City of Carson City
Agenda Report

Date Submitted: June 8, 2012

Agenda Date Requested: June 21, 2012
Time Requested: 15 Minutes

To: Carson City Board of Health
From: Health & Human Services (Marena Works)

Subject Title: For Possible Action: Presentation with possible action to accept the Carson City Community Health Assessment. (*Marena Works*)

Staff Summary: The Community Health Assessment (CHA) process began in the fall of 2010 by CCHHS in collaboration with many community partners. The objective was to prepare a profile of the health of Carson City. The CHA has been a joint project of CCHHS and various community partners. This is the first time an assessment of this nature has been conducted. Meetings have been held with community members on a regular basis since this process began.. This assessment as many objectives, including presenting a profile of the health of Carson City, setting priorities to improve the health of the community and creating the necessary documentation for program planning and development. The CHA includes data from the Local Public Health Assessment Instrument, Carson Tahoe Regional Healthcare, FISH, Sierra Family Health Center, "Runs" date from Carson Fire and numerous printed publications including the 2011 County Health Rankings.

Type of Action Requested: (check one)

(____) Resolution (____) Ordinance
(__x__) Formal Action/Motion (__) Other (Specify) Information Only

Does This Action Require A Business Impact Statement: (___) Yes (_X__) No

Recommended Board Action: I move to accept the Carson City Community Health Assessment.

Explanation for Recommended Board Action:

Applicable Statue, Code, Policy, Rule or Regulation: N/A

Fiscal Impact: N/A

Explanation of Impact:N/A

Funding Source: N/A

Alternatives:

Supporting Material: Community Health Assessment

Prepared By: Marena Works, MSN, MPH, APN

Reviewed By: _____ Date: 6/12/12
(Department Head)

_____ Date: 6/12/12
(City Manager)

_____ Date: 6/12/12
(District Attorney)

_____ Date: 6/12/12
(Finance Director)

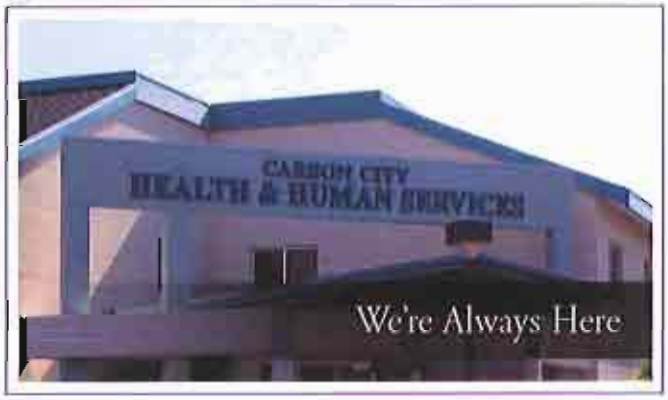
Board Action Taken:

Motion: _____ 1) _____ Aye/Nay
2) _____

_____
(Vote Recorded By)

Carson City Community Health Assessment

JUNE 2012



CARSON CITY
HEALTH & HUMAN SERVICES

www.gethealthycarsoncity.org

Mission: To protect and improve the quality of life for our Community through disease prevention, education, and support services.

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Acknowledgements

Special Thanks to:

All the committed community members who contributed to this health assessment process by providing input, data, feedback, quotes, and support

Carson City Board of Health:

Susan Pintar, Health Officer, Chair
Robert Crowell, Mayor
Karen Abowd, Supervisor
Shelly Aldean, Supervisor
John McKenna, Supervisor
Molly Walt, Supervisor
Kenny Furlong, Sheriff

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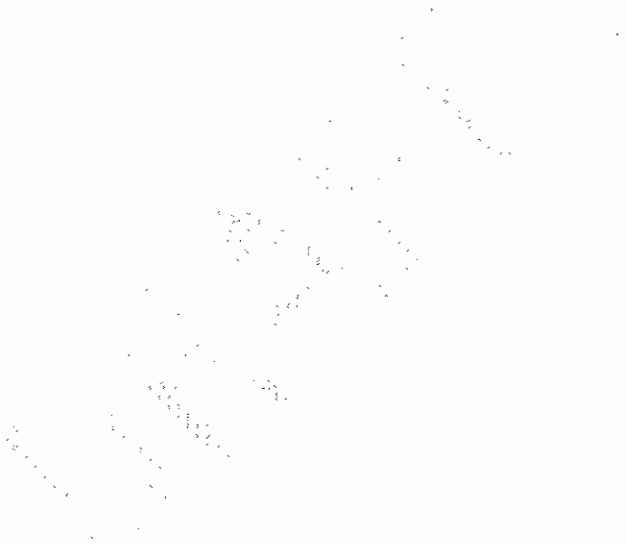

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Executive Summary

This Community Health Assessment was undertaken in the fall of 2010 by Carson City Health and Human Services (CCHHS) in collaboration with many community partners. The objectives of this assessment include preparing a profile of the health of Carson City, setting priorities to improve the health of the community, determining resource allocations, and creating necessary documentation of community health factors for program planning, development, and assessment, as well as accreditation.

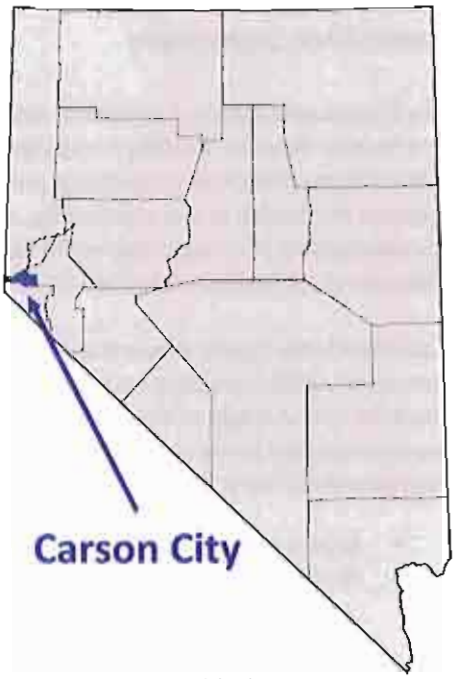
A profile of the county shows that overall, Carson City is a relatively small, homogeneous community with a physical environment that is conducive to good health. Most of its health statistics mirror those of the state as a whole, which are often less than optimal. The assessment process resulted in the selection of three priorities for the Carson City Community Health Improvement Plan (CHIP).

- Access to Health Information and Health Care
  - Improving Access to Health Information
    - Health Resources in Carson City
    - Health Data from Community Partners
  - Improving Access to Health Care
    - Oral Health
    - Mental Health
- Chronic Disease Prevention
  - Type II Diabetes
  - Smoking/Tobacco Cessation
  - Obesity
- Lifestyle & Behavioral Health
  - Teen Pregnancy
  - Sexually Transmitted Diseases
  - Alcohol & Substance Abuse
  - Pedestrian and Bicycle Safety and Access

There are many factors that contribute to the health status of Carson City, both positive and negative. These include the challenges of living in a rural area, Nevada's unique culture, the physical environment, and the condition of the Local Public Health System (LPHS). The stakeholders utilized a process involving the National Public Health Performance Standards Program (NPHPSP) Local Public Health System Performance Assessment Instrument (LPHSPAI). Overall, the participants indicated the LPHS is working hard to assure the provision of the 10 Essential Public Health Services to the Carson City community. The primary needs are for improvement in information quality and availability through enhanced data gathering, analysis, technology, and dissemination. The majority of the activities that need enhancement are dependent upon adequate resources.

Carson City benefits from many assets and resources that can be used to address the priority health areas, including excellent outdoor recreation opportunities, farmers markets, a school district committed to healthy eating, an excellent medical center, local college and nearby university, and committed community members. The results of this assessment will be used to support efforts to improve the health of Carson City.

Introduction



Carson City is a consolidated municipality (both a city and a county) and the capital of the State of Nevada. It is located in the northern part of the state, south of Reno and east of Lake Tahoe.

Carson City Health and Human Services (CCHHS) is the local public health authority. CCHHS strives to protect and improve the quality of life of the community through disease prevention, education, and support services. In order to achieve that mission, CCHHS is charged by state law and municipal code to protect the health of Carson City's citizens and visitors.

To fulfill this responsibility, CCHHS carries out a broad and comprehensive public health program. This includes classic public health services, a substantial range of personal health services, and a number of city-mandated regulatory services related to health. Specific public health activities include animal services; code enforcement; community health clinic; epidemiology; environmental health; human services; public health preparedness; and Women, Infant and Children (WIC), as well as various education programs. Staffing consists of 35 full-time and 20 part-time employees.

This Community Health Assessment has been a joint project of CCHHS and various community partners. The process began in the Fall of 2010. CCHHS staff and the Health Officer brainstormed to create an inclusive list of community partners that were invited to participate in the assessment process. This is the first time an assessment of this nature has been conducted. Meetings have been held with community members regularly since this process began. Thanks to participants representing a broad perspective on the health status of Carson City, including CCHHS staff, extensive feedback has been received. For a complete list of community participants, please see Appendix C.

This assessment has many objectives, including presenting a profile of the health of Carson City, setting priorities to improve the health of the community, determining resource allocations, and creating the necessary documentation for program planning, development, and assessment, as well as preparing for National Voluntary Public Health Accreditation. The assessment activities have provided a rich learning experience for identifying strengths and weaknesses in the public health system, revealing needs for data and resources, and laying a foundation for future assessments and evaluations that will include additional areas of concern.

A national initiative for accreditation of public health agencies has recently been launched. According to the Public Health Accreditation Board (PHAB), "Public health accreditation is defined as the development of a set of standards, a process to measure health department

performance against those standards, and reward or recognition for those health departments who meet the standards" (PHAB Board, 2011). CCHHS is currently working on meeting the requirements to be recognized as an accredited local health department. Since accreditation is a new process, the activities and templates supported are evolving as more knowledge and experience is gained by all participants, creating exciting challenges. In generating this community health assessment, CCHHS hopes to contribute to this developing knowledge base. Additional information on accreditation is available at: http://www.phaboard.org/.

The primary assessment tool used in beginning the data collection process was the National Public Health Performance Standards Program (NPHPSP) Local Public Health System Performance Assessment Instrument (LPHSPAI). Additionally, data from a wide spectrum of sources was presented to the stakeholder group for discussion. The stakeholders agreed that the data showed patterns indicating the areas of greatest need related to health in Carson City. A community "Get Healthy Carson City!" workgroup, composed of members from this initial assessment, used the data to select three priority areas for the Carson City Community Health Improvement Plan (CHIP).

1. Access to Health Information and Health Care
2. Chronic Disease Prevention
3. Lifestyle and Behavioral Health

> "It was a great experience to see so many community partners come together for the *Community Health Assessment* process, demonstrating a strong interest in the public health of Carson City and how collectively we can mobilize action towards better community health."
> *—Rota Rosaschi, Executive Director, Nevada Public Health Foundation*

Please see the "Get Healthy Carson City! A 2020 Health Action Plan" for additional information. Additional meetings are ongoing to determine strategies for addressing these issues.

This report contains information from multiple data sets, data sources, and reports. This document will present a profile of the health of Carson City, look further into the CHIP Priority Areas, discuss contributing factors, review assets and resources, and identify gaps and next steps.

Methodology

Assessment Tools

National Public Health Performance Standards Program (NPHPSP) Local Public Health System Performance Assessment Instrument (LPHSPAI)

The National Public Health Performance Standards Program (NPHPSP) is an initiative supported by the seven main national public health organizations and maintained by the Centers for Disease Control and Prevention (CDC) to enhance public health programs across the country. The Local Public Health System Performance Assessment Instrument (LPHSPAI) is one of three tools developed by NPHPSP to assist health departments with assessing their systems. The tools are based on the 10 Essential Public Health Services. These Essential Services were laid out by the Core Public Health Functions Steering Committee in 1994. This committee included broad representation by all major public health organizations.

The Essential Services describe "the public health activities that should be undertaken in all communities," as well as "provide a working definition of public health and a guiding framework for the responsibilities of local public health systems." They are:

Diagram 1 – Essential Services Wheel

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems (NPHPSP, 2010)

The goals of the NPHPSP are "to improve the quality of public health practice and the performance of public health systems by:

- Providing performance standards for public health systems and encouraging their widespread use,
- Encouraging and leveraging national, state, and local partnerships to build a stronger foundation for public health preparedness,
- Promoting continuous quality improvement of public health systems, and
- Strengthening the science base for public health practice improvement"

(NPHPSP, 2010).

For additional information on NPHPSP, please see: http://www.cdc.gov/nphpsp/.

The complete NPHPSP LPHSPAI is available online at:
http://www.cdc.gov/nphpsp/documents/local/Local.BookletA.pdf.

This tool is one of several recommended by PHAB for a community health assessment. It was chosen for two reasons: to be consistent with other assessment activities being done by CCHHS and because of its user-friendly layout that supported the involvement of community stakeholders, while allowing for the assessment activities to be split up across several meetings to accommodate the busy schedules of participants. Various topics within each Essential Service Area were evaluated using an activity scale of:

- Optimal (Greater than 75%)
- Significant (Greater than 50%, but no more than 75%)
- Moderate (Greater than 25%, but no more than 50%)
- Minimal (Greater than 0%, but no more than 25%)
- None (0% or absolutely no activity)

Two meetings were held, one on September 24, 2010, and the second on December 10, 2010, to solicit feedback from community members. Information on various measures was also provided by CCHHS staff. A complete listing of the results of the assessment appears in Appendix D.

Healthy People

Healthy People is a national initiative to improve the health of all Americans. It consists of science-based objectives with targets set by a collaborative process. The recently released 2020 objectives are the fourth iteration of the objectives, which are evaluated and revised every ten years. A later section of this document will provide some statistics for Carson City in comparison to the Healthy People 2010 objectives. Additional information is available on the Healthy People Website at: http://www.healthypeople.gov.

Reports and Data Used

Healthy People Carson City – Moving From 2010 to 2020

Data from this report, published by the Office of Health Statistics and Surveillance (OHSS), which is part of the Bureau of Health Statistics, Planning, Epidemiology, and Response within the Nevada State Health Division (NSHD), is used in this assessment, as it paints a broad picture of the status of the health of Carson City compared to the Healthy People targets. Please see the complete report in Appendix F. This report includes data from the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and Vital Statistics.

Nevada Rural and Frontier Health Data Book, 2011 Edition

This report, published by the Nevada State Office of Rural Health, "contains a wide range of current information on population health and the health care delivery system in rural and frontier regions of Nevada" (Office of Rural Health, 2011, Rural Health Data Book). The complete report is available online at: http://www.medicine.nevada.edu/CEHSO/databk11.html.

2010 PRC Community Health Report

Data from a BRFSS-like survey conducted by Professional Research Consultants, Inc. (PRC) and sponsored by Carson Tahoe Regional Healthcare (CTRH) also adds to the profile of Carson City. As a non-profit hospital, CTRH is required by provisions of the Patient Protection and Affordable Care Act (ACA) to conduct a community health needs assessment every three years. Information on the methodology used for this survey is available in the 2010 PRC Community Health Report, which is available online at: http://www.carsontahoe.com/main.asp?pID=77. (CTRH, 2010, PRC Report).

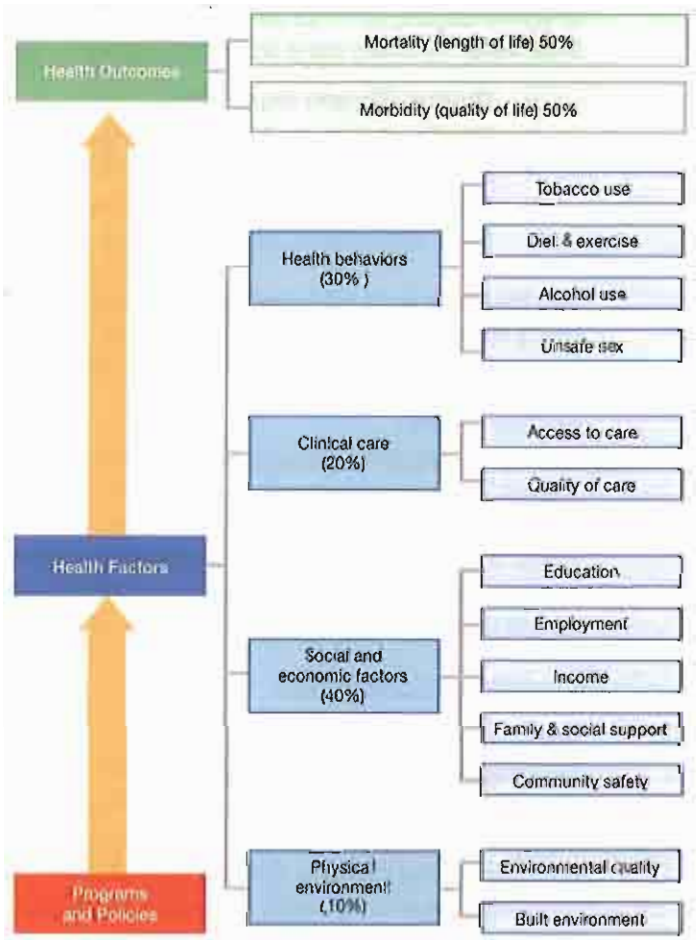
2011 County Health Rankings

The Robert Wood Johnson Foundation in collaboration with the University of Wisconsin Population Health Institute has developed a methodology for creating a ranking that compares the counties within a state to each another. (Please see Diagram 2.) The model incorporates multiple measures into two areas: Health Outcomes and Health Factors.

The Health Outcomes measure is based on one mortality measure and four morbidity measures. The Health Factors measure is based on six health behavior measures, five clinical care measures, seven social and economic factor measures and four physical environment measures.

For additional information on the Country Health Rankings, please visit http://www.countyhealthrankings.org/.

Diagram 2 – County Health Rankings Model



County Health Rankings model ©2010 UWPHI

Publicly Available Data

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest telephone survey in the world. It was established in 1984 as "a state-based system of

health surveys that collects information on health risk behaviors, preventive health practices, and health care access primarily related to chronic disease and injury. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors." "States use BRFSS data to identify emerging health problems, establish and track health objectives, and develop and evaluate public health policies and programs. Many states also use BRFSS data to support health-related legislative efforts." "Currently, data are collected monthly in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam" (CDC BRFSS, 2008).

Data on cancer diagnosis and treatment are collected for all diagnosed cancers. Data are collected by all 50 states and reported to the CDC's National Program Cancer Registries (NPCR). The data is used for local, state, and national analyses of cancer incidence, survival, and related topics (CDC NPCR, 2012).

According to their mission statement, "The Census Bureau serves as the leading source of quality data about the nation's people and economy. We honor privacy, protect confidentiality, share our expertise globally, and conduct our work openly. We are guided on this mission by our strong and capable workforce, our readiness to innovate, and our abiding commitment to our customers" (US Census Bureau, 2012).

Data on reportable communicable diseases is available from CCHHS. "The Nevada Administrative Code Chapter 441A requires reports of specified diseases, food borne illness outbreaks and extraordinary occurrences of illness be made to the Local Health Authority. The purpose of disease reporting is to recognize trends in diseases of public health importance and to intervene in outbreak or epidemic situations" (CCHHS, 2010, Reportable Diseases).

The Nevada Department of Employment, Training and Rehabilitation (DETR) "provides a wealth of information related to Nevada's workforce and economic conditions" through its Research and Analysis Bureau. It "serves as Nevada's primary provider of workforce information" (Nevada DETR, 2012).

Vital Statistics are data collected on all births and deaths. Data are collected by all 50 states. They are utilized by the state for analyses and reported to the CDC's National Center for Health Statistics (NCHS), which compiles data and statistics for the nation as a whole (CDC NCHS, 2011).

The Youth Risk Behavior Surveillance System (YRBSS) is a survey administered to middle and high school students annually across the country. "It monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including—

1. Behaviors that contribute to unintentional injuries and violence
2. Tobacco use
3. Alcohol and other drug use
4. Sexual risk behaviors
5. Unhealthy dietary behaviors
6. Physical inactivity

YRBSS also measures the prevalence of obesity and asthma among youth and young adults." (CDC YRBSS, 2012).

Community Requested Data

As work began on the LPHSPAI, stakeholder discussions revealed a need for various updated data that had been previously utilized and has direct relevance to community health status. Requests were sent out to various community organizations for information and data was also sought online. The data obtained was compiled by CCHHS staff. At a "Get Healthy Carson City!" workgroup meeting held July 28, 2011, the following data and information was considered:

- Summary data from The "Nevada Rural and Frontier Health Data Book, 2011 Edition"
- Top Diagnoses Data from local health care providers:
    - Carson Tahoe Regional Health Centers
    - Friends in Service Helping (FISH) Ross Clinic Data
    - Sierra Family Health Center
- Teen Pregnancy and Birth Rate Data
- Smoking Rate Data
- "Runs" Data from the Carson City Fire Department
- Health Care Plan 2009-2014 from Nevada Health Centers
- Summary of findings from the 2010 PRC Community Health Report sponsored by Carson Tahoe Regional Healthcare Foundation

All data presented appears in Appendix E and is discussed in the Community Profile section.

Community Profile and Health Status

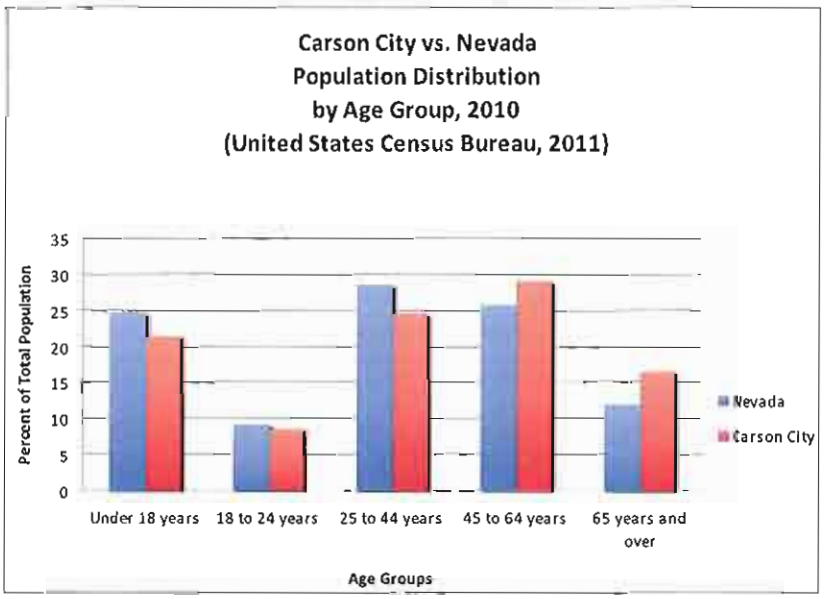
Overview

Carson City, the capital of the State of Nevada, is located in the northern part of the state. Its location on the leeward side of the Sierra Nevada Mountains results in a dry, high-desert environment. In 2010, the United States Census Bureau reported the region had 382.1 persons per square mile, making it an urban area (US Census Bureau, 2011, Carson City QuickFacts).

Demographics

According to the Census Bureau, in 2010, the population of the Consolidated Municipality of Carson City was 55,274. This represented an increase of 5.4 percent from the population of 52,457 in 2000. Over the same time period, the population of the State of Nevada grew 35.1 percent (US Census Bureau, 2011, Carson City QuickFacts). Carson City's growth numbers do not reflect the same explosive population increase as the state because the majority of the population growth in Nevada occurred in the Las Vegas Area (Clark County – 41.8 percent, [US Census Bureau, 2011, Clark County QuickFacts]). The population of Carson City was estimated to have had a peak in 2004 of 55,797. The population has remained around 55,000 people for most of the last decade (US Census Bureau, 2011, Carson City QuickLinks).

Chart 1 – Carson City Population – US Census



The population of Carson City is 48.1 percent female, similar to the entire state at 49.5%.The age distribution of Carson City shows slightly fewer persons under age 18 with 21.4% versus the state at 24.6%. Carson City has slightly more persons age 65 and over at 16.5% compared to the state at 12.0%. Persons of Hispanic Origin constitute 21.3% of the population of Carson City, compared to the state at 26.5%. Carson City's population is fairly homogeneous, with 70.7% of the population reporting their background as white, not of Hispanic origin, while Nevada as a whole has 54.1%of the population reporting themselves as white, non-Hispanic (US Census Bureau, 2011, Carson City QuickFacts).

Socioeconomic Factors

Over the time period from 2005 to 2009, the Census Bureau estimated in the County Quick Facts that the mean travel time to work for workers ages 16 and over was 17.1 minutes, compared to the state as a whole at 23.6 minutes. During the same time period, homeownership rates were reported at 62.5 percent in Carson City and 60.7 percent statewide (US Census Bureau, 2011, Carson City QuickFacts).

In 2009, the Census Bureau reported median household income in Carson City was $52,548, on par with the state at $53,310. Also, 14.1 percent of persons were reported as living below the poverty level, while statewide that percentage was 12.4 (US Census Bureau, 2011, Carson City QuickFacts).

As of September 2011, the unemployment rate in Carson City was reported at 12.4 percent, with the entire state experiencing 13.4 percent unemployment. In September 2010, the unemployment rate in Carson City was reported at 13.8 percent (DETR, 2011, Press Release). According to the 2000 Census, 20.8 percent of the population ages 5 and over reported having a disability, compared to 20.6 percent for the state overall. Unfortunately, this statistic is not available for the time period of 2005 to 2009 (US Census Bureau, 2001, Census 2000, Summary File 3).

Education

From 2005 to 2009, the Census Bureau reported that 86.7 percent of persons over age 25 had a high school diploma and 21.4 percent had a Bachelor's degree or higher. This compares to the state as a whole at 83.7 percent and 21.5 percent respectively (US Census Bureau, 2011, Carson City QuickFacts).

Carson City supports a variety of public and private schools, including seven elementary schools, two middle schools, and two high schools. There is also a charter middle and high school administered by the State Department of Education. Western Nevada College (WNC), the local college, offers multiple certificate and degree programs, including Geographic Information Systems (GIS), information technology, and nursing. Additionally, transfer programs to the nearby University of Nevada, Reno and other universities are available.

2011 County Health Rankings

According to the 2011 County Health Rankings, Carson City ranks 11th for Health Outcomes and 8th for Health Factors of 15 counties in Nevada (University of Wisconsin, 2011, County Health Rankings Carson City). (Two counties were not ranked: Esmeralda and Eureka, due to small populations). Carson City's mortality ranking is 7 and morbidity ranking is 12. For the Health Factors measure, the rankings were 5 for health behavior, 6 for clinical care, 10 for social and economic factors, and 1 for environment.

From these rankings, one excellent factor pops out. Carson City is ranked number 1 out of the 15 counties in Nevada classified by this methodology for physical environment under the Health Factors measure. No particulate matter or ozone air pollution days were reported, while access to healthy foods was reported at 100 percent and access to recreational facilities was reported at 16 per 100,000. The excellent physical environment is a strength the community can build on.

Carson City received its lowest ranking under the Health Outcomes measure for morbidity. Carson City ranked above the state for more citizens estimated to have poor or fair health and reporting more poor physical health days. However, Carson City statistics are slightly lower than the state for number of poor mental health days and low birth weight births. This indicates that overall health status is slightly worse than the rest of the state (University of Wisconsin, 2011, County Health Rankings Carson City).

Health Care Access

The ability of community members to access health care directly impacts their health status. In 2008, the Health Services and Resources Administration (HRSA) reported 85.7 primary care physicians and 58.3 dentists per 100,000 population. Carson is not designated as a Health Professional Shortage Area (HRSA Carson Indicators, 2009.)

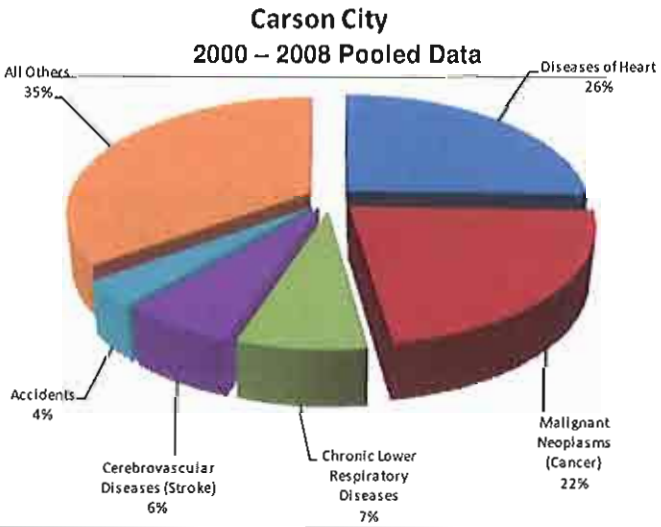
Carson City has one hospital, Carson Tahoe Regional Medical Center. The hospital has 184 beds, of which 40 are designated as psychiatric. Although it has cancer and cardiac centers, it is not designated as a Neonatal Intensive Care Unit (NICU) or Trauma Center (NSHD Health Care Quality and Compliance, 2011. Patients must be transported to Reno or locations in California or Utah for those services.

Carson City has one federally qualified health center, Sierra Family Health Center, through Nevada Health Centers, Inc. (NVHC). NVHC's Sierra Family Health Center has been serving the community since 1995, offering family medicine, preventative health, women's health, children's health and immunizations, health education, prenatal and newborn care, and pharmacy services (NVHC Sierra Family Health Center, 2010).

Other Health Statistics

Carson City residents experience approximately 800 births and 700 deaths per year (NSHD Office of Vital Records, 2012). Carson City's leading causes of death are similar to the state as a whole. The two leading causes of death are Diseases of the Heart and Cancer. Approximately 350 residents are diagnosed with cancer each year (NSHD Cancer Registry, 2012). As diagnoses of heart disease are not reportable, complete data on the number of diagnoses per year is not available. Annually, Carson City experiences a low number of cases of most communicable diseases (CCHHS, 2011, Communicable Disease).

Chart 2 – Leading Causes of Death - Healthy People Carson City – Moving from 2010 to 2020



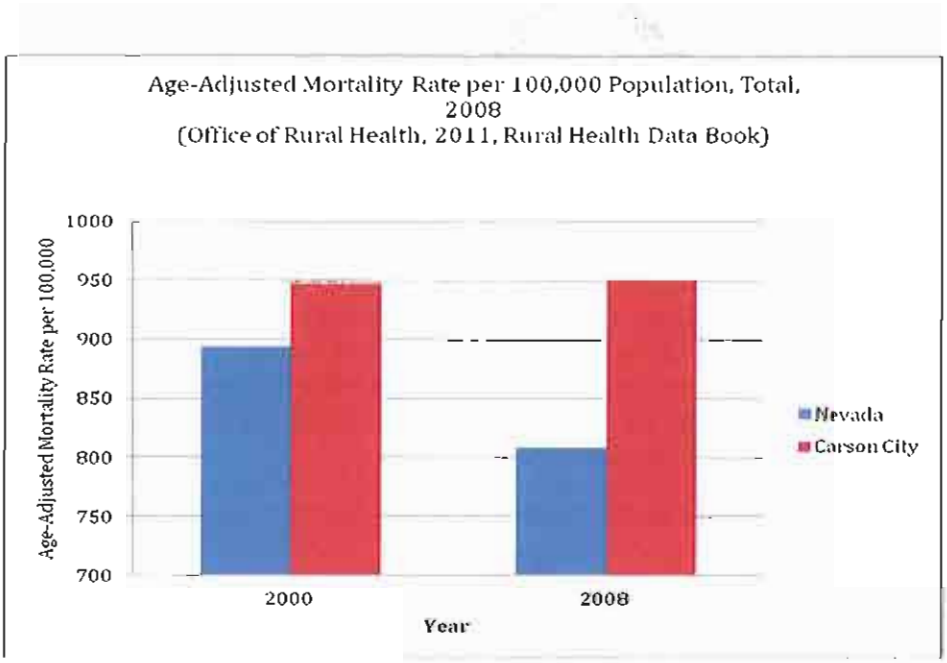
Community Requested Data

As previously discussed, the following data was compiled at the request of stakeholders to facilitate the assessment process. A complete listing of all data presented appears in Appendix E.

Mortality Rates

The Nevada Rural and Frontier Health Data Book presents information on Carson City's population, demographics, economic profile, health profile, leading causes of death, age-adjusted mortality rates, health rankings, and health care professionals. One statistic that stands out is the difference in mortality rates between various race and ethnic groups in Carson City. Blacks have a substantially higher burden of mortality than other groups. Carson City overall has a higher mortality rate than the state (Office of Rural Health, 2011, Rural Health Data Book).

Chart 3 – Mortality Rates – Nevada Rural and Frontier Health Data Book, 2011
Mortality Rates by Total Population



Males and Asians also shoulder higher mortality rates, while females and Hispanics have lower rates than the population overall (Office of Rural Health, 2011, Rural Health Data Book). See Charts 3a and 3b below.

Chart 3a – Mortality Rates – Nevada Rural and Frontier Health Data Book, 2011
Mortality Rates by Race/Ethnicity

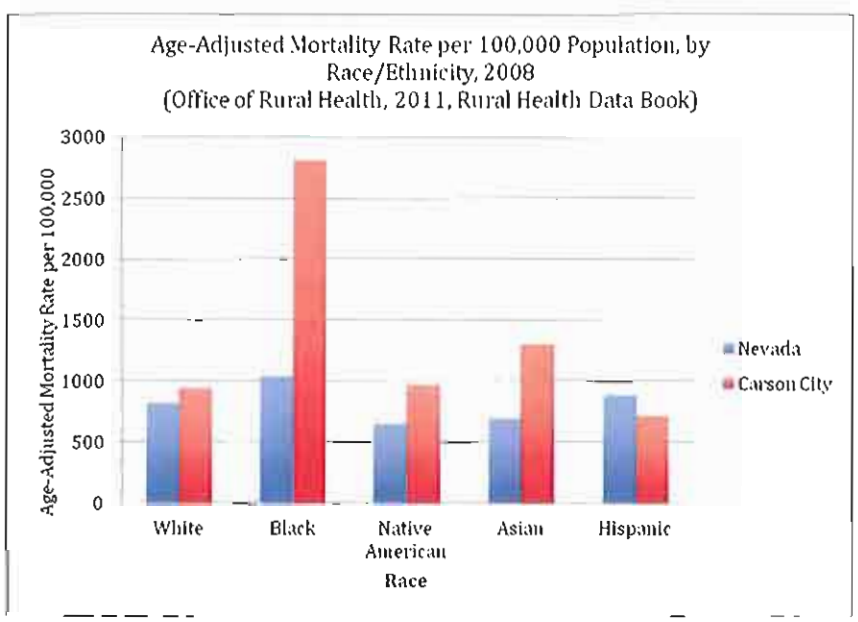
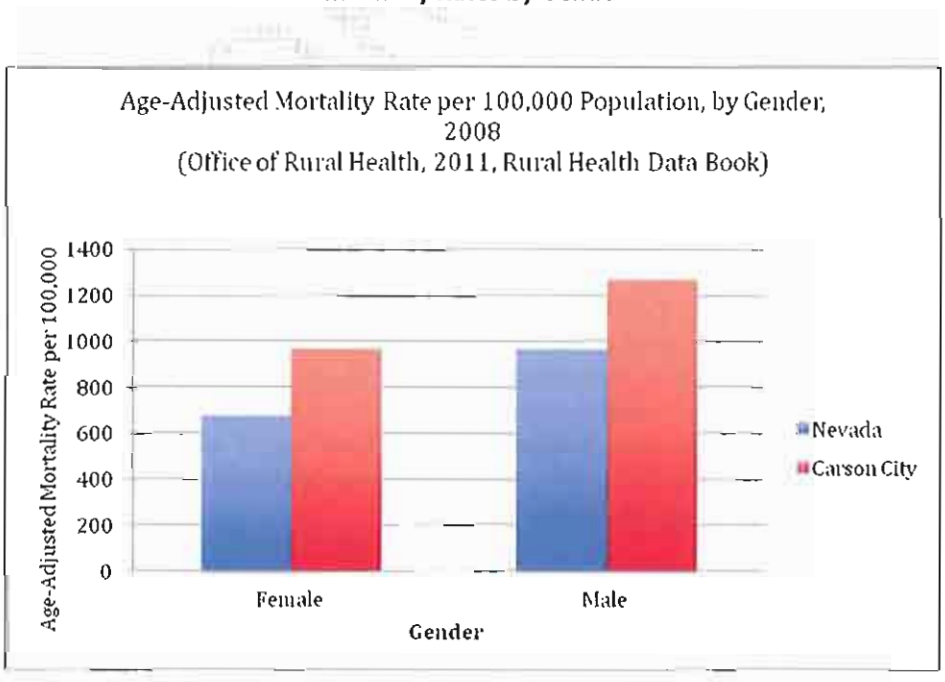


Chart 3b – Mortality Rates – Nevada Rural and Frontier Health Data Book, 2011
Mortality Rates by Gender



Health Care Professional Ratios

According to data obtained from the State Board of Medical Examiners for 2010, Carson City enjoys some of the highest ratios of health care professionals to population in the state. However, this data may be skewed due to professionals holding their license in Carson City but practicing elsewhere.

- Dentists – 34 (61.6 per 100,000) - 2nd highest in NV
- Dental hygienists – 38 (68.9 per 100,000) - Highest in NV
- Medical Doctors – 150 (271.8 per 100,000) – Highest in Nevada
- Osteopathic Doctors – 18 (32.6 per 100,000) – Highest in Nevada
- Psychiatrists – 3 (5.4 per 100,000) - 2nd highest in NV
- Psychologists – 19 (34.4 per 100,000) - Highest in NV

(Office of Rural Health, 2011, Rural Health Data Book).

Maternal and Child Health

Maternal and Child Health Indicators for Carson City are similar to Nevada overall. In 2008, the data showed a birth rate of 11.6 per 1,000 age-specific female population and that only 67.4 percent of women received prenatal care in the first trimester (Office of Rural Health, 2011, Rural Health Data Book). This noticeable lack of early access to prenatal care highlights health care access issues.

Top 10 Diagnoses

Five different health care providers across Carson City provided data on the top 10 diagnoses. The data from Sierra Family Health Center reflected the highest numbers of diagnoses for hypertension, diabetes mellitus type II, whether controlled or not, and low back pain. The data from three of Carson Tahoe Regional Medical Centers' facilities reflected many diagnoses for various infections, as well as high numbers of patients with chest pain or other coronary complaints. The data reported from the FISH Ross Clinic was for the last 100 patients seen, as of May 17, 2011. The Ross clinic screens patients, including the homeless, for lack of payor source. The top three treatment issues were hypertension (69%), diabetes (37%), and obesity (18%). Additionally, 10% of patients suffered from psychological issues, such as anxiety or depression (FISH). Top diagnoses varied by age group.

