

2003 PRC Community Health Survey

Washoe County, Nevada

Community Report *Prepared for Washoe County* *District Health Department*

*... Never doubt that a small group of thoughtful,
committed citizens can change the world; indeed,
it's the only thing that ever has.*

— Margaret Mead

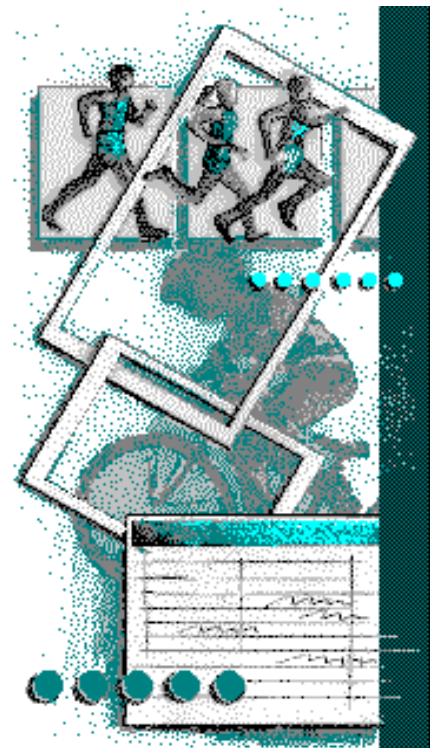


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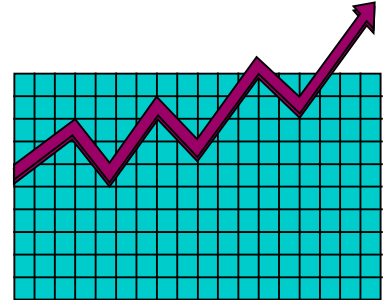
SUMMARY OF SURVEY FINDINGS

Summary of Findings

Key Points

HEALTH STATUS

- **Physical Health.** In Washoe County, the percentage of residents who experienced more than one day of poor physical health in the past month is similar to that reported across the country this year. On the other hand, a significantly lower share of Washoe County adults report “fair” or “poor” physical health in the past month when compared with adults nationwide.
- **Mental Health.** The percentage of local adults who experienced more than one day of poor mental health in the past month is higher than the prevalence reported nationwide.
- **Overweight/Obesity.** A total of 54.9% of Washoe County adults are overweight, including 19.4% who are considered to be obese. These levels are better than reported nationwide.
- **Diabetes.** 5.4% of Washoe County adults report that they have been diagnosed with diabetes (not including gestational diabetes), lower than found nationwide.
- **Visits to Health Professionals.** Three in four (74.6%) community residents have been to see a physician, nurse, or other health care professional in the past 12 months.



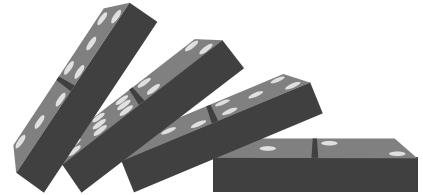
CARDIOVASCULAR DISEASE

- **Cardiac Condition.** In all, 6.7% of community members have experienced coronary heart disease, angina, stroke, and/or heart attack.
- **Heart Attack/Coronary Heart Disease.** 3.6% of Washoe County adults have had a heart attack, or myocardial infarction, while 3.2% of survey respondents report suffering from angina or coronary heart disease.
- **Stroke.** 2.1% of Washoe County adults have experienced a stroke; this prevalence is similar to that reported nationwide.

- **Blood Pressure & Cholesterol.** In comparison to the nation as a whole, Washoe County exhibits low proportions of adults reporting high blood pressure levels. The proportion of Washoe County adults who have been tested for high blood cholesterol levels is similar to the prevalence reported nationwide, as is the proportion of community residents who have been diagnosed with high cholesterol levels.

MODIFIABLE HEALTH RISKS

- **Cardiovascular Risk.** A high percentage of Washoe County adults (81.4%) present one or more risk factors or behaviors for heart disease and stroke. However, this percentage is much lower than the national figure reported this year.
- **Aspirin Use.** Among adults aged 35 or older and/or those who reported cardiovascular disease, 30.5% take aspirin daily or every other day (another 9.2% have a stomach condition or other health problem that makes taking aspirin unsafe). Most of those who take aspirin do so to prevent a heart attack or stroke.
- **Nutrition.** Washoe County adults less often report eating enough vegetables and/or fruits when compared with the U.S. percentage. More than one-fifth (22.4%) of local residents eat out at least four times weekly.
- **Physical Activity.** Nearly six in 10 employed adults report that their jobs involve little physical activity. Just over 12% of Washoe County adults report not engaging in any type of physical activity outside of work, more favorable than the U.S. prevalence. On the other hand, nearly all Washoe County adults believe that local schools should require students to participate in physical education classes.



Further, a much-higher percentage of local adults participate in regular light to moderate physical activity when compared with the national findings. A total of 38.4% of local adults participate in stretching exercises at least twice weekly, and 44.0% perform strengthening activities at least twice per week.

- **Tobacco Use.** One-fifth of Washoe County adults are current smokers, similar to the U.S. prevalence of cigarette smokers. More than eight in 10 local adults indicate that smoking is not allowed in the home. In addition, the majority of employed adults report that smoking is not allowed in work or common areas at their places of employment.
- **Alcohol Use.** Local adults are much more likely than those nationwide to be “chronic” (60+ drinks in one month) or “binge” (5+ drinks on one occasion) drinkers.

COMMUNITY NEIGHBORHOODS

- **Specific Conditions.** More than seven in 10 Washoe County residents indicate having street lights and sidewalks in their neighborhoods (much higher among adults in the Reno/Sparks area than in other parts of Washoe County).

Just over one-half of survey respondents have walking/jogging/biking trails in their neighborhoods, and nearly one-third report that dogs run loose in their neighborhoods (this increases dramatically outside the Reno/Sparks community).

More than one-fourth of local adults report heavy traffic in the neighborhood.

- **Government Funding.** The majority of Washoe County adults agree that local government funds should be spent to build and maintain certain amenities, including: public parks/recreation centers; sidewalks; public walking/biking/jogging trails; and public swimming pools.
- **Neighborhood Safety.** Most local adults (83.5%) feel that their local neighborhood is “extremely” or “quite” safe from crime. Another 12.9% report “slightly safe” conditions while 3.7% of Washoe County residents perceive their neighborhoods to be “not at all safe.”

INTRODUCTION

Project Overview

The Washoe County District Health Department contracted with Professional Research Consultants, Inc., to conduct a community health survey in the county in order to explore the overall health of its community. An overview of community health can be achieved by examining such factors as health status, modifiable behavior risk factors, cardiovascular disease; and neighborhood safety, among other things.

Project Goals

The 2003 Community Health Survey is a systemic, data-driven approach to determining the health status, behaviors and needs of residents in Washoe County, including the Reno/Sparks community as well as the remaining area of Washoe County. The Community Health Survey provides the information needed to consider when developing effective interventions so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status.

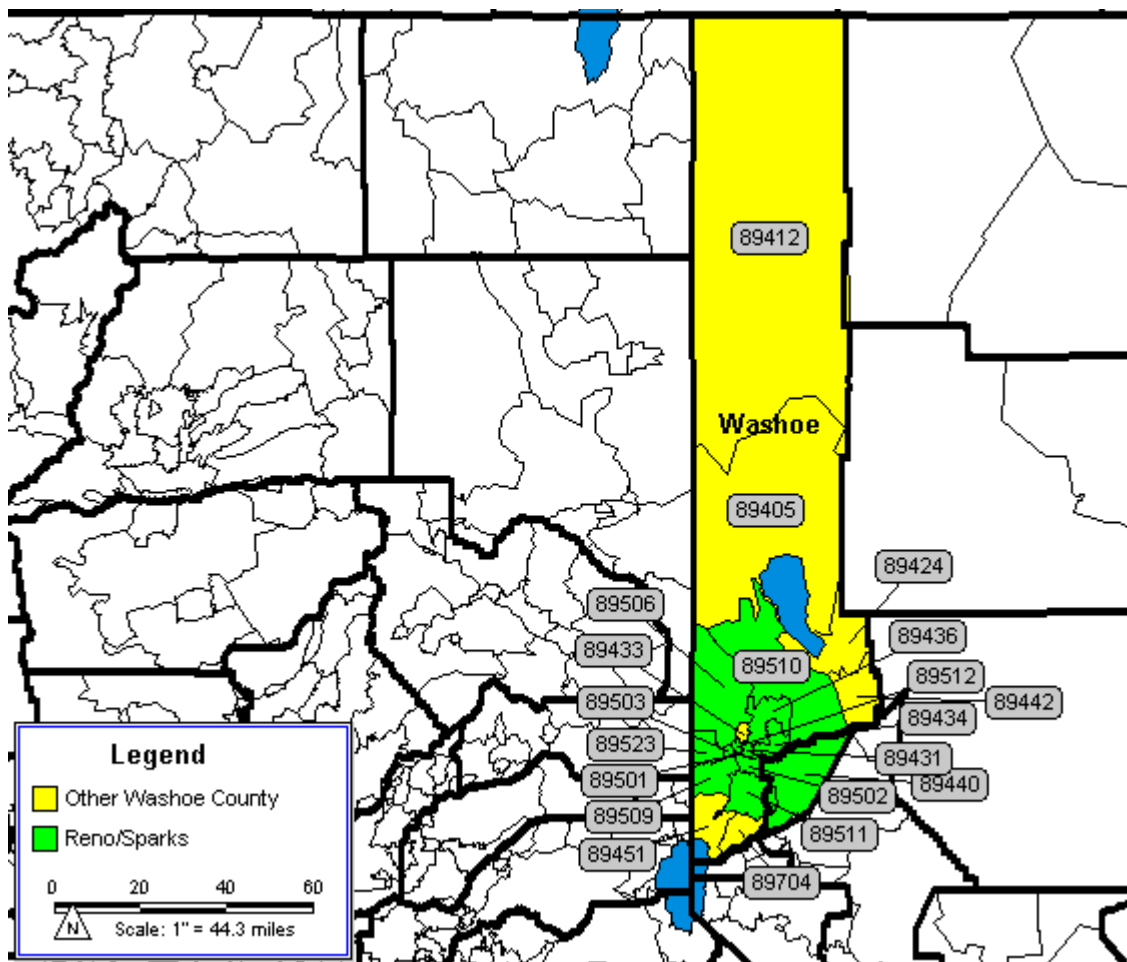
This Community Health Survey will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.



Community Defined for This Survey

This survey address survey findings in Washoe County, Nevada. For purposes of the study, the county is divided into two areas, "Reno/Sparks" and "Other Washoe County," as seen below.



Methodology

The *PRC Community Health Survey* developed for Washoe County gives us a remarkably complete and accurate view of the health status of area residents through a randomized telephone survey of the health and behaviors of community members.

Benchmark data – especially statewide and nationwide risk assessments – complement the survey process and provide a benchmark against which the results of the survey may be compared.

Community Health Survey

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the *2003 PRC Community Health Survey*. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random selection capabilities.

Sample Design

The sample design utilized for this effort consists of a random sample of 800 individuals aged 18 and older in Washoe County. The interviews were conducted in proportion to the actual population distribution at the ZIP Code level. ZIP Code populations were based on adults aged 18 as described in the *2000 Census*.

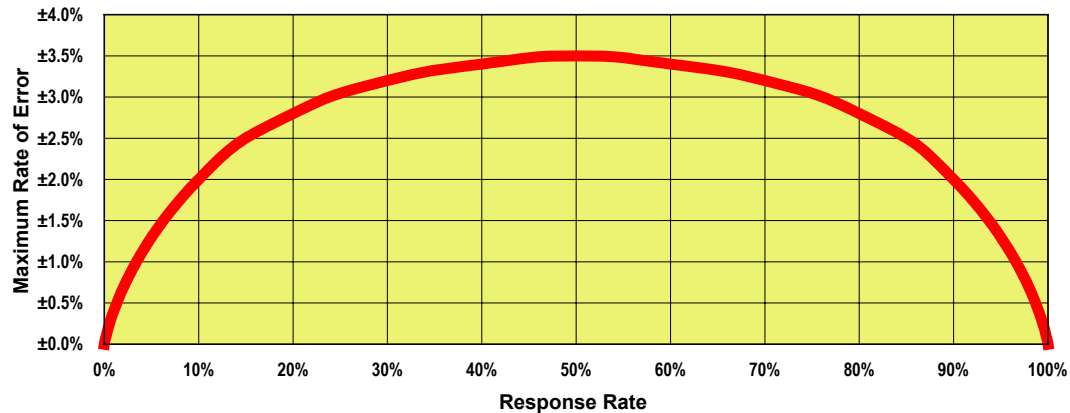
All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 800 respondents is $\pm 3.5\%$ at the 95 percent level of confidence.



Expected Error Ranges for a Sample of 800 Respondents at the 95 Percent Level of Confidence



- Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.
- Example 1: For example, if 10% of the sample of 800 respondents answered a certain question with a "yes," it can be asserted that between 8.0% and 12.0% (10% ± 2.0%) of the total population would offer this response.
- Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.5% and 53.5% (50% ± 3.0%) of the total population would respond "yes" if asked this question.

In addition, for further analysis, keep in mind that each percentage point recorded among the total sample of survey respondents is representative of approximately 2,562 residents aged 18 and older in Washoe County (based on 2000 population). Thus, in a case where 3.4% of the total population responds to a survey question, this is representative of approximately 8,710 people and therefore must not be dismissed as too small to be significant.

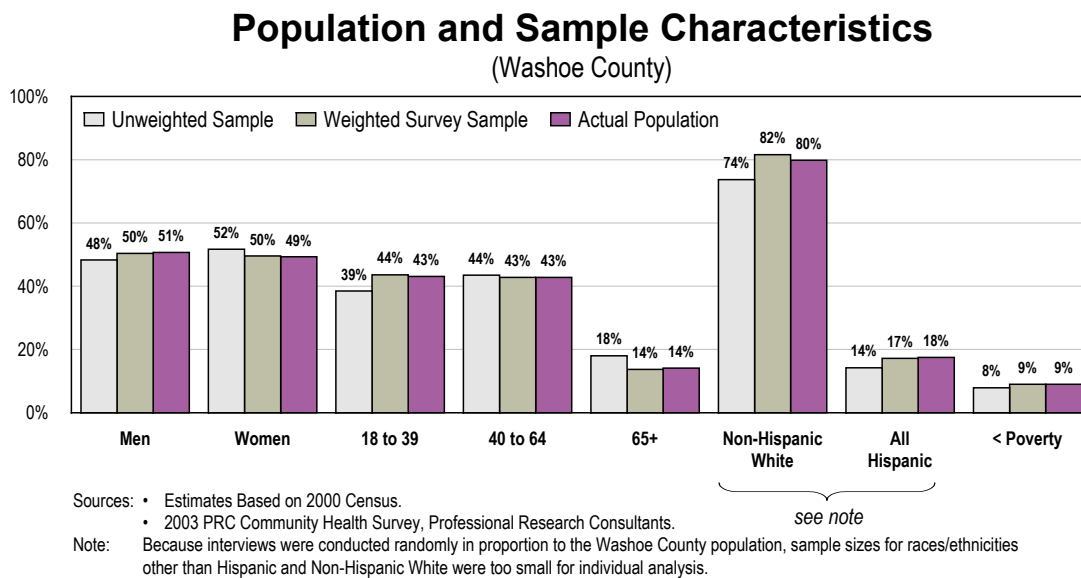
Sample Characteristics

To accurately represent the population studied, it was necessary to constantly monitor the demographic composition (e.g., age, gender, household location) of the community sample throughout the data collection process. PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further.

This is accomplished by adjusting the results of a random sample to match the demographic characteristics of the population surveyed, so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely gender, age, race, ethnicity, income and ZIP Code) and a statistical application package applies weighting variables which produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each

individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the unweighted and weighted samples for key demographic characteristics, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents aged 18 and older; children are not represented demographically in this chart.]



Further note that the poverty descriptions and segmentation used in this report are based on 2001 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2003 guidelines place the poverty threshold for a family of four at \$18,200 annual household income or lower). In sample segmentation: “< 200% Poverty” refers to community members living in a household with defined poverty status, combined with those households living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the population of adults in Washoe County with a high degree of confidence.

Benchmark Data

Statewide Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local findings. These data are reported in the *BRFSS (Behavioral Risk Factor Surveillance System) Summary Prevalence Report (Years 1999 – 2001)* published by the Centers for Disease Control and Prevention and the U.S. Department of Health & Human Services.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2003 PRC National Health Survey*. The methodological approach for the national study is identical to that employed in this survey. Therefore, PRC assures that these data may be generalized to the U.S. population with a high degree of confidence.

Healthy People 2010 Targets



Healthy People 2010: Understanding and Improving Health is part of the Healthy People 2010 initiative that is sponsored by the U. S. Department of Health and Human Services. Healthy People 2010 outlines a comprehensive, nationwide health promotion and disease prevention agenda. It is designed to serve as a roadmap for improving the health of all people in the United States during the first decade of the 21st century.

With [specific] health objectives in 28 focus areas, Healthy People 2010 will be a tremendously valuable asset to health planners, medical practitioners, educators, elected officials, and all of us who work to improve health. Healthy People 2010 reflects the very best in public health planning – it is comprehensive, it was created by a broad coalition of experts from many sectors, it has been designed to measure progress over time, and, most important, it clearly lays out a series of objectives to bring better health to all people in this country. – Donna E. Shalala, [Former] Secretary of Health & Human Services

Like the preceding Healthy People 2010 initiative – which was driven by an ambitious, yet achievable, 10-year strategy for improving the Nation’s health by the end of the 20th century – Healthy People 2010 is committed to a single, overarching purpose: promoting health and preventing illness, disability, and premature death.

THE NATION'S LEADING HEALTH INDICATORS

Perceptions of Leading Health Indicator Areas

Healthy People 2010 & the Nation's Leading Health Indicators

A major challenge throughout the history of Healthy People has been to balance a comprehensive set of health objectives with a smaller set of health priorities. Thus, Healthy People 2010 has identified the following health issues as the Leading Health Indicators for the Nation:

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization
- Access to healthcare

The Leading Health Indicators reflect the major public health concerns in the United States and were chosen based on their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. The Leading Health Indicators illuminate individual behaviors, physical and social environmental factors, and important health system issues that greatly affect the health of individuals and communities. Underlying each of these indicators is the significant influence of income and education.

The process of selecting the Leading Health Indicators mirrored the collaborative and extensive efforts undertaken to develop Healthy People 2010. The process was led by an interagency work group within the U.S. Department of Health and Human Services. Individuals and organizations provided comments at national and regional meetings or via mail and the Internet. A report by the Institute of Medicine, National Academy of

Sciences, provided several scientific models on which to support a set of indicators. Focus groups were used to ensure that the indicators are meaningful and motivating to the public.

For each of the Leading Health Indicators, specific objectives derived from Healthy People 2010 will be used to track progress. This small set of measures will provide a snapshot of the health of the Nation. Tracking and communicating progress on the Leading Health Indicators through national- and State-level report cards will spotlight achievements and challenges in the next decade. The Leading Health Indicators serve as a link to the 467 objectives in *Healthy People 2010* and can become the basic building blocks for community health initiatives.

