

Maternal and Child Health Advisory Board Sub-committee to Develop 3-5 State Performance Measures

April 8, 2016

Identified Priorities

1. Access to care: late or no prenatal care
2. Teen pregnancy prevention: repeat teen births
3. Perinatal mental health: postpartum depression and suicide among children and adolescents
4. Substance use during pregnancy

1. **Access to care: late or no prenatal care**

Currently, Nevada is tracking the *percent of pregnant women who receive prenatal care beginning in the first trimester as a National Outcome Measure (NOM)* in the MCH Block Grant. This NOM is under National Performance Measure (NPM) 1: Well-woman visits (*Percent of women with a past year preventive medical visit*). To align with this NOM, MCH developed an objective in the current five-year strategic plan “to increase the percent of women receiving prenatal care in the first trimester.” The goal is to ensure early entrance into prenatal care to enhance pregnancy outcomes.

Nevada can opt to develop a corresponding State Performance Measure (SPM) on late or no prenatal care or incorporate it in NPM 1: Well-woman visits.

Data Sources:

- Birth Certificate
- Data on late or no prenatal care were presented in the previous subcommittee meeting.

2. **Teen pregnancy prevention: focus on repeat teen births**

State program: The State program that oversees teen pregnancy prevention efforts is the Personal Responsibility Education Program (PREP). PREP focuses on abstinence and contraceptives, sexually transmitted infections (STIs), and adulthood preparation subjects. Characteristics of the population served by PREP includes: teens aged 13-19 years at-risk of becoming pregnant or parenting and teens up to 21 years of age if they are currently pregnant or parenting.

Partners: PREP partners with following agencies to enhance teen pregnancy prevention activities:

- Carson City Health and Human Services serves Carson City, Lyon, Douglas, and Storey counties

- Planned Parenthood Mar Monte, serves Washoe County
- Family Resource Center of Northeastern Nevada, serves Elko, White Pine, Lander, and Humboldt counties
- Planned Parenthood of the Rocky Mountains, serves Latino youth in Clark County
- The Center, serves LGBTQ youth in Clark County

Ongoing activities

While only one subgrantee specifically works with pregnant and/or parenting teens, all subgrantees are able to work with teen parents if they fall under the guidelines for participation. Each subgrantee has the ability to pick an approved evidence-based curriculum to implement in their service areas.

- Carson City Health and Human Services and The Family Resource Center of Northeastern Nevada utilize *Be Proud! Be Responsible!* For all 13-18 year olds in their service areas.
- Planned Parenthood of the Rocky Mountains and Planned Parenthood Mar Monte use *¡Cuídate!* which is based on *Be Proud! Be Responsible!* but with a focus on Latino/Hispanic youth.
- Planned Parenthood Mar Monte implements *Sexual Health and Adolescent Risk Prevention (SHARP)* among youth involved with the juvenile justice system, or at-risk youth.
- Planned Parenthood Mar Monte also has a program “Teen Success” which involves working with pregnant and parenting teens in Washoe County.
 - Teen Success is a theory-supported group intervention that focuses on developing assets, skills, and resiliency among members through a strong program of education, support, and linkage to clinic services.
 - The program has been successful in delaying a second pregnancy until participants complete their high school, GED or vocational education.
 - Over the program history, 96% of members have maintained their family size.
 - Since 2004 when the replication began, 99% have achieved this outcome.
- The Center uses the evidence-based program *Reducing the Risk* which has an LGBTQ supplemental component.

Data sources for this priority

- Birth certificates are the primary data source for repeat teen births however, it will be difficult to measure LARC usage statewide. PREP provides the education and if applicable, clinical referrals to services such as LARC usage.
- CDC
- Office of Adolescent Health (whose data they receive from CDC).

Please see data on repeat teen births in the attachment or meeting packet. Data are from the birth certificate.

3. Perinatal mental health

State program: Maternal & Infant Health (MIH) Program oversees activities on postpartum depression.

Partners: MIH partners with following programs/agencies to conduct postpartum depression prevention and education activities:

- Home Visiting
- The Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality: Nevada participates in Preconception and Interconception strategy areas
- Rape Prevention and Education program
- Medicaid
- Bureau of Behavioral Health Wellness and Prevention. This bureau consists of the following programs: Substance Abuse Prevention & Treatment Agency (SAPTA), Mental Health, and the HIV Program).

Ongoing activities

- Home Visiting screens every mother that gives birth in the program at six weeks postpartum with the Edinburgh Postnatal Depression Screening tool. If the Edinburgh score is “high” or qualifies for referral, the client is then referred to services. If the score is borderline, the client is rescreened 6 weeks later. Many times seasoned staff will refer the client to services if they feel it is warranted or they will revisit their concerns at the next session. Home Visiting also has a new policy to screen all clients quarterly for depression. Please see attached Edinburgh Postnatal Depression Screening tool.
- MCH participates in the Collaborative Improvement & Innovation Network (CoIIN) to reduce infant mortality and focuses on the preconception and interconception learning groups. One of Nevada’s activities in the CoIIN network is to collect data on well-woman visits throughout child bearing ages, including postpartum care visits on or between 21-56 days after delivery. Each well-woman visit is to include:
 - Safety guidance
 - Screening for chronic conditions and next steps
 - Healthy lifestyle choice advice
 - Life course planning and contraception

The main focus of the CoIIN learning network is not directly related to postpartum depression, but to increase the most effective method of contraception and birth spacing.

- MIH also promotes postpartum screenings for the mother as a service that can be billed to the baby’s Medicaid. There is a limit of four screenings during the baby’s first year only, which align with well-child checks. These screenings should be done at the check with the pediatrician or primary care physician. The provider bills their E & M code on a separate line 99420 and can be billed at the same time.
- MIH has reached out to Postpartum Support International (PSI), Nevada Chapter, to collaborate on activities related to postpartum depression screening. PSI focuses on

improving screening practices of primary care providers and OB/GYNs for mental health issues during and after pregnancy.

- MIH is in the process of developing postpartum depression and postpartum visit resources to be included in the PINK packet. PINK is an acronym for protect and immunize Nevada's kids. PINK packets are available at every hospital to all parents who give birth in Nevada and contain free information about newborn vaccinations, health tips, and safety materials.

State program: Office of Suicide Prevention

Note: Currently, Nevada is tracking adolescent suicide rate ages 15 through 19 per 100,000 as a National Outcome Measure in the MCH Block Grant.

In 2014, Nevada's suicide rate was 20.2 per 100,000 population and was ranked 6th highest in the nation. In the same year, the national suicide rate was 13.4. The state with the highest suicide rate was Montana (24.5) and the state with the lowest rate was New York (8.6).

The Office of Suicide Prevention (OSP) is conducting the following activities around the state:

- i. Service Members, Veterans and their Families (SMVF): OSP has partnered with the Nevada National Guard, the VA and the Office of Veterans Policy to greatly increase and enhance suicide prevention efforts for SMVF. In a unique collaboration of service member/civilian training teams, OSP has reached over 400 soldiers and airmen in ASIST or safeTALK, including the Adjutant General and over 80% of his leadership staff. Nevada has participated in three SAMHSA academies with the most recent focusing on Substance Use Disorders. OSP will enhance current suicide prevention strategies with SUD prevention strategies.
- ii. School-Based Screening: OSP has established sustainable screening programs in Lyon, Washoe, Storey and Pershing counties through partnerships with the Children's Cabinet, Community Chest, Healthy Communities Coalition, Nye Community Coalition and the Frontier Community Coalition. These community coalitions have been funded and mentored to the point of sustaining their local screening programs annually with their local school districts. OSP is currently working to develop screening programs in Elko and Carson counties with the support of Pace and Carson Community Coalitions.
- iii. AB 164 was passed in 2013 to require all school administrators be trained in suicide and bullying prevention. In collaboration with the Nevada Department of Education and local school districts, OSP has trained over 200 of the 900 district superintendents and administrators in 10 counties: Lyon, Pershing, White Pine, Churchill, Elko, Carson, Nye, Lincoln, Lander and Humboldt. Other counties such as Clark and Washoe are addressing AB 164 on their own.

- iv. Reducing Access to Lethal Means: OSP has educated over 3,300 state firearm owners in firearm security and safety, to include gun shop and shooting ranges employees in Suicide Alertness and Intervention skills. The program has also supplied electronic firearm securing and safety brochures to 85% of the states middle and high schools, in order to educate parents of at risk students about suicide-proofing their homes.
- v. AB 29: Committee to Review Suicide Fatalities—Developed review tools and online database as well as forging relationships with Veteran-serving organizations to facilitate information-sharing to improve prevention. Three face-to-face reviews were conducted and the first report with recommendations was developed in the Fall of 2015.
- vi. Training: OSP, in collaboration with the Nevada Coalition for Suicide Prevention, has trained over 4,200 Nevadans in suicide intervention and alertness training and brought Suicide Awareness to tens of thousands of the states population through media and news outlets. A recent behavioral health survey confirmed the stigma and taboo around the subject of suicide is reducing.
- vii. The second statewide suicide prevention conference was held in Las Vegas, October 22-23, 2015 with several national suicide prevention experts and local prevention partners. Topics included: lived experience, SMVF initiatives, reducing access to lethal means, youth suicide prevention, post-vention, juvenile justice and corrections and elder suicide prevention.
- viii. Project Aware: Through a subgrant with the Department of Education, OSP will hire a Youth Mental Health Coordinator and program assistant and data specialist to coordinate and evaluate statewide Youth Mental Health First Aid implementation. Nevada hosted the first Train the Trainer event in June, 2015 with 19 trainers representing multiple counties. OSP will then mentor new trainers to maintain fidelity of the curriculum.

