Community Health Needs Assessment

SURVEY 2025

ACTION PLAN IMPLEMENTATION: 2026-2028

CARSON TAHOE HEALTH

A Message from Our CEO

At Carson Tahoe Health, our mission is to enhance the health and well-being of the communities we serve. The Community Health Needs Assessment (CHNA) is a vital part of that mission. Conducted every three years, this assessment provides a comprehensive look at the most pressing health needs in our region and guides our efforts to address them through meaningful, community-based partnerships.

This year's CHNA reaffirms our ongoing commitment to improving access to care, advancing health equity, and strengthening patient engagement. By listening to the voices of our patients, community members, and partners, we gain valuable insight into the barriers individuals face when seeking care and the opportunities we have to deliver it more effectively. These findings help us align our services and resources to meet people where they are, ensuring care that is both accessible and responsive to the evolving needs of our community.

One key area of focus identified through this assessment is the growing concern surrounding youth mental health. Increasing rates of anxiety, depression, and isolation among young people highlight the urgent need of early intervention, prevention and coordinated support systems. Carson Tahoe Health remains dedicated to working together with schools, families, and community partners to promote mental wellness, reduce stigma, and expand access to behavioral health services for children, teens, and families alike.

Through this process, we are reminded that improving community health is a shared responsibility. The CHNA represents not only an assessment of needs, but a commitment to collaboration, innovation, and ongoing engagement with those we serve. Together, we can build a healthier future, where every person has the opportunity to live well and thrive, supported by dignity, hope, and connection.

With appreciation,
Michelle Joy
President & Chief Executive Officer
Carson Tahoe Health

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Executive Summary

Carson Tahoe Health is proud to present the 2025 Community Health Needs Assessment (CHNA), conducted as part of a three-year cycle to identify and understand the most pressing health needs across the Quad Counties, which consist of Carson City, Douglas, Lyon, and Storey counties. This CHNA was developed in partnership with Conduent Healthy Communities Institute (HCI) and uses a comprehensive, data-driven approach combining secondary data, community surveys, and six focus groups.

The purpose of this report is to provide a clear understanding of the most pressing health challenges facing the community and to support strategic planning efforts aimed at addressing those issues. Special emphasis has been placed on the needs of vulnerable populations, gaps in services, and insights gathered from community input.

This year's assessment reflects the voices of 1,389 survey respondents and 63 focus group participants, including youth, parents, caregivers, clinical staff, first responders, Spanish-speaking families, and community leaders. Their experiences, along with more than 260 health indicators analyzed through the HCI data platform, highlight two primary health needs that remain urgent across the service area: mental health and access to healthcare.

Mental health, specifically youth mental health, emerged as the most urgent community concern. Survey results and focus groups highlighted increasing rates of anxiety, depression, social isolation, academic stress, and concerns about self-harm and substance use among youth. Significant barriers to care include long wait times, limited providers, high costs, and a lack of school-based or Spanish-speaking mental health resources. Secondary data supports these concerns, with suicide rates in Carson City and Douglas County more than double the Healthy People 2030 benchmark.

Access to healthcare continues to be a top need for the community as residents across the four counties reported challenges accessing timely, affordable care. Barriers include provider shortages, particularly in rural areas, limited transportation options, insurance acceptance issues, long waitlists, and difficulty navigating the healthcare system. Lyon County shows especially low provider availability, with primary care and dentist rates far below state and national averages. Insurance coverage in some counties also falls below Healthy People 2030 goals.

The findings of this CHNA will guide Carson Tahoe Health's Implementation Strategy for 2026–2028. By focusing on mental health and healthcare access, Carson Tahoe Health will continue working with partners to strengthen services, reduce disparities, and improve the overall well-being of the region.

CHNA at a Glance

Service Area Demographics

Population
174,858 People

Age
1/3 Population Aged 65 and over

Race
72.76% - White
20.25% - Hispanic/Latino
2.31%- Asian
2.22% - American Indian / Alaskan Native

Median Household Income

$74,834	$79,500	$78,002	$75,209
Carson City	Douglas County	Lyon County	Storey County

Data Methodology

Data Scoring
Numerical health indicators from HCI's 250+ community health database.

Focus Groups
Conducted with community partners to understand health needs in the community.

Online Community Survey
Available to people residing in the Carson Tahoe service area across four counties.

Priority Areas

Priority Area 1:
Mental Health

Priority Area 2:
Access & Availability

About Community Needs Assessment

Carson Tahoe Health conducts a Community Health Needs Assessment (CHNA) every three years to better understand the health status, behaviors, and needs of the people we serve. This collaborative process brings together data, community feedback, and insights from local partners to identify the most pressing health priorities across Carson City, Douglas, Lyon, and Storey counties that make up the Quad Counties. The CHNA serves as a roadmap for improving community well-being—guiding how we focus resources, build partnerships, and design programs that make a lasting difference.

A core element of this effort is improving patient access and engagement. By identifying where barriers exist, whether related to transportation, affordability, provider availability, or awareness of services, Carson Tahoe Health works to ensure that care is not only available but also accessible and responsive to the unique needs of the community. Engaging patients and families in their care helps strengthen trust, empower healthier choices, and improve overall outcomes.

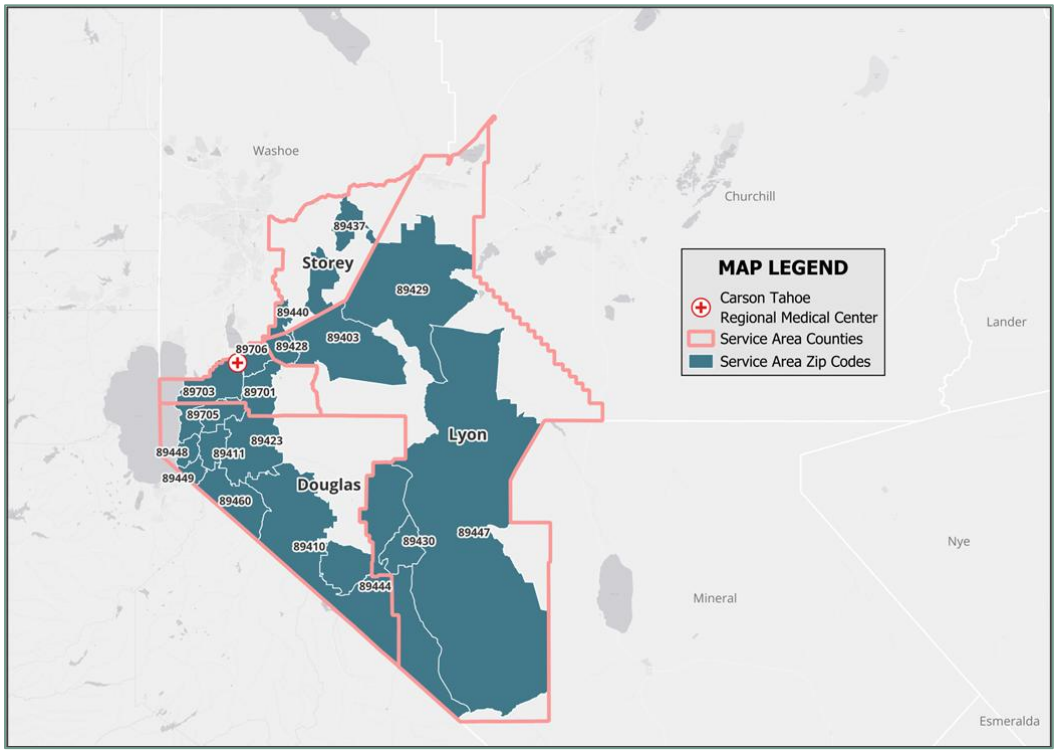
A significant need emerging from the assessment is the mental health and well-being of youth in our community. Increasing rates of anxiety, depression, and isolation among young people highlight the growing importance of early support and access to care. Many youth face barriers such as limited local resources, transportation challenges, and stigma around seeking help. By focusing on youth mental health within the CHNA, Carson Tahoe Health aims to deepen understanding of these challenges and strengthen collaborative efforts with schools, families, and community organizations. Together, we are working to expand access to services, promote resilience, and create a supportive environment where every young person can thrive.

Description of Primary Service Area

Carson Tahoe Health's primary service area is defined by a four-county region comprising Carson City, Douglas, Lyon, and Storey counties. A substantial proportion of patients who utilize hospital services reside within this area, with a population of approximately 174,858[1]. Figure 1 shows the service area, which includes ZIP Codes distributed across all four counties.

[1] American Community Survey, 2019-2023
Carson City, NV - Profile data - Census Reporter
Douglas County, NV - Profile data - Census Reporter
Storey County, NV - Profile data - Census Reporter
Lyon County, NV - Profile data - Census Reporter

FIGURE 1: CARSON TAHOE HEALTH PRIMARY SERVICE AREA



Carson City

Carson City, Nevada, has a population of approximately 58,364 residents. The racial makeup is predominantly White (64.27%), followed by Hispanic or Latino (25.02%), Asian (2.61%), Black or African American (2.12%), American Indian and Alaska Native (1.56%), and Two or more races (4.25%). Other racial groups, including Native Hawaiian or Pacific Islander and some other race, make up less than 1% of the population[2].

Douglas County

Douglas County has a population of approximately 49,624. The racial makeup is White (78.2%), Hispanic or Latino (12.8%), Two or more races (4.0%), Asian (2.7%), American Indian and Alaska Native (1.4%), Black or African American (0.1%), and Native Hawaiian or Pacific Islander (0.1%)[3].

Lyon County

Lyon County's has a population of approximately 60,630. The racial composition includes White (77.0%), Two or more races (12.3%), Other race (6.1%), American

[2] Carson City, Nevada, ACS 2023 5-year. Carson City, NV - Profile data - Census Reporter
[3] Douglas County, ACS 2023 5-year. Douglas County, NV - Profile data - Census Reporter

Indian and Alaska Native (1.9%), Asian (1.4%), Black or African American (1.2%), and Native Hawaiian or Pacific Islander (0.1%)[4]

Storey County

Storey County has a population of approximately 4,139. The racial breakdown is White (84%), Two or more races (5%), Black or African American (2%), Asian (1.0%), Other race (0.5%), and American Indian and Alaska Native (0.02%)[5].

Methodology

The assessment methodology incorporates both primary and secondary data collection. Primary data was gathered directly through an online community survey and focus groups involving a diverse range of participants, including community members, first responders, hospital staff, adults, parents, caregivers, and youth. This firsthand data offers valuable insights into the community's mental health needs and experiences, ensuring the findings are closely aligned with the specific objectives of the assessment.

Secondary Data

Secondary data for this assessment were gathered and analyzed using the Healthy Communities Institute (HCI) Community Dashboard, a web-based platform developed by Conduent Healthy Communities Institute. It features over 260 indicators related to community and behavioral health, spanning more than 25 topics, including health outcomes, social determinants of health, and quality of life. Most of the data comes from reliable secondary sources such as state and national databases. This data provides a broader understanding of the community and its context at a high level.

Primary Data

Primary data was collected directly through online surveys and focus groups with community members who reside in the primary service area. This data was collected to provide a better understanding of the needs, barriers, and experiences of the community to help identify specific mental health needs, challenges and barriers for youth.

Prioritized Areas

Following the collection and analyses of primary and secondary data, Carson Tahoe Health engaged key stakeholders, community partners, and internal leadership to prioritize the identified health needs. The prioritization process considered multiple factors, including the magnitude and severity of the issue, the population impacted, the

[4] Lyon County, Nevada. ACS 2023 5-year. Lyon County, NV - Profile data - Census Reporter
[5] Storey County, Nevada. ACS 2023 5-year. Storey County, NV - Profile data - Census Reporter

level of community concern, and the availability of resources and partnerships to address the need. Each potential focus area was evaluated for its alignment with Carson Tahoe Health's mission, capacity for measurable impact, and opportunity for collaboration with other organizations.

Through facilitated discussions and ranking exercises, the most significant and actionable priorities were selected. These priorities serve as the foundation for the implementation plan, guiding efforts to improve health outcomes, enhance access to care, and address the root causes of health disparities across the Quad Counties.

Based on these analyses, the Leadership Group determined the four domains of need shown on page fifty-six as the top-priority health needs for the Quad-County region.

Conclusion

This report outlines the process and findings of a comprehensive health needs assessment conducted for residents of Carson City, Douglas, Lyon, and Storey counties. The identified significant health needs have been prioritized to guide Carson Tahoe Health's community health improvement efforts. Based on this prioritization, Carson Tahoe will develop an Implementation Strategy detailing how it plans to address the top health concerns. Carson Tahoe remains committed to providing exceptional care, promoting wellness, and positively impacting the lives of those it serves.

Introduction

Carson Tahoe Health is proud to present its 2025 Community Health Needs Assessment (CHNA). As required by the Affordable Care Act, this report outlines the methods and processes used to identify and prioritize key health needs within the Carson Tahoe Health service area. To conduct the assessment, Carson Tahoe partnered with Conduent Healthy Communities Institute (HCI).

The purpose of this report is to provide a clear understanding of the most pressing health challenges facing the community and to support strategic planning efforts aimed at addressing those issues. Special emphasis has been placed on the needs of vulnerable populations, gaps in services, and insights gathered from community input.

The findings from this assessment will guide Carson Tahoe in developing targeted initiatives and connecting residents with resources to help improve overall community health.

The goals of the CHNA include the following:

- Understand the impact of mental health services in Carson City, Douglas, Lyon and Storey counties and examine if there are gaps in services and support systems
- Learn about the mental health challenges youth face
- Learn about the challenges facing parents and caregivers when caring for individuals who are experiencing mental health issues and disorders
- Determine what mental health services are available in the area and if community members feel included and able to access them
- Understand the challenges the overall community encounters when accessing healthcare
- Understand how patients want to communicate with their healthcare providers and
- The preferences of the community in how they engage or prefer to engage in their healthcare

About Carson Tahoe Health

Our Mission: To enhance the health and well-being of the communities we serve.

Our Vision: Being your first choice for hope and healing, fostering the long-term health of our community, today and for the future.

Our Core Values: putting people first and treating everyone with dignity and respect.

Carson Tahoe Health is an independent, not-for-profit, community-based healthcare system that has served Northern Nevada's Quad County region since 1949. What began as a single hospital has grown into a fully integrated system with 203 licensed acute care beds, two urgent care centers, hospital-based emergency care, a freestanding Emergent Care Center, and an extensive provider network. An affiliate of University of Utah Health, Carson Tahoe delivers advanced specialty care while keeping patients close to home. The Carson Tahoe Cancer Center, affiliated with Huntsman Cancer Institute, provides comprehensive cancer services. Carson Tahoe also leads innovative behavioral health programs for adults and youth and is nationally recognized as a top place to work in healthcare, by Beckers and USA Today.

Acknowledgement

We extend our sincere gratitude to the organizations and individuals who generously contributed their time and insights to the focus groups, which were instrumental in shaping this report. The following groups participated:

- Carson City Sheriff's Office
- Carson Tahoe Behavioral Health Services
- Dayton Valley Community Center
- Douglas County Community & Senior Center
- Douglas County Sheriff's Office
- Community Parents and Youth
- Partnership Douglas County
- Douglas County Juvenile Detention
- Douglas County School District
- NAMI Western Nevada
- Carson City Health & Human Services

Consultants

Carson Tahoe Health commissioned Conduent Healthy Communities Institute (HCI) to conduct its 2025 Community Health Needs Assessment. HCI works with clients across the nation to drive community health improvement outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems, and implementing performance evaluation processes. To learn more about Conduent Healthy Communities Institute, please visit https://www.conduent.com/community-population-health/.

Evaluation of Progress Since Prior CHNA

The Community Health Needs Assessment (CHNA) follows a three-year cycle. A key component of this cycle is evaluating progress made on the priority health issues identified in the previous CHNA. By reviewing the actions taken and assessing their impact on the community, Carson Tahoe Health can more effectively allocate resources and refine strategies for the next CHNA cycle.

Priority Health Needs from Preceding CHNA were:

- Access to Basic Needs
- Access to Healthcare for Specific Populations
- Mental and Emotional Health
- Substance Use Prevention, Treatment, Recovery

Access to Basic Needs

Carson Tahoe Health supported community well-being by expanding access to essential resources. Efforts included establishing community-based drop sites for food and hygiene items and providing ongoing donations to help meet day-to-day needs for community members in need.

Access to Healthcare for Specific Populations

Significant advances were made in improving access to primary care, specialty services, chronic care support, and care coordination. These efforts included expanding the provider workforce, increasing clinic and specialty service locations, improving patient outreach and engagement tools, reducing scheduling barriers, and enhancing transportation supports for patients with limited mobility or access challenges.

Mental and Emotional Health

The organization strengthened behavioral health capacity through provider expansion, increased school and community outreach, and investments in youth crisis and mobile outreach. Staff training in peer support and securing grant funding further advanced the ability to meet growing mental health needs.

Substance Use Prevention, Treatment, and Recovery

Carson Tahoe Health expanded support for individuals affected by substance use by increasing access to community support groups and strengthening partnerships that promote prevention, treatment, and recovery.

Community Feedback from Preceding CHNA & Implementation Plan

The 2022 Community Health Assessment Reports and Implementation Strategies are available to the public via the website carsontahoe.com/community-health-needs-assessment.html.

We welcome your feedback on this assessment. You can submit feedback via email to **community@carsontahoe.org** or by regular mail to:

Carson Tahoe Health
ATTN: Community Wellness
1600 Medical Parkway
Carson City, Nevada 89703

No comments were received on the preceding CHNA at the time this report was written.

