ELDERS COUNT NEVADA 2023

2023 Report

ABSTRACT

This report provides authoritative data on the number and condition of our state's older adult population.

Aging and Disability Services Division

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Acknowledgements and Foreword

The Elders Count Nevada report was first published in 2007 by a group of leading experts and advocates in Nevada, spearheaded by Dr. Lawrence J. Weiss, current CEO of the Center for Healthy Aging. Dr. Weiss envisioned a fact book with relevant information that would help policy makers, federal and state organizations, media, advocates, businesses, and service providers make decisions about how to serve our elders today and in the future. We thank Dr. Weiss for this vision, and for bringing the report back to life in 2021.

The Elders Count Nevada 2021 report was made possible through a collaboration of the Center for Healthy Aging, Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine, the Nevada Aging and Disability Services Division, and the Department of Health and Human Services Office of Data Analytics. In addition, there were numerous contributors to that report. All this work set the stage for this, Elders Count Nevada 2023 report, which includes updated information from the 2021 report as well as additional data related to Caregivers and people experiencing Cognitive Decline.

The policy recommendations included in the Elders Count Nevada 2021 report have been included in this report as these recommendations are still valid based on the updated data and long-term strategies needed to bring these recommendations to life. These recommendations align with both state and advocacy priorities, as well as national efforts to improve Healthy Aging.

Nationally, states are beginning to use data such as that contained within this report to develop a cross-sector Master Plan on Aging. The Nevada Aging and Disability Services Division is beginning to explore these efforts as part of Nevada's focus on Healthy Aging, ensuring that not only older adults have the supports they need to age in place, but that people are considering healthy aging before they reach Medicare eligibility.

Thank you to everyone who helped to make this report a reality! The next Nevada Elders Count Nevada report will be published in 2025.

"Aging is an extraordinary process where you become the person you always should have been."

-David Bowie

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Executive Summary

This report was compiled by the Nevada Aging and Disability Services Division and the Department of Health and Human Services Office of Analytics.

The vision for Elders Count Nevada originated with Dr. Lawrence J. Weiss, CEO of Center for Healthy Aging, and former director of the Sanford Center Aging in 2007. Determined to keep his vision of giving a voice to Nevada's elders, the Nevada Aging and Disability Services Division (ADSD) has committed to producing the Elders Count Nevada reports bi-annually.

The 2023 report utilizes data from authoritative sources. The report contains information on key topics: population, economics, health status, health risks and behaviors, health care and infrastructure. The report also contains a section related to the COVID-19 pandemic. The data and information are presented for interpretation and use by the reader. Each section includes data highlights as well as descriptive analysis of the data charts. More advanced statistical analysis would be required for interpreting relationships among variables.

The ADSD made a continued effort to not duplicate existing specialized reports such as the Nevada Office of Food Security – Nutrition programs for Older Nevadans which focuses on nutrition and food insecurity of older adults in Nevada, or the Guinn Center for Policy Priorities, Helping Hand: An Assessment of the Personal Care Aide Workforce in Nevada.

- http://dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Programs/GCFS/dta/Publications/Nutrition%20Programs%20for%20Older%20Nevadans(2).pdf
- https://guinncenter.org/publications/policy-reports/

The report contains a set of policy recommendations to improve healthy aging focused on chronic care interventions, caregiver support, mental health support, strengthening protections against elder abuse, housing, employment, transportation and increasing public awareness of healthy aging.

For the purposes of the report, the terms "elder", "senior" and "older adult" have been used interchangeably. In most cases, these terms refer to an individual 65 or older. Data has also been presented by age group categories, 50-64 year old, 65-74, 75-84 and age 85 and older.

The Nevada Aging and Disability Services Division welcomes any questions or suggestions related to this report to be submitted via email to adsd@adsd.nv.gov.

Policy Recommendations

The following policy recommendations, submitted by the UNR – Health Resource Research Center and the Nevada Commission on Aging, provide a snapshot of considerations for state agencies and local communities to consider. These recommendations are based on data within this report, as well as national efforts to improve Healthy Aging. These recommendations were originally published in the Elders Count Nevada 2021 report.

Improving Access to Evidence-Based Chronic Care Interventions

- Programs that target critical issues for the aging population in Nevada should be implemented in a stream-lined manner, making them available to seniors in rural and urban counties across the state. Services should be offered individually to promote self-care and patient engagement through care providers; through senior community centers and other community-based organizations; as well as online. Evidence-Based Program recommendations:
    - Multiple Chronic Conditions: Chronic Disease Self-Management Program, Diabetes Self-Management Program
    - Depression Management: Healthy IDEAS, PEARLS
    - Physical Activity: Enhance Fitness
    - Medication Therapy Management

Increasing Family Caregiver Support

- Provide mental and social support for caregivers through Evidence-Based-Practices and Model Programs selected by the Family Caregiver Alliance. These include programs such as the Caregiver Health Education Program, Coping with Caregiving REACH I, the Caregiving Assistance Network, El Portal, etcetera.
- Develop workplace reimbursement for family caregivers such as Paid Family Leave, Unemployment Insurance for Family Caregivers, and Paid Sick Days.
- Provide workplace caregiver support on the job, such as worker support and educational groups.
- Expand options that reimburse caregivers: VA benefits; Medicaid; Benefits Check Up; Nevada's Personal Care Services Program, caregiver tax credits.
- Promote and enhance Nevada 2-1-1 directory of services to assist seniors and their caregivers to access services and programs in Nevada including: medication management programs; respite care; adult daycare; kinship care; volunteer programs; transportation programs; community centers; senior recreational opportunities; volunteer opportunities; job opportunities; legal resources; etcetera.
- Expand support to caregivers and seniors to provide person-centered assistance in learning about and navigating long term service and support options through Nevada Care Connection.
- Assess caregiver needs and develop a statewide strategy on family caregiving.

Creating Innovative Mental Health Support

- Combatting the risk of social isolation, most notably seniors living in rural areas of Nevada, by targeting the seven specific risk factors: poverty; living alone;

divorced; separated or widowed; never married; disability; independent living difficulty.
- Focus on participatory services which have shown to have a more successful impact compared to providing services or trainings. PEARLS is a recommended evidence-based program which can be conducted in centers, at home, or online.
- Use technology to enhance communication and connectiveness.
- Continuing to fund and expand senior centers and community centers across the state.
- Expanding payor options for delivering mental health support services through a wider range of health professionals.
- Provide evidence-based suicide prevention programs.

Strengthening Protections Against Elder Abuse

- Enhance services to elder abuse victims.
- Support the Investigation and Prosecution of Elder Abuse Cases.
- Establish a research agenda to identify best practices for elder abuse prevention and intervention.
- Expand and continue cross-disciplinary training on Elder Abuse Awareness through ADSD and the Nevada Care Connection.
- Develop a Broad-Based Public Awareness Campaign to increase awareness and understanding of elder abuse in the community.

Housing

- Increase supply of accessible, affordable, adaptable housing, most notably in Northern Nevada and rural areas of the state.
- Programs such as SASH and CAPABLE programs that can be implemented at the local level through partnerships among healthcare and housing providers, nonprofits, and government entities.
- Consider housing initiatives that target divorced, separated, widowed, and disabled seniors living alone.

Employment

- Continue to foster the Senior Community Service Employment Program (SCSEP) to serve low-income individual 55 years and older with part-time community service opportunities.
- Develop innovative responses through community outreach to respond to job loss because of the COVID-19 pandemic.

Transportation

- Continue to engage community partners, and investing in efforts to expand public transportation, volunteer programs, voucher programs, coordinated services, ridesharing, etcetera.
- Developing a Mobility Management Program to guide community partnerships, build infrastructure, and remove the burden from the individual or caretaker of having to navigate the carious transportation options.

Empower Individuals to Develop an Action Plan for Successful Aging

- Provide educational insights for planning through the Aging Mastery Program developed by the National Council on Aging. Key focusses include key aspects of health, finances, relationships, personal growth, and community involvement, leading to improved health, stronger economic security, enhanced well-being, and increased societal participation. Recommend starting outreach efforts 10-years prior to Medicare eligibility.
- Oral health initiatives that include older adults, virtual dental homes within senior centers, integrated care models that encourage cross-professional oral health training are policy recommendations that should be explored to increase health services for older adults especially those within population groups known to experience health disparities.

Develop a Statewide Healthy Aging Campaign

- Increase public knowledge and awareness; community call-to-action; empower older adults and caregivers of their impact on the aging process.
    - Example: Aging Strong Public Awareness Campaign

Population

Nevada's population is spread across its 17 counties, encompassing 110,567 total square miles, making it the 7th largest state in the nation. Nevada has had the highest population growth rate in the nation for the past six decades, and the second highest growth rate for the decade 2010-2020. Census data continues to demonstrate Nevada's extremely high population growth rate. Nevada's population is expected to reach 3.5 million residents by 2032 (Nevada Demographer).

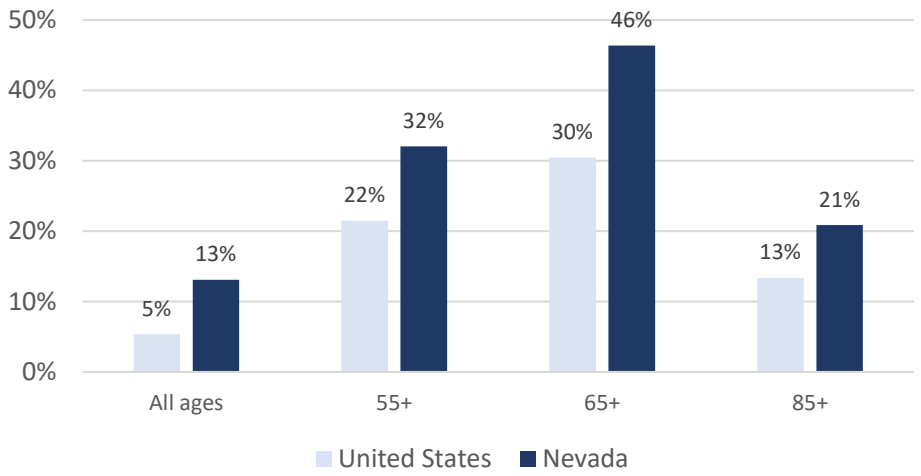
Highlights

- Nevada's population of people age 55 and older grew by 32% between 2011 and 2019 (Fig. 1).
- These trends are expected to last into 2030. The continued growth of the age 55 to 64 continues to increase and will impact available resources (Fig. 2).
- Storey county has the highest per capita percentage (33%) of older adults (Fig.3).
- Migration to Nevada by older adults continues to increase, particularly in Southern Nevada. Rural communities are seeing the largest growth in the age 65-74 group (Fig. 4).
- Over the next 25 years, the older adult population will continue to increase as evidenced by the swell of the population in their 30's (Fig. 5).
- The Nevada population has higher percentage of individuals who are Hispanic or Asian as compared to national figures (Fig. 6).
- In southern Nevada, the rates of individuals who are limited English speaking slightly higher than the U.S. (Fig. 7).
- The U.S. outpaces Nevada in the total percentage of people age 65 and older living alone (Fig. 8).
- Nevada has a higher percentage of older adults who are divorced or separated than the national average (Fig. 9).
- In southern Nevada, there is a higher portion of grandparents living with their grandchildren, although they are not responsible for them (Fig. 10).
- There is a higher prevalence of veterans in Southern areas of Nevada for both Male and Female veterans (Fig. 11).

Population Growth and Projections

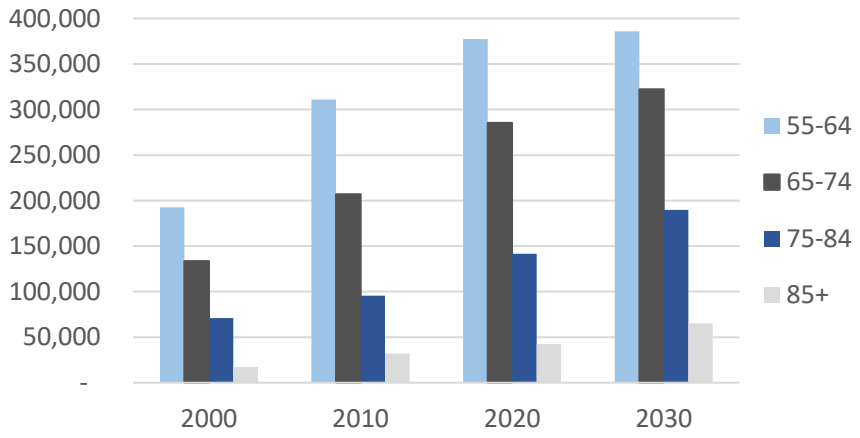
Between 2011 and 2019 Nevada population increased by 13.1% (American Community Survey; Table:S0101) with the 65 and older population increasing by 46% and the 85 and older population increasing by 20%. In addition, the 55 and older population, which is aging into the Medicare eligible population, increased 32% (Fig.1). The growth trend of the age 65 and older population growth continues to outpace growth in other age groups within Nevada from the 2021 report (40% growth for age 65 and older). Additionally, Nevada's population continues to age at higher rates through 2030 (Fig. 2).

FIGURE 1: % GROWTH IN SENIOR POPULATION, 2011-2019



(Source: U.S. Census; American Community Survey 2011 1-Year Estimates, Table S0101; American Community Survey 2019 1-Year Estimates, Table S0101)

FIGURE 2: NV POPULATION GROWTH: YEAR BY AGE



(Source: Nevada State Demographer)

Population by County

Nevada's 14 most rural counties comprise approximately 87% of Nevada's land mass but only 10% of Nevada's total population, with an approximate average population of two (2) persons

per square mile. This creates the anomaly that Nevada is one of the most geographically under-populated states, with a population that is so concentrated as to make it also one of the most urbanized.

Nevada counties experiences an average 8% increase in older adult populations from 2018 to 2021. Humboldt County had the highest change in this population at nearly 15% growth, while Lincoln County experienced a decline of this population of 1.4%. For the 65 and older population, the three Urban Counties (Carson City, Clark County, and Washoe County) continue to comprise 87% of the Nevada's 65 and older population, while the other 14 counties comprise 13% (Fig. 3).

Over half of Nevada's counties (10 out of 17) have a 65 and older population over 20%, the remaining seven counties still have a high percentage of its population 65 and older ranging from 13% to 16%.

It should be noted, in some counties, the total population includes prison inmates so the percent of older adults in those counties may be understated, for example Pershing County has an inmate population of 1,685.

FIGURE 3: NV POPULATION, AGE 65+ BY COUNTY, 2021

County	Population	% of Total
Carson City	13,272	23%
Churchill County	4,246	16%
Clark County	330,646	14%
Douglas County	14,353	29%
Elko County	8,044	15%
Esmeralda County	263	27%
Eureka County	389	20%
Humboldt County	2,533	15%
Lander County	1,011	17%
Lincoln County	1,114	22%
Lyon County	12,312	21%
Mineral County	1,064	23%
Nye County	14,201	28%
Pershing County	1,034	15%
Storey County	1,373	33%
Washoe County	78,626	16%
White Pine County	2,124	20%
Nevada	**486,603**	15%
United States	**54,762,468**	17%

(Source: Nevada State Demographer; U.S. Census QuickFacts)

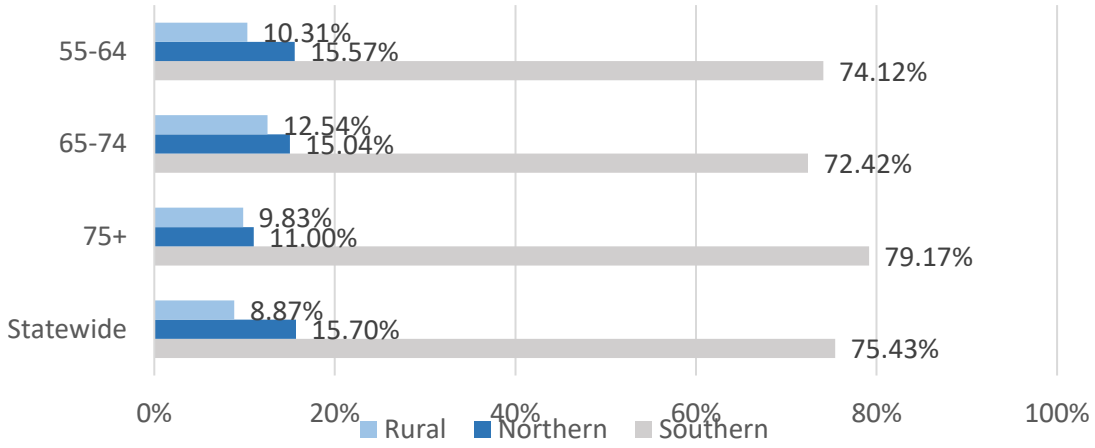
Nevada rural areas can be several hours from its urban area, and sometimes the closest urban area may be in another state. For example, the city of Elko is 289 miles from Reno (4-hour drive) and 230 miles (3.25-hour drive) to Salt Lake City, Utah. An additional point is that Elko is still 109 miles from the Utah state line.

Rural areas historically lack access to critical services for older adults, most notably healthcare services, and transportation services. With populations continuing to age at rates higher than the national average, Nevada will have continued challenges in ensuring this population has access to these traditionally, highly utilized services by older adults.

Migration

Migration to Nevada by older adults continues to increase, particularly in Southern Nevada (Fig. 4). This also continues to exacerbate Nevada's population imbalance, where currently 73% of Nevada's population resides in Clark County. Whereas in 2021 the largest older adult group migrating to rural communities was the 55-64 range, in this report, the largest group is in the 65-74 range. Migration to Nevada continues to be steady, however a plateau is expected as housing costs continue to inflate.

FIGURE 4: NV MIGRATION BY AGE AND AREA

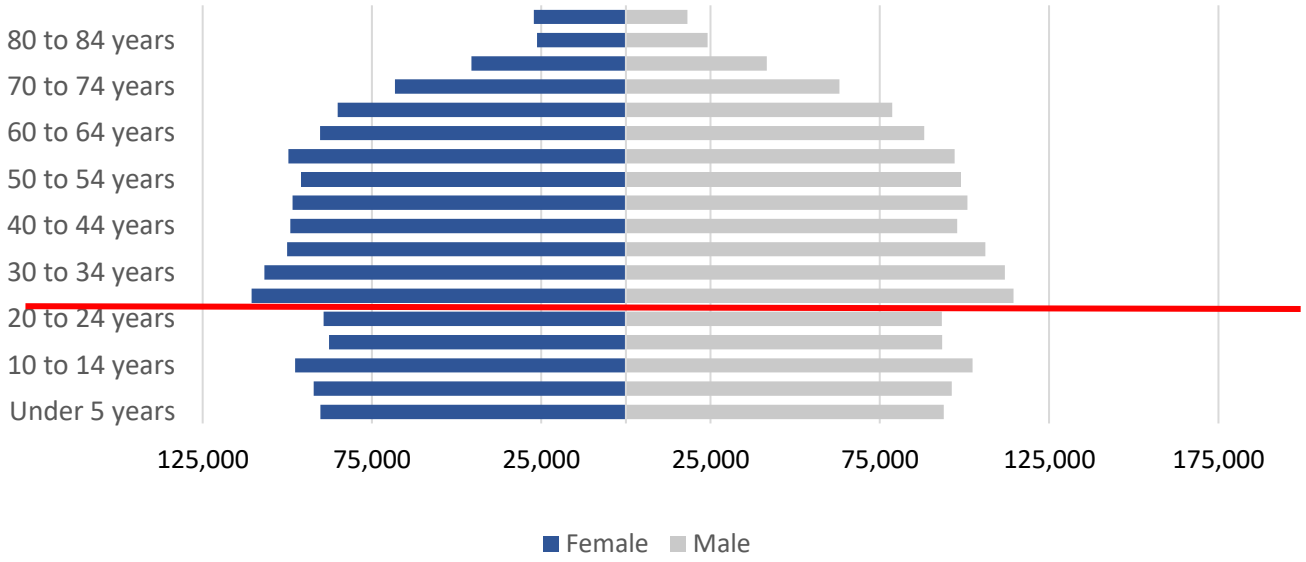


(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table S0701)

Gender and Age Distribution

Gender distribution follows life expectancy trends, where females tend to live longer than males. In the age groups under age 64, males and females each make up approximately half of the population, with a slightly higher female rate at the national level, reflecting national trends (American Community Survey, Table S0101). As age increases, the 64-84 population distribution of females increases. In Nevada, the difference between percent of males and females is slightly less than national difference, still reflecting national life expectancy trends.