State program: Bureau of Behavioral Health Wellness and Prevention

The Bureau of Behavioral Health Wellness and Prevention houses the Behavioral Health Services Planning Program which conducts several activities on mental health. For more information, please visit their website at http://dpbh.nv.gov/Programs/ClinicalBHSP/HOME_Behavioral_Health_Services_Planning/

State program: Division of Health Care Financing and Policy (DHCFP)

Last year, Nevada was chosen to conduct the National Governor's Association (NGA) project to provide a system of support for youth's behavioral health with a focus on trauma that does not constitute a behavioral diagnosis. The NGA project will identify 6th graders who are in crisis, find a way to intervene and provide services, and find avenues

to decrease costs through inpatient site visits. The state will engage various stakeholders to establish a mandate on the screening. The Discovery tool will be used to conduct screenings. This will require training staff, including community health workers and community nurses to implement the project.

The Child and Adolescent Needs and Strengths (CANS) has been selected as the instrument that will be customized to assess youth for rising risk. The rising risk group will be enrolled in the REACH program for supportive youth intervention which includes a series of classes, parent coaching, community integration and coordination. The program will include a \$50.00/ month incentive and will be conducted in schools, Family Resource Centers and/or at boys and girls clubs around the state. Medicaid/CHIP will pay for these services.

Data sources for postpartum depression

- Nevada Baby Birth Evaluation and Assessment of Risk Survey (Baby BEARS), a PRAMS-like survey, collects data on postpartum depression.
- Home Visiting collects postpartum depression data using the Edinburgh Postnatal Depression Screening tool at six weeks postpartum.
- Medicaid

Data sources for suicide

- Death Certificate
- CDC/National Center for Health Statistics
- The Youth Risk Behavior Surveillance System (YRBSS)

Please see data on suicide in the attachment or meeting packet. Data on suicide and mental health from the Substance Abuse and Mental Health Services Administration were shared in the previous meeting.

4. Substance use during pregnancy

State program and Partners: Nevada MCH Program collaborates with the Substance Abuse Prevention and Treatment Agency to oversee the *Sober Moms, Healthy Babies* website.

Ongoing activities

- The goal of the *Sober Moms, Healthy Babies* website is to generate attention to substance use, to facilitate prevention efforts, connect people to treatment services, and connect professionals to resources.
 - An updated list of certified treatment programs/centers is posted on the *Sober Moms, Healthy Babies* website and on the Bureau of Behavioral Health Wellness and Prevention webpage.
- An updated letter to all OB-GYN's was developed by SAPTA to stress the priority status of pregnant women using substances in treatment.
- Text4Baby messaging on substance use during pregnancy.

- Nevada 211 (provides training to 211 Call Center Staff to properly evaluate and refer callers who may be pregnant and substance users).
- The Nevada Tobacco Quit line (NTQ) provides callers with up to five personalized, culturally competent coaching sessions, unlimited inbound calls, web and text support, and nicotine replacement therapies free of charge to callers ages 18 and up. NTQ partners with National Jewish Health to provide customized programs for pregnant and post-partum women and considers those who use tobacco during pregnancy a priority for tobacco cessation.
- The 4P's Plus© Screening for substance use during pregnancy is no longer grant-supported, but continues in a few practices in the state with collected data reported to SAPTA. The 4P's Plus© is a five-question screen specifically designed to quickly identify obstetrical patients in need of in-depth assessment or follow up monitoring for risk of alcohol, tobacco and/or illicit drug use. It takes less than one minute thus easily integrated into the initial prenatal visit and used for follow up screening throughout the pregnancy.
- Drug affected and fetal alcohol syndrome (FAS) manikins from Realityworks. Realityworks dolls display birth outcomes of FAS and drug use in pregnancy and are shared with various partner agencies to educate pregnant and parenting teens.
- Substance use during pregnancy is one of the priorities in the National Governor's Association Learning Network for Improved Birth Outcomes in Nevada.

Data sources for substance during pregnancy

- Baby Birth Evaluation and Assessment of Risk Survey (Baby BEARS)
- SAPTA
- Hospital Inpatient and Hospital Emergency Room data
- Behavioral Risk Factor Surveillance System (BRFSS): Data is on substance use among women of childbearing age (18-44).

Please see data on substance use in the attachment or meeting packet (BRFSS, Hospital inpatient and hospital emergency data).

State Performance Measure: Mental Health

Percentage of high school students who attempted suicide,* by sex — Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
	Yes	N	468	283	185
% [†]		11.80%	14.50%	8.90%	
C.I. [§] (95%)		(10.4-13.2)	(12.3-16.7)	(7.1-10.7)	
No	N	3,209	1,640	1,569	
	%	88.20%	85.50%	91.10%	
	C.I. (95%)	(86.8-89.6)	(83.3-87.7)	(89.3-92.9)	

Percentage of middle school students who ever tried killing themselves, by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a	445	328	111
% ^b		8.70%	12.60%	4.80%	
C.I. ^c (95%)		(7.5-9.8)	(10.8-14.5)	(3.4-6.1)	
No	N ^a	3967	2001	1957	
	% ^b	91.30%	87.40%	95.20%	
	C.I. ^c (95%)	(90.2-92.5)	(85.5-89.2)	(93.9-96.6)	

Percentage of high school students who attempted suicide, ^e by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a	488	308	176
% ^b		9.80%	11.70%	7.80%	
C.I. ^c (95%)		(8.7-10.9)	(10.0-13.4)	(6.4-9.3)	
No	N ^a	3928	2008	1904	
	% ^b	90.20%	88.30%	92.20%	
	C.I. ^c (95%)	(89.1-91.3)	(86.6-90.0)	(90.7-93.6)	

* One or more times during the 12 months before the survey.

† Weighted row percent.

§ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e One or more times during the 12 months before the survey

Percentage of high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse,* by sex— Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
	Yes	N		153	86
% [†]			4.30%	4.90%	3.70%
C.I. [§] (95%)			(3.4-5.2)	(3.5-6.2)	(2.5-4.9)
No	N		3,494	1,821	1,673
	%		95.70%	95.10%	96.30%
	C.I. (95%)		(94.8-96.6)	(93.8-96.5)	(95.1-97.5)

Percentage of high school students whose suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse, ^e by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a		152	86
% ^b			3.20%	3.50%	2.90%
C.I. ^c (95%)			(2.6-3.9)	(2.6-4.5)	(2.1-3.8)
No	N ^a		4289	2242	2029
	% ^b		96.80%	96.50%	97.10%
	C.I. ^c (95%)		(96.1-97.4)	(95.5-97.4)	(96.2-97.9)

* During the 12 months before the survey.

† Weighted row percent.

§ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data

^b Weighted row percent

^c 95% confidence interval

^e During the 12 months before the survey

State Performance Measure: Substance Use

**Binge Drinking (females having 4 or more drinks on one occasion)
among Nevada Women (18 to 44)
Office of Public Health Informatics and Epidemiology
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Yes	No
Statewide	Nevada	3,346	2,312,007	13.5 (12.0-15.1)	86.5 (84.9-88.0)
Geography	Clark County	1,053	1,404,208	11.3 (9.1-13.5)	88.7 (86.5-90.9)
	Washoe County	960	318,324	16.1 (13.2-18.9)	83.9 (81.1-86.8)
	Balance of State	734	199,158	12.5 (9.8-15.3)	87.5 (84.7-90.2)
Age	18-19	150	176,578	7.1 (3.2-11.0)	92.9 (89.0-96.8)
	20-24	403	368,684	17.0 (12.3-21.7)	83.0 (78.3-87.7)
	25-29	529	407,096	17.0 (12.6-21.4)	83.0 (78.6-87.4)
	30-34	719	484,251	14.9 (11.4-18.4)	85.1 (81.6-88.6)
	25-39	731	425,854	10.6 (7.6-13.5)	89.4 (86.5-92.4)
	40-44	814	449,544	11.5 (8.5-14.4)	88.5 (85.6-91.5)
Race/Ethnicity	White	982	599,110	16.3 (13.0-19.6)	83.7 (80.4-87.0)
	Black	73	96,081	22.5 (10.7-34.3)	77.5 (65.7-89.3)
	Other Race	223	218,106	9.4 (4.3-14.5)	90.6 (85.5-95.7)
	Hispanic	449	478,899	6.3 (3.6-9.0)	93.7 (91.0-96.4)
Education	Less than H.S.	359	463,152	7.2 (4.3-10.1)	92.8 (89.9-95.7)
	H.S. or G.E.D.	818	602,508	13.3 (10.3-16.4)	86.7 (83.6-89.7)
	Some Post H.S.	1,088	781,641	16.5 (13.4-19.6)	83.5 (80.4-86.6)
	College Graduate	1,079	463,270	15.2 (12.4-17.9)	84.8 (82.1-87.6)

Data provided by: Office of Public Health Informatics and Epidemiology

~ Data may not meet the criteria for reliability, data quality or confidentiality due to small counts.

*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released.

