

Public health funding: The state of Nevada spends an average of \$4.10 a year on the public health needs of each resident, the lowest level of state public health spending in the nation. The state receives an additional \$22.11 per person in funding from CDC (27th in the nation) and \$14.65 per person from HRSA (50th in the nation). The Prevention and Public Health Fund has awarded more than \$27 million in grants to Nevada since 2010 for community and clinical prevention efforts and improvements to public health infrastructure.

Access to care: 17.9 percent of Nevada residents do not have health insurance, well above the national average of 13.1 percent. This is the 3rd highest rate of uninsured individuals in the U.S. The state also has a limited availability of primary care physicians (85.6 per 100,000 people, 4th lowest in the nation).

Health measures: Nevada has the 3rd lowest high school graduation rate in the nation (70.7 percent of incoming 9th graders who graduate in four years), the 4th highest rate of drug deaths in the nation (22.4 deaths per 100,000 people) and has a high level of air pollution (8th highest in the nation). The state has been successful in decreasing preventable hospitalizations among Medicare beneficiaries by 38 percent since 2001.

The road ahead: Nevada has made many recent public health improvements, such as decreasing its smoking rate by 12 percent in the past year from 19.4 percent to 17 percent of adults. Additionally, immunizations among children aged 19 to 35 months have also increased by 12 percent in the past year. However, the state continues to face many public health challenges including an increase in child poverty by 46 percent over the past 20 years. The state also has the 3rd highest violent crime rate in the nation (603 offenses per 100,000 people).

In response to an informal survey sent to our membership and 53 state Affiliates:

- A public health worker told us, “Funding cuts mean reducing the scope of services we can provide and also shifting some paid positions to contracted, un-benefited positions.”
- Another public health worker expressed that, “as a result of five full time staff cuts in response to the budget, morale and program size are both at an all-time low.” In response to a follow up question about how cuts affected relationships with the community, “Credibility often follows dollars, and when there is none to share, partnerships are difficult at best and fall apart at worst.”

Sources: Trust for America’s Health, Investing in America’s Health; Trust for America’s Health, Prevention and Public Health Fund at Work in States; United Health Foundation, America’s Health Rankings.