

CENTRAL NEVADA HEALTH DISTRICT
EST. 2022

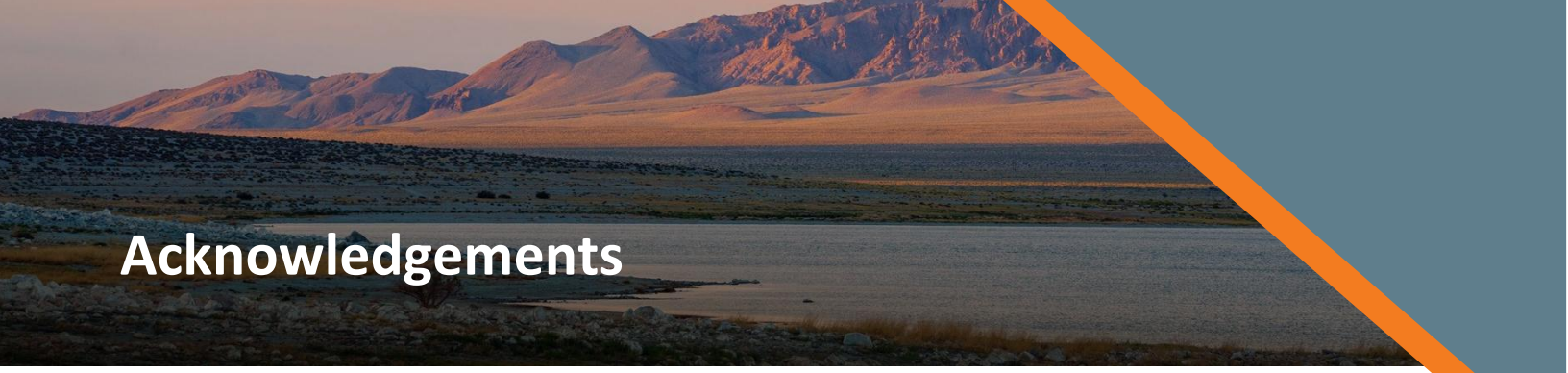
AUGUST 2026

Community Health Needs Assessment

Central Nevada Health District

In partnership with:

VILLAGEREACH



Acknowledgements

Central Nevada Health District Staff

Shannon Ernst, *CNHD Administrator*
Maria Menijivar, *Environmental Health Manager*
Victoria Sepcic, *Epidemiologist*

Advisory Group

Rob Carnahan, *Banner Hospital*
Denise Ferguson, *Mt. Grant General Hospital*
Dawn Whitten, *Business Owner*
Jeb Rowley, *Eureka County*
Olivia Diaz, *Central Nevada Health District*
Nicole Cooley, *Eureka County*
Veronica Brandenburg, *Central Nevada Health District*
Cary Demars, *Veterans Administration*
Michelle Bryant, *Veterans Administration*
Wendy Nelson, *Frontier Community Action Coalition*
Tammie Shemenski, *Churchill Community Coalition*
Lauryn Winn, *PACE Coalition*
Sara Dillard, *Community Chest*
Jackee Stewart, *Churchill County*
Linda Gordon, *Eureka County*

Community Health Needs Assessment Conducted and Authored by VillageReach

The team included:

Emily Lawrence, *Principal Lead*
Alina Metije, *Project Coordinator*
Julia Guerrette, *Quantitative Data Lead*
Jocelyn Powelson, *Quantitative Analyst*
Katie Reynolds, *Qualitative Data Lead*
Erin Larsen-Cooper, *Editor*

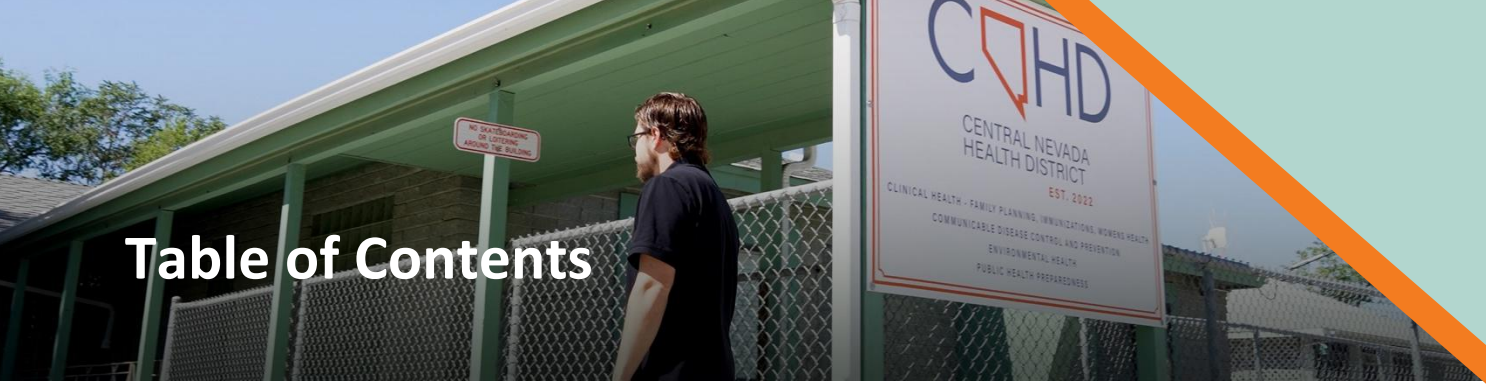


Table of Contents

Central Nevada Health District **4**

Letter from the CNHD Administrator and CNHD Board Chair **5**

About VillageReach **6**

Findings at a Glance **7**

About This Community Health Needs Assessment **8**

What Makes a Healthy Community? **12**

Findings by Topic Area **13**

CNHD Community Profile 14

Social Determinants of Health 16

Deep Dive: Access to Social and Community Services 19

Deep Dive: Insurance Coverage and the Cost of Health Care 21

Chronic Disease and Health Status 24

Environmental Health 27

Sexual and Reproductive Health 30

Child Health and Immunizations 36

Adolescent Health and Well-Being 41

Adult Mental Health 45

Substance Use 47

Cancer Screening and Burden 48

Communicable Disease and Prevention 51

How this CHNA Builds on Prior Assessments **54**

Recommendations CHIP and for Future Assessment and Monitoring **55**

Annex A. Data Tables **62**



Central Nevada Health District



The Central Nevada Health District (CNHD) was formally approved in August 2022 and began serving the City of Fallon along with Churchill, Pershing, Mineral, and Eureka counties on July 1, 2023, becoming the first formal health district in rural Nevada and only the third in the state. Before CNHD existed, public health services for the City of Fallon and these four counties ran through Nevada's Division of Public and Behavioral Health. CNHD was built on the conviction that local leaders could make better decisions for their communities than a state agency and that pooling resources across multiple rural counties would make those services more effective for everyone.

Today, CNHD runs public health clinics in the City of Fallon, Lovelock, Hawthorne, Eureka, and will be opening a clinic in Crescent Valley that delivers services including family planning, immunizations, tuberculosis (TB) testing, communicable disease surveillance, and emergency preparedness. The Environmental Health program conducts restaurant inspections and develops education efforts to reduce contamination risks in food, water, and soil across all four counties. Resource Liaisons help residents find healthcare, social services, and community resources across CNHD communities. CNHD's epidemiology program detects, investigates, and responds to communicable diseases across all four counties and the City of Fallon, working alongside state and local health officials, providers, schools, and emergency responders to track disease trends and respond to outbreaks.

For more information about CNHD and our services please visit our website: https://www.centralnevadahd.org/



Mission:

To enhance and protect a health community by meeting our unique rural needs.

Vision:

Healthy people, resilient environment, thriving community.

Values:

Adaptable to meet rural needs through Integrity, Commitment, Advocacy, Respect



Letter from the CNHD Administrator and CNHD Board Chair

Dear Central Nevada Health District Community Members and Partners,

We are pleased to share the Central Nevada Health District's Community Health Needs Assessment (CHNA), the culmination of many months of collaboration, engagement, and research. As the first CHNA conducted for our newly formed district, this assessment marks the beginning of an ongoing process that will help guide future efforts, strengthen our communities, and ensure we remain responsive to evolving needs.

Throughout this project, our team worked intentionally to center the voices, values, and experiences of the unique rural and frontier communities we serve. The community engagement process itself was invaluable, providing opportunities to strengthen existing partnerships, build new relationships, and engage directly with community members. The quality and depth of this report are a reflection of those partnerships, and we are deeply grateful for the time, energy, and support contributed by local organizations, stakeholders, and residents.

As a public health agency, we take a holistic view of health. We recognize that health is shaped not only by access to healthcare, but also by the conditions in which people live, learn, work, play, and age. These factors, often referred to as the social drivers of health, have a profound impact on individual and community well-being. Environmental quality, economic opportunity, education, social services, housing, access to nutritious food, social connectedness, and many other factors all contribute to healthy and thriving communities.

To better understand health across our district, we reviewed available data and prioritized input from community members. Health is reflected not only in statistics, but also in the lived experiences of the people who call our communities home. To develop a comprehensive understanding of local needs, we worked with healthcare providers, emergency responders, social service organizations, behavioral health professionals, food system partners, schools, and other community agencies. We also heard directly from residents through surveys, interviews, and focus groups to ensure a broad range of perspectives and experiences were represented.

We are sincerely grateful to everyone who shared their insights, challenges, successes, and hopes for the future. Your voices have provided a deeper understanding of the health needs and strengths across Central Nevada. The stories and experiences shared throughout this process were both impactful and inspiring, and they will help guide our ongoing efforts to build healthier, more resilient, and thriving communities for all.

Sincerely,

Mayor Kenny Tedford
Chair, CNHD Board of Health

Shannon Ernst
Administrator



About VillageReach

VillageReach is a public health nonprofit dedicated to improving access to essential health and social services in the United States and globally. We partner with local and regional governments to strengthen systems, ensuring they reach communities where and when they are needed, particularly for those facing persistent barriers.

Since launching our U.S. portfolio in 2020, we have supported health departments across the country in community health needs assessments, evaluation design, data systems modernization, and strategic planning. Our work draws on deep expertise in public health systems and rural communities.

VillageReach was selected to conduct this assessment following a competitive request for proposals process. Our headquarters are in Seattle, Washington, and the project lead for this work is based in Truckee, California, bringing both professional expertise and lived experience in the region. This work reflects our commitment to advancing equitable, data-driven decision-making that improves community health outcomes.



Findings at a Glance

In February 2026, Central Nevada Health District (CNHD) contracted VillageReach, a public health nonprofit focused on improving access to essential health and social services in the United States and globally, to conduct a Community Health Needs Assessment (CHNA) across CNHD's service area: the City of Fallon and Churchill, Pershing, Eureka, and Mineral counties.

A CHNA is a systematic process that draws on multiple data sources to build a clear picture of a community's health status, looking at both its strengths and its challenges.

For this assessment, VillageReach convened a cross-sector Advisory Group with members from across all CNHD counties to ensure the approach and findings reflected local communities.

We looked at both quantitative data (numbers and statistics) and qualitative data (what people experience, think, and feel). Quantitative data came from existing sources (surveys and state reporting). Qualitative data came from community site visits and windshield surveys in the City of Fallon, Hawthorne, Lovelock, Crescent Valley, and Eureka, along with 35 interviews with community leaders, health workers, and residents.

Key findings on strengths and challenges are presented across eleven topic areas:

CNHD community profile
STRENGTH: Strong neighbor-to-neighbor trust and self-reliance

CHALLENGE: Life expectancy declining in every county

Social determinants of health
STRENGTH: Medical transportation programs operating in all CNHD counties

CHALLENGE: Federal shortage area for primary, dental, and mental health care

Adolescent health and well-being
STRENGTH: Physical activity above statewide

CHALLENGE: Substance use and poor mental health above statewide

Chronic disease and health status
STRENGTH: Physical activity higher than statewide

CHALLENGE: In 2024, 25.3% of surveyed respondents reported frequent poor physical health vs. 15.6% statewide.

Environmental health
STRENGTH: Food inspections rose from 9% - 93% in 3 years

CHALLENGE: Radon positivity above statewide across CNHD counties

Adult mental health
STRENGTH: Senior centers anchor outreach, meal delivery, and informal welfare checks across CNHD

CHALLENGE: Reported unmet emotional support rose from 19.4% in 2022 to 32.8% in 2024

Substance Use
STRENGTH: Existing substance use prevention organizations and networks in each CNHD county

CHALLENGE: Drug-related death rates were higher than statewide in all CNHD counties except Eureka

Sexual and reproductive health
STRENGTH: STI rates generally below statewide across all counties

CHALLENGE: No OB/GYN outside of Fallon; HIV prevalence rising

Cancer screenings and burden
STRENGTH: Reported mammography at 67.9% vs 61.7% statewide

CHALLENGE: All cause cancer burden above statewide across CNHD counties

Child health and immunizations
STRENGTH: School-based nursing filling pediatric gaps

CHALLENGE: No county reached 95% vaccination targets and vaccination rates are declining

Communicable disease and prevention
STRENGTH: Few reported outbreaks of vaccine-preventable diseases across CNHD counties

CHALLENGE: Sharp post-COVID drop in flu and COVID vaccination



About This Community Health Needs Assessment

What is a Community Health Needs Assessment?

A Community Health Needs Assessment (CHNA) is a systematic process that uses multiple data sources to build a clear picture of a community's current health status. It looks at a community's strengths and challenges to its wellbeing. Conducting a CHNA helps health districts, counties, and cities understand what health issues need to be addressed and what strengths they can use to design programs to make a difference for people and their health.

The CNHD CHNA was conducted across the City of Fallon, Churchill, Pershing, Mineral, and Eureka counties. Findings will serve as the foundation for the 2026 CNHD Health Improvement Plan (CHIP).

How we conducted the community health needs assessment

The assessment draws on both quantitative data (numbers and statistics) and qualitative data (people's experiences, opinions and stories) to better understand what health issues exist, how residents experience them and what community strengths can be used to address them. The assessment was conducted between March and July 2026 and reflects the information available at that time. We acknowledge that community health needs are complex and interconnected, and not all concerns identified by residents and stakeholders could be explored with available data.

To guide this CHNA, we established a cross-sector CHNA Advisory Group to make sure the assessment reflected the local context. Members were selected to include all four CNHD counties and a range of groups that shape health and wellbeing across the City of Fallon and Churchill, Pershing, Mineral and Eureka counties. The Advisory Group helped design the CHNA by defining its guiding values, identifying local contacts, helping interpret findings, and identifying priority health needs.

Below we outline how we went about collecting and analyzing the data for the CHNA:

Literature Review

Before collecting data, we reviewed community health needs assessments conducted by hospitals and counties within CNHD Counties from 2021 to 2026. Near the end of the report, we summarize how our findings relate to previous assessment findings. Reviewed assessments included:

- Health Care Access Issues in Rural Nevada, UNR (2026)
- Banner Churchill Community Hospital CHNA (2025)
- Churchill County Opioid Use/Misuse Needs Assessment and Plan Recommendations (2024)

- Eureka County Community Needs Assessment (2024)
- Foundational Public Health Services in Suburban, Rural & Frontier Nevada (2024)
- CHRR: Health and Health Care in Eureka County (2023)
- Mt. Grant Hospital Community Health Needs Assessment (2025)

Qualitative Data Collection

- **Windshield Surveys:** We conducted 5 community site visits that included windshield surveys (in-person observations of the physical environment and community conditions) in Eureka, Crescent Valley, the City of Fallon, Hawthorne, and Lovelock. Each visit lasted approximately 4-6 hours and included a guided tour of the community led by an Advisory Group member. In each town we visited the local hospital and/or clinic, pharmacies, grocery stores, schools, parks and social service organizations.
- **Key Informant Interviews:** We conducted 25 key informant interviews with community leaders, service providers, and organizational representatives from across the City of Fallon and each of the four CNHD counties to gather their perspectives on local health needs and challenges. Interviewees were identified with support from the Advisory Group and through snowball sampling (asking people we interviewed to recommend others to speak with) during the community site visits and windshield surveys.
- **In-Depth Resident Interviews:** We conducted 6 in-depth interviews with residents from Eureka and Churchill Counties to more deeply understand their experiences accessing care, paying for medications, and navigating community services (per priority topic area selection detailed below). Participants were compensated with a $25 gift card for their time and were recruited through a public sign-up form promoted via flyers in English and Spanish posted on social media and with local community organizations. Unfortunately, this was a lower number of interviews we had hoped for. While we received over 1,000 inquiries about participating, almost all of them were fraudulent.
- **Community Validation Sessions**: In July 2026 we conducted four community validation sessions in Lovelock, Hawthorne, Eureka and the City of Fallon with a total of 72 participants. For these sessions we, VillageReach along with a CNHD representative set up a stand in a public area (Library, Senior Center, Safeway, Tribal Center and a coffee shop) with six statements that reflected key findings from the qualitative data collection from that county. Residents were then asked the extent to which they agreed with the statements and to add more details, if needed.

Quantitative Data Collection

We pulled data from local, state, and national sources including the Nevada Health Authority, U.S. Census Bureau, CDC surveillance systems, and University of Nevada, Reno. Key data sources included the Behavioral Risk Factor Surveillance System (BRFSS), Youth Risk Behavior Survey (YRBS), Nevada Health Authority Vital Statistics and Communicable Disease Surveillance dashboards, Nevada Cancer Registry, and CNHD program data. We compiled these into a centralized Power BI database for analysis. Data are reported either across all four counties combined or by county where available. For most indicators we

could not break data down further by age, race, or income because populations are too small to do so without risking identification of individuals.

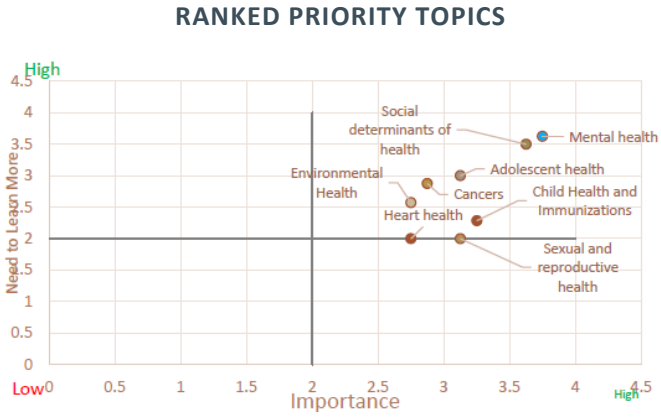
To assess trends (changes over time), we labeled each indicator that had at least five years of data: Increasing, Decreasing, or No Trend using a simple two-rule method based on whether the second half of the data averages higher or lower than the first half and whether at least 3 of the last 4 year-over-year changes move in the same direction. These labels reflect general direction of an indictor and are not a statistical finding. Where possible, we compared our data to Nevada statewide figures and to Lander County, which is similar in size, geography and character to several CNHD counties.

We did not conduct any primary quantitative data collection like surveys as there have been several conducted recently through other community health assessments in the region.

Identification of Priority Topics

In May 2026, we shared early findings from our quantitative data review and community site visits with the Advisory Group and asked them to prioritize topic areas based on how important they felt each was to address and how much more we still needed to learn. The group identified three areas:

- Social determinants of health
- Mental health; and
- Adolescent health.



CNHD then selected a focus on social determinants of health, specifically access to social services and experiences with cost of care.

Alignment with Public Health Accreditation Board Standards and Measures

This CHNA was designed to align with Public Health Accreditation Board standards for community health assessments. The Public Health Accreditation Board is a national organization that sets standards and best practices for health districts and departments across the United States. The standards for CHNA's require a collaborative process, engagement of community partners, use of multiple data sources, and broad dissemination of findings. To meet these standards, we did the following:

- We convened a cross-sector advisory group that provided input throughout the assessment.
- We used both qualitative data we collected (primary data) and existing quantitative data (secondary data.
- Together we used this quantitative and qualitative data to examine health outcomes, factors that influence health, community assets, and disparities across Churchill, Pershing, Mineral, and Eureka counties.
- We will share findings with community partners and the public and findings will be used to inform the 2026 Community Health Improvement Plan.

A few things to know before you read this report

Here are a few key points to help understand the numbers presented in this report:

What does "per 100,000" mean?

You'll see many numbers shown as rates per 100,000 people. This rate shows how many times an event or illness occurs for every 100,000 people, allowing us to compare areas of different sizes. Rates make it easier to compare across counties, with Nevada overall, and with other rural areas.

However, looking at rates can also be misleading in small populations like those of most CNHD counties. In counties with only a few thousand residents, even one or two cases can make the rate look very high. For this reason, throughout the report, we point out when small numbers mean the data should be interpreted with more caution.

What does "age-adjusted" mean?

Some of the data are age-adjusted, which means the numbers have been adjusted to account for differences in age between groups. This helps make comparisons. For example, communities with more older adults often have higher rates of certain health conditions, so adjusting for age helps show what's really behind the differences in the data.

What does "suppressed" mean?

In some cases, data were suppressed, meaning not shared, by the source agency and cannot be reported. This happens when the number of cases is very small and could risk identifying individuals. When data are suppressed, we note it so readers know why information is missing.

How do we compare to state and national figures?

Where data allows, we include comparisons to Nevada and national benchmarks. These comparisons are meant to provide context, not to judge performance. What's average for the state may not reflect what's realistic or appropriate for rural communities. When data were available, we also compared CNHD data to Lander County, which has a similar population size and distribution to some CNHD counties.

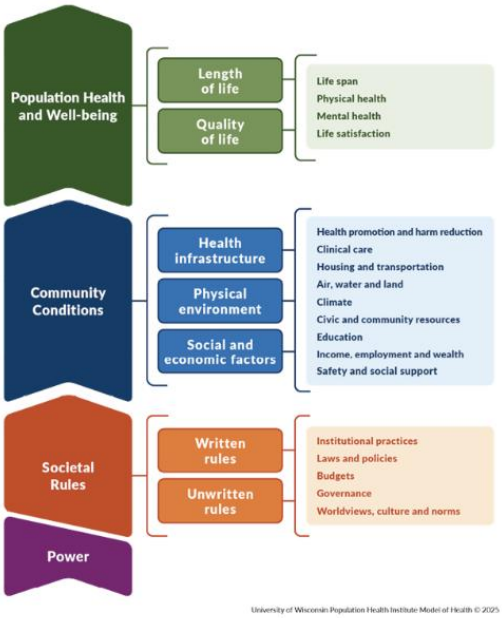
What about the community voices in this report?

The community voices represented in this report are not meant to represent everyone, but are meant to offer the context that just numbers alone cannot provide. Throughout the report, we note when we heard similar things across many conversations and when community perspectives varied.



What Makes a Healthy Community?

Each community should decide for itself what a healthy community looks like for its residents. That said, to guide this CHNA and report we used a framework called the University of Wisconsin Population Health Institute Model of Health framework to define what things we should look at to assess the 'health' of CNHD's communities. The framework looks at health and wellbeing from the following components:



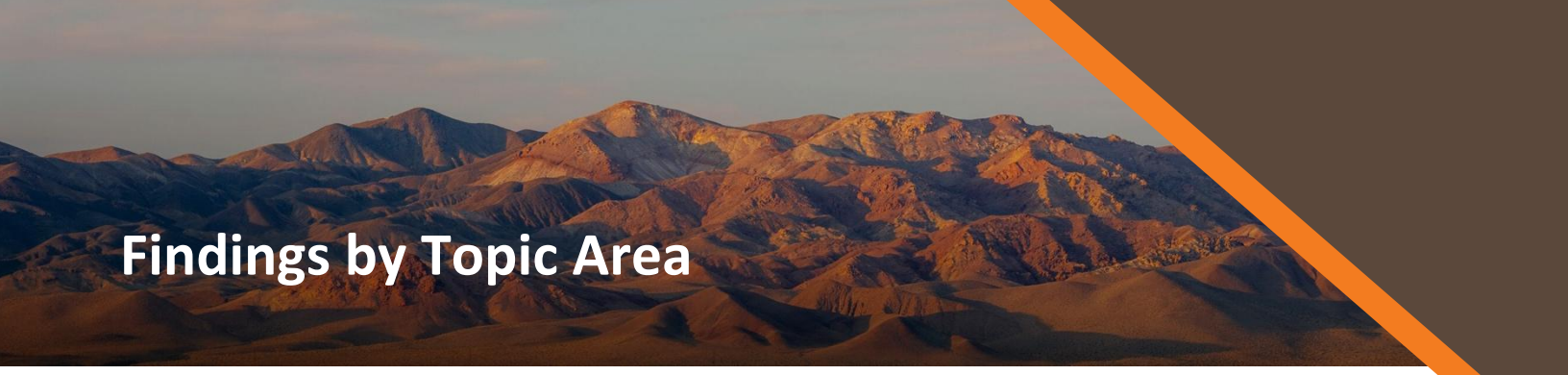
2025 University of Wisconsin Population Health Institute Model of Health

Population health and wellbeing: This looks at both mental and physical health across a whole community, rather than focusing on individual health. Wellbeing looks at factors like quality of life as opposed to just health outcomes.

Community conditions: This includes things that affect health (often called social determinants of health or health-related social needs), such as housing, wages and economy, health insurance, schools, and environments. It also includes health promotion and harm reduction efforts, like access to healthy food, opportunities for physical activity, and education about topics like nutrition and physical activity, which help people make informed choices about their health.

Societal rules: This refers to laws, regulations and policies, as well as social norms (the unwritten rules in a community), and how they influence people's lives and shape the conditions that affect health. This is understood through understanding community members' perceptions of community norms as well as through local public policies.

Power: This means how people in a community come together to share their views and help shape decisions that affect them. This typically includes the ipractices of institutions like schools, local government or public health departments and how public budgets are allocated and how those institutions are governed.



Findings by Topic Area

Eleven topic areas are covered in this report:

CNHD community profile	
Social determinants of health	Adolescent health and well-being
Chronic disease and health status	Adult mental health
Environmental health	Substance use
Sexual and reproductive health	Cancer screenings and burden
Child health and immunizations	Communicable disease and prevention

Across these eleven topic areas and all counties, four consistent themes emerged:

Challenges in managing a high chronic disease burden: Key informants and residents described a high burden of chronic diseases (heart disease, diabetes, cancer etc.) and many described lack of access to specialty care needs and/or the referral and case management systems to help them access it outside of their rural communities. The secondary quantitative data largely supported these qualitative findings.

Structural barriers to care: Access to health services was described as constrained by lack of insurance, high out-of-pocket costs, and perceived higher costs of care locally. Accessing services outside of local areas was described as challenging due the costs associated with having to travel out of town.

Significant gaps in services for children and adolescents: Children and adolescents face additional barriers, particularly limited access to pediatric and mental health services. Routine vaccination rates are also declining across almost all CNHD counties.

Community values shape service use and effectiveness: Key informants and residents described how in their communities value such as self-reliance, independence, and trust play an important role in how residents perceive and engage with services.

In addition to these consistent themes, there was variation within and across CNHD counties. These differences are highlighted within each topic area.

