WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

2023 Washoe County Chronic Disease & Injury Prevention

Data Report

A summary report of chronic health conditions and primary risk factors

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About the Chronic Disease & Injury Prevention Program

The Chronic Disease and Injury Prevention Program (CDIP) is within the Clinical and Community Health Services Division of the Washoe County Health District (WCHD) and seeks to empower Washoe County citizens to adopt and maintain safe and healthy lifestyles.

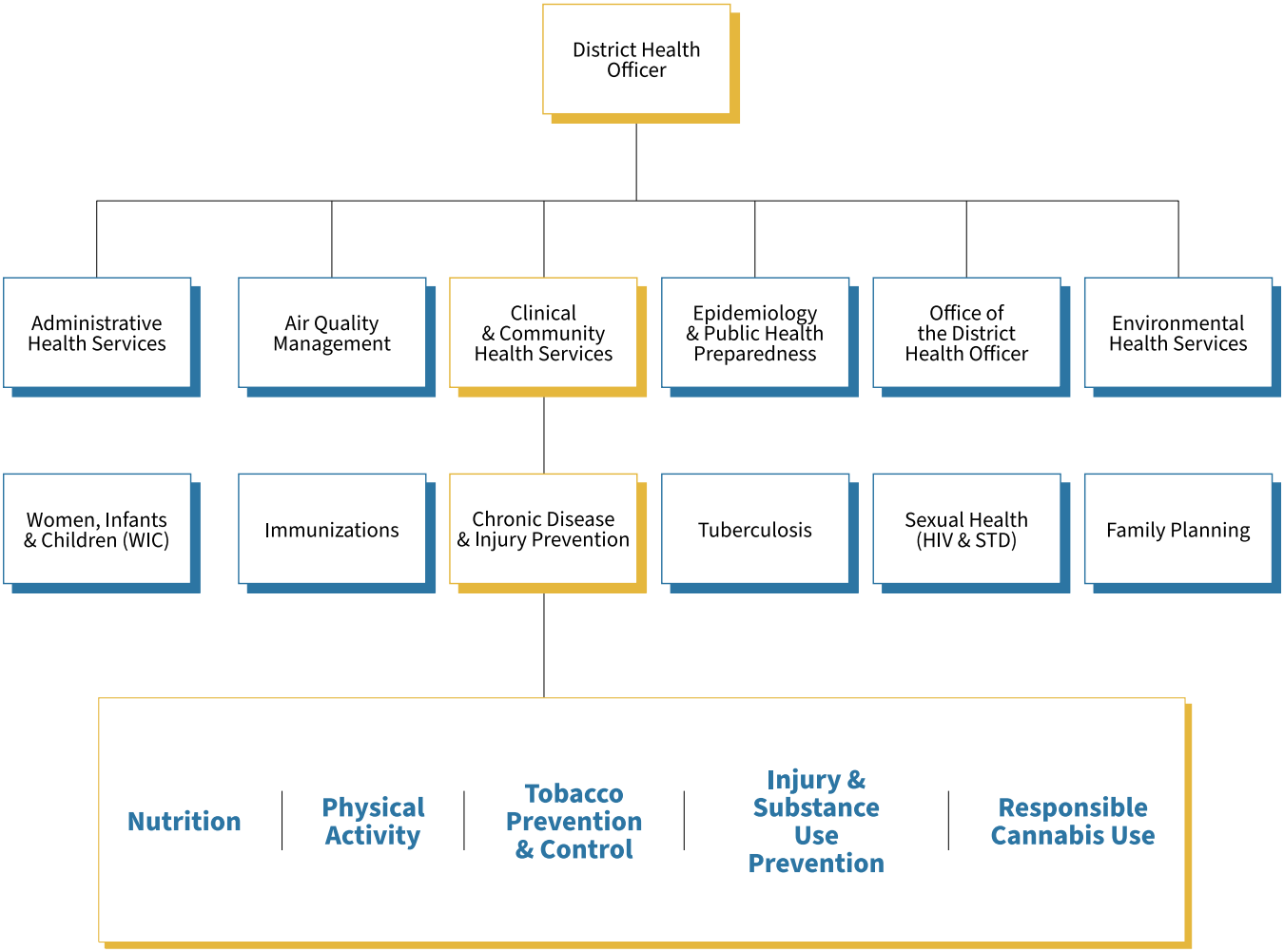
The CDIP focuses on the modifiable risk factors of tobacco use and exposure, lack of physical activity, and poor nutrition. In recent years, the focus has been expanded to include:

- Injury prevention which includes aspects of intentional injury (e.g., suicide), unintentional injuries (e.g., senior falls) and substance use/overdose prevention, and
- Responsible cannabis use, including eliminating secondhand cannabis smoke exposure.

These risk factors impact the leading causes of death in Washoe County and by addressing these risks the CDIP strives to reduce illnesses and premature deaths in Washoe County and improve quality of life for those who live, work, and visit our community. To ensure resources are being used effectively and the community is benefiting from program efforts, the CDIP regularly assesses and evaluates activities and explores new opportunities.

Public health research has shown policy, systems, and environmental (PSE) changes can have the largest impact on improving population health, so the CDIP focuses on PSE rather than individual behavior change strategies. Following the Centers for Disease Control and Prevention (CDC) approach for chronic disease prevention and health promotion, the CDIP strives to achieve health equity within program efforts by identifying health disparities and using approaches intended to reduce those disparities.

Washoe County Health District Organizational Chart



Note from the District Health Officer

Dear residents of Reno, Sparks and Washoe County,

Chronic diseases have been a major health concern not just for our community, but for communities across the United States. These diseases affect people of all ages and backgrounds and result in death and decreased quality of life. During the COVID-19 pandemic, we've seen additional impacts to individuals with chronic disease(s), as they are more likely to get severely ill if infected with COVID-19.

While modern medicine helps to extend the lives of those with chronic diseases, they can be more vulnerable to other co-occurring illnesses. Beyond the health impacts to individuals, chronic diseases continue to account for a significant portion of our nation's healthcare costs and have rippling effects on the workplace and families.

In our efforts to reduce the impact of chronic diseases in our community, the Health District's Chronic Disease and Injury Prevention Program (CDIP) focuses on encouraging healthy behaviors while reducing unhealthy ones. Examples include, improving access to healthy foods, promoting physical environments that are safe and welcoming for physical activity, and educating and advocating for environments that are free from secondhand tobacco smoke.

As you review the data in the 2022 Chronic Disease and Injury Prevention Data Report, please note the portions highlighting health disparities. For years, public health has recognized that health disparities exist and has been working on programs and systematic changes to address them. COVID-19 reminded us, once again, that our community has not overcome the barriers that contribute to health disparities. Certain populations experienced a greater burden of health impacts due to COVID-19 and its societal impacts, including loss of work, schools and childcare closures. We have much to do to reduce health disparities, and as more data and information becomes available, it is increasingly important to act.

The intent of this report is to provide a summary of Washoe County chronic diseases and injuries and their risk factors, and to serve as a source of currently available data. I hope it provides healthcare providers, public health professionals, students and other interested parties with data they can use in their work to improve the health of Washoe County residents. Thank you for taking the time to read this report.

Kevin Dick, Washoe County District Health Officer

Understanding Chronic Disease and Injury

Disease and Injury causes premature death

A chronic disease is a long-lasting illness that can generally be controlled by medical intervention, but not cured completely. Examples of common chronic diseases include heart and lung disease, cancer, and diabetes. Injury prevention refers to dedicated programs that reduce the risk of preventable injuries and death, including falls, roadway accidents, suicide, and drug-related overdoses. Many chronic diseases and injuries are linked to the impacts of social determinants of health, the conditions in the environments where people are born, live, learn, work, play, worship, and age. Chronic diseases and injuries remain the leading causes of premature death and disability in the United States.

Changing behavior will save lives

According to the Centers for Disease Control and Prevention (CDC), chronic diseases are among the most common, costly, and preventable of all health problems in the United States, and yet many are preventable. It's possible to reduce the occurrence, severity and consequences of chronic diseases and preventable injuries by increasing access to nutritious foods, boosting physical activity, avoiding tobacco and excessive alcohol consumption, improving physical surroundings, and developing more strategic behavioral health and public policies. In many cases, these changes can also help prevent additional complications for individuals already living with a chronic disease.

Follow the data to develop solutions

The 2022 Washoe County Chronic Disease Data Report is a compilation of data on chronic diseases and injuries with their leading health indicators. The data presented is the most current and available information about chronic disease and their risk factors for Washoe County, Nevada, and the United States. Data for the report comes from both surveillance and behavioral self-reporting sources. Therefore, some limitations to the data exist. For more details about limitations of the data please refer to the Technical Notes section.

With these limitations in mind, the data contained in this report is valuable in a variety of ways. Analysis of specific chronic diseases by demographic variables such as gender, age, or ethnicity is useful for identifying segments of the population that may be at greater risk of disease and experiencing health disparities. Such information allows public health programs to focus prevention measures to achieve maximum impact. In addition, analysis of surveillance and trend data can aid in determining priorities for disease and injury prevention efforts. This enables direct resources to be focused on those diseases taking the greatest toll on residents in a community.

Technical Notes

Please use the following reference when reviewing data in the report

Population Rates

- Age-adjusted rates in this report are adjusted to the 2020 U.S. standard population and are per 100,000 population
- Birth rates in this report are per 1,000 population
- Crude mortality rates in this report are per 100,000 population
- Years of potential life lost (YPLL) rate is the total number of years of potential life lost per 100,000 population

Sources of Data

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest telephone health survey conducted annually in the U.S. The BRFSS asks adults questions regarding risk behaviors, chronic health conditions, and use of preventive screening and immunization services.

Nevada Department of Health and Human Services The Nevada Department of Health and Human Services (DHHS) Office of Analytics provided data reports on regional and statewide injury and mortality incidence and rates of drug-related poisoning/overdoses, suicides, and assault. In addition, the DHHS Nevada Suicide Dashboard allowed for regional and statewide surveillance statistics on suicide deaths used in this report. The DHHS – Division of Public and Behavioral Health (DPBH) Public Health Preparedness Program provided the Annual Trauma Registry report and trauma data from the Nevada Trauma Registry (NTR) system.

Nevada Division of Public and Behavioral Health

The Nevada Office of Public Health Informatics and Epidemiology operates under the Nevada Division of Public and Behavioral Health (DPBH) and is largely in charge of investigations, data collection, and the compiling of statistics related to the following areas: communicable and infectious diseases; sexually transmitted diseases; Behavioral Risk Factor Surveillance System, Youth Risk Behavioral Surveillance System, and more. In addition, the DPBH administered Nevada Overdose Data to Action Program (OD2A) provided comprehensive surveillance data on regional and statewide drug prescription and drug overdose rates, trends.

Nevada Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) is administered to middle and high school students on odd years in every state across the nation. The YRBSS provides an estimated prevalence of risk behaviors and protective factors among adolescents. The survey is voluntary, and results include self-reported responses to questions related to the following areas: violence and violent behaviors; physical activity, nutrition, and obesity; substance use; sexual health behaviors; and home and family environment.

Race and Ethnicity Categories

Data comes from various sources and therefore the race and ethnicity categories presented may vary in the report.

US Centers for Disease Control and Prevention, WISQARS™

The CDC WISQARS™ Web-based Injury Statistics Query and Reporting System is a source of fatal and nonfatal injury, violent death, and cost of injury data in Nevada and the U.S.

Washoe County Regional Medical Examiner's Office

The Washoe County Regional Medical Examiner's Office publishes regional drug-related overdose death incidence data.

Zero Fatalities

The Nevada Departments of Public Safety and Transportation - Zero Fatalities program provided reports and data on regional and statewide traffic crashes and fatalities.

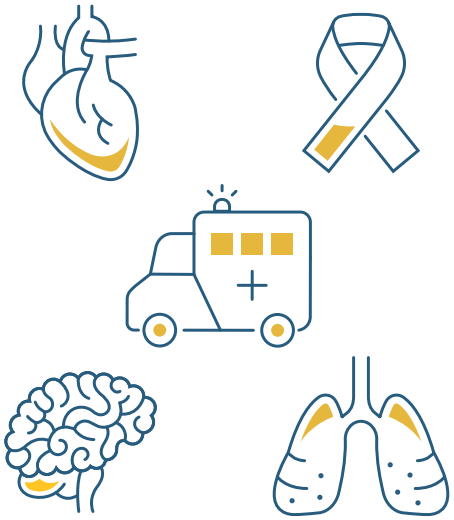
Overview of Chronic Disease in Washoe County

Age-Adjusted Mortality Rates per 100,000 Population for the Leading Causes of Death Among Washoe County and Nevada Residents, 2018 – 2020

Cause of Death	Washoe 2018	Washoe 2019	Washoe 2020	Nevada 2018	Nevada 2019	Nevada 2020	2020 Rank W/N
Diseases of the heart	193.75	200.92	192.71	211.72	208.68	196.29	1/1
Malignant neoplasms	142.67	141.34	148.69	159.47	150.36	150.61	2/2
Accidents	52.68	62.14	67.23	45.81	52.16	46.32	3/4
Cerebrovascular diseases (stroke)	40.72	48.79	56.09	40.65	41.87	37.36	4/5
Chronic lower respiratory diseases	41.91	52.84	45.08	50.91	47.53	51.32	5/3
Diabetes mellitus	18.97	23.56	23.57	24.68	25.03	19.80	6/8
Intentional self-harm (suicide)	15.97	23.29	20.19	20.49	20.22	20.32	7/7
Chronic liver disease and cirrhosis	15.84	16.17	17.84	14.12	15.28	13.58	8/10
Alzheimer's disease	20.96	16.00	17.44	23.16	29.41	24.46	9/6
Essential hypertensive renal disease	11.01	9.49	11.33	11.25	10.79	11.30	10/11
Influenza and pneumonia	16.71	14.70	11.00	14.16	13.84	16.21	11/9
Nephritis, nephrotic syndrome and nephrosis	9.61	8.53	10.38	9.25	9.21	9.00	12/12
Assault (Homicide) & Legal Intervention	4.03	5.91	6.42	6.00	7.53	7.90	13/13
Septicemia	8.91	10.47	8.78	6.31	5.72	6.32	14/14
Atherosclerosis	15.04	0.25	0.44	0.90	0.66	3.41	15

Data Source: Vital Statistics –Death Certificates.

Age-Adjusted Mortality Rates per 100,000 Population for the Leading Causes of Death Among Washoe County and Nevada Residents, 2018 – 2020 cont.

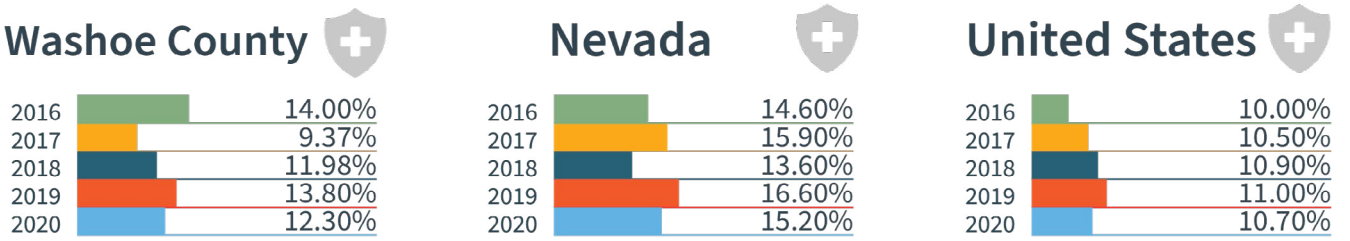


Data Highlights

- Heart disease, cancer, accidents, stroke, and chronic respiratory disease were the top five causes of death among Washoe County residents in 2020.
- Additional top 15 causes of death include Alzheimer's disease, diabetes, and chronic liver disease.
- Death rates for Washoe County and Nevada are comparable for most categories and ranking for the top ten causes of death are consistent.
- In 2020, the COVID-19 mortality rate was 107.74 in Washoe County and 118.5 in Nevada per 100,000 population. COVID-19 was the 3rd leading cause of death in Washoe County during 2020 following heart disease and cancer.

Adults Without Health Insurance

Percentage of Adults Without Healthcare Coverage



Data Source: Behavioral Risk Factor Surveillance System 2016-2020.

Data Highlights

- In 2020, 12.3% of Washoe County adults aged 18-64 reported having no current health insurance.
- There has been a gradual, but not-significant decrease in the percentage of adults without health insurance across Washoe County, Nevada, and the U.S. over this five-year period.

Years of Potential Life Lost

Total Number of Years of Potential Life Lost per 100,000 Population

Every death occurring before the age of 75 contributes to the total number of years of potential life lost.

2016	2017	2018	2019	2020
7,754 Washoe County	7,236 Washoe County	6,319 Washoe County	7,266 Washoe County	8,507 Washoe County
8,221 Nevada	8,333 Nevada	7,768 Nevada	7,995 Nevada	9,546 Nevada

Rate per 100,000 Population

Data Source: Vital Statistics – Death Certificates, 2016-2020.

Population Health Indicators

Demographics

Total Population, Washoe County 2014-2022

	2014	2018	2022*	% of 2022 population
Total	436,797	459,054	480,611	
Gender				
Male	220,097	230,782	242,145	50.38%
Female	216,700	228,272	238,466	49.62%
Race and Ethnicity				
White, non-Hispanic	286,042	291,905	291,977	60.75%
Black, non-Hispanic	10,740	11,608	11,336	2.36%
Native American, non-Hispanic	7,181	7,351	6,330	1.32%
Asian, non-Hispanic	29,103	32,023	26,805	5.58%
Hispanic	103,730	116,167	125,661	26.15%
Age Group				
<1	5,286	5,602	24,669*	5.13%
1-4	21,777	22,557		
5-14	60,005	59,900	56,694	11.80%
15-24	58,269	62,678	58,150	12.10%
25-34	62,794	65,088	70,342	14.64%
35-44	53,879	58,143	63,125	13.13%
45-54	57,980	55,851	56,580	11.77%
55-64	56,230	58,870	61,018	12.70%
65-74	39,042	44,507	55,172	11.48%
75-84	15,591	19,669	24,371	5.07%
85+	5,943	6,187	7,490	1.56%

Data Source: Office of Public Health Informatics and Epidemiology, Nevada Division of Public and Behavioral Health *2022 demographic data obtained from Truckee Meadows Tomorrow. Data for age groups <1 and 1-4 are combined.

Socioeconomic Status

Indicators of Washoe County, Nevada, and U.S., 2019

	Washoe County	Nevada	United States
Economic Indicators			
Median Household Income	$71,881	$63,276	$65,712
Poverty Rate – All Individuals	10.5%	12.5%	12.3%
Average Unemployment Rate	4.8%	5.1%	4.5%
Other Indicators			
Married, Age 15+	49.6%	45.7%	47.6%
Foreign Born	14.0%	19.8%	13.7%
High School Graduate, age 25+	22.5%	27.8%	26.9%
Speaking Language other than English at Home, Age 5+	25.4%	31.2%	22.0%
Life Expectancy at Birth (2018 data)	78.4 years	77.9 years	78.4 years

Data Source: U.S. Census Bureau, 2019 American Community Survey

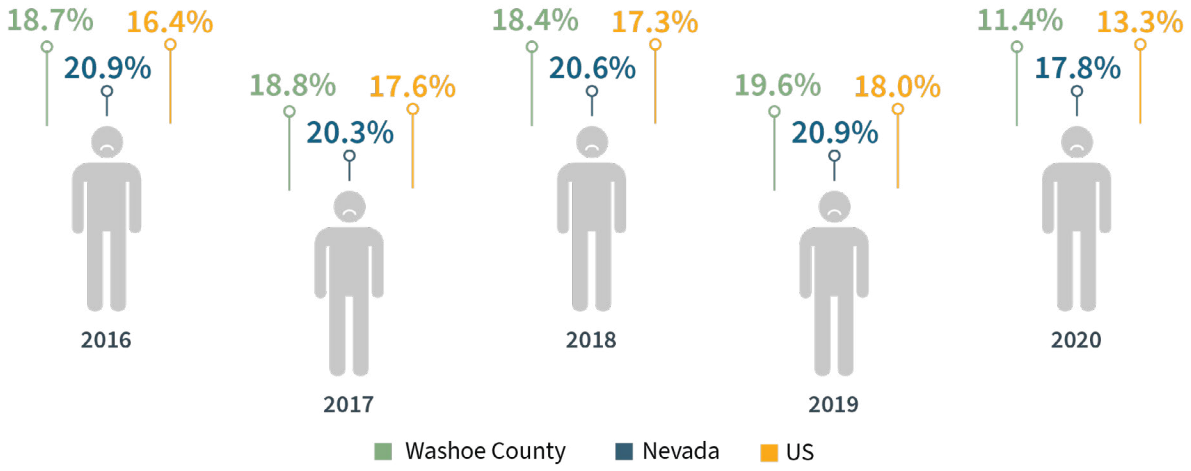
Relevance

According to the 2018-2020 Washoe County Community Health Needs Assessment, "Socioeconomic status (SES) can be used as predictors of health across the lifespan and overall life expectancy. Those with a higher SES are more likely to achieve higher levels of education, find employment in higher paying jobs, and have increased access to healthcare and preventive services. Conversely, people with a lower SES are more likely to engage in unhealthy behaviors such as smoking and physical inactivity, and often live in low-income neighborhoods with fewer resources.

