

Churchill County



Population (2008) 26,981

Land Area (square miles) 4929

Persons per square mile 5.5

Race/Ethnicity

- White 79.6%
- Black 1.9%
- American Indian & Alaskan Native 5.1%
- Asian 3.6%
- Hispanic or Latino origin 9.9%

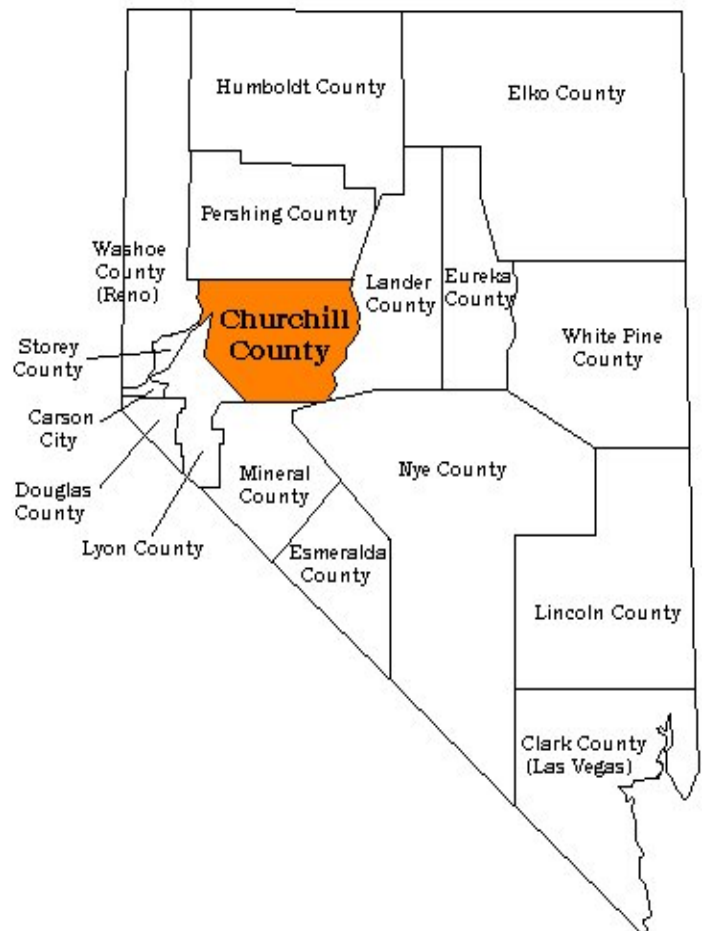
Median Household Income \$48,810

Persons Below Poverty 10.6%

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

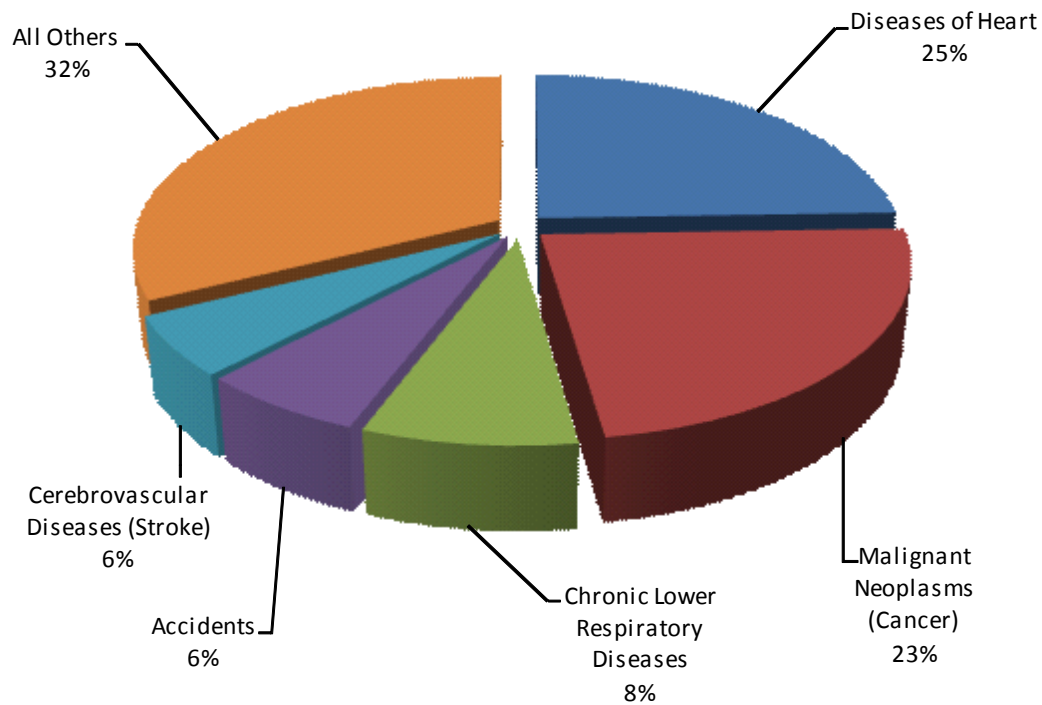
Healthy People Highlights:

- Churchill County's death rate for diabetes were consistently higher than the state rate from the years 2004-2008 and the rate increased.
- Churchill County's rate for adolescent pregnancy among females, ages 15 to 17 years, were consistently lower than the state rate. Both the state and the county have had rates lower than the Healthy People 2010 target.
- In 2008, Churchill County reported a MRSA infection rate twenty-six times the new Healthy People 2020 goal.
- The mortality rate for children, aged 1 to 4 years, averaged more than double the state rate during the reported years.
- The number of reported HIV/AIDS cases in Churchill County was on aggregate, one fifth of the Nevada rate during the reported years.
- Churchill County had a poisoning mortality rate twelve times higher than the Healthy People 2010 target during the years 2004-2008.



Leading Causes of Death

Churchill



2000 - 2008 Pooled Data

The list of Churchill County's top five leading causes of death is led by heart disease (24%), closely followed by malignant neoplasms—cancer (23%). Chronic lower respiratory diseases (8%), accidents (6%), and cerebrovascular diseases—stroke (6%) round out the list. All other causes of death account for the remaining 33% of the county'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%).

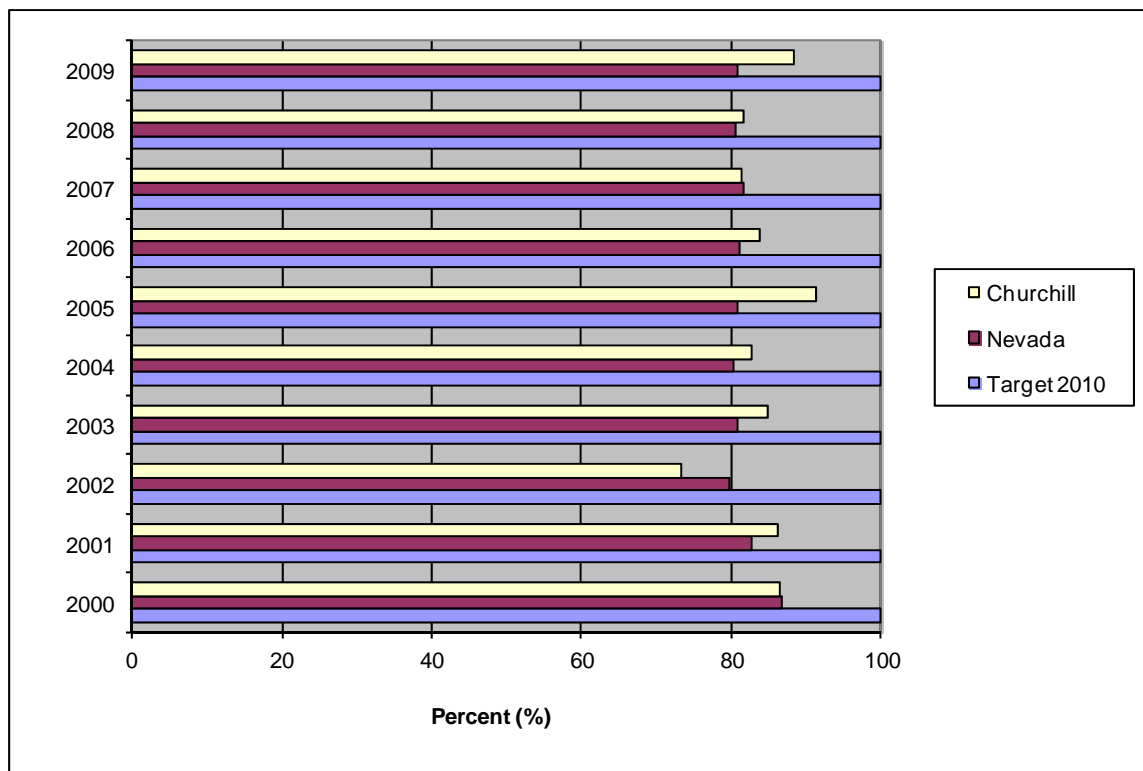
*The data are from Nevada Vital Statistics Records.
Note: 2007 and 2008 data are not final and are subject to change.

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, Churchill County and Nevada, BRFSS Data, 2000 - 2009.*



Neither Churchill County nor Nevada reached the Healthy People 2010 target of 100 percent for the proportion of persons with health insurance. The county consistently had a rate which was better than the state from 2000-2009.

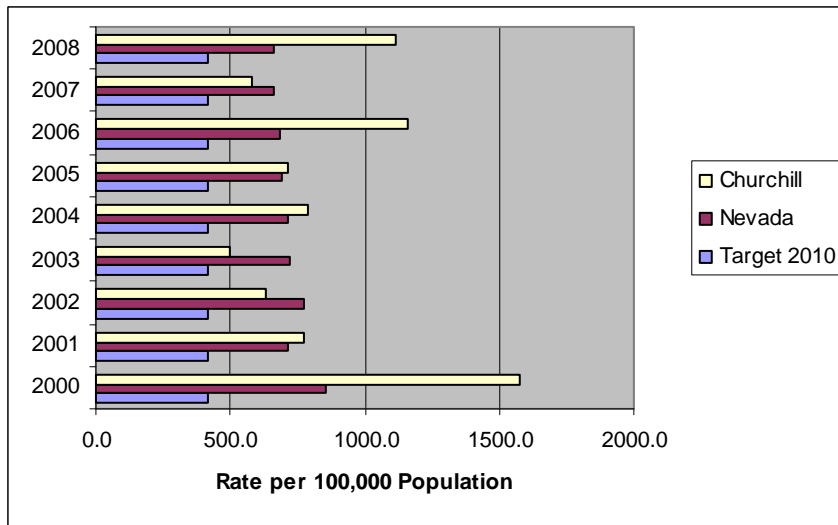
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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.

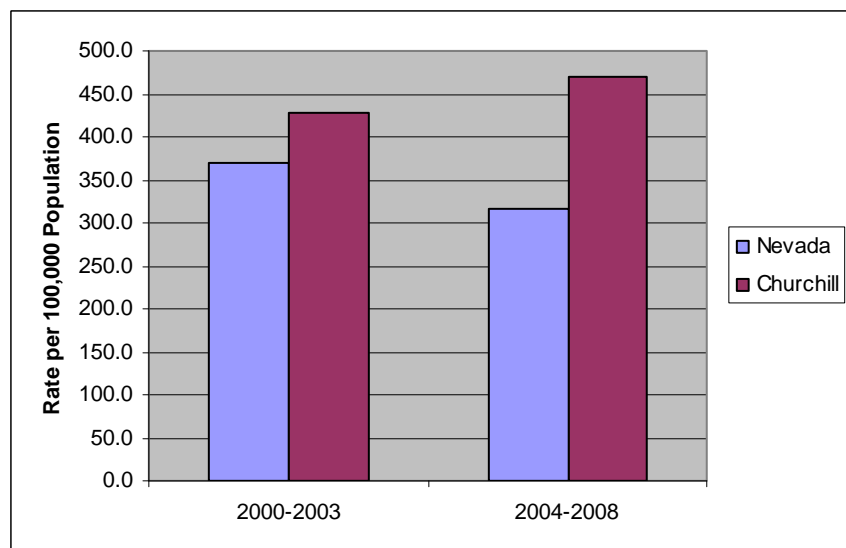
Hospitalization Rate for Hip Fractures Among Females Aged 65 Years and Older, Churchill County and Nevada, 2000 - 2008.*



The hospitalization rate for hip fractures among females, aged 65 years and older, fluctuated in Churchill County. State rates declined.

Neither the state nor the county attained the Healthy People 2010 target rate of 416 per 100,000 population.

Aggregated Hospitalization Rate for Hip Fractures Among Males Aged 65 Years and Older, Churchill County and Nevada, 2000 - 2003 and 2004-2008.*



Hospitalization rate for hip fracture among males, aged 65 years and over, were consistently higher in Churchill County than the state on aggregate from 2000-2008.

Both the state and the county met the Healthy People 2010 target rate of 474 per 100,000 population on aggregate for the reported years 2000-2008.

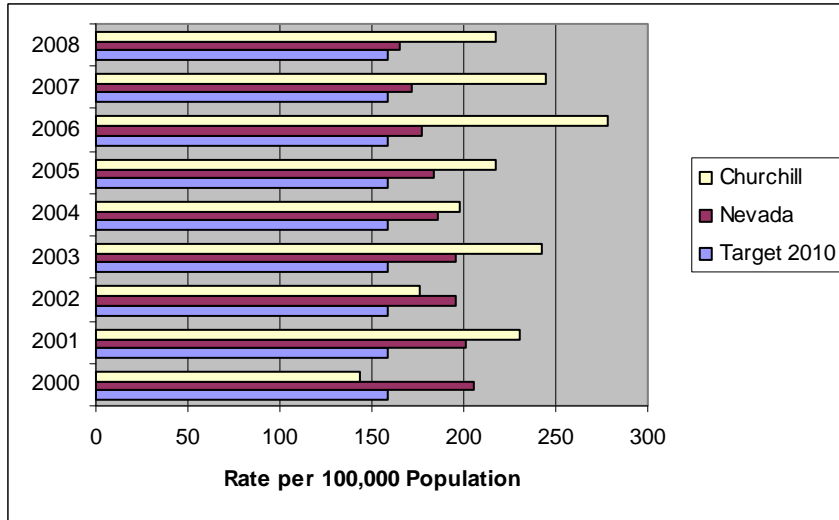
*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

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, Churchill County and Nevada, 2000 - 2008.*



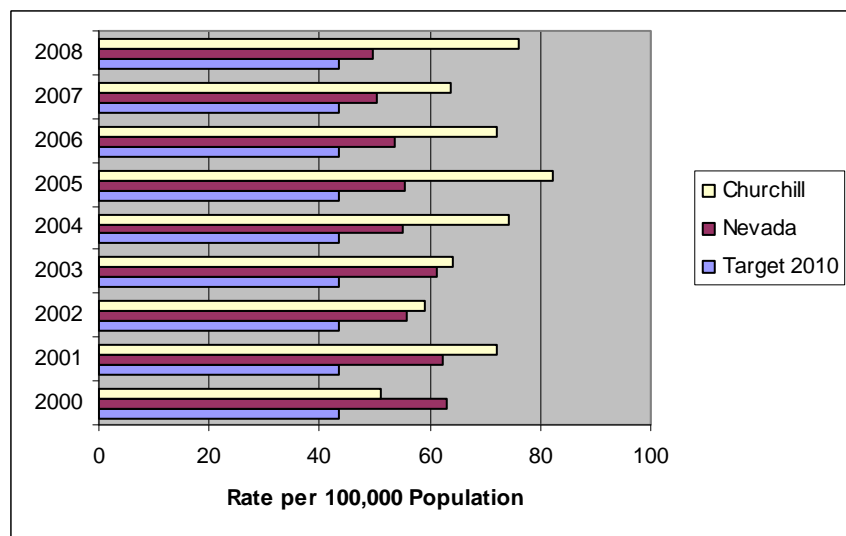
The overall cancer death rate declined for the state and fluctuated for Churchill County from 2000-2008.

Churchill County's rate declined from 2006-2008. The Healthy People 2010 target of 158.6 per 100,000 population was met by Churchill County in 2000. However, the rate increased above the target for subsequent reported years.

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, Churchill County and Nevada, 2000 - 2008.*



The lung cancer mortality rate fluctuated for Churchill County and declined for the state from 2000-2008.

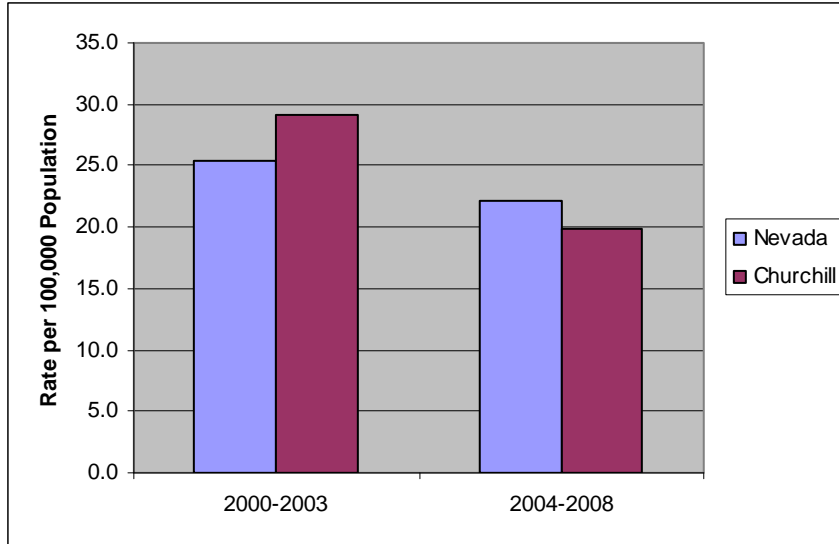
The Healthy People 2010 objective rate of 43.3 deaths per 100,000 population was not attained.

*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.

Aggregated Age-Adjusted Female Breast Cancer Death Rate, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



On aggregate, the female breast cancer mortality rate declined during the reported years 2000—2003, and 2004—2008, for both the state and Churchill County.

On aggregate for the years 2004—2008, Churchill County met the Healthy People 2010 target rate of 21.3 deaths per 100,000 population.

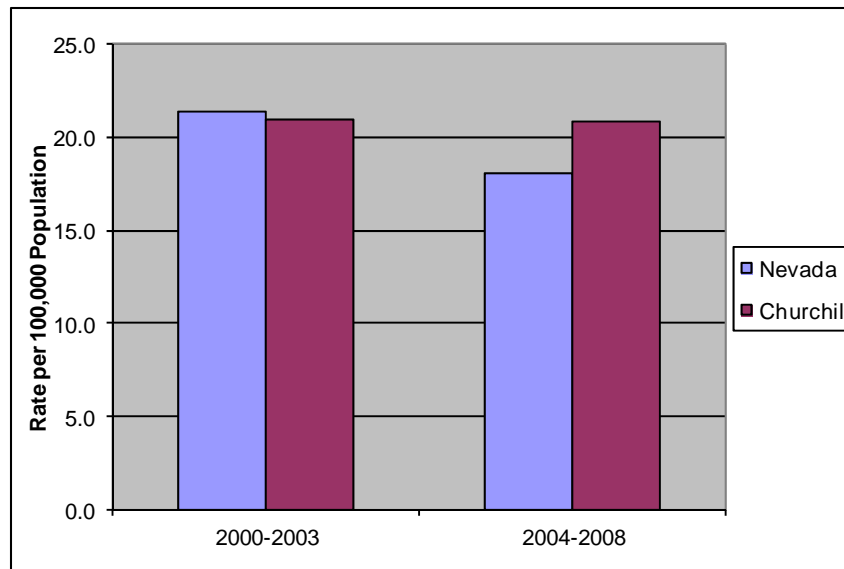
Healthy People 2010 Objective (3-5): Reduce the colorectal cancer death rate.

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

Aggregated Age-Adjusted Colorectal Cancer Death Rate, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

On aggregate, the colorectal cancer mortality rate declined slightly for Churchill County and notably decreased for Nevada during the reported years 2000-2008.

