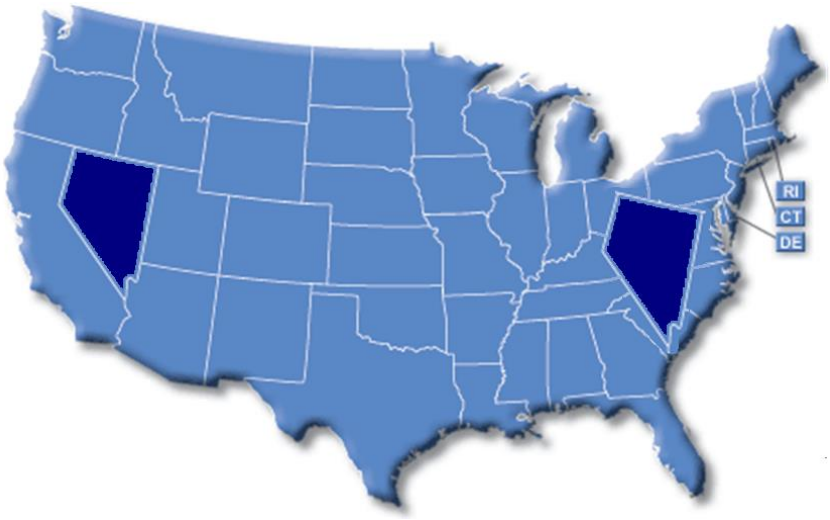
Appendix B: Nevada Geographic and Demographic Data

Understanding the challenges of delivering services in Nevada requires comprehensive knowledge of the state's demography and geography. Both are critical aspects of service access and delivery. The vast geographic and cultural variations throughout Nevada create its truly unique characteristics, relevant to statewide service assessment, capacity and planning.

Nevada Geography

Nevada is the seventh largest (total area, land and water) state in the nation and is located in the Great Basin of the Western United States. It is bordered by five states: Oregon, Idaho, Utah, Arizona and California, and is geographically separated from California by the Sierra Nevada Mountain Range. Its 17 counties encompass 110,567 total square miles. However, based on the most recent Census data, with a population of 2,839,099, Nevada is the 35th least populous state in the nation. (*Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2014, U.S. Census Bureau, Population Division*). The map below, with Nevada superimposed over states in Eastern United States, depicts the geographical magnitude of Nevada, which spans from Northern Ohio to the southern tip of South Carolina.



Several factors of Nevada's geography cause challenges in providing services to its elders.

Nevada is a geographically rugged state - the "most mountainous" state in the country, with more than 300 individually named mountain ranges, and more than 30 mountain peaks exceeding 11,000 feet. (***Wikipedia***)

The state's various regions have diverse land forms, precipitation, vegetation and climate. The highest recorded temperature in Nevada is 125° Fahrenheit in Laughlin on June 29, 1994. The lowest recorded temperature in Nevada is -50° near Elko on January 8, 1937. The state is routinely ranked as the driest state in the nation, with an average annual rainfall of about seven inches and only 761 square miles or 0.7 percent of its land surface covered with water. (*Nevada*

Geography, NETSTATE-http://www.netstate.com/states/geography/nv_geography.htm). Nevada and other Western States are currently in their fourth year of extreme drought conditions.

Nevada is also known for zephyrs, which can exceed 100 mph. Strong winds in Southern Nevada can cause severe sandstorms and bring copious precipitation with sudden flash flooding. At higher elevations, heavy snowfall and freezing temperatures sometimes delay ground and air travel. All of these conditions further isolate remote areas of the state, where roads are not maintained during winter and may be the sole travel route between isolated destinations.

Source: Nevada State Office of Rural Health, Nevada Rural and Frontier Health Data Book -Seventh Edition January 2015.

Transportation services for seniors to access urban areas are critically important in Rural Nevada, because small, remotely located communities do not have an adequate infrastructure to provide the services seniors need to sustain their independent living. The distance between major rural towns averages 100 miles, with distances of up to 180-200 miles in more isolated areas. Ten of 15 county seats average 155 miles from the state's primary aging services centers in Carson City, Elko, Las Vegas and Reno. This also affects many Native American tribes, isolated in rural Nevada.

Most population centers in Nevada are located near tributaries, lakes, reservoirs or major highways, generally separated by large valleys and mountain ranges.

Nevada has only two major Interstate highways, I-80 in the North and I-15 in the South.

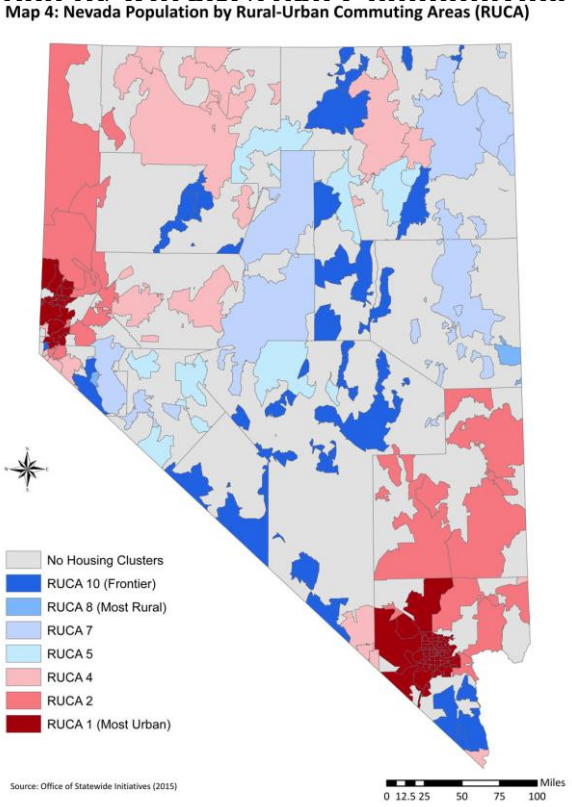
The adjacent map demonstrates the vast distances and limited travel options available in Nevada to many rural and frontier communities.

Population Dispersal and Land Mass

Excluding the urban counties of Clark (Las Vegas), Washoe (Reno) and Carson City, the remaining 14 counties comprise approximately 87 percent of Nevada's land mass but only 9.68 percent 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.

The following map of Nevada provides a graphical display of the population extremes in Nevada with darkest RED representing the most urbanized areas and darkest BLUE representing the most rural areas.

Nevada Population by Rural-Urban Communizing Areas (RUCA)



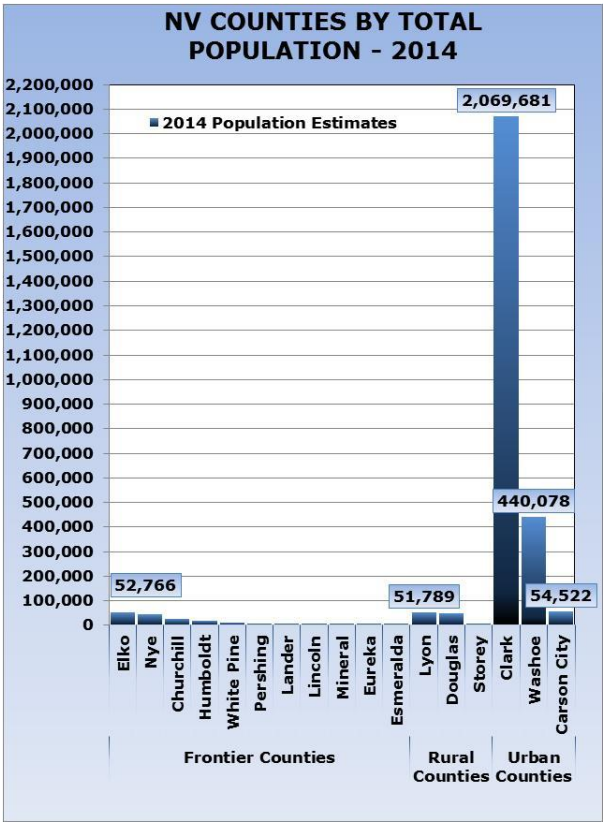
Source: Nevada State Office of Rural Health, Nevada Rural and Frontier Health Data Book – Seventh Edition January 2015.

Nevada's largest county by population is Clark County, located in Southern Nevada. According to the most recent Census data, 72.9 percent of the state's population resides in Clark County, with 95 percent of Clark County's residents living within the Las Vegas Valley. Together, Clark, Washoe and Carson City counties contain 90.3 percent of Nevada's total population. (*U.S. Census Bureau: State and County QuickFacts, 2014 Estimate. Last Revised: Wednesday, 22-Apr-2015 09:00:01 EDT*).

Nye County is the largest county in land area, but contains only 1.5 percent of Nevada's total population. Nevada's frontier counties contain 1.86 persons per square mile, with the sparsest counties containing only one person per five square miles.

The chart and corresponding table on the following page compare Nevada's population and land area. The state's population distribution is strongly influenced by the state's extensive harsh geography, mining, tourism and land ownership.

Nevada has the highest percentage of federally owned land in the country. Federal holdings in the State of Nevada constitute more than 81 percent of the area of the State (*Congressional Research Service, 2010).* Federal holdings include public lands, national forests, wildlife refuges, park lands, monuments, military installations and other federal research facilities, such as the U.S. Department of Energy's Nuclear Test Site. This leaves about 19 percent of state land for private ownership, or state and local control.