Teen Pregnancy Data

Teen pregnancy data for 2008 showed Carson has a slightly lower rate of teen pregnancy in each of the three reported age groups than the state overall(Office of Rural Health, 2011, Rural Health Data Book, p. 102-104). A similar pattern was seen for teen births, with the exception of the 18-19 year olds, which had a slightly higher rate than the state (Office of Rural Health, 2011, Rural Health Data Book, p. 105-107). Nationally, Nevada ranks the 10th highest for teen birth rate and the 2nd highest for teen pregnancy rate, according to 2010 data available from the Guttmacher Institute. (Guttmacher, 2010)

Tobacco Use Data

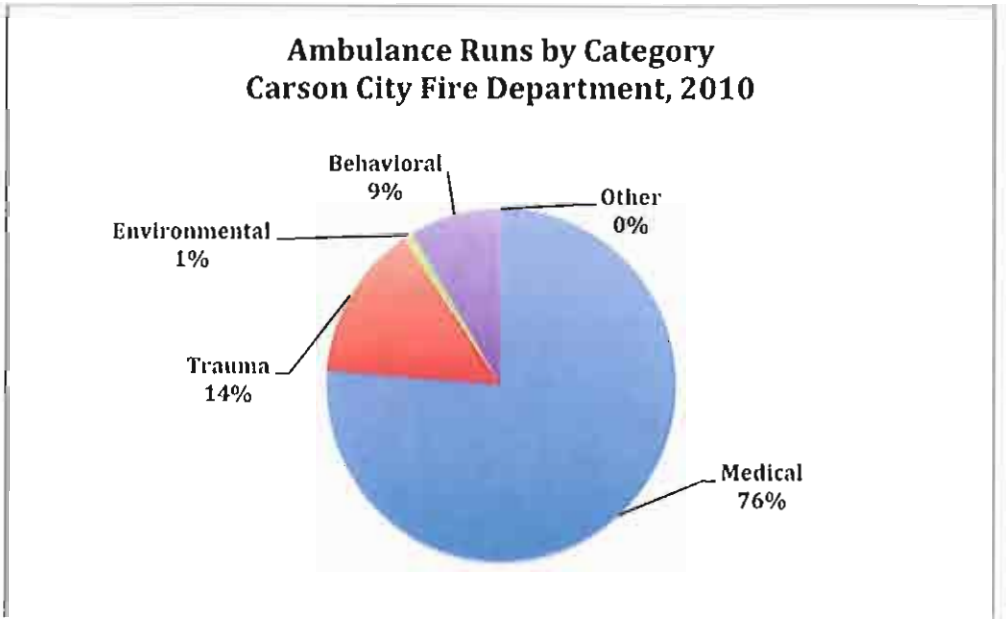
The BRFSS data on smoking indicated the Rural and Frontier Counties, of which Carson is a part, had higher rates of both current and former smokers than Nevada overall (Office of Rural Health, 2011, Rural Health Data Book, p. 93). The 2009 YRBSS data estimates that 22.5 percent of high school students and 12.1 percent of middle school students have smoked cigarettes in

the past 30 days. The use of chewing tobacco in the past 30 days was estimated at 3.4 and 2.6 percent respectively (Nevada Department of Education, YRBSS, 2009).

Ambulance Data

Another important source of community health information is ambulance run data. The Carson City Fire Department reported that 76 percent of their calls between January 1st and December 31st, 2010, were for medical issues, while 14 percent were for trauma and 9 percent were for behavioral issues (Carson City Fire Department, 2011). While these assessments were not made by physicians and thus should not be used to determine diagnoses, they are still very valuable for understanding local emergency calls.

Chart 4 – Ambulance Runs



The top categories for ambulance runs were:

1. Observation for unspecified suspected condition
2. Trauma injury
3. Other malaise/fatigue/weak
4. Respiratory distress/shortness of air
5. Alt. Level Conscious
6. Chest pain / unspecified
7. Abdominal Pain, Unspecified
8. Nausea alone
9. (tie) Chest discomfort pressure tightness // Dizziness
10. Vomiting alone
11. Other convulsions
12. Syncope

13. Behavioral problems
14. Diabetes with unspecified complication type II
15. Anxiety state unspecified
16. Pain/hip
17. Backache unspecified
18. Diarrhea
19. Unspecified complication of procedure, NEC
20. Fever // Monitoring required // Major depressive disorder single episode // Pneumonia

FQHC Goals

Information from The Health Care Plan from Nevada Health Centers (NVHC) was also reviewed by stakeholders. Nevada Health Centers, which runs over thirty medical and dental centers and programs in the state, is one of only two Federally Qualified Health Centers (FQHCs) in Nevada. All FQHCs are required by HRSA to collect data on various health care measures, some prescribed and others self-selected. NVHC began collecting baseline data for eight health care measures selected by HRSA and two additional measures for oral health and mental health in 2008. This year they added five new measures identified by HRSA and one new oral health measure identified by NVHC.

The Plan looks at the following critical areas with performance goals focused on preventing complications:

- Diabetes
- Cardiovascular
- Cancer
- Prenatal and Perinatal Health
- Child Health
- Behavioral Health
- Oral Health
- School-Based Patients
- Homeless Patients
- Pharmacy

These goals reflect the community health needs seen at the clinic (NVHC Health Care Plan, 2008).

Summary of Findings from the 2010 PRC Community Health Report

The 2010 PRC Report contained a summary of findings that identified areas of opportunity. These included:

- Access to Healthcare Services
  - Routine Preventive Care
  - Cost as a Barrier to Healthcare
- Cancer
  - Prevalence
  - Pap Smear Testing
- Diabetes
  - Prevalence
- Disability
  - Activity Limitations

- Heart Disease and Stroke
    - Heart Disease Prevalence
    - Blood Pressure and Cholesterol

- Injury and Violence
    - Injury Deaths
    - Suicide
    - Firearm Safety
- Maternal, Infant and Child Health
    - Prenatal Care
- Nutrition and Overweight
    - Overweight and Obesity
- Respiratory Disease
    - Chronic Lower Respiratory Disease
- Substance Abuse
    - Cirrhosis/Liver Disease
    - Chronic Drinking

(CTRH, 2010, PRC Report)

NPHPSP LPHSPAI

The LPHSPAI produced an in-depth look at the public health system in Carson City based on the 10 Essential Public Health Services. The results were organized by elements of the Local Public Health (LPHS) that were felt to be available or operating at (a) a high level,(b) a moderate level, or (c) a low level or (d) non-existent. A complete listing of the results is available in Appendix D.

Summary

Overall, Carson City is a relatively small, homogeneous community with a physical environment that is conducive to good health. Most of its health statistics mirror those of the state as a whole. Unfortunately, Nevada suffers from poor status on nearly every health indicator. The LPHSPAI indicates there is a high-quality, though small, infrastructure for public heath services and a good understanding and use of the laws, statutes and regulations to meet the overarching mission.

Identified Health Issues

A wide variety of data was used to identify the priority health issues for the CHIP. As mentioned before, the review of this data by the participants, coupled with their first-hand knowledge of the needs and resources of the community, led to the identification of various patterns that resulted in the selection of three priority health issues.

1. Access to Health Information and Health Care
    - Improving Access to Health Information
        - Health Resources in Carson City
        - Health Data from Community Partners
    - Improving Access to Health Care
        - Oral Health
        - Mental Health
2. Chronic Disease Prevention
    - Type II Diabetes
    - Smoking/Tobacco Cessation
    - Obesity
3. Lifestyle & Behavioral Health
    - Teen Pregnancy
    - Sexually Transmitted Diseases
    - Alcohol & Substance Abuse
    - Pedestrian and Bicycle Safety and Access

> The cross-functional sub-committee that I was on worked very effectively to prioritize local issues for the *Community Health Assessment*. This conclusion was validated by the positive comments during the large community partner meeting. Now the real work begins as we encourage individuals and local agencies to "roll-up their sleeves" to resolve issues instead of just validating problems and potential solutions.
> *—Jim Peckham, Friends In Service Helping (FISH)*

Additional baseline information on these priorities follows. For more specifics, please see the references and reports in the appendices.

Access to Health Information and Health Care

Improving Access to Health Information

Health Resources in Carson City

There is no single source of information on the resources available in Carson City. One need identified is the creation of a master, online list of all health-related resources in the community, especially those available to low income residents. Appendix F contains a preliminary list of available resources.

Health Data from Community Partners

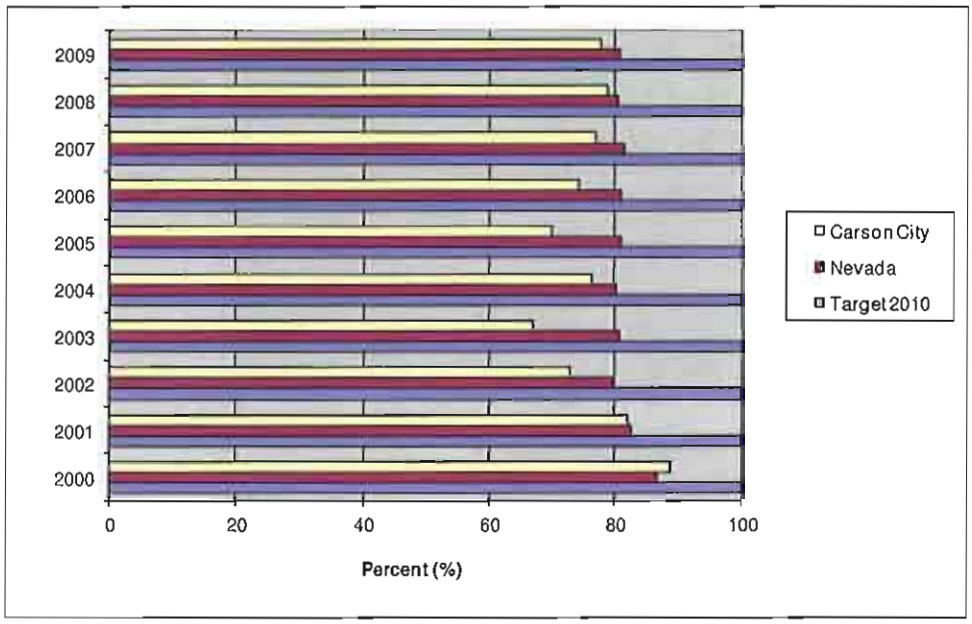
Additional data from community partners would assist with assessing the health of Carson City residents. For Carson City, some data is available by racial and ethnic group. A minimal amount of data is available by socioeconomic status and no data is available by sexual orientation. Information of this nature would greatly assist with evaluation of the health of various sub-populations. However, for the data to have the most value, it must be collected in a standardized way to allow for comparison and utilization across all sectors of the LPHS.

Improving Access to Health Care

According to BRFSS Data for 2001 to 2009, Carson City has consistently had a lower proportion of persons with health insurance than the state as a whole. In 2009, it was estimated that 77.7 percent of persons had health insurance coverage (NSHD OHSS, 2011, HP Report). The 2010 PRC Community Health Report estimated that 78.9 percent of persons in Carson City had health insurance coverage (CTRH, 2010, PRC Report). The Healthy People Target is 100 percent. Individuals without health insurance, as well as those who are under-insured, encounter more barriers to accessing care.

Chart 5 – Healthy People Carson City – Moving from 2010 to 2020 Report

Proportion of Persons with Health Insurance, Carson City and Nevada, BRFSS Data, 2000 - 2009.*



*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Oral Health

"During the reported years 2006 and 2008, Carson City had an aggregate rate slightly lower than the state for the percentage of older adults, aged 65 years and older, reporting having all of their natural teeth extracted per the Behavioral Risk Factor Surveillance Survey. Both the state and Carson City met the Healthy People goal of 22 percent" (NSHD OHSS, 2011, HP Report). The 2010 PRC Report estimated that 63.9 percent of Carson City adults had visited a dentist or dental clinic within the last year. This was down from 67.0 percent when the survey was done in 1999 and compares to Nevada overall in 2008 at 63.7 percent (CTRH, 2010, PRC REPORT).

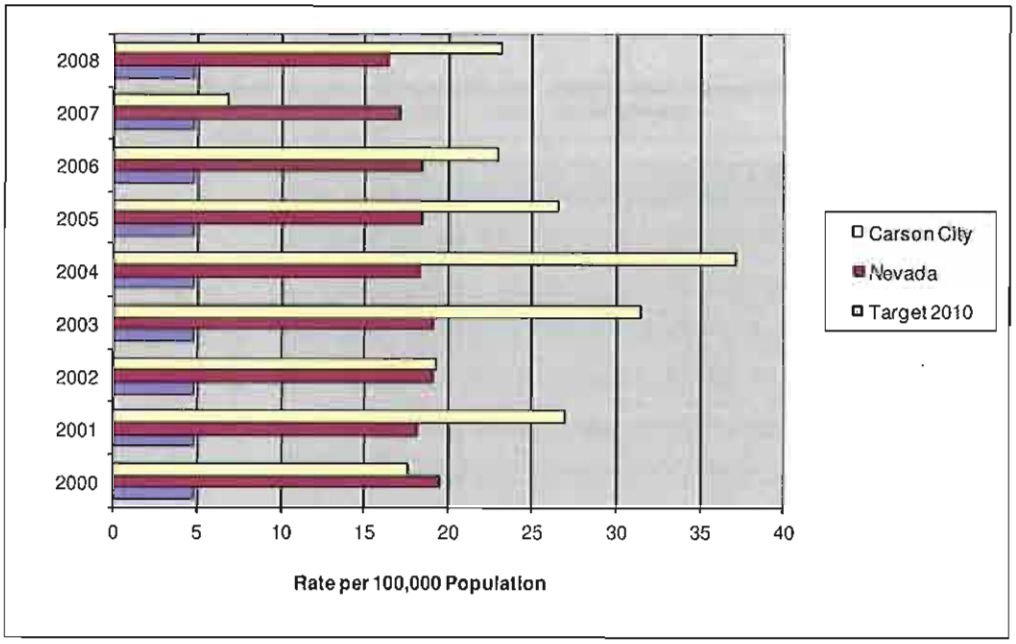
Mental Health

According to preliminary 2008 mortality data, Carson City had an age-adjusted suicide mortality rate of 23.2 per 100,000 population. This was well above the Healthy People target of 4.8 per 100,000. This rate has fluctuated since 2000, but has always remained above the target (NSHD

OHSS, 2011, HP REPORT). The PRC Report estimated that 9.9 percent of Carson City residents experienced fair or poor mental health and indicated that "residents living at lower incomes are much more likely to report experiencing 'fair/poor' mental health than those living at higher incomes." Further, it was estimated that 8.2 percent of Carson City adults have been diagnosed with major depression (CTRH, 2010, PRC REPORT).

Chart 6 - Healthy People Carson City – Moving from 2010 to 2020 Report

Age-Adjusted Suicide Death Rate, Carson City and Nevada, 2000 - 2008.*



*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records(NVSR).
Note: 2007 and 2008 data are not final and are subject to change.

Chronic Disease Prevention

Diabetes

Extensive information is available in the BRFSS on diabetes. This includes the proportion of persons with clinically diagnosed diabetes, those with diabetes who receive formal diabetes education, those who have had a glycosylated hemoglobin measurement at least two times a year, and those who have had at least an annual foot examination. Data on diabetes mortality is also available. Overall, Carson City has only met the Healthy People targets related to diabetes for the percent of adults with diabetes who receive formal diabetes education from 2005-2009. In 2009, the BRFSS Data indicated 8.0 percent of adults in Carson City had clinically diagnosed diabetes, compared to the state at 7.9 percent. Also, according to 2008 preliminary death data, the age-adjusted diabetes related mortality rate was 58.8 per 100,000 population. This rate has fluctuated since 2000, mostly due to the small population of Carson City, but has remained consistently higher than the overall state rate. This indicates an increased burden of mortality in the community, likely due to complications of the disease. Please see the section on Diabetes in the Healthy People Report in Appendix F for more information (NSHD OHSS, 2011, HP REPORT).

Tobacco

In 2009, the BRFSS data reported that an estimated 25.8 percent of adults in Carson City were current smokers, compared to the state overall at 22.0 percent (NSHD OHSS, 2011, HP REPORT). The PRC Community Health Report estimated the prevalence of current smokers to be lower, at 16.8 percent (CTRH, 2010 PRC Report). From 2005-2009, the BRFSS data indicated that over 50 percent of Carson City adults reported at least one attempt to stop smoking in the last year (NSHD OHSS, 2011, HP REPORT). The PRC Report estimated the percent of county residents who had gone without smoking for at least one day in the past year in an attempt to quit at 43.4 percent, compared to the nation at 57.0 percent (CTRH, 2010 PRC Report).

Obesity

In 2009, it was estimated that only 37.7 percent of adults in Carson City were at a healthy weight, compared to 34.3 percent statewide. It was also estimated that 19.3 percent of Carson City adults were obese, compared to 26.4 percent statewide (NSHD OHSS, 2011, HP REPORT). The PRC Community Health Report estimated the percent of county residents who were at a healthy weight at 33.6. (CTRH, 2010, PRC REPORT)

Lifestyle & Behavioral Health

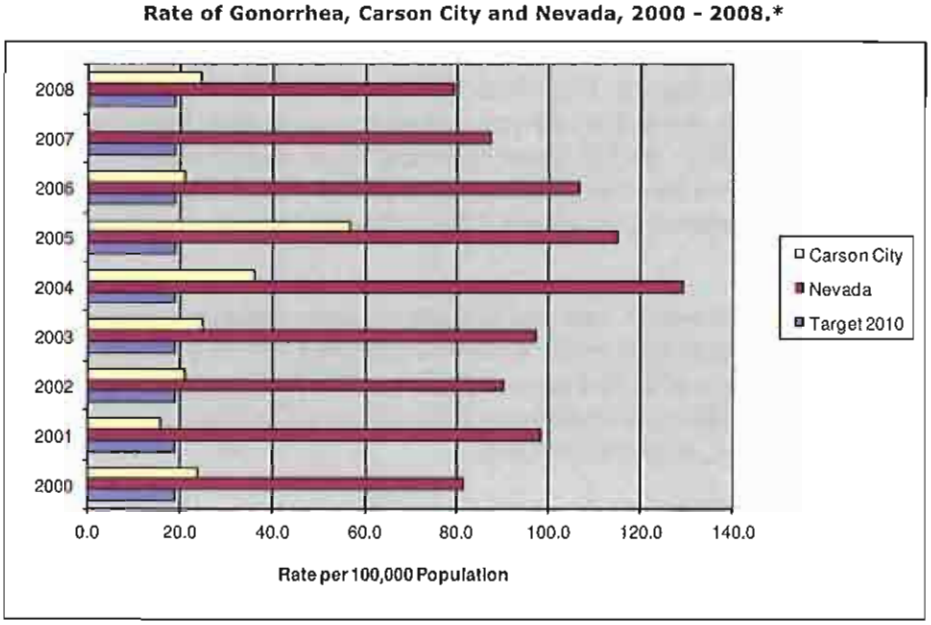
Teen Pregnancy

According to preliminary 2008 data, the pregnancy rate for adolescents ages 15 to 17 years in Carson City was 26.2 per 1,000 age-specific female population. This was down significantly from previous years, particularly from the high of 57.9 per 1,000 in 2002. The Healthy People 2010 target for pregnancies among teens 15 to 17 was 39.0. The 2020 target for that age group is 36.2. The pregnancy rate for women ages 18 to 19 was also down from previous years at 97.4 per 1,000 age-specific female population. The high was 154.5 in 2001 (NSHD OHSS, 2011, HP REPORT). This decrease in pregnancy is being seen across the country in all age groups. It is believed the economic downturn of the last few years may be related to this decrease. The 2009 Nevada YRBS reported that 16.9% of high school students who had sexual intercourse during the past 3 months indicated they or their partner used birth control pills and 62.9% reported they used condoms. (NDE, 2009, YRBS)

Sexually Transmitted Diseases

Overall, the rates of gonorrhea have declined in Carson City from a high in 2005. (NSHD OHSS HP) In 2011, there were 9 reported cases of gonorrhea. In 2011, no cases of primary or secondary syphilis were reported. The number of cases had been less than 5 per year for the previous decade. In 2009, 133 cases of Chlamydia were reported. (CCHHS, 2009, Communicable Disease) This increased to 170 cases in 2011 (CCHHS, 2011, Communicable Disease). The 2009 Nevada YRBS reported that 62.9 percent of high school students who had sexual intercourse during the past 3 months used a condom (NDE, 2009, YRBS).

Chart 7 - Healthy People Carson City – Moving from 2010 to 2020 Report



*Nevada data are provided by the STD-MIS database.

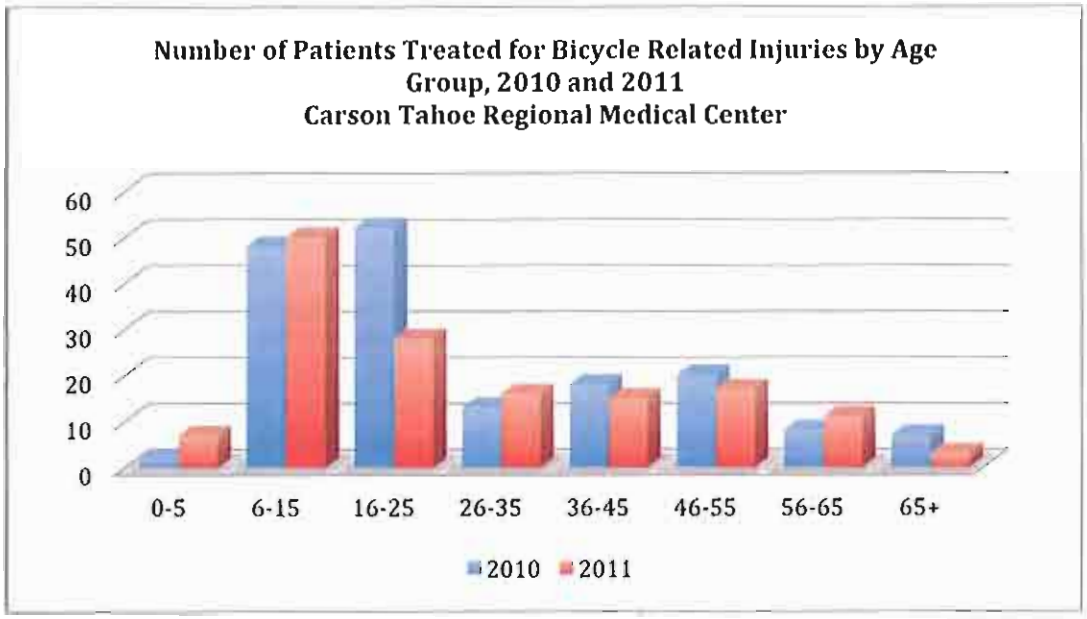
Alcohol & Substance Abuse

It was estimated that in 2009, 16.1 percent of the adult population in Carson City engaged in binge drinking, compared to the state at 17.5 percent. Binge drinking is defined as five or more drinks on one occasion for males and four or more for females. Since 2001, Carson City has only met the Healthy People goal of 13.4 percent in one year, 2006, (NSHD OHSS, 2011, HP REPORT). The PRC Community Health Report estimated the binge drinking prevalence at 20.9 percent (CTRH, 2010, PRC REPORT). Between 2000-2003 and 2004-2008, the aggregated age-adjusted rate of drug-induced deaths increased. Preliminary 2008 data shows a rate of 16.4 per 100,000 population, compared to the state rate of 16.5 (NSHD OHSS, 2011, HP REPORT).

Pedestrian and Bicycle Safety and Access

Data from Carson Tahoe Regional Medical Center for 2010 and 2011 shows that approximately 80 to 100 Carson City residents are treated each year for bicycle-related injuries, either in the emergency department or as inpatients. Additionally, individuals from the surrounding area and visitors are also seen, resulting in a total of approximately 150 to 170 people treated for bicycle-related injuries. Of these, approximately 75 percent are males and approximately 45 percent are 18 and under. Mirroring the demographic breakdown of Carson City, over 70 percent of these injuries were to Whites (CTRMC, 2012, Bicycle Injuries Data). Data utilized for these analyses was based on selecting cases that contained one or more of the following e-codes in any of 15 possible diagnosis variables: E800-E807 with fourth digit equal to 3 (e.g. E800.3, E801.3, E802.3, E803.3, E804.3, E805.3, E806.3, E807.3), E810-E825 with fourth digit equal to 6, E826-E829 with fourth digit equal to 1.

Chart 8 – Bicycle Injuries



The Healthy People Report indicated that from 2000 to 2008, the pedestrian death rate on public roads met the Healthy People 2010 target of 1.4 deaths per 100,000 population (NSHD OHSS, 2011, HP REPORT). The PRC Report estimated that for Carson City and the surrounding areas only 42.0 percent of children ages 5 to 16 "always" wear a helmet when bicycle riding. This is "nearly identical to the national prevalence" at 41.7 percent (CTRH, 2010, PRC REPORT).

Contributing Factors

Many factors contribute to the health status of Carson City. One of these is the condition of the Local Public Health System (LPHS), which has a direct affect on the health status of the community.

Overall, the participants in the NPHPSP LPHSPAI process indicated the LPHS is working hard to assure the provision of the 10 Essential Public Health Services to Carson City. There are areas where additional work would improve the delivery of services. Overall, the primary needs seem to be for improvement of information quality and availability through enhanced data gathering, analysis, technology, and dissemination. Obtaining data for Carson City is difficult due to the small population, especially for minority populations and others at high risk for poor health outcomes. Those working in the LPHS need to know what the problems are in order to address them. Anecdotal information is not sufficient. This calls for additional standardized data collection for comparability, the use of small area estimation statistical techniques to utilize existing data to identify pockets of need, and the dissemination of the information produced in ways that allow access by all community members. In the end, the majority of the activities that need enhancement are dependent upon adequate resources. However, public funding for public health in Carson City is limited. The majority of services offered are either fee-based or funded by federal grants.

In addition to the status of the LPHS, the health status of Carson City is impacted by other characteristics of the area, some of them relatively unique. Nevada is well known as the "Sin State," a home of gambling and prostitution. Smoking is very common. In 2010, Nevada ranked 11th for prevalence of current smoking for adults among all states (CDC Tobacco, 2010). "Although the smoking prevalence among Nevada adults has decreased over the past ten years, it is still higher than the national average, and nearly twice as high as the Healthy People 2010 target" (NSHD, 2011, Tobacco Prevention and Education in Nevada 2011). Use and abuse of alcohol and other drugs also goes hand-in-hand with the predominant culture.

A large transient population creates challenges for prevention programs, health care access, health care coverage, and healthy lifestyles. The recent economic downturn has further exacerbated these issues. Nevada has been ranked at the top of the list of the states with the most foreclosures in the Nation. This has further caused the population to relocate to new areas to find work or live with family. These disruptions can easily lead to worsened health outcomes.

Additionally, although Carson City has a relatively good health care infrastructure, there is still limited access to many health care specialties, a phenomenon that is seen across the state. According to the statistics on available providers in Carson City, the community enjoys some of the best access to care in the state. At the same time though, providers who accept Medicaid or Medicare, or providers that have fee options for the underinsured or the "working poor" are limited. Overall, Nevada has a relatively low amount of providers and a lack of some specialties. For example, advanced cancer treatments for children are not available in Northern Nevada. Children with cancer must seek such treatment elsewhere, typically in California (Nevada Cancer Coalition, 2011, State Cancer Plan).

Also, Carson City is a rural area with challenges related to activities and transportation. Teenagers in an area with few activities will find ways to entertain themselves. This can lead to the use (and abuse) of drugs and alcohol, sexually transmitted diseases, and pregnancy. Also, with little public transportation, people must travel by car, motorcycle, bicycle or foot. This can lead to transportation injuries. Thus, especially for youths, pedestrian and bicycle safety is critical. However, as indicated by the 2011 County Health Rankings, the physical environment is the best in the state.

Another factor affecting the health of the community is health disparities, or rephrased, health equity. Health equity is defined as "providing all people with fair opportunities to attain their full health potential to the extent possible" (Braveman, 2006). Health equity is of grave concern because as health care improvements reduce morbidity and mortality, disparities in the health outcomes of various populations become more evident. Another way to look at health equity is from a disease perspective, such as people affected by diabetes or other chronic illness. Health status disparities for those with specific medical needs who are unable to obtain care lead to poorer outcomes. Prevention of and primary treatment of the condition reduces the secondary and tertiary complications and negative outcomes that can result. The longer a problem exists, the more costly and impactful it becomes to the individual and the community.

Carson City's high health-risk populations include those without a high school diploma, those living in poverty, the unemployed, and the disabled. Although a lower percentage of Carson City residents do not have a high school diploma compared to the state overall, limited education typically leads to poor health outcomes due to less knowledge of healthful behaviors, increased likelihood of employment without health benefits, and additional barriers to accessing health care, including cost and transportation. This group is a significant portion of the community.

Also, the percentage of citizens living in poverty is higher than the state, although unemployment is slightly lower in Carson City. More poverty but less unemployment implies families have an income, but it is not enough to raise their standard of living above the poverty level. The number of disabled citizens in Carson City is similar to that of the state as a whole. Disabled community members are at greater risk of poverty, chronic disease, and barriers to accessing necessary care.

Overall, the limited resources, rural area, and elevated morbidity contribute negatively to Carson City's health status, while the physical environment and strength of the LPHS contribute positively.

Assets and Resources

Carson City benefits from many assets and resources. Due to its geographic location, Carson City provides great outdoor recreation opportunities, including nearby Lake Tahoe. Further, the city has a large number of parks and open spaces that can be enjoyed by all. The community also hosts regular farmers markets (one of which was ranked the number one farmers market in the state) throughout the summer months where fresh, local, healthy food choices are available. Carson City School District has a nutrition services program with a motto of "A Healthy Start To Eating Smart."

Carson Tahoe Regional Medical Center is an excellent hospital with many programs that promote individual and community health. These include:

- A nationally acclaimed Cancer Center
- A state-of-the-art Heart Institute
- A Women and Children's Center for expectant and delivering moms with baby-friendly policies that support bonding and breastfeeding
- Pain Institute
- Women's Health Institute

Nevada Health Center Inc.'s Sierra Family Health Center is another great resource for the community, offering critical primary care services to all, regardless of income or insurance status.

Western Nevada College (WNC) is another asset and resource for Carson City. The educational opportunities available there have multiple benefits to the community, from providing better employment opportunities for the individual receiving the education that can lead to better healthcare coverage and access, to establishing a trained workforce with the skills needed to enhance the activities of the LPHS.

Carson City also retains many committed community members who participate in a wide variety of non-profit organizations, coalitions, and other groups that support and improve the health of the community. These community groups support many activities that address issues such as:

- Animal Services
- Children's Activities
- Community Safety
- Domestic Violence
- Drug and Alcohol Abuse
- Education
- Family Support
- Health
- Homelessness
- Mental Health
- Oral Health
- Wellness

For contact information for many of these groups in Carson City, please see Appendix G.

> "I was impressed with the broad range of subject matter experts that invested their time to participate in the assessment. It became very clear that the *Community Health Improvement Plan* reaches a much broader audience then just doctors and nurses, it has far reaching impact, even into areas I would never have thought of."
> *—Stacey Giomi, Fire Chief, Carson City Fire Department*

Conclusion

Overall, the health status of Carson City is fair, with room for improvement. There are some advantages to appreciate and challenges to overcome. As mentioned before, Carson City's physical environment is considered to be excellent; however, its morbidity and mortality pull down the health status of the community as a whole. These challenges can be met through the appropriate use of the available assets and resources and the development of any other needed resources. Carson City has many health needs and many tools to meet those needs. The community health assessment process was beneficial and resulted in clear feedback and priorities for future action.

Community health assessment and improvement planning is an ongoing activity. As with all new activities, this community health assessment has been a learning process. The LPHS will be able to build on the lessons learned so far to continue to enhance their efforts to evaluate and advance the health of the community.

Gaps

Although a lot of data is available for the Carson City Community, there is a need to develop community data sources that will reveal information about subgroups that are at higher risk of negative health outcomes. Building some standards for this data reporting will create a catalog of information to use for program planning, targeting interventions, and evaluating outcomes. Also, the use of technology such as web-query systems and Geographic Information Systems (GIS) would enhance the availability and use of the data by the community. In addition, more funding is always needed.

Opportunities

The LPHS can leverage several assets to improve the health of citizens in Carson City. The excellent physical environment can be used to address chronic disease issues, such as obesity and diabetes, as well as to promote an improvement in alternative transportation. Also, the committed community partners, especially those who participated in the LHPSPAI process, are a great source of strength to address the other issues Carson City faces.

Next Steps

Carson City will seek feedback from the community on this Community Health Assessment (CHA). See Appendix H for the Communication and Feedback Plan. The community partners will repeat the community health assessment process in 3 to 5 years, expanding the primary and secondary data used to evaluate the health status of the community and select the health priorities for action. This process has revealed a breadth of available data that can be utilized going forward and additional data needs.

Primary Data

Due to the ongoing need for data on the Carson City community, seeking grant funding to support a community-specific survey, perhaps based on the BRFSS, would provide additional, in-depth information on health behaviors and status with demographic breakdowns. This enhanced picture of Carson City would allow for a better understanding of the needs of smaller groups of community members, especially those who are more likely to experience health disparities.

Secondary Data

- Communicable Disease
- Environmental Health
- Hospitalizations
- Immunizations
- Mortality by age group
- Quality of Care
- Welfare related services
- Women, Infant, and Children Services
- Years of Potential Life Lost

The results of this assessment have been incorporated into the "Get Healthy Carson City! A 2020 Health Action Plan," which will be reviewed with partners and then provided to the community for feedback before being submitted to the Board of Health for approval.

Appendices

Appendix A - Acronyms
Appendix B - Data Sources and References
Appendix C - NPHPSP LPHSPAI Participants
Appendix D - NPHPSP LPHSPAI Results
Appendix E - Community Requested Data
Appendix F - Healthy People Carson City – Moving from 2010 to 2020 Report
Appendix G - Resources
Appendix H - Communication and Feedback Plan

Appendix A – Acronyms

BRFSS	-	Behavioral Risk Factor Surveillance System
CHIP	-	Carson City Community Health Improvement Plan
CCHHS	-	Carson City Health and Human Services
CDC	-	Centers for Disease Control and Prevention
DETR	-	Department of Employment, Training, and Rehabilitation
FQHC	-	Federally Qualified Health Center
GIS	-	Geographic Information System
HRSA	-	Health Resources and Services Administration
LPHS	-	Local Public Health System
LPHSPAI	-	Local Public Health System Performance Assessment Instrument
NCHS	-	National Center for Health Statistics
NICU	-	Neonatal Intensive Care Unit
NPCR	-	National Program of Cancer Registries
NPHPSP	-	National Public Health Performance Standards Program
NSHD	-	Nevada State Health Division
NVHC	-	Nevada Health Centers, Inc.
PHAB	-	Public Health Accreditation Board
WIC	-	Women, Infants and Children
WNC	-	Western Nevada College
YRBSS	-	Youth Risk Behavior Surveillance System

Appendix B – Data Sources and References

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Appendix C – NPHPSP LPHSPAI Participants

Agency / Organization	Participant
Advocates to End Domestic Violence	Shauna Chase
Boys and Girls Club of Western Nevada	Hal Hansen
Carson Area Wellness Association	Michelle Cowee
Carson City	Larence Werner
Carson City Chamber of Commerce	Ronni Hannaman
Carson City Development Services	Lee Plemel
Carson City Fire Department	Stacey Giomi
Carson City Host Lions Club	Cal Mickelson
Carson City Juvenile Detention	Ben Bianchi
Carson City Parks and Recreation	Roger Moellendorf
Carson City School District	Richard Stokes
Carson City School District	Sam Santillo
Carson City School District	Sheila Story
Carson Mental Health	Kathryn Baughman, LCSW
Carson Tahoe Chiropractic	Malinda Rasmussen
Carson Tahoe Regional Medical Center	Diane Rush
Community Counseling Center	Susan Centanni
Eagle Valley Children's Home	Johanna Strande
Elks BPO Lodge 2177	Jim Smolenski
Family Eye Care	Thomas Gibbons, OD
FISH	Jim Peckham
Hamtak Chiropractic Health Center	James Hamtak, DC
Lone Mountain Veterinary Hospital	Margie Quirk
Lone Mountain Veterinary Hospital	Katie Roberts, DVM
Ministerial Fellowship	Ken Haskins
Nevada Public Health Foundation	Rota Rosaschi
Partnership Carson City	Kathy Bartosz
Physicians Select Management	Leonard Hamer
Ron Wood Family Resource Center	Jo Maier
Sierra Family Health Center	Tom Chase
Sierra Family Health Center	Sandy Wallace
Sierra Surgery Hospital	Nicki Aaker
Sierra Veterinary Hospital	Gary Ailes, DVM
Silver State Charter School	Vicky Hamilton
Silver State Charter School	Suzanne Quilici
State of Nevada, Health Division	Richard Whitley
University of Nevada Cooperative Extension, Carson City/Storey County	JoAnne Skelly
UNR Orvis School of Nursing	Rebecca Arnold
UNR Orvis School of Nursing	Bernadette Longo
UNR Orvis School of Nursing	Julia Ramirez

Appendix D – NPHPSP LPHSPAI Results

Essential Service 1: Monitor Health Status to Identify Community Health Problems.

