2019 Community Health Needs Assessment

Executive Summary

Primary Service Area

Prepared for:
Carson Tahoe Health

Carson Tahoe Regional Healthcare,
dba **Carson Tahoe Regional Medical Center**

Carson Tahoe Continuing Care Hospital, Inc.

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Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2010, 2013, and 2016, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the Primary Service Area of Carson Tahoe Health (CTH), a Nevada nonprofit corporation, and its wholly-owned 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), a Delaware nonprofit corporation. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

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

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

PRC Community Health Survey

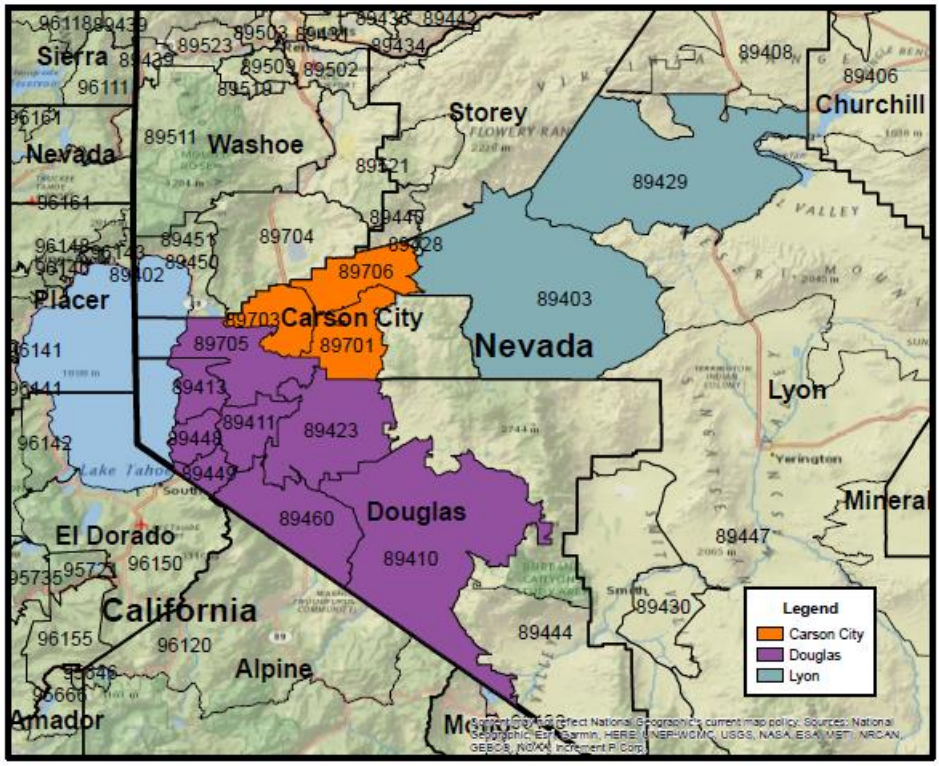
Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Carson Tahoe Health[1] and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Primary Service Area" in this report) is defined as residential ZIP Codes in Carson City and portions of Douglas and Lyon Counties in Nevada. This community definition, determined based on the ZIP Codes of residence of recent patients of Carson Tahoe Health, is illustrated in the following map. Note that all of the named facilities (CTRH, CTRMC, and CTCCH) use the same definition of community.

[1]CTH is the parent corporation having ownership and governance authority over CTRMC and CTCCH. CTRMC is a Nevada-licensed acute care hospital providing a wide variety of services, and CTCCH is a Nevada-licensed long-term acute care hospital providing care for patients who stay more than 25 days (on average).