Source: U.S. Census Bureau: State and County QuickFacts, 2014 Estimates

NEVADA POPULATION AND LAND MASS						
COUNTY	POPULATION			LAND MASS		
	2014 Population Estimates	60 AND OVER POPULATION	% OF TOTAL POPULATION 60+	LAND AREAS SQUARE MILES	PERCENT OF STATE LAND AREA	POPULATION PER SQ. MILE
FRONTIER COUNTIES						
Churchill	23,989	5,866	24.5%	4,930	4.49%	4.87
Elko	52,766	7,165	13.6%	17,170	15.64%	3.07
Esmeralda	822	282	34.3%	3,582	3.26%	0.23
Eureka	2,018	443	22.0%	4,176	3.80%	0.48
Humboldt	17,279	2,896	16.8%	9,641	8.78%	1.79
Lander	6,009	1,156	19.2%	5,490	5.00%	1.09
Lincoln	5,184	1,424	27.5%	10,633	9.69%	0.49
Mineral	4,500	1,483	33.0%	3,753	3.42%	1.20
Nye	42,282	15,553	36.8%	18,182	16.56%	2.33
Pershing	6,698	1,314	19.6%	6,037	5.50%	1.11
White Pine	10,034	2,172	21.6%	8,876	8.08%	1.13
RURAL COUNTIES						
Douglas	47,536	15,781	33.2%	710	0.65%	72.93
Lyon	51,789	14,048	27.1%	2,001	1.82%	27.10
Storey	3,912	1,521	38.9%	263	0.24%	15.60
URBAN COUNTIES						
Clark	2,069,681	339,390	16.4%	7,891	7.20%	237.01
Washoe	440,078	92,010	20.9%	6,302	5.77%	64.50
Carson City	54,522	14,221	26.1%	145	0.13%	402.52
STATE TOTAL	**2,839,099**	**516,725**	**100.0%**	**109,781**	**100%**	**25.86**
Total Rural	103,237	31,350	6.1%	2,974	2.70%	34.72
Total Frontier	171,581	39,754	7.7%	92,469	84.23%	1.86
Total Urban	2,564,281	445,621	86.2%	14,338	13.11%	178.84

Source: U.S. Census Bureau, 2014 Estimates American Community Survey

Population Growth Rate

Census data continues to demonstrate the extremely high, population growth rate of Nevada, with its estimated total population now at 2,839,099. With the release of the 2010 Census, Nevada added a fourth congressional district. The following table compares states with the highest growth rates, in descending order, with Nevada having the highest population growth rate in the nation for the past six decades.

PERCENTAGE CHANGE IN POPULATION							
State	**2010-2014**	**2000-2010**	**1990-2000**	**1980-1990**	**1970-1980**	**1960-1970**	**1950-1960**
United States	**3.3%**	**9.7%**	**13.2%**	**9.8%**	**11.4%**	**13.4%**	
Nevada	5.1%	35.1%	66.3%	50.1%	63.8%	71.3%	78.2%
Arizona	5.3%	24.6%	14.0%	34.8%	53.5%	36.0%	73.7%
Florida	5.8%	17.6%	23.5%	32.7%	43.6%	37.1%	78.7%
Alaska	3.7%	13.3%	14.0%	36.9%	33.8%	32.8%	75.8%
California	4.2%	10.0%	13.8%	25.7%	18.6%	27.0%	48.5%
Utah	6.5%	23.8%	29.6%	17.9%	37.9%	18.9%	29.3%
Colorado	6.5%	16.9%	30.6%	14.0%	30.9%	25.8%	32.4%
New Mexico	1.3%	13.2%	20.1%	16.3%	28.2%	6.8%	39.6%
Texas	7.2%	20.6%	22.8%	19.4%	27.1%	16.9%	24.2%
Washington	5.0%	14.1%	21.1%	17.8%	21.2%	19.5%	19.9%

Source: U.S. Bureau of the Census. Web: www.census.gov; http://www.demographia.com/db-statepc50.htm

To further illustrate this growth, Nevada:

- Has the highest population percentage increase nationwide since 2000, with an overall population increase of 35.1 percent, while the nation increased by 9.7 percent.
- Henderson, Las Vegas, North Las Vegas and Reno are among the fastest-growing cities in the United States with a population over 100,000.
- Nevada's population is expected to reach 3.3 million residents by 2032. (*Nevada Demographer, Nevada County Population Projections 2014-2033, October 2014*)
- In 20 states, the 65+ population increased by 30 percent or more between 2003 and 2013: Alaska (61.7 percent); Nevada (50.7 percent); Colorado (46.8 percent); Georgia (44.4 percent); Arizona (43.2 percent); Idaho (43.1 percent); South Carolina (43.1 percent); Utah (40 percent), Washington (38.2 percent); North Carolina (38.1 percent); Delaware (37.8 percent); Texas (36.7 percent); New Mexico (36.2 percent); Oregon (33.7 percent); Virginia (33.3 percent); New Hampshire (33 percent); Montana (31.5 percent); Tennessee (31 percent); Wyoming (30.5 percent); and Hawaii (30.3 percent), (*U.S Administration for Community Living, Administration on Aging, A Profile of Older Americans: 2014*)

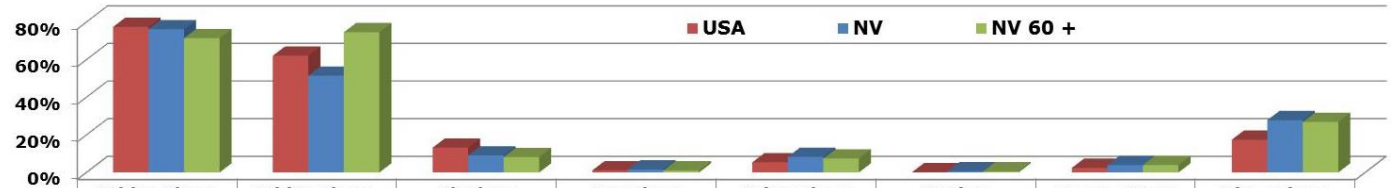
In spite of Nevada's skyrocketing population, senior services funding has remained flat and in some cases reduced, especially in light of Sequestration. The state is challenged in merely sustaining its existing level of vital supportive services, not to mention increasing capacity to adequately serve the growing need and meet future demand.

- From 2000 to 2010, Nevada's population of adults age 60 and older increased by 56.3 percent to 475,283, an increase of 171,212 seniors compared with only a 22 percent increase of this age group nationwide.
- From 2000 to 2010, Nevada seniors age 85 and older increased 77.7 percent to 30,187, an increase of 13,198 seniors compared with only a 29.75 percent increase of this age group nationwide.
- From 2010 to 2014, Nevada's total population increased by 138,407, or 5.1 percent.(*U.S. Census Bureau: State and County Quick-Facts)*

Race/Ethnicity

Along with its population growth, Nevada is rapidly becoming more diverse in terms of the racial/ethnic and cultural characteristics of its population. Persons in Nevada, self-identifying as a minority, almost doubled in the decade 2000 to 2010, from 496,371 in the 2000 Census to 913,863 in the 2010 Census – an increase of 84 percent. The table and graph below show the percentage of minority population, demonstrating that just under half of Nevada's population identifies as a minority.

Nevada (Race and Ethnicity) Percent of Population 2014 QuickFacts and *2013 U.S. Census 5-Year Estimate (Italicized)*			
	NV	NV 60 +	USA
Nevada Population	2,839,099	*500,219*	318,857,056
White Alone	76.2%	*71.4%*	77.4%
White Alone, Not Hispanic or Latino	51.5%	*74.6%*	62.1%
Black or African American Alone	9.1%	*8.2%*	13.2%
American Indian and Alaskan Native Alone	1.6%	*1.1%*	1.2%
Asian alone	8.3%	*7.4%*	5.4%
Native Hawaiian and Other Pacific Islander	0.7%	*0.6%*	0.2%
Two or More Races	4.0%	*4.0%*	2.5%
Hispanic or Latino	27.8%	*26.9%*	17.4%



	White Alone	White Alone, Not Hispanic or Latino	Black or African American Alone	American Indian and Alaskan Native Alone	Asian alone	Native Hawaiian and Other Pacific Islander	Two or More Races	Hispanic or Latino
USA	77.4%	62.1%	13.2%	1.2%	5.4%	0.2%	2.5%	17.4%
NV	76.2%	51.5%	9.1%	1.6%	8.3%	0.7%	4.0%	27.8%
NV 60 +	71.4%	74.6%	8.2%	1.1%	7.4%	0.6%	4.0%	26.9%

Source: U.S. Census Bureau: American Community Survey, 2014 Estimate

Nevada (Race and Ethnicity) Source: 2009-2013 American Community Survey 5-Year Estimates								
	NV	Clark	Washoe	Carson City	Elko	Douglas	Lyon	Nye
Total Population	**2,730,066**	**1,976,925**	**425,495**	**54,821**	**50,023**	**47,035**	**51,648**	**43,368**
White Alone	72.5%	66.6%	81.5%	84.8%	88.3%	89.7%	88.0%	89.0%
Black or African American Alone	8.2%	10.6%	2.5%	1.8%	1.1%	0.5%	1.0%	2.6%
American Indian and Alaskan Native Alone	1.1%	0.6%	1.6%	2.1%	5.4%	2.6%	2.5%	1.8%
Asian alone	7.4%	8.8%	5.3%	2.2%	1.0%	1.2%	1.4%	1.5%
Native Hawaiian and Other Pacific Islander	0.6%	0.7%	0.6%	0.2%	0.2%	0.1%	0.3%	0.3%
Two or More Races	4.0%	4.3%	3.5%	2.7%	1.6%	3.1%	3.5%	1.8%
Hispanic or Latino	26.9%	29.4%	22.6%	21.9%	23.3%	11.3%	15.1%	13.8%

Source: 2009-2013 American Community Survey 5-Year Estimates

Nevada continues to focus service delivery on rural and minority populations, based on its core services model and Older Americans Act priorities, as well as older adults living at or below 100 percent of the Federal Poverty Level. Several evidenced-based programs funded by ADSD reach minority and tribal populations using the "promotora" or community lay leader model.

