



# 2020 Community Health Needs Assessment

# Table of Contents

<b>Executive Summary</b> .....	<b>2</b>
<b>Introduction</b> .....	<b>5</b>
<b>Report Card: CHNA FY18-FY20</b> .....	<b>10</b>
<b>Methodology</b> .....	<b>14</b>
Overview.....	14
Secondary Data Sources & Analysis .....	14
Primary Data Collection & Analysis .....	15
Data Considerations .....	18
Prioritization.....	19
<b>Demographics</b> .....	<b>22</b>
Population .....	22
Social & Economic Determinants of Health .....	25
<b>Data Synthesis</b> .....	<b>31</b>
<b>Prioritized Significant Health Needs</b> .....	<b>33</b>
Prioritized Health Topic #1: Health Behaviors (Health Literacy & Navigation).....	33
Prioritized Health Topic #2: Immunizations & Infectious Diseases.....	34
Prioritized Health Topic #3: Behavioral Health (Mental Health & Substance Abuse) .....	36
Prioritized Health Topic #4: Youth & Adolescent Health.....	41
<b>Non-Prioritized Significant Health Needs</b> .....	<b>43</b>
Non-Prioritized Health Need #1: Access to Health Services.....	44
Non-Prioritized Health Need #2: Built Environment/Infrastructure.....	44
Non-Prioritized Health Need #3: Domestic Violence .....	45
Non-Prioritized Health Need #4: Economy.....	45
Non-Prioritized Health Need #5: Exercise, Nutrition & Weight.....	46
Non-Prioritized Health Need #6: Maternal, Fetal & Infant Health.....	46
Non-Prioritized Health Need #7: Older Adults & Aging .....	47
Non-Prioritized Health Need #8: Women’s Health .....	47
<b>Other Findings</b> .....	<b>48</b>
Barriers to Care.....	48
Disparities.....	48
<b>COVID-19 Impact Snapshot</b> .....	<b>51</b>
<b>Conclusion</b> .....	<b>57</b>
<b>Appendices Summary</b> .....	<b>59</b>
A. Detailed Methodology and Data Scoring Tables.....	59
B. Community Data Collection Tools .....	59
C. Community Resources.....	59
D. Potential Community Partners.....	59

# Executive Summary

Renown Health is pleased to present its 2021 Community Health Needs Assessment (CHNA). This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Washoe County, Nevada. Renown Health partnered with Conduent Healthy Communities Institute (HCI) to conduct the 2021 CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Renown Health’s Primary Service Area (PSA), as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Washoe County.

Findings from this report will be used to identify and develop the Renown Health Implementation Plan for 2021-2023, providing initiatives to connect patients with resources to improve health challenges in the community.

## Service Area

Renown Health serves several communities throughout northern Nevada and California east of the Sierra Nevada mountain range. The majority of patients who utilize Renown live in the Reno-Sparks area, placing the focus of this community health needs assessment on Washoe County. With approximately 473,156 residents, this county is the second most populous in Nevada after Clark County. More than 90% of the county’s residents live in the Reno-Sparks metropolitan area. The county experienced substantial population growth over the past decade, with an increase of 11.9% since the 2010 Census.

## Demographics

When examining the racial breakdown of Washoe County, the majority of the population identifies as White (73.8%). The only other race that makes up more than 10% of the population in Washoe County is Some Other Race, of which 11% of residents identify. The Some Other Race category includes all other responses not included in the “White,” “Black or African American,” “American Indian or Alaska Native,” “Asian,” and “Native Hawaiian or Other Pacific Islander” race categories.

When considering the population of Washoe County by ethnicity, the county has a larger percentage of the population that identifies as Hispanic or Latino (25.9%).

By age, 21.7% of the population are infants, children, or adolescents (age 0-17); 61.1% are 18 to 64, and 17.2% are age 65 and older.

# Methods for Identifying Community Health Needs

## Secondary Data

The secondary data used in this assessment were obtained and analyzed from Renown Health's Community Dashboard, Nevada Tomorrow, which can be viewed at [nevadatomorrow.org](https://nevadatomorrow.org). This data includes a comprehensive set of more than 198 community indicators covering over 20 topics in the areas of health, determinants of health and quality of life. Indicator values for Washoe County were compared to other counties in Nevada as well as nationwide to compare health topics and relative areas of need. Other considerations for health areas of need included trends over time, Healthy People 2020 targets, and disparities by age, gender, and race/ethnicity.

## Primary Data / Community Input

The needs assessment was further informed by:

- 1) Interviews with community members who have a fundamental understanding of Washoe County's health needs and who represent the broad interests of the community;
- 2) A community survey distributed throughout Washoe County.

## Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (198 indicators from national and state data sources) and in-depth primary data from community leaders, non-health professionals, and organizations that serve the community at large, vulnerable populations, and/or populations with unmet health needs.

Through a synthesis of the primary and secondary data, the following top health needs were determined and are scored from highest to lowest.

1. Health Behaviors (Health Literacy and System Navigation)
2. Immunizations & Infectious Diseases
3. Substance Abuse
4. Mental Health
5. Youth & Adolescent Health
6. Economy
7. Women's Health
8. Built Environment & Infrastructure
9. Domestic Violence
10. Older Adults & Aging
11. Access to Health Services
12. Maternal, Fetal, & Infant Health
13. Exercise, Nutrition, and Weight

## Disparities

The identification of disparities along race/ethnicity, gender, age, and geographic lines is important for informing and focusing strategies that will address the prioritized health needs. Primary and secondary data revealed significant community health disparities based on race/ethnicity, with Black/African American and Hispanic/Latino populations more negatively

impacted than other groups in Washoe County. Furthermore, the data showed that teens and adolescents in Washoe County face increased health issues, while populations in certain geographic areas experience higher socioeconomic need and potentially poorer health outcomes.

## Prioritized Areas

On December 17, 2020, seventeen individuals representing Renown Health and the broader Washoe County community came together to learn about the significant health needs identified through primary and secondary data analysis in a virtual session led by consultants from HCI. This session included an online prioritization scoring exercise for each health topic based on how well they met the defined criteria. HCI calculated the results to determine a ranked list of significant health needs. Renown Health then reviewed the rankings while considering the criteria for prioritization. The following four health areas were approved as priority areas to address:

Renown Health's Prioritized Health Needs
Health Behaviors (Health Literacy and System Navigation)
Immunizations and Infectious Diseases
Behavioral Health (Combining Substance Abuse and Mental Health)
Youth and Adolescent Health

## COVID-19 Impact Snapshot

When Renown Health began the process of developing its CHNA, Washoe County was in the midst of dealing with the COVID-19 pandemic. The CHNA project team looked for additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Washoe County between March 2020 and December 2020. More details of these findings are found in the "COVID-19 Impact Snapshot" section of this report.

## Conclusion

This report describes the process and findings of a community health needs assessment for the residents of Washoe County, Nevada. The prioritization of the identified significant health needs will guide the community health improvement efforts of Renown Health. Following this process, Renown Health will outline how it plans to address the top four prioritized health needs in its Implementation Strategy.

# Introduction

Renown Health is pleased to present its 2021 Community Health Needs Assessment (CHNA). This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Washoe County, Nevada. Renown Health partnered with Conduent Healthy Communities Institute (HCI) to conduct the 2021 CHNA.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Renown Health's Primary Service Area (PSA), as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input from the community. Additionally, a section has been added to this report that focuses on the COVID-19 pandemic and its impact on Washoe County.

Findings from this report will be used to identify and develop the Renown Health Implementation Plan for 2021-2023, providing initiatives to connect patients with resources to improve health challenges in the community.

This report includes a description of:

- The community demographics and population served;
- The process and methods used to obtain, analyze and synthesize primary and secondary data;
- The significant health needs in the community, taking into account the needs of uninsured, low-income, and marginalized groups;
- The process and criteria used in identifying certain health needs as significant and prioritizing those significant community needs.

## About Renown Health

Renown Health is the largest locally-governed, not-for-profit healthcare network in northern Nevada. The health system has served northern Nevada and surrounding communities for over 150 years. Following humble beginnings during the smallpox outbreak in 1862, the small clinic became the area's first hospital in 1864—the same year Nevada became a state. Over a century later, Renown is a comprehensive healthcare network with nearly 1,000 licensed beds across four hospitals, and an extensive ambulatory network of medical groups, specialists and diagnostic services.

Renown serves a population in excess of 750,000 in a 17 county area in northern Nevada, the Lake Tahoe area and northeastern California and welcomes patients from 29 referring rural hospitals in our vast and isolated 100,000-square-mile catchment area.

Renown Health has a long history of assisting those who need medical care and supporting smaller not-for-profit organizations. A few examples of community benefit efforts include Women's Health Ryland, a dedicated Women's Health OB-GYN location which has provided comprehensive prenatal care to low-income and uninsured expectant mothers in our community

since 1984, and the Healthcare Center, which provides affordable access to care for anyone in our community at any age, often on a same-day or next-day basis.

### **Mission**

Renown Health makes a genuine difference in the health and well-being of the people and communities we serve.

### **Vision**

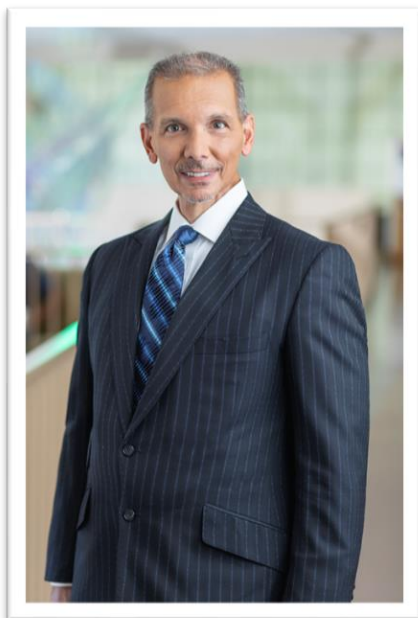
Renown Health, with our partners, will inspire better health in our communities.

### **Values**

*Our values are the words we live by:*

- We are caring and compassionate.
- We demonstrate respect and integrity.
- We collaborate with our patients, families, physicians and communities.
- We strive for excellence in all we do.

**Yours in Good Health,**



Anthony Slonim, MD, DrPH, FACHE  
President & CEO  
Renown Health

## Community Relationships

The value to a nonprofit hospital of being granted 501(c) (3) status by the Internal Revenue Service (IRS) includes both the direct benefits of being exempt from various federal, state, and local taxes and the indirect benefits of receiving charitable donations and issuing tax-exempt bonds.

Renown Health is Reno's only locally governed, charitable, not-for-profit integrated health network. Being not-for-profit means that all income stays in the community— and is reinvested in programs, people and equipment to improve the health of the community. Renown directly contributes to the community's overall well-being. Our Community Benefit mission is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.

This includes offering free and discounted care to those unable to afford healthcare, and partnerships with others to address health and well-being. In partnership with many community-based organizations, area schools, human and social service agencies, and government and business leaders, Renown supports many educational, public health outreach, and community development initiatives throughout Nevada.

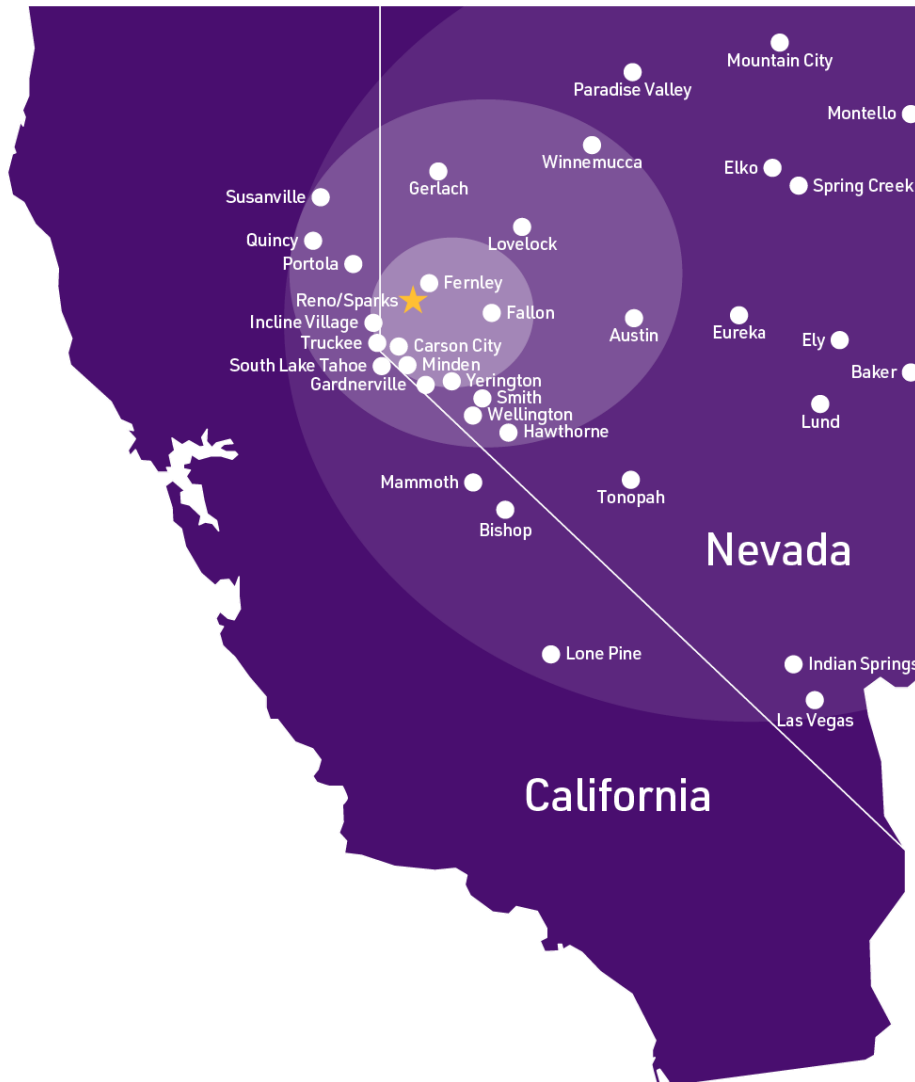
- FY19, Renown Health, a locally-governed, not-for-profit community health network spent more than \$158 Million for health education, community initiatives and non-reimbursed healthcare services.
- In FY19, Renown Regional invested 11.98% of operating expense in Community Benefit (over 2x national average).
- In FY20, CEO, Dr. Tony Slonim provided \$150,000 in funding to 60 local agencies to support Diversity & Inclusion efforts and Social Determinants of Health.
- From FY18-FY20, Renown Health invested millions of dollars locally through strategic community partnerships outlined in "A Plan to Improve the Health of Our Community." Community Benefits Partnerships continued in to the second year with Quest Counseling, Communities in Schools, Note-Able Music Therapy Services, HOPES, Join Together Northern Nevada, Nevada Tobacco Prevention Coalition, Reno/Sparks Indian Colony Health Services. Grant amounts ranged from \$80,000-\$150,000 per year. Grants were provided based on the following primary health priorities identified: #1 Mental Health, #2 Substance Abuse, #3 Physical Activity, Nutrition and Weight, #4 Chronic Disease.
- In addition, over \$575,000 was donated back to the community through event sponsorships. A contemporary on-line funding process and transparency platform was launched. Many sponsorship events were cancelled due to COVID-19. Renown fulfilled our fiscal responsibility and commitments to the agencies previously funded for FY20.



## Service Area

Renown Health serves several communities throughout northern Nevada and California communities east of the Sierras. Since the vast majority of patients live in the Reno-Sparks area, the focus of this community health needs assessment is Washoe County. With approximately 473,156 residents, Washoe County is the second most populous in Nevada after Clark County/Las Vegas. More than 90% of the county's residents live in the Reno-Sparks metropolitan area. The county experienced substantial population growth over the past decade, an increase of 11.9% since the 2010 Census. Figure 1 below illustrates the Renown Health Service Area.

**FIGURE 1. RENOWN HEALTH SERVICE AREA**



## Consultants

Renown Health commissioned Conduent Healthy Communities Institute (HCI) to support report preparation for its 2021 CHNA. HCI works with clients across the nation to drive community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing monitoring systems and implementing performance evaluation processes. To learn more about Conduent HCI, please visit [conduent.com/community-population-health](https://conduent.com/community-population-health). The following HCI team members were involved in the development of this report: Ashley Wendt, MPH – Public Health Consultant, Monica Burrell, MPH – Research Associate, Olivia Dunn – Research Assistant, and Zack Flores – Project Coordinator.