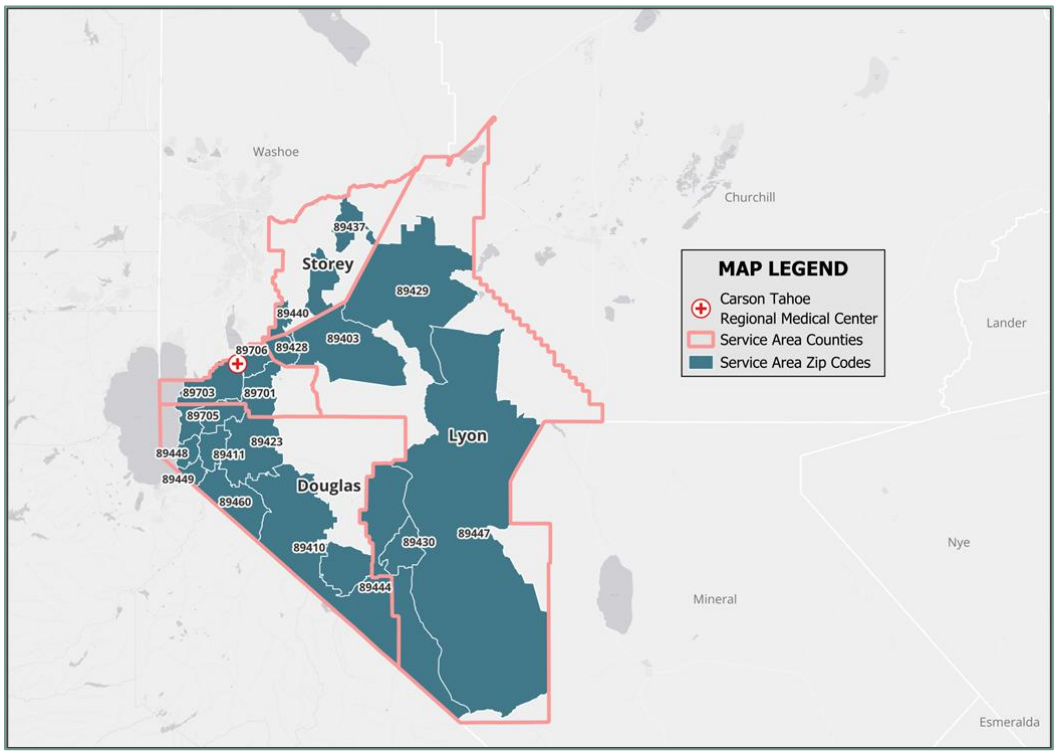
Service Area Demographics

This section provides an overview of the demographic profile for Carson Tahoe's service areas, which include Carson City, Douglas, Lyon, and Storey counties, the Quad-County region. Understanding community demographics is important because factors such as race, ethnicity, age, gender identity, and socioeconomic status influence health needs and outcomes. Each group may require different approaches to improve health.

Primary Service Area

Carson Tahoe Health's primary service area is defined by a four-county region comprising Carson City, Douglas, Lyon, and Storey counties. A substantial proportion of patients who utilize hospital services reside within this area, with a population of approximately 174,858[6]. Figure 2 shows the service area, which includes ZIP Codes distributed across all four counties.

FIGURE 2: CARSON TAHOE HEALTH PRIMARY SERVICE AREA



[6] American Community Survey, 2019-2023

Demographics

The following section explores the demographic profile of Carson City, Douglas, Lyon, and Storey counties. Unless otherwise indicated, all demographic estimates are sourced from Claritas® (2024 population estimates). Claritas demographic estimates are primarily based on U.S. Census and American Community Survey (ACS) data. Claritas uses proprietary formulas and methodologies to calculate estimates for the current calendar year.

Population

Carson City

Carson City, Nevada, has a population of approximately 58,364 residents. The racial makeup is predominantly White (64.27%), followed by Hispanic or Latino (25.02%), Asian (2.61%), Black or African American (2.12%), American Indian and Alaska Native (1.56%), and Two or more races (4.25%). Other racial groups, including Native Hawaiian or Pacific Islander and some other race, make up less than 1% of the population[7].

Douglas County

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Lyon County

Lyon County's estimated population is 60,630. The racial composition includes White (77.0%), Two or more races (12.3%), Other race (6.1%), American Indian and Alaska Native (1.9%), Asian (1.4%), Black or African American (1.2%), and Native Hawaiian or Pacific Islander (0.1%)[9]

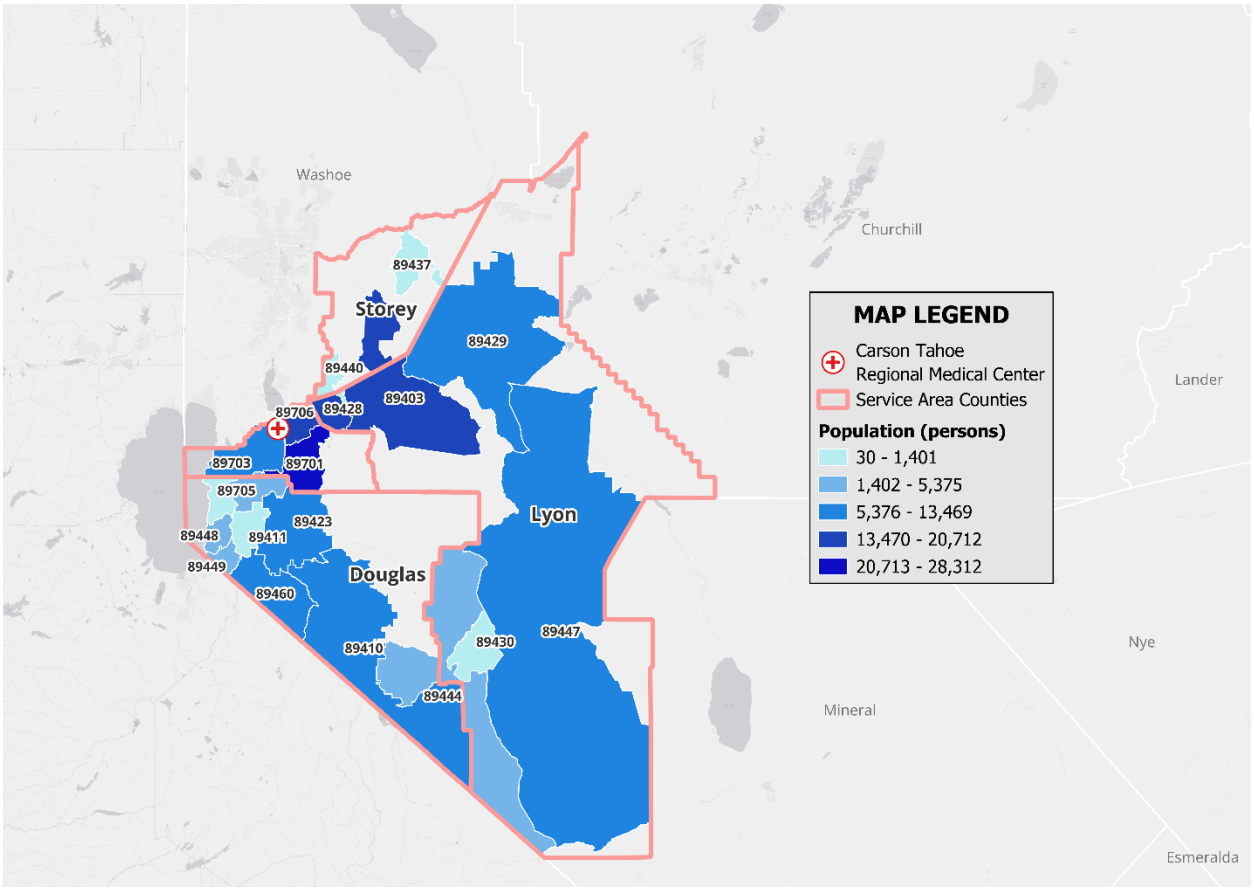
Storey County

Storey County has a population of about 4,139. The racial breakdown is White (84%), Two or more races (5%), Black or African American (2%), Asian (1.0%), Other race (0.5%), and American Indian and Alaska Native (0.02%)[10].

Figure 3 shows the population distribution by zip code within Carson City, Douglas, Lyon, and Storey counties. The darkest blue represents zip codes with the largest population.

[7] Carson City, Nevada, ACS 2023 5-year. Carson City, NV - Profile data - Census Reporter
[8] Douglas County, ACS 2023 5-year. Douglas County, NV - Profile data - Census Reporter
[9] Lyon County, Nevada. ACS 2023 5-year. Lyon County, NV - Profile data - Census Reporter
[10] Storey County, Nevada. ACS 2023 5-year. Storey County, NV - Profile data - Census Reporter

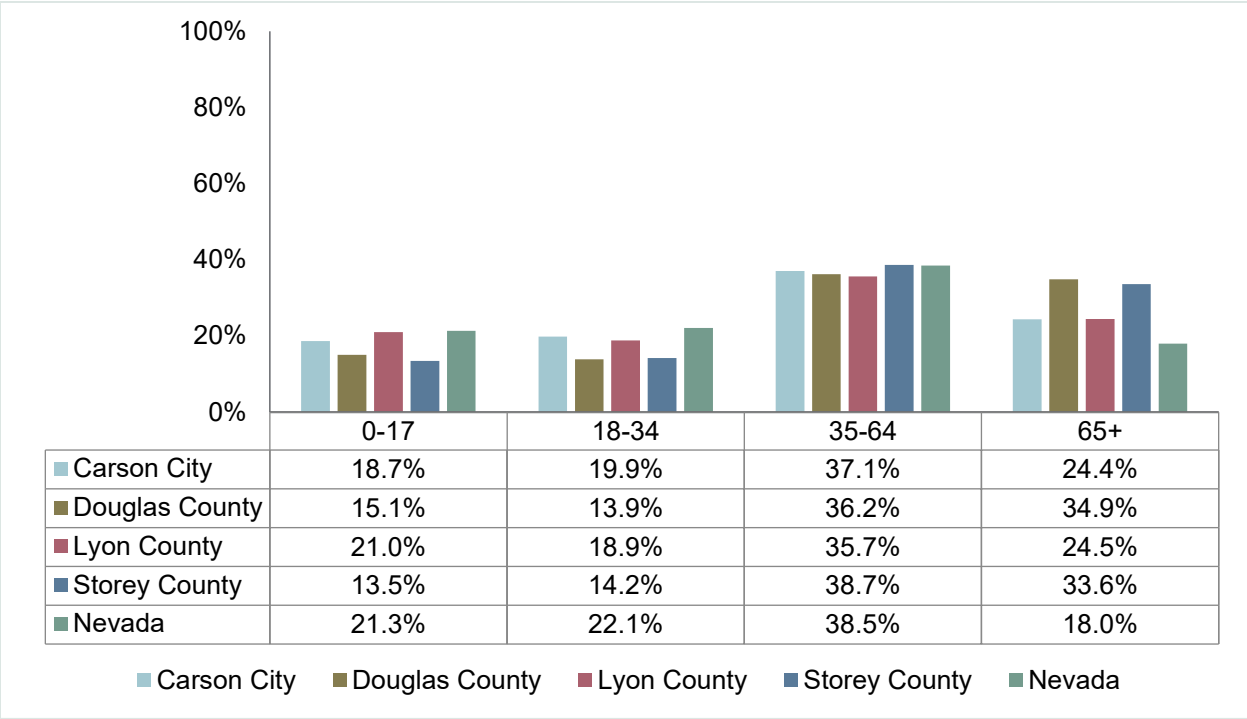
FIGURE 3: POPULATION SIZE BY ZIP CODE



Age

Figure 4 shows the age distribution across counties in Carson Tahoe's primary service area, compared to Nevada. The service area population skews older in comparison to the state, especially in Storey and Douglas Counties, where adults aged 65 and over comprise nearly one-third of residents.

FIGURE 4: POPULATION BY AGE: CARSON TAHOE HEALTH SERVICE AREA

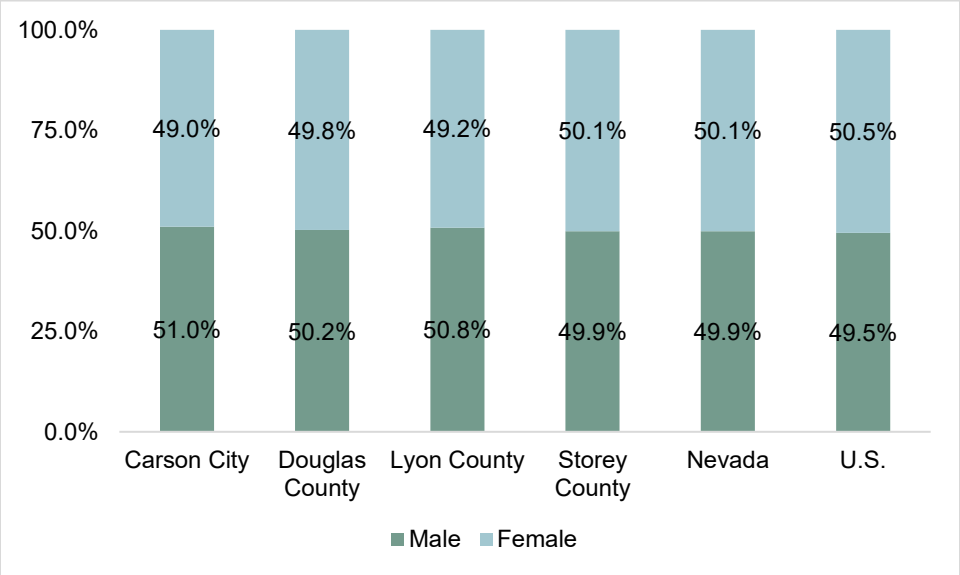


	0-17	18-34	35-64	65+
Carson City	18.7%	19.9%	37.1%	24.4%
Douglas County	15.1%	13.9%	36.2%	34.9%
Lyon County	21.0%	18.9%	35.7%	24.5%
Storey County	13.5%	14.2%	38.7%	33.6%
Nevada	21.3%	22.1%	38.5%	18.0%

Sex

Figure 5 shows that each county in the Carson Tahoe service area's population is comparable to Nevada's in terms of sex distribution.

FIGURE 5. POPULATION BY SEX: SERVICE AREA AND STATE

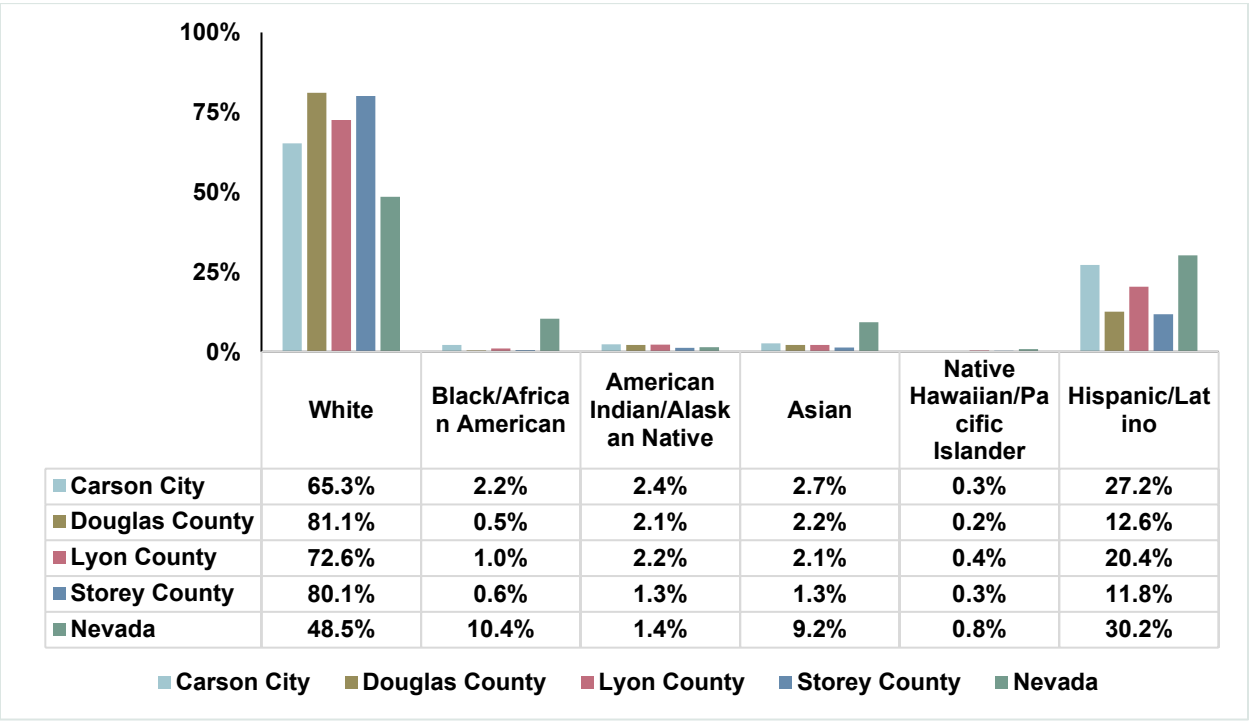


Race and Ethnicity

Considering the racial and ethnic composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Analyses of health and social determinants of health data by race/ethnicity can also help identify disparities in housing, employment, income, and poverty.

Figure 6 illustrates that the majority of residents in the service area identify as White, with proportions exceeding the state average. Conversely, the region reports a lower percentage of Black or African American residents compared to Nevada overall. The service area also has a higher representation of American Indian/Alaska Native individuals than the state average of 1.4%. Notably, Carson City has the highest concentration of Hispanic/Latino residents within the service area, at 27.2%.

FIGURE 6. POPULATION BY RACE AND ETHNICITY

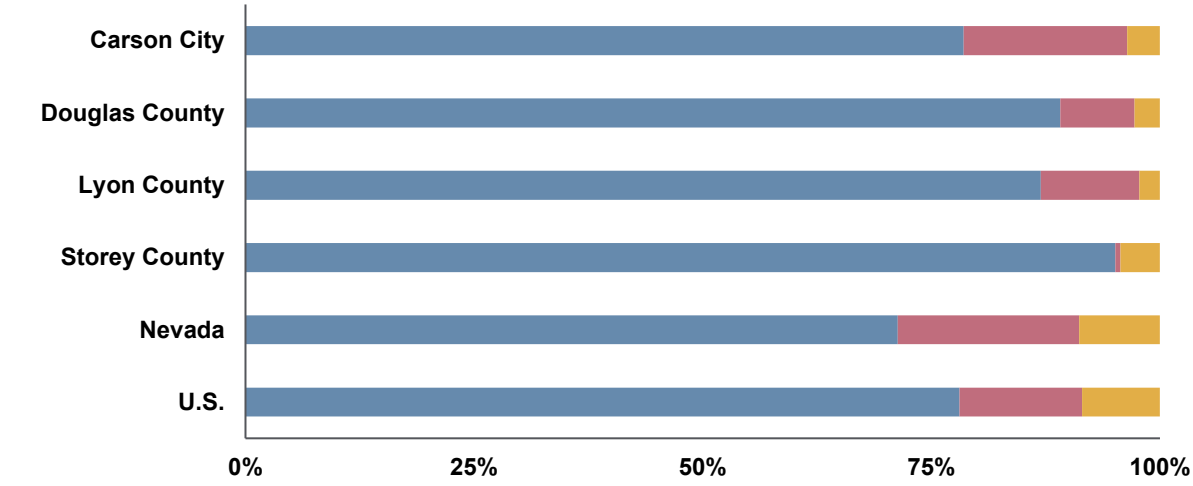


	White	Black/African American	American Indian/Alaskan Native	Asian	Native Hawaiian/Pacific Islander	Hispanic/Latino
Carson City	65.3%	2.2%	2.4%	2.7%	0.3%	27.2%
Douglas County	81.1%	0.5%	2.1%	2.2%	0.2%	12.6%
Lyon County	72.6%	1.0%	2.2%	2.1%	0.4%	20.4%
Storey County	80.1%	0.6%	1.3%	1.3%	0.3%	11.8%
Nevada	48.5%	10.4%	1.4%	9.2%	0.8%	30.2%

Language

Figure 7 illustrates that most residents in the Carson Tahoe service area speak only English at home. Carson City has the highest percentage of Spanish-speaking households at 17.9%, which is similar to the Nevada average (19.9%) and higher than the national average (13.4%). Storey County stands out as the most linguistically diverse in the service area, with 4.3% of residents speaking a language other than English or Spanish at home.