Neither the state nor the county met the Healthy People 2010 target rate of 13.7 deaths per 100,000 population.

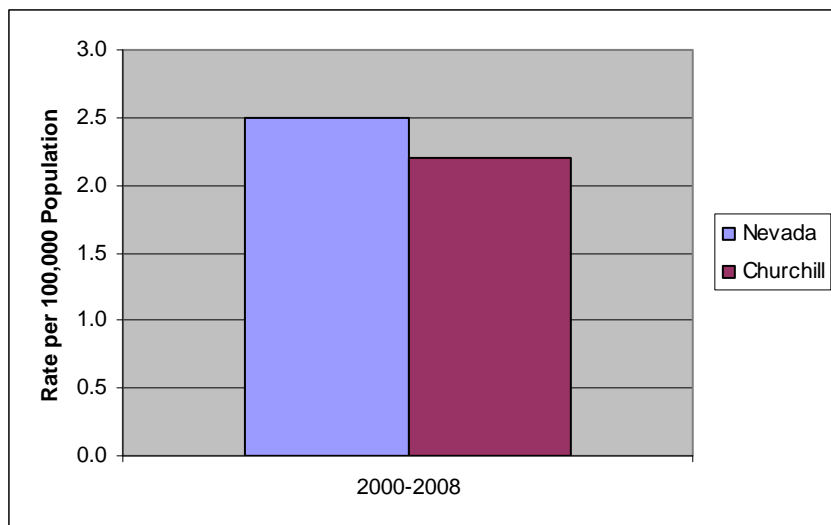


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

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

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

Aggregated Age-Adjusted Oropharyngeal Cancer Death Rate, County and Nevada, 2000 - 2008.*



Churchill County reported a slightly lower rate of oropharyngeal cancer mortality than Nevada during the reported years 2000 to 2008.

Churchill County met the Healthy People 2010 target rate of 2.4 per 100,000 population on average during the years 2000-2008.

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

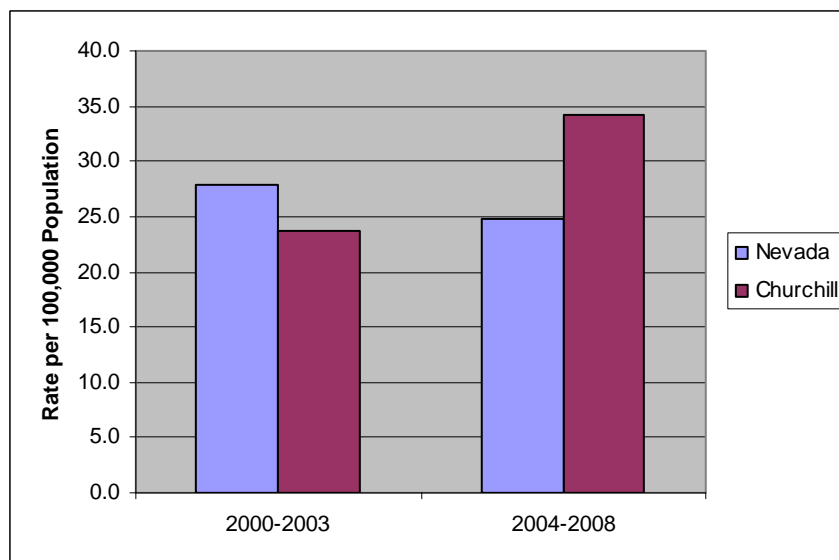
Healthy People 2020 Objective C HP2020-7: Reduce the prostate cancer death rate.

Aggregated Age-Adjusted Prostate Cancer Death Rate, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

On aggregate, the prostate cancer mortality rate declined for Nevada and increased for Churchill County during the reported years.

On average during 2000 -2003 both the state and county met the Healthy People 2010 target rate of 28.2 per 100,000 population.

However the county rate increased above the goal for the reported years 2004-2008.

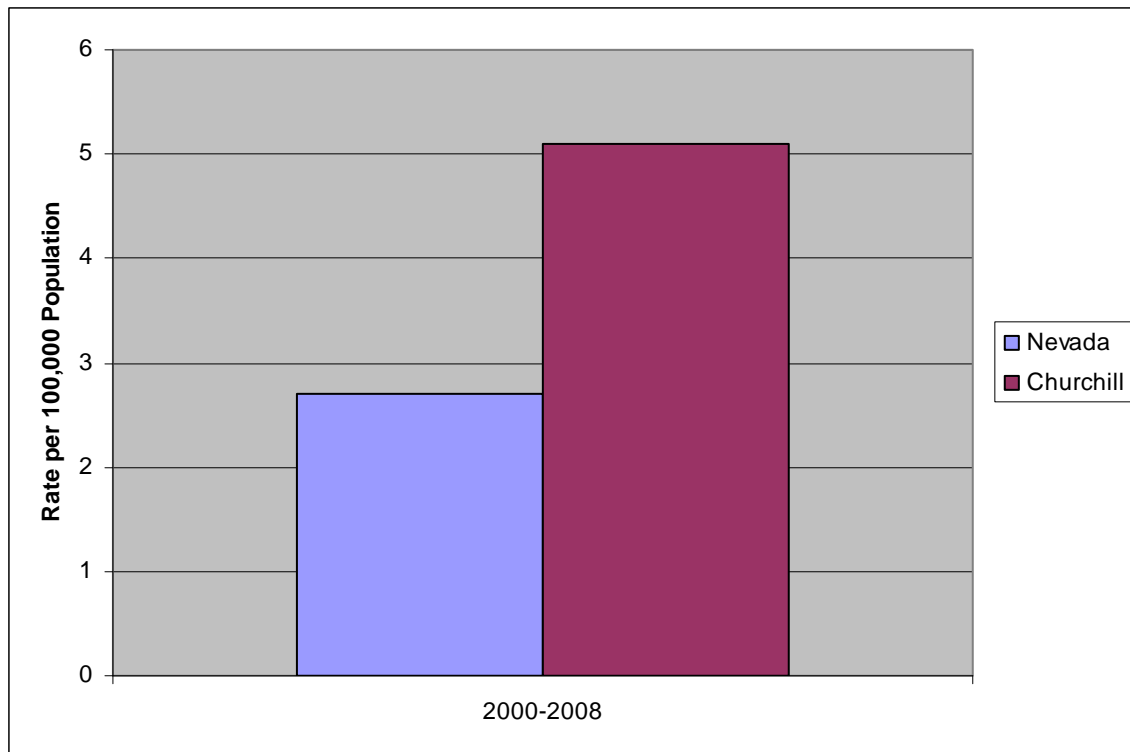


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (3-8): 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, Churchill County and Nevada, 2000 - 2008.*



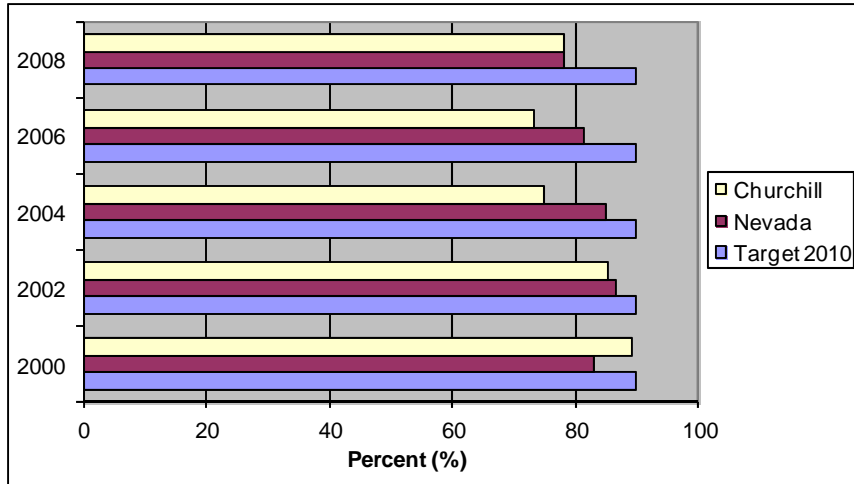
From the year 2000 to 2008, Churchill County's melanoma cancer mortality rate has been reported at almost twice the state's reported rate and more than double the Healthy People 2010 target rate of 2.3 deaths per 100,000 population.

*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, Churchill County and Nevada, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*



The percentage of females, aged 18 years and older, receiving a Pap test within three years, fluctuated for Churchill County and declined for the state from 2002-2008.

The Healthy People 2010 goal of 90 percent was not met by the state nor the county.

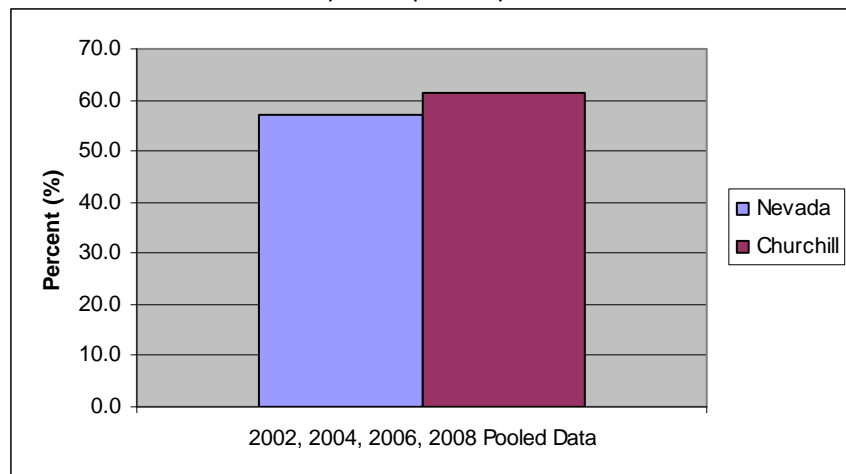
Healthy People 2010 Objective (3-12a.): Increase the proportion of adults aged 50+ who have had a fecal occult blood test in the preceding two years.

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

On aggregate, the percentage of adults, aged 50 years and older, who have had a fecal occult blood test within the past two years was higher for Churchill County than for the state over the Behavioral Risk Factor Surveillance System reported years.

Neither the county nor the state met the Healthy People 2010 target of 33 percent.

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

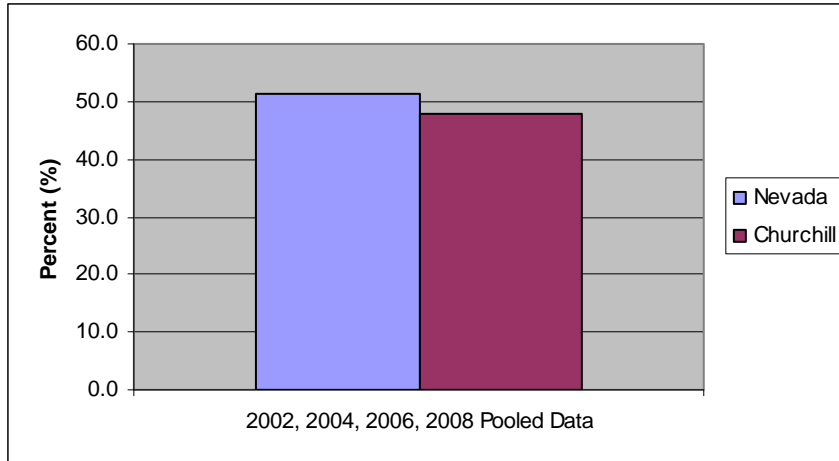


*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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

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

Aggregated Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Churchill County and Nevada, BRFSS Data, 2002, 2004, 2006, 2008.*



The percentage of adults, aged fifty years and older, who have ever had a sigmoidoscopy or colonoscopy was higher for Nevada than for Churchill County during the reporting years.

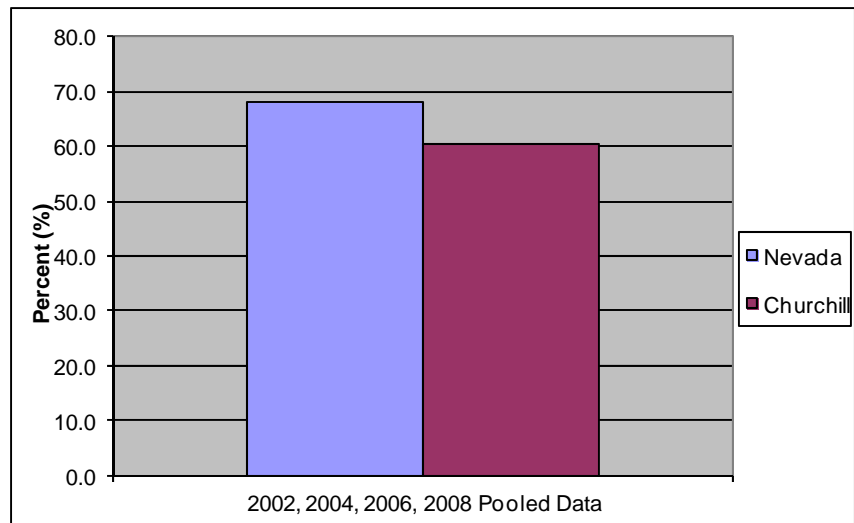
On aggregate, the state reached the Healthy People 2010 goal of 50 percent, and the county has approached the target.

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.

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

The percentage of females, aged 40 years and older, who have had a mammogram in the past two years met the Healthy People 2010 objective of 70 percent for both the county and state over the Behavioral Risk Factor Surveillance System reported years.



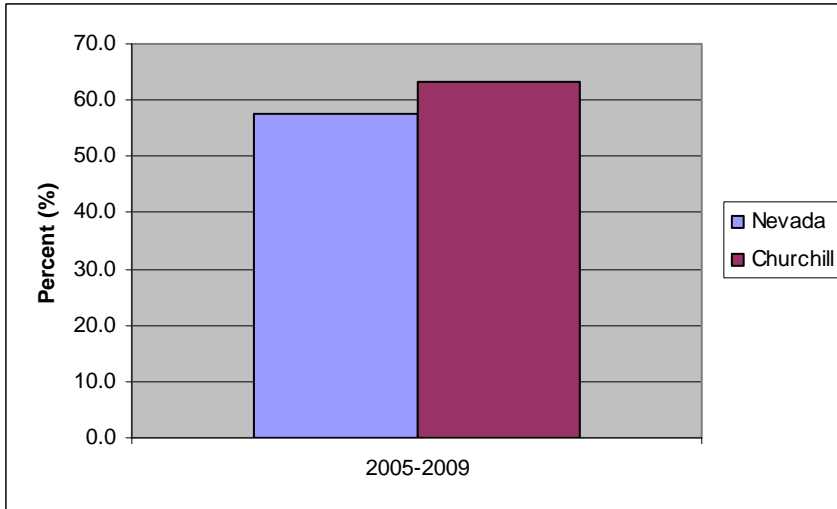
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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, Churchill County and Nevada, BRFSS Data, 2005 - 2009.*



On aggregate, Churchill County's percentage of persons with diabetes receiving formal diabetes education during the years 2005—2009 met the Healthy People 2010 goal of 60 per cent. Nevada approached the target.

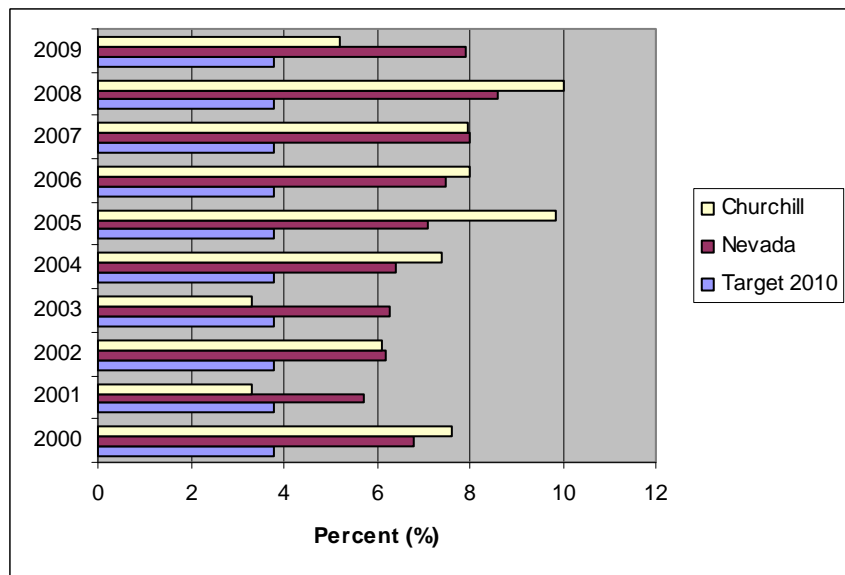
Healthy People 2010 Objective (5-3): Reduce the overall rate of diabetes that is clinically diagnosed.

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, Churchill County and Nevada, BRFSS Data, 2000 - 2009.*

The percentage of persons diagnosed with diabetes fluctuated in Churchill County, and steadily increased in the state during the years 2000—2009.

The county rate was over twice the Healthy People 2010 target of 3.8 percent in 2000 and from 2005-2008.

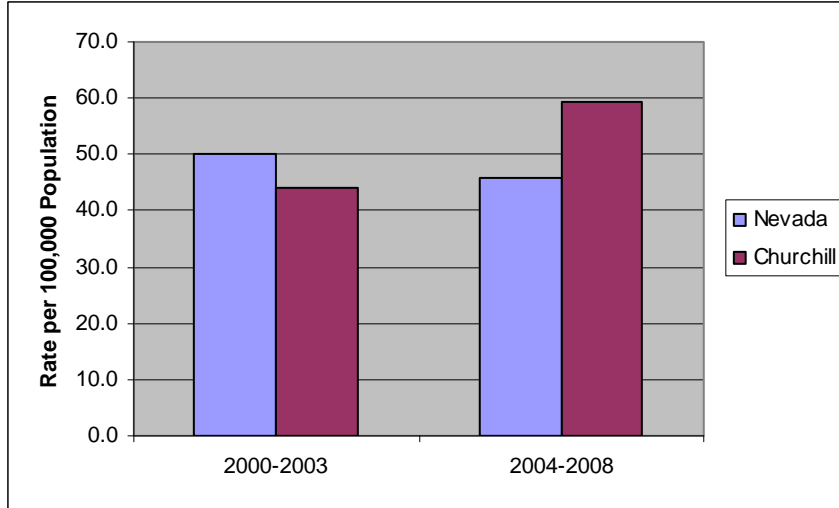


*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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

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

Aggregated Age-Adjusted Diabetes Death Rate, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



The diabetes death rate increased in Churchill County on average between 2000-2008.

On aggregate from 2000-2003, the county met the Healthy People 2010 target rate of 46 per 100,000 population.

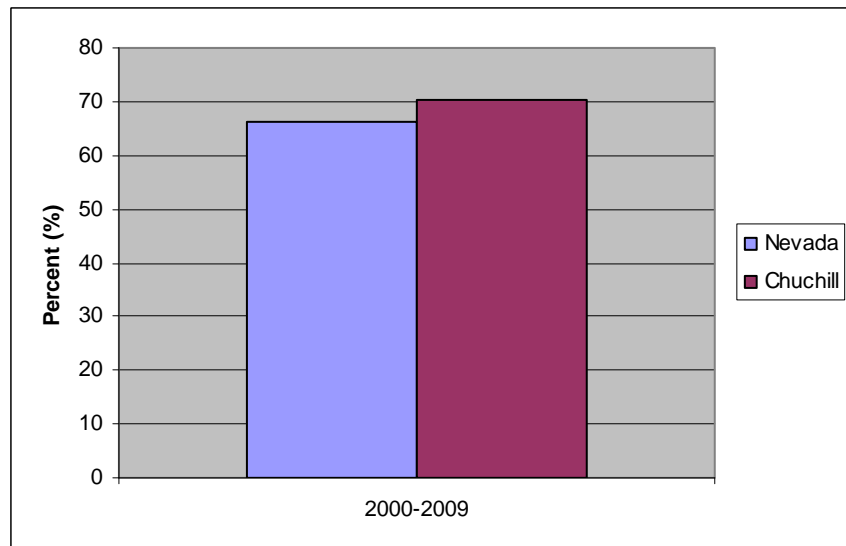
However, the county rate increased above the target during the reported years 2004-2008.

