ACCESS TO HEALTH CARE REPORT: 2024

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

STATE OF NEVADA

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Prepared by Public Health Supportive Services

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EXECUTIVE SUMMARY

As public health systems and health care systems throughout Nevada continue to pivot from their SARS CoV-2/COVID-19 response efforts to face both new and existing challenges, a common and persistent issue Nevadans throughout the state's rural/frontier/urban areas face has been access to primary and behavioral health care.

This report examined a broad range of county/state/federal level health data sources (from the time period of 2018 and 2023) to help measure how Nevadans lack access to, or experience barriers to, primary and behavioral health care resources, and to identify where they live.

Overview

The research within this report examined the following: demographic data of Nevada's growing population (e.g., age, race, ethnicity, etc.); their health insurance status; their education level; the special health service needs of those populations (e.g., physical/intellectual disabilities, pregnancy, LGBTQ, etc.); and discrimination.

Summary of Findings

Research of population data between 2018 and 2023 revealed the following:

a. Age: Nevada's fourteen rural and frontier counties have populations that are generally older than their counterparts in the state's three urban counties. Ironically, although these older populations require more reliable and frequent access to primary and behavioral health care resources, the findings indicate that these rural/frontier areas have less of both.

b. Race/Ethnicity: Nevada's population is becoming more diversified, as population rates amongst minority groups continue to grow, especially within the state's three urban counties. Nevada's rate of residents who live within a home where a "*language other than English is spoken*" was 29.8%, which is significantly higher than the U.S. rate of 21.7% for the same year (2022). As a result, a growing barrier to accessing health care that was identified by these minority populations was '*language or cultural*.'

c. Health Insurance Status: The overall rates of Nevada residents without health insurance have slowly increased between 2018 (12.9%) and 2021 (13.8%), with that trend being observed primarily within the state's three urban counties (13.0% in 2018 to 13.9% in 2021). These trends were identified more amongst male residents (14.9%) rather than female residents (12.6%) for 2021. When the rates of uninsured residents were examined by race/ethnicity, the rates for each of Nevada's race/ethnicity groups were higher than their counterparts throughout the rest of the United States (i.e., White, Black, Hispanic, AI/AN, Asian, etc.).

d. Education Levels: The rates of high school graduates amongst Nevada's rural/frontier residents (89.0%) were slightly higher than those of the urban areas (86.5%) for 2018 to 2022. When the rates of those who earned a bachelor's degree were examined, the results were flipped: rates amongst urban residents with college degree were higher (27.4%) versus those of the rural/frontier areas (18.7%). Overall, Nevada's high school graduate rate (87.1%) lags slightly behind the overall U.S. rate (89.1%), and Nevada's college graduate rate (26.5%) lags behind the overall U.S. rate (34.3%) for 2018 to 2022.

e. Disability: Queries to measure childhood disability rates across six categories (i.e., autism, developmental, emotional, learning, speech/language/hearing, and other disabilities) indicate that Nevada's rural/frontier counties have rates comparable with those observed within the three urban counties (2022). When the percent of Nevada residents with a physical disability were examined (2022) by gender, the rate for males (13.0%) was slightly higher than the rate for females (12.8%). The rate of Nevada residents with a disability by age (2022) was often higher for rural/frontier residents (e.g., 7.4% for ages 5 to 17 versus the state' rate of 5.7% for that same age group, 8.6% for ages 18 to 34 versus 6.9%, etc.) in four of

the six age categories. Of the six disability types (i.e., hearing, vision, cognition, ambulatory, self-care, and independent living) that were measured, ambulatory (6.9%), independent living (5.5%) and cognition (4.9%) were the top three types identified.

f. Discrimination: Nevada has advanced the rights afforded to its communities that have routinely faced discrimination, and continues to welcome new residents of color to the state:

    a. Marriage Inequality: In 2020 Nevada voters overturned an eighteen (18) year old ban on same sex marriage, thus making it the first state to enshrine this right into its state constitution.

    b. LGBTQ: The Movement Advancement Project 2024 scored Nevada across seven categories:
        i. Relationship and Parental Recognition: Nevada scored 7 out of 8
        ii. State Non-discrimination Laws: Nevada scored 9 out of 9
        iii. Religious Exemptions Laws: Nevada scored 0 out of 6
        iv. LGBTQT Youth Laws and Policies: Nevada scored 10 out of 10
        v. Health care Laws and Policies: Nevada scored 6.5 out of 7.5
        vi. Criminal justice Laws and Policies: Nevada scored 5 out of 6
        vii. Ability for Transgender People to Correct Name and Gender Markers on Identity Documents: Nevada scored 4 out of 4

    c. Communities of Color: Nevada has experienced a sharp increase in the number of its residents who identify as multiracial:
        i. Black or African Americans now make up 9.8% of the population, up from 8.1%: Nevada's Black population grew by 39.4% over the past decade.
        ii. Asians make up 8.8% of the population, up from 7.2%: Nevada's Asian population grew by 39.5% over the past decade.
        iii. American Indian/Alaska Natives make up 1.4% of the population, up from 1.2%: Nevada's AI/AN population grew by 37% since 2010.
        iv. Hispanics now comprise 28.7% of Nevada's population, up from 26.5% in 2010.

Recommendations

This report leveraged comprehensive datasets that used data from 2018 to 2023, whenever possible to assess access to primary and behavioral health care within Nevada. However, there were limitations in key metrics, particularly areas around the:

1. Underinsured
2. Language and cultural barriers (e.g., specific languages, specific cultures, etc.)
3. Data related to transportation access

These gaps necessitate further data collection efforts (e.g., enhanced community survey questions, etc.) to specifically target each gap, and to comprehensively evaluate how they influence and impact barriers to primary and behavioral health care in future assessments.

In addition, a paradigm shift away from passive methods reliant on billable services and census data, and towards actively engaging the community, is crucial. The Nevada State Health Assessment's Community Survey and Listening Tour Groups identified common themes. However, increasing the sample size, particularly for smaller demographic groups within rural and frontier counties, and including additional questions related to access to primary and behavioral health care, barriers to access, and other potential barriers is necessary to fully understand the access disparities experienced by these underrepresented groups.

Furthermore, collaboration with health care partners across the state is required to help bridge the gap faced by a population spread across a broad expanse of rural and urban areas. These partners encompass professionals and leaders in behavioral health, primary care, K-12 and higher education, minority health and equity groups, community-based organizations, and government agencies.

INTRODUCTION

The DPBH commissioned this report via an awarded contract to Public Health Supportive Services (PH-SS). This report is intended to:

- Review data on populations who lack access or experience barriers to primary and behavioral health care;
- Review data on the availability and gaps in these services;
- Draw conclusions about the causes of barriers to accessing primary and behavioral health care; and,
- Develop a detailed assessment of access to primary and behavioral health care for rural and frontier counties throughout Nevada.

This report was developed by a team of PH-SS subject matter experts (SMEs) who specialize in fields such as epidemiology, biostatistics and project management. Together this PH-SS team collaborated directly with counterparts from DPBH who helped to guide and strengthen the collection, analysis and interpretation of county-level and state-level datasets.

The report primarily uses data from the previous five years. However, due to delays in the availability for select indicators, data from earlier periods were utilized for certain indicators, if necessary. Data from a variety of sources, including national, state, and local sources were included. In addition, both population and survey data were assessed where appropriate.

COLLABORATIVE ASSESSMENT OF EFFORTS TO IMPROVE ACCESS TO HEALTH CARE IN INDIVIDUAL COUNTIES IN NEVADA

This collaborative assessment of efforts to improve access to health care in Nevada is intended to meet the requirements of Measure 7.1.1A in the Public Health Accreditation Board's (PHAB's) *Standards and Measures for Initial Accreditation (Version 2022*). The overall goals of this requirement are to show DPBH participates in a "collaborative process to develop an understanding of the population's access to needed health care services, including behavioral health and primary care . . . and to understand the systemic barriers that may make it difficult for some populations to access care. These data can be useful in developing strategies or seeking support to expand services."

The Collaborative Assessment

The DPBH should consider collaborating with the partners below, as appropriate, to improve access to primary and behavioral health care services in Nevada.

- Health Care Services:
  - Primary Care
- Behavioral Health Services:
  - Adult
  - Pediatric
- Other Services:
  - Oral Care (e.g., General Care, Dental Clinics, Endodontists, etc.)
  - Clinical Preventative Services
  - EMS
  - ED/ER
  - Urgent Care
  - Occupational Medicine
  - Specialty Ambulatory Care (e.g., cancer centers, cardiology centers, pain management centers, etc.)
  - Inpatient Care
  - Diabetic Care
  - HIV Health Services

LIST OF PARTNERS WORKING TO IMPROVE ACCESS TO HEALTH CARE WITHIN RURAL/FRONTIER COUNTIES

The DPBH team collaborates with various partners/agencies to facilitate and improve access to both primary and behavioral health care throughout the state. These include:

- Academic Institutions
  - University of Nevada, Reno (UNR)
    - School of Medicine
    - School of Nursing
    - School of Public Health
  - University of Nevada, Las Vegas (UNLV)
    - Behavioral Health Education, Retention, and Expansion Network of Nevada
    - School of Medicine
    - School of Public Health
- Governmental Agencies
  - Local Health Authorities
  - County Health Officers
  - Nevada Office of Minority Health and Equity
  - Other Divisions of the Department of Health and Human Services
    - Division of Health Care Financing and Policy (Medicaid)
    - Aging and Disability Services Division
    - Division of Child and Family Services
- Non-profit Agencies
  - Nevada Public Health Foundation
  - Nevada Public Health Association
  - Nevada Primary Care Association
  - Nevada Association of Counties
  - High Sierra AHEC
  - Birth Collaborative LV
- Tribal Health Clinics
- Community Coalitions
  - CARE Coalition
  - Churchill Community Coalition
  - Frontier Community Coalition
  - Healthy Communities Coalition
  - Join Together Northern Nevada
  - NyE Communities Coalition
  - PACE Coalition
  - PACT Coalition
  - Partnership Carson City
  - Partnership Douglas County

These groups often collaborate with DPBH on various initiatives to address health disparities, increase accessibility, share resources, and advocate for policies to enhance overall health outcomes across the state.

REVIEW OF DATA ON POPULATIONS WHO LACK ACCESS OR EXPERIENCE BARRIERS TO CARE

The PH-SS team benefitted from the many years of accumulated data and research already completed by the DPBH team. The DPBH has a long history of collaborative work with local and other state partners, culminating in a series of community health needs assessment reports. This includes existing survey data about the systematic barriers to accessing primary and behavioral health care experienced by the following population groups:

Age Data

The *Nevada Department of Taxation, Nevada State Demographer's*, website lists these data for each of Nevada's counties with the 2023 population estimate broken down by age groups.

Table 1: Nevada Population by Region/County and Age Group (2023)

Age Ranges	0 to 9	10 to 19	20 to 29	30 to 39	40 to 49	50 to 59	60 to 69	70 to 79	80+	Total
Rural Counties (n=3)										
Douglas	4,578	4,843	4,726	6,362	5,280	7,156	9,965	6,769	3,832	53,510
Lyon	7,081	7,282	7,164	7,888	6,912	8,337	8,192	5,781	2,885	61,521
Storey	287	391	385	705	338	658	935	650	243	4,592
Frontier Counties (n=11)										
Churchill	3,295	3,606	3,833	3,892	2,796	3,048	3,015	1,930	1,220	26,634
Elko	6,253	7,187	9,137	10,500	5,111	6,745	5,711	4,048	1,736	56,426
Esmeralda	48	59	232	219	73	123	118	108	113	1,093
Eureka	168	200	254	265	187	252	290	183	90	1,888
Humboldt	2,315	2,620	2,407	2,965	1,427	2,293	2,096	1,110	629	17,862
Lander	740	842	794	1,062	578	677	781	525	226	6,225
Lincoln	372	597	783	733	519	495	632	547	306	4,984
Mineral	485	605	580	935	465	396	562	496	325	4,847
Nye	4,443	5,391	5,342	5,613	5,001	6,806	9,132	6,671	3,676	52,075
Pershing	572	840	1,396	1,445	912	696	626	567	276	7,333
White Pine	848	1,183	1,372	1,305	1,349	1,124	1,380	1,063	511	10,136
Rural & Frontier Subtotal	31,485	35,646	38.4K	43,889	30,948	38.8K	43,435	30.4K	16,068	309,126

Urban Counties (n=3)										
Carson City	5,238	7,008	5,733	8,715	5,564	9,760	6,991	7,048	2,983	59,039
Clark	278,821	325,185	335.7K	334.6K	329.5K	302.5K	253.9K	158.9K,	73,008	2.392M
Washoe	58,424	67,780	77,887	69,088	61,138	59,031	62,931	38,989	16,306	511,575
Urban Subtotal	342.5K	399.9K	419.3K	412.4K	396.2K	371.3K	323.9K	204.9K	92.3K	2.96M
Nevada	**373.9K**	**435.6K**	**457.7K**	**456.3K**	**427.1K**	**410.1K**	**367.3K**	**235.3K**	**108.3K**	**3.27M**

When these numbers are compared to the percentage of their respective county's population, it confirms the findings discussed on page 2 of the Nevada Rural and Frontier Health Data Book (11th Edition) that "*all things being equal, rural counties tend to have an older population than urban counties. An older population, in turn, is typically at a greater risk of death and disability than a younger population and uses a disproportionately larger share of health care resources*" as compared to the state's three urban counties. This issue will resurface later in this report when the ratios of health care providers and patients are examined for each of the state's 17 counties.

To add further detail to these age group data, the UNR School of Medicine's *2023 Nevada Rural and Frontier Health Data Book (11th Edition)* provides more detailed data concerning age demographics (see page 13, 'Demographic Profile of Rural and Frontier Nevada', and Table 1.4 on page 22).

Ethnicity Data

The *Nevada Department of Taxation, Nevada State Demographer's* website also lists these data for each of Nevada's counties with the 2023 population estimate broken down by race/ethnicity listed for these five Race/Ethnicity groups:

Table 2: Nevada Population by Region/County and Race/Ethnicity (2023)

Race/Ethnicity	White		Black		AI/AN		API		Hispanic	
	N	%	N	%	N	%	N	%	N	%
Rural Counties (n=3)										
Douglas	42,185	78.8%	376	0.7%	1,364	2.5%	1,739	3.2%	7,846	14.7%
Lyon	47,335	76.9%	723	1.2%	1,781	2.9%	1,302	2.1%	10,380	16.9%
Storey	4,187	91.2%	15	0.3%	53	1.2%	65	1.4%	272	5.9%
Frontier Counties (n=11)										
Churchill	20,372	76.5%	552	2.1%	1,456	5.5%	1,004	3.8%	3,250	12.2%
Elko	39,367	69.8%	538	1.0%	3,195	5.7%	797	1.4%	12,530	22.2%
Esmeralda	919	84.1%	0	0.0%	49	4.5%	1	0.1%	124	11.3%
Eureka	1,563	82.7%	4	0.2%	28	1.5%	18	1.0%	276	14.6%
Humboldt	11,695	65.5%	151	0.8%	1,001	5.6%	309	1.7%	4,706	26.3%
Lander	4,444	71.4%	21	0.3%	317	5.1%	27	0.4%	1,415	22.7%
Lincoln	4,331	86.9%	114	2.3%	83	1.7%	24	0.5%	432	8.7%
Mineral	3,280	67.7%	171	3.5%	838	17.3%	66	1.4%	492	10.2%
Nye	39,224	75.3%	1,649	3.2%	991	1.9%	1,361	2.6%	8,850	17.0%

Pershing	4,786	65.3%	478	6.5%	336	4.6%	87	1.2%	1,646	22.4%
White Pine	7,371	72.7%	389	3.8%	648	6.4%	163	1.6%	1,565	15.4%
Rural & Frontier Subtotal	231K	74.7%	5,181	1.7%	12,140	3.9%	6,963	2.3%	53,784	17.4%
Urban Counties (n=3)										
Carson City	41,272	69.9%	805	1.4%	1,419	2.4%	1,204	2.0%	14,340	24.3%
Clark	1.0M	41.9%	282K	11.8%	15,235	0.6%	286	12.0%	806K	33.7%
Washoe	311K	60.7%	13,870	2.7%	6,564	1.3%	39,360	7.7%	141K	27.6%
Urban Subtotal	1.35M	45.7%	297K	10.0%	23,218	0.8%	327K	11.0%	961K	32.4%
Nevada	**1.58M**	**48.5%**	**302K**	**9.2%**	**35,357**	**1.1%**	**334K**	**10.2%**	**1.01M**	**31.0%**

Additional data concerning ethnic categories is available in the UNR School of Medicine's *2023 Nevada Rural and Frontier Health Data Book (11th Edition)*. See page 13, 'Demographic Profile of Rural and Frontier Nevada', and Table 1.9 on page 27.

