

Renown Rehabilitation Hospital Community Needs Assessment

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I. Executive Summary:

Renown Health is Reno's largest locally owned, not-for-profit health network with a proud heritage of serving the community. Renown Health's network of services includes hospitals, outpatient services, a foundation and an insurance company – Hometown Health. Renown Health offers numerous programs and services that would not otherwise be available in Northern Nevada and also contributes substantial resources to community benefit¹. Based on filed reports, Renown Health contributes millions more to benefit local communities than any other hospital or health network in Northern Nevada. As the only locally governed community hospital in Reno, Renown Health's board and leadership are focused on providing for the needs of local residents. The organization regularly evaluates the health needs of the community, and uses that assessment to plan additional programs and supplement current services for the underserved.

This document serves as the 2010 through 2013 community needs assessment for Renown Rehabilitation Hospital. Although Renown Rehabilitation Hospital's service area is vast geographically, the majority of Renown Health's patients are from the greater Reno-Sparks area, so the focus of this needs assessment will be the identified health care needs in Washoe County.

As can be gleaned from this study, there are numerous factors impacting the health status of the local community:

- Hispanics make up more than 22 percent of the population, and are three times as likely as whites to be uninsured. Hispanics are also the fastest growing population segment due to net immigration, but also too, much higher birth rates than other ethnicities. This has resulted in growing healthcare needs for prenatal, birthing, and other services.²
- Baby Boomers ages 65 and older continue to make up a large portion of the community, approximately 12.1 percent of Washoe County's residents.³ The increased demand for medical care associated with an aging population is well documented, and as the Baby Boomer population grows the focus will be on the ability of multiple providers to manage and treat the complex chronic conditions associated with aging.
- Lack of or limited education, lower incomes, unemployment and lack of health insurance can all be significant barriers in accessing healthcare. 38 percent of Washoe County residents over twenty-five years old are at or below a high school education level.² In 2009, 13.2 percent of the population met federal poverty guidelines.²

¹ Community Benefit is a broad term that includes unreimbursed care provided to the community, support of other not-for-profit organizations, health professions education, and much more. Measurement of community benefit is consistent among hospitals in Nevada and data for the largest hospitals is on record with and available through the State of Nevada.

² Truckee Meadows Tomorrow, *Quality of Life Indicators*, 2009-2011.

³ United States Census Bureau, *Nevada Census*. 2010.

- Reno-Sparks unemployment currently is estimated to be at 13 percent as of June 2011.²
- Washoe County's uninsured rate is approximately 21.2 percent in 2009. Hispanics and African American groups are significantly more likely to be uninsured.²

All of these factors can represent barriers to accessing healthcare including not having established relationships with a primary care provider, resulting in overutilization of emergency rooms and lack of preventative care.

In assessing community need, Renown Health evaluates national and local sources of identified health needs including health status reports produced by our local non-profit partners. This report evaluates the following data sources.

- The Community Needs Index (CNI) developed by Thomas Reuters makes a strong case for addressing socioeconomic needs in order to improve healthcare outcomes. Specific programs could be targeted at CNI indexes of four or five (the highest unmet health needs). Specific interventions in the 89512, 89502, 89431, 89433, 89503, and 89509 zip codes could be productive in improving outcomes. These zip codes each have CNI of 5, 4.60, 4.60, 3.80, 3.80, and 3.40 respectively.
- Washoe County Health District cites lack of physical activity, obesity, tobacco and alcohol use as main contributors to chronic disease in Nevada.
- Nevada State Health Division cites several objectives for Nevada to meet federal 2020 health goals.
- The Washoe County School District Risk Assessment deals with alarming statistics around tobacco use and sexual activity among our youth.

II. Renown Health Purpose and Organizational Commitment to Community Benefit:

Renown Health in Reno, Nevada, is the community's only locally owned, not-for-profit health network. We serve a population in excess of 750,000 in a 17-county area in northern Nevada, the Lake Tahoe area, and northeastern California.³ We strive every day to live out our stated purpose:

"Make a genuine difference for the many lives we touch by optimizing our patients' healthcare experience."

Our values guide our daily work:

³ United States Census Bureau, *Nevada Census*. 2010.