The Leading Health Indicators are intended to help everyone more easily understand the importance of health promotion and disease prevention and to encourage wide participation in improving health in the next decade. Developing strategies and action plans to address one or more of these indicators can have a profound effect on increasing the quality of life and the years of healthy life and on eliminating health disparities – creating *healthy people in healthy communities*.*

* Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

Americans' Perceptions of the Leading Health Indicator Areas

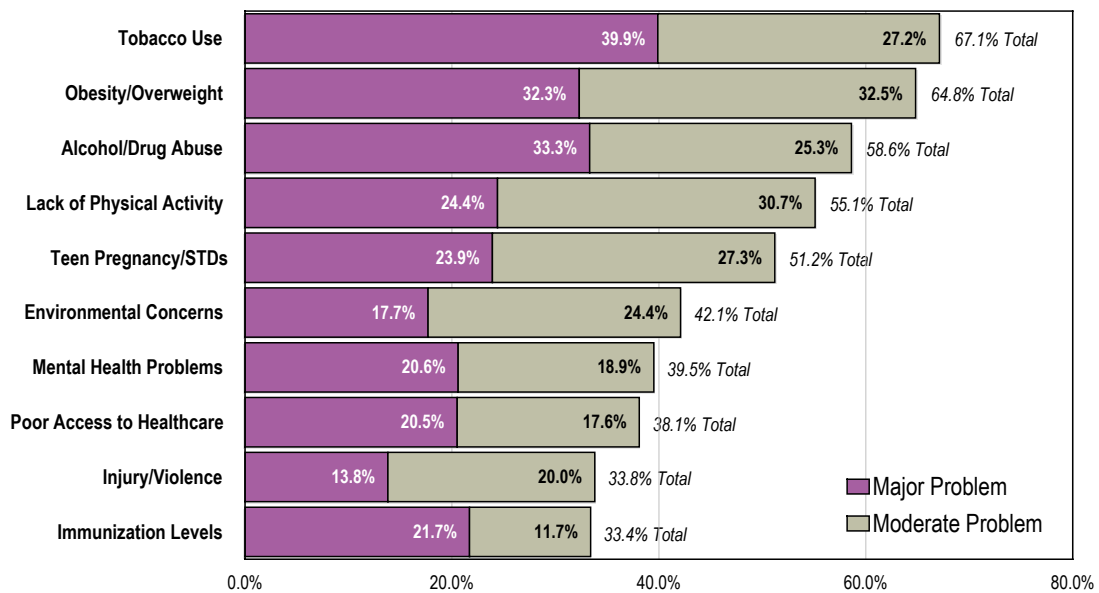
In PRC's 2003 National Health Survey, respondents were presented with problems associated with these 10 "Leading Health Indicators" and were asked to evaluate each as a "major problem," "moderate problem," "minor problem," or "no problem at all" in their own community.

As shown in the following chart:

- **Tobacco use** and **obesity/overweight** are perceived to be "major" or "moderate" problems by roughly two-thirds of Americans.
- Over one-half also view alcohol/drug abuse, lack of physical activity, and teen pregnancy/sexually transmitted diseases as "major/moderate" problems in their communities.

Perceived Severity of Healthy People 2010's Nation's Leading Health Indicator Areas

(2003 National Survey Data)



Source: 2003 PRC National Health Survey, Professional Research Consultants, Inc.

SELF-REPORTED HEALTH STATUS

Health Status

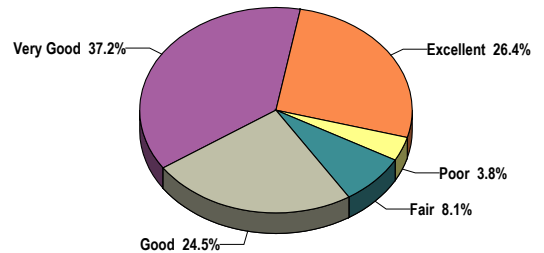
This section describes various self-reported measures of the general physical and mental health among Washoe County residents, including activity limitations attributed to poor physical and/or mental health.

Self-Reported Physical Health

Overall Health Status

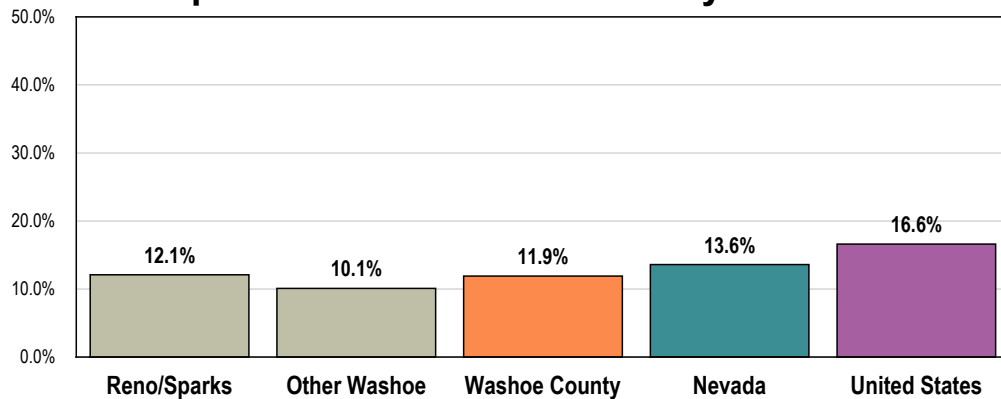
- Nearly two-thirds (63.6%) of Washoe County adults participating in the 2003 Community Health Survey view their overall physical health as “excellent” or “very good.”
- 11.9% of Washoe County adults say that their overall physical health is overall “fair” or “poor.”
 - Similar to statewide findings (13.6%).
 - More favorable than nationwide findings (16.6%).
 - Does not vary significantly between Reno/Sparks and the remainder of the county.

Self-Reported Health Status
(Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

Experience "Fair" or "Poor" Physical Health

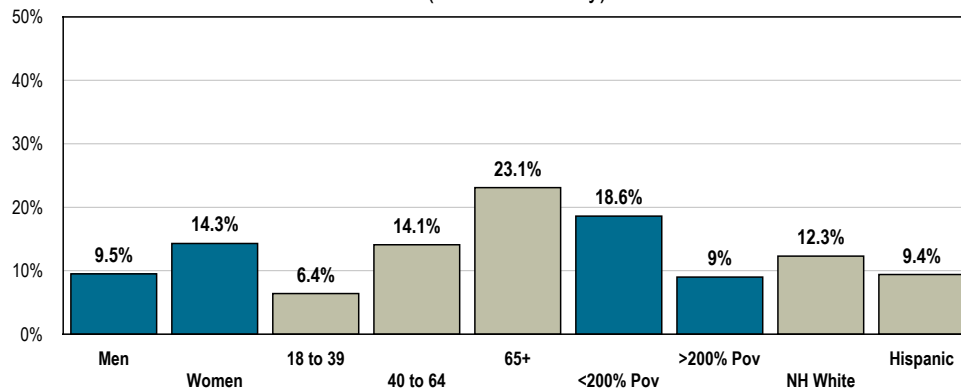


Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

The following chart further examines self-reported health status by various demographic characteristics.

- As might be expected, indications of “fair” or “poor” health increase with age; that is, older residents much more often report their health as “fair” or “poor.”
- There is a very strong negative correlation with income.
- Non-Hispanic White respondents more often report “fair/poor” health than Hispanic respondents. *(Note that, because interviews were conducted randomly in proportion to the Washoe County population, sample sizes for races/ethnicities other than Hispanic and Non-Hispanic White were too small for individual analysis.)*
- Women are more likely than men to report “fair/poor” health.

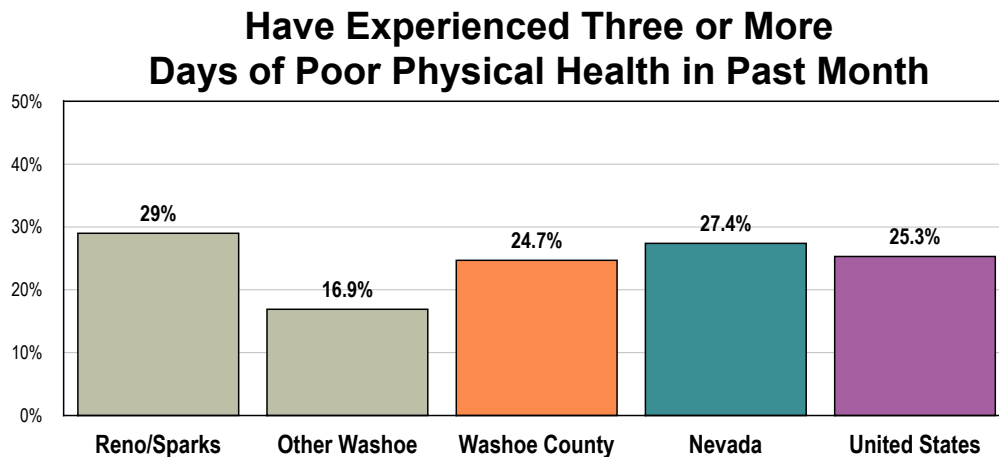
Experience "Fair" or "Poor" Physical Health (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

Days of Poor Physical Health

- **One-fourth of Washoe County adults report three or more days on which their physical health was not good.**
 - Ranging from 29.0% among adults in the Reno/Sparks area to 16.9% in the remainder of Washoe County.
 - Statistically similar to the statewide average (27.4%).
 - Comparable to the national average (25.3%).



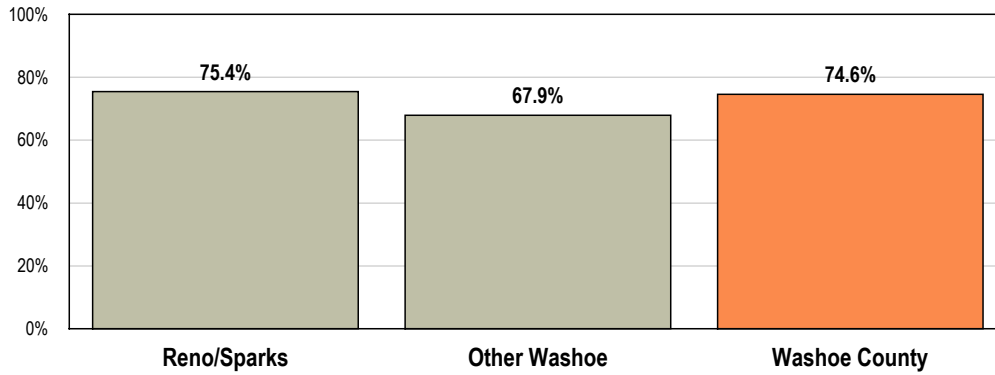
Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
• The median is the middle response, so that roughly half of the responses are lower in value and roughly half are higher. A median is used here to represent the "typical" number of days per month of poor physical health.

Recent Visits to Healthcare Professionals

- **Three-fourths of Washoe County adults report visiting a physician, nurse, or other health care professional in the past year.**
 - Ranges from 75.4% in the Reno/Sparks area to 67.9% in the remainder of Washoe County.

Have Visited a Physician, Nurse, or Other Health Care Professional Within the Past Year

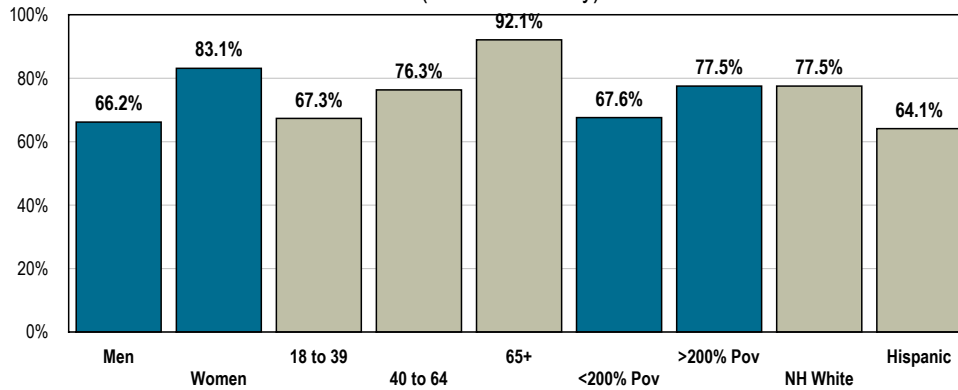


Source: 2003 PRC Community Health Survey, Professional Research Consultants.

- Notes:
- Asked of all respondents.
 - Nevada and U.S. data not available.

Recent visits to see health care professionals increase with age and income, and are higher among women and Non-Hispanic Whites, as shown.

Have Visited a Physician, Nurse, or Other Health Care Professional Within the Past Year (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

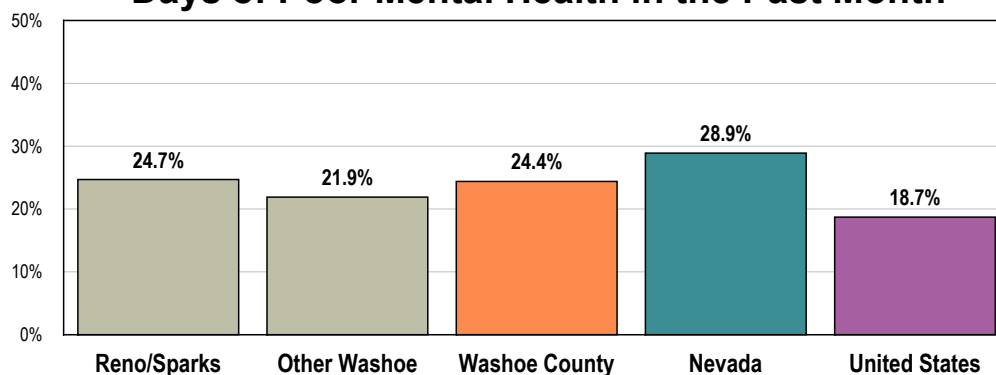
Note: Asked of all respondents.

Self-Reported Mental Health Status

Days of Poor Mental Health

- **One-fourth of Washoe County adults report three or more days on which their mental health was not good.**
 - Ranging from 24.7% among adults in the Reno/Sparks area to 21.9% in the remainder of Washoe County.
 - Statistically better than the statewide average (28.9%).
 - Less favorable than the national average (18.7%).

Have Experienced Three or More Days of Poor Mental Health in the Past Month



Sources:

- 2003 PRC Community Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.

Notes:

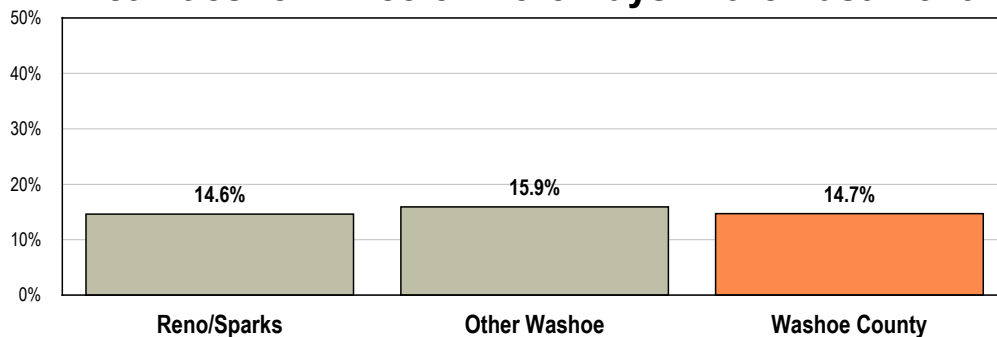
- Asked of all respondents.
- The median is the middle response, so that roughly half of the responses are lower in value and roughly half are higher. A median is used here to represent the "typical" number of days per month of poor mental health.

Activity Limitations

Activity Limitations

- **14.7% of Washoe County adults report that physical or mental health limited their usual activities (such as self-care, work, or recreation) for three or more days in the past month.**
 - The local prevalence does not vary significantly between Reno/Sparks and Other Washoe County.

Physical/Mental Health Limited Activities for Three or More Days in the Past Month

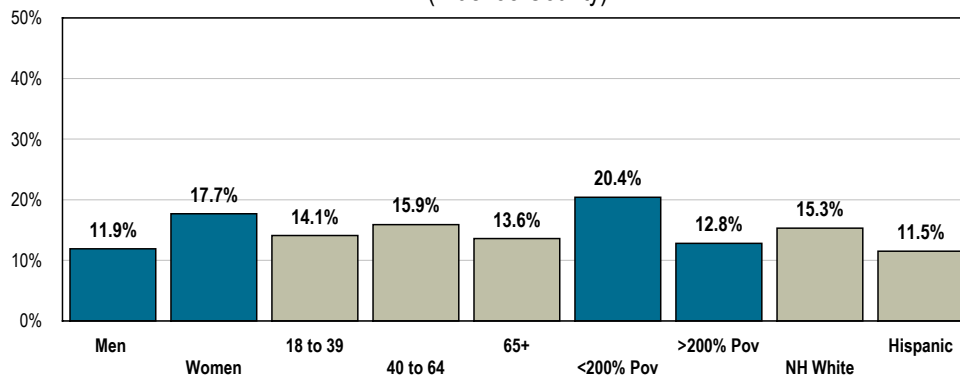


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of all respondents.
- The median is the middle response, so that roughly half of the responses are lower in value and roughly half are higher. A median is used here to represent the "typical" number of days per month on which physical or mental health limited activities.

When viewed by demographic breakout, Washoe County adults more likely to note such activity limitations include women and those in the lower income category.

Physical/Mental Health Limited Activities for Three or More Days in the Past Month (Washoe County)



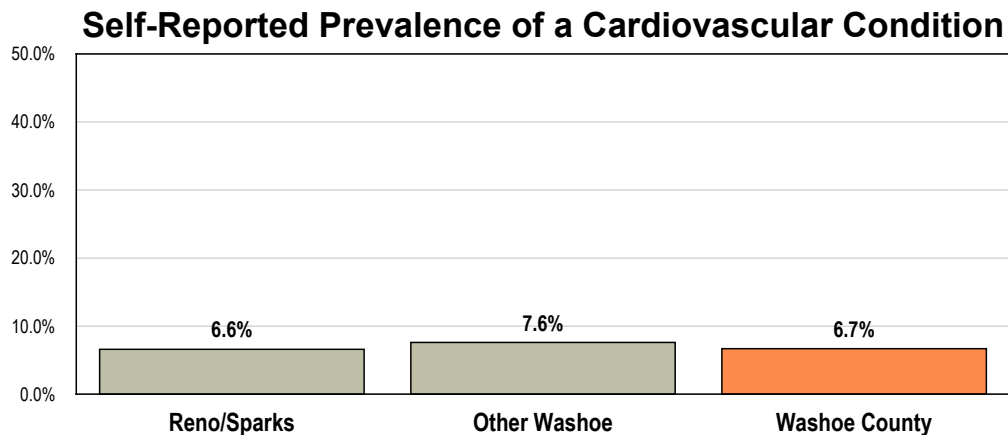
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

Cardiovascular Disease

Self-Reported Cardiovascular Conditions

From the 2003 Washoe County Community Health Survey:

- **6.7% of Washoe County adults report that they suffered from or have been diagnosed with a cardiovascular condition, such as coronary heart disease, angina, stroke or heart attack.**
 - The local prevalence does not vary significantly when viewed by area.



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

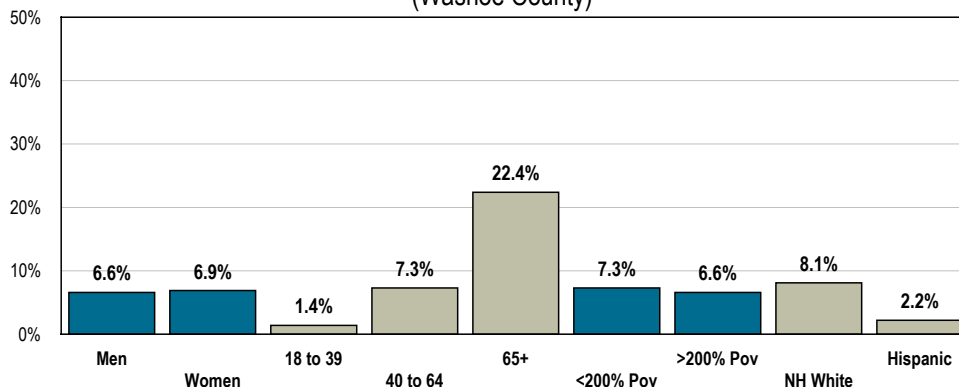
- Notes:
- Asked of all respondents.
 - Respondents were asked if they have ever been diagnosed with chronic heart disease, including coronary heart disease, angina, stroke, or a heart attack.
 - Nevada data not available.

Viewed demographically, Washoe County adults more likely to report being diagnosed with coronary heart disease, angina, stroke, or heart attack include:

- Adults aged 65 and older.
- Non-Hispanic Whites.
- The local prevalence does not appear to vary significantly when viewed by gender or income level, as shown.