Geographic Location Data

The DPBH serves the state's three rural counties (shown in light blue in Map 1), as well as the state's 11 frontier counties (shown in blue).

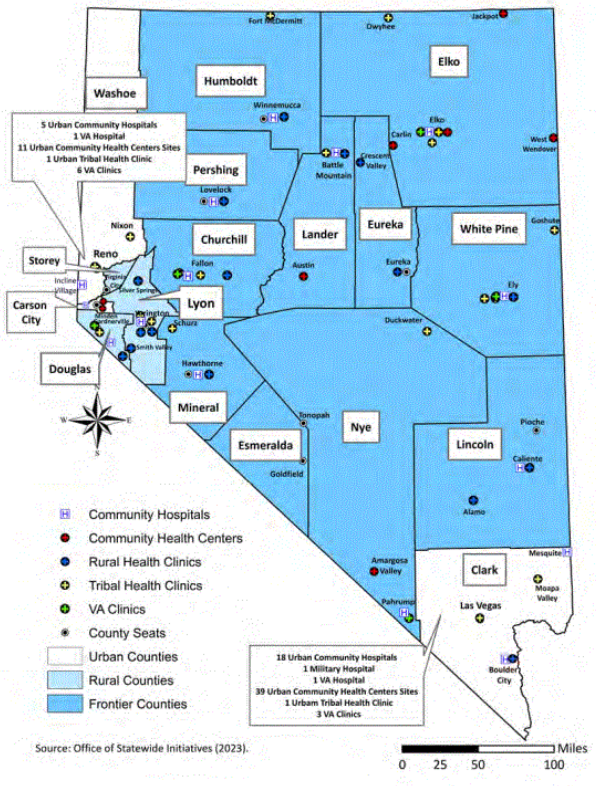
Together these 14 counties represent 7.6% of the state's total population and cover nearly 87% (95,431 square miles) of the state's total land mass.

The UNR School of Medicine's 2023 Nevada Rural and Frontier Health Data Book (11th Edition) provides maps showing where health care resources are distributed throughout the state, as shown here in Map 1.

The U.S. Census website provides the population per square mile data in each of Nevada's counties (2020), as compared to the U.S. average population per square mile:

- Rural Counties:
  - Douglas: 69.7
  - Lyon: 29.6
  - Storey: 15.6
- Frontier Counties:
  - Churchill: 5.2
  - Elko: 3.1
  - Esmeralda: 0.2
  - Eureka: 0.4
  - Humboldt: 1.8
  - Lander: 1.0
  - Lincoln: 0.4
  - Mineral: 1.2
  - Nye: 2.8
  - Pershing: 1.1

Map 1: Healthcare Resources in Nevada



  - White Pine: 1.0
- Urban Counties:
  - Carson City: 405.7
  - Clark: 287.1
  - Washoe: 77.0
- Nevada average: **53.1**
- U.S. average: **93.8**

Health Insurance Status

A compilation of data for the health insurance status of each county within the state is provided below. Since the Affordable Care Act (ACA) was signed into law in March of 2010, Nevada and each of its counties have observed declining rates of uninsured residents. Uninsured rates are slightly lower in Nevada's rural and frontier counties than in urban counties. However, despite this positive trend, more recent data indicate that Nevada's overall rate of uninsured residents still lags behind the U.S. rates of uninsured, by as much as two to three percentage points.

Table 3: Nevada Residents without Health Insurance, under age 65, 2018 to 2021

Region/County	2018	2019	2020	2021
Rural Counties (n=3)				
Douglas	12.1%	11.4%	11.9%	10.2%
Lyon	13.1%	13.1%	15.3%	12.7%
Storey	9.3%	9.0%	11.7%	13.1%
Frontier Counties (n=11)				
Churchill	13.9%	13.4%	15.0%	12.8%
Elko	11.7%	13.0%	14.1%	11.2%
Esmeralda	14.0%	18.2%	18.5%	20.9%
Eureka	7.3%	7.2%	7.7%	7.7%
Humboldt	15.7%	15.1%	16.9%	13.8%
Lander	11.9%	12.5%	15.0%	12.9%
Lincoln	11.9%	11.8%	13.0%	12.0%
Mineral	12.0%	12.6%	12.2%	11.4%
Nye	13.2%	12.9%	12.9%	13.1%
Pershing	14.4%	14.1%	13.9%	11.6%
White Pine	11.1%	10.4%	12.6%	10.6%
Rural & Frontier Subtotal	12.7%	12.7%	13.9%	12.0%
Urban Counties (n=3)				
Carson City	13.5%	14.7%	16.2%	13.2%
Clark	13.0%	13.7%	13.8%	14.4%
Washoe	12.5%	12.5%	13.3%	12.0%
Urban Subtotal	13.0%	13.5%	13.8%	13.9%
Nevada	**12.9%**	**13.5%**	**13.8%**	**13.8%**
United States	**10.4%**	**10.8%**	**10.4%**	**10.2%**

When the *U.S. Census Small Area Health Insurance Estimates (SAHIE)* data are stratified by gender, similar patterns are observed.

Table 4: Nevada Residents without Health Insurance, under age 65 by Gender, 2021

Region/County	Male	Female
Rural Counties (n=3)		
Douglas	11.1%	9.3%
Lyon	14.0%	11.2%
Storey	14.6%	11.5%
Frontier Counties (n=11)		
Churchill	15.0%	10.4%
Elko	11.8%	10.6%
Esmeralda	22.5%	18.9%
Eureka	8.4%	6.9%
Humboldt	15.0%	12.4%
Lander	13.8%	11.9%
Lincoln	13.3%	10.5%
Mineral	12.7%	10.1%
Nye	14.2%	12.0%
Pershing	13.0%	10.0%
White Pine	11.9%	9.1%
Rural and Frontier Subtotal	13.2%	10.8%
Urban Counties (n=3)		
Carson City	14.7%	11.7%
Clark	15.6%	13.1%
Washoe	12.8%	11.2%
Urban Subtotal	15.1%	12.7%
Nevada	**14.9%**	**12.6%**
United States	**11.3%**	**9.1%**

Once again, the data demonstrate that whereas the rates for uninsured males/females amongst the rural/frontier counties are slightly better than these rates for Nevada's urban counties, Nevada's overall rates still lag behind those of the United States.

When examining these U.S. Census data, and stratified those data by race and ethnicity, the same patterns were revealed.

Table 5: Nevada Residents without Health Insurance, under 65 by Race/Ethnicity, 2022

Region/ County	White alone	Black alone	Hispanic (any Race)	Amer. Indian/ Native Alaskan alone	Asian alone	Native Hawaiian /Pacific Islander	Two or more Races
Rural Counties (n=3)							
Douglas	6.1%	36.6%	17.5%	19.1%	5.8%	38.7%	9.8%
Lyon	8.2%	19.1%	18.3%	10.1%	6.1%	0.0%	12.7%
Storey	5.9%	0.0%	0.0%	0.0%	31.1%	*	12.9%
Frontier Counties (n=11)							
Churchill	6.5%	14.8%	24.9%	20.7%	0.0%	0.0%	23.6%
Elko	7.3%	2.0%	10.5%	18.5%	1.0%	0.0%	12.7%
Esmeralda	7.0%	*	23.1%	33.3%	0.0%	*	56.9%
Eureka	9.2%	*	0.0%	30.6%	0.0%	*	*
Humboldt	8.2%	0.0%	17.0%	24.1%	2.9%	0.0%	10.2%
Lander	4.1%	42.6%	18.2%	10.2%	0.0%	*	11.3%
Lincoln	10.3%	100.0%	13.5%	0.0%	*	*	16.2%
Mineral	9.8%	2.7%	23.8%	15.2%	*	*	6.3%
Nye	8.0%	0.6%	11.7%	22.8%	13.1%	0.0%	13.3%
Pershing	8.0%	0.0%	19.7%	24.6%	0.0%	*	8.2%
White Pine	4.0%	0.0%	4.5%	9.1%	0.0%	*	0.0%
Rural and Frontier Subtotal	7.3%	11.5%	15.2%	17.0%	5.7%	7.1%	13.0%
Urban Counties (n=3)							
Carson City	9.4%	7.0%	22.3%	17.6%	1.9%	0.0%	19.2%
Clark	9.3%	10.1%	20.0%	20.8%	9.0%	11.4%	14.6%
Washoe	7.4%	10.8%	18.7%	19.3%	8.3%	16.3%	12.0%
Urban Subtotal	8.9%	10.1%	19.9%	20.4%	8.9%	12.2%	14.3%
Nevada	**8.7%**	**10.2%**	**19.6%**	**19.6%**	**8.8%**	**12.1%**	**14.2%**
United States	**7.0%**	**9.8%**	**17.6%**	**19.3%**	**6.1%**	**11.5%**	**12.6%**

**Data are either suppressed or the population size is zero (0).*

Once again, the data demonstrate that whereas the rates for uninsured residents under 65 years of age, both sexes, by Race/Ethnicity amongst the rural/frontier counties are slightly better than those rates for Nevada's three urban counties, as well as some of the U.S. rates (in a few categories); the state's overall rates often lag behind those of the United States.

Educational Level Obtained

These education level data from the 2020 U.S. Census provide a basic profile of education levels (for high school graduate or higher) for each of the state's seventeen (17) counties as compared to the overall education levels for both Nevada and the United States.

Table 6: Education Levels (2018 to 2022)

Region/County	High School Graduate or Higher, Percent of Persons Age 25+ years, 2018-2022	Bachelor's Degree or Higher, Percent of Persons Age 25+ years, 2018-2022
Rural Counties (n=3)		
Douglas	93.4%	31.3%
Lyon	87.4%	16.1%
Storey	92.4%	31.4%
Frontier Counties (n=11)		
Churchill	92.2%	17.6%
Elko	88.9%	17.0%
Esmeralda	78.1%	24.3%
Eureka	95.2%	15.2%
Humboldt	85.4%	20.8%
Lander	90.2%	14.0%
Lincoln	88.2%	15.3%
Mineral	90.3%	14.6%
Nye	86.7%	12.5%
Pershing	84.1%	10.1%
White Pine	89.3%	13.3%
Rural and Frontier Subtotal	89.0%	18.7%
Urban Counties (n=3)		
Carson City	88.6%	24.3%
Clark	86.5%	26.4%
Washoe	88.5%	32.5%
Urban Subtotal	86.9%	27.4%
Nevada	**87.1%**	**26.5%**
United States	**89.1%**	**34.3%**

As these data reveal, the high school graduation rates amongst Nevada's rural and frontier counties are slightly higher than those rates listed for each of the state's three urban counties. Nevada's overall rate of 87.1% lags slightly behind the national rate of 89.1%.

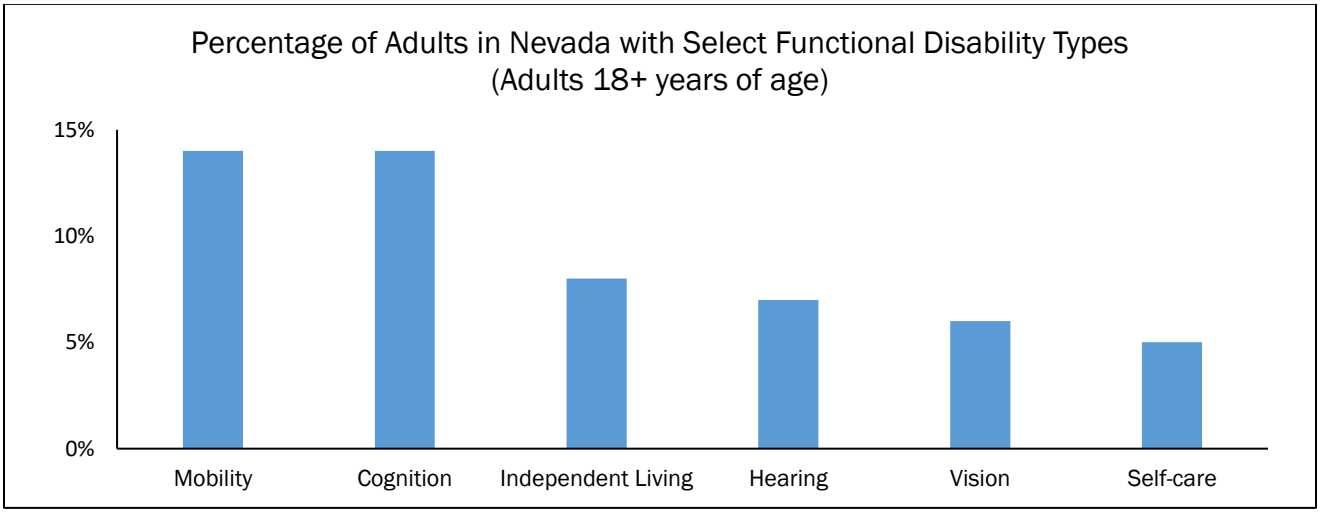
However, when the search criteria change to bachelor's degree attainment, those graduation rates for the rural and frontier counties fall significantly behind the rates indicated for the state's three

urban counties, as well as the state's overall rate for bachelor's degree attainment. As observed previously with high school graduation rates, the state's overall rate for bachelor's degree attainment (26.5%) lags behind the national rate (34.3%), by nearly 8 percentage points for the years indicated.