Standard	Rating	Activities
Population-Based Community Health Profile (CHP)	Optimal/Significant	Participants felt there was OPTIMAL LPHS activity regarding: • Conducting a Community Health Assessment • Community Health Assessment being updated at least every 3 years • Using Community Health Assessment data to monitor progress toward health-related objectives
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Comparing Community Health Assessment to other representative areas • Using Community Health Assessment data to track trends over time
	Moderate	None
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Compiling data from the Community Health Assessment(s) into a Community Health Profile (CHP) • Identifying the organizations/individuals responsible for contributing data to produce the CHP • Each contributor having access to the completed CHP • Promoting community-wide use of data • Placing a media strategy to promote community-wide use of CHP • Providing easy access of the information to the general public • Using the CHP to inform health policy/planning decisions to organizations in the LPHS
Current Technology to Manage and Communicate Population Health Data	Optimal/Significant	None
	Moderate	None
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • 'State-of-the-art' available to support a health profile database • Utilizing technology to make community health data available electronically • Using computer-generated graphics to identify trends and/or compare data
	No Activity	Participants felt there was NO LPHS activity regarding: • LPHS having access to geocoded health data • Using geographic information systems (GIS)
Maintenance of Population Health Registries	Optimal	None
	Significant/Moderate	Participants felt there was SIGNIFICANT LPHS regarding: • Contributing to one or more population health registries • Maintaining standards for data collection
	Moderate	Participants felt there was MODERATE LPHS regarding: • Establishing processes for reporting health events to the registries • Using information from one or more population health registries in the past year
	Minimal	None

Essential Service 2: Diagnose and Investigate Health Problems and Health Hazards in the Community

Standard	Rating	Activities
Identification and Surveillance of Health Threats	Optimal	Participants felt there was OPTIMAL LPHS activity regarding: • Integrating system with national/state systems • Using surveillance systems to monitor changes in the occurrence of health problems
	Significant	None
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Participating in surveillance system designed to monitor health problems and identify health threats • Having system compliant with national/state health information exchange guidelines • Health professionals report disease information in a timely manner to public/state health
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Have necessary resources to support health problem and health hazard surveillance and investigation activities • Using information technology for surveillance activities • Having Masters/Doctorate level epidemiologists and/or statisticians to asses/analyze public health hazards
Investigation and Response to Public Health Threats and Emergencies	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Have current epidemiological case investigation protocols to guide immediate investigations of public health emergencies • Designating an individual to serve as an Emergency Response Coordinator within the jurisdiction • Coordinating with the local health department's emergency response personnel and local community leaders • Evaluating public health emergency response incidents for effectiveness and opportunities for improvement
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Maintaining written protocols for implementing a program of case finding, contact tracing, source identification, and containment for communicable diseases and toxic exposures • Ability for personnel to rapidly respond to national and international disasters
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Having the capacity to mobilize volunteers during a disaster
	Minimal	None
Laboratory Support for Investigation of Health Threats	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Maintaining ready access to laboratories capable of meeting routine diagnostic and surveillance needs • Have ready access to laboratory services to support investigations of public health threats, hazards, and emergencies • Only utilizing laboratories that are licensed and/or credentialed • Maintain current protocols and guidelines for handling laboratory supplies

Standard	Rating	Activities
Laboratory Support for Investigation of Health Threats cont'd	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Have access to laboratory services to support these investigations within four hours of notification • Have access to at least on microbiology lab within four hours of notification
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Having the capacity to mobilize volunteers during a disaster
	Minimal	None

Essential Service 3: Inform, educate, and empower people about health issues.

Standard	Rating	Activities
Health Education and Promotion	Optimal / Significant	Participants felt there was OPTIMAL LPHS activity regarding: • Working with advocates and the media to publicize activities
	Significant Significant /Moderate	Participants felt there was SIGNIFICANT LPHS activity regarding: • Conducting health education and promotion campaigns • The campaigns were based on sound theory and best practices • Campaigns were designed to support healthy behaviors • Campaigns were tailored for populations with higher risk of negative outcomes • Campaigns reached populations in specific settings • Ongoing evaluation of health education/promotion activities • Entities working with local advocates / media to publicize activities • Organizations working together on specific health promotion activities
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Providing the public, policymakers and stakeholders with information on community health • Organizations working together to plan activities
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Providing information on community health status, i.e., heart disease rates, cancer rates, environmental risks, etc. • Providing information on community health needs, such as those identified by community members or through a needs assessment tool
Health Communication	Optimal	Participants felt there was OPTIMAL LPHS activity regarding: • Individuals were identified and designated to provide health information and answer public media inquiries
	Significant Significant /Moderate	Participants felt there was SIGNIFICANT LPHS activity regarding: • Establishing and utilizing relationships with the media • Policies and procedures in place to route media inquiries • There's a mechanism in place to document and respond to public inquiries • Coordinating with the media to develop information on health issues • Spokespersons are adequately trained to provide accurate, timely and appropriate information on health issues for different audiences • Adequate policies / procedures to coordinate responses/announcements to health issues • Guidance for creating targeted public health messages using various channels

Standard	Rating	Activities
Health Communication cont'd	Moderate	Participants felt LPHS communications plans MODERATELY: • Included policies / procedures for creating, sharing and disseminating information with partners and key stakeholders • Identified different sectors of the population to target messages for various audiences • Included guidance for developing content and material to the type of dissemination channel
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Organizations had developed health communication plans • Organizations work collaboratively to link communications plans
Risk Communication	Optimal	Participants felt there was OPTIMAL LPHS activity regarding: • Development of emergency communications plans adapted to different emergencies • Plans included procedures for interagency coordination dependent upon the type of emergency • Plans established lines of authority, reporting and responsibilities for emergency communications teams in accordance with NIMS • Technological capacity (telephone, electronic and print) to respond to communication needs
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Guidelines for providing necessary information from emergency operations center situation reports, health alerts, meeting notes to stakeholders, partners and the community • Adequate resources to ensure rapid communications response • Available staff to develop /adapt emergency communications material and provide to stakeholders in the event of an emergency • Providing crisis /emergency communications training for new/current staff • Having policies/procedures to ensure rapid mobile response by public information officers • Providing communication "go-kits"
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Procedures for alerting communities/special populations on possible health threats • Maintaining a directory of emergency contact information for media liaisons, partners, stakeholders and PIOs
	Minimal	None

Essential Service 4: Mobilize community partnerships to identify and solve health problems.

Standard	Rating	Activities
Constituency Development	Optimal	Participants felt there was OPTIMAL LPHS activity regarding: • Supporting volunteers to help in community health improvement activities and projects through recruitment, promotion and retention opportunities

Standard	Rating	Activities
Constituency Development cont'd	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • A process for identifying key constituents/stakeholders • Identifying new individuals/groups for constituency building • Identifying key constituents for general health issues • Encouraging participation of constituents in improving community health • Encouraging constituents from the community-at-large to identify community issues • Maintaining a current directory of organizations that comprise the LPHS • Using communication strategies to build awareness of the importance of public health
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Maintaining a current list of the names and contact information for individuals and key constituent groups • Identifying key constituents for specific health concerns • Existence of communication strategies for facilitating communication among organizations
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Making the directory of organizations that comprise the LPHS accessible
Community Partnerships	Optimal	None
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Building partnerships in the community to maximize public health improvement activities • Exchange of information by organizations within these partnerships • Optimizing resources to deliver Essential Public Health Services • Sharing responsibilities to deliver Essential Public Health Services • Inclusion of a broad representation of the community, such as governmental entities, hospitals, primary care physicians, social services providers, civic, professional and faith-based organizations, etc.
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Exchange of information by organizations within these partnerships • Conducting collaborative decision-making action
	Minimal Minimal / No Activity	Participants felt there was MINIMAL LPHS activity regarding: • Establishing a broad-based community health improvement committee • Actions that the committee should undertake, such as a health assessment, health improvement plan, monitoring and evaluating progress, leveraging community resources and meeting on a regular basis • Reviewing the effectiveness of community partnerships and strategic alliances, including an assessment of participation in solving health problems, information on the satisfactions of constituents with partnerships efforts, identification of actions to improve the partnership process/capacity, and implementation of actions recommended to improve the partnership process

Essential Service 5: Develop Policies and Plans that Support Individual and Community Health Efforts.

Standard	Rating	Activities
Governmental Presence at the Local Level	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • LPHS including a governmental local public health presence • Local Health Department working with state health agency and other state partners to assure the provision of public health services
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Maintain documentation maintaining its mission and describing its statutory, chartered, and/or legal responsibilities • Assure the availability of resources for the local health department's contributions to the Essential Public Health Services
	Moderate	None
	Minimal	None
Public Health Policy Development	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Contributing to the development of public health policies • Engaging Constituents in identifying and analyzing issues • Advocate for prevention/protection policies for those in the community who bear a disproportionate risk for mortality/morbidity • Within the past year, LPHS involvement in activities that influenced or informed the public health policy process
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Alerting policymakers and the public of public health impacts from current and/or proposed policies
	Significant/Moderate	Participants felt that there was MODERATE LPHS activity regarding: • Reviewing public health policies at least every three years
	Minimal	None
Community Health Improvement Process and Strategic Planning	Optimal	None
	Significant	None
	Moderate	Participants felt that there was MODERATE LPHS activity regarding: • Establishing a community health improvement process • Broad participation in the community health improvement process • Including issues and themes identified by the community in the community health improvement process • Including the identification of community assets and resources in the community health improvement process • Prioritization of community health issues in the community health improvement process • Including the development of measurable health objectives in the community health improvement process • Developing a community health improvement plan • Conducting a strategic planning process
	Minimal Minimal	Participants felt that there was MINIMAL LPHS activity regarding: • Using an established tool such as MAPP or PACE-EH with the community health improvement process • Including community health assessments in the community health

Standard	Rating	Activities
Community Health Improvement Process and Strategic Planning cont'd		improvement process • Developing strategies to address community health objectives • Identifying the individuals/organizations accountable for the implementation of community health strategies
Plan for Public Health Emergencies	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Maintaining an all-hazards emergency preparedness and response plan • Identifying within the emergency response plan the public health disasters and emergencies that might trigger its implementation • Aligning the emergency response plan with existing plans, protocols and procedures for emergency response within the community • Outlining protocols and standard operating procedures for emergency response
	Significant/Optimal	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Participating in a task force of community partners to develop and maintain local/regional emergency preparedness and response plans • Testing the All-Hazards plan through simulations of one or more "mock events" within the past two years
	Significant	Participants felt that there was MODERATE LPHS activity regarding: • Including broad LPHS representation in task force participation
	Moderate/Minimal	• None
	No Activity	Participants felt that there was NO LPHS activity regarding: • Reviewing and revising of the All-Hazards plan within the past two years

Essential Service 6: Enforce Laws and Regulations that Protect Health and Ensure Safety

Standard	Rating	Activities
Review and Evaluation of Laws, Regulations, and Ordinances	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Identifying local public health issues that can only be addressed through laws, regulations, and ordinances • Maintaining knowledge about federal, state, and local laws, regulations, and ordinances that protect the public's health
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Reviewing the laws, regulations, and ordinances that protect the public's health • Having access to legal counsel to assist with the review of laws, regulations, and ordinances related to public's health
	Moderate	None
	Minimal	None
Involvement of Laws, Regulations, and Ordinances	Optimal	None
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Identifying local public health issues that are not adequately addressed through existing laws, regulations and ordinances • Providing technical assistance to legislative, regulatory, or advocacy groups for drafting proposed legislation, regulations or ordnances

Standard	Rating	Activities
Involvement of Laws, Regulations cont'd	Moderate/Significant	Participants felt that there was MODERATE LPHS activity regarding: • Participating in the development/modification of laws, regulations, and ordinances for public health issues, in the past five years
	Moderate	None
Enforcement of Laws, Regulations and Ordinances	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Ability to enforce laws, regulations, or ordinances related to public health • Ability to implement necessary community interventions in the event of a public health emergency through laws and regulations • Assure that all enforcement activities are conducted in accordance with applicable laws, regulations, and ordinances • Assessing, in the past five years, the compliance of institutions and businesses in the community with laws, regulations and ordinances designed to ensure public health
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Providing information about public health laws, regulations, and ordinances to the individuals who are required to comply to them • Integrating this information with other public health activities
	Moderate	None
	Minimal	None

Essential Service 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

Standard	Rating	Activities
Identification of Personal Health Service Needs of Populations	Significant/Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Assessing the extent to which personal health services in its jurisdiction are available to populations who may experience barriers to care • Assessing the extent to which personal health services are utilized by populations who may experience barriers to care
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Identifying any populations who may experience barriers to personal health services • Identifying the personal health services needed of populations in its jurisdiction • Identifying populations who may experience barriers to care
	Moderate	None
	Minimal	None
Assuring the Linkage of People to Personal Health Services	Significant/Optimal	None
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Providing assistance to vulnerable populations in accessing needed health services • Providing assistance that includes culturally and linguistically appropriate staff to assist population • Providing assistance that includes culturally and linguistically appropriate materials

Standard	Rating	Activities
Assuring the Linkage of People to Personal Health Services cont'd	Significant	• Providing assistance that includes transportation services for those with special needs • Having initiatives to enroll eligible individuals in public benefit programs such as Medicaid, and/or other medical or prescription assistance programs
	Moderate/Significant	Participants felt there was MODERATE LPHS activity regarding: • Linking populations to needed personal health services • Coordinating with the delivery of personal health and social services to optimize access to services for populations who may encounter barriers to care
	Minimal	None

Essential Service 8: Assure a Competent Public and Personal Health Care Workforce.

Standard	Rating	Activities
Workforce Assessment, Planning and Development	Optimal	None
	Significant	None
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Identification of shortfalls and/or gaps within the LPHS – gaps identified related to both workforce composition and to workforce size
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Identifying gaps related to workforce skills and/or experience
	No Activity	Participants felt there was NO LPHS activity regarding: • An assessment conducted within the last 3 years • Identification of recruitment and retention shortfalls • Use of knowledge of gaps to develop plans to address workforce gaps • Implementation of plans for corrections of gaps by the LPHS organizations • A formal process to evaluate effectiveness of plans to address workforce gaps
Public Health Workforce Standards	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Awareness of guidelines and/or licensure/certifications requirements by organizations within the LPHS – Compliance with the guidelines • Development of written job standards • Organizations within the LPHS conducting annual performance evaluations • The LHD developing written job standards and/or position descriptions • The LHD conducting performance evaluations
	Significant	• None
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Periodic review of standards and/or position descriptions
	Minimal	None
Life-long Learning through Continuing Education, Training and Mentoring	Optimal	Participants felt that there was OPTIMAL LPHS activity regarding: • Provision of refresher courses for key public health issues by the LPHS
	Significant	Participants felt that there was SIGNIFICANT LPHS activity regarding: • Identification of education and training needs to encourage opportunities for workforce development

Standard	Rating	Activities
Life-long Learning through Continuing Education, Training cont'd	Significant	• Encouragement of workforce development through: – distance learning, attendance at conferences, staff cross-training • Workforce incentives to participate in education and training experiences • Dedicated resources for training and education
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Opportunities for interaction between LPHS staff and faculty from academic/ research institutions
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Opportunities for all personnel to develop core public health competencies • Training opportunities that include an understanding of the Essential Public Health Services
	No Activity	Participants felt there was NO LPHS activity regarding: • Training opportunities that include an understanding of the multiple determinants of health to develop more effective public health interventions • Training opportunities in cultural competence
Public Health Leadership Development	Optimal	None
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Promoting the development of leadership skills • Encouraging formal leadership training for potential leaders • Promotion of collaborative leadership through a shared vision and participatory decision-making
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Mentoring personnel in supervisory/middle management positions • Promoting leadership at all levels within LPHS organizations • Establishing ongoing financial resources t o support leadership development • Leadership opportunities for individuals and organizations in areas where they can capitalize on their expertise and experience • Recruitment and retention of new leaders representative of the community's population diversity • Opportunities to develop community leadership through coaching and mentoring
	Minimal	None

Essential Service 9: Evaluate effectiveness, accessibility, and quality of personal and population-based health services.

Standard	Rating	Activities
Evaluation of Population-based Health Services	Optimal	None
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Evaluation of population-based health services in the last three years • Evaluation determines the extent to which program goals are achieved • Organizations within the system use the results of population-based health services evaluation in the development of strategic and operational plans
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Established criteria are used to evaluate population-based health services • Assessment of community satisfaction with population-based health services

Standard	Rating	Activities
Evaluation of Population-based Health Services cont'd	Moderate	• The assessment identifies where population-based health services can be improved and identifies gaps in the provision of population-based health services
	Minimal	Participants felt there was MINIMAL LPHS activity regarding the assessment: • Gathering input from residents representing a cross-section of the community • Determining if residents' needs are being met • Determining residents' satisfaction with responsiveness to their complaints and concerns regarding of population-based health services
Evaluation of Personal Health Services	Optimal	Participants felt there was OPTIMAL LPHS activity regarding: • Specific personal health services in the community evaluated against established standards
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Evaluation of personal health services in the last three years • Assessment of client satisfaction with personal health services • Use of information technology to assure quality of personal health services • Organizations use of electronic health records
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • The assessment of access to personal health services • Assessment of the quality and effectiveness of personal health services
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Ensuring that clients surveyed in the assessment of personal health services were representative of past, current and potential users of services • Use of information technology to facilitate communication among providers • Organizations within the system use the results of personal health services evaluation in the development of strategic and operational plans
Evaluation of the Local Public Health System	Optimal	None
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Identification of community organizations or entities that contribute to the delivery of the Essential Public Health Services
	Moderate	None
	Minimal	None
	No Activity	Participants felt there was NO ACTIVITY by the LPHS activity regarding: • Conducting an evaluation every 3 to 5 years of the public health system

Essential Service 10: Research for New Insights and Innovate Solutions to Health Problems.

Standard	Rating	Activities
Fostering Innovation	Optimal	None
	Significant	Participants felt there was SIGNIFICANT LPHS activity regarding: • Identification of and staying current with best practices
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • LPHS organizations encouraging staff to develop new solutions to community health problems
	Minimal	Participants felt there was MINIMAL LPHS activity regarding LPHS

Standard	Rating	Activities
Fostering Innovation cont'd	Minimal	organizations: • Providing time and resources for staff to pilot test and conducts studies to determine new solutions • Proposing public health issues agenda items to research organizations • Encouraging community participation in the development or implementation of research
Linkage with Institutions of Higher Learning and/or Research	Optimal	None
	Significant	None
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • Developing relationships with institutions of higher learning and/or research organizations • Encouraging collaboration between the academic and practice communities
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • Partnering with at least one institution of higher learning an/or research organization to conduct research related to the public's health
Capacity to Initiate or Participate in Research	Optimal	None
	Significant	None
	Moderate	Participants felt there was MODERATE LPHS activity regarding: • LPHS access to resources to facilitate research • Dissemination of research findings by the LPHS
	Minimal	Participants felt there was MINIMAL LPHS activity regarding: • LPHS access to researchers (either on staff or through other arrangements) • Evaluation of its research activities by the LPHS, including evaluation of: the development, implementation, impact on public health practice, and involvement of community representatives

Local Public Health Performance Assessment Work Group

Materials for meeting held
July 28, 2011

LOCAL PUBLIC HEALTH SYSTEM PERFORMANCE ASSESSMENT
WORKGROUP
MEETING AGENDA
July 28, 2011
1400

1. Call to Order
2. Review of Community Health Assessment
    a. Review of Data: Emily and Valerie
    b. Review of LPHSPA
3. Community Health Improvement Plan
    a. Development of three main priorities
    b. Survey Monkey
4. Outline of Future Process
    a. Healthy People 2020 Goals
    b. "Guide for Comprehensive Health Improvement Planning" - Emily
5. Next Meeting:

Table of Contents

Summary of Carson City Data in "Nevada Rural and Frontier Health Data Book, 2011 Edition"
Nevada State Office of Rural Health

Population

- 55,188 people (2010)
- Third most populated region in the state
- 5.2% increase from 2000
- 36.5% increase from 1990
- Population is expected to drop 2.3% by 2015

Demographics

- 23.6% - 17 and under
  - Has grown 66% over the last 10 years
    - Highest % change of this age group in the state
- 16.6% - 65 and older
  - Has grown by 17.8% over the last 10 years
  - By 51.7% over the last 20 years
- 90.0% white, 2.1% black, 2.5% Native American, 2.5% Asian, 0.2% Pacific Islander, and 1.8% two or more races
- Hispanic population - 11,681, or 21.2%, as compared to the non-Hispanic population
  - Has grown by 56.4% in the last 10 years and by 275.6% in the last 20 years
- Foreign-born population of the region is 12.1% of the total population
- Veterans compose 2.7% of Carson City's population at 6,572 veterans
  - 11.9% of Nevada's veteran population lives in Carson City
- 5.8% of Carson City's population is composed of prisoners at 3,228 prisoners
  - 24.9% of Nevada's prison population is located in the region
  - Other than Clark County, Carson City has the highest number and percent of prisoners.

Economic Profile

- 14.1% of the population lived in poverty (2009)
  - 17.2% of children aged 5 to 17 living in poverty
- 41.4% of students qualified for free/reduced school lunch, which is the general average across the state
- 2,993 Carson City residents participated in SNAP (Supplemental Nutrition Assistance Program) (2007)

Health Profile

- Health insurance coverage (2007) ($\mathcal{S}$ coverage)

Population	Carson City/Nevada
• 64 and under	25.6%/20.7
• 19 and under	16.9%/15.8
• 18 to 64	26.7%/23.0
• 40 to 64	22.0%/17.3

- Males have a lower percentage of health insurance coverage

1

- Medicare enrollment - 10,088 or 17.9% (2010)
- Medicaid enrollment - 8,020 or 14.5%
- Nevada Checkup (SHIP) - 9.1% or 1,158
- (15.5% decrease from 2002 numbers)
- 40.9% veterans are enrolled in the VA health care system
- Only 27.0% are users of the system
- 1,155 users of tribal health services

- 0 case of syphilis (2009)
- 26 cases of gonorrhea (46.0 per 100,000)
- 302 cases of Chlamydia (543.5 per 100,000)
- 1 case of tuberculosis

cc #'s 5 years

- Maternal health behaviors are fairly close to the state averages
  - 67.4% of women receive prenatal care in the first trimester
  - 97.3% abstain from consuming alcohol while pregnant
  - 88.8% abstain from smoking while pregnant
  - 8.4% of live births are below 2,500 grams
  - 11.2% are prior to 37 weeks of gestation of live births
  - Birth rate - 11.6 per 1,000 (2008)

Leading Causes of Death

1. Heart Diseases
2. Malignant Neoplasms
3. Chronic Lower Respiratory Disease
4. Lung, trachea, & bronchus cancer
5. Stroke
6. Alzheimer's Disease
7. Non-transport pedestrian deaths
8. Diabetes Mellitus
9. Influenza and pneumonia
10. Suicide

Age adjusted mortality rates, per 100,000

1.	Heart diseases	232.9
2.	Malignant neoplasms	192.6
3.	Chronic Lower Respiratory Disease	79.8
4.	Lung, trachea, & bronchus cancer	58.0
5.	Stroke	48.9
6.	Alzheimer's Disease	35.2
7.	Non-transport pedestrian deaths	30.4
8.	Diabetes Mellitus	30.1
9.	Influenza and pneumonia	24.6
10.	Suicide	23.2

- Age-adjusted mortality rate - is 950.4 deaths per 100,000
    - Nevada rate - 808.1 per 100,000
    - Male 1,270.2
    - Female 699.5
    - White 946.4
    - Black 2,808.3
    - Native American 964.3
    - Asian 1,300.9
    - Hispanic 716.5

- 10th out of the 17 NV counties for overall health outcomes
- 8th for overall health determinants
- 8th for mortality
- 12th for morbidity
- 4th for health behaviors
- 2nd for clinical care
- 12th for social and economic factors
- 8th for physical environment

Health Care Professionals in 2010

- Dentists – 34 (61.6 per 100,000)
    - 2nd highest in NV
- Dental hygienist – 38 (68.9 per 100,000)
    - Highest in NV
- Psychiatrists – 3 (5.4 per 100,000)
    - 2nd highest in NV
- Psychologists – 19 (34.4 per 100,000)
    - Highest in NV

Top 10 Dx Data
Carson Tahoe Regional Health Centers
And Sierra Family Health Center

The below data represents the ten most highly diagnosed ICD-9 codes upon discharge from Sierra Family Health Center (yellow) and three of Carson Tahoe Regional Medical Centers' facilities (ER=red, Minden Medical Center=blue, regular hospital admittance=green). The data received from both organizations was pulled from patients seen from June 1, 2010 through May 31, 2011. Since all four facilities are very different in nature and purpose, this may provide a more comprehensive idea of the healthcare needs of the community.

*Note: The original top ten diagnosis data received from Sierra Family Health Center contained over 4000 diagnoses of "shortness of breath". This was considered highly irregular, and because the cause of the exceptional number of diagnoses could not be explained, that data was omitted.

	Sierra Family Health Centers	
ICD Code	*Code Description*	*Count*
401.9	Hypertension	1433
V20.2	Well Child Check	1110
250.02	Diabetes Mellitus Type II Uncontrolled	923
V72.31	Routine GYN Exam	860
724.2	Low Back Pain	800
401.1	Benign Hypertension	645
244.9	Hypothyroidism	627
272.2	Hyperlipidemia	501
250.00	Diabetes Mellitus Type II Controlled	466
	Total	7394

	[illegible]	
ICD Code	*Code Description*	*Count*
784	784.0-HEADACHE	506
799.9	799.9-UNKN CAUSE MORB/MORT NEC	482
789	789.00-ABDOMINAL PAIN UNSPCF SITE	422
465.9	465.9-ACUTE URI NOS	407
786.5	786.50-CHEST PAIN NOS	377
724.2	724.2-LUMBAGO	359
462	462-ACUTE PHARYNGITIS	337
787.01	787.01-NAUSEA WITH VOMITING	321
599	599.0-URIN TRACT INFECTION NOS	309
382.9	382.9-OTITIS MEDIA NOS	308
	[illegible]	[illegible]

	[illegible]	
ICD Code	*Code Description*	*Count*
490	490-BRONCHITIS NOS	423
465.9	465.9-ACUTE URI NOS	390
382.9	382.9-OTITIS MEDIA NOS	330
473.9	473.9-CHRONIC SINUSITIS NOS	320
462	462-ACUTE PHARYNGITIS	313
599	599.0-URIN TRACT INFECTION NOS	258
466	466.0-ACUTE BRONCHITIS	169
34	034.0-STREP SORE THROAT	118
463	463-ACUTE TONSILLITIS	115
847.2	847.2-SPRAIN LUMBAR REGION	106
	[illegible]	[illegible]

	Carson Tahoe Admits	
ICD Code	*Code Description*	*Count*
786.59	786.59-CHEST PAIN NEC	381
786.5	786.50-CHEST PAIN NOS	360
486	486-PNEUMONIA, ORGANISM NOS	323
38.9	038.9-SEPTICEMIA NOS	211
491.21	491.21-OBS CHR BRONC W(AC) EXAC	189
584.9	584.9-ACUTE KIDNEY FAILURE NOS	184
410.71	410.71-SUBENDO INFARCT, INITIAL	178
427.31	427.31-ATRIAL FIBRILLATION	177
414.01	414.01-CRNRY ATHRSCL NATVE VSSL	163
434.91	434.91-CRBL ART OCL NOS W INFRC	133
	Total	2294

The below data is the same from the previous page, but has been divided up by related category. Again, since the various health facilities serve different needs throughout the community, some will be seen more in one category than in another. However, it can be noted that even with the fewer number of diagnoses under the heading of "chronic disease", the difference in total number of diagnoses made between the "chronic disease" and "acute" is relatively small.

Code	Chronic Disease	Number
401.9	Hypertension	1433
250.02	Diabetes Mellitus Type II Uncontrolled	923
401.1	Benign Hypertension	645
244.9	Hypothyroidism	627
272.2	Hyperlipidemia	501
250.00	Diabetes Mellitus Type II Controlled	486
414.01	414.01-CRNRY ATHRSCL NATVE VSSL	163
434.91	434.91-CRBL ART OCL NOS W INFRC	133
	Total	4911

Code	Acute	Number
724.2	Low Back Pain	800
490	490-BRONCHITIS NOS	423
465.9	465.9-ACUTE URI NOS	390
462	462-ACUTE PHARYNGITIS	337
382.9	382.9-OTITIS MEDIA NOS	330
486	486-PNEUMONIA, ORGANISM NOS	323
787.01	787.01-NAUSEA WITH VOMITING	321
462	462-ACUTE PHARYNGITIS	313
599	599.0-URIN TRACT INFECTION NOS	309
382.9	382.9-OTITIS MEDIA NOS	308
599	599.0-URIN TRACT INFECTION NOS	256
38.9	038.9-SEPTICEMIA NOS	211
584.9	584.9-ACUTE KIDNEY FAILURE NOS	184
410.71	410.71-SUBENDO INFARCT, INITIAL	178
466	466.0-ACUTE BRONCHITIS	169
34	034.0-STREP SORE THROAT	116
463	463-ACUTE TONSILLITIS	115
847.2	847.2-SPRAIN LUMBAR REGION	106
	Total	5189

Code	Possibly Chronic-Related	Number
786.59	786.59-CHEST PAIN NEC	381
786.5	786.50-CHEST PAIN NOS	377
786.5	786.50-CHEST PAIN NOS	360
724.2	724.2-LUMBAGO	358
427.31	427.31-ATRIAL FIBRILLATION	177
	Total	1653

Code	Test/Exam	Number
V20.2	Well Child Check	1110
V72.31	Routine GYN Exam	869
	Total	1979

Code	Other	Number
784	784.0-HEADACHE	505
799.9	799.9-UNKN CAUSE MORB/MORT NEC	482
789	789.00-ABDMNAL PAIN UNSPCF SITE	422
473.9	473.9-CHRONIC SINUSITIS NOS	320
491.21	491.21-OBS CHR BRONC W(AC) EXAC	189
	Total	1918

Key
SFHC
CT ER
CT Admit
CT MMC

Sierra Family Health Center
Top 10 Dx by Age group
Data from 6/1/10 to 5/31/11

The following data represents the 10 most highly diagnosed ICD-9 codes by age group from Sierra Family Health Center. This data was collected in keeping with the June 1, 2010 through May 31, 2011 time frame.

Following the breakdowns by age group, the data was compiled into a list by diagnosis code, and the numbers for the same diagnosis in different age groups were combined and sorted by prevelance. The three most highly used codes were for Hypertension, uncontrolled Type II Diabetes, and Lumbago.

4 years and under

ICD-9 Code	Description	Number
V20.2	Routine Well Child Check	186
465.9	Acute upper resp. infection, unspecified site	24
382	Supurative and unspecified Otitis media	17
478.9	Other and unspecified dis. Of resp. tract	12
382.9	Unspecified otitis media	11
786.2	Cough	11
490	Bronchitis, unspecified as acute or chronic	8
787.91	Diarrhea	7
691.8	Other atopic dermatitis and related conditions	7
466.11	Acute bronchitis due to Resp. Syncytial Virus (RSV)	6
	Total	289

5 to 14 years

ICD-9 Code	Description	Number
V20.2	Routine well child check	242
314.01	ADD with hyperactivity	51
477.9	Allergic rhinitis, cause unspecified	40
493.9	Asthma, unspecified	38
462	Acute pharyngitis	26
465.9	Acute upper res. Infection, unspecified site	24
382.00	Acute superlative otitis media without spontaneous rupture of eardrum	21
784.0	Headache	18
490	Bronchitis, unspecified as acute or chronic	14
078.10	Viral warts, unspecified	14
	Total	488

15 to 18 years

ICD-9 Code	Description	Number
V20.2	Routine Well Child Check	48
311	Depressive disorder, not elsewhere classified	17
626.4	Irregular menstrual cycle	12
780.79	Other malaise and fatigue	9
784.0	Headache	9
493.9	Asthma, unspecified	9
314.01	ADD with hyperactivity	8
078.10	Viral warts, unspecified	7
530.81	Esophageal reflux	6
462	Acute pharyngitis	6
	Total	131

19 to 24 years

ICD-9 Code	Description	Number
V72.31	Routine gynecological exam	59
724.2	Lumbago	37
311	Depressive disorder, not elsewhere classified	36
244.9	Unspecified hypothyroidism	15
555.9	Regional enteritis, unspecified	12
V74.5	Venereal disease	12
780.79	Other malaise and fatigue	10
439.9	Asthma, unspecified	10
300.00	Anxiety state, unspecified	10
477.9	Allergic rhinitis, cause unspecified	9
	Total	210

25 to 49 years

ICD-9 Code	Description	Number
742.2	Lumbago	450
V72.31	Routine gynecological exam	440
401.9	Hypertensive disease, unspecified	290
311	Depressive disorder	249
250.02	Diabetes, type II , uncontrolled	217
244.9	Unspecified hypothyroidism	202
401.1	Hypertension, benign	126
300.09	Anxiety, other	102
784.0	Headache	100
250.00	Diabetes, type II, not stated as controlled or uncontrolled	99
	Total	2275

50 to 64 years

ICD-9 Code	Description	Number
401.9	Hypertension, unspecified	493
250.02	Diabetes, type II, uncontrolled	321
V72.31	Routine gynecological exam	263
724.2	Lumbago	240
401.1	Hypertension, benign	206
272.2	Mixed hyperlipidemia	168
244.9	Unspecified hypothyroidism	167
250.00	Diabetes, type II, not stated as uncontrolled	154
311	Depressive disorder	134
272.4	Other and unspecified hyperlipidemia	92
	Total	2238

64 years and older

ICD-9 Code	Description	Number
401.9	Hypertension, unspecified	542
401.1	Hypertension, benign	282
250.02	Diabetes, type II, uncontrolled	255
272.2	Mixed hyperlipidemia	168
244.9	Unspecified hyperthyroidism	132
272.4	Other and unspecified hyperlipidemia	90
250.00	Diabetes, type II, not stated as uncontrolled	87
496	Chronic airway obstruction, not elsewhere classified	76
724.2	Lumbago	63
782.3	Edema	57
	Total	1752

Sierra Family Health Center
Compiled Dx Codes from Previous Tables
In Order of Highest to Lowest Prevalence
Data from June 1, 2010 through May 31, 2011

Description	Number	Percent of Total
Hypertension, unspecified	1325	17.95%
Diabetes, type II, uncontrolled	793	10.74%
Lumbago	790	10.70%
Routine gynecological exam	762	10.32%
Hypertension, benign	614	8.32%
Unspecified hypothyroidism	516	6.99%
Routine well child check	476	6.45%
Depressive disorder	436	5.91%
Diabetes, type II, not stated as uncontrolled	340	4.61%
Mixed hyperlipidemia	336	4.55%
Other and unspecified hyperlipidemia	182	2.47%
Headache	127	1.72%
Anxiety, other	102	1.38%
Chronic airway obstruction, not elsewhere classified	76	1.03%
ADD with hyperactivity	59	0.80%
Asthma, unspecified	57	0.77%
Edema	57	0.77%
Allergic rhinitis, cause unspecified	49	0.66%
Acute upper respiratory infection, unspecified site	48	0.65%
Acute pharyngitis	32	0.43%
Bronchitis, unspecified as acute or chronic	22	0.30%
Viral warts, unspecified	21	0.28%
Acute supurative otitis media without spontaneous rupture of eardrum	21	0.28%
Other malaise and fatigue	19	0.26%

Description	Number	Percent of Total
Supurative and unspecified otitis media	17	0.23%
Other and unspecified disease of respiratory tract	12	0.16%
Regional enteritis, unspecified	12	0.16%
Irregular menstrual cycle	12	0.16%
Venereal Disease	12	0.16%
Unspecified otitis media	11	0.15%
Cough	11	0.15%
Anxiety state, unspecified	10	0.14%
Other atopic dermatitis and related conditions	7	0.09%
Diarrhea	7	0.09%
Acute bronchitis due to Respiritory Syncytial Virus (RSV)	6	0.08%
Esophageal reflux	6	0.08%

Total number of Dx	**7383**
Total count of Dx types used in above tables	**36**

The number of patients included in these tables does not reflect the total number of patients served by SFHC, but rather the number of diagnoses given to patients. It is possible that patients may have been diagnosed with one or more of the above diagnoses, and so each diagnosis count cannot be considered an appropriate count of individual patients.

Teen Pregnancy and Birth Rates
Comparison of US, Nevada and Carson City Data

Teen Pregnancy Rate Data

All age groups categories consist of women only in the specified area

*Data references below table

Area	Age Group	Rate	Year
US	15-19	71.5 per 1,000 (1)	2006
NV	15-19	61.2 per 1,000 (2)	2008
	15-17	36.1 per 1,000 (2)	2008
	18-19	98.7 per 1,000 (2)	2008
CC	15-19	54.1 per 1,000 (2)	2008
	15-17	26.2 per 1,000 (2)	2008
	18-19	97.4 per 1,000 (2)	2008

(1) Guttmacher Institute, www.guttmacher.org/pubs/USTPtrends.pdf

(2) Nevada Rural and Frontier Health Data Book - 2011 Edition, p.102-104

Teen Birth Rate Data

All age group categories consist of women only in the specified area

*Data references below table

Area	Age Group	Rate	Year
US	15-19	41.5 live births per 1,000 (1)	2008
NV	15-19	44.9 per 1,000 (2)	2008
	15-17	25.7 per 1,000 (2)	2008
	18-19	73.5 per 1,000 (2)	2008
CC	15-19	41.2 per 1,000 (2)	2008
	15-17	20.3 per 1,000 (2)	2008
	18-19	73.7 per 1,000 (2)	2008

(1) Centers for Disease Control and Prevention, www.cdc.gov/nchs/faststats/teenbirth.htm (6/27/11)

(2) Nevada Rural and Frontier Health Data Book - 2011 Edition, p. 105-107

How does Nevada rank nationally?

