

JANUARY 1, 2015 - 2017

WASHOE COUNTY

Community Health Needs Assessment

Executive Summary



SPONSORED BY

WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

Renown[®]
HEALTH

With support from
Washoe County and Charles Schwab Bank

In collaboration with
Truckee Meadows Healthy Communities Initiative

CHNA Executive Summary

Summarizing the large quantity of work that has gone into this Community Health Needs Assessment (CHNA) is no small feat — the amount of data can be overwhelming. We nonetheless encourage you to take time to read the full report.

If, however, you read only one section of the report, we encourage you to read this Executive Summary. It looks beyond the charts and tables presented in the CHNA to the compelling human stories that give the data life and context — children in our community who don't have enough to eat, homeless veterans who have no shelter, and families with health needs and little understanding of how to access the care they need.

This summary highlights these and other critical health issues specific to Washoe County.

The findings are organized into these broad categories:

- Health outcomes, health behaviors and historic trends.
- Demographic and socioeconomic overview with comments on key populations.
 - Seniors
 - Hispanics
 - Children
- Access to health care.
- Health care disparities.
- Education.

The hope is that this CHNA will serve as a resource to explore and improve the health of our community. The narrative and more than a dozen other reference documents are available on the Renown Health website at www.renown.org, and on the Washoe County Health District site at washoecounty.us/health.

By working together, we can and will make a difference in the health of the Truckee Meadows.

Phyllis Freyer
Vice President
Renown Health

Kevin Dick
Health Officer
Washoe County Health District



Health outcomes, health behaviors and historic trends

Health outcomes

The top three causes of death in Washoe County are heart disease, cancer and chronic lower respiratory disease respectively. This trend holds true for Nevada and the United States. Washoe County rates, however, are higher, which means residents in our community die more often from those diseases than the average person in Nevada and the United States. The economic impact of these diseases is significant — communities and families must shoulder the resulting increase in medical costs, reduced productivity, and lower quality of life.

Health behaviors

- As of 2013, less than a third of adults in Washoe County meet daily physical activity recommendations, which mirrors the national trend. The majority of adults in Washoe County are overweight or obese.
- Washoe County has higher rates of alcohol consumption than Nevada and the rest of the nation.
- In 2012, about 15% of Washoe County's population was considered to have inadequate food each day. This translates to about 60,000 persons per day who need food support. The proportion of the population enrolled in SNAP (formerly known as the food stamp program) has increased since 2008. According to a 2012 national study, the majority of food distribution sites in Washoe County experienced a year-over-year increase in clients. A third of those distribution sites did not have enough food to meet demands.
- In 2010, Washoe County residents reported undergoing preventive cancer screenings for cervical and colorectal cancers more often than residents of Nevada and the United States. Reported rates of breast cancer screenings were lower among adult females than national rates. In 2011, rates for newly diagnosed cervical and colorectal cancers were lower in Washoe County than the United States, while rates of diagnosed breast and prostate cancers were higher.
- Adults in Washoe County have a much higher suicide rate (22.3 per 100,000 population) than both Nevada and the United States. Washoe County males reported higher rates than females at nearly 40 per 100,000 population.



Historic trends

A county health summary written a decade ago would have had a much greater emphasis on smoking and teenage pregnancy. Although work in these areas remains, our community focus on teen smoking and pregnancy has improved overall health.



The following story about a local woman illustrates the physical, emotional and financial impact that so often results from health issues.

At age 36, Reno resident Christina Goyette was on top of the world — making great money, in the best shape of her life, and enjoying dirt biking and water sports with her new boat.

On April 17, 2013, after a regular day at work and the gym, her former boyfriend, a Reno firefighter, found her non-responsive at home and knew immediately to call 911. Christina had a stroke, which left her paralyzed for eight weeks.

Undaunted, she has worked relentlessly to regain 90 percent of her physical function so far.

Christina lifts weights every day at the gym determined to gain full dexterity of her left side. And at home she is learning to type again — a skill to help her get back in the work force full time.

Overcoming physical limitations is only one part of Christina's recovery — the stroke dramatically affected her finances. She couldn't function at her lucrative job and found herself unemployed. Even with health insurance, she has drained her savings and is burdened with outstanding debt due to medical expenses. Christina managed to work a seasonal job this summer to make ends meet, but continues to diligently apply for full-time employment.