Our Four Fundamentals

People
A great place for great people to do great work

Service
Anticipate customer needs and exceed expectations in a compassionate manner

Quality
Provide excellence by doing the job right the first time

Stewardship
Maximize the use of available, finite resources to meet the current and future needs of the community

- **Integrity:** We maintain the highest standards of behavior. We are honest, ethical and do the right things for the right reasons.
- **Caring and Compassion:** We treat all people with care and compassion at all times and show respect for their needs, concerns and feelings.
- **Personal Growth:** We are committed to personal and professional development for the benefit of ourselves and the people we serve.
- **Innovation:** We are capable of extraordinary creativity and are willing to explore new approaches to improving the quality of life for everyone. We take responsible personal and business risks manage these risks, and learn from our experiences.
- **Community Involvement & Community Benefit:** We are dedicated to the community within which we live and encourage each other, on a business and personal level, to be active in our community. As the community's largest locally owned health care network, we invest in the physical, social, and financial health of our community through education, prevention, volunteerism and the treatment of the sick and injured.
- **Diversity:** We acknowledge that we are individuals whose differences are the basis of our uniqueness. Through our diversity, we create a culture that taps the full potential of all employees and builds an environment that allows each individual to feel appreciated, included and valued.
- **Teamwork:** We value, support and encourage our co-workers, as we realize that our talents and combined efforts make us successful.
- **Health and Well-Being:** We acknowledge the importance of physical, psychological, emotional and spiritual wellbeing. We recognize and respect the dual responsibilities of work and family.

III.

IV. Renown Health Hospitals and Facilities:

Renown Health's medical centers, hospitals, and nursing homes include:

- **Renown Regional Medical Center**
Home of Renown Children's Hospital
1155 Mill St., Reno
808 Licensed Beds
- **Renown South Meadows Medical Center**
10101 Double R Blvd., Reno
76 Licensed Beds

- **Renown Rehabilitation Hospital**
1495 Mill St., Reno
62 Licensed Beds
- **Carson Valley Medical Center (a partnership with Barton Healthcare System)**
1107 Highway 395, Gardnerville
23 Licensed Beds
- **Renown Skilled Nursing**
1835 Oddie Blvd., Sparks

V. Renown Rehabilitation Hospital Overview:

A. History:

Renown Rehabilitation Hospital is the only free-standing rehab hospital in the Truckee Meadows community and it has been an integral service of Renown Health since 2003. Featuring a full range of integrated inpatient rehabilitation services and a reputation for expertise and attention to service, Renown Rehabilitation Hospital is uniquely qualified to help patients requiring rehabilitative care. In fact, patient functional independent measures (FIM) are nearly 30 percent better than the national average. Patients receive around-the-clock medical care supervised by doctors specializing in rehabilitation and nursing staff specializing in physical medicine and rehabilitation.

The Renown Rehabilitation Hospital staff includes nurses, physicians and therapists specially trained in rehabilitative care and ready to guide patients along the road to recovery. With a patient-centered and multi-disciplinary team approach, Renown Rehabilitation Hospital serves patients from young adults to seniors.

B. Geographic Reach:

The majority of patients live in Reno/Sparks (60 percent), 16 percent from Eastern and Northern California and 23 percent from rural Nevada. A very small portion of patients, less than one percent, live in zip codes outside of California and Nevada.

C. Economic Contributor:

As a locally owned not-for-profit, any income earned in local healthcare services is reinvested in programs to expand to meet the growing healthcare needs of the community.

D. Major Medical Programs:

- Renown Rehabilitation Hospital treats adult patients recovering from a variety of major medical conditions and debilitating injuries including stroke, brain injury, spinal cord injury, multiple trauma injury and major joint replacements. Patients must meet a criteria for admission as assessed by the Rehabilitation Hospital team and approved by a physiatrist (physician specializing in physical rehabilitation medicine)

prior to acceptance. All patients at Renown Rehabilitation Hospital are considered to be medically stable, however they do require 24 hour nursing care.

