## 2017 Summary of Grades

<table>
<thead>
<tr>
<th>Category</th>
<th>Grade</th>
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</thead>
<tbody>
<tr>
<td>Access to Healthcare</td>
<td>F</td>
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<tr>
<td>Chronic Diseases</td>
<td>C</td>
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<tr>
<td>Nutrition and Activity</td>
<td>B</td>
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<tr>
<td>Mental Health</td>
<td>C</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>C</td>
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## METHODOLOGY

Grades for the indicators in each category are calculated off a quintile system based upon the ranks out of 50 states plus Washington, D.C. States ranked in the top 10 receive A rankings. States ranked 11 to 20 receive B rankings. C rankings are assigned to states ranked 21 to 31. 32 to 41 receive a D ranking, while states in the bottom quintile receive F rankings. Category grades are then calculated as an average of all the grades within each category where each indicator receives equal weighting.
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Nevada’s Medicaid costs are about $3 billion annually. In Nevada, 20 percent of people enrolled in Medicaid are seniors and people with disabilities and the other 80 percent are adults and children. Most Medicaid costs are due to long-term and post-acute care for seniors and people with disabilities. In Nevada, at least 59 percent of Medicaid spending is for these two groups. In Nevada, the Medicaid-to-Medicare physician fee ratio is 0.81. Medicaid coverage has significantly increased opportunities to receive care, but it also has increased the strain upon the existing healthcare workforce and healthcare facilities.  

Nearly every medical specialty in Nevada is insufficient when it comes to the demand and need for services. When looking at the provider rates in Nevada for primary care physicians, other primary care providers (nurse practitioners, physician assistants, and clinical nurse specialists), and dentists, Nevada ranks in the bottom quintile, resulting in a F grade. Mental and behavioral health rates are the only category in access to healthcare in which Nevada received a grade of C (even though mental and behavioral specialists are not equally distributed between the privately and publicly insured). Having access to these types of specialists is an identified problem for Medicaid or uninsured Nevedans.

The demand has grown significantly for specialty services and primary care services in this state. Whatever happens to the Affordable Care Act, Nevada’s greatest challenge is to increase the healthcare workforce and institutional services to meet the growing demand. Nevada’s 2015 healthcare coverage level is 86.3 percent for adults and 92.4 percent coverage for children under the age of 18, which earns Nevada an F grade.

Assuring adequate workforce and institutional services for the Medicaid population is likely to be the major challenge for access to healthcare in the future. However, the additions of education and training opportunities in the health professions (particularly the UNLV School of Medicine) are still a long way from meeting immediate needs. Efforts to recruit workforce and to take full advantage of trained professionals to provide services, like primary care, should be increased.
Nutrition and Activity B

Obesity is a known risk factor for many chronic diseases. While the Nevada obesity numbers compare favorably to national numbers (regarding both adult and child obesity), the data indicates that obesity is on the rise. Certain parts of the Nevada population have significantly higher rates of obesity than Nevada as a whole.

Obesity is affected directly by nutrition issues and activity levels. The food insecurity rate received a D grade. The Centers for Disease Control and Prevention defines food insecurity as "limited or uncertain availability of nutritionally adequate and safe foods." Studies indicate that food insecurity most affects the populations of children and seniors. Again, this suggests that when focusing on certain parts of the Nevada population, we will find underlying factors that contribute to obesity. One of these factors is children receiving free lunch at school, which earned Nevada a D grade.

The indicators regarding activity levels among Nevadan adults provide the most positive view of obesity in Nevada. On the other hand, a report written by Nevada Wellness describes a far more problematic overview of obesity. They reported childhood obesity rates are rising and 36.8 percent of children are overweight or obese in Nevada. When a child is obese, they become affected by chronic diseases earlier in life. When it comes to adults in Nevada, roughly 75 percent of overweight or obese adults are African American and roughly 70 percent of overweight or obese adults are male. According to 2012 Behavioral Risk Factor Surveillance System data, 83.9 percent of Nevada adults who were overweight or obese had diabetes.

Obesity disproportionately affects rates of chronic diseases and conditions. Targeted analysis of affected populations needs to be monitored more carefully because of its disproportionate impact on the healthcare system, but overall the Nevada population rates a B grade for nutrition and activity levels.
Substance Abuse C

Substance Use and Abuse issues range widely and affect different parts of the population. Nevada shares the national problem of drug-related death rates, and that, along with high opioid prescription rates, earns the State a D grade.

Death rates from impaired driving accidents have been reduced, although that may be accounted for by improved hospital emergency and trauma services. As with deaths by drug overdose, the actual rates of impaired driving do not appear to be decreasing.

The issues of excessive drinking and adult smoking have both shown declines, resulting in a C grade. However, the Centers for Disease Control and Prevention have identified four modifiable health risk behaviors that can greatly influence chronic disease outcomes: physical activity, nutrition, tobacco use, and alcohol consumption. We have discussed physical activity and nutrition and their relation to obesity and chronic disease. Excessive drinking and smoking are major contributors to chronic disease and conditions. While Nevada’s numbers have improved as a result of significant strategies by public health professionals and coalitions of concerned Nevadans, the efforts have resulted in a C grade.

State and national efforts to deal with the various aspects of the opioid crisis have not yet demonstrated significant improvement in the situation. Non-pharmaceutical methods to treat acute or chronic pain are possibly part of a long-term response that may change the demand for opioids. Continued efforts to targeted populations regarding excessive drinking, drunken driving, and tobacco use are needed to assure that these do not return to previous levels.
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