**Binge Drinking (females having 4 or more drinks on one occasion)
among Nevada Women (18 to 44)
Office of Public Health Informatics and Epidemiology
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Yes	No
Income	< 15,000	324	262,969	13.0 (8.3-17.7)	87.0 (82.3-91.7)
	\$15,000 to \$24,999	590	441,039	12.0 (8.5-15.4)	88.0 (84.6-91.5)
	\$25,000 to \$34,999	343	258,828	12.5 (7.9-17.0)	87.5 (83.0-92.1)
	\$35,000 to \$49,999	381	234,283	14.9 (10.1-19.7)	85.1 (80.3-89.9)
	\$50,000 to \$74,999	482	267,479	20.3 (15.0-25.5)	79.7 (74.5-85.0)
	\$75,000+	805	425,385	16.2 (12.7-19.7)	83.8 (80.3-87.3)

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**Nevada Women (18 to 44) who are Current Smokers
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Yes	No
Statewide	Nevada	2,597	1,946,892	14.4 (12.5-16.4)	85.6 (83.6-87.5)
Geography	Clark County	887	1,235,124	13.8 (10.9-16.6)	86.2 (83.4-89.1)
	Washoe County	787	272,759	14.3 (11.2-17.5)	85.7 (82.5-88.8)
	Balance of State	592	171,858	17.1 (13.5-20.7)	82.9 (79.3-86.5)
Age	18-19	119	146,524	11.2 (2.8-19.6)	88.8 (80.4-97.2)
	20-24	327	329,134	13.6 (8.6-18.6)	86.4 (81.4-91.4)
	25-29	414	336,784	19.5 (13.5-25.6)	80.5 (74.4-86.5)
	30-34	552	402,148	16.5 (12.4-20.7)	83.5 (79.3-87.6)
	25-39	566	357,569	9.2 (6.4-11.9)	90.8 (88.1-93.6)
	40-44	619	374,734	14.5 (10.4-18.6)	85.5 (81.4-89.6)
Race/Ethnicity	White	1,001	615,135	17.6 (14.1-21.1)	82.4 (78.9-85.9)
	Black	80	113,158	27.4 (14.1-40.8)	72.6 (59.2-85.9)
	Other Race	229	223,652	13.0 (5.9-20.0)	87.0 (80.0-94.1)
	Hispanic	459	488,112	8.6 (5.0-12.2)	91.4 (87.8-95.0)
Education	Less than H.S.	305	408,355	15.5 (9.9-21.0)	84.5 (79.0-90.1)
	H.S. or G.E.D.	633	502,009	19.1 (15.0-23.1)	80.9 (76.9-85.0)
	Some Post H.S.	854	655,963	15.5 (12.1-18.9)	84.5 (81.1-87.9)
	College Graduate	803	379,128	5.4 (3.5-7.4)	94.6 (92.6-96.5)
Income	< 15,000	260	221,488	22.9 (15.3-30.4)	77.1 (69.6-84.7)
	\$15,000 to \$24,999	486	374,919	16.5 (12.5-20.6)	83.5 (79.4-87.5)

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**Nevada Women (18 to 44) who are Current Smokers
Behavioral Risk Factor Surveillance System: 2011 to 2015***

	\$25,000 to \$34,999	272	228,741	18.2 (11.7-24.7)	81.8 (75.3-88.3)
	\$35,000 to \$49,999	284	195,944	12.6 (7.8-17.4)	87.4 (82.6-92.2)
	\$50,000 to \$74,999	363	221,033	11.5 (7.4-15.5)	88.5 (84.5-92.6)
	\$75,000+	588	346,936	8.8 (5.5-12.1)	91.2 (87.9-94.5)

Data provided by: Office of Public Health Informatics and Epidemiology

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**Four Levels of smoking for Nevada Women (18 to 44)
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Smokes Every day	Smokes Some Days	Former Smoker	Never Smoked
Statewide	Nevada	3,189	2,433,484	11.5 (9.8-13.3)	4.3 (3.4-5.3)	14.1 (12.4-15.8)	70.1 (67.7-72.4)
Geography	Clark County	1,102	1,596,146	11.3 (8.8-13.7)	3.8 (2.5-5.1)	13.2 (10.9-15.6)	71.7 (68.4-75.0)
	Washoe County	993	353,332	11.7 (8.5-15.0)	5.3 (3.6-7.0)	14.1 (11.5-16.6)	68.9 (64.9-72.9)
	Balance of State	763	216,855	13.1 (10.3-15.9)	6.1 (3.9-8.3)	17.6 (13.8-21.4)	63.2 (58.8-67.5)
Age	18-19	131	179,896	7.5 (1.0-13.9)	1.6 (0.0-4.0)	2.3 (0.0-5.3)	88.6 (81.1-96.1)
	20-24	371	409,882	10.7 (6.2-15.2)	5.5 (2.3-8.6)	6.5 (3.1-9.9)	77.3 (71.3-83.3)
	25-29	483	409,492	14.7 (9.2-20.1)	4.8 (2.6-7.1)	15.8 (11.2-20.5)	64.7 (58.3-71.0)
	30-34	683	517,915	13.2 (9.2-17.1)	5.4 (3.3-7.5)	16.7 (12.5-21.0)	64.7 (59.3-70.2)
	25-39	721	442,529	8.5 (5.6-11.3)	2.9 (1.5-4.4)	18.2 (14.3-22.2)	70.3 (65.7-75.0)
	40-44	800	473,771	12.1 (8.8-15.4)	4.0 (2.0-6.0)	16.9 (13.2-20.7)	67.0 (62.2-71.9)
Race/Ethnicity	White	1,001	615,135	11.2 (8.2-14.2)	6.4 (4.3-8.5)	19.4 (16.0-22.8)	63.0 (58.7-67.3)
	Black	80	113,158	14.8 (4.6-25.1)	12.6 (2.0-23.2)	9.2 (0.0-18.9)	63.4 (48.6-78.1)
	Other Race	229	223,652	10.1 (3.3-16.8)	2.9 (0.5-5.3)	14.1 (7.4-20.9)	72.9 (63.9-81.9)
	Hispanic	459	488,112	6.2 (2.9-9.5)	2.4 (0.9-3.9)	11.1 (7.1-15.0)	80.3 (75.2-85.4)
Education	Less than H.S.	348	485,399	12.7 (8.0-17.4)	4.6 (1.7-7.5)	10.9 (6.6-15.2)	71.8 (65.4-78.2)
	H.S. or G.E.D.	775	664,596	16.3 (12.4-20.2)	4.9 (3.2-6.6)	12.3 (9.2-15.4)	66.5 (61.7-71.3)
	Some Post H.S.	1,038	823,867	11.6 (8.7-14.6)	4.9 (3.3-6.5)	15.8 (12.8-18.8)	67.7 (63.7-71.7)
	College Graduate	1,024	457,713	3.1 (1.9-4.3)	2.1 (0.9-3.4)	17.2 (13.8-20.6)	77.6 (73.9-81.2)

Data provided by: Office of Public Health Informatics and Epidemiology

~ Data may not meet the criteria for reliability, data quality or confidentiality due to small counts.

*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released.

**Four Levels of smoking for Nevada Women (18 to 44)
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Smokes Every day	Smokes Some Days	Former Smoker	Never Smoked
Income	< 15,000	310	278,174	17.0 (10.9-23.0)	8.9 (4.1-13.6)	8.9 (5.0-12.9)	65.3 (57.3-73.2)
	\$15,000 to \$24,999	561	466,636	15.3 (10.9-19.8)	3.9 (2.2-5.6)	15.1 (10.8-19.3)	65.7 (60.1-71.3)
	\$25,000 to \$34,999	323	283,074	14.9 (8.9-21.0)	5.4 (2.5-8.4)	14.4 (8.6-20.2)	65.2 (57.5-72.9)
	\$35,000 to \$49,999	355	247,556	9.2 (5.6-12.9)	4.1 (1.0-7.1)	15.4 (10.2-20.6)	71.3 (64.7-77.9)
	\$50,000 to \$74,999	458	286,474	9.3 (5.5-13.2)	4.9 (2.4-7.4)	18.2 (12.6-23.8)	67.6 (61.0-74.2)
	\$75,000+	784	450,044	5.9 (3.5-8.3)	2.5 (1.1-3.9)	17.9 (14.3-21.6)	73.7 (69.4-78.0)

Data provided by: Office of Public Health Informatics and Epidemiology

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*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released.

Heavy Drinking Among Nevada Women (18 to 44)
Behavioral Risk Factor Surveillance System: 2011 to 2015*

Demographic	Grouping	N	Weighted N	Yes	No
Statewide	Nevada	3,343	2,319,736	5.6 (4.5-6.7)	94.4 (93.3-95.5)
Geography	Clark County	1,059	1,415,493	5.1 (3.5-6.6)	94.9 (93.4-96.5)
	Washoe County	951	314,134	6.0 (4.3-7.7)	94.0 (92.3-95.7)
	Balance of State	733	198,708	5.1 (3.3-7.0)	94.9 (93.0-96.7)
Age	18-19	150	176,578	2.6 (0.2-4.9)	97.4 (95.1-99.8)
	20-24	403	374,063	4.5 (2.2-6.9)	95.5 (93.1-97.8)
	25-29	527	406,174	8.2 (4.6-11.8)	91.8 (88.2-95.4)
	30-34	715	481,252	6.4 (3.9-8.8)	93.6 (91.2-96.1)
	25-39	732	427,359	5.0 (2.9-7.2)	95.0 (92.8-97.1)
	40-44	816	454,310	5.1 (3.0-7.1)	94.9 (92.9-97.0)
Race/Ethnicity	White	981	596,280	7.0 (4.7-9.3)	93.0 (90.7-95.3)
	Black	75	100,805	10.7 (3.1-18.3)	89.3 (81.7-96.9)
	Other Race	224	220,578	2.6 (0.4-4.7)	97.4 (95.3-99.6)
	Hispanic	451	484,339	4.3 (1.6-6.9)	95.7 (93.1-98.4)
Education	Less than H.S.	358	468,777	4.0 (1.5-6.6)	96.0 (93.4-98.5)
	H.S. or G.E.D.	819	605,635	5.2 (3.3-7.1)	94.8 (92.9-96.7)
	Some Post H.S.	1,088	781,226	7.1 (4.9-9.3)	92.9 (90.7-95.1)
	College Graduate	1,076	462,661	5.2 (3.8-6.7)	94.8 (93.3-96.2)

Data provided by: Office of Public Health Informatics and Epidemiology.

Heavy drinking in women is defined as females having more than 1 drink per day.

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*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released.