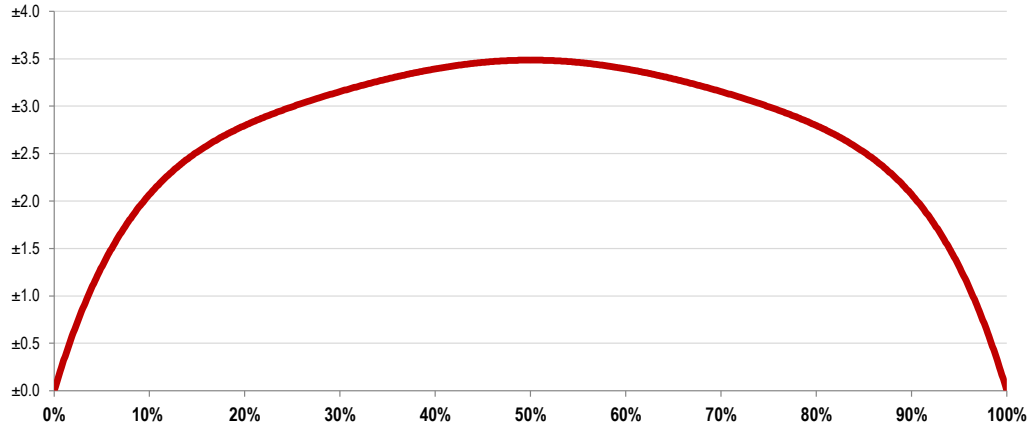
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 800 individuals age 18 and older in the Primary Service Area, including 362 in Carson City, 299 in Douglas County, and 139 in Lyon County. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 800 respondents is ±3.5% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 800 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 800 respondents answered a certain question with a "yes," it can be asserted that between 7.9% and 12.1% (10% ± 2.1%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% (50% ± 3.5%) of the total population would respond "yes" if asked this question.

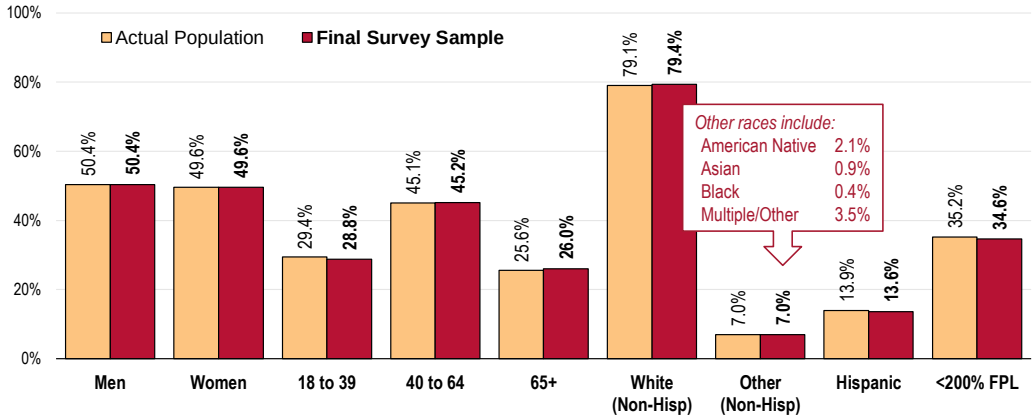
Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual’s responses is maintained, one respondent’s responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Primary Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics

(Primary Service Area, 2019)



Sources:
- U.S. Census Bureau, 2011-2015 American Community Survey.
- 2019 PRC Community Health Survey, Professional Research Consultants, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 95 community stakeholders took part in the Online Key Informant Survey, as outlined in the following table:

Online Key Informant Survey Participation	
Key Informant Type	**Number Participating**
Physicians	37
Public Health Representatives	5
Other Health Providers	7
Social Services Providers	7
Other Community Leaders	39

Final participation included representatives of the organizations outlined below.

- Carson Tahoe Health
- Carson Tahoe Regional Medical Center
- Lyon County School District
- Ron Wood Family Resource Center
- American Cancer Society
- Carson City Chamber of Commerce
- Carson City Fire Department
- Carson City Health and Human Services
- Carson Medical Group
- Carson Surgical Group
- Carson Tahoe Emergency Department
- Carson Tahoe Emergency Physicians
- Carson Valley Chamber of Commerce
- Carson Valley Inn
- Carson Tahoe Regional Healthcare
- Douglas County Community Development
- Douglas County Social Services
- East Fork Fire Protection District
- FISH (Friends In Service Helping)
- Food for Thought, Inc.
- Healthy Communities Coalition
- High Sierra AHEC
- Immunize Nevada
- In Plain Sight Marketing, LLC
- JOIN Inc.
- Millard Realty, Rental Department
- Nevada Day Inc.
- Nevada JobConnect
- Nevada Medicaid
- Nevada Nurses Association
- Nevada State Immunization Program
- North Star Construction
- RJS Properties, Inc.
- Sierra Lutheran High School
- Storey County School District
- Tahoe Carson Radiology
- The Capital City C.I.R.C.L.E.S. Initiative- A NETworX USA Affiliate
- The Micromanipulator Company
- Washoe Tribe Head Start Program

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

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Primary Service Area were obtained from the following sources:

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect compilations of city- and county-level data.