*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 (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, Churchill City and Nevada, BRFSS Data, 2000 - 2009.*



On aggregate, during the years 2000-2009, the proportion of adults with diabetes who have had an glycosylated hemoglobin measurement at least twice within the past year was higher in Churchill County than in Nevada as a whole.

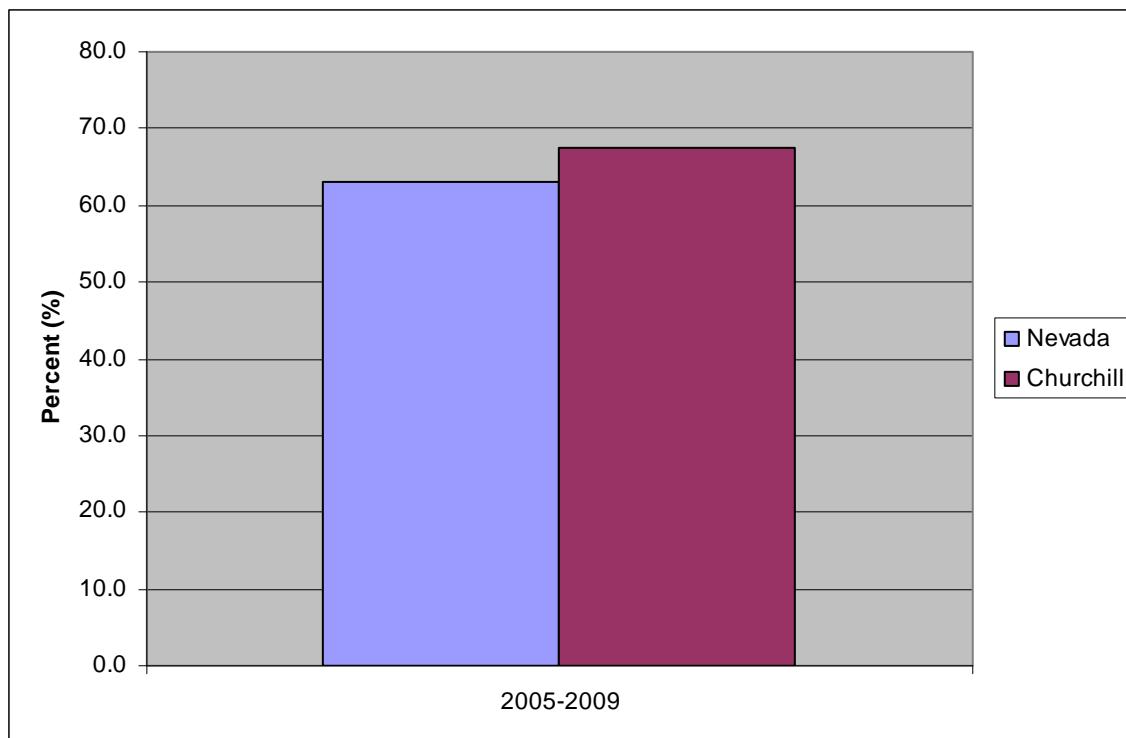
The Healthy People 2010 goal of 75 percent was not met.

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

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, Churchill County and Nevada, BRFSS Data, 2000 - 2004 and 2005 - 2009.*



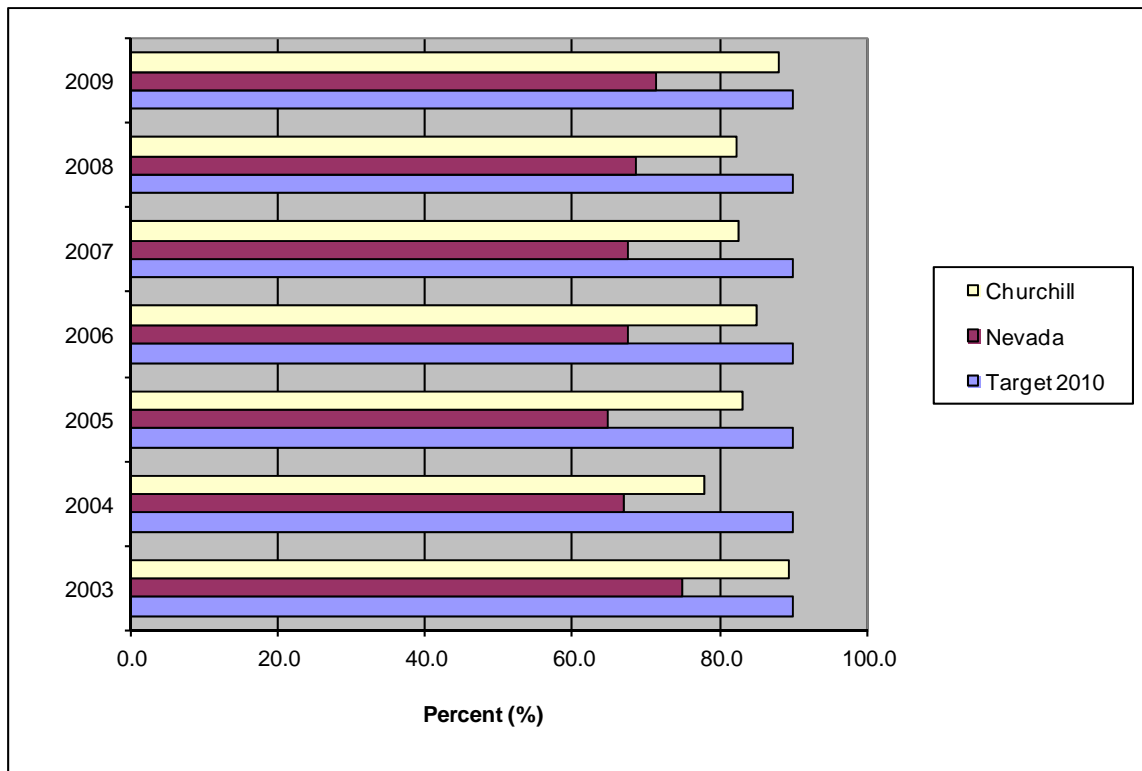
On aggregate, during the reported years 2005 - 2009, the percentage of adults with diabetes who have had at least one foot examination was slightly higher for Churchill County than Nevada. Neither the county nor the state met the Healthy People 2010 goal of 75 percent.

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

Education and Community-Based Programs

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

High School Completion Rate (Percent), Churchill County and Nevada, 2003 - 2009.*



Churchill County's percentage of students completing high school was consistently over 82 percent from 2003-2009, much higher than the state average. Neither the county nor the state met the Healthy People 2010 target of 90 percent. Churchill County approached the target in 2003 and 2009.

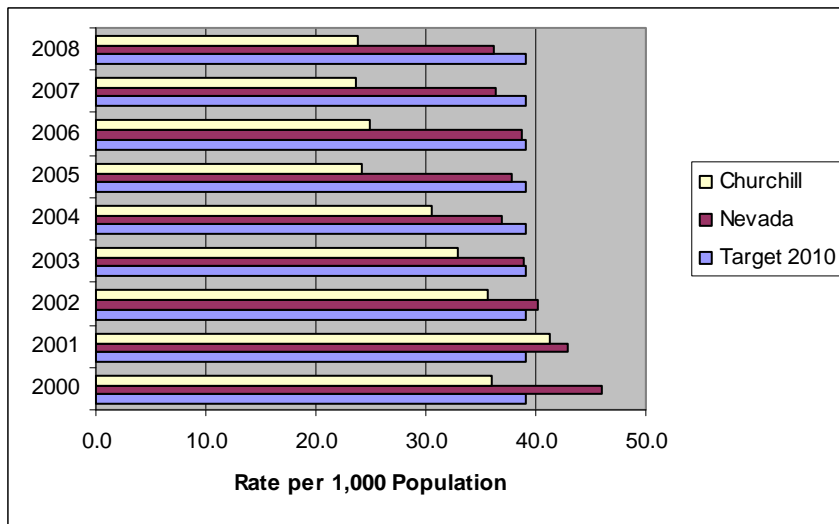
*The Nevada data are from the Nevada Annual Reports of Accountability.

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, Churchill County and Nevada, 2000 - 2008.*

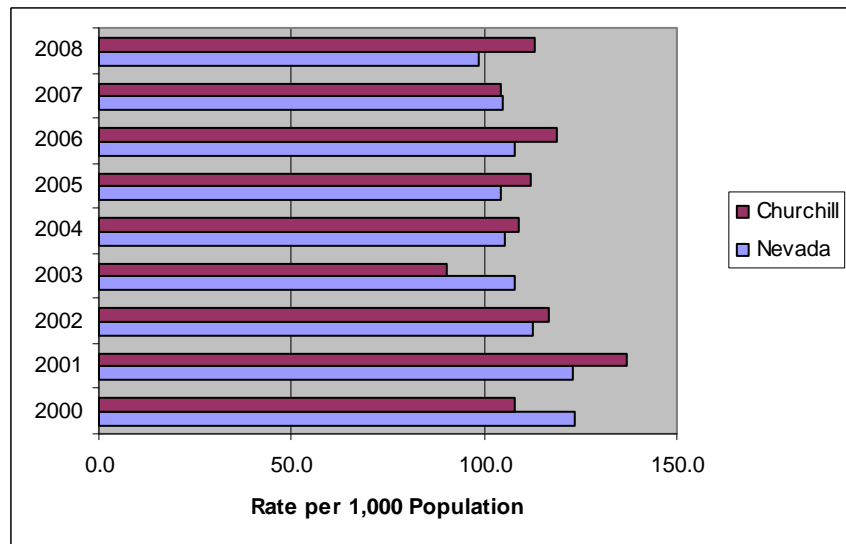


Churchill County's rate for adolescent pregnancy among females, ages 15 to 17 years, was consistently lower than the state rate. Both the state and the county had rates lower than the Healthy People 2010 target rate of 39 per 1,000 population from 2003-2008.

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

The rate for adolescent pregnancy among females, aged 18 to 19 years, in Churchill County exceeded the state rate during the years 2000—2008.

The county met the new Healthy People 2020 objective target rate of 105.9 per 1,000 population in 2003 and 2007.

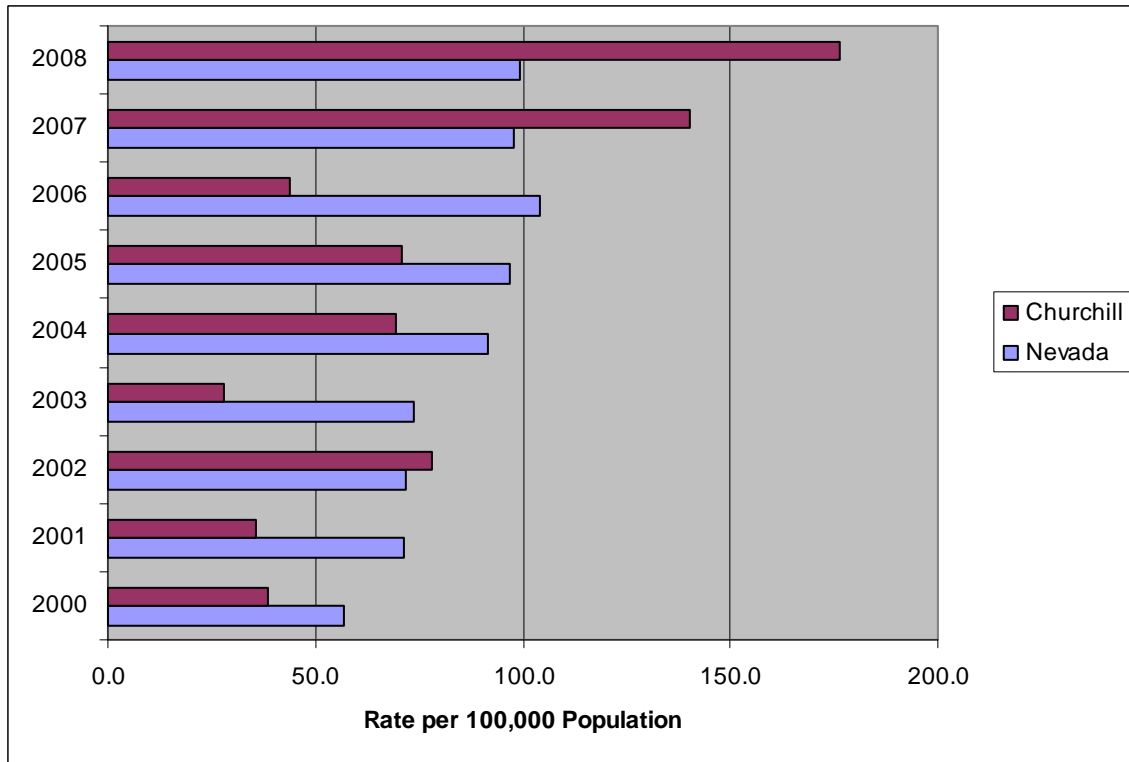


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

Healthcare-Associated Infections

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

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



The rate of invasive methicillin-resistant staphylococcus aureus (MRSA) infections rose steadily in the state from 2000—2006, fluctuating for Churchill County during this time. The years 2007—2008 saw the rate for the county markedly increase above the Nevada rate as the state's rate steadied. This is a new objective for Healthy People 2020.

The new target is 6.56 MRSA infections per 100,000 population. In 2008, Churchill County reported a MRSA infection rate twenty-six times the Healthy People 2020 goal.

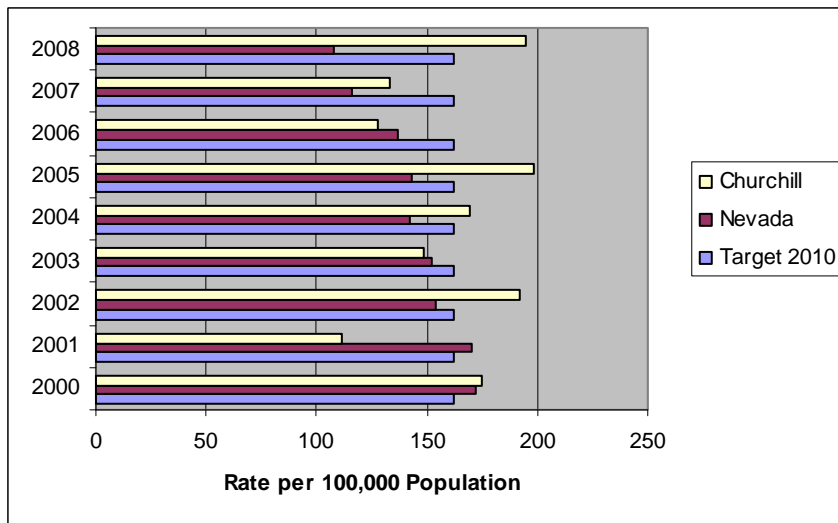
*These rates are age-adjusted to the 2000 U.S. standard population. Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD)

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, Churchill County and Nevada, 2000 - 2008.*



Churchill County rates for coronary heart disease death fluctuated from 2000-2008. The state rate declined over the same period.

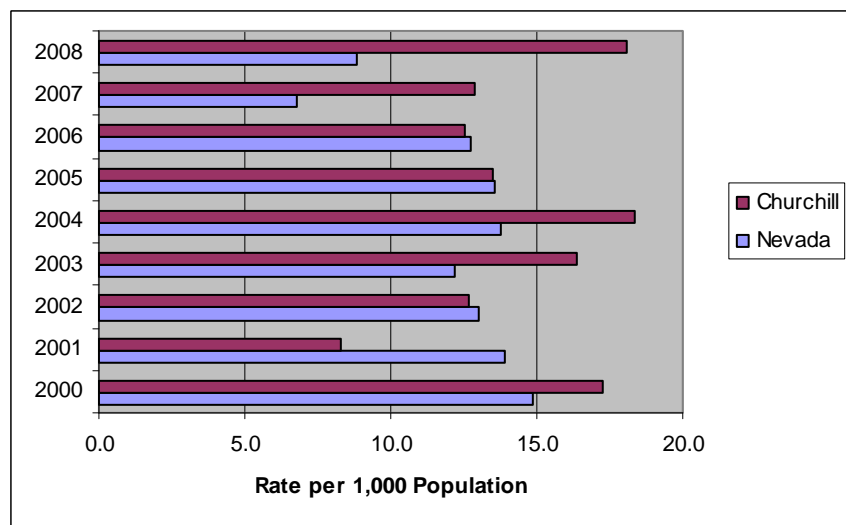
The county met the Healthy People 2010 target rate of 162 per 100,000 population for coronary heart disease mortality in four of the nine reported years.

*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 (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, Churchill County and Nevada, 2000 - 2008.*

The rate of hospitalizations of older adults, age 65 years and older, fluctuated from 2000-2008 for both the state and Churchill County. In 2008, the county's rate was over twice that of the state rate.

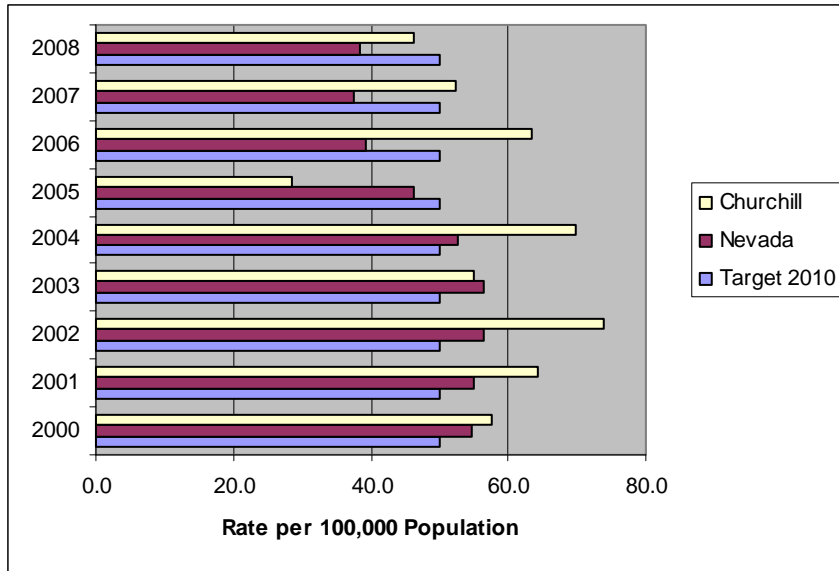


*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

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

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

Age-Adjusted Stroke Death Rate, Churchill County and Nevada, 2000 - 2008.*



In 2008, both the state and Churchill County had stroke mortality rates lower than the Healthy People 2010 target rate of 50 per 100,000 population.

The county rate has fluctuated over the reported 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.

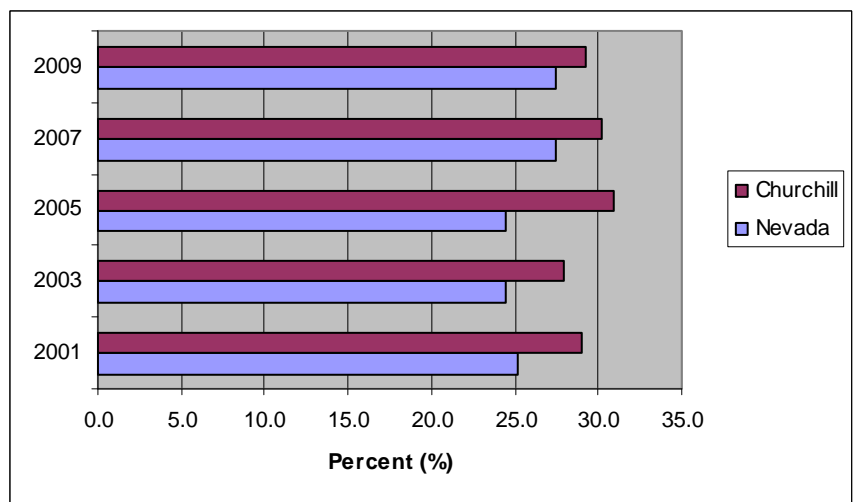
Healthy People 2010 Objective (12-9a.): Reduce the proportion of adults with high blood pressure.

