2018 Washoe County Chronic Disease Report Card

A Summary Report of Chronic Health Conditions and Primary Risk Factors

March 2018




WASHOE COUNTY
HEALTH DISTRICT
ENHANCING QUALITY OF LIFE

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About the Washoe County Health District and the Chronic Disease Prevention Program

The Washoe County Health District (Health District) has jurisdiction over public health matters in Washoe County, Nevada. Its mission is to protect and enhance the well-being and quality of life for all in Washoe County. The Health District provides services through health promotion, disease prevention, public health emergency preparedness, and environmental services. The Health District receives guidance from the District Board of Health, a policy-making board comprised of seven members, which includes two representatives each from Reno, Sparks, and Washoe County, and a physician licensed to practice medicine in Nevada.

The Health District's Chronic Disease Prevention Program (CDPP) is within the Clinical and Community Health Services Division of the Health District and seeks to empower our community to be tobacco-free, live active lifestyles, and eat nutritiously though education, collaboration and policy. Tobacco use and exposure, poor diet, and physical inactivity are the three primary risk factors for chronic disease, and the CDPP works on multiple goals and activities focusing on these risk factors to help reduce the burden of chronic disease in our community.

Note from the District Health Officer

Dear Residents of Reno, Sparks and Washoe County,

Chronic disease is a major health concern for our community, affecting people of all ages and backgrounds. Unhealthy habits formed during childhood and adolescent years such as smoking, poor diet, and physical inactivity is often primary contributors to chronic disease. Such habits are detrimental, affecting individuals, families, and our entire society.

Chronic disease is the biggest health challenge of the 21st century and nationally accounts for seven out of every ten deaths. Not only is chronic disease the leading cause of death, it also accounts for most of our nation's healthcare costs and leads to the loss of productivity at home, work, and in our day to day activities.

Many risk factors for chronic disease are modifiable. For example, people can be encouraged to move more. They can consume less sugary beverages and highly processed foods with added sugar and artificial ingredients. Each person has the ability to take preventive steps. I encourage everyone living in Washoe County to practice and support healthy habits for themselves and their families.

The Health District conducts a Community Health Needs Assessment (CHNA) every three years to understand the health needs of our community. The recently completed 2018-2020 CHNA provides a comprehensive health overview of Washoe County and serves as a resource for numerous organizations, community leaders, and partners to address health in Washoe County. The CHNA includes a prioritization, which ranks the top areas of need in our community. While chronic disease itself is ranked number six; factors that contribute to chronic disease such as access to care, social determinants, physical activity, and nutrition rank even higher. The Chronic Disease Report Card delves deeper into the issues and data relating to chronic disease in our community.

The intent of this report is to provide a summary of chronic diseases and their risk factors in Washoe County and to serve as a source of currently available chronic disease data. It is also intended to provide local healthcare providers, chronic disease practitioners, and other interested persons and programs with data they may use in their work to improve the health of Washoe County. Thank you for taking the time to read this report.

Sincerely,

Kevin Dick
District Health Officer
Washoe County Health District

Introduction

A chronic disease is a long-lasting illness that can generally be controlled, but not cured completely. Examples of common chronic diseases include heart disease, cancer, and diabetes. Many chronic diseases are linked to lifestyle choices including poor nutrition, physical inactivity, and tobacco use and exposure. The majority of the leading causes of death and disability in Washoe County are due to the risk factors mentioned above. According to the Centers for Disease Control and Prevention (CDC), chronic diseases are among the most common, costly and preventable of all health problems in the United States.

Although common and costly, many chronic diseases are preventable. Eating nutritious foods, becoming more physically active and avoiding tobacco and excessive alcohol consumption can reduce the risk of developing a chronic disease. In many cases, these lifestyle changes can also help prevent additional complications for individuals already living with a chronic disease.

The 2018 Washoe County Chronic Disease Report Card is a compilation of data, including data on chronic diseases and their leading health indicators. The data presented is the most current and available information about chronic disease and their risk factors for Washoe County, Nevada and the United States. Data for the report comes from both surveillance and behavioral self-reporting sources. Therefore, some limitations to the data exist. For more details about limitations of the data please refer to the Technical Notes section. With these limitations in mind, the data contained in this report is valuable in a variety of ways. Analysis of specific chronic diseases by demographic variables such as gender, age, or ethnicity is useful for identifying segments of the population that may be at greater risk of disease. Such information allows public health programs to focus prevention measures in ways that will have maximum impact. In addition, analysis of surveillance and trend data can aid in the determination of priorities for disease prevention efforts. This enables direct resources to be focused on those diseases taking the greatest toll on residents in a community.

Technical Notes

Please use the following as a reference when reviewing data in the report.

Population Rates

- Age-adjusted rates in this report are adjusted to the 2010 U.S. standard population and are per 100,000 population
- Birth rates in this report are per 1,000 population
- Crude mortality rates in this report are per 100,000 population
- Years of potential life lost (YPLL) rate is the total number of years of potential life lost per 100,000 population

Sources of Data

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is the largest telephone health survey conducted annually in the U.S. The BRFSS asks adults questions regarding risk behaviors, chronic health conditions, and use of preventive screening and immunization services.

Nevada Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) is administered to middle and high school students on odd years in every state across the nation. The YRBSS provides an estimated prevalence of risk behaviors and protective factors among adolescents. The survey is voluntary and results include self-reported responses to questions related to the following areas: violence and violent behaviors; physical activity, nutrition, and obesity; substance use; sexual health behaviors; and home and family environment.

Nevada Division of Public and Behavioral Health

The Nevada Office of Public Health Informatics and Epidemiology (OPHIE) operates under the Nevada Division of Public and Behavioral Health (DPBH) and is largely in charge of investigations, data collection, and the compiling of statistics related to the following areas: communicable and infectious diseases; sexually transmitted diseases; BRFSS, YRBSS, and more.

Hospitalization Data

The hospitalization data for the specific chronic health conditions come from the Center for Health Information Analysis for Nevada (CHIA). CHIA collects certain billing records fields from all hospital inpatient, outpatient, and ambulatory surgical centers.

Overview of Chronic Disease in Washoe County

Age-adjusted Mortality Rates per 100,000 Population for the Leading Causes of Death among Washoe County and Nevada Residents, 2016

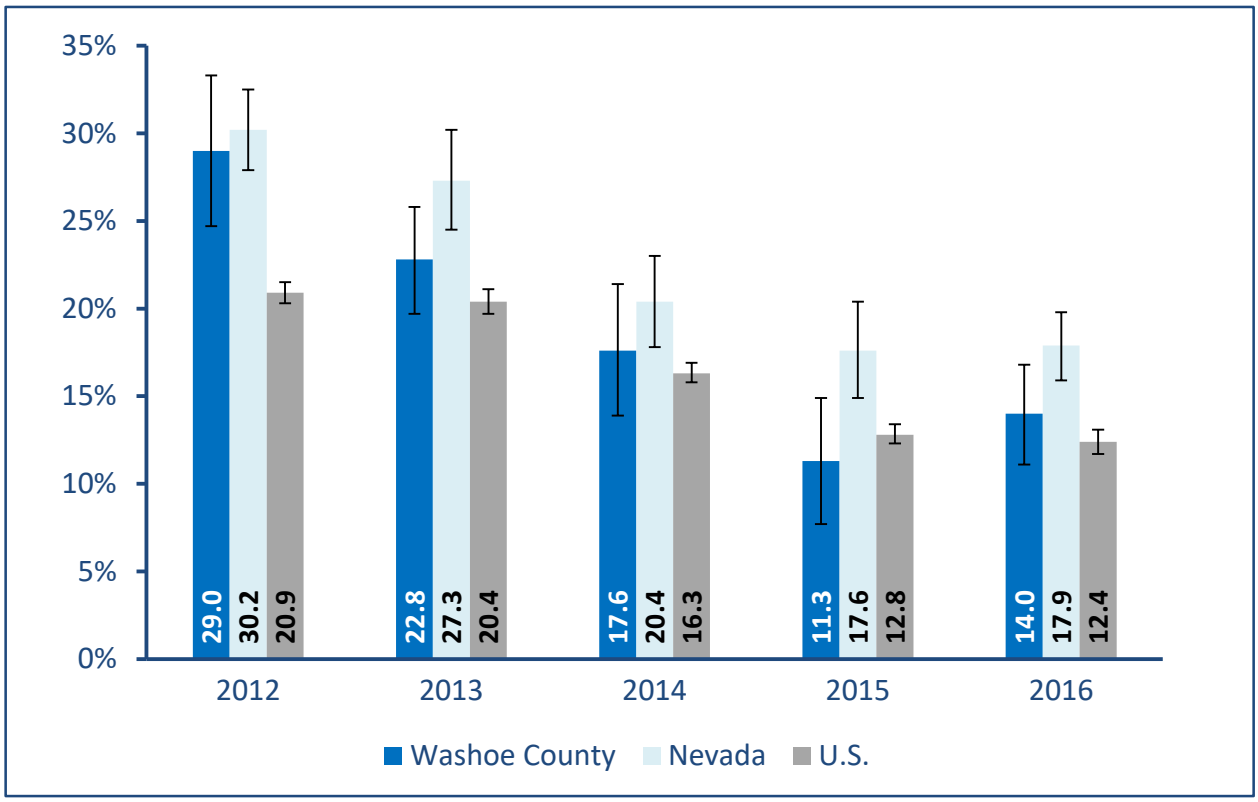
Cause of Death	2016*			Healthy People 2020 Target
	Washoe County	Nevada	Rank W/N**	
Diseases of the Heart	208.8	209.2	1/1	NA
Malignant Neoplasms (Cancer)	168.4	158.4	2/2	160.6
Chronic Lower Respiratory Diseases	59.6	58.8	3/3	NA
Accidents (Unintentional injuries)	40.3	31.1	4/5	33.8
Cerebrovascular Diseases (Stroke)	34.7	36.2	5/4	NA
Alzheimer's Disease	31.4	25.2	6/6	NA
Intentional Self-harm (Suicide)	24.8	20.0	7/7	10.2
Diabetes Mellitus	20.8	17.9	8/9	NA
Chronic Liver Disease and Cirrhosis	16.3	11.8	9/10	NA
Influenza and Pneumonia	15.2	18.3	10/8	NA
Parkinson's Disease	11.5	8.0	11/14	NA
Pneumonitis due to solids and liquids	11.1	4.4	12/19	65.8
Transport Accidents	10.6	10.8	13/11	NA
Septicemia	9.5	5.6	14/17	12.4
Other diseases of respiratory system	8.4	6.3	15/16	NA

Data Source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health.
*Note: *2016 Data is not final and subject to change. ** Rank for Washoe County/Nevada*
Highlighted= Significant difference between Washoe County and Nevada's rate
Clear= No difference between Washoe County and Nevada rates for specific disease for the particular year.

Heart disease, cancer, chronic respiratory disease, accidents, and stroke were the top five causes of death among Washoe County residents in 2016. Other chronic diseases that are in the top 15 causes of death include Alzheimer's disease, diabetes, and chronic liver disease. Death rates for Washoe County and Nevada are comparable for most categories, and ranking for the top 10 causes of death are consistent.

Adults without Health Insurance

Adults Age 18 – 64 without Health Insurance
Washoe County, Nevada and U.S., 2012 – 2016

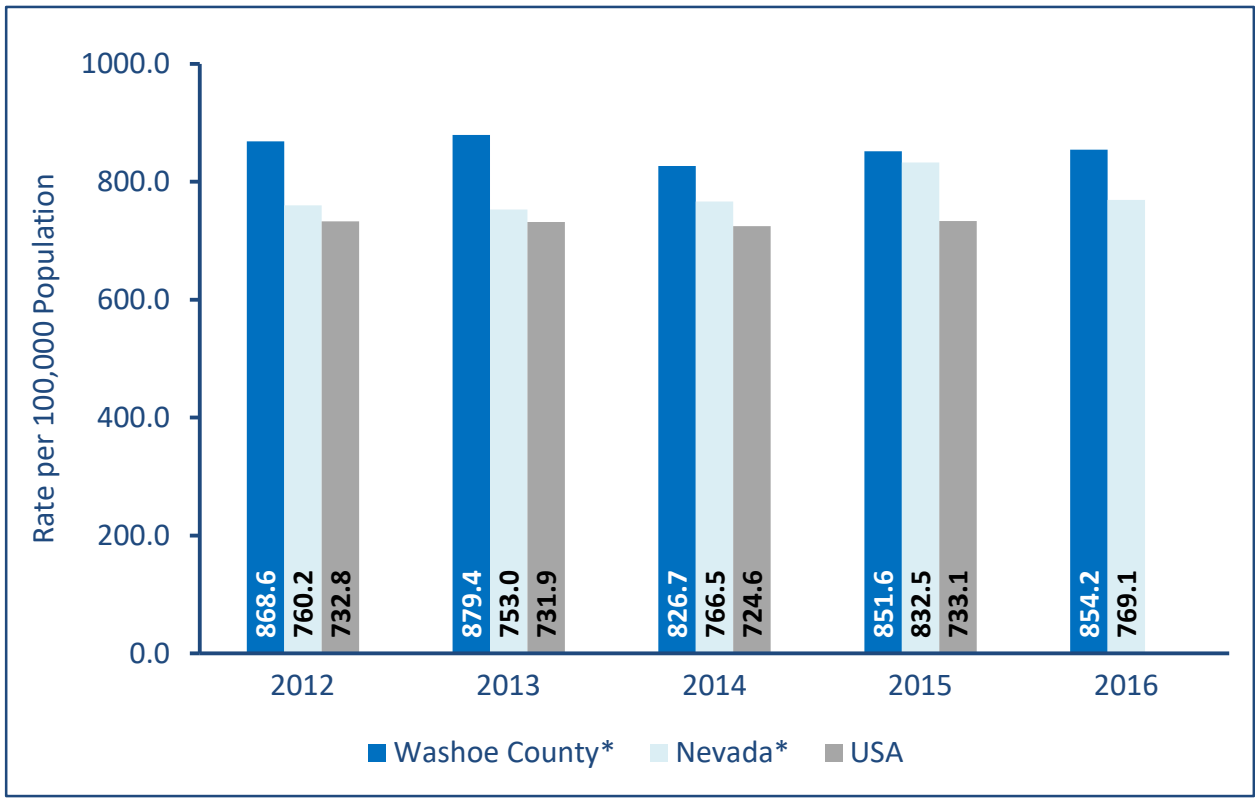


Data Source: Behavioral Risk Factor Surveillance System 2012-2016.

In 2016, 14% of Washoe County adults aged 18-64 reported having no current health insurance, a significant decrease from the 2012 reported rate of 29%. There has been a gradual decrease in the percentage of adults without health insurance across Washoe County, Nevada, and the U.S. over the four year time period.

Years of Potential Life Lost

Age-Adjusted Death Rates
Washoe County and Nevada Residents, 2012 – 2016



Data Source: Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health.
*Note: *Preliminary data used for Washoe County and Nevada. Therefore, counts are not final and are subject to change.*

Premature death is the years of potential life lost before age 75. Every death occurring before the age of 75 contributes to the total number of years of potential life lost. The age-adjusted death rates are summary measures adjusted for differences in age distributions which allow us to estimate the number of expected deaths within a given year.

Population Health Indicators

Demographics

Total Population, Washoe County 2012-2016

		2012	2013	2014	2015	2016
Total	**Total**	**427,704**	**432,324**	**436,797**	**440,938**	**446,281**
Gender	Male	215,754	217,968	220,097	222,049	224,612
	Female	211,950	214,356	216,700	218,889	221,669
Race	White, non-Hispanic	283,789	284,964	286,042	286,925	288,313
	Black, non-Hispanic	10,354	10,562	10,740	10,902	11,110
	Native American, non-Hispanic	7,100	7,140	7,181	7,222	7,265
	Asian or Pacific Islander, non-Hispanic	27,912	28,514	29,103	29,649	30,352
	Hispanic	98,548	101,145	103,730	106,241	109,241
Age group	<1	5,267	5,261	5,286	5,336	5,394
	1-4	22,465	22,028	21,777	21,614	21,875
	5-14	58,633	59,483	60,005	60,400	60,283
	15-24	57,928	57,984	58,269	58,538	59,682
	25-34	61,160	62,038	62,794	63,480	64,131
	35-44	53,268	53,463	53,879	54,523	55,329
	45-54	58,554	58,265	57,980	57,395	56,887
	55-64	54,452	55,579	56,230	56,814	57,438
	65-74	35,816	37,423	39,042	40,438	41,798
	75-84	14,437	14,985	15,591	16,360	17,353
	85+	5,723	5,814	5,943	6,040	6,110

Data Source: Office of Public Health Informatics and Epidemiology, Nevada Division of Public and Behavioral Health, April 2015.