FIGURE 7. LANGUAGE OTHER THAN ENGLISH AT HOME

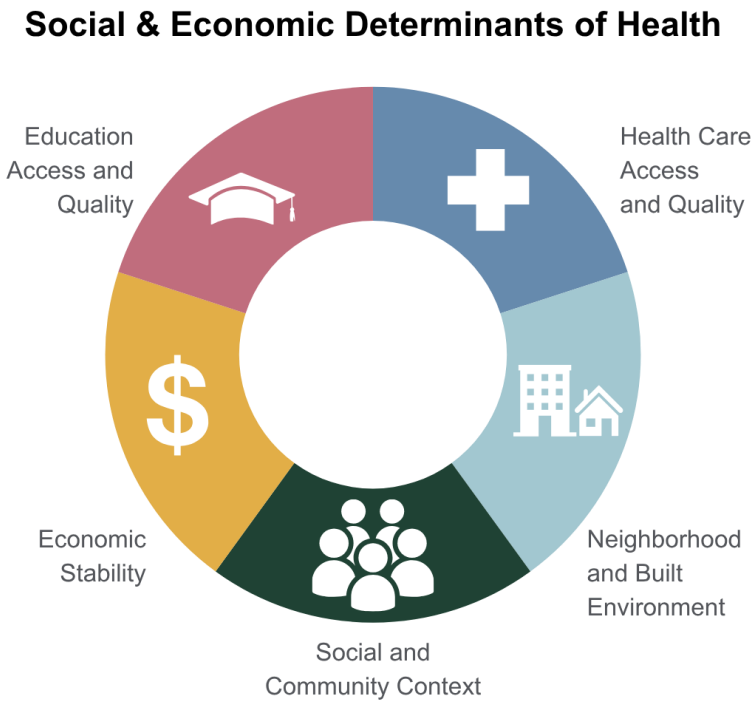


	U.S.	Nevada	Storey County	Lyon County	Douglas County	Carson City
Only English	78.0%	71.3%	95.1%	87.0%	89.1%	78.5%
Spanish	13.4%	19.9%	0.6%	10.8%	8.1%	17.9%
Another Language	8.5%	8.8%	4.3%	2.3%	2.8%	3.6%

Social and Economic Determinants of Health

This section explores the economic, environmental, and social determinants of health impacting the Carson Tahoe primary service area. Social Determinants of Health (SDOH) are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. The SDOH can be grouped into five domains. Figure 8 shows the Healthy People 2030 Social Determinants of Health domains[11] .

FIGURE 8: HEALTHY PEOPLE 2030 SOCIAL DETERMINANTS OF HEALTH DOMAINS



[11] Healthy People 2030, 2022.https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health

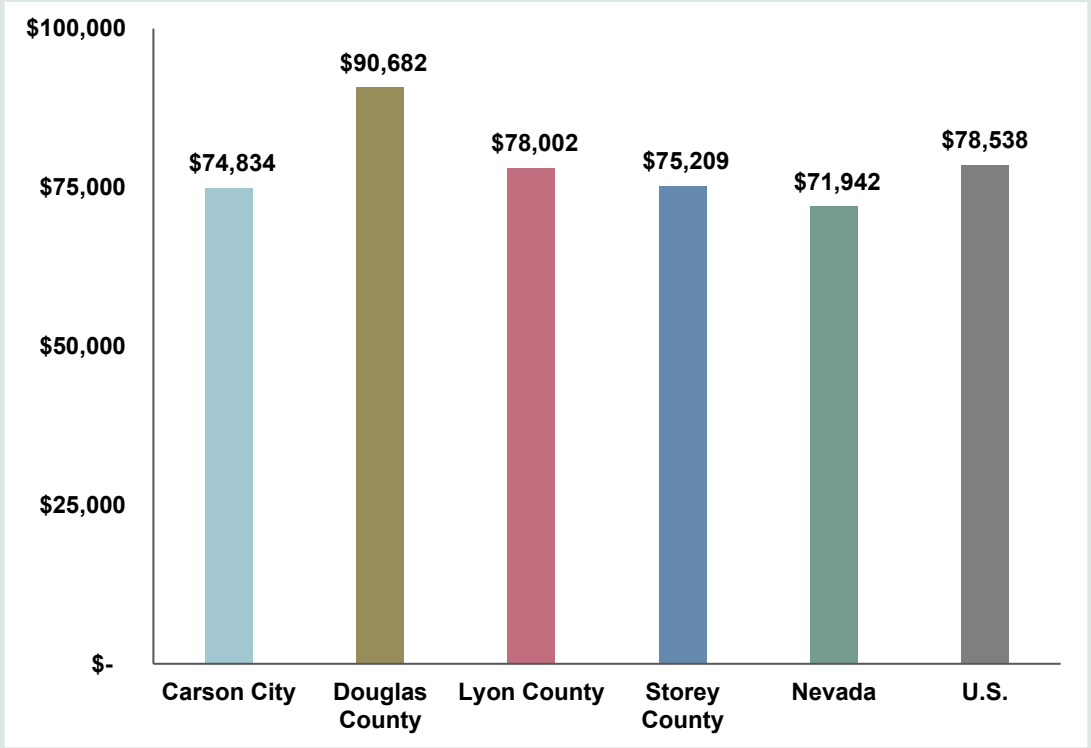
Economic Stability

Income

Income is strongly associated with morbidity and mortality, influencing health through various clinical, behavioral, social, and environmental factors. Those with greater wealth are more likely to have higher life expectancy and reduced risk of a range of health conditions including heart disease, diabetes, obesity, and stroke. Poor health can also contribute to reduced income by limiting one's ability to work. [12]

Figure 9 presents the median household income across the Carson Tahoe service area, alongside state and national benchmarks. Douglas County leads with a median income of $90,682, which is approximately $20,000 higher than the Nevada median. Carson City reports a median income of $74,834, which is above the state average ($71,942) but below the national median ($78,538).

FIGURE 9. MEDIAN HOUSEHOLD INCOME BY: COUNTY, STATE AND U.S. COMPARISONS



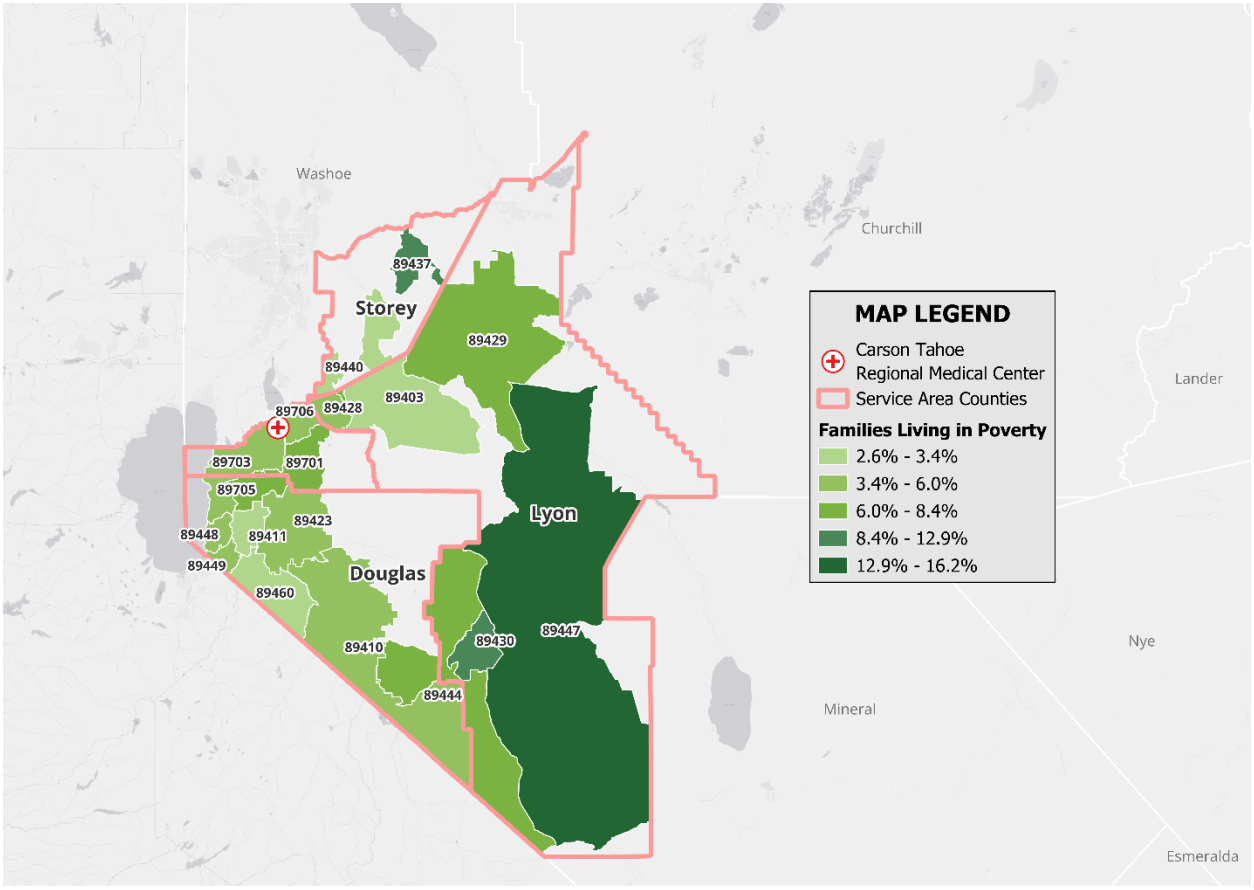
[12] Robert Wood Johnson Foundation. Health, Income, and Poverty. https://www.rwjf.org/en/library/research/2018/10/health--income-and-poverty-where-we-are-and-what-could-help.html

Poverty

Federal poverty thresholds are set every September by the Census Bureau and vary by size of family and ages of family members. People living in poverty are less likely to have access to health care, healthy food, stable housing, and opportunities for physical activity. These disparities mean people living in poverty are more likely to experience poorer health outcomes and premature death from preventable diseases.[13]

Figure 10 displays a map showing the percentage of families living below the poverty level by ZIP code. Darker green areas indicate higher concentrations of families living in poverty. Storey County reports the highest proportion of families living below the poverty line within the service area at 6.7%. While this figure leads the region, all four counties remain lower than both the Nevada state average (10.0%) and the national average (8.8%).

FIGURE 10. PERCENT OF FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE



[13] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-anddata/browse-objectives/economic-stability/reduce-proportion-people-living-poverty-sdoh-01

The percentage of families living below poverty for each zip code in the service area is provided in Table 1. The zip code in the service area with the highest concentration of poverty is 89447 where 16.2% of families live below poverty level.

TABLE 1. FAMILIES LIVING IN POVERTY: CARSON TAHOE PRIMARY SERVICE AREA

ZIP Code	County	% of Families Below Poverty
89447	Lyon	16.2%
89430	Lyon	12.9%
89437	Storey	12.5%
89444	Douglas, Lyon	8.4%
89429	Lyon	8.3%
89428	Lyon	8.0%
89701	Carson City	7.8%
89705	Douglas	6.6%
89706	Carson City, Lyon	6.0%
89408	Lyon	4.8%
89413	Douglas	4.6%
89410	Douglas	4.6%
89448	Douglas	4.6%
89703	Carson City	4.5%
89423	Douglas	4.2%
89449	Douglas	4.2%
89460	Douglas	3.4%
89403	Lyon, Storey	3.1%
89440	Lyon, Storey	3.1%
89411	Douglas	2.6%

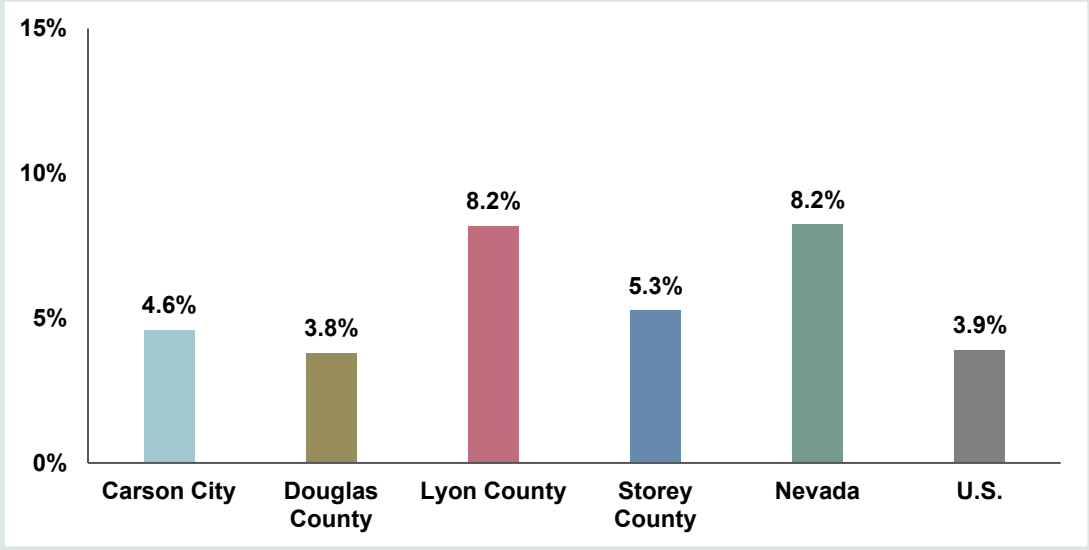
Employment

A community's employment rate is a key indicator of the local economy. An individual's type and level of employment impacts access to health care, work environment, health behaviors and health outcomes. Stable employment can help provide benefits and conditions for maintaining good health. In contrast, poor or unstable work and working conditions are linked to poor physical and mental health outcomes.[14]

Unemployment and underemployment can limit access to health insurance coverage and preventive care services. Underemployment is described as involuntary part-time employment, poverty-wage employment, and insecure employment. Type of employment and working conditions can also have significant impacts on health. Work-related stress, injury, and exposure to harmful chemicals are examples of ways employment can lead to poorer health.[14]

Figure 11 illustrates the percentage of the population aged 16 and over who are unemployed across the Carson Tahoe service area. Please note, some 16 and 17 year old individuals may be students. Across the service area, unemployment falls either at or below the state average of 8.2%, with Lyon County having the highest unemployment rate and Douglas County having the lowest.

FIGURE 11. POPULATION 16+ UNEMPLOYED: COUNTY, STATE, AND U.S.



[14] U.S. Department of Health and Human Services, Healthy People 2030. https://health.gov/healthypeople/objectives-anddata/social-determinants-health/literature-summaries/employment

Education Access and Quality

Education

Education is an important indicator for health and wellbeing across the lifespan. Education can lead to improved health by increasing health knowledge, providing better job opportunities and higher income, and improving social and psychological factors linked to health. A high school diploma in particular is a requirement for many employment opportunities, and for higher education. Not graduating high school is linked to a variety of negative health impacts, including limited employment prospects, low wages, and poverty.[15] Higher education can lead to better-paying, safer jobs. These earnings improve health by enabling access to quality housing and enhancing social status.[16]

Figures 12 and 13 highlight educational attainment among residents aged 25 and older in the Carson Tahoe primary service area. Carson City and Lyon County have the lowest rates of residents with a high school diploma or higher, though these rates still align with state and national averages.

Both counties also report the lowest percentages of residents with a bachelor's degree or higher, falling below the Nevada average of 26.8% and below the national average of 35.0%. In contrast, Douglas County leads the service area in educational attainment, with 94.3% of residents holding a high school diploma and 31.7% holding a bachelor's degree or higher.