Self-Reported Prevalence of a Cardiovascular Condition

(Washoe County)



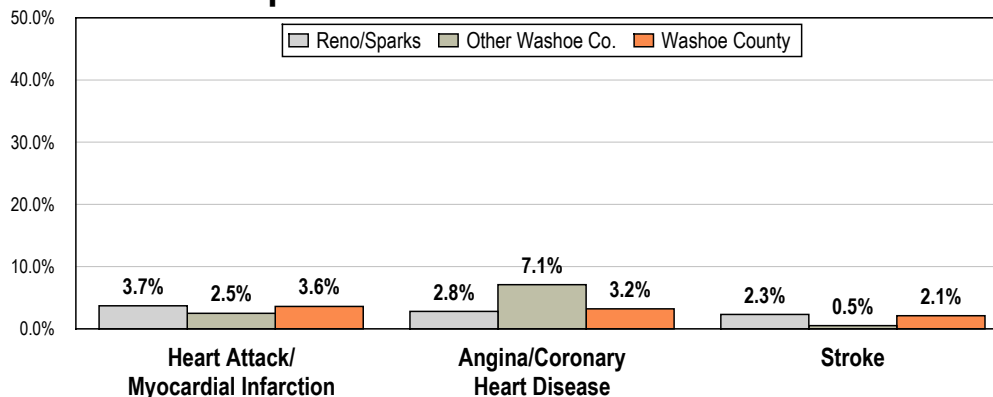
Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Note: Asked of all respondents.

Prevalence by Types of Conditions

- **3.6% of Washoe County respondents report that they have experienced a heart attack or myocardial infarction.**
- **3.2% of community members have reportedly suffered from angina or coronary heart disease.**
 - Prevalence increases to 7.4% among adults *outside* the Reno/Sparks area.
- **2.1% of survey respondents have experienced a stroke.**

Self-Reported Prevalence of Heart Conditions



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

- Notes:
- Asked of all respondents.
 - Nevada and U.S. data not available.

The relatively small samples of surveyed adults who have experienced a heart attack/myocardial infarction or stroke were asked to report their age at the first occurrence.

- The median age of first **heart attack/myocardial** infarction was 55 years old.
- The median age of first **stroke** was 51 years old.

Blood Pressure & Cholesterol

High Blood Pressure

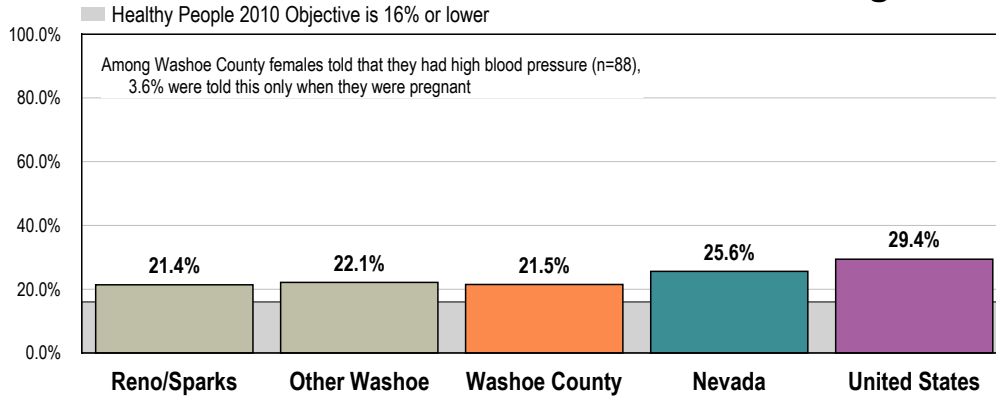
Hypertension, or high blood pressure, is a condition wherein one's systolic blood pressure is equal to or greater than 140 mm Hg and/or his or her diastolic blood pressure is equal to or greater than 90 mm Hg. Hypertension prevalence increases with age, and women and Blacks are generally at higher risk.

The implications of hypertension are great, placing an individual at increased risk for a variety of health problems, including coronary heart disease, stroke, congestive heart failure, kidney failure, and peripheral vascular disease. However, high blood pressure can often be controlled through medication and/or behavior modification. The health risks associated with high blood pressure can be greatly reduced through weight reduction, increased physical activity, and reduced alcohol consumption. It is also recommended that hypertensive patients eliminate tobacco use and reduce intake of saturated fat and cholesterol since these compound the risk for coronary heart disease and stroke.

High Blood Pressure Prevalence

- **21.5% of Washoe County adults have been told at some point that their blood pressure was high.**
 - Better than found statewide (25.6%).
 - Better than found nationwide (29.4%).
 - Does not vary significantly when viewed by area.
 - Fails to satisfy the Healthy People 2010 target (16% or lower).

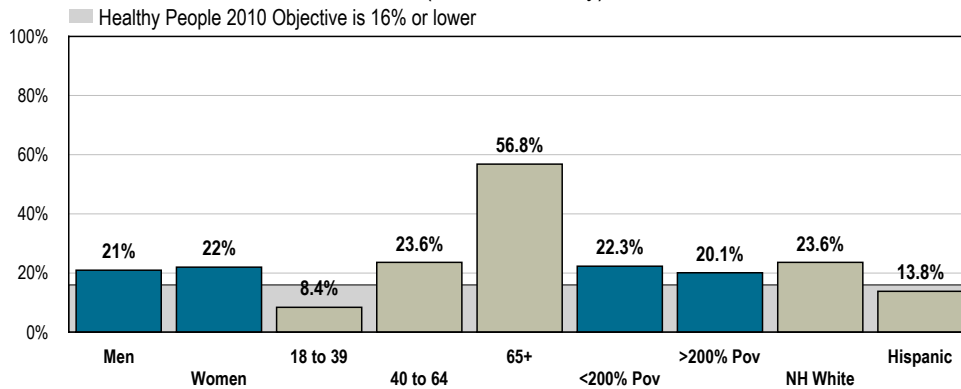
Have Been Told Blood Pressure Was High



- Sources:
- 2003 PRC Community Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
 - 2003 PRC National Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
- Notes:
- Reflects the total sample of respondents.
 - The Nevada percentage is among those who have been screened for hypertension.

In looking at age cohorts, hypertension prevalence in Washoe County varies widely between adults under 40 and those 65 and older. Non-Hispanic Whites experience a higher prevalence than Hispanics.

Have Been Told That Blood Pressure Was High (Washoe County)



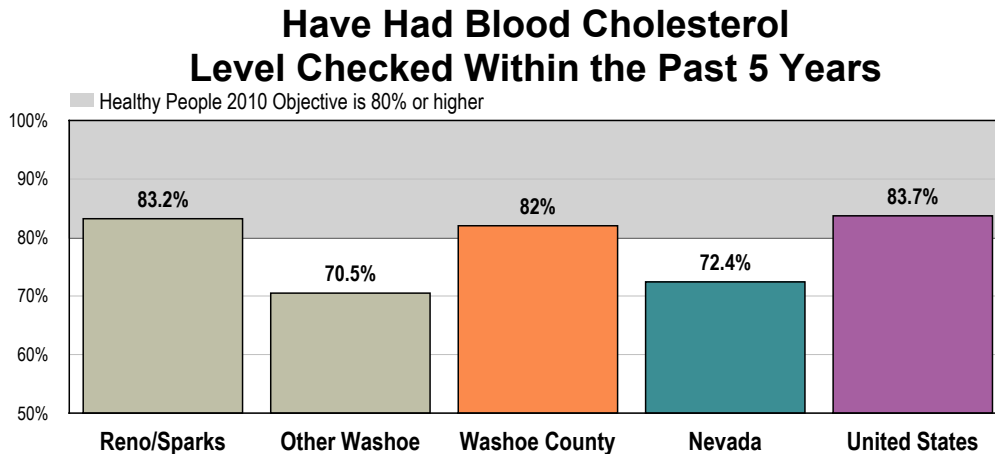
- Sources:
- 2003 PRC Community Health Survey, Professional Research Consultants.
 - Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-9]
- Note: Reflects the total sample of respondents.

High Blood Cholesterol

High blood cholesterol is one of the major risk factors for coronary heart disease (along with cigarette smoking, high blood pressure and physical inactivity). High cholesterol is defined as having a serum total cholesterol level of 240 mg/dL or greater.

Blood Cholesterol Testing

- **82.0% of adults in Washoe County have had a blood cholesterol screening within the past 5 years.**
 - Similar to the national prevalence, and more favorable than the 72.4% reported across Nevada.
 - Varies dramatically between Reno/Sparks (83.2%) and the remainder of the county (70.5%).
 - Satisfies the *Healthy People 2010* target (80% or higher).



Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
• 2003 PRC National Health Survey, Professional Research Consultants.
• Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]

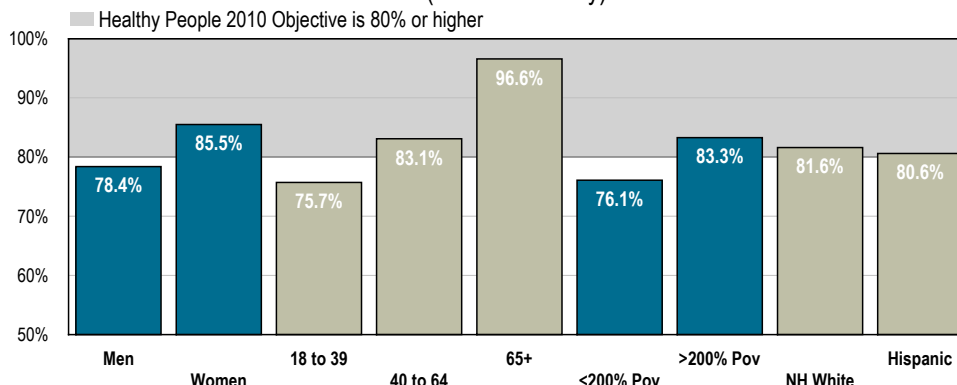
Note: Reflects the total sample of respondents.

Further note in the following demographic breakout:

- Prevalence of recent cholesterol screenings increases considerably with age.
- Screening levels are notably higher among Washoe County women and adults in the higher income category (>200% of poverty).

Have Had Blood Cholesterol Level Checked Within the Past 5 Years

(Washoe County)

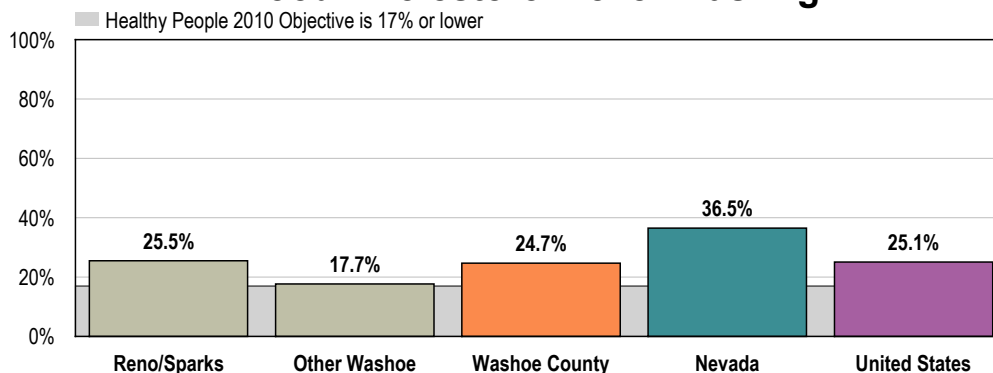


Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
 Note: Reflects the total sample of respondents.

High Blood Cholesterol Prevalence

- **24.7% of adults in Washoe County have been told by a health professional that their cholesterol level was high.**
 - Statistically similar to that found nationwide (25.1%), but more favorable than the statewide prevalence of 36.5%.
 - Prevalence is higher in Reno/Sparks (25.5%) than in the remainder of the county (17.7%).
 - Fails to satisfy the Healthy People 2010 target (17% or lower).

Have Been Told That Blood Cholesterol Level Was High



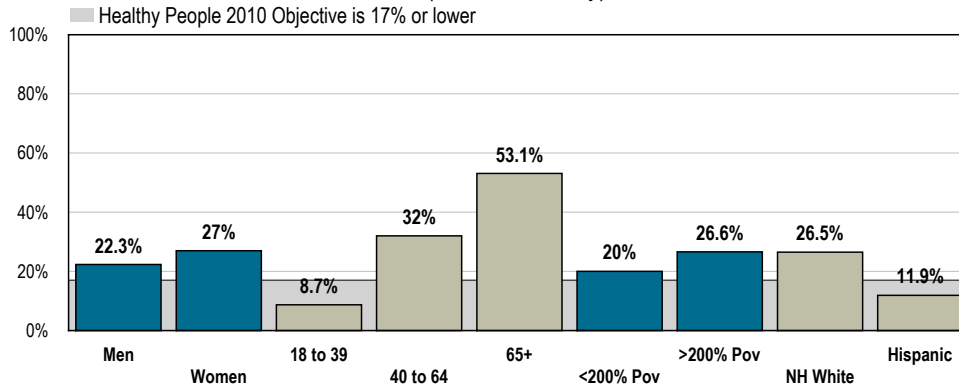
Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
 • 2003 PRC National Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]
 Notes: • Reflects the total sample of respondents.
 • The Nevada percentage is among those who have been screened for high cholesterol levels.

As shown in the following chart:

- High cholesterol increases dramatically with age.
- High cholesterol levels are more often reported among local women and Non-Hispanic Whites.

Have Been Told That Blood Cholesterol Level Was High

(Washoe County)



Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-14]

Note: Reflects the total sample of respondents.

Diabetes

Diabetes mellitus is a disease caused by a deficiency of insulin, which is a hormone secreted by the pancreas. Diabetes is classified into two main types: type 1 and type 2. Type 1 diabetes (insulin-dependent), affects 5%-10% of those with diabetes and most often occurs during childhood or adolescence. Type 2 diabetes (non-insulin-dependent) is the more common type, affecting 90%-95% of those with diabetes. Type 2 diabetes usually occurs after age 40.

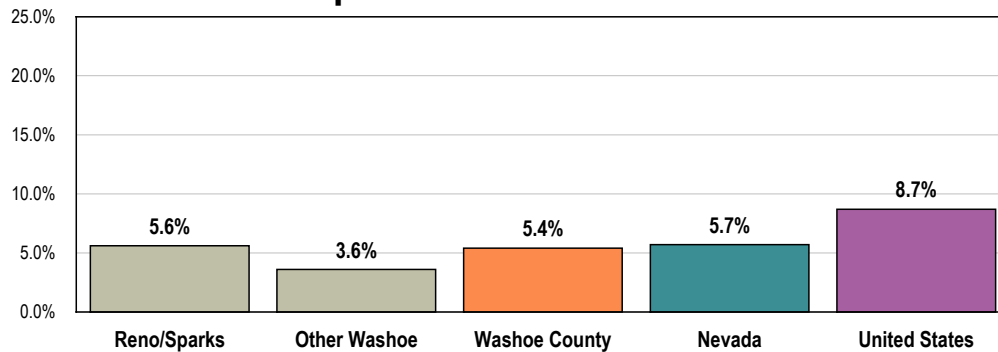
Diabetes and its complications occur among Americans of all ages and racial/ethnic groups, but the elderly and certain racial/ethnic groups are more commonly affected by the disease. About 18% of Americans 65 years of age and older have diabetes. Diabetes patients risk debilitating complications such as blindness, kidney disease, and lower-extremity amputations. Cardiovascular disease is two to four times more common among persons with diabetes; the risk of stroke is two to four times higher; 60%-65% have high blood pressure; and 60%-70% have mild to severe diabetic nerve damage.

About 16 million Americans have diabetes, but only about 10 million have been diagnosed. Approximately 798,000 new cases of diabetes are diagnosed annually in the United States. Nationwide, the number of persons diagnosed with diabetes has increased sixfold, from 1.6 million in 1958 to 10 million in 1997 (National Diabetes Fact Sheet, Centers for Disease Control and Prevention).

In Washoe County:

- **5.4% of adults report having been diagnosed with diabetes.**

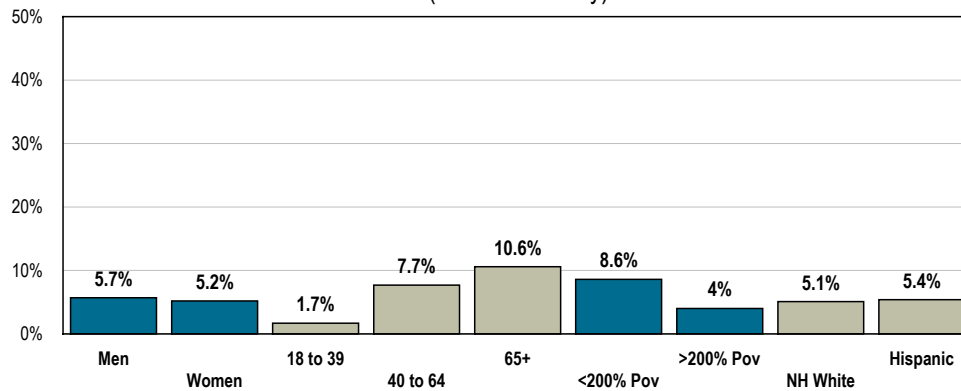
Self-Reported Prevalence of Diabetes



Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• 2003 PRC National Health Survey, Professional Research Consultants.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
Note: Asked of all respondents.

- Similar to that found statewide (5.7%).
- Better than found nationwide (8.7%).
- The prevalence ranges from 5.6% among adults in Reno/Sparks to 3.6% in the remainder of the county.
- It is estimated that more than one-third of diabetes cases nationwide remain undiagnosed.
- Washoe County adults more likely to have been diagnosed with diabetes include those aged 40 and older and adults in the lower income category.

Self-Reported Prevalence of Diabetes (Washoe County)



Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 12-15]
 Note: Reflects the total sample of respondents.

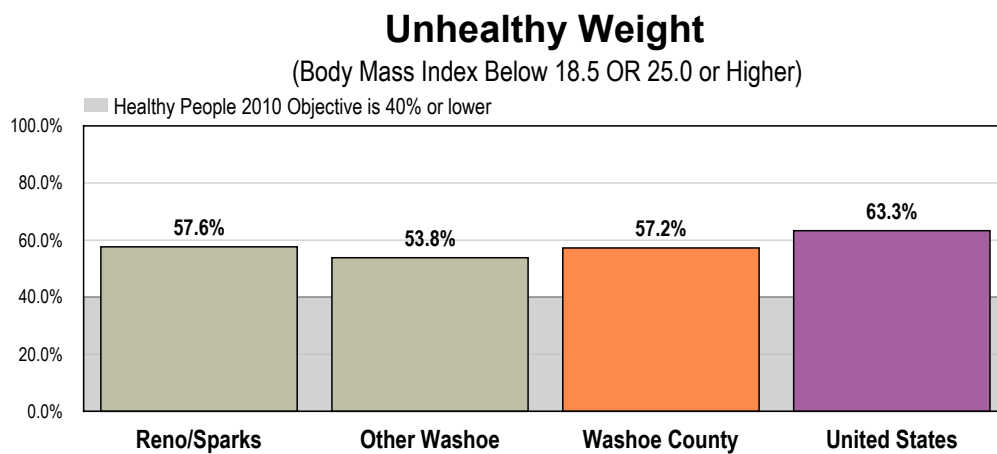
Overweight Prevalence

Being overweight afflicts a considerable portion of the U.S. population and carries significant health risks. Individuals who are overweight are at increased risk for high blood pressure, high blood cholesterol, coronary heart disease and stroke, as well as diabetes, atherosclerosis, gall bladder disease, some types of cancer, and osteoarthritis.

One of the more precise measurements of being overweight is body mass index (BMI), a ratio of weight to height (kg/m^2). One is considered to be overweight with a BMI greater than or equal to 25.0, and one is considered obese with a BMI greater than or equal to 30.0. The rationale for these thresholds is that it is believed that these are where actual increased risk for overweight co-morbidities (such as high blood pressure, high cholesterol, heart disease, etc.) occur.