# Report Card: CHNA FY18-FY20

The CHNA process is a three-year cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding CHNA. By reviewing the actions taken to address a priority health issue and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

## Priority Health Needs from Preceding CHNA

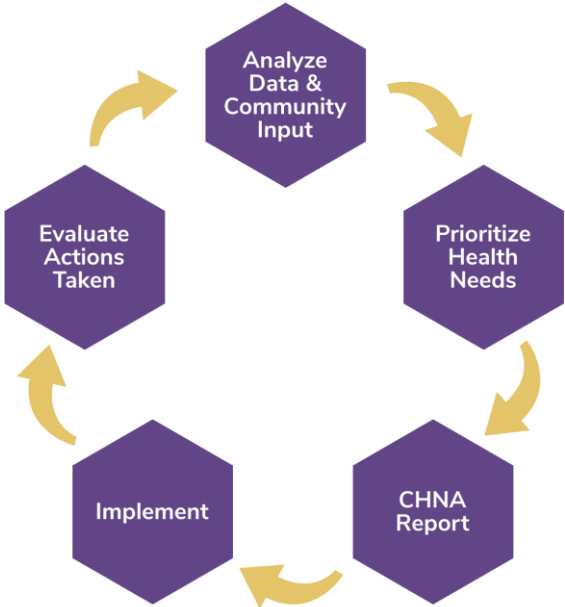
Renown Health’s priority health areas for 2018-2020 were:

- Mental Health
- Substance Abuse
- Physical Activity, Nutrition, and Weight
- Chronic Disease and Screenings

The majority of the goals identified in the previous Implementation Strategy were achieved and/or are in progress. Renown Health worked with the following Community Benefit partners to address these Prioritized Health Needs:

- Communities in Schools
- Join Together Northern Nevada
- Nevada Tobacco Prevention Coalition
- Northern Nevada HOPES
- Note-Able Music Therapy Services
- Reno-Sparks Indian Colony
- Quest Counseling & Consulting

FIGURE 2. THE CHNA CYCLE



Tables 1 and 2 below provide an update on the key community indicators reflecting Renown Health's Community Benefit Investment for FY 2018 – 2020. Due to data lags in national, state and local data sets used for this analysis, some data for the given timeperiod is not available at this time.

**TABLE 1. RENOWN HEALTH 2018-2020 TARGET HEALTH INDICATORS CHANGE OVER TIME**

TARGETED HEALTH INDICATORS WASHOE COUNTY, NEVADA	2015	2017	2019	% Change Over Time
<b>MENTAL HEALTH</b>				
Teens who have attempted suicide	11.70%	16.60%	9.90%	-15.38%
Poor mental health 14+ days	14.00%	12.40%	-	-
Teens who felt sad or hopeless	33.50%	16.30%	40.20%	20.00%
High school students who ever thought seriously about committing suicide	18.80%	18.60%	9.90%	-47.34%
<b>SUBSTANCE USE</b>				
Adults who binge drink	16.20%	20.50%	-	-
Adolescents who use alcohol; past 30 days	35.50%	27.20%	26.70%	-24.79
High school students who have ever used prescription drugs	18.30%	14.80%	-	-
High school students who have ever used marijuana	45.20%	41.90%	37.70%	-16.59
Adolescents who use alcohol	65.60%	60.20%	59.40%	-9.45
Adults who are heavy drinkers	8.20%	9.10%	-	-
<b>PHYSICAL ACTIVITY/NUTRITION/WEIGHT</b>				
Adults who are overweight or obese	58.00%	62.8% (2016)	-	-
Teen fruit consumption	61.50%	60.70%	54.30%	-11.71
Teens who are overweight or obese	23.80%	28.10%	25.60%	7.56
Adult fruit consumption	65.70%	69.50%	-	-

TARGETED HEALTH INDICATORS WASHOE COUNTY, NEVADA	2015	2017	2019	% Change Over Time
<b>PHYSICAL ACTIVITY/NUTRITION/WEIGHT (continued)</b>				
High school students who were physically active	50.50%	43.00%	45.60%	-9.7
Adults who meet U.S. aerobic and strength guidelines	28.50%	27.30%	-	-
<b>CHRONIC DISEASE SCREENINGS</b>				
Adults who are overweight or obese	58.00%	62.8% (2016)	-	-
Adults with diabetes	7.90%	10.4%(2016)	-	-
Adults who meet U.S. Aerobic and strength guidelines	28.50%	27.30%	-	-

TABLE 2. RENOWN HEALTH 2018-2020 TARGET HEALTH INDICATORS PERFORMANCE TO DATE

TARGETED HEALTH INDICATORS	WASHOE COUNTY, 2019	NEVADA, 2019
<b>MENTAL HEALTH</b>		
Teens who have attempted suicide	9.90%	8.90%
Poor mental health 14+ days	-	-
Teens who felt sad or hopeless	40.20%	40.70%
High school students who ever thought seriously about committing suicide	9.90%	18.00%
<b>SUBSTANCE USE</b>		
Adults who binge drink	-	-
Adolescents who use alcohol; past 30 days	26.70%	23.90%
High school students who have ever used prescription drugs	-	-
High school students who have ever used marijuana	37.70%	35.40%
Adolescents who use alcohol	59.40%	56.90%
Adults who are heavy drinkers	-	-

TARGETED HEALTH INDICATORS	WASHOE COUNTY, 2019	NEVADA, 2019
<b>PHYSICAL ACTIVITY/NUTRITION/WEIGHT</b>		
Adults who are overweight or obese	-	-
Teen fruit consumption	54.30%	49.40%
Teens who are overweight or obese	25.60%	28.30%
Adult fruit consumption	-	-
High school students who were physically active	45.60%	38.40%
Adults who meet U.S. aerobic and strength guidelines	-	-
<b>CHRONIC DISEASE SCREENINGS</b>		
Adults who are overweight or obese	-	-
Adults with diabetes	-	-
Adults who meet U.S. aerobic and strength guidelines	-	-

## Community Feedback from Preceding CHNA & Implementation Plan

Renown Health’s 2018-2020 CHNA and Implementation Plan were made available to the public and open for public comment via the website [renown.org/about-us/community/](http://renown.org/about-us/community/). No comments were received on either document at the time this report was written.

# Methodology

## Overview

Two types of data were analyzed for the 2021 CHNA: primary and secondary data. Each type of data was analyzed using a unique methodology. Findings were organized by health topics. These findings were then synthesized for a comprehensive overview of the health needs in Renown Health’s service area.

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed with the Healthy Communities Institute (HCI) Community Dashboard — a web-based community health platform developed by Conduent Community Health Solutions. The Community Dashboard brings non-biased data, local resources, and a wealth of information to one accessible location. It includes 198 community indicators covering over 20 topics in the areas of health, determinants of health and quality of life. The data are primarily derived from state and national public secondary data sources. The value for each of these indicators is compared to other communities, nationally or locally set targets and to previous time periods.

**TABLE 3. SECONDARY DATA TOPIC SCORING**

Women's Health	2.04
Maternal, Fetal & Infant Health	2.03
Immunizations & Infectious Diseases	1.92
Prevention & Safety	1.82
Public Safety	1.74
Substance Abuse	1.70
Mortality Data	1.67
Teen & Adolescent Health	1.62
Mental Health & Mental Disorders	1.54
Environment	1.50

HCI’s Data Scoring Tool® was used to systematically summarize multiple comparisons across the Community Dashboard in order to rank indicators based on highest need. For each indicator, the Washoe County value was compared to a distribution of Nevada and US counties, state and national values, Healthy People 2020 and significant trends. Each indicator was then given a score based on the available comparisons. These comparison scores range from 0 to 3, where 0 indicates the best outcome and 3 the worst. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. These indicators were grouped into topic areas for a higher-level ranking of community health needs.

Table 3 shows the health and quality of life topic scoring results for Washoe County, with Women's Health as the poorest performing topic area for Renown Health's service area, followed by Maternal, Fetal & Infant Health. The top ten topic areas were those that scored over the 1.50 threshold in data scoring. Health topic areas with fewer than three indicators were considered a data gap. Data gaps were specifically assessed as a part of the key informant interviews to ensure that, where the secondary data fell short, primary data could provide a more accurate picture of that particular health topic area. The full results from the Secondary Data Scoring can be found in Appendix A.

## Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, HCI collected community input. Primary data used in this assessment consisted of key informant interviews and an online community survey.

Because this CHNA was developed during the COVID-19 pandemic, the primary data collection methods described were conducted in a way to maintain social distancing and to protect the safety of participants by eliminating in-person data collection.

As a critical aspect of the primary data collection, community input participants were asked to list and describe resources available in the community. Although not reflective of every resource available in the community, the list can help Renown Health build partnerships so as not to duplicate, but rather support existing programs and resources. This resource list is available in Appendix C.

## Key Informant Interviews

HCI conducted key informant interviews via phone and video conference in order to collect community input. Interviewees invited to participate were recognized as having expertise in public health, special knowledge of community health needs, representing the broad interests of the community served by the hospital, and/or being able to speak to the needs of medically underserved or vulnerable populations. Ten individuals agreed to participate as key informants. Table 4 lists the represented organizations that participated in the interviews.

**TABLE 4. KEY INFORMANT ORGANIZATIONS**

Key Informant Organization
Children's Cabinet
Community Health Alliance / City of Reno
Northern Nevada Hopes
Sanford Center For Aging
University of Nevada School of Health Sciences
University of Nevada, Reno School of Medicine



Washoe County Health District
Washoe County School District

The ten key informant interviews took place in September 2020 via phone or video conference. The questions focused on the interviewee’s background and organization, the greatest perceived health needs and barriers of concern in the community and the impact of health issues on the populations they serve and other vulnerable populations. Interviewees were also asked about their knowledge around health topics where there were data gaps in the secondary data. Additionally, questions were included to obtain feedback about the impact of COVID-19 on their community. See the “COVID-19 Impact Snapshot” section of the report for more information. A list of the questions asked in the key informant interviews can be found in Appendix B.

**Key Informant Analysis Results**

Notes captured from the key informant interviews were uploaded to the web-based qualitative data analysis tool, Dedoose<sup>1</sup>. The transcripts were coded according to common themes in health and social determinants of health. The following are the themes that emerged from the analysis of the transcripts.

<p><b>Top Health Concerns &amp; Issues:</b></p> <ul style="list-style-type: none"> <li>• Behavioral Health (including Mental Health and Substance Abuse)</li> <li>• Access to Health Services</li> <li>• Health Behaviors (specifically Knowledge and Education)</li> </ul>	<p><b>Social Determinants of Health:</b></p> <ul style="list-style-type: none"> <li>• Built Environment and Infrastructure</li> <li>• Economy</li> </ul>	<p><b>Most Impacted Populations:</b></p> <ul style="list-style-type: none"> <li>• Older Adults and Aging</li> <li>• Teens and Adolescents</li> </ul>
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**Community Survey**

Additional community input was collected through an online survey hosted by Survey Monkey.

This survey was promoted across Washoe County and with community partners from September 9, 2020 to October 12, 2020. A total of 624 responses were collected. The following charts and graphs illustrate the demographics of community survey respondents.

When analyzed by race, White or Caucasian community members comprised the largest percentage of survey respondents at 80.0%, followed by community members who identified as

<sup>1</sup> Dedoose Version 8.0.35, web application for managing, analyzing and presenting qualitative and mixed method research data (2018). Los Angeles, CA: SocioCultural Research Consultants, LLC www.dedoose.com

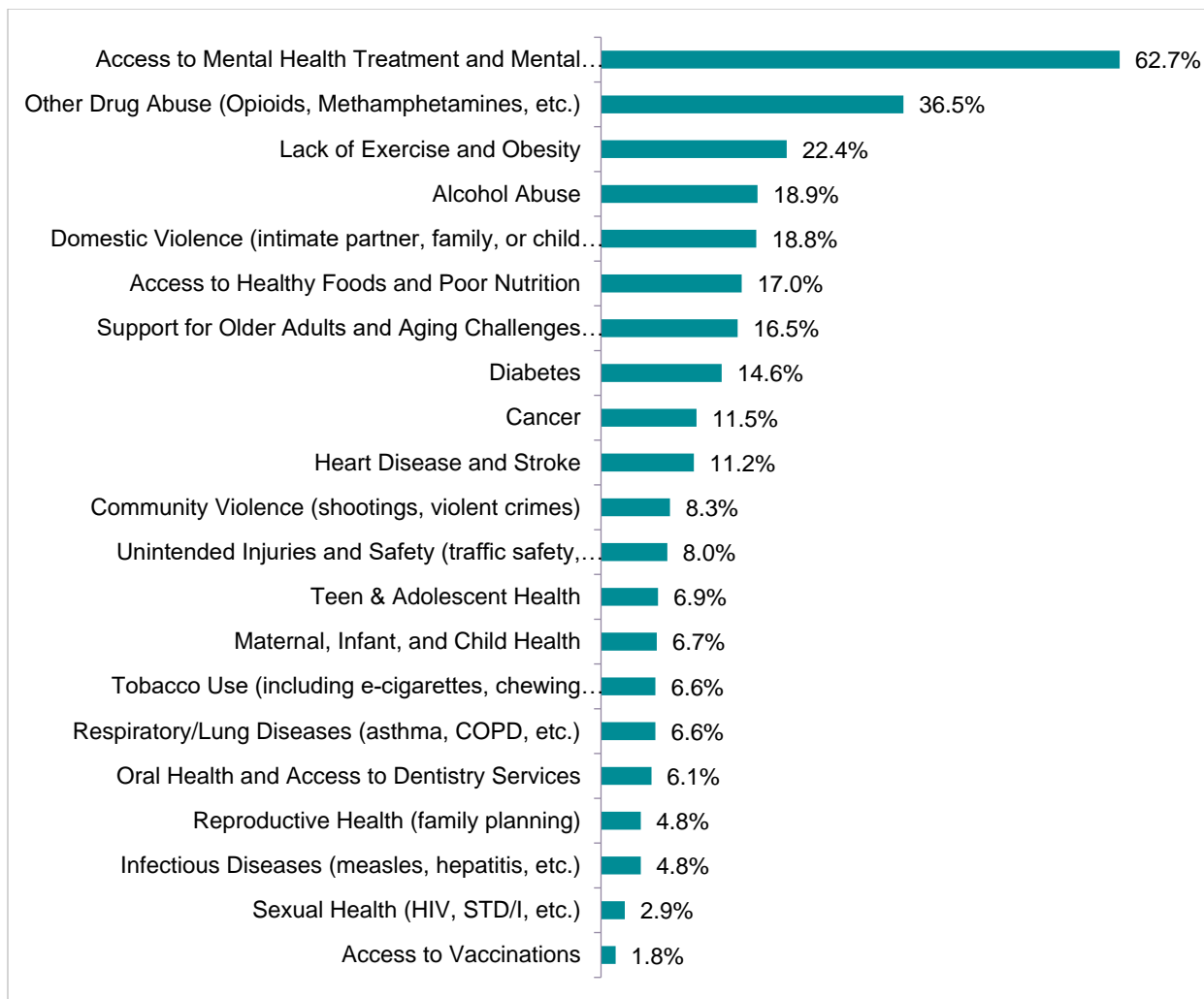
More than One Race at 5.4%. By ethnicity, nearly 16.4% of survey respondents identified as Hispanic/Latino.

Further analysis of survey respondents by age showed that the 35-44 and 25-34 age groups comprised the largest portions of survey respondents, at 26.6% and 20.7% respectively. The majority of survey respondents also identified as female at 80.2%. An additional 17.8% identified as male, and 0.4% as other (transgender, non-conforming or preferred not to answer). Finally, when considering highest educational attainment, the majority of survey respondents reported having earned a bachelor’s degree or higher (75.8%).

