



2015



# Nevada State Health Needs Assessment



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# Glossary of Terms



## Glossary of Terms

Term	Definition	Source
<b>4:3:1:3:3:1:4 vaccination series</b>	Includes four doses of the diphtheria, tetanus, and pertussis vaccine; three doses of the poliovirus vaccine; one dose of the measles, mumps, and rubella vaccine; three doses of <i>Haemophilus influenzae</i> type b vaccine; three doses of the Hepatitis B vaccine; one dose of the varicella (chicken pox) vaccine; and four doses of the <i>Pneumococcal</i> conjugate vaccine	National Center for Immunizations and Respiratory Diseases
<b>Adequate access to locations to engage in physical activity</b>	“Adequate” population access is defined as individuals who live in a census block within a half mile of a park or in within one mile of a recreational facility (urban), while rural locations had access if the residence was within three miles of a recreational facility. Locations to engage in physical activity are defined as parks (local, state and national) as well as gyms, community centers, dance centers and pools	Robert Wood Johnson Foundation
<b>Binge drinker (adults)</b>	5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month	Behavioral Risk Factor Surveillance Survey
<b>Birth rate</b>	Number of live births per 1,000 women 15 to 44 years of age	Centers for Disease Control and Prevention
<b>Built environment</b>	Physical aspects of places where people live, work and recreate	Centers for Disease Control and Prevention
<b>Career and technical education (CTE)</b>	Program offered in public schools to provide students with technical skills and knowledge integrated with core academics tailored towards a specific career	Association for Career and Technical Education
<b>Child mortality</b>	Death rates of those aged 0 to 14 years	
<b>Colonoscopy/Sigmoidoscopy</b>	Colon cancer screening	Behavioral Risk Factor Surveillance Survey
<b>Community water systems (CWS)</b>	Public water systems that supply ground or surface water to the same population year-round	US Environmental Protection Agency
<b>Currently drink alcohol (adolescents)</b>	Had at least one drink of alcohol on at least 1 day during the past month	Nevada Youth Risk Behavior Survey
<b>Currently use marijuana</b>	Used one or more times in past month	Nevada Youth Risk Behavior Survey
<b>Currently use tobacco (adolescents)</b>	Used cigarettes, smokeless tobacco, or cigars in past month	Nevada Youth Risk Behavior Survey
<b>Educational attainment</b>	Highest level of education reached	US Census Bureau
<b>English language learner (ELL)</b>	Those who are learning to speak English and/or speak limited English	National Council of Teachers of English
<b>Food Insecurity</b>	Reduced quality, variety or desirability of diet or disrupted eating patterns and reduced food intake	US Department of Agriculture

<b>Term</b>	<b>Definition</b>	<b>Source</b>
<b>Free and reduced price (FRP)</b>	Federally funded through the USDA's National School Lunch and Breakfast Programs to provide free and reduced price breakfast and lunch during school hours to qualifying students	US Department of Agriculture
<b>Health professional shortage areas (HPSA)</b>	Designated by Health Resources and Services Administration as places with few primary, mental or dental healthcare providers given the population residing in the given area	Health Resources and Services Administration
<b>Health Resources and Services Administration (HRSA)</b>	Designates Health Professional Shortage Areas (HPSA)	Health Resources and Services Administration
<b>Heavy drinker (adults)</b>	More than 2 drinks (men) or having more than 1 drink (women) in a day	Behavioral Risk Factor Surveillance Survey
<b>High school cohort graduation rates</b>	Percent of incoming Freshmen who graduate with a regular diploma 4 years later	US Department of Education
<b>Household occupancy rates</b>	Proportion of an areas houses which are occupied by either a renter or owner	US Census Bureau
<b>Incidence</b>	New cases of a disease or condition within a given population over a given period of time	Centers for Disease Control and Prevention
<b>Individualized education program (IEP)</b>	Public school program for students with disabilities who qualify for special education and related services	US Department of Education
<b>Infant mortality</b>	Death rates of those aged 0 to < 1 year old	
<b>Low access to grocery stores</b>	The percentage of people living more than one mile from a supermarket or grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area	US Department of Agriculture
<b>Low birth weight</b>	Infants born weighing less than 2,500 grams (5.5lbs)	Centers for Disease Control and Prevention
<b>Mammogram</b>	Breast cancer screening	Behavioral Risk Factor Surveillance Survey
<b>Median family income</b>	Annual earned income for two or more people related by birth, marriage or adoption residing in the same housing unit	US Census Bureau
<b>Median household income</b>	Annual earned income for an entire household, regardless of the relationship of persons in the house	US Census Bureau
<b>Median household value</b>	Median value of a house	US Census Bureau
<b>Mortality rate</b>	Death rate, usually expressed as a number per 100,000 persons	Centers for Disease Control and Prevention
<b>Neonatal mortality</b>	Death rates of those aged 0 to 27 days old	
<b>Obese (adolescents)</b>	Students who were ≥95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts	Nevada Youth Risk Behavior Survey

<b>Term</b>	<b>Definition</b>	<b>Source</b>
<b>Overweight (adolescents)</b>	Students who were ≥85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts	Nevada Youth Risk Behavior Survey
<b>Pap/Pap test</b>	Cervical cancer screening	Behavioral Risk Factor Surveillance Survey
<b>Particulate matter (PM)</b>	Dust particles and liquid droplets including acids, organic chemicals, and metals which are small enough to be inhaled	US Environmental Protection Agency
<b><i>Pneumococcal conjugate vaccine</i></b>	Vaccination which protects against the <i>Streptococcus pneumonia</i> bacteria	Behavioral Risk Factor Surveillance Survey
<b>Post-neonatal mortality</b>	Death rates of those aged 28 to 364 days (28 days to <1 year old)	Centers for Disease Control and Prevention
<b>Pregnancy rate</b>	Sum of the total number of births, abortions, and fetal deaths per 1,000 women 15 to 44 years of age	Centers for Disease Control and Prevention
<b>Prevalence</b>	Proportion of persons in a population who have a particular disease or attribute at a specified point in time or over a specified period of time	Centers for Disease Control and Prevention
<b>Property crimes</b>	Burglary, larceny-theft, motor vehicle theft, and arson	National Bureau of Investigation
<b>Prostate-specific antigen (PSA) test</b>	Prostate cancer screening	Behavioral Risk Factor Surveillance Survey
<b>Radon</b>	Odorless, tasteless gas produced by the decay of naturally occurring uranium in soil	US Environmental Protection Agency
<b>Sigmoidoscopy/Colonoscopy</b>	Colon cancer screening	Behavioral Risk Factor Surveillance Survey
<b>Single-parent household</b>	Household with children who live with one parent or guardian	US Census Bureau
<b><i>Streptococcus pneumonia</i></b>	Bacteria which can cause lung infections, fever, chills, cough, difficulty breathing, chest pain or meningitis, may impact the brain and spinal cord	Centers for Disease Control and Prevention
<b>Supplemental Nutrition Assistance Program (SNAP)</b>	Federally funded program providing limited resources to eligible, low-income individuals and families in order to purchase food each month	US Department of Agriculture
<b>Unaffordable housing</b>	Monthly rent or mortgage equal to or more than 30% of the household's monthly income	US Department of Housing and Urban Development
<b>Violent crimes</b>	Involve force or threat of force and include murder/non-negligible manslaughter, rape, robbery and aggravated assault	National Bureau of Investigation





# Executive Summary



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## **Executive Summary**

### **Geography, Population, and Demographics**

For the past several decades, Nevada has remained one of the fastest growing states in the nation. The majority of the population (88.2%) resides in the cities of Las Vegas and Henderson, which are located in Clark County, the southern-most county in the state. Over the past decade (2005 to 2015), the two population groups that experienced the largest growth were persons 50 years and older and those who identify as Hispanic. This trend reflects the expected growth from the baby boomer generation and increasing racial and ethnic diversity, which is similar to the rest of the United States.

### **Socioeconomic Factors**

Socioeconomic status is measured by assessing education, occupation, and earned income of a given population. The general adult population in Nevada is similar to the nation in terms of educational attainment; however, fewer residents in Nevada have a bachelor's or graduate/professional degree compared to the rest of the United States.<sup>1</sup> This varies across counties as one in five residents in Pershing County are without a high school diploma, while one in three residents in Douglas and Washoe Counties have a two-year degree or higher.

Although there was a significant increase in Nevada's high school cohort graduation rates from 61.9% in 2011 to 70.0% in 2014, state high school graduation rates remain among the lowest in the nation.<sup>2, 3</sup> There still are huge disparities among students of different racial and ethnic backgrounds, and additional challenges exist for those who are English Language Learners (ELL) and those with an Individualized Education Program (IEP).<sup>4, 5</sup>

The median household income in Nevada was \$52,800 per year compared to the national average of \$53,046.<sup>6</sup> The range for median household income varies from county to county with a median high of over \$72,000 per year in Lander County to a median low near \$30,000 in Mineral County.<sup>7</sup> The recession severely impacted Nevada as statewide unemployment rates were among some of the highest in the country. Although unemployment rates have been decreasing, they are still slightly higher than pre-recession rates. Along with unemployment, poverty rates also saw an increase in 2008, although the total population living in poverty seems to have reached its plateau in 2012 and decreased slightly in 2013. Again, poverty rates vary drastically from county to county and are highest among persons without a high school education.

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Nevada is historically known for its gaming and mining industries. According to 2015 data, these industries continue to employ a large number of residents. Casinos and mining companies, along with school districts, were among the top five employers in several counties throughout Nevada.

In 2013, approximately 15.8% of Nevada's population was food insecure, meaning those people did not have adequate food on a daily basis or may be consuming less food or poorer quality food than needed to live an active and healthy lifestyle. An estimated 11.8% of households were enrolled in the Supplemental Nutrition Assistance Program (SNAP), formerly known as the food stamp program. There was a steady increase in households enrolled in SNAP from 2007 through 2012, with a slight decrease in 2013.

### **Environmental Health Factors**

Air, water and food quality and safety are currently impacted by industrial processes, which do not limit themselves to political geographic boundaries. The air quality in Nevada, as measured by particulate matter 2.5 (PM<sub>2.5</sub>), varies little from county to county. However, about half of Nevada's counties are in a high potential radon zone. Individual household testing for radon is recommended by the Nevada Radon Education Program.<sup>8</sup> In addition, only 5% of the state's community water systems have been found to have exceeded the maximum contaminant levels (MCL) for primary drinking water contaminants in recent years (2009-2015), impacting less than 1% of the population served by community water systems. Many people living outside city or town limits are reliant on well water and regular well testing is encouraged.

The built environment varies greatly from county to county as the more urbanized city centers have increased access to many amenities, such as grocery stores or places for recreation, while the more rural areas often have less access and range of choices for obtaining services.

### **Health Behaviors**

Health behaviors such as physical activity, nutrition and substance use and abuse have a substantial impact on health outcomes. According to data from the Youth Risk Behavioral Survey (YRBS), high school adolescents in Nevada engage in physical activity less frequently than students across the nation. Obesity is one of the most frequently cited health indicators, and much of the nation's focus on health and health outcomes has been focused on reducing the obesity epidemic. Survey results from Nevada residents reflect this trend, as obesity was the most frequently cited perceived health problem. While the prevalence of overweight and obesity in Nevada's adolescent and adult populations is less than the national average, it remains high and should be a focus of health plans, policies and programs.

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Smoking and tobacco use have recently declined across the state and should be noted as one of Nevada's greatest public health achievements, as adolescent and adult smoking prevalence is now lower in Nevada than the rest of the United States.

Adult smoking prevalence dropped from 22.9% in 2011 to 16.9% in 2014. However, little change has occurred with respect to alcohol consumption as rates of binge drinking and heavy drinking among adults have not changed significantly from 2011 to 2014. Nevada's drug and alcohol-related death rates have been increasing since 2006, with the exception of a slight decrease in drug-related fatalities from 2011 to 2012.

In 2013, one in three (33.3%) adolescents in Nevada reported currently using alcohol, which was slightly lower than rates among adolescents across the nation at 34.9%. In addition, fewer adolescents in Nevada reported currently using marijuana compared to the rest of the nation at 18.5% and 23.4%, respectively.

### **Preventive and Protective Health Factors**

There has been little change among adults receiving recommended cancer screenings from 2011 through 2014, although screening rates in 2014 were typically lower among adults who were uninsured or insured by Medicaid.

Annual influenza immunization rates have been increasing from 2001 to 2014. Nearly one in three (33.1%) adults reported having received an annual influenza immunization in 2014, although rates vary by age groups. Immunization rates were also significantly lower among those who were uninsured and those insured by Medicaid.

Reported childhood vaccination rates for the 4:3:1:3:3:1:4 childhood vaccination series have not changed significantly from 2010 through 2013; however, the rates increased from 52.9% in 2013 to 68.8% in 2014. This could be a reflection of how data are reported or potentially a true reflection of an increased vaccination rate among children (ages 19 to 35 months).

In 2013, Nevada high school adolescents reported wearing a seat belt more often than adolescents across the nation, although disparities exist among different races and ethnicities.

### **Access to Health Resources**

A national study from 2012 found Nevada to have significantly fewer primary providers per capita than other states across the nation, especially in the more rural counties across the state.<sup>9</sup> Another recent study examined the needed increase in primary care providers, and although Nevada was not included in the study, Medicaid enrollment has increased significantly in Nevada and focus group results have found the lack of providers accepting Medicaid as a significant barrier to accessing healthcare in Nevada.

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<sup>10</sup> In 2014, only 46% of adults covered by Medicaid in Nevada reported having a personal healthcare provider, compared to 61.5% of those persons insured by a private insurance company and 72.4% of those insured by Medicare.

As of 2015, many of Nevada's rural counties were considered by the Health Resources and Services Administration (HRSA) to be a primary and dental care health provider shortage area (HPSA), while nearly every county in the state is a HRSA-defined mental health provider shortage area.

Health insurance rates among adults have been increasing in Nevada from 2011 through 2014; however, the most notable increase occurred between 2013 and 2014 when reported health insurance coverage increased from 77.4% (2013) to 83% (2014). There are noted disparities in health insurance coverage among adults, especially among educational attainment levels (coverage increases with increased education), and a similar trend is noted for income level.

### **Maternal and Child Health**

Similar to the rest of the United States, pregnancy and birth rates in Nevada have been declining from 2009 through 2013, although this varies by race and ethnicity with higher birth rates occurring among African American and Hispanic women.

Nevada's teen pregnancy and teen birth rates have also decreased over the same time period (2009-2013). However, the Nevada teen birth rate in 2013 was 28.8, which was slightly higher than the national average of 26.5 births per 1,000 teenagers 15 to 19 years old. <sup>11</sup>

Approximately 7.9% of infants were born low birth weight in 2013, and although it is a slight decrease, the rate has not significantly changed from 2009 through 2013. In 2013, nearly two in three women (62.7%) reported receiving prenatal care in the first trimester in Nevada, a rate that has been increasing since 2010 but still varies with respect to race and ethnicity.

### **General, Mental and Sexual Health Status**

Each year from 2011 to 2013, fewer and fewer Nevada residents reported their health status as fair/poor; however, there was an increase from 2013 to 2014 in adults reporting health status as fair/poor. In 2014, adults reporting fair/poor health status varied significantly by educational attainment. Nearly one in three (32.9%) adults without a high school education report their health status as fair/poor, while 8.7% of adults with college degree perceived their health status as fair/poor in Nevada.

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In 2013, high school adolescents in Nevada did not vary significantly in the proportion of students reporting feeling sad/hopeless compared to national average. Attempted suicide rates among adolescents in Nevada were 11.8%, which was higher than the rest of the nation at 8%.

From 2012 through 2014, fewer adults in Nevada reported experiencing 10+ days with poor mental health in the past month, which is an improvement. Overall suicide rates have been decreasing from 24.2 per 100,000 in 2003 to 17.9 per 100,000 in 2012, yet were still higher than the Healthy People 2020 target of 10.2 per 100,000 population.

In 2013, slightly fewer high school adolescents reported ever having sexual intercourse than students across the rest of the U.S., at 43.1% and 46.8%, respectively. Among adolescents who had sexual intercourse in the past 3 months, Nevada high school students were more likely to report condom use (56.3%) than other students in the U.S. (40.9%).

Rates of newly diagnosed cases of chlamydia and gonorrhea have been increasing in Nevada; chlamydia since 2009 and gonorrhea since 2010. Rates for each are much higher in urban areas and among African American populations. In addition, Nevada experienced a significant increase in reported primary and secondary syphilis cases from 2012 to 2013, and as of 2013, syphilis rates were higher than the national rates. Rates of newly diagnosed HIV cases are also higher in urban areas and among African Americans.

According to YRBS 2013 data, adolescents in Nevada reported experiencing rates of sexual dating violence, including forced sexual intercourse, more often than adolescents across the country.

### **Infectious and Chronic Diseases**

Rates for many infectious diseases (measles, mumps, rubella and tetanus) were not reportable due to low case counts in Nevada. Rates of pertussis (whooping cough) increased dramatically from 2011 through 2013, reflecting national trends.<sup>12</sup>

From 2008 to 2012, aggregate incidence rates for breast, cervical and prostate cancer were lower among residents in rural<sup>1</sup> counties compared to the overall state rates, however aggregate incidence rates for colorectal cancer were slightly higher in rural counties than the state overall.

In 2014, approximately 7.8% of adults in Nevada reported they had been diagnosed with asthma, while 9.4% reported they had been diagnosed with diabetes. These rates vary

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<sup>1</sup> Rural defined as all counties except for Clark, Washoe and Carson City by the Office of Public Health Informatics and Epidemiology

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by county and race/ethnicity, as reported rates for both asthma and diabetes were higher among African Americans than all other race/ethnicities.

### **Mortality**

Similar to the rest of the nation, the top two causes of death in Nevada from 2008 through 2013 were heart disease and cancer. The death rates for heart disease and cancer have not changed significantly over the same time period and are much higher than the next three top causes of death -- chronic lower respiratory disease, accidents and stroke (respectively). Mortality rates in 2013 varied significantly by county with a high in Mineral County of 1,320.9 per 100,000 population, to a low in Douglas County of 585.3 per 100,000 population.

### **Moving Forward**

While there are many opportunities to improve health and health outcomes, it is important to recognize the residents of Nevada, who responded to the health needs assessment survey, identified three areas to be of greater concern. These areas were obesity (including lack of physical activity and poor nutrition), substance use and abuse, and health access. While a multitude of factors impact each of these health areas, education and outreach are the first steps in reaching the goal of reducing poor health outcomes and ultimately an improved quality of life.



# Process and Methods





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## Process and Methods

The Nevada State Health Needs Assessment (NSHNA) was conducted using a systematic method of examining primary and secondary health data to illustrate health needs and challenges facing residents in each county and region of the State of Nevada.

The Nevada Core Health Indicators (CHI) were developed in 2014 by a statewide workgroup to help identify a minimum set of data to serve as a guideline to be considered by state, county, and other local entities completing community health assessments. The CHI serves as a master document identifying health indicators to be collected, how to measure them and where to find the highest quality data source, with the intended purpose of allowing data to be more comparable between Nevada counties and the State. While counties may want to include additional measures, the CHI contains the indicators intended to provide a comprehensive assessment of community health. The most recent CHI list can be viewed here [Nevada Core Health Indicators](#), but may be periodically updated based on national findings or as new data elements become available.

The NSHNA has included the majority of data elements from the CHI. Due to lack of recent data and limited data reliability, some indicators have been intentionally removed or not included in the assessment. The overall goal of the assessment was to ensure a comprehensive snapshot of Nevada health factors and a comparison across counties and regions. The data presented in this report may help counties or regions identify areas that could benefit from improved data collection.

Primary data included both qualitative and quantitative measures and were evaluated by the entities conducting the assessment. Secondary data includes data measured by the United States Census, as well as government and non-government organizations at the local, state or national level. These data were collected through publically available documents, data warehouses or data provided by the State of Nevada through state agencies, such as the Office of Public Health Informatics and Epidemiology (OPHIE).

## Regional Data

In 2015, Nevada county populations ranged from a low of 979 in Esmeralda County to over 2 million in Clark County; however, the majority of counties are designated rural or frontier. Due to the low number of persons residing in numerous counties across the state, many county-level data elements had to be suppressed since the low counts resulted in unreliable rates or the potential for data to identify an individual or small group of persons. In order to present a rate for health indicators in these regions, data were combined (aggregated) into several years or several counties were combined into a region.

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The regional groups in this assessment were based on the regional groupings presented in the 2013 Nevada Youth Risk Behavioral Survey (YRBS). Several health indicators presented in this assessment are based on data collected by the YRBS and the Behavioral Risk Factor Surveillance Survey (BRFSS), which measures health behaviors of adults. Since raw data from the YRBS were not available, the regions depicted in the YRBS served as a template for grouping data regionally when several counties' rates would have otherwise been suppressed. These regional groups are not a formalized standard way of examining data across the state and serve only as a tool to review the county-level data in a meaningful and effective manner.

### **Notes on Specific Data Sources**

#### **Nevada Youth Risk Behavioral Survey (YRBS) Data**

The Youth Risk Behavioral Survey (YRBS) is conducted by states nationwide to estimate the prevalence of health risk and protective factors among adolescents. The survey was initially conducted in high schools but has transitioned to include middle school adolescents as well. Health risk factors are behaviors that lead to an increase risk for poor health outcomes, while protective factors are health behaviors that reduce risk for poor health outcomes.

The YRBS is a voluntary and anonymous survey, conducted every other year and includes a series of questions related to various behaviors including:

- Behaviors Related to Violence and Violent Behavior
- Physical Activity, Nutrition, and Obesity
- Substance Use and Abuse
- Sexual Health Behaviors

All data presented in this assessment for Clark and Washoe Counties are from the individual report analyses presenting specifically weighted results for the high school student population in those counties.

The 2013 Nevada YRBS data can be found here:

[2013 Nevada YRBS](#)

[2013 Nevada YRBS Clark County Analysis](#)

[2013 Nevada YRBS Washoe County Analysis](#)

#### **Nevada Behavioral Risk Factor Surveillance Survey (BRFSS) Data**

The Behavioral Risk Factor Surveillance Survey (BRFSS) is a national health-related telephone survey conducted annually by state health departments and measures adult behavioral health and related factors including:

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- Physical Activity, Nutrition and Obesity
  - Tobacco and Alcohol Use
  - Access to Health Resources
  - Self-Reported Health Status
  - Mental Health Status
  - Cancer Screenings
  - Chronic Diseases

In 2011, the BRFSS methodology changed to include cellphone survey respondents, which makes data prior to 2011 not directly comparable to more recent years. Only data from 2011, 2012, 2013 and 2014 were presented in this assessment in order to simplify regionally-grouped data. In order to yield reliable data at the county level, data had to be combined for 2011 through 2014 and then into the regions making county level data incomparable to national BRFSS data. Additionally, not every question is asked on an annual basis, therefore some BRFSS data are only provided for specific years. The most recent Nevada BRFSS data is available through the Office of Public Health Informatics and Epidemiology (OPHIE).

### **American Community Survey (ACS) Data**

The American Community Survey (ACS) is an ongoing survey delivered by the United States Census Bureau. The ACS questions are designed to measure factors at the individual and household level including education, employment, income, housing, and related expenses among various other factors. The complete list of questions can be viewed here [ACS Data](#).

Many of the socioeconomic data indicators are publically available through the Census bureau's interactive websites and are grouped into 1-year, 3-year and 5-year estimates. However, for several of Nevada's more sparsely-populated counties, data were only available as 5-year estimates. Therefore, 5-year estimates were often utilized in order to compare the less-populated counties to other counties and the state overall.

### **Nevada Rural and Frontier Health Data Book**

The Nevada State Office of Rural Health releases an annual report containing the most current county-level data on the economy, social environment, healthcare access, the health workforce and healthcare delivery system among various other indicators. This report highlights the differences between Nevada's urban, rural and frontier counties and contains many of the indicators included in the CHI list. [Nevada Rural and Frontier Health Data Book](#) to access the most recent version of the report (Seventh Edition).



# Nevada Core Health Indicators

- 1 **Geography, Population, and Demographics**
- 2 **Socioeconomic Factors**
  - 2.1 **Education**
  - 2.2 **Income, Employment & Poverty**
  - 2.3 **Housing**
  - 2.4 **Economic Security**
- 3 **Quality of Life Factors**
  - 3.1 **Family and Social Support**
  - 3.2 **Safety and Security**
- 4 **Environmental Health Factors**
  - 4.1 **Environmental Health**
  - 4.2 **Built Environment**
- 5 **Health Behaviors**
  - 5.1 **Physical Activity**
  - 5.2 **Nutrition**
  - 5.3 **Overweight and Obese**
  - 5.4 **Substance Use and Abuse**
- 6 **Preventive and Protective Health Factors**
  - 6.1 **Cancer Screenings**
  - 6.2 **Immunizations**
  - 6.3 **Injury Prevention**
- 7 **Access to Health Resources**
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  - 7.2 **Public Health Department Expenditures**
- 8 **Maternal and Child Health**
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- 9 **General, Mental and Sexual Health Status**
  - 9.1 **General Health**
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  - 9.3 **Sexual Health**
- 10 **Infectious and Chronic Diseases**
  - 10.1 **Vaccine Preventable Diseases**
  - 10.2 **Cancer**
  - 10.3 **Chronic Diseases**
- 11 **Mortality/Leading Causes of Death**

# Geography, Population, and Demographics

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## Geography, Population and Demographics

### Geography

Nevada is the seventh largest state, geographically dominated by linear mountain ranges running north-south, separated by wide, alluvium-filled desert basins.<sup>13</sup> Nevada shares its western border with California and is located on the lee side of the Sierra Nevada mountain range, which creates a rain shadow effect that results in the lowest statewide precipitation totals in the country.<sup>14, 15</sup> Precipitation in Nevada is strongly correlated with elevation, with the lowest elevations often receiving less than 10 inches per year and the higher elevations receiving much more, mainly from snow in the winter. Oregon and Idaho share a border with Nevada to the north, while Utah and Arizona border the eastern portion of the state. The highest elevation point is Boundary Peak in Esmeralda County at 13,140 feet, while the lowest is on the Colorado River in Clark County at 470 feet.<sup>16</sup>



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## Population & Demographics

For the past five decades, Nevada has been the nation's fastest growing state and the only state to maintain a growth rate over 25% for the past three decades. From 2000 to 2010, Nevada experienced a population growth rate of 35.1%, while the nation's average growth rate was 9.7% over the same time period.<sup>17</sup> Approximately 88.2% of the population resides in Clark County and Washoe County, while the remaining 11.8% resides in the other 15 counties. Many of Nevada's 17 counties are considered rural or frontier as defined by population density.<sup>18</sup>

Demographic and socioeconomic factors result in differences in the health status between rural and urban areas. Research has demonstrated that residents in rural communities engage in risky behaviors more often, have lower levels of insurance coverage, have limited access to services, have fewer providers, have higher rates of chronic conditions and disability, as well as a higher prevalence of poor mental health.<sup>19,</sup>  
<sup>20</sup>

Two of the fastest growing populations in Nevada are those who identify as being of Hispanic ethnicity and those 50 years and older. As of 2015, the Hispanic population represents approximately 27%, and those 50 years and older represent approximately 32% of the state's population. Age is the most consistent risk factor for disability, illness and death, and the older a person is the more likely they are to experience poor health and utilize health care resources.<sup>21</sup>

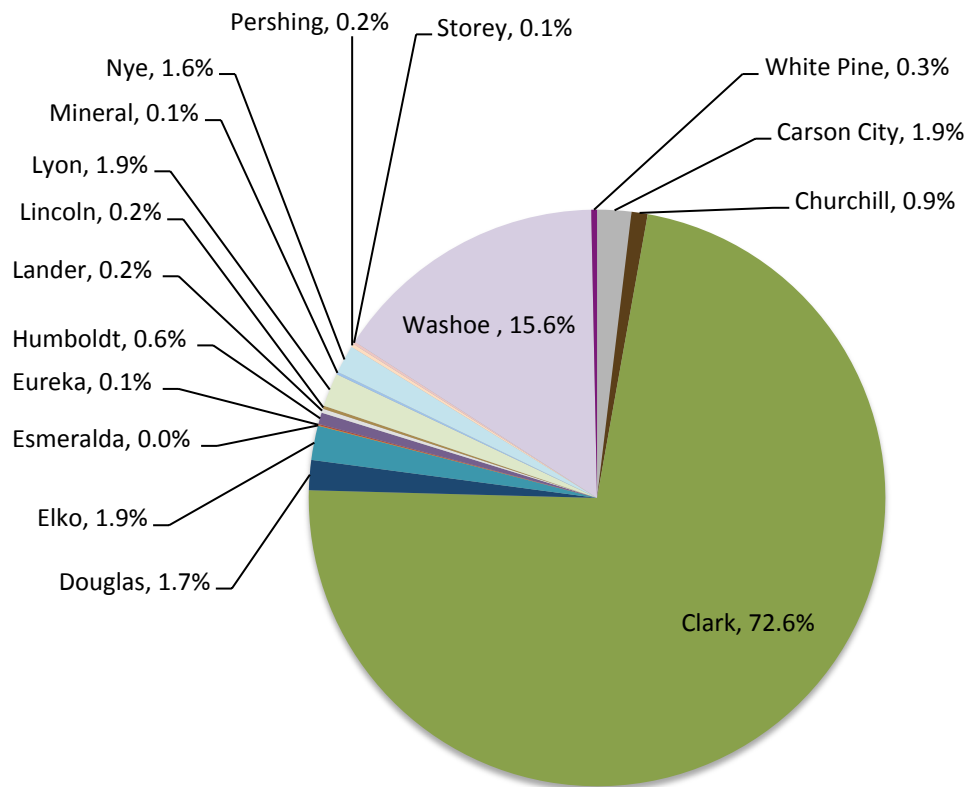
**Table 1.1 Nevada Population by Sex, Age, and Race/Ethnicity, 2005 and 2015**

Sex	2005		2015		10-Year
	Number	Percent	Number	Percent	Percent Change
Male	1,224,361	50.7%	1,421,426	50.4%	16.1%
Female	1,188,488	49.3%	1,401,248	49.6%	17.9%
<b>Age</b>					
0-4 years	176,504	7.3%	203,072	7.2%	15.1%
5-9 years	166,626	6.9%	198,128	7.0%	18.9%
10-14 years	166,577	6.9%	193,306	6.8%	16.0%
15-19 years	169,338	7.0%	185,753	6.6%	9.7%
20-24 years	172,506	7.1%	188,222	6.7%	9.1%
25-29 years	174,405	7.2%	195,375	6.9%	12.0%
30-34 years	173,365	7.2%	196,678	7.0%	13.4%
35-39 years	174,916	7.2%	195,005	6.9%	11.5%
40-44 years	183,198	7.6%	187,560	6.6%	2.4%
45-49 years	174,421	7.2%	186,760	6.6%	7.1%
50-54 years	156,349	6.5%	190,804	6.8%	22.0%
55-59 years	138,564	5.7%	176,605	6.3%	27.5%
60-64 years	112,748	4.7%	153,472	5.4%	36.1%
65-69 years	89,428	3.7%	128,656	4.6%	43.9%
70-74 years	70,051	2.9%	95,941	3.4%	37.0%
75-79 years	54,307	2.3%	67,998	2.4%	25.2%
80-84 years	36,153	1.5%	43,487	1.5%	20.3%
85+ years	23,393	1.0%	35,853	1.3%	53.3%
<b>Race/Ethnicity</b>					
African American, non-Hispanic	166,942	6.9%	203,095	7.2%	21.7%
American Indian/Eskimo/Aleut, non-Hispanic	32,571	1.3%	36,992	1.3%	13.6%
Asian/Pacific Islander, non-Hispanic	150,313	6.2%	191,334	6.8%	27.3%
White, non-Hispanic	1,509,030	62.5%	1,621,354	57.4%	7.4%
Hispanic, any race	553,993	23.0%	769,900	27.3%	39.0%
<b>Total Population</b>	<b>2,412,849</b>	<b>100.0%</b>	<b>2,822,675</b>	<b>100.0%</b>	<b>17.0%</b>

Source: Nevada State Demographer



**Fig 1.1 Percent of Nevada Population, by County, 2015**



Source: Nevada State Demographer

Detailed population tables for each county are presented in the Regional and County-by-County summary.

**Table 1.2 Percent of Nevada Population by County, 2005 and 2015**

<b>County</b>	<b>2005</b>	<b>2015</b>
Carson City	2.2%	1.9%
Churchill	1.0%	0.9%
Clark	71.1%	72.6%
Douglas	1.9%	1.7%
Elko	1.9%	1.9%
Esmeralda	0.0%	0.0%
Eureka	0.1%	0.1%
Humboldt	0.6%	0.6%
Lander	0.2%	0.2%
Lincoln	0.2%	0.2%
Lyon	2.0%	1.9%
Mineral	0.2%	0.1%
Nye	1.7%	1.6%
Pershing	0.2%	0.2%
Storey	0.2%	0.1%
Washoe	16.1%	15.6%
White Pine	0.3%	0.3%

Source: Nevada State Demographer

# Socioeconomic Factors

## Education

- Educational Attainment
- High School Cohort Graduation Rates

## Socioeconomic Factors

Socioeconomic status is typically measured by education, occupation, and earned income. These factors are important to evaluate, as research has demonstrated that they are some of the strongest predictors of health behaviors and health outcomes.<sup>22</sup>

### 2.1 Education

Level of education often directly impacts the types of jobs for which a person may be qualified and, thus, their resulting salary or hourly wage. In addition, education is strongly correlated with health outcomes, as those who have more education are less likely to develop acute and chronic health conditions.<sup>23, 3</sup>

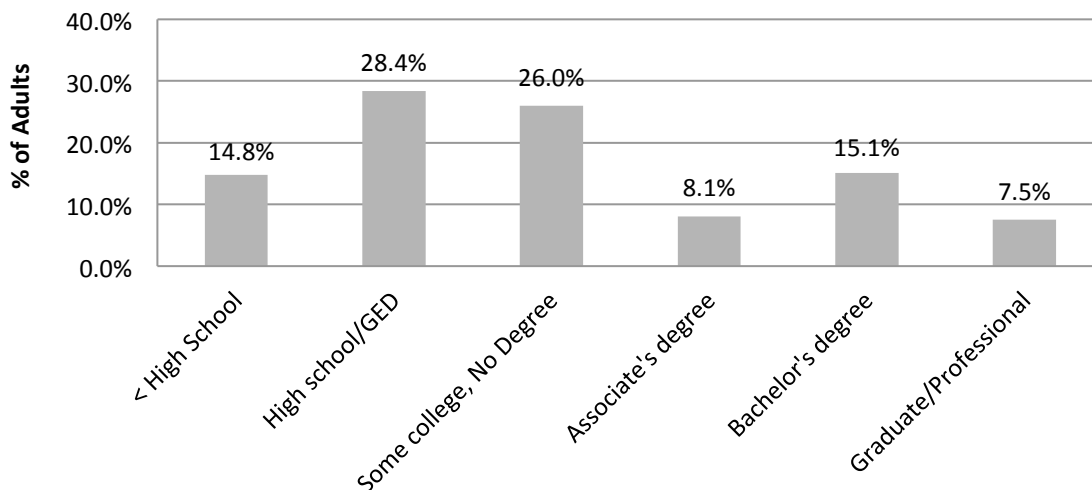
### Health Indicators

- Educational attainment
- High school cohort graduation rates

#### Educational Attainment

Educational attainment was assessed of adults, ages 25 years and older, to describe the overall education of a population attracted to a defined location, often as a result of the types of skills necessary for the industries in the area. Additionally, the higher one's educational attainment, the more the individual is estimated to earn over their lifetime.<sup>24</sup>

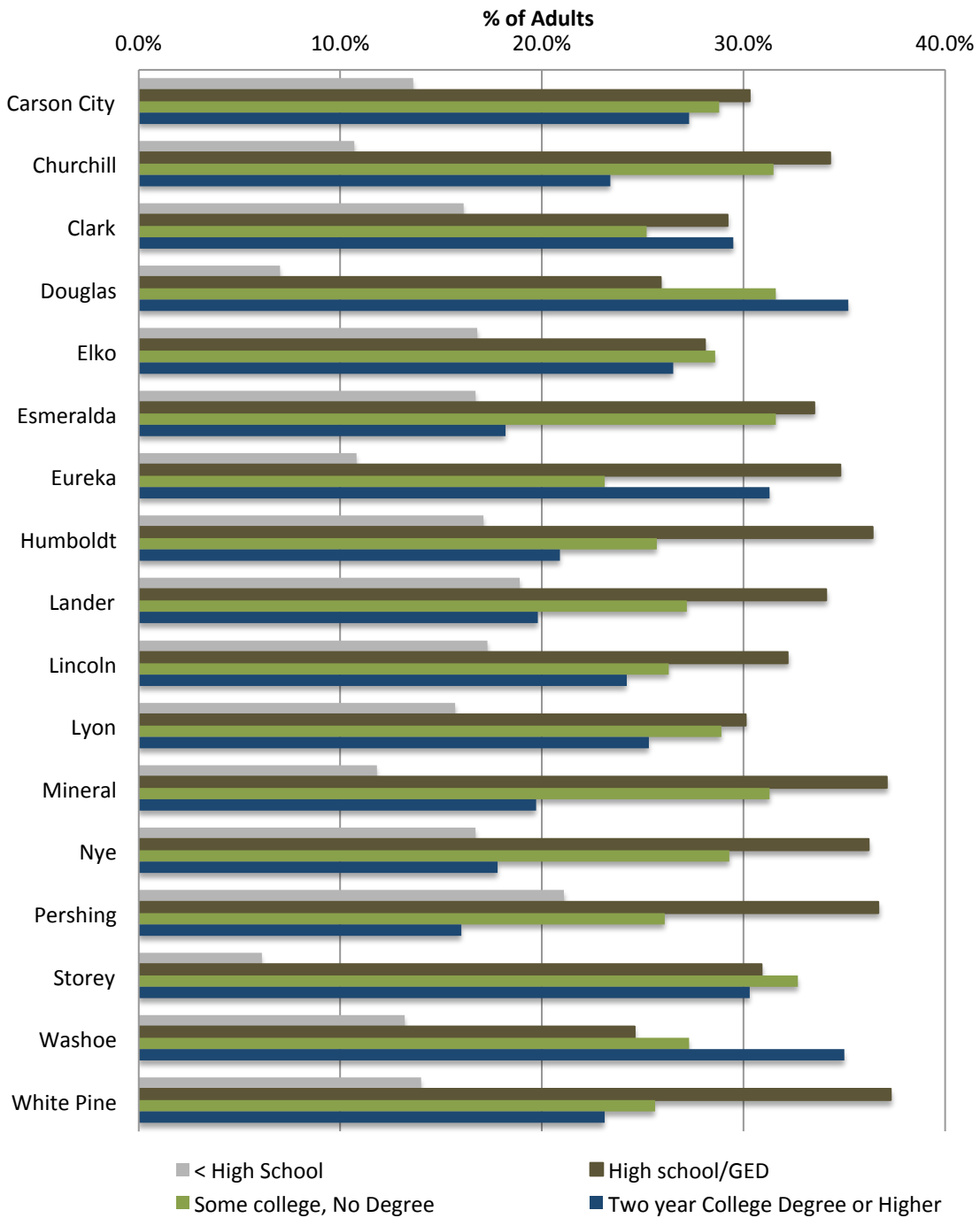
**Fig 2.1 Nevada Educational Attainment, 2013**



Source: American Community Survey 1-year estimates

- Nearly 15% of Nevada's population (25 years and older) does not have a high school diploma or a GED equivalent.
- Over a quarter (28.4%) of the population has not obtained an education beyond a high school degree.
- Slightly less than a quarter (22.6%) of the state's population has a 4-year college degree (bachelor's) or higher (graduate or professional degree).

**Fig 2.2 Nevada Educational Attainment, by County, 5-year Estimates, 2009-2013  
Aggregate Data**



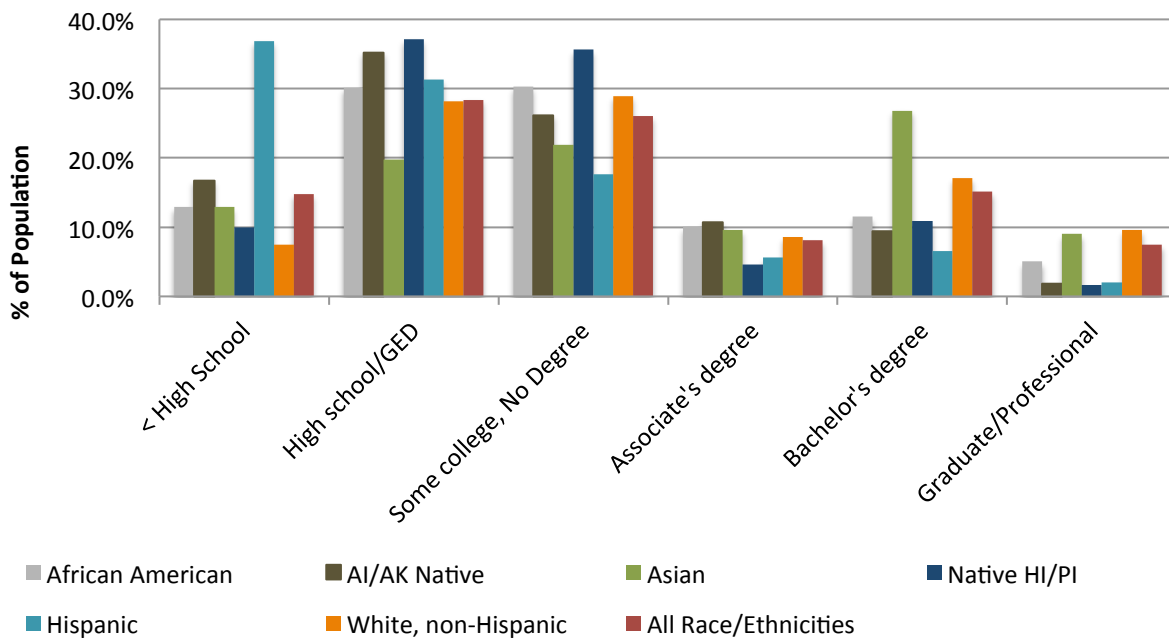
Source: American Community Survey 5-year estimates

- More residents in Pershing and Lander Counties report not having at least a high school degree than other counties in Nevada.
- Fewer residents in Clark, Douglas, Elko and Washoe Counties reported high school as their highest level of education reached.

- About one-third of residents in 13 of the 17 counties reported a high school diploma as the highest level of education reached.
- About one-third of residents in Churchill, Douglas, Esmeralda, Mineral, and Storey Counties started a college career but did not finish or earn a degree.
- Over one-fourth of residents in Carson City, Clark, Elko, Eureka and Storey Counties reported having a two-year college degree or more.
- Over one-third of residents in Douglas and Washoe Counties reported having a two-year college degree or more.
- More residents in Washoe, Douglas, and Eureka Counties reported a master’s or professional degree as their highest-earned degree than other counties in Nevada.

### Nevada Educational Attainment Disparities

**Fig 2.3: Nevada Educational Attainment, by Race/Ethnicity, 2013**



Source: American Community Survey 1-year estimates

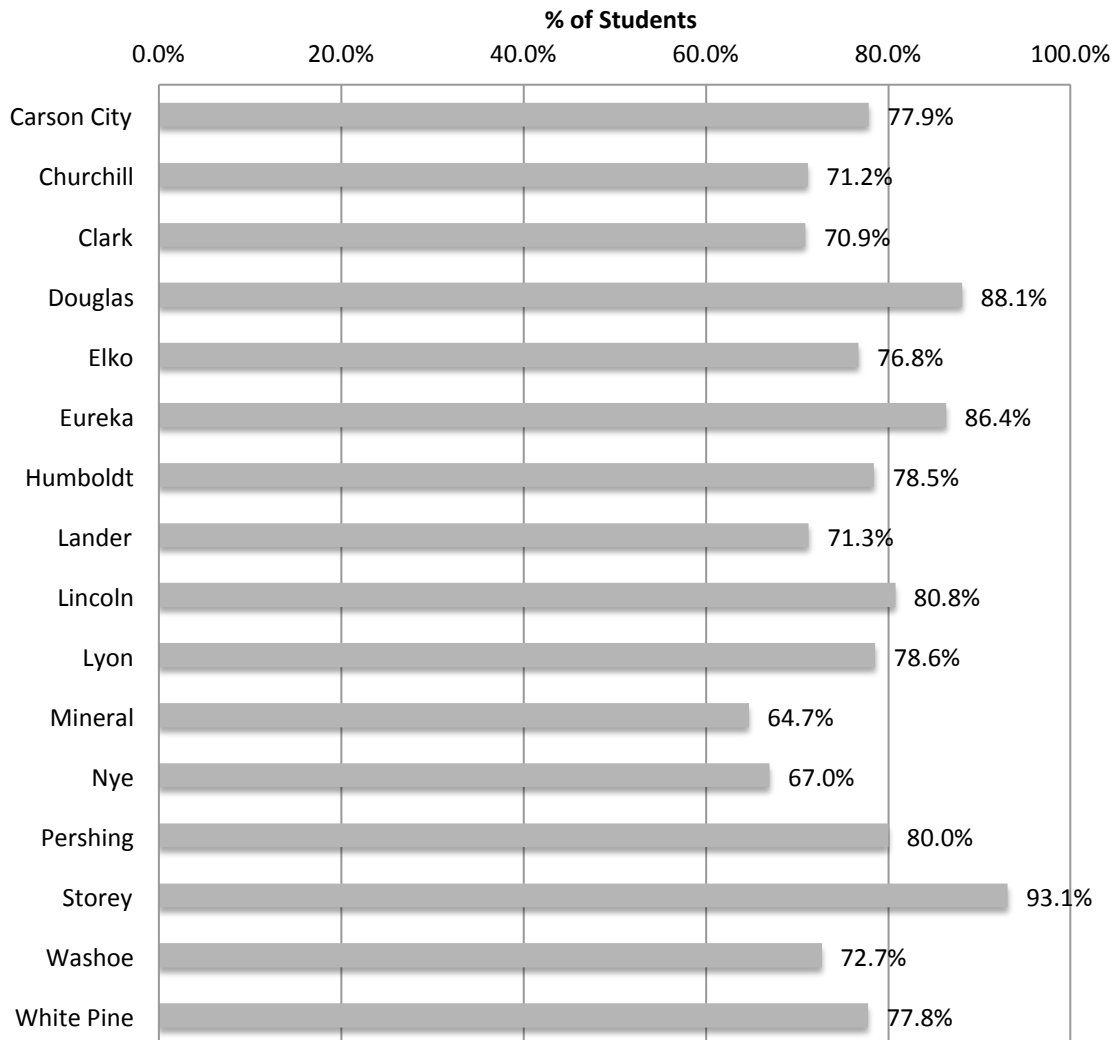
- Nearly one-third of those who identify as being of Hispanic ethnicity do not have a high school education.
- Native Hawaiian/Pacific Islanders and American Indian/Alaskan Natives are less likely to pursue an education beyond high school than those who identify as being Asian or White, non-Hispanic.
- A high proportion of African Americans and Native Hawaiian/Pacific Islanders reported beginning college but did not finish or earn a degree, than those who are White, non-Hispanic or Asian.
- Over one-third of the Asian population in Nevada has earned a 4-year college degree (bachelor’s) or higher (graduate or professional degree).

### High School Cohort Graduation Rates

The high school graduation rate is measured by the percentage of students who graduate on time with a regular diploma. The rate is calculated by taking the number of incoming freshman and counts the number of diplomas awarded four years later.<sup>25</sup>

Nevada’s high school graduation rates have been historically low but rose from 61.9% in 2011 to a new high of 70.6% in 2013, however as of 2014 was down slightly to 70.0%. While this is one of the highest increases, they are still among the lowest in the nation.<sup>26</sup> Additionally, there are significant differences among various populations.<sup>27</sup>

**Fig 2.4 Nevada High School Cohort Graduation Rates by County, 2014**



Source: Nevada Department of Education

Note: There is no high school in Esmeralda County, and therefore is not included in the figure above.

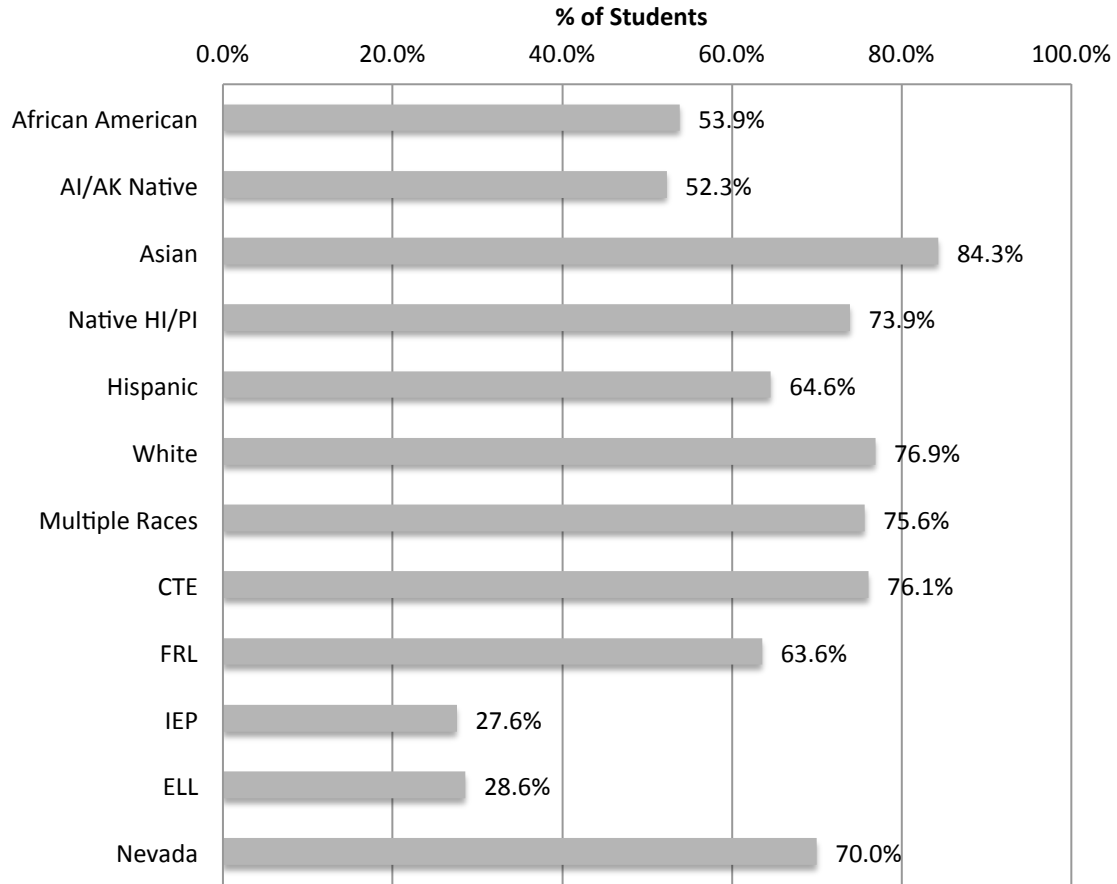
- In 2014, Mineral County had the lowest high school graduation rate with 64.7% of high school students completing their degree within four years.



- Douglas, Eureka, and Storey Counties had the highest high school graduation rates in 2014.

### Nevada High School Cohort Graduation Rate Disparities

**Fig 2.5 Nevada Cohort Graduation Rates by Race/Ethnicity and Specialized Groups, 2014**



Source: Nevada Department of Education

Note: CTE: Career and Technical Education; FRL: Free and Reduced Lunch; IEP: Individualized Education Program; ELL: English Language Learner

- African American, American Indian/Alaskan Native and Hispanic students have the lowest graduation rates among various racial and ethnic groups, while Asian, White, and students who report being Multiple Races have the highest graduation rates.
- Students with an Individualized Education Program (IEP) and those who are English Language Learners (ELL) have the lowest graduation rates of any of the groups.
- Slightly less than two-thirds (63.6%) of students who qualify for Free and Reduced Price Lunch (FRL) graduate from high school within four years.
- Students who are pursuing a Career or Technical Education (CTE) have the highest graduation rate of any group.

# Income, Employment & Poverty

- Median Household Income
- Median Family Income
- Unemployment Rates,
- Top 5 Employers, Poverty Rates

## 2.2 Income, Employment and Poverty

### Health Indicators

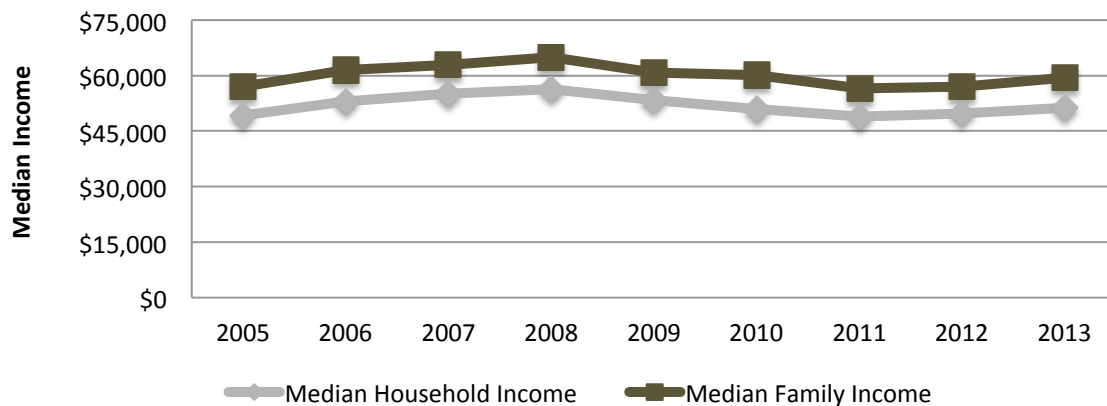
- Median household income
- Median family income
- Unemployment rates
- Top five employers
- Poverty rates

### Income

One of the largest predictors of health status in the United States is income. Being able to afford basic amenities such as food, clothing, housing, and transportation is necessary in order to live a healthier life. Having a lower income over the course of a lifespan is associated with experiencing poor health outcomes. Additionally, individuals with lower levels of income or long-term unemployment often experience chronic financial-related stress, which can lead to additional poor health outcomes.<sup>28</sup>

Median household income is an estimate of the annual earned income for an entire household, regardless of the relationship of persons in the house. The median family income estimates the annual earned income for two or more people related by birth, marriage or adoption residing in the same housing unit.<sup>29</sup>

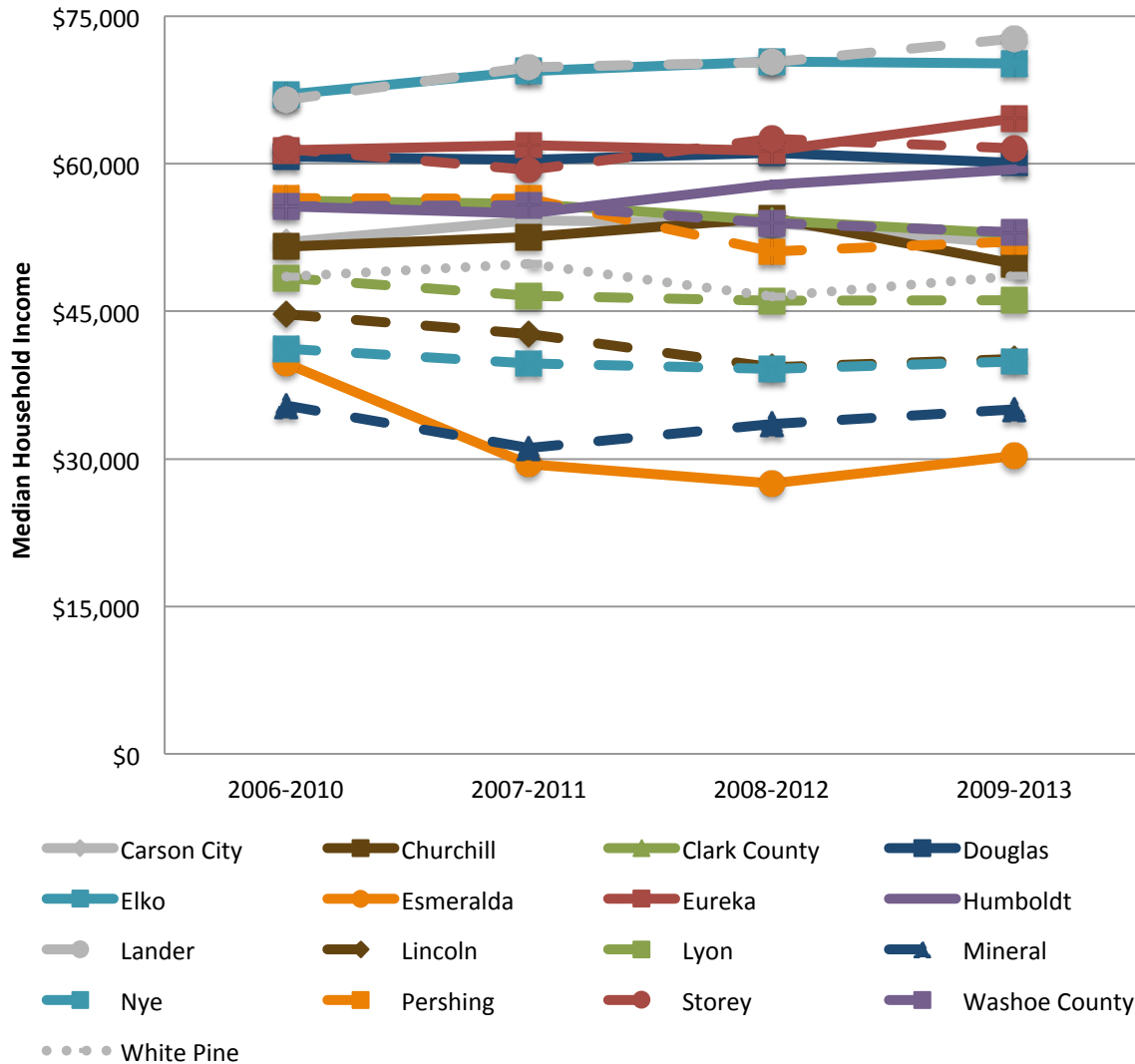
**Fig 2.6 Nevada Median Annual Income, by Households and Families, 2005-2013**



Source: American Community Survey 1-year estimates

- Figure 2.6 illustrates the median family incomes are typically higher than household incomes. Both income levels saw a decrease of \$3,000 or more from 2008 to 2009 but have since returned to near pre-recession levels.

**Fig 2.7 Nevada Median Household Income, by County, 5-year Estimates**



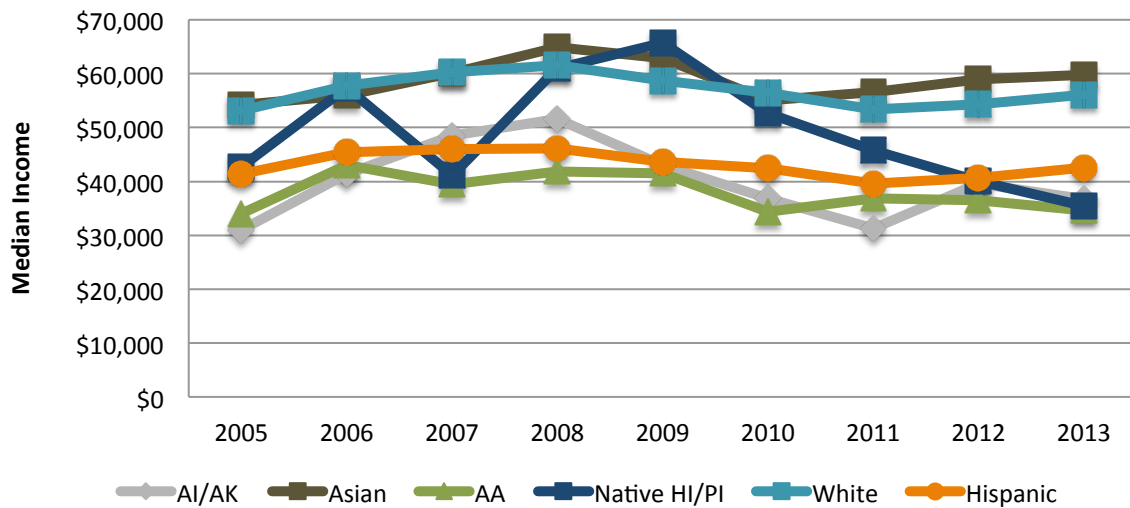
Source: American Community Survey 5-year estimates

- Elko and Lander Counties have the highest median household incomes, while households in Nye, Mineral and Esmeralda Counties reported the lowest median incomes.

**Nevada Income Disparities**

From 2005 through 2013, the annual earned income for males was an average \$7,405 dollars higher than females in Nevada (Appendix A).<sup>30</sup> Females in Nevada earned 78 cents for every dollar males earned from 2005 through 2013.<sup>31</sup>

**Fig 2.8 Nevada Median Household Annual Income, by Race/Ethnicity, 2005-2013**



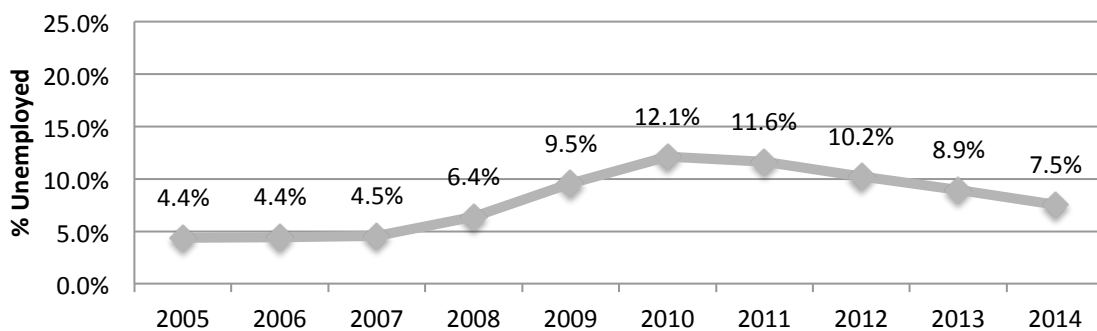
Source: American Community Survey 1-year estimates

- Annual household incomes have typically been higher for those who identify as Asian or White than those who identify as American Indians/Alaska Natives, African American, Native Hawaiians/Pacific Islanders, and Hispanics.

### Unemployment Rates

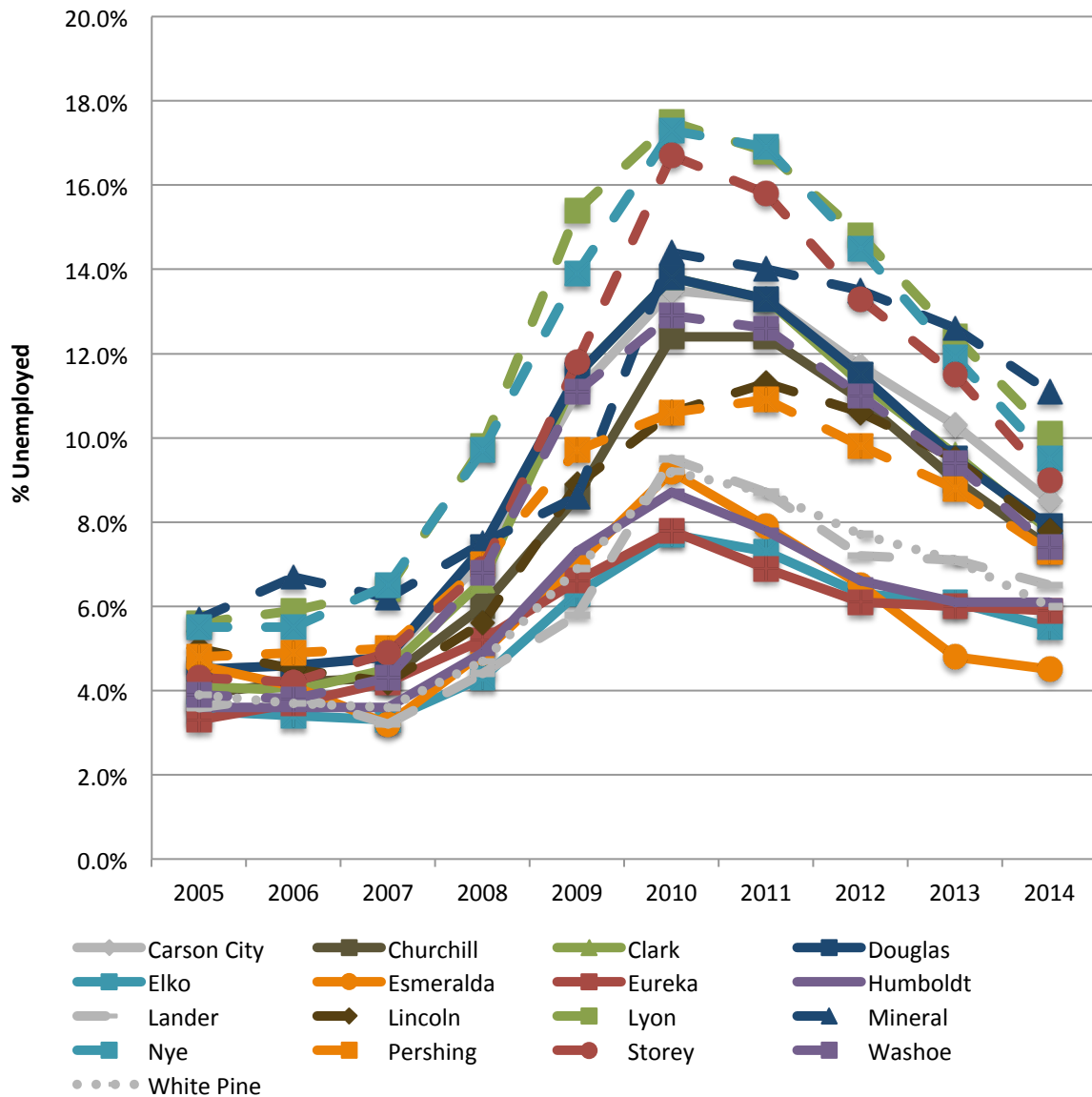
Nevada hit an historical high unemployment rate of 13.7% in November 2010. The seasonally adjusted unemployment rate for April 2015 was 7.1%, which was one of the highest rates in the nation, surpassed only by Washington DC at 7.5%.<sup>32</sup>

**Fig 2.9 Nevada Annual Unemployment Rates, 2005-2014**



Source: Bureau of Labor Statistics

**Fig 2.10 Nevada Annual Unemployment Rates, by County, 2005-2014**



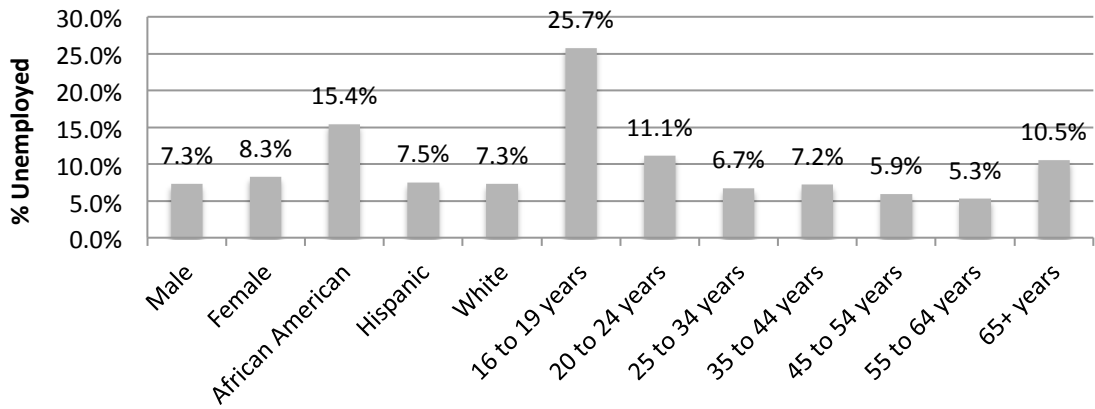
Source: Bureau of Labor Statistics

- All counties reached a peak of unemployment in 2010. As of 2014, Mineral (11.1%), Lyon (10.1%), and Nye Counties (9.5%) had the highest unemployment rates, while Esmeralda (4.5%) and Elko Counties (5.5%) had the lowest.

### Nevada Unemployment Rate Disparities

Figure 2.11 shows unemployment rates are typically higher among women and people of a minority race. In addition, those who are between the ages of 16 to 19 years have the highest unemployment rates.

**Fig 2.11 Nevada Annual Unemployment Rates, by Sex and Age Group, 2014**



Source: Bureau of Labor Statistics

### Top Five Employers

Many of the top employers in each of the counties, other than the school system, are mining companies and casinos.

**Table 2.1: Nevada Top 5 Employers**

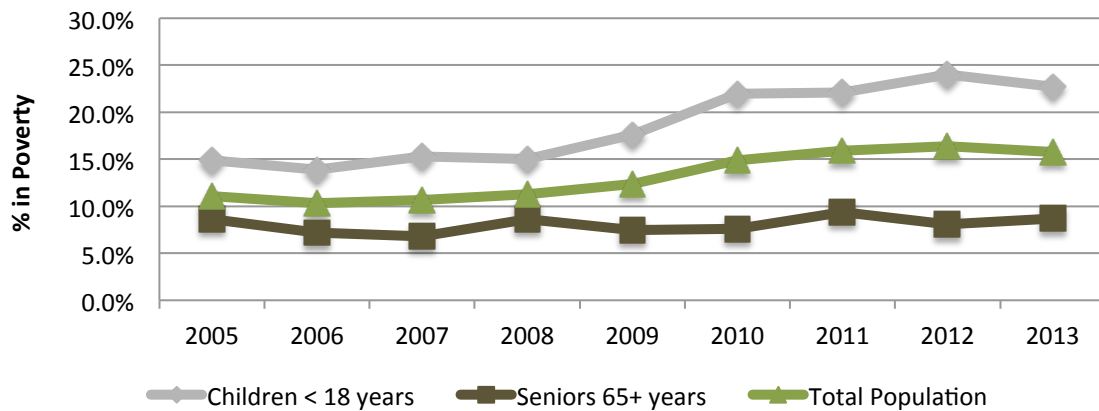
Rank	Industry	Size Class	Trade Name
1	Elementary and Secondary Schools	30,000 to 39,999 employees	Clark County School District
2	Elementary and Secondary Schools	8,500 to 8,999 employees	Washoe County School District
3	Executive & Legislative Offices Combined	8,500 to 8,999 employees	Clark County
4	Casino Hotels	8,000 to 8,499 employees	MGM Grand Hotel/Casino
5	Casino Hotels	8,000 to 8,499 employees	Bellagio LLC

Source: Nevada Department of Employment, Training and Rehabilitation

## Poverty

Poverty is determined by evaluating income for a given household and the number of people in the household reliant on that income. Individuals who live in poverty are more likely to experience negative outcomes for the majority of health indicators, including higher rates of obesity, chronic diseases, and mental illness, eventually leading to a shorter life expectancy.<sup>33</sup>

**Fig 2.12 Nevada Poverty Rates, Total Population, Children, and Seniors, 2005-2013**

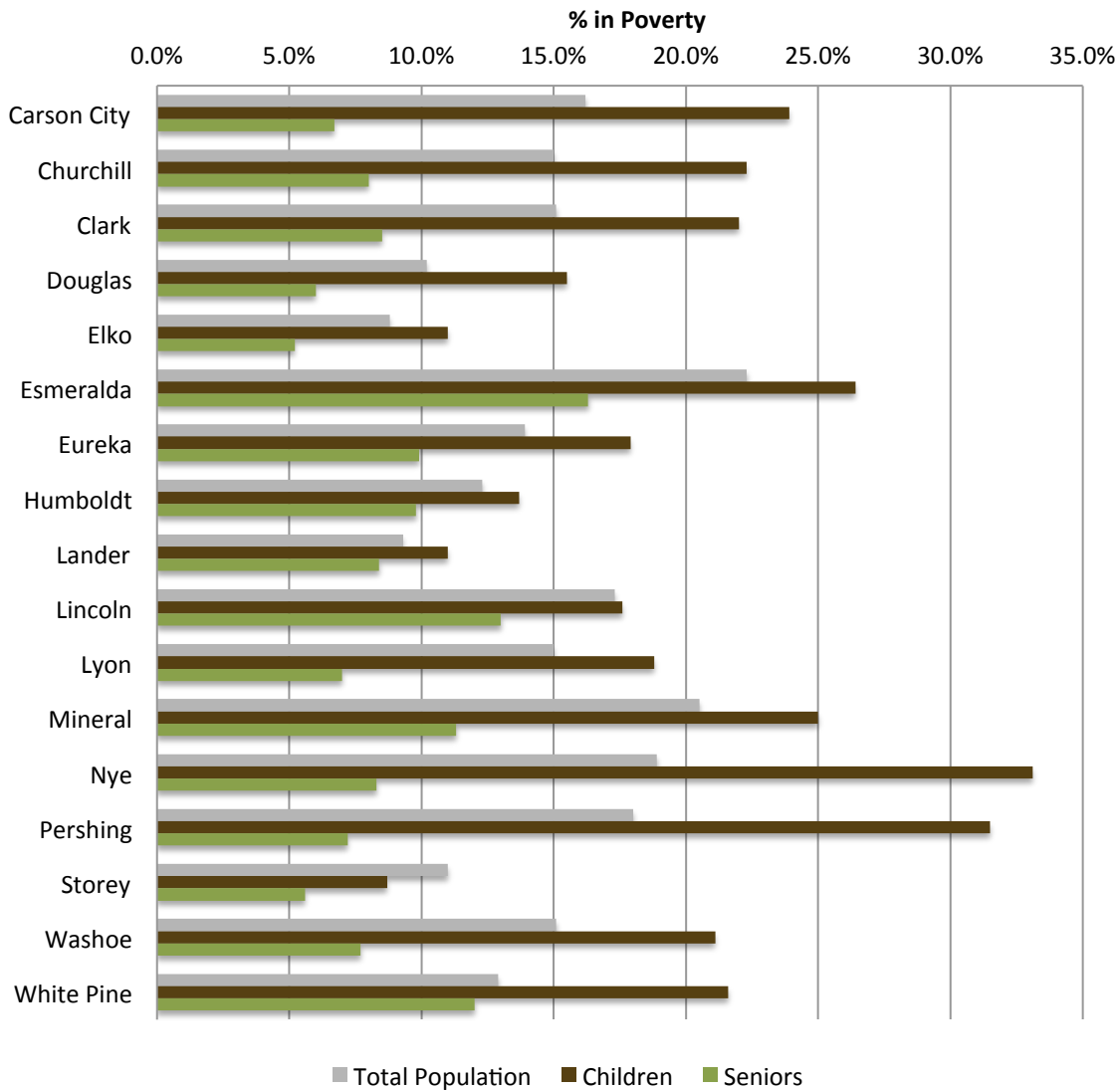


Source: American Community Survey 1-year estimates

- From 2005 through 2008, overall poverty rates ranged from 10.3% to 11.3%. They started to increase in 2009 and have remained higher than pre-recession rates.
- Rates of poverty among Children have been historically higher than the total population, while the Senior population poverty rates are lower and have remained relatively stable even through the economic recession.



**Fig 2.13 Nevada Poverty Rates, Total Population, Children and Seniors, by County, 5-year estimates, 2009-2013 Aggregate Data**



Source: American Community Survey 5-year estimates

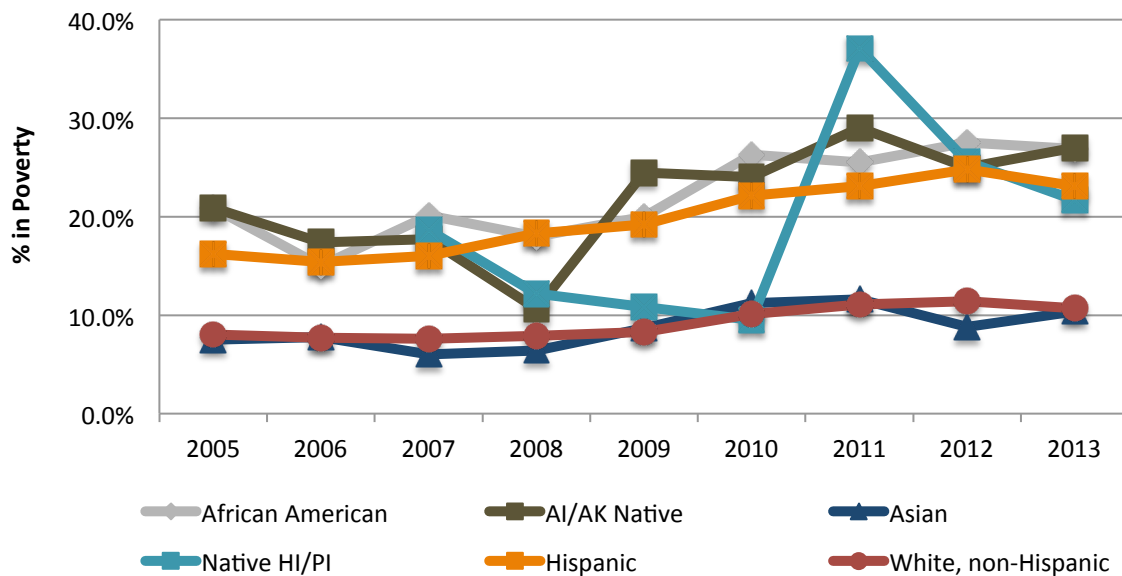
- In all counties, poverty rates among Children are higher than the rates among the Total Population, while poverty rates among Seniors are lower than the Total Population and Children.
- The average Total Population poverty rate from 2009-2013 was highest in Esmeralda (22.3%), Mineral (20.5%), and Pershing Counties (18%). Poverty rates for the Total Population was lowest in Elko (8.8%), Lander (9.3%), and Douglas (10.2%) Counties.
- The average poverty rate among Children from 2009-2013 was highest in Nye (33.1%), Pershing (31.5%) and Esmeralda Counties (26.4%). The average poverty rate among Children from 2009-2013 was lowest in Storey (8.7%), Elko (11.0%), and Lander Counties (11.0%).

- The average poverty rate among Seniors from 2009-2013 was highest in Esmeralda (16.3%), Lincoln (13.0%) and White Pine Counties (12.0%). The average poverty rate among Seniors from 2009-2013 was lowest in Elko (5.2%), Storey (5.6%), and Douglas Counties (6.0%).

### Nevada Poverty Disparities

The poverty rate among females has historically been about two percent higher than poverty rates for males from 2005 through 2013 (Appendix A).

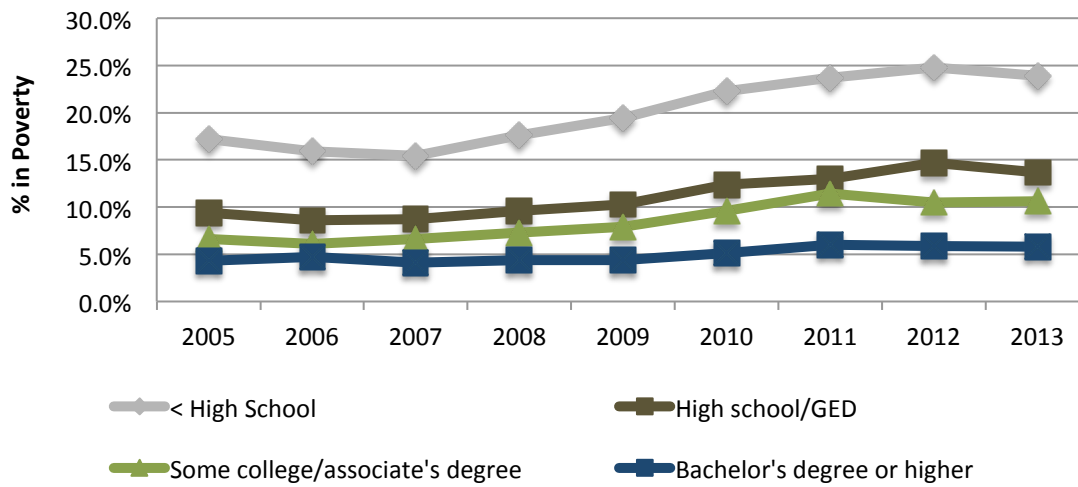
**Fig 2.14 Nevada Poverty Rates, by Race/Ethnicity, 2005-2013**



Source: American Community Survey 1-year estimates

- The poverty rates for nearly all groups increased from 2009 through 2011.
- Rates among Asians and non-Hispanic Whites have been lower than rates for African Americans, American Indian/Alaskan Natives and Native Hawaiian/Pacific Islanders.
- There is an unexplained jump in poverty during 2011 for Native Hawaiian/Pacific Islanders.

**Fig 2.15 Nevada Poverty Rates, by Educational Attainment, 2005-2013**



Source: American Community Survey 1-year estimates

- Poverty rates are higher among those who have not completed high school or received a GED equivalent than those who have gone on to pursue higher levels of education.
- There is a strong correlation between an increase in educational attainment and lower poverty rates.

## Housing

- Household Occupancy Rates
- Owner vs. Renter-Occupied Households
- Median Household Value
- Unaffordable Housing

## 2.3 Housing

### Health Indicators

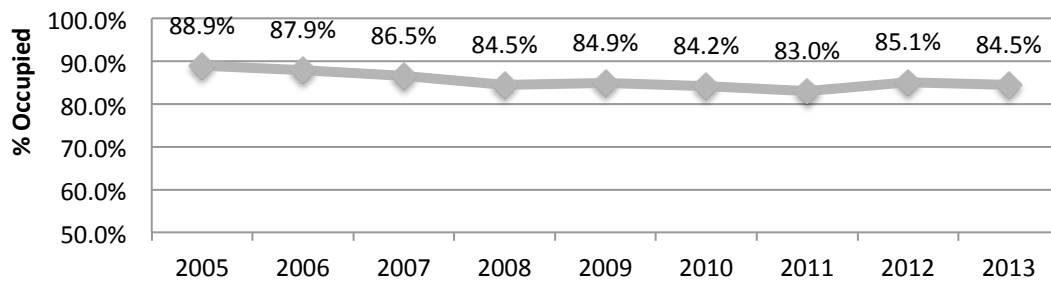
- Household occupancy rates\*
- Owner-occupied versus renter-occupied
- Median household value
- Unaffordable housing

*\*state data only*

### Household Occupancy

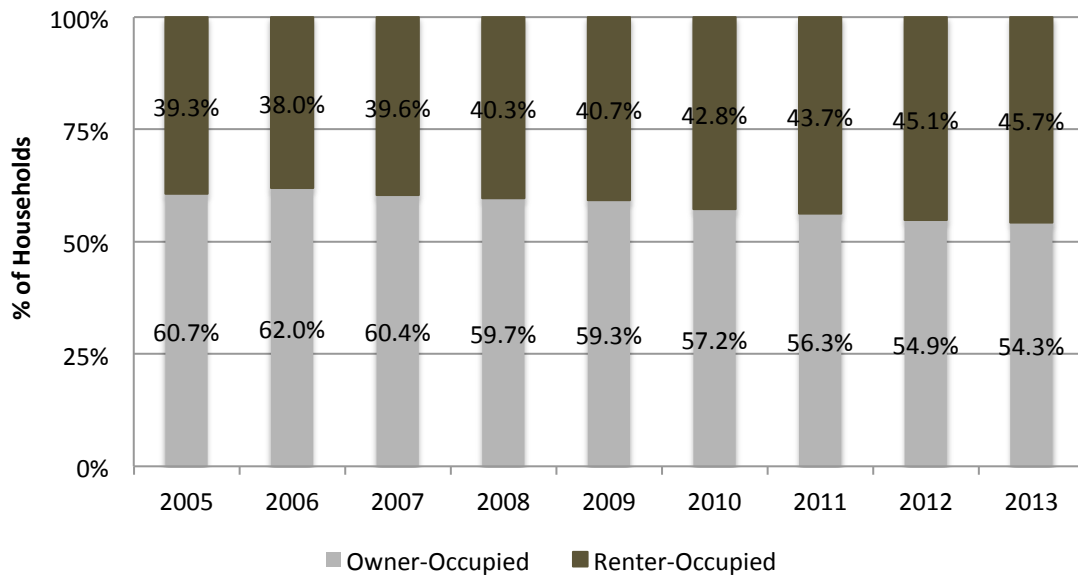
The household occupancy rate has decreased from 88.9% in 2005 to a low of 83.0% in 2011, but has risen slightly to 84.5% in 2013 (Fig 2.16). Since 2009, there has been an increase in households occupied by renters in Nevada (Fig 2.17).

**Fig 2.16 Nevada Household Occupancy Rate, 2005-2013**



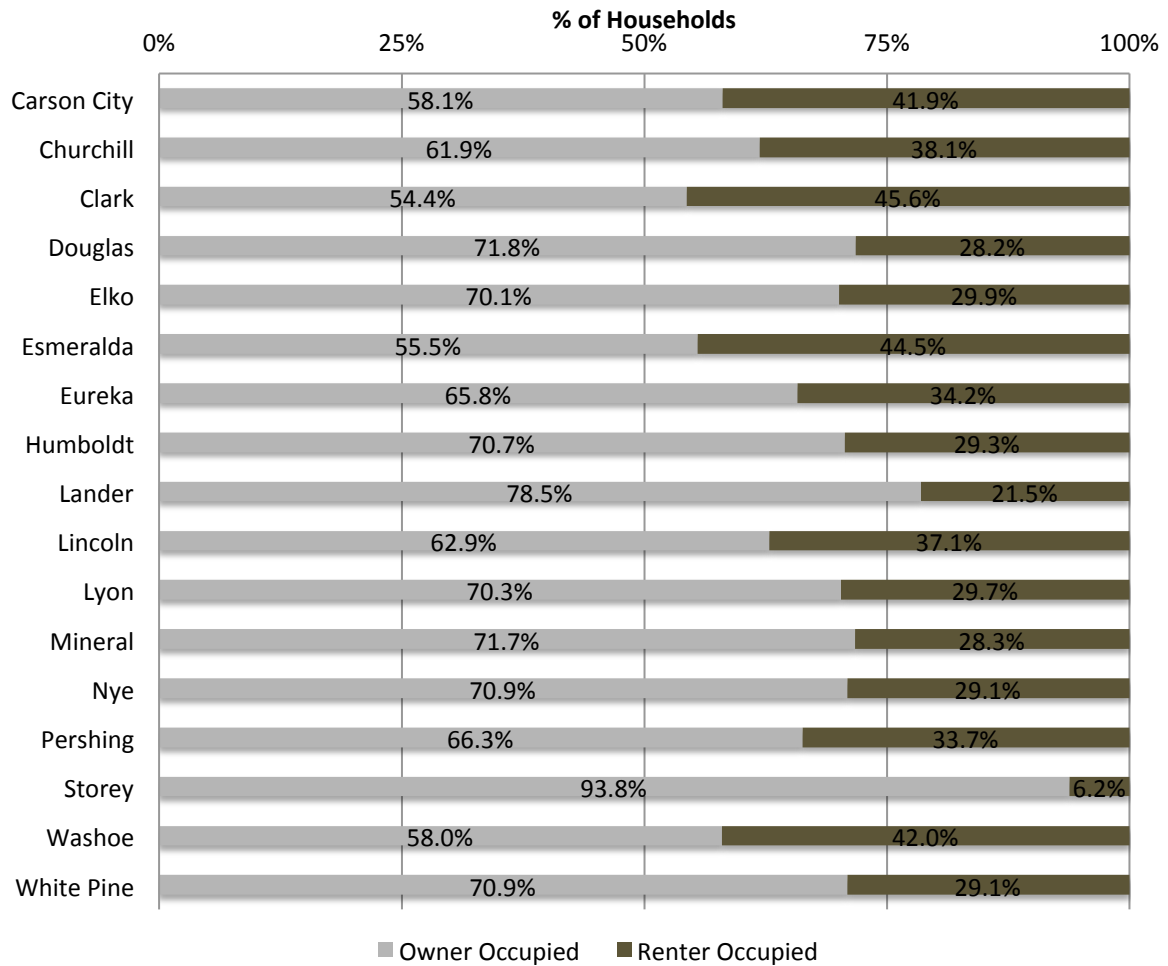
Source: American Community Survey 1-year estimates

**Fig 2.17 Nevada Households, Owner-Occupied versus Renter-Occupied, 2005-2013**



Source: American Community Survey 1-year estimates

**Fig 2.18 Nevada Households Owner-Occupied versus Renter-Occupied, by County, 5-year estimates, 2009-2013 Aggregate Data**



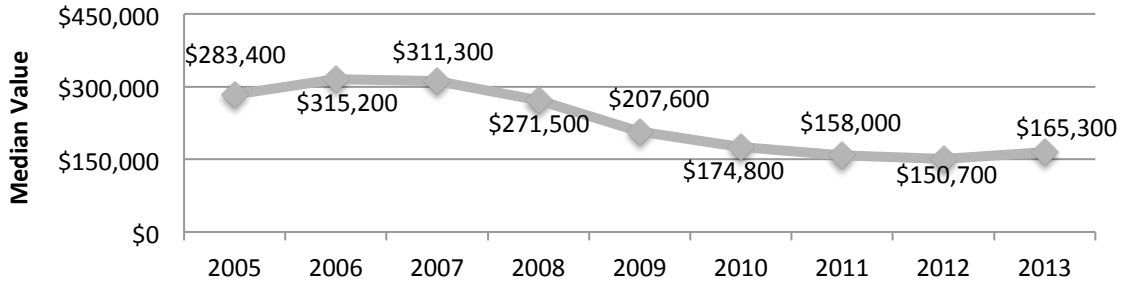
Source: American Community Survey 5-year estimates

- At least half of households in all counties are Owner-Occupied.
- The highest rates of Owner-Occupancy are in Storey County (93.8%) and Lander County (78.5%), while the lowest rates of Owner-Occupancy are in Clark (54.4%), Esmeralda (55.5%) and Washoe Counties (58.0%).

### Median Household Value

All median household values presented are estimates based on owner-occupied households.

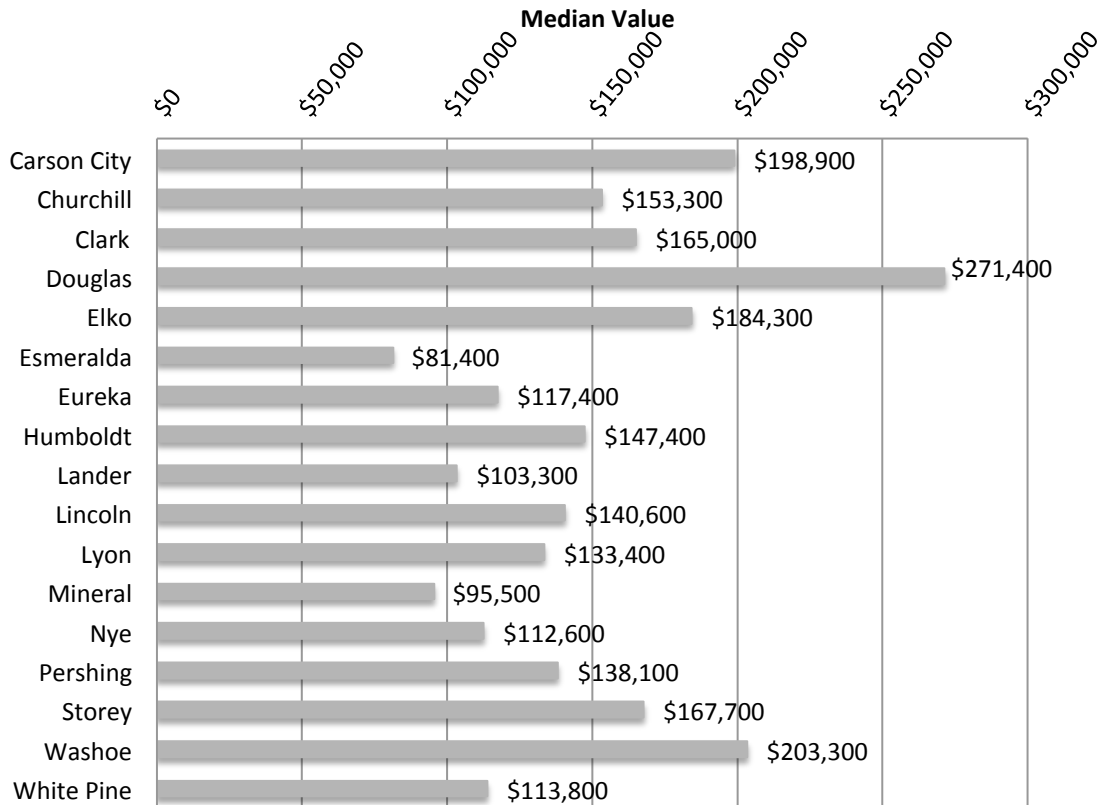
**Fig 2.19 Nevada Owner-Occupied Median Household Value, 2005-2013**



Source: American Community Survey 1-year estimates

- The median household value among owner-occupied households peaked in 2006 at \$315,200 and began to decline in 2007.
- In 2012, the median values hit a low of \$150,700 in 2012 and started to increase in 2013.

**Fig 2.20 Nevada Owner-Occupied Median Household Value, by County, 5-year Estimates, 2009-2013 Aggregate Data**



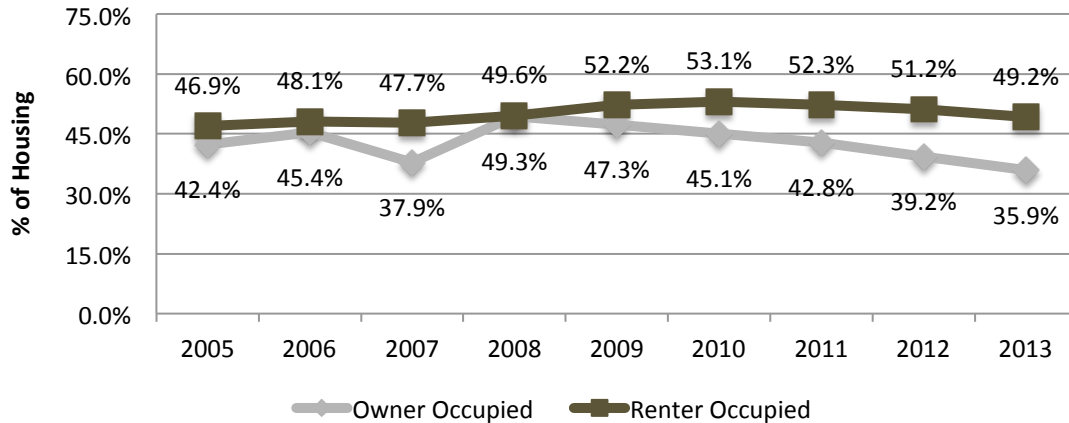
Source: American Community Survey 5-year estimates

- The median household values in Douglas County (\$271,400), Washoe County (\$203,300) and Carson City (\$198,900) were the highest over the past five years.
- The median household values in Esmeralda (\$82,400), Mineral (\$95,500), and Lander Counties (\$103,300) were the lowest.

### Unaffordable Housing

Having affordable housing is defined by the US Department of Housing and Urban Development (HUD) as a monthly rent or mortgage less than 30% of the household's monthly income. Having a monthly housing cost over 30% of monthly income can make paying for other necessities such as food, transportation and healthcare difficult.<sup>34</sup>

**Fig 2.21 Nevada Percent of Houses that are Unaffordable, Owner and Renter-Occupied, 2005-2013**

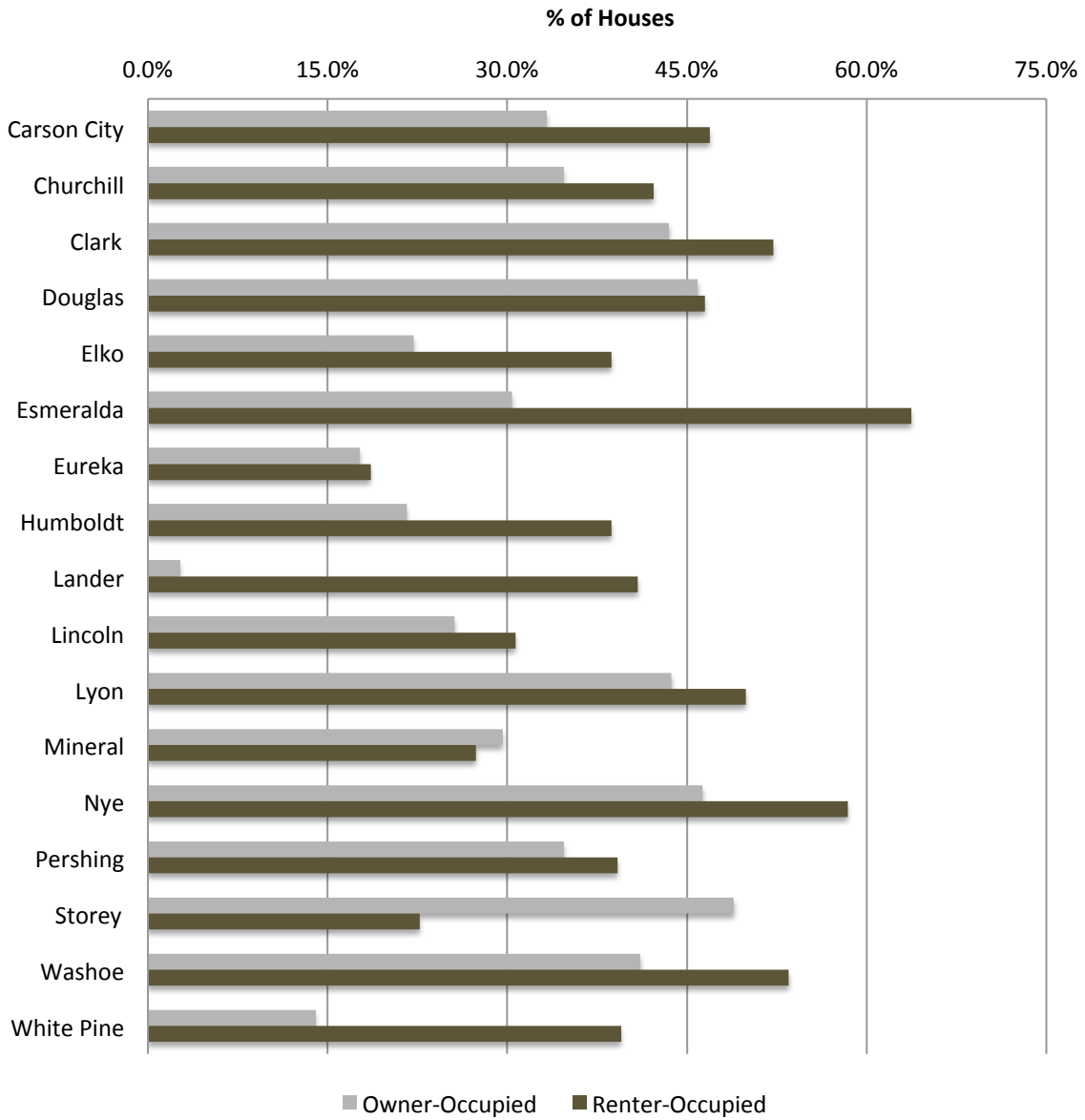


Source: American Community Survey 1-year estimates

- Historically, a higher proportion of households occupied by renters have been estimated to be unaffordable, compared to owner-occupied households.
- Nearly half of renters have been paying unaffordable rental rates, which has remained relatively stable from 2005 to 2013.
- The proportion of households paying an unaffordable mortgage has been decreasing since 2008.



**Fig 2.22 Nevada Percent of Households that are Unaffordable, Owner and Renter-Occupied, by County, 5-year Estimates, 2009-2013  
Aggregate Data**



Source: American Community Survey 5-year estimates

## Economic Security

- Bankruptcy Rates, Food Insecurity
- SNAP (food stamp) Enrollment
- Free-Reduced School Lunch Rates

## 2.4 Economic Security

People who are unable to afford basic needs such as food, housing, utilities, or healthcare, may prioritize those needs based on cost alone. The associated financial stressors also impact health outcomes often resulting from not having basic needs met.

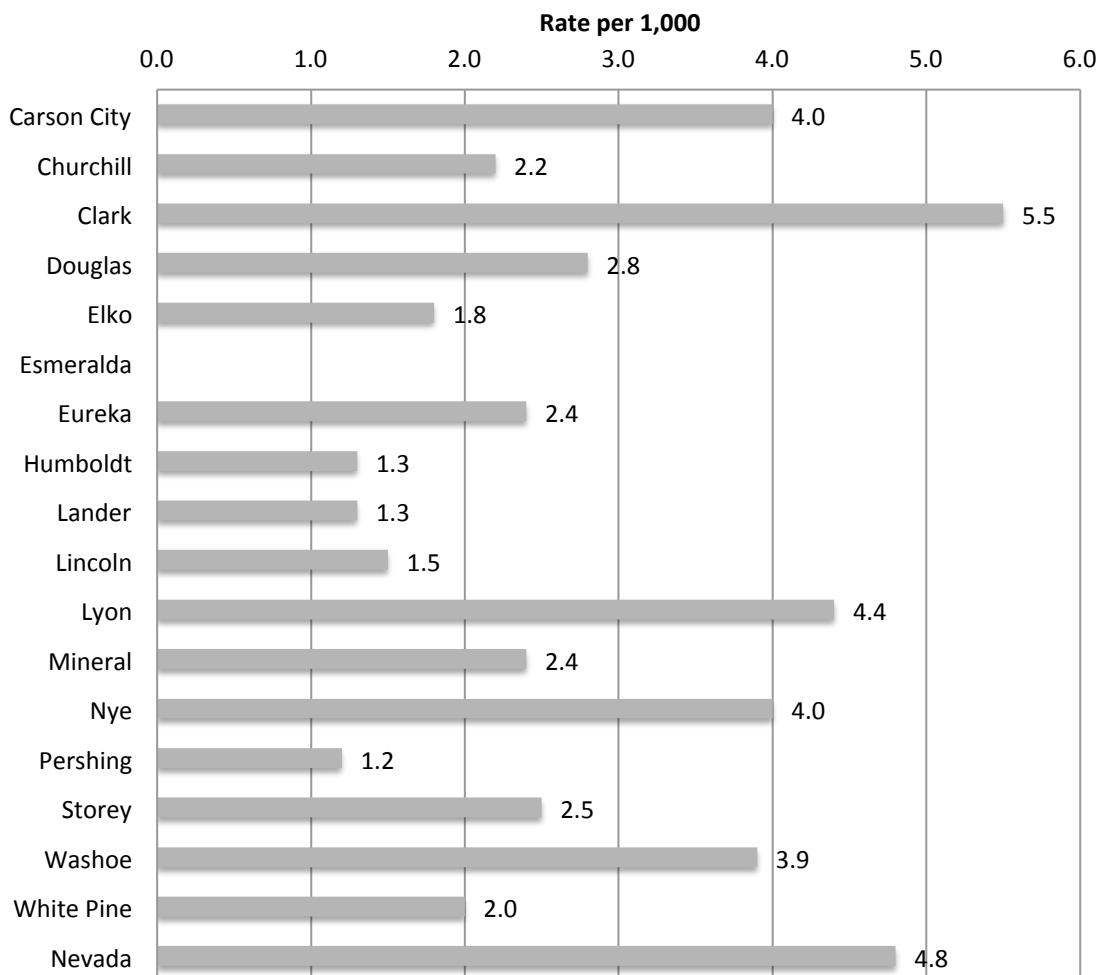
### Health Indicators

- Personal Bankruptcy Rates
- Food Insecurity
- SNAP (food stamp) Enrollment
- Free-Reduced School Lunch

### Personal Bankruptcy

Although reasons for personal bankruptcy are not known for the data presented below, national studies indicate that nearly half of personal bankruptcies are related to medical costs due to illness or injury.<sup>35, 36</sup>

**Fig 2.23 Nevada Personal Bankruptcy Filing Rate, by County, 2013**



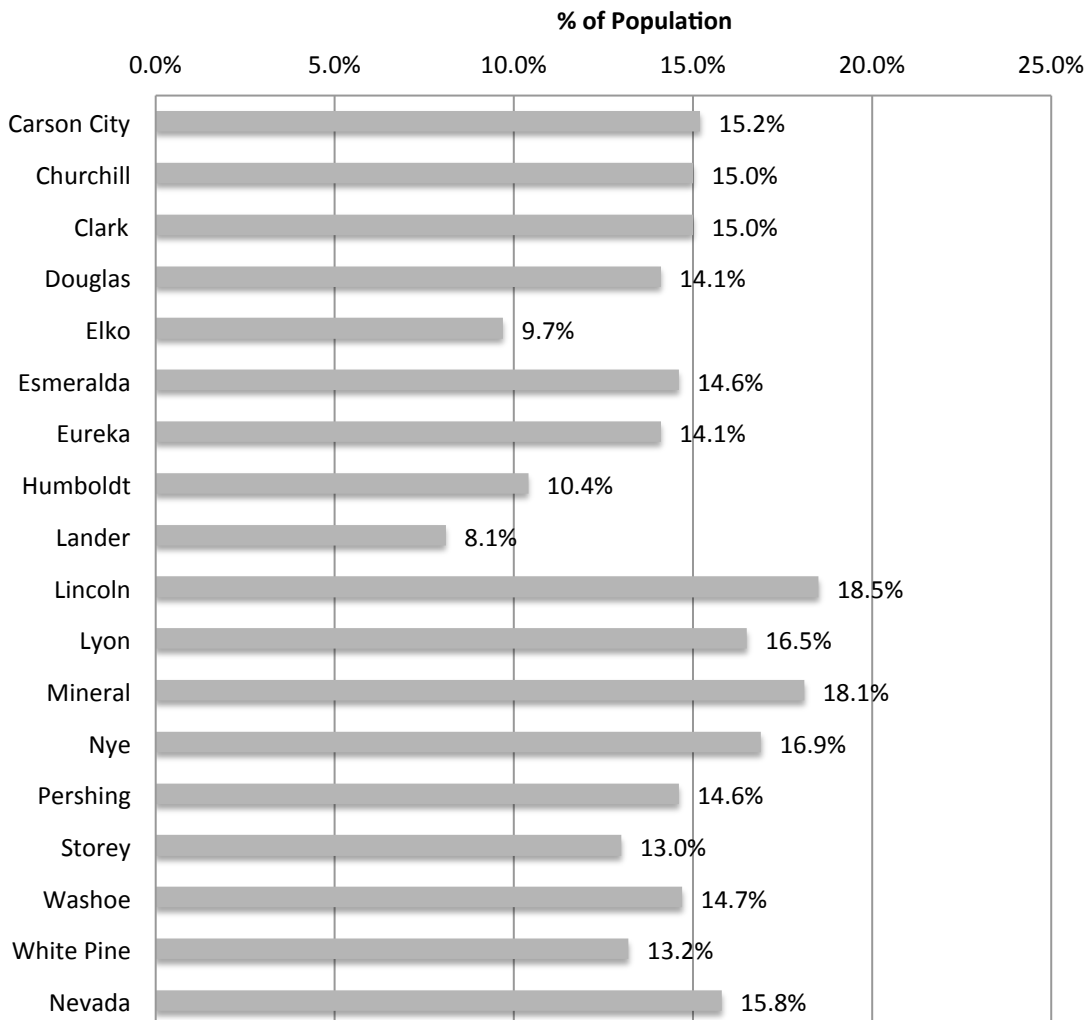
Source: Nevada Rural and Frontier Health Data Book, 2013 and 2015

- Clark County, Lyon County, Carson City, and Nye County had the highest personal bankruptcy filing rates in 2013, while Pershing, Lander and Humboldt Counties had the lowest rates.

### Food Insecurity

People purchase inexpensive, unhealthy food simply because it is more affordable and accessible than healthy food<sup>37</sup>. Food insecurity is defined as reduced quality, variety or desirability of diet or disrupted eating patterns and reduced food intake. Conversely, food security is defined as having access to enough food to live an active and healthy life.<sup>38</sup>

**Fig 2.24 Nevada Percent of Population with Food Insecurity, by County, 2013**



Source: Mind the Meal Gap, 2014

- Overall, food insecurity rates in Nevada were estimated at 15.8% for 2013.

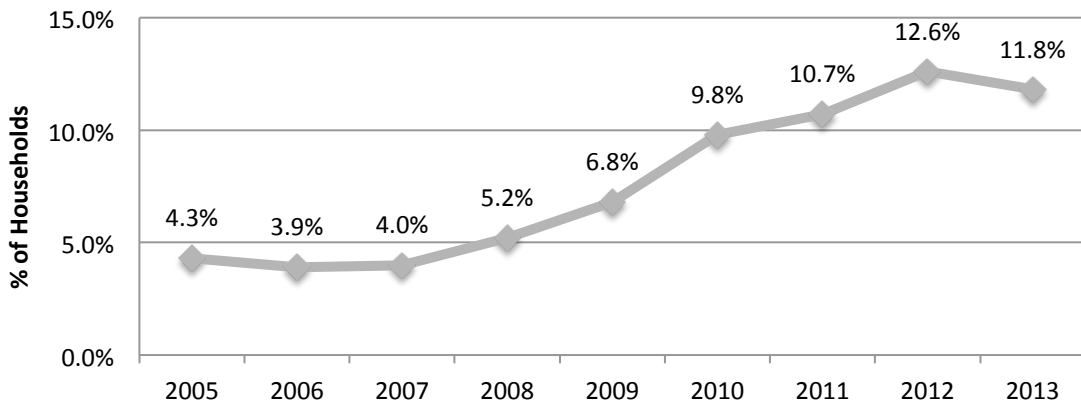
- Food insecurity is highest in Lincoln (18.5%), Mineral (18.1%), Nye (16.9%) and Lyon (16.5%) Counties.
- Rates of food insecure individuals are lowest in Lander (8.1%), Elko (9.7%), and Humboldt (10.4%) Counties.

### Households Enrolled in the Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP), historically known as food stamps, is a federally funded program, which provides limited resources to eligible, low-income individuals and families in order to purchase food each month.<sup>39</sup>

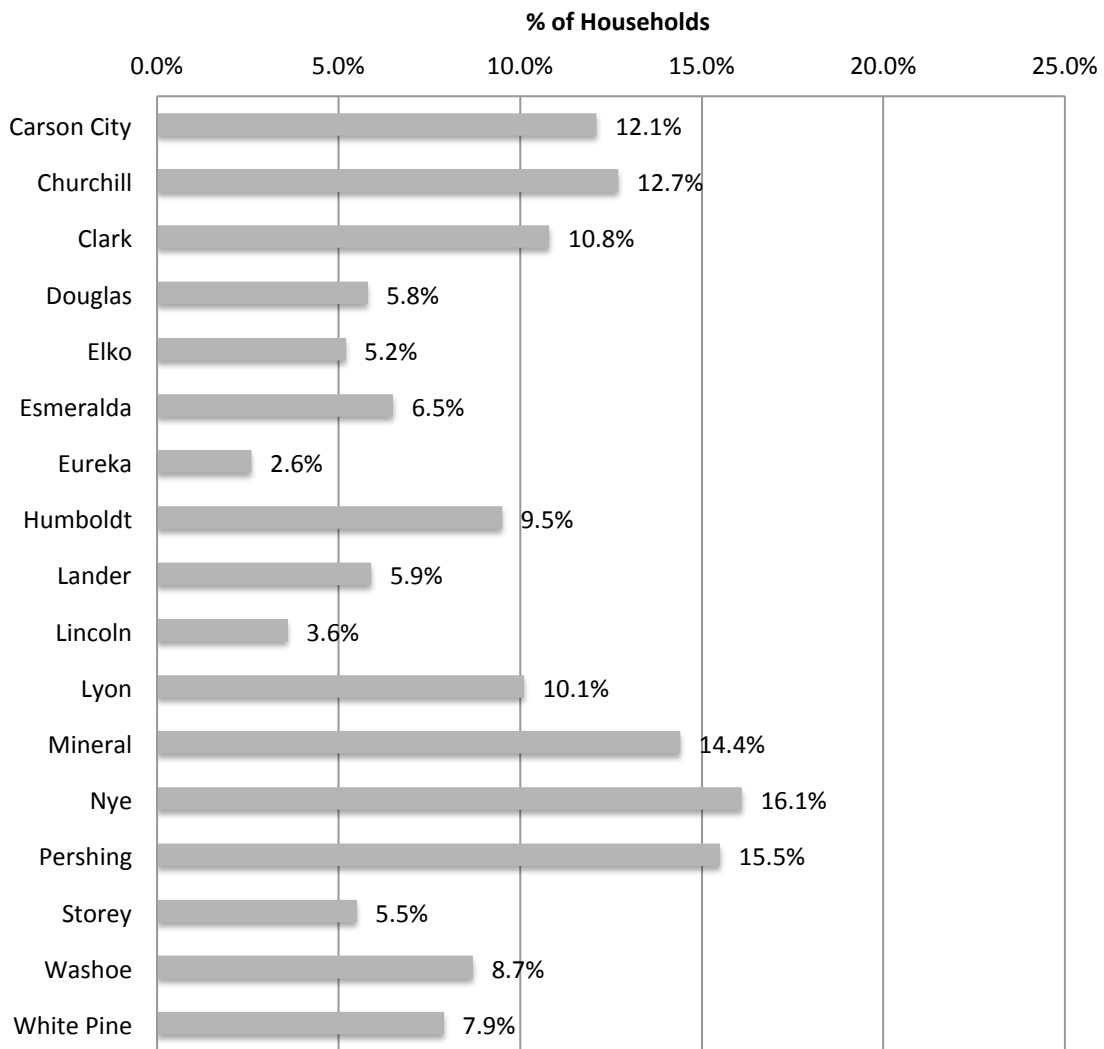
As can be seen in Figure 2.25, an increasing proportion of households in Nevada have enrolled in SNAP benefits from 2007 through 2012, with a slight decrease in 2013.

