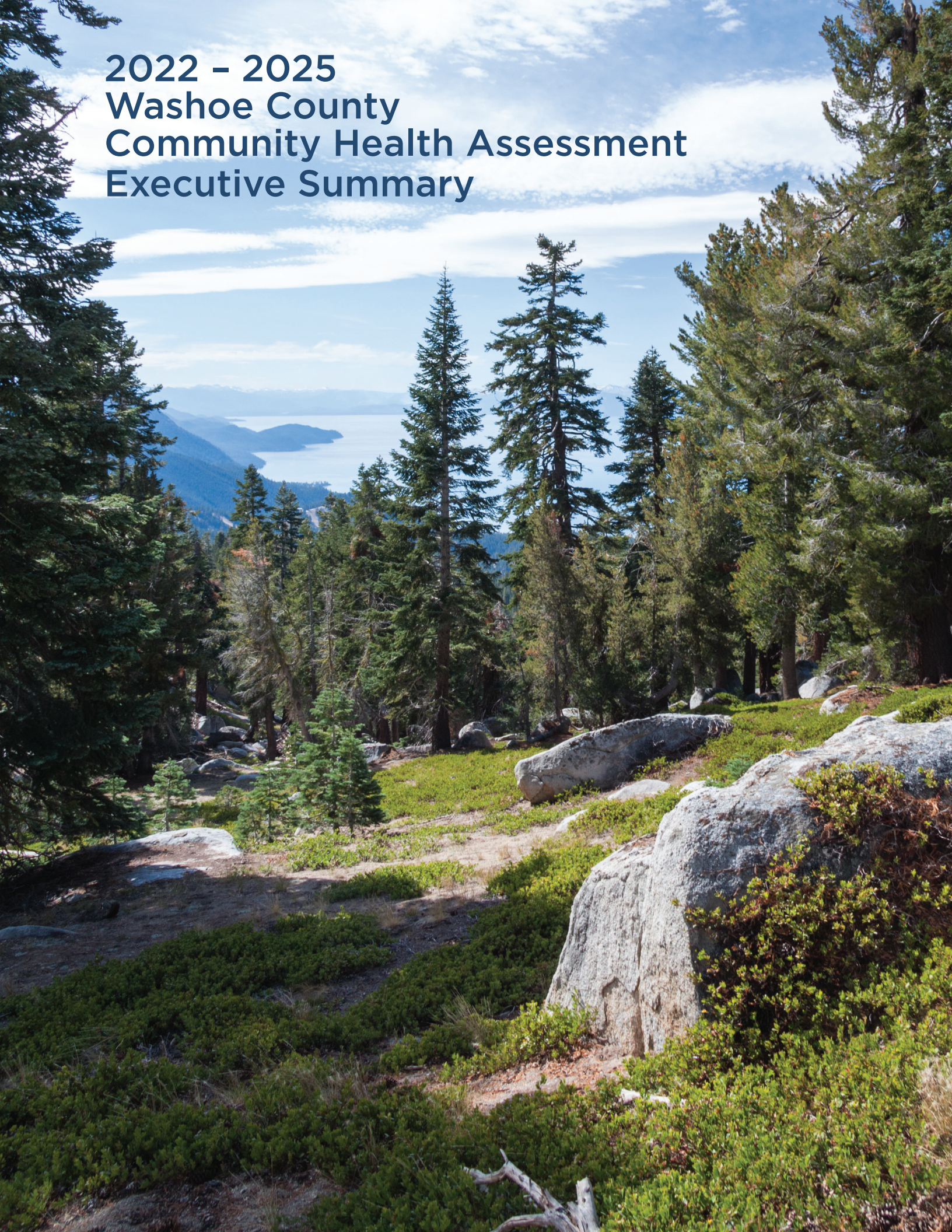
2022 – 2025 Washoe County Community Health Assessment Executive Summary



Executive Summary

The 2022-2025 Washoe County Community Health Assessment (CHA) is a comprehensive overview of health-related statistical data and data from engagement with community members, to inform the development of the Washoe County Health District's 2022-2025 Community Health Improvement Plan. The 2022-2025 CHA utilizes validated and reliable secondary data sources, results from an online community survey, focus group, input from key informants, as well as an agency survey. Each source of information provided additional insight into the health needs of Washoe County's residents and the circumstances that impact health in the region. An objective scoring matrix was applied to the data and resulting scores determined the rank of eight health topics to be prioritized for community health improvement plan initiatives. The CHA serves as a resource for those working to address health behaviors and health outcomes in Washoe County.

