

**Washoe County
Community Health Indicators
Report Card**

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for the
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The purpose of the Washoe County Community Health Indicators Report Card is to identify and present the key issues affecting the health status of Washoe County residents, and identify areas of unmet need. This report will aid in focusing public health interventions in the community and serve as a guide in directing policy, research, and funding. The Washoe County key indicators have been presented, for comparison, with national data and the correlated goals set by Healthy People 2010. These comparisons allow for insight into the status of the health of the county relative to the nation and to health objectives set for the future. These indicators have been identified through extensive research along with the input of public health epidemiologists from the state and local public health authorities. Data have been compiled from a wide array of sources including the Centers for Disease Control and Prevention (CDC), the national and state of Nevada Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), and various reports from the Washoe County Health District, the Nevada State Health Division, and other agencies. Every effort has been made to include the most current data available. Data sources are detailed on page 30.

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Demographics 2000

Washoe County has seen a 33% increase in total population between 1990 and 2000, far exceeding the national average of 13%. Washoe County accounts for 17% of the state population, while Clark County comprises 69%, and all rural counties combined account for 14%.

Year 2000	Washoe County	United States
Total Population	339,486	281,421,906
<u>Race & Ethnicity</u>		
White	80.4%	75.1%
Black	2.1%	12.3%
Am.Indian/Alaska Native	1.8%	0.9%
Asian/Pacific Islander	4.8%	3.7%
Some Other Race	7.7%	5.5%
Rep. Two or More Races	3.3%	2.4%
Hispanic or Latino origin*	16.6%	12.5%
Foreign Born	14.1%	11.1%

Data source: U.S. Census Bureau, Quick Facts U.S. and Washoe County

*Persons of Hispanic or Latino origin may be of any race, so this population is also included in applicable race categories.

Year 2000	Washoe County	United States
Median household income*	\$45,815	\$41,994
Persons below poverty*	10.0%	12.4%
Homeownership rate	59.3%	66.2%
High school graduates, % of persons age 25+	83.9%	80.4%
Birth rate (1,000)	14.5	14.7
Mortality rate (100,000)**	881.6	868.3
Homeless and Underhoused (live in motels)***	4,073 (1%)	842,000 (.3%)
*data from 1999		
**age-adjusted rates		
***WC: one-day sample, Nov. 7, 2001, collected by Reno Area Alliance for the Homeless (RAAH), US: one-day sample, February 2000, National Coalition for the Homeless (NCH)/Urban Institute		

Data sources: U.S. Census Bureau, Quick Facts U.S. and Washoe County; National Vital Statistics Reports, Vol. 50, No. 16, Sept. 16, 2002 and Vol. 50, No. 5, Feb. 12, 2002; Nevada Vital Statistics 2000, RAAH data summary Jan. 23, 2002, NCH Fact Sheet #2, September 2002, CDC Wonder 2003.

Leading Causes of Death

In comparing the leading causes of death between Washoe County and the United States, there are some obvious similarities and a few striking differences. First, the top two leading causes of death are heart disease and cancer, both locally and nationally. Further examination of the data reveal that Washoe County presents atypically high rates of chronic obstructive pulmonary disease (see p. 9), suicide (see p. 11), and chronic liver disease (the latter two of these are not among the top ten leading causes of death nationally). In addition, it must be noted that Washoe County presents much lower rates of death due to diabetes and influenza and pneumonia than exist nationally. The overall (age-adjusted) death rate in Washoe County (881.6) is considerably higher than the U.S. rate (868.3).

Leading Causes of Death Washoe County and United States 2000

Year 2000	WC Age-Adjusted Rate*	US Age-Adjusted Rate*
1. Heart Disease	261.0	257.6
2. Cancer	217.2	204.9
3. COPD/Chr. Lower Resp. Dis.	61.6	44.2
4. Stroke	55.7	60.8
5. Accidents	42.0	34.9
6. Suicide	20.7	10.5
7. Alzheimer's Disease	17.0	18.0
8. Chronic Liver Disease	16.5	9.9
9. Influenza & Pneumonia	14.3	23.7
10. Diabetes	13.0	25.0

*Age-adjusted rate is per 100,000 persons.

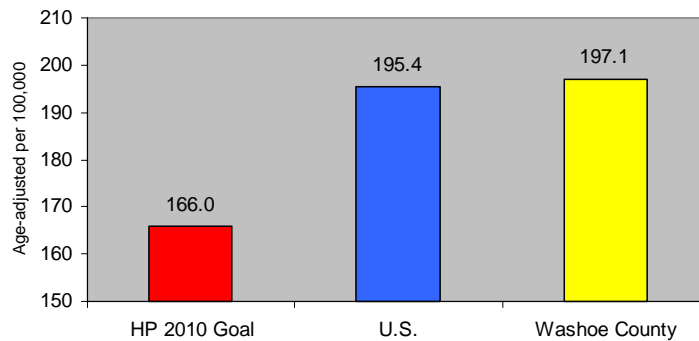
Data source: National Center for Health Statistics (NCHS) Vital Statistics System, through CDC Wonder.

Heart Disease

Heart disease is the number one killer of Americans. The American Heart Association reports that about 21% of Americans have some type of heart disease, and almost one million Americans die from this disease every year.¹ In 2000, 28% of the deaths in Washoe County were attributed to heart disease.² While several causes of heart disease are due to genetic factors, the most prevalent type, coronary heart disease, is commonly due to lifestyle choices including smoking, consumption of a high-fat diet, and lack of physical activity.³ In 2000, coronary heart disease accounted for 76% of heart disease deaths both locally and nationally.

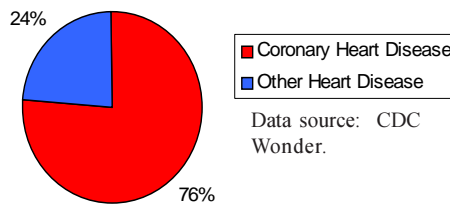
Healthy People 2010 Objective 12-1: Reduce coronary heart disease deaths to 166.0 per 100,000 persons.

Coronary Heart Disease Deaths 2000



Data source: CDC Wonder.

**Heart Disease Death by Type
Washoe County 2000**



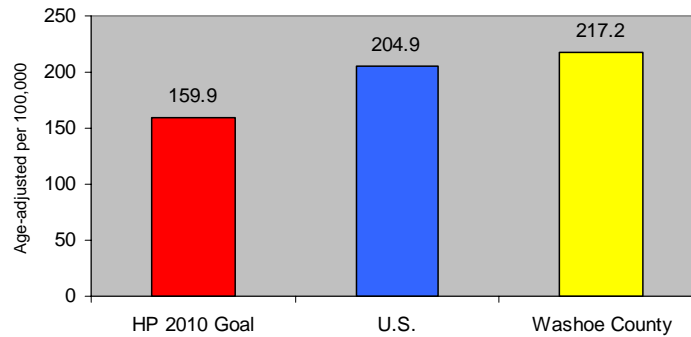
Data source: CDC Wonder.