Persons with a lower SES experience higher rates of poor health outcomes such as obesity, stroke, cardiovascular disease, depression, and diabetes." The average life expectancy in Washoe County of 78 years old is similar to life expectancy rates for Nevada and the United States.

Overall Health Status

Percentage of Adults That Report Fair or Poor Health



Data Highlights

- In 2020, 11.4% of Washoe County adults reported having fair or poor health status, an eight percent decrease from the previous survey year of 2019.
- Washoe County, Nevada and the U.S. all reported comparable decreases in their rates from 2016 to 2020.

Health Related Quality of Life

Number of Days When Mental Health Status Was "Not Good" in 2020

The BRFSS asks individuals how many days in the past 30 days their mental health was "not good" due to stress, depression and problems with emotions.

	Washoe County	Nevada	US
0 days	57.9%	59.6%	61.7%
1-13 days	27.5%	23.1%	23.8%
14+ days	14.7%	17.3%	13.2%

Data Highlights

- Approximately 14.7% of Washoe County respondents reported mental health as "not good" for 14 or more days. Washoe County's percentage is below the Statewide average of 17.3%.

Chronic Disease Risk Factors

Adult Physical Activity and Nutrition

Percentage of Adults that Meet Recommended Physical Activity Guidelines

2015
28.5%
Washoe County
24.9%
Nevada
20.3%
US

2017
27.3%
Washoe County
19.5%
Nevada
20.3%
US

2019
26.7%
Washoe County
20.0%
Nevada
23.2%
US

Data source: Behavioral Risk Factor Surveillance System

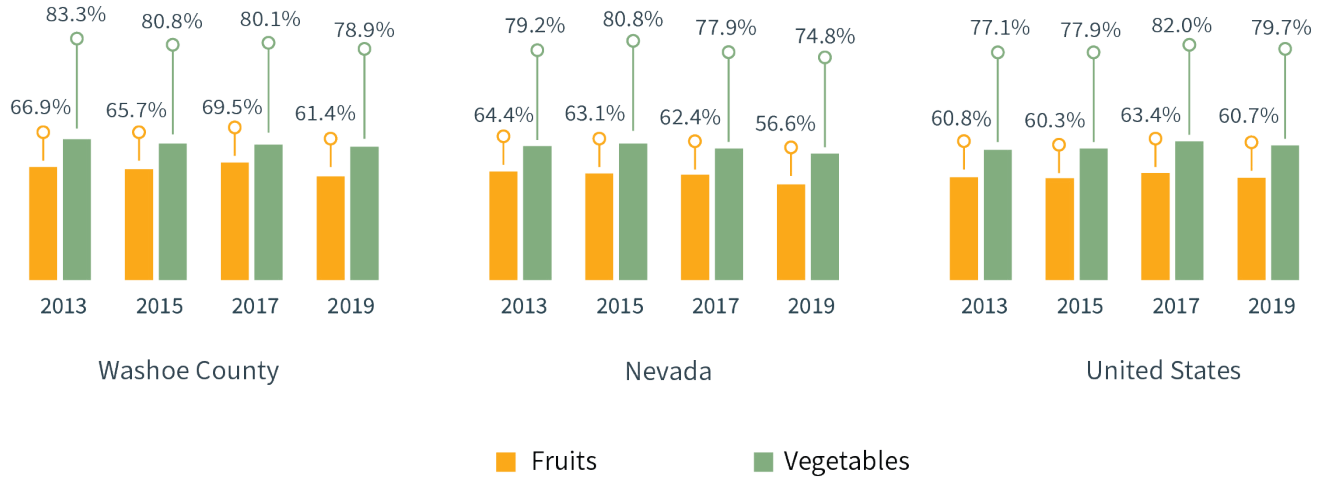
Relevance

According to the Physical Activity Guidelines for Americans, adults (age 18-64) need at least 150 minutes of moderate-intensity physical activity and should perform muscle-strengthening exercises on two or more days each week.

Data Highlights

- In 2019, the percentage of adults meeting these recommendations was higher in Washoe County (26.7%) in comparison to Nevada and the United States (20% and 23.2% respectively).

Percentage of Adults that Consume at Least One Serving of Fruit and Vegetables Per Day



Data source: Behavioral Risk Factor Surveillance System

Relevance

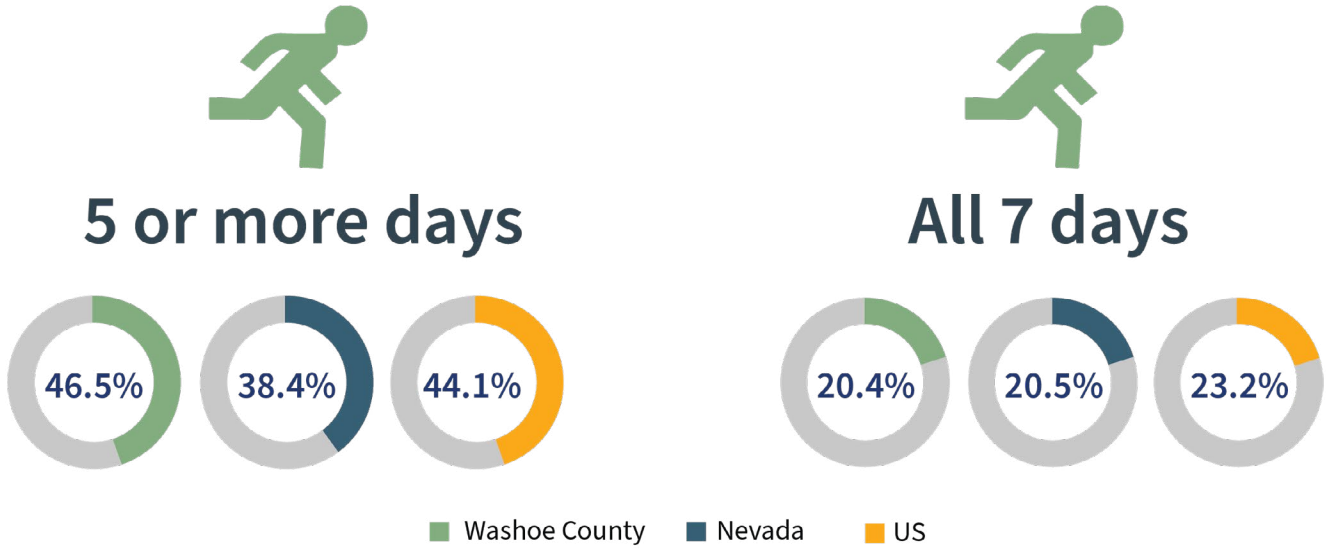
According to the USDA's MyPlate daily recommendation of fruit and vegetables, adults (age 19-60+) should be consuming 1½ to 2½ cups of fruit and 2½ to 3½ cups of vegetables daily.

Data Highlights

- In 2019, the percentage of adults consuming one or more serving of fruits and vegetables per day in Washoe County was slightly higher than Nevada overall.

Youth Physical Activity and Nutrition

Percentage of Youth that are Physically Active 5 or More Days or all 7 Days, 2019



Data source: Youth Risk Behavioral Surveillance System

Relevance

According to the Physical Activity Guidelines for Americans, youth (age 6-17) need at least 60 minutes of physical activity per day, including aerobic, muscle-strengthening, and bone-strengthening activities.

Data Highlights

- In 2019, 1 in 5 Washoe County youth were active every day and less than half of Washoe County youth reported being active five or more days each week.

Percentage of Washoe County Youth that Report Consumption of Fruit, Vegetables, Milk, and Soda, 2021

The Youth Risk Behavior Surveillance System (YRBSS) collects this information to measure dietary behaviors among high school students to understand dietary patterns among this population and to compare these rates with national intake objectives.

Fruit

13.2% **Did not consume** in past 7 days

32.9% **At least once** per day

24.5% **At least twice** per day

Vegetables

10.5% **Did not consume** in past 7 days

31.7% **At least once** per day

21.2% **At least twice** per day

Milk

34.5% **Did not consume** in past 7 days

21.1% **At least once** per day

11.4% **At least twice** per day

Soda

29.0% **Did not consume** in past 7 days

14.4% **At least once** per day

7.8% **At least twice** per day

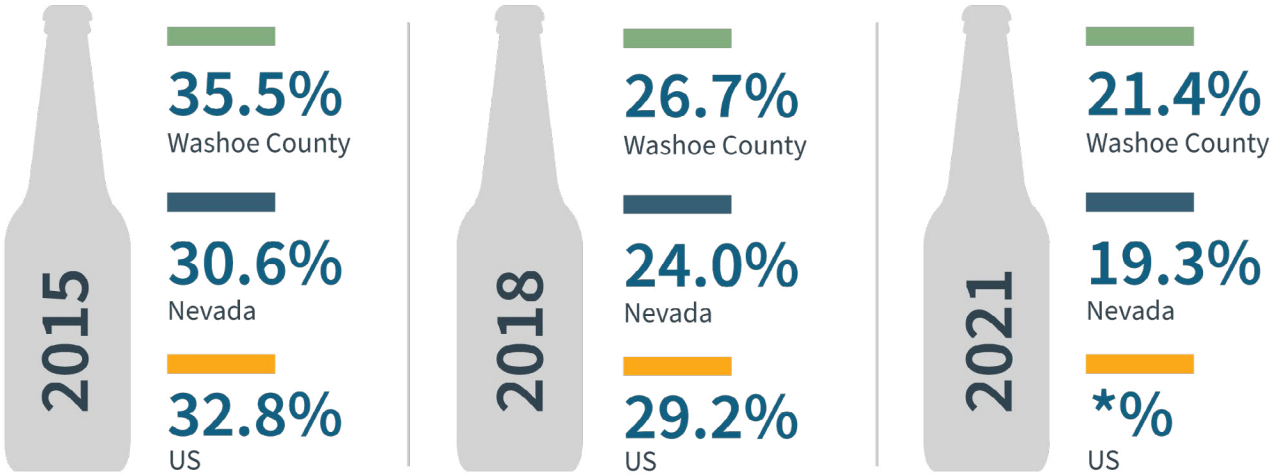
Data source: Youth Risk Behavioral Surveillance System

Youth Alcohol Use

Relevance

Many high school students engage in behaviors that place them at risk for the leading causes of morbidity and mortality. Youth who drink alcohol are more likely to experience negative health consequences as alcohol use and excessive drinking can lead to chronic conditions over time.

Prevalence of Alcohol Use Among High School Students in the Past 30 Days

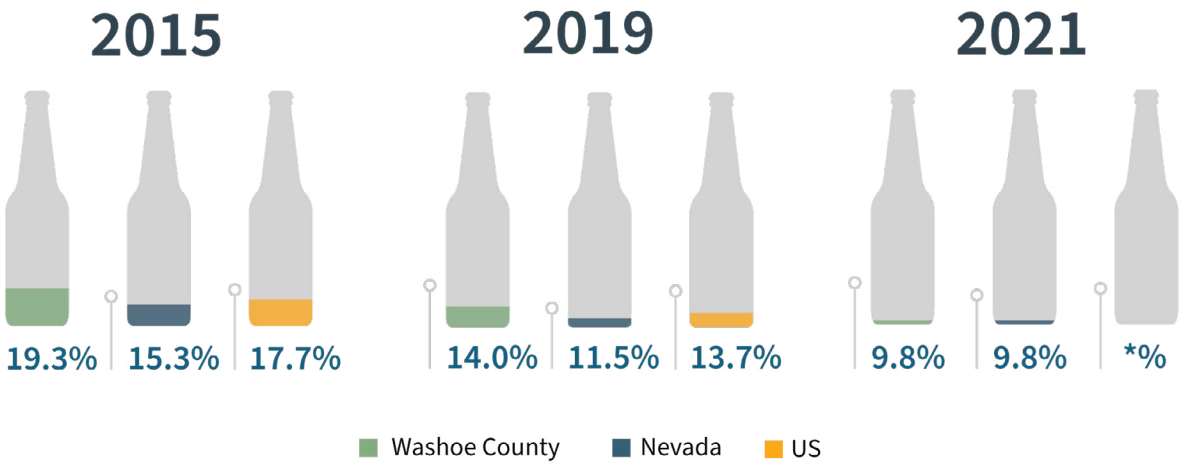


Data Highlights

- The rate of alcohol use among high school students is similar for Washoe County, Nevada, and the U.S. The rates are about twice as high than the Healthy People 2020 target of 16.6%.

Prevalence of Binge Drinking Among Youth in the Past 30 Days

Binge drinking is defined as consuming five or more alcoholic drinks in a row.



Data Source for Page: Washoe County Youth Risk Behavioral Surveillance System (YRBSS); high school.
*Data not available at the time of publication

Prevalence of Binge Drinking Among Youth In the Past 30 Days cont.

Data Highlights

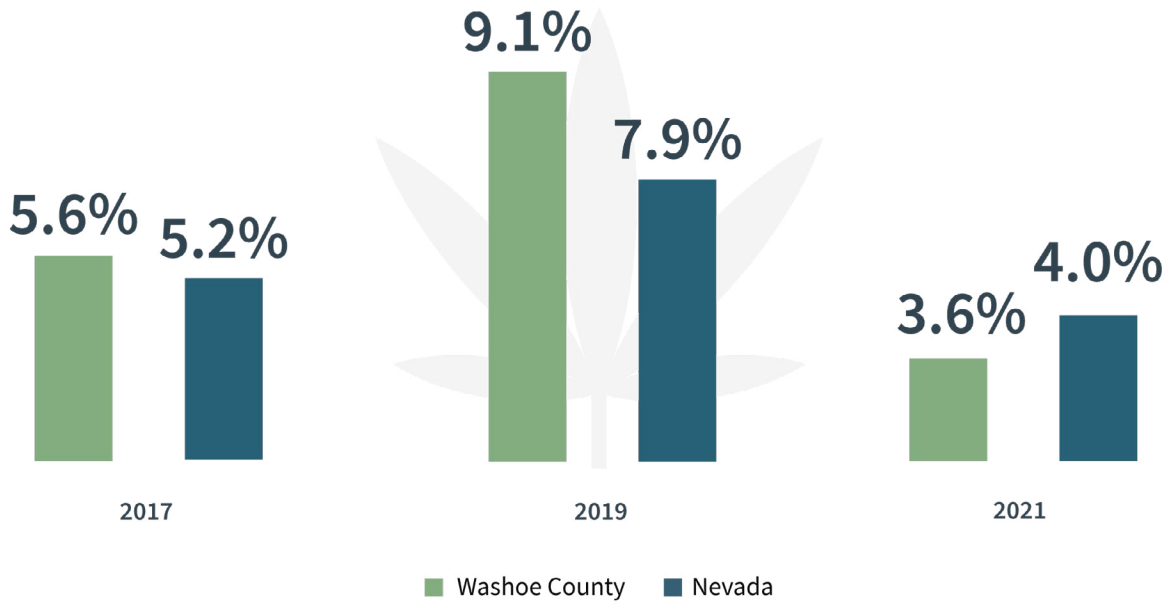
- Binge drinking among Washoe County high school students has declined from 2015 to 2019.
- Binge drinking rates among Washoe County high school students remain higher than the rates among Nevada and U.S. high school students, and higher than the Healthy People 2020 target of 8.6%.

Youth Marijuana Use

Relevance

The youth years are a time of growth, exploration and risk-taking. Some risk-taking may foster identify development and independence (e.g., running for student council, having a part-time job, etc.). However, some risk behaviors (such as using marijuana) can have adverse side effects on youth's health and well-being by having increased risk of mental health issues and potential addiction.

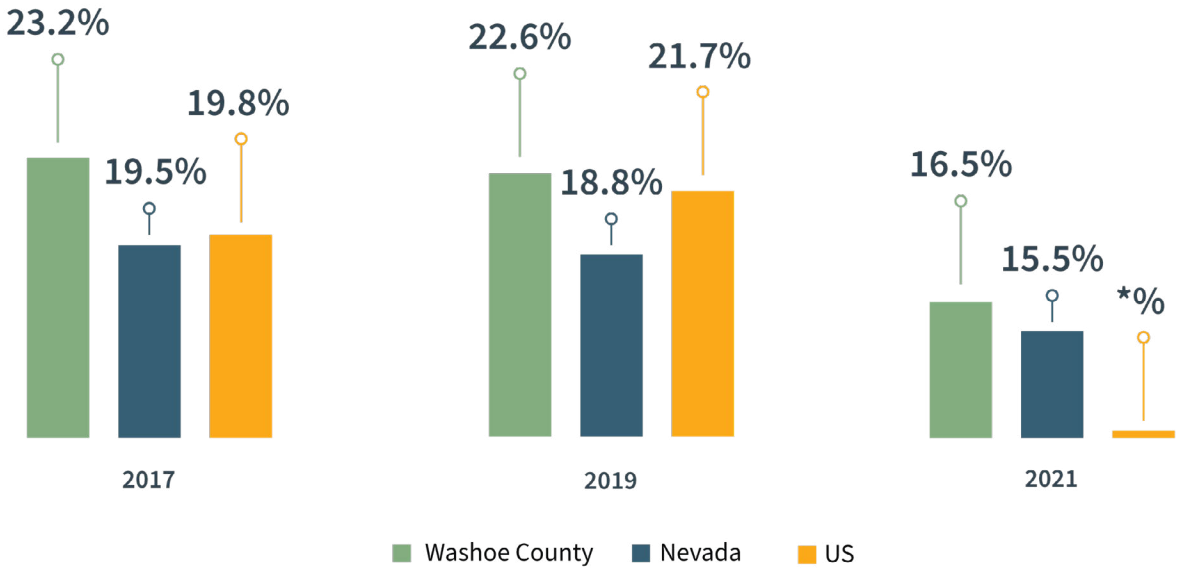
Middle School Students Who Have Used Marijuana in the Past 30 Days



Data Highlights

- The rate of marijuana use among middle school students in Washoe County decreased by 5% from 2019-2021.

High School Students Who Have Used Marijuana in the Past 30 Days



Data Source for Page: Youth Risk Behavior Survey
*Data not available at the time of publication.

Data Highlights

- The rate of marijuana use among high school students in Washoe County decreased by 6% from 2019-2021.

Adult Overweight and Obesity

Prevalence of Overweight Adults by Sex

BRFSS calculates body mass index (BMI) by using self-reported weight and height.

	Washoe County		Nevada	
	Male	Female	Male	Female
2016	43.1%	29.1%	43.3%	29.2%
2017	42.3%	32.5%	46.3%	31.0%
2018	46.0%	31.5%	43.6%	32.3%
2019	43.6%	29.7%	40.8%	33.4%
2020	46.9%	25.3%	41.3%	29.7%

Relevance

According to the CDC, Body Mass Index (BMI) is a person's weight in kilograms (or pounds) divided by the square of height in meters (or feet). A high BMI can indicate high body fatness. BMI screens for weight categories that may lead to health problems, but it does not diagnose the body fatness or health of an individual.

Data Highlights

- Adult males are more likely to be overweight (BMI 25.0-29.9) than females in Washoe County every year from 2016 to 2020.
- The prevalence of overweight adults in Washoe County has remained consistent and is similar to Nevada's prevalence across this five-year period.

Prevalence of Obese Adults by Sex

Male

	2016	2017	2018	2019	2020
Washoe County	26.2%	26.2%	23.8%	30.9%	22.5%
Nevada	25.8%	26.8%	29.7%	31.9%	30.4%

Female

	2016	2017	2018	2019	2020
Washoe County	26.5%	21.5%	24.4%	29.8%	26.3%
Nevada	25.8%	27.1%	29.2%	29.2%	27.0%

Data source for page: Behavioral Risk Factor Surveillance System.