**Fig 2.25 Nevada Percent of Households Enrolled in SNAP, 2005-2013**



Source: American Community Survey 1-year estimates

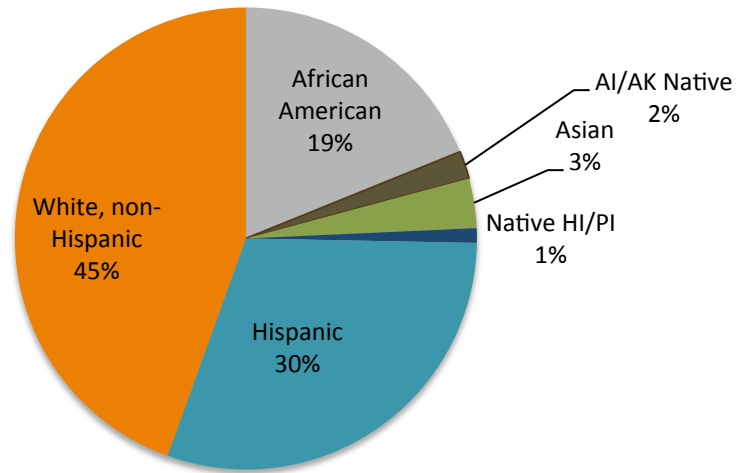
**Fig 2.26 Nevada Percent of Households Enrolled in SNAP, by County, 5-year estimates, 2009-2013 Aggregate Data**



Source: American Community Survey 5-year estimates

- A higher proportion of households in Nye (16.1%), Pershing (15.5), and Mineral Counties (14.4%) are enrolled in SNAP benefits.
- Eureka (2.6%), Lincoln (3.6%), and Elko Counties (5.2%) have the lowest proportion of households enrolled.

**Fig 2.27 Nevada Percent of Households Enrolled in SNAP, by Race/ Ethnicity, 2013**



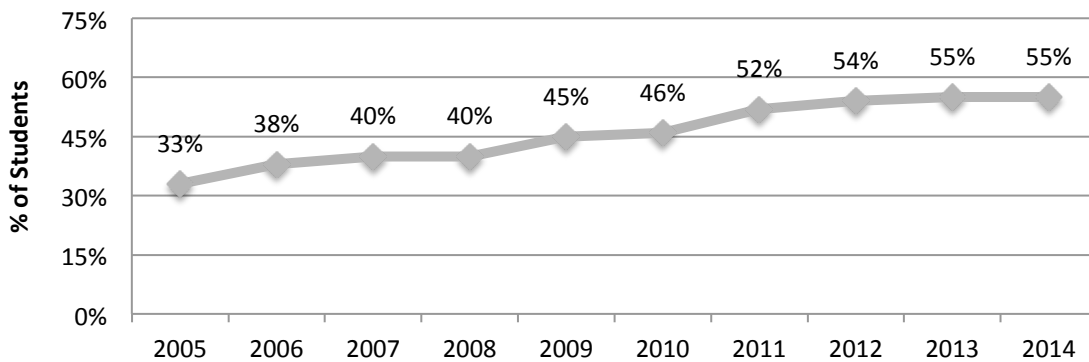
Source: American Community Survey 1-year estimates

- Disproportionately higher amount of minority race/ethnicity households were enrolled in SNAP benefits in 2013.

### Free and Reduced Price Meal Programs

The federal government provides low-cost or free meals to eligible children through the USDA’s National School Lunch and Breakfast Programs. Free and reduced price meal program eligibility is based on household size and income levels.<sup>40</sup>

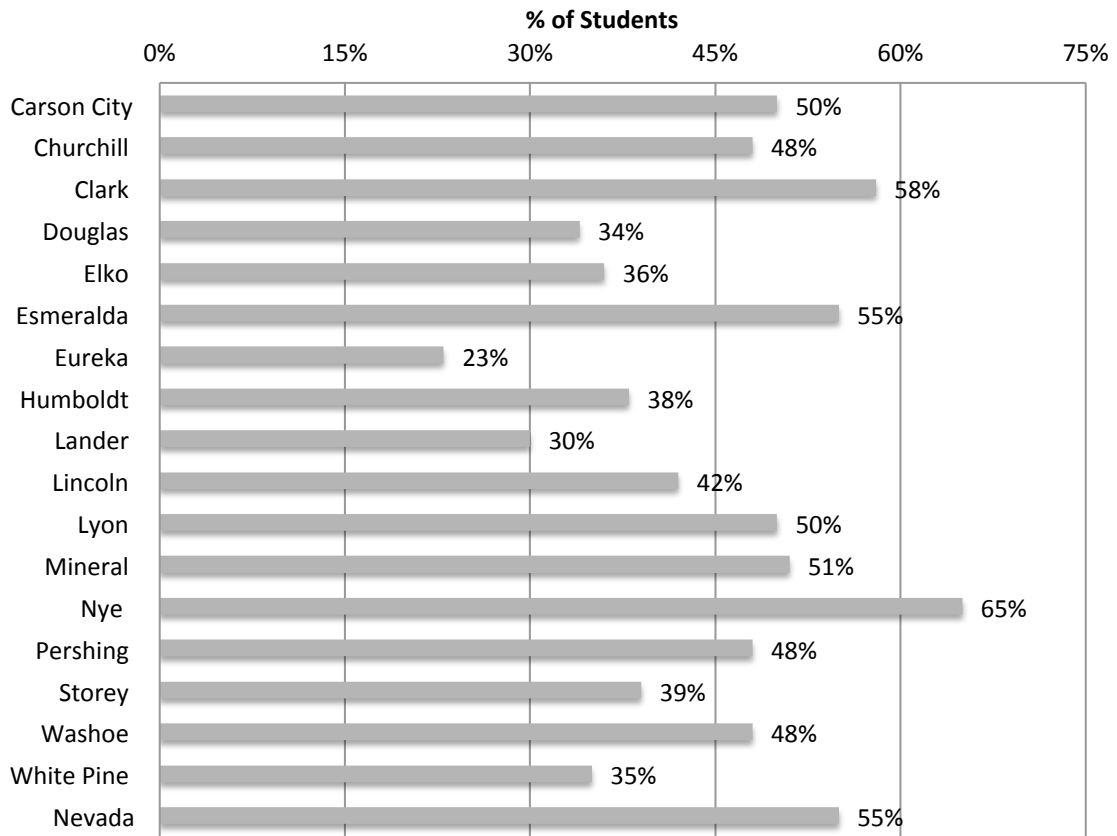
**Fig 2.28 Nevada Students who Qualify for Free - Reduced Price Meal Program, 2005-2014**



Source: Nevada Department of Agriculture

- The percentage of students that qualify for the FRL program has been increasing steadily from 2005 to 2012. However, the percentage appears to have reached a plateau and remained unchanged from 2013 to 2014.

**Fig 2.29 Nevada Students who Qualify for Free-Reduced Price Meal Program, by County, 2014**



Source: Nevada Department of Agriculture

- In 2014, over half (55%) of students in Nevada qualified for FRP meals.
- More students qualify for FRP meals in Nye (65%), Clark (58%), and Esmeralda Counties (55%)
- Eureka (23%), Lander (30%) and Douglas Counties (34%) have the lowest proportion of students who qualify.



# Quality of Life Factors

# Family and Social Support

- Children in Single Parent Homes
- Registered Voters by Party, Voter Turnout

## Quality of Life Factors

Indicators presented in this section help to quantify social support and community safety.

### 3.1 Family and Social Support

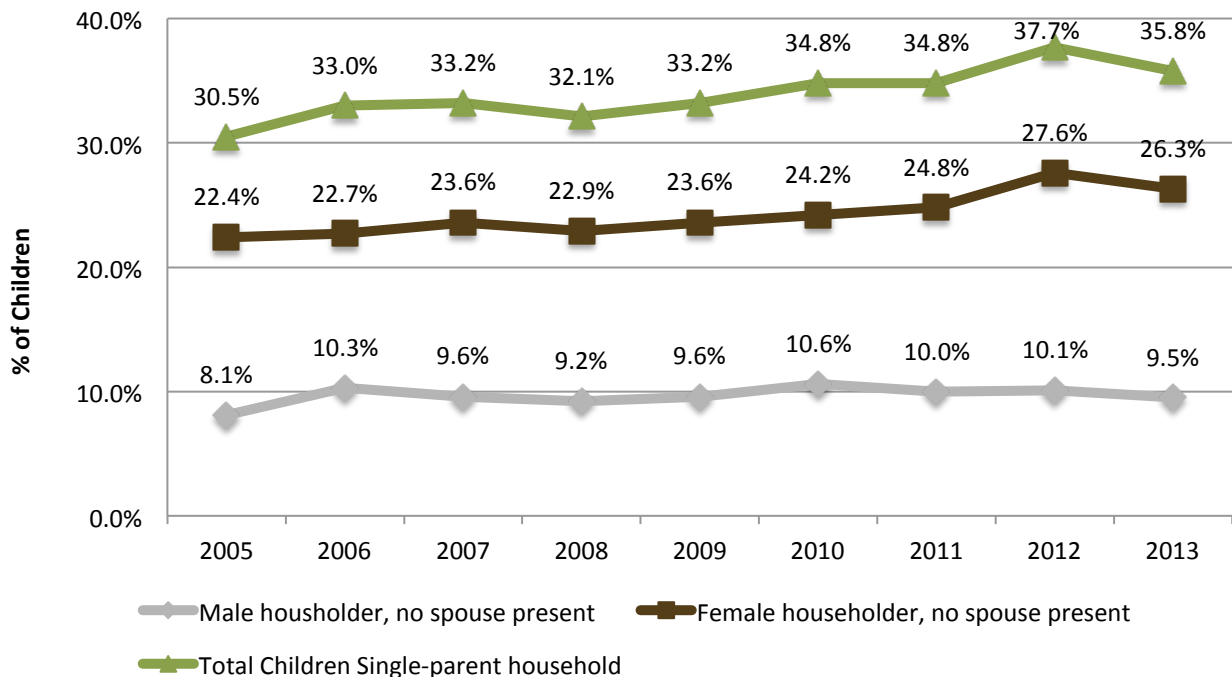
#### Health Indicators

- Children in Single-Parent Households
- Registered Voters by Party
- Voter Turnout

#### Children in Single Parent Homes

Children living in homes where both parents are present have been found to have better physical and mental health than children who are living with a single parent. Much of the disparity in health outcomes can be attributed to the lower household income of a single parent.<sup>41</sup> It is much more common for children to live in a single parent home with a female parent or guardian, as opposed to male.

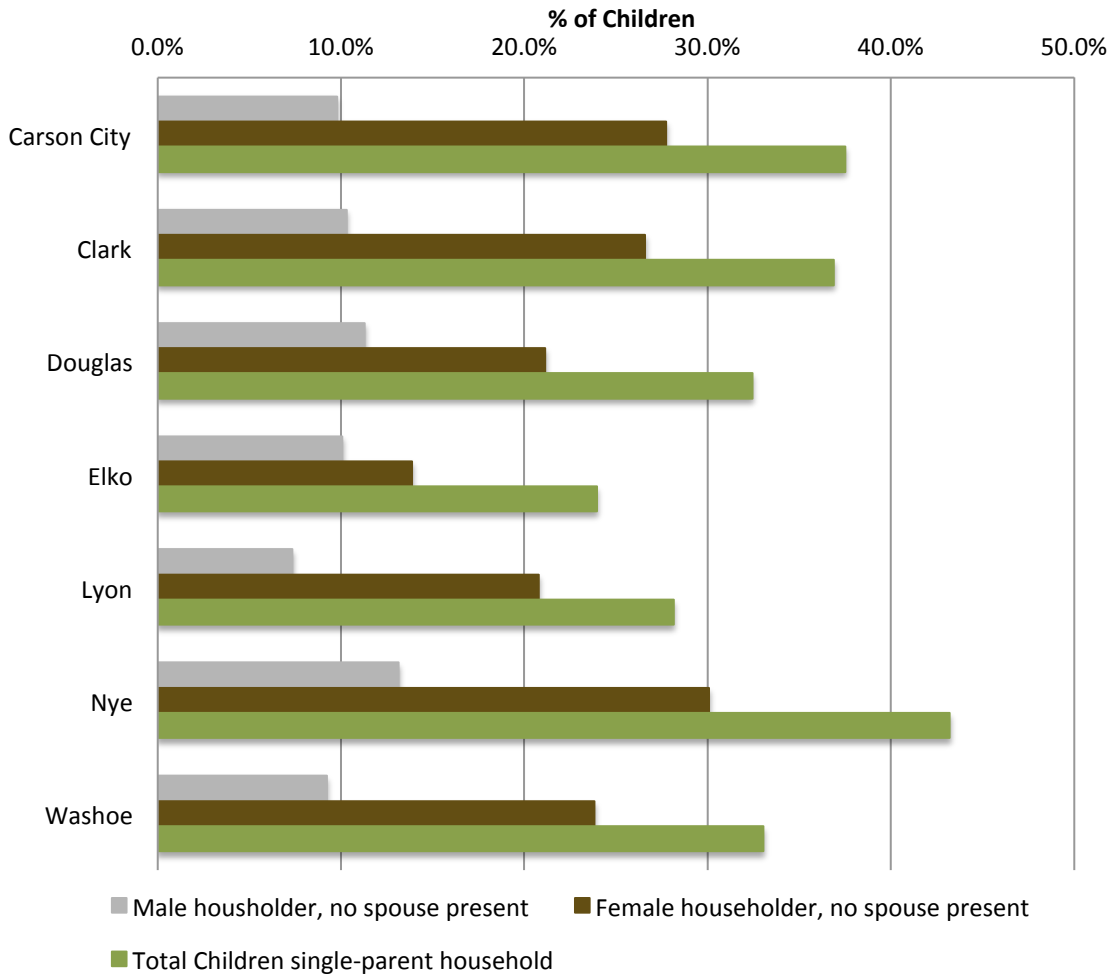
**Fig 3.1 Nevada Percent of Children in Single Parent Households, 2005-2013**



Source: American Community Survey 1-year estimates

- The rate of children living in a single-parent household has increased over the past decade from 30% to about 36% in 2013. More children live in a household with a single female than a single male.

**Fig 3.2 Nevada Percent of Children in Single Parent Households, by Select Counties, 5-year Estimates, 2009-2013 Aggregate Data**



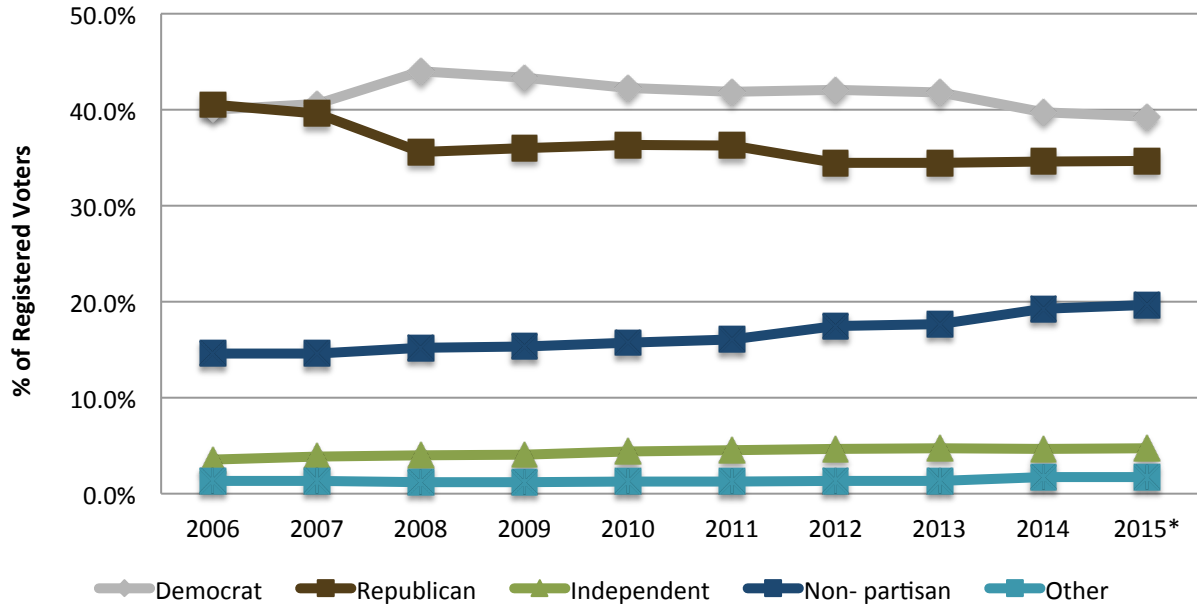
Source: American Community Survey 5-year Estimates  
 \*Not all counties represented, limited data availability

- Over the past 5 years, a higher proportion of children in Nye County live in a single-parent household than other counties for which data were available. Elko County has the lowest prevalent of children who live in single-parents households.

## Registered Voters by Party

Researchers examined the political party structure of the countries belonging to the Organization for Economic Cooperation and Development (OECD) and found the social democratic parties of those countries tend to support more redistributive policies, which in turn, positively impact the health of the citizens.<sup>42</sup>

**Fig 3.3 Nevada Voter Registration, by Party, 2006-2015**

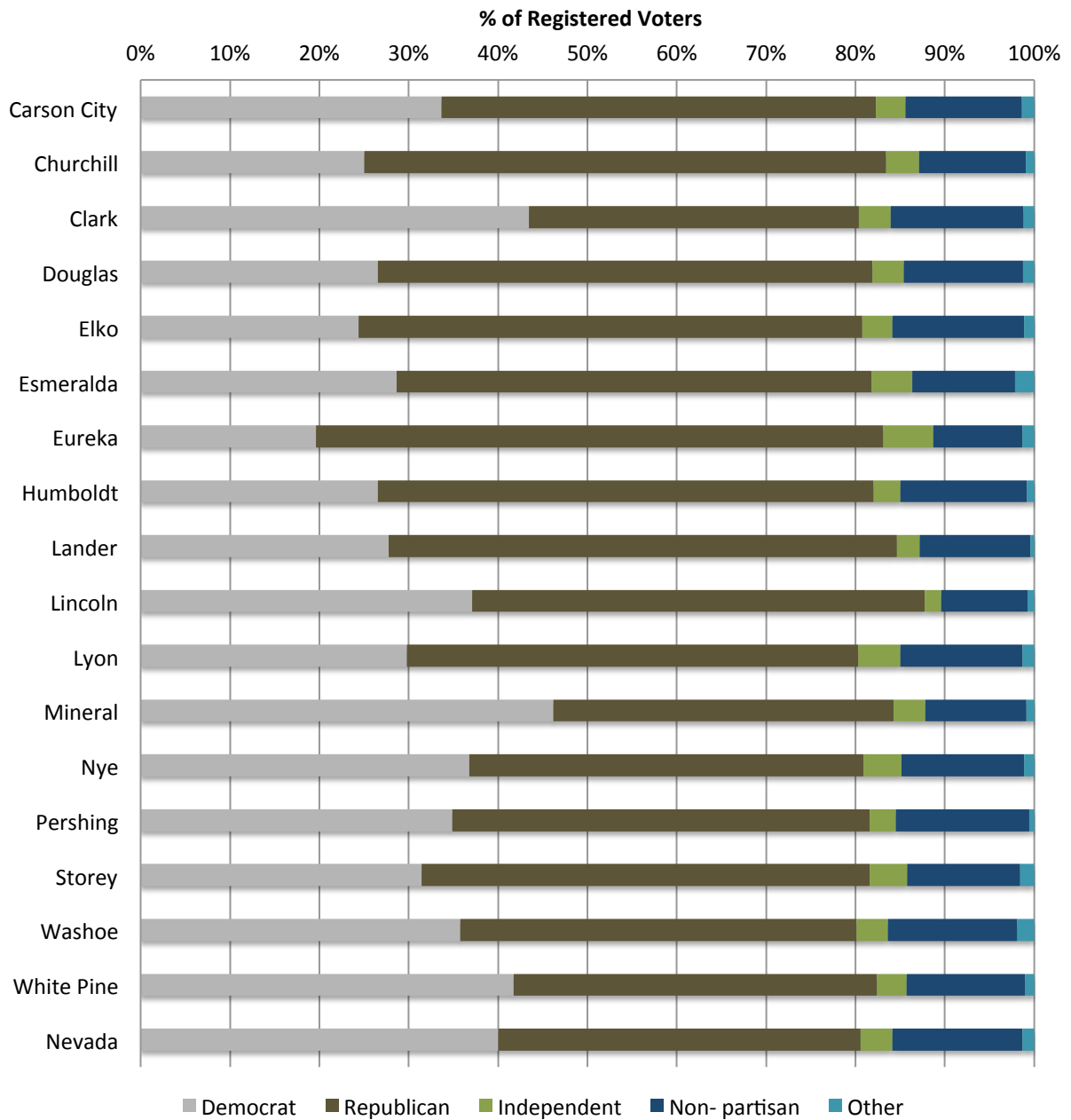


Source: Nevada Secretary of State

\* Data from 2006-2014 from November of the respective year, data for 2015 from July of 2015

- From 2008 onward, around 40% to 45% of voters have registered as Democrat, while 34% to 36% registered as Republican. Voters registered as Non-partisan has been increasing steadily since 2011.

**Fig 3.4 Nevada Percent of Registered Voters by County, by Party, 2006\***



Source: Nevada Secretary of State

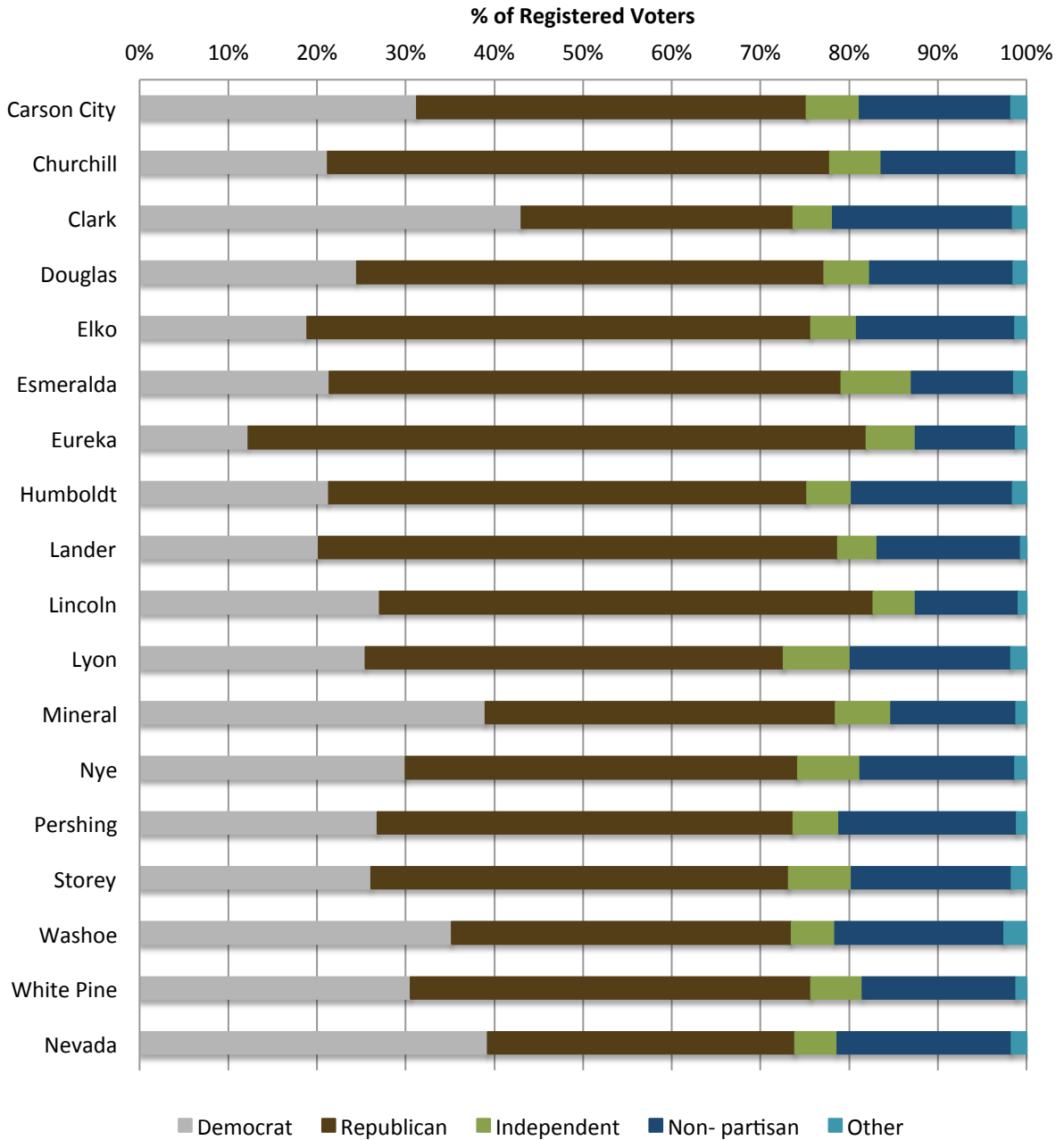
\*Data from November of 2006

In 2006,

- Mineral, Clark and White Pine Counties had the highest proportion of voters registered as Democrat and lowest as Republicans. Eureka, Elko and Churchill Counties had the lowest proportion of voters registered as Democrat and lowest of Democrats.
- All counties had a range from 1.8% to 5.6% voters registered as Independent.

- All counties ranged between 9.7% and 14.9% of voters registered as some other Non-partisan.
- All counties ranged between .5% and 1.9% of voters registered as some other political party.

**Fig 3.5 Nevada Percent of Registered Voters by County, by Party, 2015\***

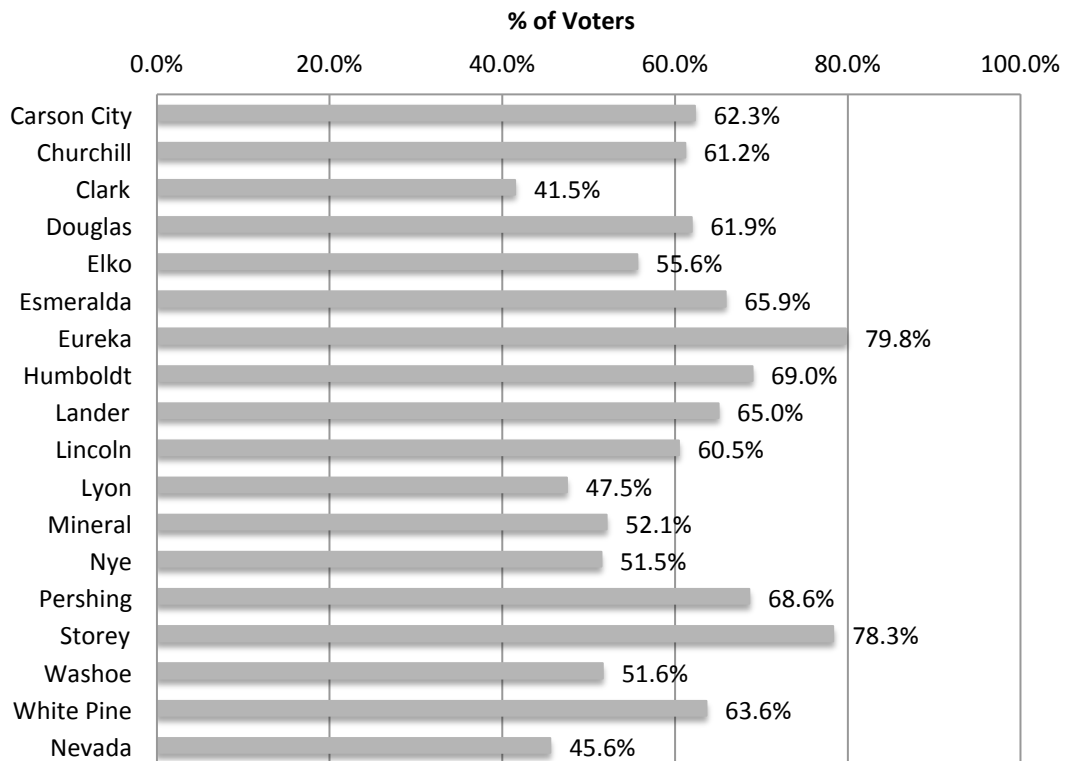


Source: Nevada Secretary of State  
 \*Data from July of 2015

In 2015,

- Clark, Mineral and Washoe Counties had the highest proportion of voters registered as Democrat, while Eureka, Elko and Lander Counties had the lowest proportion of voters registered as Democrat.
- Eureka, Lander and Esmeralda Counties had the highest proportion of voters registered as Republican, while Clark, Washoe and Mineral Counties had the lowest proportion of voters registered as Republican.
- All counties had a range from 4.4% to 7.9% voters registered as Independent.
- Clark, Pershing, and Washoe Counties had the highest proportion of voters registered as Non-partisan, while Esmeralda, Eureka, and Lincoln Counties had the lowest proportion of voters registered as Non-partisan.
- All counties had a range from .6% to 2.5% of voters registered as Other political party.

**Fig 3.6 Nevada Voter Turnout, by County, General Election 2014**



Source: Nevada Secretary of State, 2014 General Election Voter Turnout

- A higher proportion of citizens voted in Eureka, Storey, and Humboldt Counties, while fewer voted in the 2014 General Election in Clark and Lyon Counties.



# Safety and Security

- Violent Crime Rates
- Property Crime Rates
- Carried a Weapon
- Physical Fight

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### 3.2 Safety and Security

Social factors that impact health are also tied to violence and violent behaviors. Neighborhoods with lower socioeconomic status often experience higher rates of violent behavior. Impacts to individuals who are exposed to violence often extend beyond the initial incident. Lasting health effects of violence include chronic stress, anxiety, depression, sleep disturbance, post-traumatic stress disorder (PTSD), and other behavioral and psychological changes. As a result, those who are exposed to violence may engage in unhealthy coping mechanisms including substance use.<sup>43, 44</sup>

#### Health Indicators

- Violent Crime\*
- Property Crime\*
- Carried a Weapon\*\*
- In a Physical Fight\*\*
- Electronically Bullied\*\*
- Traffic Fatalities
- Pedestrian Fatalities

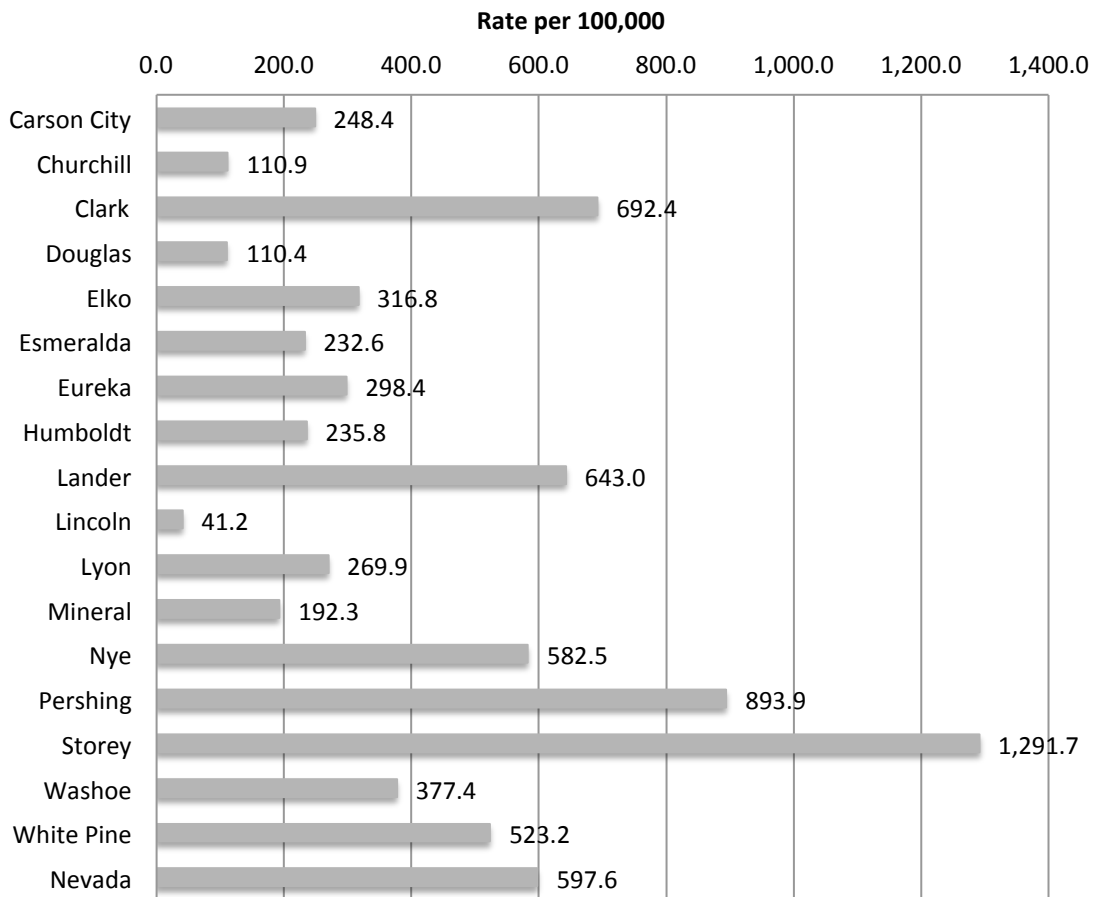
*\*Note: data presented for these indicators are typically underreported. Additionally, not all jurisdictions reported on all types of crime each year. Therefore, these rates need to be interpreted with caution, as they may not represent true crime trends.*

*\*\*Data available for adolescents only*

## Violent Crime

Violent crimes are those that involve force or threat of force and include murder/non-negligible manslaughter, rape, robbery and aggravated assault.<sup>45</sup> All reported incidents, which occurred during 2012, were combined to produce the graph below. Individual rates for each of the above violent crimes from 2008-2012 can be found in Appendix B.

**Fig 3.7 Nevada Violent Crime Rate, by County, 2012**



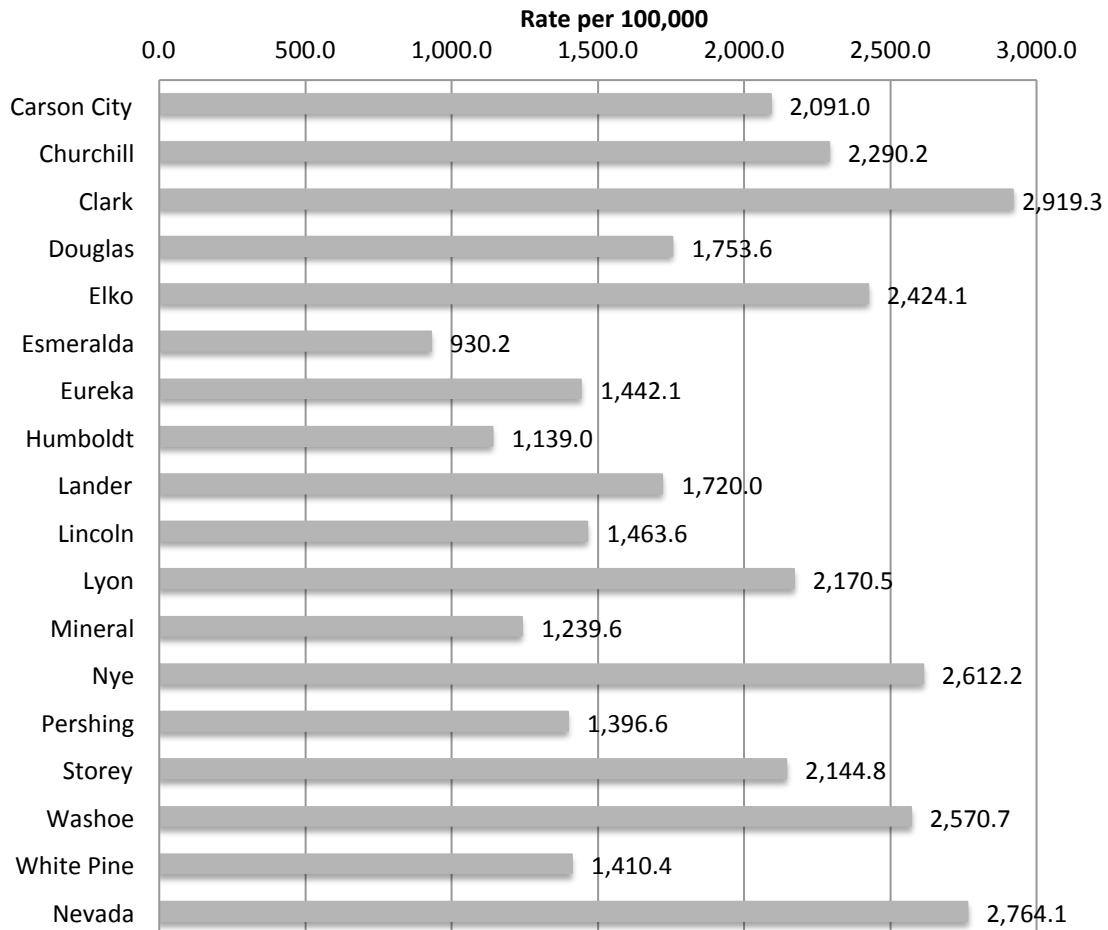
Source: Federal Bureau of Investigation

- The overall violent crime rate for Nevada in 2012 was 597.6 per 100,000 persons.
- Violent crime rates were highest in Storey (1,291.7), Pershing (893.9), and Clark County (692.4), while rates of violent crime were lowest in Lincoln (41.2), Douglas (110.4), and Churchill County (110.9).

## Property Crime

Property crimes include burglary, larceny-theft, motor vehicle theft, and arson. All reported incidents, which occurred during 2012, were combined to produce the graph below. Individual rates for each of the above types of property crimes from 2008-2012 can be found in Appendix B.

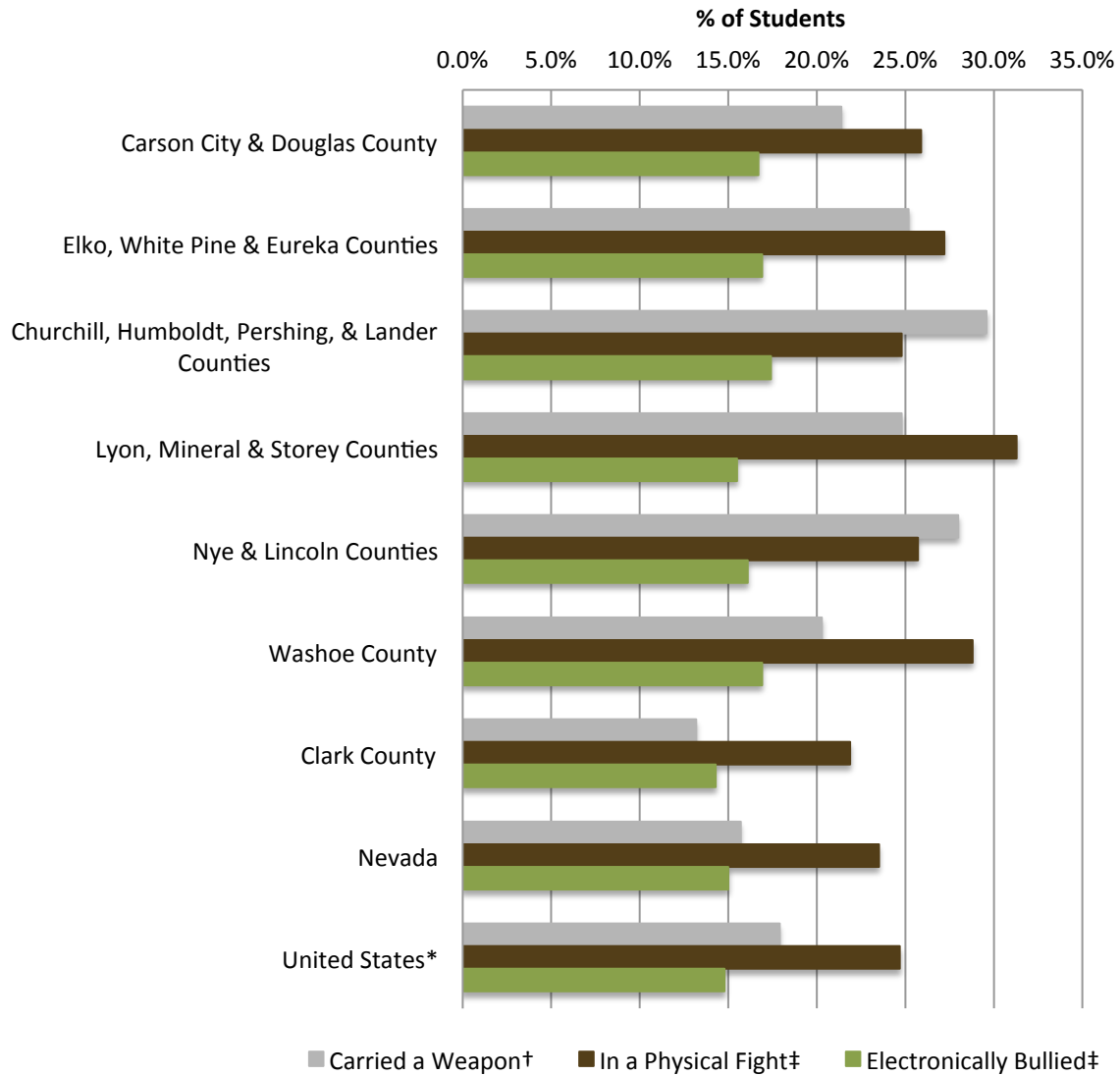
**Fig 3.8 Nevada Property Crime Rate, by County, 2012**



Source: Federal Bureau of Investigation

- The overall property crime rate for Nevada in 2012 was 2,764.1 per 100,000 persons.
- Property crime rates were highest in Clark (2,919.3), Nye (2,612.2), and Washoe County (2,570.7), while rates of violent crime were lowest in Esmeralda (930.2), Humboldt (1,139.0), and Mineral County (1,239.6).

**Fig 3.9 Select Factors Related to Violence/Violent Behavior Among Adolescents, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Source: CDC Youth Online-High School YRBS, 2013

†Carried a weapon such as a gun, knife or club, in past 30 days

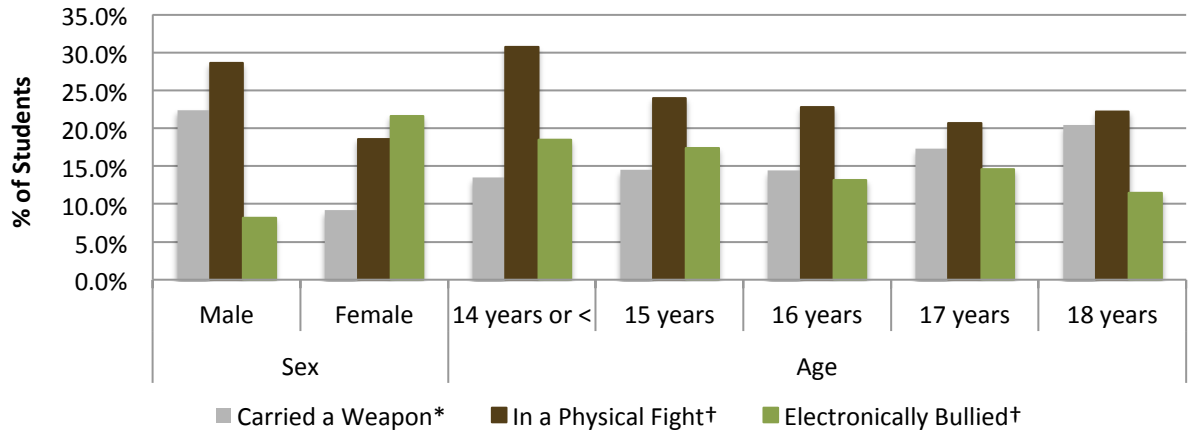
‡Past 12 months

- Clark County had lower rates of all three violence and violent behavior indicators than the other counties\regions, and due to the large proportion of the population residing in Clark County, the overall rates for Nevada are lower as well.
- At least one in five of students in all counties\regions reported carrying a weapon in the past 30 days. The only county reporting lower rates was Clark County at 13.2%.
- Nearly one in four or more of students in all counties\regions reported having been in a physical fight, with the exception of Clark County where only 21.9% reported having been in a physical fight in the past 12 months.

- There was a lower prevalence of students who reported having been electronically bullied in the past 12 months than the other factors presented in the graph.
- Clark County was the only county where more students reported being electronically bullied (14.3%) than having carried a weapon (13.2%) in the past 12 months.

### Disparities in Factors Related to Violence and Violent Behaviors Among Adolescents

**Fig 3.10 Nevada Select Factors Related to Violence/Violent Behavior Among Adolescents, by Sex and Age, 2013**



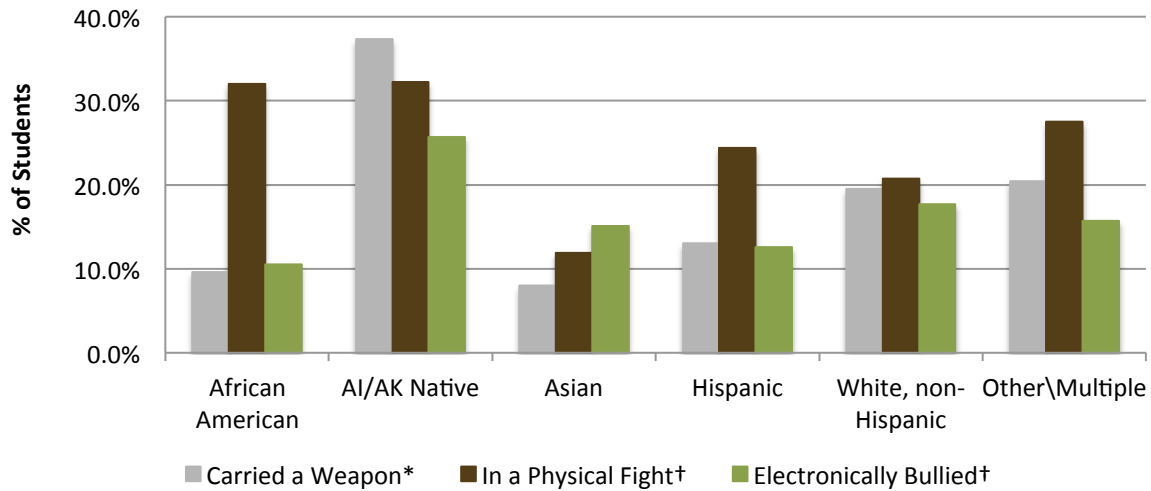
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Carried a weapon such as a gun, knife or club, in past 30 days

†Past 12 months

- Males were more likely to have carried a weapon or have been in a physical fight, while females were more likely to have been electronically bullied.
- High school students reported carrying a weapon more often as their age increased, while reports of having been in a physical fight or being electronically bullied mostly decreased as age increased.

**Fig 3.11 Nevada Select Factors Related to Violence/Violent Behavior Among Adolescents, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)  
 \*Carried a weapon such as a gun, knife or club, in past 30 days  
 †Past 12 months

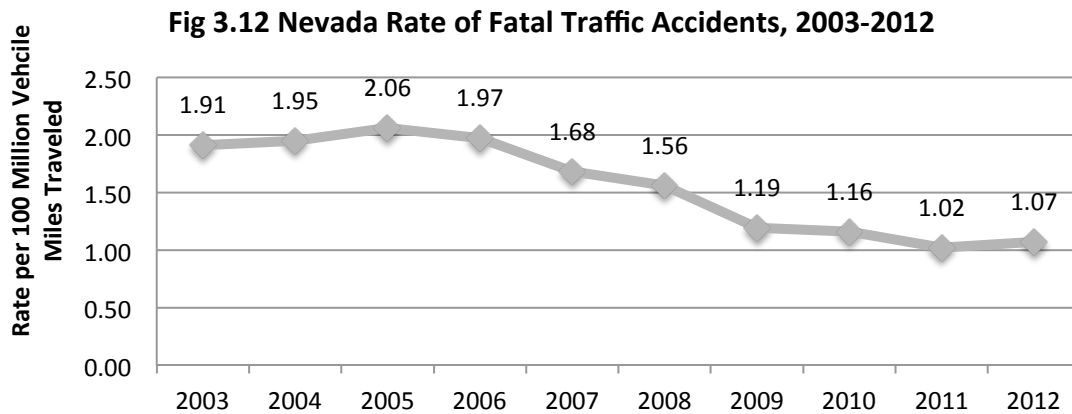
- American Indian/Alaska Native students reported all types of violence/violent behaviors more often than other race/ethnicities.
- Nearly one in three (32.0%) African Americans and one in four (24.4%) Hispanics and students of Other/Multiple race (27.5%) reported having been in a physical fight in the past year.

### Traffic Fatalities

Traffic fatality data include all those killed in a fatal motor vehicle accident including drivers, passengers and pedestrians. Since non-county residents are included in these counts, it is not appropriate to calculate a rate based off county populations.

Standardization of rates are calculated based on the rate of fatalities per 100 million vehicle miles traveled, which is not available at the county level.<sup>46</sup>

Traffic fatalities in Nevada have been decreasing since 2006. However, traffic fatalities have not changed significantly since 2009 (Fig 3.12).



Source: Fatality Analysis Reporting System, 2003-2012

**Table 3.1 Nevada Traffic Fatalities by County, Percent Change in Aggregate Data from 2003-2007 and 2008-2012**

County	2003-2007 Combined	2008-2012 Combined	% Change
Carson City	19	15	-21.1%
Churchill	31	39	25.8%
Clark	1,265	780	-38.3%
Douglas	44	34	-22.7%
Elko	88	78	-11.4%
Esmeralda	17	14	-17.6%
Eureka	11	12	9.1%
Humboldt	38	23	-39.5%
Lander	16	15	-6.3%
Lincoln	31	13	-58.1%
Lyon	52	45	-13.5%
Mineral	16	10	-37.5%
Nye	99	75	-24.2%
Pershing	19	12	-36.8%
Storey	7	2	-71.4%
Washoe	215	143	-33.5%
White Pine	26	18	-30.8%
<b>Nevada</b>	<b>1,994</b>	<b>1,328</b>	<b>-33.4%</b>

Source: Fatality Analysis Reporting System, 2003-2012

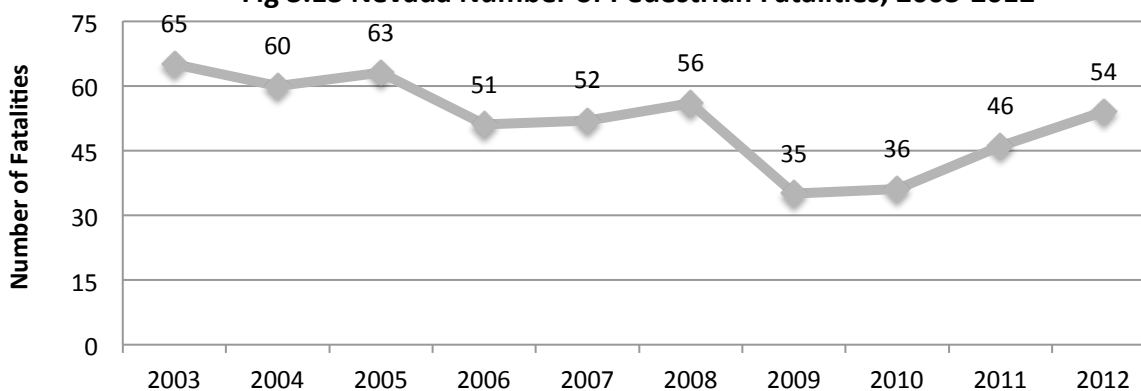
- The majority of counties have seen a decrease in traffic fatalities between total fatal accidents from 2003-2007 combined and total fatal accidents from 2008-2012 combined.



## Pedestrian Fatalities

Pedestrian fatalities include persons who were on foot and killed in a motor vehicle accident.<sup>47</sup> Pedestrian fatalities were decreasing from 2003 through 2009, but have increased significantly every year since 2010. As of 2012, Nevada had the seventh highest pedestrian fatality rate in the nation.<sup>48</sup> Due to the few overall pedestrian fatalities, the percent change in Table 3.2 should be interpreted with caution.

**Fig 3.13 Nevada Number of Pedestrian Fatalities, 2003-2012**



Source: Fatality Analysis Reporting System, 2003-2012

**Table 3.2 Nevada Number of Pedestrian Fatalities by County, Percent Change in Aggregate Data from 2003-2007 and 2008-2012**

County	2003-2007	2008-2012	% Change
Carson City	5	2	-60.0%
Churchill	1	0	-100.0%
Clark	224	170	-24.1%
Douglas	1	2	100.0%
Elko	2	3	50.0%
Esmeralda	0	1	No Change
Eureka	0	0	No Change
Humboldt	1	1	0.0%
Lander	0	0	No Change
Lincoln	0	0	No Change
Lyon	2	3	50.0%
Mineral	0	0	No Change
Nye	6	6	0.0%
Pershing	2	1	-50.0%
Storey	0	0	No Change
Washoe	46	36	-21.7%
White Pine	1	2	100.0%
<b>Nevada</b>	<b>291</b>	<b>227</b>	<b>-22.0%</b>

Source: Fatality Analysis Reporting System, 2003-2012

# Environmental Health Factors

# Environmental Health

- Radon
- Particulate Matter 2.5 (PM2.5)
- Community Water Systems

---

## Environmental Health Factors

Environmental health factors can play a large role in health, as long-term exposures to certain environmental contaminants can cause respiratory damage, cancer, and in some cases, death. Having access to clean air and water is important for all persons, but especially those who already have increased health risks, including children and seniors.<sup>49</sup>

### 4.1 Environmental Health Health Indicators

- Radon
- Community Water Systems
- Particulate Matter 2.5

#### Radon

Radon is a radioactive, colorless, odorless, tasteless gas produced by the decay of naturally occurring uranium in soil and is responsible for approximately 20,000 lung cancer deaths every year. Radon can be found in outdoor and indoor air, however the Environmental Protection Agency (EPA) recommends that places with indoor levels above 4 pCi/L (picocuries per liter) be remediated for better ventilation.<sup>50</sup>

Table 4.1 represents data that was gathered from tests which, in many cases, were conducted by the household residents (non-professionals) who were voluntarily testing their own households, therefore, these data should be used as a reference. Residents living in a county with a higher proportion of homes with elevated radon levels are encouraged to contact the University of Nevada's Cooperative Extension (UNCE) Radon Education Program to obtain a test kit.

Call 1-888-723-6610 or follow this link to learn more about radon and radon test kits [UNCE Radon Education Program](#).

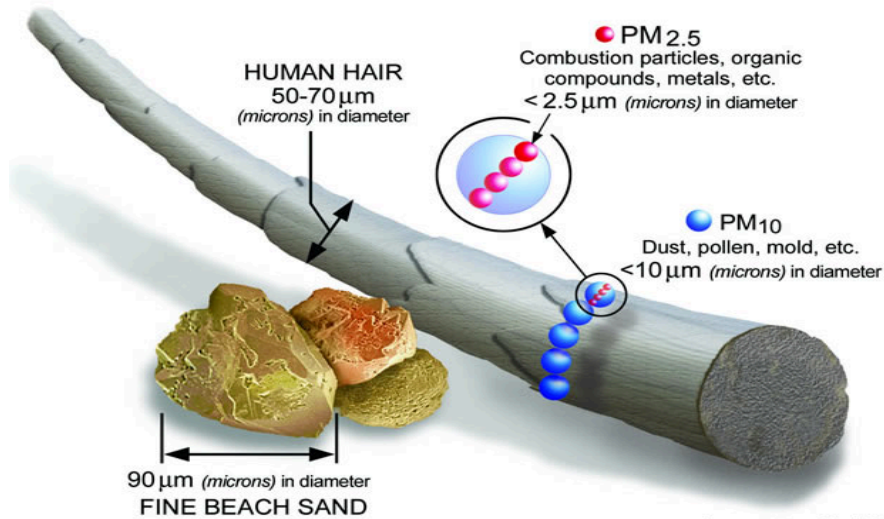
**Table 4.1 Nevada Homes Tested for Radon and Percent with Elevated Radon Levels, Cumulative Data as of 2014**

County	Number (%) of Homes Tested	% of Homes with Elevated Radon Levels
Carson City	1,511 (7.2%)	39.6%
Churchill	403 (4.4%)	13.3%
Clark	2,937 (0.4%)	9.1%
Douglas	3,741 (19.5%)	39.4%
Elko	351 (2.0%)	36.7%
Esmeralda	5 (1.0%)	0.0%
Eureka	34 (4.8%)	30.8%
Humboldt	164 (2.6%)	28.9%
Lander	98 (4.9%)	22.5%
Lincoln	74 (3.7%)	35.2%
Lyon	848 (4.6%)	28.5%
Mineral	86 (3.8%)	37.2%
Nye	171 (0.9%)	9.2%
Pershing	164 (8.0%)	53.3%
Storey	31 (1.7%)	36.8%
Washoe	8,276 (5.1%)	21.2%
White Pine	227 (6.5%)	30.8%
Unknown	15 (NA)	25.0%
<b>Nevada</b>	<b>19,136</b>	<b>25.8%</b>

Source: University of Nevada Cooperative Extension Radon Education Program  
Data as of 12/2014

### Particulate Matter

Particulate matter (PM), also known as particle pollution, is composed of extremely small dust particles and liquid droplets. Particle pollution is made up of a number of components including acids, organic chemicals, and metals. There are two categories of particulate matter based on size -- those larger than 2.5 micrometers but smaller than 10 micrometers know as PM<sub>10</sub>, and those finer particles smaller than 2.5 micrometers known as PM<sub>2.5</sub>. Particulate matter can penetrate deep into the lungs and vascular system causing irritation to airways, difficulty breathing, and increased problems in persons with heart or lung disease.<sup>51</sup>



**Table 4.2 Nevada Daily Fine Particulate Matter (PM<sub>2.5</sub>) (µg/m<sup>3</sup>), by County, 2007-2011**

County	Average PM <sub>2.5</sub> (µg/m <sup>3</sup> )
Carson City	11.2
Churchill	13.1
Clark	12.7
Douglas	11.4
Elko	12.7
Esmeralda	13.9
Eureka	13.6
Humboldt	12.4
Lander	13.6
Lincoln	13.2
Lyon	12.0
Mineral	13.0
Nye	13.3
Pershing	14.0
Storey	11.8
Washoe	12.0
White Pine	13.3
<b>Nevada</b>	<b>13.0</b>

Source: CDC WONDER

There was little variation in the range of daily PM<sub>2.5</sub> between the counties from 2007 through 2011. The lowest measure was Carson City with a daily average PM<sub>2.5</sub> of 11.2 (µg/m<sup>3</sup>) while the highest was Pershing County with a daily average PM<sub>2.5</sub> of 14.0 (µg/m<sup>3</sup>).

## Community Water Systems

Community water systems (CWS) are public water systems that supply ground or surface water to the same population year-round.<sup>52</sup> The systems are monitored for potential contaminants to ensure they do not exceed maximum contaminant levels (MCL), which are the set standard levels for drinking water.

**Table 4.3 List of Contaminants Found in Nevada Community Water Systems**

Contaminant	Potential Health Effects from Long Term Exposure	Sources of Contaminant
Arsenic	Skin damage or problems with circulatory systems, increased risk of cancer	Erosion of natural deposits; runoff from orchards, runoff from glass and electronics production wastes
Cadmium	Kidney damage	Corrosion of galvanized pipes; erosion of natural deposits; discharge from metal refineries; runoff from waste batteries and paints
Haloacetic Acids	Increased risk of cancer	Byproduct of drinking water disinfection
Uranium	Increased risk of cancer, kidney toxicity	Erosion of natural deposits

Source: Environmental Protection Agency

Table 4.4 depicts the number of CWS per county and the number of people served by the specific CWS, as well as additional information about the number of times the MCLs were violated. There are over 80 contaminants which have set MCL standards. For a full list of contaminants and their potential health effects please refer to the [National Primary Drinking Water Regulations](#).

Most of the water systems in Nevada with a violation were found to have exceeded the maximum contaminant levels (MCL) for arsenic.

**Table 4.4 Nevada Percent of Community Water Systems (CWS) in Compliance with Maximum Containment Levels (MCL) for Primary Drinking Water, 2009-2015**

County	Number of Community Water Systems	Number (%) in Compliance with MCL	Total Population Served by Community Water Systems	Number of People Served by a CWS out of Compliance with MCL	% of Population Served by Systems with 1 or more Violations	Years Violation(s) Found	Number of Violations	Contaminate
Carson City	3	3 (100%)	56,310	0	0.0%		None	
Churchill	10	7 (70%)	13,571	620	4.6%	2009 through 2015	55	Arsenic
Clark	47	45 (96%)	2,017,696	132	0.0%	2010 through 2015	35	Arsenic
Douglas	25	23 (92%)	41,231	490	1.2%	2015	4	Combined Uranium, Total Haloacetic Acids
Elko	17	17 (100%)	39,241	0	0.0%		None	
Esmeralda	2	2 (100%)	488	0	0.0%		None	
Eureka	5	5 (100%)	1,245	0	0.0%		None	
Humboldt	7	6 (86%)	10,806	200	1.9%	2015	1	Arsenic
Lander	3	3 (100%)	4,335	0	0.0%		None	
Lincoln	5	5 (100%)	4,262	0	0.0%		None	
Lyon	6	6 (100%)	40,289	0	0.0%		None	
Mineral	4	4 (100%)	3,800	0	0.0%		None	
Nye	25	24 (96%)	20,737	240	1.2%	2011 through 2015	17	Arsenic
Pershing	4	4 (100%)	5,433	0	0.0%		None	
Storey	2	2 (100%)	2,730	0	0.0%		None	
Washoe	41	39 (95%)	406,462	174	0.0%	2011 through 2015	19	Arsenic, Combined Uranium
White Pine	7	7 (100%)	8,199	0	0.0%		None	
<b>Nevada</b>	<b>213</b>	<b>202 (95%)</b>	<b>2,676,835</b>	<b>1856</b>	<b>0.1%</b>	<b>2009 through 2015</b>	<b>131</b>	<b>All of the Above</b>

Source: Nevada Division of Environmental Protection, July 2015



## Built Environment

- Low Access to Grocery Stores
- Prevalence of Fast
- Food Restaurants
- Access to Locations to Engage in Physical Activity
- Commute Time to Work

## 4.2 Built Environment

The built environment includes physical aspects of the areas in which people work, live and play and can have a large impact on community health. For instance, neighborhoods with adequate sidewalks and bike lanes allow people to engage in active forms of transportation, which in turn increases physical activity. The built environment also impacts where and how people access food and get to work or school everyday.<sup>53, 54</sup>

### Health Indicators

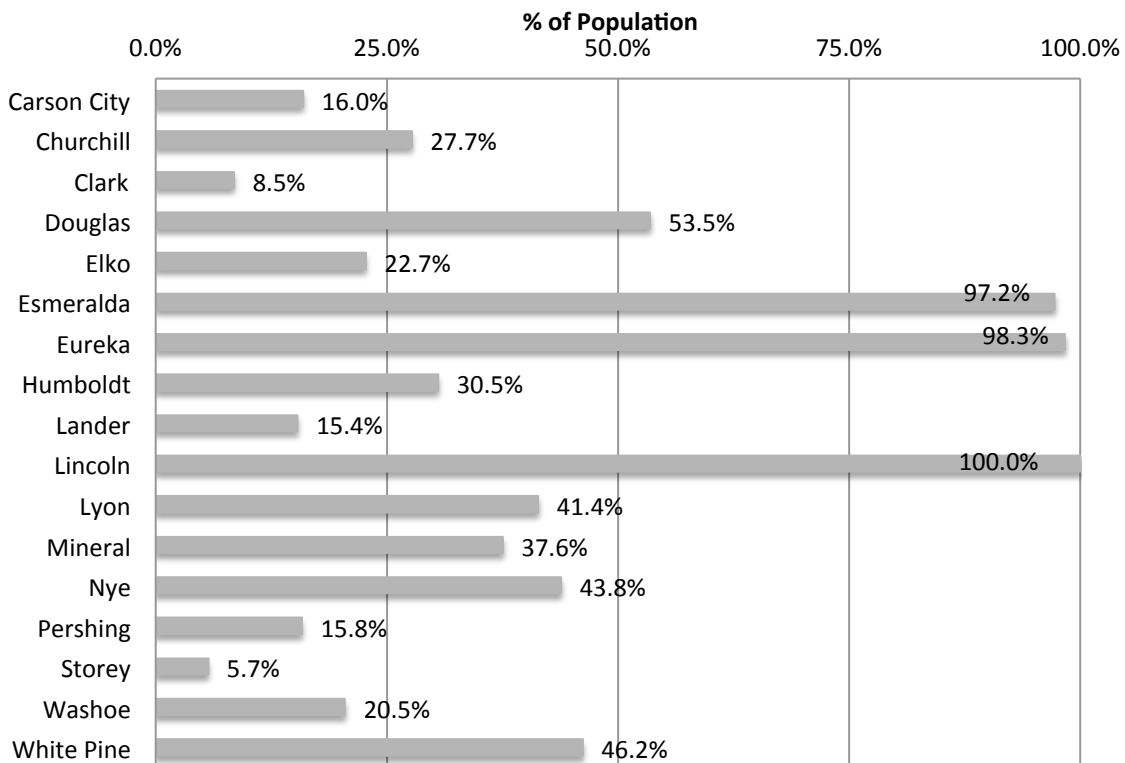
- Low Access to Grocery Stores\*
- Fast Food Restaurants
- Access to Locations for Physical Activity
- Commute Time to Work

\*county data only

### Low Access to Grocery Stores

Having access to healthy, fresh, affordable food is associated with lower rates of diet-related conditions and chronic diseases including obesity and diabetes.<sup>55</sup> Low access to grocery stores is defined as the percentage of people living more than one mile from a supermarket or grocery store if in an urban area, or more than 10 miles from a supermarket or large grocery store if in a rural area.<sup>56</sup>

**Fig 4.1 Nevada Percent of Population with Low Access to Grocery Stores, by County, 2010**



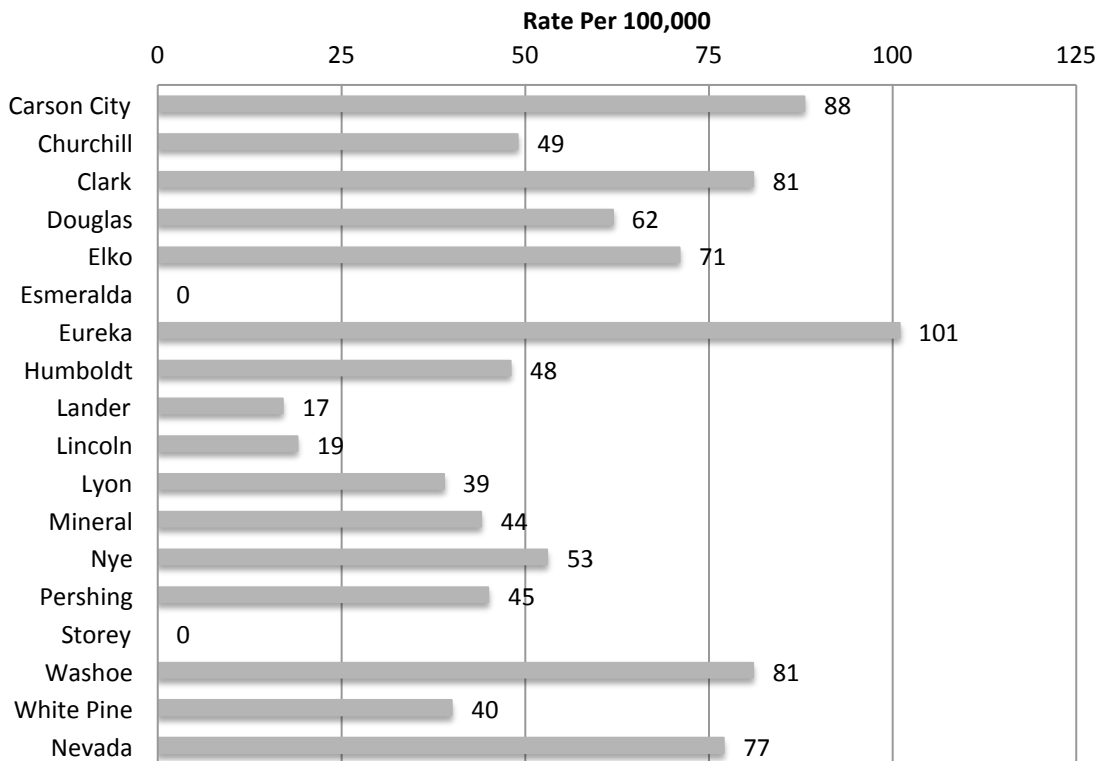
Source: U.S. Department of Agriculture

- Nearly all of the residents in Lincoln, Eureka, and Esmeralda Counties have low access to grocery stores, while the majority of residents in Clark and Storey Counties have adequate access to grocery stores.

### Fast Food Restaurants

The location and number of fast food restaurants has been shown to impact eating habits and can lead to an increase in obesity rates.<sup>57, 58</sup>

**Fig 4.2 Nevada Fast Food Restaurants per 100,000 Population, by County, 2011**



Source: U.S. Department of Agriculture

Note: there were no noted fast food restaurants in Esmeralda or Storey Counties

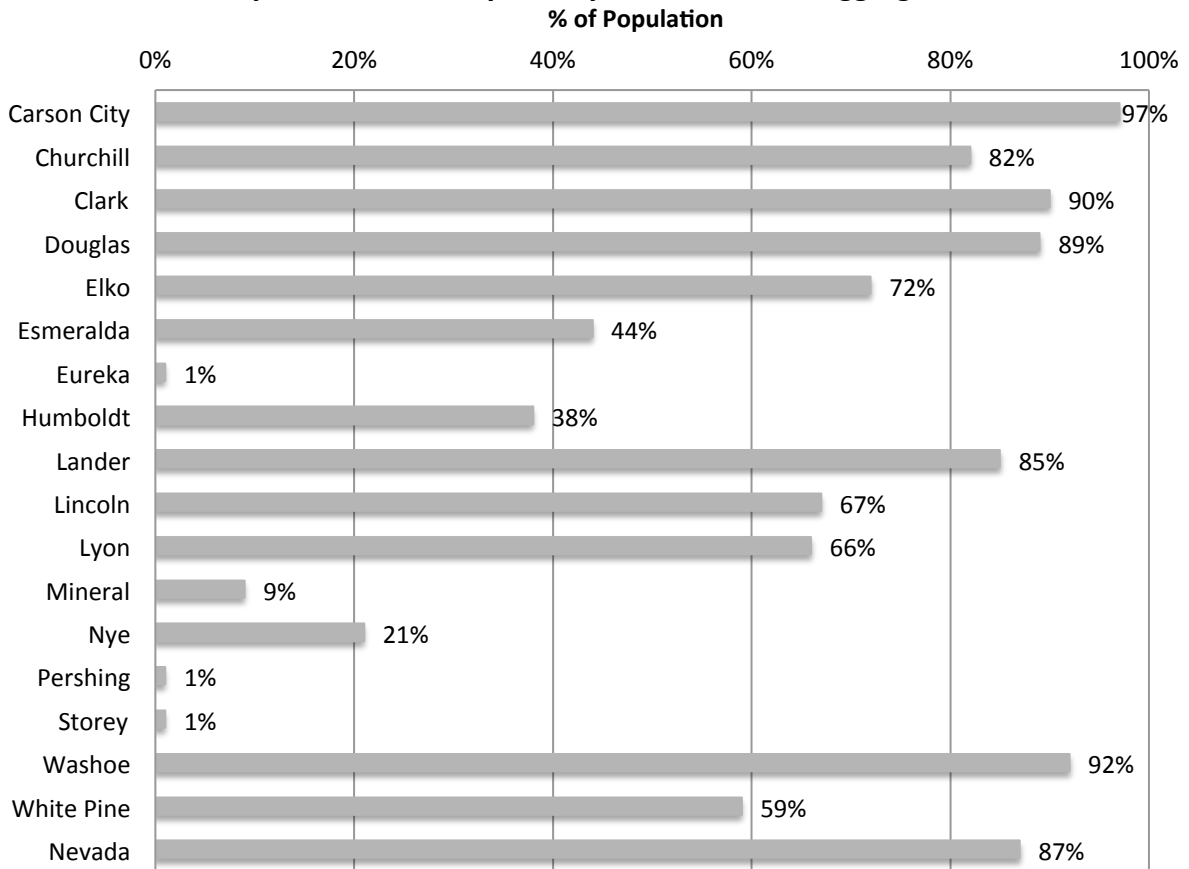
- Eureka County has the most fast food restaurants per capita followed by Carson City, Clark and Washoe Counties, while Esmeralda and Storey Counties had no noted fast food restaurants within county boundaries.

### Access to Locations to Engage in Physical Activity

Those who live closer to places to engage in physical activity are more likely to exercise simply because of ease of access.<sup>59, 60</sup>

“Adequate” population access is defined as individuals who live in a census block within a half mile of a park or in within one mile of a recreational facility (urban), while rural locations had access if the residence was within three miles of a recreational facility. Locations to engage in physical activity are defined as parks (local, state and national) as well as health clubs or fitness centers, community centers, dance centers and pools.<sup>61</sup>

**Fig 4.3 Nevada Percent of Population with Adequate Access to Locations for Physical Activities, by County, 2010 and 2013 Aggregate Data**



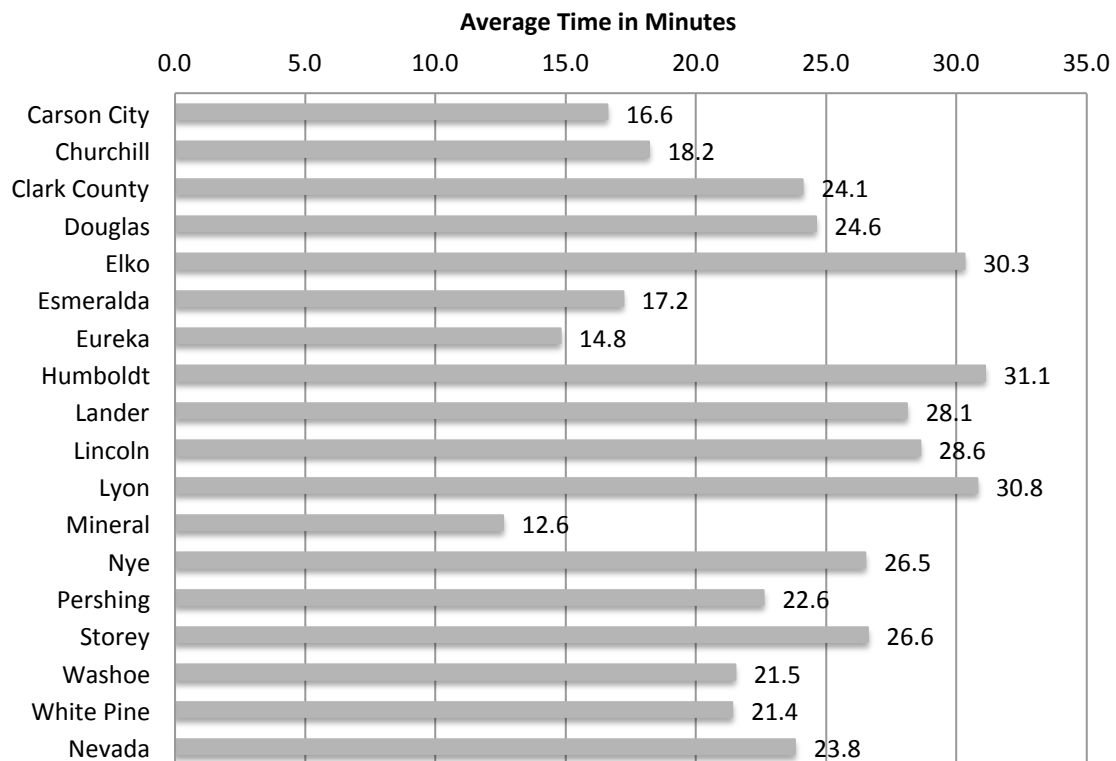
Source: County Health Rankings

- The majority of residents in Eureka, Pershing and Storey Counties have inadequate access to places to engage in physical activity, while the majority of the residents in 10 of the counties have adequate access to places to engage in physical activity.

## Commute Time to Work

Commute time is a useful indicator to measure community transit. Having limited public transit or a lack of sidewalks and bike paths increases dependence on driving, which contributes to physical inactivity, obesity, social isolation and air pollution. Having a long commute time (30 or more minutes) is associated with elevated blood pressure and reduces time for healthy activities.<sup>62, 63</sup>

**Fig 4.4 Nevada Commute Time to Work, by County, 5-year Estimates, 2009-2013 Aggregate Data**



Source: American Community Survey 5-year estimates

- Commute time to work in Elko, Humboldt, and Lyon Counties were longest (> 30 minutes), while the commute time in Mineral, Eureka, and Esmeralda Counties were the shortest.

# Health Behaviors

# Physical Activity

- Adolescent Physical Activity
- Adolescent Sedentary Hours per Day
- Adult Exercise Outside of Job

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## Health Behaviors

Lack of exercise, poor diet, drug use and excessive alcohol intake are the four main risk factors that contribute to the largest proportion of premature deaths from heart disease, cancer and cardiovascular disease in the United States.<sup>64</sup>

### Section 5.1 Physical Activity

Regular physical activity improves mental and physical health and results in many beneficial health outcomes including, but not limited to, reducing the risk of type 2 diabetes, cancer, depression, as well as weight gain, which ultimately leads to a reduced risk for premature death. The Physical Activity Guidelines for Americans (PAG) recommend that children and adolescents engage in 1 hour (60 minutes) or more of physical activity every day and adults engage in 2 ½ hours (150 minutes) of moderate – intensity or 1 hour and 15 minutes (975 minutes) of vigorous-intensity physical activity each week.<sup>65</sup>

### Health Indicators

- Active 1 hour 5 days, past 7 days\*
- Active 1 hour every day, past 7 days\*
- Used the Computer 3 hours/day, average school day\*
- Watched Television 3 hours/day, average school day\*
- Engage in Physical Activity \*\*

*\*Data available for adolescents only*

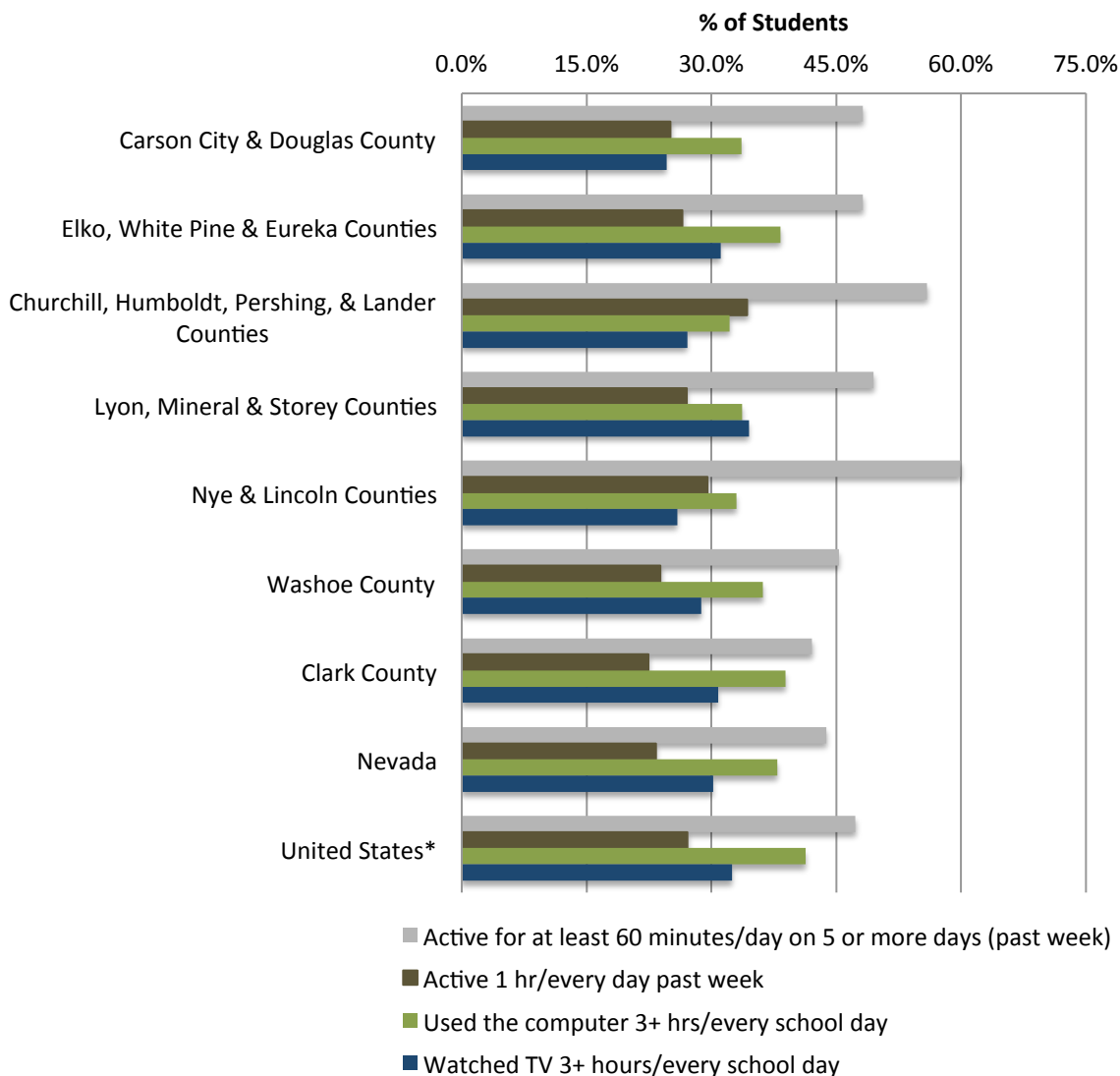
*\*\*Data available for adults only*

*Note: All of the following data points for adults and adolescents were measured differently; therefore, rates are not to be compared between adolescents and adults.*



## Physical Activity and Sedentary Behavior Among Adolescents

**Fig 5.1 Factors Related to Physical Activity and Sedentary Behavior Among Adolescents, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Source: CDC Youth Online: High School YRBS, 2013

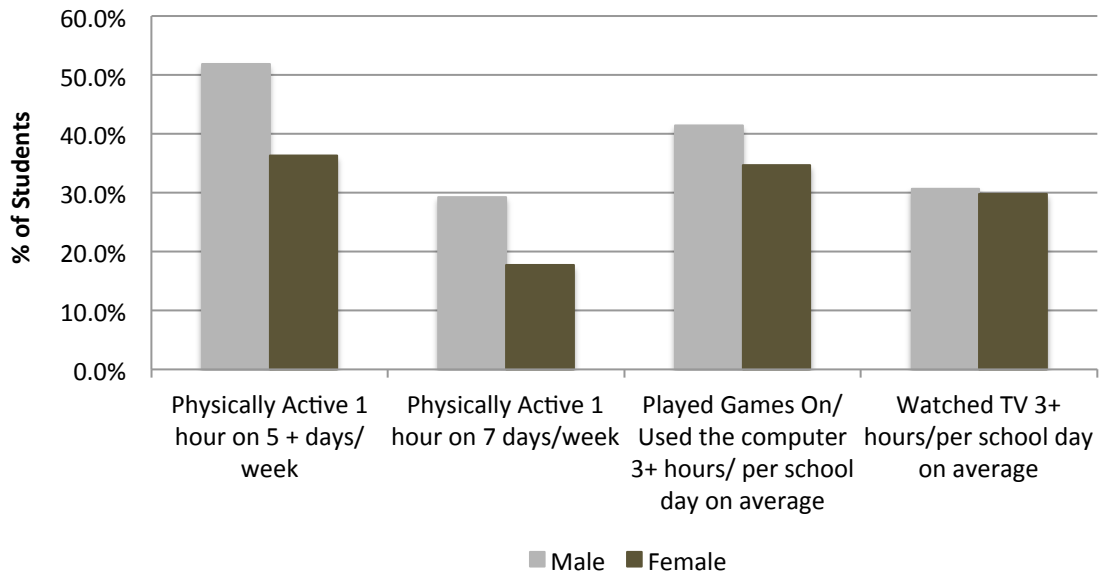
Note: Physical Activity Guidelines recommend adolescents 18 years and younger engage in 1 hour of physical activity every day of the week.

- High school students in Nevada reported engaging in physical activity for at least one hour a day fewer days per week than other high school students in the United States.

- Proportionately fewer high school students in Nevada reported engaging in sedentary activities, such as watching TV or using the computer, than other high school students in the United States.
- Over one third of students in all counties reported being physically active for 60 minutes (1 hour) on at least five of the past 7 days.
- Less than a one fourth of students in Nevada are meeting the national physical activity recommended guidelines.
- More than one third of students in Nevada reported playing games or using the computer for more than three hours a day on an average school day.
- Nearly one third of students in Nevada reported watching TV for more than three hours a day on an average school day.
- Students reported engaging in physical activity more days a week in the combined region of Nye and Lincoln Counties as well as the combined region of Churchill, Humboldt, Pershing, and Lander Counties.

### Disparities in Physical Activity and Sedentary Behavior Among Adolescents

**Fig 5.2 Nevada Factors Related to Physical Activity and Sedentary Behavior Among Adolescents, by Sex, 2013**

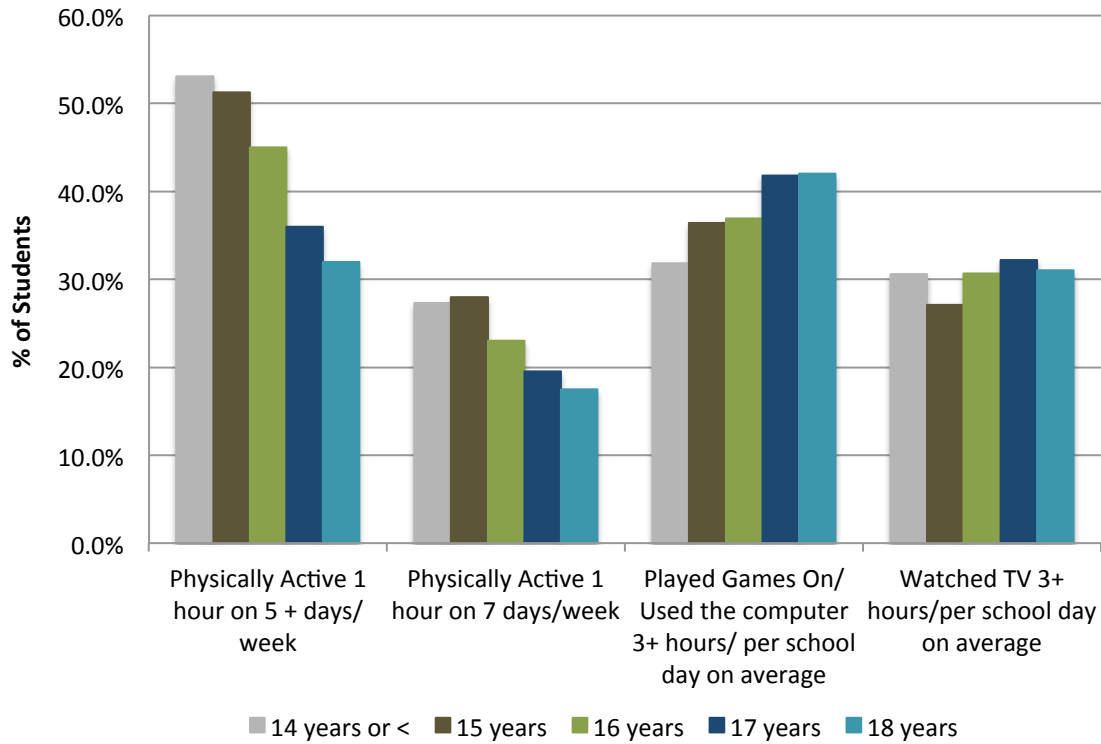


Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- Just over half (51.8%) of males reported engaging in physical activity for an hour or more on at least five of the past seven days, which was higher than females (36.3%).
- Less than one third of males and less than one fifth of females were meeting the national recommended physical activity guidelines.
- More males than females reported playing games on or using the computer for three or more hours on an average school day.

- Nearly one third of both males and females reported watching three or more hours of TV on an average school day.

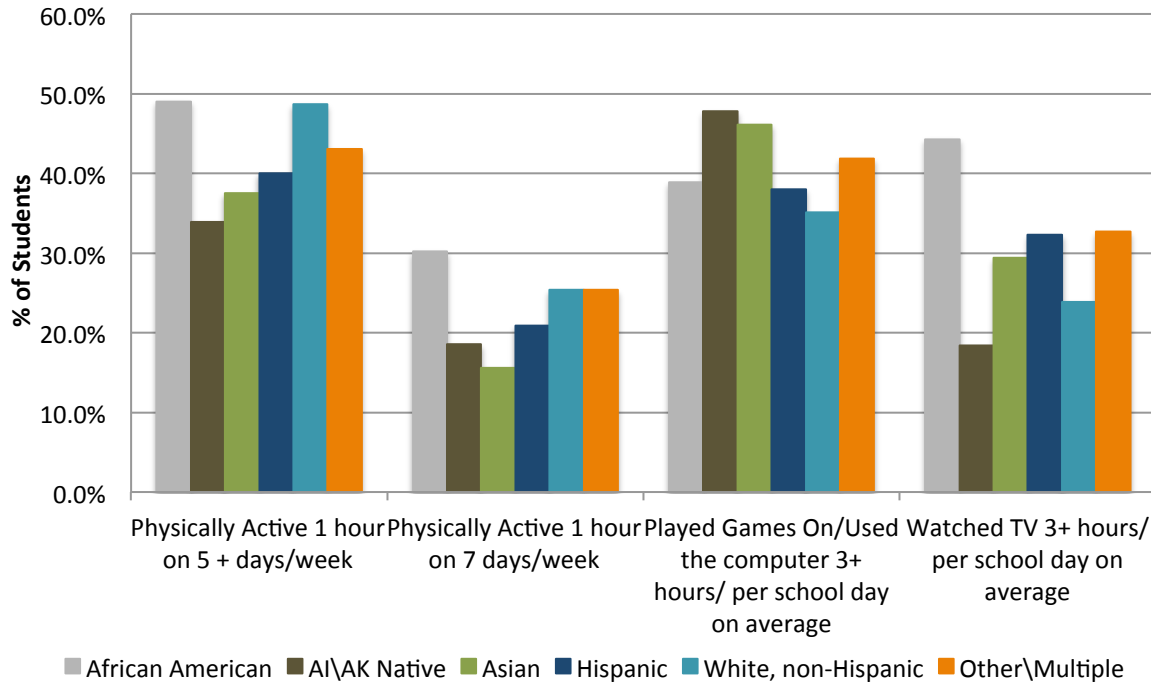
**Fig 5.3 Nevada Factors Related to Physical Activity and Sedentary Behavior Among Adolescents, by Age, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- As students become older they are less likely to be physically active and more likely to report engaging in sedentary activities.

**Fig 5.4 Nevada Factors Related to Physical Activity and Sedentary Behavior Among Adolescents, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- African American students reported engaging in physical activity more days a week than other race/ethnicities, and although they reported spending time on the computer less often than American Indian/Alaskan Native and White, non-Hispanic students.
- Proportionately more African American students reported watching TV for three or more hours a day than students of other race/ethnicities.
- American Indian/Alaskan Native students were among the least physically active. Proportionately fewer American Indian/Alaskan Native students reported being physically active for an hour on five or more days than any other race/ethnicity. Less than one fifth of American Indian/Alaskan Native students reported meeting nationally recommended physical activity guidelines.
- More American Indian/Alaskan Native students reported playing games or using the computer for three hours on an average school day than any other racial/ethnic group. However, they were lowest among all other race/ethnicities in terms of reporting watching TV three or more hours a day during an average school day.
- Asian students were also among the least physically active. Only 15.6% were meeting nationally recommended physical activity guidelines and over 40% reported playing games on or using the computer for more than three hours a day on an average school day, and 29.4% reported watching TV for three or more hours on an average school day.

- Hispanic students were in the middle of the spectrum on all four measurements presented in the graph above. Less than one fourth reported meeting national recommended physical activity guidelines, while over one third reported spending more than three hours playing games on or using a computer on an average school day.
- Nearly one third of Hispanic students reported watching TV for three or more hours on an average school day.
- About one fourth of White, non-Hispanic students reported meeting national recommended physical activity guidelines. Proportionally fewer White, non-Hispanic students reported playing games on or using the computer for three or more hours a day on an average school day than all other racial/ethnic groups.
- Almost a quarter of White, non-Hispanic students reported watching TV for three or more hours on an average school day.
- About one fourth of students who identified as either multiple races or some other race reported meeting national recommended physical activity guidelines.
- Over 40% of students who identified as either multiple races or some other race, reported playing games on or using the computer for three or more hours a day, and nearly one third reported watching TV for three or more hours on an average school day.

### Physical Activity Among Adults

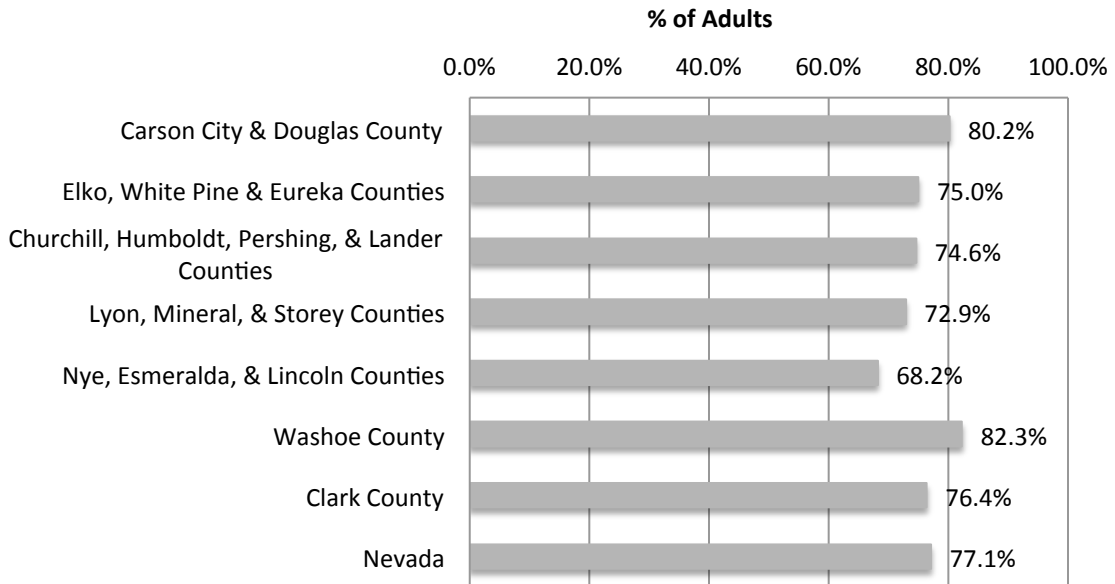
The reported physical activity levels among adults in Nevada have not significantly changed from 2011 to 2014 (Table 5.1).

**Table 5.1 Nevada Percent of Adults Reporting Any Exercise Other than their Job in the Past 30 days, 2011-2014**

2011	2012	2013	2014
75.7%	78.7%	76.3%	77.5%

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

**Fig 5.5 Nevada Percent of Adults Reporting Any Exercise Other than their Job, by County/Region, 2011-2014 Aggregate Data**

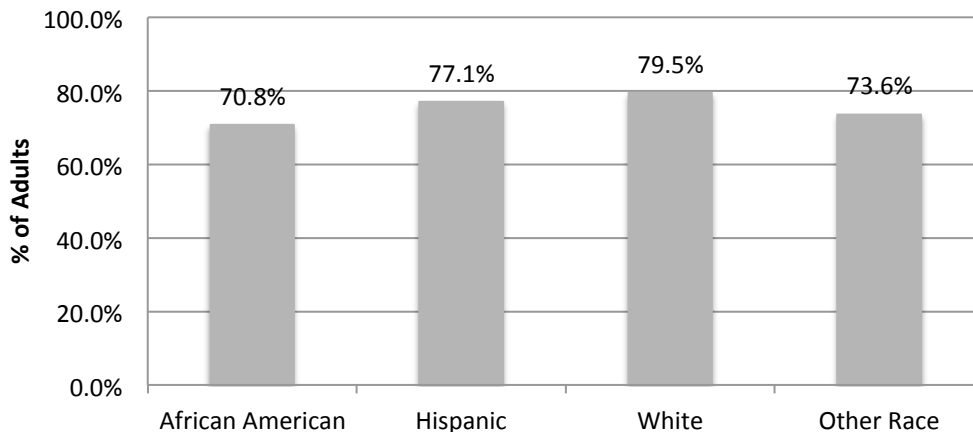


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

- More adults reported engaging in exercise outside of their job in Washoe County (82.3%) and the combined region, including Carson City and Douglas Counties (80.2%), than other counties in Nevada.
- Approximately 68.2% of adults in the combined region of Nye, Esmeralda and Lincoln Counties reported engaging in exercise outside of their job, which was the lowest in Nevada.

**Physical Activity Disparities Among Adults**

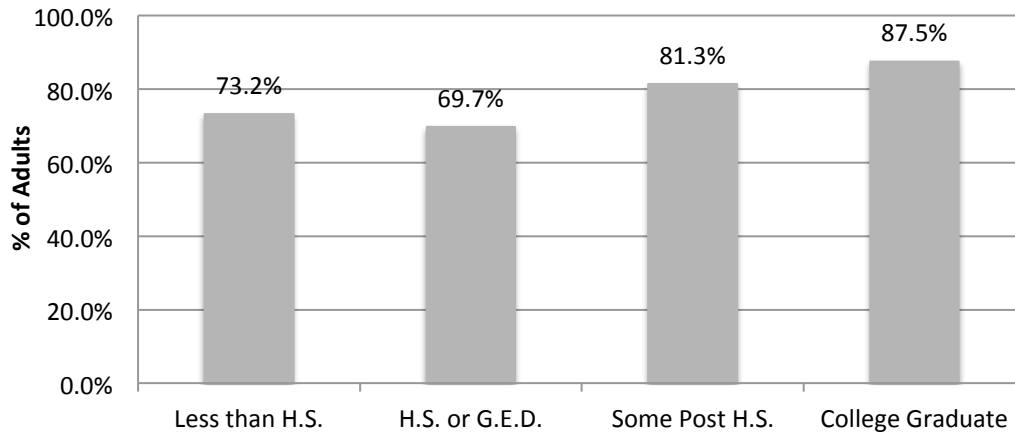
**Fig 5.6 Nevada Percent of Adults Reporting Any Exercise Other than their Job, by Race/Ethnicity, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- African American adults were the least likely to engage in physical activity outside of their job than other race/ethnicities.
- Those who identified as White were most likely to report engaging in physical activity outside of their job.

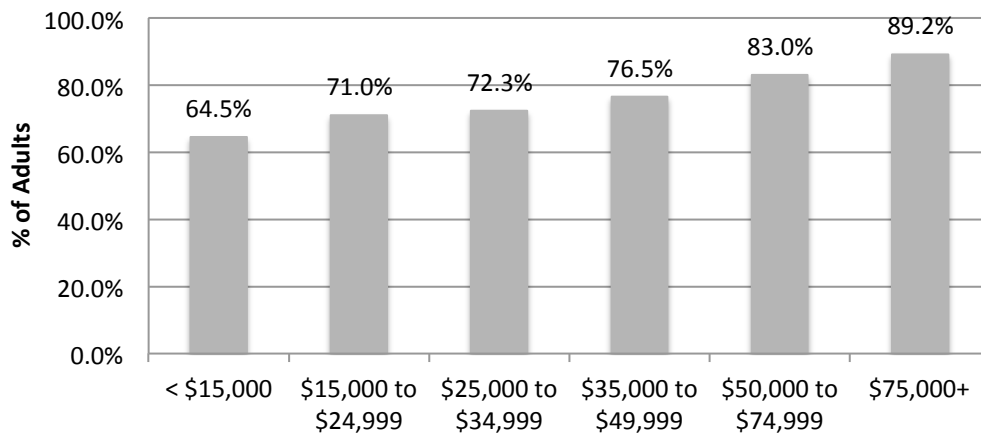
**Fig 5.7 Nevada Percent of Adults Reporting Any Exercise Other than their Job, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Overall, as education level increased, so did reported physical activity.

**Fig 5.8 Nevada Percent of Adults Reporting Any Exercise Other than their Job, by Income Level, 2014**

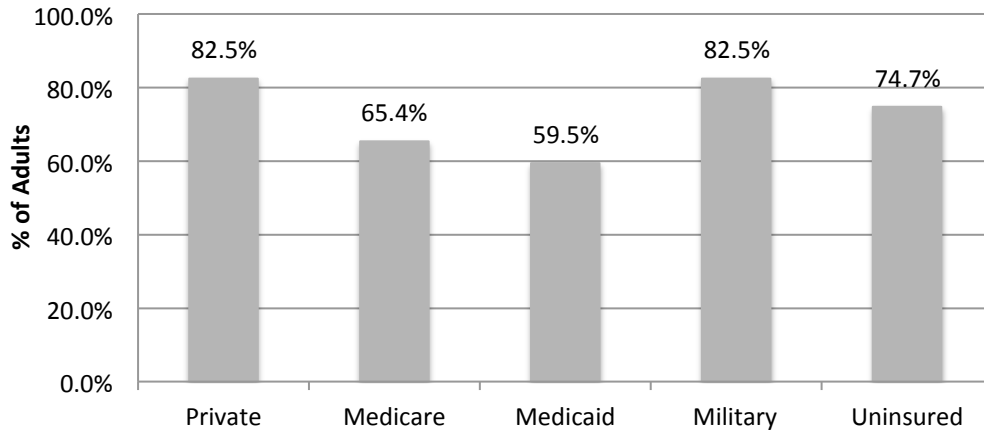


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As income level increased, so did the proportion of adults who engaged in physical activity, as 89.2% of those who reported \$75,000 or more in annual earnings a year

engaged in physical activity outside their job, compared to 64.5% of those who earned less than \$15,000.

**Fig 5.9 Nevada Percent of Adults Reporting Any Exercise Other than their Job, by Insurance Type, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Those with private or military insurance reported engaging in physical activity outside of their job more than those with Medicaid or Medicare.



## Nutrition

- Adolescent Milk and Soda Consumption
- Fruit and Vegetable Consumption Among Adolescents and Adults

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## Section 5.2 Nutrition

Americans today eat about 500 more calories a day than they did in the 1970s. The increase in caloric intake is largely due to an increase in grains, added fats, oils and sugars in the diet, which has helped fuel the obesity epidemic in the United States.<sup>66</sup>

MyPlate is the latest nutrition guide from the United States Department of Agriculture (USDA) that provides information to individuals to help build healthier diets using resources and tools for assessment based on sex, age, and physical activity levels. MyPlate illustrates the five food groups (fruits, vegetables, grains, protein, and dairy) that are the building blocks of a healthy diet and stresses the importance of whole grains, lean meats and increased consumption of legumes. Selected messages include reducing portion sizes and promoting water instead of flavored, sugary drinks.

### Health Indicators

- Drank Milk versus Soda, per day\*
- Fruit Once a Day\*\*
- Fruit/Fruit Juice 2+ times/day\*
- Vegetable Once a Day\*\*
- Vegetable 3 + times /day\*

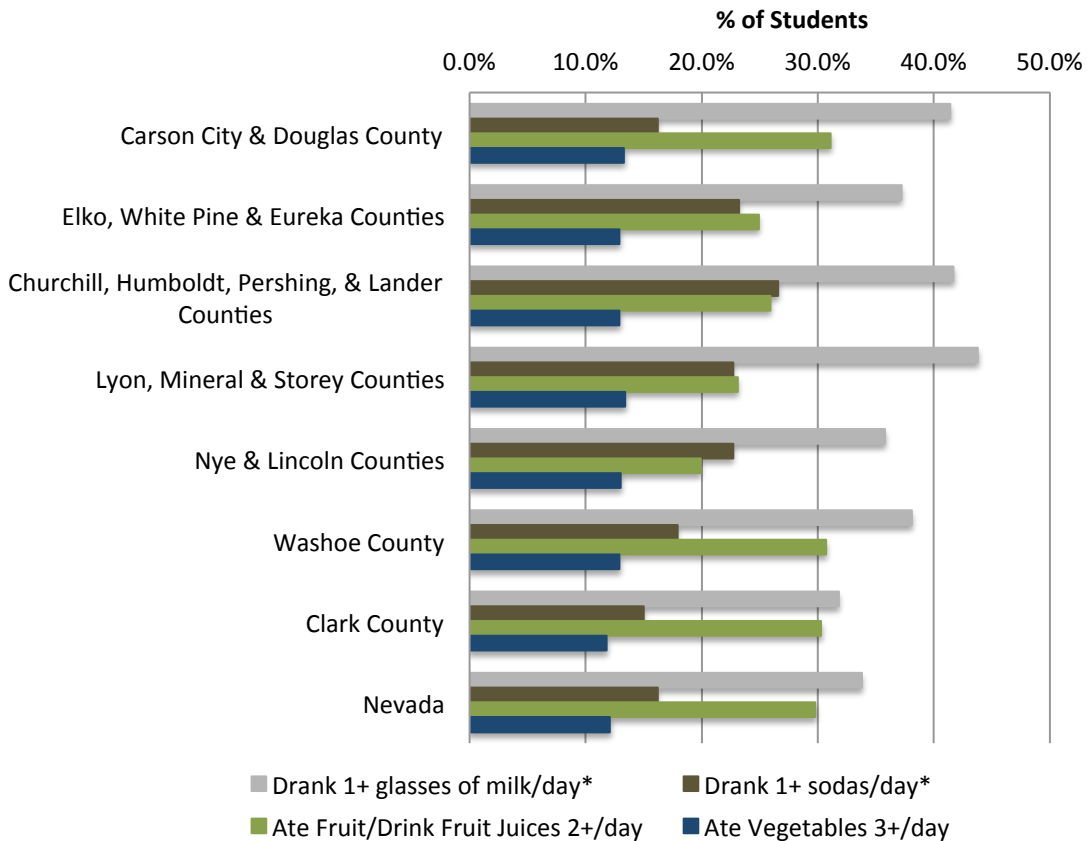
*\*Adolescent data*

*\*\*Adult data*

*Note: All of the following data points for adults and adolescents were measured differently; therefore, rates are not to be compared between adolescents and adults.*

## Nutrition Among Adolescents

**Fig 5.10 Nevada Select Factors Related to Nutrition Among Adolescents, by County/Region, 2013**

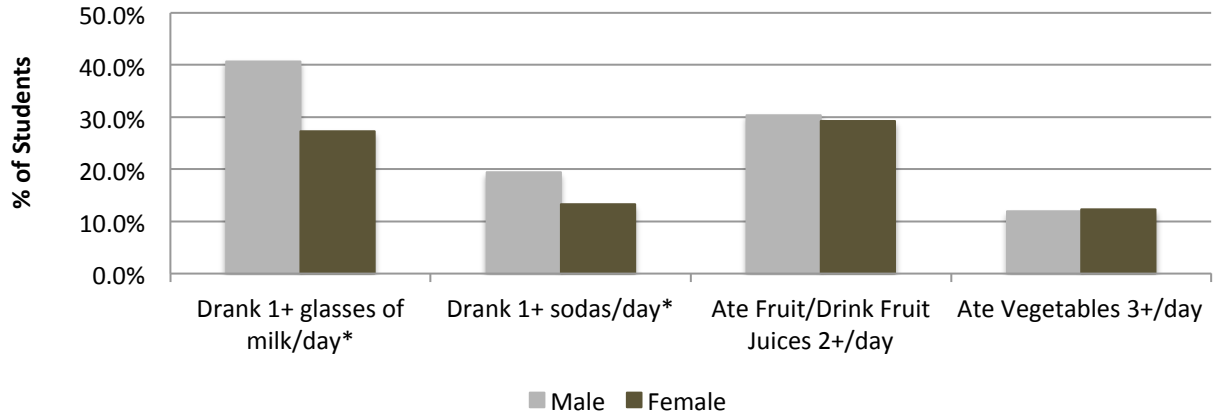


Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- A fewer proportion of students in Clark County reported drinking at least one glass of milk each day compared to all other counties/regions in Nevada. A higher proportion of students in Lyon, Mineral and Storey Counties reported drinking at least one glass of milk each day than other counties/regions in Nevada.
- Over a quarter of students in the combined region of Churchill, Humboldt, Pershing and Lander Counties reported drinking one or more sodas each day, which was higher than all other counties/regions in Nevada. A smaller proportion of students in Clark County reported drinking one or more sodas each day compared to other counties/regions in Nevada.
- A slightly higher proportion of students in Washoe County reported eating fruit or drinking fruit juices two or more times a day, while students in Nye and Lincoln Counties were the least likely to report eating fruit or drinking fruit juices two or more times a day compared to other counties/regions in Nevada.
- Only 12% to 13% of students in all counties (except for Clark County) reported eating vegetables three or more times per day. In Clark County, 11.8% of students reported eating three or more servings of vegetables per day.

## Nutrition Disparities Among Adolescents

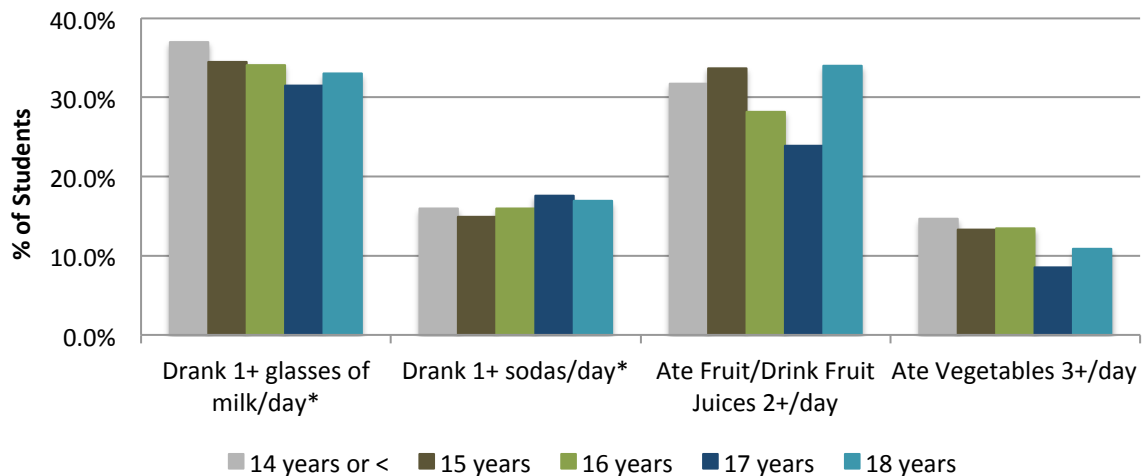
**Fig 5.11 Nevada Select Factors Related to Nutrition Among Adolescents, by Sex, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- Female students were less likely than Male students to report drinking one or more glasses of milk or having one or more sodas per day.
- Daily fruit and vegetable consumption was relatively similar between Males and Females.

**Fig 5.12 Nevada Select Factors Related to Nutrition Among Adolescents, by Age, 2013**

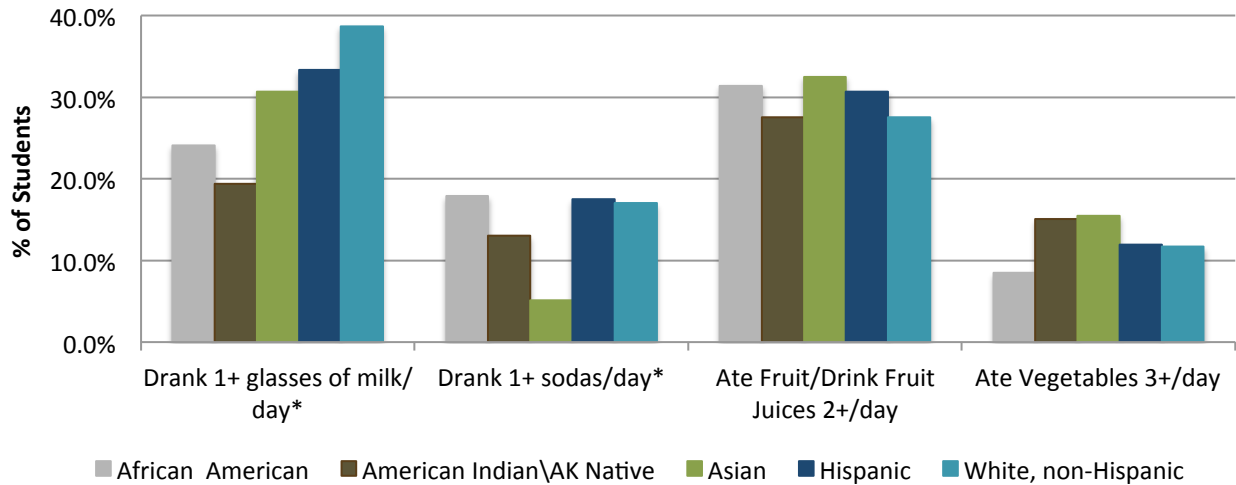


Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- As students' age increased, they were less likely to report drinking at least one glass of milk per day and more likely to report drinking one or more sodas per day.