Health Measure	State Rank	Age Group	Rate	Best Ranked State	Rate
Teen Birthrate*	10 (highest to lowest)	15-19	55.3 per 1,000	New Hampshire	18 per 1,000
Teen Pregnancy Rate*	2 (highest to lowest)	15-19	90 per 1,000	New Hampshire	33 per 1,000

*2005 data reported by The Guttmacher Institute, www.guttmacher.org/pubs/USTPtrends.pdf

Comparison of Smoking in the US, Nevada, Carson City and other Rural Counties

Health Indicator	Percent of Adult Population				
	Rural & Frontier Counties	Clark County	Washoe County	Nevada Total	US
Smoking, Current Smoker	23.1	22.2	20.5	22	17.9
Smoking, Former Smoker	30.1	26.1	25.7	26.5	25.5

From Nevada Rural & Frontier Health Data Book - 2011 Edition, p. 93, Table 3.23: Self-reported Lifestyle and Behavioral Risk Factors to Health

The Toll of Tobacco in Nevada	NV (2011)	US (2009)
High school smoking rate	17%	19.50%
Male high school students who use smokeless tobacco	8.80%	15%
Adult smoking rate	22%	20.60%

From "The Toll of Tobacco in Nevada", www.tobaccofreekids.org 7/1/2011

Lifetime Use of Cigarettes	School District	Percent of Students Sampled
Carson Schools	Carson HS	49.1
	Carson MS	29.6
Highest HS	Eureka HS	64.6
Highest MS	Eureka MS	42.4
Lowest HS	Lincoln HS	43
Lowest MS	White Pine MS	12.5

From 2009 Youth Risk Behavior Survey - Tobacco Data

First Cigarette Use Before Age 13	School District	Percent of Students Sampled
Carson Schools	Carson HS	10.4
	Carson MS	15.2
Highest HS	Eureka HS	24.4
Highest MS	Eureka MS	27.3
Lowest HS	Lander HS	11.3
Lowest MS	Douglas MS	12.3

From 2009 Youth Risk Behavior Survey - Tobacco Data

Past 30 Day Cigarette Use	School District	Percent of Students Sampled
Carson Schools	Carson HS	22.5
	Carson MS	12.1
Highest HS	Eureka HS	43.9
Highest MS	Eureka MS	30.3
Lowest HS	Lincoln HS	22.3
Lowest MS	White Pine MS	0

From 2009 Youth Risk Behavior Survey - Tobacco Data

Past 30 Day Chewing Tobacco Use	School District	Percent of Students Sampled
Carson Schools	Carson HS	3.4
	Carson MS	2.6
Highest HS	Eureka HS	26.8
Highest MS	Eureka MS	21.2
Lowest HS	Carson HS*	3.4
Lowest MS	Nye MS	0.5

From 2009 Youth Risk Behavior Survey - Tobacco Data
*Next lowest was Story HS district, at 7.7%

Runs By Category

Carson City Fire Dept

Service Date: From 01/01/2010 Through 12/31/2010

Medical Category	ICD-9 Code	# of Runs	% of Runs
Diabetes w/unspec complication type II	250.90	170	3.60%
Major depressive disorder single epis un	296.20	73	1.55%
Migraine unspecified	346.90	12	0.25%
Cardiac/ full arrest	427.5	66	1.40%
CVA/ stroke/ acute paralysis	436	71	1.50%
Hemorrhage unspecified	459.0	13	0.28%
Pneumonia	486	73	1.55%
Resp distress / pulmonary edema / acute	518.4	14	0.30%
Respiratory distress/ failure	518.81	18	0.38%
Other Diseases of Resp system	519.8	13	0.28%
Vomiting/ blood (hematemesis)	578.0	18	0.38%
Hemorrhage/ GI bleed	578.9	58	1.23%
OB/Gyn	659.90	26	0.55%
Pain/ hip	719.45	107	2.27%
Backache unspecified	724.5	97	2.06%
Alt. Level Conscious	780.09	399	8.46%
Syncope	780.2	176	3.73%
Other convulsions	780.39	181	3.84%
Fever	780.6	73	1.55%
Other malaise/fatigue/weak	780.79	483	10.24%
Respiratory distress/ hyperventilation	786.01	35	0.74%
Apnea	786.03	3	0.06%
Respiratory distress/ shortness of air	786.05	416	8.82%
Chest pain/ unspecified	786.50	362	7.67%
Chest discomfort pressure tightness	786.59	229	4.85%
Nausea alone	787.02	261	5.53%
Vomiting alone	787.03	211	4.47%
DOA / unattended death/ cause unknown	798.9	51	1.08%
Respiratory Arrest	799.1	11	0.23%
Allergic reaction/ unspecified	995.3	22	0.47%
Abdominal Pain, Unspec	789.00	337	7.14%
Diarrhea	787.91	87	1.84%
Dehydration	276.5	31	0.66%
Unspecified constipation	564.00	25	0.53%
Hematuria	599.7	17	0.36%
Dysuria	788.1	27	0.57%
Headache (no trauma)	437.9	70	1.48%
Asthma, unspecified	493.9	29	0.61%
Hemoptysis	786.3	8	0.17%
Unspecified complication of pregnancy	646.90	18	0.38%
Influenza with other respiratory manifestations	487.1	65	1.38%
Sore throat	462	11	0.23%
Epistaxis	784.7	32	0.68%
Unspecified complication of procedure, NEC	998.9	76	1.61%
Disorder of eye, unspecified	379.90	3	0.06%
Unspecified psychosis	298.9	5	0.11%
Monitoring Required	293.1	73	1.55%
Other and unspecified reactive psychosis	298.8	1	0.02%
Isolation Required	041.9	17	0.36%
Orth. Device Required	907.2	2	0.04%
Observation for unspecified suspected condition	V71.9	1399	29.65%
Medical Subtotal:		**4718**	**100%**

Trauma Category	ICD-9 Code	# of Runs	% of Runs
Trauma Injury	959.9	880	99.66%
Hyperthermia	992.9	3	0.34%
Trauma Subtotal:		**883**	**100%**

Environmental Category	ICD-9 Code	# of Runs	% of Runs
Poisoning / Drug Ingestion	977.0	45	83.33%
Asphyxiation/ carbon monoxide	986	4	7.41%

Runs By Category

Carson City Fire Dept

Service Date: From 01/01/2010 Through 12/31/2010

Environmental			
Category	**ICD-9 Code**	**# of Runs**	**% of Runs**
Environmental / cold hypothermia/accident	991.6	5	9.26%
Environmental Subtotal:		**54**	**100%**

Behavioral			
Category	**ICD-9 Code**	**# of Runs**	**% of Runs**
Anxiety state unspecified	300.00	142	26.89%
Behavioral problems	300.9	171	32.39%
Dizziness	780.4	229	43.37%
Behavioral Subtotal:		**528**	**100%**

Other			
Category	**ICD-9 Code**	**# of Runs**	**% of Runs**
Shock / septic shock	785.50	4	100.00%
Other Subtotal:		**4**	**100%**

Service Area Competition Grant – September, 2008
Project Period Starts: June 1, 2009 Project Period Ends: May 31, 2014
HEALTH CARE PLAN

	Need Addressed – Focus Area	Project Period Goal(s) With Baseline	Performance Measures	Data Source & Methodology	Comments
1.	**Diabetes/Obesity**	Baseline = 51% Five Year Goal = 76%	Percentage diabetic patients whose HbA1c levels are less than or equal to 9 percent	Random Manual Chart Audit #pt. with HgbA1c<9Divided by 70 DM pts. X 100	Improve by 5% per year during project period to reach goal. Random sampling of charts throughout the company. Date range for the data: June 1, 2007 through May 31, 2008.
		2009 Target = 56% Achieved = 65%			Date Range: January 1, 2009 – December 31, 2009 **Goal Surpassed**
2.	**Cardiovascular**	Baseline = 42% Five Year Goal = 67%.	Percentage of adult patients with diagnosed hypertension whose most recent blood pressure was less than or equal to 140/90 during the measurement year	Random Manual Chart Audit # pt with B/P<140/90 Divided by 70 HTN pts. X 100	Improve by 5% per year during project period to reach goal. Random sampling of charts throughout the company. Date range for the data: June 1, 2007 through May 31, 2008.
		2009 Target = 47% Achieved 62%			Date Range: January 1, 2009 – December 31, 2009 **Goal Surpassed**
3.	**Cancer**	Baseline = 26% Five Year Goal = 51%	Percentage of women who received one or more Pap tests	2007 UDS Data # PAP's billed divided by # women 18-65 yrs. X 100	Improve by 5% per year during project period to reach goal. Electronic report from Next Gen system. Date range for data: June 1, 2007 through May 31, 2008.
		2009 Target = 31% Achieved 54%			Date Range: January 1, 2009 – December 31, 2009 **Goal Surpassed**

4.	Prenatal and Perinatal Health	Baseline = 67% Five Year Goal = 87%	Percentage of pregnant women beginning prenatal care in the first trimester	2007 UDS Data # entering in 1st Trimester divided by total deliveries X 100	Improve by 4% per year during project period to reach goal. Electronic report from Case Management Database: High degree of data capture and good accuracy. Date range: June 1, 2007 through May 31, 2008.
		2009 Target = 71% No Data			January 1, 2009 – December 31, 2009 **Data not available**
5.	Prenatal and Perinatal Health	Baseline = 4.7% Anticipate that low-birth weight babies will increase to be less than or equal to the state level of 8%.	Percentage of births less than 2,500 grams to health center patients	2007 UDS Data # newborns < 2,500g divided by total deliveries X 100	NVHC projects that the number of low birth weight babies in our practice will increase as we increase our capacity to provide prenatal care to high-risk patients. Presently high risk patients are referred to other providers. It is challenging to set a goal for this reason.
		2009 Target = 4.7% No Data			January 1, 2009 – December 31, 2009 **Data not available**
6.	Child Health	Baseline = 53% Five Year Goal = 88%	Percentage of children with 2nd birthday during the measurement year with appropriate immunizations.	Random Manual Chart Audit # children age 2 with CDC vaccines divided by 70 charts of children aged 2	Improve by 3% per year during project period to reach goal. Random sampling of charts throughout the company. Date range for data: June 1, 2007 through May 31, 2008.
		2009 Target = 56% Achieved 41%			January 1, 2009 – December 31, 2009 **Goal not met**
7.	Behavioral Health	58% Baseline = 58% Five Year Goal = 88%	Percent of patients who have a diagnosis of depression who were asked if they have suicidal ideation.	Random Chart Audit # pts asked about Suicide divided by 70 pts with Dx of depression	Improve by 6% per year during project period to reach goal. Random sampling of charts throughout the company. Date range for data: June 1, 2007 through May 31, 2008. Consider various diagnoses for depression.
		2009 Target 64% Achieved			

9.	**Oral Health**	Baseline = 20% Five Year Goal = 95%	Percentage of children age 18 and younger who receive oral health education at their dental health visit.	Information from billing system; billing code for education charged divided by total number of children seen X 100	Improve by 15% per year during project period to reach goal. Date range for data: June 1, 2007 through May 31, 2008. Oral health education reminder becomes part of the electronic oral health system.
		2009 Target =35% Achieved 66%			January 1, 2009 – December 31, 2009 **Goal surpassed**
12.	**Special Populations School Based Patients**	Baseline = 5.7%	Percent of children age 18 and younger who had a BMI equal to or greater than 29.	Chart review of 70 patients at school based clinics	Verify data by tracking over time. Set goal after second chart review with verified data. Provide ongoing dietary education to children to improve BMI.
		Requested new data to set goals. Achieved 14%			January 1, 2009 – December 31, 2009 **Data Questionable**
13.	**Special Populations Homeless Patients**	Baseline 68% Five Year Goal: 80%	Percentage diabetic patients whose HbA1c levels are less than or equal to 9 percent	Diabetic patient data base for Homeless patients.	Improve by 3% a year until 75% is reached and then 2% improvements. The Homeless clinics are participating in a Diabetes Collaborative and have a facilitator who is working with patients and collecting data.
		2009 Target 71% Achieved 70%			January 1, 2009 – December 31, 2009 **Goal not met**
14.	**Pharmacy MTM**				

1.	Costs	Baseline - $5,288.40/patient Goal – Maintain overall increase in patient cost per visit for the project period to not greater than 15%	Total cost per patient	UDS – 2007	
2.	Costs	Baseline - $124.03/encounter Goal – Maintain overall increase in cost per medical encounter for the project period to no greater than 10%	Medical cost per medical encounter	UDS – 2007	
3.	Financial Solvency	Baseline – 8.6% /2.5%/(1.4%) Goal – Maintain an average ratio greater than 1% (Operating) for the project period	Change in Net Assets to Expense Ratio	Current Audit – FYE 05/31/07	The most recent audit information available is from fiscal year that ended May 31, 2007
4.	Financial Solvency	Baseline – 1.01 Goal – Maintain an average ratio greater than 1.1 for the project period	Working Capital to monthly Expense Ratio	Current Audit – FYE 05/31/07	The most recent audit information available is from our fiscal year that ended May 31, 2007
5.	Financial Solvency	Baseline -20.4% Goal – Maintain an average ratio less than or equal to 20% of Net Assets	Long Term Debt to Equity Ratio	Current Audit – FYE 05/31/07	The most recent audit information available is from our fiscal year that ended May 31, 2007

Summary of Findings

Areas of Opportunity for Community Health Improvement

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Community Health Assessment and the guidelines set forth in *Healthy People 2010*. From these data, opportunities for health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Access to Healthcare Services	• Routine Preventive Care (Adults & Children) • Cost as a Barrier to Healthcare
Cancer	• Cancer Prevalence (Especially Skin Cancer) • Pap Smear Testing
Diabetes	• Diabetes Prevalence
Disability	• Activity Limitations
Heart Disease & Stroke	• Heart Disease Prevalence • Blood Pressure & Cholesterol
Injury & Violence	• Injury Deaths (Including Motor Vehicle) • Suicide • Firearm Safety
Maternal, Infant & Child Health	• Prenatal Care
Nutrition & Overweight	• Overweight & Obesity
Respiratory Disease	• Chronic Lower Respiratory Disease
Substance Abuse	• Cirrhosis/Liver Disease • Chronic Drinking

Ross Clinic Summary Statistics
(covering the most recent 100 patients—ending May 17, 2011)

54% Female
46% Male

64% White
32 % Hispanic
4% Asian

Top 10 Treatment Issues (some patients had multiple ailments)

69% of patients suffered from **Hypertension**
37% were **Diabetic**
18% were **Obese**
12% suffered from **Migraines** or similar neurological Issues
10% had **Infections**
10% had **Psychological** issues such as depression or anxiety
8% suffered from **Thyroid** issues
8% had **Digestive** issues
6% had **Respiratory**/allergy issues
4% had **Liver/Hep C** issues

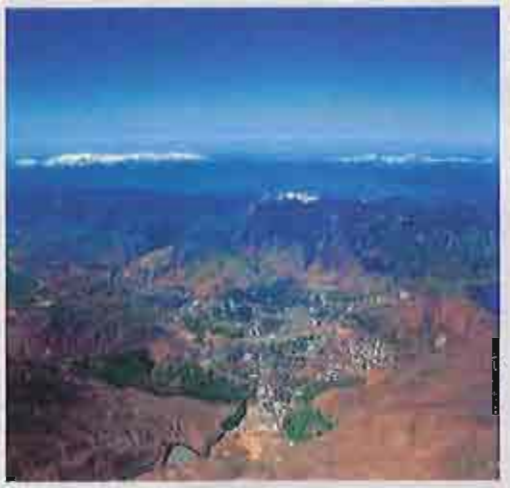
Appendix F – Healthy People Carson City – Moving from 2010 to 2020 Report

This report was prepared by the Nevada State Health Division, Bureau of Health Statistics, Planning, Epidemiology, and Response, Office of Health Statistics and Surveillance and is included here for reference.

To download the full report, please visit:
http://health.nv.gov/PDFs/HSPER/HP/countyrpts/CarsonCityCountyReport.pdf.

For additional information on this report or to view the report for the entire state, including data tables, please visit: http://health.nv.gov/HSPER_HP.htm.

Carson City

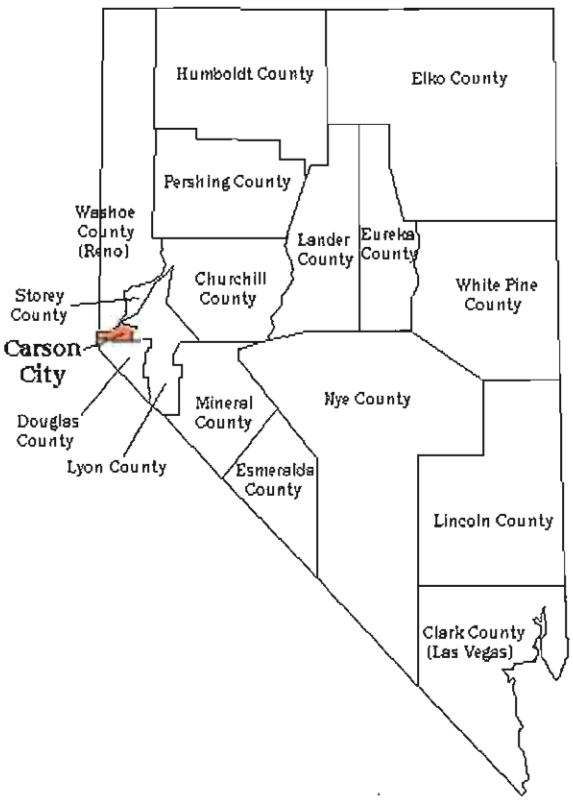


Population (2008)	57,600
Land Area (square miles)	141.35
Persons per square mile	407.5
Race/Ethnicity	
• White	77%
• Black	.69%
• American Indian & Alaskan Native	2.3%
• Asian	2.3%
• Hispanic or Latino origin	17.3%
Median Household Income	$50,884
Persons Below Poverty	12.9%

Population and race/ethnicity data are from the Nevada State Demographer; Income and poverty data are from the U.S. Census Bureau

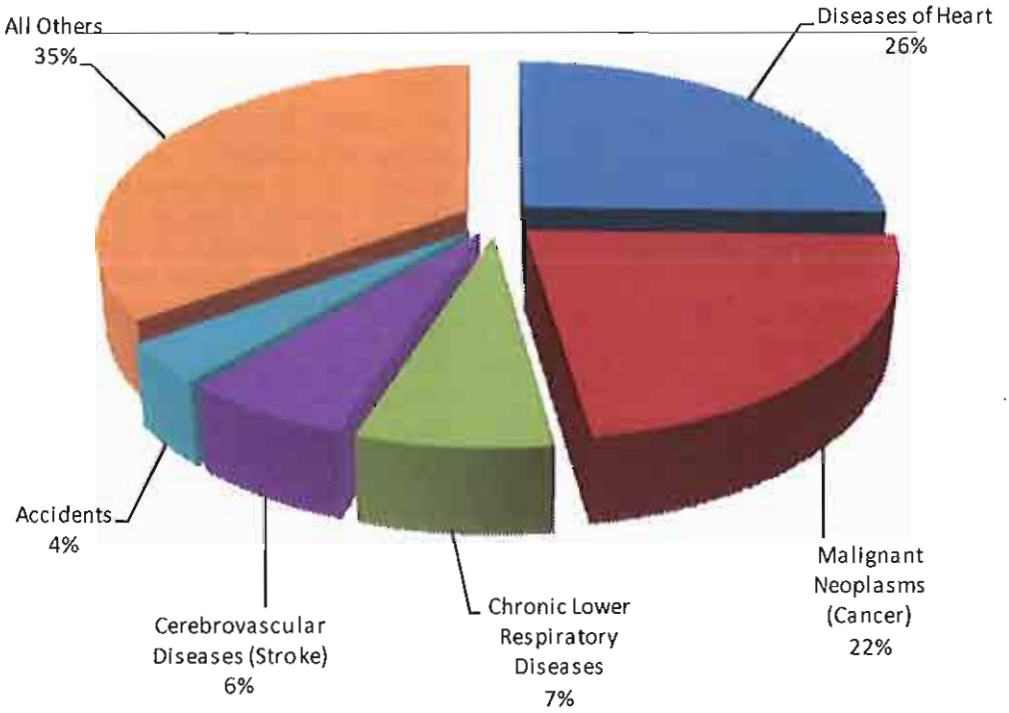
Healthy People Highlights:

- Carson City's diabetes mortality rate has markedly declined since the year 2005.
- Since 2007, the Carson City rate for adolescent pregnancy among females, aged 15 to 17 years, has been lower than the Healthy People 2010 target.
- Since 2006, Carson City has had a coronary heart disease mortality rate which is lower than the Healthy People 2010 target.
- The percentage of people always using safety belts has risen for the state, but declined for Carson City since the year 2006. Please remember to buckle-up!



Leading Causes of Death

Carson City



2000 - 2008 Pooled Data

The list of Carson City's top five leading causes of death is led by heart disease (25%), closely followed by malignant neoplasms—cancer (22%). Chronic lower respiratory diseases (7%), cerebrovascular diseases (6%), and accidents (4%) round out the list. All other causes of death account for the remaining 36% of Carson City's mortality.

Similarly, the leading cause of death for Nevada is heart disease (26%), followed by malignant neoplasms—cancer (23%), chronic lower respiratory diseases (6%), accidents (5%), and cerebrovascular diseases (5%).

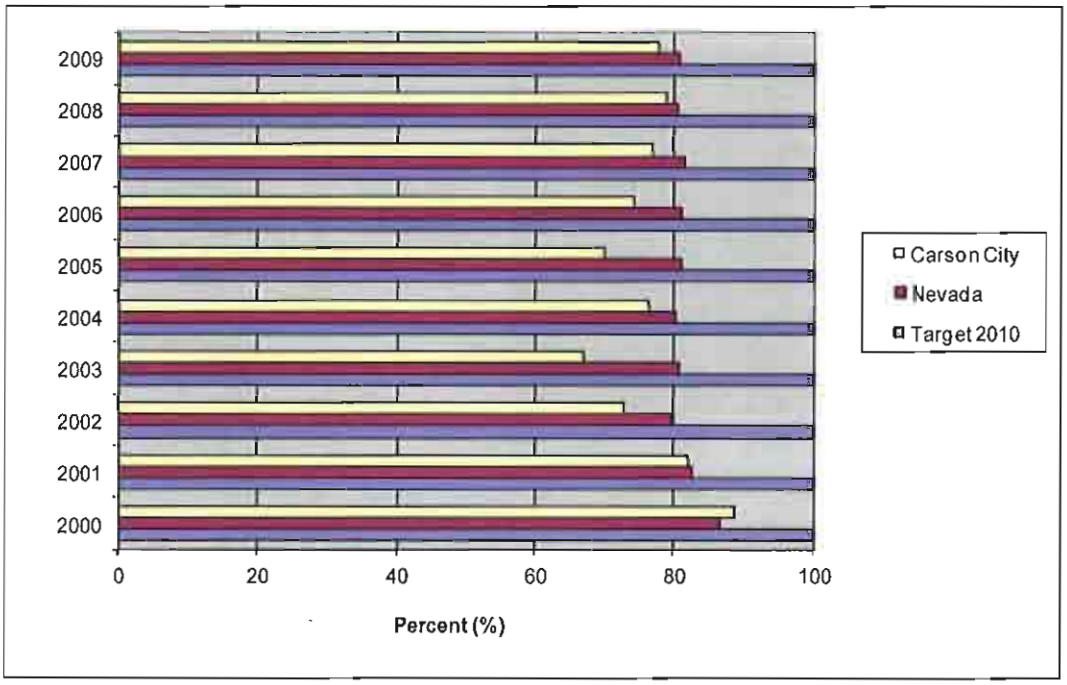
*The data are from Nevada Vital Statistics Records.
Note: 2007 and 2008 data are not final and are subject to change.

Access to Quality Health Services

Healthy People 2010 Objective (1-1): Increase the proportion of persons with health insurance.

Healthy People 2020 Objective AHS HP2020-1: Increase the proportion of persons with health insurance.

Proportion of Persons with Health Insurance, Carson City and Nevada, BRFSS Data, 2000 - 2009.*



Neither Carson City, nor Nevada reached the Healthy People 2010 target of 100 percent for the percentage of persons with health insurance. The percentage for Carson City has fluctuated from 2000-2009.

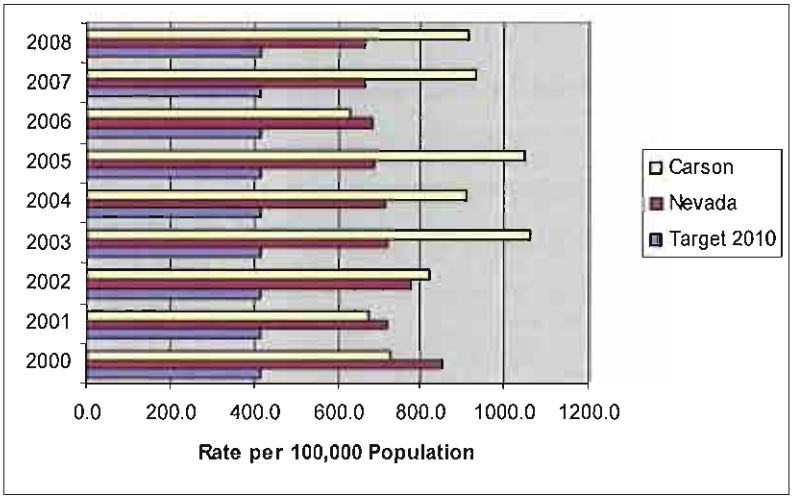
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Arthritis, Osteoporosis, and Chronic Back Conditions

Healthy People 2010 Objective (15-28): Reduce hip fractures among females and males aged 65 and older.

Healthy People 2020 Objective AOCBC HP2020-11: Reduce hip fractures among older adults.

Hospitalization Rate for Hip Fractures Among Females Aged 65 Years and Older, Carson City and Nevada, 2000 - 2008.*



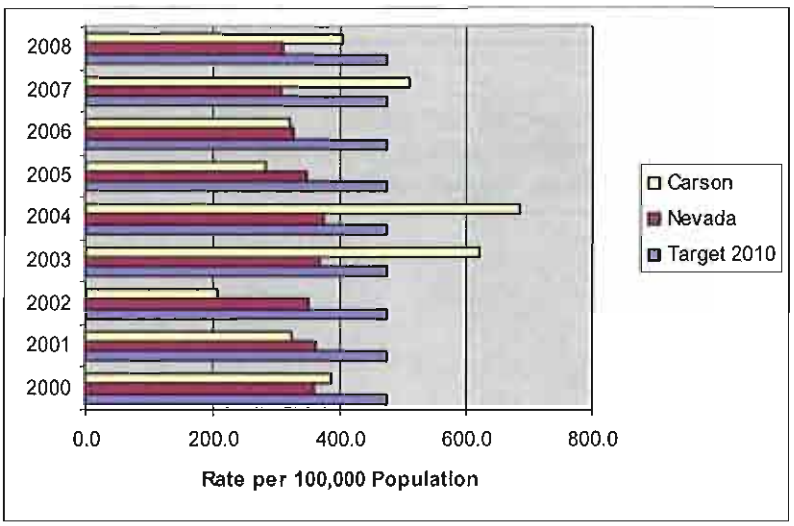
Carson City's hospitalization rate for hip fractures among females, aged 65 years and older, has consistently been higher than the state's rate from 2000—2008.

Neither the state nor Carson City met the Healthy People 2010 target rate of 416 per 100,000 population.

Hospitalization Rate for Hip Fractures Among Males Aged 65 Years and Older, Carson City and Nevada, 2000 - 2008.*

The hospitalization rate for hip fractures among males, aged 65 years and over, fluctuated in Carson City from 2000-2008.

Six out of nine years during the study, Carson City met the Healthy People 2010 target of 474 per 100,000 population.



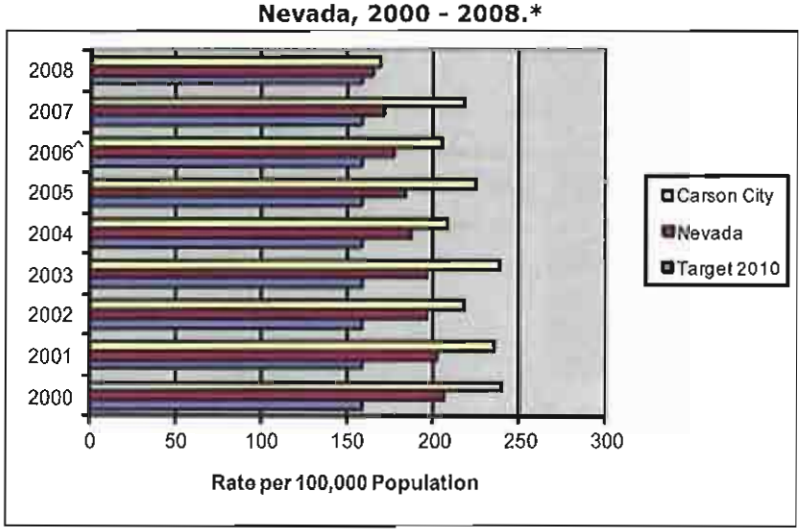
*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD).

Cancer

Healthy People 2010 Objective (3-1): Reduce the overall cancer death rate.

Healthy People 2020 Objective C HP2020-1: Reduce the overall cancer death rate.

Age-Adjusted Overall Cancer Death Rate, Carson City and Nevada, 2000 - 2008.*



The cancer mortality rate declined for Nevada and Carson City from 2000-2008.

The Healthy People 2010 target has not been met. Both the state and Carson City approached the Healthy People 2010 target rate of 158.6 per 100,000 population in 2008.

^ No rate was reported for Carson City in 2006 due to small counts.

Healthy People 2010 Objective (3-2): Reduce the lung cancer death rate.

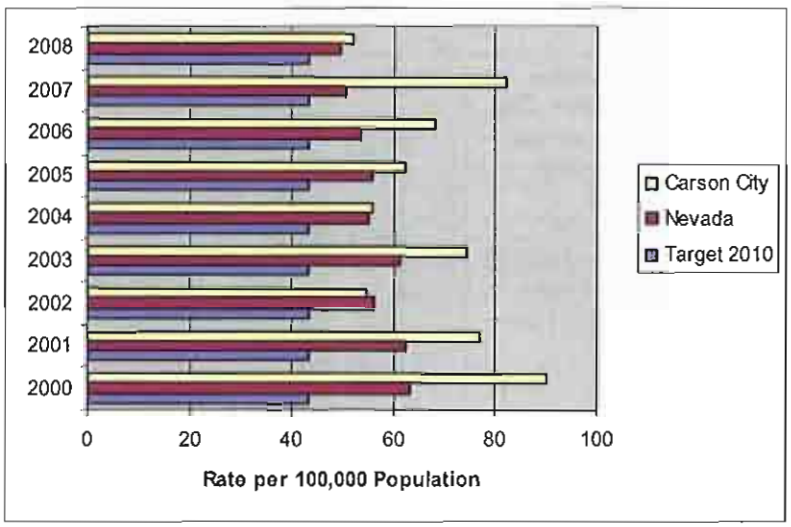
Healthy People 2020 Objective C HP2020-2: Reduce the lung cancer death rate.

Age-Adjusted Lung Cancer Death Rate, Carson City and Nevada, 2000 - 2008.*

The lung cancer mortality rate fluctuated for Carson City and Nevada from 2000-2008.

However, for the years 2005-2008, the state rate declined.

The Healthy People 2010 target rate of 43.3 per 100,000 was not met.

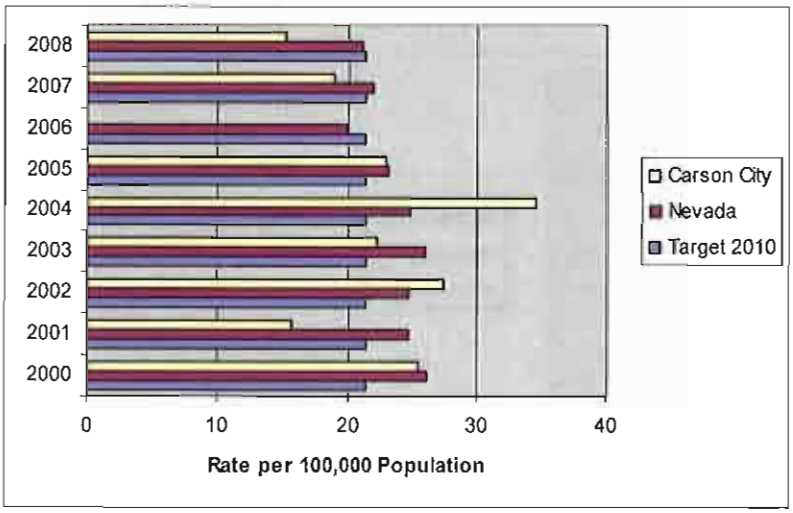


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (3-3): Reduce the breast cancer death rate.

Healthy People 2020 Objective C HP2020-3: Reduce the female breast cancer death rate.

Age-Adjusted Female Breast Cancer Death Rate, Carson City and Nevada, 2000 - 2008.*



The rate of female breast cancer mortality fluctuated during the years 2000—2008 for both Nevada and Carson City. However, both rates were lower in 2008 than at the beginning of the study in 2000.

The state met the Healthy People 2010 target rate of 21.3 per 100,000 population in 2006. Carson City met the goal in 2001, 2007, and 2008.

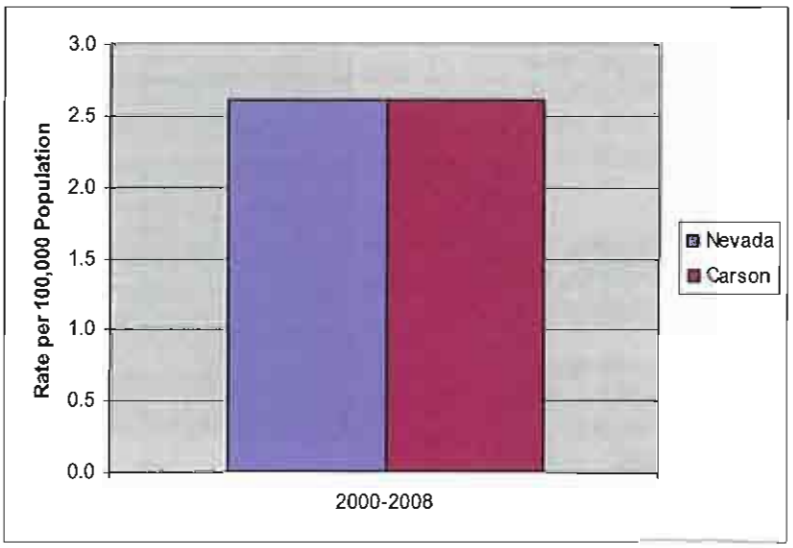
Healthy People 2010 Objective (3-4): Reduce deaths from cancer of the uterine cervix.

Healthy People 2020 Objective C HP2020-4: Reduce deaths from cancer of the uterine cervix.

Aggregated Age-Adjusted Uterine Cervix Cancer Death Rate, Carson City and Nevada, 2000 - 2008.*

From 2000 to 2008, Nevada and Carson City have reported a similar rate of uterine cervix cancer mortality.

The Healthy People 2010 target rate of 2.0 per 100,000 population was not met.

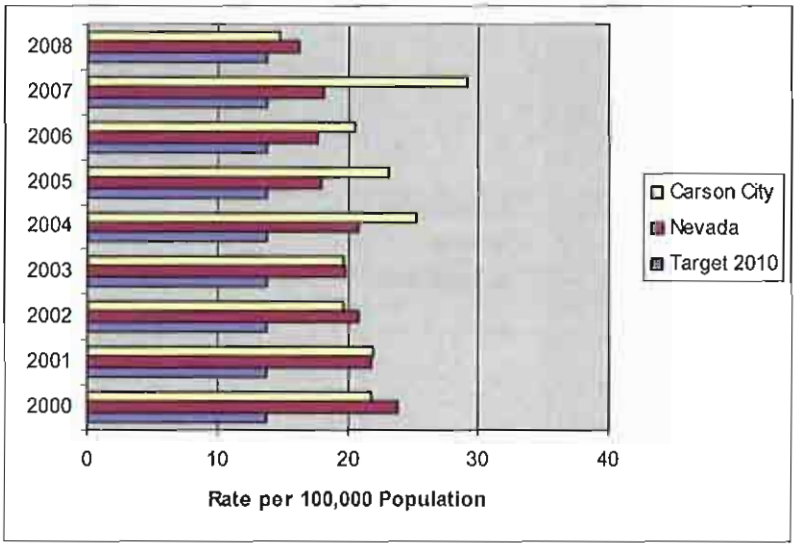


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (3-5): Reduce the colorectal cancer death rate.

Healthy People 2020 Objective C HP2020-5: Reduce the colorectal cancer death rate.

Age-Adjusted Colorectal Cancer Death Rate, Carson City and Nevada, 2000 - 2008.*



The colorectal cancer mortality rate fluctuated for Carson City and declined for Nevada from 2000-2008.

The Healthy People 2010 target rate of 13.7 per 100,000 has not been met.

Healthy People 2010 Objective (3-6): Reduce the oropharyngeal cancer death rate.

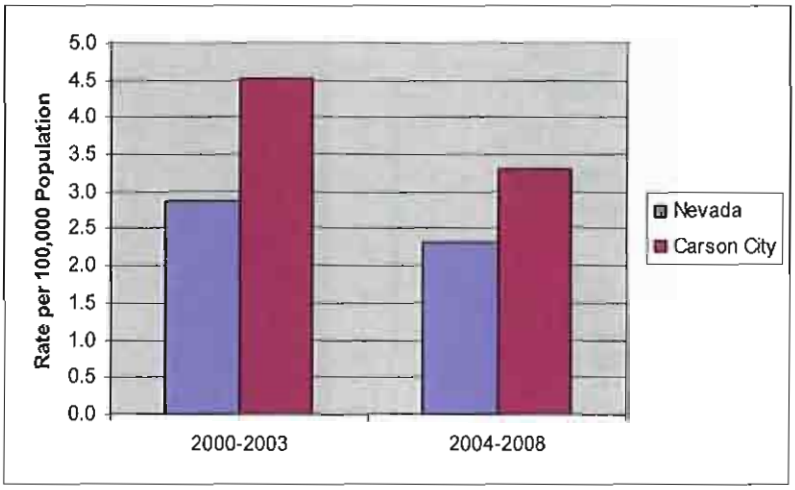
Healthy People 2020 Objective C HP2020-6: Reduce the oropharyngeal cancer death rate.

The oropharyngeal cancer mortality rate declined for both Carson City and the state.

On aggregate Carson City had a higher mortality rate than the state from 2000-2008.

Nevada reached the Healthy People 2010 target rate of 2.4 per 100,000 population in 2004-2008.

Aggregated Age-Adjusted Oropharyngeal Cancer Death Rate, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*

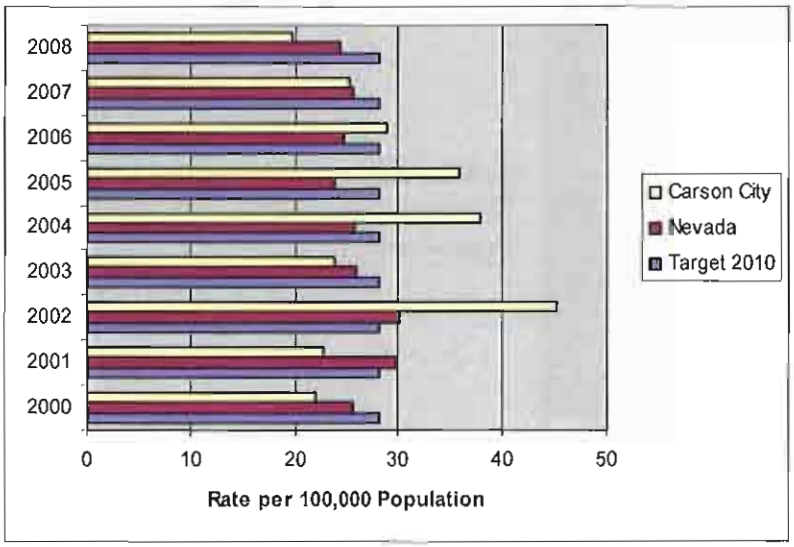


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (3-7): Reduce the prostate cancer death rate.

Healthy People 2020 Objective C HP2020-7: Reduce the prostate cancer death rate.

Age-Adjusted Prostate Cancer Death Rate, Carson City and Nevada, 2000 - 2008.*



The prostate cancer mortality rate for Carson City fluctuated while the state rate remained relatively constant from 2000-2008.

For the final two study years, both the state and Carson City met the Healthy People 2010 objective rate of 28.2 per 100,000 population.

Healthy People 2010 Objective (3-8): Reduce the rate of melanoma cancer.

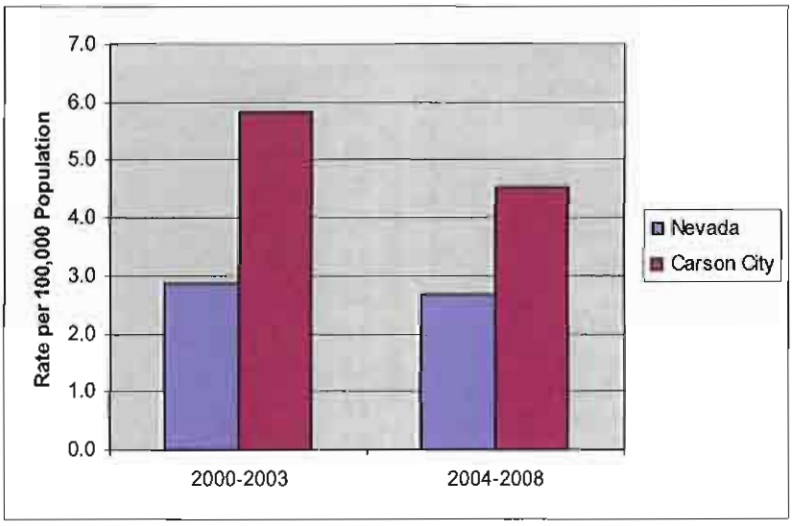
Healthy People 2020 Objective C HP2020-8: Reduce the melanoma cancer death rate.