Benchmark Data

Trending

Similar surveys were administered in the Primary Service Area in 2010, 2013, and 2016 by PRC on behalf of Carson Tahoe Health. Trending data, as revealed by comparison to prior survey results, are provided in this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

Nevada Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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

Public Comment

Carson Tahoe Health made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Carson Tahoe Health had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Carson Tahoe Health will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

Summary of Findings

Significant Health Needs of the Community

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

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

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Emergency Room Utilization
	• Advance Directives
	• *Key Informants: Access to healthcare ranked as a top concern.*

Cancer	• Leading Cause of Death • Colorectal Cancer Deaths • Skin Cancer Prevalence • Cancer (Non-Skin) Prevalence • Cervical Cancer Screening [Age 21-65]
Diabetes	• Diabetes Deaths • *Key Informants: Diabetes ranked as a top concern.*
Heart Disease & Stroke	• Leading Cause of Death • High Blood Pressure Prevalence
Infant Health	• Infant Deaths
Injury & Violence	• Unintentional Injury Deaths ○ Including Motor Vehicle Crash Deaths • Firearm-Related Deaths
Kidney Disease	• Kidney Disease Deaths
Mental Health	• "Fair/Poor" Mental Health • Suicide Deaths • Diagnosed Depression • Access to Mental Health Providers • *Key Informants: Mental health ranked as a top concern.*

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Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Low Food Access • Overweight & Obesity [Adults] • Trying to Lose Weight [Overweight Adults] • Leisure-Time Physical Activity • Healthy Weight [Children] • Children's Physical Activity
Potentially Disabling Conditions	• Alzheimer's Disease Deaths • Activity Limitations • Caregiving • *Key Informants: Dementia/Alzheimer's disease ranked as a top concern.*
Respiratory Diseases	• Chronic Lower Respiratory Disease (CLRD) Deaths • Chronic Obstructive Pulmonary Disease (COPD) Prevalence
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Unintentional Drug-Related Deaths • Personally Impacted by Substance Abuse (Self or Other's) • *Key Informants: Substance abuse ranked as a top concern.*
Tobacco Use	• Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On August 21, 2010, Carson Tahoe Health convened a group of more than 40 community stakeholders (representing a cross-section of community-based agencies and organizations, as well as internal team members) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- Scope & Severity — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

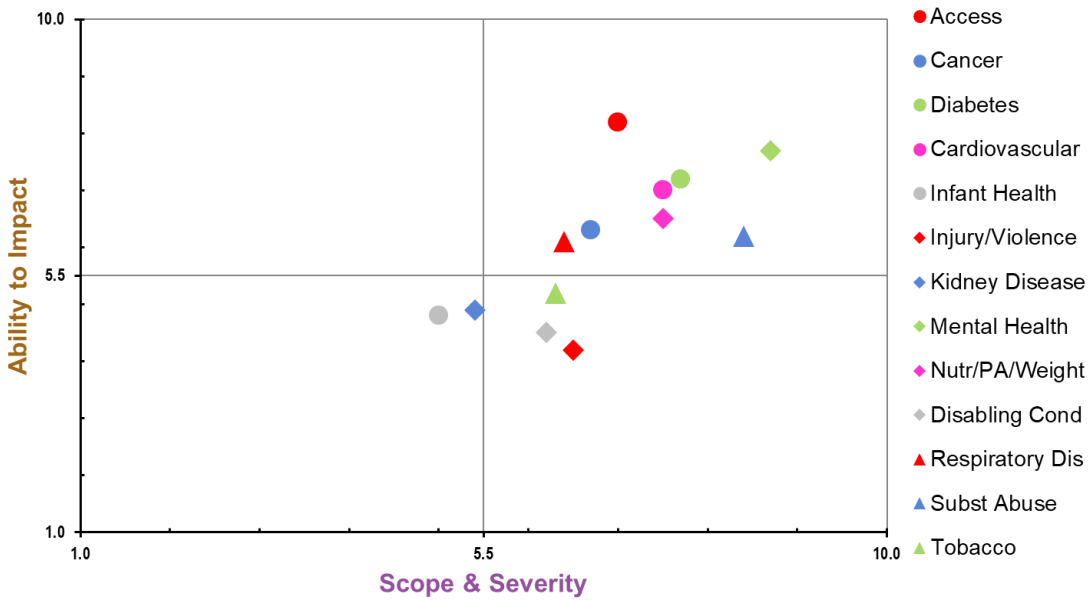
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- Ability to Impact — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following 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. **Respiratory Diseases**
9. **Tobacco Use**
10. **Injury & Violence**
11. **Potentially Disabling Conditions**
12. **Kidney Disease**
13. **Infant Health**

