nchhstp/](https://www.cdc.gov/nchhstp/)

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Similar to preventative screenings and routine check-ups, sexually transmitted infection (STI) testing was hindered in early 2020. Healthcare clinics closed entirely or limited in-person visits to symptomatic patients only while decreased routine healthcare visits, increased unemployment and loss of health insurance, as well as STI test kit and laboratory supply shortages, may have contributed to reduced screening during the pandemic.¹¹⁰

The incidence of chlamydia in youth ages 15 to 19 in Carson City is higher than state and national rates (2,188.6 cases per 100,000 population). Carson City also has the highest rates of chlamydia in youth ages 20 to 24, which is higher than national levels, but lower than state rates.

About the Data

Incidence is a measure of the number of new cases of a characteristic that develop in a population in a specified time period. Researchers may study incident (new) cases of illnesses to help identify causes and prevent additional cases. Incidence is often reported for infectious diseases.

National Institute of Mental Health

Exhibit 168: Incidence of Chlamydia in Youth

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Under 14	20.3	11.6	10.6	0.0	0.0	0.0
15 to 19	2,156.0	2,178.7	2,188.6	1,613.6	1,658.5	598.8
20 to 24	3,002.1	3,317.9	3,055.4	1,891.9	1,955.7	2,000.0

Source: Center for Disease Control & Prevention, National Center for HIV, Viral Hepatitis, STD & TB Prevention, 2019

Exhibit 169: Incidence of Chlamydia in Adults

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
25 to 29	1,448.6	1,547.3	1,357.7	876	843.4	549.5
30 to 34	729.7	849.2	578.2	367.3	427.8	571.4
35 to 39	389.6	454.5	535.1	78.7	196	555.6
40 to 44	215.9	281.6	165.9	84.4	329.6	934.6
45 to 54	99.0	140.3	102.2	74.5	59.9	0.0
55 to 64	32.9	43	0.0	11.3	11.9	0.0
65 and older	5.1	5.4	0.0	0.0	0.0	0.0

Source: Center for Disease Control & Prevention, National Center for HIV, Viral Hepatitis, STD & TB Prevention, 2019

¹¹⁰ Centers for Disease Control & Prevention. Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD & TB Prevention, 2022. Link: cdc.gov/std/statistics/2020/impact.htm

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- Carson City has the highest incidence of chlamydia in adults ages 25 to 29 with 1,357.7 newly diagnosed cases per 100,000 population.
- For ages 35 to 39, Storey County has the highest incidence of newly diagnosed cases of chlamydia (555.6) with Carson City close behind at 535.1 per 100,000 population. Both rates are higher than the state (454.5) and national levels (389.6).
- Newly diagnosed cases of chlamydia for ages 40 to 44 in Storey County are notably high: 934.6 per 100,000. This is four times higher than national rates and three times higher than state rates.

More than half of all high school students in the Quad-County service area self-reported condom use, with Lyon and Storey Counties having the highest rates (56.7%).

Exhibit 170: Self-Reported Condom Use by High School Students

	Nevada	Carson City	Douglas County	Lyon & Storey County
Used a condom during last sexual intercourse	56.8%	55.2%	51.8%	56.7%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

Exhibit 171: Self-Reported Dating & Sexual Violence by High School Students¹¹¹

	Nevada	Carson City	Douglas County	Lyon & Storey County
Physical dating violence	7.0%	13.7%	7.0%	7.4%
Sexual dating violence	12.6%	12.3%	13.4%	12.7%
Physically forced to have sexual intercourse	6.2%	6.9%	5.1%	7.6%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

- The percentage of high school students who experienced physical or sexual dating violence in the past year (2019), indicates that Carson City high school students have experienced more physical dating violence in the past year compared to other service area counties. Lyon and Storey County have the highest percentage of high school students who reported ever being physically forced to have sexual intercourse in their lifetime.

¹¹¹ Physical dating violence: Including being hit, slammed into something, or injured with an object or weapon on purpose by someone they were dating or going out with. Sexual dating violence: Including kissing, touching, or physically forced to have sexual intercourse when they did not want to by someone they were dating or going out with.

Maternal Health

Over the past two decades, the United States maternal mortality rate has not improved while maternal mortality rates have decreased for other regions of the world. Significant racial and ethnic disparities persist in both the rate of women in the United States who die due to complications of pregnancy or delivery and the rate that women experience negative health consequences due to unexpected pregnancy or childbirth outcomes.¹¹²

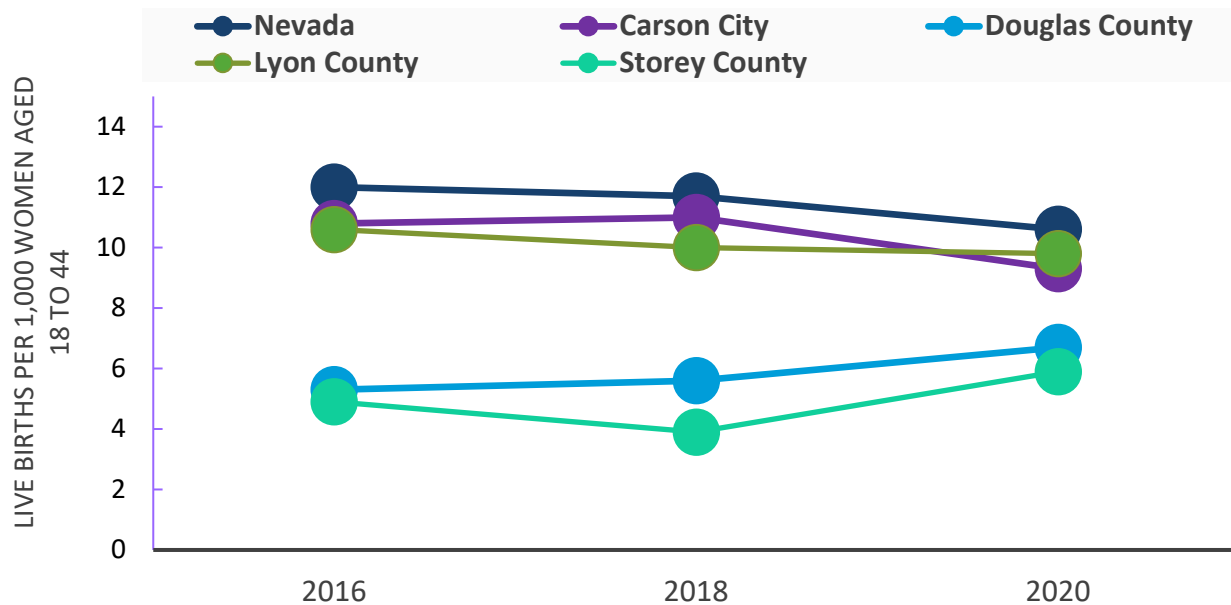
The annual trend of birth rates for women aged 18 to 44 increased slightly in Douglas and Storey County and decreased slightly in other service area counties as well as statewide.

About the Data

Annual Birth Rates:
Live Births Per 1,000
Women Aged 18 to 44

Annual Teen Birth Rates:
Live Births Per 1,000
Women Aged 15 to 19

Exhibit 172: Trend of Annual Birth Rates



	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	10.6	9.3	6.7	9.8	5.9
2018	11.7	11.0	5.6	10.0	3.9
2016	12.0	10.8	5.3	10.6	4.9

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

¹¹² United States Commission on Civil Rights. *Racial Disparities in Maternal Health*, 2021. Link: [usccr.gov/files/2021/09-15-Racial-Disparities-in-Maternal-Health.pdf](https://www.usccr.gov/files/2021/09-15-Racial-Disparities-in-Maternal-Health.pdf)

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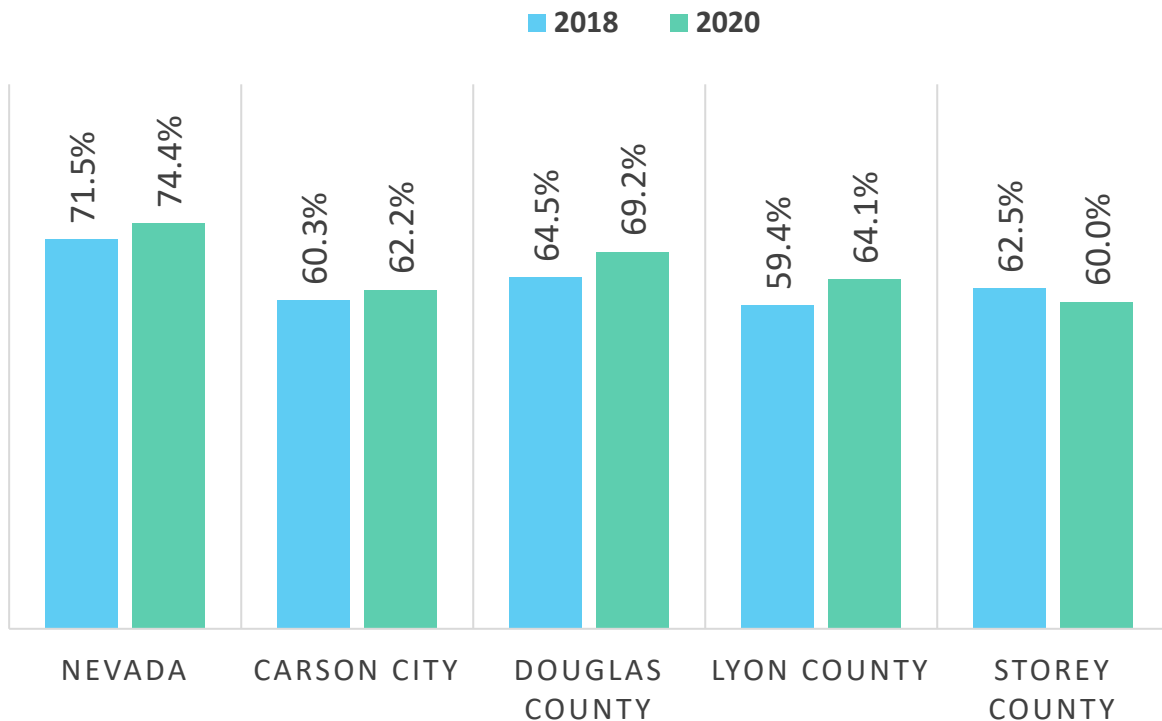
Counties with a small number of cases may be suppressed to protect the individual's confidentiality. Teen births have decreased between 2016 and 2020, predominantly in Carson City. The Quad-County Region has lower percentages of women who received prenatal care in their first trimester compared to women statewide. Between six and seven of ten expecting mothers received prenatal care within their first trimester.

Exhibit 173: Trend of Annual Teen Birth Rate

	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	21.6	30.7	8.1	16.6	26.1
2018	24.9	30.5	15.8	27.8	ND
2016	28.0	37.6	13.8	20.9	ND

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

Exhibit 174: Women Receiving Prenatal Care During First Trimester



	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	74.4%	62.2%	69.2%	64.1%	60.0%
2018	71.5%	60.3%	64.5%	59.4%	62.5%

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

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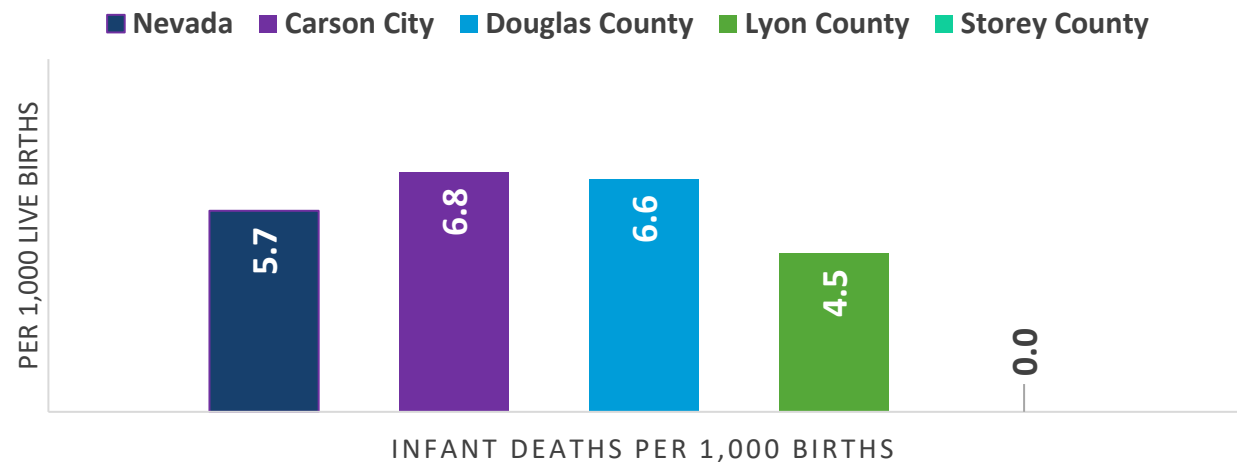
Exhibit 175: Women’s Health Providers

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Obstetrics & Gynecology	12.5	ND	9.8	303	17.9	10	0.0	0	0.0	0	0.0	0

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Health Resources & Services Administration, Area Health Resource Files, 2019

- Carson City is the only area within the Quad-County Region with obstetric providers and/or gynecologists, indicating a possible risk of other service area counties becoming a maternity care desert. Maternity care deserts are areas within geographies, like counties, with no hospital staff trained to provide care for pregnant women and no specialists or certified nurse midwives to deliver babies.¹¹³

Exhibit 176: Infant Mortality Rate



Nevada	Carson City	Douglas County	Lyon County	Storey County
5.7	6.8	6.6	4.5	0.0

Source: Nevada Dept. of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

Exhibit 177: Birth Weight

Per 1,000 Live Births	Nevada	Carson City	Douglas County	Lyon County	Storey County
Under 5.5 Pounds	88.7	86.7	87.5	84.1	0.0

Source: Nevada Dept. of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

¹¹³ RTI Health Advance. *Lost in the Maternity Care Desert: The Worsening Crisis in Rural Obstetrics Care*, 2022. Link: healthcare.rti.org/insights/maternity-care-deserts-rural-obstetrics

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Exhibit 178: Reported Abortion Rate

PER 1,000 WOMEN AGED 15 TO 44	Nevada
Abortions reported in Nevada	14.0
Abortions obtained by out-of-state residents	5.2

Source: Centers for Disease Control & Prevention. Morbidity and Mortality Weekly Report Abortion Surveillance, 2019

Exhibit 179: Reported Abortions by Known Race & Ethnicity

	Nevada
White	37.0%
Black	18.4%
Other	12.0%
Hispanic	32.6%
Total abortions reported by known race & ethnicity	91.2%

Source: Centers for Disease Control & Prevention. Morbidity and Mortality Weekly Report Abortion Surveillance, 2019

Exhibit 180: Reported Abortions Among Adolescents in Nevada

PER 1,000 WOMEN	Percent	Number
Under 15	2.7%	19
15	5.2%	37
16	8.7%	62
17	14.2%	101
18	30.8%	219
19	38.3%	272
Total number of abortions, ages 0 to 19	100.0%	710

Source: Centers for Disease Control & Prevention. Morbidity and Mortality Weekly Report Abortion Surveillance, 2019

Exhibit 181: Reported Abortions Among Adults in Nevada

PER 1,000 WOMEN	Percent	Number
15-19	8.6%	691
20-24	27.2%	2,200
25-29	27.9%	2,257
30-34	20.2%	1,630
35-39	11.4%	918
≥40	4.5%	363
Total abortions reported by known age	96.0%	8,078

Source: Centers for Disease Control & Prevention. Morbidity and Mortality Weekly Report Abortion Surveillance, 2019

Maternal Substance Use

Alcohol and other harmful substances can cause problems during pregnancy and affect the health of babies both before and after birth.¹¹⁴

Across Carson City, Douglas County, and Lyon County, the percentage of pregnant women abstaining from alcohol consumption has decreased, most

significantly in Douglas County, which decreased from 99.6% in 2016 to 90.4% in 2020. Since 2016, the percentage of pregnant women abstaining from smoking in Carson City, Douglas County, and Lyon County have increased slightly. The opposite is true in Storey County, where rates have decreased slightly since 2016.

As of 2022, Opioid use within subpopulations within Nevada increased, including pregnant women. The number of women who self-reported the use of heroin and other opioids during pregnancy has quadrupled since 2012, while neonatal opioid exposure has doubled.

Nevada Resiliency Fund: Opioid Needs Assessment, 2022

Exhibit 182: Trend of Pregnant Women Abstaining from Alcohol Consumption

	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	96.2%	97.7%	90.4%	97.5%	100.0%
2018	97.0%	97.7%	91.6%	98.6%	100.0%
2016	ND	99.2%	99.6%	99.1%	100.0%

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

Exhibit 183: Trend of Pregnant Women Abstaining from Smoking Tobacco

	Nevada	Carson City	Douglas County	Lyon County	Storey County
2020	94.8%	90.5%	93.1%	87.7%	92.0%
2018	94.6%	91.6%	91.2%	85.0%	93.8%
2016	ND	89.4%	92.2%	85.2%	95.0%

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

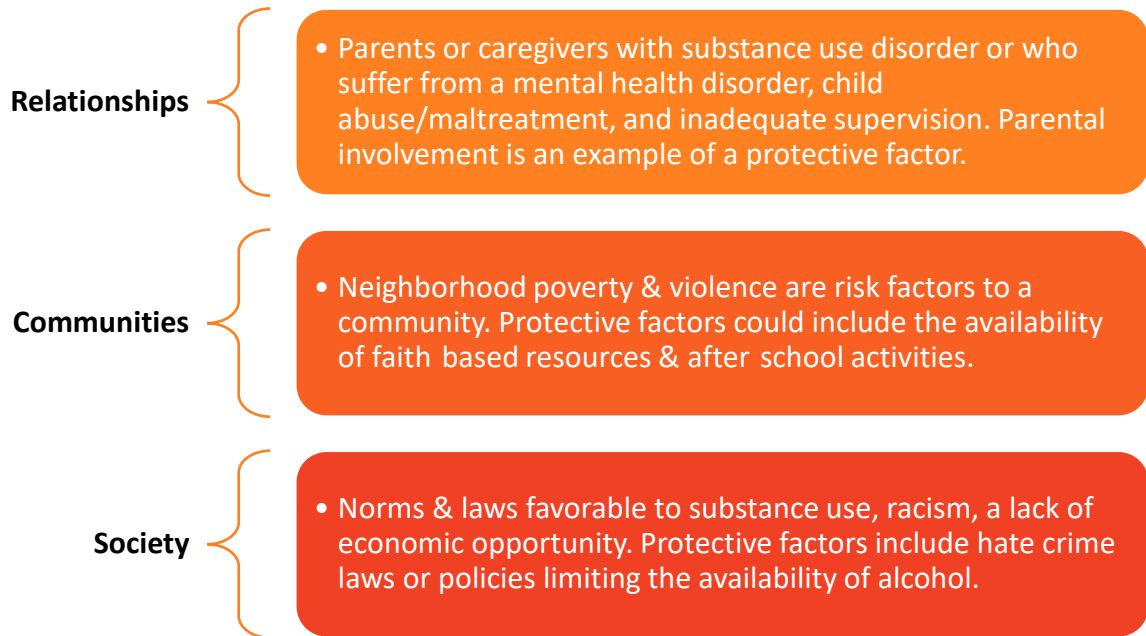
¹¹⁴ State of Nevada, Alcohol Or Drug Use During Pregnancy. Link: <https://state.nv.networkofcare.org/ph/library/article.aspx?hwid=ae1198>

Behavioral Risk Factors

Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precedes and are associated with a higher likelihood of negative outcomes.

Individual-level risk factors may include a person’s genetic predisposition to addiction or exposure to alcohol prenatally.¹¹⁵

Exhibit 184: Risk Factors



Source: Substance Abuse and Mental Health Services Administration, Risk & Protective Factors

¹¹⁵ SAMHSA, Risk & Protective Factors. Link: [samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf](https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Insufficient sleep is associated with numerous chronic diseases and conditions, such as diabetes, cardiovascular disease, hypertension, obesity, and depression.¹¹⁶ The age-adjusted percentage of adults who report fewer than seven hours of sleep on average ranges from only 34.7% in Douglas County to 38.5% in Carson City. One-third (or fewer) high school students across the service area get sufficient sleep. Only one-third of middle school students in Lyon County get sufficient sleep. Additionally, nearly six in ten middle school students in Carson City and Douglas County, and half of those in Storey County, get sufficient sleep.

Exhibit 185: Sleep Indicators

	Nevada	Carson City	Douglas County	Lyon County	Storey County
Adults who got Insufficient sleep ¹¹⁷	ND	38.5%	34.7%	37.7%	35.5%
High School Students who got sufficient sleep ¹¹⁸	21.6%	24.8%	30.7%	33.3%	21.6%
Middle School students who got sufficient sleep ¹¹⁹	50.0%	58.5%	59.2%	33.3%	50.0%

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019 Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School & Middle School Youth Risk Behavior Survey Report

Exhibit 186: Additional Safety Indicators

	Nevada	Carson City	Douglas County	Lyon & Storey County
High school students who texted or e-mailed while driving a car in the past 30 days	31.0%	39.3%	51.4%	36.3%
High school students who carried a gun within the past year	5.3%	8.2%	4.7%	5.1%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

¹¹⁶ National Center for Chronic Disease Prevention & Health Promotion, Division of Population Health, Sleep & Chronic Disease. Link: cdc.gov/sleep/about_sleep/chronic_disease.html

¹¹⁷ Age-adjusted percentage of adults who report fewer than 7 hours of sleep on average.

¹¹⁸ Percentage of high school students who had 8 or more hours of sleep on an average school night.

¹¹⁹ Percentage of high school students who had 9 or more hours of sleep on an average school night.

Behavioral Health

Behavioral health is the promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.¹²⁰

The pandemic exacerbated the need for behavioral health services while individuals with existing disorders faced additional barriers to care. However, even before the COVID-19 public health emergency, the demand for behavioral health services was on the rise.¹²¹

Residents in Lyon County reported having an average of 4.4 poor physical health days, higher than state (4.2) and national (3.4) averages and the surrounding counties. The number of poor mental health days is highest in Lyon County (4.9).

QUALITY OF LIFE

Poor Mental Health Days. Average number of mentally unhealthy days reported in the past 30 days.

Poor Physical Health Days. Average number of physically unhealthy days reported in the past 30 days, based on responses to the Behavioral Risk Factor Surveillance System question: “Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?” The value reported is the average number of days a county’s adult respondents report that their physical health was not good.