- Those not eligible to receive care at the Rehabilitation Hospital include kids under the age of 18, individuals who are dependent on a ventilator to breathe, patients who do not have a community discharge plan and/or resources and those who have psychiatric issues preventing cooperation with rehabilitation treatment

E. Efforts to Meet Current Community Needs:

1. The most significant need met by Renown Rehabilitation Hospital is allowing patients to recover to optimum independence and functionality without leaving the community. If these services were not provided locally, patients and their families would be burdened by the additional expense and stress that accompanies out of area healthcare.
2. Renown Rehabilitation Hospital is host to support groups for stroke and spinal cord injury patients and families. Groups meet regularly to share skills and develop relationships with those with similar challenges.
3. Free spasticity evaluations are provided regularly and are encouraged for patients with brain injury where issues may not appear until considerable time after the injury.
4. The hospital staff is heavily involved in local recreation programs for people requiring adaptive equipment. Wheelchair basketball, rugby, tennis and adaptive cycling help patients find new ways to enjoy life after an injury or illness.

VI. Community Profile:

Washoe County is located in the northwest corner of Nevada and has a population of 421,407 as of 2010. The city of Reno is the county seat and the third largest city in Nevada with a population of 210,255.³ Adjacent to Reno to the north and east is Sparks, with a population of 83,959.³ The area is often referred to as the Truckee Meadows, due to its lush valley location on the eastern slope of the Sierra Nevada mountain range just northeast of beautiful Lake Tahoe. The region is well known for its year round outdoor activities, including skiing, hiking, mountain biking, and kayaking. Lake Tahoe has the largest concentration of ski resorts in North America.

A. Age and Gender Breakdown:

The breakdown of a population's demographics is critical to understanding a community's healthcare needs. Washoe County's population is 50.7 percent male and 49.3 percent female.³ 27.3 percent of the population is under the age of 19. 34.9 percent is in the 20 to 44 age group and 26.1 percent is from age 45 to 64. 11.6 percent of the population is 65+.³ The 65+ population will continue to grow. This is significant as this age group uses a disproportionate amount of healthcare due to the demands from aging and chronic

³ United States Census Bureau, *Nevada Census*. 2010.

disease. The last group is especially important for determining community needs as they represent approximately 30 percent of hospital admissions and up to 40 percent of hospital patient days.

B. Racial and Cultural Factors:

Another key factor in determining health need is the cultural and ethnic make-up of the community. Large differences in disease incidence and utilization of services can exist between different ethnic groups. Based on the 2010 census, 77 percent of the population in Washoe County is Caucasian/white and the remaining minorities are primarily Hispanic.³ Hispanic and African American groups are significantly more likely to be uninsured and/or living in poverty with Hispanics three times more likely to be uninsured than the Caucasian/white group. Hispanics are thought to be underreported due to illegal immigration and inability of population estimating methods. This group is the fastest growing not only due to net immigration, but also in large part due to higher birth rates than other ethnicities. This has resulted in growing healthcare needs for prenatal, birthing and other services.

C. Educational and Socioeconomic Status:

The correlation between education and both income and health status has been cited in several studies. Lack of or limited education, lower incomes and unemployment and lack of health insurance can all be significant barriers in accessing healthcare, which affects health status. 38 percent of Washoe County residents over 25 years old are at or below a high school education level.² The greater Reno-Sparks median household income was estimated to be \$53,036.³ Over 13.2 percent of Nevadans are under the federal poverty guidelines.²

D. Unemployment:

Nevada, Washoe County, and Reno-Sparks all tend to have elastic economies due to the relatively high proportion of industry based on gaming, construction, retail, and logistics. This results in boom and bust cycles that are more extreme when compared the nation as a whole. This is evidenced by the trend in unemployment over the last few years with Nevada and Washoe County going from below to above national average unemployment. Washoe County unemployment currently is estimated to be at 11 percent as of December 2011.² This could reflect some permanent reduction of those seeking jobs. Significant employment decreases have been seen in the construction and leisure, hospitality and gaming industries.

E. Uninsured:

² Truckee Meadows Tomorrow, *Quality of Life Indicators*, 2009-2011.

³ United States Census Bureau, *Nevada Census*. 2010.

21.9 percent of Nevada residents were without health insurance in 2009, which is the most recently available study specific to Nevada.² Washoe County's uninsured rate was slightly lower at 21.2 percent.² These figures reflect a variety of factors including: stricter Medicaid eligibility requirements relative to other states; part-time and small business employment that is less likely to provide insurance coverage; and, unemployment and job loss including those in key industries such as construction and gaming and hospitality.

