



**Local Health Jurisdiction Annual Report**  
**April 2026**



**NEVADA  
COUNTY**  
CALIFORNIA

**Public  
Health**

# Introduction

We are pleased to share the Nevada County Local Health Jurisdiction Annual Report for FY 25/26. This report contains health status indicators relating to the most prevalent causes of illness and death for Nevada County residents. Whenever possible, we included comparisons to statewide averages to help illustrate how our community's health outcomes align with broader California trends. All data were compiled from the [California Community Burden of Disease Engine](#), hosted by the California Department of Public Health (CDPH).

Nevada County is a wonderful place to live, work, and play, and we want every resident to have the opportunity to thrive. While our community is strong, there is still important work to be done to prevent disease, promote healthy environments and behaviors, and protect the health of all who live here. Where people live has a profound impact on health, and we are committed to advancing conditions that support wellbeing across the lifespan.

The Nevada County Public Health Department looks forward to continuing to work with community members and partners to achieve our shared vision of lifelong health and wellness for all residents.

## Community Health Assessment (CHA)

Nevada County Public Health conducted a Community Health Assessment (CHA) in 2024 to evaluate the community's health status, identify priority health needs, and guide strategies for improvement. The CHA used a systematic and collaborative approach to highlight key issues and support meaningful, community-driven change. Unlike the CHA, this Local Health Jurisdiction Annual Report focuses specifically on data and statistics related to morbidity and mortality. The full CHA report is available on Nevada County's Public Health website at:

<https://nevadacountyca.gov/DocumentCenter/View/53845/2024-Nevada-County-Public-Health-Community-Health-Assessment>.

## Community Health Improvement Plan (CHIP)

Nevada County Public Health developed a Community Health Improvement Plan (CHIP) for 2025–2027 through a collaborative, data-informed process grounded in the findings of the Community Health Assessment. The CHIP serves as a long-term strategic roadmap for addressing priority health issues in our community. A summary of progress toward implementing the CHIP is included at the end of this report. The CHIP is available on Nevada County's Public Health website at:

[Nevada-County-Community-Health-Improvement-Plan-2025-2027](#)

# Mortality Data

“Morbidity” and “mortality” are key public health terms used to assess the impact of disease on a population. Morbidity refers to illness or disease, while mortality refers to death. Both measures are essential for healthcare systems, as they help optimize patient care, guide resource allocation, and track disease trends to better respond to emerging public health threats. Mortality reflects how many people die from a particular disease, while morbidity—discussed in more detail later in this report—captures how many people are affected by an illness.

Mortality data on causes of death are essential for understanding the burden of disease in Nevada County. This information helps health officials develop strategies to improve population health and prevent premature deaths.

In Nevada County, the top five causes of death were attributed to chronic diseases, mirroring trends observed statewide in California (Table 1).

Table 1. Top Five Causes of Death in Nevada County and California 2024

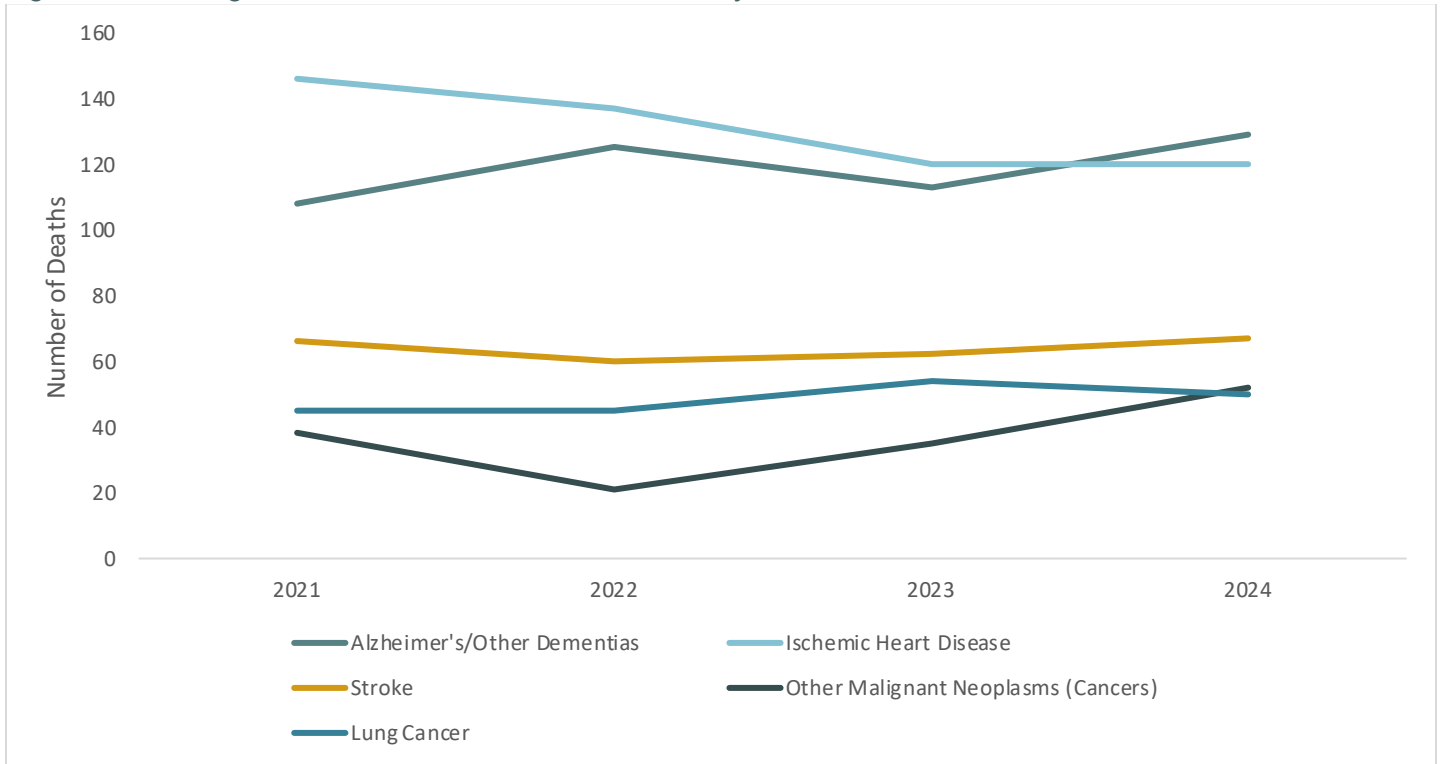
	<b>Nevada County</b>	<b>California</b>
<b>1</b>	Alzheimer's/Other Dementias	Ischemic heart disease
<b>2</b>	Ischemic Heart Disease <sup>1</sup>	Alzheimer's/Other Dementias
<b>3</b>	Stroke	Stroke
<b>4</b>	Other Malignant Neoplasms (Cancers)	Hypertensive Heart Disease
<b>5</b>	Lung Cancer	Chronic Obstructive Pulmonary Disease (COPD)