Unhealthy Weight

- **More than one-half (57.2%) of local adults are considered to be at an unhealthy weight (with a body mass index below 18.5 or 25.0/higher).**
 - Across the United States, 63.3% of adults are at an unhealthy weight, less favorable than the local prevalence.
 - The local prevalence varies from 57.6% in Reno/Sparks to 53.8% in the remainder of Washoe County.



Sources:

- 2003 PRC Community Health Survey, Professional Research Consultants.
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000.

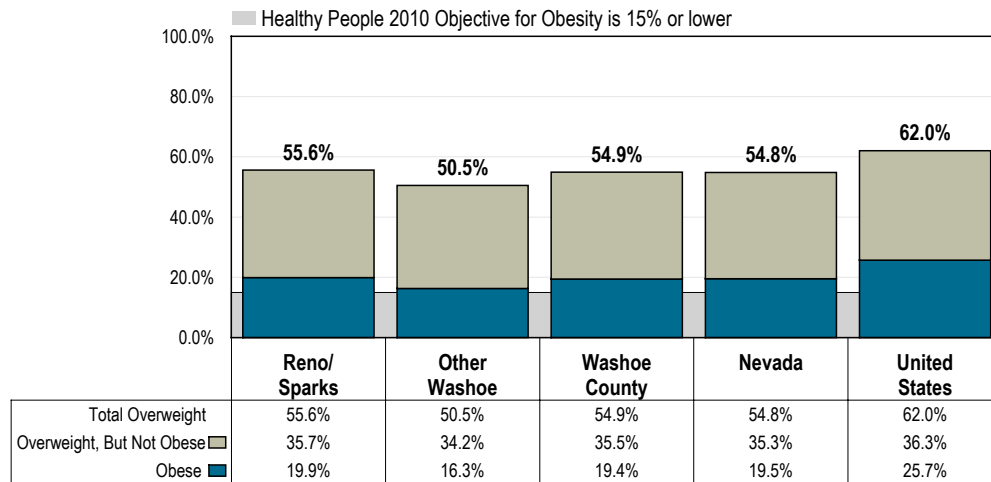
Notes:

- Based on self-reported height and weight, asked of all respondents.
- The definition of unhealthy weight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), lower than 18.5 or equal to or higher than 25.0.

Overweight Prevalence

- **54.9% of Washoe County adults are overweight (BMI≥25), based on self-reported heights and weights.**
 - Similar to that found statewide (54.8%).
 - Significantly better than found nationwide (62.0%).
 - Ranging from 55.6% in Reno/Sparks to 50.5% in the remaining area.

Prevalence of Overweight



Sources:

- 2003 PRC Community Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Notes:

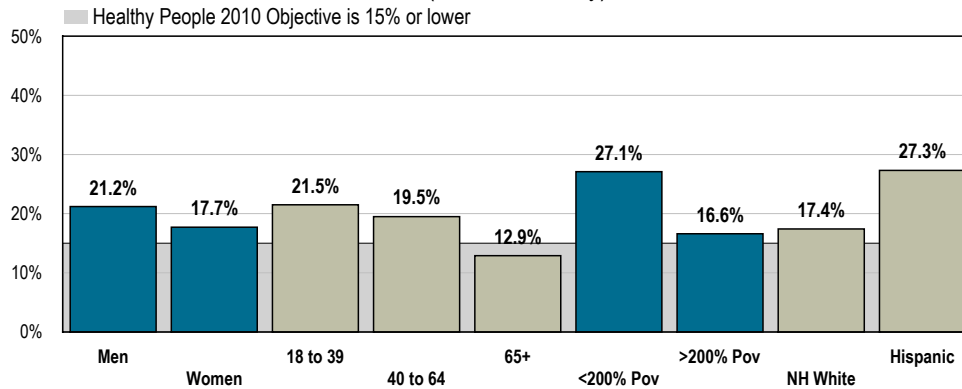
- Based on self-reported height and weight, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Obesity Prevalence

- **19.4% of Washoe County adults are obese (BMI≥30).**
 - Significantly better than found nationwide (25.7%).
 - Varying from 19.9% in Reno/Sparks to 16.3% in the rest of Washoe County.

- **Local adults more likely to be obese include Hispanics, adults in the lower income category, men, and adults under 65.**
 - The local obesity prevalence fails to satisfy the Healthy People 2010 target (15% or lower).
 - Further, the prevalence of obesity increases to 37.4% among local Hispanics who are living at or near the national poverty level.

Prevalence of Obesity (Washoe County)

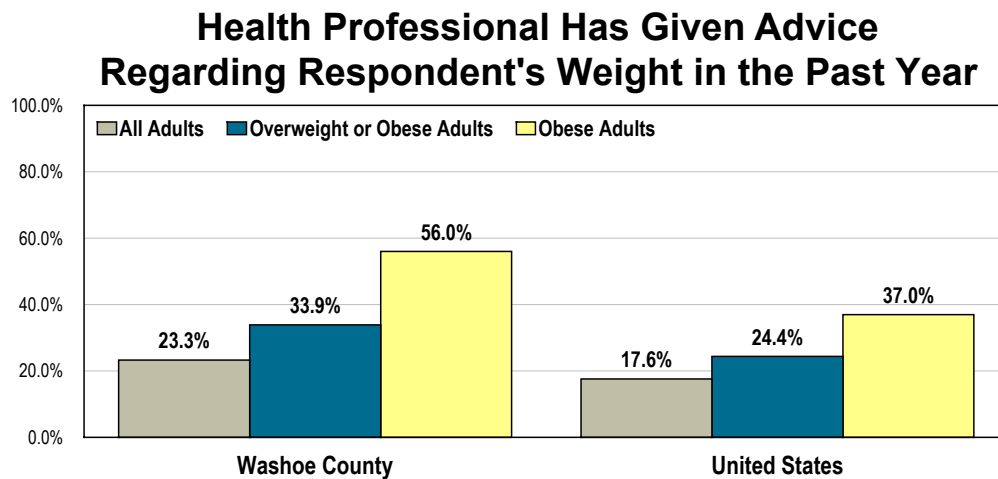


Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-2]

Notes: • Based on self-reported height and weight, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Health Professional Advice About Weight

- **23.3% of all local adults report that their physician or other health professional has given them advice regarding their weight at some point in the past year.**
 - Higher than found nationwide (17.6%).
 - The local prevalence increases to 33.9% among overweight adults and to 56.0% among those who are obese, as shown below.



Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• 2003 PRC National Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents (categories are not mutually exclusive).
• Nevada data not available.

MODIFIABLE HEALTH RISK

Overview of Cardiovascular Risk

Three health-related behaviors contribute markedly to cardiovascular disease (National Center for Chronic Disease Prevention and Health Promotion):

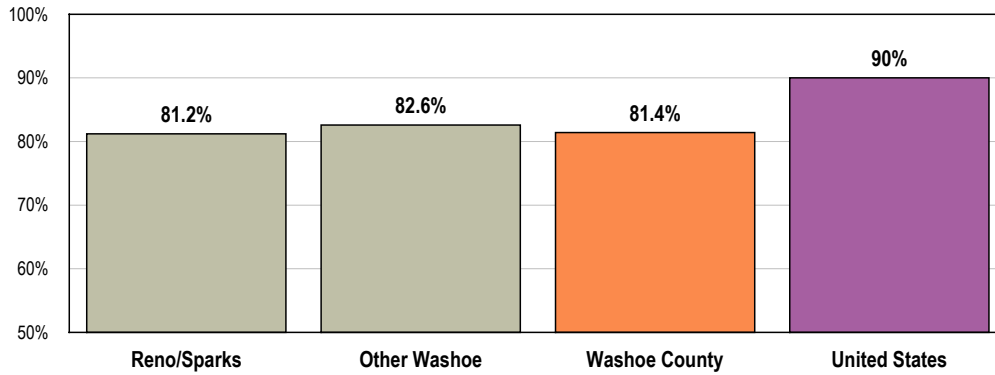
- **Poor nutrition.** People who are overweight have a higher risk for cardiovascular disease. Almost 60% of U.S. adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.
- **Lack of physical activity.** People who are not physically active have twice the risk for heart disease of those who are active. More than half of U.S. adults do not achieve recommended levels of physical activity.
- **Tobacco use.** Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the U.S.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

Prevalence of Cardiovascular Risk Factors/Behaviors

- **81.4% of Washoe County adults present one or more cardiovascular risk factors or behaviors, including overweight prevalence, cigarette smoking, high blood pressure, high cholesterol, or a lack of physical activity.**
 - More favorable than found nationwide (90.0%).
 - The prevalence does not vary significantly by area.

Present One or More Cardiovascular Risk Factors or Behaviors

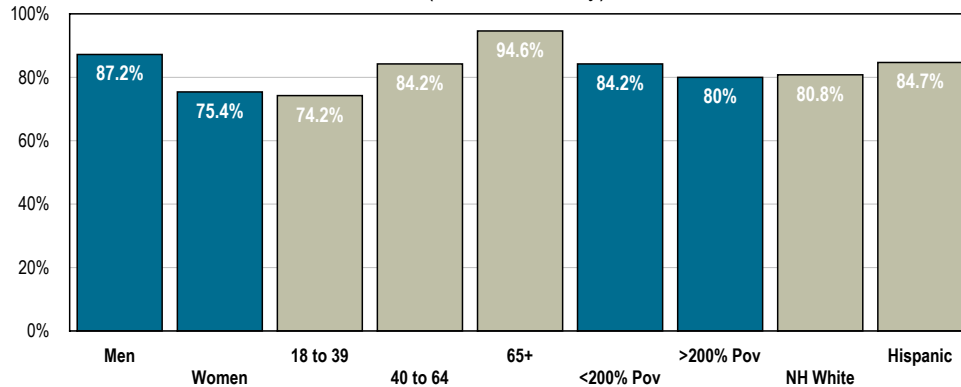


Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • 2003 PRC National Health Survey, Professional Research Consultants.

Note: Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Cardiovascular risk factors are highest among men and older adults.

Present One or More Cardiovascular Risk Factors or Behaviors (Washoe County)

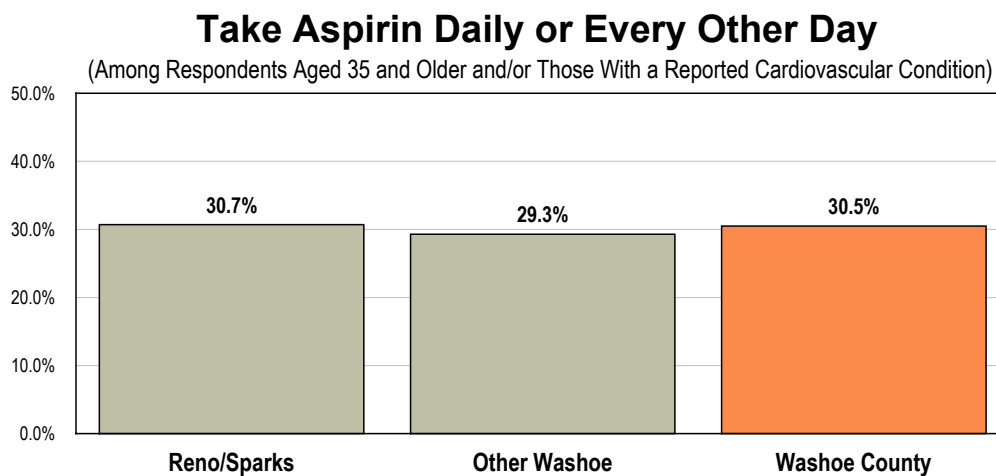


Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Note: Includes respondents reporting any of the following: overweight, cigarette smoking, high blood pressure, high cholesterol, or physical inactivity.

Use of Aspirin

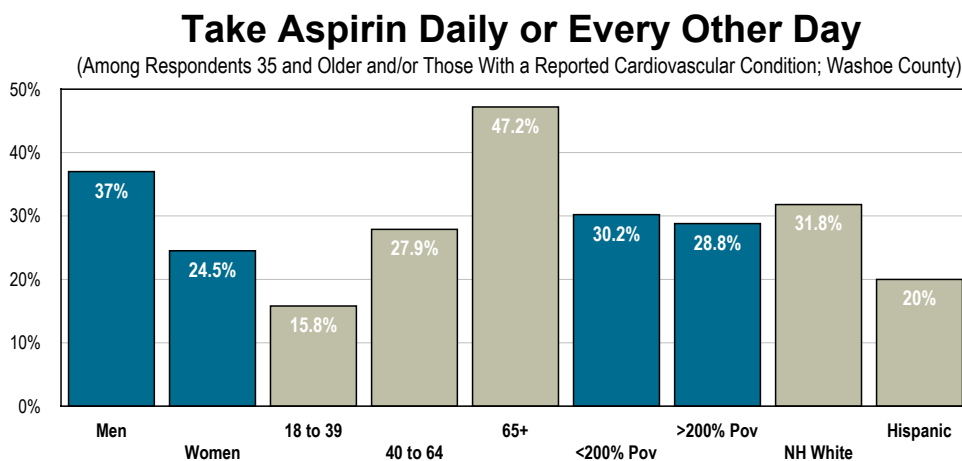
- 30.5% of Washoe County adult respondents (aged 35 or older or who reported a cardiovascular condition) report that they take aspirin daily or every other day.
 - This does not vary significantly by area, as shown.



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of those respondents aged 35 and older and/or those who have cited a cardiovascular event.
- Nevada and U.S. data not available.

Local adults more likely to report regular use of aspirin include men, adults aged 65 and older, and Non-Hispanic Whites, as shown.

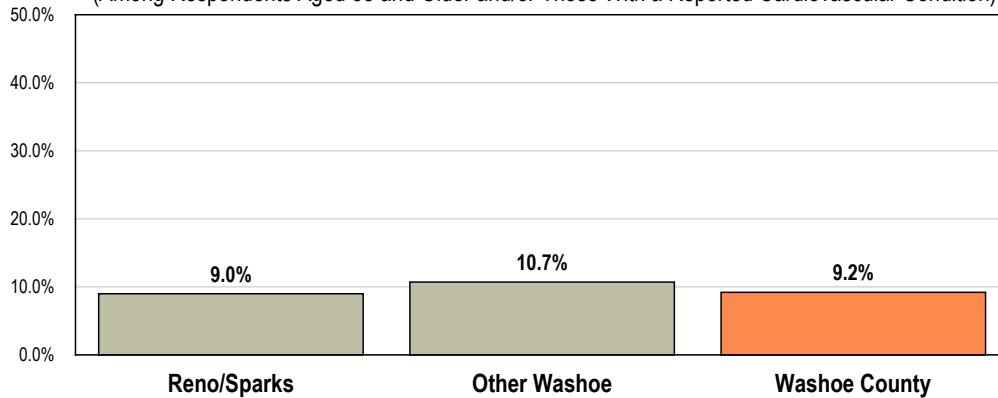


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of those respondents aged 35 and older and/or those who have cited a cardiovascular condition.

- **9.2% of community members aged 35 and older and/or who have cited a cardiovascular condition report having a problem or condition which makes aspirin unsafe for them to take.**
 - Varies little between Reno/Sparks and the remainder of the county.

Have a Health Problem/Condition Which Makes Aspirin Unsafe to Take

(Among Respondents Aged 35 and Older and/or Those With a Reported Cardiovascular Condition)



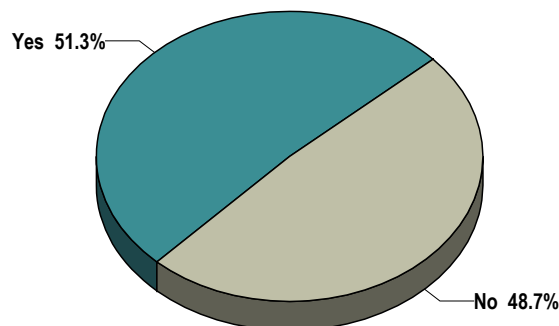
Sources: 2003 PRC Community Health Survey, Professional Research Consultants.

- Notes:
- Asked of those respondents aged 35 and older and/or those who have cited a cardiovascular condition.
 - Nevada and U.S. data not available.

- Among the 49 adults who cannot take aspirin, 51.3% report that it is due to a stomach problem.

Stomach Condition Prevents Aspirin Use

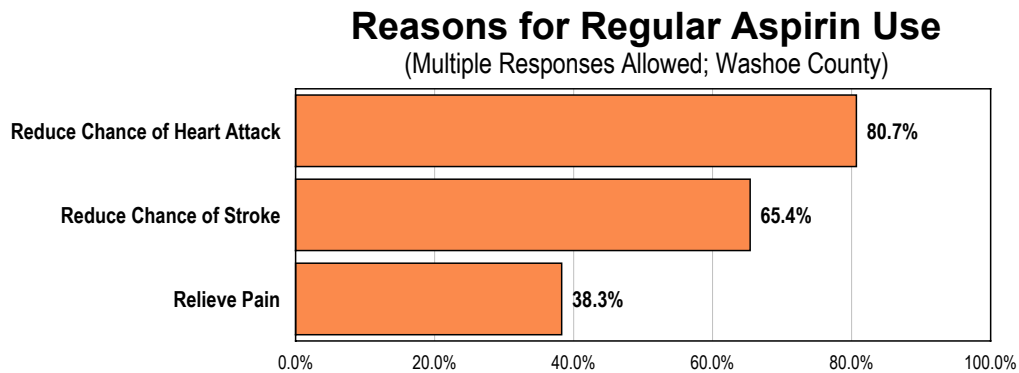
(Among Those Reporting it is Unsafe for Them to Take Aspirin; Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Note: Asked of those respondents who indicated that they cannot take aspirin due to a health problem or condition (n=49).

- Among the local adults who use aspirin regularly, 80.7% do so in hopes of preventing a heart attack, while 65.4% take aspirin to reduce the chance of a stroke. A total of 38.3% of regular aspirin users do so to relieve pain.
- Note that 17.0% of regular aspirin users in Washoe County do so in hopes of preventing *both* a heart attack and a stroke.



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of those respondents who indicated that they use aspirin daily or every other day (n=162).

Nutrition

Diet is a key component of good health. In fact, dietary habits have been linked to five of the 10 leading causes of death in the United States, including coronary heart disease, some types of cancer (colorectal, breast and prostate), stroke, noninsulin-dependent diabetes mellitus and atherosclerosis. A well-balanced, low-fat diet can also help limit the risks associated with excessive weight, high blood pressure and high blood cholesterol.

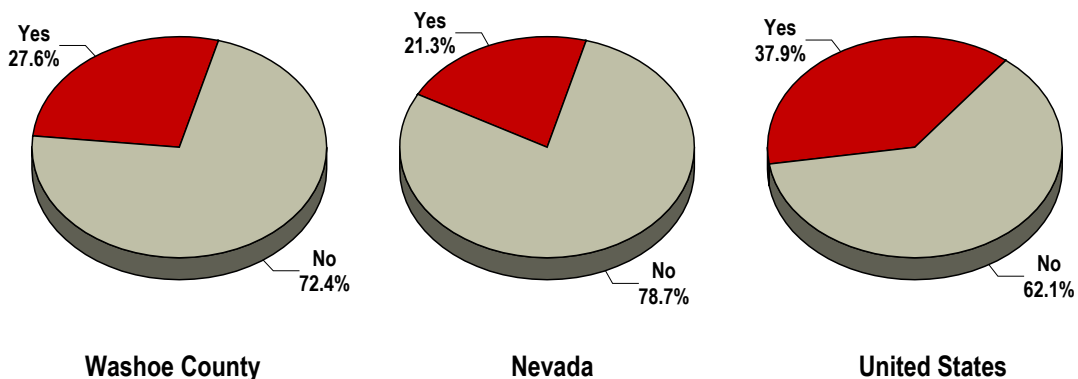
Whereas nutrient deficiencies may have once been a primary concern, the greatest problems today involve the excesses and imbalances of some foods in the American diet. Ideally, one's diet should: be low in fat, saturated fat and cholesterol; include plenty of vegetables, fruits and grain products; contain moderate amounts of sugars, salt and sodium; and include alcohol use in moderation if at all.