The table below illustrates that ADSD's aging services grantee client population contains a very high percentage of minority, low income and rural residing older adult Nevadans in comparison to the general population of Nevadans age 60 and older. The demographic data below is collected on Intake Forms for all aging services, grantee clients and then entered into ADSD's Social Assistance Management System (SAMS). Nevada collects other information, such as information on clients with disabilities, i.e. the number of ADL and IADL deficits.

Nevada Population Segment	Percent Minority	Percent @ or	

**ADSD Social Assistance Management System (SAMS) Data for May 2015; entered by grantees.*
*** U.S. Census Bureau, 2009-2013, 5-Year American Community Survey.*

All grantees are required to sign the ADSD Assurances, which in part state:

> "…*funded programs must evidence outreach and ensure service priority to: low income older individuals; low income minority individuals and members of Native American tribes; older individuals with limited English proficiency; individuals at risk for institutional placement and older individuals with the greatest economic or social need and/or seniors with disabilities.*"

Poverty

Approximately 8.6 percent of Nevadans, age 60 and older, live at or below the Federal Poverty Level (*U.S. Census Bureau, 2009-2013 Five-Year American Community Survey*), while about 55 percent of ADSD's aging services grantee clients live at or below poverty.

NEVADA COUNTY	Total County Population	Total Population in Poverty	Population in Poverty (Age 55 to 64)	Population in Poverty (Age 65 to 74)	Population in Poverty (Age 75 and older)	Population in Poverty (Age 65 and older)	Population in Poverty (Age 55 and older)	Percent of Population in Poverty	Population 55+ as a Percent of Total County Population in Poverty	Percent of Nevada Poverty Population
Carson City	52,813	8,557	803	349	269	618	1,421	16.202%	2.691%	2.123%
Churchill County	24,131	3,619	215	128	182	310	525	14.997%	2.176%	0.898%
Clark County	1,952,209	295,724	21,808	12,032	7,723	19,755	41,563	15.148%	2.129%	73.370%
Douglas County	46,630	4,757	592	331	270	601	1,193	10.202%	2.558%	1.180%
Elko County	49,327	4,329	365	154	66	220	585	8.776%	1.186%	1.074%
Esmeralda County	957	213	34	13	27	40	74	22.257%	7.732%	0.053%
Eureka County	1,780	248	39	24	-	24	63	13.933%	3.539%	0.062%
Humboldt County	16,469	2,023	307	51	104	155	462	12.284%	2.805%	0.502%
Lander County	5,723	534	84	37	24	61	145	9.331%	2.534%	0.132%
Lincoln County	4,958	859	56	45	63	108	164	17.326%	3.308%	0.213%
Lyon County	50,881	7,622	883	522	96	618	1,501	14.980%	2.950%	1.891%
Mineral County	4,563	937	122	30	91	121	243	20.535%	5.325%	0.232%
Nye County	42,871	8,111	695	620	285	905	1,600	18.920%	3.732%	2.012%
Pershing County	4,885	879	69	36	24	60	129	17.994%	2.641%	0.218%
Storey County	3,936	179	70	51	-	51	121	4.548%	3.074%	0.044%
Washoe County	419,433	63,298	5,614	2,495	1,636	4,131	9,745	15.091%	2.323%	15.704%
White Pine County	9,093	1,171	160	126	49	175	335	12.878%	3.684%	0.291%
TOTAL	**2,690,659**	**403,060**	**31,916**	**17,044**	**10,909**	**27,953**	**59,869**			**100.0%**

Source: U.S. Census Bureau, 2009-2013 Five-Year American Community Survey

- *Percent of Population in Poverty: Total County Population in Poverty divided by Total County Population.*
- *Population 55+ as a Percent of Total County Population in Poverty: County Population in poverty age 55 and older divided by Total County Population.*
- *Percent of Nevada Poverty Population: Total County Population in Poverty divided by Total State Population in Poverty.*

The tables above and below show the population in poverty by county and assigned age cohorts based on Nevada's estimated total population of 403,060 living in poverty. When comparing

county poverty rates for total population, the three counties with the highest percentage of residents living in poverty are Esmeralda, Mineral and Nye. The three with the least percentage of residents living in poverty are Storey, Elko and Lander.

Nevada counties ranked by per capita income

Rank	County	Per Capita Income	Median Household Income	Population
1	Douglas	$34,123	$60,100	47,536
2	Storey	$33,472	$61,573	3,912
3	Lander	$29,800	$72,742	6,009
4	Washoe	$28,670	$53,040	440,078
5	Elko	$28,358	$70,238	52,766
6	Eureka	$28,056	$64,632	2,018
7	Humboldt	$26,515	$59,472	17,279
8	Carson City	$26,264	$51,957	54,522
9	Clark	$26,217	$52,873	2,069,681
10	Churchill	$24,716	$49,830	23,989
11	White Pine	$24,435	$48,586	10,034
12	Mineral	$23,146	$35,017	4,500
13	Lincoln	$22,879	$40,143	5,184
14	Nye	$21,838	$39,876	42,282
15	Lyon	$21,757	$46,137	51,789
16	Esmeralda	$20,862	$30,284	822
17	Pershing	$18,203	$52,101	6,698
	United States	**$28,155**	**$53,046**	**318,857,056**
	Nevada	**$26,589**	**$52,800**	**2,839,099**

Source: Census Bureau, 2009-2013 Five-Year American Community Survey, State and County QuickFacts

Aging Supportive Services Resources

Nonprofit organizations comprise the majority of social supportive services providers in Nevada's aging services network. According to the National Center for Charitable Statistics, Nevada has fewer nonprofit organizations than other states of comparable size, and has the fewest total nonprofit organizations per 10,000 people. However, when applied to the aging network, these facts are more concerning.

Prior to the "Great Recession," and as a result of population growth and flat funding for aging services, ADSD developed an "Essential Services" model. This model prioritized funding to services that help prevent nursing home admission. In the midst of the "Great Recession," Nevada funding resources dipped significantly, and ADSD implemented a Core Services model, to prioritize funding to services that directly prevent or delay imminent nursing home admission.

The ADSD Aging Services Core Services include:

- **ADULT DAY CARE** provides planned care for dependent adults in a supervised setting during some portion of a day.
- **AGING AND DISABILITY RESOURCE CENTER (ADRC)** provides information, assistance and access into long-term support systems.

- **CASE MANAGEMENT** is a process by which individual needs are identified, and services to meet those needs are located, coordinated, and monitored.
- **HOME CARE** provides services which can include housekeeping, grocery shopping, advocacy and non-medical, in-home care assistance.
- **LEGAL ASSISTANCE** includes counseling and/or representation in civil matters involving housing, consumer rights, health care/public benefits, estate planning and wills, and guardianships.
- **PERSONAL EMERGENCY RESPONSE SYSTEM (PERS)** is an alert button on a personal transmitter, which is worn on the wrist or around the neck. Another PERS service is a volunteer or computer-generated telephone reassurance program.
- **RESPITE CARE** is a non-medical service that provides a caregiver the opportunity to take some time away to do other things while a qualified, temporary caregiver attends to the person needing care.
- **SENIOR COMPANION** provides companionship activities for individuals in their home. Companions may also accompany the client and provide transportation to access services outside of their home.
- **TRANSPORTATION SERVICES** provide safe transportation for access to needed services including meals, medical appointments, social services, adult day care, shopping and socialization.

As demand increases without increased funding, ADSD has less money to grant and this can result in further paring of types of core services funded. This has long-term consequences for community service agencies, which depend on funding from several different sources, including ADSD, to develop organizational capacity.

Healthcare Access Challenges

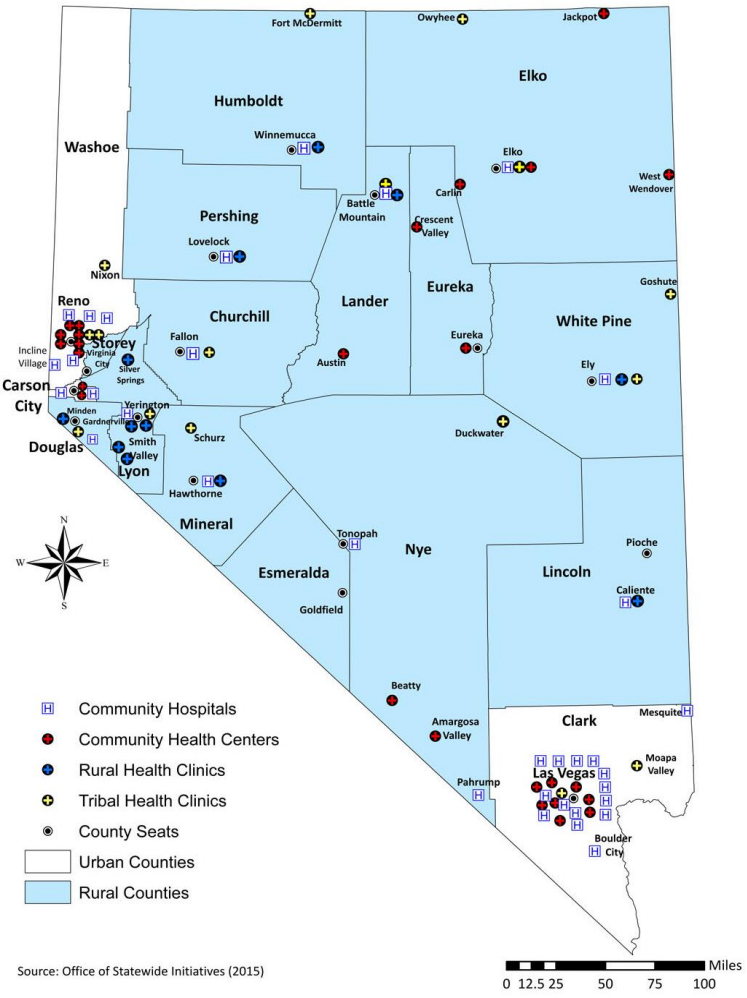
In addition to declining access to supportive services, healthcare access has long been a challenge for Nevadans, due to the scarcity of community hospitals and long distances that must be traveled to reach them.