Cancer

Cancer is the second leading cause of death in the United States, and is responsible for 23% of deaths in this country. More than 550,000 people die each year from cancer, and Nevada has one of the highest cancer mortality rates in the country (25% of deaths in Nevada are attributed to cancer).⁴ Washoe County follows suit with 25% of deaths due to cancer.² Nearly 40% of cancers are caused by tobacco and alcohol abuse, while another 30% are related to diet and nutrition. Tobacco use has been implicated in many different types of cancer, ranging from cancer of the esophagus and respiratory tract to bladder, liver, and stomach cancers. The majority of diet-related cancers are related to an excessive intake of fat, leading to obesity, which can contribute to cancers of the breast, colon, prostate, and uterus.⁵

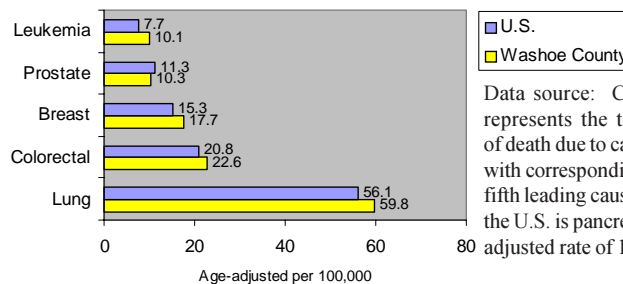
Healthy People 2010 Objective 3-1: Reduce the overall cancer death rate to 159.9 per 100,000 persons.

Cancer Deaths 2000



Data source: CDC Wonder.

Cancer Deaths by Type 2000

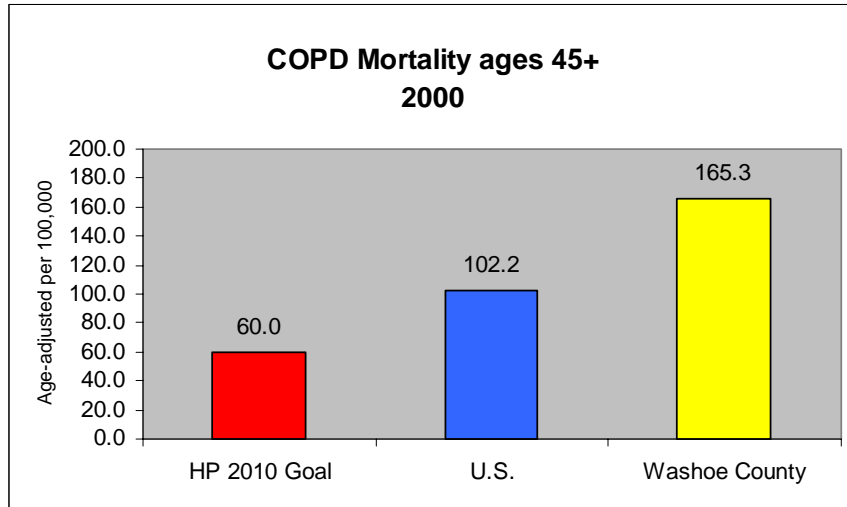


Data source: CDC Wonder. This chart represents the top five leading causes of death due to cancer in Washoe County, with corresponding rates for the U.S. The fifth leading cause of death due to cancer in the U.S. is pancreatic cancer, with an age-adjusted rate of 10.6 per 100,000.

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is the third leading cause of death in Washoe County, whereas nationwide it is the fourth. This discrepancy is likely due to the historically high rates of smoking in the county. The American Lung Association reports that up to 90% of COPD cases are due to smoking⁶ (see pages 16-17 for smoking rates). Other contributing factors to COPD include asthma, air pollutants, and respiratory infections. COPD is defined as progressive chronic airflow obstruction, and is generally irreversible. There are two main types of COPD, emphysema and chronic bronchitis.

Healthy People 2010 Objective 24-10: Reduce deaths from COPD among adults 45 and over to 60 per 100,000 persons.

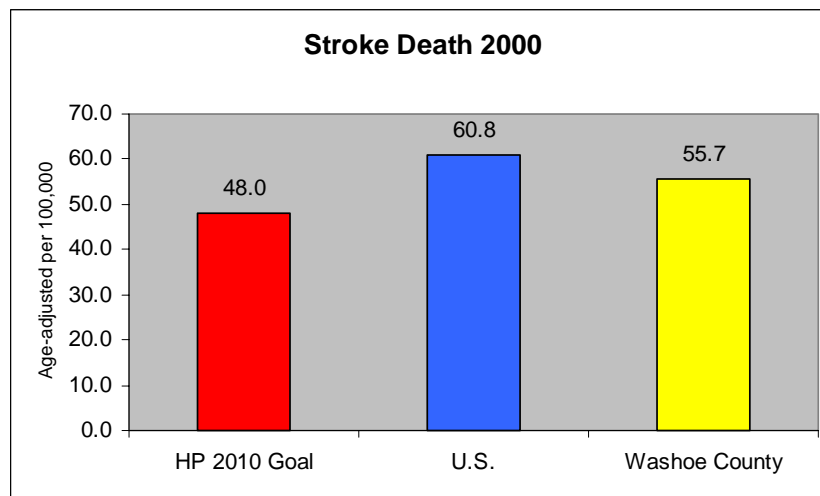


Data source: CDC Wonder.

Cerebrovascular Disease

As the third leading cause of death in the United States, cerebrovascular disease, also known as stroke, can be very damaging to the human body. While they are not always fatal, strokes can severely impair the body's ability to function. A stroke is defined as an event that causes disruption of the flow of blood to the brain, which can cause an interruption in neurological function, and may lead to brain cell death.⁵ Although strokes act on a completely different organ and organ system than do heart attacks, the causes of the two disorders are remarkably similar. Atherosclerosis and hypertension both contribute to the onset of cerebrovascular disease and cardiovascular disease. Hardening of the arteries, the buildup of plaque inside a blood vessel, is the main culprit in the incidence of a stroke. Deaths due to stroke account for 6% of deaths in Washoe County.²

Healthy People 2010 Objective 12-1: Reduce stroke deaths to 48.0 per 100,000 persons.

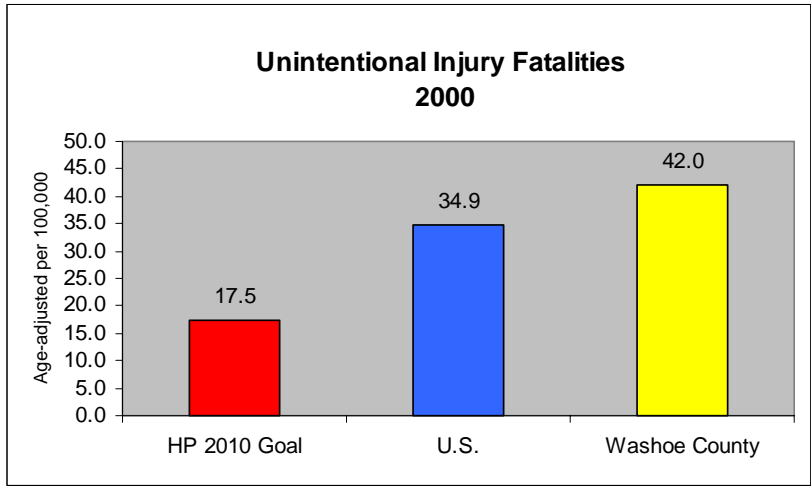


Data source: CDC Wonder.

Unintentional Injury

Unintentional injury death rates for Washoe County are considerably higher than national rates. Current national and local figures are twice the target set by Healthy People 2010.