**Heavy Drinking Among Nevada Women (18 to 44)
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Yes	No
Income	< 15,000	323	262,633	5.3 (1.9-8.7)	94.7 (91.3-98.1)
	\$15,000 to \$24,999	587	444,541	6.2 (3.4-9.1)	93.8 (90.9-96.6)
	\$25,000 to \$34,999	345	263,216	5.7 (2.5-8.9)	94.3 (91.1-97.5)
	\$35,000 to \$49,999	377	233,977	5.4 (2.8-7.9)	94.6 (92.1-97.2)
	\$50,000 to \$74,999	484	270,112	10.2 (6.1-14.2)	89.8 (85.8-93.9)
	\$75,000+	804	425,897	6.1 (3.7-8.6)	93.9 (91.4-96.3)

Data provided by: Office of Public Health Informatics and Epidemiology.

Heavy drinking in women is defined as females having more than 1 drink per day.

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*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released.

**Nevada Women (18 To 44) who used a Pain Killer to get High at least Once in the Past 30 Days
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Yes	No
Statewide	Nevada	3,085	2,051,708	0.5 (0.2-0.8)	99.5 (99.2-99.8)
Geography	Clark County	927	1,209,273	0.3 (0.0-0.6)	99.7 (99.4-100.0)
	Washoe County	905	306,395	0.5 (0.1-0.9)	99.5 (99.1-99.9)
	Balance of State	698	187,833	1.4 (0.0-3.0)	98.6 (97.0-100.0)
Age	18-19	133	153,275	0.5 (0.0-1.2)	99.5 (98.8-100.0)
	20-24	361	326,605	0.7 (0.0-1.4)	99.3 (98.6-100.0)
	25-29	454	333,956	0.2 (0.0-0.4)	99.8 (99.6-100.0)
	30-34	677	439,748	0.1 (0.0-0.2)	99.9 (99.8-100.0)
	25-39	680	373,392	0.8 (0.0-1.6)	99.2 (98.4-100.0)
	40-44	780	424,732	0.8 (0.1-1.6)	99.2 (98.4-99.9)
Race/Ethnicity	White	863	483,343	0.4 (0.0-0.8)	99.6 (99.2-100.0)
	Black	72	102,349	0.0	100.0 (100.0-100.0)
	Other Race	170	161,694	0.1 (0.0-0.2)	99.9 (99.8-100.0)
	Hispanic	378	403,680	0.5 (0.0-1.2)	99.5 (98.8-100.0)

Data provided by: Office of Public Health Informatics and Epidemiology

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*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released by CDC.

**Nevada Women (18 To 44) who used a Pain Killer to get High at least Once in the Past 30 Days
Behavioral Risk Factor Surveillance System: 2011 to 2015***

Demographic	Grouping	N	Weighted N	Yes	No
Education	Less than H.S.	329	423,333	0.1 (0.0-0.2)	99.9 (99.8-100.0)
	H.S. or G.E.D.	749	546,910	1.3 (0.4-2.1)	98.7 (97.9-99.6)
	Some Post H.S.	1,023	700,302	0.2 (0.0-0.5)	99.8 (99.5-100.0)
	College Graduate	982	380,781	0.3 (0.0-0.7)	99.7 (99.3-100.0)
Income	< 15,000	296	238,802	1.0 (0.0-2.2)	99.0 (97.8-100.0)
	\$15,000 to \$24,999	548	409,316	0.5 (0.0-1.2)	99.5 (98.8-100.0)
	\$25,000 to \$34,999	311	224,320	0.7 (0.0-1.4)	99.3 (98.6-100.0)
	\$35,000 to \$49,999	336	195,963	0.7 (0.0-1.5)	99.3 (98.5-100.0)
	\$50,000 to \$74,999	453	238,559	0.4 (0.0-1.1)	99.6 (98.9-100.0)
	\$75,000+	749	370,786	0.4 (0.0-1.1)	99.6 (98.9-100.0)

Data provided by: Office of Public Health Informatics and Epidemiology

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*The 2015 data incorporated in this data set is preliminary and the final dataset has not yet been released by CDC.

Hospital Inpatient diagnosis code: 648.3: Drug dependence complicating pregnancy childbirth or the puerperium

Discharge Year	Frequency	Total Admissions	Percentage
2010	70	286,340	0.02%
2011	55	279,360	0.02%
2012	91	275,973	0.03%
2013	114	278,484	0.04%
2014	125	283,446	0.04%
2015	66	148,107	0.04%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	47	47	61	77	93	48	373
Washoe	17	6	21	31	20	10	105
Rest of State	6	2	9	6	12	8	43
Total	70	55	91	114	125	66	521

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	—	0	0	—	—	—	9
2-Asian or Pacific Islander	5	0	0	0	0	0	5
3-Black	54	14	5	10	9	5	97
4-White	5	37	69	86	92	51	340
5-Hispanic	—	—	10	10	13	5	40
6-Other	3	1	6	—	6	—	21
9-Unknown	0	—	1	5	—	0	8
Total	70	55	91	114	125	66	521

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<20	0	0	3	2	1	0	6
20-34	58	44	74	96	102	57	431
35+	12	11	14	16	22	9	84
Total	70	55	91	114	125	66	521

Notes

2015 data includes quarter 1 and quarter 2 only.

— Data is suppressed because it does not meet the criteria for statistical reliability, data quality, or confidentiality.

Data Source: Hospital Inpatient Billing dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Inpatient diagnosis code: 649.0: Tobacco use disorder complicating pregnancy, childbirth, or the puerperium

Discharge Year	Frequency	Total Admissions	Percentage
2010	1,082	286,340	0.38%
2011	1,020	279,360	0.37%
2012	1,079	275,973	0.39%
2013	1,116	278,484	0.40%
2014	1,189	283,446	0.42%
2015	564	148,107	0.38%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	657	630	592	594	655	343	3471
Washoe	165	131	218	240	249	83	1086
Rest of State	257	258	269	282	284	137	1487
Unknown	3	1	0	0	1	1	6
Total	1,082	1,020	1,079	1,116	1,189	564	6,050

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	9	6	10	15	17	6	63
2-Asian or Pacific Islander	23	22	25	24	24	11	129
3-Black	134	122	130	139	154	88	767
4-White	758	761	796	818	845	385	4363
5-Hispanic	82	69	67	69	84	42	413
6-Other	36	24	31	26	50	25	192
9-Unknown	40	16	20	25	15	7	123
Total	1,082	1,020	1,079	1,116	1,189	564	6,050

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<20	76	51	56	71	53	21	328
20-34	848	820	879	875	945	465	4,832
35+	158	149	144	170	191	78	890
Total	1,082	1,020	1,079	1,116	1,189	564	6,050

Notes

2015 data includes quarter 1 and quarter 2 only.

— Data is suppressed because it does not meet the criteria for statistical reliability, data quality, or confidentiality.

Data Source: Hospital Inpatient Billing dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Inpatient diagnosis code: 760.70: Unspecified noxious substance affecting fetus or newborn via placenta or breast milk

Discharge Year	Frequency	Total Admissions	Percentage
2010	391	286,340	0.14%
2011	500	279,360	0.18%
2012	455	275,973	0.16%
2013	485	278,484	0.17%
2014	533	283,446	0.19%
2015	278	148,107	0.19%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	296	361	348	381	406	216	2,008
Washoe	59	86	74	57	80	44	400
Rest of State	36	52	32	46	47	17	230
Unknown	0	—	—	—	0	—	—
Total	391	500	455	485	533	278	2,642

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	6	9	5	7	—	—	33
2-Asian or Pacific Islander	6	7	10	7	10	—	44
3-Black	77	99	102	111	119	65	573
4-White	202	242	208	227	264	135	1278
5-Hispanic	38	56	63	72	64	41	334
6-Other	8	10	14	27	43	26	128
9-Unknown	54	77	53	34	31	—	252
Total	391	500	455	485	533	278	2,642

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<20	363	478	448	475	515	274	2,553
20-34	24	17	6	9	11	—	70
35+	—	5	—	—	7	—	19
Total	391	500	455	485	533	278	2,642

Notes

2015 data includes quarter 1 and quarter 2 only.

— Data is suppressed because it does not meet the criteria for statistical reliability, data quality, or confidentiality.

Data Source: Hospital Inpatient Billing dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Inpatient diagnosis code: 779.5: Drug withdrawal syndrome in newborns

Discharge Year	Frequency	Total Admissions	Percentage
2010	112	286,340	0.04%
2011	139	279,360	0.05%
2012	203	275,973	0.07%
2013	195	278,484	0.07%
2014	230	283,446	0.08%
2015	143	148,107	0.10%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	95	126	178	169	196	120	884
Washoe	13	7	14	16	21	16	87
Rest of State	4	6	11	10	13	7	51
Total	112	139	203	195	230	143	1,022

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	—	—	—	0	—	—	9
2-Asian or Pacific Islander	0	—	—	5	—	—	15
3-Black	5	19	17	28	17	13	99
4-White	88	86	139	134	153	102	702
5-Hispanic	12	21	23	16	24	12	108
6-Other	—	—	8	—	23	8	52
9-Unknown	5	—	10	—	10	5	38
Total	112	139	203	195	231	143	1,023

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<1 year	112	139	203	195	231	143	1,023
Total	112	139	203	195	231	143	1,023

Notes

2015 data includes quarter 1 and quarter 2 only.

— Data is suppressed because it does not meet the criteria for statistical reliability, data quality, or confidentiality.