People with Intellectual Disabilities

The CDC's National Center on Birth Defects and Developmental Disabilities (NCBDDD) website (www.cdc.gov/ncbddd/disabilityandhealth/impacts/nevada.html) provides these data for Nevada:

Figure 1: Functional Disability Types, Nevada



The NCBDDD provides definitions for each of the disability types:

- Mobility: Serious difficulty walking or climbing stairs
- Cognition: Serious difficulty concentrating, remembering, or making decisions
- Independent living: Serious difficulty doing errands alone, such as visiting a doctor's office
- Hearing: Deafness or serious difficulty hearing
- Vision: Blind or serious difficulty seeing, even when wearing glasses
- Self-care: Difficulty dressing or bathing

Queries to identify the '*number of people with intellectual disabilities within rural and frontier Nevada*' revealed these data:

- *"An estimated 269,000 people in Nevada over the age of five who have a form of disability" and,*
- *"Approximately 50,000 Nevadans (2.3% of the state's population) experience difficulty with performing daily chores/activities such as: dressing, bathing, or moving through their home."*

Those queries also revealed the following data from the UNR School of Medicine's Nevada Rural and Frontier Health Data Book (11th Edition), Table 4.19, on page 101 of that document:

Table 7: Childhood Disability in Nevada, by County of residence, per 1,000 Enrolled Students, 2022

Region/County	Autism Spectrum Disorder	Develop-mentally Delayed	Emotional Disturbance	Learning Disability	Speech/ Language/ Hearing Disability	Other Impairment Disabilities	Total
Rural Counties (n=3)							
Douglas	10.2	10.2	1.9	55.0	27.3	23.4	128.1
Lyon	15.5	9.0	3.6	44.3	29.7	39.4	141.5
Storey	*	*	*	47.8	26.1	32.6	106.5
Frontier Counties (n=11)							
Churchill	11.3	13.3	*	92.9	20.8	22.5	160.7
Elko	9.8	5.1	3.5	58.9	19.4	27.7	124.4
Esmeralda	*	*	*	*	*	62.5	62.5
Eureka	*	*	*	46.7	53.0	43.6	143.3
Humboldt	19.3	9.4	7.4	72.9	22.1	26.4	157.4
Lander	12.0	10.0	*	56.9	18.0	16.0	112.8
Lincoln	*	*	*	48.3	44.3	30.5	123.2
Mineral	*	*	*	61.5	34.9	46.5	142.9
Nye	16.8	13.7	4.6	55.8	16.2	30.1	137.1
Pershing	*	18.2	*	101.8	35.0	31.9	186.9
White Pine	*	10.3	*	67.1	20.5	31.4	129.3
Rural/Frontier Subtotal	12.6	9.1	3.4	59.3	23.9	30.2	136.9
Urban Counties (n=3)							
Carson City	10.8	9.7	1.8	51.6	33.6	27.0	134.5
Clark	21.8	8.6	3.9	50.1	13.6	20.5	118.6
Washoe	15.1	8.6	3.8	61.2	21.9	27.0	137.6
Urban Subtotal	22.2	9.1	4.1	57.9	18.3	23.9	135.5
Nevada	**21.2**	**9.1**	**4.1**	**58.1**	**18.8**	**24.5**	**135.6**

**Data suppressed due to small numbers*

Although the team's queries failed to identify the specific number of people with intellectual disabilities in each of Nevada's 17 counties, these efforts did locate several programs and centers that offer services to residents with intellectual disabilities throughout each of these counties. These include, for example:

- Sierra Regional Center (SRC): http://adsd.nv.gov/Programs/Intellectual/Intellectual/
- N4 (Neighbor Network of Northern Nevada): www.neighbornv.org
- Northern NV RAVE Family Foundation: www.nnrff.org

People with Physical Disabilities

The U.S. Census website provides the following data for each of the state's counties, as well as the overall data for the State of Nevada:

Table 8: Percent of Nevada Residents with a Disability, by Region/County and Sex (2022 estimates)

Region/County	Male	Female
Rural Counties (n=3)		
Douglas	17.1%	15.4%
Lyon	17.2%	15.9%
Storey	28.2%	17.1%
Frontier Counties (n=11)		
Churchill	20.3%	19.3%
Elko	14.6%	10.7%
Esmeralda	33.1%	11.5%
Eureka	10.3%	27.6%
Humboldt	14.3%	14.9%
Lander	15.0%	13.3%
Lincoln	22.1%	20.3%
Mineral	33.1%	11.5%
Nye	24.5%	23.3%
Pershing	16.8%	18.6%
White Pine	16.4%	12.3%
Rural and Frontier Subtotal	18.3%	16.4%
Urban Counties (n=3)		
Carson City	14.3%	16.3%
Clark	12.5%	12.5%
Washoe	11.9%	12.0%
Urban Subtotal	12.4%	12.5%
Nevada	**13.0%**	**12.8%**

These data indicate rural and frontier counties often have disability rates higher than those observed for the state's three urban counties (e.g., 18.3% disability rate for males within rural/frontier versus 12.4% for males within urban counties, etc.).

After further stratifying these U.S. Census data by race/ethnicity, similar patterns emerged. Whereby rural/frontier county populations may be much smaller than their counterparts within the three urban counties, the populations of rural/frontier counties have higher disability rates across all eight Race/Ethnicity categories listed in this table.

Table 9: Percent of Nevada Residents with a Disability, by Region/County and by Race/Ethnicity (2022 estimates)

Region/County	White Alone	African American Alone	American Indian & Alaska Native alone	Asian Alone	Native Hawaiian & Other Pacific Islander Alone	Some other race alone	Two or more races	Hispanic or Latino (of any race)
Rural Counties (n=3)								
Douglas	16.9%	1.9%	34.2%	9.7%	14.0%	9.8%	11.8%	7.9%
Lyon	18.1%	17.4%	20.9%	13.7%	20.8%	4.7%	11.3%	8.3%
Story	22.3%	98.8%	0.0%	35.6%	*	60.7%	11.8%	14.0%
Frontier Counties (n=11)								
Churchill	19.8%	28.4%	21.1%	10.6%	0.0%	13.2%	24.4%	8.2%
Elko	12.2%	12.4%	17.1%	10.1%	12.2%	13.9%	13.6%	10.1%
Esmeralda	23.9%	*	0.0%	0.0%	*	*	23.1%	36.9%
Eureka	17.8%	*	15.3%	0.0%	*	56.1%	*	54.5%
Humboldt	14.5%	0.0%	27.2%	8.7%	54.1%	5.3%	20.6%	6.2%
Lander	14.3%	0.0%	25.0%	0.0%	*	90.0%	8.6%	9.2%
Lincoln	22.1%	0.0%	8.5%	*	*	*	18.3%	0.0%
Mineral	17.3%	0.0%	15.2%	*	*	0.0%	18.6%	9.6%
Nye	25.6%	17.8%	10.6%	26.4%	12.2%	14.8%	19.8%	17.3%
Pershing	19.1%	0.0%	19.9%	6.3%	*	9.3%	12.8%	12.7%
White Pine	13.8%	49.2%	9.5%	0.0%	*	5.1%	31.3%	9.9%
Rural/Frontier Subtotal	18.1%	16.1%	19.3%	14.0%	16.1%	10.7%	15.5%	10.4%
Urban Counties (n=3)								
Carson City	17.1%	10.5%	14.6%	8.8%	0.0%	8.0%	10.9%	10.2%
Clark	14.3%	14.1%	12.0%	10.1%	12.2%	9.1%	9.6%	8.7%
Washoe	13.3%	11.5%	12.0%	8.0%	10.3%	7.7%	10.2%	8.3%
Urban Subtotal	14.1%	14.0%	12.1%	9.9%	11.9%	8.8%	9.7%	8.7%
Nevada	**14.6%**	**14.0%**	**13.7%**	**9.9%**	**12.0%**	**8.9%**	**10.1%**	**8.8%**

**Data are either suppressed or the population size is zero (0).*

When further refining the search query to stratify the U.S. Census data by age group, the pattern shifts slightly. The disability rates amongst residents of Nevada's rural/frontier counties are similar to rates for three urban counties and the state's averages for the 'Under 5' group, and slightly lower for the '75+' group (e.g., 46.0% for Rural/Frontier versus 47.3% for the Nevada's average rate). In the other four categories (e.g., '5 to 17', etc.) the rates amongst residents of the rural/frontier counties are higher than those observed for the urban counties, as well as the state's average rates within the same age categories.

Table 10: Percent of Nevada Residents with a Disability, by Region/County and by Age Group (2022 estimates)

Region/County	Under 5	5 to 17	18 to 34	35 to 64	65 to 74	75+
Rural Counties (n=3)						
Douglas	0.0%	4.4%	6.9%	12.8%	24.0%	43.7%
Lyon	3.8%	6.4%	7.6%	16.8%	29.8%	43.7%
Story	0.0%	2.8%	19.2%	17.1%	31.9%	44.7%
Frontier Counties (n=11)						
Churchill	0.0%	11.2%	11.7%	18.6%	35.5%	55.1%
Elko	0.8%	4.2%	9.0%	15.0%	23.8%	52.4%
Esmeralda	0.0%	5.3%	0.0%	26.3%	14.4%	76.8%
Eureka	0.0%	38.0%	3.7%	19.3%	15.5%	15.6%
Humboldt	0.0%	8.4%	5.6%	13.3%	42.8%	48.6%
Lander	0.0%	4.8%	10.5%	16.2%	23.2%	57.7%
Lincoln	0.0%	10.8%	5.9%	24.0%	16.1%	77.4%
Mineral	3.1%	1.3%	2.6%	24.2%	25.8%	25.8%
Nye	0.0%	12.2%	10.5%	24.5%	33.1%	44.9%
Pershing	0.0%	11.5%	9.8%	21.5%	30.6%	30.3%
White Pine	0.0%	9.4%	6.9%	6.9%	33.3%	51.2%
Rural/Frontier Subtotal	1.0%	7.4%	8.6%	17.1%	29.3%	46.0%
Urban Counties (n=3)						
Carson City	0.0%	5.7%	8.7%	12.8%	25.1%	55.8%
Clark	0.9%	5.5%	6.8%	12.2%	25.7%	47.3%
Washoe	1.4%	5.6%	6.6%	10.9%	22.4%	47.0%
Urban Subtotal	0.9%	5.5%	6.8%	12.0%	25.1%	47.5%
Nevada	**1.0%**	**5.7%**	**6.9%**	**12.5%**	**25.6%**	**47.3%**

The next table provides U.S. Census data for various disabilities and shows that although the rural/frontier county populations are much smaller than those of the three urban counties, the rates of disability amongst residents of the rural/frontier counties are higher than those in urban counties, as well as the state's average rates.

Table 11: Percent of Nevada Residents, by County, by Disability Type (2022 estimates)

Region/County	Hearing	Vision	Cognitive	Ambulatory	Self-Care	Independent Living
Rural Counties (n=3)						
Douglas	6.5%	2.7%	4.9%	8.6%	2.6%	5.3%
Lyon	4.7%	3.3%	5.5%	8.1%	2.9%	6.5%
Storey	10.1%	7.8%	8.5%	12.2%	5.5%	9.9%
Frontier Counties (n=11)						
Churchill	6.6%	4.2%	7.6%	10.4%	3.9%	8.7%
Elko	4.2%	2.9%	4.4%	5.8%	1.5%	5.5%
Esmeralda	17.4%	3.7%	3.8%	17.3%	0.4%	5.4%
Eureka	2.5%	4.2%	8.4%	9.1%	0.9%	9.2%
Humboldt	5.1%	2.5%	4.1%	8.1%	2.1%	4.7%
Lander	5.7%	3.8%	4.6%	5.8%	2.3%	3.7%
Lincoln	6.8%	2.4%	6.9%	15.5%	3.7%	8.9%
Mineral	7.3%	3.6%	6.3%	8.5%	1.0%	4.9%
Nye	8.2%	4.6%	7.7%	12.7%	3.3%	8.3%
Pershing	3.4%	3.1%	8.7%	9.4%	6.0%	8.8%
White Pine	4.5%	5.4%	5.0%	6.6%	2.0%	4.7%
Rural/Frontier Subtotal	5.9%	3.5%	5.8%	8.9%	2.7%	6.5%
Urban Counties (n=3)						
Carson City	5.5%	2.9%	5.2%	8.1%	2.5%	5.7%
Clark	3.4%	2.5%	4.8%	6.8%	2.6%	5.4%
Washoe	3.8%	2.3%	4.5%	6.3%	2.3%	5.2%
Urban Subtotal	3.5%	2.5%	4.8%	6.7%	2.5%	5.4%
Nevada	**3.8%**	**2.6%**	**4.9%**	**6.9%**	**2.5%**	**5.5%**

People Who Face Discrimination (e.g., Marriage Inequality, LGBTQ, Communities of Color, Disabilities, Immigrants, etc.)

The Nevada Equal Rights Commission (NERC) provides state residents with a streamlined system to report complaints involving any of the following types of discrimination: race; color; religion; national origin; sex; sexual harassment; sexual orientation; pregnancy; gender identity; gender expression; equal pay; disability; age; criminal background; retaliation; and genetic information.

Marriage Inequality: In 2020, Nevada voters overturned an eighteen-year-old ban on same sex marriage, thus making the state the first to enshrine into its state constitution the guarantee that gay couples have the right to marry. In Question 2 on that year's ballot, voters throughout the state were asked whether they supported an amendment to the state constitution that would recognize marriage as '*between couples regardless of gender*.' The amendment also asked if religious

organizations and clergy could retain the right to 'refuse to solemnize a marriage. This ballot question, referred to as the '*Marriage Regardless of Gender Amendment*' passed with 62% in favor and 38% against.

LGBTQ Community: The Nevada State Health Assessment examined sexual orientation and gender identity, and found:

> *"Based on a 2019 report from the Gallup and the Williams Institute, 5.5% of Nevadans identify as lesbian, gay, bisexual, or transgender, the third highest rate in the nation. More than half (56%) of respondents who identified as part of the LGBTQ community were between the ages of 17 and 34, and 58% identified as white."*

It also provides:

> *"According to the 2021 Youth Risk Behavior Survey, 31.1% of high school students identify as something other than heterosexual. In addition, 5.6% of students identify as gay or lesbian, 15.7% identify as bisexual, 4.7% identify as some other orientation, and 5.1% question their orientation. According to the same survey, 4% of high school students identify as transgender and 2.9% of students question their sexual orientation or gender identity. This represents a 2% increase in students who identify as transgender from 2019."*

Further exploration was completed into where Nevada ranks when it comes to the protections afforded to these groups that potentially face discrimination, including reviewing open-source data available through a range of sources, most notably the Movement Advancement Project 2024 website.