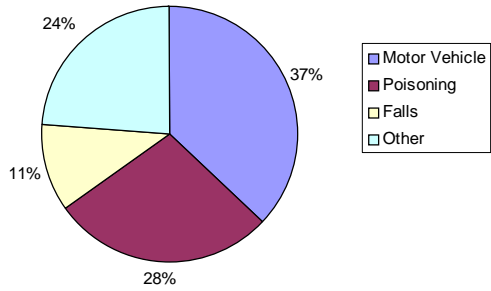
Healthy People 2010 Objective 15-15: Reduce deaths by unintentional injury to 17.5 per 100,000 persons.



Accidental Deaths by type Washoe County 2000

Motor vehicle crashes are by far the leading cause of unintentional death in Washoe County, accounting for more than one-third of unintentional fatalities.²

It is important to note that of 48 fatal crashes in 2000, 32% of drivers were above the legal blood alcohol content (BAC) of .10, and an additional 11% of drivers had a BAC of between .01 and .09.⁷

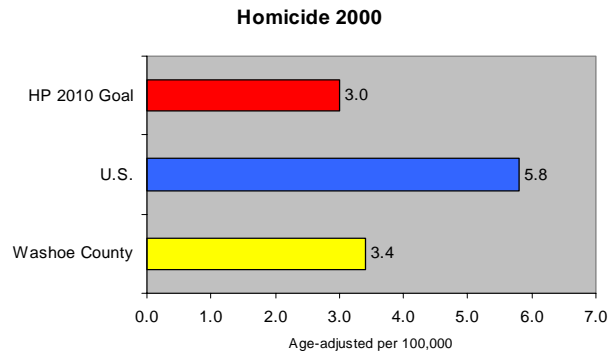


Data source: Nevada Vital Statistics 2000

Intentional Injury

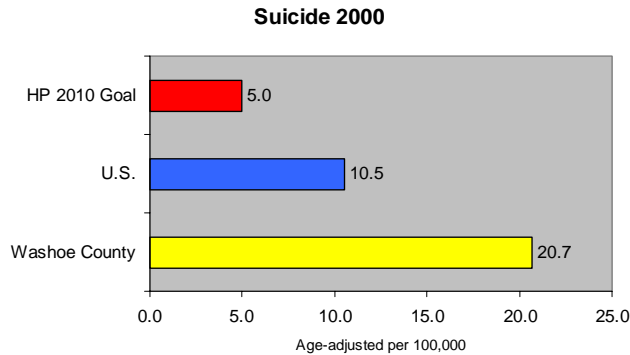
While national homicide levels are nearly double the Healthy People 2010 target, Washoe County is quite close to meeting this particular objective. Conversely, the suicide rate in Washoe County is twice the national average, and four times higher than the objective set by Healthy People 2010. As shown on p. 5, suicide is the sixth leading cause of death in Washoe County², and nationally is not even among the top ten. Suicide rates in Washoe County are alarmingly high, and represent an area for significant improvement.

Healthy People 2010 Objective 15-32: Reduce homicides to 3.0 per 100,000 persons.



Data source: CDC Wonder.

Healthy People 2010 Objective 18-1: Reduce the suicide rate to 5.0 per 100,000 persons.

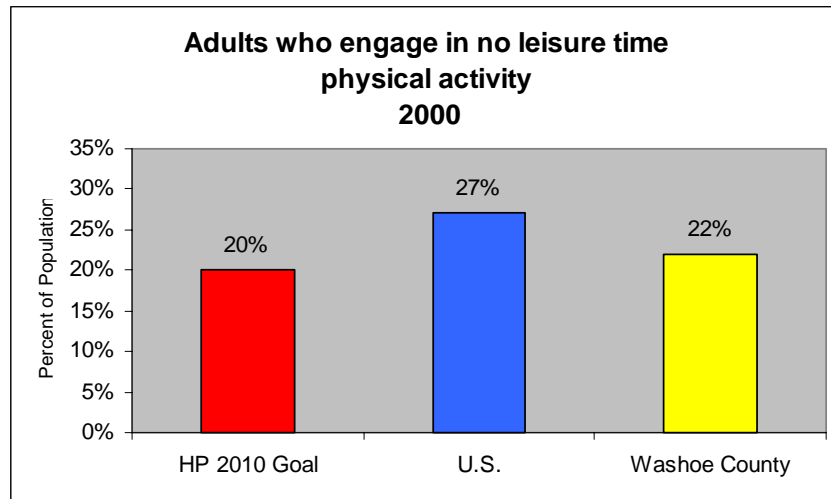


Data source: CDC Wonder.

Physical Activity Adults

Adults who have higher levels of physical activity have lower mortality rates than adults who are less active or not at all active. Regular physical activity reduces risk of coronary heart disease, hypertension, diabetes, and several types of cancer, and can reduce symptoms of depression and anxiety, while improving overall mood.⁸ Physical activity also increases lean muscle mass, strengthens bones, and reduces overall body fat while maintaining weight.⁸

Healthy People 2010 Objective 22-1: Reduce the proportion of adults who engage in no leisure time physical activity to 20%.



Data sources: Nevada and U.S. BRFSS 2000.

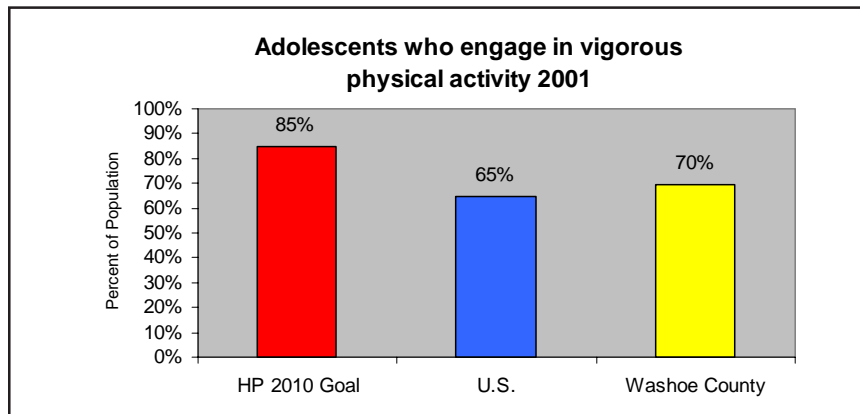
BRFSS Question: During the past month, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?

Physical Activity

Adolescents

Regular physical activity is extremely important for children. However, in recent years, activity levels have fallen drastically among youths. It is essential for children and adolescents to adopt physical activity early in life to promote good health throughout the lifespan. Having an active lifestyle is essential for youth in maintaining a strong body, healthy weight status, and positive self-image.⁸

Healthy People 2010 Objective 22-7: Increase the proportion of adolescents in grades 9 through 12 who engage in vigorous physical activity for 20 or more minutes, 3 or more days per week to 85%.



Data sources: U.S. Youth Risk Behavior Surveillance System (YRBSS) 2001, Nevada YRBSS 2001.