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

[16] Healthy People 2030, Enrollment in Higher Education. https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/enrollment-higher-education#cit3

FIGURE 12. CARSON TAHOE PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, INIDIVIDUALS AGE 25+ WITH LESS THAN A HIGH SCHOOL DIPLOMA

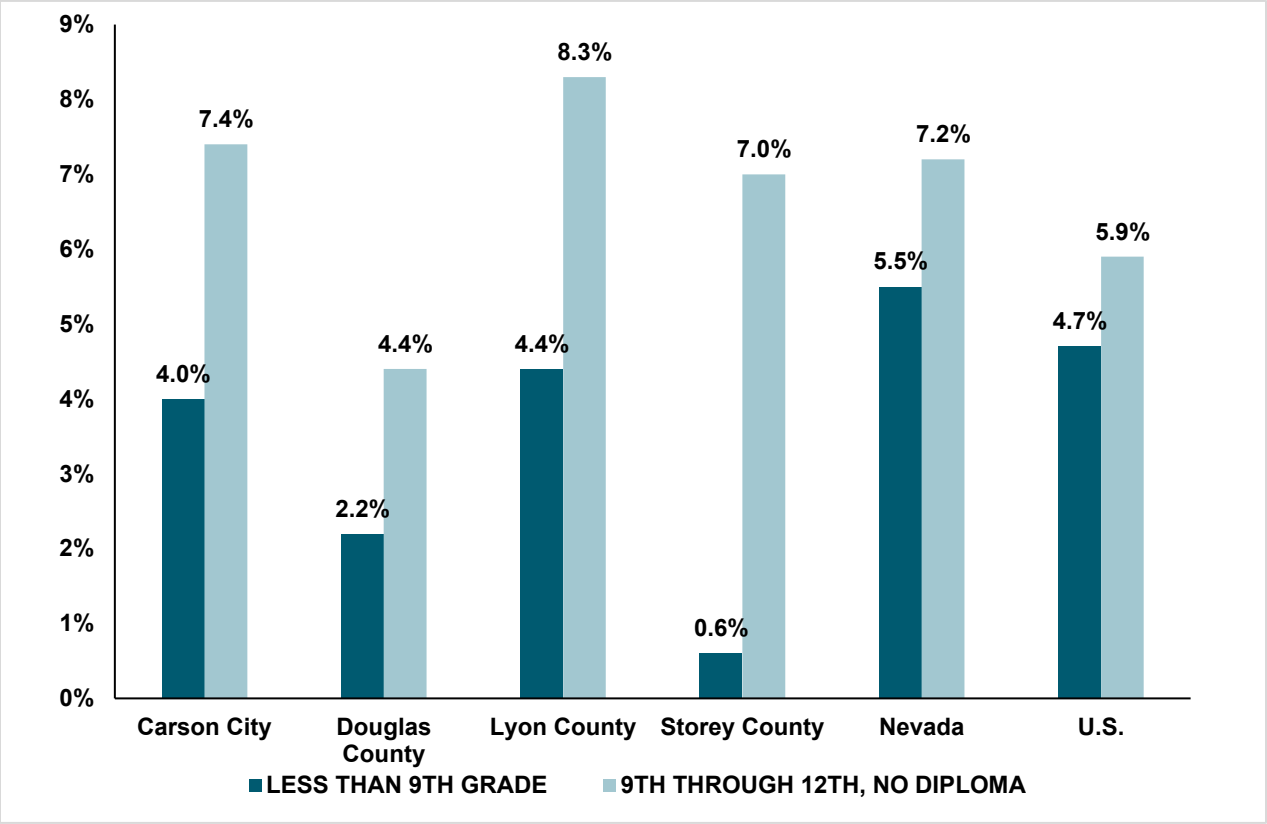
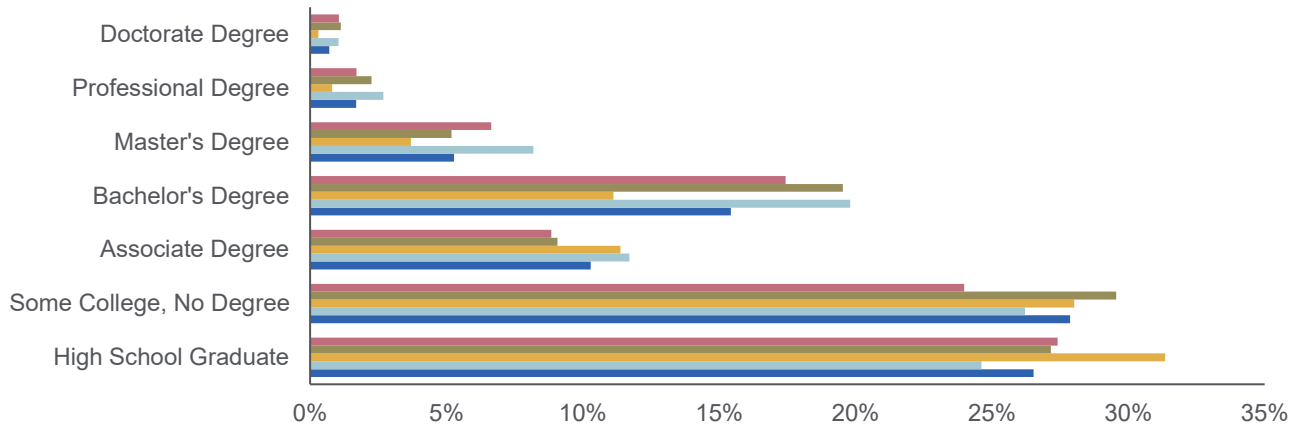


FIGURE 13. CARSON TAHOE PRIMARY SERVICE AREA POPULATION BY EDUCATIONAL ATTAINMENT, INIDIVIDUALS AGE 25+ WITH HIGH SCHOOL DIPLOMA OR HIGHER



	High School Graduate	Some College, No Degree	Associate Degree	Bachelor's Degree	Master's Degree	Professional Degree	Doctorate Degree
Nevada	27.4%	24.0%	8.9%	17.4%	6.6%	1.7%	1.1%
Storey County	27.2%	29.6%	9.1%	19.5%	5.2%	2.3%	1.1%
Lyon County	31.4%	28.0%	11.4%	11.1%	3.7%	0.8%	0.3%
Douglas County	24.6%	26.2%	11.7%	19.8%	8.2%	2.7%	1.0%
Carson City County	26.5%	27.9%	10.3%	15.4%	5.3%	1.7%	0.7%

Neighborhood and Built Environment

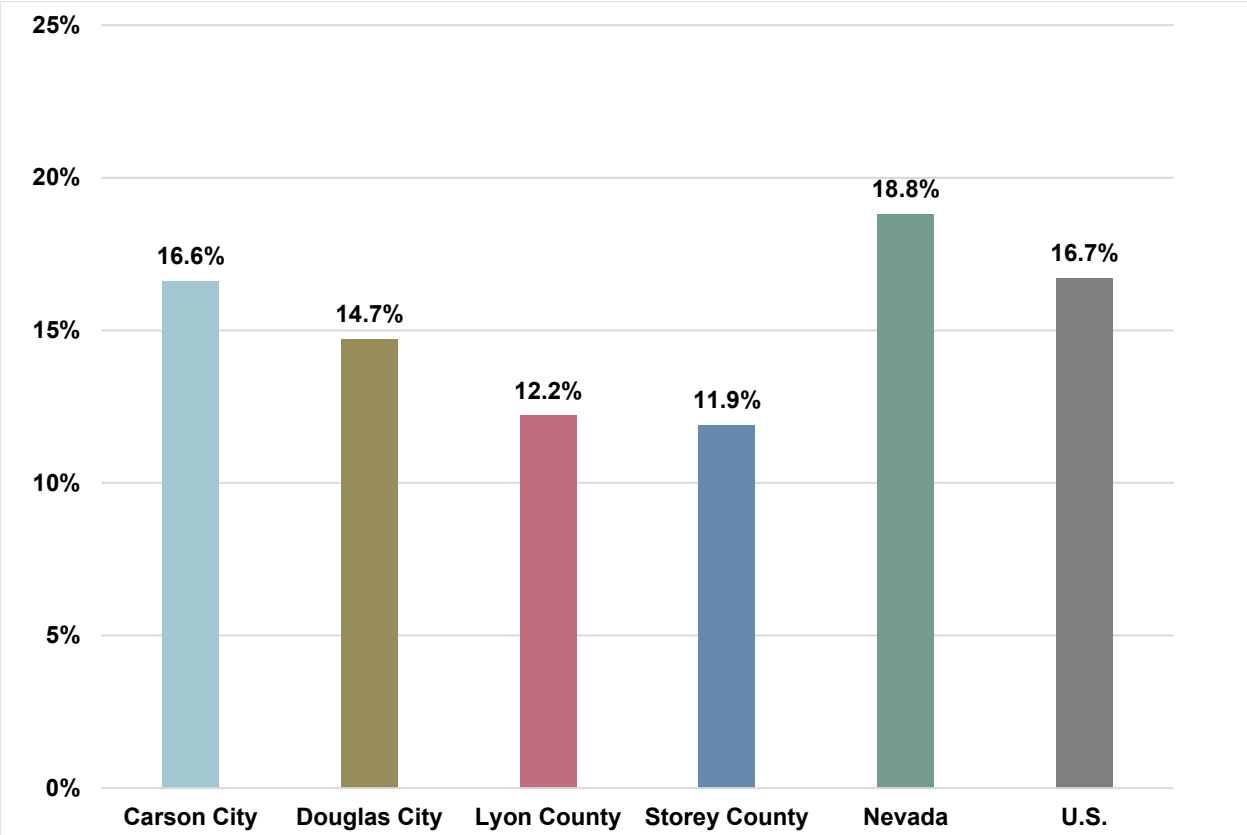
Housing

Safe, affordable housing supports well-being, while poor conditions, like mold or toxins can lead to illness, stress, and anxiety. Housing stability affects access to healthcare services, as individuals in insecure housing often face barriers to care. Improving housing quality and affordability is essential for reducing health disparities and promoting community health.[17]

Figure 14 displays the percentage of households experiencing severe housing problems across the Carson Tahoe service area. Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Residents who do not have a kitchen in their home are more likely to depend on unhealthy convenience foods, and a lack of plumbing facilities increases the risk of infectious disease. Research has found that young children who live in crowded housing conditions are at increased risk of food insecurity, which may impede their academic performance. In areas where housing costs are high, low-income residents may be forced into substandard living conditions with an increased exposure to mold and mildew growth, pest infestation, and lead or other environmental hazards. In Carson City, the rate is 16.6%, closely matching the national average of 16.7% and falling below the Nevada average of 18.8%. This suggests that households in Carson City are somewhat less likely to face one or more of the following issues: overcrowding, high housing costs, lack of a kitchen, or lack of plumbing facilities.

[17] WHO Social determinants of mental health & Housing and health guidelines. WHO Housing and health guidelines

FIGURE 14. HOUSEHOLDS WITH SEVERE HOUSING PROBLEMS



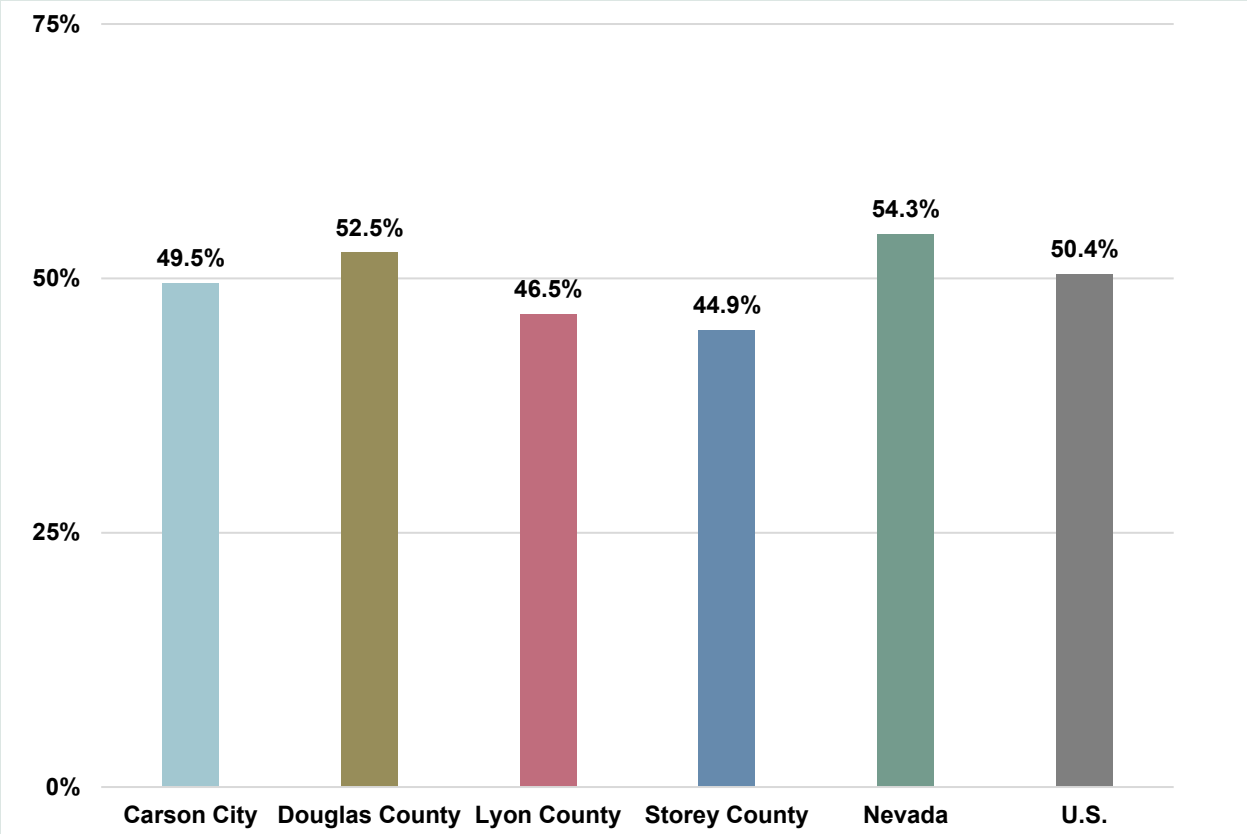
County, state, and U.S. values taken from County Health Rankings (2016-2020)

When families must spend a large portion of their income on housing, they may not have enough money to pay for things like healthy food or health care. This is linked to increased stress, mental health problems, and an increased risk of disease.[18]

Figure 15 illustrates the percentage of renters in the Carson Tahoe service area who spend 30% or more of their household income on rent. All counties in the region fall below the Nevada average of 54.3%. Douglas County has the highest rate within the service area, with 52.5% of renters spending 30% or more of their income on housing costs.

FIGURE 15. RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT: COUNTY, STATE, AND U.S. COMPARISONS

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

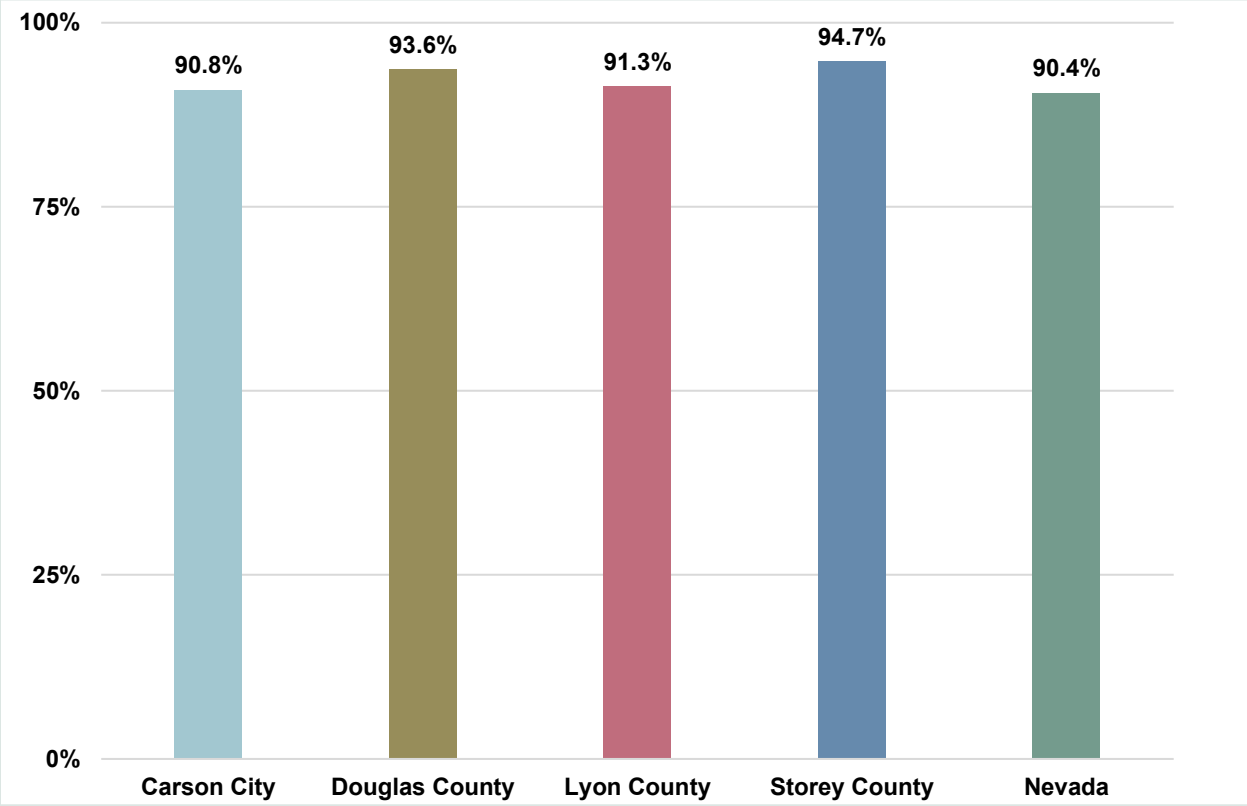

75%
50%
25%
0%
49.5%
52.5%
46.5%
44.9%
54.3%
50.4%
Carson City
Douglas County
Lyon County
Storey County
Nevada
U.S.

Social and Community Context

Internet access is essential for basic health care access, including making appointments with providers, getting test results, and accessing medical records. Access to the internet also helps expand healthcare access through home-based telemedicine services, which has been particularly critical during the COVID-19 pandemic.[19] Internet access may also help individuals seek employment opportunities, conduct remote work, and participate in online educational activities.[9]

Figure 16 shows the percentage of households with an internet subscription across the Carson Tahoe service area. Carson City's rate of 90.8% closely aligns with the Nevada average of 90.4%. Storey County has the highest subscription rate in the region, with 94.7% of households connected to the internet.

FIGURE 16. HOUSEHOLDS WITH AN INTERNET SUBSCRIPTION



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

Data Collection and Analyses

Overview

The 2025-2028 Community Health Needs Assessment combined primary and secondary data to identify current health-related issues in Carson City, Douglas, Lyon, and Storey counties.

Primary data was acquired directly from the community through in-person outreach. When applicable, the data collection was conducted in English and Spanish and consisted of a community-wide survey campaign and six focus groups. Secondary health indicator data were collected from public sources such as federal, state, and local health departments.

Secondary Data Sources

Secondary data for this assessment were collected and analyzed with the Healthy Communities Institute (HCI) Community Dashboard — a web-based community health platform developed by Conduent Healthy Communities Institute. The Community Dashboard brings a wealth of information to an accessible, user-friendly location. It includes over 260 community and behavioral health indicators covering over 25 topics in health, determinants of health and quality of life. The data is primarily derived from secondary sources such as state and national sites. The value for each of these indicators is compared to other communities, nationally or locally set targets and to previous time periods.

Secondary Data Scoring

HCI's Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard to rank indicators based on the highest need. For each indicator, the Carson City, Douglas, Lyon, and Storey counties' value was compared to the distribution of Nevada and US counties, state and national values, Healthy People 2030, and significant trends. Each indicator was then given a score based on the available comparisons. These scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst.

The availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Table 2-5 presents county-level results for secondary data topics. Lyon County has the highest overall score (2.12), primarily driven by concerns in oral health. Carson City's highest-scoring category is Cancer, while Storey County ranks highest in Physical Activity. Douglas County's top category is Other Conditions, which includes Osteoporosis among the Medicare population and Arthritis among adults, the highest score within this group. For details on data topics and the quantitative scoring methodology, refer to Appendix A.