Data Source: Hospital Inpatient Billing dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Emergency Department Encounters diagnosis code: 648.3: Drug dependence complicating pregnancy childbirth or the puerperium

Discharge Year	Frequency	Total Admissions	Percentage
2010	23	674,798	0.00%
2011	30	712,258	0.00%
2012	51	752,237	0.01%
2013	55	785,663	0.01%
2014	66	850,633	0.01%
2015	24	461,747	0.01%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	13	22	24	34	45	19	157
Washoe	—	—	6	14	14	—	44
Rest of State	—	6	21	7	7	—	48
Unknown	—	—	0	0	0	0	1
Total	24	30	51	55	66	24	250

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	—	—	0	0	—	0	3
2-Asian or Pacific Islander	0	—	0	—	—	0	3
3-Black	—	—	—	6	—	—	18
4-White	19	18	43	42	52	15	189
5-Hispanic	—	5	5	—	7	—	24
6-Other	0	—	—	4	—	4	11
9-Unknown	0	—	0	0	0	1	—
Total	24	30	51	55	66	24	250

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<20	—	—	—	—	5	—	10
20-34	21	24	46	46	54	20	211
35+	—	—	—	7	7	—	29
Total	24	30	51	55	66	24	250

Notes

2015 data includes quarter 1 and quarter 2 only.

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Data Source: Hospital Emergency Department dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Emergency Department Encounters diagnosis code: 649.0: Tobacco use disorder complicating pregnancy, childbirth, or the puerperium

Discharge Year	Frequency	Total Admissions	Percentage
2010	1,235	674,798	0.18%
2011	1,169	712,258	0.16%
2012	1,037	752,237	0.14%
2013	1,392	785,663	0.18%
2014	1,795	850,633	0.21%
2015	1,227	461,747	0.27%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	730	524	466	421	915	713	3,769
Washoe	266	311	258	500	426	305	2,066
Rest of State	239	334	313	471	454	209	2,020
Total	1,235	1,169	1,037	1,392	1,795	1,227	7,855

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	6	14	9	21	16	17	83
2-Asian or Pacific Islander	24	12	23	7	32	18	116
3-Black	233	176	160	165	341	278	1,353
4-White	809	814	721	1080	1176	734	5334
5-Hispanic	92	90	86	65	133	114	580
6-Other	40	35	31	37	67	55	265
9-Unknown	31	28	7	17	30	11	124
Total	1,235	1,169	1,037	1,392	1,795	1,227	7,855

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<20	108	98	76	103	133	73	591
20-34	1002	975	866	1167	1477	985	6,472
35+	125	96	95	122	185	169	792
Total	1,235	1,169	1,037	1,392	1,795	1,227	7,855

Notes

2015 data includes quarter 1 and quarter 2 only.

– Data is suppressed because it does not meet the criteria for statistical reliability, data quality, or confidentiality.

Data Source: Hospital Emergency Department dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Emergency Department Encounters diagnosis code: 760.70: Unspecified noxious substance affecting fetus or newborn via placenta or breast milk

Discharge Year	Frequency	Total Admissions	Percentage
2010	13	674,798	0.00%
2011	14	712,258	0.00%
2012	17	752,237	0.00%
2013	37	785,663	0.00%
2014	45	850,633	0.01%
2015	15	461,747	0.00%

Patients by County and discharge year

	2010	2011	2012	2013	2014	2015	Total
Clark	9	10	—	12	13	—	54
Washoe	—	—	5	10	8	—	34
Rest of State	—	—	4	15	24	7	53
Total	13	14	17	37	45	15	141

Patients by race/ethnicity and discharge year

	2010	2011	2012	2013	2014	2015	Total
1-Native Am or Alaskan	0	0	0	—	—	0	2
2-Asian or Pacific Islander	0	0	0	0	0	0	0
3-Black	—	—	—	5	7	—	22
4-White	7	11	13	25	29	14	99
5-Hispanic	—	0	0	—	—	—	12
6-Other	0	—	0	—	—	0	4
9-Unknown	—	0	—	0	0	0	2
Total	13	14	17	37	45	15	141

Patients by age group and discharge year

	2010	2011	2012	2013	2014	2015	Total
<20	9	9	11	23	25	9	86
20-34	—	5	6	14	—	—	50
35+	—	0	0	0	—	—	5
Total	13	14	17	37	45	15	141

Notes

2015 data includes quarter 1 and quarter 2 only.

— Data is suppressed because it does not meet the criteria for statistical reliability, data quality, or confidentiality.

Data Source: Hospital Emergency Department dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Hospital Emergency Department Encounters diagnosis code: 779.5: Drug withdrawal syndrome in newborns

Discharge Year	Frequency	Total Admissions	Percentage
2010	0	674,798	0.00%
2011	1	712,258	0.00%
2012	2	752,237	0.00%
2013	0	785,663	0.00%
2014	2	850,633	0.00%
2015	0	461,747	0.00%

Notes

2015 data includes quarter 1 and quarter 2 only.

Data for drug withdrawal syndrome in newborns were too small to breakdown by county, race/ethnicity, and age group.

Data Source: Hospital Emergency Department dataset.

Data provided by: Office of Public Health Informatics and Epidemiology.

Notes:

Data Source: Nevada Birth certificates. Data used for the following tables was for the years 2010 to 2014. Only Nevada

- residents who gave birth in the state were included in the analysis. Births to Nevada residents that occurred out of state were not included.
- For substance use, the following topics were reviewed:
 - Alcohol: Any alcohol use reported during pregnancy.
 - Smoking: Before and/or during pregnancy.
 - Drug use: Over-the-counter (OTC), prescription drugs, and illicit drug use.
- Each section is subset by race/ethnicity, age groups of the mother, and county designations- Clark, Washoe, and the rest of the counties.
- Percentages and 95% confidence intervals included, with any CI under 0 left as 0.
- Repeat teen pregnancy among females aged 15 to 19 counted as indicating a previous live birth and/or previous termination.

Data provided by: Office of Public Health Informatics and Epidemiology.

Percent of Mothers Who Reported Alcohol Use During Pregnancy by Race/Ethnicity: Nevada, 2010 - 2014						
	White	Black	Native American	Asian	Hispanic	Total
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
2010	0.8 (0.6-0.9)	0.9 (0.5-1.2)	0.6 (0-1.5)	0.5 (0.2-0.7)	0.3 (0.2-0.4)	0.6 (0.5-0.7)
2011	0.9 (0.7-1)	1.0 (0.7-1.4)	1.1 (0-2.3)	0.6 (0.3-0.9)	0.4 (0.3-0.5)	0.7 (0.6-0.8)
2012	0.9 (0.7-1)	0.9 (0.6-1.2)	0.6 (0-1.5)	0.4 (0.2-0.6)	0.4 (0.3-0.5)	0.7 (0.6-0.8)
2013	0.8 (0.6-0.9)	0.7 (0.4-0.9)	1.9 (0.4-3.4)	0.6 (0.3-0.9)	0.3 (0.2-0.4)	0.6 (0.5-0.7)
2014	0.8 (0.6-0.9)	0.3 (0.2-0.5)	0.3 (0.1-0.6)	0.3 (0.2-0.4)	1.5 (0-2.9)	0.5 (0.4-0.6)
Total	0.8 (0.7-0.9)	0.7 (0.6-0.9)	1.1 (0.5-1.6)	0.5 (0.4-0.6)	0.4 (0.3-0.4)	

Note:
Data are for mothers aged 15 to 44 only.
CI: 95% confidence interval.

Percent of Mothers Who Reported Alcohol Use During Pregnancy by Age Group: Nevada, 2010 - 2014								
	15-17	18-19	20-24	25-29	30-34	35-39	40-44	Total
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
2010	0.5 (0.1-1.0)	0.4 (0.1-0.6)	0.5 (0.3-0.6)	0.5 (0.4-0.7)	0.7 (0.5-0.9)	0.7 (0.5-1.0)	0.9 (0.3-1.5)	0.6 (0.5-0.7)
2011	0.6 (0.1-1.1)	0.4 (0.1-0.7)	0.8 (0.6-1.0)	0.6 (0.4-0.7)	0.7 (0.6-0.9)	0.8 (0.6-1.1)	1.4 (0.7-2.2)	0.7 (0.6-0.8)
2012	0.4 (0.0-0.8)	0.2 (0.0-0.4)	0.7 (0.5-0.9)	0.6 (0.5-0.8)	0.6 (0.5-0.8)	1.0 (0.7-1.3)	1.2 (0.5-1.9)	0.7 (0.6-0.8)
2013	0.9 (0.2-1.6)	0.4 (0.1-0.6)	0.6 (0.5-0.8)	0.6 (0.4-0.7)	0.5 (0.4-0.7)	0.6 (0.4-0.8)	1.1 (0.4-1.7)	0.6 (0.5-0.7)
2014	0.2 (0.0-0.5)	0.2 (0.0-0.4)	0.4 (0.2-0.5)	0.5 (0.4-0.6)	0.6 (0.4-0.7)	0.6 (0.4-0.9)	1.3 (0.6-2.0)	0.5 (0.4-0.6)
Total	0.5 (0.3-0.7)	0.3 (0.2-0.4)	0.6 (0.5-0.7)	0.6 (0.5-0.6)	0.6 (0.6-0.7)	0.8 (0.6-0.9)	1.2 (0.9-1.5)	

Note:
Data are for mothers aged 15 to 44 only.
CI: 95% confidence interval.

**Percent of Mothers Who Reported Alcohol Use
During Pregnancy by County: Nevada, 2010 - 2014**

	Clark	Washoe	Rest of State	Total
	% (CI)	% (CI)	% (CI)	% (CI)
2010	0.5 (0.4-0.6)	0.9 (0.6-1.1)	0.8 (0.5-1.1)	0.6 (0.5-0.7)
2011	0.7 (0.6-0.8)	0.6 (0.4-0.8)	1.0 (0.7-1.4)	0.7 (0.6-0.8)
2012	0.7 (0.6-0.8)	0.6 (0.4-0.8)	0.7 (0.4-0.9)	0.7 (0.6-0.8)
2013	0.6 (0.5-0.7)	0.5 (0.3-0.7)	0.7 (0.4-1)	0.6 (0.5-0.7)
2014	0.5 (0.4-0.5)	0.7 (0.5-1)	0.5 (0.3-0.8)	0.5 (0.4-0.6)
Total	0.6 (0.5-0.6)	0.7 (0.6-0.8)	0.7 (0.6-0.9)	

Note:

Data are for mothers aged 15 to 44 only.