Lack of adequate transportation is consistently considered the most critical deficit to be addressed for all Nevadans, but especially older adult Nevadans. At the majority of focus groups, participants most wanted to talk about problems with transportation, with travel from rural to urban areas, where medical specialists are located, as a major problem.

Participants cited challenges with travel to urban areas for routine or emergency services. Sometimes they need supportive assistance while there, as well as information about how to get back home. In these cases, older adults are transported out of town by ambulance or helicopter to urban areas; getting home is a major problem once they are discharged. ADSD staff heard stories of seniors admitted to hospitals for emergency care and sometimes discharged in their hospital gowns. These circumstances require the compilation of basic information and contacts of urban-area senior and social services for rural senior center directors to disperse to their constituents for out-of-town emergency assistance – essentially, a plan and collaboration to tighten the senior safety net statewide. This challenge is addressed in the State Plan's Goal 2, Objective 2.1.

Other access challenges are providers not accepting Medicare/Medicaid and also a lack of physician specialists. When older adults are able to secure appointments, they have long waits for specialized services. In Rural Nevada, older adults with Medicare/Medicaid have difficulty accessing care due to physicians' preference to serve mining employees and their families, which have insurance with far higher reimbursement rates.

The following map reflects health options throughout Nevada. While the map identifies counties as either Urban or Rural, it should be noted that 11 of Nevada's 17 counties are actually designated as "Frontier." This designation means that on the population density spectrum, these counties, which comprise 84 percent of Nevada's land area, are remote and sparsely populated areas that are isolated from population centers and services. This makes the provision of services very difficult, as is vividly reflected in Appendix J's description of ADSD's focus group findings.



Source: Nevada State Office of Rural Health,
Nevada Rural and Frontier Health Data Book Seventh Edition January 2015

Skilled Nursing Facilities

Nevada has 51 Skilled Nursing Facilities, which together have approximately 4,839 residents. The tables below show the percentage of Nevada nursing home residents by number of Activities of Daily Living and by race/ethnicity.

Distribution of Activities of Daily Living Impairment (ADL) in Nursing Home Residents: United States, 2012							
Number of ADL Impairments – Percentage of Residents							
	Residents	0 ADL's	1 ADL	2 ADLs	3 ADLs	4 ADLs	5 ADLs
Nation	1,409,749	20.4%	6.0%	5.4%	6.3%	38.6%	23.3%
Nevada	4,839	18.9%	5.5%	4.9%	6.1%	37.3%	27.3%

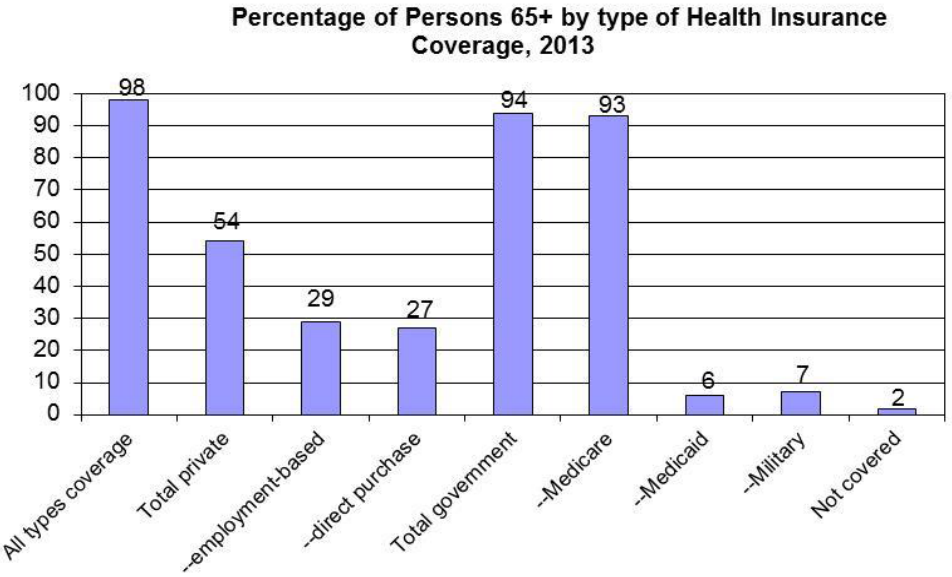
Source: https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/downloads/nursinghomedatacompendium_508.pdf (Page 178 CMS Data)

Nursing Home Residents by Race/Ethnicity, 2012								
Percentage of Residents								
	Number of Residents	American Indian/ Alaskan Native	Asian	Black, Not Hispanic Origin	Hispanic or Latino	Native Hawaiian or Pacific Islander	White, Not Hispanic Origin	More than one Race
Nation	1,409,749	0.4%	1.6%	13.9%	5.0%	0.1%	78.7%	0.3%
Nevada	4,839	0.8%	2.7%	10.1%	6.0%	0.5%	79.1%	0.8%

Source: Centers for Medicare & Medicaid Services, Nursing Home Data Compendium 2013 Edition, Certification and Survey Provider Enhanced Reporting (CASPER)

Medicare/Medicaid and Health Insurance

In 2013, almost all (93 percent) non-institutionalized persons 65+ were covered by Medicare, which covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. More than half (54 percent) had some type of private health insurance. Among non-institutionalized older adults, 7 percent had military-based health insurance and 6 percent were covered by Medicaid. Less than 2 percent did not have coverage of some kind.



U.S. Administration for Community Living, Administration on Aging, A Profile of Older Americans: 2014

Veterans and Veteran Affairs (VA) Nevada Healthcare System

The U.S. Census estimates that 2,058,522 Nevadans are age 18 and older. This includes 226,555 veterans, or 11 percent of the adult and older adult population. Disability status for veterans is twice the rate of non-veterans in Nevada. Services needed for veterans continuously increase as the population ages. In addition, as the population ages, the prevalence of veterans greatly increases.

- 226,555 Veterans reside in Nevada, 2009-2013 American Community Survey 5-Year Estimates
- 41.8 percent (94,700) are older than age 65.
- 64.7 percent (146,581) are older than age 55.

Nevada has two VA Medical Centers to serve Veterans: the VA of Southern Nevada Healthcare System and the VA Sierra Nevada Health Care System. The VA Southern Nevada Healthcare System was established in 1972. Services are available to more than 240,000 Veterans living in the catchment area. The VA Sierra Nevada Health Care System provides primary and secondary care to a large geographical area that includes 20 counties in northern Nevada and northeastern California.

In addition, the VA provides several Outpatient Clinics, dispersed throughout Nevada: Las Vegas, Henderson, Elko, Ely, Fallon, Gardnerville, Pahrump and Laughlin (a rural outreach clinic).

Many veterans living in the eastern region of Nevada are served by the George E. Wahlen, Department of Veterans Affairs Medical Center in Salt Lake City, Utah. VA clinics are located in Moab (telehealth clinic), Orem, Price, Roosevelt, Ogden, St. George and Western Salt Lake. http://www.va.gov/directory/guide/state.asp?dnum=ALL&STATE=UT

Disability

The Aging and Disability Services Division (ADSD) serves all Nevadans with a disability, regardless of age, and assists the broader community that touches their lives. In Nevada, a total of 309,210 individuals, or 11.5 percent of the population, self identify as living with a disability. (*U.S. Census Bureau 2009-2013 5-Year American Community Survey*)

Of the 340,926 *non-institutionalized* Nevadans, age 65 and older, 34.9 percent or 119,129 are living with a disability. (*Social Security Administration, Annual Statistical Supplement, 2014)*

Through advocacy, counseling and a broad array of supportive services, ADSD strives to create an environment that enables all of the Nevadans they serve to be self-sufficient, independent and safe.

Frontier Counties, Population Estimates, Source: U.S. Census Bureau											
	Churchill County	Elko County	Esmeralda County	Eureka County	Humboldt County	Lander County	Lincoln County	Mineral County	Nye County	Pershing County	White Pine County
Total Population	23,573	49,443	960	1,780	16,591	5,812	4,958	4,587	43,066	4,912	9,211
Under 5 years:	1,638	3,966	31	121	1,278	435	338	173	1,935	319	655
With a disability	69	42	-	3	-	7	-	-	-	-	-
No disability	1,569	3,924	31	118	1,278	428	338	173	1,935	319	655
5 to 17 years:	4,384	10,336	131	377	3,370	1,153	1,099	636	6,643	964	1,487
With a disability	276	217	-	9	121	32	62	33	715	61	39
No disability	4,108	10,119	131	368	3,249	1,121	1,037	603	5,928	903	1,448
18 to 34 years:	4,515	11,515	176	372	3,517	1,208	901	811	5,999	853	1,725
With a disability	467	593	20	22	117	37	102	84	782	40	94
No disability	4,048	10,922	156	350	3,400	1,171	799	727	5,217	813	1,631
35 to 64 years:	9,137	19,390	377	668	6,844	2,291	1,792	1,897	17,569	1,948	3,884
With a disability	1,848	2,566	75	76	1,004	321	266	447	4,187	392	796
No disability	7,289	16,824	302	592	5,840	1,970	1,526	1,450	13,382	1,556	3,088
65 to 74 years:	2,270	2,758	133	180	976	492	582	579	7,022	534	794
With a disability	721	936	41	23	308	147	116	271	2,306	205	222
No disability	1,549	1,822	92	157	668	345	466	308	4,716	329	572
75 years and over:	1,629	1,478	112	62	606	233	246	491	3,898	294	666
With a disability	1,043	811	25	30	371	139	96	328	2,168	132	446
No disability	586	667	87	32	235	94	150	163	1,730	162	220
Population with Disability	**4,424**	**5,165**	**161**	**163**	**1,921**	**683**	**642**	**1,163**	**10,158**	**830**	**1,597**
Percentage	**18.77%**	**10.45%**	**16.77%**	**9.16%**	**11.58%**	**11.75%**	**12.95%**	**25.35%**	**23.59%**	**16.90%**	**17.34%**