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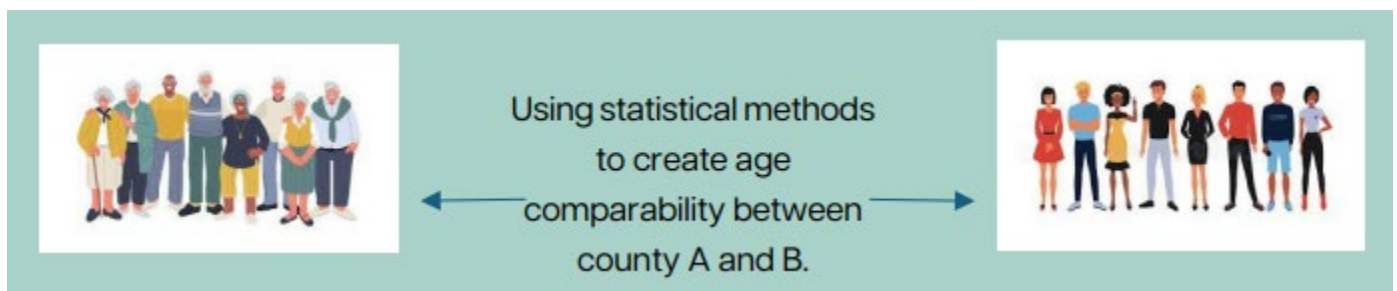
<sup>1</sup> Ischemic heart disease, also known as coronary artery or coronary heart disease, is caused by narrowed heart arteries resulting in less blood and oxygen reaching the heart muscle. This can lead to heart attack. [American Heart Association](#), accessed April 2026.

Causes of death in Nevada County have remained relatively stable over the past three years. During this period, deaths related to ischemic heart disease have decreased, while deaths associated with other malignant neoplasms (cancers) have shown a moderate increase. There has also been a slight rise in deaths attributed to Alzheimer’s disease and other dementias.