- Although students reporting consuming two or more servings of fruit (fruit or fruit juice) varied from age to age, there was a downward trend. As students age, fewer reported consuming two or more servings of fruit each day.
- As students' age increased, they were less likely to report consuming three or more servings of vegetables each day.

**Fig 5.13 Nevada Select Factors Related to Nutrition Among Adolescents, by Race/Ethnicity, 2013**



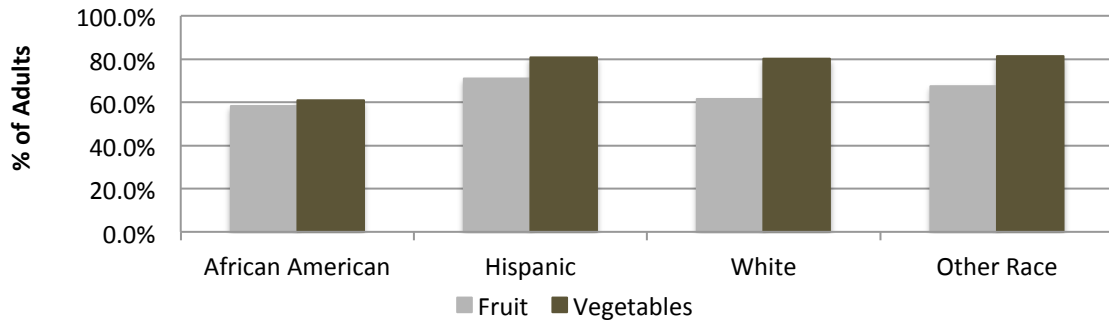
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- White, non-Hispanic students were more likely to report drinking one or more glasses of milk each day, while students who were Native American/Alaskan Natives were least likely to report drinking one or more glasses of milk each day.
- Hispanic students were more likely to report drinking one or more sodas each day, while students who were Asian were least likely to report drinking one or more sodas each day.
- Fruit and vegetable consumption was relatively similar between all race/ethnicities, with the exception of vegetable consumption among African Americans who were least likely to report eating at least three servings of vegetables each day than student of other races/ethnicities.

### Nutrition Disparities Among Adults

Data for adult fruit and vegetable consumption were only available from 2013; therefore, data presented by county and regional breakouts were not reliable. In 2013, approximately 64.4% of adults reported eating at least one serving of fruit daily, while 79.1% reported eating at least one serving of vegetables daily.

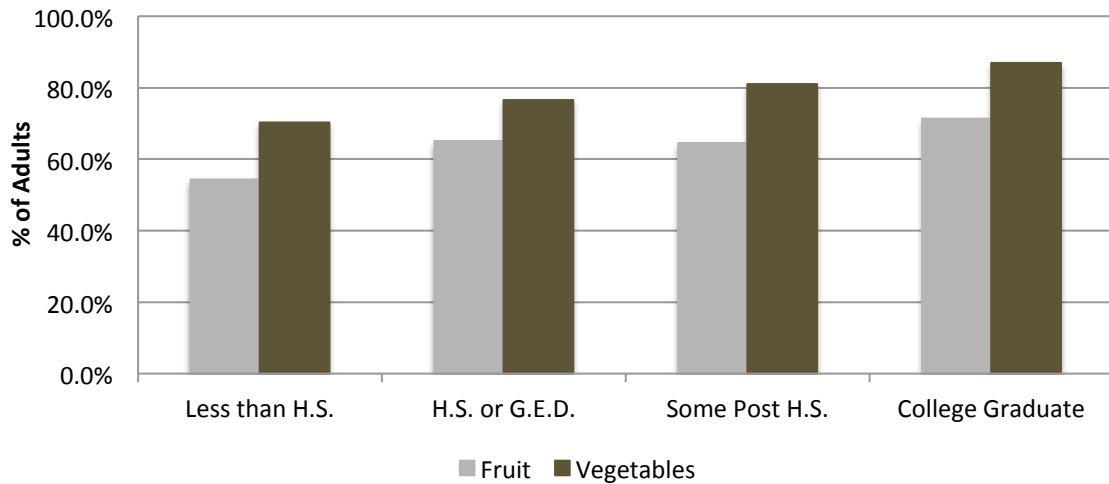
**Fig 5.14 Nevada Percent of Adults who Consume At Least 1 Serving of Fruit/Vegetables, by Race/Ethnicity, 2013**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2013

- In 2014, adults of all races and ethnicities reported eating at least one serving of vegetables per day more often than fruit.
- Both fruit and vegetable consumption was lower among African Americans.
- Fruit consumption was lower among Whites than Hispanics and those of Other Races, while vegetable consumption among Hispanics, White and Other Races were relatively equal.

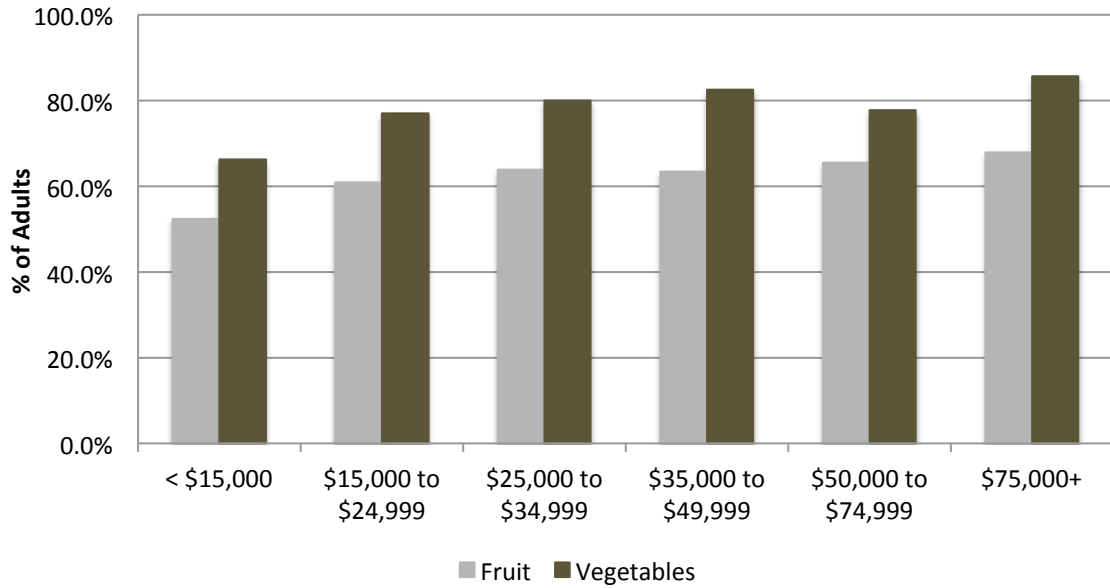
**Fig 5.15 Nevada Percent of Adults who Consume At Least 1 Serving of Fruit/Vegetables, by Educational Attainment, 2013**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2013

- As educational attainment increased, so did the proportion of adults who reported eating at least one serving of fruit or vegetables per day.

**Fig 5.16 Nevada Percent of Adults who Consume At Least 1 Serving of Fruit/Vegetables, by Income Level, 2013**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2013

- Overall, as income levels increased, so did reported vegetable consumption. A similar pattern occurred among reported fruit consumption but to lesser degree.

# Overweight and Obese

- Overweight and Obese Adolescents
- Overweight and Obese Adults



### Section 5.3 Overweight and Obese

Obesity is one of the largest public health threats and is associated with numerous poor health outcomes.<sup>67, 68, 69</sup>

Overweight and obesity are defined as having too much body fat and is typically measured by calculating body mass index (BMI). Today, two in three adults and one in every three children in the United States are either overweight or obese.<sup>70</sup>

Numerous cultural phenomena are responsible for the increased prevalence of obesity, however, the rise of daily food intake coupled with the lack of physical exercise and increased sedentary lifestyles are huge contributing factors.

#### Health Consequences of Obesity

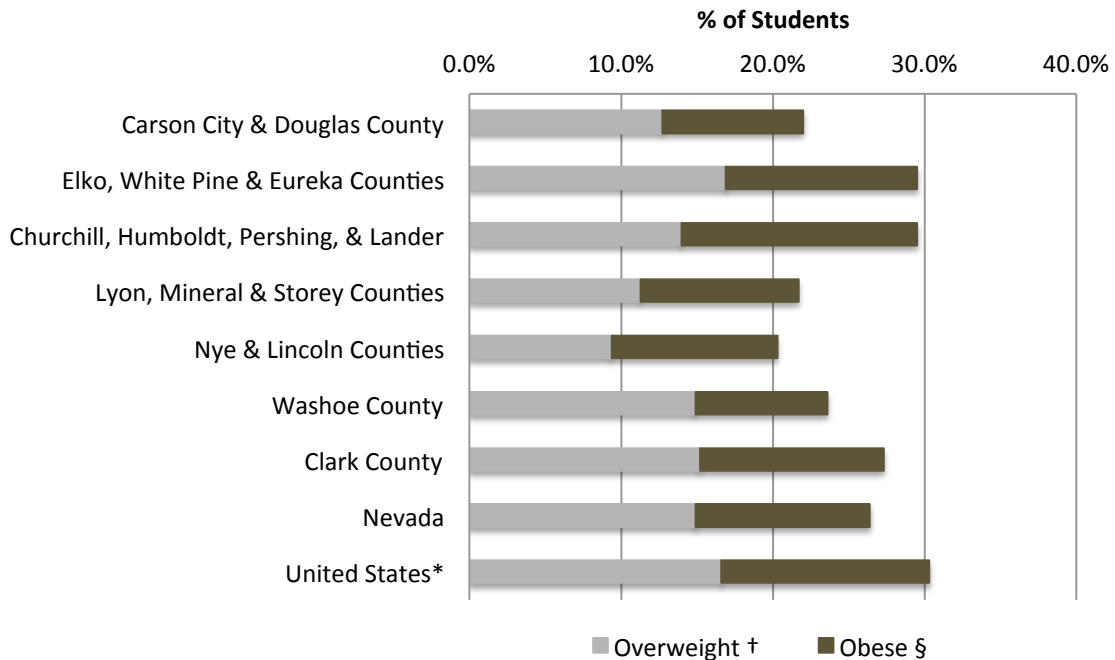
- Cardiovascular disease
- Heart disease
- Diabetes
- Stroke
- High blood pressure
- Increased cholesterol
- Hypertension
- Asthma
- Cancer
- Liver disease
- Bone and joint problems
- Depression
- Sleep apnea
- Poor self-esteem
- Reduced productivity
- Decreased immune function
- Infertility

#### Health Indicators

- Overweight and Obese Adolescents
- Overweight and Obese Adults

*Note: All of the following data points for adults and adolescents are measured differently, therefor rates are not to be compared between adolescents and adults.*

**Overweight and Obesity Among Adolescents**  
**Fig 5.17 Adolescent Prevalence of Overweight and Obesity, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Source: CDC Youth Online: High School YRBS, 2013

†Students who were ≥85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

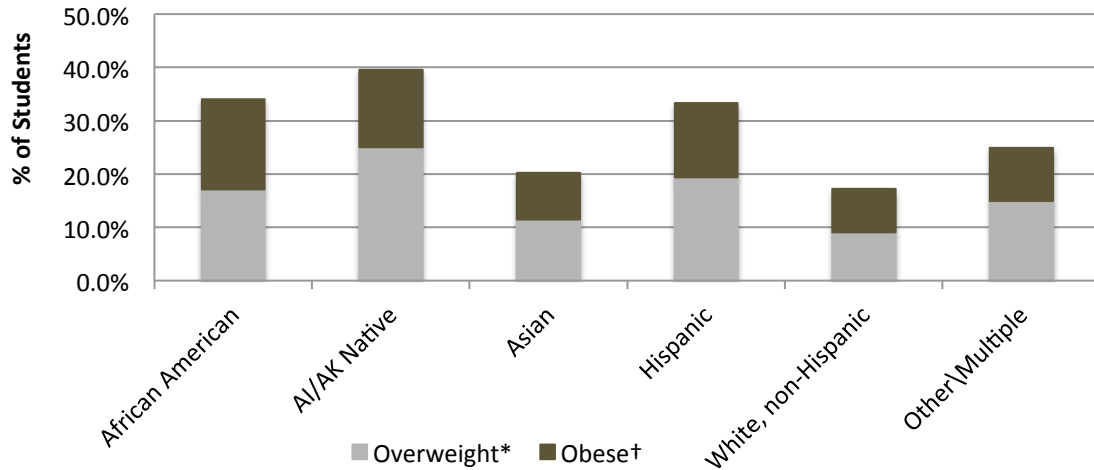
§ Students who were ≥95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

- Over 25% of students in Clark County and the combined regions of Elko, White Pine, and Eureka Counties, as well as the combined region of Churchill, Humboldt, Pershing and Lander Counties, were overweight or obese.
- A lower proportion of students in Nye and Lincoln Counties were estimated to be overweight or obese than all other counties/regions in Nevada, yet about 20% of students still classified as being either overweight or obese.

## Overweight and Obesity Disparities Among Adolescents

The prevalence of overweight was similar among high school males (14.7%) and females (15.1%). However, more males were classified as obese compared to females at 15.2% and 8.0% respectively.

**Fig 5.18 Nevada Adolescent Prevalence of Overweight and Obesity, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Students who were  $\geq 85$ th percentile but  $< 95$ th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

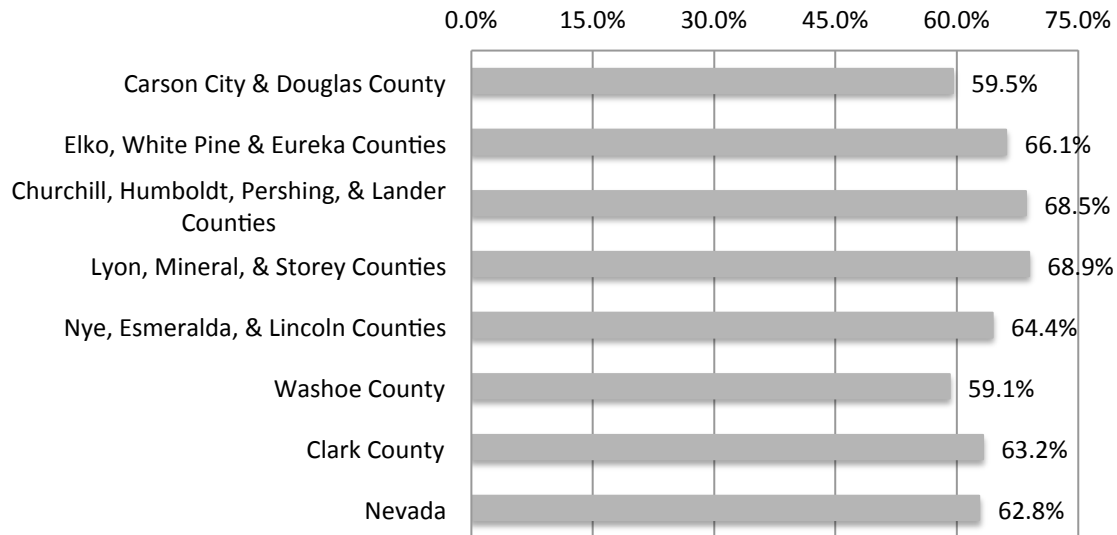
† Students who were  $\geq 95$ th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

- One third or more African American, American Indian/Alaskan Native, and Hispanic students were classified as being overweight or obese. Fewer Asian and White, non-Hispanic students were classified as overweight or obese.

## Overweight and Obesity Among Adults

Although there was a slight decrease from 2013 to 2014, the overall prevalence of adults who reported being overweight or obese has increased from 2011 to 2014.

**Fig 5.19 Nevada Adults who Reported Being Overweight/Obese, by County/Region, 2011-2014 Aggregate Data**  
% of Adults



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

- Adults in Washoe County and the combined region of Carson City and Douglas County were less likely to report being overweight or obese, at 59.1% and 59.5%, respectively, while the prevalence of overweight/obesity among adults was almost 10% higher in the combined regions of Churchill, Humboldt, Pershing and Lander Counties as well as Lyon, Mineral and Storey Counties.

## Overweight and Obesity Disparities Among Adults

A higher proportion of African American and Hispanic adults reported being overweight or obese, compared to Whites and those of an “Other” race. More Hispanics reported being overweight, while a higher proportion of African Americans reported being obese. Those of “Other” race reported the lowest prevalence of overweight or obesity.

A higher proportion of those with Medicaid or military insurance reported being overweight or obese, compared to those who had private insurance or were insured by Medicare.

**Fig 5.20 Nevada Adults who Reported Being Overweight/Obese, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As education level increased, the rate of being overweight or obese decreased.

# Substance Use and Abuse

- Tobacco, Alcohol, and Marijuana Use
- Lifetime Drug Use
- Adults who Currently Smoke
- Adult Binge and Heavy Drinking
- Alcohol-Related Deaths
- Drug-Related Deaths

## Section 5.4 Substance Use and Abuse

About 1 in 3 Americans are risky users of addictive substances, which indicates the use of substances in a manner potentially threatening their health and safety.<sup>71</sup>

Some substances, even when taken in small doses, can be immediately intoxicating and may lead to chemical dependency, while others only prove to be harmful when an excessive amount is consumed.

### Health Consequences of Tobacco

- Cardiovascular disease
- Heart disease
- Lung cancer
- Liver cancer
- Stroke
- Pneumonia
- Diabetes
- Asthma
- Congenital birth defects
- Decreased immune function

### Health Consequences of Long-term Excessive Alcohol Consumption

- High blood pressure
- Heart disease
- Fatty liver disease
- Liver cancer
- Cirrhosis
- Stroke
- Throat cancer
- Chemical dependence
- Decreased immune function

Tobacco products account for 1 in every 5 deaths each year and lead to many negative health outcomes.<sup>72</sup> While legal, there is no determined “safe” limit for the consumption of tobacco due to the added chemicals ingested when these products are used. Additionally, the inhalation of smoke and second-hand smoke increases risk of asthma attacks, respiratory infections such as bronchitis and pneumonia, and sudden infant death syndrome (SIDS).<sup>73</sup>

There are both immediate and long-term negative health impacts related to excessive alcohol consumption. Immediate effects include impaired cognitive ability, delayed reaction times, poor coordination, memory loss, and changes in mood or behavior.<sup>74</sup>

Legal and illegal drug use and abuse are on the rise in the United States and can lead to negative health outcomes, including death even with one time use.<sup>75</sup> The increase in legal drug use and abuse is due to an increase in prescription drug abuse, while the increase in illicit, or illegal drug use is largely due to an increase in marijuana use.

### Health Consequences of Cocaine, Heroin, & Meth

- Anxiety
- Memory impairment
- Weight loss
- High blood pressure
- Dental problems
- Violent behavior
- Psychosis
- Visual and auditory hallucinations
- Paranoia
- Chemical dependence

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Prescription drugs include antidepressants, sedatives, stimulants, and opioids prescribed for chronic pain relief. While these drugs are legal if prescribed and used properly, they are often sold illegally and snorted or injected to create a more intense high. Prescription drugs are also mixed with other drugs or alcohol, and as a result, this combination has contributed to an increase in drug overdose deaths.<sup>76</sup>

**Health Indicators**

- Currently Use Tobacco\*
- Currently Use Alcohol\*
- Currently Use Marijuana\*
- Drug Use (Ever)\*
- Currently Smoke \*\*
- Binge Drank past month\*\*
- Heavy Drinker\*\*
- Alcohol Related Death Rate
- Drug Related Death Rate

*\*Adolescent data*

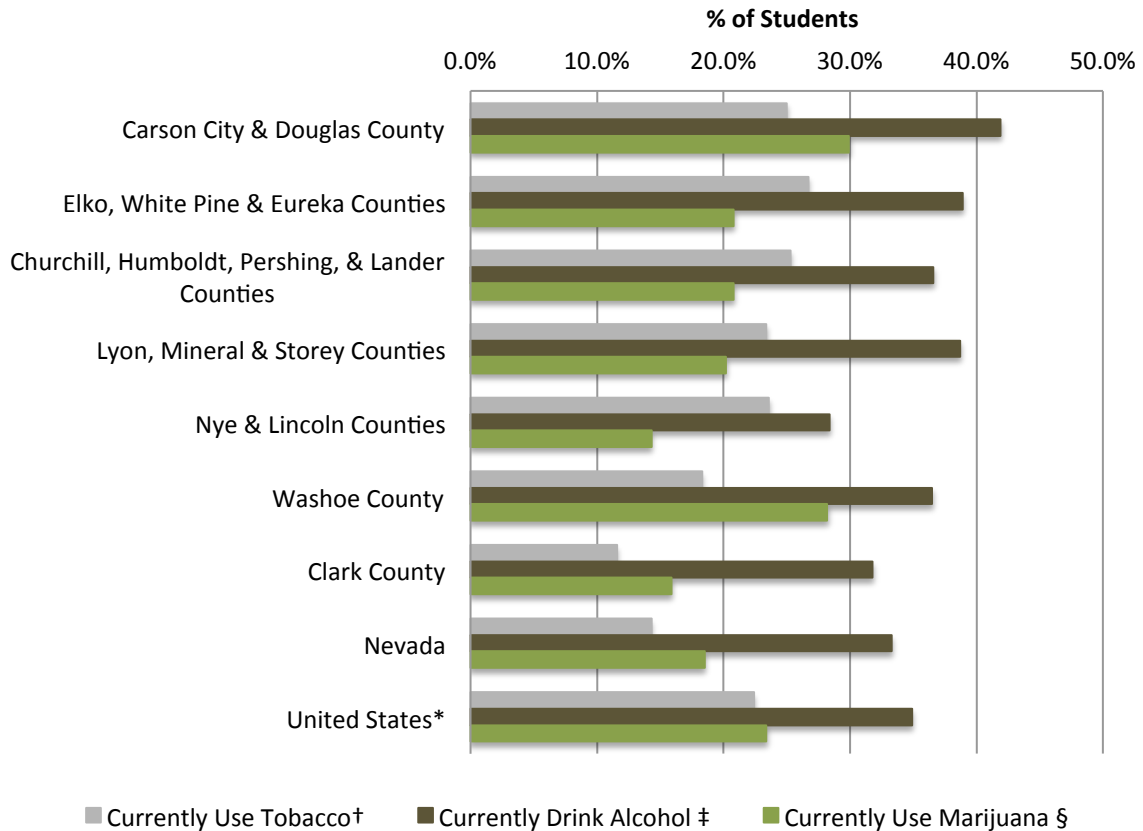
*\*\*Adult data*

*Note: All of the following data points for adults and adolescents were measured differently; therefore, rates are not to be compared between adolescents and adults.*



## Substance Use and Abuse Among Adolescents

**Fig 5.21 Select Factors Related to Current Substance Use and Abuse Among Adolescents, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Source: CDC Youth Online: High School YRBS, 2013

\*\*Used cigarettes, smokeless tobacco, or cigars in past month

† Had at least one drink of alcohol on at least one day during the past month

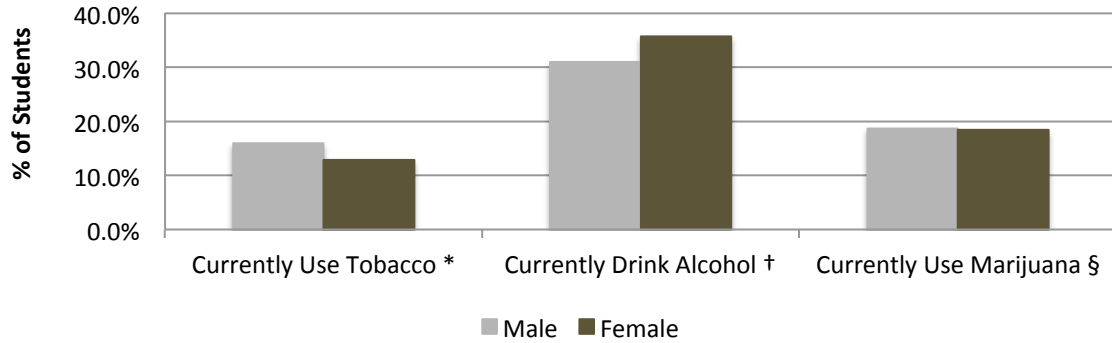
§ Used one or more times in past month

- Similar to high school students across the nation, about 25% of students in all counties other than Washoe and Clark reported using tobacco within the past month.
- Current use of alcohol was similar in Nevada students (33.3%) compared to students across the United States (34.9%). Students in Carson City and Douglas County were most likely to report drinking alcohol within the past month, while students in Nye and Lincoln Counties were least likely to report drinking alcohol within the past month.
- Current marijuana use reported by high school students in Nevada (18.5%) was lower than students across the United States (23.4%). More students in Carson City, Douglas County and Washoe County reported smoking marijuana within the past

month, while students in Nye and Lincoln Counties were least likely to report smoking marijuana within the past month.

### Substance Use and Abuse Disparities Among Adolescents

**Fig 5.22: Nevada Select Factors Related to Current Substance Use and Abuse Among Adolescents, by Sex, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

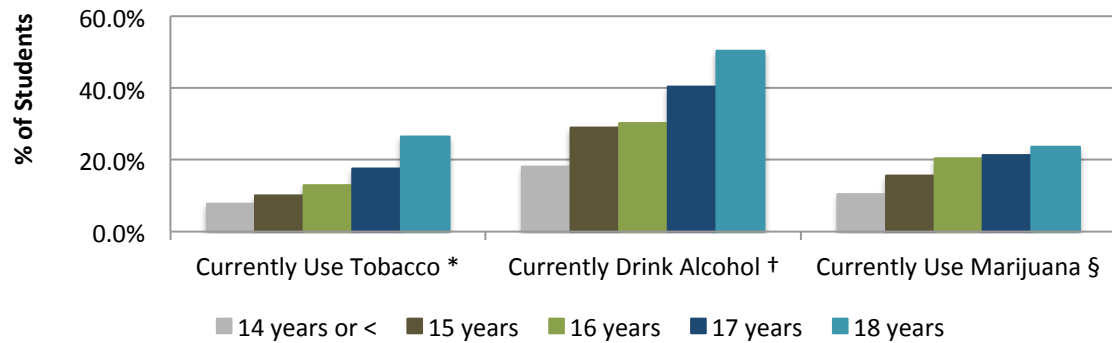
\*Used cigarettes, smokeless tobacco, or cigars in past month

† Had at least one drink of alcohol on at least one day during the past month

§ Used one or more times in past month

- Males reported using tobacco and marijuana in the past month more often than females, while females were more likely to report drinking alcohol within the past month.

**Fig 5.23 Nevada Select Factors Related to Current Substance Use and Abuse Among Adolescents, by Age, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

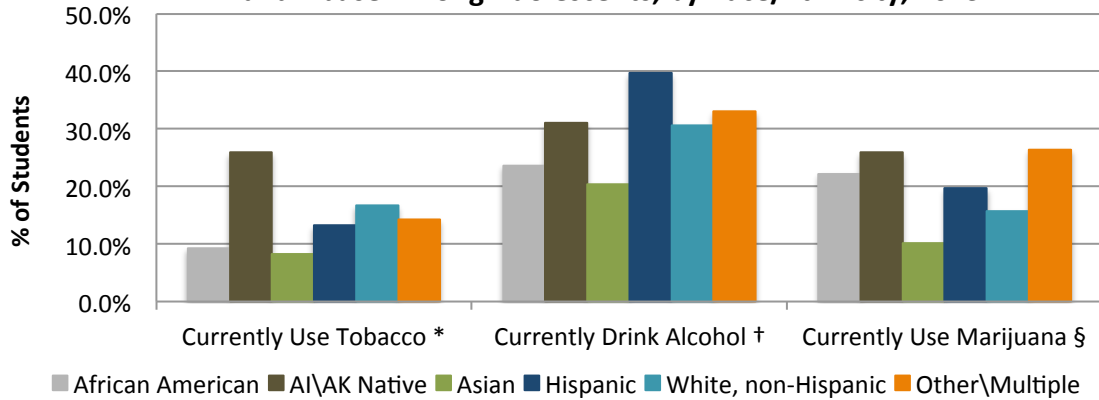
\*Used cigarettes, smokeless tobacco, or cigars in past month

† Had at least one drink of alcohol on at least one day during the past month

§ Used one or more times in past month

- Students reported using tobacco, alcohol and marijuana more often as age increased.

**Fig 5.24 Nevada Select Factors Related to Current Substance Use and Abuse Among Adolescents, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

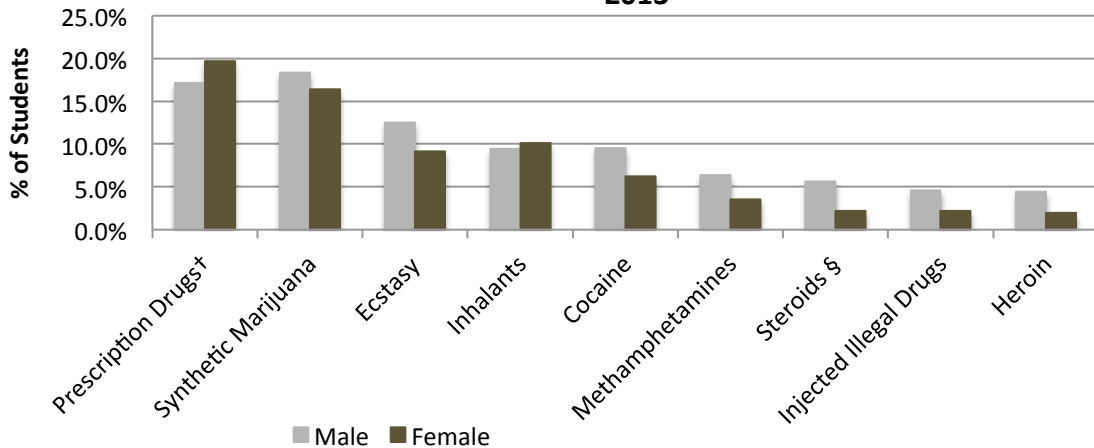
\*Used cigarettes, smokeless tobacco, or cigars in past month

† Had at least one drink of alcohol on at least one day during the past month

§ Used one or more times in past month

- American Indian/Alaska Native students were most likely to report having used tobacco in the past month, while Asian students were least likely to report having used tobacco in the past month.
- Hispanic students were more likely to report drinking alcohol within the past month, while Asian students were least likely to report drinking alcohol in the past month.
- Students who classified as Other/Multiple races were most likely to report having smoked marijuana within the past month, while Asian students were least likely to report having smoked marijuana within the past month.

**Fig 5.25 Nevada Use\* of Select Drugs Among Adolescents, by Sex, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

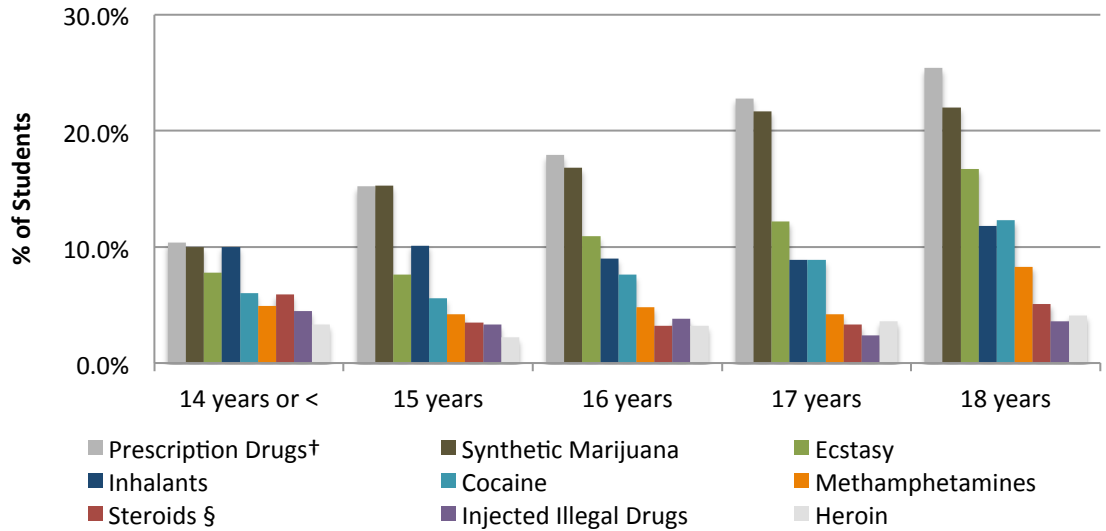
\*Ever used one or more times in their life

† Took prescription drugs (e.g., Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription

§ Took steroid pills or shots without a doctor's prescription

- Female students were more likely than males to report having tried prescription drugs and inhalants; however, males reported having tried all other drugs more often than female students.

**Fig 5.26 Nevada Use\* of Select Drugs Among Adolescents, by Age, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

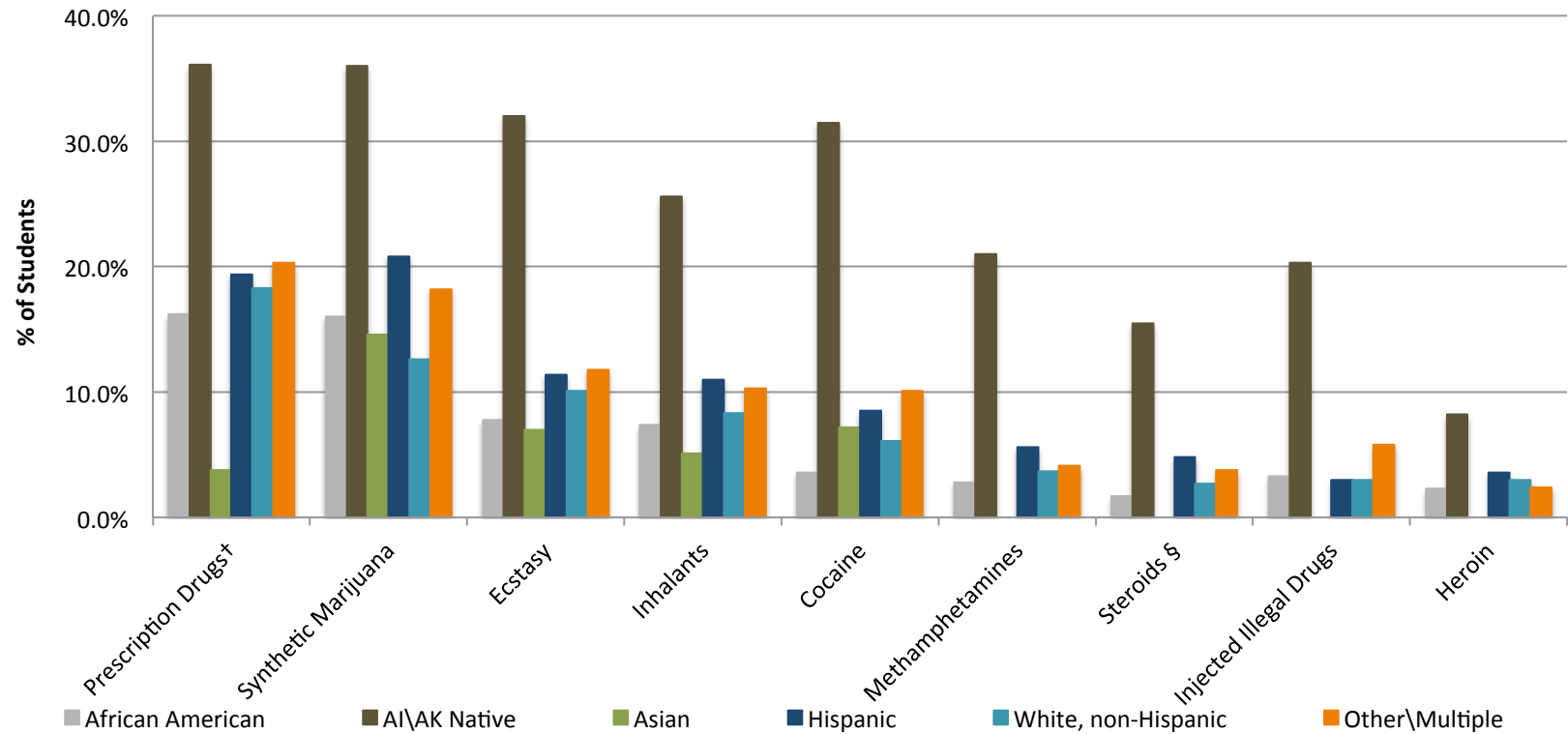
\*Ever used one or more times in their life

† Took prescription drugs (e.g., Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription

§ Took steroid pills or shots without a doctor's prescription

- As students increased in age, so did their reported lifetime use of any type of drug.

**Fig 5.27 Nevada Use\* of Select Drugs Among Adolescents, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Ever used one or more times in their life

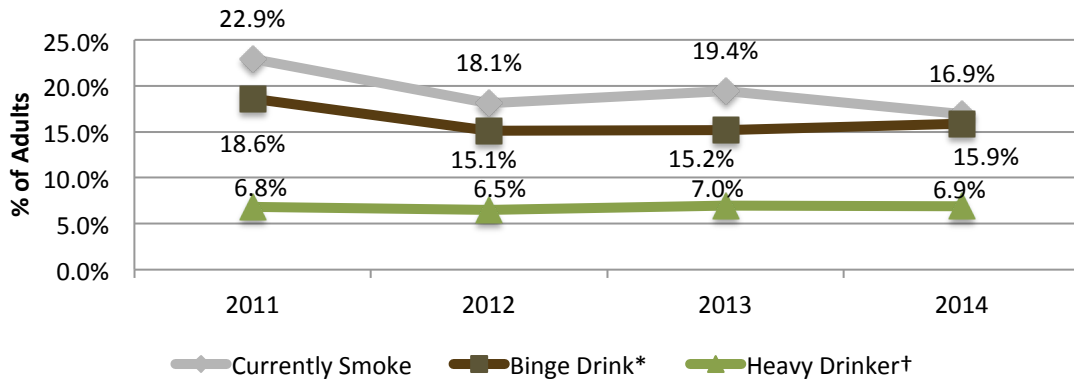
† Took prescription drugs (e.g., Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription

§ Took steroid pills or shots without a doctor's prescription

- Students who identified as American Indian/Alaskan Native reported using all types of drugs at least once in their life more often than students of other race/ethnicities.

## Substance Use and Abuse Among Adults

**Fig 5.28 Nevada Select Factors Related to Substance Use and Abuse Among Adults, 2011-2014**



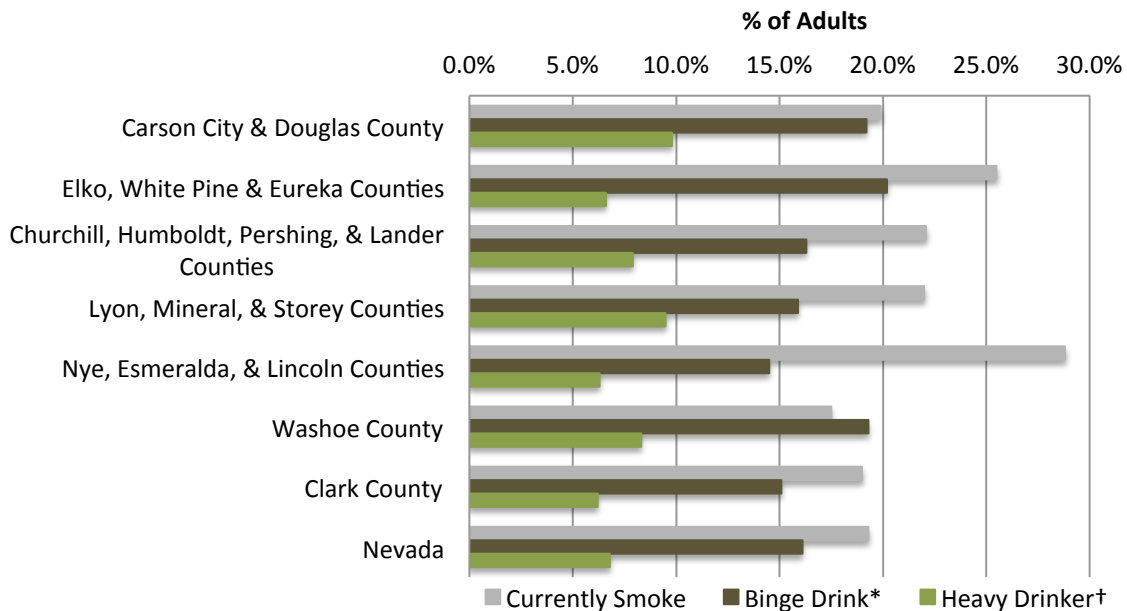
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

\*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month

†Heavy drinker is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

- Smoking prevalence among adults has been decreasing from 22.9% in 2011 to 16.9% in 2014.
- Binge drinking decreased from 2011 to 2012 but has remained relatively stable since. Heavy drinking has remained stable from 2011 to 2014.

**Fig 5.29 Nevada Select Factors Related to Substance Use and Abuse Among Adults, by County/Region, 2011-2014 Aggregate Data**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

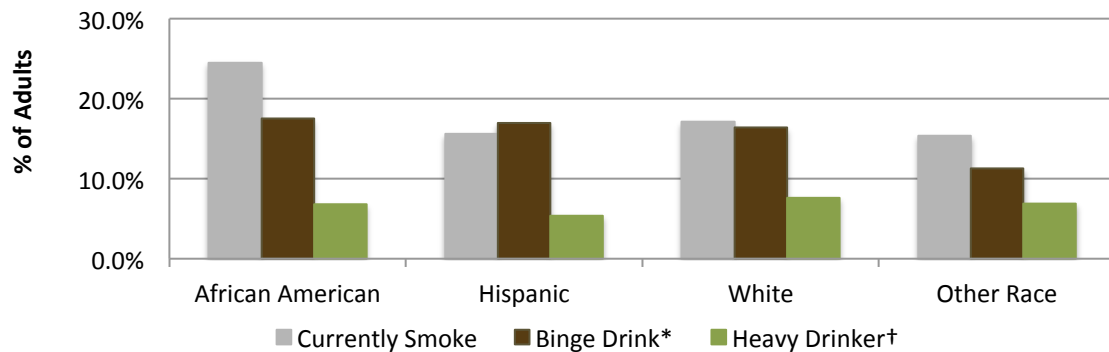
\*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month

†Heavy drinker is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

- Rates of smoking were higher in all counties than heavy or binge drinking with the exception of Washoe County, where more adults reported binge drinking in the past month than smoking.
- Rates of smoking were higher in the combined regions of Elko, White Pine and Eureka Counties, as well as Nye, Esmeralda, and Lincoln Counties. Rates of smoking were lowest in Washoe County.
- Adults in Carson City and Douglas County and the combined region of Lyon, Mineral and Storey Counties were classified as heavy drinkers compared to other regions/counties in Nevada.

### Substance Use and Abuse Disparities Among Adults

**Fig 5.30 Nevada Select Factors Related to Substance Use and Abuse Among Adults, by Race/Ethnicity, 2014**



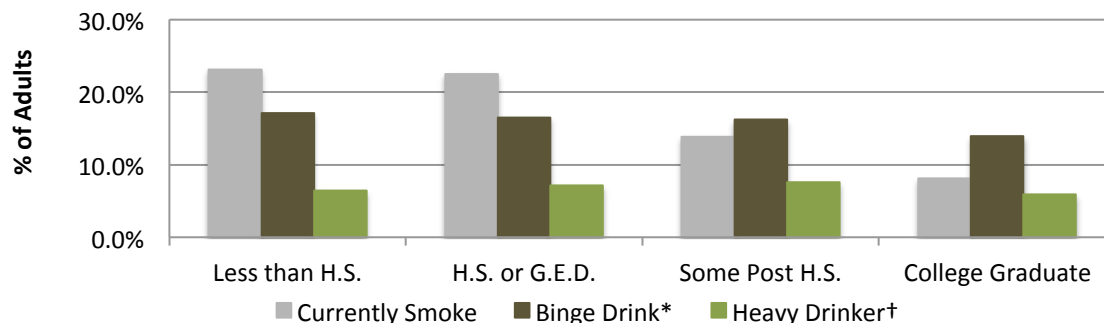
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month

†Heavy drinker is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

- African Americans were more likely to report smoking compared to those of other race/ethnicities.
- Reported rates of binge drinking were relatively similar among all race/ethnicities with the exception of those who classified as Other Race.
- Whites were more likely to be classified as a heavy drinker compared to other race/ethnicities.

**Fig 5.31 Nevada Select Factors Related to Substance Use and Abuse Among Adults, by Educational Attainment, 2014**



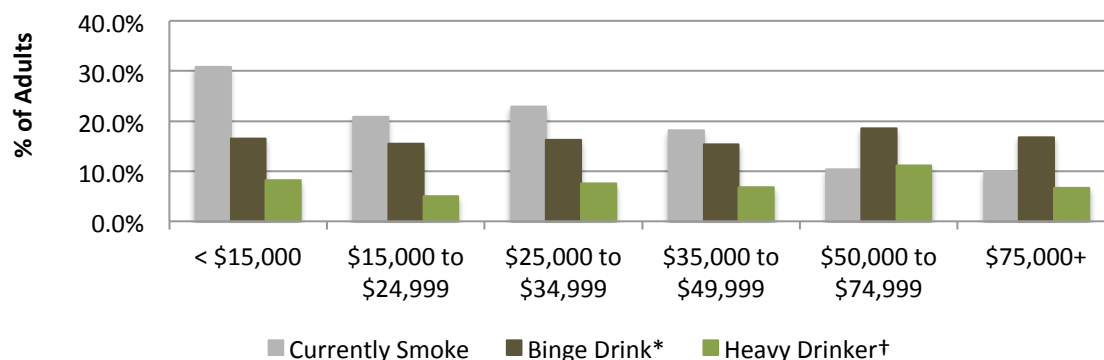
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month

†Heavy drinker is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

- As educational attainment increased, smoking prevalence and reported binge drinking with the past month was lower.
- As educational attainment increased, so did reported rates of heavy drinking with the exception of those who reported having graduated from college, as fewer of those adults were classified as heavy drinkers compared to those of all other education levels.

**Fig 5.32 Nevada Select Factors Related to Substance Use and Abuse Among Adults, by Income Level, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month

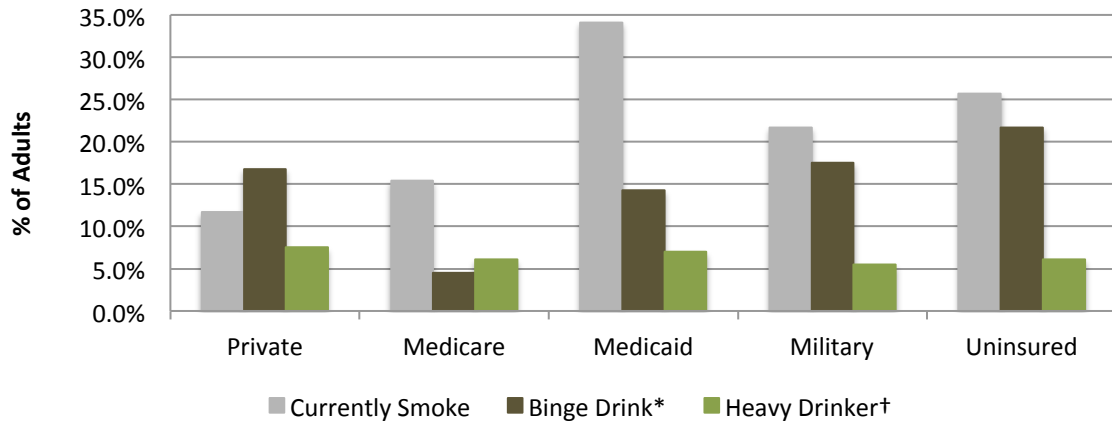
†Heavy drinker is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

- Overall, as income level increased, smoking prevalence decreased.
- Binge drinking did not change much among adults with different levels of income, with the exception of those who earned \$50,000 to \$74,999 per year who reported



binge drinking in the past month more than those of all other income levels. A similar pattern was seen among those classified as heavy drinkers.

**Fig 5.33 Nevada Select Factors Related to Substance Use and Abuse Among Adults, by Insurance Type, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month

†Heavy drinker is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

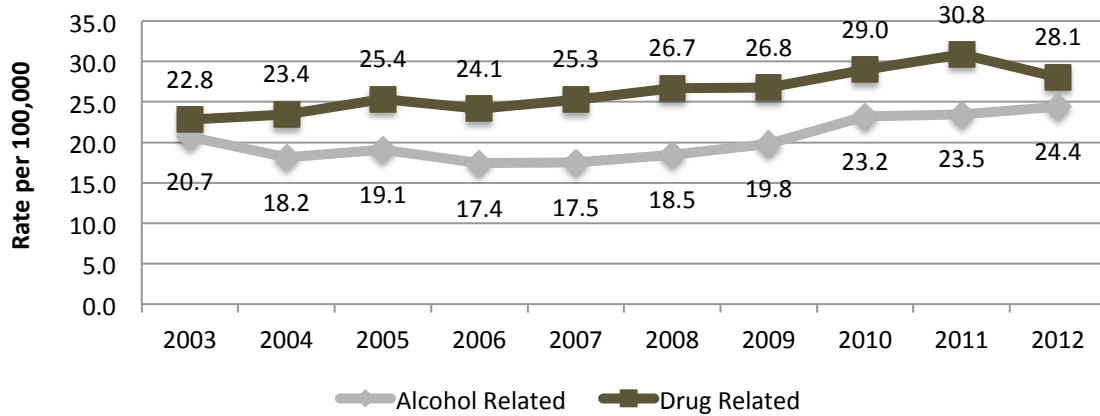
- Over one third (34.1%) of adults who were insured under Medicaid reported currently smoking, which was much higher than those with other types of insurance.
- About one quarter (25.7%) of adults who were uninsured reported currently smoking.
- Reported binge drinking was highest among those who were uninsured.
- Heavy drinking was relatively equal among people regardless of insurance type.

## Alcohol and Drug Related Death Rates

Alcohol-related deaths include all deaths when alcohol was present in the bloodstream, alcohol-related diseases such as fatty liver and alcoholic polyneuropathy, as well as mental and behavioral disorders due to alcohol use.

Drug-related deaths include mental and behavioral disorders due to psychoactive substance use, findings of drugs and other substances not normally found in blood, and drug-related diseases such as hepatic failure due to drug use. Both legal and illicit drugs were included.

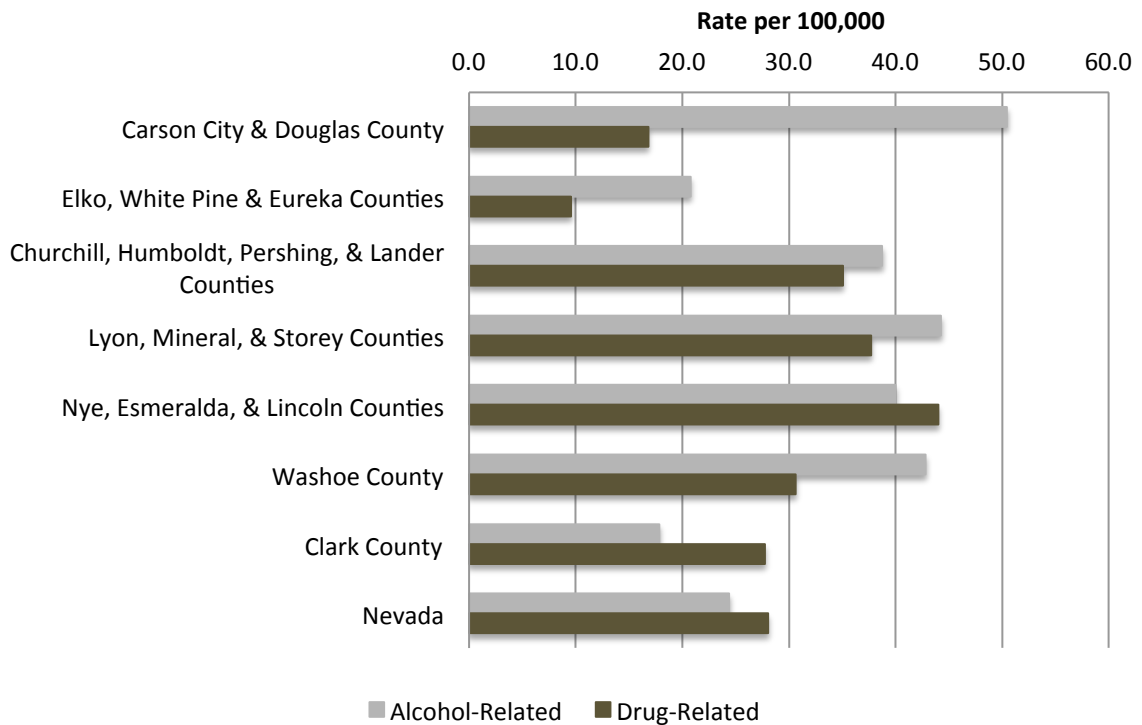
**Fig 5.34 Nevada Alcohol and Drug Related Fatality Rates, 2003-2012**



Source: Nevada Office of Public Health Informatics and Epidemiology

- Alcohol-related death rates have been lower than drug-related death rates from 2003 through 2012.

**Fig 5.35 Nevada Alcohol and Drug Related Fatality Rates, by County/Region, 2012**



Source: Nevada Office of Public Health Informatics and Epidemiology

- In 2012, alcohol-related death rates were highest in the combined region of Carson City and Douglas County at 50.4 deaths per 100,000 population, which was double the rate in Clark County at 24.4 per 100,000 population.
- Drug-related death rates were highest in the combined region of Nye, Esmeralda, and Lincoln Counties at 44.0 per 100,000 population, and lowest in the combined region of Elko, White Pine and Eureka Counties at 9.6 per 100,000 population.

# Preventive and Protective Health Factors

# Cancer Screenings

- Breast Cancer Screening
- Cervical Cancer Screening
- Prostate Cancer Screening
- Colorectal Cancer Screening

## Preventive and Protective Health Factors

Preventive health factors, such as recommended cancer screenings or immunization, have proven to be effective in reducing the prevalence of or delaying the occurrence of both acute and chronic diseases. Protective health factors include those that prevent or reduce the severity of injury, such as seat belt and helmet use.

### 6.1 Cancer Screenings

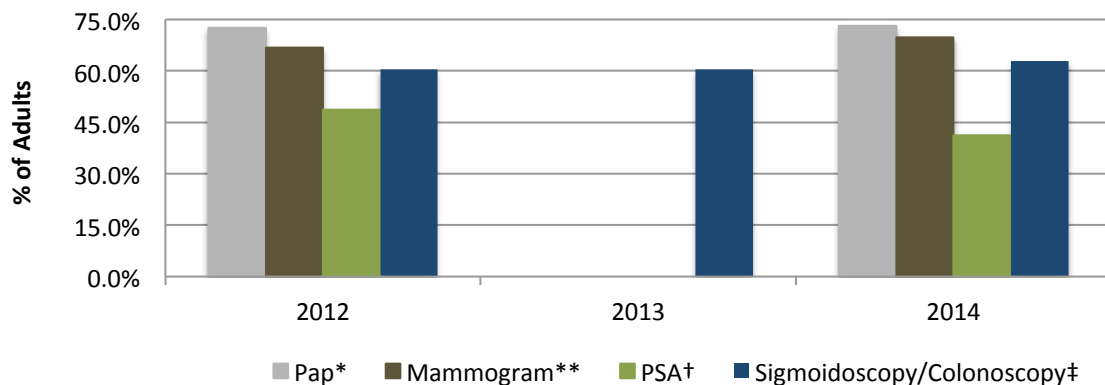
In Nevada and the United States, cancer is the second leading cause of death and is responsible for one in every four deaths in the nation.<sup>77</sup> The early detection of cancer has proven effective in improved treatment outcomes and ultimately reduced morbidity and mortality. Some types of cancer screenings, such as colorectal and cervical cancer screenings, allow for the detection and removal of precancerous lesions, while other types of cancer screenings are designed to detect cancerous growth in the early stages of disease prior to the onset of symptoms.<sup>78</sup>

#### Health Indicators

- Breast cancer screening
- Cervical cancer screening
- Prostate cancer screening
- Colorectal cancer screening

#### Recommended Cancer Screenings

**Fig 6.1 Nevada Percent of Adults Receiving Recommended Cancer Screenings, by Type, 2012-2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2012-2014

\*Pap in past 3 years measured among women 18+ years

\*\*Mammogram in past 2 years measured among women 40+ years

†PSA in past 2 years measured among men 40+ years

‡ Sigmoidoscopy or colonoscopy ever measured among adults 50+ years

- There has been little difference in reported pap screenings for cervical cancer between 2012 and 2014.
- There has been a slight increase in reported mammograms for breast cancer screenings from 66.8% in 2012 to 69.7% in 2014.

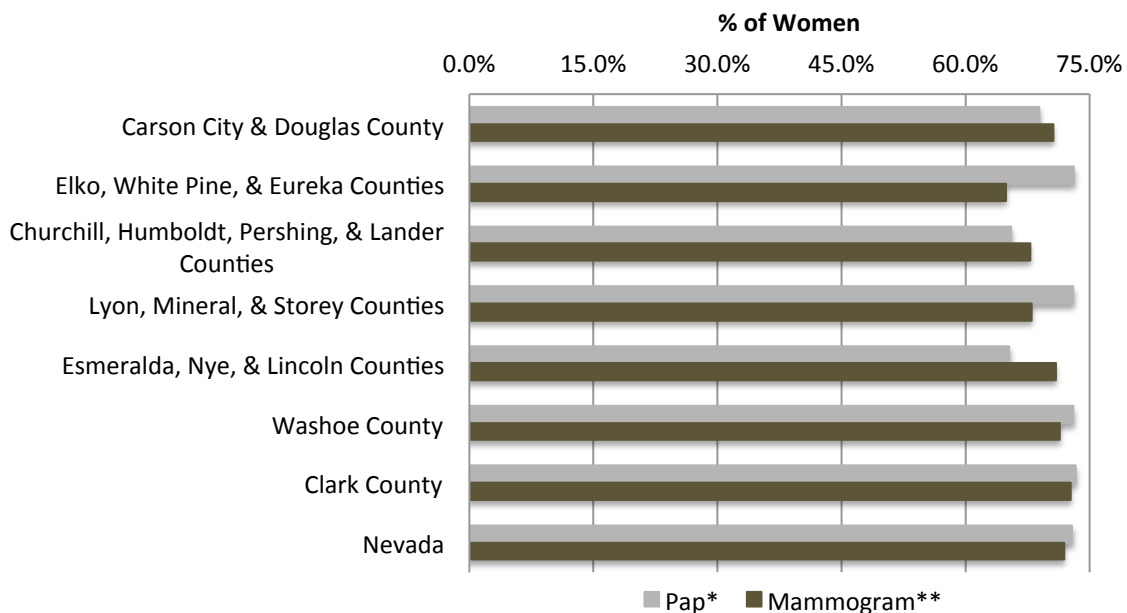
- There has been a significant decrease in reported PSA screenings for prostate cancer, from 48.7% in 2012 to 41.2% in 2014.
- There was a slight increase in reported sigmoidoscopy/colonoscopy screenings for colorectal cancer from 60.5% in 2012 and 2013 to 62.9% in 2014.

### Breast and Cervical Cancer Screenings

The American Cancer Society, Susan G. Komen, and the National Comprehensive Cancer Network recommend annual breast cancer screening (mammogram) for women starting at age 40, while the National Cancer Institute’s recommended screening interval is every one to two years, also starting at age 40.<sup>79</sup>

In the 1950’s, cervical cancer was one of the leading causes of death in women; however, due to the Pap test, the cervical cancer death rate has reduced by more than 50%.<sup>80</sup> The US Preventive Services Task Force and the American Cancer Society recommend average risk women ages 21 to 65 receive a Pap test every three years.<sup>81</sup>

**Fig 6.2 Nevada Percent of Women Receiving Pap\* or Mammogram\*\*, by County/Region, 2012 & 2014 Aggregate Data**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2012 & 2014

\*Pap in past 3 years measured among women 18+ years

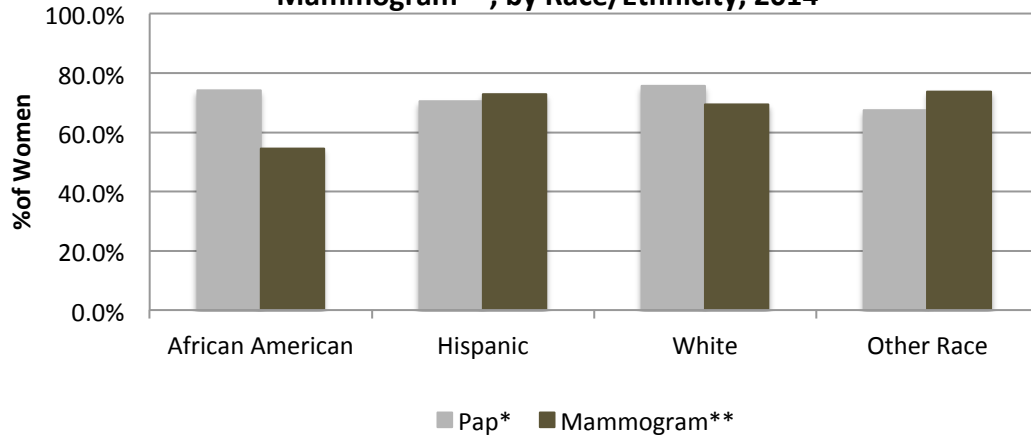
\*\*Mammogram in past 2 years measured among women 40+ years

- Cervical and breast cancer screenings are relatively similar across the various counties and regions, with the exception of the combined Churchill, Humboldt, Pershing and Lander County region, and Esmeralda, Nye and Lincoln Counties where there are fewer reported cervical cancer screenings.

- There were fewer reported breast cancer screenings in the combined region of Elko, White Pine and Eureka Counties compared to the rest of the counties and regions.

### Breast and Cervical Cancer Screening Disparities

**Fig 6.3 Nevada Percent of Women Receiving Pap\* or Mammogram\*\*, by Race/Ethnicity, 2014**



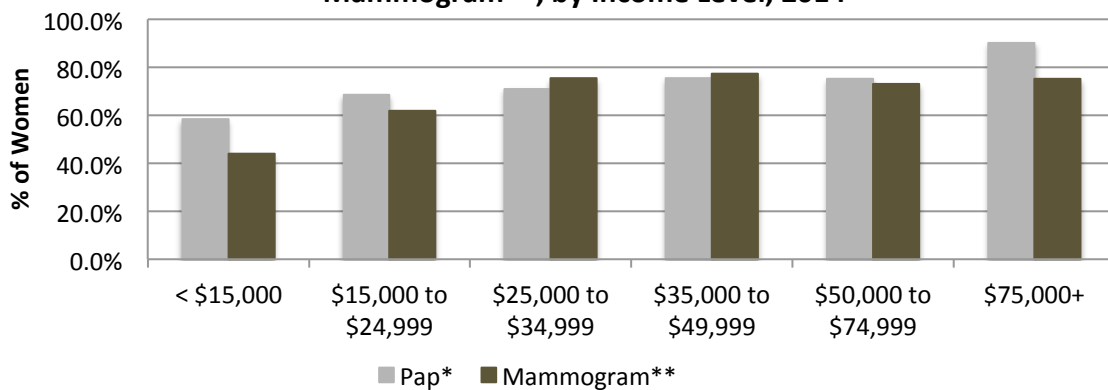
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Pap in past 3 years measured among women 18+ years

\*\*Mammogram in past 2 years measured among women 40+ years

- White and African American women (18+ years) reported having a pap test in the past two years more often than women of other race/ethnicities.
- Hispanic women and women of an Other Race/ethnicity (40+ years) reported having a mammogram in the past two years more often than African American or White women.

**Fig 6.4 Nevada Percent of Women Receiving Pap\* or Mammogram\*\*, by Income Level, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

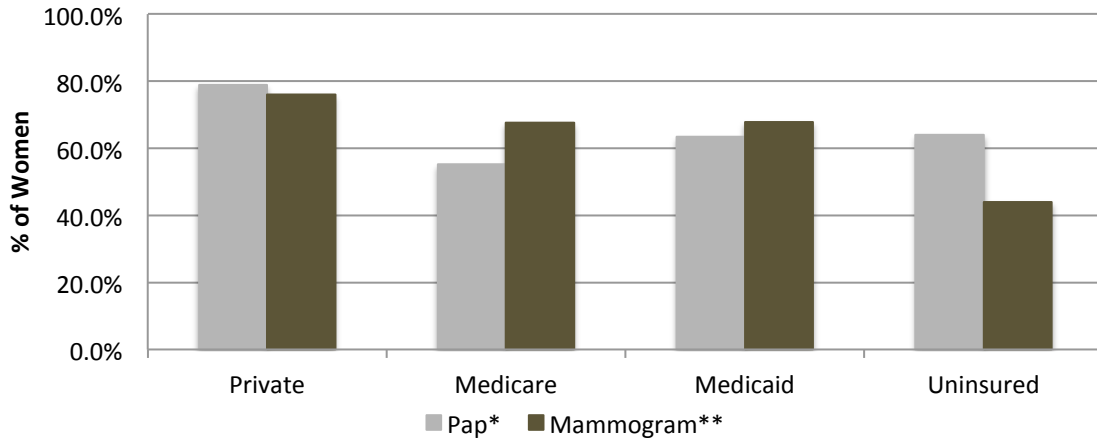
\*Pap in past 3 years measured among women 18+ years

\*\*Mammogram in past 2 years measured among women 40+ years



- As income increased, so did the likelihood of a women reporting having received a pap test in the past two years. There is a similar trend observed in women (40+ years) reporting having received a mammogram in the past two years.

**Fig 6.5 Nevada Percent of Women Receiving Pap\* or Mammogram\*\*, by Insurance Type, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Pap in past 3 years measured among women 18+ years

\*\*Mammogram in past 2 years measured among women 40+ years

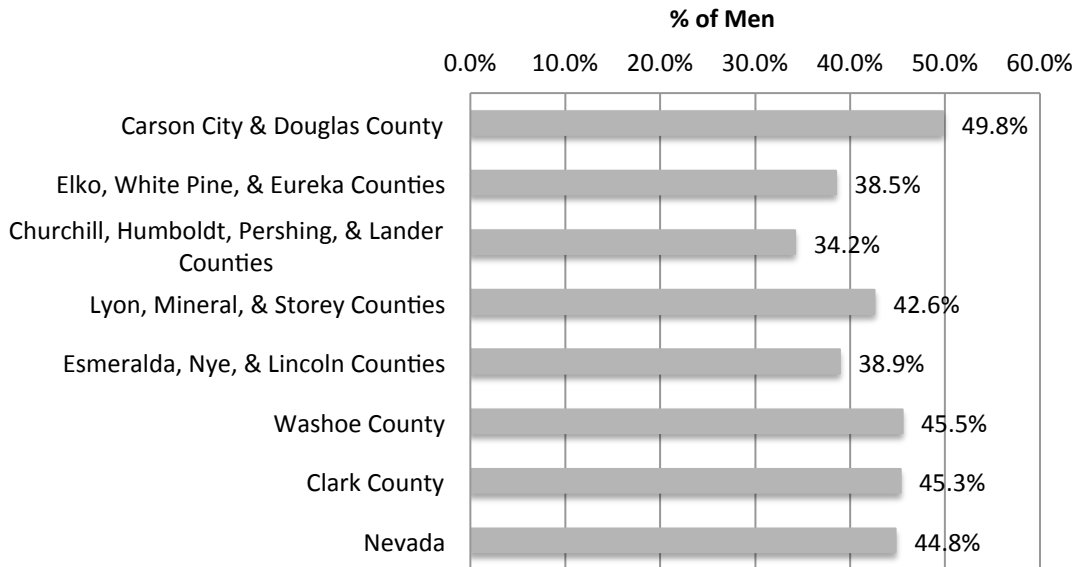
- Women with private insurance were more likely to have had a pap test or mammogram in the past two years, compared with women insured by Medicare or Medicaid, or those women who were uninsured.
- Uninsured women were more likely to report having a pap test in the past year (64.0%) than women insured by Medicaid (55.2%).

### Prostate Cancer Screening

Prostate cancer has been the third leading cause of cancer-related deaths among men in Nevada from 2008 through 2012.<sup>82</sup> The prostate-specific antigen (PSA) blood test is the recommended screening method for the early detection of prostate cancer in men.

The American Cancer Society recommends men with an average risk for prostate cancer and a life expectancy of at least 10 more years begin to discuss the benefits of screening with a healthcare provider starting at age 50. If initial screening tests yield a normal result, men should continue to be screened every two years.<sup>83</sup>

**Fig 6.6 Nevada Percent of Men 40+ Years Receiving PSA Within Past 2 Years, by County/Region, 2012 & 2014 Aggregate Data**

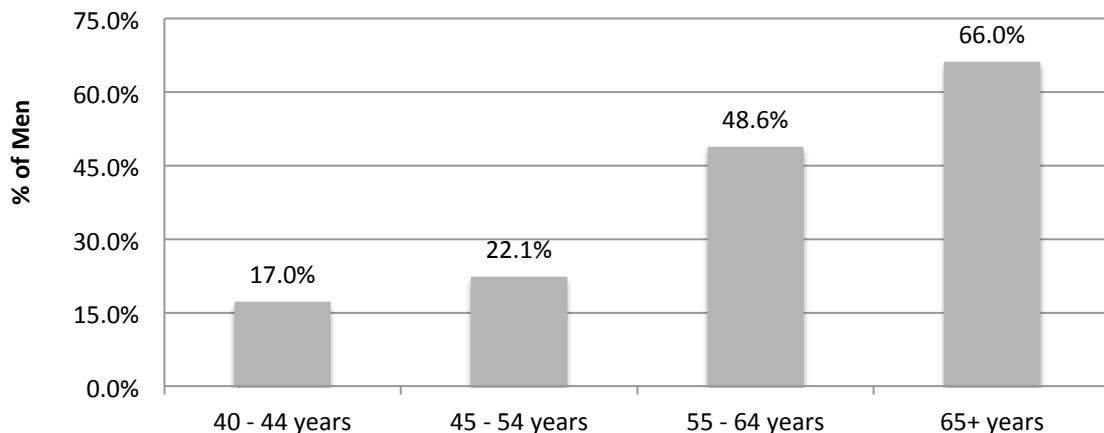


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2012 & 2014

- At least a third of all men 40+ years in each county/region reported having a PSA test in the past two years. Screening rates were lowest in the combined region of Churchill, Humboldt, Pershing and Lander Counties (34.2%) and were highest in the combined region of Carson City and Douglas County (49.8%).

### Prostate Cancer Screening Disparities

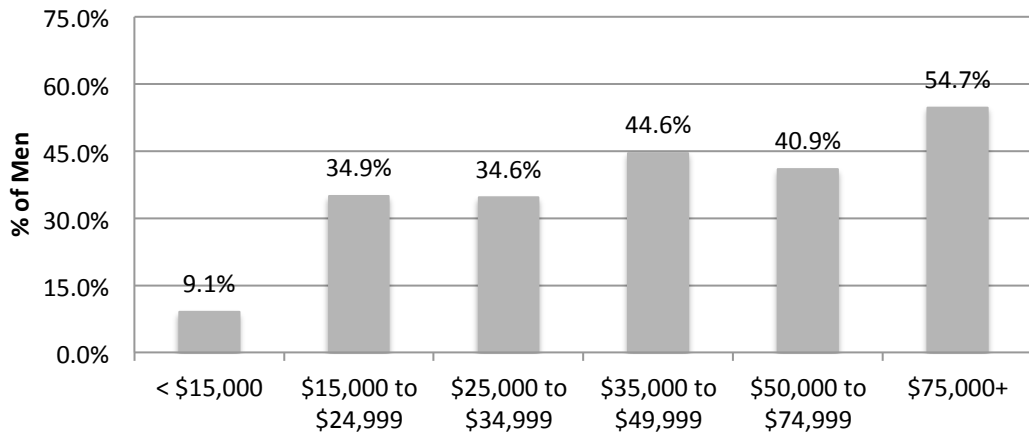
**Fig 6.7 Nevada Percent of Men 40+ Years Receiving PSA Within Past 2 Years, by Age, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As age increased, so did the likelihood of having had a PSA test within the past two years.

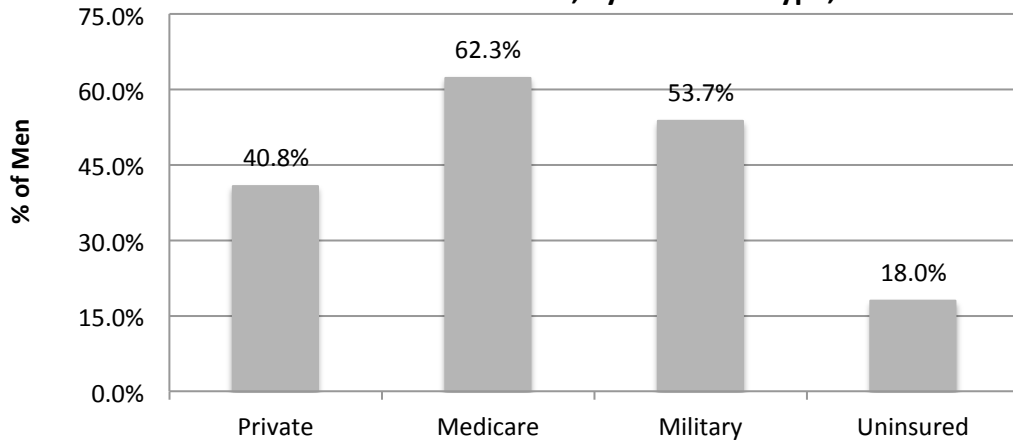
**Fig 6.8 Nevada Percent of Men 40+ Years Receiving PSA Within Past 2 Years, by Income Level, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- The overall trend indicates that as income increased, so did the likelihood of men 40+ years having had a PSA test within the past two years.

**Fig 6.9 Nevada Percent of Men 40+ Years Receiving PSA Within Past 2 Years, by Insurance Type, 2014**



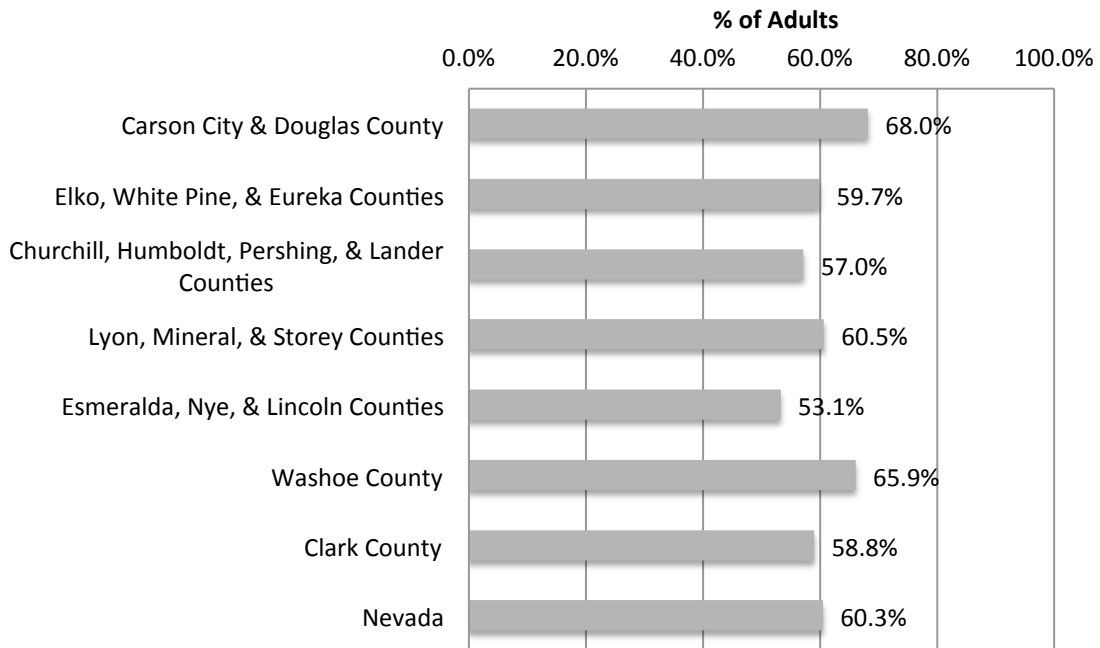
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Men with Medicare were most likely to report having had a PSA test within the past two years (62.3%) compared to men with private insurance (40.8%), military insurance (53.7%), or no health insurance (18.0%).

## Colorectal Cancer Screening

The U.S. Preventive Services Task Force recommends that adults with average risk begin screening for colorectal cancer using a fecal occult blood test, sigmoidoscopy, or colonoscopy starting at age 50. If initial colon cancer screening tests indicate no or low-risk, it is recommended that follow-up screenings occur in 10 year-intervals.<sup>84</sup>

**Fig 6.10 Nevada Percent of Adults 50+ Years Who Ever Had a Sigmoidoscopy or Colonoscopy, by County/Region, 2012-2014 Aggregate Data**

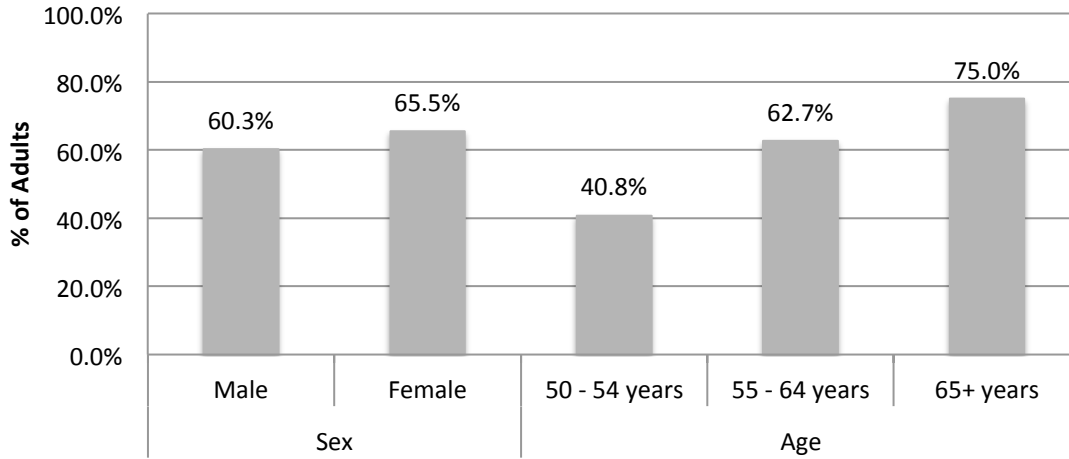


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Colorectal cancer screening rates were lowest in the combined region of Esmeralda, Nye and Lincoln Counties (53.1%) and were highest in Carson City and Douglas County (68.0%).

## Colorectal Cancer Screening Disparities

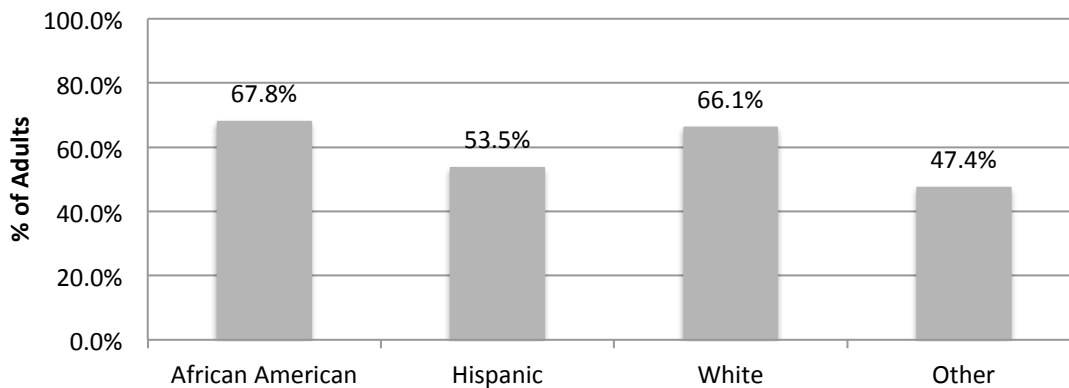
**Fig 6.11 Nevada Percent of Adults 50+ Years Who Ever Had a Sigmoidoscopy or Colonoscopy, by Sex and Age, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Females were slightly more likely to have ever had a sigmoidoscopy or colonoscopy than men.
- As age increased, so did the likelihood of ever having a sigmoidoscopy or colonoscopy.

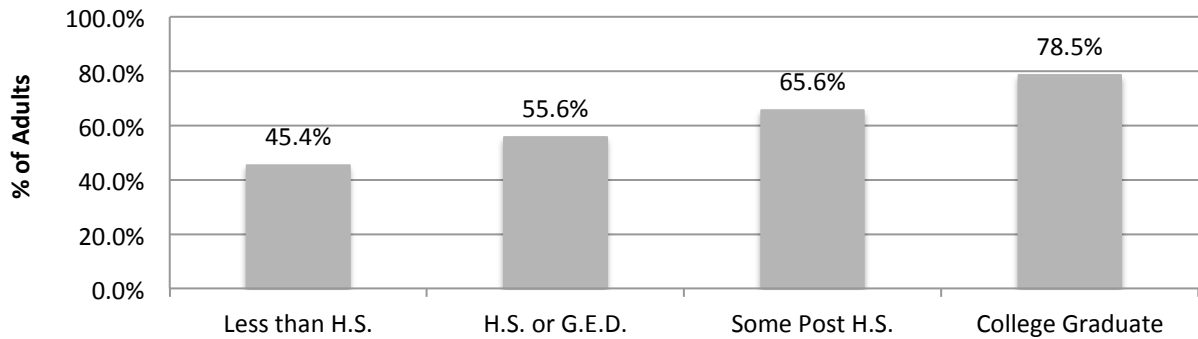
**Fig 6.12 Nevada Percent of Adults 50+ Years Who Ever Had a Sigmoidoscopy or Colonoscopy, by Race/Ethnicity, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- African Americans and White adults (50+ years) were more likely to have ever had a sigmoidoscopy or colonoscopy than Hispanics and those of an “other” race.

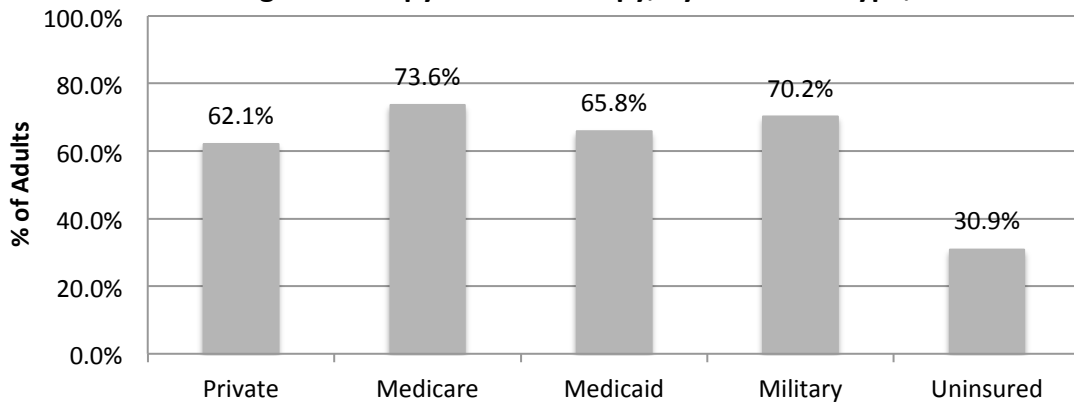
**Fig 6.13 Nevada Percent of Adults 50+ Years Who Ever Had a Sigmoidoscopy or Colonoscopy, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- There is clear pattern between educational attainment and colon cancer screening. As education level increased, so did the likelihood of ever having had a sigmoidoscopy or colonoscopy.

**Fig 6.14 Nevada Percent of Adults 50+ Years Who Ever Had a Sigmoidoscopy or Colonoscopy, by Insurance Type, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Those insured by Medicare, Medicaid, or military insurance were more likely to have ever had a sigmoidoscopy or colonoscopy, compared to those with private insurance or those who were uninsured.

# Immunizations

- Annual Influenza Vaccination
- Pneumococcal Vaccination (65+ years)
- Child Vaccination Series

## 6.2 Immunization

Vaccination is one of the most cost-effective public health prevention strategies to reduce the burden of disease and associated mortality among vulnerable populations. For each birth cohort vaccinated with the recommended childhood vaccination series, approximately 14 million cases of disease are prevented, resulting in \$9.9 billion of direct health cost savings and 33,000 lives saved.<sup>85</sup>

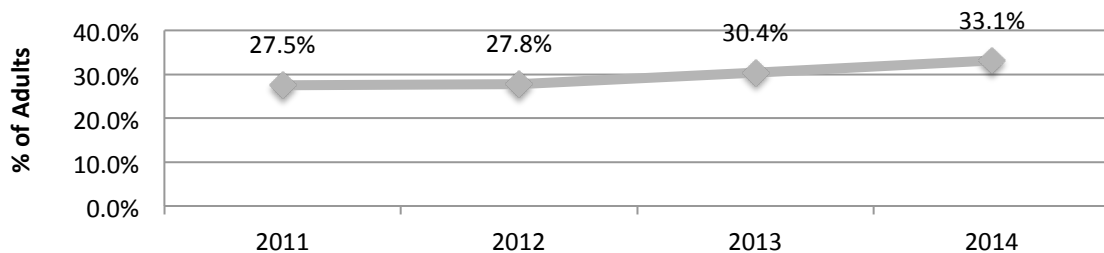
### Health Indicators

- Annual Flu Vaccination
- Pneumococcal Vaccination (65+ years)
- 4:3:1:3:3:1:4 Child Vaccine Series

### Annual Flu Vaccination

The Advisory Committee on Immunization Practices recommends that all people over the age of 6 months, who do not have contraindications, receive an annual influenza vaccination.<sup>86</sup> There has been an increase in the proportion of adults who reported receiving an annual flu vaccination from 27.5% in 2011 to 33.1% in 2014 (Fig 6.15).

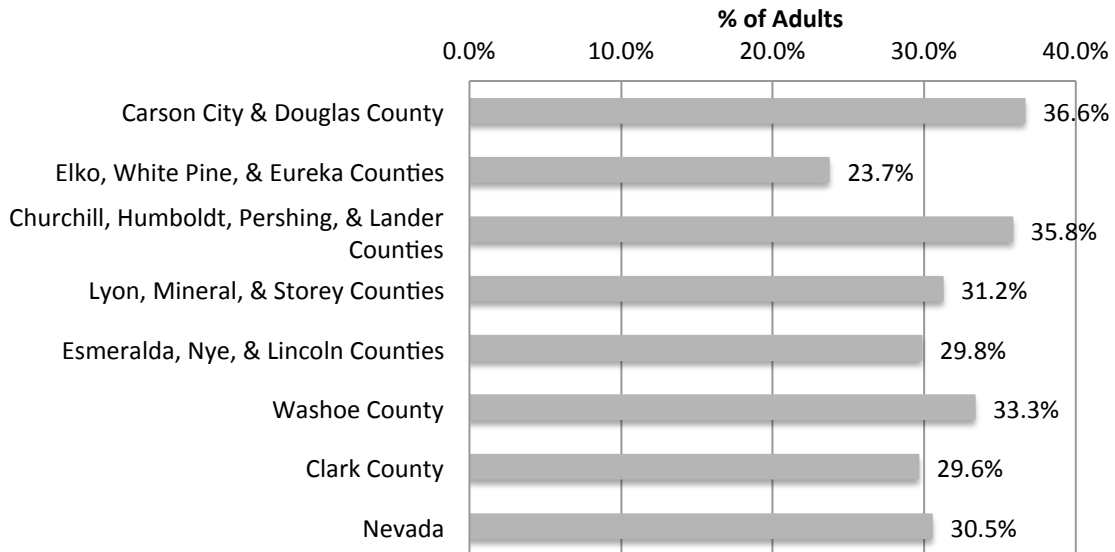
**Fig 6.15 Nevada Percent of Adults Receiving Flu Vaccination in Past 12 Months, 2011-2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014



**Fig 6.16 Nevada Percent of Adults Receiving Flu Vaccination in Past 12 Months, by County/Region, 2011-2014 Aggregate Data**

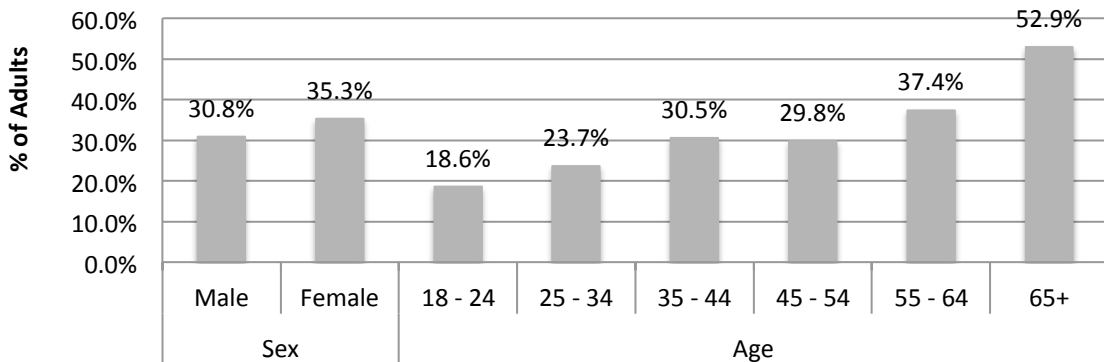


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

- Less than a quarter (<25%) of the population in the combined region of Elko, White Pine and Eureka Counties received an annual flu shot from 2011 through 2014.
- The Carson City and Douglas County region had the highest proportion of the adult population who reported having received a flu shot in the past 12 months.

**Annual Flu Vaccination Disparities**

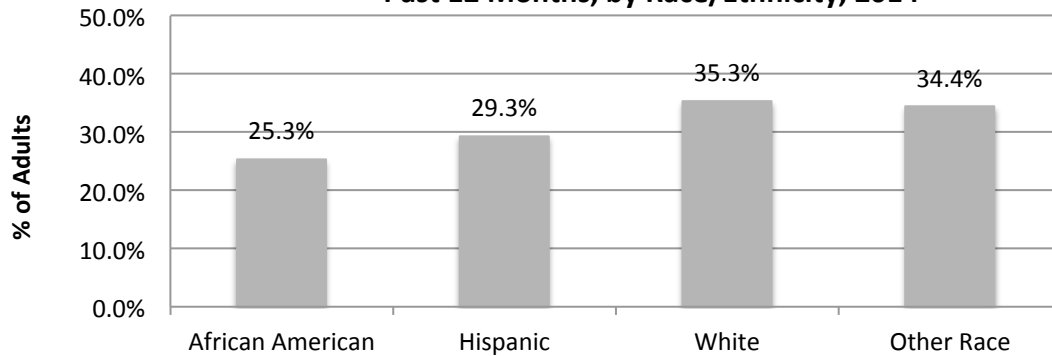
**Fig 6.17 Nevada Percent of Adults Receiving Flu Vaccination in Past 12 Months, by Sex and Age, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Females reported having received an annual flu vaccination more often than Males, 35.3% and 30.8% respectively.
- As age increased, so did the likelihood of reporting having received an annual flu vaccination.

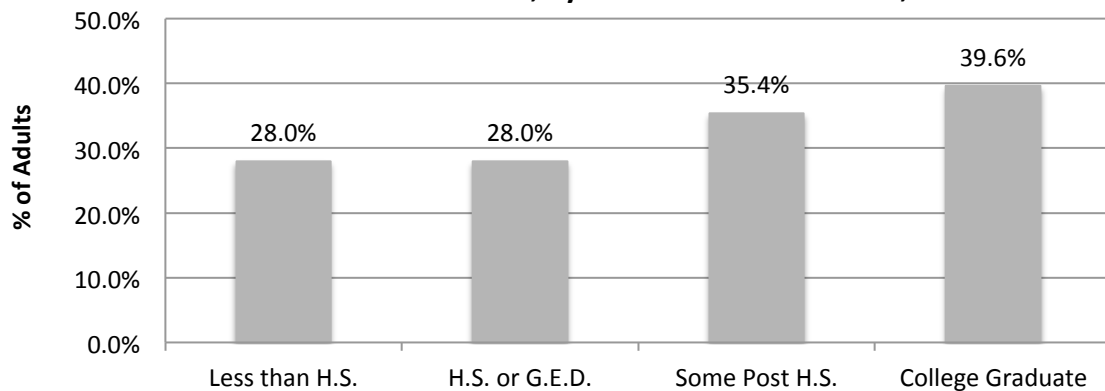
**Fig 6.18 Nevada Percent of Adults Receiving Flu Vaccination in Past 12 Months, by Race/Ethnicity, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Annual flu vaccination was lowest among African Americans and highest among Whites and those of an Other Race.

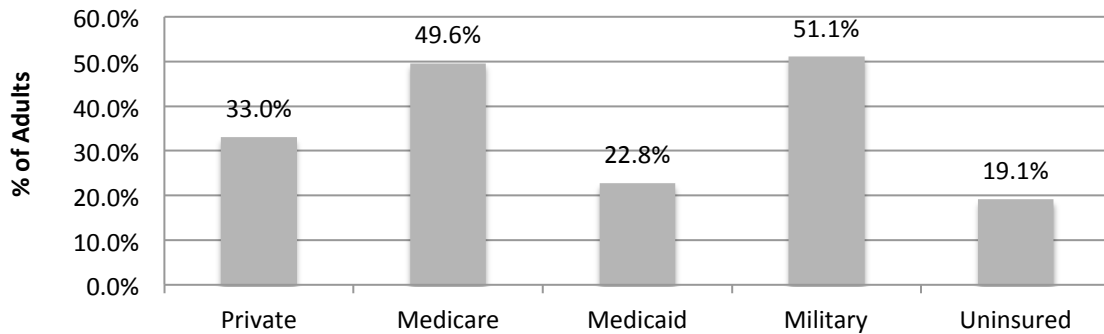
**Fig 6.19 Nevada Percent of Adults Receiving Flu Vaccination in Past 12 Months, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As educational attainment increased, so did the likelihood of reporting having received an annual flu vaccination in the past 12 months.

**Fig 6.20 Nevada Percent of Adults Receiving Flu Vaccination in Past 12 Months, by Insurance Type, 2014**



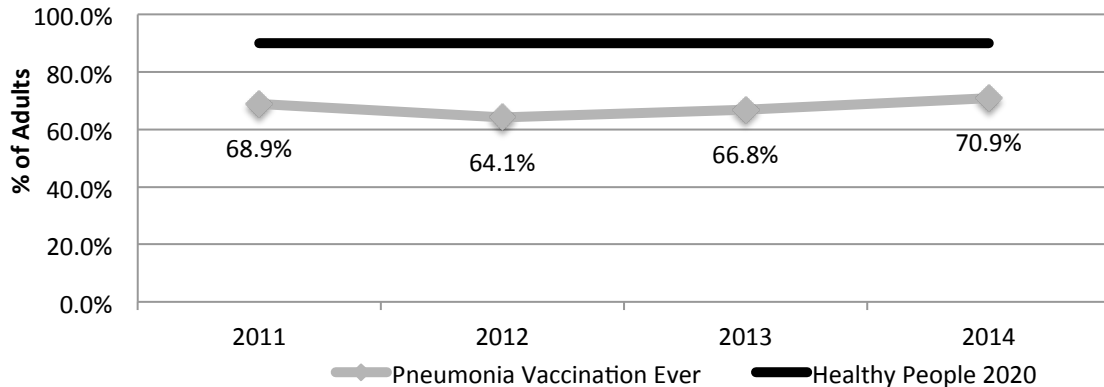
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Persons with Medicare or military insurance were the most likely to have received an annual flu vaccination, while those enrolled in Medicaid or those who were uninsured reported receiving an annual flu vaccination least often.

***Pneumococcal Vaccination (65+)***

The *Pneumococcal* conjugate vaccine protects against the *Streptococcus pneumoniae* bacteria and is recommended for children less than 5 years and adults 65 years and older. *Streptococcus pneumoniae* can cause lung infections, fever, chills, cough, difficulty breathing, chest pain and meningitis, which impacts the brain and spinal cord.<sup>87</sup>

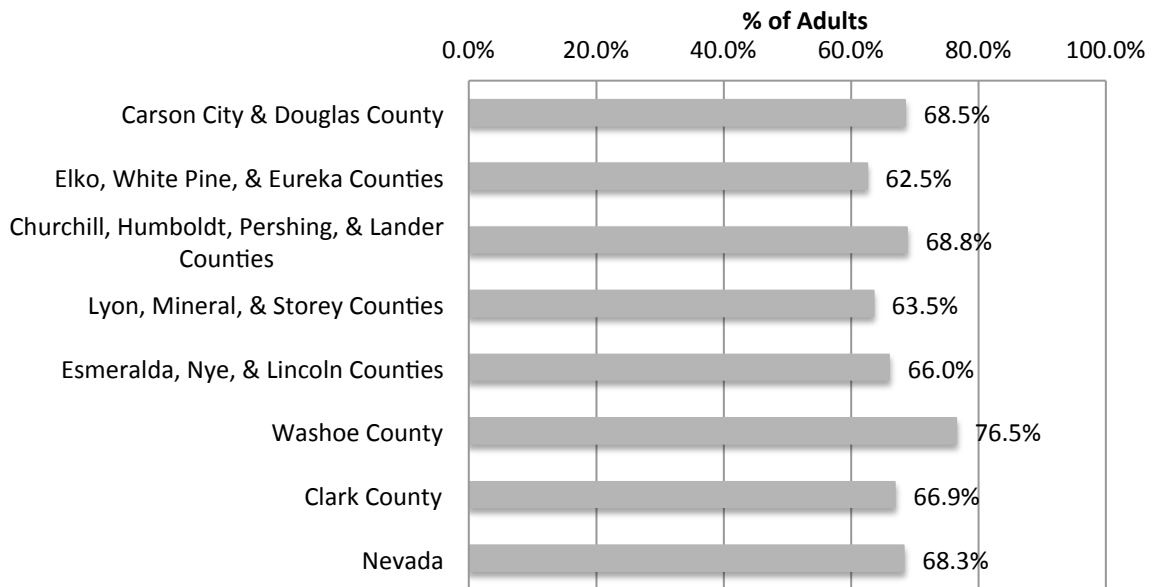
**Fig 6.21 Nevada Percent of Adults 65+ Years Ever Received *Pneumococcal* Vaccination, 2011-2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

- Vaccination rates among Nevada residents 65 years and older have remained relatively stable from 2011 through 2014; however, the rates are still below the Health People 2020 target of 90% for adults 65+ years receiving a *Pneumococcal* conjugate vaccine in their lifetime.

**Fig 6.22 Nevada Percent of Adults 65+ Years Ever Received *Pneumococcal* Vaccination, by County/Region, 2011-2014 Aggregate Data**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

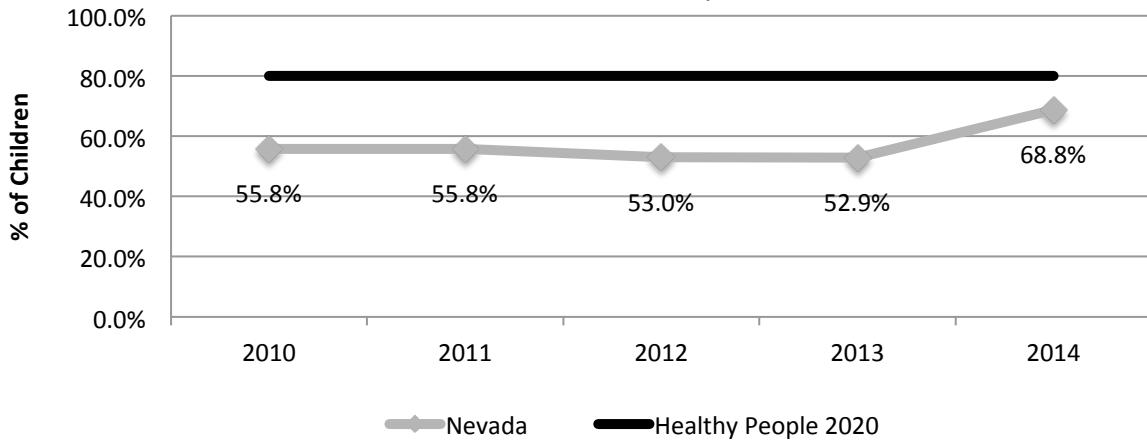
- In all Nevada counties, over half of adults 65+ reported having received one dose of *Pneumococcal* vaccination in their lifetime.
- *Pneumococcal* vaccination rates are highest among Washoe County residents (65+ years), and lowest among residents in the combined region of Elko, White Pine and Eureka Counties.

#### **4:3:1:3:3:1:4 Child Vaccine Series**

The universally recommended vaccine for children is the child vaccination 4:3:1:3:3:1:4 series. The series includes four doses of the diphtheria, tetanus, and pertussis vaccine; three doses of the poliovirus vaccine; one dose of the measles, mumps, and rubella vaccine; three doses of *Haemophilus influenzae* type b vaccine; three doses of the Hepatitis B vaccine; one dose of the varicella (chicken pox) vaccine; and four doses of the *Pneumococcal* conjugate vaccine.<sup>88, 89</sup>

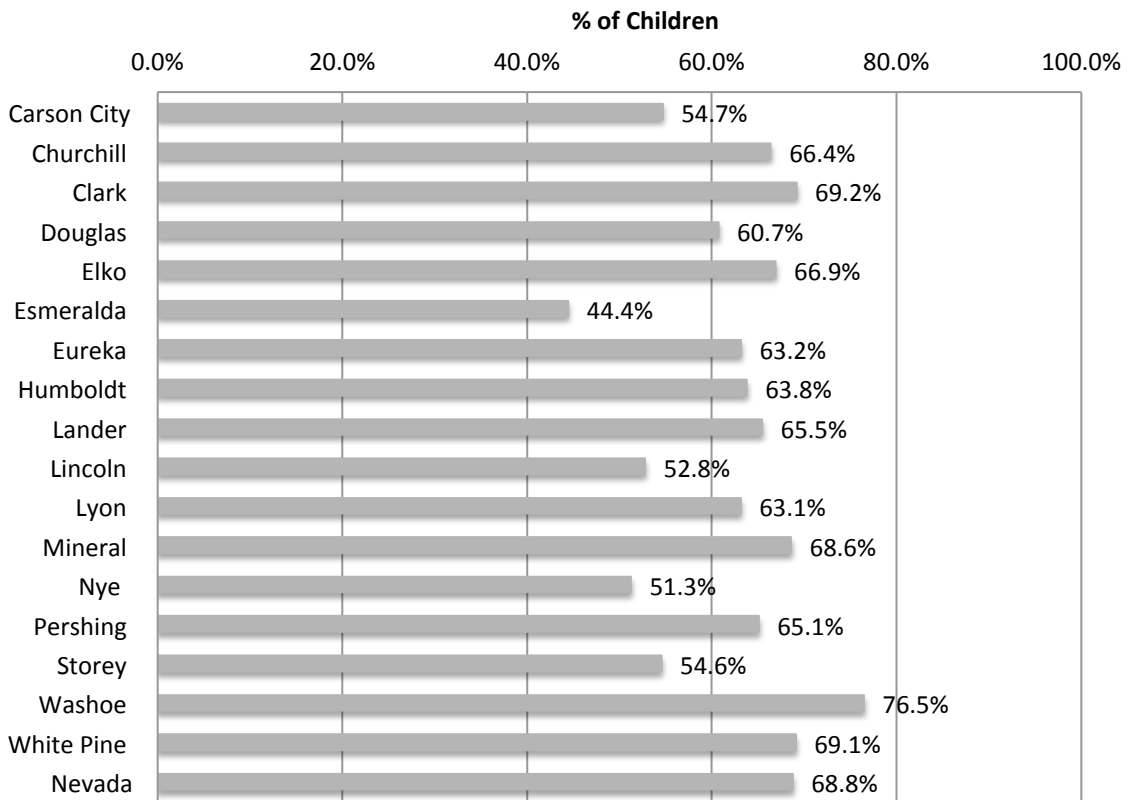
In Nevada, the rate of children ages 19 to 35 months who received this vaccine series had remained relatively stable from 2010 through 2013. However, the rate increased significantly from 52.9% in 2013 to 68.8% in 2014 (Fig 6.23).

**Fig 6.23 Nevada Percent of Children Aged 19 to 35 Months Received the 4:3:1:3:3:1:4 Series, 2010-2014**



Source: Nevada State Immunization Program

**Fig 6.24 Nevada Percent of Children Aged 19 to 35 Months Received the 4:3:1:3:3:1:4 Series, by County, 2014**



Source: Nevada State Immunization Program

- Vaccination rates among children were lowest in Esmeralda, Lincoln and Nye Counties, while vaccination rates among children in Washoe, Clark and White Pine Counties were highest.

# Injury Prevention

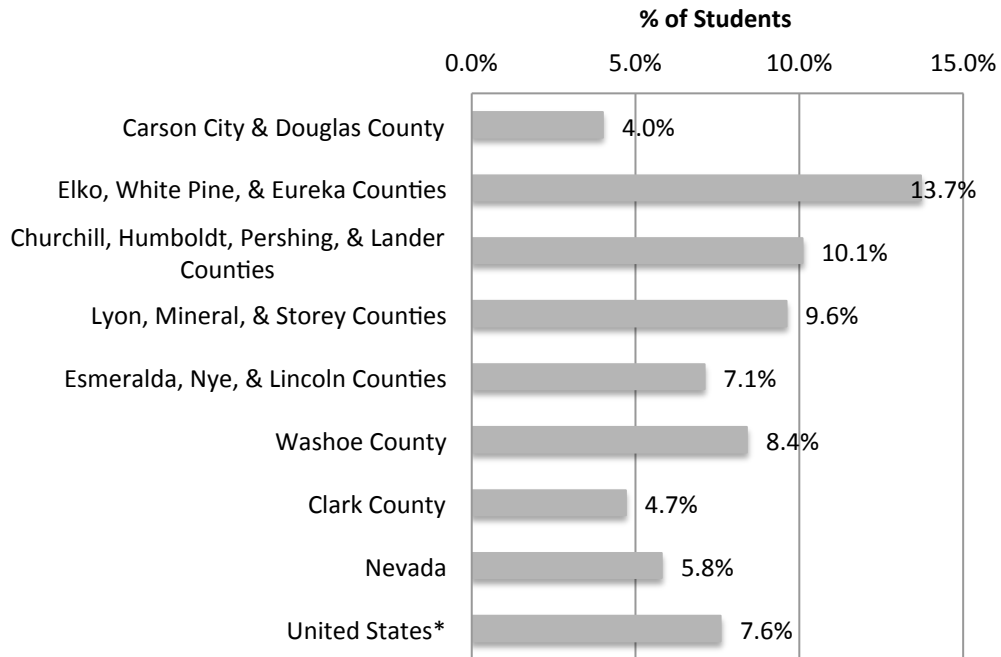
- Adolescent Seat Belt and Helmet Use

**6.3 Injury Prevention  
Health Indicators**

- Seat Belt Use\*
- Helmet Use\*

*\*Adolescent data available only*

**Seat Belt Use Among Adolescents**  
**Fig 6.25 Nevada Adolescents Reporting They Rarely/Never Wore a Seat Belt, by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

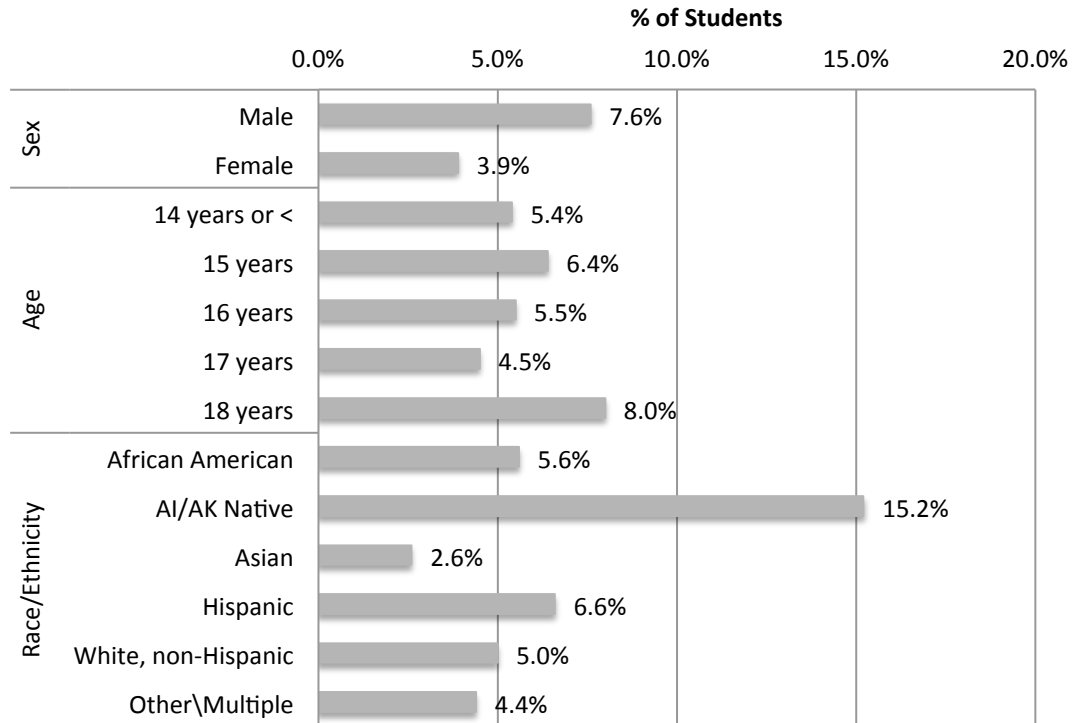
\*Source: CDC Youth Online: High School YRBS, 2013

*Note: Reported never or rarely wore a seat belt while riding in a car driven by someone else, in the past 12 months*

- Over 10% of high school students in the combined region of Elko, White Pine and Eureka Counties reported they rarely or never wear a seatbelt while riding in a car driven by someone else, while less than 5% of students in Carson City, Douglas and Clark Counties reported rarely or never wearing a seatbelt.

## Seat Belt Use Disparities Among Adolescents

**Fig 6.26 Nevada Adolescents Reporting They Rarely/Never Wore a Seat Belt, by Sex, Age, and Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

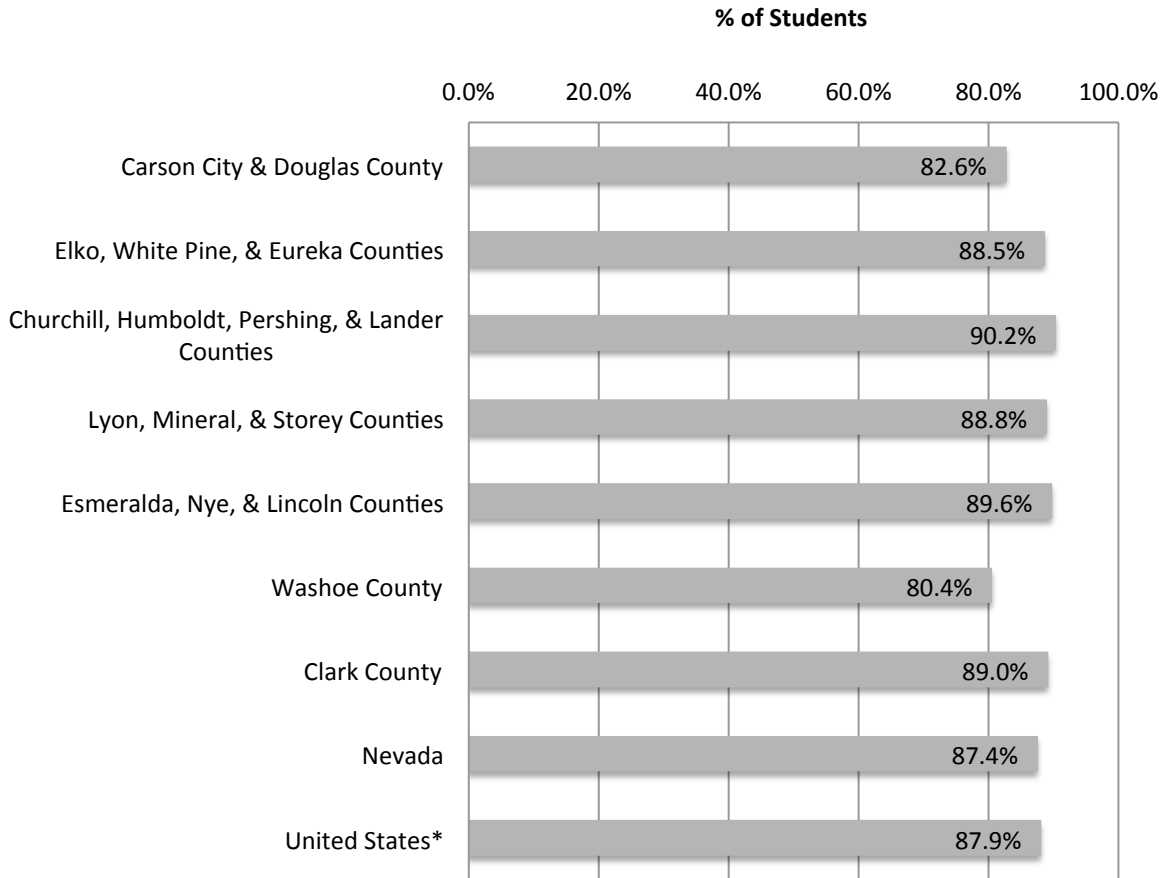
Note: Reported never or rarely wore a seat belt while riding in a car driven by someone else, in the past 12 months

- Males were nearly twice as likely as females to report not wearing a seat belt when riding in a car driven by someone else.
- Students 18 years or older were more likely to report not wearing a seatbelt when riding in a car driven by someone else.
- About 15% of American Indian/Alaskan Native students reported not wearing a seat belt when riding in a car driven by someone else.