## Community Survey Analysis Results

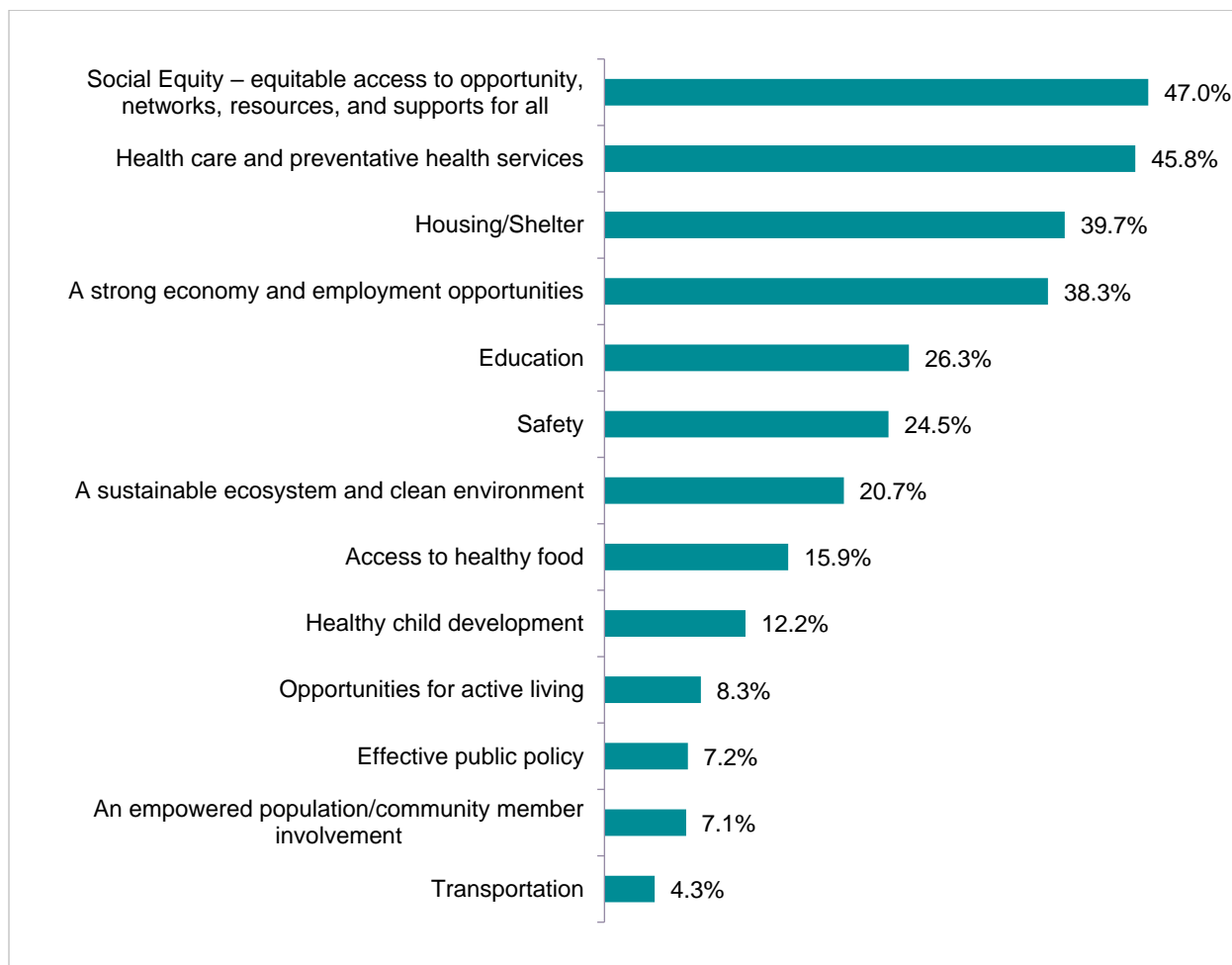
Survey participants were asked about important health issues in the community and factors that define a healthy community in Washoe County. The results for these questions are shown in Figures 3 and 4 below. Additionally, questions were included to get feedback about the impact of COVID-19 on the community, which is included in the “COVID-19 Impact Snapshot” section of this report.

**FIGURE 3. MOST IMPORTANT COMMUNITY HEALTH ISSUES**



(N=624)

**FIGURE 4. MOST IMPORTANT FACTORS THAT DEFINE A HEALTHY COMMUNITY IN WASHOE COUNTY**



(N=624)

## Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, there is a varying scope and depth of secondary data indicators and primary data findings within each topic.

Regarding the secondary data, some health topic areas have a robust set of indicators, but for others there may be a limited number of indicators for which data is available. The Index of Disparity<sup>2</sup>, used to analyze the secondary data, is also limited by data availability from sources. In some instances, there are no subpopulation data for some indicators, and for others there are only values for a select number of race/ethnic groups.

For the primary data, the breadth of findings is dependent upon who opted to participate in the focus groups. Additionally, the digital community survey was a convenience sample, which means

<sup>2</sup> Pearcy, J. & Keppel, K. (2002). A Summary Measure of Health Disparity. Public Health Reports, 117, 273-280.

results may be vulnerable to selection bias and make the findings less generalizable. Another limitation to the survey is that it was conducted in only English.

For all data, efforts were made to include a wide a range of secondary data indicators and community member voices.

## Prioritization

In order to better target activities to address the most pressing health needs in the community, Renown Health and community partners participated in a presentation of data on significant health needs facilitated by HCI. Following the presentation and question session, participants were given access to an online link to complete a scoring exercise to rank the significant health needs based on a set of criteria. The process was conducted virtually in order to maintain social distancing and safety guidelines related to the COVID-19 pandemic.

Renown Health then brought together a decision-making team to review the scoring results of the significant community needs and determine prioritized health needs based on the same set of criteria used in the scoring exercise.

## Participants

Those involved in the process were chosen to represent people with community and clinical knowledge, those who manage services to the underserved and those who are knowledgeable about the needs assessment process. Prioritization participants included:

- Annie Zucker, Renown Health
- Jeff Brasel, Washoe County Health District
- Kristopher Dahir, Sparks City Council Member
- Erica Mirich, Truckee Meadows Tomorrow
- Greg Walaitis, Renown Health
- Julia Page Hensen, Renown Health
- Katie Metz, Renown Health
- Kim Young, Children's Cabinet
- Melinda Mendoza, Renown Health
- Oscar Delgado, Community Health Alliance /City of Reno
- Peter S Reed, Sanford Center For Aging
- Stacey Rice, Northern Nevada Hopes
- Steve Shell, Renown Health
- Suzanne Hendery, Renown Health
- Tony Slonim, Renown Health
- Trudy A Larson, University of Nevada School of Health Sciences
- Sean Savoy, Renown Health

## Process

On December 17, 2020, seventeen community members from Washoe County, including staff from Renown Health, community partners and other community leaders convened virtually. During this meeting, the group reviewed and discussed the results of HCI's primary and secondary data analyses leading to the preliminary significant health needs discussed in detail in the data synthesis portion of this report. From there, participants participated in a virtual

prioritization activity to score each of the significant health needs by how well they met the criteria set forth by Renown Health.

The criteria for prioritization included:

- Scope & Severity: Gauges the magnitude of each health issue.
- Ability to Impact: The perceived likelihood for positive impact on each health issue.

The group also agreed that root causes, disparities and social determinants of health would be considered for all prioritized health topics resulting from the prioritization activity.

Participants scored each health area against each criterion on a scale from 1-3 with 1 meaning it did not meet the given criterion, 2 meaning it met the criterion and 3 meaning it strongly met the criterion. In addition to considering the data presented by HCI in the data synthesis presentation, participants were encouraged to use their own judgment and knowledge of the community in considering how well a health topic met the criteria.

Completion of the online exercise resulted in a numerical score for each health need that correlated with how well that particular need met the criteria for prioritization. HCI downloaded the online results, calculated the scores and then ranked the significant health needs according to their topic scores, with the highest scoring health need receiving the highest priority ranking.

## Prioritized Significant Health Needs

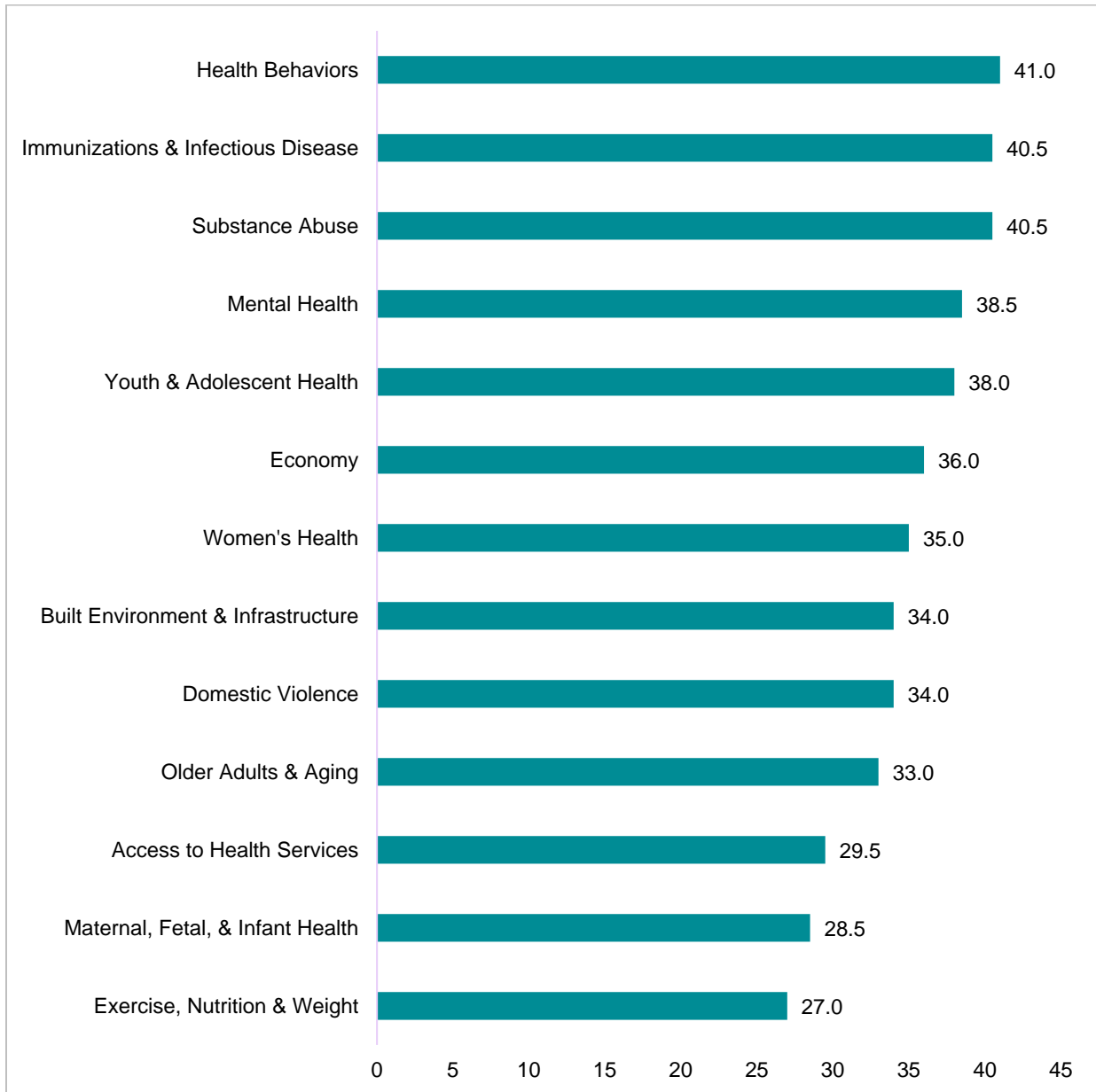
The aggregate ranking is shown in Figure 5 below. Renown Health formed a decision-making team to review the scoring results of the significant community needs and determine prioritized health needs based on the same set of criteria used in the scoring exercise. After combining the prioritized health areas of Mental Health and Substance Abuse into the broader category of Behavioral Health, three additional prioritized health needs were included in the final list. The four priority health areas that will be considered for subsequent implementation planning are:

<b>Renown Health's Prioritized Health Needs</b>
Health Behaviors (Health Literacy and System Navigation)
Immunizations and Infectious Diseases
Behavioral Health (Combining Substance Abuse and Mental Health)
Youth and Adolescent Health

A deeper dive into the primary data and secondary data indicators for each of these four priority health topic areas is provided later in this report. This information highlights how each issue became a high priority health need for Washoe County. Half of these health topic areas are consistent with the priority areas that emerged from the previous CHNA process, namely Mental

Health and Substance Abuse. Renown Health plans to build upon these efforts and continue to address these health needs in its upcoming Implementation Strategy.

**FIGURE 5. SIGNIFICANT HEALTH NEEDS PRIORITIZATION SCORING RESULTS**



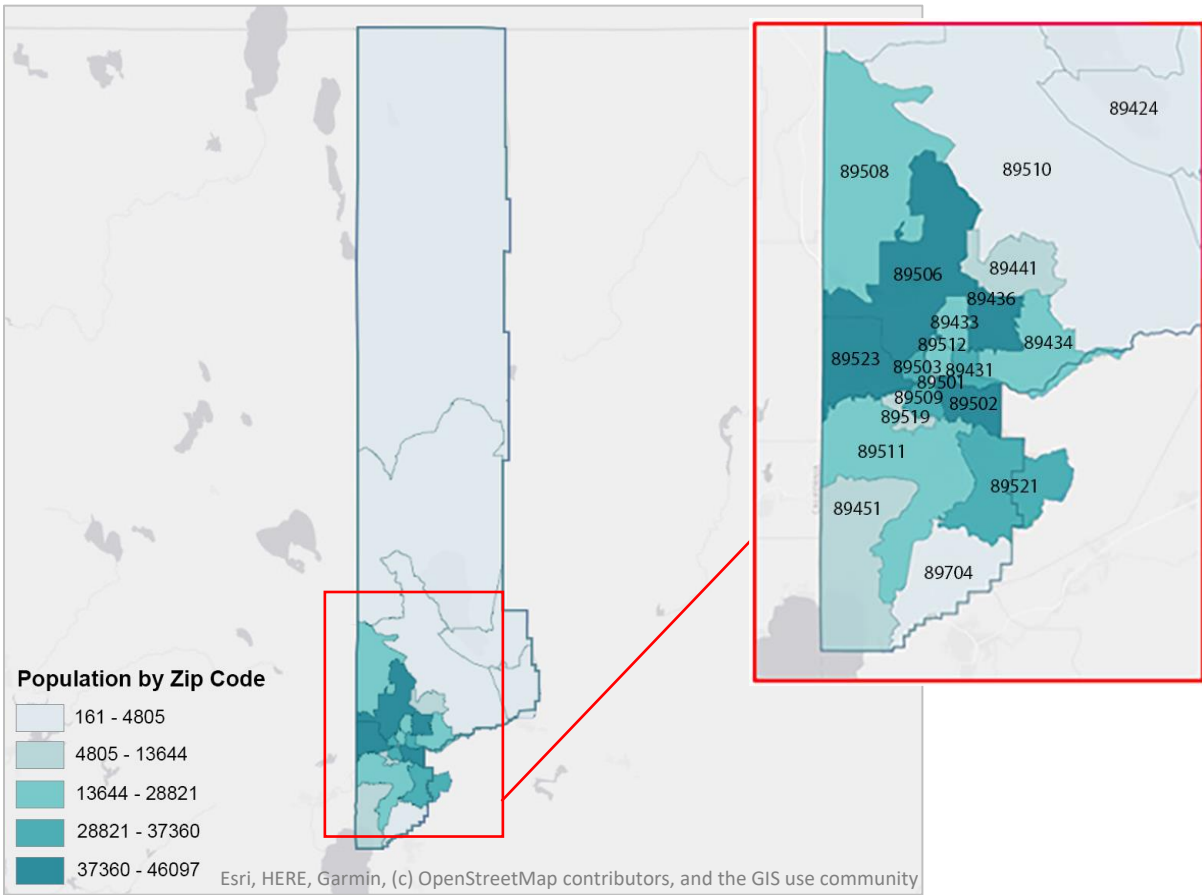
# Demographics

The following section explores the demographic profile of Renown Health’s service area. The demographics of a community significantly impact its health profile. Different race/ethnic, age and socioeconomic groups may have unique needs and require varied approaches to health improvement efforts. All demographic estimates are sourced from Claritas Pop-Facts® 2020 Population Estimates, unless otherwise indicated.

## Population

According to the Claritas Pop-Facts® 2020 Population Estimates, Washoe County has a population of approximately 473,156 persons. Figure 6 shows the population size by each zip code within Washoe County with the darkest blue representing the zip code with the largest population.

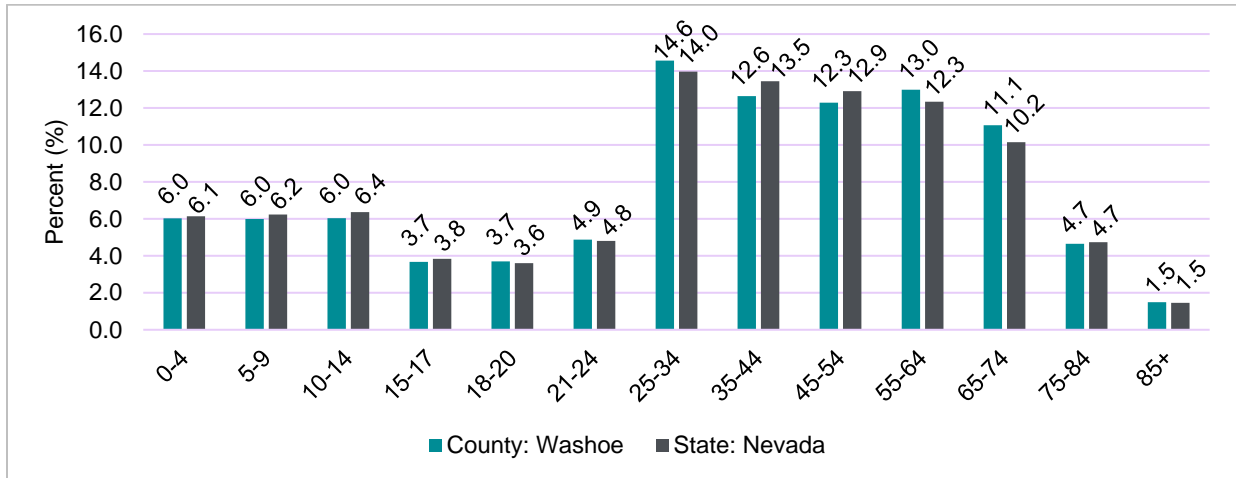
**FIGURE 6. POPULATION SIZE BY ZIP CODE**



## Age

Figure 7 shows the Washoe County population by age group. By age, 21.7% of the population are infants, children, or adolescents (age 0-17); another 61.1% are age 18 to 64, while 17.2% are age 65 and older.