State, tribal, local, and territorial health departments conduct CHAs in accordance with the Public Health Accreditation Board (PHAB) standards for accreditation. Although health networks in Washoe County serve residents across the region, including persons who reside in rural areas of northern rural counties in California, for clarity and focus of this report, the data were narrowed in scope to the geopolitical boundary of Washoe County. Historically, the Washoe County Health District has partnered with Renown Health to conduct collaborative health assessments. The first collaborative assessment was created in 2014 and released in coordination with the 2015 Truckee Meadows Healthy Communities Conference held at the University of Nevada, Reno on January 8, 2015. The second assessment conducted in collaboration with Renown Health was the 2018-2020 Washoe County Community Health Needs Assessment.

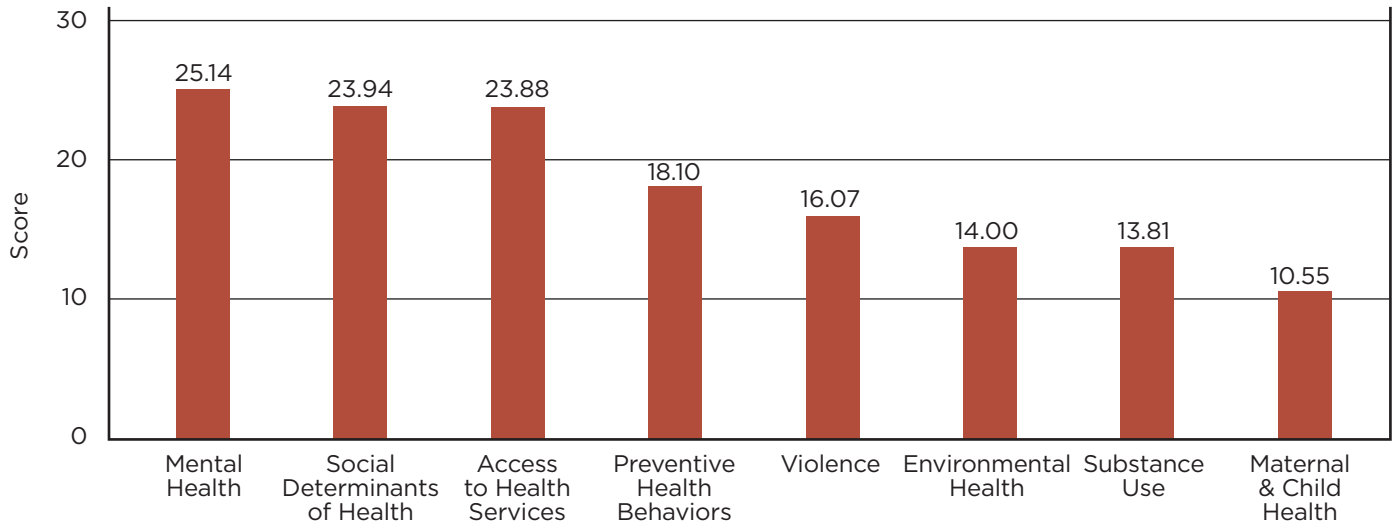
The third assessment was initially planned to occur in 2020, however due to the COVID-19 pandemic, most staff in the Health District were re-directed and tasked with disease investigation, data collection, dashboarding development, and most programmatic duties remained untouched during calendar year 2020. This iteration of the assessment was conducted in 2022 and was not done in conjunction with a non-profit hospital, as the assessment cycles no longer aligned with the same required timeframes.

A ranking of health needs was conducted to better understand and organize the large amount of secondary data (county, state and national level statistics/numbers) and primary data (online community survey, focus group participants, key informants) contained within the assessment. The selected criteria include, 1) magnitude; 2) trend; 3) benchmark relative to Nevada; 4) benchmark relative to the United States; 5) community survey ranking; 6) focus group participant mentioned priorities, and 7) key informant mentioned priorities were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the full assessment.

