Health Disparities in Nevada

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DATE
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Nevada Public Health Week
Nevada State Health Division
Nevada Rural and Frontier Health Data Book 2015 Edition

- Biennial production by the Nevada State Office of Rural Health
- Most comprehensive source of county-level data on health and health care
Distribution of Population by Place

- **Rural and Frontier**
  - 14 counties
  - 86.9% of land mass
  - 284,496 population
  - 10.1% of state population
  - 3.0 residents per sq mile

- **Urban**
  - 3 counties
  - 13.1% of land mass
  - 2.5 million population
  - 89.9% of state population
  - 176.7 residents per sq mile

Population
City, County, and Region

• RUCA codes
  – Rural-urban commuting areas
  – A more specific population classification tool

• Considerable variation
  – Urban counties have substantial rural/frontier regions (i.e. Washoe, Clark)
  – Rural/frontier counties have areas economically tied to urban areas (i.e. Lyon, Nye)

# Population – 1990 to 2014

<table>
<thead>
<tr>
<th>Region</th>
<th>1990</th>
<th>2014</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rural &amp; Frontier</td>
<td>165,264</td>
<td>284,496</td>
<td>72.1 %</td>
</tr>
<tr>
<td>Urban</td>
<td>1,036,559</td>
<td>2,544,298</td>
<td>145.4 %</td>
</tr>
<tr>
<td>Nevada</td>
<td>1,201,756</td>
<td>2,828,794</td>
<td>135.4%</td>
</tr>
</tbody>
</table>

Population – 1990 to 2014
Percent Change

Population Aged 65 and Over – 1990 to 2014
Percent Change

Hispanic Population – 1990 to 2014

Percent Change

Veterans Population – 2014
Percent of Total County Population

Nevada’s Population Health Profile

• Perennial rank among the bottom tier of US states on many population health measures

• High levels of mental illness and behavioral health problems – aggravated by the economic recession, and slow recovery.

• Further compounded by high levels of “at risk” behaviors including cigarette smoking and immoderate alcohol consumption, and prescription drug abuse
Nevada’s Population Health Profile

• High uninsured rates for the population under the age of 65 across all regions of the state
• Translates to low rates of routine preventive health services use, such as recommended childhood immunizations and cancer screening
• While rural health is a reflection of the state’s overall health profile, important differences exist between rural and urban areas
Health Insurance Coverage – 2012
Population Aged 64 and Under - Uninsured

Medicare Enrollment – 2012

Percent of Population

Overweight and Obesity – 2013
Percent of Adults with BMI 25+, Self-Reported

Obesity Prevalence – 2011
Percent of Population

Source: Centers for Disease Control (2014b). See Nevada Rural and Frontier Health Data Book 2015, p. 128, Table 3.28.
Current Smokers – 2013
Percent of Adults, Self-Reported

All Cause Mortality Rate – 2013
Age-Adjusted Deaths per 100,000 Population

Malignant Neoplasm (Cancer) – 2013 Age-Adjusted Deaths per 100,000 Population

Chronic Lower Respiratory Disease – 2013
Age-Adjusted Deaths per 100,000 Population

Lung, Trachea, and Bronchus Cancer – 2013
Age-Adjusted Deaths per 100,000 Population

Chronic Liver Disease and Cirrhosis – 2013
Age-Adjusted Deaths per 100,000 Population

Rural Health Care Resources

- 14 hospitals with 2,250 employees and a payroll of $141.2 million, including 11 Critical Access Hospitals (CAHs)
- 40 federally designated Rural Health Clinics (RHCs) & Community Health Centers (CHCs)
- 13 tribal clinics and medical centers

Unique Geography of Rural and Frontier Nevada

Average Distance from a Rural Hospital to:

- Nearest incorporated town: 46 miles
- Nearest hospital: 54 miles
- Nearest tertiary hospital: 108 miles
- Office of Rural Health & NRHP: 261 miles

Source: See Nevada Rural and Frontier Health Data Book 2015, p. 227 Map 5.1.
Primary Medical Care Health Professional Shortage Areas – 2015