Rural Counties, Population Estimates			
	Douglas County	Lyon County	Storey County
Total Population	46,512	51,116	3,964
Under 5 years:	2,160	3,043	186
With a disability	36	80	-
No disability	2,124	2,963	186
5 to 17 years:	6,936	9,104	415
With a disability	328	435	9
No disability	6,608	8,669	406
18 to 34 years:	7,104	9,156	336
With a disability	448	840	10
No disability	6,656	8,316	326
35 to 64 years:	20,218	21,039	2,124
With a disability	2,078	3,834	416
No disability	18,140	17,205	1,708
65 to 74 years:	6,062	5,573	585
With a disability	1,455	1,703	146
No disability	4,607	3,870	439
75 years and over:	4,032	3,201	318
With a disability	1,902	1,762	148
No disability	2,130	1,439	170
Population with Disability	**6,247**	**8,654**	**729**
Percentage	**13.43%**	**16.93%**	**18.39%**

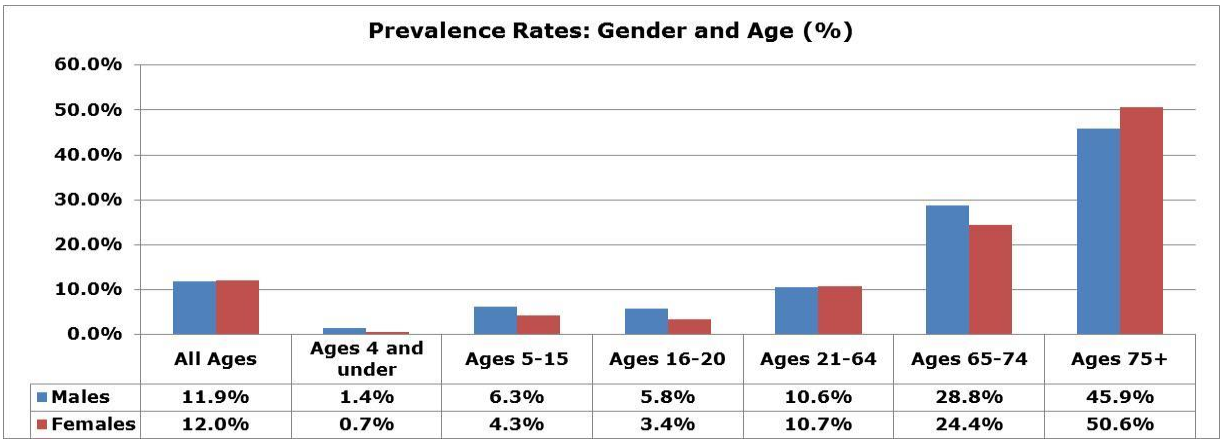
Urban Counties, Population Estimates			
	Clark County	Washoe County	Carson City
Total Population	1,952,917	422,295	53,054
Under 5 years:	136,729	27,443	3,088
With a disability	1,206	390	9
No disability	135,523	27,053	3,079
5 to 17 years:	350,605	71,345	8,609
With a disability	15,824	3,316	628
No disability	334,781	68,029	7,981
18 to 34 years:	464,518	100,798	10,649
With a disability	22,397	4,885	675
No disability	442,121	95,913	9,974
35 to 64 years:	768,826	169,008	21,528
With a disability	93,794	19,562	2,859
No disability	675,032	149,446	18,669
65 to 74 years:	143,707	32,960	5,113
With a disability	36,708	7,806	1,439
No disability	106,999	25,154	3,674
75 years and over:	88,532	20,741	4,067
With a disability	43,603	9,609	1,963
No disability	44,929	11,132	2,104
Population with Disability	**213,532**	**45,568**	**7,573**
Percentage	**10.93%**	**10.79%**	**14.27%**

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Age and Disability

The prevalence risk for having a disability greatly increases with age. In 2012, the prevalence of disability in Nevada was:

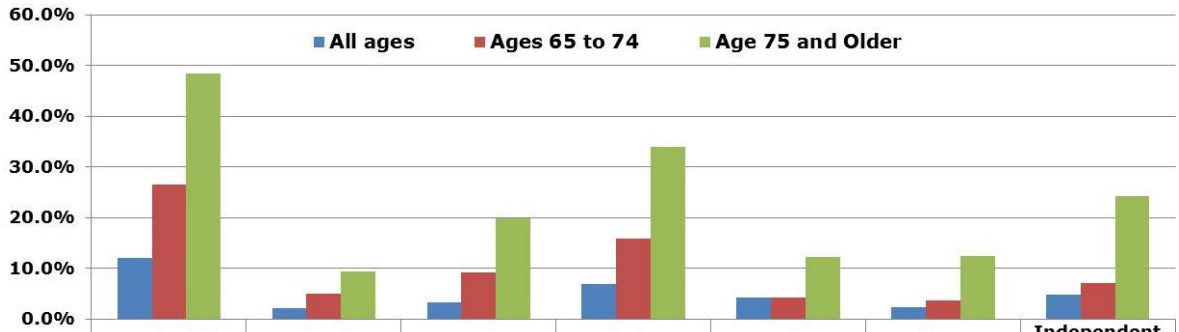
- 12.0 percent for persons of all ages
- 1.0 percent for persons ages 4 and under
- 5.3 percent for persons ages 5 to 15
- 4.7 percent for persons ages 16 to 20
- 10.6 percent for persons ages 21 to 64
- 26.5 percent for persons ages 65 to 74
- 48.5 percent for persons ages 75+



	All Ages	Ages 4 and under	Ages 5-15	Ages 16-20	Ages 21-64	Ages 65-74	Ages 75+
Males	11.9%	1.4%	6.3%	5.8%	10.6%	28.8%	45.9%
Females	12.0%	0.7%	4.3%	3.4%	10.7%	24.4%	50.6%

Disability Type

2012 Prevalence by Disability Type - Non-institutionalized Persons in Nevada



	Any Disability	Visual	Hearing	Ambulatory	Cognitive	Self-Care	Independent Living
All ages	12.0%	2.2%	3.3%	6.9%	4.2%	2.3%	4.9%
Ages 65 to 74	26.5%	5.0%	9.2%	15.8%	4.2%	3.7%	7.2%
Age 75 and Older	48.5%	9.3%	19.8%	33.9%	12.3%	12.5%	24.3%

Source: *Disabilitystatiscs.org.*

Ambulatory Disability

Like most disabilities, the prevalence of ambulatory disabilities increases with age. Not only do the prevalence rates increase with age, but the potential for a crisis event or serious injury is also much greater.

SEX BY AGE BY AMBULATORY DIFFICULTY Universe: Civilian noninstitutionalized population 5 years and over - 2009-2013 American Community Survey 5-Year Estimates Frontier Counties, Population Estimates, Source: U.S. Census Bureau											
	Churchill County	Elko County	Esmeralda County	Eureka County	Humboldt County	Lander County	Lincoln County	Mineral County	Nye County	Pershing County	White Pine County
Total Population	21,935	45,477	929	1,659	15,313	5,377	4,620	4,414	41,131	4,593	8,556
5 to 17 years:	4,384	10,336	131	377	3,370	1,153	1,099	636	6,643	964	1,487
With an ambulatory difficulty	117	28	0	9	0	0	8	12	48	17	0
No ambulatory difficulty	4,267	10,308	131	368	3,370	1,153	1,091	624	6,595	947	1,487
18 to 34 years:	4,515	11,515	176	372	3,517	1,208	901	811	5,999	853	1,725
With an ambulatory difficulty	159	241	20	22	50	6	56	66	291	8	12
No ambulatory difficulty	4,356	11,274	156	350	3,467	1,202	845	745	5,708	845	1,713
35 to 64 years:	9,137	19,390	377	668	6,844	2,291	1,792	1,897	17,569	1,948	3,884
With an ambulatory difficulty	956	1,298	35	47	510	240	224	218	2,393	206	489
No ambulatory difficulty	8,181	18,092	342	621	6,334	2,051	1,568	1,679	15,176	1,742	3,395
65 to 74 years:	2,270	2,758	133	180	976	492	582	579	7,022	534	794
With an ambulatory difficulty	311	509	27	9	147	67	72	132	1,455	105	138
No ambulatory difficulty	1,959	2,249	106	171	829	425	510	447	5,567	429	656
75 years and over:	1,629	1,478	112	62	606	233	246	491	3,898	294	666
With an ambulatory difficulty	847	482	15	15	168	87	71	194	1,538	64	301
No ambulatory difficulty	782	996	97	47	438	146	175	297	2,360	230	365
Population with ambulatory difficulty	**2,390**	**2,558**	**97**	**102**	**875**	**400**	**431**	**622**	**5,725**	**400**	**940**
Percentage	**10.90%**	**5.62%**	**10.44%**	**6.15%**	**5.71%**	**7.44%**	**9.33%**	**14.09%**	**13.92%**	**8.71%**	**10.99%**

Falls and Aging

In the United States, almost a third of older adults experience a fall annually. These falls pose a threat to the age 65+ population, leading to serious injuries or even death. (*Preventing Falls: How to Develop Community-Based Fall Prevention Programs for Older Adults, CDC)*

Consider the following CDC data:

