

Health & Wellness

A healthy community imparts a healthy economy. We invest in preventative measures, as a cost-effective way to improve health. The people who live here take an active role in managing their own health. That requires people to have their basic healthcare needs met, as well as access to a variety of healthcare facilities and services.

18. Access to healthcare

Health insurance coverage is considered one of the best indicators of access to healthcare. Healthcare for the uninsured is a community-wide concern. Of special concern is the fact that children 18 and under have higher uninsured rates than the population as a whole.

Uninsured adults and children

In 2006, over 68,000 people in Washoe County did not have health insurance. Great Basin Primary Care Associates offers possible reasons for Nevada's high rate of uninsured. We spend less on Medicaid than any other state in the country, yet we have one of the highest uninsured rates in the country. At the same time, fewer people than the national average are participating in Medicaid and Nevada Check-Up. Eligible people have not enrolled in these programs, either because of the complicated process or simply a lack of awareness. Small businesses today are less likely to provide health insurance than in the past. Businesses with fewer than 50 employees make up the vast majority of Nevada businesses and employ more than half of Nevada's workers.¹ Although the percentage of Washoe County uninsured has remained slightly below the state percentages, little improvement has been achieved.

Percent Of Population Without Health Insurance Coverage								
	Washoe County	Nevada	Men Washoe	Men Nevada	Women Washoe	Women Nevada	Under 18 Washoe	Under 17 Nevada
2000	17.5%	17.7%	18.9	19.1	16.1	16.3	19.8	20.0
2001	17.5%	17.8%	18.9	19.1	16.2	16.4	20.1	20.3
2002	15.5%	15.8%	16.5	16.7	14.5	14.8	17.8	18.0
2003	15.5%	15.8%	16.9	17.2	14.1	14.4	18.0	18.3
2004	16.3%	16.6%	17.3	17.5	15.3	15.7	18.4	18.6
2005	17.5%	17.8%	18.4	18.7	16.5	16.9	19.4	19.6
2006	16.8%	17.1%	17.3	17.5	16.5	16.6	17.8	18.1

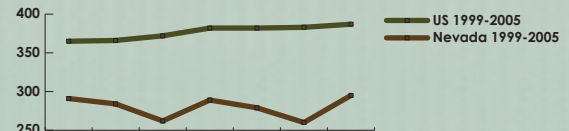
Source: Great Basin Primary Care Association, 2007 edition of the Nevada Study of Uninsured Populations <http://www.gbpcac.org/uninsured>

According to TMT's December 2007 community survey of Washoe County residents, 28.2% reported being retired; 8.2% reported not being employed; 42.2% responded that their employer provided them with health insurance vs. 13.2% reporting their employer did not provide health insurance; and 3.8% reported being covered with health insurance outside their employer.

In 2004, Nevada ranked 49th in the United States with 1.89 doctors per 1,000 people (compared to 3 nationally). Nevada ranked 43rd in the nation out of 45 states with medical schools, with 53 graduates in 2005.² Inpatient hospital adjusted expenses per day in Nevada averaged \$1,685 in 2005, vs. \$1,522 for the US.³

1. According to the Reno-Sparks Chamber of Commerce (2/2/07), only 39% of employers with 50 or fewer workers offer insurance. According to the Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on the Census Bureau's March 2006 and 2007 Current Population Survey (CPS: Annual Social and Economic

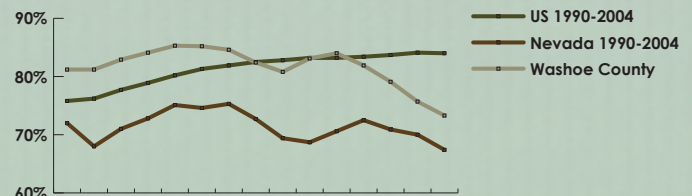
Emergency room visits per 1,000 population



Source: <http://www.statehealthfacts.org/comparetable.jsp?ind=400&cat=8&yr=8&typ=1&o=d>

Women receiving first trimester prenatal care

Women without access to early prenatal healthcare have an increased risk of low birth weight babies, premature births, and infant mortality. The national Healthy People 2010 target is 90% first trimester prenatal care, which can lead to the early detection of costly medical problems.