Figure 1. Leading Causes of Death in Nevada County 2021-2024



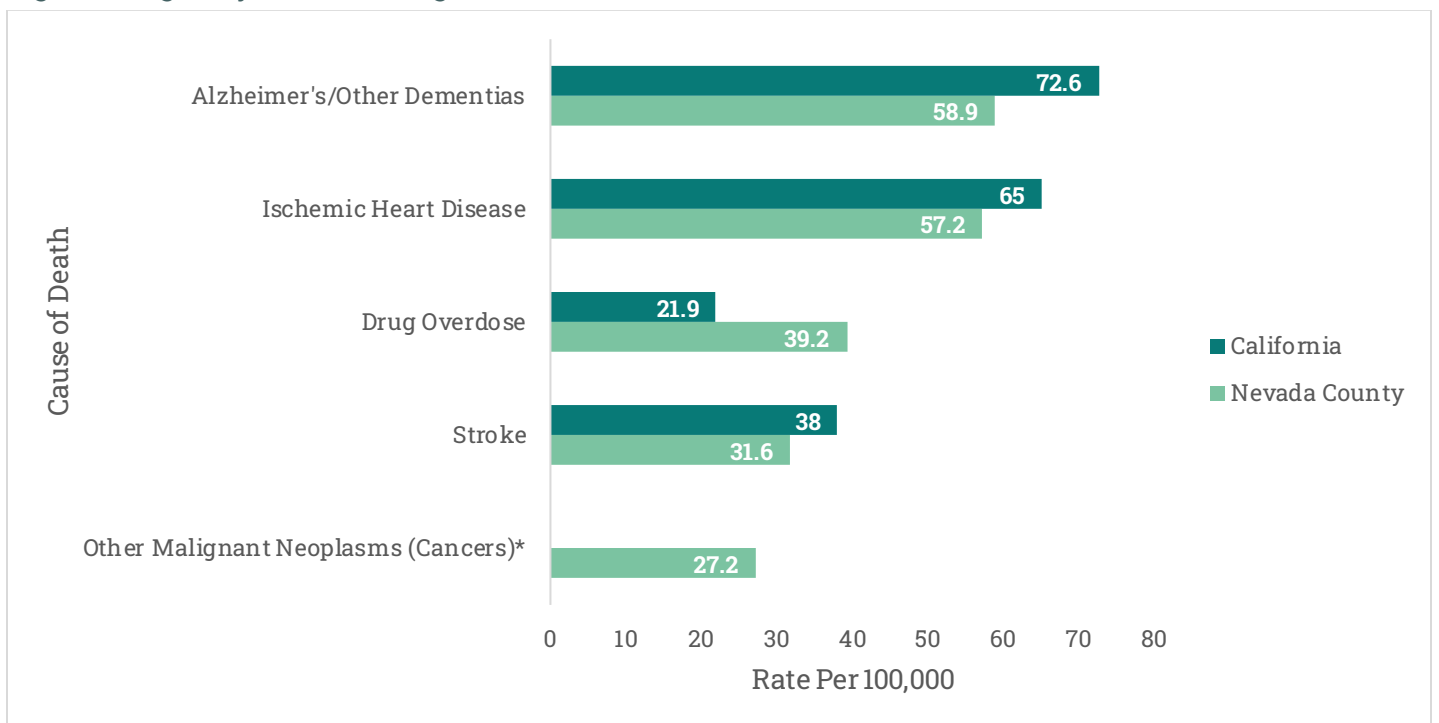
To compare the leading causes of death fairly across two or more populations at a single point in time, age-adjusted rates are often used. Age adjustment removes differences that arise solely from variations in the age distribution of each population. For example, Nevada County has an older population compared to California as a whole, so higher death rates from conditions such as Alzheimer’s disease—which disproportionately affect older adults—would be expected.



Even after applying age-adjustment calculations, Alzheimer’s disease and other dementias, along with ischemic heart disease, remain the leading causes of death for Nevada County residents, though the rates for both are still somewhat lower than those observed statewide (Figure 2). Stroke continues to be a leading cause of death for both Nevada County residents and Californians. Other malignant neoplasms (cancers) also remain a leading cause of death in Nevada County but do not rank among the leading causes of death statewide.

The most notable difference revealed through age adjustment is that drug overdoses emerge as the third most preventable cause of death for Nevada County residents, occurring at nearly twice the rate seen across California.

Figure 2. Age-Adjusted Leading Causes of Death Rate 2024



\*Other Malignant Neoplasms (Cancers) was not reported as a leading cause of death for the entire California population so there is no comparable data.

While leading cause-of-death data shows the most frequently occurring causes of death, examining the fastest-rising causes of death is equally important. These trends highlight emerging health challenges that require immediate attention and action. Understanding which causes are increasing most rapidly helps guide targeted public health strategies and interventions aimed at reducing preventable deaths.

According to Table 2, the causes of death that increased the fastest among Nevada County residents from 2021 to 2024 include kidney diseases, Parkinson’s disease, and cancers such as lymphomas and multiple myeloma, other malignant neoplasms, and prostate cancer. In contrast, California exhibited a markedly different trend: deaths from influenza rose more steeply than any other cause—by 1,755%—a rate far exceeding all other causes of death during the same period. Additionally, some of the fastest-rising causes of death in California primarily affect children, including, meningitis and low birth weight, and Perinatal Cardiovascular conditions affect women during pregnancy or post-partum. In contrast, the causes increasing most rapidly among Nevada County residents largely affect adults. These differing trends are expected, given that Nevada County has an older population compared to California overall.