- In 2010, more than 2.3 million older adults were treated in emergency departments for nonfatal fall injuries, and more than 650,000 were hospitalized.
- From 2006 to 2010, falls were the leading cause of traumatic brain injury (TBI), accounting for 40 percent of all TBIs in the United States that resulted in an emergency department visit, hospitalization, or death.
- Falls disproportionately affect the youngest and oldest age groups, with more than two-thirds (81 percent) of TBIs in adults aged 65 and older caused by falls.
- Most fractures among seniors are also caused by falls, with injury rates increasing with age. In 2009, the rate of fall with injuries for adults 85 and older was almost four times that for adults 65 to 74.
- The national 2005 death rate (per 100,000 people) from unintentional falls for people 65 and older was 42.96.
- More than 90 percent of hip fractures result from falls, most occurring in adults older than age 70. As much as a third of older adults living independently in the community and 60 percent of those in skilled nursing facilities fall each year.

http://www.cdc.gov/traumaticbraininjury/get_the_facts.html

Each year, fall injuries in older adults cost more than $19 billion, and these costs are estimated to reach $54.9 billion by 2020, at which time the cost to Medicare would be $32.4 billion. Comprehensive fall interventions, consisting of exercise and education programs in addition to

medication review, referral for medical management and a home hazard assessment, have been shown to reduce falls in the elderly. *(http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-injury-research-and-*)

Currently, Falls Prevention programming within Nevada is occurring in pockets and through partner activities across the state, with limited resources. The intermittent programming leaves many gaps in policies, programs and services within communities. The Nevada Goes Falls Free Coalition was formed with the Southern Nevada Health District (SNHD) Injury Prevention Program staff as a founding member. The Mission of the Nevada Goes Falls Free Coalition is to "reduce the incidence of falls in seniors in Nevada through sustainable evidence-based fall prevention programs."

In 2014, ADSD applied for the Administration for Community Living's Evidence-Based Falls Prevention Programs but was not funded. However, this application process helped Nevada to recognize deficiencies as well as successes in Nevada's Falls Prevention Programs. ADSD is actively encouraging application for future grant funding, to implement fall prevention within coordinated statewide programming. In addition, community partners are continuing to develop their Falls Prevention programs and integrate them with other services they offer.

Chronic Disease

The increased prevalence and cost of chronic diseases for seniors and caregivers underscores the importance of ADSD's funding and partnerships with programs that help seniors better manage their chronic disease symptoms.

> *"About 91 percent of older adults have at least one chronic condition, and 73 percent have at least two. Chronic conditions also place a significant financial burden on individuals, as well as health care systems. In 2011, this cost totaled nearly $3 trillion. The traditional medical model – which focuses more on the illness than the patient – is costly and often ineffective." (National Council on Aging)*

Chronic diseases can affect a person's ability to perform important activities, restricting engagement in life and enjoyment of family and friends. Diabetes, arthritis, hypertension, lung disease and other chronic conditions make life difficult, often forcing older adults to give up their independence. *(National Council on Aging, Chronic Disease Self-Management Facts*)

As such, ADSD has a priority focus to help individuals remain in a community setting with an appropriate quality of life, as much as possible. To achieve this, chronic conditions and the degenerative nature of conditions, which can force premature institutionalization, must be considered to improve the health management and quality of life for Nevada's older adults and adults with disabilities. ADSD funds a number of programs to help older adults prevent, manage and cope with chronic disease.

The following 2010 UNLV Canon Survey Center table depicts the percentage of Nevadans, age 50 and older, reporting for each type of chronic disease. The center reports that 51 percent of survey respondents have been diagnosed with a chronic disease. The sample size was 1,200.

Rank	Chronic Illness	Percentage
1	High Blood Pressure/Hypertension	19%
2	Diabetes	16%
3	Other	13%
4	Arthritis/Joint Disease	11%
4	Heart Disease	11%
6	Cancer	9%
7	Lung Disease	4%
8	Vascular Disease	2%
8	Mental Illness	2%
10	Stroke	1%
10	Urinary Disease	1%

Canon Survey Center, 2010

The Nevada Division for Public and Behavioral Health (DPBH) reports that lower socio-economic status is associated with a higher risk for chronic disease. This is attributed to lack of health insurance, a primary source of care, financial resources to pay for healthcare and transportation. Additionally, unhealthy living conditions, such as crowding, pollution and toxic contamination can lead to higher rates of disease and stress related health problems. The lack of access to services, including grocery stores, safe housing, and recreational facilities, can also contribute to poor health. (NVDPBH, 2010)

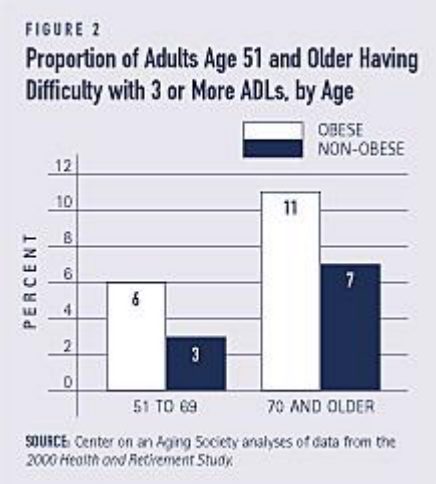
To address these concerns, Nevada has been expanding infrastructure to support Chronic Disease Self-Management Education (CDSME) programs throughout the state, since receiving the 2009 American Recovery and Reinvestment Act funding from the Administration on Aging for the Chronic Disease Self-Management Program, including development of a Quality and Technical Assistance Center (QTAC) to track and coordinate CDSME activities.

While Nevada has a strong system of dedicated community providers, the rural and frontier counties lack services, access, physicians, medical and health-related supportive service, hospitals and professionals and community providers. ADSD funds several partners throughout the state to continue to grow Stanford-Model Chronic Disease Self-Management Education Programs in both urban and rural areas. These partners include:

- Dignity Health, St. Rose Dominican Hospital (QTAC) funded for: Chronic Disease Self-Management Program; Tomando Control de su Salud (Spanish CDSMP); Diabetes Self-Management Program; Programa de Manejo Personal de la Diabetes (Spanish DSMP); and Power Tools for Caregivers.
- Nevada Senior Services funded for: Chronic Disease Self-Management Program; and Diabetes Self-Management Program.
- University of Nevada Reno, Sanford Center for Aging funded for: Chronic Disease Self-Management Program; and Cancer Surviving and Thriving. In addition the Sanford Center is improving the quality and retention of leaders and expanding to the rural areas of the state.

Obesity and Aging

Disability rates are higher among adults who are obese. An individual has a disability when difficulty is experienced with activities, such as eating, bathing, dressing -- tasks known as activities of daily living (ADLs). Those who have difficulty with several ADLs considered "severely disabled." Obese older adults are more likely to be severely disabled than those who are not obese. As shown in the graphic below, this is particularly true for obese 51 to 69 year-olds, who are twice as likely to have difficulty with multiple ADLs, than those in the same age group who are not obese. *http://hpi.georgetown.edu/agingsociety/pubhtml/obesity2/obesity2.html*



Tobacco Use as a Risk Factor in Chronic Disease

In Nevada, 19.4 percent of adults smoke *(State Health Facts, Kaiser Family Foundation, 2015),* a prevalence that is higher than most other states and is a contributing risk factor to chronic health conditions and healthcare costs later in life. Many states have Indoor Clean Air Act statutes, preventing smoking indoors in many facilities. However, casinos in Nevada do not prohibit smoking and many residents, who are non-smokers, are continuously exposed to second hand smoking effects - either because they work in casinos or visit them.

Mental Health

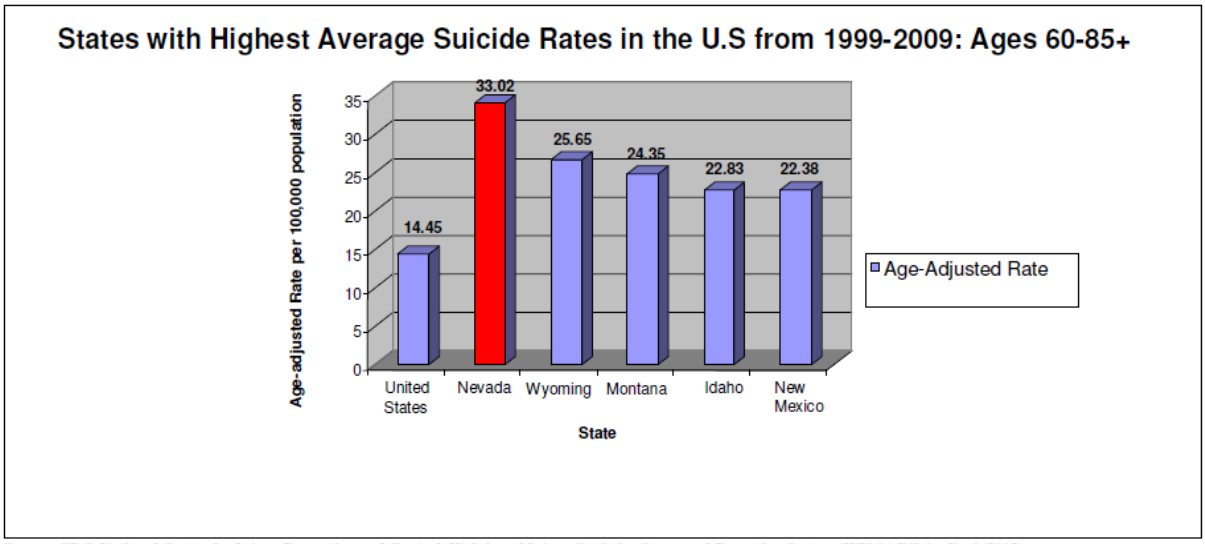
It is estimated that 20-25 percent of Nevadans, age 65 and older, have a mental health disorder. Mental health disorders affecting older adults include: ongoing chronic psychiatric illnesses; onset of illness with behavioral and/or cognitive symptoms, such as dementia or stroke; and disorders due to age-related disability or caregiving, such as depression or anxiety. Based on 2013 Census estimates, 76,000-95,000 older adult Nevadans are affected by these disorders. (http://www2.nami.org/factsheets/mentalillness_factsheet.pdf)

Suicide and Aging

Nevada has one of the highest geriatric suicide rates in the nation. One in four will die, when attempting suicide. About 60 percent of seniors committing suicide saw their doctor within a month of their death, 25 percent told someone they planed suicide, and more than 20 percent experienced a traumatic event two weeks prior to their suicide. Risk factors are: diagnosis of new illness, chronic diseases, pain, disability, medication interactions, social isolation, poor nutrition, substance abuse, loss of a loved one and caregiving.