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

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

The proportion of adults with high blood pressure was consistently higher in Churchill County than in Nevada overall for the Behavioral Risk Factor Surveillance System reported years.

Neither the state nor the county met the Healthy People 2010 target of 14 percent in any year.

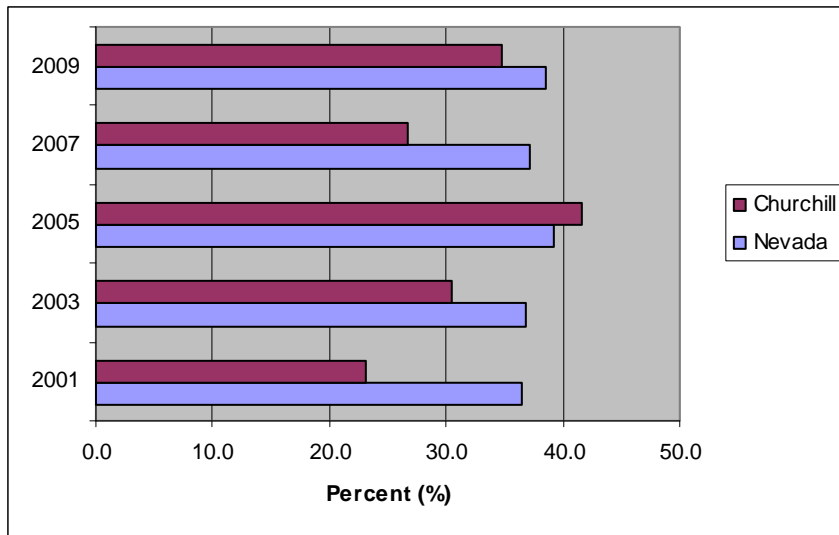


*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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 Blood Cholesterol Levels, Churchill County and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*



Churchill County consistently had a lower proportion of adults with high blood cholesterol than Nevada overall for the Behavioral Risk Factor Surveillance System reported years between 2001 and 2009.

Neither the state nor the county met the Healthy People 2010 target of 17 percent.

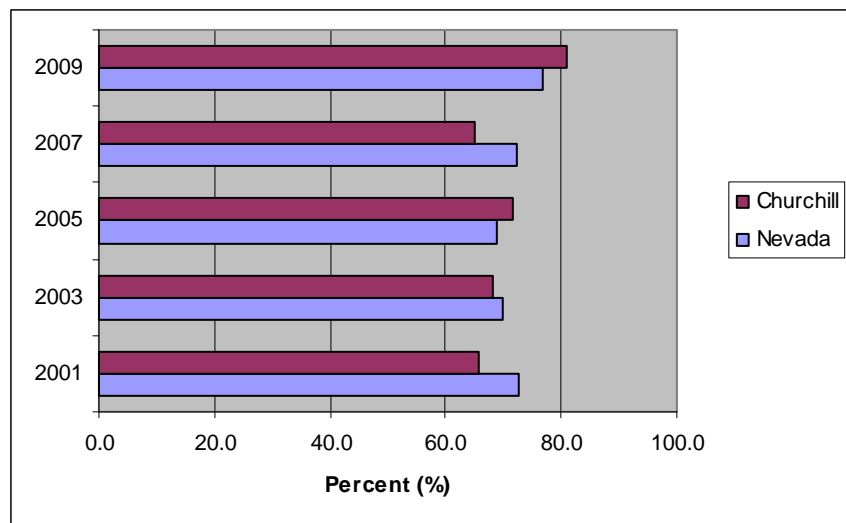
Healthy People 2010 Objective (12-15): Increase the proportion of adults having had their blood cholesterol checked within the preceding 5 years.

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, Churchill County and Nevada, BRFSS Data, 2001, 2003, 2005, 2007, 2009.*

Both the county and state rates for the proportion of people having their blood pressure checked within the preceding five years have increased overall for the Behavioral Risk Factor Surveillance System reported years between 2001 and 2009.

In 2009, Churchill County met the Healthy People 2010 target of 80 percent.



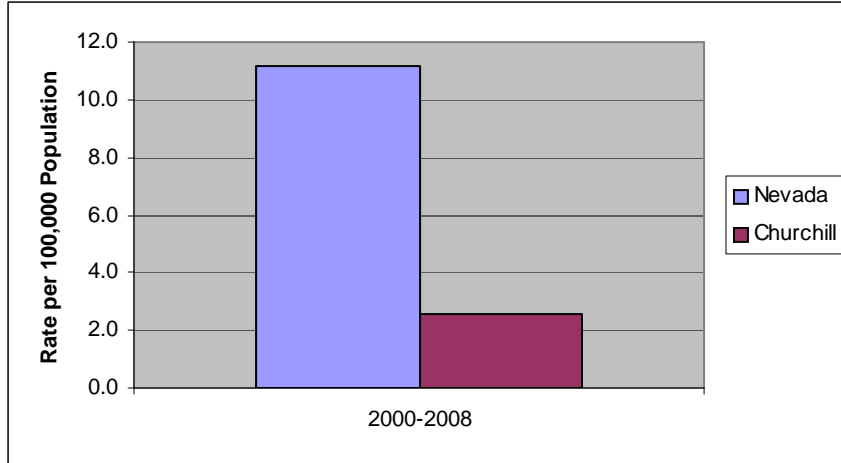
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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, Churchill County and Nevada, 2000 - 2008.*



On aggregate, between 2000-2008, Churchill County's AIDS rate was five times lower than the state rate overall.

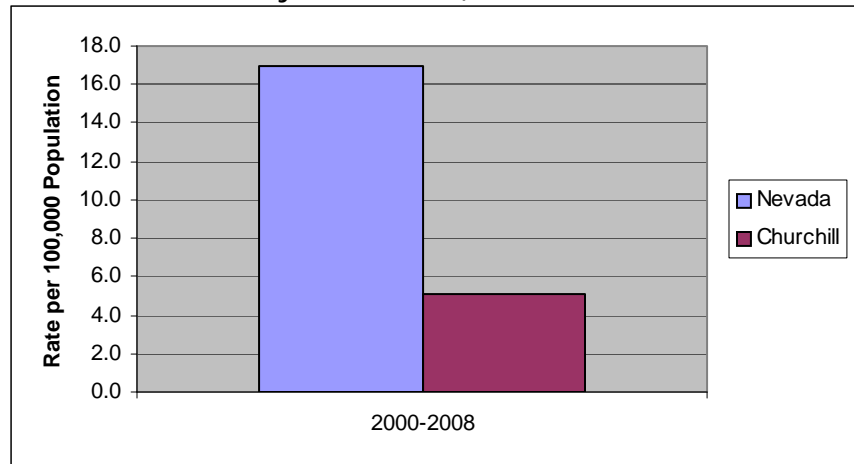
Neither the state nor the county met the Healthy People 2010 target rate of 1.0 per 100,000 population.

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 adults and adolescents.

Aggregated Reported New Cases of HIV/AIDS, Churchill County and Nevada, 2000 - 2008.*

Nevada Churchill County had an aggregate rate of reported new cases of HIV/AIDS which was three times lower than the Nevada rate between 2000-2008.



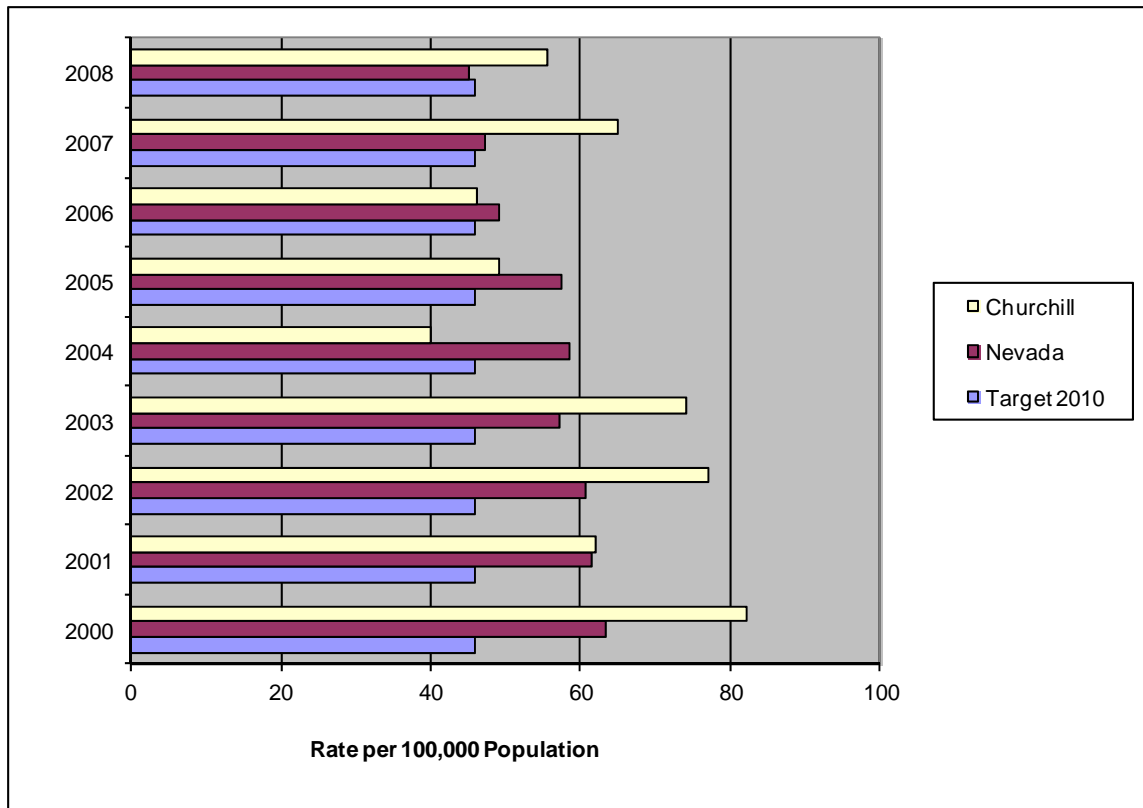
*The Nevada data are from the Enhanced HIV/AIDS Reporting System (eHARS).

Immunization and Infectious Diseases

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, Churchill County and Nevada, 2000 - 2008*.



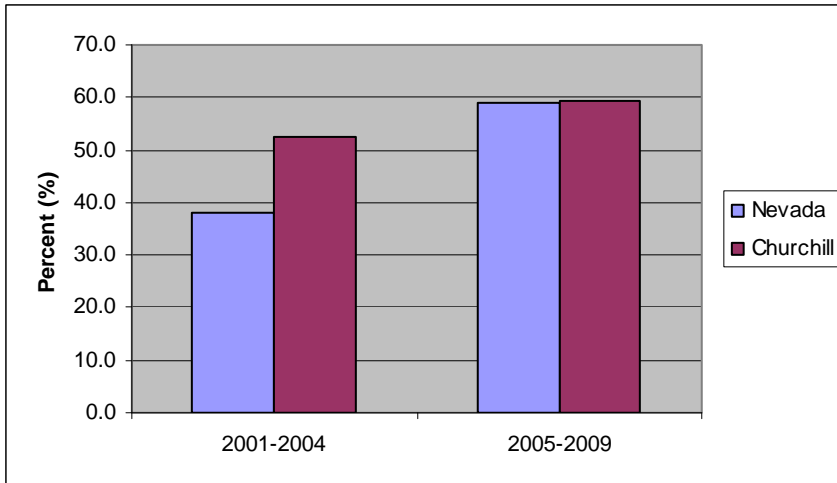
The state's rate of hospitalizations for peptic ulcer disease declined from 2000-2008. Churchill County's rate also declined overall but was higher than the Nevada rate. The county met the Healthy People 2010 target rate of 46 per 100,000 population once during the reported years in 2004. The state met the target in 2008.

*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 HP2020-24a: Increase the proportion of adults, aged 65 years and older, who are vaccinated annually against influenza.

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



From 2001-2009, the rate of adults, aged 65 years and older, who are vaccinated against influenza increased.

Neither the state nor Churchill County met the Healthy People 2010 target of 90 percent.

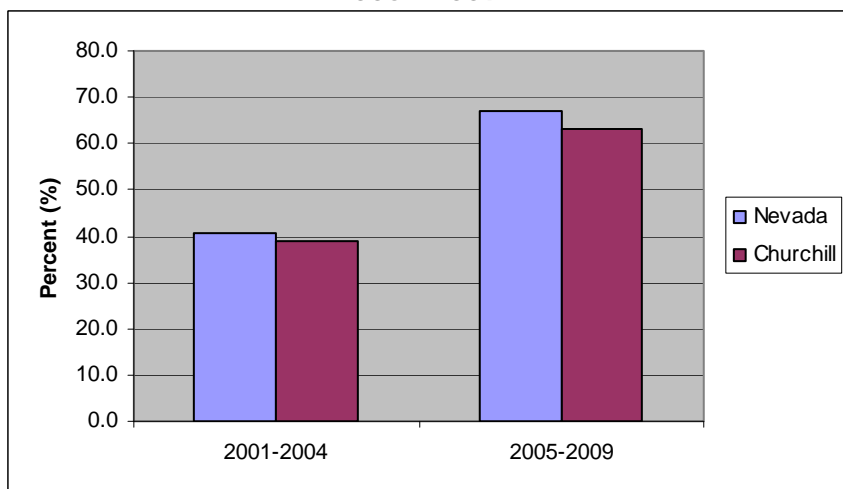
Healthy People 2010 Objective (14-29b.): Increase the proportion of adults, aged 65 years and older, who have ever received the pneumococcal vaccine.

Healthy People 2010 Objective IID HP 2020-24b: Increase the proportion of adults, aged 65 years and older, who have ever received the pneumococcal vaccine.

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

On aggregate from 2001-2004, Nevada and Churchill County had rates for adults, aged 65 years and older, who have ever received the pneumococcal vaccine at the 40 percent level.

From 2005-2009, these rates exceeded 60 percent. However this was still below the Healthy People 2010 goal of 90 percent.



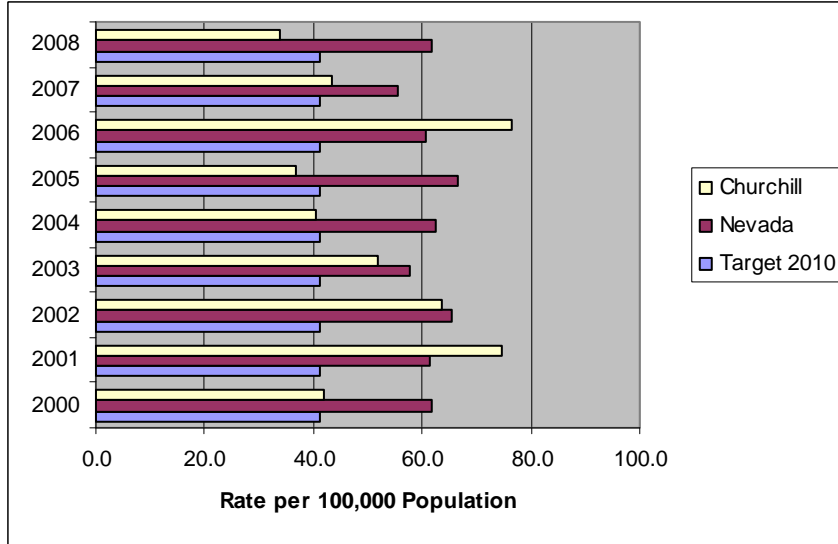
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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, Churchill County and Nevada, 2000 - 2008.*



The hospitalization rate for non-fatal head injuries fluctuated for both the state and Churchill County from 2000-2008.

In 2008, Churchill County met the Healthy People 2010 target rate of 41.2 per 100,000 population.

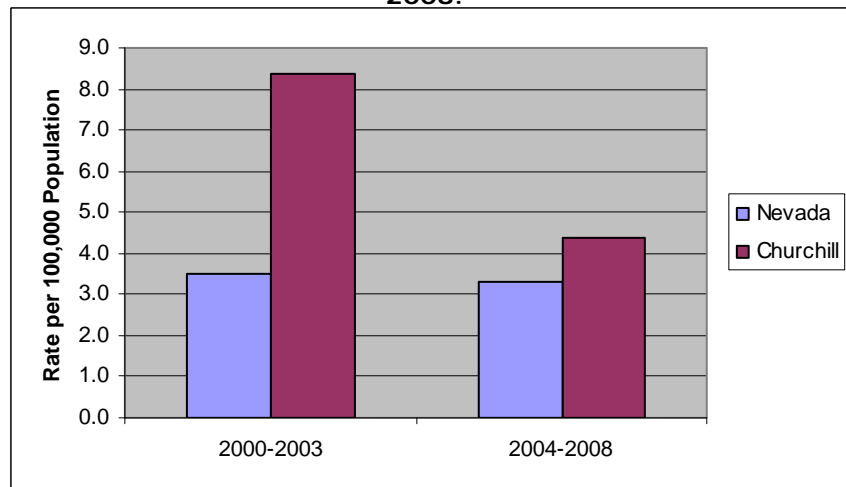
Healthy People 2010 Objective (15-2): Reduce hospitalizations for nonfatal spinal cord injuries.

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

Aggregated Hospitalization Rate for Non-Fatal Spinal Cord Injuries, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

Over the years 2000 to 2008, both the state and Churchill County's hospitalization rate for non-fatal spinal cord injuries declined.

Churchill County's rate was reduced by almost half, although it did not make the Healthy People 2010 target rate of 2.4 per 100,000 population.

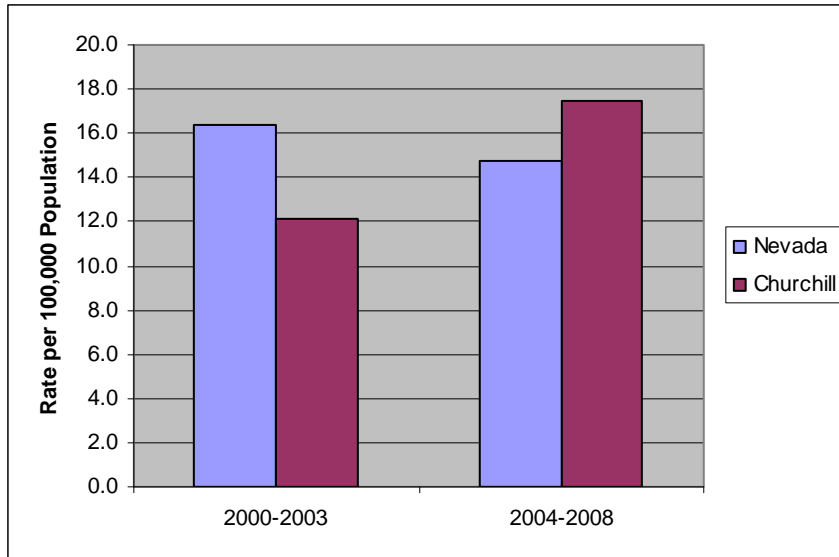


*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

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, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



From 2000-2008, Churchill County's rate of firearm related deaths increased, while the Nevada rate decreased overall.

Both rates were more than four times higher than the Healthy People 2010 target rate of 3.6 per 100,000 population.

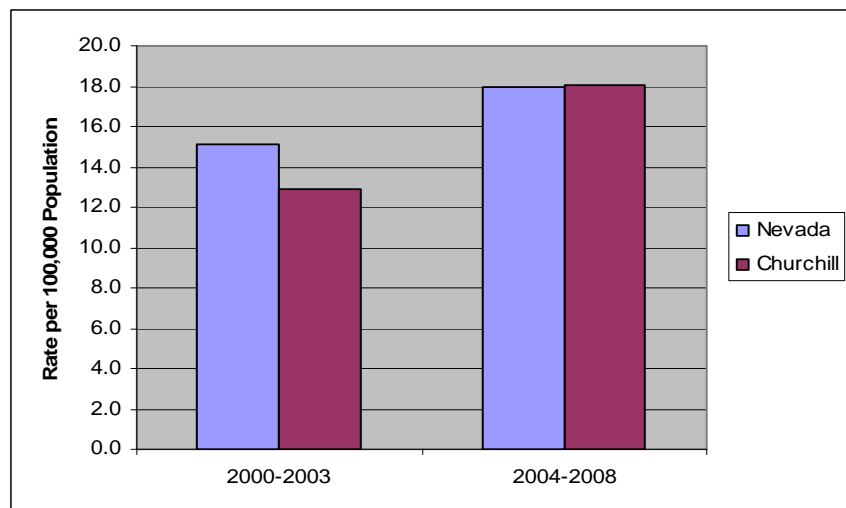
Healthy People 2010 Objective (15-8): Reduce deaths caused by poisonings.