- Most regions of rural and frontier Nevada are federally-designated HPSAs
- 9 rural counties are single-county HPSAs
- Most rural and frontier census tracts of Clark and Washoe Counties are Primary Care HPSAs

## Physician and Primary Care Workforce – 2014

**Number per 100,000 Population**

<table>
<thead>
<tr>
<th>Profession</th>
<th>Rural &amp; Frontier</th>
<th>Urban</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allopathic Physicians (MD)</td>
<td>76.3</td>
<td>185.4</td>
<td>173.8</td>
</tr>
<tr>
<td>Adv Practitioners of Nursing (APN)</td>
<td>14.9</td>
<td>23.1</td>
<td>22.3</td>
</tr>
<tr>
<td>Osteopathic Physicians (DO)</td>
<td>14.6</td>
<td>19.3</td>
<td>18.8</td>
</tr>
<tr>
<td>Physician Assistants (PA)</td>
<td>14.2</td>
<td>17.8</td>
<td>17.5</td>
</tr>
<tr>
<td>Primary Care Physicians (MD &amp; DO)</td>
<td>44.0</td>
<td>80.0</td>
<td>76.2</td>
</tr>
</tbody>
</table>

*Source:* See references for Tables 4.6 through 4.42 in *Nevada Rural and Frontier Health Data Book 2015*, p. 212, Table 4.48.
Mental Health Professional Shortage Areas – 2014

- All 14 rural and frontier counties are mental health HPSAs
- With the closure of numerous rural mental health clinics, access to mental health services in rural areas is major public health issue

## Mental and Behavioral Health Workforce – 2014
Number per 100,000 Population

<table>
<thead>
<tr>
<th>Profession</th>
<th>Rural &amp; Frontier</th>
<th>Urban</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol, Drug, &amp; Gambling Counselors</td>
<td>55.5</td>
<td>42.0</td>
<td>43.4</td>
</tr>
<tr>
<td>Marriage &amp; Family Therapists</td>
<td>17.3</td>
<td>25.1</td>
<td>24.3</td>
</tr>
<tr>
<td>Psychiatrists</td>
<td>0.7</td>
<td>7.0</td>
<td>6.4</td>
</tr>
<tr>
<td>Psychologists</td>
<td>6.0</td>
<td>14.0</td>
<td>13.2</td>
</tr>
<tr>
<td>Social Workers (LSWs)</td>
<td>27.1</td>
<td>40.9</td>
<td>39.5</td>
</tr>
</tbody>
</table>

*Source: See references for Tables 4.6 through 4.42 in *Nevada Rural and Frontier Health Data Book 2015*, p. 212, Table 4.48.
Dental Health Professional Shortage Areas – 2015

- 8 of 14 rural and frontier counties are dental HPSAs
- Majority of census tracts in rural Clark County are also HPSAs
- Counties such as Churchill, Humboldt, and Lyon have historically been dental HPSAs

## Oral Health Care Workforce – 2014
Number per 100,000 Population

<table>
<thead>
<tr>
<th>Profession</th>
<th>Rural &amp; Frontier</th>
<th>Urban</th>
<th>Nevada</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dentists</td>
<td>38.0</td>
<td>56.8</td>
<td>54.9</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>36.6</td>
<td>37.1</td>
<td>37.0</td>
</tr>
</tbody>
</table>

**Source:** See references for Tables 4.6 through 4.42 in *Nevada Rural and Frontier Health Data Book 2015*, p. 212, Table 4.48.
Major Rural Health Policy Issues

• Financial and geographic access barriers
• Economic viability of rural hospitals and clinics
• Concerns about financing of long-term care
• High numbers of uninsured (and underinsured)
• EMS resource and workforce deficits
Major Rural Health Policy Issues

• Mental health and health care crisis
• Chronic health workforce shortages
• Underdeveloped public health services
• Aging physical plant of many rural hospitals
• State budget shortfall, esp. Medicaid, mental health
Additional Information

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