

*Substance Abuse Prevention and
Treatment Agency*

*2017 Epidemiologic Profile
Northern Region:
Carson City, Churchill, Douglas, Lyon,
Mineral and Storey Counties*

September 2018



*Office of Analytics
Department of Health and Human Services
On behalf of the Division of Public and Behavioral Health*

Brian Sandoval
*Governor
State of Nevada*

Julie Kotchevar, Ph.D.
*Administrator
Division of Public and Behavioral Health*

Richard Whitley, MS
*Director
Department of Health and Human Services*

Ihsan Azzam Ph.D., M.D.
*Chief Medical Officer
Division of Public and Behavioral Health*

Acknowledgements

Prepared by and Additional Information:

Nevada Department of Health and Human Services
Office of Analytics
State of Nevada
4126 Technology Way, Suite 201
Carson City, Nevada 89706
(775) 684.5895

Thank you to following for providing leadership, data and technical support for this report:

Henry Agbewali, MS

Biostatistician II
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Andrea R. Rivers

Health Program Manager II
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Sandra Atkinson,

Health Resource Analyst II
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Laurel Brock-Kline

Biostatistician II
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Jen Thompson

Health Program Specialist II
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Kyra Morgan, MS

Chief Biostatistician
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Sneha Ravikumar, MSc., M. Phil

Health Program Specialist
Nevada Department of Health and Human
Services
Office of Analytics
State of Nevada

Multidisciplinary Prevention Advisory Committee

Statewide Epidemiologic Workgroup

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Data Sources/Limitations

Age-Adjusted Rates

A rate is a measure of the frequency of a specific event over a given period of time, divided by the total number of people within the population over the same period of time. An age-adjusted rate is a rate that has been adjusted, or weighted, to the same age distribution as a “standard” population. Throughout this report, rates are adjusted to the 11 standard age groups of the U.S. population in the year 2000 (Census table P25-1130). Rates are age-adjusted in order to eliminate any potential confounding effects, or biases, that may be a result of health factors that are associated with specific ages.

Avatar

Avatar is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the state of Nevada. Data are representative of Nevada state-operated mental health facilities and are not generalizable to the rest of the population.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, chronic health conditions, and use of preventive services. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and, accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and the states may include and pay for their own questions in the survey. While the surveys focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state added questions are not asked nationwide, these questions are not comparable.

Hospital Emergency Department Billing (HEDB)

The Hospital Emergency Department Billing data provides health billing data for emergency room patients for Nevada’s non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were seen in the emergency room setting. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses. ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, discharge status, and external cause of injury codes. The billing information is for billed charges and not the actual payment received by the hospital.

Hospital Inpatient Billing (HIB)

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada’s non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who were admitted for at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical

Modification (ICD-10-CM) diagnoses (up to 33 diagnoses respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter of 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. Through the interactive Nevada Report Card website, you may access state, district and school level reports in three categories: “school and district information,” “assessment and accountability” and “fiscal and technology.”

Nevada State Demographer

The Nevada State Demographer’s office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada’s counties, cities, and towns.

United States Census Bureau

Federal government agency responsible for the United States Census; the official decennial (10-year period) count of people living in the United States of America. Collected data are disseminated through web browser-based tools like the American Community Survey which provides quick facts on frequently requested data collected from population estimates, census counts and surveys of population and housing for the nation, states, counties, and large cities. The Bureau also offers the American Fact Finder, which profiles the American population and economy every five years.

Web-Enabled Vital Records Registry Systems (WEVRRS)

Statewide births and deaths are collected by the Office of Vital Records, in the Division of Public and Behavioral Health. WEVRRS is a software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death-related information.

Youth Risk Behavior Survey (YRBS)

The purpose of the YRBS is to provide Nevada data to assess trends in priority health-risk behaviors among high school students; measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators; and evaluate the impact of broad school and community interventions at the national, state, and local level. The YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality, these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity.

Executive Summary

This report is intended to provide an overview of behavioral health in Northern Nevada. The analysis can be used to identify issues of concern and areas that may need to be addressed.

The population of Northern Nevada has increased by approximately 10 percent since 2010.

- 14% of the northern population live below the poverty line
- 14% of the northern population are over 65 years of age
- 52% of the northern population are White, not of Hispanic origin

Of the 192,784 Northern Nevada residents, in 2017, who received mental health services from the Division of Public and Behavioral Health (DPBH), the number of visits to the emergency room (ER) by residents of Northern Nevada for major mental health disorders, alcohol and other drug-related issues has increased.

- Schizophrenia was the number one mental health disorder
- More females access mental health services than males
- Due to the implementation of the affordable care act, state funded mental health utilization has decreased
- Northern Nevada mothers who self-reported using substances while pregnant, alcohol and marijuana had the highest prenatal substance abuse birth rate
 - Between 2010 and 2017, a rate of 5.6 per 1,000 births
 - In 2017, at rate of 8.4 per 1,000 births

In 2017, middle school and high school students in Northern Nevada are showing strong interest in suicide.

Middle School Students:

- 21.3% considered suicide;
- 15.3% planned suicide
- 8.2% attempted suicide

High School Students:

- 16.6% considered suicide
- 14.4% planned to commit suicide
- 8.5% attempted suicide

Between 2009 and 2017 in Northern Nevada, mental health disorders recognized most prominent in hospitals were anxiety and depression. Anxiety disorder was most commonly diagnosed in the emergency room, followed by depression; whereas, depression was found to be more common among admitted patients. During this same time, the number one drug indicated in the primary diagnosis of emergency room visits was alcohol. As of 2017, 26.5% of Northern Nevada high school students currently drink alcohol and 11.1% have participated in binge drinking. Binge drinking, for males, is drinking at least five or more drinks of alcohol in a row within a couple of hours; females need only four or more drinks for the same effect.

Methamphetamines and marijuana continue to be strongly represented in drug-related issues among emergency department encounters and inpatient admissions.

In 2017, marijuana use among high school students has shown to be significant.

- 37% of Northern Nevada high school students have ever used marijuana
- 19.5% currently used marijuana
- 8.8% had used marijuana before the age of 13

The number of habitual truants in Northern Nevada for class cohorts 2010-2017 has consistently reduced over the years. Between 2010 and 2017, the graduation rate, rate at which 9th graders graduate by the end of the 12th grade, has consistently increased. Northern Nevada high schools posted that 80.9% of their students graduated in 2017, their highest graduation rate ever.

Demographic Snapshot

Figure 1. Selected Demographics for Northern Nevada.

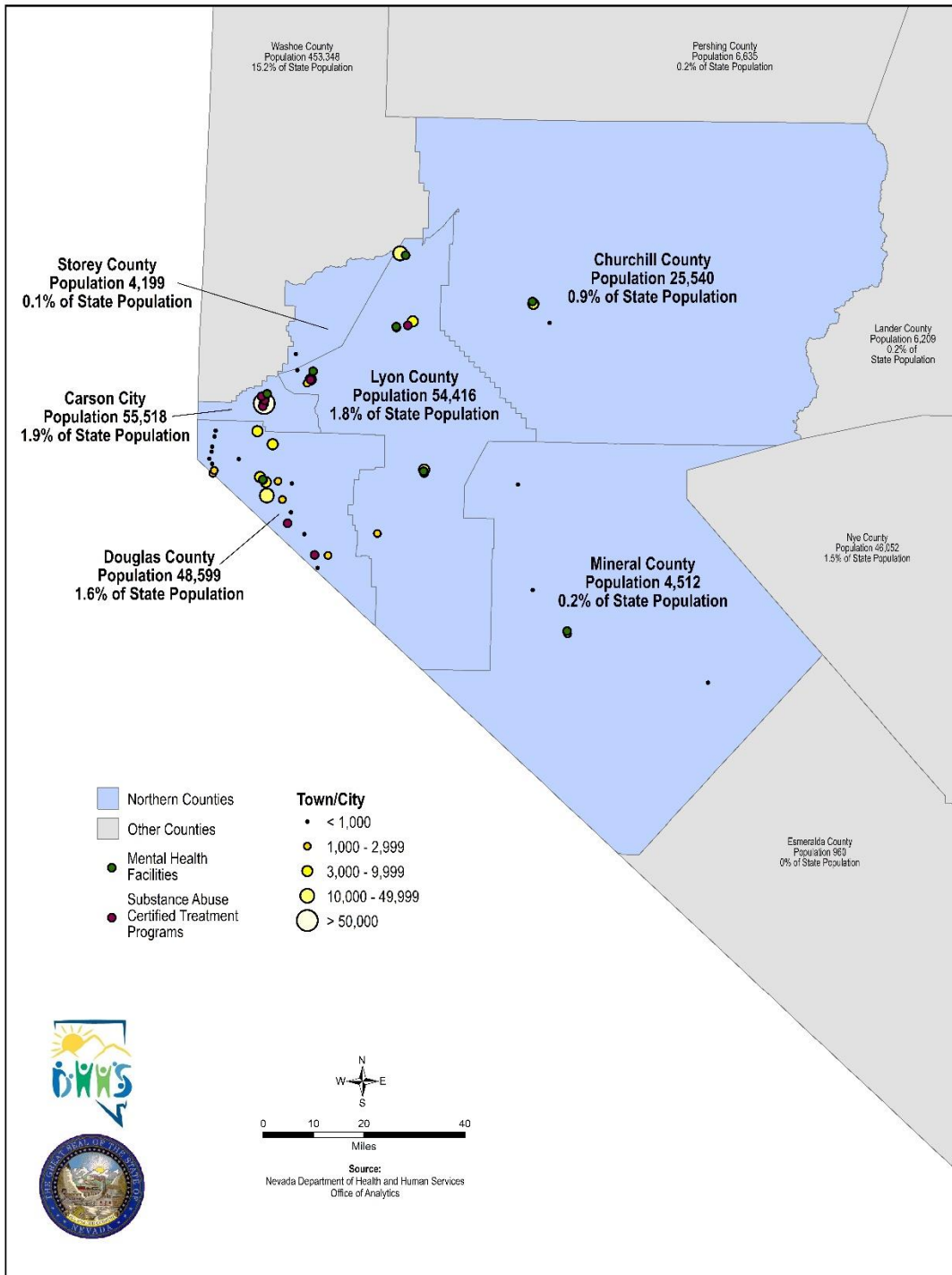
	Northern Nevada
Population, 2017 estimate*	192,784
Population, 2010 estimate*	188,668
Population, percentage change*	2.20%
Male persons, 2017 estimate*	95,563 (50.4%)
Female Persons, 2017 estimate*	97,221 (49.6%)
Median household income (in 2016), 2012-2016**	\$50,892
Per capita income in the past 12 months (in 2016), 2012-2016**	\$28,063
Persons in poverty, percent (2016)**	12.50%
With a disability, under the age 65 years, percent, 2012-2016**	15.20%
Land area (square miles), 2016**	11,802

Source: *Nevada State Demographer, Vintage 2017 and **US Census Bureau.
 County estimates calculated averages use for Northern Nevada estimates.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey



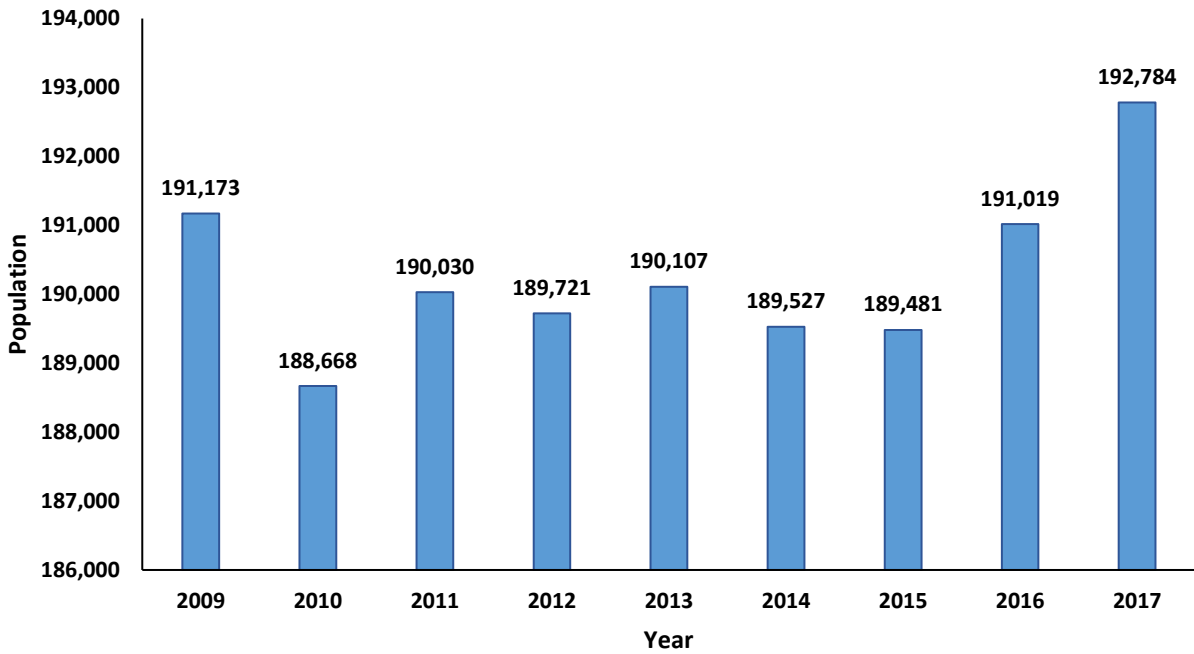
In 2017, the estimated population for Northern Nevada was 192,784, a 2.2% increase from the 2010 estimated population. The population is made up of approximately equal percentages of females and males. The median household income is \$50,892. Northern Nevada's land area is approximately 11,802 square miles.

Figure 2. Nevada Population Distribution by County, 2017.



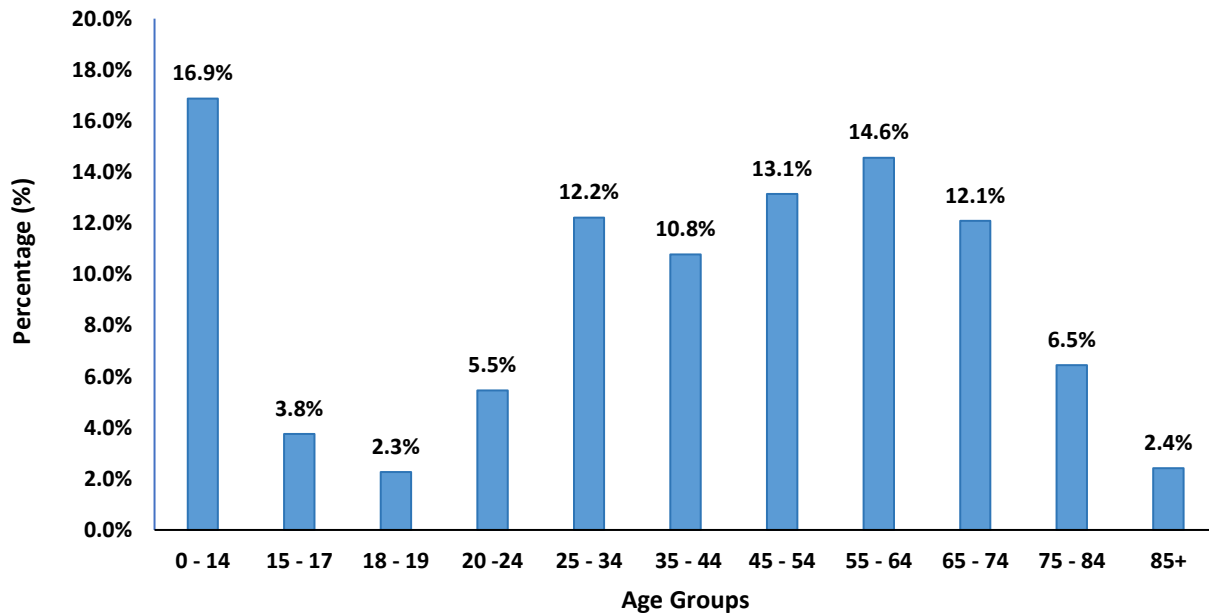
Source: Nevada State Demographer, Vintage 2017.
Frontier: Elko, Eureka, Humboldt, Lincoln, Pershing, and White Pine;
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey;
Southern Nevada: Clark, Esmeralda, and Nye.

Figure 3. Northern Nevada Population, 2009-2017.



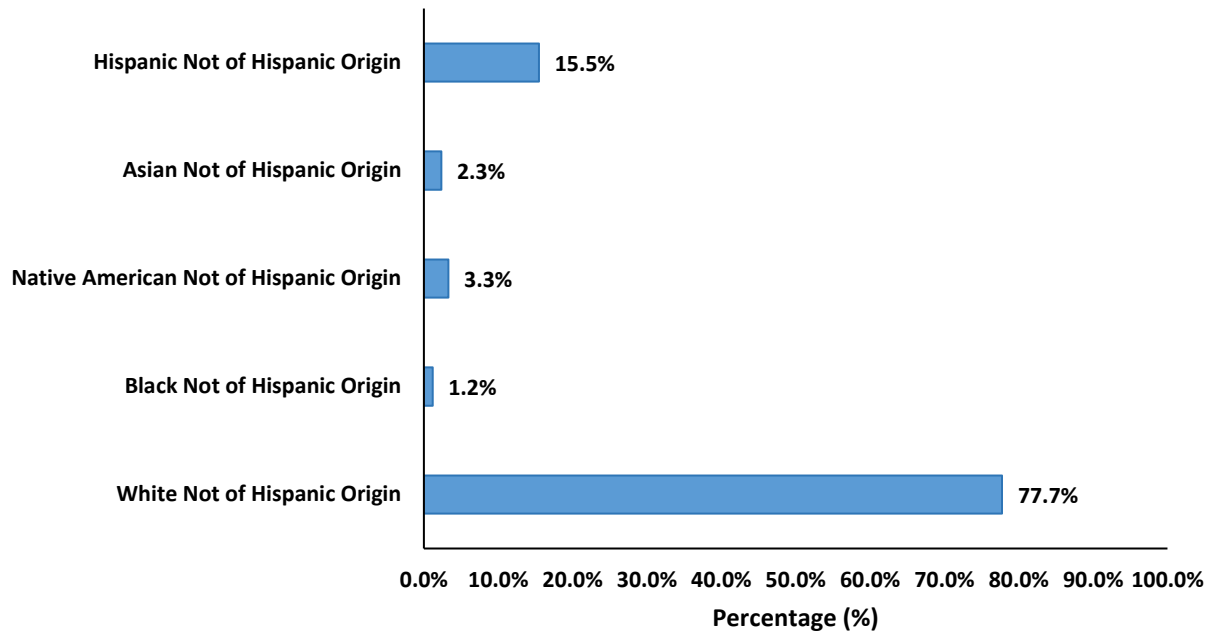
Source: Nevada State Demographer, Vintage 2017.
 Chart scaled to display differences among years.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Figure 4. Northern Nevada Population by Age Group, 2017.



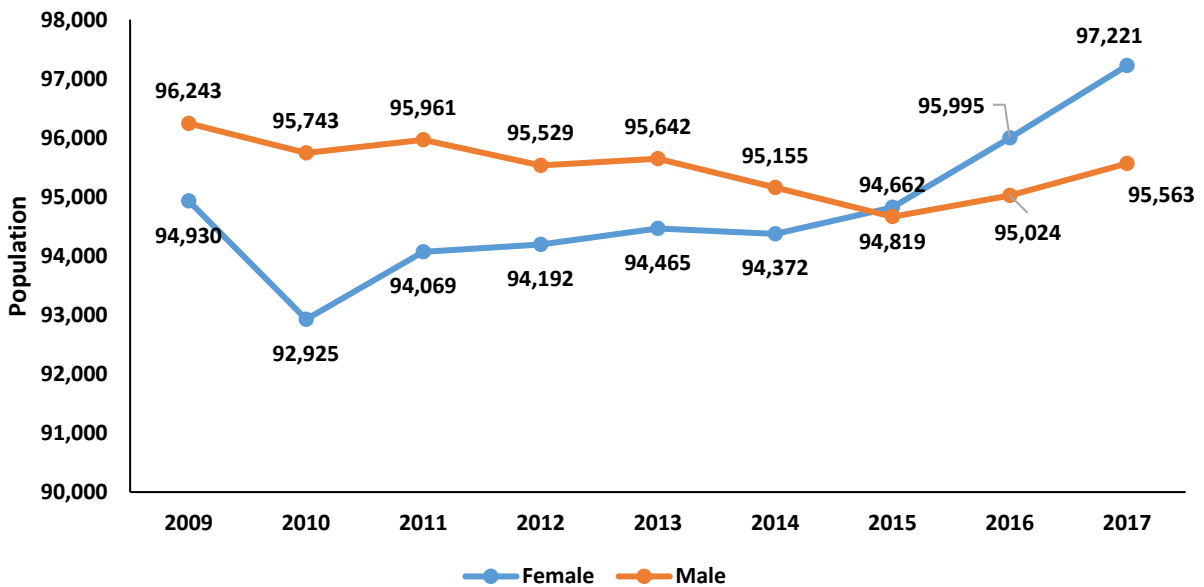
Source: Nevada State Demographer, Vintage 2017.
 Chart scaled to 20% to display among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Figure 5. Northern Nevada Population by Race/Ethnicity, 2017.



Source: Nevada State Demographer, Vintage 2017.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Figure 6. Northern Nevada Population Distribution by Sex, 2009-2017.



Source: Nevada State Demographer, Vintage 2017.
Chart scaled to display differences among genders.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

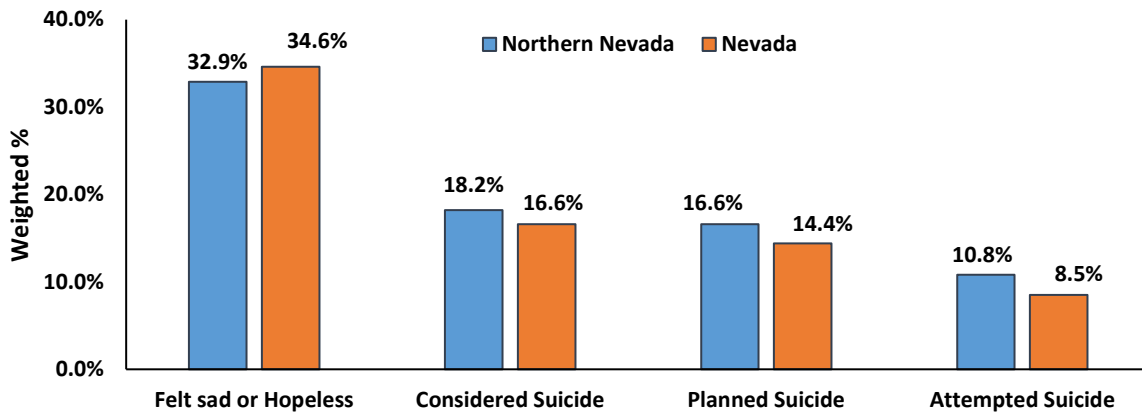
Mental Health

Mental health data are collected by numerous data sources in Nevada. The YRBS, BRFSS, Hospital billing data, state-funded mental health facility and vital records data.

Youth Risk Behavior Survey (YRBS)

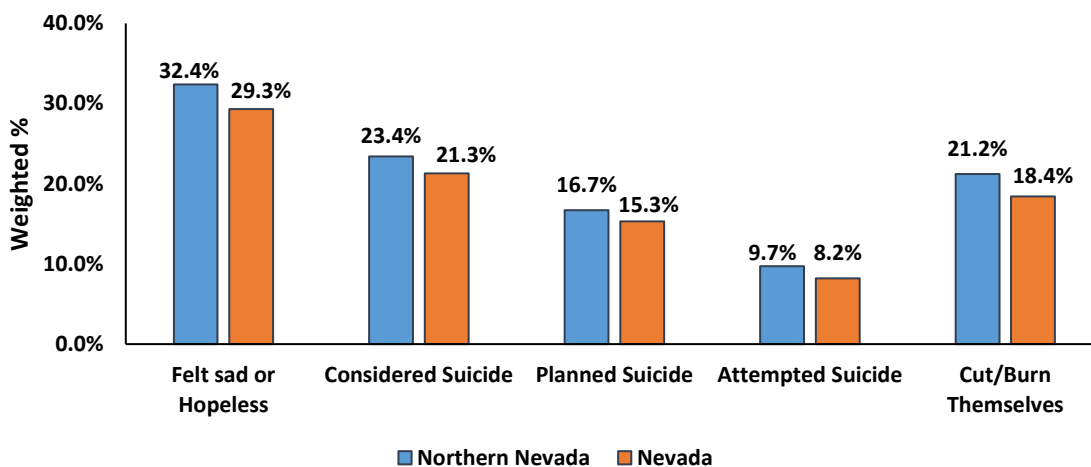
The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In 2017, 884 high school, and 1,047 middle school students participated in the YRBS.

Figure 7. Mental Health Risk Behaviors, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Figure 8. Mental Health Risk Behaviors, Northern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

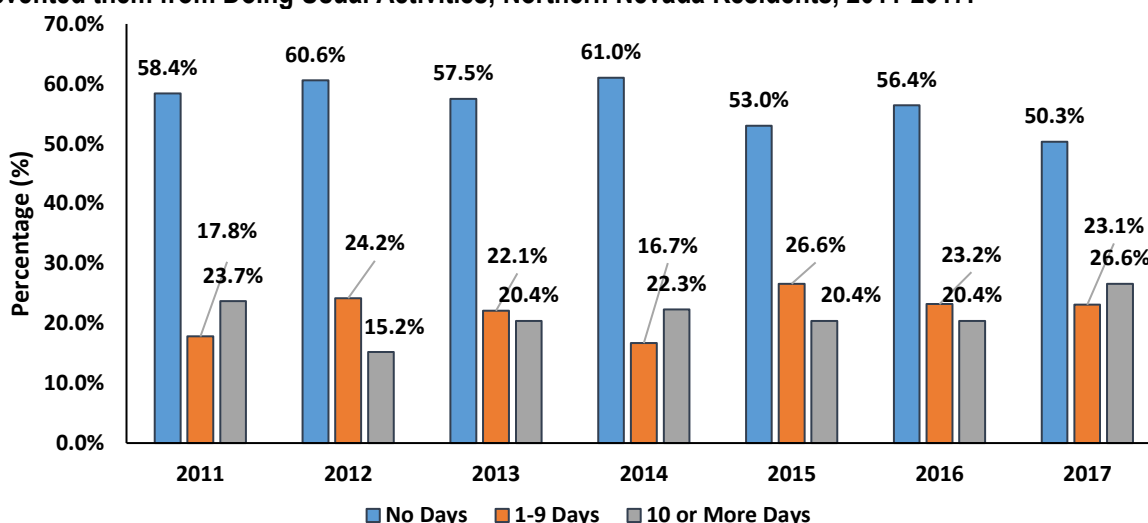
In 2017, approximately 32.9% of Northern Nevada high school students and 32.4% of Northern Nevada middle school students have felt sad or hopeless in the last 12 months. About 18.2% of high school students have considered suicide, while 16.6% have planned to commit suicide in the past 12 months. About 10.8% of those Nevada high school students have attempted suicide in the past 12 months.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, the BRFSS is a powerful tool for targeting and building health promotion activities.

Northern Nevada residents were asked how many days, if any, did a mental health condition or emotional problem keep them from doing their work duties or other usual activities.

Figure 9. Percentages of Adult Residents Who Experienced Poor Mental or Physical Health that Prevented them from Doing Usual Activities, Northern Nevada Residents, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).

Chart scaled to display differences among years.

Chart scaled to 70% to display among groups.

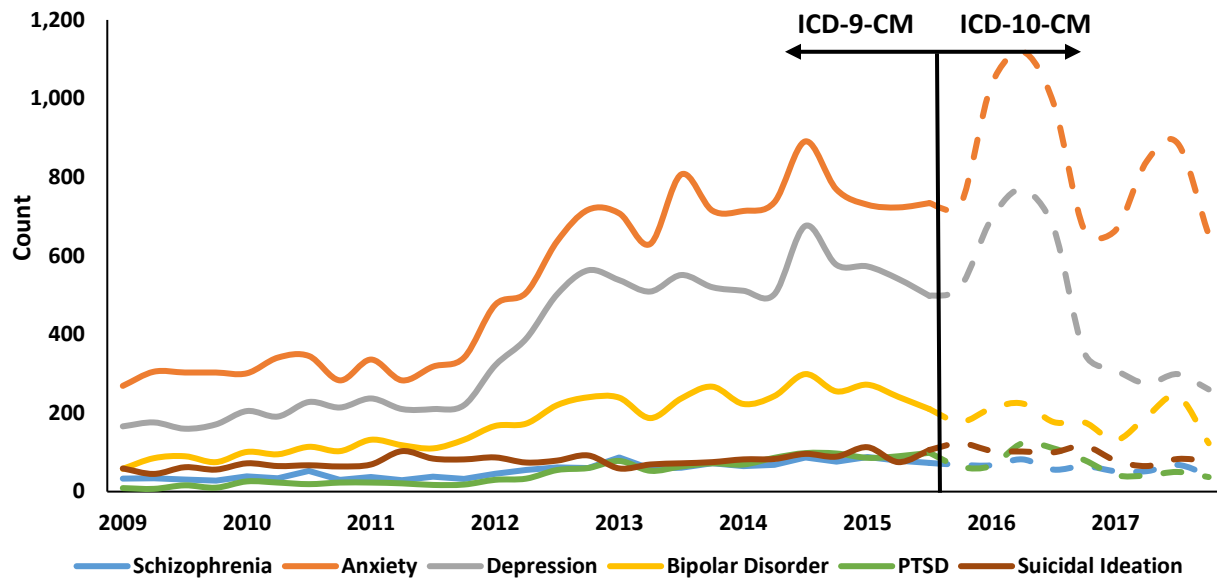
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In 2016, 56.4% reported missing days of work or activities, 23.2% misses 1-9 days, and 20.4% missed 10 or more days of work or usual activities. In 2017, 50.3% reported missing days of work or activities, 23.1% misses 1-9 days, and 26.6% missed 10 or more days of work or usual activities.

Hospital Emergency Department Encounters

The Hospital Emergency Department Billing data includes data for emergency room patients for Northern Nevada's non-federal hospitals. There were 5,565 emergency room visits related to mental health disorders among Northern Nevada residents in 2017. Since an individual can have more than one diagnosis during a single emergency room visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 10. Mental Health-Related Emergency Department Encounters in Northern Nevada, by Quarter and Year, 2009-2017.



Source: Hospital Emergency Department Billing.

ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

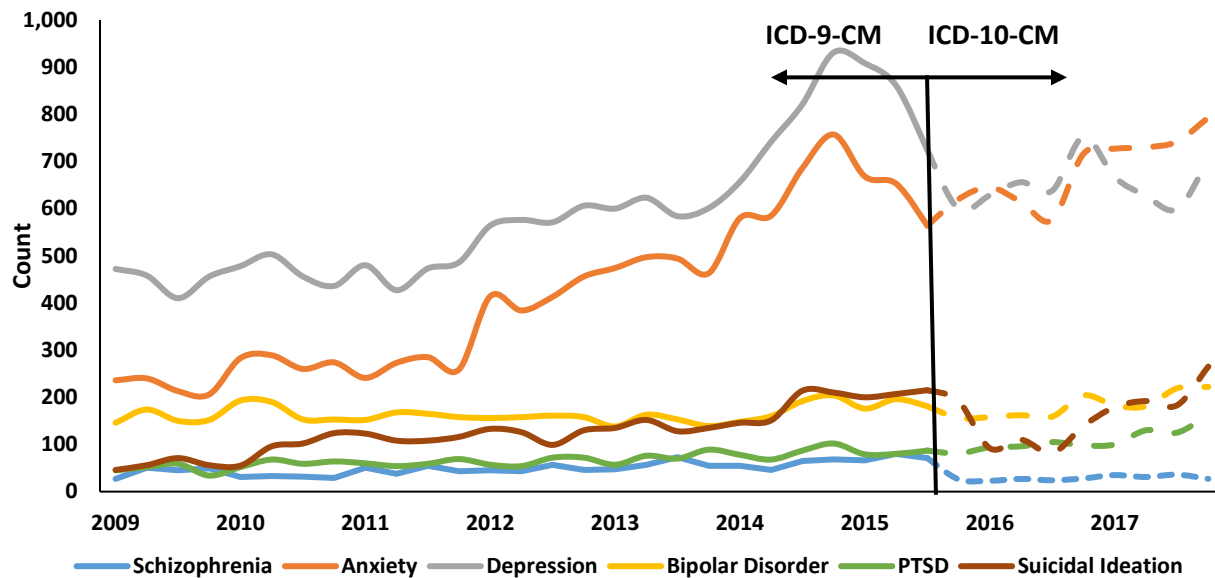
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Anxiety has been the leading mental health-related diagnosis since 2012 to be encountered at the emergency department. Emergency department encounters related to anxiety increased significantly from 2009 to 2017 both in counts and rates. When adjusted for population growth, 2009 had 1,962 (1,026.3 per 100,000 Northern Nevada residents) emergency department encounters and 2017 had 5,565 (2,886.7 per 100,000 Northern Nevada residents) encounters. Emergency department encounters related to depression also increased significantly from 2009 to 2017 (1251%) from 84 (43.9 per 100,000 Northern Nevada residents) to 1,144 (593.4 per 100,000 Northern Nevada residents).