Frequent Mental Distress. Percentage of adults who reported 14 or more days in response to the question, “Now, thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Exhibit 187: Quality of Life

	United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
Poor physical health days	3.4	4.2	4.2	3.7	4.4	3.7
Poor mental health days	4.0	4.7	4.6	4.4	4.9	4.4

Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019

¹²⁰ SAMHSA, *Behavioral Health Integration*. Link: [samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf](https://www.samhsa.gov/sites/default/files/samhsa-behavioral-health-integration.pdf)

¹²¹ *Addressing the Behavioral Health Crisis*, 2021. Link: [kaufmanhall.com/insights/article/addressing-behavioral-health-crisis?mkt_tok=NjU0LUNOWS0yMjQAAAF9kEL2kL79N9Mo4sGYHi1sFIY31e4Zh2FSnt2ppR-zBzwBvGB5Q5aoMP9ABHvMQFFjpLpEkh0aXAESLf9JLR_f6Dsy-twIMr7j-4MxolXLep1p](https://www.kaufmanhall.com/insights/article/addressing-behavioral-health-crisis?mkt_tok=NjU0LUNOWS0yMjQAAAF9kEL2kL79N9Mo4sGYHi1sFIY31e4Zh2FSnt2ppR-zBzwBvGB5Q5aoMP9ABHvMQFFjpLpEkh0aXAESLf9JLR_f6Dsy-twIMr7j-4MxolXLep1p)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

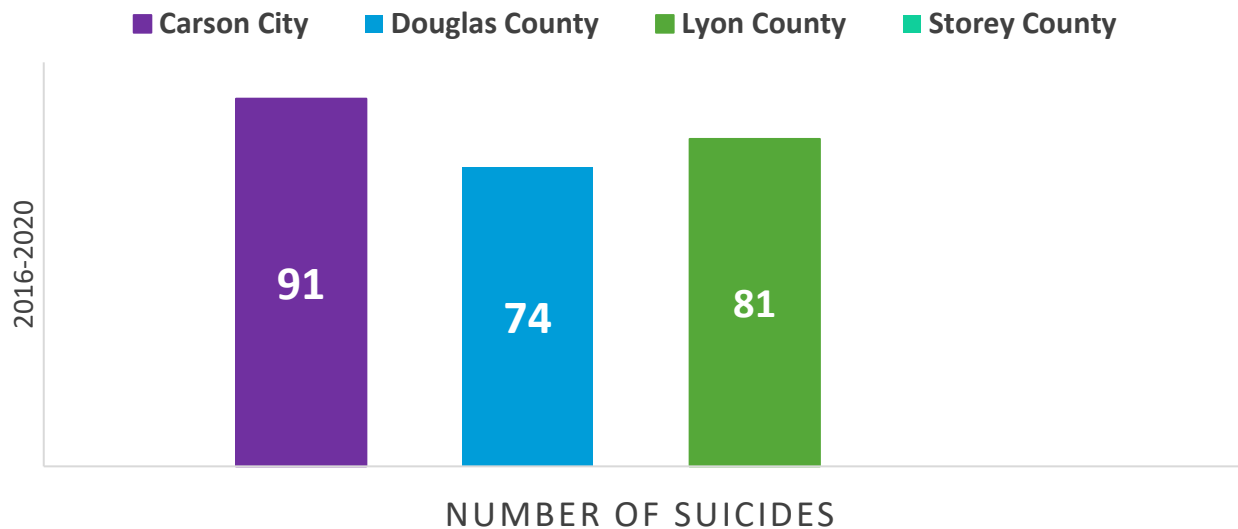
Nevada is no longer in the top 10 states for suicides, and now ranks 12th in the nation, according to a report by Suicide Awareness Voices of Education (SAVE). In 2019, Nevada ranked among states in suicide rates, with 642 deaths resulting in an age-adjusted rate of 19.8 suicides per 100,000 population. In 2020, Nevada moved to twelfth on the list with 603 deaths, a rate of 19.2. According to Nevada’s Office of Suicide Prevention, the number of suicides in Nevada has held steady or decreased, while the country has seen an uptick.¹²²

About the Data

The suicide rate for the total population of each county measures the number of suicides in a given time period (2016-2020) divided by the average number of people at risk during that period.

Among the Quad-Counties, the suicide rate is highest in Carson City, with 30 suicides per 100,000 population, followed by Douglas County with 29 suicides per 100,000 population.

Exhibit 188: Suicide Rate



	Nevada	Carson City	Douglas County	Lyon County	Storey County
Number of suicides	3,152	91	74	81	ND
Per 100,000 population	ND	30	29	26	ND

Source: National Center for Health Statistics, 2016-2020 Mortality Files

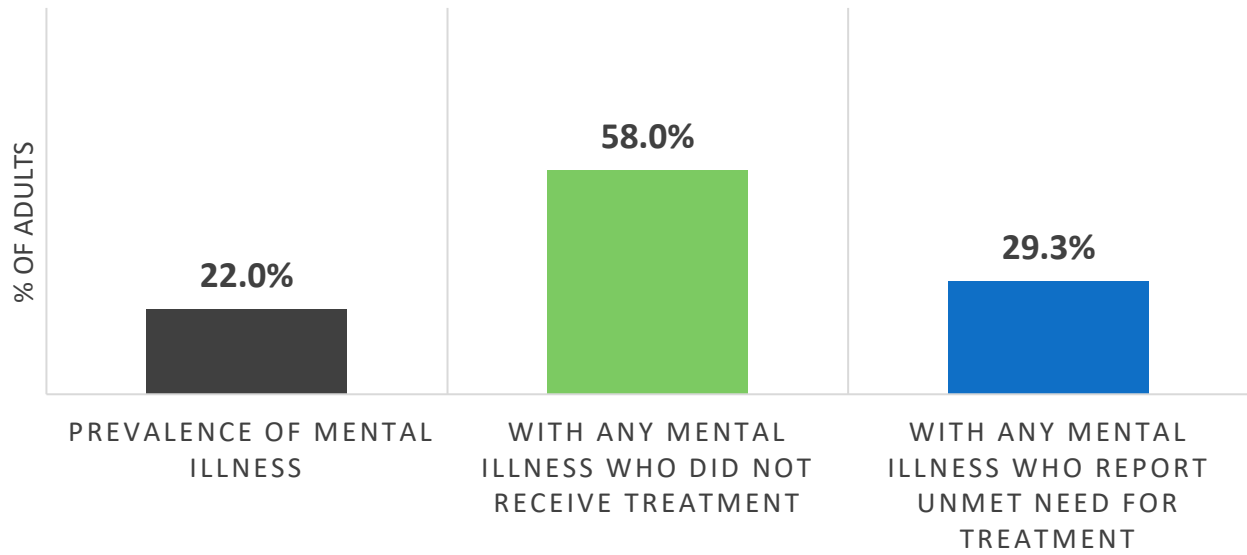
- The statewide number of suicides only represent the sum of deaths of counties who reported data and may not accurately reflect the total number of suicide-related deaths between 2016 and 2020.

Over half of adults in Nevada reported having a mental illness and did not receive treatment. And over a quarter of adults reported an unmet need for treatment.

¹²² Nevada Department of Health & Human Services. Nevada Drops in National Ranking for Suicides, 2022. Link: dhhs.nv.gov/Reports/Press_Releases/2022/Nevada_Drops_in_National_Ranking_for_Suicides/

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 189: Adult Mental Health Indicators



	Nevada
Prevalence of Mental Illness	22.0%
With any mental illness who did not receive treatment	58.0%
With any mental illness who report unmet need for treatment	29.3%

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2019

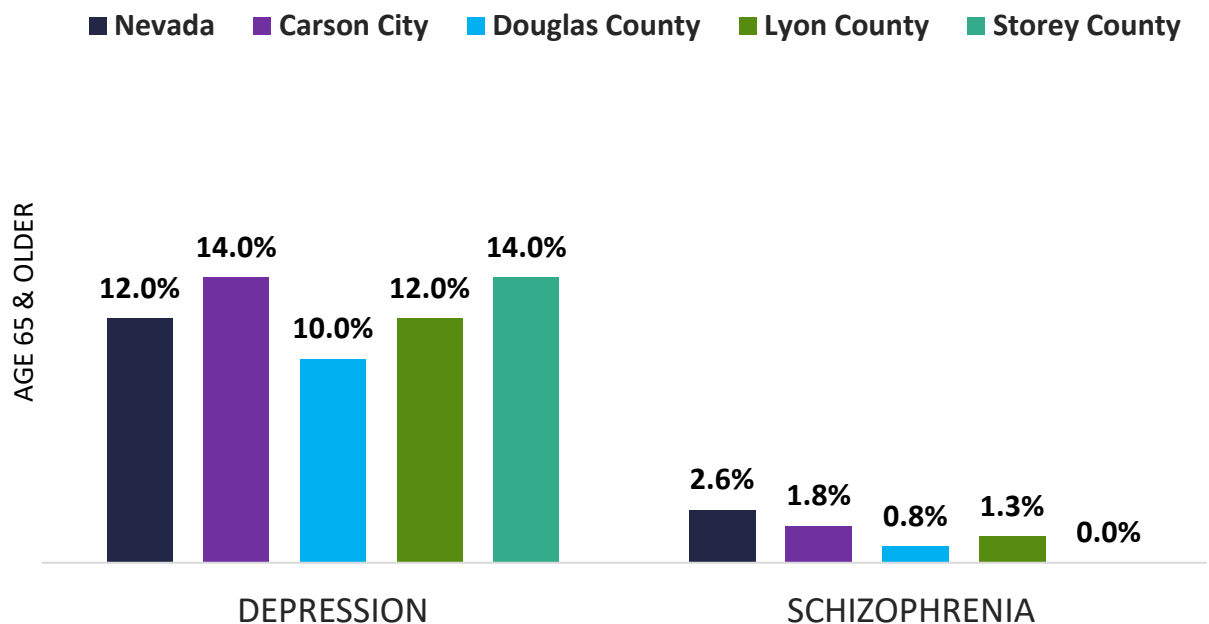
Mental Health of Older Adults

The COVID-19 pandemic has exacerbated social isolation and loneliness, as well as other issues that older adults commonly face. Stay-at-home and social distancing mandates during the COVID-19 pandemic have forced nearly everyone to become more socially isolated than ever before.¹²³

The mental health of older adults is critical to the Quad-County Region, as adults aged 65 and older make up nearly a quarter of the PSA (23.6%). In Storey County alone, nearly one in three members of the population is aged 65 and older.

Carson City and Storey County have the highest rates of depression among older adults (14.0%), higher than the statewide rate (12.0%).

Exhibit 190: Mental Health Disorders in Older Adults



Source: Centers for Medicare and Medicaid Services (CMS) Mapping Medicare Disparities by Population data via the University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, [Nevada Instant Atlas](#).

¹²³ National Council on Aging, Inc. COVID-Driven Isolation Can Be Dangerous for Older Adults, 2021. Link: ncoa.org/article/covid-driven-isolation-can-be-dangerous-for-older-adults

Youth Behavioral Health

The data below offer a baseline of key mental health indicators self-reported by middle and high school students pre-pandemic.

Before the pandemic, approximately one in eight children had a type of anxiety disorder nationwide. Within the first few months of the pandemic, that proportion doubled.

From 2019 to 2021, emergency department visits for

“The challenges today’s generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating.”

About the Data

Due to the pandemic and change in administration, the CDC was delayed in getting 2021 Youth Risk Behavior Survey data out to states. As a result, 2019 Youth Risk Behavior Survey data is the most recent available data for this CHNA report.

suspected suicide attempts increased by

51.0% for girls and four percent for adolescent boys.¹²⁴

In 2019, approximately 35.8% to 40.2% of high school students in each county reported feeling sad or hopeless for two weeks or more in a row in the past year. More concerning, 53.6% to 56.4% of high school students self-reported never or rarely getting the help they need when they felt sad, empty, hopeless, angry, or anxious.

Approximately 44.6% to 56.0% of middle school students self-reported receiving the kind of help they need when they felt sad, empty, hopeless, angry, or anxious.

Exhibit 191: Self-reported Youth Mental Health Indicators

2019	Nevada	Carson City	Douglas County	Lyon & Storey counties
High school students who felt sad or hopeless for two weeks or more in a row in the past year	40.7%	40.2%	35.8%	36.2%
High school students who never or rarely got the kind of help they need when they felt sad, empty, hopeless, angry, or anxious	56.2%	53.7%	53.6%	56.4%
Middle school students who felt sad or hopeless for two weeks or more in a row in the past year	34.4%	40.5%	29.5%	34.2%
Middle school students who ever got the kind help they need when they felt sad, empty, hopeless, angry, or anxious	49.9%	44.6%	46.9%	56.0%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School & Middle School Youth Risk Behavior Survey Report

¹²⁴ Harvard Magazine. No Going Back to Normal, 2022. Link: <https://www.harvardmagazine.com/2022/07/feature-childrens-mental-health>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

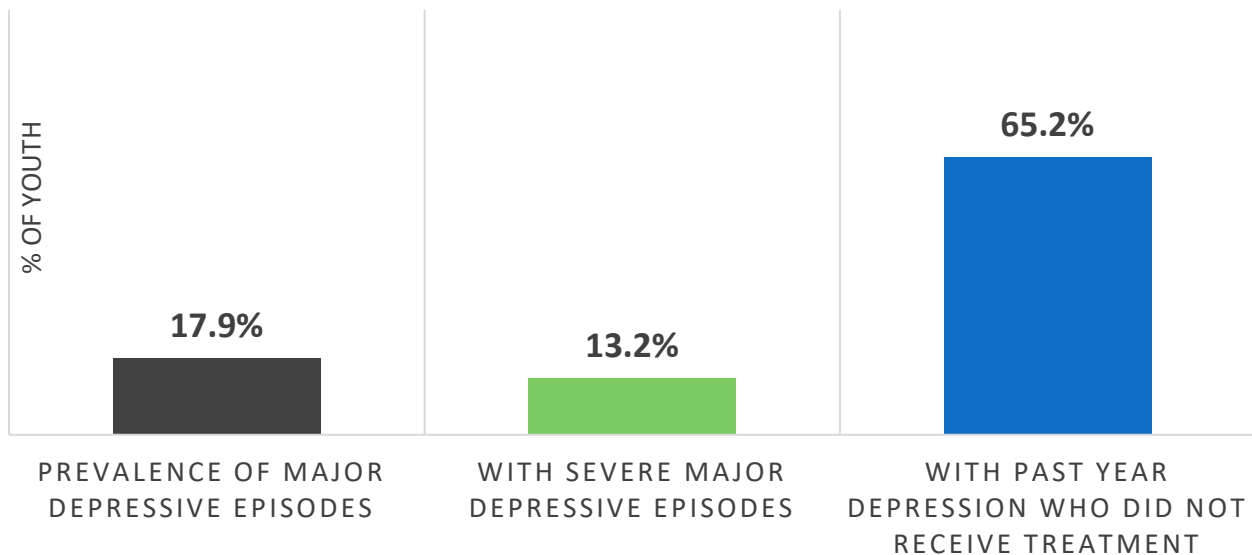
Exhibit 192: Self-Reported Youth Suicide-related Indicators

GRADES 9 TO 12	Nevada	Carson City	Douglas County	Lyon & Storey County
Created a suicide plan	15.3%	14.9%	17.0%	12.9%
Attempted suicide	8.9%	11.2%	6.3%	8.4%
Attempting suicide resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse	2.8%	4.4%	2.2%	2.6%
Self-harmed without wanting to die	20.9%	20.6%	17.8%	17.9%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

- Approximately 12.9% to 17.0% of high school students self-reported creating a suicide plan at least once within the service area.
- Over one in 10 high school students in Carson City reported attempting suicide in the past year. Of those attempts, 4.4% resulted in a condition that required treatment by a doctor or nurse. Additionally, one in five Carson City high school students reported self-harming without wanting to die.

Exhibit 193: Additional Youth Mental Health Indicators



	Nevada
Prevalence of Major Depressive Episodes	17.9%
With Severe Major Depressive Episodes	13.2%
With past year depression who did not receive treatment	65.2%

Source: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. National Survey on Drug Use and Health, 2019

Substance Use

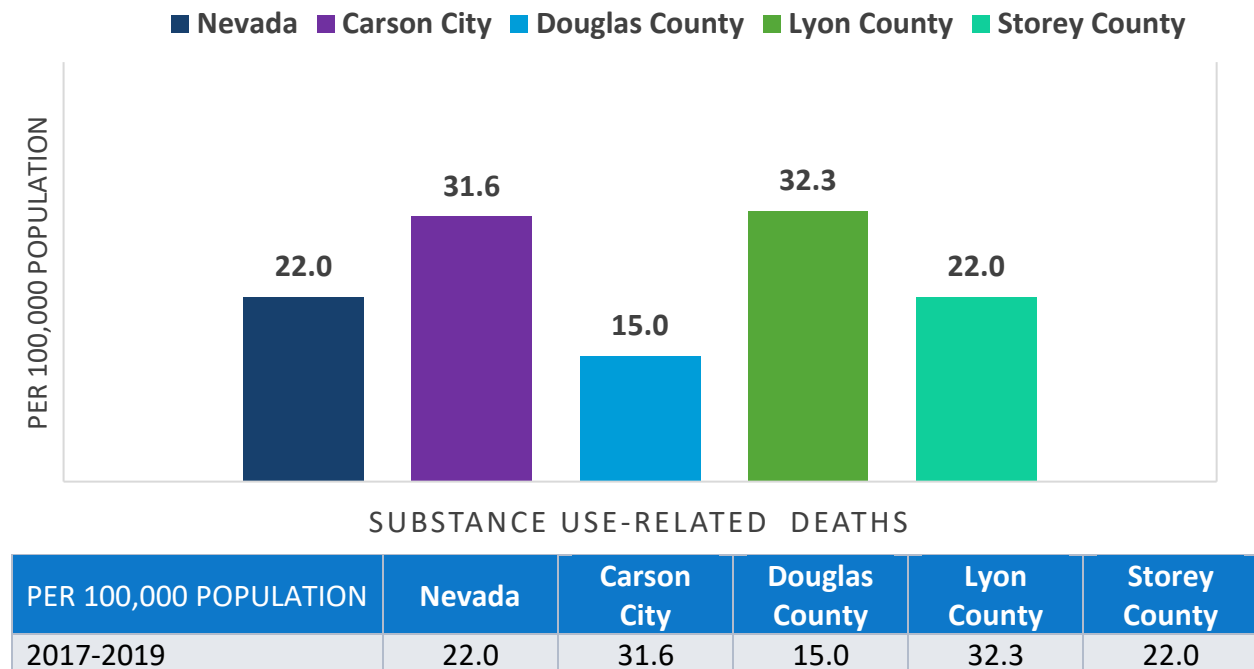
Between 2017 and 2019, Lyon County experienced the highest rate of substance use-related deaths per 100,000 population, over twice as high compared to Douglas County.

The mortality rate in Lyon County is the below indicate deaths per 100,000 population which occurred between 2017 and 2019.¹²⁵

About the Data

Substance use-related mortality rates include accidental poisonings, intentional self-poisonings, and assault by drug poisonings, and drug poisoning of undetermined intent for drug-related overdose deaths and where any of the following opioid-related substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids.

Exhibit 194: Substance Use-related Mortality Rate



Source: State of Nevada Department of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

High school students report using electronic vapor products, alcohol, and/or marijuana, and to a lesser degree, cigarettes and/or prescription pain medicine, at some point in their lives.

¹²⁵ State of Nevada Department of Health & Human Services Office of Analytics. Nevada Health Profiles, 2021. Link: <https://app.powerbigov.us/view?r=eyJrjoiNDMzMzgwNzltMmVkZS00YTZlThmNmYtMzgzMWM0NWRkOGlxliwidCl6ImU0YTM0MGU2LWI4OWUtNGU2OC04ZWFlLTE1NDRkMjcwMzk4MCI9>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

More than half of all students in the service area reported using electronic vapor products. The state average is 43.5%. Approximately one in five high school students in the Quad-County reported using prescription pain medicine. Rates are highest in Carson City (21.7%) and lowest in Lyon and Storey Counties (17.1%).

Exhibit 195: High School Student Self-Reported Lifetime Substance Use¹²⁶

GRADES 9 TO 12	Nevada	Carson City	Douglas County	Lyon & Storey County
Alcohol	56.9%	63.1%	69.3%	63.1%
Cigarettes	18.0%	24.7%	21.4%	28.7%
Cocaine	5.2%	10.6%	8.9%	6.2%
Ecstasy	4.8%	6.5%	8.7%	6.3%
Electronic vapor products ¹²⁷	43.5%	61.4%	58.0%	57.7%
Heroin	2.5%	2.8%	1.9%	2.5%
Injectable Substances	2.2%	2.2%	1.2%	2.9%
Marijuana	35.4%	48.0%	40.5%	39.2%
Methamphetamines ¹²⁸	2.9%	5.5%	1.8%	3.8%
Prescription Pain Medicine ¹²⁹	18.8%	21.7%	18.2%	17.1%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

- Nearly 70.0% of Douglas County high school students reported using alcohol. The percentages are slightly lower in the surrounding counties.
- Nearly half of Carson City high school students reported using marijuana (48.0%). Percentages are about 10 percentage points lower in the surrounding counties.
- Approximately one in three high school students in Lyon and Storey Counties reported using cigarettes (28.7%). The percentage is a bit lower in Carson City (24.7%).
- One in 10 high school students in Carson City reported using cocaine. Douglas, Lyon, and Storey County percentages are above the state (5.2%).

¹²⁶ Percentage of students who answered, 'yes'.

¹²⁷ Including e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods such as JUUL, Vuse, MarkTen, and blu

¹²⁸ Used methamphetamines (also called "speed", "crystal meth", "crank", "ice", or "meth").

¹²⁹ Percentage of high school students who ever took prescription pain medicine without a doctor's prescription or differently than prescribed (codeine, Vicodin, OxyContin, Hydrocodone, and Percocet).

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Nearly four in ten Carson City high school students (38.8%) report current use of electronic vapor products. Approximately 35.0% of high school students report using electronic vapor products in Lyon and Storey Counties. Nearly one-third of Carson City high school students currently use marijuana. Over seven percent of high school students in Lyon and Storey counties currently use prescription pain medicine.

About the Data

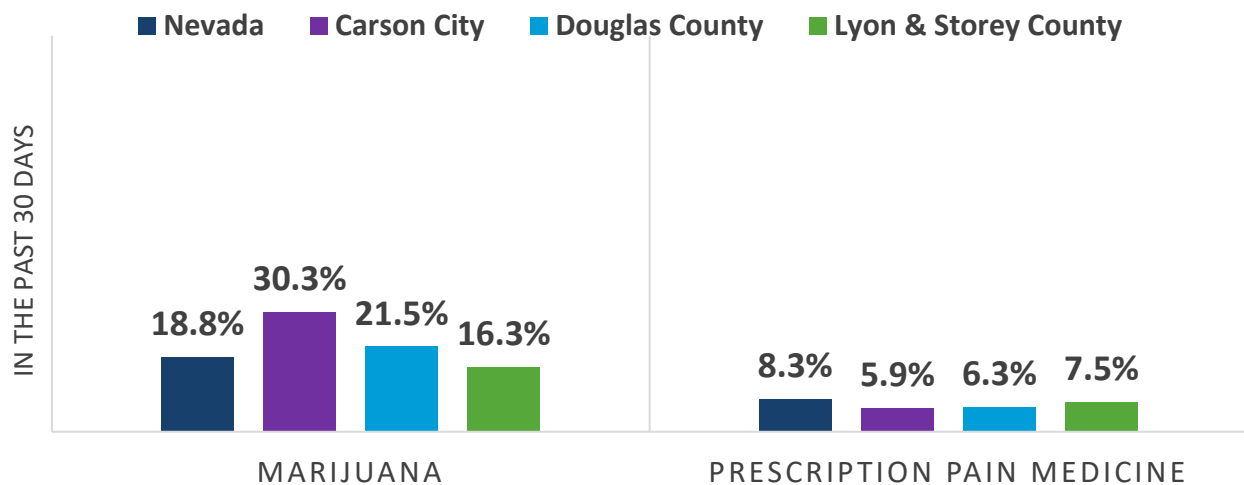
Current use reflects the percentage of high school students who reported substance use during the 30 days before the survey.

Exhibit 196: High School Student Self-Reported Current Substance Use¹³⁰

GRADES 9 TO 12	Nevada	Carson City	Douglas County	Lyon & Storey County
Alcohol	23.9%	26.8%	31.6%	29.0%
Binge Drinking	11.5%	18.6%	19.1%	18.0%
Cigarettes	3.6%	5.5%	5.9%	6.8%
Electronic Vapor Products	22.5%	38.8%	14.6%	35.0%
Marijuana	18.8%	30.3%	21.5%	16.3%
Prescription Pain Medicine	8.3%	5.9%	6.3%	7.5%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

Exhibit 197: High School Student Self-Reported Current Marijuana Use



Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

¹³⁰ Percentage of high school students who reported substance use during the 30 days before the survey.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Quad-County Region middle school students self-reported lifetime use of electronic vapor products, alcohol, and marijuana, prescription pain medicine, and cigarettes at higher rates than any other substances.

The highest percentages of self-reported lifetime substance use are in Carson City for electronic vapor products (35.9%) – over one in three middle school students.