F. Housing, Residency, and Family Status

The transient nature of Nevada's population is reflected in a high use of rental housing. Nevada also has a higher percentage of divorced adults than other states. All of these factors can represent barriers to accessing healthcare and having established relationships with a primary care provider, which can result in overutilization of emergency rooms and lack of preventive care.

VII. Community Needs Assessment: Thomas Reuters

While the demographics start to tell the story of community health needs, Renown Health also consults with community partners and draws from state and local government, non-profits and school district data sources to assess healthcare needs in the community. Renown Health also used data from Thomson Reuters, an information services company, to identify health care needs and barriers in its service area.

A. Community Needs Index:

Thomson Reuters developed a Community Needs Index (CNI) to help health care providers and policy makers target health care services to the areas where help is most needed. The CNI takes into account five factors associated with health disparities – income, culture and language, education, housing status and insurance coverage – and assigns a score, based on need, to every zip code in the United States. The scores range from 1.0 for low needs to 5.0 for high needs. Residents of areas with the highest CNI scores are twice as likely to be hospitalized for preventable complications of manageable conditions, such as ear infections, pneumonia or congestive heart failure, as residents of communities with the lowest CNI scores. The CNI makes a strong case for addressing socioeconomic factors to improve healthcare outcomes in our community.



Based on the 2010 CNI for Washoe County, people living in communities with a CNI of 4 or greater are twice more likely to be admitted to the hospital than those with a CNI of 3 or less. Key elements that boost the CNI are poverty, particularly among people 65 and older and among single parents and children; low educational attainment; limited English skills; unemployment; a lack of insurance and a large proportion of people renting, versus owning, their homes. Numerous studies have shown that children living in poverty have higher levels of obesity, diabetes, infectious disease and high risk behaviors. Elderly living in poverty are less likely to seek medical care until they are very ill and have low compliance with pharmaceutical recommendations and preventive screenings. Since the populations living in neighborhoods with a CNI of 4 or greater have a higher hospital admission rate than those living with a lower CNI they represent the biggest opportunity for improvement in health.

Using the CNI assessment we have identified four zip codes in our catchment area with a CNI greater than 3 that would benefit the most from community benefit initiatives. The four zip codes are 89512, 89502, 89503, and 89509 each with a CNI of 5, 4.60, 3.80, and 3.40 respectively. ⁴

Zip Code	Rehab Patients CY 2011	CNI
89509	72	3.4
89433	24	3.8
89503	29	3.8
89405	-	4.2
89501	7	4.2
89412	-	4.6
89424	-	4.6
89431	46	4.6
89442	-	4.6
89502	75	4.6
89512	24	5

⁴ Thomas Reuters, *Community Needs Indicator*. 2011

CNI Score by Zip Code

Zip	Post Office	CNI Score	Income Rank	Education Rank	Culture Rank	Insurance Rank	Housing Rank
89436	SPARKS	1.60	1	1	4	1	1
89441	SPARKS	1.80	3	1	3	1	1
89508	RENO	1.80	1	2	3	2	1
89510	RENO	2.00	1	3	4	1	1
89511	RENO	2.20	1	1	3	2	4
89519	RENO	2.20	2	1	3	2	3
89521	RENO	2.40	2	1	4	2	3
89704	CARSON CITY	2.40	2	2	3	4	1
89451	INCLINE VILLAGE	2.80	1	1	4	3	5
89506	RENO	3.00	2	3	4	2	4
89434	SPARKS	3.20	2	2	4	3	5
89440	VIRGINIA CITY	3.20	2	2	4	5	3
89523	RENO	3.20	2	1	4	4	5
89509	RENO	3.40	2	2	4	4	5
89433	SPARKS	3.80	2	5	5	4	3
89503	RENO	3.80	2	3	4	5	5
89405	EMPIRE	4.20	1	5	5	5	5
89501	RENO	4.20	2	4	5	5	5
89412	GERLACH	4.60	3	5	5	5	5
89424	NIXON	4.60	3	5	5	5	5
89431	SPARKS	4.60	3	5	5	5	5
89442	WADSWORTH	4.60	3	5	5	5	5
89502	RENO	4.60	3	5	5	5	5
89512	RENO	5.00	5	5	5	5	5