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. There were 7,861 inpatient admissions related to mental health disorders among Northern Nevada residents in 2017. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given and therefore the following numbers are not mutually exclusive.

Figure 11. Mental Health-Related Inpatient Admissions in Northern Nevada, by Quarter and Year, 2009-2017.



Source: Hospital Inpatient Billing.

ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

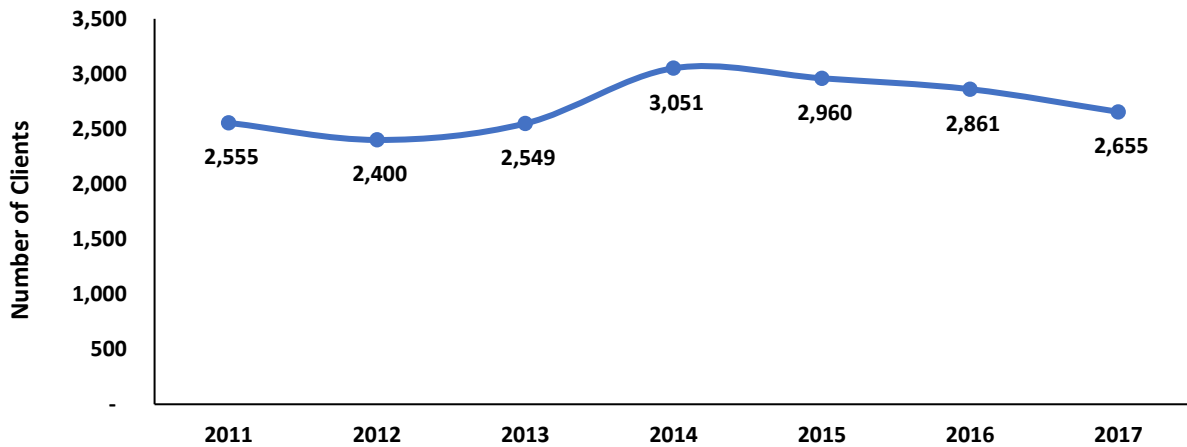
Anxiety and depression are the leading diagnosis for mental health-related inpatient admissions. Anxiety has increased significantly from 2009 to 2017 both in counts and rates, which are adjusted for population growth, respectively 2009, had 895 (468.2 per 100,000 Northern Nevada residents) inpatient admissions and 2017 had 2,992 (1,346.6 per 100,000 Northern Nevada residents) admissions. Inpatient admissions related to depression increased from significantly 2009 to 2017 from 553 (289.3 per 100,000 Northern Nevada residents) to 2,596 (1,346.6 per 100,000 Northern Nevada residents).

State Funded Mental Health Services (Avatar)

State funded mental health facilities are divided into Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS) and Rural Clinic and Community Health Services. Different services that mental health facilities provide include inpatient acute psychiatric, mobile crisis, outpatient counseling, service coordination, and case management.

Of the Northern Nevada residents accessing DPBH mental health services in 2017, 36% lived in Lyon county, 29% live in Carson City, 17% live in Churchill county, 14% in Douglas county, 4% in Mineral county and 0.04% in Storey county. In 2017, Black non-Hispanic had the highest crude rate for accessing mental health services at 1113.1 per 100,000 population.

Figure 12. State Mental Health Clinics* by Number of Unique Served*, Northern Nevada Residents, 2011-2017.

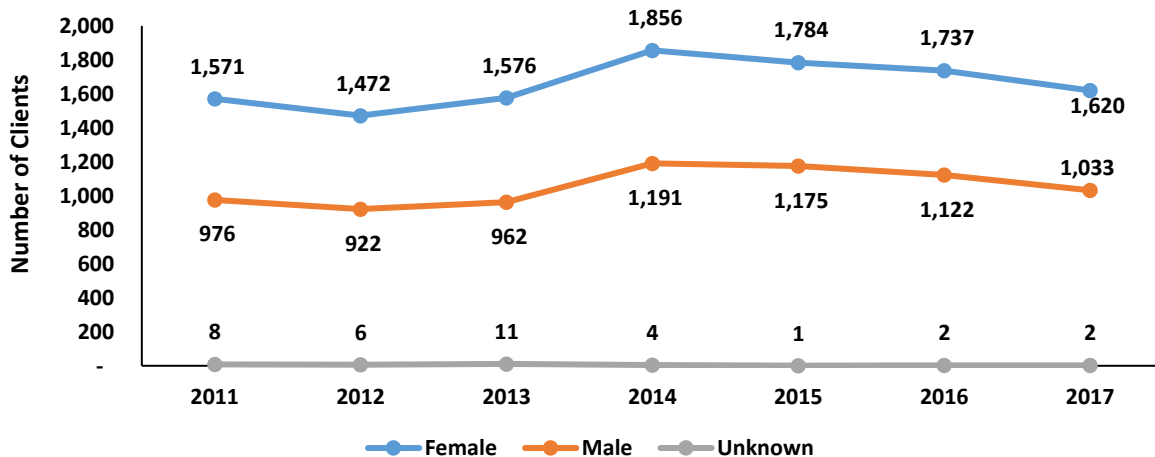


Source: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state funded facilities through the expansion of Medicaid. Statewide there has been a decline in utilization of state funded mental health facilities, with the exception of the Northern Region which has increased from 2,655 clients served in 2017, from 2011 (2,555).

Figure 13. State Mental Health Clinics Utilization* by Gender, Northern Nevada Residents, 2011-2017.

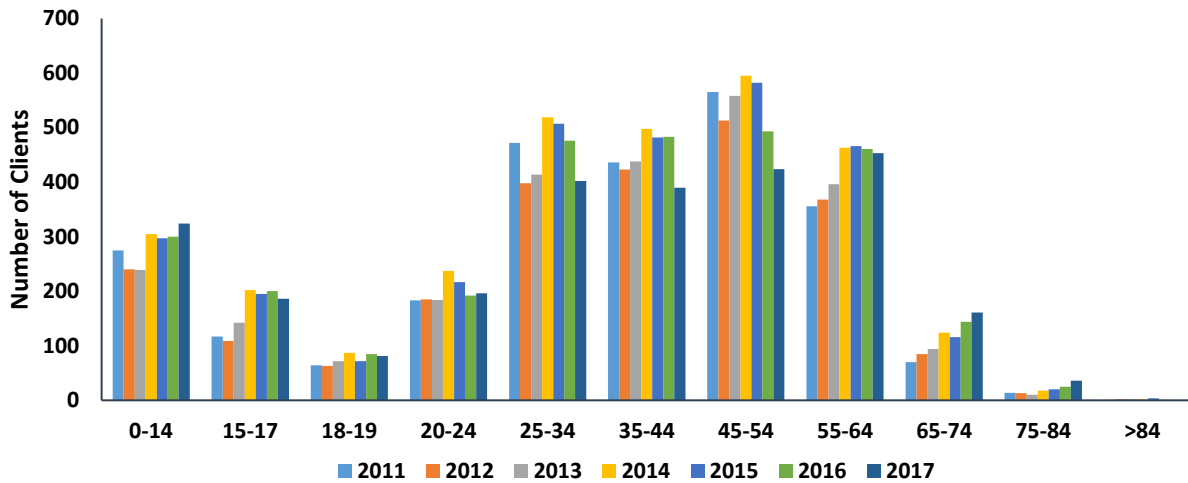


Source: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

From 2011 to 2017, females have significantly utilized the state-funded mental health clinics more than males (95% confidence interval). In 2017, 1,081.0 per male 100,000 population utilized the state-funded mental health clinics, compared to females at 1,666.3 per 100,000 female population.

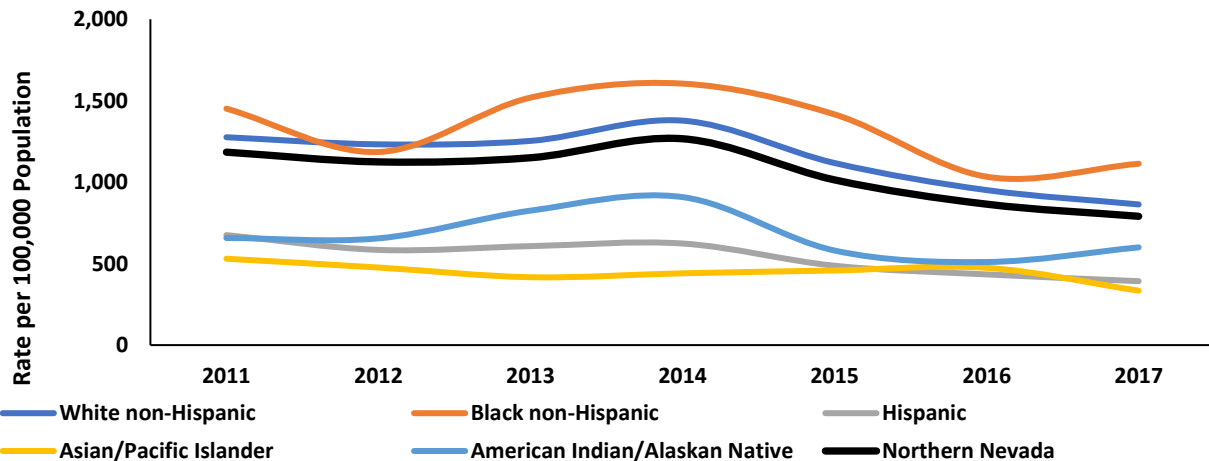
Figure 14. State Mental Health Clinics Utilization* by Age Group, Northern Nevada Residents, 2011-2017.



Source: Avatar.
 Age "Unknown" no included in analysis.
 *A client is counted only once per year. Clients may be counted more than once across years.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Of Northern Nevada residents that were patients who utilized state-funded mental health clinics in 2017, the most common age group was 55-64 years of age, on average accounting for 17% of the patients that year.

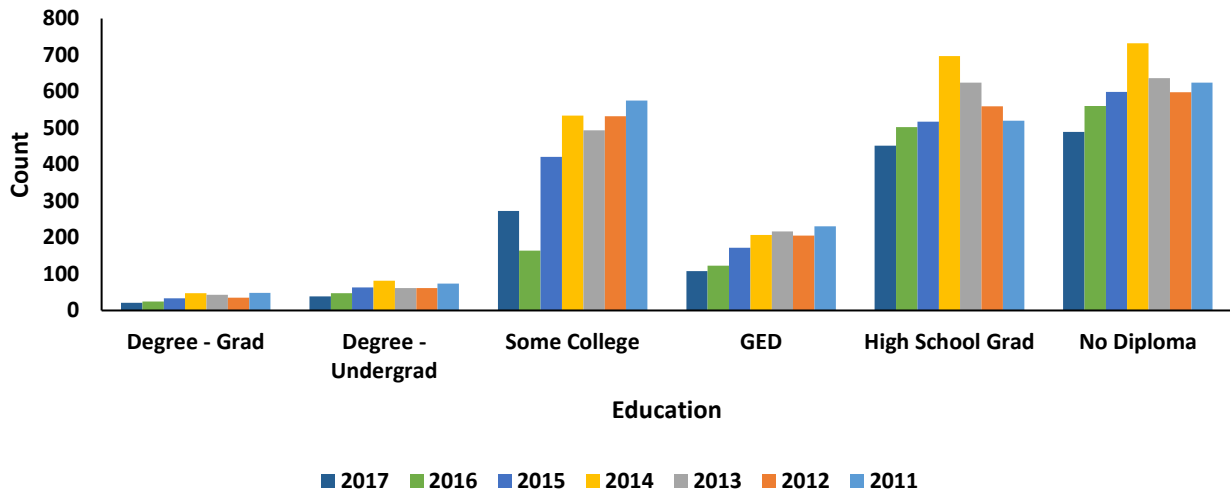
Figure 15. State Mental Health Clinics Utilization* by Race/Ethnicity, Rates per 100,000 Northern Nevada Residents, 2011-2017.



Source: Avatar.
 Rates per 100,000 Northern Nevada residents was used for analysis.
 *A client is counted only once per year. Clients may be counted more than once across years.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

The Affordable Care Act (ACA) went into effect in 2014. Therefore, many Nevada residents are now able to access non-state-funded facilities through the expansion of Medicaid. This likely contributes to the decline of the clients represented in the above chart. The patient utilization rate has gone down significantly across all races from 2011 to 2017. The black non-Hispanic population has had the highest rate over the seven-year period at the highest in 2013 with 3,257.1 per 100,000 population.

Figure 16. State Mental Health Clinics Utilization* by Education, Northern Nevada, 2010-2017.



Source: Avatar

Chart scaled to display differences among educations therefore certain educations are not displayed.

*A client is counted only once per year. Clients may be counted more than once across years.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Figure 17. Top Mental Health Clinic Services by Number of Patients Served* in Northern Nevada, 2011-2017.

Program	Year						
	2011	2012	2013	2014	2015	2016	2017
Carson Medication Clinic	376	410	349	344	455	428	453
Carson Out Patient Counseling	472	443	483	544	507	395	451
Carson Out Patient Screening	145	94	16	45	235	278	324
Fallon Out Patient Counselling	244	235	188	254	184	263	279
Fallon Medication Clinic	199	199	158	165	165	238	274
Fernley Medication Clinic	90	107	130	138	178	223	264
Douglas Medication Clinic	269	269	269	261	300	283	253
Douglas Out Patient Counseling	379	376	343	317	303	286	224

Source: Avatar.

*A client is counted only once per year. Clients may be counted more than once across years.

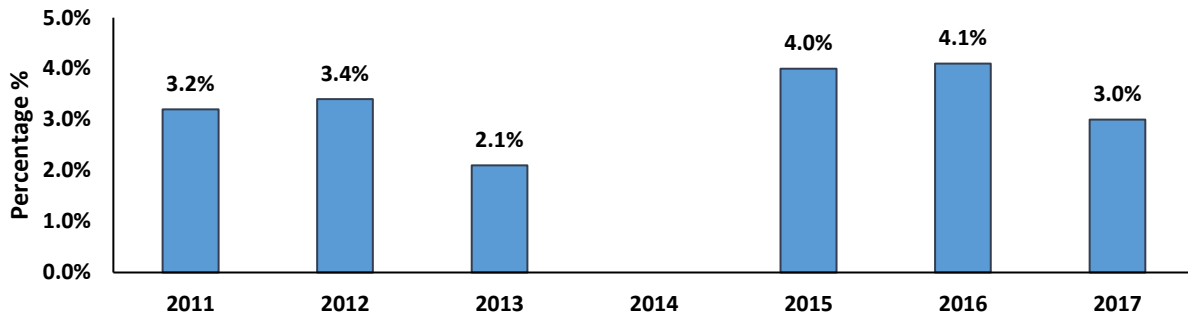
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Patients were counted only once per program per year. Since a patient can receive services in more than one program, the counts above are not mutually exclusive.

Suicide

While suicide is not a mental illness, one of the most common causes of suicide is mental illness. Risk factors for suicide include depression, bipolar disorder and personality disorders. Of those who attempt or die from suicide many have a diagnosis mental illness.

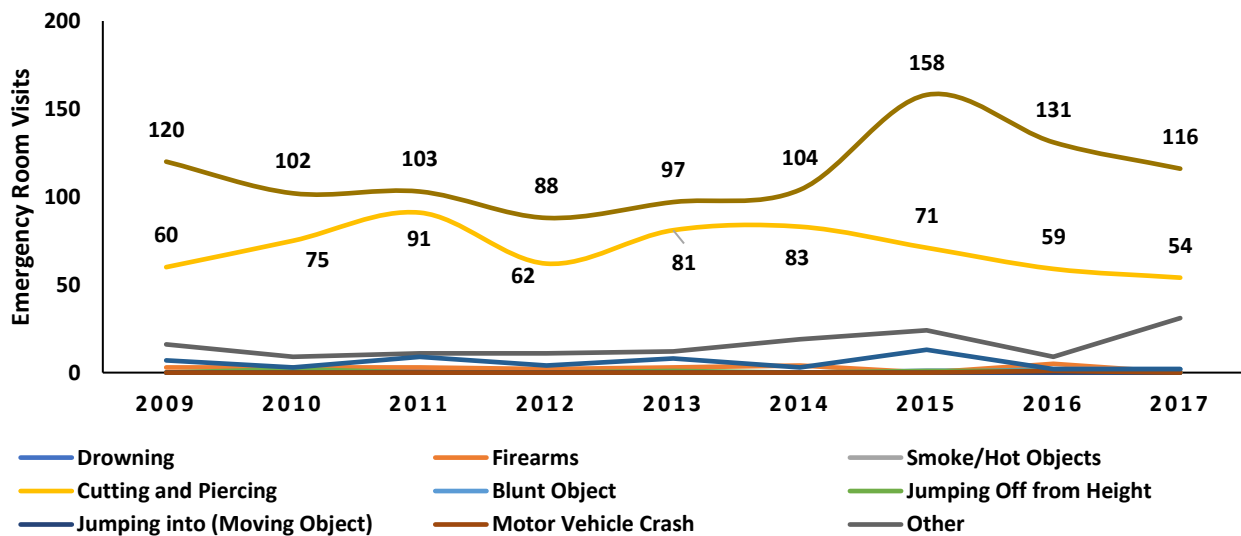
Figure 18. Percentage of Adult Nevada Residents Who Have Seriously Considered Attempting Suicide in Northern Nevada, 2011–2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Charts scaled to 5% to display differences among groups.
 Indicator was not measured in 2014.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

When asked “have you seriously considered attempting suicide during the past 12 months,” 4.1% of Northern Nevada residents said yes in 2016. Between 2011 and 2016, the average prevalence for suicide consideration in Rural Nevada is 3.0%. This indicator was not measured in 2014.

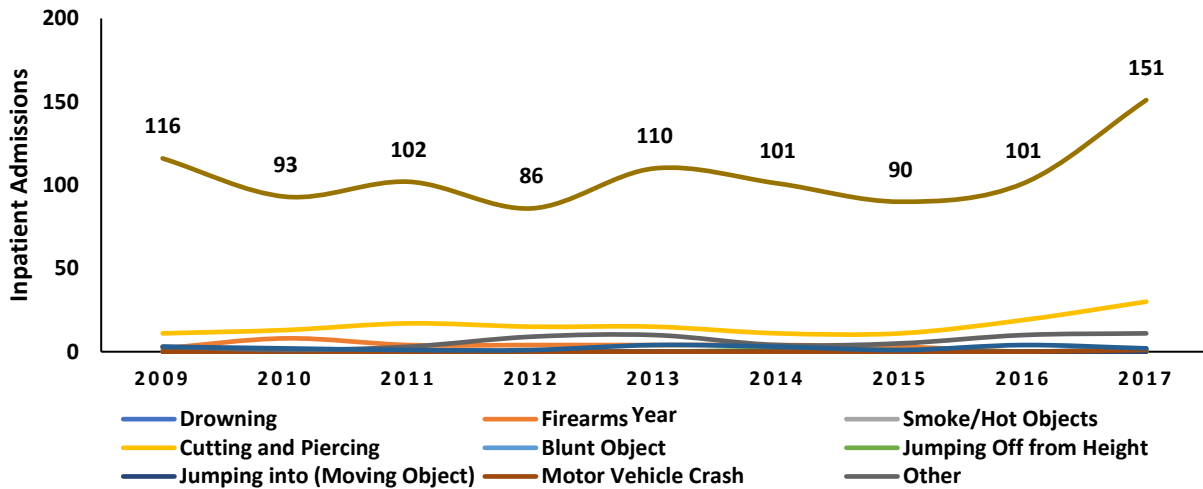
Figure 19. Suicide Attempt-Related Emergency Department Encounters by Method, Northern Nevada Residents, 2009-2017.



Source: Hospital Emergency Department Billing.
 ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 A person can be included in more than category and therefore the counts above are not mutually exclusive.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Emergency department encounter for attempted suicides, where the patient did not expire at the hospital, have remain steady from 2009-2017. The most common method for attempted suicides is a substance or drug overdose attempt. During 2017, 206 emergency encounters were for suicide attempts, of those 116 were for substance/drug overdose, or 56% of the suicide attempts.

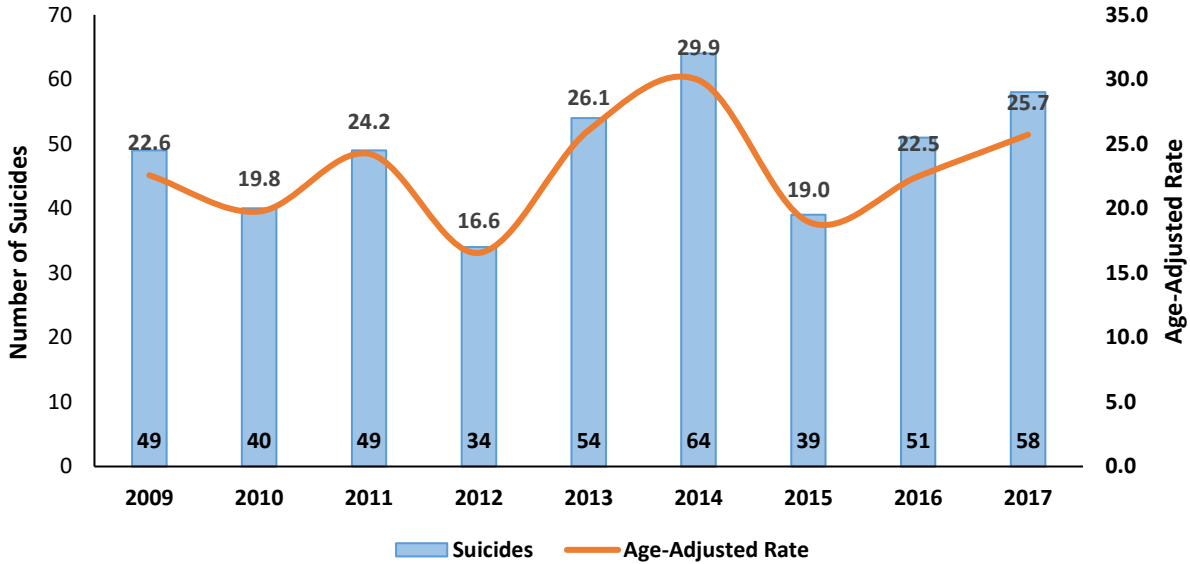
Figure 20. Suicide Attempt-Related Inpatient Admissions by Method, Northern Nevada Residents, 2009-2017.



Source: Hospital Inpatient Billing.
 ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 A person can be included in more than category and therefore the counts above are not mutually exclusive.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In 2017, there were 1,605 inpatient admissions for attempted suicides where the patient was admitted and did not expire at the hospital. Of those, 82% were for substance and drugs overdoses.

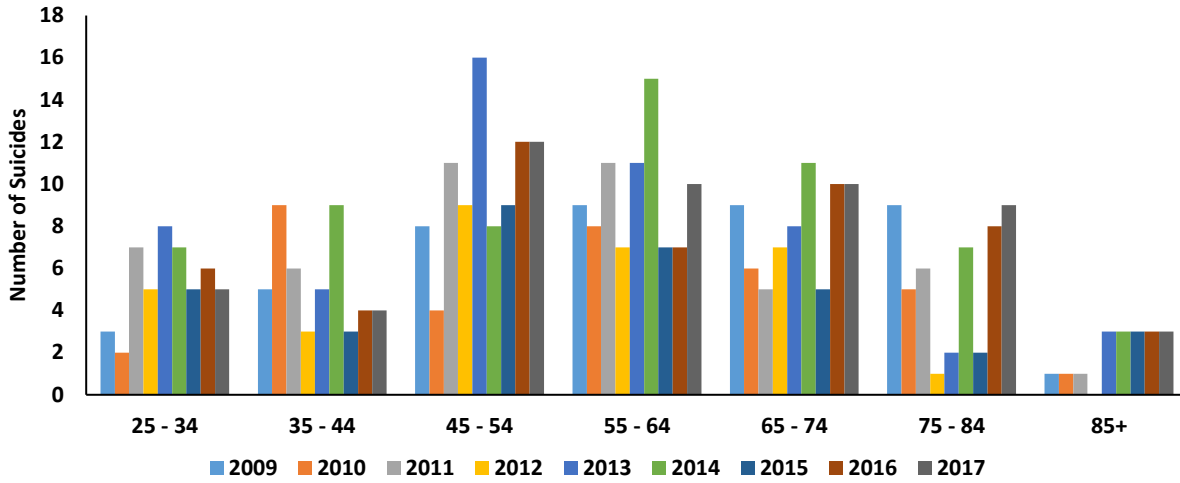
Figure 21. Number of Suicides and Age-Adjusted Rates, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

The age-adjusted suicide rate for 2017 was 25.7 per 100,000 population. Between 2009 and 2017, Northern Nevada had its highest age-adjusted suicide rate in 2014, which was 29.9 per 100,000 population and lowest rate in 2012, with 16.6 per 100,000 population. From 2009 to 2017 there have been 445 suicides in Northern Nevada, on average 49 suicides occur each year.

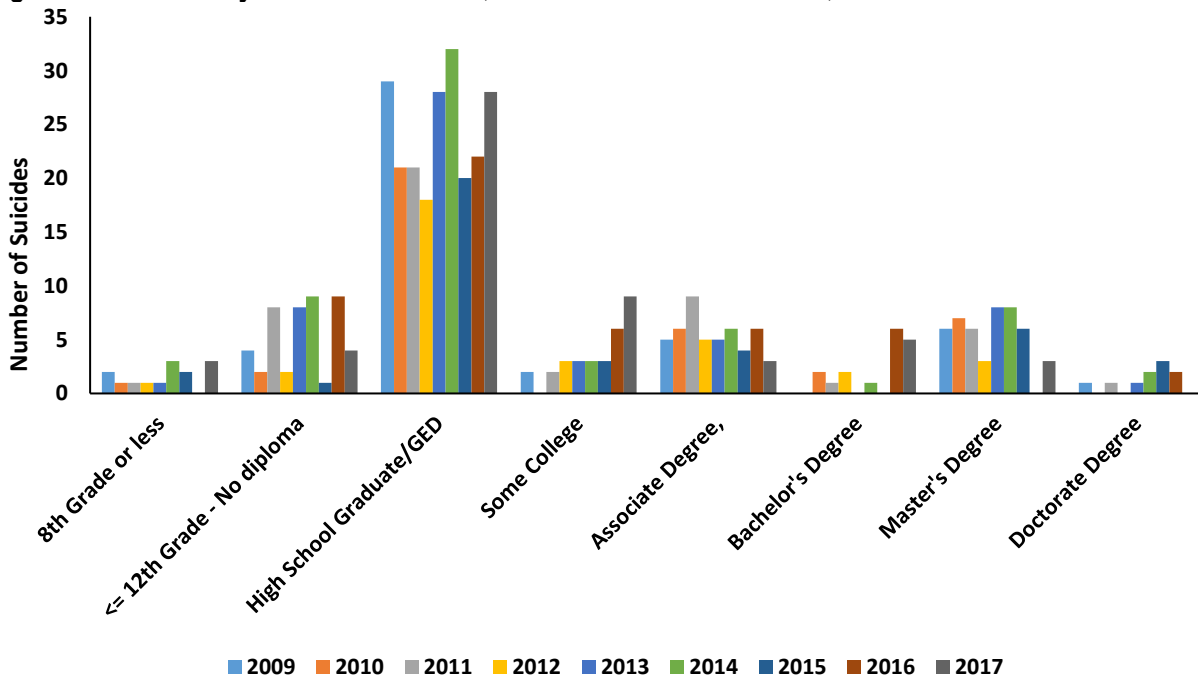
Figure 22. Suicides by Age Group, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
 Chart scaled to display differences among years.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Suicides in Nevada are most common for the 45-54 age group with 12 suicides in 2017.

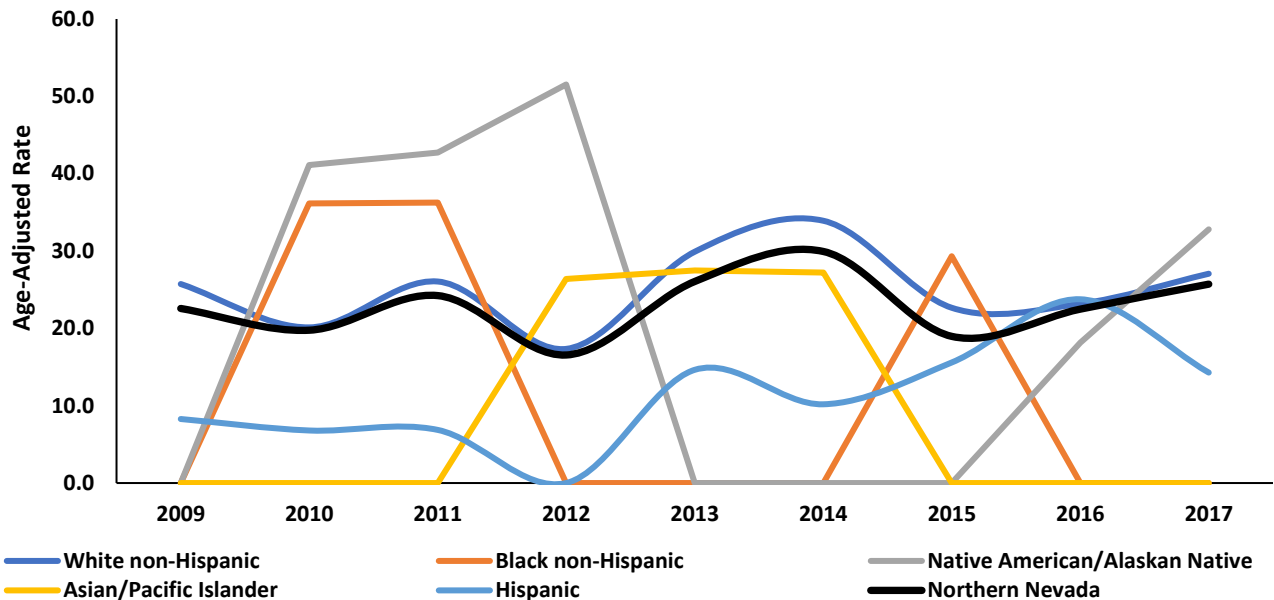
Figure 23. Suicides by Level of Education, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
 Education "Unknown" not included in analysis.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Suicides among Northern Nevada residents are most common among high school graduates, with 28 suicides in 2017.

Figure 24. Age-Adjusted Suicides Rates by Race/Ethnicity, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

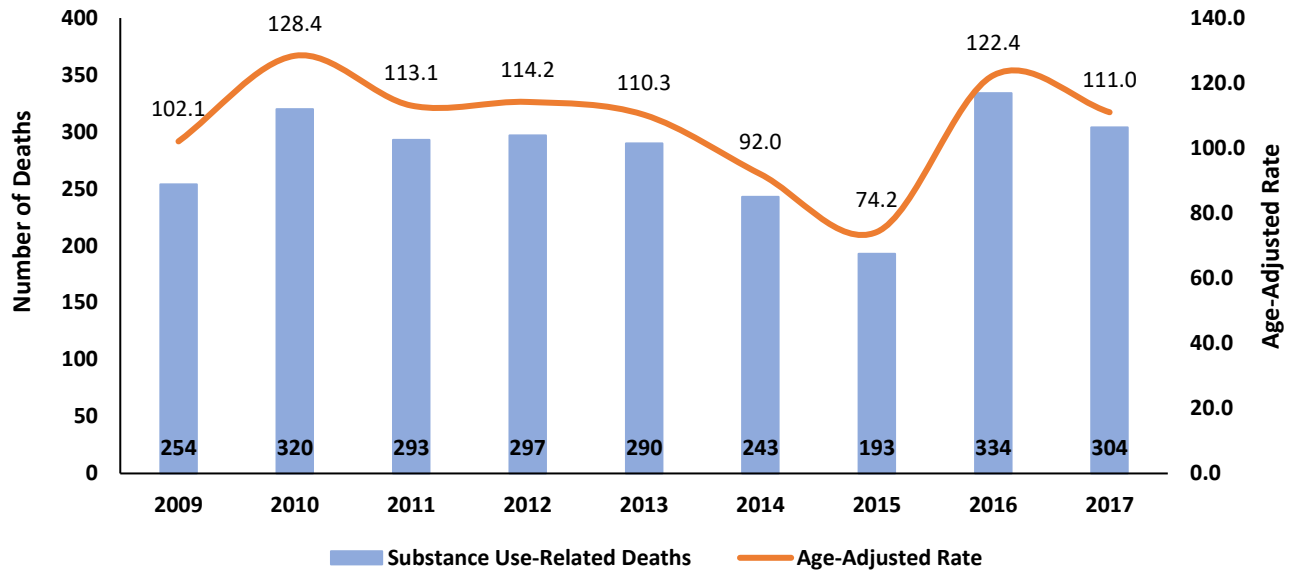
The age-adjusted suicide rates for White non-Hispanics were significantly higher than the state for each year from 2009 to 2017, with 27.1 per 100,000 population in 2017. The age-adjusted suicide rate for American Indian/Alaskan Native was above the total Nevada rate (2012, 2103, 2014), but was not significantly higher based on 95% confidence intervals. Rates among Hispanics are significantly lower than Nevada overall years.

Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19):

- Organic, including symptomatic, mental disorders;
- Schizophrenia, schizotypal and delusional disorders;
- Mood [affective] disorders; Neurotic, stress-related and somatoform disorders;
- Behavioral syndromes associated with physiological disturbances and physical factors;
- Disorders of adult personality and behavior;
- Mental retardation;
- Disorders of psychological development;
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence;
- Unspecified mental disorder

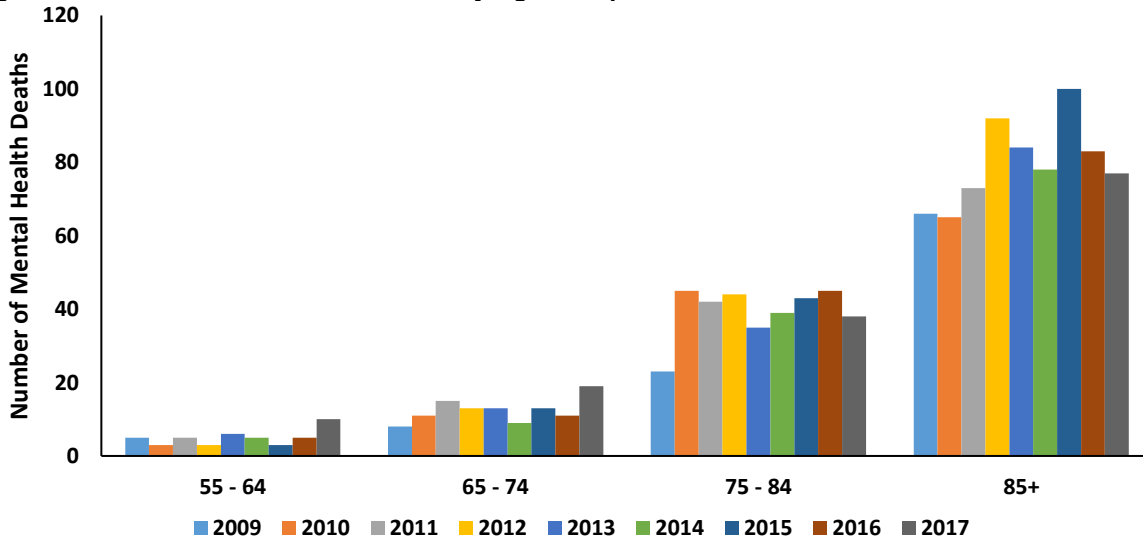
Figure 25. Mental Health-Related Deaths and Age-Adjusted Rates, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

The number of mental health-related deaths significantly increase from 2009 at 105 (40.8 per 100,000 age-specific population) to 154 (54.4 per 100,00 age-specific population) in 2017.

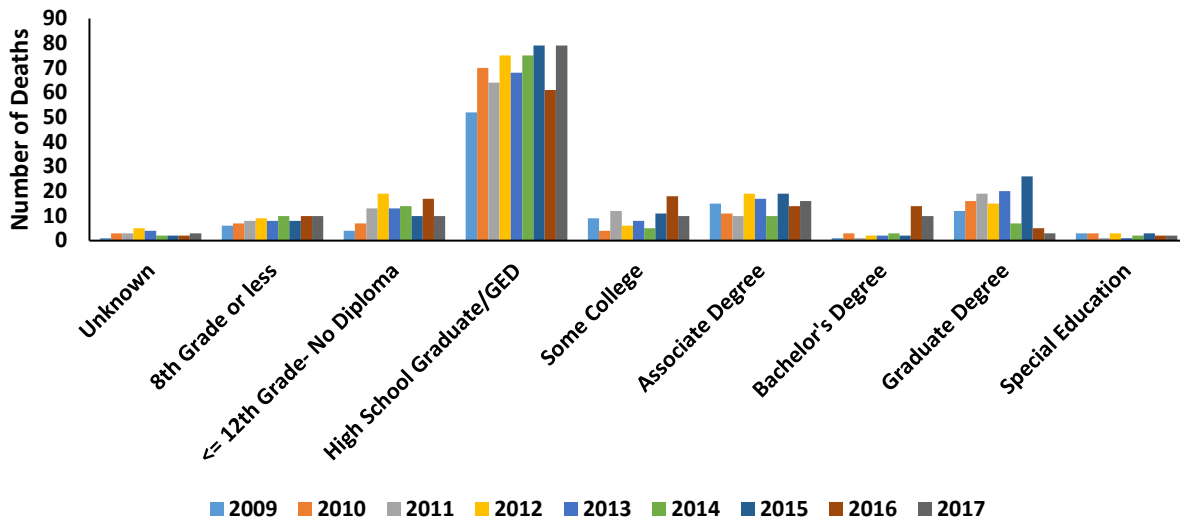
Figure 26. Mental Health-Related Deaths by Age Group, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Chart scaled to display differences among age groups.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

There were 37 mental health-related deaths (2.9%) to those less than 54 years old in the 9-year span (2009-2017), and therefore were not displayed in the figure above. The most common age group for mental health-related deaths were those ages 85 and older with 77 in 2017.

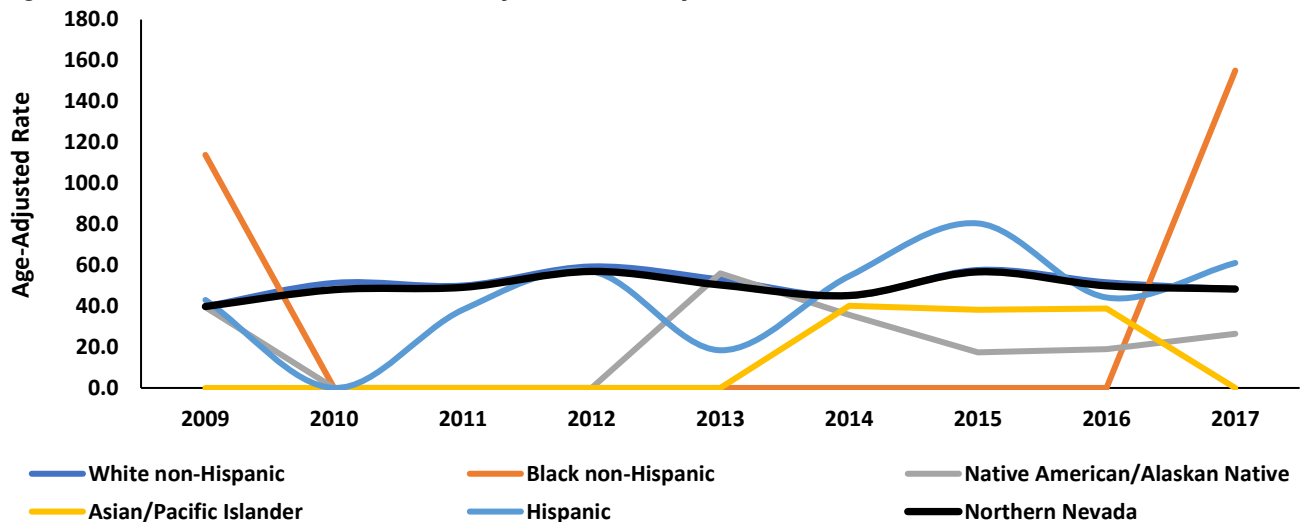
Figure 27. Mental Health-Related Deaths by Education, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Mental health-related deaths were highest in Northern Nevada among individuals who had high school diplomas with 84 mental health-related deaths in 2017.

Figure 28. Mental Health-Related Deaths by Race/Ethnicity, Northern Nevada Residents, 2009-2017.



Source: Nevada Electronic Death Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

There are no significant differences (95% confidence interval) among the age-adjusted mental health-related death rates for races/ethnicities in Northern Nevada. In 2009 and 2017, there was one Black non-Hispanic mental health-related death in Northern Nevada.

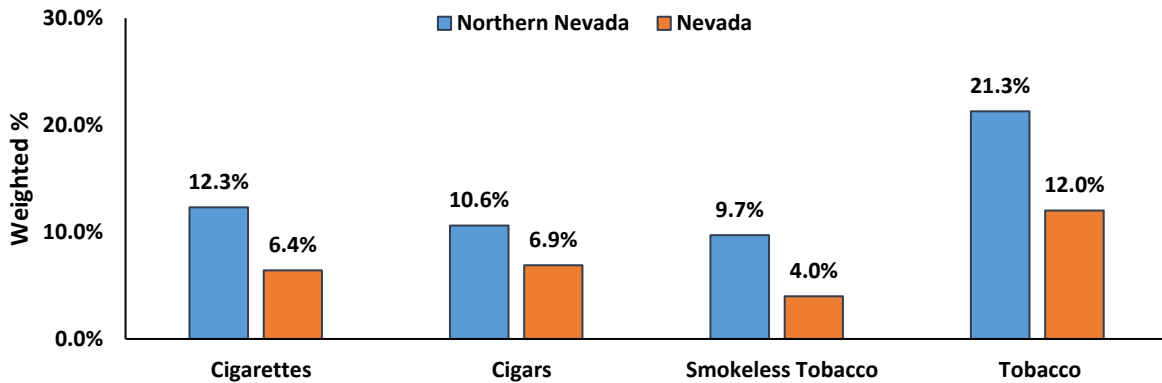
Substance Abuse

Substance use data are collected from hospital billing data, vital records data, and through national survey data including the BRFSS and the YRBS.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In Northern Nevada for 2017, 884 high school, and 1,047 middle school students participated in the YRBS.

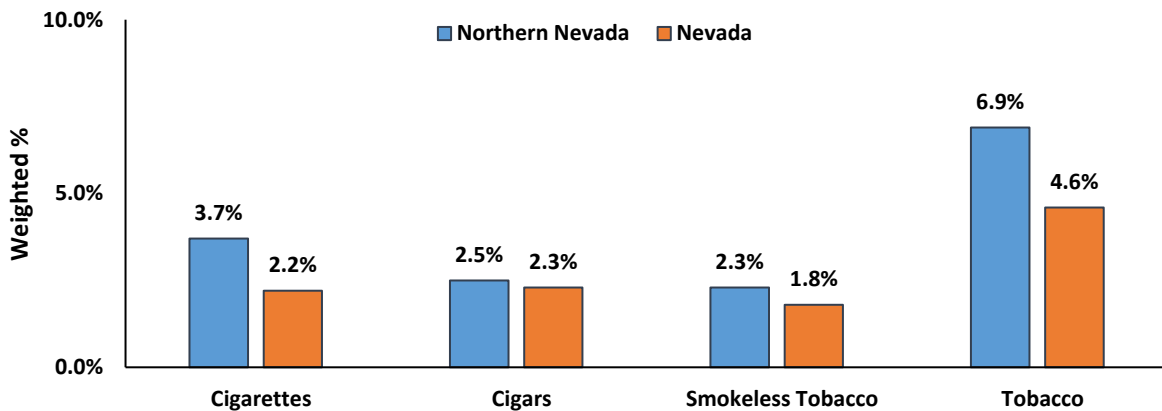
Figure 29. Current Tobacco Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 30% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Of Northern Nevada high school students, 12.3% reported using cigarettes, 21.3% using tobacco (higher than Nevada 12.0%) and 9.7% using smokeless tobacco in the past 30 days.

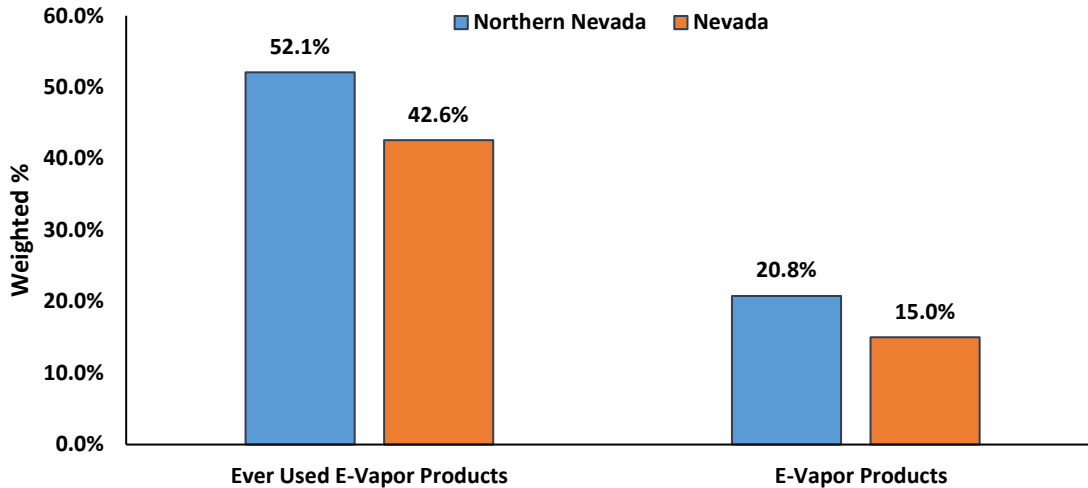
Figure 30. Current Tobacco Use Summary, Northern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 10% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Of Northern Nevada middle school students, 6.9% reported use of tobacco in the past 30 days (higher than Nevada 4.6%); 3.7% reported using cigarettes in the past 30 days and 2.5% used cigars in the past 30 days.

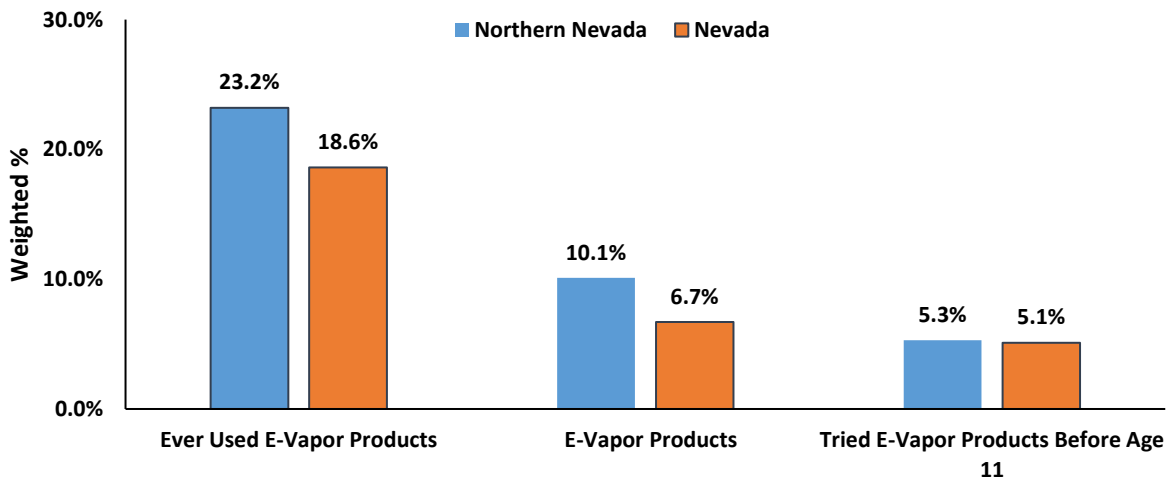
Figure 31. Electronic Vapor Product Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 60% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In Northern Nevada, about 52% have used electronic vapor (E-vapor) products and 20.8% in Northern Nevada are currently using E-vapor products, which is higher than the nation (5.8%) for high school students.

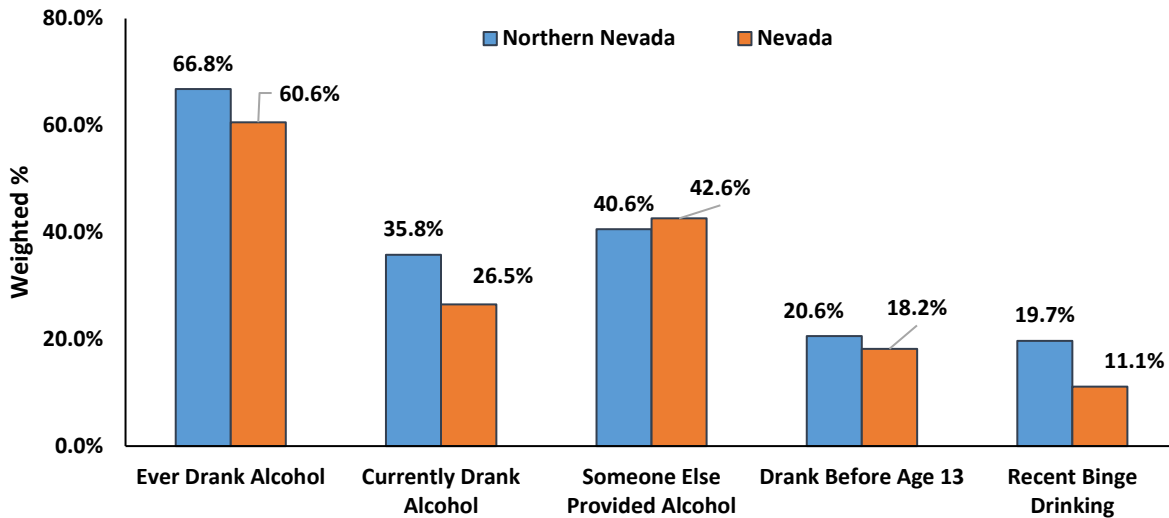
Figure 32. Electronic Vapor Product Use Summary, Northern Nevada Middle School Students, 2017



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 30% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In Northern Nevada, 23.2% of middle school students have used E-vapor products and 10.1% are currently using E-vapor products.

Figure 33. Alcohol Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).

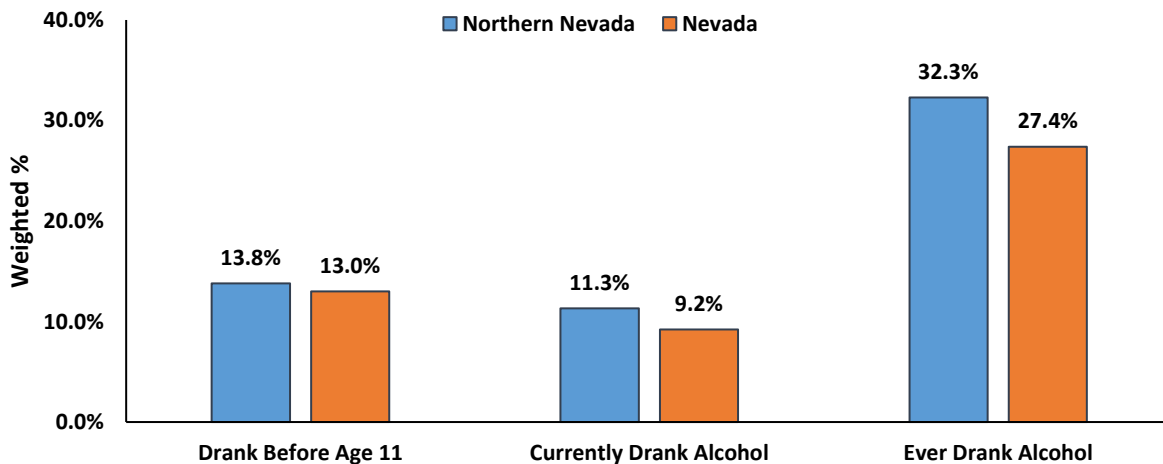
Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.

Chart scaled to 80% to display differences among groups.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Approximately 7 out of 10 high school students in Northern Nevada have ever had a drink of alcohol (66.8%). About 35.8% currently drink alcohol and 40.6% have had alcohol provided to them by someone else. Of Northern Nevada high school students, 20.6% had alcohol before the age of 13 years and over 19.7% of high school students had a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

Figure 34. Alcohol Use Summary, Northern Nevada Middle School Students, 2017.



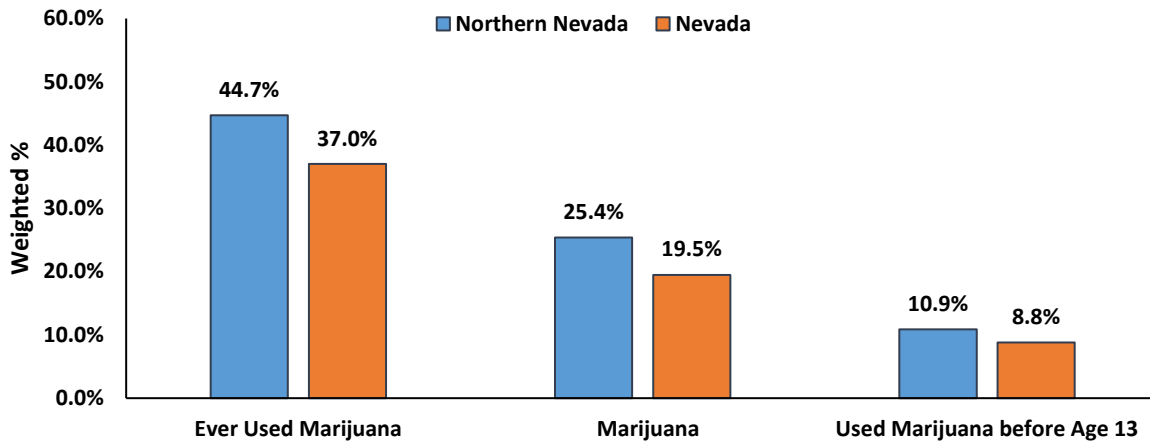
Source: Nevada Youth Risk Behavior Survey (YRBS).

Chart scaled to 40% to display differences among groups.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Approximately one out of ten middle school students drank alcohol before age 11 (13.8%). Also, 11.3% currently drink alcohol and three out of ten had drank alcohol before (32.3%).

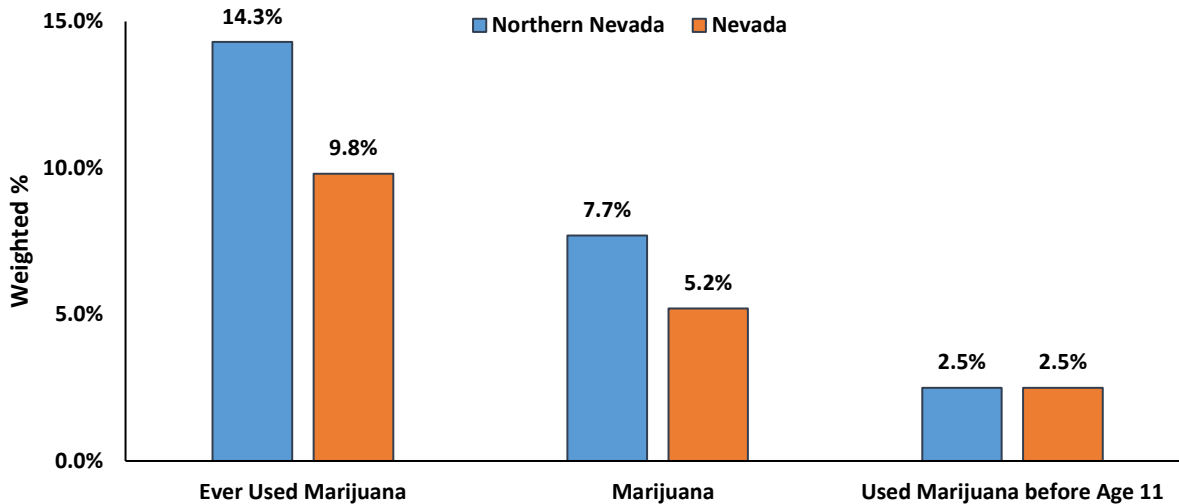
Figure 35. Marijuana Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 60% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In Northern Nevada, 44.7% of high school students reported trying marijuana, which is higher than Nevada (37.0%) and 25.4% currently use marijuana. One out of ten high school students (10.9% used marijuana before age 13. Northern Nevada shows similar patterns with the nation for marijuana use.

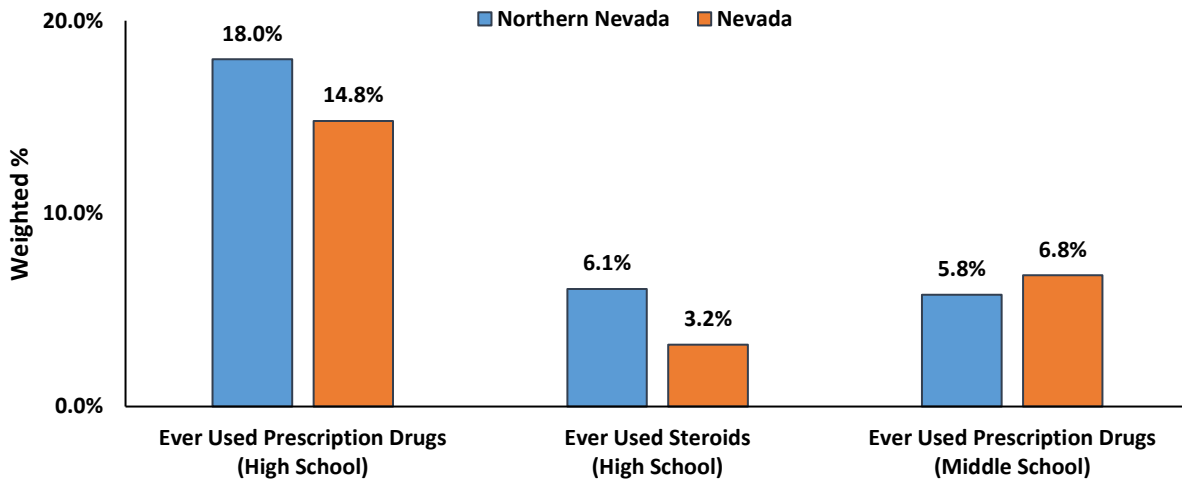
Figure 36. Marijuana Use Summary, Northern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 15% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

About 2.5% of Northern Nevada middle school students had tried marijuana before they turned 11 years old, 14.3% have ever tried marijuana before, and 7.7% currently use marijuana, which is higher than Nevada (2.5%, 9.8% and 5.2% respectively).

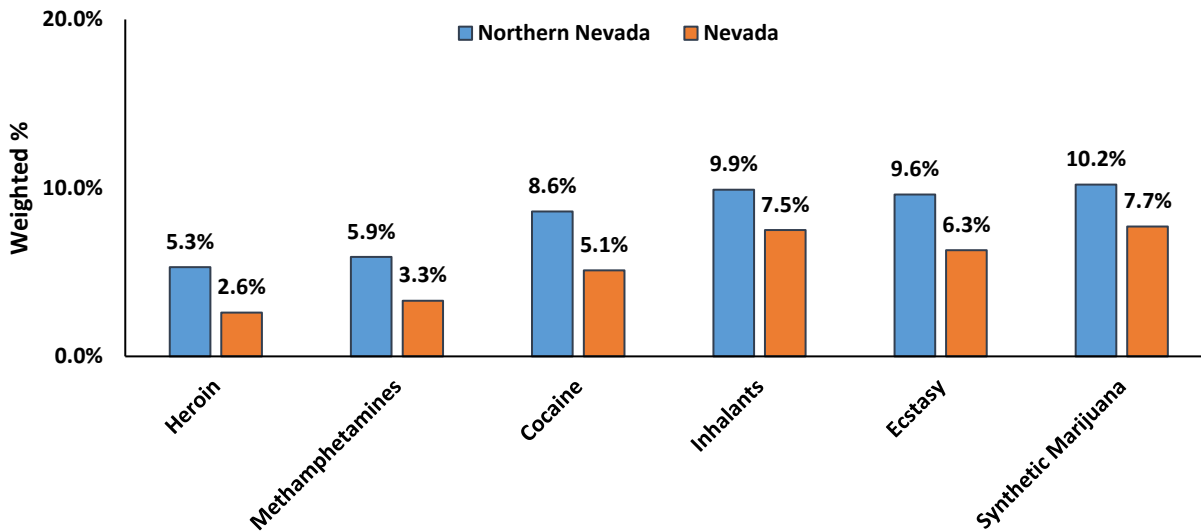
Figure 37. Nonprescription Substance Use Summary, Northern Nevada Middle and High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Approximately 18% of high school students in Northern Nevada have used prescription drugs that were not prescribed to them in their lifetime, while about 5.8% of middle school students have ever taken a prescription drugs that were not prescribed to them. Of Northern Nevada’s high school students, 6.1% have tried non-prescribed steroids.

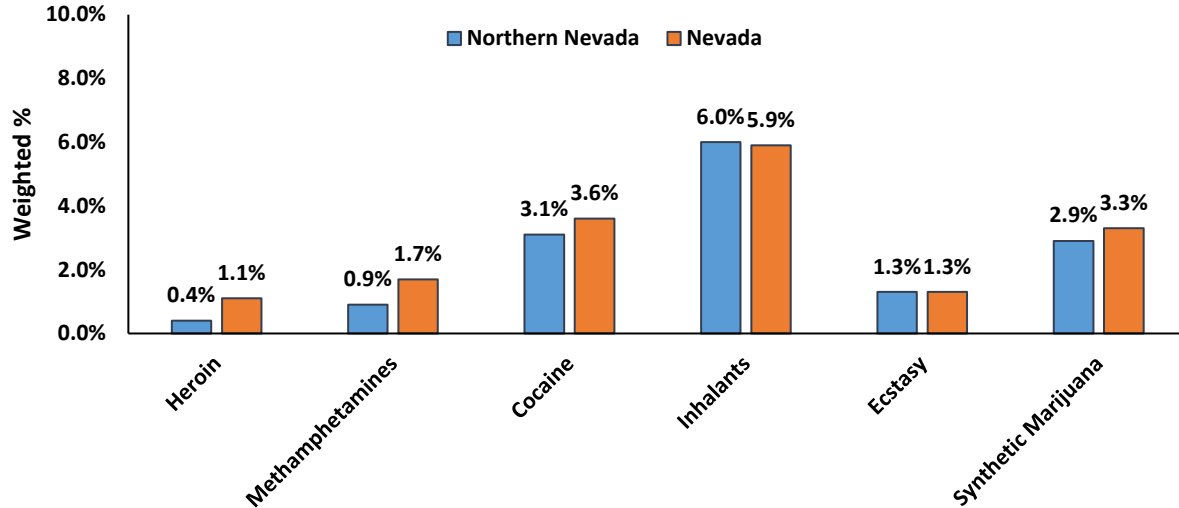
Figure 38. Lifetime Drug Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Drug use among high school students is slightly higher in Northern Nevada than the nation. Northern Nevada high school students have 9.9% have used inhalants, while 7.5% of high school students reported inhalant drug use nationally.

Figure 39. Lifetime Drug Use Summary, Northern Nevada Middle School Students, 2017.



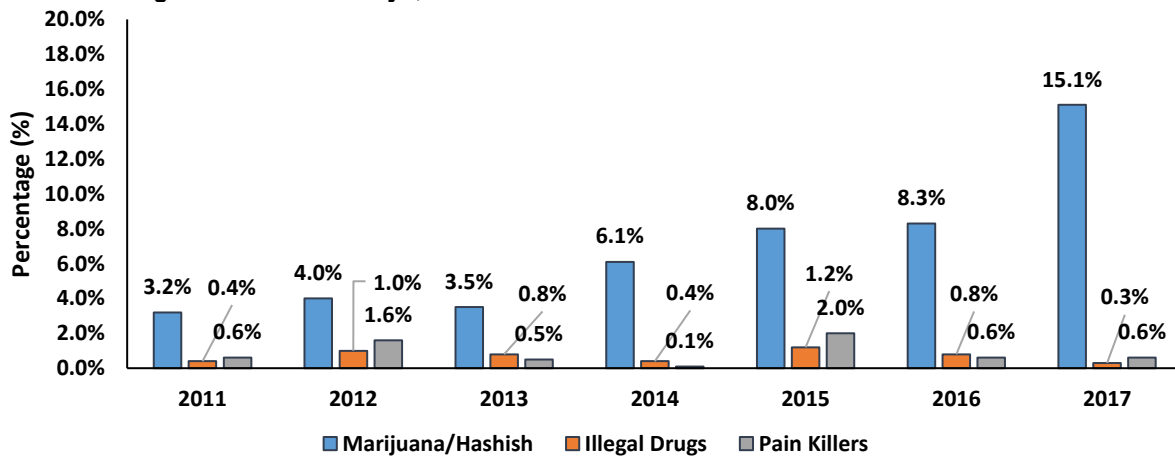
Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 10% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Use of inhalants among Northern Nevada middle school students in 2017 was 6.0% and slightly higher than Nevada at 5.9%. Cocaine and synthetic marijuana use among middle school students is about 3.0%, and use of methamphetamines is at 0.9%, which is higher than Nevada (1.7%).

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factors Surveillance System (BRFSS) is a state-based system that collects information through telephone surveys on adult health risk behaviors. According to the Centers for Disease Control and Prevention, the BRFSS is a powerful tool for targeting and building health promotion activities.