Data Highlights

- The percentage of obese males in Washoe County increased in 2019 (30.9%), however decreased to 22.5% in 2020.
- The prevalence of obese (BMI≥30) males and females in Washoe County is similar to the prevalence of obese males and females in Nevada throughout the time frame of 2016-2020.

Youth Overweight and Obesity

The following data on youth weight comes from height and weight data collected in the Washoe County School District (WCSD). Height and weight have been collected on samples of WCSD 4th, 7th and 10th grade students since the 2007/2008 school year. As a result of the 2021 legislative session, 10th grade height and weight data student samples will no longer be collected.

Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by School Year

	Underweight	Healthy Weight	Overweight	Obese
2015-2016	4.6%	60.7%	16.7%	17.9%
2017-2018	3.1%	57.3%	17.5%	22.1%
2018-2019	3.2%	62.5%	15.4%	18.8%

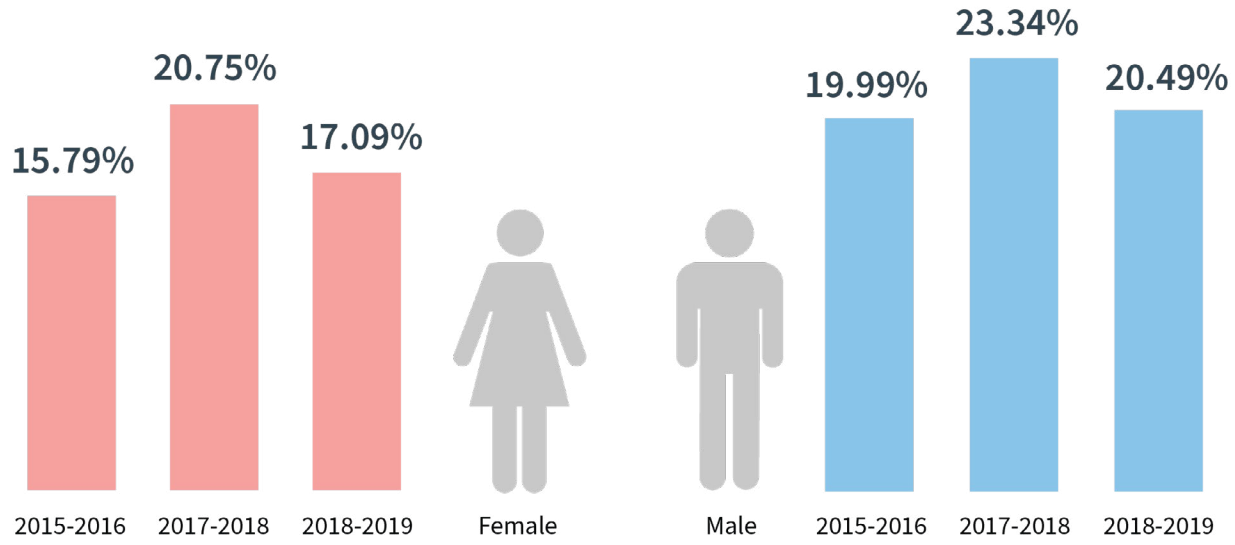
Relevance

According to the CDC, for children and teens, BMI is age and sex-specific and is often referred to as BMI-for-age. In children, a high amount of body fat can lead to weight-related diseases and other health issues. Being underweight can also put one at risk for health issues. A high BMI can indicate high body fatness. BMI does not measure body fat directly, but BMI is correlated with more direct measures of body fat.

Data Highlights

- Washoe County had a higher proportion of students who were at a healthy weight and a lower proportion of students who were obese.
- The distribution among the weight categories has been consistent for the past three school years.

Obesity Rates Among 4th, 7th and 10th Grade Students in WCSD by Sex



Data Highlight

- A significantly higher proportion of male students are obese when compared to female students in the most recent three-year sample, between 2015-2019.

Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by Race/Ethnicity, 2018-2019

	Underweight	Healthy Weight	Overweight	Obese
Asian	4.88%	64.79%	11.99%	18.32%
Black	0.87%	53.04%	17.21%	28.86%
White	4.52%	70.98%	12.24%	12.24%
Hispanic	1.91%	53.28%	18.85%	25.94%
Multi Race	2.11%	60.72%	17.88%	19.27%

Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by Race/Ethnicity, 2018-2019 cont.

Data Highlights

- Black and Hispanic students are significantly more likely to be obese when compared to White and Asian students.
- Hispanic and Black students also report less incidence of being underweight, and have the lowest percentages of Healthy Weight category compared to Asian, White, or Multi-Race students.

Weight Categories of 4th, 7th and 10th Grade Students in WCSD by Title 1 Status, 2018-2019

Title I Schools are those that receive federal funds because they serve high numbers of economically disadvantaged children.

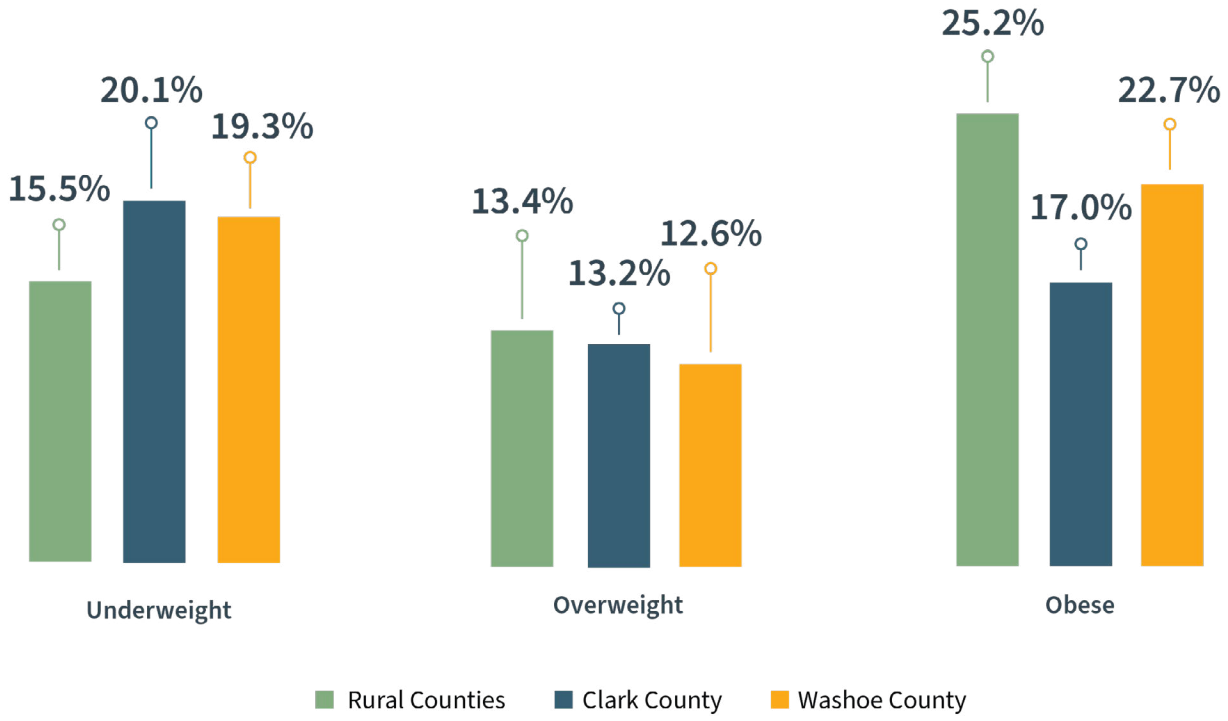
	Underweight	Healthy Weight	Overweight	Obese
Non-Title 1 Schools	3.54%	64.86%	14.84%	16.75%
Title 1 Schools	1.71%	51.01%	18.22%	29.04%

Data Highlight

- Title I schools have a significantly lower proportion of healthy weight students and a significantly higher proportion of obese students compared to non-Title I schools.

Weight Categories of Kindergarten Students, 2020 – 2021

The Nevada Kindergarten Health Survey is conducted annually. Data on the health status of children entering kindergarten is collected through the Nevada Institute of Children's Research and Policy in partnership with all Nevada school districts and the Nevada Division of Public and Behavioral Health.



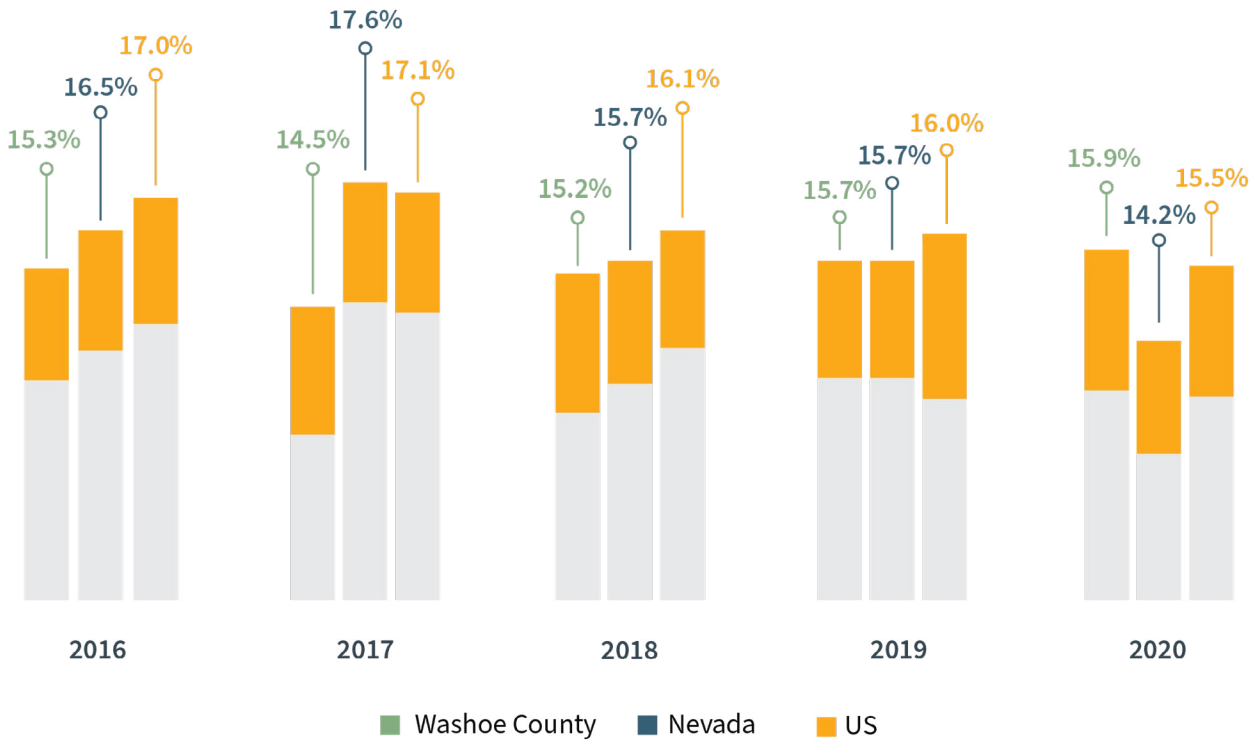
Data Source: Nevada Institute for Children's Research & Policy, 2021.

Data Highlights

- Based on the calculated BMI for the 2020-2021 school year, 48.6% of the children among all counties were categorized as being at a healthy weight.
- Underweight, overweight and obese rates in Washoe County are comparable to those in the Rural Counties and Clark County.

Adult Tobacco Use and Exposure

Prevelance of Current Smokers Among Adults



Data source: Behavioral Risk Factor Surveillance System

Data Highlights

- The prevalence of current adult smokers has remained consistent from 2016-2020 across Washoe County, Nevada and the U.S.
- The Healthy People 2030 target is to reduce tobacco use by adults to 5%.

Smoking Status Among Adults

Washoe County

	Smoke Everyday	Smoke Some Days	Former Smoker	Never Smoked
2018	10.3%	4.9%	27.4%	57.3%
2019	10.7%	5.0%	27.7%	56.6%
2020	11.2%	4.8%	23.4%	60.6%

Nevada

	Smoke Everyday	Smoke Some Days	Former Smoker	Never Smoked
2018	10.5%	5.2%	25.7%	58.6%
2019	10.4%	5.3%	24.5%	59.8%
2020	9.2%	5.0%	25.2%	60.6%

US

	Smoke Everyday	Smoke Some Days	Former Smoker	Never Smoked
2018	11.7%	4.8%	25.1%	57.8%
2019	11.1%	4.7%	25.2%	58.6%
2020	10.6%	4.4%	25.2%	59.5%

Data source: Behavioral Risk Factor Surveillance System

Data Highlights

- Rates in Washoe County are comparable to those in Nevada and the U.S. for the various smoking statuses in 2018 to 2020 with rates of those who have never smoked increasing.

Prevalence of Adult Smokers by Population Characteristics

		Washoe		Nevada	
		%	95% CI	%	95% CI
Total		15.9	(12.4-19.4)	14.2	(12.4-16.1)
Gender	Male	15.6	(10.2-20.9)	16.6	(13.8-19.5)
	Female	16.3	(11.7-20.8)	11.9	(9.6-14.2)
Age	18 - 24	NA	NA	4.8	(1.8-7.8)
	25 - 34	16.4	(6.3-26.5)	14.6	(10.0-19.2)
	35 - 44	26.7	(15.3-38.2)	15.2	(10.4-20.0)
	45 - 54	NA	NA	19.3	(14.0-24.6)
	55 - 64	17.6	(3.2-19.6)	15.2	(10.7-19.7)
	65+	12.3	(7.0-17.6)	13.4	(10.0-16.9)
Ethnicity	White	17.4	(12.7-20.2)	16.7	(14.3-19.2)
	Black	NA	NA	15.9	(9.0-22.9)
	Hispanic	11.5	(7.6-20.5)	11.2	(5.4-16.9)
	Other Race	NA	NA	18.5	(7.4-29.6)
	Multiracial	NA	NA	10.9	(7.3-14.5)
Education	Less than H.S.	NA	NA	12.7	(7.0-18.5)
	H.S. or G.E.D.	22.6	(14.2-31.0)	18	(14.4-21.7)
	Some Post H.S.	20.2	(13.5-27.0)	16.2	(12.9-19.5)
	College Graduate	6	(3.0-9.0)	7.7	(5.1-10.2)
Income	Less than $10,000	NA	NA	34.9	(21.0-48.7)
	$10,000 - $14,999	NA	NA	32.6	(18.7-46.4)
	$15,000 - $19,999	NA	NA	13.5	(6.9-20.2)
	$20,000 - $24,999	25.6	(11.7-39.5)	22.4	(14.5-30.2)
	$25,000 - $34,999	27.3	(11.9-42.7)	8.7	(4.5-12.9)
	$35,000 - $49,999	20.2	(9.5-30.9)	11.5	(6.9-16.0)
	$50,000 - $74,999	21.1	(10.0-32.1)	13.9	(8.7-19.0)
	$75,000+	7.1	(3.2-10.9)	10.8	(7.8-13.7)
Veteran	Yes	17.8	(6.2-29.4)	20.7	(14.4-26.9)
	No	15.7	(12.0-19.4)	13.4	(11.5-15.3)

Note: %=weighted, CI=confidence interval, NA=Not available, sample size is too small.
Data source: Behavioral Risk Factor Surveillance System

Data Highlights

- The 2020 BRFSS shows an overall smoking rate of 15.9% for Washoe County.
- The rate is higher than Nevada's rate of 14.2%.

Electronic Cigarette Status of Adults

	Washoe County	Nevada	US
2016	6.3%	6.0%	4.3%
2017	6.6%	5.4%	4.6%

Data Source: Behavioral Risk Factor Surveillance System 2016-2017
Note: 2017 was the last year to collect data on the usage of electronic cigarettes.

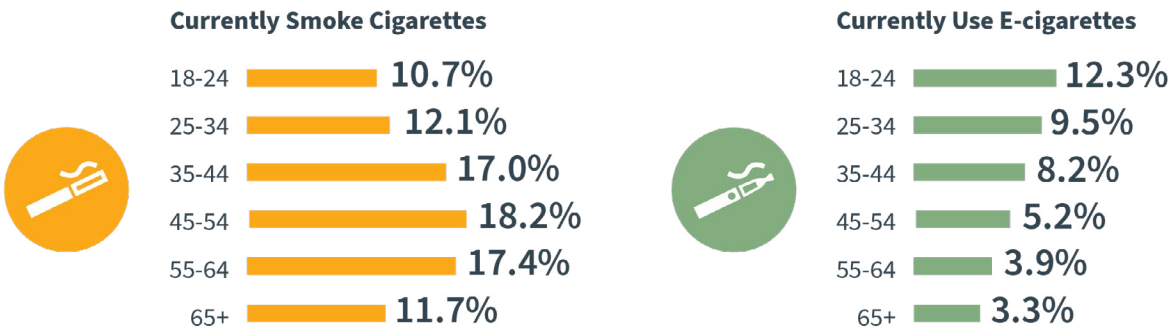
Data Highlights

- In 2017, approximately 6.6% of Washoe County's adult population were current e-cigarette users. This is not significantly different from the prevalence of e-cigarette users in Nevada and U.S.

Adult Prevalence of Electronic Vaping Products by Usage

	Use Every Day		Use Some Days		Use Not at All	
	Prevalence	**95% C.I.**	**Prevalence**	**95% C.I.**	**Prevalence**	**95% C.I.**
Geographic						
Nevada	9.4	(5.4-13.3)	14.1	(9.7-18.6)	76.5	(71.0-82.0)
Region						
Washoe County	12.9	(5.8-20.0)	17.6	(8.8-26.5)	69.5	(59.5-79.5)
Sex						
Female	10.6	(3.4-17.9)	12.3	(7.2-17.4)	77.1	(68.8-85.4)
Male	8.4	(4.3-12.5)	15.6	(8.7-22.4)	76.0	(68.7-83.4)
Education						
Less Than High School	6.8	(0.0-13.9)	9.4	(0.0-22.9)	83.8	(70.1-97.7)
High School Grad	8.4	(2.5-14.3)	15.7	(8.8-22.7)	75.9	(67.4-84.3)
Some College	12.7	(6.6-18.8)	14.3	(5.9-22.8)	73.0	(63.7-82.2)
College Grad	4.9	(0.5-9.1)	13.2	(5.8-20.6)	81.9	(73.6-90.3)
Income						
< $15,000	7.8	(0.0-18.5)	6.2	(0.0-13.8)	86.0	(73.0-99.0)
$15,000 - $24,999	5.5	(0.0-12.2)	7.2	(1.8-12.6)	87.3	(78.7-96.0)
$25,000 - $34,999	10.8	(0.0-26.6)	17.5	(0.6-34.4)	71.7	(51.1-92.4)
$35,000 - $49,999	21.3	(12.0-30.7)	13.6	(3.3-23.8)	65.1	(52.1-78.2)
$50,000+	9.0	(4.1-13.9)	17.3	(9.2-25.4)	73.7	(64.9-82.5)

Comparison of Adult Cigarette and E-Cigarette Users by Age Group in Washoe County, 2017



Data Source: Behavioral Risk Factor Surveillance System 2017

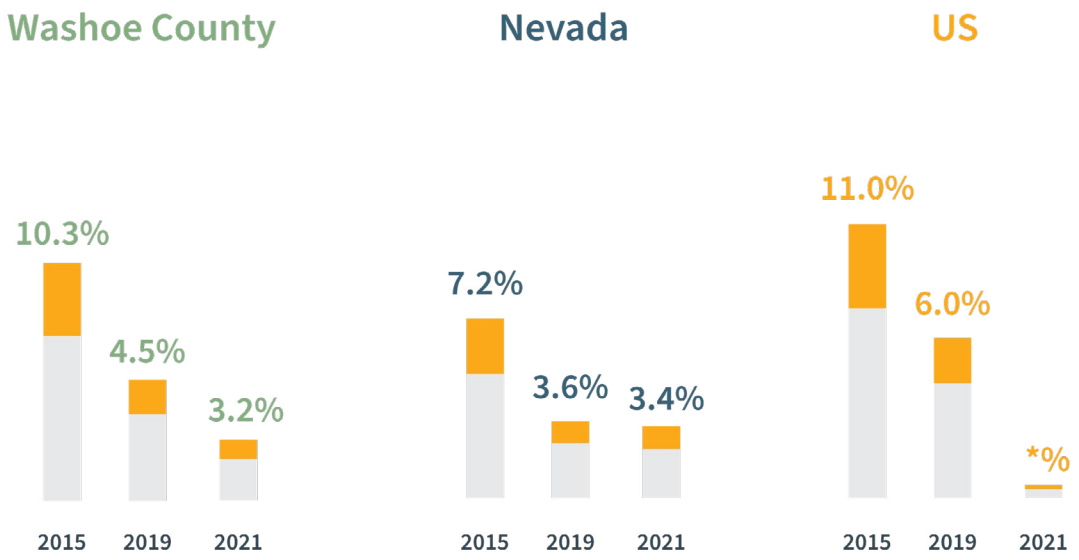
Comparison of Adult Cigarette and E-Cigarette Users by Age Group in Washoe County, 2017 cont

Data Highlights

- In 2017, the percentage of adults who smoked cigarettes was higher than those who smoked e-cigarettes across majority of the age groups.
- Cigarette smoking was highest among those aged 45 to 54 years (18.2%) and the use of e-cigarettes was highest among those aged 18 to 24 years (12.3%).
- The reported current use of e-cigarettes decreased as age increased.