FIGURE 5: NV AGE AND GENDER DISTRIBUTION, 2020



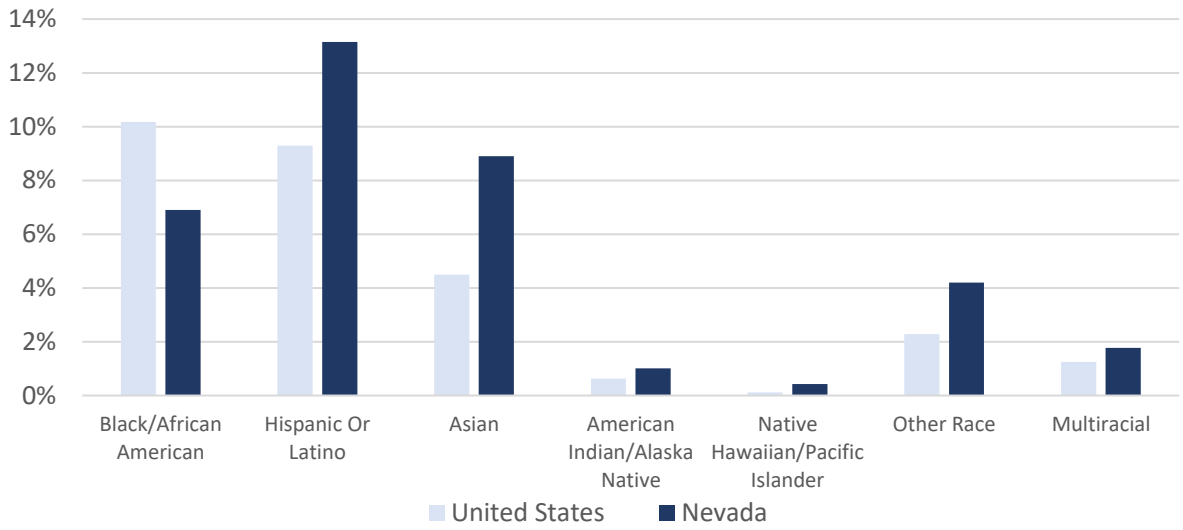
(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table S0101)

The above chart demonstrates age group distribution in 5-year cohorts, based on 5-year estimates within the American Community Survey (Fig. 5). Individuals in each age cohort will age into the next age cohort, with life expectancy aging trends. This gives a projection, all things being equal, for how to anticipate an aging population. While we are experiencing a swelling of the older adult population now, that will hold steady over the next couple of decades (due to the baby boomer generation), there is predicted to be another swell based on the 30-34 age cohorts.

Race and Ethnicity

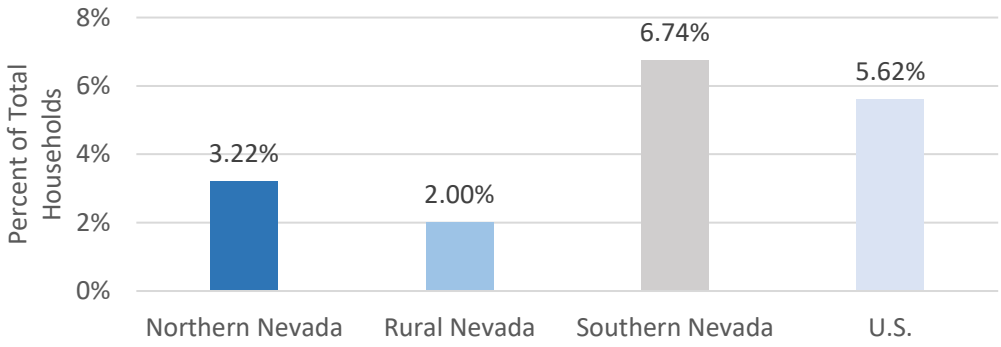
Overall, Nevada's population is more diverse than nationally. Where only 68.5% of Nevada's population is White in 2018, it is now even more diverse with only 66.5% of the population is White. The national average also decreased from 74.5% to 73.4%. Nevada has a higher portion of minorities in all categories except for Black or African American. Populations such as Hispanics and Asians are significantly higher than the national average in Nevada (Fig. 6). Additionally, in southern Nevada, the percentage of individuals who are limited English speaking continues to be higher than the national rate (Fig. 7). Limited English-speaking individuals will have a greater challenge in accessing information and services to meet their needs.

FIGURE 6: RACE AND ETHNICITY, AGE 55 AND OLDER



(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table B01001, B01001 A-I)

FIGURE 7: NV LIMITED ENGLISH SPOKEN AT HOME

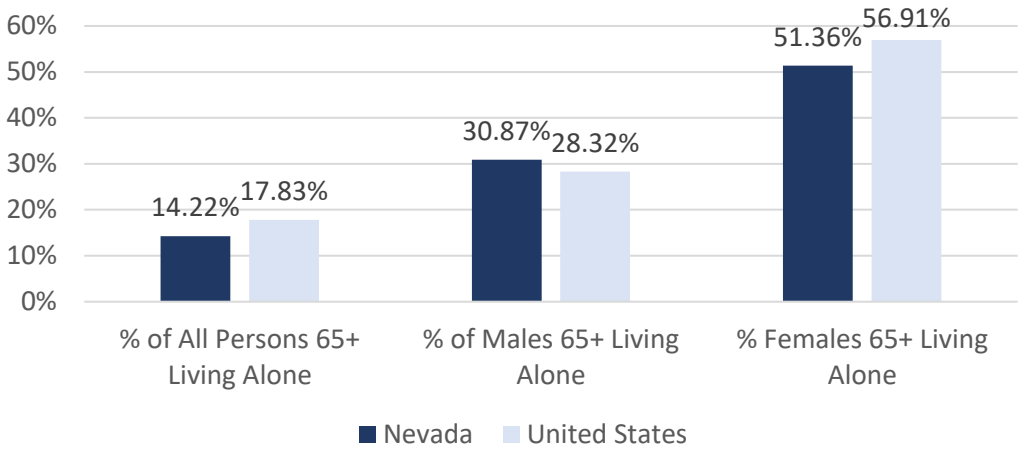


(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table S1602)

Living Arrangements

In Nevada, 14.22% of the people who live alone are age 65 or older. Of that, 51.36% are females compared to 30.87% of males. There are slight differences from the national averages, with Nevada females trending higher and Nevada males trending lower (Fig. 8). These trends are continuing down, but at a slower pace than the previous ten years.

FIGURE 8: LIVING ALONE, AGE 65 AND OLDER



(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table B09020)

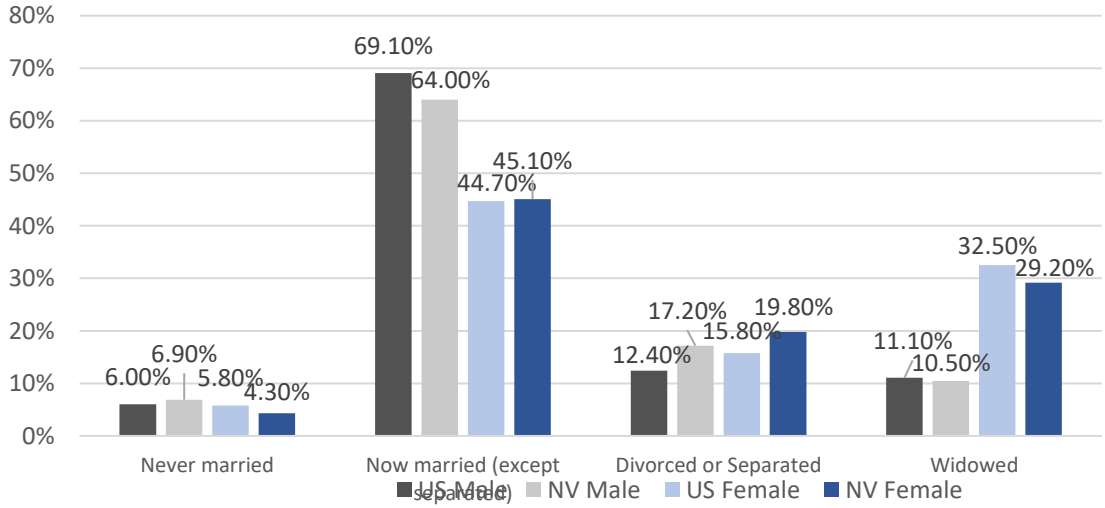
Marital Status and Grandparenting

For the most part, Nevada trends for adults aged 60 and older for *Nevada Married*, *Now Married*, *Divorced* and *Widows* follow national trends (Fig. 9). In Nevada, for males, *Now Married* is slightly less than the national average as is *Widowed*. For females, *Widowed* is slightly less than the national average.

An interesting note is Nevada has a higher divorced (or separated) rate than the national average. And both nationally, and in Nevada, females have a much higher prevalence of *Widowed* than their male counterparts. These rates also coincide with the number of individuals age 65 and older living alone, as noted above.

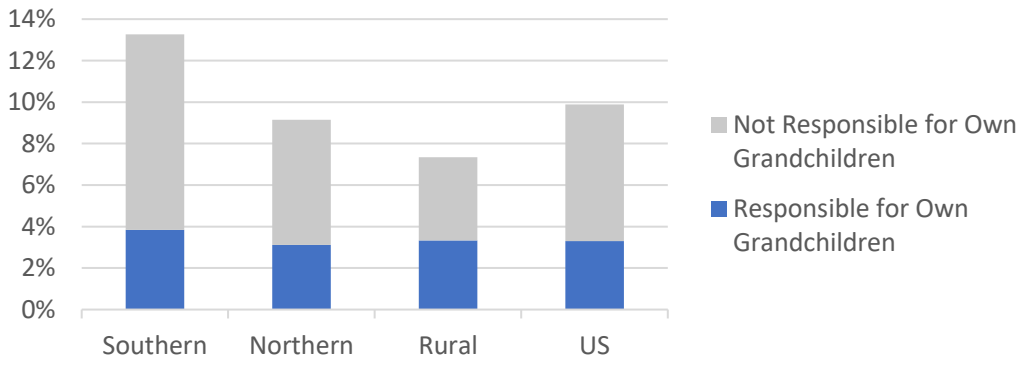
On average, Nevada grandparents living with their own grandchildren follows national trends, although in southern Nevada this trend is higher than the national statistics (Fig. 10).

FIGURE 9: MARITAL STATUS, AGE 60 AND OLDER: LOCATION BY SEX



(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table S1201)

FIGURE 10: % GRANDPARENTS LIVING WITH THEIR OWN GRANDCHILDREN

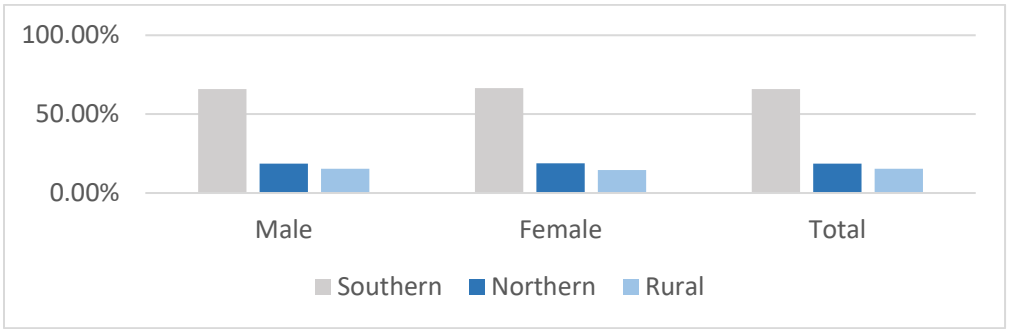


(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table B10051)

Veterans

There is a higher prevalence of veterans in Southern areas of Nevada for both Male and Female veterans. However, when compared to the population dispersion (73% of Nevada's population resides in Clark County) there are less than expected despite both Nellis and Creech Air Force Bases (Fig. 11).

FIGURE 11: NV VETERANS, SEX BY LOCATION



(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table B21001)

Strategies

This space is intentionally left blank to note strategies, policy considerations, or action steps.

Economics

Many Nevadans face economic challenges as they age. These challenges stem from fixed incomes, higher healthcare costs, and the rising rate of inflation. This section evaluates the impact of economic conditions on older Nevadans, highlighting poverty levels, income, and rising housing costs.

Highlights

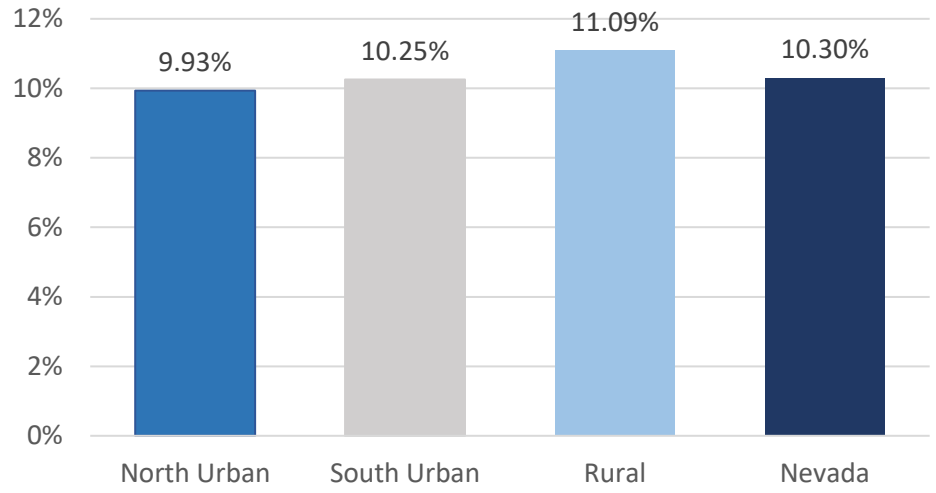
- The poverty rate among Nevadans aged 65+ has increased approximately 1% from 2018 (Fig. 12).
- Although Social Security Benefits have risen, older Nevadans continue to remain in the workforce. (Fig. 13 and 14).
- Median income of older adults is slightly higher in Nevada, than in the U.S. (Fig. 15).
- Housing the largest category of expenditures for individuals age 65+, is higher in the West (Fig. 16).
- Homelessness in a growing problem in Nevada as housing costs increase (Fig. 17)

Poverty

In 2020 approximately 10.3% households with an individual over age 65 were living in poverty (Fig. 12). These Nevadans face significant challenges in meeting their daily needs including food, housing, and medical care. Nationally, the poverty rate increased a full percentage point in 2020 (11.5%), aligning with Nevada increase seen for older adults. This increase continues concerns about financial stability of older adults, which may increase demand for public services such as healthcare and long-term services and supports.

Figure 12 also shows that poverty level by region, with each region's percentage of poverty increasing from the 2021 Elders Count report. The Rural region of Nevada has the highest share of older adults in poverty at 11.09%.

FIGURE 12: NV % OF HOUSEHOLDS WITH AGE 65 AND OLDER LIVING IN POVERTY

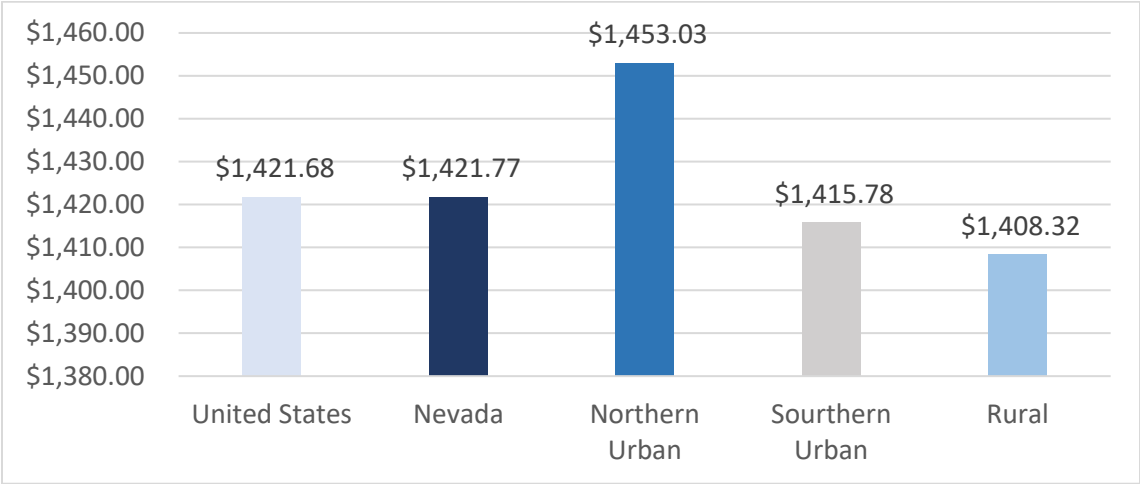


(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table B17017)

Social Security Benefits

Social Security Benefits serve as a major source of income for older adults. For one in four seniors, Social Security provides at least 90 percent of their income (Center on Budget and Policy Priorities). The average Social Security payment for Nevadans is $1,422, equal to the average for the United States (Fig. 13). Note that Nevada does not have a personal income tax and therefore Social Security Benefits are untaxed in the state, allowing retirees to retain more of their benefits.

FIGURE 13: AVERAGE SOCIAL SECURITY PAYMENT, AGE 65 AND OLDER BY REGION, 2020

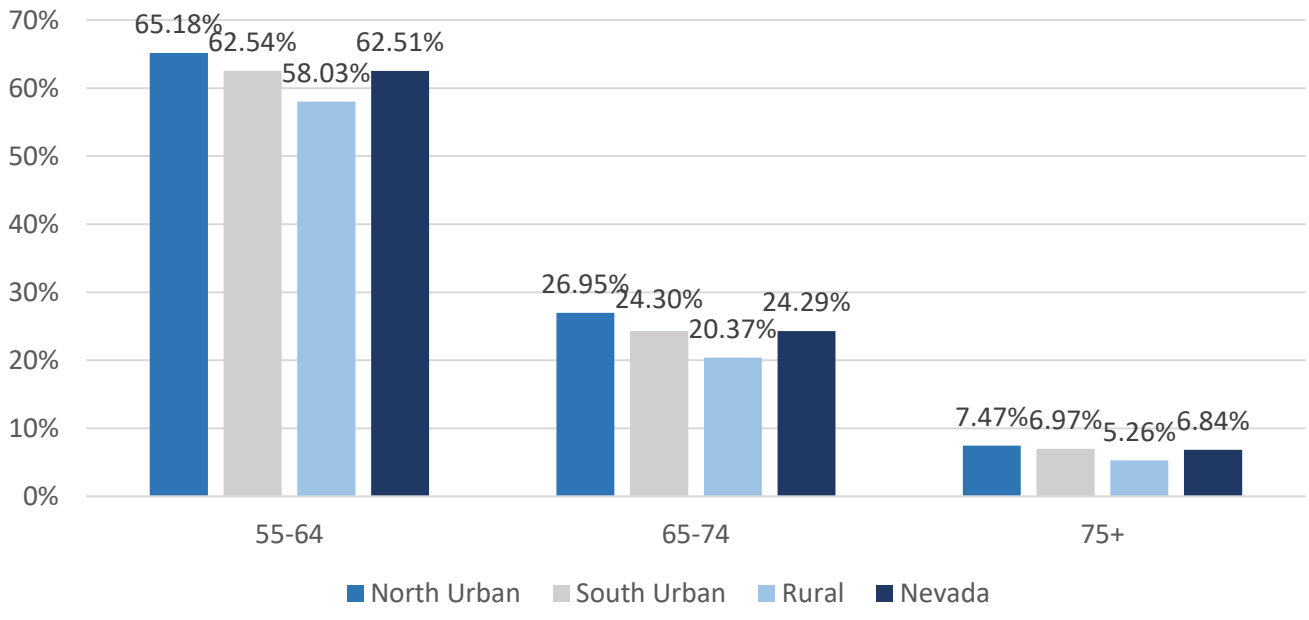


(Source: Social Security Administration - Old age, survivors, and disability insurance (OASDI) program)

Labor Force Participation

Nearly a quarter of Nevadans aged 65-74 years old and 7% over age 74 continue to participate in the labor force (Fig. 14). More than six out of ten people aged 65-85 who remain in the labor force indicate that they are working into retirement purely for financial reasons (Mercado). A separate study found that about 30% of individuals who plan to continue working beyond age 65 will do so to maintain their health benefits (Mercado). Others continue working for personal reasons such as still enjoying working and working to fill time or avoid loneliness (Provision Living).