TABLE 2: CARSON CITY

Health and Quality of Life Topics	Score
Cancer	1.88
Respiratory Diseases	1.74
Other Conditions	1.70
Heart Disease & Stroke	1.60
Prevention & Safety	1.60
Education	1.60
Children's Health	1.52
Environmental Health	1.51
Diabetes	1.51
Wellness & Lifestyle	1.51
Economy	1.42
Community	1.39
Alcohol & Drug Use	1.33
Mental Health & Mental Disorders	1.33
Older Adults	1.33
Health Care Access & Quality	1.29
Women's Health	1.29
Immunizations & Infectious Diseases	1.26
Oral Health	1.26
Physical Activity	1.22

TABLE 3: DOUGLAS COUNTY

Health and Quality of Life Topics	Score
Other Conditions	1.70
Women's Health	1.49
Economy	1.46
Cancer	1.45
Community	1.41
Physical Activity	1.40
Alcohol & Drug Use	1.34
Environmental Health	1.33
Heart Disease & Stroke	1.33
Education	1.25
Wellness & Lifestyle	1.21
Children's Health	1.19
Mental Health & Mental Disorders	1.16
Older Adults	1.11
Oral Health	1.11
Health Care Access & Quality	1.07
Prevention & Safety	1.07
Respiratory Diseases	0.86
Immunizations & Infectious Diseases	0.81
Diabetes	0.67

TABLE 4: LYON COUNTY

Health and Quality of Life Topics	Score
Oral Health	2.12
Prevention & Safety	2.01
Physical Activity	1.91
Education	1.87
Respiratory Diseases	1.86
Health Care Access & Quality	1.83
Diabetes	1.82
Cancer	1.80
Children's Health	1.76
Alcohol & Drug Use	1.74
Mental Health & Mental Disorders	1.68
Wellness & Lifestyle	1.67
Women's Health	1.62
Other Conditions	1.48
Community	1.48
Environmental Health	1.44
Economy	1.40
Heart Disease & Stroke	1.37
Older Adults	1.36
Immunizations & Infectious Diseases	1.35

TABLE 5: STOREY COUNTY

Health and Quality of Life Topics	Score
Physical Activity	1.74
Community	1.41
Wellness & Lifestyle	1.40
Environmental Health	1.40
Children's Health	1.37
Education	1.34
Health Care Access & Quality	1.34
Cancer	1.19
Women's Health	1.10
Economy	1.10
Heart Disease & Stroke	1.10
Mental Health & Mental Disorders	1.08
Other Conditions	0.95
Older Adults	0.89
Immunizations & Infectious Diseases	0.87
Respiratory Diseases	0.85
Alcohol & Drug Use	0.74

Geographic Disparities

This assessment identified specific zip codes with differences in outcomes related to health and social determinants of health. Geographic disparities were identified using the SocioNeeds Index® Suite[20] developed by Conduent Healthy Communities Institute. This suite includes the Community Health Index, Food Insecurity Index and Mental Health Index. Each of these indices summarizes multiple socioeconomic indicators into a composite score correlated with preventable hospitalization and premature death, food insecurity, or poorer mental health outcomes, for each of these three indices, counties, zip codes and census tracts with a population over 300 persons are assigned an index value ranging from 0 to 100, with higher values indicating greater need. Understanding where there are communities with higher needs is critical to targeting prevention and outreach activities.

Community Health Index

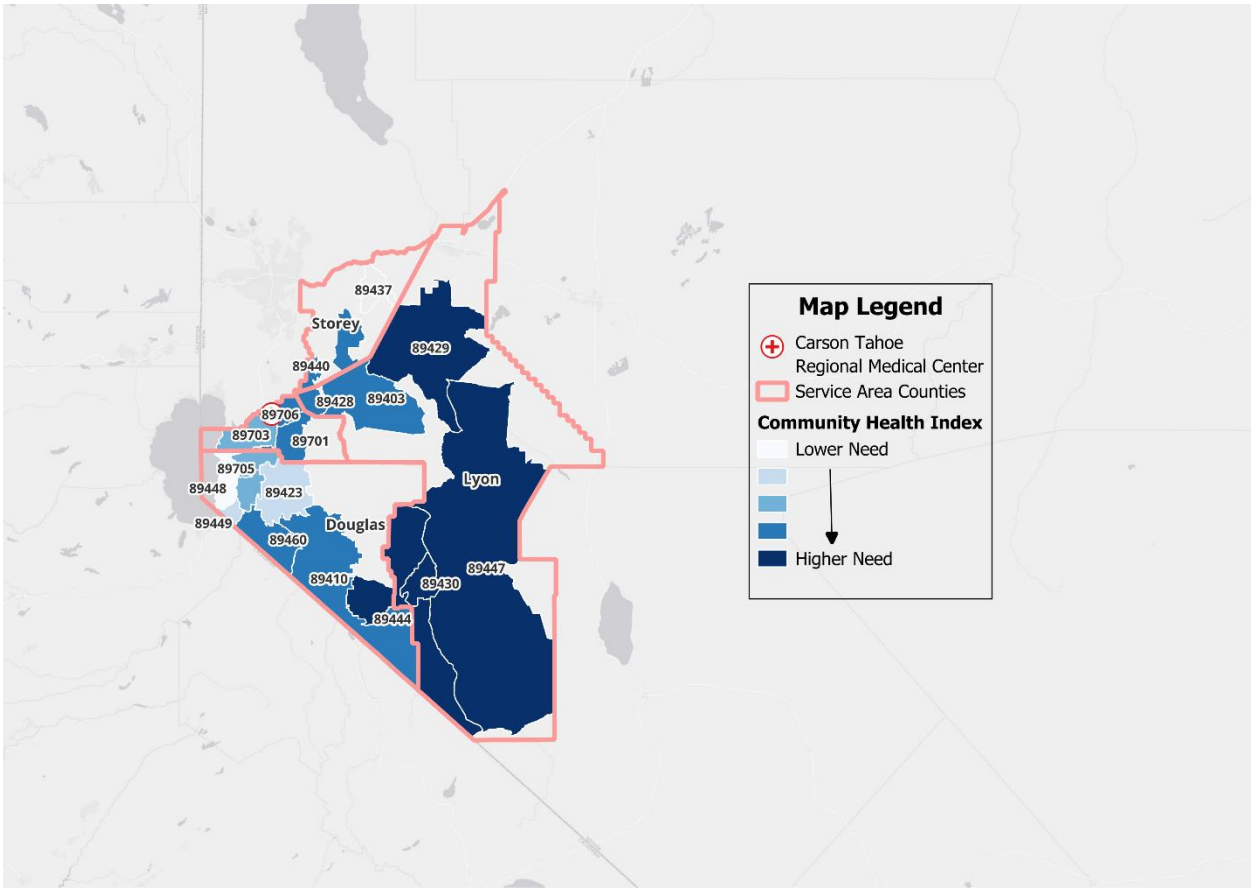
Conduent's Community Health Index (HEI) is a composite score of socioeconomic indicators related to income, poverty, employment, education, language, Medicaid enrollment and race. Each of these indicators link with poor health outcomes, including preventable hospitalization and premature death. Zip codes are ranked based on their index value to identify relative levels of need. Table 6 provides the index values for the highest-scoring zip codes in the Carson Tahoe Health service area. The index values for all zip codes are mapped in Figure 17, with darker shades of blue indicating higher needs.

TABLE 6: COMMUNITY HEALTH INDEX VALUES BY ZIP CODE

Highest Need Zip Codes	Index Score 0 (lowest need) -100 (highest need)
89447 **Lyon County**	93.6
89430 **Lyon County**	88.3
89444 **Douglas County**	84.1

[20] For further detailed methodology: https://help.healthycities.org/hc/en-us/articles/4635438561943-SocioNeeds-Index-Suite

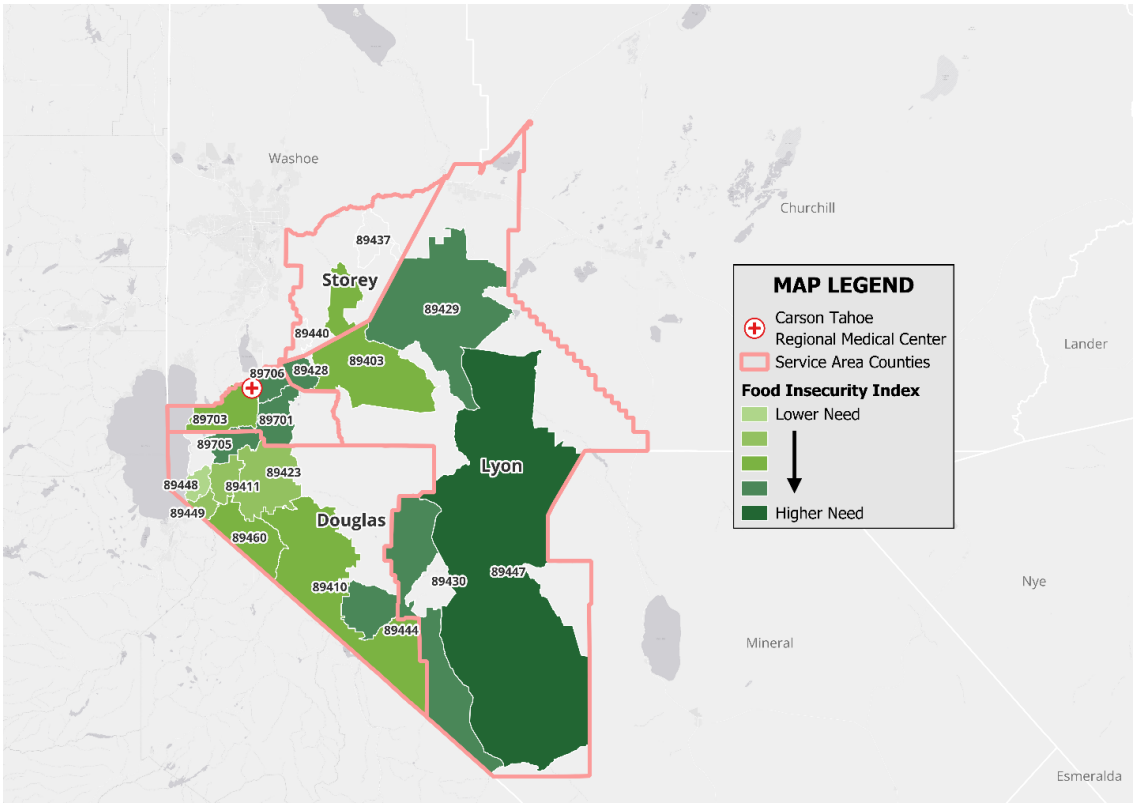
FIGURE 17: COMMUNITY HEALTH INDEX



Food Insecurity Index

Conduent's Food Insecurity Index (FII)[21] is a composite score of socioeconomic indicators related to education, poverty, household environment and transportation. Each of these indicators has a link with food insecurity. Zip codes are ranked based on their index value to identify relative levels of need. The index values for all zip codes are mapped in Figure 18, with higher needs indicated by darker shades of green.

FIGURE 18: FOOD INSECURITY INDEX



[21] For further detailed methodology: https://help.healthycities.org/hc/en-us/articles/5675958006039-Where-can-I-find-more-details-on-the-methodology-used-to-create-the-Food-Insecurity-Index

Mental Health Index

Conduent's Mental Health Index (MHI) uses socioeconomic data to estimate which zip codes are at greatest risk for poor mental health. Each zip code is ranked based on its index value to identify relative levels of need. Table 7 provides the index values and local ranking for each zip code. The ZIP Code in the Carson Tahoe service area with the highest risk for poor mental health is 89447 with an index score of 89. The map in Figure 19 illustrates that the zip codes with the highest risk for poor mental health (as indicated by the darkest shade of purple).

FIGURE 19. MENTAL HEALTH INDEX: CARSON TAHOE PRIMARY SERVICE AREA

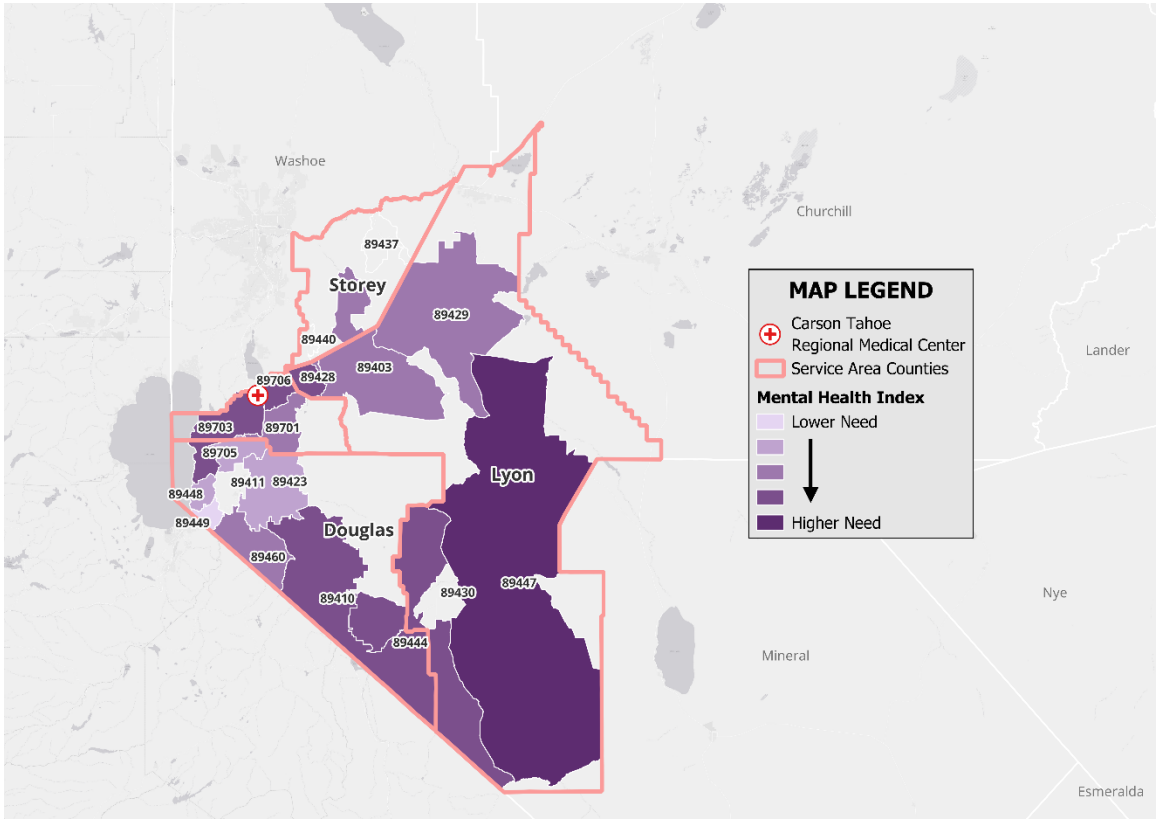


TABLE 7. MENTAL HEALTH INDEX VALUES BY ZIP CODE

ZIP Code	County	MHI
89447	Lyon	89
89410	Douglas	64
89703	Carson City	56.1
89413	Douglas	55.9
89444	Douglas, Lyon	52.1
89706	Carson City, Lyon	49.7
89428	Lyon	46.7
89460	Douglas	44.3
89701	Carson City	41.8
89429	Lyon	41.2
89403	Lyon, Storey	39.5
89705	Douglas	27.6
89408	Lyon	26.8
89448	Douglas	26.3
89423	Douglas	15.9
89449	Douglas	6.8

Community Input Collection & Analyses

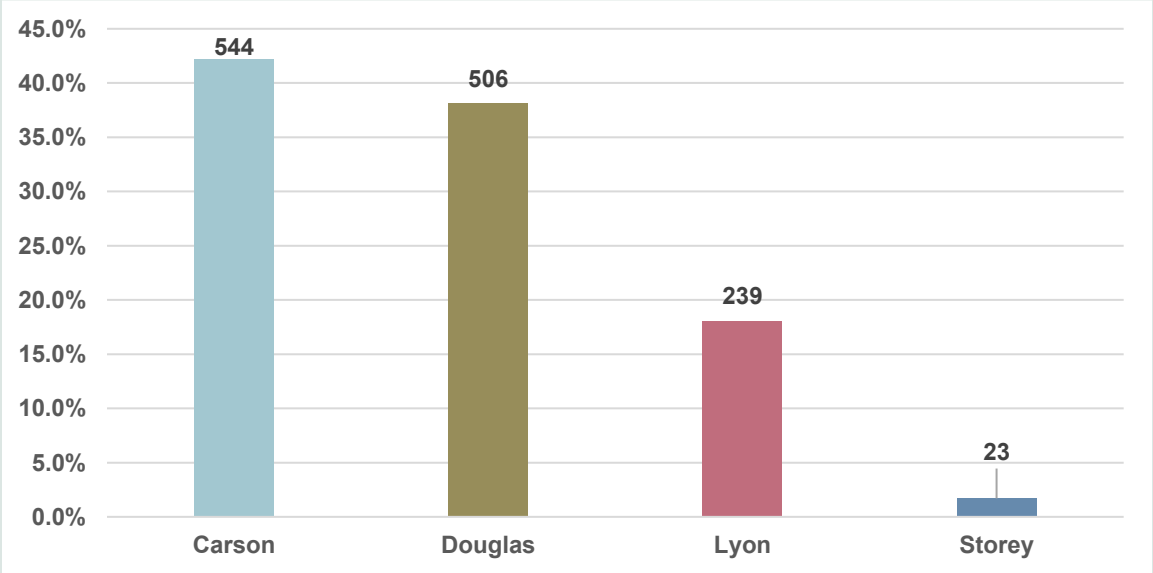
The Community Health Needs Assessment aims to determine what the community believes are the most critical health issues facing them and their families. To ensure the perspectives of community members were included, several opportunities were offered to collect input from the residents of Carson City, Douglas, Lyon, and Storey counties. The primary data used in this assessment consisted of an online survey and focus groups available in English and Spanish. Combined with the secondary data analyses, these findings provided Carson Tahoe Health with the key health needs for the 2025 Community Health Needs Assessment.

In-person meetings were scheduled with help from community organizations to assist in the survey process and the promotion, recruitment and logistical needs for local community members' participation in focus groups.

Community Survey

Community input was collected through an online survey available in both English and Spanish, conducted between May 19 and June 30, 2025. The survey featured 50 questions (Appendix B) covering a range of topics related to physical and mental health. Announcements promoting the community survey included social media, newsletter, and internal and external email blasts to hospital staff, community organizations, and community members. A total of 1,389 responses were received. Of these, 544 came from Carson City, 506 from Douglas County, 239 from Lyon County, and approximately 23% from Storey County, as illustrated in Figure 20.

FIGURE 20: SURVEY RESPONSES BY COUNTY



Approximately eighty-six percent of survey respondents described themselves as White or Caucasian and 12.2% as Hispanic/Latino (Figure 21). The largest age group ranged from 56-65, followed by 36-45 and 66-75 (Figure 22). Most respondents identified as female (Figure 23), and 27% had some college, but no degree, followed by 24.2% had a bachelor's degree (Figure 24).