Dietary Habits

Fruits & Vegetables

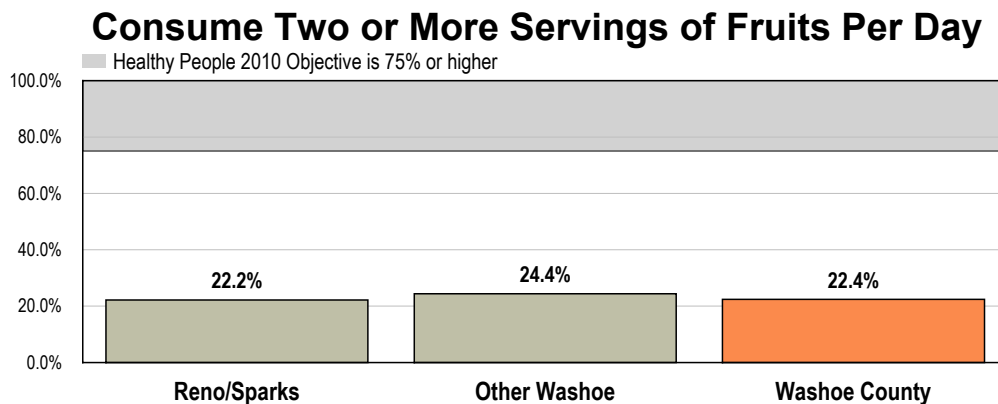
- Only 27.6% of Washoe County adults eat the recommended five or more servings per day of fruits and/or vegetables.
 - Less favorable than the 37.9% reported nationwide.

Consume Five or More Servings of Fruits/Vegetables per Day



- Sources:
- 2003 PRC Community Health Survey, Professional Research Consultants.
 - Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
 - 2003 PRC National Health Survey, Professional Research Consultants.
- Notes:
- Asked of all respondents.
 - For this issue, respondents indicated the number of fruits and/or vegetables which they generally eat on a daily basis.

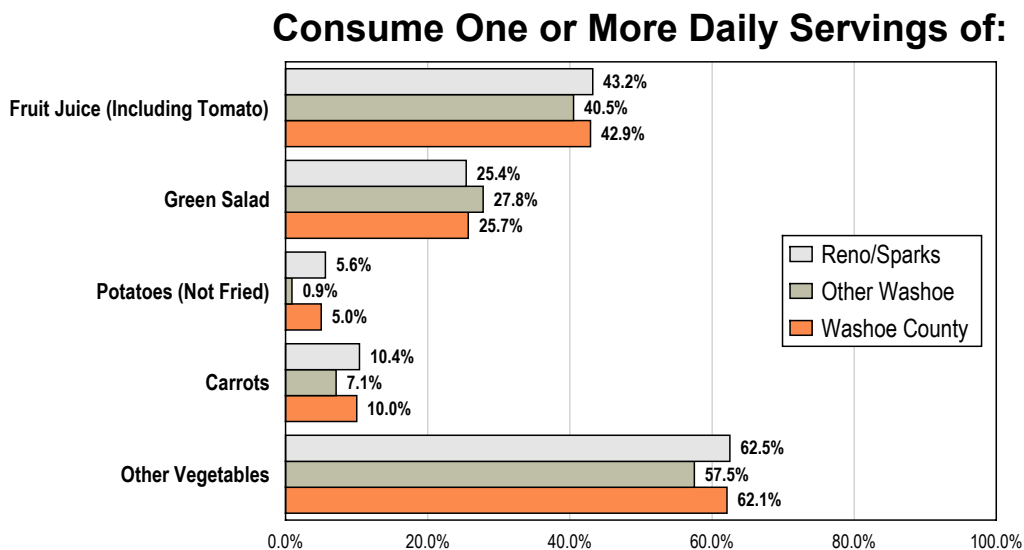
- **22.4% of community members consume two or more fruits per day.**
 - Far from satisfying the Healthy People 2010 goal of 75% or higher.



Source: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 19-5]

Notes: • Asked of all respondents.
 • For this issue, respondents indicated the number of fruits and/or vegetables which they generally eat on a daily basis.
 • U.S. and Nevada data not available.

A total of 42.9% of local adults drink one or more servings of fruit juice (including tomato juice) on a daily basis, while another 25.7% eat at least one green salad per day and 10.0% eat at least one serving of carrots daily. A total of 5.0% of local adults eat potatoes daily (excluding fried potatoes or french fries), while a 62.1% indicate that they eat at least one serving of some other type of vegetable daily.



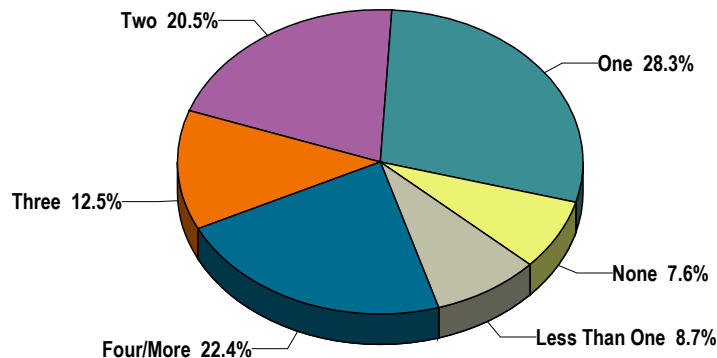
Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • For this issue, respondents indicated the number of fruits and/or vegetables which they generally eat on a daily basis.

Eating Out

More than one-fifth of Washoe County adults eat meals or snacks “out” four or more times in a week. In contrast, 7.6% do not eat out and 8.7% acknowledge that they eat out an average of less than once per week, as shown. *[The median response was two times per week.]*

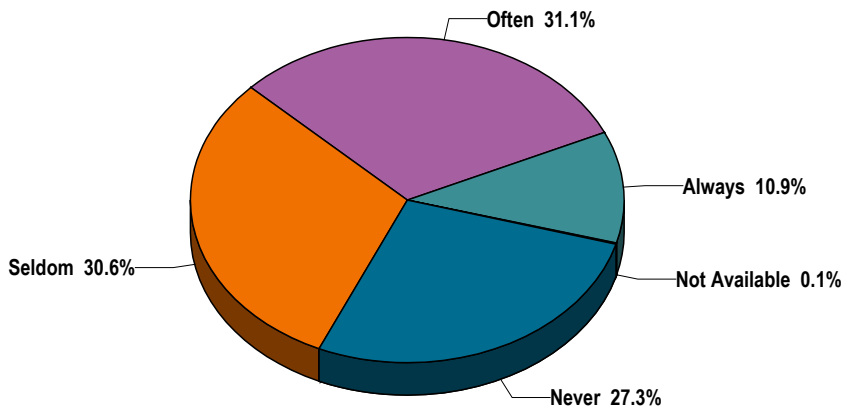
Number of Meals/Snacks Eaten "Out" Weekly Median = 2 Times per Week



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

Only 10.9% of adults who eat out at least once a week report that they “always” choose low-fat options. Another 31.1% of community members who eat out at least once weekly report that they “often” choose low-fat meals. A similar 30.6% “seldom” select low-fat meal choices, while nearly as many (27.3%) “never” do so.

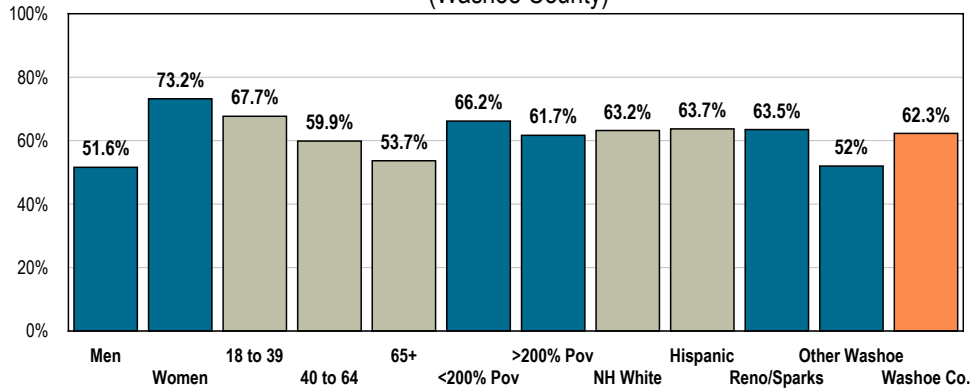
Order "Lower Fat" When Eating Out (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of those respondents who eat out at least once weekly.

Overall, 62.3% of Washoe County adults would like to see more low-fat options when dining out. Women, adults under 40, those in the lower income category, and adults in the Reno/Sparks community more often say they would like to see more low-fat offerings.

Would Like to See More Low-Fat Options Offered When Eating Out (Washoe County)



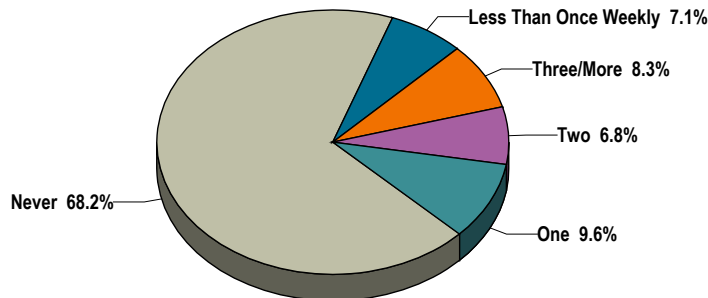
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes: • Reflects the total sample of respondents.
 • Percentages represent "yes" responses.

Vending Machine Purchases

A total of 8.3% of Washoe County adults purchase three or more snacks from vending machines (not including beverages) during an average week. In contrast, 68.2% report that they “never” make vending machine food purchases.

Number Vending Machine Food Purchases Per Week (Excludes Beverage Purchases; Washoe County)

Median = 0 Times per Week

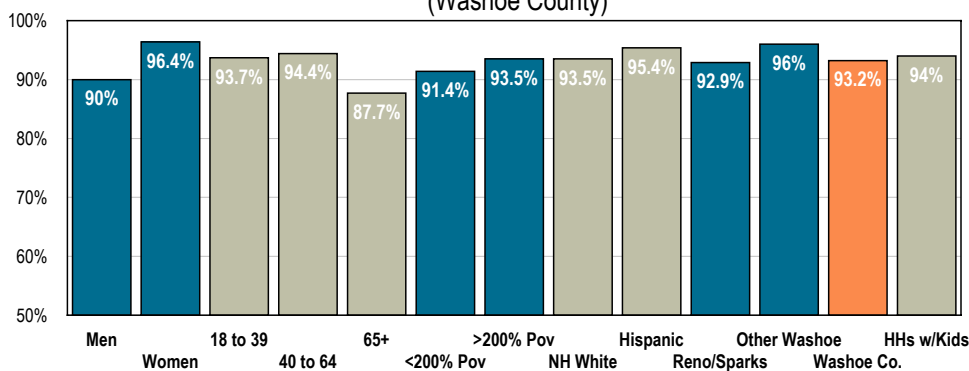


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: • Asked of all respondents.
 • Purchases do not include beverages.

Local Schools' Role in Nutrition for Children

Nearly all local adults report that public schools should require healthy food alternatives in cafeterias, vending machines, or snack bars. This perception is greater among women and adults under 65, as shown.

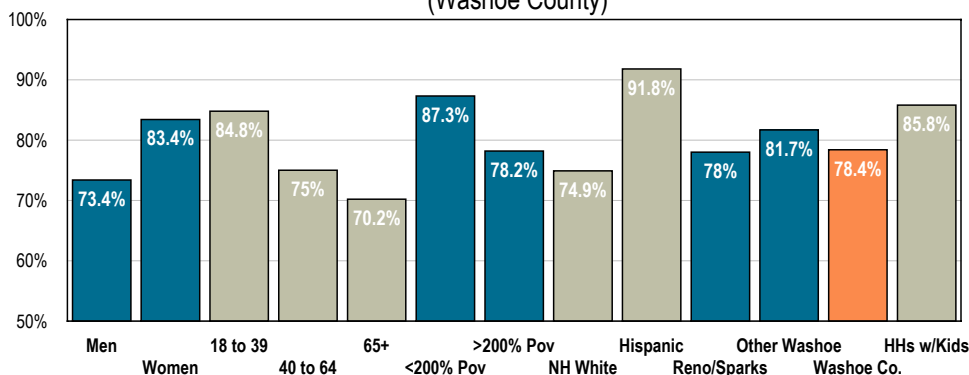
Think Public Schools Should Require Healthy Alternatives in Cafeterias/Vending Machines/Snack Bars
(Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Notes: • Reflects the total sample of respondents.
• Percentages represent "yes" responses.

More than three-fourths of Washoe County adults would support using state or local taxes to improve healthy food options for public school students. This prevalence varies somewhat when viewed by gender, age, income, and race, as shown.

Would Support Using State/Local Taxes to Improve Healthy Food Options for Public School Students
(Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Notes: • Reflects the total sample of respondents.
• Percentages represent "yes" responses.

Physical Activity

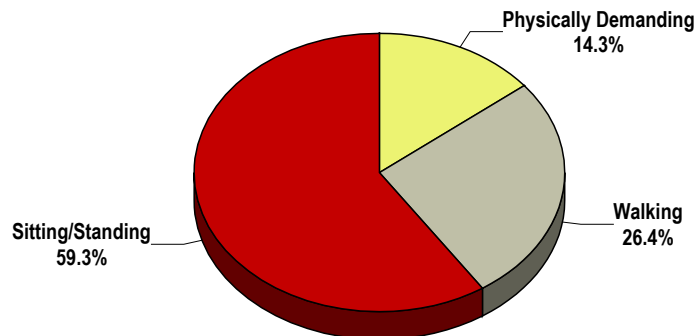
Regular physical activity contributes to a longer and healthier life. The health benefits of exercise are irrefutable; it has been asserted that employing regular physical activity toward cardiorespiratory fitness can prevent or limit one's risk for such afflictions as coronary heart disease, hypertension, noninsulin-dependent diabetes mellitus, osteoporosis, obesity, depression, colon cancer, stroke and back injury.

Physical Activity at Work

- The majority (59.3%) of employed residents in Washoe County indicate that jobs involve little physical activity (i.e., sitting and/or standing for most of the time).
 - In contrast, 14.3% have “physically demanding” jobs, and 26.4% of employed survey respondents indicate that their job involves mostly walking.

Primary Level of Physical Activity at Work

(Among Employed Washoe County Respondents)

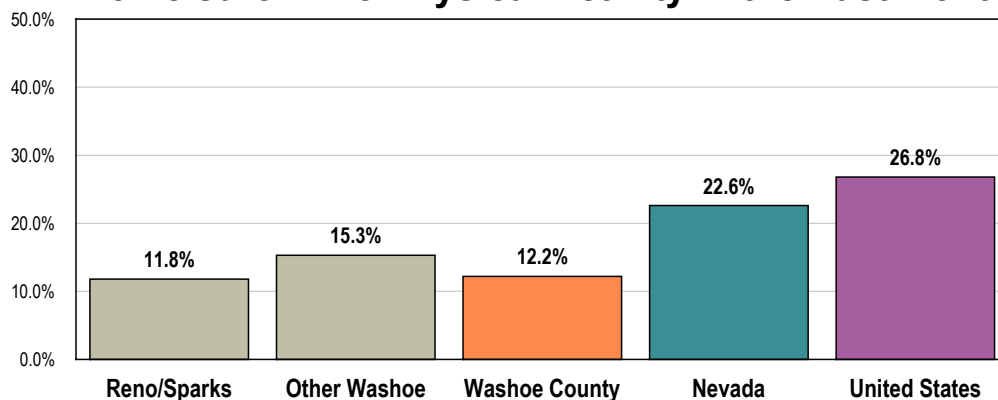


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all employed respondents.

Leisure-Time Physical Activity

- **12.2% of Washoe County adults have not participated in any type of physical activity outside work during the past month.**
 - Significantly better than found both state- (22.6%) and nationwide (26.8%).
 - Varies from 11.8% in Reno/Sparks to 15.3% in the remainder of the county.

No Leisure-Time Physical Activity in the Past Month

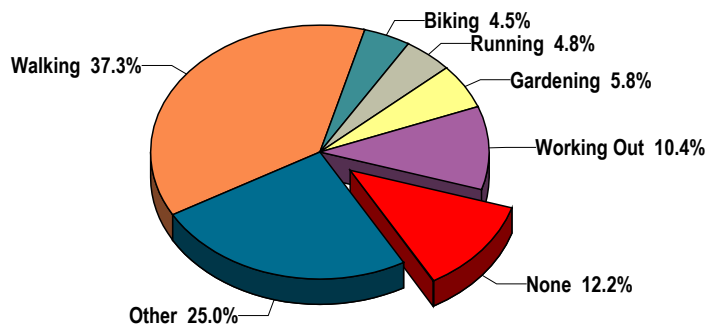


Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
 • 2003 PRC National Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

- Among those who do participate in leisure-time physical activity, **walking** appears to be the most common form of activity.

Primary Type of Leisure-Time Physical Activity

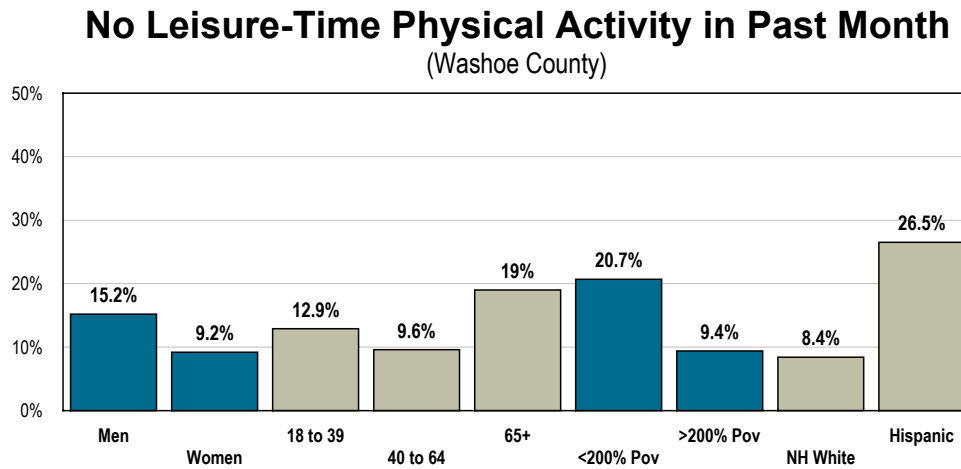
(Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

The following chart segments levels of inactivity by various demographic characteristics. As shown, a lack of leisure-time physical activity is found among a greater share of:

- Hispanics.
- Persons living at lower income levels.
- Older adults.
- Men.

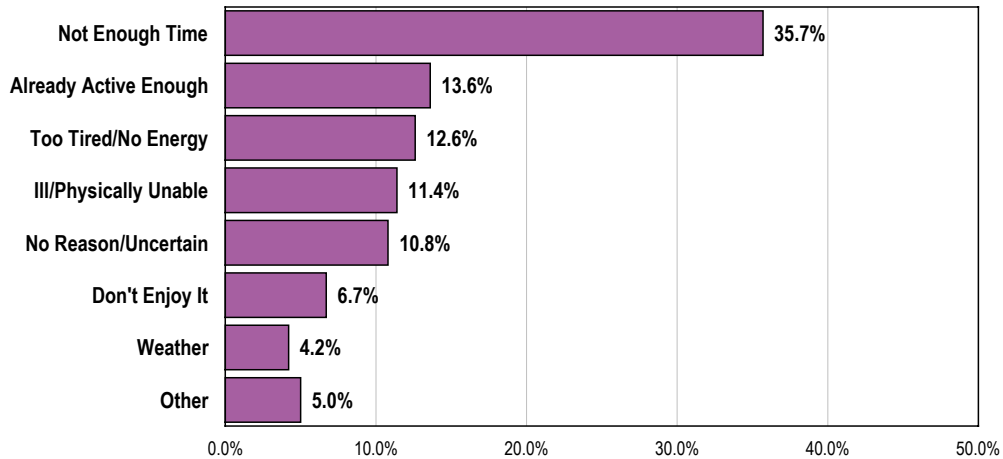


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

Reasons given among those who do not participate in leisure-time physical activity include:

- "Not enough time." (predominant response)
- "Already active enough."
- "Too tired" or "No energy."
- "Ill" or "Physically unable to exercise."