"My goal is to find another great job and to fill that part of my self-worth that I'm missing right now. I'm working continually on my left arm and just trying to give 110%.

"A self-proclaimed fighter from the Midwest, Christina is not slowing down. "I know I will be back. I'll be on top of the world again."



Demographic and Socioeconomic Trends

An analysis of county wage data shows that the majority of workers in Washoe County earn less than the median wage of \$16 an hour. Because there is such a strong link between poverty and health, increasing this median wage is essential to having healthy citizens and a thriving community.

Washoe County has had tremendous population growth over the past few decades. During the recent recession, the county, along with the rest of Nevada, experienced high unemployment. The economy now is showing signs of recovery, and thanks to successful economic development initiatives at the state and regional levels, the outlook for the future is encouraging. Going forward the economy is likely to experience growth much faster than originally expected—stemming from industries such as advanced manufacturing and robotics whose average wage is much higher than the service industries Washoe County has historically relied upon.

With the announcement of the new Tesla factory and the UAV (unmanned aerial vehicles) designation by the federal government, there may be significantly more high-paying jobs available in Washoe County over the next five years — such that meeting labor requirements may prove a challenge. At this time, it is unclear how this rapid growth will impact low- and moderate-income populations.


When looking at the county's social and demographic trends, a few specific populations stand out and deserve our attention: children, seniors and Hispanics/Latinos. The CHNA doesn't break out the data according to these populations, but all of the information presented here about these groups comes from the report itself or the data contained in the attachments.



Children

Children deserve to live in communities that provide social and academic support and opportunities to develop healthy habits. Ultimately, the experiences of young people in our community will have a huge impact on the future health of Washoe County. We've seen progress toward a healthier community for our children — immunization rates and high school graduation rates have increased. However, there is still room for improvement.

- Even with recent improvements only 61% of toddlers receive recommended vaccinations — more than 10% below national levels.
- More than 26,000 children in Washoe County are food insecure. This means that 1 out of 4 children in Washoe County regularly deal with hunger and often rely on cheap and unhealthy food.
- More than 2,500 students in Washoe County School District experienced homelessness last year. Three hundred lived on their own — either couch surfing or on the street.
- A third of the children in our community are growing up in the four highest-need zip codes. These areas have increased poverty rates, lack of affordable housing, educational barriers, and little access to affordable healthcare. Even families with Medicaid experience difficulty finding physicians who accept the coverage.
- Washoe County's teen attempted suicide rate is well above the national average — in 2013 21% of high schoolers considered suicide, and 14% attempted suicide. A critical shortage of mental health professionals means these young people don't have access to the care they need.
- Education levels tie to income levels and our K-12 education system is chronically under-resourced. Children who are English Language Learners (ELL) have particular difficulty succeeding in our schools.
- There is a significant issue with dental services for children, and although it is not illustrated in the CHNA, it was repeated by numerous non-profit leaders serving children.



**61% of children,
19-35 months old,
are receiving
recommended
doses of vaccine,
compared to 72%
nationally**



**More than 2,500
youth
experienced
homelessness
last year. 300
lived on the
streets**



**19% of the
children in our
community live in
poverty and
26,000 are food
insecure**

There can be no keener
revelation of a society's soul than
the way in which it treats its
children.

Nelson Mandela



Seniors

In 2010 there were 76,000 people over the age of 60, in 2020 there are projected to be around 100,000 and by 2030 130,000. Why is this significant? Because today seniors over 65 represent about 12 to 13% of the population but they comprise more than 40% of hospitalizations. As the numbers of seniors grow, health care needs increase dramatically. Given that seniors need social services and other support, their growth in number demands attention and careful planning.

Some of the concerns particular to elders in our community include social isolation, the ability to age in place, and a lack of transportation services and affordable housing. These issues especially impact low-income seniors and those over the age of 80.