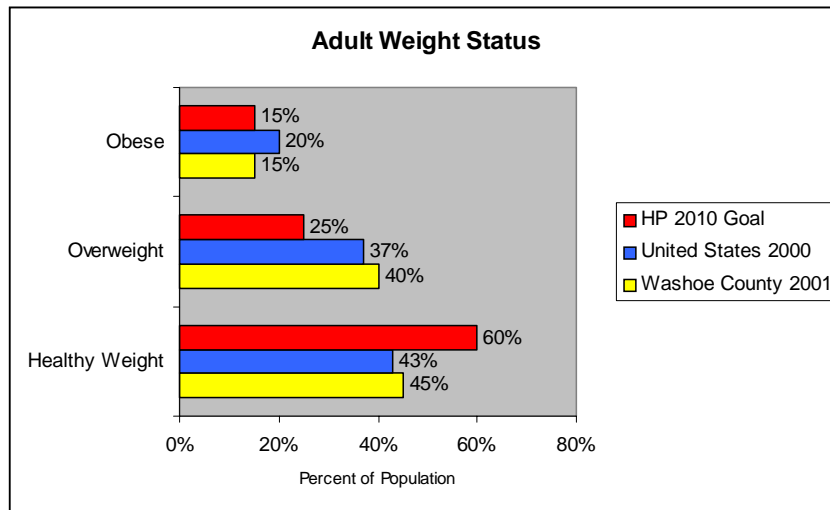
YRBSS Question: On how many of the past seven days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling or dancing, or similar aerobic activities? These data represent those who responded 3 days a week or more.

Overweight and Obesity Adults

Obesity has become a national epidemic. The number of Americans who are overweight or obese has more than doubled in the last thirty years. The health consequences of being overweight and obese are extensive, and include hypertension, high cholesterol, diabetes, coronary heart disease, stroke, congestive heart failure, some types of cancer, psychological disorders, complications with pregnancy, and many more.⁹

Obesity and overweight are generally measured and reported by body mass index (BMI). BMI is a mathematical formula which computes a person's weight (in kilograms) divided by height squared (in meters): $Wt (kg)/Ht (m)^2$. It is used to create a standard by which adults of all sizes can be measured, and to assign definitions of overweight and obesity. Obesity is considered BMI of 30 and above, Overweight is 25 to 29, and Healthy Weight is 18 to 24 (17 and below are considered underweight)¹⁰

Healthy People 2010 Objective 19-1: Increase the proportion of adults who are at a healthy weight to 60%.

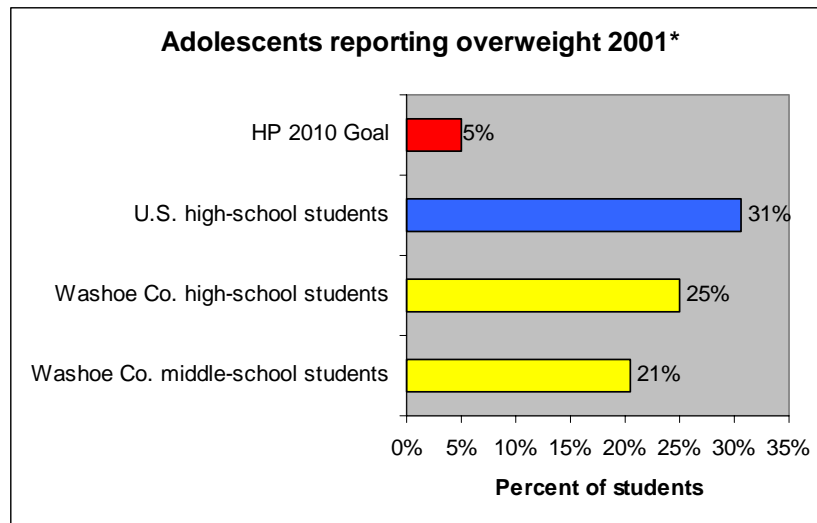


Data source: Washoe County District Health Department Chronic Disease and Injury Epi-Letter, March 2003, Vol. 4, No. 1.

Overweight and Obesity Children and Adolescents

The obesity epidemic has impacted the entire nation, and children are no exception. Rates of obesity among children ages 6 through 12 have more than tripled since the 1970's, and have doubled for adolescents.¹⁰ Overweight children and adolescents are at great risk of becoming overweight or obese adults, which significantly increases the risk of developing chronic disease. It is essential to promote healthy eating habits and physical activity among children in order to establish healthy lifestyle choices for the long-term.

Healthy People 2010 Objective 19-3: Reduce the proportion of children and adolescents who are overweight or obese to 5%.



Data source: YRBSS, 2001.

*It is important to note that these data are self-reported by students responding to the question: "How do you describe your weight?" Response choices included: very underweight, slightly underweight, about the right weight, slightly overweight, and very overweight. This chart represents those who chose either of the latter two responses.

Substance Use Adult Tobacco Use

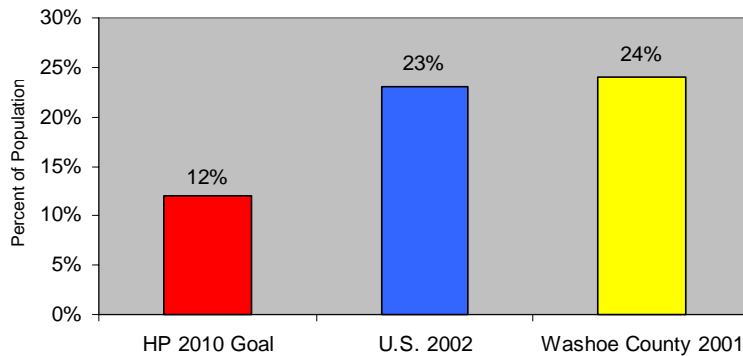
Tobacco use is the leading cause of preventable illness and death in the United States. Still, millions of Americans maintain this damaging habit. The American Cancer Society reports that 23.3% (or 46.5 million) of adult Americans smoke.¹¹

Smoking has been implicated as a contributing factor in many types of disease. While smoking is most commonly associated with lung cancer, other respiratory cancers, and COPD, it also increases the risk of heart attack and stroke. Smokers have an increased risk of respiratory illness as well, such as pneumonia and bronchitis. Finally, a smokers' risk of premature death is greatly increased over that of a lifetime nonsmoker.¹²

Washoe County has had, historically, a significantly higher prevalence of adult smoking than the national average, which probably accounts for the higher COPD mortality rates. However, Washoe County has seen a slight drop in smoking since 1991, when 28% of adults reported being current smokers.

Healthy People 2010 Objective 27.1a: Reduce cigarette smoking by adults aged 18 and older to no more than 12%.

Cigarette Smoking- Adults

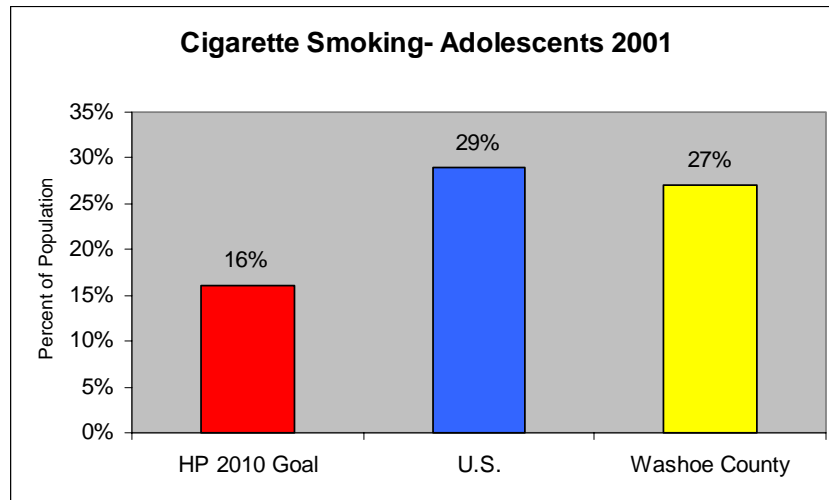


Data source: Washoe County BRFSS 2001, United States BRFSS 2002.
BRFSS question posed to participants: "Have you smoked 100 cigarettes in your lifetime and currently smoke?"