Table 2. Fastest Age-Adjusted Increasing Cause of Death by % Rate Increase from 2021 to 2024

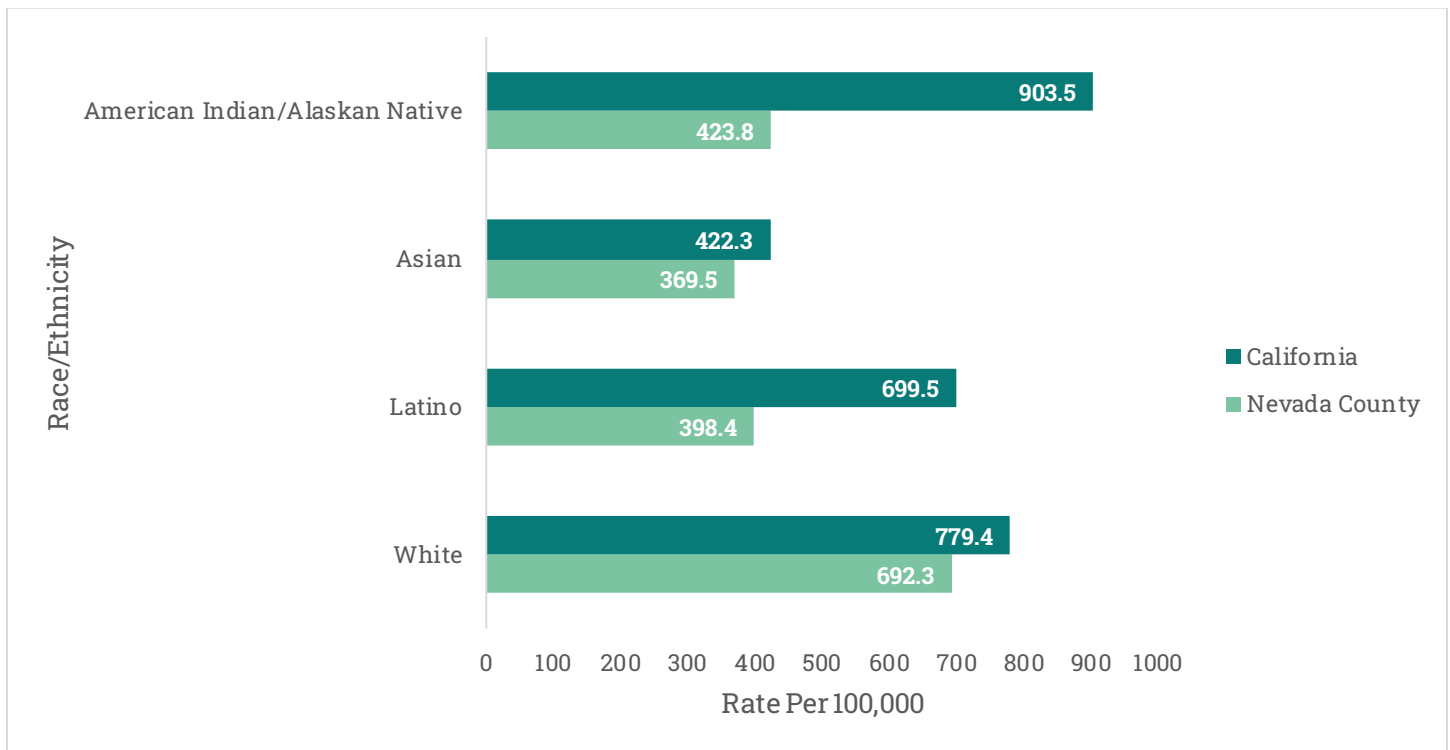
Nevada County		California	
Kidney Diseases	41.2	Influenza	1755.9
Lymphomas and Multiple Myeloma	32.6	Acute Respiratory Distress Syndrome	32.1
Other Malignant Neoplasms (Cancers)	27.4	Perinatal Cardiovascular	30.3
Prostate Cancer	24.4	Meningitis	24.8
Parkinson's Disease	20.4	Low Birth Weight	16.7

Nevada County’s age-adjusted death rates, as seen in Figure 3 below, are lower than California’s across all racial and ethnic groups. Within the county, White residents have the highest mortality rate, followed by American Indian/Alaska Native residents, while Asian residents have the lowest rate.

When compared with statewide data, every group in Nevada County shows a lower mortality rate. The largest differences are seen among American Indian/Alaska Native and Latino residents, whose rates in Nevada County are more than 40% lower than those of their counterparts statewide.

These patterns indicate that, while disparities exist within the county, overall mortality across racial and ethnic groups is consistently lower than statewide averages. However, because some population groups in Nevada County are relatively small, these rates may be sensitive to year-to-year fluctuations and should be interpreted with caution.

Figure 3. Age-Adjusted Death Rate by Race/Ethnicity in Nevada County 2021-2023



For Nevada County, some data is excluded due to little or no data, or small numbers in some demographic subgroups.

# Morbidity Data

Morbidity, in public health, is a key measure used to assess the burden of illness within a population. It quantifies how widely a community is affected by disease, injury, or disability and helps evaluate overall population health. Morbidity refers to the state of being diseased, unhealthy, or injured and includes both acute and chronic conditions. Illnesses such as diabetes, asthma, and influenza all contribute to a community’s morbidity profile, helping determine healthcare needs and the general health status of residents.