Main Reason for Lack of Leisure-Time Physical Activity (Washoe County)

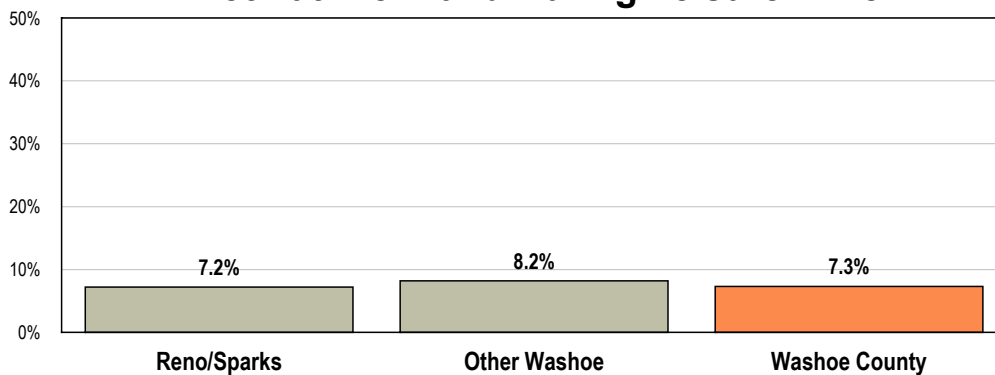


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of those respondents who do not participate in any leisure-time physical activity.

Low Activity Levels Both at Work and During Leisure-Time

- 7.3% of Washoe County adults are physically inactive both at work and during their leisure time.
- This prevalence is similar in both in Reno/Sparks and the remainder of the county, as shown.

Low Physical Activity Levels Both at Work and During Leisure Time



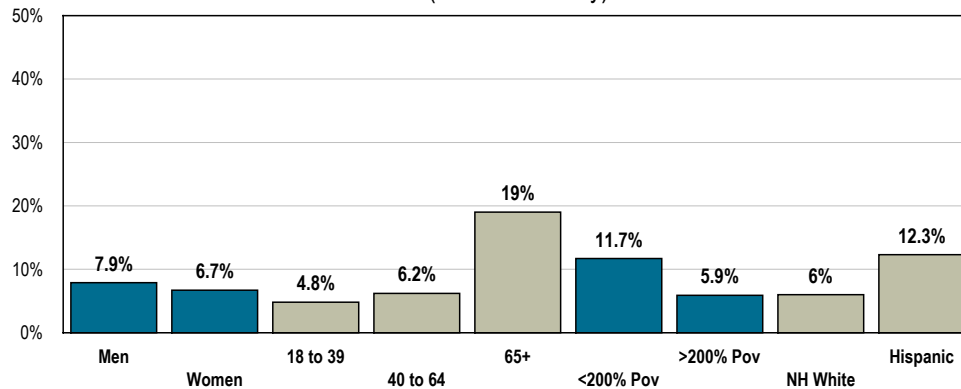
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of all respondents.
- "Low physical activity levels" includes those who sit or stand the majority of time at work (for employed respondents) and also have not participated in leisure-time physical activity in the past month (employed or unemployed respondents).

Adults more likely to be sedentary both at work and at home include:

- Adults aged 65 and older.
- Those in the lower income category.
- Hispanic respondents.

Low Physical Activity Levels Both at Work and During Leisure Time (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

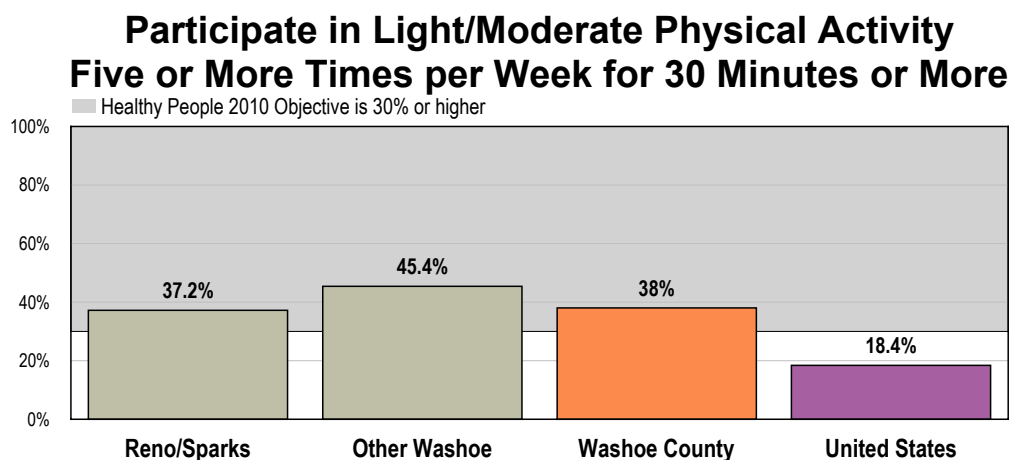
- Notes:
- Asked of all respondents.
 - "Low physical activity levels" includes those who sit or stand the majority of time at work (for employed respondents) and also have not participated in leisure-time physical activity in the past month (employed or unemployed respondents).

Physical Activity Levels

Light/Moderate Physical Activity

“Light/moderate” physical activity is defined as activities that cause only light sweating or a slight to moderate increase in breathing or heart rate.

- **38.0% of Washoe County adults report taking part in “light/moderate” physical activity at least five times per week for at least 30 minutes at a time.**
 - More favorable than the national finding (18.4%).
 - The local prevalence satisfies the *Healthy People 2010* target (30% or higher).
 - Prevalence ranges from 37.2% in Reno/Sparks to 45.4% in the remaining area.



Sources:

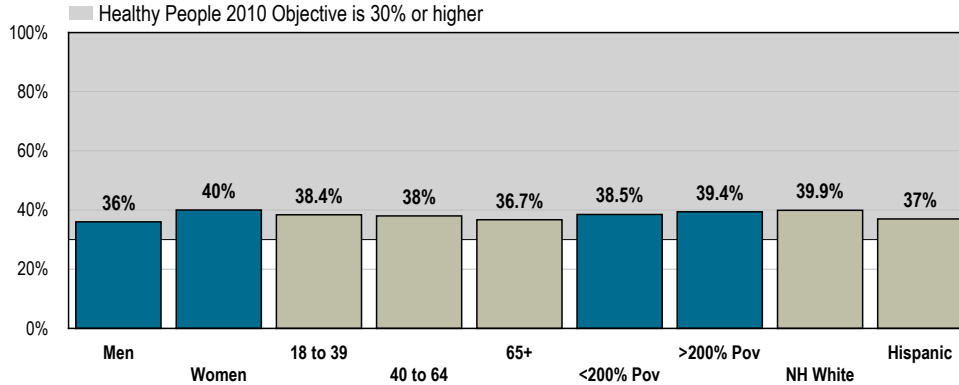
- 2003 PRC Community Health Survey, Professional Research Consultants.
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Notes:

- Asked of all respondents.
- Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.

Viewed demographically, there is little variation in these responses.

Participate in Light/Moderate Physical Activity Five or More Times per Week for 30 Minutes or More (Washoe County)



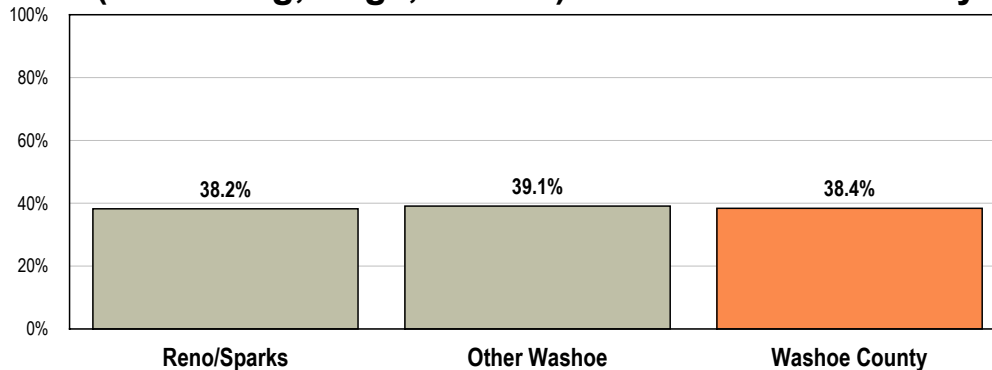
Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 22-2]

Notes: • Asked of all respondents.
 • Takes part in "light/moderate physical activity" (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time.

Stretching and Strengthening Activity

- 38.4% of Washoe County adults reportedly participate in some type of stretching activity (including general stretching, yoga, tai chi) at least twice weekly.

Participate in Stretching Activities (Stretching, Yoga, Tai Chi) at Least Twice Weekly

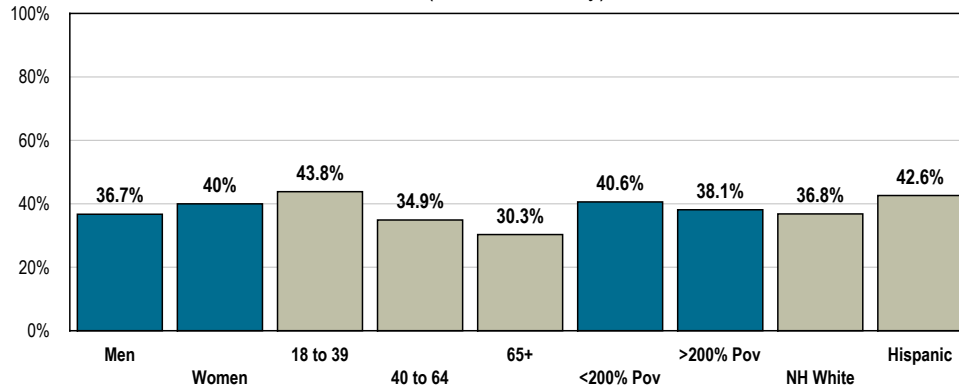


Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.
 • In this case the term "stretching activities" include static stretching, yoga, and/or tai chi.

- Viewed demographically, adults under 40 are most likely to participate in stretching exercises.

Participate in Stretching Activities (Stretching, Yoga, Tai Chi) at Least Twice Weekly (Washoe County)

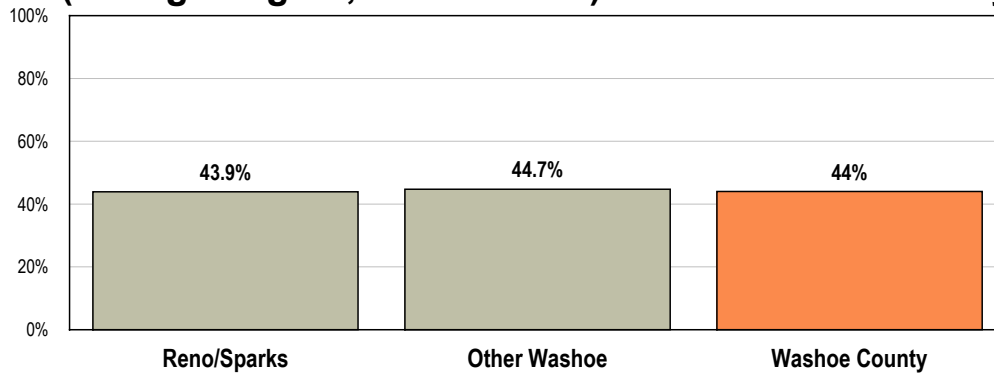


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of all respondents.
- In this case the term "stretching activities" include static stretching, yoga, and/or tai chi.

- **44.0%** of Washoe County adults participate in some type of strengthening activity (including exercises such as lifting weights or doing calisthenics) at least twice weekly.

Participate in Strengthening Activities (Lifting Weights, Calisthenics) at Least Twice Weekly



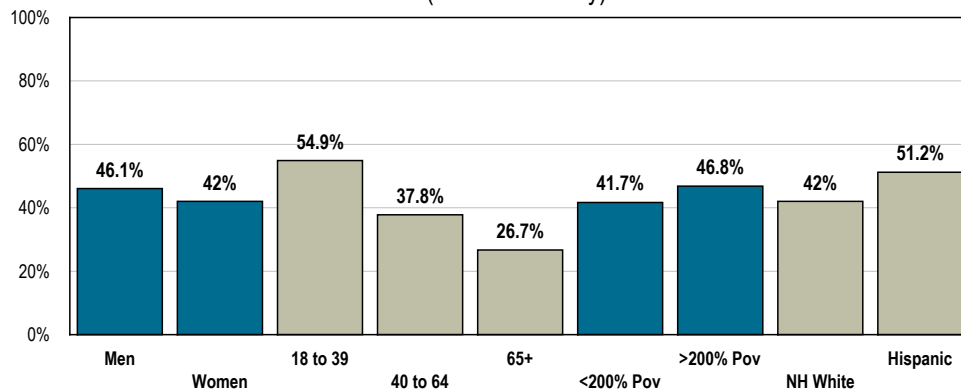
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of all respondents.
- In this case the term "strengthening activities" include such exercises as lifting weights or doing calisthenics.

Local adults more likely to participate in strengthening exercises at least twice weekly include:

- Adults under 40.
- Those in the higher income category.
- Hispanics.

Participate in Strengthening Activities (Lifting Weights, Calisthenics) at Least Twice Weekly (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Notes: • Asked of all respondents.

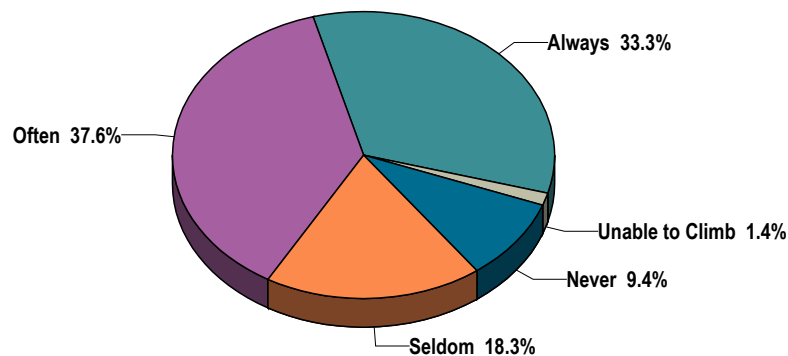
• In this case the term "strengthening activities" include such exercises as lifting weights or doing calisthenics.

Physically Active Transportation Alternatives

Stairs vs. Elevators

- **33.3% of Washoe County adults say the “always” use the stairs instead of an elevator when both are available.**
 - One-third (37.6%) say that they “often” take the stairs.
 - 27.7% “seldom” or “never” choose the stairs over the elevator.

Frequency of Taking Stairs vs. Elevator
(Washoe County)



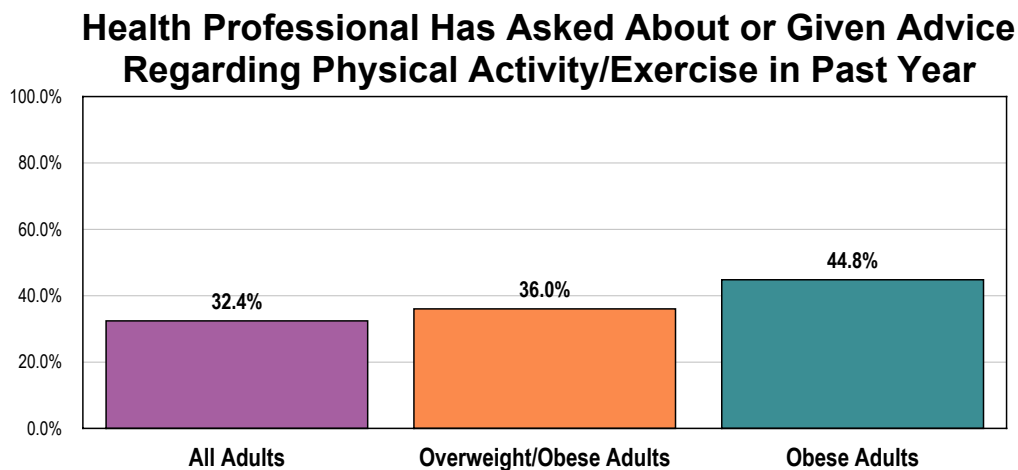
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

Biking/Walking

- **74.3% of Washoe County adults say they “never” bike or walk for transportation, such as to or from work or shopping.**
 - 18.2% report biking or walking for transportation between one and four times per week.
 - When asked the average duration of these trips, those who biked/walked for transportation gave a median response of 20 minutes.

Health Professional Advice About Physical Activity

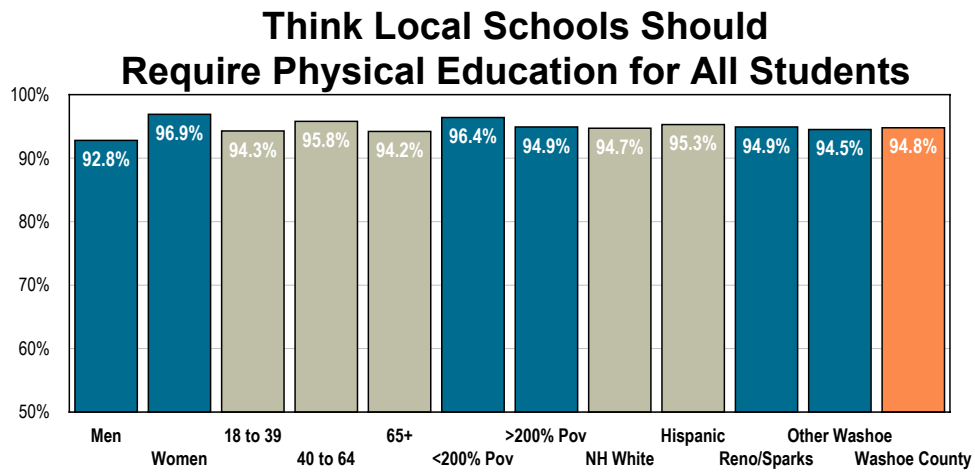
- 32.4% of Washoe County adults indicate that their physician or other health professional has asked them about or given them advice regarding physical activity or exercise in the past year.
 - Increases to 36.0% among overweight adults and to 44.8% among those who are obese.



Sources: 2003 PRC Community Health Survey, Professional Research Consultants.
Notes: • Asked of all respondents (categories are not mutually exclusive).
• Nevada and U.S. data not available.

Physical Education Requirements in Local Schools

- Nearly all Washoe County adults (94.8%) agree that local schools should require physical education for all students. The local prevalence does not vary by service area, as shown.
 - Women more often feel that physical education should be a requirement for children in local schools.



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note:

- Asked of all respondents.
- Percentages represent "yes" responses.

Tobacco Use

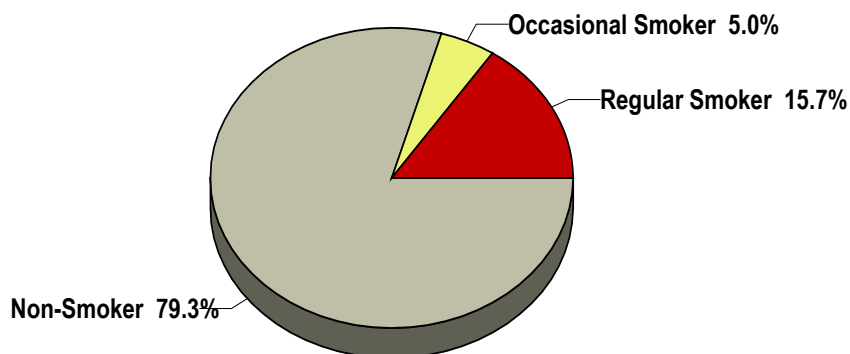
Tobacco use remains the leading preventable cause of death in the United States, causing more than 400,000 deaths each year and resulting in an annual cost of more than \$50 billion in direct medical costs. Each year, smoking kills more people than AIDS, alcohol, drug abuse, car crashes, murders, suicides, and fires – combined.