Why It Matters

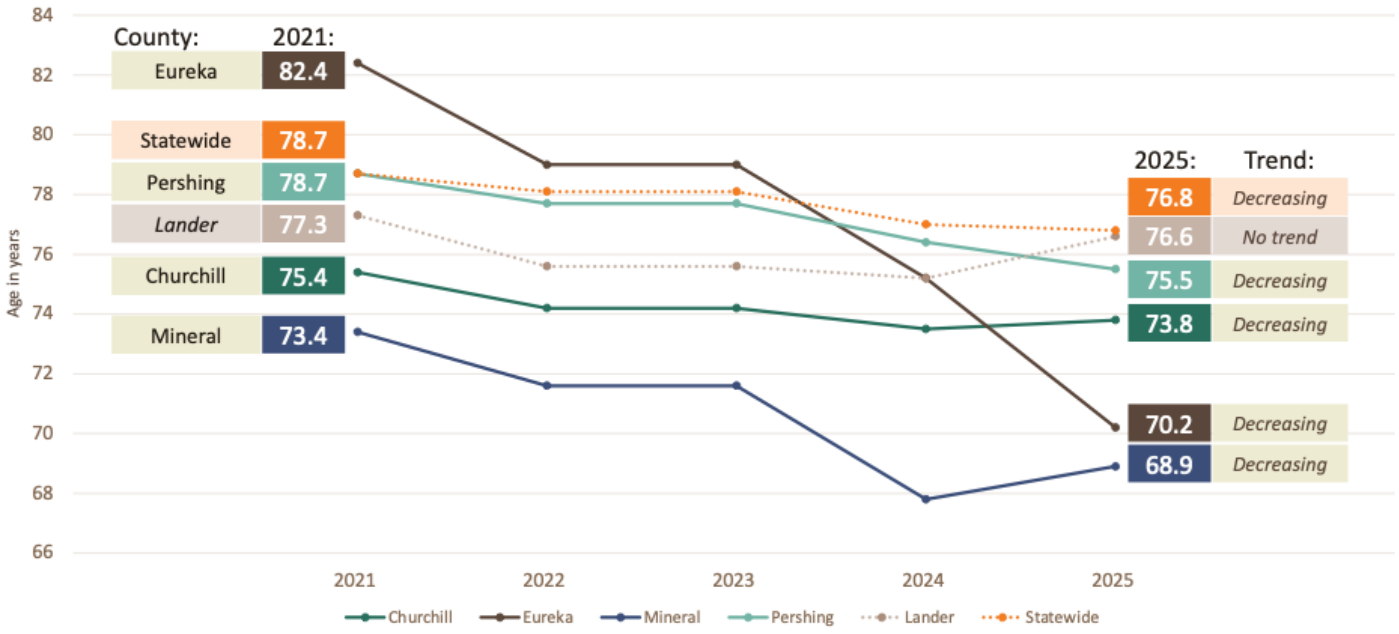
Understanding who lives in CNHD, how the population is changing, and what residents value helps identify where health needs are greatest and how services should be designed.

What the Data Show

- **Population size**: Churchill, Mineral, Eureka and Pershing counties are home to roughly 41,000 people. Churchill County is the largest at around 27,000 residents and has been growing steadily, while Mineral County's population has been slowly declining. Eureka and Pershing counties have fluctuated over the past five years.
- **Population makeup**: The share of residents under five is declining in most counties, while the share of adults 65 and older is increasing. The share of Hispanic residents is also growing or holding steady across most counties and accounts for roughly a quarter of Pershing County's population.
- **Life expectancy**: The average number of years a person is expected to live has declined across every CNHD county over the past four years.

LIFE EXPECTANCY

(Average number of years a person is expected to live based on current mortality rates)



What We Heard

> *"When there's a need, people in this community start calling around. They rally. That grassroots energy is one of our biggest strengths."*
> ***— Key informant, Churchill County***

Across all four counties, key informants and residents described communities that value self-reliance, independence, and neighbor-to-neighbor trust. Many interviewed residents said these values attract newcomers to the area and shape what kind of social and health services are successful with residents. For example, key informants described social support programs as gaining acceptance over time as they build trust through consistent presence and visibility in the community.

> *"If you ask for help, people will help you, whether or not they know you."*
> ***— Key informant, Mineral County***

Local industries, especially mining, strongly influence the character and capacity of services. Mining is a major regional employer and a major employer in three of the four CNHD counties, and key informants in Eureka, Mineral and Pershing counties described anticipating population growth as mining expands in these counties. While informants described that this can bring economic energy to their communities, it can also intensify pressure on housing and services that are already struggling to meet community needs.

County Snapshot

- **Churchill County** is the district's largest county and has experienced steady population growth. Despite relatively strong infrastructure, life expectancy has declined. Key informants and residents described a supportive community, with schools, libraries, faith communities, and senior services serving as important gathering places.
- **Mineral County** has experienced gradual population decline and has lowest life expectancy among CNHD counties. Residents described a strong community identity rooted in patriotism and long-standing local ties. Informants noted expected population growth tied to mining development.
- **Pershing County** has experienced population fluctuations and has one of the district's largest Hispanic populations, representing about one-quarter of residents. Life expectancy has declined, but residents and providers described renewed civic energy and efforts to address infrastructure challenges as the county is posed to potentially grow with new mines opening in the area.
- **Eureka County** has also experienced population fluctuations and declining life expectancy. Key informants and residents described a close-knit community where neighbors support one another, while noting that Crescent Valley faces greater infrastructure challenges than Eureka proper.

What It Means

Mining-driven growth in Pershing and Eureka is creating new demand for housing and services in these communities.

Social Determinants of Health

Why It Matters

Social determinants of health are the conditions in which people live, work, and age and include elements like housing, transportation, insurance, access to services, and economic security.

> *"Housing and transportation are our number one [challenges]. When you don't have those, everything else compounds."*
> ***— Key informant, Churchill County***

What the Data Show

- **Economic conditions** vary across the district. Median household income ranges from $54,855 in Mineral County to $79,163 in Churchill County, compared to $78,260 statewide.
    - Poverty rates in Churchill and Pershing are below state average.
    - Percent of children living in poverty in Mineral County ranges from 23–27%, substantially higher than the statewide rate of 16.7%.
    - Mineral County had the district's highest unemployment rate in 2024 at 9.2%.

County	Percent of population living in poverty, 2024
Churchill	8.1
Eureka	24.9
Mineral	18.5
Pershing	11.8
Lander	*10.4*
Statewide	*12.4*

Data Source: U.S. Census Bureau

- **Food insecurity and food environment:**
    - Food insecurity has increased across all four counties since 2021. Food insecurity affected an estimated more than 17.0% of residents in both Eureka and Mineral counties in 2023, compared with 15.1% statewide.
    - Mineral County has the lowest (worst) estimated food environment index score among CNHD counties (4.6 out of 10), compared with 7.3 statewide. The food environment index score looks the percent of the population that is low-income and has low access to a grocery store and the percent of the population that did not have access to a reliable source of food during the past year.
- **Education**:
    - High school graduation rates are near or above statewide across all counties.
    - Post-secondary education rates are below statewide levels in all CNHD counties.
- **Access to health care providers**:
    - Every CNHD county is federally designated as a shortage area for primary care, dental, and mental health providers, meaning 100% of residents live in areas with too few providers.

PROVIDERS PER 100K POPULATION, 2024

County	Dental Providers	Primary Care – MDs	Psychiatrists	Psychologists	Registered Nurses
Churchill	51.7	92.3	0	3.7	734.7
Eureka	0	0	0	0	280.7
Mineral	20.7	41.3	0	20.7	330.7
Pershing	26.7	26.7	0	0	200
Lander	*16.3*	*48.9*	*0*	*0*	*407.5*
Statewide	*63.9*	*189.4*	*8.6*	*15.4*	*1,029.80*

- **Emergency Department** (ED): ED utilization among Churchill and Mineral County residents have consistently exceeded the statewide rate, with Churchill showing an increasing trend between 2020 and 2025. In contrast, ED utilization rates among Eureka and Pershing County residents remain well below the statewide rate.

What We Heard

Consistent with recent previous health assessments done, transportation remains a major barrier to accessing health care and social services across the district. Respondents reported that lack of transportation, along with the cost and time required to travel, can make it difficult to attend medical appointments, leading some residents to rely on emergency services for nonemergency needs. This places strain on the largely volunteer Emergency Medical Services (EMS) system. For example, in Lovelock key informants and validation sessions noted that often residents call 911 for transportation to medical appointments. On the positive side, in Hawthorne, Churchill and Eureka county key informants described medical transportation that support seniors with medical appointments and errands; these are described in the deep dive on page 20.

> *"Transportation to prenatal appointments is a major barrier. Fallon is 74 miles one way. Reno and Carson are both about 135 miles one way. If families don't have the means or funds, they just won't go.*
> ***— Key informant, Mineral County***

In the validation sessions, residents were consistent that they accept some travel as part of rural life and are grateful for the services they have. What they asked for was help getting to care rather than care relocated: referral coordination, case management, and more flexible transportation, particularly for older adults and residents with fewer financial resources.

Affordable housing shortages were also reported in every county, along with concerns about poor living conditions. For example, in Eureka, some key informants described sometime responding to frostbite calls involving people living in unheated vehicles. In Mineral County, one key informant reported that some families live in condemned properties due to lack of available housing options.

County Snapshot

- **Churchill County** has the strongest service infrastructure and most organized medial transportation in CNHD.
- **Mineral County** has lost visiting specialists including cardiologists, podiatrists, and eye care providers, has no pediatrician or OB/GYN, and while it has a pharmacy, that residents are grateful for, it can be challenging to access for residents without a vehicle.
- **Pershing County** key informants and residents described having a low awareness of available services and lack of any services in smaller towns like Grass Valley and Imlay.
- **Eureka County:** In Eureka County, key informants described Crescent Valley as having some of the greatest including off-grid sanitation management practices, limited health clinic hours and no local pharmacy. In Eureka proper, key informants described incoming rotating specialists to help alleviate some specialty access challenges.

What It Means

These data suggest that Eureka and Mineral counties face the steepest economic challenges, with poverty rates well above the state average. All four counties are federally designated shortage areas for primary care, dental, and mental health providers, but with some towns like Eureka working to address this challenge with rotating specialty providers coming into the local clinic. While most key informants and residents acknowledged that lack of access to care and specialty care is a known challenge of living in a rural area and are appreciative of the services that are available to them, it does mean that for some, this lack of access means many residents face a choice between taking unpaid time off, absorbing significant fuel costs, skipping care altogether or in some cases, calling 911 and utilizing the often volunteer run EMS services instead.

DEEP DIVE:

Access to Social and Community Services

What We Heard

Across all four counties, residents and key informants described strong informal support networks, with neighbors, families, and community organizations often stepping in to meet needs. At the same time, they reported persistent, and in some cases worsening, gaps in formal health and social services. The following themes emerged consistently across community visits, key informant interviews, resident interviews and validation sessions.

Healthcare access

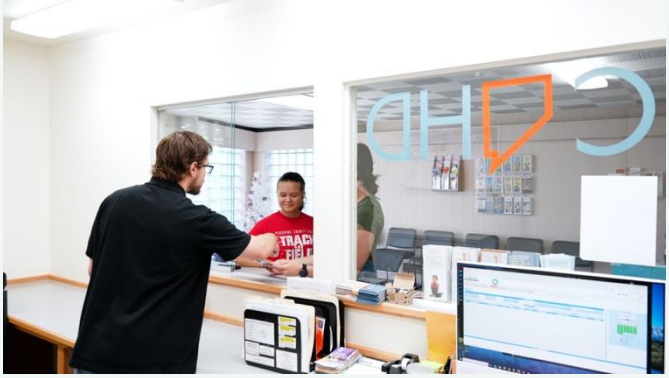
Each county has a hospital or clinic that serves as an anchor for local healthcare, but factors such as billing practices, community trust, and insurance acceptance influence whether residents actually use these services. In Pershing County, several residents reported traveling outside the county for care rather than using the local hospital, citing concerns about follow-through on basic services such as laboratory testing. CNHD clinics operate across all four counties and in some cases were reported to help fill important gaps in care, particularly for uninsured residents and adolescents, who can access services without getting a bill. However, CNHD clinic staffing capacity is limited, and community awareness of available services appears to be low.

Eureka County's William B. Ryrie Health Center was described as a strength for the community, providing comprehensive primary care with sliding-scale fees, on-site clinical services, emergency stabilization capabilities, and rotating specialty providers.

> *"A lot of people in the community don't even know the CNHD clinic exists."*
> ***— Key informant, Pershing County***

Behavioral health and substance use

Churchill County key informants and residents described the behavioral health infrastructure in CNHD with services like New Frontier (a Certified Community Behavioral Health Clinic in the CNHD counties). Mineral County's hospital was



described as having a relatively robust behavior health team for its size, including a psychiatrist (contradictory to the census data), two behavioral health specialists, and a full-time social worker. Pershing County, in contrast, relies on one psychiatric nurse practitioner who doesn't offer therapy but does offer medication management, and telehealth options for some residents. Additionally, in Pershing we heard that there have been recent challenges with the Naloxone supply, used to treat opioid overdose. For example, one provider described having to source Naloxone from Las Vegas.

Schools are the most consistent behavioral health access point across all four counties. Examples include districtwide prevention programming in Churchill County, school-based vaping prevention efforts in Mineral County, an in-school therapist in Eureka County, and a peer education program in Pershing County. Despite these strengths, residents consistently noted a gap in services for young adults ages 18–30, who often fall between school-based and adult behavioral health systems.

> *"The 18-to-30 age group is completely missed. The school-age kids get some services, but young adults have nothing. No support groups, no therapy, no anything."*
> ***— Key informant, Pershing County***

Food, housing, and basic needs

Food assistance infrastructure exists across all four counties. Senior meal programs provide weekday meals throughout the region, and delivery services often serve as informal welfare checks for isolated older adults. However, despite these strengths, residents consistently identified gaps in access to affordable, high-quality fresh produce, as well as limited food support on weekends and during the summer when school meals are unavailable. For example, one teacher in Imlay described how there is no summer meal program in the local elementary school.

Services for survivors of domestic violence are more limited. Churchill County is the only county with a local shelter.

Transportation

Transportation programs exist in all four counties and are notable strengths. Churchill County's CART program runs Monday through Friday covering dialysis, medical appointments, and basic errands. Mineral County's hospital transportation program plans to expand. Eureka's senior center runs a weekly medical van from Crescent Valley to Elko for only $5 and a regional transport circuit connecting Humboldt, Pershing, Fallon, Fernley, and Reno has been discussed but not yet implemented. While these programs were described as a big help, many noted that they are primarily geared towards seniors, can have rigid schedules that don't always align with appointments and are not as accessible for working-age adults and families.

> *"Some of it is that people don't have transportation to appointments, so they call 911."*
> ***— Key informant, Pershing County***

Community trust and what works

Senior centers were described as the most consistent community engagement infrastructure across all four CNHD counties, serving as sites for meal delivery, transportation coordination, links to services and informal welfare checks. However, their reach is limited, with many seniors not participating.

Additionally, some key informants described a decline in inter-organizational service coordination in some places. Some noted they believed this is because there is more competition for less grant funding.

In smaller communities, key informants described the importance of putting in face time with residents. For example, one key informant in Crescent Valley described spending months building relationships before gaining community trust.

> *"Be a face before you're a program."*
> ***— Resident, Crescent Valley, Eureka County***

> *"Presence matters here."*
> ***— Key informant, Pershing County***

DEEP DIVE:

Insurance Coverage and the Cost of Health Care

Overall, uninsured rates across CNHD counties are comparable to the state average. Churchill County has the lowest uninsured rate at 8%, while Mineral and Pershing counties range from 10–11% and Eureka County stands at 12%, near the statewide rate of 11.4%.

Who is uninsured and how it differs by county:

- **Eureka County:** The uninsured gap is concentrated almost entirely among the lowest-income residents (those earning under $25,000) with higher earners nearing universal coverage.
- **Pershing County:** Among middle earners making $50,000 to $75,000, 22% are uninsured. Interview participants said these are largely mining workers whose employer plans local clinics do not accept.
- **Mineral County:** Uninsured rates are elevated across income bands including higher earners, suggesting insurance barriers that go beyond income.
- **Churchill County:** While Churchill County has the lowest uninsured rate among CNHD counties at 8%, the highest proportion of uninsured individuals of falls in the middle-income band rather than the lowest.

What type (public v. private) insurance CNHD residents have:

- Medicaid and Medicare cover a larger share of residents than the statewide average.
- Churchill County has a notably higher rate of Veterans Affairs (VA) coverage (7.0%) than state average (3.2%), reflecting the military population and the presence of the Fallon Naval Air Station. VA and TRICARE beneficiaries may still face access limitations due to provider network restrictions and service availability.

What We Heard

Key informants and residents described local healthcare as substantially more expensive than services in nearby communities, contributing to frustration and distrust. One resident reported paying $600 for a strep test and office visit locally compared with a $50 co-pay in Fernley. Another described a sharp increase in clinic costs after sliding-scale pricing was eliminated, noting that a basic office visit now costs $170 before any additional services are provided.

> *"Even for a strep test and an office visit, we've paid $600 here versus a $50 copay in Fernley."*
> ***— Resident, Pershing County***

> *"The number one thing that drives dissatisfaction with the local hospitals is their billing. I got a bill from four years ago from one of the hospitals around here."*
> ***— Key informant, Pershing County***

Having insurance does not mean being covered

Insurance coverage did not always translate into affordable access to care. Residents described paying high premiums while continuing to face significant out-of-pocket costs, including large co-pays, medication expenses, and unexpected medical bills. One Churchill County resident reported paying $1,100 per month for coverage while still incurring $300 co-pays and surprise emergency room charges. Others described purchasing plans they believed provided comprehensive coverage, only to later discover important gaps that left them paying for services and medications out of pocket.

"We were paying about $1,100 a month for my daughter's insurance and we were still paying out of pocket for a majority of it. We had $300 co-pays, the emergency room we were still getting billed for. It was an absolute nightmare."

— Resident, Churchill County

"Insurance formularies change and people get stuck on prior authorization or have to pay out of pocket for medications they were previously covered for."

— Key informant, Eureka County

The consequences of being uninsured or underinsured

Cost was often the deciding factor in whether residents sought care at all. Key informants and residents described older adults having to choose between paying for medications and meeting basic needs such as food. In Eureka County, one resident reported not calling an ambulance after an injury because of concerns about cost. Providers also described patients discontinuing needed medications when out-of-pocket expenses became unaffordable, resulting in delayed care and worsening health conditions.

"I couldn't drive myself and couldn't afford the ambulance so I didn't go. I still have a dent on my forehead."

— Resident, Eureka County

"People are choosing between food, utilities, or medication. Inhalers starting at $350."

— Key informant, CNHD

Who is most at risk

Residents and providers most frequently identified self-employed workers, contractors, and mining employees as populations facing insurance-related barriers. Self-employed and contract workers often lack access to employer-sponsored coverage, while some mining employees have issues with their insurance not being accepted by local providers. Residents enrolled in Medicaid and Medicare also described challenges navigating their benefits.

Across all four counties, providers cited insurance literacy as a persistent challenge, noting that deductibles and out-of-pocket maximums are often confusing, patient assistance programs are underutilized, and residents may enroll in limited coverage plans without fully understanding their restrictions.

"People don't understand the difference between a deductible and an out-of-pocket maximum. That affects people of all ages."

— Key informant, CNHD

What residents and providers said would help

Key informants described existing programs that shield uninsured patients from large bills and named these as models worth expanding. They also identified expanding accepted insurance types, particularly mine insurance and TRICARE, as a practical step toward making CNHD services available to a much larger population.

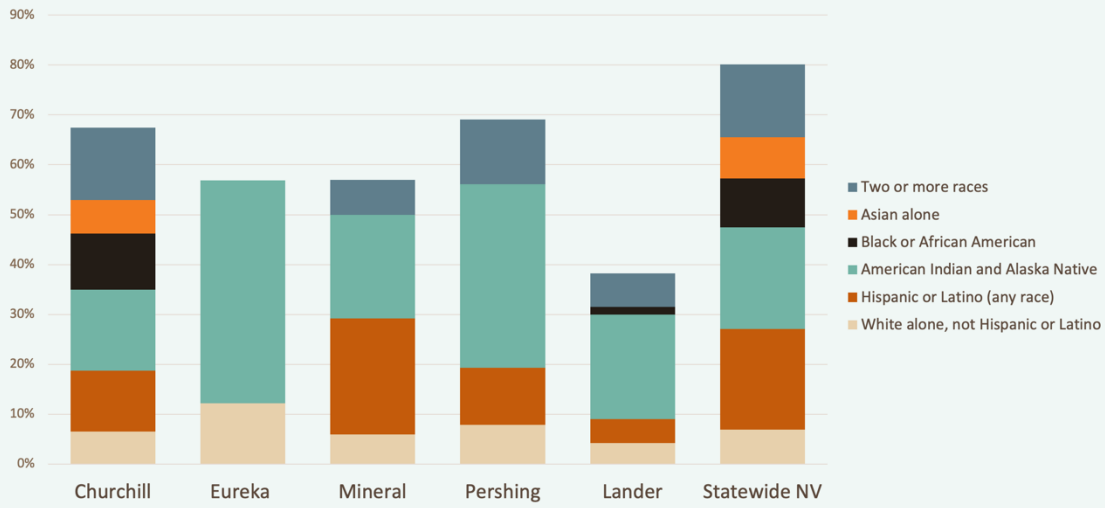
"If CNHD accepted more insurances, particularly mine insurance, that would open up a whole population of families who could come in for women's health, kids' vaccinations, all of it."

— Key informant, Pershing County

"And you can't really get like quality insurance ever as a self-contractor."

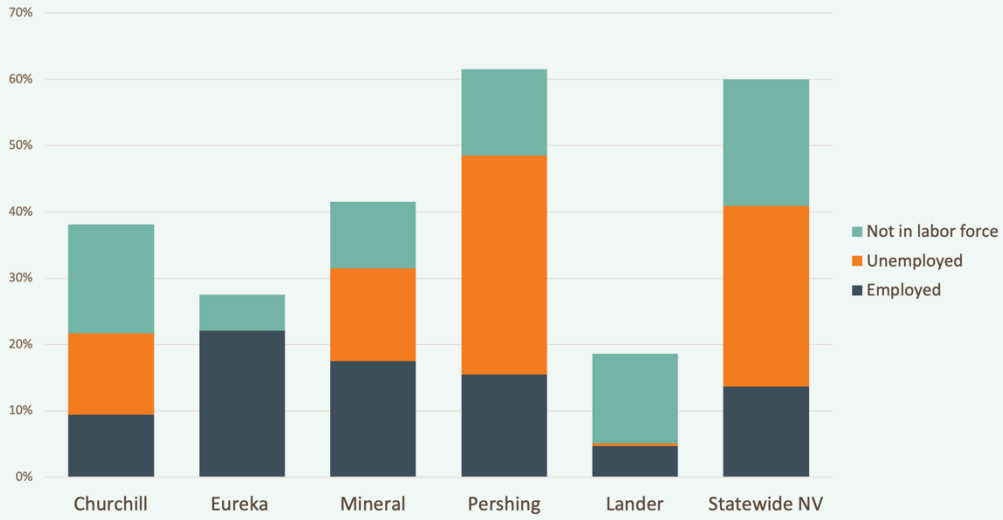
— Resident, Churchill County

UNINSURED RATE BY RACE AND ETHNICITY



UNINSURED RATE BY EMPLOYMENT STATUS

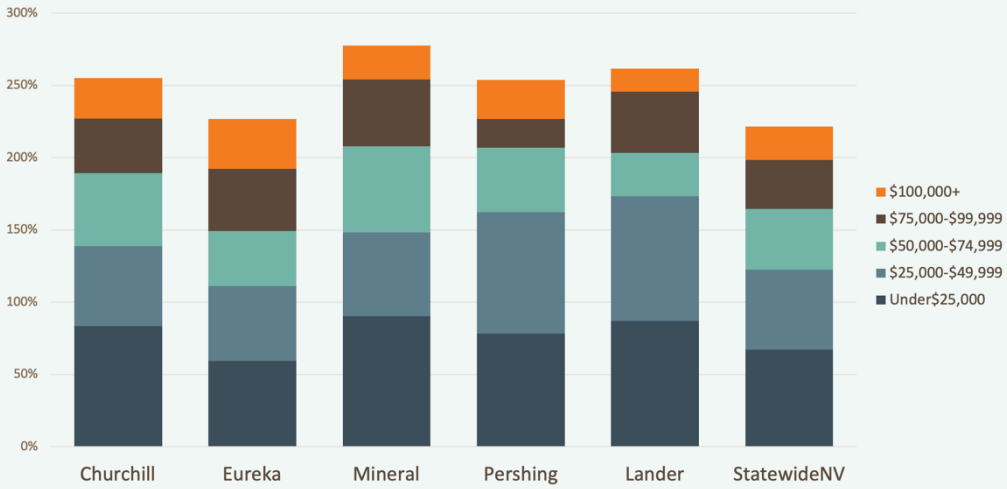
(Adults 19 to 64)



Eureka County employment figures reflect very small cell sizes and should be interpreted with caution.

PUBLIC INSURANCE RATE BY HOUSEHOLD INCOME BAND

Percentage of people in each income band covered by public insurance, including Medicaid, Medicare, VA, and CHIP. Individuals may be counted in both private and public columns if they hold both types.



Chronic Disease and Health Status

Why It Matters

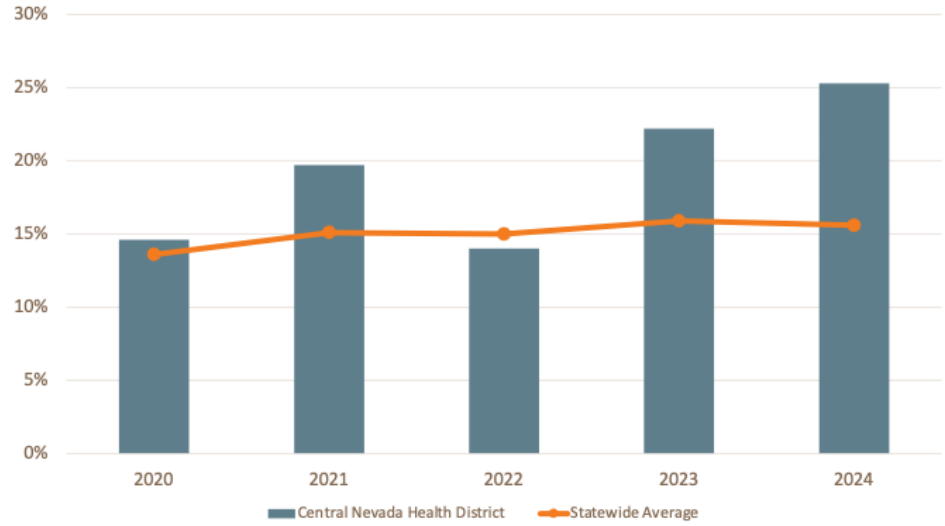
Chronic diseases like heart disease, diabetes, and respiratory conditions are the leading causes of death in the United States. In addition to looking at the rates of these diseases, it's also important to look at factors that can contribute to these diseases like tobacco and alcohol use, poor food access, and physically demanding work.

What the Data Show

- Adults in CNHD reported worse health than their statewide peers on nearly every available measure in the BRFSS survey.
    - In 2024, 25.3% of BRFSS survey respondents in CNHD reported 14 or more days of **poor physical health in the past month**, compared to 15.6% statewide, and the share reporting good or better health fell from 78.1% in 2020 to 68.7% in 2024, while the statewide rate held steady at dropped from 82% to 77.7% in that timeframe.
    - CNHD residents reported **sedentary lifestyle** rates of 31.3% in 2024, compared to 21.6% statewide.
    - **Tobacco use** across all forms for CNHD ran above statewide levels. The percent of people reporting chewing tobacco use reached 8.8% in 2024, more than double the statewide rate of 3.3% and adult e-cigarette or e-vape use reached 10.0%.
    - In 2024, 10.8% of adults in CNHD **reported being told they have COPD, emphysema, or chronic bronchitis**, compared to 9.1% statewide. Similarly, 21.7% of adults in CNHD reporting being told they have asthma, compared to 16.3% statewide.
- **Heart disease** is the leading cause of death across all four counties, with age adjusted mortality rates above or near the statewide rate of 174.8 per 100,000 in 2025. Statewide heart disease mortality is decreasing while county-level rates show no clear trend, with year-to-year swings that reflect small population sizes more than real change.
    - Stroke mortality in Churchill County rose between 2021 and 2024 before falling back in 2025. Statewide, mortality is decreasing
    - Chronic lower respiratory disease mortality is decreasing in Churchill County. Pershing County's rate is based on only a few deaths each year, which is too few to establish a direction.
    - Non-transport accident mortality shows no clear trend at the county or statewide level.