## Helmet Use Among Adolescents

**Fig 6.27 Adolescents Reporting They Rarely/Never Wore Helmet While Riding a Bicycle, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

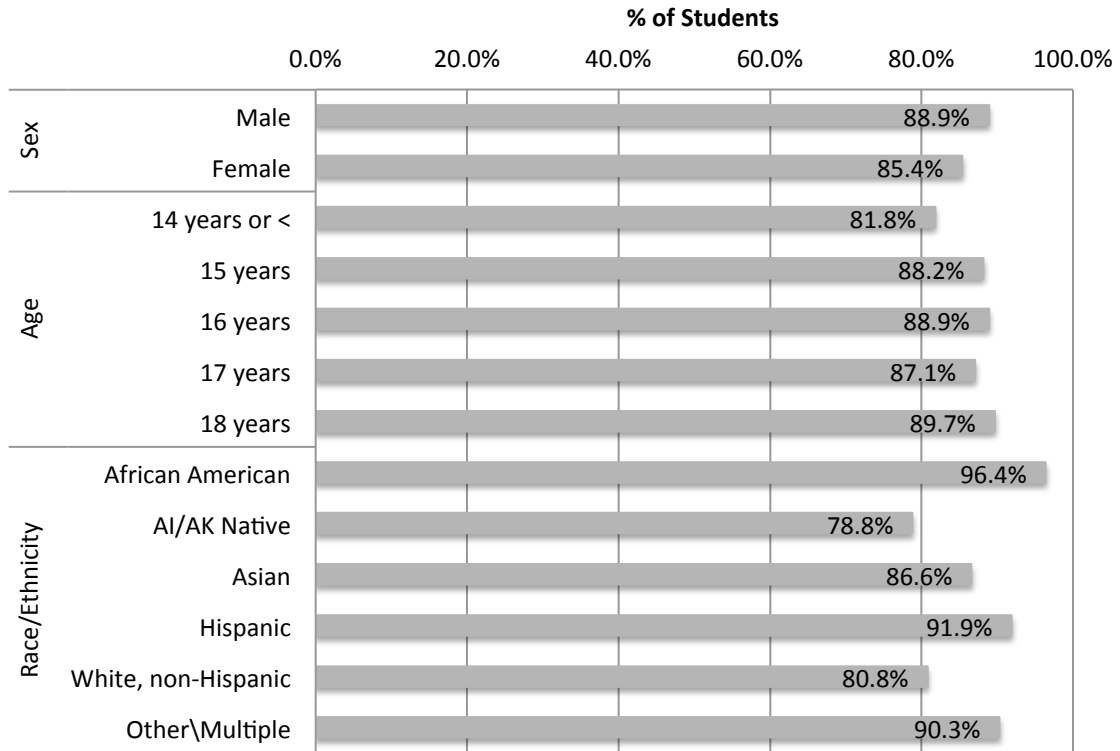
\*Source: CDC Youth Online: High School YRBS, 2013

Note: Reported rarely or never wore a helmet while riding a bicycle in the past 12 months

- More high school students in Washoe County reported wearing a helmet while riding a bicycle, while over 80% of high school students in all other regions reported they rarely or never wore a helmet while riding a bicycle in the past 12 months.

## Helmet Use Disparities Among Adolescents

**Fig 6.28 Nevada Adolescents Reporting They Rarely/Never Wore Helmet While Riding a Bicycle, by Sex, Age and Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- High school adolescent males reported not wearing a helmet more than their female counterparts.
- Younger students (14 years and younger) were more likely to report wearing a helmet while riding a bicycle.
- American Indian/Alaskan Native students reported wearing a helmet more often than students of other race/ethnicities, while African American students were least likely to report wearing a helmet while riding a bicycle.

# Access to Health Resources

# Healthcare Professionals & Resources

- Providers per Capita
- Hospital Beds per Capita
- HRSA Defined Shortage Areas
- Health Insurance Coverage
- Primary Care Provider
- Could Not See Provider Due to Cost

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## **Access to Health Resources**

Access to healthcare is the ability to obtain health services in a timely order to achieve the best possible health outcomes. Having adequate access to health services involves the availability of services and providers, the usability of those services, including affordability and location, as well as having knowledge of appropriate methods to access care.<sup>90,91, 92</sup>

Having health insurance is one of the most efficient ways to ensure access to health care and other health services. Those who are uninsured are less likely to receive preventive services such as basic check-ups and screenings, usually waiting until a condition develops or reaches an advanced stage. The delay in seeking preventive services and healthcare decreases the likelihood of early diagnosis and successful treatment.<sup>93,94</sup>

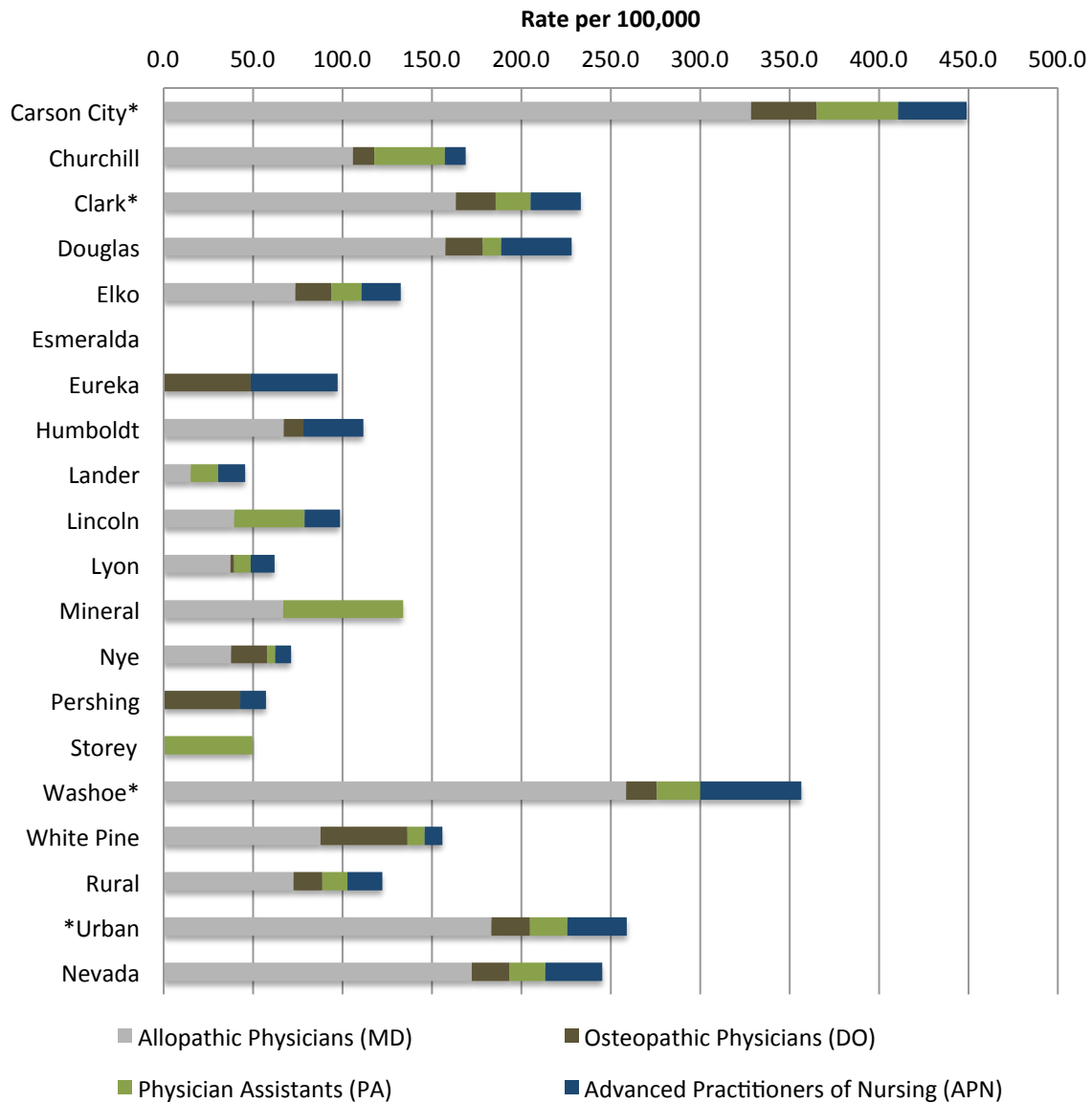
### **Section 7.1 Healthcare Professionals & Resources**

The indicators in this section quantify the severity and type of healthcare provider shortages and provide an estimate of the proportion of the population that is uninsured. This section does not illustrate other potential barriers including distance traveled to obtain quality care, or challenges finding healthcare providers who accept the insurance provider.

#### **Health Indicators**

- Providers per Capita
- Hospital Beds per Capita
- HRSA Designated Health Professional Shortage Areas
- Insurance Coverage
- Primary Care Provider

**Rate of Select Types of Healthcare Providers per 100,000 Population**  
**Fig 7.1 Nevada Rate of Licensed Primary Care Professionals, by Type, 2014**

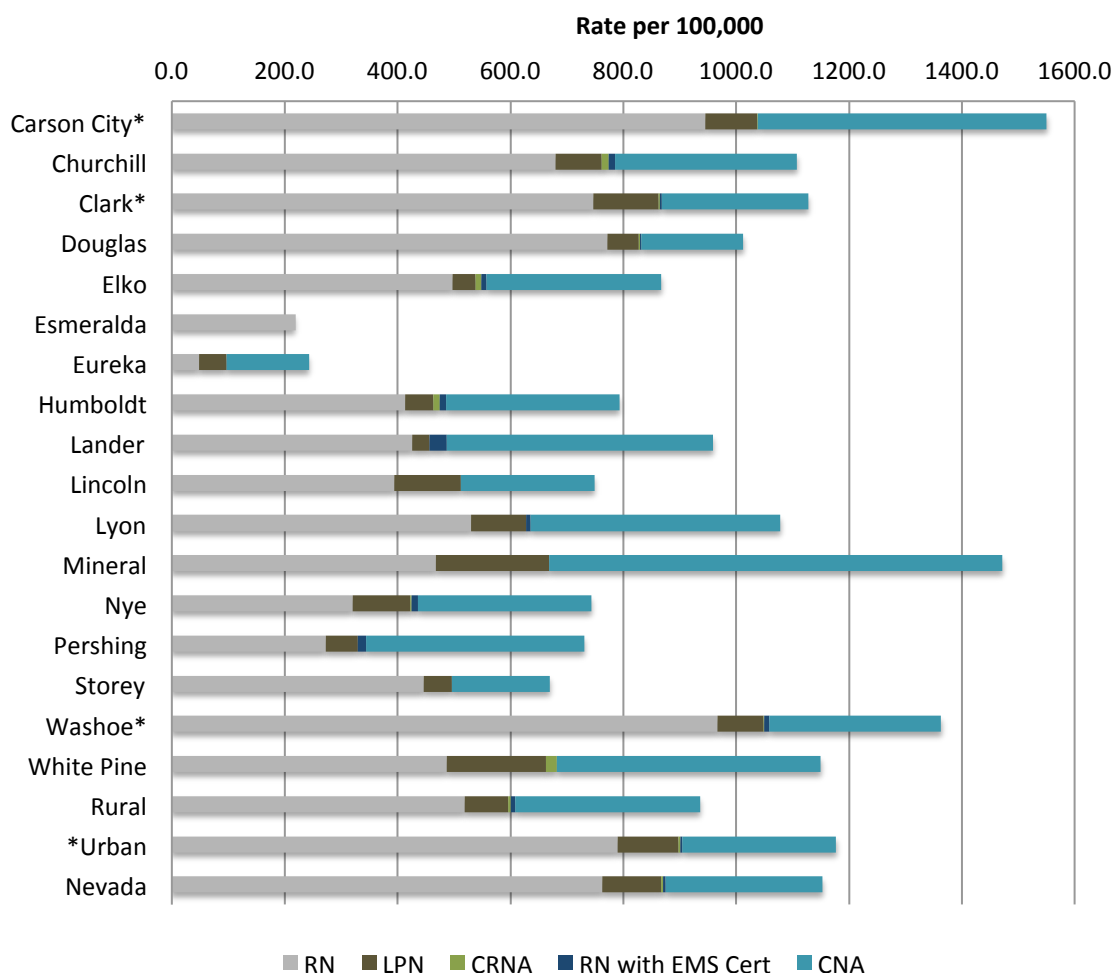


Source: Nevada Rural and Frontier Health Data Book, 2015

\*Classified as an urban county, all other counties classified as rural

- Carson City and Washoe County have more primary care providers per person than other counties in Nevada, largely due to the higher proportion of MDs.
- Esmeralda County had no licensed primary care providers as of 2015. Other counties, such as Storey and Eureka Counties, had only one PA and one DO and one APN respectively; however, relatively few people reside in these counties.
- Rural counties had half the rate of primary care providers per person than urban counties.

**Fig 7.2 Nevada Rate of Licensed Nursing Health Professionals, by Type, 2014**



Source: Nevada Rural and Frontier Health Data Book, 2015

\*Classified as an urban county, all other counties classified as rural

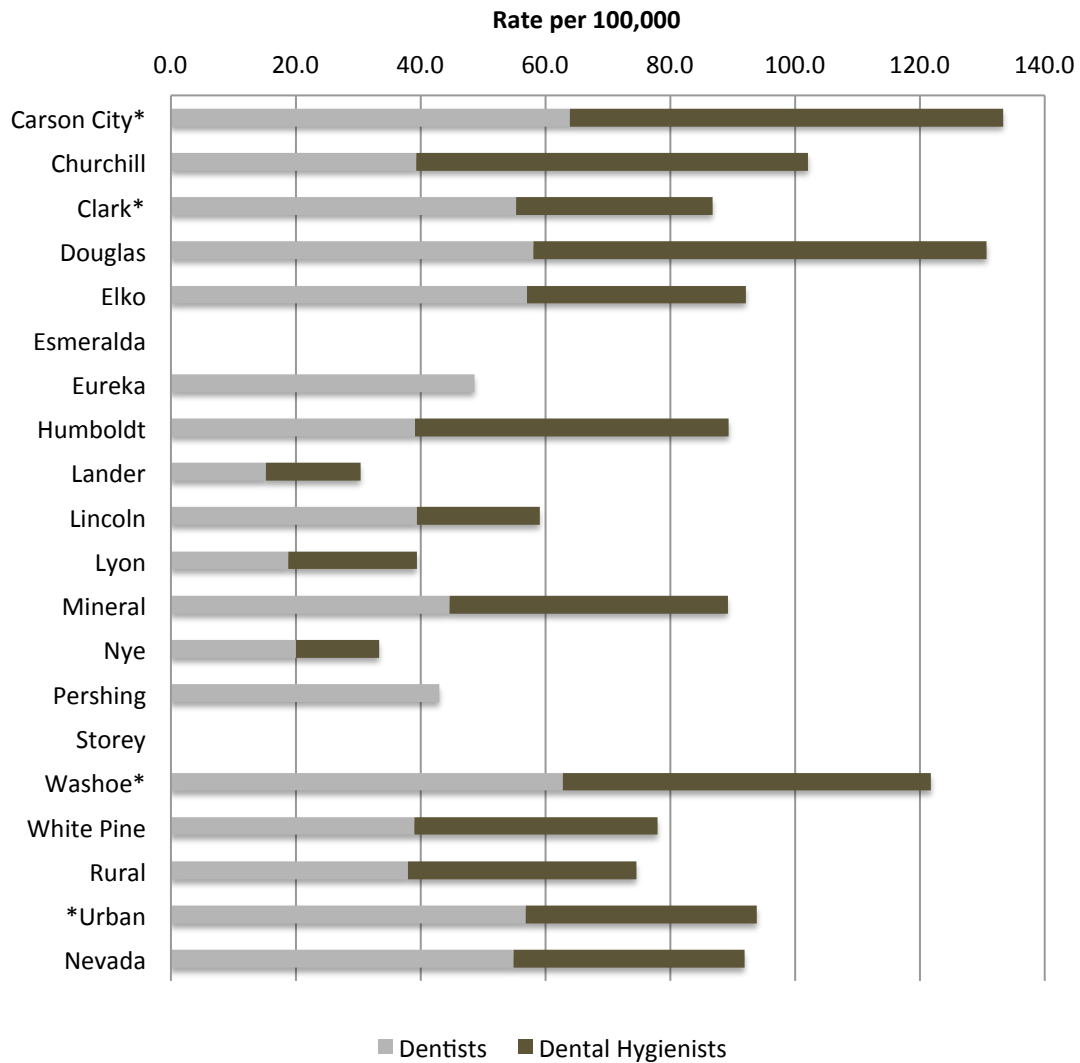
RN= Licensed Registered Nurse; LPN=Licensed Practical Nurse; CRNA: Certified Registered Nurse

Anesthetists; RN with EMS Cert= Licensed Registered Nurse with Emergency Medical Services

Certification; CAN: Certified Nursing Assistants

- Carson City, Mineral and Washoe Counties had the highest combined rates of nursing health professionals, while Esmeralda, Eureka and Storey Counties had the lowest.
- Rural counties had a lower rate of nursing health professionals per person than urban counties.

**Fig 7.3 Nevada Rate of Licensed Dental Health Providers, by Type, 2014**



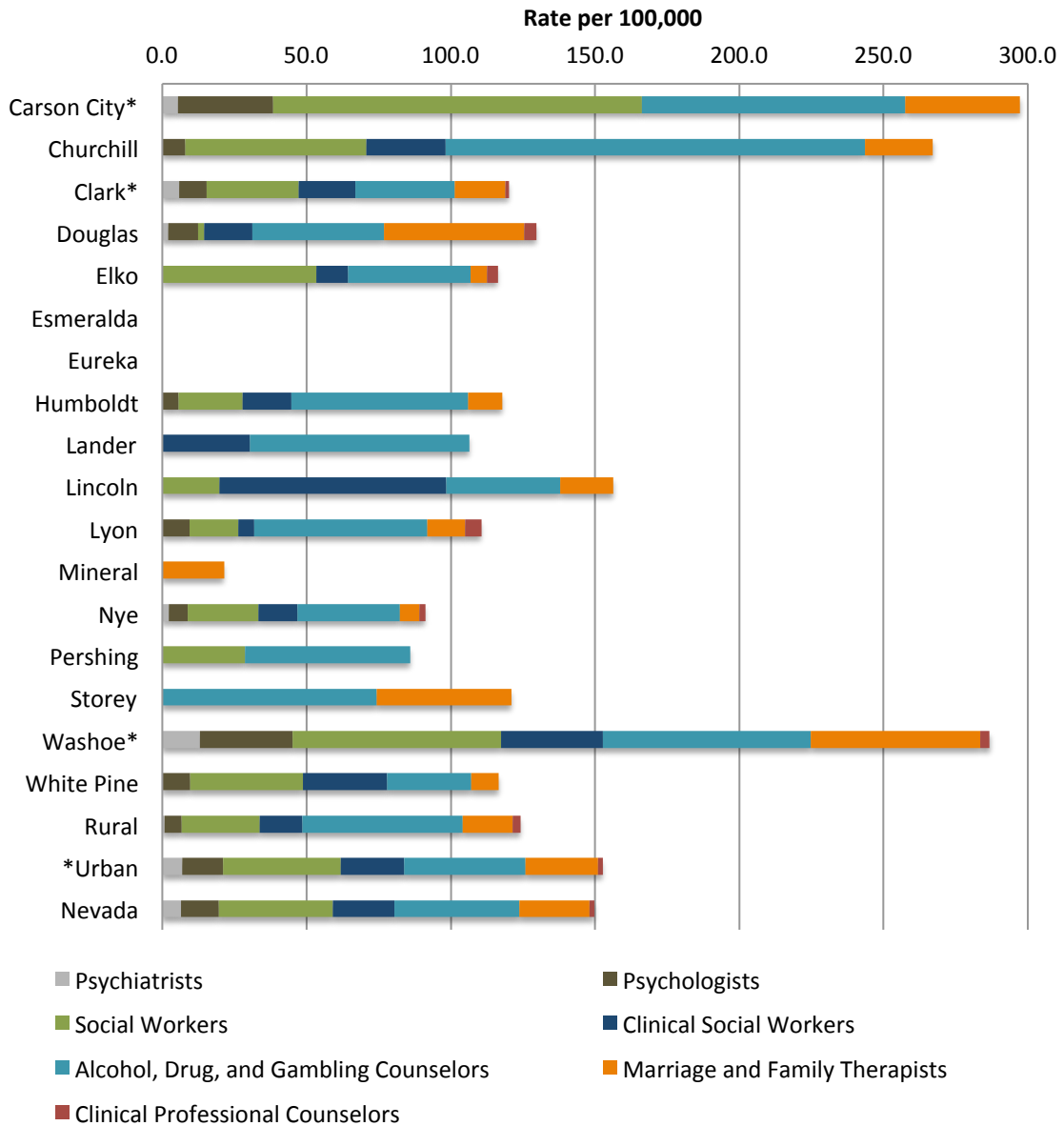
Source: Nevada Rural and Frontier Health Data Book, 2015

\*Classified as an urban county, all other counties classified as rural

- Carson City, Douglas, and Washoe Counties had the highest combined rate of dental health providers per person, while Esmeralda and Eureka Counties had none and Lander County had only one of each type.
- Rural counties had a lower rate of dental health providers per person than urban counties.



**Fig 7.4 Nevada Rate of Licensed Mental Health Providers, by Type, 2014**

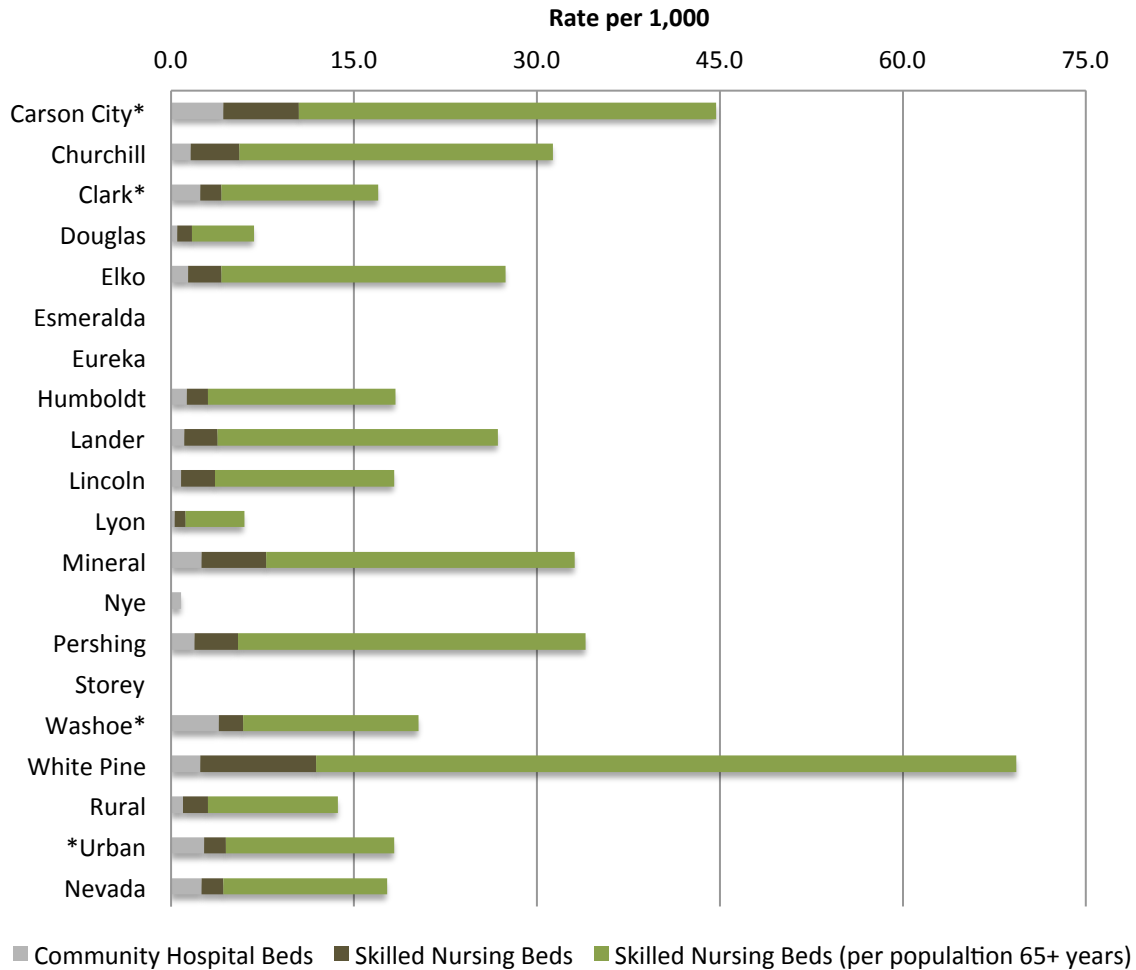


Source: Nevada Rural and Frontier Health Data Book, 2015

\*Classified as an urban county, all other counties classified as rural

- Carson City, Churchill, and Washoe Counties had the highest combined rates of mental health providers per person, while Esmeralda and Eureka Counties had none and Mineral County only had one Marriage/Family therapist.
- Rural counties had a lower rate of mental health providers per person than urban counties.

**Fig 7.5 Nevada Rate of Licensed Hospital Beds, by Type, 2015**



Source: Nevada Rural and Frontier Health Data Book, 2015

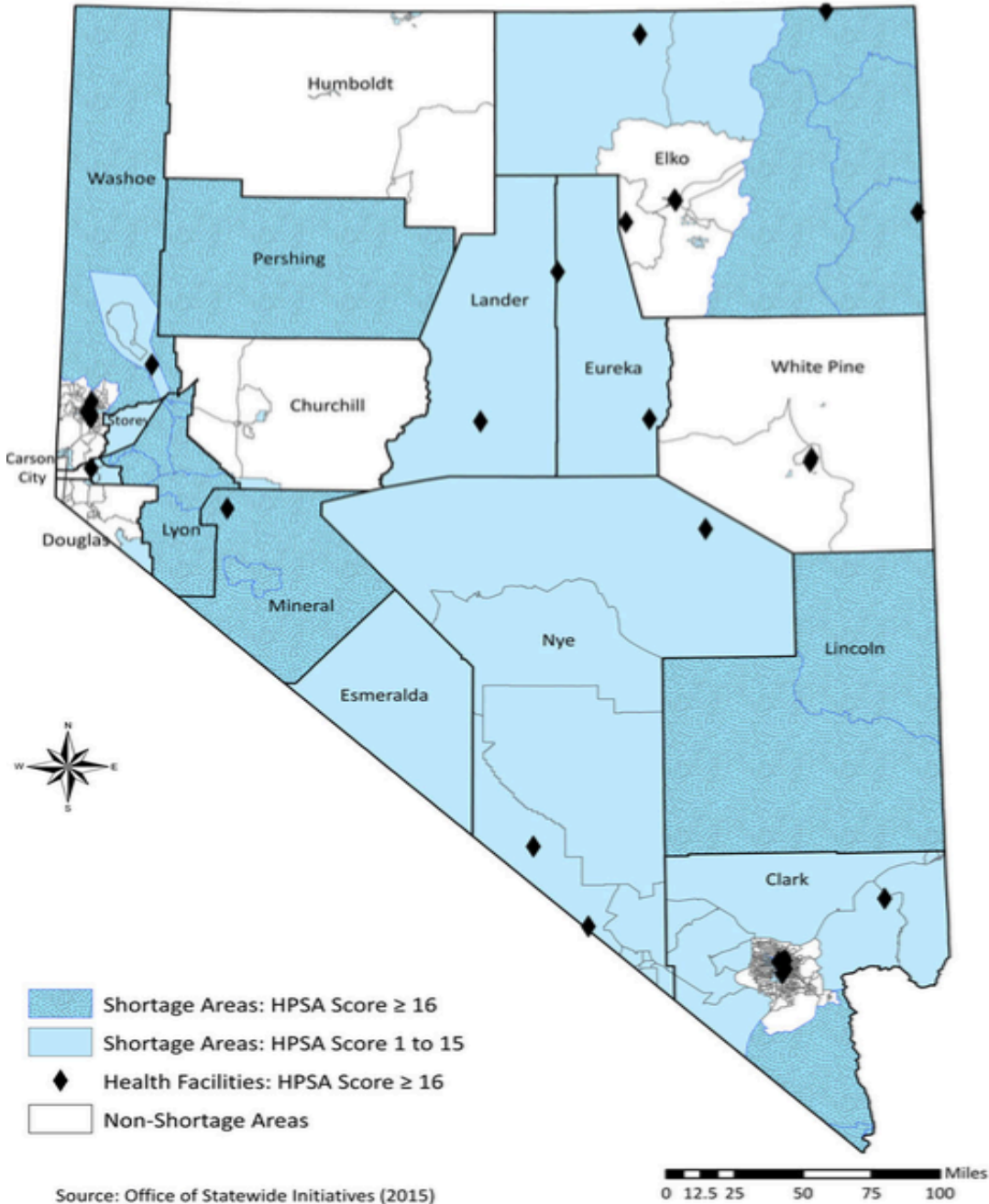
\*Classified as an urban county, all other counties classified as rural

- Other than Carson City and Washoe County, which had the highest rates, most other counties had comparable rates of community hospital beds.
- White Pine County, Carson City, and Mineral County had the highest rate of skilled nursing beds per person.
- Esmeralda, Eureka, and Storey Counties have no hospitals within county boundaries.

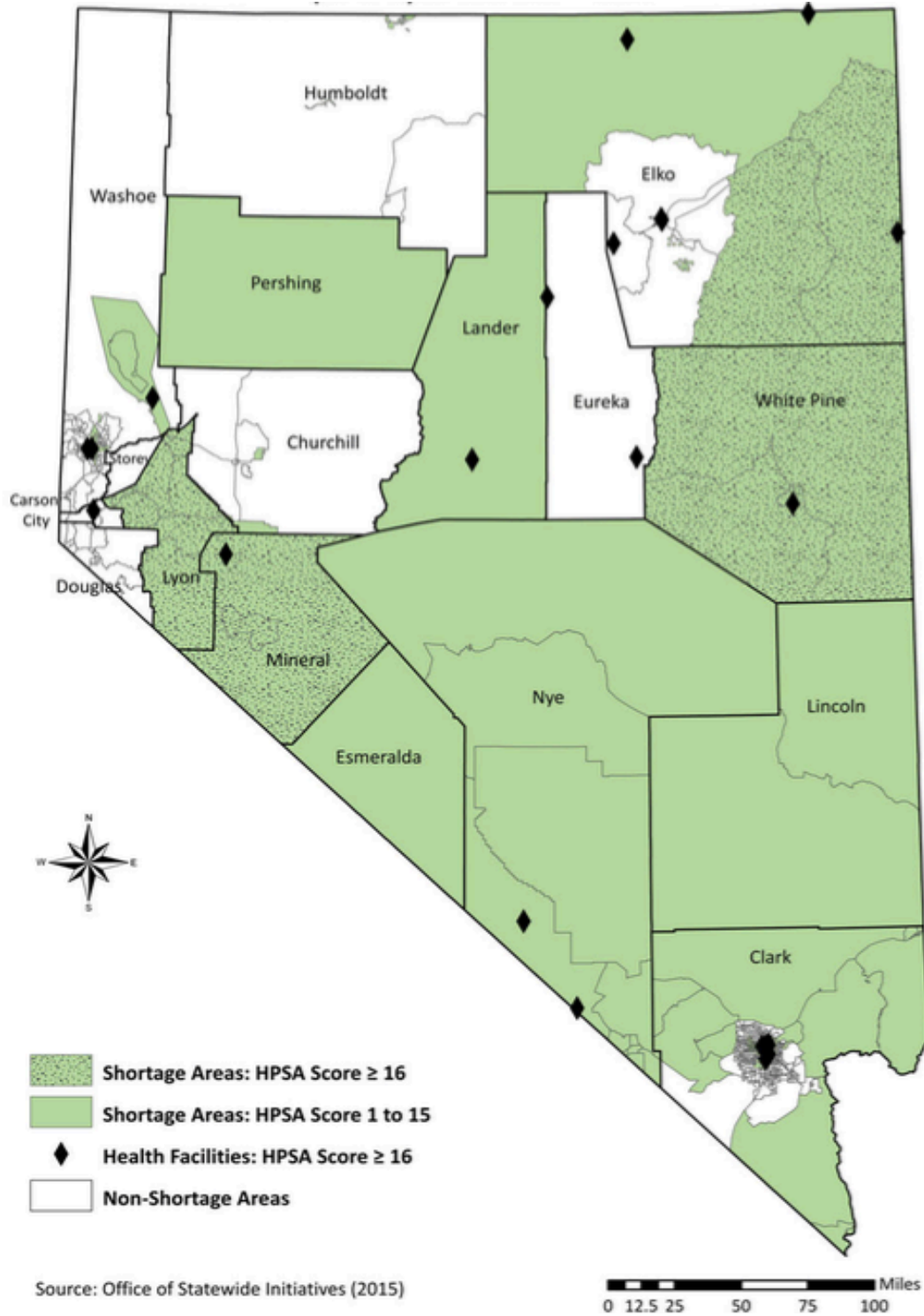
## HRSA Designated Health Professional Shortage Areas

The Health Resources and Services Administration (HRSA) designates health professional shortage areas (HPSA) as places with few primary, dental or mental health care providers to support the population residing in a given area.<sup>95</sup> Various criteria are evaluated to determine if a place is an HPSA and can be reviewed [HERE](#).

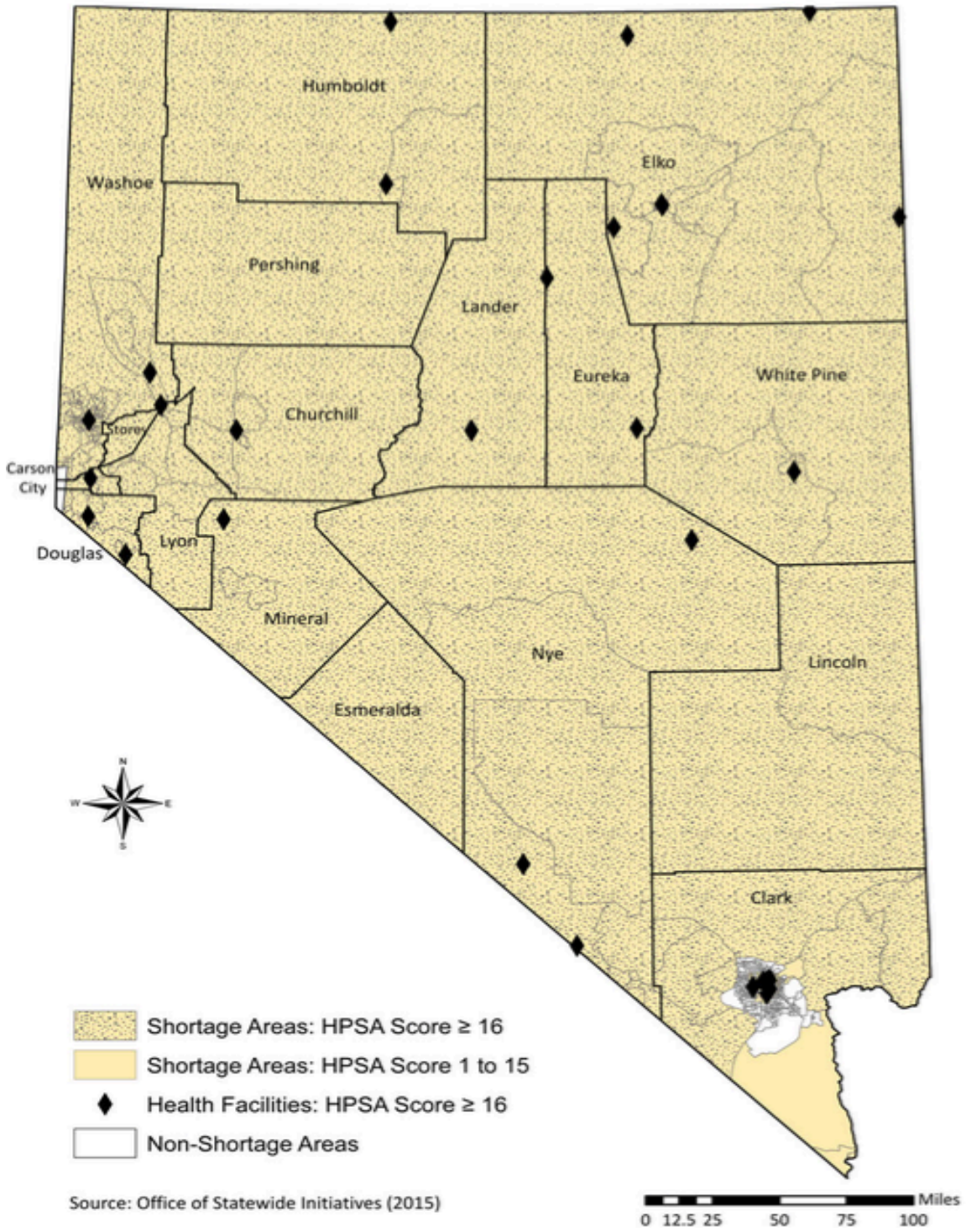
**Map 7.1 Nevada Primary Medical Care Health Professional Shortage Areas (HPSA), 2015**



Map 7.2 Nevada Dental Health Professional Shortage Areas (HPSA), 2015



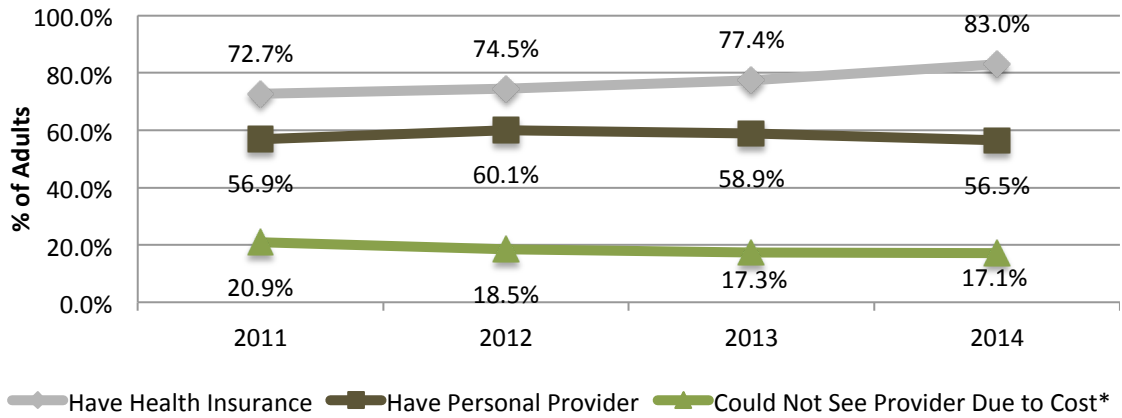
Map 7.3 Nevada Mental Health Professional Shortage Areas (HPSA), 2015



**Table 7.1 Nevada Percent of Population Residing in a HRSA Designated Health Professional Shortage Area, by Provider Type, 2015**

County/Region	Primary Medical Care Provider	Dental Health Provider	Mental Health Provider
Carson City*	92.9%	0.0%	100.0%
Churchill	5.5%	5.5%	100.0%
Clark*	29.6%	29.6%	35.6%
Douglas	15.7%	0.0%	100.0%
Elko	6.4%	19.6%	100.0%
Esmeralda, Lander, Lincoln, Lyon, Mineral, Nye, and Pershing	100.0%	100.0%	100.0%
Eureka and Storey	100.0%	0.0%	100.0%
Humboldt	3.9%	0.0%	100.0%
Washoe*	34.2%	32.7%	100.0%
White Pine	2.9%	100.0%	100.0%
<b>Rural</b>	<b>50.6%</b>	<b>51.4%</b>	<b>100.0%</b>
<b>*Urban</b>	<b>31.8%</b>	<b>29.5%</b>	<b>31.1%</b>
<b>Nevada</b>	<b>33.7%</b>	<b>31.7%</b>	<b>38.1%</b>
Source: Nevada Rural and Frontier Health Data Book, 2015			
*Classified as an urban county; all other counties classified as rural			

**Select Factors Related to Health Access**  
**Fig 7.6 Nevada Select Factors Related to Health Access Among Adults, 2011-2014**

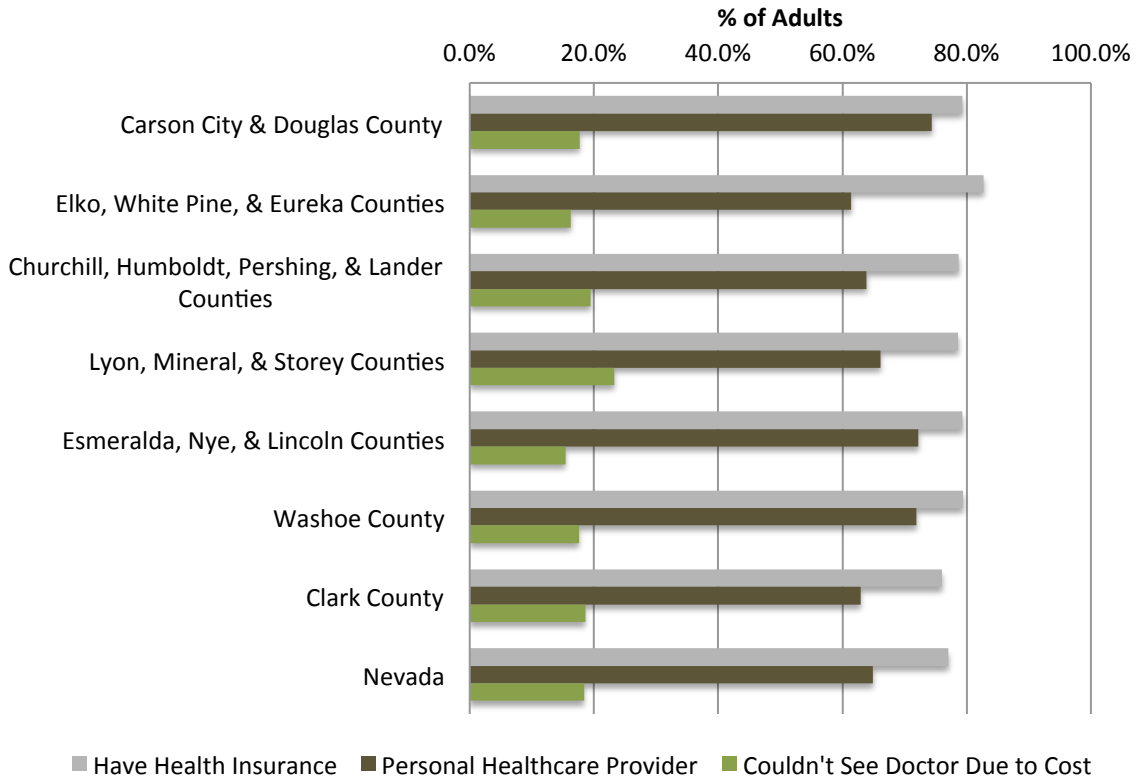


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

\*Could not see provider due to cost in past 12 months

- Health insurance coverage rates have increased from 72.7% in 2011 to 83.0% in 2014.
- Although the proportion of adults who reported they had at least one person they think of as a personal healthcare provider increased slightly during 2012 and 2013, it has not changed significantly.
- Cost as a barrier to receiving services (at least once in the past 12 months) has slightly decreased from 20.9% in 2011 to 17.1% in 2014.

**Fig 7.7 Nevada Select Factors Related to Health Access Among Adults, by County/Region, 2011-2014 Aggregate Data**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

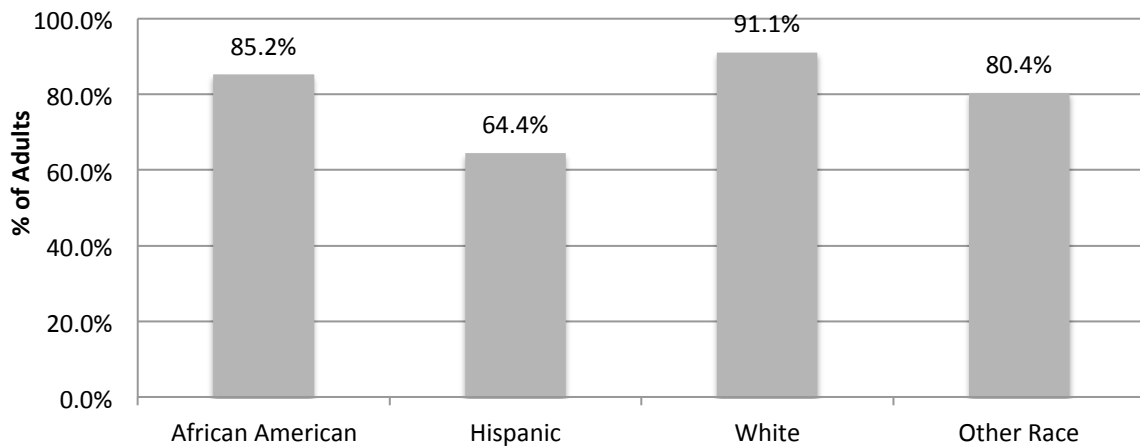
- At least 78.6% or more of residents in all counties/combined regions, except Clark County, reported having health insurance. Clark County residents reported having insurance coverage least often at 76%, which impacts the state overall at 77.0%.
- Residents in the combined region of Elko, White Pine and Eureka Counties were most likely to report having health insurance at 82.7%.
- Although health insurance coverage was higher, Elko, White Pine and Eureka County residents were least likely to report having at least one person they thought of as a personal healthcare provider at 61.4%.
- Carson City and Douglas County residents were most likely to report they had at least one person they thought of as a personal healthcare provider at 74.4%.
- The percent of adults reporting they could not see a doctor due to the cost was relatively similar ranging from a low of 15.4% in Esmeralda, Nye and Lincoln Counties to 19.5% in Churchill, Humboldt, Pershing and Lander Counties. However, 23.3% of residents in Lyon, Mineral and Storey Counties reported cost as a barrier to seeing a provider.



## Health Insurance Coverage Disparities

- Females reported slightly higher rates in insurance coverage than males at 83.4% and 82.6%, respectively.
- As people increased in age, they were more likely to report having insurance coverage, from 74.6% of those 18 to 24 years old to 97.9% of those 65 years and older, likely due to automatic qualification for coverage through Medicare.

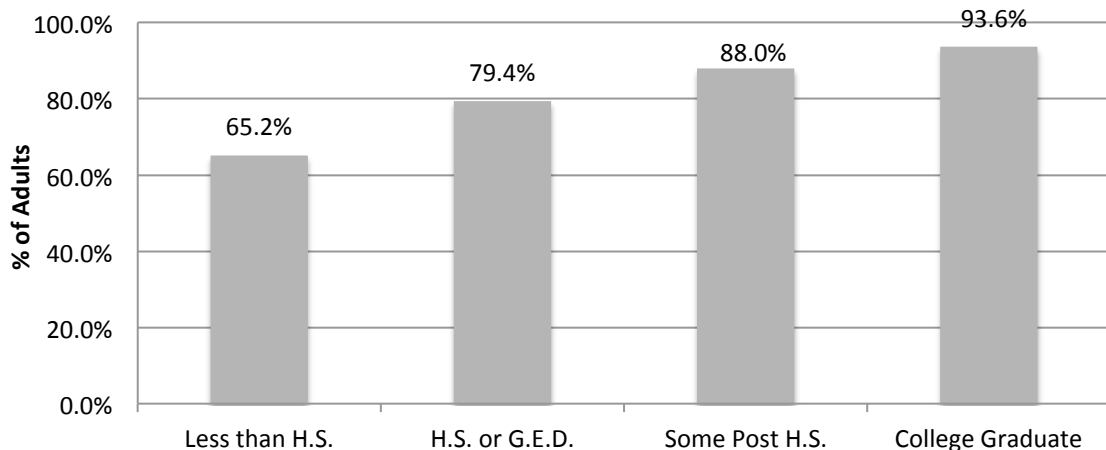
**Fig 7.8 Nevada Percent of Adults Reporting They Have Health Insurance Coverage, by Race/Ethnicity, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- The Hispanic population were least likely to report having health insurance coverage in 2014, while people who identified as White, non-Hispanic were most likely to report having health insurance coverage.

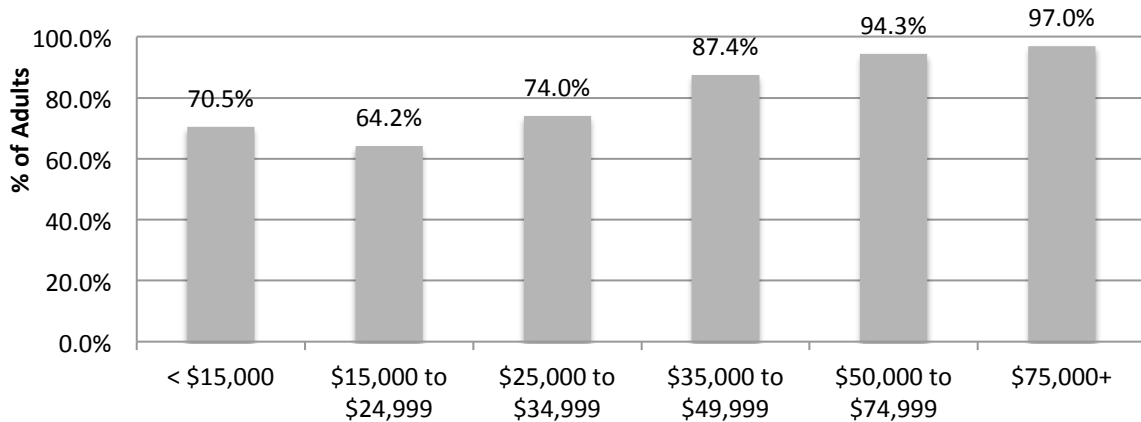
**Fig 7.9 Nevada Percent of Adults Reporting They Have Health Insurance Coverage, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As educational attainment increased, so did the likelihood of having health insurance coverage, from 65.2% of persons who had not graduated from high school to 93.6% of those who had graduated from college.

**Fig 7.10 Nevada Percent of Adults Reporting They Have Health Insurance Coverage, by Income Level, 2014**

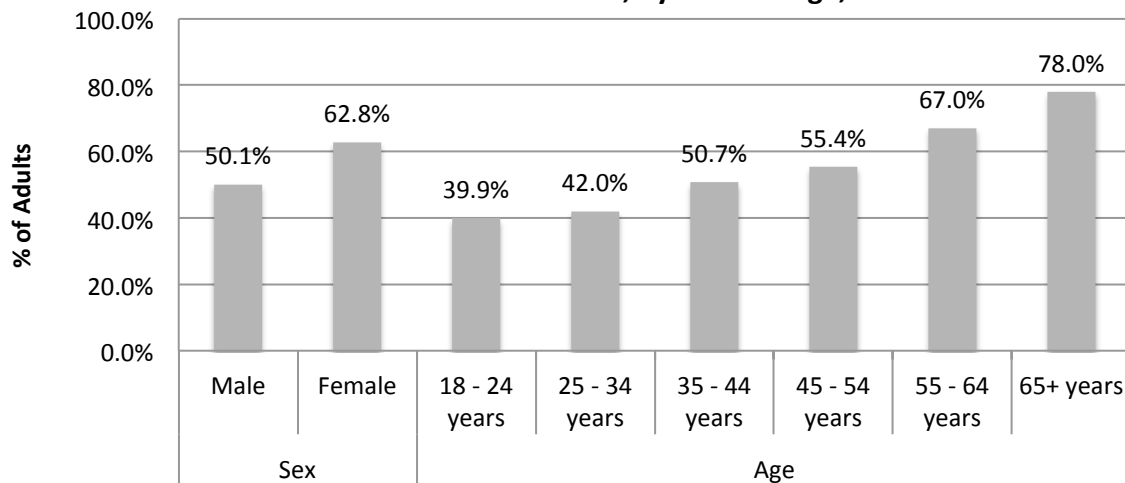


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As income level increased, so did the level of having health insurance, with the exception of those in the \$15,000 to \$24,999 range.

**Personal Healthcare Provider Disparities**

**Fig 7.11 Nevada Percent of Adults Reporting They Have a Personal Healthcare Provider\*, by Sex and Age, 2014**



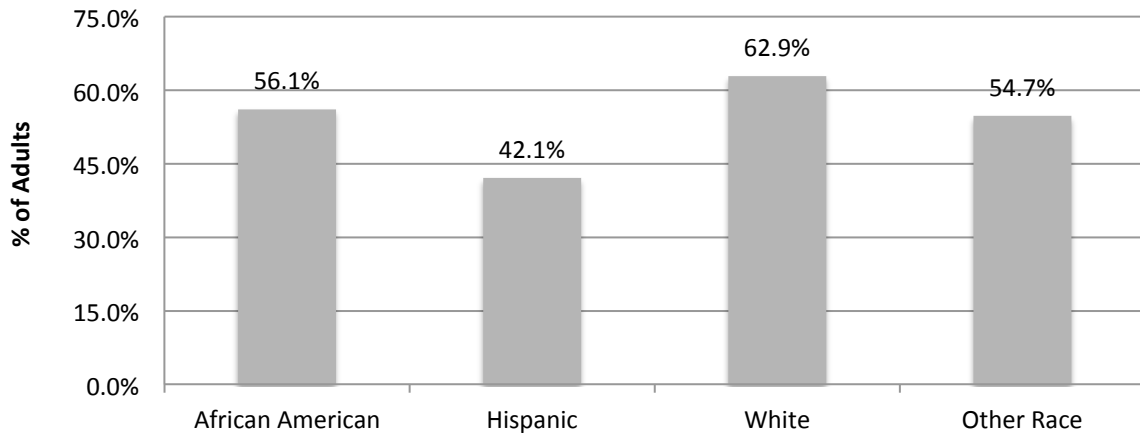
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*At least one person they think of as their personal healthcare provider

- Females were more likely to report having a personal healthcare provider than males, at 62.8% and 50.1%, respectively.

- As age increased, so did the likelihood of reporting having a personal healthcare provider.

**Fig 7.12 Nevada Percent of Adults Reporting They Have a Personal Healthcare Provider\*, by Race/Ethnicity, 2014**

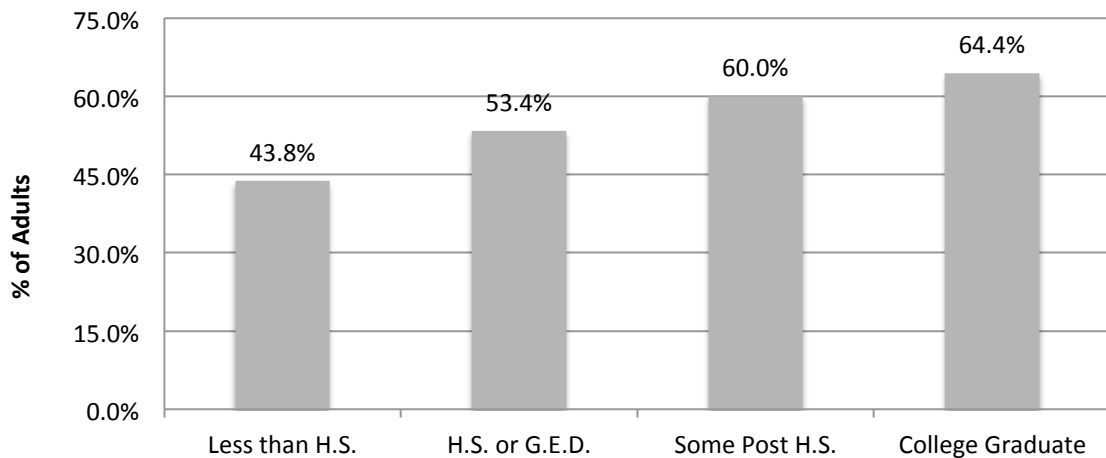


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*At least one person they think of as their personal healthcare provider

- The Hispanic population was least likely to report having a personal healthcare provider (42.1%), while those who identified as White, non-Hispanic were most likely to report having a personal healthcare provider (62.9%).

**Fig 7.13 Nevada Percent of Adults Reporting They Have a Personal Healthcare Provider\*, by Educational Attainment, 2014**

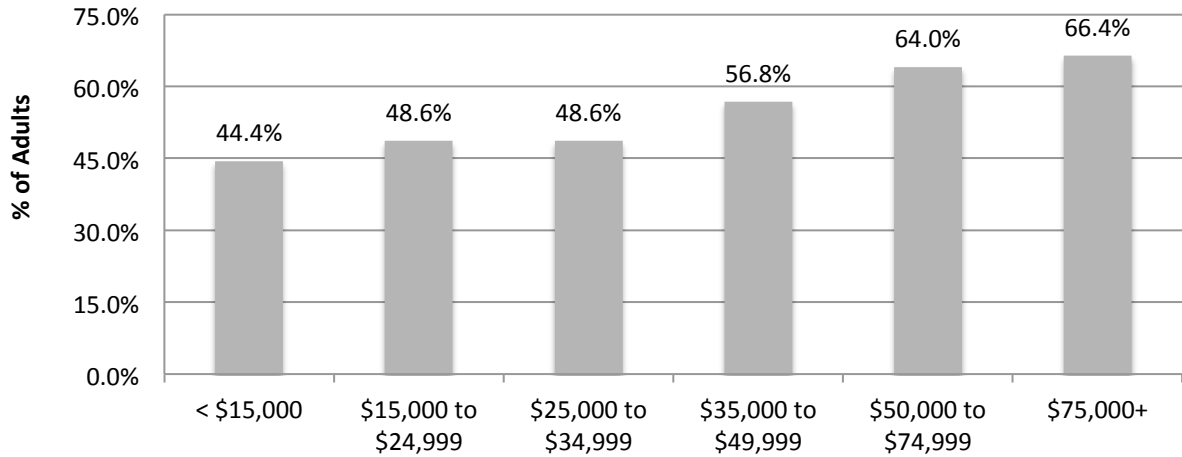


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*At least one person they think of as their personal healthcare provider

- As educational attainment levels increased, so did the likelihood of reporting having a personal healthcare provider.

**Fig 7.14 Nevada Percent of Adults Reporting They Have a Personal Healthcare Provider\*, by Income Level, 2014**

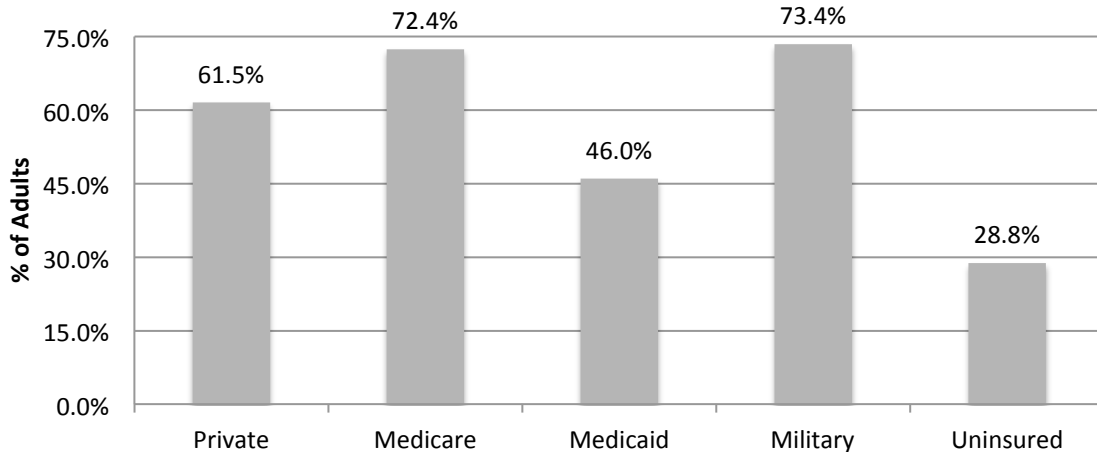


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*At least one person they think of as their personal healthcare provider

- As income level increased, so did the likelihood of reporting having a personal healthcare provider.

**Fig 7.15 Nevada Percent of Adults Reporting They Have a Personal Healthcare Provider\*, by Insurance Type, 2014**

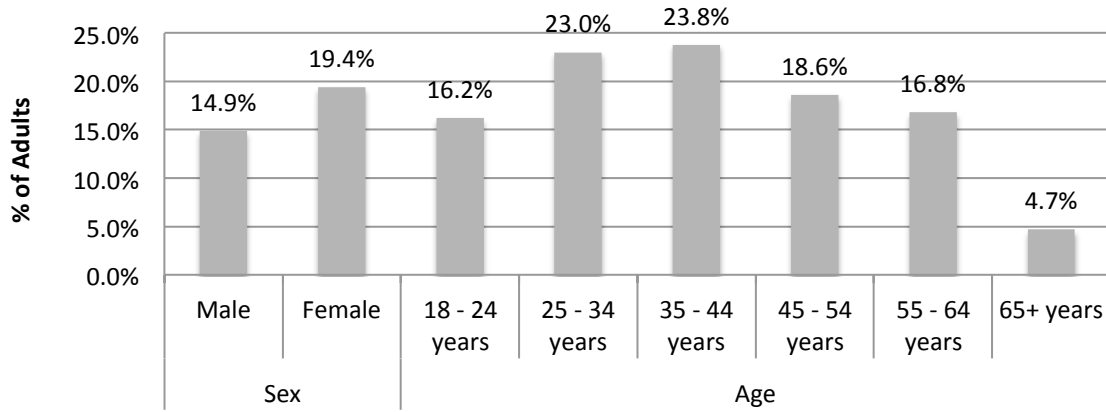


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*At least one person they think of as their personal healthcare provider

- Other than those without health insurance coverage, those who are covered by Medicaid were least likely to report having a personal healthcare provider, while those covered by Medicare and military insurance were more likely to report having a personal healthcare provider.

**Disparities Among Adults Reporting They Could Not See a Provider Due to Cost**  
**Fig 7.16 Nevada Percent of Adults Reporting They Could Not See a Provider Due to Cost\*, by Sex and Age, 2014**

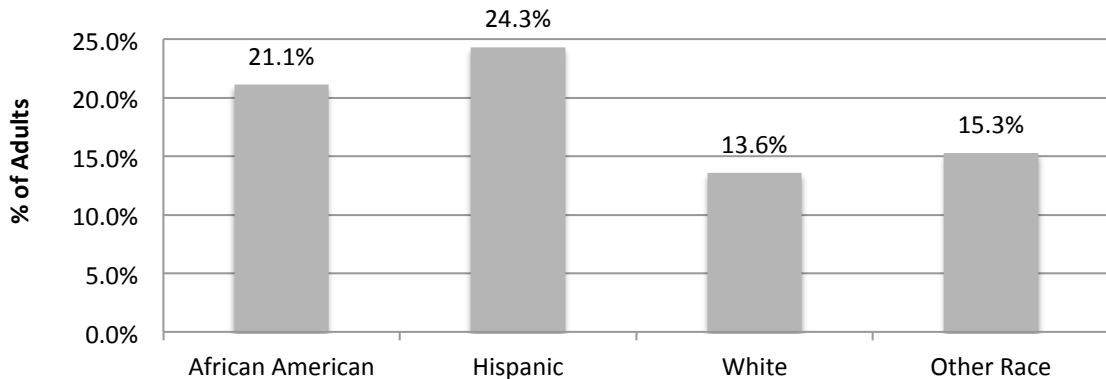


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*In past year

- More females than males reported they could not see a provider due to cost, 19.4% and 14.9%, respectively.
- Cost as a barrier to seeing a provider varied by age group. The lowest percentage was among those 65 years and older, likely due to being automatically qualified for Medicare.

**Fig 7.17 Nevada Percent of Adults Reporting They Could Not See a Provider Due to Cost\*, by Race/Ethnicity, 2014**

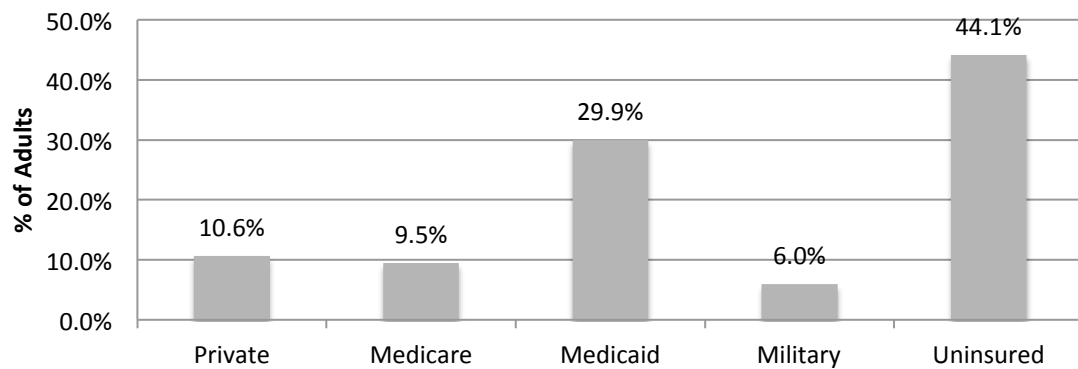


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*In past year

- Hispanics were most likely to report cost as a barrier to not being able to see a provider, while those who are white, non-Hispanic were least likely to report cost as a reason for not being able to see a provider.

**Fig 7.18 Nevada Percent of Adults Reporting They Could Not See a Provider Due to Cost\*, by Insurance Type, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*In past year

- An estimated 44.1% of people without insurance reported cost as a reason for not being able to see a provider.
- Nearly a third (29.9%) of persons covered by Medicaid reported cost as a barrier for not being able to see a provider. Among those covered by other types of health insurance, cost was much less of a barrier to not seeing a healthcare provider (<11.0%).

# Public Health Department Expenditures

- Trust for America's Health Report

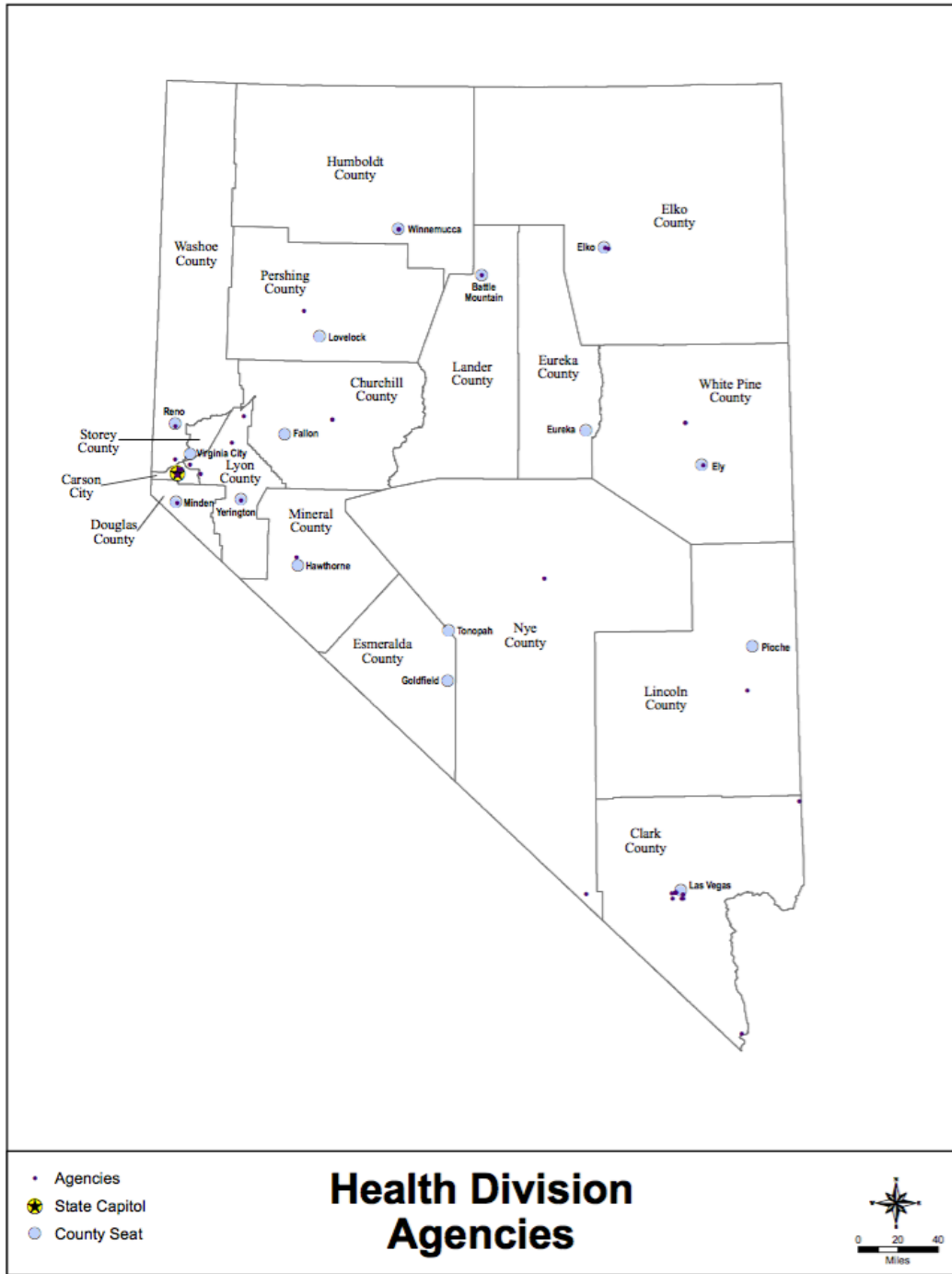
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## **Section 7.2 Public Health Department Expenditures**

According to the 2015 Trust for American's Health report on public health spending per capita, Nevada ranked 30<sup>th</sup> in 2014 at \$19.76 per person for funds received from the Centers of Disease Prevention and Control (CDC) in 2014 and 50<sup>th</sup> in the nation at \$14.06 per person for funding received from Health Resources and Services Administration (HRSA) during FY 2014.<sup>96</sup> State mental health agency (SMHA) per capita expenditures for mental health services ranked Nevada at 34 out of 48 states at \$89.41 per person (Florida and New Mexico not included).<sup>97</sup>



**Map 7.4 Nevada Division of Public and Behavioral Health Agencies, by Location, 2015**



# Nevada Core Health Indicators

## Maternal and Child Health

# Pregnancy, Birth and Prenatal Care

- Pregnancy Rate
- Abortion Rate
- Birth Rate
- Teen Pregnancy and Birth Rates
- Low Birth Weight
- Prenatal Care

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## Maternal and Child Health

Measuring the health and wellbeing of mothers and their children helps to identify risks before and during pregnancy and can predict the health of future generations. The health of an unborn fetus is largely dependent on the health of the mother prior to conception and during pregnancy.<sup>98</sup> Poor maternal health can be impacted by personal health behaviors such as nutrition, physical activity, or smoking, as well as socioeconomic and other factors ranging from stress to air pollution.<sup>99</sup>

### 8.1 Pregnancy, Birth and Prenatal Care

Family planning plays an important role in social and economic outcomes for the entire familial unit.<sup>100</sup> About half of all pregnancies in the United States are unintended; of those unintended pregnancies approximately 40% are terminated.<sup>101</sup> Unintended pregnancies are higher among minority women, those who live in poverty, and those who are younger, single, and have lower education levels.<sup>102</sup>

Research has demonstrated that having poor health at birth is associated with a range of negative outcomes such as learning impairment and lower educational attainment, resulting in lower socioeconomic status and higher morbidity and mortality later in life.<sup>103</sup>

#### Health Indicators

- Pregnancy Rates
- Abortion Rates
- Birth Rates
- Teen Pregnancy Rates
- Teen Birth Rates
- Low Birth Weight
- Prenatal Care

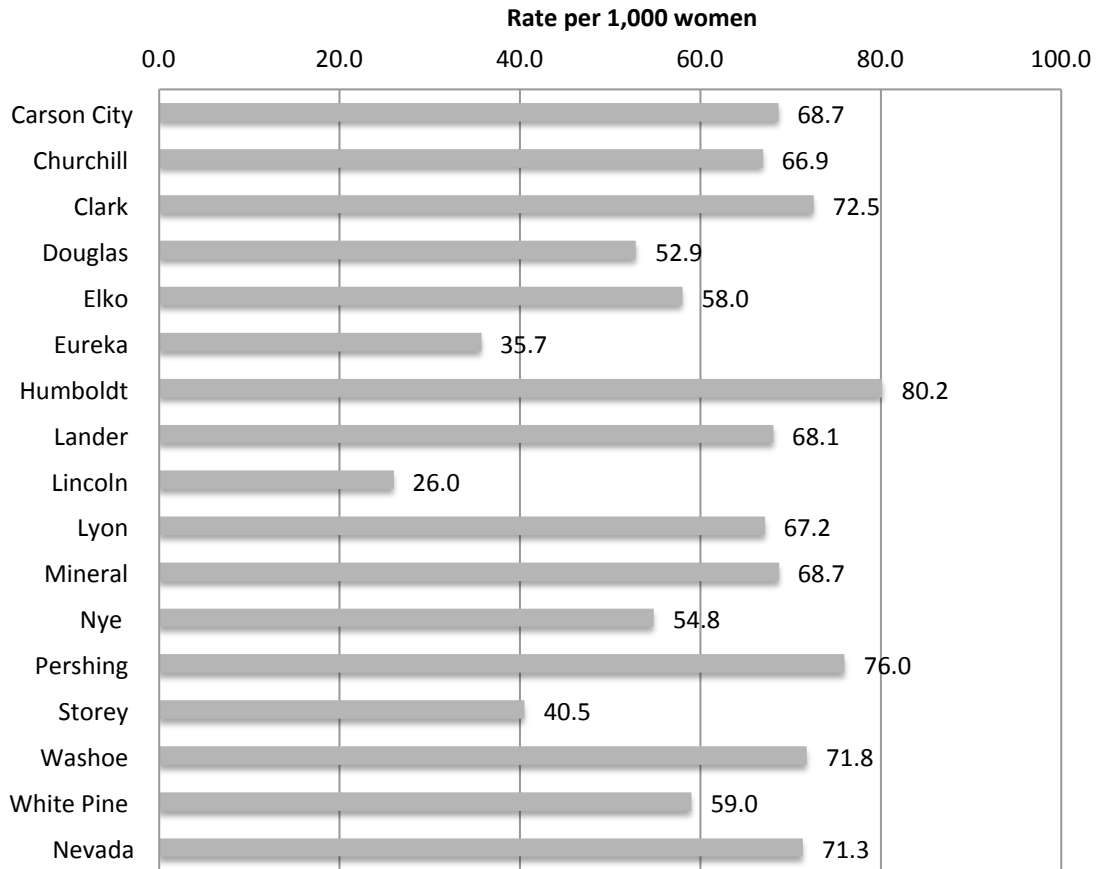
*Note: All rates in this section are per 1,000 women aged 15 to 44 years, unless otherwise noted.*

*Due to data availability, not all counties had to be grouped regionally; therefore the regional groupings for some health indicators in this section do NOT always match the regional groupings in previous sections.*

#### Pregnancy Rates

The pregnancy rate is the sum of the total number of births, abortions, and fetal deaths per 1,000 women 15 to 44 years of age. The pregnancy rate has steadily decreased in Nevada from 84.3 per 1,000 women in 2009 to 71.3 per 1,000 women in 2013 (Appendix G).

**Fig 8.1 Nevada Pregnancy Rate, Among Women 15 to 44 Years, by County, 2013**

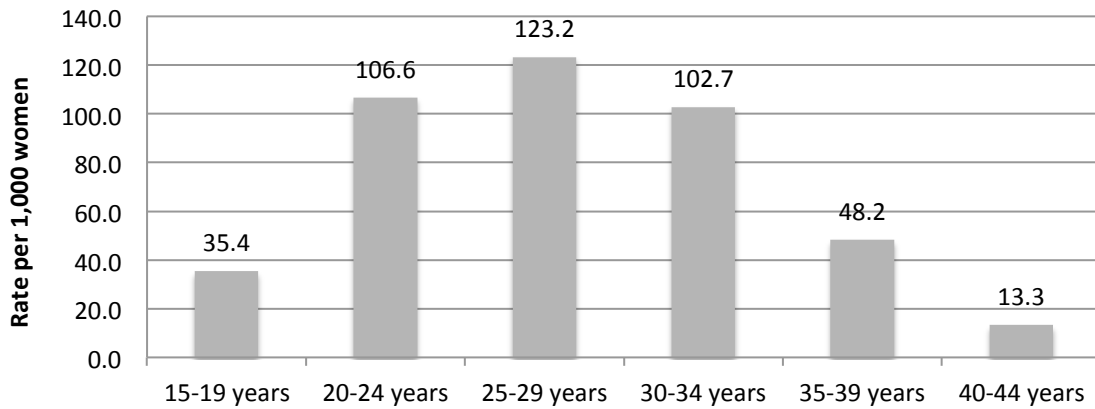


Source: Office of Public Health Informatics and Epidemiology

Note: The pregnancy rate for Esmeralda County was suppressed due to low numbers.

- The pregnancy rate was highest in Humboldt, Pershing and Clark Counties and was lowest in Lincoln, Eureka and Storey Counties.

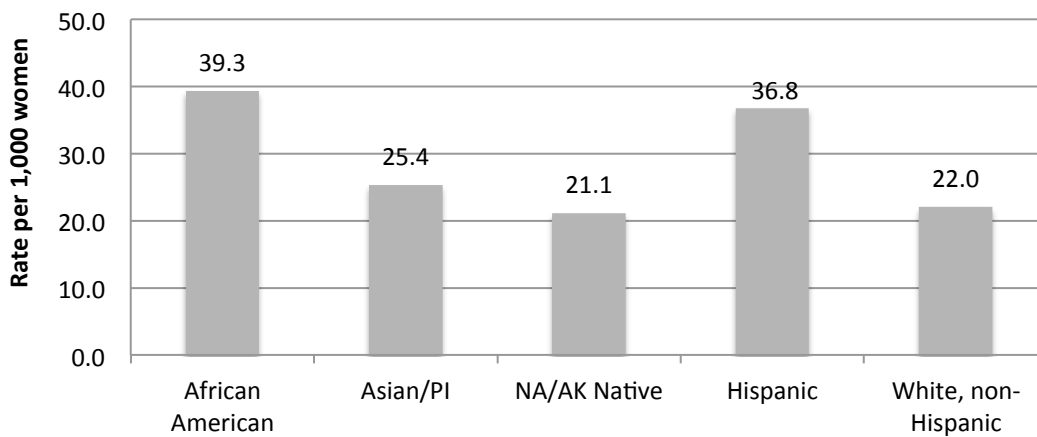
**Fig 8.2 Nevada Pregnancy Rate, Among Women 15 to 44 Years, by Age, 2013**



Source: Office of Public Health Informatics and Epidemiology

- The pregnancy rate is highest among women 20 to 34 years, peaking among those in the 25 to 29 years age range (123.2).

**Fig 8.3 Nevada Pregnancy Rate, Among Women 15 to 44 Years, by Race/Ethnicity, 2013**

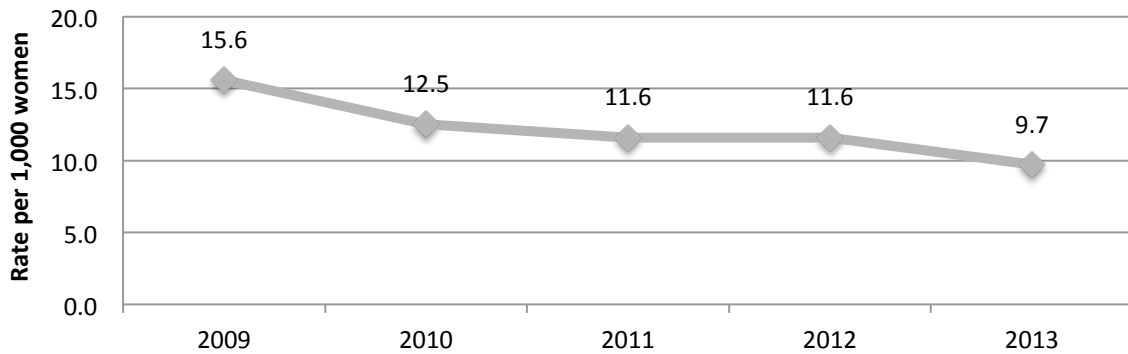


Source: Office of Public Health Informatics and Epidemiology

- Pregnancy rates are highest among African American (39.3) and Hispanic (36.8) women and lowest among Native American/Alaska Native (21.1) and White, non-Hispanic (22.0) women.

### Abortion Rates

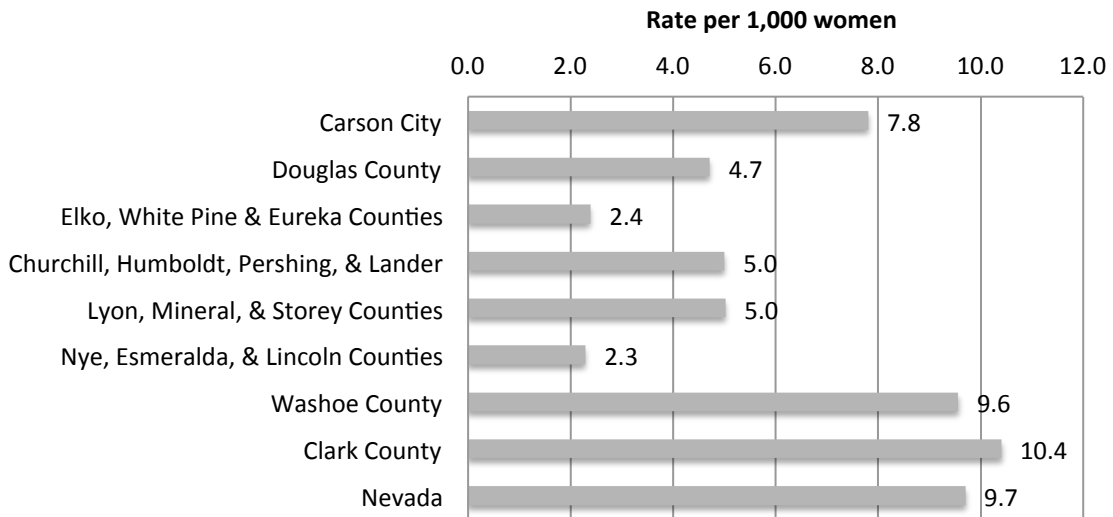
**Fig 8.4 Nevada Abortion Rate, Among Women 15 to 44 Years, 2009-2013**



Source: Office of Public Health Informatics and Epidemiology

- Among women 15 to 44 years, the rate of abortion decreased from 15.6 in 2009 to 9.7 per 1,000 women in 2013.

**Fig 8.5 Nevada Abortion Rate, Among Women 15 to 44 Years, by County, 2013**

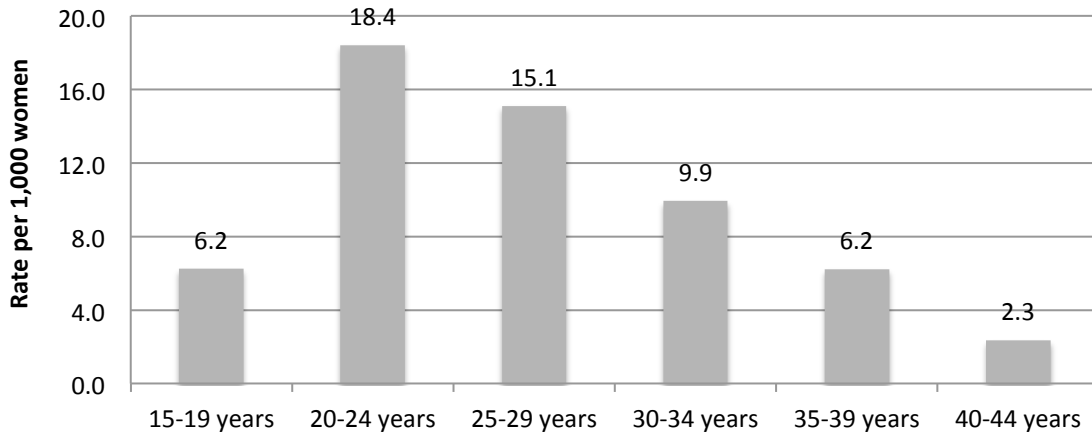


Source: Office of Public Health Informatics and Epidemiology

- The rate of abortion is highest in Carson City and Washoe and Clark Counties. The abortion rate is lowest in the combined region of Nye, Esmeralda and Lincoln Counties.

### Abortion Rate Disparities

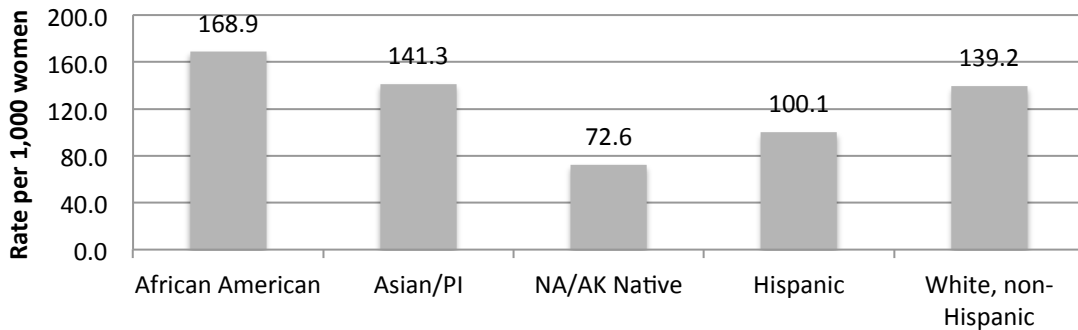
**Fig 8.6 Nevada Abortion Rate, Among Women 15 to 44 Years, by Age, 2013**



Source: Office of Public Health Informatics and Epidemiology

- The abortion rate is highest among women 20 to 24 years (18.4), which is three times higher than the rates among 15 to 19 years as well as those 35 to 39 years.
- The abortion rate is lowest among women 40 to 44 years (2.3).

**Fig 8.7 Nevada Abortion Rate, Among Women 15 to 44 Years, by Race/Ethnicity, 2013**



Source: Office of Public Health Informatics and Epidemiology

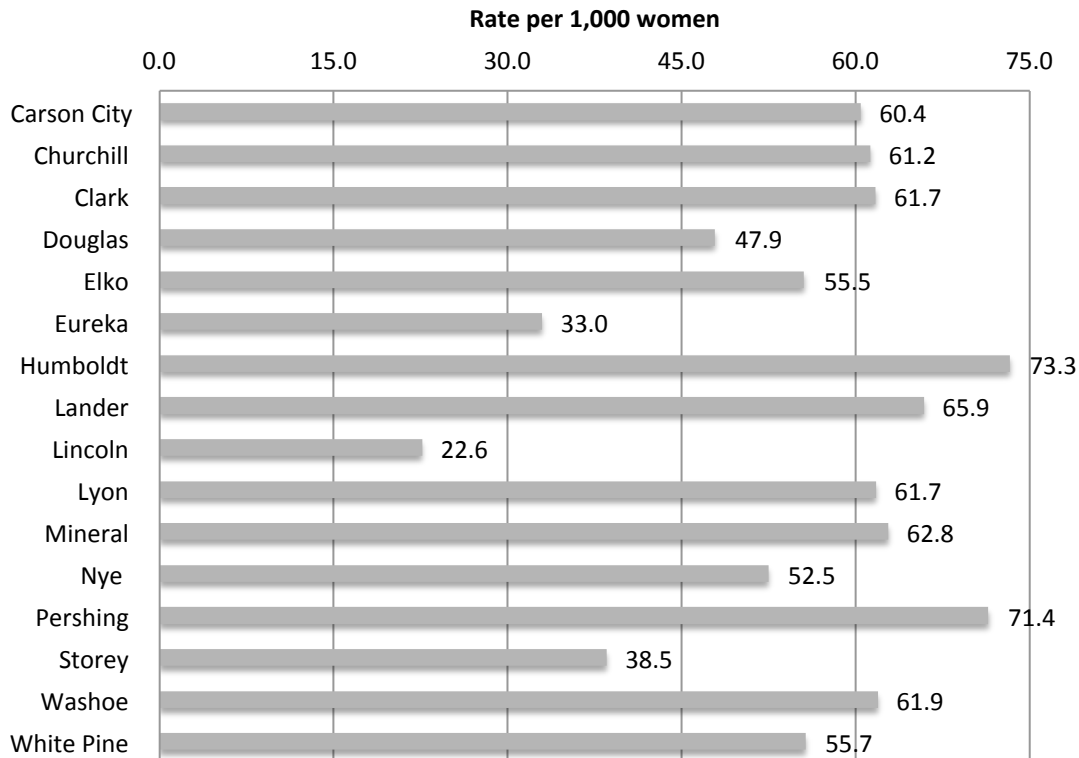
- The rate of abortion is highest among African American, Asian and White, non-Hispanic women. It is lowest among Native American and Hispanic women.



## Birth Rates

The birth rate is the number of live births per 1,000 women 15 to 44 years of age. Similar to pregnancy rates, the birth rate in Nevada has declined from 68.3 in 2009 to 61.3 in 2013 (Appendix G).

**Fig 8.8 Nevada Birth Rate, Among Women 15 to 44 Years, by County, 2013**



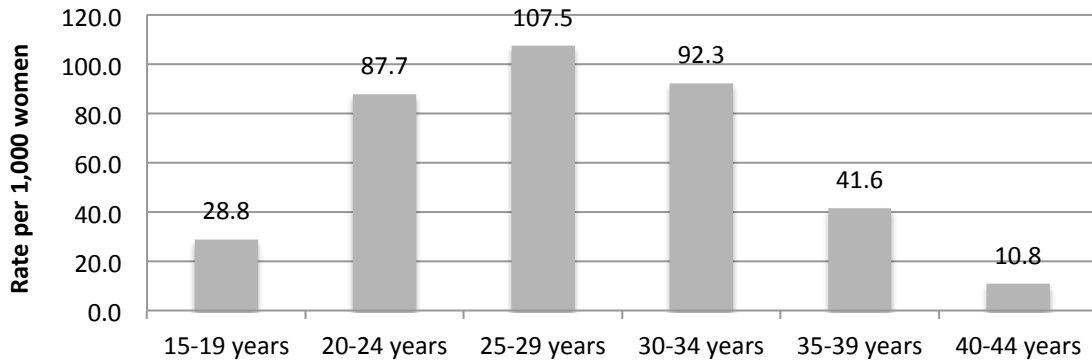
Source: Office of Public Health Informatics and Epidemiology

Note: The birth rate for Esmeralda County was suppressed due to low numbers.

- The birth rate is highest in Humboldt, Pershing and Lander Counties, and lowest in Lincoln, Eureka, and Storey Counties.

## Birth Rate Disparities

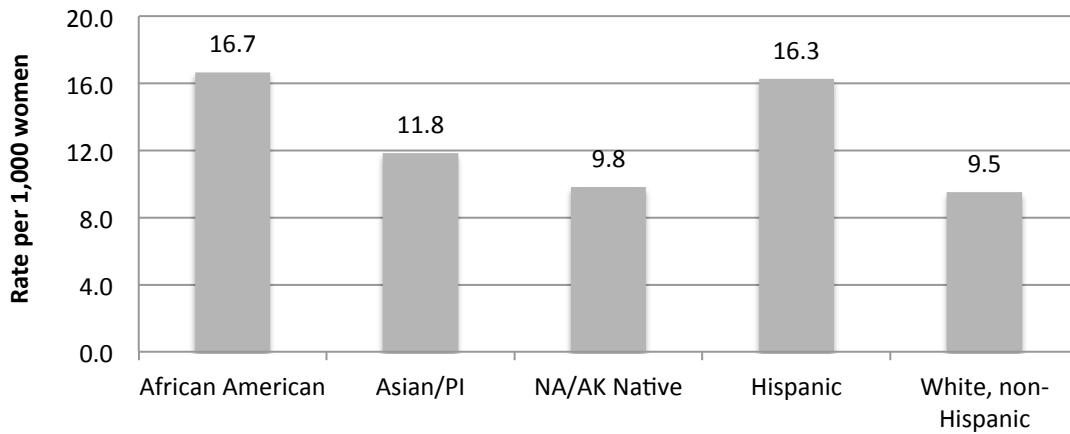
**Fig 8.9 Nevada Birth Rate, Among Women 15 to 44 Years, by Age, 2013**



Source: Office of Public Health Informatics and Epidemiology

- Similar to Nevada pregnancy rates, the birth rates are highest among women 20 to 34 years, with a peak among women 25 to 29 years.
- The birth rate is lowest among women 40 to 44 years.

**Fig 8.10 Nevada Birth Rate, Among Women 15 to 44 Years, by Race/Ethnicity, 2013**



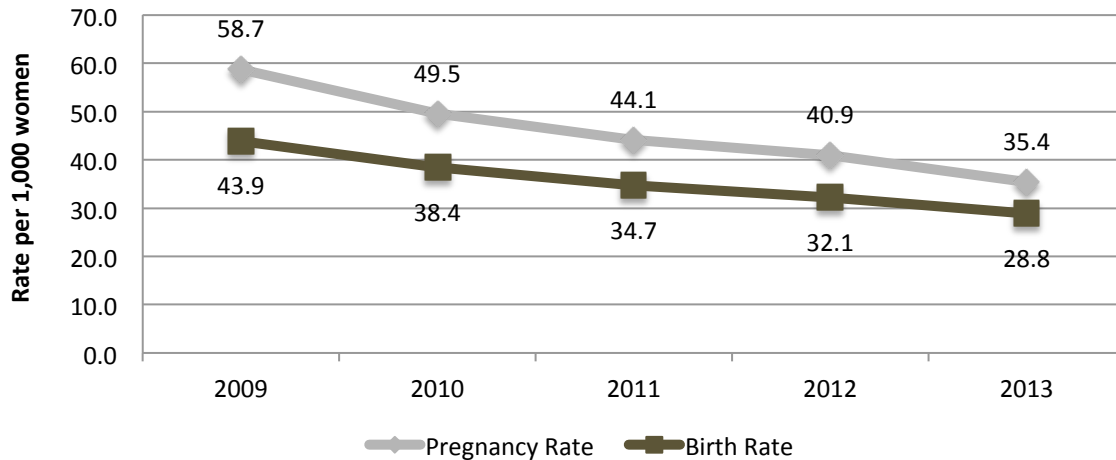
Source: Office of Public Health Informatics and Epidemiology

- Birth rates are highest among African American and Hispanic women, while they are lowest among White, non-Hispanic and native American/Alaska Native women.

## Teen Pregnancy & Birth Rates

Teen mothers are more likely to experience unintended pregnancy, more likely to be unmarried, end pregnancy in abortion and less likely to receive prenatal care.<sup>104</sup> Infants born to teen mothers are more likely to be premature, have a low birth weight, and experience developmental issues as they age.<sup>105</sup>

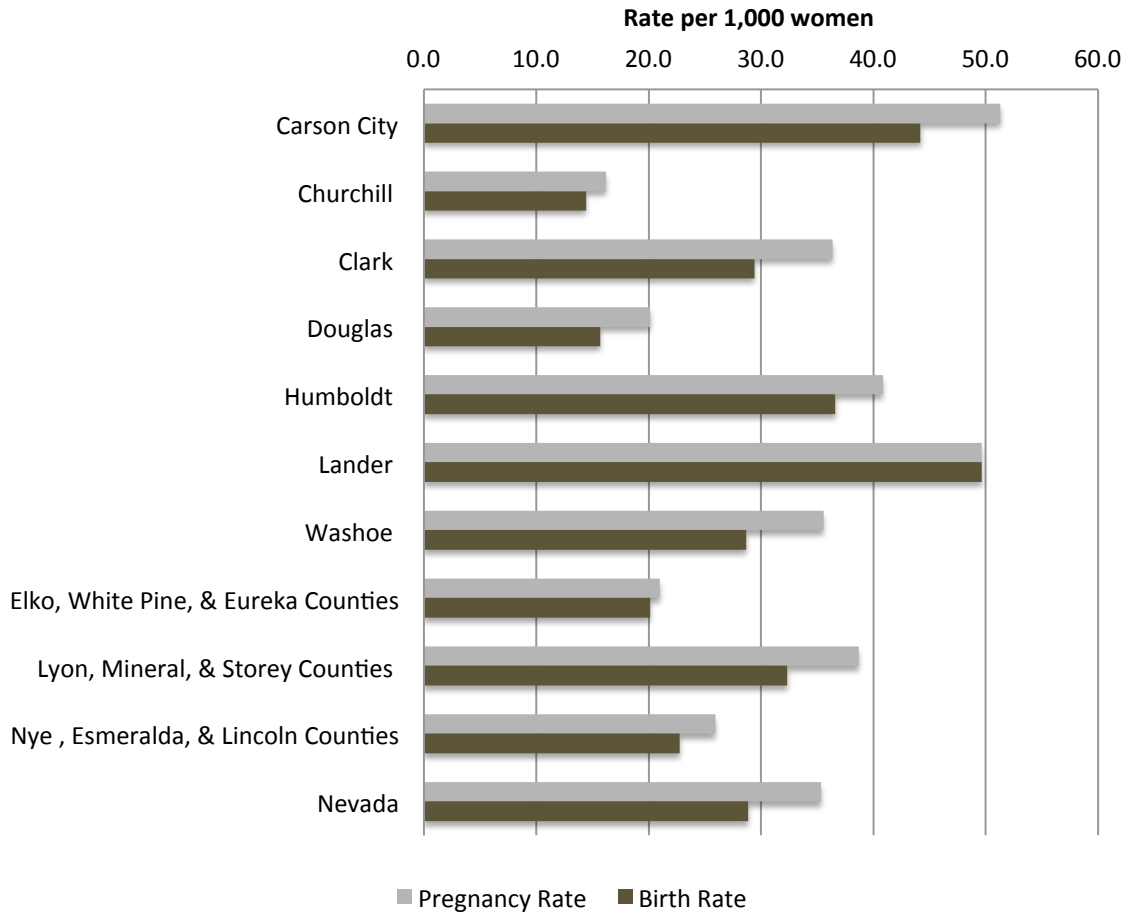
**Fig 8.11 Nevada Teen Pregnancy and Birth Rates, Among Women 15 to 19 Years, 2009-2013**



Source: Office of Public Health Informatics and Epidemiology

- Both teen pregnancy and birth rates decreased from 2009 to 2013 from 58.7 to 35.4 and 43.9 to 28.8, respectively.

**Fig 8.12 Nevada Teen Pregnancy and Birth Rates, Among Women 15 to 19 Years, by County, 2013**



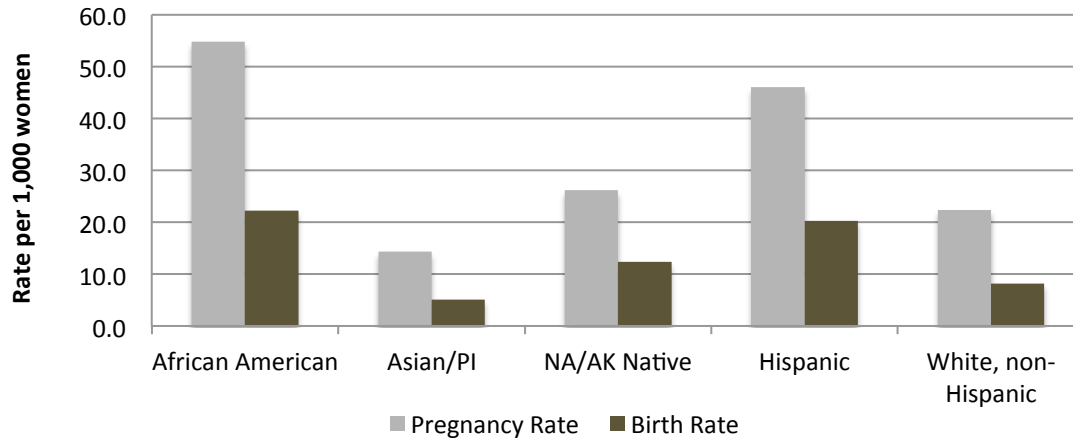
Source: Office of Public Health Informatics and Epidemiology

Note: The teen pregnancy and birth rates for Esmeralda and Pershing Counties were suppressed due to low numbers.

- Teen pregnancy and birth rates were highest in Carson City and Lander and Humboldt Counties.
- Teen pregnancy and birth rates were lowest in Churchill, Douglas, and Elko Counties.

## Teen Pregnancy & Birth Rate Disparities

**Fig 8.13 Nevada Teen Pregnancy and Birth Rates, Among Women 15 to 19 Years, by Race/Ethnicity, 2013**



Source: Office of Public Health Informatics and Epidemiology

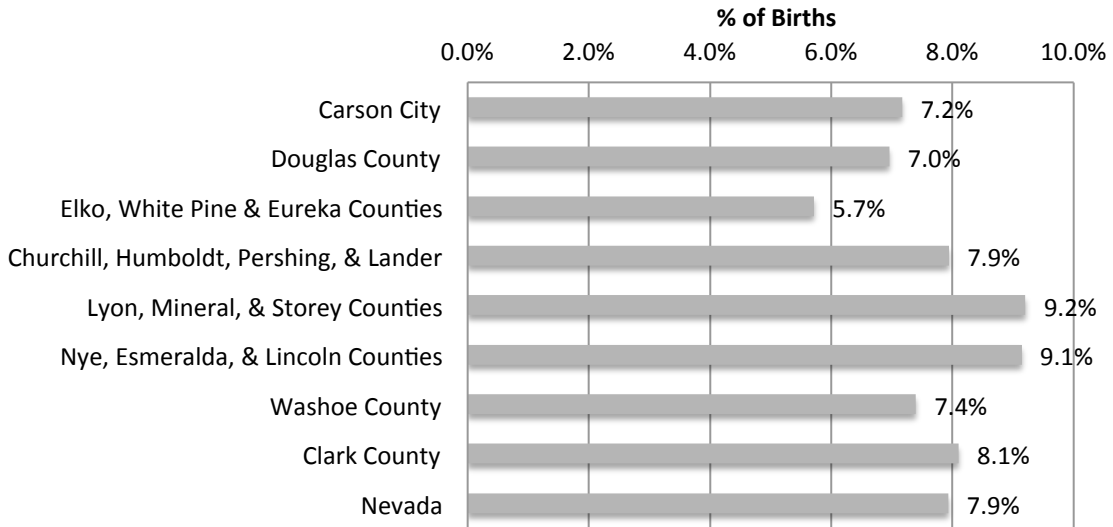
- Teen pregnancy and birth rates were highest among African American and Hispanic women, while they were lowest among Asian/Pacific Islander women ages 15 to 19 years.

### Low Birth Weight

Infants born weighing less than 2,500 grams (5.5lbs) are considered to be low birth weight. Research has shown that low birth weight infants have a much higher chance of dying within the first year of life and are more likely to experience respiratory and heart problems, chronic lung disorders, anemia, and infections throughout their lives.<sup>106, 107</sup>

In Nevada, the percent of infants born low birth weight has remained relatively unchanged from 2009 through 2013, with a slight decrease from 8.1% of births in 2009 to 7.9% in 2013 (Appendix G).

**Fig 8.14 Nevada Percent of Births Low Birth Weight, by County/Region, 2013**

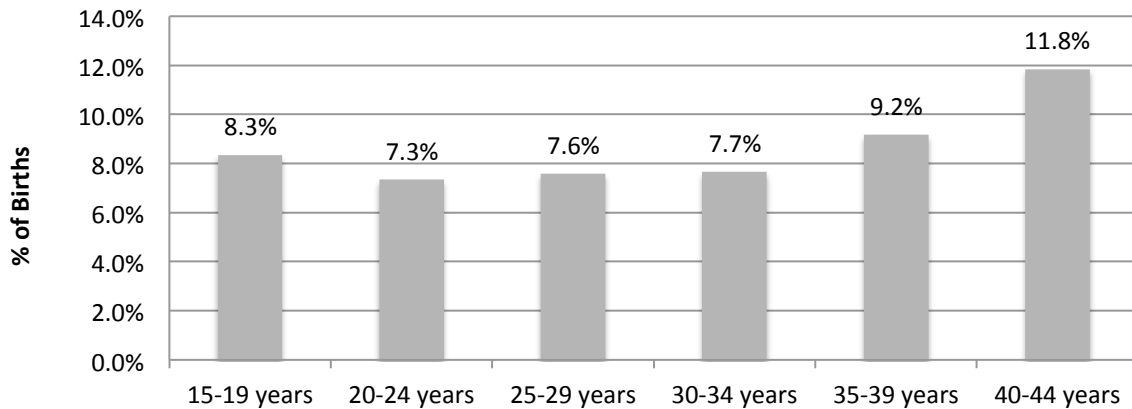


Source: Office of Public Health Informatics and Epidemiology

- More low birth weight infants are born in the combined regions of Lyon, Mineral and Storey Counties (9.2%) as well as Nye, Esmeralda, and Lincoln Counties (9.1%).
- The rate of infants born low birth weight is lowest in Elko, White Pine and Eureka Counties (5.7%).

### Low Birth Weight Disparities

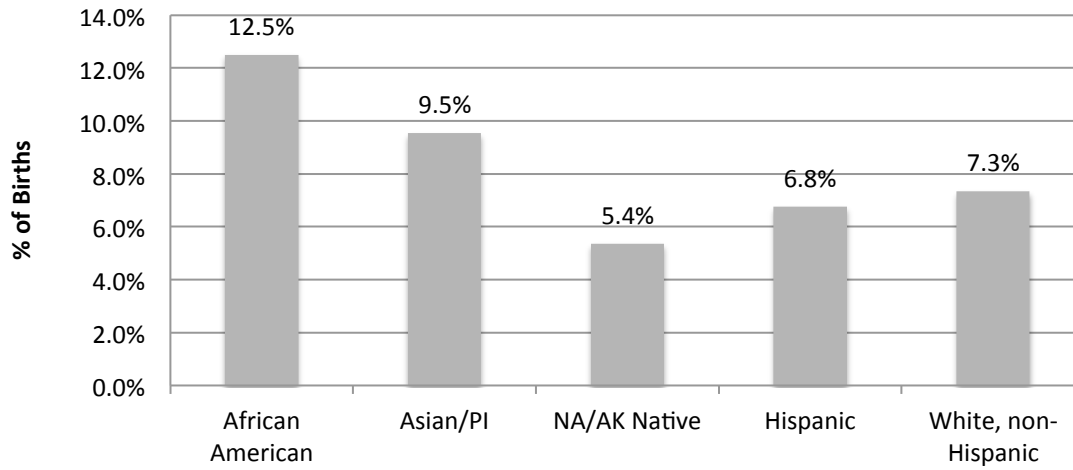
**Fig 8.15 Nevada Percent of Births Low Birth Weight, by Maternal Age, 2013**



Source: Office of Public Health Informatics and Epidemiology

- After the maternal age of 34 years, the proportion of infants born low birth weight increases.
- More infants born to women ages 40 to 44 years are low birth weight (11.8%) compared to women of other age groups.

**Fig 8.16 Nevada Percent of Births Low Birth Weight, by Maternal Race/Ethnicity, 2013**



Source: Office of Public Health Informatics and Epidemiology

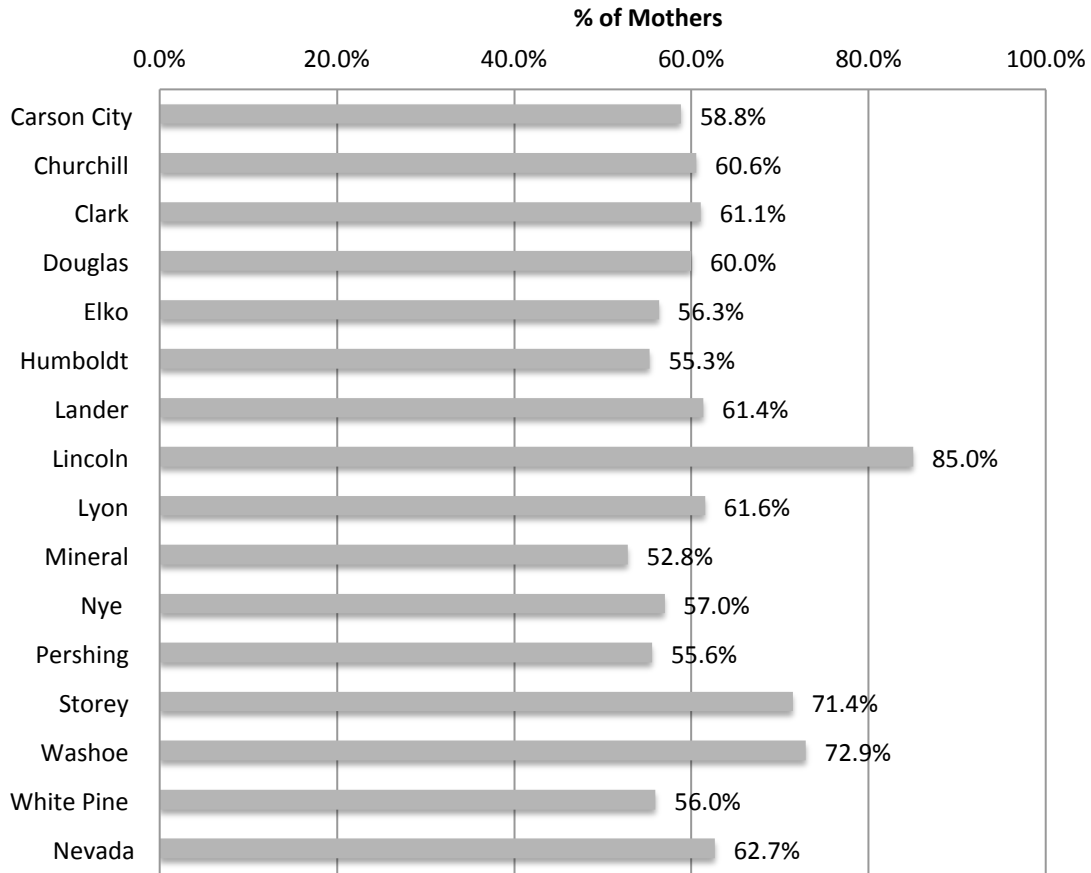
- Approximately 12.5% of infants born to African American women were low birth weight, which is more than double the rate among infants born to Native American/Alaska Native women (5.4%).

### **Prenatal Care**

Obtaining prenatal healthcare is important to help monitor the growth and health of both the mother and fetus. Receiving prenatal care during the early stages of pregnancy can help prevent adverse pregnancy outcomes and reduces risks such as low birth weight and infant death.<sup>108</sup>

Nevada has seen a slight increase in the proportion of pregnant women who receive prenatal care within their first trimester from 58.3% in 2010 to 62.7% in 2013 (Appendix G).

**Fig 8.17 Nevada Percent of Mothers Receiving Prenatal Care in 1st Trimester, by County, 2013**



Source: Office of Public Health Informatics and Epidemiology

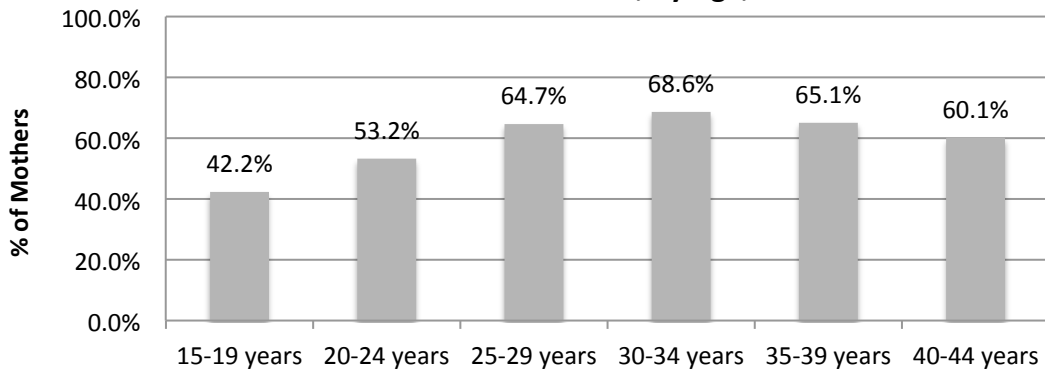
Note: The percent of prenatal care for Esmeralda and Eureka Counties was suppressed due to low numbers.

- In 2013, about 50 to 60% of pregnant women in most counties in Nevada received prenatal care in the first trimester.
- A higher proportion of pregnant women in Lincoln, Washoe and Storey Counties received prenatal care in the first trimester.