Socioeconomic Status

Indicators of Washoe County, Nevada and U.S., 2016

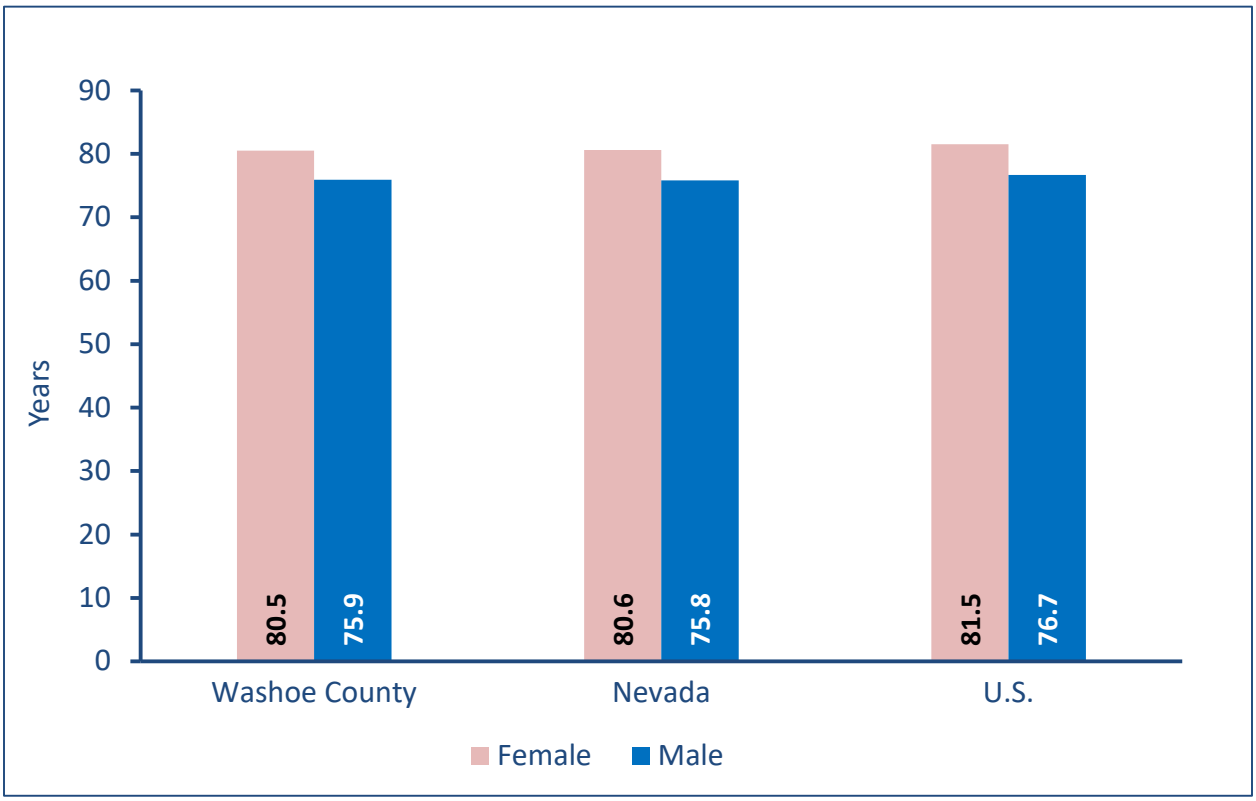
	Washoe County	Nevada	United States
Economic Indicators			
Median Household Income	$58,175	$55,180	$57,617
Poverty Rate – All individuals	12.2%	13.8%	14.0%
Average Unemployment Rate	5.8%	6.7%	5.8%
Other Indicators			
Married, age 15+	48.6%	44.3%	47.5%
Foreign Born	14.6%	20.0%	13.5%
High School Graduate, age 25+	24.5%	29.1%	27.2%
Speaking Language other than English at home, age 5+	23.0%	30.7%	21.6%

Data Source: U.S. Census Bureau, 2016 American Community Survey

According to the 2018-2020 Washoe County Community Health Needs Assessment, "Socioeconomic status (SES) can be used as predictors of health across the lifespan and overall life expectancy. Those with a higher SES are more likely to achieve higher levels of education, find employment in higher paying jobs, and have increased access to healthcare and preventive services. Conversely people with a lower SES are more likely to engage in unhealthy behaviors such as smoking and physical inactivity, and often live in low-income neighborhoods with fewer resources. Persons with a lower SES experience higher rates of poor health outcomes such as obesity, stroke, cardiovascular disease, depression, and diabetes."

Life Expectancy at Birth

Washoe County and Nevada Residents, 2014

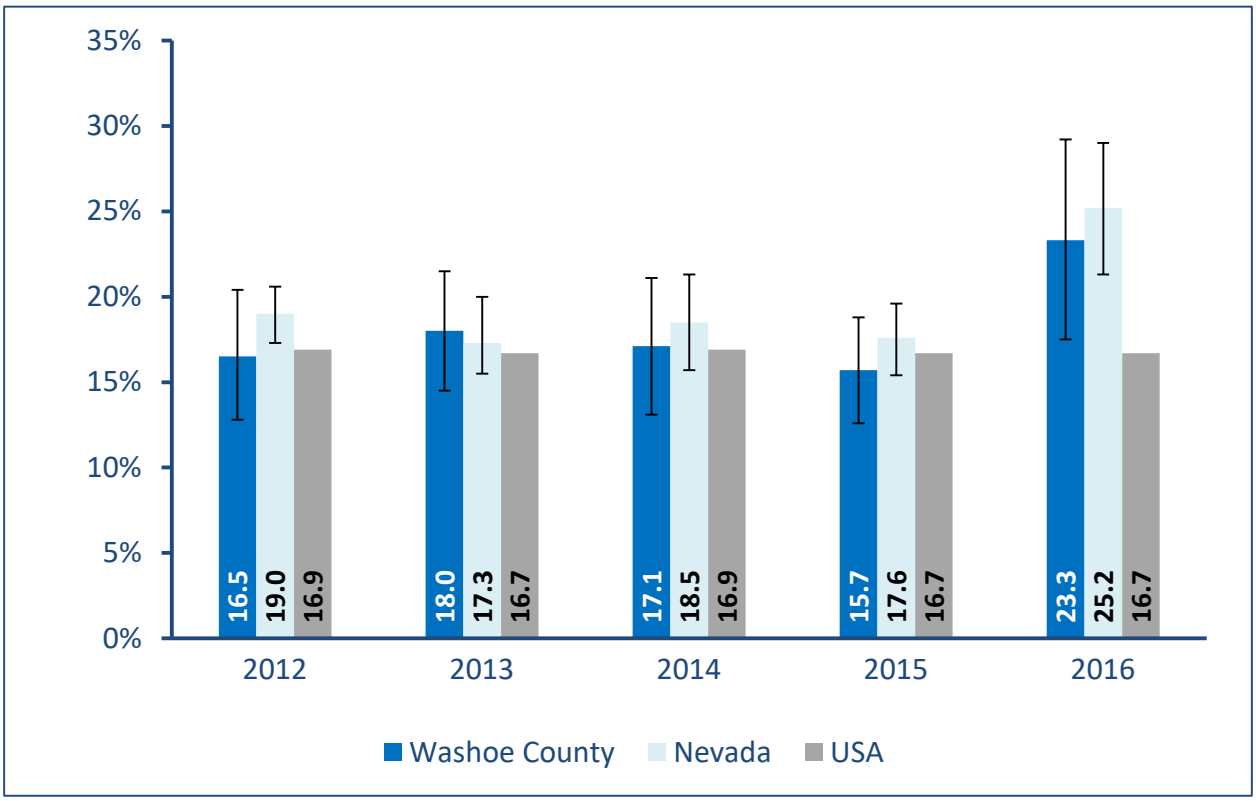


Data Source: Office of Public Health Informatics and Epidemiology, Nevada Division of Public and Behavioral Health, April 2014.

Females born in Washoe County in 2014 will have an average life expectancy of 81 years, approximately five years longer than males born in Washoe County in 2014. These rates are similar to Nevada and the U.S. life expectancy rates for both males and females.

Overall Health Status

Percentage of Adults Who Reported Fair or Poor Health Status
Washoe County, Nevada and U.S., 2012 – 2016



Data Source: Behavioral Risk Factor Surveillance System 2012-2016.
Note: 95% confidence interval not available for U.S.

The Behavioral Risk Factor Surveillance System (BRFSS) asks individuals to describe their current health status as excellent, very good, good, fair, or poor. In 2016, 23% of Washoe County adults reported having fair or poor health status, a 7% increase from the previous year. Both Washoe County and Nevada saw an increase from 2015 to 2016, while the U.S. rates remained similar over time.

Health-Related Quality of Life

Number of Bad Mental Health Days in the Past 30 Days, Washoe County and Nevada, 2015

Number of Days	Washoe County	Nevada
	% (95% CI)	% (95% CI)
0 days	60.6 (56.1-65.1)	65.1 (62.3-67.9)
0-9 days	25.2 (21.1-29.2)	21.1 (18.7-23.5)
10+ days	14.3 (11.0-17.6)	13.8 (11.8-15.9)

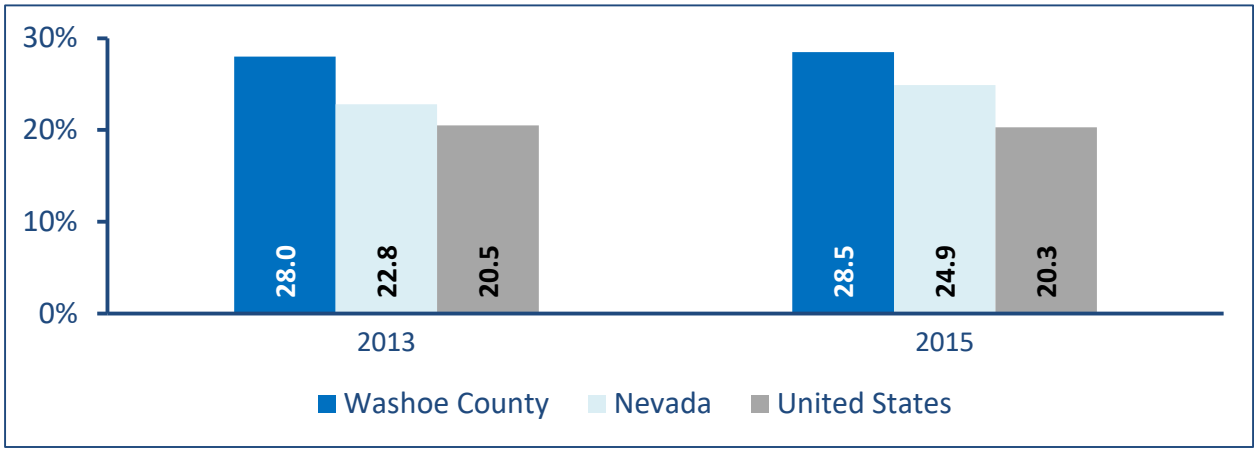
Data Source: Behavioral Risk Factor Surveillance System 2015

The BRFSS asks individuals how many days in the past 30 days their mental health was not good due to stress, depression and problems with emotions. Approximately 14% of respondents in Washoe County reported their mental health as not good for 10 or more days. Washoe County's percentage is similar to Nevada and there has not been a significant difference in data over the past five years.

Chronic Disease Risk Factors

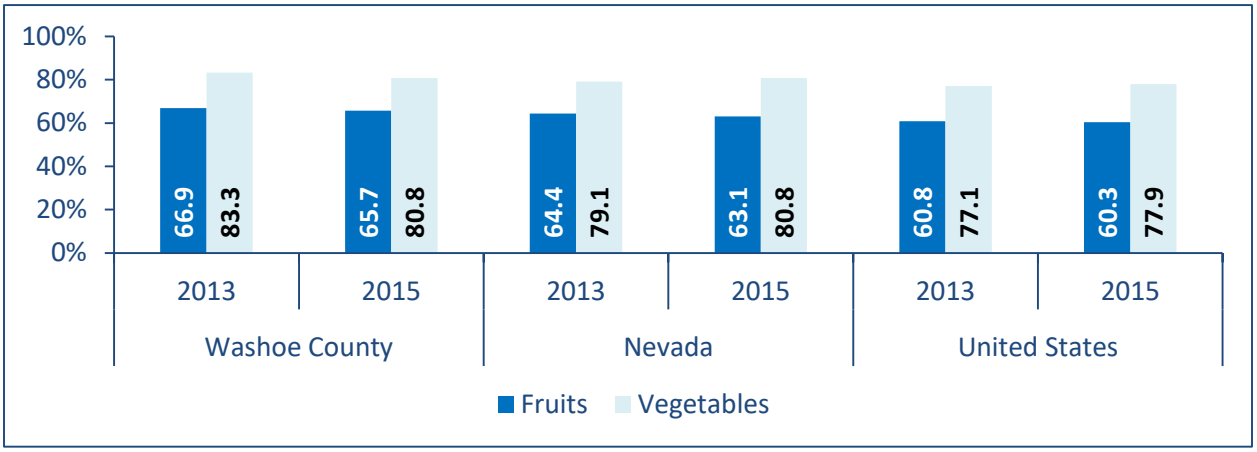
Adult Physical Activity and Nutrition

Percentage of Adults that met the Recommended Physical Activity Guidelines Washoe County, Nevada and U.S., 2013 and 2015



According to the Physical Activity Guidelines for Americans, adults (age 18-64) need at least 150 minutes of moderate-intensity physical activity and should perform muscle-strengthening exercises on two or more days each week. In 2015, the percentage of adults meeting these recommendations was higher in Washoe County (28.5%) in comparison to Nevada and the United States (24.9% and 20.3% respectively).

Percentage of Adults Who Consumed at Least One Serving of Fruit and Vegetable per day by Washoe County, Nevada and U.S., 2013 and 2015

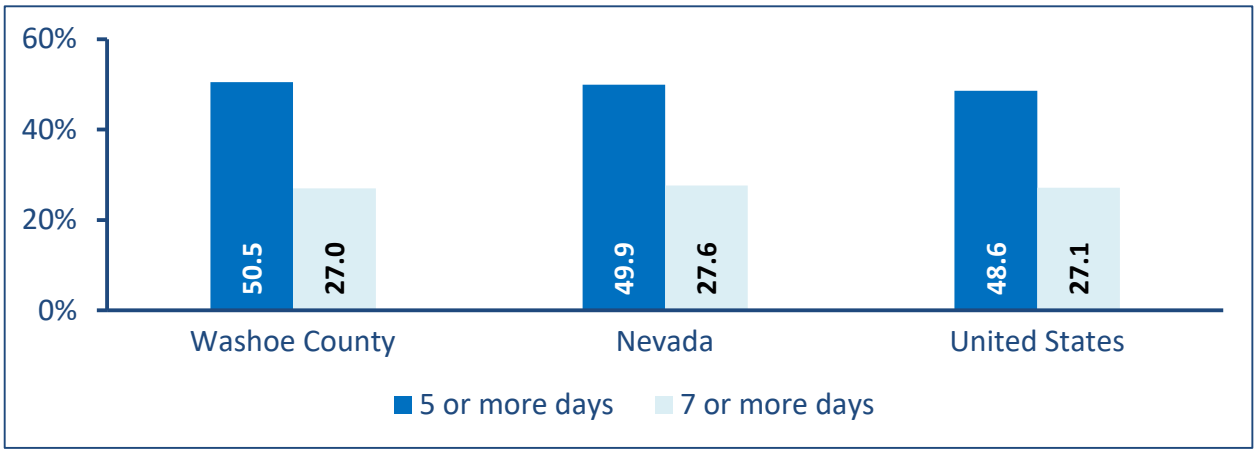


The BRFSS fruit and vegetable module provide a simple and valid way to track levels of fruit and vegetable consumption over time. This surveillance tool also provides a way to identify disparities in intake and can be used to inform state nutrition programs and initiatives.

Data source for page: Behavioral Risk Factor Surveillance System 2013-2015

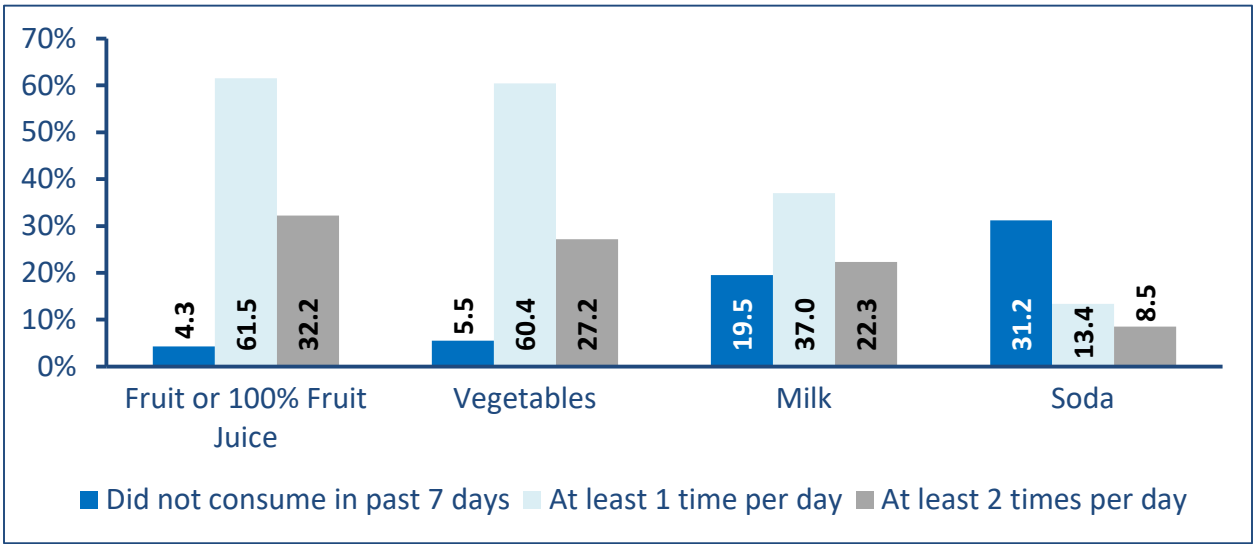
Youth Physical Activity and Nutrition

Percentage of High School Students that were physically active for 5 or more days
Washoe County, Nevada and U.S., 2015



According to the Physical Activity Guidelines for Americans, youth (age 6-17) need at least 60 minutes of physical activity per day, including aerobic, muscle-strengthening, and bone-strengthening activities.