Although the rankings are relatively self-explanatory, there are considerations for interpretation. The health behaviors and health outcomes are influenced by intricate and multidimensional factors not often captured within a single health topic. Mental health (#1), for example, often coincides with substance use (#7). Substance use sometimes serves as a coping mechanism for persons with mental illness, which can in turn exacerbate the mental health issue and both factors may be influenced by having access to healthcare (#3). Any approach to address needs should be cognizant of the cyclical relationships between human nature and the systemic factors that influence health behavior and resulting health outcomes. This is frequently illustrated by the socio-ecological model of health promotion.[1]

[1] McLeroy, K.R., Bibeau, D., Steckler, A., & Glanz, K. (1988). An ecological perspective on health promotion programs. Health Education Quarterly. Winter; 15(4):351-77.

Rank and Score of Health Topics, Washoe County, 2022



Secondary Data Overview

Secondary data are those data which are gathered regularly (annually, biannually) through standardized collection processes and weighted to the population. These data are generalizable to the population and representative of the best estimates for occurrence of the condition, behavior, or outcome being measured. Over 120 different indicators were assessed within the full report and trends over time as well as comparisons to Nevada and the United States were provided, when data were comparable. The following bullet points provide areas which have been improving over the years in Washoe County, as well as areas which are continuing to worsen.

Socio-ecological model of health promotion

There are several areas that warrant recognition for improvement in recent years:

- Decrease in suicide attempts among high school students
- Higher proportion of adults with a higher education level
- Improvement in high school graduation rates
- Decrease in poverty
- Decrease in food insecurity among children
- Reduction in adults who could not access a doctor due to costs
- Decrease in soda consumption among high school students
- Decrease in physical and sexual dating violence among high school students
- Decrease in high school students who reported they currently drink alcohol
- Decrease in high school students who reported they currently smoke cigarettes
- Decrease in middle and high school students who reported they currently use marijuana
- Increase in high school students who reported they used a method to prevent pregnancy when sexually active
- Decrease in teenage pregnancy rates
- Decrease in prevalence of diabetes
- Increase in adults who met the colorectal screening recommendations
- Decrease in rate of deaths due to colorectal cancer, lung cancer

Areas of concern, not demonstrating improvement include:

- Increase in the proportion of high school students who felt sad or hopeless
- Low rate of English Language arts proficiency rates among students in grades 3 through 8
- Low rate of mathematics proficiency rates among students in grades 3 through 8
- Increasing percent of children who are uninsured
- Low vegetable consumption among adolescents
- Low vegetable consumption among adults
- Increase in proportion of high school students who do not eat breakfast
- Increased reported of screen time (TV, video/computer games, computer use) among adolescents
- Worsening air quality as measured by the Air Quality Index
- Increase in electronic vapor use among adolescents
- Decrease in high school students who eat breakfast each day
- Increase in adolescents who reported they have ever lived with someone who was depressed, mentally ill, or suicidal
- Increasing rates of homelessness
- Increase in middle school students reporting they ever rode in a vehicle driven by someone who had been drinking alcohol
- Increase in middle school students who reported they currently drink alcohol
- Increase in new infections of chlamydia, gonorrhea, and syphilis
- No change in high blood pressure or high cholesterol among adults
- Increase of alcohol induced mortality rates
- Increase in all-cause (overall) mortality rates
- Increase in unintentional fatality rates, largely driven by an increase in poisonings
- Lack of improvement in child (aged 1 to 19 years) mortality rates
- Increased rate of death due to prostate cancer

Primary Data Overview

Primary data are data collected from the population of interest, typically these types of data are not representative of the general population, but do provide insight into explaining the secondary data. For example, secondary data indicates how often adults consume a serving of vegetables, but do not explain why those servings are lower than should be. Primary data collection can be designed to obtain more information about the "why", however due to primary data not being representative or weighted, these data are only indicative of the perceptions, thoughts, feelings, and opinions of those who participated, and are not intended to be representative of the greater community.