There are no ideal direct metrics to evaluate morbidity. Consequently, using hospitalization and Emergency Department (ED) visits provide useful information to examine county level morbidity rates. Emergency department data reflects all visits for urgent issues—ranging from minor injuries to serious conditions—and shows how often people seek immediate care, regardless of whether they are admitted. Hospitalization data, by contrast, captures only those conditions serious enough to require inpatient admission and overnight care. Together, they provide complementary views of community health needs: one focused on utilization, the other on severity.

The top causes of age-adjusted hospitalizations in Nevada County, as shown in Table 3 below, differ substantially from statewide patterns seen across California. While both Nevada County and California list septicemia as the leading cause of hospitalization highlighting the widespread impact of severe infections, the remaining top conditions diverge significantly.

In Nevada County, hospitalizations are predominantly driven by behavioral health and chronic disease. Depressive disorders and schizophrenia appear as the second and third leading causes, indicating a high local demand for mental health care and inpatient behavioral health services. Diabetes mellitus and alcohol-related disorders also rank within the top five, suggesting challenges related to chronic disease management and substance-related health impacts in the community. Statewide, however, the hospitalization profile is shaped largely by maternal and pregnancy-related conditions. These diagnoses reflect California’s high volume of obstetric care and delivery-related hospitalizations, which do not appear as major drivers in Nevada County’s ranking.

Table 3. Top Five Causes of Age-Adjusted Hospitalizations in Nevada County and California 2024

	Nevada County	California
1	Septicemia	Septicemia
2	Depressive disorders	Complications during childbirth
3	Schizophrenia	Prolonged pregnancy
4	Diabetes mellitus	Hypertension complicating pregnancy
5	Alcohol-related disorders	Previous C-section

The fastest-increasing causes of hospitalization from 2021 to 2024 differ sharply between Nevada County and California (Table 4, next page). In Nevada County, the largest increases are driven by medical and cancer-related conditions. In contrast, California’s fastest-rising hospitalizations are led by a dramatic increase in influenza. Together, the patterns show that Nevada County’s growth is concentrated in serious medical and oncologic conditions, while statewide increases are shaped more by infectious diseases or ENT-related conditions.

Table 4. Fastest Age-Adjusted Increasing Cause of Hospitalization by % Rate Increase from 2021 to 2024

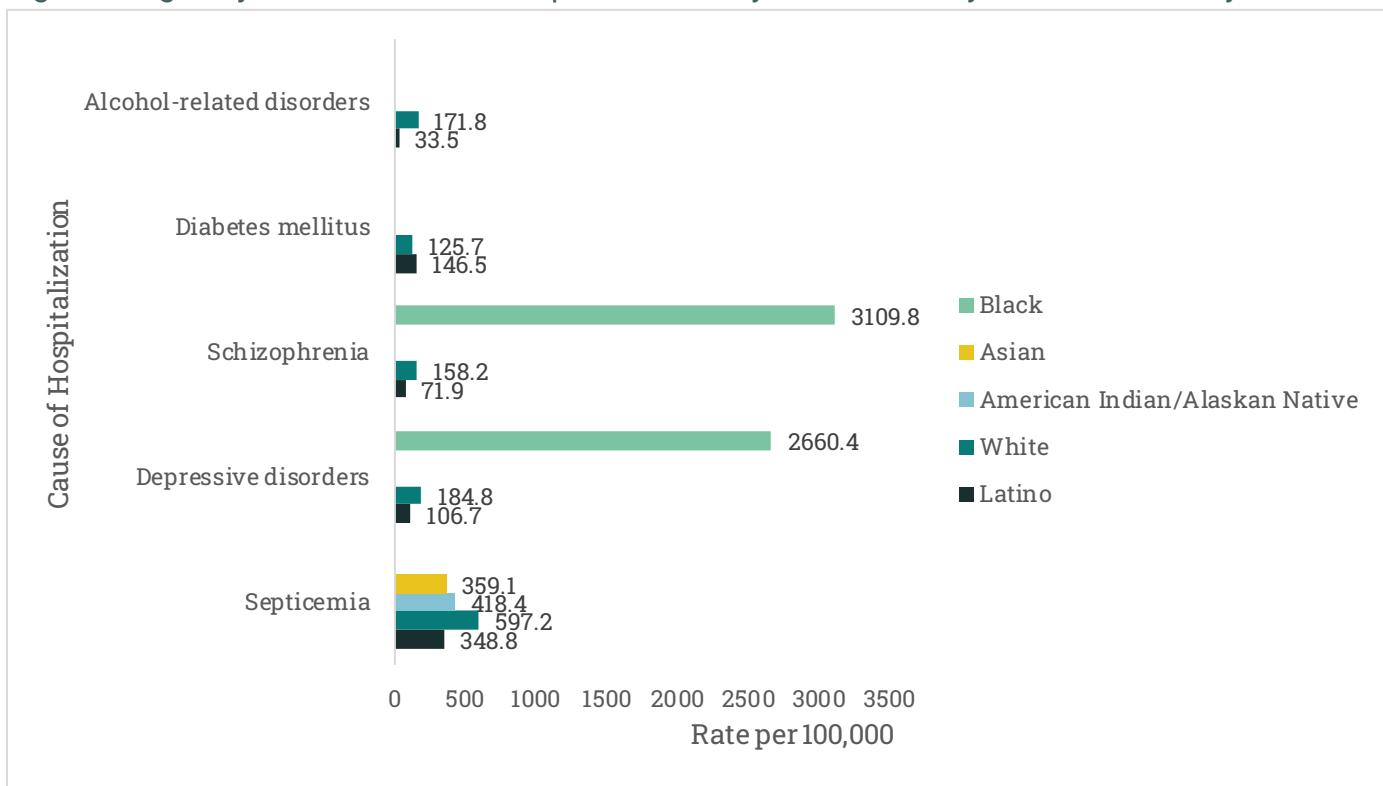
Nevada County		California	
Aspiration pneumonitis	143	Influenza	3031.9
Appendicitis	113.8	Proteinuria	157.2
Other aftercare encounter	108.4	Inhalant-related disorders	141.1
Secondary malignancies	106.9	Diseases of middle ear and mastoid	128.5
Respiratory cancers	98.6	Otitis media	125.2