POOR PHYSICAL HEALTH

(14+ days of not good physical health days per month)



Data Sources: BRFSS; Nevada Division of Public and Behavioral Health, OPHIE

2025 AGE-ADJUSTED MORTALITY RATE VS. NEVADA STATEWIDE BENCHMARK (PER 100,000 POPULATION)

Cell values show the county's 2025 age-adjusted rate. Color indicates how the rate compares to the statewide benchmark shown in the final column. Suppressed cells (—) reflect data suppression due to small population sizes.

Cause of death	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
All causes	1001.0	546.7	1211.8	832.1	792.4	748.6
Heart disease	291.2	247.2	205.9	152.1	177.7	174.8
Cancer	169.0	111.7	203.2	166.7	158.6	142.3
Stroke	40.1	—	45.2	19.4	20.8	36.1
Chronic lower respiratory	58.1	—	34.9	94.6	149.6	43.2
Diabetes	29.2	—	30.2	21.6	24.4	20.6
Non-transport accidents	28.3	—	29.4	85.5	24.7	46.5
Suicide	16.7	—	47.2	26.8	64.0	16.9
COVID-19	2.4	—	—	—	—	2.3

Color Scale:	Well below statewide	Below statewide	Near statewide	Above statewide (1.2x+)	Above statewide (1.5x+)	Above statewide (2x+)	Suppressed data (—)

Source: Nevada Division of Public and Behavioral Health, OPHIE, 2021–2025.

What We Heard

Providers across all four counties described hypertension as common and often poorly controlled. Heart disease and heart failure were also identified as major concerns, especially among older adults and transient workers who lack an ongoing relationship with a primary care provider. Residents and providers linked these chronic disease burdens limited access to healthy foods, high tobacco use, high consumption of energy drinks and the physical demands of occupations like mining and ranching.

Poor diet quality was described as a product of where people live and how they work, with limited grocery options, high food prices, and shift-work schedules making processed food the easiest option across all four counties. A minority of residents during validation sessions pushed back on this though and emphasized that these gaps are more matters of individual choice.

> *"Diabetes is a huge population issue here too. We have a large diabetic population and a lot of people on dialysis."*
> ***— Key informant, Eureka County***

Residents and providers described chronic respiratory disease, including chronic obstructive pulmonary disease (COPD, emphysema, and chronic bronchitis, as a significant and growing concern, driven by high rates of tobacco use and potentially through occupational exposures associated with mining. With no pulmonology services available anywhere in the district, key informants described respiratory disease management largely falling to primary care providers and emergency departments.

Tobacco use in all forms was described as common place, as was alcohol.

> *"The number one thing I'm seeing directly from the mine is hypertension. I'm seeing 170, 200 systolic in 45 and 50 year olds. It's a combination of diet, obesity, stress, and the shift work. They're running 12-hour shifts… either extremely sedentary in a haul truck drinking energy drinks for 10 hours, or extremely physical labor.*
> ***— Key informant, Pershing County***

County Snapshot

- **Churchill County:** Heart disease has stayed above the statewide rate every year and remains the leading cause of death, and colorectal cancer has climbed steadily since 2019.
- **Mineral County:** Mineral has the highest all-cause mortality rate of any CNHD county.
- **Pershing County:** Some key informants described respiratory illness as a growing concern, however the county's chronic respiratory deaths number only a few each year, too few to show a reliable direction.
- **Eureka County:** One provider described diabetes as widespread and often uncontrolled. Eureka County has fewer than 2,000 residents, so its mortality rates swing sharply from year to year and cannot be read as giving any clear trend.

What It Means

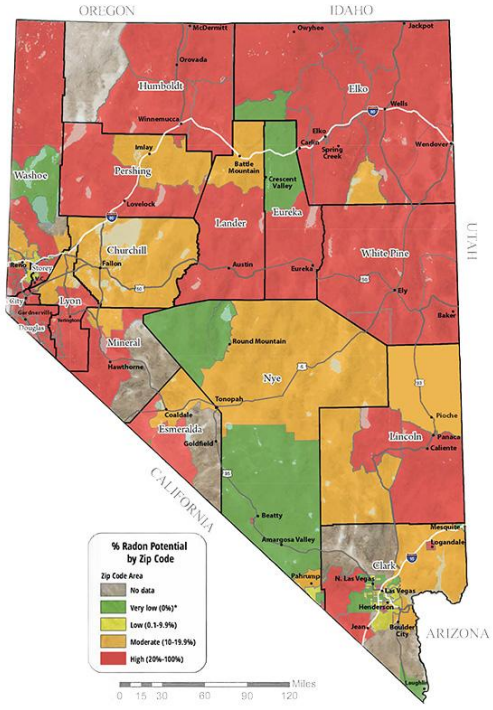
Self-reported health in CNHD according to the BRFSS survey is declining and already worse than statewide. Tobacco use, chronic respiratory conditions, and physical inactivity are all elevated here, though the BRFSS survey cannot establish what is driving the trend.

Environmental Health

Environmental conditions directly influence health. Unsafe housing, contaminated water, inadequate sanitation, and exposure to hazards such as radon and lead can contribute to gastrointestinal illness, cardiovascular disease, cancer, and other long-term health problems.

What the Data Show

- Radon testing data show elevated levels in a significant share of homes tested across the district. Elevated levels can contribute to health problems such as lung cancer. Pershing County had the highest proportion of elevated tests at 58.5%, well above the statewide rate of 26.0%. Mineral County was also high at 40.6% and Eureka County at 30.8%. Churchill County, at 16.6%, was closer to the statewide rate. These figures reflect only homes where testing was submitted, so actual exposure rates may differ.



% OF RADON TESTS SHOWING ELEVATED RADON LEVELS

County	All tests submitted through 2022
Churchill	16.6%
Eureka	30.8%
Mineral	40.6%
Pershing	58.5%
Lander	*15.5%*
Statewide	***26.0%***

Data Source: Nevada Statewide Radon Map, University of Nevada, Reno Extension https://extension.unr.edu/publication.aspx?PubID=6652

- **Confirmed blood lead level (BLL)** cases have been reported in all four counties between July 2023 and June 2026, with Mineral County accounting for the majority. Monitoring for blood lead levels is important because high lead levels don't have immediate symptoms but can cause long-term damage in adults and children.
    - Of 37 confirmed cases in this period, 21 were in Mineral County, 9 in Churchill, 5 in Pershing, and 2 in Eureka.
    - The concentration of cases in Mineral County reflects an occupational testing requirement as employees at the Hawthorne Army Depot who handle munitions are required to be tested, which drives both the volume of tests and the adult-skewed age distribution of confirmed cases.
    - Only 2 of the confirmed BLL cases involved children under 6.

- **Food safety:** CNHD conducts inspections of restaurants and food establishments to evaluate things like food storage, employee hygiene, and cooking temperatures to prevent foodborne illnesses. Inspection capacity has increased substantially across the district, from 42 inspections completed in 2023 (9.3% of those required) to 132 in 2024 (29.2% of those required) and 421 in 2025 (93.1% of those required).
- **Water quality data** were not available for inclusion in this assessment despite attempts to obtain them
- **Air quality index data** were only available for Churchill County, limiting the ability to assess air quality conditions across CNHD.

What We Heard

> *"We've got people pooping in buckets and throwing it in the street. It's a genuine outbreak risk."*
> ***— Key informant, Eureka County***

Sanitation was the most urgent environmental health concern raised by residents and providers in Eureka and Mineral counties. In Eureka County, residents described widespread sewage problems in distinct areas of their county, including improper waste disposal and unpermitted septic systems, with no building codes to require them and no financial assistance available to fix them.

In Mineral County, some key informants and residents described similar conditions, including homes that one key described as direct health hazards. Other residents noted generally old infrastructure and a gravity sewer system that can lead to challenges. Alternatively, several Pershing County key informants named sanitation as an area that has seen a lot of recent improvement with new civic leadership, code enforcement, and a grant for sewer repairs.

> *"When you clean up the environment, it lifts people's spirits, their mental health."*
> ***— Key informant, Pershing County***

Water quality concerns were common across the counties. Key informants and residents discussed avoiding tap water or questioning water safety despite cleared water safety reports. Mineral County residents described the most persistent concerns, including avoidance of tap water due to taste and a visible film evident in pipes, on clothing and watered plants. Water concerns did not come up in Eureka proper, but some did raise concerns about homemade sewer systems potentially leaking into the groundwater in Cresent Valley.

Although radon testing rates were reportedly high, radon was only mentioned by one key informant in Grass Valley, who noted that elevated radon levels in the area were significant yet largely underrecognized.

County Snapshot

- **Churchill County** has radon test results similar to statewide results and lower sanitation concerns than other counties in the district.
- **Mineral County** has environmental health concerns across multiple areas. Residents described significant sanitation conditions and reliance on bottled water due to avoiding tap water. The county accounts for 21 of 37 confirmed blood lead cases in the district since 2023, with several values well above the CDC reference level, and has the second-highest radon test positivity rate in the health district at 40.6%.
- **Pershing County** has the highest radon test positivity rate in the district at 58.5%. Sanitation conditions were described as actively improving under new local leadership.
- **Eureka County's** most urgent environmental concern is sanitation in Crescent Valley where informants noted unsafe waste disposal. Water access is a concern for those who can't afford to pay their water bill.

What It Means

Percent of Radon potential (a carcinogen) in Pershing, Eureka and Mineral counties are high with few key informants noting awareness of radon, this points to potential opportunities for increased awareness campaigns and testing. What did come up among key informants and residents more frequently, though with variation by county, were sanitation and water concerns. Across the district, residents described suspected links between environmental conditions and health outcomes that have never been formally studied. The need for independent environmental testing emerged as one of the most common requests from key informants, reflecting a desire for more data to better understand potential environmental health risk.

Lastly and notably, after several years of CNHD ramping up operations, food safety inspection capacity has now reached the level required to support routine inspection activities.

Sexual and Reproductive Health

Why It Matters

Sexual and reproductive health includes care during pregnancy and the prevention, testing, and treatment of sexually transmitted infections (STIs). For pregnancy, access to early and consistent prenatal care is critical. When care begins early, it increases the likelihood of safe pregnancies, healthy births, and prevents avoidable maternal and infant deaths. For STIs, strong prevention, timely testing, and effective treatment help keep infection rates low, reduce long-term health complications, and limit transmission within communities.

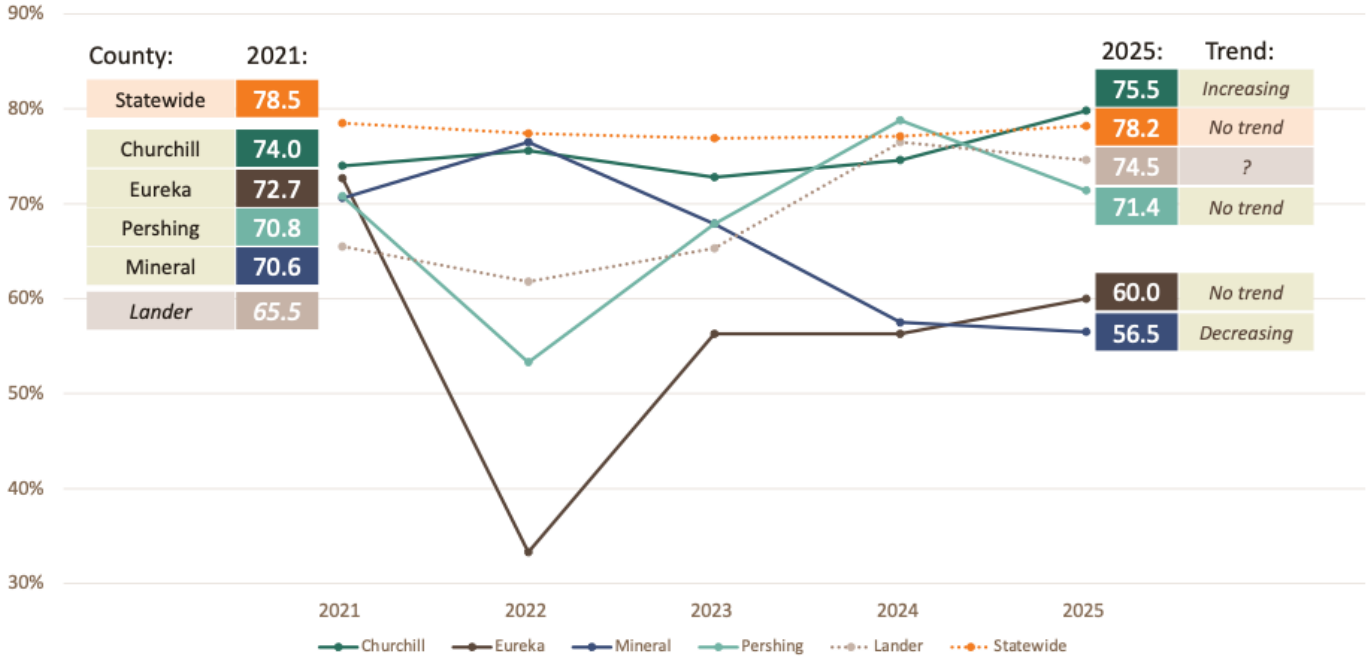
> *"There's no OB here. Pregnant women have to go to Reno, a two and a half hour drive for every doctor's appointment."*
> ***— Resident, Pershing County***

What the Data Show

Pregnancy and Birth

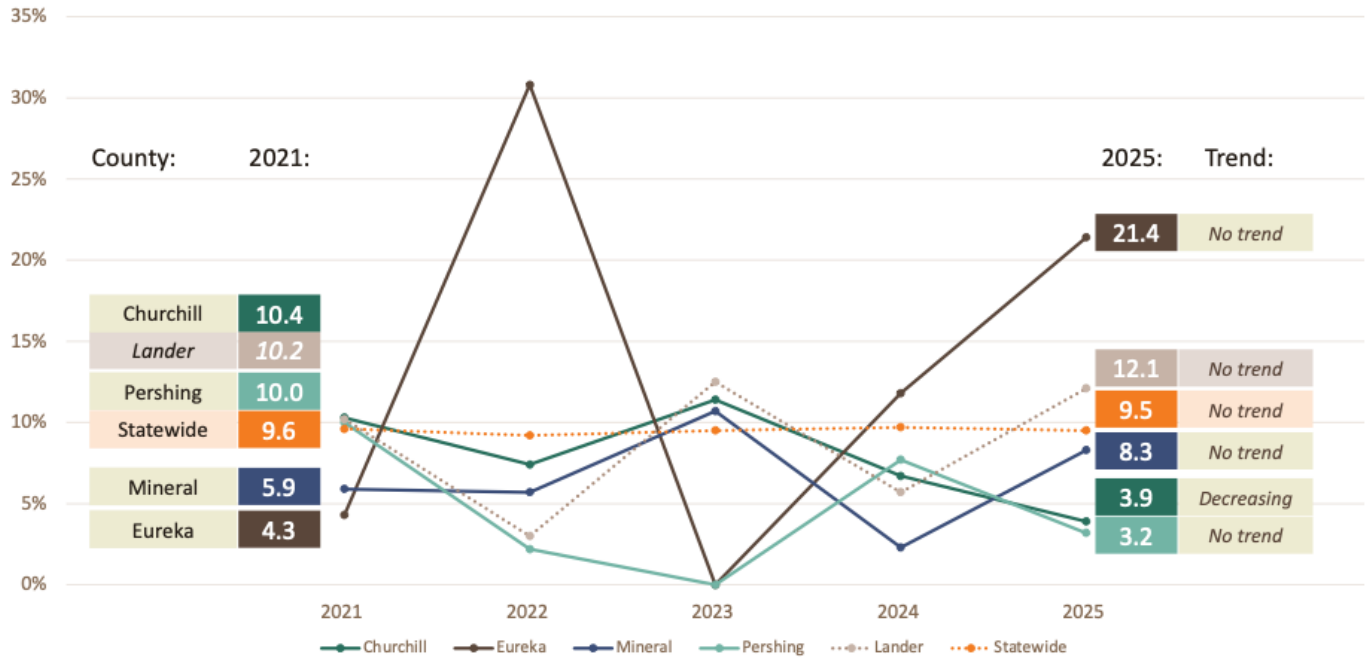
- **Birth rates:** Birth rates across Eureka, Mineral, and Pershing counties have generally remained at or below the Nevada statewide average over the past five years, while that in Churchill was higher. Trends varied by county, with Churchill County experiencing an increase in birth rates and Mineral County showing a decline. No consistent upward or downward trend was evident in the remaining counties.
- **Prenatal care:** Prenatal care utilization during the first trimester was lower than the Nevada statewide rate of 78.2% in all counties except Churchill. In 2025, first-trimester prenatal care utilization was particularly low in Eureka County (60.0%) and Mineral County (56.5%), highlighting potential barriers to early access to prenatal care in these communities.
- **Birth weight:** Low birth weight puts infants at increased risk for chronic disease, development delays and infant death. Results varied across the counties, in part due to small population sizes, with some years showing better results than the state overall and other years worse.
    - Churchill County saw improvement in low birth weight rates from 10.3% (2021) to 3.9% (2025).
    - There are no clear trends in other counties or at the state level. In smaller counties such as Eureka, rates fluctuate widely (from 0% to 21.4%), reflecting small numbers of births.
- **Maternal death:** Maternal deaths were rare but did occur in Churchill County in 2020 and 2023.
- **Infant death:** Due to the small populations in CNHD counties, neonatal and infant mortality rates showed occasional spikes, including a neonatal mortality rate of 51.3 per 1,000 live births in Pershing County (2024), compared to a statewide range of approximately 2.4 to 3.5. But there are no clear trends at the state or county level.

% OF WOMEN WITH LIVE BIRTHS WHO RECEIVED PRENATAL CARE IN THE FIRST TRIMESTER



**data excluded if prenatal care status unknown. Data Source: Nevada Electronic Birth Registry*

% OF LIVE BIRTHS WITH LOW BIRTH WEIGHT

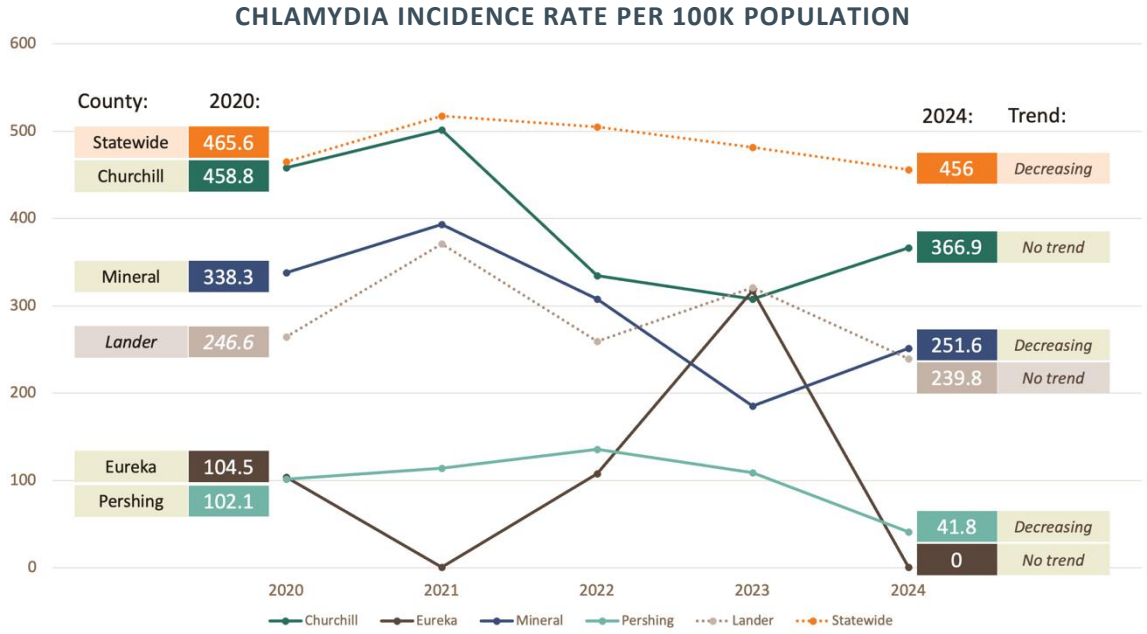


Data Source: Nevada Electronic Birth Registry

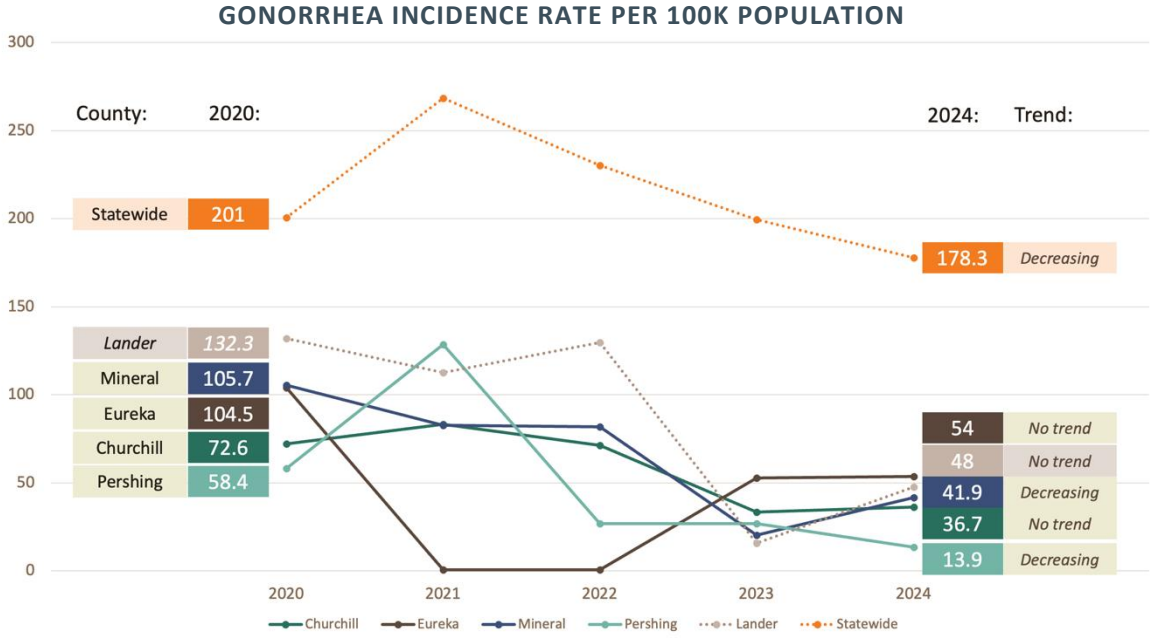
Sexually Transmitted Infections (STIs)

STI incidence is the number of new cases recorded in a year. STI incidence rates across the region are generally below statewide levels, although patterns vary by type of infection and county.

- **Chlamydia** is the most common STI across all counties, though all counties have a lower incidence rate than the state average. Rates are decreasing in Mineral and Pershing counties as well as at the state level.
- **Gonorrhea** rates are lower than statewide levels, overall low numbers limit identification of trends.
- **Syphilis** rates are lower than statewide levels though rates appear to be increasing in Churchill county.

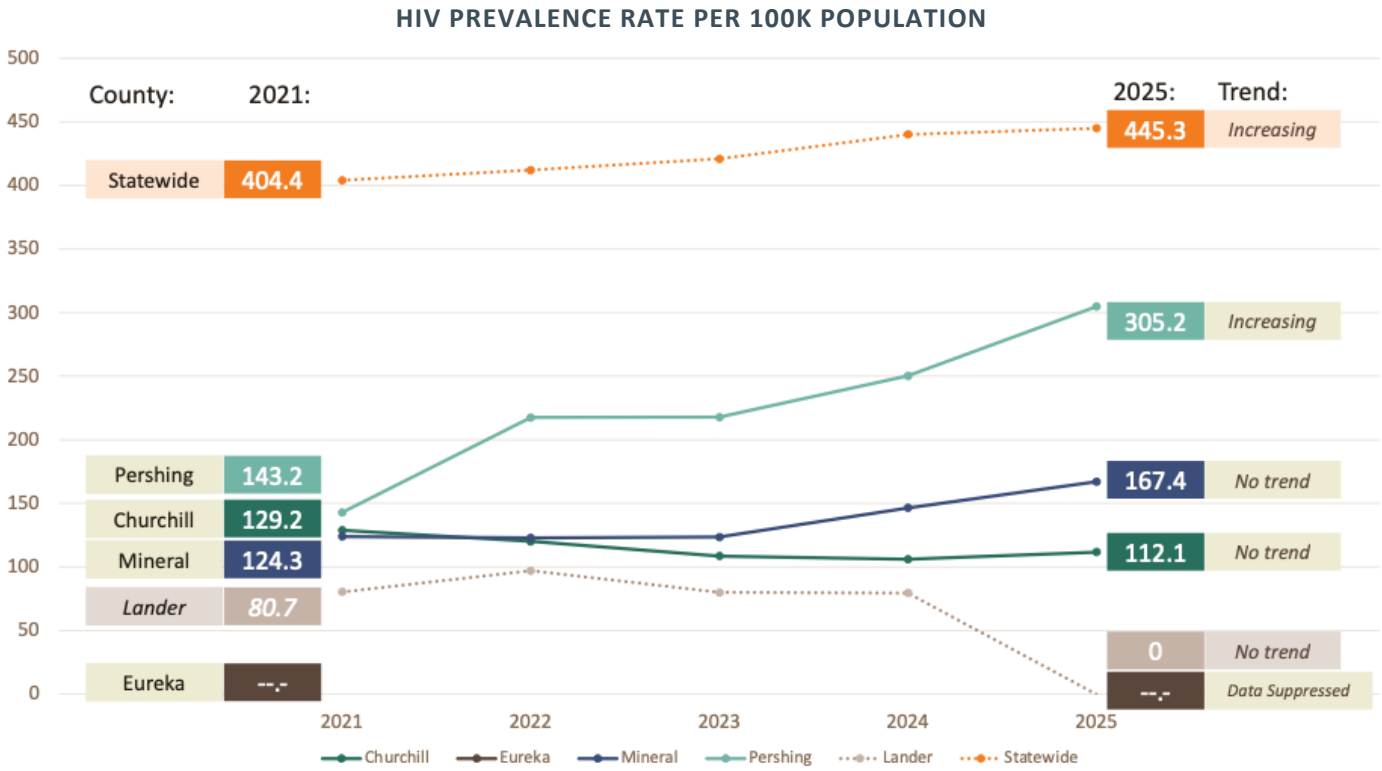


Data Source: Epitrax



Data Source: Epitrax

HIV prevalence is the number of people living with HIV in a community (including new cases and existing cases). HIV prevalence rates in all the counties are lower than the state average but higher than in Lander (the comparison county). Rates are increasing in Pershing and Mineral counties as well as in the state overall.



Data Source: Epitrax

What We Heard

> *"Transportation to prenatal appointments is a major barrier. Fallon is 74 miles one way. Reno and Carson are both about 135 miles one way. If families don't have the means or funds, they just won't go."*
> ***— Key informant, Mineral County***

Key informants and residents consistently described limited access to prenatal and reproductive health services across the region. Outside of Fallon, there is little to no local OB/GYN care, requiring many individuals to travel two to three hours for prenatal appointments and delivery. As a result, some individuals delay or forgo prenatal care due to cost, transportation challenges, insurance gaps, or inability to take time off work.

For those who accessed care in Fallon, where prenatal care is more available, residents described varying levels of satisfaction with the quality of care.