Youth Smoking Prevalence

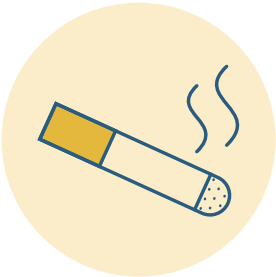
Prevalence of Cigarette Use Among Youth



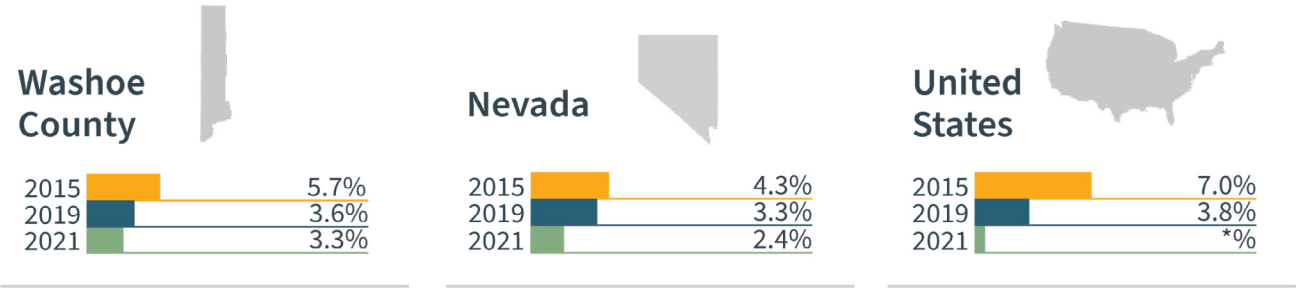
Data source: Youth Risk Behavioral Surveillance System; High School.
*Data not available at the time of publication

Data Highlights

- In 2021, the prevalence of smoking (combustible tobacco not e-cigarettes) among youth in Washoe County (3.2%) met the Healthy People 2030 target (3.4%).
- Both Washoe County and Nevada show decreases in youth smoking from 2015-2021.



Prevalence of Smokeless Tobacco Use Among Youth



Data source: Youth Risk Behavioral Surveillance System; High School.
*Data not available at the time of publication

Data Highlight

- In 2019, the prevalence of smokeless tobacco use among youth in Washoe County (3.3%) did not meet the Healthy People 2030 target (2.3%).

Youth Vaping Prevention

Relevance

The data in this section highlights the percentage of Washoe County students who used electronic vapor products during the 30 days before the survey which indicates chronic use. Tobacco use among youth and young adults in any form, including e-cigarettes, is not safe. In recent years, e-cigarette use by youth and young adults has increased at an alarming rate. E-cigarettes are now the most commonly used tobacco product among youth in the US.

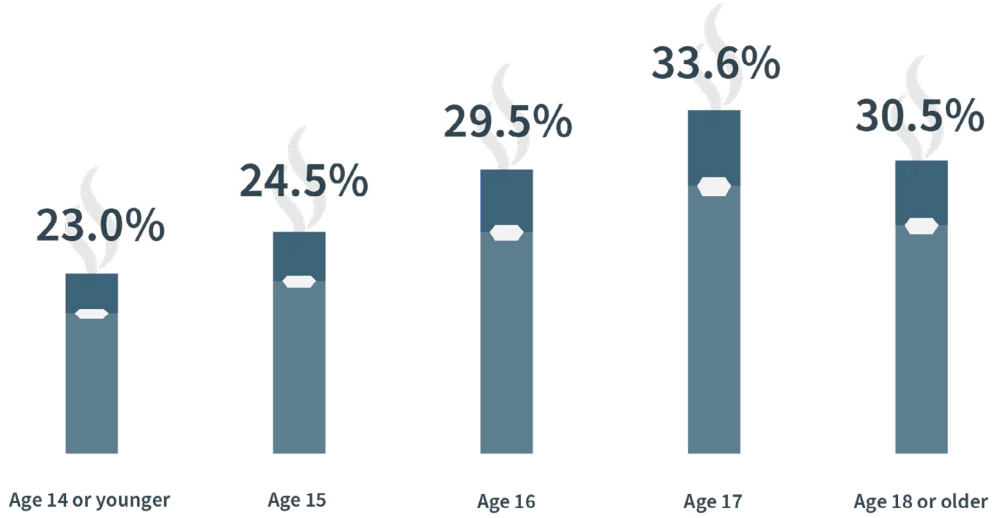
E-cigarettes are tobacco products that deliver nicotine. Nicotine is a highly addictive substance, and many of today's youth who are using e-cigarettes could become tomorrow's cigarette smokers.

Nicotine exposure can also harm brain development in ways that may affect the health and mental health of our children. E-cigarette use among youth and young adults is associated with the use of other tobacco products, including conventional cigarettes.

Because most tobacco use is established during adolescence, actions to prevent our nation's young people from the potential of a lifetime of nicotine addiction are critical.

— E-cigarette use among youth and young adults, Report of the Surgeon General, 2014

Percentage of Washoe County Youth that use Electronic Vapor Products by Age, 2019



Data source: 2019 Youth Risk Behavioral Survey.

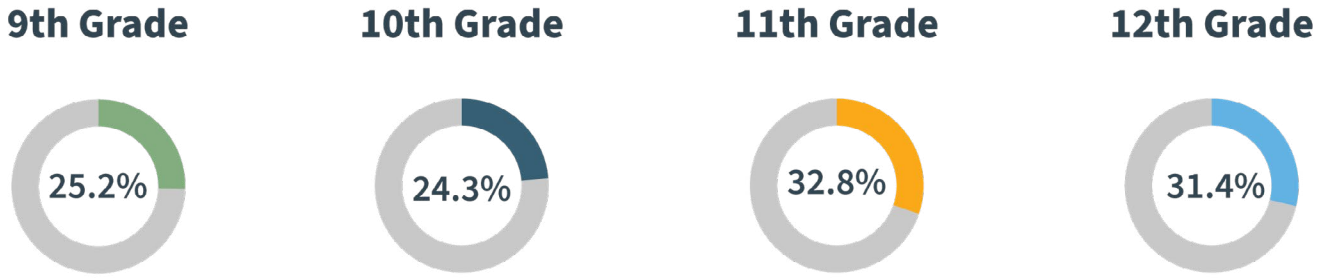
Relevance

From Healthy People 2030: Adolescents are more likely to use e-cigarettes than any other tobacco product, and rates of e-cigarette use have risen sharply in recent years. E-cigarettes can contain harmful substances, including nicotine. Nicotine is highly addictive and can harm brain development. Population-level interventions to reduce tobacco use include price increases, mass media campaigns, and smoke-free policies that include e-cigarettes.

Data Highlight

- Youth at the age of 17 had the highest prevalence (33.6) of using electronic vapor products when stratified by age.

Percentage of Washoe County Youth that use Electronic Vapor Products by Grade, 2019

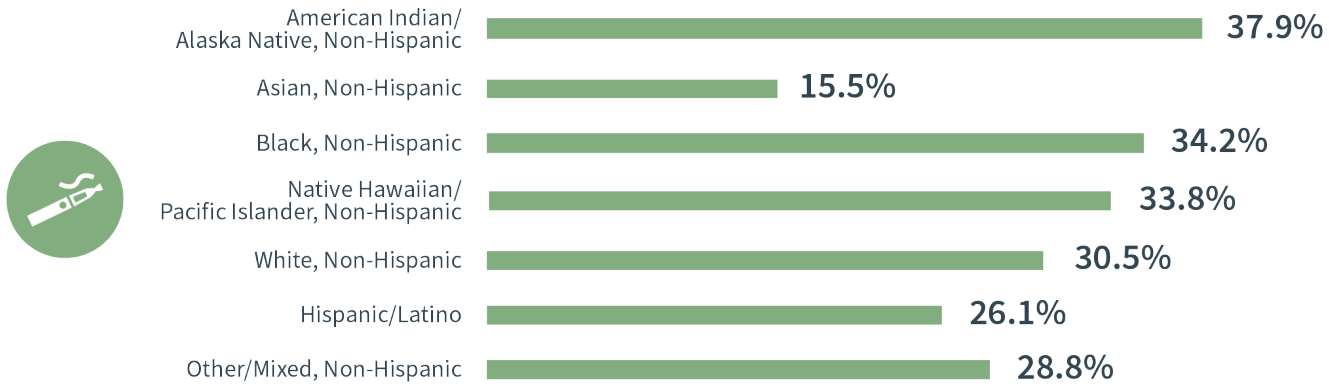


Data source: 2019 Youth Risk Behavioral Survey.

Data Highlight

- The percentage of 11th grade students using electronic vapor products (32.8%) is highest among all grade levels. The Healthy People 2030 target is 10.5%.

Percentage of Washoe County Youth that use Electronic Vapor Products by Race/Ethnicity, 2019



Data source: 2019 Youth Risk Behavioral Survey.

Data Highlight

- American Indian/Alaska Native students are more likely to use electronic vapor products (37.9%) when compared to usage among Asian students (15.5%).

Initiative

- Culturally tailored cessation programs include the National Native Network, Keep It Sacred.

Comparison of Washoe County Youth Smoking and Youth E-Cigarette Rates

	Middle School	High School
2019	3.5% Tobacco last 30 days 18.9% E-Cigs last 30 days	4.5% Tobacco last 30 days 28.3% E-Cigs last 30 days
2021	1.8% Tobacco last 30 days 6.1% E-Cigs last 30 days	3.2% Tobacco last 30 days 20.5% E-Cigs last 30 days

Data source: 2019 Youth Risk Behavioral Survey.

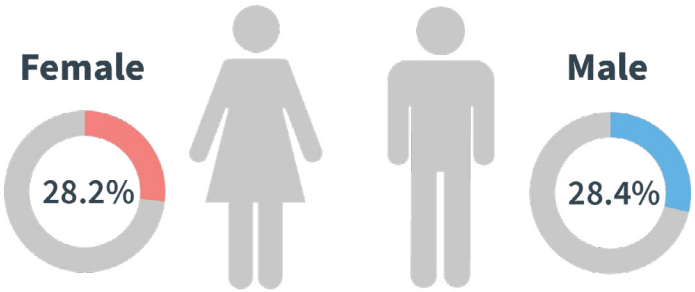
Data Highlight

- Middle school and high school students are more likely to use e-cigarettes than smoke tobacco.

Initiative

- A free, confidential quit program from National Jewish Health designed specifically for youth in Nevada is My Life, My Quit — Youth can text Text “Start My Quit” to 36072 or click to chat with a Coach.

Percentage of Washoe County Youth that use Electronic Vapor Products by Sex, 2019



Data source: 2019 Youth Risk Behavioral Survey.

Data Highlight

- Use of electronic vapor products among high school male and female students are consistent and show no notable differences in rates.

Washoe County and Nevada Risk Behavior Electronic Vapor Products

Washoe County

	Ever Used Vapor Products Middle School	Ever Used Vapor Products High School	Used 30 Days Before Survey Middle School	Used 30 Days Before Survey High School
2019	30.9%	48.7%	18.9%	28.3%
2021	15.6%	41.8%	6.1%	20.5%

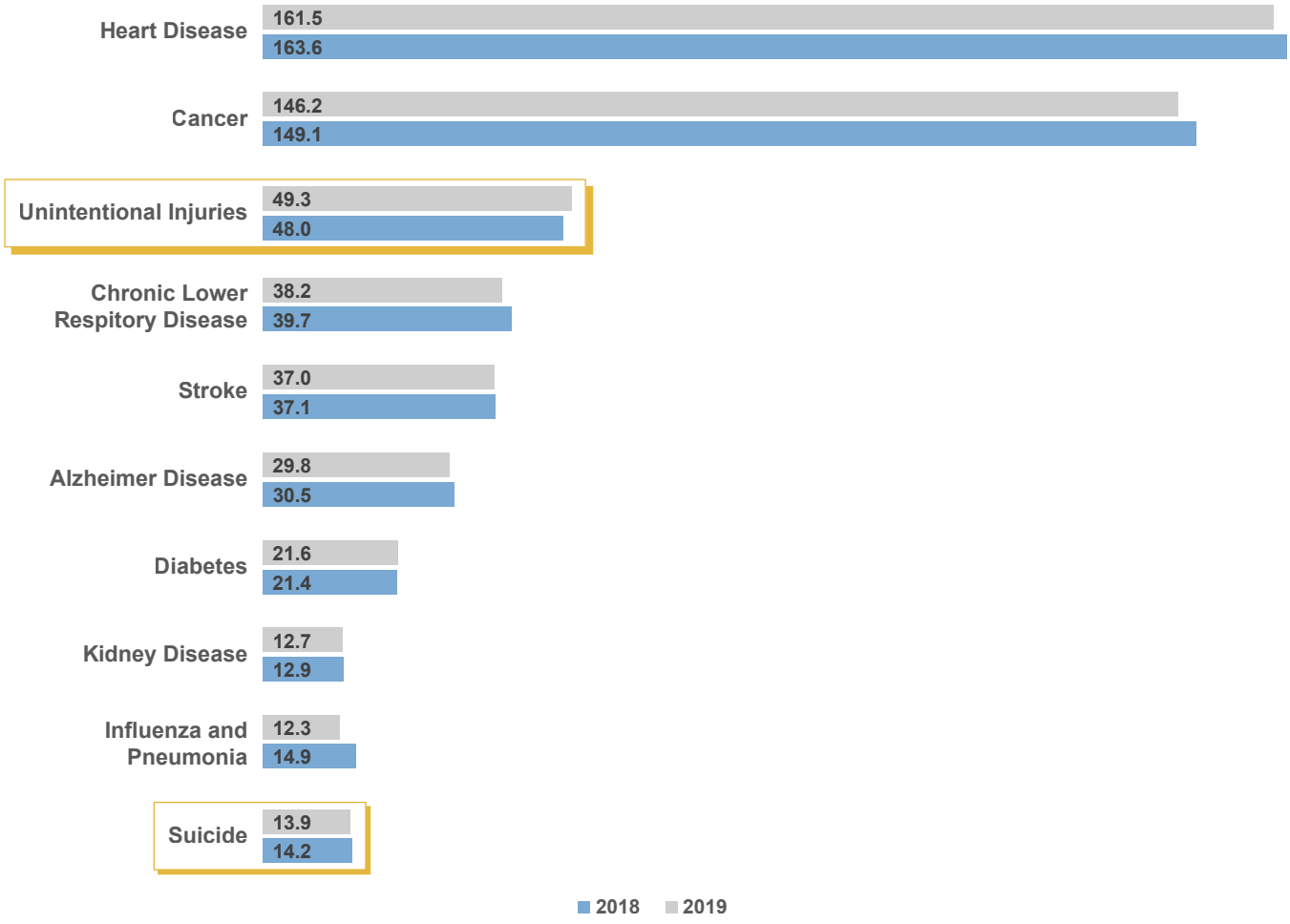
Nevada

	Ever Used Vapor Products Middle School	Ever Used Vapor Products High School	Used 30 Days Before Survey Middle School	Used 30 Days Before Survey High School
2019	18.7%	41.7%	8.0%	21.9%
2021	12.6%	36.7%	13.4%	17.5%

Injury

Age-Adjusted Death Rates for the Leading Causes of Death In 2019 in the United States 2018-2019

Indicators for morbidity and mortality associated with fatal and non-fatal injuries include both intentional (suicide and homicide) and unintentional injuries. Unintentional and violence-related injury fatalities, counting suicide, homicide, overdoses, motor vehicle crashes, and falls, were among the 10 leading causes of death for all age groups in the United States in 2019. Injury is the leading cause of all deaths for children and adults between ages 1 and 45 (CDC).



Data Source: CDC.gov

Falls

Unintentional falls represent the highest cause of reported trauma in Washoe County and Nevada and the highest rates of falls occur among older adults age 65+.

- The rate of fatality from falls is also much higher among ages 65+ compared to younger groups (Nevada Trauma Registry Report, 2020).

Transportation / Roadway

Transportation related crashes are one of the leading causes of injury in Washoe County and Nevada.

- 13% of fatal crashes in Nevada occurred in Washoe County from 2015-2019 (n=193).
- The largest number of at-fault drivers in fatal crashes are males 21-25 years old.
- Impaired driving with blood alcohol content (BAC) of 0.08% or greater and/or tested positive for drugs in their system remains the largest percent of fatalities from 2015-2019, at almost 43% (Zero Fatalities, 2021).

Drug Overdose / Poisoning

Drug overdose (and suicide) are urgent and related public health challenges. In 2011, Nevada ranked second highest in the nation for opioid prescribing rates, which drove escalating drug overdose rates. In response, stronger legislative, legal regulation, and initiatives were launched beginning in 2015.

- Over the past four years there has been a significant reduction in opioid prescriptions and co-prescriptions in Washoe County and statewide, including a 39% decrease in opioid prescription rates in Washoe County from 2017-2020 and a 33% decrease in prescription rates in Nevada (statewide) during this timeframe.
- Since 2018, there has been a continued spike in overdose death rates in the region, state and nationwide contributed in part to an influx of illicit synthetic opioids including fentanyl (Nevada DHHS, Office of Analytics).

Suicide

Demographic groups with the highest rates of suicide include individuals ages 65+, males, American Indians, LGBTQ, and military veterans. Many risk factors contribute to risk of suicide, including trauma, mental illness, financial or legal problems, substance use, isolation, a history of violence, other suicide incidence within a community, and easy access to lethal means (SAMHSA, CDC).

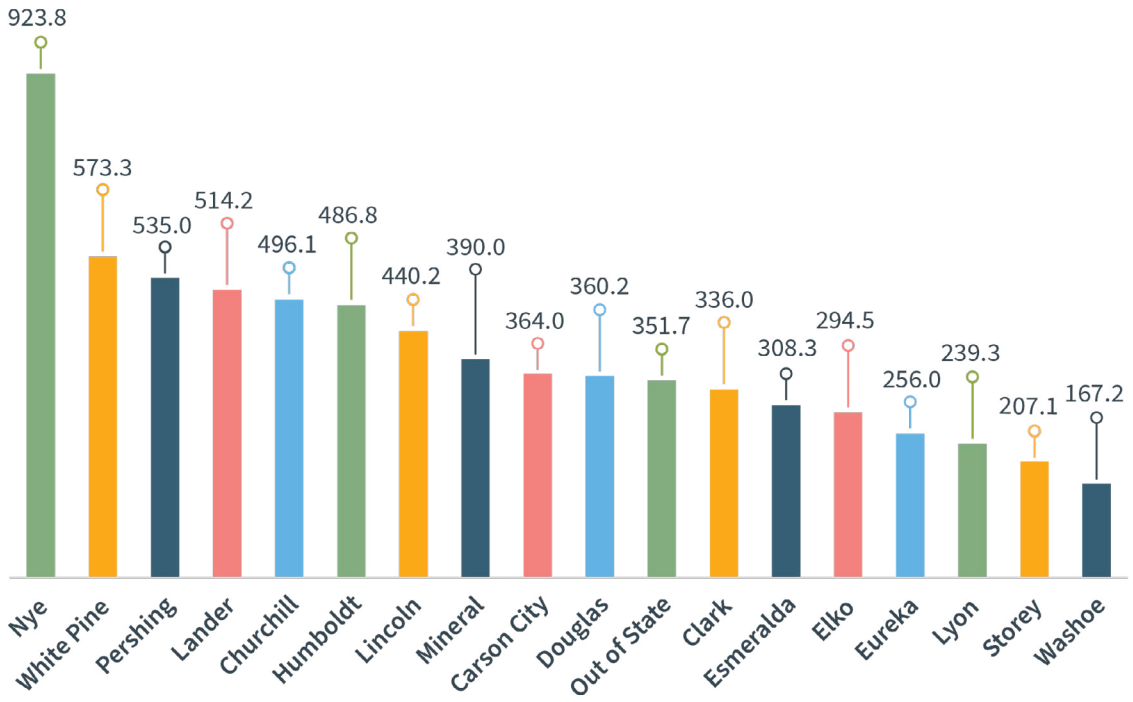
- In 2019, Nevada ranked 7th highest in the nation for rate of suicide deaths, per 100,000 residents (American Association of Suicidology, 2019).
- Both Washoe County and Nevada have consistently higher annual suicide death rates than the United States.