Percentage of Washoe County High School Students who reported
Consumption of Fruits or Fruit Juice, Vegetables, Milk and Soda, 2015



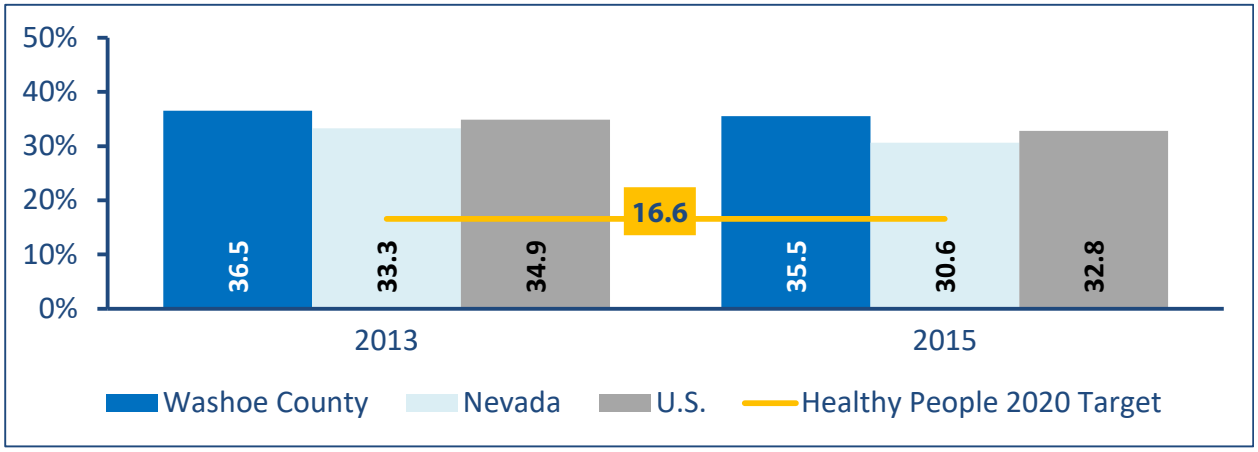
The YRBSS collects this information to measure dietary behaviors among high school students to understand dietary patterns among a population and to compare these rates with national intake objectives.

Data source for page: Washoe County Youth Risk Behavioral Surveillance System (YRBSS); high school.

Youth Alcohol Use

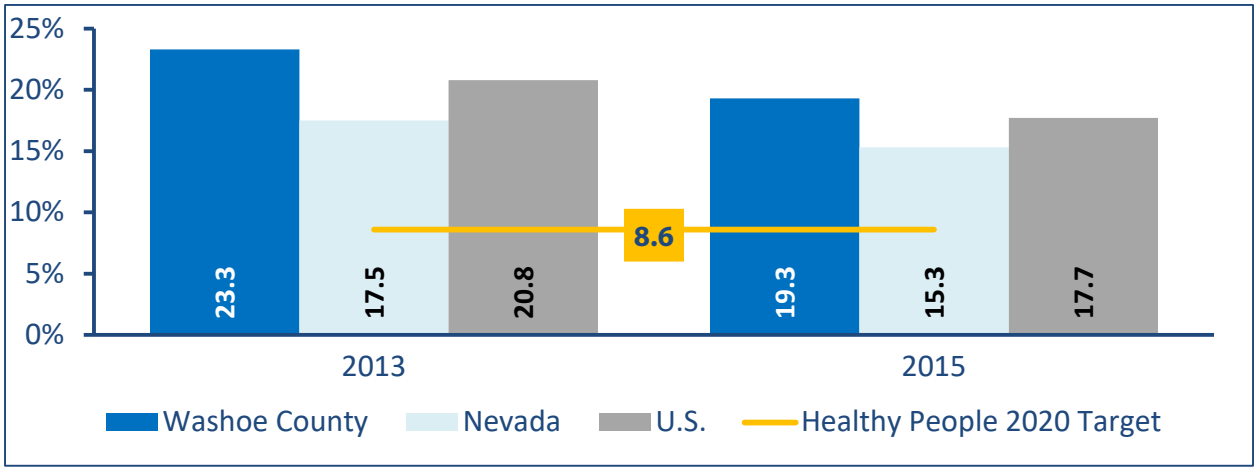
Many high school students engage in behaviors that place them at risk for the leading causes of morbidity and mortality. Youth who drink alcohol are more likely to experience negative health consequences as alcohol use and excessive drinking can lead to chronic conditions over time.

Prevalence of Alcohol Use Among High School Students in the Past 30 Days Washoe County, Nevada and U.S., 2013 and 2015



The rate of alcohol use among high school students is similar for Washoe County, Nevada and the U.S. The rates are about twice as high than the Healthy People 2020 target of 16.6%.

Prevalence of Binge Drinking Among High School Students in the Past 30 Days Washoe County, Nevada and U.S., 2013 and 2015

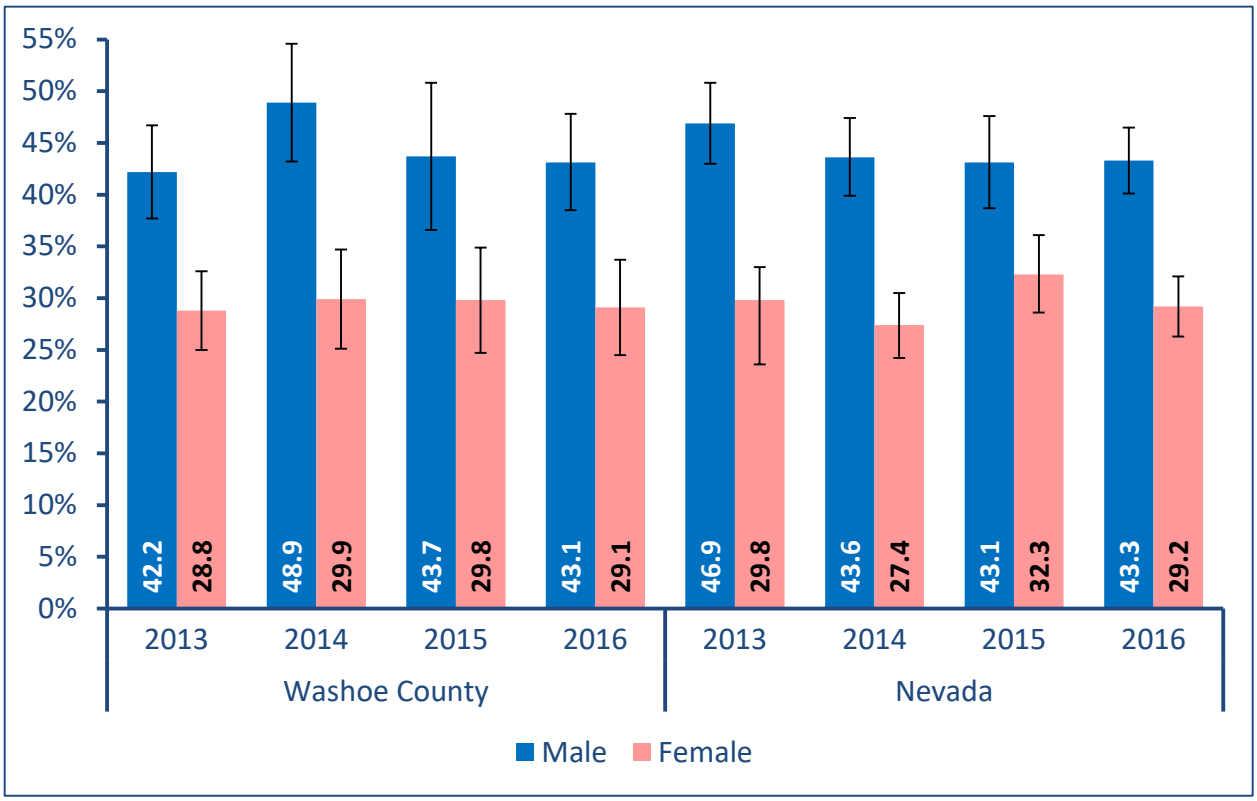


Binge drinking is defined as consuming five or more alcoholic drinks in a row. Binge drinking among Washoe County high school students have slightly declined from 2013 to 2015. The rates are about twice as high than the Healthy People 2020 target of 8.6%.

Data source for page: Washoe County Youth Risk Behavioral Surveillance System (YRBSS); high school.

Adult Overweight and Obesity

Prevalence of Overweight Adults by Gender
Washoe County and Nevada, 2013-2016

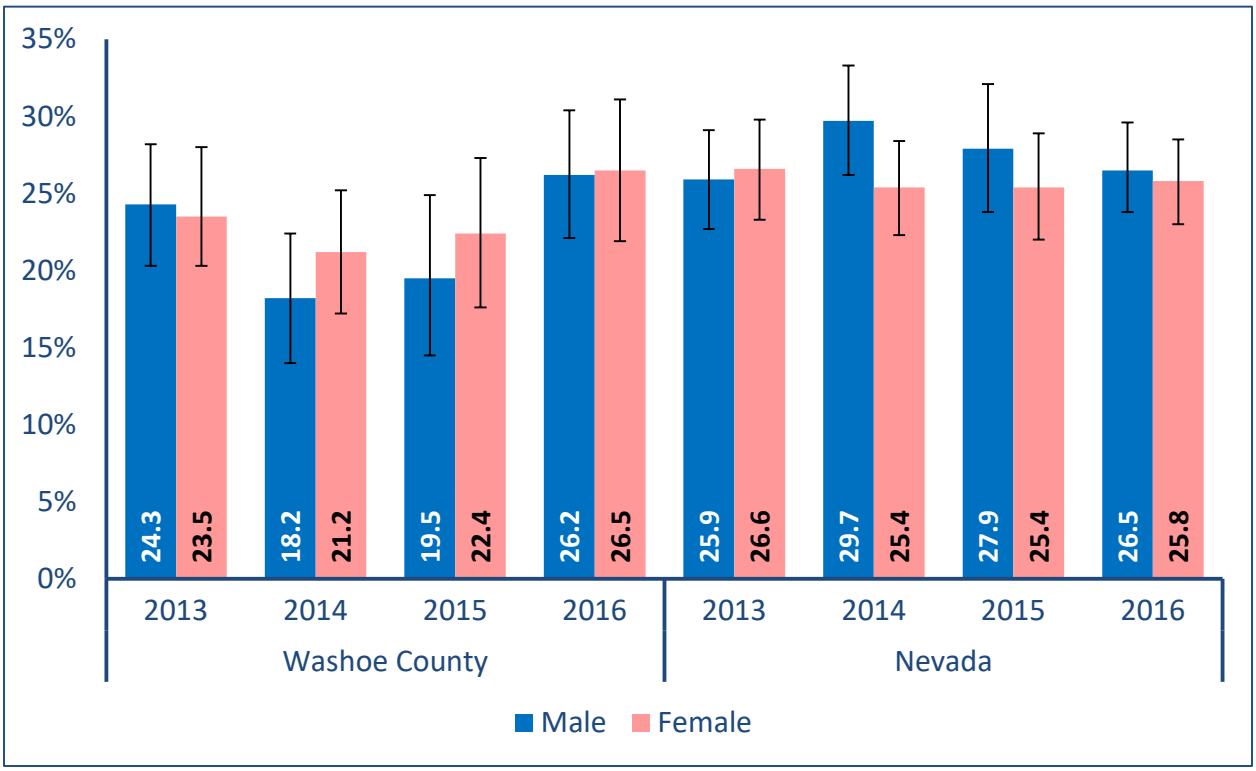


Data Source: Behavioral Risk Factor Surveillance System 2013-2016

BRFSS calculates body mass index (BMI) by using self-reported weight and height. Adult males are more likely to be overweight (BMI 25.0-29.9) than females in Washoe County every year from 2013 to 2016. The prevalence of overweight adults in Washoe County has remained consistent and is similar to Nevada's prevalence across this four-year period.

Adult Overweight and Obesity

Prevalence of Obese Adults by Gender
Washoe County and Nevada, 2013-2016



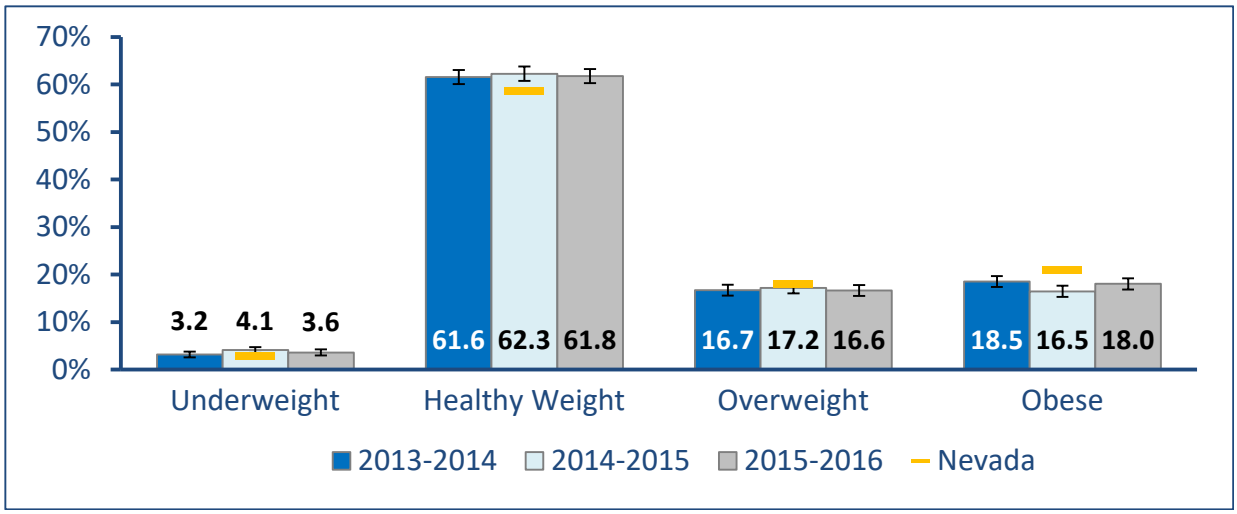
Data Source: Behavioral Risk Factor Surveillance System 2013-2016

The percentage of obese males in Washoe County declined in 2014 and 2015 to less than 20%, however increased back to 26.2% in 2016. The prevalence of obese (BMI≥30) males and females in Washoe County is similar to the prevalence of obese males and females in Nevada throughout the time frame of 2013-2016.

Youth Overweight and Obesity

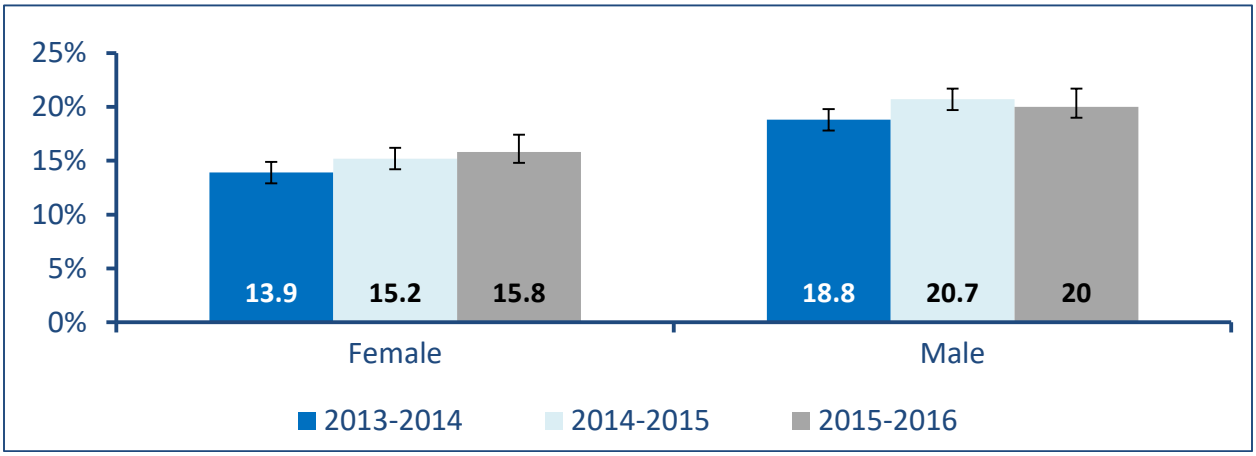
The following data on youth weight comes from height and weight data collected in the Washoe County School District (WCSD). Height and weight have been collected on samples of WCSD 4th, 7th and 10th grade students since the 2007/2008 school year.

Weight Categories of 4th, 7th, and 10th Grade Students in WCSD by School Year



Washoe County had a higher proportion of students who were at a healthy weight and a lower proportion of students who were obese than Nevada. The distribution among the weight categories has been consistent for the past three school years.