Aggregated Age-Adjusted Melanoma Cancer Death Rate, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*

On aggregate, the melanoma cancer mortality rate declined for both Nevada and Carson City.

Carson City's rate was almost twice as high as the state rate.

The Healthy People 2010 target rate was 2.3 per 100,000 population.

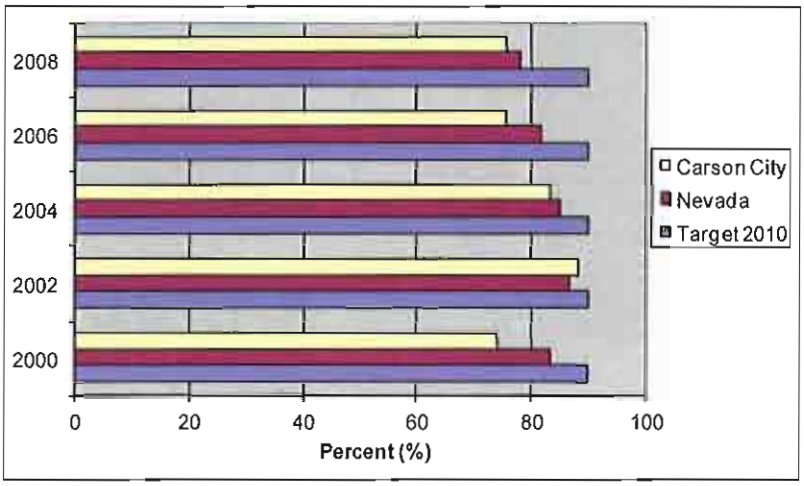


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (3-11b.): Increase the proportion of women aged 18 years and older who have had a Pap test in the preceding three years.

Healthy People 2020 Objective C HP2020-15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.

Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Carson City and Nevada, BRFSS Data, 2000, 2002, 2004, 2006, and 2008.*



The percentage of women receiving a Pap test within three years fluctuated for Carson City and the state.

The Healthy People 2010 target of 90 percent was attained in 2002 by Carson City.

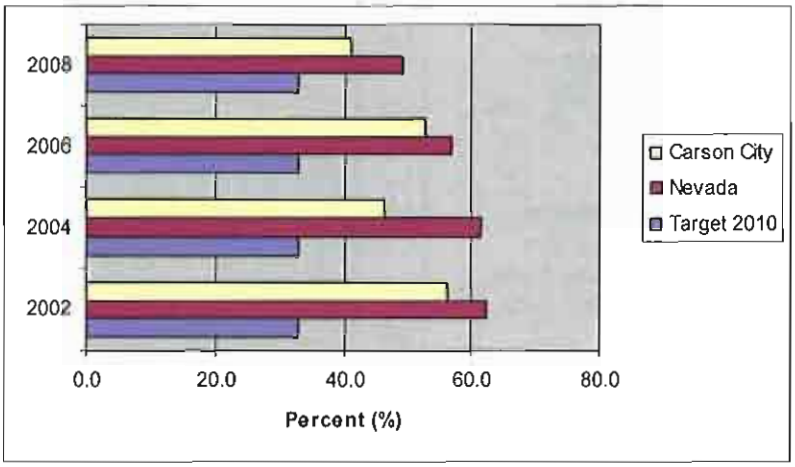
Healthy People 2010 Objective (3-12a.): Increase the proportion of adults aged 50+ who have had a fecal occult blood test in the preceding two years.

Healthy People 2020 Objective C HP2020-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Both Carson City and Nevada exceeded the Healthy People 2010 goal of 33 percent for the percentage of adults, aged 50 years and older, who had a fecal blood test within the prior two years.

Both the state and Carson City rates declined from 2004-2008.

Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Carson City and Nevada, BRFSS Data, 2002, 2004, 2006, 2008.*

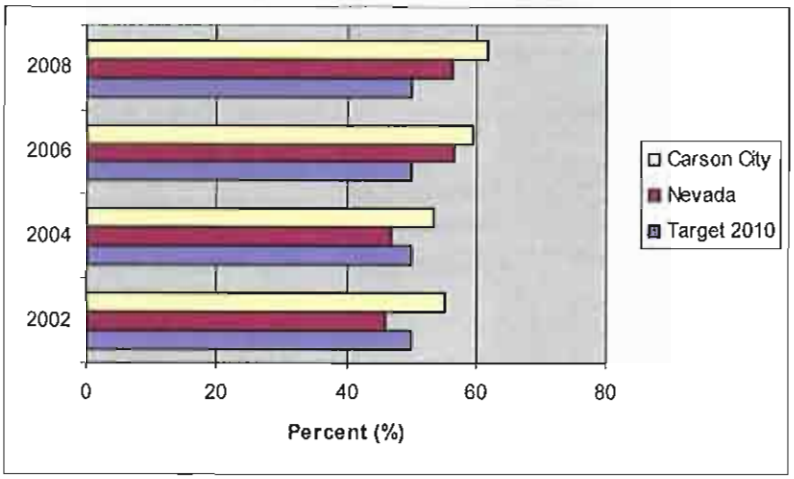


*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Healthy People 2010 Objective (3-12b.): Increase the proportion of adults aged 50+ who have ever had a sigmoidscopy or colonoscopy.

Healthy People 2020 Objective C HP2020-16: Increase the proportion of adults who receive a colorectal cancer screening based on most recent guidelines.

Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidscopy or Colonoscopy, Carson City and Nevada, BRFSS Data, 2002, 2004, 2006, 2008.*



For all four reporting years 2002-2008, Carson City surpassed the Healthy People 2010 target rate of 50 percent for the percentage of adults, aged 50 years and older, who have ever had a sigmoidscopy or colonoscopy.

The rates for both Carson City and the state improved from 2002-2008

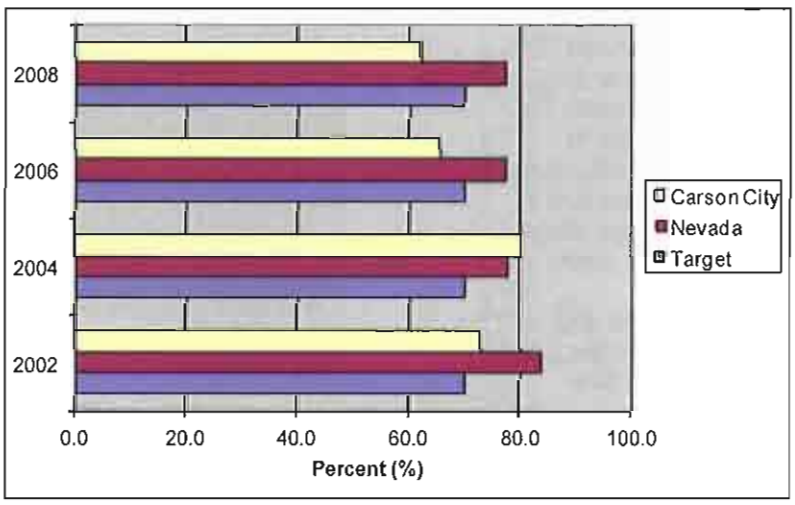
Healthy People 2010 Objective (3-13): Increase the proportion of women aged 40+ who have had a mammogram in the preceding two years.

Healthy People 2020 Objective C HP2020-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Carson City and Nevada, BRFSS Data, 2002, 2004, 2006, 2008.*

For the reported years 2002-2008, Carson City and the state exceeded the Healthy People target of 70 percent.

However the percentages for both Carson City and the state have declined over this time period.



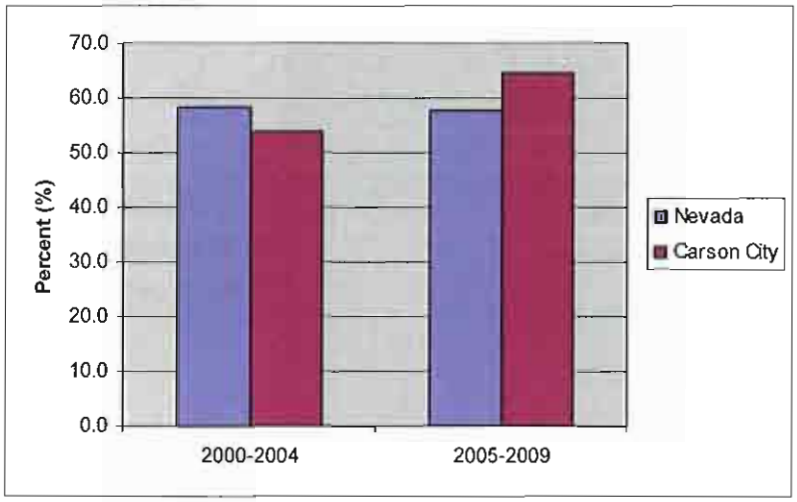
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Diabetes

Healthy People 2010 Objective (5-1): Increase the proportion of persons with diabetes who receive formal diabetes education.

Healthy People 2020 Objective D HP2020-14: Increase the proportion of persons with diabetes who receive formal diabetes education.

Aggregated Proportion of Persons With Diabetes Receiving Formal Diabetes Education, Carson City and Nevada, BRFSS Data, 2000 - 2004 and 2005 - 2009.*



According to the Behavior Risk Factor Surveillance Survey (BRFSS), the proportion of people receiving formal diabetes education has slightly declined for the state and increased for Carson City on aggregate from 2000-2009.

Carson City met the Healthy People 2010 goal of 60 percent from 2005-2009.

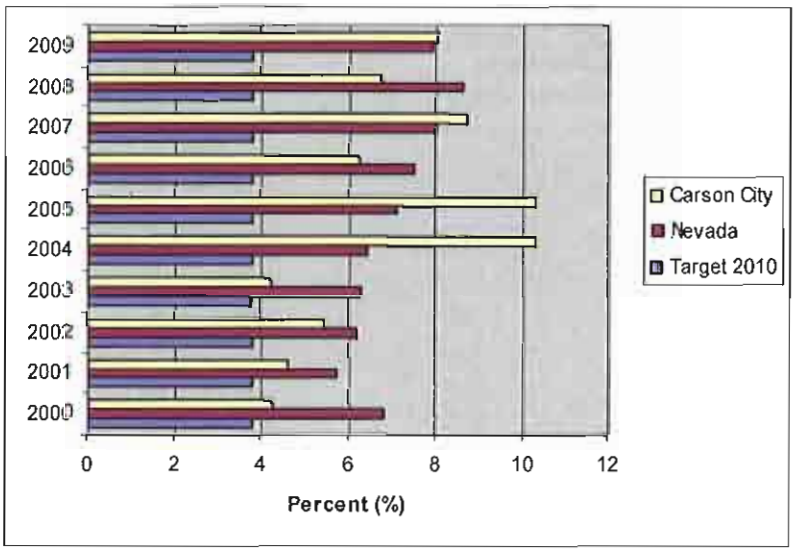
Healthy People 2010 Objective (5-3): Reduce the overall percentage of diabetes that is clinically diagnosed.

Healthy People 2020 Objective D HP2020-1: Reduce the annual number of new cases of diagnosed diabetes in the population.

Proportion of Persons with Clinically Diagnosed Diabetes, Carson City and Nevada, BRFSS Data, 2000 - 2009.*

The Healthy People goal to reduce the percentage of new cases of people diagnosed with diabetes was not reached by either the state or Carson City.

The percentage of persons who have been clinically diagnosed with diabetes in both Nevada and county have fluctuated between 2000-2009.

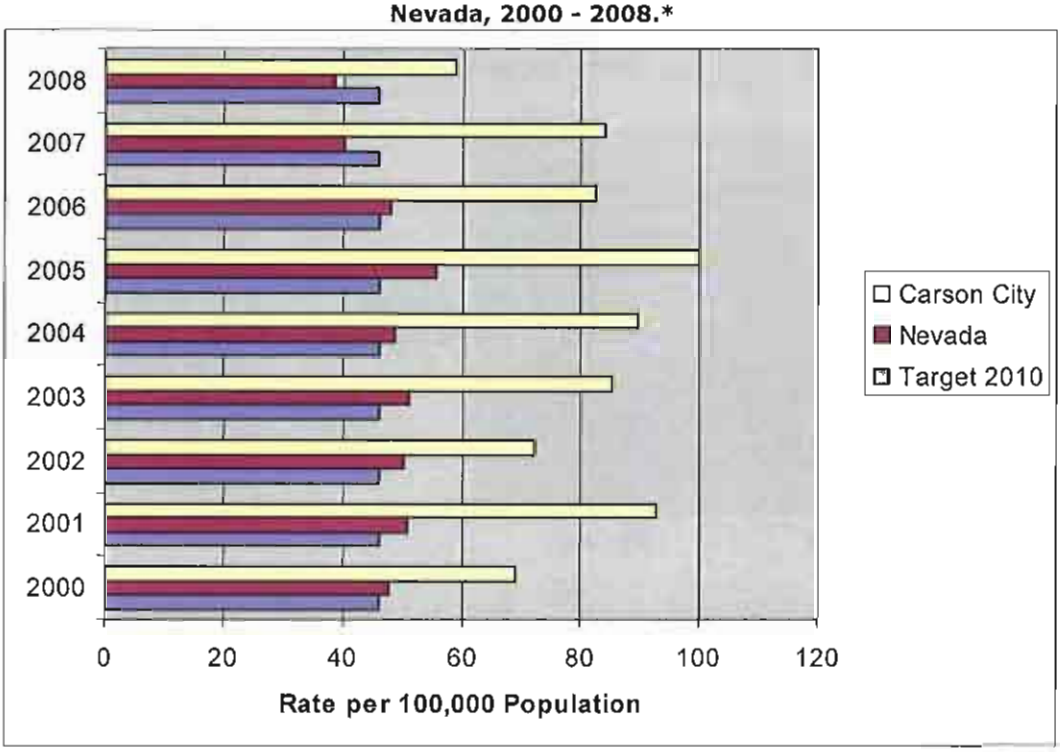


*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Healthy People 2010 Objective (5-5): Reduce the diabetes death rate.

Healthy People 2020 Objective D HP2020-3: Reduce the diabetes death rate.

Age-Adjusted Diabetes Death Rate, Carson City and Nevada, 2000 - 2008.*



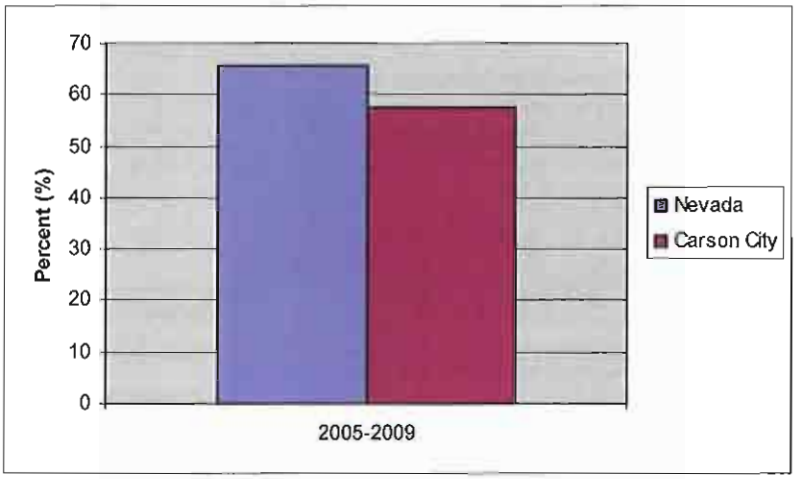
From 2000-2008, Carson City consistently had a higher diabetes death rate than the state overall. In 2007 and 2008 the state met the Healthy People 2010 target rate of 46 per 100,000. Carson City has not met the Healthy People 2010 objective during this time.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (5-12): Increase the proportion of adults with diabetes who have had a glycosylated hemoglobin measurement at least two times a year.

Healthy People 2020 Objective D HP2020-11: Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.

Aggregated Proportion of Adults with Diabetes Who Have Had a Glycosylated Hemoglobin Measurement at Least Two Times a Year, Carson City and Nevada, BRFSS Data, 2005 - 2009.*



There is a higher proportion of diabetics who have had an A1C test at least twice within the past year in Carson City than in Nevada as a whole.

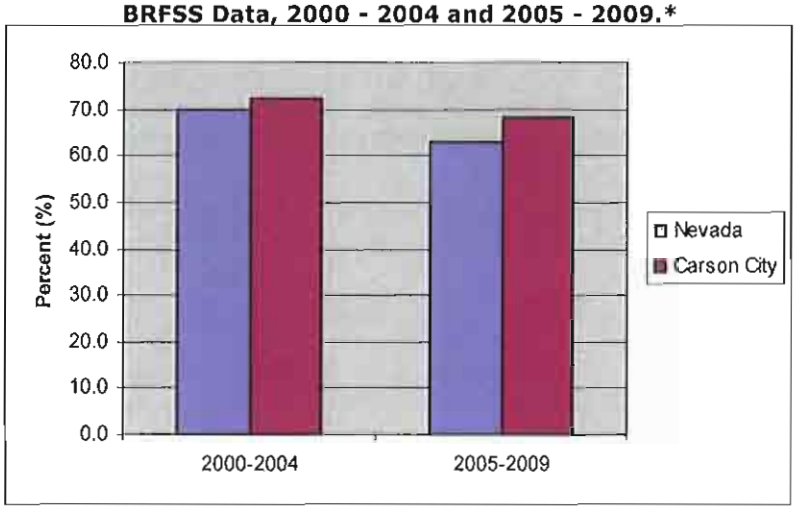
Healthy People 2010 Objective (5-14): Increase the proportion of adults with diabetes who have had at least an annual foot examination.

Healthy People 2020 Objective D HP2020-9: Increase the proportion of adults with diabetes who have had at least an annual foot examination.

Aggregated Proportion of Adults with Diabetes Who Have Had at Least an Annual Foot Examination, Carson City and Nevada, BRFSS Data, 2000 - 2004 and 2005 - 2009.*

The percentage of adults with diabetes who have had at least an annual foot examination declined for both Nevada and Carson City over the reporting years 2000-2009.

Neither the state nor the city met the Healthy People 2010 target of 91 percent.



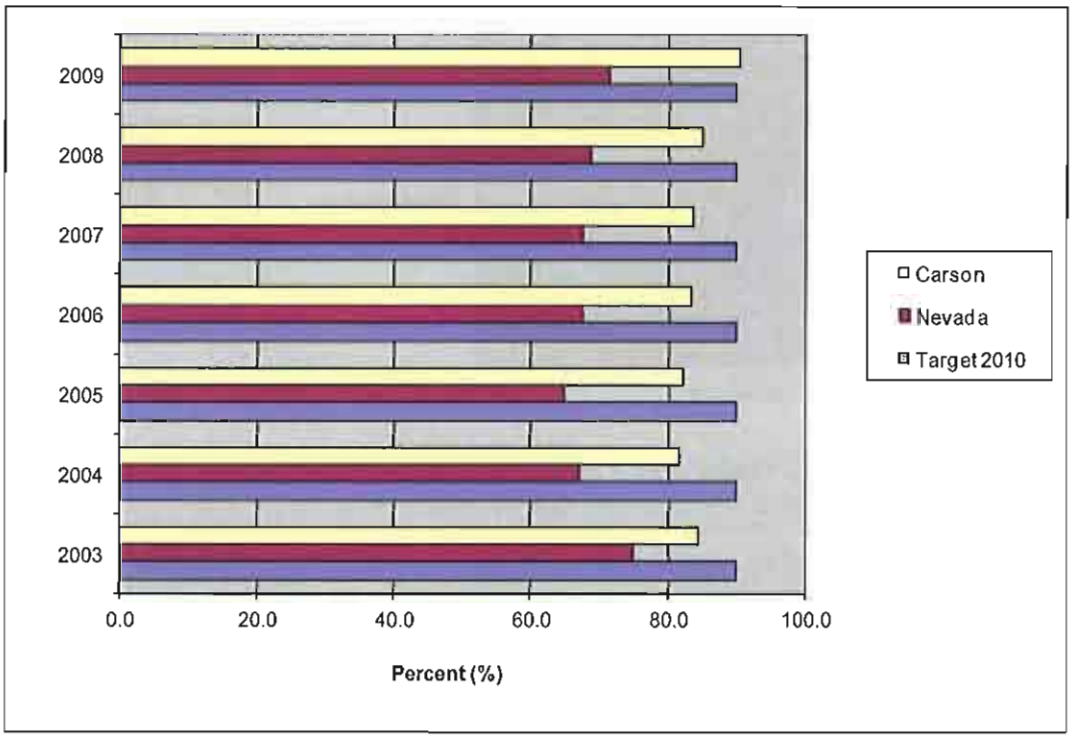
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Education and Community-Based Programs

Healthy People 2010 Objective ECBP HP2010-1: Increase high school completion.

Healthy People 2020 Objective ECBP HP2020-6: Increase the proportion of the population that completes high school education.

High School Completion Rate (Percent), Carson City and Nevada, 2003 - 2009.*



From 2005-2009, Carson City's high school completion rate consistently increased. The state rate, while slightly lower, has paralleled this increase since 2005. Carson City surpassed the new Healthy People 2020 goal of 90 percent in 2009.

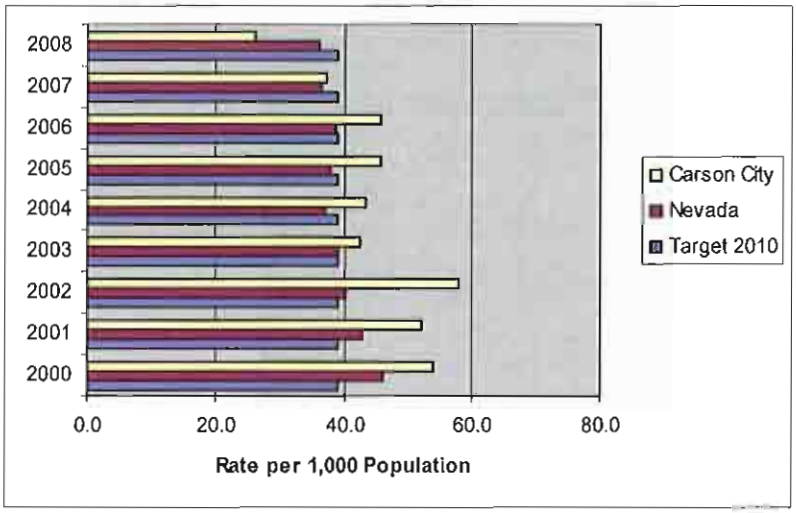
*The Nevada data are from the Nevada Annual Reports of Accountability.

Family Planning

Healthy People 2010 Objective (9-7): Reduce pregnancies among adolescent females.

Healthy People 2020 Objective FP HP2020-8: Reduce pregnancies among adolescent females, aged 15-17 and aged 18-19.

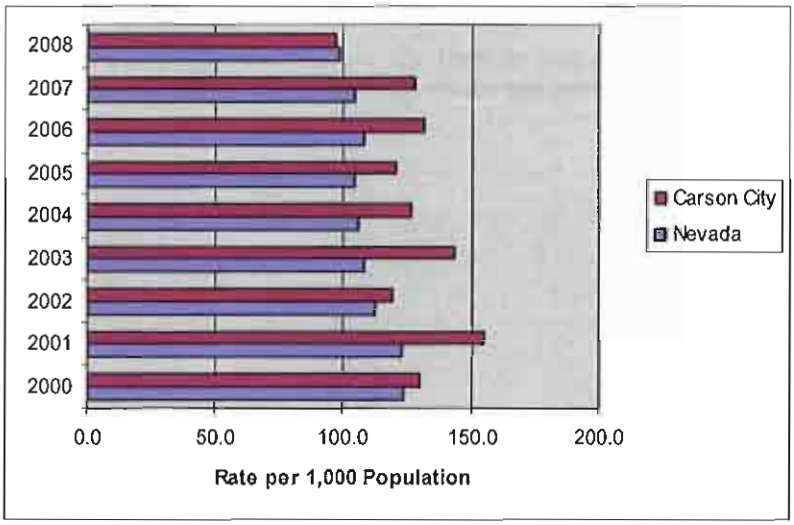
Adolescent Pregnancy Rate Among Females Aged 15 to 17 Years, Carson City and Nevada, 2000 - 2008.*



In 2007 and 2008, both Nevada and Carson City had rates for adolescent pregnancy among females, aged 15 to 17 years, which were lower than the Healthy People 2010 target of 39 per 1,000 population.

Adolescent Pregnancy Rate Among Females Aged 18 to 19 Years, Carson City and Nevada, 2000 2008.*

The rates for pregnancy among females, aged 18 to 19 years, declined for both Carson City and the state from 2000-2008.

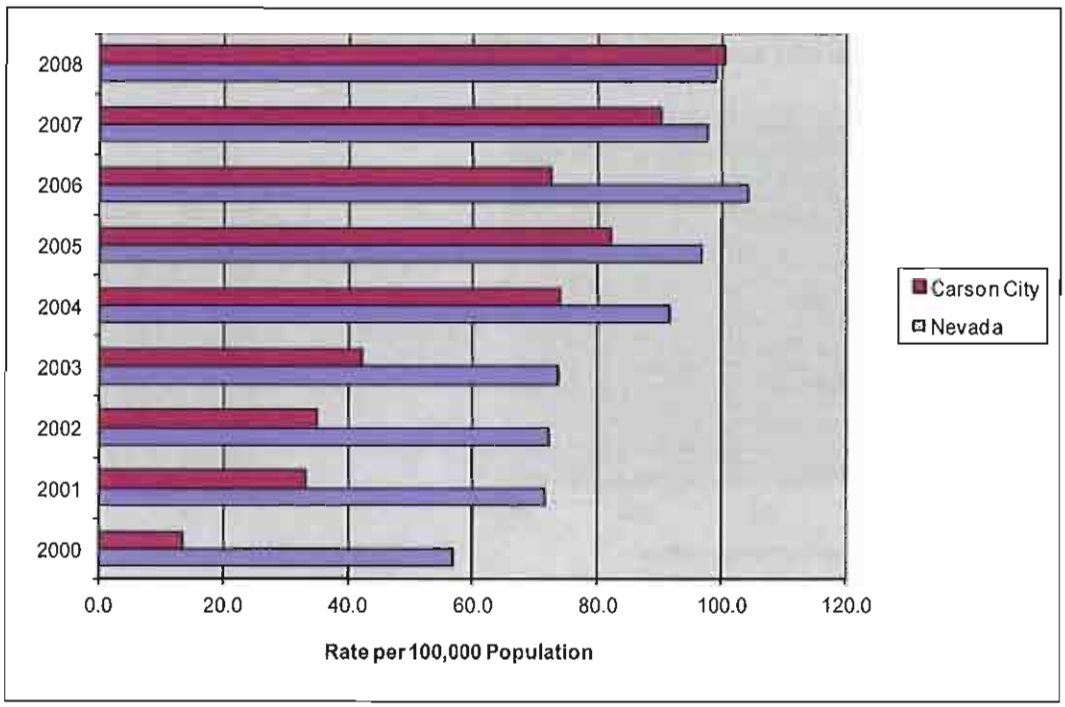


*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Births. Note: 2008 data are not final and are subject to change.

Healthcare-Associated Infections

Healthy People 2020 Objective HAI HP2020-2: Reduce invasive methicillin-resistant staphococcus aureus (MRSA) infections.

Rate of Invasive Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections, Carson City and Nevada, 2000 - 2008.*



Overall, the rate of methicillin-resistant staphylococcus aureus (MRSA) infections climbed during the study years of 2000-2008 for both Carson City and Nevada.

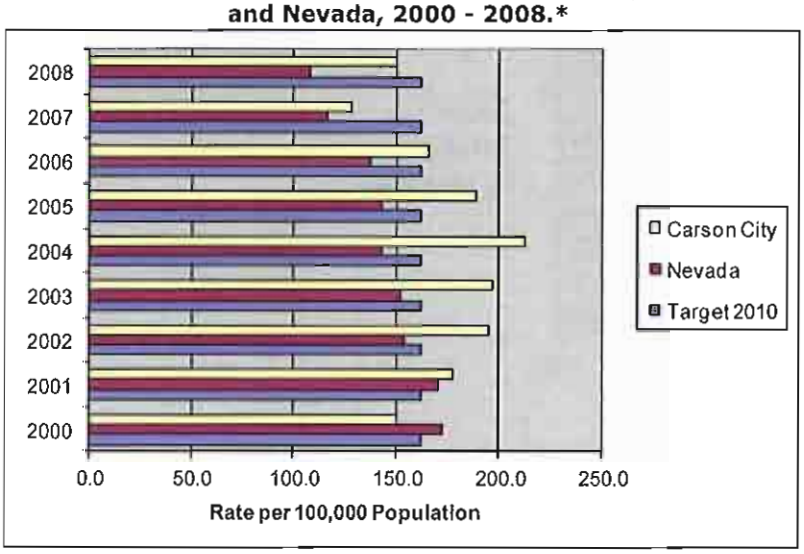
*These rates are age-adjusted to the 2000 U.S. standard population. Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Heart Disease and Stroke

Healthy People 2010 Objective (12-1): Reduce coronary heart disease deaths.

Healthy People 2020 Objective HDS HP2020-2: Reduce coronary heart disease deaths.

Age-Adjusted Coronary Heart Disease Death Rate, Carson City and Nevada, 2000 - 2008.*



From 2006-2008, both Carson City and the state had coronary heart disease mortality rates lower than the Healthy People 2010 target rate of 162 per 100,000 population.

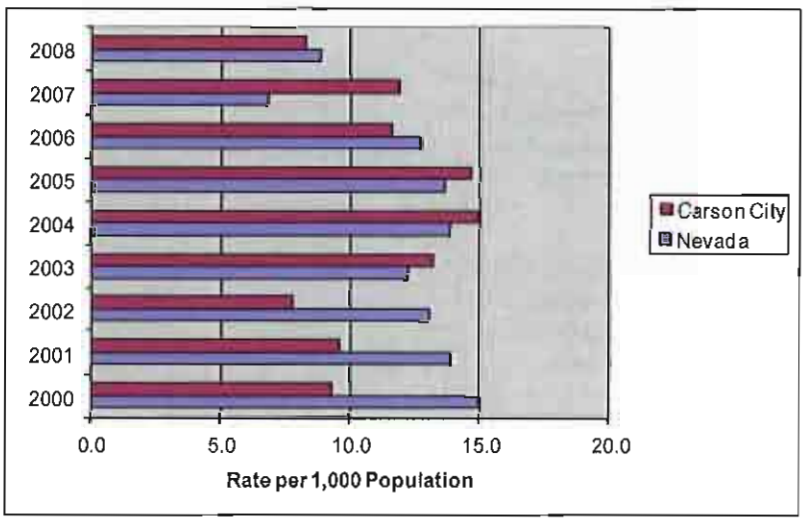
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (12-6.): Reduce the rate of hospitalizations of older adults aged 65 years and older with congestive heart failure.

Rate of Hospitalizations of Older Adults Aged 65 Years and Older With Congestive Heart Failure, Carson City and Nevada, 2000 - 2008.*

The rate of hospitalizations of older adults, aged 65 years and older, with congestive heart failure have declined since 2000 in the state.

There was no discernible trend for Carson City over this period.

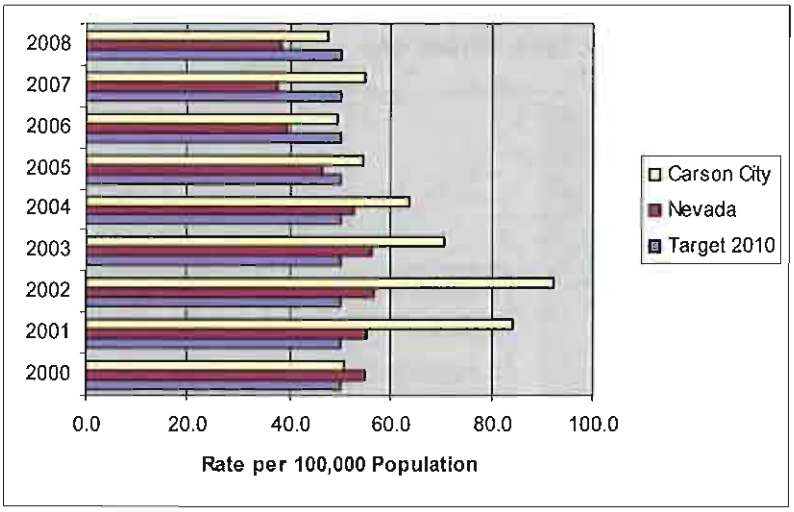


*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

Healthy People 2010 Objective (12-7): Reduce stroke deaths.

Healthy People 2020 Objective HDS HP2020-3: Reduce stroke deaths.

Age-Adjusted Stroke Death Rate, Carson City and Nevada, 2000 - 2008.*



From 2005-2008, the state rate for deaths caused by stroke has been lower than the Healthy People 2010 target rate of 50 per 100,000 population.

The Carson City rate almost doubled from 2000-2002 but declined back below their 2000 rate by 2008.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 are not final and are subject to change.

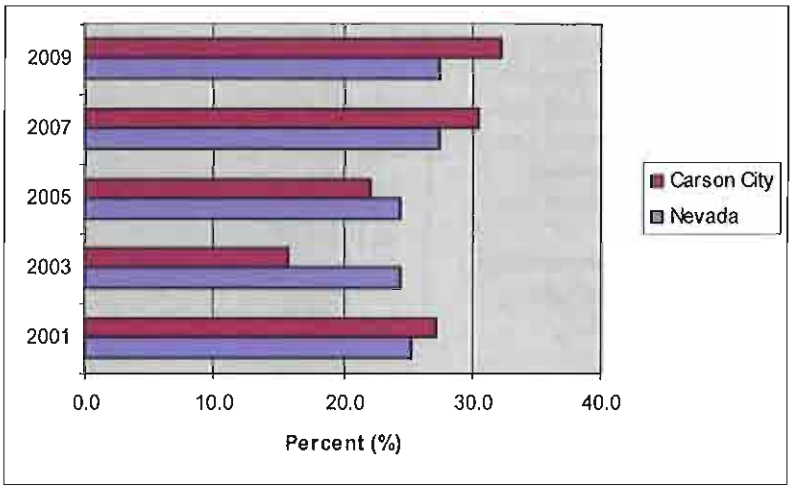
Healthy People 2010 Objective (12-9a.): Reduce the proportion of adults with high blood pressure.

Healthy People 2020 Objective HDS HP2020-5.1: Reduce the proportion of adults with hypertension.

Proportion of Adults with High Blood Pressure, Carson City and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*

The percentage of people with high blood pressure for Carson City and Nevada increased from 2003-2009.

The Healthy People 2010 objective of 14 percent was not met in any of the reported years.

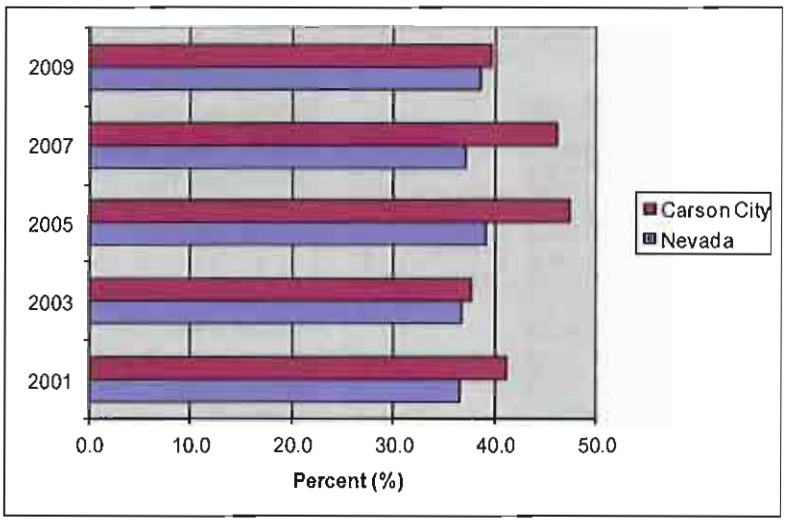


*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Healthy People 2010 Objective (12-14): Reduce the proportion of adults with high blood cholesterol levels.

Healthy People 2020 Objective HDS HP2020-7: Reduce the proportion of adults with high blood cholesterol levels.

Proportion of Adults with High Cholesterol Levels, Carson City and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*



According to Behavioral Risk Factor Surveillance System (BRFSS) data from 2001, 2003, 2005, 2007, and 2009 Carson City had consistently higher percentage of adults with high cholesterol than the state overall.

Neither the state nor the city met the Healthy People 2010 goal of 17 percent.

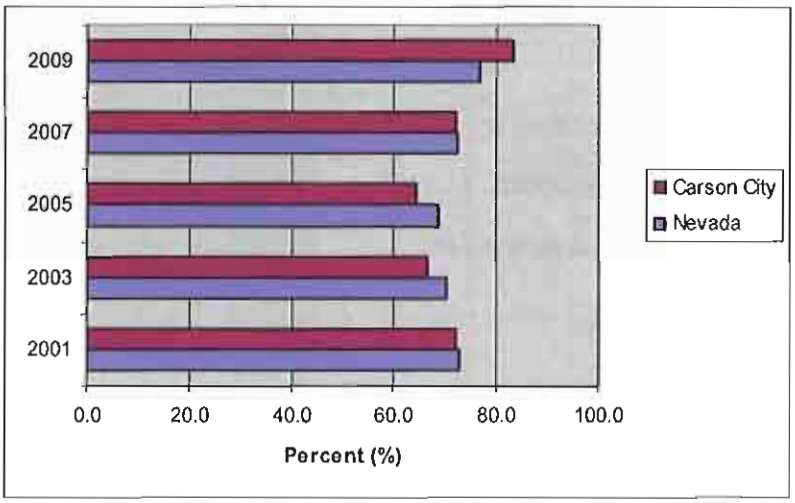
Healthy People 2010 Objective (12-15): Increase the proportion of adults having had their blood cholesterol checked within the preceding 5 years.

Healthy People 2020 Objective HDS HP2020-6: Increase the proportion of adults having had their blood cholesterol checked within the preceding 5 years.

Proportion of Adults Having Their Blood Cholesterol Checked Within the Preceding 5 Years, Carson City and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*

The rates of the proportion of adults who have had their blood cholesterol checked over the last five years increased since 2005 for both the state and Carson City.

