State of Nevada

Nevada Vision Stakeholder Group

Quality-of-Life Indicators, Group 1

Discussion Notes

January 2010

Prepared for:

State of Nevada

Carson City, NV

121 N. Walnut Street – Suite 500 – West Chester PA 19380

EXHIBIT E-1 NevadaStakeholder Document consists of 6 pages.

✓ Entire document provided.

Demographics

Nevada and its two largest metro areas—Las Vegas and Reno—have seen outsized **population growth** over the past two decades. This pattern is fairly typical of tourism and retirement-destination areas, as seen in Florida, Orlando and Myrtle Beach. These areas all saw noticeable slowdowns in growth as the recent recession slowed domestic migration and held many residents in place.

By race and ethnicity, the U.S. and most states and metro areas are majority white, but that margin has been narrowing. Hawaii and Honolulu are outliers because their population is heavily weighted toward Pacific Islanders. By race, Nevada has seen the fastest growth in the share of its population that is of Asian descent or those of two or more races. The state and its metro areas also have a much higher share of residents of Hispanic ethnicity, a category than is separate from race. By age, Nevada's population skews slightly younger than the U.S. and other tourism-related geographies.

Poverty rates in Nevada, as with the nation as a whole, tend to be higher among minority groups. However, compared to similar states and metro areas, the state is fairly well position. This income disparity is also evident for **median household income** by the race and ethnicity of the head of household. In this arena, Reno is more of a laggard than either Las Vegas or the state as a whole.

One demographic area in which Nevada tends to lag comparable states and metros is **educational attainment**. The share of those age 25 years and over with a high school diploma or greater matches or falls below most other geographies. This is particularly notable among those of Hispanic heritage, for whom the share with just a high school education is fairly equal, but those with higher education comprise a smaller share of the population base.

Economic structure

Nevada's **industrial diversity** has increased in the past two decades as development has progressed in a few other industries in addition to leisure/hospitality. States used for comparison in 2008 have broadened their economies to a lesser extent. Nevada still has a very narrow economy, but its industrial structure is changing relatively faster. Looking at specific metro areas, Las Vegas has significant similarity to Orlando, FL, but also to Atlantic City, NJ. Atlantic City is actually more gaming dependent than Las Vegas. Reno's increasing diversity now makes it more comparable, in a broad sense, to Honolulu, HI or Myrtle Beach, SC. Nevada's relatively small population compared to Florida is a limiting factor. Hawaii has a larger military presence which requires supporting industries that add breadth. Utah does not have a comparable industry makeup and is not a suitable comparison.

Nevada's narrow economy that is highly dependent on discretionary spending from outside its borders translates into high **employment volatility** compared to other states, even those with large tourist industries. Florida gains some stability from the high proportion of retired residents with incomes that are not tied to the economic cycle. Hawaii has large military installations that provide stability. Honolulu, although viewed as a tourist destination, the area is also the state capital, a role that generally offers relative economic stability. As dependent as Atlantic City is on tourism, it has comparatively low employment volatility. As a regional beach destination, the recession had less of an impact on family vacations to the shore in summer than on other leisure activities. Las Vegas does not have a comparable alternative leisure activity to draw regional visitors, making it comparable to Myrtle Beach which has suffered from a similar lack of discretionary spending for golf vacations, has high diversity similar to that of Las Vegas, despite having a broader economy. The economics of Las Vegas, Reno, Orlando and Myrtle Beach all have **large responses to the U.S. economic cycle**. Honolulu and Atlantic City less so because of other stabilizing factors.

Nevada has a much lower than average concentration of **high-tech employment**. This limits opportunities for highly-skilled workers, which in turn limits the attractiveness of the state for firms requiring them. Las Vegas resembles Atlantic City in this respect and Reno resembles Myrtle Beach. Honolulu benefits somewhat from technological requirements of the state capital and as a major defense location. Orlando benefits from high-tech production surrounding Disney and from high-tech government contracts. Reno, Las Vegas, Myrtle Beach and Atlantic City are lean on **office-using** business and other services which are increasingly tech-using.

Location quotients:

All have high dependence on leisure/hospitality industries.

All typically have low dependence on manufacturing.

Construction is mixed. Honolulu and Atlantic City have slower than average population growth and construction concentration is average or lower. Opposite for the other areas. All are below average on health services. Las Vegas is the lowest.

Most have average concentration of retail sales employment. Myrtle Beach is exception with a high concentration. Retail tourism?
With the exception of Honolulu, all have smaller government presence than average.

Education

Nevada students don't stack up well against students from other states and compare even less favorably to students from other developed and many developing nations, especially those in Asia. The U.S. lags other OECD nations in **math and science scores** at 15 years of age. American, and even more so, Nevada students are not qualified to compete in the new global economy, a problem for attracting such jobs to the state.

Nevada children are far less likely than average to enter preschool, at about half the rate as elsewhere in the nations. While children aged 5 to 17 approach the national enrollment average, after age 18 the **enrollment rate** drops sharply both in level and compared to the U.S. Opportunities in the state do not challenge students to achieve their potential and once many students reach the age where they are no longer required to attend, they choose not to.

There are marked differences in the **performances of students of different** races/ethnicities. Early on, **students with disabilities** outperform their counterparts in the rest of the nation, but that difference largely disappears by 8th grade. A Nevada high school **freshman** is much less likely to graduate than the national average.

Healthcare

Nevada has a lower than average **obesity rate**. However, in ten years, it fell from the second best in the country to 20th, indicating that Nevadans are becoming obese at a faster rate than in most other states. Obesity is linked to other health problems and the better than average rate could imply that Nevadans are healthier than most Americans. However, this is not the case. In many other statistics, Nevada ranks low in health.

The proportion of Nevadans in **fair or poor health** rose sharply in ten years, while the state fell from 23rd to 43rd in rankings. While the proportion of the populations of most states that **exercises** increased between 1998 and 2008, relatively fewer Nevadans exercise today than in the past.

One area that Nevada has improved in both in absolute level and in its position in the rankings is the **proportion of adults that smoke**. Like in most other areas, there has been a substantial drop in cigarette use. Nevadans are quitting (or not starting) at a faster rate than in the nation. Nevertheless, Nevada still has one of the highest proportions of smokers in the country.

While the nation and Nevada are smoking less, they are drinking more. The proportion of **heavy drinkers** is increasing in most states. Nevada had the highest rate in 1999 and still held the worst position in 2008.

Women's health is also problematic for Nevada. The percentage of women over 40 that have had a mammogram within the past two years is the fourth lowest among all states. Furthermore, while the percentage improved from 1998 to 2008 in most states, only Washington, DC, Maryland, Alaska and Nevada saw the proportion drop.

The HHS National Healthcare Quality Report ranks Nevada in the bottom half of rankings in 15 of 18 categories, among them maternal and child health.