Over seventeen percent of Lyon and Storey Counties middle school students reported using marijuana. The number is slightly lower in Carson City (16.9%). Approximately fourteen percent of middle school students in Carson City and Lyon and Storey Counties have used prescription pain medicine.

Exhibit 198: Middle School Student Self-Reported Lifetime Use¹³¹

GRADES 6 TO 8	Nevada	Carson City	Douglas County	Lyon & Storey County
Alcohol	29.2%	33.1%	23.8%	35.3%
Cigarettes	9.9%	11.6%	10.9%	18.3%
Cocaine	1.7%	3.7%	1.0%	2.9%
Ecstasy	1.7%	3.4%	0.0%	2.4%
Electronic vapor products	22.4%	35.9%	22.8%	29.8%
Heroin	0.7%	3.0%	0.0%	0.6%
Marijuana	13.4%	16.9%	9.5%	17.4%
Methamphetamines	1.1%	2.9%	1.8%	4.0%
Prescription Pain Medicine	10.4%	14.0%	8.5%	13.9%

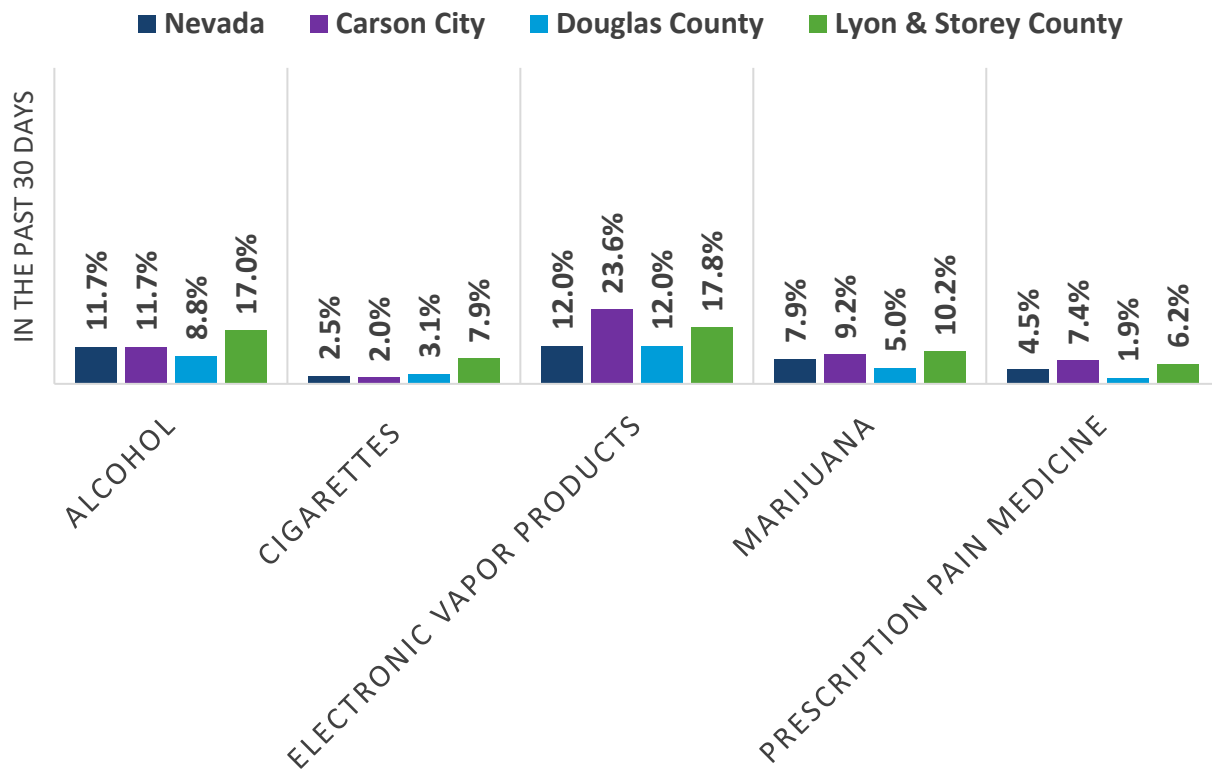
Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada Middle School Youth Risk Behavior Survey Report

¹³¹ *Due to small cell size, we caution against group comparisons for lifetime cocaine, heroin, and methamphetamine use.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Nearly one-quarter of Carson City middle school students reported current use of electronic vapor products. Nearly one in five Lyon or Storey County middle school students (17.0%) reported current alcohol use. More than seven percent of Carson City middle school students reported current use of prescription pain medicine.

Exhibit 199: Middle School Student Self-Reported Current Substance Use



GRADES 6 TO 8	Nevada	Carson City	Douglas County	Lyon & Storey County
Alcohol	11.7%	11.7%	8.8%	17.0%
Cigarettes	2.5%	2.0%	3.1%	7.9%
Electronic Vapor Products	12.0%	23.6%	12.0%	17.8%
Marijuana	7.9%	9.2%	5.0%	10.2%
Prescription Pain Medicine	4.5%	7.4%	1.9%	6.2%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada Middle School Youth Risk Behavior Survey Report

- Statewide, electronic vapor products were reported to be among the most the popular substance middle school students are currently using (12.0%).

Alcohol and Tobacco Use

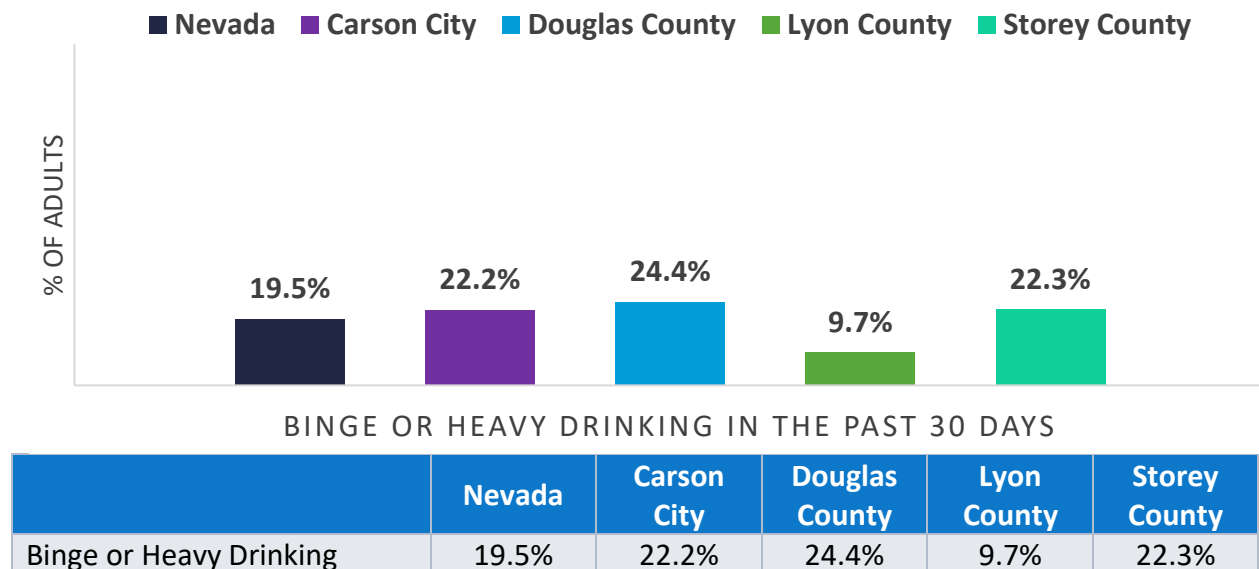
The COVID-19 pandemic has had a profound impact on alcohol use nationwide and is expected to contribute to 8,000 additional deaths from alcohol-related liver disease, 18,700 cases of liver failure, and 1,000 cases of liver cancer by 2040.¹³²

Nearly a quarter of Douglas County adults reported binge or heavy drinking in the past 30 days, the highest age-adjusted rate within the service area. Over one in five adults reported binge or heavy drinking in Carson City and Storey County.

About the Data

The Behavioral Risk Factor Surveillance Survey defines binge drinking as adults (>18) who reported having five or more drinks (men) or four or more drinks (women) on an occasion in the past 30 days.

Exhibit 200: Adult Self-Reported Alcohol Use

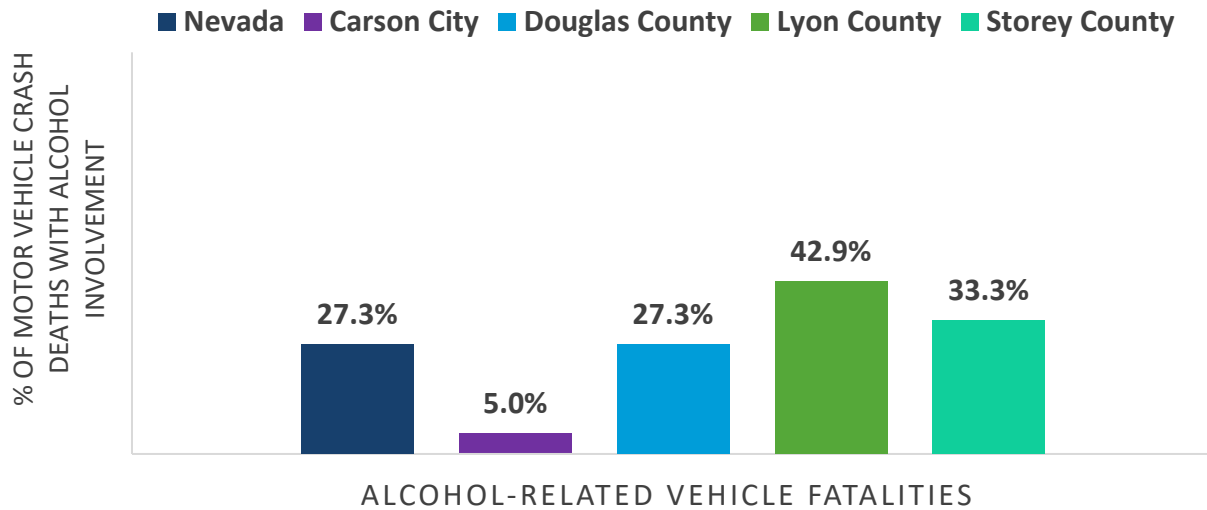


Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

Alcohol-impaired driving deaths is the percentage of motor vehicle crash deaths with alcohol involvement. Over 40.0% of motor vehicle crash deaths in Lyon County involved alcohol, the highest within the Quad-County Region.

¹³² The Harvard Gazette. Study holds warning on pandemic drinking, 2022.
 Link: news.harvard.edu/gazette/story/2022/01/covid-related-drinking-linked-to-rise-in-liver-disease/

Exhibit 201: Alcohol-related Vehicle Fatalities



Nevada	Carson City	Douglas County	Lyon County	Storey County
27.3%	5.0%	27.3%	42.9%	33.3%

Source: United States Department of Transportation. National Highway Traffic Safety Administration. 2016-2020 Fatality Analysis Reporting

Between 2017 and 2019, Carson City experienced the most alcohol-related deaths per 100,000 population, a rate twice as high than Nevada and Storey County.

Exhibit 202: Alcohol-related Mortality Rate

Per 100,000 Population	Nevada	Carson City	Douglas County	Lyon County	Storey County
2017-2019	36.6	89.4	53.1	46.1	31.6

Source: State of Nevada Department of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

Exhibit 203: Adult Tobacco Use¹³³

Nevada	Carson City	Douglas County	Lyon County	Storey County
15.8%	17.4%	16.2%	20.6%	16.3%

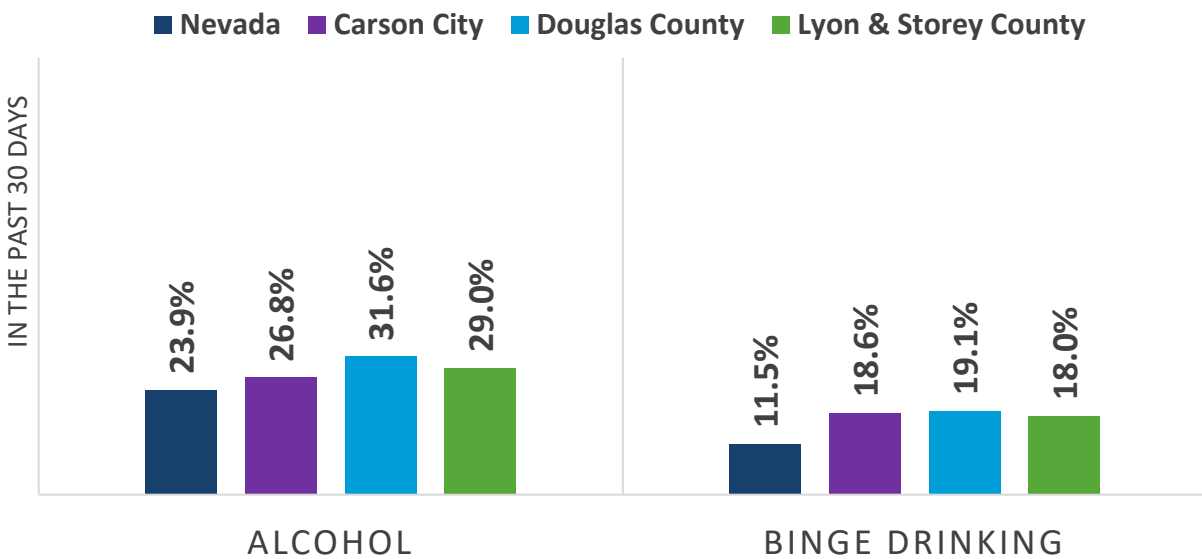
Source: National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System, 2019

Nearly three in ten high school students in the Quad-County Region self-reported current alcohol use and nearly one in five high school students across the service area self-reported current binge drinking.

¹³³ Respondents aged ≥18 years who report having smoked ≥100 cigarettes in their lifetime and currently smoke every day or some days.

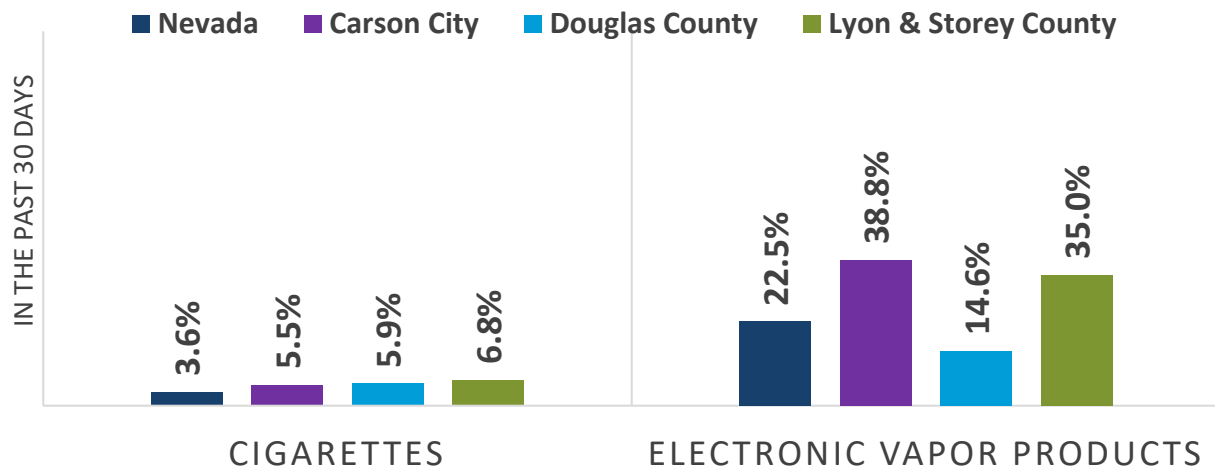
QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Exhibit 204: High School Student Self-Reported Current Alcohol Use



Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

Exhibit 205: High School Student Self-Reported Current Tobacco Use



National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Youth Behavioral Risk Factor Surveillance System, 2019

- Electronic vapor products have become one of the most popular substance to use among youth. Over 30.0% of high school students in Carson City and Storey County reported current vape use.

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Perception of access refers to the percentage of high school students who reported that it would be ‘very easy’ to get select substances if they wanted some. Over one-third of high school students in the service area reported that alcohol would be “very easy” to obtain.

Exhibit 206: High School Students Self-Reported Perception of Access¹³⁴

GRADES 9 TO 12	Nevada	Carson City	Douglas County	Lyon & Storey County
Cigarettes	20.4%	27.6%	30.3%	27.2%
Electronic Vapor Products	34.5%	48.9%	53.3%	44.5%
Alcohol	30.4%	32.9%	35.7%	30.1%
Marijuana	39.9%	32.5%	34.3%	25.7%
Prescription Pain Medicine	11.1%	13.4%	15.2%	9.0%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

- Approximately half of all high school students in Carson City and Douglas County reported that electronic vapor products would be “very easy” to get.
- Approximately one in four high school students in Lyon and Storey Counties reported marijuana as being “very easy” to get, while over one in three students in Carson City and Douglas County reported the same.
- Over 15.0% of high school students in Douglas County reported that prescription pain medicine is “very easy” to get. Rates are slightly lower in the surrounding service area.

¹³⁴ Percentage of high school students who thought it would be very easy to get specific substances if they wanted some.

Behavioral Health Workforce

Health professional shortages have long impeded behavioral healthcare access and are largely attributable to low reimbursement or provider payment, as well as the recent and imminent retirement of more than half of the current workforce.¹³⁵

Although workforce data been confirmed to reflect the most up-to-date numbers and rates available, the following limitations are critical to understanding the “full picture” of the behavioral healthcare workforce in each of the Quad-County Region.

Data Limitations:

- Data on licensed active healthcare provider is collected **by billing address only**.
- Current collection methods **do not** collect data on race/ethnicity, sub-specialty (if applicable), or part-time or full-time status of healthcare providers.
- Numbers and/or rates may reflect providers that may work in one geographical area, **but travel to other counties periodically**.

For example, if a dentist from Carson City provides services to Storey County every Wednesday, the current data collecting methodology may count that as a standing provider in Storey County.

Lyon County has one local psychiatrists (MD or DO), while Carson City only has five and Douglas County has two. Overall, there are a greater number of psychologists than psychiatrists in the Quad-County service area.

About the Data

Rates of healthcare providers are per 100,000 population unless specified.

Exhibit 207: Psychiatrists & Psychologists

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Psychiatrists	ND	ND	9.3	300	8.7	5	3.6	2	1.7	1	0.0	0
Psychologists	ND	ND	14.5	459	44.3	25	12.0	6	3.5	2	0.0	0

Source: University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Board of Psychological Examiners, Board of Osteopathic Medicine, 2022

¹³⁵ American Hospital Association. Trend Watch: The impacts of the COVID-19 pandemic on behavioral health, 2022. Link: [aha.org/system/files/media/file/2022/05/trendwatch-the-impacts-of-the-covid-19-pandemic-on-behavioral-health.pdf](https://www.aha.org/system/files/media/file/2022/05/trendwatch-the-impacts-of-the-covid-19-pandemic-on-behavioral-health.pdf)

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The table below is subject to the data limitations listed at outset of this section. This sourcebook lists that there are zero Clinical Professional Counselors in Storey County, but there is multiple as of September 2022.

Exhibit 208: Social Workers and Clinical Professional Counselors

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Social Workers	ND	ND	35.1	1,354	49.8	33	40.1	25	26.0	22	45.7	

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. State of Nevada Board of Examiners for Social Workers, 2022

Exhibit 209: Clinical Professional Counselors

	United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
Clinical Professional Counselors	ND	ND	10.8	326	3.5	2	12.0	6	6.9	4	0.0	0

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors, 2020.

Exhibit 210: Marriage & Family Therapists

United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
22.1	ND	28.4	898	47.9	27	40.1	20	17.3	10	22.9	1

Source: University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. State of Nevada Board of Examiners for Marriage, Family Therapists and Clinical Professional Counselors, 2022.

Exhibit 211: Alcohol, Drug & Gambling Counselors

United States		Nevada		Carson City		Douglas County		Lyon County		Storey County	
Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#
ND	ND	24.4	791	60.3	35	31.9	16	35.1	22	22.0	1

Source: University of Nevada Reno, School of Medicine Office of Statewide Initiatives. Nevada State Board for Alcohol, Drug and Gambling Counselors, 2022.

Behavioral Health Facilities

There are 16 rural community mental health centers through Nevada, acting as the state mental health authority. An array of services are offered which include outpatient services, case management, Rehabilitative Mental Health (RMH) services, peer support services, residential support, counseling, medication clinic, mobile crisis response team for children, Immediate Mental Healthcare Team for adults, Mental Health Court Forensic Assessment and Triage Team (FASTT), Mobile Outreach Safety Team (MOST), and Juvenile Justice Assessment and Screening Triage Team (JJASTT).¹³⁶

Exhibit 212: Mental Health Treatment Facilities Within the Quad-County Region



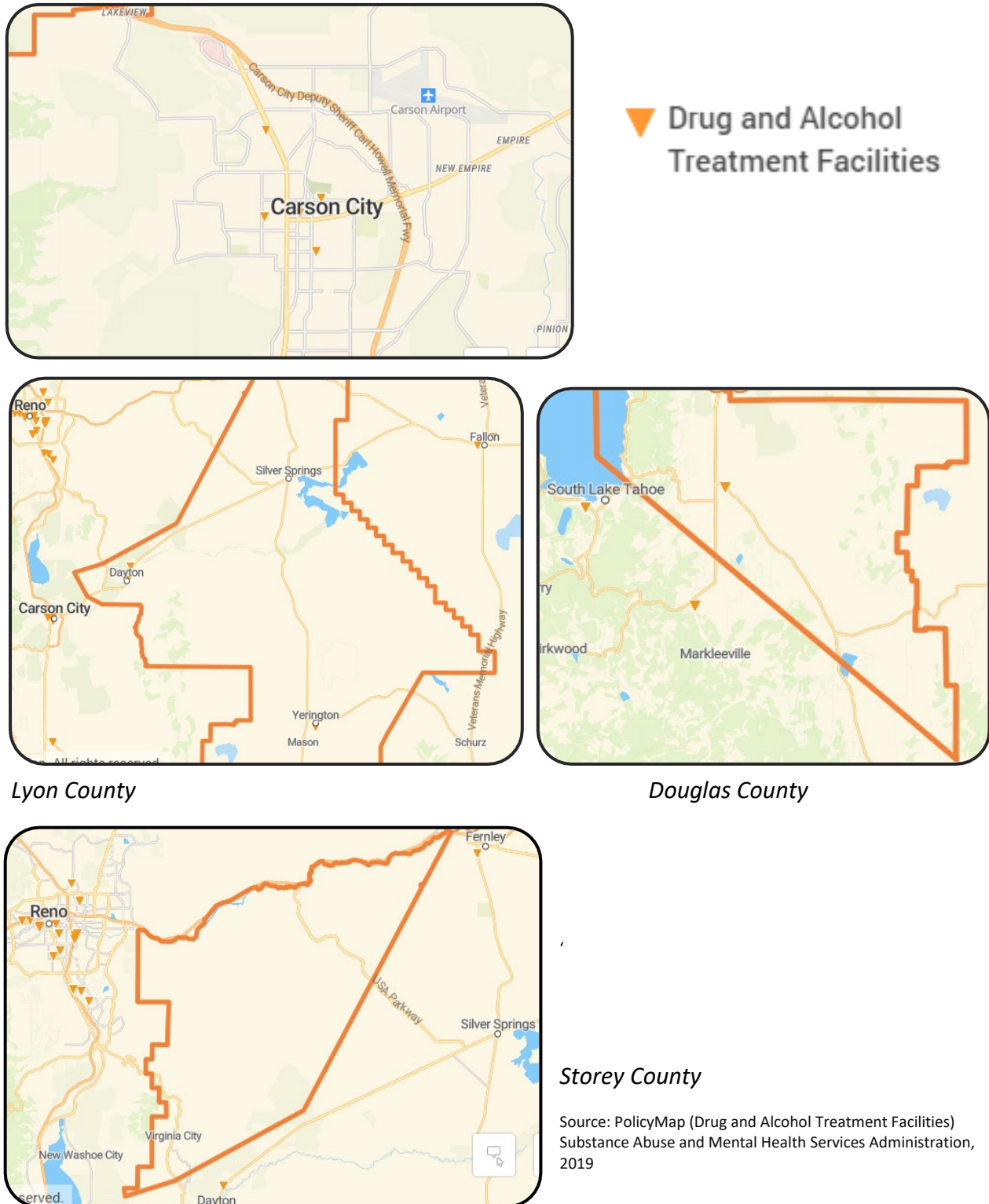
Source: PolicyMap. Substance Abuse and Mental Health Services Administration, 2019

¹³⁶ Department of Health and Human Services Nevada Division of Public and Behavioral Health, Rural Clinics Administration. Link: dphh.nv.gov/Programs/Rural_Clinics_Administration/Rural_Clinics_Admin/

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The Quad-County Region has a number of substance use disorder treatment facilities within the area, predominantly in central Carson City.