In 2009, Carson City met the Healthy People objective of 80 percent.



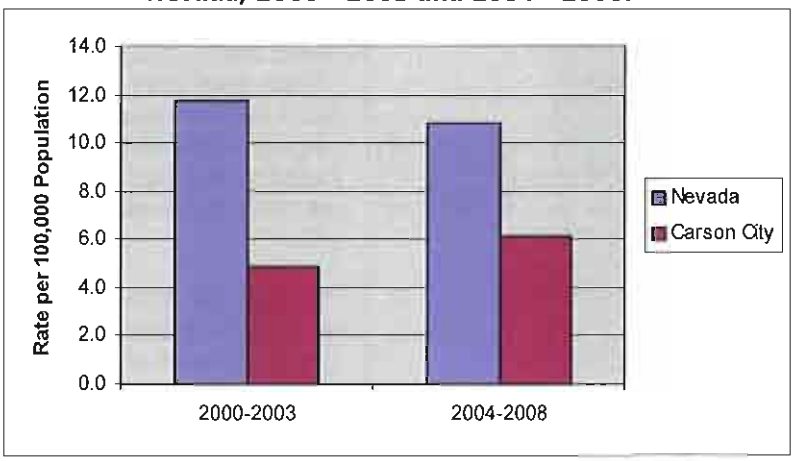
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Human Immunodeficiency Virus (HIV)

Healthy People 2010 Objective (13-1): Reduce AIDS among adults and adolescents.

Healthy People 2020 Objective HIV HP2020-1: Reduce acquired immune deficiency syndrome (AIDS) among adults and adolescents.

Aggregated Reported AIDS Cases, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*



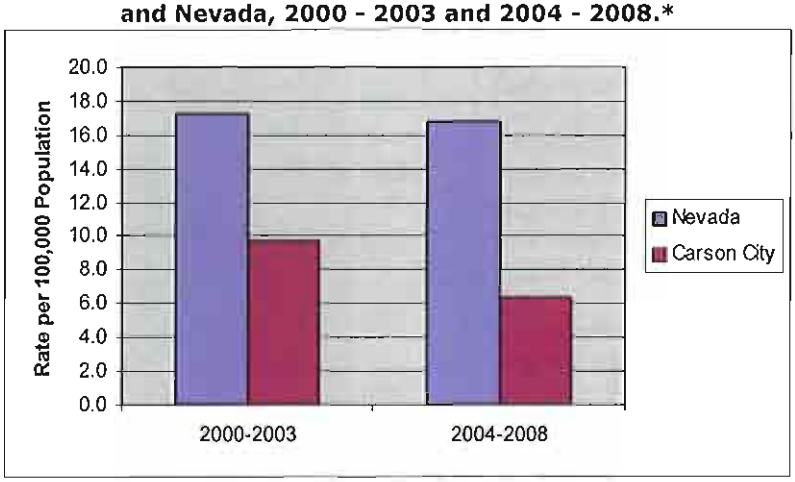
The rate of AIDS cases in Carson City rose from 2000-2008. While the state rate has decreased by almost the same amount.

Both Carson City and Nevada had rates above the Healthy People 2010 target rate of 1.0 per 100,000 population.

Healthy People 2010 Objective (13-5): Reduce the number of new cases of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) diagnosed among adults and adolescents.

Healthy People 2020 Objective HIV HP2020-4: Reduce the number of new AIDS cases among adolescents and adults.

Aggregated Reported New Cases of HIV/AIDS, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*



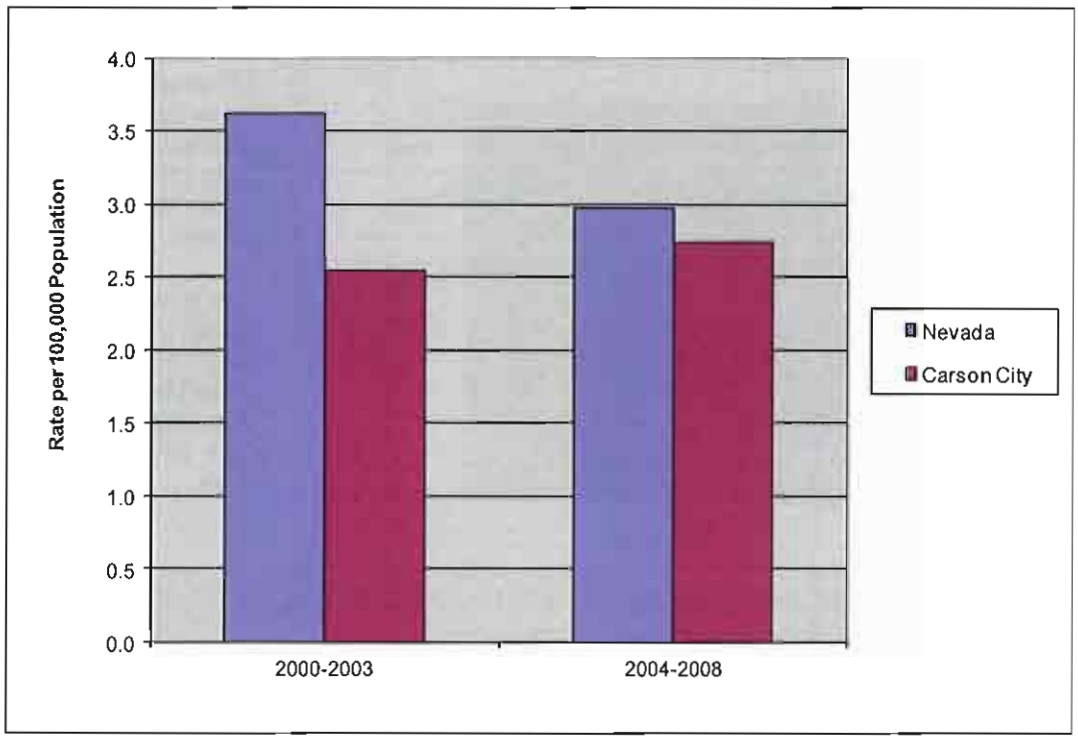
The rate of new cases of HIV/AIDS declined slightly from 2000-2008 for the state, and dropped significantly for Carson City.

*The Nevada data are from the Enhanced HIV/AIDS Reporting System (eHARS).

Healthy People 2010 Objective (13-14): Reduce the deaths from HIV infection.

Healthy People 2020 Objective HIV HP2020-12: Reduce deaths from HIV infection.

Aggregated Age-Adjusted HIV Infection Death Rate, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*



The number of HIV infection deaths declined in Nevada from 2000-2008, while the numbers climbed slightly for Carson City over the same time period. Both Carson City and Nevada had mortality rates significantly higher than the Healthy People 2010 target rate of .7 per 100,000 population.

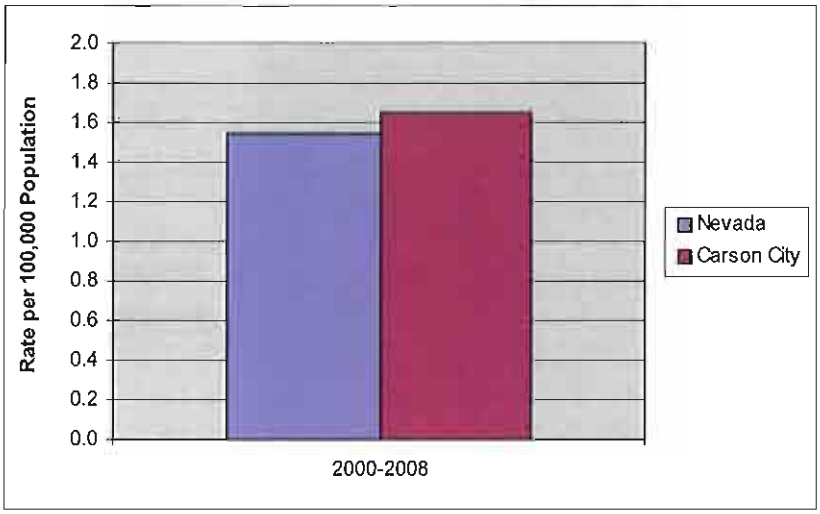
*These rates are age-adjusted to the year 2000 U.S. standard population. The Nevada data are from the Nevada Vital Statistics Records.
Note: 2007 and 2008 data are not final and are subject to change.

Immunization and Infectious Diseases

Healthy People 2010 Objective (14-6.): Reduce new cases of Hepatitis A.

Healthy People 2020 Objective IID HP2020-23: Reduce Hepatitis A.

Aggregated Rate of Reported New Cases of Hepatitis A, Carson City and Nevada, NEDSS Data, 2000 - 2008.*



The rate of reported new cases of hepatitis A was higher in Carson City than the state rate from 2000-2008.

On aggregate from 2000-2008 both the state and Carson City met the Healthy People target rate of 4.3 per 100,000 population.

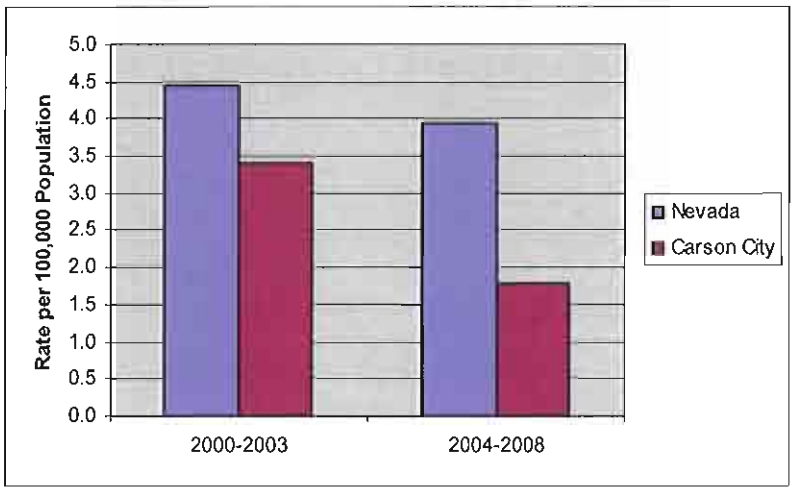
Healthy People 2010 Objective (14-11): Reduce new cases of tuberculosis.

Healthy People 2020 Objective IID HP2020-29: Reduce tuberculosis (TB).

Aggregated Rate of Reported New Cases of Tuberculosis, Carson City and Nevada, NEDSS Data, 2000 - 2003 and 2004 - 2008.*

The rate of reported new cases of tuberculosis decreased for both the state and Carson City from the year 2000-2008.

However neither met the Healthy People 2010 target rate of 1.0 per 100,000.

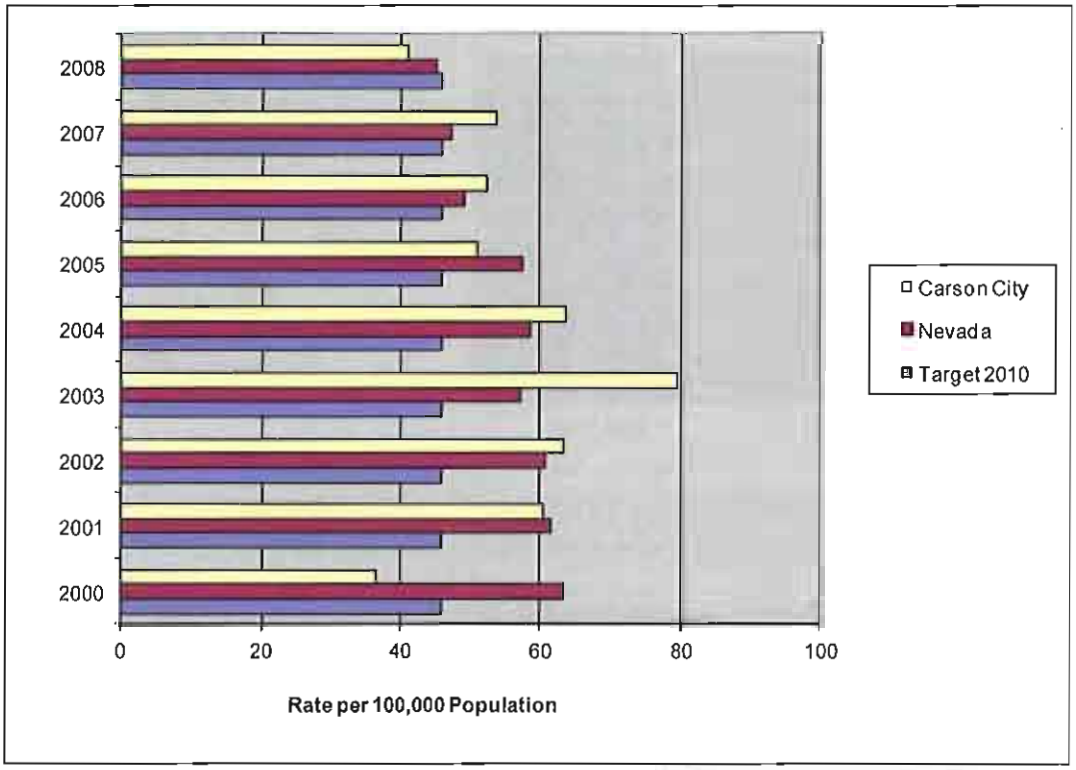


*The Nevada data are from the National Electronic Telecommunications System for Surveillance (NEDSS).

Healthy People 2010 Objective (14-17): Reduce hospitalization caused by peptic ulcer disease in the United States.

Healthy People 2020 Objective IID HP2020-10: Reduce hospitalization caused by peptic ulcer disease in the United States.

Age-Adjusted Rate of Hospitalizations for Peptic Ulcer Disease, Carson City and Nevada, 2000 - 2008*.



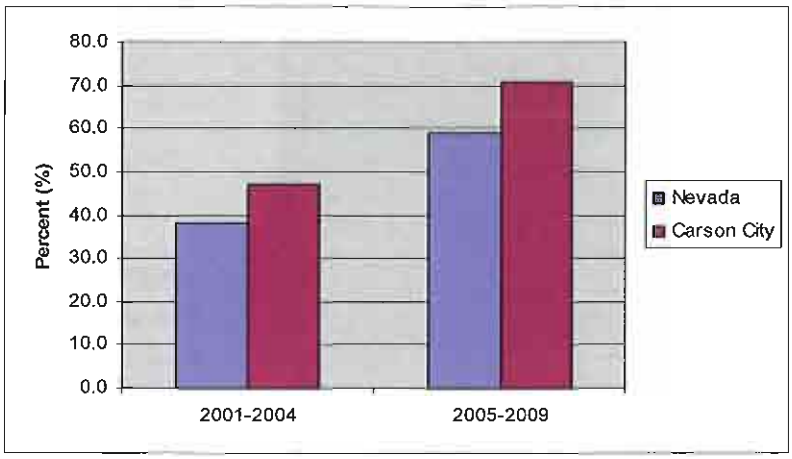
From 2003-2008 the rate of hospitalizations caused by peptic ulcer disease decreased in Carson City and Nevada. In 2008 both met the Healthy People 2010 target rate of 46 per 100,000 population.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from the National Electronic Telecommunications System for Surveillance (NEDSS).

Healthy People 2010 Objective (14-29a.): Increase the proportion of adults, aged 65 years and older, who are vaccinated annually against influenza.

Healthy People 2020 Objective IID HP2020-12.7: Increase the proportion of non-institutionalized adults, aged 65 years and older, who are vaccinated annually against seasonal influenza.

Aggregated Proportion of Adults Aged 65 Years and Older Who Are Vaccinated Against Influenza, Carson City and Nevada, BRFSS Data, 2001 - 2004 and 2005 - 2009.*



The percentage of adults, aged 65 years and older, who are vaccinated against influenza increased for both Nevada and Carson City.

Both the state and the city were still short of the Healthy People 2010 target of 90 percent.

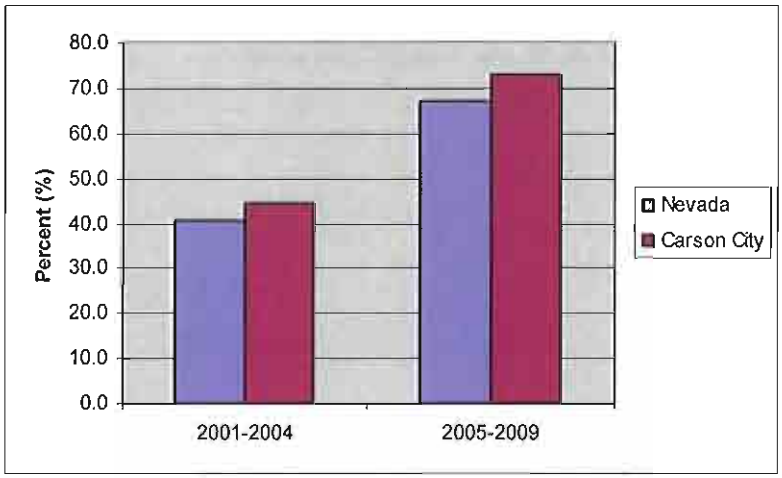
Healthy People 2010 Objective (14-29b.): Increase the proportion of adults, aged 65 years and older, who have ever received the pneumococcal vaccine.

Healthy People 2010 Objective IID HP 2020-13.1: Increase the proportion of non-institutionalized adults, aged 65 years and older, who are vaccinated against pneumococcal disease.

Aggregated Proportion of Adults Aged 65 Years and Older Who Have Ever Received the Pneumococcal Vaccine, Carson City and Nevada, BRFSS Data, 2001 - 2004 and 2005 - 2009.*

The percentage of adults, aged 65 years and older, who have ever received the pneumococcal vaccine increased for both Carson City and the state from 2001-2009.

However, both fell short of the Healthy People 2010 goal of 90 percent.



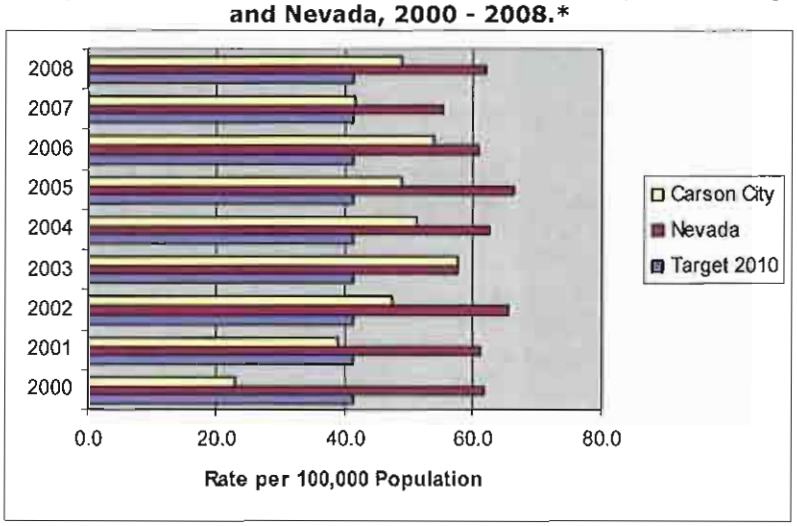
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Injury and Violence Prevention

Healthy People 2010 Objective (15-1): Reduce hospitalizations for non-fatal head injuries.

Healthy People 2020 Objective IVP HP2020-2.2: Reduce hospitalizations for nonfatal traumatic brain injuries.

Hospitalization Rate for Non-Fatal Head Injuries, Carson City and Nevada, 2000 - 2008.*



The hospitalization rate for non-fatal head injuries fluctuated for Nevada and Carson City from 2000-2008.

Carson City met the Healthy People 2010 target rate of 41.2 per 100,000 population in 2000 and 2001, but saw increases beyond the target thereafter.

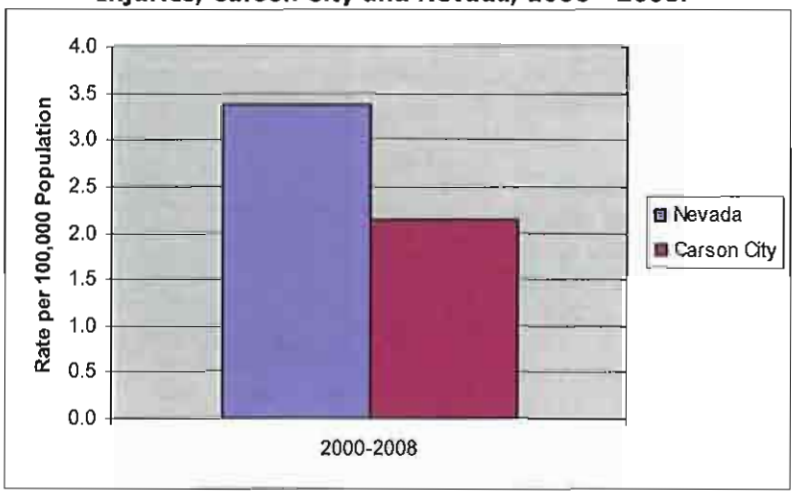
Healthy People 2010 Objective (15-2): Reduce hospitalizations for nonfatal spinal cord injuries.

Healthy People 2020 Objective IVP HP2020-3: Reduce fatal and nonfatal traumatic spinal cord injuries.

Aggregated Hospitalization Rate for Non-Fatal Spinal Cord Injuries, Carson City and Nevada, 2000 - 2008.*

The hospitalization rate for non-fatal spinal cord injuries averaged lower for Carson City than Nevada during the years 2000—2008.

Carson City met the Healthy People 2010 target rate of 2.4 per 100,000 population.

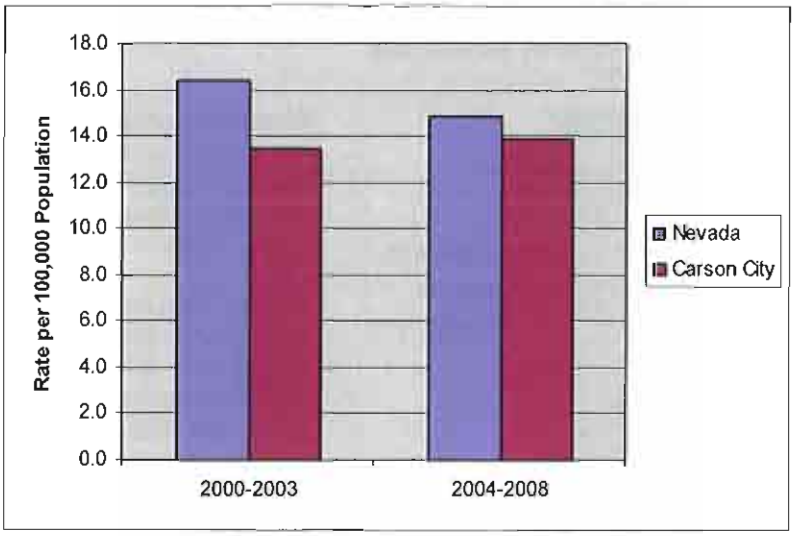


*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Healthy People 2010 Objective (15-3): Reduce firearm-related deaths.

Healthy People 2020 Objective IVP HP2020-30: Reduce firearm-related deaths.

Aggregated Age-Adjusted Firearm Related Death Rate, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*



From 2000-2005, the firearm related mortality rate declined for Nevada and increased slightly for Carson City.

Neither met the Healthy People 2010 target rate of 3.6 per 100,000 population.

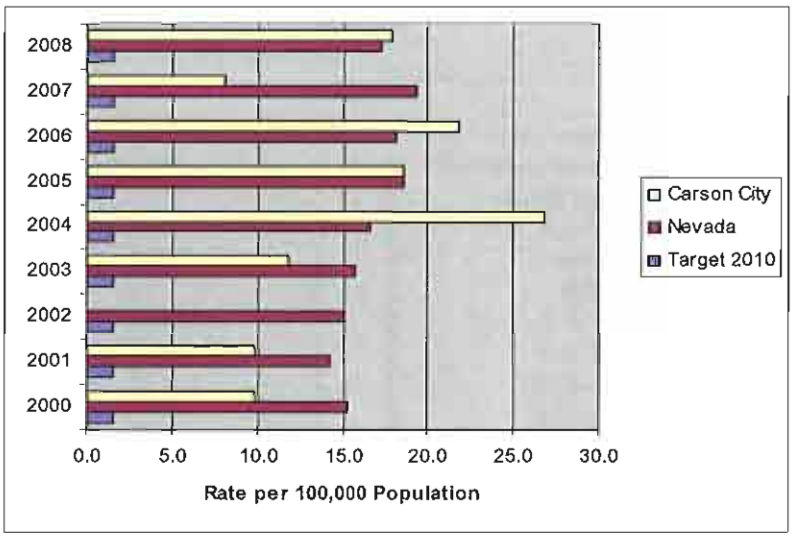
Healthy People 2010 Objective (15-8): Reduce deaths caused by poisonings.

Healthy People 2020 Objective IVP HP2020-9: Prevent an increase in the rate of poisoning deaths.

Age-Adjusted Death Rate Caused by Poisoning, Nevada and United States, 2000 - 2008.*

The poisoning mortality rate fluctuated between 2000-2008 for Nevada and Carson City.

The Healthy People 2010 objective rate of 1.5 per 100,000 population was not attained for any of the study years.

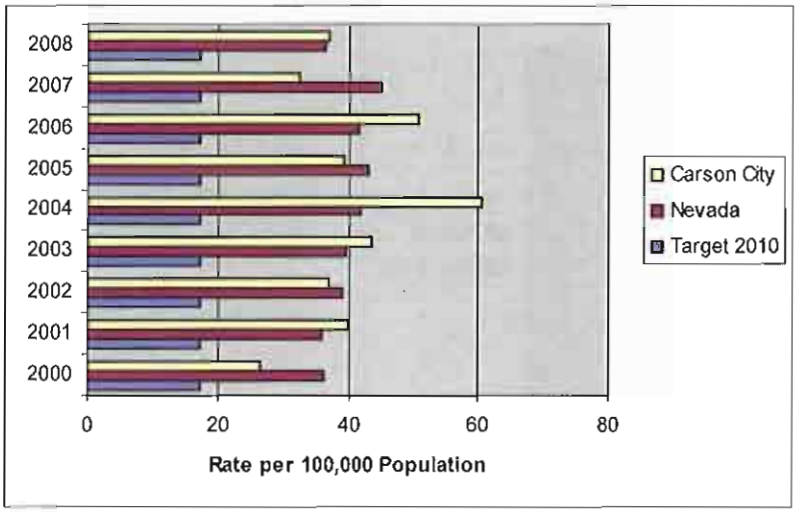


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (15-13): Reduce deaths caused by unintentional injuries.

Healthy People 2020 Objective IVP HP2020-11: Reduce unintentional injury deaths.

Age-Adjusted Death Rate Caused by Unintentional Injuries, Carson City and Nevada, 2000 - 2008.*



The unintentional injury mortality rate has fluctuated for Carson City and the state from 2000 -2008.

The Healthy People 2010 target rate of 17.1 per 100,000 population was not been met in any of the study years.

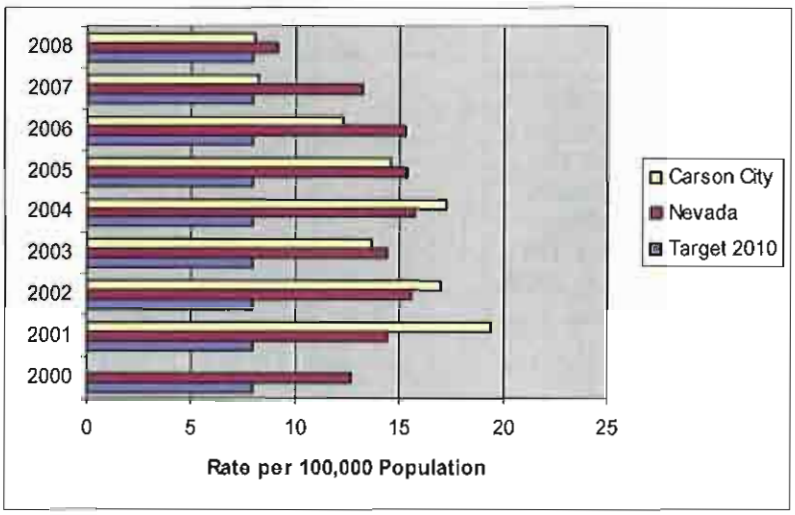
Healthy People 2010 Objective (15-15a.): Reduce deaths caused by motor vehicle crashes.

Healthy People 2020 Objective IVP HP2020-13: Reduce motor vehicle crash-related deaths.

Age-Adjusted Death Rate Caused by Motor Vehicle Crashes, Carson City and Nevada, 2000 - 2008.*

From 2000 to 2008, the motor vehicle crash mortality rate fluctuated for the state and Carson City.

From 2004-2008, the rate for both declined. Both approached the Healthy People 2010 target rate of 8.0 per 100,000 population.

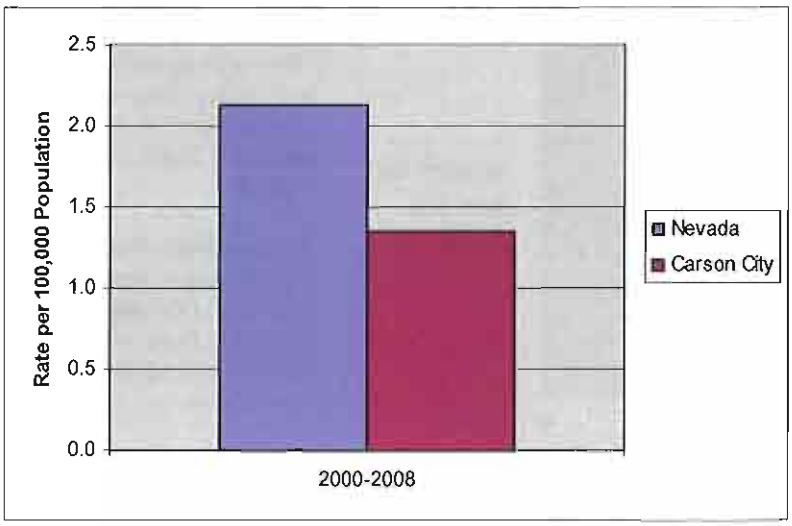


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (15-16): Reduce pedestrian deaths on public roads.

Healthy People 2020 Objective IVP HP2020-18: Reduce pedestrian deaths on public roads.

Aggregated Age-Adjusted Pedestrian Death Rate on Public Roads, Carson City and Nevada, 2000 - 2008.*



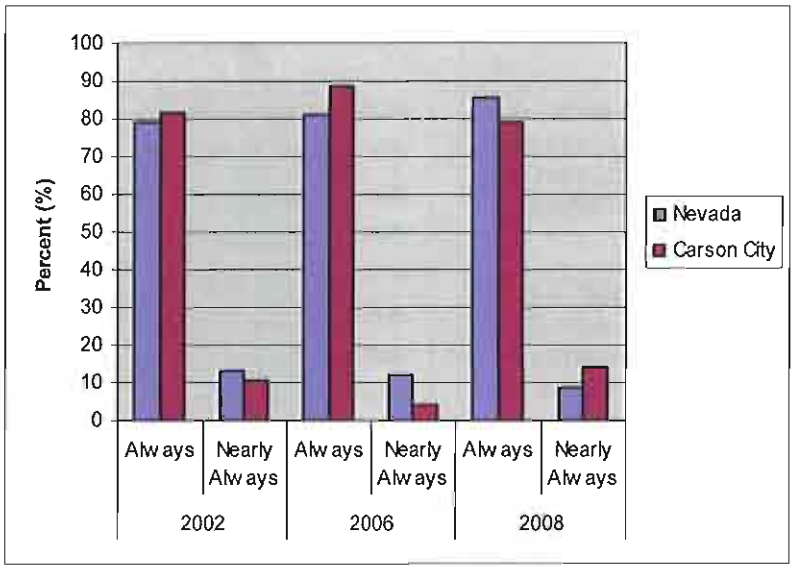
On aggregate the pedestrian death on public roads rate for Carson City met the Healthy People 2010 target rate of 1.4 deaths per 100,000 population.

Healthy People 2010 Objective (15-19): Increase the use of safety belts.

Healthy People 2020 Objective IVP HP2020-15: Increase use of safety belts.

Proportion of People Using Safety Belts, Carson City and Nevada, 2002, 2006, 2008.*

Carson City met the Healthy People target of 89 percent for the percentage of people always using safety belts in 2006, but fell below the goal in 2008.

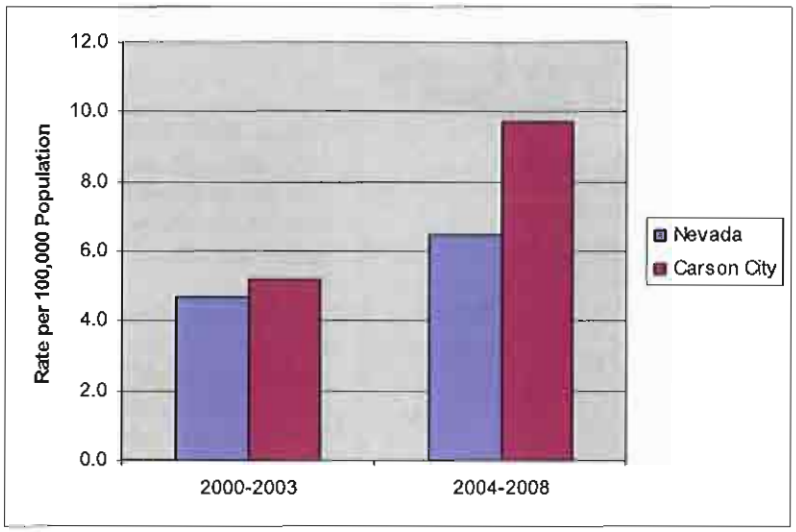


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (15-27): Reduce deaths from falls.

Healthy People 2020 Objective IVP HP2020-23: Prevent an increase in the rate of fall-related deaths.

Aggregated Age-Adjusted Death Rate From Falls, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*



The mortality rate from falls almost doubled on aggregate for Carson City from 2000-2008.

Neither the state, nor Carson City, met the Healthy People 2010 target rate of 3.3 per 100,000 population.

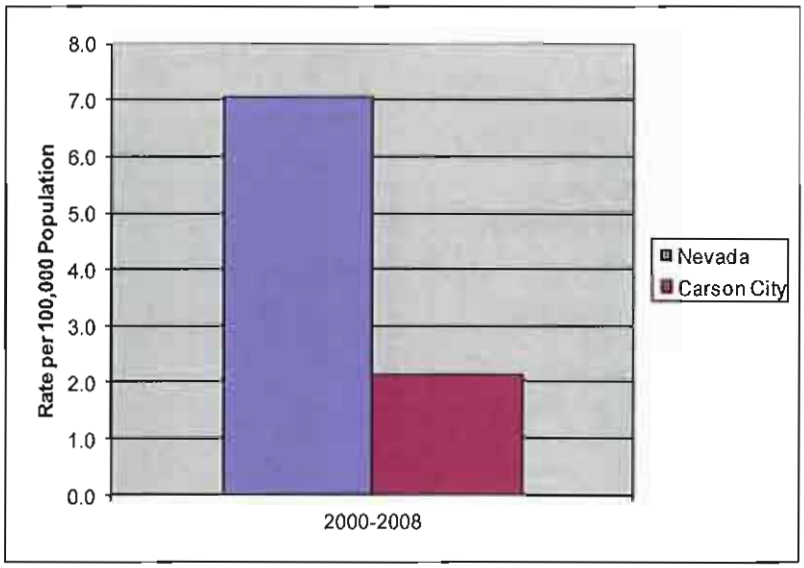
Healthy People 2010 Objective (15-32): Reduce homicides.

Healthy People 2020 Objective IVP HP2020-29: Reduce homicides.

Aggregated Age-Adjusted Death Rate from Homicides, Carson City and Nevada, 2000 - 2008.*

This homicide mortality rate was more than three times lower for Carson City than for Nevada from 2000-2008.

Carson City met the Healthy People target rate of 2.8 per 100,000 population.



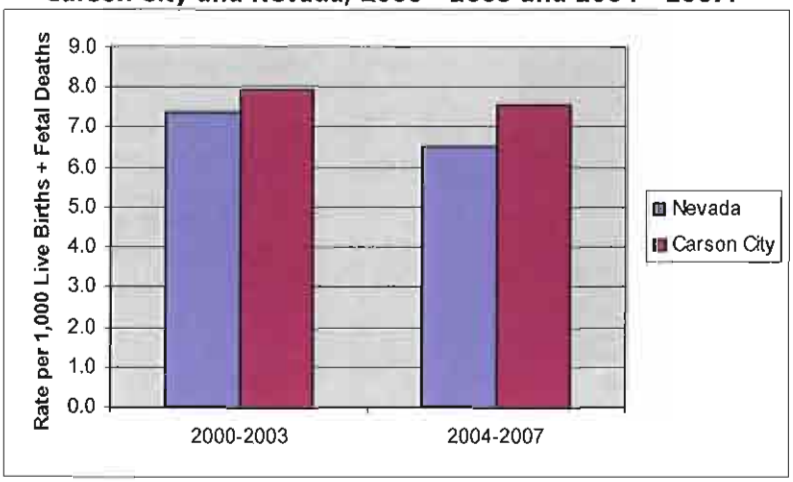
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Maternal, Infant, Child Health

Healthy People 2010 Objective (16-1a.): Reduce fetal deaths at 20 or more weeks of gestation.

Healthy People 2020 Objective MICH HP2020-1.1: Reduce fetal deaths at 20 more weeks of gestation.

Aggregated Fetal Deaths at 20 or More Weeks of Gestation, Carson City and Nevada, 2000 - 2003 and 2004 - 2007.*



From 2000 to 2007, fetal mortality at 20 or more weeks of gestation declined for Carson City and Nevada.

The Carson City rate was higher than the state rate, and both were above the Healthy People 2010 target rate of 4.1 per 1,000 live births and fetal deaths.

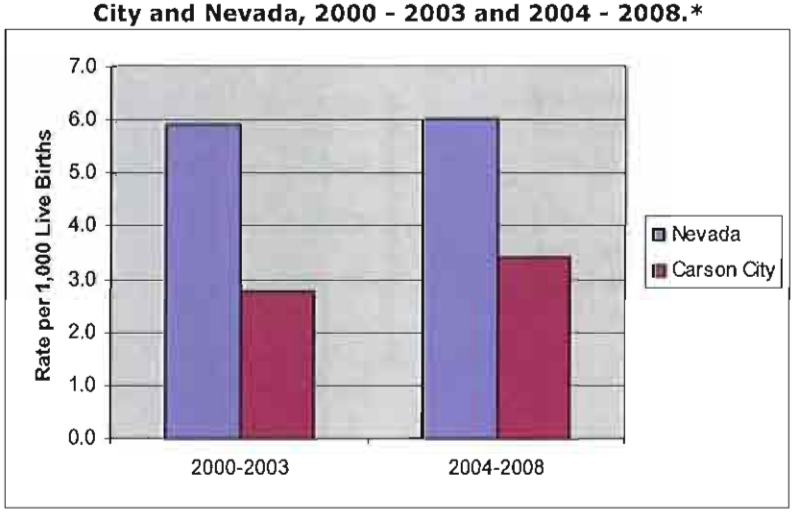
Healthy People 2010 Objective (16-1c.): Reduce infant death rate (within 1 year of life).