Substance Use Adolescent Tobacco Use

Cigarette smoking during adolescence can lead to health problems such as coughing, wheezing, acute respiratory illness, decreased physical fitness, and loss of maximum lung function.¹³ Adolescent smoking is often the beginning of a lifetime of smoking, as 90% of adult smokers report initiation of the habit prior to age 21.¹³ It is imperative to target this age group for smoking cessation and prevention programs in order to impact future adult smoking rates.

Healthy People 2010 Objective 27-2b: Reduce cigarette smoking by students in grades 9-12 to 16%.



Data source: YRBSS 2001.

YRBSS Question posed to participants: "During the past 30 days, on how many days did you smoke cigarettes?" This data reflects those that provided a response of any smoking during that period.

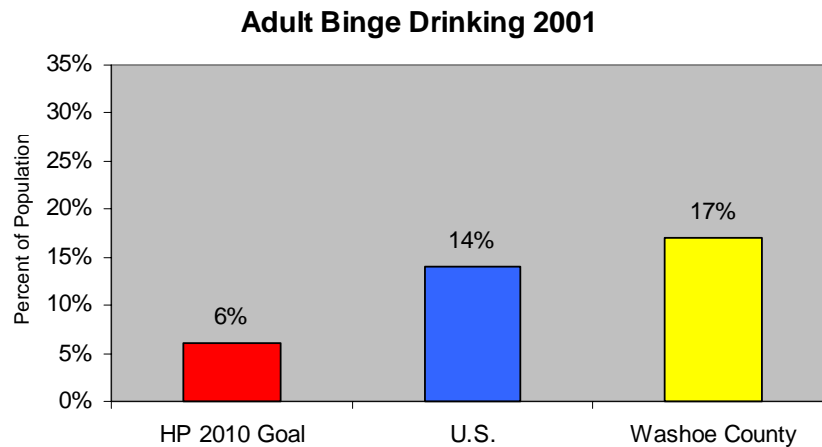
Substance Use

Adult Alcohol Use

The abuse of alcohol over an extended amount of time can affect many different systems of the body, and is thought to contribute to many types of health problems such as anemia, birth defects, ulcers, stomach and liver problems, abnormal heartbeat, heart failure, psychosis and nerve damage, and many different types of cancer.³ Extended overuse of alcohol can lead to marital and family problems and job performance issues. Alcohol use is also associated with violence, injury, motor vehicle crashes, homelessness, sexually transmitted diseases, and child and spousal abuse.³ According to the BRFSS, 61% of Washoe County adults reported consuming some type of alcohol during the previous month (2001).

“Binge” drinking is one measure of alcohol overuse. Binge drinking is considered to be consumption of five or more alcoholic beverages within a few hours.

Healthy People 2010 Objective 26-11c: Reduce the proportion of adults 18+ who engage in binge drinking to 6%.



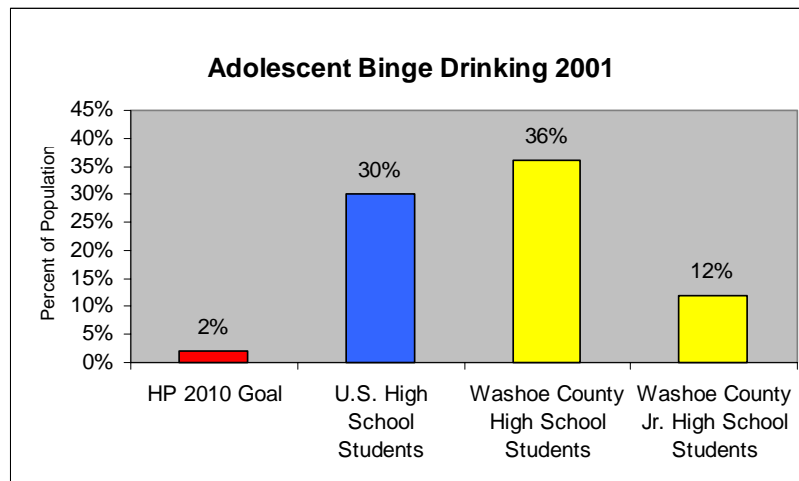
Data source: BRFSS 2001.

Substance Use

Adolescent Alcohol Use

In Washoe County, 53% of high school students reported consuming some type of alcohol at least once during the previous month. According to the 2001 YRBSS, more than 30% of high school students reported having their first drink of alcohol (other than a few sips) at ages 13 or 14, and 75% had their first drink at or prior to age 16. Alcohol use among teenagers is associated with sexual activity, teen pregnancy, sexually transmitted disease, and violence and injury, particularly with motor vehicle crashes.¹⁴

Healthy People 2010 Objective 26-11d: Reduce the proportion of adolescents ages 12-18 who engage in binge drinking to 2%.



Data source: YRBSS 2001.

Binge drinking is identified as having five or more drinks of alcohol in a row, within a couple of hours.

Substance Use Illicit Drug Use

Illicit drug use is a significant and complicated problem nationwide. This category of drugs is defined as those drugs that are illegal for any use. As of 2001, approximately 7% of Americans over the age of 12 (almost 16 million) were illicit drug users. Of these, nearly 80% report using marijuana, while the remainder use cocaine, pain relievers, tranquilizers, hallucinogens, and a variety of other illicit drugs. The use of illicit drugs are associated with a wide array of problems, such as abuse, injury, violence, homelessness, sexually transmitted diseases including HIV, and problems with school, family, and work environments.¹⁵ The objective of Healthy People 2010 is for adult illicit drug use to decline to just 2% of the population.

Adult illicit drug use statistics are not readily available for Washoe County, most likely due to the difficulty in identifying and maintaining records for the drug using population, in tandem with the issues of legality. There are records available, however, from drug abuse treatment sites, which provide some idea of the drugs being used in the county.

The following data represent client admissions at treatment facilities funded by the Nevada State Health Division's Bureau of Alcohol and Drug Abuse (BADA) in 2001. The data are provided to give some idea of the prevalence of various illicit drugs in Washoe County, but do not represent complete county-wide data. These data do not include admissions to non-BADA funded treatment facilities. These figures were based on 410 adolescent admissions and 2,098 adult admissions at the treatment centers.

Primary Substance Abuse at BADA-funded treatment sites in Washoe County 2001

Primary Substance Abuse	Adolescents	Adults
Alcohol	16%	44%
Amphetamines	17%	32%
Cocaine/Crack	3%	11%
Marijuana	61%	5%
Other	3%	8%

Data source: Nevada State Health Division, Department of Human Resources; Bureau of Alcohol and Drug Abuse. "2003 Needs Assessment." November 2003.

Substance Use

Adolescent Illicit Drug Use

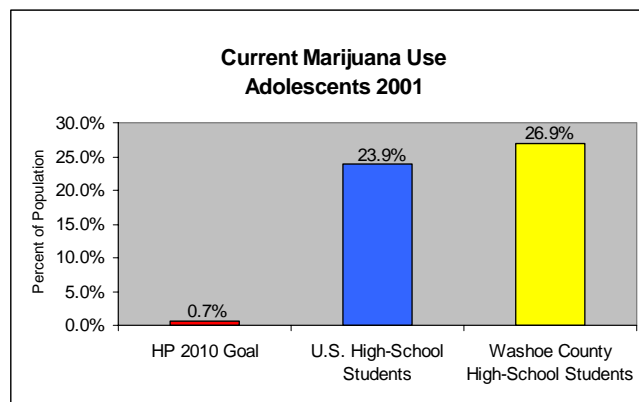
Illicit drug use among adolescents is an ongoing problem nationwide and has been associated with teen pregnancy, violence, delinquency and risky sexual behavior.¹⁶ Among adolescents in Washoe County, marijuana is the most commonly used illicit drug, followed by methamphetamines, inhalants, cocaine, steroids, and injection drugs.