Trauma Incidence

Trauma is defined as any acute injury, per standardized criteria in the field, involving a significant risk of death or the precipitation of complications or disabilities (NRS 450B.105). Injuries are categorized into unintentional, intentional, or undetermined.

The Nevada Trauma Registry (NTR) database captures information and location of an injury through ICD-10-CM code data. Per Federal Information Processing Standard (FIPS) code, Trauma Rates per county are based on ICD-10 diagnosis coding recorded by treating facilities and do not consider backgrounds, patient histories, or examinations. 'Pedestrian,' 'Other,' 'Other Specified,' 'Unspecified,' and 'Unknown' are all available as ICD-10 codes if the cause of trauma cannot otherwise be classified.

Nevada Trauma Cases by County of Injury in 2020
(Rate per 100,000 Population)



Data Highlight

- Washoe County ranked the lowest among the 18 counties in Nevada in reported trauma cases for 2020, per 100,000 population.

Washoe County and Nevada: Trauma Incidence by Place of Injury, 2020 (Unique Traumas)

	Washoe County		Nevada (Statewide)	
	Trauma Count	**Percent**	**Trauma Count**	**Percent**
Residential	411	51%	5,296	47%
Street	234	29%	2,992	26%
Trade and Service Area	17	2%	546	5%
Recreation area	28	3%	275	2%
Sports Area	6	1%	105	1%
Wilderness	22	3%	271	2%
Other Specified	8	1%	183	2%
School or Public Area	3	0%	111	1%
Industrial and Construction	7	1%	88	1%
Farm	2	0%	15	0%
Transport Vehicle as Place	1	0%	50	0%
Military Training Ground	unreported	unreported	3	0%
Railroad Track	3	0%	8	0%
Unknown/Unspecified	65	8%	1,382	12%
Total	**807**	**100%**	**11,325**	**100%**

Data source: Nevada Trauma Registry Report, 2020

Data Highlight

- Half of all reported trauma incidence in Washoe County and Statewide occurred in residential locations in 2020, followed by on streets.

Washoe County and Nevada: Primary Injury Mechanism and Mortality Percentage, 2020

	Primary Injury Mechanisim (% of Incidence)		Mortality Proportion (Row %)	
	Washoe County (n=806)	Nevada (n=11,325)	Washoe County	Nevada (Statewide)
Falls	59.90%	54.10%	1.90%	2.60%
Motor Vehicle Traffic	14.60%	17.40%	7.60%	7.10%
Struck by/Against	5.30%	6.30%	0.00%	0.70%
Firearm	2.90%	4.30%	21.70%	20.20%
Cut/Pierce	3.50%	4.20%	0.00%	2.10%
Motor Vehicle Non-Traffic	2.00%	1.40%	6.30%	1.90%
Other Transport (Land, Sea, Sky)	1.90%	1.10%	6.70%	3.10%
Other Specified	1.40%	2.20%	9.10%	2.80%
Pedal Cyclist, Other	2.70%	1.70%	0.00%	0.50%
Natural/Environmental	1.90%	1.60%	0.00%	0.60%
Pedestrian, Other	0.90%	0.70%	28.60%	10.70%
Unknown	0.10%	70.00%	0.00%	1.30%
Drowning	--	0.70%	--	80.00%
Suffocation	1.90%	2.20%	0.00%	1.60%

Data source: Nevada Trauma Registry Report, 2020

Data Highlights

- The top three mechanisms of all traumatic injury incidence in the Washoe County and statewide in 2020 were falls (59.9%, 54.1%), followed by traffic related (transportation) accidents (14.6%, 17.4%), and being struck by/against an object (5.3%, 6.3%).
- In the absence of drowning deaths reported in Washoe County during 2020, the highest proportions of mortality (deaths) in total trauma cases in Washoe County occurred from pedestrian incidents, followed by firearm incidents (21.7%, 20.2%).

Top Five Mechanisms of Unintentional Trauma in 2020

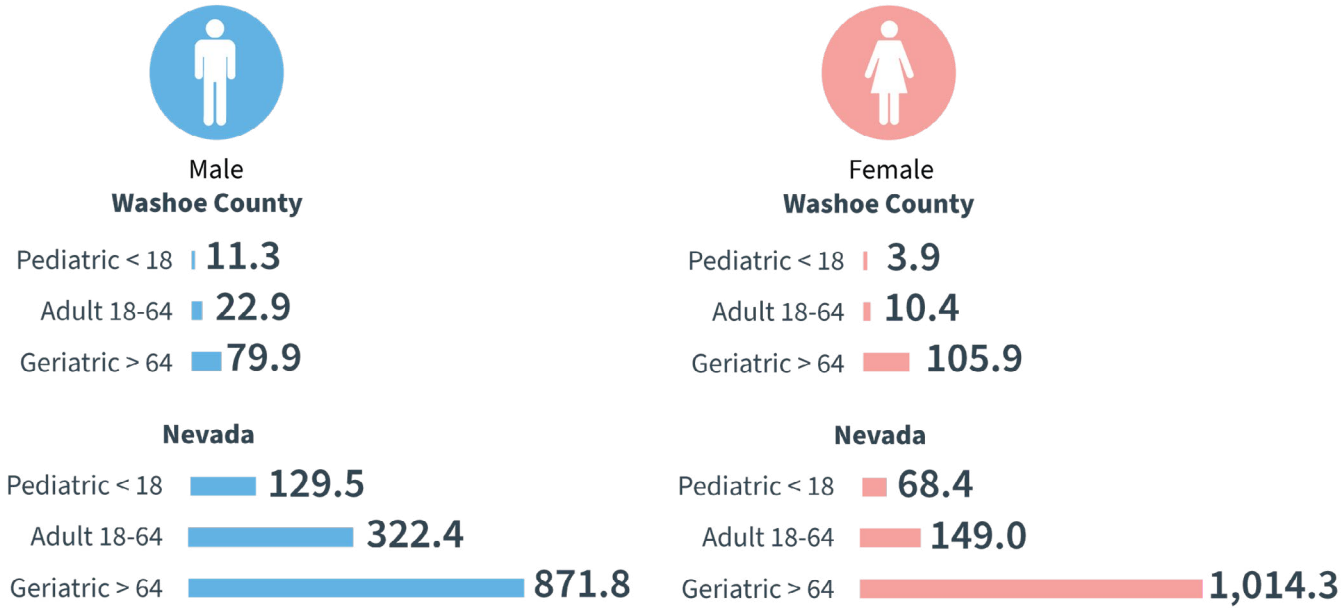
Falls	Motor Vehicle Traffic	Struck By/Against	Motor Vehicle Non-Traffic	Other Specified
65.7% Washoe County	16.3% Washoe County	2.9% Washoe County	2.3% Washoe County	1.0% Washoe County
61.9% Nevada	19.4% Nevada	2.7% Nevada	2.0% Nevada	1.7% Nevada

Data Source: Nevada Trauma Registry Report, 2020

Data Highlights

- The top five mechanisms of unintentional trauma in Washoe County and Nevada were comparable in 2020, with unintentional falls as the most prevalent mechanism, followed by motor vehicle traffic accidents.

Age and Sex Specific Trauma Rate in 2020 (Rate per 100,000 Population)



Data Source: Nevada Trauma Registry Report, 2020

Data Highlights

- Females have a slightly higher rate of trauma than males in Washoe County in 2020, per 100,000 population.
- Trauma rates increase with age, with the highest reported cases in the geriatric population, over age 64.
- Washoe County has lower reported trauma rates than statewide rates.

Washoe County and Nevada: Incidence and Mortality Proportion by Type of Fall, 2020 (Unique Traumas)

	% of Incidence		Mortality Proportion (%)	
	Washoe County (n=500)	**Nevada (n=6,305)**	**Washoe County**	**Nevada**
Same Level (Slipping, Tripping, Stumbling)	65.60%	65.00%	1.80%	2.50%
Unspecified	5.00%	8.70%	4.00%	3.30%
From Furniture	8.40%	6.90%	0.00%	2.30%
Steps	6.40%	5.20%	0.00%	2.10%
Multi-Level (Cliff, Tree, Water, etc.)	2.80%	4.10%	0.00%	1.50%
On or From Ladder/Scaffolding	2.20%	3.10%	9.10%	3.10%
Pedestrian Conveyance Accident	3.80%	2.90%	5.30%	2.20%
Out of Building or Structure	2.20%	1.40%	0.00%	2.30%
Collision, Push or Shove By, or Other Person	0.60%	0.80%	0.00%	3.80%
Playground Equipment	0.40%	0.70%	0.00%	0.00%
Suicide Related	0.20%	0.50%	0.00%	24.10%
Fall Due to Environmental Factors	2.20%	0.40%	0.00%	0.00%
Undetermined Fall from High Place	Unavailable	0.30%	Unavailable	12.50%
Assault Related	0.20%	0.10%	0.00%	0.00%
Total	**100%**	**100%**	**1.80%**	**2.60%**

Data Source: Nevada Trauma Registry Report, 2020

Data Highlights

- The highest incidence of falls in both Washoe County and statewide in 2020 occurred from falling on the same level, from slipping, tripping, and stumbling.
- Suicide related falls represented the highest statewide incidence of mortality, by type of fall.

Washoe County and Nevada: Fall Rate, by Type, among Age Groups, 2020

	Type of Fall (Rate per 100K population)					
	Unspecified		From Same Level (tripping, stumbling)		From Furniture (bed, chair, etc.)	
	Washoe County	Nevada	Washoe County	Nevada	Washoe County	Nevada
Pediatric <18	0	1.1	0.4	10.7	0	7.6
Adult 18-64	0.3	7.7	2.4	50	0.2	4.1
Geriatric >64	4.4	86.3	61.4	674.1	8.6	65.6

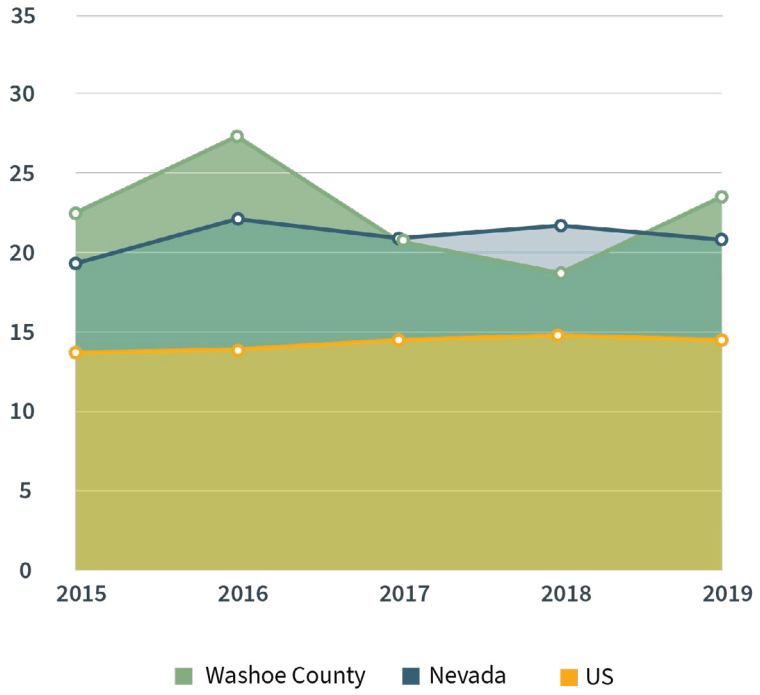
Data Source: Nevada Trauma Registry Report, 2020

Data Highlights

- The rate of trauma from Falls, per 100,000 population, increased dramatically with the >64-year-old population. Washoe County reported lower rate of falls by age group than statewide rates.
- Fatality due to falls is much higher in populations groups 65 and older compared to younger groups.

Suicide

Age-Adjusted Rate of Suicide Deaths, 2015-2019 (per 100,000 Population)

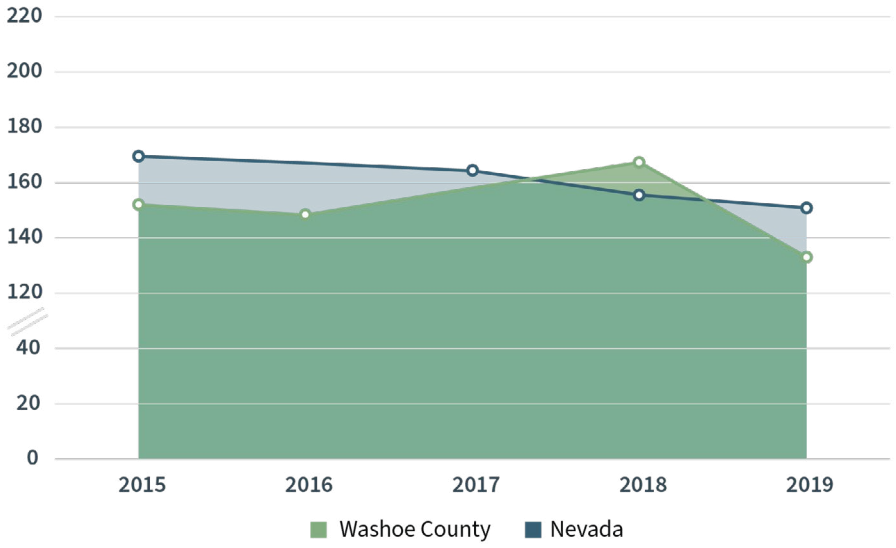


Data source: NV DHHS, Office of Analytics; NV DHHS Suicide Dashboard; American Association of Suicidology

Data Highlights

- After a significant 2-year downward trend in Washoe County from 2016 to 2018, the age-adjusted rate of suicide deaths have increased.
- Washoe County and Nevada continue to have a higher rate of suicide death than the U.S.

Washoe County and Nevada: Rate of Suicide Attempts, per 100,000 Population

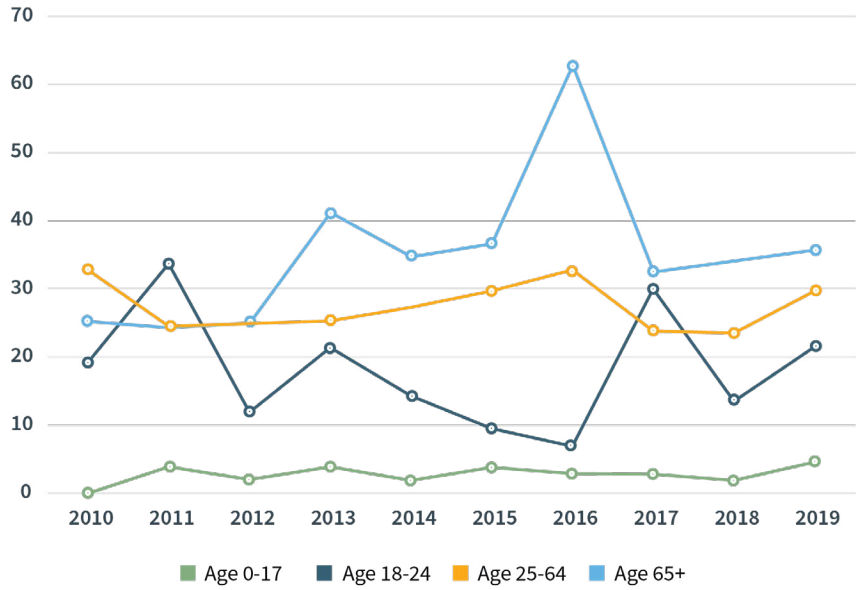


Data source: NV DHHS, Office of Analytics

Data Highlight

- The rate of attempted suicide reported in Nevada and Washoe County, per 100,000 residents, has shown an overall downward trend since 2016.

Washoe County: Suicide Death Rates by Age Group in 2010-2019 (per 100,000 Population)



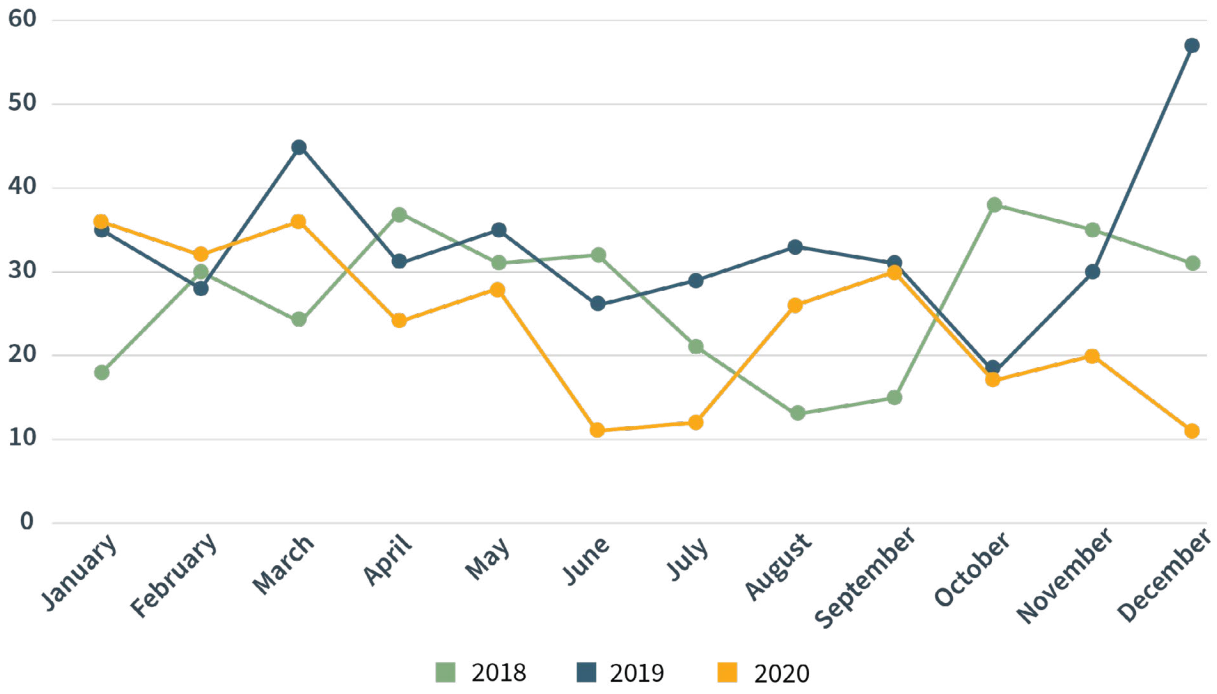
Data source: NV DHHS, Office of Analytics

Data Highlight

- Rates of reported suicide deaths is highest among ages 65+ in Washoe County. This includes a spike from 2015-2016 among this age group.