Healthy People 2020 Objective MICH HP2020-1.3: Reduce infant death rate (within 1 year of life).

Aggregated Infant Death Rate (Within 1 Year of Life), Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*

The infant mortality rate within one year of life for Carson City averaged half of the Nevada rate.

For all study years Carson City met the Healthy People 2010 target rate of 4.5 per 1,000 live births.

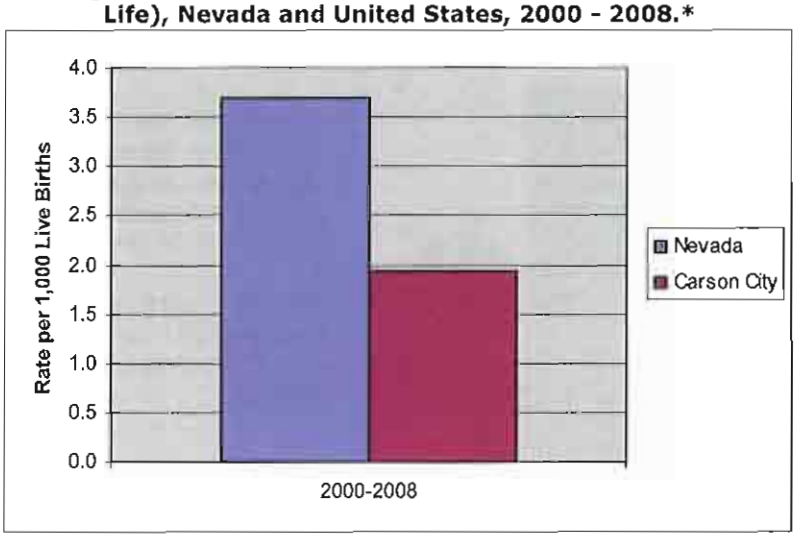


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthy People 2010 Objective (16-1d.): Reduce neonatal deaths (within the first 28 days of life).

Healthy People 2020 Objective MICH HP2020-1.4: Reduce neonatal deaths (within the first 28 days of life).

Aggregated Neonatal Death Rate (Within the First 28 Days of Life), Nevada and United States, 2000 - 2008.*



During this decade, the neonatal mortality rate, within the first 28 days of life, has averaged higher for Nevada than for Carson City.

On aggregate Carson City met the Healthy People 2010 target rate of 2.9 per 1,000 live births.

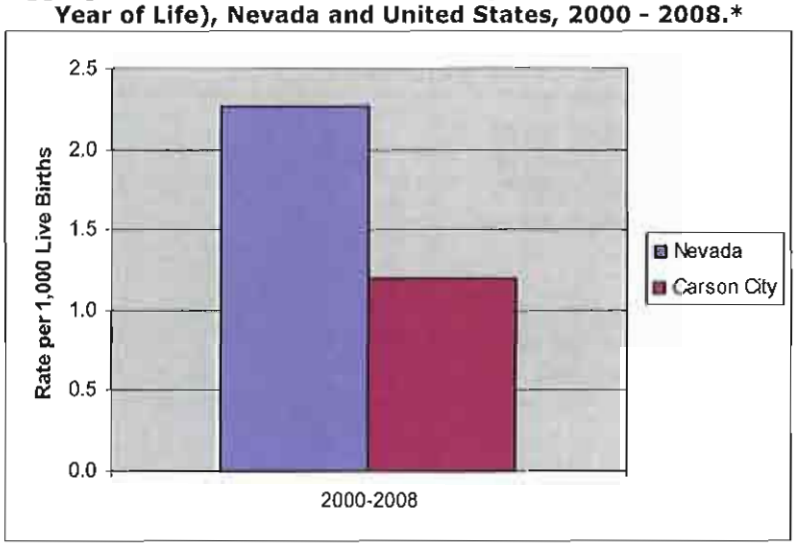
Healthy People 2010 Objective (16-1e.): Reduce postneonatal death rate (between 28 days and 1 year).

Healthy People 2020 Objective MICH HP2020-1.5: Reduce postneonatal deaths (between 28 days and 1 year).

Aggregated Postneonatal Death Rate (Between 28 Days and 1 Year of Life), Nevada and United States, 2000 - 2008.*

From 2000-2008, Carson City's postneonatal mortality rate was almost twice as low as the state rate.

The city met the Healthy People 2010 target of 1.2 per 1,000 live births.

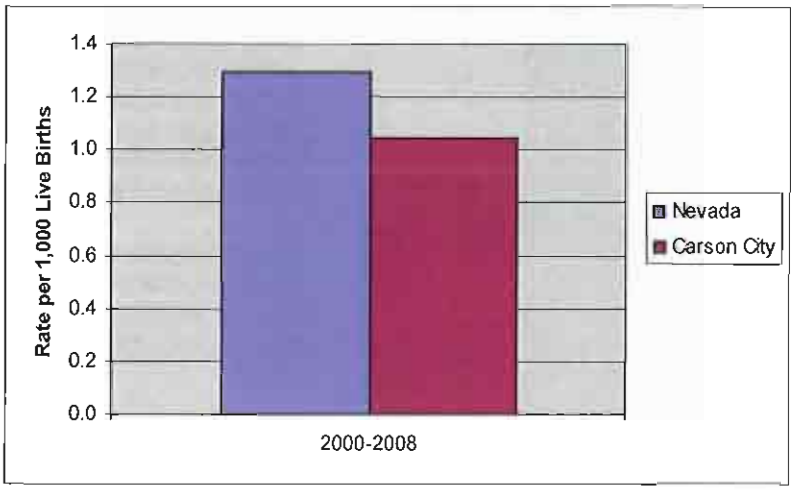


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthy People 2010 Objective (16-1f.): Reduce infant deaths due to birth defects.

Healthy People 2020 Objective MICH HP2020-1.6: Reduce infant death rates related to birth defects.

Aggregated Infant Death Rate From Birth Defects, Carson City and Nevada, 2000 - 2008.*



The infant mortality rate from birth defects was lower for Carson City than for Nevada during the years 2000—2008.

Neither met the Healthy People 2010 target rate of .7 per 1,000 live births.

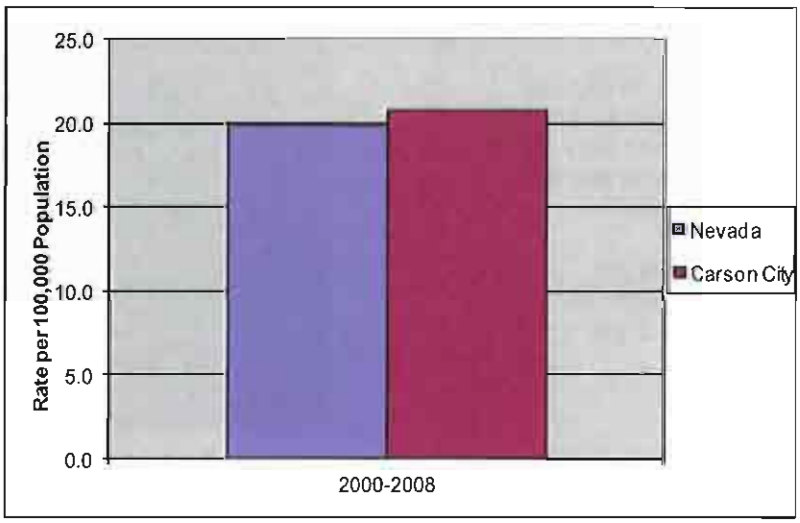
Healthy People 2010 Objective (16-3a.): Reduce the rate of adolescent deaths, aged 10 to 14 years.

Healthy People 2020 Objective MICH HP2020-4.1: Reduce the rate of adolescent deaths, aged 10 to 14 years.

Aggregated Death Rate of Adolescents Aged 10 to 14, Carson City and Nevada, 2000 - 2008.*

The mortality rate of adolescents, aged 10 to 14 years, has averaged higher for Carson City than for Nevada from 2000 to 2008.

Neither met the Healthy People 2010 target rate of 16.5 per 100,000 population.

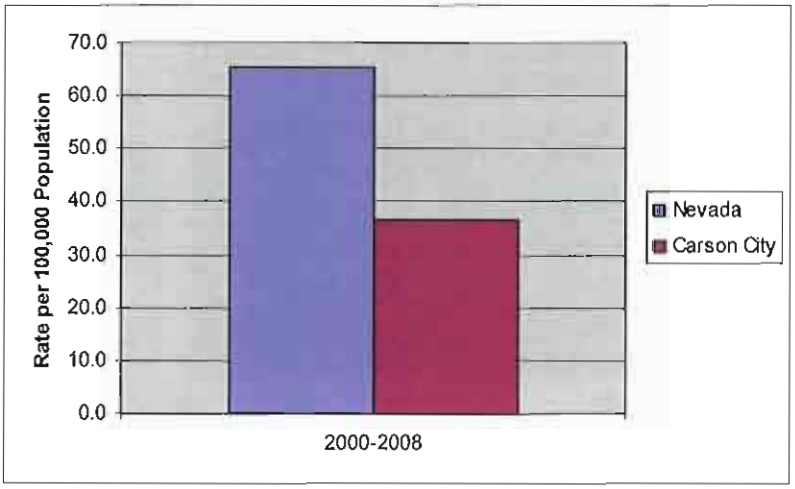


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthy People 2010 Objective (16-3b.): Reduce the rate of adolescent deaths, aged 15 to 19 years.

Healthy People 2020 Objective MICH HP2020-4.2: Reduce the rate of adolescent deaths, aged 15 to 19 years.

Aggregated Death Rate of Adolescents Aged 15 to 19, Carson City and Nevada, 2000 - 2008.*



From 2000-2008, the mortality rate of adolescents, aged 15 to 19 years, was almost twice as low for Carson City than Nevada.

The City approached the Healthy People 2010 target rate of 38 per 100,000 population.

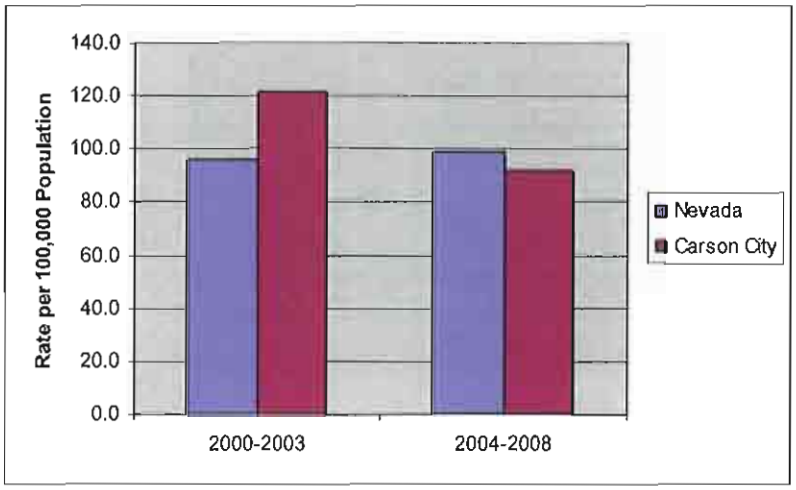
Healthy People 2010 Objective (16-3c.): Reduce the rate of young adults deaths, aged 20 to 24 years.

Healthy People 2020 Objective MICH HP2020-4.3: Reduce the rate of young adults deaths, aged 20 to 24 years.

Aggregated Death Rate of Young Adults Aged 20 to 24, Carson City and Nevada, 2000 - 2003 and 2004 - 2008.*

The young adult mortality rate, aged 20 to 24 years, declined in Carson City from 2000-2008.

Both the city and the state rates were more than double that of the Healthy People 2010 target rate of 41.5 per 100,000 population.



*The Nevada data are from Nevada Vital Statistics Records.
Note: 2007 and 2008 data are not final and are subject to change.

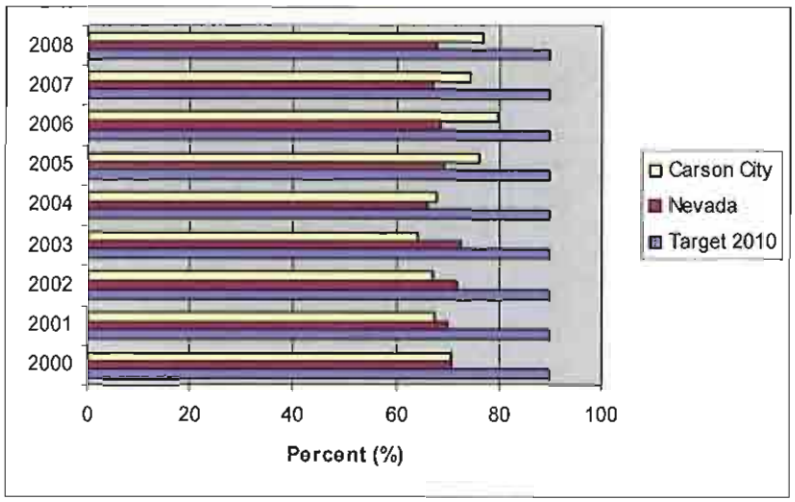
Healthy People 2010 Objective (16-6b.): Increase the proportion of pregnant women receiving early and adequate prenatal care.

Healthy People 2020 Objective MICH HP2020-10: Increase the proportion of women receiving early and adequate prenatal care.

Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care, Carson City and Nevada, 2000 - 2008.*

The percentage of pregnant women receiving prenatal care in the first trimester of pregnancy fluctuated over the years 2000—2008.

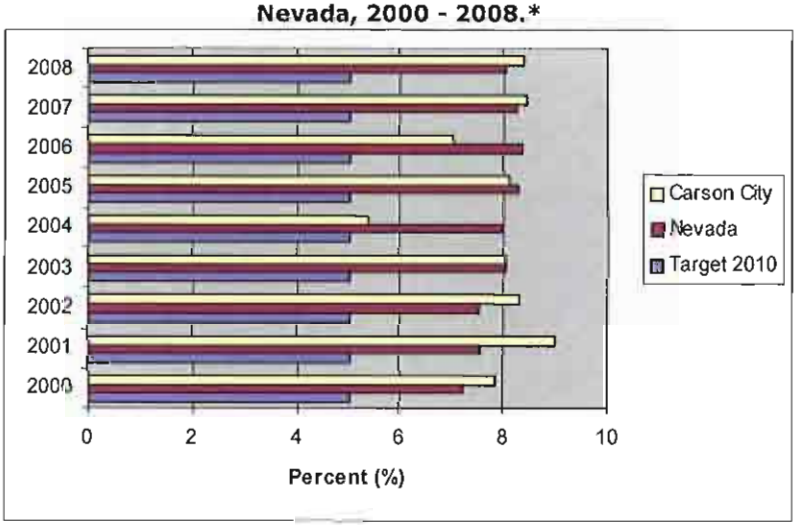
The Healthy People 2010 objective of 90 percent was not reached.



Healthy People 2010 Objective (16-10a.): Reduce the proportion of low birth weight infants.

Healthy People 2020 Objective MICH HP2020-8.1: Reduce the proportion of low birth weight infants.

Proportion of Low Birth Weight Infants, Carson City and Nevada, 2000 - 2008.*



The percentage of low birth weight infants fluctuated for both Carson City and Nevada from 2000-2008.

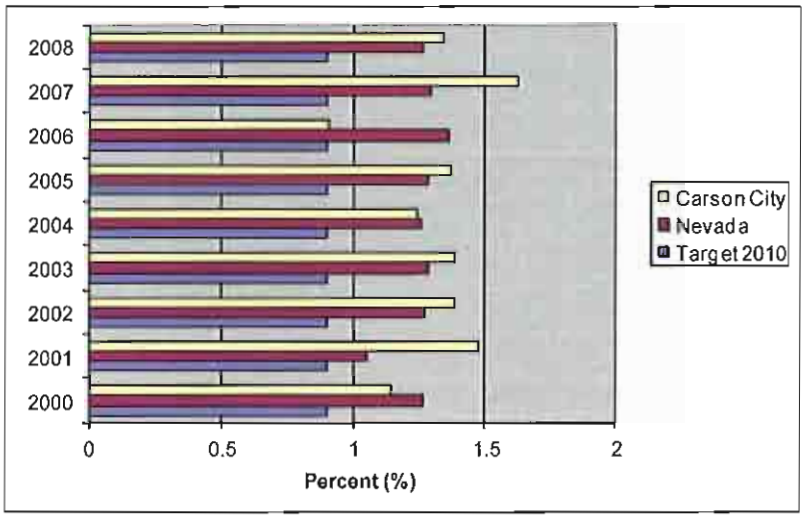
Neither the state nor the city have met the Healthy People 2010 goal of 5 percent.

*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthy People 2010 Objective (16-10b.): Reduce the proportion of very low birth weight infants.

Healthy People 2020 Objective MICH HP2020-8.2: Reduce the proportion of very low birth weight infants.

Proportion of Very Low Birth Weight Infants, Carson City and Nevada, 2000 - 2008.*



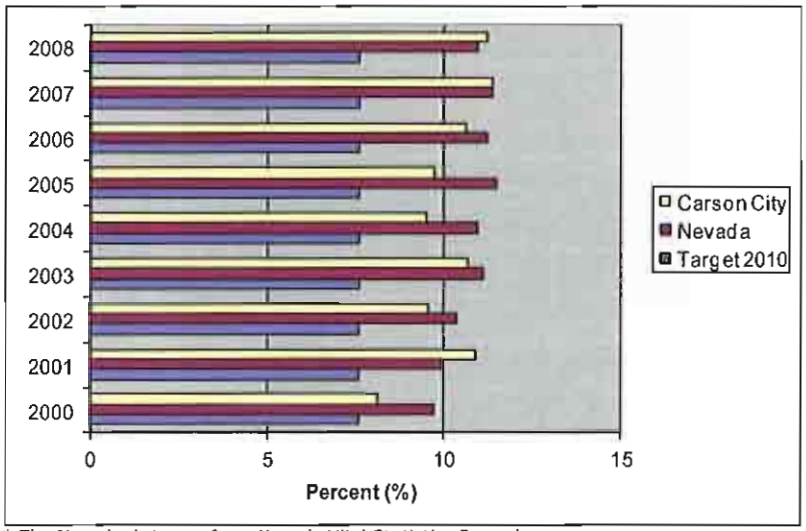
The percentage of very low birth weight infants fluctuated for the state and Carson City from 2000-2008.

The Healthy People 2010 target of .9 of a percent was not met.

Healthy People 2010 Objective (16-11a.): Reduce preterm birth, infants born prior to 37 completed weeks of gestation.

Healthy People 2020 Objective MICH HP2020-9.1: Reduce total preterm births.

Proportion of Pre-Term Births, Infants Born Prior to 37 Completed Weeks of Gestation, Carson City and Nevada, 2000 - 2008.*



From 2000-2008, the percentage of pre-term births, infants born prior to 37 completed weeks of gestation, increased for both Nevada and Carson City.

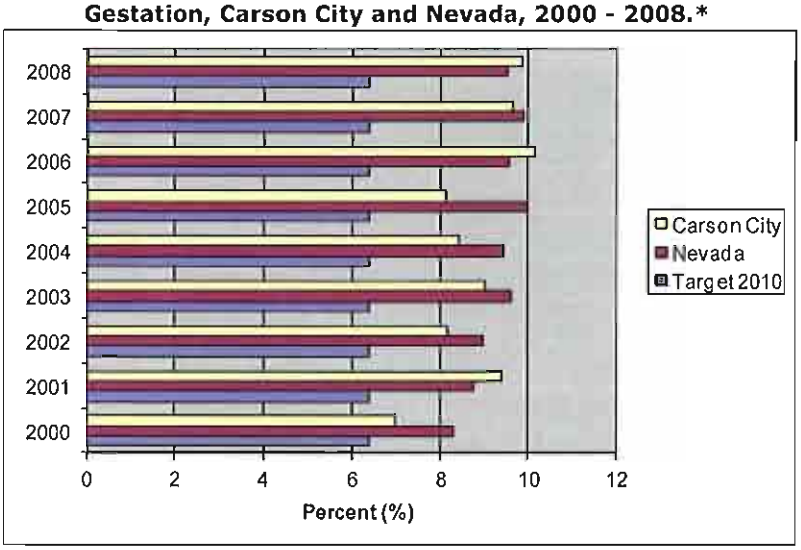
The Healthy People 2010 goal of 7.6 percent was not met.

* The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthy People 2010 Objective (16-11b.): Reduce the proportion of live births at 32 to 36 completed weeks of gestation.

Healthy People 2020 Objective MICH HP2020-9.2: Reduce the proportion of live births at 34 to 36 completed weeks of gestation.

Proportion of Live Births at 32 to 36 Completed Weeks of Gestation, Carson City and Nevada, 2000 - 2008.*



The percentage of live births at 32 to 36 completed weeks of gestation, has fluctuated this decade for both Carson City and the state.

The Healthy People 2010 target has not been reached.

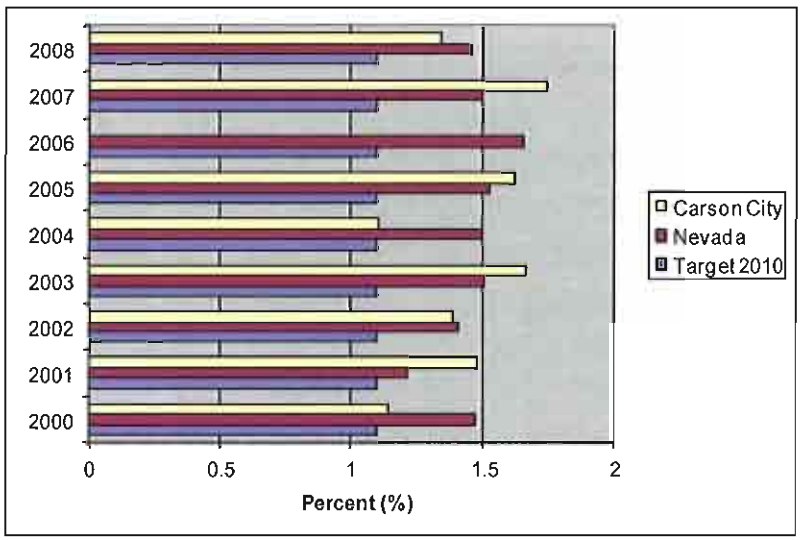
Healthy People 2010 Objective (16-11c.): Reduce the proportion of live births at less than 32 completed weeks of gestation.

Healthy People 2020 Objective MICH HP2020-9.4: Reduce the proportion of very preterm or live births at less than 32 completed weeks of gestation.

Proportion of Live Births at Less Than 32 Completed Weeks of Gestation, Carson City and Nevada, 2000 - 2008.*

The percentage of live births at less than 32 completed weeks of gestation, for Nevada and Carson City has fluctuated.

The Healthy People 2010 goal has not been met.

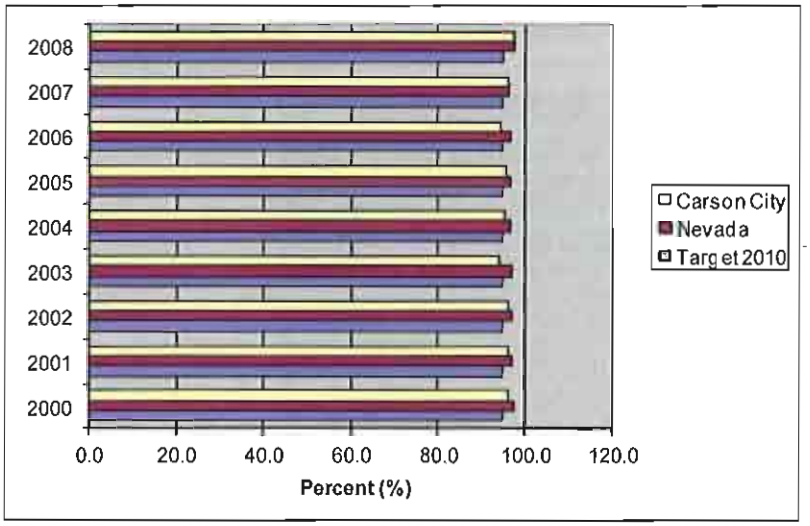


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthy People 2010 Objective (16-17a.): Increase the proportion of pregnant women abstaining from alcohol.

Healthy People 2020 Objective MICH HP2020-11.1: Increase abstinence from alcohol among pregnant women.

Proportion of Pregnant Women, Aged 15 to 44, Abstaining from Alcohol, Carson City and Nevada, 2000 - 2008.*



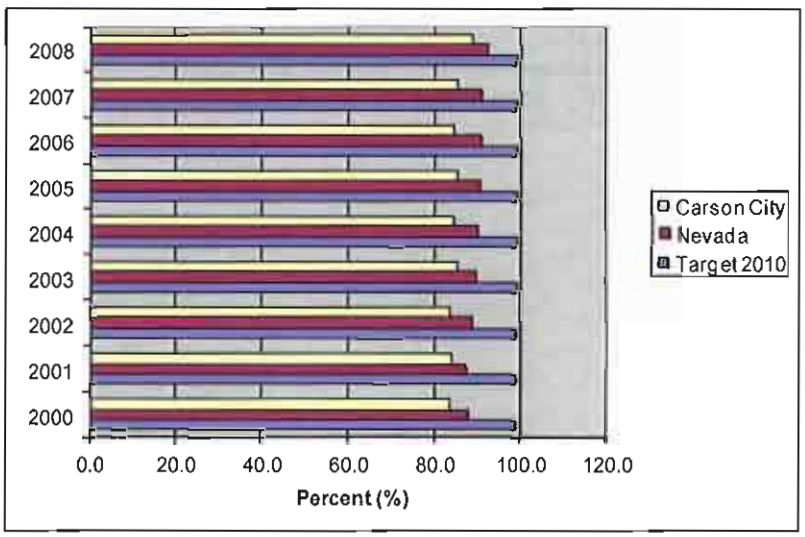
Since the year 2000, the percentage of pregnant women abstaining from alcohol has consistently exceeded the Healthy People 2010 target for both Nevada and Carson City.

Healthy People 2010 Objective (16-17c.): Increase the proportion of pregnant women, aged 15-44 years, abstaining from cigarette smoking.

Healthy People 2020 Objective MICH HP2020-11.3: Increase abstinence from cigarettes among pregnant women.

Proportion of Pregnant Women Abstaining from Tobacco, Carson City and Nevada, 2000 - 2008.*

The percentage of pregnant women abstaining from tobacco has averaged higher for the state than for Carson City this decade. The Healthy People objective has not been met.



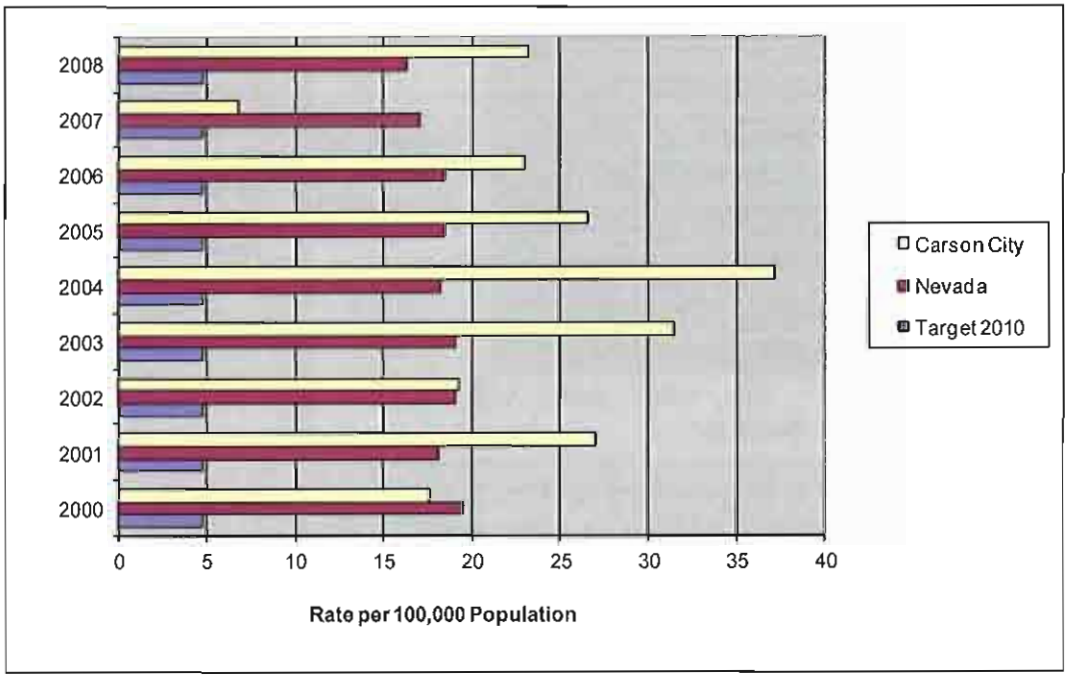
*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Mental Health and Mental Disorders

Healthy People 2010 Objective (18-1.): Reduce the suicide rate.

Healthy People 2020 Objective MHMD HP2020-1: Reduce the suicide rate.

Age-Adjusted Suicide Death Rate, Carson City and Nevada, 2000 - 2008.*



Neither the state, nor Carson City, met the Healthy People 2010 target rate of 4.8 per 100,000 population for suicide mortality from 2000-2008. The state rate has declined since 2005, while Carson City's rate has fluctuated.

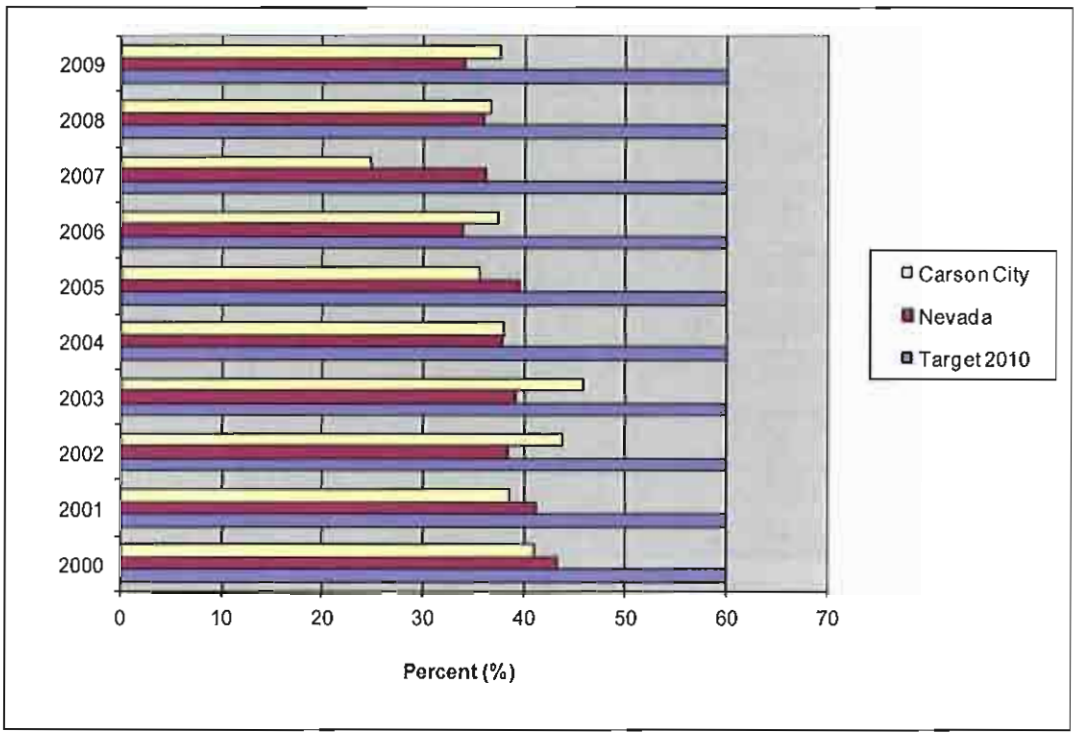
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records (NVSR).
Note: 2007 and 2008 data are not final and are subject to change.

Nutrition and Weight Status

Healthy People 2010 Objective (19-1): Increase the proportion of adults who are at a healthy weight.

Healthy People 2010 Objective NWS HP2020-8: Increase the proportion of adults who are at a healthy weight.

Proportion of Adults Who Are At a Healthy Weight, Carson City and Nevada, BRFSS Data, 2000 - 2009* .



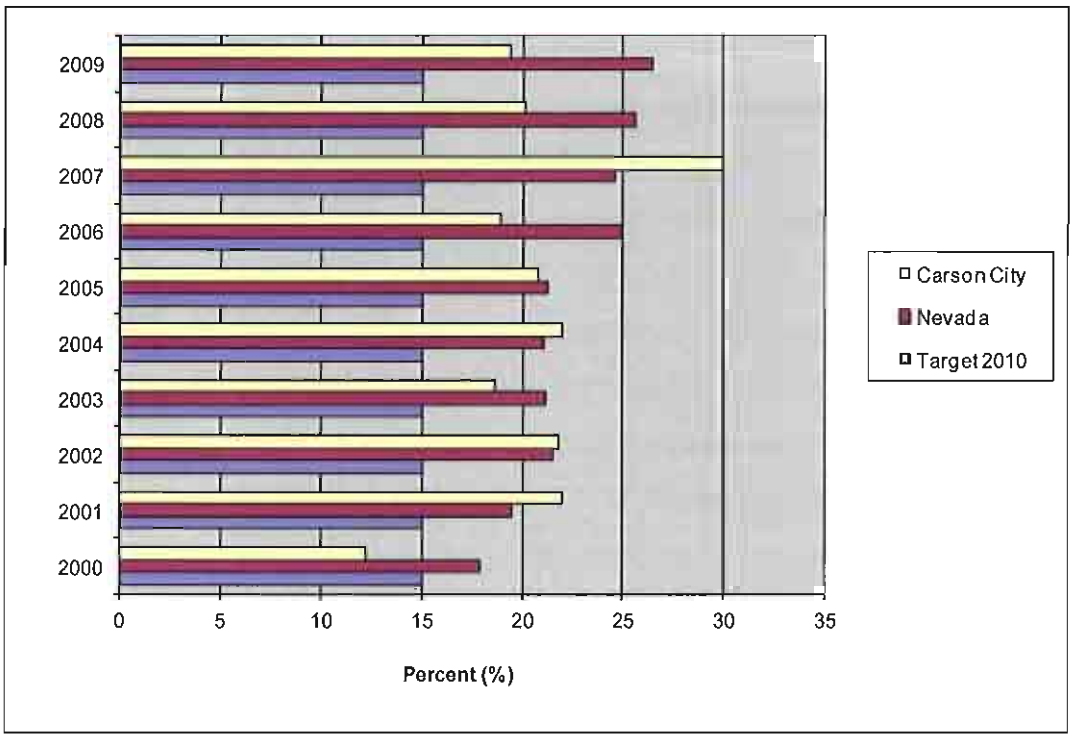
In 2009, approximately one in three people were at a healthy weight in the state and Carson City. Neither Nevada nor Carson City met the Healthy People 2010 target of 60 percent during the study years 2000-2009.

*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.
Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

Healthy People 2010 Objective (19-2): Reduce the proportion of adults who are obese.

Healthy People 2020 Objective NWS HP2020-9: Reduce the proportion of adults who are obese.

Proportion of Adults Who Are Obese, Carson City and Nevada, BRFSS Data, 2000 - 2009* .



In the year 2000, Carson City was on target for the Healthy People 2010 objective of 15 percent to reduce the proportion of adults who are obese. However, for the following nine years the city failed to meet the target. The state has not met this target this decade. The rates have worsened for the state, but have declined for Carson City since 2007.

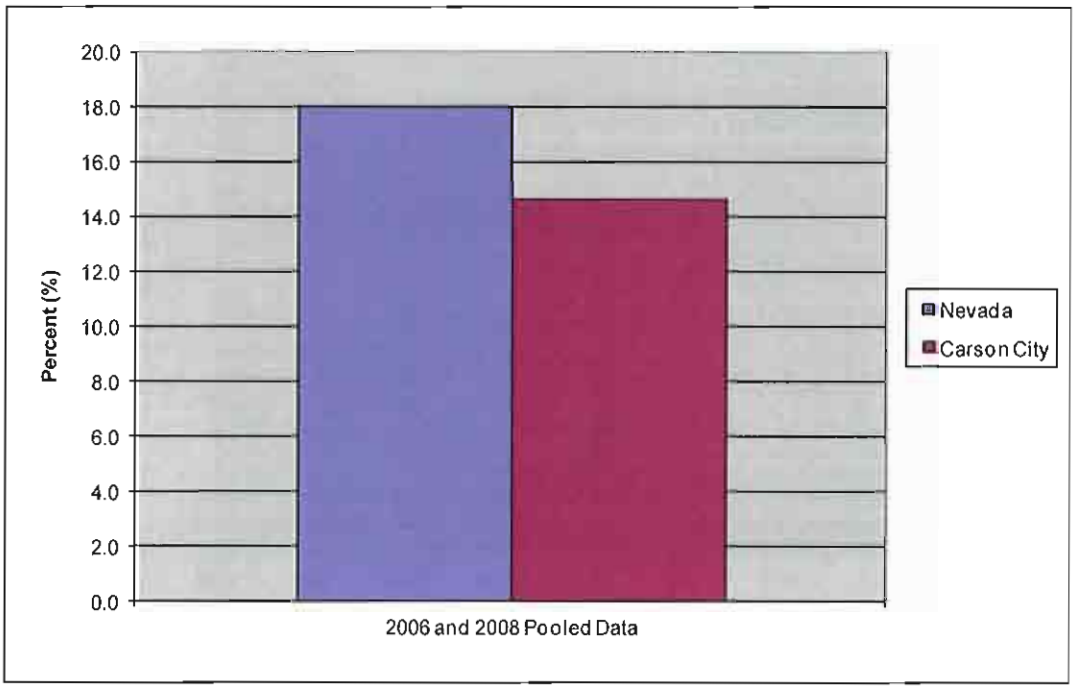
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results. Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

Oral Health

Healthy People 2010 Objective (21-4.): Reduce the proportion of older adults, aged 65 years and older, reporting having all their natural teeth extracted.

Healthy People 2020 Objective OH HP2020-4.2: Reduce the proportion of older adults who have lost all their natural teeth (aged 65 to 74 years).

Aggregated Proportion of Older Adults Aged 65 Years and Older Reporting Having All of Their Natural Teeth Extracted, Carson City and Nevada, BRFSS Data, 2006 and 2008.*



During the reported years 2006 and 2008, Carson City had an aggregate rate slightly lower than the state for the percentage of older adults, aged 65 years and older, reporting having all of their natural teeth extracted per the Behavioral Risk Factor Surveillance Survey (BRFSS). Both the state and Carson City met the Healthy People goal of 22 percent.