Percentage of High-School Students who Report Using Illicit Drugs at any Point in their Lifetime (Reported in 2001)

Type of Drug	Washoe County	U.S.
Marijuana	51.5%	42.4%
Methamphetamines	13.5%	9.8%
Inhalants	12.3%	14.7%
Cocaine	11.8%	9.4%
Steroids	4.5%	5.0%
Injection drugs	2.8%	2.3%

Data source: YRBSS 2001.

Healthy People 2010 Objective 26-10b: Reduce the proportion of adolescents reporting use of marijuana in the past 30 days to 0.7%.



Data source: YRBSS 2001.

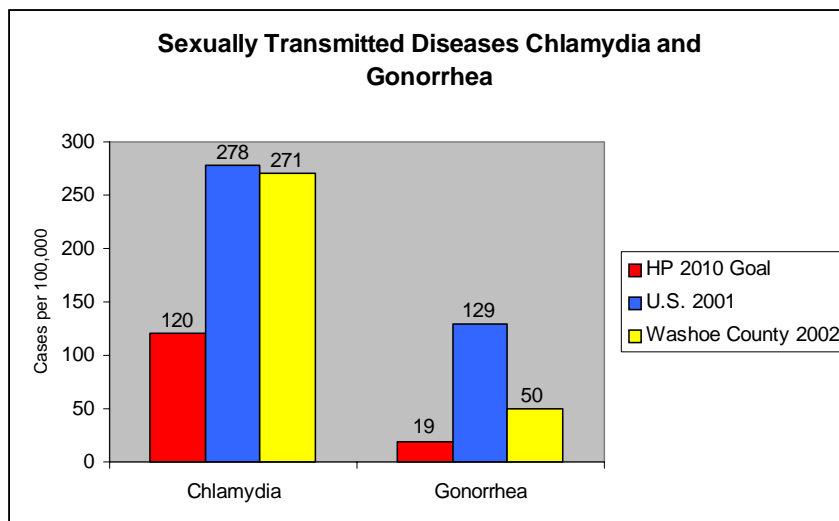
“Current marijuana use” is identified as any use of marijuana within the past 30 days.

Responsible Sexual Behavior Sexually Transmitted Disease Chlamydia and Gonorrhea

Sexually transmitted diseases (STDs) are the most frequently reported diseases in Washoe County; chlamydia and gonorrhea are the most widespread. These bacterial infections can lead to infertility, pelvic inflammatory disease (PID), and chronic pelvic pain, and can easily be transmitted to partners during sexual contact.¹⁷

Healthy People 2010 Objective 25-1: Reduce *Chlamydia trachomatis* infections to no more than 120 cases per 100,000 persons in Nevada*.

Healthy People 2010 Objective 25-2: Reduce gonorrhea infections to no more than 19 new cases per 100,000 persons.



Data source: 2002 Washoe County Communicable Disease Annual Summary.

* No national target has been set for chlamydia. This objective has been set by the Nevada State Health Division.

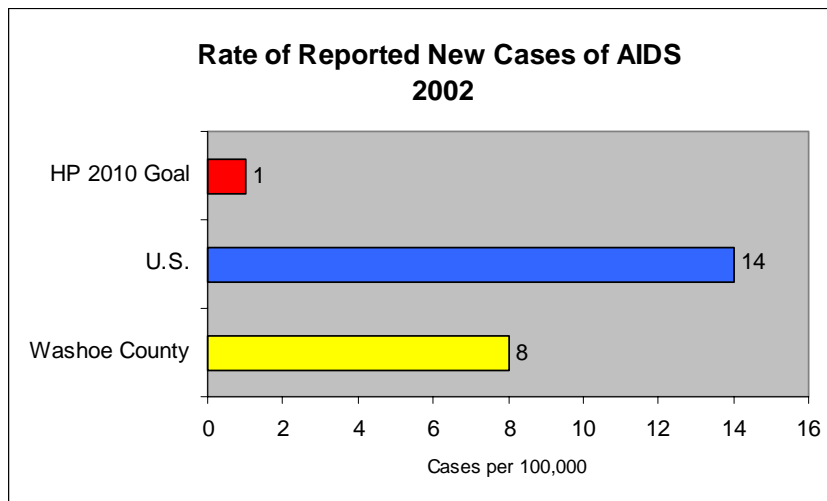
Responsible Sexual Behavior

Sexually Transmitted Disease

HIV/AIDS

HIV is a virus that attacks the immune system, leaving the body vulnerable to opportunistic infections. Eventually HIV leads to acquired immune deficiency syndrome (AIDS), which is identified by a heavily suppressed immune system, and which eventually causes death. In 2002, there were 47 new cases of HIV reported in Washoe County, for an incidence rate of 13.1 per 100,000. HIV incidence is not reportable in all states, therefore national HIV incidence rates are not available. There were 30 new cases of AIDS reported in Washoe County in 2002, a crude rate of 8 per 100,000.¹⁷ While the number of HIV/AIDS cases are highest for Whites, rates of infection are much higher for Blacks (locally and nationally). Healthy People 2010 has set a developmental objective which calls for a reduction in HIV cases, but has not yet set a target number.

Healthy People 2010 Objective 13-1: Reduce new AIDS cases among adolescents and adults to no more than 1 per 100,000.

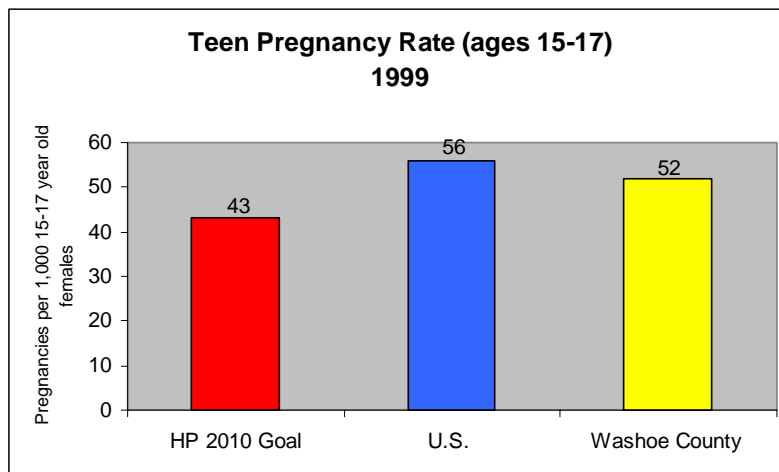


Data sources: 2002 Washoe County Communicable Disease Annual Summary, CDC Division of HIV/AIDS Prevention Surveillance Report Vol. 14, 2003.