FIGURE 14: NV LABOR FORCE PARTICIPATION BY AGE GROUP AND REGION, 2020

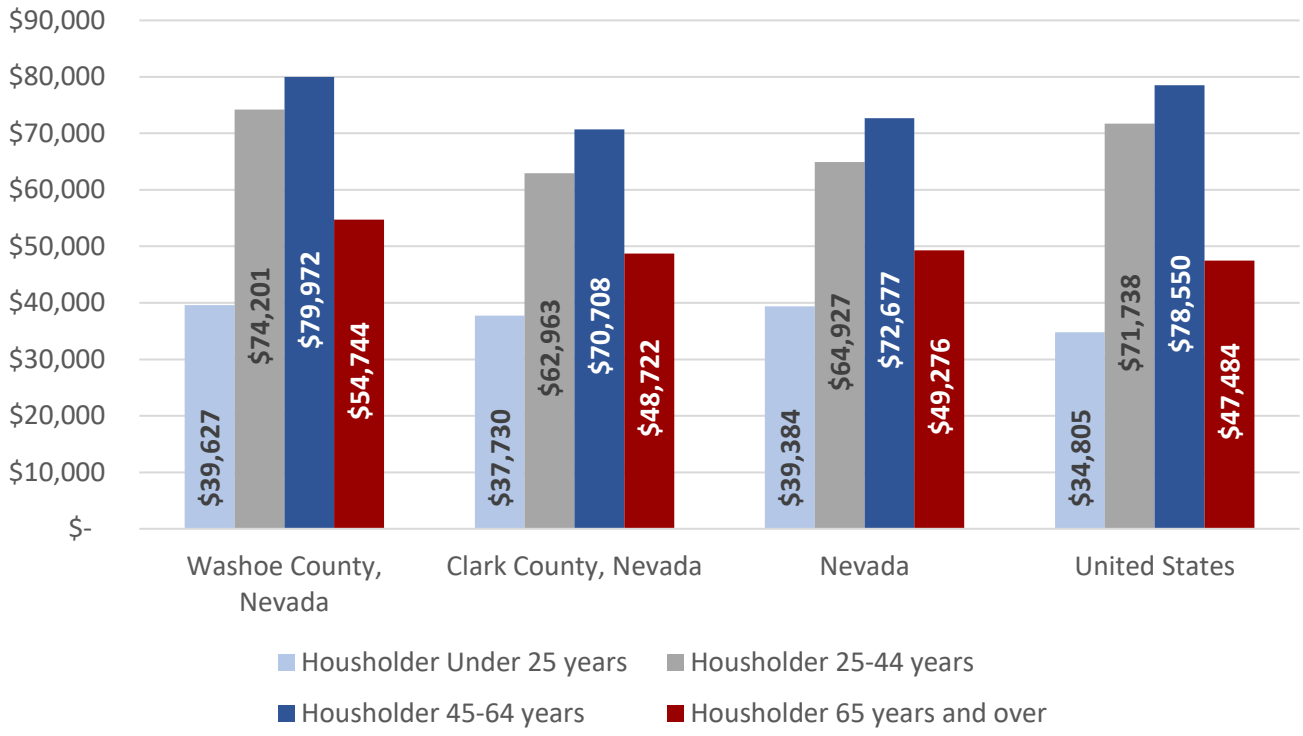


(Source: U.S. Census Bureau, American Community Survey, 2020 5-Year Estimates, Table B23001)

Household Income

Nevada's median household income varies significantly by the age of the householder. For householders age 65 years and over, the median household income in Nevada is $49,276 (Fig. 15). This figure remains approximately 4% higher than the median for the United States as a whole, from the 2021 Elders Count report. There are some regional differences in household income, with Washoe County incomes for this age range coming in approximately 9% higher than in Clark County.

FIGURE 15: MEDIAN HOUSEHOLD INCOME BY AGE OF HOUSEHOLDER

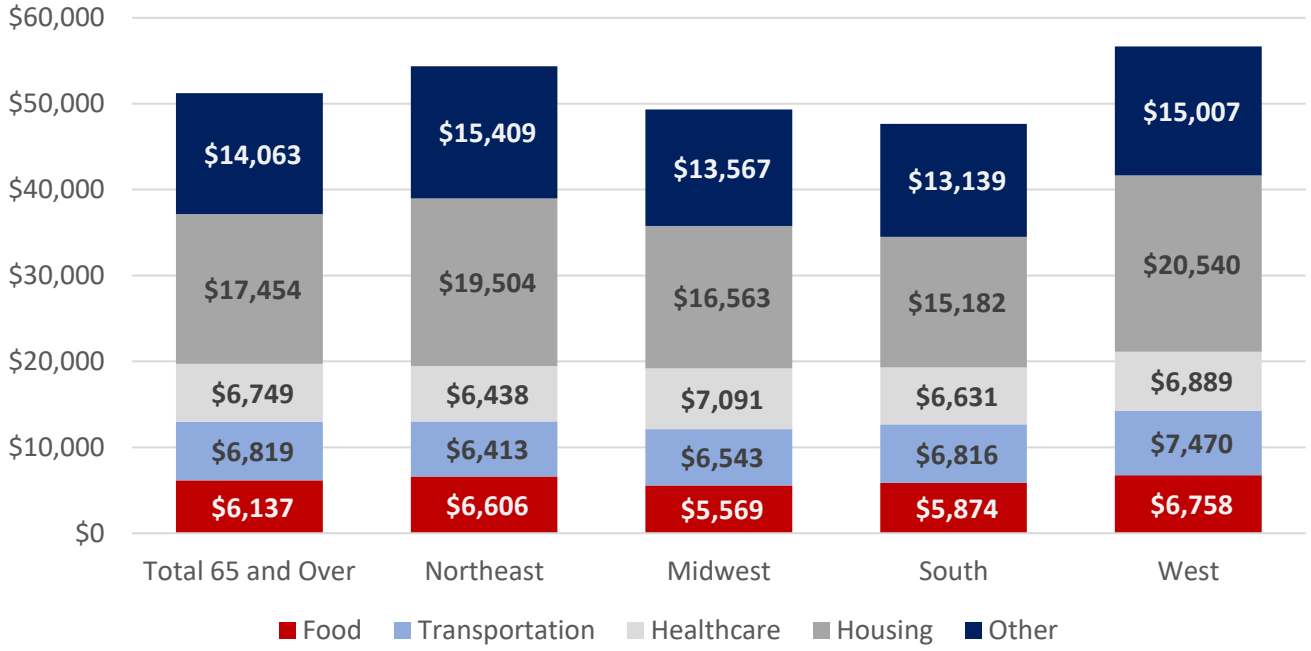


(Source: U.S. Census; American Community Survey 2020 5-Year Estimates, Table B19049)

Expenditures

In the western region of the United States, housing continues to constitute the largest component of household expenditures for individuals age 65 and older, increasing approximately 10% from the 2021 report to an average of $20, 540 in the west (Fig. 16). The West has the highest average housing costs in the nation. Not surprising Transportation continues to be the next highest expenditure, although this category along with all others decreased from the 2021 report.

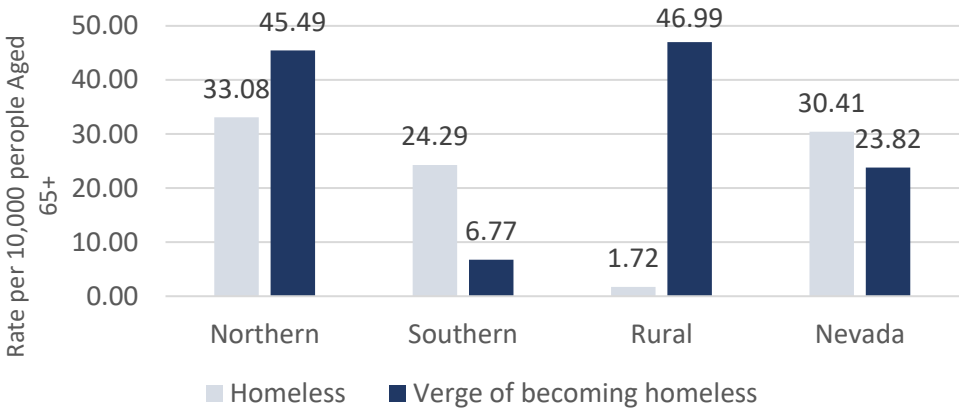
FIGURE 4: AVG ANNUAL EXPENDITURES WITH HOUSEHOLDERS AGE 65 AND OLDER, BY U.S. REGION



Housing and Homelessness

Rising rents, challenging economic conditions, and behavioral health or substance abuse issues contribute to the state's growing homelessness situation among older individuals. Throughout Nevada, the average rate of homelessness (when entering programs) increased to 30.4 people per 10,000 for individuals age 65 and older (Fig. 17). The average of individuals age 65 and older per 10,000 who are on the verge of homelessness dropped to 23.8 in 2021. Both northern Nevada and southern Nevada saw significant drops in the rate of individuals on the verge of homelessness from the 2021 report.

FIGURE 17: NV PREVALENCE OF HOMELESSNESS OR RISK OF HOMELESSNESS FOR ADULTS 65 AND OLDER



(Source: Homeless Management Information System, 2021)

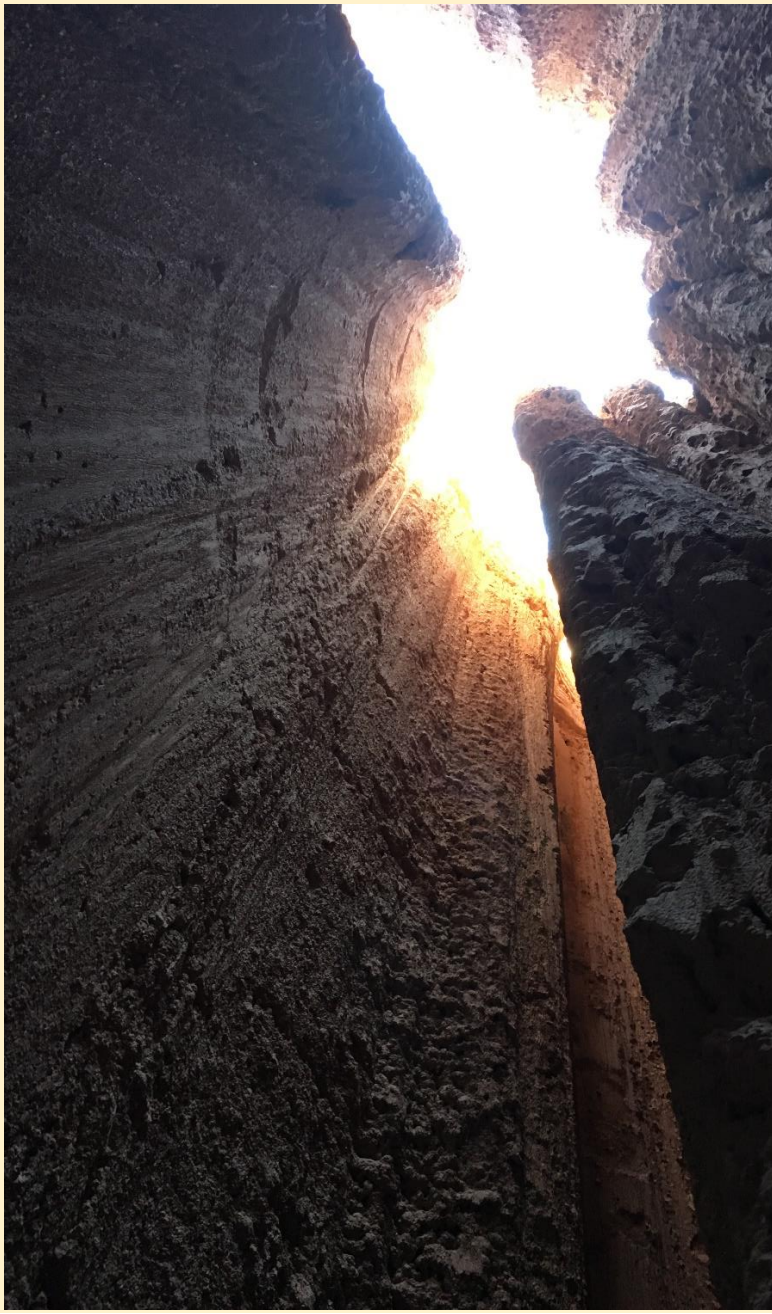
Health Status

The life expectancy of people in the United States increases by age. Based on the National Vital Statistics Reports (2022), the average life expectancy for males is 73.5 and for females it is 79.2 in Nevada.

While increases in limitations to perform activities of daily living may be a "normal" part of the aging process, Nevada's health status in other areas compound these issues and are important to note for planning and policy reform, particularly given the percentage of older adults living alone in Nevada (page 10).

Highlights

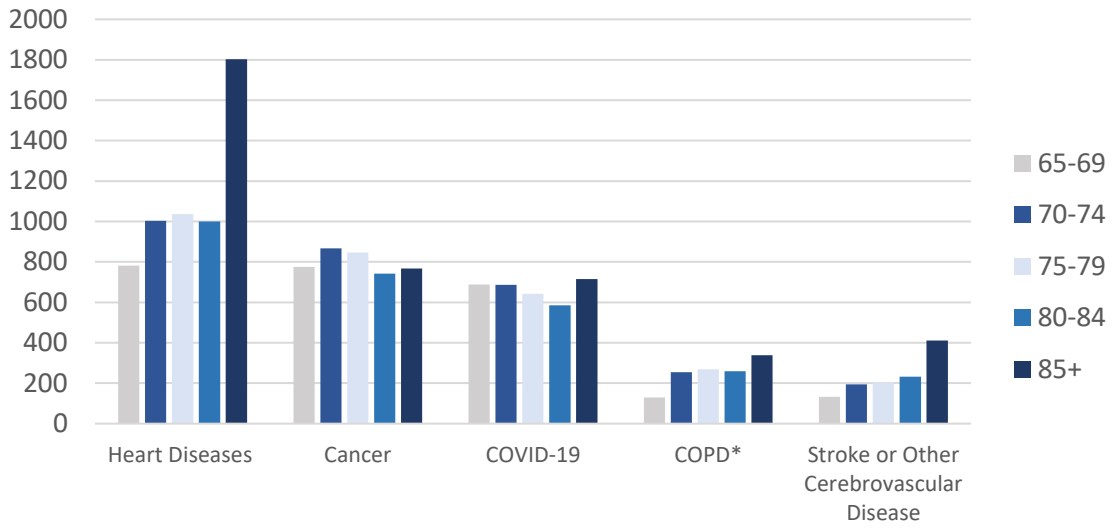
- The percentage of deaths related to COPD and Stroke increased in Nevada (Fig. 18).
- Nevada outpaces the U.S. in the percentage of deaths from chronic disease in people age 65 and older (Fig. 19).
- The percentage of older adults visiting the dentist declined in 2020 (Fig. 20).
- The number of people accessing mental health services increased across all categories in 2020 (Fig. 21).
- In Nevada, the rate of suicide among older adults is significantly higher than the U.S. rate (Fig. 22).
- The percentage of veterans who report thoughts of suicide is increasing (Fig. 23).



Mortality (Causes of Death)

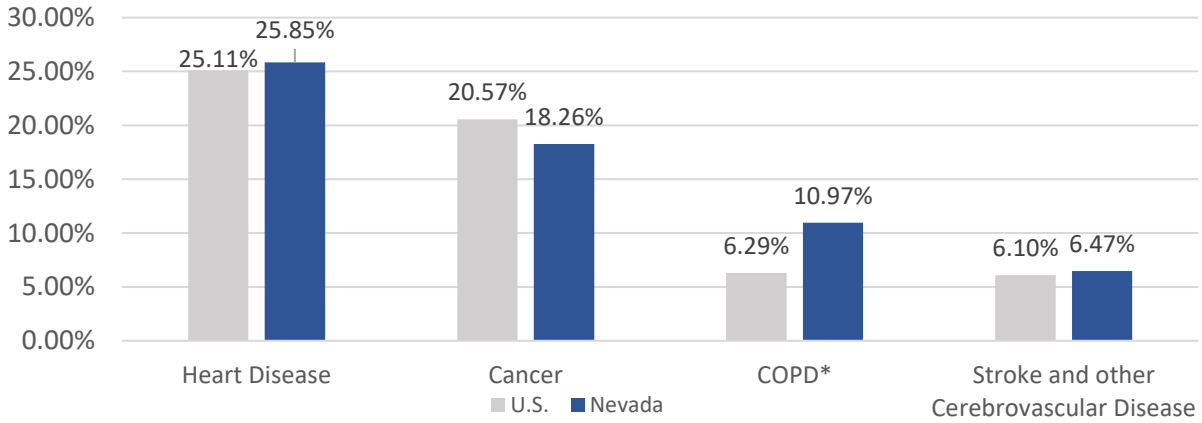
According to the National Center for Health Statistics, heart disease has been the leading cause of death in the U.S. for decades, followed by cancer. This remains true in Nevada, even though COVID-19 was in the top five cause of death in 2021 among people age 65 and older (Fig. 18). From the 2021 Report, Nevada continues to outpace the U.S. in chronic disease related deaths (Fig. 19). The prevalence of chronic disease in Nevada highlights the danger of these conditions when left untreated. While there are low rates of disease among older adults, the mortality rate from them is nearly double the rates of younger age groups. Health Risks and Behaviors will be explored further in the next section.

FIGURE 18: NEVADA LEADING CAUSES OF DEATH, AGE 65 AND OLDER, 2021



(Source: Electronic Death Registry System, State Demographer)

FIGURE 19: LEADING CAUSES OF DEATH, AGE 65+, 2020



* Chronic Obstructive Pulmonary Disease

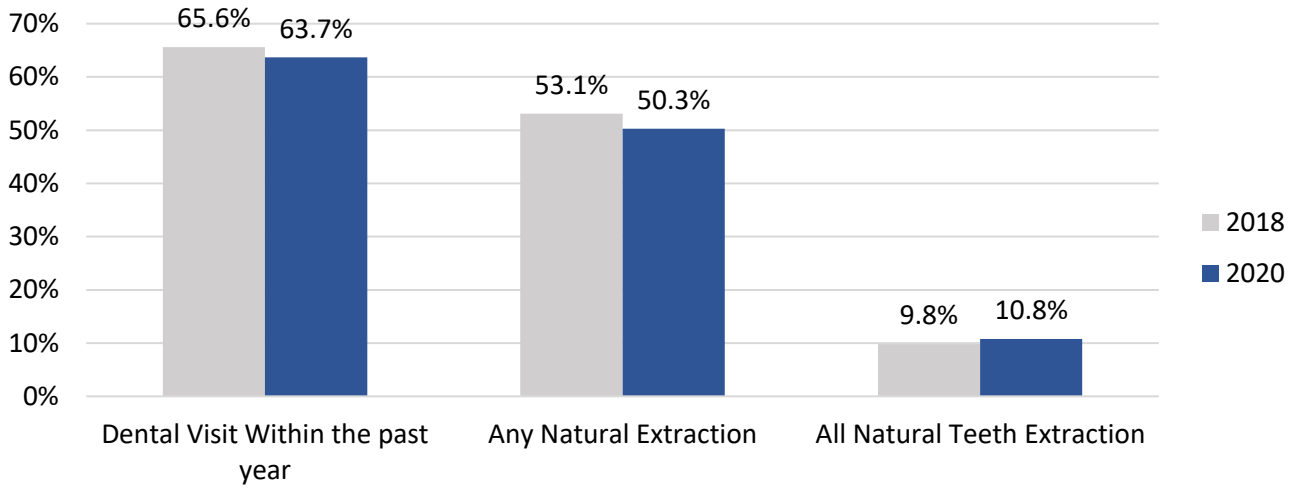
Oral Health

Poor oral health, which includes experiencing dental decay, periodontal disease (infections of the bone surrounding teeth and gums), and lesions in the head and neck have been linked to malnutrition, heart disease, diabetes, oral cancer, and aspiration pneumonia, a leading cause of hospital readmission in older adults (Terpenning). Optimal health cannot be achieved without maintaining good oral health.