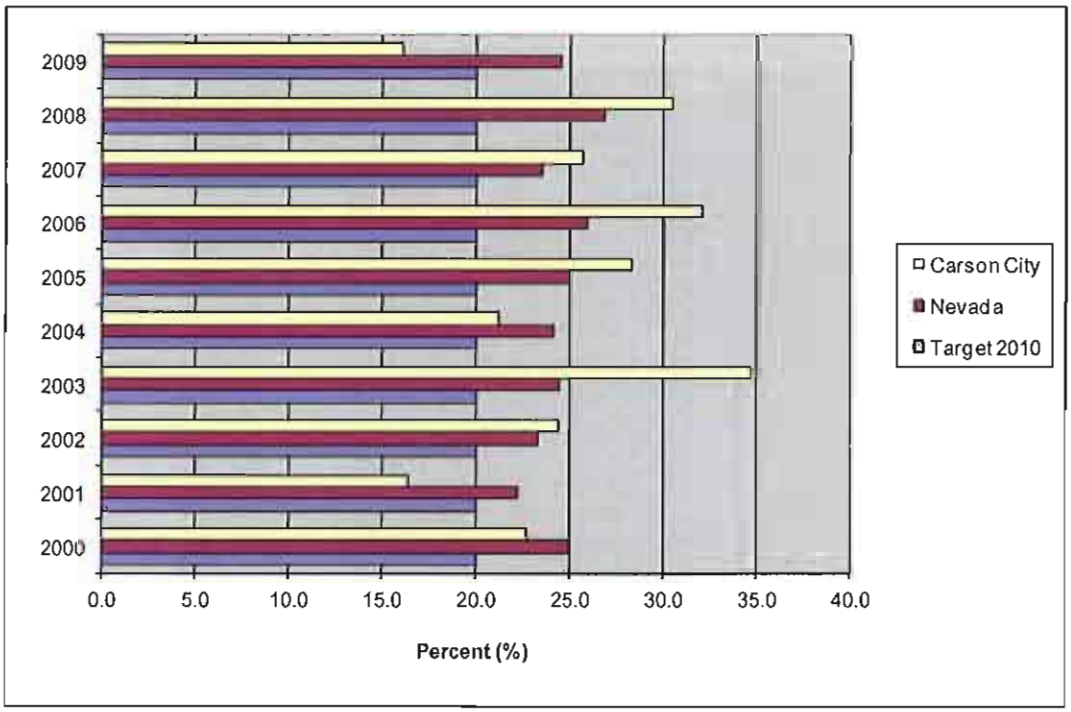
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Physical Activity and Fitness

Healthy People 2010 Objective (22-1.): Reduce the proportion of adults who engage in no leisure-time physical activity.

Healthy People 2020 Objective PA HP2020-1: Reduce the proportion of adults who engage in no leisure-time physical activity.

Proportion of Adults Who Engage in No Leisure Time Physical Activity, Carson City and Nevada, BRFSS Data, 2000 - 2009.*



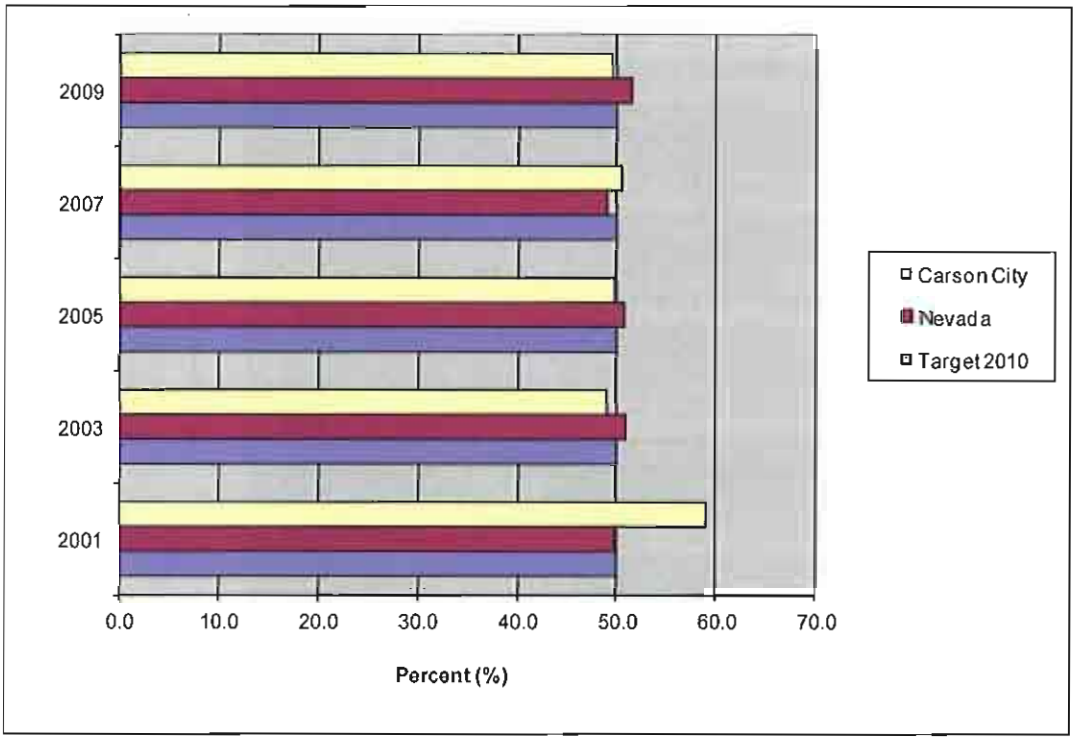
The rate for the number of adults who engage in no leisure time physical activity fluctuated for both the state and Carson City. In 2001, and again in 2009, Carson City met the Healthy People 2010 target of 20 percent. The state did not meet the target for any of the study years.

*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Healthy People 2010 Objective (22-2.): Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

Healthy People 2020 Objective PA HP2020-2.1: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week or 75 minutes/week of vigorous intensity or an equivalent combination.

Proportion of Adults Who Engage in Aerobic Physical Activity of At Least Moderate Intensity for At Least 150 Minutes per Week or of Vigorous Intensity for At Least 75 Minutes per Week or an Equivalent Combination, Carson City and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*



The percentage of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes per week fluctuated slightly for both the state and Carson City since 2003. Carson City met the Healthy People 2010 target of 50 percent in 2009.

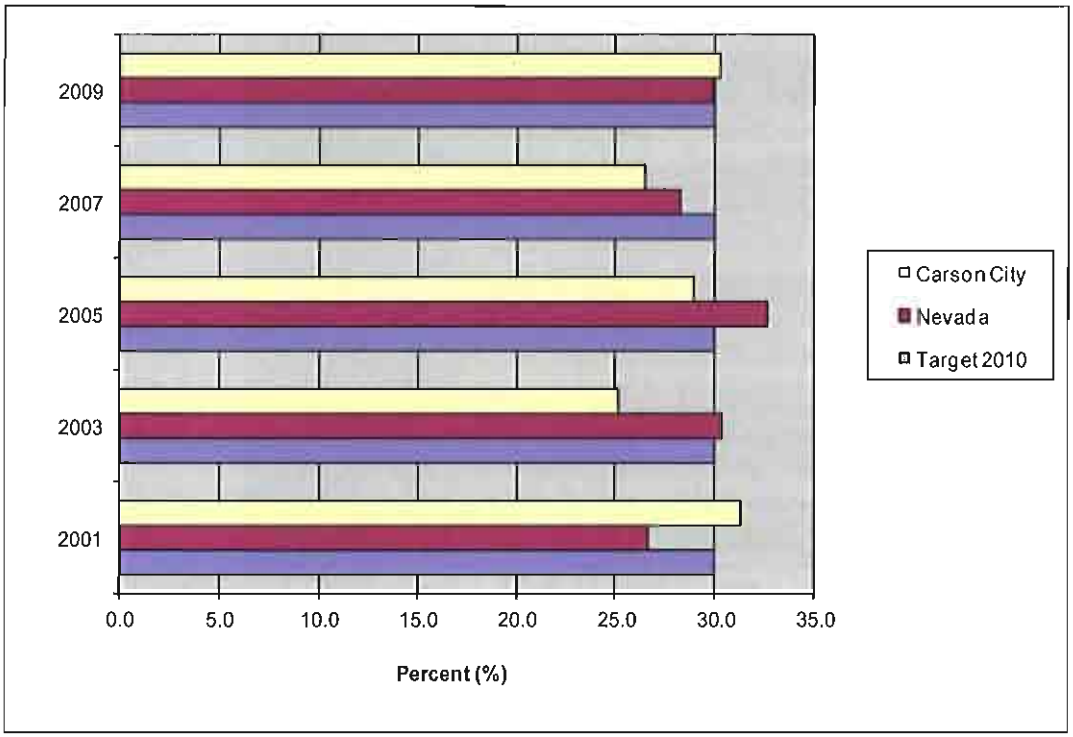
Carson City and Nevada remained pretty consistent with the Healthy People 2010 target for each Behavioral Risk Factor Surveillance System (BRFSS) reporting year.

*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Healthy People 2010 Objective (22-3.): Increase the proportion of adults who engage in vigorous physical activity promoting the development and maintenance of cardio-respiratory fitness for 20 or more minutes per day 3 or more days per week.

Healthy People 2020 Objective PA HP2020-2.2: Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week or more than 150 minutes/week of vigorous intensity or an equivalent combination.

Proportion of Adults Who Engage in Aerobic Physical Activity of At Least Moderate Intensity for More Than 300 Minutes per Week or More Than 150 Minutes per Week of Vigorous Intensity or An Equivalent Combination, Carson City and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*



The percentage of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes per week or more than 150 minutes per week of vigorous intensity fluctuated over the reporting years. For the most recent reported year, 2009, both the state and the city were just at the Healthy People 2010 Target of 30 percent.

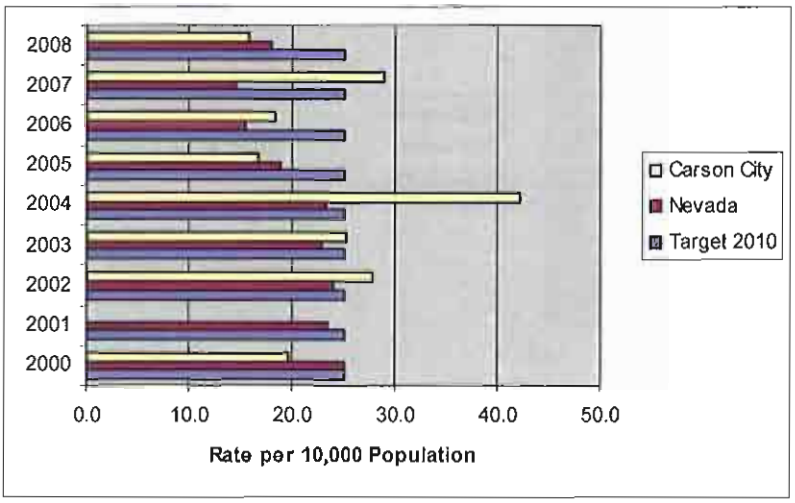
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Respiratory Diseases

Healthy People 2010 Objective (24-2a.): Reduce hospitalizations for asthma in children under age 5 years.

Healthy People 2020 Objective RD HP2020-2.1: Reduce hospitalizations for asthma in children under age 5 years.

Hospitalizations for Asthma in Children Under Age 5 Years, Carson City and Nevada, 2000 - 2008.*



The hospitalization rate for asthma in children, less than five years of age, fluctuated in Carson City. While the state rate declined from 2000 -2008.

Both the state and Carson City met the Healthy People 2010 target rate of 25.0 per 10,000 population in 2008. Nevada consistently met this target from 2000—2008.

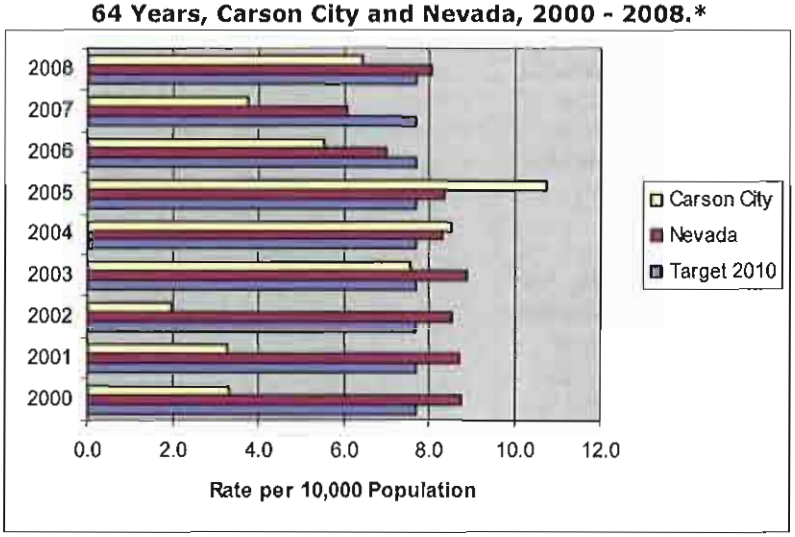
Healthy People 2010 Objective (24-2b.): Reduce hospitalizations for asthma in children and adults, aged 5 to 64 years.

Healthy People 2020 Objective RD HP2020-2.2: Reduce hospitalizations for asthma in children and adults, aged 5 to 64 years.

Hospitalizations for Asthma in Children and Adults Aged 5 to 64 Years, Carson City and Nevada, 2000 - 2008.*

The hospitalization rate in children and adults, aged 5 to 64 years, fluctuated this decade for both the state and Carson City.

Carson City has met the Healthy People 2010 target rate of 7.7 per 10,000 population since 2006.

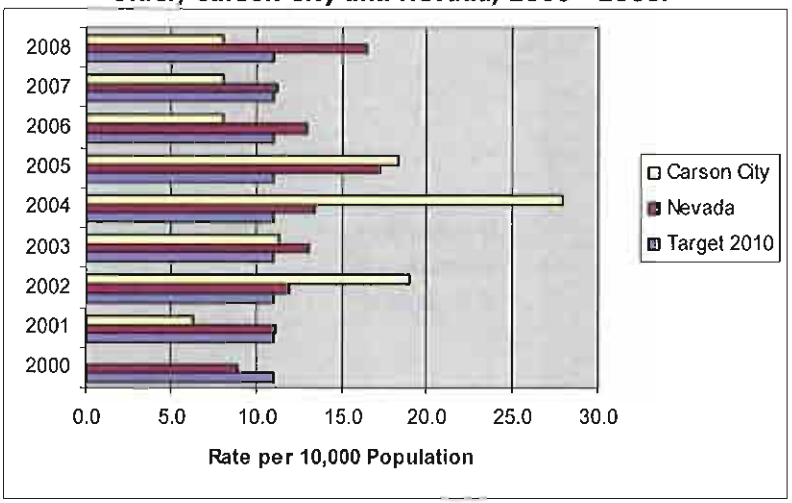


*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

Healthy People 2010 Objective (24-2c.): Reduce hospitalizations for asthma in adults, aged 65 years and older.

Healthy People 2020 Objective RD HP2020-2.3: Reduce hospitalizations for asthma in adults, aged 65 years and older.

Hospitalizations for Asthma in Adults Aged 65 Years and Older, Carson City and Nevada, 2000 - 2008.*



The rate of hospitalizations for asthma in adults, aged 65 years and older, fluctuated for the state, while Carson City held a steady rate from 2006.

Carson City met the Healthy People 2010 target rate of 11.0 per 10,000 population from 2006-2008.

*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

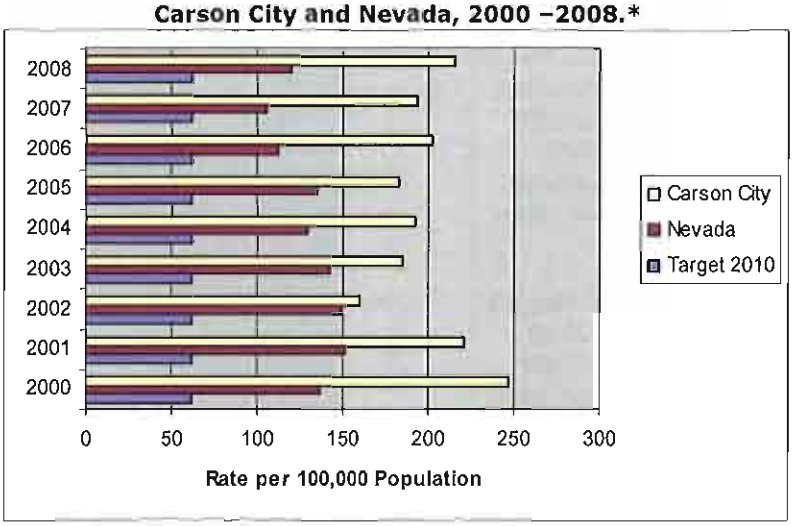
Healthy People 2010 Objective (24-10.): Reduce deaths from chronic obstructive pulmonary disease among adults.

Healthy People 2020 Objective RD HP2020-10: Reduce deaths from chronic obstructive pulmonary disease among adults.

Age-Adjusted Chronic Obstructive Pulmonary Disease Deaths, Carson City and Nevada, 2000 –2008.*

The mortality rate for chronic obstructive pulmonary disease (COPD) increased for Carson City from 2002-2008.

Neither the state, nor Carson City have met the Healthy People 2010 target rate of 62.3 per 100,000 in any study year.



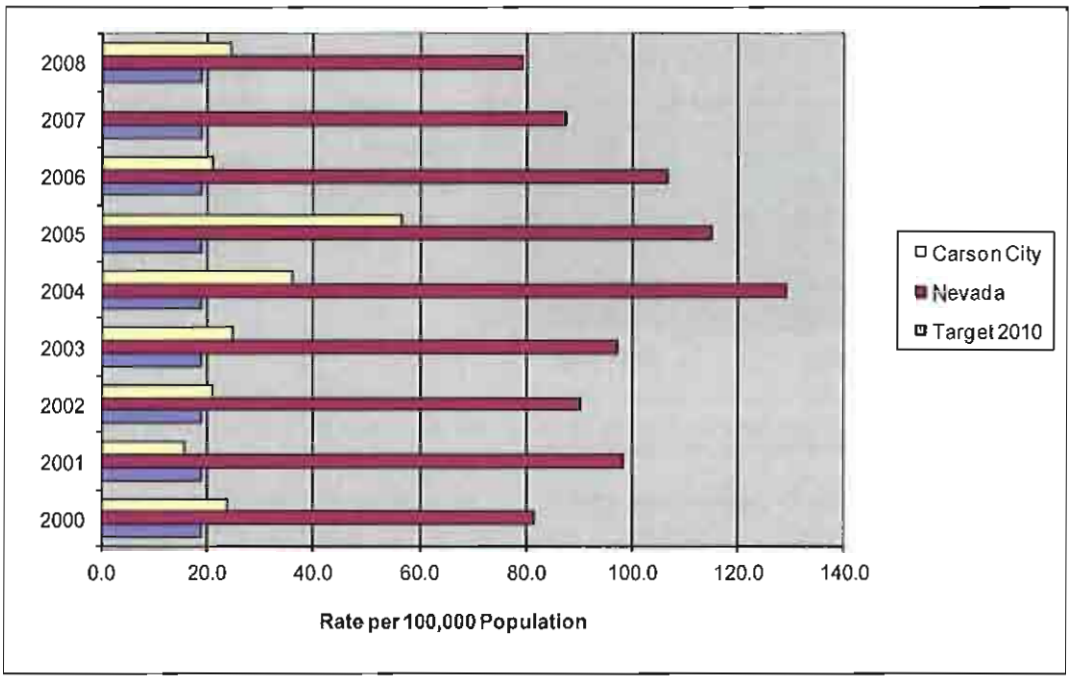
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records.
Note: 2007 and 2008 data are not final and are subject to change.

Sexually Transmitted Diseases

Healthy People 2010 Objective (25-2a.): Reduce gonorrhea rates.

Healthy People 2020 Objective STD HP2020-6: Reduce gonorrhea rates.

Rate of Gonorrhea, Carson City and Nevada, 2000 - 2008.*



The state's rate for the number of cases of Gonorrhea spiked in 2004. The Carson City rate reached its apex in 2005. Since their rate highs, both the state and city rates declined sharply. Neither Nevada, nor Carson City, met the Healthy People 2010 target rate of 19.0 per 100,000 population, since the city did it in the year 2001.

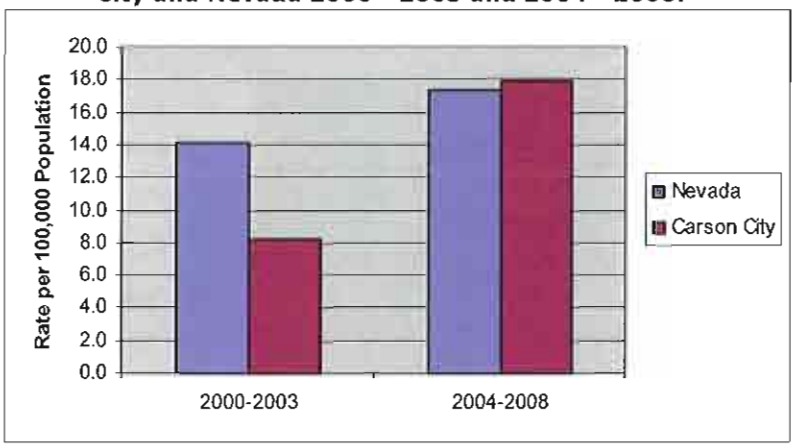
* Nevada data are provided by the STD-MIS database.

Substance Abuse

Healthy People 2010 Objective (26-3): Reduce drug-induced deaths.

Healthy People 2020 Objective SA HP2020-12: Reduce drug induced deaths.

Aggregated Age-Adjusted Drug-Induced Death Rate, Carson City and Nevada 2000 - 2003 and 2004 - 2008.*



Drug-induced deaths climbed for both the state and Carson City from 2000-2008.

Both rates were much higher than the Healthy People target rate of 1.2 per 100,000 population.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

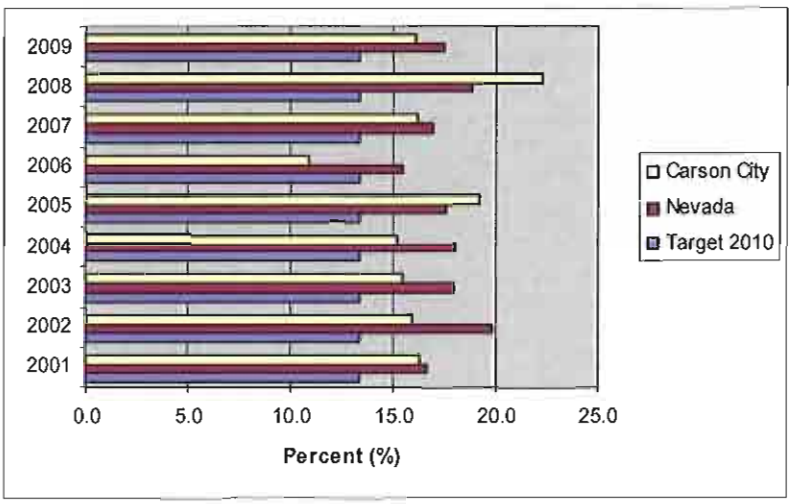
Healthy People 2010 Objective (26-11c.): Reduce the proportion of adults, aged 18 years and older, engaging in binge drinking of alcohol.

Healthy People 2020 Objective SA HP2020-14.3: Reduce the proportion of adults, aged 18 years and older, engaging in binge drinking of alcohol.

Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking Alcohol, Carson City and Nevada, BRFSS Data, 2000 - 2009.*

Adult binge drinking fluctuated for both the state and Carson City from 2000-2009.

In 2006, Carson City met the Healthy People 2010 Goal of 13.4 percent, but the city has not met the target since.



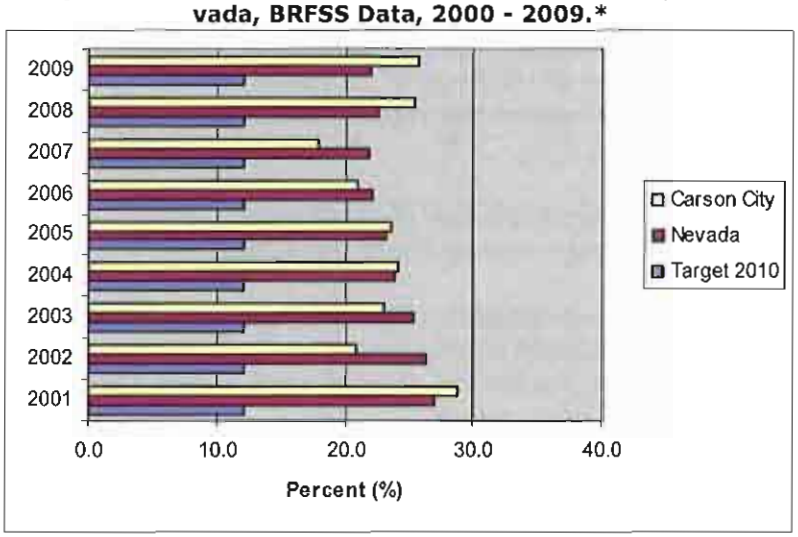
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Tobacco Use

Healthy People 2010 Objective (27-1a.): Reduce cigarette smoking by adults.

Healthy People 2020 Objective TU HP2020-1.1: Reduce tobacco use by adults – cigarette smoking.

Proportion of Cigarette Smoking Adults, Carson City and Nevada, BRFSS Data, 2000 - 2009.*



The percentage of cigarette smoking by adults fluctuated for Carson City. The state rate has declined from 2001-2009.

Neither the state, nor Carson City, met the Healthy People 2010 objective of 12 percent in any of the study years.

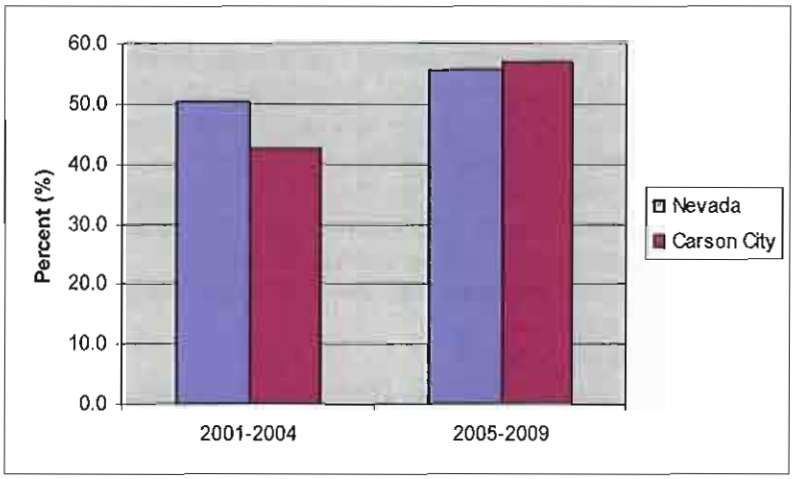
Healthy People 2010 Objective (27-5.): Increase smoking cessation attempts by adult smokers.

Healthy People 2020 Objective TU HP2020-4.1: Increase smoking cessation attempts by adult smokers.

Nevada and Carson City both saw an increase from 2001-2009 in the rate of the percentage of adults reporting smoking cessation attempts in the past year.

However, neither met the Healthy People 2010 goal of 80 percent.

Aggregated Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year, Carson City and Nevada, BRFSS Data, 2001 - 2004 and 2005 - 2009.*



*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Healthy People 2010: Carson County
Indicator Exemptions

The following Healthy People 2010 objectives were not reported in the Carson County Report due to a lack of available data:

- Adolescent Health (AH):
  - AH HP2020-1c: Increase the percentage of students whose reading skills are at or above the proficient achievement level for their grade.
  - AH HP2020-1d: Increase the percentage of students whose mathematical skills are at or above the proficient achievement level for their grade.
- Early and Middle Childhood (EMC):
  - EMC HP2020-3: Increase the proportion of elementary, middle, and senior high schools that require school health education.
- Family Planning (FP):
  - FP HP2020-9c: Increase the proportion of female adolescents aged 15 years who have never had sexual intercourse.
  - FP HP2020-9d: Increase the proportion of male adolescents aged 15 who have never had sexual intercourse.
  - FP HP2020-10e: The proportion of sexually active females aged 15 to 19 who used a condom at last intercourse.
  - FP HP2020-10f: The proportion of sexually active males aged 15 to 19 who used a condom at last intercourse.
- Immunizations and Infectious Diseases (IID):
  - IID HP2020-18: Percentage of children aged 19 to 35 months who receive recommended vaccines.
  - IID HP2020-20: Increase the percentage of children aged 19 to 35 months who receive the recommended vaccines.
- Injury and Violence Prevention (IVP):
  - IVP HP2020-13: Reduce physical fighting among adolescents.
  - IVP HP2020-14: Reduce weapon carrying by adolescents on school property.
- Mental Health and Mental Disorders (MHMD):
  - MHMD HP2020-2: Proportion of adolescents, grades 9 through 12, reporting suicide attempts in the past 12 months.
- Nutrition and Weight Status (NWS):
  - NWS HP2020-5c: Reduce the proportion of adolescents, aged 12 to 19 years, who are overweight or obese.
- Occupational Safety and Health (OSH):
  - OSH HP2020-7a: Work-related injury death rate, aged 16 years and older.
- Oral Health (OH):
  - OH HP2020-6a: Proportion of children aged 3 to 5 years with dental caries in primary and permanent teeth.

    - OH HP2020-7a: Proportion of children aged 3 to 5 years with untreated dental decay.
    - OH HP2020-10b: Increase the proportion of children aged 8 years and older who have received dental sealants in their molar teeth.
- Physical Activity and Fitness (PAF):
    - PAF HP2020-7: Increase the proportion of adolescents that meet the current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
- Sexually Transmitted Diseases (STD):
    - STD HP2020-3a: Reduce the proportion of females, aged 15 to 24 years with Chlamydia trachomatis infections attending family planning clinics.
- Substance Abuse (SA):
    - SA HP2020-4: Percentage of adolescents who report they rode during the previous 30 days with a driver who had been drinking alcohol, grades 9 through 12.
    - SA HP2020-7d: Proportion of adolescents engaging in binge drinking of alcohol.
    - SA HP2020-9b: Proportion of adolescents in the 10th grade reporting steroid use.
    - SA HP2020-9c: Proportion of adolescents in the 12th grade reporting steroid use.
    - SA HP1010-10: Reduce the proportion of adolescents who use inhalants.
- Tobacco Use (TU):
    - TU HP2020-6b: Proportion of adolescents reporting cigarette use in the past month.
    - TU HP2020-6c: Proportion of adolescents reporting spit tobacco use in the past month.

The following Healthy People 2010 objectives were not reported in the Carson County Report due to a lack of available data, counts of 0:

- Maternal, Infant, Child Health (MICH):
    - MICH HP2020-15g: Reduce infant deaths related to birth defects (congenital heart defects).

The following Healthy People 2010 objectives were not reported in the Carson County Report due to a lack of available data, counts below 5 but greater than 0:

- Blood Disorders and Blood Safety (BDBS):
    - BDBS HP2020-2: Reduce hospitalizations for sickle cell disease among children aged 9 years and younger.
- Food Safety (FS):
    - FS HP2020-3c: Rate of reported cases of Listeriosis.
- Immunizations and Infectious Diseases (IID):

    - IID HP2020-4: Crude rate of reported cases of Meningococcal disease.
    - IID HP2020-14: Reduce or eliminate cases of vaccine preventable diseases.
- Injury and Violence Prevention (IVP):
    - IVP HP2020-27: Death rate from drowning.
- Maternal, Infant, Child Health (MICH):
    - MICH HP2020-1a: Death rate of children aged 1 to 4 years.
    - MICH HP2020-1b: Death rate of children aged 5 to 9 years.
- Sexually Transmitted Diseases (STD):
    - STD HP2020-5: Reduce the rate of primary and secondary syphilis.

Appendix G – Resources

Please send suggestions for additional resources, with all available contact information, to: mworks@carson.org.

Advocates to End Domestic Violence
PO Box 2529
Carson City NV 89702
(775) 883-7654
http://aedv.org/

Boys and Girls Club of Western Nevada
1870 Russell Way
Carson City, NV 89706
P.O. Box 2740
Carson City, NV 89702
(775) 882-8820
http://www.bgcwn.org/index.asp

Carson Area Wellness Association
Michele A Cowee, RD, CDE, Vice Chair
(775) 884-0544

Carson City Chamber of Commerce
1900 South Carson Street, Suite 200
Carson City, NV 89701
(775) 882-1565
http://carsoncitychamber.com/

Carson City Development Services (Division of Public Works)
Jeff Sharp, P.E., City Engineer
108 East Proctor Street
Carson City, NV 89701
(775) 887-2300
http://carson.org/Index.aspx?page=1253

Carson City Fire Department
Stacey Giomi, Fire Chief
777 South Stewart Street
Carson City, NV 89701
(775) 887-2210
http://carson.org/Index.aspx?page=266

Carson City Host Lions Club
PO Box 825
Carson City, NV 89702
http://www.e-clubhouse.org/sites/carsoncitynv

Carson City Juvenile Detention
John Simms, Chief Juvenile Probation Officer
1545 East Fifth Street
Carson City, NV 89701
(775) 887-2033
http://carson.org/Index.aspx?page=421

Carson City Parks and Recreation
Parks & Recreation Administration
Roger Moellendorf, Director
3303 Butti Way, #9
Carson City, NV 89701
(775) 887-2262
http://carson.org/Index.aspx?page=621

Carson City School District
1402 West King Street
Carson City, NV 89703
(775) 283-2000
http://www.carsoncityschools.com/home.shtml

Carson Mental Health Center / Rural Regional Center
1665 Old Hot Springs Road, Suite 157
Carson City, NV 89706
(775) 687-5162
http://mhds.nv.gov/index.php?option=com_content&view=article&id=31&Itemid=95

Carson Tahoe Chiropractic
601 East Washington Street
Carson City, Nevada 89701
(775) 882-7085
http://carsontahoechiro.com

Carson Tahoe Regional Medical Center
1600 Medical Parkway
Carson City, Nevada 89703
(775) 445-8000
http://www.carsontahoe.com

Community Counseling Center
205 South Pratt Avenue
Carson City, NV 89701
(775) 882-3945
http://www.cccofcarsoncity.org/

Eagle Valley Children's Home
2300 Eagle Valley Ranch Road
Carson City, NV 89703
(775) 882-1188
http://eaglevalleychildrenshome.org/

Elks BPO Lodge 2177
515 North Nevada Street
Carson City, NV 89703
(775) 882-2177
http://www.elks.org/lodges/home.cfm?lodge=2177

Friends in Service Helping
Administration & Human Services
138 East Long Street
Carson City, NV 89706
775-882-FISH (3474)
http://www.nvfish.com

Lone Mountain Veterinary Hospital
780 College Pkwy
Carson City, NV 89706
(775) 883-3136
http://lonemountainvet.com/

Ministerial Fellowship
Ken Haskins
First Christian Church
2211 Mouton Drive
Carson City, NV 89706
(775) 883-4836
http://www.firstchristianchurchfamily.org/index.html

Muscle Powered Carson City - Citizens For a Walkable and Bikeable Carson City
http://musclepowered.org/

Nevada Appeal
580 Mallory Way
Carson City, NV 89701
(775) 882-2111
http://www.nevadaappeal.com/

Nevada Health Centers
Carson City Administrative Office
1802 North Carson Street, Suite 100
Carson City, NV 89701
(775) 887-1590
http://www.nvrhc.org/index.cfm

Nevada Public Health Foundation
3579 Highway 50 E, Suite C
Carson City, NV 89701
775-884-0392
http://nevadapublichealthfoundation.org/home.asp

Nevada State Health Division
4150 Technology Way
Carson City, Nevada 89706
(775) 684-4200
http://health.nv.gov

Partnership Carson City
1711 North Roop Street
Carson City, NV 89706
(775) 841-4730
http://partnershipcarsoncity.org

Physicians Select Management
Leonard Hamer
212 West Ann Street
Carson City, NV 89703
(775) 885-2211

Ron Wood Family Resource Center
2621 Northgate Lane, Suite 62
Carson City, NV 89706
(775) 884-2269
http://www.ronwoodcenter.org/

Sierra Family Health Centers
907 Mountain Street, Suite 2
Carson City, NV 89703
(775) 887-5140
http://www.nvhealthcenters.org/sierra.cfm

Sierra Surgery Hospital
1400 Medical Parkway
Carson City, NV 89703
(775) 883-1700
http://sierrasurgery.com/

Sierra Veterinary Hospital
1477 North Saliman Road
Carson City, NV 89706
(775) 883-0261
http://www.sierravh.vetsuite.com/Templates/Clean.aspx

Silver State Charter Middle & High Schools
788 Fairview Drive
Carson City, NV 89701
(775) 883-7900
http://sshs.org/

United Latino Community
1711 North Roop Street
Carson City, NV 89706
(775) 885-1055
http://carsonulc.org

University of Nevada Cooperative Extension, Carson City/Storey County
2621 Northgate Lane, Suite 15
Carson City, NV 89706
775-887-2252
http://www.unce.unr.edu/counties/carson-storey/

University of Nevada, Reno, Orvis School of Nursing
Mail Stop 0134
Reno, NV 89557-0134
(775) 784-6841
http://hhs.unr.edu/osn

Western Nevada College
2201 West College Parkway
Carson City, NV 89703
(775) 445-3000
http://www.wnc.edu/

Appendix H – Communication and Feedback Plan

Format	Means of Distribution	Time Frame
CHA Presentation/Public Comment	Will present the CHA highlights and summary at the Community Health Improvement Plan Meeting and ask for comments	January 20, 2012
Public Comment/ Internet	Will publish notice in the Nevada Appeal that people can visit the Carson City Health and Human Services website at: gethealthycarsoncity.org to review the full document	January 20 – June 21, 2012
Final CHA Draft	Will finalize document and present to the Board of Health for approval/acceptance	June 21, 2012
Public-friendly Report	Will compile short report that summarizes the CHA findings for distribution to elected officials, school officials, hospital officials, health system partners and other community stakeholders	July 2012
Press Release	A press release of the CHA findings will be developed and sent to local medial outlets; it will include the link to the Carson City Health and Human Services website at: gethealthycarsoncity.org so people can review the full document	July 2012
CHA PowerPoint Presentation	A presentation of the highlights and data will be created to present at community meetings, such as Board of Supervisors, Rotary, Kiwanis, Lions, CAAN, CAWA, etc.	July 2012


CARSON CITY
HEALTH & HUMAN SERVICES