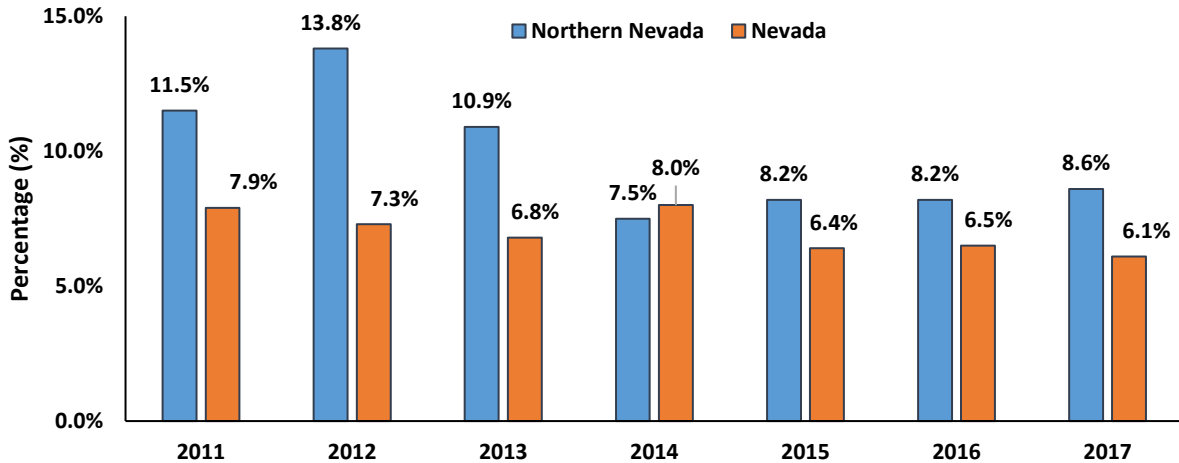
Figure 40. Adult Northern Nevada Residents Who Used Illegal Substances or Marijuana/Hashish or Pain Killers to Get High in the Last 30 days, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 20% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Between 2011 and 2017, on average, 6.9% of 190,381 Northern Nevada adults used marijuana or hashish in the last 30 days. Of Northern Nevadans between 2011 and 2017, 0.7% (on average) used pain killers to get high in the last 30 days and 0.9% used other illegal drugs to get high in the last 30 days.

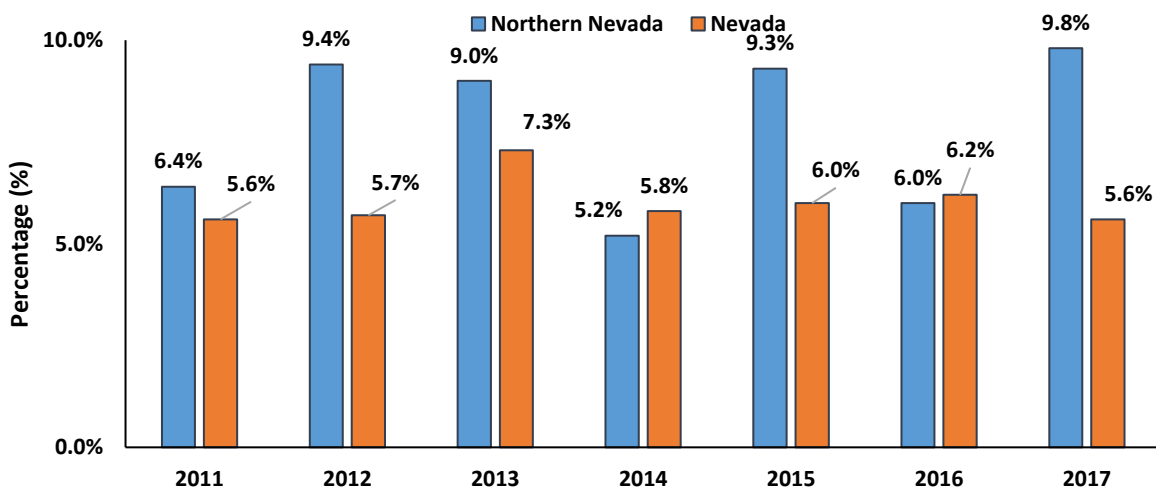
Figure 41. Percentage of Northern Nevada Adult Men Who are Considered Heavy Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 15% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Men who considered themselves heavy drinkers in Northern Nevada is 8.6% in 2017. For men, heavy drinking is defined by consuming more than two alcoholic beverages per day.

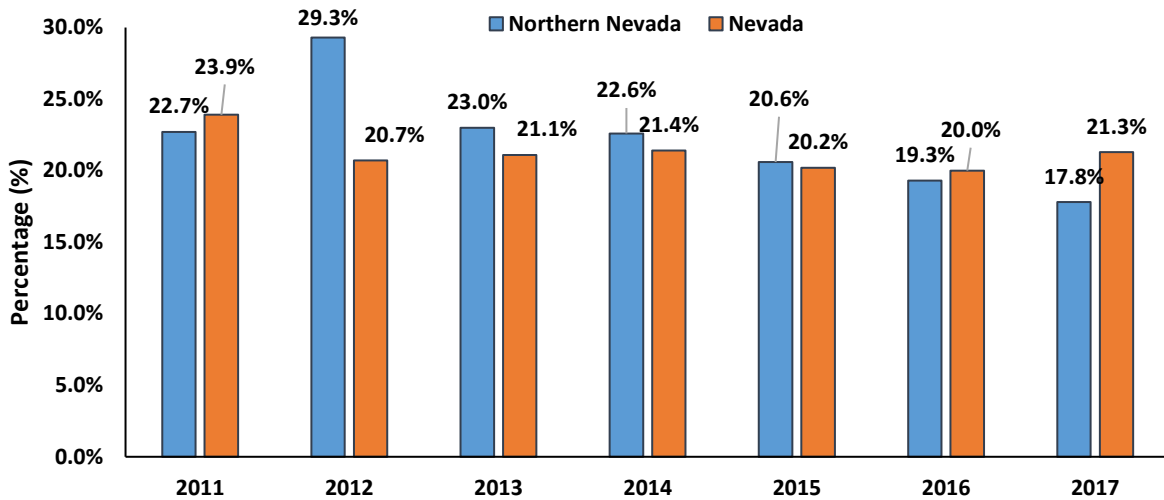
Figure 42. Percentage of Northern Nevada Adult Women Who are Considered Heavy Drinkers, 2011-2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 10% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Women who are considered heavy drinkers has remain steady from 2011 to 2017, at 15.1%. For women, heavy drinking is defined by consuming more than one alcoholic beverage per day.

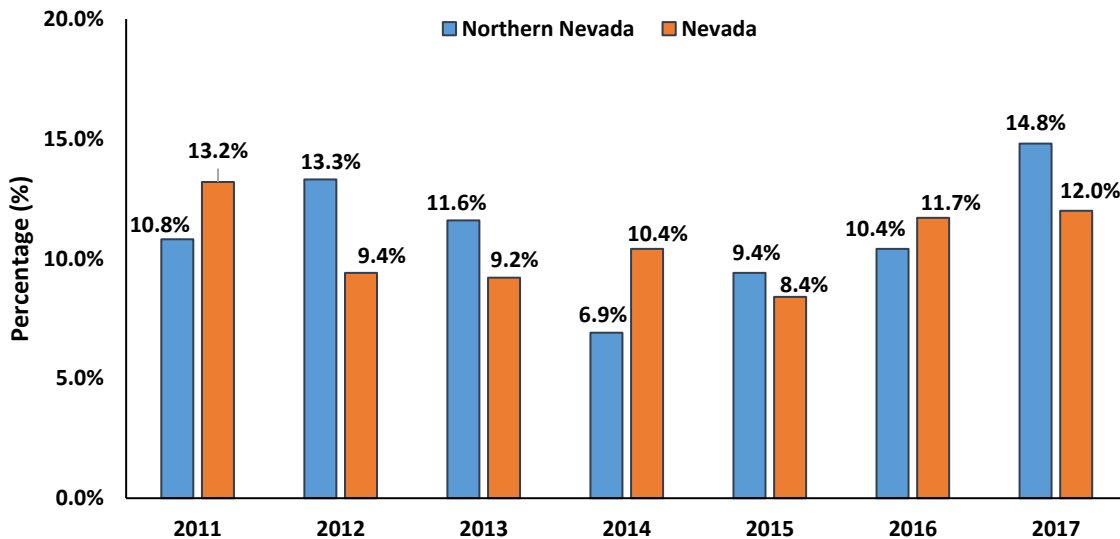
Figure 43. Percentage of Northern Nevada Adult Men Who are Considered Binge Drinkers, 2011-2017



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 30% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Binge drinking is defined in men as having five or more alcoholic beverages on an occasion. Binge drinking in Northern Nevada has decreased from 2011 to 2017 but is not significant (95% confidence interval). Northern Nevada men reported the lowest binge drinking percentage in 2017, which was 17.8%.

Figure 44. Percentage of Northern Nevada Adult Women Who are Considered Binge Drinkers, Northern Nevada Residents, 2011-2017.



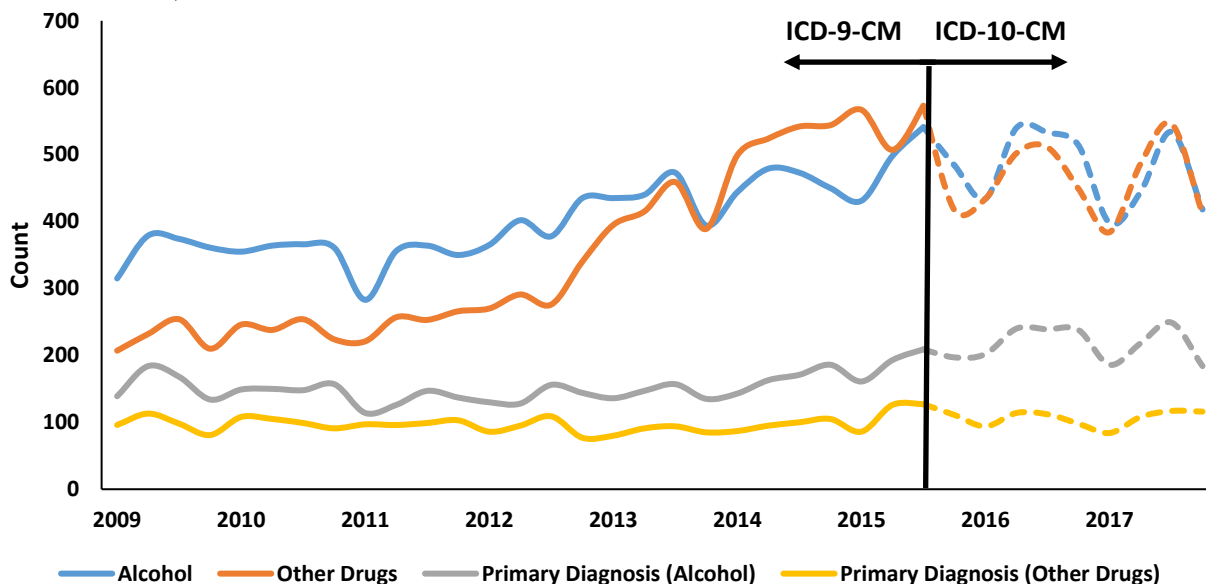
Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 20% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Binge drinking is defined in women as having four or more alcoholic beverages on an occasion. Northern Nevada women reported the highest binge drinking percentage in 2017, which was 14.8%. Northern Nevada women reported binge drinking in 2017 at 14.8%, whereas statewide women reported 12.0%.

Hospital Emergency Department Encounters

The hospital emergency department (ED) billing data provides health billing data for emergency departments patients for Nevada’s non-federal hospitals. There was a total of 3,622 visits alcohol and/or drug-related among Northern Nevada residents in 2017. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers are not mutually exclusive.

Figure 45. Alcohol and Other Drug-Related Emergency Department Encounters in Northern Nevada by Quarter and Year, 2009-2017.



Source: Hospital Emergency Department Billing.

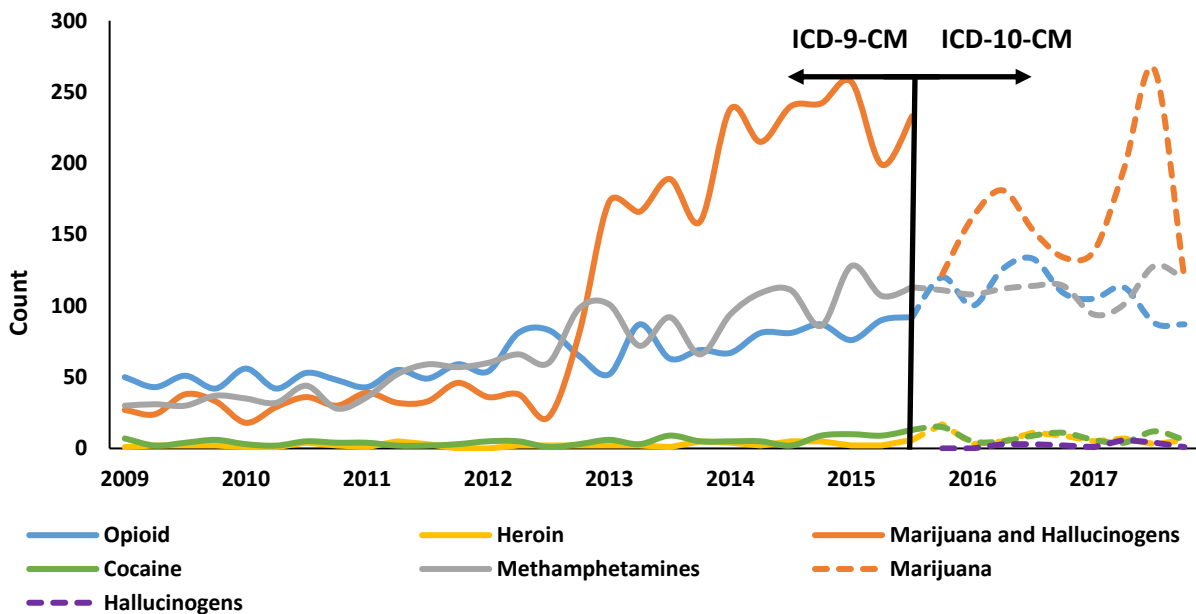
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

“Primary diagnosis” is the condition established after study to be chiefly responsible for the emergency department visit. The alcohol and drug categories are for any visits where alcohol/drugs was listed as any of the diagnoses.

Alcohol visits were more common than drug visits until 2014 where drugs visits to the emergency department surpassed alcohol. In 2017, there was a total of 1,262 alcohol and drug-related (primary diagnosis) emergency department encounters. Out of this number, 837 were related to alcohol (primary diagnosis) and 425 were drug-related (primary diagnosis).

Figure 46. Drug-Related Emergency Department Encounters in Northern Nevada by Drug Type and Quarter and Year, 2009-2017.



Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

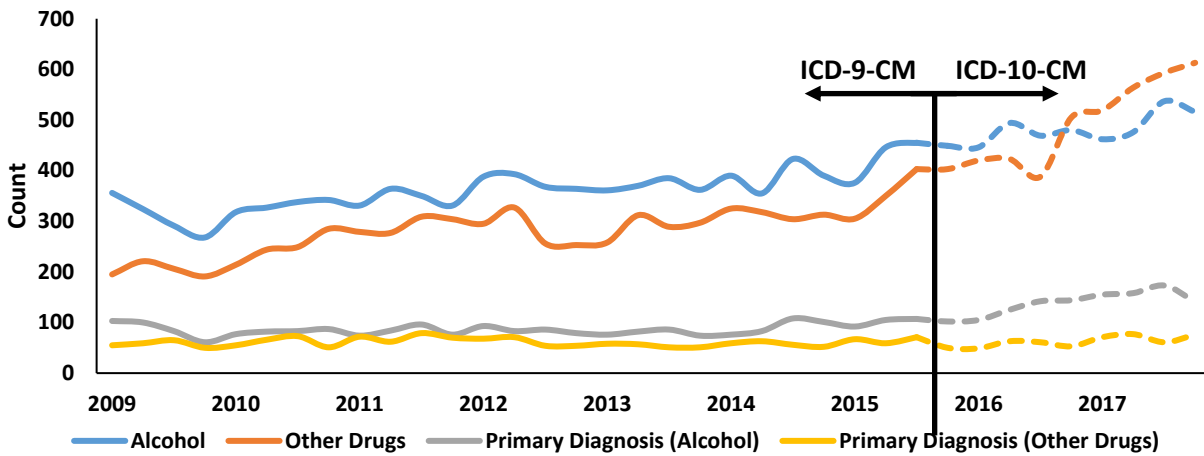
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015, the ICD-10-CM were separated into their own group. In the 2015 (October), marijuana/cannabis use alone is more common for emergency department visits than hallucinogens, opioids, and heroin. This includes all diagnoses, and much of marijuana visits are for marijuana/cannabis-related disorders and not for overdose or poisonings. In 2017, there were 719 emergency department encounters for marijuana-related visits, followed by 442 methamphetamine-related visits.

Hospital Inpatient Admissions

The Hospital Inpatient Billing data provided health billing data for patients admitted to hospital for longer than a 24-hour period. In 2017, more people were admitted into Northern Nevada hospitals for drug-related issues than alcohol-related issues.

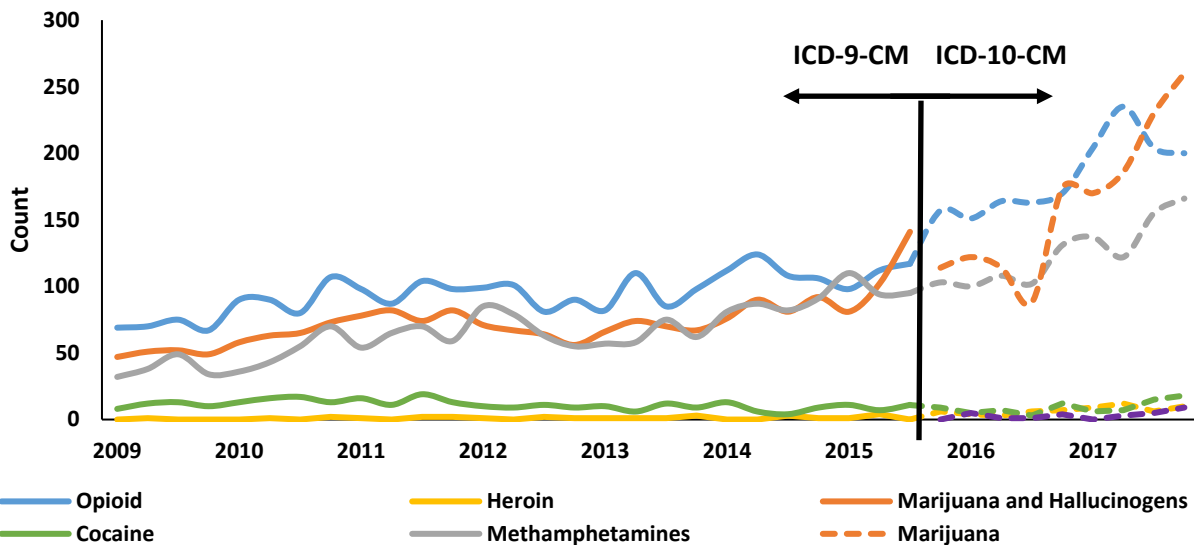
Figure 47. Alcohol and Other Drug-Related Inpatient Admissions in Northern Nevada by Quarter and Year, 2009-2017.



Source: Hospital Inpatient Billing.
 Categories are not mutually exclusive.
 ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Alcohol-related admissions were more common than drug visits until 2016 where drug-related admissions surpassed alcohol for Northern Nevada. In 2017, there was a total of 4,281 alcohol and/or drug-related inpatient admissions. Out of this number, 627 were related to alcohol (primary diagnosis) and 285 were drug-related (primary diagnosis).

Figure 48. Drug-Related Inpatient Admissions in Northern Nevada by Quarter and Year, 2009-2017.



Source: Hospital Inpatient Billing.
 Categories are not mutually exclusive.
 ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

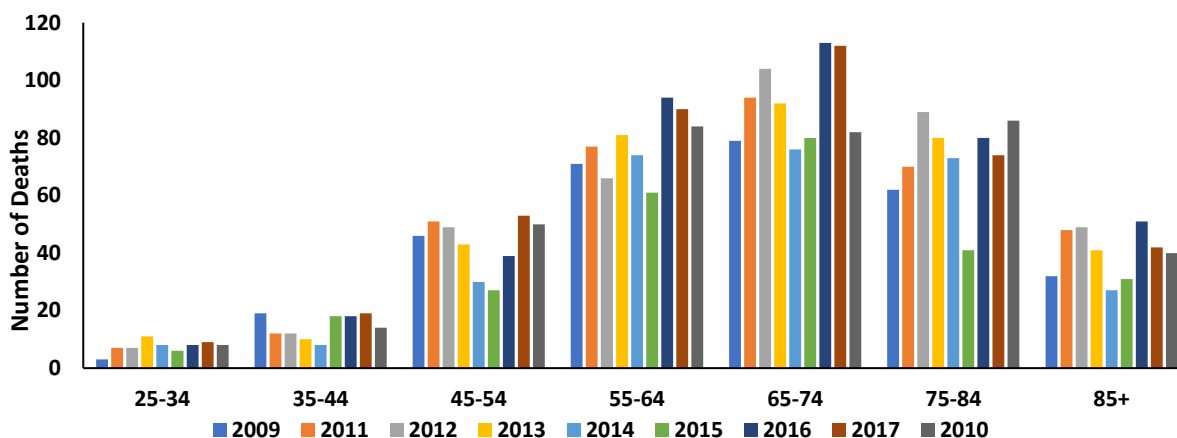
Inpatient admissions for drug use have risen significantly since 2009 for Northern Nevada. In 2017, there was an increase in inpatient admissions where marijuana/cannabis-related disorders were listed on the

diagnosis (n = 846) and methamphetamines also increased from 153 patient admissions in 2009 to 581 in 2017.

Alcohol and/or Substance-Related Deaths

Alcohol and drug-related deaths include deaths where alcohol/drugs are listed as either the cause of death or contributing cause of death; therefore, the main cause of death may not be due to alcohol and/or drugs but contributing to the cause of death. In 2017, 410 deaths had related to alcohol or drugs in Northern Nevada.

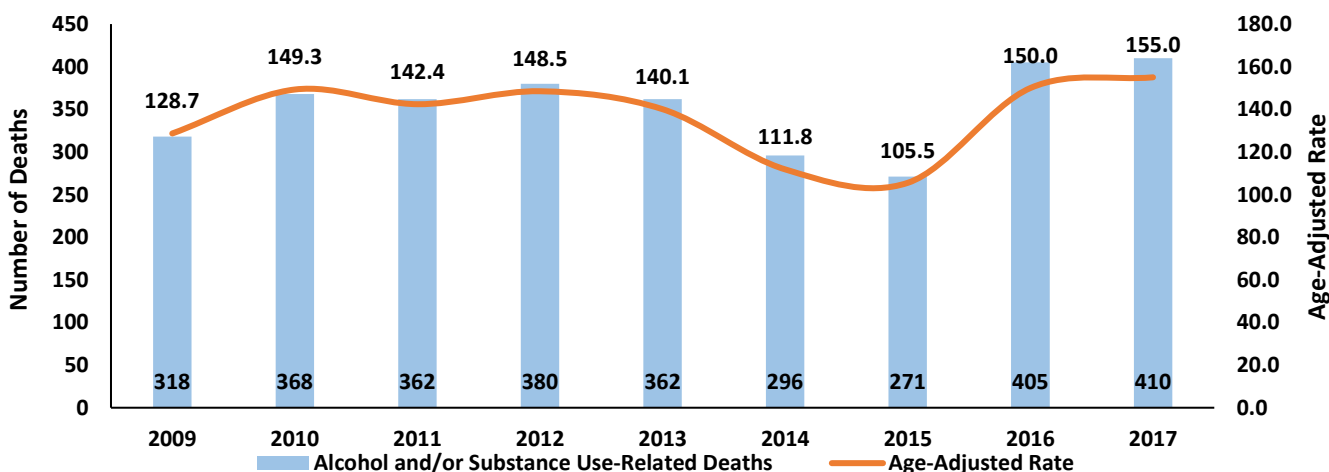
Figure 49. Alcohol and/or Drug-Related Deaths in Northern Nevada by Age Group, 2009-2017.



Source: Electronic Death Registry System
 Chart scaled to display differences among age groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In 2016 the 65-74 age group had a significant increase in deaths. In 2017, the 65-74 age group had the most alcohol and/or drug-related deaths with 112 deaths reported. This was followed by the 55-64 age group with 90 drug and/or alcohol-related deaths.

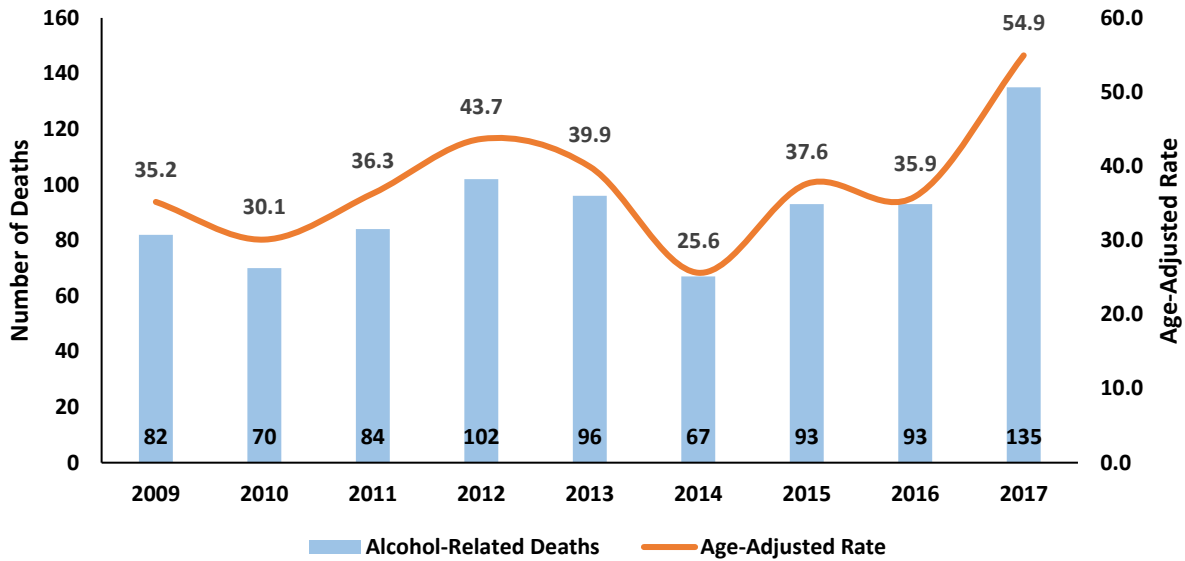
Figure 50. Alcohol and/or Drug-Related Deaths and Age-adjusted Rates, Northern Nevada Residents, 2009-2017.



Source: Electronic Death Registry System.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

The age-adjusted rate for alcohol and/or drug-related deaths increased significantly in 2016 from previous years (95% confidence interval) and has remained at a higher rate through 2017 for Northern Nevada at 150.0 per 100,000 age-specific population.

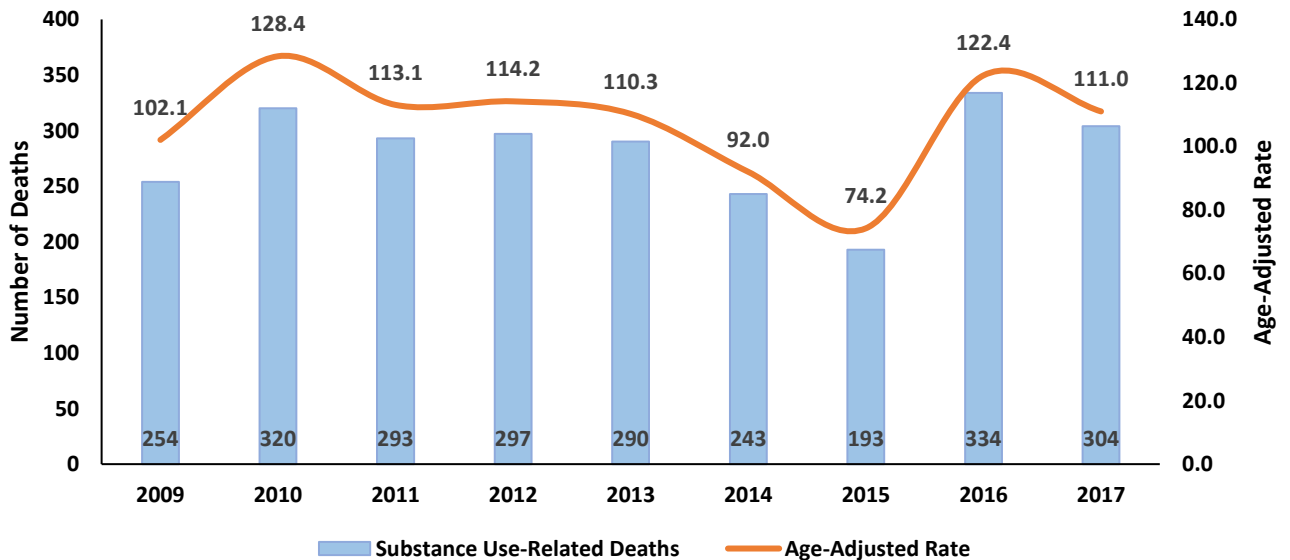
Figure 51. Alcohol-Related Deaths and Age-adjusted Rates, Northern Nevada Residents, 2009-2017.



Source: Electronic Death Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In 2017, the alcohol-related deaths made up 31% of the alcohol or drug-related deaths. They have increased significantly between 2009 to 2017 (95% confidence interval) from 75.6 to 117.2 per 100,000 age-specific population.

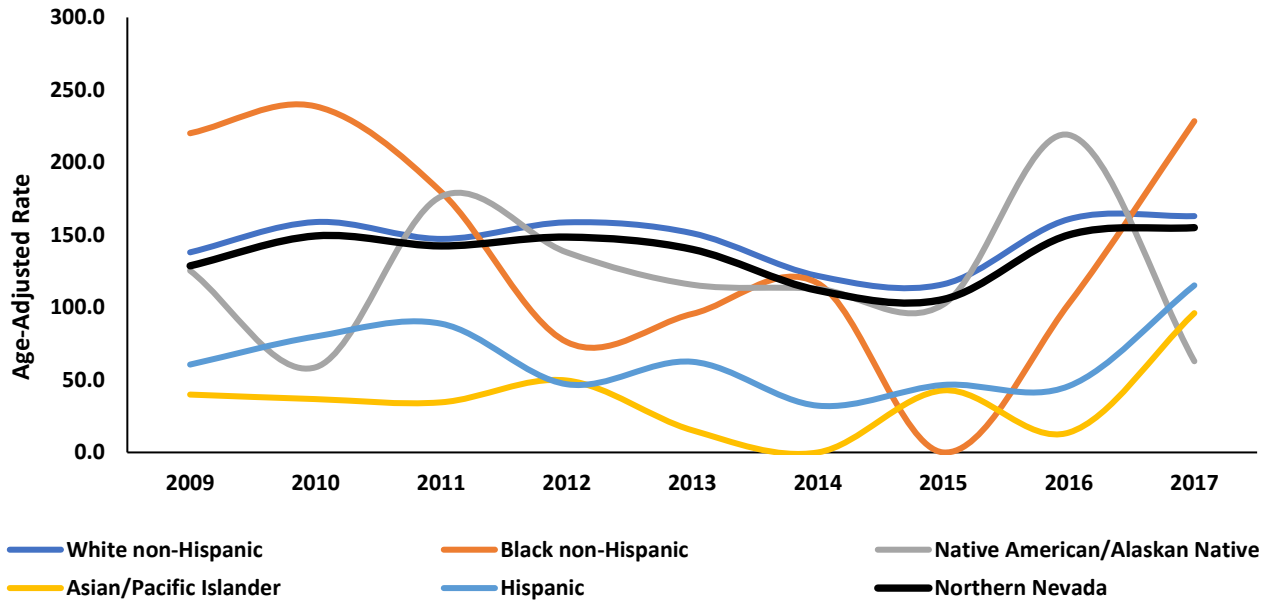
Figure 52. Drug-Related Deaths and Age-Adjusted Rates, Northern Nevada Residents, 2009-2017.



Source: Electronic Death Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Drug-related deaths have increased significantly since 2015 (95% confidence interval) in Northern Nevada. The 2017 age-adjusted rate is 227.4 per 100,000 age-specific population in 2017, which is significantly higher than 2009 (207.9 per 100,000 age-specific population).

Figure 53. Alcohol and/or Drug-Related Deaths in Northern Nevada by Race, 2009-2017.