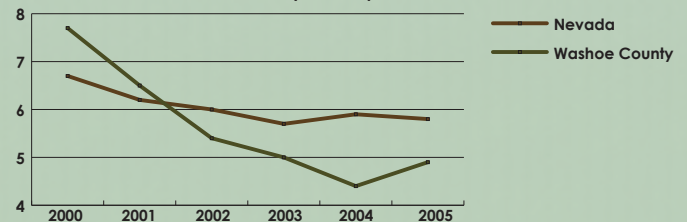


Source: Nevada Kids Count and Annie E. Casey Foundation, http://www.kidscount.org/cgi-bin/cliks.cgi?action=profile_results&subset=NV&areaid=17

Infant mortality

Infant mortality reflects the overall status of maternal health, plus healthcare availability to pregnant women and their infants. The Healthy People 2010 national goal is less than 4.5 deaths.

Infant mortality deaths per 1,000 live births



Source: Nevada State Health Division, Bureau of Health Planning & Statistics, Nevada Interactive Health Database System, http://health2k.state.nv.us/nihds/measures/pren_care/long_form.html and Centers for Disease Control, National Center for Health Statistics, <http://www.cdc.gov/nchs/fststats/prenatal.htm>



Photo courtesy St. Mary's

Supplements), 21% of Nevada's non-elderly workers were uninsured 2005-2006, compared to 18% in the US 2006 (<http://www.statehealthfacts.org/>)

2. Source: <http://www.statehealthfacts.org/comparetable.jsp?ind=434&cat=8&yr=16&typ=1&sort=n&o=d>

3. Source: <http://www.statehealthfacts.org/comparecat.jsp?cat=8>

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Workforce wellness programs

According to the Wellness Councils of America, the Washoe County School District reports a return of \$15.10 for every dollar spent on their wellness program.⁴ The WCSD Good Health Incentive Wellness Program won the 2006 national large employer (greater than 500 employees) award for STEPS to a Healthier US, a Department of Health & Human Services initiative that advances helping Americans live longer, better, and healthier lives. To be considered, programs must address at least one of the following risk factors: obesity, physical activity, and/or nutrition. The WCSD Wellness Program targets all of the employees, retirees, and spouses covered under the District's health plan. Preventative Medicine research shows a \$15.60 ROI for these programs.⁵ A 2003 analysis showed that wellness participants were 26% more likely to be in the lowest quartile of healthcare costs. The most recent analysis from 2001 through 2004 indicated a 7% reduction in the average dollar claim and fewer overall claims for wellness participants.⁶

According to TMT's November 2007 business eSurvey, 54% of respondents reported that they did not offer a wellness program or wellness incentive for employees, and 69% of these businesses also had not considered quantifying the financial benefit. TMT will track additional metrics as they become available.

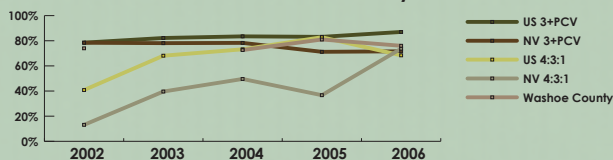
19. Wellness and preventative healthcare

Building a Healthy Nevada encourages healthy lifestyles so citizens can live longer and healthier lives.

Childhood immunization

Vaccinations can reduce the number of children who contract severe illnesses and prevent the spread of vaccine-preventable diseases later in life. The national goal is 90% of all children immunized. In the early 1990s, the immunization rate for Nevada was under 40% for 2-year olds. Now it is over 70%. To reach the final 20-30% of 2-year olds will require a great deal more effort. Nevada continues to have one of the lowest immunization rates in the nation. The Nevada Immunization Coalition is committed to turning things around and sorting out their major barriers to reaching the children of Nevada.

Immunization rate for 2 year olds



*Washoe County figures include only providers for whom the state supplies the vaccines (fully immunized): Nevada Kids Count Internet Data Book, Health Conditions and Health Care, Immunizations: <http://www.aecf.org/kidscount/>; 2005 and 2006 for 24-35 months of age. 3+PVC = Three or more doses of pneumococcal conjugate vaccine. 4:3:1 = Four or more doses of DTP, three or more doses of poliovirus vaccine, and one or more doses of any MCV. Source: <http://www.cdc.gov/vaccines/stats-surv/imm-coverage.htm#chart>

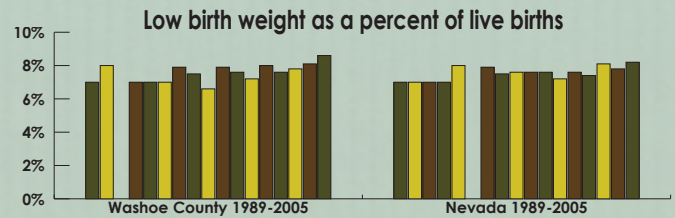
4. Source: <http://www.welcoa.org/news.php?entryid=220>