Seniors face a myriad of other challenges:

- One out of four seniors has difficulty with daily functions such as lifting and carrying heavy items, climbing stairs, or walking a quarter mile.
- More than 20,000 seniors are socially isolated, particularly low-income seniors and those over the age of 80. Dementia and other aging issues can be exacerbated by isolation.
- More than 25% of seniors currently experience poor health and a reduced quality of life.
- More than 21,000 seniors have unaffordable housing costs.
- The number of adults aged 65+ who report having received an annual flu shot is lower than rates for Nevada and the U.S. However, Washoe County pneumonia vaccination rates among that same group — 74.1% — exceed those of Nevada and the U.S.
- There are provider access issues for persons on Medicare, but they are not as pronounced as the access issues with Medicaid.
- Affordable oral health care for adults and particularly seniors is a serious issue that further exacerbates chronic diseases.



Hispanics

Every year, Washoe County becomes a more diverse community. The Hispanic community in particular continues to grow rapidly and now represents nearly 25% of the overall population. And although we all benefit from the Hispanic community's rich and diverse cultural heritage, now more than ever, there are significant socioeconomic factors to consider in relation to the Hispanic population. These findings provide a more inclusive picture of health in Washoe County.



- The Hispanic population is concentrated in high-need zip codes in Reno and Sparks (89502, 89512, and 89433) where there are increased poverty rates, lack of affordable housing, educational barriers, and little access to affordable healthcare.
- Only 53% of all Hispanics in Washoe County have a high school diploma, compared to 86% of all Washoe County residents. Higher education levels correlate with better health status.
- In 2013, just over half of Hispanic adults reported having some kind of healthcare coverage or a personal healthcare provider. Many more people are now covered by Medicaid under the Affordable Care Act (ACA), but many in our community still lack insurance.
- This lack of coverage is likely a contributing factor to the fact that in Nevada, 40% of Hispanic women over 40 have not had a clinical breast exam in more than 5 years.

Hispanics, when compared to Washoe County overall:

Socio-economic factors

- Have lower levels of education.
- Have a 10% lower HS graduation rate.
- Have a lower per capita income compared to non-Hispanics.
- Have a 10% higher poverty rate.
- Are less likely to have health coverage (-25%).
- Are less likely to have a healthcare provider (-17%).

Health outcomes

- Are 10% more likely to be overweight or obese.
- Have a higher alcohol use in high school (+4%).
- Are less likely to perceive themselves as healthy (-20%).



Access to Healthcare

Health care access can mean many things. Here are some of the primary concerns in our community:

- Acute shortage of primary and specialty physicians accepting the growing Medicaid population
- Acute shortage of mental health providers
- Health care literacy and general navigation issues when accessing health care and other services.
- Acute shortage of affordable dental services for low and moderate income persons that leads to numerous health complications.

Acute shortage of primary and specialty physicians accepting the growing Medicaid population

As of late 2014, 1 in 5 residents in Washoe County were enrolled in Medicaid. Despite the increase in healthcare coverage, the number of physicians accepting Medicaid doesn't meet the needs of the population. This trend was repeatedly reported as we researched even though hard, substantial data is difficult to come by. Many of those interviewed as part of the CHNA data collection effort expressed how challenging it is to find a provider who accepts Medicaid. Even if Medicaid patients know where to go for care, they experience long delays in scheduling an appointment. Physician shortages exist, but there is also a reimbursement component that complicates the issue. Based on the perceived inadequate reimbursement, many physicians are accepting Medicaid patients in the hospital as required by hospital bylaws, but do not accept patients in their private practices. This is an issue in both primary and specialty care.

One-third of Washoe County's population lives in a primary provider shortage area. Also, one-third of residents live in a dental provider shortage area. The shortage of physicians available to see Medicaid patients is not confined to primary care — the shortage presents across all specialties.

The parent survey conducted by the Washoe County School District for the school-based clinic project found significant issues with healthcare access among parents and students in the Wooster "vertical." (The Wooster vertical includes Wooster High School as well as the elementary and middle schools that feed into it)



Acute shortage of mental health providers

Perhaps the most serious medical specialty shortage in our region relates to the significant lack of mental health providers. According to a recent report, we would need to double the number of providers in Nevada to be near the average number of providers available nationwide. There are simply not enough psychiatrists, psychologists, clinical social workers or therapists to treat those in need. Additionally, most counties surrounding Washoe, including those in Northern California and Southern Oregon, are also federally defined mental health shortage areas. So the practitioners in Reno are also overburdened with residents of rural surrounding areas seeking care in Washoe County.