FIGURE 21: RACE AND ETHNICITY

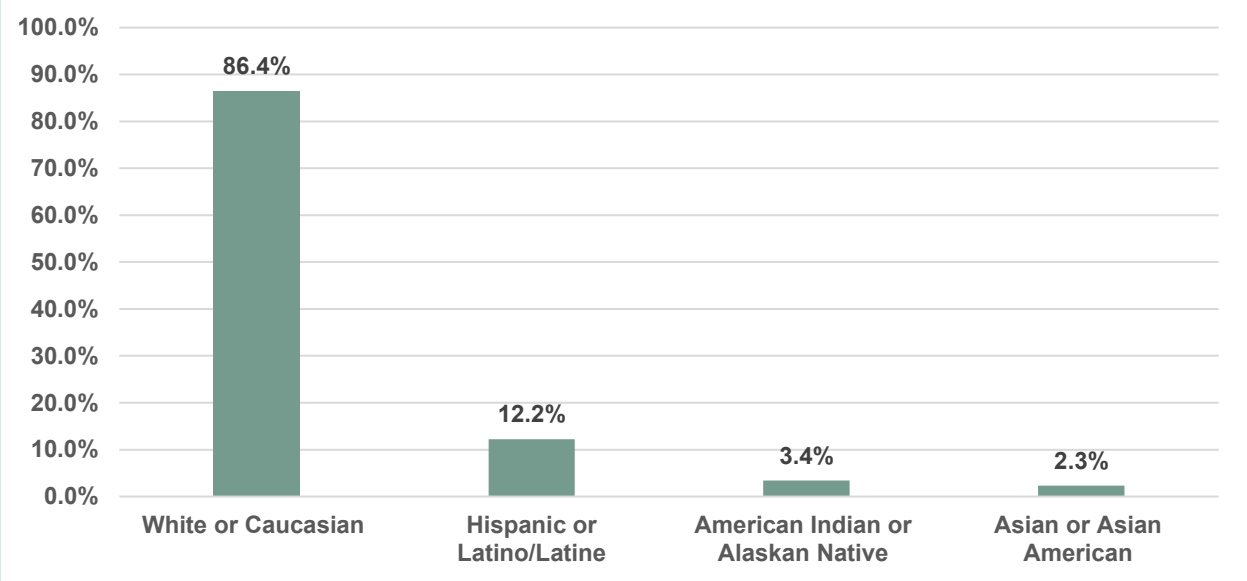


FIGURE 22: AGE OF SURVEY RESPONDENTS

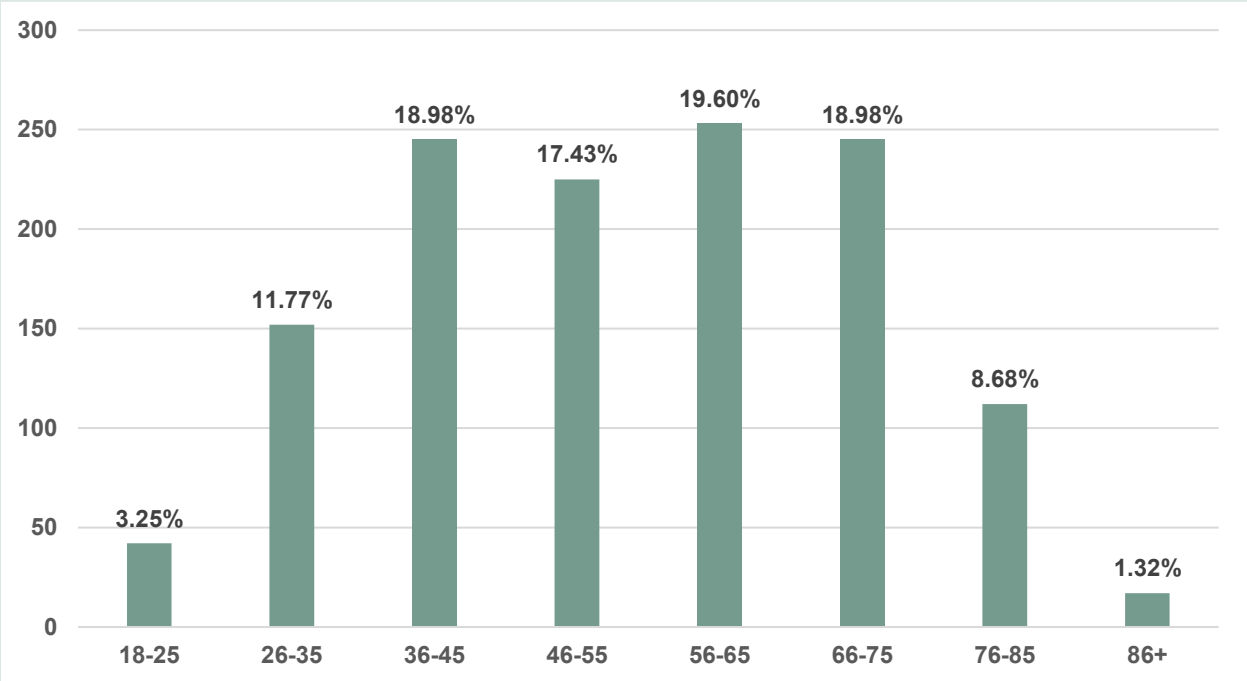


FIGURE 23: GENDER

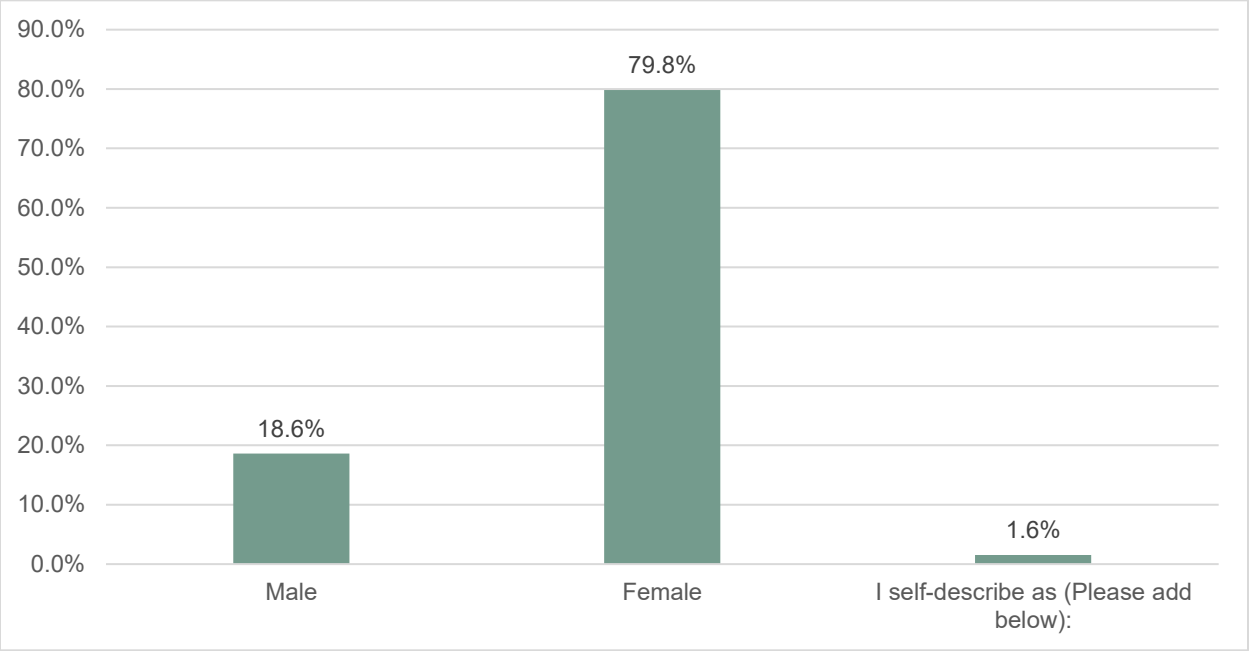
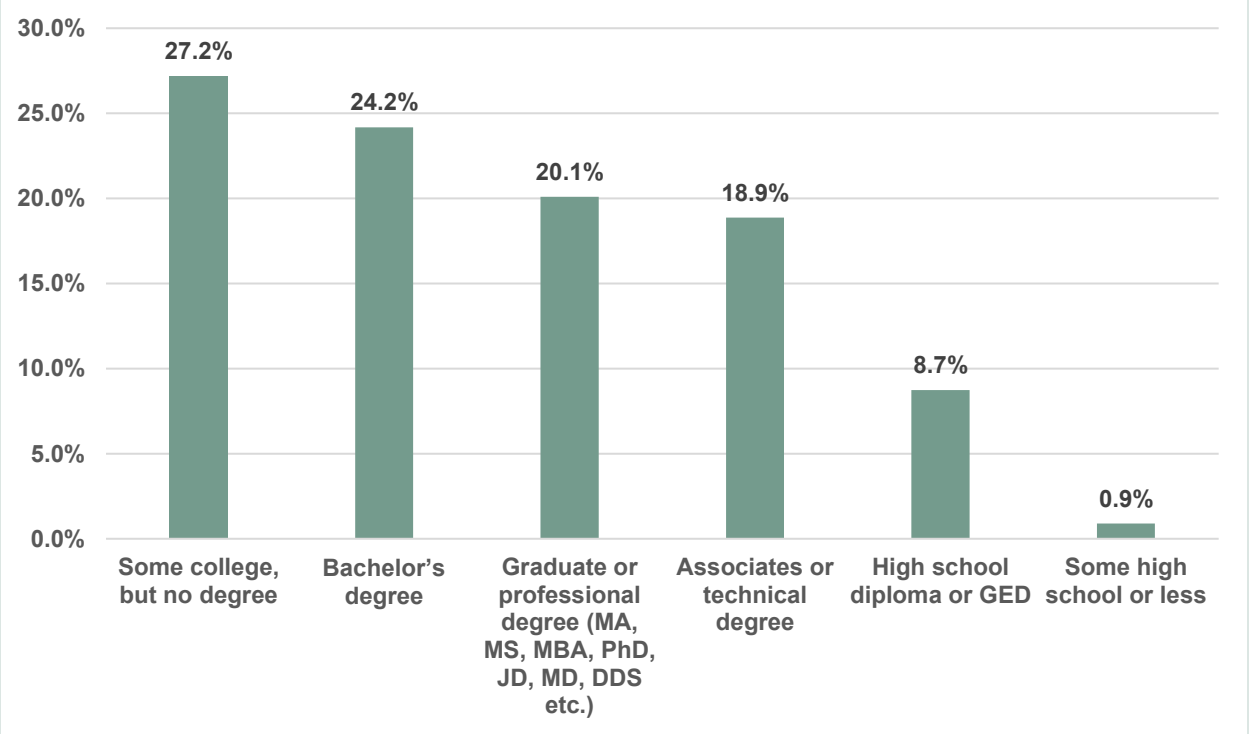


FIGURE 24: HIGHEST LEVEL OF EDUCATION

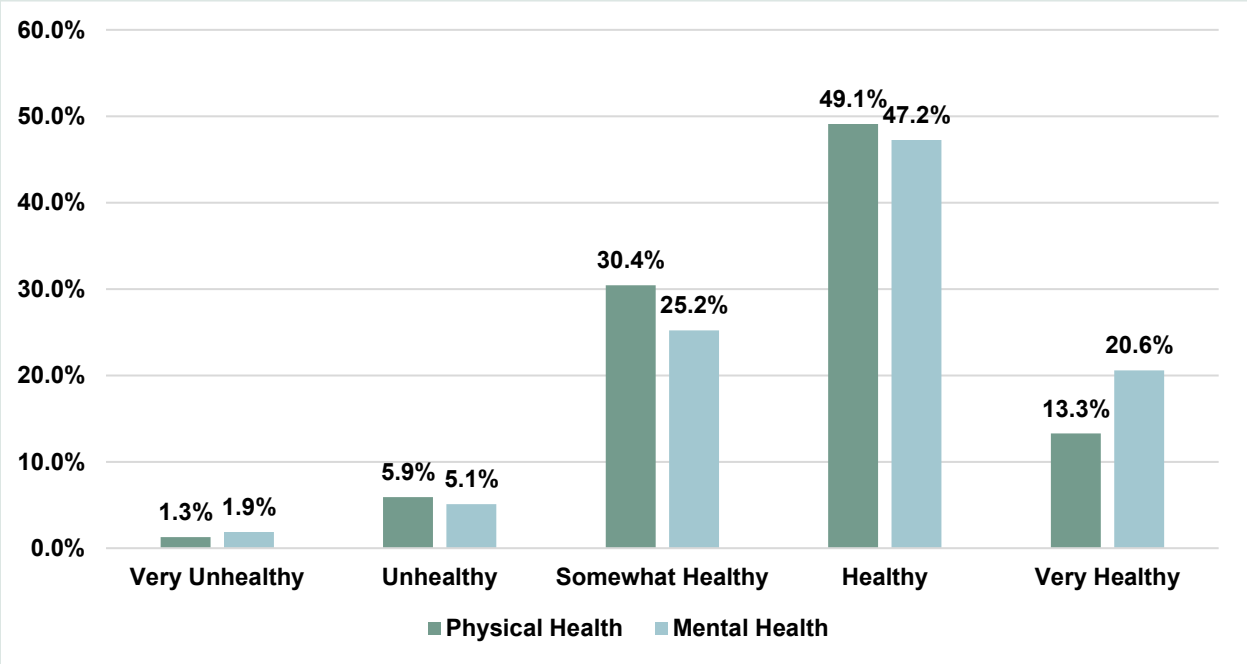


Community Survey Analyses Results

The survey asked participants about important physical and mental health issues in their communities. Survey respondents were asked to share their experiences of accessing health care and mental health services. This section explores the types of services they sought and the barriers that prevented them from receiving the care they needed. Understanding these challenges, which range from cost and having negative experiences, helps identify gaps in the local health care system and informs strategies to improve access for all community members.

Figure 25 shows how most respondents rated themselves as either Healthy or Somewhat Healthy, with physical and mental health closely aligned in these categories. Over 45% reported being healthy in both aspects, while very few identified as unhealthy or very unhealthy and a slightly higher percentage rated their mental health as very healthy compared to physical health.

FIGURE 25: SURVEY RESPONDENTS OVERALL PHYSICAL AND MENTAL HEALTH RATING



Survey respondents were asked what types of health care services they had received in the past year. Figure 26 shows the majority, 89.2%, had in-person visits to a doctor's office, followed by 35.1% who used urgent care or walk-in clinics. Emergency room visits accounted for 20%, while 15.9% used telehealth or virtual visits. A smaller portion, 5.1%, reported not receiving any healthcare services, and only 3.5% visited community health centers or free clinics. Survey respondents were able to choose more than one response.

FIGURE 26: TYPES OF HEALTH CARE SERVICES SURVEY RESPONDENTS RECEIVED

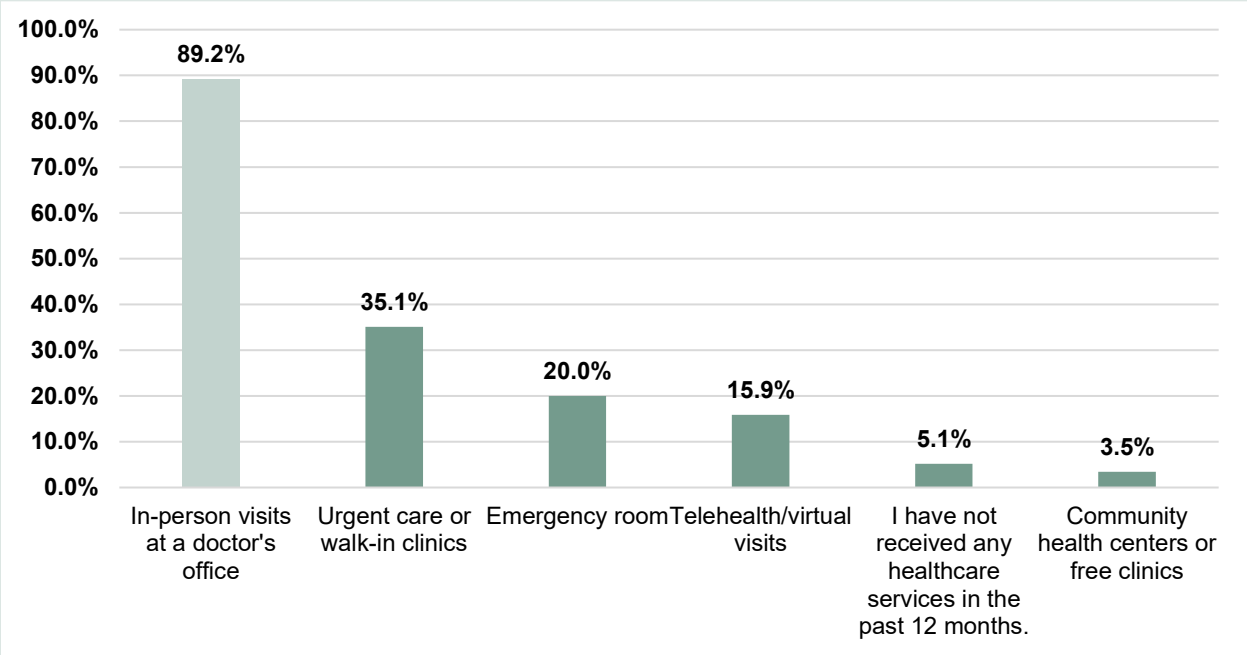


Figure 27 shows whether individuals were able to obtain the healthcare services they needed. About 61% reported they successfully received the care they needed, while approximately 26% indicated they experienced difficulty accessing services.