Figure 4 displays age-adjusted hospitalization rates for the top five causes of hospitalization in Nevada County across race and ethnicity. This chart highlights major disparities in hospitalization rates, especially within behavioral health conditions. The most striking patterns include:

- Much higher behavioral-health hospitalization rates for Black individuals, particularly for schizophrenia and depressive disorders.
- Alcohol-related hospitalizations are much higher for White individuals.
- More modest differences for diabetes, suggesting fewer disparities in that condition compared to others.

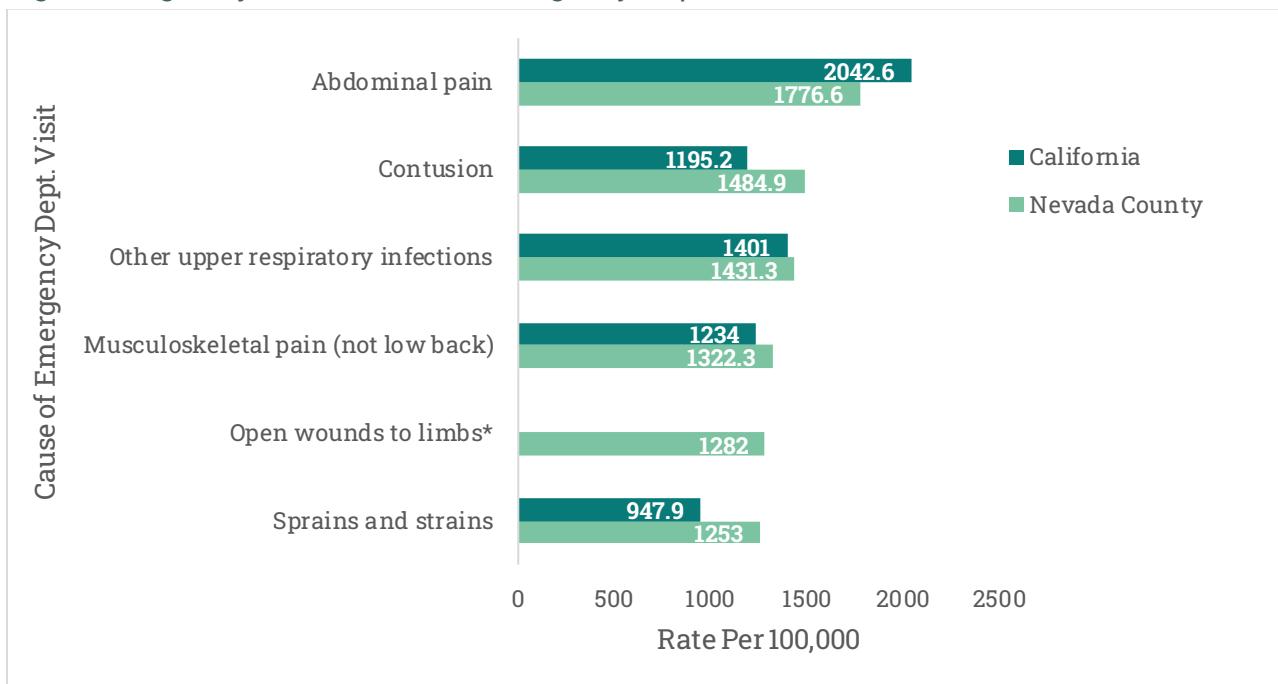
However, because some population groups in Nevada County are relatively small, these rates may be sensitive to year-to-year fluctuations and should be interpreted with caution.

Figure 4. Age-Adjusted Causes of Hospitalizations by Race/Ethnicity in Nevada County 2024



Pivoting to review emergency department visit data, abdominal pain is the top cause of emergency department visits for Nevada County residents and Californians (Figure 5). Nevada County’s rates are higher than the California statewide averages across nearly all injury- and pain-related categories. Nevada County shows elevated rates of sprains and strains, open wounds, musculoskeletal pain, and contusions. These patterns align with Nevada County’s active outdoor environment, where seasonal recreation and tourism may contribute to a higher burden of injury-related Emergency Department utilization.