Responsible Sexual Behavior Teen Pregnancy

The Washoe County teen birth rate has been significantly higher than the national rate for many years. The good news, however, is that both rates have been steadily declining since the early 1990's. In 1994 the birth rate among 15-17-year old girls in Washoe County was 38 per 1,000, and it has fallen to 33 per 1,000 (in 2000).² Teen pregnancy and teen birth rates have both declined significantly across the nation over the past decade. Increased condom use, decreased sexual activity, and increased use of other forms of contraception are thought to be responsible for this decline.¹⁸ It is interesting to note that while the Washoe County teen pregnancy rate is lower than the national average, the county's teen birth rate is actually higher (Washoe County: 33 per 1,000, compared to US: 27 per 1,000) for the 15-17 age group (2000).

Healthy People 2010 Objective 9-7: Reduce pregnancies among 15-17 year-old females to 43 per 1,000.



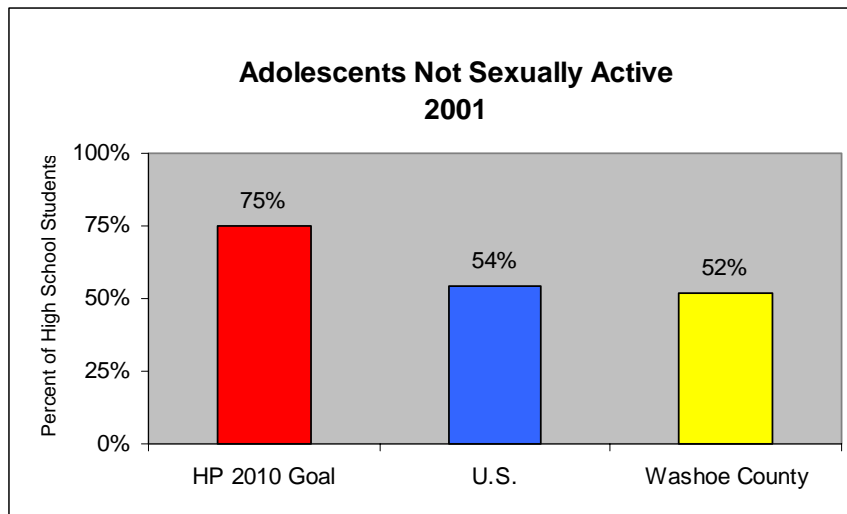
Data sources: Washoe County data: Nevada State Health Division, Bureau of Health Planning and Statistics.

U.S. data: National Vital Statistics Report, Vol. 52, No. 7, October 31, 2003.

Responsible Sexual Behavior Adolescent Sexual Activity

Unplanned pregnancies and sexually transmitted diseases are the result of unprotected sexual behavior. Both of these are preventable. Abstinence from sexual intercourse and condom use can significantly reduce the risk of pregnancy and sexually transmitted disease. According to the YRBSS, for those students in Washoe County who reported having had sex, 85% reported their first time was at age 15 or earlier.

Healthy People 2010 Objective 9-9: Increase the proportion of adolescents who have never engaged in sexual intercourse to 75%.



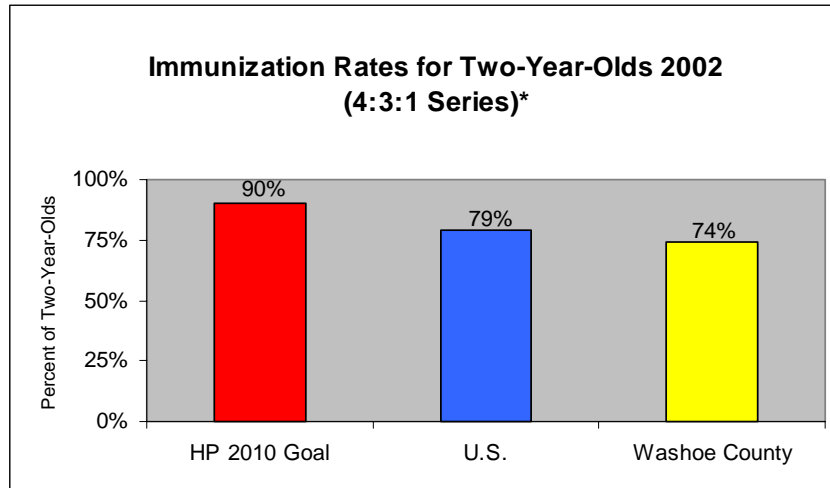
Data source: YRBSS, 2001.

Immunization

Vaccines play an integral role in public health. Vaccines have been instrumental in significantly reducing the incidence of disease, and it is vital to maintain, and even increase, community-wide immunization levels. While illness, disability, and death due to many of these vaccine-preventable diseases have dramatically declined, it is imperative to maintain coverage to prevent resurgence of these debilitating diseases. Some of the diseases currently being vaccinated against include diphtheria, tetanus, pertussis, polio, measles, mumps, rubella, varicella (chicken pox), and hepatitis A and B.

Immunization rates in Washoe County are relatively close to the national average, but both figures are well below the Healthy People 2010 objective. Two-year-old immunization rates are commonly used to describe and compare rates of vaccination.

Healthy People 2010 Objective 14-22: Achieve and maintain effective vaccination coverage levels of 90% for universally recommended vaccines among young children.



Data sources: Washoe County data: Nevada KidsCount, through the Nevada Dept. of Human Resources, Health Division, Bureau of Community Health. U.S. data: National Immunization Survey, 2002.

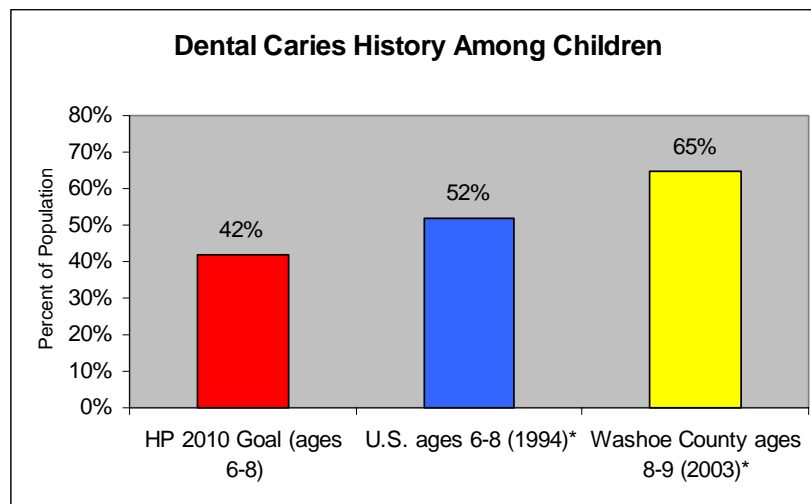
*The 4:3:1 immunization series includes 4 doses of Diphtheria, Tetanus, and Pertussis (DTP), 3 doses of the Poliomyelitis Vaccine (IPV/OPV), and 1 dose of Measles, Mumps, and Rubella (MMR), by the age of two.

Oral Health

Good oral health is essential to overall well being. Dental caries and periodontal disease can be extremely painful, debilitating, and expensive. Oral disease can result in difficulty speaking, chewing, swallowing, and low self-esteem, and severe cases can cause disfigurement, loss of work, and (in the case of oral cancers) can even cause death. Dental caries (cavities or tooth decay) remain the most common chronic childhood disease, occurring more frequently than asthma.¹⁹ While oral health is not a Healthy People 2010 leading health indicator, it has been identified as one of the 28 focus areas of the program, and is of particular importance in Washoe County.

General oral health is often measured by examining the state of oral health among youth, particularly around ages 6 through 8 (often third grade), since this is an important developmental stage. Experience with dental caries is an indicator commonly used to describe oral health.