Drug-Related Poisoning / Overdose

Washoe County: Hospital Overdose Counts Reported among NV Residents in 2018-2020

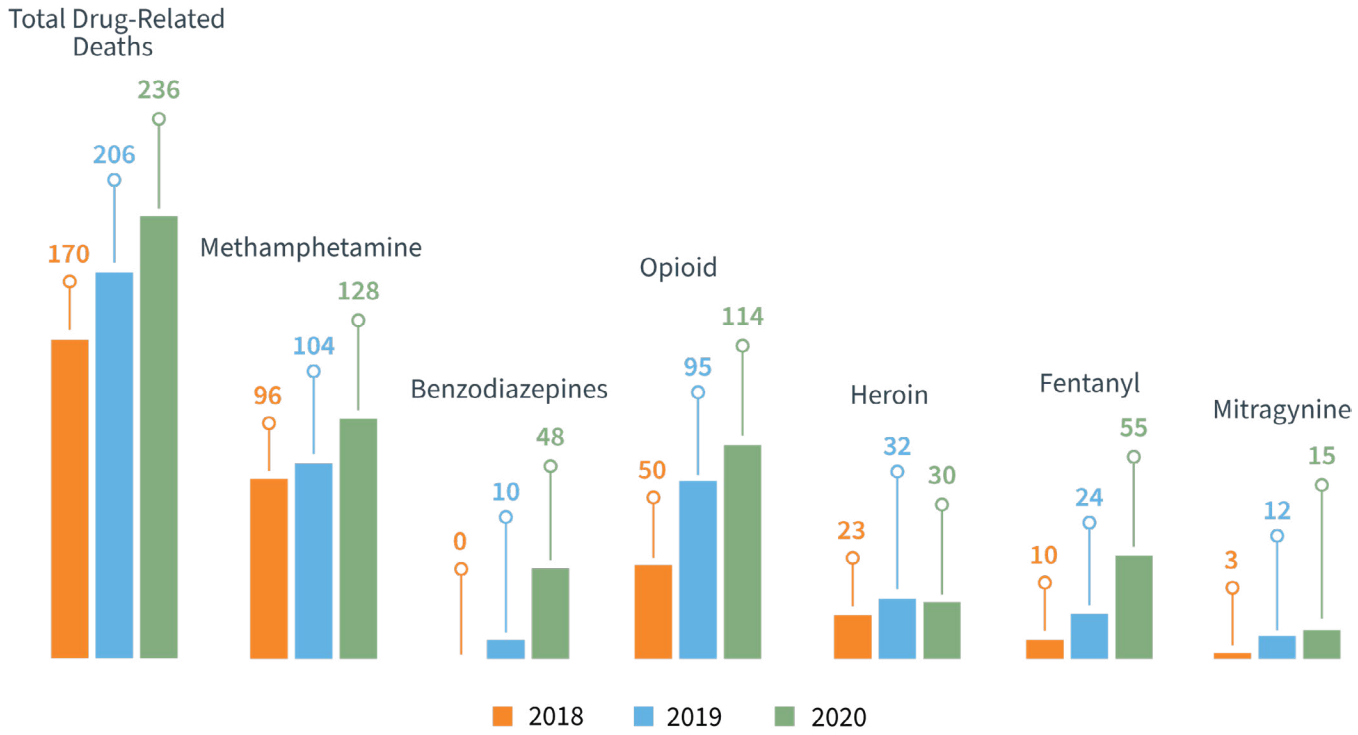


Data source: Nevada OD2A

Data Highlight

- There has been a 13% decrease (325 to 283) of NV resident drug overdoses reported by Washoe County hospitals from 2018 to 2020. Note: The number of hospitals that report overdoses to Nevada Department of Health and Human Services has increased over time, so interpret differences between years with caution.

Washoe County: Hospital Overdose Counts Reported among NV Residents in 2018-2020

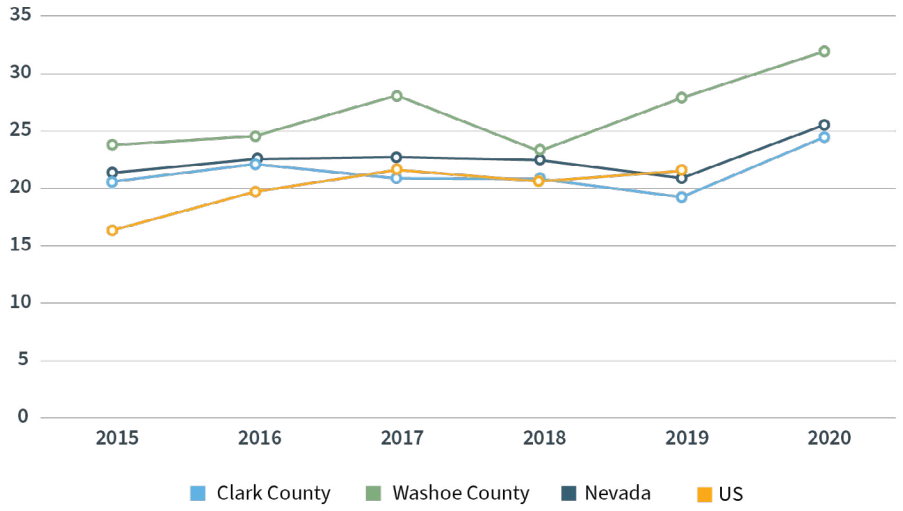


Data source: Washoe County Medical Examiner's Office

Data Highlights

- Deaths in which multiple drugs were contributory are included in multiple columns (e.g., a person whose death was related to Methamphetamine and Heroin would be counted in the Methamphetamine, opioid, and Heroin columns).
- Methamphetamine, opioids, and fentanyl were the main drivers of drug overdose deaths in Washoe County from 2018-2020.

Any Drug-Related Poisoning/Overdose Death Rate (per 100,000 Population)



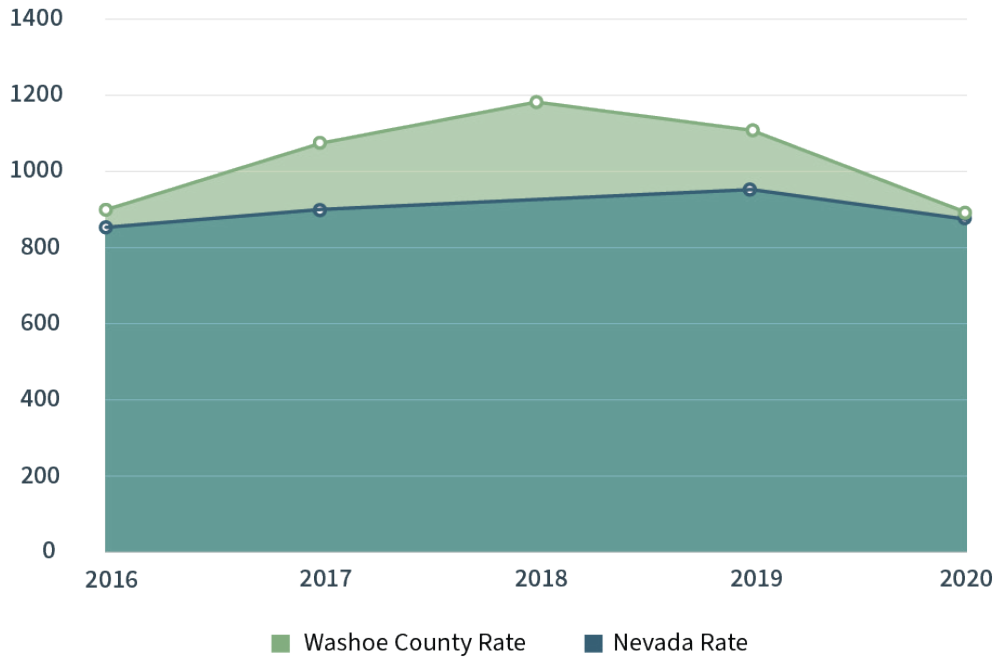
Data source: DHHS, Office of Analytics; CDC WISQARS

Any Drug-Related Poisoning/Overdose Death Rate (per 100,000 Population) cont.

Data Highlights

- After a reduction in drug-related poisoning/overdose death rates in Washoe County from 2017-2018, there was a 37% increase from 2018 to 2020.
- Washoe County continues to have drug related poisonings/overdose deaths rates exceeding both the statewide and nationwide rates. U.S. rates for 2020 were not yet published at the time of reporting.

Washoe County and Nevada: Rate of Overdose Injuries, 2016-2020 (per 100,000 Population)



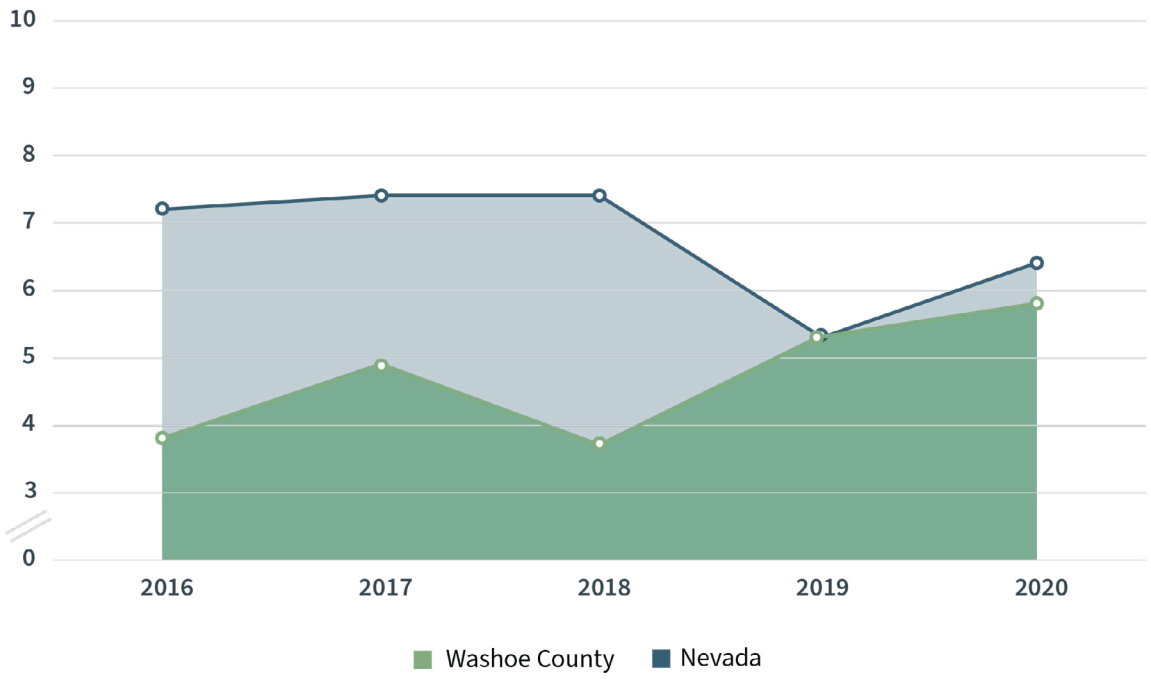
Data source: NV DHHS, Office of Analytics

Data Highlights

- The rate of reported drug overdose/poisoning-related injuries, based on ICD-10-CM codes used to flag injuries, increased from 2016 to 2018, with Washoe County surpassing Nevada rates.
- Since 2018, there has been a reduction in overdose injury rates in Washoe County, per 100,000 population.

Assault

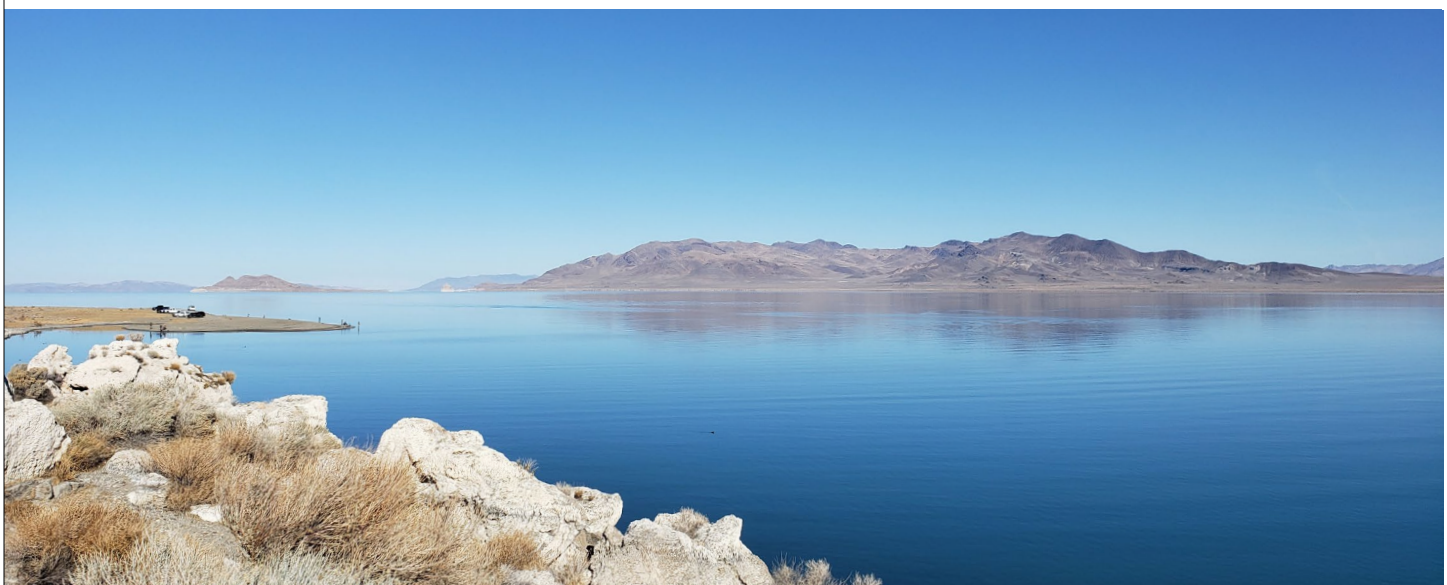
Washoe County and Nevada: Rate of Assault Deaths, 2016-2020
(Per 100,000 Population)



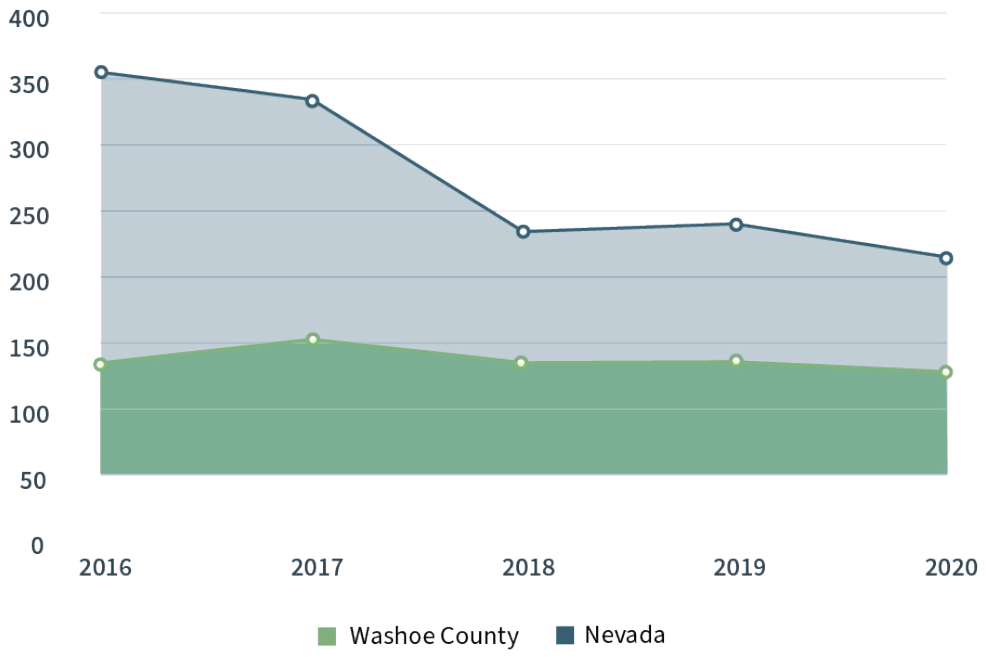
Data source: NV DHHS, Office of Analytics

Data Highlight

- The rate of assault deaths reported in Washoe County has increased since 2016, but remains below the statewide rate.



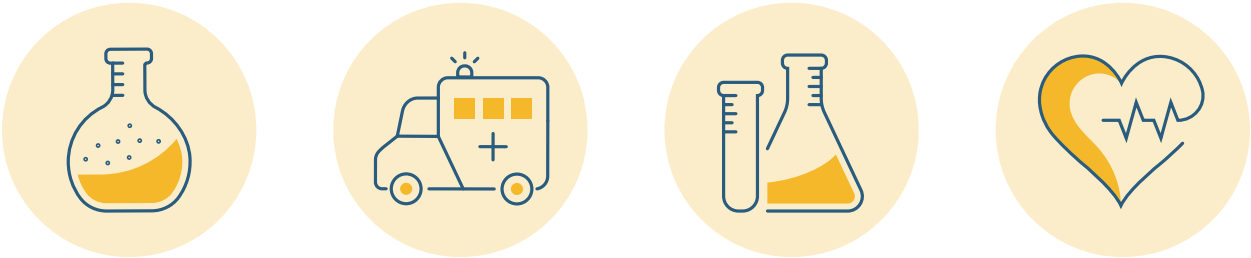
Washoe County and Nevada: Rate of Assault Injuries, 2016-2020
(Per 100,000 Population)



Data source: NV DHHS, Office of Analytics

Data Highlights

- The rate of injuries related to assault has remained stable in Washoe County since 2016, remaining below the statewide rate of assault injuries, per 100,000 population.



Associated Cost of Injuries with Fatal Outcomes: Nevada 2019

Mechanism	Intent(s)	Medical Costs Total
Cut/Pierce	Unintentional, Homicide, Suicide	$56,567.20
Drowning	Unintentional, Homicide, Suicide, Undetermined	$749,934.79
Fall	Unintentional, Suicide, Undetermined	$12,106,963.19
Fire/Flame	Unintentional, Homicide, Suicide	$134,159.79
Hot object/Substance	Unintentional	$81,906.67
Firearm	Unintentional, Homicide, Legal Intervention, Suicide	$990.80
Machinery	Unintentional	$1,981.60
Natural/Environmental	Unintentional	$377,359.60
Drug Poisoning	Unintentional, Homicide, Suicide, Undetermined	$5,554,601.55
Non-Drug Poisoning	Unintentional, Suicide, Undetermined	$151,874.70
Struck by / against	Unintentional, Homicide	$7,700.28
Suffocation	Unintentional, Homicide, Suicide, Undetermined	$1,113,648.26
Transport Related-Overall	Suicide	$58,462.41
Motorcyclist	Unintentional	$620,892.17
Occupant, Motor Vehicle (MV) Traffic	Unintentional	$628,579.65
Pedal cyclist, MV Traffic	Unintentional	$78,466.07
Pedestrian, MV Traffic	Unintentional	$1,051,432.76
Unspecified, MV Traffic	Unintentional	$1,572,119.97
Pedal cyclist, other	Unintentional	$57,645.45
Pedestrian, other	Unintentional	$90,620.14
Transport, other land	Unintentional	$152,974.28
Transport, other	Unintentional	$8,917.18
Other specified and classifiable	Unintentional, Homicide, Suicide	$645,149.12
Other specified / not elsewhere classified	Unintentional, Homicide, Suicide, Undetermined	$101,054.98
Unspecified	Unintentional, Homicide, Undetermined	$1,324,609.28
	Total:	$33,254,898.15

Data source: CDC WISQARS

Data Highlights

- The total medical cost of Unintentional, Intentional and Undetermined intent injury deaths in Nevada during 2019 were over $33 million dollars.
- Washoe County cost data, and statewide costs associated with both Non-fatal and Treat & Release injury categories data were not available at the time of this report.

Chronic Health Conditions

Chronic Lower Respiratory Diseases (CLRD)

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that block airflow and make it difficult to breathe. The two main types of breathing-related problems include emphysema and chronic bronchitis.

Asthma is a respiratory disease that causes wheezing, shortness of breath, tightness in the chest, and coughing.

Age-adjusted COPD and Asthma Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)

2017	2018	2019	2020
56.11 Washoe County	41.91 Washoe County	52.84 Washoe County	45.08 Washoe County
52.30 Nevada	51.32 Nevada	50.91 Nevada	47.53 Nevada

Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

Data Highlight

- Mortality rates due to COPD and asthma in Washoe County decreased by 11% from 2017 to 2020.
- **Percent of adults who have been told they have COPD:** Approximately 0.66% and 0.28% of 47,512 hospitalizations among Washoe County residents in 2020 were COPD- and asthma-related, respectively.

Data source: Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology, 2012-2016 Nevada BRFSS Data

Atherosclerotic Heart Disease

Atherosclerotic heart disease (AHD) is a condition in which there is a buildup of plaque inside the artery walls. This buildup causes the inside of the arteries to become narrow and slows down the flow of blood to the heart.