Exacerbating the shortage is the fact that since 2008 Washoe County reports higher rates of suicide than both Nevada and the United States, and that rate increased over the past year. In 2011, approximately 61% of male detainees in the Washoe County jail had a history of mental illness. Of those served in mental health court in Washoe County:

- Nearly 65% were homeless.
- 85% had a co-occurring disorder of substance abuse.

Unfortunately, our community mental health concerns also translate to our youth:

- Washoe County high school students reported having felt sad/hopeless more often than youth across the rest of the nation.
- In 2013, approximately 14% of Washoe County high school students reported they had attempted suicide, which is nearly double national rates.

Healthcare navigation issues when accessing healthcare and other services

A common thread throughout the CHNA was the concept of literacy — or understanding how to navigate to needed services. Even when there are resources available to those in need, many may not know where they are, who to ask or how to best access them. The issue of finding what you need extends beyond health care to numerous other community support services. The system of care we have created as a community is difficult for our neighbors to navigate. On top of a complicated system of care, some low income families and seniors deal with critical transportation issues. The options for public transportation vary significantly depending on where you live in the region.

“One of our biggest challenges is providing mental health needs for kids in our community. We recently had a young patient who experienced a psychotic break in his home, creating an unsafe environment for the rest of his family. His mother made many phone calls trying to find help and was unsuccessful so she brought the child to the emergency room. I can only imagine what it is like for this family, to have a child in such desperate need and not be able to find care in such a stressful and serious situation.”

- Hospital nurse describing a recent incident



Meet Jerry

Jerry is a 55-year-old African American male who is HIV and Hepatitis-C (HCV) positive. Jerry has suffered from HIV for about 15 years and was diagnosed with HCV about 7 years ago. Jerry is intermittently housed, spending a majority of the year living on the streets and sometimes scraping up enough money to stay in a motel room. Jerry receives Social Security Disability Insurance (SSDI), but his \$660-per-month checks are not enough for him to afford permanent housing. Jerry often uses substances to cope with untreated mental health issues and therefore is not considered "appropriate" for HCV treatment. Jerry is not adherent to his HIV meds due to a variety of factors including difficulty storing his medications and difficulty remembering to take his medications — both of which are related to his housing and mental health status. Jerry does not have transportation or a phone and as a result often misses appointments with his provider. Jerry does have Medicaid that pays for his medical visits and medications. For the last year, however, when Jerry attempts to fill his prescriptions the insurance provider denies the claim requesting that the provider prescribe a different medication regimen.

About six months ago, Jerry was admitted to the hospital with an HIV related infection. A provider told him that he would not recover and should prepare to enter hospice. Jerry can be stubborn and stated that he was not ready to die, that he wanted to be put back on his HIV medications. Reluctantly the provider put him back on his meds and Jerry was discharged from the hospital within 24 hours, back to the streets where the cycle began all over again. He would attempt to take his medications for a while, and then his mental health and substance use would impact his ability once again. Jerry disappears often, with his case manager unable to track him down.

Jerry's story is not uncommon among low-income and homeless residents in Washoe County. Many individuals have untreated mental health and/or substance use issues that impact their ability to effectively engage in their healthcare treatment. The barriers that individuals like Jerry experience include lack of affordable housing, insurance and co-pays, and no access to transportation. These challenges impact Jerry's ability make it to doctor appointments, stay on his medication and willingly engage in mental health treatment. They also reinforce his need for substance use as a way to cope.



