



2018–2020  
Washoe County  
Community Health  
Needs Assessment

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EXECUTIVE SUMMARY



The 2018-2020 Washoe County Community Health Needs Assessment was sponsored in full by the Washoe County Health District and Renown Health in collaboration with Truckee Meadows Healthy Communities.

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HEALTH DISTRICT**  
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HEALTH



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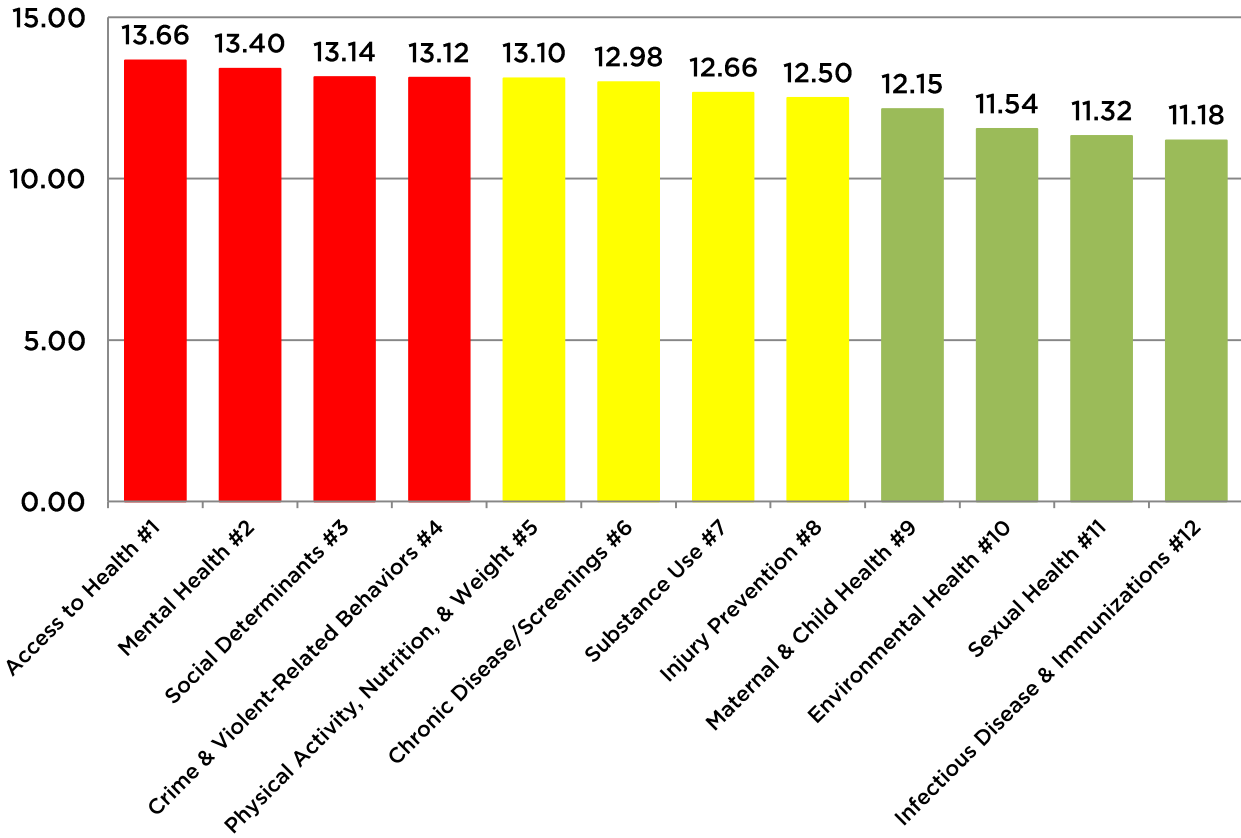
The 2018-2020 Washoe County Community Health Needs Assessment (CHNA) is a comprehensive health overview that informs the development of two action plans; the Community Health Improvement Plan (CHIP) and Renown Health's Community Benefit Plan. The two action plans are currently in development and will be released mid-2018. The 2018-2020 CHNA, the CHIP, and Benefit Plan all serve as resources for numerous organizations, community leaders, and partners working in social and human service capacities to address health in Washoe County.

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. This document, the 2018-2020 Community Health Needs Assessment, is the second collaborative assessment and utilizes validated and reliable secondary data sources, results from an online community survey, feedback from subject matter experts, and input from participants through a Community Workshop. Each source of information provided additional insight into the health needs of Washoe County's residents and the social circumstances that impact health in the region.