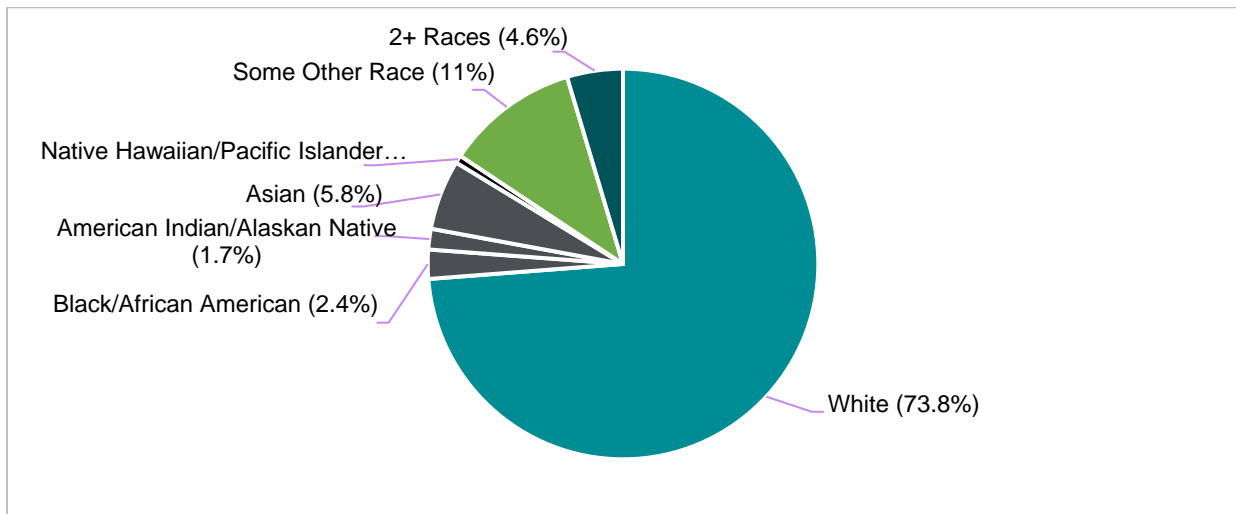
**FIGURE 7. POPULATION BY AGE GROUP**



## Race

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, healthcare and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty. The majority of the population in Washoe County identifies as White (73.8%) as shown in Figure 8. The proportion of community members identifying as Some Other Race is the second largest of all races in Washoe County at 11% and is the only other race that makes up more than 10% of the population.

**FIGURE 8. POPULATION BY RACE**

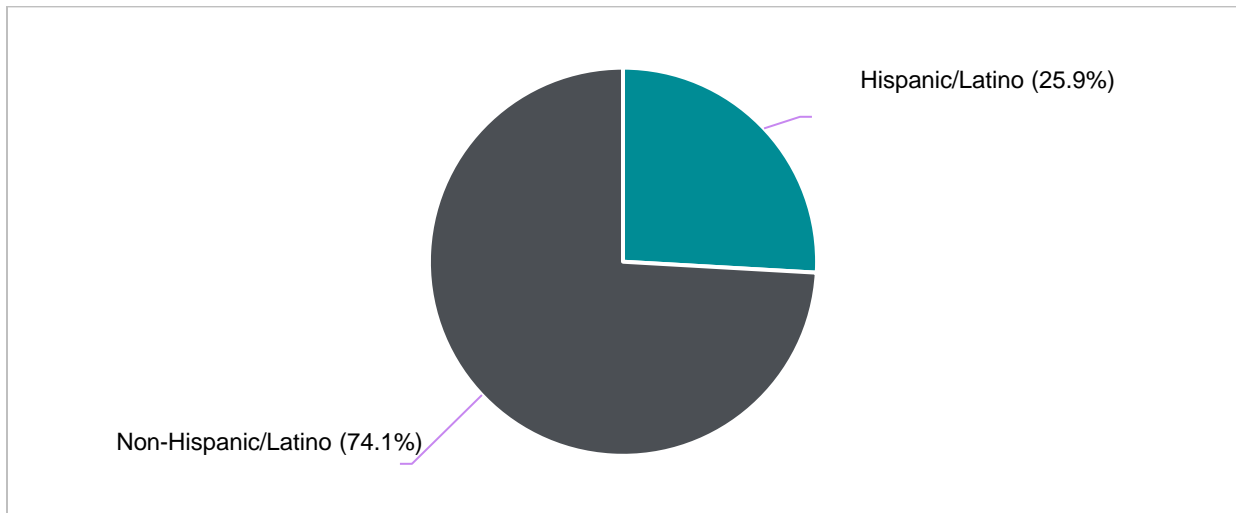




## Ethnicity

As shown by Figure 9, 25.9% of the population of Washoe County identifies as Hispanic or Latino.

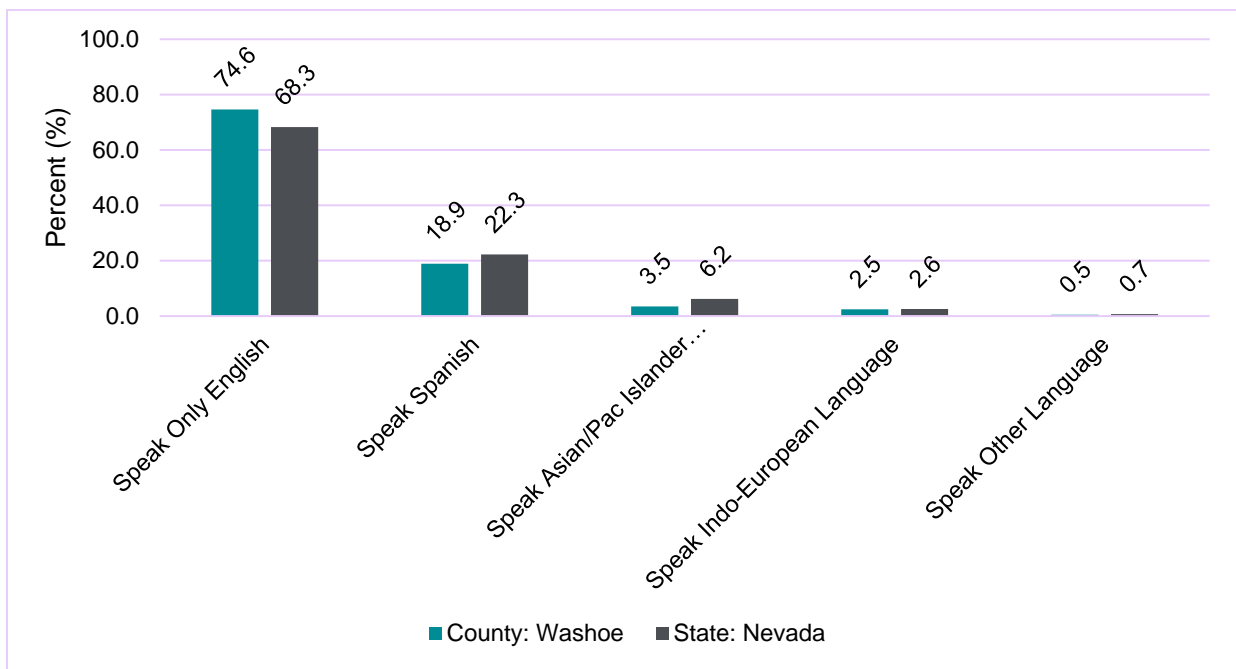
**FIGURE 9. POPULATION BY ETHNICITY**



## Language

Language is an important factor to consider for outreach efforts in order to ensure that community members are aware of available programs and resources. Figure 10 shows the population 5 years of age and older by language spoken at home. In Washoe County, 74.6% of the population speaks English. Spanish is the second most spoken language at 18.9%.

**FIGURE 10. POPULATION AGE 5+ BY LANGUAGE SPOKEN AT HOME**

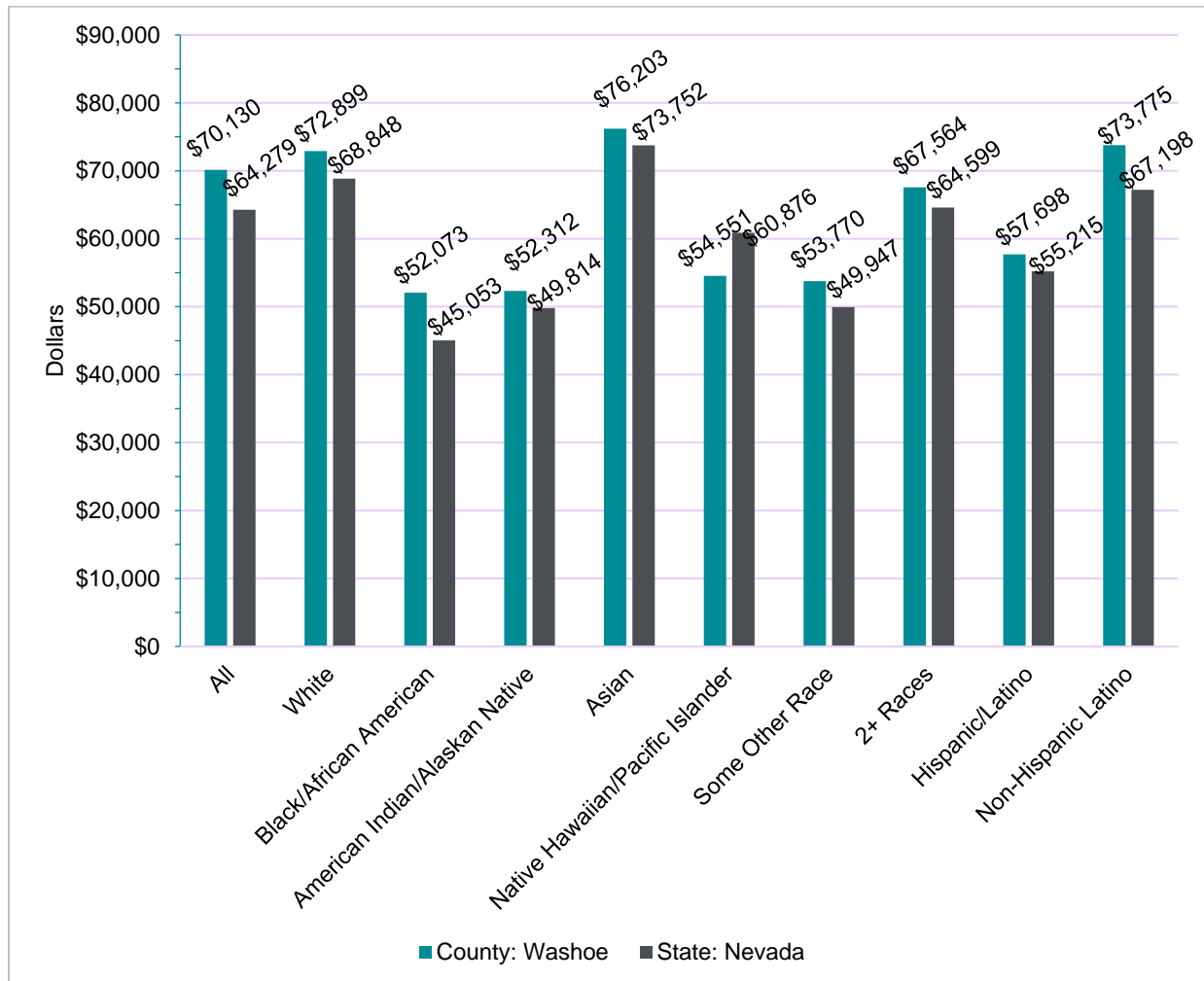


# Social & Economic Determinants of Health

## Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have more educated residents and lower unemployment rates. Higher employment rates lead to better access to healthcare and better health outcomes, since many families get their health insurance through their employer. Areas with higher median household incomes also have higher home values and their residents enjoy more disposable income. Figure 11 compares the median household income values for each race in Washoe County. The overall median household income for the county is \$70,130. Two races – White and Asian – have median household incomes that fall above the overall median value. All other races are below the overall value with Black/African American having the lowest value at \$52,073.

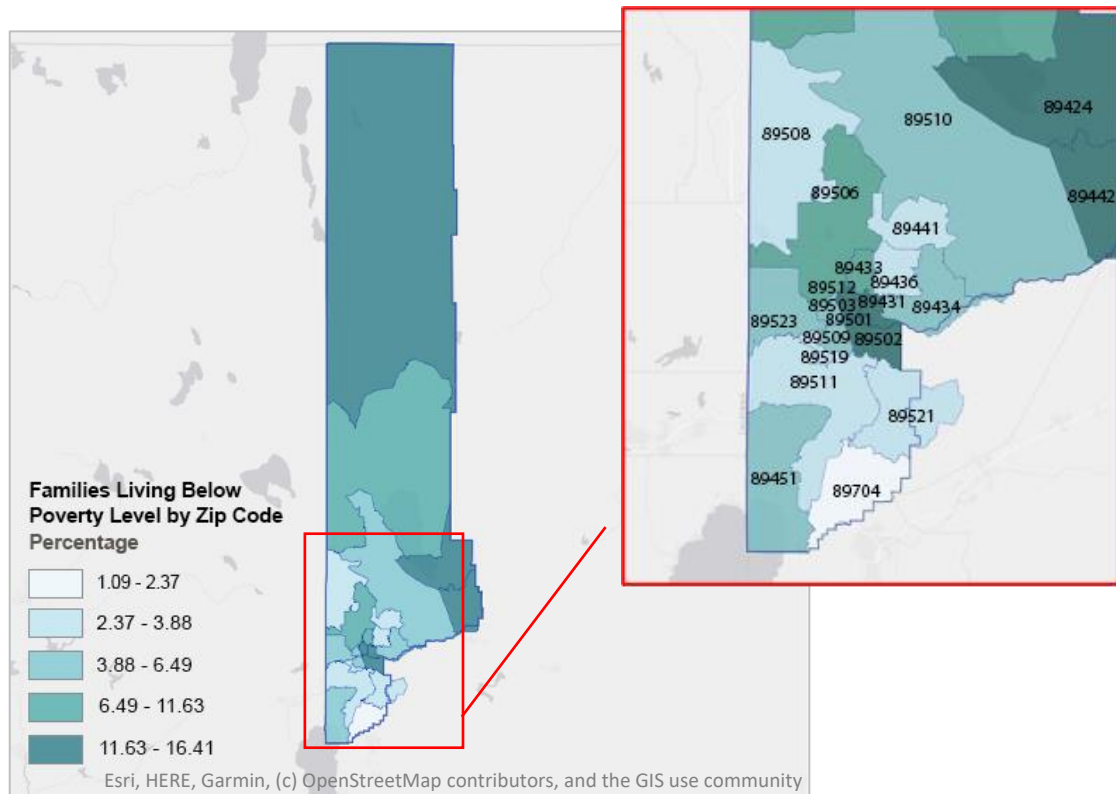
**FIGURE 11. MEDIAN HOUSEHOLD INCOME BY RACE**



## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of household and ages of household members. A high poverty rate is both a cause and a consequence of poor economic conditions. A high poverty rate indicates that local employment opportunities are not sufficient to provide for the local community. Through decreased buying power and decreased taxes, poverty is associated with lower quality schools and decreased business survival. Figure 12 shows the percentage of families living below the poverty level by zip code. The darker green colors represent a higher percentage of families living below the poverty level, with zip codes 89512, 89442, 89502, 89424, 89431 having the highest percentages.

**FIGURE 12. FAMILIES LIVING BELOW POVERTY LEVEL BY ZIP CODE**



Figures 13, 14 and 15 show the percentage of people living below the poverty level by age, gender and race, sourced from the American Community Survey 5-year (2014-2018) percentages. The Washoe County population is highest for the 18-24 age group, females and the Black/African American group.

Figure 13 shows the percentage of the population in Washoe County by age who are living below the poverty level. Children and adolescents who are less than 18 years old comprise the largest group who are living in poverty at 46.2%.