CI: 95% confidence interval.

Percent of Mothers Who Reported Smoking Before and/or During Pregnancy by Race/Ethnicity: Nevada, 2010 -2014

	White	Black	Native American	Asian	Hispanic	Total
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
2010	10.5 (10.0-11.0)	9.1 (8.1-10.1)	8.9 (5.8-12.1)	3.1 (2.5-3.8)	2.1 (1.9-2.4)	6.6 (6.4-6.9)
2011	11.3 (10.8-11.9)	9.5 (8.5-10.4)	11.2 (7.9-14.5)	4.1 (3.3-4.8)	2.6 (2.4-2.9)	7.3 (7.1-7.6)
2012	11.8 (11.3-12.3)	9.7 (8.8-10.7)	10.3 (7-13.6)	4.1 (3.3-4.8)	2.7 (2.4-3)	7.5 (7.3-7.8)
2013	10.3 (9.8-10.8)	7.4 (6.6-8.3)	11.5 (7.9-15.0)	3.3 (2.7-4)	2.2 (1.9-2.5)	6.5 (6.2-6.7)
2014	9.7 (9.2-10.2)	6.7 (5.9-7.4)	9.1 (6-12.1)	2.9 (2.3-3.5)	1.8 (1.5-2)	5.9 (5.6-6.1)
Total	10.7 (10.5-10.9)	8.4 (8.0-8.8)	10.2 (8.7-11.7)	3.5 (3.2-3.8)	2.3 (2.2-2.4)	

Note:

Data are for mothers aged 15 to 44 only.

Smoking Ever: Mother reported smoking at least once 3 months before pregnancy and/or during pregnancy.

CI: 95% confidence interval

**Percent of Mothers Who Reported Smoking Before and/or During Pregnancy by Age Groups:
Nevada, 2010 -2014**

	15-17	18-19	20-24	25-29	30-34	35-39	40-44	Total
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
2010	4.3 (3.0-5.5)	7.9 (6.8-9)	8.6 (8-9.2)	6.8 (6.4-7.3)	4.9 (4.4-5.4)	4.9 (4.2-5.6)	7.4 (5.8-9.1)	6.6 (6.4-6.9)
2011	6.2 (4.6-7.7)	9.1 (7.8-10.3)	9.6 (8.9-10.2)	7.3 (6.8-7.8)	5.8 (5.3-6.3)	5.6 (4.9-6.3)	6.5 (4.9-8)	7.3 (7.1-7.6)
2012	6.7 (5.0-8.5)	8.7 (7.5-9.9)	9.2 (8.6-9.9)	7.9 (7.3-8.4)	6.2 (5.7-6.7)	5.6 (4.9-6.3)	7.5 (5.9-9.1)	7.5 (7.3-7.8)
2013	4.9 (3.2-6.5)	7.9 (6.7-9.1)	8.1 (7.5-8.7)	6.6 (6.1-7.1)	5.4 (4.9-5.8)	4.7 (4.1-5.4)	6.2 (4.7-7.7)	6.5 (6.2-6.7)
2014	5.1 (3.4-6.8)	6.6 (5.4-7.8)	7.4 (6.8-7.9)	6.4 (5.9-6.8)	4.6 (4.1-5)	4.9 (4.2-5.5)	4.3 (3.1-5.6)	5.9 (5.6-6.1)
Total	5.4 (4.7-6.1)	8.1 (7.5-8.6)	8.6 (8.3-8.9)	7.0 (6.8-7.2)	5.4 (5.1-5.6)	5.1 (4.8-5.4)	6.4 (5.7-7.1)	

Note:

Data are for mothers aged 15 to 44 only.

Smoking Ever: Mother reported smoking at least once 3 months before pregnancy and/or during pregnancy.

CI: 95% confidence interval

Percent of Mothers Who Reported Smoking Before and/or During Pregnancy by County: Nevada, 2010 -2014

	Clark	Washoe	Rest of State	Total
	% (CI)	% (CI)	% (CI)	% (CI)
2010	5.4 (5.2-5.7)	8.5 (7.8-9.3)	12.9 (11.8-14.1)	6.6 (6.4-6.9)
2011	6.3 (6-6.6)	8.2 (7.4-8.9)	14.6 (13.4-15.8)	7.3 (7.1-7.6)
2012	6.5 (6.2-6.8)	7.5 (6.8-8.2)	15.8 (14.5-17.1)	7.5 (7.3-7.8)
2013	5.0 (4.7-5.2)	8.4 (7.6-9.2)	14.8 (13.6-16.0)	6.5 (6.2-6.7)
2014	4.5 (4.3-4.8)	8.2 (7.5-9)	13.0 (11.9-14.1)	5.9 (5.6-6.1)
Total	5.5 (5.-5.7)	8.2 (7.8-8.5)	14.2 (13.7-14.7)	

Note:
 Data are for mothers aged 15 to 44 only.
 Smoking Ever: Mother reported smoking at least once 3 months before pregnancy and/or during pregnancy.
 CI: 95% confidence interval.

Percent of Mothers Who Reported Smoking Before and During Pregnancy by County: Nevada, 2010 - 2014

		2010	2011	2012	2013	2014
		% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
Clark	Before Pregnancy	4.9 (4.6-5.1)	5.6 (5.3-5.9)	6.0 (5.7-6.3)	4.7 (4.4-4.9)	4.2 (4-4.5)
	First Trimester	4.3 (4-4.5)	4.7 (4.4-4.9)	4.8 (4.6-5.1)	4.2 (3.9-4.4)	3.7 (3.4-3.9)
	Second Trimester	3.7 (3.5-3.9)	3.8 (3.6-4)	4.0 (3.8-4.3)	3.5 (3.3-3.7)	3.1 (2.9-3.3)
	Third Trimester	3.5 (3.3-3.7)	3.5 (3.3-3.8)	3.8 (3.6-4)	3.3 (3.1-3.5)	2.9 (2.7-3.1)
Washoe	Before Pregnancy	6.2 (5.6-6.9)	7.2 (6.5-7.9)	7.2 (6.5-7.9)	8.1 (7.3-8.8)	8.0 (7.3-8.8)
	First Trimester	5.5 (4.8-6.1)	5.8 (5.2-6.5)	6.1 (5.4-6.7)	7.1 (6.4-7.8)	6.8 (6.1-7.5)
	Second Trimester	4.9 (4.3-5.5)	4.9 (4.3-5.5)	5.4 (4.7-6)	6.1 (5.5-6.8)	5.6 (5.0-6.2)
	Third Trimester	4.4 (3.9-5.0)	4.6 (4.0-5.1)	4.8 (4.2-5.4)	5.2 (4.6-5.8)	4.6 (4.1-5.2)
Rest of State	Before Pregnancy	11.7 (10.6-12.8)	13.5 (12.3-14.7)	15.1 (13.9-16.4)	14.2 (13-15.4)	12.3 (11.2-13.4)
	First Trimester	10.8 (9.7-11.8)	11.9 (10.8-13.1)	13.7 (12.5-14.8)	13.0 (11.9-14.2)	11.1 (10.0-12.2)
	Second Trimester	9.7 (8.7-10.7)	10.2 (9.2-11.3)	12.4 (11.3-13.6)	11.4 (10.3-12.5)	9.9 (8.9-10.9)
	Third Trimester	9.3 (8.3-10.3)	9.8 (8.8-10.8)	11.3 (10.2-12.4)	10.2 (9.2-11.3)	9.1 (8.2-10.1)

Note:
 Data are for mothers aged 15 to 44 only.
 Smoking before pregnancy: Mother reported smoking at least once 3 months before pregnancy.
 CI: 95% confidence interval.

Percent of Women Who Reported Drug Use by Race/Ethnicity: Nevada, 2010-2014

	White	Black	Native American	Asian	Hispanic	Total
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
2010	18.6 (18.0-19.3)	28.9 (27.4-30.5)	15.7 (11.6-19.7)	19.5 (18.0-20.9)	32.0 (31.2-32.8)	24.7 (24.3-25.2)
2011	21.4 (20.7-22.1)	32.7 (31.2-34.3)	18.9 (14.8-23.0)	20.9 (19.4-22.4)	33.4 (32.5-34.2)	27.0 (26.6-27.5)
2012	19.7 (19.0-20.3)	31.3 (29.8-32.8)	14.3 (10.5-18.2)	19.5 (18.1-21)	30.4 (29.6-31.2)	24.8 (24.4-25.3)
2013	17.5 (16.9-18.1)	25.0 (23.7-26.4)	15.6 (11.6-19.6)	17.5 (16.1-18.9)	27.2 (26.4-28.0)	21.9 (21.4-22.3)
2014	14.2 (13.7-14.8)	23.4 (22.1-24.7)	13.2 (9.6-16.8)	16.9 (15.5-18.2)	25.4 (24.6-26.1)	19.6 (19.2-20.1)
Total	18.3 (18.0-18.6)	28.1 (27.4-28.7)	15.6 (13.8-17.3)	18.8 (18.2-19.5)	29.7 (29.3-30.0)	

Note:

Data are for mothers aged 15 to 44 only.

Reported drug use can be OTC, prescription drugs, and/or Illicit drug use.

CI: 95% confidence interval.