> *"While I was pregnant with my child, I had a gap in insurance and couldn't get seen by an OB/GYN. Accessibility to prenatal care was nonexistent."*
> ***— Resident, Eureka County***

Participants also described limited postpartum and lactation support outside of Churchill County.

In terms of STI testing, CNHD is the primary provider across all four counties. Participants noted that access has improved in some areas since CNHD established clinics, but barriers remain, including limited clinic hours and ongoing challenges with access to testing in more rural areas.

County Snapshot

- **Churchill County:** Churchill County has better access to OB/GYN care and has the highest rates of prenatal care. Rates of prenatal care and rates of healthy birth weight appear to be improving over time. STI rates, however, are among the highest in the district despite still being at or below statewide levels.
- **Mineral County:** Mineral County shows low prenatal care utilization, which has declined in recent years. This matches the qualitative reports of persistent barriers related to distance and transportation. The county's STI incidence and HIV prevalence is lower than statewide averages, though (like the state), HIV prevalence appears to be worsening over time.
- **Pershing County:** Pershing County has prenatal care access challenges and some incidences of neonatal deaths in individual years as well as increasing STI rates for certain conditions like syphilis and HIV. The county's STI incidence and HIV prevalence is lower than statewide averages, though (like the state), HIV prevalence appears to be worsening over time.
- **Eureka County:** Eureka County faces significant access barriers with no local OB/GYN services, low prenatal care utilization, and high rates of low-birth-weight infants in some years. The county's STI incidence is lower than statewide averages.

What It Means

Overall, the quantitative and qualitative data point to significant access challenges for prenatal and reproductive health services across the region, particularly outside of the City of Fallon and Churchill County. Long travel distances, limited provider availability, and structural barriers such as cost and transportation associated with the long travel distances appear to contribute to delayed or inadequate prenatal care and may influence health outcomes. While STI rates are generally lower than the state, increases in certain infections and ongoing access barriers highlight the need for continued investment in accessible, community-based services.

Child Health and Immunizations

Why this matters

Access to pediatric care plays a critical role in early childhood health. To understand how gaps in pediatric services may affect children across CNHD counties, we examined indicators that reflect the use of preventive care, the capacity of local health systems, and early childhood health outcomes.

Childhood vaccination coverage (ages 5–6)

This measure shows the percentage of children who are up to date on recommended childhood vaccines at school entry age. Vaccination coverage reflects whether families are able to access routine well-child visits and preventive care, as well as broader factors such as confidence in vaccines and the healthcare system. Ideally, vaccination rates should be at least 95%, a level that helps prevent most outbreaks of diseases that vaccines are designed to prevent.

Infant mortality rate (under age 1)

Infant mortality measures deaths among infants under one year of age per 1,000 live births. It is a key indicator of child survival and is impacted by access to medical care as well as social, economic, and environmental conditions.

Under-5 mortality rate

Under-5 mortality measures deaths among children under five years. Like infant mortality, it reflects child survival, but also captures access to healthcare, early intervention, and social, economic, and environmental conditions beyond the newborn period.

What the data show

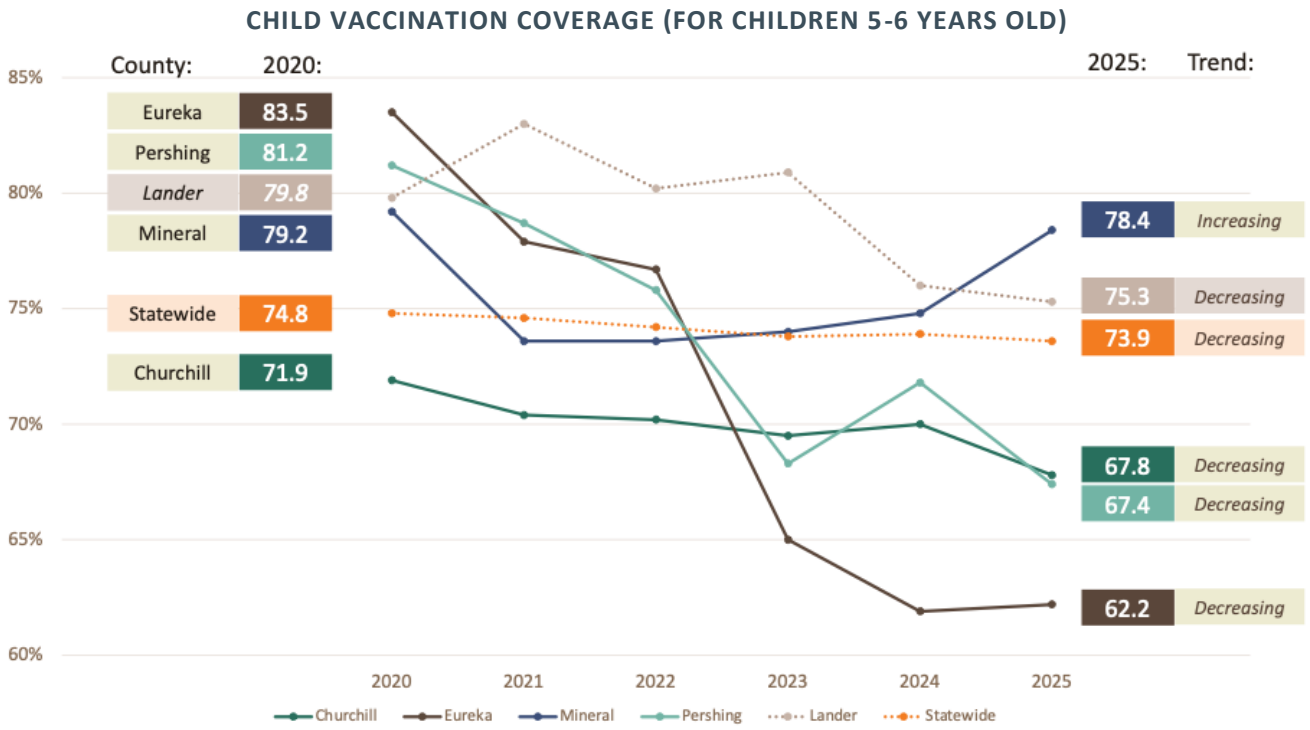
Vaccination coverage

No CNHD county reached the 95% vaccination coverage target for any childhood vaccine in any year between 2020 and 2025. Statewide coverage remained relatively flat at approximately 73–75%, well below the level needed for community protection, and most CNHD counties ended 2025 at or below the statewide average.

Overall childhood vaccination coverage trends were declining in Churchill, Pershing, Lander, and statewide.

- **Mineral County** was the only county showing an overall increasing trend, driven primarily by improved coverage for vaccines that protect against **measles, mumps, and rubella (MMR)** and **chickenpox (varicella)**.
- Coverage for the **DTaP vaccine**, which protects against **diphtheria, tetanus, and whooping cough (pertussis)**, declined across nearly all counties. DTaP requires a five-dose series so low rates often reflect missed “well child” visits to the doctor.

Eureka County experienced one of the steepest declines, with overall vaccination coverage falling from 83.5% in 2020 to 62.2% in 2025, and DTaP coverage dropping to 54.1%.



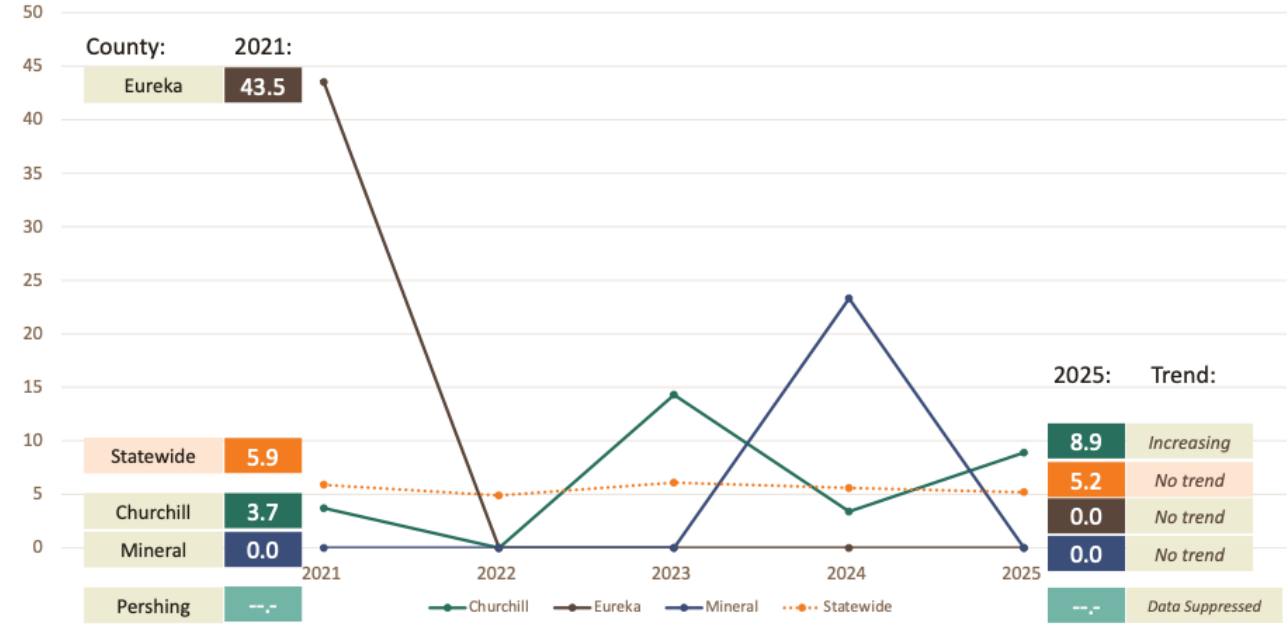
Data Source: Nevada WebIZ

Please note that these data represent data pulled from Nevada Health Authority Office of Analytics and thus may differ from other data sources, such as the annual immunization reporting school survey administered by the Nevada State Immunization Program (NSIP), which is self-reported school data

Infant and under-5 mortality

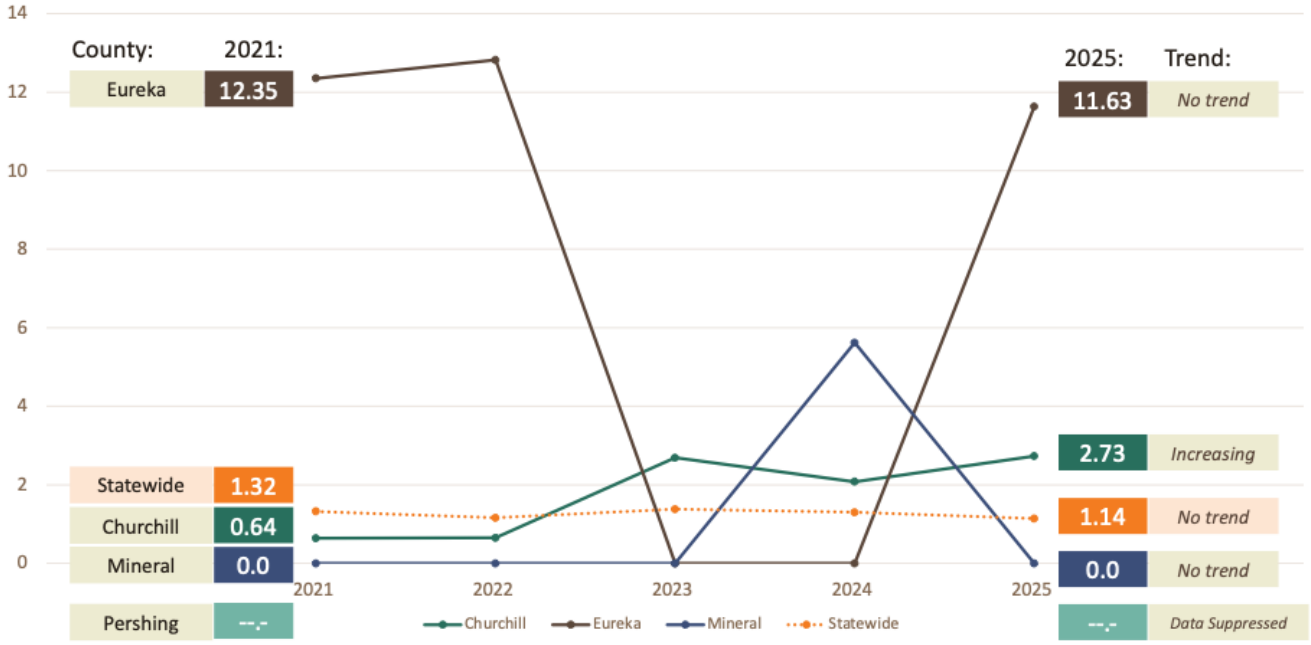
We do not have infant or under-5 mortality data for Pershing County because the population is very small. In the other counties and statewide, infant mortality did not show a clear upward or downward pattern over time. Under-5 mortality in Churchill County was higher in the most recent years than earlier in the period, though as noted below these rates rest on very few deaths and should be read with caution. In all counties, years with no deaths were followed by years with a small number of deaths, making rates change sharply from year to year and difficult to interpret.

INFANT (UNDER-1) MORTALITY RATE PER 1000 LIVE BIRTHS



Data Source: Nevada Electronic Death Registry

UNDER-5 MORTALITY RATE PER 1000 CHILDREN UNDER 5



Data Source: Nevada Electronic Death Registry

What we heard

Pediatric care

*Key informants consistently described **strained pediatric capacity** throughout the district:*

- ***Churchill County** has a single pediatrician who is over capacity, resulting in missed or delayed well-child visits and frequent travel to Reno or Carson City for pediatric and specialty care.*
- ***Eureka County** relies on a family practice nurse practitioner to provide pediatric care in Eureka five days per week and Crescent Valley is served only two days per week. Informants noted the presence of a strong school-based nursing program, which helps fill some gaps.*
- ***Mineral County** has no pediatrician or pediatric specialist. Family practice providers who see newborns often delay the first visit until around two months of age, rather than following the recommended practice of seeing infants within one week of birth.*
- ***Pershing County** has no pediatric services in Lovelock, and there are long wait times to see a primary care provider. In Grass Valley there are no healthcare providers at all.*

Routine immunizations

Key informants identified several factors contributing to declining vaccination coverage, including missed well child visits due to limited pediatric access, low awareness of CNHD vaccination clinics, and service restrictions affecting families with certain insurance types or no insurance. During the validation sessions, some residents noted that hesitancy has grown since COVID and made the important distinction that hesitancy does not always mean a desire for complete refusal. For example, one informant whose children are unvaccinated noted she would be open to vaccinating if she had the option of an alternative schedule and more one-on-one engagement about her questions and concerns regarding vaccinations.

> *"CNHD did a vaccination clinic before school started and I think they saw five people. Two adults and three kids. For a town of 500."*
>
> ***— Key informant, Eureka County***

Other concerns

In Eureka County, several key informants raised concern about the number of school-age children with seizures, reporting approximately 15 children in the elementary school. While key informants reported that all cases were under medical care and well controlled, informants expressed concern about the volume of cases and limited access to pediatric neurology. We were not able to obtain quantitative data to better understand prevalence.

Lack of access to licensed childcare was raised across the district, particularly in Mineral, Pershing, and Eureka Counties. Community Chest in Hawthorne and a mothers' advocacy group in Eureka are addressing this gap, with licensed childcare facilities currently under construction in both counties.

Some informants noted community services that support families with young children, including home visiting programs and food banks that provide food and infant formula. Others described the need for families to travel outside the district, often to Washoe County, to access additional supports such as diapers. The uneven availability of services across counties remains a barrier for families most in need.

County snapshot (cross-cutting)

- **Churchill:** Vaccination coverage has declined across most childhood vaccines and limited pediatric capacity is contributing to missed preventive care.
- **Eureka:** Vaccination coverage has declined sharply for almost all vaccines. Pediatric care is limited, though partially supported by a school-based nursing program. Concerns have also been raised about a high number of children with epilepsy and limited access to pediatric neurological care.
- **Mineral:** Vaccination trends are mixed, with some recent improvement, but there are no local pediatric providers and newborn follow-up care is often delayed.
- **Pershing:** Vaccination coverage has declined consistently over time, and access to pediatric care is minimal, with long waits to get into primary care.

What this means

The combination of declining childhood vaccination coverage, persistent gaps in pediatric care, and limited childcare and family supports suggests increasing vulnerability in early childhood health across CNHD counties. The validation sessions also emphasized low awareness of CNHD childhood vaccine offerings. The small population sizes make mortality trends difficult to interpret.

Adolescent Health and Well-Being

Why this matters

Adolescence is a critical period for physical, emotional, and social development. Health behaviors and experiences during these years, including substance use, sexual activity, nutrition, mental health, and exposure to stress or trauma, can have long-lasting effects on health and wellbeing. In rural communities, limited access to healthcare, behavioral health services, recreational opportunities, and confidential support can increase risks for adolescents and make it harder to address problems early.

Understanding adolescent health patterns helps identify where youth are most vulnerable and where prevention, support, and early intervention efforts are most needed.

What the data show

With the exception of adolescent pregnancy data, information in this section comes from the Youth Risk Behavior Survey. Data indicate that CNHD middle and high school students are generally faring worse than their peers statewide across most topic areas, and these differences persist across survey years. These data are based on a relatively small number of students and are reported at the health district level rather than by county, which limits how precisely the findings can be interpreted.

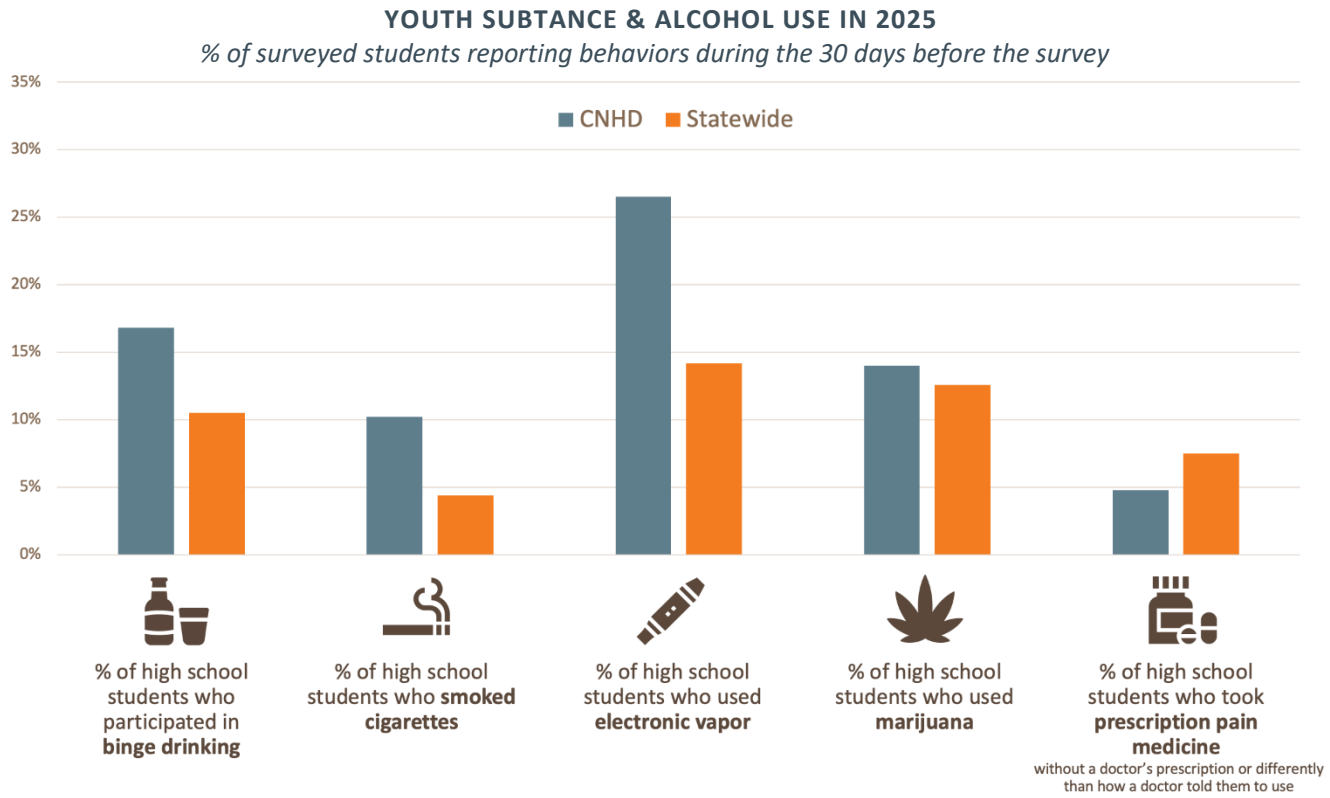
Adolescent pregnancy and births

Adolescent pregnancy counts and adolescent birth rates among girls ages 15–17 fluctuated across CNHD counties between 2021 and 2025, with no county showing a consistent upward or downward pattern over time. In 2025, teen birth rates in Churchill and Pershing Counties were higher than the statewide rate, while Mineral County reported no teen births that year. Data for Eureka County were suppressed due to small numbers.

Substance use

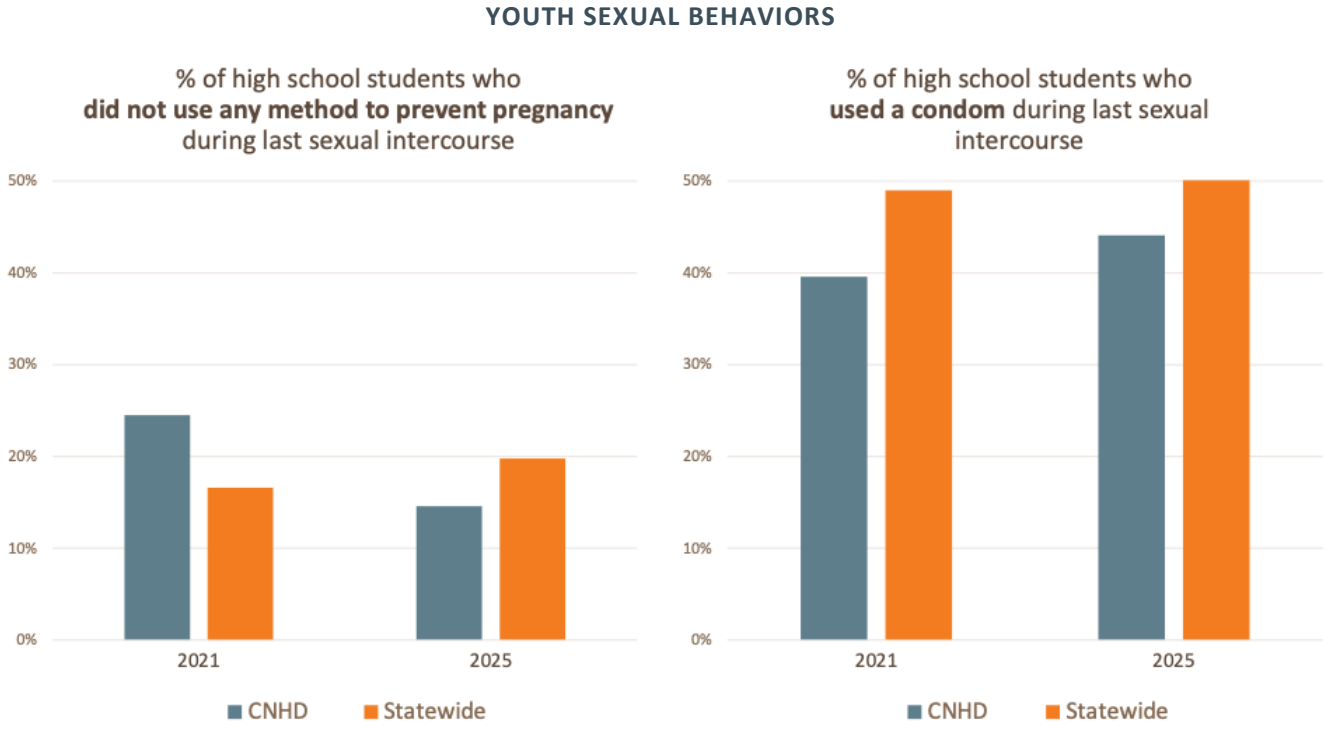
Substance use emerged as one of the most significant concerns:

- Tobacco use among CNHD high school students was two to three times higher than statewide rates in every survey year.
- In 2024, nearly half of CNHD high school students reported having used electronic vapor products in their lifetime and more than one in four reported current use.
- Alcohol use was substantially higher than statewide, including binge drinking and driving after drinking.
- Marijuana use was higher among both middle and high school students across all survey years.
- One positive trend was a decline in non-medical use of prescription pain medication, particularly among high school students.



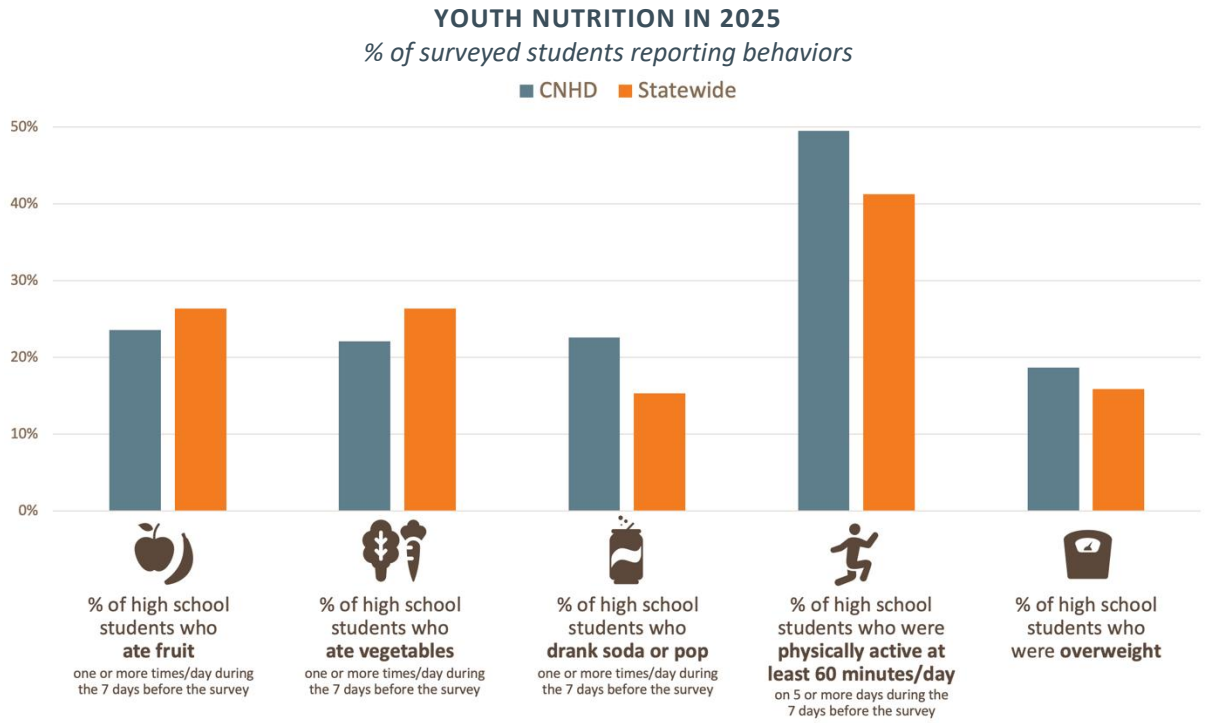
Sexual and reproductive health behaviors

Sexual activity among CNHD high school students was consistently higher than statewide. Condom use at last sexual intercourse remained below statewide levels.



Nutrition, physical activity, and weight

Fruit and vegetable consumption among CNHD youth was consistently lower than statewide, while soda consumption was higher. Although the percentage of students classified as overweight declined over time, it remained above the statewide rate. Physical activity was a relative strength, with CNHD students reporting higher levels of regular activity than their statewide peers.