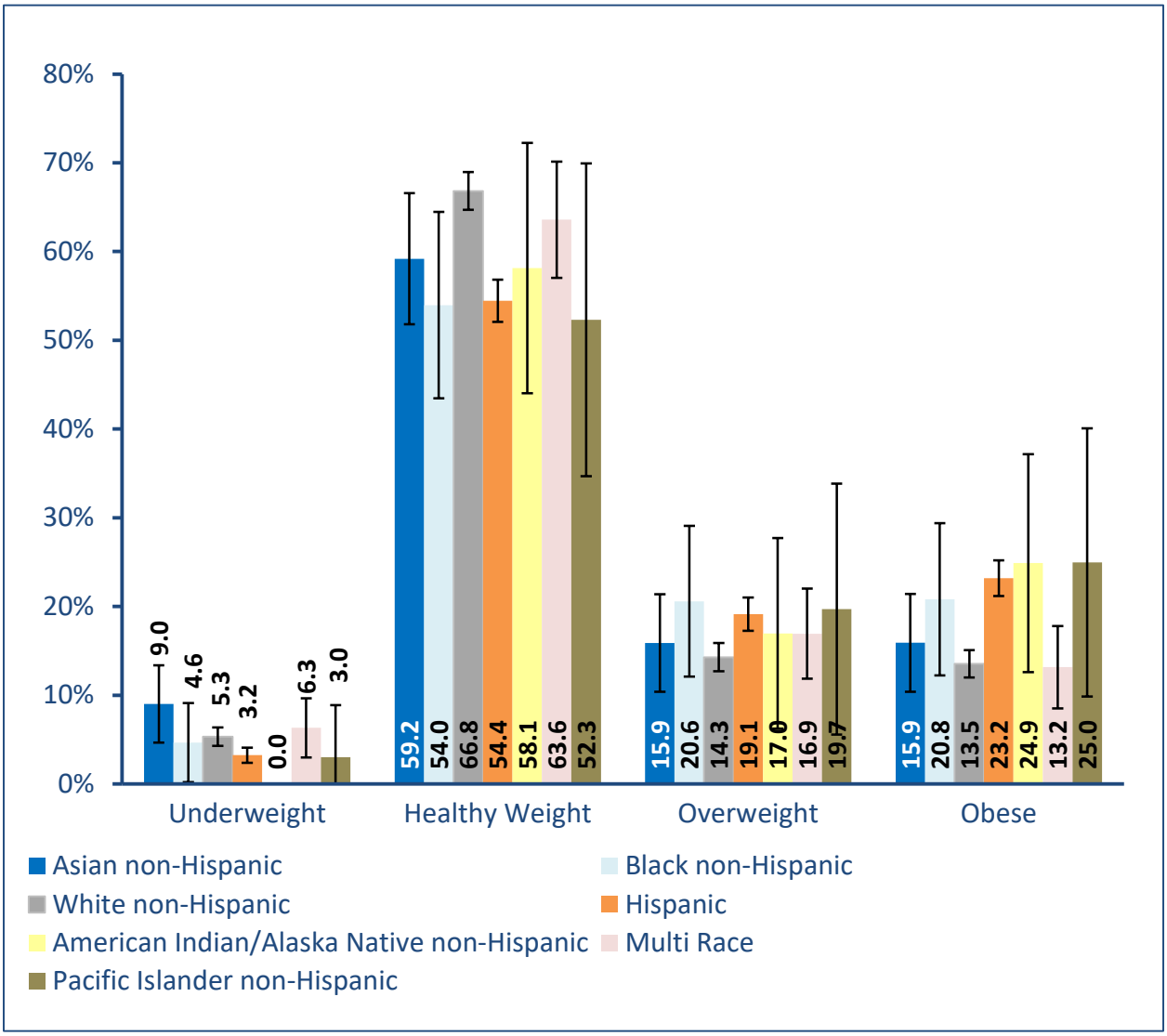
Obesity Among 4th, 7th and 10th Grade Students in WCSD by Gender for the Past Three School Years



A significantly higher proportion of male students are obese when compared to female students over the last three school years from 2013-2016.

Youth Overweight and Obesity

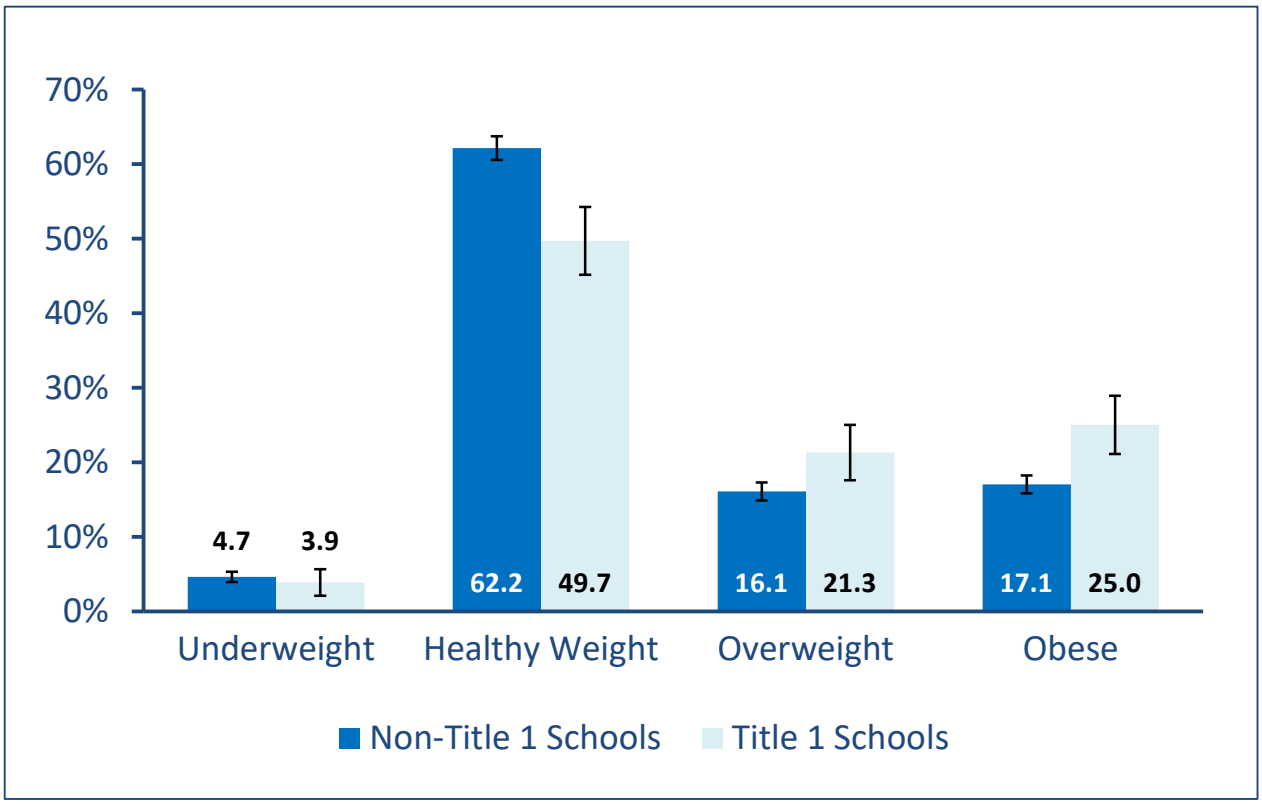
Weight Categories of 4th, 7th, and 10th Grade Students
in WCSD by Race/Ethnicity, 2015-2016



Hispanic students are significantly more likely to be obese when compared to White and Multi Race students. Hispanic students are also less likely to be underweight than White students and less likely to be at a healthy weight when compared to White and Multi Race students.

Youth Overweight and Obesity

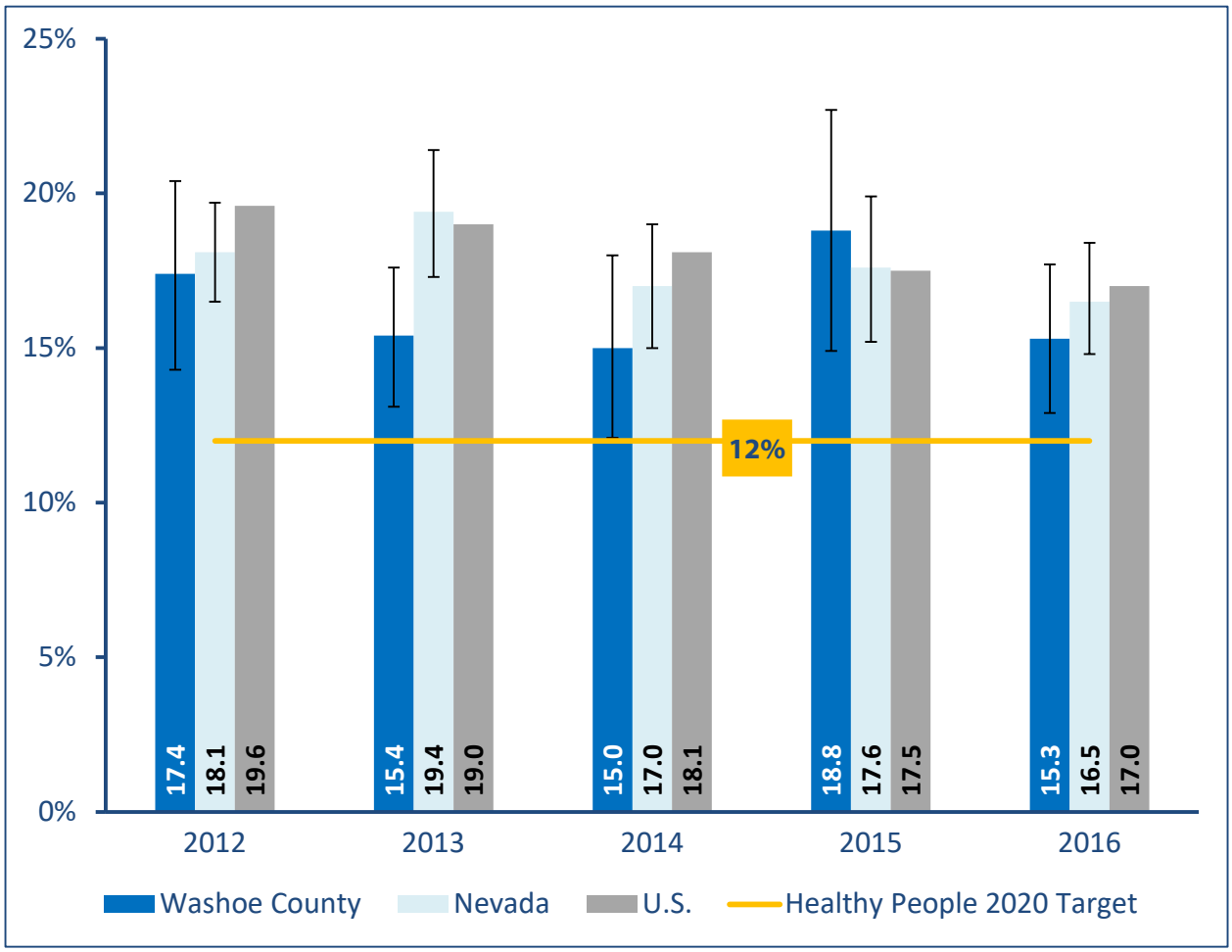
Weight Categories of 4th, 7th and 10th Grade Students in WCSD by Title 1 Status, 2015-2016



Title 1 Schools are those that receive federal funds because they serve high numbers of economically disadvantaged children. Title 1 schools have a significantly lower proportion of healthy weight students and a significantly higher proportion of obese students compared to non-Title 1 schools.

Adult Tobacco Use and Exposure

Prevalence of Current Smokers
Washoe County, Nevada and U.S. 2012-2016

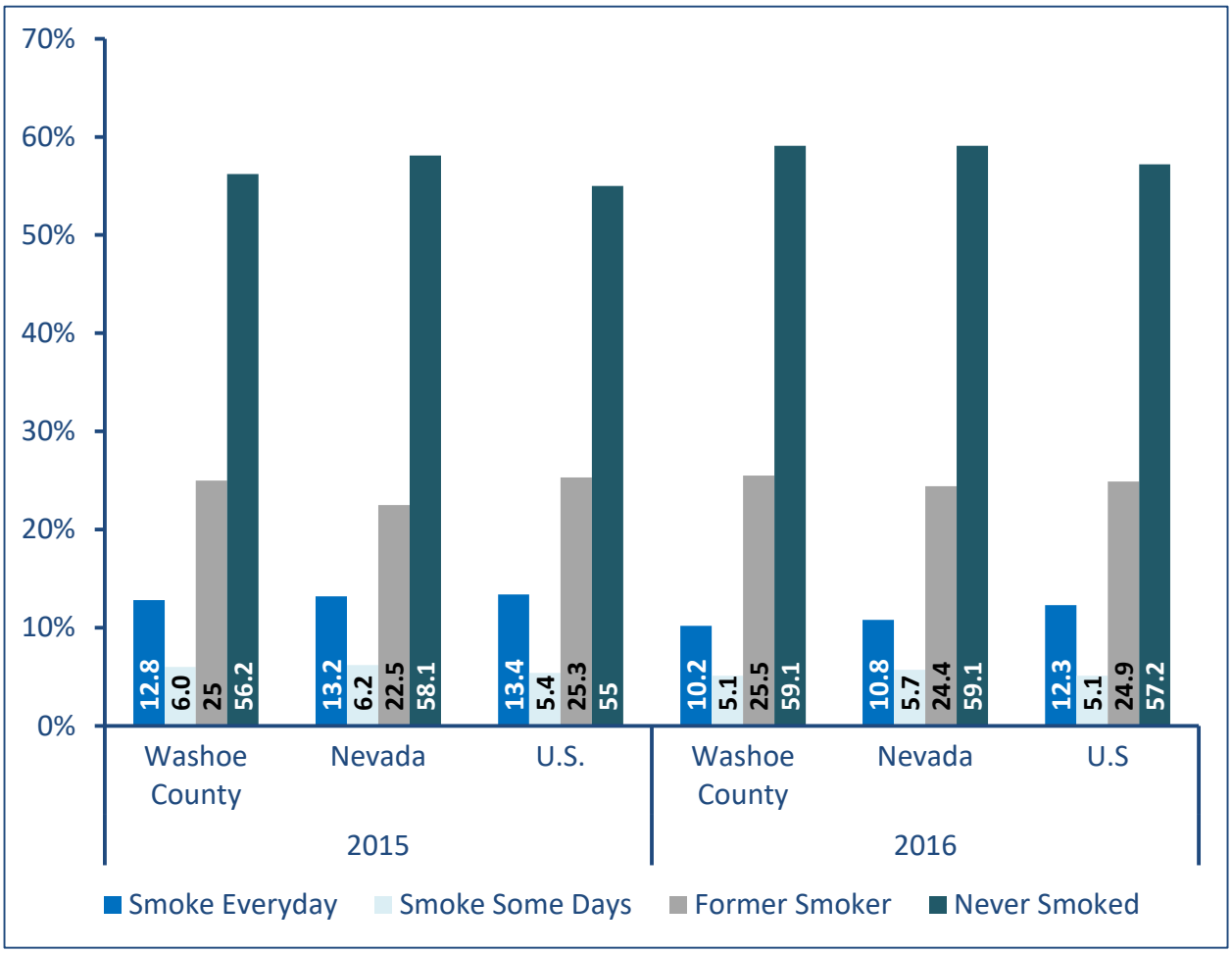


Data Source: The Behavioral Risk Factor Surveillance System 2012-2016
Note: Confidence intervals not available for U.S.

The prevalence of current smokers have remained similar from 2012 to 2016 across Washoe County, Nevada and the U.S. The Healthy People 2020 target is to reduce tobacco use by adults to 12%.

Adult Tobacco Use and Exposure

Smoking Status of Adults
Washoe County, Nevada and U.S. 2015-2016



Data Source: Behavioral Risk Factor Surveillance System 2015-2016

Rates in Washoe County are comparable to those in Nevada and the U.S. for the various smoking statuses in 2015 to 2016.

Adult Tobacco Use and Exposure

Prevalence of Adult Smokers by Population Characteristics
Washoe County and Nevada, 2016

Population Characteristics		2016 Current Smoker Prevalence			
		Washoe County		Nevada	
		%	95% CI	%	95% CI
Total	Total	15.3	(12.9-17.7)	16.5	(14.8-18.1)
Sex	Male	18.6	(14.9-22.3)	18.9	(16.3-21.5)
	Female	12	(9.0-14.9)	14.1	(12.0-16.1)
Age	18 - 24	13.9	(5.8-22.0)	12.5	(7.8-17.3)
	25 - 34	17.1	(10.5-23.6)	18.3	(13.8-22.8)
	35 - 44	23.1	(15.4-30.7)	18.4	(13.9-22.8)
	45 - 54	15.5	(9.5-21.4)	19.8	(15.5-24.1)
	55 - 64	14.8	(9.9-19.7)	19.4	(15.6-23.2)
	65+	8.7	(5.7-11.8)	10.2	(7.6-12.7)
Race	White	16.2	(13.1-19.2)	18.3	(16.1-20.5)
	Black	NA	NA	17.9	(11.6-24.1)
	Other Race	9.7	(3.8-15.7)	16.1	(10.3-21.9)
	Hispanic	14.5	(9.2-19.9)	11.4	(8.5-14.2)
Education	Less than H.S.	25.4	(15.7-35.0)	21.8	(16.5-27.2)
	H.S. or G.E.D.	18.9	(14.2-23.6)	18.9	(15.8-21.9)
	Some Post H.S.	15.2	(11.0-19.4)	17.4	(14.4-20.3)
	College Graduate	5.9	(3.4-8.3)	8.0	(5.9-10.0)
Income	Less than$ 15,000	19.5	(9.6-29.5)	23.1	(16.7-29.4)
	$15,000 - $24,999	21.6	(14.7-28.5)	21.4	(16.6-26.2)
	$25,000 - $34,999	25.5	(15.4-35.7)	24.3	(17.5-31.1)
	$35,000 - $49,999	18.7	(10.9-26.5)	20.3	(15.1-25.6)
	$50,000 - $74,999	15.7	(9.0-22.4)	11.2	(7.6-14.7)
	$75,000+	7.6	(4.2-10.9)	10.3	(7.4-13.1)
Veteran	Yes	14.6	(9.1-20.1)	16.8	(12.2-21.3)
	No	15.4	(12.8-18.1)	16.3	(14.5-18.0)

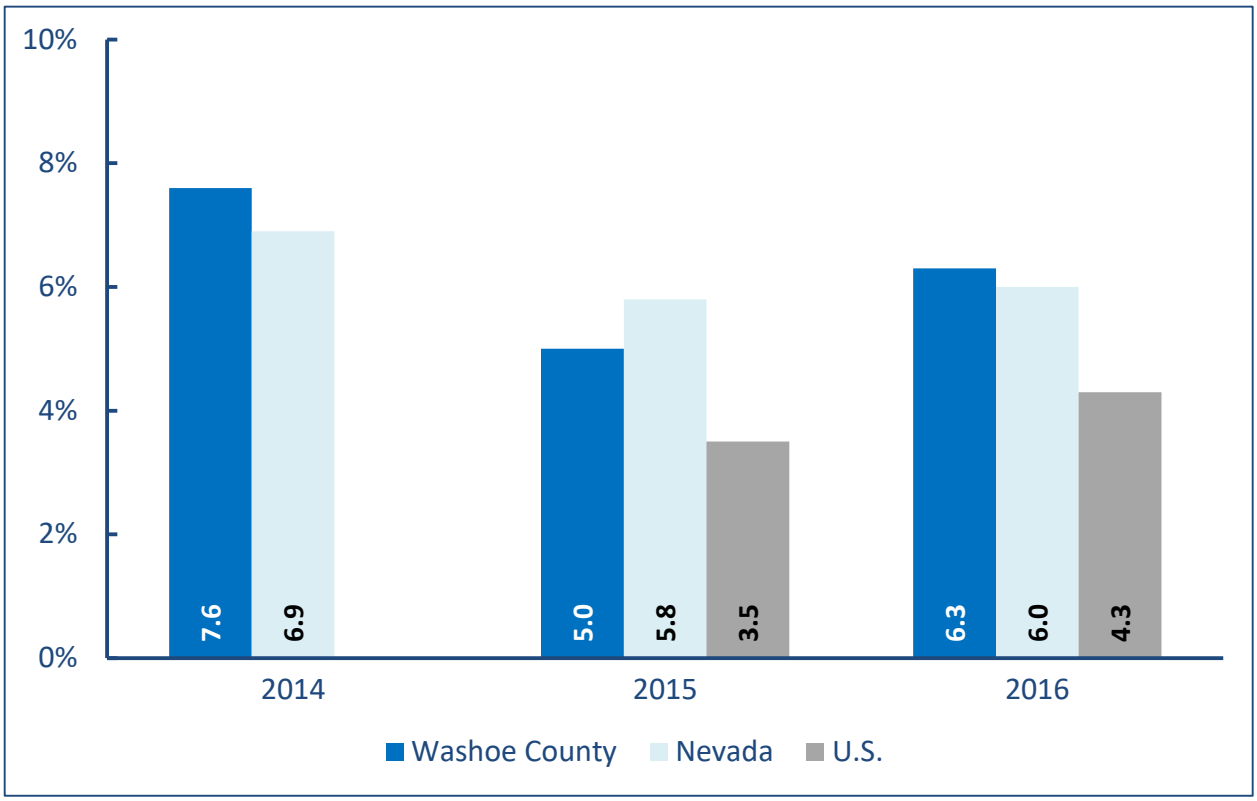
Data Source: Behavioral Risk Factor Surveillance System 2016.
Note: %=weighted, CI=confidence interval, NA=Not available, sample size too small.
Total sample size: WC=1,330 NV=4,219

Key findings in the prevalence of adult smokers by population characteristics:

The 2016 BRFSS shows an overall smoking rate of 15.3% for Washoe County. This rate is lower than Nevada's rate of 16.5%, but still higher than the Centers for Disease Control and Prevention (CDC) Healthy People 2020 target of 12%.