Age-adjusted AHD Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)

	2017	2018	2019	2020
Washoe County	25.35	15.04	0.25	0.44
Nevada	4.82	3.41	0.90	0.69

Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

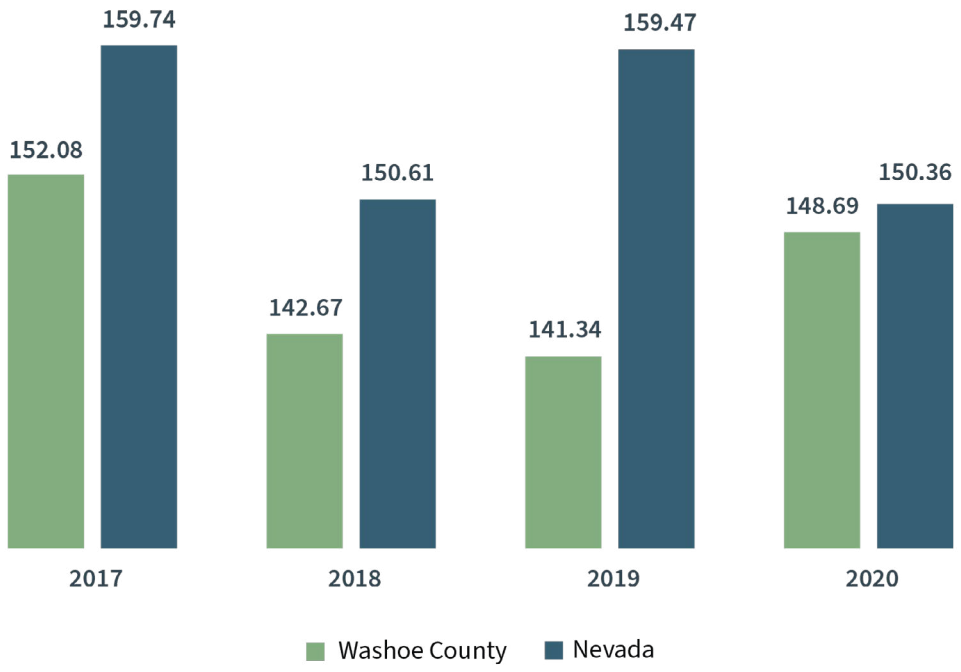
Data Highlight

- Mortality rates due to AHD among Washoe County residents decreased from 2017 to 2020 by almost 25%.
- **AHD-related hospitalizations:** Approximately 0.44% of 47,512 hospitalizations among Washoe County residents in 2020 were AHD-related.

Cancer

Cancer is a disease where the cells of the body grow out of control. When left undiagnosed and untreated, cancer can spread and impact other organs. The causes of cancer differ, however behavioral factors such as being obese, using tobacco products, and excessive alcohol consumption can increase the risk of getting many cancers.

Age-adjusted Cancer Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)



Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

Data Highlight

- Age-adjusted mortality rates from cancer in Washoe County have remained similar from 2017- 2020. When comparing the rates to Nevada, Washoe County rates have been lower for each year.

Age-Adjusted Cancer Mortality Rates per 100,000 Population Washoe County and Nevada Residents, 2017 – 2020

Type of Cancer	Nevada Age-Adjusted Rate				Washoe Age-Adjusted Rate			
	2017	2018	2019	2020	2017	2018	2019	2020
Lip, Oral Cavity and Pharynx	2.48	2.78	2.32	2.97	2.68	1.82	2.25	3.12
Esophagus	3.76	4.66	4.61	3.83	3.48	4.80	4.41	3.76
Stomach	2.57	2.49	2.35	2.43	2.18	2.99	1.86	2.68
Colon, Rectum and Anus	17.72	13.84	14.22	14.10	17.38	11.26	9.59	9.87
Liver and Intrahepatic Bile Ducts	6.68	7.25	7.12	7.20	5.38	5.27	5.36	6.52
Pancreas	11.31	11.00	10.90	11.39	9.71	11.08	10.84	8.85
Larynx	0.58	0.93	0.99	0.59	0.31	1.46	0.51	0.77
Trachea, Bronchus and Lung	39.63	34.27	35.99	34.50	33.99	27.97	29.21	29.03
Skin	2.66	2.01	2.11	2.14	3.35	1.60	2.94	2.63
Breast	11.67	11.45	13.24	11.39	10.39	11.00	10.67	12.33
Cervix Uteri	1.18	1.34	1.46	1.09	0.63	1.52	1.07	1.34
Corpus Uteri and Uterus, Part Unspecified	2.40	2.00	2.29	2.42	2.98	2.00	0.95	3.00
Ovary	3.96	3.32	3.43	3.56	4.36	3.97	4.11	3.82
Prostate	8.43	9.07	9.87	9.94	10.48	8.44	8.90	11.62
Kidney and Renal Pelvis	3.57	3.17	3.47	4.20	2.91	3.16	3.53	3.44
Bladder	5.13	5.57	5.27	4.66	4.90	5.40	5.58	4.27
Brain and Other Central Nervous System	5.11	4.24	3.82	4.68	6.53	5.71	4.60	5.07
Hodgkin's Disease	0.25	0.28	0.50	0.31	0.65	0.23	0.64	0.58
Non-Hodgkin's Lymphoma	5.52	4.68	5.90	5.01	5.33	3.96	5.67	4.87
Leukemia	5.55	5.04	6.50	5.11	5.22	5.14	7.53	6.36
Multiple Myeloma and Immunoproliferative Neoplasms	2.44	2.61	3.21	2.92	2.53	3.09	3.42	3.16
Other and Unspecified Cancers	17.14	18.57	19.84	17.63	16.74	20.79	17.73	22.39

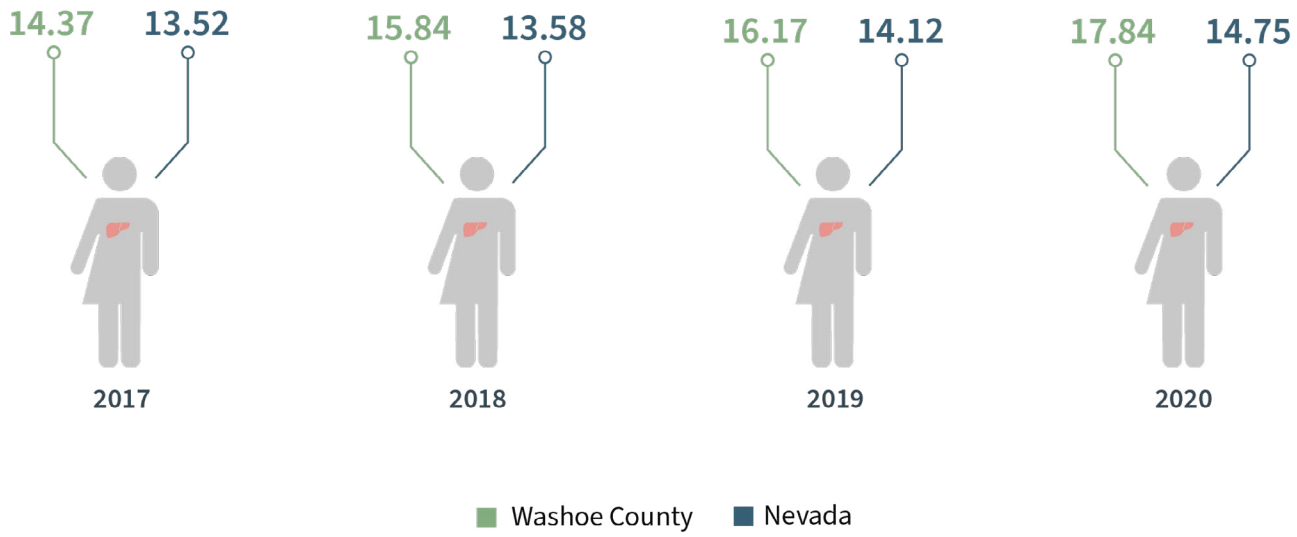
Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

The highlighted cancers represent the top five types of cancer deaths among Washoe County residents from 2017 to 2020.

Chronic Liver Disease

Chronic liver disease, also termed as cirrhosis, is a disease in which scar tissue replaces healthy liver tissue and causes the liver to stop working normally. Scar tissue slows the flow of blood through the liver, and over time the liver does not work the way it should.

Age-Adjusted Chronic Liver Diseases and Cirrhosis Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)



Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

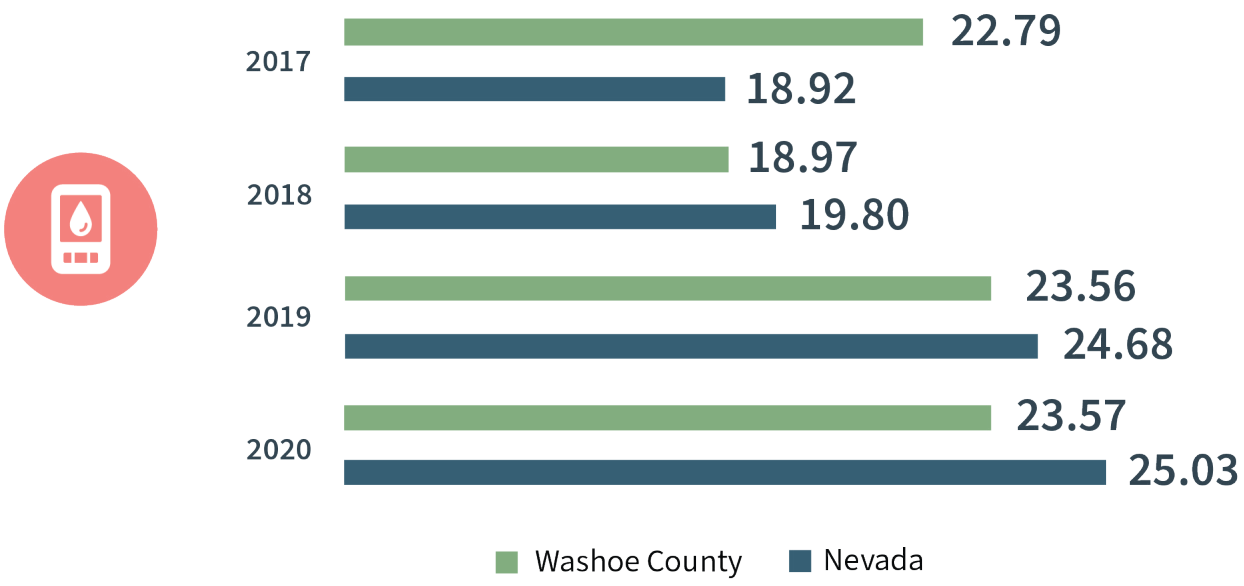
Data Highlight

- Mortality rates from chronic liver diseases and cirrhosis in Washoe County are higher than Nevada rates across the four-year period.
- **Chronic liver disease related hospitalizations:** Approximately 0.83% of 47,512 hospitalizations among Washoe County residents in 2020 were chronic liver disease-related.

Diabetes

Diabetes is a condition in which blood glucose levels are higher than normal causing the body to not properly process food for use as energy. When a person has diabetes, the pancreas either does not produce enough insulin or the body is unable to use insulin efficiently, which leads to high levels of glucose in the blood stream.

Age-Adjusted Diabetes Mellitus Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)



Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

Data Highlights

- Mortality rates due to diabetes mellitus are similar in Washoe County compared to Nevada rates from 2017 to 2020.
- **Diabetes related hospitalizations:** Approximately 2.21% of 47,512 hospitalizations among Washoe County residents in 2020 were diabetes mellitus-related.

Heart Disease

Heart disease is a condition that affects the heart or blood vessels and can lead to heart failure, a condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen.

Age-Adjusted Disease of Heart Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)

2017	2018	2019	2020
187.07 Washoe County	193.75 Washoe County	200.92 Washoe County	192.71 Washoe County
205.01 Nevada	196.29 Nevada	211.72 Nevada	208.68 Nevada

Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

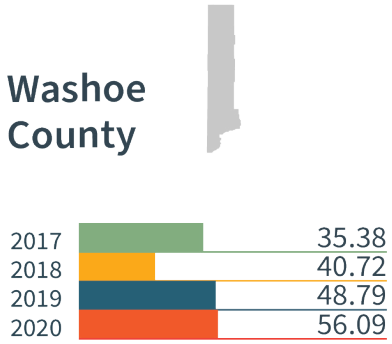
Data Highlights

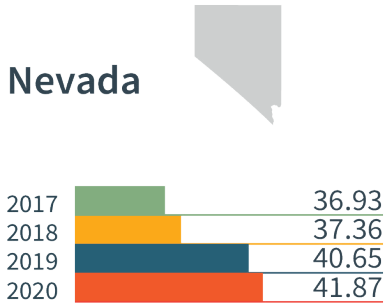
- Mortality rates due to disease of heart among Washoe County residents increased from 2017 to 2019 by approximately 14%, and then decreased from 2019 to 2020 by over 8%.
- **Heart failure related hospitalizations:** Approximately 0.31% of 47,512 hospitalizations among Washoe County residents in 2020 were heart failure related.

Stroke

A stroke occurs when the blood supply to a part of the brain is blocked (ischemic stroke) or when a blood vessel in the brain bursts (hemorrhagic stroke). Without a regular supply of oxygen brain death occurs, and if emergency care is not obtained quickly, permanent brain damage, long-term disability, or death may occur.

Age-Adjusted Disease of Stroke Mortality Rates in Washoe County and Nevada Residents, 2017-2020 (per 100,000 Population)





Data source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health

Data Highlights

- Mortality rates due to stroke have increased by approximately 21% from 2017 to 2020 in Washoe County.
- **Stroke related hospitalizations:** Approximately 1.66% of 47,512 hospitalizations among Washoe County residents in 2020 were stroke related.

Policy, Systems, and Environmental Indicators

Policy, systems and environmental (PSE) interventions promote access to healthier environments where we work, live and play, enabling people to make healthy lifestyle choices.

Policy interventions include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. For example, adding a tax on unhealthy food or beverages, or implementing a workplace/employee policy that meetings and events only be held at smoke-free venues.

System interventions impact all elements of an organization. System change and policy change often work together. For example, a school district implementing a wellness policy would impact all students in a district, or a city deciding to make their parks tobacco-free would impact all park visitors in the city.

Environmental strategies involve physical or material changes to the economic, social, or physical environment. This can include incorporating sidewalks, bike paths and recreational areas into community designs, or posting no-smoking signs near entrances to businesses.

The PSE change approach can help address health disparities as it considers the opportunities and challenges facing all people in the community. The following examples describe efforts in our community that impact policy, systems, and environmental strategies. This is not intended to be a complete list of community efforts.

> **"It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."**
>
> **— Institute of Medicine, 2000**

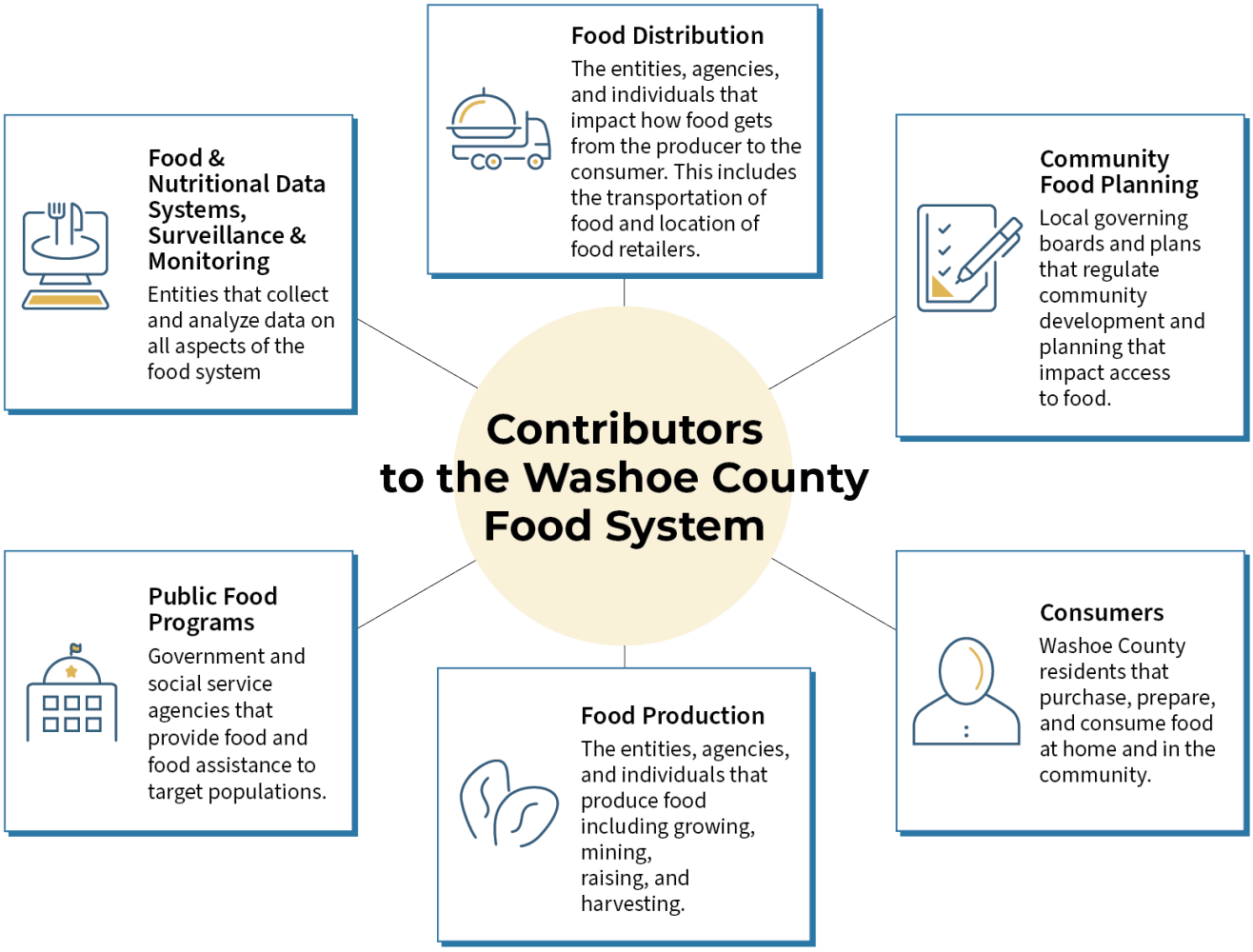
Nutrition

Indicators of community health such as diabetes, hypertension, obesity, and other chronic conditions are strongly correlated with nutrition. A comprehensive approach to improving nutrition in a community must include individual behavior change elements such as education, but it must also include improvements in the food environment, or what is commonly called the "food system." This ensures that individuals have access to the foods they need to eat healthy. A "food system" includes all the entities and processes used in feeding a community, from production to distribution to consumption. A healthy food system would result in all residents in a community having access to affordable, nutritious, high quality food.

Washoe County Food Insecurity: The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active healthy life.

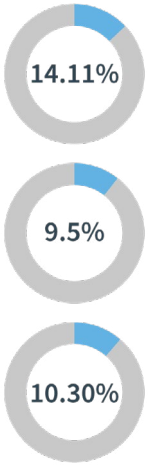
Data Highlight

- According to the County Health Rankings, 11% of Washoe County residents or 50,680 people were food-insecure in 2018.



Data source: County Health Rankings. The 2021 County Health Rankings used data from 2018 for this measure.

Supplemental Nutrition Assistance Program, 2021 Data



14.11% of Nevadans are receiving SNAP	
SNAP participants in Nevada	434,434
Nevada Population	3,080,000
9.5% of SNAP participants are in Washoe County	
SNAP participants in Washoe County	41,458
SNAP participants Statewide	434,434
10.3% of SNAP households are in Washoe County	
SNAP households in Washoe County	23,248
SNAP households Statewide	226,541

To qualify for SNAP benefits, applicants must be at 130% of the Federal Poverty Level, which is an income of less than $2,839 a month for a family of four.

Data Highlights

- Statewide, 14.1% of the population is participating in the Supplemental Nutrition Assistance Program (SNAP) which is approximately 434,434 participants in Nevada.
- In Washoe County, there are 23,248 households participating, with a total of 41,458 individual SNAP participants.

Subsidized School Meal Utilization (School Year 2020-2021)

Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals per federal guidelines; in Washoe County Schools, these students are also eligible for free meals.

At Community Eligible Provision schools all students at the school eat breakfast and lunch at no cost and students do not need to complete an application for free and reduced meal benefits. For a school to be classified as a Community Eligible Provision, the USDA recommends that at least 80% of the children be eligible for free and reduced meals.

Data Source: WCSD 2021-222 Media Release

Data Highlights

- During the 2020-2021 school year, Washoe County School District (WCSD) had 62,166 students enrolled in Subsidized School Meal Utilization.
- Out of the 103 schools in the district, 40 have been identified as a Community Eligible Provision school.
- Among the total students, 46% of the students qualified for free and reduced meals.