Safety, adversity, and mental health

CNHD youth reported higher levels of bullying, household substance use, and other adverse experiences than youth statewide. Mental health indicators were particularly concerning:

- Nearly half of high school students reported persistent feelings of sadness or hopelessness.
- Rates of self-harm and suicidal thoughts were higher than statewide for both middle and high school students.
- More than 60% of students reported rarely or never receiving the help they needed for emotional distress.

At the same time, some protective factors were present. Many students reported feeling safe in their neighborhoods and having at least one trusted adult they could talk to.

What we heard

Key informants and community members consistently described youth substance use, mental health needs, and lack of constructive activities as major concerns. Informants linked these challenges to boredom, isolation, limited supervision, and exposure to substance use within families and communities.

Participants emphasized that confidentiality is a major barrier for adolescents seeking care in small, close-knit communities. Youth may avoid accessing sexual health services, mental health support, or substance use treatment out of fear of being recognized by family members or acquaintances.

> *"They might run into their aunt at the clinic. Anonymity is a real barrier."*
> ***— Key informant***

Informants also described limited availability of behavioral health providers, long wait times for services, and concerns about whether telehealth is effective for some youth. Schools, school nurses, and trusted adults were frequently identified as the most important access points for support, though these resources were often described as stretched thin.

County snapshot

Most of the data available was grouped together for the entire health district, so county-specific findings are not available.

What this means

The data and community input point to significant and interconnected challenges affecting adolescent health across CNHD counties. Elevated rates of substance use, sexual risk behaviors, mental health concerns, and exposure to adversity suggest that many youth are navigating complex stressors with limited access to timely, confidential support.

While there are signs of resilience, particularly strong physical activity levels and trusted adult relationships, the overall picture indicates unmet need. Without expanded behavioral health services, youth-focused prevention efforts, and safe, confidential access to care, these challenges are likely to persist and deepen.

Adult Mental Health

Why this matters

When adults experience frequent poor mental health or lack social and emotional support, it can increase the risk of substance use, chronic illness, injury, and premature death. In rural communities, limited access to mental health and substance use services, transportation barriers, and stigma can make it harder for people to get help, even when need is high.

Understanding mental health patterns helps identify where systems are under strain and where additional supports are needed to prevent crisis-level outcomes.

What the data show

Mental health and social support

Adults in CNHD reported frequent poor mental health at rates similar to or higher than statewide levels across most years. In 2024, 16.9% of adults reported 14 or more days of poor mental health in the past month, which is similar to the 16.3% statewide rate.

Unmet social and emotional support worsened over time. The share of adults reporting that they sometimes, rarely, or never received the support they needed increased from 19.4% in 2022 to 32.8% in 2024, rising well above the statewide rate of 21.7%.

What we heard

Across all four counties and the City of Fallon, providers and community members described adult mental health as one of the most significant unmet needs. Informants consistently pointed to a system that is struggling to keep up with demand.

Commonly cited barriers included:

- *Shortages of mental health and substance use providers.*
- *Long wait times for appointments and limited crisis services.*
- *Transportation challenges, especially for residents who must travel long distances for care.*
- *Stigma in small communities, where seeking help may be observed by others*
- *Limited follow-up care after crisis events.*

Senior isolation was identified as a particular concern, with older adults facing compounded risks due to limited transportation, shrinking social networks, and difficulty accessing services.

What this means

The data and qualitative findings point to a region with high mental health needs and limited capacity to respond. Although small sample sizes limit precision, the consistency between data and lived experience strengthens confidence in these findings. Without expanded mental health, improved transportation and follow-up care, and efforts to reduce stigma, these challenges are likely to continue.

Substance Use

Why this matters

Adult substance use strongly affects individual well-being, family stability, and community health. Understanding substance use patterns helps identify where additional support is needed.

> *"I'll be honest. I've never seen people drink as much as I have here, with a high functional tolerance."*
> ***— Key informant, Central Nevada Health District***

What the data show

Substance use and overdose deaths

Drug-related death rates were higher than statewide in all CNHD counties except Eureka, with particularly high rates in Mineral and Pershing Counties. Adult smoking rates fluctuated year to year but were generally slightly higher than statewide. Reported binge drinking rates were lower than statewide, though qualitative findings suggest alcohol use is highly normalized and continues to have significant impacts.

What we heard

Key informants described Methamphetamine as the dominant substance use issue across the district, with providers consistently distinguishing it from opioid-related concerns.

Alcohol use was described as deeply normalized across the district. Providers expressed concern about binge drinking, drinking and driving, youth exposure to alcohol, and limited access to treatment, even when drinking does not immediately appear to disrupt daily functioning.

> *"Meth is the main issue. We don't have an opioid problem, we have a meth problem."*
> ***— Key informant, Central Nevada Health District***

Treatment resources were widely described as insufficient relative to community need, with most residents required to travel significant distances to access any level of care.

What this means

The qualitative quantitative findings point to high drug-related death rates and limited resources for substance abuse treatment, suggesting that many adults may be experiencing distress without adequate access to care. Addressing adult substance use is critical not only for individual well-being, but also for family stability, child outcomes, and overall community resilience.

Cancer Screening and Burden

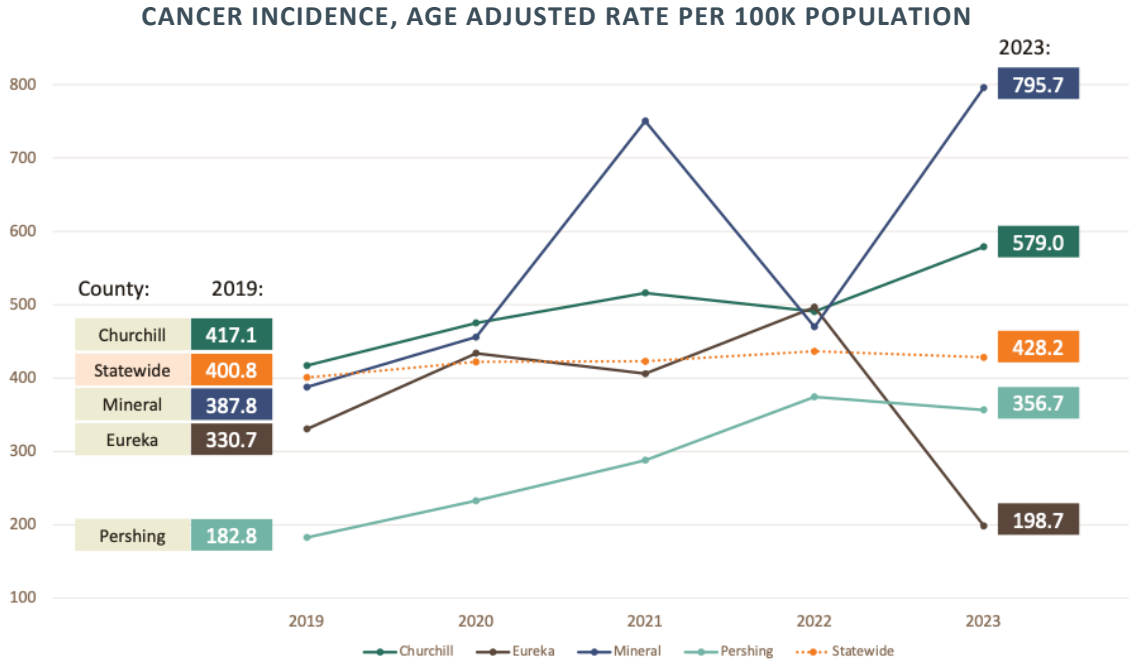
Why It Matters

Cancer is one of the leading causes of death in the United States. Early detection through screening saves lives, but only when people can access screening, follow up on results, and get treatment.

> *"We see bladder, uterine, and other cancers in 20-year-olds, which is remarkable. There is virtually no family here that doesn't have cancer in their history."*
>
> ***— Key informant, Mineral County***

What the Data Show

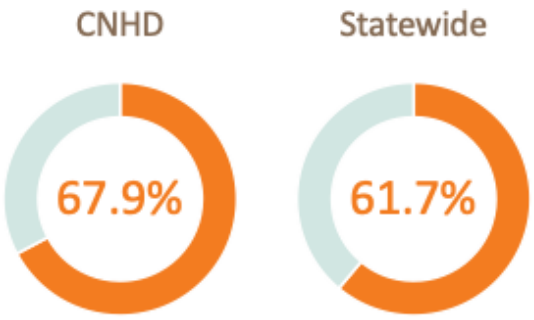
- **Overall cancer incidence** in CNHD counties has fluctuated year to year, which is consistent with other areas with smaller population sizes.
    - Mineral County's age-adjusted all-cancer rate has been above the statewide rate in most years, reaching 795.7 per 100,000 in 2023 compared to 428.2 statewide. Though, we want to note that as Mineral County has fewer than 5,000 residents, that means a relatively small number of cases can move the rate a great deal, so single-year figures should be read as part of a pattern rather than as precise measures.
    - Churchill County's age-adjusted all-cancer rate also exceeded statewide levels in most years, reaching 579.0 per 100,000 in 2023.
    - Pershing County's age-adjusted all-cancer has been higher in recent years, from 182.8 in 2019 to 356.7 in 2023. As with Mineral County data, because of Pershing County's small populations these figures should be read as indicative patterns as opposed to precise measures.



Data Source: Nevada Cancer Registry

- **Lung and bronchus cancer** rates in Mineral County have run well above statewide in several years, reaching 167.9 per 100,000 people in 2021 and 105.1 in 2023, compared to a statewide rate of 43.9 per 100,000 people in 2023.
- **Colorectal cancer** rates in Churchill County have increased from 25.0 in 2019 to 67.5 in 2023, above the statewide rate of 37.1 in 2023.
- **Prostate cancer** rates in Mineral County reached 322.6 per 100,000 in 2023, well above the statewide rate of 116.0.
- **Thyroid cancer** data are limited by small numbers across most counties, though cases have been reported in Churchill, Mineral, and Pershing counties.
- **Cancer Screening Data (BRFSS)**
    - Self-reported BRFSS data show that mammography rates in the district were above statewide rates, with 67.9% of women aged 40 and over reporting a mammogram in the past two years compared to 61.7% statewide.
    - Cervical cancer screening improved from 72.7% in 2022 to 80.0% in 2024, still below the statewide rate of 83.4% in 2024.
    - Colorectal screening fell from 67.8% in 2022 to 59.7% in 2024, below the statewide rate of 71.5% in 2024.

% OF WOMEN AGED 40+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS (2020 & 2022)



Data Source: BRFSS

    - Lung cancer screening rates were comparable to statewide at 18.9% in CNHD versus 20.7% statewide in 2024.

What We Heard

> *"My husband has thyroid cancer. His mother has cancer, his sister has cancer. And I know many, many other people in this community with thyroid cancer or serious thyroid issues."*
> ***— Resident, Mineral County***

Key informants across all four counties described cancer as something their communities have been living with and wondering about for a long time. Interviewed residents and providers wondered about potential connections with cancer patterns to environmental and occupational exposures and described a desire for a more formal investigation on the topic.

> *"To my knowledge, there has never been an independent study, and I would genuinely welcome that kind of data."*
> ***— Key informant, Mineral County***

While the BRFSS cancer screening data looks on par with state levels, several key informants and residents described challenges with accessing screening and treatments, citing challenges like long drives to conduct biopsies, chemotherapy and radiation. One Churchill County resident described waiting six months for a local mammography appointment before giving up and going to Reno instead. In Mineral County, a resident described that while mobile mammography is available, it operates on a set schedule that can be difficult to work around.

> *"Cancer treatment is a big one. If I find a cancer, it's really difficult to get biopsies done locally, so I typically have to send patients about four hours away in one direction."*
> ***— Key informant (Primary Care Provider), Eureka County***

County Snapshot

- **Churchill County** residents described long waits at the local hospital for mammography.
- **Mineral County** has the highest overall cancer incidence rate within CNHD, with lung, prostate, and all-cancer rates well above statewide for multiple years.
- **Pershing County** has seen overall cancer incidence rise since 2019.
- **Eureka County** has small numbers that make cancer incidence data unreliable year to year, but providers described real barriers to access in cancer diagnosis and treatment, with biopsies and cancer treatment requiring multi-hour trips and no nearby oncology services.

What It Means

Cancer incidence in Churchill County has been consistently above the statewide rate. Mineral County's rate is also comparatively high, though its small population makes the year-to-year figures more challenging to draw conclusions from. Many key informants asked for improved access to screening and screening follow-up.

Communicable Disease and Prevention

Why this matters

Communicable diseases spread from person to person and can cause serious illness, especially among older adults, children, and people with underlying health conditions. Vaccines, food and water safety and timely medical care are the primary tools used to prevent outbreaks and reduce the spread of disease. Understanding patterns in infectious disease, vaccination coverage, and environmental health risks helps identify where prevention systems are working and where communities may be vulnerable to future outbreaks.

> *"Post-COVID, you can't even get a person to get a flu shot around here."*
> ***— Key informant, Pershing County***

What the data show

Vaccine-preventable diseases

Across CNHD counties, most reported vaccine preventable diseases were rare or absent during the 2021–2025 period.

- **Measles, mumps, rubella, tetanus, and acute hepatitis A and B** had zero reported cases across all CNHD counties.
- **Whooping cough (pertussis)** occurred occasionally in Churchill County but was not reported in other CNHD counties.
- **Meningococcal** disease occurred in Churchill County in 2025 and occurs at low rates statewide.
- **Rotavirus** and **chickenpox (varicella)** were reported in a small number of individual cases in Churchill, Eureka, and Mineral counties. Both are increasing at the state level.

Other infectious diseases

Enteric, or stomach-related, illnesses showed irregular and highly variable patterns, this can happen in part because of the small populations of most CNHD counties.

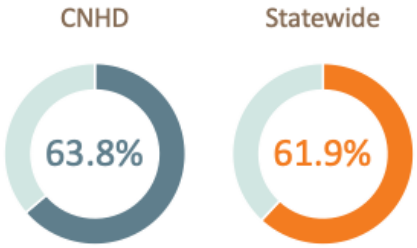
- **Amebiasis (intestinal parasite):** No cases were reported for amebiasis in any CNHD county between 2021 and 2025.
- **Campylobacteriosis (bacteria) and salmonellosis (Salmonella bacteria)** were the most frequently reported enteric diseases in CNHD counties, with cases appearing intermittently across several counties rather than steadily over time.
- **Giardiasis (giardia parasite)** occurred sporadically across all counties. Because of the small population sizes in CNHD counties, spikes likely reflect few infections.

Adult vaccination

Vaccination among older adults showed mixed results:

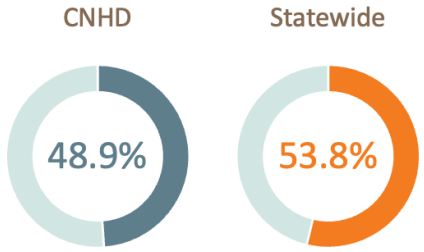
- **Pneumonia:** About 64% of adults aged 65 and older in CNHD reported receiving a pneumonia vaccine in their lifetime, slightly higher than statewide.
- **Flu** vaccination rates among older adults were lower than statewide, with fewer than half reporting a flu shot in the past year.
- **COVID-19** vaccination uptake declined sharply after the initial rollout period. Across all counties, booster uptake dropped to very low levels by 2025–2026.

% OF ADULTS AGED 65+ WHO HAVE EVER HAD A PNEUMONIA VACCINE (2020–2024)



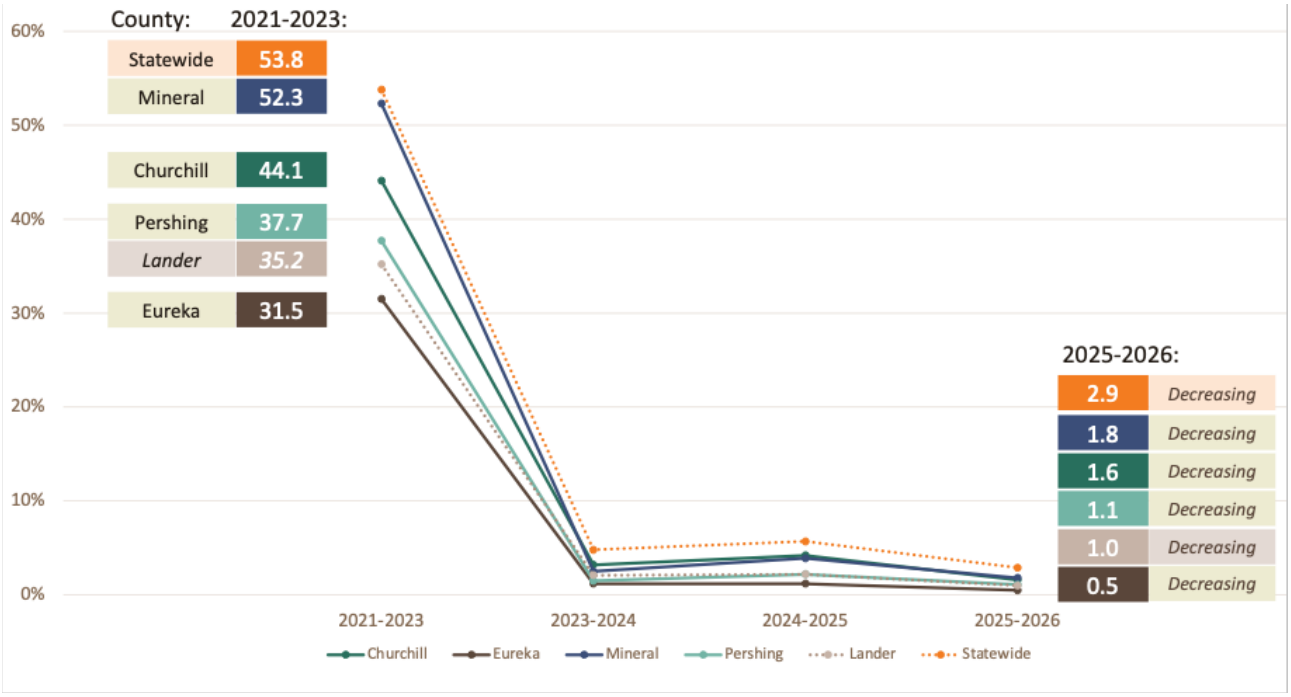
Data Source: BRFSS

% OF ADULTS AGED 65+ WHO HAVE HAD A FLU SHOT WITHIN THE PAST YEAR (2020–2024)



Data Source: BRFSS

COVID-19 VACCINATION COVERAGE



What we heard

Vaccination

Key informants and providers consistently described vaccination access as available but underused. CNHD mobile and recurring clinics provide vaccines across the CNHD, but turnout is often low and flu-vaccine participation was described as dramatically lower post-COVID. As one key informant noted: "Pre-COVID, they were doing like 600 or 700 [flu shots] maybe. Post-COVID, I think they're lucky if they get 200." That said, we did hear that many older adults still want to receive vaccines, especially those they are familiar with, such as flu or shingles shots.

> *"We do see seniors asking for shingles and now measles vaccines."*
> ***—Key informant***

Other infectious diseases

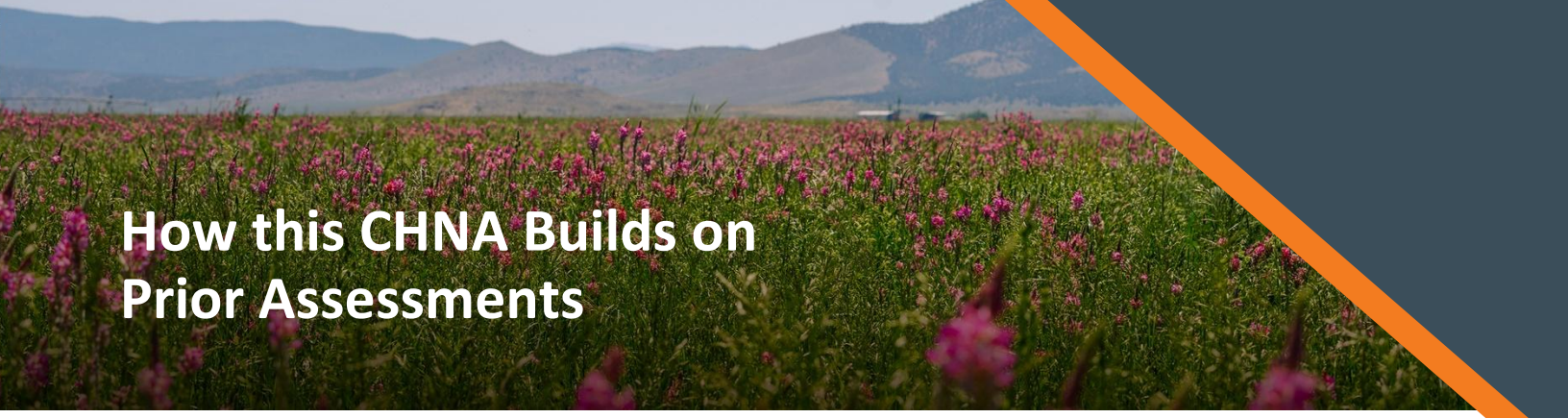
For gastrointestinal illness, some key informants raised concerns about sanitation and housing conditions, particularly in Crescent Valley and Hawthorne. They described challenges such as improper human waste disposal, lack of running water, and overcrowded living situations that they believed put residents at risk of illness.

County snapshots

- **Churchill:** Vaccine-preventable diseases were rare and occurred only sporadically.
- **Eureka:** Vaccination clinics are available, but participation remains low. Sanitation concerns and the risk of gastrointestinal illness were repeatedly raised by community members and providers.
- **Mineral:** Key informants described mistrust related to COVID vaccines. Others identified challenges with housing instability and sanitation that could increase the risk of illness.
- **Pershing:** Vaccine-preventable diseases were rare and occurred only sporadically.

What this means

Because these counties are small, one case can produce a high rate, for that reason we recommend reviewing CNHD county data in this section with caution against statewide rates.



How this CHNA Builds on Prior Assessments

The prior regional assessments reviewed for this CHNA identified many of the same challenges documented here. What this assessment adds is two things: data presented at the district level rather than the broader six-county rural region, and qualitative findings collected directly from residents and providers across all four counties.

Prior assessments consistently flagged provider shortages, with the University of Nevada, Reno (UNR) Rural Access presentation (2026), the County Health Rankings and Roadmaps (CHRR) Eureka County profile (2023), and the Banner Churchill Community Health Needs Assessment (CHNA) (2025) all documenting shortage area designations, declining provider ratios, and specialty care gaps. The 2024 Eureka County Community Needs Assessment confirmed that residents identified medical care, dental care, and mental health access as their most pressing unmet needs. This assessment shows those patterns have not improved, and in some areas have worsened, with Eureka County losing all dental providers since 2014, no psychiatrists anywhere in the district, and vaccination coverage below threshold across all counties in every year from 2020 to 2025.

On behavioral health, the 2022 Rural Region Behavioral Health Epidemiologic Profile and the Churchill County Opioid Needs Assessment (2024) both documented rising mental health burden and described stigma, co-occurring trauma, and limited treatment access as the core barriers to care. The Banner Churchill CHNA (2025) confirmed youth mental health as a top community priority. This assessment extends those findings across the full district for the first time, showing unmet social and emotional support needs nearly doubling between 2022 and 2024, drug-related death rates above statewide in three of four counties, and providers uniformly naming methamphetamine rather than opioids as the dominant substance use concern.

On adolescent health, prior assessments named the problem. This assessment shows it has continued and adds what prior data could not: a structural explanation rooted in provider shortages, confidentiality barriers specific to small communities, limited pediatric access, and adverse childhood experience rates well above statewide across all four counties.



Recommendations CHIP and for Future Assessment and Monitoring

Respondent Recommendations

The following table outlines respondent recommendations to address key challenges and improve health and well-being in CNHD communities. Responds are from the site visits, key informant interviews, resident interviews and validation sessions.