CNI Score by Zip Code and Socioeconomic Factors

Zip	CNI Score	Poverty 65+	Poverty Children	Poverty Single w/kids	No High School Diploma	Minority	Limited English	Unemployed	Uninsured	Renting	2010 Population
89436	1.60	2%	3%	11%	6%	20%	1%	3%	5%	8%	37,633
89441	1.80	1%	4%	35%	8%	16%	1%	4%	4%	6%	9,010
89508	1.80	7%	3%	12%	9%	14%	0%	4%	10%	9%	10,136
89510	2.00	3%	2%	8%	16%	32%	1%	5%	7%	14%	1,490
89511	2.20	6%	4%	8%	5%	15%	1%	4%	11%	27%	23,032
89519	2.20	3%	6%	24%	3%	12%	1%	4%	8%	24%	9,815
89521	2.40	9%	7%	18%	6%	17%	1%	4%	11%	23%	20,984
89704	2.40	8%	6%	17%	10%	8%	1%	7%	17%	13%	3,939
89451	2.80	1%	4%	8%	6%	23%	4%	6%	12%	35%	9,359
89506	3.00	5%	7%	21%	15%	31%	2%	6%	10%	26%	35,199
89434	3.20	6%	6%	20%	12%	30%	3%	6%	12%	34%	27,612
89440	3.20	4%	7%	20%	9%	17%	1%	5%	24%	24%	1,550
89523	3.20	3%	7%	16%	6%	25%	2%	5%	16%	46%	32,402
89509	3.40	4%	10%	22%	10%	24%	3%	7%	22%	48%	35,006
89433	3.80	6%	10%	18%	24%	43%	5%	8%	16%	22%	18,592
89503	3.80	10%	8%	14%	13%	28%	3%	8%	28%	51%	28,649
89405	4.20	0%	0%	0%	23%	72%	16%	5%	25%	72%	207
89501	4.20	15%	18%	11%	22%	36%	7%	8%	61%	90%	3,244
89412	4.60	16%	16%	29%	32%	46%	6%	4%	34%	73%	544
89424	4.60	14%	17%	25%	27%	86%	1%	13%	29%	37%	367
89431	4.60	7%	13%	25%	24%	53%	9%	6%	27%	54%	38,914
89442	4.60	15%	16%	23%	27%	86%	1%	13%	29%	36%	1,185
89502	4.60	7%	18%	31%	28%	56%	12%	8%	31%	64%	47,787
89512	5.00	19%	27%	51%	32%	60%	9%	10%	44%	64%	27,986

CNI Score by Zip Code and Socioeconomic Factors

Each of the four identified zip codes rank near the bottom across most identified socioeconomic factors, most notably in percentage of uninsured individuals, percentage of individuals without a high school diploma and percentage of children living in poverty.

- 89512:** The 27,986 residents of the 89512 zip code rank at or on the bottom on most socioeconomic measures, including the percentage of adults 65 and older living in poverty (19 percent), the percentage of children living in poverty (27 percent), the percentage of adults without a high school diploma (32 percent), and percentage of residents currently uninsured (44 percent).
- 89502:** The 47,787 residents of the 89502 zip code represent the most densely populated zip codes examined by the Community Needs Index. A CNI of 4.60 suggests that this highly densely populated area is also at high risk for poor health outcomes. The socioeconomic measures that suggest this area and its residents are at high risk are: percentage of children living in poverty (18 percent), the percentage of adults without a high school diploma (28 percent), and percentage of residents currently uninsured (31 percent).
- 89503:** The 28,649 residents of the 89503 zip code ranks moderately high with a CNI of 3.80. The socioeconomic factor that affects the area is the percentage of residents currently uninsured (28 percent).

- **89509:** The 35,006 residents of the 89509 zip code is fairly densely populated area, but of the six zip codes examined it has the lowest CNI (3.40). While the area has a moderate CNI, the socioeconomic factor that affects the area is the percentage of single adults with children living in poverty (22 percent).

Examining each of these zip codes and socioeconomic factors suggests that the residents of each of these four zip codes may lack the necessary resources and/or education to seek necessary medical care for themselves and their families. This assessment may also suggest that residents of these areas are unable or incapable of navigating the complex healthcare system.