Exhibit 213: Substance Use Disorder Treatment Facilities



Source: PolicyMap (Drug and Alcohol Treatment Facilities)
Substance Abuse and Mental Health Services Administration, 2019

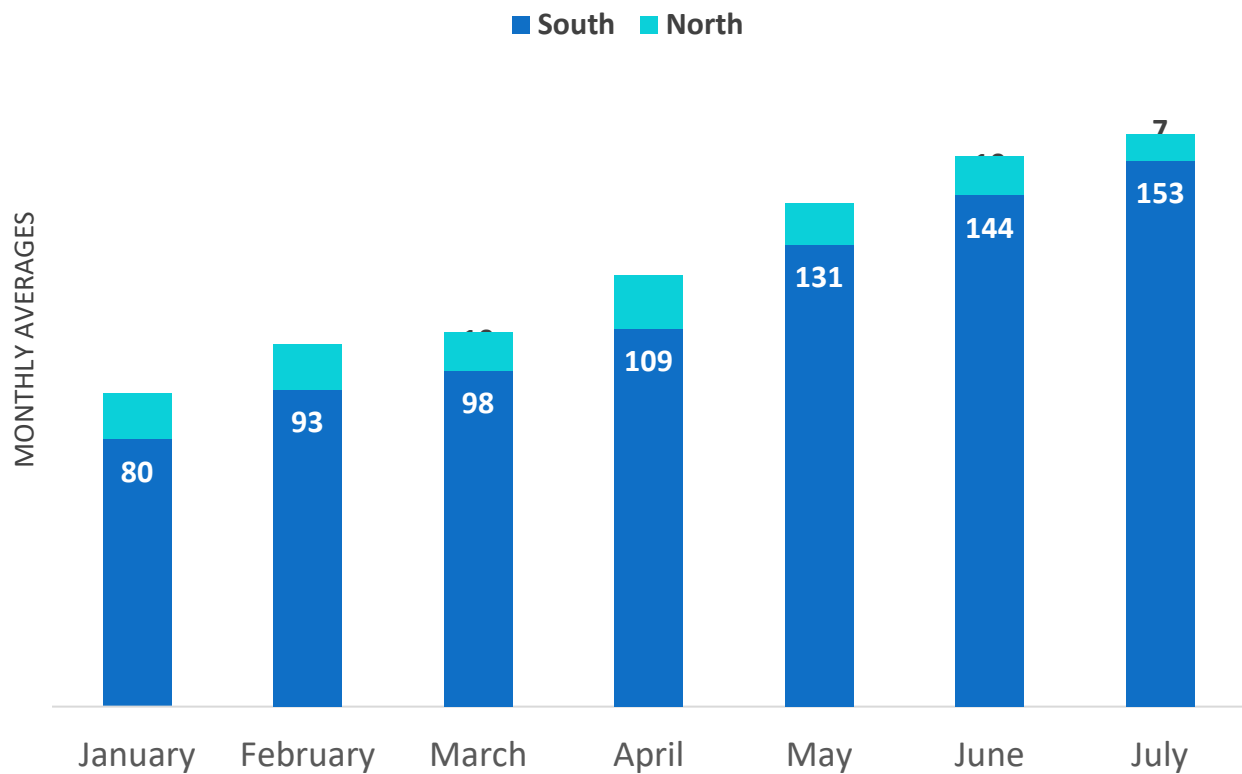
QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

The monthly averages indicate that the number of adults waiting for in emergency rooms for behavioral health services have been steadily increasing since January 2022, further highlighting the need for access to existing and additional behavioral health services.

“Access can be difficult to measure, especially when recent data reflects utilization during the COVID-19 pandemic restrictions. Treatment in Nevada’s facilities specializing in Substance Use Disorder fell by 31% between 2019 and 2020, likely due to COVID-19 restrictions.”

Nevada Resiliency Fund:

Exhibit 214: Individuals Waiting in Emergency Rooms for Behavioral Health Services



Source: State of Nevada Department of Health & Human Services, Office of Analytics. Behavioral Health Chart Park, Data as of August 30, 2022

The Opioid Epidemic

Between 2019 and 2020, Nevada experienced a 55.0% increase in drug-related overdose deaths with overdose deaths attributable to opioids increasing by 76.0%. In 2020, 788 drug-related overdose deaths occurred. Of those deaths, 65.2% were attributable to opioids.¹³⁷

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.

About the Data

Data include accidental poisonings, intentional self-poisonings, and assault by drug poisonings, and drug poisoning of undetermined intent for drug-related overdose deaths and where any of the following opioid-related substances contributed to the cause of death: opium, heroin, natural and semi-synthetic opioids, methadone, synthetic opioids, and other/unspecified opioids.

Exhibit 215: Opioid-Related Overdose Deaths

	Nevada		Carson City		Douglas County		Lyon County		Storey County	
	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020
Per 100,000 Population	292	514	16.0	8.8	5.1	18.1	21.1	12.1	-	-

Source: Nevada Resiliency Fund: Opioid Needs Assessment, 2022

Exhibit 216: Opioid-Related Overdose Deaths Year to Year Percent Change

	Nevada	Carson City	Douglas County	Lyon County	Storey County
2019-2020 Percent Change	55.0%	-7.2%	13.0%	9.0%	-

Source: Nevada Resiliency Fund: Opioid Needs Assessment, 2022

- Storey County shows no data as a result of the rate being zero or too low to report, although the data suggests, “one can infer the rates have significantly increased.”¹³⁸

¹³⁷ 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

¹³⁸ Nevada Resiliency Fund: Opioid Needs Assessment, 2022. Link: [dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Advisory_Committees/ACRN/NV_Needs%20Assessment%20Report%20DRAFT%20for%20ACRN%202022%2004%2009\(2\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Advisory_Committees/ACRN/NV_Needs%20Assessment%20Report%20DRAFT%20for%20ACRN%202022%2004%2009(2).pdf)

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In 2020, Carson City had the highest rate of opioid dispensing at 95.9 per 100 people, over two times the national rate. Carson City’s rate was almost high enough for each person in the county to have an opioid prescription.¹³⁹

“Between 2019 and 2020, Nevada saw a significant increase in fentanyl use by 227% and opioid-related emergency department encounters also increased by 26%. Nevada also experienced a sharp increase in polysubstance overdoses and illicit pill consumption.”

Nevada Resiliency Fund: Opioid Needs Assessment, 2022

Exhibit 217: Rate of Opioid Prescriptions¹⁴⁰

United States	Nevada	Carson City	Douglas County	Lyon County	Storey County
43.3	47.4	95.9	43.2	10.2	29.9

Source: Nevada Resiliency Fund: Opioid Needs Assessment, 2022

¹³⁹ Nevada Resiliency Fund: Opioid Needs Assessment, 2022. Link: [dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Advisory_Committees/ACRN/NV_Needs%20Assessment%20Report%20DRAFT%20for%20ACRN%202022%2004%2009\(2\).pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Grants/Advisory_Committees/ACRN/NV_Needs%20Assessment%20Report%20DRAFT%20for%20ACRN%202022%2004%2009(2).pdf)

¹⁴⁰ Number of pharmacies that account for nearly 92% of retail prescriptions in the United States. Includes new and refill prescriptions. Opioid prescriptions, including buprenorphine, codeine, fentanyl, hydrocodone, hydromorphone, methadone, morphine, oxycodone, oxymorphone, propoxyphene, tapentadol, and tramadol.

LGBTQIA + Youth

The LGBTQIA + community have significantly higher percent of depressive disorder diagnoses and more days of poor mental health.¹⁴¹

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.

Research has shown that all forms of bullying are significantly associated with increases in suicidal ideation. This is important to note as the COVID-19 pandemic greatly increased the amount of time youth spent and continue to

spend on social media and other social platforms.¹⁴² Electronic bullying includes being bullied through texting, Instagram, Facebook, or other social media, during the 12 months before the survey.

According to The Trevor Project's 2021 National Survey on LGBTQ Youth Mental Health, which collected data between October and December of 2020 and had 34,759 LGBTQ youth respondents, the majority of LGBTQ youth (52%) who were enrolled in middle or high school reported being bullied in the past year, and LGBTQ students who reported being bullied in the past year had three times great odds of attempting suicide in the past year. However, transgender and nonbinary youth who reported having pronouns respected by all of the people they lived with attempted suicide at half the rate of those who did not have their pronouns respected by anyone with whom they lived.¹⁴³

The same study found that 75% of LGBTQ youth reported that they had experienced discrimination based on their sexual orientation or gender identity at least once in their lifetime. The Trevor Project is the world's largest suicide prevention and crisis intervention organization for LGBTQ young people.

"LGBTQIA + youth are nearly twice as likely to be called names, verbally harassed or physically assaulted at school compared to their non-LGBT peers. Their mental health and education, not to mention their physical well-being, are at-risk"

Mental Health America

¹⁴¹ Nevada SAPTA EPI Profile, 2019. Link:

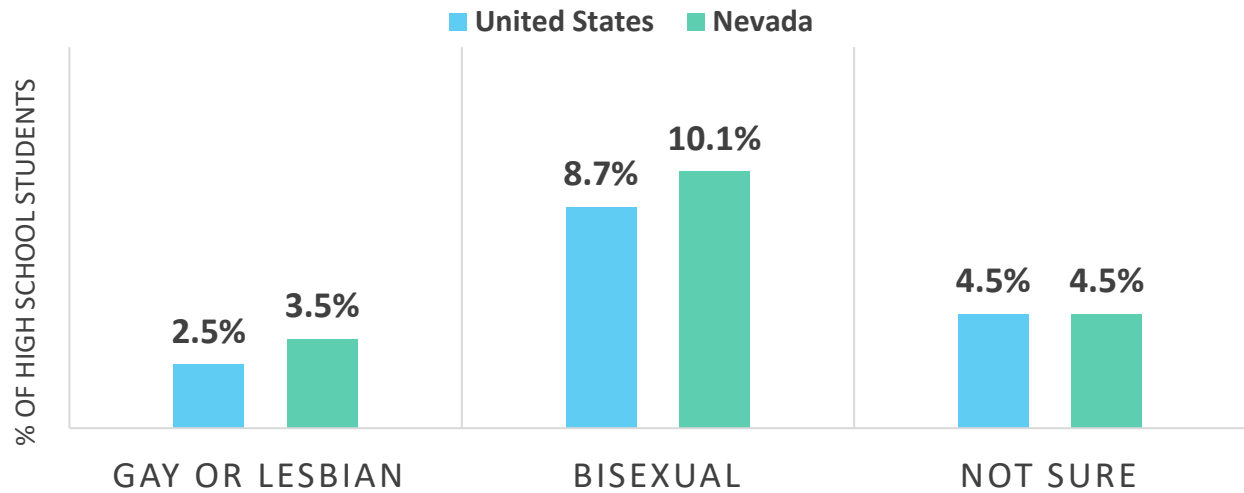
[/dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/SAPTA_EPI_Profile_Nevada_2019.pdf](https://dhhs.nv.gov/uploadedFiles/dhhsnv.gov/content/Programs/Office_of_Analytics/SAPTA_EPI_Profile_Nevada_2019.pdf)

¹⁴² National Institutes of Health. Cyberbullying linked with suicidal thoughts and attempts in young adolescents, 2022.

¹⁴³ The Trevor Project National Survey on LGBTQ Youth Mental Health 2021. Link: <https://www.thetrevorproject.org/survey-2021/?section=Introduction>

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Exhibit 218: Student Self-Reported Sexual Identity



	United States	Nevada
Gay or Lesbian	2.5%	3.5%
Bisexual	8.7%	10.1%
Not Sure	4.5%	4.5%

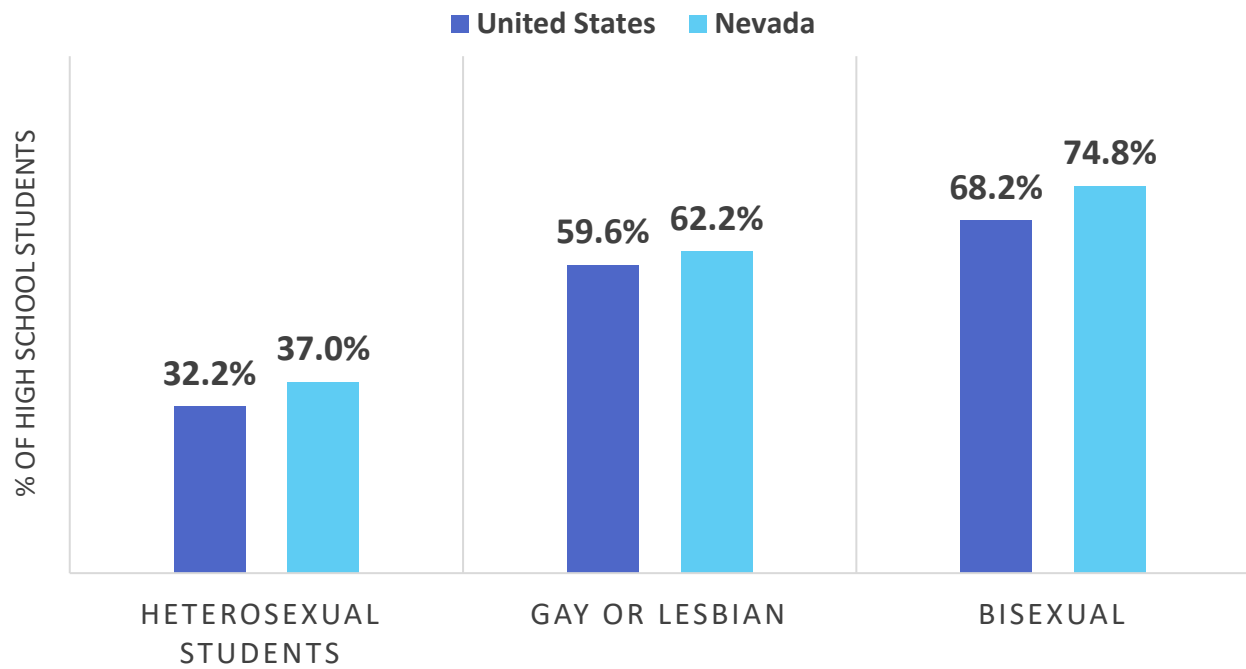
Source: National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Division of Adolescent & School Health, 2021

More students who identify as gay, lesbian, or bisexual reported feeling sad or hopeless almost every day for two or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the 2019 survey.

It is important to note that data for this survey was collected in 2019, prior to the COVID-19 pandemic. Figures are expected to increase as high school students experienced isolation and higher levels of depression and anxiety since spring of 2020.

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Exhibit 219: Felt Sad Or Hopeless in the Past Year



	United States	Nevada
Heterosexual Students	32.2%	37.0%
Gay or Lesbian	59.6%	62.2%
Bisexual	68.2%	74.8%

Source: State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey Report

Appendices

Appendix A: Carson Tahoe Health IRS Form 990, Schedule H

Appendix B: Carson Tahoe Health Progress Since 2019 CHNA

Appendix C: Secondary Population Data Sources

Appendix D: Stakeholder Interview Guide

Appendix E: Focus Group Discussion Moderator's Guide

Appendix F: Telephone Survey Templates

Appendix G: Community Survey Templates

Appendix H: Access Audit

Appendix I: Additional Community Survey Prioritization Tables

Appendix J: Additional Needs Prioritization Process and Results

Appendix K: Community Resource Guide

Appendix A: Carson Tahoe Health IRS Form 990, Schedule H

Carson Tahoe Health made copies of past CHNAs (2019, 2016, and 2013) available through their website and in paper copy, and invited community comment. No comments were received from the public for the 2019 CHNA.

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 Schedule H (Form 990), the following table cross-references related sections:

IRS Form 990, Schedule H	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	p. 12
Part V Section B Line 3b Demographics of the community	pp. 12-22
Part V Section B Line 3c Existing healthcare facilities and resources within the community that are available to respond to the health needs of the community	pp. 157-158; 208-210; Appendix K
Part V Section B Line 3d How data was obtained	pp. 10-11; 40-41; 66; 96; Appendices C and H
Part V Section B Line 3e The significant health needs of the community	pp. 24-39 and throughout
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed throughout across all data collection modes (including qualitative, quantitative survey, and secondary data research)
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	pp. 10-11; 23-24; Appendix J
Part V Section B Line 3h The process for consulting with persons representing the community’s interests	pp. 2; 8-9; 40-41
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)	Appendix B

Appendix B: Carson Tahoe Health Progress Since 2019 CHNA

Impact & Progress on Community Health Needs since 2019 CHNA

Prioritized list of community health needs:

1. Mental Health
2. Access to Healthcare
3. Diabetes
4. Heart Disease & Stroke
5. Substance Abuse
6. Nutrition, Physical Activity & Weight
7. Cancer
8. COVID-19 Response

Carson Tahoe Health Progress on 2019 CHNA Priorities			
Mental Health & Substance Abuse			
Strategy	Action	Measurement/Additional Information	Partner
Expand Mallory Behavioral Health Crisis Center	<ul style="list-style-type: none"> • Expand capacity and ability to welcome public walk-ins 	<ul style="list-style-type: none"> • Expanded unit to 15 beds • Added waiting room and observation area 	First responders; Regional Sheriff Depts. & Jail
Partner with school districts to identify and support students with mental health challenges	<ul style="list-style-type: none"> • Continue suicide risk assessments for Carson City • Expand to Douglas County 	796 assessments completed 2019-2021	Carson City and Douglas County School Districts
Engage community in suicide prevention education and Crisis Intervention Training	<ul style="list-style-type: none"> • Train staff and community to support suicide prevention and suicide-safer care • Support schools and Partnership Carson City with delivering Signs of Suicide (SOS) trainings 	<ul style="list-style-type: none"> • Trained Behavioral Health Services staff to teach SafeTALK and Mental Health First Aid and offered to community • Offered Crisis Intervention Training at Sheriffs Departments • Launched Zero Suicide statewide 	Local schools, churches, and Sheriff's Departments, Partnership Carson City

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Carson Tahoe Health Progress on 2019 CHNA Priorities			
		initiative at Behavioral Health Services	
Continue/Develop community-based mental health programs	<ul style="list-style-type: none"> • Continue First Episode Psychosis (FEP) program • Continue Hospital Diversion Assertive Community Treatment (ACT) • Pilot Early Diversion Assertive Community Treatment (ACT) 	<p>CTH has two Assertive Community Treatment (ACT) programs serving SMI and/or Co-Occurring Disorders:</p> <p>(1) Hospital Diversion ACT provides treatment and rehabilitation to clients with chronic, severe mental illness.</p> <p>(2) Early Diversion ACT aims to reduce an individual’s risk for law enforcement interactions or potential arrests.</p>	
Increase community awareness of behavioral health challenges and the organizations addressing challenges	Participate in community events to educate, spread awareness and reduce stigma with the goal to build healthy and helpful partnerships with community resources.	Sponsored 12 events and participated regularly in health fairs, walks, and events including Nevada’s Recovery and Prevention 5K, Sheriff’s Night Out, Senior Celebration, and more	Suicide Prevention Network, NAMI, Alzheimer’s Association, Northern Nevada RAVE, China Springs Youth Camp, Nevada Recovery and Prevention
Advocate at the legislature for increased access to mental health services	<ul style="list-style-type: none"> • Wrote letters, met with legislators, and testified in support of SB 156 and SB 390 	Bills SB 156 and SB 390 both passed. SB 156 expands sustainability for crisis stabilization services. SB 390	Regional health and human service agencies, not-for-profits, NAMI

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Carson Tahoe Health Progress on 2019 CHNA Priorities			
	<ul style="list-style-type: none"> Hospital participation on Northern Region Behavioral Health Policy Board 	established a 988 mental health crisis call-line and sustainable funding for the call line.	
Participate in regional mental health collaboratives	<ul style="list-style-type: none"> Continue Community Coalition workgroup at CTH and participate in regional collaboratives 	CTH participates in regional meetings and workgroups: <ul style="list-style-type: none"> National Alliance on Mental Illness (NAMI) Western Nevada Nevada Coalition for Suicide Prevention Carson City Community Coalition Carson City Partnership Carson City Behavioral Health Taskforce Senior Service Network Douglas County Partnership Mobile Outreach Safety Team (MOST) – all Counties Nevada Office of Suicide Prevention Northern Regional Behavioral Health Policy Board 	CCHHS EMS & Fire, Sheriff’s Office, State of Nevada, Regional not-for-profits
Invest in the expansion of community mental health services	<ul style="list-style-type: none"> Financially support local organizations expanding services to youth, families, and veterans 	\$102,500 granted from Community Partnership Fund in support of mental health programming	Ron Wood Family Resource Center; Veteran’s Healing Camp
Access to Healthcare			
Strategy	Action	Measurement/Additional Information	Partner
Expand local access to specialty care	<ul style="list-style-type: none"> Recruit Neurosurgeon 	<ul style="list-style-type: none"> Rajamand, Sina DO - Neurological Surgery 	

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson Tahoe Health Progress on 2019 CHNA Priorities			
Expand local access to specialty care	<ul style="list-style-type: none"> Recruit Electrophysiologist (Dr. Turner) 	<ul style="list-style-type: none"> Evaluations for 114 new patients in 2021 	
Expand Telehealth Services	<ul style="list-style-type: none"> Establish specialty telehealth network 	<ul style="list-style-type: none"> 22,906 total visits over 2019, 2020, and 2021. 	Specialty providers
Improve health of patients through Primary Care continual improvement	<ul style="list-style-type: none"> Monitor and improve upon patient wellness and outcomes measures 	<ul style="list-style-type: none"> CTMG 90th percentile in diabetic A1c scores under 9% and >90th percentile in controlling blood pressure on hypertension patients with BP < 139/89 	Silver State ACO
Expand local access to specialty care	<ul style="list-style-type: none"> Recruit Cardiologists to CTMG 	<ul style="list-style-type: none"> De Schutter, Alban MD - Cardiovascular Disease Turner, Jeffrey DO - Cardiovascular Disease Toft, Lorrel Elizabeth Brown MD - Cardiovascular Disease 	Carson Tahoe Medical Group
Expand local access to primary care	<ul style="list-style-type: none"> Recruit PCPs to service area 	<ul style="list-style-type: none"> Butler, Anne MD - Internal Medicine Gordon, Matthew MD Family Medicine Martin, Sherry APRN Nurse Practitioner Sarmad, Shervin MD Internal Medicine Hoskins, David MD Family Medicine Brewer, Cyndi PA-C Physician Assistant Douglas, Sara APRN Nurse Practitioner Janas, Jessica APRN Nurse Practitioner 	Carson Tahoe Medical Group, Carson Medical Group