THEME /NEED	WHAT COMMUNITY MEMBERS SUGGESTED	COUNTIES RAISED	ILLUSTRATIVE QUOTE
1. Child health and immunization			
Reach families through channels they already use, and make room for their questions *	Pair vaccination outreach with existing community events (EMS Day, back-to-school) and school-linked events; consider free pediatric clinic days in smaller communities/towns without clinic accesses; consider supporting providers in discussing CDC approved alternate schedules and answer questions rather than treating vaccination as purely opt-in or opt-out.	Eureka, Churchill, CNHD, Pershing	*" [how known are CNHD services] Not at all. That's why we've put up flyers, and our front desk now books appointments for them... They were here for a while and no one knew."* ***– Key Informant, Eureka***
Awareness that CNHD provides childhood vaccines*	Improve visibility of CNHD immunization availability; outreach to daycare providers; strengthen school-linked delivery.	Eureka, CNHD, Pershing	

THEME /NEED	WHAT COMMUNITY MEMBERS SUGGESTED	COUNTIES RAISED	ILLUSTRATIVE QUOTE
2. Social determinants of health			
Getting to specialty and out-of-town care *	Improve referral coordination and case management for out-of-town referrals and expand regional transportation circuits in terms of who it is available for and flexibility of transport times/days.	Churchill, Eureka, Pershing, Mineral, CNHD	*"Better lab access at fair prices. Thyroid screening — I don't think people even know to look for it. And bilingual services for the Hispanic community here."* ***– Resident, Pershing***
People cannot find services that exist	Strengthen outreach and communication about available services and leverage multi-channel outreach (local radio, newspaper, social media).	Eureka, Churchill, CNHD, Pershing	*"The supplemental piece has to be: given the food that's available at Safeway in a food desert, how do you eat a healthy meal? How do you manage stress when this job is your reason to drink and smoke? You have to provide alternatives, not just education."* ***– Resident, Pershing***
Bilingual navigation for Hispanic residents	Consider providing Spanish-speaking navigation for uninsured and underinsured residents.	Pershing, Mineral	
Food access and quality (including for seniors)	Expand fresh produce access; senior meal supports; affordable prepared meals; address food-desert conditions.	Churchill, Eureka, Mineral, Pershing	
Medication affordability and continuity	Improve navigation of insurance formularies and broaden insurance availability and sliding scale options for covering co-pays or payments before deductibles are reached.	Eureka, Pershing	
3. Adolescent health and wellbeing			
Youth activities beyond sports and a single playground *	Expand after-school and summer options, arts and non-athletic outlets, priortizing options that are free and walkable.	Eureka, Churchill, Mineral, Pershing	*"We have a lot of youth here and for some of them this [Library] is a safe haven. Some of them are often hungry. Some have difficult home lives,*

THEME /NEED	WHAT COMMUNITY MEMBERS SUGGESTED	COUNTIES RAISED	ILLUSTRATIVE QUOTE
Confidential, anonymous access in small communities	School-linked and confidential points of contact for SRH and mental health; discreet material supports; dedicated counseling rooms.	Eureka, Churchill, CNHD, Mineral	*they're bouncing between family members or dealing with instability at home. There's not really available housing or homeless shelter resources to point them to."* ***– Key Informant, Churchill*** *"The schools need more counseling funding. The Hope Squad's adult sponsor at one school isn't a licensed counselor; she relays to the counselor, who can get too busy to follow up."* ***– Resident, Churchill*** *"STIs are a real issue in Nevada broadly, and kids here don't have a place to go where they feel like their parents won't find out."* ***– Resident, Eureka***
School counseling and peer-support capacity	Expand school counseling funding; ensure licensed involvement in peer programs; sustain peer-led prevention (e.g., CAPS).	Churchill, Pershing	
Earlier and better sexual and reproductive health education *	More, and earlier, structured SRH education in schools, with an approach adapted to local context; contraception access; relationship and consent education.	Churchill, CNHD, Mineral, Pershing	
Confidential STI services and youth education	Restore free condom distribution; confidential STI testing	Eureka, Mineral	
4. Chronic disease and health status			
Increase rotating specialty capacity to reduce travel *	Increase local primary care; bring specialty consulting closer; restore rotating and visiting specialists.	Eureka, Churchill, CNHD, Mineral Pershing	*"It would be really nice to have at least a drop-in pulmonologist. I'd say 95% of people my age have smoked, do smoke, or use meth — that's just the truth. Some sort of cardiac consulting would be nice too."* ***– Resident, Mineral***
Post-discharge and home-based supports	Increase home health and hospice capacity; post-discharge follow-up to prevent avoidable readmissions; community paramedicine.	CNHD, Pershing	
Prevention and self-management tied to how people live and work *	Chronic disease classes at senior centers; workplace prevention with mines; personalized rather than one-size prevention; systemic, not education-only, interventions.	Eureka, Churchill, CNHD, Pershing	

THEME /NEED	WHAT COMMUNITY MEMBERS SUGGESTED	COUNTIES RAISED	ILLUSTRATIVE QUOTE
Local dental and vision access *	Expand affordable local dental and vision care, considering options like rotating providers who understand the local access challenges for residents (e.g. not penalizing for children who have cavities)	Eureka, Churchill	
5. Sexual and reproductive health			
Local OB and women's health capacity*	Recruit OB/GYN and women's health services; considering telehealth options or rotating specialist; prenatal access for newcomers and high-risk; postpartum and lactation support; respectful maternity care.	Eureka, Churchill, Mineral, Pershing	*"There's no OB here. Pregnant women have to go to Reno. No postpartum support, no lactation support, nothing. If CNHD could do anything with OB-related services, that would be huge. It's zero here right now."* ***– Resident, Pershing***
6. Environmental health			
Sanitation and waste disposal *	Septic financial assistance and enforcement; education on sanitation-related disease and pervention; address RV and temporary-housing sewage.	Eureka, Mineral, Pershing	*"It's the biggest public health issue in this town. We have people with homemade septic systems that aren't permitted, leaking into neighboring properties and into the ground. People pooping in buckets and disposing of it improperly."* ***– Resident, Eureka***
Water quality concerns and independent testing	Independent water quality testing; address mineral and aging-pipe concerns; radon education and mitigation.	Mineral, Churchill Pershing	*"A lot of us in the community have real concerns about our water quality. It's not very clear. There are a lot of hard minerals… I just order bottled water for my house."* ***– Resident, Mineral***

THEME /NEED	WHAT COMMUNITY MEMBERS SUGGESTED	COUNTIES RAISED	ILLUSTRATIVE QUOTE
7. Cancer screening and burden			
Local screening, imaging, and follow-up	Local mammography capacity and shorter waits; closer oncology and biopsy pathways; flexible mobile mammography scheduling; ultrasound for dense breasts.	Eureka, Churchill, CNHD, Mineral	*"For mammography I tried to schedule here and it was six months out, so I went to Reno Diagnostics and got in quickly. Because there's only one place here that does it, there's just less capacity… for people who don't have insurance , and there's a lot of that in frontier and rural areas, they just can't afford it, so they go without."* ***– Resident, Churchill***
Suspected environmental contributors to cancer or health clusters	Investigate perceived environmental contributors through a formal independent study	Churchill, Mineral, Pershing, Eureka	
8. Adult mental health			
In-person local mental health workforce (not just telehealth) *	Expand local providers and crisis services; build the middle that bridges hospital, clinic, and senior-center supports; safer crisis transport.	Eureka, Churchill, CNHD, Pershing, Mineral	*"Mental health is the biggest gap we have. Zero mental health providers... The 18-to-30 age group is completely missed... No support groups, no therapy, no anything."* ***– Key informant, CNHD***
9. Substance use			
Substance use response (meth primary; rising fentanyl)	Address meth as the primary local concern; naloxone access and overdose prevention; workplace recovery approaches; address alcohol among transient mining workers.	Eureka, Churchill Mineral, Pershing	*"We're also getting more overdose calls. Meth, fentanyl — a lot of drugs are now laced with fentanyl, so people buying marijuana can end up with a fentanyl overdose."* ***– Key informant, Pershing***

Data and monitoring between CHNA assessment cycles

As this CHNA report is only provides point-in-time snapshot of the health and wellbeing of CNHD Counties, the following suggestions outline how current datasets could be used to support ongoing monitoring between now and the next assessment:

- **Monitoring CNHD Service utilization.** CNHD could continue building systems to routinely collect and report appointment and service utilization data across all four counties. Simple dashboards that do not require a full CHNA cycle would show who is being reached and where gaps remain.
- **Youth health and BRFSS data.** The YRBS runs every two years and BRFSS every year. While the survey reports do not aggregate CNHD counties, this can be requested for more specific monitoring of CNHD counties.
- **Air quality and environmental monitoring.** Continuous air quality monitoring currently reaches only Churchill County. Expanding it, with a way to alert the public during poor-air periods, would close a gap that leaves most of the district without timely information.

Conclusion

Across the 11 topic areas covered in this CNHA four key themes emerged across all CNHD counties: resident and health system challenges in managing a high chronic disease burden (cancer, heart disease, diabetes), structural barriers to care including financial, geographical and structural as well as gaps preventative and curative health services for children and adolescents.

Strengths to build on

Despite these challenges, communities within CNHD have real strengths:

- Self-reported physical activity among adults and youth was above the statewide rate
- Reported mammography was higher than statewide
- Food safety inspections rose from 9 percent to 93 percent of those required over three years
- STI rates were generally at or below statewide levels, and reported outbreaks of vaccine-preventable disease were rare
- Senior centers, along with their meal and transportation programs, are core anchors in many communities and serve as informal check-ins for isolated older adults

Across every county, residents described a strong sense of self-reliance and genuine appreciation for the services they have. They understand the trade-offs of living where they live, and most were not asking for those trade-offs to disappear, but for help closing the gaps that leave some of their neighbors behind.

Where the opportunities are

Many of the opportunity's participants pointed to build on things that already exist:

- **Build on existing successful programs:** There are opportunities to build on programs that already exist, such as senior center programming and transportation, by looking at how to scale them (geographically or to other groups) and adapt them rather than build anew.
- **Restoring prior programming:** Residents described past services and roles that were once available and valued that have since left, like rotating specialty access in Hawthorne and a regular community or school health nurse role in Eureka, Mineral, and Pershing counties.
- **Expanding services:** Consider meeting more residents where they are, such as offering vaccination and screening at events people already attend (EMS Day, back-to-school), accepting more insurance types or sliding-scale payments for those whose deductibles are prohibitively high, and improving awareness of services that already exist.
- **Leveraging partnerships:** There may be opportunities to draw on statewide programs to address identified challenges, such as the UNR Radon Education Program for Radon. More locally, residents recommended leveraging hyper-local organizations and individuals who have built relationships and trust with residents. For example the 4-H program in Eureka has learned to adapt its programming to each of the unique communities within the county.
- **Consistency and showing up**: Residents across all CNHD counties repeatedly emphasized the importance of public health programs being consistently present in their communities as fundamental for building trusted and successful programming.

A final note on the Community Health Improvement Plan (CHIP) process

The recommendations here come from community members, and decisions about what to act on will be made through a CHIP process. Several of the opportunities named above were raised independently in more than one county suggesting this may a reasonable place for the CHIP to look for early and tangible results.

Annex A. Data Tables

***Trend key**: ▲ Increasing ▼ Decreasing – No trend.*

***Note**: For this report, the term "trend "reflects general movement across years, not a statistical finding.*

1. CNHD Community Profile

OVERALL POPULATION

County	2020	2021	2022	2023	2024	2025	Trend
Churchill	26202	26310	26564	26940	27253	27364	▲ Increasing
Eureka	1936	1898	1847	1776	1852	1832	– No trend
Mineral	4896	4826	4870	4842	4770	4702	▼ Decreasing
Pershing	6983	6984	7344	7464	7184	7332	– No trend
Lander	6324	6195	6158	6121	6255	5998	– No trend
Statewide	3145184	3158539	3204105	3241678	3282911	3349303	▲ Increasing

Data Source: Nevada State Demographer's Office

POPULATION CHANGE (PERCENT CHANGE FROM LAST 10 YEARS)

County	2021	2022	2023	2024	2025
Churchill	0.4	1	1.4	1.2	0.4
Eureka	-2	-2.7	-3.8	4.3	-1.1
Mineral	-1.4	0.9	-0.6	-1.5	-1.4
Pershing	0	5.2	1.6	-3.8	2.1
Lander	-2	-0.6	-0.6	2.2	-4.1
Statewide	0.4	1.4	1.2	1.3	2

Data Source: Nevada State Demographer's Office

POPULATION DENSITY (# OF PEOPLE PER SQUARE MILE)

County	2020	2025
Churchill	5.2	5.6
Eureka	40	50
Mineral	1.2	1.3
Pershing	1.1	1.2
Lander	100	1.1
Statewide	28.3	30.7

Data Source: U.S. Census Bureau

POPULATION BY AGE FOR CHURCHILL COUNTY

Age Group	2021	2022	2023	2024	2025	Trend
0-4 years	1574	1537	1489	1444	1466	▼ Decreasing
5-9 years	1705	1727	1802	1832	1798	▲ Increasing
10-14 years	1734	1775	1779	1804	1825	▲ Increasing
15-19 years	1765	1782	1864	1873	1881	▲ Increasing
20-24 years	2093	2097	1981	1894	1912	▼ Decreasing
25-29 years	1856	1862	1947	2059	2165	▲ Increasing
30-34 years	2011	2057	2010	2053	2008	– No trend
35-39 years	1737	1790	1917	2024	2097	▲ Increasing
40-44 years	1228	1288	1401	1482	1584	▲ Increasing
45-49 years	1491	1430	1410	1329	1318	▼ Decreasing
50-54 years	1518	1570	1568	1614	1589	– No trend
55-59 years	1659	1574	1523	1461	1460	▼ Decreasing
60-64 years	1660	1703	1711	1590	1598	– No trend
65-69 years	1338	1342	1351	1462	1553	▲ Increasing
70-74 years	1031	1070	1057	1148	1184	▲ Increasing

Age Group	2021	2022	2023	2024	2025	Trend
75-79 years	810	824	895	890	929	▲ Increasing
80-84 years	610	635	695	742	704	▲ Increasing
85 years and older	490	500	539	552	582	▲ Increasing

Data Source: Nevada State Demographer's Office

POPULATION BY AGE FOR EUREKA COUNTY

Age Group	2021	2022	2023	2024	2025	Trend
0-4 years	81	78	74	83	86	– No trend
5-9 years	84	76	75	83	78	– No trend
10-14 years	105	104	81	90	96	– No trend
15-19 years	119	110	110	100	103	▼ Decreasing
20-24 years	107	115	121	119	117	– No trend
25-29 years	156	146	143	129	110	▼ Decreasing
30-34 years	116	105	102	133	147	– No trend
35-39 years	113	120	125	128	125	▲ Increasing
40-44 years	91	84	69	81	96	– No trend
45-49 years	108	115	104	114	117	– No trend
50-54 years	146	134	116	137	116	– No trend
55-59 years	137	114	106	112	126	– No trend
60-64 years	146	153	150	147	135	– No trend
65-69 years	130	121	125	125	126	– No trend
70-74 years	99	108	112	97	108	– No trend
75-79 years	80	84	72	81	84	– No trend
80-84 years	45	42	52	53	50	– No trend
85 years and older	37	38	41	40	42	– No trend

Data Source: Nevada State Demographer's Office

POPULATION BY AGE FOR MINERAL COUNTY

Age Group	2021	2022	2023	2024	2025	Trend
0-4 years	244	209	196	178	171	▼ Decreasing
5-9 years	270	289	278	273	283	– No trend
10-14 years	325	321	330	320	297	▼ Decreasing
15-19 years	223	270	274	255	294	– No trend
20-24 years	276	264	276	255	234	▼ Decreasing
25-29 years	319	305	303	310	336	– No trend
30-34 years	435	451	409	367	313	▼ Decreasing
35-39 years	536	541	535	530	506	▼ Decreasing
40-44 years	182	225	295	364	474	▲ Increasing
45-49 years	174	163	170	183	156	– No trend
50-54 years	228	225	187	188	201	– No trend
55-59 years	255	212	207	206	193	▼ Decreasing
60-64 years	254	290	280	265	260	– No trend
65-69 years	318	318	285	260	217	▼ Decreasing
70-74 years	292	267	247	259	280	– No trend
75-79 years	202	193	248	237	248	– No trend
80-84 years	130	171	161	160	164	– No trend
85 years and older	162	157	163	159	153	– No trend

Data Source: Nevada State Demographer's Office

POPULATION BY AGE FOR PERSHING COUNTY

Age Group	2021	2022	2023	2024	2025	Trend
0-4 years	260	244	223	200	160	▼ Decreasing
5-9 years	306	344	304	351	349	– No trend
10-14 years	291	343	345	337	344	▲ Increasing
15-19 years	396	475	544	407	444	– No trend

Age Group	2021	2022	2023	2024	2025	Trend
20-24 years	825	826	814	731	666	▼ Decreasing
25-29 years	619	607	576	634	767	– No trend
30-34 years	698	797	864	740	689	– No trend
35-39 years	593	624	634	635	634	– No trend
40-44 years	448	407	423	429	480	– No trend
45-49 years	428	506	517	413	366	– No trend
50-54 years	339	292	297	361	385	– No trend
55-59 years	402	405	426	364	342	– No trend
60-64 years	365	412	330	327	370	– No trend
65-69 years	251	260	311	401	387	▲ Increasing
70-74 years	307	323	339	325	294	– No trend
75-79 years	180	198	236	232	222	▲ Increasing
80-84 years	166	147	137	142	140	▼ Decreasing
85 years and older	109	133	144	155	169	▲ Increasing

Data Source: Nevada State Demographer's Office

POPULATION BY AGE FOR LANDER COUNTY

Age Group	2021	2022	2023	2024	2025	Trend
0-4 years	341	331	323	318	299	▼ Decreasing
5-9 years	448	432	407	404	396	▼ Decreasing
10-14 years	437	440	448	445	450	– No trend
15-19 years	317	335	363	405	435	▲ Increasing
20-24 years	405	364	330	337	333	▼ Decreasing
25-29 years	485	475	424	403	411	▼ Decreasing
30-34 years	559	552	553	558	527	– No trend
35-39 years	473	484	525	535	553	▲ Increasing

Age Group	2021	2022	2023	2024	2025	Trend
40-44 years	242	294	322	370	426	▲ Increasing
45-49 years	262	258	247	245	241	▼ Decreasing
50-54 years	361	315	292	307	305	▼ Decreasing
55-59 years	380	374	368	363	325	▼ Decreasing
60-64 years	441	457	430	414	388	▼ Decreasing
65-69 years	353	322	335	366	419	– No trend
70-74 years	278	289	301	316	311	▲ Increasing
75-79 years	206	214	226	217	216	– No trend
80-84 years	125	132	136	148	151	▲ Increasing
85 years and older	82	88	91	104	114	▲ Increasing

Data Source: Nevada State Demographer's Office

POPULATION BY AGE FOR NEVADA STATE

Age Group	2021	2022	2023	2024	2025	Trend
0-4 years	176,750	174,246	170,633	169,895	170,417	▼ Decreasing
5-9 years	193,744	195,111	196,413	194,403	192,494	– No trend
10-14 years	211,016	206,276	202,889	202,214	202,235	▼ Decreasing
15-19 years	219,251	227,404	229,177	229,475	228,973	▲ Increasing
20-24 years	211,192	217,602	224,010	230,441	237,162	▲ Increasing
25-29 years	225,206	224,186	225,052	228,568	232,872	▲ Increasing
30-34 years	226,468	233,655	237,756	239,522	239,970	▲ Increasing
35-39 years	205,868	210,596	215,567	222,347	231,437	▲ Increasing
40-44 years	216,838	215,142	213,139	212,084	210,688	▼ Decreasing

Age Group	2021	2022	2023	2024	2025	Trend
45-49 years	199,298	205,015	211,662	216,756	222,678	▲ Increasing
50-54 years	206,962	205,263	205,409	206,435	207,135	– No trend
55-59 years	196,550	201,173	202,063	205,160	207,856	▲ Increasing
60-64 years	183,960	185,460	189,765	193,048	197,416	▲ Increasing
65-69 years	165,992	172,311	174,860	179,871	180,291	▲ Increasing
70-74 years	128,552	131,184	135,894	137,959	143,947	▲ Increasing
75-79 years	92,075	96,160	98,881	101,627	103,709	▲ Increasing
80-84 years	54,096	57,808	61,526	64,019	66,273	▲ Increasing
85 years and older	44,721	45,511	46,984	49,086	51,348	▲ Increasing

Data Source: Nevada State Demographer's Office

POPULATION BY SEX

County	Sex	2021	2022	2023	2024	2025	Trend
Churchill	Male	12,884	13,031	13,201	13,353	13,558	▲ Increasing
	Female	13,426	13,533	13,739	13,900	14,094	▲ Increasing
Eureka	Male	991	962	922	967	969	– No trend
	Female	907	885	854	885	893	– No trend
Mineral	Male	2,410	2,439	2,435	2,405	2,415	– No trend
	Female	2,416	2,431	2,407	2,365	2,363	▼ Decreasing
Pershing	Male	4,380	4,544	4,598	4,530	4,537	– No trend
	Female	2,604	2,800	2,866	2,654	2,671	– No trend
Lander	Male	3,082	3,058	3,034	3,094	3,130	– No trend
	Female	3,113	3,100	3,087	3,161	3,198	▲ Increasing
Statewide	Male	1,578,378	1,599,179	1,617,037	1,636,470	1,656,915	▲ Increasing
	Female	1,580,161	1,604,926	1,624,641	1,646,441	1,669,987	▲ Increasing

Data Source: Nevada State Demographer's Office

POPULATION BY RACE AND ETHNICITY FOR EUREKA COUNTY

Race and Ethnicity	2021	2022	2023	2024	2025	Trend
American Indian, Eskimo, or Aleut Not of Hispanic Origin	29	28	27	27	27	▼ Decreasing
Asian or Pacific Islander Not of Hispanic Origin	18	18	18	17	17	▼ Decreasing
Black Not of Hispanic Origin	4	4	4	4	4	– No trend
Hispanic Origin of Any Race	270	266	261	284	287	– No trend
White Not of Hispanic Origin	1,577	1,531	1,467	1,520	1,528	– No trend

Data Source: Nevada State Demographer's Office

POPULATION BY RACE AND ETHNICITY FOR MINERAL COUNTY

Race and Ethnicity	2021	2022	2023	2024	2025	Trend
American Indian, Eskimo, or Aleut Not of Hispanic Origin	831	839	834	825	825	– No trend
Asian or Pacific Islander Not of Hispanic Origin	65	67	66	67	68	– No trend
Black Not of Hispanic Origin	175	174	171	165	165	▼ Decreasing
Hispanic Origin of Any Race	479	491	496	494	501	▲ Increasing
White Not of Hispanic Origin	3,275	3,300	3,275	3,219	3,218	▼ Decreasing

Data Source: Nevada State Demographer's Office

POPULATION BY RACE AND ETHNICITY FOR PERSHING COUNTY

Race and Ethnicity	2021	2022	2023	2024	2025	Trend
American Indian, Eskimo, or Aleut Not of Hispanic Origin	308	337	350	344	349	▲ Increasing
Asian or Pacific Islander Not of Hispanic Origin	85	88	96	101	99	▲ Increasing
Black Not of Hispanic Origin	480	477	482	475	476	– No trend
Hispanic Origin of Any Race	1,527	1,637	1,695	1,638	1,658	– No trend
White Not of Hispanic Origin	4,583	4,805	4,841	4,627	4,626	– No trend

Data Source: Nevada State Demographer's Office

POPULATION BY RACE AND ETHNICITY FOR LANDER COUNTY

Race and Ethnicity	2021	2022	2023	2024	2025	Trend
American Indian, Eskimo, or Aleut Not of Hispanic Origin	313	311	308	320	324	– No trend
Asian or Pacific Islander Not of Hispanic Origin	26	27	26	26	26	– No trend
Black Not of Hispanic Origin	21	21	21	21	22	– No trend
Hispanic Origin of Any Race	1,401	1,402	1,406	1,444	1,466	▲ Increasing
White Not of Hispanic Origin	4,433	4,398	4,361	4,444	4,490	– No trend

Data Source: Nevada State Demographer's Office

POPULATION BY RACE AND ETHNICITY FOR NEVADA STATE

Race and Ethnicity	2021	2022	2023	2024	2025	Trend
American Indian, Eskimo, or Aleut Not of Hispanic Origin	35,507	35,354	35,416	35,534	35,635	– No trend
Asian or Pacific Islander Not of Hispanic Origin	314,472	320,719	327,141	335,041	343,664	▲ Increasing
Black Not of Hispanic Origin	287,628	292,121	297,360	303,410	310,326	▲ Increasing
Hispanic Origin of Any Race	959,029	981,700	1,002,951	1,025,996	1,050,614	▲ Increasing
White Not of Hispanic Origin	1,561,901	1,574,210	1,578,810	1,582,929	1,586,662	▲ Increasing

Data Source: Nevada State Demographer's Office

LIFE EXPECTANCY (AVERAGE NUMBER OF YEARS A PERSON IS EXPECTED TO LIVE BASED ON CURRENT MORTALITY RATES)

County	2021	2022	2023	2024	2025	Trend
Churchill	75.4	74.2	74.2	73.5	73.8	▼ Decreasing
Eureka	82.4	79.0	79.0	75.2	70.2	▼ Decreasing
Mineral	73.4	71.6	71.6	67.8	68.9	▼ Decreasing
Pershing	78.7	77.7	77.7	76.4	75.5	▼ Decreasing
Lander	77.3	75.6	75.6	75.2	76.6	– No trend
Statewide	78.7	78.1	78.1	77.0	76.8	▼ Decreasing

Data Source: County Health Rankings

2. Social Determinants of Health

OF ED VISITS PER 100,00 POPULATION

County	2020	2021	2022	2023	2024	2025	Trend
Churchill	48.7	52.5	55.6	57.8	58.4	58.3	▲ Increasing
Eureka	16.4	20.5	18.8	18.0	18.3	19.4	– No trend
Mineral	50.8	56.6	57.8	54.6	59.6	55.9	– No trend
Pershing	25.2	28.1	28.1	27.8	26.2	29.6	– No trend
Lander (comparison)	20.4	28.8	15.7	19.8	12.7	9.9	▼ Decreasing
Statewide (comparison)	27.5	30.9	32.0	31.2	33.5	33.7	▲ Increasing

Data Source: Nevada Division of Health and Human Services, Office of Analytics / Note: These emergency department visit data represent any emergency department visit of residents of that county to any ED in the state.

ESTIMATED MEDIAN HOUSEHOLD INCOME (IN DOLLARS)

County	2024
Churchill	79,163.0
Eureka	70,473.0
Mineral	54,855.0
Pershing	66,902.0
Lander	89,014.0
Statewide	78,260.0

Data Source: U.S. Census Bureau

ESTIMATED MEDIAN FAMILY INCOME (IN DOLLARS)

County	2024
Churchill	95,425.0
Eureka	67,135.0
Mineral	70,330.0
Pershing	97,575.0
Lander	91,629.0
Statewide	92,663.0

Data Source: U.S. Census Bureau

UNEMPLOYMENT RATE (PERCENT OF POPULATION AGE 16+ UNEMPLOYED BUT SEEKING WORK)

County	2021	2022	2024
Churchill	3.5	3.6	5.0
Eureka	2.6	2.9	7.0
Mineral	3.8	4.1	9.2
Pershing	3.6	3.6	5.3
Lander	3.6	3.4	5.4
Statewide	7.2	5.4	6.3

Data Source: County Health Rankings

CHILDREN IN POVERTY (PERCENT OF CHILDREN 18 AND BELOW WHO LIVE IN POVERTY)

County	2021	2022	2023
Churchill	14.0	13.0	14.0
Eureka	13.0	15.0	14.0
Mineral	27.0	24.0	23.0
Pershing	17.0	17.0	18.0
Lander	15.0	14.0	13.0
Statewide	19.0	17.0	16.7

Data Source: County Health Rankings

PERCENT OF POPULATION IN POVERTY

County	2024
Churchill	8.1
Eureka	24.9
Mineral	18.5
Pershing	11.8
Lander	10.4
Statewide	12.4

Data Source: U.S. Census Bureau

PERCENT OF HOUSEHOLDS WITHOUT A VEHICLE

County	2024
Churchill	3.9
Eureka	10.6
Mineral	5.1
Pershing	3.4

County	2024
Lander	2.8
Statewide	7.0

Data Source: U.S. Census Bureau, American Community Survey

PERCENT OF CHILDREN IN SINGLE-PARENT HOMES

County	2023
Churchill	15.0
Eureka	17.0
Mineral	26.0
Pershing	23.0
Lander	26.0
Statewide	27.0

Data Source: County Health Rankings

FOOD INSECURITY RATE (% OF POPULATION LACKING CONSISTENT ACCESS TO ADEQUATE FOOD)

County	2021	2022	2023
Churchill	10.0	14.1	14.9
Eureka	12.0	15.8	17.6
Mineral	12.2	16.1	17.2
Pershing	8.2	13.1	13.7
Lander	8.9	12.5	14.2
Statewide	13.0	14.4	15.1

Data Source: Feeding America, modeled estimates

% OF STUDENTS WHO QUALIFY FOR FREE OR REDUCED SCHOOL LUNCH PROGRAM

County	2021	2022	2024
Churchill	100.0	87.0	100.0
Eureka		27.0	
Mineral	100.0	100.0	100.0
Pershing	72.0	72.0	72.0
Lander	45.0	34.0	45.0
Statewide	74.0	79.0	84.0

Data Source: Nevada Department of Agriculture, County Health Rankings

EDUCATION LEVELS, 2023

County	Percentage of adults ages 25 and over with a high school diploma or equivalent	Percentage of adults ages 25-44 with some post-secondary education
Churchill	92.0	57.0
Eureka	96.0	54.0
Mineral	91.0	41.0
Pershing	86.0	36.0
Lander	89.0	58.0
Statewide	87.0	60.0

Data Source: County Health Rankings

3. Access to Social and Community Services

CNHD Clinic Appointments				
Clinic Location	Appointment Type	2023	2024	2025
Churchill	Adult Immunization	22	41	6
	Child Immunization	69	331	100
	COVID Test / Vaccine	3	4	
	Family Planning	19	144	171
	Lab draw	2	28	1
	Nurse			329
	STD testing and treatment	10	47	10
	TB Testing	48	277	41
	TOTAL	173	872	658
Eureka	Family Planning		7	
	TOTAL	0	7	0
Mineral	Family Planning	60	58	
	Nurse		116	91
	STD testing and treatment			2
	TOTAL	60	174	93
Pershing	Family Planning	2	10	13
	Nurse	8	21	35
	TOTAL	10	31	48

PERCENTAGE OF POPULATION WITH ADEQUATE ACCESS TO LOCATIONS FOR PHYSICAL ACTIVITY

County	2024
Churchill	0.68
Eureka	0.26
Mineral	0.92
Pershing	0.23
Lander	0.83

County	2024
Statewide	0.91

Data Source: County Health Rankings

FOOD ENVIRONMENT INDEX (INDEX OF FACTORS THAT CONTRIBUTE TO A HEALTHY FOOD ENVIRONMENT, FROM 0 (WORST) TO 10 (BEST))

County	2023
Churchill	7.9
Eureka	7.2
Mineral	4.6
Pershing	8.3
Lander	8.2
Statewide	7.3

Data Source: County Health Rankings

LIMITED ACCESS TO HEALTHY FOOD: PERCENTAGE OF POPULATION WHO ARE LOW-INCOME AND DO NOT LIVE CLOSE TO A GROCERY STORE

County	2019
Churchill	6
Eureka	6
Mineral	33
Pershing	4
Lander	4
Statewide	6

Data Source: County Health Rankings

PERCENT OF POPULATION RESIDING IN HEALTH PROFESSIONAL SHORTAGE AREAS (HPSAS), 2025

County	Primary Care HPSAs	Dental HPSAs	Mental HPSAs
Churchill	100.0	100.0	100.0
Eureka	100.0	100.0	100.0
Mineral	100.0	100.0	100.0
Pershing	100.0	100.0	100.0
Lander	100.0	100.0	100.0
Statewide	64.9	58.2	91.3

Data Source: Nevada Rural Frontier Health Data Book – 12th Edition

DENTAL HEALTH PROVIDERS PER 100K POPULATION

County	2014	2024
Churchill	39.3	51.7
Eureka	48.6	0.0
Mineral	44.6	20.7
Pershing	43.0	26.7
Lander	15.2	16.3
Statewide	54.9	63.9

Data Source: Nevada Rural & Frontier Health Data Book

PSYCHIATRISTS PER 100K POPULATION

County	2014	2024
Churchill	0.0	0.0
Eureka	0.0	0.0
Mineral	0.0	0.0
Pershing	0.0	0.0
Lander	0.0	0.0
Statewide	6.4	8.6

Data Source: Nevada Rural & Frontier Health Data Book

PSYCHOLOGISTS PER 100K POPULATION

County	2014	2024
Churchill	7.9	3.7
Eureka	0.0	0.0
Mineral	0.0	20.7
Pershing	0.0	0.0
Lander	0.0	0.0
Statewide	13.1	15.4

Data Source: Nevada Rural & Frontier Health Data Book

LICENSED REGISTERED NURSES (RNS) PER 100K POPULATION

County	2014	2024
Churchill	679.5	734.7
Eureka	48.6	280.7
Mineral	468.1	330.7
Pershing	272.3	200.0

County	2014	2024
Lander	426.2	407.5
Statewide	762.3	1029.8

Data Source: Nevada Rural & Frontier Health Data Book

PRIMARY CARE PROVIDERS: DOCTOR OF OSTEOPATHIC MEDICINE (DOS) PER 100K POPULATION

County	2014	2024
Churchill	12.0	29.5
Eureka	52.5	0.0
Mineral	0.0	20.7
Pershing	44.7	40.0
Lander	0.0	0.0
Statewide	20.9	40.6

Data Source: Nevada Rural & Frontier Health Data Book

PRIMARY CARE PROVIDERS: DOCTORS OF MEDICINE (MDS) PER 100K POPULATION

County	2014	2024
Churchill	107.6	92.3
Eureka	0.0	0.0
Mineral	65.4	41.3
Pershing	0.0	26.7
Lander	15.2	48.9
Statewide	171.4	189.4

Data Source: Nevada Rural & Frontier Health Data Book

4. Insurance Coverage and the Cost of Health Care

UNINSURED RATE (PERCENT OF POPULATION UNDER 65 WITHOUT HEALTH INSURANCE)

County	2023	2024
Churchill	11.0	8.0
Eureka	8.0	12.0
Mineral	9.0	11.4
Pershing	11.0	10.4
Lander	10.0	4.8
Statewide	13.0	11.4

Data Source: County Health Rankings, US Census Bureau's Small Area Health / Insurance Estimates (SAHIE)

INSURANCE TYPE (% OF POPULATION COVERED BY DIFFERENT TYPES OF HEALTH INSURANCE), 2024

County	Medicaid	Medicare	Private	VA
Churchill	19.4	23.2	10.5	7.0
Eureka	24.9	20.1	13.1	2.8
Mineral	23.4	26.6	8.0	3.7
Pershing	23.8	22.4	9.4	2.9
Lander	21.8	15.7	10.6	3.7
Statewide	19.9	18.0	11.7	3.2

Data Source: U.S. Census Bureau, American Community Survey (ACS)

Deep Dive: Insurance

Note: Zero values and dashes reflect data suppression due to small cell sizes rather than true zero uninsured rates. Eureka County figures should be interpreted with caution throughout due to small population size.