Percent of Mothers Who Reported Drug Use by Age Group: Nevada, 2010 -2014

	15-17	18-19	20-24	25-29	30-34	35-39	40-44	Total
	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)	% (CI)
2010	27.4 (24.7-30.2)	26.0 (24.2-27.8)	23.6 (22.6-24.5)	24.4 (23.6-25.2)	24.4 (23.4-25.3)	26.7 (25.3-28.1)	27.1 (24.4-29.9)	24.7 (24.3-25.2)
2011	27.6 (24.7-30.4)	27.1 (25.1-29.0)	26.0 (25.1-27.0)	25.8 (24.9-26.6)	27.6 (26.6-28.5)	29.4 (28-30.8)	32.5 (29.6-35.4)	27.0 (26.6-27.5)
2012	28.8 (25.7-32.0)	24.5 (22.6-26.4)	23.5 (22.5-24.4)	24.1 (23.3-25.0)	24.5 (23.6-25.5)	27.7 (26.3-29.1)	31.6 (28.7-34.5)	24.8 (24.4-25.3)
2013	27.7 (24.3-31.2)	21.3 (19.4-23.1)	20.0 (19.1-20.9)	20.3 (19.5-21.1)	22.7 (21.8-23.6)	25.0 (23.7-26.4)	29.4 (26.7-32.2)	21.9 (21.4-22.3)
2014	22.1 (18.9-25.3)	21.1 (19.2-23.0)	19.1 (18.3-20.0)	18.6 (17.8-19.3)	18.7 (17.9-19.5)	22.8 (21.6-24.1)	25.3 (22.6-28.0)	19.6 (19.2-20.1)
Total	26.9 (25.6-28.3)	24.2 (23.3-25.0)	22.4 (22.0-22.8)	22.6 (22.3-23.0)	23.5 (23.1-23.9)	26.3 (25.7-26.9)	29.2 (27.9-30.5)	

Note:
 Data are for mothers aged 15 to 44 only.
 Drug use includes OTC, prescription drugs, and/or illicit drug use.
 CI: 95% confidence interval.

**Percent of Mothers Who Reported Drug Use by County:
 Nevada, 2010 - 2014**

	Clark	Washoe	Rest of State	Total
	% (CI)	% (CI)	% (CI)	% (CI)
2010	28.5 (28.0-29.1)	16.7 (15.7-17.7)	7.6 (6.7-8.5)	24.7 (24.3-25.2)
2011	30.6 (30.0-31.1)	19.4 (18.3-20.5)	10.5 (9.4-11.5)	27.0 (26.6-27.5)
2012	27.9 (27.3-28.4)	18.7 (17.7-19.8)	10.8 (9.7-11.9)	24.8 (24.4-25.3)
2013	23.9 (23.4-24.5)	18.9 (17.8-20.0)	10.6 (9.6-11.7)	21.9 (21.4-22.3)
2014	21.1 (20.6-21.6)	18.4 (17.3-19.4)	9.8 (8.8-10.8)	19.6 (19.2-20.1)
Total	26.4 (26.2-26.6)	18.4 (17.9-18.9)	9.9 (9.4-10.3)	

Note:
 Data are for mothers aged 15 to 44 only.
 Drug use includes OTC, prescription drugs, and/or illicit drug use.
 CI: 95% confidence interval.

**Percent of Mothers Who Reported Drug Use by Category Type and Race/Ethnicity:
Nevada, 2010-2014**

	White	Black	Native American	Asian	Hispanic	Total
5-Year Total % (n)	1.4 (1,052)	2.6 (474)	2.1 (35)	0.9 (123)	0.7 (468)	1.3 (2,231)
Hallucinogens (Psychedelics)	0.2	0.8	0	0.8	0.2	0.4
Depressants: Opioid Pain Relievers	5.9	2.5	5.7	1.6	4.3	4.6
Depressives	1.0	0.2	0	0	0.9	0.7
Stimulants	17.7	12.4	37.1	13.8	23.1	18.6
Cannabis	25.4	48.7	28.6	13.0	26.5	29.8
Legal Specified Drugs	17.9	13.7	8.6	52.8	20.9	18.9
Multiple Drug Types Used	20.2	13.7	11.4	8.9	10.0	15.8
Drug Type is Unknown	11.8	7.8	8.6	8.9	14.1	11.3

Note:

Data are for mothers aged 15 to 44 only.

Multiple drug use includes a combination of OTC, prescription drugs, and/or illicit drug use.

**Percent of Mothers Who Reported Drug Use by Category Type and
County Residence: Nevada, 2010-2014**

	Clark	Rest of State	Washoe	Total
5-Year Total % (n)	1.3 (1681)	1.2 (204)	1.3 (346)	1.3 (2231)
Hallucinogens (Psychedelics)	0.4	0	0.6	0.4
Depressants: Opioid Pain Relievers	4.8	5.9	2.9	4.6
Depressives	0.8	1.0	0	0.7
Stimulants	16.5	21.6	26.9	18.6
Cannabis	30.3	25.5	30.1	29.8
Legal Specified Drugs	21.6	16.7	6.9	18.9
Multiple Drug Types Used	15.1	18.6	17.6	15.8
Drug Type is Unknown	10.6	10.8	15	11.3

Note:

Data are for mothers aged 15 to 44 only.

Multiple drug use includes a combination of OTC, prescription drugs, and/or illicit drug use.

**Percent of Mothers Who Reported Drug Use by Category Type and Age Group:
Nevada, 2010-2014**

	15-17	18-19	20-24	25-29	30-34	35-39	40-44	Total
5-Year Total % (n)	1.8 (73)	1.7 (166)	1.4 (565)	1.2 (613)	1.1 (453)	1.2 (255)	2.1 (106)	1.3 (2231)
Hallucinogens	0	0	0.4	0.5	0.7	0	0	0.4
Depressants: Opioid Pain Relievers	4.1	4.8	5.5	4.7	3.3	4.3	5.7	4.6
Depressives	0	0.6	0.4	0.5	0.7	2.4	0	0.7
Stimulants	4.1	11.4	16.1	18.8	19.4	22.7	37.7	18.6
Cannabis	61.6	48.2	41.2	27.2	19.9	15.3	10.4	29.8
Legal Specified	15.1	12.00	12.2	17.3	26.9	31.4	12.3	18.9
Multiple Drug Types Used	8.2	9.00	15.2	18.8	15.5	14.9	20.8	15.8
Drug Type is Unknown	6.8	13.9	9.00	12.2	13.7	9.00	13.2	11.3

Note:

Data are for mothers aged 15 to 44 only.

Multiple drug use includes a combination of OTC, prescription drugs, and/or illicit drug use.

State Performance Measure: Teen Pregnancy

Notes:

- Birth certificate data was gathered from 2010 to 2014 of only Nevada residents who gave birth in the state.
- Each section is subset by race/ethnicity, age groups of the mother, and county designations- Clark, Washoe, and the rest of the counties.
- Percentages and 95% confidence intervals included, with any CI under 0 left as 0.
- Repeat teen pregnancy among females aged 15 to 19 counted as indicating a previous live birth and/or previous termination.

Count and Percent of Repeat Teen Births Aged 15 to 19 by Race/Ethnicity, Nevada, 2010 -2014											
	2010		2011		2012		2013		2014		Total %
	n	%	n	%	n	%	n	%	n	%	
White	15	24.7	184	23.4	161	22.8	137	21.4	136	21	23.2
Black	161	32.3	155	32.8	143	32.9	111	29.3	115	30.7	30.9
Native American	15	30	8	27.6	10	32.3	9	31	4	8.07	24.3
Asian	19	19.6	22	25	14	16.7	16	22.2	15	25	21.4
Hispanic	497	29	448	28.3	411	27.9	360	26.4	299	24.3	26.6
Total		28		27.6		27.1		25.5		24.1	

Note:
Data from reported race/ethnicity on birth certificate.
Data are preliminary.

Count and Percent of Repeat Teen Pregnancies Among Teens Aged 15 to 19 by Regions, Nevada, 2010-2014											
	2010		2011		2012		2013		2014		% Change
	n	%	n	%	n	%	n	%	n	%	%
1: Carson City and Douglas	22	20.6	13	19.1	21	25.3	16	19.8	17	22.7	10.2
2: Elko, White Pine, and Eureka	35	34	25	29.1	21	28.4	14	19.4	13	16	-52.9
3: Churchill, Humboldt, Pershing, and Lander	15	15.6	17	19.8	7	9.6	16	19.3	19	19.4	24.4
4: Lyon, Mineral, and Storey	13	24.5	15	28.3	12	20	5	14.3	3	9.1	-62.9
5: Esmeralda, Nye, and Lincoln	11	23.9	10	20	12	34.3	10	28.6	9	24.3	1.7
6: Washoe	163	33.1	126	28.4	121	29.7	104	27.4	81	20.9	-36.9
7: Clark	672	27.6	623	28	567	27.6	478	25.8	439	25.8	-6.5

Note:
Repeat teen pregnancies includes reported previous live birth and/or previous termination.
Data are preliminary.

Percentage of high school students who were currently sexually active,* by sex, age, grade, race/ethnicity, and region — Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
	Yes	N	1,199	645	554
% [†]		28.20%	27.70%	28.90%	
C.I. [§] (95%)		(26.2-30.2)	(25.0-30.4)	(25.8-31.9)	
No	N	2,468	1,270	1,198	
	%	71.80%	72.30%	71.10%	
	C.I. (95%)	(69.8-73.8)	(69.6-75.0)	(68.1-74.2)	

Percentage of high school students who were currently sexually active, ^e by sex, age, grade, race/ethnicity, and region — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a	1266	677	586
% ^b		27.10%	27.70%	26.50%	
C.I. ^c (95%)		(24.5-29.6)	(24.6-30.8)	(23.4-29.7)	
No	N ^a	3247	1675	1562	
	% ^b	72.90%	72.30%	73.50%	
	C.I. ^c (95%)	(70.4-75.5)	(69.2-75.4)	(70.3-76.6)	

* Had sexual intercourse with at least one person during the 3 months before the survey.