Healthy People 2010 Objective 21-1b: Reduce the proportion of children ages 6-8 with dental caries experience in their primary and permanent teeth to 42%.



Data sources: Washoe County data: Healthy Smile-Happy Child Oral Health Survey 2003, Nevada State Health Division. Survey was conducted with third graders in Nevada. National data: Healthy People 2010.

*Most recent and comparable data available.

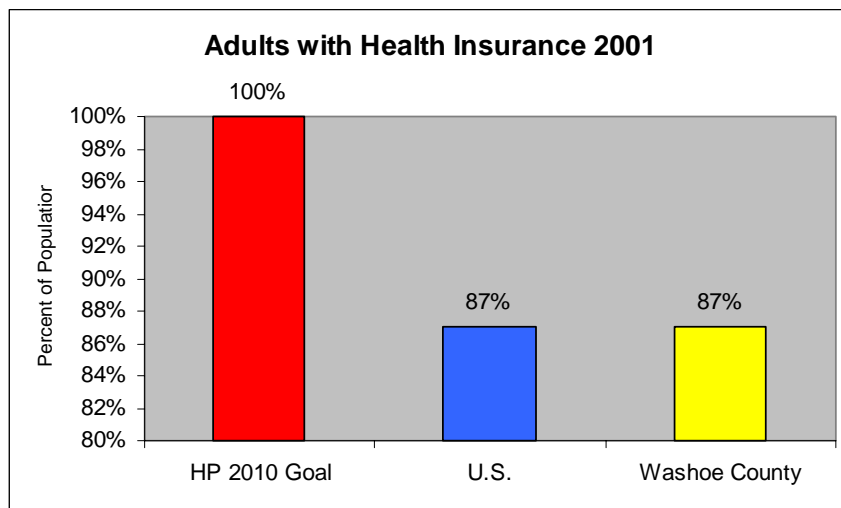
Access to Health Care

Health Insurance

Having access to health care begins with obtaining health insurance. Americans who have insurance are much more likely to seek treatment when ill, as well as preventive care such as Pap tests, mammograms, immunizations, and prenatal care.¹⁹ Without insurance, health care services are much too expensive for many people. Nationally, approximately 87% of Americans under the age of 65 had some type of health insurance coverage in 2001. The Healthy People 2010 objective is 100%. For a further description of the insured, see Health Insurance Disparities on page 27.

It is important to note these data are collected through the BRFSS telephone survey. The question posed to participants reads: “Do you have any kind of health care coverage?” Since this is such a broad question, it must be assumed that people with inadequate amounts or partial coverage of insurance are represented in the results. These data must not be taken to suggest that 87% of Washoe County residents have full health care coverage.

Healthy People 2010 Objective 1-1: Increase the proportion of persons with health insurance to 100%.

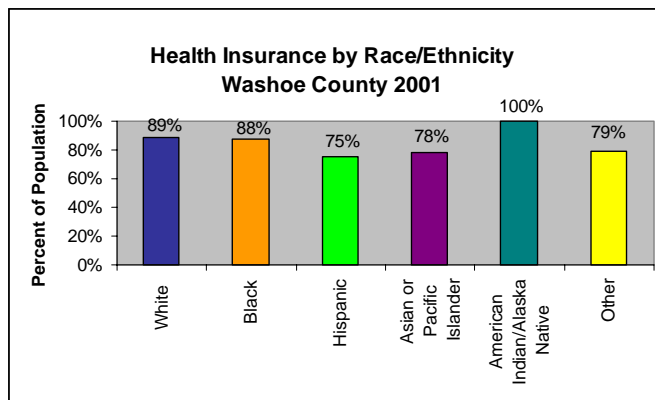


Data source: Nevada BRFSS 2001, U.S. BRFSS 2001.

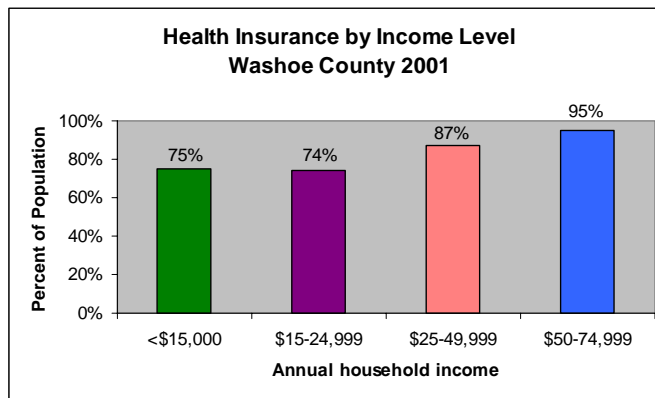
Access to Health Care

Health Insurance Disparities

While Washoe County figures show 87% insured rates overall, a closer look reveals serious disparities in coverage. In Washoe County, nearly 90% of Whites and Blacks have some type of health coverage, and only three-quarters of Hispanics, Asians and Pacific Islanders do. Similarly, while more than 87% of those in the annual household income levels of \$25,000 and above are insured, only about 75% of those below that level have coverage. These discrepancies are not exclusive to Washoe County; similar disparities apply nationwide.¹⁹



Data source: Nevada BRFSS 2001. Data represent those who have any kind of health plan.



Data source: Nevada BRFSS 2001. Data represent those who have any kind of health plan.

Data Sources

BRFSS: The Behavioral Risk Factor Surveillance System is a national survey created by the Centers for Disease Control and Prevention (CDC) and conducted by states as a way to monitor health status and behavioral health risk. While this is an ongoing telephone survey, some of the questions are asked every year and some questions are posed every two years. National BRFSS can be found at: <http://www.cdc.gov/brfss/>, and state and local BRFSS are available through the Nevada Interactive Health Databases System at: <http://health2k.state.nv.us/nihds/brfss/index.htm>.

CDC Wonder: (Wide-ranging OnLine Data for Epidemiologic Research). This national interactive, web-based, searchable database, created and maintained by the CDC, provides data through customizable searches at national, state, and county levels. CDC Wonder supplies a wide range of information, including chronic and communicable disease, occupational and environmental health, injury prevention, and mortality statistics. CDC Wonder can be accessed at: <http://wonder.cdc.gov/>.

Healthy People 2010: These are national objectives set by the Healthy People Consortium which consists of scientists, experts from federal agencies, and the general public. There are 467 specific health objectives in 28 focus areas within Healthy People 2010, with 10 areas identified as Leading Health Indicators. These objectives serve as a useful tool for identifying and monitoring health-related problem areas in a community, and serve as markers for improvement. Healthy People 2010 can be found online at: <http://www.healthypeople.gov/>.

Nevada Vital Statistics Report 2000: Compiled by the Nevada State Health Division, Bureau of Health Planning and Statistics, Center for Health Data and Research, April 2002. This report includes demographic information and a wide range of health statistics for the state of Nevada, with much information categorized by county.

YRBSS: Youth Risk Behavior Surveillance System, performed by the state of Nevada Department of Education and the CDC. National data in this report were found in CDC document: Morbidity and Mortality Weekly Report (MMWR) Surveillance Summary, Youth Risk Behavior Surveillance Summary 2001, Vol. 51, No. SS-4, June 28, 2002.

Washoe County data found in State of Nevada Department of Education, Washoe County YRBSS Summary for 2001. YRBSS can be accessed at: <http://www.cdc.gov/nccdphp/dash/yrbs/>.

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