In Nevada, the 2020 CDC Behavioral Risk Factor Surveillance System indicates that 50.3% of adults 65 years and older report having had any permanent tooth removed (Fig. 20). Moreover, the trend of tooth decay and loss in older adults in Nevada is moving in an unfavorable direction. In 2020, 10.8% of individuals reported having all natural teeth extracted versus 9.8% in 2018.

Not surprising, the number of people visiting the dentist in 2020 declined. However, inadequate access to oral health care leads to a compromised oral health status and often results in exorbitant hospital emergency department visits. According to the Department of Health and Human Services, Office of Analytics, non-traumatic dental emergency department encounters for individuals 45 and older constitute 23% of cases and Medicaid is the predominant payer source of for these services.

FIGURE 20: NV ORAL HEALTH, AGE 55 AND OLDER, 2018 TO 2020

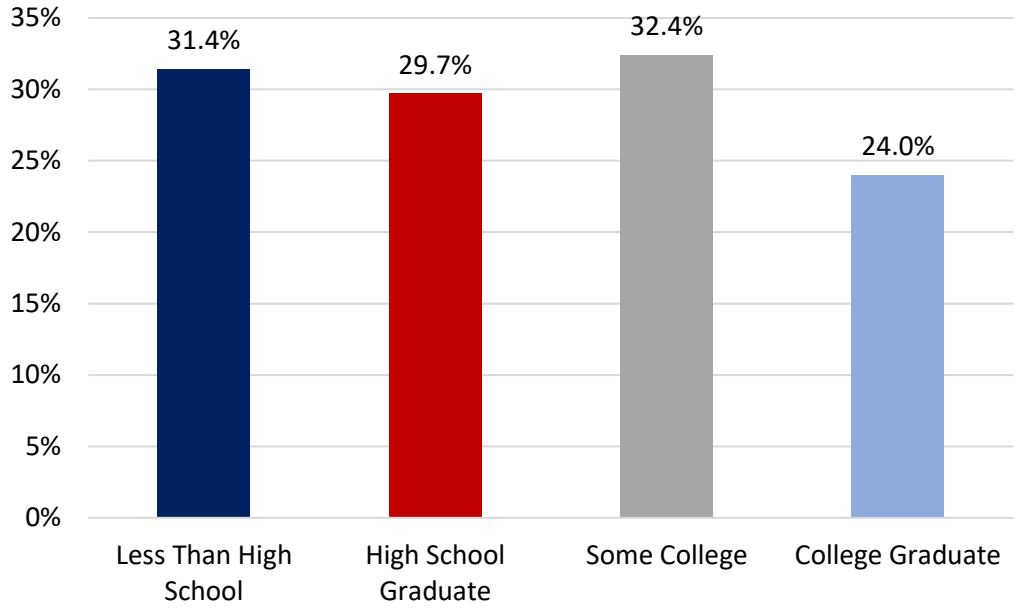


(Source: Behavioral Risk Factor Surveillance System)

Mental Health

According to the 2022, America's Health Rankings Report, depression in adults in Nevada continues to increase. Approximately 13.1% of older adults, age 65 and older report depression. Overall, this is slightly less than the U.S. total of 14.6%. Of individuals age 55 and older, the prevalence people accessing mental health services is highest for individuals that have less than a high school education and some college (Fig. 21). The percentage of mental health services increased across all categories in 2020.

FIGURE 21: NV AT LEAST ONE MENTAL HEALTH DAY PER MONTH, AGE 55 +,2020



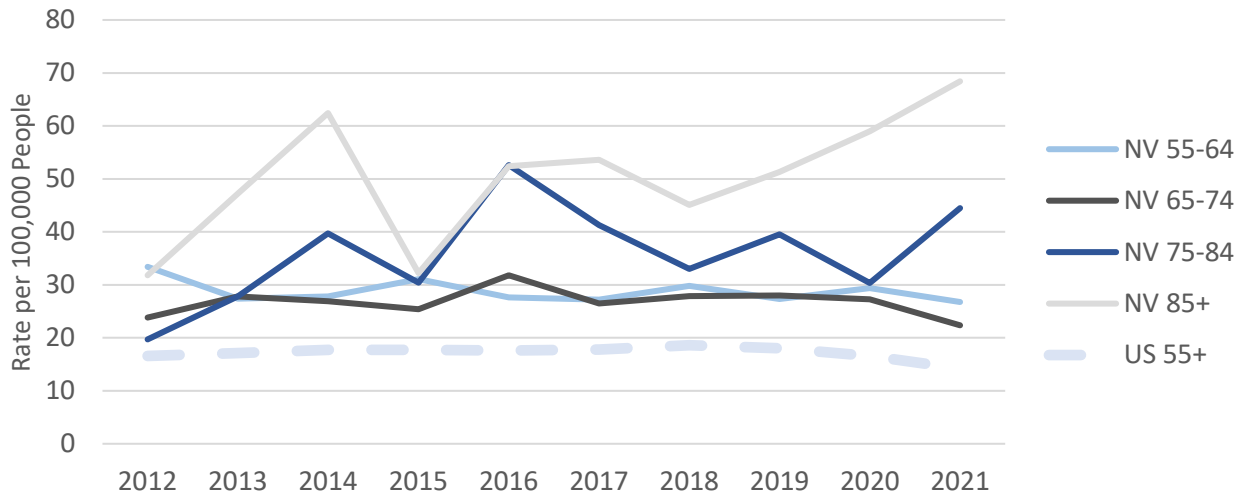
(Source: Behavioral Risk Factor Surveillance System)

Nevada ranks 29th in the nation for risk of social isolation in adults age 65 and older, dropping from a ranking of 25th in the nation in 2020. Isolation and loneliness lead to greater rates of depression (13.1% of older adults in Nevada), however factors such as transportation, income, and access to services limit people's ability to access mental health treatment.

Suicide

Suicide is a continuing risk across all populations in the U.S., with an estimated attempt of suicide happening every 27 seconds. In Nevada, the rate of suicide among older adults ranges from 22.4% for people in the 55-64 age group but climbs to 68.4% for people 85 and older (Fig. 22). These rates are significantly higher than the U.S. rates for the total age group of people 55 and older. Factors such as high risk of social isolation, economic concerns, and overall health status of older adults lead to high rates of suicide. According to the 2022 America's Health Ranking report, Nevada ranks 48th in the nation for the rate of suicide among adults age 65 and older.

FIGURE 22: SUICIDES BY AGE GROUP, 2012-2021

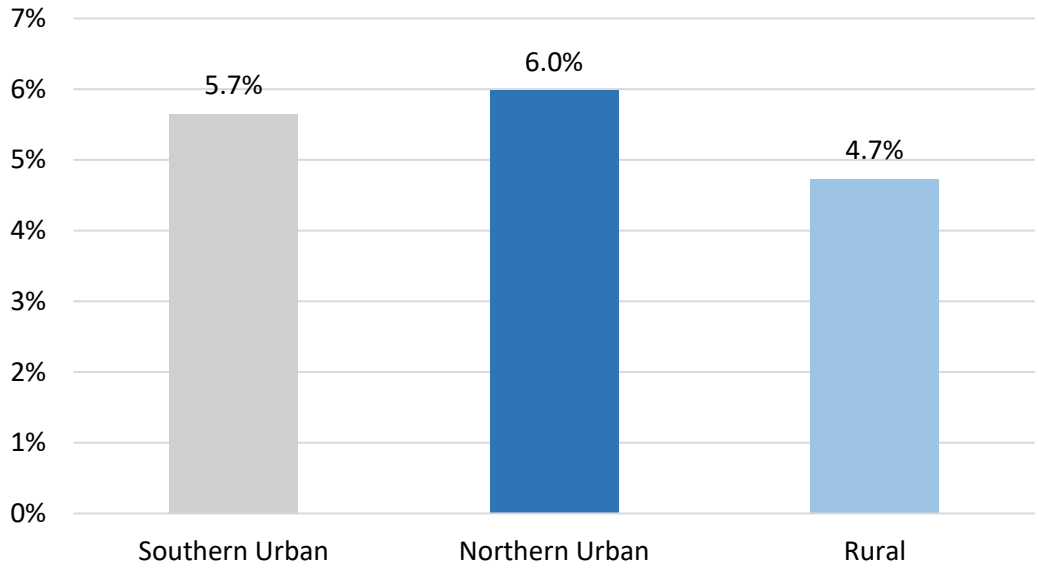


(Source: Nevada Electronic Death Registry System (EDRS), Nevada State Demographer; Centers for Disease Control and Prevention - WONDER Online Database)

Veterans

In Nevada the percentage of veterans who report thoughts of suicide increased in all regions from the 2021 report. The Northern Urban region saw the biggest increase going from 1.8% previously to 6% in this report (Fig. 23).

FIGURE 23: NV VETERANS, THOUGHT OF SUICIDE IN PAST YEAR, AGE 55 AND OLDER, 2019



(Source: Behavioral Risk Factor Surveillance System)

Health Risks and Behaviors

The health of a population is dependent on many different factors; however, some factors can be better predictors of health and future healthcare needs. Risk factors include declines in physical health, substance use or abuse, and prevalence of chronic disease. As people age, they use more health care resources. Supporting people in managing risk and connecting with services early is key to facilitating better health outcomes as people age.

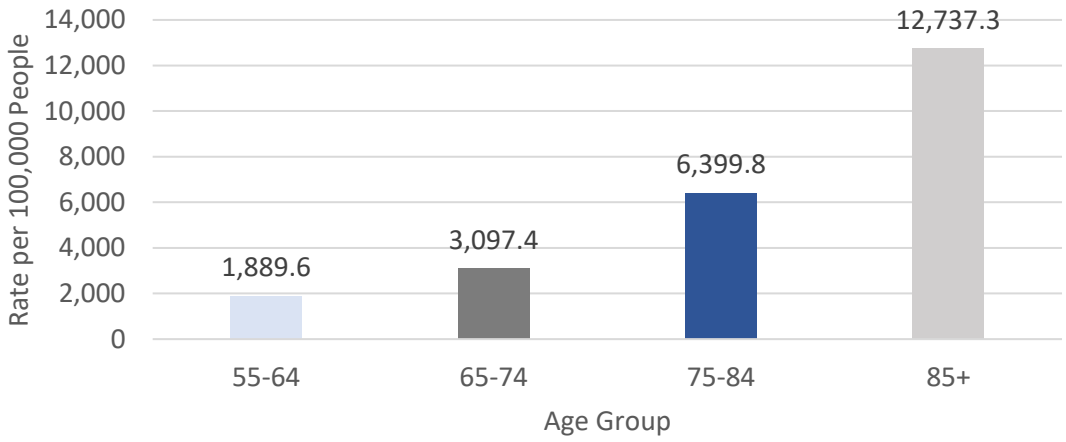
Highlights

- Falls double from the age 75-84 group to the 85 and older group (Fig. 24).
- 2 or more Readmissions from falls is above 12% across all age groups (Fig. 25).
- Mortality rate among the age 85 and older is nearly 4 times that of younger age groups (Fig. 26).
- Most individuals do not report confusion or memory loss (Fig. 27).
- About 20% of individuals report confusion or memory loss interfering with their daily lives (Fig. 28)
- In Nevada, 5 of 7 leading chronic conditions correlate with heart disease (Fig. 29).
- People age 85 and older, make up the largest share of individuals in the “normal weight” range (Fig. 30).
- Nevada age 55 and older reporting heavy alcohol use is slightly increasing since 2017 (Fig. 31).
- Alcohol related emergency department visits is highest for the age group 55 to 64 (Fig. 32).
- The rate of hospitalizations due to drug overdose is higher for the age group 85 and older, but death rates are higher in the 55-65 group (Fig. 33 and 34).
- Gambling Addition is around 14% for people age 65 and older (Fig. 35).
- Vaccinations and cancer screenings are relatively high for older adults in Nevada (Fig. 36 and 37).
- Self-Neglect is the most substantiated Adult Protective Services case (Fig. 39).

Falls and Fall-Related Injuries

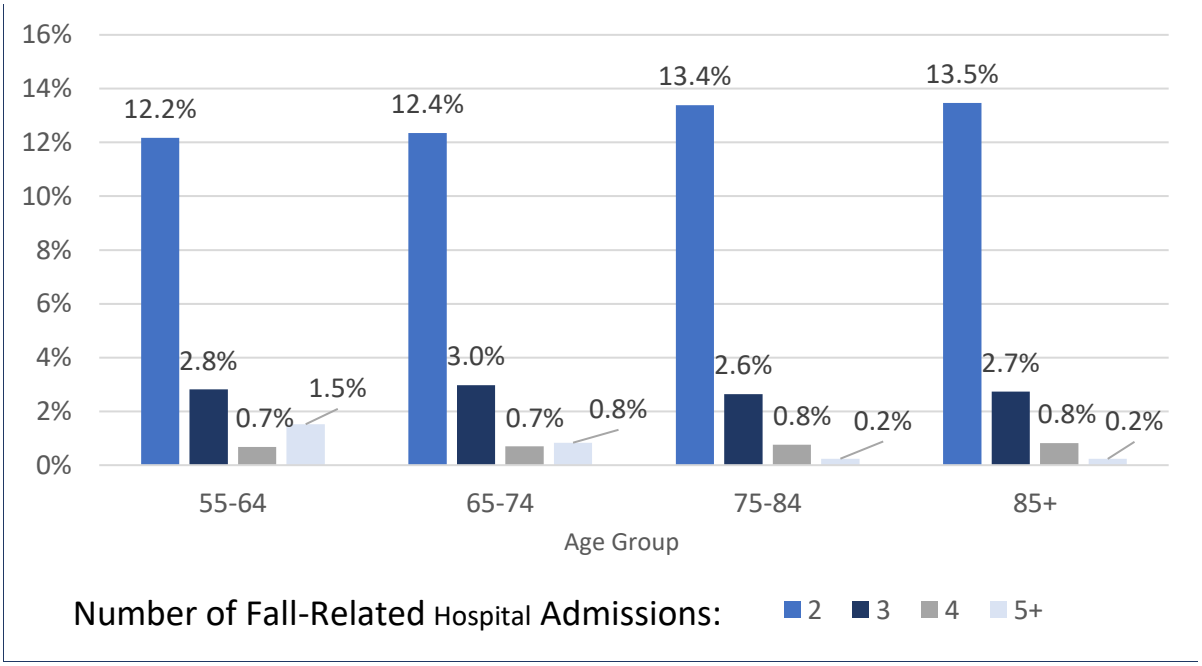
The incidence of falls significantly increases with age almost doubling every ten years. The rate of falls doubled from 6,339.8 per 100,000 population people aged 75 to 84 to 12,737.3 per 100,000 population for those aged 85 and older (Fig. 24). Across all age groups the rate of falls increased over the 2021 Report in Nevada. Falls are particularly dangerous after an acute care hospital stay and contribute to increased 30-day hospital readmission rates, particularly in older populations (Fig. 25). In 2021, the percentage of 2 hospital admissions that were related to falls increased across all age groups from the previous report.

FIGURE 24: NV RATE OF FALLS BY AGE GROUP, 2021



(Source: Nevada Center for Health Information Analysis (CHIA); Nevada State Demographer)

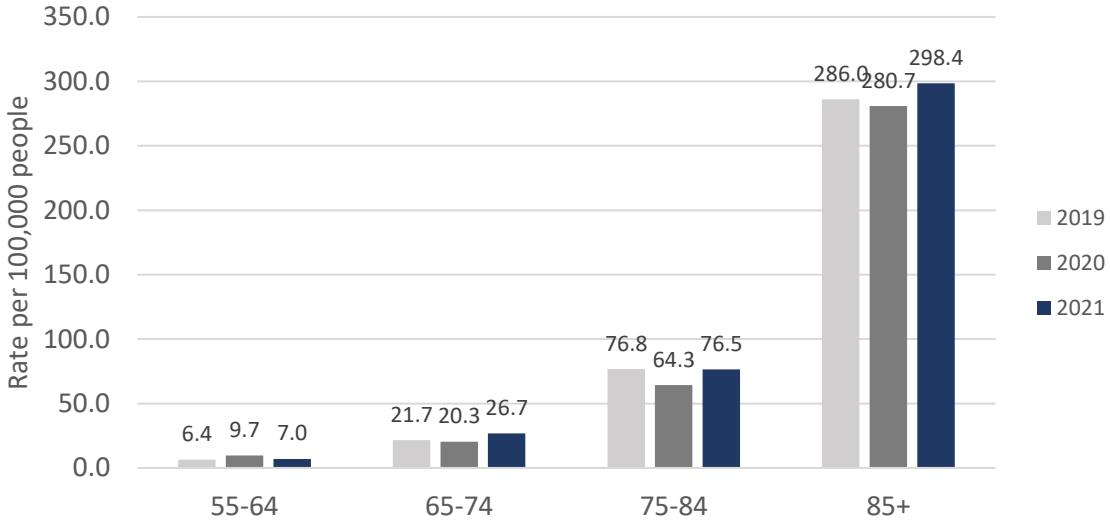
FIGURE 25: NV FALLS READMISSIONS WITHIN 30 DAYS BY AGE GROUP, 2021



(Source: Nevada Center for Health Information Analysis (CHIA))

Even more alarming is the rate at which the mortality rate increases with age. In 2021, for people age 85 and older, the mortality rate is nearly 4 times that of people aged 75-84 increasing from a rate 76.5 per 100,000 population to 298.4 per 100,000 population (Fig. 26). Across all age groups the falls mortality rate increased from 2019 to 2021, despite a slight dip in 2020.

FIGURE 26: NV FALLS MORTALITY RATE BY AGE GROUP



(Source: Nevada Electronic Death Registry System; Nevada State Demographer)

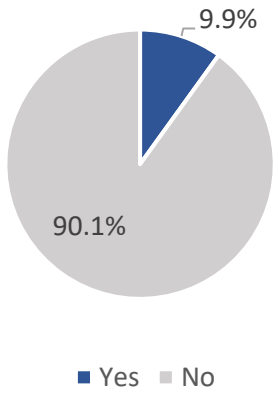
Cognitive Decline

The 2021 Alzheimer's Facts and Figures report estimates over 64,000 Nevadans will be living with Alzheimer's by 2025, that's a 30.6% change from the 2020 estimates and makes Nevada the third fastest growing state in Nevada. The cost to Medicaid to care for people living with Alzheimer's is estimated at $203 million.

Alzheimer's disease is just one of several dementias impacts people throughout the aging process. Along with a shortage qualified professionals to screen and diagnosis, dementia the stigma associated with dementia prevents many individuals from discussing cognitive decline and memory issues with their health care providers. Early diagnosis of dementia helps individuals and families prepare and plan for later-stage care. Early diagnosis also allows people to live well with dementia, sometimes for decades.