FIGURE 27: WHETHER SURVEY RESPONDENTS WERE ABLE TO OBTAIN HEALTHCARE SERVICES

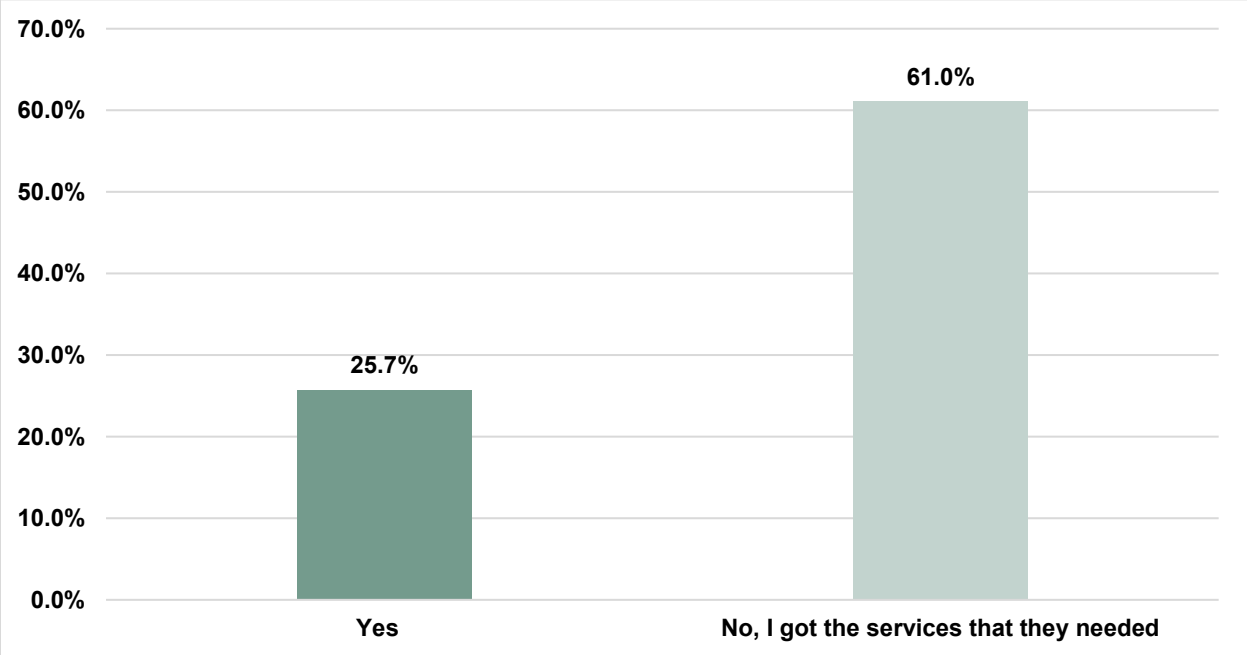
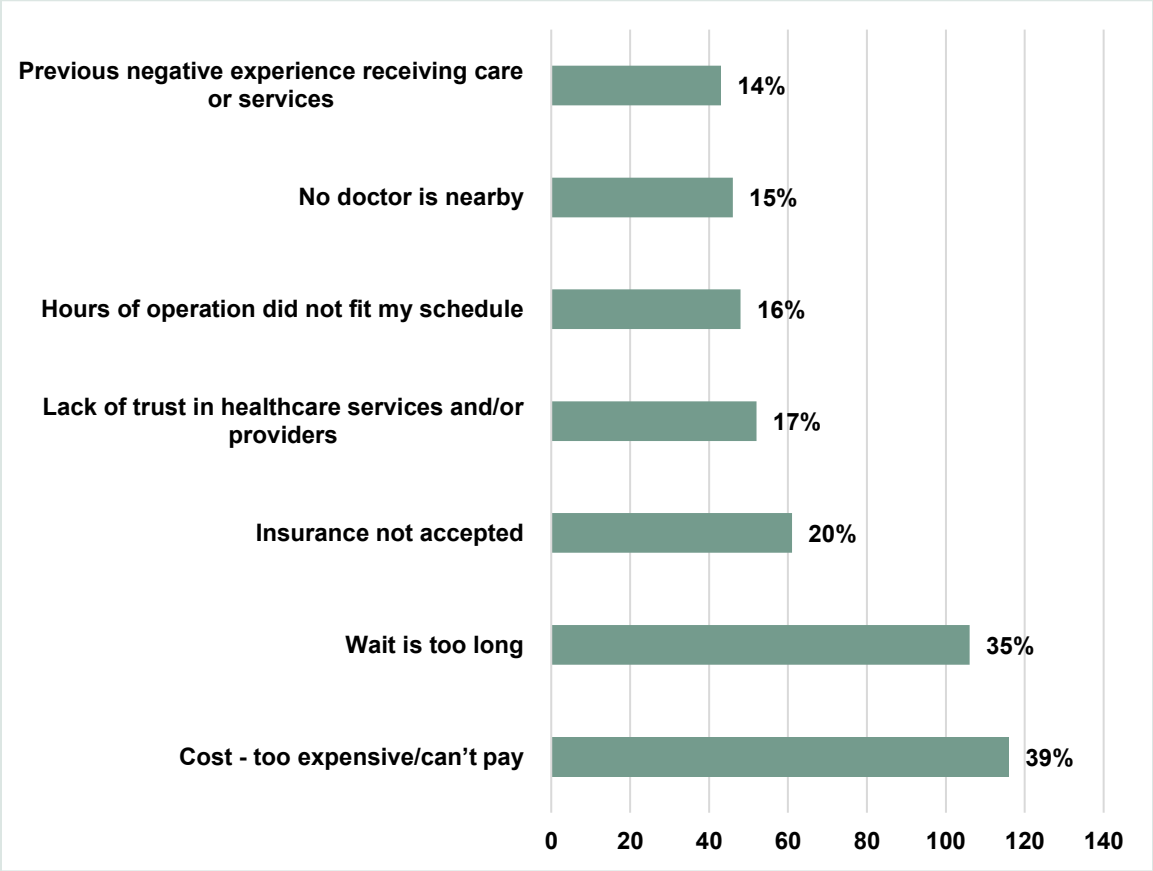


Figure 28 highlights those survey respondents who experienced difficulty accessing services and the reasons they did not get the health care services they needed. The leading reasons are cost (39%) and long wait times (35%), indicating that affordability and timely access are major challenges. Other factors such as insurance not being accepted (20%) and lack of trust in providers (17%) also contribute, underscoring systemic issues that impact healthcare accessibility.

FIGURE 28: REASONS DID NOT RECEIVE HEALTH CARE SERVICES (OVERALL)



Thirty-three percent of survey respondents were the primary caregiver of a child or children. Of these, 91% were parents, 6% grandparents, and 3% legal guardians.

Mental health emerged as a top community concern in the community survey. Table 29 highlights the prevalence of various mental health issues among children, based on survey responses. Anxiety was the most frequently reported mental health challenge, affecting 37.6% of children. This indicates that anxiety is a significant concern among children in the Carson Tahoe Health service area. Social pressures (20.3%) and depression (18.1%) were also highly prevalent, pointing to emotional and peer-related

stressors, while 38.4% of respondents reported that their child/children have not faced any mental health issues.

FIGURE 29: CHILDREN (UNDER THE AGE OF 18) EXPERIENCING MENTAL HEALTH ISSUES

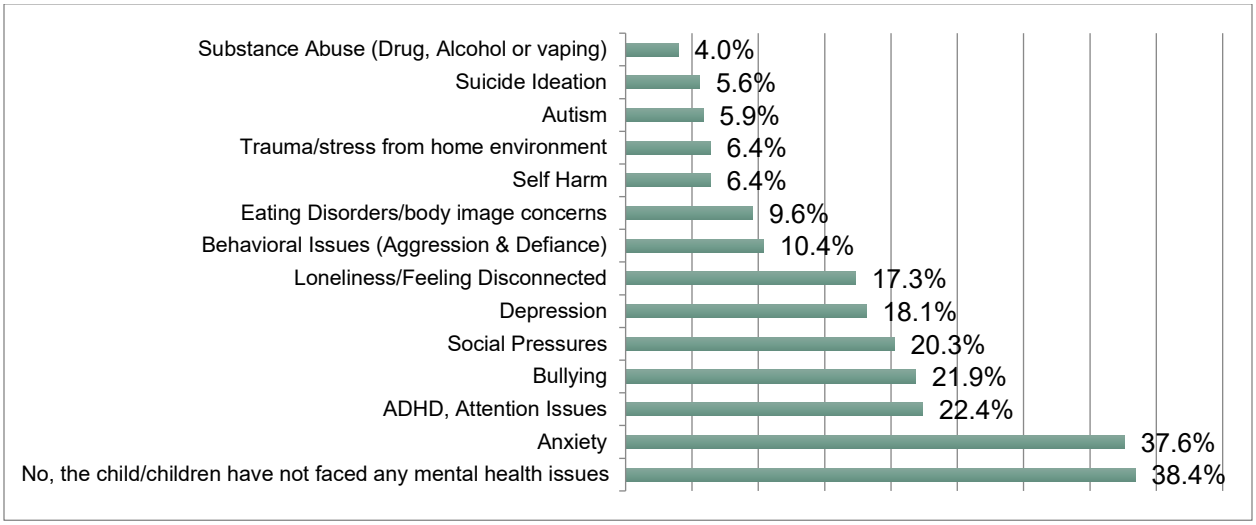


Figure 30 below illustrates the most common reasons why children in households did not receive necessary medical and health care services over the past year. The survey responses revealed that Insurance not accepted was the leading reason, reported by approximately 40% of respondents and wait is too long follows closely at 35% indicating access delays are a major concern.

FIGURE 30: TOP REASONS CHILDREN IN THE HOME DID NOT GET THE MEDICAL/HEALTH CARE SERVICES NEEDED

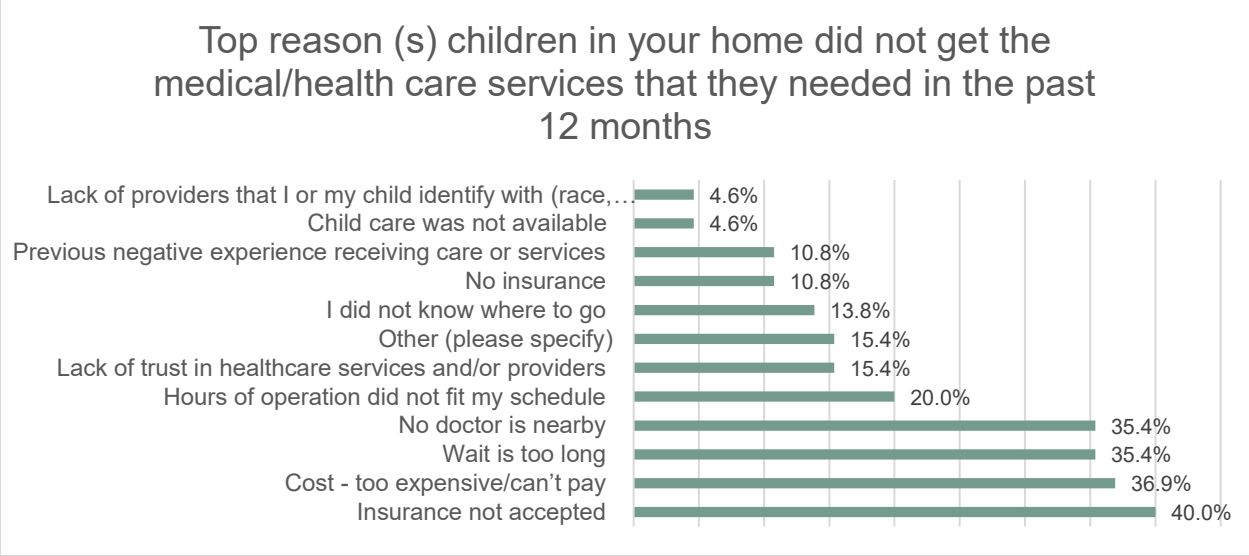


Figure 31 illustrates the most significant barriers to accessing mental health services reported by respondents were the lack of available providers or long wait times (59.1%), followed by cost and insurance coverage issues (37.1%). Additionally, limited

awareness of available services (25%) and the lack of school-based mental health services (25%) were notable challenges. These findings indicate that provider shortages, affordability, and awareness are the primary obstacles impacting timely access to care.

FIGURE 31: BARRIERS IN ACCESS MENTAL HEALTH SERVICES FOR CHILDREN

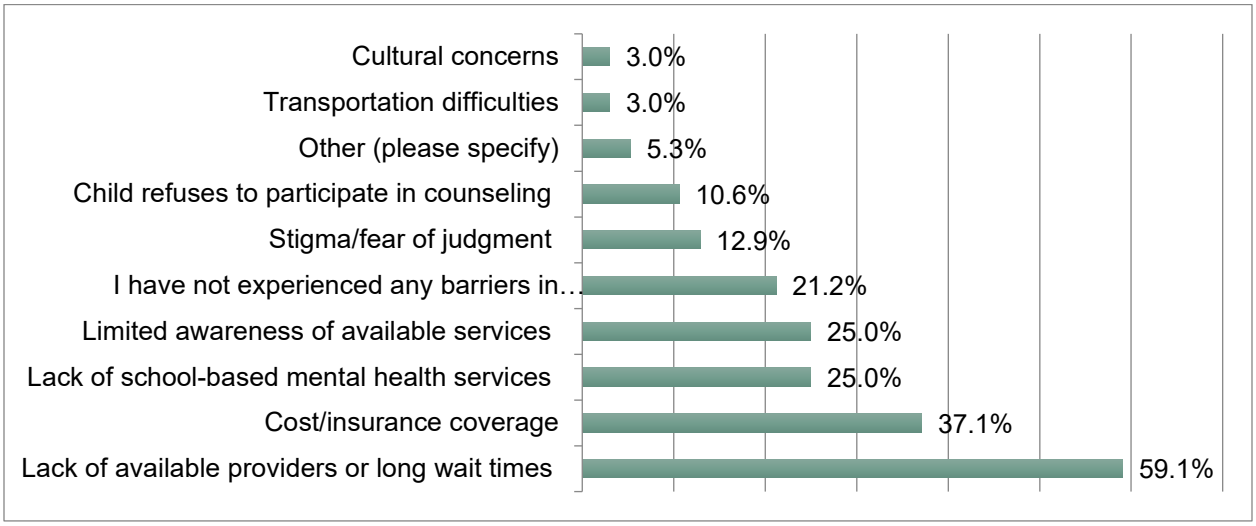
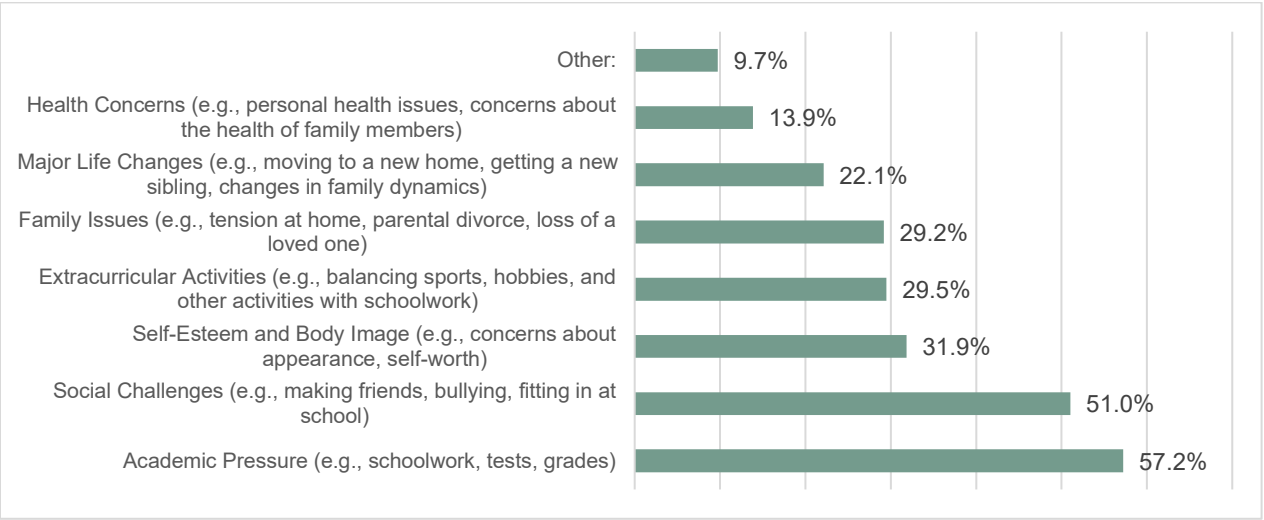


Figure 32 indicates academic pressure is the most common challenge, reported by 57.2% of respondents, followed by social challenges at 51.0%. Self-esteem and body image concerns affect 31.9%, while extracurricular activities and family issues are close behind at 29.5% and 29.2%. Major life changes account for 22.1%, health concerns for 13.9%, and 9.7% cited other issues. These findings show that academic and social pressures dominate, with emotional, family, and health factors also contributing significantly.

FIGURE 32: BIGGEST CONTRIBUTORS OF STRESS TO CHILDREN



Focus groups

To gain deeper insight into community members' perceptions, experiences, and beliefs about mental health, six in-person focus groups were conducted between June 23 and June 27, 2025. These sessions were designed to capture the unique perspectives of participants and are not intended to represent the views of the broader population.

Focus groups were conducted in English and Spanish and facilitated by Conduent HCI staff. Participants included youth, adults, parents, caregivers, residents and individuals working in Carson City, Douglas County, and Lyon County. Table 8 shows the total of 63 individuals who took part in the sessions, each lasting approximately 60 minutes.

TABLE 8: FOCUS GROUP COMPLETED

Group/Population	**# of attendees**	**County**	**Location**
First Responders	7	Carson City	Carson Tahoe Health Hospital
Parents/Youth	15 (8 youth/7 adults)	Carson City	Carson Tahoe Health Hospital
Clinical staff	8	Carson City	Carson Tahoe Health Hospital
Parents/Counselors/Youth Program Coordinators	8	Douglas	Senior Community Center
Parents (Spanish first language)	23	Douglas	Partnership Douglas County (Spanish)
Parents	2	Lyon	Community Center

Focus Groups Themes

Focus group notes were uploaded to Qualtrics, a web-based platform for analyzing qualitative data, where the frequency of topic mentions was used to assess the relative importance of various health and mental health issues. Key themes were then organized to identify the community's most pressing needs. Table 9 presents youth responses (separated from adult responses in the focus group, and youth responses were reviewed by frequency of topics) to the question: "What habits or behaviors have you noticed that seem to impact your mental health or well-being?". Table 10 highlights mental health concerns specifically affecting youth from the professional and adult focus groups, while Table 11 shows the top mental & behavioral health concerns overall.

TABLE 9: TOP HEALTH CONCERNS INDICATED FROM YOUTH

Top Mental & Behavioral Health Concerns
Anxiety and depression
Social Isolation
Self-harm and suicidal ideation
Substance Use
Body image and self-esteem
Pressure to fit in

TABLE 10: TOP MENTAL HEALTH CONCERNS OVERALL INDICATED IN PARENT/ADULT FOCUS GROUPS

Top Mental Health Concerns (For Youth)	
Aggression and violence, uncontrollable behaviors	Peer pressure and negative peer influence
Anxiety	Poor nutrition and lack of exercise
Bullying	School pressure
Depression	Sexual exploitation (human trafficking)
Home environment instability	Sleep deprivation
Isolation and lack of engagement	Substance use (marijuana, vaping, alcohol)
Lack of routine	Suicide and self-harm

TABLE 11: TOP MENTAL HEALTH ISSUES IDENTIFED OVERALL FROM ALL FOCUS GROUPS

Top Mental Health Issues
Depression (self-harm, suicide)
Anxiety
Substance Use
Behavioral Issues (aggression, uncontrollable behavior)
Bullying
Peer and school pressures
Overuse of technology (screen time)
Lack of parental support

When focus group participants were asked which populations or neighborhoods are more affected by mental health concerns, they identified the following groups and locations.