5. Financial impact of a comprehensive multi-site workplace health promotion program, Preventive Medicine, Volume 40, Issue 2, February 2005, Pages 131-137, Steven G. Aldana, Ray M. Merrill, Kristine Price, Aaron Hardy, and Ron Hager

6. Source: <http://www.prevent.org/content/view/full/120/144/#hwe12>

Low birth weight babies

The national goal for low birth weight babies — babies born alive who weigh less than 2,500 grams (5.5 pounds) — is not to exceed 5% of live births. Washoe County and Nevada not only exceed the national goal, but low birth weight as a percentage of live births continues to rise.⁷ This is alarming also because low birth weight babies experience more long-term developmental and neurological disabilities than normal weight babies.

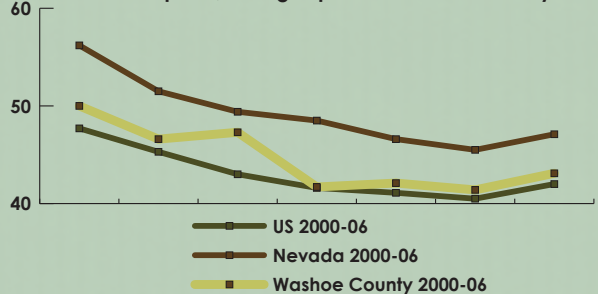


Source: <http://kidscount.unlv.edu>

Teen birth rate

According to a new report just released by the CDC⁸, the birth rate for teenage girls ages 15–19, rose for the first time in the country in 15 years. The teen birth rate peaked in 1991 at 61.8 births per 1,000 age specific teenage girls, but declined slowly until it rose almost 3% from 2005 to 2006. The National Campaign to Reduce Teen Pregnancy's goal is to reduce the rate of teen pregnancy and unplanned pregnancy in young adults by one-third between 2006 and 2015.⁹ The state and local cost to Nevada taxpayers associated with teen childbearing in 2004 was \$31 million, or 46% of the total public cost in Nevada of \$67 million.¹⁰ Nevada had the highest pregnancy rate in the nation for teens aged 15–19 in 2000, and was 8th in the nation that year for teen births in the same age group. After steady declines, the teen birth rate (preliminary data) rose 1.6% in Nevada from 2005 to 2006, and similarly 1.8% in Washoe County.

Teen birth rate per 1,000 age specific females 15-19 years



*2005 and 2006 Nevada and Washoe County rates are not final and are subject to change. Source: National Center for Health Statistics birth rate statistics, USDHHS; Nevada State Health Division: http://health.nv.gov/index.php?option=com_content&task=view&id=27&Itemid=62 and Center for Health Data and Research, Bureau of Health Planning and Statistics, (775) 684-4161

7. According to the National Kids Count, Nevada ranked 41st in the country with a 13.6% preterm birth rate in 2004, compared to 12.3% rate nationally: <http://www.aecf.org/kidscount/>

8. Source: http://www.thenationalcampaign.org/resources/pdf/NCHS_nvstr06_07.pdf

9. Source: <http://www.teenpregnancy.org/about/default.asp>

10. Source: <http://www.buec.udel.edu/hoffmans/Research/By%20the%20Numbers.pdf>

Obesity

Data sources vary for Nevada, but according to a 2006 report by the Trust for America's Health (TFAH), Nevada's adult obesity rate was 21.0%, ranking it the 42nd heaviest in the nation. Nationally, the obesity rate was 23.1%. Every state still exceeds the national Healthy People 2010 target obesity rate of 15%. No state experienced a decrease in the last year reported.¹¹

Most health ratings list obesity and overweight rates separately. The standard used by researchers to define a person's weight according to their height is Body Mass Index (BMI). An individual is overweight when their BMI is 25–29.9. An adult with a BMI of 30 or more is considered obese. Local surveys to assess the prevalence of overweight for the Washoe County District Health Department reported 2003 obesity for Washoe County at 19.4%.¹²