There are 20 main sections within the assessment; including, 18 sections specific to health topics containing secondary data for over 250 health indicators, one section detailing sociodemographic of high needs ZIP codes, and another describing community strengths and challenges.

A prioritization of health needs was also 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) contained within the assessment. The selected five criteria, magnitude, severity, trend, benchmark, and community perception, were utilized to objectively score and rank health topics. The detailed methodology for prioritization, scoring, and ranking is included within the full assessment.

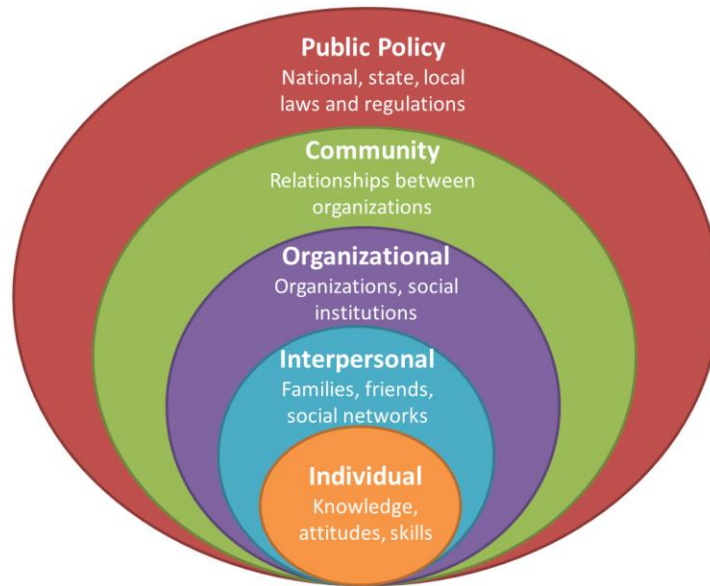
## Overall Health Needs Score & Rank



Although the ranks appear to be self-explanatory, there are considerations for interpretation. The range of scores is relatively small, with only a 2.48 point spread between the highest and the lowest need and as little as 0.02 separating many categories. Most importantly, health behaviors and health outcomes are influenced by intricate and multidimensional factors not often captured within a single health topic. Mental health illnesses (#2), for example, often coincide 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 (#1). 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.<sup>1</sup>

<sup>1</sup> 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.

## Socio-ecological model of health promotion



In addition to the prioritization of health topics, there are several areas that warrant recognition for improvement in recent years. Among these include:

- Increased enrollment of health insurance coverage
- Increase in percentage of infants that are breastfed
- Improvement in high school graduation rates
- Increase in immunization rates among children
- Increase in screening rates for diabetes and colorectal cancer
- Decrease in rates of new cases and deaths due to cervical cancer, colorectal cancer, and lung cancer
- Decrease in deaths due prostate cancer
- Decrease in poverty, unemployment, food insecurity and the percentage of children living in single-parent households
- Decrease in adult cigarette use
- Decrease in abortion rates
- Decrease in teenage pregnancy rates
- Decrease in infant mortality rates

Areas of concern include:

- Lack of improvement in nutrition or physical activity
- Increase in rates of obesity among adults
- Increase in perceived poor and fair health among adults
- Increase in poor mental health days among adults
- Increase in adult binge and heavy drinking and alcohol-related, prescription drug, and illicit drug-related deaths
- Lack of improvement in suicide and intentional-self harm rate of deaths

- Increase in unintentional fatality rates, largely influenced by an increase in poisonings, falls, and alcohol-related motor vehicle fatalities
- Increase in violent crime rates and deaths due to homicide and assault
- Increase in new infections of chlamydia, gonorrhea, and syphilis
- Increase in rates of reported new cases of invasive pneumococcal disease
- Decrease in mothers who receive prenatal care within the first trimester
- Increase in child (aged 1 to 14 years) mortality rates
- Decrease in cervical cancer, breast cancer, and prostate cancer screening rates
- Increased rates of new cases of breast and prostate cancer
- Increase in deaths due to breast cancer
- Increase in the prevalence of arthritis, asthma, diabetes, heart attacks, and strokes as well as increased prevalence of high cholesterol and high blood pressure among adults
- Increase in all-cause (overall) mortality rates

It is challenging to determine when a community has reached the status of “healthy”. A metric to consider might be the Healthy People objectives; 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 and 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.

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 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 CHNA will serve as a guiding document for the goals and objectives of the Community Health Improvement Plan and Renown Health’s Community Benefit Plan. These two documents 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.