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Carson Tahoe Health Progress on 2019 CHNA Priorities			
		<ul style="list-style-type: none"> • Swearngin, Stephan DO Family Medicine • Starr, Alana APRN Nurse Practitioner 	
Continue Services at Wal-Mart Retail Clinics	<ul style="list-style-type: none"> • Maintain presence in local Wal-Marts 	Patient volumes: 2019: 10,345 2020: 4,797 2021: 6,619	
Continue Patient Support Classes	<ul style="list-style-type: none"> • Total Joint Class 	# of participants in pre-surgical Total Joint Education Class: 2020: 200 2021: 500	Carson Tahoe Physical Therapy
Invest in the expansion of community health access	<ul style="list-style-type: none"> • Financially support local organizations expanding services 	\$140,000 pledged from Community Partnership Fund in support of access to care	Nevada Urban Indians; Nevada Rural Counties RSVP
Diabetes			
Strategy	Action	Measurement/Additional Information	Partner
Develop Diabetes Services	Increase volumes for Diabetes Education and expand FREE services offered.	2019: Group Class - 72 Total Visits - 415 2020: No group class due to COVID-19 restrictions. Total Visits – 310 Total visits lower due to COVID-19 pandemic. 2021: Group Class - 38 Total Visits - 371	Center for Health Promotion

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson Tahoe Health Progress on 2019 CHNA Priorities			
Promote Center for Wound Healing	Increase volumes through physician referral and health fair participations	2019: under different management (Healogics, Melinda Laidlaw) 2020: promotion halted due to COVID-19 2021: RN participation in health fairs, X3	N/A N/A Various
Heart Disease & Stroke			
Strategy	Action	Measurement/Additional Information	Partner
Attain Primary Chest Pain Center designation through American College of Cardiology	<ul style="list-style-type: none"> Establish multidisciplinary team to address all component areas including goal setting, tracking, and community outreach 	<ul style="list-style-type: none"> Achieved designation in recognition of continuous improvement efforts to improve heart health of our community 	American College of Cardiology
Improve quality of care and outcomes for Congestive Heart Failure patients	<ul style="list-style-type: none"> Reduce patient mortality and readmission within 30 days by establishing clinic and quick access for discharging CHF patients 	Heart Failure Mortality Rate (Goal for 2022 <9.23%): 2019: 6.8% 2020: 3.64% 2021: 3.55% 30 Day Readmission Heart Failure (Goal for 2022 <16.9%): 2019: 18.03% 2020: 15.24% 2021: 13.76%	CTMG CHF Clinic
Expand Low Cost Heart Smart Screenings	<ul style="list-style-type: none"> Add Dayton as a screening site Continue screenings in Carson City, Minden, and S. Reno 	2019: Offered in February and September of 2019 Dayton X2 – 27, 24 Minden X4 – 46, 38, 47, 50 Carson X4 – 51, 48, 49, 46	CTMG Cardiology

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Carson Tahoe Health Progress on 2019 CHNA Priorities			
		<p>2020: Offered in September only due to COVID-19. Minden X 1 - 31 Carson City X2 – 31, 33 2021: Offered in April and September 2021. Carson X4 – 158 Minden X4 - 102</p>	
Continue Cardiac Rehab Program	<ul style="list-style-type: none"> Maintain clinic and expand hours per volume Maintain scholarships for low income patients 	<p># of patients seen: 2019: 277 2020: 216 2021: 284</p> <p>Scholarships (awarded for 12 visits, extended if patient makes recommended lifestyle changes to enhance their health): 2019: 2 scholarships + extension 2020: 3 scholarships + 4 extensions 2021: 6 scholarships + 1 extension</p>	
Offer Health Institute Educational Programs	<ul style="list-style-type: none"> Cardiac Connect – phase III cardiac rehab. Heart Month Lecture Series Diabetes Awareness Month Lecture Series Increase health literacy through educational seminars on various 	<p>2019:</p> <ul style="list-style-type: none"> \$10/mnth, avg. 15 participants per class, 2X weekly. Collaboration with Cardiology physicians for X3 lectures in February. Collaboration with Endocrinology for X3 lectures on Diabetes in November. 	Cardiology, Endocrinology

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson Tahoe Health Progress on 2019 CHNA Priorities			
	health related topics.	<p>2020 - On hold due to COVID-19 restrictions</p> <p>2021:</p> <ul style="list-style-type: none"> • \$10/mnth, avg. 15 participants per class, 2X weekly. • Collaboration with Cardiology physicians for X3 lectures in February. • Collaboration with Endocrinology for 3X diabetes lectures. • Collaboration with Clinical Nutrition for 1X nutrition demonstration and educational seminar. 	
Develop Neurosurgery	<ul style="list-style-type: none"> • Add Neurosurgeon • Offer cranial procedures 	<ul style="list-style-type: none"> • Evaluation of 106 new patients in 2021 	
Continue Patient Support Groups	<ul style="list-style-type: none"> • Maintain monthly no-cost stroke support group 	<p># of Participants:</p> <p>2019: 144</p> <p>2020: 0</p> <p>2021: 60</p>	Carson Tahoe Physical Therapy
Expand Telehealth Options	<ul style="list-style-type: none"> • Maintain telestroke program 	Agreement renewed with the University of Utah for telestroke program	University of Utah
Nutrition, Physical Activity & Weight			
Strategy	Action	Measurement/Additional Information	Partner
Offer Educational Programs through	Collaborate with Clinical Nutrition to provide educational	<p>2019</p> <ul style="list-style-type: none"> • 2 X nutrition seminar and food 	

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson Tahoe Health Progress on 2019 CHNA Priorities			
Center for Health Promotion	seminars and cooking demonstrations.	demonstration – November & February. 2020 • No classes due to COVID-19 2021 • 3X virtual/video food demonstrations – February, March and November.	
Support Physical Therapist for Carson High School	<ul style="list-style-type: none"> Dedicated Physical Therapist for Carson High School athletic program 	\$304,934 over the course of 2019, 2020, and 2021	Carson High School
Invest in the expansion of community health & nutrition resources	<ul style="list-style-type: none"> Financially support local organizations expanding services 	\$137,165 donated from Community Partnership Fund in support of nutrition and healthy food access	The Greenhouse Project
Cancer			
Strategy	Action	Measurement/Additional Information	Partner
Expand local access to Oncology care	Recruit Oncologist to service area	<ul style="list-style-type: none"> Dolor, Gladys APRN Nurse Practitioner 	Carson Tahoe Medical Group
Skin Cancer Screening Program	Continued collaboration with Carson Tahoe Cancer Center for increased education on prevention of skin cancer and FREE screenings.	2019: 4 days, 128 skin cancer screenings provided. Educational materials provided to all participants. 2020: due to COVID-19 restrictions, screening volumes were decreased to comply with social distancing guidelines. 2 days, 66 screenings provided. Educational	

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson Tahoe Health Progress on 2019 CHNA Priorities			
		material provided to all participants. 2021:2 days, 78 screenings provided. Educational material provided to all participants.	
Colorectal Cancer Screenings	In collaboration with Carson Tahoe Cancer Center, provide FREE colorectal cancer screenings and education on prevention and early intervention.	2021: 100 FOBT colorectal cancer screening kits were given. Educational event in conjunction with Nevada Cancer Coalition and included Colin the Colon. Educational materials were provided.	
Continue Tobacco Cessation Classes	<ul style="list-style-type: none"> • Maintain current classes • Make referrals to 1-800-QUIT-NOW • Refer patients who smoke who have a heart attack to smoking cessation classes (98.3% referred in 2021) 	Participation in full session of smoking cessation class (7 weeks): 2019: 33 2020: 15 2021: 13 Team is working to build up participation after participation waned during COVID-19 peak.	CTMG Cardiology
Ensure sustainable funding for Cancer Center Patient Support Programs	Continue signature event, HopeFest, in support of patients facing cancer	HopeFest funds raised for patient support programs: 2019: \$212,378.14 2020: \$102,233.63 2021: \$92,674.06	
Continue University of Utah Healthcare/ Huntsman Cancer Institute Affiliation		Continued U of U healthcare and Huntsman Cancer Institute Affiliation;	

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Carson Tahoe Health Progress on 2019 CHNA Priorities			
		Accredited by American College of Surgeon’s Commission on Cancer	
<p>COVID-19 Response – Carson Tahoe Health activated to support our communities through COVID-19 with rapid and strategic planning to secure critical supplies and Personal Protective Equipment (PPE); testing and telehealth capabilities within 48 hours in March of 2020, which included drive-through testing at Carson Tahoe Medical Group; a COVID-19 isolation tent outside the Emergency Room of the Regional Medical Center; and, vaccination distribution abilities starting in December of 2020.</p>			
Strategy	Action	Measurement/Additional Information	Partnerships
Reduce community spread of COVID-19	COVID-19 Tests	2020: 10,397 2021: 17,983	
Support community health and resilience through vaccination	COVID-19 Vaccinations	2021: 7112	

Appendix C: Secondary Population Data Sources

As previously cited in this report, the primary sources of secondary population data were gathered primarily from the United States Census Bureau 2016-2020 American Community Survey (ACS) Five-Year Estimates, the Nevada Rural and Frontier Health Data Book, 2021 (10th Edition), and the University of Nevada, Reno School of Medicine's Office of Statewide Initiatives Nevada Instant Atlas.

Secondary data was also gathered from the Centers for Disease Control & Prevention, National Center for Chronic Disease Prevention and Health Promotion, State of Nevada Department of Health & Human Services Office of Analytics, among many others. **Below is a comprehensive list of sources utilized throughout this CHNA.**

AllTrails, <https://www.alltrails.com/>

Centers for Disease Control & Prevention (CDC) WONDER Online Query System, <https://wonder.cdc.gov/>

Centers for Disease Control & Prevention. Morbidity and Mortality Weekly Report Abortion Surveillance (2019), <https://www.cdc.gov/mmwr/volumes/70/ss/ss7009a1.htm>

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Fatal Injury Prevention & Violence Data, <https://www.cdc.gov/injury/wisqars/fatal.html>

County Health Rankings & Roadmaps, <https://www.countyhealthrankings.org/app/nevada/2022/overview>

Feeding America, Map the Meal Gap, <https://map.feedingamerica.org/>

Harvard Joint Center for Housing Studies, America's Rental Housing 2022 Report, <https://www.jchs.harvard.edu/americas-rental-housing-2022>

Kaiser Family Foundation estimates based on the Census Bureau's March Current Population Survey (CPS: Annual Social & Economic Supplements), 2017-2021

National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System Web Enabled Analysis Tool, <https://nccd.cdc.gov/weat/>

National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Behavioral Risk Factor Surveillance System (2019), <https://www.cdc.gov/brfss/index.html>

"National Center for Health Statistics, 2016-2020 Mortality Files"

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National Center for HIV, Viral Hepatitis, STD, and TB Prevention. Division of Adolescent & School Health

National Low Income Housing Coalition. Nevada Factsheet 2022 Out of Reach

National Registry of Emergency Medical Technicians

Nevada Crime Statistics. Domestic & Elderly Crimes

State of Nevada Department of Agriculture, National School Lunch Program. Free & Reduced Lunch 2021 Report

State of Nevada Department of Health & Human Services Office of Analytics. 2021 Nevada Health Profiles

State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School & Middle School Youth Risk Behavior Survey Report, <https://www.unr.edu/public-health/research-activities/nevada-youth-risk-behavior-survey>

State of Nevada Division of Environmental Protection, Lead Testing Program, <https://ndep.nv.gov/lead>

The Trevor Project National Survey on LGBTQ Youth Mental Health 2021, <https://www.thetrevorproject.org/survey-2021/?section=Introduction>

Nevada Resiliency Fund: Opioid Needs Assessment, (2022), https://dhhs.nv.gov/uploadedFiles/dhhsnvgov/content/Programs/Grants/Advisory_Committees/ACRN/081722NeedsAssessment2022.pdf

Office of Nevada Secretary of State Barbara K. Cegavske, Voter Registration Statistics. Active Voters by County and Party (2021 & 2022), <https://www.nvsos.gov/sos/elections/voters/voter-registration-statistics/2022>

PolicyMap (Hospitals). Health Resources & Services Administration (2022)

PolicyMap (Drug and Alcohol Treatment Facilities). Substance Abuse and Mental Health Services Administration (2019)

PolicyMap (Park Locations). Trust for Public Land: ParkServe (2020)

PolicyMap. U.S. Census Bureau, 2016-2020 American Community Survey Five-Year Estimates, <https://www.policymap.com/>

Rural Nevada Continuum of Care 2021 Point-in-Time Count, https://socialent.com/2021/06/rural-nevada-2021-point-in-time-count/?doing_wp_cron=1664405540.4957499504089355468750

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State of Nevada Department of Education, Nevada Accountability Portal,
<http://nevadareportcard.nv.gov/di/>

State of Nevada Department of Health & Human Services, Office of Analytics,
https://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics/

Substance Abuse and Mental Health Services Administration, Risk & Protective Factors,
<https://www.samhsa.gov/sites/default/files/20190718-samhsa-risk-protective-factors.pdf>

SummitPost, Mt. Davidson, <https://www.summitpost.org/mount-davidson-nv/153745>

UDS Mapper(Veteran’s Health Administration Facilities) Health Resources & Services
Administration Data Warehouse (2022),
https://maps.udsmapper.org/map?map_id=BE0LVnZDQM0dRYz5eX3a

United States Bureau Of Labor Statistics. Employer-Reported Workplace Injuries & Illnesses in
Nevada (2020), [https://www.bls.gov/regions/west/news-
release/workplaceinjuriesandillnesses_nevada.htm](https://www.bls.gov/regions/west/news-release/workplaceinjuriesandillnesses_nevada.htm)

United States Census Bureau 2016-2020 American Community Survey (ACS) Five-Year
Estimates, <https://www.census.gov/programs-surveys/acs>

United States Census Bureau, Small Area Income & Poverty Estimates,
<https://www.census.gov/programs-surveys/saipe.html>

United States Census Bureau. Racial & Ethnic Diversity in the United States: 2010 Census &
2020 Census, [https://www.census.gov/library/visualizations/interactive/racial-and-ethnic-
diversity-in-the-united-states-2010-and-2020-census.html](https://www.census.gov/library/visualizations/interactive/racial-and-ethnic-diversity-in-the-united-states-2010-and-2020-census.html)

United States Department of Agriculture Food Environment Atlas,
<https://www.ers.usda.gov/data-products/food-access-research-atlas/go-to-the-atlas/>

United States Department of Health & Human Services, Head Start Center Locator,
<https://eclkc.ohs.acf.hhs.gov/center-locator>

United States Department of Housing and Urban Development, Program Parameters &
Research Division,
https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2021_code/2021summary.odn

United States Department of Transportation. National Highway Traffic Safety Administration.
2016-2020 Fatality Analysis Reporting

United States Environmental Protection Agency. USEPA Air Quality Analysis Maps, Nevada
Tribal Lands, https://www3.epa.gov/region9/air/maps/nv_tribe.html

University of Nevada, Reno School of Medicine’s Office of Statewide Initiatives, Nevada Instant
Atlas. Centers for Medicare & Medicaid Services Office of Minority Health Mapping Medicare

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Disparities Tool (2020), <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. 2021 Nevada Rural & Frontier Health Data Book, <https://med.unr.edu/statewide/reports-and-publications/nevada-rural-and-frontier-health-data-book>

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Health Resources and Services Administration. Find shortage Areas: HPSA by State and County, <https://data.hrsa.gov/tools/shortage-area/hpsa-find>

University of Nevada Reno School of Medicine Office of Statewide Initiatives

Link: <https://med2.unr.edu/Sl/CountyData/atlas.html>

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Bureau of Healthcare Quality & Compliance, Nevada Compare Care, Nevada Rural Hospital Partners

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Cancer Registry

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Department of Public Safety

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada Office of Health Statistics & Surveillance

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Dental Examiners

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Medical Examiners

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Board of Optometry

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. Nevada State Demographer's Office

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. State of Nevada Board of Examiners for Marriage and Family Therapists and Clinical Professional Counselors

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University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. State of Nevada Board of Examiners for Marriage, Family Therapists and Clinical Professional Counselors

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. State of Nevada Board of Examiners for Social Workers

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. U.S. Department of Commerce Bureau of Economic Analysis

University of Nevada, Reno School of Medicine's Office of Statewide Initiatives, Nevada Instant Atlas. United States Department of Veterans Health Administration

University of Nevada Reno, School of Medicine Office of Statewide Initiatives. Nevada State Board for Alcohol, Drug and Gambling Counselors, 2022

University of Nevada Reno, School of Medicine Office of Statewide Initiatives. Nevada Division of Welfare and Supportive Services. Nevada Department of Health and Human Services, Supplemental Nutrition Assistance Program

University of Nevada. Reno School of Medicine Office of Statewide Initiatives. Nevada Annual Reports of Accountability, Nevada Department of Education

Appendix D: Stakeholder Interview Guide



Quad-County Region CHNA Stakeholder Interview Guide

INTRODUCTION

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with a regional agencies to conduct a Quad-County regional community health needs assessment for Carson City, Douglas, Lyon, and Storey counties, with portions of Southern Washoe County.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to healthcare services and challenges or advantages that some communities may experience, if any.

We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say in our conversation to be anonymous.

Do you have any questions for me before we start?

ICER-BREAKER / SELF-INTRODUCTION QUESTION

Please tell me a little about yourself and ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].

ACCESS AND AVAILABILITY OF SERVICES

1. When you think of the good things about living in this community, what are the first things that come to mind? [PROBE: things to do, parks or other outdoor recreational activities, strong sense of family, cultural diversity]
2. Generally, what are some of the challenges to living here?

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

3. What would you say are the two or three most urgent healthcare-related needs in the (these) community/communities? [*PROBE: obesity, diabetes, depression*]

AFFORDABILITY OF HEALTHCARE AND BASIC NEEDS

4. To what degree are community members or families struggling with finding and accessing quality healthcare? [*PROBE: are there certain types of care that are more difficult to find?*]
5. To what degree is quality primary care and/or specialty care available? For youth specifically?
6. To what degree is quality mental healthcare or treatment for substance use available? For youth specifically?
7. How are people accessing care, for example, virtual/telemedicine, face-to-face?
8. Are healthcare services equally available to everyone regardless of gender, race, age, socioeconomics? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors? Is there an experience of your or someone you know finding a doctor or getting needs met that you would like to share?
9. To what degree do healthcare providers care for patients in a culturally sensitive manner?
10. Do people in the community struggle with accessing other basic needs besides healthcare such as accessing nutritious / healthy food, washing and hygiene, or affordable prescription medications?
11. What are some resources or services in the community that work really well? What doesn't work?
12. For women ages 16 to 44, what is access to care for expectant mothers, new mothers, and other OBGYN services? Are there any barriers in access to services?
13. What are some of the healthcare challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).

PUBLIC HEALTH AND PREVENTION

14. What comes to mind when I say public health? How has your or the community's perceptions of public health changed over the past 18+ months?
15. In your community, where do you access public health information? Does the community view the local health department as a trusted source of information? Why or why not?
16. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
17. Do you feel that there is any stigma around the local health department (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

HEALTH EQUITY

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

18. Health equity is an important consideration. First, what does health equity mean to you?
19. We know some people in our community struggle to get the medical care they need. What do you think we can do about this? How can we ensure doctors and medical care are available to all people?
20. What are some of the local or community-level actions that can be done to provide for community health and wellbeing more equitably?
21. Are there any 'low hanging fruit' that could be addressed quickly?

SOCIAL DETERMINANTS OF HEALTH

22. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
23. Describe the job market in the area before the pandemic and currently. [*PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?*]
24. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
25. How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique challenges?

If transportation has not come up yet.

26. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle? Do you or the people you know have reliable transportation? What personal stories or stories from friends, family or neighbors do you have to share?
27. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

VULNERABLE POPULATIONS

28. What groups do you think are particularly vulnerable in your community? What are some of the biggest needs for those who are more vulnerable than others? How does the community support them? [*PROBE: veterans, youth, immigrants, LGBTQ+ populations, People of Color, seniors, people living with disabilities*]

IMPACT OF COVID-19

29. What are one or two ways that COVID-19 has impacted your community the most? [*PROBE: community well-being, social impacts, education, youth wellbeing, or the economy*]
30. Which of these do you think will be short-term effects (e.g., "After COVID is behind us, so will the effects") or long-term effects (e.g., "The impact will be long-lasting.")?

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

31. How do you think COVID-19 will impact the way that people take care of themselves and how people interact with the healthcare system or doctors and other providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?
32. How, if at all, has COVID-19 affected trust of healthcare providers or systems and the public health system?
33. From what you have seen and experienced, how has the pandemic affected mental health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

34. To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?
35. Reference: Health literacy is: [from Healthy People 2020]: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”
36. When community members need help, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]
 - a. Basic needs, for example, food, rent, and utility assistance?
 - b. Unexpected pregnancy?
37. How do community members generally learn about access to and availability of services in the area (e.g., on-line directory; social media; hotline; word of mouth)? What method tends to work the best or worst?
38. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
39. What types of activities would best reach those more vulnerable parts of community? (people experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)

BEHAVIORAL HEALTH CRISIS AND SUPPORT

40. When community members need help in a mental health crisis, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]
41. What about in a substance use crisis? What substances do you see or hear about in the community?
42. What services are most helpful? What other services or supports would you like to see?

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY CONNECTION AND SOCIAL SUPPORT

Social associations can help us live healthier lives. These associations may include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, professional organizations, and others.

43. To what degree is social association a community advantage or challenge?
44. Do you as a resident of your community get enough social interaction? Where do you get that interaction, and which of those are the most fulfilling sources?
45. Do you wish there were more opportunities for social interaction? If so, what would you like to see? [PROBE: how about for youth specifically?]
 - a. What barriers are there to participation in social interaction for you? For others in your community?
 - b. Are you lonely? To what extent do you feel comfortable asking for support, and where do you go?
46. To what degree is social support between community members an advantage or challenge? So, for example, acts such as helping, sharing, comforting, donating, volunteering, or cooperation, that are intended to benefit others.
 - a. Are there opportunities to support your community through helping, sharing, comforting, donating, volunteering, or other types of cooperation? If so, in where and in what ways? What barriers are there to participation in such activities?
 - b. Do you wish there were more opportunities for social support between community members? If so, what would you like to see?

FOR PROVIDERS:

47. What is your specialty?
48. Are you burned-out or overworked?
49. Are you looking to change your practice situation (retire, sell your practice, moved to an employed model, etc.?)
50. Where do you get support as a provider?

Appendix E: Focus Group Discussion Moderator's Guide



Quad-County Region CHNA

General Focus Group Moderators Guide

Good morning [or afternoon]. My name is [*Moderator Name*] from Crescendo Consulting Group. I am joined by my colleague, [name], who will be taking notes today. We are working with a regional agencies to conduct a Quad-County regional community health needs assessment for Carson City, Douglas, Lyon, and Storey Counties, with portions of Southern Washoe County.

EXPLAIN THE GENERAL PURPOSE OF THE DISCUSSION

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, ongoing impacts of the COVID-19 pandemic, and to identify service gaps and ways to better meet the needs of the community. We are also very interested to hear your insights about equal access to healthcare services and challenges or advantages that some communities may experience, if any.

EXPLAIN THE NECESSITY FOR NOTETAKING AND RECORDING

We're taking notes and recording the session to assist us in recalling your thoughts. We will describe our discussion in a written report; however, individual names will not be used. Please consider what you say and hear today to be confidential.

DESCRIBE LOGISTICS (VIRTUAL GROUPS)

Logistics are a bit different than normal since we're virtual, but we'd appreciate it if you gave us your full attention for the next hour or so. If you need to take a break to use the restroom, please do.

- If you have a private question, feel free to type it in the chat area of the software and I'll respond as soon as possible.

DESCRIBE THE PROTOCOL FOR THOSE WHO HAVE NOT BEEN TO A GROUP BEFORE

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For those of you who have not participated in a focus group before, the basic process is that I will ask questions throughout our session, however, please feel free to speak up at any time. In fact, I encourage you to respond directly to the comments other people make, as this is a conversation. If you don't understand a question, let me know. We are here to ask questions, listen, and make sure everyone has a chance to share and feels comfortable. Be respectful of the opinions of others. Honest opinions are the key to this process, and there are no right or wrong answers. I'd like to hear from each of you and learn more about your opinions, both positive and negative.