**FIGURE 13. PEOPLE LIVING BELOW POVERTY LEVEL BY AGE**

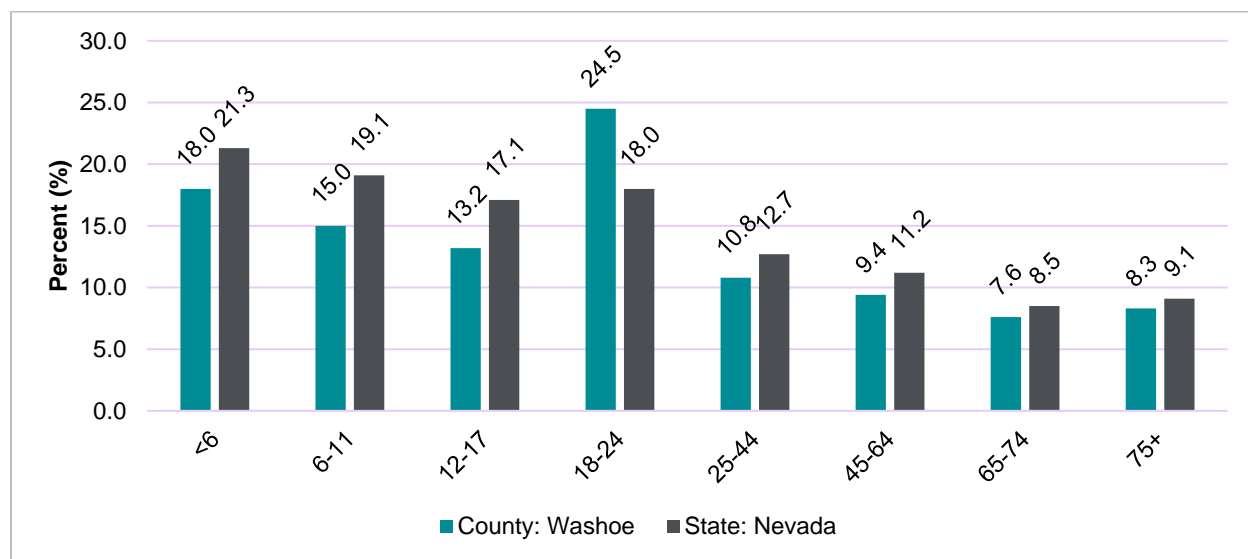


Figure 14 shows the percentage of the population in Washoe County by gender who are living below the poverty level. Females make up a larger percentage of the population in Washoe County who are living in poverty (12.9%). Overall, the percentage of males and females living in poverty in Washoe County is slightly lower than the percentages of these groups at the state level for Nevada.

**FIGURE 14. PEOPLE LIVING BELOW POVERTY LEVEL BY GENDER**

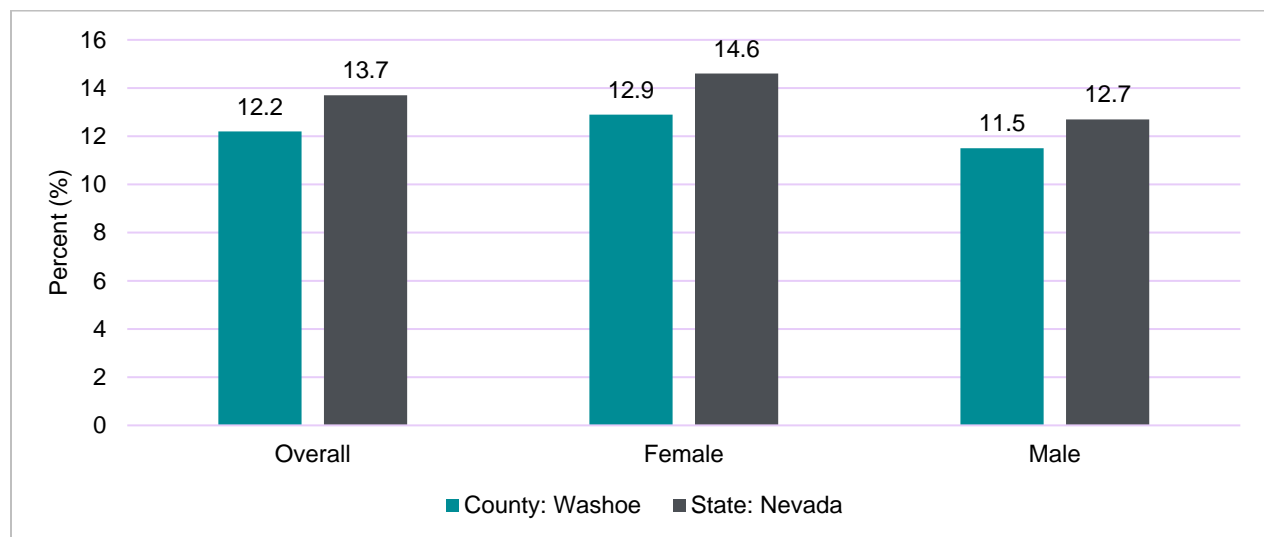
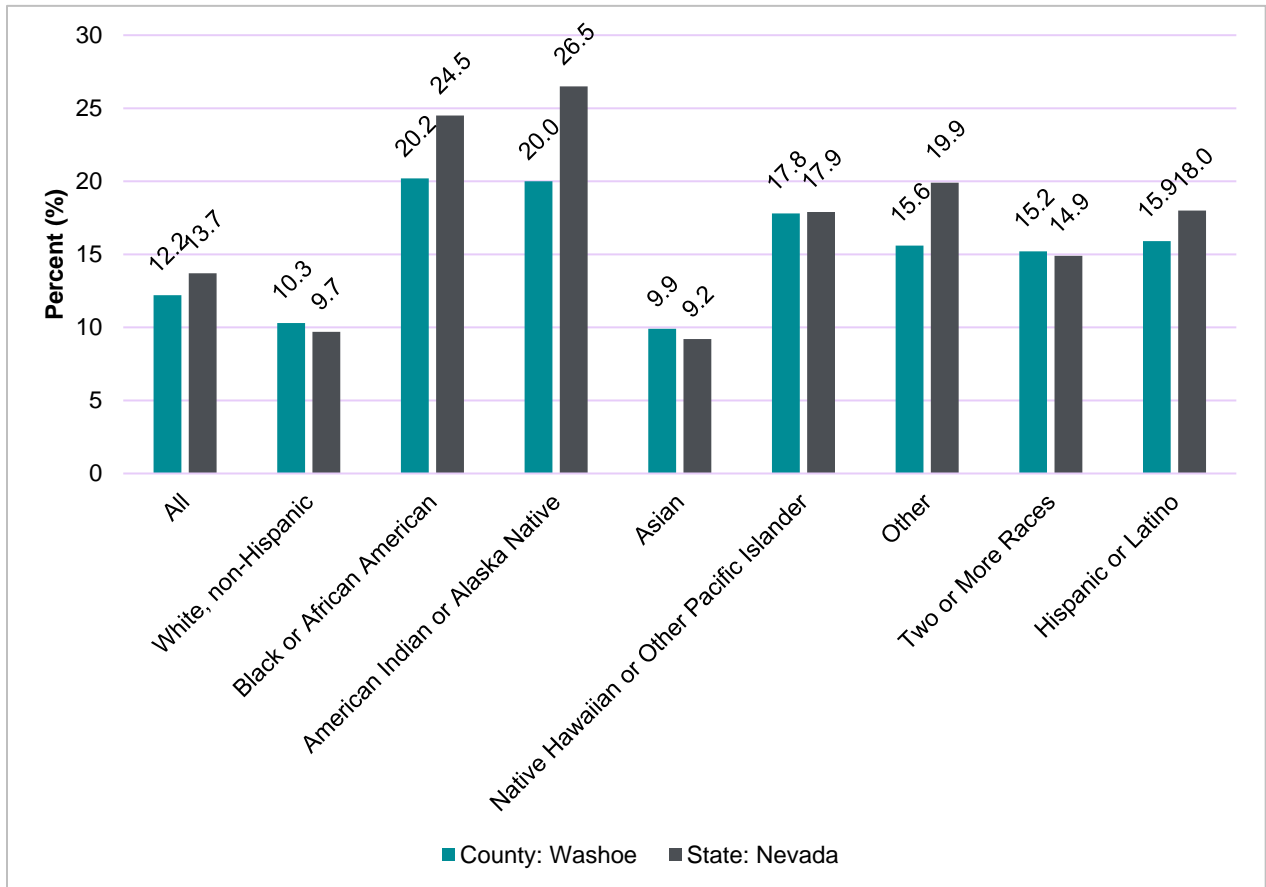


Figure 15 shows the percentage of the population in Washoe County by race/ethnicity who are living below the poverty level. The largest racial/ethnic group in Washoe County who are living below the poverty level are those identifying as Black/African American at 20.2% followed by those identifying as American Indian or Alaska Native race at 20.0%. Those identifying as Black/African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Other race, Multi-racial and Hispanic or Latino all experience poverty at a higher percentage compared to Washoe County at 12.2%. Washoe County has a slightly lower percentage of its citizens living in poverty compared to the state of Nevada (13.7%).

**FIGURE 15. PEOPLE LIVING BELOW POVERTY LEVEL BY RACE**

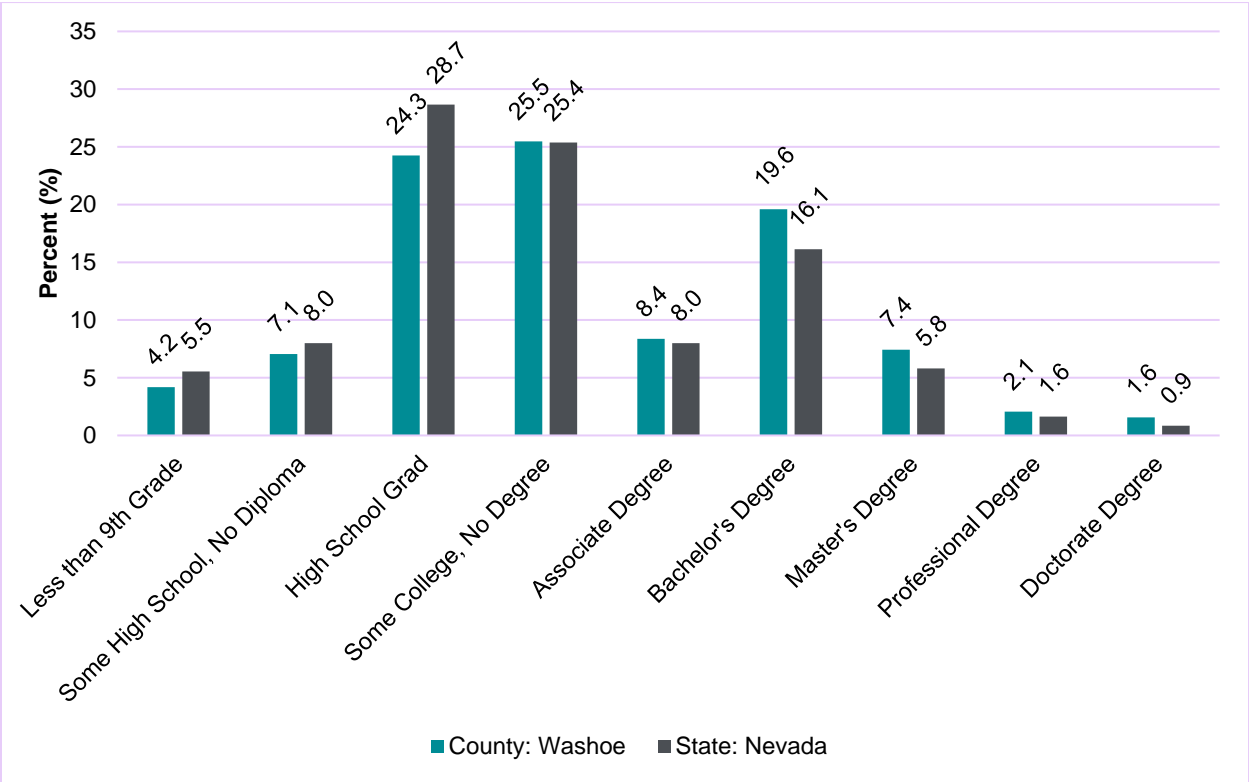


# Education

Graduating from high school is an important personal achievement and is essential for an individual’s social and economic advancement. For many, having a bachelor’s degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about \$1 million more per lifetime than their non-graduate peers. Graduation rates can also be an important indicator of the performance of an educational system.

In Washoe County, 24.3% of those 25 and older are high school graduates. Having a bachelor’s degree or higher opens career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs. As shown in Figure 16, a higher percentage of individuals living in Washoe County who are 25 years and older have a bachelor’s degree or higher (30.7%) compared to the state of Nevada (24.4%).

**FIGURE 16. POPULATION 25+ BY EDUCATIONAL ATTAINMENT**

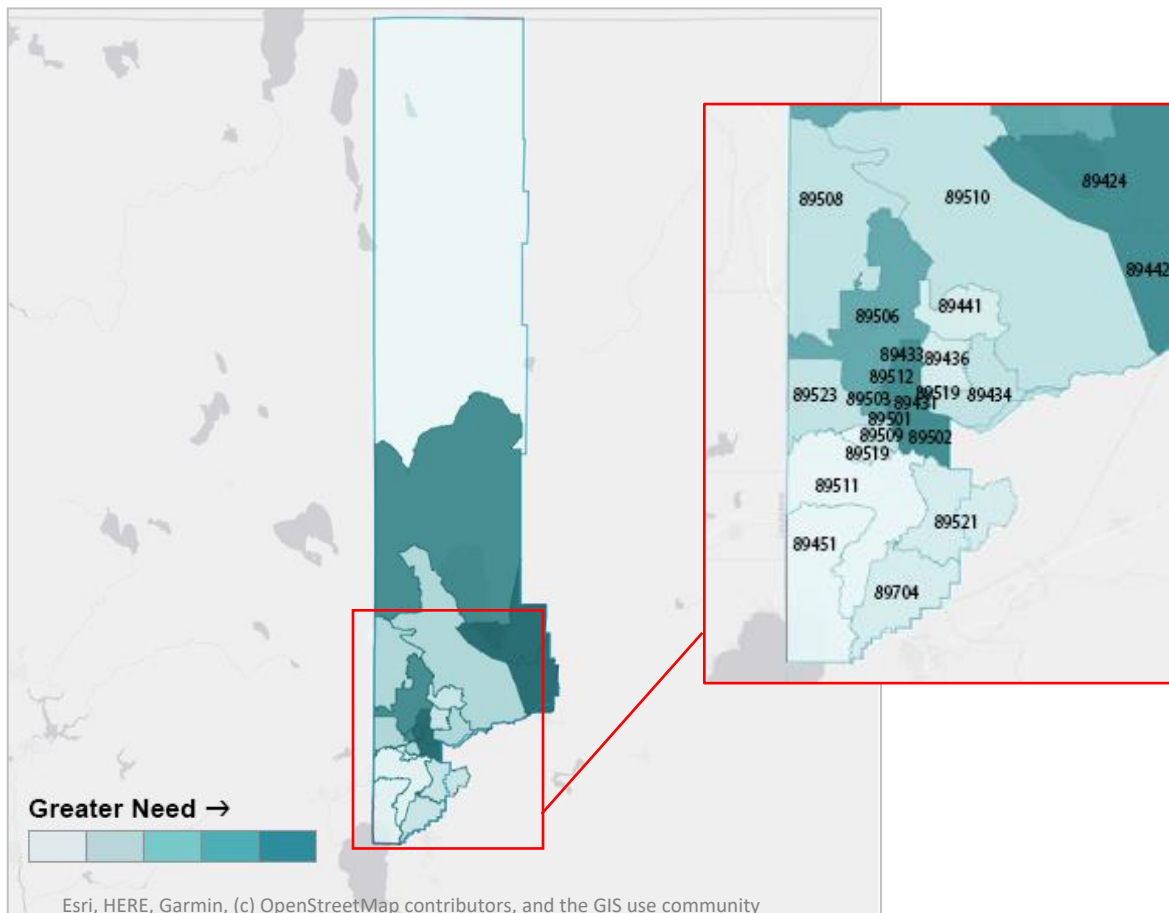


## SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily identify areas of high socioeconomic need. This index incorporates estimates for six different social and economic determinants of health that are associated with poor health outcomes. The data, which cover income, poverty, unemployment, occupation, educational attainment and linguistic barriers, are then standardized and averaged to create one composite index value for every zip code in the United States with a population of at least 200. Zip codes have index values ranging from zero to 100, where higher values are estimated to have the highest socioeconomic need and are correlated with poor health outcomes including preventable hospitalizations and premature death.