Groups

- Low-income families
- Native American communities
- Uninsured/Underinsured individuals
- New residents
- Youth/Children in unstable homes
- Adults with chronic conditions or caregiving duties
- Single parents
- Children in foster care
- Medically impaired seniors
- LGBTQIA youth
- Hispanic community
- Children in special education
- Children raised by grandparents

Locations

- Lake Tahoe area
- Ranchos
- Alpine County / Douglas
- Mound House
- Silver Springs

Barriers to Health Care and Mental Health Services

When focus group participants were asked about barriers to accessing both general health care and mental health services, several key challenges were identified, including the following.

Barriers to Health Care Services

- Cost-too expensive/can't pay
- Wait is too long
- Insurance not accepted
- Lack of trust in healthcare services and/or providers
- Hours of operation did not fit my schedule
- No doctor nearby
- Previous negative experience receiving care or services

Barriers to Mental Health Services

- Access & Availability
  - Includes long waitlists, limited provider availability, overwhelmed systems, and lack of local services.
- Financial Barriers
  - Covers cost of care, insurance issues, Medicaid limitations, and housing instability.
- Information & Awareness
  - Includes lack of awareness, difficulty navigating the system, and limited access to mental health education.
- Geographic & Transportation
  - Includes rural isolation, travel to distant cities, and transportation challenges.
- Cultural & Social Barriers
  - Includes stigma, emotional expression challenges, and trust issues.
- Language Barriers
  - Focuses on lack of Spanish-speaking clinicians and language accessibility.
- School & Youth Services
  - Includes under-resourced school counselors and limited youth-specific services.

Recommendations

Focus group participants were asked to identify resources, services, programs, initiatives, or partnerships that could address community needs. They suggested the following:

Improvement

- **Access & Availability**
    - Expand provider networks through partnerships or telehealth.
    - Invest in workforce development to train and retain mental health professionals.
    - Offer mobile clinics or pop-up services in underserved areas.
    - Streamline intake and referral processes to reduce waiting times.
- **Financial Barriers**
    - Provide sliding scale fees or financial assistance programs.
    - Help families navigate insurance and Medicaid enrollment.
    - Advocate policy changes to expand Medicaid coverage and reimbursement.
    - Partners with housing organizations address housing instability as part of care.
- **Information & Awareness**
    - Launch awareness campaigns using social media, schools, and community centers.
    - Create centralized resource hubs (websites, hotlines) for service navigation.
    - Offer workshops on mental health literacy for parents and youth.
    - Use peer navigators or community health workers to guide families

Engagement

- **Flexible Scheduling**
    - Action: Offer programs at varied times (evenings, weekends) and consider on-demand or virtual options.
- **Accessibility of Disabilities**

- Action: Ensure venues are ADA-compliant, provide assistive services (e.g., sign language interpreters), and design inclusive activities.

- **Cost Reduction**

    - Action: Introduce sliding scale fees, scholarships, or free community events.

Additional recommendations can be found in Appendix B.

Data Synthesis Results

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from focus groups, the community survey and secondary data findings identified the following areas of need.

Health Care Access Needs

- Health care access for special populations (lower income families, children, rural areas)
- Underinsured and uninsured
- Financial/Cost
- Wait time
- Transportation/Geographic locations

Mental Health Needs

- Access/Availability to mental health services
- Stigma and awareness
- Children/Youth mental health
- Education/Resources
- Financial/Cost

Prioritization

Following the collection and analyses of community health data, Carson Tahoe Health engaged key stakeholders, community partners, and internal leadership to prioritize the identified health needs. The prioritization process considered multiple factors, including the magnitude and severity of the issue, the population impacted, the level of community concern, and the availability of resources and partnerships to address the need. Each potential focus area was evaluated for its alignment with Carson Tahoe Health's mission, capacity for measurable impact, and opportunity for collaboration with other organizations.

Through facilitated discussions and ranking exercises, the most significant and actionable priorities were selected. These priorities serve as the foundation for the implementation plan, guiding efforts to improve health outcomes, enhance access to care, and address the root causes of health disparities across the Quad Counties.

Based on the analyses, the three domains shown below are the top-priority needs for the Quad-county region. CTH leadership recommendations for how to best focus on these domains within the organization's sphere of influence will follow in the upcoming action and implementation plan in early 2026.

Top Priority Health Needs

1. Mental Health

2. Access & Availability

Prioritized Health Needs

The following section provides a deeper look into each community's health needs to understand how secondary and primary data findings led to the health topic becoming a significant need. The two primary health needs are mental health and access to healthcare.

Mental Health

Primary Data

Mental health emerged as one of the most consistent and urgent themes throughout the Community Health Needs Assessment process. Across data analyses, surveys, and focus groups, community members repeatedly identified mental health as a top concern—especially for youth.

Mental health was a dominant theme in youth and parent focus groups, revealing both evolving attitudes and significant challenges. Youth described mental health as emotional well-being, self-awareness, and empathy—something that was once "unapproachable" but is now easier to discuss. As one participant shared, *"Mental health means like, are you OK? Are you proud to be yourself?"*

Key Influences on Mental Health

- *Positive outlets*: Sports and physical activity were seen as critical for stress relief and happiness.
- *Social media*: Mixed impact—uplifting at times, but often toxic, addictive, and isolating.
- *Academic pressure*: Grades and college expectations were major stressors.
- *Peer interactions*: Bullying and exclusion deeply affected self-esteem.

Barriers to Talking About Mental Health
Youth cited fear of judgment, stigma among peers, and generational gaps as reasons it's hard to open up. *"In my friend group, mental health is treated as a joke. That makes it hard to reach out,"* one youth explained.

Access Challenges
Cost, long waitlists, and limited school resources were common barriers. Families often lacked awareness of where to seek help, and some youth distrusted professionals, preferring authentic conversations.

Support Needs
Youth called for peer-based support groups, youth leadership councils, and more school-based services. They envisioned a centralized mental health facility offering

therapy, art, and music programs: *“A facility like a gym for mental health—with art therapy, music therapy, and real support.”*

Parents and caregivers emphasized that mental health is deeply tied to daily routines, emotional regulation, and social interactions, yet often misunderstood or stigmatized—especially across generations. Many expressed a desire to normalize conversations and build stronger support systems. Caregivers reported emotional exhaustion, isolation, and burnout, noting the mental strain of balancing responsibilities: *“It’s mentally draining—not enjoying being around family members.”*

Top Concerns for Children and Youth

- Substance use (alcohol, vaping, marijuana) and overuse of technology.
- Excessive screen time and social media exposure linked to mood swings and comparison.
- Lack of routine, poor sleep, and limited physical activity.
- Peer pressure, bullying, and trauma from major life events.
- Rising concerns about depression, self-harm, and suicide.

Community members emphasized the importance of expanding mental health resources that are accessible, affordable, and culturally responsive. Key recommendations included:

- School-based mental health centers provide early intervention and ongoing support.
- Youth and family-centered programming and peer support groups to foster connection and reduce stigma.
- Community events to normalize conversations about mental health and encourage help-seeking.
- Activities that connect with nature—such as walking, singing, and praying—seen as therapeutic and beneficial.

Secondary Data

Secondary data highlights key concerns within Mental Health (Mental Health and Mental Disorders) topic area across counties in Carson Tahoe’s service area. As Table 12 illustrated below, in Carson City, the most alarming indicator is the age-adjusted suicide death rate (all ages), which stands at 31.3 deaths per 100,000—more than double the Healthy People 2030 benchmark of 12.8, and significantly higher than both the Nevada average (19.6) and the national rate (13.9). Additionally, indicators such as poor mental

health days and depression prevalence exceed the threshold of 1.50, underscoring widespread mental health challenges.

TABLE 12: CARSON CITY

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	CARSON CITY	HP2030	NV	U.S.
2.47	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	31.3	12.8	19.6	13.9
1.67	Depression: Medicare Population	*percent*	15		13	17
1.64	Poor Mental Health: Average Number of Days	*days*	5.4		5.5	4.8

Similar patterns are observed in Douglas (Table 13) and Lyon (Table 14) Counties, where suicide death rates are also elevated at 32.9 and 27 deaths per 100,000, respectively. Across the entire service area, the average number of poor mental health days in the past 30 days mirrors the state average of 5.5 days but exceeds the national average of 4.8 days.

TABLE 13: DOUGLAS COUNTY

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	DOUGLAS COUNTY	HP2030	NV
2.47	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	32.9	12.8	19.6
1.92	Poor Mental Health: Average Number of Days	*days*	5.4		5.5
1.42	Mental Health Provider Rate	*providers/ 100,000 population*	159.2		250.6

Among all counties, Lyon County scores the lowest in the Mental Health and Mental Disorders category, with a score of 1.68. Additional indicators of concern (Table 14) include the age-adjusted death rate due to Alzheimer's disease and depression among the Medicare population, pointing to a need for increased support for older adults. Furthermore, Lyon County's mental health provider rate is notably low at 147.8 per 100,000, compared to 250.6 statewide and 313.9 nationally, indicating a shortage of mental health resources.

TABLE 14: LYON COUNTY

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	LYON COUNTY	HP2030	NV	U.S.

2.75	Age-Adjusted Death Rate due to Suicide	*deaths/ 100,000 population*	27	12.8	19.6	13.9
1.97	Poor Mental Health: Average Number of Days	*days*	5.6		5.5	4.8
1.72	Age-Adjusted Death Rate due to Alzheimer's Disease	*deaths/ 100,000 population*	28.2		24.7	31
1.69	Mental Health Provider Rate	*providers/ 100,000 population*	147.8		250.6	313.9
1.67	Depression: Medicare Population	*percent*	15		13	17
1.58	Adults Ever Diagnosed with Depression	*percent*	21.6			20.7

The data in table 15 shows that Storey County has a shortage of mental health providers, with only 167.9 per 100,000 population compared to 250.6 in Nevada and 313.9 nationally. While the county's rates of depression and dementia among the Medicare population are lower than U.S. averages, residents report slightly more poor mental health days than the national average, suggesting access to care may be a key challenge.

TABLE 15: STOREY COUNTY

SCORE	MENTAL HEALTH & MENTAL DISORDERS	UNITS	STOREY COUNTY	HP2030	NV	U.S.
1.85	Mental Health Provider Rate	*providers/ 100,000 population*	167.9		250.6	313.9
1.65	Poor Mental Health: Average Number of Days	*days*	5.5		5.5	4.8
0.97	Depression: Medicare Population	*percent*	13		13	17
0.88	Adults Ever Diagnosed with Depression	*percent*	19.7			20.7
0.71	Poor Mental Health: 14+ Days	*percent*	13.8			15.8
0.44	Alzheimer's Disease or Dementia: Medicare Population	*percent*	3		5	6

Mental Health Recommendations

- Increase funding for school counselors and psychologists to expand capacity.
- Integrate mental health education into school curricula to normalize conversations.
- Create safe spaces for youth to discuss mental health openly.
- Support youth-led initiatives that promote mental wellness.
- Offer workshops on mental health literacy for parents and youth.
- Train staff in cultural humility and trauma-informed care to improve quality and trust.
- Engage community leaders to reduce stigma and build trust.
- Develop culturally relevant outreach materials and programs.
- Use peer navigators or community health workers to guide families through mental health resources.

Access & Availability

Access and availability to healthcare remains a critical priority identified through the Community Health Needs Assessment. Community members consistently reported barriers such as cost, limited provider availability, long wait times, and transportation challenges—particularly in rural areas. These obstacles prevent timely care and contribute to health disparities across the service area. Addressing access issues through expanded provider networks, mobile services, financial assistance, and culturally responsive resources is essential to improving health outcomes and equity.

Primary Data

Key Influences on Access to Healthcare

Provider Availability

- Limited local providers and specialists, especially in rural and tribal areas.
- Few Medicaid-accepting providers and long waitlists for appointments.

Financial Barriers

- High cost of care for families not qualifying for aid.
- Insurance challenges, including Medicaid coverage and dual coverage issues.

Geographic and Transportation Challenges

- Distance to care facilities, particularly for rural communities.
- Lack of transportation options, reliance on others for rides.

Information and Awareness

- Families are often unaware of available resources or how to navigate the system.
- Need for centralized resource hubs and clear care pathways.

Cultural and Language Barriers

- Stigma and distrust in the system, especially in certain cultural groups.
- Lack of Spanish-speaking clinicians and translated materials.

System Navigation

- Exhaustion and discouragement from complex intake and referral processes.
- Need for community health navigators or caseworkers to guide families.

Barriers to Care

Parents cited financial constraints, long waitlists, and few Medicaid-accepting providers as major obstacles. Additional challenges included lack of Spanish-speaking clinicians, transportation issues in rural areas, and limited awareness of available resources. Cultural stigma and distrust in the system are further discouraged help-seeking.

Support Needs

Participants called for school-based mental health centers, affordable services, and mobile or transportation solutions for rural families. They highlighted the need for community health navigators, peer support groups, and more local providers. Suggestions included creating family-centered programs, offering childcare during appointments, and hosting community events to normalize mental health conversations.

Participants identified significant barriers to accessing mental health services, particularly in rural and underserved areas. Suggested solutions included:

- Transportation and mobile services to reach families in remote locations.
- Community health navigators or caseworkers to help families find and access services.
- More local providers, including mental health professionals and specialists.
- Affordable and convenient options, such as low-cost services and flexible online counseling.
- Childcare during appointments to reduce logistical challenges.
- Clear care pathways for parents and caregivers to understand available resources.

Communication

When survey respondents were asked about how they prefer to schedule their medical appointments, the majority of respondents prefer scheduling medical appointments by phone call (about 49%), followed by online scheduling through a website or patient portal (around 37%). A smaller proportion indicated a preference for mobile apps (approximately 9%), while walk-in scheduling, text message, and other methods were each chosen by less than 5% of respondents.

Availability

When survey respondents were asked what would make it easier for them to attend healthcare appointments, they indicated more local providers or clinics (about 54%), lower healthcare costs or better insurance coverage (around 47%), and greater evening/weekend appointment availability (approximately 43%). Additional suggestions included more telehealth options (about 18%), while culturally competent providers, better public transportation, and other factors were mentioned by less than 10%.

Access to Care Recommendations

- Expand provider networks through partnerships or telehealth.
- Invest in workforce development to train and retain mental health professionals.
- Offer mobile clinics or pop-up services in underserved areas.
- Streamline intake and referral processes to reduce waiting times.
- Provide sliding scale fees and financial assistance programs.
- Help families navigate insurance and Medicaid enrollment.
- Advocate policy changes to expand Medicaid coverage and reimbursement.
- Create centralized resource hubs (websites, hotlines) for service navigation.
- Provide transportation vouchers or ride-share partnerships.
- Offer virtual services to reduce travel needs.
- Coordinate care closer to home through satellite offices or school-based services.
- Hire bilingual clinicians and interpreters and translate materials into common languages.
- Partner with cultural organizations to improve outreach and trust.

Secondary Data

Secondary data analyses highlight gaps in health insurance coverage within Carson City compared to national and Healthy People 2030 benchmarks. Approximately 11.3% of adults in Carson City lack health insurance, slightly higher than the U.S. average of 10.8% and with a score of 2.08 indicating a need. While 85.8% of residents have insurance, this remains below the HP2030 goal of 92.4% (Table 16). These findings underscore persistent challenges in achieving universal coverage and ensuring equitable access to care, making healthcare access and a key priority for improvement.

TABLE 16: CARSON CITY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	CARSON CITY	HP2030	NV	U.S.
2.08	Adults without Health Insurance	*percent*	11.3	N/A	N/A	10.8
1.97	Persons with Health Insurance	*percent*	85.8	92.4	86.8	N/A

Douglas County's health care access is reflected in its primary care provider rate of 52.1 per 100,000 population, which is lower than both Nevada's average of 56.7 and the U.S. average of 74.9 (Table 17). This indicates a shortage of primary care providers compared to national standards, potentially impacting on timely access to preventive and routine care.

TABLE 17: DOUGLAS COUNTY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	DOUGLAS COUNTY	HP2030	NV	U.S.
2.08	Primary Care Provider Rate	*providers/ 100,000 population*	52.1	N/A	56.7	74.9

Lyon County faces significant challenges in provider availability. The dentist rate is only 19.5 per 100,000 population, far below Nevada (65.5) and U.S. (73.5) averages, signaling limited access to oral health services. Similarly, the primary care provider rate is 13.1, compared to 56.7 statewide and 74.9 nationally, and the non-physician primary care provider rate is 30.9, well under state and national benchmarks (Table 18). These gaps highlight critical shortages in both dental and primary care services.

TABLE 18: LYON COUNTY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	LYON COUNTY	HP2030	NV	U.S.
2.92	Dentist Rate	*dentists/ 100,000 population*	19.5		65.5	73.5
2.64	Primary Care Provider Rate	*providers/ 100,000 population*	13.1		56.7	74.9
2.36	Non-Physician Primary Care Provider Rate	*providers/ 100,000 population*	30.9		109.1	131.4

Storey County performs relatively well in insurance coverage, with 86.1% of residents insured, closely aligning with Nevada's average of 86.8% but still below the Healthy People 2030 target of 92.4% (Table 19).

TABLE 19: STOREY COUNTY

SCORE	HEALTH CARE ACCESS & QUALITY	UNITS	STOREY COUNTY	HP2030	NV	U.S.
2.56	Persons with Health Insurance	*percent*	86.1	92.4	86.8	N/A

Conclusion

The 2025 Community Health Needs Assessment highlights Carson Tahoe Health's commitment to understanding and addressing the most pressing health challenges in the Quad Counties. Through a comprehensive, data-driven approach and meaningful community engagement, this assessment identified mental health—particularly youth mental health—and access to healthcare as the region's most urgent needs.

These findings reflect both quantitative data and the lived experiences of residents, highlighting critical gaps in services and barriers to care. Moving forward, Carson Tahoe Health will use these insights to guide its 2026–2028 Implementation Strategy, focusing on collaborative efforts to expand mental health resources, improve healthcare accessibility, and reduce disparities. By prioritizing these areas, Carson Tahoe Health aims to strengthen community well-being and ensure equitable access to care for all residents.

Appendices Summary

The following support documents are shared on the Carson Tahoe Health website:

Appendix A: Secondary Data Methodology
Appendix B: Community Input Assessment Tools
Appendix C: Overall Findings and Themes (Survey and Focus Groups)
Appendix D: Community Resources