Do you have any questions before we start?

INTRODUCTIONS

Please feel free to tell us your name and include your organization or role in the community. Please briefly share how you interact with the community and the populations your organization (or you) serves, if any.

ACCESS AND AVAILABILITY OF SERVICES

1. When you think of the good things about living in this community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, strong sense of family, cultural diversity]*
2. What would you say are the two or three most urgent healthcare-related needs in the (these) community/communities? *[PROBE: obesity, diabetes, depression]*

AFFORDABILITY OF HEALTHCARE AND BASIC NEEDS

3. To what degree are community members or families struggling with finding and accessing quality healthcare? *[PROBE: are there certain types of care that are more difficult to find?]*
 - a. To what degree is quality primary care and/or specialty care available? For youth specifically?
 - b. To what degree is quality mental healthcare or treatment for substance use available? For youth specifically?
 - c. How are people accessing care, for example, virtual/telemedicine, face-to-face?
 - d. Are healthcare services equally available to everyone regardless of gender, race, age, sexuality, socioeconomics? Are there any barriers in access to services based on economic, race / ethnicity, gender, or other factors? Is there an

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

experience of your or someone you know finding a doctor or getting needs met that you would like to share?

- e. To what degree do healthcare providers care for patients in a culturally sensitive manner?
4. When community members need help in a mental health crisis, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? [*PROBE: friends and family, local Health Department, their doctor, churches*]
 - a. What about in a substance use crisis? What substances do you see or hear about in the community?
 - b. What services are most helpful? What other services or supports would you like to see?
5. Do people in the community struggle with accessing other basic needs besides healthcare such as accessing nutritious / healthy food, washing and hygiene, or affordable prescription medications?
 - a. What are some resources or services in the community that work really well? What doesn't work?
6. For women ages 16 to 44, what is access to care for expectant mothers, new mothers, and other OBGYN services? Are there any barriers in access to services?
7. What are some of the healthcare challenges that seniors may experience in your community? (Probe: hospice, end of life care, specialists, etc.).
8. Have you or anyone you know experienced a work related injury? Were they able to get the care they needed in a timely manner?

PUBLIC HEALTH AND PREVENTION

9. What comes to mind when I say public health? How has your or the community's perceptions of public health changed over the past 18+ months?
10. In your community, where do you access public health information? Does the community view the local health department as a trusted source of information? Why or why not?
11. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
12. Do you feel that there is any stigma around the local health department (e.g., a person may choose not to utilize the health department's services because "it's for poor people")?

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

HEALTH EQUITY

13. Health equity is an important consideration. First, what does health equity mean to you?
14. We know some people in our community struggle to get the medical care they need. What do you think we can do about this? How can we ensure doctors and medical care are available to all people?

SOCIAL DETERMINANTS OF HEALTH

15. What are some non-healthcare-related challenges or barriers people in the community might have?
 - a. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
 - b. To what degree of homelessness is a concern in your community? Are there any programs that are available for those who are experiencing homelessness?
 - c. Describe the job market in the area before the pandemic and currently.
[PROBES: Generally, are “good” jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]
 - d. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
 - e. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle? Do you or the people you know have reliable transportation? What personal stories or stories from friends, family or neighbors do you have to share?
 - f. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

IMPACT OF COVID-19 (IF COVID HAS NOT BEEN MENTIONED YET)

16. How do you think COVID-19 will impact the way that people take care of themselves and how people interact with the healthcare system or doctors and other providers, such as for screenings or routine services, vaccine perceptions, virtual healthcare, or others?
17. How, if at all, has COVID-19 affected trust of healthcare providers or systems and the public health system?
From what you have seen and experienced, how has the pandemic affected mental

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

health or substance misuse issues?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

18. To what degree is health literacy a community advantage or challenge? Is there adequate health information available – especially in diverse or marginalized communities? How do you think health organizations can improve health literacy of the community?

Reference: Health literacy is: [from Healthy People 2020]: “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

19. When community members need help, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? [*PROBE: friends and family, Town Hall, local Health Department, their doctor, churches*]
- Basic needs, for example, food, rent, and utility assistance?
 - Unexpected pregnancy?

COMMUNITY CONNECTION AND SOCIAL SUPPORT

20. Social associations can help us live healthier lives. These associations may include civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, professional organizations, and others. To what degree is social association a community advantage or challenge?
- Do you as a resident of your community get enough social interaction? Where do you get that interaction, and which of those are the most fulfilling sources?
 - Do you wish there were more opportunities for social interaction? If so, what would you like to see? [*PROBE: how about for youth specifically?*]
 - What barriers are there to participation in social interaction for you? For others in your community?
 - Are you lonely? To what extent do you feel comfortable asking for support, and where do you go?
21. To what degree is social support between community members an advantage or challenge? So, for example, acts such as helping, sharing, comforting, donating, volunteering, or cooperation, that are intended to benefit others.

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- a. Are there opportunities to support your community through helping, sharing, comforting, donating, volunteering, or other types of cooperation? If so, in where and in what ways? What barriers are there to participation in such activities?
- b. Do you wish there were more opportunities for social support between community members? If so, what would you like to see?

MAGIC WAND

What would a vibrant, healthy, flourishing neighborhood look like? Let's assume that money and resources weren't issues. Where would you start? What is the first thing you would do for your community?

Appendix F: Telephone Survey Templates

Carson Tahoe Health Carson City Health & Human Services, and other regional agencies are conducting a Quad-County Regional Community Health Needs Assessment to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics. ***Your comments will be kept confidential.***

Screening Questions

1. What county do you live in?
 - Carson City
 - Douglas County
 - Lyon County
 - Storey County
 - Washoe County - (TERMINATE)
 - Other - (TERMINATE)
2. Are you 18 years of age or older?
 - Yes
 - No - TERMINATE

Survey Questions

3. What is your zip code?

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on programs and resources in your community.

4. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement?

No more needed (1) 2 Neutral (3) 4 Much more needed (5) I don't know

- Transportation services for people needing to go to doctor's appointments or the hospital

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- Accessible sources for affordable, nutritious food
- Affordable quality childcare
- Access to quality education for youth
- General public transportation
- Access to safe, affordable housing
- Supportive housing for individuals in need of wrap-around supportive services
- Programs to support community cohesion and inclusion, including those to combat discrimination and racism
- Access to clean, public places to play and exercise
- Healthcare services for people experiencing homelessness
- Social services (other than healthcare) for people experiencing homelessness
- Primary care services (such as a family doctor or other provider of routine care)
- Emergency care and trauma services
- Long-term care or dementia care for seniors
- Affordable healthcare services for individuals or families with low income
- Affordable prescription drugs
- Counseling services for mental health issues such as depression, anxiety, and others for adults
- Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
- Support services for children with developmental disabilities
- Drug and other substance abuse education, prevention, and treatment services
- Crisis or emergency care programs for mental health
- Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
- Programs for diabetes prevention, awareness, and care
- Programs for heart health or cardiovascular health
- Programs for obesity prevention, awareness, and care
- Programs for smoking cessation (including vaping)
- Programs to help steward and protect environmental resources
- Programs and initiatives to mitigate the health impacts of environmental changes
- Healthcare services for seniors
- Women's health services / Prenatal care / Reproductive health services

Quad-County Regional Community Health Needs Assessment partners are interested in understanding social connectedness or the feeling that you belong to a group and generally feel close to other people.

5. Do you belong to any of the following in the community?
- Church, temple, or religious group
 - Social organization (such as Lions Clubs, Masonic organizations, etc.)
 - Neighborhood association or club
 - Volunteer group
 - Recreational or sports club or team
 - School, university, technical training, or adult education
 - Professional or trade organizations
 - Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance etc.)

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Other (Please specify)

6. What are other challenges in the community that you think are important for us to know?

7. If you had a magic wand and could change one thing to make your community a better place, what would it be?

Profile Questions

8. To which gender identity do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Non-Binary
- My gender identify is not listed
- I prefer not to answer

9. Are you of Hispanic, Latino, or other Spanish origin?

- Yes
- No
- I prefer not to answer

10. What is your race? [Check all that apply]

- White or Caucasian
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race
- I prefer not to answer

11. What is your age?

- Less than 18 years old
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- More than 75 years old
- I prefer not to answer

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

12. Which of the following ranges describes your total annual household income in the past year?

- None
- Under \$15,000
- \$15,000 – \$24,999
- \$25,000 - \$34,999
- \$35,000 – \$44,999
- \$45,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$74,999
- \$75,000 - \$99,999

Appendix G: Community Survey Templates

Carson Tahoe Health and other regional agencies are conducting a Quad-County Regional Community Health Needs Assessment for Carson City, Douglas, Lyon, and Storey Counties, with portions of Southern Washoe County.

The Community Health Needs Assessment helps the partners to learn more about community health and issues that need more focus and attention. This short survey is designed to learn your thoughts and ideas on these important topics. ***Your comments will be kept confidential.***

13. What county do you live in?

- Carson City
- Douglas County
- Lyon County
- Storey County
- Washoe County
- Other (please specify)

14. What is your zip code?

Access to Healthcare

15. Do you have a family doctor or a place where you go for routine care?

- Yes, family doctor, family health center, or clinic
- Yes, emergency room
- Yes, Walk-in urgent care
- No
- Other (please specify)

16. In the past two years, has there been one or more occasions when you needed medical or mental healthcare but chose NOT to get it?

- Yes
- No

17. If yes, what prevented you from accessing healthcare or mental health services when you needed it? (Check all that apply)

- Lack of health insurance
- Lack of money / ability to pay
- Did not feel comfortable with available providers
- Providers did not speak my language

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

- Providers are not culturally competent
- Concern about my immigration status
- Providers not knowledgeable about people with my sexual orientation or gender status
- Lack of transportation
- Long wait times to see a provider
- Doctor's office is too far from my house
- COVID-19-related restrictions
- I don't like the providers
- Providers are not culturally competent

Community Health Needs

A "healthy" community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next few questions ask you about your opinions on programs and resources in your community.

18. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel need more attention for improvement?

	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Transportation services for people needing to go to doctor's appointments or the hospital						
Accessible sources for affordable, nutritious food						
Affordable quality childcare						
Access to quality education for youth						
General public transportation						
Access to safe, affordable housing						
Supportive housing for individuals in need of wrap-around supportive services						
Programs to support community cohesion and inclusion, including						

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
those to combat discrimination and racism						
Access to clean, public places to play and exercise						
Healthcare services for people experiencing homelessness						
Social services (other than healthcare) for people experiencing homelessness						
Access to quality education and job training						
Livable wage job opportunities						
Activities for youth (such as a public pool, roller skating rink, bowling alley)						
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Long-term care or dementia care for seniors						
Affordable healthcare services for individuals or families with low income						
Affordable prescription drugs						
Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare						
Counseling services for mental health issues such as depression, anxiety, and others for adults						
Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children						
Support services for children with developmental disabilities						
Support services for adults with developmental disabilities						
Drug and other substance abuse education and prevention						

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	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Drug and other substance abuse early intervention services						
Drug and other substance abuse treatment services						
Programs to help drug and other substance use disorder patients in recovery stay healthy						
Crisis or emergency care programs for mental health						
Crisis or emergency care services for medical issues						
Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers						
Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.						
Programs for diabetes prevention, awareness, and care						
Programs for heart health or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs for smoking cessation (including vaping)						
Programs to help steward and protect environmental resources						
Programs and initiatives to mitigate the health impacts of environmental changes						
Healthcare services for seniors						
Women's health services / Prenatal care / Reproductive health services						
Services or education to help reduce teen pregnancy						
Parenting classes for new parents						
HIV / AIDS education and screening						

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
HIV / AIDS treatment services						
Opportunities for physical fitness						

19. Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree	I don't know
My community can work together to improve its health						
My community has the resources to improve its health						
My community works together to make positive change for health						
I know my neighbors will help me stay healthy						

Mental Health

We are interested in understanding the mental and emotional wellness of individuals and the community as a whole. Reminder: Your answers will be confidential and anonymous.

20. If you were experiencing a mental health or substance abuse challenge, would you know where to turn for help?

- Yes
- No
- I'm not sure

21. Do you or your family currently have unmet mental health or substance abuse needs?

- Yes, I have an unmet need
- Yes, an adult family member has an unmet need
- Yes, a child family member has an unmet need

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- No
- I don't know
- I prefer not to answer

22. Over the course of the COVID-19 pandemic, have you or someone you know experienced any of the following mental health challenges? (Please select all that apply)

- Depression or Anxiety
- Loneliness or Isolation
- Grief
- Other (please specify)

Challenges

23. The past two years have been a challenge for all of us. Currently, are you having any challenges with the following?

	I struggle with this issue daily	This is a common challenge for me	I frequently struggle with this issue but generally manage fairly well	I occasionally struggle but am generally doing well in this area of my life	I'm doing well in this area of my life
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks					
Performing well at school or work					
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or major illness					
Enjoying leisure activities					
Getting along well with friends and family members					

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	I struggle with this issue daily	This is a common challenge for me	I frequently struggle with this issue but generally manage fairly well	I occasionally struggle but am generally doing well in this area of my life	I'm doing well in this area of my life
Getting along with people at work or in the community					
Feeling lonely					
Establishing and maintaining trusted relationships					

24. What are other challenges in the community that you think are important for us to know about?

25. If you had a magic wand and could change one thing to make your community a better place, what would it be?

Social Connectedness

Quad-County Regional Community Health Needs Assessment partners are interested in understanding social connectedness or the feeling that you belong to a group and generally feel close to other people.

26. Do you belong to any of the following in the community?

- Church, temple, or religious group
- Social organization (such as Lions Clubs, Masonic organizations, etc.)
- Neighborhood association or club
- Volunteer group
- Recreational or sports club or team
- School, university, technical training, or adult education
- Professional or trade organizations
- Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance, etc.)
- Other (Please specify)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

27. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone you can count on to listen to you when you need to talk					
Someone to give you information to help you understand a situation					
Someone to confide in or talk to about yourself or your problems					
Someone to turn to for suggestions about how to deal with a personal problem					
Someone to help you if you were confined to bed					
Someone to take you to the doctor if you needed it					
Someone to help with daily chores if you were sick					
Someone who hugs you					
Someone to love and make you feel wanted					
Someone to get together with for relaxation					
Someone to do something enjoyable with					

Women’s Health

28. Do you identify as a woman or someone with a uterus?

- Yes
- No (skip to Question #22)

29. Do you currently experience pain in your pelvis that has recurred for over six months?

- Yes
- No (skip to Question #20)

30. Do you have access to adequate community resources, medical treatment, and support for your pain?

- Yes
- No

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- I don't know
- Other (please specify)

31. If willing, please provide additional information. Is there an event you associate with the onset of your pain? What do you think is causing your pain? Is your pain associated with intercourse, ovulation (mid-cycle), during your period, urination, or motions such as sitting, lifting, or any other identifiable action or process?

32. Have you ever been pregnant?

- Yes
- Yes, and I'm currently pregnant
- No
- I prefer not to answer

33. In the past two years, have you had any challenges accessing any of the following associated reproductive care in your location?

- Prenatal care with a medical provider
- Postpartum care with a medical provider
- Abortion
- Birth control
- STI testing and/or treatment
- Fertility treatments
- Menopause support and education
- Sexual violence or rape support
- Other (Please specify)

Demographic Information: A little bit about you

34. To which gender identity do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Non-Binary
- My gender identity is not listed
- I prefer not to answer

35. What is your sexual orientation?

- Heterosexual
- Gay/Lesbian
- Bisexual/Pansexual
- My sexual orientation is not listed
- I prefer not to answer

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36. Are you of Hispanic, Latino, or other Spanish origin?

- Yes
- No
- I prefer not to answer

37. What is your race? [Check all that apply]

- White or Caucasian
- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race
- I prefer not to answer

22. Which of the following ranges best describes your total annual household income in the past year?

- None
- Under \$15,000
- \$15,000 – \$24,999
- \$25,000 - \$34,999
- \$35,000 – \$44,999
- \$45,000 - \$54,999
- \$55,000 - \$64,999
- \$65,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 and above
- Unknown
- I prefer not to answer

23. What is your age?

- Less than 18 years old
- 18 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- More than 75 years old
- I prefer not to answer

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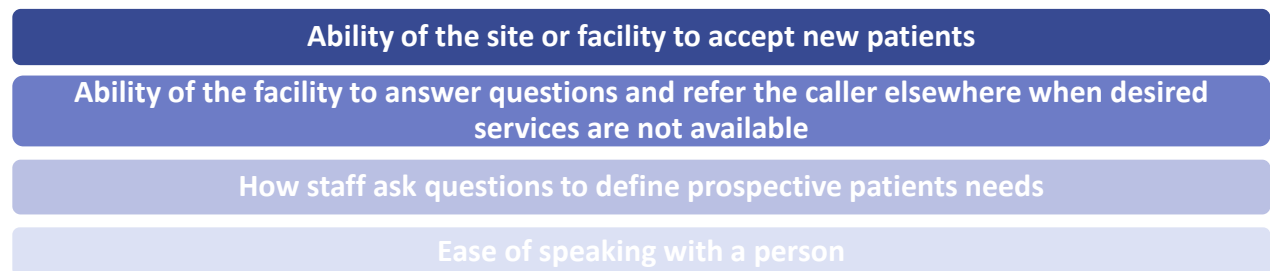
24. Do you have any of the following disability / ability?
- A sensory impairment (vision or hearing)
 - A learning disability (i.e., ADHD, dyslexia)
 - A mobility impairment
 - A mental health disorder
 - A long-term medical illness (i.e., epilepsy, cystic fibrosis)
 - A temporary impairment due to illness or injury (i.e., broken ankle, surgery)
 - A disability or impairment not listed
 - I do not identify with a disability or impairment
 - I prefer not to answer
25. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)
- Less than a high school diploma
 - High school degree or equivalent (such as GED/HiSET)
 - Some college, no degree
 - Associate degree
 - Bachelor's degree
 - Master's degree
 - Professional or doctorate degree (such as MD, DDS, DVM, PhD)
 - I prefer not to answer
26. What is your profession?
27. Do you live in a single-parent household?
- Yes
 - No
28. Do you live in a multi-generation household or in a home with three or more generations living together (such as grandparents, kids, and grandkids)?
- Yes
 - No

Appendix H: Access Audit

Access audits calls are an effective way to evaluate the communities access to healthcare services within Quad-County area – *not to profile any site*. The goal of conducting access audits is to understand practical access to healthcare and other services and barriers experienced by community members seeking care. Results provide insight to access gaps, improvement strategies, and service variations. The service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact community member’s access to services.

Calls were made at different times throughout the day in mid-September 2022. Thirty-six calls were attempted across the service area, of which 24 (66.6%) resulted in the caller being connected to a staff person. Remaining calls were either not answered or sent to voicemail.

The factors used to identify areas of opportunity during the calls included:



Ability of the site or facility to accept new patients

Of the twenty-four sites, all but one is accepting new patients, although in several instances, not all providers were accepting new patients. Wait times for an appointment ranged depending on the facility type and/or services offered. Urgent care or crisis services, for instance, were available within hours, while primary care appointments were commonly available within one to four months, with availability often varying by provider within a practice or medical group. Staff commonly inquired as to the specific services being sought in order to provide a specific estimate of provider and/or appointment availability.

Ability of the facility to answer questions and refer the caller elsewhere when the desired services are unavailable

The vast majority of sites contacted had staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked questions to assess the appropriate

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

level of care needed and were willing to explain the process of becoming a new patient to the caller. Staff at several sites told the caller the names of providers and asked the caller if they had a preference for seeing a female or male provider. Staff at one site acknowledged that while they did not have vaccine supply to fulfill a patient request, several specific pharmacy locations in the community could likely meet the caller's needs.

How staff asks questions to define prospective patient's needs

All staff members asked questions to ensure that their facilities' services aligned with the caller's needs. Staff members often proactively asked what type of insurance the caller had to make sure that the site accepts their insurance to help the caller to avoid paying out of pocket for services. Beyond insurance coverage, other probing questions intended to tailor service appropriateness included inquiries about caller (and/or child/relative) age, if the requested information was on behalf of a family member, and location (in order to determine the closest appropriate site).

Ease of speaking with a person

The ease of speaking with a person varied across sites. Most sites had phone trees, and the efficiency of these automated services in connecting the caller to a person ranged from immediate to calls that were dropped or ended at voicemail boxes. Several phone trees required the caller to select an option from a list of two to nine choices without an automatic transfer to a live staff person if no choice was selected. Five of the phone trees were equipped with a choice to hear options in Spanish. The longest wait time to speak to someone was 13 minutes, but many calls were transferred to a live person immediately or within several minutes. There were two instances in which long waits (11 minutes and 22 minutes) culminated in dropped calls, with no voicemail option. All staff members answered the phone with a friendly voice and were eager to help the caller.

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Healthcare Facilities

Calls were made to 36 healthcare facilities across Quad-County service area. Healthcare facilities included in the access audit calls included the following:

Healthcare Facility	
Carson Medical Group	Carson Tahoe Medical Group, Dayton
Carson Tahoe Medical Group	Rural Nevada Counseling
Sierra Nevada Health Center	Vitality
Community Counseling Center	Carson Medical Group
Carson Tahoe Behavioral Health	Job's Peak Internal Medicine and Family Practice
Carson Tahoe Walmart Clinic	Minden Family Medicine and Complete Care
Carso Tahoe Endocrinology	Carson Tahoe Physician Clinics
Eagle Valley Children's Home Respite	Carson Valley Medical Center (Hospital)
Carson Tahoe Transitional Rehabilitation Center	Mountain View Medical Group
Children's Cabinet	Douglas County Community Clinic
Rural Regional Center	THRIVE, CPLC
Banner Health Center	Sierra Family Health Center
South Lyon Medical Center (Hospital)	Community Chest
South Lyon Medical Center Physicians Clinic	Senior Services, VC & Lockwood
Community Health Nurse - Dayton	Rural Clinics, Dayton
Community Health Nurse - Fernley	Rural Clinics, Gardnerville
Community Health Nurse - Yerington	Rural Clinics, Silver Springs
Renown Medical Group - Fernley	Rural Clinics, Carson

Appendix I: Additional Community Survey Prioritization Tables

Prioritized Needs by CTH PSA and County

Exhibit 220: Which of the following community and health-related issues do you feel need more attention for improvement?