UNINSURED RATE BY AGE GROUP

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Under 6 years	1.8%	0.0%	4.4%	0.3%	6.4%	6.1%
6 to 18 years	9.3%	10.9%	13.9%	4.6%	3.6%	8.7%
19 to 25 years	20.8%	0.0%	39.1%	7.2%	2.9%	18.6%
26 to 34 years	18.4%	50.0%	6.8%	27.5%	8.1%	18.5%
35 to 44 years	6.6%	29.4%	23.6%	6.6%	5.5%	16.5%
45 to 54 years	8.0%	10.9%	14.1%	20.9%	2.3%	14.8%
55 to 64 years	8.1%	9.5%	7.1%	14.3%	11.5%	10.5%

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
65 to 74 years	0.5%	13.5%	6.9%	6.9%	0.0%	1.7%
75 years and older	0.3%	0.0%	0.0%	0.0%	0.0%	1.0%

UNINSURED RATE BY RACE AND ETHNICITY

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
White alone, not Hispanic or Latino	6.5%	12.2%	5.9%	7.9%	4.2%	6.9%
Hispanic or Latino (any race)	12.2%	0.0%	23.3%	11.4%	4.8%	20.2%
American Indian and Alaska Native	16.3%	44.7%	20.8%	36.8%	21.0%	20.4%
Black or African American	11.2%	—	0.0%	0.0%	1.5%	9.8%
Asian alone	6.7%	0.0%	0.0%	0.0%	0.0%	8.2%
Two or more races	14.5%	0.0%	7.0%	13.0%	6.7%	14.6%
Not a citizen	30.1%	0.0%	0.0%	52.9%	31.7%	38.4%

UNINSURED RATE BY EMPLOYMENT STATUS (ADULTS 19 TO 64)

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Employed	9.4%	22.1%	17.5%	15.5%	4.7%	13.7%
Unemployed	12.3%	0.0%	14.0%	33.0%	0.4%	27.2%
Not in labor force	16.4%	5.4%	10.0%	13.0%	13.5%	19.1%

UNINSURED RATE BY WORK EXPERIENCE (ADULTS 19 TO 64)

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Worked full-time, year round	9.8%	18.8%	15.2%	17.1%	1.6%	12.2%
Worked less than full-time	9.6%	29.5%	31.2%	15.0%	12.3%	19.8%
Did not work	16.7%	5.7%	5.4%	12.5%	13.8%	19.4%

UNINSURED RATE BY EDUCATION LEVEL (ADULTS 25 AND OVER)

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Less than high school diploma	15.7%	61.9%	4.0%	19.9%	6.8%	26.2%
High school diploma or equivalent	10.0%	15.4%	6.5%	19.6%	8.3%	14.5%

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Some college or associate degree	4.4%	7.1%	14.9%	7.4%	4.3%	9.0%
Bachelor degree or higher	3.0%	16.4%	11.8%	5.1%	1.3%	5.7%

UNINSURED RATE BY NATIVITY AND CITIZENSHIP STATUS

	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Native born	7.9%	12.5%	11.6%	8.7%	4.6%	8.7%
Naturalized citizen	0.5%	0.0%	0.0%	9.6%	0.0%	8.9%
Not a citizen	30.1%	0.0%	0.0%	52.9%	31.7%	38.4%

Data Source: U.S. Census Bureau, American Community Survey, 2024. Rates calculated as count / (insured + uninsured) for each income band. Eureka County figures should be interpreted with caution due to small population size.

UNINSURED RATE BY HOUSEHOLD INCOME BAND

Income band	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Under $25,000	8.4%	38.4%	7.3%	16.3%	3.2%	14.8%
$25,000-$49,999	12.7%	5.3%	18.5%	7.3%	5.4%	15.8%
$50,000-$74,999	16.0%	5.5%	12.4%	21.6%	7.4%	14.6%
$75,000-$99,999	6.5%	7.9%	0.9%	6.7%	2.9%	12.4%
$100,000+	4.4%	0.0%	11.9%	6.1%	5.0%	8.0%

Data Source: U.S. Census Bureau, American Community Survey, 2024. Rates calculated as count / (insured + uninsured) for each income band. Eureka County figures should be interpreted with caution due to small population size.

PRIVATE INSURANCE RATE BY HOUSEHOLD INCOME BAND

Income band	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Under $25,000	35.3%	2.2%	10.3%	11.8%	11.6%	30.5%
$25,000-$49,999	55.2%	57.5%	40.2%	41.1%	49.4%	41.1%
$50,000-$74,999	57.9%	84.7%	41.1%	44.2%	71.6%	56.1%
$75,000-$99,999	64.5%	92.1%	80.5%	76.8%	79.4%	65.2%
$100,000+	79.4%	83.1%	72.0%	90.8%	89.2%	79.4%

Percentage of people in each income band covered by private insurance, including employer-based and direct-purchase plans.

PUBLIC INSURANCE RATE BY HOUSEHOLD INCOME BAND

Income band	Churchill	Eureka	Mineral	Pershing	Lander	Statewide NV
Under $25,000	83.5%	59.3%	90.4%	78.2%	86.9%	67.3%
$25,000-$49,999	55.4%	51.7%	57.7%	84.1%	86.5%	55.3%
$50,000-$74,999	50.4%	38.2%	59.8%	44.7%	29.8%	41.8%
$75,000-$99,999	37.9%	42.9%	46.2%	19.6%	42.5%	34.1%
$100,000+	27.9%	34.6%	23.6%	27.2%	16.0%	23.0%

Data Source: U.S. Census Bureau, American Community Survey, 2024. Rates calculated as count / (insured + uninsured) for each income band. Eureka County figures should be interpreted with caution due to small population size.

5. Chronic Disease and Health Status

POOR PHYSICAL HEALTH (14+ DAYS OF NOT GOOD PHYSICAL HEALTH DAYS PER MONTH)

County	2020	2021	2022	2023	2024
Central Nevada Health District	14.6%	19.7%	14.0%	22.2%	25.3%
Statewide	13.6%	15.1%	15.4%	15.9%	15.6%

Data Source: BRFSS

SEDENTARY LIFESTYLE (ADULTS WHO REPORTED DOING NO PHYSICAL ACTIVITY OR EXERCISE DURING THE PAST 30 DAYS OTHER THAN THEIR REGULAR JOB)

County	2020	2021	2022	2023	2024
Central Nevada Health District	24.4%	27.6%	19.6%	30.9%	31.3%
Statewide	22.9%	23.0%	24.6%	23.3%	21.6%

Data Source: BRFSS

ADULTS WITH GOOD OR BETTER HEALTH

County	2020	2021	2022	2023	2024
Central Nevada Health District	78.1%	76.3%	76.6%	72.8%	68.7%
Statewide	82%	80.7%	78.6%	78.3%	77.7%

Data Source: BRFSS

ALWAYS OR NEARLY ALWAYS WEAR SEAT BELTS

County	2020	2021	2022	2023	2024
Central Nevada Health District	90.2%	--	--	86.4%	--
Statewide	91.0%	--	--	88.8%	--

Data Source: BRFSS

OBESITY (BASED ON BMI)

County	2020	2021	2022	2023	2024
Central Nevada Health District	34.2%	29.6%	31.7%	41.8%	31.2%
Statewide	29.3%	30.3%	30.9%	30.0%	31.6%

Data Source: BRFSS

CURRENT SMOKER – EVERY DAY OR SOME DAYS

County	2020	2021	2022	2023	2024
Central Nevada Health District	17.1%%	11.8%	11.2%	16.1%	13.3%
Statewide	14.8%	13.5%	13.1%	11.6%	11.1%

Data Source: BRFSS

USE E-CIGS OR E-VAPE PRODUCTS – EVERY DAY OR SOMEDAYS

County	2020	2021	2022	2023	2024
Central Nevada Health District	--	--	4.0%	7.5%	10.0%
Statewide	--	--	6.8%	6.1%	7.5%

Data Source: BRFSS

EVER TOLD YOU HAVE ASTHMA

County	2020	2021	2022	2023	2024
Central Nevada Health District	13.4%	15.8%	17.8%	25.9%	21.7%
Statewide	14.1%	13.9%	17.0%	15.8%	16.3%

Data Source: BRFSS

EVER TOLD YOU HAVE COPD, EMPHYSEMA, OR CHRONIC BRONCHITIS

County	2020	2021	2022	2023	2024
Central Nevada Health District	--	15.8%	11.2%	18.5%	10.8%
Statewide	--	9.3%	8.9%	9.3%	9.1%

Data Source: BRFSS

USE CHEWING TOBACCO, SNUFF OR SNUS – EVERY DAY OR SOMEDAYS

County	2020	2021	2022	2023	2024
Central Nevada Health District	3.8%	6.7%	4.0%	12.3%	8.8%
Statewide	3.8%	2.9%	2.9%	3.3%	3.3%

Data Source: BRFSS

BINGE DRINKING (CONSUMED 5+ FOR MEN OR 4+ FOR WOMEN DRINKS DURING ONE OCCASION)

County	2020-2024
Central Nevada Health District	20.7%
Statewide	26.4%

Data Source: BRFSS

CEREBROVASCULAR DISEASES (STROKE) AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	36.1	50.7	55.9	59.8	40.1	▲ Increasing
Eureka	88.9	28.9	30.8	0	0	– No trend
Mineral	0	10.5	29.7	0	20.8	– No trend
Pershing	21.6	21.2	31.2	59.2	45.2	– No trend
Lander	53.1	39.9	72.9	51.2	19.4	– No trend

County	2021	2022	2023	2024	2025	Trend
Statewide	42.3	41	37	37.7	36.1	▼ Decreasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

CHRONIC LOWER RESPIRATORY DISEASES AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	79.3	73.4	70.7	49	58.1	▼ Decreasing
Eureka	42.4	204.9	127.1	72.6	0	– No trend
Mineral	75.2	10.8	37.9	43.9	34.9	– No trend
Pershing	47.4	115.7	51.6	101.8	149.6	▲ Increasing
Lander	100.2	23	22.5	80.3	94.6	– No trend
Statewide	41	44.5	39.6	45.8	43.2	– No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

COVID-19 AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	155.8	53.3	17	2.8	2.4	▼ Decreasing
Eureka	100.6	57.8	0	0	0	– No trend
Mineral	162.7	32.4	19.3	0	0	– No trend
Pershing	198.6	57	19.1	9.8	0	▼ Decreasing
Lander	236	10.7	0	0	0	– No trend
Statewide	145.1	60.1	11.3	6.5	2.3	▼ Decreasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

DIABETES MELLITUS AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	44.1	20.2	28.2	42.4	29.2	– No trend
Eureka	104.2	0	0	0	0	
Mineral	43	36.5	21.1	12.3	24.4	– No trend
Pershing	55	80.9	201.6	100	30.2	– No trend
Lander	62.3	48.3	19.8	12.6	21.6	– No trend
Statewide	24.1	23.9	24.6	23.2	20.6	– No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

HEART DISEASES AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	249.4	224.1	231.3	222.2	291.2	– No trend
Eureka	258.8	140.4	143.7	333.3	247.2	– No trend
Mineral	198.1	358.6	235.9	82.2	177.7	– No trend
Pershing	156	257.7	178.7	144.3	205.9	– No trend
Lander	217.3	133.1	154.5	437.4	152.1	– No trend
Statewide	211.7	202.1	185.5	187.8	174.8	▼ Decreasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

MALIGNANT NEOPLASMS AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	156.9	146.4	179	159.4	169	– No trend
Eureka	182.2	181.3	63.6	232.5	111.7	– No trend
Mineral	117.9	44.3	83.1	84.4	158.6	– No trend
Pershing	296.9	203.8	80.5	194.8	203.2	– No trend
Lander	124.5	148.4	149.8	157.7	166.7	▲ Increasing
Statewide	147.6	142.2	140.5	143.3	142.3	– No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

NON-TRANSPORT ACCIDENTS AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	66.7	48	48.5	21.9	28.3	▼ Decreasing
Eureka	0	120.5	120.8	51.6	0	– No trend
Mineral	51	37.4	72.6	9.7	24.7	▼ Decreasing
Pershing	65.5	47.1	99.1	98.9	29.4	– No trend
Lander	66.2	68.2	89.8	52.4	85.5	▲ Increasing
Statewide	48.4	46.6	52.8	55.5	46.5	– No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

6. Environmental Health

CONFIRMED BLOOD LEAD LEVEL CASES BY COUNTY

County	2023	2024	2025	2026*	Total
Churchill	2	3	1	3	9
Eureka	0	0	1	1	2
Mineral	1	12	7	1	21
Pershing	1	2	1	1	5

**2026 data through May. Blood lead level data were provided by the Central Nevada Health District and reflect individuals tested between July 2023 and June 2026; the majority of tests originate from Mineral County, where testing is required for employees who handle munitions at the Hawthorne Army Depot.*

CONFIRMED BLOOD LEAD LEVEL CASES BY AGE GROUP AND COUNTY (JULY 2023–JUNE 2026)

Age Group	Churchill	Eureka	Mineral	Pershing	Total
Under 6	0	0	1	1	2
6–17	0	0	0	0	0
18–44	7	2	11	1	21
45–64	1	0	6	3	10
65+	1	0	2	0	3
Total	9	2	20	5	36

Data Source: Nevada EDSS / Central Nevada Health District

**One case in the 6–17 age group was not confirmed; no confirmed cases in this age group were recorded.*

Food Safety Inspections Completed

CENTRAL NEVADA HEALTH DISTRICT

Year	Inspections Completed	% of Required
2023	42	9.3%
2024	132	29.2%
2025	421	93.1%

Data Source: Central Nevada Health District

% OF RADON TESTS SHOWING ELEVATED RADON LEVELS

County	All tests submitted through 2022
Churchill	16.6%
Eureka	30.8%
Mineral	40.6%

County	All tests submitted through 2022
Pershing	58.5%
Lander	15.5%
Statewide	26.0%

Data Source: Nevada Statewide Radon Map, University of Nevada, Reno Extension

7. Sexual and Reproductive Health

% of Women with Live Births who Received Prenatal Care in the First Trimester

**data excluded if prenatal care status unknown*

County	2021	2022	2023	2024	2025	Trend
Churchill	74.0	75.6	72.8	74.6	79.8	▲ Increasing
Eureka	72.7	33.3	56.3	56.3	60.0	– No trend
Mineral	70.6	76.5	67.9	57.5	56.5	▼ Decreasing
Pershing	70.8	53.3	67.9	78.8	71.4	– No trend
Lander	65.5	61.8	65.3	76.5	74.6	– No trend
Statewide	78.5	77.4	76.9	77.1	78.2	– No trend

Data Source: Nevada Electronic Birth Registry

PREGNANCY COUNTS WOMEN AGED 15-44

County	2021	2022	2023	2024	2025	Trend
Churchill	297	311	318	340	371	▲ Increasing
Eureka	23	16	19	18	14	▼ Decreasing
Mineral	38	35	28	50	29	– No trend
Pershing	51	47	34	44	35	– No trend
Lander	65	66	61	79	79	– No trend
Statewide	43,124	45,585	46,259	47,783	44,641	▲ Increasing

Data Source: Nevada Electronic Birth Registry System

LIVE BIRTH RATE PER 1000 WOMEN AGED 15-44

County	2021	2022	2023	2024	2025	Trend
Churchill	49.3	50.8	49.6	51.2	56.2	▲ Increasing
Eureka	60.6	36.1	44.8	48.8	40.3	– No trend
Mineral	36.1	36.1	28.6	43.8	23.8	– No trend
Pershing	48.7	40.7	27.5	38.7	29.8	▼ Decreasing
Lander	47.9	53.2	44.1	54.3	50.1	– No trend

County	2021	2022	2023	2024	2025	Trend
Statewide	50.7	48.7	45.6	46.4	44.9	▼ Decreasing

Data Source: Nevada Electronic Birth Registry System

MATERNAL MORTALITY RATE PER 100K LIVE BIRTHS

County	2020	2021	2022	2023	2024	Trend
Churchill	363.6	0.0	0.0	357.1	0.0	– No trend
Eureka	0.0	0.0	0.0	0.0	0.0	– No trend
Mineral	0.0	0.0	0.0	0.0	0.0	– No trend
Pershing	0.0	0.0	0.0	0.0	0.0	– No trend
Lander	0.0	1,694.9	0.0	0.0	0.0	– No trend
Statewide	119.1	116.4	73.2	101.5	84.2	▼ Decreasing

Data Source: Nevada Electronic Birth Registry System, Fetal Death; and Nevada Statewide Hospital Inpatient Billing Data

% OF LIVE BIRTHS WITH LOW BIRTH WEIGHT

County	2021	2022	2023	2024	2025	Trend
Churchill	10.3	7.4	11.4	6.7	3.9	▼ Decreasing
Eureka	4.3	30.8	0.0	11.8	21.4	– No trend
Mineral	5.9	5.7	10.7	2.3	8.3	– No trend
Pershing	10.0	2.2	0.0	7.7	3.2	– No trend
Lander	10.2	3.0	12.5	5.7	12.1	– No trend
Statewide	9.6	9.2	9.5	9.7	9.5	– No trend

Data Source: Nevada Electronic Birth Registry

NEONATAL MORTALITY RATE PER 1000 LIVE BIRTHS

County	2020	2021	2022	2023	2024	Trend
Churchill	0.0	3.7	0.0	3.6	3.4	– No trend
Eureka	0.0	0.0	0.0	0.0	0.0	– No trend
Mineral	27.0	0.0	0.0	0.0	0.0	– No trend
Pershing	0.0	0.0	0.0	0.0	51.3	– No trend
Lander	0.0	0.0	0.0	0.0	0.0	– No trend
Statewide	2.9	3.3	2.4	3.5	3.5	– No trend

Data Source: Nevada Electronic Birth and Death Registry Systems

POST-NEONATAL MORTALITY RATE PER 1000 LIVE BIRTHS

County	2020	2021	2022	2023	2024	Trend
Churchill	3.6	0.0	0.0	10.7	0.0	– No trend
Eureka	0.0	43.5	0.0	0.0	0.0	– No trend
Mineral	0.0	0.0	0.0	0.0	23.3	– No trend
Pershing	0.0	0.0	0.0	32.3	0.0	– No trend
Lander	0.0	0.0	0.0	0.0	0.0	– No trend
Statewide	1.7	2.3	2.2	2.3	1.9	– No trend

Data Source: Nevada Electronic Birth and Death Registry Systems

CHLAMYDIA INCIDENCE RATE PER 100K POPULATION

County	2020	2021	2022	2023	2024	Trend
Churchill	458.8	501.7	335	307.9	366.9	– No trend
Eureka	104.5	0	108.3	317.8	0	– No trend
Mineral	338.3	393.7	308	185.7	251.6	▼ Decreasing
Pershing	102.1	114.5	136.2	109.1	41.8	▼ Decreasing
Lander	264.6	371.3	259.8	321.3	239.8	– No trend
Statewide	465.6	517.6	505.3	481.9	456	▼ Decreasing

Data Source: Epitrax

GONORRHEA INCIDENCE RATE PER 100K POPULATION

County	2020	2021	2022	2023	2024	Trend
Churchill	72.6	83.6	71.5	33.8	36.7	– No trend
Eureka	104.5	0	0	53	54	– No trend
Mineral	105.7	82.9	82.1	20.6	41.9	▼ Decreasing
Pershing	58.4	128.9	27.2	27.3	13.9	– No trend
Lander	132.3	113	129.9	16.1	48	– No trend
Statewide	201	268.7	230.7	199.8	178.3	▼ Decreasing

Data Source: Epitrax

SYPHILIS INCIDENCE RATE PER 100K POPULATION

County	2020	2021	2022	2023	2024	Trend
Churchill	0	22.8	11.3	30	47.7	▲ Increasing
Eureka	0	52.7	0	0	0	– No trend
Mineral	84.6	62.2	20.5	20.6	21	– No trend
Pershing	0	0	13.6	13.6	69.6	– No trend
Lander	0	32.3	0	0	32	– No trend
Statewide	68.6	95.6	110.6	99	88.2	– No trend

Data Source: Epitrax

HIV PREVALENCE RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	129.2	120.5	108.9	106.4	112.1	– No trend
Eureka	Data suppressed					
Mineral	124.3	123.2	123.8	146.8	167.4	▲ Increasing
Pershing	143.2	217.9	218.2	250.6	305.2	▲ Increasing
Lander	80.7	97.4	80.3	79.9	0	– No trend
Statewide	404.4	412.4	421.2	440.5	445.3	▲ Increasing

Data Source: Epitrax

8. Child Health and Immunizations

INFANT (UNDER-1) MORTALITY RATE PER 1000 LIVE BIRTHS

County	2021	2022	2023	2024	2025	Trend
Churchill	3.7	0.0	14.3	3.4	8.9	– No trend
Eureka	43.5	0.0	0.0	0.0	0.0	– No trend
Mineral	0.0	0.0	0.0	23.3	0.0	– No trend
Pershing	Data suppressed					
Statewide	5.9	4.9	6.1	5.6	5.2	– No trend

Data Source: Nevada Electronic Death Registry

UNDER-5 MORTALITY RATE PER 1000 CHILDREN UNDER 5

County	2021	2022	2023	2024	2025	Trend
Churchill	0.64	0.65	2.69	2.08	2.73	▲ Increasing
Eureka	12.35	12.82	0.00	0.00	11.63	– No trend
Mineral	0.00	0.00	0.00	5.62	0.00	– No trend
Pershing	Data suppressed					
Statewide	1.32	1.16	1.38	1.30	1.14	– No trend

Data Source: Nevada Electronic Death Registry

CHILD VACCINATION COVERAGE (FOR CHILDREN 5-6 YEARS OLD)

County	Antigen	2020	2021	2022	2023	2024	2025	Trend
Churchill	(Avg all)*	71.9%	70.4%	70.2%	69.5%	70.0%	67.8%	▼ Decreasing
	DTaP	67.7%	67.2%	67.3%	65.5%	65.3%	62.4%	▼ Decreasing
	MMR	73.9%	71.9%	72.0%	71.8%	72.3%	70.8%	– No trend
	Polio	72.7%	71.4%	70.7%	70.3%	71.0%	68.1%	▼ Decreasing
	Varicella	73.1%	71.1%	71.0%	70.4%	71.4%	69.9%	▼ Decreasing

County	Antigen	2020	2021	2022	2023	2024	2025	Trend
Eureka	(Avg all)	83.5%	77.9%	76.7%	65.0%	61.9%	62.2%	▼ Decreasing
	DTaP	79.7%	75.0%	73.3%	62.5%	54.5%	54.1%	▼ Decreasing
	MMR	88.1%	80.8%	77.8%	65.0%	61.4%	64.9%	▼ Decreasing
	Polio	81.4%	76.9%	80.0%	67.5%	70.5%	64.9%	– No trend
	Varicella	84.7%	78.8%	75.6%	65.0%	61.4%	64.9%	▼ Decreasing
Mineral	(Avg all)	79.2%	73.6%	73.6%	74.0%	74.8%	78.4%	▲ Increasing
	DTaP	72.8%	68.3%	63.1%	61.4%	64.4%	68.5%	– No trend
	MMR	82.4%	77.0%	80.1%	81.9%	81.2%	83.1%	▲ Increasing
	Polio	80.9%	76.3%	75.9%	74.8%	76.2%	80.9%	– No trend
	Varicella	80.9%	72.7%	75.2%	78.0%	77.2%	80.9%	▲ Increasing
Pershing	(Avg all)	81.2%	78.7%	75.8%	68.3%	71.8%	67.4%	▼ Decreasing
	DTaP	73.2%	72.4%	66.4%	61.6%	66.9%	61.7%	▼ Decreasing
	MMR	85.2%	82.1%	80.8%	70.5%	73.7%	69.5%	▼ Decreasing
	Polio	81.2%	78.4%	76.0%	71.4%	73.7%	68.8%	▼ Decreasing
	Varicella	85.2%	82.1%	80.0%	69.6%	72.9%	69.5%	▼ Decreasing

County	Antigen	2020	2021	2022	2023	2024	2025	Trend
Lander	(Avg All)	79.8%	83.0%	80.2%	80.9%	76.0%	75.3%	▼ Decreasing
	DTaP	73.7%	78.1%	73.8%	74.9%	72.1%	71.8%	▼ Decreasing
	MMR	82.2%	85.8%	82.9%	83.4%	77.9%	76.8%	▼ Decreasing
	Polio	82.2%	83.6%	82.4%	82.9%	77.9%	76.3%	▼ Decreasing
	Varicella	81.2%	84.5%	81.8%	82.3%	76.2%	76.3%	– No trend
NV State	(Avg all)	74.8%	74.6%	74.2%	73.8%	73.9%	73.6%	▼ Decreasing
	DTaP	70.6%	70.4%	69.7%	69.0%	68.8%	68.5%	▼ Decreasing
	MMR	77.2%	77.1%	76.9%	76.7%	76.7%	76.4%	▼ Decreasing
	Polio	75.9%	75.6%	75.0%	74.4%	74.4%	74.1%	▼ Decreasing
	Varicella	75.4%	75.3%	75.2%	74.9%	75.5%	75.6%	– No trend

Data Source: Nevada WebIZ

Data Note: Numerator: completed antigen-related vaccines in accordance with the CDC Child Immunization Schedule. Denominator: NV resident children aged 5–6 years on December 31st of the given assessment year who have at least three records in WebIZ (active status); 5 DTaP, 4 Polio, 2 MMR, or 2 Varicella before 7 years of age.