Disparities based on geography

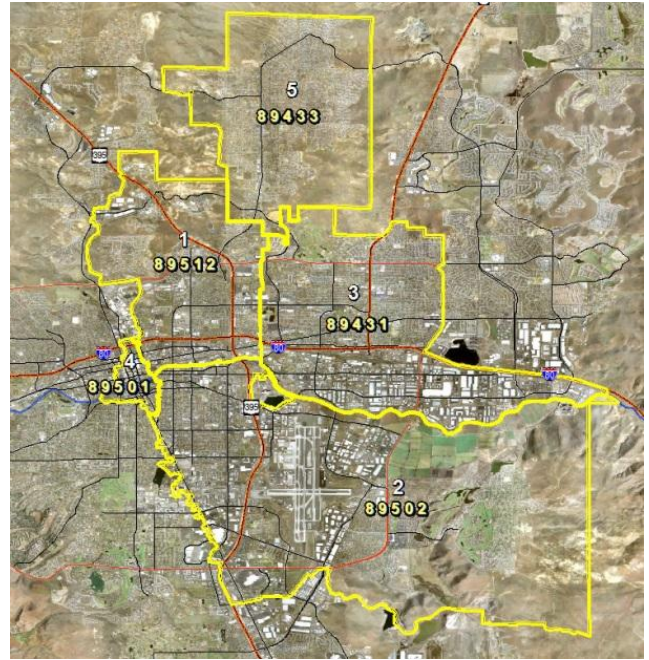
Areas with Higher Needs

Five Washoe County ZIP codes have the greatest needs. Like other urban areas, the majority of these high-needs neighborhoods are located in the inner city, downtown areas.

- Approximately 30% of the county's population lives in these five ZIP codes. However, these residents disproportionately represent 42% of hospital inpatient visits and 54% of emergency room visits.
- All five ZIP codes have higher mortality rates for cancer, COPD and accidents than overall rates for Washoe County.

Residents of these ZIP codes:

- are more likely to be of a minority race/ethnicity.
- have limited English proficiency.
- have lower educational levels.
- have lower median annual earnings.
- have higher unemployment rates.
- have higher rates of poverty.
- are much more likely to rent their home.



Socioeconomic factors have a direct effect on health and health outcomes. Those who live in ZIP codes where there are lower levels of education and higher rates of poverty also experience higher rates of hospitalization and death. The Community Needs Index* (CNI) summary chart below is not in the body of the report because the data are slightly dated, but it's still useful to explain the health issues affecting these five ZIP codes.

Red indicates higher than Washoe County average for specified indicator (2008-2010)											
		Hospitalization Rates, cases per 10,000 (age-adjusted)				Mortality Rates, cases per 10,000					
Average CNI	ZIP Code	Asthma	COPD	Hypertension	Stroke	Heart Disease	Cancer	COPD	Accidents	Total Mortality Rates	Infant Death Rates
5.0	89512	75.5	197.2	390.9	22.8	20.3	18.6	7.2	6.3	84.1	12.4
4.7	89502	59	165.1	337.7	44.8	22.3	18.2	5.8	5.4	85.5	7.3
4.5	89431	63.6	161.6	338.9	65.1	21.9	18.9	6.1	4.7	90.1	9.9
4.2	89501	96.3	345.1	563.9	60.7	36.8	25.1	5.5	7.8	141.1	N/A
3.9	89433	56	191.8	320.2	58.4	14.9	17	5.9	4	65.2	12.5
	County avg	49.3	115.1	272.5	46.6	17.6	16.9	4.7	3.9	73.5	6.8

Source: Packham et al (2013). Northern Nevada Community Health Needs Assessment

*The CNI identifies the severity of health disparity for every zip code in the United States and demonstrates the link between community need, access to care, and preventable ZIP. The ability to pinpoint neighborhoods with significant barriers to health care access is an important advancement for public health advocates and care providers. Because the CNI considers multiple factors that limit health care access, the tool may be more accurate than other existing needs-assessment methods.

- From the Dignity Health Website.



The Importance of Education: Impact on Other Socioeconomic Factors

There is a relationship between health and education.

The Washoe County high school graduation rate reached a high of 73% in 2014, but still needs improvement—especially among certain subgroups. African Americans, Native Americans, Hispanics and English Language Learners (ELL) and students with disabilities have among the lowest graduation rates in Washoe County. These students represent a growing population within the Washoe County School District, and the two facts combined deserve our attention. If as a community we can help to improve graduation rates in our schools, our citizens have a great chance to get better jobs and a more promising future. Higher education levels are correlated with better health status of the population.

It is also important to point out how critical parental involvement is to student success. The engagement of parents is something that varies from school to school throughout the district.