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
1	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adults	Access to safe, affordable housing	Access to clean, public places to play and exercise	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Access to safe, affordable housing
2	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Affordable healthcare services for individuals or families with low income	Opportunities for physical fitness	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adults
3	Affordable prescription drugs	Access to safe, affordable housing	Supportive housing for individuals in need of wrap-around supportive services	Services or education to help reduce teen pregnancy	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children

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Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
4	Affordable quality childcare	Livable wage job opportunities	Crisis or emergency care programs for mental health	Programs to help drug and other substance use disorder patients in recovery stay healthy	Affordable quality childcare	Affordable quality childcare
5	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Affordable quality childcare	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Drug and other substance abuse treatment services	Livable wage job opportunities	Affordable prescription drugs
6	Crisis or emergency care programs for mental health	Affordable prescription drugs	Drug and other substance abuse education and prevention	General public transportation	Affordable prescription drugs	Crisis or emergency care programs for mental health
7	Livable wage job opportunities	Supportive housing for individuals in need of wrap-around supportive services	Counseling services for mental health issues such as depression, anxiety, and others for adults	Programs and initiatives to mitigate the health impacts of environmental changes	Crisis or emergency care programs for mental health	Livable wage job opportunities
8	Programs to help drug and other substance use disorder patients in recovery stay healthy	Crisis or emergency care programs for mental health	Affordable quality childcare	Transportation services for people needing to go to doctor's appointments or the hospital	Affordable healthcare services for individuals or families with low income	Affordable healthcare services for individuals or families with low income

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Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
9	Access to quality education for youth	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Affordable prescription drugs	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Supportive housing for individuals in need of wrap-around supportive services	Programs to help drug and other substance use disorder patients in recovery stay healthy
10	Affordable healthcare services for individuals or families with low income	Affordable healthcare services for individuals or families with low income	Livable wage job opportunities	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Programs to help drug and other substance use disorder patients in recovery stay healthy	Supportive housing for individuals in need of wrap-around supportive services
11	Social services (other than healthcare) for people experiencing homelessness	Healthcare services for seniors	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Affordable prescription drugs	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.
12	Support services for adults with developmental disabilities	Primary care services (such as a family doctor or other provider of routine care)	Programs to help drug and other substance use disorder patients in recovery stay healthy	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Drug and other substance abuse treatment services	Access to quality education for youth

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
13	Drug and other substance abuse early intervention services	Programs to help drug and other substance use disorder patients in recovery stay healthy	Drug and other substance abuse early intervention services	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Drug and other substance abuse treatment services
14	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Activities for youth (such as a public pool, roller skating rink, bowling alley)	General public transportation	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Drug and other substance abuse early intervention services	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
15	Support services for children with developmental disabilities	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Access to safe, affordable housing	Support services for children with developmental disabilities	Drug and other substance abuse early intervention services
16	Drug and other substance abuse treatment services	Support services for adults with developmental disabilities	Opportunities for physical fitness	Affordable quality childcare	Access to quality education for youth	Social services (other than healthcare) for people experiencing homelessness

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
17	Access to quality education and job training	Drug and other substance abuse education and prevention	Drug and other substance abuse treatment services	Healthcare services for seniors	Support services for adults with developmental disabilities	Healthcare services for seniors
18	Healthcare services for seniors	Transportation services for people needing to go to doctor's appointments or the hospital	Primary care services (such as a family doctor or other provider of routine care)	Livable wage job opportunities	Drug and other substance abuse education and prevention	Activities for youth (such as a public pool, roller skating rink, bowling alley)
19	Long-term care or dementia care for seniors	Long-term care or dementia care for seniors	Social services (other than healthcare) for people experiencing homelessness	Accessible sources for affordable, nutritious food	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Support services for adults with developmental disabilities
20	Supportive housing for individuals in need of wrap-around supportive services	Drug and other substance abuse treatment services	Access to quality education for youth	HIV / AIDS education and screening	Healthcare services for seniors	Support services for children with developmental disabilities
21	Accessible sources for affordable, nutritious food	Women's health services / Prenatal care / Reproductive health services	Transportation services for people needing to go to doctor's appointments or the hospital	Programs for obesity prevention, awareness, and care	Social services (other than healthcare) for people experiencing homelessness	Drug and other substance abuse education and prevention

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
22	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Parenting classes for new parents	Services or education to help reduce teen pregnancy	Access to quality education for youth	Accessible sources for affordable, nutritious food	Primary care services (such as a family doctor or other provider of routine care)
23	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Services or education to help reduce teen pregnancy	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Social services (other than healthcare) for people experiencing homelessness	Transportation services for people needing to go to doctor's appointments or the hospital	Long-term care or dementia care for seniors
24	Health care services for people experiencing homelessness	Programs to help steward and protect environmental resources	Access to clean, public places to play and exercise	Crisis or emergency care services for medical issues	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Access to quality education and job training
25	Primary care services (such as a family doctor or other provider of routine care)	Support services for children with developmental disabilities	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Emergency care and trauma services	Healthcare services for people experiencing homelessness	Accessible sources for affordable, nutritious food
26	Drug and other substance abuse education and prevention	Drug and other substance abuse early intervention services	Women's health services / Prenatal care / Reproductive health services	Programs for diabetes prevention, awareness, and care	Crisis or emergency care services for medical issues	Transportation services for people needing to go to doctor's appointments or the hospital

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
27	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	General public transportation	Accessible sources for affordable, nutritious food	Crisis or emergency care programs for mental health	General public transportation	Services or education to help reduce teen pregnancy
28	Crisis or emergency care services for medical issues	Crisis or emergency care services for medical issues	Access to quality education and job training	Access to quality education and job training	Primary care services (such as a family doctor or other provider of routine care)	Opportunities for physical fitness
29	Programs and initiatives to mitigate the health impacts of environmental changes	Programs for diabetes prevention, awareness, and care	Support services for children with developmental disabilities	Support services for children with developmental disabilities	Access to quality education and job training	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
30	Transportation services for people needing to go to doctor's appointments or the hospital	Access to quality education for youth	Crisis or emergency care services for medical issues	Counseling services for mental health issues such as depression, anxiety, and others for adults	Programs to help steward and protect environmental resources	Crisis or emergency care services for medical issues
31	Opportunities for physical fitness	Accessible sources for affordable, nutritious food	Long-term care or dementia care for seniors	Programs for smoking cessation (including vaping)	Programs for obesity prevention, awareness, and care	General public transportation

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
32	Services or education to help reduce teen pregnancy	Healthcare services for people experiencing homelessness	Programs and initiatives to mitigate the health impacts of environmental changes	Drug and other substance abuse education and prevention	Long-term care or dementia care for seniors	Programs and initiatives to mitigate the health impacts of environmental changes
33	Programs for obesity prevention, awareness, and care	Access to quality education and job training	Emergency care and trauma services	Support services for adults with developmental disabilities	Access to clean, public places to play and exercise	Healthcare services for people experiencing homelessness
34	Programs to help steward and protect environmental resources	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Healthcare services for seniors	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Opportunities for physical fitness	Programs to help steward and protect environmental resources
35	Parenting classes for new parents	Social services (other than healthcare) for people experiencing homelessness	Programs to help steward and protect environmental resources	Primary care services (such as a family doctor or other provider of routine care)	Women's health services / Prenatal care / Reproductive health services	Women's health services / Prenatal care / Reproductive health services
36	Programs for diabetes prevention, awareness, and care	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Affordable healthcare services for individuals or families with low income	Parenting classes for new parents	Access to clean, public places to play and exercise

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
37	General public transportation	Opportunities for physical fitness	Programs for obesity prevention, awareness, and care	Programs to help steward and protect environmental resources	Services or education to help reduce teen pregnancy	Programs for obesity prevention, awareness, and care
38	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Programs and initiatives to mitigate the health impacts of environmental changes	Healthcare services for people experiencing homelessness	HIV / AIDS treatment services	Programs and initiatives to mitigate the health impacts of environmental changes	Programs to support community cohesion and inclusion, including those to combat discrimination and racism
39	Women's health services / Prenatal care / Reproductive health services	Access to clean, public places to play and exercise	Support services for adults with developmental disabilities	Women's health services / Prenatal care / Reproductive health services	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Parenting classes for new parents
40	Access to clean, public places to play and exercise	Programs for heart health or cardiovascular health	HIV / AIDS treatment services	Drug and other substance abuse early intervention services	Programs for diabetes prevention, awareness, and care	Programs for diabetes prevention, awareness, and care
41	HIV / AIDS treatment services	Programs for obesity prevention, awareness, and care	Parenting classes for new parents	Programs for heart health or cardiovascular health	Programs for heart health or cardiovascular health	Programs for heart health or cardiovascular health

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Carson City	Douglas County	Lyon County	Storey County	CTH Service Area	Total
42	Programs for smoking cessation (including vaping)	Programs for smoking cessation (including vaping)	Programs for heart health or cardiovascular health	Supportive housing for individuals in need of wrap-around supportive services	Programs for smoking cessation (including vaping)	Programs for smoking cessation (including vaping)
43	Programs for heart health or cardiovascular health	HIV / AIDS education and screening	Programs for diabetes prevention, awareness, and care	Parenting classes for new parents	HIV / AIDS treatment services	Emergency care and trauma services
44	Emergency care and trauma services	Emergency care and trauma services	HIV / AIDS education and screening	Long-term care or dementia care for seniors	Emergency care and trauma services	HIV / AIDS treatment services
45	HIV / AIDS education and screening	HIV / AIDS treatment services	Programs for smoking cessation (including vaping)	Healthcare services for people experiencing homelessness	HIV / AIDS education and screening	HIV / AIDS education and screening

Prioritized Needs by Age

Exhibit 221: Prioritized Community Needs by Age Group

Rank	Younger than 35	35 to 54	55 and older	TOTAL
1	Affordable prescription drugs	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Access to safe, affordable housing
2	Affordable quality childcare	Affordable quality childcare	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adults
3	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
4	Drug and other substance abuse education and prevention	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Affordable prescription drugs	Affordable quality childcare
5	Access to safe, affordable housing	Crisis or emergency care programs for mental health	Crisis or emergency care programs for mental health	Affordable prescription drugs
6	Programs to help drug and other substance use disorder patients in recovery stay healthy	Livable wage job opportunities	Affordable quality childcare	Livable wage job opportunities
7	Livable wage job opportunities	Affordable healthcare services for individuals or families with low income	Supportive housing for individuals in need of wrap-around supportive services	Crisis or emergency care programs for mental health
8	Affordable healthcare services for individuals or families with low income	Access to quality education for youth	Healthcare services for seniors	Affordable healthcare services for individuals or families with low income

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Younger than 35	35 to 54	55 and older	TOTAL
9	Accessible sources for affordable, nutritious food	Programs to help drug and other substance use disorder patients in recovery stay healthy	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Supportive housing for individuals in need of wrap-around supportive services
10	Supportive housing for individuals in need of wrap-around supportive services	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Livable wage job opportunities	Programs to help drug and other substance use disorder patients in recovery stay healthy
11	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Affordable prescription drugs	Affordable healthcare services for individuals or families with low income	Access to quality education for youth
12	Access to quality education for youth	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Primary care services (such as a family doctor or other provider of routine care)	Social services (other than healthcare) for people experiencing homelessness
13	Transportation services for people needing to go to doctor's appointments or the hospital	Supportive housing for individuals in need of wrap-around supportive services	Social services (other than healthcare) for people experiencing homelessness	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.
14	Social services (other than healthcare) for people experiencing homelessness	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Long-term care or dementia care for seniors	Drug and other substance abuse treatment services
15	Drug and other substance abuse early intervention services	Drug and other substance abuse early intervention services	Drug and other substance abuse treatment services	Drug and other substance abuse early intervention services

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Younger than 35	35 to 54	55 and older	TOTAL
16	Crisis or emergency care programs for mental health	Accessible sources for affordable, nutritious food	Programs to help drug and other substance use disorder patients in recovery stay healthy	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
17	Support services for adults with developmental disabilities	Drug and other substance abuse treatment services	Healthcare services for people experiencing homelessness	Healthcare services for seniors
18	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Accessible sources for affordable, nutritious food
19	Drug and other substance abuse treatment services	Access to quality education and job training	Drug and other substance abuse early intervention services	Drug and other substance abuse education and prevention
20	HIV / AIDS treatment services	Opportunities for physical fitness	Support services for children with developmental disabilities	Long-term care or dementia care for seniors
21	Opportunities for physical fitness	Services or education to help reduce teen pregnancy	Support services for adults with developmental disabilities	Activities for youth (such as a public pool, roller skating rink, bowling alley)
22	Support services for children with developmental disabilities	Social services (other than healthcare) for people experiencing homelessness	General public transportation	Support services for adults with developmental disabilities
23	Access to quality education and job training	Long-term care or dementia care for seniors	Access to quality education for youth	Primary care services (such as a family doctor or other provider of routine care)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Younger than 35	35 to 54	55 and older	TOTAL
24	Programs and initiatives to mitigate the health impacts of environmental changes	Support services for adults with developmental disabilities	Drug and other substance abuse education and prevention	Access to quality education and job training
25	Services or education to help reduce teen pregnancy	Support services for children with developmental disabilities	Transportation services for people needing to go to doctor's appointments or the hospital	Support services for children with developmental disabilities
26	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Healthcare services for seniors	Services or education to help reduce teen pregnancy	Services or education to help reduce teen pregnancy
27	Access to clean, public places to play and exercise	Drug and other substance abuse education and prevention	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Transportation services for people needing to go to doctor's appointments or the hospital
28	Women's health services / Prenatal care / Reproductive health services	Crisis or emergency care services for medical issues	Access to quality education and job training	Opportunities for physical fitness
29	Parenting classes for new parents	Programs and initiatives to mitigate the health impacts of environmental changes	Crisis or emergency care services for medical issues	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
30	Crisis or emergency care services for medical issues	Women's health services / Prenatal care / Reproductive health services	Programs to help steward and protect environmental resources	Crisis or emergency care services for medical issues

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Younger than 35	35 to 54	55 and older	TOTAL
31	Primary care services (such as a family doctor or other provider of routine care)	Programs to help steward and protect environmental resources	Programs and initiatives to mitigate the health impacts of environmental changes	Programs and initiatives to mitigate the health impacts of environmental changes
32	Healthcare services for seniors	Transportation services for people needing to go to doctor's appointments or the hospital	Accessible sources for affordable, nutritious food	Healthcare services for people experiencing homelessness
33	Programs for diabetes prevention, awareness, and care	Access to clean, public places to play and exercise	Activities for youth (such as a public pool, roller skating rink, bowling alley)	General public transportation
34	Long-term care or dementia care for seniors	Primary care services (such as a family doctor or other provider of routine care)	Programs for obesity prevention, awareness, and care	Programs to help steward and protect environmental resources
35	General public transportation	General public transportation	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Women's health services / Prenatal care / Reproductive health services
36	Healthcare services for people experiencing homelessness	Programs for obesity prevention, awareness, and care	Women's health services / Prenatal care / Reproductive health services	Access to clean, public places to play and exercise
37	Emergency care and trauma services	Programs for diabetes prevention, awareness, and care	Parenting classes for new parents	Programs for obesity prevention, awareness, and care
38	Programs to help steward and protect environmental resources	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Opportunities for physical fitness	Parenting classes for new parents
39	HIV / AIDS education and screening	Healthcare services for people experiencing homelessness	Access to clean, public places to play and exercise	Programs for diabetes prevention, awareness, and care

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Younger than 35	35 to 54	55 and older	TOTAL
40	Programs for obesity prevention, awareness, and care	Parenting classes for new parents	Programs for diabetes prevention, awareness, and care	Programs to support community cohesion and inclusion, including those to combat discrimination and racism
41	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Programs for smoking cessation (including vaping)	Programs for smoking cessation (including vaping)	Programs for smoking cessation (including vaping)
42	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Programs for heart health or cardiovascular health	Emergency care and trauma services	Programs for heart health or cardiovascular health
43	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	HIV / AIDS education and screening	Programs for heart health or cardiovascular health	Emergency care and trauma services
44	Programs for heart health or cardiovascular health	HIV / AIDS treatment services	HIV / AIDS treatment services	HIV / AIDS treatment services
45	Programs for smoking cessation (including vaping)	Emergency care and trauma services	HIV / AIDS education and screening	HIV / AIDS education and screening

Prioritized Needs – Less than \$55,000 vs. \$55,000 or more

Respondents with household income less than \$55,000 put a slightly higher priority on issues involving affordability, such as housing, prescription drugs, quality childcare, and healthcare, than those with household income of \$55,000 or more.

Exhibit 222: Which of the following community and health-related issues do you feel need more attention for improvement?

Rank	Less than \$55,000	\$55,000 or more	Total
1	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Access to safe, affordable housing
2	Affordable prescription drugs	Counseling services for mental health issues such as depression, anxiety, and others for adults	Counseling services for mental health issues such as depression, anxiety, and others for adults
3	Affordable quality childcare	Access to safe, affordable housing	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children
4	Counseling services for mental health issues such as depression, anxiety, and others for adults	Affordable quality childcare	Affordable quality childcare
5	Affordable healthcare services for individuals or families with low income	Crisis or emergency care programs for mental health	Affordable prescription drugs
6	Livable wage job opportunities	Supportive housing for individuals in need of wrap	Crisis or emergency care programs for mental health
7	Programs to help drug and other substance use disorder patients in recovery stay healthy	Affordable prescription drugs	Livable wage job opportunities
8	Access to quality education for youth	Livable wage job opportunities	Affordable healthcare services for individuals or families with low income

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Less than \$55,000	\$55,000 or more	Total
9	Transportation services for people needing to go to doctor's appointments or the hospital	Affordable healthcare services for individuals or families with low income	Programs to help drug and other substance use disorder patients in recovery stay healthy
10	Services or education to help reduce teen pregnancy	Programs to help drug and other substance use disorder patients in recovery stay healthy	Supportive housing for individuals in need of wrap-around supportive services
11	Access to quality education and job training	Drug and other substance abuse treatment services	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.
12	Opportunities for physical fitness	Social services (other than healthcare) for people experiencing homelessness	Access to quality education for youth
13	Accessible sources for affordable, nutritious food	Drug and other substance abuse early intervention services	Drug and other substance abuse treatment services
14	Social services (other than healthcare) for people experiencing homelessness	Drug and other substance abuse education and prevention	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers
15	Supportive housing for individuals in need of wrap	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Drug and other substance abuse early intervention services
16	Support services for adults with developmental disabilities	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Social services (other than healthcare) for people experiencing homelessness
17	Programs and initiatives to mitigate the health impacts of environmental changes	Support services for children with developmental disabilities	Healthcare services for seniors
18	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Activities for youth (such as a public pool, roller skating rink, bowling alley)	Activities for youth (such as a public pool, roller skating rink, bowling alley)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Less than \$55,000	\$55,000 or more	Total
19	Drug and other substance abuse early intervention services	Accessible sources for affordable, nutritious food	Support services for adults with developmental disabilities
20	Long-term care or dementia care for seniors	Healthcare services for seniors	Support services for children with developmental disabilities
21	Special care (for example, caseworkers or "navigators") for people with chronic diseases such as diabetes, cancer, asthma, and others.	Access to quality education for youth	Drug and other substance abuse education and prevention
22	Counseling services for mental health issues such as depression, anxiety, and others for adolescents/children	Long-term care or dementia care for seniors	Primary care services (such as a family doctor or other provider of routine care)
23	Primary care services (such as a family doctor or other provider of routine care)	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Long-term care or dementia care for seniors
24	Women's health services / Prenatal care / Reproductive health services	Support services for adults with developmental disabilities	Access to quality education and job training
25	Programs to help steward and protect environmental resources	Primary care services (such as a family doctor or other provider of routine care)	Accessible sources for affordable, nutritious food
26	Crisis or emergency care programs for mental health	Crisis or emergency care services for medical issues	Transportation services for people needing to go to doctor's appointments or the hospital
27	Healthcare services for seniors	Access to clean, public places to play and exercise	Services or education to help reduce teen pregnancy
28	Drug and other substance abuse education and prevention	Healthcare services for people experiencing homelessness	Opportunities for physical fitness
29	Drug and other substance abuse treatment services	General public transportation	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Less than \$55,000	\$55,000 or more	Total
30	Programs for obesity prevention, awareness, and care	Access to quality education and job training	Crisis or emergency care services for medical issues
31	Programs for diabetes prevention, awareness, and care	Services or education to help reduce teen pregnancy	General public transportation
32	Coordination of patient care between the hospital and other clinics, private doctors, or other health service providers	Parenting classes for new parents	Programs and initiatives to mitigate the health impacts of environmental changes
33	General public transportation	Programs and initiatives to mitigate the health impacts of environmental changes	Healthcare services for people experiencing homelessness
34	Crisis or emergency care services for medical issues	Transportation services for people needing to go to doctor's appointments or the hospital	Programs to help steward and protect environmental resources
35	Support services for children with developmental disabilities	Opportunities for physical fitness	Women's health services / Prenatal care / Reproductive health services
36	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Programs to help steward and protect environmental resources	Access to clean, public places to play and exercise
37	Healthcare services for people experiencing homelessness	Women's health services / Prenatal care / Reproductive health services	Programs for obesity prevention, awareness, and care
38	HIV / AIDS education and screening	Programs for obesity prevention, awareness, and care	Programs to support community cohesion and inclusion, including those to combat discrimination and racism
39	Services to help people learn about, and enroll in, programs that provide financial support for people needing healthcare	Programs to support community cohesion and inclusion, including those to combat discrimination and racism	Parenting classes for new parents

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Rank	Less than \$55,000	\$55,000 or more	Total
40	Access to clean, public places to play and exercise	Emergency care and trauma services	Programs for diabetes prevention, awareness, and care
41	Parenting classes for new parents	Programs for diabetes prevention, awareness, and care	Programs for heart health or cardiovascular health
42	Programs for smoking cessation (including vaping)	HIV / AIDS treatment services	Programs for smoking cessation (including vaping)
43	Programs for heart health or cardiovascular health	Programs for smoking cessation (including vaping)	Emergency care and trauma services
44	HIV / AIDS treatment services	Programs for heart health or cardiovascular health	HIV / AIDS treatment services
45	Emergency care and trauma services	HIV / AIDS education and screening	HIV / AIDS education and screening

Appendix J: Additional Needs Prioritization Process and Results

The Needs Prioritization Process brought together the summary of results from secondary research data, qualitative research themes, and the community and telephone survey. The summary and the process were described for the participants in an advance e-mail as follows:

Primary and secondary research. The needs included in the Prioritization Process were derived from the extensive secondary and primary research described below.

- **Secondary research:** Secondary research includes extensive amounts of data from the US Census Bureau; sites providing information on poverty and other social determinants of health measures; University of Nevada Reno School of Medicine’s Office of Statewide Initiatives’ Nevada Instant Atlas; and many other validated data sources.
- **Primary research:** This includes a *community and telephone survey* with approximately 1,900 responses total, results from *qualitative research* (i.e., 46 in-depth stakeholder interviews and results from 15 focus groups).

Direct linkages between the needs and the research data. A detailed list of 43 needs were identified for the Quad-County Region. Each of the needs in the prioritization process directly links to data observations and/or qualitative feedback. The resulting list of needs represents the items participants were asked to evaluate in the Prioritization Process.

Exhibit 223: Community Needs Identified from the Primary and Secondary Research

Need
Increase access to affordable prescription drugs
Increase number of mental health providers for children
Increase long-term care or dementia care for seniors
Increase drug and other substance abuse treatment services
Improve transportation services for people needing to go to doctor’s appointments or the hospital, especially in rural areas
Increase the number of Spanish-speaking healthcare providers at the hospital and in the community
Increase access to specialty healthcare providers in the community (i.e., neurologists, endocrinologists)

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Need
Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
Develop supportive/transitional housing for individuals in need of wraparound supportive services
Increase the number of primary care services (such as a family doctor or other provider of routine care)
Improve access to internet and broadband
Increase access to affordable quality childcare
Increase the number of programs to help drug and other substance use disorder patients in recovery stay healthy
Increase case management services for people with complex chronic health conditions
Increase access to affordable rental housing
Increase number of prescribing mental health providers (i.e., psychiatrists)
Improve drug and other substance abuse early intervention and prevention services
Increase number of mental health providers for adults
Increase access to developmental pediatricians or other providers who diagnose behavioral or developmental issues in children
Increase support services for children with developmental disabilities
Increase providers that understand the unique needs of the LGBTQ+ community
Develop affordable healthcare services for individuals or families with low income
Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
Develop crisis or emergency care programs for mental health
Develop programs to reduce social isolation, especially in seniors
Increase access to affordable housing for homeownership
Develop community programs to increase social connectivity
Improve access to healthcare services for people experiencing homelessness
Improve access to quality education for youth

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Need
Increase or promote opportunities for physical fitness
Increase livable wage job opportunities
Increase healthcare services for seniors
Improve crisis or emergency care services for medical issues
Improve general public transportation
Become a trauma center (Carson Tahoe Health)
Invest in activities for youth (such as a public pool, roller skating rink, bowling alley)
Increase the number of accessible sources for affordable, nutritious food
Increase programs to support community cohesion and inclusion, including those to combat discrimination and racism
Increase access to women's health services/prenatal care/reproductive health services
Develop and improve programs to help steward and protect environmental resources
Develop or increase homeless prevention programs
Provide cultural competency training to all healthcare providers and staff
Improve access to quality education and job training

As described in the Introduction, the Leadership Group utilized a modified Delphi Method to prioritize the list of needs for the region. The following table shows the rank order of needs by the Leadership Group after the first two rounds of the prioritization survey.