For Washoe County, zip codes are ranked based on their index value to identify the relative levels of need, as illustrated by the map in Figure 17. The following zip codes were all tied to have the highest level of socioeconomic need (as indicated by the darkest shaded areas): 89442, 89424, 89512, 89431, 89502, 89501 and 89433. Understanding where there are communities with high socioeconomic need, and associated poor health outcomes, is critical to targeting prevention and outreach activities.

**FIGURE 17. SOCIONEEDS INDEX**



# Data Synthesis

Primary and secondary data were collected, analyzed and synthesized to identify the significant community health needs in Washoe County.

The top health needs identified from data sources were analyzed for areas of overlap. Primary data from the Washoe County community survey and key informant interviews as well as Secondary Data findings identified 13 areas of greater need. Table 5 shows the final 13 significant health needs that were included for prioritization based on the synthesis of all forms of data collected for Renown Health’s CHNA.

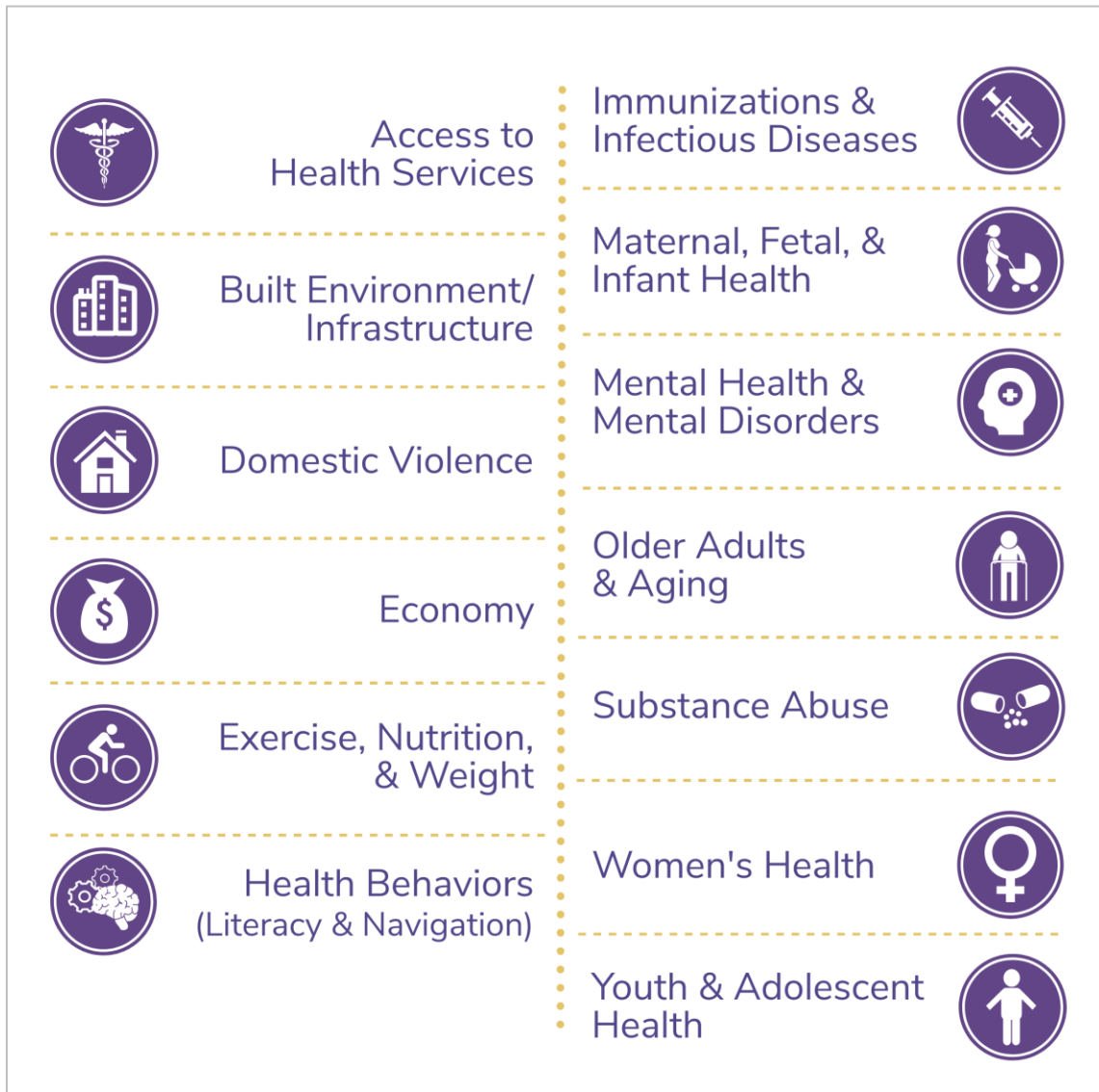
**TABLE 5. HEALTH TOPIC AND DATA COLLECTION**

<b>Health Topic</b>	<b>Data Set</b>
<b>Mental Health &amp; Mental Disorders</b>	<i>Secondary Data, Key Informants, Survey</i>
<b>Substance Abuse</b>	<i>Secondary Data, Key Informants, Survey</i>
<b>Youth &amp; Adolescent Health</b>	<i>Secondary Data, Key Informants</i>
<b>Built Environment / Infrastructure</b>	<i>Secondary Data, Key Informants</i>
<b>Older Adults &amp; Aging</b>	<i>Key Informants, Survey</i>
<b>Women’s Health</b>	<i>Secondary Data</i>
<b>Maternal, Fetal, &amp; Infant Health</b>	<i>Secondary Data</i>
<b>Immunizations and Infectious Disease</b>	<i>Secondary Data</i>
<b>Health Behaviors (Literacy &amp; Navigation)</b>	<i>Key Informants</i>
<b>Economy</b>	<i>Key Informants</i>
<b>Access to Health Services</b>	<i>Key Informants</i>
<b>Exercise, Nutrition, &amp; Weight</b>	<i>Survey</i>
<b>Domestic Violence</b>	<i>Survey</i>



Figure 18 below illustrates the final 13 significant health needs that were considered for prioritization, listed in alphabetical order.

**FIGURE 18. SIGNIFICANT HEALTH NEEDS**



# Prioritized Significant Health Needs

The following section dives deeper into each of the prioritized health needs in order to understand how findings from secondary and primary data led to the health topic becoming a priority health issue for Renown Health. The four health needs are presented in the order of how they ranked in the prioritization process.

## Prioritized Health Topic #1: Health Behaviors (Health Literacy & Navigation)

### Health Behaviors: \_\_\_\_\_ (Health Literacy & Navigation)



#### Key Themes from Community Input

- Top priority from key informants
- Health literacy/navigation assistance
- Reaching communities where they are
- Barrier of technology

#### Primary Data

Health Behaviors, specifically Health Literacy and Health System Navigation, was a trending theme discussed among the key informants who participated in this CHNA process. Reaching community members where they are was a large component of this discussion, with an emphasis on ensuring that individuals understand what services are available to them. Technology was also discussed as a barrier for some communities, including access to internet and general tech literacy. Key informants discussed that this had become an even more important topic since the shift in how healthcare services are provided during the COVID-19 pandemic.

Community survey respondents also emphasized the need for addressing Health Behaviors in Washoe County. Among community survey respondents, 47% believe that Social Equity, including equitable access to opportunity, networks, resources and support for all is an important factor for a healthy community. This was the most common response selected by survey respondents. Additionally, 22.9% of survey respondents strongly disagreed, disagreed, or felt neutral about knowing where to find the healthcare resources or information they need when they need them. While 55.24% of community respondents who had accessed care in the Emergency Room (ER) in the past 12 months, had done so because of an emergency or life-threatening situation, an additional 33.57% of those respondents had accessed care in the ER because there were no after clinic hours or because they needed care over the weekend.



Knowledge of services is a barrier, especially among vulnerable populations. A lack of understand about the type of resources that are available, mental health, spiritual health.



- Key Informant

## Prioritized Health Topic #2: Immunizations & Infectious Diseases

### Immunizations & Infectious Disease

Secondary Data Score: **1.92**



#### Warning Indicators



- Top issue from secondary data analysis
- Syphilis incidence rate
- Chlamydia incidence rate
- Gonorrhea incidence rate
- COVID-19 daily average case-fatality rate

#### Secondary Data

From the secondary data scoring results, Immunizations & Infectious Diseases were identified to be a top health need in Washoe County. It has the third highest data score of all health topic areas using the data scoring technique, with a score of 1.92. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed below.

TABLE 6. DATA SCORING RESULTS FOR IMMUNIZATIONS & INFECTIOUS DISEASES

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
2.50	Syphilis Incidence Rate (2018) cases/100,000 population	21.5	21.5	10.8	—	—	
2.42	Chlamydia Incidence Rate (2018) cases/100,000 population	576.7	—	539.9			

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
2.42	Gonorrhea Incidence Rate (2018) <i>cases/100,000 population</i>	192.4	—	179.1			
2.08	COVID-19 Weekly Average Case-Fatality Rate (July 2020) <i>deaths per 100 cases</i>	2.8	2.0	1.4			
1.86	Weekly Average COVID-19 Incidence (July 2020) <i>Cases/100,000 population</i>	13.2	9.1	14.8			

From the secondary data results, there are many top specific indicators that raise concern for Washoe County and Nevada. In comparison, Washoe County is higher in Syphilis, Chlamydia and Gonorrhea incidence rates than the national incidence rates. Further, Chlamydia and Gonorrhea incidence rates are statistically significantly trending upwards. The Washoe County Syphilis incidence rate is also trending upwards, but not statistically significantly.

### Primary Data

Concerns related to mental health, health communication, access to care and resources and other barriers to care related to the COVID-19 pandemic were common topics that trended across this Washoe County Community Health Needs Assessment. Further exploration of the key primary data findings related to COVID-19 are covered more fully in the Washoe County Community Feedback section of the COVID-19 Impact Snapshot later in this report.



Obviously, immunizations are taking on a whole new sense of importance.

- Key Informant



## Prioritized Health Topic #3: Behavioral Health (Mental Health & Substance Abuse)

### Behavioral Health (Mental Health)

Secondary Data Score: **1.54**



#### Key Themes from Community Input



- One of the top health needs to be addressed from survey; impacts everyone
- Mental health care, resources, and available providers are disproportionate to community need

#### Warning Indicators



- Age-adjusted death rate due to suicide
- Poor mental health: Average number of days
- Frequent mental stress
- Teens who have attempted suicide

### Behavioral Health (Substance Abuse)

Secondary Data Score: **1.70**



#### Key Themes from Community Input



- Drug abuse and alcohol abuse were two of the top risky behaviors that impact community health from the survey

#### Warning Indicators



- Adults who drink excessively
- Alcohol-impaired driving deaths
- Death rate due to drug poisoning
- Age-adjusted drug and opioid-involved overdose death rate

### Secondary Data

As a prioritized health topic, Behavioral Health is made up of two secondary data topics – Mental Health & Mental Disorders and Substance Abuse.

#### Mental Health & Mental Disorders

From the secondary data scoring results, Mental Health & Mental Disorders were identified to be a top health need in Washoe County as a part of Behavioral Health. It has the sixth-highest data score of all health topic areas using the data scoring technique, with a score of 1.54. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed below.

TABLE 7. DATA SCORING RESULTS FOR MENTAL HEALTH & MENTAL DISORDERS

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
2.19	Age-Adjusted Death Rate due to Suicide (2016-2018) <i>deaths/100,000 population</i>	21.6	20.8	13.9 10.2* HP2020		—	
2.11	Poor Mental Health: Average Number of Days (2017) <i>days</i>	4.2	3.5	4			
1.78	Frequent Mental Distress (2017) %	12.7	11.6	12			
1.75	Teens who have Attempted Suicide (2019) %	9.9	8.9	—	—	—	—
1.67	Alzheimer's Disease or Dementia: Medicare Population (2017) %	9.5	9.7	10.9			
1.67	Depression: Medicare Population (2017) %	15.1	14.3	17.9			
1.58	Poor Mental Health: 14+ Days (2017) %	12.4	11.6	—	—	—	









\*HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020.

From the secondary data results, Washoe County has a higher rate of Age-Adjusted Death Rate due to Suicide, adults experiencing Poor Mental Health, and Frequent Mental Distress than both the overall state of Nevada and the U.S. Additionally, Washoe County is failing to meet the Healthy People 2020 target for Age-Adjusted Death Rate due to Suicide. In the county, Teens who have Attempted Suicide and Poor Mental Health over 14 or more Days both have higher percentages than the state of Nevada. While Washoe County values for Alzheimer's Disease or Dementia and Depression in the Medicare Population are doing well compared to state and national values, they are both statistically significantly trending upwards.

## Substance Abuse

From the secondary data scoring results, Substance Abuse was identified to be a top health need in Washoe County as a part of Behavioral Health. It has the fourth highest data score of all health topic areas using the data scoring technique, with a score of 1.70. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed below.

TABLE 8. DATA SCORING RESULTS FOR SUBSTANCE ABUSE

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
2.83	Alcohol-Impaired Driving Deaths (2014-2018) %	37.3	29.4	28			
2.44	Adults who Drink Excessively (2017) %	24.4	19.3	19 25.4* HP2020			
2.03	Death Rate due to Drug Poisoning (2016-2018) deaths/100,000 population	24.7	22.6	21		—	
1.83	Age-Adjusted Drug and Opioid-Involved Overdose Death Rate (2016-2018) deaths/100,000 population	22.8	21.4	20.7	—	—	—
1.75	Adolescents who Use Alcohol: Past 30 Days (2019) %	26.7	23.9	—	—	—	—
1.75	Teens who Have Ever Used Cocaine (2019) %	6.6	5.2	—	—	—	—
1.75	Teens who Have Ever Used Ecstasy (2019) %	6.9	4.8	—	—	—	—

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
1.75	Teens who Have Ever Used Heroin (2019) %	2.9	2.5	—	—	—	—
1.75	Teens who have Used Methamphetamines (2019) %	3.8	2.9	—	—	—	—
1.75	Teens who Use Marijuana: High School Students (2019) %	23.2	19.5	—	—	—	—
1.72	Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin) (2018) <i>rate/100,000 residents</i>	15.7	11.1	—	—	—	
1.64	Adults who are Heavy Drinkers (2017) %	9.1	6.2	—	—	—	
1.58	Adolescents who have ever Used Alcohol (2019) %	59.4	56.9	—	—	—	—
1.58	Adults who Binge Drink (2017) %	20.5	17.9	24.2* HP2020	—	—	
1.58	High School Students Who Have Ever Used Marijuana (2019) %	37.7	35.4	—	—	—	—

\*HP2020 - Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. HP2020 represents a Healthy People target to be met by 2020.

From secondary data, Washoe County indicators that have higher values than both state and national values are Alcohol Impaired Driving Deaths, Adults who Drink Excessively, Death Rate due to Drug Poisoning and Age Adjusted Drug and Opioid Involved Overdose Death Rates. Adolescent and Teen rates for Alcohol in the past 30 days, Cocaine, Ecstasy, Heroin, Methamphetamines and Marijuana in High School Students all have higher values in Washoe



County than overall state values. Additionally, the Age-Adjusted Hospitalization Rate due to Opioid Overdose (excluding Heroin) and Adults who are Heavy Drinkers have higher rates in the County than Nevada.

## Primary Data

### Mental Health & Mental Disorders

Mental Health and Mental Disorders were a top health need identified by community survey respondents and key informants. Mental healthcare, mental health resources and the availability of mental health providers were frequently cited as disproportionate to community need. Among survey respondents, 14.91% reported not being able to access needed mental health services in the past 12 months. These respondents reported cost and affordability of receiving care as their biggest barrier to care. Respondents also reported that the wait to receive services was too long.

Key informants emphasized the impact of anxiety and stress that parents and families with children are currently experiencing due to COVID-19 restrictions and the ever-evolving options for schooling. Social isolation was another common topic that was discussed during these conversations, specifically mentioning the impact on children, youth and older adults. Separation from routines and social networks are greatly impacting mental health for these groups. Key informants also discussed the challenge of accessing mental health services in the community. The cost, availability of appointments and navigation and/or knowledge about available services were all mentioned as barriers to care. They emphasized that resources available for mental health are disproportionate to community need.

Disparities related to Mental Health & Mental Disorders are important to consider as well and will be discussed in the Other Findings section later in this report.



We don't have enough providers in the community to handle the demand for these types of services.



- Key Informant

### Substance Abuse

Substance Abuse was a top health need identified by community survey respondents and key informants. More specifically, drug abuse and alcohol abuse were two of the top risky behaviors that impact community health identified by community survey respondents. Among community survey respondents, 36.54% identified drug abuse including opioids and methamphetamines as being a health issue in Washoe County. Additionally, 18.91% of respondents identified alcohol abuse as a health issue in their county.