Per the graphic below, Nevada Age Adjusted suicide rate 60-85+ is the highest in the nation from 1999-2009, more than double the national average.

Nevada Seniors in Crisis



Source: CDC, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online] (2012).

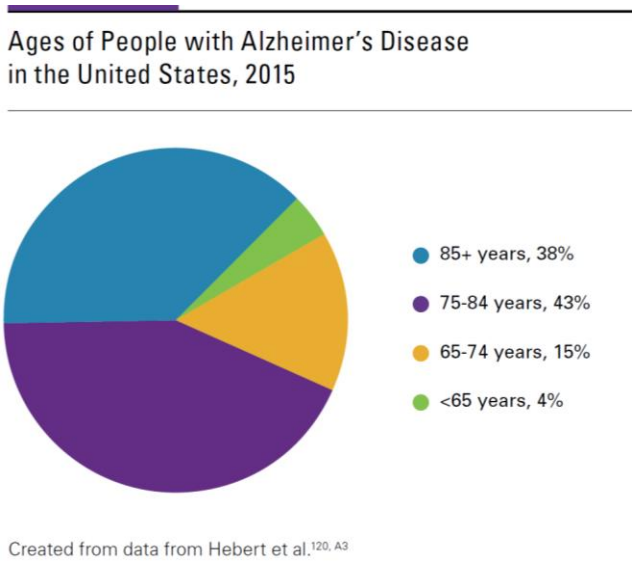
For SFYs 16, 17, and 19 ADSD is using its state-funded Rural Caregiver dollars to provide free training at senior center sites throughout Rural Nevada on Suicide Prevention, in collaboration with the DHHS Office on Suicide Prevention. In 2016, the training is entitled *SafeTALK*.

Sources: http://www.cdc.gov/injury/wisqars/ http://dhhs.nv.gov/Suicide/DOCS/Factsheet2011Final.pdf
http://www.leg.state.nv.us/Session/77th2013/Exhibits/Assembly/HHS/AHHS205E.pdf

Dementia, Alzheimer's Disease and Aging

In Nevada, the significant growth of Alzheimer's disease prevalence is a dominant focus for service planners, and therefore addressed at length in this State Plan.

Alzheimer's disease is the most common type of dementia, typically accounting for an estimated 60 to 80 percent of all dementia cases. Approximately one in every nine Americans (11 percent), age 65 and older, has Alzheimer's disease, and about one-third (32 percent) of people age 85 and older are afflicted. (Source: Alzheimer's Association, *2015 Alzheimer's Disease Facts and Figures)*



The increase in the Alzheimer's death rate over time has disproportionately affected the highest age groups. Between 2000 and 2013, the death rate from Alzheimer's did not increase for people age 65 to 74, but increased 23 percent for people age 75 to 84, and 39 percent for people age 85 and older.

Projections of Total Numbers of Americans Age 65 and Older with Alzheimer's by State

State	Projected Number w/ Alzheimer's (in thousands) 2015	2025	Percentage Change 2015-2025	State	Projected Number w/ Alzheimer's (in thousands) 2015	2025	Percentage Change 2015-2025
Alabama	87	110	26.4	Montana	19	27	42.1
Alaska	6.4	11	71.9	Nebraska	33	40	21.2
Arizona	120	200	66.7	Nevada	39	64	64.1

Source: Alzheimer's Association, *2015 Alzheimer's Disease Facts and Figures*

The West and Southeast are expected to experience the largest increases in numbers of people with Alzheimer's between 2015 and 2025. These increases will have a marked impact on states' health care systems, as well as on families and caregivers.
https://www.alz.org/facts/downloads/facts_figures_2015.pdf

The Alzheimer's Association estimates 39,000 Nevadans age of 65 and older were living with Alzheimer's disease in 2015. It is critically important to outreach into communities to encourage and address Alzheimer's Disease and Related Dementia issues, especially in the early stages. (*2015 Alzheimer's Disease Facts and Figures)*

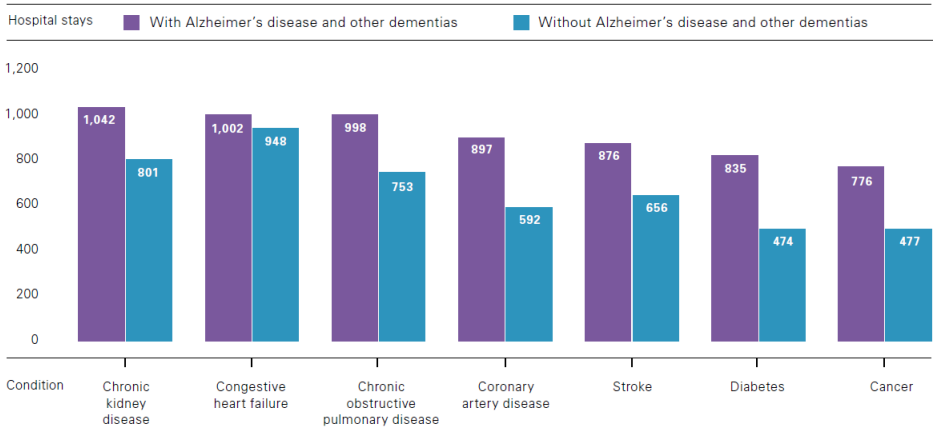
This underscores the crucial need for funding to support Nevada caregivers and their families through community level supports, caregiver supportive programs, respite services, and educational programs, in addition to long-term planning and care recipient considerations.

To help address these issues, ADSD is using its SFY 2016 state-funded Rural Caregiver dollars to provide free trainings at senior center sites throughout Rural Nevada: *Dementia, Alzheimer's Disease and Memory Loss: A Comprehensive Guide for Family Caregivers.*

In addition, ADSD provides the following primary services to support persons with Dementia and Alzheimer's disease: Evidence-based programs (CarePRO, EPIC, BRI Care Consultations); Alzheimer's Diagnostics; Caregiver Support Programs; and Respite services.

- CarePRO is a series of skill-building workshops for persons caring for loved ones who are coping with dementia such as Alzheimer's disease and related disorders.
- The EPIC (Early-stage Partners in Care) program is intended to assist people with early-stage memory loss and their care partners by providing free early-stage related education and training workshops designed to reduce stress, enhance well-being, and help manage challenges.
- BRI Care Consultation is an evidence-based program proven to be effective through 15 years of research: empowers clients to manage care and find simple, practical solutions to caregiving challenges; facilitates effective communication with family and health care workers; and assists clients in locating services.
- Savvy Caregiver, designed to train family and professional caregivers in the basic knowledge, skills, and attitudes needed to handle the challenges of caring for a family member with Alzheimer's disease and to be an effective caregiver.

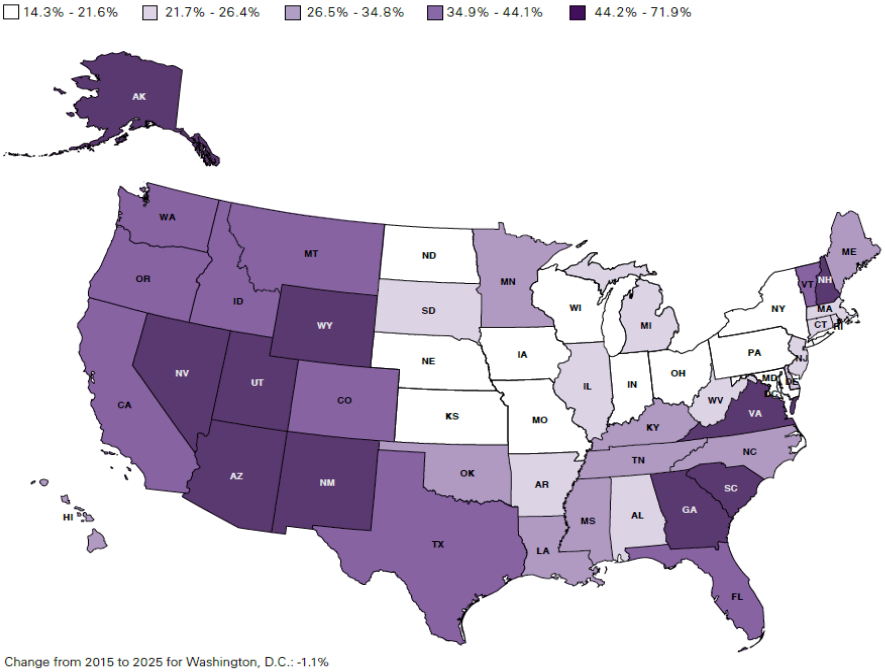
Hospital Stays per 1,000 Beneficiaries Age 65 and Older with Specified Coexisting Medical Conditions, with and without Alzheimer's Disease and Other Dementias, 2009



Created from unpublished data from the National 20% Sample Medicare Fee-for-Service Beneficiaries for 2009.[153]

FIGURE 2

Projected Increases Between 2015 and 2025 in Alzheimer's Disease Prevalence by State



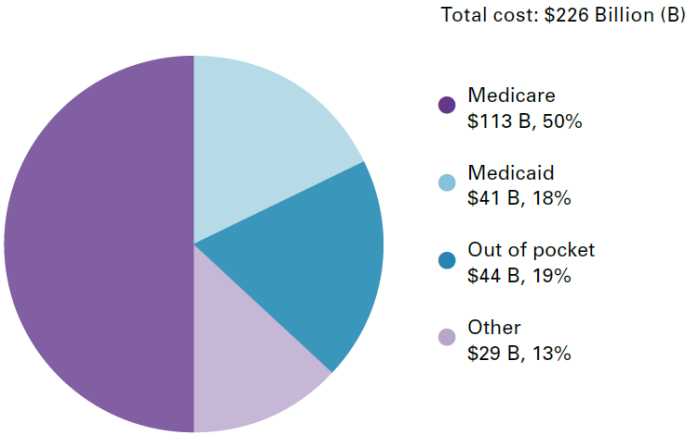
Change from 2015 to 2025 for Washington, D.C.: -1.1%

Created from data provided to the Alzheimer's Association by Weuve et al.[154, A7]

Source: Alzheimer's Association, *2015 Alzheimer's Disease Facts and Figures*

Aggregate Costs of Care by Payer For Americans

Aggregate Cost of Care by Payment Source for Americans Age 65 and Older with Alzheimer's Disease and Other Dementias, 2015*



*Data are in 2015 dollars.