Adult Tobacco Use and Exposure

Electronic Cigarette Status of Adults
Washoe County and Nevada, 2014- 2016



Data Source: Behavioral Risk Factor Surveillance System 2014-2016
Note: 2014 was the first year to collect data on the usage of electronic cigarettes. U.S. data is not available for 2014.

In 2016, the prevalence of using electronic cigarettes (e-cigarette) in Washoe County was higher (6.3%) than Nevada (6.0%) and the United States (4.3%).

Adult Tobacco Use and Exposure

Prevalence of Electronic Cigarette Users by Population Characteristics Washoe County and Nevada, 2016

Population Characteristics		2016 Current E-Cigarette Prevalence			
		Washoe County		Nevada	
		%	95% CI	%	95% CI
Total	Total	6.3	(4.7-7.9)	6.0	(4.9-7)
Sex	Male	8.0	(5.3-10.6)	6.9	(5.2-8.7)
	Female	4.6	(2.8-6.4)	5.1	(3.7-6.5)
Age	18 - 24	11.6	(4.2-19.0)	12.7	(7.6-17.7)
	25 - 34	9.6	(4.9-14.4)	8.3	(4.9-11.7)
	35 - 44	8.1	(3.1-13.1)	5.8	(3.4-8.2)
	45 - 54	5.1	(1.8-8.4)	5.0	(2.7-7.4)
	55 - 64	3.3	(1.2-5.5)	4.5	(2.5-6.5)
	65+	2.2	(0.4-4.0)	2.4	(0.8-4.0)
Race	White	6.6	(4.6-8.7)	6.5	(5.0-8.0)
	Black	NA	NA	6.9	(2.2-11.5)
	Other Race	10.3	(2.9-17.6)	10.0	(5.1-14.8)
	Hispanic	4.2	(1.2-7.1)	3.0	(1.6-4.5)
Education	Less than H.S.	1.1	(0.0-3.3)	6.1	(2.7-9.6)
	H.S. or G.E.D.	10.5	(6.5-14.4)	8.1	(5.8-10.5)
	Some Post H.S.	6.9	(3.9-9.9)	6.3	(4.3-8.3)
	College Graduate	3.5	(1.5-5.5)	2.7	(1.5-3.8)
Income	Less than$ 15,000	6.2	(0.4-11.9)	10.1	(4.5-15.7)
	$15,000 - $24,999	8.4	(3.7-13.0)	6.1	(3.1-9.0)
	$25,000 - $34,999	6.9	(1.6-12.2)	6.4	(2.5-10.3)
	$35,000 - $49,999	6.9	(2.0-11.9)	5.7	(2.6-8.8)
	$50,000 - $74,999	9.4	(3.7-15.2)	7.3	(4.0-10.6)
	$75,000+	3.4	(1.1-5.8)	4.7	(2.6-6.9)
Veteran	Yes	2.0	(0.0-4.5)	4.7	(1.6-7.7)
	No	6.9	(5.1-8.8)	6.1	(4.9-7.3)

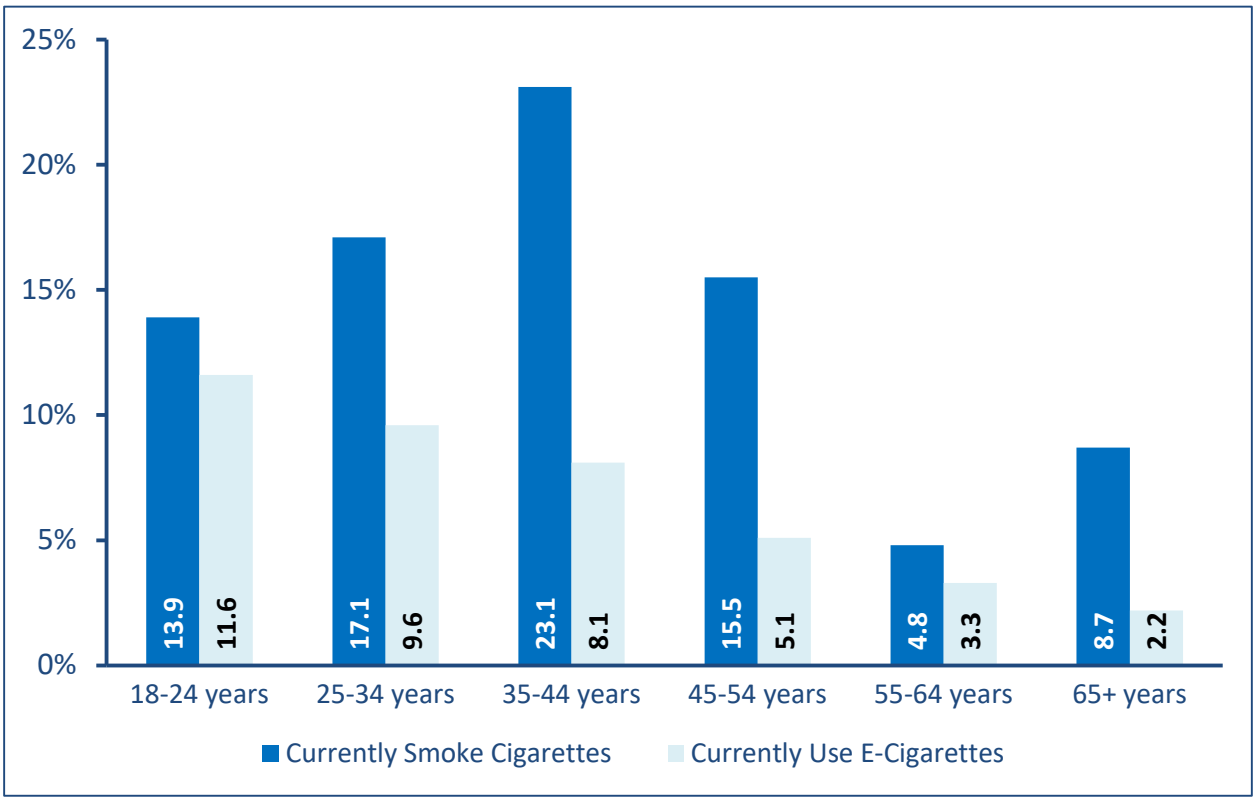
Data Source: Behavioral Risk Factor Surveillance System 2016.
Note: %=weighted, CI=confidence interval, NA=Not available, sample size too small
Total sample size: WC=1,335 NV=4,242

Key findings in the prevalence of adult e-cigarette by population characteristics:

The 2016 BRFSS shows an overall e-cigarette rate of 6.3% for Washoe County, comparable to Nevada's rate of 6.0%.

Adult Tobacco Use and Exposure

Comparison of Adult Cigarette and E-Cigarette Users by Age Group
Washoe County, 2016

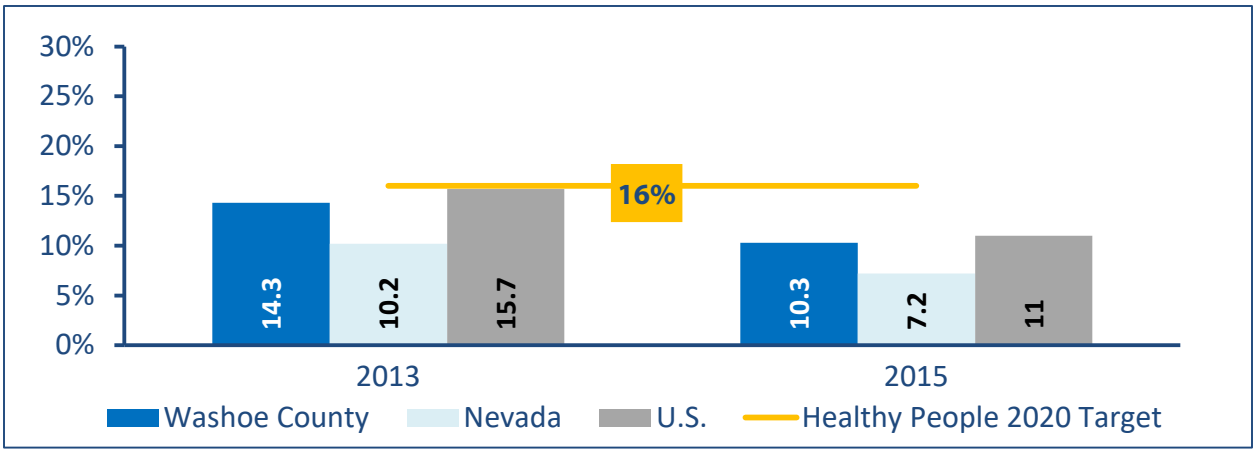


Data Source: Behavioral Risk Factor Surveillance System 2016

In 2016, the percentage of adults who smoked cigarettes was higher than those who smoked e-cigarettes across all age groups. Cigarette smoking was highest among those aged 35 to 44 years (23.1%) and the use of e-cigarettes was highest among those aged 18 to 24 years (11.6%). The reported current use of e-cigarettes decreased as age increased.

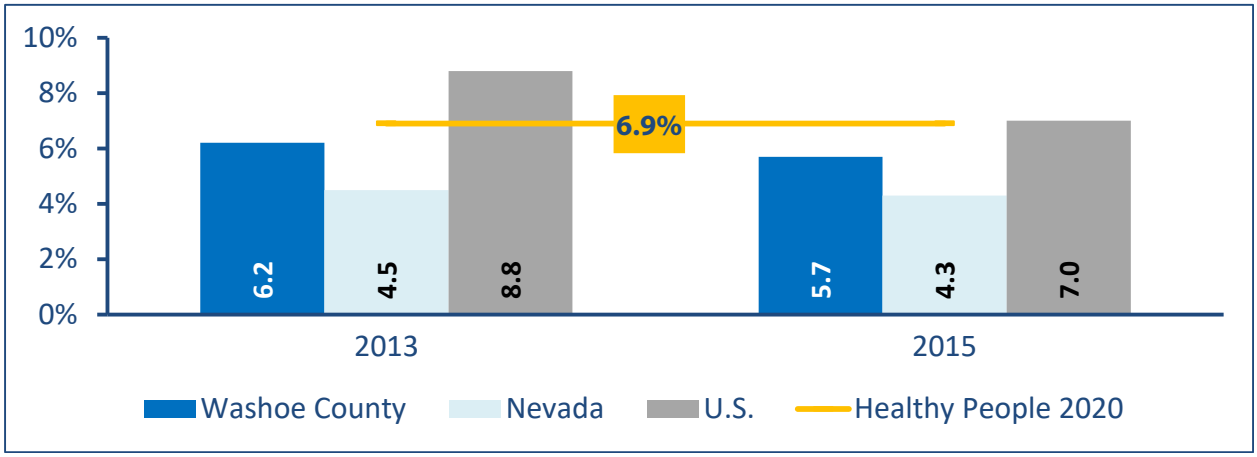
Youth Smoking Prevalence

Prevalence of Smoking Among Youth
Washoe County, Nevada and U.S., 2013 and 2015



In 2015, the prevalence of smoking among youth in Washoe County (10.3%) met and exceeded the Healthy People 2020 target (16.0%). Both Washoe County and Nevada show decreases in youth smoking from 2013.

Prevalence of Smokeless Tobacco Use Among Youth
Washoe County, Nevada and U.S., 2013 and 2015

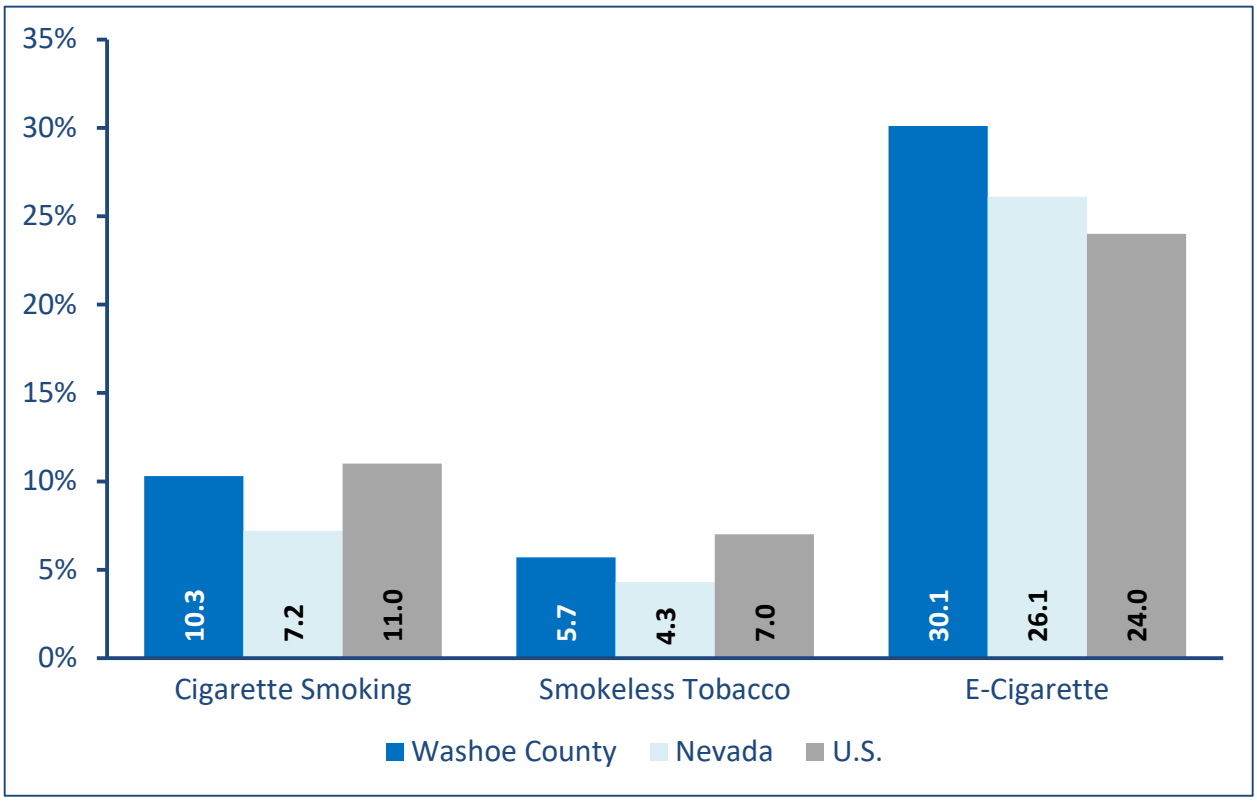


In 2015, the prevalence of smokeless tobacco use among youth in Washoe County (5.7%) met and exceeded the Healthy People 2020 target (6.9%).

Data source for page: Youth Risk Behavioral Surveillance System (YRBSS): High School.

Youth Smoking Prevalence

Products used among Youth
Washoe County, Nevada and U.S., 2015



Data Source: Youth Risk Behavioral Surveillance System (YRBSS): High School.

In 2015, the prevalence of using e-cigarette was higher than the prevalence of cigarette smoking and smokeless tobacco across Washoe County, Nevada and the U.S. The rate of usage for electronic vapor products for Washoe County was higher at 30.1% when compared to Nevada (26.1%) and the U.S. (24%).

Select Chronic Health Conditions

The following section contains information on

- Age-adjusted mortality rates for specific chronic health conditions from 2012-2016
- Hospitalization data for select chronic health conditions
- Percentages of adults who were told they have the specific health condition

Take caution in interpreting hospitalization data as one single hospitalization has many diagnoses and cannot be attributed to one single cause. Also, take caution in interpreting costs, as the total cost for each hospitalization is not solely due to procedures relating to the specific condition.