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right quadrant represent health needs rated as most severe, with the greatest ability to impact.



Hospital Implementation Strategy

Carson Tahoe Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Primary Service Area of Carson Tahoe Health, including comparisons among the individual communities, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2010 (or the year the indicator was first measured). Note that survey data reflect the ZIP Code-defined Primary Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect composite city- and county-level data.

In the following tables, Primary Service Area (PSA) results are shown in the larger, blue column. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

The green columns [to the left of the Primary Service Area (PSA) column] provide comparisons among the three communities, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Primary Service Area (PSA) column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Again, symbols indicate whether Primary Service Area compares favorably (), unfavorably (), or comparably () to these external data.

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

Social Determinants	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)	5.0	1.8	1.5	2.8	6.1	4.5		
Population in Poverty (Percent)	16.7	10.9	15.3	14.4	14.9	15.1		
Children in Poverty (Percent)	27.1	16.5	20.7	21.9	21.3	21.2		
No High School Diploma (Age 25+, Percent)	12.7	7.0	15.0	11.6	14.6	13.0		
Unemployment Rate (Age 16+, Percent)	5.7	4.8	6.4	5.6	4.6	4.1		5.7
% Low Health Literacy	19.6	11.5	12.1	15.3		23.3		18.2

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Overall Health	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	18.1	12.9	19.6	16.4	20.3	18.1		15.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Access to Health Services	Disparity Among Communities			PSA	PSA vs. Benchmarks			
	Carson City	Douglas County	Lyon County		vs. NV	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	8.5	9.6	8.0	8.8	19.4	13.7	0.0	18.8
% Left Local Area for Care in Past Year	8.1	17.9	17.7	13.4				
% Difficulty Accessing Healthcare in Past Year (Composite)	40.3	47.6	50.4	44.8		43.2		40.4
% Difficulty Finding Physician in Past Year	10.0	18.6	21.8	15.3		13.4		10.9
% Difficulty Getting Appointment in Past Year	22.2	29.6	25.5	25.5		17.5		14.3
% Cost Prevented Physician Visit in Past Year	15.1	14.5	22.6	16.2		15.4		18.3
% Transportation Hindered Dr Visit in Past Year	5.4	8.1	5.3	6.4		8.3		5.7
% Inconvenient Hrs Prevented Dr Visit in Past Year	10.1	9.8	11.6	10.3		12.5		12.1
% Language/Culture Prevented Care in Past Year	2.4	0.0	0.0	1.1		1.2		0.6
% Cost Prevented Getting Prescription in Past Year	15.8	9.0	21.4	14.2		14.9		16.3
% Skipped Prescription Doses to Save Costs	13.3	15.9	18.0	15.1		15.3		18.9

Access to Health Services (continued)	Disparity Among Communities			PSA	PSA vs. Benchmarks			TREND
	Carson City	Douglas County	Lyon County		vs. NV	vs. US	vs. HP2020	
% Difficulty Getting Child's Healthcare in Past Year	6.0	1.2		4.3		5.6		4.7
Primary Care Doctors per 100,000	88.0	69.4	21.2	59.8	64.2	87.8		56.0
% Have a Specific Source of Ongoing Care	73.9	70.5	77.9	73.3		74.1	95.0	70.9
% Have Had Routine Checkup in Past Year	70.3	71.9	64.0	69.8	67.9	68.3		57.1
% Child Has Had Checkup in Past Year	86.0	91.3		85.8		87.1		80.1
% Two or More ER Visits in Past Year	10.7	8.3	11.3	9.9		9.3		6.6
% Member of HH Received Long-Term Acute Care in Past 3 Years	6.2	3.8	9.5	5.9				4.0
% Use Social Media to Find Local Healthcare Info	14.5	10.9	15.4	13.3				9.9
% Use Other Internet Sites for Local Healthcare Info	50.5	58.2	53.0	53.9				52.1
% Rate Local Healthcare "Fair/Poor"	14.2	15.6	30.7	17.6		16.2		16.4
% Have Completed Advance Directive Documents	31.7	41.7	32.7	35.6		34.6		43.2