Source: Electronic Death Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

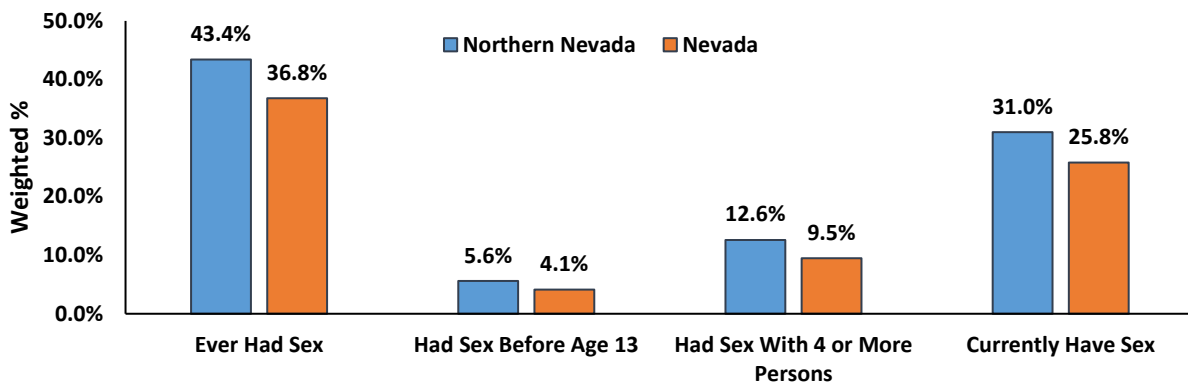
Black non-Hispanic have had a significantly higher increase in alcohol and/or drug-related deaths since 2015 (95% confidence interval).

Special Population: Youth

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd years. In Northern Nevada for 2017, 884 high school, and 1,047 middle school students participated in the YRBS.

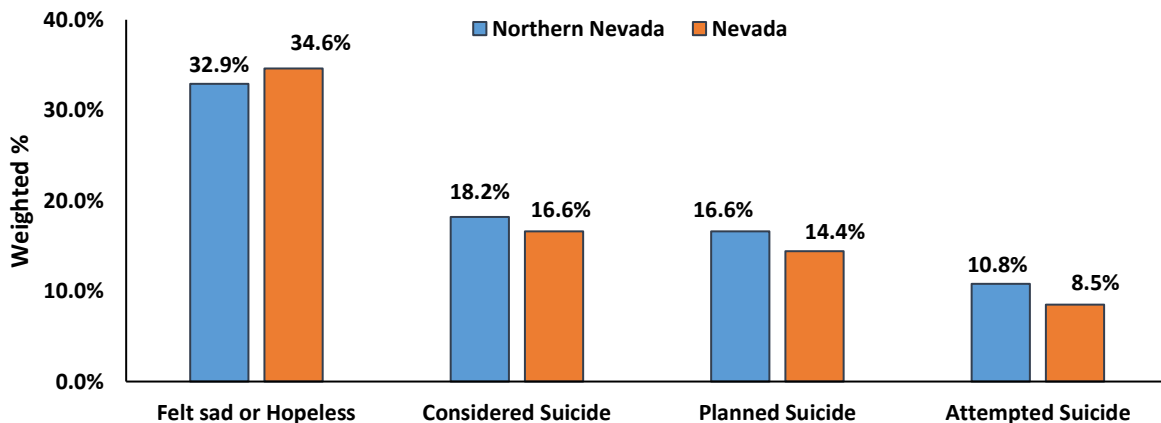
Figure 54. Sexual Intercourse Among Students, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

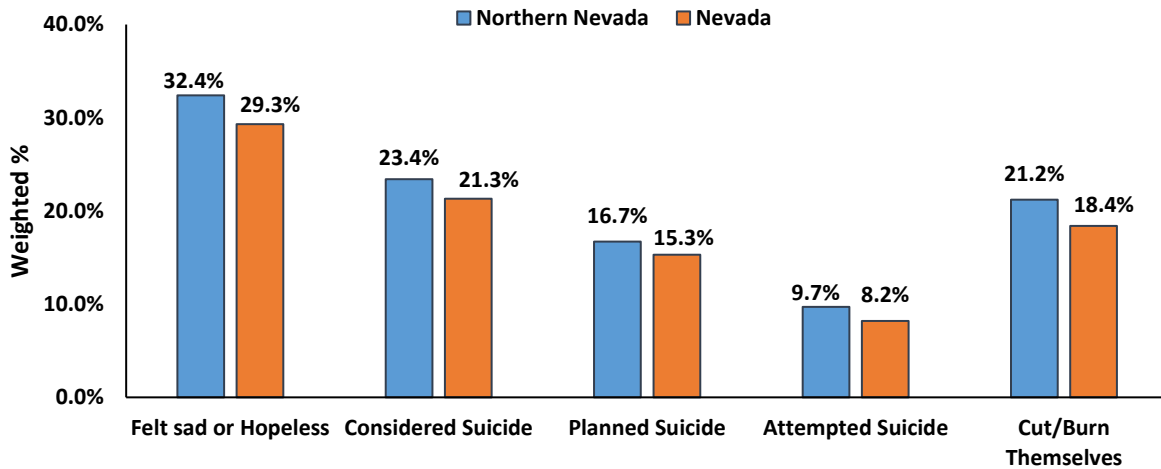
Among Northern Nevada high school students, 43.4% have reported having had sex, and 5.6% had sex before the age 13. Nearly 12.6% of high school students have had sex with more than 3 partners and nearly 31% of high school students currently have sex. These percentages among Northern Nevada high schoolers are comparable to the Nevada percentages.

Figure 55. Mental Health Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

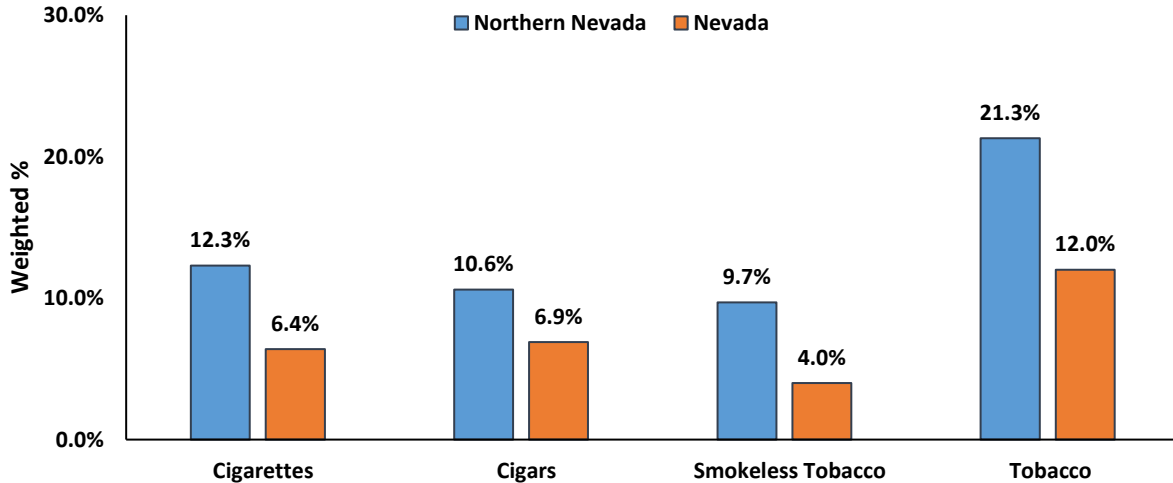
Figure 56. Mental Health Risk Behaviors, Northern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Approximately 32.9% of Northern Nevada high school students and 32.4% of Northern Nevada middle school students have felt sad or hopeless in the last 12 months. About 18.2% high school students have considered suicide, while 16.6% have planned to commit suicide in the past 12 months. About 10% of Northern Nevada students have attempted suicide in the past 12 months.

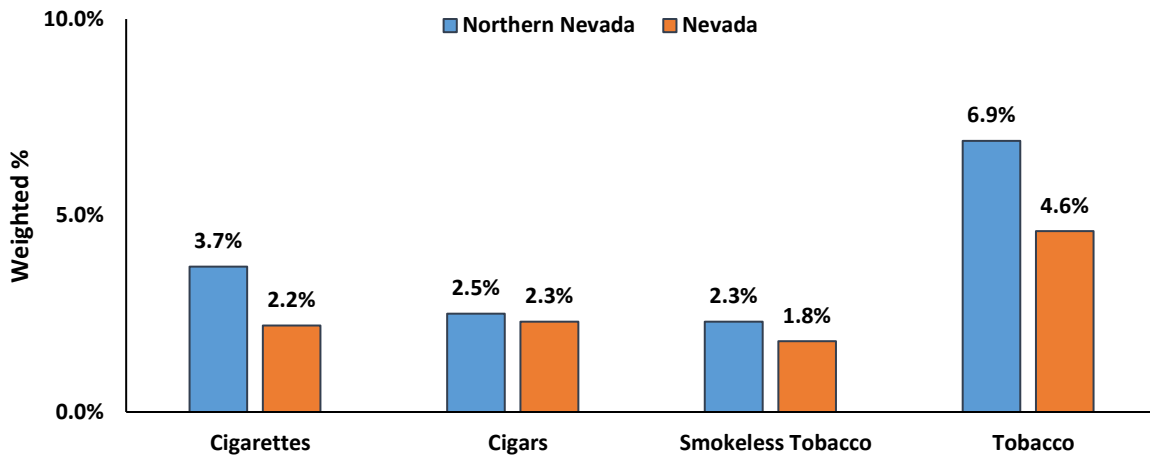
Figure 57. Current Tobacco Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 30% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Of all high school students, 12.3% in Northern Nevada reported using cigarettes in the past 30 days, 21.3% are currently using tobacco, which is significantly higher than the state (12.0%).

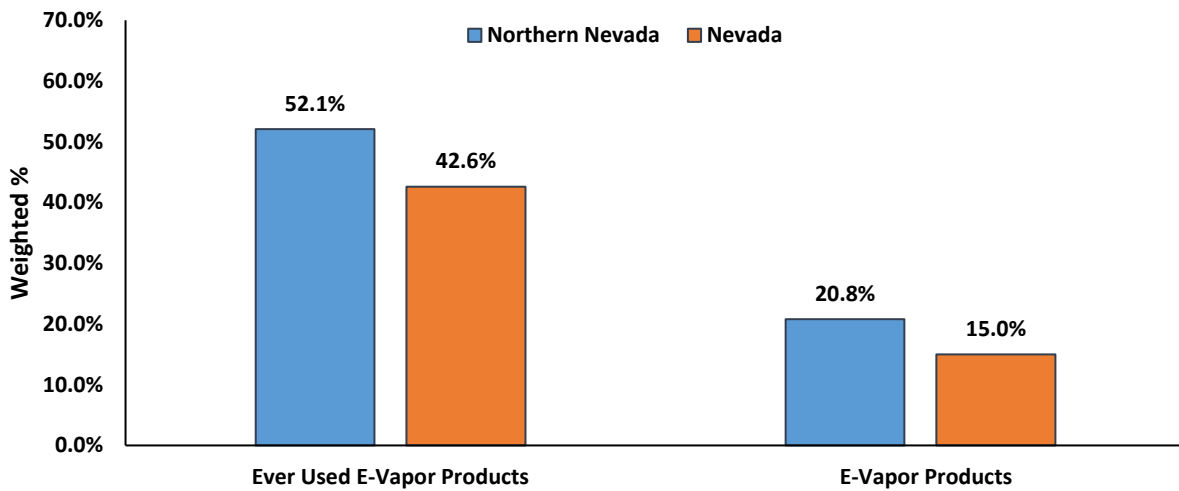
Figure 58. Current Tobacco Use Summary, Northern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 10% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Of Northern Nevada middle school students, 4.2% reported use of tobacco in the past 30 days (lower than Nevada 4.6%) for 2017; 2.1% reported use of cigarettes in the past 30 days and 1.8% used cigars in the past 30 days.

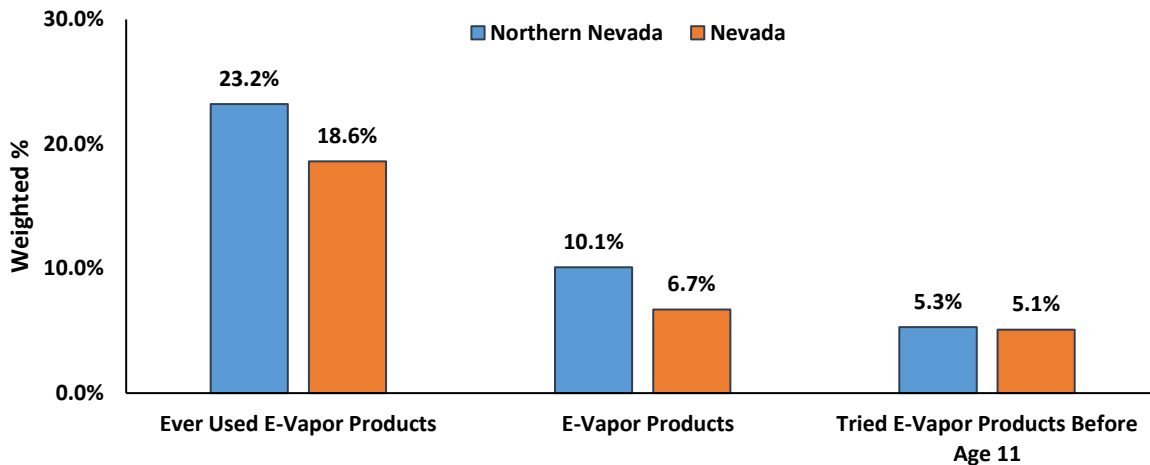
Figure 59. Electronic Vapor Product Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 70% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In Northern Nevada, 52.1% report having ever used electronic vapor (E-vapor) products and 20.8% reported they currently using E-vapor products, which is higher than Nevada (15.0%) for high school students.

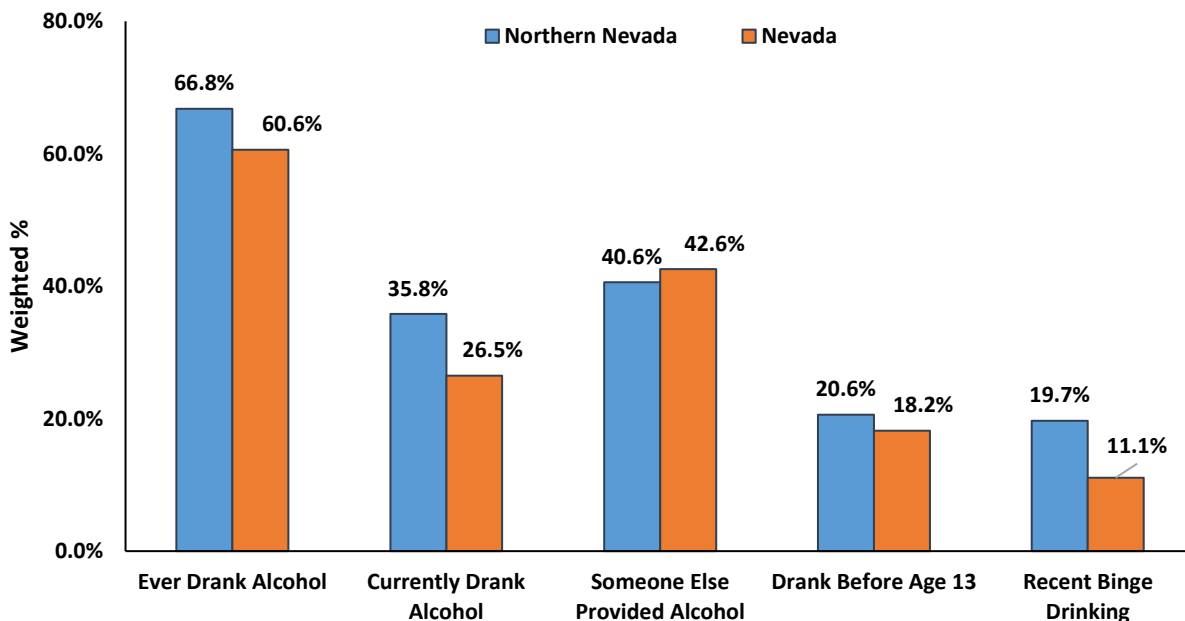
Figure 60. Electronic Vapor Product Use Summary, Northern Nevada Middle School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 30% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In Northern Nevada, at least, 5 out of 10 high school students, and 1 out of 5 middle school students, have ever used electronic vapor products. Currently, 20.8% of the high school students are using electronic vapor products while only 10.1% of middle school students are using them. In middle school, 5.3% of the students tried electronic vapor products before turning 11 years old, which is similar to the state.

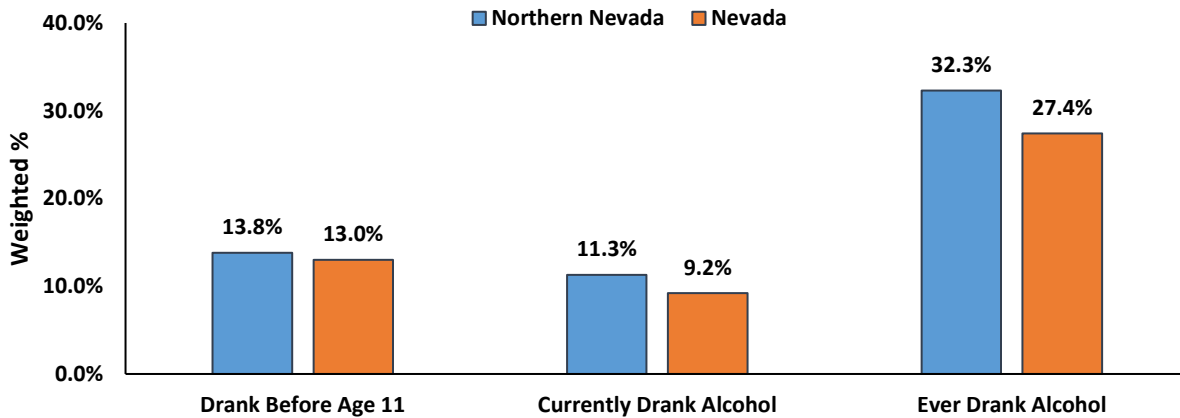
Figure 61. Alcohol Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 80% to display differences among groups.
 Binge Drinking: Had five or more drinks of alcohol in a row for males, four or more for females within a couple of hours.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

At least, 6 out of 10 high school students in Northern Nevada have had a drink of alcohol. About 26.5% currently drink alcohol, and 42.6% of high school students had alcohol provided to them by someone else. Northern Nevada middle school students reported that 32.3% had ever drank alcohol before. About 18.2% of Northern Nevada high school students had alcohol before the age of 13 years, and over 11.1% of high school students have had a recent binge drinking experience (had at least five or more drinks of alcohol in a row for males and four or more for females within a couple of hours).

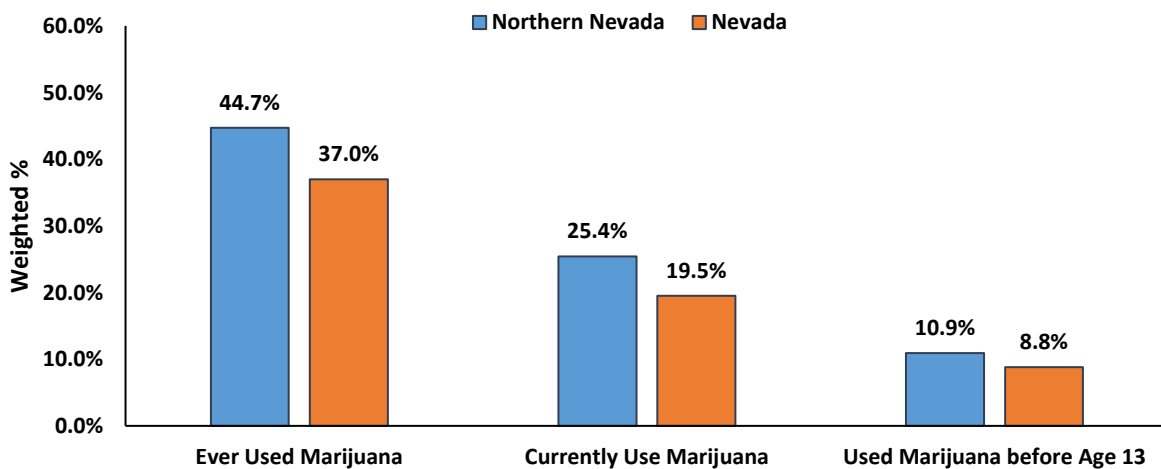
Figure 62. Alcohol Use Summary, Northern Nevada Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 40% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Every one out of ten middle school students drank alcohol before age 11. Also, 11.3% currently drink alcohol and at least three out of ten had drank alcohol before.

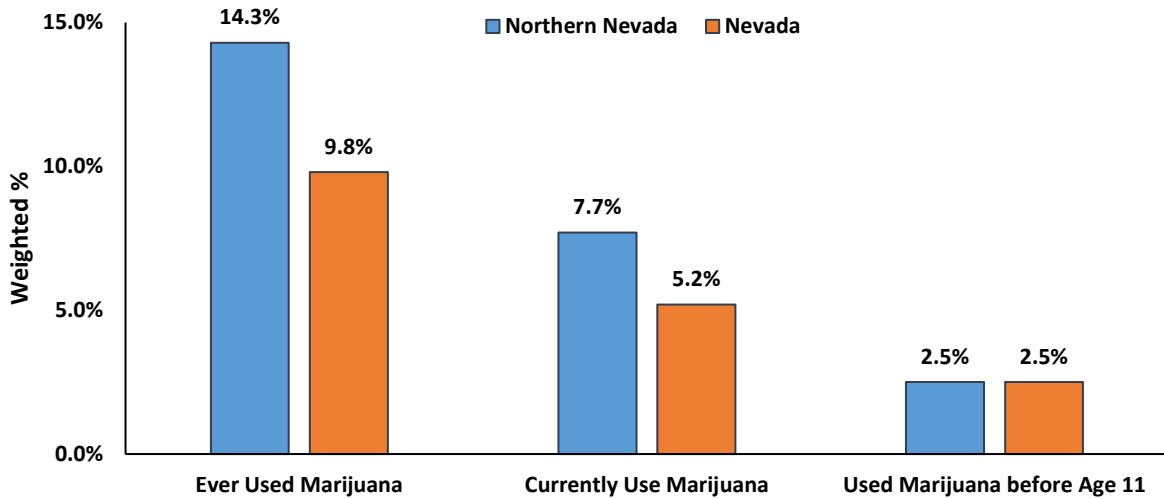
Figure 63. Marijuana Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 60% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In Northern Nevada, 44.7% of high school students reported trying marijuana, and 25.4% currently use marijuana in 2017. One out of ten high school students (10.9%) used marijuana before age 13.

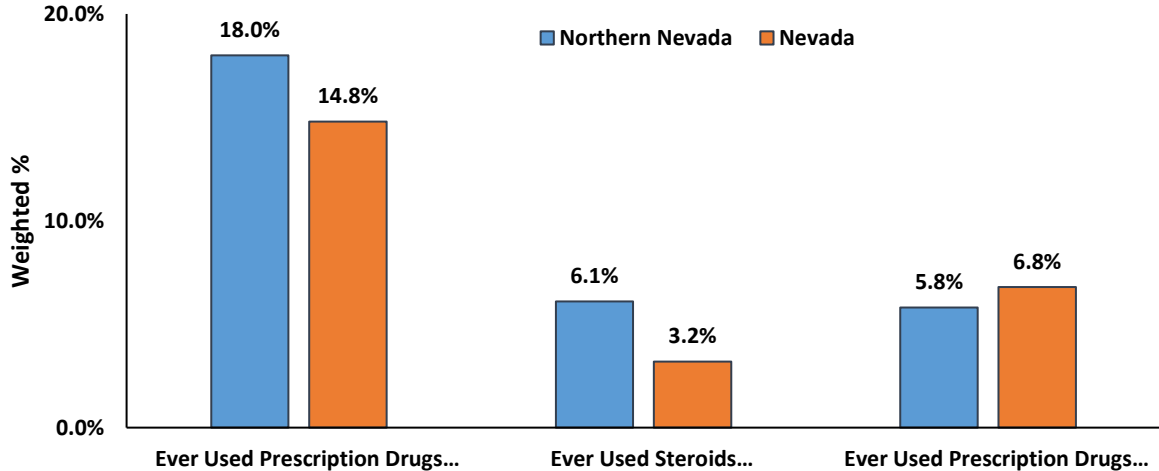
Figure 64. Marijuana Use Summary, Northern Nevada Middle School Students, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 15% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

About 2.5% of Northern Nevada middle school students have tried marijuana before they turned 11 years, 14.3% middle school students have ever tried marijuana and 7.7% currently use marijuana.

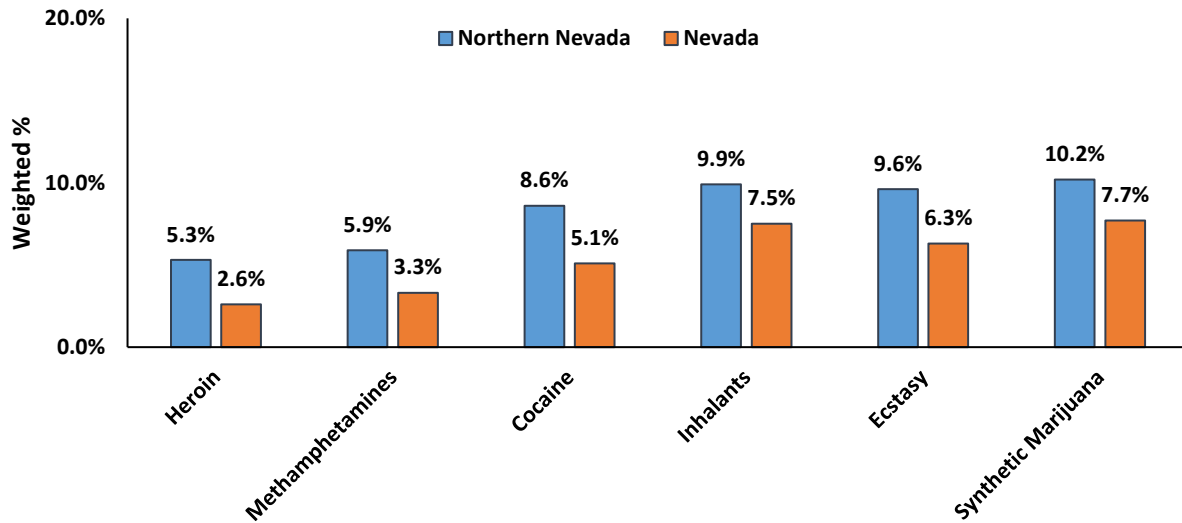
Figure 65. Nonprescription Substance Use Summary, Northern Nevada Middle and High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Approximately 18% of high school students in Northern Nevada, and 5.8% of the middle students have already tried prescription drugs that were not prescribed to them in their lifetime. High school students reported that 6.1% of them have tried non-prescribed steroids.

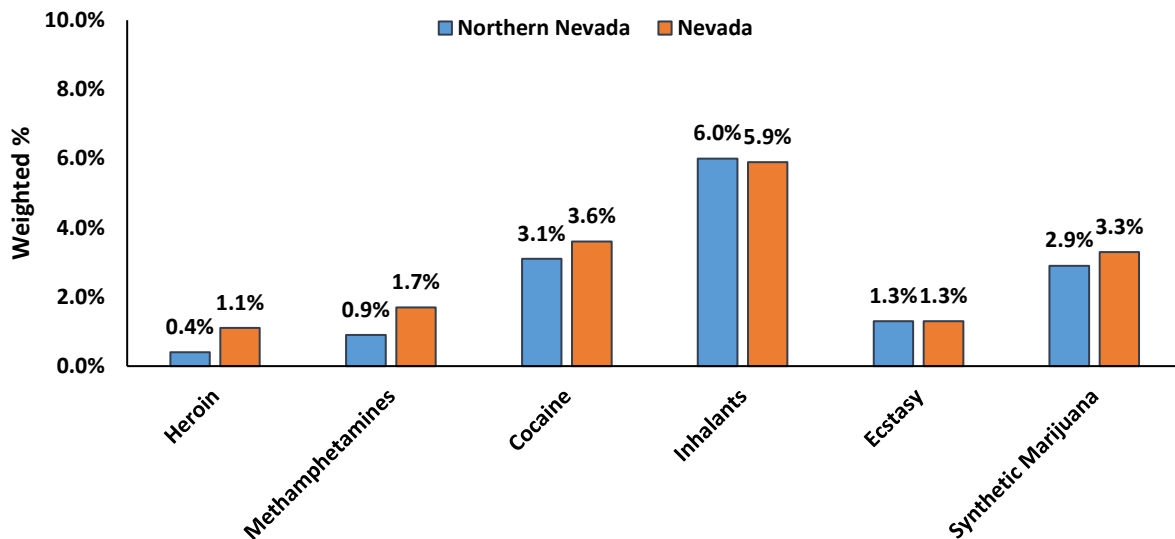
Figure 66. Lifetime Drug Use Summary, Northern Nevada High School Students, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 20% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Drug use among high school students is slightly higher in Northern Nevada than the nation. Northern Nevada high school students have 9.9% use of inhalants while the state of Nevada has 7.5%. The use of synthetic marijuana accounted for 10.2% of the high school students, which is lower than the state at 7.7%.

Figure 67. Lifetime Drug Use Summary, Northern Nevada Middle School Students, 2017.



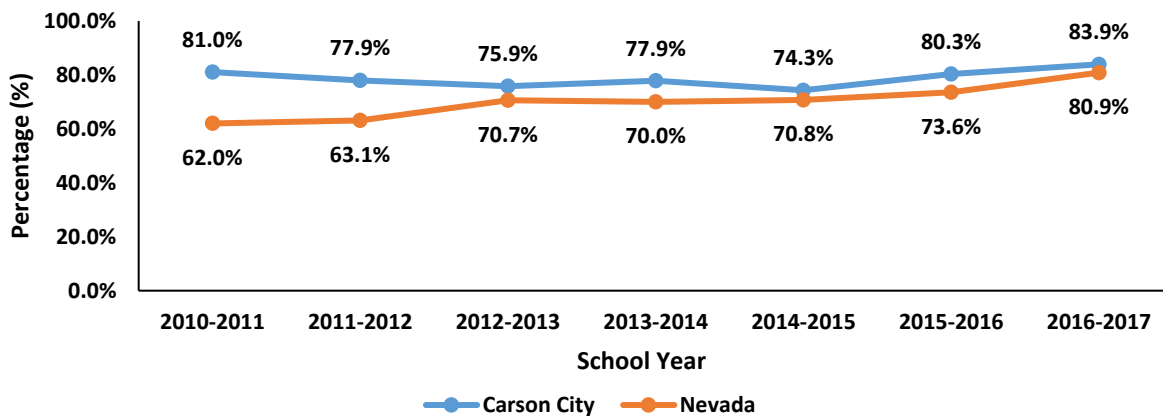
Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 10% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Use of inhalant among Northern Nevada middle school students in 2017 was 6.0% and slightly higher than Nevada at 5.9%. Cocaine and synthetic marijuana use among middle school students is about 3.0%, and use of methamphetamines is at 0.9%, which is higher than Nevada (1.7%).

School Success

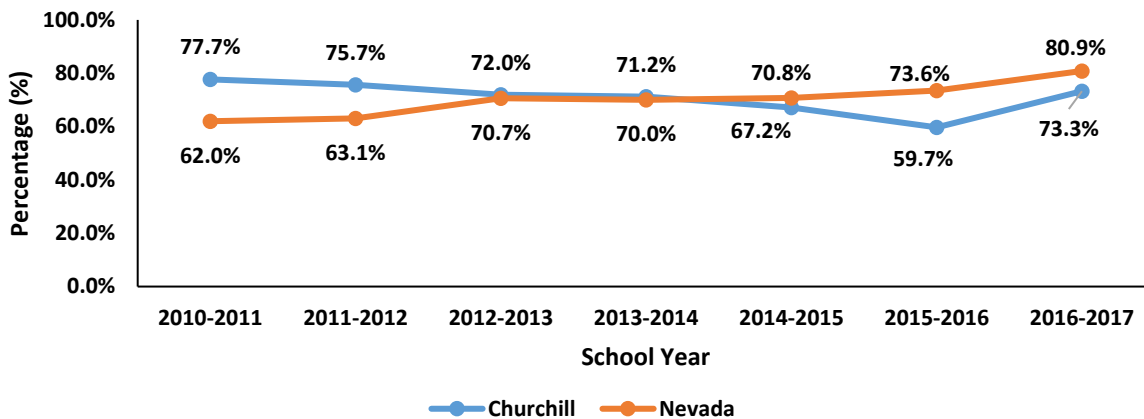
When student behavioral health needs are not identified, and provided with the necessary attention, they are more likely to experience difficulties in school. These include higher rates of suspensions, expulsions, dropouts, and truancy, as well as lower grades. Nationally, 50% of students age 14 and older who are living with a mental illness, drop out of high school. This is the highest dropout rate of any disability group.

Figure 68a. High School Graduation Percentage, Northern Nevada, Class Cohorts, Carson City, 2010–2017.