Created from The Lewin Model.[A20] "Other" payment sources include private insurance, health maintenance organizations, other managed care organizations and uncompensated care. Totals for payment sources may not add to total cost due to rounding.

Informal Caregiving

About 65 percent of older adults with long-term care needs rely exclusively on family and friends to provide caregiving assistance. Another 30 percent supplement family care with assistance from paid providers. Care provided by family and friends can determine whether older persons can remain at home. In fact, 50 percent of the elderly who have a long-term care need, but no family available to care for them, are in nursing homes, while only 7 percent who have a family caregiver are in institutional settings. (https://caregiver.org/women-and-caregiving-facts-and-figures)

In 2014, Nevada was awarded $360,000 in federal funding ($120,000 state match) for Building Lifespan Respite Care Programs, and $450,000 in federal funding for the Dementia Capable grant ($256,547 state match) from the U.S. Administration for Community Living. Receiving federal funding through discretionary grants helps Nevada solidify its initiatives and strategic vision to improve and grow supportive services. Discretionary funding, when awarded, greatly assists Nevada and community partners to develop the infrastructure and capacity necessary to develop or expand innovative services, usually evidence-based services. Without this additional funding for specific projects, caregiver supportive services and other services are limited to funding from the Older Americans Act and Tobacco Settlement funding.

For the Fiscal Year July 1, 2014 – June 30, 2015, ADSD funded approximately $1,342,375 for Caregiver Support and Respite services. For the Fiscal Year July 1, 2015 – June 30, 2016, ADSD funded $1,666,918 for Caregiver Support and Respite services, an increase of 24 percent. This funding is prioritized based on the Division's Core Services Model and each funded partner also prioritizes services to the most vulnerable Nevadans. However, this funding is never enough to address the need, even when prioritized. Grantees often report waiting lists of up to 90 days for individuals screened and eligible for respite services, and more than 365 days for other caregiver supportive services.

ADSD continually seeks additional state budgetary supports. The addition of federally funded initiatives will continue to drive the agency's strategic vision and help to develop and enhance existing services. However, the best funding outcome is the development of programs and services that demonstrate a positive effect on the caregiver and care recipient, especially when state leaders and legislators hear specific testimony on these programs.

Alzheimer's and Related Dementia – Caregiving

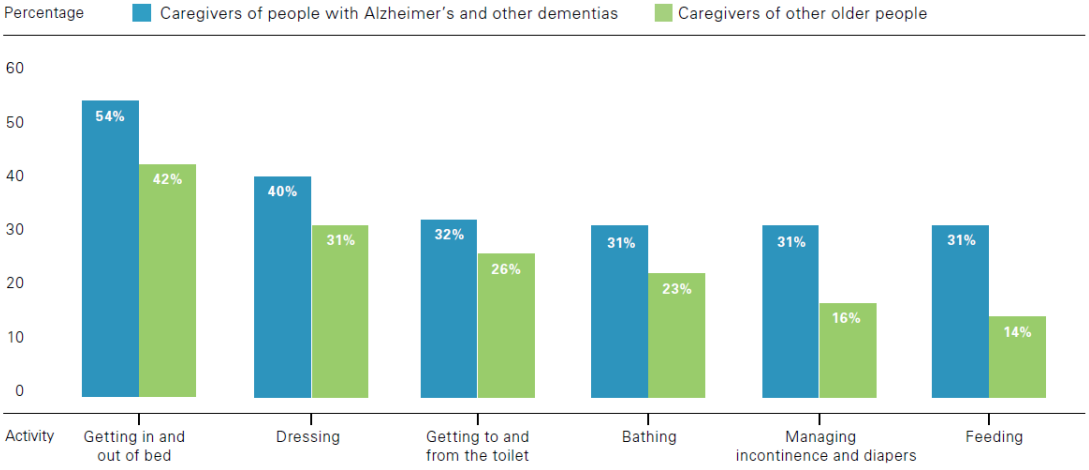
In 2013, Nevada finalized its State Plan to address Alzheimer's disease and established the Task Force on Alzheimer's Disease (*TFAD*), created by Nevada Assembly Bill 80 from the 2013 Legislative Session.

These are the realities:

- The healthcare cost for Alzheimer's and dementia caregivers in Nevada is estimated to have increased by $69 million in 2013.

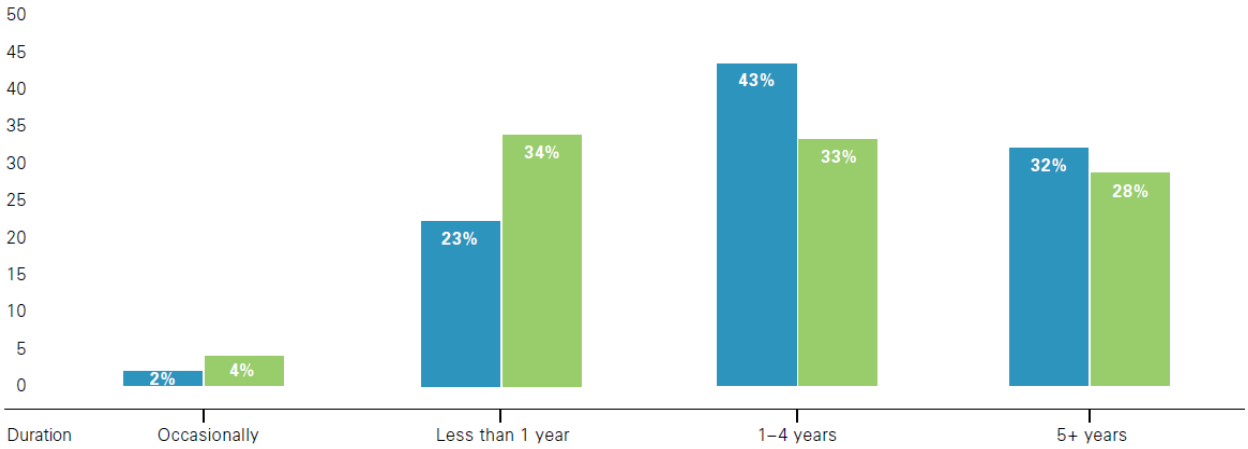
- About 70 percent or 27,300 of Nevadans with Alzheimer's disease live at home, where an estimated 80 percent of their care is delivered by family members, *Alzheimer's Association.*
- Nevada has an estimated 140,000 unpaid caregivers, together providing 159 million hours of unpaid care for a loved one with dementia or Alzheimer's disease.
- The annual economic value based on the hours of unpaid care is estimated at $1,937,000,000, or more than 1.9 billion dollars, *Alzheimer's Association.*
- The caregiving tasks of those caring for persons with Alzheimer's disease are more challenging than routine care for older adults.

Proportion of Caregivers of People with Alzheimer's and Other Dementias versus Caregivers of Other Older People Who Provide Help with Specific Activities of Daily Living, United States, 2009



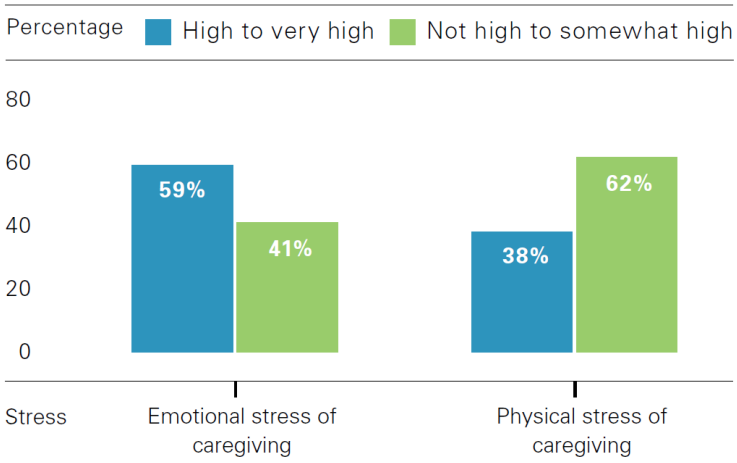
Created from data from the National Alliance for Caregiving and AARP.[202]

Proportion of Alzheimer's and Dementia Caregivers Versus Caregivers of Other Older People by Duration of Caregiving, United States, 2009



Created from data from the National Alliance for Caregiving and AARP.[202]

Proportion of Alzheimer's and Dementia Caregivers Who Report High or Very High Emotional and Physical Stress Due to Caregiving



Created from data from the Alzheimer's Association.[A16]

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