Nationally, smoking results in more than 5 million years of potential life lost each year. Approximately 80% of adult smokers started smoking before the age of 18. Every day, nearly 3,000 young people under the age of 18 become regular smokers. More than 5 million children living today will die prematurely because of a decision they will make as adolescents – the decision to smoke cigarettes. (Center for Disease Control and Prevention).

Cigarette Smoking Prevalence

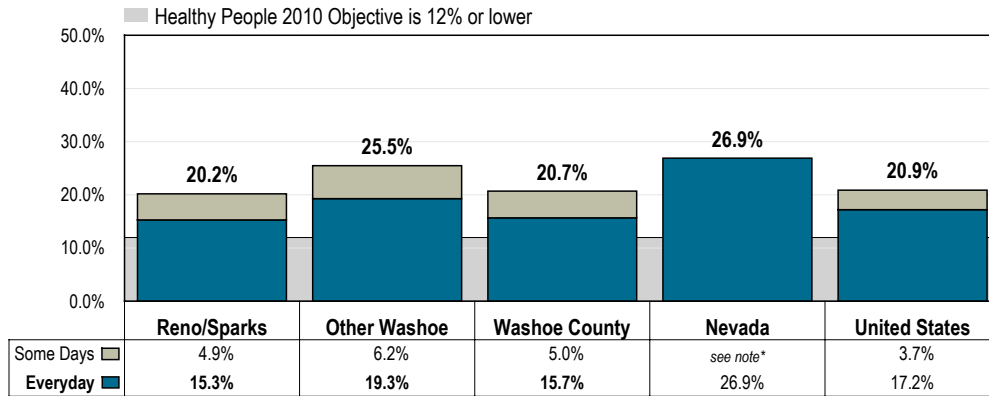
- **20.7% of Washoe County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).**
 - Statistically similar to the national prevalence level.
 - More favorable than the 26.9% reported across Nevada.
 - Much higher *outside* the Reno/Sparks area than in Reno/Sparks.
 - Far from reaching the *Healthy People 2010* target (12% or lower).

Smoking Prevalence (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

Current Smokers



Sources:

- 2003 PRC Community Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

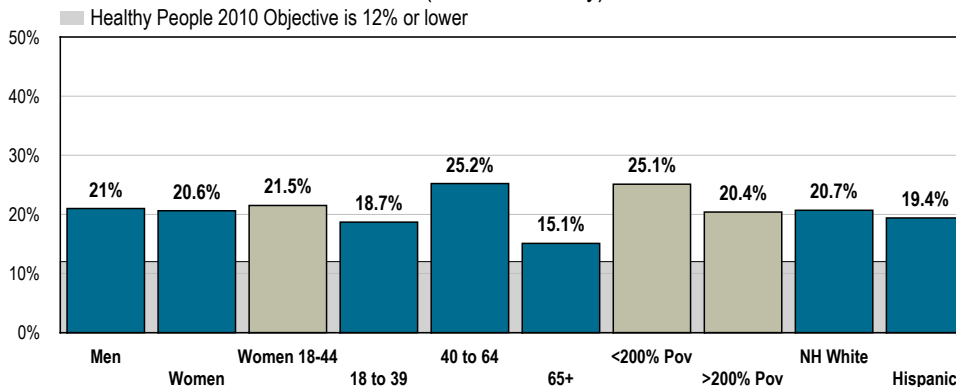
Notes:

- Asked of all respondents.
- Includes regular and occasional smokers (everyday and some days).
- *Nevada data do not distinguish between, but include both, regular and occasional smokers.

Cigarette smoking is higher among:

- Middle-aged adults.
- Those in the lower income category.
- Little variation is noted by gender or between Non-Hispanic Whites and Hispanics.
- Smoking is reported among 21.5% of women of child-bearing age (ages 18 to 44). This is notable, given that tobacco use increases the risk of infertility, as well as the risks for miscarriage, stillbirth and low birthweight for women who smoke during pregnancy.

Current Smokers (Washoe County)



Sources:

- 2003 PRC Community Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 27-1a]

Notes:

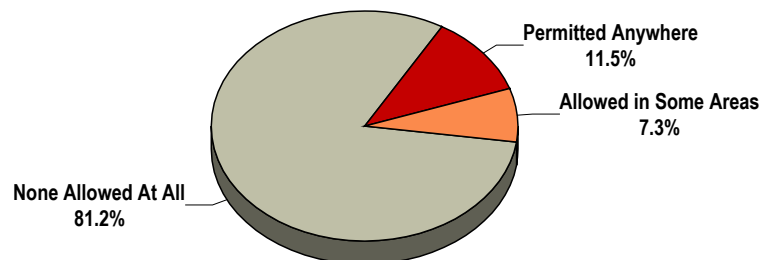
- Asked of all respondents.
- Includes those who smoke everyday or on some days.

Rules About Smoking

Smoking in the Home

- The majority (81.2%) of Washoe County adults indicate that smoking is not allowed inside the home at all.
 - In contrast, 7.3% allow smoking in “some areas” of the home while 11.5% permit smoking “anywhere” in the home, as shown.

Self-Reported Rules for Smoking in the Home (Washoe County)

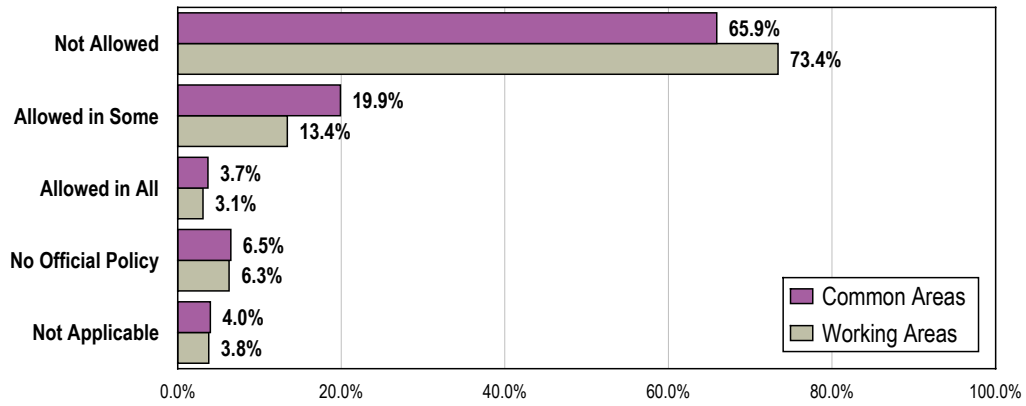


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

Smoking Policy at Work

- 65.9% of survey respondents who are currently employed report that smoking is not allowed in the COMMON areas at their places of employment at all.
 - One-fifth mentioned that it is allowed in “some” common areas, while 3.7% reported that their employers allow smoking in any common area.
- 73.4% of survey respondents who are currently employed report that smoking is not allowed in the WORKING areas at their places of employment at all.
 - 13.4% indicate that smoking is allowed in “some” work areas, and 3.1% work for employers who reportedly allow smoking in “all” work areas.

Employers' Smoking Policies



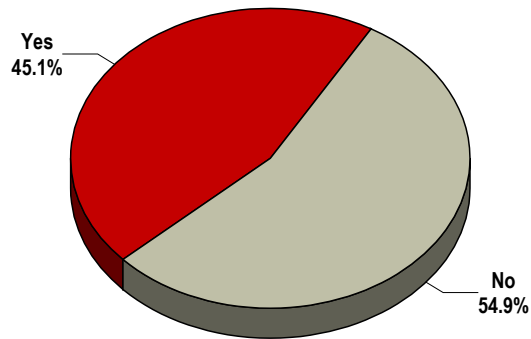
Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Note: Asked of employed respondents.

Health Professional Advice About Smoking

- 45.1% of smokers indicate that a health professional has recommended that they quit smoking in the past year.
 - Nationwide, this prevalence is a higher 60.0%.

Health Professional Has Recommended Quitting Smoking in the Past 12 Months (Among Current Washoe County Smokers)



Nationwide, 60.0% of smokers have had a doctor, nurse or health professional recommend that they quit smoking in the past year.

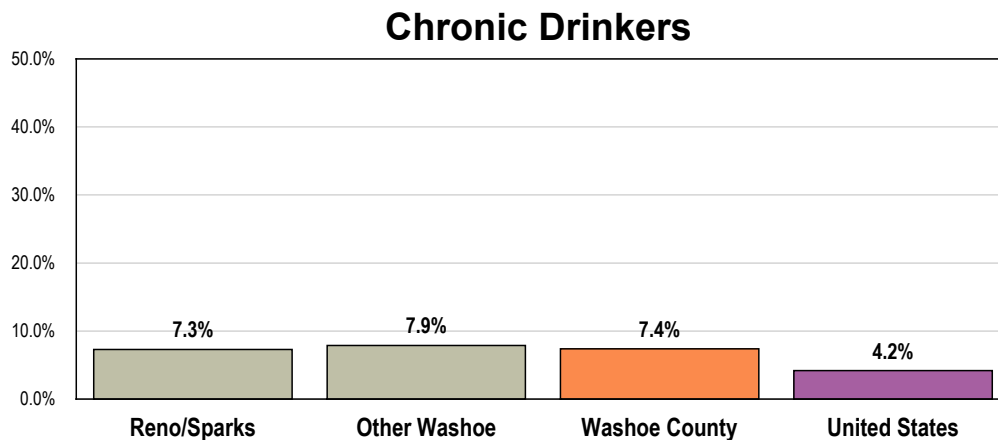
Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• 2003 PRC National Health Survey, Professional Research Consultants.
Note: Asked of current smokers.

Alcohol Use

The misuse of alcohol and other drugs is associated with several health risks (injury-related death and disability to HIV transmission) and has tremendous societal and economic costs, as well. Alcohol/drug use is implicated in nearly one-half of all deaths from motor vehicle accidents and intentional injuries (including homicides and suicides).

Chronic Drinkers

- **7.4% of Washoe County adults are “chronic drinkers,” meaning that they average two or more drinks of alcohol per day (60 drinks within the past month).**
 - Less favorable than the U.S. prevalence of 4.2%.
 - Does not vary significantly between areas.

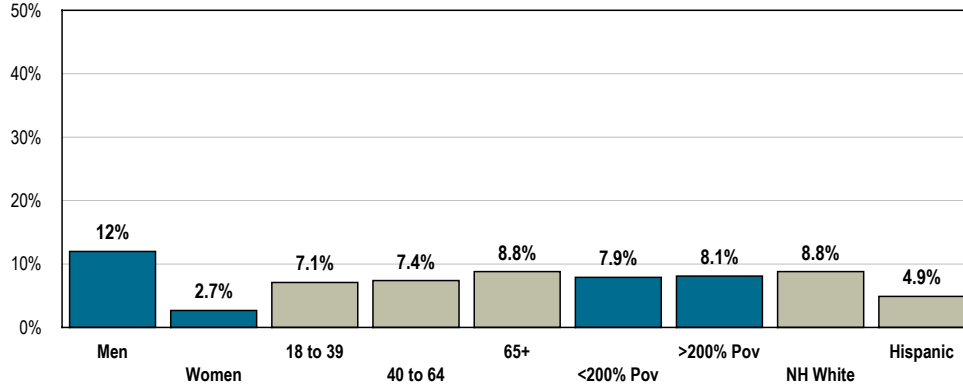


Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
• 2003 PRC National Health Survey, Professional Research Consultants.

Notes: • Reflects the total sample of respondents.
• Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.
• Nevada data not available.

- Chronic drinking is more prevalent among men, adults aged 65 and older, and Non-Hispanic Whites.

Chronic Drinkers (Washoe County)



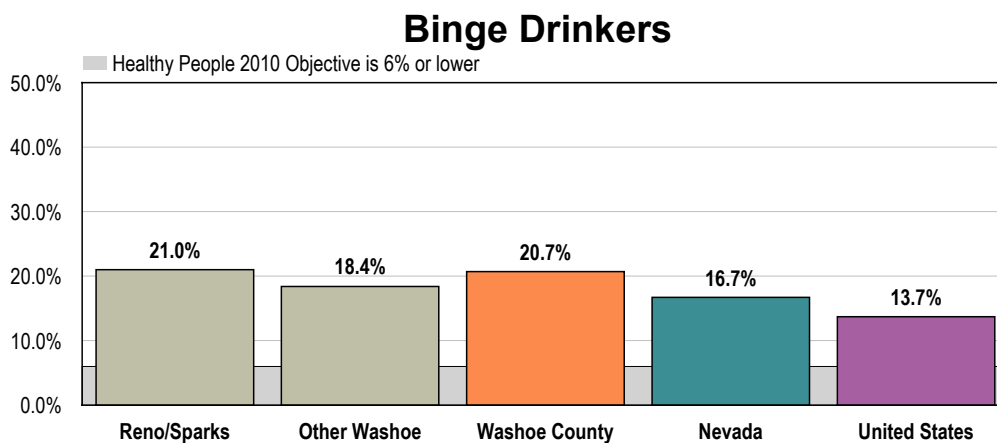
Source: 2003 PRC Community Health Survey, Professional Research Consultants.

Notes: • Reflects the total sample of respondents.

• Chronic drinkers are defined as those who have had at least 60 drinks of alcoholic beverages during the past month.

Binge Drinkers

- **20.7% of Washoe County adults are “binge drinkers,” meaning that they have had five or more alcoholic beverages on any one occasion in the past month.**
 - Less favorable than the national prevalence of 13.7%.
 - Higher than the Nevada percentage of binge drinkers (16.7%).
 - Ranges from 21.0% in Reno/Sparks to 18.4% in the remaining area.



Sources:

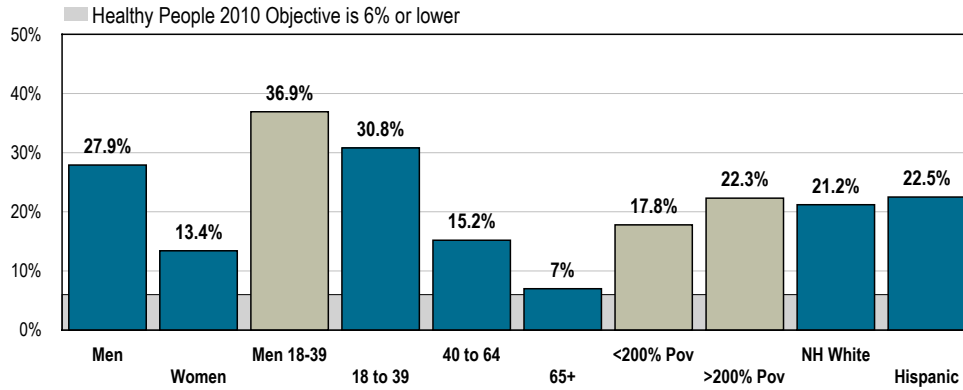
- 2003 PRC Community Health Survey, Professional Research Consultants.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC).
- 2003 PRC National Health Survey, Professional Research Consultants.
- Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

Notes:

- Reflects the total sample of respondents.
- Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once in the past month.

Binge drinking varies dramatically when viewed by demographic characteristic and is highest among men (especially men aged 18 through 39), adults under 40, and those in the higher income category.

Binge Drinkers (Washoe County)



Sources: • 2003 PRC Community Health Survey, Professional Research Consultants.
 • Healthy People 2010, 2nd Edition. U.S. Department of Health and Human Services. Washington, DC: U.S. Government Printing Office, November 2000. [Objective 26-11c]

Notes: • Reflects the total sample of respondents.
 • Binge drinkers are those who have had 5 or more alcoholic drinks on any one occasion at least once during the past month.

ENVIRONMENTAL CONCERNS

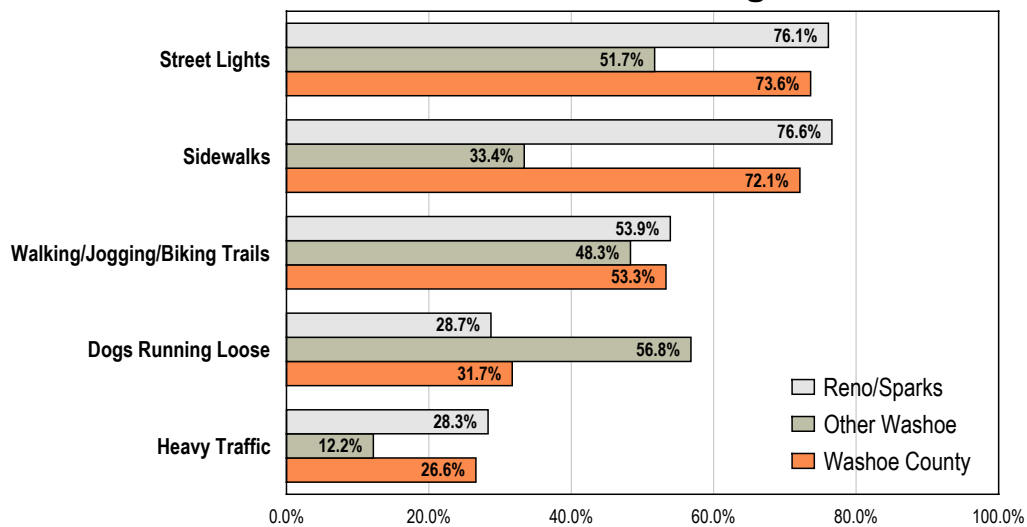
Neighborhood Conditions

The following section examines various aspects of the Washoe County community neighborhoods.

Neighborhood Conditions

- **More than seven in 10 Washoe County adults report that their neighborhoods have street lights and sidewalks.**
 - The prevalence of street lights and sidewalks is much higher in Reno/Sparks than in the remainder of Washoe County.
 - Note that 53.3% of survey respondents indicate that biking/jogging/walking **trails** exist in their neighborhoods, while 31.7% report the prevalence of **dogs** running loose (increasing to 56.8% outside Reno/Sparks) and 26.6% responded affirmatively to the inquiry about heavy **traffic** in the neighborhood.

Existence of Specific Conditions in Local Neighborhoods

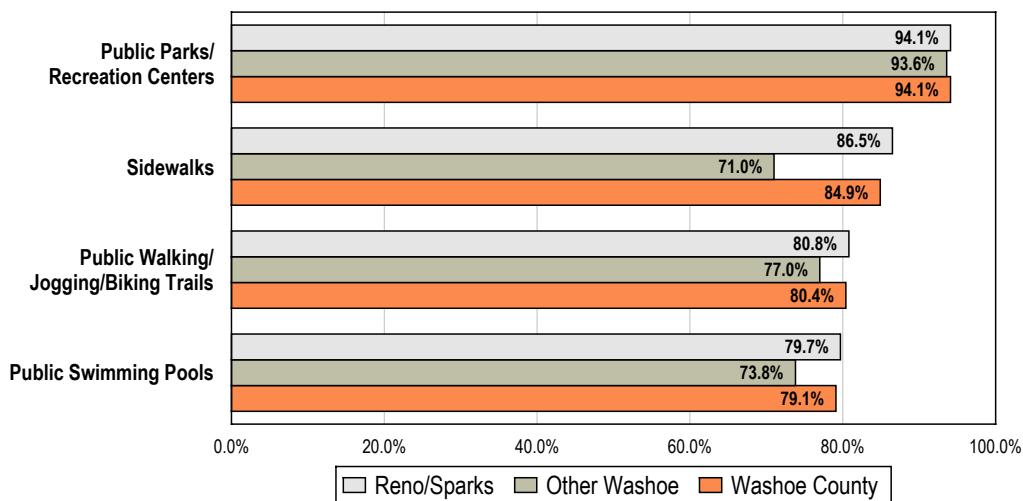


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

Government Funding for Amenities

- Nearly all (94.1%) local adults agree that local government funds should be spent to build and maintain public parks and recreation centers.
 - More than eight in 10 Washoe County residents agree that government funds should be spent to build and maintain sidewalks and public walking/jogging/ biking trails.
 - Just less than eight in 10 local adults feel that government funding should be spent to build and maintain public swimming pools.
- Note that adults *outside* Reno/Sparks are generally less likely to favor government spending on such amenities.