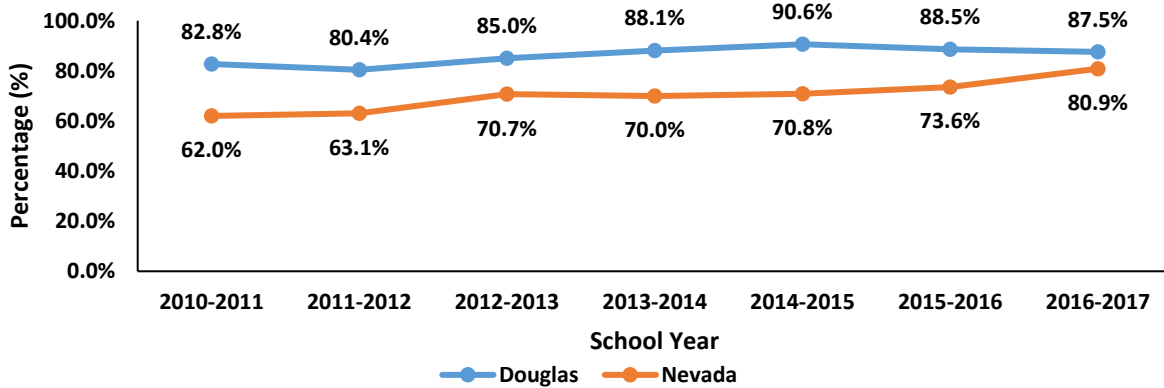
Source: Nevada Department of Education, Report Card.

Figure 68b. High School Graduation Percentage, Northern Nevada, Class Cohorts, Churchill County, 2010–2017.



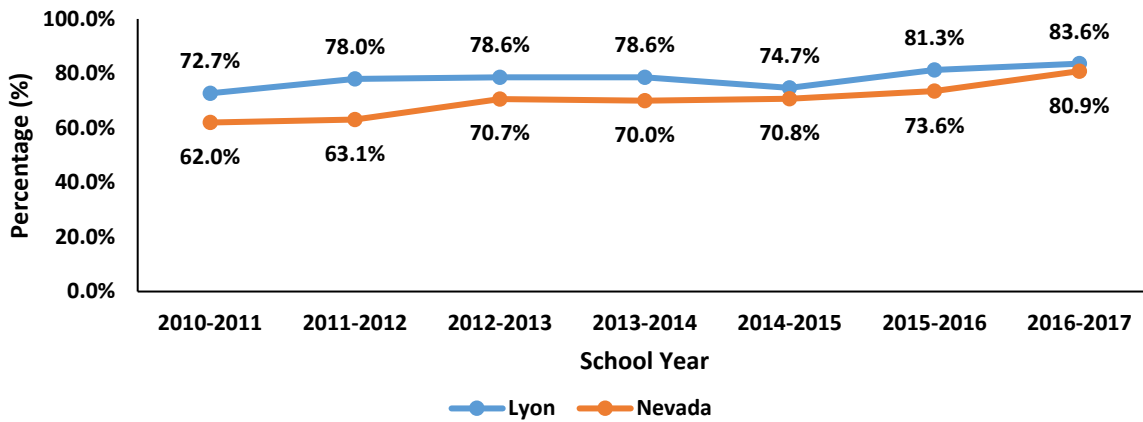
Source: Nevada Department of Education, Report Card.

Figure 68c. High School Graduation Percentage, Northern Nevada, Class Cohorts, Douglas County, 2010–2017.



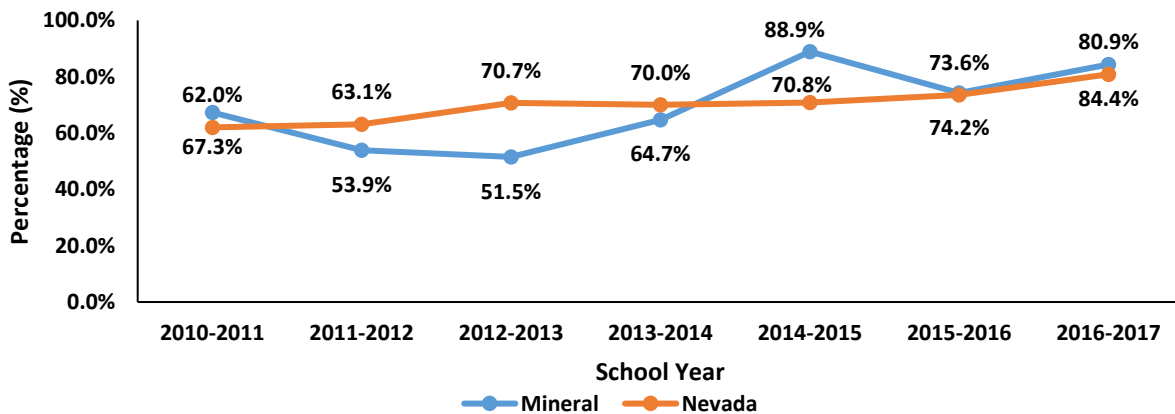
Source: Nevada Department of Education, Report Card.

Figure 68d. High School Graduation Percentage, Northern Nevada, Class Cohorts, Lyon County, 2010–2017.



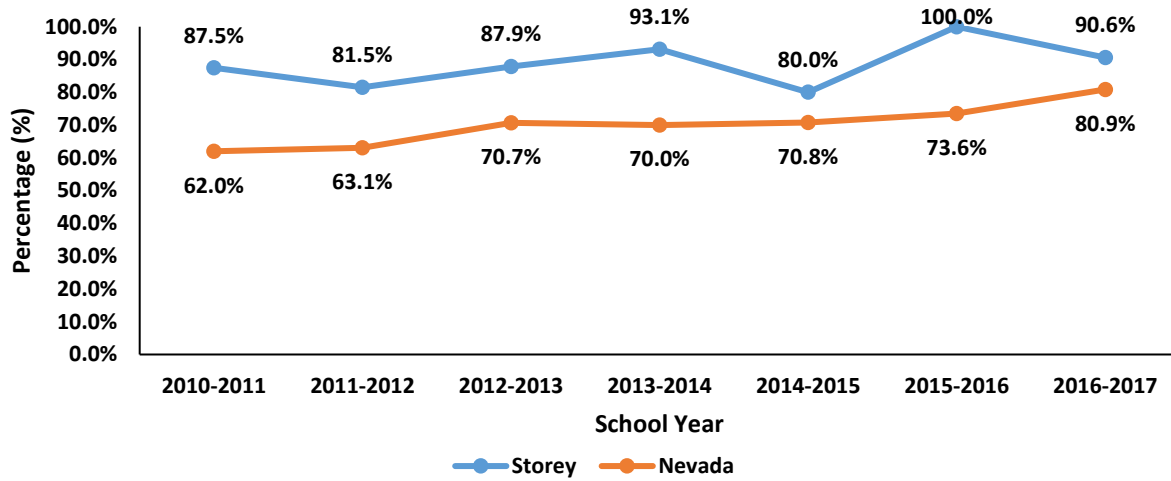
Source: Nevada Department of Education, Report Card.

Figure 68e. High School Graduation Percentage, Northern Nevada, Class Cohorts, Mineral County, 2010–2017.



Source: Nevada Department of Education, Report Card.

Figure 68f. High School Graduation Percentage, Northern Nevada, Class Cohorts, Storey County, 2010–2017.



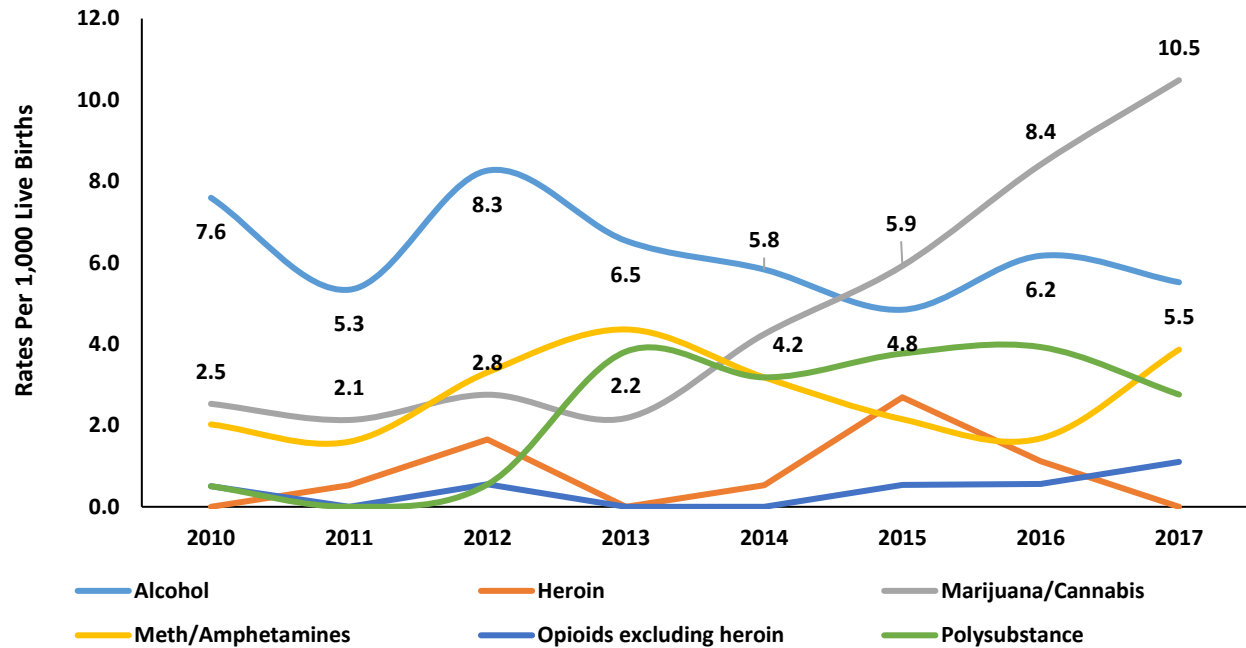
Source: Nevada Department of Education, Report Card.

Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students who from the adjusted cohort for the graduation class). Northern Nevada high schools posted their highest graduation rate at 90.6% in Storey County for the class of 2017, followed by Douglas County at 87.5% graduation rate. The graduation rate in each county of Northern Nevada is higher than the state graduation rate of 80.9%.

Special Population: Newborns

The data in this section is reflective of self-reported information provided by the mother on the birth record. On average, there are 1,855 live births per year to Northern Nevada residents between 2010-2017. During those same years, 93 had alcohol use indicated on the birth certificate, 71 birth certificates indicated marijuana use, 41 indicated meth/amphetamine use, 6 indicated opiate use, and 12 indicated heroin use during pregnancy.

Figure 71. Prenatal Substance Abuse Birth Rates (self-reported) for Select Substances, Northern Nevada 2010-2017*.



Source: Nevada Electronic Birth Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

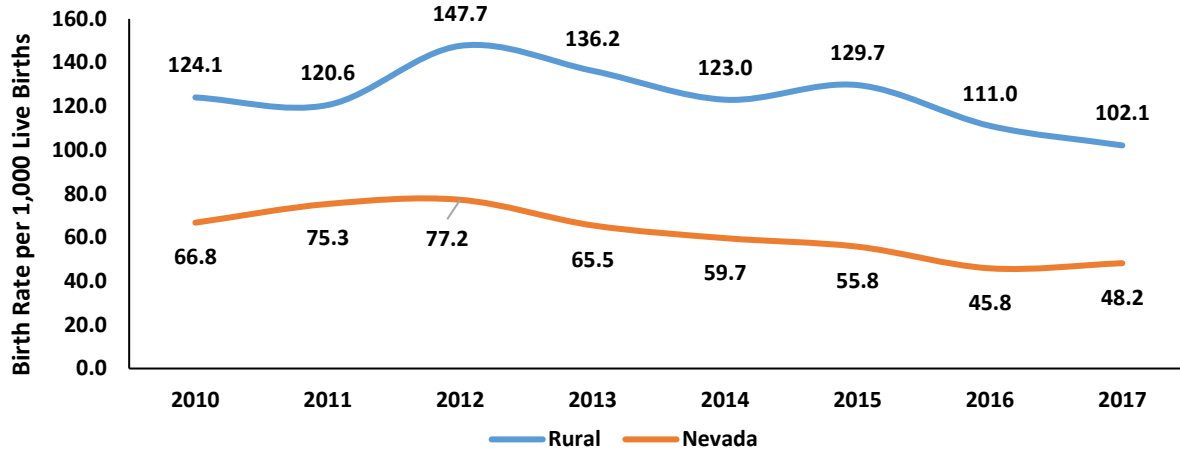
Of the Northern Nevada mothers who gave birth between 2010 and 2017 that self-reported using substances while pregnant, alcohol and marijuana have the highest prenatal substance abuse birth rate, at 5.5 per 1,000 births and 10.5 per 1,000 in 2017 respectively. A rate of 3.9 per 1,000 was reported for meth/amphetamines, and 2.8 per 1,000 births reported for polysubstance use. These numbers are likely significantly underestimated because data are self-reported by the mothers, and they may be reluctant to be forthcoming on the birth record for many reasons.

Of the self-reported substance use during pregnancy among Northern Nevada mothers, who gave birth between 2010 and 2017, the highest rate was with marijuana use in 2017, at 10.5 per 1,000 live births.

Since 2015, marijuana use rate has surpassed alcohol use rate, which was 5.5 per 1,000 births in 2017. In 2017, a rate of 3.9 per 1,000 live births was reported for meth/amphetamines, and 2.8 per 1,000 live births reported for polysubstance use. Self-reported polysubstance use has been increasing since 2010.

Because alcohol and substance use during pregnancy is self-reported by the mothers, rates are likely lower than actual rates due to underreporting, and expectant mothers may be reluctant to be forthcoming on the birth record for a variety of reasons.

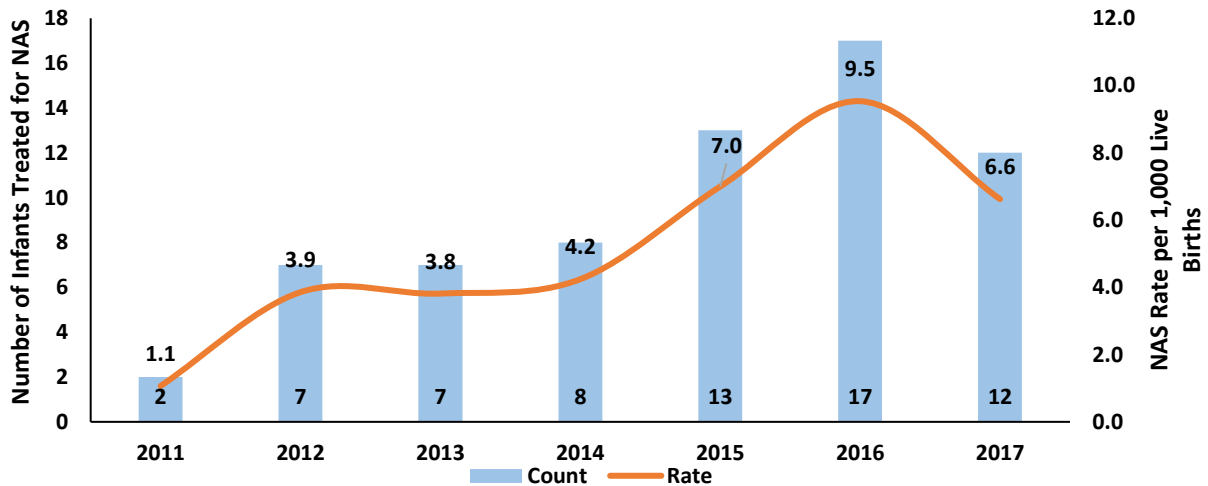
Figure 72. Tobacco Abuse Birth Rates (self-reported), Northern Nevada, 2010-2017.



Source: Nevada Electronic Birth Registry System.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Mothers who self-reported tobacco use, has decreased from 124.1 to 102.1 per 1,000 live births in Northern Nevada.

Figure 73. Neonatal Abstinence Syndrome, Washoe County, 2010-2017.

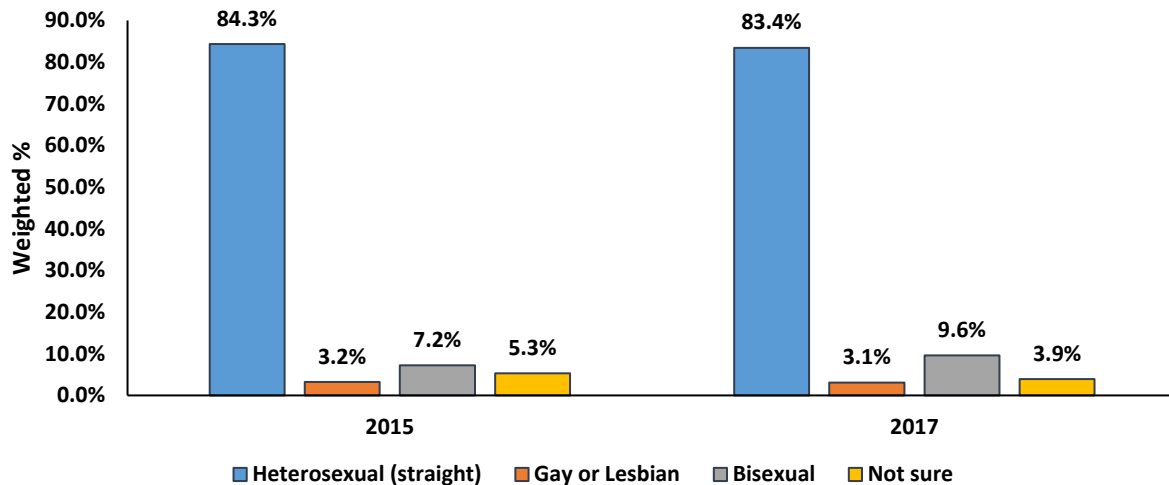


Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-10 codes replaced ICD-9 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive illegal or prescription drugs while in the mother’s womb. Withdraw or abstinence symptoms develop shortly after birth. Inpatient admissions for NAS increased slightly since 2011, from 2 newborns admitted to 12 newborns admitted in 2017.

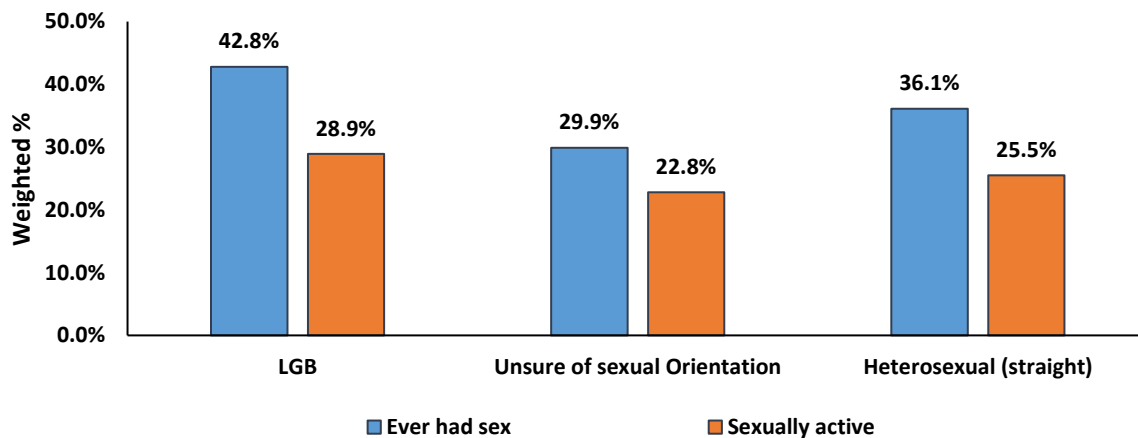
Special Population: Lesbian, Gay, Bisexual

Figure 74. Sexual Orientation, Northern Nevada High School Population, 2015 and 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Charts scaled to 90% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

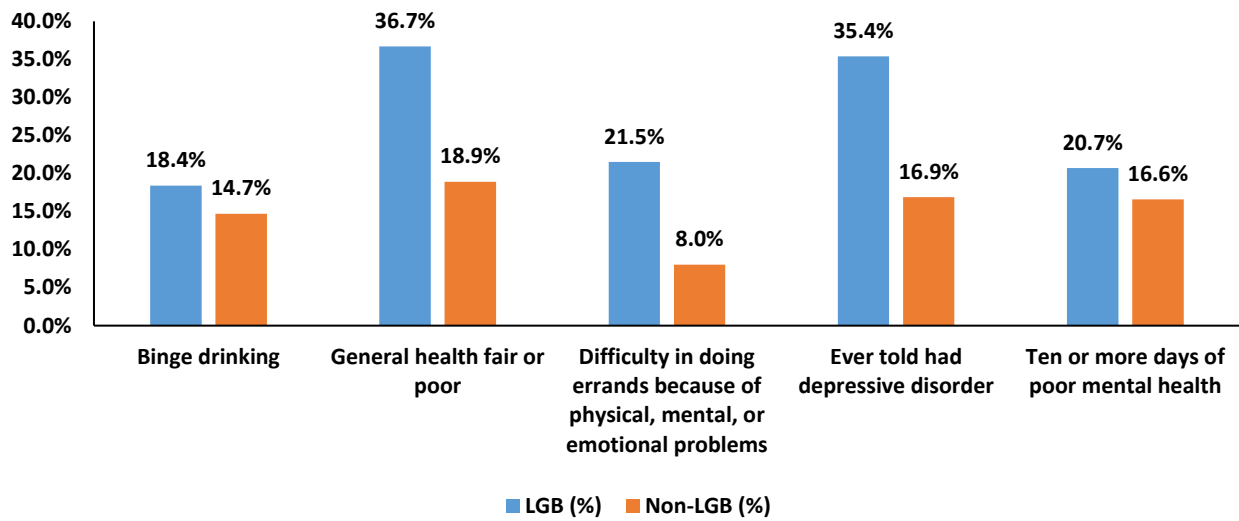
Figure 75. Prevalence Estimates of Health Risk Behaviors, by LGBTQ – Northern Nevada Youths, 2017.



Source: Nevada Youth Risk Behavior Survey (YRBS).
 Chart scaled to 50% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

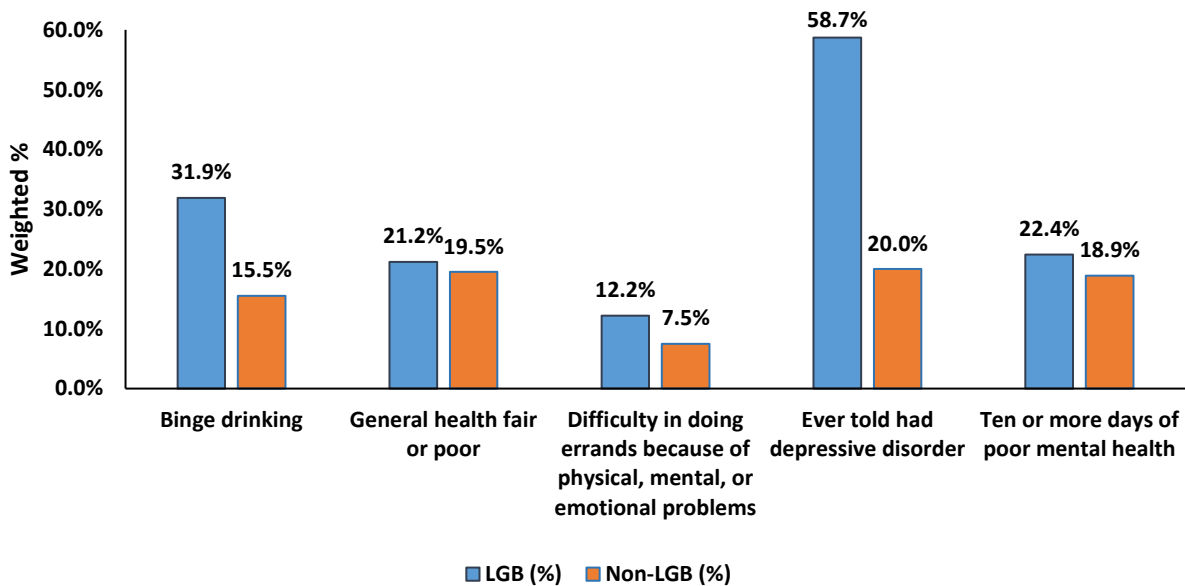
Of the Northern Nevada high school students who participated in the youth risk behavior survey in 2017, 83.4% were heterosexual (straight), 3.1% were gay or lesbian, 9.6% were bisexuals and 3.9% were not sure about their sexual orientation. In 2015, 28.9% of LGB high school students were sexually active and 42.8% had ever had sex respectively.

Figure 76. Prevalence Estimates of Health Risk Behaviors, by LGBTQ – Northern Nevada Adults, 2016.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 40% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Figure 77. Prevalence Estimates of Health Risk Behaviors, by LGBTQ – Northern Nevada Adults, 2017.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
 Chart scaled to 60% to display differences among groups.
 Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

In 2017, 31.9% of the Lesbian/Gay/Bisexual (LGB) population in Northern Nevada participated in binge drinking as compared to 15.5% in the state of Nevada. When this population was asked how their general health was, 21.2% said their general health was fair or poor in 2017 as compared to 19.5% in the state. Additionally, 58.7% were told they had depressive disorder on 2017.

Appendix

Hospital billing data (emergency department encounters and inpatient admissions) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing uses ICD-CM which is a 7-digit code versus death where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while death data the ICD codes are coded from the literal causes of death provided on the death certificate.

In October 2015, ICD-10-CM codes were implemented nationwide. Before October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

The following ICD-CM codes were used for mental health-related hospital encounters and admissions:

Anxiety: 300.0 (9); F41 (10)
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
Depression: 296.20-296.36 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
Schizophrenia: 300.0 (9); F20, Z65.8 (10)
Suicidal Ideation: V62.84 (9); R45.851 (10)
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T50, T71 (10)

The following ICD-10-CM codes were used for substance-related hospital encounters and admissions:

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2, 571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).
Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10) .

The following ICD-10 codes were used for suicide-related deaths:

Suicide: X60-X84

The following ICD-10 codes were used for mental health-related deaths:

Mental and Behavioral Disorders: F00-F09, and F20-F99.

The following ICD-10 codes were used for alcohol and drug-related deaths:

Alcohol: F10, K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1.
Drug: F11-F19, X40-X44, X60-S64, X85, Y10-Y14, Y40-Y59, G72.0', 'K85.3, R78.1, R78.2, R78.3, R78.4, R78.5, R78.6, E24.2, O35.5, P04.4, P96.1, P96.2, K71.1, N14.1, N14.0, N14.2, D52.1, T96, Z72.2, and T36-T50.

Table 1. Population Distribution, Northern Nevada, 2010-2017.

Sex	2009	2010	2011	2012	2013	2014	2015	2016	2017
Female	94,930	92,925	94,069	94,192	94,465	94,372	94,819	95,995	97,221
Male	96,243	95,743	95,961	95,529	95,642	95,155	94,662	95,024	95,563
Race									
White	152,008	149,692	150,117	149,490	149,376	148,889	148,389	149,277	149,889
Black	2,308	2,335	2,274	2,194	2,239	2,243	2,190	2,226	2,246
Native American	5,987	5,990	6,086	6,107	6,181	6,165	6,204	6,275	6,335
Asian/ Pacific Islander	4,092	4,065	4,148	4,200	4,320	4,313	4,367	4,428	4,494
Hispanic	26,778	26,586	27,405	27,730	27,992	27,916	28,331	28,813	29,820
Age									
0-14	35,009	34,255	34,677	33,880	33,658	33,152	32,573	32,297	32,524
15-17	7,461	6,846	6,789	7,142	7,558	7,797	7,404	7,322	7,242
18-19	5,480	5,292	4,672	4,615	4,240	3,902	4,847	5,101	4,379
20-24	10,776	12,220	12,440	12,877	13,140	12,668	11,325	10,373	10,524
25-34	19,270	18,280	18,355	18,126	18,252	19,272	20,705	22,466	23,542
35-44	23,653	23,047	22,809	22,047	22,341	22,177	21,857	21,018	20,776
45-54	26,546	25,518	25,124	25,342	24,913	24,456	24,495	25,083	25,337
55-64	27,972	28,360	29,538	29,351	28,819	28,248	27,706	27,796	28,065
65-74	20,642	20,404	20,644	20,964	21,590	21,956	22,346	22,808	23,303
75-84	10,295	10,203	10,719	11,079	10,915	11,318	11,729	12,251	12,437
85+	4,069	4,243	4,261	4,299	4,681	4,582	4,493	4,504	4,655
Total	191,173	188,668	190,030	189,721	190,107	189,527	189,481	191,019	192,784

Source: Nevada State Demographer, Vintage 2017.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 2. Middle School and High School Indicators, 2017.

Indicator	Middle School		High School	
	Percent (%)	Confidence Interval (95%)	Percent (%)	Confidence Interval (95%)
Felt sad or hopeless	32.4%	(23.5-29.1)	32.9%	(33.5-39.8)
Considered committing suicide	23.4%	(18.7-23.8)	18.2%	(15.9-21.3)
Planned suicide	16.7%	(12.7-17.4)	16.6%	(13.9-19.2)
Attempted suicide	9.7%	(6.6-10.2)	10.8%	(6.6-11.2)
Cut or burn themselves**	21.2%	(16.6-21.2)		
Currently smoke cigarettes	3.7%	(1.2-3.0)	12.3%	(5.4-9.0)
Currently smoke cigars	2.5%	(1.0-2.7)	10.6%	(6.4-10.1)
Currently use smokeless tobacco	2.3%	(0.8-2.6)	9.7%	(3.3-6.8)
Currently use tobacco	6.9%	(2.8-5.6)	21.3%	(10.7-16.2)
Ever used E-vapor products	23.2%	(14.3-22.0)	52.1%	(43.7-51.8)
Currently use E-vapor products	10.1%	(5.6-10.1)	20.8%	(18.7-24.9)
Tried E-vapor products before age 11	5.3%	(3.6-6.0)	**	-
Drank alcohol before age 11 (MS) / age 13 (HS)	13.8%	(7.9-12.6)	20.6%	(15.3-20.5)
Someone else provided alcohol	*	-	40.6%	(35.3-46.5)
Recent binge drinking	*	-	19.7%	(9.9-14.2)
Currently drank alcohol	11.3%	(5.5-9.5)	35.8%	(23.6-30.8)
Ever drank alcohol	32.3%	(19.5-28.0)	66.8%	(56.2-64.1)
Ever used marijuana	14.3%	(7.6-13.8)	44.7%	(37.3-46.5)
Currently use marijuana	7.7%	(3.9-7.3)	25.4%	(19.4-26.9)
Used marijuana before age 11 (MS)/ age 13 (HS)	2.5%	(1.9-4.5)	10.9%	(9.6-15.3)
Ever used prescription drugs (in HS)*	*	-	18.0%	(11.8-17.9)
Ever used steroids (in HS)*	*	-	6.1%	(2.7-5.0)
Ever used prescription drugs (in MS)*	*	-	5.8%	(3.7-6.3)
Ever used heroin	5.3%	(0.6-2.2)	5.3%	(2.1-4.3)
Ever used methamphetamines	5.9%	(1.1-2.9)	5.9%	(3.2-6.3)
Ever used cocaine	8.6%	(2.1-5.0)	8.6%	(5.0-9.4)
Ever used inhalants	9.9%	(4.6-7.9)	9.9%	(7.0-11.3)
Ever used ecstasy	9.6%	(0.5-2.2)	9.6%	(6.1-10.5)
Ever used synthetic marijuana	10.2%	(2.4-4.3)	10.2%	(6.9-12.5)
Ever had sex*	*	-	43.4%	(31.4-40.4)
Had sex before age 13*	*	-	5.6%	(2.7-5.9)
Had sex with 4 or more persons*	*	-	12.6%	(6.2-10.3)
Currently have Sex*	*	-	31.0%	(20.9-28.4)

Source: Nevada Youth Risk Behavior Survey (YRBS).

*Data not collected from Middle School Students.

**Data not collect from High School Students.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 3. Prevalence Estimates of Health Risk Behaviors, Northern Nevada Adults, 2011-2017.

Indicator	Percent & Confidence Interval (95%)						
	2011	2012	2013	2014	2015	2016	2017
Currently use marijuana/hashish	3.2% (1.3-5.0)	4.0% (1.3-6.7)	3.5% (1.9-5.0)	6.1% (3.6-8.5)	8.0% (4.5-11.5)	8.3% (5.7-10.9)	*
Use other illegal drugs	0.4% (0.0-1.0)	1.0% (0.0-2.1)	0.8% (0.0-1.6)	0.4% (0.0-1.0)	1.2% (0.0-2.6)	0.8% (0.0-1.6)	*
Currently use pain killer to get high	0.6% (0.0-1.2)	1.6% (0.2-2.9)	0.5% (0.0-1.0)	0.1% (0.0-0.4)	2.0% (0.0-3.9)	0.6% (0.0-1.3)	*
Seriously considering suicide	3.2% (1.5-4.9)	3.4% (1.4-5.5)	2.1% (1.0-3.3)	~	4.0% (1.7-6.3)	4.1% (2.3-5.8)	*
No days of poor mental or physical health that prevented them from doing usual activities	58.4% (51.7-65.1)	60.6% (54.5-66.6)	57.5% (52.0-63.0)	61.0% (54.7-67.2)	53.0% (45.9-60.1)	56.4% (50.6-62.3)	50.3% (44.1-56.6)
1-9 days of poor mental or physical health that prevented them from doing usual activities	17.8% (13.0-22.7)	24.2% (19.2-29.3)	22.1% (17.5-26.7)	16.7% (12.5-21.0)	26.6% (20.0-33.1)	23.2% (18.2-28.2)	23.1% (17.8-28.4)
10 or more days of poor mental or physical health that prevented them from doing usual activities	23.7% (51.7-65.1)	15.2% (11.0-19.4)	20.4% (16.0-24.8)	22.3% (16.7-28.0)	20.4% (15.1-25.7)	20.4% (15.9-24.9)	26.6% (21.3-31.8)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

~Indicator not measured.