Data source: wcsddata.net/data-topics/wearewcsd/

Physical Activity

Active transportation: Active transportation refers to activities like walking, bicycling, and even taking the bus since most bus travel requires walking or biking to the bus stop. When transportation infrastructure is designed to accommodate and encourage active transportation it can have positive impacts on the health of a community. This benefit to public health can be seen in increased activity levels, decreased motor vehicle accidents, and improved air quality.

Bicycle infrastructure: Bicycling is a sustainable form of transportation, however traffic safety barriers and built environment differences may impact the decision for people to get on their bikes. Various bicycle treatments exist and understanding the differences can be helpful for planning, modifying, and improving road safety outcomes.

Types of Bicycle Treatments

Sharrow

A painted stencil of a bicycle in the road invites people to ride in traffic and reminds drivers that people can use the full lane with cars

Standard Bicycle Lane

A painted line separates bicycles from traffic.

Buffered Lane

Adds a space between vehicle travel lanes and bicycle lane to provide additional separation between vehicle and bikes. Cars can travel through lane to reach parking. This also gives bicycles room to swerve out of the way when car doors are opened in front of them.

Protected Lane

Offers a physical barrier to keep people safer from cars.

How Washoe County Travels to Work

Mode (Home-Based Work Trips)	2010	2015	2019
Drive Alone	76.6%	76.6%	75.9%
Carpool	9.7%	9%	8.9%
Public Transit	4.9%	5.2%	5%
Bicycling	0.5%	0.6%	0.5%
Walking	2.8%	2.8%	2.6%
Other Means	1.2%	1.2%	1.4%
Work at Home	4.3%	4.6%	5.7%

Data Source: U.S. Census Bureau, American Community Survey 2010, 2015 and 2019

Data Highlight

- The percentage of people bicycling and walking to work has remained consistent over the past 10 years.

Parks and Open Space

Studies show that providing adequate access to safe parks increases physical activity. Those that live close to parks or with access to more parks are more likely to use them and be physically active. The Health District has completed the following projects to educate and inform residents of the various open space and parks available in Washoe County.

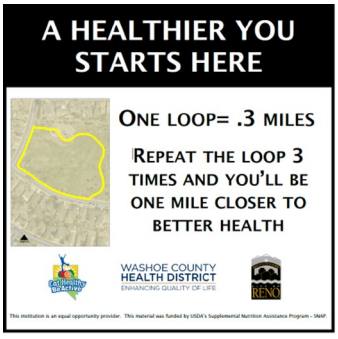
Initiatives

Truckee Meadows Parks Directory

The parks directory is an interactive web-based platform that allows users to search for parks and trails with the option to filter by amenity, sport, and location. The parks directory serves as central resource for community members to easily find and visit parks. Parkfinder.washoecounty.us

Point-of-Decision Signage

Point-of-decision prompts are motivational signs or other prompts for physical activity, such as taking the stairs instead of elevators or escalators. Signs can remind people about an immediate opportunity to add activity to their day and can also provide information about the health benefits of physical activity. The following signs were created for several area parks with walking loops in Washoe County.



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Injury Prevention

Drug-Related Overdose: Deaths, Trends and Initiatives, 2011-2021

2011

- Drug-related overdoses fueled by opioid overprescribing nationwide.
- Nevada ranked the 2nd highest prescribing rates for hydrocodone & oxycodone.
- Nevada Coalitions begin to lead Take Back Effort & support evidence-based prevention efforts.

2012

- Nevada DPBH implemented the Community Health Workers (CHW) to improve service access to both primary care and behavioral health services throughout Nevada.

2013

- Beginning of rise in synthetic opioid overdose deaths nationwide, including fentanyl.
- SB 410 passed decriminalizing possession of hypodermic devices and legalizes syringe services programs in Nevada.
- Northern Nevada HOPES opens Nevada's first Syringe Services Program (SSP) in Washoe County.

2014

- National Governor's Association Policy Academy on Prescription Drug Abuse.
- Nevada Medicaid Implements Managed Care Organizations in Nevada Urban Centers.
- Change Point SSP harm reduction program established at Northern Nevada HOPES in Washoe County.

2015

- Rates of fentanyl overdose deaths continues to rise nationally, surpassing prescribed opioid and heroin deaths.
- SB 459 Good Samaritan Drug Overdose Act passed expanding access to naloxone; increased PDMP requirements in Nevada.
- Governor Sandoval administration releases the first statewide strategic plan for prescription drug abuse prevention.

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Drug-Related Overdose: Deaths, Trends and Initiatives, 2011-2021 cont.

2016

- Comprehensive Addiction and Recovery Act passed to address national opioid epidemic; includes prevention, treatment and recovery, law enforcement and criminal justice reform, overdose reversal.
- Multiple medications are approved by the Federal Drug Administration (FDA) to treat Opioid Use Disorder (OUD).
- Nevada hosts statewide Opioid conference to align and focus response efforts across the state.
- Influx of federal funding supports systemic change in Nevada's treatment space to include Certified Community Behavioral Health Clinic (CCBHC), and Integrated Opioid Treatment and Recovery Centers (IOTRC).
- Statewide effort to expand Naloxone access, development of a virtual dispensary and Community Distribution locations; SOR trainings.
- IOTRCs offer at least three FDA approved medications to treat OUD, naloxone distribution, and onsite or coordinated behavioral health services.
- Major "pill mill" break-up in Washoe County, including nine arrests.
- Four regional Life Change Centers and one local Center for Behavioral Health become IOTRCs through State Targeted Response (STR) funding; mobile teams placed in hospitals in Washoe County.
- Quest Counseling becomes CCBHC offering services to Washoe County.

2017

- U.S. DHHS Secretary declares the opioid crisis a public health emergency.
- Reduction in the Opioid prescription rates trend in Nevada noted in PDMP.
- Nevada Accountability Taskforce convened by Governor Sandoval administration.
- AB 474 Controlled Substances Prevention Act passed requiring prescribers to register for the Prescription Drug Monitoring Program (PDMP).
- First Harm Reduction vending machine in the U.S. established in Clark County by Trac-B Exchange.
- Reduction in Opioid prescription rate trends in Washoe County noted in PDMP (DHHS).

Drug-Related Overdose: Deaths, Trends and Initiatives, 2011-2021 cont.

2019

Rates of polysubstance (stimulant + opioid) overdoses climb nationwide.

Nevada Attorney General Aaron Ford Launches Opioid distributor, manufacturer, and pharmacies lawsuit efforts.

AB 310 mandates electronic prescribing for controlled substances.

AB 239 allows for licensing boards to discipline health professionals that violate AB474.

Washoe County Sherriff's Office (WCSO) Substance Abuse Task Force formed to help address substance abuse deaths.

2020

COVID-19 pandemic + Polysubstance Overdoses spike nationwide. Increase in illicit synthetic opioid pills including fentanyl, methamphetamine and/or cocaine.

Continued reduction in Opioid prescription rates reported statewide, including a 33% decrease from 2017-2020.

Accidental drug overdose deaths in Nevada increase by 55% since 2019, including a 179% increase among people younger than age 25.

Nevada Health Connection Launched- Nevada's first electronic behavioral health services registry referral system.

Revision of NV Medicaid - Medication Assisted Treatment (MAT) Service Policy, removing prior authorization; activation of Screening, Brief Intervention, and Referral to Treatment (SBIRT).

Successful registration of Overdose Detection Mapping Application Program (ODMAP) and use in Washoe County.

Continued downward trend in Opioid prescription rates reported for Washoe County, including a 39% reduction from 2017-2020.

Overdose spike event at local Washoe County high school.
(2 fatal, 1 non-fatal in 1- week)

Drug-Related Overdose: Deaths, Trends and Initiatives, 2011-2021 cont.

2021

The CDC and SAMHSA announces federal funds can be used to purchase of fentanyl test strips (FTS).

AB 374 establishes a Substance Use Response Group (SURG) in the Nevada Attorney General's Office.

SB 390 creates The Advisory Committee for a Resilient Nevada and coordination of statewide efforts for use of Opioid recovery funds.

AB 181 ensures health coverage through Medicaid provides benefits for mental health and substance use disorders.

SB 5 incentivizes providers to expand telehealth services, benefiting the rural and frontier communities.

AB 205 mandates school districts to have naloxone present on school grounds.

AB 345 removes fentanyl testing strips from the categorization of drug paraphernalia.

Six additional harm reduction vending machine establishment by Trac B Exchange in Nevada, including five more in Clark County, and one in rural Hawthorne Nevada.

Completion of WCSO - Community Overdose Preparedness Response Plan.

West Hills Behavioral Health Hospital, large provider of inpatient and outpatient behavioral health and addiction treatment in Washoe County, closes December 2021.

Timeline contributors: Elyse Monroy, Overdose Data 2 Action (OD2A); Lisa Lee, Washoe County Health Services Agency (HSA); Morgan Green, Center for the Application of Substance Abuse Technologies (CASAT).

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Suicide

Suicide Deaths, Trends, and Initiatives 2012-2020

2012

Creation of The National Strategy for Suicide Prevention, a long-term coordinated suicide prevention plan.

2014

First regional Children's Mobile Crisis Response Team (MCRT) service and Hotline formed in Clark County to provide immediate support and stabilization.

Formation of Northern Nevada Children's MCRT service and hotline in Washoe County.

2015

SB 515 allocated money towards multiple projects and programs in State Education.

$16.8 million allocated for program to hire contract social and mental health workers for certain schools in Nevada.

2017

AB 366 requiring creation of four Regional Behavioral Health Boards in Nevada.

SB 192 requiring any facility within the DPBH DHHS that provides mobile mental health services to urban counties must provide those services 7 days/week.

AB 127 directs NDE to provide block grants to schools to employ or contract social workers and other mental health workers in schools with identified needs.

SB 545 allocates $760,000 State monies for suicide prevention.

AB 105 requires certain health care providers to obtain continuing education in suicide prevention and awareness.

SB 212 requires an emergency response plan for schools to address the suicide of a student, teacher, or other member of the school community; make counseling and other services available for students and school staff after a crisis, emergency, or suicide.

Suicide Deaths, Trends, and Initiatives 2012-2020 cont.

2019

AB 66 passed for the creation of Crisis Stabilization Centers.

SB 204 requiring a policy for suicide prevention to be adopted for each public and private school in Nevada.

AB 114 requires reporting of certain information regarding courses and training related to suicide among pupils.

Initiation of DHHS Office of Suicide Prevention (OSP) and UNR CASAT State Opioid Response (SOR) collaboration for Zero Suicide program.

AB 181 allows collection of more data on suicide attempts and suicidal ideations.

SAMSHA and State of Nevada Dept of Veterans Affairs selected, initiated the "Truckee Meadows for Mayors Challenge to Prevent Suicide Among Service Members, Veterans, and their Families."

Washoe County awarded BUILD "Hello Project" funding to address senior isolation in the 89512 community.

2020

H.R. 4564 the Suicide Prevention Lifeline Improvement Act, expands requirements for National Suicide Prevention Lifeline Program.

S.2661: National Suicide Designation Act of 2020 establishes, in law, 9-8-8 as a universal number for mental health crises and suicide prevention.

H.R. 4585 Campaign to Prevent Suicide Act.

H.R. 5619/S.3198 - the Suicide Prevention Act, to provide an opportunity for counselors to receive grant funding to help clients after they have been discharged from the hospital after an attempt to harm or commit suicide.

NDE awarded $1.8M in SAMHSA "Project Aware" grant funds to increase mental health awareness, screening, and connections to community-based mental health services framework in some Nevada schools.

Tobacco

Secondhand Smoke Exposure

There is no safe exposure to secondhand smoke. Decade's worth of research has shown that secondhand exposure to tobacco smoke increases the risk of developing and dying from diseases such as cancer, heart disease, and other chronic conditions. Emerging more recently are e-cigarettes which emit an aerosol, comprised of chemicals and heavy metals that poses health risks comparable to the risks of secondhand smoke exposure. Finally, early research shows that breathing in secondhand smoke from marijuana has similar effects on the cardiovascular system (i.e., heart arteries, veins and blood) as inhaling secondhand smoke from tobacco products; and secondhand marijuana smoke has many of the same cancer-causing chemicals as secondhand tobacco smoke.

Most workplaces in Washoe County enjoy smoke-free air thanks to the 2006 Nevada Clean Indoor Air Act (NCIAA). However, the NCIAA law exempts some businesses such as casinos and bars, leaving nearly 40,000 employees in the Truckee Meadows exposed to secondhand smoke and e-cigarette aerosol at work. Ventilation systems cannot protect against secondhand smoke and e-cigarette aerosol. Comprehensive smoke-free workplace laws are the only way to protect all workers and visitors from exposure to toxins found in secondhand smoke, and help to reduce health care costs, morbidity, and mortality.

Data source: Youth Risk Behavioral Surveillance System, 2019

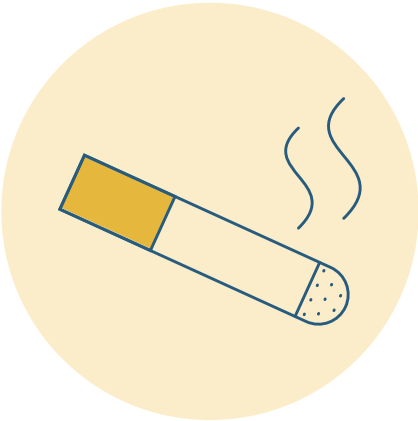
Adult Tobacco Survey

The purpose of the 2019 Nevada Adult Tobacco Survey was to assess current rates of the use of tobacco products and measure the knowledge, attitudes, beliefs, and perceptions of tobacco products, electronic cigarettes, and cessation behaviors among Nevada residents.

A significant percentage of our population is being exposed to secondhand smoke (SHS) due to the NCIAA not being comprehensive and allowing businesses such as casinos and bars to permit smoking indoors. Of those surveyed, 11.8 % reported working in a casino. Of those reporting working in a casino, 83.8% indicated they are exposed to secondhand smoke at work. A summary of the data can be found below:

Secondhand Smoke Exposure (SHS) in the Home, 2019

Home	
SHS infiltrates residence from outside	22.10%
SHS does not infilitrate residence	76.80%
Frequency	
Daily	9.50%
Weekly	3.90%
Monthly	2.40%
Less than monthly	6.30%
Don't Know	1.10%



Secondhand Smoke Exposure (SHS) in the Workplace, 2019

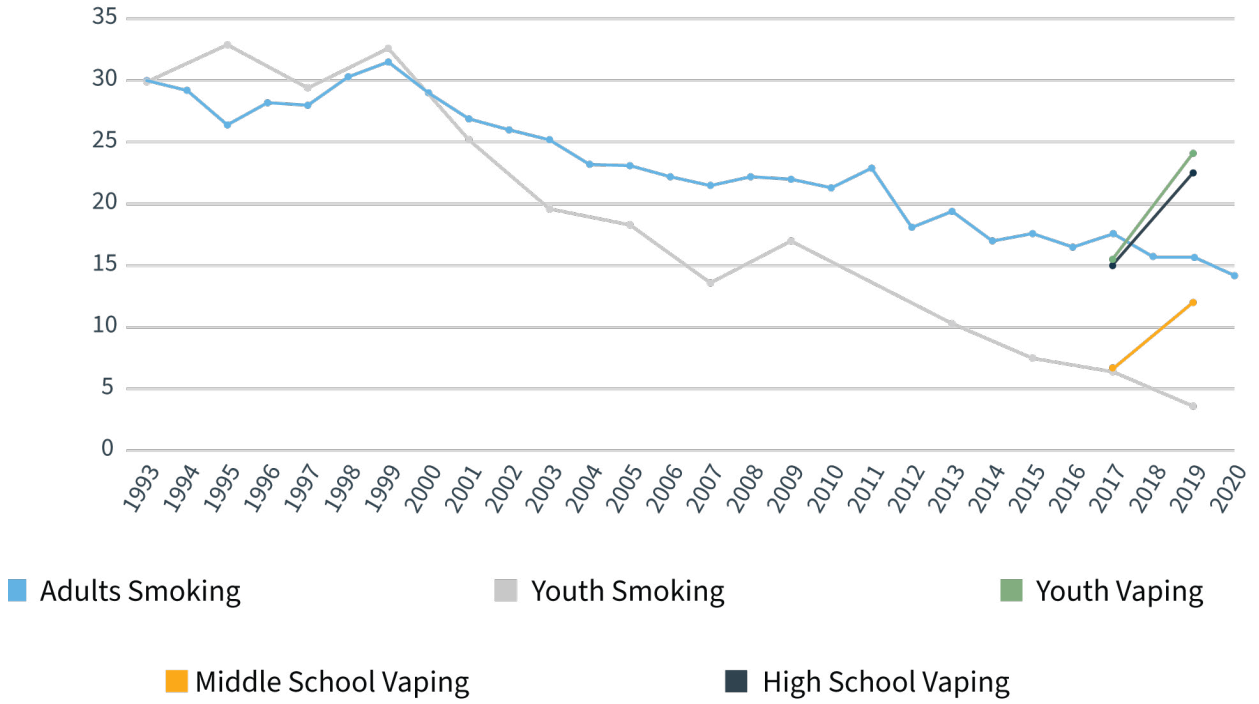
Worked in a Casino			
Exposed to SHS at work	83.80%	Exposed to SHS-Marijuana at work	22%
Never exposed to SHS at work	16.20%	Never exposed to SHS-Marijuana at work	77.60%
Frequency			
Daily	57%	Daily	6.20%
Weekly	6.50%	Weekly	5.80%
Monthly	13.20%	Monthly	3.30%
Less than monthly	7.10%	Less than monthly	6.70%
		Dont Know/Refused	0.50%
Know someone smoked indoors at work in casinos			67.9%

Secondhand Smoke Exposure (SHS) in Other Places, 2019

Home	
Exposed to SHS other than home/work	80.60%
Never exposed to SHS other than home/work	18.50%
Frequency	
Daily	11.80%
Weekly	24.70%
Monthly	19.30%
Less than monthly	24.80%
Prefer not to answer	0.10%

Access to the full report can be found here: 2019 Adult Tobacco Survey

Adult and Youth Vaping and Smoking Rates in Nevada from 1993-2020



Vaping rates were not collected until 2017

Tobacco Use and Tobacco Control Policy in Nevada 1998-2021

1998

Tobacco Master Settlement Agreement (MSA) signed between major tobacco companies and 46 US states and DC, including Nevada.

2000

Utilization of Tobacco MSA funding for tobacco prevention/control (TP/C) initiated by the State of Nevada.

Nevada dedicated approximately $4 million of State MSA funds yearly to TP/C. Federal CDC grant fairly consistent over time at $1 million/year for TP/C efforts statewide.

2003

State tax on cigarettes increased from $0.35 to $0.80 per pack in Nevada.

2006

Nevada Clean Indoor Air Act (NCIAA) passed by Nevada voters banning smoking in most workplaces. Casinos, bars, and adult establishments are exempt.

Tobacco Use and Tobacco Control Policy in Nevada 1998-2021 cont.

2008

Nevada halts use of MSA funding for tobacco; Federal CDC funds are the only funds supporting TP/C in Nevada.

2009

Federal tax on cigarettes increased from $0.39 to $1.01 per pack.

2010

Southern Nevada Health District (SNHD) was awarded $14.6 million for TP/C through the Communities Putting Prevention to Work initiative.

2013

Nevada re-instates MSA funds for TP/C at half the previous amount at $1 million statewide. (Note: Combining state and federal funds for TP/C in Nevada only meets 6.7% of the CDC recommended level of spending for tobacco control in Nevada).

2015

State tax on cigarettes increased from $0.80 to $1.80 per pack in Nevada.

Youth smoking prevalence in Nevada drops to its lowest recorded level in 2015 (7.5%).

2016

Adult smoking prevalence in Nevada drops to its lowest recorded level in 2016 (16.5%).

2017

MSA payments received by Nevada from tobacco companies total about $40 million annually; of this amount only $1million is allocated for TP/C.

Nevada continues to receive MSA payment from tobacco companies, totaling about $40 million annually; less than $1 million is allocated for TP/C

2019

E-cigarettes are classified as Other Tobacco Product (OTP) and taxed. Legislature appropriates $5 million for youth vaping prevention activities. (Consider just the YVP funding if room is an issue)

E-cigarettes are prohibited like combustible cigarettes in the NCIAA so e-cigarette use is not allowed in most indoor places of employment

2019-21

Nevada Legislature increases the age by which tobacco products (includes e-cigarettes) can be sold, from 18-21

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Additional Resources

www.GetHealthyWashoe.com

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