The data sources for this section come from the following sources:

Age-Adjusted Mortality Rate for Condition

Vital Statistics – Death Certificates; 2010 U.S. Census; Nevada Division of Public and Behavioral Health.

Hospitalization Data

Center for Health Information Analysis for Nevada; Washoe County Hospital Discharge Data, 2016.

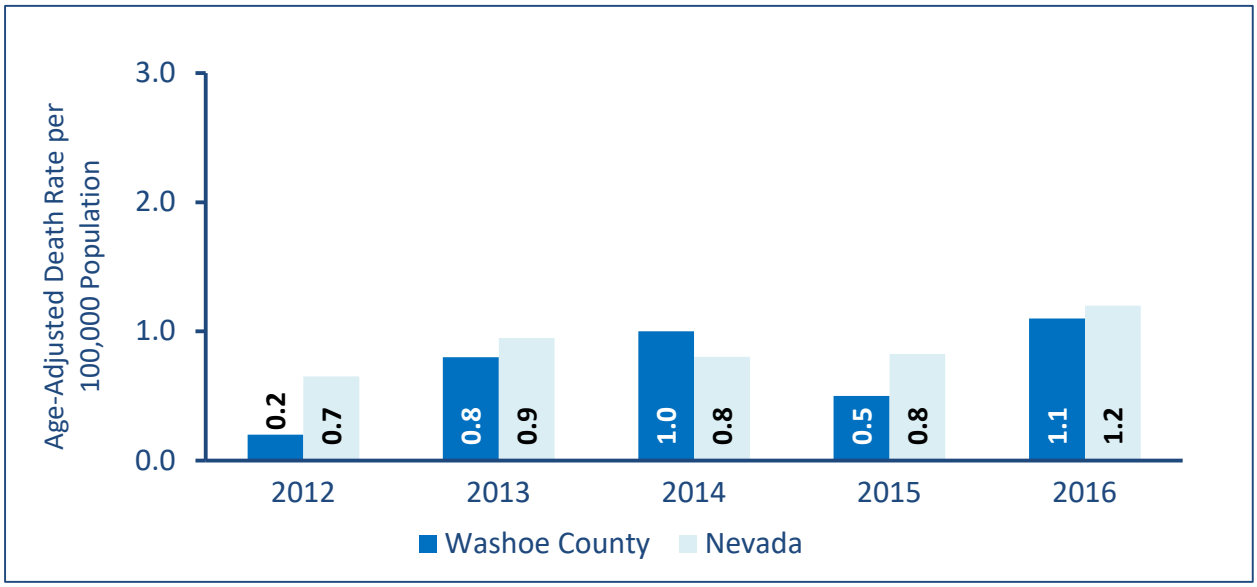
Percent of Adults who have been told they have specific health condition

Nevada and Washoe County: Nevada Department of Health and Human Services, Office of Public Health Informatics and Epidemiology. 2012-2016 Nevada BRFSS Data. Data provided upon request. Carson City, NV. United States BRFSS data: Centers for Disease Control and Prevention. BRFSS Prevalence and Trends Data query tool, Accessed https://www.cdc.gov/brfss/brfssprevalence/index.html

Asthma

Asthma is a respiratory disease that causes wheezing, shortness of breath, tightness in the chest, and coughing.

Age-Adjusted Asthma Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to asthma among Washoe County residents increased from 2012 to 2013 and has had a slight increase from 2013 to 2016. Washoe County's rate is similar to Nevada's rates for each year.

Asthma related hospitalizations:

Approximately 7% of 45,094 hospitalizations among Washoe County residents in 2016 were asthma-related. The average total cost of hospitalizations that included an asthma-related diagnosis per hospitalization was approximately $39,944 in 2016.

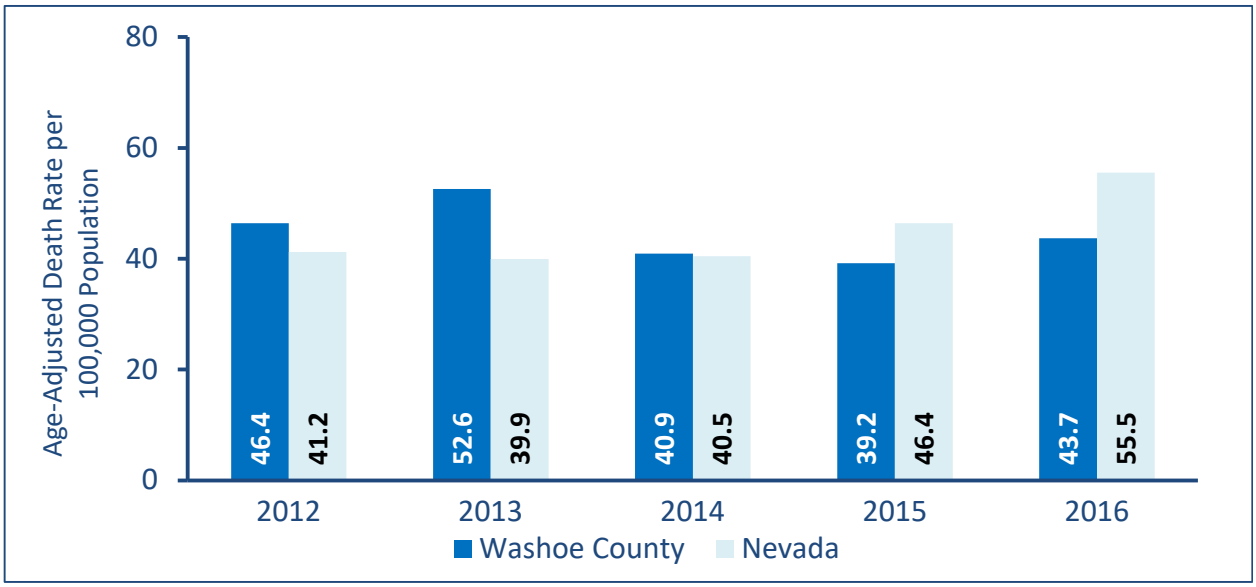
Percent of adults who currently have asthma:

In 2016, the percentage of adults in Washoe County who reported they currently have asthma (8.5%), was higher than those who reported asthma in Nevada (7.9%); however, slightly lower than the United States (8.9%).

Atherosclerotic Heart Disease

Atherosclerotic heart disease (AHD) is a condition in which there is a buildup of plaque inside the artery walls. This buildup causes the inside of the arteries to become narrow and slows down the flow of blood to the heart.

Age-Adjusted AHD Mortality Rates
Washoe County and Nevada Residents, 2012-2016



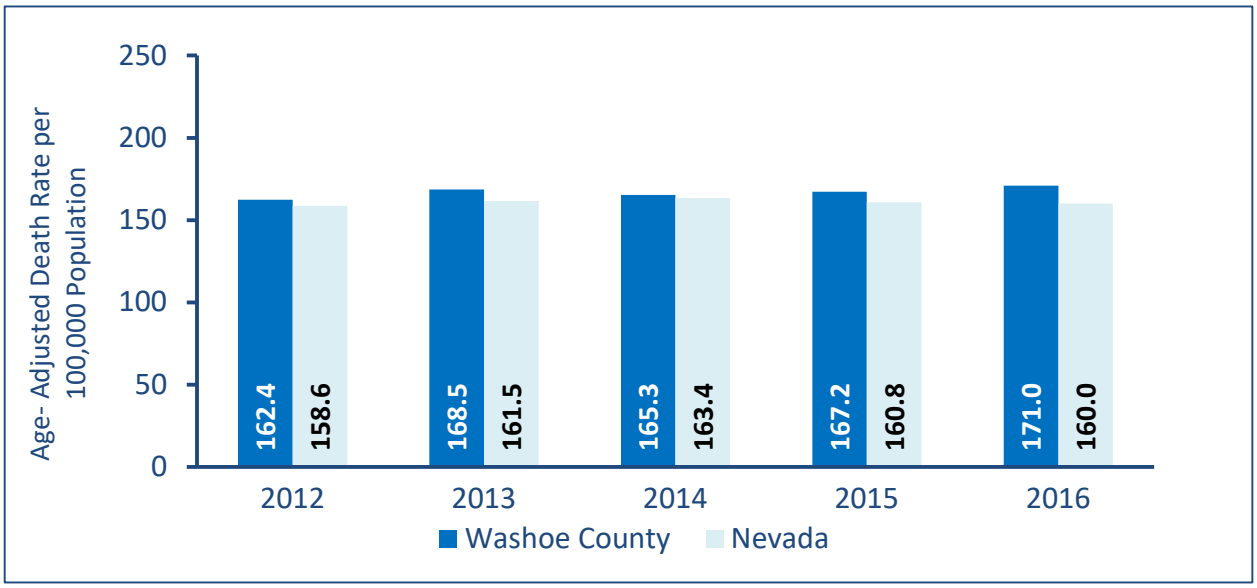
Mortality rates due to AHD among Washoe County residents decreased from 2013 to 2014 by 11% and have remained similar from 2014 to 2016. When compared to Nevada, Washoe County's rate has been lower than Nevada's for the past two years.

Atherosclerotic heart disease related hospitalizations:
Approximately 0.6% of 45,094 hospitalizations among Washoe County residents in 2016 were AHD-related. The average total cost of hospitalizations that included an AHD-related diagnosis per hospitalization was approximately $70,581 in 2016.

Cancer

Cancer is a disease where the cells of the body grow out of control, which when left undiagnosed and untreated can spread and impact other organs. The causes of cancer differ from type to type, however behavioral factors such as being obese, using tobacco products, and excessive alcohol consumption can increase the risk of many cancers.

Age-Adjusted Cancer Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Age-adjusted mortality rates from cancer in Washoe County have remained similar from 2012-2016. When comparing the rates to Nevada, Washoe County rates have been slightly higher for each year.

Cancer

Age-Adjusted Cancer Mortality Rates per 100,000 Population
Washoe County and Nevada Residents, 2014-2016

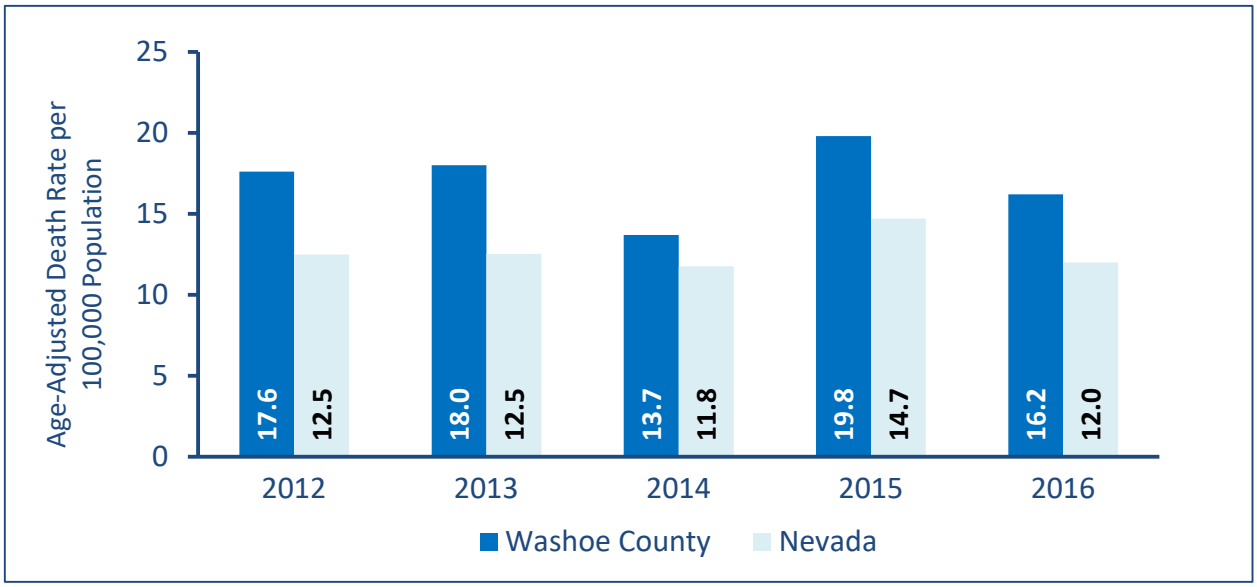
Type of Cancer	2014		2015		2016	
	Washoe County	Nevada	Washoe County	Nevada	Washoe County	Nevada
Bladder	5.3	5.6	6.6	5.4	4.2	4.8
Brain and Other Central Nervous System	5.2	4.5	3.9	4.4	4.2	4.8
Breast	23.7	21.9	27.2	21.8	26.3	21.7
Cervix Uteri	2.1	2.7	1.7	2.8	0.9	2.3
Colon, Rectum and Anus	14.8	16.3	14.9	16.1	18.7	17.3
Corpus Uteri and Uterus, Part Unspecified	3.1	2.7	2.6	4.3	5.7	5.2
Esophagus	3.3	3.7	5.7	3.9	5.2	4.2
Kidney and Renal Pelvis	4.3	3.6	3.0	3.8	3.1	3.7
Larynx	1.3	0.9	1.1	0.8	0.3	0.6
Leukemia	6.4	6.4	6.7	6.2	5.5	5.2
Lip, Oral Cavity and Pharynx	3.0	2.5	4.3	2.4	2.3	2.9
Liver and Intrahepatic Bile Ducts	5.8	5.8	6.2	6.7	7.5	6.5
Multiple Myeloma & Immunoproliferative Neoplasms	4.3	3.3	4.1	3.3	3.4	2.6
Non-Hodgkin's Lymphoma	4.3	4.5	4.5	4.6	6.3	5.3
Other and Unspecified Cancers	15.9	16.7	19.0	16.2	23.0	19.0
Ovary	7.4	7.8	5.8	7.3	7.9	7.6
Pancreas	12.6	9.9	11.0	11.0	12.0	10.1
Prostate	25.3	20.8	19.7	19.3	19.6	19.8
Skin	3.8	2.8	3.1	2.8	3.7	2.7
Stomach	4.3	2.9	1.6	2.7	3.5	2.6
Trachea, Bronchus and Lung	40.1	45.8	42.9	42.4	38.1	39.2

The highlighted cancers represent the top five types of cancer deaths among Washoe County residents from 2014 to 2016.

Chronic Liver Disease

Chronic liver disease also termed as cirrhosis is a disease in which scar tissue replaces healthy liver tissue and causes the liver to stop working normally. Scar tissue slows the flow of blood through the liver, and over time the liver does not work the way it should.

Age-Adjusted Chronic Liver Diseases and Cirrhosis Mortality Rates Washoe County and Nevada Residents, 2012-2016



Mortality rates from chronic liver diseases and cirrhosis in Washoe County are higher than Nevada rates across the five year period.

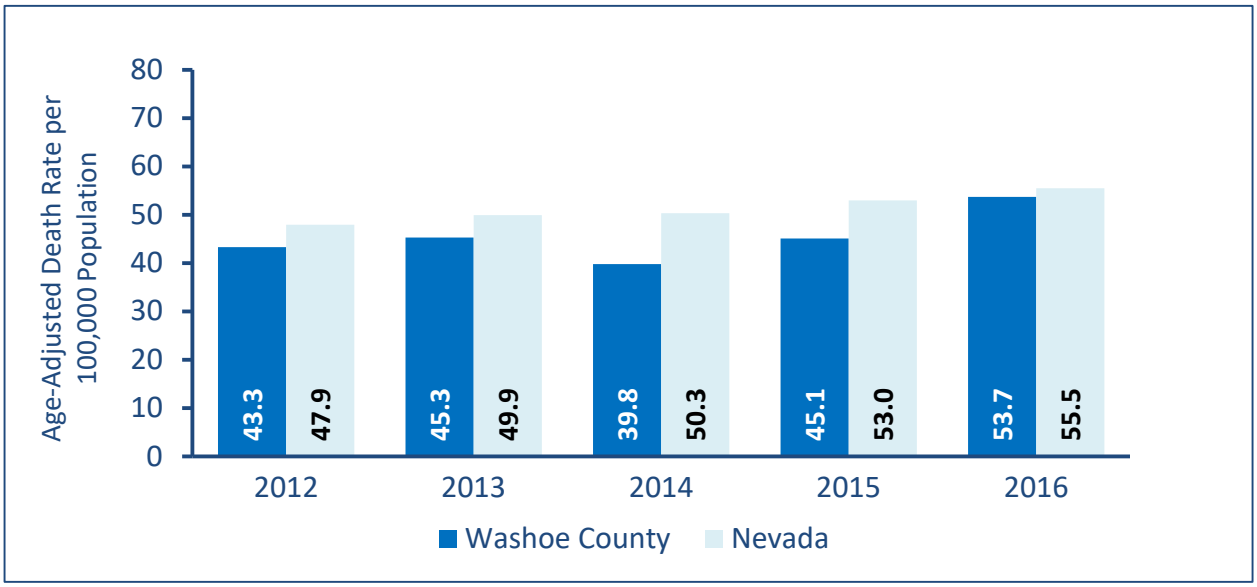
Chronic liver disease related hospitalizations:

Approximately 5% of 45,094 hospitalizations among Washoe County residents in 2016 were chronic liver disease-related. The average total cost of hospitalizations that included chronic liver disease related diagnosis per hospitalization was approximately $58,737 in 2016.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) refers to a group of lung diseases that block airflow and make it difficult to breathe. The two main types of breathing-related problems include emphysema and chronic bronchitis.

Age-Adjusted COPD Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to COPD in Washoe County increased by 8.6% from 2015 to 2016. Washoe County's rates have been similar to Nevada's rates throughout 2012 and 2016.

COPD related hospitalizations:

Approximately 14% of 45,094 hospitalizations among Washoe County residents in 2016 were COPD-related. The average total cost of hospitalizations that included COPD related diagnosis per hospitalization was approximately $49,985 in 2016.