This resource "*examines each state's LGBTG policy climate, as measured by over 50 pro- or anti-LGBTQ laws and policies. These laws are grouped into seven major categories: relationship and parental recognition; non-discrimination; religious exemptions; LGBTQT youth; healthcare; criminal justice; and, the ability for transgender people to correct name and gender markers on identity documents*." Nevada's full state profile can be found on this website: https://www.mapresearch.org/equlaity_maps/profile_state/NV

The latest data (August 2024) provide these scores for each of the categories listed:

- Relationship and Parental Recognition: Nevada scored 7 out of 8
- State Non-discrimination Laws: Nevada scored 9 out of 9
- Religious Exemptions Laws: Nevada scored 0 out of 6
- LGBTQT Youth Laws and Policies: Nevada scored 10 out of 10
- Health care Laws and Policies: Nevada scored 6.5 out of 7.5
- Criminal justice Laws and Policies: Nevada scored 5 out of 6
- Ability for Transgender People to Correct Name and Gender Markers on Identity Documents: Nevada scored 4 out of 4

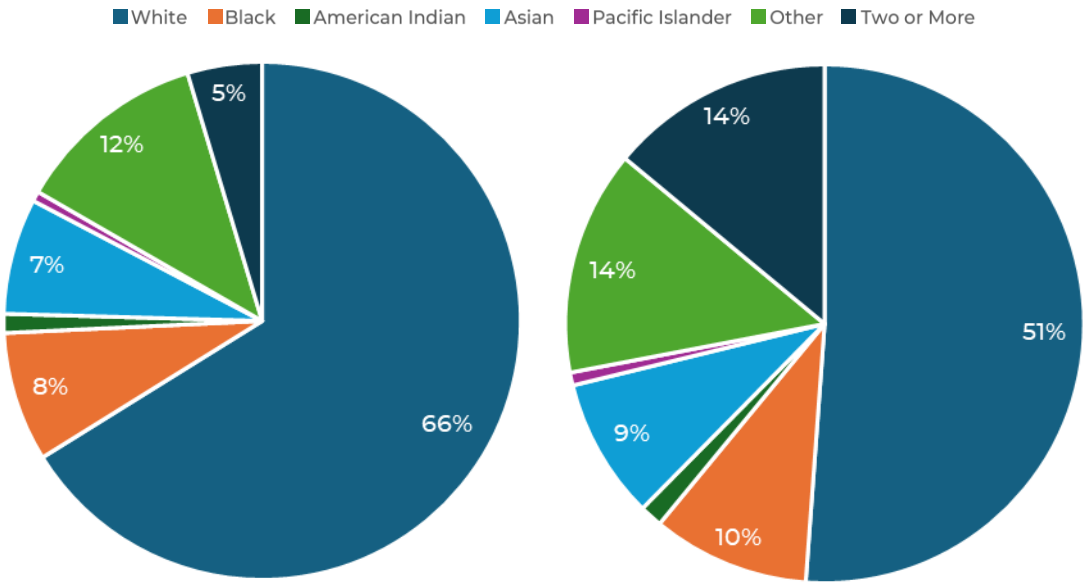
Communities of Color: The 2020 U.S. Census marked a shift in demographics, when in Nevada's population, experienced a sharp increase in the number of residents who identify as multiracial. A key indicator of this shift, as explained in an August 16, 2021, article in the Nevada Current (Census data shows communities of color are the new Nevada · Nevada Current), is: "*Nationally, the percentage of the population that identifies as white dropped 8.6% between 2010 and 2020. In Nevada, the group dropped 11.1%."* The article goes on to explain that the biggest growth was observed amongst Hispanic and Latino residents. Similar growth rates were observed amongst other groups, including:

- Black or African Americans now make up 9.8% of the population, up from 8.1%:
  - Nevada's Black population grew by 39.4% over the past decade.
- Asians make up 8.8% of the population, up from 7.2%:
  - Nevada's Asian population grew by 39.5% over the past decade.
- American Indian/Alaska Natives make up 1.4% of the population, up from 1.2%:
  - Nevada's AI/AN population grew by 37% since 2010.

- Hispanics now comprise 28.7% of Nevada's population, up from 26.5% in 2010.

Two charts further demonstrate changes between the 2010 Census and the 2020 Census:

Figure 2. Diversity Changes in Nevada's Population, 2010 and 2020



2010
Population: 2,700,551

2020
Population: 3,104,614

As the population rates amongst communities of color continue to grow, the need for community-specific health care/mental health resources will continue to grow (e.g., culturally and linguistically competent workforce, etc.). Data collected by the Nevada State Health Assessment 2022 that address "Providers Who Speak Languages Other than English" is provided in the Barriers to Primary and Behavioral Health Access portion of this report.

Residents with Disabilities: The 2020 U.S. Census indicates that whereas 13.4% of U.S. citizens have some form of disability (with a margin of error of ±0.1%); the rate jumps nearly a full percentage point to **14.3%** for Nevada's population (with a margin of error of ±0.4%). The American Civil Liberties Union (ACLU) of Nevada provides detailed explanations of the rights afforded to all of Nevada's citizens who report a disability (Disability Rights | ACLU of Nevada (aclunv.org)).

Immigrant Communities: As per the StateRegsToday website (Anti-Discrimination Laws and Protections for Immigrants in Nevada – State Regs Today):

> *"Under Nevada anti-discrimination laws, immigrants have specific protections against discrimination based on their national origin, race, religion, and citizenship status. They also have the right to access public services and benefits without being denied based on their immigration status. Additionally, employers in Nevada are prohibited from discriminating against immigrants in hiring, firing, or other employment practices based on their immigration status. These protections aim to ensure that immigrants are treated fairly and equally in the state of Nevada."*

Nevada's anti-discrimination law protects immigrants from the following:

- Discrimination in the workplace;
- Prohibits landlords from discriminating against immigrant tenants; and,
- Harassment or hate crimes.

Special Health Service Needs (e.g., pregnancy, diabetes, etc.)

According to data available from the CDC Wonder online database and DPBH, the lack of prenatal care may have contributed to higher congenital syphilis rates, as depicted in the following tables.

Beyond the specific threat that congenital syphilis poses to the health of a pregnant woman, additional queries were made to help determine what specific underlying causes were associated with pregnancy-associated deaths.

Table 12: Trimester Prenatal Care Began in Nevada, by Region/County, 2018 to 2022

Region/ County	No Prenatal Care		1st Trimester		2nd Trimester		3rd Trimester		Unknown or Not Stated	
	N	%	N	%	N	%	N	%	N	%
Clark	1,413	5.7%	19,713	79.1%	2,856	11.5%	614	2.5%	328	1.3%
Washoe	123	2.5%	3,030	61.6%	1,245	25.3%	244	5.0%	274	5.6%
Remainder of State	101	3.0%	2,177	64.9%	849	25.3%	162	4.8%	64	1.9%
Nevada	**1,637**	**4.9%**	**24,920**	**75.1%**	**4,950**	**14.9%**	**1,020**	**3.1%**	**666**	**2.0%**

Table 13: Any Prenatal Care by Race in Nevada, by Region/County, 2018 to 2022

Region/ County	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian of Pacific Islander	White	More than one Race
Clark	90.9%	91.8%	87.4%	88.5%	91.2%	91.3%
Washoe	89.5%	95.3%	90.2%	81.1%	95.1%	93.2%
Remainder of State	92.9%	97.6%	90.1%	91.3%	95.7%	94.2%
Nevada	**91.2%**	**92.4%**	**87.6%**	**87.0%**	**92.4%**	**92.0%**

Table 14: Any Prenatal Care by Ethnicity in Nevada, by Region/County, 2018 to 2022

Region/ County	Hispanic or Latino	Not Hispanic or Latino	Unknown or Not Stated
Clark	90.1%	91.0%	64.1%
Washoe	94.8%	94.5%	76.4%
Remainder of State	95.9%	95.4%	85.3%
Nevada	**91.1%**	**92.1%**	**69.1%**

Table 15. Crude rates per 1,000 live births of Cases and Rates of Congenital Syphilis, by County and by Year Nevada Residents, 2005-2023

Year	Clark		Washoe		Remainder of State		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2005	1	0.0	0	0.0	0	0.0	1	0.0
2006	14	0.5	0	0.0	0	0.0	14	0.3
2007	8	0.3	0	0.0	0	0.0	8	0.2
2008	11	0.4	0	0.0	0	0.0	11	0.3
2009	4	0.1	0	0.0	0	0.0	4	0.1
2010	4	0.2	0	0.0	0	0.0	4	0.1
2011	4	0.2	0	0.0	0	0.0	4	0.1
2012	1	0.0	0	0.0	0	0.0	1	0.0
2013	2	0.1	0	0.0	0	0.0	2	0.1
2014	3	0.1	1	0.2	0	0.0	4	0.1
2015	6	0.2	2	0.4	0	0.0	8	0.2
2016	11	0.4	1	0.2	0	0.0	12	0.3
2017	18	0.8	2	0.4	1	0.3	21	0.6
2018	27	0.7	5	0.9	2	0.6	34	0.9
2019	35	1.3	5	1.0	1	0.3	41	1.2
2020	38	1.5	6	1.2	2	0.6	46	1.3
2021	35	1.4	8	1.6	2	0.6	45	1.3
2022	50	2.0	13	2.7	2	0.6	65	1.9
2023	52	2.2	22	4.6	3	1.0	77	2.4
Total	**324**	**0.7**	**65**	**0.7**	**13**	**0.2**	**402**	**0.6**

Table 16: Crude rates per 1,000 live births of Cases and Rates of Congenital Syphilis, by Race/Ethnicity and by Year Nevada Residents, 2005-2023.

Year	Black		Hispanic		White		All Other		Total	
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate
2005	0	0.0	1	0.1	0	0.0	0	0.0	1	0
2006	6	1.8	5	0.3	1	0.1	2	0.4	14	0.3
2007	4	1.1	1	0.1	1	0.1	2	0.4	8	0.2
2008	7	1.9	1	0.1	2	0.1	1	0.2	11	0.3
2009	0	0.0	3	0.2	0	0.0	1	0.3	4	0.1
2010	0	0.0	0	0.0	1	0.1	3	0.9	4	0.1
2011	3	0.8	0	0.0	1	0.1	0	0.0	4	0.1
2012	0	0.0	1	0.1	0	0.0	0	0.0	1	0
2013	0	0.0	0	0.0	1	0.1	1	0.3	2	0.1
2014	0	0.0	1	0.1	3	0.2	0	0.0	4	0.1
2015	2	0.4	4	0.3	1	0.1	1	0.3	8	0.2
2016	5	1.1	1	0.1	2	0.1	4	0.9	12	0.3
2017	7	1.4	3	0.2	6	0.4	5	1.1	21	0.6
2018	8	1.6	5	0.4	10	0.7	11	2.8	34	0.9
2019	6	1.2	12	0.9	15	1.1	8	2.0	41	1.2
2020	19	3.7	7	0.6	15	1.2	5	1.3	46	1.3
2021	18	3.5	6	0.5	16	1.2	5	1.4	45	1.3
2022	23	5.1	18	1.4	20	1.6	4	1.1	65	1.9
2023	18	4.2	23	1.9	25	2.1	11	3.1	77	2.4
Total	**126**	**1.5**	**92**	**0.4**	**120**	**0.5**	**64**	**0.9**	**402**	0.6

Table 17: Underlying Causes of Death for Pregnancy-Associated Deaths by County of Residence, Nevada, 2020-2021

Cause of Death	Clark		Washoe		Remainder of State		Total	
	N	%	N	%	N	%	N	%
Pregnancy, childbirth, and the puerperium	20	32.3%	1	20.0%	2	16.7%	23	29.1%
Non-transport accidents	18	29.0%	0	0%	3	25.0%	21	26.6%
Transport accidents	5	8.1%	0	0%	3	25.0%	8	10.1%
Malignant neoplasms	3	4.8%	1	20.0%	0	0%	4	5.1%
Assault (homicide)	3	4.8%	1	20.0%	0	0%	4	5.1%
COVID-19	3	4.8%	0	0%	1	8.3%	4	5.1%
Intentional self-harm (suicide)	0	0%	2	40.0%	1	8.3%	3	3.8%
Cerebrovascular diseases (stroke)	3	4.8%	0	0%	0	0%	3	3.8%
All other diseases (residual)	2	3.2%	0	0%	0	0%	2	2.5%
Diseases of the heart	1	1.6%	0	0%	1	8.3%	2	2.5%
Chronic lower respiratory diseases	1	1.6%	0	0%	0	0%	1	1.3%
Other infectious and parasitic diseases	1	1.6%	0	0%	0	0%	1	1.3%
Events of undetermined intent	0	0%	0	0%	1	8.3%	1	1.3%
Complications of medical/surgical care	1	1.6%	0	0%	0	0%	1	1.3%
Other diseases of circulatory system	1	1.6%	0	0%	0	0%	1	1.3%
Total	**62**	**100%**	**5**	**100%**	**12**	**100%**	**79**	**100%**

The following data is from the CDC's U.S. Diabetes Surveillance System (USDSS).

Table 18: Diagnosed Diabetes – Total, Adults Aged 18+ Years, Age-Adjusted Percentage, Nevada by County, 2018 to 2021

Region/County	2018	2019	2020	2021
Rural Counties (n=3)				
Douglas	6.3%	6.5%	6.9%	6.7%
Lyon	8.5%	9.3%	8.5%	8.9%
Story	7.2%	8.1%	8.0%	7.4%
Frontier Counties (n=11)				
Churchill	8.7%	11.3%	12.9%	10.7%
Elko	8.0%	7.1%	8.3%	8.2%
Esmeralda	6.9%	7.4%	7.0%	7.5%
Eureka	7.3%	7.2%	7.0%	7.3%
Humboldt	7.8%	8.0%	7.8%	7.8%
Lander	7.7%	8.7%	8.0%	7.6%
Lincoln	7.9%	7.3%	8.8%	8.7%
Mineral	9.7%	8.4%	7.8%	8.7%
Nye	10.2%	8.5%	8.2%	8.7%
Pershing	6.7%	7.6%	7.5%	7.6%
White Pine	9.3%	9.5%	8.8%	8.7%
Rural/Frontier Subtotal	8.0%	8.2%	8.3%	8.2%
Urban Counties (n=3)				
Carson City	9.1%	7.6%	8.9%	8.6%
Clark	10.0%	9.6%	10.0%	9.8%
Washoe	7.0%	6.6%	6.3%	7.5%
Urban Subtotal	8.7%	7.9%	8.4%	8.6%
Nevada	**8.1%**	**8.3%**	**8.3%**	**8.2%**

To ascertain how Nevada counties compared to counties across the United States, data from the CDC/ATSDR Social Vulnerability Index was utilized. The CDC defines the SVI as the ranking of counties "on 15 social factors, including poverty, lack of vehicle access, and crowded housing, and groups them into four related themes". These are the individual Nevada specific county scores:

- Douglas: 0.1793
- Lyon: 0.5783
- Storey: 0.0717
- Churchill: 0.6048
- Elko: 0.5178
- Esmeralda: 0.6395
- Humboldt: 0.5869
- Lander: 0.8261

- Lincoln: 0.4213
- Mineral: 0.8815
- Nye: 0.7309
- Pershing: 0.9038
- White Pine: 0.3742
- Carson City: 0.8443
- Clark: 0.7404
- Washoe: 0.5271

These data help to provide the reader with an idea of where Nevada's counties compare against all other counties within the United States. The rates of Diagnosed Diabetes Cases, for amongst adults aged 18+ years in the rural and frontier counties, for the years 2018 to 2021, of **8.2%,** matched with the average Social Vulnerability Index (SVI) Score of **.5274**, informs us that these counties were more vulnerable than 52.74% of the counties in the entire United States. Those rates/indices increase significantly for the three urban counties.

When examining key obesity and physical inactivity as primary causes for diabetes, rural and frontier counties observed slightly lower rates of diabetes diagnosis for both compared to rates observed within the state's three urban counties.