Key informants discussed the overall impact of behavioral health and substance abuse in Washoe County. They specifically mentioned access to services for these health issues and a general stigma for seeking services as being barriers to care.



I would rank behavioral health and substance abuse as the ones that impact the most people. This is because we have stigma around this and a lack of access to these services. People don't want to go in due to stigma or because there is nowhere to go.



- Key Informant

## Prioritized Health Topic #4: Youth & Adolescent Health

### Youth & Adolescent Health

Secondary Data Score: **1.62**



#### Key Themes from Community Input



- Teen and adolescent health was a top concern highlighted by key informants
- Behavioral health
- Obesity and other risk factors that contribute to chronic disease; physical activity

#### Warning Indicators




- Adolescents who use alcohol: Past 30 days
- Teen fruit consumption
- Teens who have attempted suicide
- Teens who have ever used cocaine
- Teens who have ever used ecstasy
- Teens who have ever used heroin
- Teens who have used meth
- Teens who use marijuana (High School)

### Secondary Data

From the secondary data scoring results, Youth & Adolescent Health was identified to be a top health need in Washoe County. It has the fifth highest data score of all health topic areas using the data scoring technique, with a score of 1.62. Further analysis was done to identify specific indicators of concern across the county. Individual indicators with high data scores within a topic area were categorized as indicators of concern and are listed below.

TABLE 9. DATA SCORING RESULTS FOR YOUTH & ADOLESCENT HEALTH

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
1.75	Adolescents who Use Alcohol: Past 30 Days (2019) %	26.7	23.9	—	—	—	—

SCORE	INDICATORS	Washoe County	Nevada	US	Nevada Counties	US Counties	Trend
1.75	Teen Fruit Consumption (2019) %	54.3	49.4	—	—	—	
1.75	Teens who have Attempted Suicide (2019) %	9.9	8.9	—	—	—	—
1.75	Teens who Have Ever Used Cocaine (2019) %	6.6	5.2	—	—	—	—
1.75	Teens who Have Ever Used Ecstasy (2019) %	6.9	4.8	—	—	—	—
1.75	Teens who Have Ever Used Heroin (2019) %	2.9	2.5	—	—	—	—
1.75	Teens who have Used Methamphetamines (2019) %	3.8	2.9	—	—	—	—
1.75	Teens who Use Marijuana: High School Students (2017) %	23.2	19.5	—	—	—	—
1.58	Adolescents who have ever Used Alcohol (2019) %	59.4	56.9	—	—	—	—

When looking at Youth & Adolescent Health findings from the secondary data results, Washoe County fares worse than Nevada in all except one indicator in the table above. Further, Teen Fruit Consumption is statistically significantly trending downwards. The concern that seems to afflict Youth & Adolescent Health the most is the substance abuse exploration in Alcohol, Cocaine, Ecstasy, Heroin, Methamphetamines and Marijuana. Additionally, Teens who have Attempted Suicide is higher in Washoe County than in the overall state of Nevada.

## Primary Data

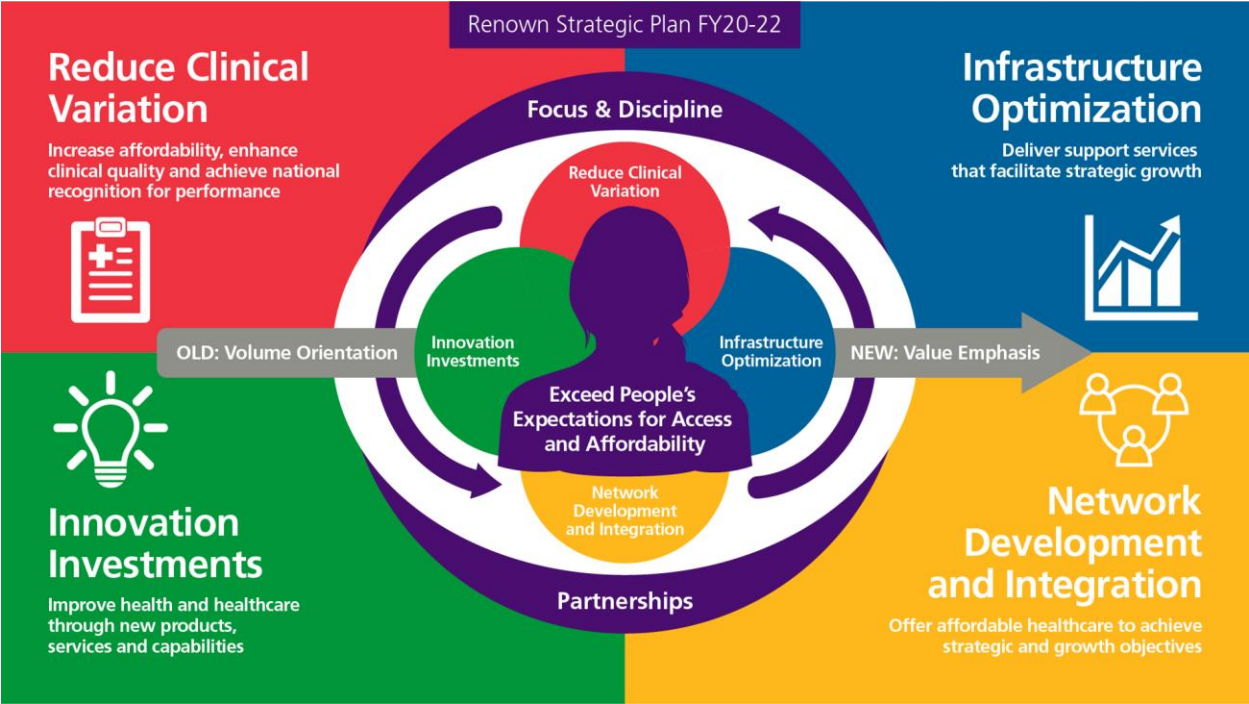
Teen and Adolescent Health was a top health need identified by key informants in this CHNA process. Mental health, specifically depression, suicide, as well as drug abuse were discussed as being important health challenges impacting the health of youth in Washoe County. Obesity and other risk factors that contribute to chronic disease as well as a general lack of physical activity among youth were other key themes discussed by key informants.

Disparities related to Teen and Adolescent Health are also important to consider and will be discussed more fully in the Other Findings section later in this report.

# Non-Prioritized Significant Health Needs

Healthy Behaviors, Immunizations and Infectious Disease, Behavioral Health and Youth and Adolescent Health were the final prioritized health needs identified through this CHNA cycle. The purpose of the prioritized areas was to purposefully identify areas of impact where programs could be built, grown, and replicated. While this focused work is being implemented, Renown Health will continue working with its community partners to address other health areas that were not prioritized in the process through their Strategic Plan. Additional opportunities will be identified to grow and expand existing work in the community as well as implementing additional programming in new areas. These on-going strategic conversations will allow Renown Health to build stronger community collaborations and make smarter, more targeted investments to improve the health of the community. Figure 19 below outlines the FY20-22 Strategic Plan for Renown Health.

**FIGURE 19. RENOWN HEALTH FY20-22 STRATEGIC PLAN**



The following significant health needs, presented in alphabetical order, emerged from a review of the primary and secondary data. Key themes from community input are included where relevant for each non-prioritized health need along with the secondary data score and warning indicators.

## Non-Prioritized Health Need #1: Access to Health Services

### Access to Health Services

Secondary Data Score: **1.08**



#### Key Themes from Community Input



- Top priority from key informants
- Cost of healthcare is a barrier
- Transportation challenges
- Additional impact of COVID-19
- Long wait times to see a provider / specialist

#### Warning Indicators



- Percentage of women receiving prenatal care in the first trimester
- Children with health insurance
- Adults with health insurance



Accessing health services – financial barriers are very big; a lot of time if there's no insurance, there's no care. Even those with insurance, their plan may not fit into their budget to be able to afford care.



- Key Informant

## Non-Prioritized Health Need #2: Built Environment/Infrastructure

### Built Environment/Infrastructure

Secondary Data Score: **1.50**



#### Key Themes from Community Input



- The Built Environment and Infrastructure as a Social Determinant of Health was a top concern of key informants
- Access to healthy living conditions
- Ability to impact with policy

#### Warning Indicators



- Fast food restaurant density
- SNAP certified stores
- Grocery store density



I don't think there is one program or intervention that is going to have a meaningful impact in addressing SDOH. These are societal and policy issues...investing in community building, infrastructure, education, policy change will have the most direct impact on these issues.



- Key Informant

## Non-Prioritized Health Need #3: Domestic Violence

### Domestic Violence



#### Key Themes from Community Input



- Top concern from survey
- Includes intimate partner violence, family violence, or child abuse

## Non-Prioritized Health Need #4: Economy

### Economy

Secondary Data Score: **1.19**



#### Key Themes from Community Input



- Top issue from key informant interviews
- Impact of COVID-19 on job loss and overall economy
- Impact of reduced tourism
- Financial barriers to care
- Intersection of health disparities with socio-economic status

#### Warning Indicators



- Unemployed workers in civilian labor force
- Mortgaged owners median monthly household costs
- SNAP certified stores
- Median household gross rent
- Households with cash public assistance income
- Income inequality
- Severe housing problems



The service industry is very vulnerable.

They rely on tips as wages to survive.

- Key Informant



## Non-Prioritized Health Need #5: Exercise, Nutrition & Weight

### Exercise, Nutrition & Weight

Secondary Data Score: **1.36**



#### Key Themes from Community Input



- Top concern from survey
- Food security; access to healthy foods and poor nutrition
- Obesity and contribution to chronic disease
- Lack of exercise

#### Warning Indicators



- Fast food restaurant density
- Grocery store density
- Teen fruit consumption
- Farmers market density
- Adults who are overweight or obese



Adult on-set diabetes seems to be growing; this has to do with lifestyle habits. Really hadn't been this way before.

- Key Informant



## Non-Prioritized Health Need #6: Maternal, Fetal & Infant Health

### Maternal, Fetal & Infant Health

Secondary Data Score: **2.03**



#### Warning Indicators



- Top issue from secondary data analysis
- Percentage of women receiving prenatal care in the first trimester
- Infant mortality rate
- Babies with low birth weight



There needs to be more Women's Health and Maternal Health education early on related to breastfeeding, what it means to be a parent, risk for breast cancer, and the importance of health screenings.

- Key Informant



## Non-Prioritized Health Need #7: Older Adults & Aging

### Older Adults & Aging

Secondary Data Score: **1.30**



#### Key Themes from Community Input



- Support for older adults and aging population was a top concern highlighted by key informants and in the community health survey
- Intersection with women's health
- Chronic conditions

#### Warning Indicators



- Osteoporosis: Medicare population
- Hyperlipidemia: Medicare population
- People 65+ living alone
- Asthma: Medicare population



The older population is stuck with a burden of multiple chronic conditions and the medical care to managing these are woefully inadequate.

- Key Informant



## Non-Prioritized Health Need #8: Women's Health

### Women's Health

Secondary Data Score: **2.04**



#### Warning Indicators



- Top issue from secondary data analysis
- Breast cancer incidence rate
- Percentage of women receiving prenatal care in the first trimester
- Age-adjusted death rate due to breast cancer



With women's health, one of the urgent issues is access to reproductive health.

- Key Informant





# Other Findings

Critical components in assessing the needs of a community are identifying barriers and disparities in healthcare. Additionally, the identification of barriers and disparities will help inform and focus strategies for addressing the prioritized health needs. The following section identifies barriers and disparities as they pertain to Washoe County.

## Barriers to Care

Community health barriers for Washoe County were identified as part of the primary data collection. Community survey respondents and key informants were asked to identify any barriers to healthcare observed or experienced in the community.

### Financial, Health Literacy and Language Barriers

In general, accessing affordable healthcare was a common barrier that was discussed whether due to overall cost or being underinsured or uninsured. For community survey respondents that did not receive the healthcare they needed, 39.2% selected cost as a barrier to seeking care, while 36.0% noted that the wait was too long to receive the services they needed. An additional 25.5% reported that their providers or healthcare facilities had been closed due to COVID-19 and that this was a barrier to their care. Key informants were concerned that low-income community members do not have access to affordable healthcare providers. Key informants added that even when health insurance is available, health literacy issues and language barriers make seeking services challenging, especially for older adults and immigrant populations.

Key informants also noted the economic impact COVID-19 has had on Washoe County. Job loss has increased financial barriers to care and exacerbated existing social determinants of health, specifically related to food and housing insecurity. This will be explored in more detail in the COVID-19 Impact Snap Shot later in this report.

## Disparities

### Race/Ethnic & Age Disparities

Community health disparities were assessed in both the primary and secondary data collection processes. Table 10 below show secondary data indicators with statistically significant race/ethnicity, age or gender disparity for Washoe County Index of Disparity analysis. Disparities should be recognized and considered for implementation planning to mitigate the challenges and barriers often faced along gender, racial, ethnic, or cultural lines.

**TABLE 10. INDICATORS WITH SIGNIFICANT RACE/ETHNICITY, AGE OR GENDER DISPARITIES**

Health Indicator	Group Negatively Impacted
Teens who Felt Sad or Hopeless	Females

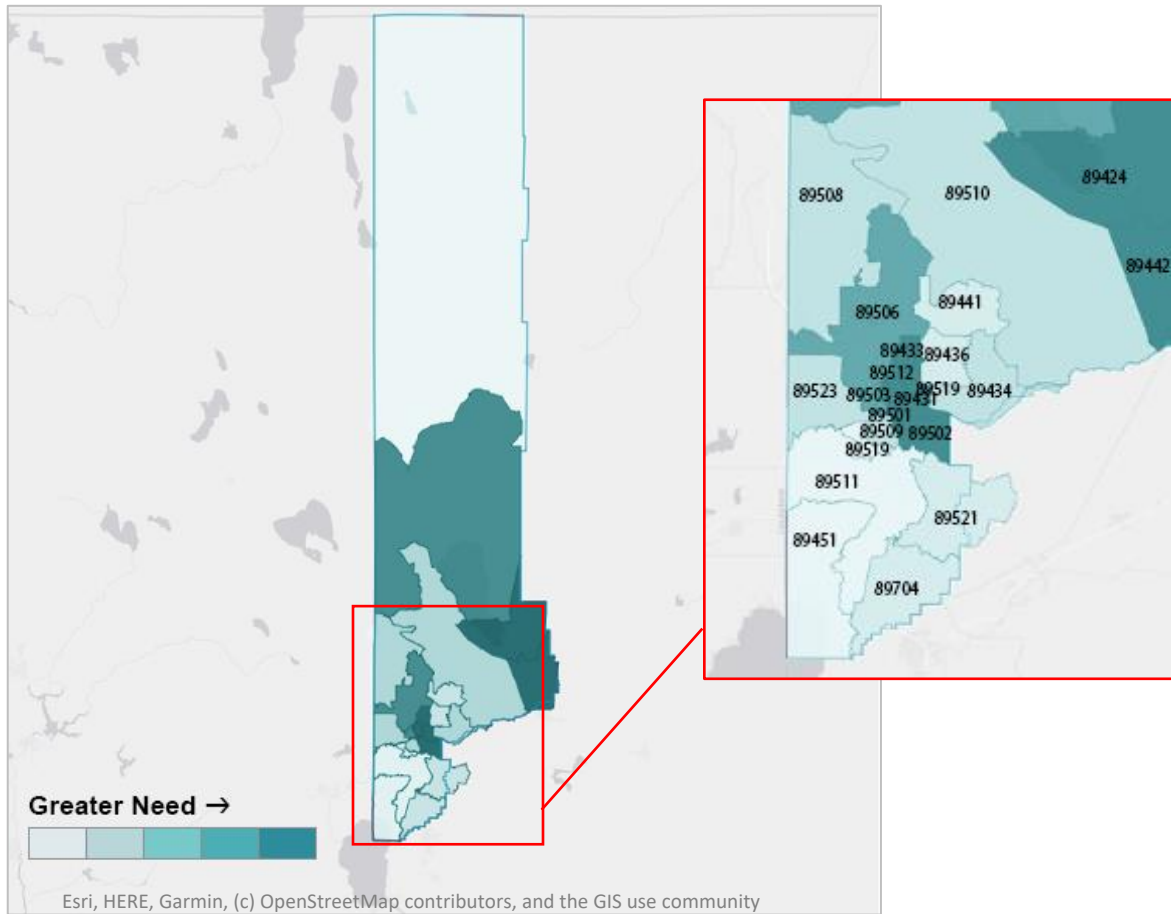
Health Indicator	Group Negatively Impacted
Teens who have Attempted Suicide	Other Races, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native and Asian
Age-Adjusted Death Rate due to Suicide	Males
Age-Adjusted Drug and Opioid-Involved Overdose Death Rate	Males
Teens who have Used Methamphetamines	Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, Asian, White and Black/African American
High School Students who have ever used Prescription Drugs	Hispanic or Latino, American Indian or Alaskan Native, Black/African American
Teens who have ever used Heroin	Males, Hispanic or Latino, Asian and Black/African American
Teens who have ever used Cocaine	Hispanic or Latino, Native Hawaiian or Pacific Islander and American Indian or Alaskan Native
People 65+ Living Below the Poverty Line	Hispanic or Latino, Other Races, Multiple Races, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native, Asian and Black/African American
Families Living Below Poverty Level	Hispanic or Latino, Other Races, Multiple Races, Native Hawaiian or Pacific Islander, American Indian or Alaskan Native and Black/African American
Age-adjusted death rate due to Diabetes	Males
Teen Vegetable Consumption	Males, Hispanic or Latino and Native Hawaiian or Pacific Islander
High School Students who were Physically Active	Females

### Geographic Disparities

Geographic disparities were identified using the SocioNeeds Index®. Within Washoe County, the following zip codes were identified as having highest socioeconomic need (as indicated by the darkest shades of teal): 89442, 89424, 89512, 89431, 89502, 89501 and 89433 as shown in Figure 20 below. Areas of highest socioeconomic need potentially indicate poorer health outcomes for residents in those areas. Because these areas were identified as having the highest

socioeconomic need, understanding the population demographics of these communities is equally as important.