There were four types of primary data gathered for the purpose of this assessment, those include, 1) focus groups; 2) community survey; 3) key informant interviews; and 4) an agency survey. Recruitment strategies were intended to solicit participation from a diverse representation of residents, not just limited to diversity of race and ethnicity, but sexual orientation, gender identity, occupational groups, and locations of residence within Washoe County.

The primary data findings from community survey responses identified the top three ranked areas of need to be 1) Mental health; 2) Access to health services; and 3) Social determinants of health. While focus group data indicated the top three ranked areas of need to be 1) Social determinants of health; 2) Access to health services; and 3) Mental health. Key informant interviews differed slightly and ranked needs as 1) Mental health; 2) Social determinants of health; and 3) Violence as top health needs among populations they represented.

Detailed discussions of the primary data are provided in the Assets & Gaps section and relevant deep dives are within subtopic areas throughout the assessment.

Assets & Gaps Overview

While there are notable benefits of living in a smaller city or metropolitan region, there is a shortage of amenities needed to have a healthy community. Most participants mentioned barriers such as access to direct health services, and the downfalls of unchecked population growth which continues to put pressure on existing resources. Additionally the cost of living and lack of affordable housing, coupled with stress and inability to have a healthy work-life-balance, result in impacts to both mental and physical health.

Washoe County has the benefit of relatively great weather and climate, however in recent years smoke from wildfires has been cited as a reason for staying indoors, cancelling outdoor activities, including exercise options and outdoor event-based gatherings. Wildfire smoke has a direct impact on heart and lung health.

Summary

It is challenging to determine when a community has reached the status of "healthy". The Healthy People objectives are one metric or benchmark to consider; however, Washoe County falls short of achieving the majority of those measures. Additionally, there are tools such as Robert Wood Johnson Foundation's County Health Rankings for in-state comparisons to other counties and multitude of

other websites that compare peer counties across state lines, which allow for quantifiable success relative to the nation. However, the United States remains among one of the least healthy developed countries as measured by life expectancy and premature mortality, indicating there are multiple opportunities for improvement across most spectrums of health nationwide.

Focusing on continued outreach, support, and partnership at the individual and agency- levels will enhance opportunities for innovative approaches to improving health outcomes. Achieving a healthy community is not a one-time or short-term success, it involves ongoing and cross-sector collaboration, as there will always be areas to improve upon to directly or indirectly affect the health of the community.

Moving forward, the CHA will serve as a guiding document for the goals and objectives of the Washoe County Health District Community Health Improvement Plan (CHIP). The CHIP will outline the next steps taken over the coming three years to address the community health needs identified and will rely heavily on a collaborative approach to make a collective, broad impact on the health of our community.

Acknowledgements

The Washoe County Health District would like to acknowledge and thank the Steering Committee members for their time and efforts as well as Scott Oxarart and Mike Corbitt for graphic design and editing.

Name	Organization	Position
LaNesha Battle	Washoe County School District	Director, Equity and Diversity
Michael Brazier	United Way Northern Nevada Sierras	CEO and President
Benjamin Challinor	Faith in Action	Policy Director
Megan Comlossy	University of Nevada, Reno	Associate Director, Center for Public Health Excellence
Lucius Dennis	Washoe County School District	Equity and Diversity Specialist
Ashleigh Foster	United Way Northern Nevada Sierra	Interim CEO and President
Shaunda Johnson	Faith In Action	State Director
Jessica Mahon	Community Services Agency	Program Director
Chasity Martinez	Faith In Action	Community Organizer
Erica Mirich	Truckee Meadows Tomorrow	Chief Executive Officer
Annie Zucker	Renown Health	Community Health and Relations Officer
Heather Kerwin	Washoe County Health District	Epidemiology Program Manager
Julia Ratti	Washoe County Health District	Director of Programs and Projects
Rayona LaVoie	Washoe County Health District	Management Analyst
Falisa Hilliard	Washoe County Health District	Program Assistant
Camille Haga	Washoe County Health District	Program Coordinator
Camarina Augusto	Washoe County Health District	Health Equity Coordinator
Nancy Diao	Washoe County Health District	Division Director, Epidemiology and Public Health Preparedness