VIII. Other Leading Community Resources and Organizations:

In an effort to compliment the empirical evidence provided by the Community Needs Index, we consulted several leading community organizations to determine the health status and needs of the surrounding community. The following section details the recommendations of each community organization.

A. Washoe County Health District:

The 2009 *Chronic Disease in Washoe County Report* by the Washoe County Health District details the chronic disease trends facing Nevadans, as well as the risks indicators of chronic diseases. According to the report, “8 out of the top 15 leading causes of death in Washoe County are a chronic disease.”⁶ Not only are chronic diseases a leading cause of death, but they also severely impact the quality of life of individuals living with them. “Cardiovascular disease, stroke, cancer and chronic respiratory disease, in particular, have been the top four causes of death in Washoe County from 2000 – 2004. Other chronic conditions, including diabetes, chronic liver disease and chronic kidney disease, have remained in the top 15 causes of death each year as well.”⁶ The Washoe County Health District pinpoints three main risks/indicators for chronic disease.

- **Physical Activity Habits:**

Objective: “Improve physical activity habits of adults and children in northern Nevada.”⁶

“While adults in Washoe County (55.8 percent in 2007) have higher rates of physical activity than adults in Nevada (48.9 percent in 2007) and the U.S. (49.2 percent in 2007), over 40 percent of Washoe County adults are not getting the recommended amount of physical activity, which increases their risk for chronic diseases.”⁶

⁵ Northern Nevada Affiliate for Susan G. Komen for the Cure, *Community Profile Report*. 2011.

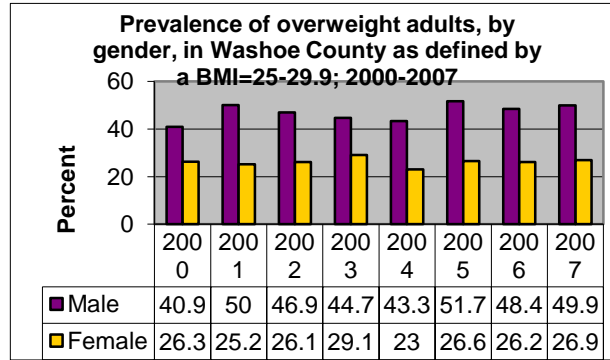
⁶ Washoe County Health District, *Chronic Disease in Washoe County: A Summary Report of Primary Risk Factors and Select Chronic Health Conditions*. 2009

- **Obese and Overweight Adults:**

Objective: “Increase the number of adults in Washoe County maintaining a ‘healthy weight’.”⁶

“The rates of obesity in adults in Washoe County have continued to increase since 2000. In 2007, 38.6 percent of Washoe County adults are reported as

overweight (BMI=25-29.9) while the national average was 36.7 percent for the same time period.”⁶ Being overweight puts the residents of Washoe County and Nevada at high risk for a number of chronic diseases.



- **Tobacco Use and Exposure:**

Objective: “Decrease the number of individuals in northern Nevada using or being exposed to tobacco products.”⁶

“Smoking prevention and cessation efforts are working in Washoe County as the smoking rate has dropped almost 7 percent (from 27.1 percent to 20.5 percent) since 2000.”⁶ While this is a significant drop it the use of tobacco products by Washoe County residents (20.5 percent in 2007) continues to be higher than the national average (19.7 percent in 2007).

B. Healthy People Nevada Moving From 2010 to 2020 Report:

The *Healthy People: Nevada Moving from 2010 to 2020 Report* looks at how Nevada meets health targets set by the Healthy People national health strategy. Healthy People was a ten-year study outlining health objectives for each state based on perceived disparities. The report outlines the objectives to improve quality of life for residents of Nevada. The following are recommendations based Nevada’s ability to meet health objectives.

- **Access to Healthcare:**

Objective: “Increase the proportion of Nevadans with health insurance.”⁷

“From 2004 to 2009, the number of people in Nevada with health insurance averaged 80 percent compared to 85 percent for the United States for the same period.”⁷ The Healthy People 2020 national target is 100 percent. Increasing the number of people with access to quality healthcare is vital to eliminating health

disparities in Nevada. Improved access to preventive services such as preventative screenings and immunizations will reduce the number of preventable disease occurrences and improve quality of life.