**FIGURE 20. SOCIONEEDS INDEX**



# COVID-19 Impact Snapshot

## Introduction

At the time that Renown Health began its CHNA process, Washoe County and the state of Nevada were in the midst of dealing with the novel coronavirus (COVID-19) pandemic.

The process for conducting the assessment remained fundamentally the same. However, there were some adjustments made during the primary data collection to ensure the health and safety of those participating.

## Pandemic Overview

On March 13, 2020, a U.S. national emergency was declared over the novel coronavirus outbreak first reported in the Wuhan Province of China in December 2019. Officially named COVID-19 by the World Health Organization (WHO) in February, WHO declared COVID-19 a pandemic on March 11, 2020. Upon completion of this report in February 2021, the pandemic was still very much a health crisis across the United States and in most countries.

## Community Insights

The CHNA project team researched additional sources of secondary data and gathered primary data to provide a snapshot of the impact of COVID-19 on Washoe County between March 2020 and January 2021. Findings are reported below.



## COVID-19 Cases and Deaths in Nevada and Washoe County

As of April 30, 2021 the following are the current COVID-19 statistics for Washoe County<sup>3</sup>:

- Total COVID-19 cases in Washoe County: 45,339 (+51 from 4/29)
- Deaths: 669 (+0)
- Recovered: 42,838 (+46)
- Active cases: 1,832 (+10)
- Hospitalized with COVID-19: 28 (+0)
- Positivity rate: 6.3%
- Vaccines administered in Washoe County: 323,019 (+6,040 from 4/29; 52.75% of Washoe County population 16+ have had vaccination initiated)
- Washoe County residents fully vaccinated: 130,070 (+4,545 from 4/29; 33.97% of Washoe County population 16+)

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<sup>3</sup> COVID-19 in Washoe County, Nevada. Washoe County Health District. Accessed on May 1, 2021 from <https://covid19washoe.com/all-press-releases/>

For current cases and deaths due to COVID-19 visit:

- Nevada Health Response website: [nvhealthresponse.nv.gov](https://nvhealthresponse.nv.gov)
- Washoe County Health District website: [washoecounty.us/health](https://washoecounty.us/health)
- Regional Information Center website: [covid19washoe.com](https://covid19washoe.com).

## Vulnerability Index

Beyond looking at what we know about COVID-19 cases and deaths, the [Conduent Vulnerability Index](#) is a measure of potential severe illness burden due to COVID-19 by county. Counties are given an index value from 1 (low vulnerability) to 10 (high vulnerability). A county with a high vulnerability score can be described as a location where a higher percentage of COVID-19 cases would result in severe outcomes such as hospitalization or death as compared a county with a low vulnerability score.

Washoe County Index Score: 2 (as of April 26, 2021)



*What does this score mean?*

Washoe County's Vulnerability Index Score is 2 out of 10. This means that county residents generally have low death rates due to chronic conditions, lower socio-economic needs and adequate access to healthcare and services to protect themselves from more severe COVID-19 cases and more death.

The median Vulnerability Index value in Nevada is 7 out of 10. Washoe County's score of 2 indicates that residents have a lower vulnerability than a county with higher rates of chronic disease, risky behavior and/or low access to health services.

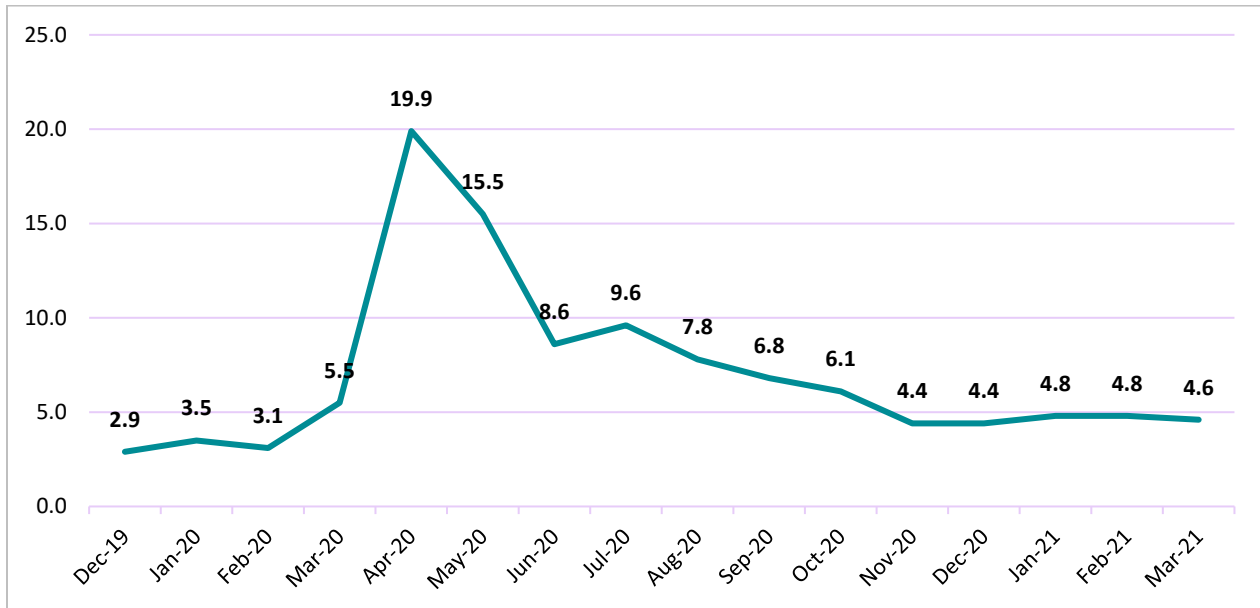
Ten counties meet the inclusion criteria for the model and have calculated Vulnerability Index values.

## Washoe County Unemployment Rates

As expected, Washoe County's unemployment rates rose in April 2020 when stay-at-home orders were put in place by the state of Nevada. As illustrated in Figure 21 below, when Renown and surrounding counties began slowly reopening some businesses in May 2020, the unemployment rate gradually began to go down. As of March 2021, the latest data available at the writing of this report, the county's unemployment rate has not returned to pre-COVID rates. The county can expect to see variation in unemployment rates based on government response to the pandemic.

When unemployment rates rise, there is potential impact on health insurance coverage and healthcare access if jobs lost include employer-sponsored healthcare.

**FIGURE 21: WASHOE COUNTY, NEVADA UNEMPLOYMENT RATE<sup>4</sup>**



## Washoe County Community Feedback

The online community survey and key informant interviews were used to capture insights and perspectives of the health needs of Washoe County. Included in these primary data collection tools were questions specific to COVID-19. Survey respondents were specifically asked about the biggest challenges their households were currently facing due to COVID-19. Of the 525 respondents who answered this question:



- 75.8% Reported not knowing when the pandemic will end and/or not feeling in control
- 53.3% Reported feeling nervous or anxious
- 52.4% Reported feeling alone or isolated
- 38.7% Reported not being able to exercise
- 26.5% Experienced a shortage of sanitation and cleaning supplies

<sup>4</sup> U.S. Bureau of Labor Statistics, Unemployment Rate in Washoe County, NV [NVWASH7URN], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/NVWASH7URN>, May 2021.

Additionally, the information highlighted below summarizes insights from community members who engaged in the various primary data collection methods from September to October 2020 regarding the impact of COVID-19 on their community.

#### **Access to Health Services:**

- Communication regarding testing and general services
- Job loss impact on access to services
- Strain on the network to provide support/services to elderly/aging
- Impact of COVID-19 on Social Determinants of Health
- Insufficient providers to address increase in need for behavioral health services

#### **Social Determinants of Health:**

- Financial and economic impact; increased job loss
- Housing issues and a growing homeless population
- Sufficient childcare options
- Impaction on education
- Meeting the social needs of youth/adolescents
- Getting care to those who need it

#### **Positive Results During The COVID-19 Pandemic:**

- Controlling spread by closures during the first phase of social isolation
- Having capacity in place in a short amount of time for testing
- Turnaround for tests with pop-up testing sites
- Change to virtual services and appointments
- Increased use of telephonic/telehealth
- Speed at which some services were modified to meet the changing needs
- Delivery of medication
- Recognition of health disparities at the local and national level
- Sense of community
- Collaboration efforts within the county
- More family time due to restrictions in place

# Washoe County Significant Health Needs and COVID-19 Impact

Each of the four prioritized health needs identified through primary and secondary data and prioritization appeared to worsen throughout the duration of the COVID-19 pandemic, according to information gathered through primary data.

## Health Behaviors (Health Literacy and System Navigation)

- Care to those who need it and reaching communities where they reside
- Barrier of technology has been highlighted by the pandemic (including quality/access to internet, ability to access telehealth services)
- Job loss impact on access to services due to loss of employer-provided health insurance
- Need for improved public health communication in relation to testing, vaccines and general services is even more crucial as the COVID-19 response continues in Washoe County
- Increased need for support services related to food and housing insecurity; new Asset Limited, Income Constrained, Employed (ALICE) populations



## Immunizations and Infectious Disease

- Need for improved public health communication in relation to testing, vaccines and general services is even more crucial as the COVID-19 response continues in Washoe County
- Need and concern to maintain other routine vaccine distribution rates particularly among vulnerable populations
- Financial and economic impact of on-going pandemic



## Behavioral Health (Mental Health and Substance Abuse)

- 75.8% of survey respondents reported not knowing when the pandemic will end and/or not feeling in control
- 53.3% of survey respondents reported feeling nervous or anxious or on edge due to the COVID-19 Pandemic
- 52.4% of survey respondents reported loneliness/isolation and the lack of socialization as a major challenge during the COVID-19 pandemic
- Impact of the economy and job loss on mental health and healthcare access
- Insufficient providers to address increase in need for behavioral health services



## Youth and Adolescent Health

- 62.28% of survey respondents disagreed or strongly disagreed that the K-12 schools in their community are well-funded and provide quality education
- Key informants discussed how COVID-19 has had a significant impact on education of youth and adolescents in Washoe County





- Key informants spoke to the need to meet the social needs of youth/adolescents who have experienced isolation during the pandemic
- Key informants discussed the significant impact COVID-19 has had on the mental health of youth and adolescents in Washoe County

## Recommended Data Sources

As local, state and national data are updated and become available, these data can continue to help inform approaches to meeting existing and developing needs related to the pandemic. Recommended data sources for Washoe County are included here:

### National Data Sources

Data from the following national websites are updated regularly and may provide additional information into the impact of COVID-19:

- United States National Response to COVID-19: [usa.gov/coronavirus](https://www.usa.gov/coronavirus)
- Center for Disease Control: [cdc.gov](https://www.cdc.gov)
- U.S. Department of Health and Human Services: [hhs.gov](https://www.hhs.gov)
- Centers for Medicare and Medicaid: [cms.gov](https://www.cms.gov)
- U.S. Department of Labor: [dol.gov/coronavirus](https://www.dol.gov/coronavirus)
- Johns Hopkins Coronavirus Resource Center: [coronavirus.jhu.edu/us-map](https://coronavirus.jhu.edu/us-map)
- National Association of County Health Officials: [www.naccho.org](https://www.naccho.org)
- Feeding America (The Impact of the Coronavirus on Food Insecurity): [feedingamerica.org](https://www.feedingamerica.org)

### Nevada Data Sources

Data from the following websites are updated regularly and may provide additional information into the impact of COVID-19 in Washoe County:

- Nevada Department of Health and Human Services, Division of Public and Behavioral Health (DPBH): [dpbh.nv.gov/coronavirus](https://www.dpbh.nv.gov/coronavirus)
- Nevada Health Response: [nvhealthresponse.nv.gov](https://www.nvhealthresponse.nv.gov)
- Nevada Tomorrow: [nevadatomorrow.org](https://www.nevadatomorrow.org)
- Renown Health: [covid.renown.org](https://www.covid.renown.org)
- Truckee Meadows Tomorrow: [truckeemeadowstomorrow.org](https://www.truckeemeadowstomorrow.org)
- Washoe County Health District: [washoecounty.us/health](https://www.washoecounty.us/health)

# Conclusion

This Community Health Needs Assessment (CHNA) conducted for Renown Health used a comprehensive set of secondary and primary data to determine the 13 significant health needs in Washoe County, Nevada. The prioritization process identified four top health needs:

- 1) Health Behaviors (Health Literacy and System Navigation)
- 2) Immunizations and Infectious Diseases
- 3) Behavioral Health (including Mental Health & Substance Abuse)
- 4) Youth and Adolescent Health

The findings in this report will be used to guide the development of the Renown Health Implementation Strategy, which will outline strategies to address identified priorities and improve the health of the community.

## Renown's Community Relationships

The value to a nonprofit hospital of being granted 501(c) (3) status by the Internal Revenue Service (IRS) includes both the direct benefits of being exempt from various federal, state, and local taxes and the indirect benefits of receiving charitable donations and issuing tax-exempt bonds.

Renown Health is Reno's only locally governed, charitable, not-for-profit integrated health network. Being not-for-profit means that all income stays in the community— and is reinvested in programs, people and equipment to improve the health of the community. Renown directly contributes to the community's overall well-being. Our Community Benefit mission is to reduce health disparities, promote community wellness and improve access to care for vulnerable populations.

This includes offering free and discounted care to those unable to afford healthcare, and partnerships with others to address health and well-being. In partnership with many community-based organizations, area schools, human and social service agencies, and government and business leaders, Renown supports many educational, public health outreach, and community development initiatives throughout Nevada.

- FY19, Renown Health, a locally-governed, not-for-profit community health network spent more than \$158 Million for health education, community initiatives and non-reimbursed healthcare services.
- In FY19, Renown Regional invested 11.98% of operating expense in Community Benefit (over 2x national average).
- In FY20, CEO, Dr. Tony Slonim provided \$150,000 in funding to 60 local agencies to support Diversity & Inclusion efforts and Social Determinants of Health.
- Invested millions of dollars locally through strategic community partnerships outlined in "A Plan to Improve the Health of Our Community." Community Benefits Partnerships continue in to the second year with Quest Counseling, Communities in Schools, Note-Able Music Therapy Services, HOPES, Join Together Northern Nevada, Nevada Tobacco Prevention Coalition, Reno/Sparks Indian Colony Health Services. Grant amounts range from \$80,000-\$150,000 per year. Grants were provided based on the following primary health priorities identified: #1 Mental Health, #2 Substance Abuse, #3 Physical Activity, Nutrition and Weight, #4 Chronic Disease.

- In addition, over \$575,000 was donated back to the community through event sponsorships. A contemporary on-line funding process and transparency platform was launched. Many sponsorship events were cancelled due to COVID-19. Renown fulfilled our fiscal responsibility and commitments to the agencies previously funded for FY20.

Please visit [renown.org/about-us/community/](https://renown.org/about-us/community/) to provide any feedback and comments about this CHNA. Feedback received will be incorporated into the next CHNA process.

# Appendices Summary

The following support documents are shared separately on Renown Health's Community Dashboard, Nevada Tomorrow <https://www.nevadatomorrow.org> and the Renown Health <https://www.renown.org/about-us/community/community-health-needs-assessment/>

## A. Detailed Methodology and Data Scoring Tables

A detailed overview of the Conduent HCI data scoring methodology and indicator scoring results from the secondary data analysis.

## B. Community Data Collection Tools

Quantitative and qualitative community feedback data collection tools that were vital in capturing community feedback during this CHNA:

- Community survey
- Key Informant Facilitation Guide

## C. Community Resources

This document highlights existing resources that organizations are currently using and available widely in the community.

## D. Potential Community Partners

The tables in this section highlight potential community partners who were identified during the qualitative data collection process for this CHNA.