Cancer	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)	187.2	120.0	178.0	159.7	156.6	155.6	161.4	185.6
Lung Cancer (Age-Adjusted Death Rate)				39.1	39.1	38.5	45.5	
Prostate Cancer (Age-Adjusted Death Rate)				21.0	18.2	18.9	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)				18.8	21.3	20.1	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)				16.6	16.6	13.9	14.5	
% Cancer (Other Than Skin)	10.8	10.1	7.6	10.0	6.5	7.1		7.8
% Skin Cancer	11.3	15.6	12.5	13.1	6.2	8.5		11.2
% [Women 50-74] Mammogram in Past 2 Years	73.4	80.2	70.3	75.9	73.3	77.0	81.1	80.0
% [Women 21-65] Pap Smear in Past 3 Years	71.6	66.1		68.1	74.8	73.5	93.0	79.6
% [Age 50-75] Colorectal Cancer Screening	74.2	75.2	70.3	73.9	62.2	76.4	70.5	68.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Diabetes	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)	29.3	15.5	29.2	24.4	16.5	21.3	20.5	27.1
% Diabetes/High Blood Sugar	14.0	7.8	15.5	11.9	10.4	13.3		12.4
% Borderline/Pre-Diabetes	7.3	15.7	5.0	10.1		9.5		9.3
% [Diabetics] Taking Insulin				85.5				76.5
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	57.9	51.8	59.8	55.8		50.0		52.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

	better	similar	worse

Heart Disease & Stroke	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	196.7	128.9	190.3	171.4	202.0	166.3	156.9	179.4
Stroke (Age-Adjusted Death Rate)	38.1	27.2	51.3	37.5	36.3	37.5	34.8	34.9
% Heart Disease (Heart Attack, Angina, Coronary Disease)	8.3	7.6	6.6	7.7		8.0		10.6
% Stroke	2.8	3.4	5.6	3.5	3.0	4.7		2.8

Heart Disease & Stroke (continued)	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% Blood Pressure Checked in Past 2 Years	94.8	94.8	91.3	94.2		90.4	92.6	92.6
% Told Have High Blood Pressure (Ever)	41.9	38.3	38.7	40.0	32.7	37.0	26.9	36.3
% [HBP] Taking Action to Control High Blood Pressure	87.6	95.1	87.2	90.4		93.8		92.4
% Cholesterol Checked in Past 5 Years	90.1	94.6	90.5	91.8	84.8	85.1	82.1	83.9
% Told Have High Cholesterol (Ever)	32.9	41.5	36.1	36.7		36.2	13.5	36.6
% [HBC] Taking Action to Control High Blood Cholesterol	87.9	94.0	90.1	90.9		87.3		90.4
% 1+ Cardiovascular Risk Factor	86.7	86.1	85.3	86.2		87.2		83.8

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Infant Health & Family Planning	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Low Birthweight Births (Percent)	7.0	8.4	7.4	7.5	8.2	8.2	7.8	7.6
Infant Death Rate				5.9	5.5	5.8	6.0	3.2
Births to Adolescents Age 15 to 19 (Rate per 1,000)	50.7	18.9	39.4	37.4	43.6	36.6		43.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Injury & Violence	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)	80.0	43.4	62.8	62.9	46.4	46.7	36.4	45.0
Motor Vehicle Crashes (Age-Adjusted Death Rate)	20.2		19.4	16.5	11.2	11.4	12.4	
[65+] Falls (Age-Adjusted Death Rate)				61.5	59.1	62.1	47.0	
Firearm-Related Deaths (Age-Adjusted Death Rate)	15.3	12.5	19.2	15.7	16.1	11.6	9.3	
Homicide (Age-Adjusted Death Rate)				4.2	6.1	5.6	5.5	
Violent Crime Rate	257.0	138.5	272.8	225.9	610.1	379.7		