Table 19: Diagnosed Diabetes, Caused by Obesity or Physical Inactivity – Total, Adults Aged 18+ Years, Age-Adjusted Percentage, Nevada by County, 2018 to 2021

County/Region	2018		2019		2020		2021	
	Obesity	Physical Inactivity	Obesity	Physical Inactivity	Obesity	Physical Inactivity	Obesity	Physical Inactivity
Rural Counties (n=3)								
Douglas	22.4%	14.6%	28.0%	17.2%	28.3%	16.1%	25.4%	14.2%
Lyon	30.4%	21.5%	34.5%	21.4%	33.8%	19.9%	35.6%	20.5%
Storey	22.2%	13.7%	21.3%	18.4%	17.8%	14.5%	16.1%	14.8%
Frontier Counties (n=11)								
Churchill	29.7%	24.2%	29.0%	23.6%	29.4%	21.1%	26.8%	19.8%
Elko	27.8%	22.5%	32.9%	24.3%	30.8%	22.0%	32.6%	21.2%
Esmeralda	18.1%	16.4%	22.9%	19.5%	17.3%	14.0%	17.2%	13.9%
Eureka	19.9%	16.2%	22.3%	21.1%	18.3%	15.2%	17.7%	14.5%
Humboldt	28.1%	16.1%	31.3%	19.4%	28.7%	15.3%	28.8%	18.2%
Lander	19.6%	15.3%	28.6%	19.1%	25.0%	14.8%	20.0%	15.7%
Lincoln	22.1%	19.6%	22.5%	22.6%	20.0%	17.8%	23.6%	15.5%
Mineral	25.4%	20.4%	26.0%	21.0%	23.6%	16.0%	21.3%	17.7%
Nye	30.4%	22.5%	30.0%	22.3%	30.6%	21.8%	35.1%	20.2%
Pershing	21.0%	18.7%	22.1%	21.0%	21.1%	15.3%	20.4%	15.8%
White Pine	25.2%	22.4%	24.7%	23.4%	22.8%	17.8%	27.2%	17.5%
Rural/Frontier Subtotal	24.5%	18.9%	26.9%	21.0%	24.8%	17.3%	24.8%	17.1%
Urban Counties (n=3)								

Carson City	32.5%	18.1%	26.5%	20.4%	31.5%	19.2%	31.1%	17.9%
Clark	28.5%	23.7%	28.8%	23.8%	30.2%	22.6%	30.9%	21.4%
Washoe	23.7%	17.3%	27.4%	17.1%	25.5%	16.6%	25.8%	17.5%
Urban Subtotal	28.2%	19.7%	27.6%	20.4%	29.1%	19.5%	29.3%	18.9%
Nevada	**25.1%**	**19.0%**	**27.0%**	**20.9%**	**25.6%**	**17.6%**	**25.6%**	**17.4%**

REVIEW OF DATA ON THE AVAILABILITY AND GAPS IN SERVICES

The PH-SS team surveyed, reviewed and analyzed existing data from several county/state/federal sources to examine specific populations that lack access to, or experience barriers to, health care access; these include:

- General Population Data (e.g., Age, Ethnicity, Geographic Location, etc.):
  - Nevada State Demographer's Office; and,
  - Nevada Department of Taxation.
- Social Determinants of Health Data:
  - Income:
    - 2020 U.S. Census; and,
    - Nevada Department of Employment, Training and Rehabilitation, Press Release dated March 26, 2024.
  - Food Security:
    - University of Nevada, Reno (UNR), School of Medicine, *InstaAtlas* Dynamic Report;
    - Nevada Department of Health and Human Service's 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report;
    - Nevada Department of Health and Human Service's 2019 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report; and,
    - University of Nevada, Reno (UNR), School of Medicine, Nevada Rural and Frontier Health Data Book.
- Access to Health Care Data:
  - General:
    - Nevada Division of Public and Behavioral Health's 2022 Nevada State Health Assessment; and,
    - 2020 U.S. Census, Small Area Health Insurance Estimates (SAHIE).
  - Health care Cost:
    - Nevada Department of Health and Human Services' Office of Analytics, Behavioral Risk Factor Surveillance System (BRFSS).
  - Commuting:
    - 2020 U.S. Census
  - Health Care Resources and Economics:
    - University of Nevada, Reno (UNR), School of Medicine, Nevada Rural and Frontier Health Data Book; and,
    - Nevada Department of Health and Human Services' Office of Analytics.
  - Health Care Workforce Data:
    - Nevada Department of Health and Human Services' Office of Analytics;
    - University of Nevada, Reno (UNR), School of Medicine, Nevada Rural and Frontier Health Data Book; and,
    - U.S. Health Resources & Services Administration's (HRSA) '*Find Tool*' for Medically Underserved Area and Medically Underserved Population (MUA/P) designations.
  - Oral Health Data:

        - University of Nevada, Reno (UNR), School of Medicine, Nevada Rural and Frontier Health Data Book;
        - Nevada Department of Health and Human Service's 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report;
        - Nevada Department of Health and Human Service's 2019 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report;
        - Nevada Department of Health and Human Service's 2019 Nevada High School Youth Risk Behavior Survey (YRBS): Washoe County Special Report; and,
        - Nevada Department of Health and Human Services, 2022-2023 Nevada Oral Health State Plan.
    - Cultural Competency Data:
        - Health Literacy Data:
            - 2020 U.S. Census; and,
            - Nevada Department of Employment, Training and Rehabilitation, Press Release dated March 26, 2024.
    - Health Services Data:
        - Nevada Department of Health and Human Services, 2019 Nevada State Health Assessment; and,
        - County Health Rankings and Roadmaps website, Preventable Hospital Stays.
    - Health Indicators Data:
        - Nevada Department of Health and Human Service's 2019 Nevada High School Youth Risk Behavior Survey (YRBS) Report;
        - Nevada Department of Health and Human Service's 2019 Nevada Middle School Youth Risk Behavior Survey (YRBS) Report; and,
        - Nevada Department of Health and Human Services' Office of Analytics, Behavioral Risk Factor Surveillance System (BRFSS).

Provider/Patient Ratios

The County Health Rankings & Roadmaps (CHR&R), a program of the University of Wisconsin's Population Health Institute, provides the following state and county-level provider-to-patient ratio data for Nevada and Washoe County in the 2024 State Level Data and Ranks report (https://www.countyhealthrankings.org/health-data/nevada/washoe?year=2024):

Table 20: Patient to Provider Ratios by Provider Type

Region/County	Primary Care Physicians	Dentists	Mental Health Providers
Rural Counties (n=3)			
Douglas	1,920:1	1,340:1	630:1
Lyon	7,610:1	5,130:1	680:1
Storey	*	*	600:1
Frontier Counties (n=11)			
Churchill	2,140:1	1,520:1	450:1
Elko	2,840:1	2,080:1	1,020:1
Esmeralda	740:0	740:0	740:0
Eureka	1,900:0	930:1	*
Humboldt	2,210:1	2,470:1	860:1
Lander	2,900:1	5,770:1	2,880:1
Lincoln	2,260:1	2,240:1	1,120:1

Mineral	920:1	1,510:1	750:1
Nye	4,110:1	5,470:1	680:1
Pershing	3,370:1	2,150:1	1,080:1
White Pine	1,310:1	2,930:1	240:1
Rural/Frontier Subtotal	2,445:1	2,448:1	837:1
Urban Counties (n=3)			
Carson City	1,550:1	1,100:1	330:1
Clark	1,830:1	1,490:1	420:1
Washoe	1,270:1	1,420:1	280:1
Urban Subtotal	2,066:1	1340:1	345:1
Nevada	**2,290:1**	**2,250:1**	**755:1**

**Data for these measures are not available for select counties, so zero (0) was used for those counties when calculating the average ratios of all counties.*

CONCLUSIONS DRAWN ABOUT THE CAUSES OF BARRIERS TO ACCESS TO CARE

The PH-SS Team's review of the available datasets reveals results around three key areas:

- Availability of primary and behavioral health care providers, with these specific focus areas:
  - Capacity of providers; and,
  - Distribution of providers.
- Barriers to primary and behavioral health care access, with these specific focus areas:
  - Lack of insurance;
  - Underinsured;
  - Lack of transportation to care;
  - Travel distance to care;
  - Providers who speak languages other than English;
  - Limited hours of operation; and,
  - Stigma associated with behavioral health service.
- Root causes of barriers to primary care and behavioral health access, with focus on these key topics:
  - Systems;
  - Structures;
  - Social Determinants of Health;
  - Aspects of Social Justice; and,
  - Aspects of Environmental Justice.

Availability of Primary and Behavioral Health Care Providers

Capacity of Providers

A review of the data available from the Nevada State Health Assessment 2022 revealed these findings:

Table 21: Survey question - *In the past twelve months, which (if any) of the following types of health care providers have you needed to see, but could not?*

Provider Type	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
1. **Primary Care, General Practitioner, or Family Doctor**	**35.7%**	**26.4%**	**29.6%**	**31.3%**	**32.6%**
2. Pediatrician	5.3%	3.6%	4.0%	7.3%	5.0%
3. Adv. Practitioner of Nursing (APN) or Phys. Asst (PA)	6.0%	4.4%	6.5%	9.9%	6.1%
4. OB/GYN	15.5%	10.3%	10.1%	15.1%	13.6%
5. Certified Nurse Midwife/Midwife	1.9%	0.4%	0.0%	2.1%	1.4%
6. Eye Doctor, Optometrist, or Ophthalmologist	18.9%	14.0%	18.6%	20.8%	17.9%
7. Ear Nose and Throat Doctor (ENT)	6.8%	3.8%	4.9%	10.4%	6.2%
8. Physical Therapist	6.4%	6.5%	4.5%	5.2%	6.2%
9. Occupational Therapist	3.4%	1.3%	1.6%	6.8%	3.1%
10. Dentist of Orthodontist	21.1%	21.2%	22.7%	20.3%	21.3%
11. Urologist	1.7%	2.1%	2.4%	2.1%	1.9%
12. Psychiatrist, Psychologist, or Counselor	10.3%	14.9%	10.5%	15.1%	11.6%
13. Specialists such as: Allergists, Cardiologists, Dermatologists, Immunology, Infectious Disease, etc.	14.6%	13.0%	14.2%	15.6%	14.3%
14. None, I was able to see all healthcare providers necessary	32.8%	43.4%	43.3%	20.3%	35.0%
15. I did not need to see any healthcare providers in the past twelve months	4.7%	10.1%	5.3%	5.2%	6.2%

The data listed in row one of this table (in bold) stand out for a variety of reasons. When just under one-third of rural/frontier county respondents, a quarter to one-third of urban respondents, and one-third of Nevada's respondents overall, identified that when they needed to see their primary care/GP/Family Doctor in the past twelve months and could not, the hypothesis is that this lack of access to 'Gatekeeper' providers could potentially result in cascading issues, such as:

- Lower access rates to specialist health care/behavioral health providers (that hypothesis is somewhat supported by the data listed in rows 6/7/8/9/11/12 and 13 of this table); and,
- Higher numbers of Emergency Room/Department (ER/ED) admissions with more late-stage conditions and/or illnesses with more complications.

The ER/ED admissions data specific for Nevada's rural and frontier counties, as well as its three urban counties, included within the Nevada Rural and Frontier Health Data Book (published by

UNR's School of Medicine in 2022) that suggest a potential link between this gap of access to 'Gatekeeper' providers and ER/ED admissions with more advanced co-morbidities/complications (CC); or major co-morbidities/major complications (MCC); or mechanical ventilation complications/co-morbidities (MV) highlighted in bold for each table provided below.

Table 22: Top Types of Admissions by Diagnostic Related Group (DRG) in Community Hospitals within *Urban Nevada*, 2022.

Diagnostically Related Group (DRG)	Number of Admissions	Total Patient Days	Average Charge per Person
1. Psychoses	25,813	175,776	$22,058
2. Septicemia or Severe Sepsis w/o MV 96+ Hours **with MCC**	17,215	132,476	$167,352
3. Vaginal Delivery w/o Sterilization/D&C w/o CC	14,278	26,489	$31,444
4. Respiratory Infections and Inflammations **with MCC** (COVID)	12,667	88,096	$121,199
5. Neonate with Other Significant Problems	8,576	19,341	$16,067
6. Septicemia or Severe Sepsis w/o MV 96+ Hours w/o MCC	6,224	38,709	$81,565
7. Heart Failure and Shock **with MCC**	6,041	30,419	$99,593
8. Cesarean Section w/o Sterilization w/o CC/MCC	5,482	15,724	$51,067
9. Esophagitis, Gastroenteritis and Misc. Digestive Disorders w/o MCC	4,620	12,130	$60,855
10. Alcohol/Drug Abuse or Dependence w/o Rehabilitation Therapy w/o MCC	4,153	16,771	$29,406
11. Pulmonary Edema and Respiratory Failure	3,397	31,834	$92,224
12. Major Joint Replacement or Reattachment of Lower Extremity w/o MCC	3,292	7,404	$154,301
13. Vaginal Delivery w/o Sterilization/D&C **with CC**	3,002	6,653	$34,215
14. Infectious and Parasitic Diseases with O.R. Procedure **with MCC**	2,980	45,840	$407,659
15. Nutrition, Misc. Disorders, Metabolism Fluids/Electrolytes w/o MCC	2,539	9,498	$53,347
16. Kidney and Urinary Tract Infections w/o MCC	2,537	8,058	$57,653
17. Full Term Neonate with Major Problems (includes COVID)	2,432	19,728	$112,131
18. Cellulitis without MCC	3,181	10,771	$46,698
19. Renal Failure **with CC**	3,019	10,970	$57,925
20. Septicemia or Severe Sepsis **with MV** >96 Hours	2,297	44,000	$626,739

Key: CC: Co-morbidities/Complications; MCC: Major Co-morbidities/Major Complications; MV: Mechanical Ventilation

Table 23: Top Types of Admissions by Diagnostic Related Group (DRG) in Community Hospitals within *Rural and Frontier* Nevada, 2022.

Diagnostically Related Group (DRG)	Number of Admissions	Total Patient Days	Average Charge per Person
1. Respiratory Infections and Inflammations **with MCC** (COVID)	1,151	6,113	$45,844
2. Vaginal Delivery w/o Sterilization/D&C w/o Complicating Diagnoses	436	670	$15,326
3. Septicemia or Severe Sepsis w/o MV 96+ Hours **with MCC**	314	1,406	$40,502
4. Heart Failure and Shock **with MCC**	239	972	$26,545
5. Simple Pneumonia and Pleurisy **with MCC**	191	731	$26,355
6. Septicemia or Severe Sepsis w/o MV 96+ Hours w/o MCC	186	682	$23,434
7. Kidney and Urinary Tract Infections w/o MCC	166	687	$20,647
8. Cellulitis w/o MCC	160	592	$23,638
9. Neonate with Other Significant Problems	154	257	$3,737
10. Chronic Obstructive Pulmonary Disease **with MCC**	148	544	$30,980
11. Nutritional and Misc. Metabolic Disorders w/o MCC	146	557	$19,682
12. Pulmonary Edema and Respiratory Failure	134	437	$25,591
13. Esophagitis, Gastroenteritis and Misc. Digestive Disorders w/o MCC	125	484	$21,977
14. Simple Pneumonia and Pleurisy **with CC**	110	407	$22,315
15. Cesarean Section without Sterilization without CC/MCC	103	248	$29,011
16. Diabetes **with CC**	102	328	$10,675
17. Major Joint Replacement or Reattachment of Lower Extremity w/o MCC	84	178	$65,181
18. Heart Failure and Shock **with CC**	77	270	$20,193
19. Vaginal Delivery without Sterilization or D and C with CC	72	130	$18,213
20. Chronic Obstructive Pulmonary Disease **with CC**	56	178	$25,099
21. Respiratory System Diagnosis with Ventilator Support <=96 Hours	53	303	$79,491

Key: CC: Co-morbidities/Complications; MCC: Major Co-morbidities/Major Complications; MV: Mechanical Ventilation

Examining the specific barriers cited by survey/interview respondents when asked about health care availability within Nevada (by county) revealed two stark indicators:

- Finding providers who are accepting new patients
- Could not get an appointment soon enough/long wait lists to be seen

When exploring the issue of health care/behavioral health providers' availability, these two groups of respondents reported that their main barrier to accessing health care was either not finding providers who are accepting new patients, or not being able to schedule an appointment 'soon enough' (long wait lists). Together these two data points shed light on what is being described in the literature as a 'provider shortage' within county/state/media reports for Nevada and its counties.