*Data currently not available.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 5. Counts and Crude Rates of Selected Behavioral Health-Related Emergency Room Encounters by Gender, Northern Nevada Residents, 2009-2017.

2009		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	819	862.7 (803.7 - 921.8)	361	375.1 (336.4 - 413.8)	1,180	617.2 (582.0 - 652.5)	
Depression	456	480.4 (436.3 - 524.4)	217	225.5 (195.5 - 255.5)	673	352.0 (325.4 - 378.6)	
Bipolar Disorder	213	224.4 (194.2 - 254.5)	95	98.7 (78.9 - 118.6)	308	161.1 (143.1 - 179.1)	
PTSD	23	24.2 (14.3 - 34.1)	19	19.7 (10.9 - 28.6)	42	22.0 (15.3 - 28.6)	
Schizophrenia	60	63.2 (47.2 - 79.2)	66	68.6 (52.0 - 85.1)	126	65.9 (54.4 - 77.4)	
Suicidal Ideation	122	128.5 (105.7 - 151.3)	100	103.9 (83.5 - 124.3)	222	116.1 (100.8 - 131.4)	

2010		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	898	966.4 (903.2 - 1,029.6)	372	388.5 (349.1 - 428.0)	1,270	673.1 (636.1 - 710.2)	
Depression	591	636.0 (584.7 - 687.3)	247	258.0 (225.8 - 290.2)	838	444.2 (414.1 - 474.2)	
Bipolar Disorder	294	316.4 (280.2 - 352.6)	119	124.3 (102.0 - 146.6)	413	218.9 (197.8 - 240.0)	
PTSD	53	57.0 (41.7 - 72.4)	38	39.7 (27.1 - 52.3)	91	48.2 (38.3 - 58.1)	
Schizophrenia	67	72.1 (54.8 - 89.4)	89	93.0 (73.6 - 112.3)	156	82.7 (69.7 - 95.7)	
Suicidal Ideation	156	167.9 (141.5 - 194.2)	112	117.0 (95.3 - 138.6)	268	142.0 (125.0 - 159.1)	

2011		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	854	907.8 (847.0 - 968.7)	424	441.8 (399.8 - 483.9)	1,278	672.5 (635.7 - 709.4)	
Depression	602	640.0 (588.8 - 691.1)	275	286.6 (252.7 - 320.4)	877	461.5 (431.0 - 492.1)	
Bipolar Disorder	309	328.5 (291.9 - 365.1)	183	190.7 (163.1 - 218.3)	492	258.9 (236.0 - 281.8)	
PTSD	42	44.6 (31.1 - 58.2)	37	38.6 (26.1 - 51.0)	79	44.6 (31.1 - 58.2)	
Schizophrenia	82	87.2 (68.3 - 106.0)	54	56.3 (41.3 - 71.3)	136	71.6 (59.5 - 83.6)	
Suicidal Ideation	178	189.2 (161.4 - 217.0)	160	166.7 (140.9 - 192.6)	338	177.9 (158.9 - 196.8)	

2012		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	1652	1,753.9 (1,669.3 - 1,838.4)	683	715.0 (661.3 - 768.6)	2,335	1,230.8 (1,180.8 - 1,280.7)	
Depression	1264	1,341.9 (1,268.0 - 1,415.9)	511	534.9 (488.5 - 581.3)	1,775	935.6 (892.1 - 979.1)	
Bipolar Disorder	581	616.8 (566.7 - 667.0)	219	229.2 (198.9 - 259.6)	800	421.7 (392.5 - 450.9)	
PTSD	42	44.6 (31.1 - 58.2)	37	38.6 (26.1 - 51.0)	79	41.6 (32.4 - 50.7)	
Schizophrenia	111	117.8 (95.9 - 139.8)	111	116.2 (94.6 - 137.8)	222	117.0 (101.6 - 132.4)	
Suicidal Ideation	186	197.5 (169.1 - 225.8)	146	152.8 (128.0 - 177.6)	332	175.0 (156.2 - 193.8)	

2013		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	2039	2,158.5 (2,064.8 - 2,252.2)	821	858.4 (799.7 - 917.1)	2,860	1,504.4 (1,449.3 - 1,559.6)	
Depression	1513	1,601.7 (1,520.9 - 1,682.4)	605	632.6 (582.2 - 683.0)	2,118	1,114.1 (1,066.7 - 1,161.6)	
Bipolar Disorder	676	715.6 (661.7 - 769.6)	254	265.6 (232.9 - 298.2)	930	489.2 (457.8 - 520.6)	
PTSD	117	124.2 (101.7 - 146.7)	61	63.9 (47.8 - 79.9)	178	93.8 (80.0 - 107.6)	
Schizophrenia	128	135.5 (112.0 - 159.0)	150	156.8 (131.7 - 181.9)	278	146.2 (129.0 - 163.4)	
Suicidal Ideation	140	148.2 (123.7 - 172.8)	135	141.2 (117.3 - 165.0)	275	144.7 (127.6 - 161.8)	

2014		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	2230	2,363.0 (2,264.9 - 2,461.1)	880	924.8 (863.7 - 985.9)	3,110	1,640.9 (1,583.3 - 1,698.6)	
Depression	1604	1,699.7 (1,616.5 - 1,782.8)	662	695.7 (642.7 - 748.7)	2,266	1,195.6 (1,146.4 - 1,244.8)	
Bipolar Disorder	687	728.0 (673.5 - 782.4)	333	350.0 (312.4 - 387.5)	1,020	538.2 (505.2 - 571.2)	
PTSD	179	189.5 (161.7 - 217.2)	88	92.0 (72.8 - 111.2)	267	140.4 (123.6 - 157.3)	
Schizophrenia	140	148.3 (123.8 - 172.9)	156	163.9 (138.2 - 189.7)	296	156.2 (138.4 - 174.0)	
Suicidal Ideation	181	191.8 (163.9 - 219.7)	169	177.6 (150.8 - 204.4)	350	184.7 (165.3 - 204.0)	

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

2015	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2121	2,236.9 (2,141.7 - 2,332.1)	796	840.9 (782.5 - 899.3)	2,917	1,539.5 (1,483.6 - 1,595.3)
Depression	1460	1,539.8 (1,460.8 - 1,618.8)	673	711.0 (657.2 - 764.7)	2,133	1,125.7 (1,077.9 - 1,173.5)
Bipolar Disorder	608	641.2 (590.3 - 692.2)	292	308.5 (273.1 - 343.8)	900	475.0 (443.9 - 506.0)
PTSD	229	242.7 (211.2 - 274.1)	121	127.2 (104.5 - 149.8)	350	184.7 (165.3 - 204.0)
Schizophrenia	131	138.2 (114.5 - 161.8)	177	187.0 (159.4 - 214.5)	308	162.5 (144.4 - 180.7)
Suicidal Ideation	212	223.6 (193.5 - 253.7)	205	216.6 (186.9 - 246.2)	417	220.1 (199.0 - 241.2)

2016	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2667	2,778.3 (2,672.8 - 2,883.7)	1140	1,199.7 (1,130.1 - 1,269.3)	3,807	1,993.0 (1,929.7 - 2,056.3)
Depression	561	584.4 (536.0 - 632.8)	228	239.9 (208.8 - 271.1)	789	413.0 (384.2 - 441.9)
Bipolar Disorder	225	237.3 (206.3 - 268.3)	113	119.4 (97.4 - 141.4)	338	178.4 (159.4 - 197.4)
PTSD	225	237.3 (206.3 - 268.3)	113	119.4 (97.4 - 141.4)	338	178.4 (159.4 - 197.4)
Schizophrenia	138	143.8 (119.8 - 167.7)	132	138.9 (115.2 - 162.6)	270	141.3 (124.5 - 158.2)
Suicidal Ideation	210	218.8 (189.2 - 248.3)	212	223.1 (193.1 - 253.1)	422	220.9 (199.8 - 242.0)

2017	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2146	2,207.3 (2,113.9 - 2,300.7)	898	939.7 (878.2 - 1,001.2)	3,044	1,579.0 (1,522.9 - 1,635.1)
Depression	475	488.6 (444.6 - 532.5)	212	221.8 (192.0 - 251.7)	687	356.4 (329.7 - 383.0)
Bipolar Disorder	250	260.4 (228.1 - 292.7)	129	135.8 (112.3 - 159.2)	379	198.4 (178.4 - 218.4)
PTSD	250	260.4 (228.1 - 292.7)	129	135.8 (112.3 - 159.2)	379	198.4 (178.4 - 218.4)
Schizophrenia	94	96.7 (77.1 - 116.2)	120	125.6 (103.1 - 148.0)	214	111.0 (96.1 - 125.9)
Suicidal Ideation	161	165.6 (140.0 - 191.2)	144	150.7 (126.1 - 175.3)	305	158.2 (140.5 - 176.0)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 5. Counts and Crude Rates of Selected Behavioral Health-Related Inpatient Admissions by Gender, Northern Nevada Residents, 2009-2017.

2009		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	655	690.0 (637.1 - 742.8)	240	249.4 (217.8 - 280.9)	895	468.2 (437.5 - 498.8)	
Depression	1229	1,294.6 (1,222.3 - 1,367.0)	567	589.1 (540.6 - 637.6)	1,796	939.5 (896.0 - 982.9)	
Bipolar Disorder	431	454.0 (411.2 - 496.9)	191	198.5 (170.3 - 226.6)	622	325.4 (299.8 - 350.9)	
PTSD	123	129.6 (106.7 - 152.5)	67	69.6 (52.9 - 86.3)	190	99.4 (85.3 - 113.5)	
Schizophrenia	82	86.4 (67.7 - 105.1)	90	93.5 (74.2 - 112.8)	172	90.0 (76.5 - 103.4)	
Suicidal Ideation	154	162.2 (136.6 - 187.8)	75	77.9 (60.3 - 95.6)	229	119.8 (104.3 - 135.3)	

2010		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	761	818.9 (760.8 - 877.1)	345	360.3 (322.3 - 398.4)	1,106	586.2 (551.7 - 620.8)	
Depression	1269	1,365.6 (1,290.5 - 1,440.8)	604	630.9 (580.5 - 681.2)	1,873	992.7 (947.8 - 1,037.7)	
Bipolar Disorder	478	514.4 (468.3 - 560.5)	211	220.4 (190.6 - 250.1)	689	365.2 (337.9 - 392.5)	
PTSD	141	151.7 (126.7 - 176.8)	102	106.5 (85.9 - 127.2)	243	128.8 (112.6 - 145.0)	
Schizophrenia	62	66.7 (50.1 - 83.3)	63	65.8 (49.6 - 82.0)	125	66.3 (54.6 - 77.9)	
Suicidal Ideation	237	255.0 (222.6 - 287.5)	140	146.2 (122.0 - 170.4)	377	199.8 (179.7 - 220.0)	

2011		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	752	799.4 (742.3 - 856.6)	306	318.9 (283.1 - 354.6)	1,058	556.8 (523.2 - 590.3)	
Depression	1223	1,300.1 (1,227.2 - 1,373.0)	643	670.1 (618.3 - 721.9)	1,866	982.0 (937.4 - 1,026.5)	
Bipolar Disorder	447	475.2 (431.1 - 519.2)	196	204.2 (175.7 - 232.8)	643	338.4 (312.2 - 364.5)	
PTSD	153	162.6 (136.9 - 188.4)	89	92.7 (73.5 - 112.0)	242	126.6 (113.9 - 144.4)	
Schizophrenia	119	126.5 (103.8 - 149.2)	68	70.9 (54.0 - 87.7)	187	98.4 (84.3 - 112.5)	
Suicidal Ideation	296	314.7 (278.8 - 350.5)	159	165.7 (139.9 - 191.4)	455	239.4 (217.4 - 261.4)	

2012		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	1178	1,250.6 (1,179.2 - 1,322.1)	489	511.9 (466.5 - 557.3)	1,667	878.7 (836.5 - 920.8)	
Depression	1570	1,666.8 (1,584.4 - 1,749.3)	747	782.0 (725.9 - 838.0)	2,317	1,221.3 (1,171.5 - 1,271.0)	
Bipolar Disorder	473	502.2 (456.9 - 547.4)	160	167.5 (141.5 - 193.4)	633	333.6 (307.7 - 359.6)	
PTSD	153	162.6 (136.9 - 188.4)	89	92.7 (73.5 - 112.0)	242	127.3 (111.3 - 143.4)	
Schizophrenia	97	103.0 (82.5 - 123.5)	94	98.4 (78.5 - 118.3)	191	100.7 (86.4 - 115.0)	
Suicidal Ideation	289	306.8 (271.4 - 342.2)	199	208.3 (179.4 - 237.3)	488	257.2 (234.4 - 280.0)	

2013		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	1326	1,403.7 (1,328.1 - 1,479.3)	602	629.4 (579.1 - 679.7)	1,928	1,014.2 (968.9 - 1,059.4)	
Depression	1595	1,688.5 (1,605.6 - 1,771.3)	813	850.0 (791.6 - 908.5)	2,408	1,266.7 (1,216.1 - 1,317.2)	
Bipolar Disorder	408	431.9 (390.0 - 473.8)	185	193.4 (165.6 - 221.3)	593	311.9 (286.8 - 337.0)	
PTSD	165	175.2 (148.4 - 201.9)	90	94.2 (74.7 - 113.7)	255	134.4 (117.9 - 150.9)	
Schizophrenia	103	109.0 (88.0 - 130.1)	129	134.9 (111.6 - 158.2)	232	122.0 (106.3 - 137.7)	
Suicidal Ideation	321	339.8 (302.6 - 377.0)	229	239.4 (208.4 - 270.4)	550	289.3 (265.1 - 313.5)	

2014		Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate	
Anxiety	1818	1,926.4 (1,837.9 - 2,015.0)	790	830.2 (772.3 - 888.1)	2,608	1,376.1 (1,323.2 - 1,428.9)	
Depression	2088	2,212.5 (2,117.6 - 2,307.4)	1063	1,117.1 (1,050.0 - 1,184.3)	3,151	1,662.6 (1,604.5 - 1,720.6)	
Bipolar Disorder	464	491.7 (446.9 - 536.4)	240	252.2 (220.3 - 284.1)	704	371.5 (344.0 - 398.9)	
PTSD	172	182.1 (154.9 - 209.3)	120	125.5 (103.0 - 147.9)	292	153.6 (136.0 - 171.2)	
Schizophrenia	124	131.4 (108.3 - 154.5)	110	115.6 (94.0 - 137.2)	234	123.5 (107.6 - 139.3)	
Suicidal Ideation	430	455.6 (412.6 - 498.7)	291	305.8 (270.7 - 341.0)	721	380.4 (352.7 - 408.2)	

Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

2015	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	1768	1,864.6 (1,777.7 - 1,951.5)	737	778.6 (722.3 - 834.8)	2,505	1,322.0 (1,270.3 - 1,373.8)
Depression	2095	2,209.5 (2,114.9 - 2,304.1)	997	1,053.2 (987.8 - 1,118.6)	3,092	1,631.8 (1,574.3 - 1,689.3)
Bipolar Disorder	480	506.2 (460.9 - 551.5)	229	241.9 (210.6 - 273.2)	709	374.2 (346.6 - 401.7)
PTSD	218	231.0 (200.3 - 261.7)	117	123.0 (100.7 - 145.2)	335	176.8 (157.8 - 195.7)
Schizophrenia	133	140.3 (116.4 - 164.1)	110	116.2 (94.5 - 137.9)	243	128.2 (112.1 - 144.4)
Suicidal Ideation	500	527.3 (481.1 - 573.5)	314	331.7 (295.0 - 368.4)	814	429.6 (400.1 - 459.1)

2016	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	1796	1,870.9 (1,784.4 - 1,957.5)	755	794.5 (737.9 - 851.2)	2,551	1,335.5 (1,283.6 - 1,387.3)
Depression	431	449.0 (406.6 - 491.4)	252	265.2 (232.5 - 297.9)	683	357.6 (330.7 - 384.4)
Bipolar Disorder	216	227.8 (197.4 - 258.2)	111	117.3 (95.4 - 139.1)	327	172.6 (153.9 - 191.3)
PTSD	216	227.8 (197.4 - 258.2)	111	117.3 (95.4 - 139.1)	327	172.6 (153.9 - 191.3)
Schizophrenia	57	59.4 (44.0 - 74.8)	45	47.4 (33.5 - 61.2)	102	53.4 (43.0 - 63.8)
Suicidal Ideation	253	263.6 (231.1 - 296.0)	170	178.9 (152.0 - 205.8)	423	221.4 (200.3 - 242.5)

2017	Female		Male		Total	
Condition	N.	Rate	N.	Rate	N.	Rate
Anxiety	2027	2,084.9 (1,994.2 - 2,175.7)	965	1,009.8 (946.1 - 1,073.5)	2,992	1,552.0 (1,496.4 - 1,607.6)
Depression	542	557.5 (510.6 - 604.4)	263	275.2 (241.9 - 308.5)	805	417.6 (388.7 - 446.4)
Bipolar Disorder	237	246.9 (215.5 - 278.3)	155	163.1 (137.4 - 188.8)	392	205.2 (184.9 - 225.5)
PTSD	237	246.9 (215.5 - 278.3)	155	163.1 (137.4 - 188.8)	392	205.2 (184.9 - 225.5)
Schizophrenia	47	48.3 (34.5 - 62.2)	82	85.8 (67.2 - 104.4)	129	66.9 (55.4 - 78.5)
Suicidal Ideation	463	476.2 (432.9 - 519.6)	357	373.6 (334.8 - 412.3)	820	425.3 (396.2 - 454.5)

Source: Hospital Inpatient Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 6. Demographics of State Funded Mental Health Clinics Utilization*, 2011-2017.

	2011	2012	2013	2014	2015	2016	2017
Female	1,571	1,472	1,576	1,856	1,784	1,767	1,620
Male	976	922	962	1,191	1,175	1,122	1,033
Unknown	8	6	11	4	1	2	2
White	1,915	1,842	1,872	2,051	1,658	1,420	1,294
Black	33	26	34	36	31	23	25
Hispanic	185	162	170	174	138	125	117
Asian	12	10	10	11	9	11	9
American Indian/Alaskan	40	40	51	56	36	32	38
Native Hawaiian/Pacific Islander	10	10	8	8	11	10	6
More than 1 race reported	55	43	41	64	38	31	35
Unknown	305	267	363	651	1,039	1,239	1,131
0-14	275	240	239	305	297	300	324
15-17	117	109	142	202	195	200	186
18-19	64	63	72	87	72	85	81
20-24	183	185	184	237	217	192	196
25-34	472	398	414	519	507	476	402
35-44	436	423	438	498	482	483	390
45-54	565	513	558	595	582	493	424
55-64	356	368	396	463	466	461	453
65-74	70	85	94	124	116	144	161
75-84	14	13	10	18	20	25	36
>84	1	2	2	2	4	1	0
Unknown	2	1	0	1	2	31	2
Total	2,555	2,400	2,549	3,051	2,960	2,891	2,655

Source: Avatar.

* A client is counted only once per year. Clients may be counted more than once across years.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7a. Alcohol and Drug-Related Emergency Department Encounters by Year, 2009.

2009						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	532	37%	560.4 (512.8 - 608.0)	493	55%	519.3 (473.5 - 565.2)
Male	897	63%	932.0 (871.0 - 993.0)	410	45%	426.0 (384.8 - 467.2)
Unknown	-	-	-	-	-	-
Race	N	%	Alcohol		Drug Use	
White	1,114	72%	732.9 (689.8 - 775.9)	735	75%	483.5 (448.6 - 518.5)
Black	15	1%	649.9 (321.0 - 978.8)	21	2%	909.8 (520.7 - 1,299.0)
Native American	82	5%	1,369.6 (1,073.2 - 1,666.1)	24	2%	400.9 (240.5 - 561.3)
Asian/Pacific	3	0%	73.3 (-9.6 - 156.3)	3	0%	73.3 (-9.6 - 156.3)
Hispanic	92	6%	343.6 (273.4 - 413.8)	37	4%	138.2 (93.7 - 182.7)
Other/Unknown	123	8%	-	83	8%	-
Age	N	%	Alcohol		Drug Use	
0-14	4	0%	11.4 (2 - 22.6)	53	6%	151.4 (110.6 - 192.1)
15-17	35	2%	469.1 (313.7 - 624.5)	50	6%	670.1 (484.4 - 855.9)
18-19	29	2%	529.2 (336.6 - 721.8)	41	5%	748.1 (519.1 - 977.1)
20-24	114	8%	1,057.9 (863.7 - 1,252.1)	144	16%	1,336.3 (1,118.1 - 1,554.6)
25-34	227	16%	1,178.0 (1,024.8 - 1,331.3)	172	19%	892.6 (759.2 - 1,026.0)
35-44	299	21%	1,264.1 (1,120.8 - 1,407.4)	163	18%	689.1 (583.3 - 794.9)
45-54	445	31%	1,676.3 (1,520.6 - 1,832.1)	156	17%	587.7 (495.4 - 679.9)
55-64	166	12%	593.4 (503.2 - 683.7)	67	7%	239.5 (182.2 - 296.9)
65-74	72	5%	348.8 (268.2 - 429.4)	28	3%	135.6 (85.4 - 185.9)
75-84	30	2%	291.4 (187.1 - 395.7)	24	3%	233.1 (139.9 - 326.4)
85+	8	1%	196.6 (60.4 - 332.9)	5	1%	122.9 (15.2 - 230.6)
Total	1,429	100%	747.5 (708.7 - 786.2)	903	100%	472.3 (441.5 - 503.2)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7b. Alcohol and Drug-Related Emergency Department Encounters by Year, 2010.

2010						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	584	40%	628.5 (577.5 - 679.4)	567	59%	610.2 (559.9 - 660.4)
Male	862	60%	900.3 (840.2 - 960.4)	395	41%	412.6 (371.9 - 453.2)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	989	57%	660.7 (619.5 - 701.9)	721	64%	481.7 (446.5 - 516.8)
Black	6	0%	257.0 (51.4 - 462.6)	11	1%	471.2 (192.7 - 749.6)
Native American	93	5%	1,552.6 (1,237.1 - 1,868.2)	27	2%	450.8 (280.7 - 620.8)
Asian/Pacific	1	0%	24.6 (-23.6 - 72.8)	3	0%	73.8 (-9.7 - 157.3)
Hispanic	67	4%	252.0 (191.7 - 312.4)	42	4%	158.0 (110.2 - 205.8)
Other/Unknown	290	17%	-	158	14%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	6	0%	17.5 (3.5 - 31.5)	42	4%	122.6 (85.5 - 159.7)
15-17	28	2%	409.0 (257.5 - 560.5)	42	4%	613.5 (428.0 - 799.0)
18-19	33	2%	623.5 (410.8 - 836.3)	44	5%	831.4 (585.7 - 1,077.1)
20-24	107	7%	875.6 (709.7 - 1,041.6)	157	16%	1,284.8 (1,083.8 - 1,485.8)
25-34	222	15%	1,214.4 (1,054.7 - 1,374.2)	201	21%	1,099.5 (947.5 - 1,251.6)
35-44	254	18%	1,102.1 (966.5 - 1,237.6)	148	15%	642.2 (538.7 - 745.6)
45-54	452	31%	1,771.3 (1,608.0 - 1,934.6)	185	19%	725.0 (620.5 - 829.4)
55-64	223	15%	786.3 (683.1 - 889.5)	92	10%	324.4 (258.1 - 390.7)
65-74	83	6%	406.8 (319.3 - 494.3)	34	4%	166.6 (110.6 - 222.7)
75-84	28	2%	274.4 (172.8 - 376.1)	12	1%	117.6 (51.1 - 184.2)
85+	10	1%	235.7 (89.6 - 381.7)	5	1%	117.8 (14.5 - 221.1)
Total	1,446	100%	756.4 (717.4 - 795.4)	962	100%	503.2 (471.4 - 535.0)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7c. Alcohol and Drug-Related Emergency Department Encounters by Year, 2011.

2011							
Sex	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
Female	509	38%	541.1 (494.1 - 588.1)		548	55%	582.6 (533.8 - 631.3)
Male	844	62%	879.5 (820.2 - 938.9)		449	45%	467.9 (424.6 - 511.2)
Unknown	-	-	-		-	-	-
Race	N	%	Crude Rate (CI)		N	%	Crude Rate (CI)
White	1,068	73%	711.4 (668.8 - 754.1)		824	77%	548.9 (511.4 - 586.4)
Black	11	1%	7.3 (3.0 - 11.7)		10	1%	6.7 (2.5 - 10.8)
Native American	98	7%	65.3 (52.4 - 78.2)		51	5%	34.0 (24.6 - 43.3)
Asian/Pacific	2	0%	1.3 (-.5 - 3.2)		1	0%	.7 (-.6 - 2.0)
Hispanic	68	5%	45.3 (34.5 - 56.1)		44	4%	29.3 (20.6 - 38.0)
Other/Unknown	106	7%	-		67	6%	-
Age	N	%	Crude Rate (CI)		N	%	Crude Rate (CI)
0-14	14	1%	40.4 (25.4 - 55.3)		45	5%	129.8 (95.5 - 164.1)
15-17	28	2%	80.7 (53.2 - 108.3)		55	6%	158.6 (110.6 - 206.6)
18-19	33	2%	95.2 (76.6 - 113.7)		42	4%	121.1 (102.4 - 139.9)
20-24	101	7%	291.3 (252.5 - 330.0)		160	16%	461.4 (400.4 - 522.4)
25-34	217	16%	625.8 (548.0 - 703.5)		220	22%	634.4 (536.1 - 732.7)
35-44	249	18%	718.1 (650.6 - 785.5)		160	16%	461.4 (393.4 - 529.4)
45-54	435	32%	1,254.4 (1,061.3 - 1,447.6)		177	18%	510.4 (405.6 - 615.3)
55-64	162	12%	467.2 (366.1 - 568.3)		91	9%	262.4 (170.0 - 354.8)
65-74	82	6%	236.5 (150.4 - 322.5)		31	3%	89.4 (38.8 - 140.0)
75-84	29	2%	83.6 (-11.0 - 178.3)		12	1%	34.6 (.7 - 68.5)
85+	3	0%	8.7 (8.2 - 9.1)		4	0%	11.5 (10.8 - 12.3)
Total	1,353	100%	707.7 (670.0 - 745.4)		997	100%	521.5 (489.1 - 553.9)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7d. Alcohol and Drug-Related Emergency Department Encounters by Year, 2012.

2012						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	618	39%	656.1 (604.4 - 707.8)	630	54%	668.8 (616.6 - 721.1)
Male	962	61%	1,007.0 (943.4 - 1,070.7)	547	46%	572.6 (524.6 - 620.6)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	1,315	81%	879.7 (832.1 - 927.2)	1,010	84%	675.6 (634.0 - 717.3)
Black	7	0%	319.1 (82.7 - 555.4)	18	1%	820.4 (441.4 - 1,199.5)
Native American	135	8%	2,210.7 (1,837.8 - 2,583.7)	40	3%	655.0 (452.0 - 858.0)
Asian/Pacific	3	0%	71.4 (-9.4 - 152.2)	8	1%	190.5 (58.5 - 322.4)
Hispanic	84	5%	302.9 (238.1 - 367.7)	74	6%	266.9 (206.1 - 327.7)
Other/Unknown	36	2%	-	27	2%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	8	1%	23.6 (7.2 - 40.0)	48	4%	141.7 (101.6 - 181.8)
15-17	19	1%	266.0 (146.4 - 385.7)	37	3%	518.1 (351.1 - 685.0)
18-19	24	2%	520.0 (312.0 - 728.1)	47	4%	1,018.4 (727.2 - 1,309.6)
20-24	150	9%	1,164.9 (978.5 - 1,351.3)	176	15%	1,366.8 (1,164.9 - 1,568.8)
25-34	232	15%	1,279.9 (1,115.2 - 1,444.7)	294	25%	1,622.0 (1,436.6 - 1,807.4)
35-44	267	17%	1,211.0 (1,065.8 - 1,356.3)	182	15%	825.5 (705.6 - 945.4)
45-54	470	30%	1,854.6 (1,687.0 - 2,022.3)	215	18%	848.4 (735.0 - 961.8)
55-64	242	15%	824.5 (720.6 - 928.4)	111	9%	378.2 (307.8 - 448.5)
65-74	108	7%	515.2 (418.0 - 612.3)	44	4%	209.9 (147.9 - 271.9)
75-84	50	3%	451.3 (326.2 - 576.4)	17	1%	153.4 (80.5 - 226.4)
85+	10	1%	232.6 (88.4 - 376.8)	6	1%	139.6 (27.9 - 251.3)
Total	1,580	100%	826.5 (785.7 - 867.2)	1,177	100%	615.7 (580.5 - 650.8)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7e. Alcohol and Drug-Related Emergency Department Encounters by Year, 2013.

2013						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	658	38%	696.6 (643.3 - 749.8)	828	50%	876.5 (816.8 - 936.2)
Male	1,084	62%	1,133.4 (1,065.9 - 1,200.9)	830	50%	867.8 (808.8 - 926.9)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	1,423	80%	952.6 (903.1 - 1,002.1)	1,415	84%	947.3 (897.9 - 996.6)
Black	36	2%	1,608.1 (1,082.8 - 2,133.5)	39	2%	1,742.2 (1,195.4 - 2,288.9)
Native American	146	8%	2,362.0 (1,978.9 - 2,745.2)	78	5%	1,261.9 (981.9 - 1,542.0)
Asian/Pacific	3	0%	69.4 (-9.1 - 148.0)	3	0%	69.4 (-9.1 - 148.0)
Hispanic	98	6%	350.1 (280.8 - 419.4)	98	6%	350.1 (280.8 - 419.4)
Other/Unknown	36	2%	-	25	1%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	8	0%	23.8 (7.3 - 40.2)	52	3%	154.5 (112.5 - 196.5)
15-17	32	2%	423.4 (276.7 - 570.1)	65	4%	860.0 (650.9 - 1,069.1)
18-19	24	1%	566.1 (339.6 - 792.5)	68	4%	1,603.8 (1,222.6 - 1,985.0)
20-24	145	8%	1,103.5 (923.9 - 1,283.1)	218	13%	1,659.0 (1,438.8 - 1,879.2)
25-34	273	16%	1,495.7 (1,318.3 - 1,673.1)	457	28%	2,503.8 (2,274.2 - 2,733.4)
35-44	255	15%	1,141.4 (1,001.3 - 1,281.5)	279	17%	1,248.8 (1,102.3 - 1,395.4)
45-54	479	27%	1,922.7 (1,750.5 - 2,094.9)	272	16%	1,091.8 (962.0 - 1,221.5)
55-64	323	19%	1,120.8 (998.6 - 1,243.0)	149	9%	517.0 (434.0 - 600.0)
65-74	123	7%	569.7 (469.0 - 670.4)	72	4%	333.5 (256.5 - 410.5)
75-84	70	4%	641.3 (491.1 - 791.6)	22	1%	201.6 (117.3 - 285.8)
85+	10	1%	213.6 (81.2 - 346.0)	4	0%	85.5 (1.7 - 169.2)
Total	1,742	100%	911.2 (868.4 - 954.0)	1,658	100%	867.3 (825.5 - 909.0)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

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Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7f. Alcohol and Drug-Related Emergency Department Encounters by Year, 2014.