Kidney Disease	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)	19.5	8.3	15.5	14.4	9.4	13.2		12.1
% Kidney Disease	3.4	4.8	4.9	4.2	4.2	3.8		2.9

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Mental Health	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	14.8	11.8	10.0	12.9		13.0		8.6
% Diagnosed Depression	19.9	19.2	17.8	19.3	15.6	21.6		19.2
% Symptoms of Chronic Depression (2+ Years)	37.3	27.6	29.3	32.3		31.4		28.3
% Typical Day Is "Extremely/Very" Stressful	12.7	11.4	6.9	11.2		13.4		8.5
Suicide (Age-Adjusted Death Rate)	25.9	19.7	22.5	22.8	20.0	13.6	10.2	24.1
Mental Health Providers per 100,000	198.0	100.9	127.4	144.3	175.1	202.8		
% Taking Rx/Receiving Mental Health Trtmt	17.0	17.0	8.4	15.5		13.9		13.6

Mental Health (continued)	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% Have Ever Sought Help for Mental Health	35.1	34.6	29.0	33.9		30.8		28.7
% [Those With Diagnosed Depression] Seeking Help	93.9	97.3		95.1		87.1		87.9
% Unable to Get Mental Health Svcs in Past Yr	6.4	4.8	1.9	5.0		6.8		3.3
Alzheimer's Disease (Age-Adjusted Death Rate)	39.4	29.9	23.4	31.5	28.3	30.2		23.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Nutrition, Physical Activity & Weight	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% Worried About Food in the Past Year	27.3	17.0	21.8	22.4		25.3		21.8
% 5+ Servings of Fruits/Vegetables per Day	32.1	31.2	23.6	30.3		33.5		47.0
% "Very/Somewhat" Difficult to Buy Fresh Produce	14.2	15.5	19.4	15.6		22.1		18.3
Population With Low Food Access (Percent)	25.1	49.1	38.6	37.0	24.1	22.4		
% No Leisure-Time Physical Activity	28.3	21.4	32.5	26.4	28.0	26.2	32.6	19.7

Nutrition, Physical Activity & Weight (continued)	Disparity Among Communities			PSA	PSA vs. Benchmarks			
	Carson City	Douglas County	Lyon County	PSA	vs. NV	vs. US	vs. HP2020	TREND
% Meeting Physical Activity Guidelines	25.7	27.8	31.3	27.5	19.5	22.8	20.1	
Recreation/Fitness Facilities per 100,000	16.3	14.9	13.5	14.9	10.1	11.0		
% Healthy Weight (BMI 18.5-24.9)	30.5	32.8	22.3	29.9	32.4	30.3	33.9	33.5
% Overweight (BMI 25+)	69.2	66.2	77.7	69.6	65.7	67.8		66.0
% [Overweights] Trying to Lose Weight	57.6	54.6	43.3	53.7		61.3		42.7
% [Overweights] Counseled About Weight in Past Year	30.3	36.5	23.7	31.2		29.0		29.4
% Obese (BMI 30+)	33.7	29.5	39.9	33.2	26.7	32.8	30.5	25.6
% Medical Advice on Weight in Past Year	24.9	27.8	19.8	25.1		24.2		23.3
% Medical Advice on Nutrition in Past Year	41.1	46.2	34.3	41.8				38.4
% Children [Age 5-17] Healthy Weight				55.7		58.4		71.3

Nutrition, Physical Activity & Weight (continued)	Disparity Among Communities: Carson City	Disparity Among Communities: Douglas County	Disparity Among Communities: Lyon County	PSA	PSA vs. Benchmarks: vs. NV	PSA vs. Benchmarks: vs. US	PSA vs. Benchmarks: vs. HP2020	TREND
% Children [Age 5-17] Overweight (85th Percentile)				31.4		33.0		28.7
% Children [Age 5-17] Obese (95th Percentile)				20.0		20.4	14.5	11.7
% Child [Age 2-17] Physically Active 1+ Hours per Day				39.6		50.5		46.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

					better	similar	worse	

Oral Health	Disparity Among Communities: Carson City	Disparity Among Communities: Douglas County	Disparity Among Communities: Lyon County	PSA	PSA vs. Benchmarks: vs. NV	PSA vs. Benchmarks: vs. US	PSA vs. Benchmarks: vs. HP2020	TREND
% Have Dental Insurance	66.4	65.6	59.5	64.9		59.9		63.7
% [Age 18+] Dental Visit in Past Year	69.4	65.8	56.3	65.8	60.4	59.7	49.0	67.6
% Child [Age 2-17] Dental Visit in Past Year				94.2		87.0	49.0	80.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better	similar	worse	