Table 24: Survey question – *What are the main barriers you face when accessing healthcare in Nevada, (2022)*

Survey Responses	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
1. Finding providers who accept my insurance	32.5%	30.6%	24.7%	34.9%	31.3%
2. Insurance does not cover what I need	25.8%	27.7%	24.7%	21.4%	25.8%
3. **Finding providers who are accepting new patients**	**20.1%**	**31.9%**	**19.8%**	**27.6%**	**23.2%**
4. **Could not get an appointment soon enough/long wait lists to be seen**	**43.6%**	**41.1%**	**47.0%**	**40.6%**	**43.1%**
5. Finding a provider close to where I work or live	16.0%	10.7%	17.0%	37.5%	16.9%
6. Lack of childcare when I need to see a provider	4.0%	2.3%	4.0%	5.7%	3.9%
7. Lack of transportation	3.7%	2.5%	2.0%	7.3%	3.7%
8. Hours the clinics are open	21.4%	14.0%	13.8%	14.6%	18.1%
9. Not able to take leave from work without pay	9.3%	6.3%	8.1%	11.5%	8.6%
10. I do not have health insurance	2.3%	1.9%	2.4%	4.2%	2.4%
11. Did not know where to go	4.5%	4.8%	2.0%	4.2%	4.3%
12. Language or cultural barrier	1.1%	0.4%	0.0%	3.1%	1.0%
13. ADA Compliant Transportation	0.6%	0.2%	0.4%	1.0%	0.6%
14. ADA Compliant Building Access	0.5%	0.2%	0.4%	1.0%	0.5%

Distribution of Providers

A review of the data available from UNR School of Medicine's 'Nevada Rural and Frontier Health Data Book' revealed these findings:

Table 25: Community Hospitals throughout Nevada, by Hospital, 2022.

Community Hospital	Licensed Beds	# of Employees, FTE	Average Salary
1. Rural and Frontier's fourteen (14) Community Hospitals:			
a. Banner Churchill Community Hospital	25	281	$108,399
b. Battle Mountain General Hospital	30	92	$70,379
c. Boulder City Hospital	82	206	$70,880

d. Carson Valley Medical Center	23	347	$81,875
e. Desert View Hospital	25	256	$50,516
f. Grover C. Dils Medical Center	20	61	$63,797
g. Humboldt General Hospital	67	339	$88,736
h. Incline Village Community Hospital	4	44	$288,823
i. Mesa View Regional Hospital	25	155	$87,883
j. Mt. Grant General Hospital	35	115	$68,199
k. Northeastern Nevada Regional Hospital	75	243	$96,909
l. Pershing General Hospital	38	95	$54,727
m. South Lyon Medical Center	63	152	$55,778
n. William Bee Ririe Hospital	25	181	$57,438
Subtotals and Averages for Rural/Frontier	**537**	**2,567**	**$81,281**
2. Carson City's two (2) Community Hospitals	**240**	**1,376**	**$80,122**
a. Carson Tahoe Regional Med. Center	211	1,335	$79,829
b. Carson Tahoe Hospital Cont. Care	29	41	$89,643
3. Clark County's eighteen (18) Community Hospitals	**5,018**	**21,502**	**$91,138**
a. Centennial Hills Hospital Medical Center	364	1,267	$76,476
b. Desert Springs Hospital Medical Center	282	1,055	$75,715
c. Dignity Health - St. Rose Dominican - Blue Diamond	8	38	$85,318
d. Dignity Health - St. Rose Dominican - North Las Vegas	8	60	$91,253
e. Dignity Health - St. Rose Dominican Hospital - Rose de Lima	130	136	$87,914
f. Dignity Health - St. Rose Dominican – Sahara	8	43	$77,062
g. Dignity Health - St. Rose Dominican Hospital - San Martin	164	737	$109,737
h. Dignity Health - St. Rose Dominican Hospital - Siena	326	1,868	$110,067
i. Dignity Health - St. Rose Dominican - West Flamingo	16	34	$74,188
j. Henderson Hospital Medical Center	170	1,166	$76,160
k. Mountain View Hospital	425	2,255	$99,505
l. North Vista Hospital	177	673	$68,094
m. Southern Hills Hospital and Medical Center	265	1,059	$95,055
n. Spring Valley Hospital Medical Center	430	1,387	$78,760
o. Summerlin Hospital Medical Center	542	1,809	$79,595
p. Sunrise Hospital and Medical Center	834	2,862	$109,756
q. University Medical Center of Southern Nevada	541	3,579	$93,058
r. Valley Hospital Medical Center	328	1,474	$74,489
4. Washoe County's five (5) Community Hospitals	**1,538**	**5,967**	**$84,076**
a. Northern Nevada Medical Center	124	540	$80,164
b. Northern Nevada Sierra Medical Center	150	*	*

c. Renown Regional Medical Center	808	3,706	$84,581
d. Renown South Meadows Medical Center	76	473	$85,244
e. Saint Mary's Regional Medical Center	380	1,248	$83,827
Subtotals and Averages for Urban	6,796	28,845	$89,151
TOTALS/AVERAGE (as applicable)	**7,333**	**31,412**	**$88,508**

**Data not available*

Table 26: Number and Percent of Total Emergency Department Encounters In/Out of Region/County, 2020-2022 Combined.

Patient Region/County	ED Visits in Patient County		ED Visits out of Patient County	
	#	%	#	%
Rural Counties (n=3)				
Douglas	23,692	49%	25,142	51%
Lyon	8,658	15%	47,953	85%
Storey*	0	0%	830	100%
Frontier Counties (n=11)				
Churchill	37,489	91%	3,907	9%
Elko	40,927	96%	1,534	4%
Esmeralda*	0	0%	624	100%
Eureka*	0	0%	1,066	100%
Humboldt	15,626	90%	1,768	10%
Lander	2,711	68%	1,287	32%
Lincoln	2,814	80%	716	20%
Mineral	5,773	72%	2,227	28%
Nye	50,630	80%	12,925	20%
Pershing	4,245	74%	1,524	26%
White Pine	11,678	96%	516	4%
Rural/Frontier Subtotal	204,243	67%	102,019	33%
Urban Counties (n=3)				
Carson City	43,045	86%	6,784	14%
Clark	2,161,045	100%	4,297	0%
Washoe	425,156	98%	7,468	2%
Urban Subtotal	2,629,246	99%	18,549	1%
Nevada	**2,833,489**	**96%**	**120,568**	**4%**

**County lacks any in-county hospitals.*

Table 27: Number and Percent of Total Emergency Department Encounters Among Non-Region/ County Residents, and Total Number of ED Visits, 2020-2022 Combined.

Patient Region/County	Total # of ED Visits Among Non-County Residents	% of ED Visits Among Non-County Residents	Total # of ED Visits
Rural Counties (n=3)			
Douglas	4,825	17%	28,517
Lyon	631	7%	9,289
Storey*	*	*	*
Frontier Counties (n=11)			
Churchill	13,876	27%	51,365
Elko	2,058	5%	42,985
Esmeralda*	*	*	*
Eureka*	*	*	*
Humboldt	1,226	7%	16,852
Lander	357	12%	3,068
Lincoln	213	7%	3,027
Mineral	916	14%	6,689
Nye	1,481	3%	52,111
Pershing	384	8%	4,629
White Pine	829	7%	12,507
Rural/Frontier Subtotal	26,796	12%	231,039
Urban Counties (n=3)			
Carson City	44,370	51%	87,415
Clark	17,151	1%	2,178,196
Washoe	33,786	7%	458,942
Urban Subtotal	95,307	3%	2,724,553
Nevada	**122,103**	**4%**	**2,955,592**

**Counties lack hospitals.*

Table 28: Number and Percent of Total Inpatient Hospitalizations In/Out of Region/County, 2020-2022 Combined.

Patient County	IP Visits in Patient County		IP Visits out of Patient County	
	#	%	#	%
Rural Counties (n=3)				
Douglas	2,234	19%	9,482	81%
Lyon	155	1%	17,720	99%
Storey*	0	0%	309	100%
Frontier Counties **(n=11)**				
Churchill	3,449	44%	4,403	56%
Elko	6,062	80%	1,529	20%
Esmeralda*	0	0%	294	100%
Eureka*	0	0%	312	100%
Humboldt	2,334	52%	2,138	48%
Lander	63	6%	1,022	94%
Lincoln	279	36%	492	64%
Mineral	448	28%	1,151	72%
Nye	3,659	18%	16,198	82%
Pershing	93	9%	1,001	91%
White Pine	906	60%	609	40%
Rural/Frontier Subtotal	19,682	26%	56,660	74%
Urban Counties (n=3)				
Carson City	14,157	79%	3,674	21%
Clark	712,335	100%	414	0%
Washoe	128,123	98%	2,581	2%
Urban Subtotal	854,615	99%	6,669	1%
Nevada	**874,297**	**93%**	**63,329**	**7%**

**Counties lack hospitals.*

Table 29: Number and Percent of Total Inpatient (IP) Hospitalizations Among Non-Region/County Residents, and Total Number of Inpatient Visits, 2020-2022 Combined.

Hospital County	Total # of IP Visits Among Non-Washoe Residents	% of IP Visits Among Non-Washoe Residents	Total # of IP Visits
Rural Counties (n=3)			
Douglas	499	18%	2,733
Lyon	5	3%	160
Storey*	*	*	*
Frontier Counties (n=11)			
Churchill	1,465	30%	4,914
Elko	459	7%	6,521
Esmeralda*	*	*	*
Eureka*	*	*	*
Humboldt	381	14%	2,715
Lander	7	10%	70
Lincoln	4	1%	283
Mineral	53	11%	501
Nye	44	1%	3,703
Pershing	15	14%	108
White Pine	63	7%	969
Rural/Frontier Subtotal	2,995	13%	22,677
Urban Counties (n=3)			
Carson City	16,454	54%	30,611
Clark	18,902	3%	731,237
Washoe	25,418	17%	153,541
Urban Subtotal	60,774	7%	915,389
Nevada	**63,769**	**7%**	**938,066**

**Counties lack hospitals.*

Together these data affirm that rural/frontier counties rely upon the support of external health care systems that not only meet their needs, but the medical care needs of the broader geographical area that covers much of the eastern slope of the Sierra Nevada mountains as well. The health care systems of Nevada's three urban areas serve not only their own populations, but portions of the populations for both neighboring counties and states.

When comparing the number of full-time employees (FTE) for the rural/frontier counties 14 community hospitals (n=2,567) to the total number of FTEs for Nevada's three urban counties (n=28,845), the rural/frontier counties were slightly overrepresented (as compared to its being 7.6% of the state's total population) with **8.89%** of the total number of FTEs for Nevada's three urban counties. Conversely, the state's three urban counties, which together comprise 92.4% of the

state's total population, and are slightly underrepresented with 91.8% of the number of employees/FTEs within the state (n=28,845).

Despite these figures, the average salary for FTEs within the rural/frontier counties fourteen community hospitals ($81,211) lags behind average salaries of the three urban counties ($89,151).

Further exploration into the distribution of providers by health sector leveraged the data available from the UNR School of Medicine's 'Nevada Rural and Frontier Health Data Book' to reveal these findings:

Table 30: Health Sector Employment by County, 2021.

Region/ County	Hospitals	Physicians, Dentists, & Other Professionals	Nursing & Protective Care	Pharmacies	Social Services for the Aging & Disabled	Other Medical & Health Services	Total
Rural Counties (n=3)							
Douglas	368	777	187	68	200	92	1,692
Lyon	154	238	110	47	17	0	566
Storey	0	0	0	10	0	25	35
Frontier Counties (n=11)							
Churchill	302	254	204	30	0	17	807
Elko	292	882	671	50	126	221	2,242
Esmeralda	0	0	0	0	0	0	0
Eureka	0	0	0	0	0	0	0
Humboldt	382	134	0	13	0	0	529
Lander	99	0	0	2	0	0	101
Lincoln	110	0	0	2	0	0	112
Mineral	110	0	0	4	0	0	114
Nye	211	500	120	126	180	73	1,210
Pershing	96	0	0	3	0	0	99
White Pine	136	58	0	10	34	14	252
Rural/Frontier Subtotal	2,260	2,843	1,292	365	557	442	7,759
Urban Counties (n=3)							
Carson City	1,220	1,713	735	106	312	252	4,338
Clark	29,376	36,675	9,904	8,149	10,034	11,034	105,172
Washoe	9,965	8,366	2,944	1,187	1,388	2,726	26,576
Urban Subtotal	40,561	46,754	13,583	9,442	11,734	14,202	136,086
Nevada	**42,821**	**49,597**	**14,875**	**9,807**	**12,291**	**14,644**	**143,845**

Generally, the proportion of health professional sectors is lower than the overall population distribution amongst rural/frontier counties, with the exception of Nursing & Protective Care sector professionals which is higher (8.7%), as compared to those same counties proportion the state's total population (7.6%):

- Hospitals: 2,260/42,821 = 5.2%
- Phys., Dentists, etc.: 2,843/49,597 = 5.7%
- Nursing & Protective Care: 1,292/14,875 = 8.7%
- Pharmacies: 365/9,807 = 3.7%
- Social Services: 557/12,291 = 4.5%
- Other Medical: 442/14,644 = 3.0%

The proportion of health care providers within Nevada is disproportionately in the state's urban areas, which indicates that there are fewer health care providers available to treat/serve patients and residents within rural and frontier areas:

- Hospitals: 40,561/42,821 = 94.7%
- Phys., Dentists, etc.: 46,754/49,597 = 94.2%
- Nursing & Protective Care: 13,583/14,875 = 91.3%
- Pharmacies: 9,442/9,807 = 96.2%
- Social Services: 11,734/12,291 = 95.4%
- Other Medical: 136,086/143,845 = 94.6%

Based on these data, the team explored the numbers of licensed health care providers (HCP) by county beginning with physicians:

Table 31: Licensed Allopathic Physicians, Licensed Primary Care Physicians, and Licensed Physician Assistants by County, 2022.

Region/County	Licensed Allopathic Physicians		Licensed Primary Care Physicians (MD & DO)		Licensed Physician Assistants (PA)	
	Number	Number per 100,000 Pop.	Number	Number per 100,000 Pop.	Number	Number per 100,000 Pop.
Rural Counties (n=3)						
Douglas	85	171.8	33	65.9	21	41.9
Lyon	17	29.0	13	22.0	7	11.2
Storey	1	23.0	1	22.3	0	0.0
Frontier Counties (n=11)						
Churchill	21	78.8	13	48.5	9	34.5
Elko	42	74.7	25	45.5	28	52.3
Esmeralda	1	99.9	0	0.0	1	98.9
Eureka	0	0.0	0	0.0	0	0.0
Humboldt	11	63.4	11	62.8	2	11.8
Lander	5	78.7	4	64.0	0	0.0
Lincoln	2	37.5	2	39.3	1	19.9
Mineral	1	20.3	2	40.0	3	68.4
Nye	13	26.3	9	18.1	1	2.0
Pershing	2	28.3	4	56.6	2	29.2
White Pine	11	104.5	11	105.0	1	10.3
Rural/Frontier Subtotal	212	70.8	128	42.7	76	25.4
Urban Counties (n=3)						
Carson City	184	323.1	62	108.0	43	74.1
Clark County	4,185	176.9	1,971	83.3	831	34.8
Washoe County	1,451	298.4	562	113.4	240	48.7
Urban Subtotal	5,820	200.1	2,595	88.9	1,114	37.9
Nevada	**6,032**	**188.0**	**2,723**	**84.9**	**1,190**	**36.7**

These data demonstrate the proportion of licensed allopathic physicians and licensed PAs in rural/frontier counties is lower than the proportion of the state's overall population (7.6%) in rural/frontier counties, meaning licensed physicians/primary care providers/PAs are underrepresented in rural/frontier counties.