C. The Washoe County School District's 2011 School Climate Report:

Prepared by the Office of Public Policy, Accountability, and Assessment, the 2011 School Climate Report monitors school climate from the parent, student and school employee perspectives. The report examines the behaviors that influence the learning environment. Of importance to this assessment are the behaviors impacting health and wellness students during childhood and early adolescence. Noted in this report are the troubling numbers of students engaging in tobacco, drug and alcohol use.

In 2011, 31 percent of students indicated that they had smoke a cigarette one to two times within the last 30 days. 15 percent of high school students, 7 percent of middle school students and 3 percent of elementary students reported having smoked at least one cigarette within the last 30 days.⁸

A growing concern continues to be the use of alcohol by children and adolescents. In 2011, 8 percent of children reported having a drink of alcohol one to two times within the last 30 days. 29 percent of high school students, 16 percent of middle school students and 4 percent of elementary students reported having at least one drink of alcohol within the last 30 days. 3 percent of students report having consumed five or more drinks in a row one to two times within the last 30 days. 16 percent of high school students, 7 percent of middle school students and 1 percent of elementary students reported having consumed five or more drinks in a row at least one time in the last 30 days. School employees surveyed believe that 48 percent of high school students use alcohol. 36 percent of parents surveyed believe that there is alcohol use in their child's school.⁸

In 2011, 17 percent of high school students, 8 percent of middle school students and 1 percent of elementary students reported having smoked or consumed marijuana at least one time within the last 30 days. School employees surveyed believe that 47 percent of high school students use drugs. 45 percent of parents surveyed believe that there is drug use in their child's school.⁸

D. Washoe County School District's 2009 Youth Behavior Risk Survey

The Washoe County School District's 2009 Youth Behavior Risk Survey (the most recent survey published) prepared by Telesis Management Consulting, monitors priority health risk behaviors including the troubling increases in sexual activity.

⁸ Washoe County School District. *School Climate Report*. 2011

⁸ Washoe County School District. *School Climate Report*. 2011

⁹ Washoe County School District. *Youth Risky Behavior Survey*. 2009

More than half of high school students – 52 percent – reported they had had sexual intercourse. This was the first time the proportion exceeded 50 percent and a growing number of students reported engaging in sexual activity at an earlier age. Almost a quarter of students, 24.5 percent, reported having had sexual intercourse before the age of 15, a number that has risen slowly but steadily since 2003.⁹

Meanwhile, the percentage of high school students who reported using a condom the last time they had intercourse declined from 2007 to 2009, from 65 percent to 62 percent, and the percentage of students who claim to have been pregnant or gotten someone else pregnant rose to 7 percent in 2009 from 5.6 percent in 2007.⁹

The proportion of students who reported having used alcohol or drugs before they had sexual intercourse was 23 percent in 2009, a number that has stayed fairly steady since 2001.⁹

The National Campaign to Reduce Teen Pregnancy's goal is to reduce the rate of teen pregnancy and unplanned pregnancy in young adults by one-third between 2006 and 2015.⁹

According to Truckee Meadows Tomorrow, the cost to Nevada taxpayers associated with teen childbearing in 2004 was \$31 million. Nevada had the highest pregnancy rate in the nation for teens aged 15–19 in 2000, and was eighth in the nation that year for teen births in the same age group. After steady declines, the teen birth rate rose 1.6 percent in Nevada from 2005 to 2006, and 1.8 percent in Washoe County.⁹

IX. Renown Rehabilitation Hospital Community Benefit Planning Process

Renown Rehabilitation Hospital Community Benefit Committee spearheads the development of an annual community needs assessment and corresponding community benefit plan, and oversees the tracking and reporting of community benefit activities.

Chaired by the Renown Health CFO, who implements budgeting and reporting of community benefit activities, the committee also includes:

- The Vice President of Marketing and Communications, who provides community perceptions and develops the report to the community.
- The Vice President of Governmental Relations, who monitors legislative requirements and keeps elected officials informed.

⁹ Washoe County School District. Youth Risky Behavior Survey. 2009

- The Best Practices Administrator, who identifies and facilitates implementation of successful programs.
- Others are involved as needed, including network-wide leaders and staff.