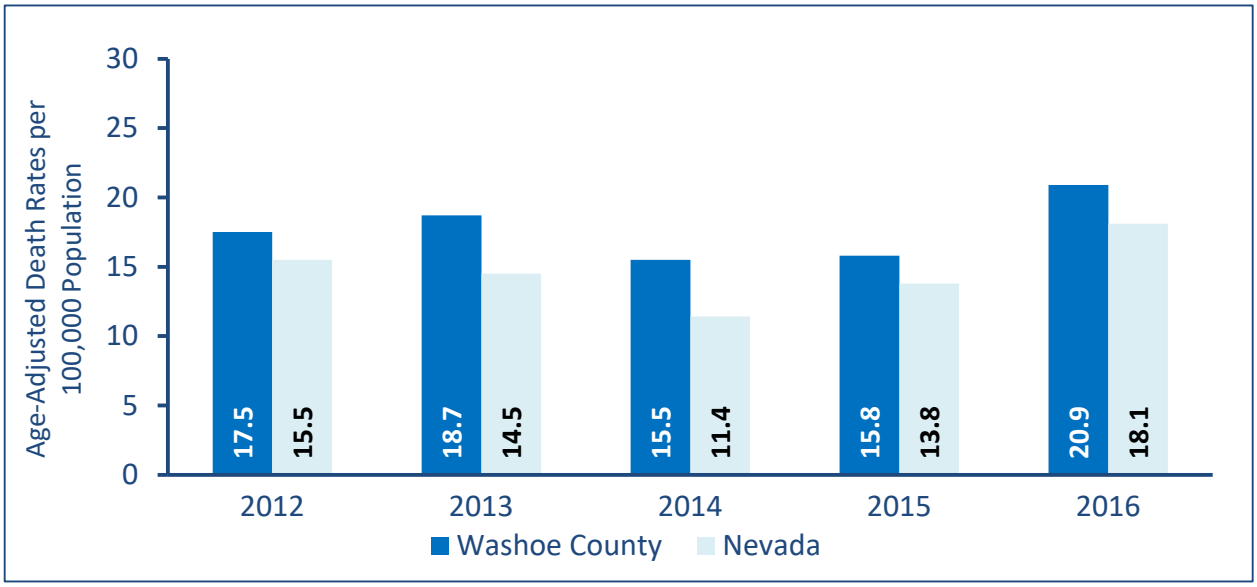
Percent of adults who have been told they have COPD:

In 2016, the percentage of adults in Washoe County who reported they have COPD (5.4%) was lower than those who reported having COPD in Nevada (6.9%) and the United States (6.5%).

Diabetes

Diabetes is a condition in which blood glucose levels are higher than normal causing the body to not properly process food for use as energy. When a person has diabetes, the pancreas either does not produce enough insulin or the body is unable to use insulin efficiently, which leads to high levels of glucose in the blood stream.

Age-Adjusted Diabetes Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to diabetes are higher in Washoe County compared to Nevada rates from 2012 to 2016.

Diabetes related hospitalizations:

Approximately 18% of 45,094 hospitalizations among Washoe County residents in 2016 were diabetes-related. The average total cost of hospitalizations that included diabetes-related diagnosis per hospitalization was approximately $49,831 in 2016.

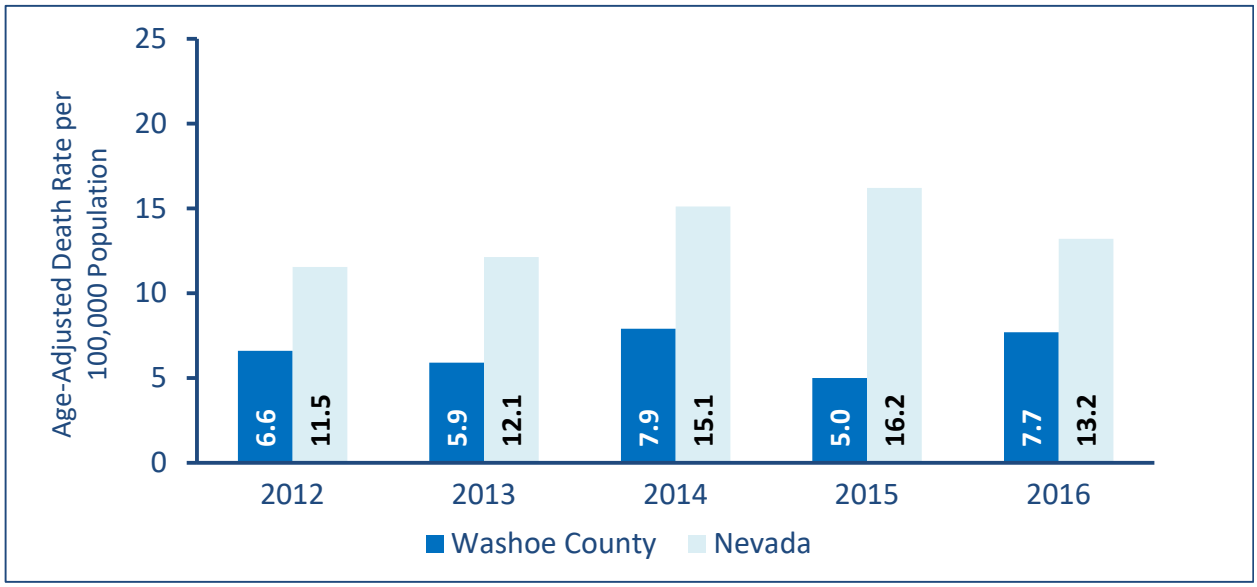
Percent of adults who have been told they have diabetes:

In 2016, the percentage of adults in Washoe County who reported having diabetes (10.4%), was lower than those who reported having diabetes in Nevada (11.9%), and slightly lower than the United States (10.8%).

Heart Failure

Heart failure is a condition in which the heart muscle is unable to pump enough blood to meet the body's needs for blood and oxygen.

Age-Adjusted Heart Failure Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to heart failure among Washoe County residents have remained consistent from 2012 to 2016. When compared to Nevada, Washoe County's rates are lower than Nevada's rates during the five year period.

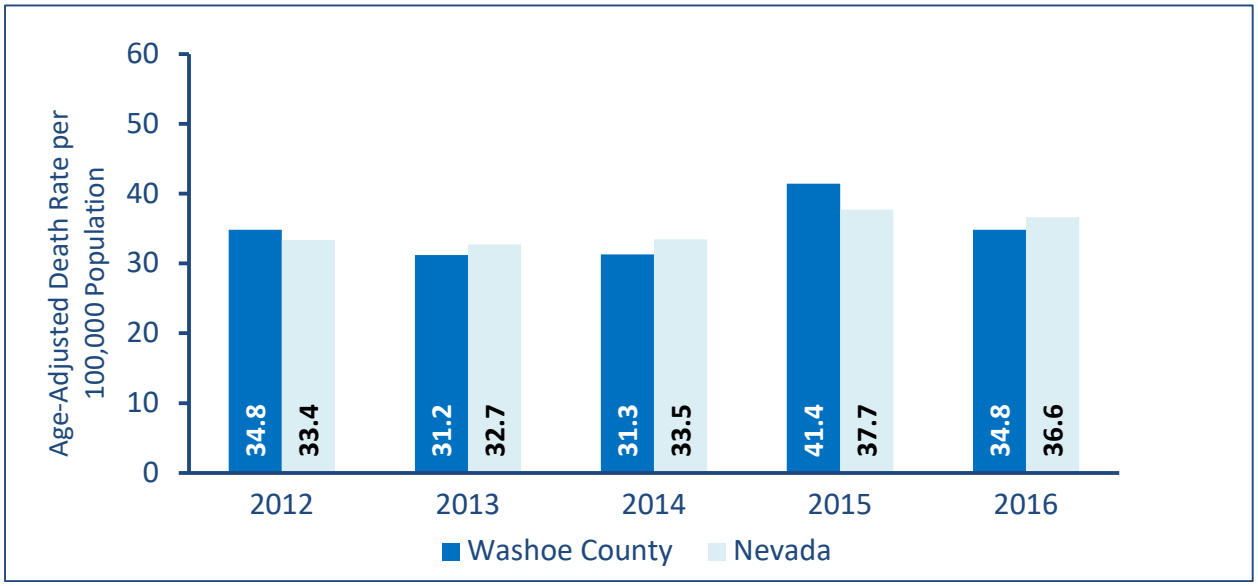
Heart failure related hospitalizations:

Approximately 11% of 45,094 hospitalizations among Washoe County residents in 2016 were heart failure-related. The average total cost of hospitalizations that included heart failure related diagnosis per hospitalization was approximately $56,663 in 2016.

Stroke

A stroke occurs when the blood supply to a part of the brain is blocked (ischemic stroke) or when a blood vessel in the brain bursts (hemorrhagic stroke). Without a regular supply of oxygen, brain death occurs, and if emergency care is not obtained quickly, permanent brain damage, long-term disability, or death may occur.

Age-Adjusted Stroke Mortality Rates
Washoe County and Nevada Residents, 2012-2016



Mortality rates due to stroke among Washoe County residents have been consistent, except for 2015 when the mortality rate increased by 10% from the previous year. When compared to Nevada, Washoe County's rates are similar to Nevada's rates for the five year period.

Stroke related hospitalizations:

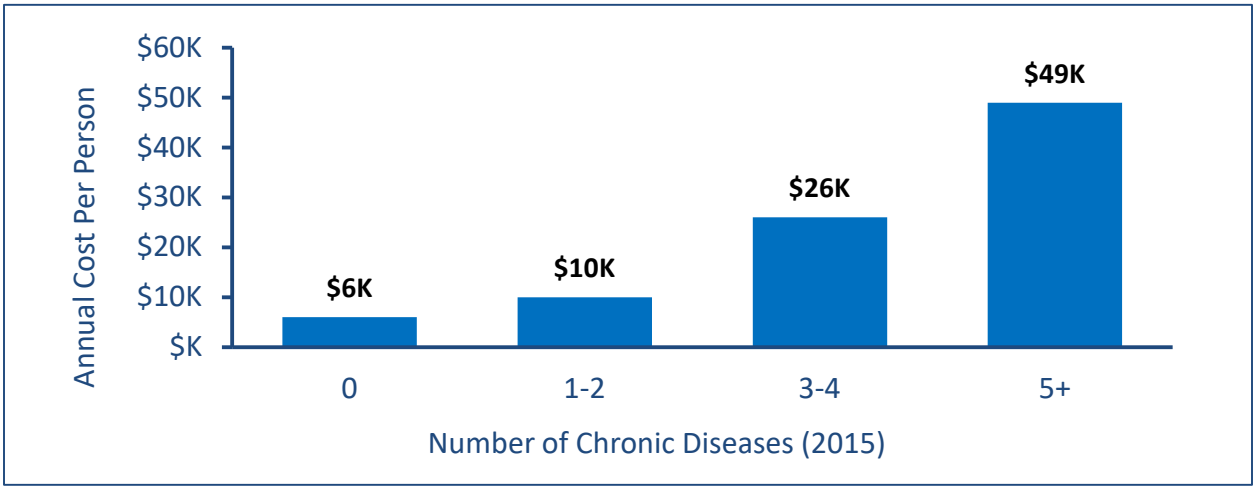
Approximately 31% of 45,094 hospitalizations among Washoe County residents in 2016 were stroke related. The average total cost of hospitalizations that included stroke related diagnosis per hospitalization was approximately $50,873 in 2016.

Percent of adults who have been told they have a stroke:

In 2016, the percentage of adults in Washoe County reporting they have had a stroke (2.7%) was lower than those in Nevada (3.3%) and the United States (3.2%).

Economics of Chronic Disease

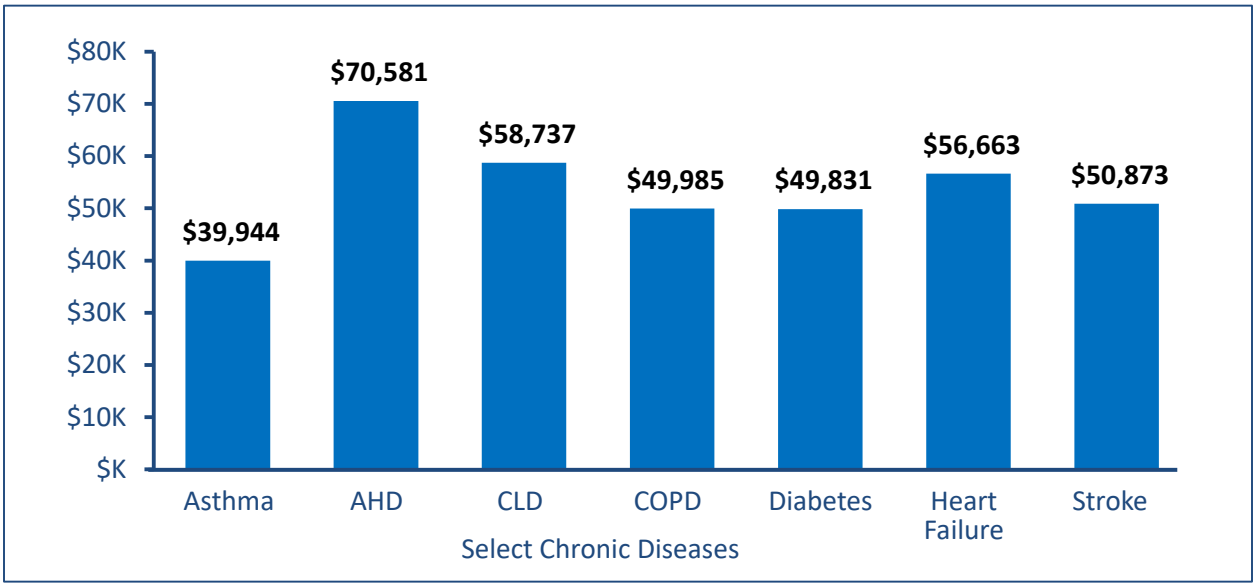
The Impact of Chronic Disease in Nevada



Projected total cost of chronic disease from 2016-2030 in Nevada is $401 billion. In 2015, 1.7 million people in Nevada had at least one chronic disease, and 693 thousand had two or more chronic diseases. Chronic disease could cost Nevada $18.7 billion in medical costs and an extra eight billion annually in lost employee productivity (average per year 2016-2030).

Data Source:
Partnership to fight chronic disease(2018). Retrieved from https://www.fightchronicdisease.org/states/nevada

Estimated Hospitalization Costs per Chronic Disease in Nevada, 2016



Data Source:
Nevada Division of Health Care Financing and Policy; Washoe County Hospital Discharge Data, 2016.
Note: AHD=Atherosclerotic Heart Disease, CLD=Chronic Liver Disease, COPD=Chronic Obstructive Pulmonary Disease

Policy, Systems, and Environmental Indicators

Policy, systems and environmental interventions promote access to healthier environments in the systems that create the structures in which we work, live and play enabling people to make healthy choices.

Policy interventions include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. For example, adding a tax on unhealthy food or beverages, or implementing a work place/employee policy that meetings and events only be held at smoke-free venues.

System interventions impacts all elements of an organization. System change and policy change often work hand-in-hand. For example, a school district implementing a wellness policy would impact all students in a district, or a city deciding to make their parks tobacco-free would impact all park visitors in the city.

Environmental strategies involve physical or material changes to the economic, social, or physical environment. This can include incorporating sidewalks, bike paths and recreational areas into community designs, or posting no-smoking signs near entrances to businesses.

The following examples describe efforts in our community that impact policy, systems, and environmental strategies. This is not intended to be a complete list of community efforts.

> "It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change."
>
> ~ Institute of Medicine, 2000

Nutrition

Indicators of community health such as diabetes, hypertension, obesity, and other chronic conditions are strongly correlated with nutrition. A comprehensive approach to improving nutrition in a community must include individual behavior change elements such as education, but it must also include improvements in the food environment, or what is commonly called the "food system." This ensures that individuals have access to the foods they need to eat healthfully. A "food system" includes all of the entities and processes used in feeding a community, from production to distribution to consumption. A healthy food system would result in all residents in a community having access to affordable and quality healthful food.[1]

The following chart outlines the contributors to the food system in Washoe County.

Data Source:

[1]Access to Healthy Food in Washoe County (2014). Retrieved from http://wcfpc.org/wp-content/uploads/2013/11/Washoe-Healthy-food-plan_pretty-version-original.pdf

Nutrition

Washoe County Food Insecurity:

According to the County Health Rankings, 13.9% of Washoe County residents or 58,930 people were food-insecure in 2017. The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active healthy life.

Supplemental Nutrition Assistance Program

Statewide, 14.9% of the population is participating in the Supplemental Nutrition Assistance Program (SNAP) which is approximately 438,300 average participants per month. In Washoe County, there are 26,241 households participating, with a total of 49,135 individual SNAP participants. To qualify for SNAP benefits, applicants must be at 130% of the Federal Poverty Level, which is an income of less than $2,633 a month for a family of four.

Subsidized School Meal Utilization (School Year 2016-2017)

During the 2016-2017 school year, Washoe County School District (WCSD) had 63,969 students enrolled. Among the total students, the WCSD Nutrition Services reported 51% of the students qualified for free and reduced meals. Children from families with incomes at or below 130% of the poverty level are eligible for free meals. Those with incomes between 130% and 185% of the poverty level are eligible for reduced-price meals per federal guidelines; in Washoe County Schools, these students are also eligible for free meals.

Out of the 96 schools in the district, 24 have been identified as a Provision II school in which all students at the school eat breakfast and lunch at no cost and students do not need to complete an application for free and reduced meal benefits. In order for a school to be classified as a Provision II school, the USDA recommends that at least 80% of the children be eligible for free and reduced meals.

Data source for page: 2017 County Health Ranking; Nevada Department of Health and Human Services, Division of Welfare and Supportive Services, 2018;Washoe County School District Nutrition Services.

Physical Activity

Active transportation: Active transportation refers to activities like walking, bicycling, and even taking the bus since most bus travel requires walking or biking to the bus stop. When transportation infrastructure is designed to accommodate and encourage active transportation it can have positive impacts on the health of a community. This benefit to public health can be seen in increased activity levels, decreased motor vehicle accidents, and improved air quality.