## Prenatal Care Disparities

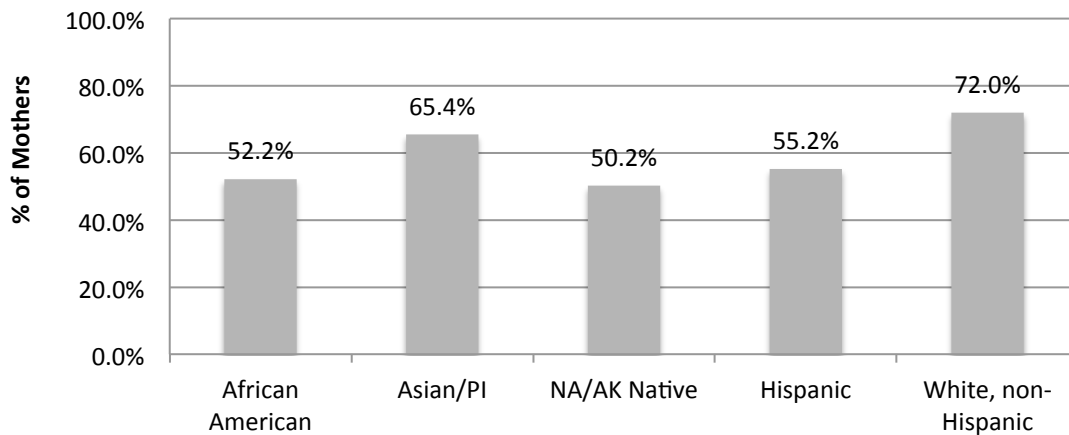
**Fig 8.18 Nevada Percent of Mothers Receiving Prenatal Care in 1st Trimester, by Age, 2013**



Source: Office of Public Health Informatics and Epidemiology

- As age increases, the likelihood of women receiving prenatal care within the first trimester also increases, until after the 30 to 34 year range when it begins to decrease.
- In 2013, approximately 42.2% of pregnant women aged 15 to 19 years received prenatal care within the first trimester, compared to 68.6% of women aged 30 to 34 years.

**Fig 8.19 Nevada Percent of Mothers Receiving Prenatal Care in 1st Trimester, by Race/Ethnicity, 2013**



Source: Office of Public Health Informatics and Epidemiology

- A higher proportion of White, non-Hispanic women received prenatal care within the first trimester compared to women of other race/ethnicities.
- About half of African American and Native American/Alaska Native women received prenatal care within the first trimester.

# Infant and Child Mortality/Leading Causes of Death

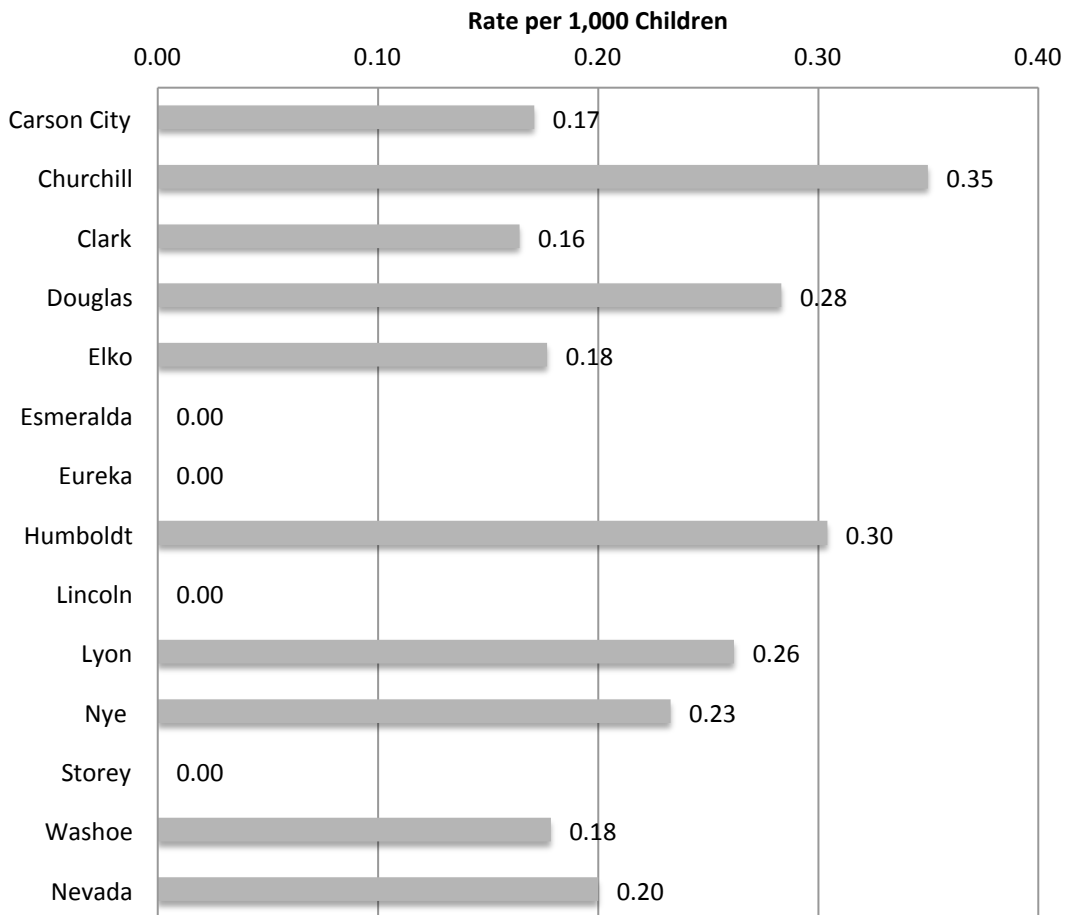
## 8.2 Infant and Child Mortality

Similar to general population mortality, infant mortality is a standardized measurement to evaluate overall health and health disparities. Infant mortality is often a reflection of a myriad of factors impacting both maternal and infant health. However, child mortality in Nevada is largely due to accidents including suffocation, drowning, firearms, and drug overdoses.<sup>109, 110</sup>

### Health Indicators

- Overall Child Mortality (ages 0-14 years)
- Neonatal Mortality (0-27 days old)
- Infant Mortality (<1 year)
- Post-Neonatal Mortality (28-364 days old)

**Fig 8.20 Nevada Mortality Rate Among All Children (<0-14 Years), by County, 2009-2013 Aggregate Data**



Source: Nevada Office of Public Health Informatics and Epidemiology

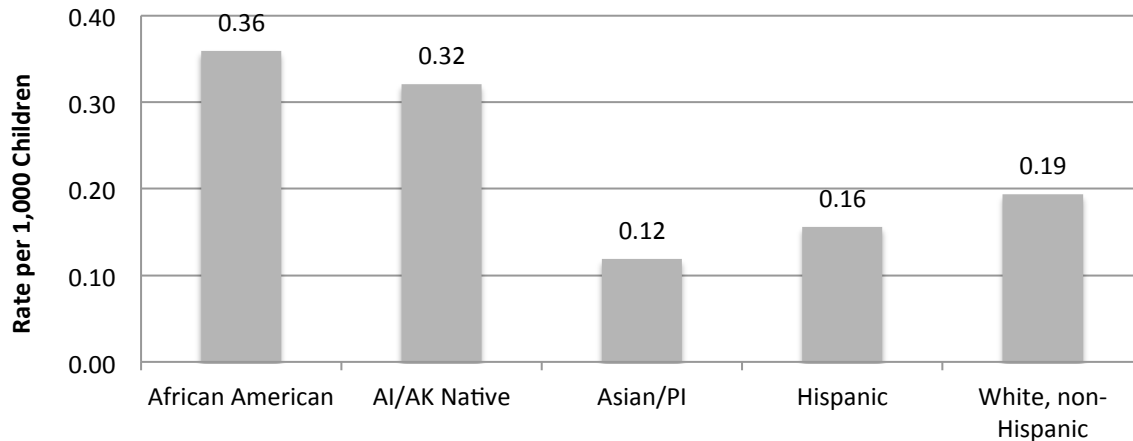
Counts under 5 do not meet the criteria, reliability, data quality, or confidentiality

Note: Lander, Mineral, Pershing and White Pine County's data were suppressed due to low numbers

- Churchill, Douglas, and Humboldt Counties have the highest overall child mortality rates, however, rates ranged from 0.0 to 0.3.
- Carson City and Clark County had the lowest overall child mortality rates.
- Several counties' rates were suppressed due to low numbers, even when data were aggregated.

### Child Mortality Rate Disparities

**Fig 8.21 Nevada Mortality Rate Among All Children (<0-14 Years), by Race/Ethnicity, 2009-2013 Aggregate Data**



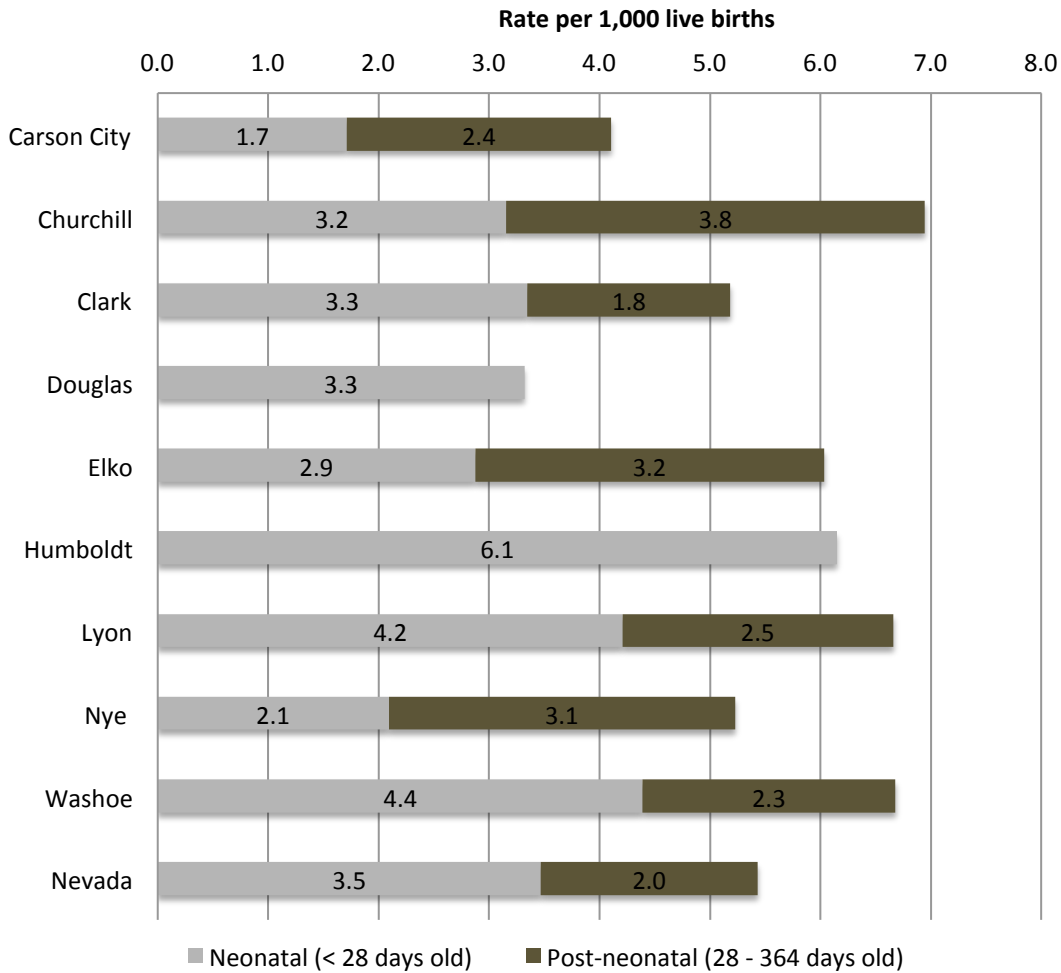
Source: Nevada Office of Public Health Informatics and Epidemiology

- The rate for childhood mortality among African Americans was double the rate among Asian/Pacific Islanders.
- Overall rates of child mortality were highest among African American and Native American children, and lowest among Asian/Pacific Islanders.

### Infant Mortality Rates

Nationally, in 2013, about 6 in every 1,000 infants born died prior to reaching one year of age, often due to one of the three leading causes -- congenital malformations, low birth weight or sudden infant death syndrome (SIDS).<sup>111</sup> Neonatal (<28 days) deaths are usually due to short gestation and low birth weight, while post-neonatal (28 days to 1 year) deaths are most often due to SIDS.<sup>112</sup>

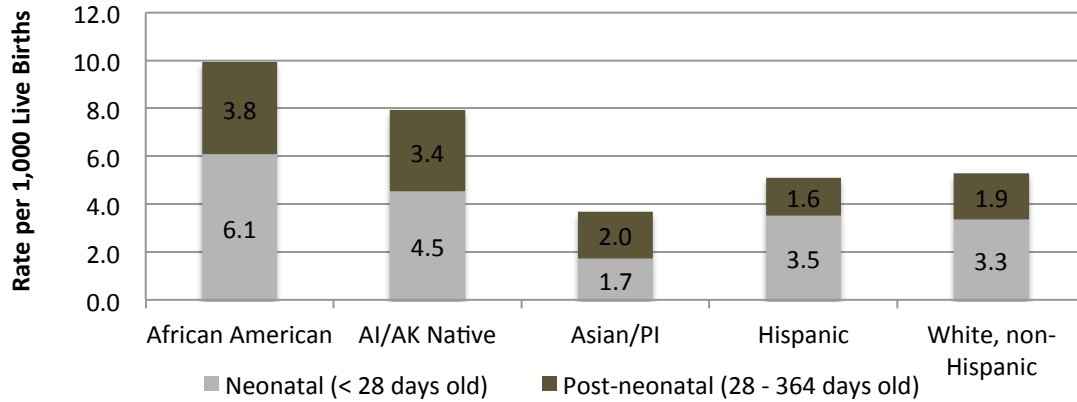
**Fig 8.22 Nevada Mortality Rate Among Infants (<1 Year), by County, 2009-2013 Aggregate Data**



Source: Nevada Office of Public Health Informatics and Epidemiology  
 Counts under 5 do not meet the criteria, reliability, data quality, or confidentiality  
 Note: White Pine County's data was suppressed due to low numbers  
 Note: Esmeralda, Eureka, Lincoln, Pershing and Storey Counties rates were both zero for neonatal and post-neonatal death rates  
 Note: Lander and Mineral Counties neonatal death rates were suppressed, and post-neonatal death rates were zero for both counties

- Churchill, Lyon, and Washoe Counties had the highest overall infant mortality rates, while rates for Douglas County and Carson City were lowest.

**Fig 8.23 Nevada Mortality Rate Among Infants (<1 Year), by Race/Ethnicity, 2009-2013 Aggregate Data**



Source: Nevada Office of Public Health Informatics and Epidemiology

- Rates of infant mortality among African Americans was more than double the rate among Asian/Pacific Islanders, which mirrors national trends.<sup>113</sup>
- The post-neonatal (28 days - 1 year) mortality rate was lower than the neonatal (< 28 days old) mortality rates for all race/ethnicities, except among Asian/Pacific Islander.

General, Mental  
and Sexual  
Health Status

## General Health

- Self-Reported Health Status
- Days with
- Poor Physical/Mental Health



## General, Mental, and Sexual Health

Health is not only the absence of illness or injury, health is also a multidimensional dynamic state that includes a person's mental and physical condition. This section includes indicators that help to measure some of these aspects on the health continuum.

### Section 9.1 General Health

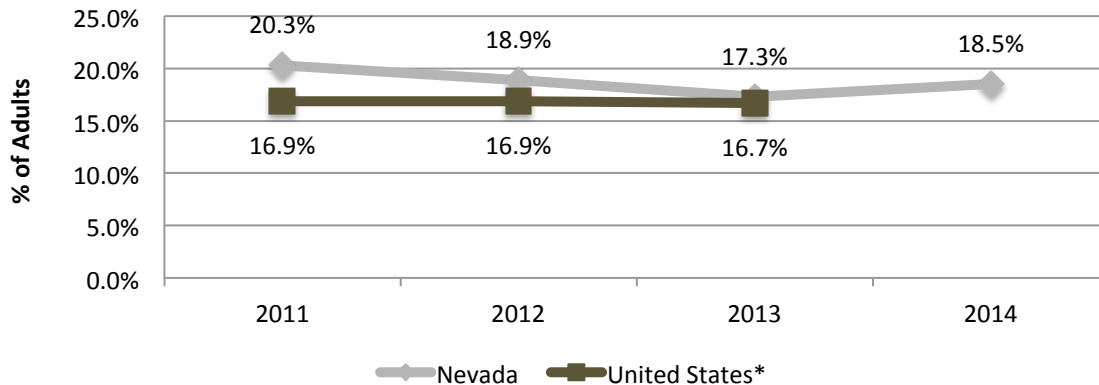
Self-reported health status has been found to be a valuable indicator for measuring population health, as well as a consistent predictor of mortality.<sup>114</sup>

#### Health Indicators

- Perceived Health Status
- Physical/Mental Health Not Good

#### Perceived Health Status Among Adults

**Fig 9.1 Percent of Adults With Perceived Fair or Poor Health Status, Nevada and United States, 2011-2014**

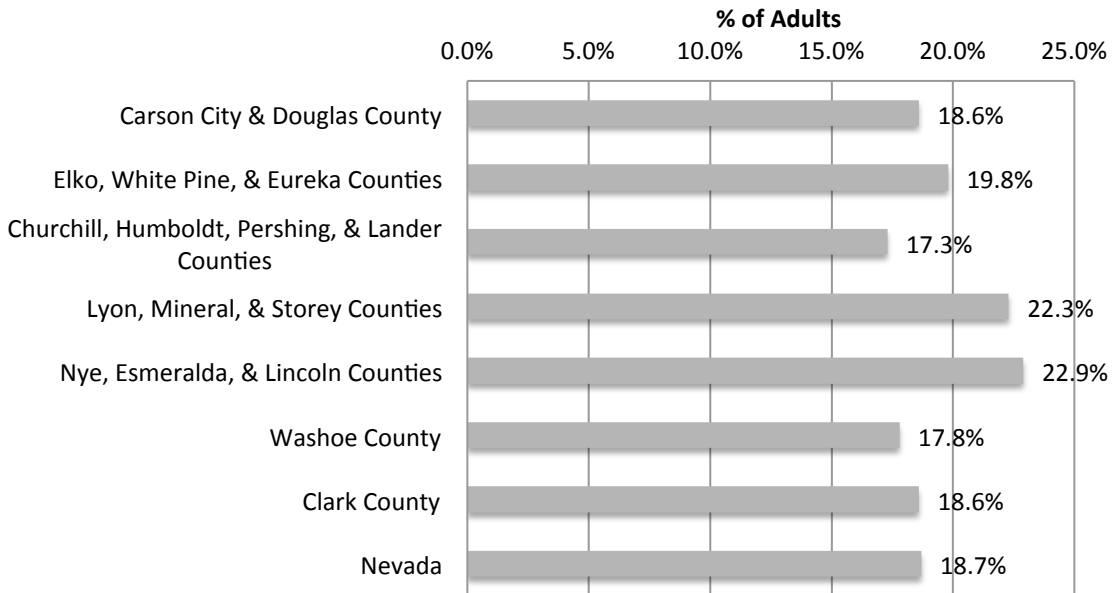


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

\*Source: CDC BRFSS Prevalence and Trends Data, 2011-2013

- From 2011 to 2013, Nevada residents reported fair or poor health status more often than the national average.

**Fig 9.2 Nevada Percent of Adults With Perceived Fair or Poor Health Status, by County/Region, 2011-2014 Aggregate Data**

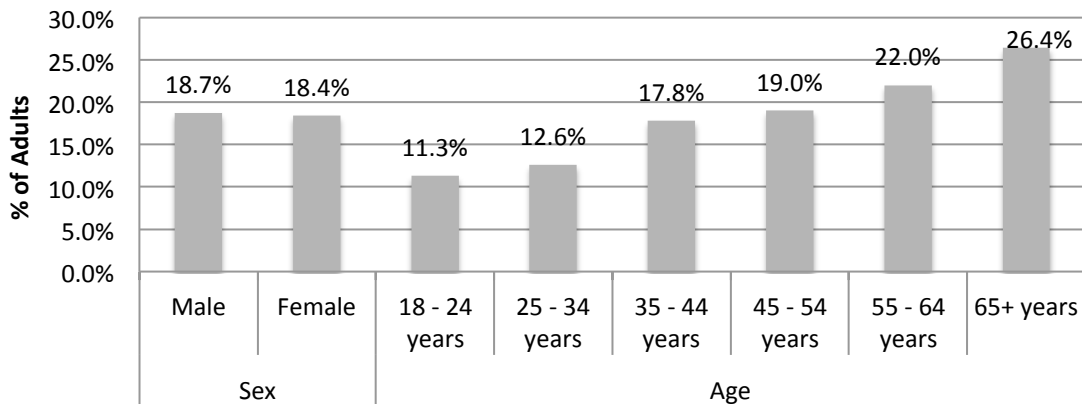


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

- A higher proportion of residents in the combined regions of Nye, Esmeralda, and Lincoln Counties (22.9%), as well as Lyon, Mineral and Storey Counties (22.3%) reported their health status to be fair or poor.
- Fewer residents of Churchill, Humboldt, Pershing and Lander Counties reported their health status to be fair or poor (17.3%).

**Perceived Health Status Disparities Among Adults**

**Fig 9.3 Nevada Percent of Adults With Perceived Fair or Poor Health Status, by Sex and Age, 2014**

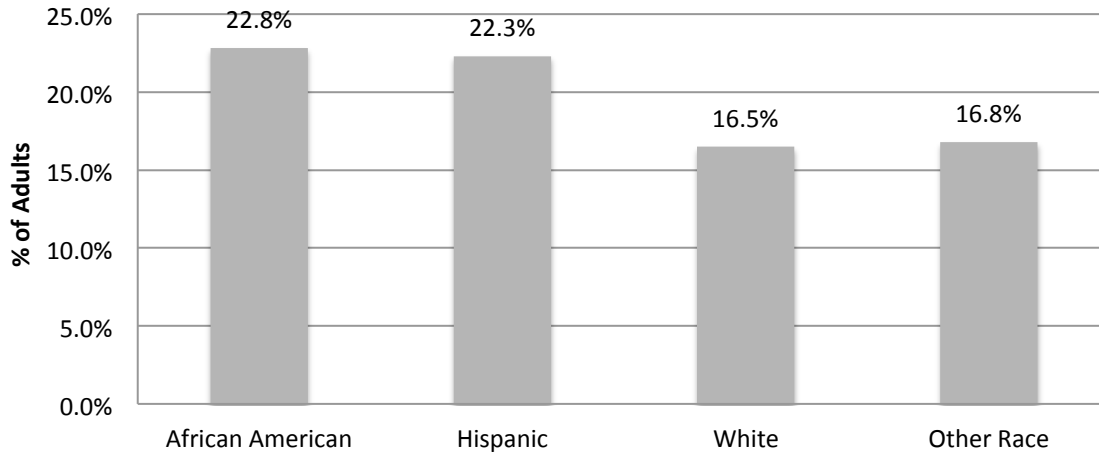


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- There was little difference in reported health status among males and females.

- As age increased, the proportion of persons reporting fair or poor health also increased ranging from 11.3% of those aged 18 to 24 years to over a quarter (26.4%) of those older than 65 years.

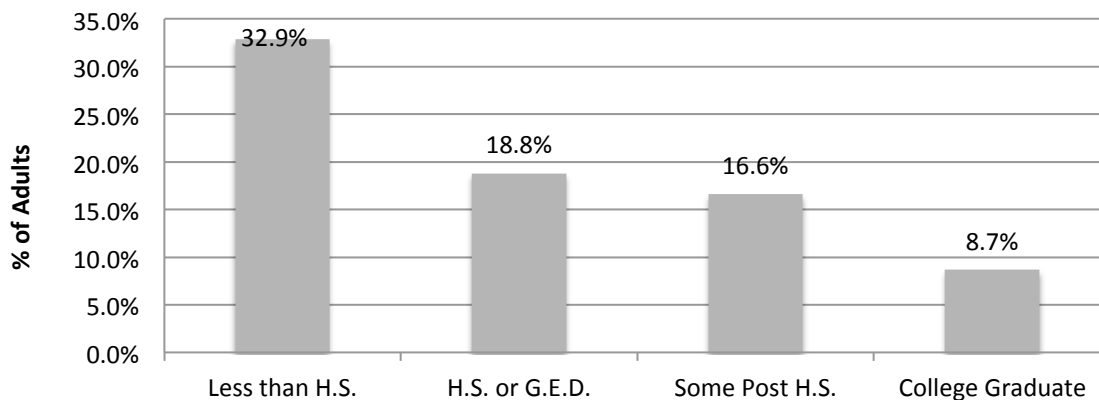
**Fig 9.4 Nevada Percent of Adults With Perceived Health Status Fair or Poor, by Race/Ethnicity, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- A higher proportion of African Americans and Hispanics reported their health status to be fair or poor compared to those who were White or Other Race.

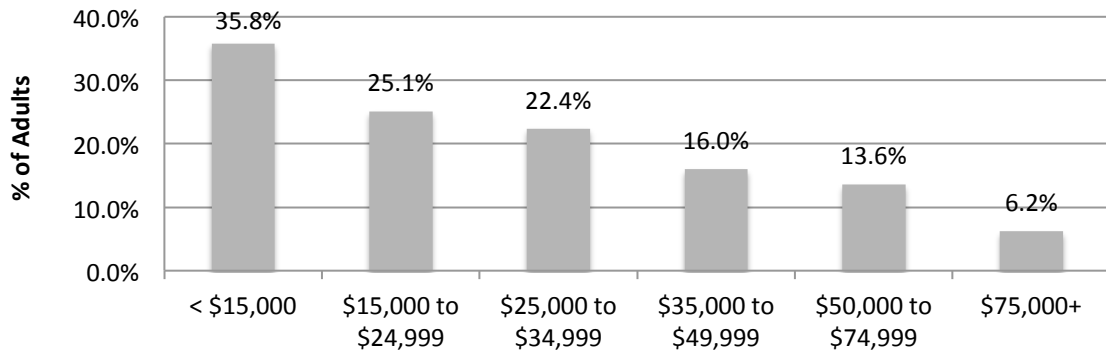
**Fig 9.5 Nevada Percent of Adults With Perceived Health Status Fair or Poor, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- Nearly one third (32.9%) of persons who did not graduate high school reported their health status as fair or poor, while only 8.7% of college graduates reported their health status to be fair or poor.

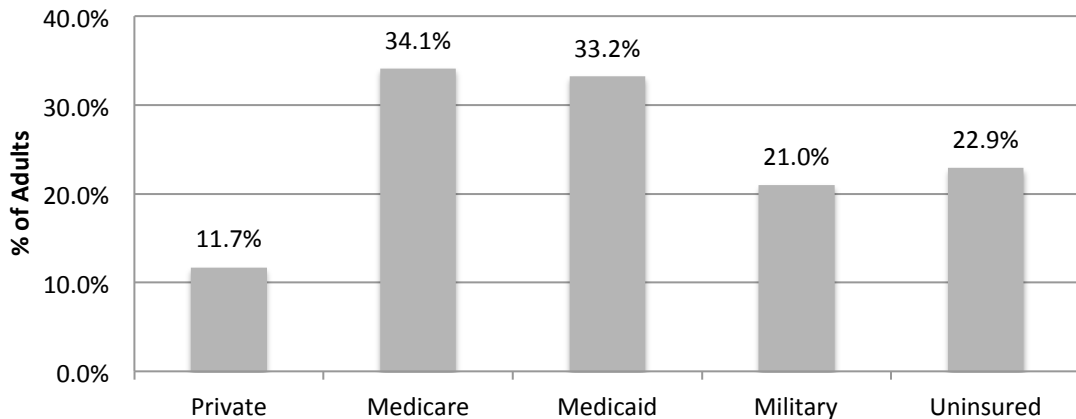
**Fig 9.6 Nevada Percent of Adults With Perceived Health Status Fair or Poor, by Income Level, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- As income level increased, fewer persons indicated their health status to be fair or poor.
- Over one third of people (35.8%) who earned less than \$15,000 reported their health status to be fair or poor, while only 6.2% of people who earned over \$75,000 reported their health status to be fair or poor.

**Fig 9.7 Nevada Percent of Adults With Perceived Health Status Fair or Poor, by Insurance Type, 2014**

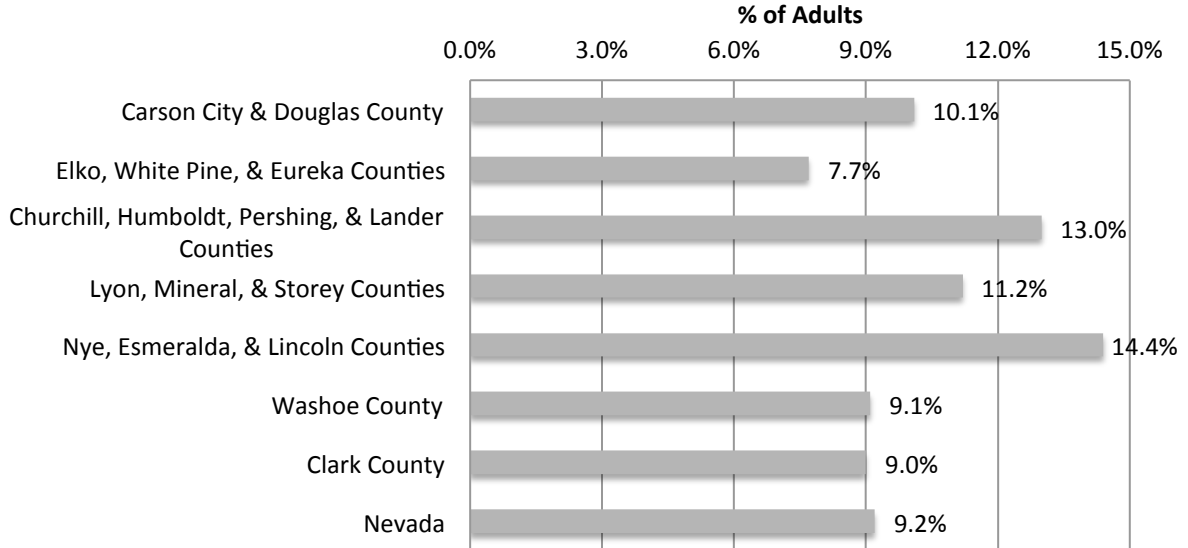


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- About a third of persons insured by Medicaid (33.2%) and Medicare (34.1%) report their health status to be fair or poor.
- Proportionately fewer people who were privately insured reported their health status to be fair or poor (11.7%).

## Adults Reporting 10+ Days in Past Month Physical or Mental Health Not Good

**Fig 9.8 Nevada Percent of Adults Reporting 10+ Days\* Physical or Mental Health Not Good, by County/Region, 2011-2014 Aggregate Data**



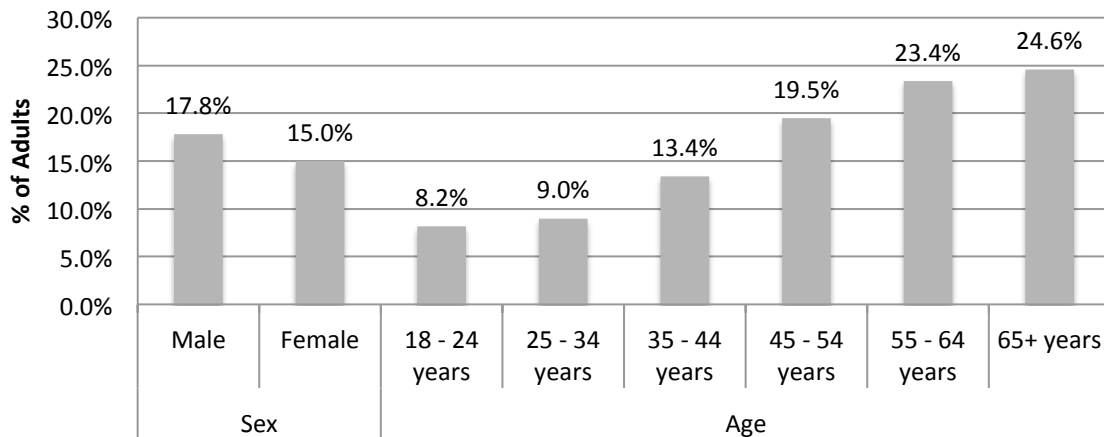
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

\* Days poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation in past month

- Residents of Nye, Esmeralda and Storey Counties (combined region) were almost twice as likely to report their physical or mental health as not good for 10 or more days in the past month (14.4%) compared to the combined region of Elko, White Pine and Eureka Counties (7.7%).

## Disparities Among Adults Reporting 10+ Days Physical or Mental Health Not Good

**Fig 9.9 Nevada Percent of Adults Reporting 10+ Days \* Physical or Mental Health Not Good, by Sex, Age, 2014**

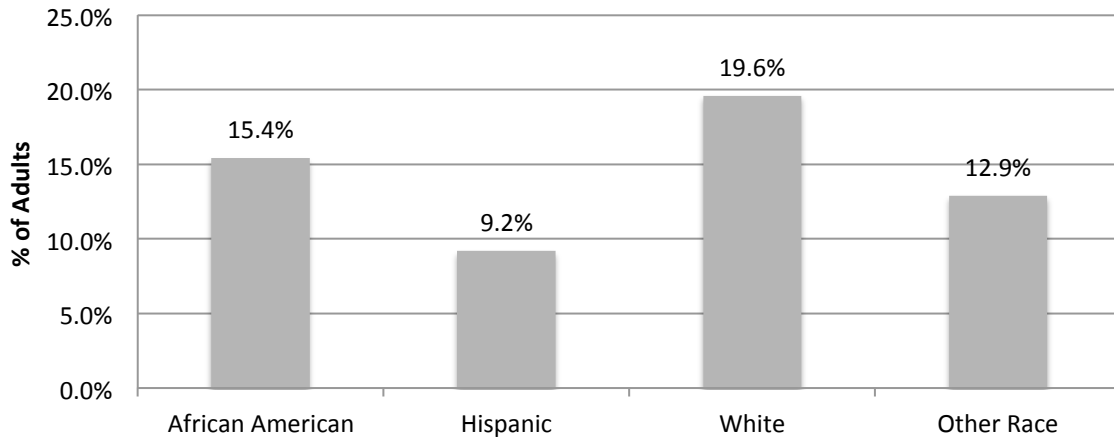


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\* Days poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation in past month

- Males were slightly more likely than females to report their physical or mental health as not good for 10 or more days in the past month, 17.8% and 15.0%, respectively.
- As age increased, the proportion of people reporting their physical or mental health as not good for 10 or more days in the past month also increased.

**Fig 9.10 Nevada Percent of Adults Reporting 10+ Days\* Physical or Mental Health Not Good, by Race/Ethnicity, 2014**

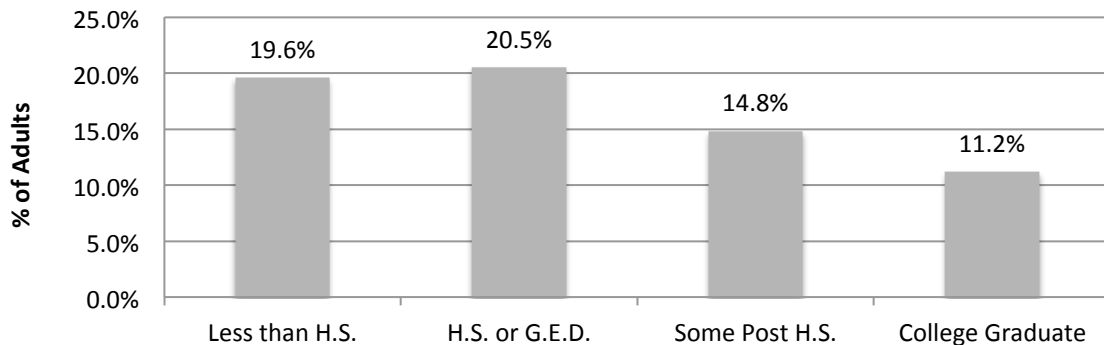


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\* Days poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation in past month

- White people reported their physical or mental health as not good for 10 or more days in the past month nearly twice as often as Hispanics, at 19.6% and 9.2%, respectively.

**Fig 9.11 Nevada Percent of Adults Reporting 10+ Days \* Physical or Mental Health Not Good, by Educational Attainment, 2014**

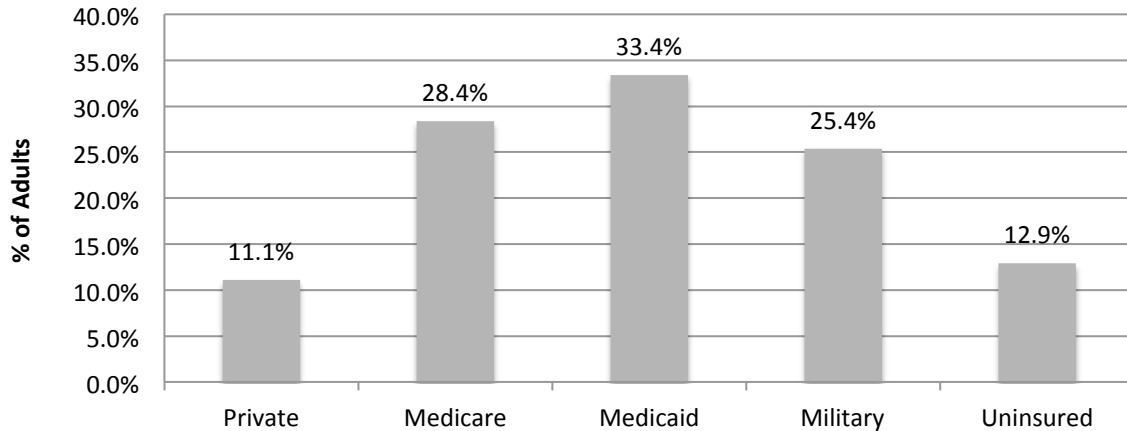


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\* Days poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation in past month

- About one in five people who had not earned a high school degree (19.6%) and people who had not gone beyond a high school education (20.5%) reported their physical or mental health as not good for 10 or more days in the past month.
- 11.2% of college graduates reported their physical or mental health as not good for 10 or more days in the past month.

**Fig 9.12 Nevada Percent of Adults Reporting 10+ Days\* Physical or Mental Health Not Good, by Insurance Type, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\* Days poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation in past month

- About one third of people insured by Medicaid (33.4%) reported their physical or mental health as not good for 10 or more days in the past month, which was the highest among all insurance types.
- Only 11.1% of those with private insurance reported their physical or mental health as not good for 10 or more days in the past month.

## Mental Health

- Sad/Hopelessness
- Attempted Suicide
- Days Mental Health Not Good
- Suicide Rates



## Section 9.2 Mental Health

In one year, nearly a quarter of Americans experience a mental health disorder.<sup>115</sup> Mental health includes not only serious diagnosable mental illness such as major depression, schizophrenia, and bipolar disorder, but it also involves how a person handles daily stress and how they interact socially and emotionally with others. Mental illness does not always manifest through visible symptoms; however, stress and isolation can lead to decreased physical health, depression and the potential to engage in substance use as a coping strategy.<sup>116</sup>

### Health Indicators

- Sad/Hopelessness\*
- Suicide Attempts\*
- 10+ Days Past Month with Poor Mental Health\*\*
- Suicide Mortality Rates

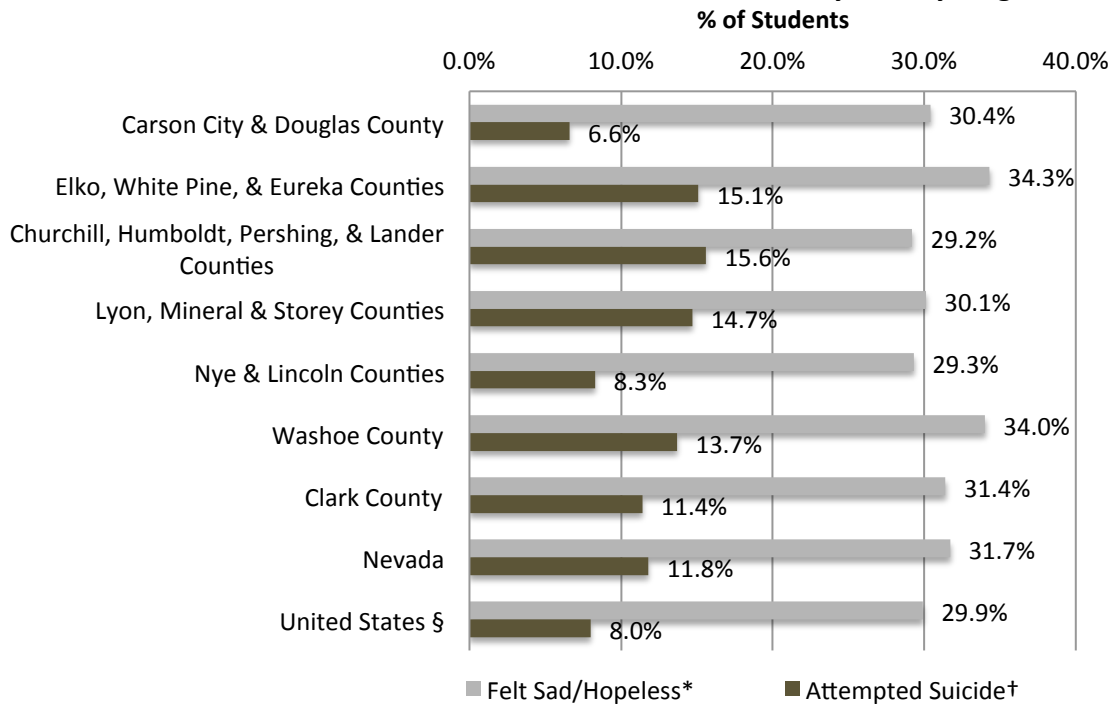
*\*Data available for adolescents only*

*\*\*Data available for adults only*

*Note: All of the following data points for adults and adolescents are measured differently; therefore, rates are not to be compared between adolescents and adults.*

### Sad/Hopelessness and Attempted Suicide Among Adolescents

**Fig 9.13 Select Factors Related to Mental Health Among Adolescents, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\* Almost every day for 2 + weeks in a row so they stopped doing some usual activities

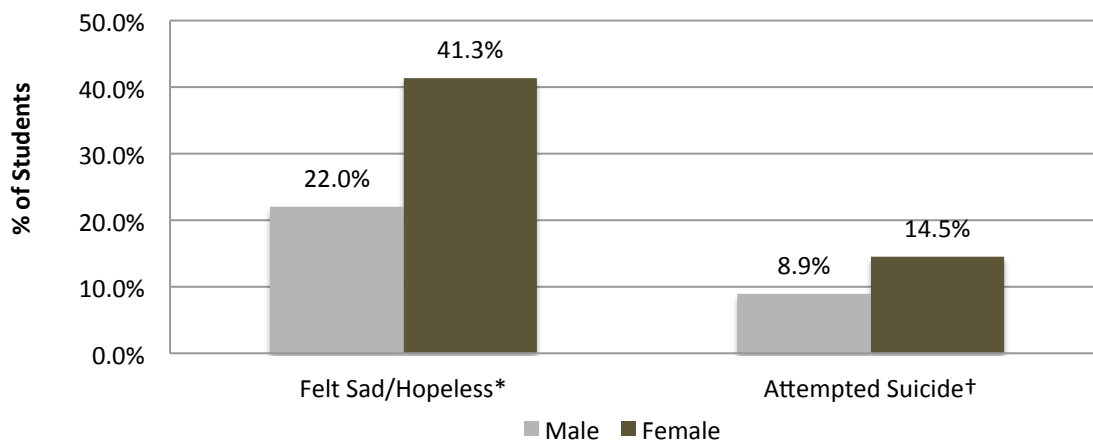
† Within past 12 months

§ CDC Youth Online: High School YRBS, 2013

- Nearly one in three (31.7%) students in every county/region in Nevada felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities.
- A slightly higher proportion of students in Washoe County (34.0%) and the combined region of Elko, White Pine and Eureka Counties (34.3%) than other counties felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities.
- Attempted suicide rates were nearly twice the national rates in the combined regions of Elko, White Pine and Eureka Counties as well as Churchill, Humboldt, Pershing, and Lander Counties.
- The combined region of Carson City and Douglas County had the lowest rate of suicide attempts among high school students.

### Sad/Hopelessness and Attempted Suicide Disparities Among Adolescents

**Fig 9.14 Nevada Select Factors Related to Mental Health Among Adolescents, by Sex, 2013**



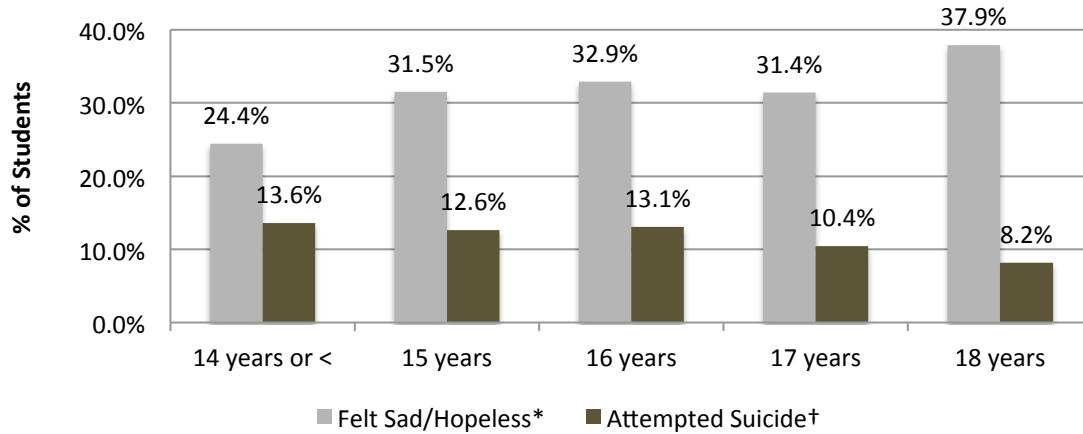
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\* Almost every day for 2 + weeks in a row so they stopped doing some usual activities

† Within past 12 months

- Females were nearly twice as likely as males to report having been sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities.
- Approximately 14.5% of females and 8.9% of males had attempted suicide within the past 12 months.

**Fig 9.15 Nevada Select Factors Related to Mental Health Among Adolescents, by Age, 2013**



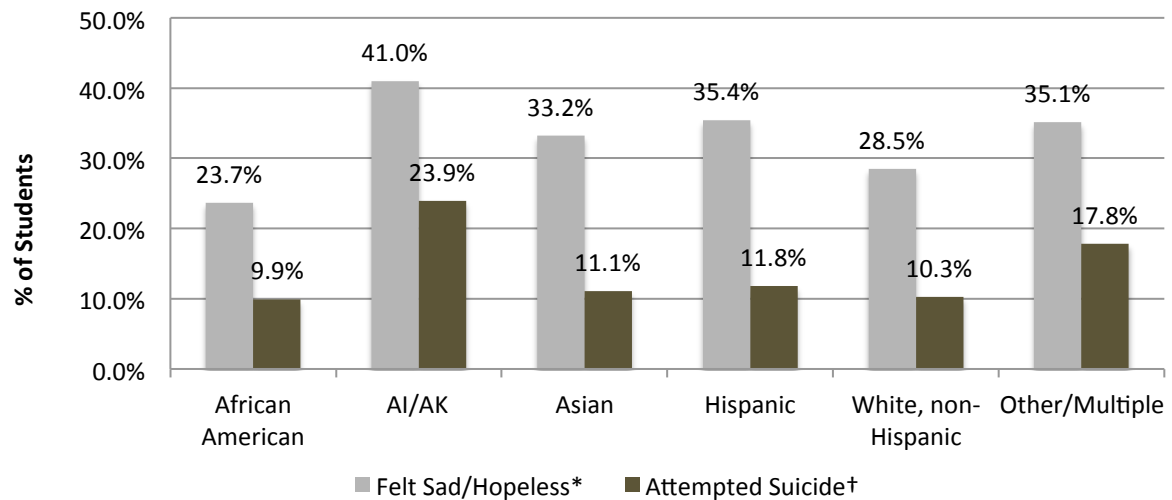
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\* Almost every day for 2 + weeks in a row so they stopped doing some usual activities

† within past 12 months

- Overall as age increased, so did the likelihood of reporting having felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities.
- Nearly one in four (24.4%) of those 14 years and younger felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities, while 37.9% of 18 year olds had felt sad or hopeless every day for 2+ weeks in a row, so they stopped doing some usual activities.

**Fig 9.16 Nevada Select Factors Related to Mental Health Among Adolescents, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\* Almost every day for 2 + weeks in a row so they stopped doing some usual activities

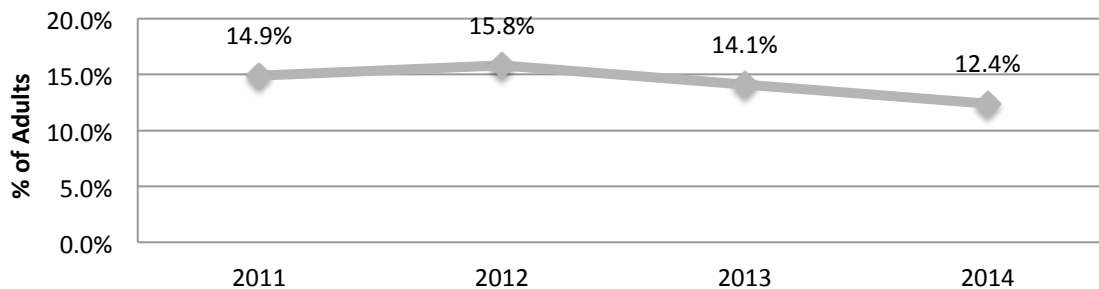
† within past 12 months

- About one in three Asian, Hispanic and students of Other Race had felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities.
- Nearly one in four African American (23.57%) and 28.5% of White students had felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities.
- Over 40% of American Indian/Alaska Native students had felt sad or hopeless every day for 2 or more weeks in a row, so they stopped doing some usual activities, and approximately 23.9% (n=16) had attempted suicide in the past 12 months.
- About 9% to 11% of students who identified as African American, Asian, Hispanic or white reported having attempted suicide in the past 12 months.

### Adults Reporting 10+ Days Past Month with Poor Mental Health

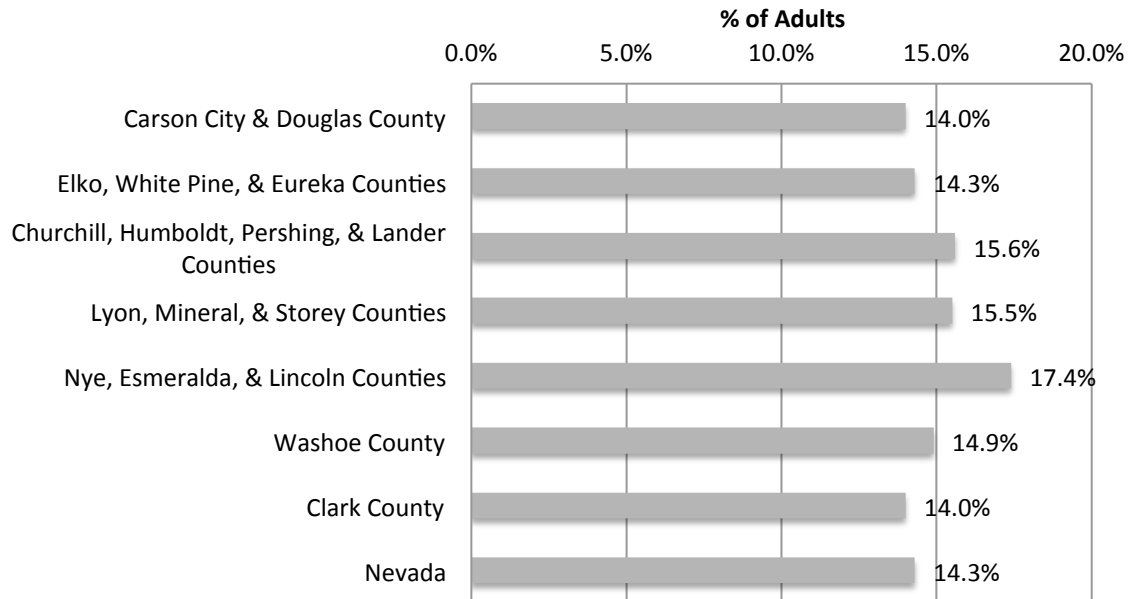
In Nevada, there has been a slight decline in the proportion of adults reporting 10+ days in the past month with poor mental health (Fig 9.17).

**Fig 9.17 Nevada Percent of Adults Reporting 10+ Days\* with Poor Mental Health, 2011-2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014  
\*Past month

**Fig 9.18 Nevada Percent of Adults Reporting 10+ Days \* with Poor Mental Health, by County/Region, 2011-2014 Aggregate Data**



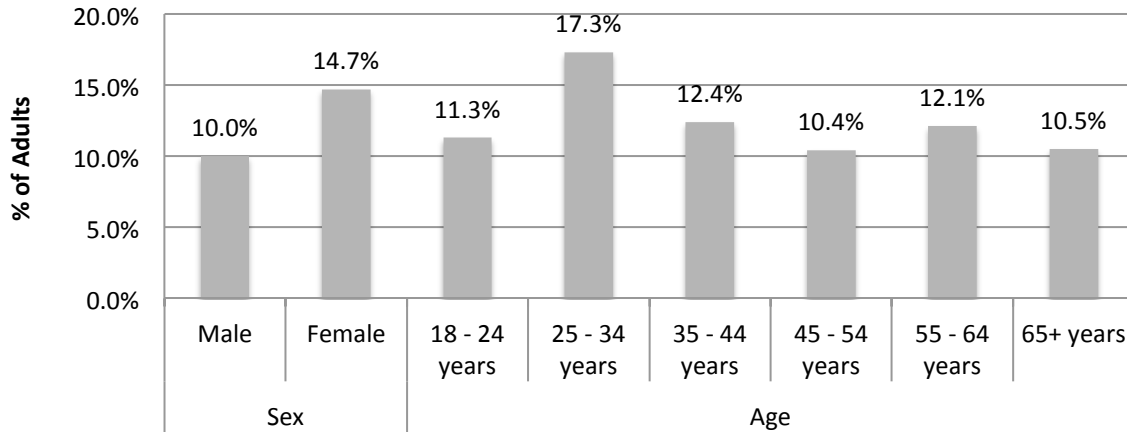
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

\*Past month

- Adults in the combined region of Nye, Esmeralda, and Lincoln Counties were most likely to report having experienced 10+ days with poor mental health in the past month (17.4%).
- Adults in Clark County and the combined region of Carson City and Douglas County were least likely to report having experienced 10+ days with poor mental health in the past month (14.0%).

**Disparities Among Adults Reporting 10+ Days Past Month with Poor Mental Health**

**Fig 9.19 Nevada Percent of Adults Reporting 10+ Days \* with Poor Mental Health, by Sex and Age, 2014**

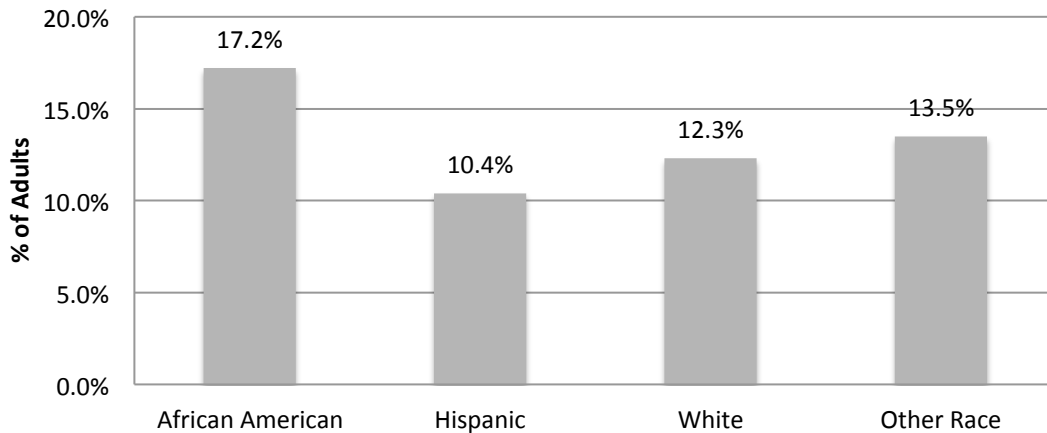


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Past month

- Females were more likely than males to report having poor mental health for 10 or more days in the past month, 14.7% and 10.0%, respectively.
- People aged 25 to 34 years were the most likely to report having poor mental health for 10 or more days in the past month (17.3%).

**Fig 9.20 Nevada Percent of Adults Reporting 10+ Days \* with Poor Mental Health, by Race/Ethnicity, 2014**



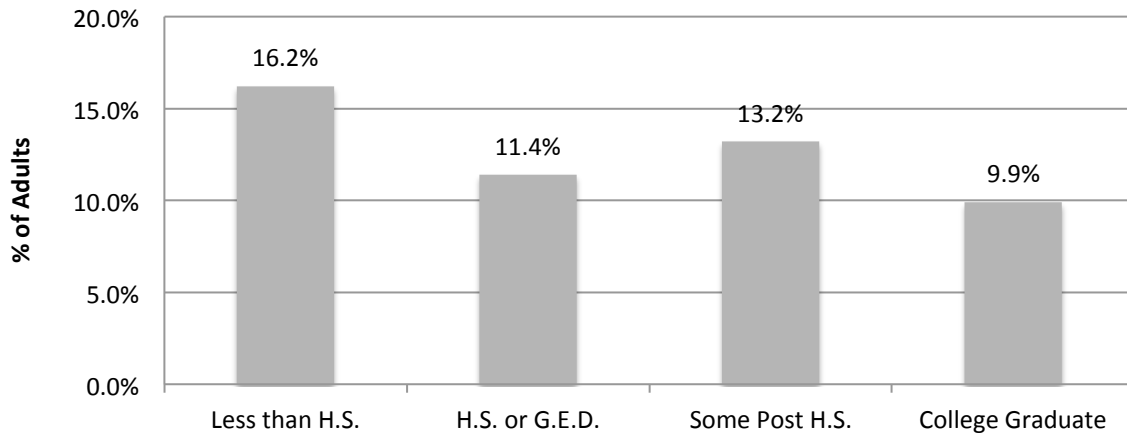
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Past month

- A higher proportion of African Americans reported having poor mental health for 10 or more days in the past month (17.2%).

- Hispanics were least likely to report not having good mental health for 10+ days in the past month (10.4%).

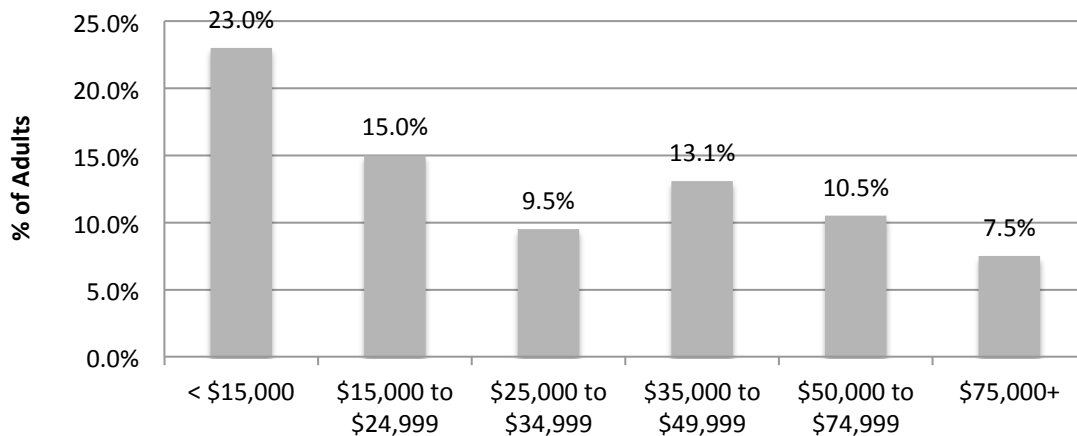
**Fig 9.21 Nevada Percent of Adults Reporting 10+ Days \* with Poor Mental Health, by Educational Attainment, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014  
\*Past month

- Those who had not graduated from high school were the most likely to report having poor mental health for 10 or more days in the past month (16.2%), while college graduates were least likely to report having poor mental health for 10 or more days in the past month (9.9%).

**Fig 9.22 Nevada Percent of Adults Reporting 10+ Days \* with Poor Mental Health, by Income Level, 2014**

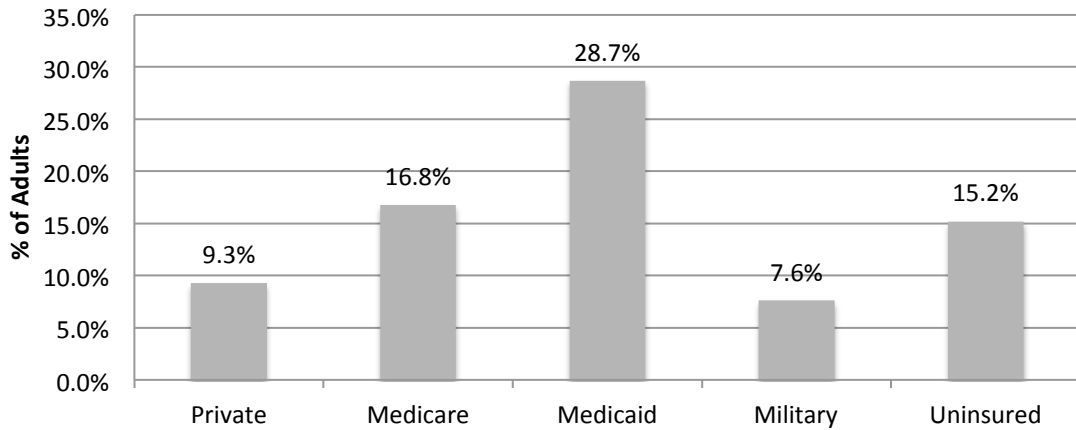


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014  
\*Past month

- Approximately 23% of those with an income level of less than \$15,000 a year reported having poor mental health for 10 or more days in the past month, while

7.5% of those who made over \$75,000 reported having poor mental health for 10 or more days in the past month.

**Fig 9.23 Nevada Percent of Adults Reporting 10+ Days \* with Poor Mental Health, by Insurance Type, 2014**



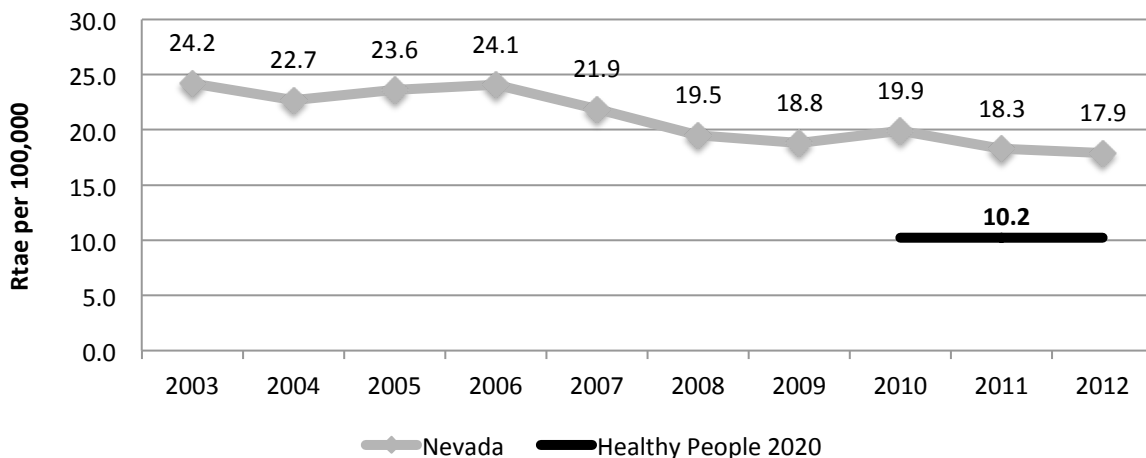
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Past month

- More than one in four (28.7%) people insured by Medicaid reported having poor mental health for 10 or more days in the past month.
- People with private or military insurance were least likely to report having poor mental health for 10 or more days in the past month, at 9.3% and 7.6%, respectively.

### Suicide Mortality Rates

**Fig 9.24 Nevada Suicide Mortality Rates, 2003-2012**

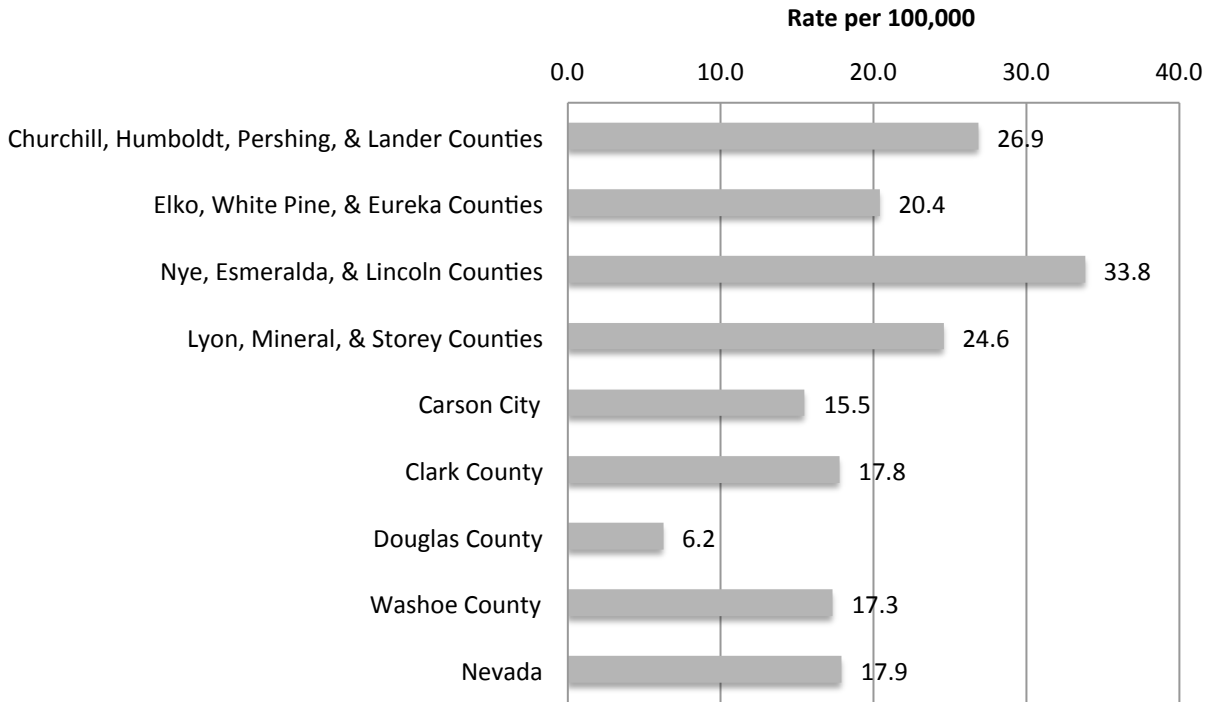


Source: Office of Public Health Informatics and Epidemiology

- Suicide death rates have been decreasing in Nevada from 24.2 per 100,000 people in 2003 to 17.9 per 100,000 people in 2012.



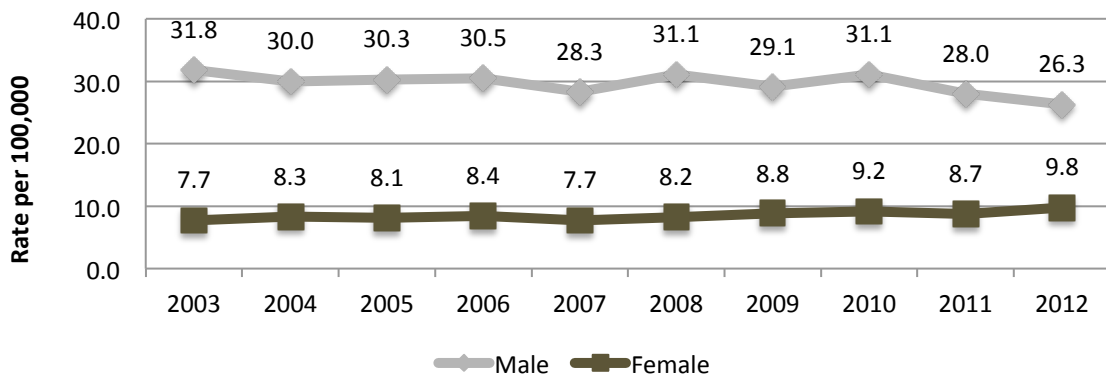
**Fig 9.25 Nevada Suicide Mortality Rates, by County/Region, 2012**



Source: Office of Public Health Informatics and Epidemiology

- Suicide rates were highest in the combined region of Nye, Esmeralda and Lincoln Counties at 33.8 per 100,000 people.
- Suicide rates were lowest in Douglas County at 6.2 per 100,000 people.

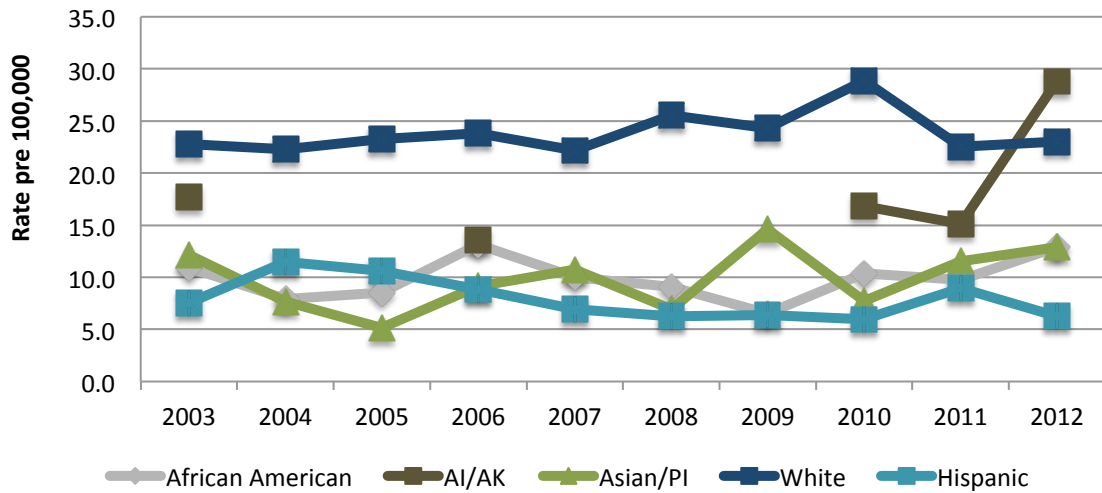
**Suicide Rate Disparities**  
**Fig 9.26 Nevada Suicide Mortality Rates, by Sex, 2003-2012**



Source: Office of Public Health Informatics and Epidemiology

- In Nevada, suicide death rates are significantly higher among men than women.

**Fig 9.27 Nevada Suicide Mortality Rates, by Race/Ethnicity, 2003-2012**

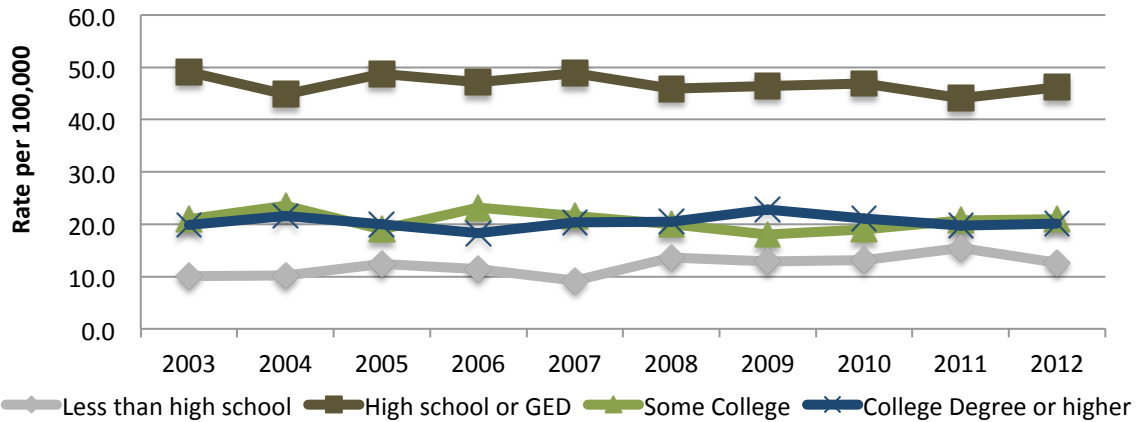


Source: Office of Public Health Informatics and Epidemiology

Note: Data for American Indian/Alaska Natives suppressed for 2004, 2005, and 2007-2009

- Suicide death rates among Whites and American Indian/Alaska Natives were higher than rates among African American, Hispanics and Asian/Pacific Islanders from 2003 through 2012.

**Fig 9.28 Nevada Suicide Mortality Rates, by Educational Attainment, 2003-2012**



Source: Office of Public Health Informatics and Epidemiology

- Suicide death rates are significantly higher among those whose highest level of education attained was high school or a GED equivalent.

## Sexual Health

- Ever had Sexual Intercourse
- Condom Use
- Chlamydia
- Gonorrhea,
- Syphilis
- HIV/AIDS
- Dating Violence

### Section 9.3 Sexual Health

Sexual health involves having a safe and respectful experience with sexuality and intimate relationships, free of discrimination and violence. Indicators presented in this section help to quantify sexual activity and behaviors related to safety as well as the prevalence of sexually transmitted diseases.

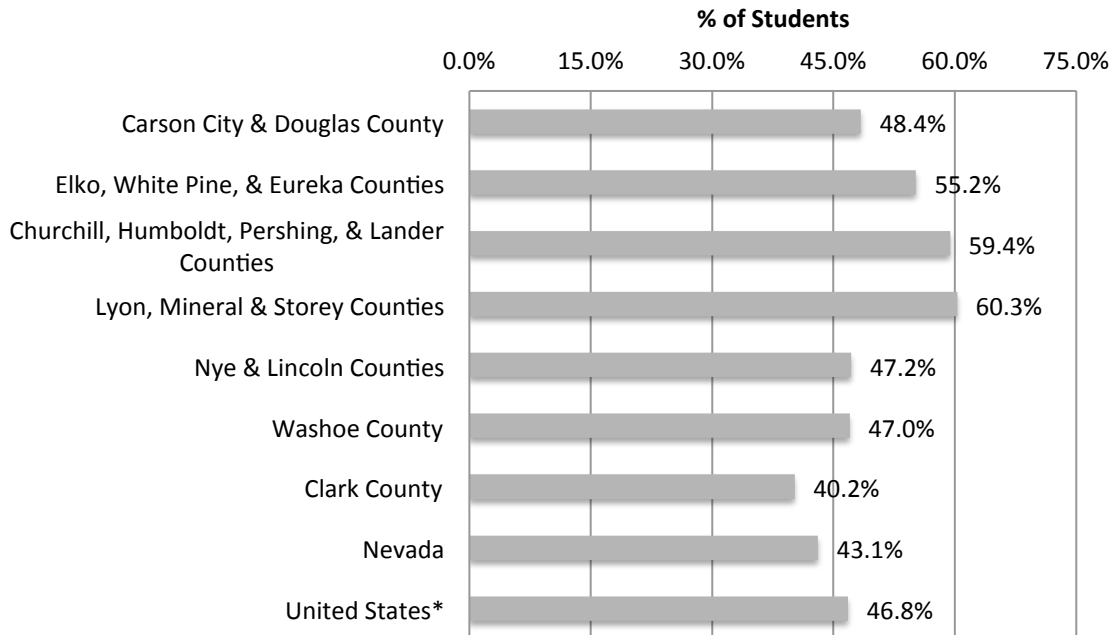
#### Health Indicators

- Ever had Sexual Intercourse\*
- Condom Use\*
- Chlamydia Rates
- Gonorrhea Rates
- Primary and Secondary Syphilis Rates
- Newly Diagnosed HIV
- Currently Living with HIV/AIDS
- Physical Dating Violence\*
- Sexual Dating Violence\*
- Forced Sexual Intercourse\*

*\*Data available for adolescents only*

#### Adolescents Reporting They Have Ever Had Sexual Intercourse

**Fig 9.29 Nevada Adolescents Reporting They Ever Had Sexual Intercourse, by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

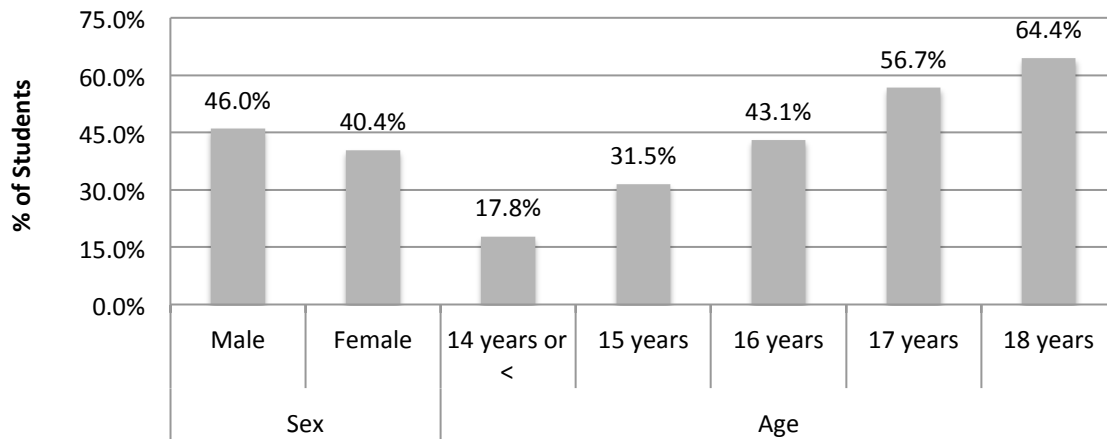
\* CDC Youth Online: High School YRBS, 2013

- A higher proportion of students in the combined regions of Lyon, Mineral and Storey Counties had ever had sexual intercourse (60.3%), compared to 40.2% of students in Clark County.

- High school students in Nevada were slightly less likely to report having ever had sexual intercourse than high school students across the nation, at 43.1% and 46.8%, respectively.

**Disparities Among Adolescents Reporting They Have Ever Had Sexual Intercourse**

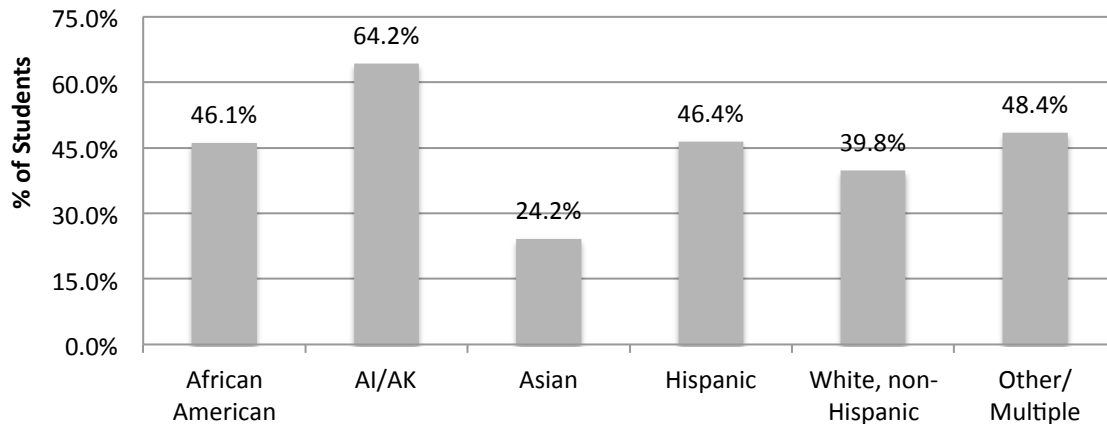
**Fig 9.30 Nevada Adolescents Reporting They Ever Had Sexual Intercourse, by Sex and Age, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- Males (46.0%) than females (40.4%) were more likely to report ever having had sexual intercourse.
- As students' age increased, so did their likelihood of reporting they had ever had sexual intercourse, from 17.8% of those 14 years or younger to 64.4% of those 18 years old.

**Fig 9.31 Nevada Adolescents Reporting They Ever Had Sexual Intercourse, by Race/Ethnicity, 2013**



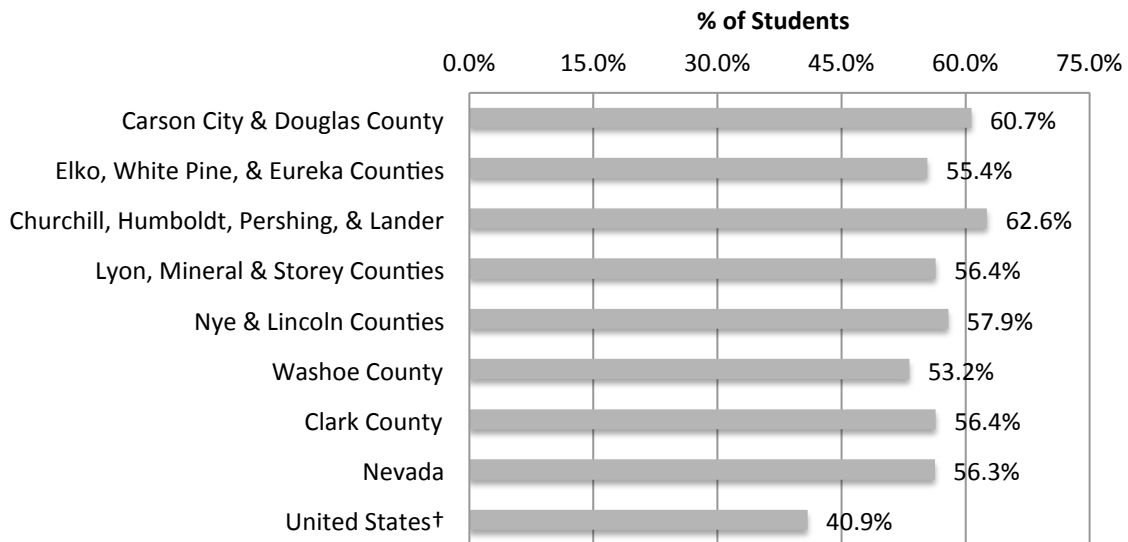
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

- Over two in three (64.2%) of American Indian/Alaska Native students reported they had ever had sexual intercourse, while nearly one in four (24.2%) of Asian students reported they had ever had sexual intercourse.

### Condom Use Among Adolescents

Condom use is one of the most effective methods of preventing pregnancy and sexually transmitted diseases during sexual intercourse.

**Fig 9.32 Nevada Adolescents Reporting They Used a Condom\*, by County/Region, 2013**



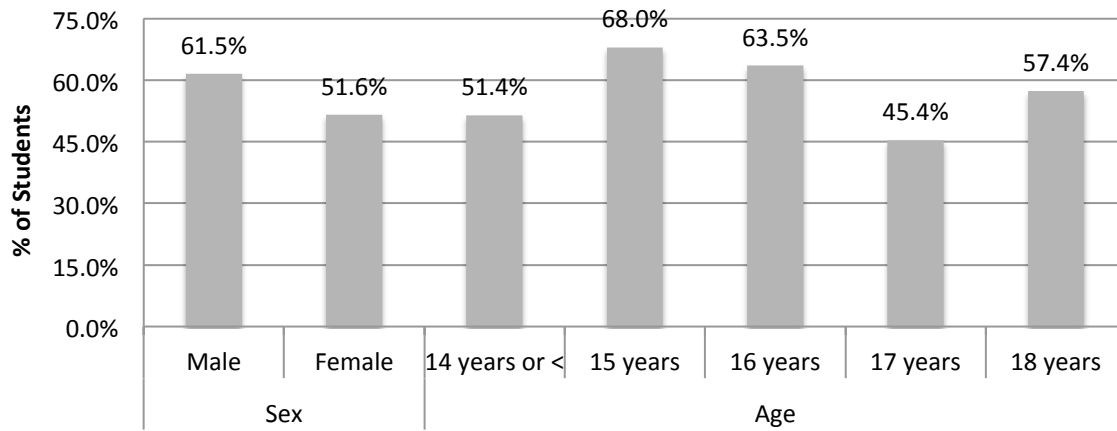
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*Last time among those who had sexual intercourse in the past 3 months

† CDC Youth Online: High School YRBS, 2013

- Among students who had sexual intercourse within the past 3 months, students in Nevada and all regions/counties were more likely to report having used a condom last time (56.3%) they had sexual intercourse than across the nation (40.9%).

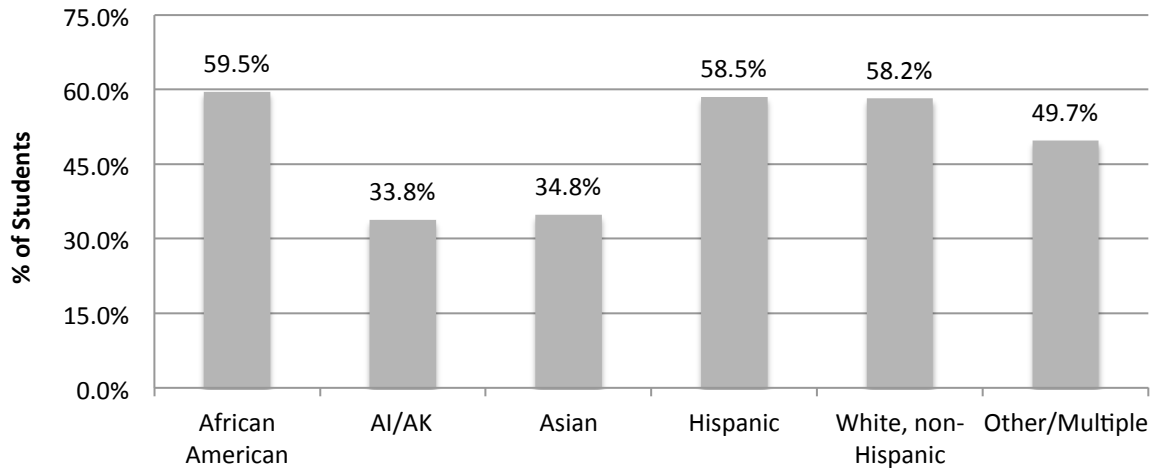
**Disparities in Condom Use Among Adolescents**  
**Fig 9.33 Nevada Adolescents Reporting They Used a Condom\*, by Sex and Age, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)  
 \*Last time of those who had sexual intercourse in the past 3 months

- Males reported having worn a condom during most-recent sexual intercourse compared to females, at 61.5% and 51.6% respectively.
- There was no distinct pattern in condom use, as it fluctuated among the different age groups.

**Fig 9.34 Nevada Adolescents Reporting They Used a Condom\*, by Race/Ethnicity, 2013**



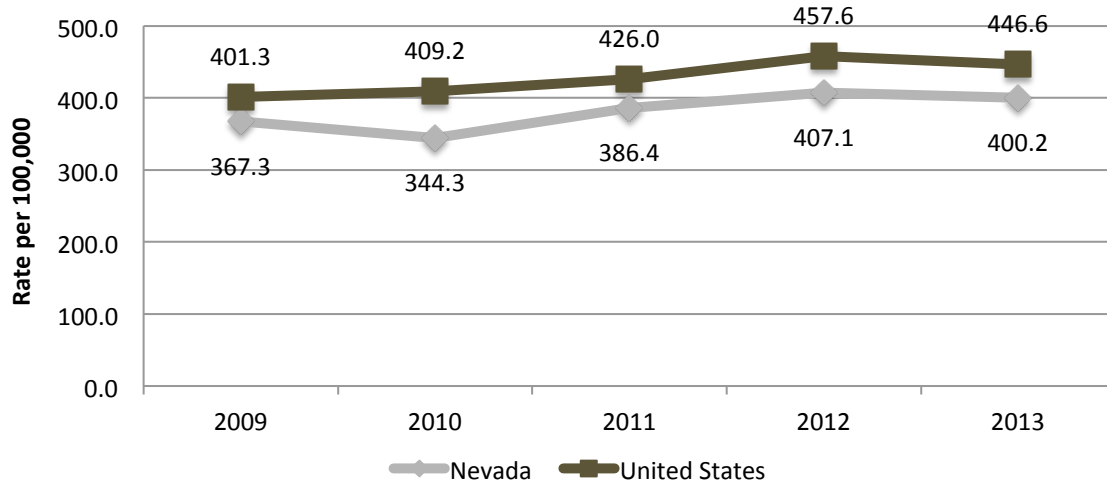
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)  
 \*Last time of those who had sexual intercourse in the past 3 months

- Over half of African American (59.5%), Hispanic (58.5%) and White, non-Hispanic (58.2%) students wore a condom last time they had sexual intercourse, compared to one in three American Indian/Alaska Native or Asian students.

## Sexually Transmitted Diseases

### Reported Chlamydia Cases

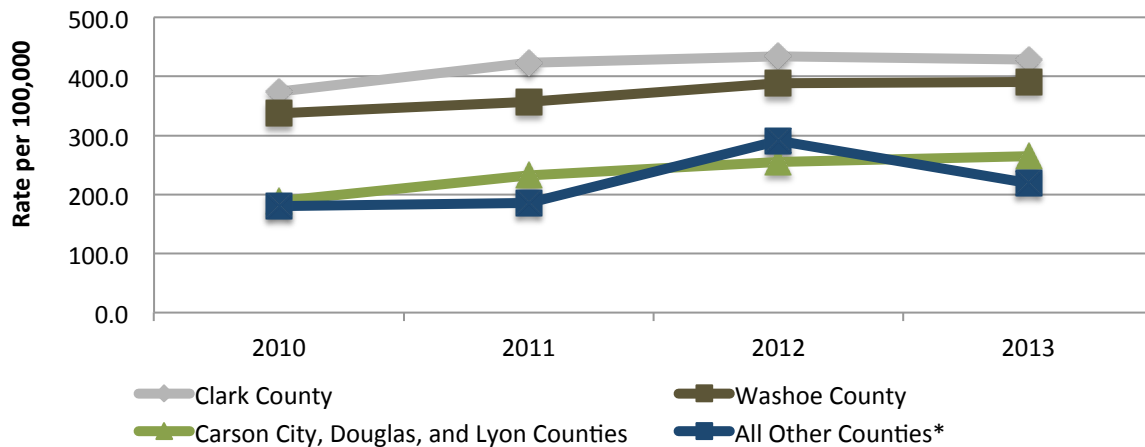
**Fig 9.35 Rates of Reported Chlamydia Cases, Nevada and the United States, 2009-2013**



Source: Nevada STD Prevention and Control Program

- In Nevada, rates of reported Chlamydia have been lower than rates across the rest of the United States from 2009 to 2013.

**Fig 9.36 Nevada Rates of Reported Chlamydia Cases, by County/Region, 2010-2013**



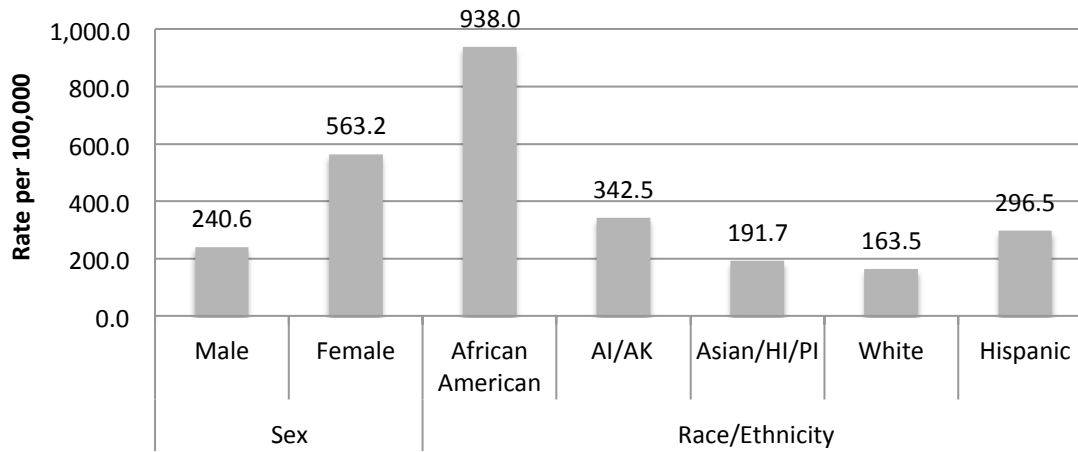
Source: Nevada STD Prevention and Control Program

\*Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine

- Although rates in the rural counties (all other counties) decreased from 2012 to 2013, rates of reported Chlamydia cases in all counties and combined regions have increased from 2010 to 2013.



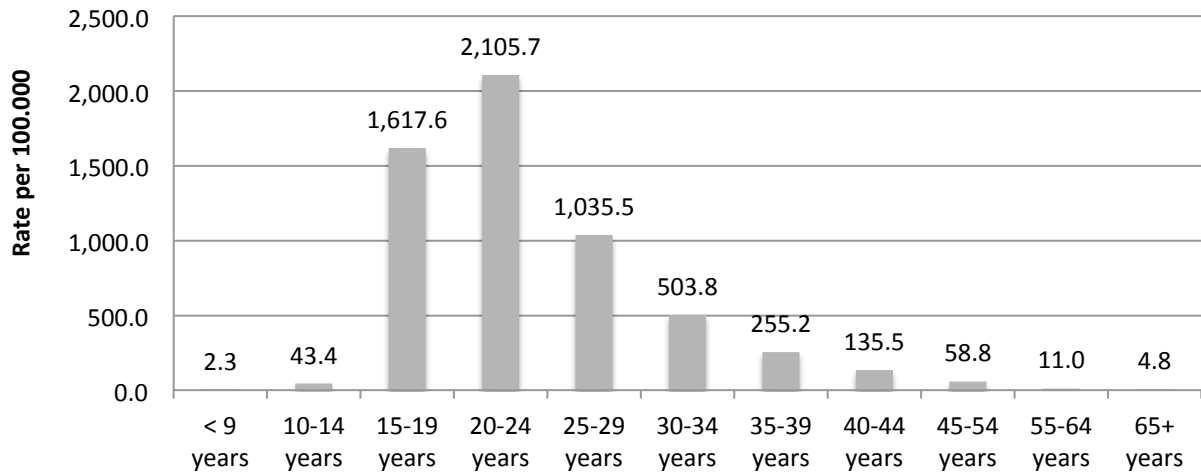
**Reported Chlamydia Case Disparities**  
**Fig 9.37 Nevada Rates of Reported Chlamydia Cases, by Sex and Race/Ethnicity, 2013**



Source: Nevada STD Prevention and Control Program

- In 2013, rates of reported cases of Chlamydia among females were more than double the rates of males.
- Rates of reported cases of Chlamydia among African Americans were more than three times higher than any other race/ethnicity.

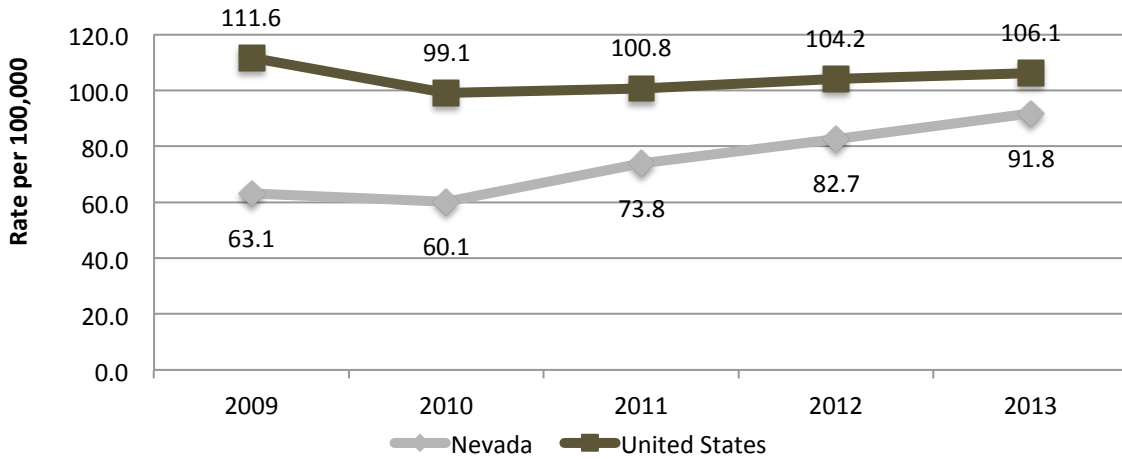
**Fig 9.38 Nevada Rates of Reported Chlamydia Cases, by Age, 2013**



Source: Nevada STD Prevention and Control Program

- Rates of diagnosed cases of Chlamydia are much higher among those aged 20 to 24 years (2,105.7) and 15 to 19 years old (1,617.6).

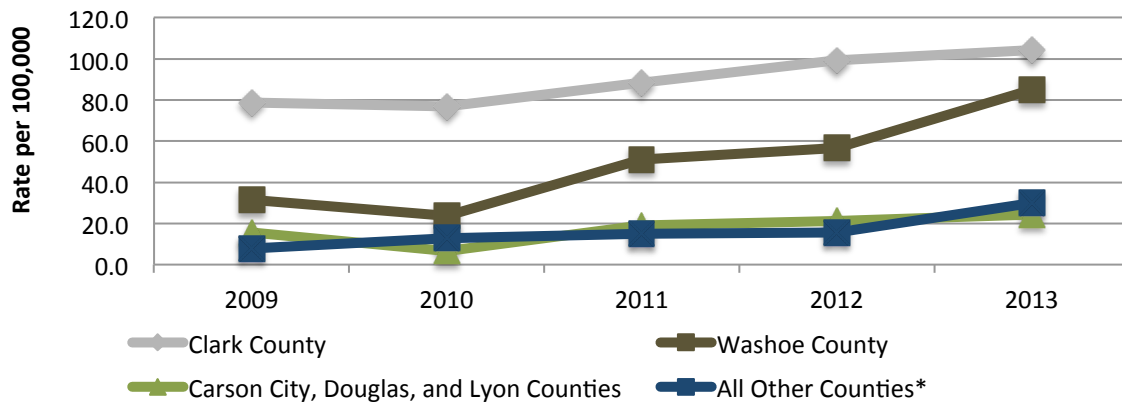
**Reported Gonorrhea Cases**  
**Fig 9.39 Rates of Reported Gonorrhea Cases, Nevada and the United States, 2009-2013**



Source: Nevada STD Prevention and Control Program

- In Nevada, rates of reported cases of Gonorrhea have been lower than rates across the United States from 2009 to 2013; however, Nevada’s rates have been increasing dramatically since 2010.

**Fig 9.40 Nevada Rates of Reported Gonorrhea Cases, by County/Region, 2009-2013**

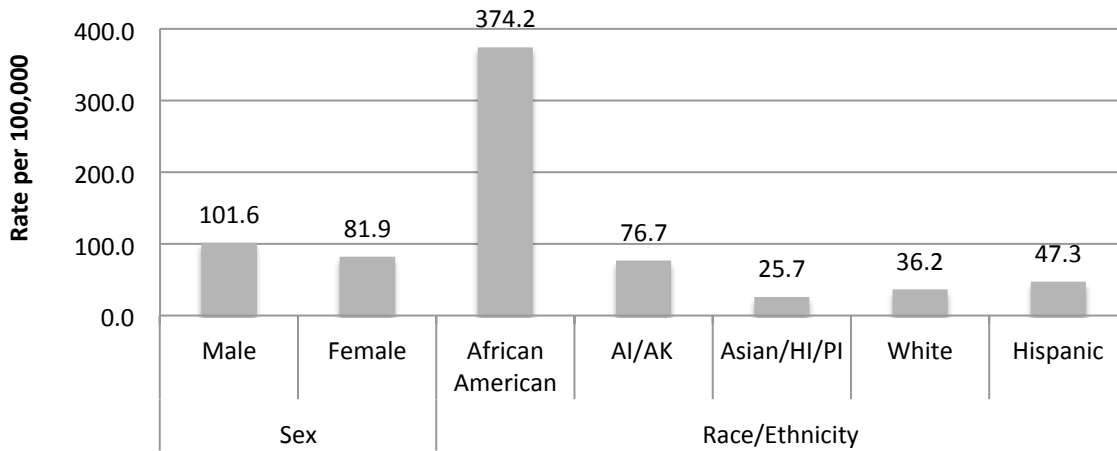


Source: Nevada STD Prevention and Control Program

\*Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine

- Rates of diagnosed Gonorrhea cases in all counties and combined regions have increased from 2009 to 2013; however, Washoe County has experienced the largest increase.

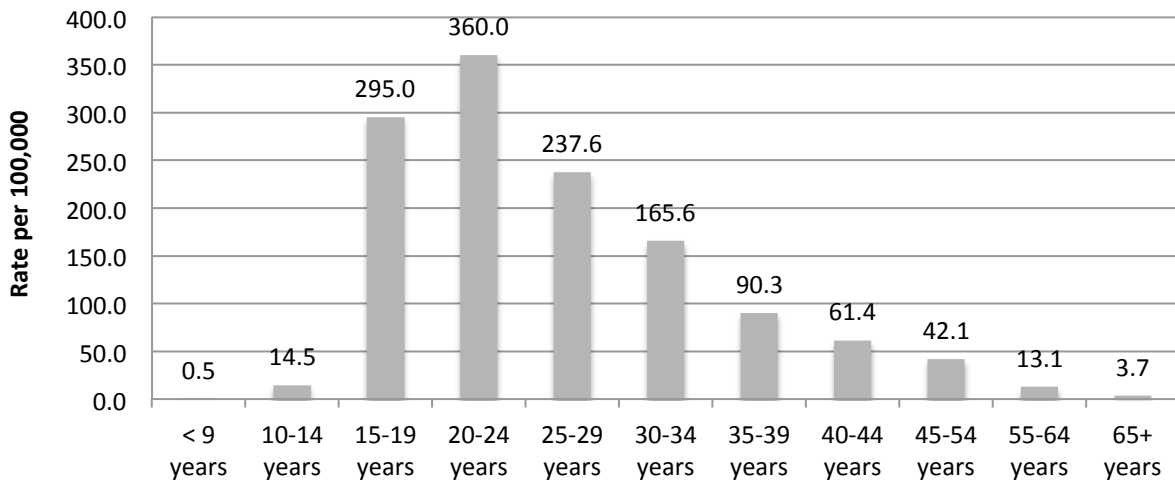
**Reported Gonorrhea Case Disparities**  
**Fig 9.41 Nevada Rates of Reported Gonorrhea Cases, by Sex and Race/Ethnicity, 2013**



Source: Nevada STD Prevention and Control Program

- Rates of diagnosed Gonorrhea cases were higher among males (101.6) than females (81.9) per 100,000 people.
- Rates of diagnosed Gonorrhea cases were more than three times higher among African Americans than any other race/ethnicity.

**Fig 9.42 Nevada Rates of Reported Gonorrhea Cases, by Age, 2013**



Source: Nevada STD Prevention and Control Program

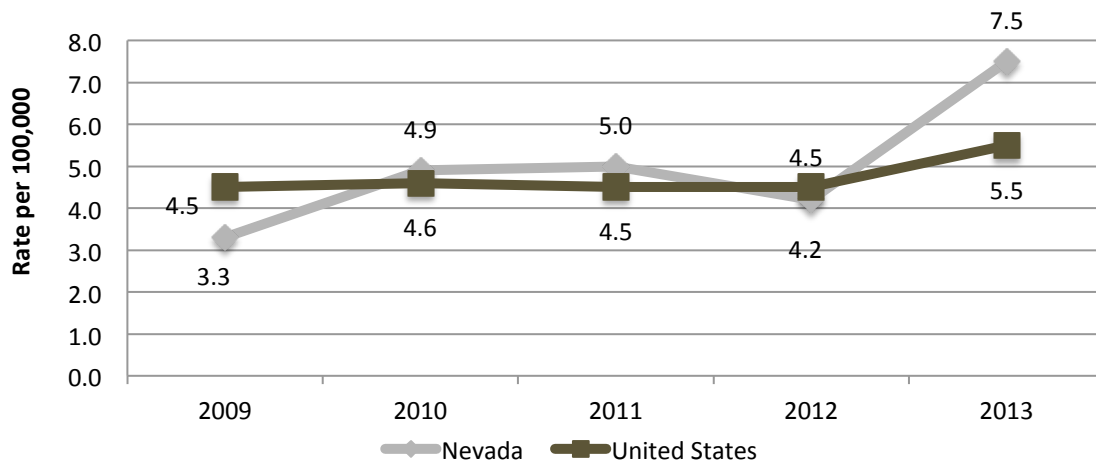
- Rates of diagnosed Gonorrhea cases were highest among 20 to 24 year olds (360.0) and 15 to 19 year olds (295.0) than other age groups.

### Reported Primary and Secondary Syphilis Cases

Syphilis is caused by the bacterium *Treponema palladium* and can cause long-term health problems if not treated appropriately. There are four progressive stages of the disease that can last for weeks, months or years. Primary and secondary stages are indicated by physical sores, rashes and other skin abnormalities. The later stages have few associated symptoms, and if left untreated, syphilis may cause damage to the brain, eyes, heart, liver, bones, or joints.<sup>117</sup>

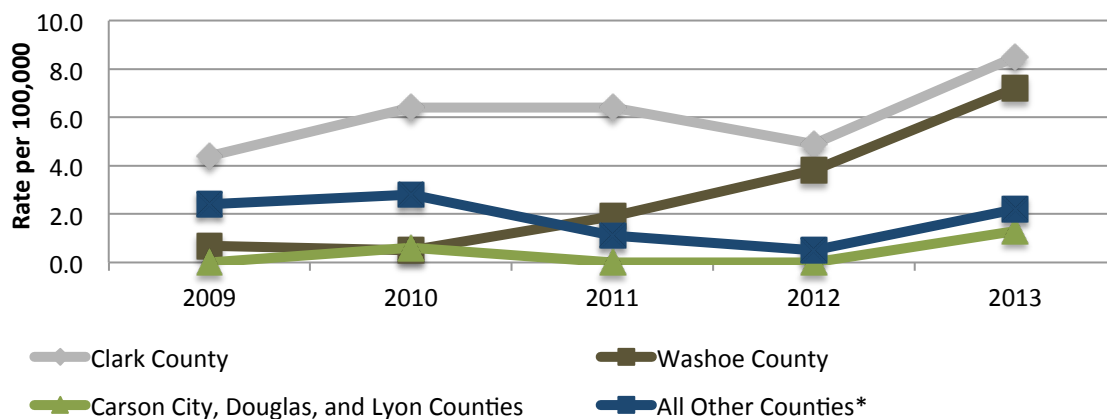
In Nevada, the rate of reported primary and secondary syphilis cases rose above the national level in 2013 (Fig 9.43).

**Fig 9.43 Rates of Reported Primary and Secondary Syphilis Cases, Nevada and the United States, 2009-2013**



Source: Nevada STD Prevention and Control Program

**Fig 9.44 Nevada Rates of Reported Primary and Secondary Syphilis Cases, by County, 2009-2013**

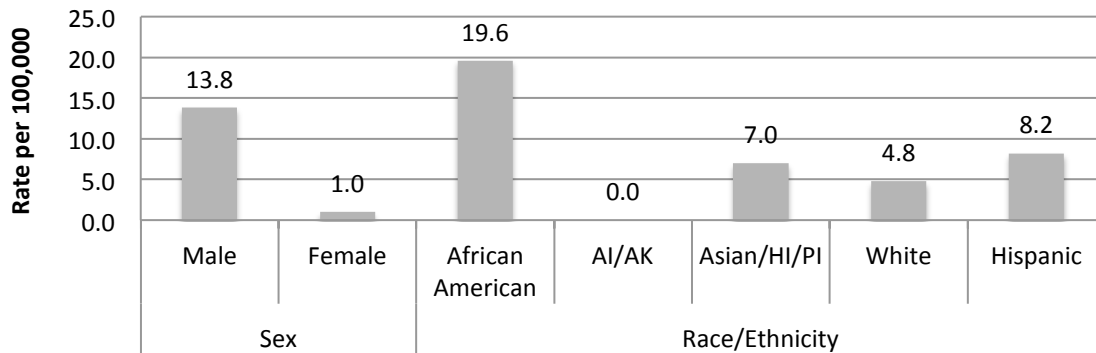


Source: Nevada STD Prevention and Control Program

\*Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine

- The rate of reported primary and secondary syphilis cases have consistently been the highest in Clark County; however, the rates in Washoe County have been increasing sharply since 2010.
- The rate of reported primary and secondary syphilis cases increased in all counties from 2010 to 2013.

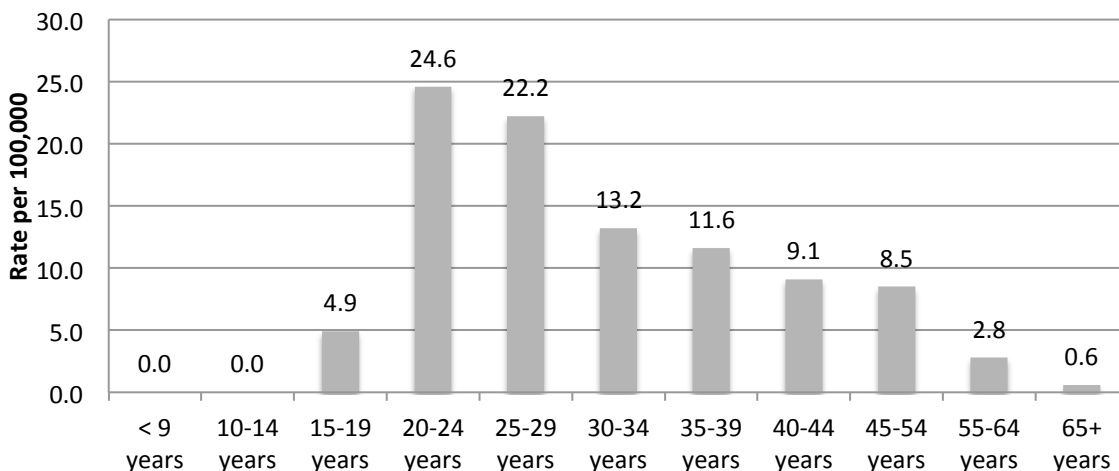
**Reported Primary and Secondary Syphilis Case Disparities**  
**Fig 9.45 Nevada Rates of Reported Primary and Secondary Syphilis Cases, by Sex and Race/Ethnicity, 2013**



Source: Nevada STD Prevention and Control Program

- The rate of reported primary and secondary syphilis cases are much higher among males than females.
- The rate of reported primary and secondary syphilis cases are significantly higher among African Americans than other race/ethnicities.

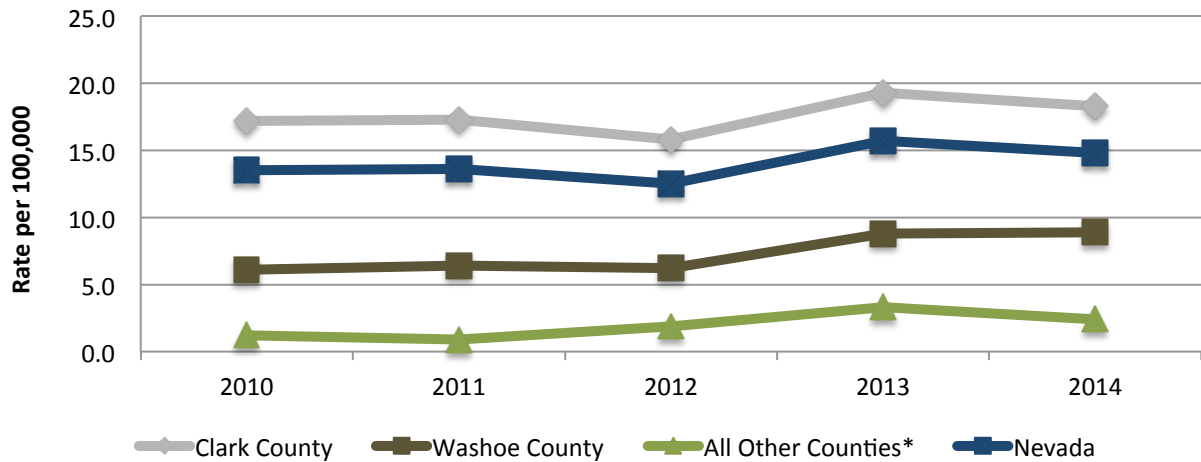
**Fig 9.46 Nevada Rates of Reported Primary and Secondary Syphilis Cases, by Age, 2013**



Source: Nevada STD Prevention and Control Program

- The rate of reported primary and secondary syphilis cases are highest among those ages 20 to 29 years, with a high of 24.6 reported cases per 100,000 for ages 20 to 24 years. Rates consistently decrease with age.

**HIV/AIDS**  
**Newly Diagnosed Cases of HIV**  
**Fig 9.47 Nevada Rates of HIV Infection (Newly Diagnosed), by County/Region, 2010-2014**

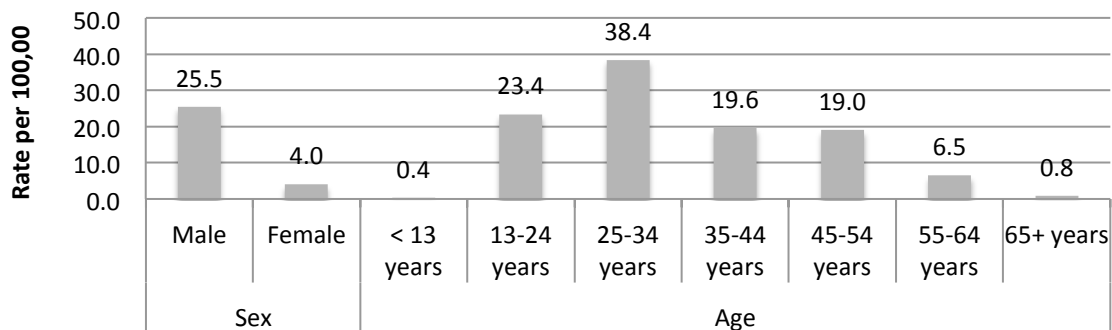


Source: Nevada HIV/AIDS Surveillance Program HIV/AIDS Fast Facts

\*Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine

- In all Nevada counties, the rate of newly diagnosed cases of HIV has slightly increased from 2010 to 2014.