- Licensed Allopathic Physicians: 212/6,032 = 3.5%
- Licensed Primary Care Physicians (MD&DO): 128/2,723 = 4.7%
- Licensed Physician Assistant (PA): 76/1,190 = 6.4%

When the numbers for each of the three urban counties were compared to the state's total, these rates were calculated:

- Licensed Allopathic Physicians: 5,820/6,032 = 96.5%
- Licensed Primary Care Physicians (MD&DO): 2,595/2,723 = 95.3%
- Licensed Physician Assistant (PA): 1,114/1,190 = 93.6%

Similar patterns emerged in the numbers of licensed Registered Nurses (RNs) by county.

Table 32: Licensed Advance Practice Registered Nurses, Licensed Registered Nurses, and Licensed Practical Nurses by County, 2022.

Region/County	Licensed Advanced Practice RNs (APRNs)		Licensed Registered Nurses (RN)		Licensed Practical Nurses (LPNs)	
	Number	Number per 100,000 Pop.	Number	Number per 100,000 Pop.	Number	Number per 100,000 Pop.
Rural Counties (n=3)						
Douglas	44	88.9	511	1,032.7	34	68.7
Lyon	11	18.8	331	565.4	62	105.9
Storey	1	23.0	11	252.7	1	23.0
Frontier Counties (n=11)						
Churchill	9	33.8	191	716.4	21	78.8
Elko	25	44.5	322	572.6	22	39.1
Esmeralda	0	0.0	4	399.6	0	0.0
Eureka	1	51.6	2	103.1	1	51.6
Humboldt	10	57.7	117	674.8	7	40.4
Lander	2	31.5	29	456.6	4	63.0
Lincoln	4	74.9	23	430.8	5	93.7
Mineral	0	0.0	18	364.8	7	141.9
Nye	19	38.4	244	493.0	55	111.1
Pershing	1	14.1	16	226.3	3	42.4
White Pine	4	38.0	52	494.1	11	104.5
Rural/Frontier Subtotal	131	43.8	1,871	625.2	233	77.9
Urban Counties (n=3)						
Carson City	49	86.0	558	979.8	43	75.5
Clark County	2,111	89.2	22,984	971.6	2,889	122.1
Washoe County	560	115.1	5,739	1,180.0	354	72.8
Urban Subtotal	2,720	93.5	29,281	1,006.6	3,286	113.0
Nevada	**2,851**	**88.9**	**31,152**	**971.0**	**3,519**	**109.7**

The number of APRNs, RNs and LPRNs is lower than the portion of the state's total population in rural/frontier counties (7.6%):

- APRNs: 131/2,851 = 4.6%
- RNs: 1,871/31,152 = 6.0%
- LPRNs: 233/3,519 = 6.6%

When the numbers for each of the three (3) urban counties were compared to the state's total, these rates were calculated:

- APRNs: 2,720/2,851 = 95.4%
- RNs: 29,281/31,152 = 94.0%
- LPRNs: 3,286/3,519 = 93.4%

To ascertain how these rates compare to national standards, the U.S. Health Resources & Services Administration's (HRSA) Health Professional Shortage Area (HPSA) 'Find Tool' was utilized to quantify the HPSA Primary Care score for each rural/frontier county (Score range is 0 to 26). These are the average results of those queries:

- Douglas: 14/26
- Lyon: 14/26
- Storey: 15/26
- Churchill: 16/26
- Elko: 15.5/26
- Esmeralda: 12/26
- Humboldt: 12/26
- Lander: 17.5/26
- Lincoln: 15/26
- Mineral: 16.5/26
- Nye: 14/26
- Pershing: 12.5/26
- White Pine: 10.2/26
- Carson City: 14.5/26
- Clark: 15.3/26
- Washoe: 18.0/26

Barriers to Primary and Behavioral Health Care Access

For this section, the survey results from the Nevada State Health Assessment 2022 were utilized. This survey categorizes the state's counties into four subgroups: Clark County; Washoe County; Quad Counties (comprised of Carson City, Douglas, Lyon and Storey); Rural and Frontier Counties.

Lack of Insurance

The U.S. Census for 2023 informs us that 7.9% of the U.S. population for that year were uninsured (all ages); that rate jumped to **10.8%** for Nevada residents (with a margin of error of ±0.4%). The most current rates available among rural and frontier communities (5-year estimates) for those without insurance was from 2022, as sourced from the U.S. Census website:

Table 33: Persons without health insurance, under age 65 years, percent, Nevada and counties, 2022

Year	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada	U.S.
2023	13.9%	11.9%	12.2%	11.5%	**13.3%**	**10.2%**

Underinsured

Initial research into the subject of those who reported as being 'underinsured' revealed these results from Nevada's 2022 SHA related to survey questions concerning health insurance.

Table 34: Survey question – *What are the main barriers you face when accessing healthcare in Nevada?*

	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
Finding providers who accept my insurance	32.5%	30.6%	24.7%	34.9%	31.3%
Insurance does not cover what I need	25.8%	27.7%	24.7%	21.4%	25.8%

Although the queries failed to identify the specific number of people who were underinsured for Nevada, those efforts did locate several historical reports and potential data sources to utilize in the future:

- Commonwealth Fund – Biennial Health Insurance Survey: https://www.commonwealthfund.org/

Lack of Transportation to Care

Statewide respondents from the Nevada State Health Assessment for 2022 listed 'lack of transportation' as one of their main barriers to accessing health care:

Table 35: Survey question – *What are the main barriers you face when accessing healthcare in Nevada?*

	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
Lack of transportation	3.7%	2.5%	2.0%	7.3%	3.7%

Travel Distance to Care

Statewide respondents from the Nevada State Health Assessment for 2022 listed 'travel distance to care' as one of their main barriers to accessing health care:

Table 36: Survey question – *What are the main barriers you face when accessing healthcare in Nevada?*

	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
Finding a provider close to where I work or live	16.0%	10.7%	17.0%	37.5%	16.9%

Providers Who Speak Languages Other than English:

The U.S. Census for 2022 identifies that **29.8%** of state residents live within a home where "*Language other than English spoken at home, percent of persons age 5 years +, 2020.*" That rate is significantly higher than the U.S. rate of 21.7% for the same year. Statewide respondents from the Nevada State Health Assessment for 2022 listed 'language or cultural barrier' as an issue to accessing their health care:

Table 37: Survey question – *What are the main barriers you face when accessing healthcare in Nevada?*

	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
Language or cultural barrier	1.1%	0.4%	0.0%	3.1%	1.0%

Limited Hours of Operation

Statewide respondents from the Nevada State Health Assessment for 2022 listed 'hours the clinics are open' as a barrier to accessing their health care:

Table 38: Survey question – *What are the main barriers you face when accessing healthcare in Nevada?*

	Clark	Washoe	Quad Counties	Rural & Frontier	Nevada
Hours the clinics are open	21.4%	14.0%	13.8%	14.6%	18.1%

Stigma Associated with Behavioral Health Services

Although data specific to stigma are difficult to locate, the DPBH team began exploring aspects of this topic as a part of its *2023-2028 Silver State Health Improvement Plan (SHIP)*. Within the Access to Health Care Introduction of that report on page 33, the authors indicate the importance of this topic:

> *"...stigma, bias, and lack of culturally- and linguistically-appropriate services influence the quality of the patient-provider interaction, as well as patients' willingness to seek care or return for future care. Improving the cultural competence of health care providers and systems helps enhance both the quality of care and health outcomes and reduces health disparities."*

The authors go on to note similar issues in relation to crisis services provided by behavioral health systems on page 61 of the same report:

> *"Lack of access to timely and appropriate services too often results in arrest and charges, emergency department stays, unnecessary decompensation, increased trauma and stigma, and suicide."*

The topic of stigma was addressed within Objective 3.1 in Goal 3 within subsection *Substance Use Prevention, Harm Reduction, Treatment, And Recovery*, "*Increase the number of individuals receiving appropriate services throughout the continuum of care by increasing and improving prevention, harm reduction, treatment and recovery services in Nevada*" (see page 71):

> *Mental Health and Substance Use, Goal 3,*
>
> *Objective 3.1: Increase public awareness and education about substance use disorders, their effects, and available prevention, treatment, and recovery services to promote understanding of substance use disorders, reduce stigma, and increase knowledge about available resources and support.*

Root Causes to Barriers to Primary and Behavioral Health Care Access

Systems

The PH-SS team's review of these data sources revealed potential causes to barriers in accessing health care. Despite a steady population growth over the past decade, the availability of primary and behavioral health care providers within Nevada's health care system, along with the

availability of behavioral health providers, has not kept pace with that growth. Fewer health care providers and behavioral health providers are available to meet the needs of this steadily growing, and aging, population.

Structures

Compounding this systems issue have been the sustained (and significant) increases in housing costs, matched with post-pandemic inflation rates. Together these sustained economic burdens have slowly decreased the percent of Nevada residents who have health insurance.

The safety net structures that have traditionally filled these gaps are also facing funding issues and are often overstretched as they try to meet patient/client demands.

Social Determinants of Health (SDOH)

The Nevada Silver State Health Improvement Plan (SSHIP), 2023-2028 dedicates an entire section to this topic (pages 8 to 23). As per that document, social determinants of health (SDOH) are defined as:

> *"...the conditions in the environments in which people are born, grow, live, learn, work, play, worship, and age, and affect both health and quality of life."*

The report goes on to explain how:

> *"Addressing social determinants of health can significantly influence health, but focusing only on these issues overlooks longstanding systems of structural inequities—such as the distribution of resources; differences in the quality of and access to care; and specific opportunities, exposures, and stressors—that affect the health of people and communities. In fact, if certain social determinants of health are addressed without addressing these larger structural inequities, it risks improving the health of some, worsening the health of others, and exacerbating health disparities. Poverty, discrimination—against people of color, women, immigrants, people with disabilities, and LGBTQ+ individuals, among others—and structural racism, in particular, have resulted in longstanding health inequities, which were further exacerbated by the COVID-19 pandemic."*

The 2023-2028 SSHIP lists goals that are intended to address key areas to move Nevada toward achieving these SDOH concerns:

- *Goal 1: Reduce food insecurity and improve the overall food security ecosystem in Nevada to help eliminate the hunger gap.*
- *Goal 2: Increase health literacy in Nevada by improving communication access for priority populations to reduce language and other literacy-related barriers.*
- *Goal 3: Reduce exposure to harmful air emissions and climate pollution, and improve ambient air quality and health equity throughout Nevada.*
- *Goal 4: Increase the availability of supportive housing in Nevada through greater cross-sector, interagency collaboration, and the development of supportive housing units.*

Measurable objectives, additional plans, efforts, and alignment for each of these goals are listed within that report.

Aspects of Social Justice

The American Public Health Association (APHA) defines this as:

- Social justice is the view that everyone deserves equal rights and opportunities — this includes the right to good health. Inequities are the result of policies and practices that

create an unequal distribution of money, power and resources among communities based on race, class, gender, place and other factors; and,

- Racism and other forms of structured inequity sap our potential to become the healthiest nation. Racism is a system of structuring opportunity and assigning value to individuals and communities based on race that unfairly disadvantages some individuals and unfairly advantages others, particularly in these three key areas:
    - Health Care
    - Criminal Justice
    - Voting Rights

Table 39: Nevada Hate Crime by Region/County and Bias Category, 2020-2023

Region/ County	Race Ethnicity Ancestry Bias	Religious Bias	Sexual Orientation Bias	Disability Bias	Gender Bias	Gender Identity Bias	Other
Rural/Frontier (n=14)							
2020	7	1	---	---	---	---	---
2021	10	2	2	---	---	1	---
2022	7	3	2	---	---	2	---
2023	8	2	1	---	---	1	1
Urban (n=3)							
2020	115	13	18	---	2	3	6
2021	61	8	15	---	1	1	3
2022	51	12	11	---	---	4	1
2023	39	12	9	1	1	---	5
Nevada*							
2020	124	14	18	---	2	3	6
2021	75	11	17	---	1	2	4
2022	61	15	15	---	---	6	1
2023	50	14	10	1	1	1	6

**Statewide agencies were included in statewide totals.*

To ascertain how rates for hate crime related offenses changed in Nevada, data from the Nevada Department of Public Safety's (DPS) Nevada Crime Online "Crime Insight" tool was utilized. DPS notes that the crime data provided is

> *"...continuously collected from all law enforcement agencies in the state, validated, and made available for reporting. Reports on this site are updated nightly, so the most recent content is always available."*

A hate crime is defined as a "criminal offense against a person or property motivated in whole or in part by an offender's bias against a race, religion, disability, sexual orientation, ethnicity, gender or gender identity."

From 2020 to 2023, there has been a 50% marked decrease statewide for hate crimes (167 to 83). However, when examining at the regional level, within rural and frontier counties there has been a 63% increase (8 to 13) and within urban counties a 57% decrease (157 to 67). "Race, ethnicity, and

ancestry biases" are consistently the most frequent bias category reported in all years followed closely by "Sexual Orientation Bias" and "Religious Bias".

Table 40: Nevada Voting and Voter Registration as a Share of the Voter Population, by Race/Ethnicity (November 2020)

	White		Black		Asian		Hispanic		Total	
	Register	Vote	Register	Vote	Register	Vote	Register	Vote	Register	Vote
Nevada	68.6	64.9	66.8	58.5	69.7	68.9	52.0	46.4	66.2	61.5
United States	74.2	68.3	69.0	62.6	63.8	59.7	61.1	53.7	72.7	66.8

To ascertain rates for voter registration and voting in Nevada, data from the U.S. Census Bureau, Current Population Survey tool was utilized. Voter population is defined as:

> *"...includes US citizens who are of voting age (18 years of age or older). This population may include individuals who are ineligible to vote for reasons other than lack of citizenship or who are under 18 years of age."*

In November 2020, individuals who were Black or Hispanic had the lowest rates of voter registration and voter population that voted in Nevada. In addition, the difference between voter registration and voter population that voted is highest among Black and Hispanic populations, which is consistent between Nevada and the United States.

Aspects of Environmental Justice

The American Public Health Association (APHA) explains this topic as:

> Environmental Justice (EJ) communities are composed of marginalized racial/ethnic, low-income/poor, rural, immigrant/refugee, and indigenous populations that live in areas disproportionately burdened by environmental hazards, unhealthy land uses, psychosocial stressors, and historical traumas, all of which drive environmental health disparities.