9. Adolescent Health and Well-Being

TEEN PREGNANCY COUNTS WOMEN AGED 15-17

County	2021	2022	2023	2024	2025	Trend
Churchill	20	12	14	10	15	– No trend
Eureka	0	0	1	0	0	– No trend
Mineral	2	1	3	2	1	– No trend
Pershing	0	2	2	1	4	– No trend
Lander	3	1	1	4	5	– No trend
Statewide	2118	2206	2239	2263	1932	– No trend

Data Source: Nevada Electronic Birth Registry System

TEEN LIVE BIRTH RATE PER 1000 WOMEN AGED 15-17

County	2021	2022	2023	2024	2025	Trend
Churchill	20.9	8.8	10.6	8.5	11.7	– No trend
Eureka	Data suppressed					
Mineral	18.2	8.2	22.4	16.1	0	– No trend
Pershing	0	9	8.4	4.9	15.3	– No trend
Lander	22.4	6.7	5.7	16.3	19.8	– No trend
Statewide	12.9	11.6	10.9	10.6	9.4	▼ Decreasing

Data Source: Nevada Electronic Birth Registry System

YOUTH SEXUAL BEHAVIORS: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who did not use any method to prevent pregnancy during last sexual intercourse	CNHD	24.5		14.6
	Statewide	16.6	18.3	19.8
Percentage of high school students who used a condom during last sexual intercourse	CNHD	39.6	41.0	44.1
	Statewide	49.0	54.8	50.1
Percentage of high school students who ever had sexual intercourse	CNHD	42.2	40.1	47.6
	Statewide	25.2	30.2	29.6

Indicator	Region	2021	2023	2025
Percentage of high school students who used birth control pills, an IUD, implant, a shot, patch, or birth control ring before last sexual intercourse	CNHD	29.9	35.3	29.1
	Statewide	30.5	21.4	24.8

Data Source: National Youth Risk Behavior Survey

YOUTH NUTRITION: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who ate fruit one or more times/day during the 7 days before the survey	CNHD	26.2	21.5	23.6
	Statewide	26.6	27.4	32.2
Percentage of high school students who ate vegetables one or more times/day during the 7 days before the survey	CNHD	18.4	23.9	22.1
	Statewide	25.2	26.4	26.4
Percentage of high school students who drank soda or pop one or more times/day during the 7 days before the survey	CNHD	22.4	21.3	22.6
	Statewide	14.0	13.1	15.3

Data Source: National Youth Risk Behavior Survey

YOUTH PHYSICAL ACTIVITY: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who were physically active at least 60 minutes/day on 5 or more days during the 7 days before the survey	CNHD	44.9	42.8	49.5
	Statewide	41.3	39.5	41.3
Percentage of middle school students who were physically active at least 60 minutes/day on 5 or more days during the 7 days before the survey	CNHD	51.9	46.3	44.5
	Statewide	36.7	40.6	40.7

Data Source: National Youth Risk Behavior Survey

YOUTH OBESITY: % OF SURVEYED STUDENTS WHO WERE OVERWEIGHT

Indicator	Region	2021	2023	2025
Percentage of high school students who were overweight	CNHD	27.1	19.0	18.7
	Statewide	18.1	16.5	15.9

Data Source: National Youth Risk Behavior Survey

YOUTH SLEEP: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who got 8 or more hours of sleep on an average school night	CNHD	22.5	23.7	19.2
	Statewide	21.7	18.0	19.6
Percentage of middle school students who got 9 or more hours of sleep on an average school night	CNHD	13.8	15.7	18.3
	Statewide	18.6	17.9	17.0

Data Source: National Youth Risk Behavior Survey

YOUTH ALCOHOL USE: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who drove a car or other vehicle when they had been drinking alcohol during the 30 days before the survey	CNHD		18.2	11.7
	Statewide	4.2	4.2	4.4
Percentage of high school students who participated in binge drinking during the 30 days before the survey	CNHD	22.8	17.8	16.8
	Statewide	9.8	9.4	10.5

Data Source: National Youth Risk Behavior Survey

YOUTH TOBACCO USE: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who ever smoked cigarettes	CNHD	31.8	28.5	35.2
	Statewide	17.6	15.3	15.1

Indicator	Region	2021	2023	2025
Percentage of high school students who smoked cigarettes during the 30 days before the survey	CNHD	11.3	8.1	10.2
	Statewide	3.4	2.9	4.4
Percentage of high school students who thought it would be very easy/fairly easy to get cigarettes if they wanted some	CNHD	41.1	49.0	49.0
	Statewide	38.3	39.9	39.9
Percentage of middle school students who ever smoked cigarettes	CNHD	16.4	21.4	12.3
	Statewide	7.3	7.6	6.8
Percentage of middle school students who smoked cigarettes during the 30 days before the survey	CNHD	3.8	3.6	2.3
	Statewide	1.8	2.0	2.4

Data Source: National Youth Risk Behavior Survey

YOUTH ELECTRONIC VAPOR PRODUCT USE: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who ever used electronic vapor products	CNHD	47.9	38.8	47.0
	Statewide	36.6	33.6	33.2
Percentage of high school students who thought it would be very easy/fairly easy to get electronic vapor products if they wanted some	CNHD	57.5	53.0	61.0
	Statewide	47.4	50.2	49.6
Percentage of high school students who used electronic vapor during the 30 days before the survey	CNHD	28.9	25.5	26.5
	Statewide	17.5	15.1	14.2
Percentage of middle school students who ever used electronic vapor products	CNHD	30.3	30.8	27.3
	Statewide	12.8	17.6	18.1

Indicator	Region	2021	2023	2025
Percentage of middle school students who used electronic vapor during the 30 days before the survey	CNHD	10.9	15.7	11.2
	Statewide	5.4	8.4	8.5

Data Source: National Youth Risk Behavior Survey

YOUTH MARIJUANA USE: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who ever used marijuana	CNHD	39.0	33.0	35.7
	Statewide	30.2	28.7	26.8
Percentage of high school students who thought it would be very easy/fairly easy to get marijuana if they wanted some	CNHD	48.1	38.2	38.7
	Statewide	40.7	42.3	36.7
Percentage of high school students who used marijuana during the 30 days before the survey	CNHD	19.5	18.8	14.0
	Statewide	15.5	13.7	12.6
Percentage of middle school students who ever used marijuana	CNHD	16.7	17.9	11.3
	Statewide	7.9	11.0	10.2
Percentage of middle school students who used marijuana during the 30 days before the survey	CNHD	5.4	9.8	5.1
	Statewide	4.0	6.0	5.6

Data Source: National Youth Risk Behavior Survey

YOUTH PRESCRIPTION PAIN MEDICINE USE: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	CNHD	21.8	13.1	15.1
	Statewide	16.4	14.0	16.3

Indicator	Region	2021	2023	2025
Percentage of high school students who thought it would be very easy/fairly easy to get prescription pain medicine if they wanted some	CNHD	35.0	20.2	22.3
	Statewide	25.6	25.5	25.5
Percentage of high school students who took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it during the 30 days before the survey	CNHD	9.8	6.5	4.8
	Statewide	7.9	6.0	7.5
Percentage of middle school students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it	CNHD	13.7	15.1	14.0
	Statewide	8.4	11.2	12.4
Percentage of middle school students who ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it during the 30 days before the survey	CNHD	7.9	9.0	6.3
	Statewide	3.9	6.3	6.8

Data Source: National Youth Risk Behavior Survey

YOUTH OTHER DRUG USE: % OF SURVEYED STUDENTS REPORTING BEHAVIORS

Indicator	Region	2021	2023	2025
Percentage of high school students who ever used methamphetamines	CNHD	2.0	6.4	3.4
	Statewide	3.1	3.0	3.4
Percentage of middle school students who ever used methamphetamines	CNHD		5.0	1.6
	Statewide	1.2	1.5	1.5

Data Source: National Youth Risk Behavior Survey

ADVERSE CHILDHOOD EXPERIENCES: % OF SURVEYED STUDENTS REPORTING ACES

Indicator	Region	2021	2023	2025
Percentage of high school students who were electronically bullied during the 12 months before the survey	CNHD	27.8	16.9	19.3
	Statewide	14.9	13.8	14.2
Percentage of middle school students who were electronically bullied during the 12 months before the survey	CNHD	22.2	23.9	28.1
	Statewide	17.7	16.2	26.7
Percentage of high school students who were bullied on school property during the 12 months before the survey	CNHD		22.9	25.4
	Statewide		13.4	15.8
Percentage of middle school students who were bullied on school property during the 12 months before the survey	CNHD		41.3	48.3
	Statewide		23.7	37.1
Percentage of high school students who experienced housing insecurity during the 12 months before the survey	CNHD			6.7
	Statewide			5.9
Percentage of middle school students who experienced housing insecurity during the 12 months before the survey	CNHD			2.0
	Statewide			2.8
Percentage of high school students who were sometimes/most of the time/always food insecure during the 12 months before the survey	CNHD			24.7
	Statewide			21.4
Percentage of middle school students who were sometimes/most of the time/always food insecure during the 12 months before the survey	CNHD			16.7
	Statewide			17.5

Indicator	Region	2021	2023	2025
Percentage of high school students who have ever been hit, beaten, kicked, or physically hurt in any way by a parent or other adult in their home	CNHD	32.1	32.1	39.8
	Statewide	38.9	35.0	35.8
Percentage of middle school students who have ever been hit, beaten, kicked, or physically hurt in any way by a parent or other adult in their home	CNHD			37.0
	Statewide	59.8		36.7
Percentage of high school students who have ever lived with a parent or guardian who was having a problem with alcohol or drug use	CNHD	0.4	26.7	29.0
	Statewide		38.5	49.0
Percentage of middle school students who have ever lived with a parent or guardian who was having a problem with alcohol or drug use	CNHD			25.3
	Statewide			21.0

Data Source: National Youth Risk Behavior Survey

POSITIVE CHILDHOOD EXPERIENCES: % OF SURVEYED STUDENTS REPORTING POSITIVE EXPERIENCES

Indicator	Region	2021	2023	2025
Percentage of high school students who felt safe and secure in their neighborhood	CNHD			44.8
	Statewide			37.6
Percentage of high school students who felt they were able to talk to an adult in their family or another caring adult about their feelings	CNHD			46.1
	Statewide			45.1
Percentage of middle school students who felt safe and secure in their neighborhood	CNHD			74.1
	Statewide			41.3

Indicator	Region	2021	2023	2025
Percentage of middle school students who felt they were able to talk to an adult in their family or another caring adult about their feelings	CNHD			26.3
	Statewide			33.9

Data Source: National Youth Risk Behavior Survey

YOUTH MENTAL HEALTH: % OF SURVEYED STUDENTS REPORTING POOR MENTAL AND EMOTIONAL HEALTH

Indicator	Region	2021	2023	2025
Percentage of high school students who did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the 12 months before the survey	CNHD	26.2	25.2	25.4
	Statewide	27.4	23.7	19.7
Percentage of high school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey	CNHD	49.9	37.0	45.3
	Statewide	46.1	42.6	36.6
Percentage of high school students who never/rarely got the kind of help they needed when they felt sad, empty, hopeless, angry, or anxious during the 12 months before the survey	CNHD			61.3
	Statewide			58.8
Percentage of high school students who seriously considered attempting suicide during the 12 months before the survey	CNHD	27.2	19.1	22.9
	Statewide	22.4	20.6	16.7
Percentage of middle school students who did something to purposely hurt themselves without wanting to die, such as cutting or burning themselves on purpose during the 12 months before the survey	CNHD	28.5	22.4	21.8
	Statewide	19.0	19.2	19.5

Indicator	Region	2021	2023	2025
Percentage of middle school students who felt sad or hopeless almost every day for two or more weeks in a row during the 12 months before the survey	CNHD	40.0	36.0	35.7
	Statewide	34.6	34.5	35.0
Percentage of middle school students who never/rarely got the kind of help they needed when they felt sad, empty, hopeless, angry, or anxious during the 12 months before the survey	CNHD			60.5
	Statewide			
Percentage of middle school students who seriously considered attempting suicide during the 12 months before the survey	CNHD	25.3	28.0	22.4
	Statewide	20.1	20.6	20.6

Data Source: National Youth Risk Behavior Survey

10. Adult Mental Health

INTENTIONAL SELF-HARM (SUICIDE) AGE ADJUSTED MORTALITY RATE PER 100K POPULATION

County	2021	2022	2023	2024	2025	Trend
Churchill	18.3	23.9	21	17	16.7	▼ Decreasing
Eureka	0	54	0	33.7	0	– No trend
Mineral	0	9.9	55.5	36.3	47.2	▲ Increasing
Pershing	21.6	0	10.7	59.3	26.8	– No trend
Lander	85.8	19.8	45.3	0	64	– No trend
Statewide	21	20	19.3	19.5	16.9	▼ Decreasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

POOR MENTAL HEALTH (14+ DAYS OF NOT GOOD MENTAL HEALTH DAYS PER MONTH)

County	2020	2021	2022	2023	2024	Trend
Central Nevada Health District	20.7%	15.8%	9.4%	22.2%	16.9%	– No trend
Statewide	15.0%	15.9%	13.9%	16.2%	16.3%	▲ Increasing

Data Source: BRFSS

ADULTS WHO SOMETIMES/RARELY/NEVER GET THE SOCIAL AND EMOTIONAL SUPPORT THEY NEED

County	2020	2021	2022	2023	2024
Central Nevada Health District	--	--	19.4%	--	32.8%
Statewide	--	--	23.0%	--	21.7%

Data Source: BRFSS

11. Substance Use

AGE ADJUSTED RATE OF DRUG RELATED DEATHS PER 100K POPULATION

County	Aggregated across 2020-2024
Churchill	65.3
Eureka	47.3
Mineral	107.6
Pershing	81.3
Statewide	61.1

PRESCRIPTION DRUG USE (WITHOUT A DOCTOR'S ORDER) DURING THE PAST 30 DAYS JUST TO "FEEL GOOD" OR TO "GET HIGH"

County	2020	2021	2022	2023	2024	Trend
Central Nevada Health District	--	1.5%	1.1%	0.0%	38.4%	– No trend
Statewide	--	1.1%	0.6%	0.8%	38.4%	– No trend

Data Source: BRFSS

Data note: We reached out to the office of analytics regarding the dramatic increase in 2024. Here's their response: "The prescription drug numbers for 2024 are correct – or at least are accurate to the results of the BRFSS data. The wording and coding of the question do not appear to have changed from prior years. Unfortunately, I am not a subject matter expert on BRFSS or survey methodology, so I can only make guesses at what might account for that significant shift in 2025. I would recommend reaching out to Dr. Wei Yang at UNR who oversees the administration of the survey in Nevada."

12. Cancer Screening and Burden

CANCER INCIDENCE AGE ADJUSTED RATE PER 100K POPULATION

County	2019	2020	2021	2022	2023	Trend
Churchill	417.1	475.1	516.0	490.6	579.0	▲ Increasing
Eureka	330.7	433.9	405.9	496.6	198.7	– No trend
Mineral	387.8	455.9	750.2	469.8	795.7	– No trend
Pershing	182.8	232.9	288.1	374.4	356.7	▲ Increasing
Statewide	400.8	422.1	423.0	436.6	428.2	▲ Increasing

Data Source: Nevada Cancer Registry

BREAST CANCER INCIDENCE AGE ADJUSTED RATE PER 100K FEMALE POPULATION

County	2019	2020	2021	2022	2023	Trend
Churchill	93.6	100.6	129.7	126.5	139.8	▲ Increasing
Eureka		217.9	67.1	139.6		– No trend
Mineral	154.8	69.7	80.0	34.8	215.0	– No trend
Pershing		67.9	23.9	105.5	93.2	– No trend
Statewide	102.6	117.9	115.8	115.7	115.1	– No trend

Data Source: Nevada Cancer Registry

CERVICAL CANCER INCIDENCE AGE ADJUSTED RATE PER 100K FEMALE POPULATION

County	2019	2020	2021	2022	2023	Trend
Churchill	6.8	27.1	11.1	6.7	5.1	– No trend
Eureka		129.1				– No trend
Mineral	37.6					– No trend
Pershing			79.7		35.5	– No trend
Statewide	7.6	8.5	8.4	8.6	8.8	– No trend

Data Source: Nevada Cancer Registry

COLORECTAL CANCER INCIDENCE AGE ADJUSTED RATE PER 100K POPULATION

County	2019	2020	2021	2022	2023	Trend
Churchill	25.0	31.5	42.5	53.0	67.5	▲ Increasing
Eureka		30.2	35.9			– No trend

County	2019	2020	2021	2022	2023	Trend
Mineral		56.4	60.4	91.9	63.4	– No trend
Pershing			36.2	49.7	12.6	– No trend
Statewide	34.7	35.6	35.4	39.4	37.1	– No trend

Data Source: Nevada Cancer Registry

LUNG AND BRONCHUS CANCER INCIDENCE AGE ADJUSTED RATE PER 100K POPULATION

County	2019	2020	2021	2022	2023	Trend
Churchill	57.0	45.6	57.7	57.0	53.0	– No trend
Eureka	50.5	110.7		54.1	35.8	– No trend
Mineral	49.4	28.2	167.9	88.2	105.1	– No trend
Pershing	19.9	11.1	35.5	53.5	12.6	– No trend
Statewide	46.5	48.4	46.0	45.0	43.9	▼ Decreasing

Data Source: Nevada Cancer Registry

PROSTATE CANCER INCIDENCE AGE ADJUSTED RATE PER 100K MALE POPULATION

County	2019		2020		2021	2022	2023	Trend
Churchill	58.4		96.5		76.0	105.3	189.2	▲ Increasing
Eureka	53.4				52.8	61.4	50.6	– No trend
Mineral	120.8		184.3		32.8	265.0	322.6	– No trend
Pershing	43.8		73.1		24.4	167.7	55.7	– No trend
Statewide	105.2		106.1		107.3	119.3	116.0	– No trend

Data Source: Nevada Cancer Registry

THYROID CANCER INCIDENCE AGE ADJUSTED RATE PER 100K POPULATION

County	2019	2020	2021	2022	2023	Trend
Churchill	8.7	15.7	27.0	11.5	5.5	– No trend
Eureka						– No trend
Mineral		28.1			37.3	– No trend
Pershing		12.6	11.4			– No trend
Statewide	11.8	11.9	12.9	12.9	11.6	– No trend

Data Source: Nevada Cancer Registry

COLONOSCOPY OR SIGMOIDOSCOPY EXAM DONE (45+ YEARS OF AGE)

County	2020	2021	2022	2023	2024
Central Nevada Health District	--	--	67.8%	--	59.7%
Statewide	--	--	68.9%	--	71.5%

Data Source: BRFSS

CT OR CAT SCAN OF CHEST AREA DONE MAINLY TO CHECK OR SCREEN FOR LUNG CANCER

County	2020	2021	2022	2023	2024
Central Nevada Health District	--	--	22.4%	--	18.9%
Statewide	--	--	21.6%	--	20.7%

Data Source: BRFSS

WOMEN AGED 40+ WHO HAVE HAD A MAMMOGRAM IN THE PAST TWO YEARS

County	2020 & 2022
Central Nevada Health District	67.9%
Statewide	61.7%

Data Source: BRFSS

HAD A PAP TEST & RECENT CERVICAL CANCER SCREENING

County	2020	2021	2022	2023	2024
Central Nevada Health District	--	--	72.7%	--	80.0%
Statewide	--	--	86.6%	--	83.4%

Data Source: BRFSS

13. Communicable Disease and Prevention

ADULTS AGED 65+ WHO HAVE EVER HAD A PNEUMONIA VACCINE

County	2020-2024
Central Nevada Health District	63.8%
Statewide	61.9%

Data Source: BRFSS

ADULTS AGED 65+ WHO HAVE HAD A FLU SHOT WITHIN THE PAST YEAR

County	2020-2024
Central Nevada Health District	48.9%
Statewide	53.8%

Data Source: BRFSS

COVID-19 VACCINATION COVERAGE

County	2021-2023	2023-2024	2024-2025	2025-2026
Churchill	44.1	3.2	4.2	1.6
Eureka	31.5	1.2	1.2	0.5
Mineral	52.3	2.5	3.9	1.8
Pershing	37.7	1.5	2.2	1.1
Lander	35.2	2.1	2.2	1
Statewide	53.8	4.8	5.7	2.9

Vaccine-Preventable Disease

MEASLES INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.0	0.0	0.0	0.0	No trend
Statewide	0.0	0.0	0.0	0.0	0.1	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

MUMPS INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.0	0.0	0.0	0.0	No trend
Statewide	0.0	0.0	0.0	0.1	0.1	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

PERTUSSIS INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	trend
Churchill	3.8	0.0	0.0	3.7	7.2	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	1.2	0.8	0.7	1.5	10.4	No trend
Statewide	1.0	2.9	2.0	2.0	4.1	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

RUBELLA INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.0	0.0	0.0	0.0	No trend
Statewide	0.0	0.0	0.0	0.0	0.0	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

TETANUS INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend

County	2021	2022	2023	2024	2025	Trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.0	0.0	0.0	0.0	No trend
Statewide	0.0	0.0	0.0	0.0	0.0	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

MENINGOCOCCAL DISEASE INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	3.6	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.0	0.0	0.0	0.0	No trend
Statewide	0.0	0.0	0.1	0.1	0.2	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

INVASIVE PNEUMOCOCCAL DISEASE INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	11.4	18.8	11.3	14.7	7.2	No trend
Eureka	0.0	54.1	0.0	0.0	53.7	No trend
Mineral	0.0	0.0	0.0	0.0	41.9	No trend
Pershing	0.0	0.0	13.6	0.0	0.0	No trend
All other rural counties (excluding CNHD)	6.3	10.5	6.3	8.7	7.6	No trend
Statewide	5.8	10.7	9.2	11.2	10.8	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

ROTAVIRUS INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	3.8	0.0	0.0	3.7	0.0	No trend
Eureka	0.0	54.1	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend

County	2021	2022	2023	2024	2025	Trend
All other rural counties (excluding CNHD)	0.8	4.1	4.1	4.7	4.7	No trend
Statewide	1.0	5.1	4.1	5.1	7.9	Increasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

VARICELLA INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	3.8	0.0	3.6	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	20.9	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.4	0.0	0.0	1.5	1.8	No trend
Statewide	0.2	0.1	0.3	0.7	0.8	Increasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

Enteric Disease

AMEBIASIS DISEASE INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.0	0.0	0.0	0.4	No trend
Statewide	0.1	0.1	0.0	0.2	0.2	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

CAMPYLOBACTERIOSIS DISEASE INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	7.6	11.3	15.0	14.7	10.8	No trend
Eureka	0.0	54.1	53.0	54.0	161.1	No trend
Mineral	0.0	0.0	20.6	21.0	0.0	No trend
Pershing	28.6	13.6	13.6	0.0	0.0	No trend

County	2021	2022	2023	2024	2025	Trend
All other rural counties (excluding CNHD)	9.4	7.9	17.1	13.8	16.9	No trend
Statewide	7.6	7.0	9.7	9.3	11.8	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

CRYPTOSPORIDIOSIS DISEASE INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	3.7	7.2	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	21.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.4	3.0	1.8	1.8	No trend
Statewide	0.7	1.0	0.9	1.9	1.8	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

GIARDIASIS DISEASE INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	3.8	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	54.0	53.7	No trend
Mineral	41.4	0.0	0.0	21.0	0.0	No trend
Pershing	0.0	0.0	27.3	0.0	0.0	No trend
All other rural counties (excluding CNHD)	1.6	2.6	3.7	3.6	3.2	No trend
Statewide	2.0	2.1	3.1	0.5	2.6	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

SALMONELLOSIS (EXCLUDING S.TYPHI AND S PARATYPHI INFECTION) INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	7.6	15.1	7.5	7.3	25.3	No trend
Eureka	0.0	0.0	0.0	54.0	107.4	No trend
Mineral	20.7	0.0	0.0	21.0	0.0	No trend
Pershing	14.3	0.0	13.6	0.0	0.0	No trend
All other rural counties (excluding CNHD)	7.0	8.3	13.8	9.1	10.8	No trend

County	2021	2022	2023	2024	2025	Trend
Statewide	6.2	9.7	9.2	8.2	9.7	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

SHIGA TOXIN-PRODUCING E. COLI INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	15.2	3.8	7.5	7.3	0.0	No trend
Eureka	0.0	0.0	105.9	54.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	20.9	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	2.7	1.5	1.9	2.9	3.2	No trend
Statewide	2.1	2.5	2.4	4.1	3.9	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

Hepatitis

ACUTE HEPATITIS A INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	3.8	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	1.5	1.5	0.4	0.4	No trend
Statewide	0.1	0.5	0.4	0.4	0.1	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

ACUTE HEPATITIS B INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	0.0	0.0	0.0	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	0.0	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	0.0	0.4	0.4	0.0	0.4	No trend
Statewide	0.5	0.7	1.2	1.2	0.8	No trend

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

CHRONIC HEPATITIS B INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	19.0	11.3	11.3	0.0	0.0	No trend
Eureka	0.0	0.0	0.0	0.0	0.0	No trend
Mineral	0.0	0.0	20.6	0.0	0.0	No trend
Pershing	0.0	0.0	0.0	0.0	0.0	No trend
All other rural counties (excluding CNHD)	7.0	6.4	3.4	4.0	2.5	Decreasing
Statewide	4.6	5.0	12.2	14.1	9.3	Increasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE

CHRONIC HEPATITIS C INCIDENCE RATE (# OF CASES PER 100K POPULATION)

County	2021	2022	2023	2024	2025	Trend
Churchill	589.1	320.0	116.4	36.7	39.8	No trend
Eureka	316.1	108.3	105.9	0.0	107.4	No trend
Mineral	124.3	287.5	165.1	62.9	125.6	No trend
Pershing	286.4	340.4	177.3	55.7	111.0	No trend
All other rural counties (excluding CNHD)	163.0	208.7	105.1	70.5	85.2	No trend
Statewide	144.2	132.2	92.9	69.1	79.0	Decreasing

Data Source: Nevada Division of Public & Behavioral Health, OPHIE