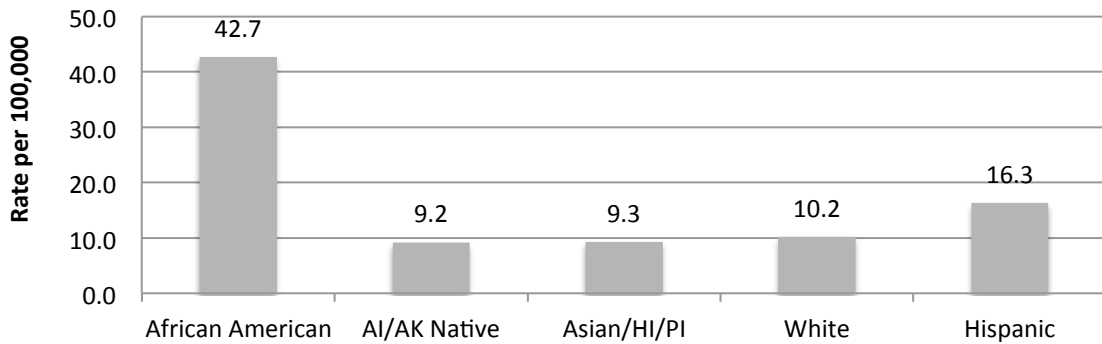
**Newly Diagnosed Cases of HIV Disparities**  
**Fig 9.48 Nevada Rates of HIV Infection (Newly Diagnosed), by Sex and Age, 2014**



Source: Nevada HIV/AIDS Surveillance Program HIV/AIDS Fast Facts

- The rate of newly diagnosed HIV is higher among males than females and is highest among those 25 to 34 years old.

**Fig 9.49 Nevada Rates of HIV Infection (Newly Diagnosed), by Race/Ethnicity, 2014**



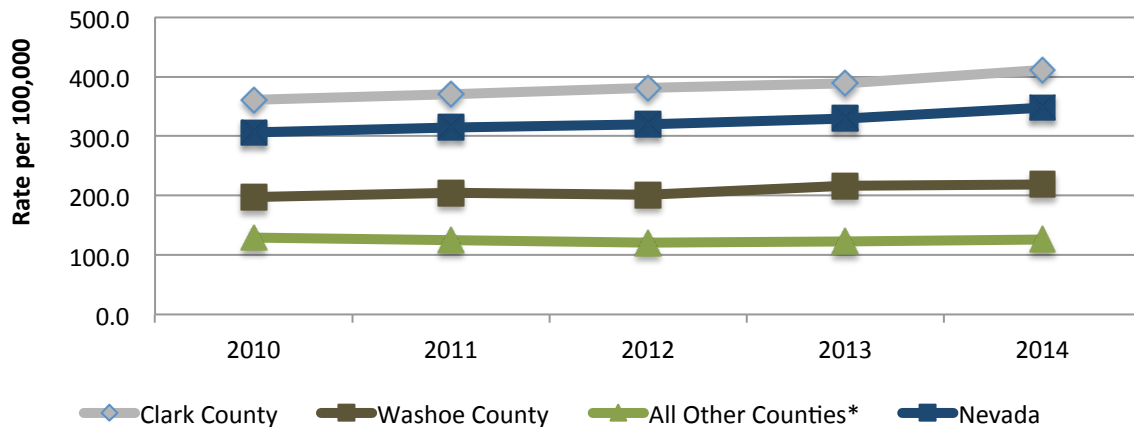
Source: Nevada HIV/AIDS Surveillance Program HIV-AIDS Fast Facts

- The rate of newly diagnosed HIV is significantly higher among African Americans than other race/ethnicities.

#### Currently Living with HIV or AIDS

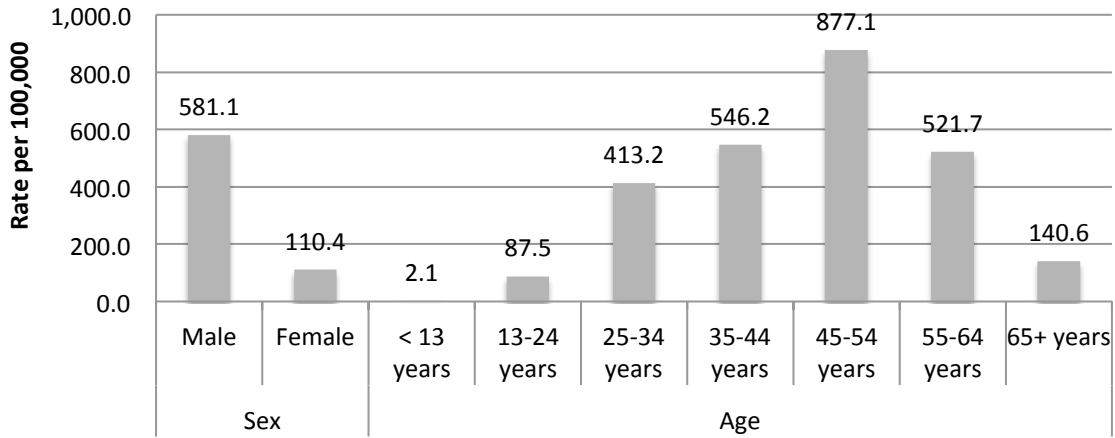
In Nevada, the prevalence of persons currently living with HIV/AIDS slightly increased from 306.3 people per 100,000 people in 2010 to 347.5 people per 100,000 population in 2014 (Fig 4.50).

**Fig 9.50 Nevada Rate of Persons Currently Living with HIV or AIDS, by County/Region, 2010-2014**



Source: Nevada HIV/AIDS Surveillance Program HIV-AIDS Fast Facts

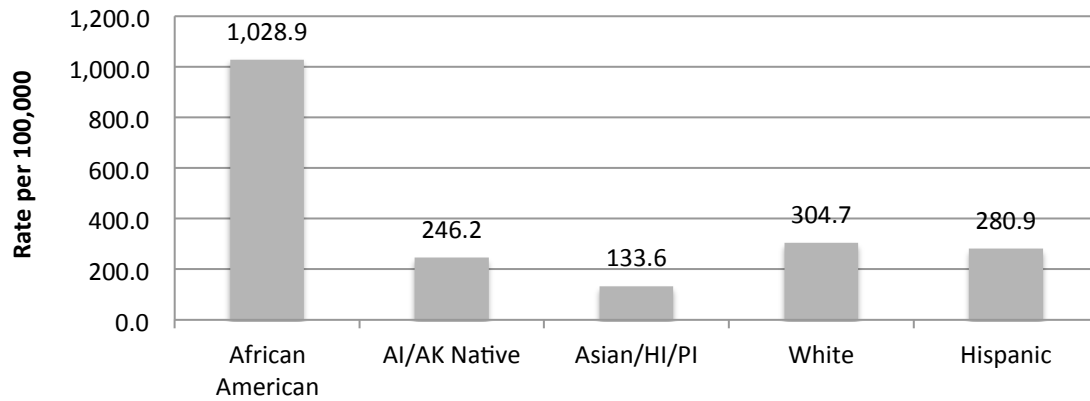
**Fig 9.51 Nevada Rate of Persons Currently Living with HIV or AIDS, by Sex and Age, 2014**



Source: Nevada HIV/AIDS Surveillance Program HIV-AIDS Fast Facts

- The prevalence of persons currently living with HIV/AIDS in Nevada is higher among males than females and highest among those 45 to 54 years.

**Fig 9.52 Nevada Rate of Persons Currently Living with HIV or AIDS, by Race/Ethnicity, 2014**



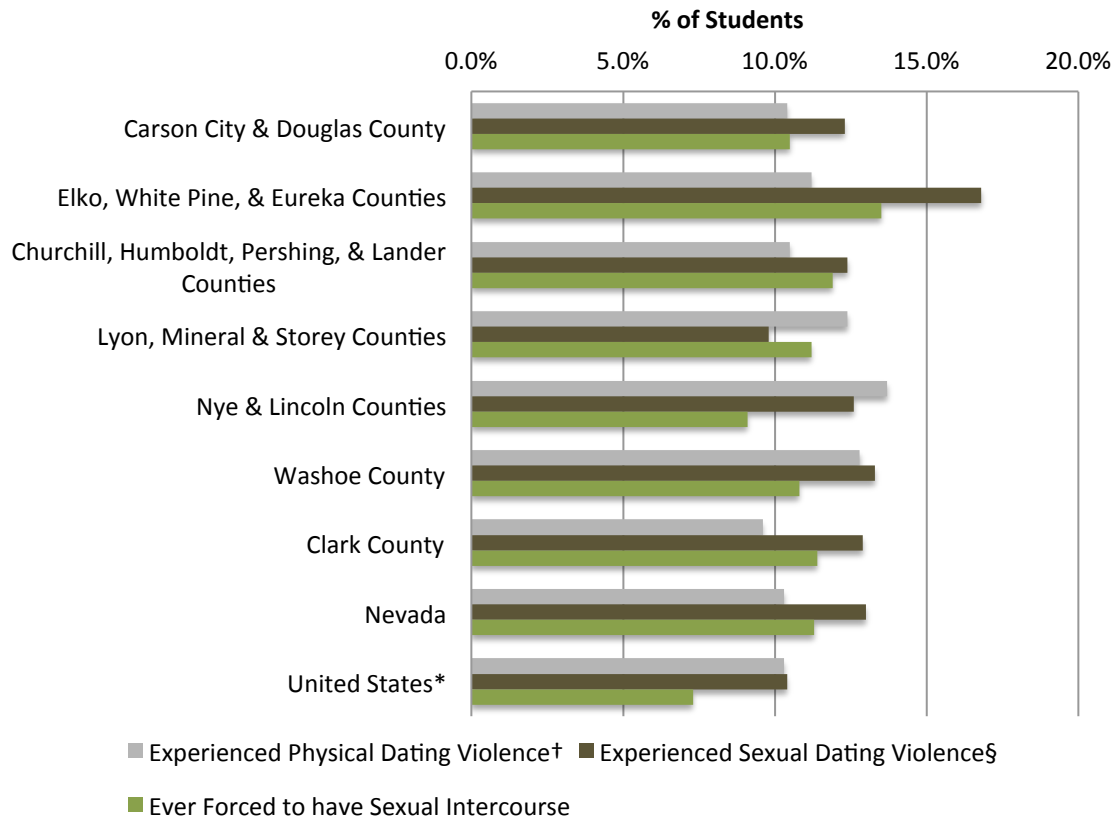
Source: Nevada HIV/AIDS Surveillance Program HIV-AIDS Fast Facts

- Similar to the rate of newly diagnosed HIV cases, the prevalence of persons currently living with HIV/AIDS in Nevada is much higher among African Americans than other race/ethnicities.



## Dating Violence Among Adolescents

**Fig 9.53 Factors Related to Dating Violence Among Adolescents, United States and Nevada by County/Region, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\*CDC Youth Online: High School YRBS, 2013

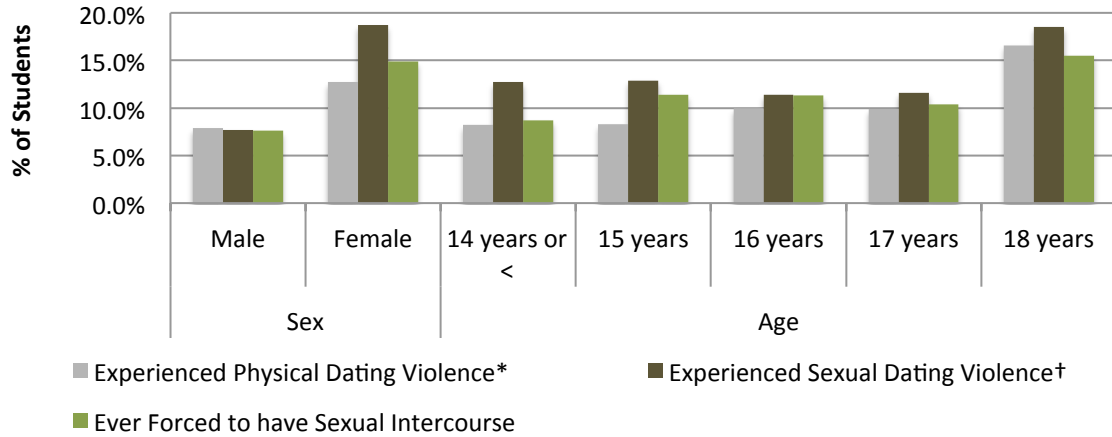
† Hit, slapped, or physically hurt by boyfriend or girlfriend past 12 months

§ Unwanted kissing and touching, or physically forced to have sexual intercourse by boyfriend or girlfriend past 12 months

- The proportion of high school students reporting they experienced physical dating violence was the same in Nevada as students across the nation (10.3%). However, it was highest in the combined region of Nye and Lincoln Counties (13.7%), Washoe County (12.8%) and Lyon, Mineral and Storey Counties (12.4%).
- The proportion of high school students reporting they experienced sexual dating violence was higher in Nevada (13.0%) than students across the nation (10.4%), and was highest in the combined region of Elko, White Pine and Eureka Counties (16.8%).
- The proportion of high school students reporting they were ever forced to have sexual intercourse was higher in Nevada (11.3%) than students across the nation (7.3%), and was highest in the combined region of Elko, White Pine and Eureka Counties (13.5%).

## Disparities in Dating Violence Among Adolescents

**Fig 9.54 Nevada Select Factors Related to Dating Violence Among Adolescents, by Sex and Age, 2013**



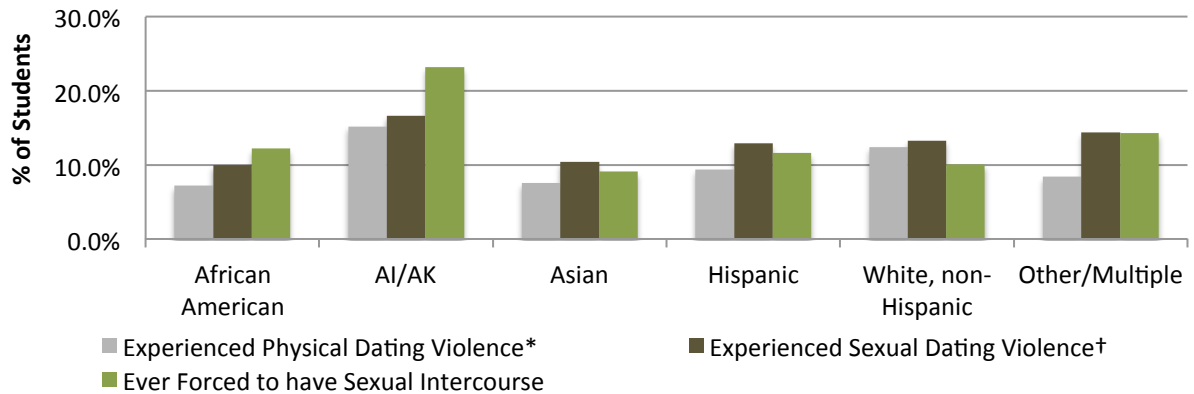
Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\* Hit, slapped, or physically hurt by boyfriend or girlfriend past 12 months

† Unwanted kissing and touching, or physically forced to have sexual intercourse by boyfriend or girlfriend past 12 months

- As age increased, so did the proportion of students reporting having experienced physical dating violence in the past 12 months, as well as the proportion of those reported they had ever been forced to have sexual intercourse.
- The rate of sexual dating violence stayed relatively similar among those ages 14 to 17 years but was higher among 18 year olds.

**Fig 9.55 Nevada Select Factors Related to Dating Violence Among Adolescents, by Race/Ethnicity, 2013**



Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)

\* Hit, slapped, or physically hurt by boyfriend or girlfriend past 12 months

† Unwanted kissing and touching, or physically forced to have sexual intercourse by boyfriend or girlfriend past 12 months

- A higher proportion of American Indian/Alaska Native students reported all forms of dating violence more often than students of other race/ethnicities.

# Infectious and Chronic Diseases

# Vaccine Preventable Diseases

- Measles
- Mumps
- Rubella
- Influenza
- Tuberculosis
- Pertussis

## Infectious and Chronic Diseases

In 2012, chronic diseases such as heart, liver, and kidney disease, cancer, and diabetes, accounted for 7 out of the top 10 causes of death in the United States. The remaining top causes of death, other than accidents, were typically due to infectious diseases.<sup>118</sup>

### 10.1 Vaccine Preventable Diseases

The large increase in life expectancy through the 20<sup>th</sup> century is largely attributed to advances in medicine and the introduction of vaccines.<sup>119</sup> Although many infectious diseases are prevented due to vaccination rates in the United States, viral hepatitis, influenza and Tuberculosis are among the highest occurring infectious diseases today.<sup>120</sup>

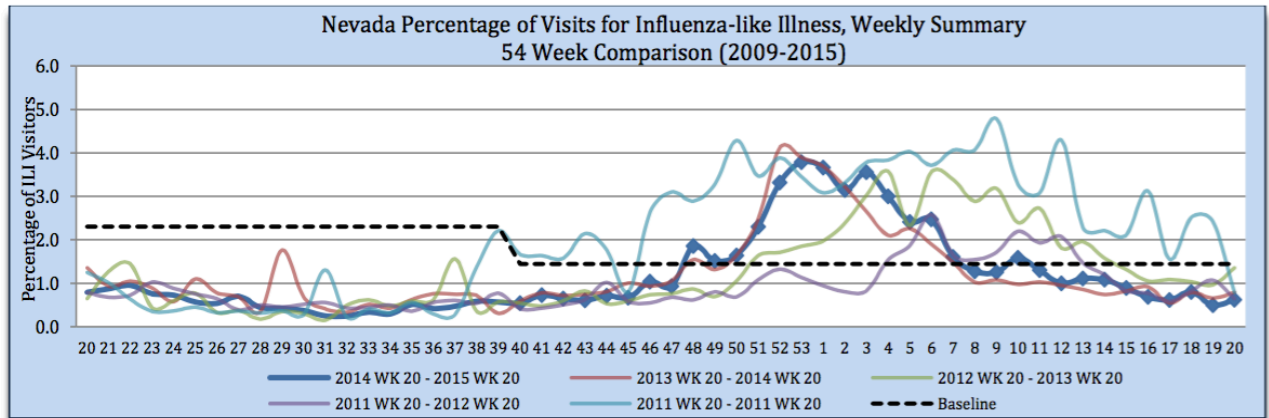
#### Health Indicators

- Measles, Mumps, & Rubella
- Influenza
- Tuberculosis
- Pertussis

From 2004 through 2014, there were 4 cases of Measles, 38 cases of Mumps, 0 cases of Rubella, and 1 case of Tetanus in Nevada. Rates of disease could not be calculated due to the low number of total cases of each disease.

#### Influenza

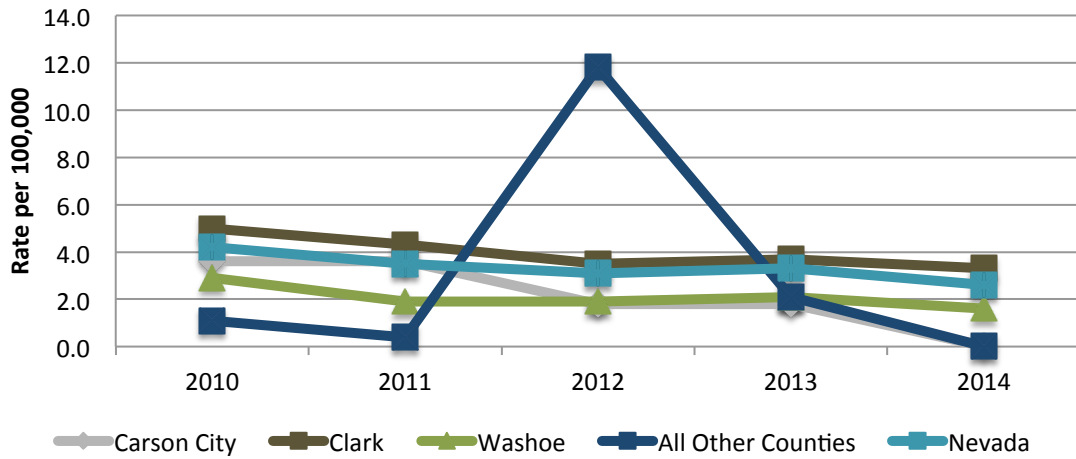
Nevada utilizes what is known as sentinel providers, or select health providers, who report numbers of patients who are seen for Influenza-like Illness (ILI) each year. The 2011-2012 flu season saw much more activity overall, while the 2012-2013 flu season saw a later peak in activity.



Source: Influenza Weekly Report, 2015<sup>121</sup>

## Tuberculosis

**Fig 10.1 Nevada Rate of Tuberculosis, by County, 2010-2014**

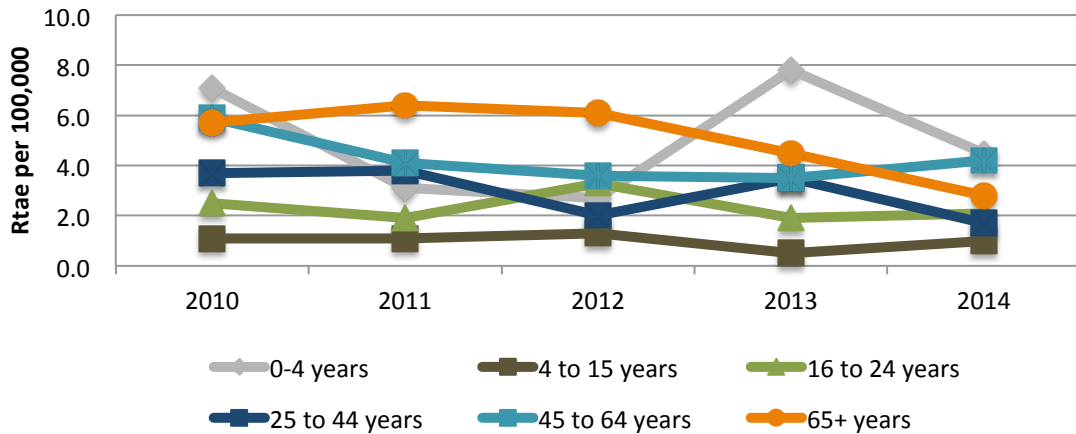


Source: Office of Public Health Informatics and Epidemiology

- Clark County has historically had a higher rate of Tuberculosis (TB) per 100,000 population than other counties, with the exception of the combined rural counties in 2012.

## Tuberculosis Disparities

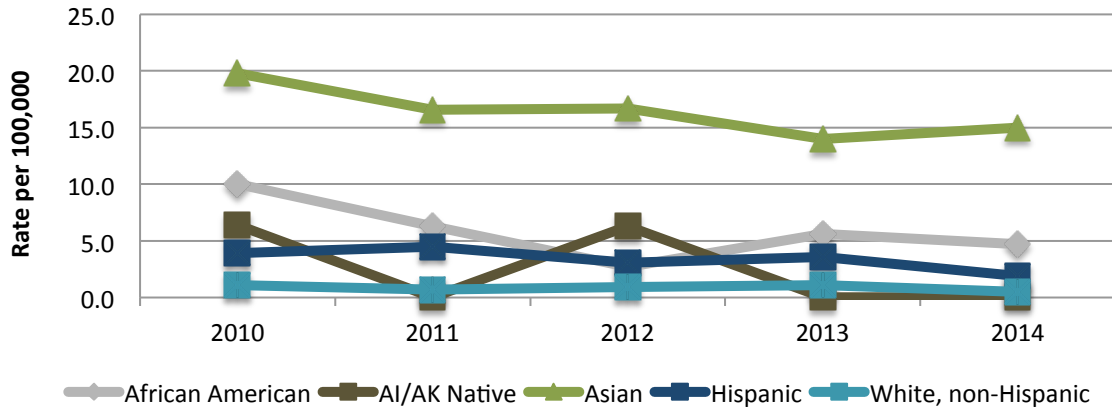
**Fig 10.2 Nevada Rate of Tuberculosis, by Age Group, 2010-2014**



Source: Office of Public Health Informatics and Epidemiology

- The rate of TB among those who are older (65+) and younger (0-4 years) have historically been higher than other age groups from 2010 through 2014.

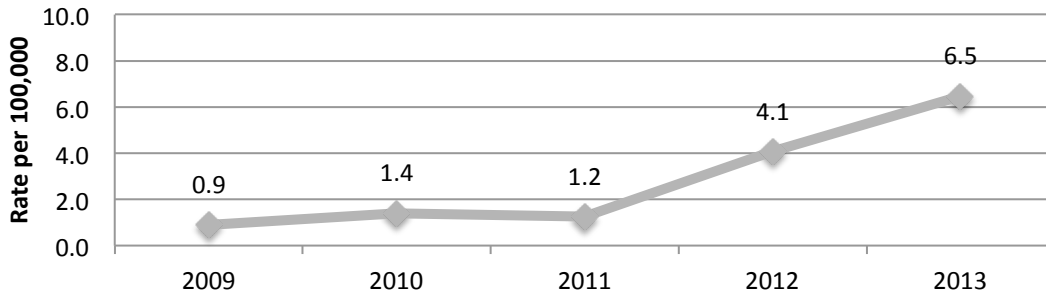
**Fig 10.3 Nevada Rate of Tuberculosis, by Race/Ethnicity, 2010-2014**



Source: Office of Public Health Informatics and Epidemiology

- The rate of TB among those who identify as Asian is likely due to a high proportion of cases among people whose country of origin is the Philippines.<sup>122</sup>

**Fig 10.4 Nevada Incidence Rate of Pertussis (Whooping Cough), 2009-2013**



Source: Office of Public Health Informatics and Epidemiology

- The annual rate of Pertussis increased dramatically from 2011 to 2012 and continued to increase in 2013, which mirrored national trends.<sup>123</sup>

## Cancer

- Stage at Time of Diagnosis for Breast, Cervical, Prostate and Colorectal Cancers



## 10.2 Cancer Incidence

Due to advancements in screening, treatment and research, cancer survival rates have increased; however, cancer remains the second leading cause of death in Nevada and the United States.<sup>124, 125</sup>

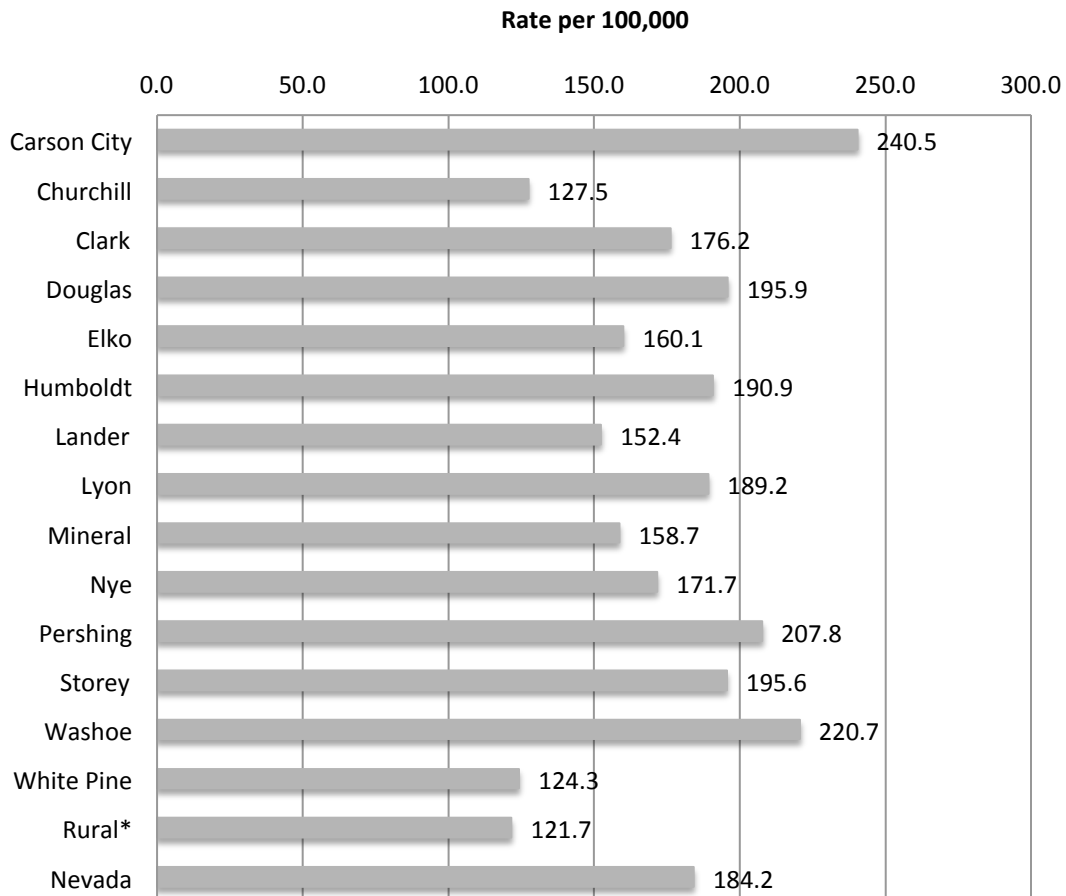
### Health Indicators

Incidence Rates for the following types of cancer:

- Breast (females only)
- Cervical (females only)
- Prostate (males only)
- Colorectal (both Sexes)

### Breast Cancer

**Fig 10.5 Nevada Breast Cancer Incidence\* (Newly Diagnosed) Rate, by County/Region, Annual Cumulative Rates 2008-2012**



Source: Office of Public Health Informatics and Epidemiology

Notes: \*Incidence includes invasive and in situ cases

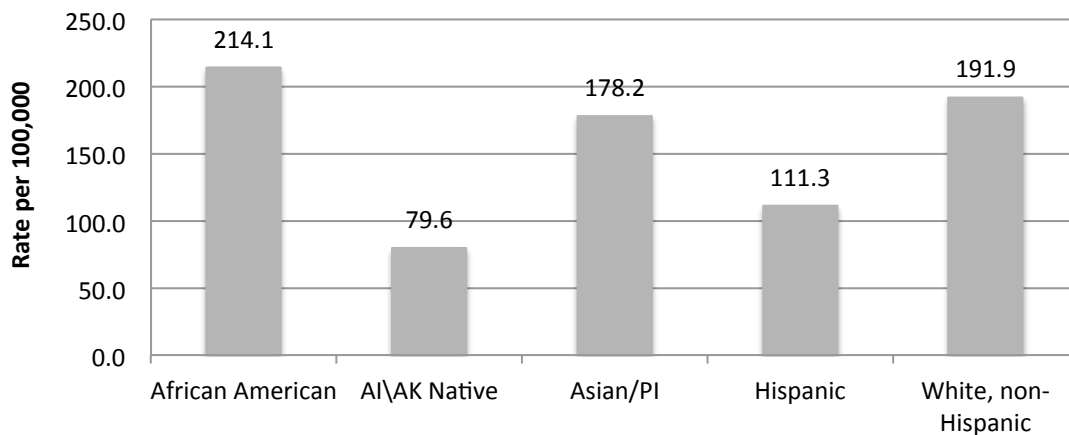
\*\*Rural includes all counties except for Clark, Washoe and Carson City

Rates for Esmeralda, Eureka and Lincoln Counties suppressed due to low numbers

- Carson City (240.5), Washoe (220.7) and Pershing Counties (207.8) had the highest rates of newly-diagnosed cases of breast cancer from 2008 through 2012.
- White Pine (124.3), Churchill (127.5) and Lander Counties (152.4) had the lowest rates of newly-diagnosed cases of breast cancer from 2008 through 2012.
- Rates of newly-diagnosed breast cancer were lower among rural counties than the statewide total. Rates for Esmeralda, Eureka, and Lincoln Counties were suppressed due to low numbers.

### Breast Cancer Disparities

**Fig 10.6 Nevada Breast Cancer Incidence\* (Newly Diagnosed) Rate, by Race/Ethnicity, Annual Cumulative Rates 2008-2012**



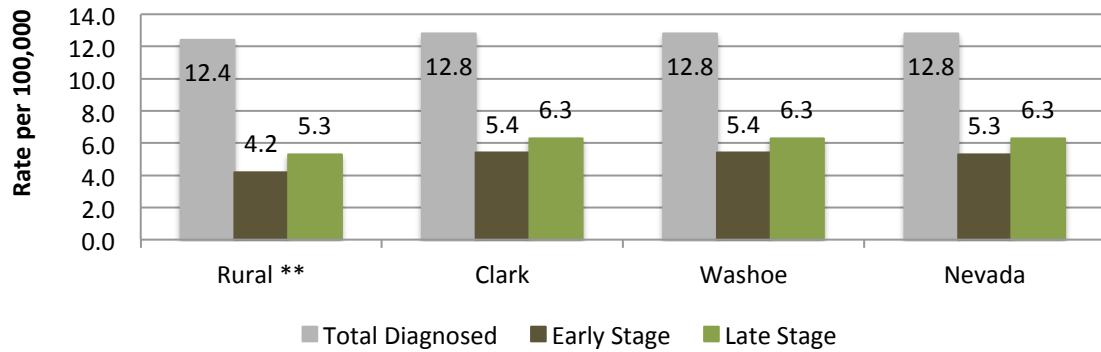
Source: Office of Public Health Informatics and Epidemiology

Notes: Incidence includes invasive and in situ cases

- Rates of newly-diagnosed breast cancer cases were highest among African American, Asian\Pacific Islander, and White, non-Hispanic women than Hispanic or Native American\Alaskan Native women.

## Cervical Cancer

**Fig 10.7 Nevada Cervical Cancer Incidence\* (Newly Diagnosed) Rate and Stage at Time of Diagnosis, by County/Region, Annual Cumulative Rates 2008-2012**



Source: Office of Public Health Informatics and Epidemiology

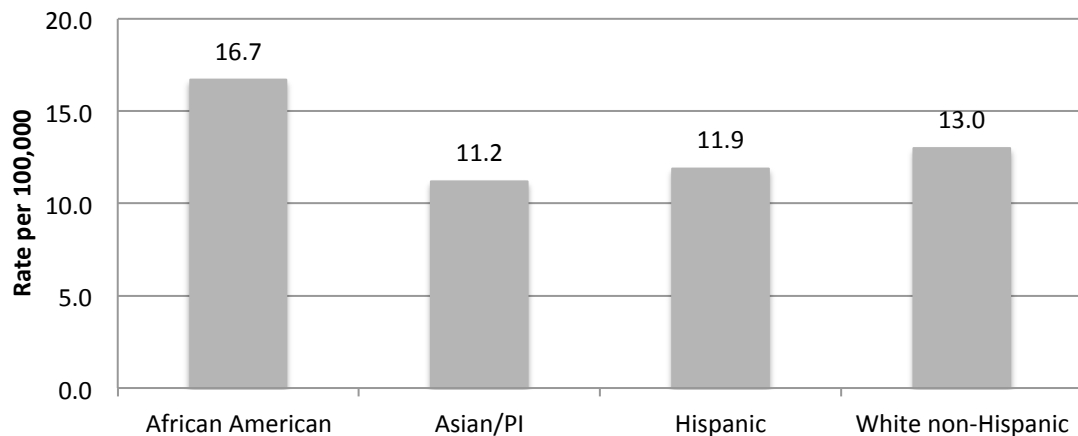
Notes: \*Incidence includes invasive and in situ cases

\*\*Rural includes all counties except for Clark, Washoe and Carson City

- The rates of cervical cancer are much lower than rates of newly-diagnosed breast cancer; therefore, few rural counties had enough data to calculate rates.
- Rates of cervical cancer are lower in the rural counties; however, the rates of early diagnosis to late stage at diagnosis are much lower, which means more cases in the rural counties are diagnosed in late stages rather than early stages, decreasing survivability.

## Cervical Cancer Disparities

**Fig 10.8 Nevada Cervical Cancer Incidence\* (Newly Diagnosed) Rate, by Race/Ethnicity, Annual Cumulative Rates 2008-2012**



Source: Office of Public Health Informatics and Epidemiology

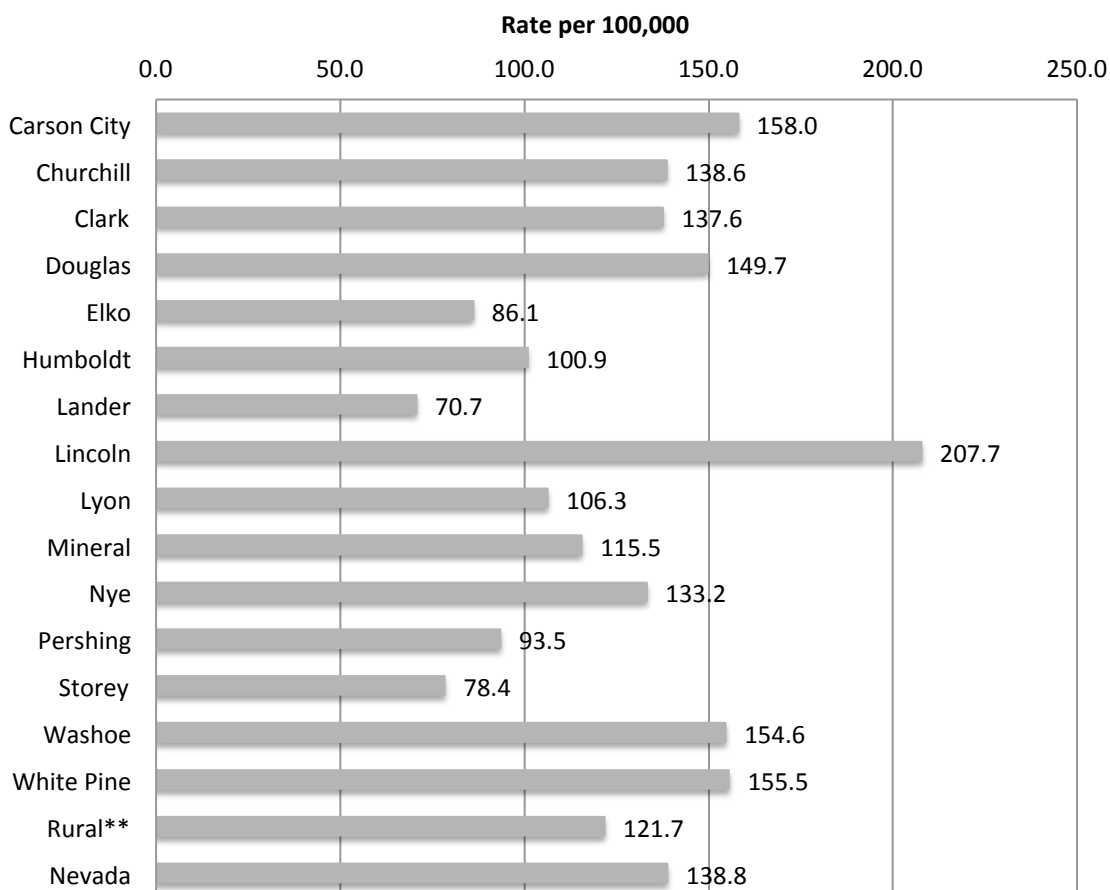
Notes: Incidence includes invasive and in situ cases

Rate among American Indian/Alaska Native suppressed due to low numbers

- Cervical cancer rates are much higher among African American women, while rates among Asian/Pacific Islander, Hispanic and White, non-Hispanic women were relatively comparable. Rates for American Indian/Alaska Native women were suppressed due to low case counts.

### Prostate Cancer

**Fig 10.9 Nevada Prostate Cancer Incidence\* (Newly Diagnosed) Rate, by County/Region, Annual Cumulative Rates 2008-2012**



Source: Office of Public Health Informatics and Epidemiology

Notes: \*Incidence includes invasive and in situ cases

\*\*Rural includes all counties except for Clark, Washoe and Carson City

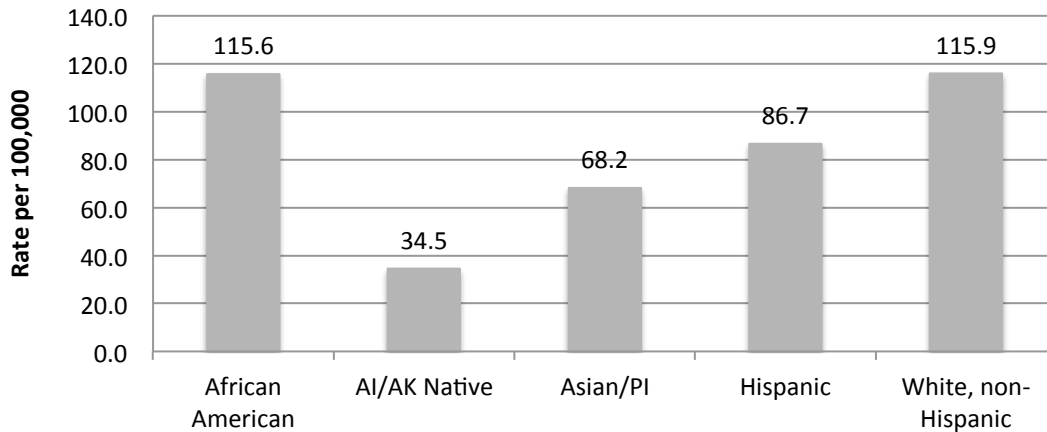
Rates for Esmeralda and Eureka Counties suppressed due to low numbers

- Lincoln (207.7), Carson City (158.0), White Pine (155.5) and Washoe Counties (154.6) had the highest rates of newly-diagnosed cases of prostate cancer from 2008 through 2012.
- Lander (70.7), Storey (78.4) and Elko Counties (86.1) had the lowest rates of newly-diagnosed cases of prostate cancer from 2008 through 2012.

- Rates of newly-diagnosed prostate cancer were lower among rural counties than the statewide total. Rates for Esmeralda and Eureka Counties were suppressed due to low numbers.

### Prostate Cancer Disparities

**Fig 10.10 Nevada Prostate Cancer Incidence\* (Newly Diagnosed) Rate, by Race/Ethnicity, Annual Cumulative Rates 2008-2012**



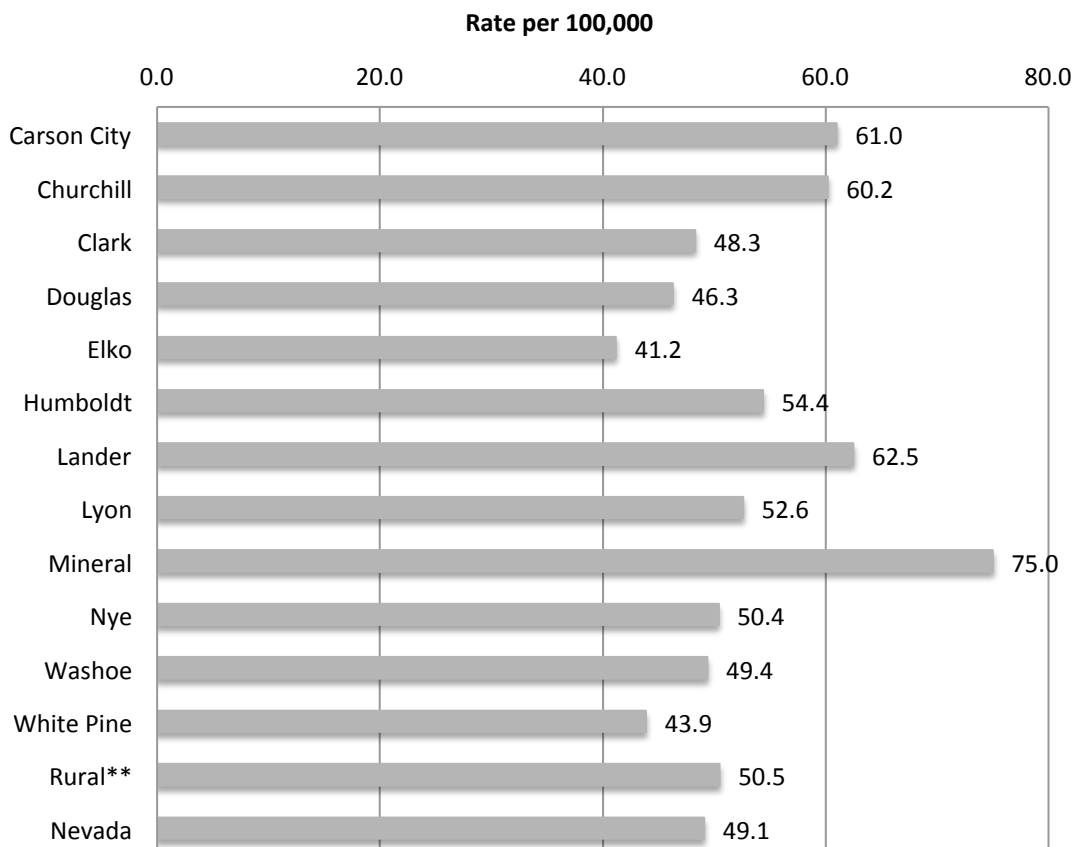
Source: Office of Public Health Informatics and Epidemiology

Notes: \*Incidence includes invasive and in situ cases

- Rates of newly-diagnosed prostate cancer were highest among African American males, followed by White, non-Hispanic males. Rates of prostate cancer diagnosis were lowest among American Indian/Alaskan Native, Asian/Pacific Islander and Hispanic males.

## Colorectal Cancer

**Fig 10.11 Nevada Colorectal Cancer Incidence\* (Newly Diagnosed) Rate, by County/Region, Annual Cumulative Rates 2008-2012**



Source: Office of Public Health Informatics and Epidemiology

Notes: \*Incidence includes invasive and in situ cases

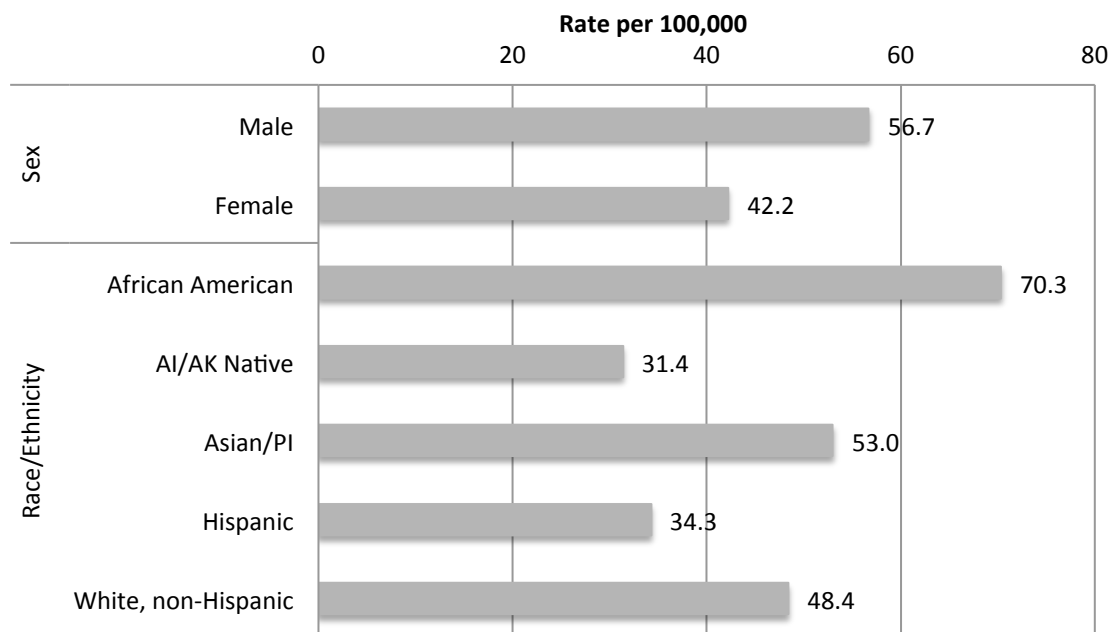
\*\*Rural includes all counties except for Clark, Washoe and Carson City

Rates for Esmeralda, Eureka, Lincoln, Pershing and Storey Counties suppressed due to low numbers

- Mineral (75.0), Lander (62.5), Carson City (61.0) and Churchill (60.2) had the highest rates of newly-diagnosed cases of colorectal cancer from 2008 through 2012.
- Elko (41.2), White Pine (43.9) and Douglas Counties (46.3) had the lowest rates of newly-diagnosed cases of colorectal cancer from 2008 through 2012.
- Rates of newly-diagnosed colorectal cancer were higher among rural counties than the statewide total. Rates for Esmeralda, Eureka, Pershing, and Storey Counties were suppressed due to low numbers.

## Colorectal Cancer Disparities

**Fig 10.12 Nevada Colorectal Cancer Incidence\* (Newly Diagnosed)  
Rate, by Sex and Race/Ethnicity, Annual Cumulative Rates  
2008-2012**



Source: Office of Public Health Informatics and Epidemiology

Notes: \*Incidence includes invasive and in situ cases

- From 2008 through 2012, rates of newly-diagnosed cases of colorectal cancer were higher among males than females.
- Rates of newly-diagnosed cases of colorectal cancer were highest among African Americans, Asian/Pacific Islander, and White, non-Hispanics than those who identified as Hispanic and American Indian/Alaska Natives.

# Chronic Diseases

- Asthma and Diabetes



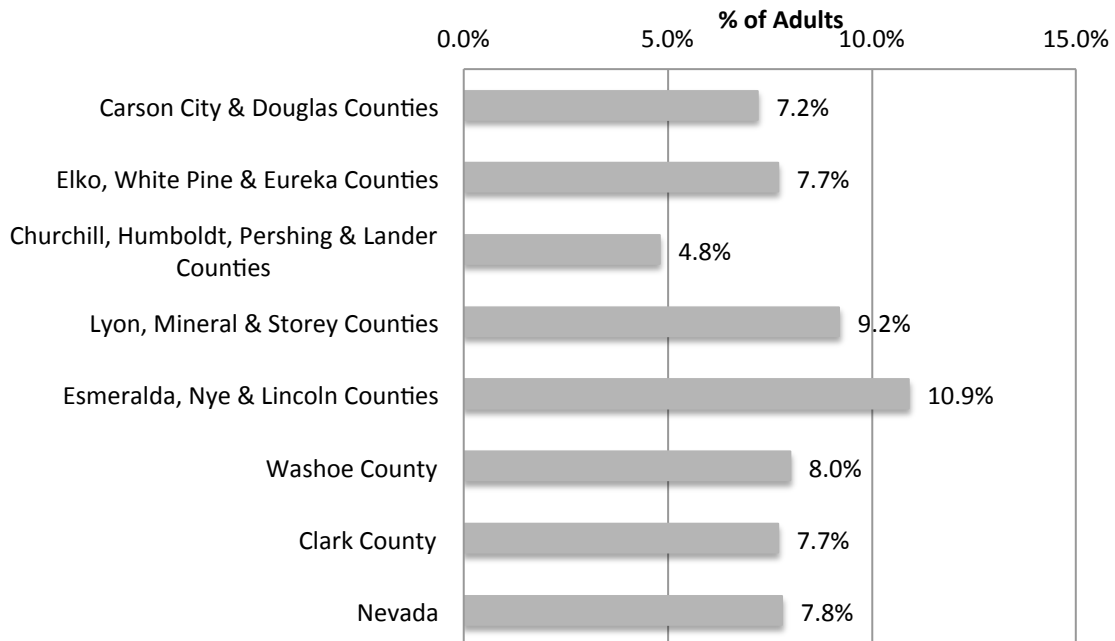
**Section 10.3 Chronic Disease Prevalence**  
**Health Indicators**

- Asthma
- Diabetes

**Asthma**

The prevalence of asthma has been increasing over the past few decades; however, fewer people have been dying due to the condition. Risk factors include family history of asthma, environmental irritants, respiratory infections, and being overweight.<sup>126</sup>

**Fig 10.13 Nevada Adults Reporting to Currently Have Asthma, by County/Region, 2011-2014 Aggregate Data**



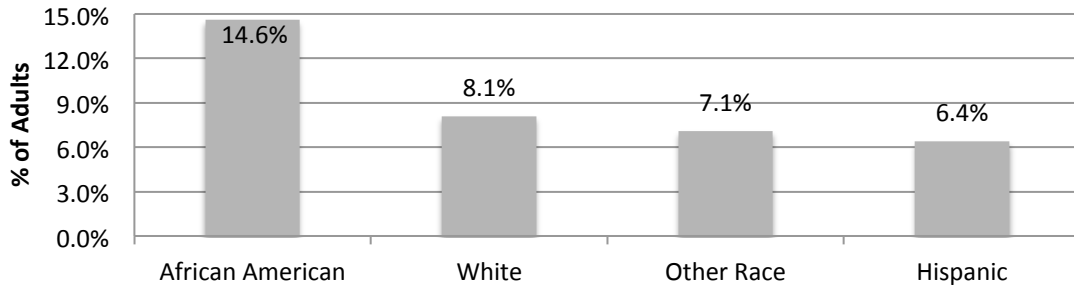
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

- From 2011 through 2014, the proportion of the population that self-reported asthma was highest in the combined region of Esmeralda, Nye and Lincoln Counties (10.9%) and was lowest among the combined region of Churchill, Humboldt, Pershing and Lander Counties (4.8%).

### Asthma Disparities

In 2014, females reported they currently had asthma more than males, at 9.3% and 6.8%, respectively.

**Fig 10.14 Nevada Adults Reporting to Currently Have Asthma, by Race/Ethnicity, 2014**



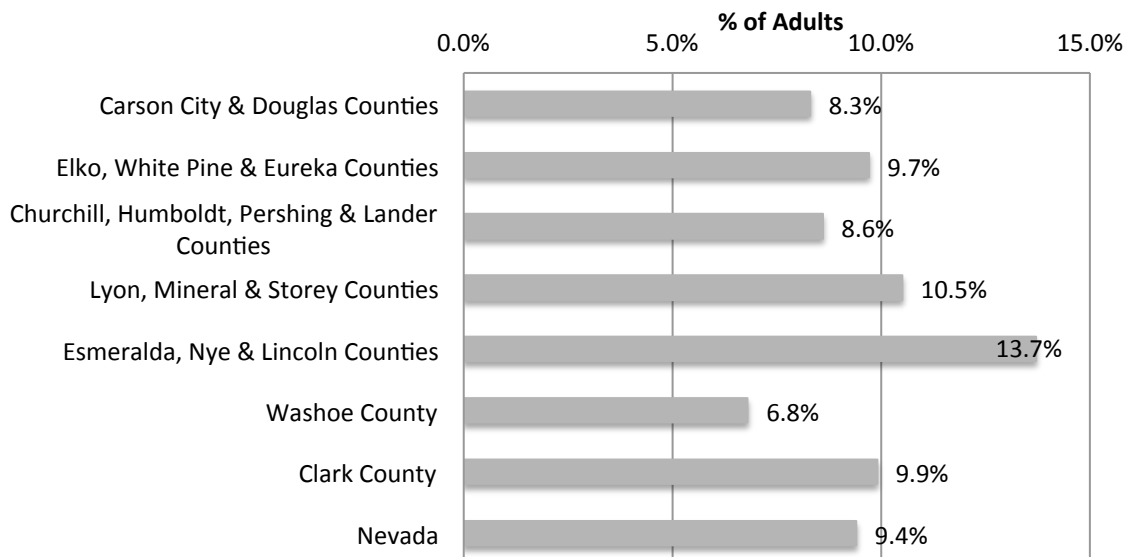
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

- The proportion of African Americans who reported they currently have asthma is nearly double the estimates among other race/ethnicities. Rates of reported asthma are lowest among Hispanics.

### Diabetes

An estimated 29.1 million people are living with diabetes in the United States. In 2012, diabetes was the 7<sup>th</sup> leading cause of death.<sup>127</sup> Diabetes decreases life expectancy by 15 years, increases blood pressure, and increases the risk of heart disease and stroke by 2 to 4 times.<sup>128, 129</sup> Moreover, due to the increase in the prevalence of obesity, diabetes continues to be a growing financial concern, as health expenditures associated with control and management were estimated to be \$245 billion during 2012 in the United States.<sup>130</sup>

**Fig 10.15 Nevada Adults Ever Been Told\* They Have Diabetes, by County/Region, 2011-2014 Aggregate Data**

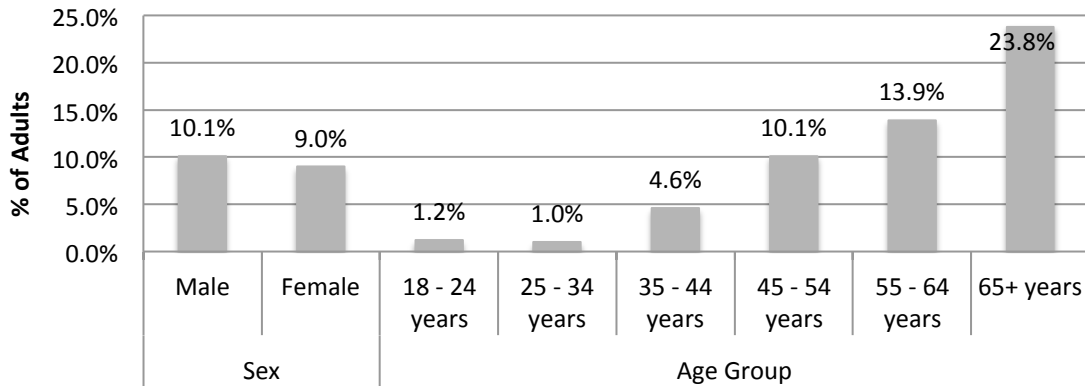


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

\*Told by a doctor, nurse, or other health professional

- From 2011 through 2014, the proportion of the population which self-reported having diabetes was highest in the combined region of Esmeralda, Nye and Lincoln Counties (13.7%) and was lowest in Washoe County (6.8%).

**Fig 10.16 Nevada Adults Ever Been Told\* They Have Diabetes, by Sex and Age Group, 2014**

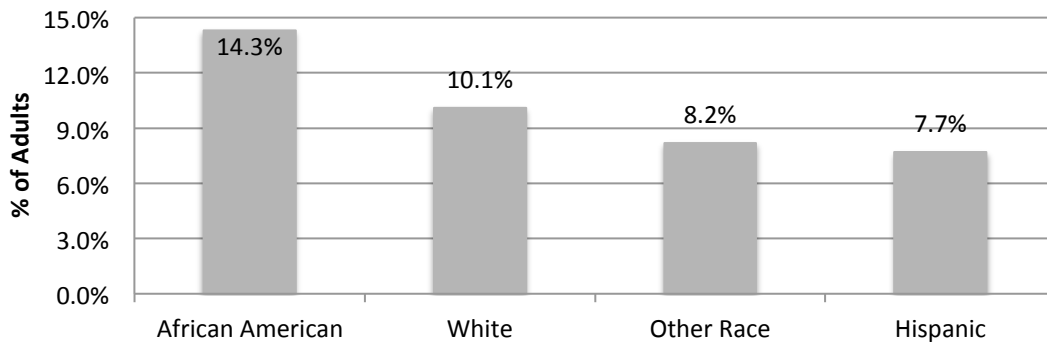


Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Told by a doctor, nurse, or other health professional

- Slightly fewer females than males reported they had been told they had diabetes.
- As age increased, so did the likelihood of adults having been told by a health care provider they had diabetes.

**Fig 10.17 Nevada Adults Ever Been Told\* They Have Diabetes, by Race/Ethnicity, 2014**



Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

\*Told by a doctor, nurse, or other health professional

- The proportion of African Americans who had been told by a health professional they had diabetes was higher than any other race/ethnicity, while the rate among Hispanics was lowest.

# Mortality/Leading Causes of Death

## Mortality: Leading Causes of Death

Mortality rates are one of the standardized ways to compare health across the world. It can be used to identify health disparities, formulate public health prevention plans, and implement policies aimed at reducing premature mortality.<sup>131</sup> Although death rates for the top two causes of death have been decreasing since the mid 1980's, heart disease and cancer have continued to be the leading causes of death since 1935.<sup>132</sup>

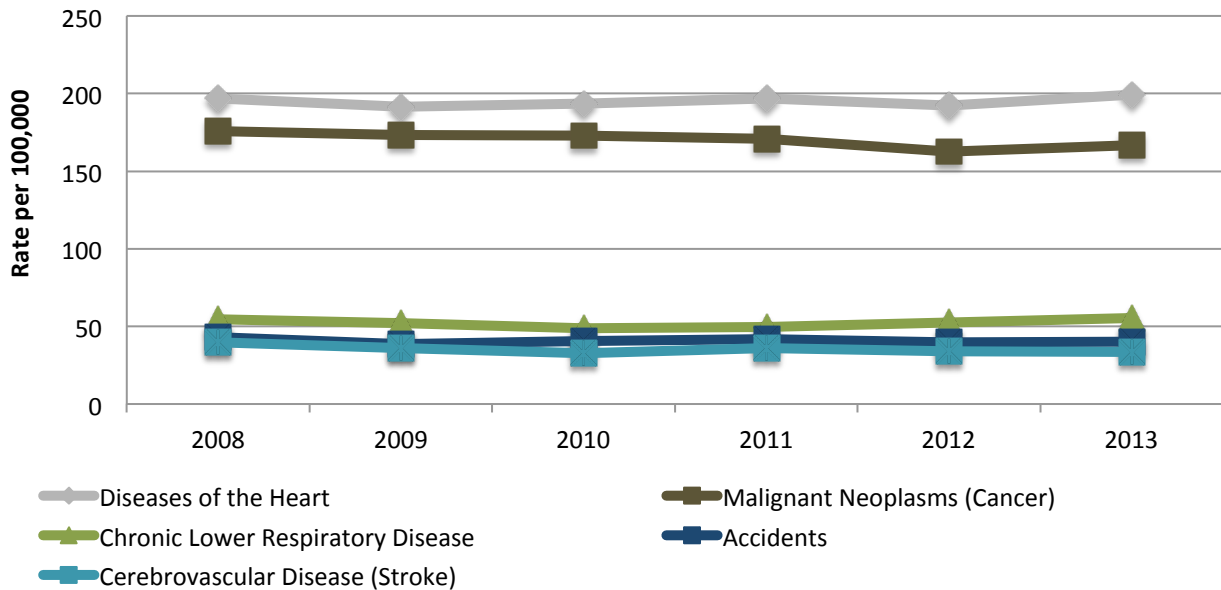
### Health Indicators

- Top 10 Causes of Death

*Note: All Mortality rates are rates of death per 100,000 people and are age adjusted*

Mortality rate is a measure of the number of deaths that occur in a given population over a period of time and is used to compare health among different populations.<sup>133</sup>

**Fig 11.1 Nevada Top 5 Mortality Rates, by Cause, 2008-2013**



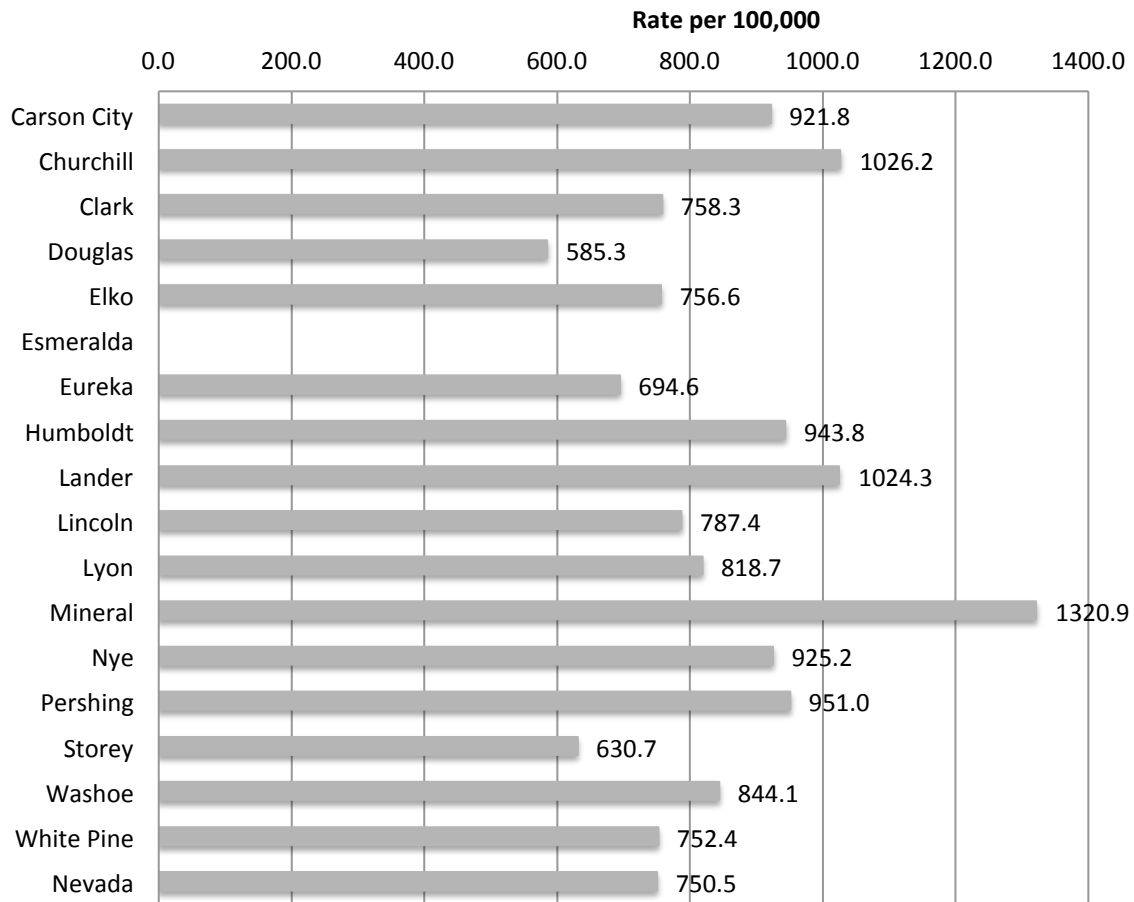
Source: Office of Public Health Informatics and Epidemiology

- From 2008 through 2013, the top two causes of death in Nevada have remained the same -- heart disease and cancer. Fewer deaths are attributed to the next three top causes of death -- chronic lower respiratory disease, accidents and stroke.

### Other Causes of Death

The other top causes of death, not represented graphically, are provided in tables within Appendix J. For five out of the past six years, influenza and pneumonia have been tied for the sixth highest cause of death. Suicide, diabetes, Alzheimer's and kidney disease (nephritis, nephrotic syndrome and nephrosis) have fluctuated as the seventh through tenth leading causes of disease over the past six years.<sup>134</sup>

**Fig 11.2 Nevada Overall Mortality Rates, by County, 2013**



Source: Nevada Health Statistics Portal

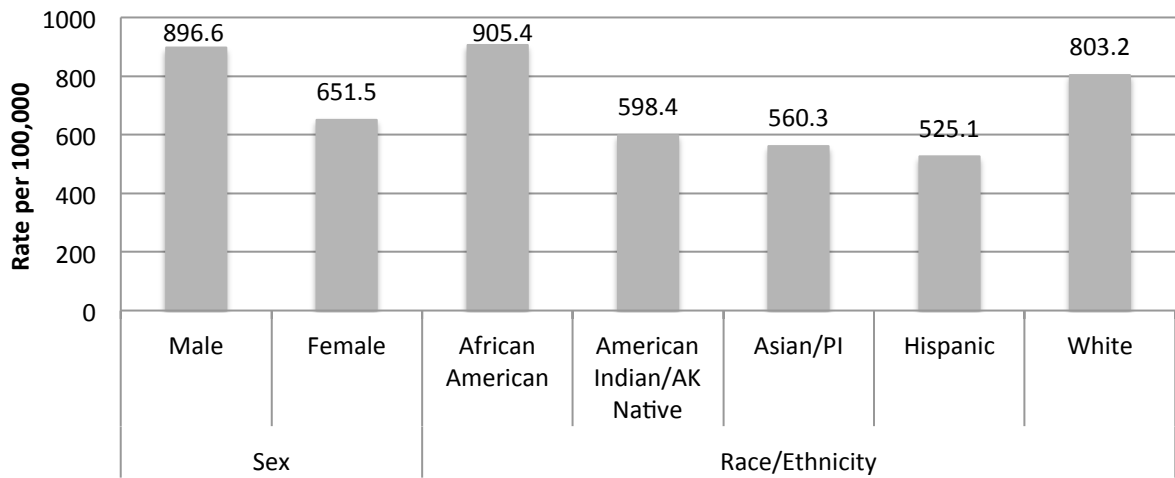
Note: Rate for Esmeralda County was suppressed

- Mineral, Lander, and Churchill Counties had the highest overall mortality rates in Nevada, while Douglas, Storey, and Eureka Counties had the lowest.

Detailed tables of the top 10 causes of death for each county from 2008 through 2013 are available in Appendix J.

### Mortality Rate Disparities

Fig 11.3 Nevada Overall Mortality Rates, by Sex and Race/Ethnicity, 2013



Source: Nevada Health Statistics Portal

- In 2013, mortality rates among males were much higher than females.
- Mortality rates among African Americans (905.4) and Whites (803.2) were higher than mortality rates for other race/ethnicities.



# State Health Needs Community Survey



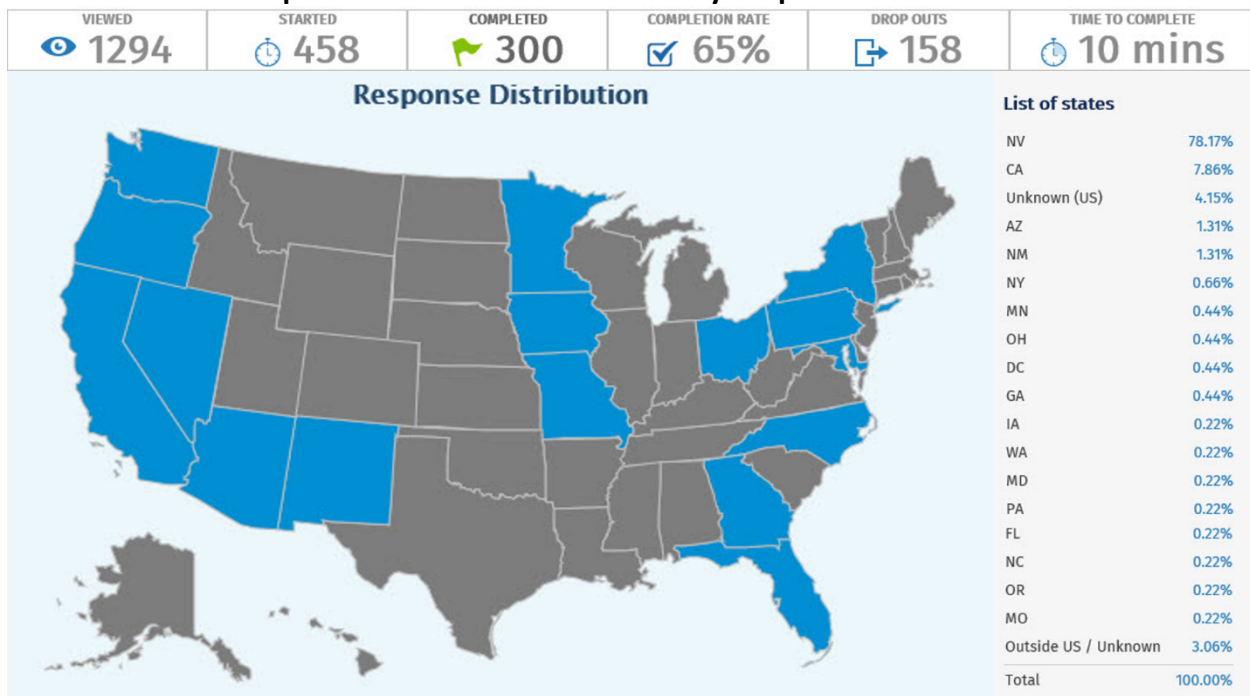


## State Health Needs Community Survey Results

The purpose of the State Health Needs Community Survey was to engage stakeholders and community members from across the state to analyze statewide health needs, specifically to identify differences in communities or geographic regions. The Mixed Method design included both quantitative and qualitative questions to gather primary data, which compliments and supplements the secondary data presented in the health indicators sections (1-11). Additionally, the survey included socio-demographic and geographic location questions.

Surveys were made available to Nevada residents through a variety of delivery methods: 1) A link was posted on the Nevada Department of Health and Human Services website; 2) E-mails were sent to a state administrative contact list; and 3) E-mails were sent directly from QuestionPro to community members from assorted contact lists.

**Map 12.1 State Health Needs Survey Response Distribution**

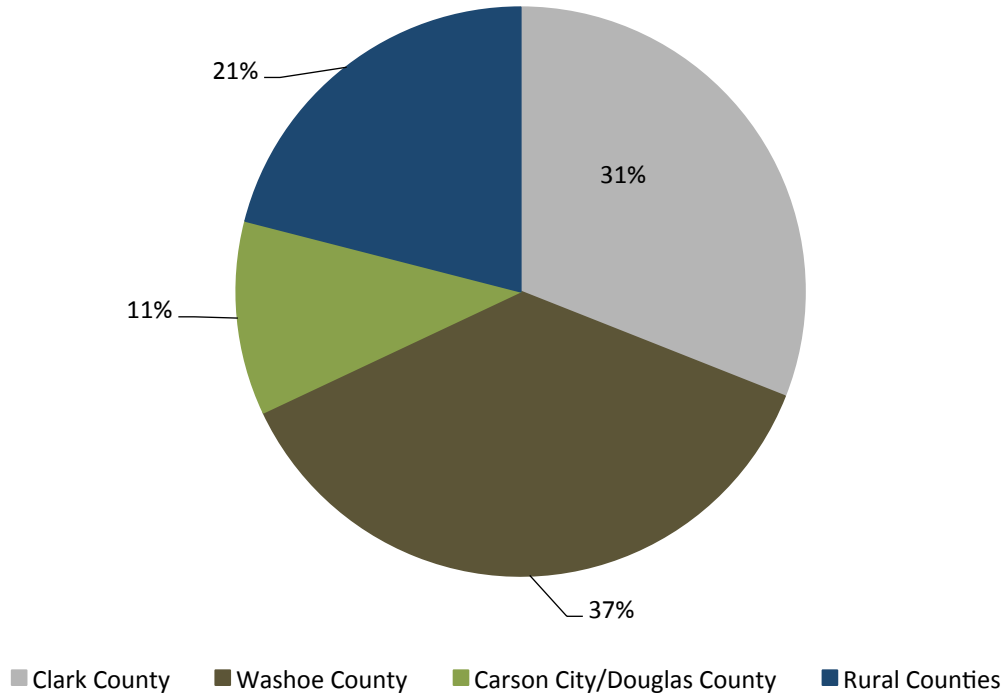


Three hundred persons completed every question on the survey; however, a few respondents skipped certain questions or did not respond to demographic questions. Therefore, we included the total number of responses in the title of each graph.

Survey respondents were asked to provide their current zip code of residence to determine county of residence. Survey respondents represented 14 of Nevada's 17 counties. The majority of respondents resided in Washoe and Clark Counties, Nevada's two most populated counties. Respondents were divided into four regional groups: 1) Clark County; 2) Washoe County; 3) Carson City/Douglas County; and 4) Rural Counties. The relative importance of certain health

and community indicators varied across these four regional groups and is illustrated in the figures presented in this section.

**Fig 12.1 Survey Respondents by Region, Statewide (N=295)**

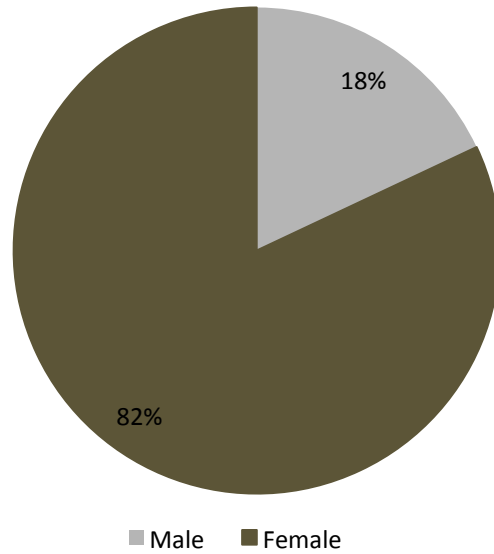


### Survey Respondents Demographics

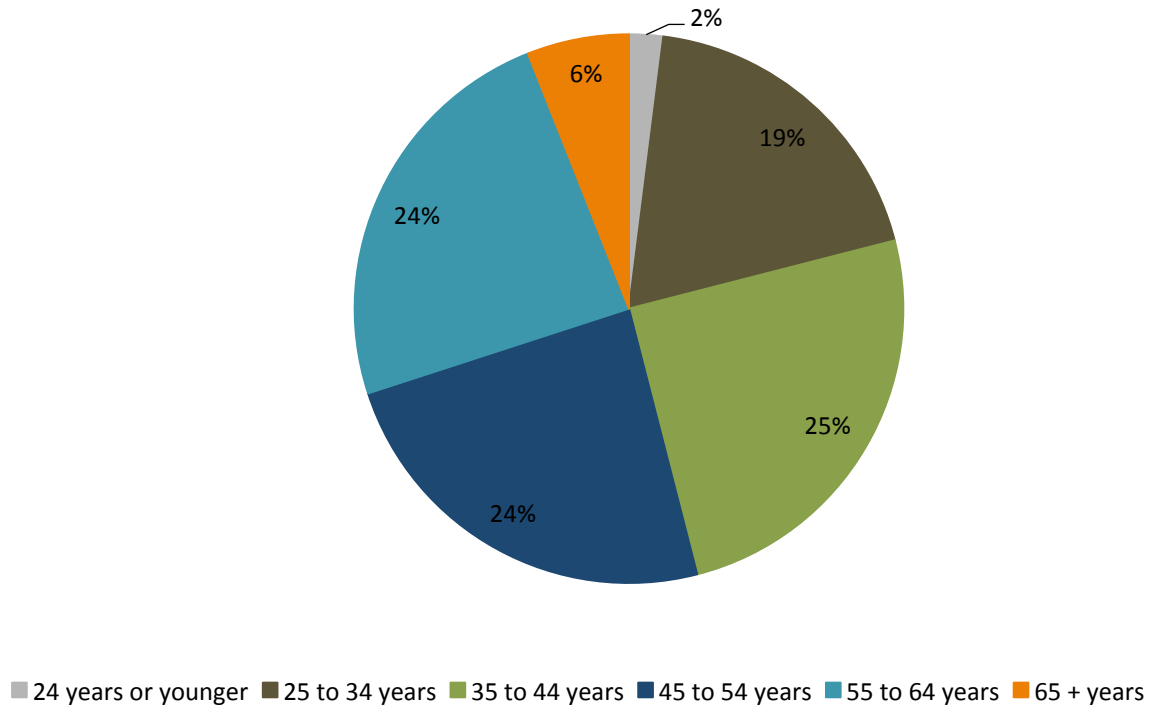
The vast majority (82%) of survey respondents were women (Fig 12.2). In terms of age, there was a wider dispersion of respondents across the spectrum with the 24 or younger and 65 or older age groups underrepresented relative to the overall state population (Fig 12.3).

The race and ethnicities of the survey respondents were not representative of Nevada’s racial and ethnic make-up, as 72% identified as White, non-Hispanic, 11% as Hispanic, 4% as African American, 4% as Asian/Pacific Islander, 4% as Native American/Alaska Native, and 1% identifying as “Other” (Fig 12.4). The majority of survey respondents had at least an Associate’s Degree (78%), and the largest group of respondents had a graduate degree (42%), as shown in Figure 12.5. Although these numbers are not representative of the Nevada population at large as presented in Section 1, this was expected based on the survey delivery methods.

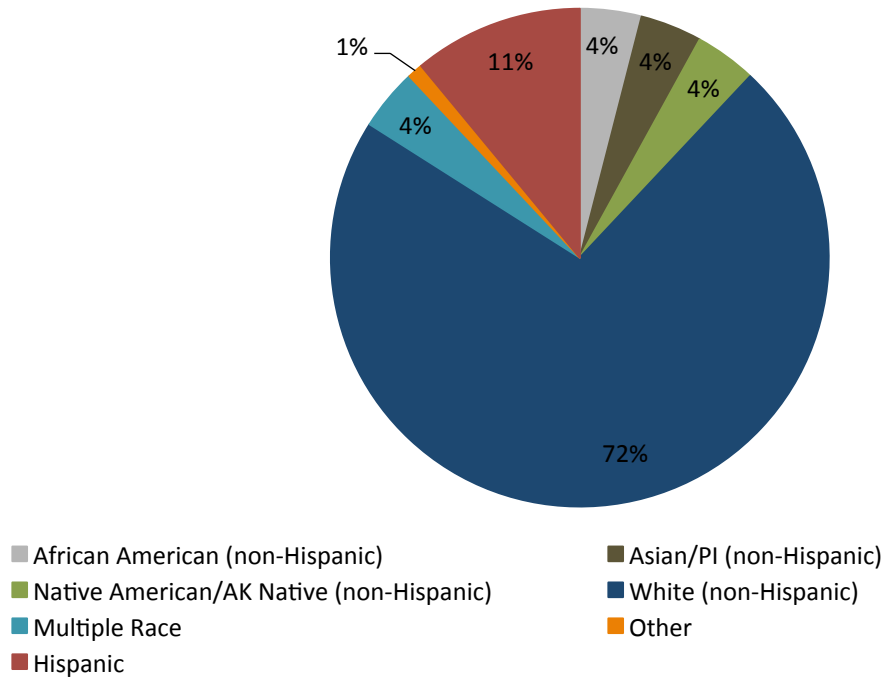
**Figure 12.2 Survey Respondent Sex, Statewide (N=296)**



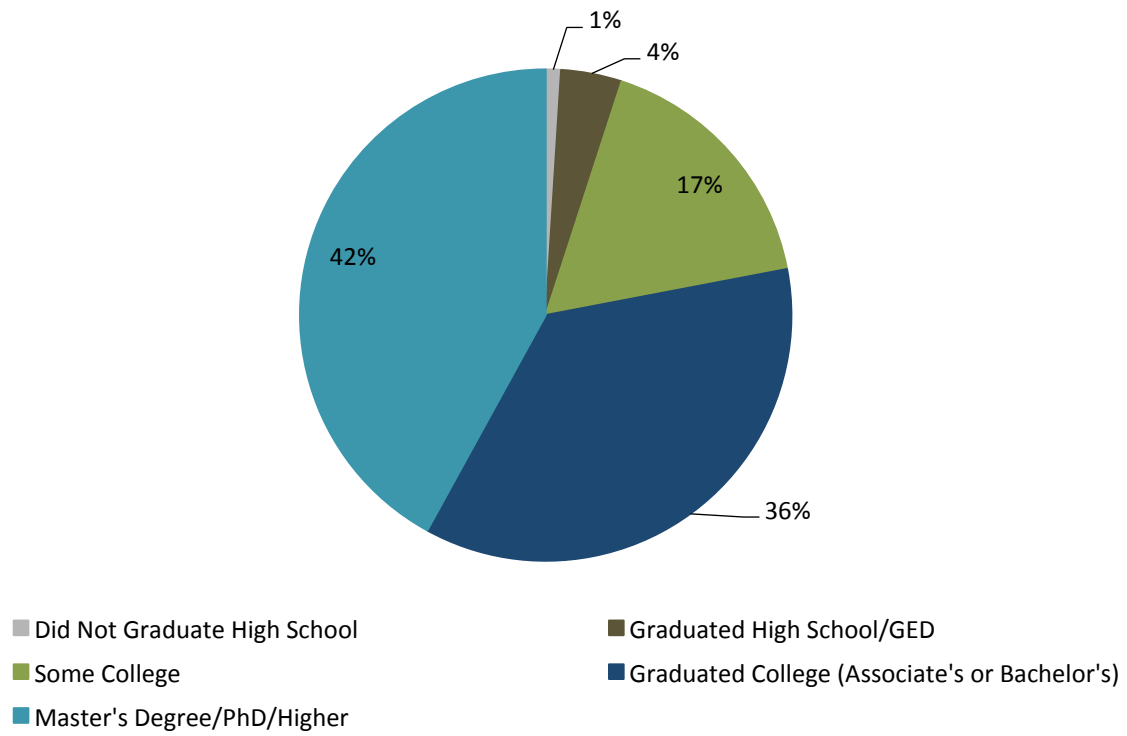
**Figure 12.3 Survey Respondent Age Category, Statewide (N=297)**



**Figure 12.4 Survey Respondent Race/Ethnicity, Statewide (N=308)**



**Figure 12.5 Survey Respondent Highest Education Level Reached, Statewide (N=295)**



### Perceived Importance of Select Community Health Factors

The Nevada State Health Needs Survey measured the importance of select community health factors. Figure 12.6 shows the importance of reducing various chronic health conditions, followed by the regional differences of perceived importance (Fig 12.7).

**Fig 12.6 Importance of Reducing Prevalence of Various Chronic Health Conditions, Statewide (N=304)**

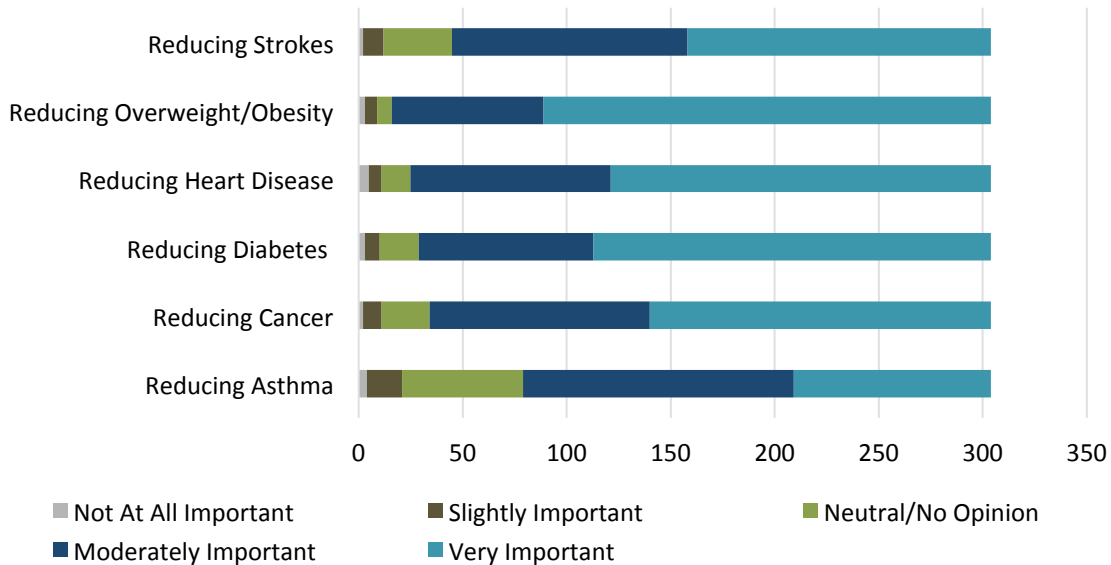
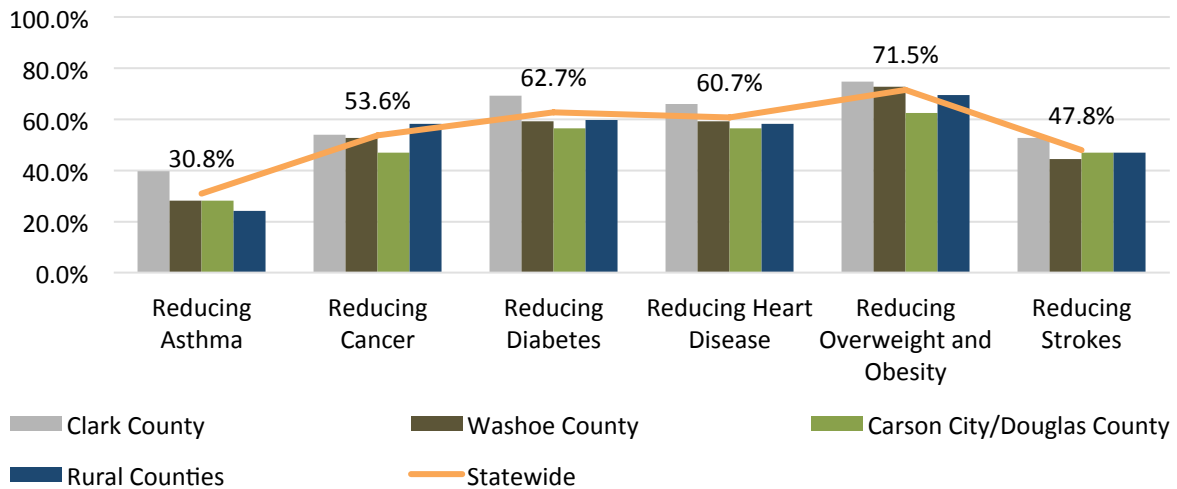


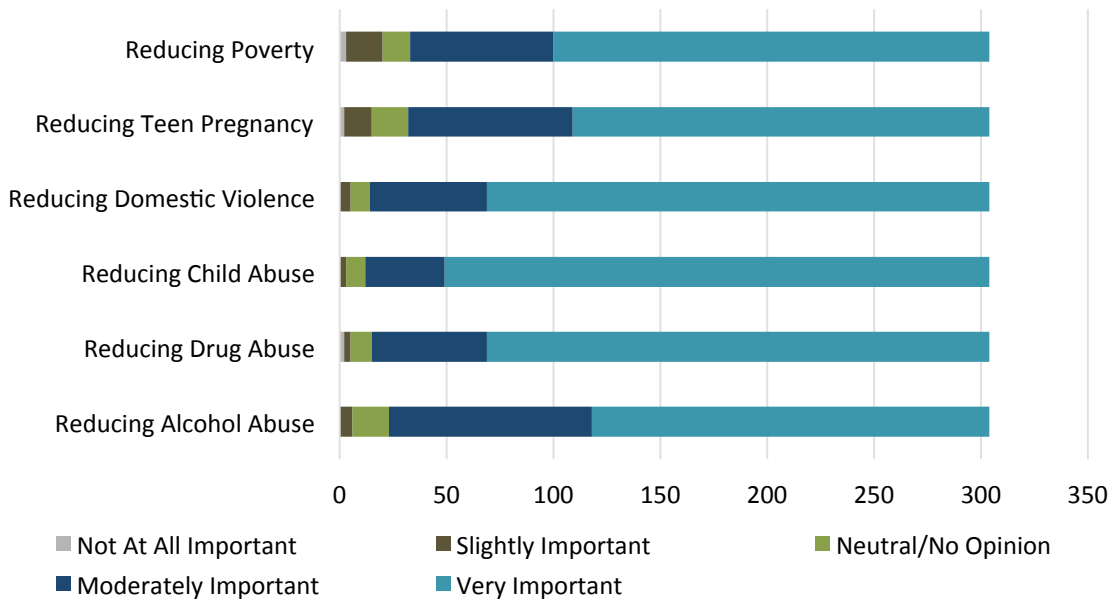
Figure 12.7 provides a comparison of response rates of “Very Important” to reducing prevalence of the chronic health conditions listed in Figure 12.6. The statewide response rate has been included in the form of a line graph below to illustrate the observed disparities.

**Fig 12.7 Statewide Participants Responding ‘Very Important’ to Reduce Prevalence of Select Chronic Conditions, by County/Region (N=295)**



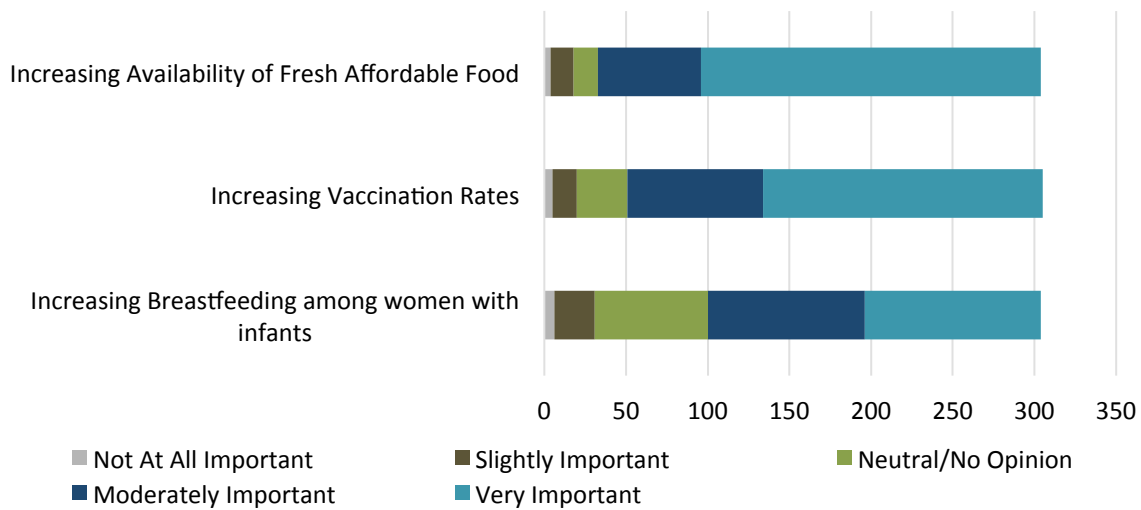
- Clark County residents perceived chronic conditions to be “Very Important” at least as often or more often than state averages.
- Additionally, Clark County respondents indicated the highest rate of “Very Important” responses to five of the six health indicators.
- Rural County (Churchill, Elko, Humboldt, Lander, Lyon, Mineral, Nye, Pershing, Storey, and White Pine) respondents were found to have the highest rate of “Very Important” responses to Reducing Cancer.
- Based on survey responses, the health indicator rated as “Very Important” on both a statewide and individual county group level was Reducing Overweight and Obesity.

**Fig 12.8 Importance of Reducing Negative Community Health Factors, Statewide (N=304)**



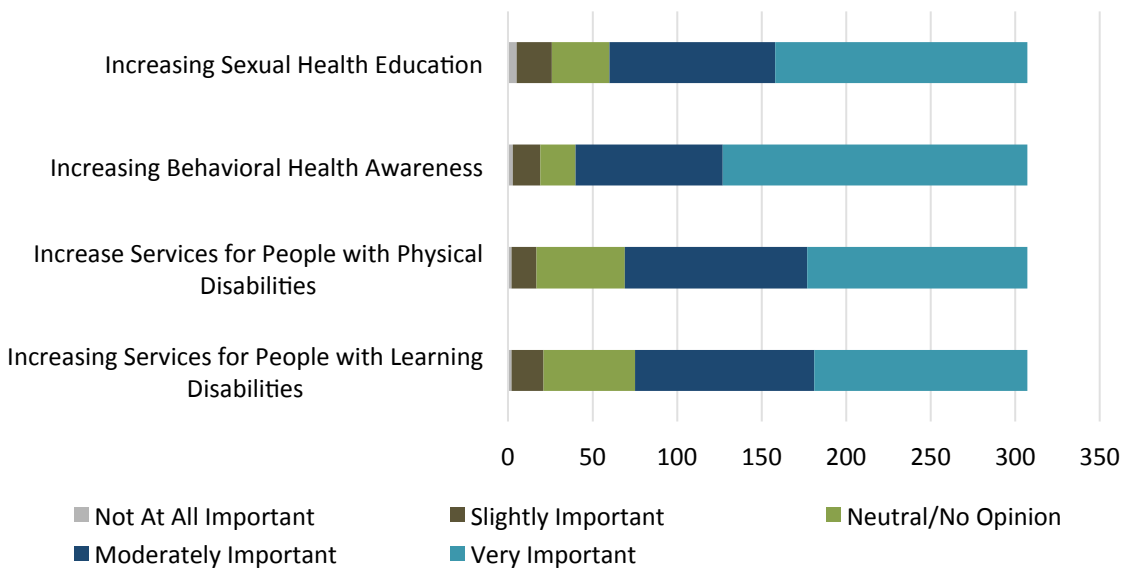
- More respondents rated Reducing Child Abuse as “Very Important” more often than other negative community health factors, as presented in Figure 12.8. Reducing Domestic Violence and Reducing Drug Abuse followed as the next two categories perceived as “Very Important”.

**Fig 12.9 Importance of Increasing Community Access and Use, Statewide (N=304)**



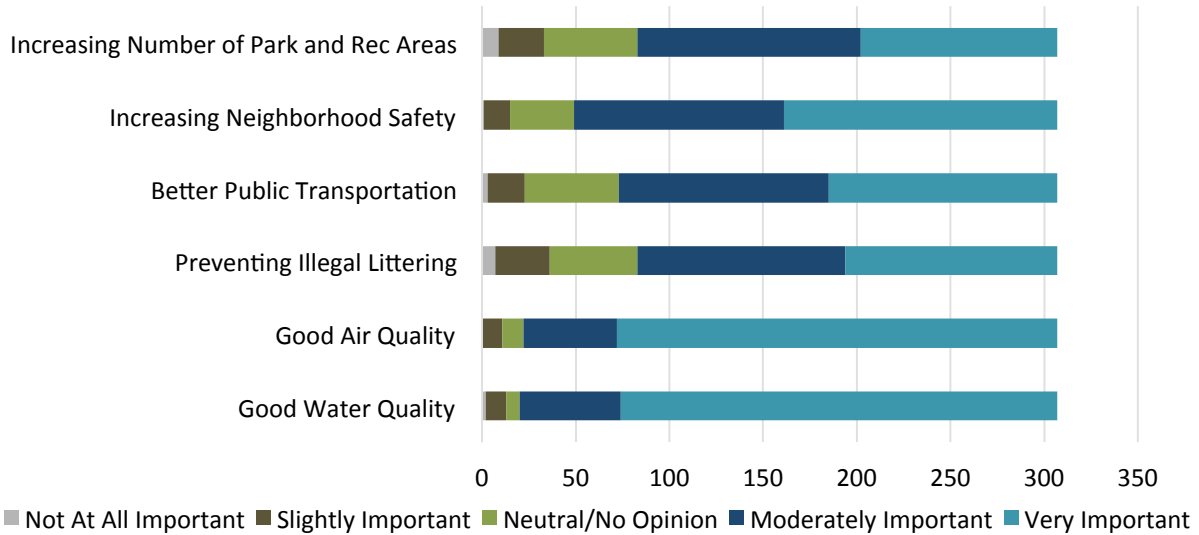
- The majority of respondents perceived Increasing Availability of Fresh Affordable Food as “Very Important”, followed by Increasing Vaccination Rates and Increasing Breastfeeding among women with infants.

**Fig 12.10 Importance of Community Health Services and Awareness, Statewide (N=307)**



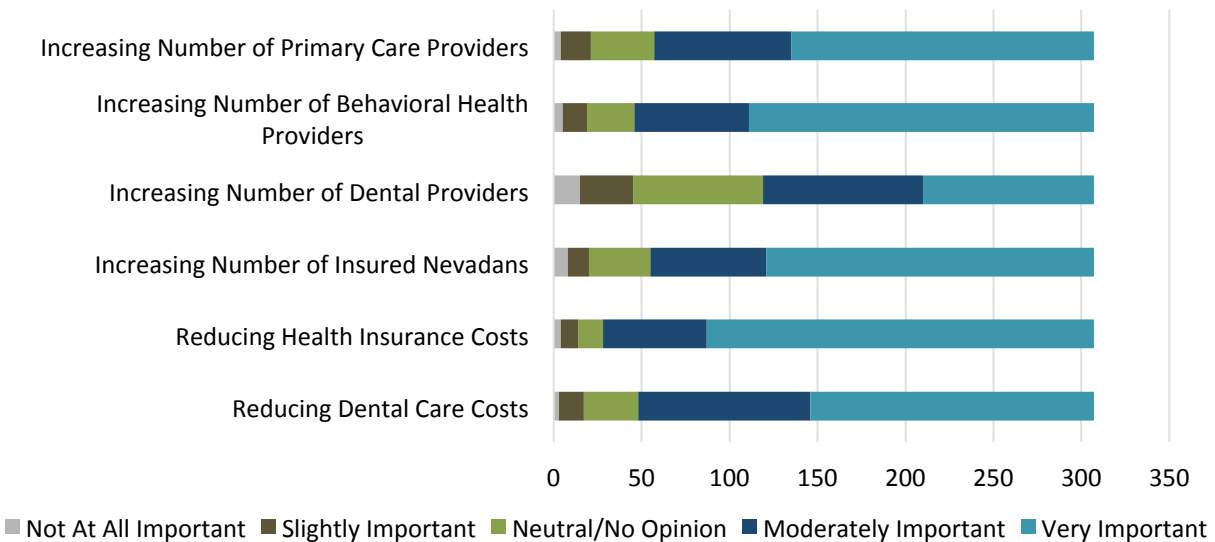
- Slightly more than half (N=180) of the respondents perceived Increasing Behavioral Health Awareness as “Very Important”, followed by Increasing Sexual Health Education. A fairly equal amount perceived Increasing Services for People with Physical and Learning Disabilities as “Very Important”.

**Fig 12.11 Importance of Environmental Health Factors, Statewide (N=307)**



- Having Good Air Quality and Good Water Quality were rated by the majority of respondents as “Very Important” or “Moderately Important”, followed by Increasing Neighborhood Safety, Better Public Transportation, Increasing Number of Park and Rec Areas and Preventing Illegal Littering.

**Fig 12.12 Importance of Health Access Factors, Statewide (N=307)**



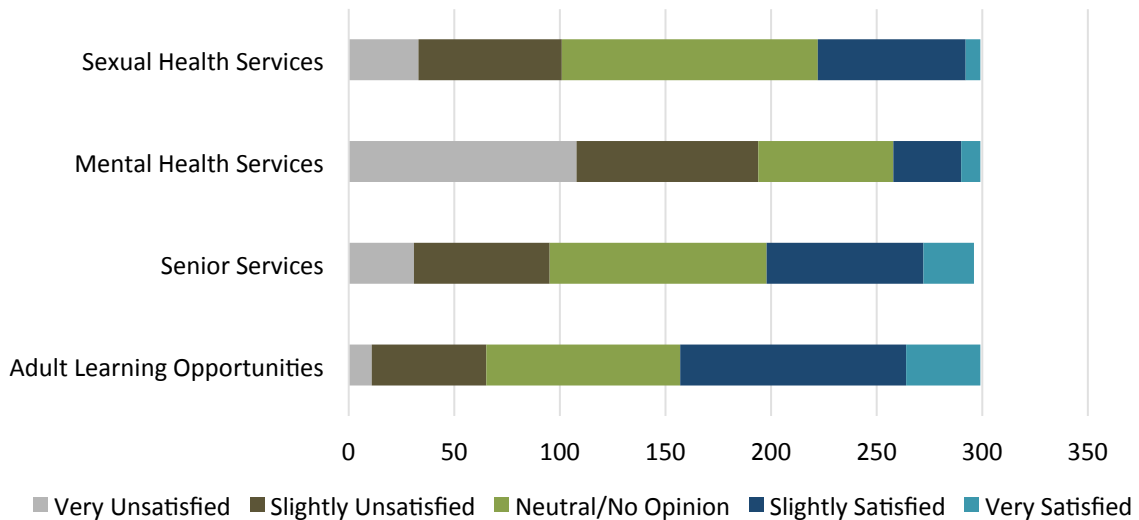
- Reducing Health Insurance Costs was highest rated as “Very Important” or “Moderately Important”, followed by Increasing Number of Behavioral Health Providers and Increasing Number Primary Care Providers, Increasing Number of Insured Nevadans, Reducing Dental Care Costs and Increasing Number of Dental Providers.



## Satisfaction With Select Community Health Factors

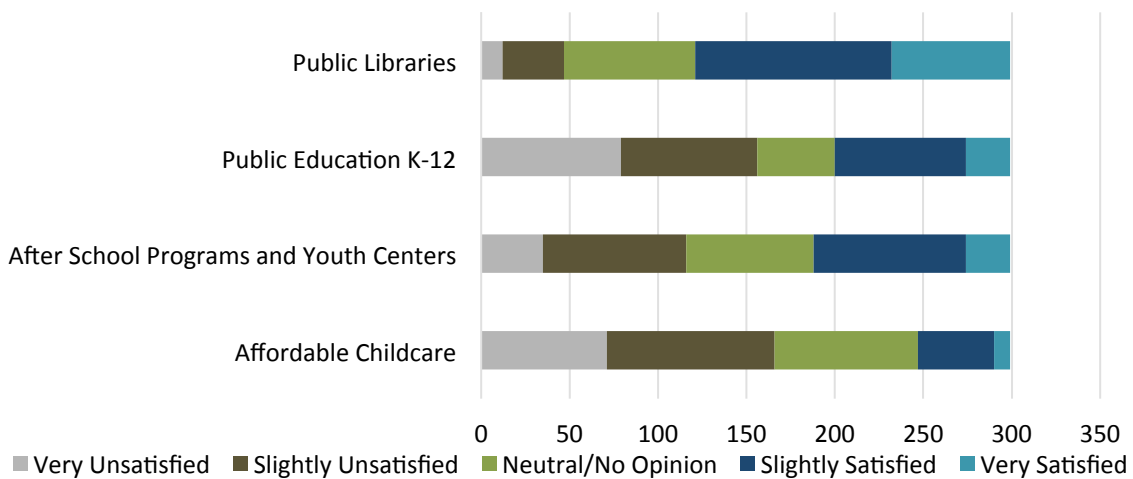
In addition to determining the importance of community services across the state, the survey measured respondent satisfaction with services provided in their communities. Responses related to Community Services were divided into three groups, shown in Figures 12.13, 12.14, and 12.15.

**Fig 12.13 Satisfaction with Community Services, Statewide (N=299)**



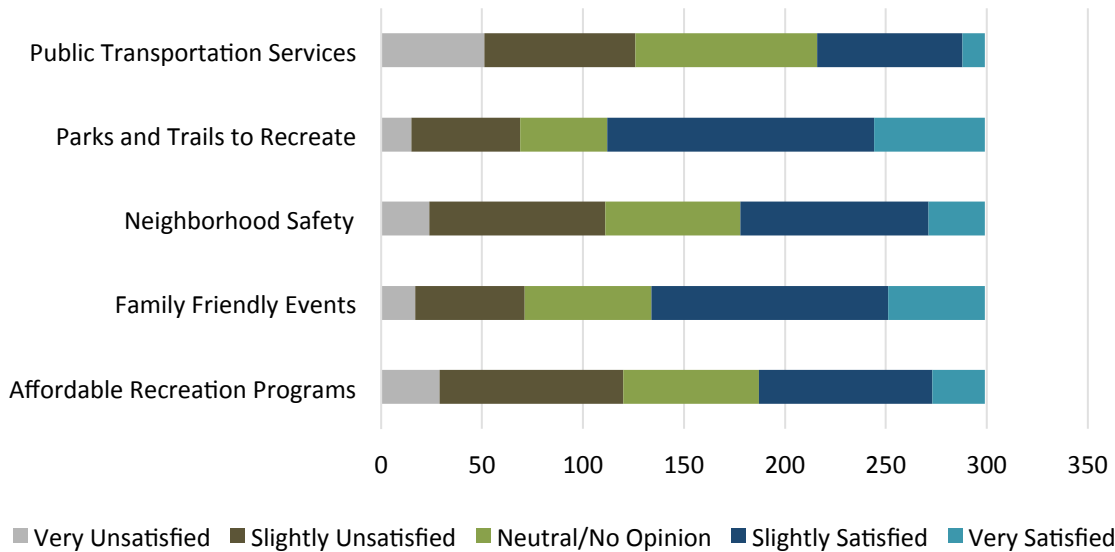
- The majority of respondents indicated they were least satisfied with Mental Health Services, followed by Sexual Health Services and Senior Services, and finally Adult Learning Opportunities.

**Fig 12.14 Satisfaction with Community Youth and Education Programs, Statewide (N=299)**



- Respondents were least satisfied with Affordable Childcare and Public Education K-12, followed by After School Programs and Youth Centers and Public Libraries.

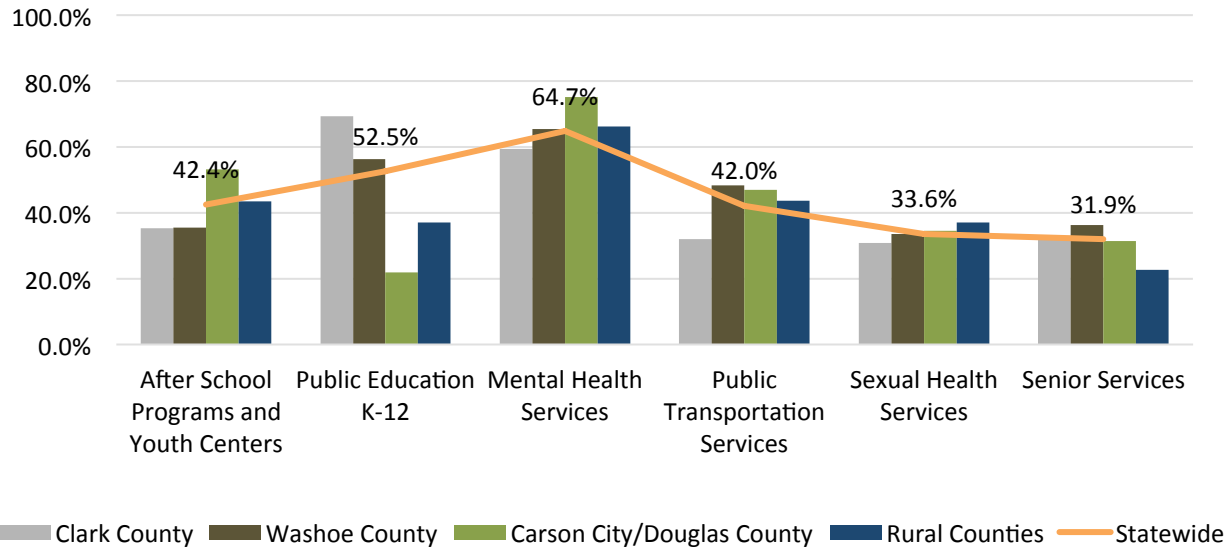
**Fig 12.15 Satisfaction with Built Environment and Community Programs, Statewide (N=299)**



- Survey respondents were least satisfied (“Very Unsatisfied” or “Slightly Unsatisfied”) with Public Transportation Services, followed by Affordable Recreation Programs, Neighborhood Safety, Family Friendly Events and Parks and Trails to Recreate.

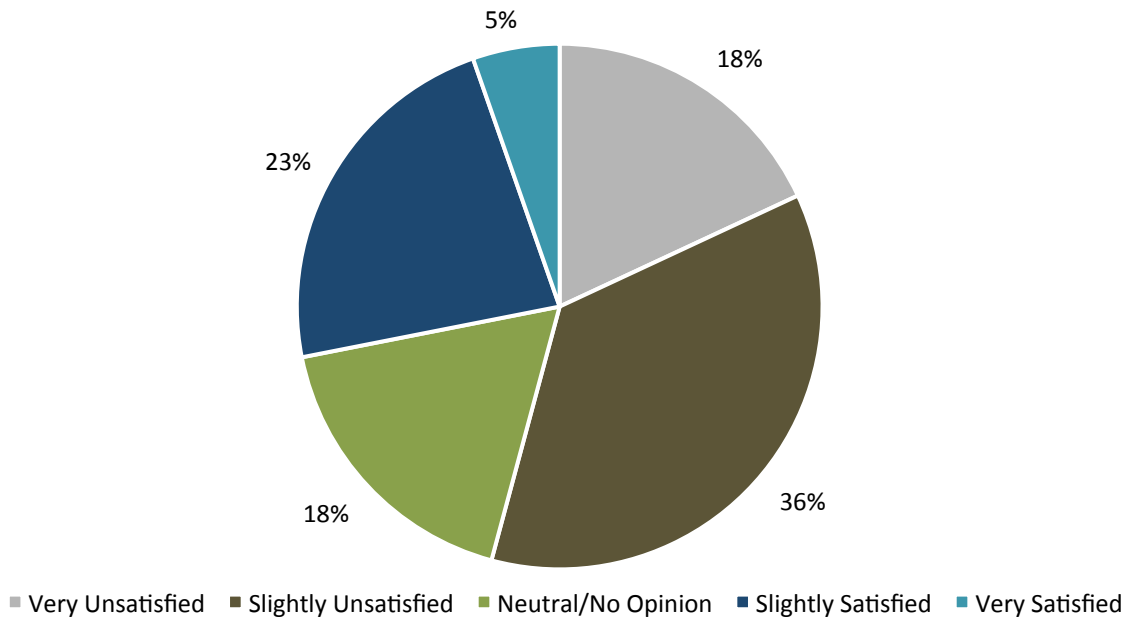
Similar to the previous section on county group and statewide importance of indicators, Figure 12.14 depicts the relative rate of “Unsatisfied” responses from each county group with the statewide “Unsatisfied” response rate displayed as a line.

**Fig 12.16 Statewide Participants Responding ‘Unsatisfied’ With Select Types of Community Services, by County/Region (N=295)**



- Respondents from Washoe, Carson City/Douglas County, and Rural Counties reported the highest rates of “Unsatisfied” responses with Mental Health Services.
- Clark County respondents were found to have the highest rate of “Unsatisfied” responses with Public Education K-12.
- The largest difference between county group responses was found in Public Education K-12. Clark and Washoe Counties “Unsatisfied” response rates were above the state average (52.5%). The rate of “Unsatisfied” respondents in Rural Counties was below 40%, and the rate in Carson City/Douglas County was below 25%.