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

Aggregated Age-Adjusted Death Rate Caused by Poisoning, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

On aggregate, during the years 2000 to 2008, the poisoning mortality rate increased for both Churchill County and Nevada.

Both the county and the state had rates twelve times higher than the Healthy People 2010 target rate of 1.5 per 100,000 population.

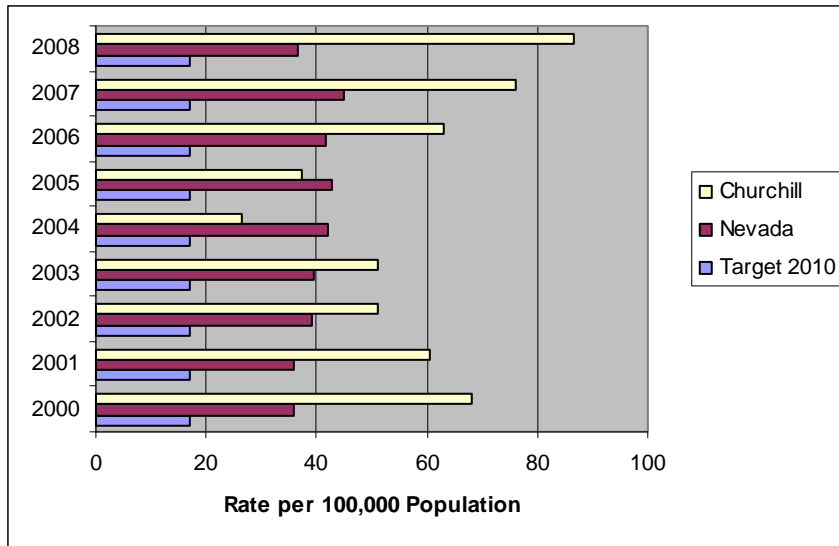


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Healthy People 2010 Objective (15-13): 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, Churchill County and Nevada, 2000 - 2008.*



From 2000-2008, the unintentional injury mortality rate for Churchill County decreased, then increased back to surpass its 2000 level.

In 2008, the county rate was more than five times greater than the Healthy People 2010 target rate of 17.1 per 100,000 population.

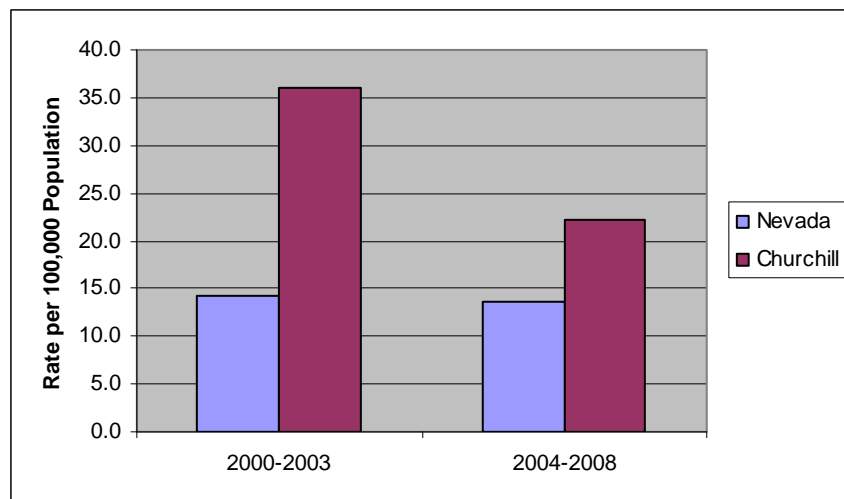
Healthy People 2010 Objective (15-15a.): Reduce deaths caused by motor vehicle crashes.

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

Aggregated Age-Adjusted Death Rate Caused by Motor Vehicle Crashes, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

On aggregate between 2000-2008, the motor vehicle crash rate has declined for both Churchill County and Nevada.

However, the county rate was still three times higher than the Healthy People 2010 target rate of 8.0 deaths per 100,000 population.

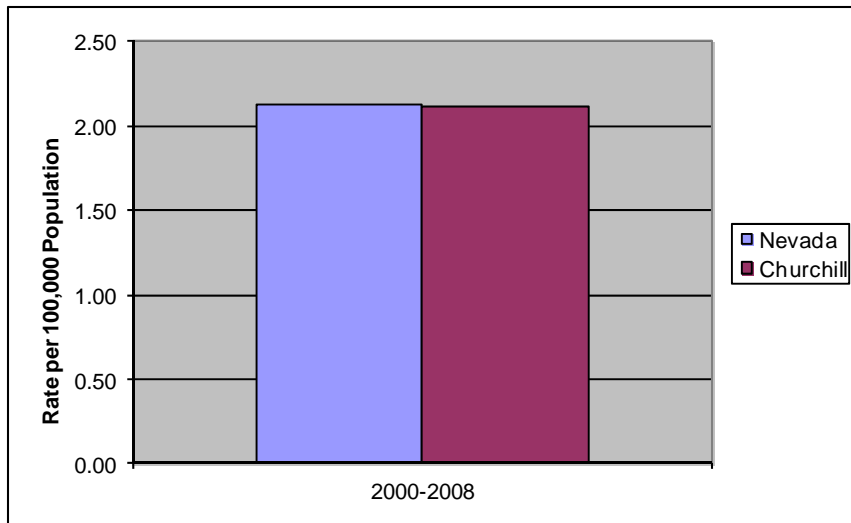


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2008.*



The average pedestrian death rate on public roads for the combined years 2000 through 2008 was 2.1 in both Churchill County and Nevada.

This was slightly higher than the Healthy People 2010 target rate of 1.4 pedestrian deaths per 100,000 population.

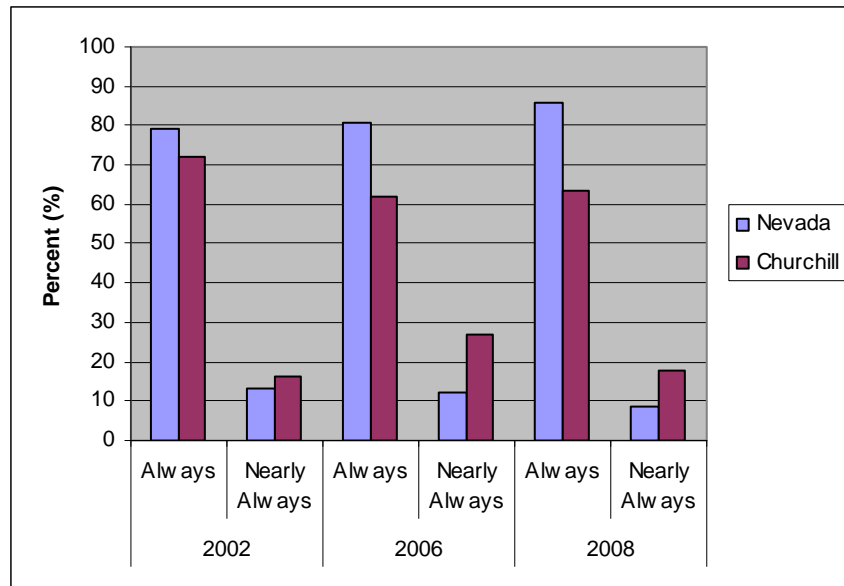
Healthy People 2010 Objective (15-19): Increase the use of safety belts.

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

Proportion of People Using Safety Belts, Churchill County and Nevada, 2002, 2006, 2008.*

The percentage of people who reported always using safety belts declined in Churchill County from 2002-2008.

Neither the state nor the county met the Healthy People 2010 goal of 89 percent.

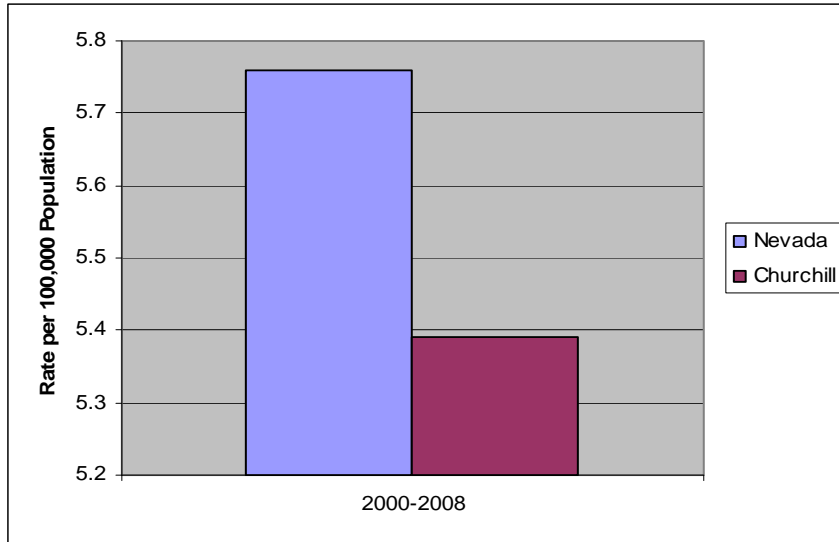


*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2008.*



Churchill County has averaged a slightly lower fall mortality rate than Nevada from 2000-2008.

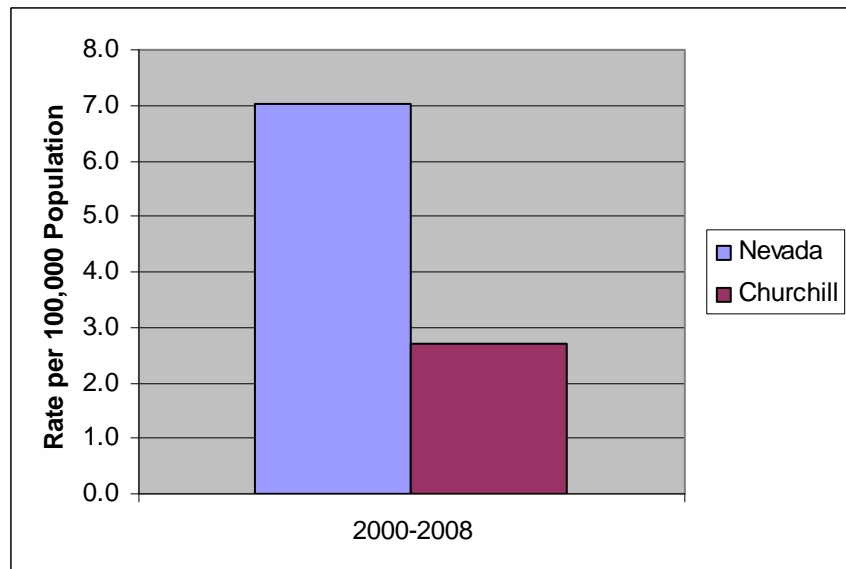
On aggregate, neither the state nor the county met the Healthy People 2010 target of 3.3 deaths from falls per 100,000 population.

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

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

Aggregated Age-Adjusted Death Rate from Homicides, Nevada and United States, 2000 - 2008.*

On average from 2000-2008, Churchill County had a rate less than half of the homicide mortality rate reported by the state overall, and met the Healthy People 2010 target rate of 2.8 homicide deaths per 100,000 population.



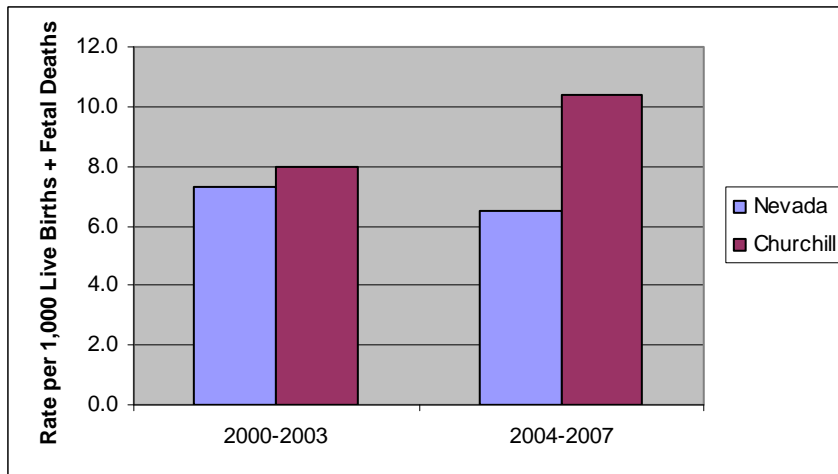
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Maternal, Infant, Child Health

Healthy People 2010 Objective (16-1a.): Reduce fetal deaths at 20 or more week's 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, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



Since 2000, the average rate for fetal deaths at 20 or more weeks of gestation, declined in Nevada. Churchill County's rate increased to over twice the Healthy People 2010 target rate of 4.1 fetal deaths per 100,000 population.

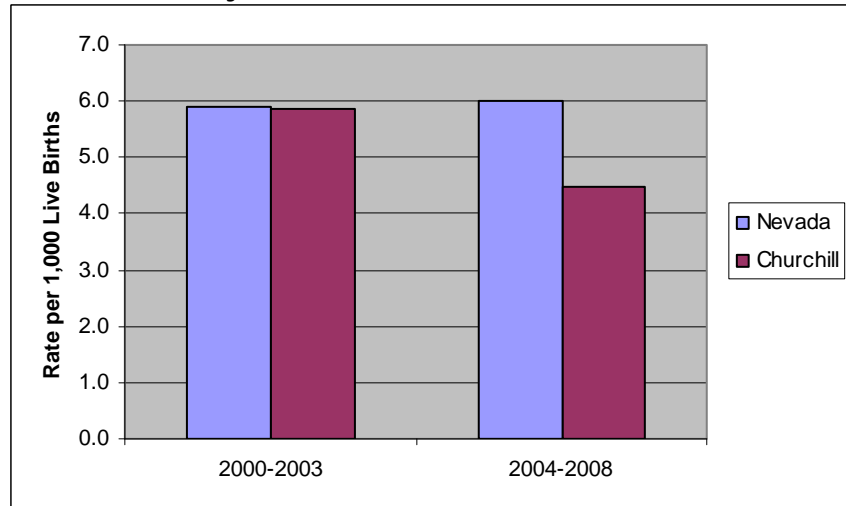
Healthy People 2010 Objective (16-1c.): Reduce infant death rate (within 1 year of life).

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

On aggregate the infant mortality rate within 1 year of life slightly increased from 2000-2008 for the state, while the Churchill County rate decreased during the same time period.

Churchill County met the Healthy People 2010 target rate of 4.5 infant deaths per 1,000 live births for the aggregate years 2004-2008.

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

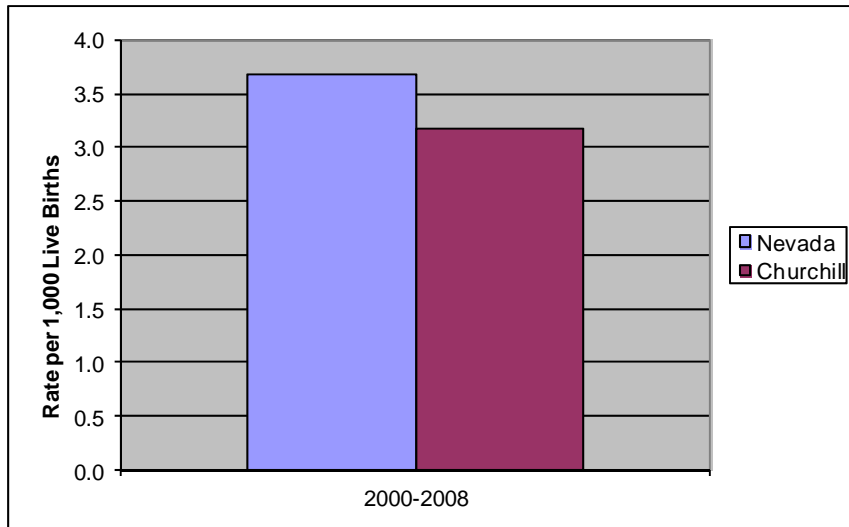


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

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), Churchill County and Nevada, 2000 - 2008.*



On aggregate from 2000-2003, Churchill County had a lower neonatal mortality rate than the state overall.

However it did not meet the Healthy People 2010 target rate of 2.9 deaths per 1,000 live births.

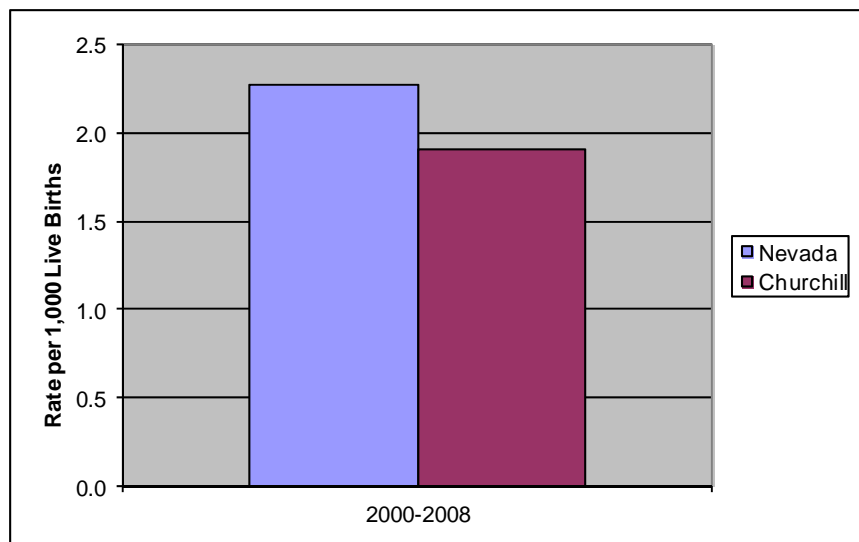
Healthy People 2010 Objective (16-1e.): Reduce post-neonatal death rate (between 28 days and 1 year).

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

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

From 2000-2008 Churchill County had a lower post-neo-natal mortality rate than the state overall on aggregate.

However, Churchill County was still above the Healthy People 2010 target rate of 1.2 deaths per 1,000 live births.

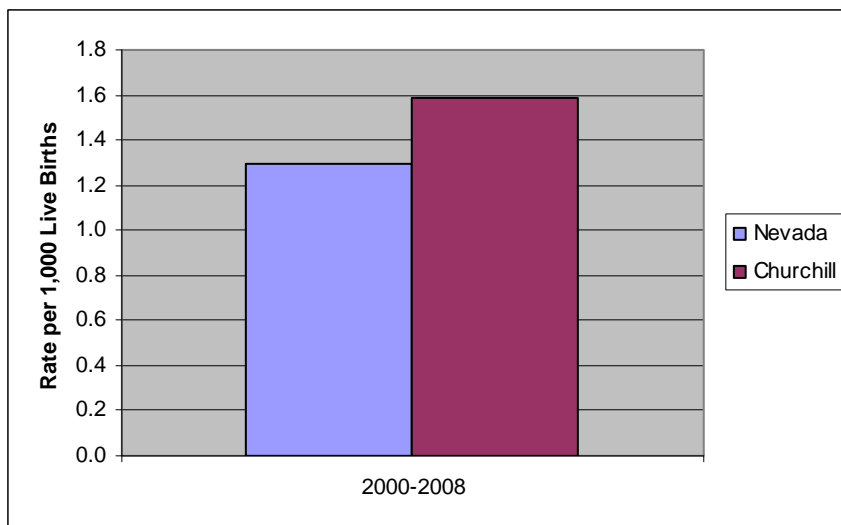


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2008.*



On aggregate from 2000-2008, Churchill County had a higher rate of infant deaths due to birth defects than the state overall.