† Weighted row percent.

§ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data ^b Weighted row percent ^c 95% confidence interval

^e Had sexual intercourse with at least one person during the 3 months before the survey

Percentage of high school students who drank alcohol or used drugs before last sexual intercourse,* by sex — Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
	Yes	N		262	127
% [†]			22.50%	22.30%	22.70%
C.I. [§] (95%)			(19.0-26.0)	(17.5-27.0)	(17.5-27.9)
No	N		906	507	399
	%		77.50%	77.70%	77.30%
	C.I. (95%)		(74.0-81.0)	(73.0-82.5)	(72.1-82.5)

Percentage of high school students who drank alcohol or used drugs before last sexual intercourse, ^e by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a		270	131
% ^b			20.40%	18.20%	22.60%
C.I. ^c (95%)			(17.7-23.2)	(15.0-21.5)	(18.3-27.0)
No	N ^a		981	543	437
	% ^b		79.60%	81.80%	77.40%
	C.I. ^c (95%)		(76.8-82.3)	(78.5-85.0)	(73.0-81.7)

* Among the 28.2% of students who were sexually active in the past 3 months.

† Weighted row percent.

§ 95% confidence interval.

- Suppressed. Cell size <5.

^a The sample size in the total and subgroups may differ due to missing data ^b Weighted row percent ^c 95% confidence interval

^e Among students who were sexually active In the last 3 months

Percentage of high school students who used a condom during last sexual intercourse,* by sex — Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
	Yes	N		659	328
% [†]			56.30%	51.60%	61.50%
C.I. [§] (95%)			(52.1-60.5)	(45.9-57.3)	(55.2-67.7)
No	N		494	301	193
	%		43.70%	48.40%	38.50%
	C.I. (95%)		(39.5-47.9)	(42.7-54.1)	(32.3-44.8)

Percentage of high school students who used a condom during last sexual intercourse, ^e by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a		700	345
% ^b			56.90%	52.20%	61.60%
C.I. ^c (95%)			(53.5-60.3)	(47.6-56.8)	(57.2-66.1)
No	N ^a		547	324	222
	% ^b		43.10%	47.80%	38.40%
	C.I. ^c (95%)		(39.7-46.5)	(43.2-52.4)	(33.9-42.8)

* Among the 28.2% of students who were sexually active in the past 3 months.

† Weighted row percent.

§ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data ^b Weighted row percent ^c 95% confidence interval

^e Among students who were sexually active in the past 3 months

Percentage of high school students who used birth control pills before last sexual intercourse, ^{*,†} by sex — Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
	Yes	N		204	133
% [§]			19.00%	22.90%	14.90%
C.I. [¶] (95%)			(15.6-22.4)	(18.0-27.8)	(10.2-19.5)
No	N		960	498	462
	%		81.00%	77.10%	85.10%
	C.I. (95%)		(77.6-84.4)	(72.2-82.0)	(80.5-89.8)

Percentage of high school students who used birth control pills before last sexual intercourse, ^{e,f} by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
	Yes	N ^a		198	125
% ^b			15.70%	18.70%	12.70%
C.I. ^c (95%)			(12.1-19.3)	(13.7-23.6)	(9.2-16.2)
No	N ^a		1055	546	507
	% ^b		84.30%	81.30%	87.30%
	C.I. ^c (95%)		(80.7-87.9)	(76.4-86.3)	(83.8-90.8)

* Among the 28.2% of students who were sexually active in the past 3 months.

† To prevent pregnancy.

§ Weighted row percent.

¶ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data ^b Weighted row percent ^c 95% confidence interval ^e Among students who were sexually active in the last 3 months

^f To prevent pregnancy

Percentage of high school students who used Depo-Provera, [*] Nuva Ring, [†] Implanon, [§] or any IUD before last sexual intercourse, ^{¶,**} by sex — Nevada, Youth Risk Behavior Survey, 2013			Overall Total	Sex	
			Total	Female	Male
Yes	N		43	29	14
	% ^{††}		2.90%	3.20%	2.50%
	C.I. ^{§§} (95%)		(1.5-4.3)	(1.4-5.0)	(0.4-4.6)
No	N		1,121	602	519
	%		97.10%	96.80%	97.50%
	C.I. (95%)		(95.7-98.5)	(95.0-98.6)	(95.4-99.6)

Percentage of high school students who used Depo-Provera, ^e Nuva Ring, ^f Implanon, ^g or any IUD before last sexual intercourse, ^{h,i} by sex — Nevada, Youth Risk Behavior Survey, 2015			Overall Total	Sex	
			Total	Female	Male
Yes	N ^a		72	55	17
	% ^b		5.10%	6.60%	3.50%
	C.I. ^c (95%)		(3.3-6.8)	(4.3-9.0)	(0.7-6.3)
No	N ^a		1181	616	562
	% ^b		94.90%	93.40%	96.50%
	C.I. ^c (95%)		(93.2-96.7)	(91.0-95.7)	(93.7-99.3)

* Or any injectable birth control.

† Or any birth control ring.

§ Or any implant.

¶ Among the 28.2% of students who were sexually active in the past 3 months.

** To prevent pregnancy.

†† Weighted row percent.

§§ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data ^b Weighted row percent ^c 95% confidence interval

^e Or any injectable birth control ^f Or any birth control ring ^g Or any implant ^h Among students who were sexually active in the past 3 months ⁱ To prevent pregnancy

Percentage of high school students who did not use any method to prevent pregnancy during last sexual intercourse,* by sex — Nevada, Youth Risk Behavior Survey, 2013				Overall Total	Sex	
				Total	Female	Male
Yes	N			182	102	80
	% [†]			18.00%	18.60%	17.30%
	C.I. [§] (95%)			(14.6-21.3)	(14.0-23.2)	(12.4-22.2)
No	N			982	529	453
	%			82.00%	81.40%	82.70%
	C.I. (95%)			(78.7-85.4)	(76.8-86.0)	(77.8-87.6)

Percentage of high school students who did not use any method to prevent pregnancy during last sexual intercourse, ^e by sex — Nevada, Youth Risk Behavior Survey, 2015				Overall Total	Sex	
				Total	Female	Male
Yes	N ^a			175	104	71
	% ^b			12.40%	14.20%	10.70%
	C.I. ^c (95%)			(10.2-14.6)	(10.5-17.8)	(7.5-13.8)
No	N ^a			1078	567	508
	% ^b			87.60%	85.80%	89.30%
	C.I. ^c (95%)			(85.4-89.8)	(82.2-89.5)	(86.2-92.5)

* Among the 28.2% of students who were sexually active in the past 3 months.

† Weighted row percent.

§ 95% confidence interval.

^a The sample size in the total and subgroups may differ due to missing data ^b Weighted row percent ^c 95% confidence interval ^e Among students who were sexually active in the past 3 months

Edinburgh Postnatal Depression Scale¹ (EPDS)

Name: _____

Address: _____

Your Date of Birth: _____

Baby's Date of Birth: _____

Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time
- Yes, most of the time This would mean: "I have felt happy most of the time" during the past week.
- No, not very often Please complete the other questions in the same way.
- No, not at all

In the past 7 days:

- | | |
|---|---|
| 1. I have been able to laugh and see the funny side of things | *6. Things have been getting on top of me |
| <input type="checkbox"/> As much as I always could | <input type="checkbox"/> Yes, most of the time I haven't been able to cope at all |
| <input type="checkbox"/> Not quite so much now | <input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual |
| <input type="checkbox"/> Definitely not so much now | <input type="checkbox"/> No, most of the time I have coped quite well |
| <input type="checkbox"/> Not at all | <input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things | *7. I have been so unhappy that I have had difficulty sleeping |
| <input type="checkbox"/> As much as I ever did | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Rather less than I used to | <input type="checkbox"/> Yes, sometimes |
| <input type="checkbox"/> Definitely less than I used to | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> Hardly at all | <input type="checkbox"/> No, not at all |
| *3. I have blamed myself unnecessarily when things went wrong | *8. I have felt sad or miserable |
| <input type="checkbox"/> Yes, most of the time | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Yes, some of the time | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Not very often | <input type="checkbox"/> Not very often |
| <input type="checkbox"/> No, never | <input type="checkbox"/> No, not at all |
| 4. I have been anxious or worried for no good reason | *9. I have been so unhappy that I have been crying |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Yes, most of the time |
| <input type="checkbox"/> Hardly ever | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Only occasionally |
| <input type="checkbox"/> Yes, very often | <input type="checkbox"/> No, never |
| *5. I have felt scared or panicky for no very good reason | *10. The thought of harming myself has occurred to me |
| <input type="checkbox"/> Yes, quite a lot | <input type="checkbox"/> Yes, quite often |
| <input type="checkbox"/> Yes, sometimes | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> No, not much | <input type="checkbox"/> Hardly ever |
| <input type="checkbox"/> No, not at all | <input type="checkbox"/> Never |

Administered/Reviewed by _____ Date _____

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

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Edinburgh Postnatal Depression Scale¹ (EPDS)

Postpartum depression is the most common complication of childbearing.² The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for “perinatal” depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women’s Health Information Center <www.4women.gov> and from groups such as Postpartum Support International <www.chss.iup.edu/postpartum> and Depression after Delivery <www.depressionafterdelivery.com>.

SCORING

QUESTIONS 1, 2, & 4 (without an *)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

QUESTIONS 3, 5-10 (marked with an *)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30
Possible Depression: 10 or greater
Always look at item 10 (suicidal thoughts)

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Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

¹Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786.

²Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199