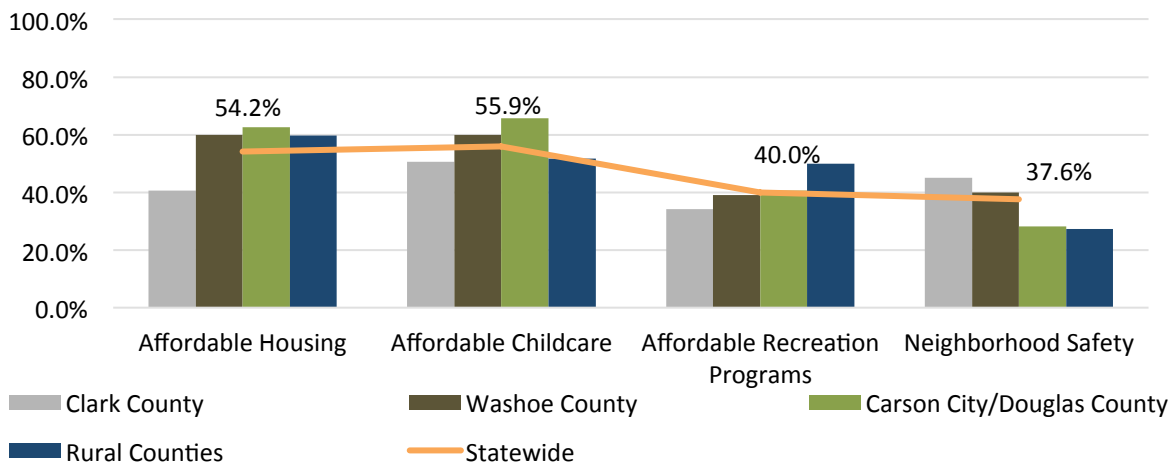
**Fig 12.17 Satisfaction with Affordable Housing, Statewide (N=299)**



- The majority (54%) of respondents statewide indicated they are either “Slightly Unsatisfied” or “Very Unsatisfied” with the affordability of housing, compared to 23% of respondents who were either “Slightly Satisfied” or “Very Satisfied” with the affordability of housing in Nevada.

Similar to previous sections, “Unsatisfied” responses from respondents in each county group were compared to each other and the statewide average. Figure 12.18 depicts rates of “Unsatisfied” responses in terms of community affordability and safety indicators.

**Fig 12.18 Statewide Participants Responding ‘Unsatisfied’ With Service Affordability and Community Safety, by County/Region (N=295)**



- Clark County has the lowest rate of “Unsatisfied” responses in terms of Affordable Housing, Affordable Childcare, and Affordable Recreation Programs when compared to the other county groups and to the statewide average. However, Clark County had the highest rate of “Unsatisfied” responses in terms of Neighborhood Safety across the county groups and compared to the statewide average.
- Overall, Affordable Childcare had the highest rate of “Unsatisfied” responses on a statewide level at 55.9%, followed closely by Affordable Housing at 54.2%.
- Carson City/Douglas County and Rural Counties respondents indicated the lowest rates of “Unsatisfied” responses in terms of Neighborhood Safety but also reported the highest rates of “Unsatisfied” responses for Affordable Recreation Programs.

### Qualitative Open-Ended Question Responses

Included in the survey was the following open-ended question -- “What do you think are the three (3) largest health concerns in the county you live in?” There were a total of 885 health issues or concerns mentioned from 295 respondents. Responses were analyzed and sorted into 16 categories, which can be found in Table 12.1.

<b>Table 12.1 Participant Responses to ‘Top-3 Health Issues or Concerns’, Statewide (N=295)</b>		
<b>Code</b>	<b>Definition</b>	<b>Total Responses</b>
<b>OBESITY/PA/NUTR</b>	Obesity, Physical Activity, Nutrition	220
<b>SUA</b>	Substance Use and Abuse	200
<b>AHC</b>	Issues Related to Access of Healthcare and Health Services	109
<b>CHRONICDX</b>	Chronic Diseases	95
<b>MH/BH</b>	Mental Health/Behavioral Health	88
<b>SES</b>	Socioeconomic Factors	40
<b>OTHER</b>	Other Issues not classified	23
<b>MCH</b>	Maternal Child Health	20
<b>KNOW</b>	Lack of Knowledge/Information Issues	16
<b>DH</b>	Dental or Oral Health	15
<b>SpecPOP</b>	Special Populations	15
<b>ACUTEDX</b>	Acute Diseases	11
<b>BUILT</b>	Built Environmental Factors	11
<b>SS</b>	Safety/Security	9
<b>SH</b>	Sexual Health	7
<b>EH</b>	Environmental Health	6
<b>Total</b>		<b>885</b>

To further explain health issues and concerns in the State of Nevada, the responses for the “Top 3” overall health issues and concerns were collapsed into categories as shown in Table 12.1 above. The following tables (12.2 through 12.4) provide a more detailed view of each of the “Top-3” health issues and concerns.

**Table 12.2 Detailed Breakdown ‘Top-3 Health Issues or Concerns’: Obesity, Physical Activity, Nutrition Responses**

<b>OBESITY/PA/NUTR Response Categories</b>	<b>Total Responses</b>
Obesity	120
Nutrition, Lack of Education, Lack of Access to affordable/healthy foods	40
Physical Activity	28
Food Insecurity	23
Adolescent Screen Time/Video games	4
Poor lifestyle choices (lack of physical activity, tobacco use, poor nutrition, lack of exercise)	3
Food Deserts	1
Lack of Farmer's Markets	1
<b>Total</b>	<b>220</b>

**Table 12.3 Detailed Breakdown ‘Top-3 Health Issues or Concerns’: Substance Use and Abuse Responses**

<b>SUA Response Categories</b>	<b>Total Responses</b>
Substance Use and/or Abuse	67
Tobacco and/or Smoking	55
Drug Use and/or Abuse	36
Alcohol Use and/or Abuse	21
Treatment, Recovery Services, and Counseling	6
Abuse of Prescription Drugs	6
Addiction	5
Marijuana Use	2
Adolescent DUI	1
Opioid Drug Use	1
<b>Total</b>	<b>200</b>

**Table 12.4 Detailed Breakdown ‘Top-3 Health Issues or Concerns’: Access to Healthcare Responses**

<b>AHC Response Categories</b>	<b>Total Responses</b>
Access to Healthcare	30
Cost of healthcare, Lack of affordable care and services	19
Insurance, Cost of Insurance, or Lack of Insurance	16
Lack of Providers and Specialists	8
Rural Access Issues	8
Limited Medicaid Access and/or providers	5
Lack of Access to Preventive Care Services	5
Lack of Community-Based Services	4
Lack of timely referrals and/or timely access to care	3
Poor quality of Services	2
Lack of affordable Prescription drugs	2
Inadequate Public Health Funding	2
Inappropriate Use of Services and/or Overuse of Services	2
Medicaid/Medicare Access	1
Access to Primary Care	1
Lack of Free Services	1
<b>Total</b>	<b>109</b>

Respondents’ answers to the open-ended qualitative question for the “Top-3 Health Issues or Concerns” reflect the perceived importance of reducing obesity from Figure 12.6, as well as the importance of increasing availability of fresh and affordable foods (Fig 12.9).



# Conclusion





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## **Conclusion**

The Nevada State Health Needs Assessment is a data-rich resource, however it is important to understand that health and health outcomes are driven by dynamic and complex factors, some of which are not best measured by case counts or surveys. The information contained within this assessment should serve as a guide for the communities and regions of Nevada to identify areas that have seen improvement, such as smoking prevalence and teen pregnancy rates, as well as opportunities for improving both data collection and health outcomes.

Together, the distinctive communities in Nevada can identify stakeholders, mobilize assets and utilize local drivers in order to identify comprehensive and community-lead goals and outcomes towards achieving better health outcomes and an improved quality of life.



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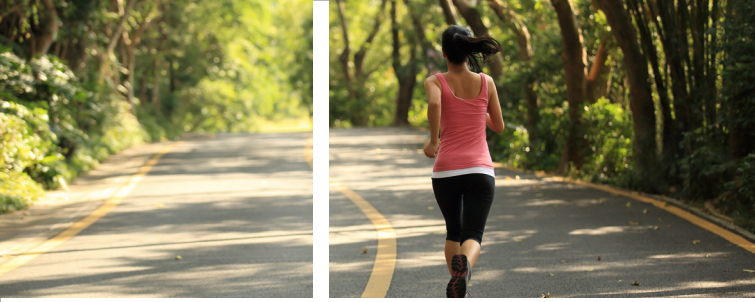
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# Appendices



## Appendix A: Tables for Section 2 Socioeconomic Factors

Sex	< High School	High School/ GED	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate/ Professional Degree
<i>Male</i>	14.9%	28.5%	26.2%	7.5%	15.2%	7.7%
<i>Female</i>	14.8%	28.3%	25.9%	8.8%	15.0%	7.2%
<b>Race/Ethnicity</b>						
<i>African American</i>	13.0%	30.1%	30.3%	10.1%	11.5%	5.0%
<i>American Indian/Alaska Native</i>	16.7%	35.2%	26.1%	10.7%	9.4%	1.8%
<i>Asian</i>	12.9%	19.8%	21.9%	9.6%	26.8%	9.0%
<i>Native Hawaiian/Pacific Islander</i>	10.0%	37.2%	35.6%	4.6%	10.9%	1.7%
<i>Hispanic</i>	36.8%	31.3%	17.7%	5.6%	6.6%	2.0%
<i>White, non-Hispanic</i>	7.5%	28.2%	28.9%	8.6%	17.1%	9.6%
<b>Nevada</b>	<b>14.8%</b>	<b>28.4%</b>	<b>26.0%</b>	<b>8.1%</b>	<b>15.1%</b>	<b>7.5%</b>

Source: American Community Survey 1-year estimates

County	< High School	High School/ GED	Some College, No Degree	Associate's Degree	Bachelor's Degree	Graduate/ Professional Degree
<i>Carson City</i>	13.6%	30.3%	28.8%	7.1%	12.0%	8.2%
<i>Churchill</i>	10.7%	34.3%	31.5%	6.6%	10.5%	6.3%
<i>Clark</i>	16.1%	29.2%	25.2%	7.4%	14.8%	7.3%
<i>Douglas</i>	7.0%	25.9%	31.6%	9.5%	16.8%	8.9%
<i>Elko</i>	16.8%	28.1%	28.6%	10.1%	11.1%	5.3%
<i>Esmeralda</i>	16.7%	33.5%	31.6%	4.3%	9.9%	4.0%
<i>Eureka</i>	10.8%	34.8%	23.1%	6.7%	17.0%	7.6%
<i>Humboldt</i>	17.1%	36.4%	25.7%	8.2%	8.9%	3.8%
<i>Lander</i>	18.9%	34.1%	27.2%	7.8%	9.8%	2.2%
<i>Lincoln</i>	17.3%	32.2%	26.3%	7.9%	13.6%	2.7%
<i>Lyon</i>	15.7%	30.1%	28.9%	8.6%	10.5%	6.2%
<i>Mineral</i>	11.8%	37.1%	31.3%	8.7%	8.2%	2.8%
<i>Nye</i>	16.7%	36.2%	29.3%	5.5%	8.8%	3.5%
<i>Pershing</i>	21.1%	36.7%	26.1%	5.6%	6.8%	3.6%
<i>Storey</i>	6.1%	30.9%	32.7%	8.9%	14.3%	7.1%
<i>Washoe</i>	13.2%	24.6%	27.3%	7.7%	17.5%	9.8%
<i>White Pine</i>	14.0%	37.3%	25.6%	9.3%	8.2%	5.6%
<b>Nevada</b>	<b>14.8%</b>	<b>28.4%</b>	<b>26.0%</b>	<b>8.1%</b>	<b>15.1%</b>	<b>7.5%</b>

Source: American Community Survey, 5-year estimates, 2009-2013

County	Class of 2011	Class of 2012	Class of 2013	Class of 2014
<i>Carson City</i>	81.0%	77.9%	75.9%	77.9%
<i>Churchill</i>	77.7%	75.7%	72.0%	71.2%
<i>Clark</i>	59.3%	61.6%	71.5%	70.9%
<i>Douglas</i>	82.8%	80.4%	85.0%	88.1%
<i>Elko</i>	74.6%	72.0%	70.5%	76.8%
<i>Esmeralda</i>	NA	NA	NA	NA
<i>Eureka</i>	88.2%	78.3%	95.0%	86.4%

County	Class of 2011	Class of 2012	Class of 2013	Class of 2014
<i>Humboldt</i>	64.3%	63.5%	67.1%	78.5%
<i>Lander</i>	69.8%	80.9%	71.6%	71.3%
<i>Lincoln</i>	86.4%	76.3%	76.8%	80.8%
<i>Lyon</i>	72.7%	78.0%	78.6%	78.6%
<i>Mineral</i>	67.3%	53.9%	51.5%	64.7%
<i>Nye</i>	64.9%	56.3%	70.2%	67.0%
<i>Pershing</i>	72.6%	80.4%	80.4%	80.0%
<i>Storey</i>	87.5%	81.5%	87.9%	93.1%
<i>Washoe</i>	70.0%	69.6%	72.6%	72.7%
<i>White Pine</i>	75.6%	70.8%	77.6%	77.8%

Source: Nevada Department of Education

Race/Ethnicity	Class of 2011	Class of 2012	Class of 2013	Class of 2014
<i>African American</i>	43.9%	48.3%	56.7%	53.9%
<i>AI/Alaska Native</i>	52.5%	53.9%	58.7%	52.3%
<i>Asian</i>	73.2%	74.8%	82.0%	84.3%
<i>Native HI/PI</i>	80.2%	72.2%	74.8%	73.9%
<i>Hispanic</i>	53.4%	54.9%	64.4%	64.6%
<i>White</i>	71.2%	72.4%	77.2%	76.9%
<i>Multiple Race</i>	79.9%	77.7%	80.1%	75.6%
<b>Specialized Group</b>				
<i>Career and Technical Education (CTE)</i>	85.3%	88.2%	87.9%	76.1%
<i>Free-Reduced Lunch (FRL)</i>	53.1%	58.2%	64.0%	63.6%
<i>Individualized Education Program (IEP)</i>	23.5%	24.2%	26.4%	27.6%
<i>English Language Learners (ELL)</i>	29.0%	22.7%	24.4%	28.6%
<b>Nevada</b>	<b>62.0%</b>	<b>63.1%</b>	<b>70.7%</b>	<b>70.0%</b>

Source: Nevada Department of Education

Median Annual Income	2005	2006	2007	2008	2009	2010	2011	2012	2013
<i>Household Income</i>	\$49,169	\$52,998	\$55,062	\$56,361	\$53,341	\$51,001	\$48,927	\$49,760	\$51,230
<i>Family Income</i>	\$57,079	\$61,466	\$62,842	\$64,910	\$60,829	\$60,192	\$56,544	\$56,954	\$59,462

Source: American Community Survey 1-year Estimates

County	2006-2010	2007-2011	2008-2012	2009-2013
<i>Carson City</i>	\$52,067	\$54,235	\$53,987	\$51,857
<i>Churchill</i>	\$51,597	\$52,589	\$54,538	\$49,830
<i>Clark</i>	\$56,258	\$55,961	\$54,218	\$52,873
<i>Douglas</i>	\$60,721	\$60,383	\$61,099	\$60,100
<i>Elko</i>	\$67,038	\$69,459	\$70,411	\$70,238
<i>Esmeralda</i>	\$39,712	\$29,438	\$27,500	\$30,284
<i>Eureka</i>	\$61,400	\$61,908	\$61,331	\$64,632
<i>Humboldt</i>	\$55,656	\$54,943	\$57,874	\$59,472
<i>Lander</i>	\$66,525	\$69,814	\$70,341	\$72,742
<i>Lincoln</i>	\$44,695	\$42,662	\$39,293	\$40,143
<i>Lyon</i>	\$48,433	\$46,598	\$46,088	\$46,137
<i>Mineral</i>	\$35,446	\$31,108	\$33,547	\$35,017

County	2006-2010	2007-2011	2008-2012	2009-2013
<i>Nye</i>	\$41,181	\$39,740	\$39,150	\$39,876
<i>Pershing</i>	\$56,491	\$56,473	\$51,094	\$52,101
<i>Storey</i>	\$61,525	\$59,386	\$62,561	\$61,573
<i>Washoe</i>	\$55,658	\$55,813	\$53,994	\$53,040
<i>White Pine</i>	\$48,545	\$49,812	\$46,505	\$48,586
<b>Nevada</b>	<b>\$55,726</b>	<b>\$55,553</b>	<b>\$54,083</b>	<b>\$52,800</b>

Source: American Community Survey 5-year estimates

Median Income	2005	2006	2007	2008	2009	2010	2011	2012	2013
<i>Male</i>	\$32,205	\$34,440	\$35,346	\$36,011	\$33,656	\$31,978	\$31,434	\$32,018	\$32,610
<i>Female</i>	\$24,248	\$25,589	\$26,468	\$26,949	\$26,138	\$25,895	\$25,790	\$25,845	\$26,127

Source: American Community Survey 1-year Estimates

County	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<i>Churchill</i>	3.9%	4.2%	4.3%	6.0%	8.6%	12.4%	12.4%	10.9%	9.0%	7.4%
<i>Clark</i>	4.1%	4.0%	4.5%	6.6%	11.5%	13.8%	13.3%	11.3%	9.6%	7.8%
<i>Douglas</i>	4.5%	4.6%	4.8%	7.4%	11.5%	13.8%	13.3%	11.5%	9.5%	7.9%
<i>Elko</i>	3.5%	3.4%	3.3%	4.3%	6.3%	7.7%	7.3%	6.3%	6.1%	5.5%
<i>Esmeralda</i>	4.6%	4.1%	3.2%	4.9%	7.0%	9.2%	7.9%	6.5%	4.8%	4.5%
<i>Eureka</i>	3.3%	3.7%	4.2%	5.2%	6.6%	7.8%	6.9%	6.1%	6.0%	5.9%
<i>Humboldt</i>	3.6%	3.6%	3.6%	4.9%	7.3%	8.7%	7.8%	6.6%	6.1%	6.1%
<i>Lander</i>	3.6%	3.9%	3.2%	4.4%	5.8%	9.5%	8.7%	7.2%	7.1%	6.5%
<i>Lincoln</i>	5.0%	4.5%	4.2%	5.6%	8.9%	10.6%	11.3%	10.6%	9.5%	7.8%
<i>Lyon</i>	5.6%	5.9%	6.4%	9.8%	15.4%	17.5%	16.8%	14.8%	12.4%	10.1%
<i>Mineral</i>	5.7%	6.7%	6.2%	7.5%	8.6%	14.4%	14.0%	13.5%	12.6%	11.1%
<i>Nye</i>	5.5%	5.5%	6.5%	9.7%	13.9%	17.3%	16.9%	14.5%	11.9%	9.5%
<i>Pershing</i>	4.8%	4.9%	5.0%	7.0%	9.7%	10.6%	10.9%	9.8%	8.8%	7.3%
<i>Storey</i>	4.3%	4.2%	4.9%	6.9%	11.8%	16.7%	15.8%	13.3%	11.5%	9.0%
<i>Washoe</i>	3.9%	3.8%	4.3%	6.8%	11.1%	12.9%	12.6%	11.0%	9.4%	7.4%
<i>White Pine</i>	3.9%	3.7%	3.6%	4.7%	6.9%	9.2%	8.7%	7.7%	7.1%	6.0%
<i>Carson City</i>	4.5%	4.6%	4.8%	7.1%	11.1%	13.5%	13.3%	11.7%	10.3%	8.5%
<b>Nevada</b>	<b>4.4%</b>	<b>4.4%</b>	<b>4.5%</b>	<b>6.4%</b>	<b>9.5%</b>	<b>12.1%</b>	<b>11.6%</b>	<b>10.2%</b>	<b>8.9%</b>	<b>7.5%</b>

Source: Bureau of Labor Statistics

County	2006-2010		2007-2011		2008-2012		2009-2013	
	Male	Female	Male	Female	Male	Female	Male	Female
<i>Carson City</i>	\$45,409	\$37,216	\$45,931	\$40,648	\$47,221	\$38,474	\$47,500	\$38,732
<i>Churchill</i>	\$45,057	\$32,550	\$44,816	\$34,898	\$47,842	\$35,334	\$46,981	\$33,618
<i>Clark</i>	\$43,693	\$35,324	\$44,095	\$36,247	\$44,043	\$36,740	\$43,384	\$36,806
<i>Douglas</i>	\$52,001	\$39,825	\$54,282	\$41,380	\$53,624	\$41,886	\$54,000	\$40,434
<i>Elko</i>	\$56,528	\$34,464	\$57,818	\$36,663	\$61,225	\$37,121	\$64,029	\$37,368
<i>Esmeralda</i>	\$41,023	\$27,019	\$39,135	\$26,875	\$44,141	\$28,583	\$34,904	\$24,286
<i>Eureka</i>	\$54,625	\$42,321	\$54,583	\$42,917	\$64,821	\$40,282	\$75,682	\$41,667
<i>Humboldt</i>	\$56,843	\$33,531	\$62,014	\$30,553	\$63,166	\$33,114	\$66,928	\$29,148
<i>Lander</i>	\$62,932	\$33,056	\$65,958	\$41,366	\$63,929	\$44,375	\$64,645	\$47,769
<i>Lincoln</i>	\$51,475	\$26,366	\$50,313	\$30,000	\$46,375	\$32,596	\$46,930	\$26,875
<i>Lyon</i>	\$45,319	\$31,536	\$46,383	\$36,136	\$45,722	\$34,444	\$46,491	\$34,014
<i>Mineral</i>	\$48,281	\$33,830	\$50,322	\$33,989	\$51,201	\$34,375	\$53,862	\$35,000
<i>Nye</i>	\$51,574	\$32,152	\$50,104	\$34,141	\$50,132	\$30,458	\$46,878	\$28,962

County	2006-2010		2007-2011		2008-2012		2009-2013	
	Male	Female	Male	Female	Male	Female	Male	Female
<i>Pershing</i>	\$51,333	\$28,871	\$52,052	\$29,911	\$44,952	\$31,530	\$52,090	\$32,120
<i>Storey</i>	\$53,936	\$34,208	\$54,209	\$38,118	\$60,429	\$41,475	\$61,913	\$42,132
<i>Washoe</i>	\$46,653	\$35,559	\$47,927	\$36,954	\$47,031	\$37,082	\$46,880	\$38,041
<i>White Pine</i>	\$51,010	\$31,453	\$55,680	\$30,125	\$59,058	\$31,190	\$60,596	\$38,587
<b>Nevada</b>	<b>\$44,926</b>	<b>\$35,255</b>	<b>\$45,435</b>	<b>\$36,425</b>	<b>\$45,229</b>	<b>\$36,769</b>	<b>\$44,904</b>	<b>\$36,885</b>

Source: American Community Survey, 5-year estimates

County	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<i>Carson City</i>	4.5%	4.6%	4.8%	7.1%	11.1%	13.5%	13.3%	11.7%	10.3%	8.5%
<i>Churchill</i>	3.9%	4.2%	4.3%	6.0%	8.6%	12.4%	12.4%	10.9%	9.0%	7.4%
<i>Clark</i>	4.1%	4.0%	4.5%	6.6%	11.5%	13.8%	13.3%	11.3%	9.6%	7.8%
<i>Douglas</i>	4.5%	4.6%	4.8%	7.4%	11.5%	13.8%	13.3%	11.5%	9.5%	7.9%
<i>Elko</i>	3.5%	3.4%	3.3%	4.3%	6.3%	7.7%	7.3%	6.3%	6.1%	5.5%
<i>Esmeralda</i>	4.6%	4.1%	3.2%	4.9%	7.0%	9.2%	7.9%	6.5%	4.8%	4.5%
<i>Eureka</i>	3.3%	3.7%	4.2%	5.2%	6.6%	7.8%	6.9%	6.1%	6.0%	5.9%
<i>Humboldt</i>	3.6%	3.6%	3.6%	4.9%	7.3%	8.7%	7.8%	6.6%	6.1%	6.1%
<i>Lander</i>	3.6%	3.9%	3.2%	4.4%	5.8%	9.5%	8.7%	7.2%	7.1%	6.5%
<i>Lincoln</i>	5.0%	4.5%	4.2%	5.6%	8.9%	10.6%	11.3%	10.6%	9.5%	7.8%
<i>Lyon</i>	5.6%	5.9%	6.4%	9.8%	15.4%	17.5%	16.8%	14.8%	12.4%	10.1%
<i>Mineral</i>	5.7%	6.7%	6.2%	7.5%	8.6%	14.4%	14.0%	13.5%	12.6%	11.1%
<i>Nye</i>	5.5%	5.5%	6.5%	9.7%	13.9%	17.3%	16.9%	14.5%	11.9%	9.5%
<i>Pershing</i>	4.8%	4.9%	5.0%	7.0%	9.7%	10.6%	10.9%	9.8%	8.8%	7.3%
<i>Storey</i>	4.3%	4.2%	4.9%	6.9%	11.8%	16.7%	15.8%	13.3%	11.5%	9.0%
<i>Washoe</i>	3.9%	3.8%	4.3%	6.8%	11.1%	12.9%	12.6%	11.0%	9.4%	7.4%
<i>White Pine</i>	3.9%	3.7%	3.6%	4.7%	6.9%	9.2%	8.7%	7.7%	7.1%	6.0%
<b>Nevada</b>	<b>4.4%</b>	<b>4.4%</b>	<b>4.5%</b>	<b>6.4%</b>	<b>9.5%</b>	<b>12.1%</b>	<b>11.6%</b>	<b>10.2%</b>	<b>8.9%</b>	<b>7.5%</b>

Source: Bureau of Labor Statistics

Rank	Industry	Size Class	Trade Name
1	Elementary and Secondary Schools	1,000 to 1,499 employees	Carson City School District
2	General Medical and Surgical Hospitals	1,000 to 1,499 employees	Carson Tahoe Hospital
3	Executive & Legislative Offices Combined	700 to 799 employees	City of Carson City
4	Transportation Program Administration	700 to 799 employees	Department of Transportation
5	Junior Colleges	500 to 599 employees	Western Nevada College

Source: Nevada Department of Employment, Training and Rehabilitation

Rank	Industry	Size Class	Trade Name
1	Elementary and Secondary Schools	600 to 699 employees	Churchill County School District
2	Warehouse Clubs and Supercenters	200 to 299 employees	Wal-Mart Supercenter
3	General Medical and Surgical Hospitals	200 to 299 employees	Churchill County Hospitals Mann
4	Executive & Legislative Offices Combined	200 to 299 employees	Churchill County
5	Other Support Activities, Air Transport	200 to 299 employees	L-3 Vertex Aerospace

Source: Nevada Department of Employment, Training and Rehabilitation



<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Elementary and Secondary Schools	30,000 to 39,999 employees	Clark County School District
2	Executive & Legislative Offices Combined	8,500 to 8,999 employees	Clark County
3	Casino Hotels	8,000 to 8,499 employees	MGM Grand Hotel/Casino
4	Casino Hotels	8,000 to 8,499 employees	Bellagio LLC
5	Casino Hotels	8,000 to 8,499 employees	Wynn Las Vegas

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Casino Hotels	1,000 to 1,499 employees	Harrah's Steline
2	Elementary and Secondary Schools	900 to 999 employees	Douglas County School District
3	Executive & Legislative Offices Combined	600 to 699 employees	Douglas County
4	Casino Hotels	600 to 699 employees	Montbleu Resort Casino & Spa
5	Industrial Process Variable Instruments	600 to 699 employees	Bently Nevada

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Elementary and Secondary Schools	1,000 to 1,499 employees	Elko County School District
2	Industrial Building Construction	800 to 899 employees	The Industrial Company, Inc.
3	Casino Hotels	600 to 699 employees	Cactus Petes Inc.
4	Casino Hotels	500 to 599 employees	Peppermill Hotel Casino-Wendover
5	Casino Hotels	500 to 599 employees	Montego Bay Casino Resort

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Gold Ore Mining	80 to 89 employees	Mineral Ridge Gold LLC
2	Executive & Legislative Offices Combined	60 to 69 employees	Esmeralda Co-Goldfield & Silver
3	Other Chemical/Fertilizer Mineral Mining	60 to 69 employees	Rockwood Lithium Inc.
4	Support Activities for Metal Mining	20 to 29 employees	Mineral Ridge
5	Elementary and Secondary Schools	20 to 29 employees	Esmeralda County School District

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.17 Eureka County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Gold Ore Mining	2,000 to 2,499 employees	Newmont Mining Corporation
2	Gold Ore Mining	1,500 to 1,999 employees	Barrick Goldstrike Mines Inc.
3	Executive & Legislative Offices Combined	100 to 199 employees	Eureka County Auditor
4	Elementary and Secondary Schools	80 to 89 employees	Eureka County School District
5	Fossil Fuel Electric Power Generation	50 to 59 employees	TS Power Plant

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.18 Humboldt County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Elementary and Secondary Schools	500 to 599 employees	Humboldt County School District
2	Gold Ore Mining	500 to 599 employees	Newmont Mining Corporation
3	Gold Ore Mining	400 to 499 employees	Turquoise Ridge Joint Venture
4	Gold Ore Mining	400 to 499 employees	Hycroft Resources & Dev Inc.
5	Gold Ore Mining	300 to 399 employees	Goldcorp Marigold Mining Co.

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.19 Lander County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Gold Ore Mining	1,000 to 1,499 employees	Cortez Gold Mines
2	Gold Ore Mining	400 to 499 employees	Newmont Mining Corporation
3	Executive & Legislative Offices Combined	100 to 199 employees	Lander County
4	Elementary and Secondary Schools	100 to 199 employees	Lander County School District
5	General Medical and Surgical Hospitals	100 to 199 employees	Battle Mountain General Hospital

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.20 Lincoln County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Elementary and Secondary Schools	200 to 299 employees	Lincoln County School District
2	Executive & Legislative Offices Combined	100 to 199 employees	Lincoln County
3	Residential Mental & Substance Abuse Care	90 to 99 employees	Child and Family Division
4	General Medical and Surgical Hospitals	70 to 79 employees	Grover C Dils Medical Center
5	Supermarkets and Other Grocery Stores	40 to 49 employees	Great Basin Foods/Alamo Sinclair

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.21 Lyon County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Elementary and Secondary Schools	1,000 to 1,499 employees	Lyon County School District
2	Electronic Shopping	1,000 to 1,499 employees	Amazon.com NVDC Inc.
3	Executive & Legislative Offices Combined	400 to 499 employees	Lyon County
4	General Warehousing and Storage	300 to 399 employees	MSC Industrial Supply Co.
5	Warehouse Clubs and Supercenters	200 to 299 employees	Wal-Mart Supercenter

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.22 Mineral County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	General Medical and Surgical Hospitals	100 to 199 employees	Mount Grant General Hospital
2	Executive & Legislative Offices Combined	100 to 199 employees	Mineral County
3	Facilities Support Services	100 to 199 employees	Day & Zimmerman Hawthorne
4	Elementary and Secondary Schools	100 to 199 employees	Mineral County School District
5	Casino Hotels	70 to 79 employees	El Capitan Lodge casino LLC

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.23 Nye County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Research and Development in the Physical, Engineering	900 to 999 employees	National Securities Technologies
2	Gold Ore Mining	900 to 999 employees	Round Mountain Gold Corp
3	Elementary and Secondary Schools	800 to 899 employees	Nye County School District
4	Executive & Legislative Offices Combined	500 to 599 employees	Nye County
5	Warehouse Clubs and Supercenters	300 to 399 employees	Wal-Mart Supercenter

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.24 Pershing County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	Silver Ore Mining	300 to 399 employees	Coeur Rochester Inc.
2	Correctional Institutions	200 to 299 employees	Department of Corrections
3	Gold Ore Mining	100 to 199 employees	Florida Canton mining Inc.
4	All Other Nonmetallic Mineral Mining	100 to 199 employees	Eagle-Picher Minerals Inc.
5	Executive & Legislative Offices Combined	100 to 199 employees	Pershing County

Source: Nevada Department of Employment, Training and Rehabilitation

<b>Table 2.25 Storey County Top 5 Employers</b>			
<b>Rank</b>	<b>Industry</b>	<b>Size Class</b>	<b>Trade Name</b>
1	General Warehousing and Storage	900 to 999 employees	Intellisource LLC
2	General Warehousing and Storage	500 to 599 employees	Wal-Mart Stores, Inc.
3	General Warehousing and Storage	200 to 299 employees	Petsmart Inc
4	General Warehousing and Storage	100 to 199 employees	Quidsi Logistics LLC
5	General Warehousing and Storage	100 to 199 employees	Randa Accessories Logistics

Source: Nevada Department of Employment, Training and Rehabilitation

Rank	Industry	Size Class	Trade Name
1	Elementary and Secondary Schools	8,500 to 8,999 employees	Washoe County School District
2	Colleges and Universities	4,000 to 4,499 employees	University of Nevada, Reno
3	General Medical and Surgical Hospitals	2,500 to 2,999 employees	Renown Regional Medical Center
4	Executive & Legislative Offices Combined	2,500 to 2,999 employees	Washoe County Comptroller
5	Casino Hotels	2,000 to 2,499 employees	Peppermill Hotel Casino-Reno

Source: Nevada Department of Employment, Training and Rehabilitation

Rank	Industry	Size Class	Trade Name
1	Copper Ore and Nickel Ore Mining	500 to 599 employees	Robinson Nevada Mining Company
2	Gold Ore Mining	400 to 499 employees	Bald Mountain Mine
3	Correctional Institutions	300 to 399 employees	Department of Corrections
4	Elementary and Secondary Schools	200 to 299 employees	White Pine County School District
5	General Medical and Surgical Hospitals	100 to 199 employees	William Bee Ririe Hospital

Source: Nevada Department of Employment, Training and Rehabilitation

Group	2005	2006	2007	2008	2009	2010	2011	2012	2013
<i>Male</i>	9.8%	9.1%	9.3%	10.4%	11.2%	13.9%	14.9%	15.3%	14.8%
<i>Female</i>	12.4%	11.5%	12.1%	12.3%	13.6%	16.0%	16.9%	17.5%	16.8%
<i>Children &lt; 18 years</i>	14.9%	13.9%	15.3%	15.0%	17.6%	22.0%	22.1%	24.0%	22.7%
<i>Seniors 65+ years</i>	8.6%	7.2%	6.8%	8.6%	7.5%	7.6%	9.4%	8.1%	8.7%
<b>Race/Ethnicity</b>									
<i>African American</i>	20.9%	15.0%	20.1%	18.0%	20.0%	26.3%	25.5%	27.5%	26.9%
<i>American Indian/Alaska Native</i>	20.9%	17.4%	17.7%	10.6%	24.5%	24.0%	29.0%	25.0%	27.0%
<i>Asian</i>	7.5%	7.8%	6.0%	6.4%	8.7%	11.2%	11.6%	8.8%	10.4%
<i>Native Hawaiian/Pacific Islander</i>	NA	NA	18.6%	12.2%	10.8%	9.5%	37.1%	25.6%	21.7%
<i>Hispanic</i>	16.2%	15.4%	16.0%	18.3%	19.2%	22.1%	23.1%	24.8%	23.1%
<i>White, non-Hispanic</i>	8.0%	7.7%	7.6%	7.9%	8.3%	10.1%	11.1%	11.4%	10.7%
<b>Educational Attainment</b>									
<i>&lt; High School</i>	17.2%	15.9%	15.4%	17.6%	19.4%	22.3%	23.7%	24.8%	23.9%
<i>High school/GED</i>	9.4%	8.6%	8.7%	9.6%	10.3%	12.4%	13.0%	14.7%	13.7%
<i>Some college/associate's degree</i>	6.6%	6.1%	6.6%	7.3%	7.9%	9.6%	11.4%	10.5%	10.6%
<i>Bachelor's degree or higher</i>	4.3%	4.7%	4.1%	4.4%	4.4%	5.1%	6.0%	5.9%	5.8%
<b>Total</b>	<b>11.1%</b>	<b>10.3%</b>	<b>10.7%</b>	<b>11.3%</b>	<b>12.4%</b>	<b>14.9%</b>	<b>15.9%</b>	<b>16.4%</b>	<b>15.8%</b>

Source: American Community Survey, 1 year estimates

County	2006-2010	2007-2011	2008-2012	2009-2013
<i>Carson City</i>	14.0%	14.4%	15.0%	16.2%
<i>Churchill</i>	8.8%	10.5%	13.1%	15.0%
<i>Clark</i>	11.7%	12.9%	14.2%	15.1%
<i>Douglas</i>	7.9%	9.8%	9.7%	10.2%
<i>Elko</i>	7.1%	8.6%	7.8%	8.8%
<i>Esmeralda</i>	11.2%	21.5%	24.2%	22.3%
<i>Eureka</i>	16.2%	15.3%	14.9%	13.9%
<i>Humboldt</i>	12.0%	13.5%	12.7%	12.3%
<i>Lander</i>	12.2%	12.3%	11.8%	9.3%
<i>Lincoln</i>	10.6%	13.1%	15.9%	17.3%

<b>County</b>	<b>2006-2010</b>	<b>2007-2011</b>	<b>2008-2012</b>	<b>2009-2013</b>
<i>Lyon</i>	12.8%	13.6%	14.3%	15.0%
<i>Mineral</i>	19.1%	21.9%	23.0%	20.5%
<i>Nye</i>	18.9%	20.5%	20.1%	18.9%
<i>Pershing</i>	13.7%	11.9%	17.3%	18.0%
<i>Storey</i>	5.6%	6.4%	8.6%	11.0%
<i>Washoe</i>	12.6%	12.9%	14.7%	15.1%
<i>White Pine</i>	15.5%	12.5%	13.9%	12.9%
<b>Nevada</b>	<b>11.9%</b>	<b>12.9%</b>	<b>14.2%</b>	<b>15.0%</b>

Source: American Community Survey, 5-year estimates, 2006-2010 to 2009-2013

<b>County</b>	<b>2006-2010</b>	<b>2007-2011</b>	<b>2008-2012</b>	<b>2009-2013</b>
<i>Carson City</i>	21.6%	22.8%	21.7%	23.9%
<i>Churchill</i>	7.3%	13.7%	17.5%	22.3%
<i>Clark</i>	16.9%	18.6%	20.4%	22.0%
<i>Douglas</i>	8.0%	15.1%	13.9%	15.5%
<i>Elko</i>	8.0%	10.9%	9.9%	11.0%
<i>Esmeralda</i>	9.8%	30.2%	34.2%	26.4%
<i>Eureka</i>	23.6%	22.0%	17.5%	17.9%
<i>Humboldt</i>	17.3%	18.5%	14.7%	13.7%
<i>Lander</i>	17.0%	16.8%	15.1%	11.0%
<i>Lincoln</i>	12.5%	14.9%	18.8%	17.6%
<i>Lyon</i>	14.9%	15.1%	16.4%	18.8%
<i>Mineral</i>	11.0%	18.1%	27.6%	25.0%
<i>Nye</i>	27.8%	33.3%	35.2%	33.1%
<i>Pershing</i>	23.0%	16.2%	29.7%	31.5%
<i>Storey</i>	2.6%	4.9%	6.5%	8.7%
<i>Washoe</i>	17.0%	18.0%	21.1%	21.1%
<i>White Pine</i>	22.6%	22.2%	22.5%	21.6%
<b>Nevada</b>	<b>16.8%</b>	<b>18.4%</b>	<b>20.3%</b>	<b>21.6%</b>

Source: American Community Survey, 5-year estimates, 2006-2010 to 2009-2013

<b>County</b>	<b>2006-2010</b>	<b>2007-2011</b>	<b>2008-2012</b>	<b>2009-2013</b>
<i>Carson City</i>	5.0%	4.6%	5.4%	6.7%
<i>Churchill</i>	10.4%	7.7%	7.1%	8.0%
<i>Clark</i>	7.6%	8.1%	8.6%	8.5%
<i>Douglas</i>	6.1%	6.3%	6.3%	6.0%
<i>Elko</i>	9.0%	7.5%	3.9%	5.2%
<i>Esmeralda</i>	9.4%	14.4%	14.7%	16.3%
<i>Eureka</i>	13.9%	18.0%	15.6%	9.9%
<i>Humboldt</i>	4.6%	3.3%	10.7%	9.8%
<i>Lander</i>	7.4%	6.3%	6.2%	8.4%
<i>Lincoln</i>	9.6%	8.7%	11.0%	13.0%
<i>Lyon</i>	6.6%	9.4%	8.9%	7.0%
<i>Mineral</i>	9.8%	13.2%	13.5%	11.3%
<i>Nye</i>	9.8%	9.4%	9.0%	8.3%
<i>Pershing</i>	2.7%	4.0%	6.0%	7.2%
<i>Storey</i>	0.0%	0.0%	0.0%	5.6%
<i>Washoe</i>	6.4%	7.3%	7.6%	7.7%
<i>White Pine</i>	8.6%	7.3%	8.5%	12.0%
<b>Nevada</b>	<b>7.4%</b>	<b>7.8%</b>	<b>8.2%</b>	<b>8.2%</b>

Source: American Community Survey, 5-year estimates, 2006-2010 to 2009-2013

<b>County</b>	<b>Owner-Occupied</b>	<b>Renter-Occupied</b>
<i>Carson City</i>	33.3%	46.9%
<i>Churchill</i>	34.7%	42.2%
<i>Clark</i>	43.5%	52.2%
<i>Douglas</i>	45.9%	46.5%
<i>Elko</i>	22.2%	38.7%
<i>Esmeralda</i>	30.4%	63.7%
<i>Eureka</i>	17.7%	18.6%
<i>Humboldt</i>	21.6%	38.7%
<i>Lander</i>	2.7%	40.9%
<i>Lincoln</i>	25.6%	30.7%
<i>Lyon</i>	43.7%	49.9%
<i>Mineral</i>	29.6%	27.4%
<i>Nye</i>	46.3%	58.4%
<i>Pershing</i>	34.7%	39.2%
<i>Storey</i>	48.9%	22.7%
<i>Washoe</i>	41.1%	53.5%
<i>White Pine</i>	14.0%	39.5%

Source: American Community Survey 5-year estimates, 2009-2013

<b>County</b>	<b>2005</b>	<b>2009</b>	<b>2011</b>	<b>2013</b>
<i>Carson City</i>	8.6	6.8	5.5	4.0
<i>Churchill</i>	6.5	4.2	3.9	2.2
<i>Clark</i>	10.4	12.7	10.0	5.5
<i>Douglas</i>	6.5	5.6	5.1	2.8
<i>Elko</i>	6.2	2.5	2.4	1.8
<i>Esmeralda</i>	8.0	3.7	1.3	NA
<i>Eureka</i>	3.4	2.1	1.5	2.4
<i>Humboldt</i>	5.2	2.8	2.7	1.3

**Table 2.33 Nevada Personal Bankruptcy Filings Rate per 1,000 Population, by County, 2005, 2009, 2011 & 2013**

County	2005	2009	2011	2013
<i>Lander</i>	5.8	2.5	0.7	1.3
<i>Lincoln</i>	3.6	1.9	0.9	1.5
<i>Lyon</i>	7.9	8.3	6.0	4.4
<i>Mineral</i>	6.5	2.7	2.1	2.4
<i>Nye</i>	9.0	8.9	6.8	4.0
<i>Pershing</i>	4.4	3.1	1.3	1.2
<i>Storey</i>	6.5	5.9	2.5	2.5
<i>Washoe</i>	7.7	7.9	6.4	3.9
<i>White Pine</i>	3.9	3.7	3.0	2.0
<b>Nevada</b>	<b>9.4</b>	<b>10.7</b>	<b>8.4</b>	<b>4.8</b>

Source: Nevada Rural and Frontier Health Data Book, 2015 & 2013

**Table 2.34 Nevada Percent of Population Enrolled in Supplemental Nutrition Assistance Program (SNAP) (past 12 months), by County, 5-year Estimates**

County	2006-2010	2007-2011	2008-2012	2009-2013
<i>Carson City</i>	6.6%	9.3%	10.5%	12.1%
<i>Churchill</i>	4.5%	5.8%	8.4%	12.7%
<i>Clark</i>	6.1%	7.5%	9.4%	10.8%
<i>Douglas</i>	1.9%	3.3%	4.3%	5.8%
<i>Elko</i>	2.3%	3.7%	4.7%	5.2%
<i>Esmeralda</i>	4.3%	3.1%	5.6%	6.5%
<i>Eureka</i>	0.6%	0.8%	2.3%	2.6%
<i>Humboldt</i>	5.2%	8.3%	8.8%	9.5%
<i>Lander</i>	9.2%	0.4%	8.6%	5.9%
<i>Lincoln</i>	2.8%	3.7%	2.8%	3.6%
<i>Lyon</i>	6.2%	6.5%	8.3%	10.1%
<i>Mineral</i>	7.0%	13.8%	14.0%	14.4%
<i>Nye</i>	13.3%	14.4%	15.8%	16.1%
<i>Pershing</i>	8.3%	10.9%	13.5%	15.5%
<i>Storey</i>	2.1%	3.7%	4.6%	5.5%
<i>Washoe</i>	5.4%	6.4%	7.9%	8.7%
<i>White Pine</i>	5.8%	7.2%	8.8%	7.9%
<b>Nevada</b>	<b>5.9%</b>	<b>7.3%</b>	<b>9.0%</b>	<b>10.4%</b>

Source: American Community Survey, 5-year estimates, 2009-2013

**Table 2.35 Nevada Percent of Households Enrolled in SNAP, by Race/Ethnicity, 2005-2013**

Race/Ethnicity	2005	2006	2007	2008	2009	2010	2011	2012	2013
<i>African American</i>	22.8%	16.9%	20.2%	18.8%	20.2%	18.7%	19.4%	15.8%	18.5%
<i>American Indian/Alaska Native</i>	2.8%	3.5%	1.2%	1.7%	1.4%	1.5%	2.5%	1.6%	1.9%
<i>Asian</i>	2.7%	3.7%	3.4%	3.4%	4.8%	3.6%	3.9%	4.2%	3.4%
<i>Native Hawaiian/Pacific Islander</i>	0.7%	0.3%	0.1%	0.1%	~	1.2%	0.7%	1.1%	1.0%
<i>Hispanic</i>	20.3%	19.8%	20.9%	30.2%	27.0%	30.1%	28.6%	30.5%	29.6%
<i>White, non-Hispanic</i>	49.1%	52.7%	51.9%	43.3%	44.6%	43.3%	44.3%	45.4%	43.6%
<b>Nevada</b>	<b>4.3%</b>	<b>3.9%</b>	<b>4.0%</b>	<b>5.2%</b>	<b>6.8%</b>	<b>9.8%</b>	<b>10.7%</b>	<b>12.6%</b>	<b>11.8%</b>

Source: American Community Survey, 1 year estimates

~ Data suppressed due to small counts

**Table 2.36 Nevada Percent of Students who Qualify for Free-Reduced Price Lunch, by County, 2005-2014**

<b>County</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>
<i>Carson City</i>	34%	36%	37%	38%	43%	45%	48%	51%	52%	50%
<i>Churchill</i>	36%	35%	38%	40%	43%	46%	47%	64%	64%	48%
<i>Clark</i>	32%	40%	42%	41%	46%	49%	55%	76%	77%	58%
<i>Douglas</i>	22%	23%	23%	27%	31%	34%	35%	67%	71%	34%
<i>Elko</i>	30%	31%	32%	33%	36%	37%	36%	68%	69%	36%
<i>Esmeralda</i>	74%	60%	53%	62%	77%	61%	67%	0%	0%	55%
<i>Eureka</i>	29%	23%	26%	26%	20%	27%	25%	81%	72%	23%
<i>Humboldt</i>	31%	33%	33%	33%	36%	38%	37%	82%	76%	38%
<i>Lander</i>	21%	18%	22%	22%	25%	26%	27%	58%	58%	30%
<i>Lincoln</i>	38%	43%	34%	41%	41%	42%	42%	73%	75%	42%
<i>Lyon</i>	35%	35%	36%	38%	38%	44%	48%	69%	78%	50%
<i>Mineral</i>	44%	38%	55%	48%	52%	57%	58%	51%	63%	51%
<i>Nye</i>	48%	45%	49%	49%	56%	57%	58%	71%	73%	65%
<i>Pershing</i>	42%	54%	45%	62%	58%	47%	64%	60%	56%	48%
<i>Storey</i>	34%	42%	50%	45%	69%	70%	48%	67%	64%	39%
<i>Washoe</i>	37%	35%	36%	37%	41%	40%	44%	45%	47%	48%
<i>White Pine</i>	29%	28%	32%	34%	38%	36%	38%	65%	58%	35%
<b>Nevada</b>	<b>33%</b>	<b>38%</b>	<b>40%</b>	<b>40%</b>	<b>45%</b>	<b>46%</b>	<b>52%</b>	<b>54%</b>	<b>55%</b>	<b>55%</b>

Source: Nevada Department of Agriculture



## Appendix B: Tables for Section 3 Quality of Life Factors

**Table 3.1 Nevada Percent of Children in Single Parent Households, by Select Counties, 5-year Estimates, 2009-2013 Aggregate Data**

County	Male householder, no spouse present	Female householder, no spouse present	Total Children single-parent household
<i>Carson City</i>	9.8%	27.7%	37.5%
<i>Clark</i>	10.3%	26.6%	36.9%
<i>Douglas</i>	11.3%	21.2%	32.4%
<i>Elko</i>	10.1%	13.9%	24.0%
<i>Lyon</i>	7.4%	20.8%	28.2%
<i>Nye</i>	13.1%	30.1%	43.2%
<i>Washoe</i>	9.2%	23.8%	33.1%

Source: American Community Survey, 5-year Estimates 2009-2013

**Table 3.2 Nevada Percent of Registered Voters, by County, November 2006**

County	Democrat	Republican	Independent	Non-partisan	Other	Total Registered Voters
<i>Carson City</i>	33.7%	48.6%	3.3%	13.1%	1.4%	25,547
<i>Churchill</i>	25.0%	58.4%	3.6%	12.0%	1.0%	12,271
<i>Clark</i>	43.4%	37.0%	3.5%	14.9%	1.2%	667,175
<i>Douglas</i>	26.6%	55.3%	3.5%	13.4%	1.2%	27,353
<i>Elko</i>	24.4%	56.4%	3.4%	14.8%	1.1%	18,283
<i>Esmeralda</i>	28.6%	53.1%	4.6%	11.5%	2.1%	608
<i>Eureka</i>	19.6%	63.5%	5.6%	10.0%	1.3%	913
<i>Humboldt</i>	26.5%	55.5%	3.0%	14.2%	0.8%	5,945
<i>Lander</i>	27.7%	56.9%	2.5%	12.4%	0.5%	2,376
<i>Lincoln</i>	37.1%	50.7%	1.8%	9.7%	0.7%	2,683
<i>Lyon</i>	29.8%	50.6%	4.7%	13.6%	1.3%	22,781
<i>Mineral</i>	46.2%	38.0%	3.6%	11.3%	0.9%	2,637
<i>Nye</i>	36.8%	44.1%	4.3%	13.7%	1.1%	20,693
<i>Pershing</i>	34.8%	46.7%	2.9%	14.9%	0.6%	2,155
<i>Storey</i>	31.4%	50.1%	4.2%	12.6%	1.6%	2,084
<i>Washoe</i>	35.8%	44.4%	3.5%	14.5%	1.9%	193,263
<i>White Pine</i>	41.7%	40.7%	3.3%	13.3%	1.0%	4,726
<b>Nevada</b>	<b>40.0%</b>	<b>40.5%</b>	<b>3.6%</b>	<b>14.6%</b>	<b>1.3%</b>	<b>1,011,493</b>

Source: Nevada Secretary of State

**Table 3.3 Nevada Percent of Registered Voters, by County, July 2015**

County	Democrat	Republican	Independent	Non-partisan	Other	Total Registered Voters
<i>Carson City</i>	31.3%	43.9%	6.0%	17.1%	1.7%	26,909
<i>Churchill</i>	21.2%	56.6%	5.7%	15.3%	1.2%	11,803
<i>Clark</i>	43.1%	30.7%	4.4%	20.3%	1.5%	822,864
<i>Douglas</i>	24.5%	52.6%	5.2%	16.2%	1.5%	29,793
<i>Elko</i>	18.9%	56.8%	5.2%	17.8%	1.3%	19,163
<i>Esmeralda</i>	21.4%	57.7%	7.9%	11.5%	1.4%	556
<i>Eureka</i>	12.3%	69.7%	5.5%	11.3%	1.3%	871
<i>Humboldt</i>	21.3%	53.9%	5.0%	18.2%	1.5%	6,560
<i>Lander</i>	20.2%	58.6%	4.4%	16.2%	0.6%	2,495
<i>Lincoln</i>	27.1%	55.6%	4.8%	11.6%	0.9%	2,595
<i>Lyon</i>	25.5%	47.2%	7.5%	18.1%	1.8%	30,301
<i>Mineral</i>	39.0%	39.5%	6.3%	14.1%	1.2%	2,754
<i>Nye</i>	30.0%	44.3%	7.0%	17.5%	1.3%	24,287
<i>Pershing</i>	26.8%	46.9%	5.2%	20.0%	1.1%	2,277
<i>Storey</i>	26.1%	47.1%	7.1%	18.0%	1.7%	2,508
<i>Washoe</i>	35.2%	38.3%	4.9%	19.0%	2.5%	219,304

County	Democrat	Republican	Independent	Non-partisan	Other	Total Registered Voters
<i>White Pine</i>	30.6%	45.1%	5.8%	17.3%	1.2%	4,483
<b>Nevada</b>	<b>39.3%</b>	<b>34.7%</b>	<b>4.7%</b>	<b>19.6%</b>	<b>1.7%</b>	<b>1,209,523</b>

Source: Nevada Secretary of State

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	0.0	1.9	3.7	3.7	1.8	0.0	0.0	0.0	7.4	0.0
<i>Churchill</i>	0.0	0.0	8.2	4.1	3.9	3.9	0.0	3.9	0.0	4.0
<i>Clark</i>	10.9	9.2	10.2	10.1	8.5	7.2	6.8	5.9	4.3	4.7
<i>Douglas</i>	0.0	0.0	2.1	4.3	0.0	2.1	2.1	0.0	2.1	2.1
<i>Elko</i>	0.0	2.2	4.4	2.2	10.5	2.1	0.0	0.0	18.1	11.6
<i>Esmeralda</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Eureka</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Humboldt</i>	6.7	0.0	6.5	6.4	6.3	12.4	6.1	6.0	0.0	5.8
<i>Lander</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Lincoln</i>	0.0	0.0	0.0	0.0	0.0	21.2	0.0	0.0	19.9	0.0
<i>Lyon</i>	2.4	0.0	2.0	1.9	3.6	0.0	0.0	3.8	5.7	1.9
<i>Mineral</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Nye</i>	0.0	0.0	10.0	4.7	4.5	9.0	4.5	9.1	0.0	0.0
<i>Pershing</i>	0.0	0.0	0.0	18.8	0.0	0.0	0.0	0.0	0.0	0.0
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	0.0	24.3	0.0	0.0	0.0
<i>Washoe</i>	5.7	3.7	3.6	7.6	5.5	3.7	4.1	4.3	5.7	2.8
<i>White Pine</i>	0.0	0.0	25.2	12.0	0.0	23.6	11.6	11.4	11.3	0.0
<b>Nevada</b>	<b>8.7</b>	<b>7.2</b>	<b>8.5</b>	<b>8.9</b>	<b>7.4</b>	<b>6.2</b>	<b>5.8</b>	<b>5.3</b>	<b>4.7</b>	<b>4.2</b>

Source: Federal Bureau of Investigation  
Rate per 100,000 population  
\*Not all jurisdictions reporting

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	1.9	0.0	3.7	3.7	9.2	0.0	1.9	1.9	0.0	0.0
<i>Churchill</i>	4.2	0.0	45.2	36.6	31.3	11.7	19.5	23.6	4.0	4.0
<i>Clark</i>	41.9	43.9	41.7	47.2	45.7	46.3	41.6	35.2	36.1	36.9
<i>Douglas</i>	0.0	0.0	49.2	51.2	10.6	14.8	21.2	6.4	6.3	12.5
<i>Elko</i>	13.6	22.5	57.4	32.3	71.6	62.8	57.8	47.1	60.2	75.3
<i>Esmeralda</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	116.3
<i>Eureka</i>	0.0	0.0	0.0	58.4	0.0	51.6	49.1	0.0	150.5	99.5
<i>Humboldt</i>	26.8	0.0	13.0	12.8	18.8	0.0	0.0	0.0	0.0	0.0
<i>Lander</i>	0.0	0.0	185.4	199.5	0.0	175.6	138.5	191.5	0.0	144.7
<i>Lincoln</i>	0.0	0.0	23.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Lyon</i>	26.7	15.7	22.5	9.3	5.4	1.8	3.7	5.7	5.7	32.5
<i>Mineral</i>	0.0	0.0	20.9	21.9	153.0	0.0	0.0	0.0	0.0	0.0
<i>Nye</i>	5.6	5.4	30.0	21.1	40.6	51.7	24.7	34.1	0.0	24.8
<i>Pershing</i>	0.0	0.0	163.7	188.4	226.6	76.6	57.8	136.5	0.0	55.9
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Washoe</i>	37.0	38.7	43.2	35.4	32.5	32.9	30.0	24.9	19.0	17.1
<i>White Pine</i>	0.0	0.0	37.8	48.0	24.0	11.8	11.6	79.9	33.9	125.1
<b>Nevada</b>	<b>36.8</b>	<b>38.3</b>	<b>41.2</b>	<b>43.0</b>	<b>41.6</b>	<b>41.5</b>	<b>37.4</b>	<b>32.2</b>	<b>30.7</b>	<b>33.0</b>

Source: Federal Bureau of Investigation  
Rate per 100,000 population  
\*Not all jurisdictions reporting

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	45.9	44.9	49.9	40.3	38.7	44.4	49.1	38.4	29.8	26.3
<i>Churchill</i>	33.4	0.0	20.6	16.3	15.6	19.5	11.7	35.4	8.0	23.8
<i>Clark</i>	282.7	256.5	235.6	348.1	331.7	300.7	276.7	214.3	187.7	220.9
<i>Douglas</i>	18.0	25.9	32.1	4.3	14.8	10.5	19.1	8.5	10.5	12.5
<i>Elko</i>	29.4	20.2	52.9	43.0	40.0	48.1	35.1	30.7	32.1	19.3
<i>Esmeralda</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Eureka</i>	0.0	0.0	0.0	0.0	54.3	0.0	49.1	0.0	0.0	0.0
<i>Humboldt</i>	26.8	0.0	32.5	31.9	6.3	6.2	18.3	12.0	11.7	11.5
<i>Lander</i>	0.0	0.0	55.6	36.3	0.0	35.1	0.0	0.0	0.0	0.0
<i>Lincoln</i>	0.0	0.0	0.0	0.0	0.0	21.2	0.0	0.0	0.0	0.0
<i>Lyon</i>	14.6	15.7	16.4	9.3	17.9	9.0	9.3	21.0	13.3	23.0

**Table 3.6 Nevada Violent Crime: Robbery Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Mineral</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Nye</i>	39.4	10.7	22.5	23.5	42.8	45.0	62.8	88.7	0.0	58.7
<i>Pershing</i>	0.0	0.0	18.2	0.0	18.9	38.3	0.0	0.0	19.1	18.6
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	47.6	24.3	0.0	24.3	341.2
<i>Washoe</i>	167.5	148.1	136.6	169.2	164.3	153.7	128.9	119.6	111.0	94.7
<i>White Pine</i>	0.0	0.0	12.6	12.0	12.0	35.4	11.6	11.4	0.0	11.4
<b>Nevada</b>	<b>230.4</b>	<b>208.3</b>	<b>193.5</b>	<b>278.1</b>	<b>266.8</b>	<b>244.1</b>	<b>223.7</b>	<b>177.8</b>	<b>155.0</b>	<b>178.1</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

\*Not all jurisdictions reporting

**Table 3.7 Nevada Violent Crime: Aggravated Assault Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	458.6	501.2	486.0	309.2	329.8	382.7	288.9	270.4	238.3	222.1
<i>Churchill</i>	50.1	0.0	242.6	227.5	187.5	171.9	167.5	153.6	103.4	79.2
<i>Clark</i>	353.4	375.8	375.1	450.2	482.9	462.7	468.5	420.0	352.2	429.9
<i>Douglas</i>	103.3	127.1	92.0	125.8	120.6	103.4	184.6	114.4	104.9	83.3
<i>Elko</i>	63.2	36.0	116.9	182.9	143.2	159.0	208.3	126.9	268.7	210.5
<i>Esmeralda</i>	0.0	0.0	212.1	325.4	114.7	344.4	464.6	246.9	0.0	116.3
<i>Eureka</i>	0.0	0.0	246.3	292.2	434.1	258.0	343.8	376.8	501.5	198.9
<i>Humboldt</i>	87.2	0.0	110.6	389.7	520.8	483.9	451.5	306.7	262.6	218.6
<i>Lander</i>	0.0	0.0	166.9	544.2	0.0	649.8	259.6	557.2	0.0	498.3
<i>Lincoln</i>	0.0	0.0	70.3	91.3	44.6	84.6	41.1	140.0	158.9	41.2
<i>Lyon</i>	194.0	181.5	196.6	137.1	123.5	138.1	219.5	151.1	135.4	212.5
<i>Mineral</i>	0.0	0.0	146.5	131.3	174.8	323.9	675.4	461.7	0.0	192.3
<i>Nye</i>	242.1	257.4	212.3	242.0	175.8	173.1	300.4	627.8	0.0	499.0
<i>Pershing</i>	234.6	0.0	927.4	1318.5	736.5	842.4	462.2	351.0	401.0	819.4
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	237.9	121.4	124.5	436.6	950.5
<i>Washoe</i>	310.4	339.4	352.2	308.0	311.6	341.9	354.7	272.2	239.6	262.8
<i>White Pine</i>	0.0	0.0	340.1	396.0	120.0	165.0	127.6	274.1	316.4	386.7
<b>Nevada</b>	<b>323.6</b>	<b>343.9</b>	<b>353.2</b>	<b>400.5</b>	<b>420.2</b>	<b>414.6</b>	<b>424.2</b>	<b>377.3</b>	<b>312.1</b>	<b>382.3</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

\*Not all jurisdictions reporting

**Table 3.8 Nevada Combined Violent Crime Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	506.4	547.9	543.3	356.8	379.6	427.0	339.9	310.7	275.6	248.4
<i>Churchill</i>	87.7	0.0	316.6	284.4	238.3	207.0	198.7	216.6	115.4	110.9
<i>Clark</i>	688.9	685.4	662.7	855.7	868.8	816.9	793.7	675.4	580.3	692.4
<i>Douglas</i>	121.2	153.0	175.4	185.5	146.0	130.8	227.0	129.2	123.8	110.4
<i>Elko</i>	106.2	80.9	231.6	260.4	265.3	271.9	301.1	204.7	379.1	316.8
<i>Esmeralda</i>	0.0	0.0	212.1	325.4	114.7	344.4	464.6	246.9	0.0	232.6
<i>Eureka</i>	0.0	0.0	246.3	350.7	488.3	309.6	442.0	376.8	652.0	298.4
<i>Humboldt</i>	147.5	0.0	162.7	440.8	552.2	502.5	476.0	324.8	274.3	235.8
<i>Lander</i>	0.0	0.0	407.9	780.0	0.0	860.6	398.1	748.7	0.0	643.0
<i>Lincoln</i>	0.0	0.0	93.7	91.3	44.6	126.9	41.1	140.0	178.7	41.2
<i>Lyon</i>	237.7	212.9	237.5	157.4	150.4	148.8	232.5	181.7	160.2	269.9
<i>Mineral</i>	0.0	0.0	167.4	153.2	327.8	323.9	675.4	461.7	0.0	192.3
<i>Nye</i>	287.2	273.5	274.7	291.4	263.8	278.7	392.3	759.7	0.0	582.5
<i>Pershing</i>	234.6	0.0	1109.3	1525.7	982.1	957.3	520.0	487.5	420.1	893.9
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	285.4	170.0	124.5	460.8	1291.7
<i>Washoe</i>	520.5	529.9	535.7	520.1	513.9	532.2	517.7	421.0	375.2	377.4
<i>White Pine</i>	0.0	0.0	415.7	468.0	156.0	235.7	162.5	376.9	361.6	523.2
<b>Nevada</b>	<b>599.5</b>	<b>597.7</b>	<b>596.4</b>	<b>730.5</b>	<b>736.0</b>	<b>706.3</b>	<b>691.1</b>	<b>592.6</b>	<b>502.6</b>	<b>597.6</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

Violent Crime includes murder/non-negligible manslaughter, rape, robbery and aggravated assault

\*Not all jurisdictions reported

**Table 3.9 Nevada Property Crime: Burglary Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	821.7	699.4	713.3	532.4	527.0	537.9	506.1	539.0	588.4	560.9
<i>Churchill</i>	263.1	0.0	686.6	731.4	605.5	496.1	389.6	559.2	568.9	606.2
<i>Clark</i>	1,013.5	1,064.0	1,045.6	1,074.0	1,057.9	988.3	876.0	775.7	714.7	872.7
<i>Douglas</i>	574.6	512.7	553.9	441.4	427.5	407.2	373.4	372.9	272.8	314.5
<i>Elko</i>	356.9	323.7	670.7	621.9	480.2	621.3	526.0	607.9	433.2	649.0

**Table 3.9 Nevada Property Crime: Burglary Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Esmeralda</i>	0.0	0.0	212.1	108.5	114.7	574.1	0.0	123.5	0.0	232.6
<i>Eureka</i>	0.0	0.0	431.0	526.0	488.3	309.6	638.5	282.6	501.5	696.2
<i>Humboldt</i>	348.7	0.0	397.0	287.5	382.8	390.8	427.1	294.7	250.9	356.6
<i>Lander</i>	0.0	0.0	964.2	780.0	0.0	491.7	1,298.0	818.4	0.0	610.8
<i>Lincoln</i>	0.0	0.0	374.8	182.6	89.2	148.1	82.2	80.0	158.9	350.4
<i>Lyon</i>	676.7	587.1	552.9	448.2	504.9	491.3	416.6	443.8	467.2	616.3
<i>Mineral</i>	0.0	0.0	774.4	503.3	305.9	302.3	295.5	377.8	0.0	427.4
<i>Nye</i>	1,503.3	1,247.0	641.9	636.8	766.5	618.1	706.2	1,064.5	0.0	754.1
<i>Pershing</i>	451.2	0.0	909.3	998.3	831.0	919.0	731.9	351.0	286.4	502.8
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	547.1	461.5	423.2	533.6	560.6
<i>Washoe</i>	891.4	777.1	808.9	901.2	800.6	831.6	761.4	652.5	618.4	602.5
<i>White Pine</i>	0.0	0.0	806.1	732.0	911.7	530.3	429.3	571.0	565.0	693.8
<b>Nevada</b>	<b>942.2</b>	<b>944.3</b>	<b>953.6</b>	<b>978.2</b>	<b>949.9</b>	<b>905.7</b>	<b>811.9</b>	<b>730.8</b>	<b>657.8</b>	<b>793.7</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

\*Not all jurisdictions reporting

**Table 3.10 Nevada Property Crime: Larceny/Theft Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	2,319.8	2,012.1	1,752.0	1,498.5	1,332.3	1,615.7	1,504.9	1,473.0	1,657.2	1,375.8
<i>Churchill</i>	1,770.6	0.0	2,483.3	2,039.8	1,715.0	1,804.8	1,484.5	1,370.4	1,722.6	1,525.5
<i>Clark</i>	2,282.1	2,180.1	2,041.6	1,922.9	1,865.4	1,804.4	1,657.5	1,320.7	1,286.0	1,622.7
<i>Douglas</i>	1,705.9	1,891.5	1,678.7	1,577.9	1,403.0	1,073.9	1,060.9	1,281.9	1,233.7	1,366.2
<i>Elko</i>	1,226.5	795.6	1,592.8	1,400.9	1,232.0	1,213.2	1,307.7	1,115.5	1,069.0	1,502.8
<i>Esmeralda</i>	0.0	0.0	424.2	433.8	229.4	344.4	232.3	0.0	1,939.4	348.8
<i>Eureka</i>	0.0	0.0	431.0	642.9	759.6	464.4	491.2	518.1	952.9	646.4
<i>Humboldt</i>	838.2	0.0	930.6	594.1	583.5	508.7	671.2	649.5	536.9	638.5
<i>Lander</i>	0.0	0.0	1,501.9	979.5	0.0	1,369.9	1,142.3	696.5	0.0	884.1
<i>Lincoln</i>	0.0	0.0	515.3	661.9	490.9	465.3	780.6	680.0	1,092.4	1,010.1
<i>Lyon</i>	1,190.9	1,111.5	1,116.1	848.2	859.4	842.8	764.4	855.1	873.3	1,395.3
<i>Mineral</i>	0.0	0.0	439.5	393.9	305.9	151.2	211.1	230.8	0.0	683.9
<i>Nye</i>	1,630.0	1,735.1	1,798.2	1,116.1	1,129.4	1,139.6	1,154.5	1,485.3	0.0	1,551.1
<i>Pershing</i>	649.7	0.0	1,327.5	866.5	906.5	842.4	1,040.1	546.0	210.0	800.7
<i>Storey</i>	0.0	0.0	0.0	1,129.8	0.0	880.1	1,020.2	746.8	873.2	1,340.5
<i>Washoe</i>	2,971.6	2,661.7	2,659.2	2,531.3	2,450.8	2,406.0	2,184.5	1,803.3	1,529.4	1,669.8
<i>White Pine</i>	0.0	0.0	1,561.9	1,332.1	0.0	648.2	847.1	879.4	926.7	659.7
<b>Nevada</b>	<b>2,286.7</b>	<b>2,126.9</b>	<b>2,078.4</b>	<b>1,935.6</b>	<b>1,860.2</b>	<b>1,815.9</b>	<b>1,673.5</b>	<b>1,374.6</b>	<b>1,287.2</b>	<b>1,595.3</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

\*Not all jurisdictions reporting

**Table 3.11 Nevada Property Crime: Motor Vehicle Theft Rates, by County, 2003-2012**

County	2003	2004*	2005	2006	2007	2008	2009	2010	2011*	2012
<i>Carson City</i>	311.5	400.2	212.5	250.7	173.2	184.9	162.4	161.1	128.5	146.8
<i>Churchill</i>	91.9	0.0	238.5	195.0	128.9	156.3	89.6	145.7	127.3	154.5
<i>Clark</i>	1,136.9	1,187.2	1,397.6	1,337.2	1,083.8	732.0	555.3	393.5	367.7	410.5
<i>Douglas</i>	130.2	217.6	139.0	130.1	116.4	94.9	63.7	78.4	50.4	60.4
<i>Elko</i>	119.7	105.6	189.7	200.1	153.7	144.3	185.6	112.6	104.3	264.6
<i>Esmeralda</i>	0.0	0.0	106.0	108.5	0.0	229.6	0.0	0.0	0.0	348.8
<i>Eureka</i>	0.0	0.0	0.0	233.8	162.8	103.2	98.2	47.1	100.3	99.5
<i>Humboldt</i>	114.0	0.0	195.2	134.2	112.9	62.0	134.2	108.3	75.9	138.1
<i>Lander</i>	0.0	0.0	74.2	127.0	0.0	210.7	311.5	139.3	0.0	176.8
<i>Lincoln</i>	0.0	0.0	140.5	205.4	223.1	105.8	184.9	20.0	59.6	103.1
<i>Lyon</i>	172.2	192.7	157.7	142.6	121.7	130.9	107.9	112.9	95.3	139.7
<i>Mineral</i>	0.0	0.0	146.5	109.4	87.4	64.8	126.6	42.0	0.0	128.2
<i>Nye</i>	194.3	289.6	377.1	446.4	333.6	247.2	224.2	304.8	0.0	284.5
<i>Pershing</i>	0.0	0.0	145.5	37.7	75.5	191.5	38.5	58.5	19.1	93.1
<i>Storey</i>	0.0	0.0	0.0	75.3	0.0	95.1	72.9	74.7	0.0	195.0
<i>Washoe</i>	588.1	577.6	572.7	582.8	411.2	353.3	272.1	258.1	207.8	285.0
<i>White Pine</i>	0.0	0.0	239.3	360.0	84.0	129.6	81.2	102.8	124.3	45.5
<b>Nevada</b>	<b>918.9</b>	<b>959.3</b>	<b>1,111.6</b>	<b>1,074.3</b>	<b>861.5</b>	<b>601.1</b>	<b>461.0</b>	<b>342.2</b>	<b>308.1</b>	<b>361.8</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

\*Not all jurisdictions reporting

**Table 3.12 Nevada Property Crime: Arson Rates, by County, 2003-2012\***

County	2003**	2004**	2005	2006	2007	2008	2009	2010	2011**	2012
<i>Carson City</i>	0.0	0.0	35.1	20.1	42.4	14.8	22.7	5.8	13.0	7.5
<i>Churchill</i>	0.0	0.0	12.3	12.2	66.4	27.3	11.7	15.8	4.0	4.0
<i>Clark</i>	24.1	0.0	34.0	30.3	23.6	22.3	18.9	14.5	14.1	13.4
<i>Douglas</i>	0.0	0.0	10.7	17.1	19.0	14.8	12.7	17.0	14.7	12.5
<i>Elko</i>	11.3	0.0	35.3	12.9	8.4	10.5	8.3	8.2	8.0	7.7
<i>Esmeralda</i>	0.0	0.0	0.0	0.0	344.0	114.8	0.0	123.5	0.0	0.0
<i>Eureka</i>	0.0	0.0	0.0	0.0	54.3	0.0	0.0	0.0	0.0	0.0
<i>Humboldt</i>	20.1	0.0	13.0	57.5	18.8	37.2	12.2	6.0	23.3	5.8
<i>Lander</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	48.2
<i>Lincoln</i>	0.0	0.0	23.4	45.7	22.3	42.3	369.8	0.0	39.7	0.0
<i>Lyon</i>	0.0	0.0	14.3	31.5	19.7	7.2	5.6	9.6	13.3	19.1
<i>Mineral</i>	0.0	0.0	41.9	21.9	0.0	0.0	21.1	0.0	0.0	0.0
<i>Nye</i>	0.0	0.0	67.4	68.1	42.8	31.5	0.0	25.0	0.0	22.6
<i>Pershing</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
<i>Storey</i>	0.0	0.0	0.0	0.0	0.0	0.0	0.0	49.8	0.0	48.7
<i>Washoe</i>	11.1	0.0	4.1	16.9	11.4	25.4	14.3	12.7	13.5	13.3
<i>White Pine</i>	0.0	0.0	0.0	12.0	12.0	0.0	23.2	45.7	11.3	11.4
<b>Nevada</b>	<b>19.2</b>	<b>0.0</b>	<b>28.2</b>	<b>27.8</b>	<b>22.3</b>	<b>22.0</b>	<b>17.8</b>	<b>14.1</b>	<b>13.5</b>	<b>13.3</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

\* Arson not reported for all jurisdictions

\*\* Not all jurisdictions reporting, among those jurisdictions which report

**Table 3.13 Nevada Combined Property Crime Rates, by County, 2003-2012\***

County	2003	2004**	2005	2006	2007	2008	2009	2010	2011**	2012
<i>Carson City</i>	3,452.9	3,111.7	2,712.9	2,301.7	2,074.9	2,353.3	2,196.0	2,178.9	2,387.1	2,091.0
<i>Churchill</i>	2,125.5	0.0	3,420.8	2,978.5	2,515.9	2,484.5	1,975.5	2,091.0	2,422.8	2,290.2
<i>Clark</i>	4,456.6	4,431.3	4,518.7	4,364.3	4,030.7	3,547.1	3,107.7	2,504.4	2,382.6	2,919.3
<i>Douglas</i>	2,410.8	2,621.9	2,382.3	2,166.4	1,965.9	1,590.8	1,510.7	1,750.1	1,571.5	1,753.6
<i>Elko</i>	1,714.4	1,224.9	2,488.5	2,235.8	1,874.3	1,989.3	2,027.6	1,844.2	1,614.5	2,424.1
<i>Esmeralda</i>	0.0	0.0	742.3	650.8	688.1	1,262.9	232.3	246.9	1,939.4	930.2
<i>Eureka</i>	0.0	0.0	862.1	1,402.7	1,465.0	877.2	1,227.9	847.9	1,554.7	1,442.1
<i>Humboldt</i>	1,321.0	0.0	1,535.9	1,073.2	1,098.1	998.8	1,244.8	1,058.5	887.1	1,139.0
<i>Lander</i>	0.0	0.0	2,540.3	1,886.5	0.0	2,072.4	2,751.8	1,654.2	0.0	1,720.0
<i>Lincoln</i>	0.0	0.0	1,054.1	1,095.6	825.5	761.4	1,417.4	780.0	1,350.5	1,463.6
<i>Lyon</i>	2,039.8	1,891.3	1,841.0	1,470.5	1,505.7	1,472.2	1,294.4	1,421.4	1,449.2	2,170.5
<i>Mineral</i>	0.0	0.0	1,402.3	1,028.4	699.3	518.2	654.3	650.6	0.0	1,239.6
<i>Nye</i>	3,327.6	3,271.7	2,884.7	2,267.4	2,272.3	2,036.4	2,084.8	2,879.7	0.0	2,612.2
<i>Pershing</i>	1,100.9	0.0	2,382.3	1,902.4	1,813.0	1,952.9	1,810.5	955.5	515.6	1,396.6
<i>Storey</i>	0.0	0.0	0.0	1,205.1	0.0	1,522.4	1,554.5	1,294.5	1,406.7	2,144.8
<i>Washoe</i>	4,462.1	4,016.4	4,044.9	4,032.3	3,674.0	3,616.4	3,232.3	2,726.6	2,369.1	2,570.7
<i>White Pine</i>	0.0	0.0	2,607.4	2,436.1	1,007.7	1,308.2	1,380.8	1,598.9	1,627.3	1,410.4
<b>Nevada</b>	<b>4,167.0</b>	<b>4,030.5</b>	<b>4,171.8</b>	<b>4,015.9</b>	<b>3,693.8</b>	<b>3,344.7</b>	<b>2,964.2</b>	<b>2,461.8</b>	<b>2,266.6</b>	<b>2,764.1</b>

Source: Federal Bureau of Investigation

Rate per 100,000 population

Property crimes include burglary, larceny-theft, motor vehicle theft, and arson

\*Arson not reported for all jurisdictions

\*\*Not all jurisdictions reporting

<b>Table 3.14 Select Factors Related to Violence/Violent Behavior Among Adolescents, United States and Nevada by County/Region, 2013</b>			
<b>County/Region</b>	<b>Carried a Weapon†</b>	<b>In a Physical Fight‡</b>	<b>Electronically Bullied‡</b>
<i>Carson City and Douglas County</i>	21.4%	25.9%	16.7%
<i>Elko, White Pine, and Eureka Counties</i>	25.2%	27.2%	16.9%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	29.6%	24.8%	17.4%
<i>Lyon, Mineral, and Storey Counties</i>	24.8%	31.3%	15.5%
<i>Nye and Lincoln Counties</i>	28.0%	25.7%	16.1%
<i>Washoe County</i>	20.3%	28.8%	16.9%
<i>Clark County</i>	13.2%	21.9%	14.3%
<b>Nevada</b>	<b>15.7%</b>	<b>23.5%</b>	<b>15.0%</b>
<b>United States*</b>	<b>17.9%</b>	<b>24.7%</b>	<b>14.8%</b>

Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)  
\*Source: CDC Youth Online-High School YRBS, 2013  
†Carried a weapon such as a gun, knife or club, in past 30 days  
‡Past 12 months

<b>Table 3.15 Nevada Select Factors Related to Violence/Violent Behavior Among Adolescents, by Sex, Age and Race/Ethnicity, 2013</b>			
<b>Sex</b>	<b>Carried a Weapon*</b>	<b>In a Physical Fight†</b>	<b>Electronically Bullied†</b>
<i>Male</i>	22.4%	28.6%	8.2%
<i>Female</i>	9.2%	18.6%	21.6%
<b>Age</b>			
<i>14 years or younger</i>	13.5%	30.7%	18.5%
<i>15 years</i>	14.5%	24.0%	17.4%
<i>16 years</i>	14.4%	22.8%	13.2%
<i>17 years</i>	17.3%	20.7%	14.6%
<i>18 years</i>	20.4%	22.2%	11.5%
<b>Race/Ethnicity</b>			
<i>African American</i>	9.6%	32.0%	10.5%
<i>American Indian/Alaska Native</i>	37.3%	32.2%	25.7%
<i>Asian</i>	8.0%	11.9%	15.1%
<i>Hispanic</i>	13.0%	24.4%	12.6%
<i>White, non-Hispanic</i>	19.5%	20.7%	17.7%
<i>Other/Multiple</i>	20.4%	27.5%	15.7%
<b>Nevada</b>	<b>15.7%</b>	<b>23.5%</b>	<b>15.0%</b>

Source: 2013 Nevada Youth Risk Behavior Survey (YRBS)  
\*Carried a weapon such as a gun, knife or club, in past 30 days  
†Past 12 months

## Appendix C: Tables for Section 4 Environmental Health Factors

**Table 4.1 Nevada Percent or Rate of Population with Access to Grocery Stores, Restaurants, and Locations for Physical Activity, by County, Various Years**

County	% Population low access to a store, 2011*	Fast Food Restaurants per 100,000 Persons, 2010*	% Population with access to locations for physical activity, 2010 & 2013**
<i>Carson City</i>	16.0%	88	97%
<i>Churchill</i>	27.7%	49	82%
<i>Clark</i>	8.5%	81	90%
<i>Douglas</i>	53.5%	62	89%
<i>Elko</i>	22.7%	71	72%
<i>Esmeralda</i>	97.2%	0	44%
<i>Eureka</i>	98.3%	101	1%
<i>Humboldt</i>	30.5%	48	38%
<i>Lander</i>	15.4%	17	85%
<i>Lincoln</i>	100.0%	19	67%
<i>Lyon</i>	41.4%	39	66%
<i>Mineral</i>	37.6%	44	9%
<i>Nye</i>	43.8%	53	21%
<i>Pershing</i>	15.8%	45	1%
<i>Storey</i>	5.7%	0	1%
<i>Washoe</i>	20.5%	81	92%
<i>White Pine</i>	46.2%	40	59%
<b>Nevada</b>	<b>Not Available</b>	<b>77</b>	<b>87%</b>

\*Source: US Department of Agriculture  
 \*\* Source: County Health Rankings

**Table 4.2 Nevada Mean Travel Time to Work (minutes), by County, 5-year Estimates**

County	2006-2010	2007-2011	2008-2012	2009-2013
<i>Carson City</i>	16.4	17	17	16.6
<i>Churchill</i>	17.9	18.1	18.3	18.2
<i>Clark</i>	24.3	24.2	24.2	24.1
<i>Douglas</i>	23.2	24	24.7	24.6
<i>Elko</i>	26.3	28	28.6	30.3
<i>Esmeralda</i>	13.1	13.3	13	17.2
<i>Eureka</i>	18.7	17.2	16.1	14.8
<i>Humboldt</i>	28.4	30	29.8	31.1
<i>Lander</i>	24.8	25.7	28	28.1
<i>Lincoln</i>	29.4	29.1	31	28.6
<i>Lyon</i>	26.4	26.2	29.2	30.8
<i>Mineral</i>	10.5	10.3	12.3	12.6
<i>Nye</i>	27.9	28.9	28.7	26.5
<i>Pershing</i>	19.9	21.8	22.4	22.6
<i>Storey</i>	29.2	29.1	27.9	26.6
<i>Washoe</i>	20.8	20.8	21.1	21.5
<i>White Pine</i>	18.4	19.9	21.6	21.4
<b>Nevada</b>	<b>23.6</b>	<b>23.5</b>	<b>24</b>	<b>23.8</b>

Source: American Community Survey, 5-year estimates

Appendix D: Tables for Section 5 Health Behaviors

County/Region	Active for at least 60 minutes/day on 5 or more days (past week)	Active 1 hour/every day past week	Played Games On/Used the computer 3+ hours/ per school day on average	Watched TV 3+ hours/per school day on average
<i>Carson City and Douglas County</i>	48.2%	25.1%	33.6%	24.60%
<i>Elko, White Pine, and Eureka Counties</i>	48.2%	26.5%	38.3%	31.10%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	55.9%	34.3%	32.2%	27.10%
<i>Lyon, Mineral, and Storey Counties</i>	49.5%	27.0%	33.7%	34.50%
<i>Nye and Lincoln Counties</i>	59.9%	29.5%	33.0%	25.90%
<i>Washoe County</i>	45.3%	23.9%	36.2%	28.80%
<i>Clark County</i>	42.1%	22.4%	38.9%	30.80%
<b>Nevada</b>	<b>43.8%</b>	<b>23.30%</b>	<b>37.90%</b>	<b>30.20%</b>
<b>United States*</b>	<b>47.3%</b>	<b>27.1%</b>	<b>41.3%</b>	<b>32.5%</b>

Source: 2013 Nevada Youth Risk Behavior Survey  
 \*Source: CDC Youth Online: High School YRBS, 2013

Sex	Active for at least 60 minutes/day on 5 or more days (past week)	Active 1 hour/every day past week	Played Games On/Used the computer 3+ hours/ per school day on average	Watched TV 3+ hours/per school day on average
<i>Male</i>	51.8%	29.3%	41.4%	30.7%
<i>Female</i>	36.3%	17.7%	34.7%	29.8%
<b>Age</b>				
<i>14 years or younger</i>	53.1%	27.3%	31.8%	30.6%
<i>15 years</i>	51.3%	28.0%	36.4%	27.1%
<i>16 years</i>	45.0%	23.0%	36.9%	30.7%
<i>17 years</i>	36.0%	19.5%	41.8%	32.2%
<i>18 years</i>	32.0%	17.5%	42.0%	31.0%
<b>Race/Ethnicity</b>				
<i>African American</i>	49.0%	30.2%	38.9%	44.3%
<i>American Indian/Alaska Native</i>	33.9%	18.6%	47.8%	18.4%
<i>Asian</i>	37.5%	15.6%	46.1%	29.4%
<i>Hispanic</i>	40.0%	20.9%	38.0%	32.3%
<i>White, non-Hispanic</i>	48.7%	25.4%	35.1%	23.9%
<i>Other/Multiple</i>	43.1%	25.4%	41.9%	32.7%
<b>Nevada</b>	<b>43.8%</b>	<b>23.3%</b>	<b>39.0%</b>	<b>30.2%</b>

Source: 2013 Nevada Youth Risk Behavioral Survey



<b>Sex</b>	<b>% Yes</b>
<i>Male</i>	80.0%
<i>Female</i>	75.0%
<b>Age</b>	
<i>18 - 24 years</i>	81.6%
<i>25 - 34 years</i>	85.3%
<i>35 - 44 years</i>	80.2%
<i>45 - 54 years</i>	80.1%
<i>55 - 64 years</i>	68.4%
<i>65+ years</i>	70.0%
<b>Race/Ethnicity</b>	
<i>African American</i>	70.8%
<i>Hispanic</i>	77.1%
<i>White</i>	79.5%
<i>Other Race</i>	73.6%
<b>Educational Attainment</b>	
<i>Less than H.S.</i>	73.2%
<i>H.S. or G.E.D.</i>	69.7%
<i>Some Post H.S.</i>	81.3%
<i>College Graduate</i>	87.5%
<b>Income Level</b>	
<i>&lt; \$15,000</i>	64.5%
<i>\$15,000 to \$24,999</i>	71.0%
<i>\$25,000 to \$34,999</i>	72.3%
<i>\$35,000 to \$49,999</i>	76.5%
<i>\$50,000 to \$74,999</i>	83.0%
<i>\$75,000+</i>	89.2%
<b>Insurance Type</b>	
<i>Private</i>	82.5%
<i>Medicare</i>	65.4%
<i>Medicaid</i>	59.5%
<i>Military</i>	82.5%
<i>Indian Health</i>	~
<i>Uninsured</i>	74.7%
<b>Nevada</b>	<b>77.5%</b>
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014 ~ Rates suppressed due to low numbers	

<b>County/Region</b>	<b>Drank 1+ glasses of milk/day*</b>	<b>Drank 1+ sodas/day*</b>	<b>Ate Fruit/Drink Fruit Juices 2+/day*</b>	<b>Ate Vegetables 3+/day*</b>
<i>Carson City and Douglas County</i>	41.4%	16.2%	31.1%	13.3%
<i>Elko, White Pine, and Eureka Counties</i>	37.2%	23.2%	24.9%	12.9%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	41.7%	26.6%	25.9%	12.9%
<i>Lyon, Mineral, and Storey Counties</i>	43.8%	22.7%	23.1%	13.4%
<i>Nye and Lincoln Counties</i>	35.8%	22.7%	19.9%	13.0%
<i>Washoe County</i>	38.1%	17.9%	30.7%	12.9%
<i>Clark County</i>	31.8%	15.0%	30.3%	11.8%
<b>Nevada</b>	<b>33.8%</b>	<b>16.2%</b>	<b>29.8%</b>	<b>12.1%</b>
Source: 2013 Nevada Youth Risk Behavior Survey *During the 7 days before the survey Soda: A can, bottle, or glass of soda or pop, not counting diet soda or diet pop. Vegetables: Green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables.				

<b>Sex</b>	<b>Drank 1+ glasses of milk/day*</b>	<b>Drank 1+ sodas/day*</b>	<b>Ate Fruit/Drink Fruit Juices 2+/day*</b>	<b>Ate Vegetables 3+/day*</b>
<i>Male</i>	40.7%	19.4%	30.4%	12.0%
<i>Female</i>	27.3%	13.3%	29.2%	12.3%
<b>Age</b>				
<i>14 years or younger</i>	37.0%	16.0%	31.7%	14.7%
<i>15 years</i>	34.5%	14.9%	33.7%	13.3%
<i>16 years</i>	34.1%	16.0%	28.2%	13.5%
<i>17 years</i>	31.5%	17.6%	23.9%	8.5%
<i>18 years</i>	33.0%	16.9%	34.0%	10.9%
<b>Race/Ethnicity</b>				
<i>African American</i>	24.1%	17.9%	31.4%	8.5%
<i>American Indian/Alaskan Native</i>	19.4%	13.0%	27.5%	15.1%
<i>Asian</i>	30.7%	5.1%	32.5%	15.5%
<i>Hispanic</i>	33.3%	17.5%	30.7%	11.9%
<i>White, non-Hispanic</i>	38.7%	17.0%	27.5%	11.7%
<i>Other/Multiple</i>	27.9%	12.1%	29.7%	11.7%
<b>Nevada</b>	<b>33.8%</b>	<b>16.2%</b>	<b>29.8%</b>	<b>12.1%</b>

Source: 2013 Nevada Youth Risk Behavior Survey  
\*During the 7 days before the survey  
Soda: A can, bottle, or glass of soda or pop, not counting diet soda or diet pop.  
Vegetables: Green salad, potatoes (excluding French fries, fried potatoes, or potato chips), carrots, or other vegetables.

<b>Sex</b>	<b>Fruit</b>	<b>Vegetable</b>
<i>Male</i>	62.6%	77.2%
<i>Female</i>	66.2%	81.1%
<b>Age Group</b>		
<i>18 - 24 years</i>	66.3%	70.8%
<i>25 - 34 years</i>	57.9%	78.4%
<i>35 - 44 years</i>	62.5%	79.4%
<i>45 - 54 years</i>	64.6%	78.5%
<i>55 - 64 years</i>	65.8%	81.3%
<i>65+ years</i>	70.1%	83.6%
<b>Race/Ethnicity</b>		
<i>African American</i>	58.2%	60.8%
<i>Hispanic</i>	70.9%	80.7%
<i>White</i>	61.5%	80.2%
<i>Other Race</i>	67.5%	81.2%
<b>Educational Attainment</b>		
<i>Less than H.S.</i>	54.3%	70.2%
<i>H.S. or G.E.D.</i>	65.0%	76.5%
<i>Some Post H.S.</i>	64.5%	81.0%
<i>College Graduate</i>	71.3%	86.9%
<b>Income Level</b>		
<i>&lt; \$15,000</i>	52.4%	66.2%
<i>\$15,000 to \$24,999</i>	60.9%	77.0%
<i>\$25,000 to \$34,999</i>	63.8%	80.0%
<i>\$35,000 to \$49,999</i>	63.4%	82.5%
<i>\$50,000 to \$74,999</i>	65.5%	77.7%
<i>\$75,000+</i>	67.9%	85.7%
<b>Nevada</b>	<b>64.4%</b>	<b>79.1%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

County/Region	Overweight†	Obese §	Overweight or Obese
<i>Carson City and Douglas County</i>	12.7%	9.3%	22.0%
<i>Elko, White Pine, and Eureka Counties</i>	16.9%	12.6%	29.5%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	14.0%	15.5%	29.5%
<i>Lyon, Mineral, and Storey Counties</i>	11.3%	10.4%	21.7%
<i>Nye and Lincoln Counties</i>	9.4%	10.9%	20.3%
<i>Washoe County</i>	14.9%	8.7%	23.6%
<i>Clark County</i>	15.2%	12.1%	27.3%
<b>Nevada</b>	<b>14.9%</b>	<b>11.5%</b>	<b>26.4%</b>
<b>United States*</b>	<b>16.6%</b>	<b>13.7%</b>	<b>30.3%</b>

Source: 2013 Nevada Youth Risk Behavior Survey  
\*Source: CDC Youth Online: High School YRBS, 2013  
†Students who were ≥85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.  
§ Students who were ≥95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

Sex	Overweight*	Obese†	Overweight or Obese
<i>Male</i>	14.7%	15.2%	29.9%
<i>Female</i>	15.1%	8.0%	23.1%
<b>Age</b>			
<i>14 years or younger</i>	16.4%	10.8%	27.2%
<i>15 years</i>	13.9%	11.8%	25.7%
<i>16 years</i>	16.2%	12.8%	29.0%
<i>17 years</i>	13.0%	10.2%	23.2%
<i>18 years</i>	16.1%	11.5%	27.6%
<b>Race/Ethnicity</b>			
<i>African American</i>	17.1%	16.9%	34.0%
<i>American Indian/Alaskan Native</i>	25.0%	14.6%	39.6%
<i>Asian</i>	11.4%	8.8%	20.2%
<i>Hispanic</i>	19.4%	13.9%	33.3%
<i>White, non-Hispanic</i>	9.1%	8.1%	17.2%
<i>Other/Multiple</i>	14.9%	10.0%	24.9%
<b>Nevada</b>	<b>14.9%</b>	<b>11.5%</b>	<b>26.4%</b>

Source: 2013 Nevada Youth Risk Behavior Survey  
\*Students who were ≥85th percentile but <95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.  
† Students who were ≥95th percentile for body mass index, based on sex and age-specific reference data from the 2000 CDC growth charts.

Weight Category	2011	2012	2013	2014
Underweight	2.6%	2.6%	1.7%	2.4%
Healthy Weight	37.2%	34.8%	33.4%	34.1%
Overweight	35.7%	36.3%	38.7%	35.9%
Obese	24.5%	26.2%	26.2%	27.6%

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

**Table 5.10 Nevada Adults who Reported Being Overweight/Obese, 2014**

<b>Sex</b>	<b>Overweight</b>	<b>Obese</b>
<i>Male</i>	43.6%	29.7%
<i>Female</i>	27.4%	25.4%
<b>Age Group</b>		
<i>18 - 24 years</i>	30.1%	12.4%
<i>25 - 34 years</i>	30.9%	29.6%
<i>35 - 44 years</i>	33.5%	36.7%
<i>45 - 54 years</i>	41.5%	28.7%
<i>55 - 64 years</i>	41.9%	25.7%
<i>65+ years</i>	35.8%	27.7%
<b>Race/Ethnicity</b>		
<i>African American</i>	32.1%	38.0%
<i>Hispanic</i>	40.0%	30.3%
<i>White</i>	36.2%	26.8%
<i>Other Race</i>	29.6%	20.0%
<b>Educational Attainment</b>		
<i>Less than H.S.</i>	36.0%	37.8%
<i>H.S. or G.E.D.</i>	39.4%	26.1%
<i>Some Post H.S.</i>	33.6%	27.5%
<i>College Graduate</i>	35.1%	22.5%
<b>Income Level</b>		
<i>&lt; \$15,000</i>	27.0%	36.8%
<i>\$15,000 to \$24,999</i>	41.4%	27.2%
<i>\$25,000 to \$34,999</i>	41.1%	27.8%
<i>\$35,000 to \$49,999</i>	33.6%	28.7%
<i>\$50,000 to \$74,999</i>	39.0%	27.2%
<i>\$75,000+</i>	38.7%	22.6%
<b>Health Insurance Type</b>		
<i>Private</i>	36.6%	26.6%
<i>Medicare</i>	35.4%	28.1%
<i>Medicaid</i>	29.5%	43.8%
<i>Military</i>	36.3%	36.9%
<i>Indian Health</i>	~	~
<i>Uninsured</i>	37.5%	28.0%
<b>Nevada</b>	<b>35.9%</b>	<b>27.6%</b>
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014 ~ Rates suppressed due to low numbers		

**Table 5.11 Select Factors Related to Current Substance Use and Abuse Among Adolescents, United States and Nevada by County/Region, 2013**

County/Region	Currently Use Tobacco <sup>†</sup>	Currently Drink Alcohol <sup>‡</sup>	Currently Use Marijuana <sup>§</sup>
<i>Carson City and Douglas County</i>	25.0%	41.9%	29.9%
<i>Elko, White Pine, and Eureka Counties</i>	26.7%	38.9%	20.8%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	25.3%	36.6%	20.8%
<i>Lyon, Mineral, and Storey Counties</i>	23.4%	38.7%	20.2%
<i>Nye and Lincoln Counties</i>	23.6%	28.4%	14.3%
<i>Washoe County</i>	18.3%	36.5%	28.2%
<i>Clark County</i>	11.6%	31.8%	15.9%
<b>Nevada</b>	<b>14.3%</b>	<b>33.3%</b>	<b>18.5%</b>
<b>United States*</b>	<b>22.4%</b>	<b>34.9%</b>	<b>23.4%</b>

Source: 2013 Nevada Youth Risk Behavior Survey

\*Source: CDC Youth Online: High School YRBS, 2013

<sup>†</sup>Used cigarettes, smokeless tobacco, or cigars in past month

<sup>‡</sup>Had at least one drink of alcohol on at least one day during the past month

<sup>§</sup> Used one or more times in past month

**Table 5.12 Select Factors Related to Current Substance Use and Abuse Among Adolescents, by Sex, Age and Race/Ethnicity, 2013**

Sex	Currently Use Tobacco *	Currently Drink Alcohol <sup>†</sup>	Currently Use Marijuana <sup>§</sup>
<i>Male</i>	15.9%	30.9%	18.7%
<i>Female</i>	12.8%	35.7%	18.4%
<b>Age</b>			
<i>14 years or younger</i>	7.8%	18.1%	10.4%
<i>15 years</i>	10.0%	28.9%	15.6%
<i>16 years</i>	12.9%	30.2%	20.4%
<i>17 years</i>	17.6%	40.3%	21.4%
<i>18 years</i>	26.4%	50.4%	23.6%
<b>Race/Ethnicity</b>			
<i>African American</i>	9.3%	23.6%	22.2%
<i>American Indian/Alaskan Native</i>	25.9%	31.0%	25.9%
<i>Asian</i>	8.2%	20.4%	10.1%
<i>Hispanic</i>	13.2%	39.7%	19.7%
<i>White, non-Hispanic</i>	16.7%	30.6%	15.7%
<i>Other/Multiple</i>	14.3%	33.0%	26.4%
<b>Nevada</b>	<b>14.3%</b>	<b>33.3%</b>	<b>18.5%</b>

Source: 2013 Nevada Youth Risk Behavior Survey

\*Used cigarettes, smokeless tobacco, or cigars in past month

<sup>†</sup> Had at least one drink of alcohol on at least one day during the past month

<sup>§</sup> Used one or more times in past month

County/Region	Prescription Drugs†	Synthetic Marijuana	Ecstasy	Inhalants	Cocaine	Methamphetamine	Steroids §	Injected Illegal Drugs	Heroin
<i>Carson City &amp; Douglas County</i>	25.7%	23.5%	13.9%	9.3%	13.7%	7.2%	2.5%	1.6%	3.5%
<i>Elko, White Pine &amp; Eureka Counties</i>	23.5%	21.0%	8.5%	15.6%	6.1%	3.9%	4.7%	3.5%	3.2%
<i>Churchill, Humboldt, Pershing, &amp; Lander Counties</i>	22.6%	24.7%	8.5%	13.9%	6.9%	4.0%	6.1%	3.8%	3.5%
<i>Lyon, Mineral &amp; Storey Counties</i>	23.6%	25.7%	9.2%	11.5%	9.6%	3.0%	6.1%	2.6%	3.6%
<i>Nye &amp; Lincoln Counties</i>	23.9%	19.7%	5.5%	15.1%		5.1%	3.8%		
<i>Washoe County</i>	22.0%	21.6%	16.2%	11.6%	11.3%	6.7%	4.8%	3.6%	4.6%
<i>Clark County</i>	16.7%	15.5%	9.8%	8.9%	7.0%	4.6%	3.6%	3.5%	2.8%
<b>Nevada</b>	<b>18.4%</b>	<b>17.3%</b>	<b>10.8%</b>	<b>9.8%</b>	<b>7.8%</b>	<b>4.9%</b>	<b>3.9%</b>	<b>3.4%</b>	<b>3.2%</b>

Source: 2013 Nevada Youth Risk Behavior Survey  
 \*Used one or more times in their life  
 † Took prescription drugs (e.g., Oxycontin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription  
 § Took steroid pills or shots without a doctor's prescription

County/Region	Currently Smoke	Binge Drink*	Heavy Drinker†
<i>Carson City and Douglas County</i>	19.9%	19.2%	9.8%
<i>Elko, White Pine, and Eureka Counties</i>	25.5%	20.2%	6.6%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	22.1%	16.3%	7.9%
<i>Lyon, Mineral, and Storey Counties</i>	22.0%	15.9%	9.5%
<i>Nye, Esmeralda, and Lincoln Counties</i>	28.8%	14.5%	6.3%
<i>Washoe County</i>	17.5%	19.3%	8.3%
<i>Clark County</i>	19.0%	15.1%	6.2%
<b>Nevada</b>	<b>19.3%</b>	<b>16.1%</b>	<b>6.8%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014  
 \*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month  
 †Heavy drinking is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day

<b>Sex</b>	<b>Currently Smoke</b>	<b>Binge Drank*</b>	<b>Heavy Drinker**</b>
<i>Male</i>	20.0%	21.4%	8.0%
<i>Female</i>	13.8%	10.4%	5.8%
<b>Age Group</b>			
<i>18 - 24 years</i>	16.7%	20.9%	9.7%
<i>25 - 34 years</i>	22.1%	27.6%	9.9%
<i>35 - 44 years</i>	14.6%	18.1%	6.5%
<i>45 - 54 years</i>	19.6%	13.8%	4.3%
<i>55 - 64 years</i>	15.7%	10.6%	5.0%
<i>65+ years</i>	12.6%	6.1%	6.6%
<b>Race/Ethnicity</b>			
<i>African American</i>	24.5%	17.5%	6.8%
<i>Hispanic</i>	15.6%	17.0%	5.4%
<i>White</i>	17.1%	16.4%	7.6%
<i>Other Race</i>	15.4%	11.3%	6.9%
<b>Educational Attainment</b>			
<i>Less than H.S.</i>	23.1%	17.1%	6.4%
<i>H.S. or G.E.D.</i>	22.5%	16.5%	7.1%
<i>Some Post H.S.</i>	13.8%	16.2%	7.6%
<i>College Graduate</i>	8.1%	13.9%	5.9%
<b>Income Level</b>			
<i>&lt; \$15,000</i>	30.8%	16.5%	8.2%
<i>\$15,000 to \$24,999</i>	20.9%	15.5%	5.0%
<i>\$25,000 to \$34,999</i>	22.9%	16.3%	7.5%
<i>\$35,000 to \$49,999</i>	18.1%	15.3%	6.8%
<i>\$50,000 to \$74,999</i>	10.4%	18.5%	11.1%
<i>\$75,000+</i>	9.9%	16.8%	6.7%
<b>Insurance Type</b>			
<i>Private</i>	11.7%	16.8%	7.5%
<i>Medicare</i>	15.4%	4.5%	6.1%
<i>Medicaid</i>	34.1%	14.3%	7.0%
<i>Military</i>	21.7%	17.5%	5.5%
<i>Indian Health</i>	~	~	~
<i>Uninsured</i>	25.7%	21.7%	6.1%
<b>Nevada</b>	<b>16.9%</b>	<b>15.9%</b>	<b>6.9%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014  
 \*Binge drinking is defined as 5 or more drinks (men) or 4 or more drinks (women) in a single occasion within the past month  
 \*\*Heavy drinking is defined as more than 2 drinks (men) or having more than 1 drink (women) in a day  
 ~ Rates suppressed due to low numbers

<b>County/Region</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<i>Carson City and Douglas County</i>	25.8	33.0	14.9	27.6	18.7	36.5	44.0	33.2	40.4	50.4
<i>Elko, White Pine, and Eureka Counties</i>	11.2	14.9	14.6	14.2	17.3	24.0	16.9	28.5	24.7	20.8
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	18.1	24.0	21.7	33.3	21.0	20.9	35.8	37.8	28.0	38.7
<i>Lyon, Mineral, and Storey Counties</i>	38.2	41.4	36.5	30.4	18.6	21.7	31.9	31.1	39.2	44.2
<i>Nye, Esmeralda, and Lincoln Counties</i>	32.1	30.7	42.0	20.9	34.2	31.9	19.9	52.2	35.7	40.0
<i>Washoe County</i>	38.9	33.5	31.9	32.1	28.0	31.7	30.8	33.1	41.0	42.8
<i>Clark County</i>	15.7	12.6	15.3	12.7	14.5	13.9	15.5	19.1	17.8	17.9
<b>Nevada</b>	<b>20.7</b>	<b>18.2</b>	<b>19.1</b>	<b>17.4</b>	<b>17.5</b>	<b>18.5</b>	<b>19.8</b>	<b>23.2</b>	<b>23.5</b>	<b>24.4</b>

Source: Nevada Office of Public Health Informatics and Epidemiology  
 Rate per 100,00 population

**Table 5.17 Nevada Drug-Related Death Rate, by County/Region, 2003-2012**

<b>County/Region</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<i>Carson City and Douglas County</i>	17.5	25.0	19.8	23.6	14.8	28.6	31.0	26.2	28.6	16.8
<i>Elko, White Pine, and Eureka Counties</i>	15.0	9.3	12.8	17.7	15.6	17.2	13.5	30.1	19.8	9.6
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	16.1	12.0	5.9	25.4	17.2	24.7	24.5	26.5	29.9	35.0
<i>Lyon, Mineral, and Storey Counties</i>	10.1	16.9	17.4	12.8	17.0	26.3	12.8	37.7	27.8	37.7
<i>Nye, Esmeralda, and Lincoln Counties</i>	17.3	47.3	46.4	27.2	16.1	35.9	39.7	48.2	41.7	44.0
<i>Washoe County</i>	18.1	19.5	23.7	23.5	24.5	30.7	28.1	30.7	34.2	30.6
<i>Clark County</i>	25.2	24.7	26.8	24.8	27.1	25.8	26.8	28.1	30.4	27.8
<b>Nevada</b>	<b>22.8</b>	<b>23.4</b>	<b>25.4</b>	<b>24.1</b>	<b>25.3</b>	<b>26.7</b>	<b>26.8</b>	<b>29.0</b>	<b>30.8</b>	<b>28.1</b>

Source: Nevada Office of Public Health Informatics and Epidemiology  
 Rate per 100,00 population



## Appendix E: Tables for Section 6 Preventive and Protective Health Factors

Screening Type	2012	2013	2014
Pap/Cervical Cancer Screening*	72.6%	NC	73.1%
Mammogram/Breast Cancer Screening**	66.8%	NC	69.7%
PSA/Prostate Cancer Screening†	48.7%	NC	41.2%
Sigmoidoscopy or Colonoscopy/Colorectal Cancer Screening‡	60.5%	60.5%	62.9%

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2012-2014  
 NC: Not Calculated  
 \*Percent of women 18 + years received pap/cervical cancer screening in past 3 years  
 \*\*Percent of women 40 + years received mammogram/breast cancer screening in past 2 years  
 †Percent of men 40 + years received PSA/prostate cancer screening in past 2 years  
 ‡Percent of adults 50 + years received sigmoidoscopy or colonoscopy/colorectal cancer screening ever

County\Region	PAP/Cervical Cancer Screening*	Mammogram/Breast Cancer Screening**	PSA/Prostate Cancer Screening†	Sigmoidoscopy or Colonoscopy/Colorectal Cancer Screening‡
<i>Carson City and Douglas County</i>	68.9%	70.6%	49.8%	68.0%
<i>Elko, White Pine, and Eureka Counties</i>	73.1%	64.9%	38.5%	59.7%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	65.5%	67.8%	34.2%	57.0%
<i>Lyon, Mineral, and Storey Counties</i>	73.0%	68.0%	42.6%	60.5%
<i>Esmeralda, Nye, and Lincoln Counties</i>	65.3%	70.9%	38.9%	53.1%
<i>Washoe County</i>	73.0%	71.4%	45.5%	65.9%
<i>Clark County</i>	73.3%	72.7%	45.3%	58.8%
<b>Nevada</b>	72.9%	71.9%	44.8%	60.3%

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014  
 \*Percent of women 18 + years received pap/cervical cancer screening in past 3 years (2012 & 2014)  
 \*\*Percent of women 40 + years received mammogram/breast cancer screening in past 2 years (2012 & 2014)  
 †Percent of men 40 + years received PSA/prostate cancer screening in past 2 years (2012 & 2014)  
 ‡Percent of adults 50 + years received sigmoidoscopy or colonoscopy/colorectal cancer screening ever (2012-2014)

**Table 6.3 Nevada Percent of Adults Receiving Recommended Cancer Screenings by Type, 2014**

Sex	PAP/Cervical Cancer Screening*	Mammogram/Breast Cancer Screening**	PSA/Prostate Cancer Screening†	Sigmoidoscopy or Colonoscopy/Colorectal Cancer Screening‡
<i>Male</i>	NC	NC	41.2%	60.3%
<i>Female</i>	73.1%	69.7%	NC	65.5%
<b>Age Group</b> (45 – 54 year and 50 – 54 year groups overlap due to screening recommendation variations)				
<i>18 - 24 years</i>	53.4%	NC	NC	NC
<i>25 - 34 years</i>	78.5%	NC	NC	NC
<i>35 - 44 years</i>	86.4%	NC	NC	NC
<i>40 - 44 years</i>	NC	62.3%	17.0%	NC
<i>45 - 54 years</i>	75.7%	69.9%	22.1%	NC
<i>50 - 54 years</i>	NC	NC	NC	40.8%
<i>55 - 64 years</i>	77.0%	70.6%	48.6%	62.7%
<i>65+ years</i>	54.3%	71.9%	66.0%	75.0%
<b>Race/Ethnicity</b>				
<i>African American</i>	74.1%	54.6%	~	67.8%
<i>Hispanic</i>	70.4%	72.9%	21.9%	53.5%
<i>White</i>	75.6%	69.4%	46.5%	66.1%
<i>Other Race</i>	67.5%	73.8%	36.7%	47.4%
<b>Educational Attainment</b>				
<i>Less than H.S.</i>	77.3%	70.7%	24.9%	45.4%
<i>H.S. or G.E.D.</i>	63.9%	65.0%	27.1%	55.6%
<i>Some Post H.S.</i>	72.6%	70.9%	52.1%	65.6%
<i>College Graduate</i>	86.3%	71.9%	52.4%	78.5%
<b>Income Level</b>				
<i>&lt; \$15,000</i>	58.3%	43.9%	9.1%	50.8%
<i>\$15,000 to \$24,999</i>	68.4%	61.7%	34.9%	55.5%
<i>\$25,000 to \$34,999</i>	71.0%	75.3%	34.6%	59.5%
<i>\$35,000 to \$49,999</i>	75.5%	77.2%	44.6%	59.3%
<i>\$50,000 to \$74,999</i>	75.1%	73.0%	40.9%	69.6%
<i>\$75,000+</i>	90.2%	75.1%	54.7%	70.7%
<b>Insurance Type</b>				
<i>Private</i>	78.9%	76.1%	40.8%	62.1%
<i>Medicare</i>	55.2%	67.6%	62.3%	73.6%
<i>Medicaid</i>	63.4%	67.9%	~	65.8%
<i>Military</i>	~	~	53.7%	70.2%
<i>Indian Health</i>	~	~	~	~
<i>No Insurance</i>	64.0%	44.0%	18.0%	30.9%
<b>Nevada</b>	<b>73.1%</b>	<b>69.7%</b>	<b>41.2%</b>	<b>63.0%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014

NC: Not Calculated

~ Rates suppressed due to low numbers

\*Percent of women 18 + years received pap/cervical cancer screening in past 3 years (2012 & 2014)

\*\*Percent of women 40 + years received mammogram/breast cancer screening in past 2 years (2012 & 2014)

†Percent of men 40 + years received PSA/prostate cancer screening in past 2 years (2012 & 2014)

‡Percent of adults 50 + years received sigmoidoscopy or colonoscopy/colorectal cancer screening ever (2012-2014)