Shared use paths: Shared use paths are facilities which are placed completely separate from the roadway for non-motorized activities like walking, running, cycling, roller blading and more. These paths are important because they offer areas for physical activity and recreation, and have added value for a community. They are considered an amenity by those that live near them. There are currently 81 miles of shared use paths across Reno and Sparks.

Bicycle lanes: Bicycle lanes (bike lanes) are areas on the paved roadway that are marked for the semi-exclusive use of bicyclists. Having designated bike lanes improves safety for both cyclists and motorists. Cyclists are more likely to bike when there are bike lanes and they are a reminder to motorists that bicyclists are using the roadway. Bike lanes also provide a barrier between cars and the sidewalk, which may make for a more pleasant walking experience for pedestrians. There are currently 302 miles of bicycle lanes across Reno and Sparks. The 302 miles of bikeway facilities consist of 226 existing bike lane miles, 76 existing bike path miles, and 1.3 miles of cycle track.

Pedestrian facilities: According to the 2017 Reno Sparks Bicycle & Pedestrian Plan: "In 2016, 2.8 miles of sidewalks were added, one mile of paved multi-use path was installed, seven crosswalks were replaced, four new crosswalks were installed, four pairs of crosswalk warning devices were installed, crosswalk lighting was installed at eight locations and 44 pedestrian ramps were installed." In addition, new in the 2017 plan is a prioritized pedestrian project list in which 212 pedestrian projects were identified, totaling to 339 miles of sidewalk projects that are to be constructed. By adding and improving pedestrian facilities, safety increases and supports more active transportation.

The tables on the following two pages provide information on transportation in Washoe County.

Data Source: 2017 RTC Bicycle & Pedestrian Master Plan
Retrieved from: https://www.rtcwashoe.com/wp-content/uploads/2017/07/2017_BPMP.pdf

Physical Activity

Journey-to-Work Mode Split for Washoe County

The following table is information collected from the Census Bureau reporting data on the usual mode of traveling to work. The percentage of people bicycling and walking to work has declined over the past 20 years.

Mode (Home-Based Work Trips)	1990	2000	2015
Drive Alone	74.4%	75.3%	77.6%
Carpool	13.5%	13.8%	11.4%
Public Transit	3.7%	3.2%	2.1%
Bicycling	0.7%	0.7%	0.6%
Walking	4.2%	3.2%	2.7%
Other Means	1.1%	0.9%	1.2%
Work at Home	2.4%	2.9%	3.9%

Data Source: 1990, 2000 and 2015 U.S. Census

Physical Activity

Bicycle & Pedestrian Statistics for Reno-Sparks and Other Comparable Regions, 2015

The following table highlights various locations across the nation and the percentage of adults that biked and walked to work in 2015.

Location	Population[1]	2015 Bicycle to Work Percentage[1]	2015 Walk to Work Percentage[2]
Fresno, California	510,451	1.1%	1.6%
Redding, California	91,063	1.1%	2.0%
Sacramento, California	480,566	2.1%	3.2%
San Francisco, California	840,763	4.0%	10.4%
Boulder, Colorado	103,919	10.4%	10.6%
Denver, Colorado	649,654	2.3%	4.5%
Boise, Idaho	214,196	2.6%	2.8%
Henderson, Nevada	271,725	0.2%	1.4%
Las Vegas, Nevada	605,097	0.4%	1.8%
Reno-Sparks, Nevada	381,996	1.2%	5.5%
Portland, Oregon	612,206	6.4%	5.9%
Austin, Texas	887,061	1.5%	2.5%
Salt Lake City, Utah	190,679	2.8%	5.3%
Spokane, Washington	210,695	0.7%	3.6%

Data Source:
[1] Population based on 2015 ACS 5-Year Population Estimate

[2] The U.S. Census Bureau's American Community Survey collects population and housing information every year for a cross-section of the population. The American Community Survey data is provided annually as a single year estimate or a 5-year estimate. For example the current 5-year estimate includes survey data collected 2011, 2012, 2013, 2014 and 2015. The information is provided at www.factfinder.census.gov at the American Community Survey link.

Physical Activity

Access to parks and open spaces: Studies show that providing adequate access to safe parks increases physical activity. Those that live close to parks or with access to more parks are more likely to use them and be physically active.

The Health District recently conducted a study to collect park urban utilization in the 89502 zip code. The 89502 zip code has been found to have a high Community Needs Index (CNI) score. Communities with high CNI scores have elevated mortality rates and increased disease burden for chronic disease such as hypertension and stroke—burdens that can be reduced with increased physical activity.

Eighteen parks in the 89502 zip code were assessed and are categorized by the following: 11 neighborhood parks, two special use parks, two greenbelts, two open space regions, one community park and one regional park.

Park audits were conducted on all of the parks to monitor assets, physical features, and variables that can attract or deter park utilization. The following tables are a summary of the data collection from the audits.

Park Audits Data Summary

Transportation Attributes

Visual information related to transportation bordering the park. Marked bike lanes refer to roads surrounding the park that are maintained through road labels and signage. Existing bike lanes that were not maintained or labeled with signage were categorized as bike lanes.

Share the road sign	0.0%
Bike Racks	13.6%
Bike Lanes	22.7%
Bus Stop	40.9%
Sidewalks	72.7%
Marked Bike Lanes	80.0%

Facility Assets

Observed assets available for use to the public.

Toilet	45.0%
Drinking Fountain	45.5%
Picnic Tables	68.2%
Trash Cans	81.8%
Benches	86.4%

Physical Activity

Park Audits Data Summary Continued

Perceived Safety

Visual observation of factors that could affect one's perception of safety.

Vandalism	0.0%
Threatening Personas	0.0%
Artistic Features	9.1%
Educational Features	13.6%
Covered Graffiti	31.8%
Litter	31.8%
Transients	31.8%
Excessive Litter	31.8%
Landscaping	50.0%
Graffitti	72.7%

Posted Park Information

Visible signage related to park information.

Event Information	4.5%
Park Map	9.1%
Education Signs	18.2%
Distance Markers	36.4%
Hours	68.2%
Contact Information	68.2%
General Information	72.7%
Facility Information	77.3%
Park Rules	77.3%

Sporting Assets

Observed assets related to sports and fitness.

Volleyball Courts	1
Skate Park	1
Basketball Courts	2
Tennis Courts	3
Baseball Field	6
Fitness Stations	16
Lawn	17

Signage and transportation, sporting assets, public facility assets, and perception of safety are various factors that can contribute to park utilization.

Access to the full report can be found here: 2017 Healthy Parks Study

Tobacco

Tobacco Use and Exposure

Tobacco use and exposure is strongly linked to chronic diseases such as cancer, heart disease and many others. Tobacco use can be reduced by creating strong smoke free clean indoor air laws, controlling price, implementing policy and regulation that reduce use by children, and providing tobacco prevention, education and cessation programs.

Most of Nevada's workplaces and indoor public places are required to be 100% smoke-free by state law through the Nevada Clean Indoor Air Act (NCIAA). Among other locations, stand-alone bars and gaming areas of casinos are exempt. The state law was passed by voter initiative in November 2006 and took effect on December 8, 2006.

Adult Tobacco Survey

The purpose of the 2016 Statewide Adult Tobacco Survey (ATS) was to assess current rates of the use of tobacco products and measure the knowledge, attitudes, beliefs and perceptions of tobacco products, electronic cigarettes, and cessation behaviors among Nevada residents.

A significant percentage of our population is being exposed to second hand smoke (SHS) due to the NCIAA not being comprehensive and allowing businesses such as casinos and bars to permit smoking indoors. Of those surveyed, 12.2% reported working in a casino and of those 82.3% reported exposure to SHS. A summary of the data can be found below:

Home	
SHS infiltrates residence from outside	22.7%
SHS does not infiltrate residence	76.0%
SHS infiltrates daily	8.3%
SHS infiltrates weekly	1.8%
SHS infiltrates monthly	3.2%
SHS infiltrates less than monthly	9.4%
Don't Know	1.3%

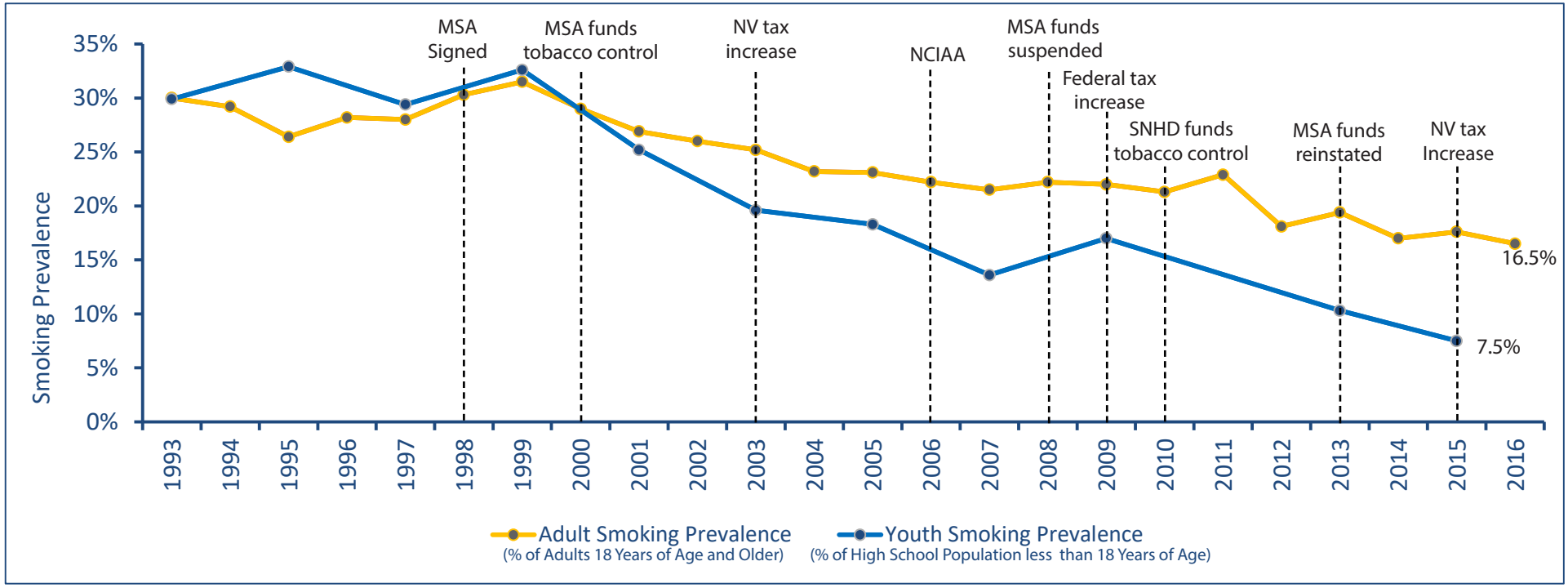
Casino Employee Exposure to SHS*	
Exposed to SHS at work in casinos	82.3%
Never exposed to SHS at work in casinos	17.7%
Exposed daily to SHS at work in casinos	50.7%
Exposed weekly to SHS at work in casinos	9.0%
Exposed monthly to SHS at work in casinos	13.9%
Exposed less than monthly to SHS at work in casinos	8.7%
Know someone smoked indoors at work in casinos	55.4%

** Only asked of those who work at a casino.*

Access to the full report can be found here: 2016 Adult Tobacco Survey

The following two pages include information about the impact of policy, pricing and access on tobacco use in Nevada.

Tobacco Use and Tobacco Control Policy in Nevada



1998 • Tobacco Master Settlement Agreement (MSA) signed between major tobacco companies and 46 US states and DC, including Nevada.

2000 • Utilization of Tobacco MSA funding for tobacco prevention/control (TP/C) initiated by the State of Nevada.

• Nevada dedicated approximately $4 million of State MSA funds yearly to TP/C. Federal CDC grant fairly consistent over time at $1 million/year for TP/C efforts statewide.

2003 • State tax on cigarettes increased from $0.35 to $0.80 per pack in Nevada.

2006 • Nevada Clean Indoor Air Act (NCIAA) passed by Nevada voters banning smoking in most workplaces. Casinos, bars, and adult establishments are exempt.

2008 • Nevada halts use of MSA funding for tobacco; Federal CDC funds are the only funds supporting TP/C in Nevada.

2009 • Federal tax on cigarettes increased from $0.39 to $1.01 per pack.

2010 • Southern Nevada Health District (SNHD) was awarded $14.6 million for TP/C through the Communities Putting Prevention to Work initiative.

2013 • Nevada re-instates MSA funds for TP/C at half the previous amount at $1 million statewide. (Note: Combining state and federal funds for TP/C in Nevada only meets 6.7% of the CDC recommended level of spending for tobacco control in Nevada).

2015 • State tax on cigarettes increased from $0.80 to $1.80 per pack in Nevada.

• Youth smoking prevalence in Nevada drops to its lowest recorded level in 2015 (7.5%).

2016 • Adult smoking prevalence in Nevada drops to its lowest recorded level in 2016 (16.5%).

2017 • MSA payments received by Nevada from tobacco companies total about $40 million annually; of this amount only $1million is allocated for TP/C.

Prepared by the Washoe County Chronic Disease Prevention Program. Data Source: BRFSS and YRBSS (1993-2016).

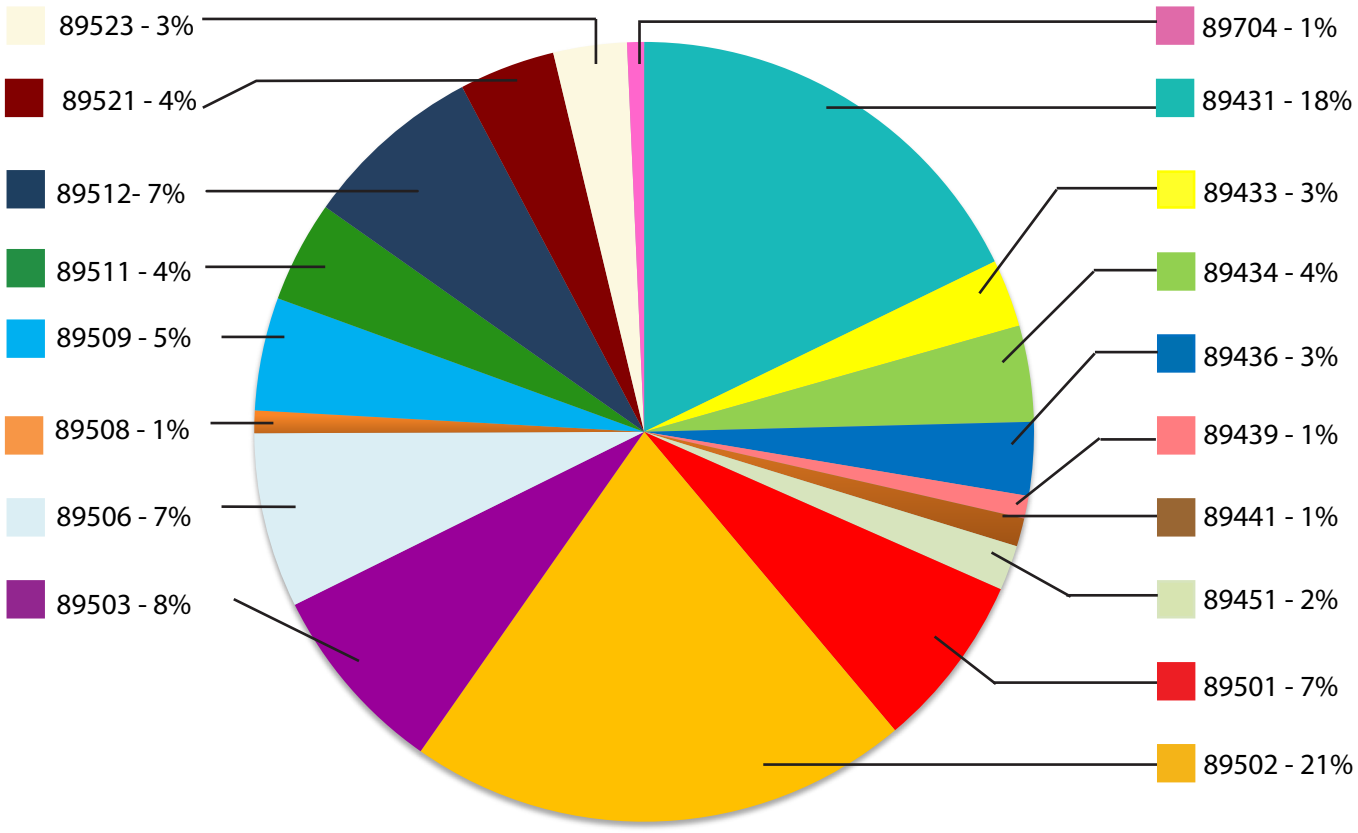
Tobacco

The graph below shows the percent of the total number of tobacco retailer stores in Washoe County by zip code. Zip codes with less than two counts of a tobacco retailer store were excluded from this graph (89402, 89412, 89506, 89510, 89519 and 89595). As of May 2017, there were 434 tobacco retail stores in Washoe County.

The zip codes with the lowest average income per household (under $35,000) are 89501, 89502, and 89512 make up 35% of the chart. The zip codes with the highest average incomes (over $80,000) are 89511, 89519, and 89704 and make up 5% of the chart.

The density and total number of tobacco retailers can be impacted by strong tobacco retail licensing, which can help to restrict establishments in certain areas (i.e. near schools, residential areas, etc.) and restrict the types of establishments that can sell tobacco products.

Percentage of Tobacco Retailer Stores per Zip Code in Washoe County



Data Source:
Adapted from data complied by Michelle May (2017). Tobacco Retailers in Washoe County—internship in partnership with the Washoe County Health District Chronic Disease Prevention Program 2017.

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For more information about local chronic disease prevention and healthy living visit:
www.GetHealthyWashoe.com

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