Compared to people who have had some college, college graduates in Washoe County reported:

- better perceived general health status.
- fewer poor mental health days.
- less likely to be overweight or obese.
- less likely to smoke cigarettes.
- less likely to be unemployed.
- more likely to be insured.
- have higher rates of immunization.
- earn a higher annual income.

Similarly, persons who have had some college are better off compared to those who have not graduated from high school or earned a GED.



Concluding Statements

This Executive Summary highlights numerous health improvement opportunities for Washoe County. It is not intended to be an exhaustive list, and many important health and social needs do not appear in this summary but are available in the full CHNA. This Executive Summary identifies health issues that are most important based on the number of individuals, the seriousness of the impact on quality of life or a combination of both. Following are the pressing issues we are facing in terms of overall community health:

Healthy behaviors: Washoe County citizens suffer from debilitating chronic medical conditions such as type II diabetes, heart disease, chronic stress, depression, obesity and cancers. In fact, these conditions contribute to the top causes of death in our community and in communities around the nation. If we are to move upstream and impact the future incidence of these diseases, we need to collaborate regarding healthy behaviors, including:

- Adequate physical exercise.
- A nutritious and balanced diet.
 - Access to healthy food remains an issue in some low-income populations.
 - There is perceived (or real) higher cost of healthy food.
 - There are still many citizens, children and adults, who do not know where their next meal will come from.

Healthcare access: A local shortage of willing providers coupled with the inability for many residents to understand and navigate our complex system of delivering healthcare highlight the need for:

- Medicaid providers — particularly primary care but specialty care, too.
- Mental health services for adults and children.
- Navigation/coordination assistance.
 - Assistance with navigating services beyond health care is also an identified need.
 - Transportation to access healthcare and other services is also a need in the community.

Preventive care and early detection:

- Child and senior adult immunizations — adult flu and childhood immunizations are below national benchmarks.
- Routine cancer screenings with attention to breast exams for low-income women.
- Dental services and care for children and seniors.



Focus on three populations: Three populations within the county deserve focused attention.

- **Senior citizens**, as a percentage of the population, are growing rapidly as baby boomers age. In addition, seniors disproportionately require more health care. This is already increasing demand on overtaxed healthcare delivery and social services networks.
- **Children** have special health issues that also need laser focus. Many of the needs of children in our community tie directly to their social circumstances. Both health and social issues can and often do carry over into adulthood. If we want to impact our future as a community, we need to pay special attention to the needs of our children.
 - There is so much that could be written about the education system and its importance to community health. Credit should be given to the Washoe County School District for what has already been accomplished to improve graduation rates. However, we must continue to support the schools in their efforts to improve graduation rates especially with growing ELL groups.
- Our fast-growing **Hispanic/Latino** community also requires special focus given the poorer overall health outcomes of this group. Attention to social determinants of health is critical in improving outcomes with this group.

Geographic areas of need: While we have pockets throughout the county where our health outcomes are less than optimal, we would be remiss if we did not call out the five contiguous ZIP codes that straddle both Reno and Sparks — 89501, 89502, 89512, 89431, 89433. The CNI data presented earlier makes a strong case for inner city interventions.

If the CHNA shows nothing else, it brings clarity to the fact that education, income and living conditions are among many factors that contribute to the health and vibrancy of our community. Addressing the complex social and health issues will require a cross-sector collaboration of organizations and agencies with different strengths, missions and capacities. Our mutual efforts will need to be coordinated and complementary in order to make a difference.

As a next step, the Washoe County Health District will engage the community in the development of a Community Health Improvement Plan. Similarly, Renown Health will participate with the Health District in their efforts and use the CHNA to identify projects as part of its Community Benefit Planning. The implementation of both of these plans will be tracked and evaluated, and progress toward goals will be transparent. In addition, both organizations will be helping and supporting a pilot cross-sector project in the 89502 ZIP code that is a result of the Healthy Communities Conference.

In three years, the Health District and Renown intend to conduct an update to Community Health Needs Assessment to highlight the progress made for our community health priorities and explore where we have not been able to move the needle.

We want to close by saying we hope you will get involved in the 89502 collaborative community project and the Washoe County Health District's Community Health Improvement Plan (CHIP). Join us in the effort to improve health and offer the best possible future for the children of Washoe County. Thank you in advance for your involvement and engagement in the process.