National level data are available from the CDC's Agency for Toxic Substances and Disease Registry (ATSDR) website. Within that site the ATSDR provides us with its Environmental Justice Index (EJI) map which the following explanation:

> *"The Environmental Justice Index (EJI) scores census tracts using a percentile ranking which represents the proportion of tracts that experience cumulative impacts of environmental burden and injustice equal to or lower than a tract of interest. For example, an EJI ranking of 0.85 signifies that 85% of tracts in the nation likely experience less severe cumulative impacts on health and well-being than the tract of interest, and that 15% or tracts in the nation likely experience more severe cumulative impacts from environmental burden."*

The EJI ranking is broken down into three (3) modules, with ten (10) individual domains spread across those, with this note included to explain their interpretation:

> *"Neither the EJI score, nor individual domain or indicator scores, represent detailed measures of risk or exposure assessments. These indicators are intended to provide only a screening-level overview of the cumulative impacts of environmental burden facing a community relative to other communities in the US."*

The percentile ranks for each of the three (3) modules and ten (10) domains, with indicators sub-bulleted after each data table, for Nevada and its seventeen (17) counties (as of 2022) are as follows:

Table 41: Social Vulnerability Module and it four (4) Domains, Nevada, by Region/County (2022)

County/Region	Racial/Ethnic Minority Status	Socioeconomic Status	Household Characteristics	Housing Type
Rural Counties (n=3)				
Douglas	0.3	0.3	0.5	0.5
Lyon	0.4	0.6	0.8	0.6
Storey	0.3	0.4	0.7	0.9
Frontier Counties (n=11)				
Churchill	0.5	0.5	0.7	0.8
Elko	0.5	0.4	0.4	0.8
Esmeralda	0.4	0.6	0.9	0.9
Eureka	0.2	0.2	0.5	0.9
Humboldt	0.5	0.5	0.7	0.8
Lander	0.6	0.5	0.9	1.0
Lincoln	0.2	0.5	0.5	1.0
Mineral	0.6	0.7	0.6	0.7
Nye	0.4	0.7	0.7	0.8
Pershing	0.6	0.7	0.4	1.0
White Pine	0.4	0.4	0.5	0.8
Rural/Frontier Subtotal	0.4	0.5	0.6	0.8
Urban Counties (n=3)				
Carson City	0.5	0.6	0.8	0.6
Clark	0.7	0.6	0.6	0.3
Washoe	0.5	0.5	0.5	0.4
Urban Subtotal	0.6	0.6	0.6	0.4
Nevada	**0.6**	**0.6**	**0.6**	**0.4**

These are what those data/results for the Social Vulnerability Module and its four domains tell us:

- Racial/Ethnic Minority Status: Nevada scored **0.6** for this domain, which means 60% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to racial/ethnic minority status than Nevada does for this indicator:
  - Minority Status
- Socioeconomic Status: Nevada scored **0.6** for this domain, which means 60% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to socioeconomic status than Nevada does for these indicators:
  - Poverty
  - No High School Diploma
  - Unemployment
  - Housing Tenure
  - Housing Burdened Lower-Income Households
  - Lack of Health Insurance
  - Lack of Broadband Access

- Household Characteristics: Nevada scored **0.6** for this domain, which means 60% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to household characteristics than Nevada does for these indicators:
    - Age 65 and Older
    - Age 17 and Younger
    - Civilian with a Disability
    - Speaks English "*Less than Well*"
- Housing Type: Nevada scored **0.4** for this domain, which means 40% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to housing type than Nevada does for these Indicators:
    - Group Quarters
    - Mobile Homes

Table 42: Environmental Burden Module and its five (5) Domains, Nevada by Region/County (2022)

County/Region	Air Pollution	Potentially Hazardous & Toxic Sites	Built Environment	Transportation Infrastructure	Water Pollution
Rural Counties (n=3)					
Douglas	0.0	0.2	0.5	0.2	0.3
Lyon	0.1	0.7	0.7	0.4	0.3
Storey	0.1	0.6	0.8	0.2	0.3
Frontier Counties (n=11)					
Churchill	0.1	0.5	0.6	0.5	0.5
Elko	0.0	0.3	0.6	0.6	0.3
Esmeralda	0.0	0.7	0.9	0.1	0.0
Eureka	0.0	0.6	0.8	0.6	0.2
Humboldt	0.0	0.6	0.7	0.4	0.4
Lander	0.0	0.9	0.7	0.6	0.3
Lincoln	0.1	0.3	0.8	0.4	0.1
Mineral	0.0	0.9	0.9	0.5	0.5
Nye	0.1	0.2	0.6	0.1	0.0
Pershing	0.0	0.9	0.7	0.6	0.2
White Pine	0.0	0.7	0.7	0.6	0.2
Rural/Frontier Subtotal	<0.1	0.6	0.7	0.4	0.3
Urban Counties (n=3)					
Carson City	0.1	0.3	0.3	0.5	0.2
Clark	0.7	0.2	0.1	0.3	0.4
Washoe	0.3	0.3	0.2	0.5	0.3
Urban Subtotal	0.4	0.3	0.2	0.4	0.3
Nevada	**0.5**	**0.3**	**0.2**	**0.4**	**0.4**

These are what those data/results for the Environmental Burden Module and its five domains tell us:

- Air Pollution: Nevada scored **0.5** for this domain, which means 50% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to air pollution than Nevada does for these indicators:
  - Ozone
  - Particulate Matter ≤ micrometers or less in diameter (PM2.5)
  - Diesel Particulate Matter
  - Air Toxics Cancer Risk
- Potentially Hazardous & Toxic Sites: Nevada scored **0.3** for this domain, which means 30% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to potentially hazardous and toxic sites than Nevada does for these indicators:
  - National Priority List Sites
  - Toxic Release Inventory Sites
  - Treatment, Storage, and Disposal Sites
  - Risk Management Plan Sites
  - Coal Mines
  - Lead Mines
- Built Environment: Nevada scored **0.2** for this domain, which means 20% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to built environment than Nevada does for these indicators:
  - Recreational Parks
  - Houses Built Pre-1980
  - Walkability
- Transportation Infrastructure: Nevada scored **0.4** for this domain, which means 40% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to transportation infrastructure than Nevada does for these indicators:
  - High Volume Roads
  - Railways
  - Airports
- Water Pollution: Nevada scored **0.4** for this domain, which means 40% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to water pollution than Nevada does for these indicators:
  - Impaired Surface Water

The Health Vulnerability Module is comprised of this one domain:

Table 43: Health Vulnerability Module and its one (1) Domain, Nevada by Region/County (2022)

County/Region	Pre-existing Chronic Disease Burden
Rural Counties (n=3)	
Douglas	0.3
Lyon	0.5
Storey	0.4
Frontier Counties (n=11)	
Churchill	0.3
Elko	0.1
Esmeralda	0.6

Eureka	0.0
Humboldt	0.1
Lander	0.2
Lincoln	0.3
Mineral	0.8
Nye	0.6
Pershing	0.0
White Pine	0.3
Rural/Frontier Subtotal	0.3
Urban Counties (n=3)	
Carson City	0.2
Clark	0.2
Washoe	0.2
Urban Subtotal	0.2
Nevada	**0.2**

These are what those data/results for the Environmental Burden Module and its one domain tell us:

- Pre-existing Chronic Disease Burden: Nevada scored **0.2** for this domain, which means 20% of all other states within the U.S. experience less severe cumulative impacts on health and well-being due to pre-existing chronic disease burden than Nevada does for these indicators:
  - Asthma
  - Cancer
  - High Blood Pressure
  - Diabetes
  - Poor Mental Health

RECOMMENDATIONS FOR FUTURE STUDIES

Data Availability and Limitations

This report leveraged comprehensive datasets that used data from 2018 to 2023, whenever possible to assess access to primary and behavioral health care within Nevada. However, both the PH-SS team's independent review of these data, along with the DPBH team's internal review identified limitations in key metrics, particularly areas around the:

- Underinsured;
- Language and cultural barriers (e.g., specific languages, specific cultures, etc.); and,
- Data related to transportation access.

These gaps necessitate further data collection efforts (e.g., enhanced community survey questions, etc.) to specifically target each gap, and to comprehensively evaluate how they influence/impact barriers to primary and behavioral health care in future PHAB assessments.

Current Data Limitations

Existing data sources, such as state and federal surveys, provide information on *uninsured* and *insured* populations. However, these sources lack the granularity needed to assess *underinsurance*. Similarly, data on specific languages as a barrier to access are limited.

The prevalence of Emergency Room (ER) admissions with advanced complications/co-morbidities may indicate a lack of access to primary and behavioral health care, potentially leading to increased health care costs. Understanding the specific barriers faced by sub-populations in accessing care is critical to addressing these disparities.

Shifting Towards Active Data Collection

This highlights the need for a paradigm shift in data collection methods. Moving away from passive methods reliant on billable services and census data, and towards actively engaging the community, is crucial. The Nevada State Health Assessment's Community Survey and Listening Tour Groups identified common themes. However, increasing the sample size, particularly for smaller demographic groups within rural and frontier counties, and including additional questions related to access to primary and behavioral health care, barriers to access, and other potential barriers is necessary to fully understand the access disparities experienced by these underrepresented groups.

Collaboration with Health Care Partners

Bridging the gap for populations facing access barriers requires ongoing communication and collaboration with health care partners. These partners encompass professionals and leaders in behavioral health, primary care, K-12 and higher education, minority health and equity groups, community-based organizations, and government agencies.

APPENDIX

This appendix provides a snapshot of those data that were collected and examined, together with a color-coded quick reference guide to understand where each of Nevada's counties scored, as compared to state averages, and/or U.S. averages (as applicable, as available).

- Rates highlighted in red indicate worse than the Nevada/U.S. average;
- Rates highlighted in yellow indicate at/near the Nevada/U.S. average; and,
- Rates highlighted in green indicate better than the Nevada/U.S. average.

Question	Rural/Frontier Counties	Urban Counties	State of Nevada	United States
Nevada Residents without Health Insurance, under age 65, 2018 to 2021	12.8%	13.5%	13.5%	10.4
Nevada Residents without Health Insurance, under age 65 by Gender, 2021	Male: 13.2%	Male: 15.1%	Male: 14.9%	Male: 11.3%
	Female: 10.8%	Female: 12.7%	Female: 12.6%	Female: 9.1%
Nevada Residents without Health Insurance, Under 65 yrs., both sexes, by Race/Ethnicity, 2022.	White alone: 7.3%	White alone: 8.9%	White alone: 8.7%	White alone: 7.0%
	Black alone: 11.5%	Black alone: 10.2%	Black alone: 10.2%	Black alone: 9.8%
	Hispanic (any race): 15.2%	Hispanic (any race): 19.6%	Hispanic (any race): 19.6%	Hispanic (any race): 17.6%
	American Indian/Native Alaskan alone: 17.0%	American Indian/Native Alaskan alone: 19.6%	American Indian/Native Alaskan alone: 19.6%	American Indian/Native Alaskan alone: 19.3%
	Asian alone: 5.7%	Asian alone: 8.8%	Asian alone: 8.8%	Asian alone: 6.1%
	Native Hawaiian/Pacific Islander: 7.1%	Native Hawaiian/Pacific Islander: 12.1%	Native Hawaiian/Pacific Islander: 12.1%	Native Hawaiian/Pacific Islander: 11.5%
	Two or more Races: 13.0%	Two or more Races: 14.2%	Two or more Races: 14.2%	Two or more Races: 12.6%
Education Levels (2018 to 2022)	High School or Higher: 89.0%	High School or Higher: 86.9%	High School or Higher: 87.1%	High School or Higher: 89.1%

	Bachelors or Higher: 18.7%	Bachelors or Higher: 27.4%	Bachelors or Higher: 26.5%	Bachelors or Higher: 34.3%
Number of Disabled Children per 1,000 Enrolled Students	Autism Spectrum Disorder: 12.6	Autism Spectrum Disorder: 22.2	Autism Spectrum Disorder: 21.2	No Data
	Develop-mentally Delayed: 9.1	Develop-mentally Delayed: 9.1	Develop-mentally Delayed: 9.1	No Data
	Emotional Disturbance: 3.4	Emotional Disturbance: 4.1	Emotional Disturbance: 4.1	No Data
	Learning Disability: 59.3	Learning Disability: 57.9	Learning Disability: 58.1	No Data
	Speech/ Language/ Hearing Disability: 23.9	Speech/ Language/ Hearing Disability: 18.3	Speech/ Language/ Hearing Disability: 18.8	No Data
	Other Impairment Disabilities: 30.2	Other Impairment Disabilities: 23.9	Other Impairment Disabilities: 24.5	No Data
Percent of Nevada Residents with a Disability, by Region/County and Sex (2022 estimates)	Male: 18.3%	Male: 12.4%	Male: 13.0%	No Data
	Female: 16.4%	Female: 12.5%	Female: 12.8%	No Data
Percent of Nevada Residents with a Disability, by Region/County and by Race/Ethnicity (2022 estimates)	White Alone: 18.1%	White Alone: 14.1%	White Alone: 14.6%	No Data
	African American Alone: 16.1%	African American Alone: 14.0%	African American Alone: 14.0%	No Data
	AI/AN Alone: 19.3%	AI/AN Alone: 12.1%	AI/AN Alone: 13.7%	No Data
	Asian Alone: 14.0%	Asian Alone: 9.9%	Asian Alone: 9.9%	No Data
	Native Hawaiian & Other Pacific Islander Alone: 16.1%	Native Hawaiian & Other Pacific Islander Alone: 11.9%	Native Hawaiian & Other Pacific Islander Alone: 12.0%	No Data

	Some Other Race Alone: 10.7%	Some Other Race Alone: 8.8%	Some Other Race Alone: 8.9%	No Data
	Two or More Races: 15.5%	Two or More Races: 9.7%	Two or More Races: 10.1%	No Data
	Hispanic or Latino (of any race): 10.4%	Hispanic or Latino (of any race): 8.7%	Hispanic or Latino (of any race): 8.8%	No Data
Percent of Nevada Residents with a Disability, by Region/County and by Age Group (2022 estimates	Under 5: 1.0%	Under 5: 0.9%	Under 5: 1.0%	No Data
	5 to 17: 7.4%	5 to 17: 5.5%	5 to 17: 5.7%	No Data
	18 to 34: 8.6%	18 to 34: 6.8%	18 to 34: 6.9%	No Data
	35 to 64: 7.1%	35 to 64: 12.0%	35 to 64: 12.5%	No Data
	65 to 74: 29.3%	65 to 74: 25.1%	65 to 74: 25.6%	No Data
	75+: 46.0%	75+: 47.5%	75+: 47.3%	No Data
Percent of Nevada Residents, by County, by Disability Type (2022 estimates)	Hearing: 5.9%	Hearing: 3.5%	Hearing: 3.8%	No Data
	Vision: 3.5%	Vision: 2.5%	Vision: 2.6%	No Data
	Cognitive: 5.8%	Cognitive: 4.8%	Cognitive: 4.9%	No Data
	Ambulatory: 8.9%	Ambulatory: 6.7%	Ambulatory: 6.9%	No Data
	Self-Care: 2.7%	Self-Care: 2.5%	Self-Care: 2.5%	No Data
	Independent Living: 6.5%	Independent Living: 5.4%	Independent Living: 5.5%	No Data
Diagnosed Diabetes – Total, Adults Aged 18+ Years, Age-Adjusted Percentage, Nevada by County, average of 2018 to 2023 rates	8.17%	8.4%	8.2%	No Data

Diagnosed Diabetes, Caused by Obesity or Physical Inactivity – Total, Adults Aged 18+ Years, Age-Adjusted Percentage, Nevada by County, average of 2018 to 2021 rates	Obesity: 25.2%	Obesity: 28.5%	Obesity: 25.8%	No Data
	Physical Inactivity: 18.6%	Physical Inactivity: 19.6%	Physical Inactivity: 18.7%	No Data
Patient to Provider Ratios by Provider Type, 2023	Primary Care Physicians: 2,445:1	Primary Care Physicians: 2,066:1	Primary Care Physicians: 2,290:1	No Data
	Dentists: 2,448:1	Dentists: 1,340:1	Dentists: 2,250:1	No Data
	Mental Health Providers: 837:1	Mental Health Providers: 345:1	Mental Health Providers: 755:1	No Data

Data from the 2022 State Health Assessment dataset (whereby Carson City and Rural/Frontier counties are combined) was utilized to develop this quick reference guide to gauge where each of Nevada's regions scored, as compared to state's overall average:

Barriers to Accessing Health Care	Clark	Washoe	Remainder of State	Nevada
Lack of Transportation	3.7%	2.5%	7.3%	3.7%
Travel Distance to Care	16.0%	10.7%	37.5%	16.9%
Providers who Speak Languages other than English	1.1%	0.4%	3.1%	1.0%
Limited Hours of Operation	21.4%	14.0%	14.6%	18.1%