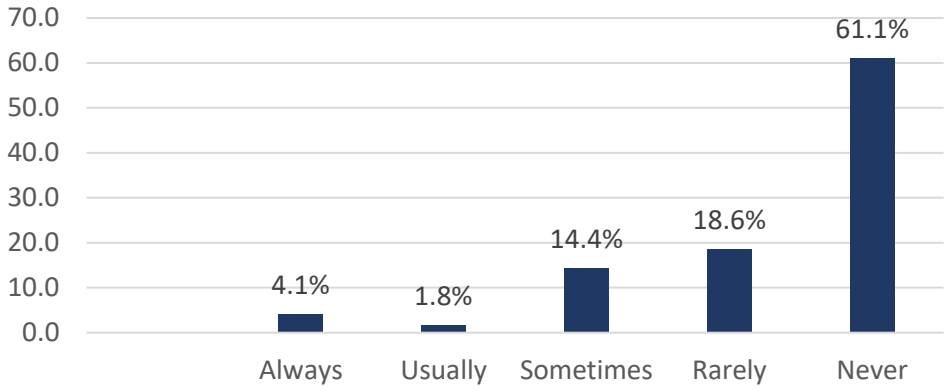
In 2020, the CDC Behavioral Risk Factor Surveillance System included the Cognitive Decline module. Most individuals do not self-report confusion or memory loss that is happening more often or is getting worse (Fig. 27). In fact, about 20% of individuals report confusion or memory loss interfering with their daily lives in the last 12 months (Fig. 28).

FIGURE 27: % EXPERIENCE WORSENING MEMORY LOSS, 2020



(Source: Behavioral Risk Factors Surveillance System)

FIGURE 28: LEVEL OF MEMORY LOSS INTERFERENCE IN THE PAST 12 MONTHS, 2020

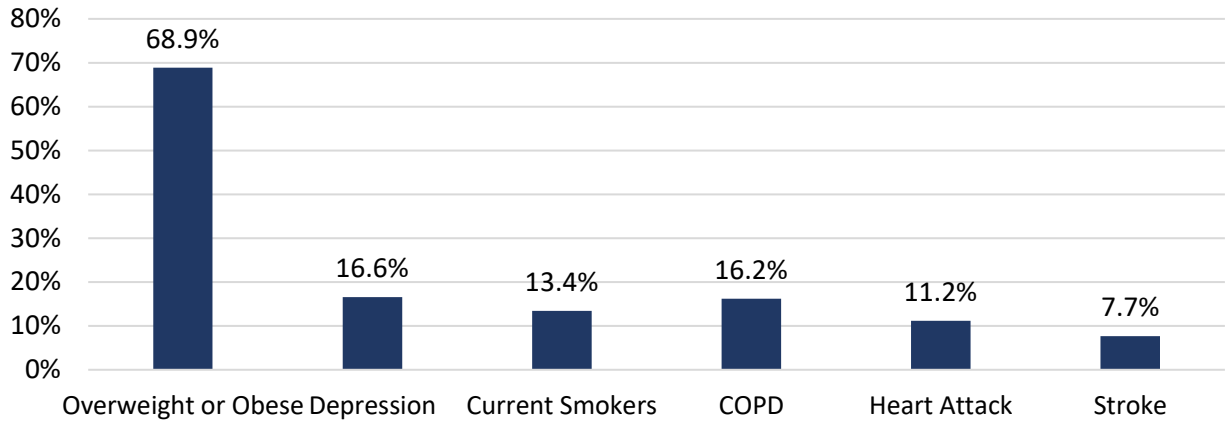


(Source: Behavioral Risk Factors Surveillance System)

Chronic Diseases Overview

Chronic diseases, particularly those associated with heart disease, are a critical indicator of the health of a population given that heart disease continues to be the number one cause of death in the United States. In Nevada, 5 of 7 leading chronic conditions also correlate with heart disease. For people age 60 and older, two-thirds of individuals (68.9%) are overweight or obese (Fig. 29). The prevalence of chronic disease increased in every category from the 2021 report, except for “current smokers” and “stroke”. The prevalence of tobacco use continues to decline, dropping a percentage point from the 2021 report.

FIGURE 29: NV CHRONIC DISEASE PREVALENCE – AGE 60 AND OLDER, 2019-2021

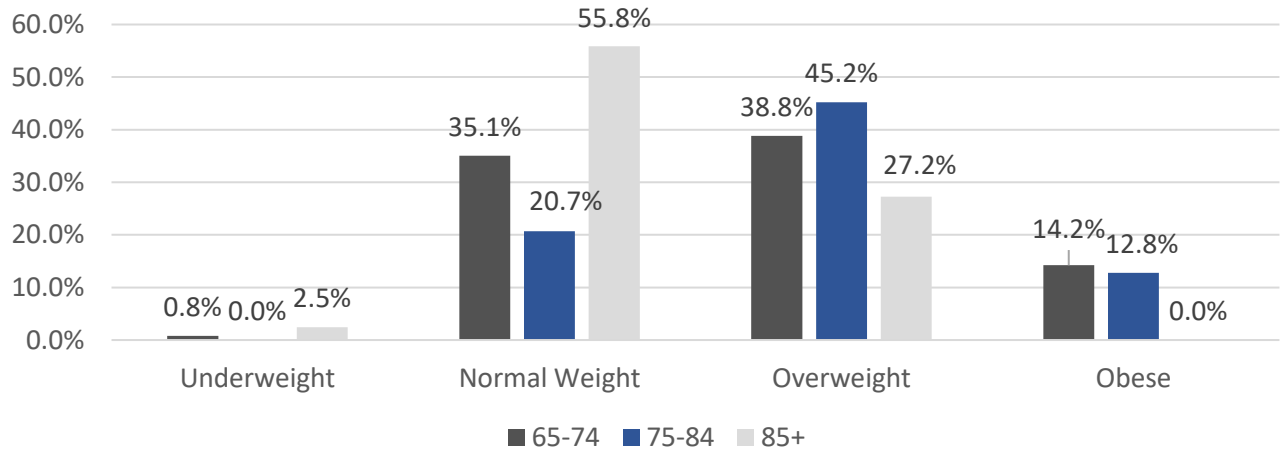


(Source: Behavioral Risk Factor Surveillance System)

Overweight and Obesity

Nearly 70% of people age 60 and older in Nevada are overweight or obese, yet only approximately 30% of people age 55 and older report participating in physical activity or exercise (BRFSS). Although being overweight is not necessarily unhealthy when aging, weight management is critical to preventing obesity. Being obese leads to higher rates of diabetes, heart disease and other medical issues. An interesting observation is that people age 85 and older, make up the largest share of individuals in the "normal weight" range, based on self-reported data (Fig. 30). They also make up the largest share of people underweight (2.5%).

FIGURE 30: NV ADULTS AGE 65 AND OLDER BY WEIGHT CATEGORY, 2020

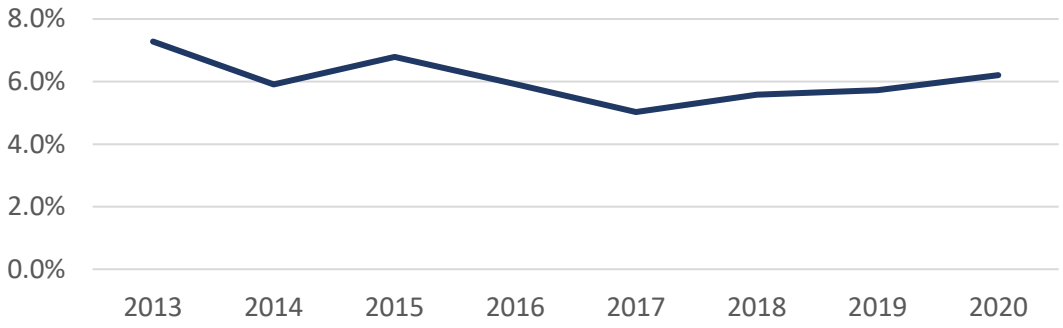


(Source: Behavioral Risk Factor Surveillance System)

Alcohol Use

Heavy alcohol use is defined by the BRFSS as more than two drinks per day for men or more than one drink per day for women. Nevadans age 55 and older reporting such heavy use is on a slight uphill trend since 2017 (Fig. 31).

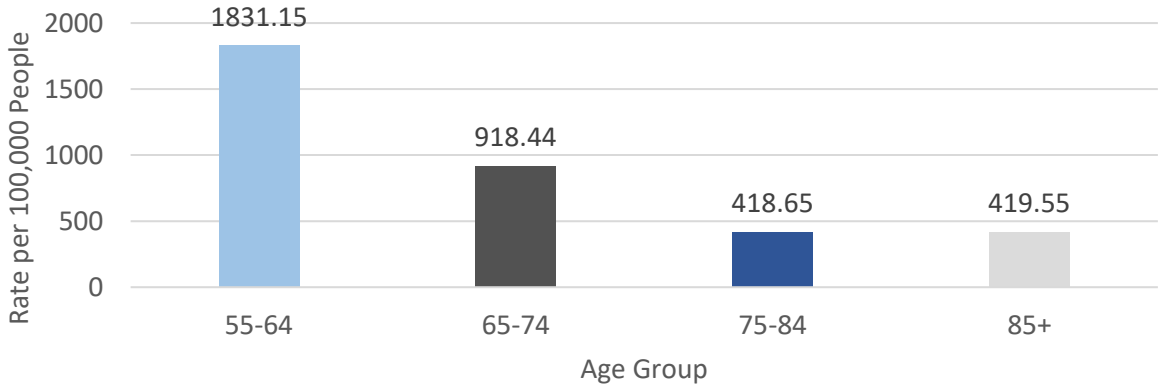
FIGURE 31: NV HEAVY ALCOHOL USE, AGE 55 AND OVER, 2013-2020



(Source: Behavioral Risk Factor Surveillance System)

Among people aged 55 and over, people aged 55 to 64 have notably higher rates of alcohol-related emergency hospitalizations (Fig. 32).

FIGURE 32: NV ALCOHOL-RELATED EMERGENCY DEPARTMENT VISITS, 2021



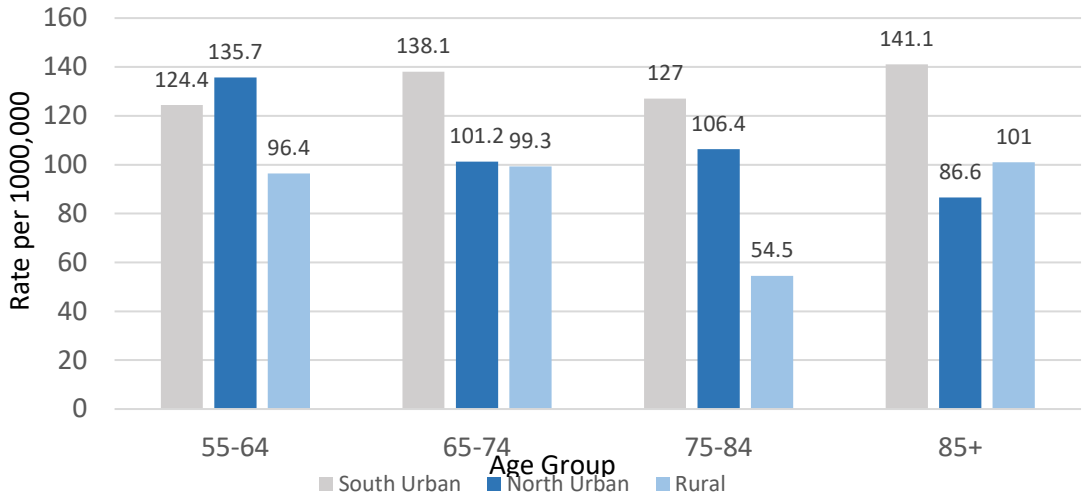
(Source: Nevada Center for Health Information Analysis (CHIA); Nevada State Demographer)

Drug Overdose

While overall the rates of drug overdose related to inpatient admissions in Nevada for people age 55 and older is relatively small, there is an alarming increase in the rate per 100,000 population in people age 85 and older as compared to the 75-84 age group (Fig. 33). The rate of hospitalizations is 58% higher for the older age group and correlates with the increased rate of falls of this age group as discussed earlier. The northern urban region has the highest rates of death related to overdose across all age groups (Fig. 34). According to the Nevada Opioid Response, Drug Overdose Death report, people age 65 and older are about half as likely to die from a drug overdose as younger adults[1].

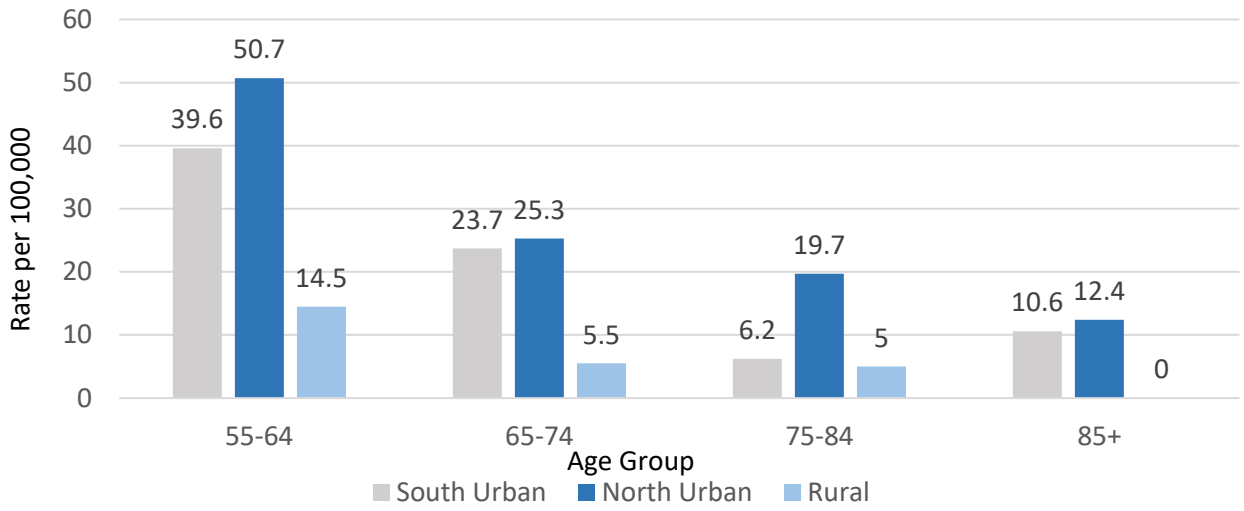
[1] Nevada Opioid Response, 2021 SUDORS infographic 2021 Statewide PowerPoint Presentation (nvopioidresponse.org)

FIGURE 33: NV DRUG OVERDOSE RELATED INPATIENT ADMISSIONS, 2020



(Source: Nevada Center for Health Information Analysis (CHIA); Nevada State Demographer)

FIGURE 34: NV DRUG OVERDOSE RELATED DEATHS, 2020

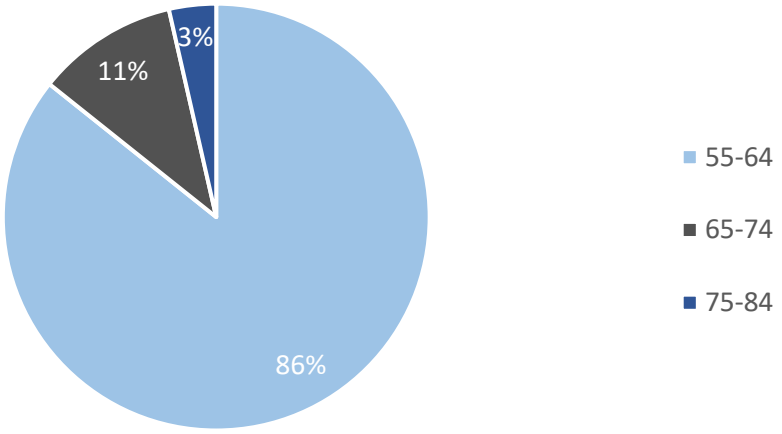


(Source: Nevada Electronic Death Registry System; Nevada State Demographer)

Gambling and Other Process Addictions

While gambling and gambling addictions are of particular concern among older adults, particularly those with fixed-incomes and/or low-incomes, people over the age of 65 are showing responsible gambling. The challenge is in the percentage of people age 55-64 who are diagnosed with gambling addiction, which has increased to 86% since the 2021 Report, while the other two age groups have decreased (Fig. 35). These individuals are likely to have greater debt management issues, decreased resources to support healthy aging, and other risk factors discussed in this report.

FIGURE 35: NV AGE DISTRIBUTION OF GAMBLING ADDICTION DIAGNOSIS, MEDICAID, AGE 55+

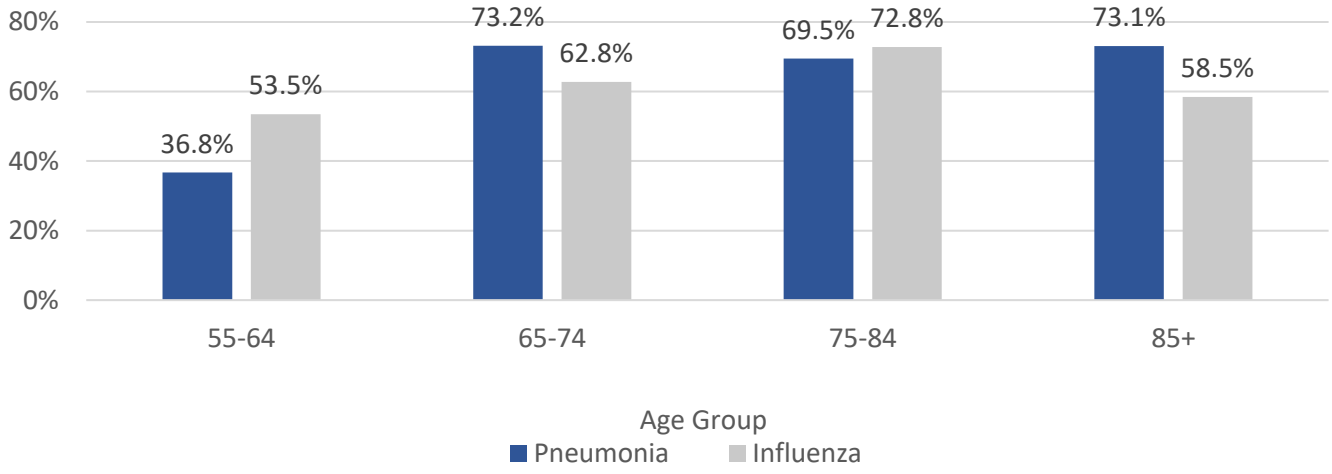


(Source: NV Medicaid Fee for Service Data Warehouse (DSS) and MCO DW Encounters Reports)

Influenza and Pneumonia Vaccinations

Adults age 55 and older in Nevada appear to be receiving regular immunizations to prevent pneumonia and influenza. From the 65-74 age group to the 75-84 age group, the number of people who receive a flu vaccine more than doubles (Fig. 36). Despite these numbers, Nevada rates of vaccination are under 30% as compared to the United States in the 2021-2022 flu season[2].