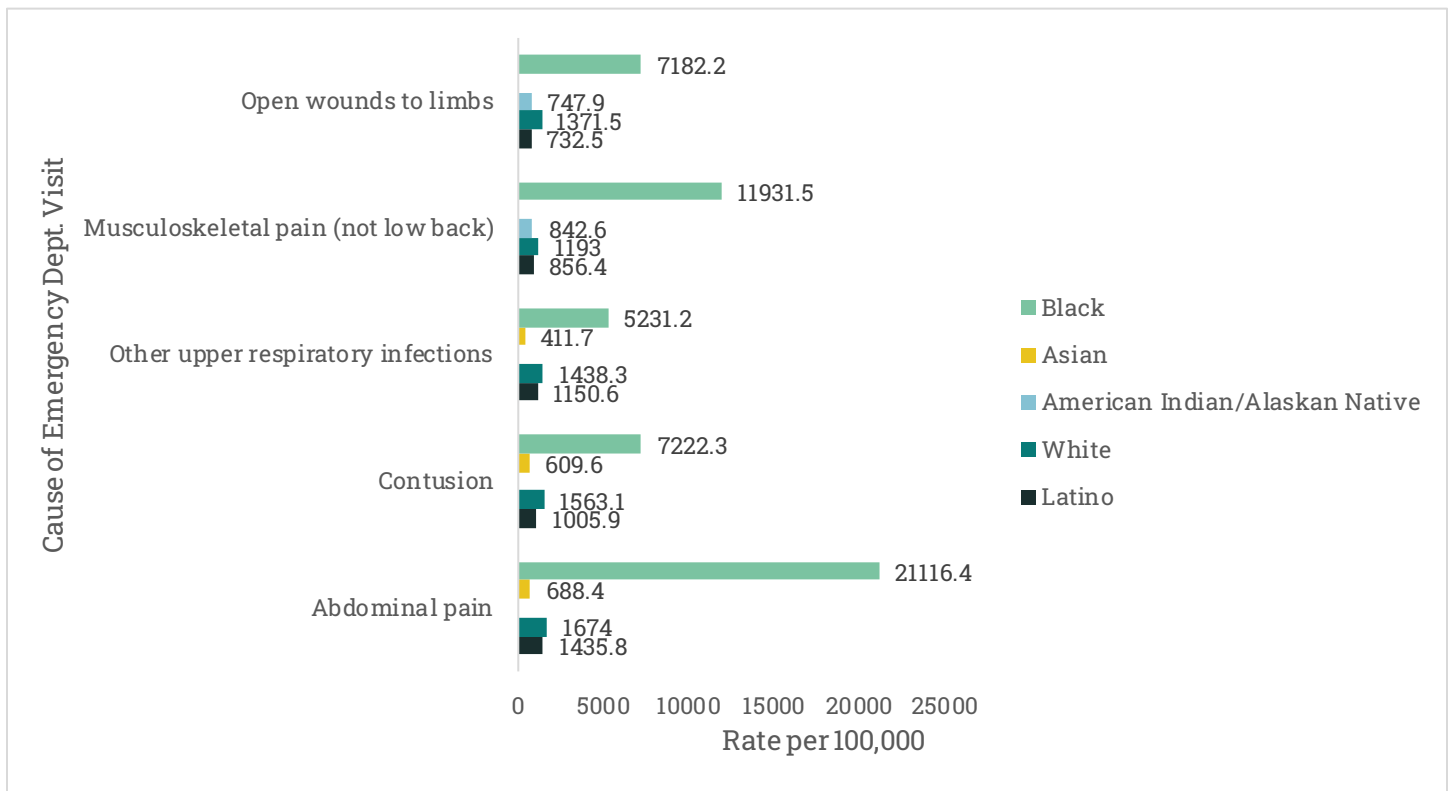
Figure 5. Age-Adjusted Cause of Emergency Department Visits 2024



\*Open wounds to limbs were not reported as a leading cause of emergency department visit for the entire California population so there is no comparable data.

Figure 6 shows that emergency department visit rates vary widely across race and ethnicity with Black individuals consistently exhibiting the highest rates. Across abdominal pain, contusions, upper respiratory infections, musculoskeletal pain, and open wounds to limbs, the visit rates for Black individuals are several times higher than those for other groups. In contrast, Asian, American Indian/Alaskan Native, White, and Latino individuals show comparatively moderate and clustered rates across the same conditions. This pattern indicates a distinctive and much higher level of emergency department utilization within Black individuals for both injury-related and non-injury medical conditions. However, because some population groups in Nevada County are relatively small, these rates may be sensitive to year-to-year fluctuations and should be interpreted with caution.