The county rate was twice as high as the Healthy People 2010 target rate of 0.7 deaths per 1,000 live births.

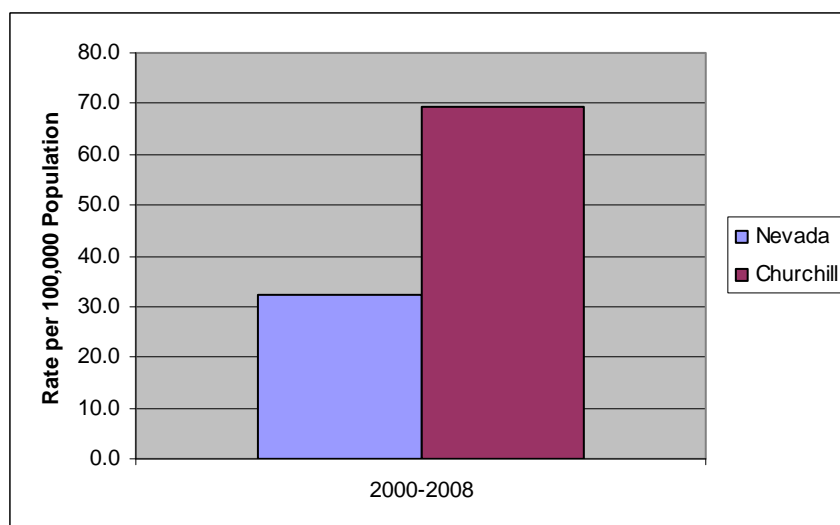
Healthy People 2010 Objective (16-2a.): Reduce the rate of child deaths, aged 1 to 4 years.

Healthy People 2020 Objective MICH HP2020-3.1: Reduce the rate of child deaths, aged 1 to 4 years.

Aggregated Death Rate of Children Aged 1 to 4, Churchill County and Nevada, 2000 - 2008.*

On aggregate, Churchill County had a higher child death rate, ages 1 to 4 years, than the state overall.

This rate was more than double the state rate and three times as high as the Healthy People 2010 target rate of 20 deaths per 100,000 population.

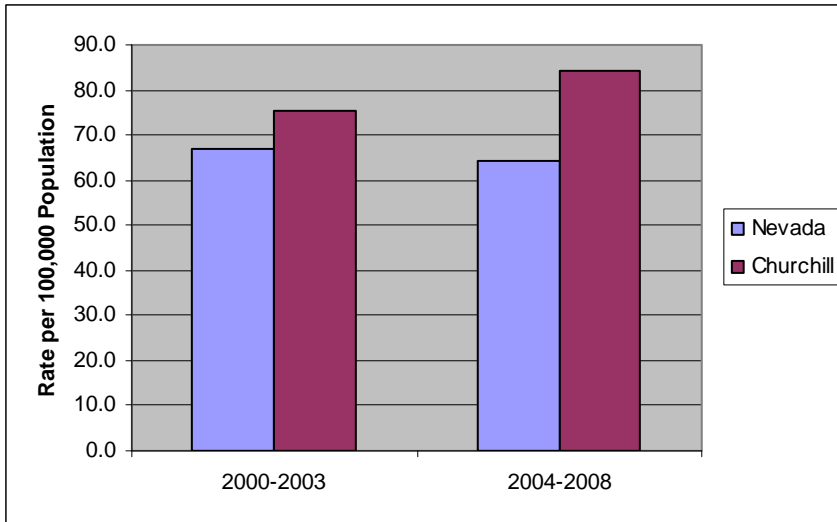


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



From 2000-2008, the mortality rate of adolescents, ages 15 to 19 years, averaged higher in Churchill County than the state.

The county's average rate during this time period was more than twice the Healthy People 2010 target rate of 38 deaths per 100,000 population.

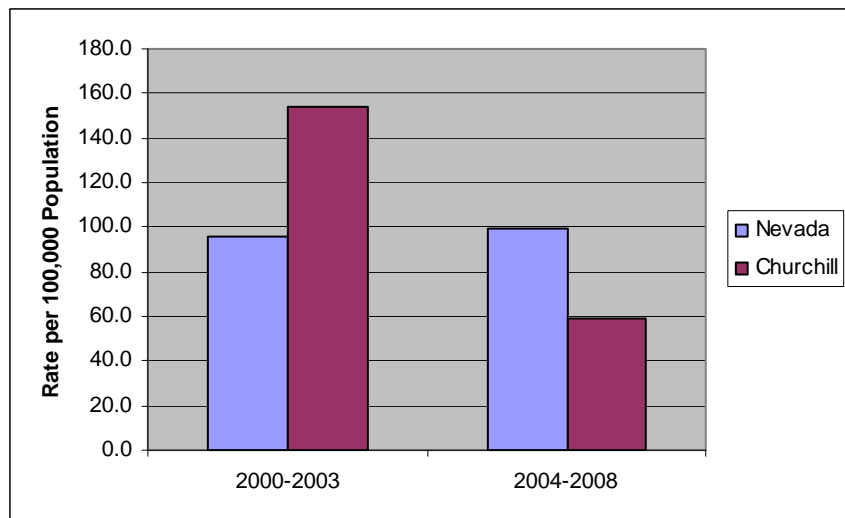
Healthy People 2010 Objective (16-3c.): Reduce the rate of young adults deaths, aged 20 to 24 years.

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, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

On average from 2000-2008, the mortality rate of young adults, ages 20 to 24 years, increased slightly in Nevada, while Churchill County's rate decreased by more than half.

Neither the county nor the state met the Healthy People 2010 target rate of 41.5 deaths per 100,000 population.

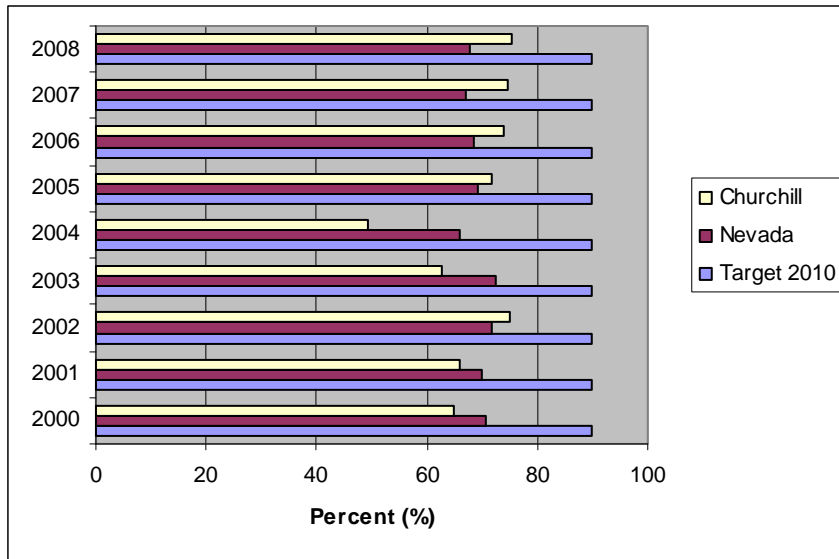


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2007 and 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2008.*



The percentage of pregnant women receiving prenatal care in the first trimester of pregnancy, fluctuated for both the state and Churchill County from 2000-2008.

The Healthy People 2010 objective of 90 percent was not met by either the county or Nevada.

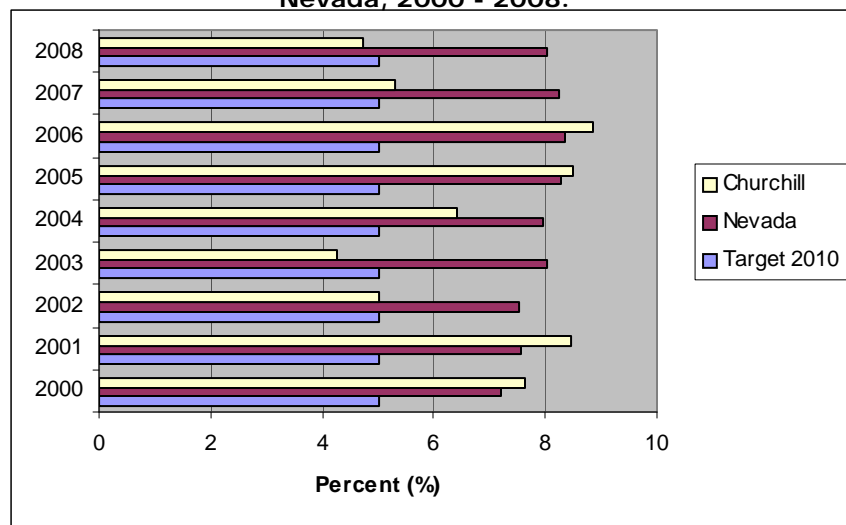
Healthy People 2010 Objective (16-10a.): Reduce the proportion of low birth weight infants.

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

Proportion of Low Birth Weight Infants, Churchill County and Nevada, 2000 - 2008.*

From 2000-2008, the percentage of low birth weight infants, has fluctuated for both Nevada and Churchill County.

In 2002, 2003, and 2008, Churchill County 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.

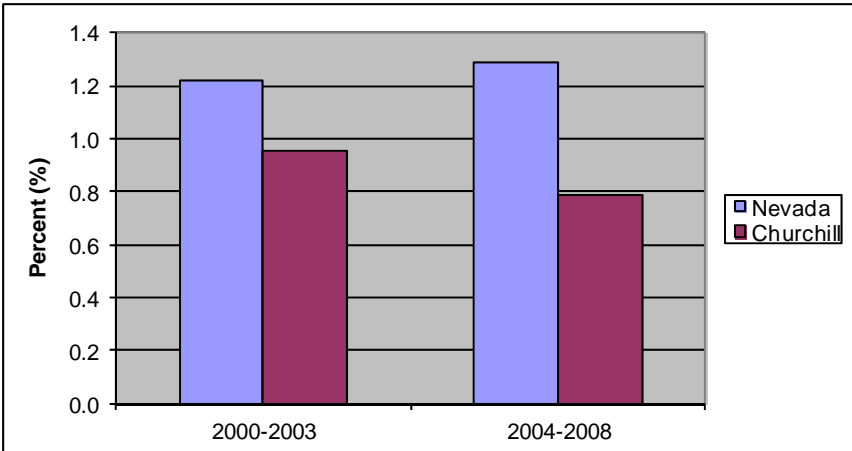
Healthy People 2010 Objective (16-10b.): Reduce the proportion of very low birth weight infants.

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

Aggregated Proportion of Very Low Birth Weight Infants, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*

On average from 2004-2008, Churchill County met the Healthy People 2010 target of .9 percent for the proportion of very low birth weight infants.

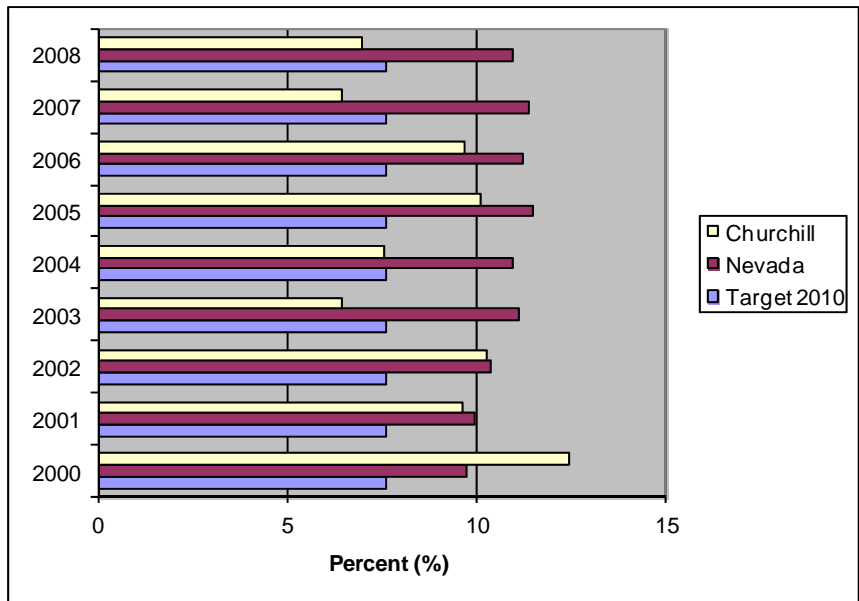
The Churchill County rate decreased during the reported years 2000-2008.



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, Churchill County and Nevada, 2000 - 2008.*



From 2000-2008, the rate of pre-term births, infants born prior to 37 weeks of gestation, fluctuated for both the state and Churchill County.

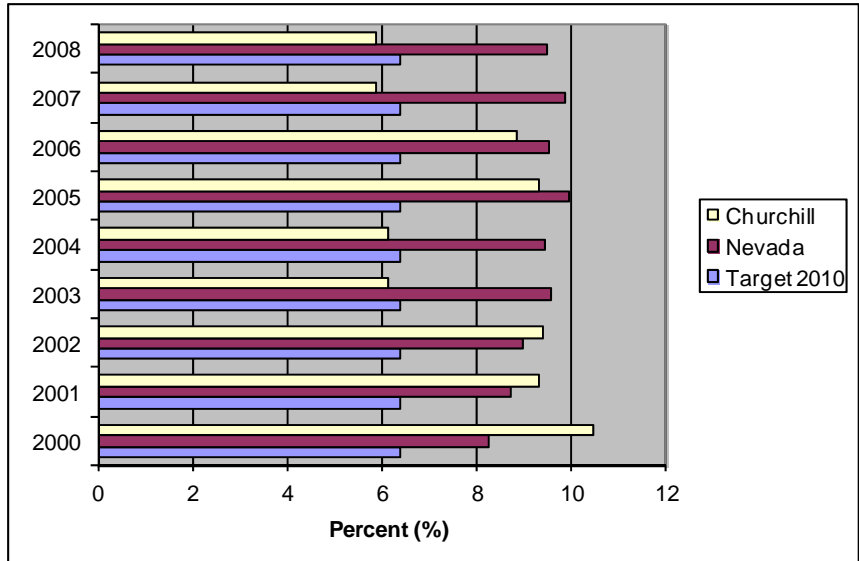
In 2003, 2004, 2007, and 2008, Churchill County met the Healthy People 2010 objective of 7.6 percent.

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

Healthy People 2010 Objective (16-11b.): 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, Nevada and United States, 2000 - 2008.*



During the years 2000—2008, the rate of live births at 32 to 36 completed weeks of gestation, fluctuated for both Nevada and Churchill County.

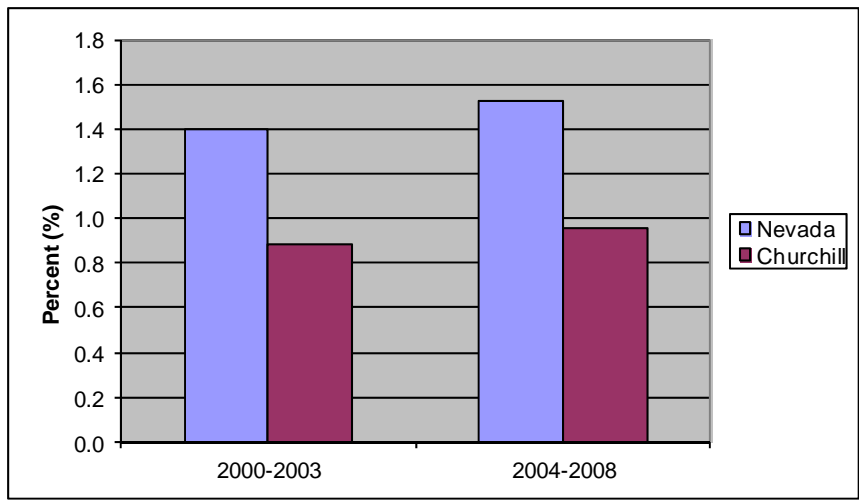
In 2003, 2004, 2007, and 2008, Churchill County attained the Healthy People 2010 objective of 6.4 percent.

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.

Aggregated Proportion of Live Births at Less Than 32 Completed Weeks of Gestation, Nevada and United States, 2000 - 2003 and 2004 - 2008.*

On average, Churchill County met the Healthy People 2010 target of 1.1 percent of live births at less than 32 weeks of gestation, during the reported years 2000-2008.

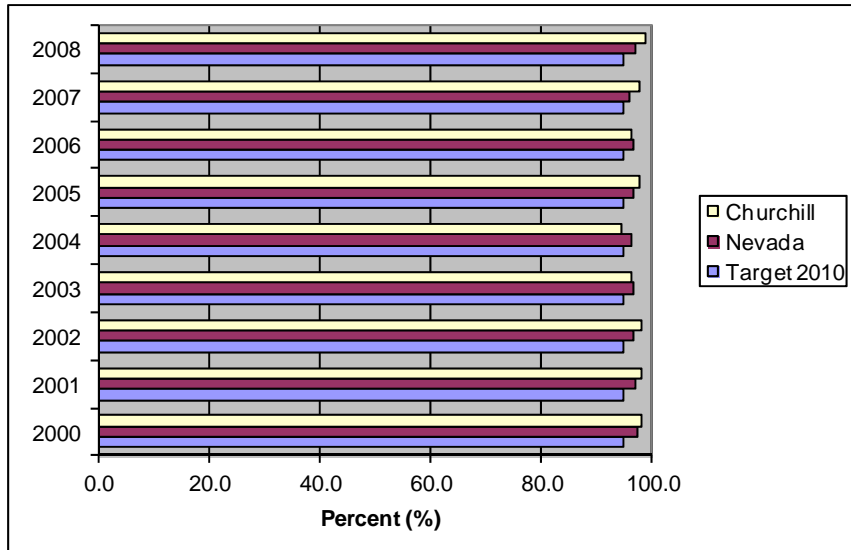


*The Nevada data are from Nevada Vital Statistics Records.
Note: 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2008.*



The percentage of pregnant women abstaining from alcohol fluctuated for both Nevada and Churchill County from 2000-2008.

Every year except 2004 Churchill County met the Healthy People 2010 target of 95 percent.

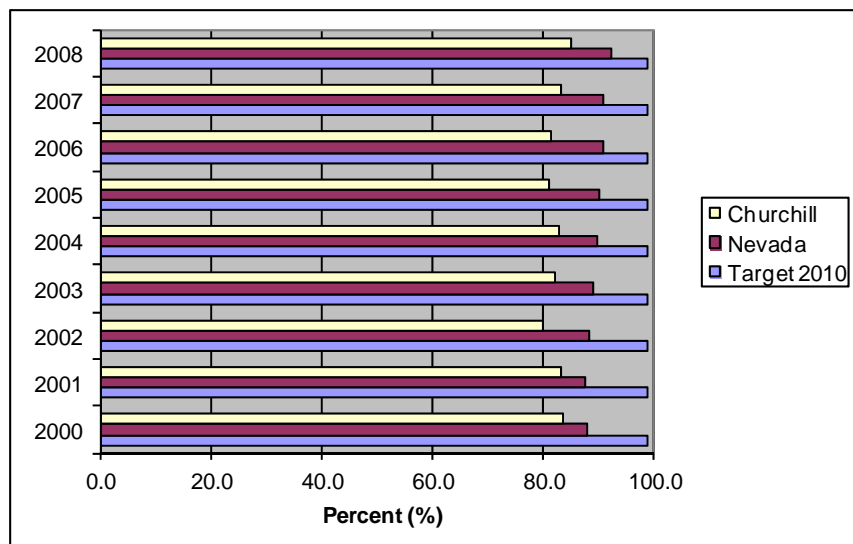
Healthy People 2010 Objective (16-17c.): Increase the proportion of pregnant women, aged 15-44 years, abstaining from cigarette smoking.

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

Proportion of Pregnant Women Abstaining from Tobacco, Churchill County and Nevada, 2000 - 2008.*

From 2000-2008, the percentage of pregnant women abstaining from tobacco remained constant in both Churchill County and Nevada.