FIGURE 36: NV INFLUENZA AND PNEUMONIA VACCINATIONS, AGE 55 AND OLDER, 2020



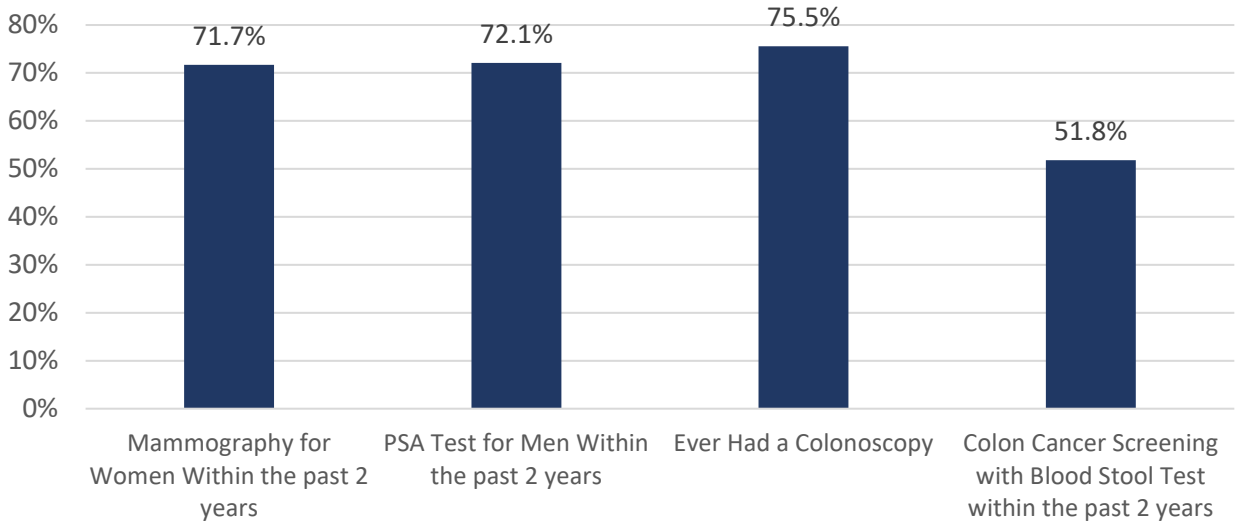
(Source: Behavioral Risk Factor Surveillance System)

Cancer Screenings

Cancer is the second leading cause of death in the United States, although in Nevada the percentage of older adults who are doing their cancer screenings is high. Colon cancer screening is the lowest at 51.8% of the population age 55 and older (Fig. 37).

[2] Monitoring Respiratory Illness in Nevada dashboard, Department of Public and Behavioral Health

FIGURE 37: NV CANCER SCREENING, AGE 55 AND OLDER, 2020

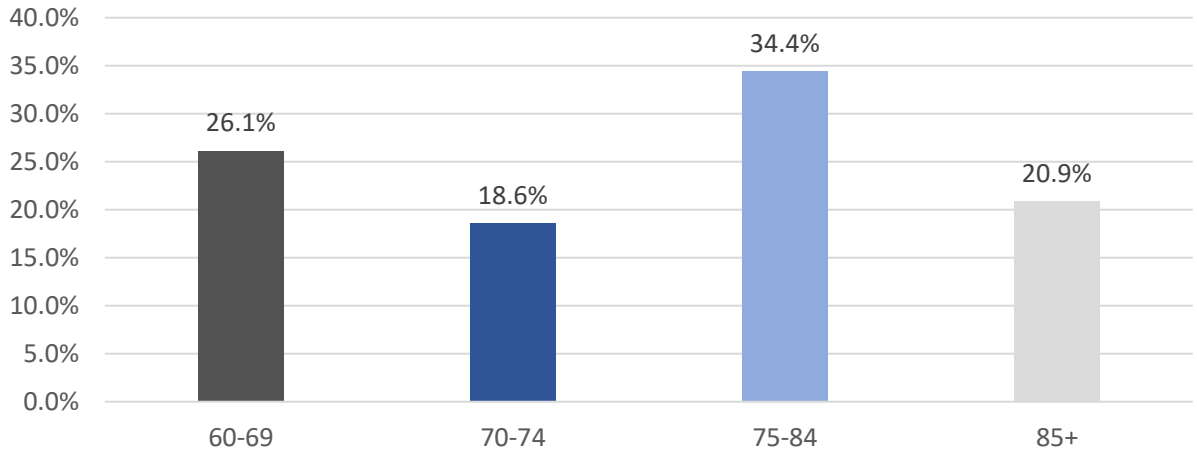


(Source: Behavioral Risk Factor Surveillance System)

Elder Abuse, Neglect, and Exploitation

Elder abuse, neglect, and exploitation is a growing problem in the United States. In 2021, Nevada's largest age group of victims was the 75-84 group, in line with national data (Fig. 38). A victim is an individual who has received an investigation regarding a report of alleged maltreatment and one or more of the allegations is substantiated (NAMRS).

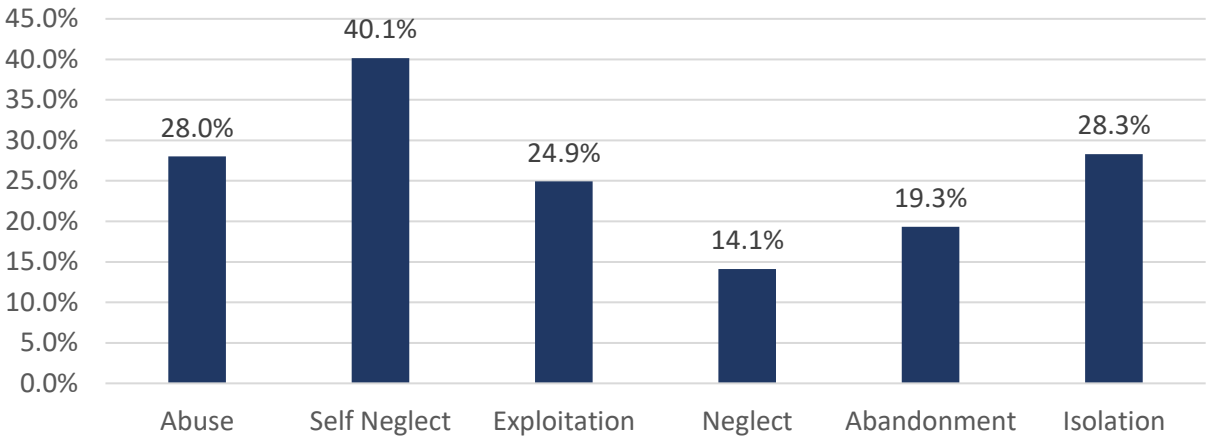
FIGURE 38: NV ELDER ABUSE – VICTIM AGE, AGE 60 AND OLDER, 2021



(Source: Nevada Adult Protective Services System)

There are 6 types of abuse investigated by the Nevada Adult Protective Services program. Self-neglect is the most substantiated type of abuse (40.1%), followed closely by Abuse, which includes physical, sexual, or emotional at 28% (Fig. 39). In addition, Isolation cases tripled since 2019. Substantiated cases are those reports that have been investigated and one or more allegations have been proven.

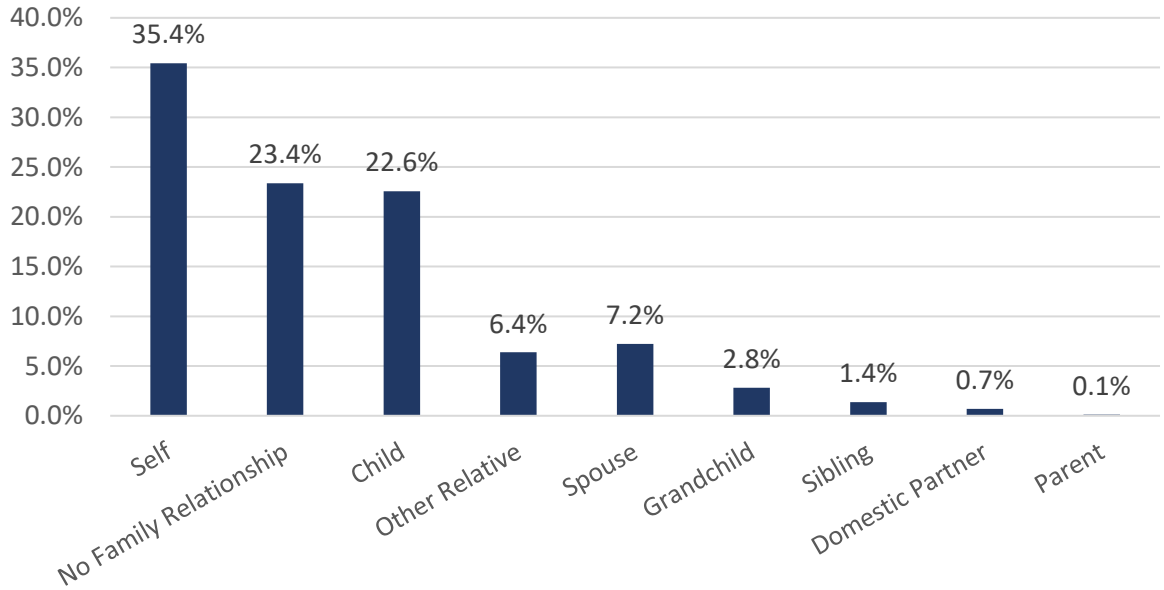
FIGURE 39: NV ELDER ABUSE – SUBSTANTIATED CASES, 2021



(Source: Nevada Adult Protective Services System)

In every investigation, there is a suspect (or perpetrator) of the allegations. With one in three victims being substantiated cases of self-neglect, the suspect in those cases is "self". Across the remaining types of maltreatment, children and individuals with no familial relationship to the older adult make up the largest percentage of suspects (Fig. 40).

FIGURE 40: NV ELDER ABUSE – SUSPECTS, 2021



(Source: Nevada Adult Protective Services System)

Health Care

Since 2010, the United States healthcare system has been undergoing reform beginning with the passage of the Affordable Care Act and subsequent efforts to further reform healthcare. Additionally, as part of healthcare reform efforts many changes have been made to Medicare coverage which includes increased coverage for preventive services, elimination of the coverage gap in the prescription drug program (aka “the donut hole”) and incentives to hospitals to reduce 30-day readmission rates (NCOA).

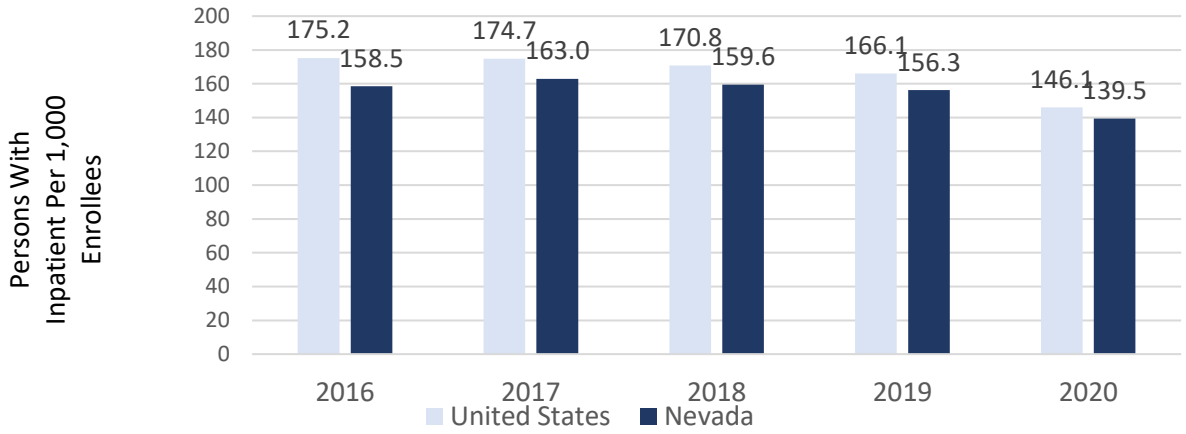
Highlights

- Nevada inpatient hospital utilization is decreasing (Fig. 41).
- Medicare outpatient hospital utilization rates in Nevada have stayed relatively stable between 2016 and 2020, with a decrease in 2020 (Fig. 42).
- Since 2010 the percentage of older adults who are delayed or did not get medical care due to cost has been on a downward trend (Fig. 43).
- Nationally, the largest age group enrolled in Medicare is the 65-74 group (Fig. 44).
- Nationally, Medicaid enrollees age 65 and over is approximately 8% of the total (Fig. 45).
- Most unpaid caregivers have been providing care for 5 or more years (Fig. 46).
- 28.5% of unpaid caregivers report providing 40 hours or more of care per week (Fig. 47).
- For people who have Medicare Part D coverage, the average cost is nearly half the cost of a Private Pay person (Fig. 48).
- Hospital expenditures are the largest healthcare expenses in both the U.S. and Nevada (Fig. 49).
- Long-term Costs have increased across all categories in Nevada (Fig. 50).
- The rate of nursing home residents in Nevada is approximately half of that of the U.S. (Fig. 51).
- Nevada has a significantly higher number of health deficiencies within nursing homes than the U.S. although the percentage that has serious deficiencies is lower (Fig. 52 and 53).

Medical Services Use & Health Insurance Coverage

Data from the Centers for Medicare and Medicaid Services (CMS) shows Nevada's inpatient hospital utilization is lower in Nevada than the U.S. for Medicare beneficiaries. Since the implementation of healthcare reform efforts, Nevada's inpatient hospital utilization rate has gone down. Since 2017, the rate of utilization continues to drop, with a notable decrease in 2020 (Fig. 41). The significant drop in 2020 is likely a result of the COVID-19 pandemic.

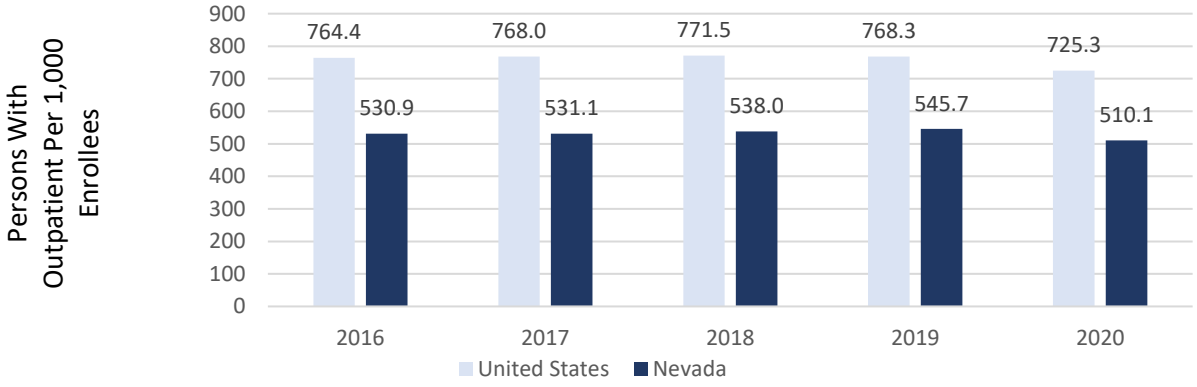
FIGURE 41: MEDICARE INPATIENT UTILIZATIONS, 2016-2020



(Source: Centers for Medicare & Medicaid Services)

Similarly, Medicare outpatient hospital utilization rates in Nevada have stayed relatively stable between 2016 and 2020, with a noticeable drop in 2020 (Fig. 42). Overall, Nevada's outpatient utilizations are significantly lower than national rates.

FIGURE 42: MEDICARE OUTPATIENT UTILIZATIONS, 2016-2020

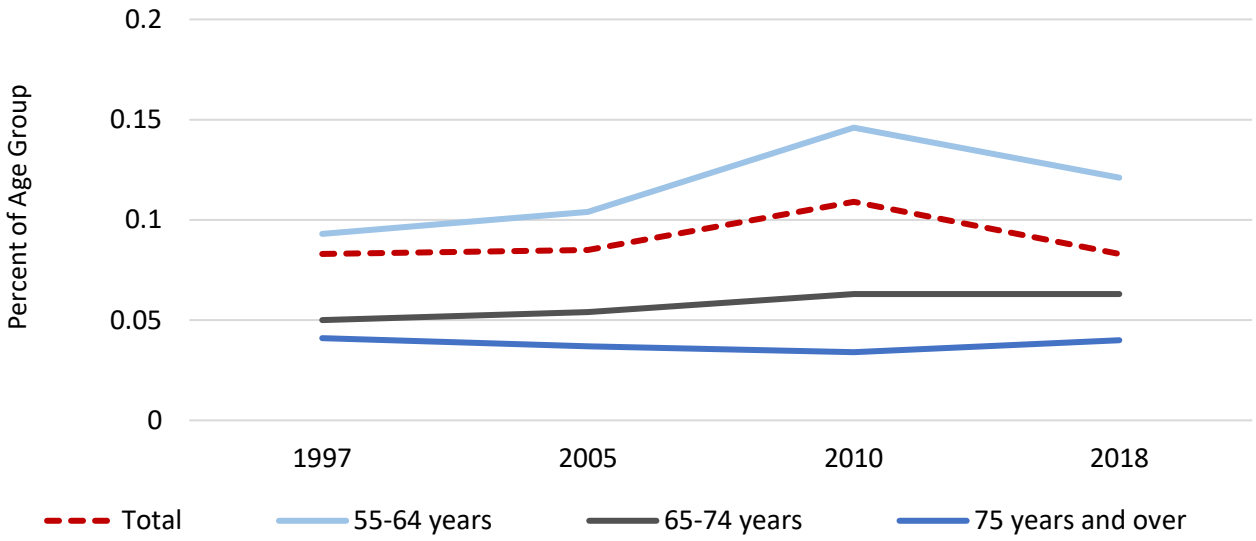


(Source: Centers for Medicare & Medicaid Services)

According to CDC data, since 2010 the percentage of older adults who are delayed or did not get medical care due to cost has been on a downward trend (Fig. 43). It peaked in 2010 but has been steadily declining since the passage of the Affordable Care Act. This is particularly

noticeable in the age group of 55-64. This group accessing healthcare earlier (as opposed to delaying care until Medicare age is reached) theoretically should improve health status and outcomes in later life, although further exploration of data for this age group is needed. This downward trend also coincides with a turn in the economy. As Nevada, and the nation looks towards the future and considers the impact of COVID-19, not only on health status, but on the economy, we may see these trends reverse.

FIGURE 43: US DELAY OR NONRECEIPT OF MEDICAL CARE DUE TO COST



(Source: Centers for Disease Control and Prevention, National Center for Health Statistics)

Medicare and Medicaid Enrollment

Nationally, the largest age group enrolled in Medicare is the 65-74 group, comprising 49.7% of the Medicare enrollees (Fig. 44). According to the Administration for Community Living (ACL), there are 472,585 Medicare eligible individuals in Nevada, and constitute approximately 15% of Nevada's population. Within Nevada, rural counties have a higher percentage per capita of Medicare beneficiaries. Mineral, Nye, and Douglas counties' Medicare eligible population is over 30% of their total population.

Conversely, Medicaid enrollment is much lower for older adults, age 65 and older. Nationally, this age group is approximately 8% of Medicaid enrollees (Fig. 45). While this is a relatively small percentage, the Medicaid-Medicare dual eligible population is the most expensive population in our healthcare system and is largely made up of the age group 65 and older, constituting 59.6% of expenditures in FY2020 (Mapac).