Potentially Disabling Conditions	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% Activity Limitations	31.4	25.0	27.4	28.3	20.3	25.0		25.8
% Sciatica/Chronic Back Pain	24.1	23.5	30.2	24.9		22.9		22.7
% Eye Exam in Past 2 Years	61.3	59.3	60.8	60.5		55.3		63.2
% 3+ Chronic Conditions	37.9	38.7	41.1	38.8		41.4		
% Caregiver to a Friend/Family Member	25.6	33.0	29.3	29.0		20.8		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Respiratory Diseases	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)	65.4	38.6	69.7	57.3	53.6	41.0		56.4
Pneumonia/Influenza (Age-Adjusted Death Rate)	22.0	9.1	19.3	16.1	19.7	14.3		18.0
% [Child 0-17] Currently Has Asthma	9.1	3.0		5.6		9.3		5.4
% Child [Age 0-17] Asthma (Ever Diagnosed)	16.8	4.1		9.7		11.1		9.7

Respiratory Diseases (continued)	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% COPD (Lung Disease)	14.5	10.1	14.2	12.8	7.0	8.6		10.0
% [Age 65+] Flu Vaccine in Past Year	72.1	77.4	59.7	72.2	57.6	76.8	70.0	68.3
% [Age 65+] Pneumonia Vaccine Ever	83.0	82.5	84.2	83.0	70.7	82.7	90.0	67.3
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse	

Sexual Health	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Chlamydia Incidence Rate	395.7	176.2	271.5	286.1	423.8	452.2		
Gonorrhea Incidence Rate	51.8	12.7	27.2	31.4	114.3	110.7		
HIV Prevalence Rate	330.0	85.1	80.9	170.2	331.8	353.2		
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.				better	similar	worse	

Substance Abuse	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	31.0	17.2	21.7	23.8	17.4	16.7	11.3	17.5
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	26.6	15.9	14.1	19.2	13.4	10.8	8.2	16.4
% Current Drinker	48.9	71.1	51.1	57.6	53.0	55.0		60.9
% Binge Drinker (Single Occasion - 5+ Drinks Men, 4+ Women)	14.2	20.5	12.2	16.2	17.9	20.0	24.4	18.3
% Excessive Drinker	18.3	26.2	16.6	20.9		22.5	25.4	23.1
% Drinking & Driving in Past Month	0.6	0.2	0.8	0.5	4.1	5.2		3.0
% Illicit Drug Use in Past Month	1.9	6.1	3.4	3.7		2.5	7.1	2.9
% Ever Sought Help for Alcohol or Drug Problem	8.4	7.7	9.4	8.3		3.4		6.4
% Personally Impacted by Substance Abuse	48.4	53.7	48.7	50.4		37.3		43.0

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Tobacco Use	Disparity Among Communities: Carson City	Douglas County	Lyon County	PSA	PSA vs. Benchmarks: vs. NV	vs. US	vs. HP2020	TREND
% Current Smoker	17.0	14.4	24.6	17.3	17.6	16.3	12.0	18.4
% Someone Smokes at Home	10.9	12.0	15.0	12.0		10.7		11.2
% [Nonsmokers] Someone Smokes in the Home	3.8	4.1	9.0	4.8		4.0		4.4
% [Household With Children] Someone Smokes in the Home	2.9	11.8		8.1		7.2		7.0
% [Smokers] Have Quit Smoking 1+ Days in Past Year				45.6		34.7	80.0	49.3
% [Smokers] Received Advice to Quit Smoking				67.8		58.0		57.5
% Currently Use Vaping Products	9.5	6.2	7.8	7.9	5.4	3.8		4.9

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Summary of Key Informant Perceptions

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

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