Both the state and Churchill County failed to attain the Healthy People 2010 target of 99 percent abstinence.



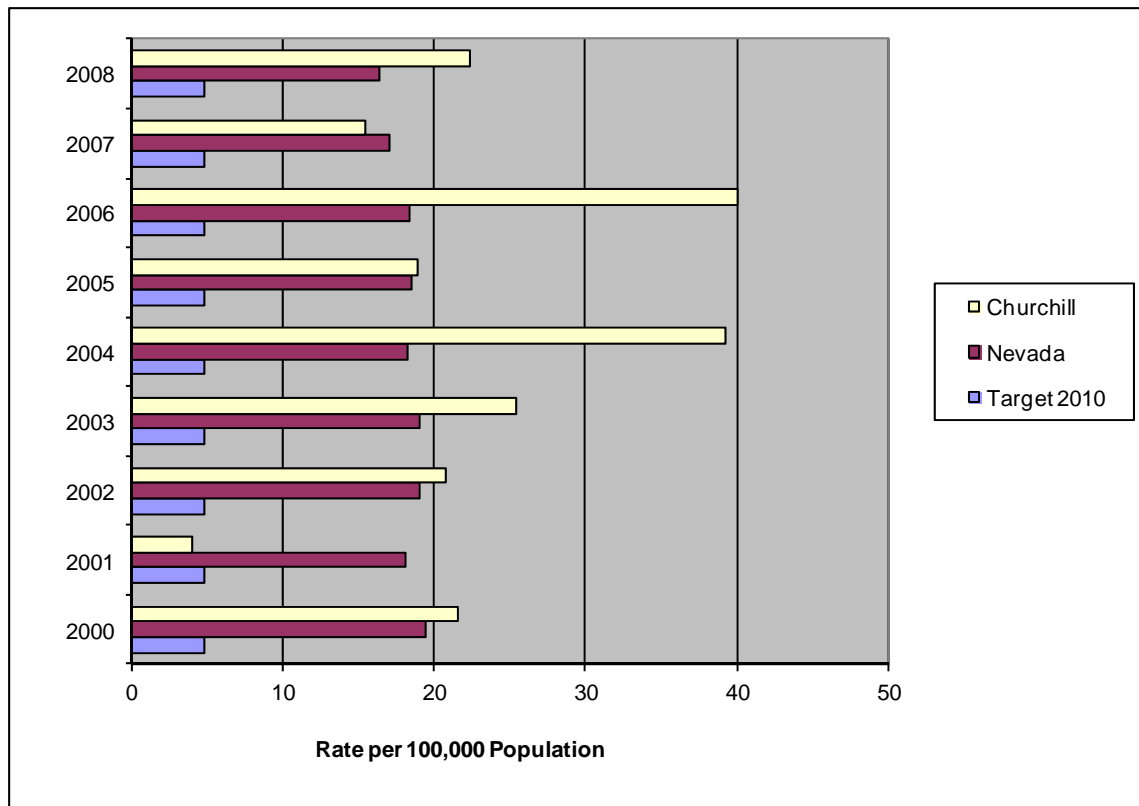
*The Nevada data are from Nevada Vital Statistics Records.
 Note: 2008 data are not final and are subject to change.

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, Churchill County and Nevada, 2000 - 2008.*



The Churchill County suicide mortality rate fluctuated from 2000-2008, while the Nevada trend declined. Neither the state nor the county met the Healthy People 2010 target rate of 4.8 deaths 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 (NVSR).

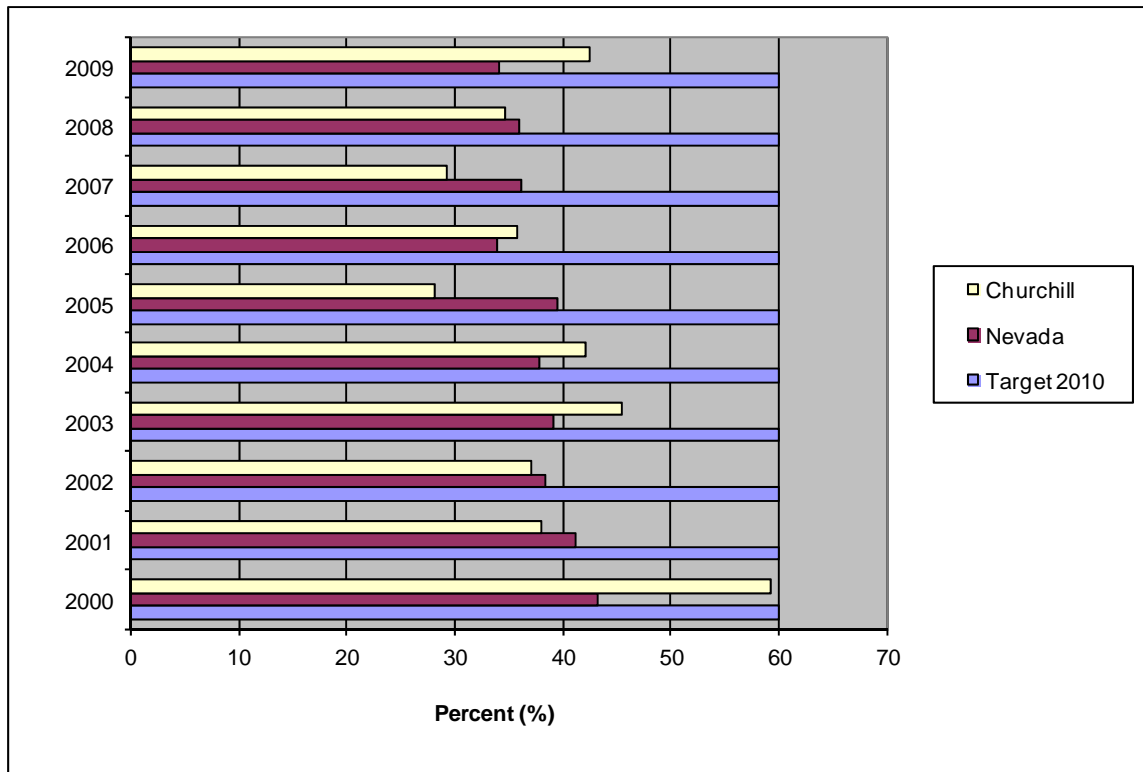
Note: 2007 and 2008 data are not final and are subject to change.

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, Churchill County and Nevada, BRFSS Data, 2000 - 2009* .



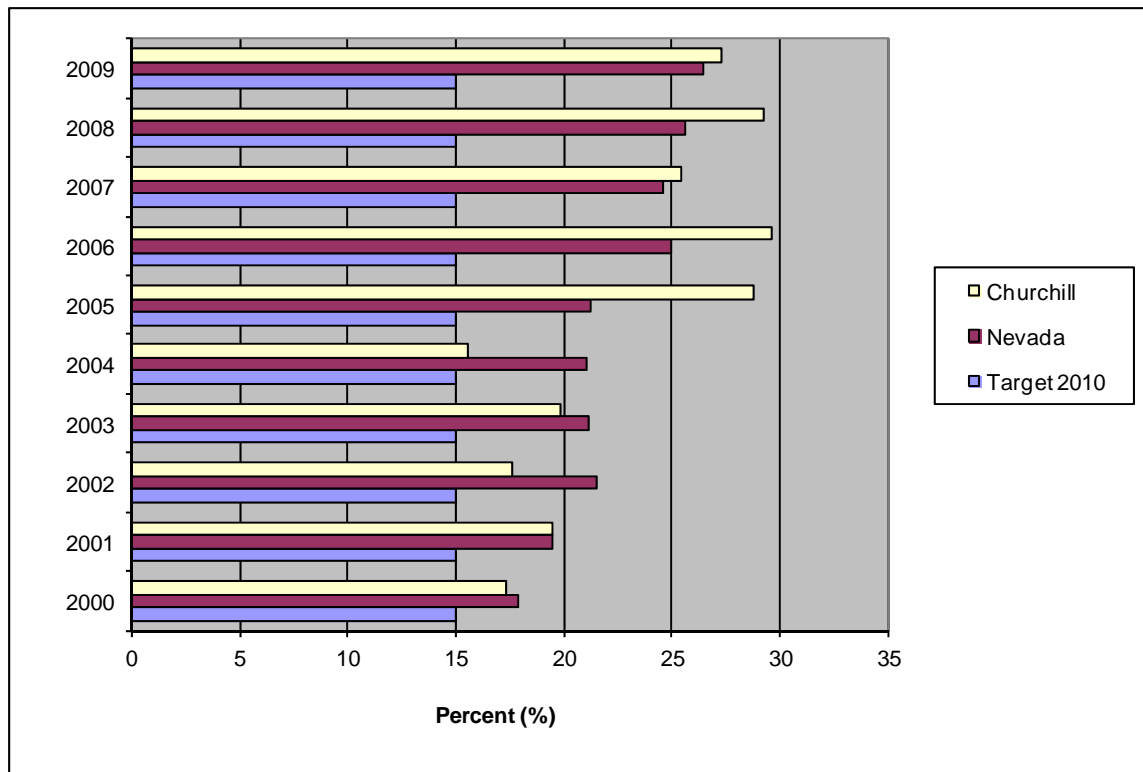
There was a significant decline in the percentage of adults who are at a healthy weight in Churchill County from 2000-2008. Neither the state, nor the county, met the Healthy People 2010 target of 60 percent.

*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, Churchill County and Nevada, BRFSS Data, 2000 - 2009* .



The percentage of adults who are obese increased in both Nevada and Churchill County from 2000-2008. The Healthy People 2010 target of 15 percent was not met by either the state or the county.

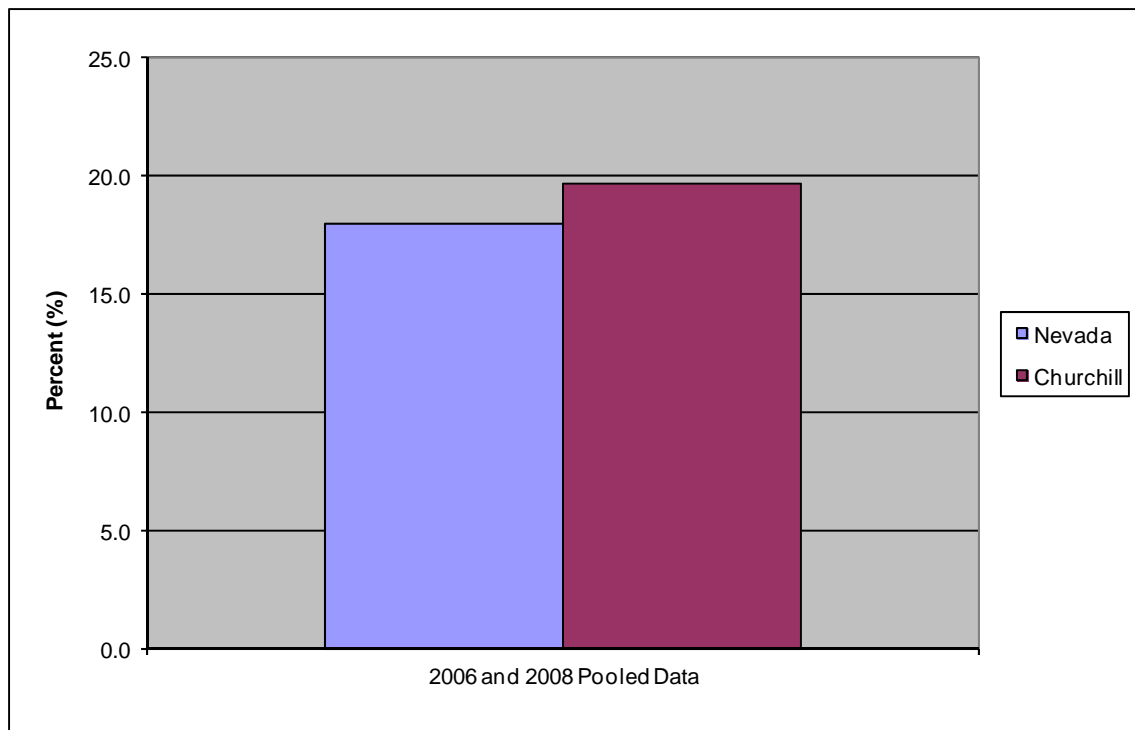
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results. Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

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: Decrease 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, Churchill County and Nevada, BRFSS Data, 2006 and 2008.*



The percentage of older adults, aged 65 years and older, reporting having all of their natural teeth extracted was slightly higher for Churchill County than Nevada on average over the Behavioral Risk Factor Surveillance System reported years 2006 and 2008. Both the state and the county met the Healthy People 2010 target of 22 percent.

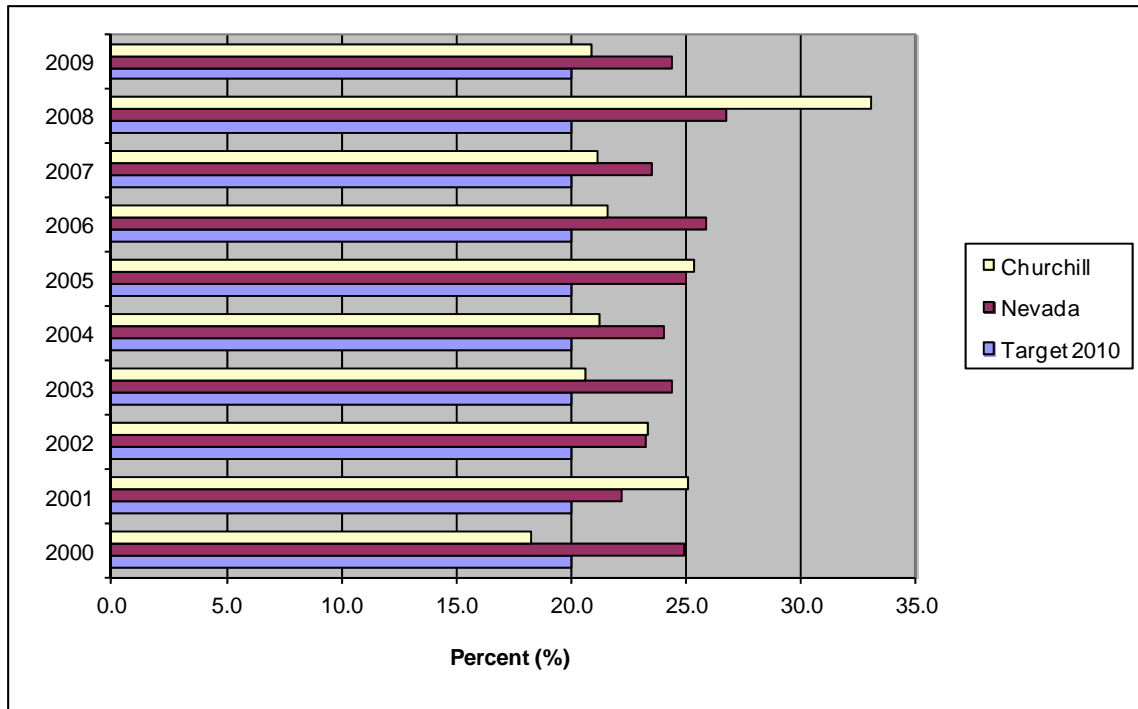
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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, Churchill County and Nevada, BRFSS Data, 2000 - 2009.*



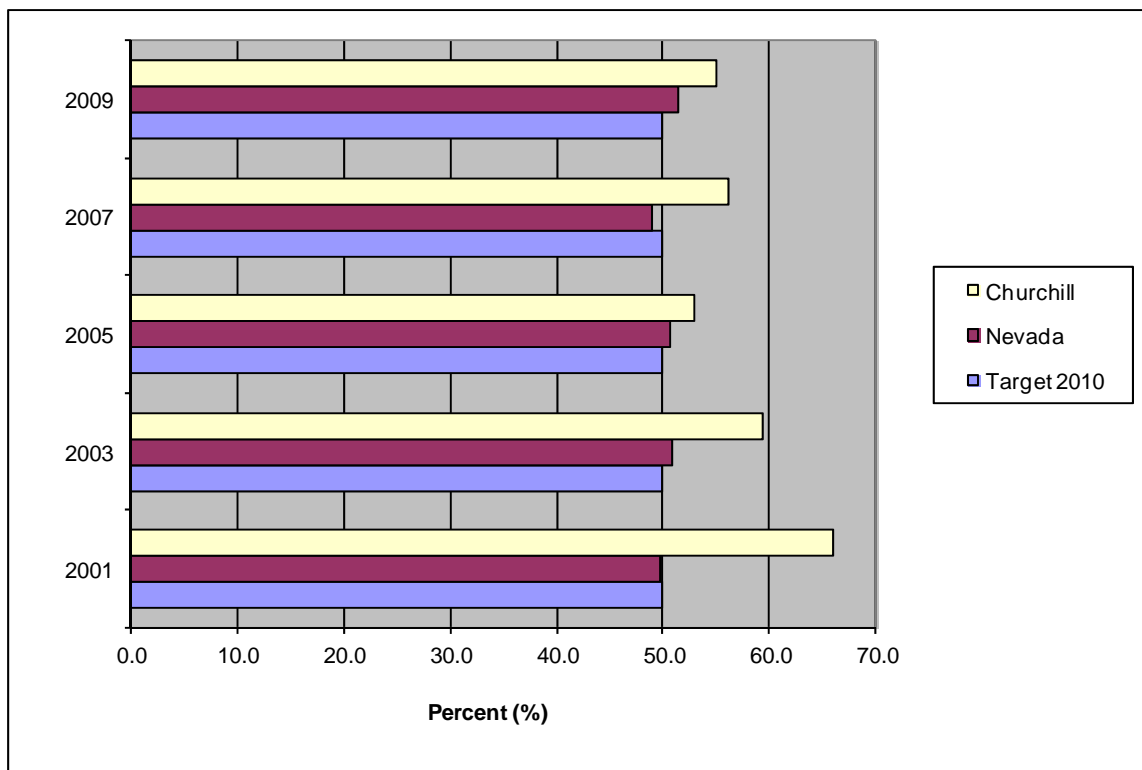
The percentage of adults who engage in no leisure time physical activity increased for the Behavioral Risk Factor Surveillance System reported years of 2000-2009 in Churchill County. While Churchill County approached the goal in 2009, the county met the Healthy People 2010 target of 20 percent in only one out of ten reported years: 2000.

*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, Churchill County 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 remained steady for the state from 2001-2009. Although higher than the state rate, Churchill County's rate declined from 2001-2009.

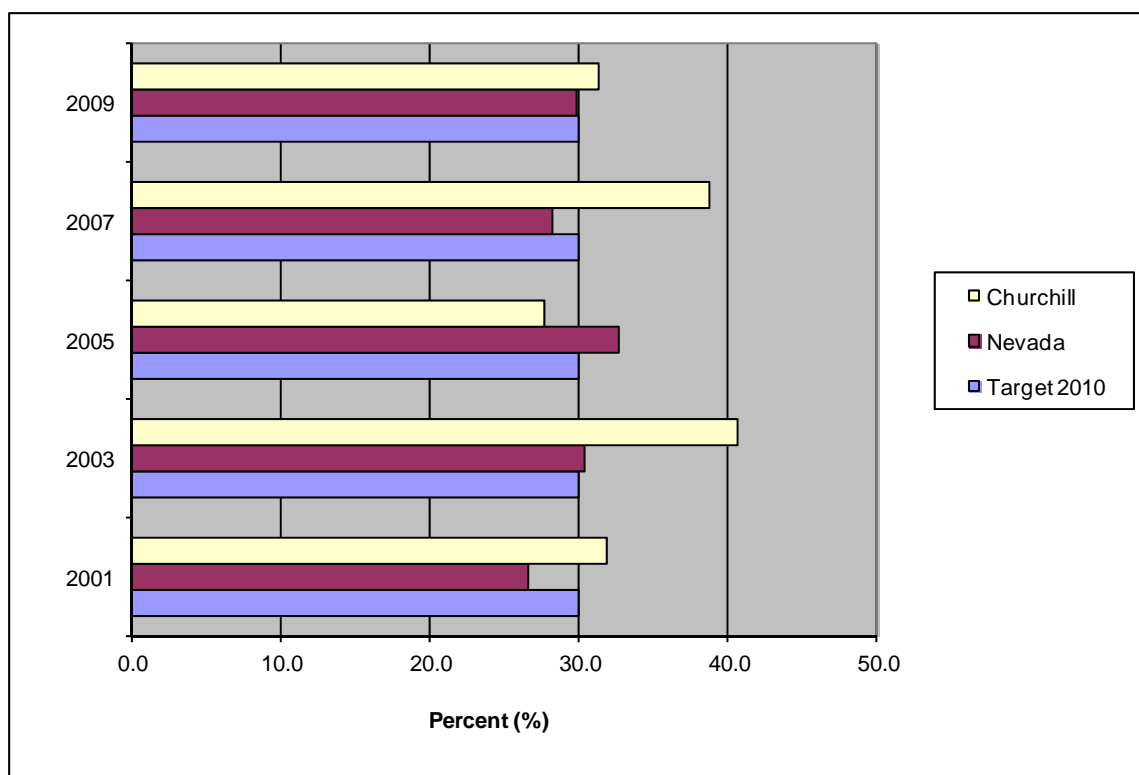
Both Churchill County and Nevada consistently met the Healthy People 2010 target of 50 percent from 2001-2009. The state fell short of the goal only in 2007.