Feel Local Government Funds Should Be Spent to Build and Maintain Amenities



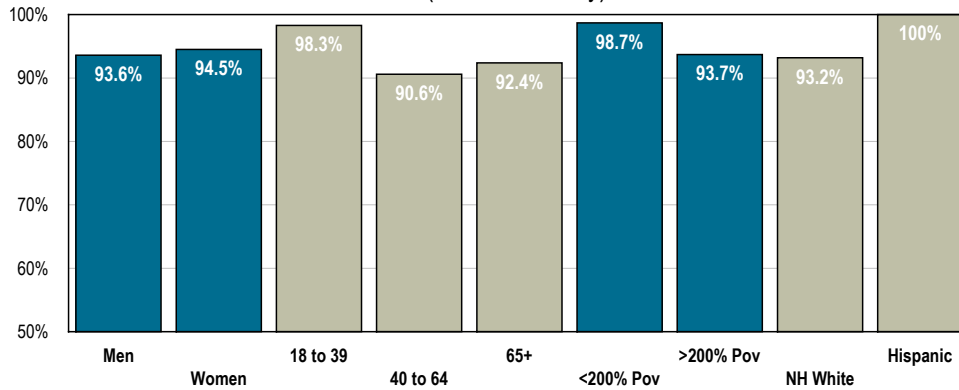
Source: 2003 PRC Community Health Survey, Professional Research Consultants.

- Notes:
- Asked of all respondents.
 - Percentages represent "yes" responses.

Demographic Breakouts

Adults *less* likely to feel that local government funds should be spent to build and maintain **public parks and recreation centers** include those aged 40 and older, Non-Hispanic Whites, and adults in the higher income category.

Feel Local Government Funds Should Be Used to Build and Maintain Public Parks/Recreation Centers (Washoe County)

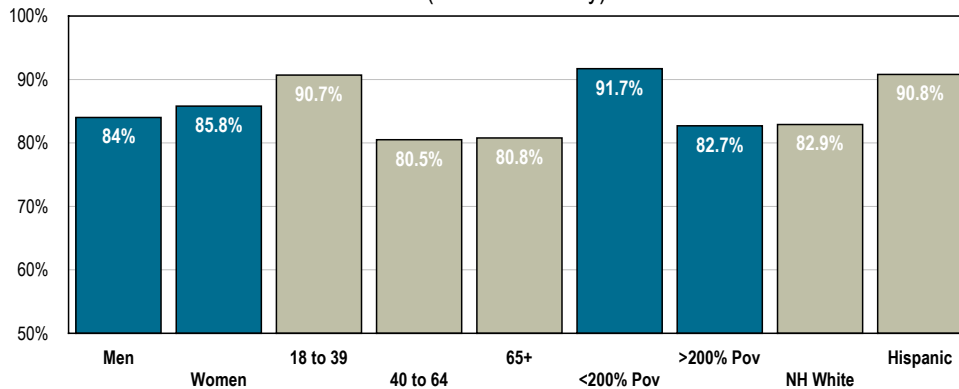


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of all respondents.
- Percentages represent "yes" responses.

Survey respondents *less* likely to feel that local government funds should be spent to build and maintain **public sidewalks** include those aged 40 and older, Non-Hispanic Whites, and adults in the higher income category.

Feel Local Government Funds Should Be Used to Build and Maintain Public Sidewalks (Washoe County)

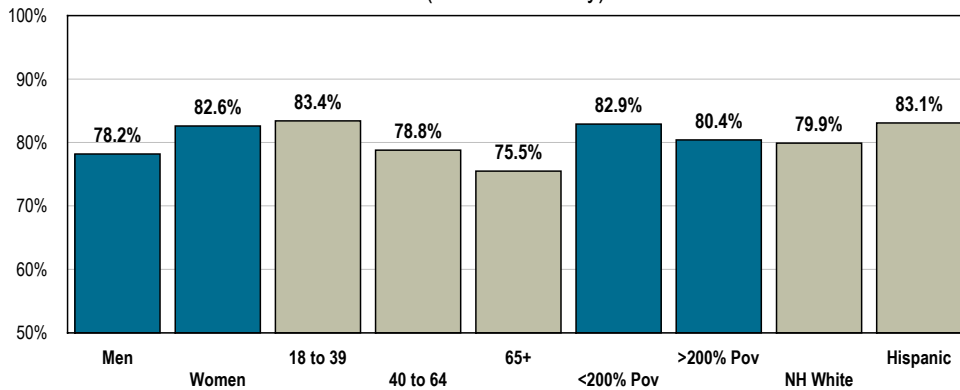


Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes:

- Asked of all respondents.
- Percentages represent "yes" responses.

Washoe County residents *less* likely to feel that local government funds should be spent to build and maintain public **walking/jogging/biking trails** include men, adults aged 65 and older, and Non-Hispanic Whites.

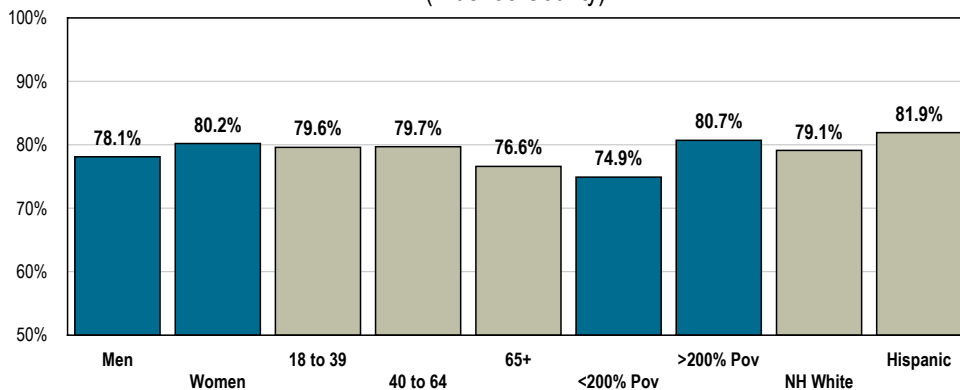
Feel Local Government Funds Should Be Used to Build and Maintain Public Walking/Jogging/Biking Trails (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.
 • Percentages represent "yes" responses.

Community members *less* likely to feel that local government funds should be spent to build and maintain public **swimming pools** include those aged 65 and older and people living at or near the national poverty level, as shown.

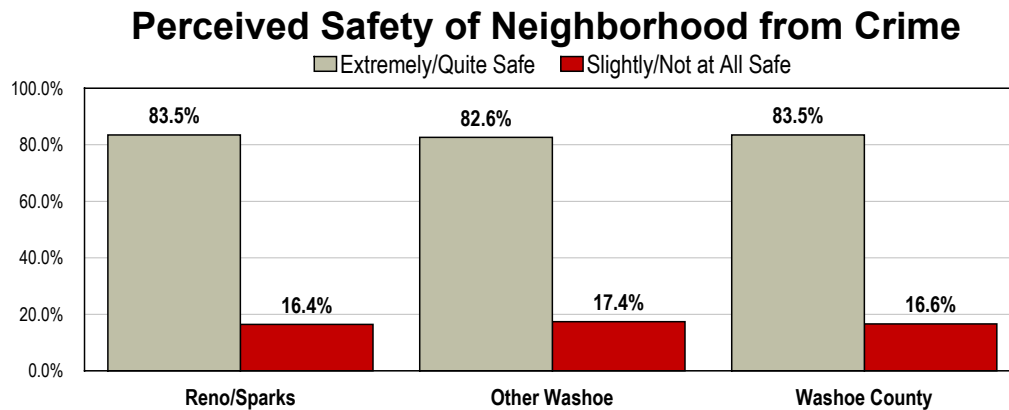
Feel Local Government Funds Should Be Used to Build and Maintain Public Swimming Pools (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Notes: • Asked of all respondents.
 • Percentages represent "yes" responses.

Perceived Neighborhood Safety

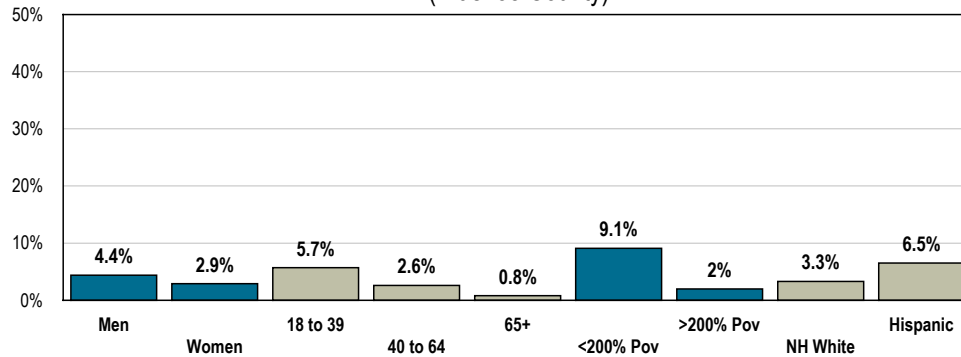
- **More than eight in 10 local adults consider their neighborhood to be “extremely” or “quite” safe from crime.**
 - In contrast, 12.9% of Washoe County adults perceive their neighborhoods to be “slightly safe” from crime, while 3.7% do not consider their neighborhoods to be safe at all.
 - There is little variation in percentages when viewed by area.



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
 Note: Asked of all respondents.

Viewed by demographic characteristic, adults more likely to consider their neighborhoods to be “not at all” safe from crime include adults under 40, Hispanics, and people living at or near poverty, as shown.

Perceive Local Neighborhood to Be "Not At All" Safe From Crime (Washoe County)



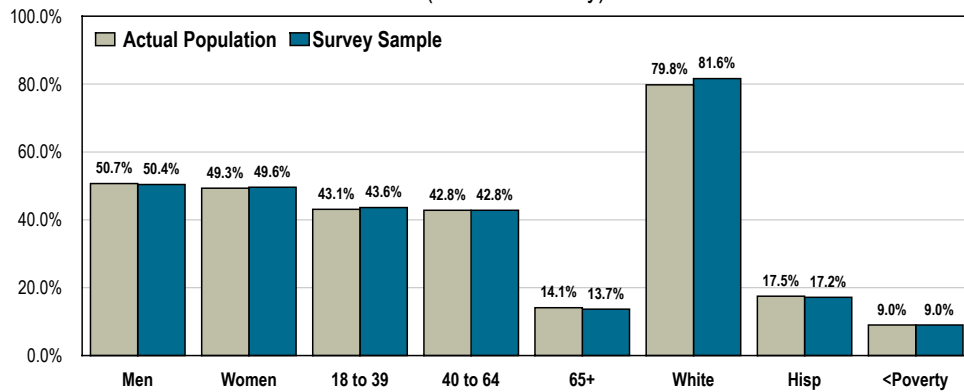
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Note: Asked of all respondents.

APPENDICES

Demographic Characteristics of Survey Respondents

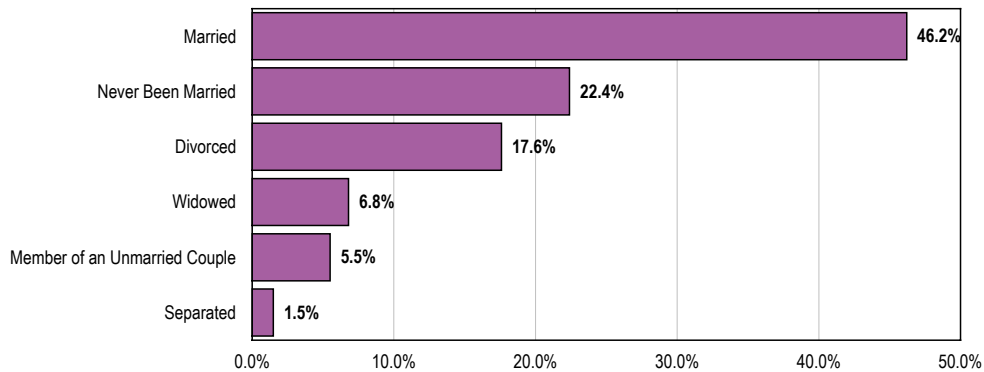
The following charts outline the demographic characteristics of respondents to the 2003 PRC Community Health survey. Note that these are derived from the weighted survey sample, designed to best represent the adult population of Washoe County.

Population and Sample Characteristics (Washoe County)



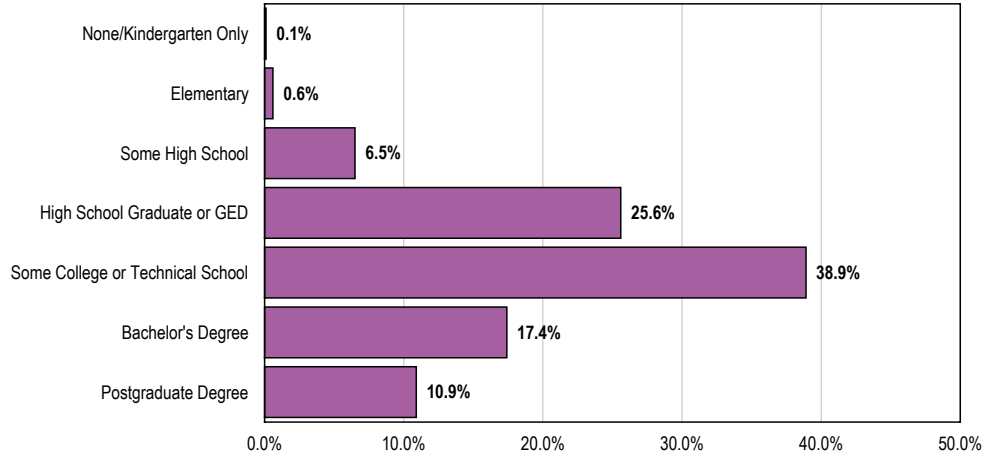
Sources: • Estimates Based on 2000 Census.
• 2003 PRC Community Health Survey, Professional Research Consultants.

Marital Status (Among Washoe County Survey Respondents)



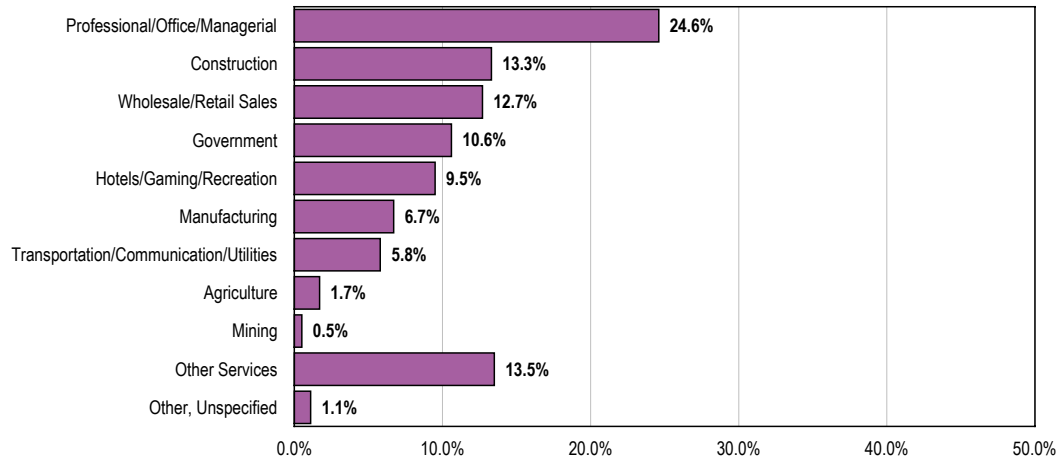
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Notes: Asked of all respondents (aged 18 and older).

Highest Level of Education Completed (Among Washoe County Survey Respondents)



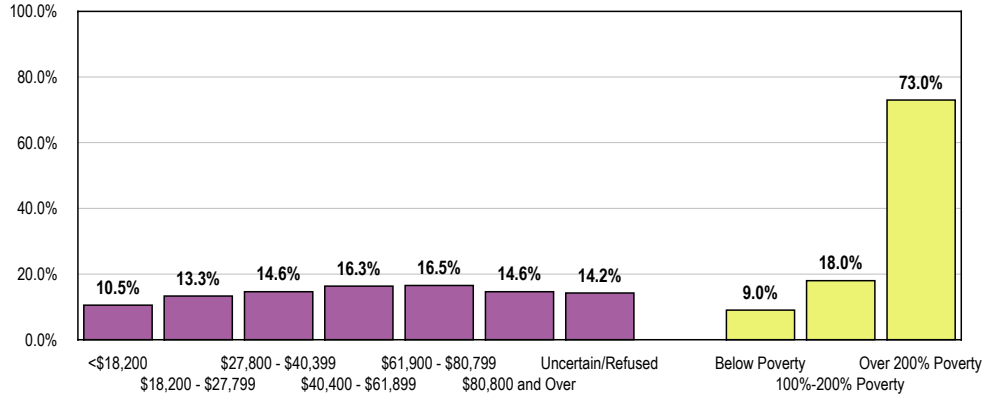
Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Notes: Asked of all respondents (aged 18 and older).

Occupation or Current Employment (Among Employed Washoe County Survey Respondents)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.
Notes: Asked of all respondents (aged 18 and older).

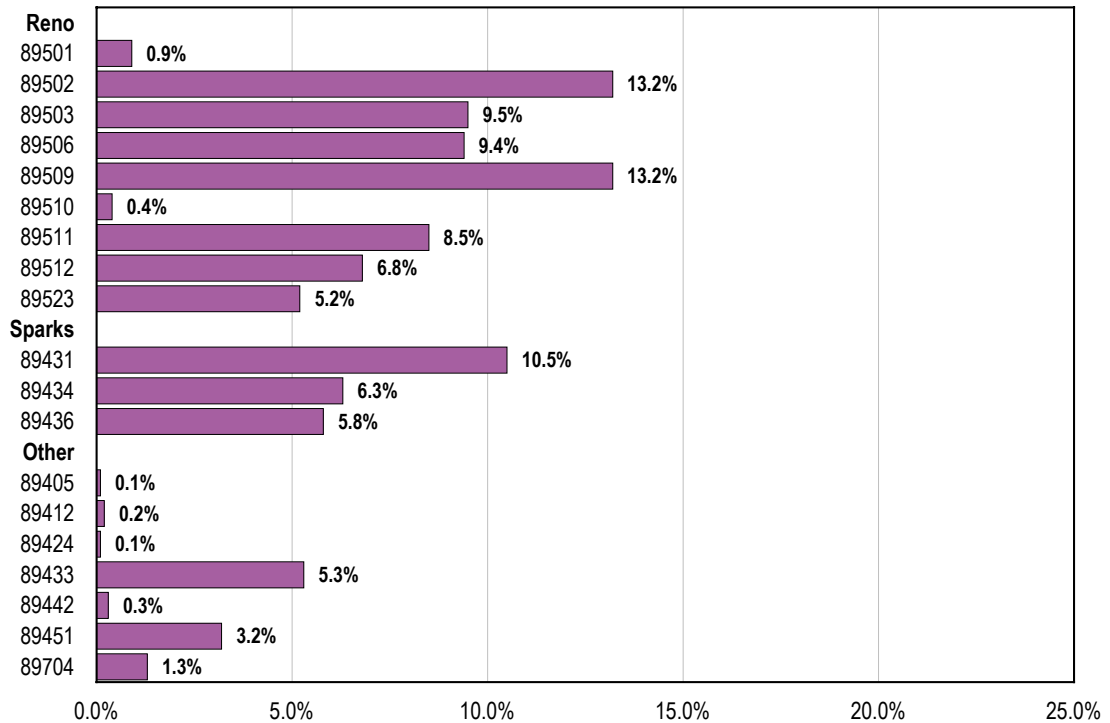
Annual Household Income (Among Washoe County Survey Respondents)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.

- Notes:
- Asked of all respondents (aged 18 and older).
 - Poverty status is based on household income and number of household residents among respondents for whom income is determined.

Survey Sample Distribution by ZIP Code (Washoe County)



Source: 2003 PRC Community Health Survey, Professional Research Consultants.