Prevalence - Behavior Risk Factor Surveillance System (Survey Question Percentages)						
	Obese (BMI ≥ 30)		Diagnosed With Diabetes		Physical Activity In The Past Month	
	Washoe County	Nevada	Washoe County	Nevada	Washoe County	Nevada
2002	17.7	21.6	4.9	6.2	83.6	75.2
2003	16.8	21.2	5.7	6.3	81.5	75.3
2004	18.3	21.1	6.0	6.4	83.5	75.8
2005	18.6	21.2	5.6	7.1	79.5	73.2
2006	23.4	25.0	7.6	7.5	78.4	72.9

Source: CDC, National Center for Chronic Disease Prevention and Health, Prevalence Data: <http://www.cdc.gov/brfss/>

Industrial accidents and injuries

The Bureau of Labor Statistics tracks industrial accidents and injuries. Research conducted during the 1990s concluded that there is clearly a "cyclical" component to safety: it rises during periods of economic hardship, and falls during periods of growth.¹³ According to the Bureau of Labor Statistics, Nevada's 2005 nonfatal industrial illness or injury incident rating of 5.7 represents 50,800 cases with days away from work, job transfer, or restriction vs. 4.6 for the US per 100 full-time employees (including government). Washoe County data is not currently available.

The national Healthy People 2010 target is less than a 3.2 work-related death rate per 100,000 population, aged 16 years and older. Nevada fatal occupational injuries in 2005 were 46% transportation incidents — down from 52.5% in 2001.¹⁴ According to the Healthy People Nevada 2010, published July 2006 (NDHHS), Washoe County had a 1.6 work-related injury death rate per 100,000 population aged 16 and older, compared to 2.9 for Nevada, and 2.3 for the US in 2004.

Leading cause of death

TMT tracked the leading cause of death in the past, and although

the measure may not be as important as some other health metrics, the data does act as an early warning sign for certain diseases and associated behaviors such as respiratory diseases and diabetes.

Leading Causes of Death (Rate Per 100,000 Population)						
	1999	2000	2001	2002	2003	2004
Heart Disease						
Washoe County	223.0	203.3	222.5	202.2	207.8	191.7
Nevada	214.2	198.3	198.3	195.2	202.9	201.0
US		257.6	257.6	240.8	235.2	222.2
Cancer						
Washoe County	184.1	180.2	180.2	165.0	178.4	158.8
Nevada	179.5	181.3	181.3	173.7	181.5	176.4
US		199.6	199.6	193.5	195.5	188.6
Chronic Lower Respiratory Disease						
Washoe County	59.8	50.0	50.0	61.7	64.9	60.5
Nevada	52.5	48.1	48.1	52.5	51.9	48.1
US		44.2	44.2	43.5	43.5	41.5
Stroke						
Washoe County	41.8	43.0	43.0	42.2	51.4	44.1
Nevada	44.0	41.9	41.9	43.3	44.1	44.1
US		60.9	57.9	56.2	54.2	51.1
Suicide						
Washoe County	19.7	19.6	17.8	19.4	21.4	18.5
Nevada	20.5	19.2	17.9	18.7	18.9	18.8
US		10.4	10.7	10.9	10.8	11.1
Motor Vehicle Accidents						
Washoe County	13.5	14.3	15.3	15.3	15.4	15.4
Nevada	14.9	13.1	15.0	17.6	16.8	18.1
US		15.4	15.3	15.7	15.4	15.3
Pneumonia & Influenza						
Washoe County	18.2	11.4	16.4	13.9	18.4	13.6
Nevada	16.4	16.0	16.6	16.5	18.1	17.2
US		23.7	22.0	22.6	22.4	20.3
Diabetes						
Washoe County	14.6	10.8	13.3	18.6	12.2	12.8
Nevada	14.5	13.2	15.0	15.3	13.3	12.4
US		25.0	25.3	25.4	25.5	24.9
Chronic Liver Diseases & Cirrhosis						
Washoe County	13.5	14.3	14.2	13.6	18.6	16.7
Nevada	13.4	14.0	14.0	11.9	11.9	11.4
US		9.5	9.5	9.4	9.5	9.2

Source: Nevada State Health Division, Bureau of Health Planning & Statistics, Nevada Interactive Health Database System, http://health2k.state.nv.us/nihds/measures/mortality/long_form.html; Centers for Disease Control, National Center for Health Statistics, "Health, United States, 2004 Report" <http://www.cdc.gov/nchs/nus.htm>; 2004: http://health.nv.gov/nihds/measures/mortality/long_form.html; and <http://dhhs.nv.gov/Suicide/DOCS/StatisticsResearch/AllStateSuicideRankings/2004%20Final%20Data.pdf>; US Census Bureau, http://www.census.gov/compendia/statab/cats/births_deaths_marriages_divorces/deaths.html