Figure 6. Age-Adjusted Cause of Emergency Department Visits by Race/Ethnicity in Nevada County 2024



# Community Health Improvement Plan (CHIP) Update

Nevada County Public Health, in partnership with community stakeholders, has made meaningful early progress in implementing the 2025–2027 Community Health Improvement Plan (CHIP). Developed through a collaborative, data-informed process grounded in the Community Health Assessment, the CHIP focuses on three strategic goals: improving access to care, expanding early learning opportunities, and increasing childhood vaccination rates.

## Progress Update by Strategic Goal

### 1. Increasing Access to comprehensive healthcare, prevention, and social services by meeting people where they are.

Progress has centered on establishing a coordinated, cross-sector mobile health model to address persistent access barriers in this rural county, where geographic isolation, lack of transportation, and a shortage of healthcare providers continue to limit care access for many residents.

- The Nevada County Mobile Health Coalition has been convened, bringing together public health, healthcare providers, and community-based organizations.
- Pilot mobile clinic events have been launched, demonstrating strong cross-partner collaboration and demand for services such as dental care, benefits navigation, and preventive health screenings.
- Initial service mapping and coordination efforts are underway to clarify provider roles, reduce duplication, and improve continuity of care.

These efforts directly respond to identified system gaps, including the estimated 16.9% of residents without a usual source of care and the fragmentation of existing services.<sup>2</sup>



<sup>2</sup> Source: Nevada County 2024 Community Health Assessment (CHA).

## 2. Expand access to affordable early learning and care (ELC) experiences in quality, developmentally appropriate, supportive settings through advocacy and promotion.

Recognizing early childhood as a critical social determinant of health, the County has initiated foundational work to expand access to affordable, high-quality early learning opportunities.

- The Early Learning and Care (ELC) Coalition has been established to align partners across education, childcare, and family services systems.
- Launching of a countywide awareness campaign to promote the benefits of early learning and help families navigate available options (<https://www.nevcolpc.org/choosing-the-right-program-for-my-family>).
- A countywide Early Learning and Care (ELC) facilities study identified significant infrastructure and equity gaps, with 74% of overall demand unmet, including a need for 1,345 infant and toddler spaces (ages 0–35 months), representing the most severe area of shortage, with additional unmet need for preschool and TK-aged children across the county.
- The coalition is leveraging policy as a tool for long-term system change, advancing strategies such as local land use and zoning updates to support childcare facilities, incentives for childcare provider recruitment and retention, integration of ELC into housing and economic development planning, and alignment with Universal Prekindergarten (UPK) implementation to expand access and create a more sustainable, equitable early learning system.

## 3. Increasing Childhood Vaccination Rates

The Immunization Coalition has been launched to coordinate a countywide approach to improving vaccination coverage and addressing disparities.

- Work is underway to identify root causes of low vaccination rates, including access barriers, misinformation, and provider availability.
- Launched [NevadaCountyVaxFacts.com](https://NevadaCountyVaxFacts.com), a locally tailored resource featuring the recommended vaccine schedule, provider information, FAQs, and community-specific content designed to address vaccine hesitancy and improve access to accurate, trusted information.
- Partnerships with healthcare providers and schools are being strengthened to support timely immunization.

These strategies respond to local data showing that only 52% of children receive key early vaccinations on schedule and that kindergarten immunization rates lag behind the state average.<sup>3</sup>

### Health Disparities and Equity Focus

Across all three goals, Nevada County is applying an explicit equity lens, prioritizing populations most impacted by disparities, including rural residents, low-income families, and communities with limited access to transportation and healthcare services.

The CHIP emphasizes addressing root causes of inequities by integrating healthcare, social services, and community-based support, and by strengthening culturally responsive and community-informed approaches.

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<sup>3</sup> Source: Nevada County 2024 Community Health Assessment (CHA).

## Policy Recommendations

To sustain and accelerate progress, the following policy actions are recommended:

### 1. Support Non-Traditional Care Delivery Models

- Adopt and operationalize policies that prioritize mobile, community-based, and integrated service delivery models across County programs.
- Ensure future program design includes strategies to reach underserved and geographically isolated populations.

### 2. Strengthen Early Learning Infrastructure

- Advocate for local and state investments to expand childcare capacity, particularly for infants and toddlers.
- Support policies that align school districts, childcare providers, and community partners to fully implement UPK and improve access for working families.

### 3. Improve Immunization Access and Trust

- Support policies that expand school- and community-based vaccination opportunities.
- Promote consistent, evidence-based public health messaging and partnerships with trusted community messengers.

### 4. Enhance Cross-System Coordination

- Formalize data-sharing and service coordination agreements across health, education, and social service sectors.
- Strengthen partnerships with Medi-Cal managed care plans and providers to improve continuity of care following mobile or community-based services.

### 5. Address Transportation and Access Barriers

- Explore policies and funding opportunities to improve transportation options for healthcare and social services, particularly in rural areas.

## Conclusion

Nevada County has built strong momentum in the first phase of CHIP implementation, grounded in collaboration, community engagement, and data-driven decision-making. Continued investment in these strategies, alongside supportive policy action, will be essential to improving health outcomes, reducing disparities, and ensuring that all residents have the opportunity to achieve optimal health.