Exhibit 224: Top Community Needs After Round 1 and 2 Surveys

1	Increase number of mental health providers for children
2	Increase number of mental health providers for adults
3	Increase access to affordable rental housing
4	Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
5	Increase long-term care or dementia care for seniors
6	Improve drug and other substance abuse early intervention and prevention services
7	Develop crisis or emergency care programs for mental health

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

8	Increase drug and other substance abuse treatment services
9	Improve transportation services for people needing to go to doctor's appointments or the hospital, especially in rural areas
10	Increase access to specialty healthcare providers in the community (i.e., neurologists, endocrinologists)
11	Increase number of prescribing mental health providers (i.e., psychiatrists)
12	Increase access to affordable quality childcare
13	Increase access to affordable prescription drugs
14	Increase case management services for people with complex chronic health conditions
	Increase the number of programs to help drug and other substance use disorder patients in recovery stay healthy
16	Develop supportive/transitional housing for individuals in need of wrap-around supportive services
17	Increase the number of primary care services (such as a family doctor or other provider of routine care)
18	Increase access to affordable housing for homeownership
19	Improve access to internet and broadband
20	Develop community programs to increase social connectivity
21	Increase access to developmental pediatricians or other providers who diagnose behavioral or development issues in children
22	Improve general public transportation
23	Increase the number of Spanish-speaking healthcare providers at the hospital and in the community
24	Increase programs to support community cohesion and inclusion, including those to combat discrimination and racism
	Increase healthcare services for seniors
26	Increase support services for children with developmental disabilities
27	Develop affordable healthcare services for individuals or families with low income
28	Improve access to healthcare services for people experiencing homelessness
29	Develop or increase homeless prevention programs
30	Increase providers that understand the unique needs of the LGBTQ+ community
31	Increase livable wage job opportunities
32	Develop programs to reduce social isolation, especially in seniors

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

33	Increase access to women's health services / Prenatal care / Reproductive health services
34	Increase awareness of services or programs to help people learn about, and enroll in, programs that provide financial support for people needing healthcare
35	Invest in activities for youth (such as a public pool, roller skating rink, bowling alley)
36	Improve access to quality education and job training
37	Increase the number of accessible sources for affordable, nutritious food
38	Increase or promote opportunities for physical fitness
39	Improve access to quality education for youth
40	Provide cultural competency training to all healthcare providers and staff
41	Improve crisis or emergency care services for medical issues
42	Develop and improve programs to help steward and protect environmental resources
43	Become a trauma center (Carson Tahoe Health)

As outlined in the Introduction, the Leadership Group utilized a scoring metric that measured community partnership and feasibility, resources and capacity, and timeline. This analysis yielded the following top 20 needs.

Exhibit 225: Top 20 Prioritized Needs after Scoring for Community Partnership & Feasibility, Resources & Capacity, and Timeline for Meaningful Progress

Top 20 Prioritized Needs
Improve drug and other substance abuse early intervention and prevention services
Improve care coordination between the hospital and other clinics, private doctors, or other health service providers
Increase access to specialty healthcare providers in the community (i.e., neurologists, endocrinologists)
Invest in activities for youth (such as a public pool, roller skating rink, bowling alley)
Increase providers that understand the unique needs of the LGBTQ+ community
Increase number of mental health providers for adults
Increase drug and other substance abuse treatment services
Increase the number of Spanish-speaking healthcare providers at the hospital and in the community

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Improve transportation services for people needing to go to doctor's appointments or the hospital, especially in rural areas
Increase the number of primary care services (such as a family doctor or other provider of routine care)
Increase programs to support community cohesion and inclusion, including those to combat discrimination and racism
Increase number of mental health providers for children
Increase access to affordable rental housing
Develop crisis or emergency care programs for mental health
Increase number of prescribing mental health providers (i.e., psychiatrists)
Increase case management services for people with complex chronic health conditions
Develop community programs to increase social connectivity
Develop or increase homeless prevention programs
Develop programs to reduce social isolation, especially in seniors
Increase long-term care or dementia care for seniors
Increase access to affordable quality childcare

The Leadership Group compared and discussed the rankings of each need in the community survey relative to the prioritization survey and discussed disparities across each of the counties and the CTH Primary Service Area. The individual measures were organized into broad, high-level domains of need. The resulting data was analyzed from a variety of perspectives, with each of the metrics (i.e. feasibility, resources, community perspective from survey, variance between counties, etc.) prioritized in turn to understand where there was commonality across modes of analysis.

Appendix K: Community Resource Guide

Category	Community Resource
Access to Healthcare Services	<u>A+ Hospice Care</u>
	<u>Adult Day Club Respite Program</u>
	<u>Advanced Healthcare of Reno</u>
	<u>Advanced Home Health and Hospice</u>
	<u>Alta Skilled Nursing and Rehab</u>
	<u>Amy's Eden Senior Care</u>
	<u>Barton Hospice</u>
	<u>Care Chest of Sierra Nevada</u>
	<u>Carson City Community Counseling Center</u>
	<u>Carson City Health and Human Services</u>
	<u>Carson City Mobile Outreach Safety Team (MOST)</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson City School Based Health Center</u>
	<u>Carson Medical Group</u>
	<u>Carson Nursing and Rehab</u>
	<u>Carson Tahoe Behavioral Health Services</u>
	<u>Carson Tahoe Cancer Resource Services</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe Emergent Care</u>
	<u>Carson Tahoe Long Term Acute Care</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe MOM's Clinic</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Tahoe Urgent Cares</u>
	<u>Carson Tahoe Wal-Mart Clinics</u>
	<u>Carson Valley Medical Center</u>
	<u>Carson Valley Senior Living</u>
	<u>Circle of Life Hospice</u>
	<u>Clinical Program for Assertive Community Treatment (PACT)</u>
	<u>Community Chest</u>
	<u>Community Health Alliance</u>
	<u>Community Health Nurses</u>
	<u>Compassion Care Hospice</u>
<u>DaVita Dialysis</u>	
<u>Douglas County Health and Human Services</u>	
<u>Dayton Rural Clinics</u>	
<u>Dialysis Clinic Inc.</u>	

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Category	Community Resource
	<u>Douglas County Mobile Outreach Safety Team (MOST)</u>
	<u>Douglas County Rural Clinics</u>
	<u>Eden Hospice</u>
	<u>Exquisite</u>
	<u>Fernley Estates Assisted Living</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Gardnerville Health and Rehab Center</u>
	<u>Green Acres Assistance Care</u>
	<u>Home Health of Carson City</u>
	<u>Hospice of the Valley</u>
	<u>Kindred Hospice</u>
	<u>Lakeside Health and Wellness</u>
	<u>Liberty Dialysis</u>
	<u>Life Care Center of Reno</u>
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County Mobile Outreach Safety Team (MOST)</u>
	<u>Mallory Behavioral Health Crisis Center</u>
	<u>Mason Valley Residence</u>
	<u>Mountain View Health and Rehab</u>
	<u>Neurorestorative</u>
	<u>Nevada Urban Indians</u>
	<u>Northern Nevada Hopes Clinic</u>
	<u>Oasis Hospice</u>
	<u>Ormsby Heights Residential Care</u>
	<u>Ormsby Post-Acute Rehab</u>
	<u>Renown Hospice Care</u>
	<u>Renown Medical Group</u>
	<u>Renown Urgent Care</u>
	<u>Ron Wood Family Resource Center</u>
	<u>Rosewood Rehab Center</u>
	<u>Rural Nevada Counseling</u>
	<u>Salvation Army Clinic</u>
	<u>Sierra Family Health Center</u>
	<u>Sierra Nevada Health Center</u>
	<u>Sierra Ridge Health and Wellness</u>
	<u>Silver Springs Rural Clinics</u>
	<u>Skyline Estates</u>
	<u>St. Mary's Hospice</u>
	<u>Storey County Health and Human Services</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	Summit View Hospice
	Tahoe Forest Hospice
	The Chateau at Gardnerville
	The Life Change Center of Carson City
	The Lodge Assisted Living and Memory Care
	THRIVE
	United Way of Northern Nevada
	University of Nevada, Reno Outreach Clinic
	Virginia City Community Health Center
	Vitality
	Whispering Heights Guest Home
	Wingfield Hills Health and Wellness
	Yerington Rural Clinics
	Arthritis, Osteoporosis & Chronic Back Conditions
	Carson Tahoe Regional Medical Center
	Carson Tahoe Outpatient
	Carson Tahoe Pain Institute
	Carson Valley Medical Center
	Reno Orthopedic Center (ROC)
	Tahoe Fracture and Orthopedic Medical Clinic
Cancer	American Cancer Society
	Carson Tahoe Cancer Center
	Carson Tahoe Health Breast Center
	Carson Tahoe Health Cancer Center Support Groups
	Carson Tahoe Medical Group
	Carson Tahoe Regional Medical Center
	Carson Valley Medical Center
	Huntsman Cancer Institute
	Merriner Cottages, a service provided by Carson Tahoe Health
	Renown Medical Group
	St. Mary's Medical Group
Dementias Including Alzheimer's Disease	Alzheimer Support Group
	Carson City Senior Center
	Carson Medical Group
	Carson Tahoe Behavioral Health
	Carson Tahoe Health
	Carson Tahoe Long Term Acute Care
	Carson Tahoe Memory Care Center
	Carson Tahoe Medical Group

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Carson Valley Medical Center</u>
	<u>Douglas County Senior Centers</u>
	<u>Lyon County Senior Centers</u>
	<u>Mallory Behavioral Health Crisis Center</u>
	<u>Nevada Department of Health and Human Services</u>
	<u>Nevada Rural Counties Retired and Senior Volunteer Program</u>
	<u>Northern Nevada Alzheimer’s Association</u>
	<u>Sanford Center for Aging</u>
	<u>Skyline Estates</u>
	<u>Storey County Senior Center</u>
	<u>The Lodge Assisted Living and Memory Care</u>
	<u>Visiting Angels</u>
Diabetes	<u>Care Chest of Sierra Nevada</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe Health Diabetes Education</u>
	<u>Carson Tahoe Health Diabetes Support Group</u>
	<u>Carson Tahoe Health Nutrition Services</u>
	<u>Carson Tahoe Health Wound Care</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Valley Medical Center</u>
	<u>Douglas County Rural Clinics</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Lyon County Rural Clinics</u>
	<u>Nevada Diabetes Association</u>
	<u>Renown Medical Group</u>
	<u>Storey County Rural Clinics</u>
	<u>THRIVE</u>
	<u>University of Nevada, Reno Outreach Clinic</u>
Family Planning	<u>Carson City Health and Human Services</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson Midwifery and APRN Clinic</u>
	<u>Carson Tahoe Health Women's Health</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Valley Medical Center</u>
	<u>Community Health Alliance</u>
	<u>Community Health Nurses</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Douglas County Community Health</u>
	<u>Douglas County Rural Clinics</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Life Choices Community Pregnancy Clinic</u>
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County Rural Clinics</u>
	<u>Northern Nevada Hopes Clinic</u>
	<u>Planned Parenthood</u>
	<u>Ron Wood Family Resource Center</u>
	<u>Storey County Rural Clinics</u>
Heart Disease and Stroke	<u>Carson City Rural Clinics</u>
	<u>Carson City Senior Center</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe Health Cardiology Rehab Program</u>
	<u>Carson Tahoe Health Chronic Obstructive Pulmonary Disease Clinic</u>
	<u>Carson Tahoe Health Congestive Heart Failure Clinic</u>
	<u>Carson Tahoe Health Smoking Cessation Classes</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Valley Medical Center</u>
	<u>Douglas County Rural Clinics</u>
	<u>Douglas County Senior Centers</u>
	<u>Heart Smart Screenings - A service of Carson Tahoe Health And Wellness</u>
	<u>Lyon County Rural Clinics</u>
	<u>Lyon County Senior Centers</u>
	<u>Renown Health Institute for Heart and Vascular Health</u>
	<u>Storey County Rural Clinics</u>
	<u>Storey County Senior Center</u>
Immunizations and Infectious Diseases	<u>Carson City Health and Human Services</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Center for Health Promotion</u>
	<u>Carson Tahoe Health Wound Care</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Valley Medical Center</u>
	<u>Douglas County Health and Human Services</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Douglas County Rural Clinics</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Immunize Nevada</u>
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County Rural Clinics</u>
	<u>Renown Medical Group</u>
	<u>Storey County Health and Human Services</u>
	<u>Storey County Rural Clinics</u>
Infant and Child Health	<u>Carson City School Based Health Center</u>
	<u>Carson City School District</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Breastfeeding Support Group</u>
	<u>Carson Tahoe Childbirth Support Classes</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe MOM's Clinic</u>
	<u>Carson Tahoe Women's Health</u>
	<u>Carson Valley Medical Center</u>
	<u>Children's Cabinet</u>
	<u>Community Chest</u>
	<u>Community Food Closet</u>
	<u>Community Health Alliance</u>
	<u>Douglas County School Districts</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Life Choices Community Pregnancy Clinic</u>
	<u>Lyon County School Districts</u>
	<u>Nevada Department of Health and Human Services</u>
	<u>Northern Nevada Hopes Clinic</u>
	<u>Planned Parenthood</u>
	<u>Ron Wood Family Resource Center</u>
	<u>Storey County School Districts</u>
Injury and Violence	<u>Adult Protective Services</u>
	<u>Advocates to End Domestic Violence</u>
	<u>Carson City Mobile Outreach Safety Team (MOST)</u>
	<u>Carson City Sheriff's Department</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Classy Seconds</u>
	<u>Domestic Violence Resource Center</u>
	<u>Douglas County Mobile Outreach Safety Team (MOST)</u>
	<u>Douglas County Sheriff's Department</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Exquisite</u>
	<u>Lyon County Mobile Outreach Safety Team (MOST)</u>
	<u>Lyon County Sheriff's Department</u>
	<u>Mallory Behavioral Health Crisis Center</u>
	<u>Nevada Child Protective Services</u>
	<u>Storey County Sheriff's Department</u>
Kidney Disease	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Valley Medical Center</u>
	<u>DaVita Dialysis</u>
	<u>Dialysis Clinic Inc.</u>
	<u>Liberty Dialysis</u>
Mental Health	<u>988</u>
	<u>Alcoholics Anonymous Meetings</u>
	<u>Carson City Community Counseling Center</u>
	<u>Carson City Health and Human Services</u>
	<u>Carson City Mobile Outreach Safety Team (MOST)</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson City School Based Health Center</u>
	<u>Carson City School District</u>
	<u>Carson City Sheriff's Department</u>
	<u>Carson Tahoe Assertive Community Treatment Team</u>
	<u>Carson Tahoe Behavioral Health Services</u>
	<u>Carson Tahoe Detox and Rehab Program</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe First Episode Psychosis Team</u>
	<u>Carson Tahoe Inpatient Services</u>
	<u>Children's Cabinet</u>
	<u>Community Chest</u>
	<u>Community Counseling Center of Carson City</u>
	<u>Community Health Alliance</u>
	<u>Douglas Health and Human Services</u>
	<u>Dayton Rural Clinics</u>
	<u>Dini-Townsend Psychiatric Hospital</u>
	<u>Douglas County Mobile Outreach Safety Team (MOST)</u>
	<u>Douglas County School Districts</u>
	<u>Douglas County Sheriff's Department</u>
	<u>Douglas County Rural Clinics</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Eagle Valley Children's Home</u>
	<u>Fernley Rural Clinics</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County Mobile Outreach Safety Team (MOST)</u>
	<u>Lyon County School Districts</u>
	<u>Lyon County Sheriff's Department</u>
	<u>Mallory Behavioral Health Crisis Center</u>
	<u>Mallory Behavioral Health Crisis Center Warmline</u>
	<u>Narcotics Anonymous Meetings</u>
	<u>National Association for Mental Illness (NAMI)</u>
	<u>National Association for Mental Illness (NAMI) Warmline</u>
	<u>New Dawn Treatment Center</u>
	<u>New Frontier</u>
	<u>Northern Nevada Adult Mental Health Services Psychosocial Rehabilitation Program</u>
	<u>Northern Nevada Hopes Clinic</u>
	<u>Northern Nevada Mental Health Court</u>
	<u>Northern Nevada Adult Mental Health Services (NNAMHS)</u>
	<u>PFLAG Carson City Region</u>
	<u>Program of Assertive Community Treatment (PACT)</u>
	<u>Ron Wood Family Resource Center</u>
	<u>Rural Nevada Counseling</u>
	<u>Silver Springs Rural Clinics</u>
	<u>Storey County School Districts</u>
	<u>Storey County Sheriff's Department</u>
	<u>Storey County Health and Human Services</u>
	<u>Suicide Prevention Networks</u>
	<u>The Life Change Center of Carson City</u>
	<u>THRIVE</u>
	<u>Veterans Administration</u>
	<u>Vitality</u>
	<u>Yerington Rural Clinics</u>
Nutrition, Physical Activity and Weight	<u>Carson City Aquatic Center</u>
	<u>Carson City Community Center</u>
	<u>Carson City Health and Human Services</u>
	<u>Carson City Parks and Recreation</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson City School District</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Carson City Senior Center</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Center for Health Promotion</u>
	<u>Carson Tahoe Health Cardiology Rehab Program</u>
	<u>Carson Tahoe Health Diabetes Education</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Valley Community Food Closet</u>
	<u>Community Chest</u>
	<u>Community Health Alliance</u>
	<u>Douglas Health and Human Services</u>
	<u>Dayton Rural Clinics</u>
	<u>Douglas County Community Centers</u>
	<u>Douglas County Parks and Recreation</u>
	<u>Douglas County School Districts</u>
	<u>Douglas County Senior Centers</u>
	<u>Douglas County Rural Clinics</u>
	<u>Fernley Rural Clinics</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Food for Thought</u>
	<u>Healthy Communities Coalition</u>
	<u>Lyon County Community Centers</u>
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County Parks and Recreation</u>
	<u>Lyon County School Districts</u>
	<u>Lyon County Senior Centers</u>
	<u>Meals on Wheels</u>
	<u>Northern Nevada Dream Center</u>
	<u>Produce on Wheels</u>
	<u>Ron Wood Family Resource Center</u>
	<u>Salvation Army of Carson City</u>
	<u>Silver Springs Rural Clinics</u>
	<u>Storey County Community Center</u>
	<u>Storey County Parks and Recreation</u>
	<u>Storey County School Districts</u>
	<u>Storey County Senior Center</u>
	<u>Storey County Health and Human Services</u>
	<u>THRIVE</u>
	<u>Yerington Rural Clinics</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
Oral Health	<u>Absolute Dental</u>
	<u>Community Health Nurses</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>Northern Nevada Dental Program</u>
	<u>University of Nevada, Reno Outreach Clinic</u>
Respiratory Disease	<u>American Cancer Association</u>
	<u>American Lung Association</u>
	<u>Carson City Health and Human Services</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe Health Cancer Center</u>
	<u>Carson Tahoe Health Chronic Obstructive Pulmonary Disease Clinic</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Carson Tahoe Regional Medical Center</u>
	<u>Carson Valley Medical Center</u>
	<u>Douglas Health and Human Services</u>
	<u>Lyon County Health and Human Services</u>
	<u>Storey County Health and Human Services</u>
	Sexually Transmitted Disease
<u>Carson City School Based Health Center</u>	
<u>Carson City School District</u>	
<u>Carson Medical Group</u>	
<u>Carson Tahoe Emergency Services</u>	
<u>Carson Tahoe Medical Group</u>	
<u>Carson Tahoe Regional Medical Center</u>	
<u>Carson Valley Medical Center</u>	
<u>Community Chest</u>	
<u>Community Health Alliance</u>	
<u>Douglas Health and Human Services</u>	
<u>Douglas County School Districts</u>	
<u>FISH (Friends in Helping Service)</u>	
<u>Life Choices Community Pregnancy Clinic</u>	
<u>Lyon County Health and Human Services</u>	
<u>Lyon County School Districts</u>	
<u>Northern Nevada Hopes Clinic</u>	
<u>Planned Parenthood</u>	
<u>Ron Wood Family Resource Center</u>	
<u>Storey County School Districts</u>	
<u>Storey County Health and Human Services</u>	

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
Substance Abuse	<u>Alcoholics Anonymous Meetings</u>
	<u>Carson City Circles</u>
	<u>Carson City Community Counseling Center</u>
	<u>Carson City Health and Human Services</u>
	<u>Carson City Mobile Outreach Safety Team (MOST)</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson City School Based Health Center</u>
	<u>Carson City School District</u>
	<u>Carson City Sheriff's Department</u>
	<u>Carson Tahoe Behavioral Health Services</u>
	<u>Carson Tahoe Detox and Rehab Program</u>
	<u>Carson Tahoe Emergency Services</u>
	<u>Carson Tahoe Inpatient Services</u>
	<u>Carson Tahoe Medical Group</u>
	<u>Community Chest</u>
	<u>Community Counseling Center of Carson City</u>
	<u>Community Health Alliance</u>
	<u>Douglas Health and Human Services</u>
	<u>Dayton Rural Clinics</u>
	<u>Dini-Townsend Psychiatric Hospital</u>
	<u>Douglas County Mobile Outreach Safety Team (MOST)</u>
	<u>Douglas County School Districts</u>
	<u>Douglas County Sheriff's Department</u>
	<u>Douglas County Rural Clinics</u>
	<u>Fernley Rural Clinics</u>
	<u>FISH (Friends in Helping Service)</u>
	<u>JOIN Nevada</u>
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County Mobile Outreach Safety Team (MOST)</u>
	<u>Lyon County School Districts</u>
	<u>Lyon County Sheriff's Department</u>
	<u>Mallory Behavioral Health Crisis Center</u>
<u>Mallory Behavioral Health Crisis Center Warmline</u>	
<u>Narcotics Anonymous Meetings</u>	
<u>National Association for Mental Illness (NAMI)</u>	
<u>National Association for Mental Illness (NAMI) Warmline</u>	
<u>New Dawn Treatment Center</u>	
<u>New Frontier</u>	

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Northern Nevada Hopes Clinic</u>
	<u>Northern Nevada Adult Mental Health Services (NNAMHS)</u>
	<u>Partnership Carson City</u>
	<u>Partnership Douglas County</u>
	<u>Ron Wood Family Resource Center</u>
	<u>Rural Nevada Counseling</u>
	<u>Silver Springs Rural Clinics</u>
	<u>Storey County School Districts</u>
	<u>Storey County Sheriff's Department</u>
	<u>Storey County Health and Human Services</u>
	<u>Suicide Prevention Networks</u>
	<u>The Life Change Center of Carson City</u>
	<u>THRIVE</u>
	<u>Veterans Administration</u>
	<u>Vitality</u>
Tobacco Use	<u>American Heart Association</u>
	<u>Carson City Community Counseling Center</u>
	<u>Carson City Health and Human Services</u>
	<u>Carson City Rural Clinics</u>
	<u>Carson Medical Group</u>
	<u>Carson Tahoe Center for Health Promotion</u>
	<u>Carson Tahoe Health Smoking Cessation Classes</u>
	<u>Carson Valley Medical Center</u>
	<u>Douglas Health and Human Services</u>
	<u>Dayton Rural Clinics</u>
	<u>Douglas County Rural Clinics</u>
	<u>Fernley Rural Clinics</u>
	<u>Lyon County Health and Human Services</u>
	<u>Quitline</u>
	<u>Silver Springs Rural Clinics</u>
<u>Storey County Health and Human Services</u>	
<u>Yerington Rural Clinics</u>	
Vision and Hearing	<u>Carson City Health and Human Services</u>
	<u>Costco Hearing Aid Center</u>
	<u>Douglas County Health and Human Services</u>
	<u>Douglas County School Districts</u>
	<u>Lions Club</u>

QUAD-COUNTY REGIONAL COMMUNITY HEALTH NEEDS ASSESSMENT

Category	Community Resource
	<u>Lyon County Health and Human Services</u>
	<u>Lyon County School Districts</u>
	<u>Sanford Center for Aging</u>
	<u>Storey County School Districts</u>
	<u>Storey County Health and Human Services</u>