The committee oversees the development or updating of a community needs assessment, and from that assessment, develops a community benefit plan that prioritizes and identifies community needs that the organization can support with its finite resources. Both documents are presented to Renown Health's CEO and President's Council for refinement and approval annually. The needs assessment and community benefit plan then go before the Renown Health Board for review and approval on behalf of all Renown Health organizations.

The committee presents the plan to membership, all other boards, medical staff, leadership and employees, and it works with community partners to finalize details of approved programs and community partnerships.

Then Renown Rehabilitation Hospital announces any new community partnerships and continued funding for ongoing programs, and the Renown Health Board approves the final plan for producing and disseminating a community benefit report. The Community Benefit Committee provides periodic updates on the plan to the Renown Health Board throughout the year.

X. Community Benefit Overview

Renown Health is one of Nevada's largest providers of community benefit, which includes services provided free of charge or at significantly reduced rates because of an individual's inability to pay.

In fiscal year 2011, our community benefit programs and services totaled approximately \$139 million. This amount includes monies spent to subsidize the healthcare costs for those least able to pay for their care, preventive health screening, health hotline calls and flu and pneumonia vaccines. More than \$2 million was spent on education for health professionals.

XI. Needs Assessment Summary & Next Steps

The various reports reviewed in this report can be condensed into the following needs assessment summary chart.

Category	Identified Need
Cardiac Care	<ul style="list-style-type: none"> The primary reason area residents go and are admitted to Renown Regional is chest pain and related symptoms.
Pediatric Care	<ul style="list-style-type: none"> The community continues to demand more pediatric care as the community and local families grow.
Health Literacy	<ul style="list-style-type: none"> A large proportion of area residents are living in poverty, without a high school diploma, and are uninsured contributing to an inability to navigate a complex healthcare system.
Pregnancy/Child Birth	<ul style="list-style-type: none"> Proportion of Nevada women receiving early and adequate prenatal care.
Gastrointestinal	<ul style="list-style-type: none"> Proportion of Nevadans seeking care for digestive disorders.
Health Literacy	<ul style="list-style-type: none"> Proportion of Nevadans that maintain the capacity to obtain, process, and understand health information and make appropriate health decisions.
Breast Health	<ul style="list-style-type: none"> Mammography services for women that are uninsured and do not meet requirements for county, state, federal or tribal health subsidies. Funding for support agencies that provide screening, diagnostics, treatment and support for uninsured women in rural areas. Access to breast health education and mammography for those living in rural service areas. Communication with the Hispanic community. Communication and collaboration among breast healthcare agencies to allow patients to smoothly transition through the continuum of care.
Childhood Obesity	<ul style="list-style-type: none"> Improve physical activity habits. Number of children in Washoe County maintaining a healthy weight.
Adult Obesity	<ul style="list-style-type: none"> Improve physical activity habits. Number of adults in Washoe County maintaining a healthy weight.
Access to Healthcare for Uninsured	<ul style="list-style-type: none"> Proportion of Nevadans with health insurance.

Cancer Prevention	<ul style="list-style-type: none"> • Number of individuals in northern Nevada using or being exposed to tobacco products. • Proportion of Nevadans receiving colorectal screenings.
Youth Risky Behavior	<ul style="list-style-type: none"> • Proportion of students in Washoe County reported having used tobacco products sometime during the last 30 days. • Proportion of students in Washoe County reported having used alcohol or drugs during the last 30 days • Proportion of students in Washoe County reported having engaged in sexual intercourse.

According to data on file with the State of Nevada, Renown Health provides tens of millions more in community benefit than any other northern Nevada hospital or health network. Despite this, Renown Health understands that significant unmet health needs exist in our community and we continue to increase the financial commitment to serve the underserved. However, we can do the most overall good by focusing our community benefit outreach both programmatically and geographically.

Following this document is our FY13 Community Benefit Plan, which outlines programs, and services Renown Health will invest in, and our expected or targeted community.

Renown Rehab will implement one community initiative with a community partner

Metric:

- 4.1.3.1 100 percent implementation of one community initiative with a community partner
- 4.1.3.2 Implement W/C & Seating clinic, Orthotic Prosthetic Clinic with community and regional vendors
- 4.1.3.3 Community events with City of Reno Adaptive Recreation programs, etc: Tour de Nez, Nevada State Brain Injury Association Walk