*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 HP2020-2.3: 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, Churchill County 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 for both the state and Churchill County.

Churchill County met the Healthy People 2010 target of 30 percent in all Behavioral Risk Factor Surveillance System reported years from 2001-2009, except 2005.

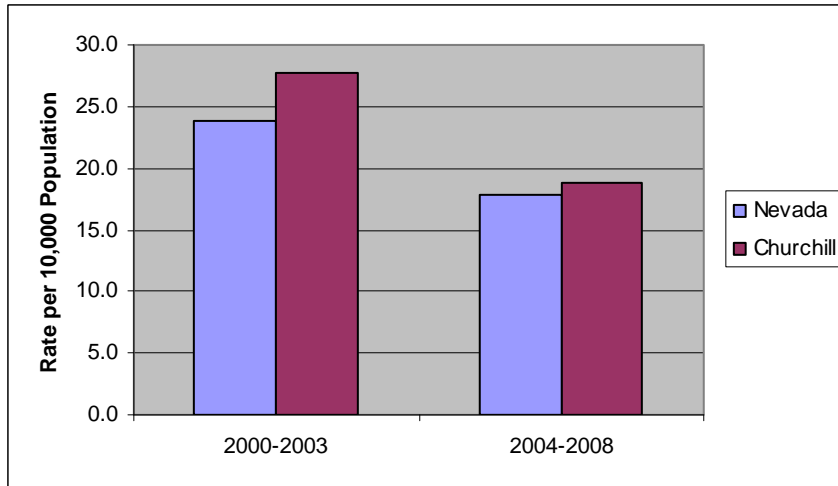
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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.

Aggregated Hospitalizations for Asthma in Children Under Age 5 Years, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



Hospitalizations for asthma in children under five years of age declined in both Nevada and Churchill County on average from 2000-2008.

Both the state and the county met the Healthy People 2010 target rate of 25 per 10,000 population for the years 2004-2008.

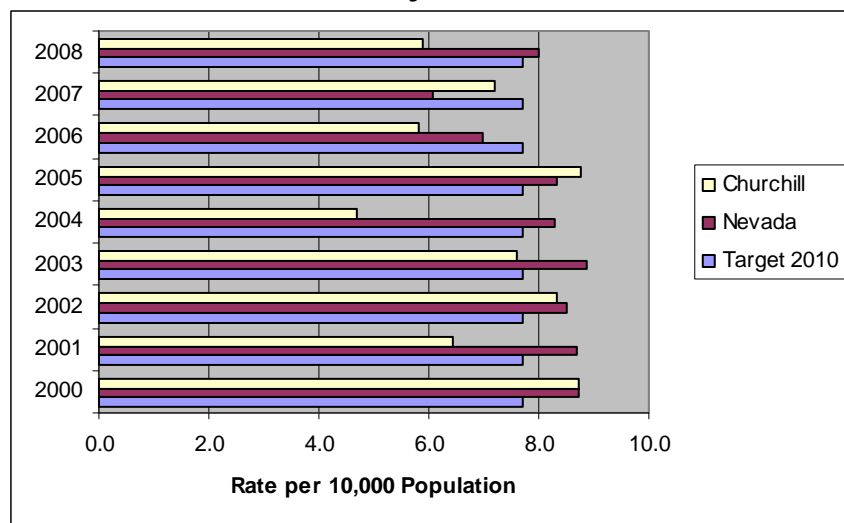
Healthy People 2010 Objective (24-2b.): Reduce hospitalizations for asthma in children and adults, aged 5 to 64 years.

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, Churchill County and Nevada, 2000 - 2008.*

Hospitalizations for asthma in children and adults, ages 5 to 64 years, fluctuated from 2000-2008 for both the county and the state.

Churchill County met the Healthy People 2010 target rate of 7.7 per 10,000 population for six out of nine of the reported years.

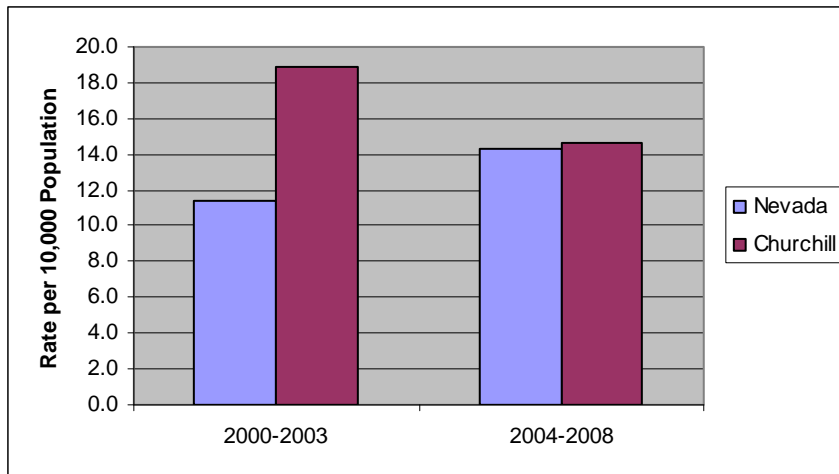


*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

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.

Aggregated Hospitalizations for Asthma in Adults Aged 65 Years and Older, Churchill County and Nevada, 2000 - 2003 and 2004 - 2008.*



On aggregate, the hospitalization rate for asthma in adults ages 65 years and older, increased for the state, but decreased for Churchill County between 2000-2008.

The county did not meet the Healthy People 2010 target rate of 11.0 per 10,000 population.

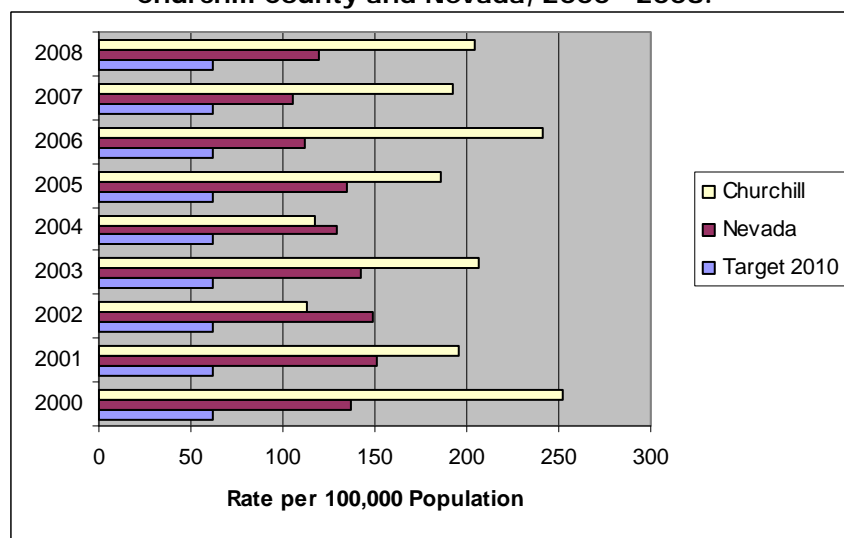
*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

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, Churchill County and Nevada, 2000 –2008.*

The mortality rate due to chronic obstructive pulmonary disease (COPD) in adults was consistently more than twice the Healthy People target rate of 62.3 per 100,000 population for both Nevada and Churchill County from 2000-2008; sometimes more than four times the target.



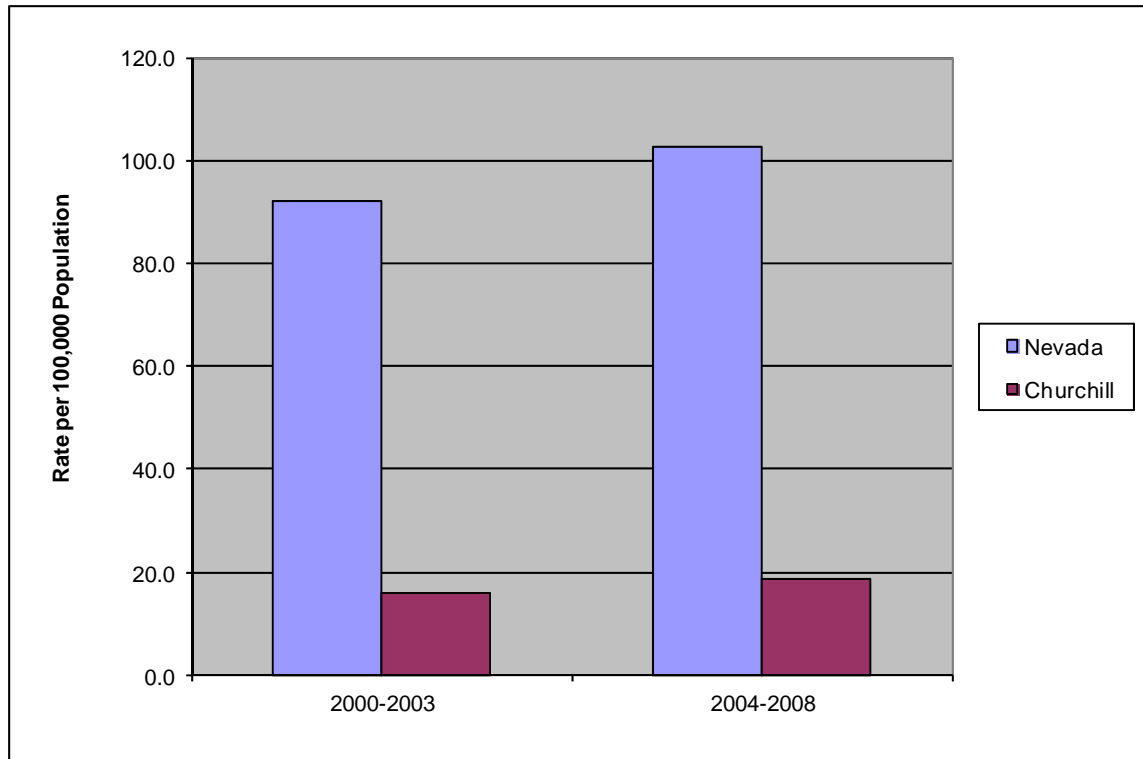
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 data are not final and are subject to change.

Sexually Transmitted Diseases

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

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

Aggregated Rate of Gonorrhea, Churchill County and Nevada, 2000 - 2003 and 2004—2008.*



The rate of Gonorrhea increased for both Churchill County and Nevada from 2000-2008. Churchill County met the Healthy People 2010 target rate of 19 per 100,000 population.

The aggregate Churchill County Gonorrhea rate was one-fifth of the state rate during the reported years.

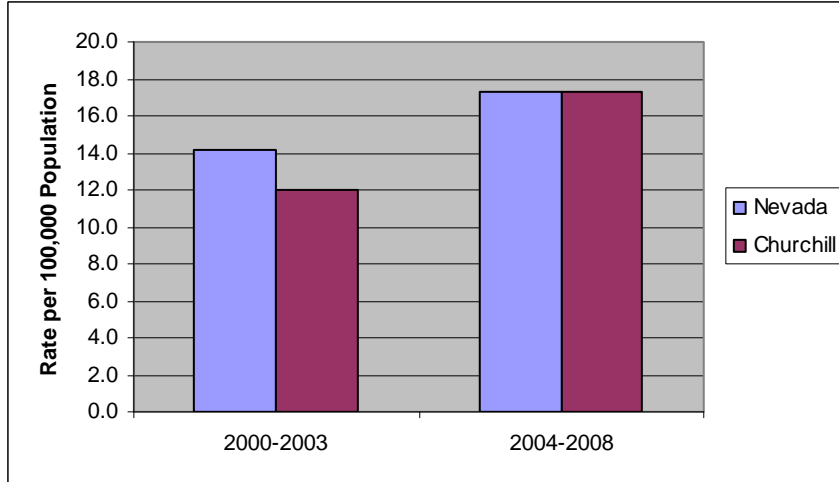
* Nevada data are provided by the STD-MIS database.

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, Churchill County and Nevada 2000 - 2003 and 2004 - 2008.*



The drug-induced mortality rate increased for both Nevada and Churchill County on average from 2000-2008.

The aggregate rate from 2004-2008 was more than fourteen times the Healthy People 2010 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.

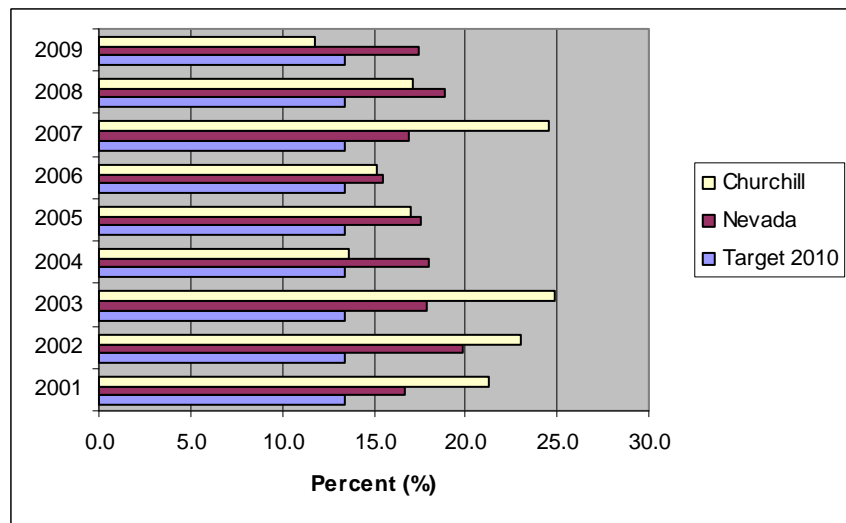
Healthy People 2010 Objective (26-11c.): Reduce the proportion of adults, aged 18 years and older, engaging in binge drinking of alcohol.

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, Churchill County and Nevada, BRFSS Data, 2000 - 2009.*

The percentage of adults aged 18 years and older, engaged in the binge drinking of alcohol fluctuated for both the state and the county from 2000-2009.

Churchill County met the Healthy People 2010 target of 13.4 percent in 2009.



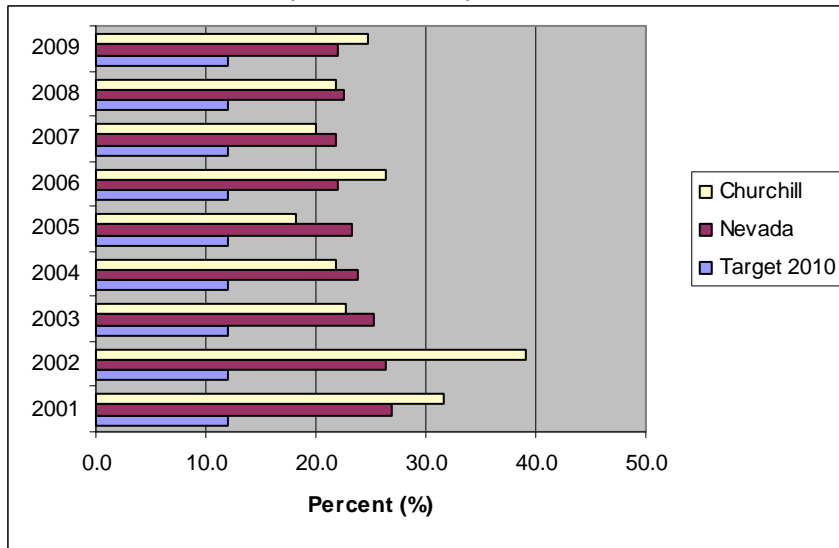
*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

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, Churchill County and Nevada, BRFSS Data, 2001 - 2009.*



The percentage of cigarette smoking adults declined over the years 2001-2009 for the state of Nevada and for Churchill County.

Neither the state nor Churchill County have met the Healthy People 2010 target of 12 percent in any of the reported Behavioral Risk Factor Surveillance System years between 2001-2009.

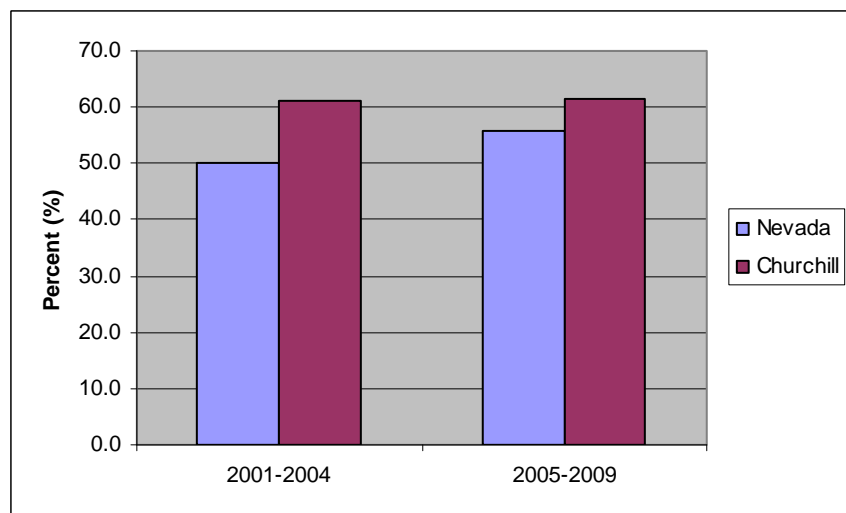
Healthy People 2010 Objective (27-5.): Increase smoking cessation attempts by adult smokers.

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

The aggregate rate for the percentage of adults reporting smoking cessation attempts in the past year remained steady for Churchill County from 2001-2009, while the state rate increased during the reporting period.

Neither the state nor the county met the Healthy People 2010 target of 80 percent.

Aggregated Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year, Churchill County 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: Churchill County Indicator Exemptions

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

- Maternal, Infant, Child Health (MICH):
 - MICH HP2020-15g: Reduce infant death rate from birth defects (congenital heart failure).

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

- Blood Disorders and Blood Safety (BDDBS):
 - BDDBS HP2020-2: Reduce hospitalizations for sickle cell disease among children aged 9 years and younger.
- Cancer (C):
 - C HP2020-4: Cervical cancer death rate.
- Food Safety (FS):

- FS HP2020-3c: Rate of reported cases of Listeriosis.
- Human Immunodeficiency Virus (HIV):
 - HIV HP2020-7: HIV infection death rate.
- Immunizations and Infectious Diseases (IID):
 - IID HP2020-3: Crude rate of new cases of Hepatitis A.
 - IID HP2020-4: Crude rate of reported new 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 HP2020-1b: Death rate of children aged 5 to 9 years.
 - MICH HP2020-2a: Death rate of adolescents aged 10 to 14 years.
- Sexually Transmitted Diseases (STD):
 - STD HP2020-5: Reduce the rate of primary and secondary syphilis.