FIGURE 44: U.S. AGE DISTRIBUTION OF MEDICARE ENROLLEES, 2020

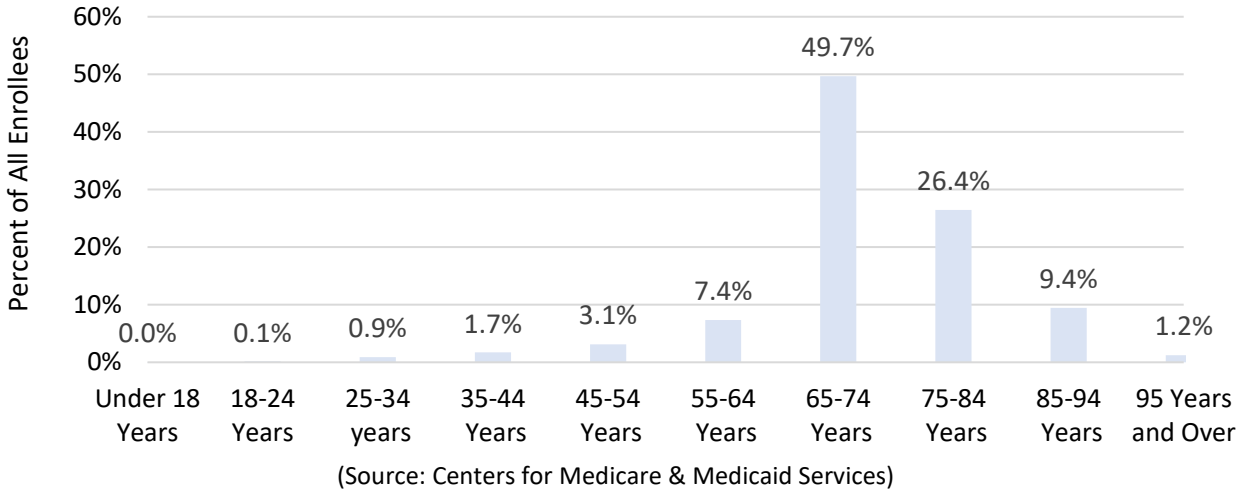
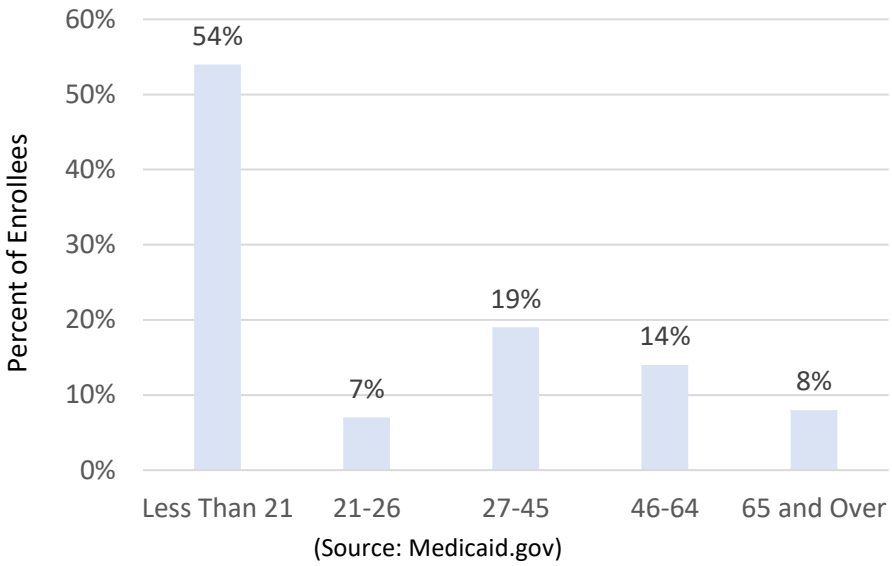


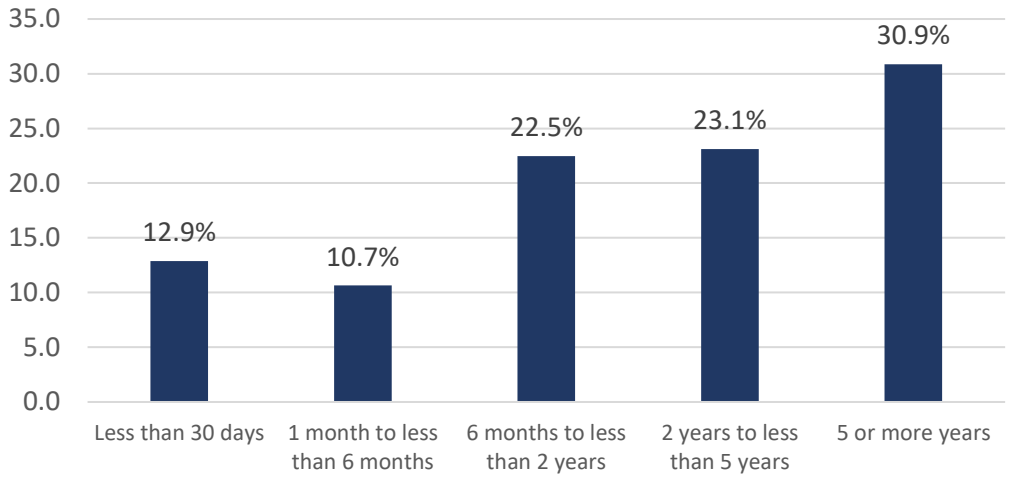
FIGURE 45: U.S. AGE DISTRIBUTION OF MEDICAID AND CHIP ENROLLEES, 2020



Caregivers

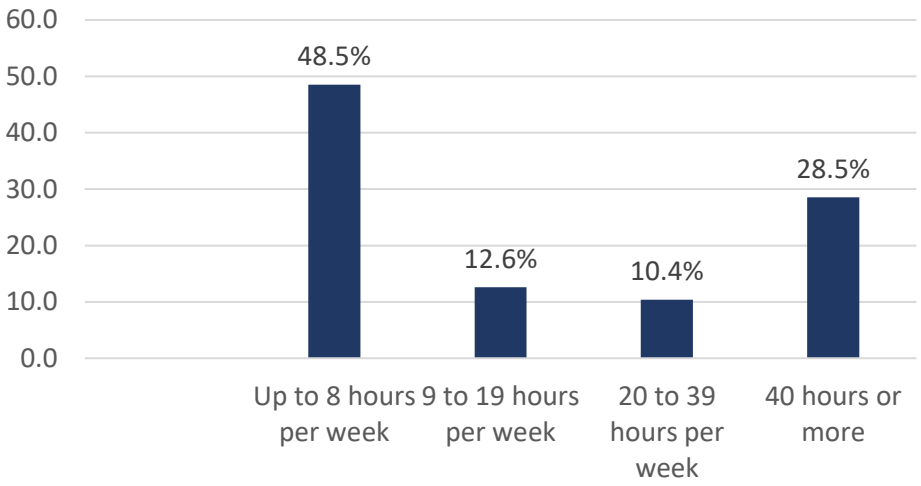
Unpaid family caregivers are woven into the fabric of long-term services and supports system, providing countless hours of care and support for older adults across the United States. In the 2021 CDC Behavioral Risk Factor Surveillance System, 81% of program participants reported providing care to a family member or friend in the past 30 days, while 12% expect to provide care in the next 2 years. Most of these unpaid caregivers have been providing care for five or more years (Fig. 46). On average, most caregivers provide care up to 8 hours per week (48.5%), although 28.5% provide care 40 hours or more per week (Fig. 47).

FIGURE 46: DURATION OF REGULAR CARE OR ASSISTANCE, 2021



(Source: Behavioral Risk Factor Surveillance System)

FIGURE 47: WEEKLY HOURS OF CARE, 2021



(Source: Behavioral Risk Factor Surveillance System)

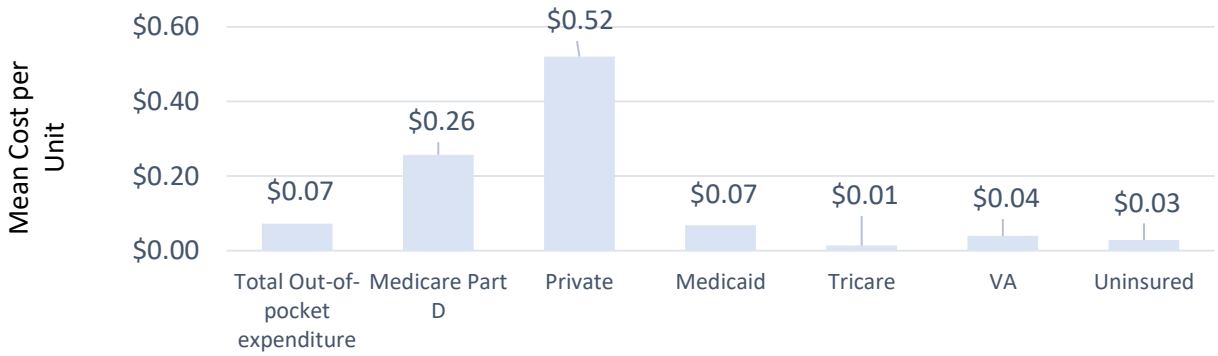
Prescription Drugs

Medicare prescription drug coverage (Part D) is available to all Medicare beneficiaries. Although it is an optional benefit, penalties may be applied if a Medicare beneficiary does not enroll into a prescription drug plan when first eligible. Part D plans are only available through private insurance companies that contract with Medicare. Beneficiaries can choose a stand-alone prescription drug plan (PDP) that works with Original Medicare or a Medicare Advantage Prescription Drug Plan (MA-PD) offered as a set of benefits included with a Medicare Advantage (MA) Plan. In 2020, there were 28 stand-alone PDPs available in Nevada and 100 MA plans offering Part D coverage (CMS PDP landscape and MA Plan landscape).

Since 2016, out of pocket costs for outpatient prescription drugs has decreased dramatically, dropping from a total out of pocket expenditure of $0.78 per unit to $0.07 per unit in 2020.

According to data from the U.S. Department of Health and Human Services, the average cost for people who have Medicare Part D coverage, the average cost is $0.26, half of the cost of a Private Pay person (Fig. 48).

FIGURE 48: U.S. OUT OF POCKET COSTS FOR OUTPATIENT PRESCRIPTION DRUGS, 2020

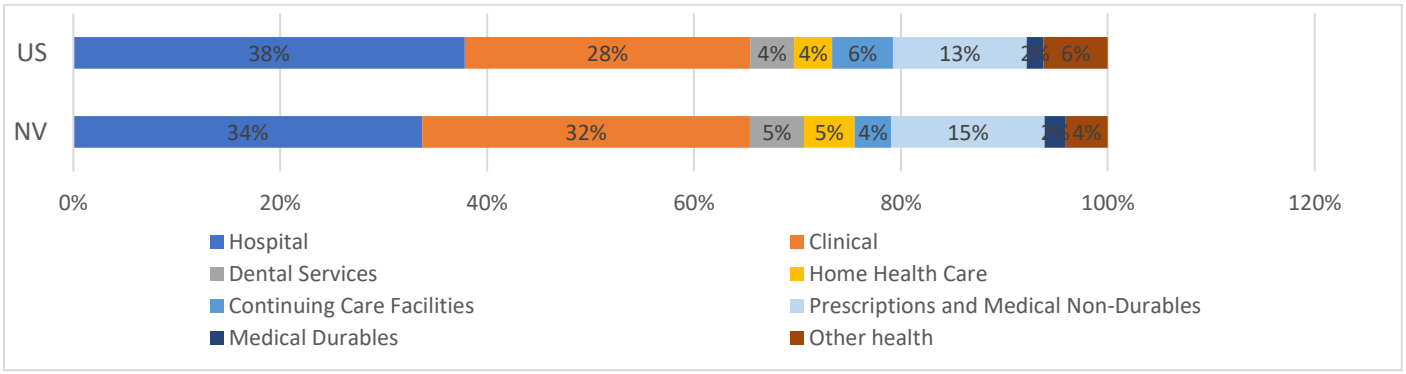


(Source: U.S. Department of Health & Human Services, Medical Expenditure Panel Survey)

Expenditures

Hospital care constitutes the largest health care expenditures in both Nevada and across the United States, with Nevada's hospital expenditures being slightly less than the U.S.(Fig.49). In terms of physician services, Nevada's expenditures in this category are significantly higher than the U.S. expenditures, despite Nevada outpatient utilizations being much lower than the U.S.

FIGURE 49: HEALTHCARE EXPENDITURES BY TYPE, 2020



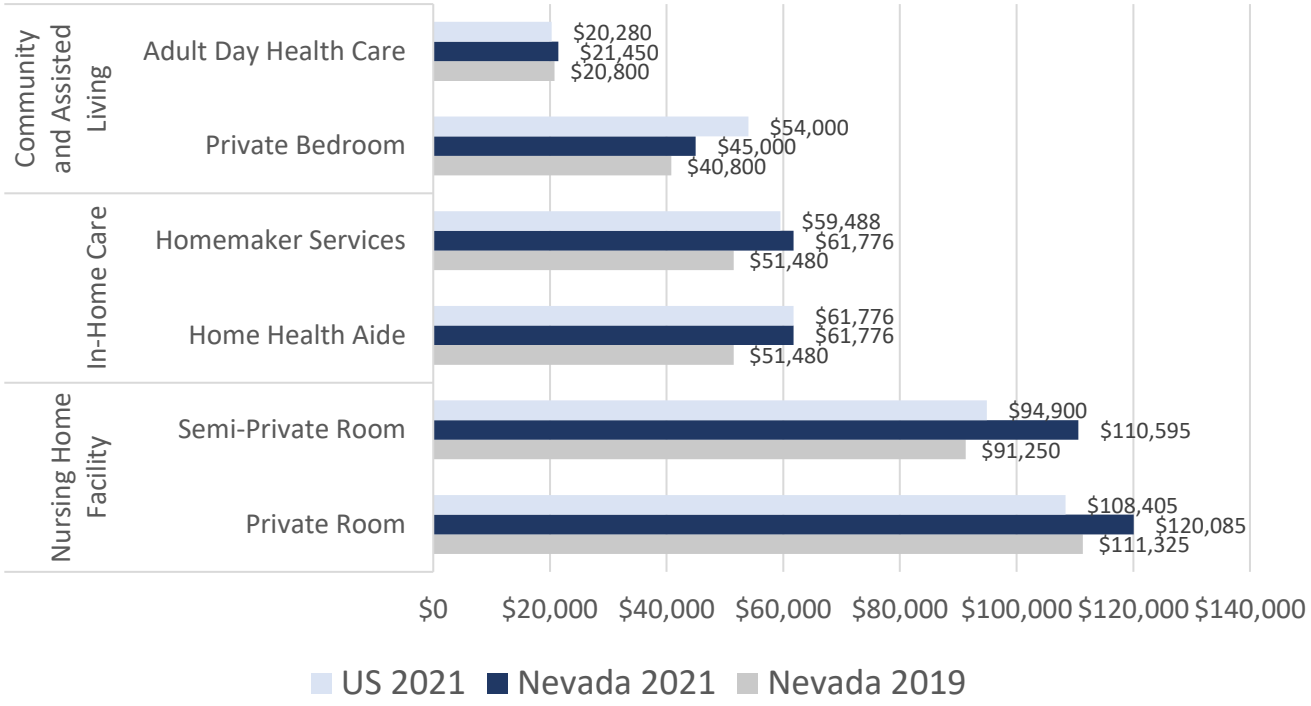
(Source: Centers for Medicare & Medicaid Services)

Long-Term Care Facilities

Since 2012, Nevada Medicaid has been working to rebalance spending on home and community-based care over institutional care. The value of community-based services in both terms of expenditures and quality of life is undeniable, although long-term care facilities are still a critical part of the healthcare infrastructure for many older adults. In-home services are nearly

half the average cost per year than a skilled nursing facility, even as costs increased over 2019 (Fig. 50).

FIGURE 50: MEDIAN ANNUAL COSTS OF CARE, 2021

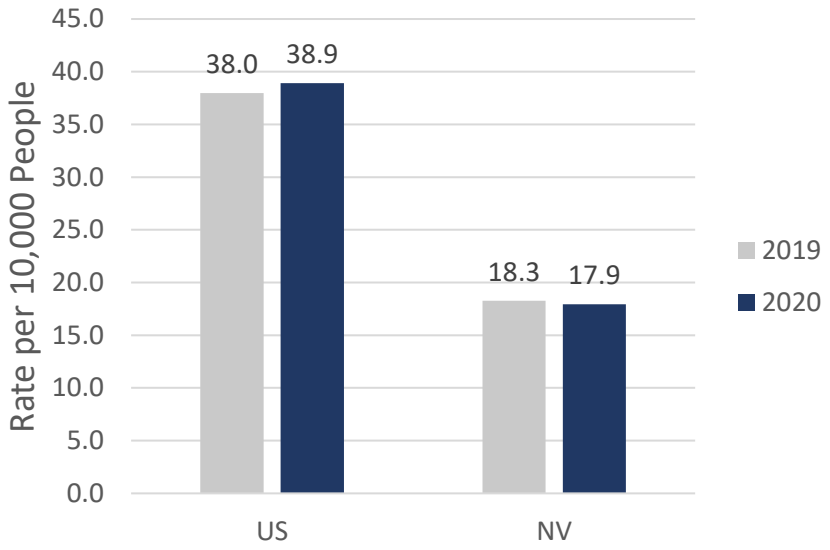


(Source: Genworth Cost of Care Report)

On a national level including in Nevada, states have been working to transform the long-term services and supports (LTSS) system to rebalance spending on community-based services by supporting care transition programs and streamlining access to services. These efforts began with the passage of the Olmstead Decision in 1999 and have continued to grow over the last 20 years.

Alongside these efforts are efforts to reform long-term care facilities, supporting residents' rights, increasing person-centered choice within facilities, and increasing safety standards. Today, Nevada has nearly 7,000 long-term care facility beds. The rate of nursing home residents in Nevada is approximately half of that of the U.S. and has held relatively steady from 2019 to 2020 (Fig. 51).

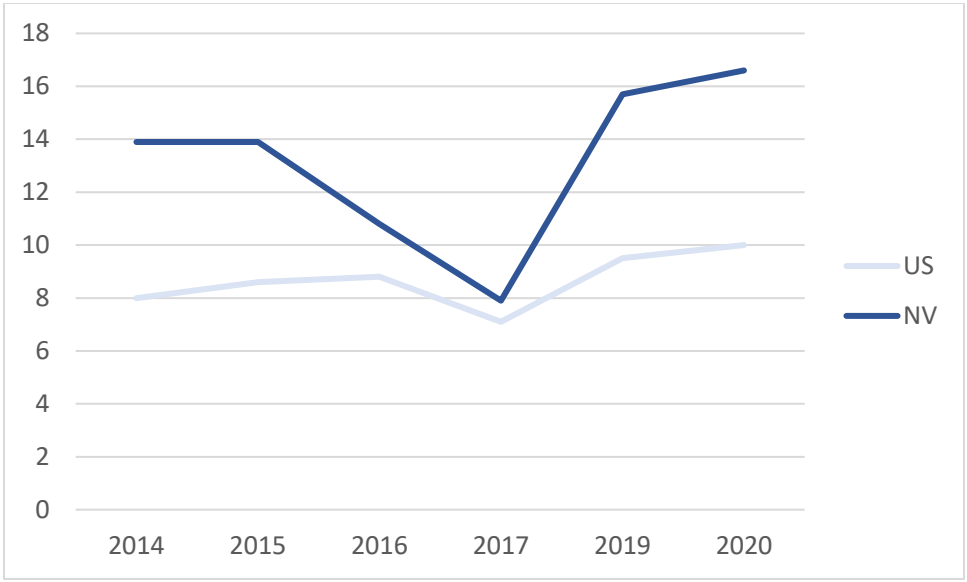
FIGURE 51: NV RATE OF NURSING HOME RESIDENTS, 2020



(Source: Kaiser Family Foundation, U.S. Census)

In Nevada, while the rate of people in a nursing home is relatively low, Nevada has a significantly higher number of health deficiencies within nursing homes than the U.S. (Fig. 52).

FIGURE 52: AVERAGE NUMBER OF NURSING HOME DEFICIENCIES, 2020



(Source: Kaiser Family Foundation)

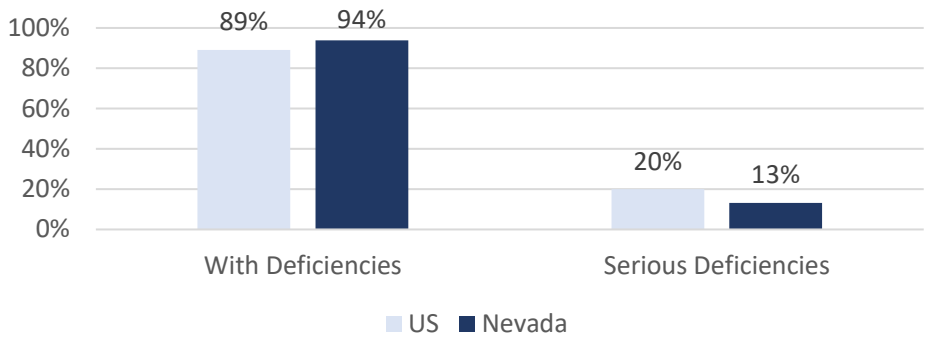
CMS surveys nursing homes each calendar year and the data is reported as part of the Nursing Home Data Compendium. The three definitions used include:

- No deficiencies – no deficiencies were cited during the calendar year.