Substance abuse rates

The Healthy People 2010 national target is to reduce the proportion of adult cigarette smoking to at least a 12%. Washoe County adult smoking peaked in 1999 at 28.8%, as did the state of Nevada at 31.5%. Nevada was second only to Kentucky in the percentage of adult smokers by 2001.¹⁵ Although the portion of adult cigarette smokers in Washoe County has decreased over the last five years,

11. TFAH recommendations include: community-driven efforts that increase access to healthy foods for low-income areas and improve the "built environment" (i.e., sidewalks, parks, bike paths); school-based efforts to strengthen physical fitness curricula and improve nutritional content; and employer-sponsored programs that offer more places and time to work out, subsidize health club memberships, and provide better insurance coverage for preventive services. Source: <http://healthyamericans.org/reports/obesity2006/release.php?StateID=NV>

12. Source: <http://www.gethealthywashoe.com/files/2003%20prc%20comm%20hs%5B1%5D.pdf>

13. Source: <http://www.questia.com/PM.qst?a=o&se=ggisc&d=5001403592>

14. Source: <http://health2k.state.nv.us/nihds/publications/HP%202010.pdf> (2005 data reported as preliminary)

15. Source: State of Nevada, Nevada State Health Division, Center for Health Data & Research, Behavioral Risk Factor Surveillance Survey (has not been updated since 2001)

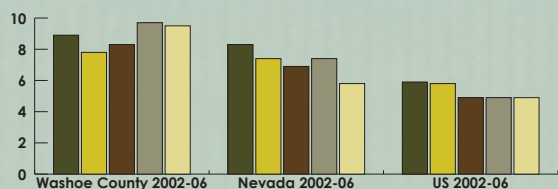
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the percentage of adults who report smoking some days is increasing.

	Adult Current Smokers		Smoke Everyday		Some Days		Former Smoker		Never Smoked		
	Washoe County	NV	US	Washoe County	NV	Washoe County	NV	Washoe County	NV	Washoe County	NV
2002	21.6	26.0	23.2	17.1	21.1	4.4	5.0	28.2	24.7	50.3	49.2
2003	21.5	25.2	22.0	17.0	20.3	4.5	4.9	26.3	25.2	52.2	49.7
2004	23.4	23.2	20.9	12.7	16.5	8.6	6.8	24.7	24.4	53.6	52.3
2005	20.1	23.1	20.6	14.2	16.6	5.8	6.5	27.5	24.0	52.2	52.9
2006	19.9	22.2	20.1	13.5	15.6	6.4	6.5	25.6	25.6	54.5	52.3

Source: CDC, National Center for Chronic Disease Prevention and Health, Prevalence Data: <http://www.cdc.gov/brfss/>

Heavy drinkers preference-Behavioral Risk Factor Surveillance System (>2 drinks/day adult men & >1 women)



Source: CDC, National Center for Chronic Disease Prevention and Health, Prevalence Data: <http://www.cdc.gov/brfss/>

No one likes to think about the youth in Washoe County engaging in risky behaviors, especially as serious as methamphetamine abuse. Yet, young do people take chances, and Washoe County is no different from other cities. The community must address substance abuse treatment capacity for adults, children, and families in order to reduce potentially negative health outcomes from risky behaviors.

Risk Factor	2001		2003		2005	
	Jr. High	High School	Jr. High	High School	Jr. High	High School
Alcohol						
In the past 30 days, rode in a car or other vehicle driven by someone who had been drinking alcohol	18.9	27.6	20.7	23.5	20.7	26.4
In the past 30 days, drank and drove	5.3	16.1	7.2	12.4	7.5	14.4
Had first drink of alcohol before age 13	31.1	25.7	37.5	25.6	33.5	27.3
In the past 30 days, had 5 or more drinks of alcohol in a row on ≥1 days	11.7	36.2	16.5	32.3	13.8	33.3
Marijuana						
In the past 30 days, used marijuana on ≥ 1 day	26.9	7.7	23.5	10.3	21.7	8.1
Tried marijuana for the first time before age 13	11.9	9.9	9.6	10.3	11.8	8.1
Tobacco						
In the past 30 days, smoked a cigarette on ≥1 day	9.6	27	11	19.4	9.1	20.5
Had first whole cigarette for the first time before age 13	15.6	19.6	17.3	17.1	12.9	13.8
Other						
During their life, used methamphetamine on ≥1 day	3.6	13.5	5.5	12.4	5	10.2
During their life, used other over-the-counter drugs on ≥1 day	4.8	14.4	7.3	15.2	6.6	16.4