2014						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	711	39%	753.4 (698.0 - 808.8)	1,027	49%	1,088.2 (1,021.7 - 1,154.8)
Male	1,135	61%	1,192.8 (1,123.4 - 1,262.2)	1,082	51%	1,137.1 (1,069.3 - 1,204.8)
Unknown	-	-	-	-	-	-
Race	N	%	Alcohol		Drug Use	
White	1,521	80%	1,021.6 (970.2 - 1,072.9)	1,782	81%	1,196.9 (1,141.3 - 1,252.4)
Black	35	2%	1,560.2 (1,043.3 - 2,077.1)	57	3%	2,540.9 (1,881.3 - 3,200.6)
Native American	119	6%	1,930.1 (1,583.3 - 2,276.9)	79	4%	1,281.3 (998.8 - 1,563.9)
Asian/Pacific	7	0%	162.3 (42.1 - 282.5)	11	1%	255.1 (104.3 - 405.8)
Hispanic	100	5%	358.2 (288.0 - 428.4)	92	4%	329.6 (262.2 - 396.9)
Other/Unknown	64	3%	-	88	4%	-
Age	N	%	Alcohol		Drug Use	
0-14	9	0%	27.1 (9.4 - 44.9)	62	3%	187.0 (140.5 - 233.6)
15-17	35	2%	448.9 (300.2 - 597.6)	64	3%	820.8 (619.7 - 1,021.9)
18-19	20	1%	512.6 (287.9 - 737.2)	69	3%	1,768.3 (1,351.1 - 2,185.6)
20-24	96	5%	757.8 (606.2 - 909.4)	245	12%	1,934.0 (1,691.9 - 2,176.2)
25-34	287	16%	1,489.2 (1,316.9 - 1,661.5)	545	26%	2,827.9 (2,590.5 - 3,065.3)
35-44	348	19%	1,569.2 (1,404.3 - 1,734.0)	429	20%	1,934.4 (1,751.4 - 2,117.5)
45-54	477	26%	1,950.4 (1,775.4 - 2,125.5)	372	18%	1,521.1 (1,366.5 - 1,675.7)
55-64	345	19%	1,221.3 (1,092.5 - 1,350.2)	229	11%	810.7 (705.7 - 915.7)
65-74	148	8%	674.1 (565.5 - 782.7)	67	3%	305.2 (232.1 - 378.2)
75-84	71	4%	627.3 (481.4 - 773.2)	18	1%	159.0 (85.6 - 232.5)
85+	10	1%	218.3 (83.0 - 353.5)	9	0%	196.4 (68.1 - 324.8)
Total	1,846	100%	965.6 (921.6 - 1,009.7)	2,109	100%	1,103.2 (1,056.1 - 1,150.3)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7g. Alcohol and Drug-Related Emergency Department Encounters by Year, 2015.

2015						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	728	37%	767.8 (712.0 - 823.6)	1,036	50%	1,092.6 (1,026.1 - 1,159.1)
Male	1,226	63%	1,295.1 (1,222.6 - 1,367.6)	1,028	50%	1,086.0 (1,019.6 - 1,152.4)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	1,640	81%	1,105.2 (1,051.7 - 1,158.7)	1,796	84%	1,210.3 (1,154.4 - 1,266.3)
Black	31	2%	1,415.7 (917.3 - 1,914.1)	45	2%	2,055.0 (1,454.6 - 2,655.5)
Native American	116	6%	1,869.8 (1,529.5 - 2,210.1)	59	3%	951.0 (708.4 - 1,193.7)
Asian/Pacific	5	0%	114.5 (14.1 - 214.9)	3	0%	68.7 (-9.0 - 146.4)
Hispanic	96	5%	338.8 (271.1 - 406.6)	86	4%	303.5 (239.4 - 367.7)
Other/Unknown	66	3%	-	75	4%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	11	1%	33.8 (13.8 - 53.7)	61	3%	187.3 (140.3 - 234.3)
15-17	56	3%	756.4 (558.3 - 954.5)	81	4%	1,094.0 (855.8 - 1,332.3)
18-19	30	2%	618.9 (397.4 - 840.4)	67	3%	1,382.2 (1,051.3 - 1,713.2)
20-24	98	5%	865.3 (694.0 - 1,036.7)	265	13%	2,339.9 (2,058.2 - 2,621.7)
25-34	307	16%	1,482.7 (1,316.9 - 1,648.6)	538	26%	2,598.4 (2,378.8 - 2,817.9)
35-44	342	18%	1,564.7 (1,398.9 - 1,730.5)	363	18%	1,660.8 (1,489.9 - 1,831.6)
45-54	502	26%	2,049.4 (1,870.1 - 2,228.6)	333	16%	1,359.4 (1,213.4 - 1,505.5)
55-64	374	19%	1,349.9 (1,213.1 - 1,486.7)	238	12%	859.0 (749.9 - 968.2)
65-74	156	8%	698.1 (588.6 - 807.7)	79	4%	353.5 (275.6 - 431.5)
75-84	74	4%	630.9 (487.2 - 774.7)	32	2%	272.8 (178.3 - 367.4)
85+	4	0%	89.0 (1.8 - 176.3)	7	0%	155.8 (40.4 - 271.2)
Total	1,954	100%	1,022.1 (976.8 - 1,067.4)	2,064	100%	1,079.7 (1,033.1 - 1,126.2)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7h. Alcohol and Drug-Related Emergency Department Encounters by Year, 2016.

2016						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	796	39%	829.2 (771.6 - 886.8)	1,016	54%	1,058.4 (993.3 - 1,123.5)
Male	1,224	61%	1,288.1 (1,215.9 - 1,360.3)	880	46%	926.1 (864.9 - 987.3)
Unknown	1	0%	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	1,619	77%	1,084.6 (1,031.7 - 1,137.4)	1,645	84%	1,102.0 (1,048.7 - 1,155.2)
Black	47	2%	2,111.4 (1,507.8 - 2,715.1)	32	2%	1,437.6 (939.5 - 1,935.6)
Native American	128	6%	2,039.8 (1,686.5 - 2,393.2)	54	3%	860.6 (631.0 - 1,090.1)
Asian/Pacific	3	0%	67.8 (-8.9 - 144.4)	8	0%	180.7 (55.5 - 305.9)
Hispanic	155	7%	538.0 (453.3 - 622.6)	96	5%	333.2 (266.5 - 399.8)
Other/Unknown	69	3%	-	61	3%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	11	1%	34.1 (13.9 - 54.2)	44	2%	136.2 (96.0 - 176.5)
15-17	53	3%	723.8 (529.0 - 918.7)	68	4%	928.7 (708.0 - 1,149.4)
18-19	14	1%	274.5 (130.7 - 418.2)	67	4%	1,313.5 (999.0 - 1,628.0)
20-24	99	5%	954.4 (766.4 - 1,142.4)	216	11%	2,082.3 (1,804.6 - 2,360.0)
25-34	426	21%	1,896.2 (1,716.1 - 2,076.3)	502	26%	2,234.5 (2,039.0 - 2,430.0)
35-44	317	16%	1,508.2 (1,342.2 - 1,674.3)	310	16%	1,474.9 (1,310.7 - 1,639.1)
45-54	476	24%	1,897.7 (1,727.2 - 2,068.2)	288	15%	1,148.2 (1,015.6 - 1,280.8)
55-64	430	21%	1,547.0 (1,400.8 - 1,693.2)	247	13%	888.6 (777.8 - 999.4)
65-74	153	8%	670.8 (564.5 - 777.1)	101	5%	442.8 (356.5 - 529.2)
75-84	33	2%	269.4 (177.5 - 361.3)	33	2%	269.4 (177.5 - 361.3)
85+	9	0%	199.8 (69.3 - 330.4)	20	1%	444.0 (249.4 - 638.7)
Total	2,021	100%	1,057.2 (1,011.1 - 1,103.2)	1,896	100%	991.8 (947.1 - 1,036.4)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 7i. Alcohol and Drug-Related Emergency Department Encounters by Year, 2017.

2017						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	651	36%	669.6 (618.2 - 721.0)	928	51%	954.5 (893.1 - 1,015.9)
Male	1,143	64%	1,196.1 (1,126.7 - 1,265.4)	900	49%	941.8 (880.3 - 1,003.3)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	1,476	80%	984.7 (934.5 - 1,035.0)	1,561	83%	1,041.4 (989.8 - 1,093.1)
Black	22	1%	979.5 (570.2 - 1,388.8)	35	2%	1,558.3 (1,042.1 - 2,074.6)
Native American	153	8%	2,415.2 (2,032.5 - 2,797.9)	73	4%	1,152.3 (888.0 - 1,416.7)
Asian/Pacific	2	0%	44.5 (-17.2 - 106.2)	10	1%	222.5 (84.6 - 360.4)
Hispanic	93	5%	311.9 (248.5 - 375.3)	93	5%	311.9 (248.5 - 375.3)
Other/Unknown	48	3%	-	56	3%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	14	1%	43.0 (20.5 - 65.6)	55	3%	169.1 (124.4 - 213.8)
15-17	40	2%	552.3 (381.2 - 723.5)	66	4%	911.4 (691.5 - 1,131.2)
18-19	8	0%	182.7 (56.1 - 309.3)	65	4%	1,484.4 (1,123.5 - 1,845.2)
20-24	102	6%	969.2 (781.1 - 1,157.3)	196	11%	1,862.4 (1,601.7 - 2,123.1)
25-34	325	18%	1,380.5 (1,230.4 - 1,530.6)	487	27%	2,068.6 (1,884.9 - 2,252.4)
35-44	345	19%	1,660.6 (1,485.3 - 1,835.8)	311	17%	1,496.9 (1,330.5 - 1,663.3)
45-54	372	21%	1,468.2 (1,319.0 - 1,617.4)	268	15%	1,057.7 (931.1 - 1,184.4)
55-64	398	22%	1,418.1 (1,278.8 - 1,557.5)	237	13%	844.5 (737.0 - 952.0)
65-74	143	8%	613.7 (513.1 - 714.2)	94	5%	403.4 (321.8 - 484.9)
75-84	37	2%	297.5 (201.6 - 393.4)	38	2%	305.5 (208.4 - 402.7)
85+	10	1%	214.8 (81.7 - 348.0)	11	1%	236.3 (96.7 - 376.0)
Total	1,794	100%	938.4 (895.0 - 981.8)	1,828	100%	956.2 (912.4 - 1,000.0)

Source: Hospital Emergency Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8a. Alcohol and Drug-Related Inpatient Admissions by Year, 2009.

2009							
Sex	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
Female	488	39%	514.1 (468.5 - 559.7)		449	55%	473.0 (429.2 - 516.7)
Male	751	61%	780.3 (724.5 - 836.1)		364	45%	378.2 (339.4 - 417.1)
Unknown	-	-	-		-	-	-
Race	N	%	Crude Rate (CI)		N	%	Crude Rate (CI)
White	984	70%	647.3 (606.9 - 687.8)		636	67%	418.4 (385.9 - 450.9)
Black	7	0%	303.3 (78.6 - 528.0)		12	1%	519.9 (225.7 - 814.1)
Native American	43	3%	718.2 (503.6 - 932.9)		17	2%	283.9 (149.0 - 418.9)
Asian/Pacific	3	0%	73.3 (-9.6 - 156.3)		2	0%	48.9 (-18.9 - 116.6)
Hispanic	29	2%	108.3 (68.9 - 147.7)		16	2%	59.8 (30.5 - 89.0)
Other/Unknown	173	12%	-		130	14%	-
Age	N	%	Crude Rate (CI)		N	%	Crude Rate (CI)
0-14	0	0%	0.0		12	1%	34.3 (14.9 - 53.7)
15-17	27	2%	361.9 (225.4 - 498.4)		45	6%	603.1 (426.9 - 779.4)
18-19	18	1%	328.4 (176.7 - 480.2)		29	4%	529.2 (336.6 - 721.8)
20-24	19	2%	176.3 (97.0 - 255.6)		54	7%	501.1 (367.5 - 634.8)
25-34	113	9%	586.4 (478.3 - 694.5)		128	16%	664.3 (549.2 - 779.3)
35-44	200	16%	845.6 (728.4 - 962.8)		138	17%	583.4 (486.1 - 680.8)
45-54	340	27%	1,280.8 (1,144.6 - 1,416.9)		185	23%	696.9 (596.5 - 797.3)
55-64	263	21%	940.2 (826.6 - 1,053.9)		103	13%	368.2 (297.1 - 439.3)
65-74	166	13%	804.2 (681.8 - 926.5)		66	8%	319.7 (242.6 - 396.9)
75-84	70	6%	679.9 (520.7 - 839.2)		37	5%	359.4 (243.6 - 475.2)
85+	23	2%	565.3 (334.3 - 796.3)		16	2%	393.3 (200.6 - 586.0)
Total	1,239	100%	648.1 (612.0 - 684.2)		813	100%	425.3 (396.0 - 454.5)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8b. Alcohol and Drug-Related Inpatient Admissions by Year, 2010.

2010						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	504	38%	542.4 (495.0 - 589.7)	527	53%	567.1 (518.7 - 615.5)
Male	821	62%	857.5 (798.8 - 916.2)	465	47%	485.7 (441.5 - 529.8)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	819	47%	547.1 (509.7 - 584.6)	588	44%	392.8 (361.1 - 424.6)
Black	6	0%	257.0 (51.4 - 462.6)	12	1%	514.0 (223.2 - 804.8)
Native American	33	2%	550.9 (363.0 - 738.9)	21	2%	350.6 (200.6 - 500.5)
Asian/Pacific	3	0%	73.8 (-9.7 - 157.3)	4	0%	98.4 (2.0 - 194.8)
Hispanic	34	2%	127.9 (84.9 - 170.9)	17	1%	63.9 (33.5 - 94.3)
Other/Unknown	430	25%	-	350	26%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	3	0%	8.8 (-1.2 - 18.7)	12	1%	35.0 (15.2 - 54.9)
15-17	21	2%	306.7 (175.5 - 437.9)	52	5%	759.6 (553.1 - 966.0)
18-19	16	1%	302.3 (154.2 - 450.5)	36	4%	680.2 (458.0 - 902.4)
20-24	31	2%	253.7 (164.4 - 343.0)	77	8%	630.1 (489.4 - 770.9)
25-34	116	9%	634.6 (519.1 - 750.0)	180	18%	984.7 (840.8 - 1,128.5)
35-44	162	12%	702.9 (594.7 - 811.1)	142	14%	616.1 (514.8 - 717.5)
45-54	369	28%	1,446.0 (1,298.5 - 1,593.6)	225	23%	881.7 (766.5 - 996.9)
55-64	299	23%	1,054.3 (934.8 - 1,173.8)	136	14%	479.5 (398.9 - 560.1)
65-74	210	16%	1,029.2 (890.0 - 1,168.4)	83	8%	406.8 (319.3 - 494.3)
75-84	86	6%	842.9 (664.8 - 1,021.1)	38	4%	372.5 (254.0 - 490.9)
85+	12	1%	282.8 (122.8 - 442.8)	11	1%	259.2 (106.0 - 412.4)
Total	1,325	100%	693.1 (655.8 - 730.4)	992	100%	518.9 (486.6 - 551.2)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8c. Alcohol and Drug-Related Inpatient Admissions by Year, 2011.

2011							
Sex	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
Female	539	39%	573.0 (524.6 - 621.4)		719	62%	764.3 (708.5 - 820.2)
Male	837	61%	872.2 (813.1 - 931.3)		450	38%	468.9 (425.6 - 512.3)
Unknown	-	-	-		-	-	-
Race	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
White	1,060	66%	706.1 (663.6 - 748.6)		849	60%	565.6 (527.5 - 603.6)
Black	11	1%	7.3 (3.0 - 11.7)		11	1%	7.3 (3.0 - 11.7)
Native American	35	2%	23.3 (15.6 - 31.0)		23	2%	15.3 (9.1 - 21.6)
Asian/Pacific	7	0%	4.7 (1.2 - 8.1)		4	0%	2.7 (.1 - 5.3)
Hispanic	40	3%	26.6 (18.4 - 34.9)		30	2%	20.0 (12.8 - 27.1)
Other/Unknown	223	14%	-		252	18%	-
Age	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
0-14	8	1%	23.1 (14.5 - 31.6)		19	2%	54.8 (40.0 - 69.5)
15-17	28	2%	80.7 (20.9 - 140.6)		53	5%	152.8 (97.2 - 208.5)
18-19	7	1%	20.2 (13.7 - 26.7)		29	2%	83.6 (69.5 - 97.7)
20-24	37	3%	106.7 (86.1 - 127.3)		135	12%	389.3 (338.7 - 440.0)
25-34	103	7%	297.0 (254.8 - 339.3)		227	19%	654.6 (560.0 - 749.2)
35-44	190	14%	547.9 (490.4 - 605.4)		184	16%	530.6 (462.6 - 598.6)
45-54	349	25%	1,006.4 (897.8 - 1,115.0)		234	20%	674.8 (570.9 - 778.7)
55-64	330	24%	951.6 (824.4 - 1,078.8)		162	14%	467.2 (364.8 - 569.5)
65-74	215	16%	620.0 (481.5 - 758.5)		80	7%	230.7 (152.0 - 309.4)
75-84	77	6%	222.0 (145.1 - 299.0)		33	3%	95.2 (43.4 - 146.9)
85+	32	2%	92.3 (87.4 - 97.2)		13	1%	37.5 (35.3 - 39.6)
Total	1,376	100%	719.8 (681.7 - 757.8)		1,169	100%	611.5 (576.4 - 646.5)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8d. Alcohol and Drug-Related Inpatient Admissions by Year, 2012.

2012								
Sex	N	%	Alcohol		N	%	Drug Use	
			Crude Rate (CI)				Crude Rate (CI)	
Female	576	38%	611.5 (561.6 - 661.5)		623	55%	661.4 (609.5 - 713.4)	
Male	937	62%	980.9 (918.0 - 1,043.7)		508	45%	531.8 (485.5 - 578.0)	
Unknown	-	-	-		-	-	-	
Race	N	%	Crude Rate (CI)		N	%	Crude Rate (CI)	
White	1,219	73%	815.4 (769.7 - 861.2)		849	64%	567.9 (529.7 - 606.1)	
Black	10	1%	455.8 (173.3 - 738.3)		19	1%	866.0 (476.6 - 1,255.4)	
Native American	72	4%	1,179.1 (906.7 - 1,451.4)		41	3%	671.4 (465.9 - 876.9)	
Asian/Pacific	3	0%	71.4 (-9.4 - 152.2)		3	0%	71.4 (-9.4 - 152.2)	
Hispanic	46	3%	165.9 (117.9 - 213.8)		32	2%	115.4 (75.4 - 155.4)	
Other/Unknown	163	10%	-		187	14%	-	
Age	N	%	Crude Rate (CI)		N	%	Crude Rate (CI)	
0-14	5	0%	14.8 (1.8 - 27.7)		12	1%	35.4 (15.4 - 55.5)	
15-17	25	2%	350.0 (212.8 - 487.3)		50	4%	700.1 (506.0 - 894.1)	
18-19	21	1%	455.0 (260.4 - 649.6)		42	4%	910.1 (634.8 - 1,185.3)	
20-24	59	4%	458.2 (341.3 - 575.1)		112	10%	869.8 (708.7 - 1,030.9)	
25-34	113	7%	623.4 (508.5 - 738.4)		157	14%	866.2 (730.7 - 1,001.7)	
35-44	199	13%	902.6 (777.2 - 1,028.0)		182	16%	825.5 (705.6 - 945.4)	
45-54	383	25%	1,511.3 (1,360.0 - 1,662.7)		254	22%	1,002.3 (879.0 - 1,125.6)	
55-64	338	22%	1,151.6 (1,028.8 - 1,274.4)		177	16%	603.0 (514.2 - 691.9)	
65-74	251	17%	1,197.3 (1,049.2 - 1,345.4)		95	8%	453.2 (362.0 - 544.3)	
75-84	98	6%	884.5 (709.4 - 1,059.7)		34	3%	306.9 (203.7 - 410.0)	
85+	21	1%	488.5 (279.6 - 697.5)		16	1%	372.2 (189.8 - 554.6)	
Total	1,513	100%	791.4 (751.6 - 831.3)		1,131	100%	591.6 (557.1 - 626.1)	

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8e. Alcohol and Drug-Related Inpatient Admissions by Year, 2013.

2013						
Sex	Alcohol			Drug Use		
	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
Female	579	39%	612.9 (563.0 - 662.9)	664	57%	702.9 (649.4 - 756.4)
Male	899	61%	940.0 (878.5 - 1,001.4)	492	43%	514.4 (469.0 - 559.9)
Unknown	-	-	-	-	-	-
Race	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
White	1,156	70%	773.9 (729.3 - 818.5)	907	69%	607.2 (567.7 - 646.7)
Black	29	2%	1,295.4 (824.0 - 1,766.9)	24	2%	1,072.1 (643.2 - 1,501.0)
Native American	65	4%	1,051.6 (795.9 - 1,307.2)	29	2%	469.2 (298.4 - 639.9)
Asian/Pacific	0	0%	-	1	0%	23.1 (-22.2 - 68.5)
Hispanic	56	3%	200.1 (147.7 - 252.5)	30	2%	107.2 (68.8 - 145.5)
Other/Unknown	172	10%	-	165	12%	-
Age	N	%	Crude Rate (CI)	N	%	Crude Rate (CI)
0-14	11	1%	32.7 (13.4 - 52.0)	24	2%	71.3 (42.8 - 99.8)
15-17	28	2%	370.5 (233.2 - 507.7)	44	4%	582.2 (410.1 - 754.2)
18-19	14	1%	330.2 (157.2 - 503.2)	20	2%	471.7 (265.0 - 678.4)
20-24	26	2%	197.9 (121.8 - 273.9)	73	6%	555.5 (428.1 - 683.0)
25-34	123	8%	673.9 (554.8 - 793.0)	207	18%	1,134.1 (979.6 - 1,288.6)
35-44	166	11%	743.0 (630.0 - 856.1)	178	15%	796.7 (679.7 - 913.8)
45-54	365	25%	1,465.1 (1,314.8 - 1,615.4)	246	21%	987.4 (864.0 - 1,110.8)
55-64	376	25%	1,304.7 (1,172.8 - 1,436.6)	196	17%	680.1 (584.9 - 775.3)
65-74	249	17%	1,153.3 (1,010.1 - 1,296.6)	111	10%	514.1 (418.5 - 609.8)
75-84	96	6%	879.5 (703.6 - 1,055.5)	36	3%	329.8 (222.1 - 437.6)
85+	24	2%	512.7 (307.6 - 717.9)	21	2%	448.6 (256.7 - 640.5)
Total	1,478	100%	773.1 (733.7 - 812.5)	1,156	100%	604.7 (569.8 - 639.5)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8f. Alcohol and Drug-Related Inpatient Admissions by Year, 2014.

2014							
Sex	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
Female	568	36%	601.9 (552.4 - 651.4)		696	55%	737.5 (682.7 - 792.3)
Male	990	64%	1,040.4 (975.6 - 1,105.2)		564	45%	592.7 (543.8 - 641.6)
Unknown	-	-	-		-	-	-
Race	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
White	1,341	81%	900.7 (852.5 - 948.9)		1,103	83%	740.8 (697.1 - 784.5)
Black	21	1%	936.1 (535.7 - 1,336.5)		16	1%	713.2 (363.8 - 1,062.7)
Native American	55	3%	892.1 (656.3 - 1,127.8)		28	2%	454.1 (285.9 - 622.4)
Asian/Pacific	2	0%	46.4 (-17.9 - 110.6)		5	0%	115.9 (14.3 - 217.6)
Hispanic	45	3%	161.2 (114.1 - 208.3)		32	2%	114.6 (74.9 - 154.3)
Other/Unknown	94	6%	-		76	6%	-
Age	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
0-14	11	1%	33.2 (13.6 - 52.8)		28	2%	84.5 (53.2 - 115.7)
15-17	39	3%	500.2 (343.2 - 657.2)		53	4%	679.8 (496.7 - 862.8)
18-19	14	1%	358.8 (170.8 - 546.7)		28	2%	717.6 (451.8 - 983.4)
20-24	37	2%	292.1 (198.0 - 386.2)		95	8%	749.9 (599.1 - 900.7)
25-34	133	9%	690.1 (572.8 - 807.4)		218	17%	1,131.2 (981.0 - 1,281.3)
35-44	181	12%	816.2 (697.3 - 935.1)		180	14%	811.6 (693.1 - 930.2)
45-54	372	24%	1,521.1 (1,366.5 - 1,675.7)		276	22%	1,128.6 (995.4 - 1,261.7)
55-64	440	28%	1,557.7 (1,412.1 - 1,703.2)		228	18%	807.1 (702.4 - 911.9)
65-74	232	15%	1,056.7 (920.7 - 1,192.6)		110	9%	501.0 (407.4 - 594.6)
75-84	89	6%	786.4 (623.0 - 949.7)		30	2%	265.1 (170.2 - 359.9)
85+	10	1%	218.3 (83.0 - 353.5)		14	1%	305.6 (145.5 - 465.6)
Total	1,558	100%	815.0 (774.5 - 855.4)		1,260	100%	659.1 (622.7 - 695.5)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8g. Alcohol and Drug-Related Inpatient Admissions by Year, 2015.

2015						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	668	39%	704.5 (651.1 - 757.9)	801	55%	844.8 (786.3 - 903.3)
Male	1,058	61%	1,117.7 (1,050.3 - 1,185.0)	660	45%	697.2 (644.0 - 750.4)
Unknown	-	-	-	-	-	-
Race	N	%	Alcohol		Drug Use	
White	1,522	85%	1,025.7 (974.2 - 1,077.2)	1,305	87%	879.4 (831.7 - 927.2)
Black	16	1%	730.7 (372.6 - 1,088.7)	17	1%	776.3 (407.3 - 1,145.4)
Native American	73	4%	1,176.7 (906.8 - 1,446.6)	53	4%	854.3 (624.3 - 1,084.3)
Asian/Pacific	4	0%	91.6 (1.8 - 181.4)	4	0%	91.6 (1.8 - 181.4)
Hispanic	45	3%	158.8 (112.4 - 205.2)	35	2%	123.5 (82.6 - 164.5)
Other/Unknown	66	4%	-	47	3%	-
Age	N	%	Alcohol		Drug Use	
0-14	2	0%	6.1 (-2.4 - 14.6)	15	1%	46.0 (22.7 - 69.4)
15-17	34	2%	459.2 (304.9 - 613.6)	53	4%	715.8 (523.1 - 908.6)
18-19	12	1%	247.6 (107.5 - 387.6)	26	2%	536.4 (330.2 - 742.6)
20-24	45	3%	397.3 (281.3 - 513.4)	118	8%	1,041.9 (853.9 - 1,229.9)
25-34	174	10%	840.4 (715.5 - 965.2)	265	18%	1,279.9 (1,125.8 - 1,434.0)
35-44	221	13%	1,011.1 (877.8 - 1,144.4)	251	17%	1,148.4 (1,006.3 - 1,290.4)
45-54	428	25%	1,747.3 (1,581.7 - 1,912.8)	294	20%	1,200.2 (1,063.0 - 1,337.4)
55-64	404	23%	1,458.2 (1,316.0 - 1,600.4)	238	16%	859.0 (749.9 - 968.2)
65-74	264	15%	1,181.4 (1,038.9 - 1,324.0)	134	9%	599.7 (498.1 - 701.2)
75-84	118	7%	1,006.0 (824.5 - 1,187.6)	46	3%	392.2 (278.8 - 505.5)
85+	24	1%	534.1 (320.4 - 747.8)	21	1%	467.3 (267.5 - 667.2)
Total	1,726	100%	902.8 (860.3 - 945.4)	1,461	100%	764.2 (725.0 - 803.4)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8h. Alcohol and Drug-Related Inpatient Admissions by Year, 2016.

2016						
Sex	N	%	Alcohol		Drug Use	
			Crude Rate (CI)	N	%	Crude Rate (CI)
Female	716	38%	745.9 (691.2 - 800.5)	904	52%	941.7 (880.3 - 1,003.1)
Male	1,173	62%	1,234.4 (1,163.8 - 1,305.1)	832	48%	875.6 (816.1 - 935.1)
Unknown	.	0%	-	-	-	-
Race	N	%	Alcohol		Drug Use	
White	1,614	83%	1,081.2 (1,028.5 - 1,134.0)	1,517	84%	1,016.2 (965.1 - 1,067.4)
Black	23	1%	1,033.2 (611.0 - 1,455.5)	28	2%	1,257.9 (791.9 - 1,723.8)
Native American	79	4%	1,259.0 (981.3 - 1,536.6)	60	3%	956.2 (714.2 - 1,198.1)
Asian/Pacific	9	0%	203.3 (70.5 - 336.0)	4	0%	90.3 (1.8 - 178.9)
Hispanic	102	5%	354.0 (285.3 - 422.7)	65	4%	225.6 (170.7 - 280.4)
Other/Unknown	62	3%	-	62	3%	-
Age	N	%	Alcohol		Drug Use	
0-14	8	0%	24.8 (7.6 - 41.9)	24	1%	74.3 (44.6 - 104.0)
15-17	32	2%	437.0 (285.6 - 588.5)	57	3%	778.5 (576.4 - 980.6)
18-19	8	0%	156.8 (48.2 - 265.5)	26	1%	509.7 (313.8 - 705.6)
20-24	63	3%	607.3 (457.4 - 757.3)	128	7%	1,234.0 (1,020.2 - 1,447.7)
25-34	221	12%	983.7 (854.0 - 1,113.4)	316	18%	1,406.6 (1,251.5 - 1,561.7)
35-44	231	12%	1,099.1 (957.3 - 1,240.8)	252	15%	1,199.0 (1,050.9 - 1,347.0)
45-54	432	23%	1,722.3 (1,559.9 - 1,884.7)	290	17%	1,156.2 (1,023.1 - 1,289.2)
55-64	498	26%	1,791.6 (1,634.3 - 1,949.0)	350	20%	1,259.2 (1,127.3 - 1,391.1)
65-74	258	14%	1,131.2 (993.2 - 1,269.2)	194	11%	850.6 (730.9 - 970.3)
75-84	113	6%	922.4 (752.3 - 1,092.4)	77	4%	628.5 (488.1 - 768.9)
85+	25	1%	555.1 (337.5 - 772.6)	22	1%	488.5 (284.3 - 692.6)
Total	1,889	100%	988.1 (943.6 - 1,032.7)	1,736	100%	908.1 (865.4 - 950.8)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 8i. Alcohol and Drug-Related Inpatient Admissions by Year, 2017.

2017							
Sex	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
Female	729	37%	749.8 (695.4 - 804.3)		1,214	53%	1,248.7 (1,178.5 - 1,318.9)
Male	1,262	63%	1,320.6 (1,247.7 - 1,393.5)		1,076	47%	1,126.0 (1,058.7 - 1,193.2)
Unknown	-	-	-		-	-	-
Race	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
White	1,762	86%	1,175.5 (1,120.6 - 1,230.4)		2,061	87%	1,375.0 (1,315.7 - 1,434.4)
Black	27	1%	1,202.1 (748.7 - 1,655.6)		30	1%	1,335.7 (857.7 - 1,813.7)
Native American	70	3%	1,105.0 (846.1 - 1,363.8)		63	3%	994.5 (748.9 - 1,240.0)
Asian/Pacific	6	0%	133.5 (26.7 - 240.3)		3	0%	66.8 (-8.8 - 142.3)
Hispanic	60	3%	201.2 (150.3 - 252.1)		66	3%	221.3 (167.9 - 274.7)
Other/Unknown	66	3%	-		67	3%	-
Age	N	%	Alcohol		N	%	Drug Use
			Crude Rate (CI)				Crude Rate (CI)
0-14	11	1%	33.8 (13.8 - 53.8)		32	1%	98.4 (64.3 - 132.5)
15-17	17	1%	234.7 (123.2 - 346.3)		67	3%	925.2 (703.6 - 1,146.7)
18-19	7	0%	159.9 (41.4 - 278.3)		33	1%	753.6 (496.5 - 1,010.7)
20-24	47	2%	446.6 (318.9 - 574.3)		158	7%	1,501.3 (1,267.2 - 1,735.4)
25-34	229	12%	972.7 (846.7 - 1,098.7)		380	17%	1,614.1 (1,451.8 - 1,776.4)
35-44	258	13%	1,241.8 (1,090.3 - 1,393.3)		346	15%	1,665.4 (1,489.9 - 1,840.9)
45-54	430	22%	1,697.1 (1,536.7 - 1,857.5)		379	17%	1,495.8 (1,345.2 - 1,646.4)
55-64	567	28%	2,020.3 (1,854.0 - 2,186.6)		468	20%	1,667.6 (1,516.5 - 1,818.6)
65-74	295	15%	1,265.9 (1,121.5 - 1,410.4)		284	12%	1,218.7 (1,077.0 - 1,360.5)
75-84	109	5%	876.4 (711.9 - 1,041.0)		107	5%	860.3 (697.3 - 1,023.4)
85+	21	1%	451.1 (258.2 - 644.1)		36	2%	773.4 (520.7 - 1,026.0)
Total	1,991	100%	1,041.5 (995.7 - 1,087.2)		2,290	100%	1,197.9 (1,148.8 - 1,246.9)

Source: Hospital Inpatient Department Billing.

Categories are not mutually exclusive.

ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.

Table 9. Prevalence Estimates of Health Risk Behaviors, by Sexual Orientation – Northern Nevada Adults, 2016 and 2017.

2016	LGB (%)	Non-LGB (%)	Difference
Binge Drinking	32.7%	13.3%	Significantly higher
General Health fair or poor	22.9%	22.0%	Not significantly different
Ever told had depressive disorder	7.7%	9.3%	Not significantly different
Ten or more days of poor mental health	36.8%	17.1%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	22.3%	18.3%	Not significantly different
2017	LGB (%)	Non-LGB (%)	Difference
Binge Drinking	18.1%	17.4%	Not significantly different
General Health fair or poor	14.3%	22.3%	Not significantly different
Ever told had depressive disorder	14.9%	6.5%	Not significantly different
Ten or more days of poor mental health	37.1%	13.4%	Significantly higher
Ten or more days of poor mental or physical health kept you from usual activities	15.3%	17.6%	Not significantly different

Source: Behavioral Risk Factor Surveillance System (BRFSS).
Northern Nevada: Carson City, Churchill, Douglas, Lyon, Mineral and Storey Counties.