- Severe deficiencies – citations for actual harm to a resident or an immediate threat to the health or life of one or more residents.
- Substandard quality of care – these are citations that may not result in actual harm or immediate threat but are severe in nature.

Although the average the number of nursing homes with any deficiencies is higher in Nevada than the U.S., the average number in Nevada with serious deficiencies is much lower. (Fig. 53).

FIGURE 53: AVERAGE NURSING HOME DEFICIENCIES, 2014 - 2020



(Source: CMS: Nursing Home Data Compendium 2015)

Strategies

This space is intentionally left blank to note strategies, policy considerations, or action steps.

Infrastructure

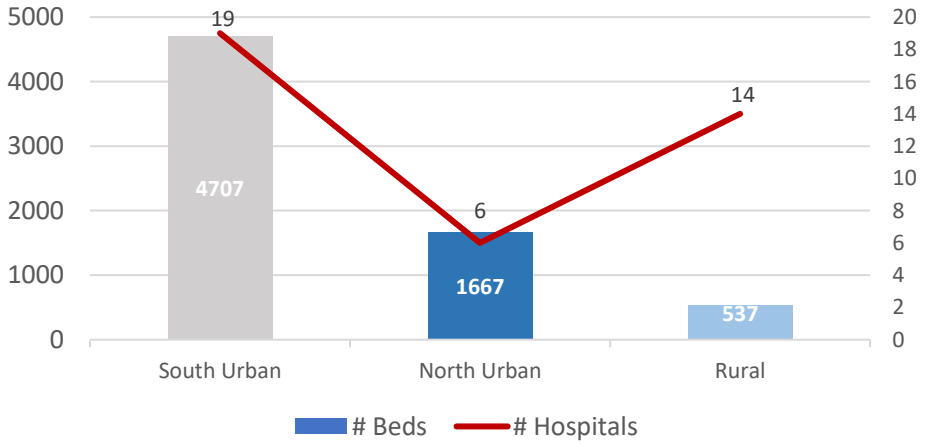
Infrastructure is the framework to support society. In supporting older adults, infrastructure is multi-faceted: healthcare, social services, community, transportation, and more. To support our population growth, healthcare, and community-based living, all these systems must work in concert with each other.

Healthcare Infrastructure

Nevada's healthcare infrastructure in both rural and urban areas is a critical need for older adults. Rural Nevadan's are often forced to travel large distances (both in state and out of state) for healthcare resources and needs, depending on where they live.

Major hospital systems are in more densely packed urban areas. Due to the vast size and rural nature of Nevada, many residents are forced to go out of state to the nearest hospital system for care. While the number of licensed hospitals is roughly the same between Nevada regions, the number of beds is significantly lower in rural areas (Fig. 54).

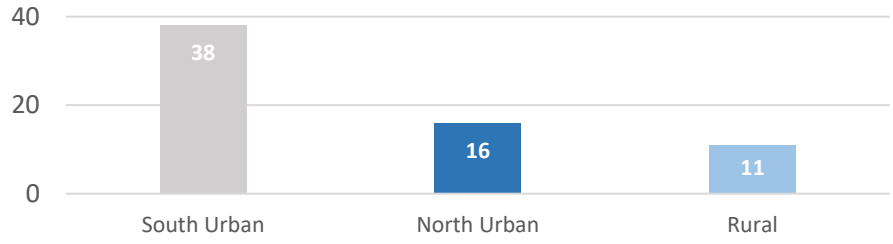
FIGURE 54: NV HOSPITALS AND TOTAL BEDS, 2018



(Source: Division of Public and Behavioral Health, Licensees)

In addition, Nevada has 65 Federally Qualified Healthcare Centers (FQHC) (Fig. 54). A FQHC is a community-based organization that provides comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to all persons of all ages, regardless of their ability to pay or health insurance status.

FIGURE 54: NV FEDERALLY QUALIFIED HEALTHCARE CENTERS



(Source: FindaHealthCenter.hrsa.gov)

Veterans' Health Administration

The Veteran's Health Administration (VHA) provides an infrastructure of support to Nevada's veterans. There are two main VA Medical Hospitals in Nevada, located in Las Vegas and Reno. For northeastern Nevada, veterans must travel to Salt Lake City to access the full range of services available through a VA Medical Hospital. To increase access to primary care, the VA Healthcare System is enhanced through nine community-based outpatient clinics across Nevada.

Due to the shortage of VA healthcare resources nationwide, the VA has also launched the Veterans Choice program that allows veterans to access healthcare through non-VA clinics in rural areas.

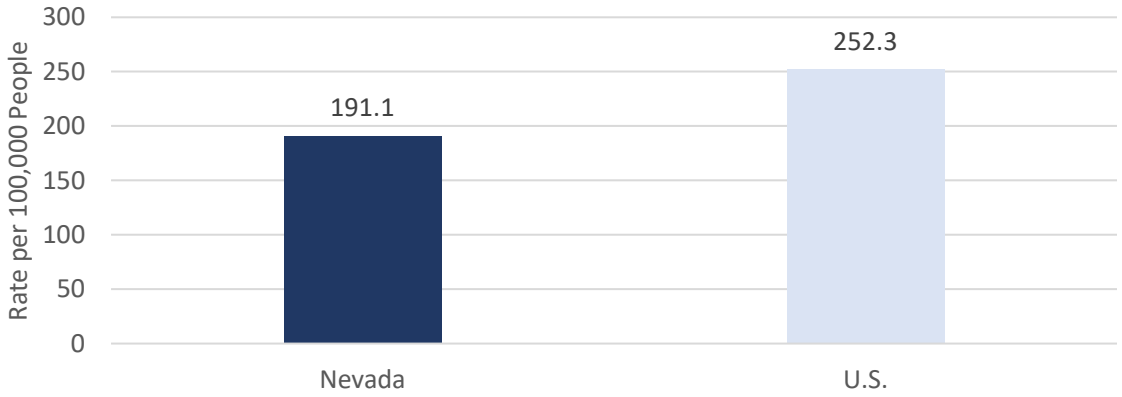
Workforce

As people age they use more health care resources. The aging process means that 70% of the population just turning 60 and older are probably healthier and use their existing primary care providers. Overall, Nevada is experiencing a shortage of primary care providers, as compared to the U.S. (Fig. 55).

Nevada has 438,000 people over the age of 65, of which 12% are at risk for high health care costs. This means 55,000 Nevadans are high risk for more acute medical attention for which there are fewer available specialists resulting in higher costs using emergency services from the health care system.

Long term services staff which delivers most of the health care (e.g., home health care and aging/disabled services), require professional attention. The workforce is estimated to be at 60% of needed staffing to match the national staffing levels.

FIGURE 55: ACTIVE PRIMARY CARE PROVIDERS, 2021



(Source: America's Health Rankings)

In addition, Nevada has a very low number of physicians who are licensed as geriatricians. According to the Department of Employment, Training and Rehabilitation, there are 60 statewide, with the bulk of these (46) based in Clark County. Nevada's Nurse Practitioner and

Physician Assistant workforce makes up a large percentage of the primary care workforce, filling the physician gap highlighted in the 2021 report (rate of 107.4 per 100,000).

Physician shortages are not the only workforce shortages impacting the quality of care and support for older adults in Nevada. In the 80th session of the Nevada Legislature, Assembly Bill 122 was passed for the Department of Health and Human Services to conduct a feasibility study related to establishing assisted living facilities in rural areas that also provide certain other services. The results of this study highlighted workforce shortages across the state.

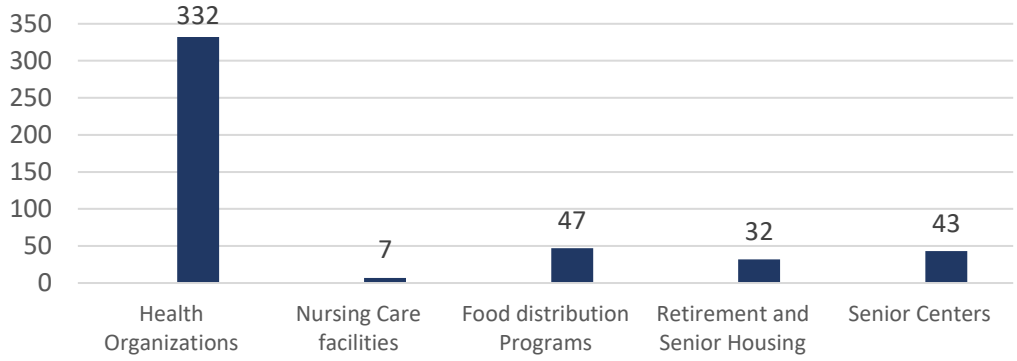
Community Non-Profit Services

Community non-profit services provide the safety-net of support for older adults in Nevada and throughout the United States, often providing critical services not available through other sectors. Nevada ranks at the bottom (last) in terms of the non-profit share to total employment, with limited non-profit coverage across the state.

Looking at non-profit organizational categories that would likely focus on serving older adults, this report considered the following categories: health organizations, nursing care facilities, food programs, senior housing and retirement communities, senior centers, and senior rights. Nevada has 77 registered non-profits that fall within these categories (Fig. 56). These categories are defined by the main mission of the registered non-profit organization. Other categories, such as social services would increase these numbers however, they may not have a senior focus.

Many seniors rely on community non-profits for their daily nutritional needs, in 2016 16,622 individuals, approximately 4% of Nevada's older population, were served through home delivered meal programs and the two largest food banks reported serving over 41,000 older Nevadans in 2016.

FIGURE 56: NV REGISTERED NON-PROFITS BY CATEGORY



(Source: https://www.causeiq.com, retrieved July 2022)

Transportation

While the 21st century has seen an increase in the digital footprint and changed the way people interact with one another and access services, transportation systems are still a fabric of our infrastructure. As people age and capacity to drive independently decreases, transportation systems are foundational to keeping older adults connected with services that maintain their

health and well-being. Transportation is consistently identified as highest rated service for need and missing, or not available as needed.

Nevada's access to transportation infrastructure includes public transportation services (RTC; buses); paid services (Taxicab, Uber, Lyft); connected transportation services (hospitals transports; senior centers, volunteer based); and private (self, friend, neighbor, family).

As expected, transportation services are often more prevalent in urban areas based on population. In 2022, the same as in 2019, Nevada has 5 rural counties that have no public transportation services, meaning limited options for the 3,800+ Nevadans 65 years and older in these counties (Fig. 57).

FIGURE 57: TRANSIT RIDERSHIP - URBAN AREAS, 2022

County	Urban Transit System	Rural Transit Service	No Public Transit Service
Carson City	X		
Churchill County		X	
Clark County	X	X	
Douglas County	X	X	
Elko county		X	
Esmeralda County			X
Eureka County			X
Humboldt County		X	
Lander County			X
Lincoln County		X	
Lyon County		X	
Mineral County			X
Nye County		X	
Pershing County		X	
Storey County			X
Washoe County	X	X	
White Pine County		X	

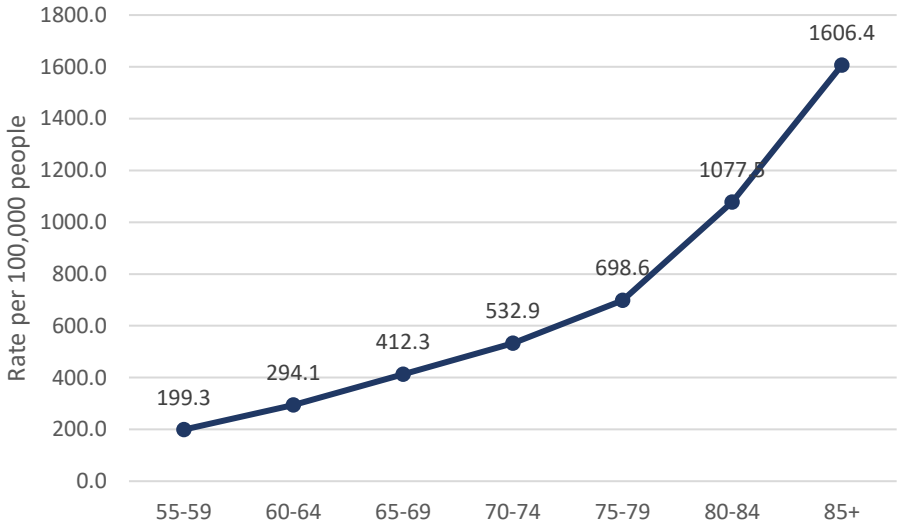
(Source: Nevada Department of Transportation - Public Transportation Providers)

For counties without any public service, as well as the urban and rural counties with public service other transportation systems may exist. These include connected services such as those provided by senior centers, other non-profit organizations, and family/friends.

COVID-19 Pandemic

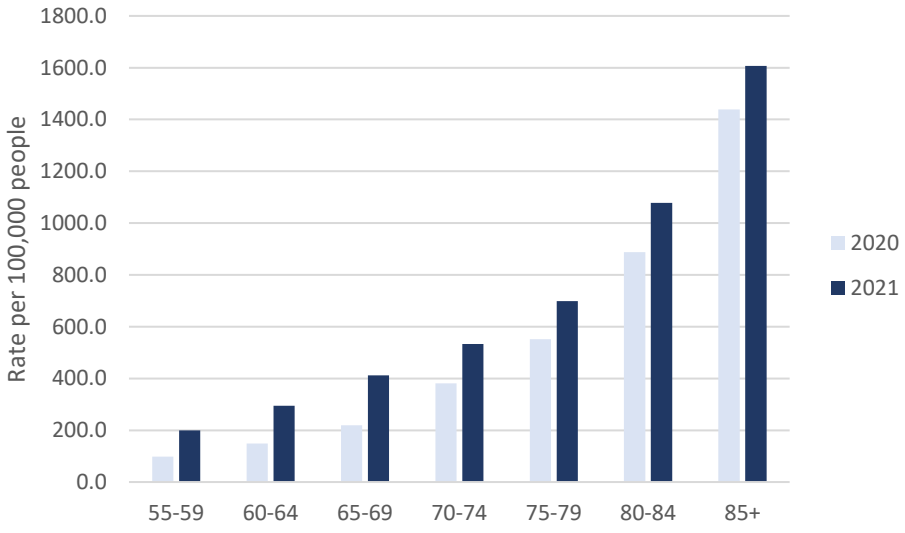
The COVID-19 pandemic will have a long-lasting effect on Nevada and the world. Older adults have disproportionately been affected by this pandemic due to the health, social, and economic impacts that have been realized. Older adults not only face higher rates of infection and mortality of the virus itself, with rates of death more than tripling between the Age 70-74 group and the Age 85 and older group (Fig.58). Additionally, deaths from the virus increased slightly from 2020 to 2021 (Fig. 58).

FIGURE 58: NV COVID-19 DEATH RATES, AGE 55+, 2021



(Data Source: Electronic Death Registry System, State Demographer)

FIGURE 58: NV COVID-19 DEATH RATES, AGE 55+, 2020 - 2021



(Data Source: Electronic Death Registry System, State Demographer)

Throughout this report, the impact of the COVID-19 pandemic on older adults is beginning to become more visible, including:

- More older adults living in poverty (Fig. 12).
- Upward trend of heavy alcohol use in 2020 (Fig. 31).
- Increased number of people in the 55-64 age group with a Gambling Addition Diagnosis (Fig. 35).
- Increase of self-neglect cases substantiated by Adult Protective Services (Fig. 39).
- Lower rates of outpatient care in 2020 (Fig. 42).
- Rising median annual costs across all long-term services between 2019 and 2021 (Fig. 50).

This report will continue to monitor COVID-19 pandemic impacts in the coming years as the economy, health systems, and the population recover.

Data Limitations, Challenges, and Cautions

All reports have inherent limitations that could influence the reliability and validity of the information presented. While citing all data limitations is not possible, key limitations, challenges and cautions are included in this section.

Data cited in this report are from nationally recognized, reliable sources. The data also are secondary, which means that we did not develop the surveys, collect the information, or analyze the data. As such, we cannot account for the data collection processes, the possibility of response bias, problems due to small sample size, conflicting data, or error. In addition, the dates of available data varied from 2014 - 2021 across (and even within) sources. Differences in years of data collection complicated efforts to make comparisons. Therefore, we reported some of the information by year without comparison. Finally, even with efforts to cross-validate information over multiple sources, it is still a possibility that results were misinterpreted.

Other challenges related to the lack of national- and state-level data specific to the senior population. This was particularly apparent when researching information about illicit substance use and gambling among older Nevadans, researching data on older Nevada veterans, and getting adequate sample sizes in surveys completed by underrepresented populations. National sources such as the Substance Abuse and Mental Health Services Administration (SAMSHA), National Survey on Drug Use and Health (NSDUH) surveys report use and dependence data only through age 59. This makes it difficult to capture a good picture of substance use issues among the nation's older adults. With gambling prevalence, we found a lack of reliable data regarding issues relating specifically to Nevada's older adults.

It was challenging to find information specifically about older veterans in Nevada because this population has not been on the radar of researchers. Finally, BRFSS samples sizes from underrepresented groups such as Blacks, Asians, etc., were too small to ensure reliability. We chose not to use these data, even though this left gaps in the available information. As a result, interpretations of the existing data must be made with caution.

It is important to consider that participant bias may have skewed survey results, demographics and prevalence rates. A respondent may inflate measures related to education and income while understating other measures such as weight and number of alcoholic drinks consumed. Although retrospective accounts are understandably inaccurate and unreliable, trend data is not as sensitive to respondent bias because individuals are less likely to report with systematic bias over time. In addition, if some respondents choose not to answer specific questions, nonresponse bias may occur.

In addition to respondent bias, data collection is susceptible to an array of errors, such as misinterpretations of responses by interviewers, data entry errors and missed questions. Errors can occur during data analysis, such as computer coding, scanning, and processing.

Resources such as time for research and development, as well as funding for design and printing limited the scope of this project. In the future, as more data are collected about the older adult population, baselines and/or benchmarks could be established to measure and evaluate Nevada's performance in meeting the needs of its older adults.

Specific Data Source Information

The secondary data contained in this report was collected from a variety of federal, state and private resources. These were chiefly the U.S. Census Bureau, Centers for Disease Control and Prevention (CDC), Henry J. Kaiser Family Foundation, Centers for Medicare and Medicaid Services (CMS), Nevada State Demographer and the Nevada State Health Division.

CDC Behavior Risk Factor Surveillance System (BRFSS)

Due to sampling and weighting procedures, the CDC recommends that caution be taken when interpreting prevalence rates if the unweighted sample size for the denominator is less than 50. Sample sizes of less than 50 were considered potentially unreliable and were used with caution in this report. The result was that responses for certain underrepresented groups were often not captured at all. Thus, caution is encouraged in the interpretation of data.

The Nevada State Health Division is federally funded to collect annual BRFSS data via random phone surveys of Nevada residents and to analyze the results. Although BRFSS data were collected across the state of Nevada, the percentage of older adults within each county ranged from 11.0% of Elko County to 30.5% of Mineral County. Older adults constituted less than a quarter of the population in 12 of 17 counties. In addition, the percentage of older adult participants was small; therefore, the responses received from older adults may not be reflected adequately in this report.

CDC National Center for Injury Prevention and Control

This organization, which obtains much of its data from the National Center for Health Statistics, recommends caution with sample sizes of less than 20. Most health data on Nevada older adults were not analyzed for prevalence and trends across races or older age groups because sample sizes were too small.

U.S. Census Bureau

The Census Bureau collects data through the mail, over the phone, and in person for its decennial census. The American Community Survey (ACS), an ongoing nationwide survey designed to provide communities with a fresh look at how they are changing, is based on a sample of the community. The survey is administered every year to a small percentage of the population. Where possible, five-year ACS aggregate data were used as this provided the most comprehensive data. However, in cases where information was unavailable through this method, the one-year ACS data sets were used. These data sets may not adequately reflect the smaller populations living in the rural/frontier regions of the state.

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