Source: Join Together Northern Nevada, 2005 Community Needs Assessment, http://www.itnn.org/pdf/ITNN_Needs_Assessment_2005.pdf

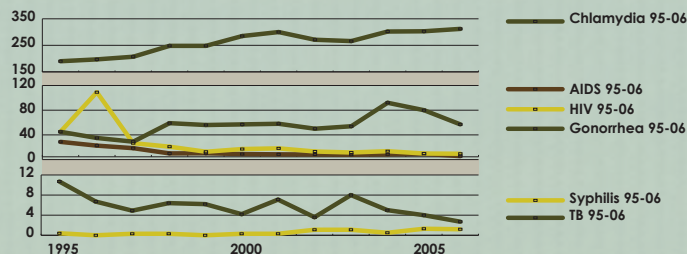
According to the Washoe County & State of Nevada draft 2007 Youth Risk Behavior Survey results, 10.9% of Washoe County students reported that in the last 30-days they drove when they had been drinking, compared to 12.9% of Nevada students; and 27.2% of Washoe County students reported riding with someone who had been drinking vs. 26.3% of Nevada students.

Communicable diseases

According to the Washoe County District Health Department, July 2007 Communicable Disease Summary, Chlamydia is the most frequently

reported infectious disease in the US and most commonly reported sexually transmitted disease in Washoe County, continuing to rise at an alarming rate.¹⁶

Washoe County rates of communicable diseases per 100,000 population



*Chlamydia target 3% proportion positive tests 15-24 years **HIV target 0.7 deaths per 100,000 population (Washoe County death rate 2.3 in 2004); includes previous diagnosis not reported until 1996. Source: 2006 Annual Communicable Disease Summary, WCDHD, July 2007, http://www.washoecounty.us/health/cdpp/cd%20summary/cd_ansum.html

20. Mental health & social wellbeing

Suicide rates are a marker of mental wellbeing. Nevadans commit suicide at a rate that continues to be almost twice the national average. Suicide is one of the data measures likely impacted by economic and health risk factors. According to Washoe County's senior citizen's strategic plan 2006-2016, 22% of Nevada suicides in 2003 (96 persons) were persons ages 65 or older.¹⁷ In contrast, 2.9% of adolescents in 2003, grades 9-12, reported suicide attempts in the past 12-months. The Kaiser Foundation, State Health Facts site, reports Nevada mental health expenditures per capita in fiscal year 2004 were \$54.45, compared to \$93.04 for the US.¹⁸ Fast Facts reported by the Reno Gazette-Journal, December 6, 2007, 90% of Nevada suicide victims had a mental health and/or substance abuse problem but had not been seen by health professional. The rate of depression in Nevadans 26 and older is the highest in the nation.¹⁹ According to the draft 2007 Youth Risk Behavior Survey results, 13.6% of Washoe County students reported actually attempting suicide in the past 12 months vs. 13.8% of Nevada students.

	Suicide Death Rate Per 100,000 Population			Adolescent Attempts
	Healthy People 2010 Target 4.8	Nevada	US	2010 Target 1.0%*
1999	19.7	20.5	10.5	2.4%
2000	19.6	19.2	10.4	
2001	17.9	18.2	10.7	3.8%
2002	19.4	19.0	10.9	
2003	21.4	19.0	10.8	2.9%
2004	19.8	18.5	11.1	

*2003 US attempts 2.9%. Source: 2001 - 2004, Healthy People Nevada 2010, July 2006, Nevada State Health Division; 1999-2000, earlier Health Division report, http://health2k.state.nv.us/nihds/measures/mortality/long_form.htm; 2004 US, <http://ahhs.nv.gov/Suicide/DOCS/StatisticsResearch/AllStateSuicideRankings/2004%20Final%20Data.pdf>

16. Source: http://www.washoecounty.us/health/cdpp/cd%20annual%20summary/cd_ansum.html

17. Source: www.co.washoe.nv.us/file_push.php?file_choice=8439&PHPSSESSID=c039321d2e0ba5d21729531df0f38b47

18. Source: <http://www.statehealthfacts.org/comparemaptable.jsp?ind=278&cat=5>

19. Source: <http://news.rgj.com/apps/pbcs.all/article?AID=2007712090329>