<b>Table 6.4 Nevada Percent of Adults Receiving Recommended Immunizations by Type, 2014</b>		
<b>Sex</b>	<b>Annual Flu Immunization*</b>	<b>Pneumonia Vaccine**</b>
<i>Male</i>	30.8%	67.7%
<i>Female</i>	35.3%	73.7%
<b>Age Group</b>		
<i>18 - 24 years</i>	18.6%	NC
<i>25 - 34 years</i>	23.7%	NC
<i>35 - 44 years</i>	30.5%	NC
<i>45 - 54 years</i>	29.8%	NC
<i>55 - 64 years</i>	37.4%	NC
<i>65+ years</i>	52.9%	NC
<b>Race/Ethnicity</b>		
<i>African American</i>	25.3%	~
<i>Hispanic</i>	29.3%	~
<i>White</i>	35.3%	71.3%
<i>Other Race</i>	34.4%	90.9%
<b>Educational Attainment</b>		
<i>Less than H.S.</i>	28.0%	70.9%
<i>H.S. or G.E.D.</i>	28.0%	71.4%
<i>Some Post H.S.</i>	35.4%	67.7%
<i>College Graduate</i>	39.6%	76.4%
<b>Income Level</b>		
<i>&lt; \$15,000</i>	21.6%	53.5%
<i>\$15,000 to \$24,999</i>	32.7%	70.0%
<i>\$25,000 to \$34,999</i>	38.2%	82.4%
<i>\$35,000 to \$49,999</i>	34.9%	68.6%
<i>\$50,000 to \$74,999</i>	32.5%	69.0%
<i>\$75,000+</i>	36.8%	75.0%
<b>Insurance Type</b>		
<i>Private</i>	33.0%	62.7%
<i>Medicare</i>	49.6%	73.5%
<i>Medicaid</i>	22.8%	~
<i>Military</i>	51.1%	72.1%
<i>Indian Health</i>	~	~
<i>No Insurance</i>	19.1%	~
<b>Nevada</b>	33.1%	70.9%
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014 NC: Not Calculated ~ Rates suppressed due to low numbers *Percent of adults 18+ years who had a flu shot or spray in the past 12 month **Percent of adults 65+ years who ever had Pneumonia vaccine		

**Table 6.5 Nevada Percent of Children Aged 19 to 35 Months Received the 4:3:1:3:3:1:4 Series, by County, 2010-2014**

County	2010	2011	2012	2013	2014
<i>Carson City</i>	50.3%	52.7%	47.9%	44.2%	54.7%
<i>Churchill</i>	52.5%	56.7%	56.2%	50.8%	66.4%
<i>Clark</i>	54.5%	54.0%	50.8%	51.3%	69.2%
<i>Douglas</i>	59.5%	57.5%	54.8%	52.2%	60.7%
<i>Elko</i>	58.9%	63.5%	63.7%	63.4%	66.9%
<i>Esmeralda</i>	57.5%	60.7%	33.3%	27.3%	44.4%
<i>Eureka</i>	66.1%	65.0%	61.0%	66.0%	63.2%
<i>Humboldt</i>	60.8%	60.3%	62.8%	61.0%	63.8%
<i>Lander</i>	64.3%	62.7%	57.6%	55.9%	65.5%
<i>Lincoln</i>	47.0%	47.2%	52.0%	45.8%	52.8%
<i>Lyon</i>	54.2%	54.4%	53.2%	50.5%	63.1%
<i>Mineral</i>	69.0%	66.4%	59.4%	60.1%	68.6%
<i>Nye</i>	42.5%	46.0%	47.1%	40.0%	51.3%
<i>Pershing</i>	61.7%	61.3%	62.3%	64.2%	65.1%
<i>Storey</i>	53.6%	40.0%	58.3%	55.6%	54.6%
<i>Washoe</i>	66.8%	71.2%	73.6%	76.0%	76.5%
<i>White Pine</i>	52.8%	54.4%	52.0%	50.6%	69.1%
<b>Nevada</b>	<b>55.8%</b>	<b>55.8%</b>	<b>53.0%</b>	<b>52.9%</b>	<b>68.8%</b>

Source: Nevada State Immunization Program

4:3:1:3:3:1:4 series includes four doses of diphtheria, tetanus, and pertussis vaccine; three doses of poliovirus vaccine; one dose of measles, mumps, and rubella vaccine; three doses of *Haemophilus influenzae* type b vaccine; three doses of the Hepatitis B vaccine; one dose of the varicella (chicken pox) vaccine; and four doses of the *Pneumococcal* conjugate vaccine

**Table 6.6 Nevada Adolescents Reported Use of Injury Prevention Factors, United States and Nevada by County/Region, 2013**

County\Region	Rarely/Never Wore Helmet**	Rarely/Never Wore Seat Belt†
<i>Carson City &amp; Douglas County</i>	82.6%	4.0%
<i>Elko, White Pine, &amp; Eureka Counties</i>	88.5%	13.7%
<i>Churchill, Humboldt, Pershing, &amp; Lander Counties</i>	90.2%	10.1%
<i>Lyon, Mineral, &amp; Storey Counties</i>	88.8%	9.6%
<i>Esmeralda, Nye, &amp; Lincoln Counties</i>	89.6%	7.1%
<i>Washoe County</i>	80.4%	8.4%
<i>Clark County</i>	89.0%	4.7%
<b>Nevada</b>	<b>87.4%</b>	<b>5.8%</b>
<b>United States*</b>	<b>87.9%</b>	<b>7.6%</b>

Source: Nevada 2013 Youth Risk Behavioral Survey

\*Source: CDC Youth Online: High School YRBS, 2013

\*\* Rarely or never while riding a bike in the past 12 months

† Rarely or never when riding in a car driven by someone else

## Appendix F: Tables for Section 7 Access to Health Resources

County/Region	Licensed Allopathic Physicians (MD)		Licensed Osteopathic Physicians (DO)		Licensed Physician Assistants (PA)		Licensed Advanced Practitioners of Nursing (APN)	
	#	Rate	#	Rate	#	Rate	#	Rate
<i>Carson City*</i>	180	328.6	20	36.5	25	45.6	21	38.3
<i>Churchill</i>	27	106.0	3	11.8	10	39.3	3	11.8
<i>Clark*</i>	3,355	163.5	456	22.2	399	19.4	577	28.1
<i>Douglas</i>	76	157.7	10	20.7	5	10.4	19	39.4
<i>Elko</i>	40	73.7	11	20.3	9	16.6	12	22.1
<i>Esmeralda</i>	0	0.0	0	0.0	0	0.0	0	0.0
<i>Eureka</i>	0	0.0	1	48.6	0	0.0	1	48.6
<i>Humboldt</i>	12	67.0	2	11.2	0	0.0	6	33.5
<i>Lander</i>	1	15.2	0	0.0	1	15.2	1	15.2
<i>Lincoln</i>	2	39.4	0	0.0	2	39.4	1	19.7
<i>Lyon</i>	20	37.5	1	1.9	5	9.4	7	13.1
<i>Mineral</i>	3	66.9	0	0.0	3	66.9	0	0.0
<i>Nye</i>	17	37.8	9	20.0	2	4.5	4	8.9
<i>Pershing</i>	0	0.0	3	43.0	0	0.0	1	14.3
<i>Storey</i>	0	0.0	0	0.0	2	49.6	0	0.0
<i>Washoe*</i>	1,132	258.7	74	16.9	107	24.5	247	56.4
<i>White Pine</i>	9	87.7	5	48.7	1	9.7	1	9.7
Rural	207	72.8	45	15.8	40	14.1	56	19.7
Urban	4,667	183.4	550	21.6	531	20.9	845	33.2
<b>Nevada</b>	<b>4,874</b>	<b>172.3</b>	<b>595</b>	<b>21.0</b>	<b>571</b>	<b>20.2</b>	<b>901</b>	<b>31.9</b>

Source: Nevada Rural and Frontier Health Data Book, 2015  
Rate per 100,000 population  
\*Classified as an urban county; all other counties classified as rural

**Table 7.2 Nevada Number and Rate of Nursing Health Providers, by Licensed Specialty Type, 2014**

County/Region	Licensed Registered Nurses (RN)		Licensed Practical Nurses (LPN)		Certified Registered Nurse Anesthetists (CRNA)		Licensed Registered Nurses (RN) with Emergency Medical Services (EMS) Certification		Certified Nursing Assistants (CNA)	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
<i>Carson City*</i>	518	945.7	50	91.3	1	1.8	0	0.0	280	511.2
<i>Churchill</i>	173	679.5	21	82.5	3	11.8	3	11.8	82	322.1
<i>Clark*</i>	15,337	747.4	2,354	114.7	63	3.1	64	3.1	5,320	259.3
<i>Douglas</i>	372	771.7	27	56.0	1	2.1	1	2.1	87	180.5
<i>Elko</i>	270	497.2	22	40.5	6	11.0	5	9.2	168	309.4
<i>Esmeralda</i>	2	219.3	0	0.0	0	0.0	0	0.0	0	0.0
<i>Eureka</i>	1	48.6	1	48.6	0	0.0	0	0.0	3	145.9
<i>Humboldt</i>	74	413.2	9	50.3	2	11.2	2	11.2	55	307.1
<i>Lander</i>	28	426.2	2	30.4	0	0.0	2	30.4	31	471.9
<i>Lincoln</i>	20	394.1	6	118.2	0	0.0	0	0.0	12	236.5
<i>Lyon</i>	283	530.6	52	97.5	0	0.0	4	7.5	236	442.5
<i>Mineral</i>	21	468.1	9	200.6	0	0.0	0	0.0	36	802.5
<i>Nye</i>	144	320.6	46	102.4	1	2.2	5	11.1	138	307.2
<i>Pershing</i>	19	272.3	4	57.3	0	0.0	1	14.3	27	387.0
<i>Storey</i>	18	446.7	2	49.6	0	0.0	0	0.0	7	173.7
<i>Washoe*</i>	4,233	967.4	354	80.9	7	1.6	37	8.5	1,333	304.6
<i>White Pine</i>	50	487.2	18	175.4	2	19.5	0	0.0	48	467.7
Rural	1,475	518.5	219	77.0	15	5.3	23	8.1	930	326.9
Urban	13,659	789.5	2,758	108.4	71	2.8	101	4.0	6,933	272.5
<b>Nevada</b>	<b>21,563</b>	<b>762.3</b>	<b>2,977</b>	<b>105.2</b>	<b>86</b>	<b>3.0</b>	<b>124</b>	<b>4.4</b>	<b>7,863</b>	<b>278.0</b>

Source: Nevada Rural and Frontier Health Data Book, 2015

Rate per 100,000 population

\*Classified as an urban county; all other counties classified as rural

**Table 7.3 Nevada Number and Rate of Dental Health Providers, by Licensed Specialty Type, 2014**

County/Region	Licensed Dentists		Licensed Registered Dental Hygienists	
	#	Rate	#	Rate
<i>Carson City*</i>	35	63.9	38	69.4
<i>Churchill</i>	10	39.3	16	62.8
<i>Clark*</i>	1,135	55.3	647	31.5
<i>Douglas</i>	28	58.1	35	72.6
<i>Elko</i>	31	57.1	19	35.0
<i>Esmeralda</i>	0	0.0	0	0.0
<i>Eureka</i>	1	48.6	0	0.0
<i>Humboldt</i>	7	39.1	9	50.3
<i>Lander</i>	1	15.2	1	15.2
<i>Lincoln</i>	2	39.4	1	19.7
<i>Lyon</i>	10	18.8	11	20.6
<i>Mineral</i>	2	44.6	2	44.6
<i>Nye</i>	9	20.0	6	13.4
<i>Pershing</i>	3	43.0	0	0.0
<i>Storey</i>	0	0.0	0	0.0
<i>Washoe*</i>	275	62.8	258	59.0
<i>White Pine</i>	4	39.0	4	39.0
Rural	108	38.0	104	36.6
Urban	1,445	56.8	943	37.1
<b>Nevada</b>	<b>1,553</b>	<b>54.9</b>	<b>1,047</b>	<b>37.0</b>

Source: Nevada Rural and Frontier Health Data Book, 2015

Rate per 100,000 population

\*Classified as an urban county; all other counties classified as rural

**Table 7.4 Nevada Number and Rate of Mental Health Providers, by Licensed Specialty Type, 2014**

County/Region	Licensed Psychiatrists		Licensed Psychologists		Licensed Social Workers		Licensed Clinical Social Workers	
	#	Rate	#	Rate	#	Rate	#	Rate
<i>Carson City*</i>	3	5.5	18	32.9	70	127.8	0	0.0
<i>Churchill</i>	0	0.0	2	7.9	16	62.8	7	27.5
<i>Clark*</i>	118	5.8	197	9.6	655	31.9	405	19.7
<i>Douglas</i>	1	2.1	5	10.4	1	2.1	8	16.6
<i>Elko</i>	0	0.0	0	0.0	29	53.4	6	11.0
<i>Esmeralda</i>	0	0.0	0	0.0	0	0.0	0	0.0
<i>Eureka</i>	0	0.0	0	0.0	0	0.0	0	0.0
<i>Humboldt</i>	0	0.0	1	5.6	4	22.3	3	16.8
<i>Lander</i>	0	0.0	0	0.0	0	0.0	2	30.4
<i>Lincoln</i>	0	0.0	0	0.0	1	19.7	4	78.8
<i>Lyon</i>	0	0.0	5	9.4	9	16.9	3	5.6
<i>Mineral</i>	0	0.0	0	0.0	0	0.0	0	0.0
<i>Nye</i>	1	2.2	3	6.7	11	24.5	6	13.4
<i>Pershing</i>	0	0.0	0	0.0	2	28.7	0	0.0
<i>Storey</i>	0	0.0	0	0.0	0	0.0	0	0.0
<i>Washoe*</i>	57	13.0	141	32.2	316	72.2	155	35.4
<i>White Pine</i>	0	0.0	1	9.7	4	39.0	3	29.2
Rural	2	0.7	17	6.0	77	27.1	42	14.8
Urban	178	7.0	356	14.0	1,041	40.9	560	22.0
<b>Nevada</b>	<b>180</b>	<b>6.4</b>	<b>373</b>	<b>13.2</b>	<b>1,118</b>	<b>39.5</b>	<b>602</b>	<b>21.3</b>

Source: Nevada Rural and Frontier Health Data Book, 2015

Rate per 100,000 population

\*Classified as an urban county; all other counties classified as rural

**Table 7.5 Nevada Number and Rate of Mental Health Providers, by Licensed Specialty Type, 2014**

County/Region	Licensed Alcohol, Drug, and Gambling Counselors		Licensed Marriage and Family Therapist (MFT)		Licensed Clinical Professional Counselors	
	#	Rate	#	Rate	#	Rate
<i>Carson City*</i>	50	91.3	22	39.7	0	0.0
<i>Churchill</i>	37	145.3	6	23.5	0	0.0
<i>Clark*</i>	704	34.3	350	17.6	25	1.3
<i>Douglas</i>	22	45.6	23	48.7	2	4.2
<i>Elko</i>	23	42.4	3	5.7	2	3.8
<i>Esmeralda</i>	0	0.0	0	0.0	0	0.0
<i>Eureka</i>	0	0.0	0	0.0	0	0.0
<i>Humboldt</i>	11	61.4	2	11.7	0	0.0
<i>Lander</i>	5	76.1	0	0.0	0	0.0
<i>Lincoln</i>	2	39.4	1	18.4	0	0.0
<i>Lyon</i>	32	60.0	7	13.1	3	5.6
<i>Mineral</i>	0	0.0	1	21.4	0	0.0
<i>Nye</i>	16	35.6	3	6.6	1	2.2
<i>Pershing</i>	4	57.3	0	0.0	0	0.0
<i>Storey</i>	3	74.4	2	46.6	0	0.0
<i>Washoe*</i>	315	72.0	248	58.6	14	3.3
<i>White Pine</i>	3	29.2	1	9.5	0	0.0
Rural	158	55.5	49	17.3	8	2.8
*Urban	1,069	42.0	620	25.1	39	1.6
<b>Nevada</b>	<b>1,227</b>	<b>43.4</b>	<b>669</b>	<b>24.3</b>	<b>47</b>	<b>1.7</b>

Source: Nevada Rural and Frontier Health Data Book, 2015

Rate per 100,000 population

\*Classified as an urban county; all other counties classified as rural

**Table 7.6 Nevada Number and Rate of Licensed Hospital Beds, by Type, 2015**

County/Region	Community Hospital Beds		Licensed Skilled Nursing Beds		
	#	Rate per 1,000 population	#	Rate per 1,000 population	Rate per 1,000 population aged 65+ years
<i>Carson City*</i>	234	4.3	339	6.2	34.2
<i>Churchill</i>	40	1.6	102	4.0	25.7
<i>Clark*</i>	4,909	2.4	3,392	1.7	12.9
<i>Douglas</i>	23	0.5	60	1.2	5.1
<i>Elko</i>	75	1.4	146	2.7	23.3
<i>Esmeralda</i>	0	0.0	0	0.0	0.0
<i>Eureka</i>	0	0.0	0	0.0	0.0
<i>Humboldt</i>	23	1.3	30	1.7	15.4
<i>Lander</i>	7	1.1	18	2.7	23.0
<i>Lincoln</i>	4	0.8	16	2.8	14.7
<i>Lyon</i>	14	0.3	49	0.9	4.8
<i>Mineral</i>	11	2.5	24	5.3	25.3
<i>Nye</i>	37	0.8	0	0.0	0.0
<i>Pershing</i>	13	1.9	25	3.6	28.5
<i>Storey</i>	0	0.0	0	0.0	0.0
<i>Washoe*</i>	1,725	3.9	876	2.0	14.4
<i>White Pine</i>	25	2.4	97	9.5	57.4
Rural	272	1.0	567	2.0	10.7
*Urban	6,868	2.7	4,607	1.8	13.8
<b>Nevada</b>	<b>7,140</b>	<b>2.5</b>	<b>5,174</b>	<b>1.8</b>	<b>13.4</b>

Source: Nevada Rural and Frontier Health Data Book, 2015

Rate per 1,000 population

\*Classified as an urban county; all other counties classified as rural



<b>County/Region</b>	<b>Have Health Insurance</b>	<b>Personal Healthcare Provider</b>	<b>Couldn't See Doctor Due to Cost</b>
<i>Carson City and Douglas County</i>	79.3%	74.4%	17.7%
<i>Elko, White Pine, and Eureka Counties</i>	82.7%	61.4%	16.3%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	78.7%	63.9%	19.5%
<i>Lyon, Mineral, and Storey Counties</i>	78.6%	66.1%	23.3%
<i>Esmeralda, Nye, and Lincoln Counties</i>	79.3%	72.2%	15.4%
<i>Washoe County</i>	79.4%	71.9%	17.6%
<i>Clark County</i>	76.0%	62.9%	18.6%
<b>Nevada</b>	<b>77.0%</b>	<b>64.9%</b>	<b>18.4%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2011-2014

<b>Sex</b>	<b>Have Health Insurance</b>	<b>Have Personal Provider</b>	<b>Could Not See Provider Due to Cost*</b>
<i>Male</i>	82.6%	50.1%	14.9%
<i>Female</i>	83.4%	62.8%	19.4%
<b>Age Group</b>			
<i>18 - 24 years</i>	74.6%	39.9%	16.2%
<i>25 - 34 years</i>	75.0%	42.0%	23.0%
<i>35 - 44 years</i>	75.3%	50.7%	23.8%
<i>45 - 54 years</i>	84.5%	55.4%	18.6%
<i>55 - 64 years</i>	87.9%	67.0%	16.8%
<i>65+ years</i>	97.9%	78.0%	4.7%
<b>Race/Ethnicity</b>			
<i>African American</i>	85.2%	56.1%	21.1%
<i>Hispanic</i>	64.4%	42.1%	24.3%
<i>White</i>	91.1%	62.9%	13.6%
<i>Other Race</i>	80.4%	54.7%	15.3%
<b>Educational Attainment</b>			
<i>Less than H.S.</i>	65.2%	43.8%	32.5%
<i>H.S. or G.E.D.</i>	79.4%	53.4%	16.0%
<i>Some Post H.S.</i>	88.0%	60.0%	15.9%
<i>College Graduate</i>	93.6%	64.4%	9.0%
<b>Income Level</b>			
<i>&lt; \$15,000</i>	70.5%	44.4%	33.8%
<i>\$15,000 to \$24,999</i>	64.2%	48.6%	27.9%
<i>\$25,000 to \$34,999</i>	74.0%	48.6%	22.4%
<i>\$35,000 to \$49,999</i>	87.4%	56.8%	10.2%
<i>\$50,000 to \$74,999</i>	94.3%	64.0%	9.3%
<i>\$75,000+</i>	97.0%	66.4%	5.8%
<b>Insurance Type</b>			
<i>Private</i>	NC	61.5%	10.6%
<i>Medicare</i>	NC	72.4%	9.5%
<i>Medicaid</i>	NC	46.0%	29.9%
<i>Military</i>	NC	73.4%	6.0%
<i>Indian Health</i>	NC	~	~
<i>No Insurance</i>	NC	28.8%	44.1%
<b>Nevada</b>	<b>83.0%</b>	<b>56.5%</b>	<b>17.1%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014  
\*Within past year

## Appendix G: Tables for Section 8 Maternal and Child Health

County	2009	2010	2011	2012	2013
<i>Carson City</i>	86.2	82.8	72.3	73.3	68.7
<i>Churchill</i>	78.9	69.7	73.3	69.5	66.9
<i>Clark</i>	86.1	78.1	77.1	75.9	72.5
<i>Douglas</i>	62.0	64.3	55.1	48.8	52.9
<i>Elko</i>	80.5	74.6	70.1	64.9	58.0
<i>Esmeralda</i>	~	~	~	~	~
<i>Eureka</i>	52.1	55.2	54.5	51.4	35.7
<i>Humboldt</i>	87.4	91.6	83.3	82.5	80.2
<i>Lander</i>	86.1	81.7	73.3	80.5	68.1
<i>Lincoln</i>	54.7	54.5	26.0	47.8	26.0
<i>Lyon</i>	73.0	71.4	70.2	62.0	67.2
<i>Mineral</i>	63.2	71.3	92.7	73.6	68.7
<i>Nye</i>	70.6	65.4	68.2	58.3	54.8
<i>Pershing</i>	84.0	52.8	69.7	71.6	76.0
<i>Storey</i>	55.7	27.2	53.2	34.3	40.5
<i>Washoe</i>	79.9	78.2	75.2	72.7	71.8
<i>White Pine</i>	106.9	83.8	95.8	74.8	59.0
<b>Nevada</b>	<b>84.3</b>	<b>77.7</b>	<b>76.0</b>	<b>74.5</b>	<b>71.3</b>

Source: Office of Public Health Informatics and Epidemiology  
 Rate per 1,000 women 15 to 44 years old  
 ~ Rates suppressed due to low numbers

County/Region	2009	2010	2011	2012	2013
<i>Carson City</i>	12.1	14.3	12.4	10.0	7.8
<i>Douglas County</i>	7.5	7.5	5.0	6.4	4.7
<i>Elko, White Pine, &amp; Eureka Counties</i>	6.1	3.2	4.3	2.1	2.4
<i>Churchill, Humboldt, Pershing, &amp; Lander Counties</i>	9.7	7.5	8.7	6.3	5.0
<i>Lyon, Mineral, &amp; Storey Counties</i>	8.7	7.0	8.1	5.1	5.0
<i>Nye, Esmeralda, &amp; Lincoln Counties</i>	4.6	2.4	2.1	2.3	2.3
<i>Washoe County</i>	13.4	12.6	12.4	10.2	9.6
<i>Clark County</i>	16.9	13.0	12.0	12.7	10.4
<b>Nevada</b>	<b>15.6</b>	<b>12.5</b>	<b>11.6</b>	<b>11.6</b>	<b>9.7</b>

Source: Office of Public Health Informatics and Epidemiology  
 Rate per 1,000 women 15 to 44 years old

County	2009	2010	2011	2012	2013
<i>Carson City</i>	73.5	68.4	59.5	63.1	60.4
<i>Churchill</i>	70.9	61.2	64.4	64.6	61.2
<i>Clark</i>	68.8	64.6	64.6	62.7	61.7
<i>Douglas</i>	54.3	56.4	49.9	41.9	47.9
<i>Elko</i>	76.2	71.0	65.8	62.5	55.5
<i>Esmeralda</i>	~	~	~	~	~
<i>Eureka</i>	52.1	55.2	51.8	48.6	33.0
<i>Humboldt</i>	75.6	82.5	74.2	74.6	73.3
<i>Lander</i>	81.8	72.9	63.4	73.5	65.9
<i>Lincoln</i>	51.0	54.5	26.0	45.5	22.6
<i>Lyon</i>	63.0	64.4	61.3	56.6	61.7
<i>Mineral</i>	55.0	58.4	80.6	62.9	62.8
<i>Nye</i>	65.3	62.3	65.6	55.8	52.5

<b>County</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<i>Pershing</i>	54.9	50.6	60.8	63.4	71.4
<i>Storey</i>	53.8	25.2	49.4	32.4	38.5
<i>Washoe</i>	66.2	65.2	62.4	62.1	61.9
<i>White Pine</i>	85.1	81.0	87.6	72.1	55.7
<b>Nevada</b>	<b>68.3</b>	<b>64.8</b>	<b>64.0</b>	<b>62.5</b>	<b>61.3</b>

Source: Office of Public Health Informatics and Epidemiology  
Rate per 1,000 women 15 to 44 years old  
~ Rates suppressed due to low numbers

<b>County/Region</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<i>Carson City</i>	82.6	81.8	56.6	57.3	51.3
<i>Churchill</i>	54.3	50.3	49.2	28.8	16.2
<i>Clark</i>	60.2	50.0	44.9	42.2	36.4
<i>Douglas</i>	30.8	29.5	14.8	25.2	20.2
<i>Humboldt</i>	45.9	57.6	46.8	45.8	40.8
<i>Lander</i>	51.1	48.0	43.0	~	49.6
<i>Washoe</i>	56.9	50.6	44.9	40.6	35.6
<i>Elko, White Pine, and Eureka Counties</i>	60.4	47.8	38.6	27.3	21.0
<i>Lyon, Mineral, and Storey Counties</i>	39.2	30.6	36.5	38.7	38.7
<i>Nye, Esmeralda, and Lincoln Counties</i>	45.8	30.0	30.7	22.9	25.9
<b>Nevada</b>	<b>58.7</b>	<b>49.5</b>	<b>44.1</b>	<b>40.9</b>	<b>35.4</b>

Source: Office of Public Health Informatics and Epidemiology  
Rate per 1,000 women 15 to 19 years old  
~ Rates suppressed due to low numbers

<b>County/Region</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<i>Carson City</i>	67.3	64.5	44.5	45.8	44.2
<i>Churchill</i>	43.2	38.3	40.2	26.8	14.4
<i>Clark</i>	44.1	38.8	35.7	33.0	29.4
<i>Douglas</i>	23.8	19.2	~	16.0	15.7
<i>Humboldt</i>	37.5	49.4	37.0	40.8	36.6
<i>Lander</i>	47.4	~	~	~	49.6
<i>Washoe</i>	43.0	37.9	33.8	31.0	28.7
<i>Elko, White Pine, and Eureka Counties</i>	55.3	43.2	32.0	24.9	20.1
<i>Lyon, Mineral, and Storey Counties</i>	31.5	24.4	27.4	31.1	32.3
<i>Nye, Esmeralda, and Lincoln Counties</i>	43.3	28.2	30.7	21.7	22.8
<b>Nevada</b>	<b>43.9</b>	<b>38.4</b>	<b>34.7</b>	<b>32.1</b>	<b>28.8</b>

Source: Office of Public Health Informatics and Epidemiology  
Rate per 1,000 women 15 to 19 years old  
~ Rates suppressed due to low numbers

<b>County\Region</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<i>Carson City</i>	6.0%	8.6%	6.6%	3.9%	7.2%
<i>Douglas County</i>	10.5%	8.1%	6.4%	7.9%	7.0%
<i>Elko, White Pine, &amp; Eureka Counties</i>	7.0%	6.9%	8.4%	6.0%	5.7%
<i>Churchill, Humboldt, Pershing, &amp; Lander Counties</i>	6.5%	7.6%	5.0%	8.1%	7.9%
<i>Lyon, Mineral, &amp; Storey Counties</i>	9.3%	7.4%	7.4%	5.3%	9.2%
<i>Nye, Esmeralda, &amp; Lincoln Counties</i>	9.3%	11.2%	11.8%	9.8%	9.1%
<i>Washoe County</i>	8.0%	8.2%	8.4%	7.3%	7.4%
<i>Clark County</i>	8.2%	8.3%	8.3%	8.2%	8.1%
<b>Nevada</b>	<b>8.1%</b>	<b>8.3%</b>	<b>8.2%</b>	<b>7.9%</b>	<b>7.9%</b>

Source: Office of Public Health Informatics and Epidemiology  
Rate per 1,000 women 15 to 44 years old

<b>County</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
<i>Carson City</i>	35.6%	50.4%	61.3%	58.8%
<i>Churchill</i>	47.3%	54.0%	57.9%	60.6%
<i>Clark</i>	58.2%	59.0%	59.4%	61.1%
<i>Douglas</i>	43.8%	58.9%	63.2%	60.0%
<i>Elko</i>	54.7%	53.1%	58.4%	56.3%
<i>Esmeralda</i>	~	~	~	~
<i>Eureka</i>	~	~	~	~
<i>Humboldt</i>	51.6%	53.1%	57.0%	55.3%
<i>Lander</i>	44.6%	51.9%	48.4%	61.4%
<i>Lincoln</i>	60.9%	54.5%	70.0%	85.0%
<i>Lyon</i>	47.9%	59.5%	63.0%	61.6%
<i>Mineral</i>	40.0%	43.3%	41.5%	52.8%
<i>Nye</i>	55.2%	59.7%	55.2%	57.0%
<i>Pershing</i>	39.1%	52.7%	55.6%	55.6%
<i>Storey</i>	~	57.7%	82.4%	71.4%
<i>Washoe</i>	65.8%	69.9%	75.1%	72.9%
<i>White Pine</i>	60.0%	50.8%	64.2%	56.0%
<b>Nevada</b>	<b>58.3%</b>	<b>60.2%</b>	<b>61.8%</b>	<b>62.7%</b>

Source: Office of Public Health Informatics and Epidemiology  
~ Rates suppressed due to low numbers

**Table 8.8 Nevada Rates of Infant and Child Mortality, by County and Race/Ethnicity, 2009-2013 Aggregate Data**

<b>County</b>	<b>Total ages 1-14 per 1,000</b>	<b>Infant deaths (&lt; 1 year) per 1,000 live births</b>	<b>Neonatal (&lt;28 days old) per 1,000 live births</b>	<b>Post-Neonatal (28 days and 364 days old) per 1,000 live births</b>
<i>Carson City</i>	0.17	4.1	1.7	2.4
<i>Churchill</i>	0.35	6.3	3.2	3.8
<i>Clark</i>	0.16	5.2	3.3	1.8
<i>Douglas</i>	0.28	4.4	3.3	~
<i>Elko</i>	0.18	6.0	2.9	3.2
<i>Esmeralda</i>	0.00	0.0	0.0	0.0
<i>Eureka</i>	0.00	0.0	0.0	0.0
<i>Humboldt</i>	0.30	6.9	6.1	~
<i>Lander</i>	~	6.8	~	0.0
<i>Lincoln</i>	0.00	0.0	0.0	0.0
<i>Lyon</i>	0.26	6.3	4.2	2.5
<i>Mineral</i>	~	0.0	~	0.0
<i>Nye</i>	0.23	5.2	2.1	3.1
<i>Pershing</i>	~	0.0	0.0	0.0
<i>Storey</i>	0.00	0.0	0.0	0.0
<i>Washoe</i>	0.18	6.7	4.4	2.3
<i>White Pine</i>	~	3.6	~	~
<b>Race/Ethnicity</b>				
<i>African American</i>	0.36	9.9	6.1	3.8
<i>American Indian/Alaskan Native</i>	0.32	7.9	4.5	3.4
<i>Asian/Pacific Islander</i>	0.12	3.7	1.7	2.0
<i>White (non-Hispanic)</i>	0.19	5.3	3.3	1.9
<i>Hispanic</i>	0.16	5.1	3.5	1.6
<b>Nevada</b>	<b>0.20</b>	<b>5.4</b>	<b>3.5</b>	<b>2.0</b>

Source: Office of Public Health Informatics and Epidemiology

Rate per 1,000

~ Rates suppressed due to low numbers

## Appendix H: Tables for Section 9 General, Mental, and Sexual Health

Year	Excellent	Very Good	Good	Fair	Poor
2011	20.7%	27.6%	31.4%	14.7%	5.6%
2012	17.4%	30.8%	32.8%	13.2%	5.7%
2013	18.0%	32.8%	31.0%	12.9%	4.4%
2014	18.7%	29.1%	33.7%	13.8%	4.7%

Source: Nevada Behavioral Risk Factor Surveillance Survey, 2011-2014

County/Region	Fair or Poor	Good/Very Good/Excellent
<i>Carson City and Douglas County</i>	18.6%	81.0%
<i>Elko, White Pine, and Eureka Counties</i>	19.8%	79.0%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	17.3%	82.1%
<i>Lyon, Mineral, and Storey Counties</i>	22.3%	77.5%
<i>Nye, Esmeralda, and Lincoln Counties</i>	22.9%	76.9%
<i>Washoe County</i>	17.8%	82.1%
<i>Clark County</i>	18.6%	81.1%
<b>Nevada</b>	<b>18.7%</b>	<b>81.3%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey, 2011-2014

<b>Sex</b>	<b>Fair or Poor</b>	<b>Good/Very Good/Excellent</b>
<i>Male</i>	18.7%	81.3%
<i>Female</i>	18.4%	81.6%
<b>Age Group</b>		
<i>18 - 24 years</i>	11.3%	88.8%
<i>25 - 34 years</i>	12.6%	87.5%
<i>35 - 44 years</i>	17.8%	82.2%
<i>45 - 54 years</i>	19.0%	81.1%
<i>55 - 64 years</i>	22.0%	78.0%
<i>65+ years</i>	26.4%	73.6%
<b>Race/Ethnicity</b>		
<i>African American</i>	22.8%	77.1%
<i>Hispanic</i>	22.3%	77.8%
<i>White</i>	16.5%	83.6%
<i>Other Race</i>	16.8%	83.2%
<b>Educational Attainment</b>		
<i>Less than H.S.</i>	32.9%	67.2%
<i>H.S. or G.E.D.</i>	18.8%	81.3%
<i>Some Post H.S.</i>	16.6%	83.4%
<i>College Graduate</i>	8.7%	91.2%
<b>Income Level</b>		
<i>&lt; \$15,000</i>	35.8%	64.1%
<i>\$15,000 to \$24,999</i>	25.1%	74.8%
<i>\$25,000 to \$34,999</i>	22.4%	77.5%
<i>\$35,000 to \$49,999</i>	16.0%	83.9%
<i>\$50,000 to \$74,999</i>	13.6%	86.2%
<i>\$75,000+</i>	6.2%	93.8%
<b>Insurance Type</b>		
<i>Private</i>	11.7%	88.3%
<i>Medicare</i>	34.1%	65.8%
<i>Medicaid</i>	33.2%	66.8%
<i>Military</i>	21.0%	79.0%
<i>Indian Health</i>	~	~
<i>Uninsured</i>	22.9%	77.1%
<b>Nevada</b>	<b>18.5%</b>	<b>81.5%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014  
~ Percent suppressed due to low numbers

<b>County/Region</b>	<b>0 days</b>	<b>0-9 days</b>	<b>10+days</b>
<i>Carson City and Douglas County</i>	78.4%	11.4%	10.1%
<i>Elko, White Pine, and Eureka Counties</i>	80.5%	11.8%	7.7%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	78.0%	9.0%	13.0%
<i>Lyon, Mineral, and Storey Counties</i>	78.0%	10.8%	11.2%
<i>Nye, Esmeralda, and Lincoln Counties</i>	74.8%	10.8%	14.4%
<i>Washoe County</i>	77.7%	13.2%	9.1%
<i>Clark County</i>	79.0%	12.0%	9.0%
<b>Nevada</b>	<b>78.7%</b>	<b>12.0%</b>	<b>9.2%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey, 2011-2014

<b>Table 9.5 Nevada Percent of Adults Reporting Approximate days poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation in past month, 2014</b>				
<b>Sex</b>		<b>0 days</b>	<b>0-9 days</b>	<b>10+days</b>
	<i>Male</i>	60.2%	22.0%	17.8%
	<i>Female</i>	56.4%	28.6%	15.0%
<b>Age Group</b>				
	<i>18 - 24 years</i>	60.5%	31.3%	8.2%
	<i>25 - 34 years</i>	65.3%	25.7%	9.0%
	<i>35 - 44 years</i>	62.1%	24.4%	13.4%
	<i>45 - 54 years</i>	49.3%	31.2%	19.5%
	<i>55 - 64 years</i>	52.0%	24.6%	23.4%
	<i>65+ years</i>	57.5%	18.0%	24.6%
<b>Race/Ethnicity</b>				
	<i>African American</i>	51.2%	33.4%	15.4%
	<i>Hispanic</i>	68.7%	22.1%	9.2%
	<i>White</i>	55.3%	25.1%	19.6%
	<i>Other Race</i>	58.2%	28.9%	12.9%
<b>Educational Attainment</b>				
	<i>Less than H.S.</i>	55.2%	25.2%	19.6%
	<i>H.S. or G.E.D.</i>	57.3%	22.2%	20.5%
	<i>Some Post H.S.</i>	60.4%	24.8%	14.8%
	<i>College Graduate</i>	59.7%	29.1%	11.2%
<b>Income Level</b>				
	<i>&lt; \$15,000</i>	37.6%	31.7%	30.8%
	<i>\$15,000 to \$24,999</i>	52.7%	31.4%	15.9%
	<i>\$25,000 to \$34,999</i>	56.4%	29.9%	13.8%
	<i>\$35,000 to \$49,999</i>	64.9%	15.3%	19.9%
	<i>\$50,000 to \$74,999</i>	66.0%	23.8%	10.2%
	<i>\$75,000+</i>	67.4%	24.2%	8.4%
<b>Insurance Type</b>				
	<i>Private</i>	64.3%	24.6%	11.1%
	<i>Medicare</i>	53.7%	17.9%	28.4%
	<i>Medicaid</i>	24.9%	41.7%	33.4%
	<i>Military</i>	49.8%	24.8%	25.4%
	<i>Indian Health</i>	~	~	~
	<i>Uninsured</i>	61.4%	25.6%	12.9%
<b>Nevada</b>		<b>58.1%</b>	<b>25.6%</b>	<b>16.3%</b>
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014 ~ Percent suppressed due to low numbers				



<b>Sex</b>	<b>Felt Sad/Hopeless*</b>	<b>Attempted Suicide†</b>
<i>Male</i>	22.0%	8.9%
<i>Female</i>	41.3%	14.5%
<b>Age</b>		
<i>14 years or younger</i>	24.4%	13.6%
<i>15 years</i>	31.5%	12.6%
<i>16 years</i>	32.9%	13.1%
<i>17 years</i>	31.4%	10.4%
<i>18 years</i>	37.9%	8.2%
<b>Race/Ethnicity</b>		
<i>African American</i>	23.7%	9.9%
<i>American Indian\Alaska Native</i>	41.0%	23.9%
<i>Asian</i>	33.2%	11.1%
<i>Hispanic</i>	35.4%	11.8%
<i>White, non-Hispanic</i>	28.5%	10.3%
<i>Other\Multiple</i>	35.1%	17.8%
<b>Nevada</b>	<b>31.7%</b>	<b>11.8%</b>

Source: 2013 Nevada Youth Risk Behavior Survey

\*Almost every day for 2 or more weeks in a row so they stopped doing some usual activities in past 12 months in past month

† Within past 12 months

<b>Year</b>	<b>0 Days</b>	<b>1-9 Days</b>	<b>10+ Days</b>
<b>2011</b>	65.0%	20.1%	14.9%
<b>2012</b>	63.1%	21.2%	15.8%
<b>2013</b>	66.6%	19.3%	14.1%
<b>2014</b>	67.8%	19.8%	12.4%

Source: Nevada Behavioral Risk Factor Surveillance Survey, 2011-2014

<b>County/Region</b>	<b>0 days</b>	<b>0-9 days</b>	<b>10+days</b>
<i>Carson City and Douglas County</i>	65.1%	20.9%	14.0%
<i>Elko, White Pine, and Eureka Counties</i>	66.1%	19.6%	14.3%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	67.5%	16.9%	15.6%
<i>Lyon, Mineral, and Storey Counties</i>	64.5%	20.0%	15.5%
<i>Nye, Esmeralda, and Lincoln Counties</i>	62.6%	19.9%	17.4%
<i>Washoe County</i>	62.6%	22.5%	14.9%
<i>Clark County</i>	66.4%	19.6%	14.0%
<b>Nevada</b>	<b>65.7%</b>	<b>20.1%</b>	<b>14.3%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey, 2011-2014

<b>Table 9.9 Nevada Adults Reporting Approximate Days in the Past 30 with Poor Mental Health, 2014</b>			
<b>Sex</b>	<b>0 days</b>	<b>0-9 days</b>	<b>10+days</b>
<i>Male</i>	73.5%	16.5%	10.0%
<i>Female</i>	62.3%	23.0%	14.7%
<b>Age Group</b>			
<i>18 - 24 years</i>	58.3%	30.4%	11.3%
<i>25 - 34 years</i>	58.6%	24.1%	17.3%
<i>35 - 44 years</i>	64.9%	22.7%	12.4%
<i>45 - 54 years</i>	70.7%	18.8%	10.4%
<i>55 - 64 years</i>	75.2%	12.8%	12.1%
<i>65+ years</i>	76.9%	12.6%	10.5%
<b>Race/Ethnicity</b>			
<i>African American</i>	64.3%	18.5%	17.2%
<i>Hispanic</i>	69.0%	20.6%	10.4%
<i>White</i>	67.6%	20.1%	12.3%
<i>Other Race</i>	68.5%	18.0%	13.5%
<b>Educational Attainment</b>			
<i>Less than H.S.</i>	70.2%	13.6%	16.2%
<i>H.S. or G.E.D.</i>	69.2%	19.4%	11.4%
<i>Some Post H.S.</i>	64.5%	22.3%	13.2%
<i>College Graduate</i>	69.6%	20.6%	9.9%
<b>Income Level</b>			
<i>&lt; \$15,000</i>	52.2%	24.8%	23.0%
<i>\$15,000 to \$24,999</i>	62.5%	22.6%	15.0%
<i>\$25,000 to \$34,999</i>	72.6%	17.9%	9.5%
<i>\$35,000 to \$49,999</i>	67.4%	19.5%	13.1%
<i>\$50,000 to \$74,999</i>	69.0%	20.6%	10.5%
<i>\$75,000+</i>	72.3%	20.2%	7.5%
<b>Insurance Type</b>			
<i>Private</i>	68.3%	22.4%	9.3%
<i>Medicare</i>	69.6%	13.5%	16.8%
<i>Medicaid</i>	52.8%	18.5%	28.7%
<i>Military</i>	77.8%	14.6%	7.6%
<i>Indian Health</i>	~	~	~
<i>Uninsured</i>	65.6%	19.2%	15.2%
<b>Nevada</b>	<b>67.8%</b>	<b>19.8%</b>	<b>12.4%</b>

Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014  
~ Percent suppressed due to low numbers

County	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<i>Carson City</i>	39.3	38.5	26.6	30.2	~	23.1	20.9	22.1	33.0	15.5
<i>Churchill</i>	42.2	41.8	23.9	44.9	~	23.4	19.5	15.8	19.9	27.7
<i>Clark County</i>	19.2	18.3	19.6	19.2	19.5	18.1	17.6	19.0	16.4	17.8
<i>Douglas</i>	17.8	16.9	21.5	7.6	25.1	40.1	23.3	19.1	16.8	6.2
<i>Elko</i>	26.3	25.7	23.5	33.1	19.9	20.9	33.0	22.5	32.1	17.4
<i>Esmeralda</i>	0.0	0.0	0.0	0.0	0.0	0.0	~	~	~	~
<i>Eureka</i>	0.0	0.0	~	~	~	~	~	~	~	~
<i>Humboldt</i>	~	~	~	~	~	~	~	~	35.0	40.3
<i>Lander</i>	~	~	~	~	~	~	~	~	~	~
<i>Lincoln</i>	~	~	~	~	~	~	~	~	~	~
<i>Lyon</i>	39.3	36.4	26.9	30.1	24.0	25.1	35.3	23.0	24.8	21.1
<i>Mineral</i>	~	~	~	~	~	0.0	~	~	~	~
<i>Nye</i>	53.8	51.0	36.5	34.3	37.3	38.2	26.9	36.4	31.5	31.6
<i>Pershing</i>	0.0	0.0	0.0	~	~	~	~	~	~	~
<i>Storey</i>	0.0	0.0	~	~	0.0	~	~	~	~	~
<i>Washoe County</i>	20.8	20.3	24.3	25.3	18.6	19.2	20.5	21.4	19.3	17.3
<i>White Pine</i>	~	~	~	57.8	~	71.3	~	~	~	~
<b>Nevada</b>	<b>24.2</b>	<b>22.7</b>	<b>23.6</b>	<b>24.1</b>	<b>21.9</b>	<b>19.5</b>	<b>18.8</b>	<b>19.9</b>	<b>18.3</b>	<b>17.9</b>

Source: Office of Public Health Informatics and Epidemiology  
Rates per 100,000 population  
~ Rates suppressed due to low numbers

Sex	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<i>Male</i>	31.8	30.0	30.3	30.5	28.3	31.1	29.1	31.1	28.0	26.3
<i>Female</i>	7.7	8.3	8.1	8.4	7.7	8.2	8.8	9.2	8.7	9.8
<b>Race/Ethnicity</b>										
<i>African American</i>	11.0	7.9	8.5	13.1	10.0	9.1	6.5	10.4	9.8	12.9
<i>American Indian/Alaskan Native</i>	17.7	~	~	13.6	~	~	~	16.8	15.1	28.8
<i>Asian/Pacific Islander</i>	12.1	7.7	5.1	9.2	10.8	6.9	14.6	7.7	11.6	12.9
<i>White (non-Hispanic)</i>	22.8	22.3	23.3	23.8	22.2	25.5	24.3	28.9	22.5	23.0
<i>Hispanic</i>	7.6	11.5	10.6	8.8	6.9	6.3	6.4	6.0	8.9	6.3
<b>Educational Attainment</b>										
<i>Less than high school</i>	10.1	10.1	12.4	11.4	9.2	13.6	12.8	13.1	15.5	12.7
<i>High school or GED</i>	49.1	44.8	48.7	47.1	48.9	45.9	46.4	46.9	44.1	46.2
<i>Some College</i>	20.9	23.5	19.0	23.2	21.6	20.0	18.0	19.0	20.7	21.0
<i>College Degree or higher</i>	19.9	21.5	20.0	18.3	20.4	20.4	22.8	21.1	19.7	20.2
<b>Nevada</b>	<b>24.2</b>	<b>22.7</b>	<b>23.6</b>	<b>24.1</b>	<b>21.9</b>	<b>19.5</b>	<b>18.8</b>	<b>19.9</b>	<b>18.3</b>	<b>17.9</b>

Source: Office of Public Health Informatics and Epidemiology  
Rates per 100,000 population  
~ Rates suppressed due to low numbers

STD Type	2009	2010	2011	2012	2013
<b>Chlamydia</b>	367.3	344.3	386.4	407.1	400.2
<b>Gonorrhea</b>	63.1	60.1	73.8	82.7	91.8
<b>Primary and Secondary Syphilis</b>	3.3	4.9	5.0	4.2	7.5
<b>Early Latent Syphilis</b>	NC	6.7	6.1	7.8	8.5

Source: Nevada STD Prevention and Control Program  
NC: Data Not Calculated  
Rates per 100,000 population

County/Region	2010	2011	2012	2013
<i>Clark County</i>	374.1	423.4	433.9	428.9
<i>Washoe County</i>	337.2	357.0	388.2	391.2
<i>Carson City, Douglas, and Lyon Counties</i>	188.5	231.9	255.7	264.9
<i>All Other Counties*</i>	180.0	186.2	291.3	218.9
<b>Nevada</b>	<b>344.3</b>	<b>386.4</b>	<b>407.1</b>	<b>400.2</b>
<b>United States</b>	<b>409.2</b>	<b>426.0</b>	<b>457.6</b>	<b>446.6†</b>

Source: Nevada STD Prevention and Control Program  
 \*Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.  
 †CDC Fact Sheet: Reported STD in the United States, 2013 National Data for Chlamydia, Gonorrhea, and Syphilis Rates per 100,000 population

County/Region	2009	2010	2011	2012	2013
<i>Clark County</i>	78.9	76.8	88.4	99.4	104.1
<i>Washoe County</i>	31.6	23.6	51.0	56.7	85.1
<i>Carson City, Douglas, and Lyon Counties</i>	15.7	6.6	19.1	21.2	24.4
<i>All Other Counties*</i>	7.7	12.7	14.9	15.6	30.0
<b>Nevada</b>	<b>63.1</b>	<b>60.1</b>	<b>73.8</b>	<b>82.7</b>	<b>91.8</b>
<b>United States</b>	<b>111.6</b>	<b>99.1</b>	<b>100.8</b>	<b>104.2</b>	<b>106.1†</b>

Source: Nevada STD Prevention and Control Program  
 \*Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.  
 †CDC Fact Sheet: Reported STD in the United States, 2013 National Data for Chlamydia, Gonorrhea, and Syphilis Rates per 100,000 population

County/Region	2009	2010	2011	2012	2013
<i>Clark County</i>	4.4	6.4	6.4	4.9	8.5
<i>Washoe County</i>	0.7	0.5	1.9	3.8	7.2
<i>Carson City, Douglas, and Lyon Counties</i>	0.0	0.6	0.0	0.0	1.3
<i>All Other Counties*</i>	2.4	2.8	1.1	0.5	2.2
<b>Nevada</b>	<b>3.3</b>	<b>4.9</b>	<b>5.0</b>	<b>4.2</b>	<b>7.5</b>
<b>United States</b>	<b>4.5</b>	<b>4.6</b>	<b>4.5</b>	<b>4.5</b>	<b>5.5†</b>

Source: Nevada STD Prevention and Control Program  
 \*Churchill, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.  
 †CDC Fact Sheet: Reported STD in the United States, 2013 National Data for Chlamydia, Gonorrhea, and Syphilis Rates per 100,000 population

County/Region	2010	2011	2012	2013	2014
<i>Clark County</i>	17.2	17.3	15.8	19.3	18.3
<i>Washoe County</i>	6.1	6.4	6.2	8.8	8.9
<i>All Other Counties*</i>	1.2	0.9	1.9	3.3	2.4
<b>Nevada</b>	<b>13.5</b>	<b>13.6</b>	<b>12.5</b>	<b>15.7</b>	<b>14.8</b>

Source: Nevada HIV/AIDS Surveillance Program HIV-AIDS Fast Facts  
 \*Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.  
 Rates per 100,000 population

County/Region	2010	2011	2012	2013	2014
<i>Clark County</i>	361.1	370.2	381.7	388.8	411.8
<i>Washoe County</i>	197.5	204.5	201.5	216.9	218.5
<i>All Other Counties*</i>	129.0	125.4	120.8	122.7	125.6
<b>Nevada</b>	<b>306.3</b>	<b>314.6</b>	<b>320.1</b>	<b>329.9</b>	<b>347.5</b>

Source: Nevada HIV/AIDS Surveillance Program  
\*Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Mineral, Nye, Pershing, Storey, and White Pine.  
Rates per 100,000 population

Sex	Newly Diagnosed with HIV	All Persons living with HIV or AIDS
<i>Male</i>	25.5	581.1
<i>Female</i>	4.0	110.4
Age		
<i>&lt; 13 years</i>	0.4	2.1
<i>13-24 years</i>	23.4	87.5
<i>25-34 years</i>	38.4	413.2
<i>35-44 years</i>	19.6	546.2
<i>45-54 years</i>	19.0	877.1
<i>55-64 years</i>	6.5	521.7
<i>65+ years</i>	0.8	140.6
Race/Ethnicity		
<i>African American</i>	42.7	1,028.9
<i>American Indian/Alaska Native</i>	9.2	246.2
<i>Asian/Hawaiian/Pacific Islander</i>	9.3	133.6
<i>White</i>	10.2	304.7
<i>Hispanic</i>	16.3	280.9
<b>Nevada</b>	<b>14.8</b>	<b>347.5</b>

Source: Nevada HIV/AIDS Surveillance Program HIV-AIDS Fast Facts

County\Region	Experienced Physical Dating Violence*	Experienced Sexual Dating Violence†	Ever Forced to have Sexual Intercourse
<i>Carson City and Douglas County</i>	10.4%	12.3%	10.5%
<i>Elko, White Pine, and Eureka Counties</i>	11.2%	16.8%	13.5%
<i>Churchill, Humboldt, Pershing, and Lander Counties</i>	10.5%	12.4%	11.9%
<i>Lyon, Mineral, and Storey Counties</i>	12.4%	9.8%	11.2%
<i>Nye and Lincoln Counties</i>	13.7%	12.6%	9.1%
<i>Washoe County</i>	12.8%	13.3%	10.8%
<i>Clark County</i>	9.6%	12.9%	11.4%
<b>Nevada</b>	<b>10.3%</b>	<b>13.0%</b>	<b>11.3%</b>
<b>United States§</b>	<b>10.3%</b>	<b>10.4%</b>	<b>7.3%</b>

Source: 2013 Nevada Youth Risk Behavior Survey  
\* Hit, slapped, or physically hurt by boyfriend or girlfriend past 12 months  
†Unwanted kissing and touching, or physically forced to have sexual intercourse by boyfriend or girlfriend past 12 months  
§ US data: CDC youth Online: High School YRBS United States 2013 Results

**Table 9.20 Nevada Select Factors Related to Dating Violence Among Adolescents, by Sex, Age and Race/Ethnicity, 2013**

<b>Sex</b>	<b>Experienced Physical Dating Violence*</b>	<b>Experienced Sexual Dating Violence†</b>	<b>Ever Forced to have Sexual Intercourse</b>
<i>Male</i>	7.9%	7.7%	7.6%
<i>Female</i>	12.7%	18.7%	14.9%
<b>Age</b>			
<i>14 years or younger</i>	8.2%	12.7%	8.7%
<i>15 years</i>	8.3%	12.9%	11.4%
<i>16 years</i>	10.0%	11.4%	11.3%
<i>17 years</i>	9.9%	11.6%	10.4%
<i>18 years</i>	16.6%	18.5%	15.5%
<b>Race/Ethnicity</b>			
<i>African American</i>	7.2%	10.0%	12.2%
<i>American Indian\Alaska Native</i>	15.2%	16.6%	23.2%
<i>Asian</i>	7.6%	10.4%	9.1%
<i>Hispanic</i>	9.4%	12.9%	11.6%
<i>White, non-Hispanic</i>	12.4%	13.3%	10.1%
<i>Other\Multiple</i>	8.4%	14.4%	14.3%
<b>Nevada</b>	<b>10.3%</b>	<b>13.0%</b>	<b>11.3%</b>

Source: 2013 Nevada Youth Risk Behavior Survey

\* Hit, slapped, or physically hurt by boyfriend or girlfriend past 12 months

†Unwanted kissing and touching, or physically forced to have sexual intercourse by boyfriend or girlfriend past 12 months

§ US data: CDC youth Online: High School YRBS United States 2013 Results

## Appendix I: Tables for Section 10 Infectious and Chronic Diseases

Table 10.1 Nevada Rate & Percent of Tuberculosis Cases, by County/Region, Sex, Age, Race/Ethnicity, 2010-2014															
County/Region	2010			2011			2012			2013			2014		
	#	%	Rate	#	%	Rate	#	%	Rate	#	%	Rate	#	%	Rate
<i>Carson City</i>	2	1.8%	3.6	2	2.1%	3.6	1	1.2%	1.8	1	1.1%	1.8	0	0.0%	0.0
<i>Clark</i>	97	85.1%	5.0	85	88.5%	4.3	70	83.3%	3.5	76	82.6%	3.7	67	90.5%	3.3
<i>Washoe</i>	12	10.5%	2.9	8	8.3%	1.9	8	9.5%	1.9	9	9.8%	2.1	7	9.5%	1.6
<i>All Other Counties</i>	3	2.6%	1.1	1	1.0%	0.4	5	6.0%	11.8	6	6.5%	2.1	0	0.0%	0.0
<b>Sex</b>															
<i>Male</i>	72	63.2%	5.3	52	54.2%	3.8	47	56.0%	3.4	51	55.4%	3.6	41	55.4%	2.9
<i>Female</i>	42	36.8%	3.1	44	45.8%	3.3	37	44.0%	2.7	41	44.6%	3.0	33	44.6%	2.4
<b>Age Group</b>															
<i>0-4 years</i>	14	12.3%	7.1	6	6.3%	3.1	5	6.0%	2.7	14	15.2%	7.8	8	10.8%	4.5
<i>4 to 15 years</i>	4	3.5%	1.1	4	4.2%	1.1	5	6.0%	1.3	2	2.2%	0.5	4	5.4%	1.0
<i>16 to 24 years</i>	9	7.9%	2.5	7	7.3%	1.9	12	14.3%	3.3	7	7.6%	1.9	8	10.8%	2.1
<i>25 to 44 years</i>	28	24.6%	3.7	29	30.2%	3.8	15	17.9%	2.0	27	29.3%	3.5	13	17.6%	1.7
<i>45 to 64 years</i>	40	35.1%	5.9	28	29.2%	4.1	25	29.8%	3.6	25	27.2%	3.5	30	40.5%	4.2
<i>65+ years</i>	19	16.7%	5.7	22	22.9%	6.4	22	26.2%	6.1	17	18.5%	4.5	11	14.9%	2.8
<b>Race/Ethnicity</b>															
<i>African American</i>	22	19.3%	10.0	14	14.6%	6.3	6	7.1%	2.7	12	13.0%	5.6	11	15.5%	4.7
<i>American Indian/Alaska Native</i>	2	1.8%	6.4	0	0.0%	0.0	2	2.4%	6.3	0	0.0%	0.0	0	0.0%	0.0
<i>Asian</i>	45	39.5%	19.8	38	39.6%	16.6	39	46.4%	16.7	33	35.9%	14.0	37	49.3%	15.0
<i>Hispanic</i>	28	24.6%	3.9	33	34.4%	4.5	23	27.4%	3.1	30	32.6%	3.6	15	21.1%	1.9
<i>White, non-Hispanic</i>	16	14.0%	1.1	11	11.5%	0.7	14	16.7%	0.9	17	18.5%	1.1	8	9.9%	0.5
<i>Multiple Race/Unknown</i>	1	0.9%	NA	0	0.0%	0.0	0	0.0%	NA	0	0.0%	NA	3	4.20%	NA
<b>Nevada</b>	<b>114</b>	<b>100.0%</b>	<b>4.2</b>	<b>96</b>	<b>100.0%</b>	<b>3.5</b>	<b>84</b>	<b>100.0%</b>	<b>3.1</b>	<b>92</b>	<b>100.0%</b>	<b>3.3</b>	<b>74</b>	<b>100.0%</b>	<b>2.6</b>
Source: Office of Public Health Informatics and Epidemiology															
Rate per 100,000 population															
Percent of total cases															

**Table 10.2 Nevada Breast Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County/Region	Cases Diagnosed	Early Stage	Late Stage
<i>Carson City</i>	240.5	90.2	64.0
<i>Churchill</i>	127.5	83.8	36.0
<i>Clark</i>	176.2	112.6	53.4
<i>Douglas</i>	195.9	135.1	50.7
<i>Elko</i>	160.1	88.0	46.5
<i>Esmeralda</i>	~	~	~
<i>Eureka</i>	~	0.0	0.0
<i>Humboldt</i>	190.9	81.1	104.9
<i>Lander</i>	152.4	97.5	~
<i>Lincoln</i>	~	~	~
<i>Lyon</i>	189.2	130.0	53.9
<i>Mineral</i>	158.7	100.7	~
<i>Nye</i>	171.7	108.6	55.6
<i>Pershing</i>	207.8	141.6	~
<i>Storey</i>	195.6	123.2	~
<i>Washoe</i>	220.7	148.8	65.5
<i>White Pine</i>	124.3	71.1	~
<i>Rural**</i>	121.7	108.5	52.7
<b>Nevada</b>	<b>184.2</b>	<b>119.1</b>	<b>55.4</b>

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\* Rural includes all counties except for Washoe, Clark and Carson City

~ Rates and Percentages with Relative Standard error  $\geq$  30%, were suppressed due to reliability issues

**Table 10.3 Nevada Breast Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by Age, Race/Ethnicity, and Insurance Status, Annual Cumulative Rates 2008-2012**

Age**	Cases Diagnosed	Early Stage	Late Stage
<i>&lt; 1 year</i>	0.0	0.0	0.0
<i>1-14 years</i>	0.0	0.0	0.0
<i>15-24 years</i>	0.9	0.7	0.2
<i>25-34 years</i>	36.4	19.2	15.3
<i>35-44 years</i>	194.9	117.9	68.5
<i>45 -54 years</i>	422.0	268.9	134.5
<i>55-64 years</i>	340.4	223.8	103.2
<i>65+ years</i>	481.6	328.2	118.7
<b>Race/Ethnicity</b>			
<i>African American</i>	214.1	124.9	75.8
<i>American Indian/Alaskan Native</i>	79.6	55.6	15.3
<i>Asian/Pacific Islander</i>	178.2	115.5	54.3
<i>White non-Hispanic</i>	191.9	126.6	56.8
<i>Hispanic</i>	111.3	67.8	38.5
<b>Primary Payer of Medical Services</b>			
<i>Uninsured</i>	0.9	0.4	0.4
<i>Self Pay/Private Insurance</i>	102.2	68.0	33.1
<i>Medicaid</i>	9.2	4.5	4.4
<i>Medicare</i>	51.2	36.0	14.0
<i>Military</i>	2.2	1.4	0.7
<i>Indian Health Program</i>	0.2	~	~
<i>Unknown</i>	18.2	8.7	2.6

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\*Age-adjusted Rates per 100,000 - adjusted to 2000 US Standard Population- (confidence Limits between parenthesis)

~ Rates and Percentages with Relative Standard error  $\geq$  30%, were suppressed due to reliability issues.



**Table 10.4 Nevada Cervical Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County\Region	Cases Diagnosed	Early Stage	Late Stage
<i>Carson City, Douglas</i>	~	~	~
<i>Elko, White Pine, Eureka</i>	~	~	~
<i>Churchill, Humboldt, Pershing, Lander</i>	20.6	~	~
<i>Lyon, Mineral, Storey</i>	17.2	~	11.5
<i>Nye, Esmeralda, Lincoln</i>	~	~	~
<i>Rural **</i>	12.4	4.2	5.3
<i>Clark</i>	12.8	5.4	6.3
<i>Washoe</i>	12.8	5.4	6.3
<b>Nevada</b>	<b>12.8</b>	<b>5.3</b>	<b>6.3</b>

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\* Rural includes all counties except for Washoe, Clark and Carson City

~ Rates and Percentages with Relative Standard error  $\geq$  30%, were suppressed due to reliability issues.

**Table 10.5 Nevada Cervical Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by Age, Race/Ethnicity, and Insurance Status, Annual Cumulative Rates 2008-2012**

Age**	Cases Diagnosed	Early Stage	Late Stage
<i>&lt; 1 year</i>	0.0	0.0	0.0
<i>1-14 years</i>	0.0	0.0	0.0
<i>15-24 years</i>	0.9	0.0	0.4
<i>25-34 years</i>	14.9	9.3	4.5
<i>35-44 years</i>	28.2	14.3	12.1
<i>45 -54 years</i>	26.4	8.0	15.6
<i>55-64 years</i>	14.6	3.6	9.6
<i>65+ years</i>	9.7	2.5	5.5
<b>Race/Ethnicity</b>			
<i>African American</i>	16.7	8.3	5.9
<i>American Indian/Alaskan Native</i>	~	~	~
<i>Asian/Pacific Islander</i>	11.2	~	6.1
<i>White non-Hispanic</i>	13.0	5.4	6.8
<i>Hispanic</i>	11.9	4.9	5.5
<b>Primary Payer of Medical Services</b>			
<i>Uninsured</i>	~	~	~
<i>Self Pay/Private Insurance</i>	8.5	4.1	4.0
<i>Medicaid</i>	1.5	0.5	1.0
<i>Medicare</i>	0.9	0.3	0.5
<i>Military</i>	~	~	~
<i>Indian Health Services (IHS)</i>	~	~	~
<i>Unknown</i>	1.2	~	0.4

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\*Age-adjusted Rates per 100,000 - adjusted to 2000 US Standard Population- (confidence Limits between parenthesis)

Age-Specific Rates per 100,000 population

~ Rates and Percentages with Relative Standard error  $\geq$  30%, were suppressed due to reliability issues.

**Table 10.6 Nevada Prostate Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County/Region	Cases Diagnosed	Early Stage	Late Stage
<i>Carson City</i>	158.0	124.5	20.9
<i>Churchill</i>	138.6	122.3	14.5
<i>Clark</i>	137.6	101.0	12.4
<i>Douglas</i>	149.7	123.6	13.7
<i>Elko</i>	86.1	56.2	13.9
<i>Esmeralda</i>	~	~	0.0
<i>Eureka</i>	~	~	0.0
<i>Humboldt</i>	100.9	80.3	~
<i>Lander</i>	70.7	~	~

**Table 10.6 Nevada Prostate Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County/Region	Cases Diagnosed	Early Stage	Late Stage
<i>Lincoln</i>	207.7	135.1	~
<i>Lyon</i>	106.3	84.9	12.2
<i>Mineral</i>	115.5	103.8	~
<i>Nye</i>	133.2	87.9	15.4
<i>Pershing</i>	93.5	~	~
<i>Storey</i>	78.4	~	~
<i>Washoe</i>	154.6	124.5	19.9
<i>White Pine</i>	155.5	115.8	~
<b>Rural**</b>	121.7	91.8	14.4
<b>Nevada</b>	<b>138.8</b>	<b>104.1</b>	<b>14.0</b>

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14  
 \*Incidence includes invasive and in situ cases  
 \*\* Rural includes all counties except for Washoe, Clark and Carson City  
 ~ Rates and Percentages with Relative Standard error ≥ 30%, were suppressed due to reliability issues.

**Table 10.7 Nevada Prostate Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by Age, Race/Ethnicity, and Insurance Status, Annual Cumulative Rates 2008-2012**

Age**	Cases Diagnosed	Early Stage	Late Stage
< 1 year	0.0	0.0	0.0
1-14 years	0.0	0.0	0.0
15-24 years	0.0	0.0	0.0
25-34 years	0.0	0.0	0.0
35-44 years	8.7	6.8	1.4
45 -54 years	134.6	104.5	19.8
55-64 years	340.7	262.6	44.8
65+ years	708.2	522.0	56.9
<b>Race/Ethnicity</b>			
<i>African American</i>	115.6	118.3	23.9
<i>American Indian/Alaskan Native</i>	34.5	27.2	~
<i>Asian/Pacific Islander</i>	68.2	49.7	10.5
<i>White non-Hispanic</i>	115.9	89.4	14.0
<i>Hispanic</i>	86.7	64.9	10.3
<b>Primary Payer of Medical Services</b>			
<i>Uninsured</i>	0.2	~	~
<i>Self Pay/Private Insurance</i>	34.8	27.7	6.3
<i>Medicaid</i>	0.9	0.5	0.4
<i>Medicare</i>	35.5	27.5	6.0
<i>Military</i>	2.7	1.9	0.6
<i>Indian Health Program</i>	~	~	~
<i>Unknown</i>	64.7	46.4	0.6

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*\*Age-adjusted Rates per 100,000 - adjusted to 2000 US Standard Population

Age-Specific Rates per 100,000 population

**Table 10.8 Nevada Colorectal Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County/Region	Cases Diagnosed	Early Stage	Late Stage
<i>Carson City</i>	61.0	29.0	25.8
<i>Churchill</i>	60.2	14.9	35.1
<i>Clark</i>	48.3	15.5	24.8
<i>Douglas</i>	46.3	17.6	21.4
<i>Elko</i>	41.2	10.1	20.6
<i>Esmeralda</i>	~	~	~
<i>Eureka</i>	~	~	~
<i>Humboldt</i>	54.4	23.9	25.7
<i>Lander</i>	62.5	~	~
<i>Lincoln</i>	~	19.5	~
<i>Lyon</i>	52.6	21.9	24.4

**Table 10.8 Nevada Colorectal Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County/Region	Cases Diagnosed	Early Stage	Late Stage
<i>Mineral</i>	75.0	~	55.0
<i>Nye</i>	50.4	18.1	24.5
<i>Pershing</i>	~	~	~
<i>Storey</i>	~	~	~
<i>Washoe</i>	49.4	20.3	24.2
<i>White Pine</i>	43.9	~	~
<i>Rural**</i>	50.5	17.6	24.8
<b>Nevada</b>	<b>49.1</b>	<b>16.8</b>	<b>24.8</b>

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\* Rural includes all counties except for Washoe, Clark and Carson City

~ Rates and Percentages with Relative Standard error  $\geq$  30%, were suppressed due to reliability issues.

**Table 10.9 Nevada Colorectal Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by County/Region, Annual Cumulative Rates 2008-2012**

County/Region	Cases Diagnosed	Early Stage	Late Stage
<i>Carson City</i>	61.0	29.0	25.8
<i>Churchill</i>	60.2	14.9	35.1
<i>Clark</i>	48.3	15.5	24.8
<i>Douglas</i>	46.3	17.6	21.4
<i>Elko</i>	41.2	10.1	20.6
<i>Esmeralda</i>	~	~	~
<i>Eureka</i>	~	~	~
<i>Humboldt</i>	54.4	23.9	25.7
<i>Lander</i>	62.5	~	~
<i>Lincoln</i>	~	19.5	~
<i>Lyon</i>	52.6	21.9	24.4
<i>Mineral</i>	75.0	~	55.0
<i>Nye</i>	50.4	18.1	24.5
<i>Pershing</i>	~	~	~
<i>Storey</i>	~	~	~
<i>Washoe</i>	49.4	20.3	24.2
<i>White Pine</i>	43.9	~	~
<i>Rural**</i>	50.5	17.6	24.8
<b>Nevada</b>	<b>49.1</b>	<b>16.8</b>	<b>24.8</b>

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\* Rural includes all counties except for Washoe, Clark and Carson City

~ Rates and Percentages with Relative Standard error  $\geq$  30%, were suppressed due to reliability issues.

**Table 10.10 Nevada Colorectal Cancer Incidence\* and Early vs Late Stage Diagnosis Rates, by Age, Race/Ethnicity, and Insurance Status  
Annual Cumulative Rates 2008-2012**

<b>Sex</b>	<b>Cases Diagnosed</b>	<b>Early Stage</b>	<b>Late Stage</b>
<i>Male</i>	56.7	14.5	28.3
<i>Female</i>	42.2	19.4	21.5
<b>Age**</b>			
<i>&lt; 1 year</i>	0.0	0.0	0
<i>1-14 years</i>	0.0	~	0
<i>15-24 years</i>	0.8	0.3	~
<i>25-34 years</i>	5.9	1.0	4.4
<i>35-44 years</i>	23.4	6.0	13.3
<i>45 -54 years</i>	75.1	23.6	42.8
<i>55-64 years</i>	85.6	28.7	45.4
<i>65+ years</i>	211.7	78.8	96.6
<b>Race/Ethnicity</b>			
<i>African American</i>	70.3	20.7	38.9
<i>American Indian/Alaskan Native</i>	31.4	15.1	11.5
<i>Asian/Pacific Islander</i>	53.0	17.3	29.1
<i>White non-Hispanic</i>	48.4	16.9	24.9
<i>Hispanic</i>	34.3	12.3	16.4
<b>Primary Payer of Medical Services</b>			
<i>Uninsured</i>	0.6	~	0.4
<i>Self Pay/Private Insurance</i>	18.3	6.1	10.8
<i>Medicaid</i>	1.7	0.4	1.1
<i>Medicare</i>	20.6	8.2	10.5
<i>Military</i>	1.4	0.5	0.7
<i>Indian Health Program</i>	~	~	~
<i>Unknown</i>	6.5	1.6	1.2

Source: Office of Public Health Informatics and Epidemiology/Nevada Central Cancer Registry, data as of 12/05/14

\*Incidence includes invasive and in situ cases

\*\*Age-adjusted Rates per 100,000 - adjusted to 2000 US Standard Population

Age-Specific Rates per 100,000 population

~Suppressed due to small numbers

<b>Table 10.11 Nevada Adult Prevalence of Asthma and Diabetes, 2014</b>		
<b>Sex</b>	<b>Currently Have Asthma</b>	<b>Ever Diagnosed with Diabetes</b>
<i>Male</i>	6.8%	10.1%
<i>Female</i>	9.3%	9.0%
<b>Age Group</b>		
<i>18 - 24 years</i>	7.3%	1.2%
<i>25 - 34 years</i>	6.3%	1.0%
<i>35 - 44 years</i>	6.0%	4.6%
<i>45 - 54 years</i>	10.5%	10.1%
<i>55 - 64 years</i>	9.4%	13.9%
<i>65+ years</i>	8.5%	23.8%
<b>Race/Ethnicity</b>		
<i>African American</i>	14.6%	14.3%
<i>Hispanic</i>	6.4%	7.7%
<i>White</i>	8.1%	10.1%
<i>Other Race</i>	7.1%	8.2%
<b>Educational Attainment</b>		
<i>Less than H.S.</i>	4.9%	8.8%
<i>H.S. or G.E.D.</i>	8.9%	9.0%
<i>Some Post H.S.</i>	8.4%	10.3%
<i>College Graduate</i>	9.0%	10.3%
<b>Income Level</b>		
<i>&lt; \$15,000</i>	10.0%	11.3%
<i>\$15,000 to \$24,999</i>	7.7%	12.7%
<i>\$25,000 to \$34,999</i>	5.8%	9.0%
<i>\$35,000 to \$49,999</i>	10.9%	8.9%
<i>\$50,000 to \$74,999</i>	7.8%	10.6%
<i>\$75,000+</i>	9.6%	7.1%
<b>Insurance Type</b>		
<i>Private</i>	7.4%	7.3%
<i>Medicare</i>	9.2%	24.2%
<i>Medicaid</i>	13.9%	9.0%
<i>Military</i>	11.6%	16.7%
<i>Indian Health</i>	~	~
<i>No Insurance</i>	3.9%	5.9%
<b>Nevada</b>	<b>8.0%</b>	<b>9.6%</b>
Source: Nevada Behavioral Risk Factor Surveillance Survey (BRFSS), 2014 ~Suppressed due to small numbers		

## Appendix J: Tables for Section 11 Mortality

Table 11.1 Nevada Top 10 Mortality Rates*, by Cause, 2008-2013												
Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	196.7	Diseases of the Heart	191.5	Diseases of the Heart	193.6	Diseases of the Heart	196.9	Diseases of the Heart	192.4	Diseases of the Heart	199.2
2	Malignant Neoplasms (Cancer)	175.6	Malignant Neoplasms (Cancer)	173.4	Malignant Neoplasms (Cancer)	172.7	Malignant Neoplasms (Cancer)	170.8	Malignant Neoplasms (Cancer)	162.6	Malignant Neoplasms (Cancer)	166.9
3	Chronic Lower Respiratory Disease	54.7	Chronic Lower Respiratory Disease	52.1	Chronic Lower Respiratory Disease	48.7	Chronic Lower Respiratory Disease	49.8	Chronic Lower Respiratory Disease	52.4	Chronic Lower Respiratory Disease	55.3
4	Accidents	42.9	Accidents	38.6	Accidents	40.6	Accidents	41.9	Accidents	39.6	Accidents	40.1
5	Cerebrovascular Disease (Stroke)	39.6	Cerebrovascular Disease (Stroke)	36.1	Cerebrovascular Disease (Stroke)	32.6	Cerebrovascular Disease (Stroke)	36	Cerebrovascular Disease (Stroke)	34.1	Cerebrovascular Disease (Stroke)	33.7
6	Influenza and Pneumonia	21.3	Influenza and Pneumonia	22.8	Intentional Self-Harm (Suicide)	19.9	Influenza and Pneumonia	19.8	Influenza and Pneumonia	19	Influenza and Pneumonia	19
7	Nephritis, Nephrotic Syndrome and Nephrosis	19.5	Intentional Self-Harm (Suicide)	18.8	Influenza and Pneumonia	19.4	Intentional Self-Harm (Suicide)	18.3	Intentional Self-Harm (Suicide)	17.9	Alzheimer's Disease	18.8
8	Intentional Self-Harm (Suicide)	19.5	Nephritis, Nephrotic Syndrome and Nephrosis	18.7	Nephritis, Nephrotic Syndrome and Nephrosis	19.3	Nephritis, Nephrotic Syndrome and Nephrosis	16.6	Diabetes Mellitus	15.8	Intentional Self-Harm (Suicide)	18.6
9	Diabetes Mellitus	15.4	Diabetes Mellitus	15.3	Alzheimer's Disease	13.7	Alzheimer's Disease	15.8	Alzheimer's Disease	15.4	Diabetes Mellitus	14.9
10	Septicemia	14.6	Alzheimer's Disease	15	Diabetes Mellitus	13.5	Diabetes Mellitus	15.2	Nephritis, Nephrotic Syndrome and Nephrosis	14.7	Nephritis, Nephrotic Syndrome and Nephrosis	13.4

Source: Office of Public Health Informatics and Epidemiology  
 \* Rate per 100,000 people

**Table 11.2 Carson City Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	209.7	Malignant Neoplasms (Cancer)	231.5	Malignant Neoplasms (Cancer)	228.2	Malignant Neoplasms (Cancer)	207.1	Diseases of the Heart	238	Malignant Neoplasms (Cancer)	203.8
2	Malignant Neoplasms (Cancer)	187.5	Diseases of the Heart	212.1	Diseases of the Heart	203.3	Diseases of the Heart	188.9	Malignant Neoplasms (Cancer)	201.5	Diseases of the Heart	203.2
3	Chronic Lower Respiratory Disease	78.3	Chronic Lower Respiratory Disease	72.4	Chronic Lower Respiratory Disease	70.8	Cerebrovascular Disease (Stroke)	54.6	Chronic Lower Respiratory Disease	71.5	Chronic Lower Respiratory Disease	63.7
4	Cerebrovascular Disease (Stroke)	44.6	Diabetes Mellitus	49.4	Diabetes Mellitus	43.6	Chronic Lower Respiratory Disease	51.4	Cerebrovascular Disease (Stroke)	49.8	Alzheimer's Disease	47.8
5	Accidents	42.6	Accidents	48.1	Cerebrovascular Disease (Stroke)	34.5	Accidents	46.1	Accidents	44.6	Accidents	43
6	Influenza and Pneumonia	28.9	Cerebrovascular Disease (Stroke)	43.6	Accidents	31.9	Diabetes Mellitus	45.8	Alzheimer's Disease	40.5	Cerebrovascular Disease (Stroke)	41.8
7	Alzheimer's Disease	28.5	Alzheimer's Disease	31.4	Alzheimer's Disease	27.9	Intentional Self-Harm (Suicide)	33	Diabetes Mellitus	21.2	Intentional Self-Harm (Suicide)	35.2
8	Diabetes Mellitus	27.2	Essential Hypertensive renal Disease	25.5	Intentional Self-Harm (Suicide)	22.1	Essential Hypertensive Renal Disease	23.4	Chronic Liver Disease and Cirrhosis	16.8	Diabetes Mellitus	28.1
9	Intentional Self-harm (Suicide)	19.3	Influenza and Pneumonia	25.5	Essential Hypertensive Renal Disease	18	Alzheimer's Disease	21.5	Essential Hypertensive Renal Disease	16.7	Essential Hypertensive Renal Disease	26.7
10	Essential Hypertensive Renal Disease	19.3	Chronic Liver Disease and Cirrhosis	22.5	Chronic Liver Disease and Cirrhosis	17.9	Nephritis, Nephrotic Syndrome and Nephrosis	13	Intentional Self-Harm (Suicide)	15.5	Chronic Liver Disease and Cirrhosis	22.6

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

**Table 11.3 Churchill County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	295.1	Malignant Neoplasms (Cancer)	262.7	Malignant Neoplasms (Cancer)	230.2	Malignant Neoplasms (Cancer)	273	Diseases of the Heart	258.3	Malignant Neoplasms (Cancer)	216.8
2	Malignant Neoplasms (Cancer)	220	Diseases of the Heart	224.5	Diseases of the Heart	186.5	Diseases of the Heart	196.8	Malignant Neoplasms (Cancer)	223.2	Diseases of the Heart	216.1
3	Chronic Lower Respiratory Disease	94.4	Chronic Lower Respiratory Disease	97	Chronic Lower Respiratory Disease	84.4	Chronic Lower Respiratory Disease	84.9	Chronic Lower Respiratory Disease	116.2	Chronic Lower Respiratory Disease	144.7
4	Accidents	94.4	Accidents	86.6	Accidents	77.3	Cerebrovascular Disease (Stroke)	72.3	Diabetes Mellitus	63.8	Accidents	44.1
5	Cerebrovascular Disease (Stroke)	92.7	Diabetes Mellitus	57.2	Alzheimer's Disease	56.6	Alzheimer's Disease	53.9	Accidents	58.1	Cerebrovascular Disease (Stroke)	38.9
6	Alzheimer's Disease	35.7	Cerebrovascular Disease (Stroke)	34.3	Diabetes Mellitus	38.9	Accidents	42.8	Cerebrovascular Disease (Stroke)	32.3	Chronic Liver Disease and Cirrhosis	33.8
7	Influenza and Pneumonia	29.7	Alzheimer's Disease	31.3	Cerebrovascular Disease (Stroke)	30.4	Septicemia	42.7	Alzheimer's Disease	27.7	Alzheimer's Disease	30
8	Diabetes Mellitus	27.8	Septicemia	22	Influenza and Pneumonia	24.2	Influenza and Pneumonia	32.3	Intentional Self-Harm (Suicide)	26.1	Essential Hypertensive Renal Disease	18.4
9	Intentional Self-Harm (Suicide)	23.4	Intentional Self-Harm (Suicide)	20.4	Nephritis, Nephrotic Syndrome and Nephrosis	22.8	Nephritis, Nephrotic Syndrome and Nephrosis	32.3	Chronic Liver Disease and Cirrhosis	25.3	Influenza and Pneumonia	17.1
10	Essential Hypertensive Renal Disease	18.3	Influenza and Pneumonia	17.4	Intentional Self-Harm (Suicide)	17.7	Chronic Liver Disease and Cirrhosis	27.1	Influenza and Pneumonia	21.8	Septicemia	16.7

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people



**Table 11.4 Clark County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	194.9	Diseases of the Heart	185.9	Diseases of the Heart	185	Diseases of the Heart	185	Diseases of the Heart	183.8	Diseases of the Heart	193.9
2	Malignant Neoplasms (Cancer)	166.8	Malignant Neoplasms (Cancer)	166	Malignant Neoplasms (Cancer)	166.7	Malignant Neoplasms (Cancer)	166.7	Malignant Neoplasms (Cancer)	160.2	Malignant Neoplasms (Cancer)	163
3	Chronic Lower Respiratory Disease	49.3	Chronic Lower Respiratory Disease	48.3	Chronic Lower Respiratory Disease	46.7	Chronic Lower Respiratory Disease	46.7	Chronic Lower Respiratory Disease	49.8	Chronic Lower Respiratory Disease	51.3
4	Cerebrovascular Disease (Stroke)	38.8	Cerebrovascular Disease (Stroke)	36.4	Accidents	38.5	Accidents	38.5	Accidents	38.2	Accidents	38.3
5	Accidents	38.3	Accidents	35.2	Cerebrovascular Disease (Stroke)	35.5	Cerebrovascular Disease (Stroke)	35.5	Cerebrovascular Disease (Stroke)	34.4	Cerebrovascular Disease (Stroke)	33.6
6	Nephritis, Nephrotic Syndrome and Nephrosis	21.7	Influenza and Pneumonia	23	Influenza and Pneumonia	19.5	Influenza and Pneumonia	19.5	Influenza and Pneumonia	20	Influenza and Pneumonia	18.5
7	Influenza and Pneumonia	21.1	Nephritis, Nephrotic Syndrome and Nephrosis	20.9	Nephritis, Nephrotic Syndrome and Nephrosis	18.9	Nephritis, Nephrotic Syndrome and Nephrosis	18.9	Intentional Self-Harm (Suicide)	17.8	Intentional Self-Harm (Suicide)	16.9
8	Intentional Self-Harm (Suicide)	18.1	Intentional Self-Harm (Suicide)	17.6	Intentional Self-Harm (Suicide)	16.4	Intentional Self-Harm (Suicide)	16.4	Nephritis, Nephrotic Syndrome and Nephrosis	16.9	Nephritis, Nephrotic Syndrome and Nephrosis	15
9	Septicemia	15.4	Septicemia	14.8	Diabetes Mellitus	12.6	Diabetes Mellitus	12.6	Diabetes Mellitus	13.4	Alzheimer's Disease	14
10	Alzheimer's Disease	11.7	Alzheimer's Disease	11.9	Septicemia	11.1	Septicemia	11.1	Chronic Liver Disease and Cirrhosis	11	Diabetes Mellitus	11.9

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

**Table 11.5 Douglas County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	159.9	Diseases of the Heart	167.5	Malignant Neoplasms (Cancer)	155.2	Malignant Neoplasms (Cancer)	164.6	Diseases of the Heart	164.1	Malignant Neoplasms (Cancer)	144.4
2	Malignant Neoplasms (Cancer)	154.5	Malignant Neoplasms (Cancer)	142.2	Diseases of the Heart	124.1	Diseases of the Heart	138.1	Malignant Neoplasms (Cancer)	111.1	Diseases of the Heart	138.5
3	Accidents	43	Accidents	52.4	Accidents	47.2	Accidents	55.3	Chronic Lower Respiratory Disease	60.7	Accidents	42.1
4	Chronic Lower Respiratory Disease	42.3	Chronic Lower Respiratory Disease	38.5	Alzheimer's Disease	27.6	Chronic Lower Respiratory Disease	35.6	Accidents	32.1	Chronic Lower Respiratory Disease	39.4
5	Cerebrovascular Disease (Stroke)	37.9	Cerebrovascular Disease (Stroke)	26.4	Chronic Lower Respiratory Disease	27.2	Cerebrovascular Disease (Stroke)	34.1	Cerebrovascular Disease (Stroke)	21.7	Cerebrovascular Disease (Stroke)	38.3
6	Intentional Self-Harm (Suicide)	34.6	Influenza and Pneumonia	19.1	Cerebrovascular Disease (Stroke)	24.5	Alzheimer's Disease	24.2	Alzheimer's Disease	18.1	Alzheimer's Disease	29.5
7	Diabetes Mellitus	27.1	Intentional Self-Harm (Suicide)	18.9	Influenza and Pneumonia	15.1	Chronic Liver Disease and Cirrhosis	23.1	Chronic Liver Disease and Cirrhosis	16.5	Intentional Self-Harm (Suicide)	21.6
8	Nephritis, Nephrotic Syndrome and Nephrosis	15.4	Chronic Liver Disease and Cirrhosis	17.2	Intentional Self-Harm (Suicide)	14.9	Diabetes Mellitus	21.7	Diabetes Mellitus	15.9	Essential Hypertensive Renal Disease	13.9
9	Chronic Liver Disease and Cirrhosis	13.8	Diabetes Mellitus	12.8	Diabetes Mellitus	14.9	Nephritis, Nephrotic Syndrome and Nephrosis	12.7	Essential Hypertensive Renal Disease	12.8	Influenza and Pneumonia	12.9
10	Influenza and Pneumonia	13	Essential Hypertensive Renal Disease	11.9	Chronic Liver Disease and Cirrhosis	14.1	Influenza and Pneumonia	12.6	Nephritis, Nephrotic Syndrome and Nephrosis	8.5	Diabetes Mellitus	12.8

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

**Table 11.6 Elko County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	219.4	Diseases of the Heart	165.6	Diseases of the Heart	214.5	Diseases of the Heart	206.8	Diseases of the Heart	183.2	Diseases of the Heart	254.5
2	Diseases of the Heart	136.1	Malignant Neoplasms (Cancer)	160	Malignant Neoplasms (Cancer)	137.3	Malignant Neoplasms (Cancer)	170.9	Malignant Neoplasms (Cancer)	95.9	Malignant Neoplasms (Cancer)	88.9
3	Chronic Lower Respiratory Disease	84.1	Chronic Lower Respiratory Disease	69.7	Chronic Lower Respiratory Disease	65.7	Chronic Lower Respiratory Disease	72.6	Chronic Lower Respiratory Disease	48.2	Chronic Lower Respiratory Disease	65
4	Accidents	59	Cerebrovascular Disease (Stroke)	57.3	Accidents	45.8	Accidents	53.2	Accidents	44.9	Alzheimer's Disease	41.4
5	Influenza and Pneumonia	44.1	Accidents	57.1	Cerebrovascular Disease (Stroke)	36	Influenza and Pneumonia	38	Diabetes Mellitus	27.6	Accidents	32.3
6	Diabetes Mellitus	36.5	Influenza and Pneumonia	36.1	Influenza and Pneumonia	31.5	Cerebrovascular Disease (Stroke)	32.5	Alzheimer's Disease	~	Influenza and Pneumonia	20.6
7	Nephritis, Nephrotic Syndrome and Nephrosis	28.8	Intentional Self-Harm (Suicide)	32.7	Intentional Self-Harm (Suicide)	24.8	Intentional Self-Harm (Suicide)	30.3	Cerebrovascular Disease (Stroke)	~	Diabetes Mellitus	15.6
8	Cerebrovascular Disease (Stroke)	28	Alzheimer's Disease	31.3	Alzheimer's Disease	~	Diabetes Mellitus	29.5	Chronic Liver Disease and Cirrhosis	18.6	Cerebrovascular Disease (Stroke)	14.7
9	Alzheimer's Disease	26.2	Diabetes Mellitus	25.5	Diabetes Mellitus	~	Alzheimer's Disease	~	Intentional Self-Harm (Suicide)	18.4	Intentional Self-Harm (Suicide)	11.5
10	Essential Hypertensive Renal Disease	21.3	Nephritis, Nephrotic Syndrome and Nephrosis	11.7	Chronic Liver Disease and Cirrhosis	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Septicemia	~	Essential Hypertensive Renal Disease	~

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.7 Esmeralda County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	498.6	Malignant Neoplasms (Cancer)	~	Malignant Neoplasms (Cancer)	548.2	Malignant Neoplasms (Cancer)	~	Malignant Neoplasms (Cancer)	396.5	Accidents	~
2	Malignant Neoplasms (Cancer)	~	Accidents	~	Diseases of the Heart	496.4	Chronic Lower Respiratory Disease	~	Diseases of the Heart	387.9	Intentional Self-Harm (Suicide)	~
3	Influenza and Pneumonia	~	Diseases of the Heart	~	Septicemia	~	Intentional Self-Harm (Suicide)	~	Cerebrovascular Disease (Stroke)	~	Diseases of the Heart	~
4	Chronic Lower Respiratory Disease	~	Chronic Lower Respiratory Disease	~	Atherosclerosis	~	Diseases of the Heart	~	Accidents	~	Malignant Neoplasms (Cancer)	~
5			Chronic Liver Disease and Cirrhosis	~	Cerebrovascular Disease (Stroke)	~	Accidents	~			Chronic Liver Disease and Cirrhosis	~
6					Intentional Self-Harm (Suicide)	~					Cerebrovascular Disease (Stroke)	~
7											Chronic Lower Respiratory Disease	~
8												
9												
10												

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.8 Eureka County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	877.7	Malignant Neoplasms (Cancer)	340.7	Diseases of the Heart	430.6	Diseases of the Heart	222.3	Diseases of the Heart	~	Diseases of the Heart	582.8
2	Malignant Neoplasms (Cancer)	~	Diseases of the Heart	~	Malignant Neoplasms (Cancer)	325	Malignant Neoplasms (Cancer)	~	Malignant Neoplasms (Cancer)	~	Diabetes Mellitus	~
3	Intentional Self-harm (Suicide)	~	Influenza and Pneumonia	~	Accidents	~	Diabetes Mellitus	~	Alzheimer's Disease	~	Malignant Neoplasms (Cancer)	~
4	Accidents	~	Chronic Lower Respiratory Disease	~	Chronic Lower Respiratory Disease	~			Chronic Lower Respiratory Disease	~	Chronic Lower Respiratory Disease	~
5	Nephritis, Nephrotic Syndrome and Nephrosis	~			Diabetes Mellitus	~			Accidents	~	Alzheimer's Disease	~
6	Chronic Liver Disease and Cirrhosis	~							Nephritis, Nephrotic Syndrome and Nephrosis	~	Assault (Homicide) and Legal Intervention	~
7												
8												
9												
10												

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.9 Humboldt County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	167.8	Malignant Neoplasms (Cancer)	177.5	Diseases of the Heart	161.3	Malignant Neoplasms (Cancer)	174.1	Diseases of the Heart	141.4	Malignant Neoplasms (Cancer)	135
2	Diseases of the Heart	160.2	Diseases of the Heart	142.7	Malignant Neoplasms (Cancer)	142.8	Diseases of the Heart	171.7	Malignant Neoplasms (Cancer)	137.4	Diseases of the Heart	127
3	Chronic Lower Respiratory Disease	97.4	Accidents	67.6	Chronic Lower Respiratory Disease	61.4	Chronic Lower Respiratory Disease	83.9	Accidents	81.6	Chronic Lower Respiratory Disease	51.5
4	Accidents	57.6	Chronic Lower Respiratory Disease	65.5	Accidents	48.5	Accidents	81.6	Chronic Lower Respiratory Disease	66.3	Alzheimer's Disease	~
5	Cerebrovascular Disease (Stroke)	34.6	Diabetes Mellitus	~	Cerebrovascular Disease (Stroke)	42.3	Influenza and Pneumonia	48.5	Intentional Self-Harm (Suicide)	38.9	Intentional Self-Harm (Suicide)	25.5
6	Alzheimer's Disease	~	Chronic Liver Disease and Cirrhosis	~	Intentional Self-Harm (Suicide)	~	Cerebrovascular Disease (Stroke)	41.5	Cerebrovascular Disease (Stroke)	30.2	Septicemia	~
7	Intentional Self-Harm (Suicide)	~	Alzheimer's Disease	~	Influenza and Pneumonia	~	Diabetes Mellitus	36.1	Septicemia	~	Cerebrovascular Disease (Stroke)	~
8	Chronic Liver Disease and Cirrhosis	~	Septicemia	~	Alzheimer's Disease	~	Intentional Self-Harm (Suicide)	33.3	Nephritis, Nephrotic Syndrome and Nephrosis	~	Accidents	~
9	Assault (Homicide) and Legal Intervention	~	Cerebrovascular Disease (Stroke)	~	Diabetes Mellitus	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Assault (Homicide) and Legal Intervention	~	Chronic Liver Disease and Cirrhosis	~
10	Septicemia	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Chronic Liver Disease and Cirrhosis	~	Septicemia	~	Diabetes Mellitus	~	Influenza and Pneumonia	~

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.10 Lander County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	200.4	Malignant Neoplasms (Cancer)	126	Diseases of the Heart	145.2	Diseases of the Heart	175.6	Diseases of the Heart	194.7	Malignant Neoplasms (Cancer)	180.5
2	Diseases of the Heart	174.7	Diseases of the Heart	123.8	Accidents	124	Malignant Neoplasms (Cancer)	99.3	Malignant Neoplasms (Cancer)	91.7	Diseases of the Heart	116.3
3	Accidents	~	Cerebrovascular Disease (Stroke)	~	Malignant Neoplasms (Cancer)	78.5	Diabetes Mellitus	~	Accidents	~	Chronic Lower Respiratory Disease	80.9
4	Chronic Liver Disease and Cirrhosis	~	Accidents	~	Chronic Lower Respiratory Disease	~	Accidents	~	Chronic Lower Respiratory Disease	~	Influenza and Pneumonia	~
5	Septicemia	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Intentional Self-Harm (Suicide)	~	Intentional Self-Harm (Suicide)	~	Septicemia	~	Diabetes Mellitus	~
6	Diabetes Mellitus	~	Alzheimer's Disease	~	Chronic Liver Disease and Cirrhosis	~	Atherosclerosis	~	Diabetes Mellitus	~	Accidents	~
7	Essential Hypertensive Renal Disease	~	Chronic Lower Respiratory Disease	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Influenza and Pneumonia	~	Intentional Self-Harm (Suicide)	~	Septicemia	~
8	Chronic Lower Respiratory Disease	~	Diabetes Mellitus	~	Alzheimer's Disease	~	Assault (Homicide) and Legal Intervention	~			Essential Hypertensive Renal Disease	~
9	Influenza and Pneumonia	~	Chronic Liver Disease and Cirrhosis	~	Septicemia	~	Septicemia	~			Intentional Self-Harm (Suicide)	~
10	Intentional Self-Harm (Suicide)	~			Cerebrovascular Disease (Stroke)	~						

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.11 Lincoln County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	168.4	Diseases of the Heart	151	Malignant Neoplasms (Cancer)	192.2	Diseases of the Heart	129.2	Diseases of the Heart	147.6	Diseases of the Heart	239.6
2	Malignant Neoplasms (Cancer)	146.3	Malignant Neoplasms (Cancer)	121.6	Diseases of the Heart	138.9	Accidents	86.3	Malignant Neoplasms (Cancer)	114.7	Malignant Neoplasms (Cancer)	125
3	Chronic Lower Respiratory Disease	~	Accidents	113.4	Intentional Self-Harm (Suicide)	~	Diabetes Mellitus	72.5	Intentional Self-Harm (Suicide)	~	Chronic Lower Respiratory Disease	65.2
4	Diabetes Mellitus	~	Chronic Lower Respiratory Disease	~	Accidents	~	Malignant Neoplasms (Cancer)	70.5	Accidents	~	Accidents	~
5	Alzheimer's Disease	~	Diabetes Mellitus	~	Diabetes Mellitus	~	Chronic Lower Respiratory Disease	~	Cerebrovascular Disease (Stroke)	~	Diabetes Mellitus	~
6	Accidents	~	Intentional Self-Harm (Suicide)	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Chronic Lower Respiratory Disease	~	Chronic Liver Disease and Cirrhosis	~
7	Essential Hypertensive Renal Disease	~	Septicemia	~	Cerebrovascular Disease (Stroke)	~	Intentional Self-Harm (Suicide)	~	Atherosclerosis		Intentional Self-Harm (Suicide)	~
8	Cerebrovascular Disease (Stroke)	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Essential Hypertensive Renal Disease	~	Alzheimer's Disease	~			Cerebrovascular Disease (Stroke)	~
9			Influenza and Pneumonia	~	Alzheimer's Disease	~					Essential Hypertensive Renal Disease	~
10			Cerebrovascular Disease (Stroke)	~	Chronic Liver Disease and Cirrhosis	~					Influenza and Pneumonia	~

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.12 Lyon County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	195.5	Malignant Neoplasms (Cancer)	214.8	Diseases of the Heart	202.7	Malignant Neoplasms (Cancer)	189.7	Diseases of the Heart	171.9	Malignant Neoplasms (Cancer)	175.2
2	Diseases of the Heart	172.1	Diseases of the Heart	172.1	Malignant Neoplasms (Cancer)	196.1	Diseases of the Heart	179	Malignant Neoplasms (Cancer)	165	Diseases of the Heart	146.1
3	Chronic Lower Respiratory Disease	58.6	Chronic Lower Respiratory Disease	71.4	Accidents	54.9	Chronic Lower Respiratory Disease	68.9	Chronic Lower Respiratory Disease	48.2	Chronic Lower Respiratory Disease	73.6
4	Cerebrovascular Disease (Stroke)	49.6	Intentional Self-Harm (Suicide)	32.1	Chronic Lower Respiratory Disease	52.4	Accidents	50.3	Accidents	41.7	Cerebrovascular Disease (Stroke)	44.6
5	Accidents	45.4	Accidents	27.1	Diabetes Mellitus	33.7	Intentional Self-Harm (Suicide)	23.5	Diabetes Mellitus	33.1	Diabetes Mellitus	41
6	Alzheimer's Disease	25.8	Cerebrovascular Disease (Stroke)	26.7	Cerebrovascular Disease (Stroke)	27.7	Chronic Liver Disease and Cirrhosis	22.1	Cerebrovascular Disease (Stroke)	29	Accidents	37.2
7	Intentional Self-harm (Suicide)	24.3	Influenza and Pneumonia	21	Alzheimer's Disease	23.9	Diabetes Mellitus	21.3	Influenza and Pneumonia	21.2	Intentional Self-Harm (Suicide)	27.1
8	Diabetes Mellitus	22.7	Chronic Liver Disease and Cirrhosis	17.1	Intentional Self-Harm (Suicide)	22	Alzheimer's Disease	19.9	Alzheimer's Disease	18.7	Alzheimer's Disease	24.4
9	Influenza and Pneumonia	16.4	Diabetes Mellitus	17	Chronic Liver Disease and Cirrhosis	13.8	Cerebrovascular Disease (Stroke)	18.9	Intentional Self-Harm (Suicide)	18	Influenza and Pneumonia	19.3
10	Nephritis, Nephrotic Syndrome and Nephrosis	14.4	Alzheimer's Disease	15	Septicemia	11.4	Influenza and Pneumonia	16.9	Septicemia	12.4	Nephritis, Nephrotic Syndrome and Nephrosis	13.6

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality



**Table 11.13 Mineral County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	243.7	Diseases of the Heart	505.3	Malignant Neoplasms (Cancer)	261.5	Diseases of the Heart	368.3	Malignant Neoplasms (Cancer)	313.7	Malignant Neoplasms (Cancer)	262.8
2	Malignant Neoplasms (Cancer)	214.3	Malignant Neoplasms (Cancer)	326.4	Diseases of the Heart	219.4	Malignant Neoplasms (Cancer)	256	Diseases of the Heart	280	Diseases of the Heart	249.6
3	Chronic Lower Respiratory Disease	124.6	Chronic Lower Respiratory Disease	93.4	Chronic Lower Respiratory Disease	139.4	Accidents	105.1	Accidents	147.8	Accidents	139.8
4	Chronic Liver Disease and Cirrhosis	~	Septicemia	78.7	Septicemia	~	Intentional Self-Harm (Suicide)	~	Septicemia	74.3	Chronic Lower Respiratory Disease	139
5	Accidents	~	Nephritis, Nephrotic Syndrome and Nephrosis	65.8	Accidents	~	Influenza and Pneumonia	65.6	Chronic Lower Respiratory Disease	~	Diabetes Mellitus	64.8
6	Cerebrovascular Disease (Stroke)	~	Cerebrovascular Disease (Stroke)	~	Influenza and Pneumonia	~	Chronic Liver Disease and Cirrhosis	~	Intentional Self-Harm (Suicide)	~	Influenza and Pneumonia	~
7	Septicemia	~	Influenza and Pneumonia	~	Alzheimer's Disease	~	Chronic Lower Respiratory Disease	~	Diabetes Mellitus	~	Septicemia	~
8	Assault (Homicide) and Legal Intervention	~	Accidents	~	Intentional Self-Harm (Suicide)	~	Septicemia	~	Cerebrovascular Disease (Stroke)	~	Essential Hypertensive Renal Disease	~
9	Influenza and Pneumonia	~	Essential Hypertensive Renal Disease	~	Cerebrovascular Disease (Stroke)	~	Cerebrovascular Disease (Stroke)	~	Influenza and Pneumonia	~	Atherosclerosis	~
10			Chronic Liver Disease and Cirrhosis	~	Chronic Liver Disease and Cirrhosis	~	Alzheimer's Disease	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Cerebrovascular Disease (Stroke)	~

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.14 Nye County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	233	Diseases of the Heart	228.6	Diseases of the Heart	285.5	Diseases of the Heart	293.6	Diseases of the Heart	232.8	Diseases of the Heart	258.1
2	Malignant Neoplasms (Cancer)	186.5	Malignant Neoplasms (Cancer)	209.7	Malignant Neoplasms (Cancer)	214.9	Malignant Neoplasms (Cancer)	173.5	Malignant Neoplasms (Cancer)	224	Malignant Neoplasms (Cancer)	211.9
3	Accidents	105.1	Accidents	74.3	Accidents	109.9	Accidents	88.3	Chronic Lower Respiratory Disease	88	Chronic Lower Respiratory Disease	70.7
4	Chronic Lower Respiratory Disease	50.5	Chronic Lower Respiratory Disease	59.9	Chronic Lower Respiratory Disease	62.4	Chronic Lower Respiratory Disease	74.2	Accidents	69.1	Accidents	52.7
5	Cerebrovascular Disease (Stroke)	50.1	Cerebrovascular Disease (Stroke)	41.9	Cerebrovascular Disease (Stroke)	38.7	Cerebrovascular Disease (Stroke)	47.6	Cerebrovascular Disease (Stroke)	30.1	Cerebrovascular Disease (Stroke)	40.3
6	Intentional Self-Harm (Suicide)	30.3	Intentional Self-Harm (Suicide)	28.4	Intentional Self-Harm (Suicide)	30.2	Influenza and Pneumonia	24.8	Intentional Self-Harm (Suicide)	27.4	Intentional Self-Harm (Suicide)	28.6
7	Influenza and Pneumonia	27.3	Influenza and Pneumonia	26.7	Nephritis, Nephrotic Syndrome and Nephrosis	28.7	Intentional Self-Harm (Suicide)	23.8	Influenza and Pneumonia	26.7	Chronic Liver Disease and Cirrhosis	25.3
8	Nephritis, Nephrotic Syndrome and Nephrosis	27.1	Diabetes Mellitus	17.3	Diabetes Mellitus	27.8	Chronic Liver Disease and Cirrhosis	20.8	Chronic Liver Disease and Cirrhosis	23.8	Influenza and Pneumonia	18.4
9	Chronic Liver Disease and Cirrhosis	24.7	Nephritis, Nephrotic Syndrome and Nephrosis	17.1	Chronic Liver Disease and Cirrhosis	22	Alzheimer's Disease	13.4	Nephritis, Nephrotic Syndrome and Nephrosis	17.5	Nephritis, Nephrotic Syndrome and Nephrosis	17.8
10	Diabetes Mellitus	22.3	Alzheimer's Disease	14.1	Influenza and Pneumonia	18.2	Nephritis, Nephrotic Syndrome and Nephrosis	13.1	Septicemia	13	Diabetes Mellitus	17.1

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.15 Pershing County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Diseases of the Heart	348.5	Malignant Neoplasms (Cancer)	143.7	Malignant Neoplasms (Cancer)	190.1	Diseases of the Heart	242.7	Diseases of the Heart	206.1	Chronic Lower Respiratory Disease	88.5
2	Malignant Neoplasms (Cancer)	128	Diseases of the Heart	142.6	Chronic Lower Respiratory Disease	154	Malignant Neoplasms (Cancer)	95.3	Malignant Neoplasms (Cancer)	100.4	Malignant Neoplasms (Cancer)	87.5
3	Chronic Lower Respiratory Disease	~	Chronic Lower Respiratory Disease	131.2	Diseases of the Heart	147.6	Accidents	82.4	Chronic Lower Respiratory Disease	69.7	Malignant Neoplasms (Cancer)	78.2
4	Influenza and Pneumonia	~	Cerebrovascular Disease (Stroke)	~	Accidents	~	Cerebrovascular Disease (Stroke)	81.7	Accidents	~	Intentional Self-Harm (Suicide)	66.7
5	Accidents	~	Chronic Liver Disease and Cirrhosis	~	Alzheimer's Disease	~	Alzheimer's Disease	~	Septicemia	~	Accidents	~
6	Septicemia	~	Diabetes Mellitus	~	Cerebrovascular Disease (Stroke)	~	Intentional Self-Harm (Suicide)	~	Diabetes Mellitus	~	Diabetes Mellitus	~
7	Chronic Liver Disease and Cirrhosis	~	Accidents	~	Intentional Self-Harm (Suicide)	~	Septicemia	~	Influenza and Pneumonia	~	Nephritis, Nephrotic Syndrome and Nephrosis	~
8	Diabetes Mellitus	~	Influenza and Pneumonia	~	Chronic Liver Disease and Cirrhosis	~	Chronic Lower Respiratory Disease	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Cerebrovascular Disease (Stroke)	~
9	Assault (Homicide) and Legal Intervention	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Nephritis, Nephrotic Syndrome and Nephrosis	~					Alzheimer's Disease	~
10	Nephritis, Nephrotic Syndrome and Nephrosis	~	Intentional Self-Harm (Suicide)	~	Assault (Homicide) and Legal Intervention	~					Influenza and Pneumonia	~

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.16 Storey County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	112.3	Diseases of the Heart	136.6	Malignant Neoplasms (Cancer)	198.7	Malignant Neoplasms (Cancer)	114.6	Malignant Neoplasms (Cancer)	156.3	Diseases of the Heart	199.5
2	Diseases of the Heart	~	Malignant Neoplasms (Cancer)	~	Diseases of the Heart	191.7	Diseases of the Heart	79.1	Chronic Lower Respiratory Disease	73.4	Malignant Neoplasms (Cancer)	62.7
3	Chronic Lower Respiratory Disease	~	Cerebrovascular Disease (Stroke)	~	Cerebrovascular Disease (Stroke)	~	Chronic Liver Disease and Cirrhosis	~	Diseases of the Heart	~	Influenza and Pneumonia	~
4	Intentional Self-Harm (Suicide)	~	Accidents	~	Accidents	~	Cerebrovascular Disease (Stroke)	~	Chronic Liver Disease and Cirrhosis	~	Atherosclerosis	~
5	Accidents	~	Diabetes Mellitus	~	Chronic Lower Respiratory Disease	~	Chronic Lower Respiratory Disease	~	Intentional Self-Harm (Suicide)	~	Accidents	~
6	Atherosclerosis	~	Assault (Homicide) and Legal Intervention	~	Alzheimer's Disease	~	Accidents	~	Accidents	~	Cerebrovascular Disease (Stroke)	~
7	Assault (Homicide) and Legal Intervention	~	Chronic Lower Respiratory Disease	~	Intentional Self-Harm (Suicide)	~	Intentional Self-Harm (Suicide)	~	Cerebrovascular Disease (Stroke)	~	Alzheimer's Disease	~
8	Chronic Liver Disease and Cirrhosis	~			Chronic Liver Disease and Cirrhosis	~	Diabetes Mellitus	~	Essential Hypertensive Renal Disease	~	Septicemia	~
9									Assault (Homicide) and Legal Intervention	~	Intentional Self-Harm (Suicide)	~
10											Chronic Liver Disease and Cirrhosis	

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.17 Washoe County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	208.5	Diseases of the Heart	212.7	Diseases of the Heart	239.9	Diseases of the Heart	248.2	Diseases of the Heart	224.9	Diseases of the Heart	234.9
2	Diseases of the Heart	201.4	Malignant Neoplasms (Cancer)	184.9	Malignant Neoplasms (Cancer)	192.2	Malignant Neoplasms (Cancer)	179.5	Malignant Neoplasms (Cancer)	173	Malignant Neoplasms (Cancer)	182.4
3	Chronic Lower Respiratory Disease	70.9	Chronic Lower Respiratory Disease	57.7	Chronic Lower Respiratory Disease	48.2	Chronic Lower Respiratory Disease	56.4	Chronic Lower Respiratory Disease	51.3	Chronic Lower Respiratory Disease	60.4
4	Accidents	51.1	Accidents	41.7	Accidents	45.3	Accidents	46.4	Accidents	39.1	Accidents	44.9
5	Cerebrovascular Disease (Stroke)	43.2	Cerebrovascular Disease (Stroke)	35	Cerebrovascular Disease (Stroke)	35.6	Cerebrovascular Disease (Stroke)	33.4	Cerebrovascular Disease (Stroke)	37.6	Cerebrovascular Disease (Stroke)	33.9
6	Atherosclerosis	32.7	Atherosclerosis	32.8	Alzheimer's Disease	28.8	Alzheimer's Disease	32.1	Alzheimer's Disease	35.2	Alzheimer's Disease	33.3
7	Diabetes Mellitus	22.7	Alzheimer's Disease	24.5	Atherosclerosis	27.4	Influenza and Pneumonia	20.9	Atherosclerosis	22.3	Influenza and Pneumonia	23.3
8	Influenza and Pneumonia	21.4	Diabetes Mellitus	22.3	Intentional Self-Harm (Suicide)	21.4	Intentional Self-Harm (Suicide)	19.3	Diabetes Mellitus	18.8	Intentional Self-Harm (Suicide)	21.6
9	Intentional Self-Harm (Suicide)	19.2	Influenza and Pneumonia	21.1	Influenza and Pneumonia	20.3	Diabetes Mellitus	18.4	Chronic Liver Disease and Cirrhosis	18.3	Diabetes Mellitus	19.8
10	Alzheimer's Disease	15.7	Intentional Self-Harm (Suicide)	20.5	Septicemia	18.8	Atherosclerosis	15.8	Influenza and Pneumonia	18.1	Chronic Liver Disease and Cirrhosis	18.2

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

**Table 11.18 White Pine County Top 10 Mortality Rates\*, by Cause, 2008-2013**

Rank	2008		2009		2010		2011		2012		2013	
	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate	Cause	Rate
1	Malignant Neoplasms (Cancer)	175.5	Diseases of the Heart	153	Diseases of the Heart	213.6	Diseases of the Heart	190.2	Diseases of the Heart	159.7	Malignant Neoplasms (Cancer)	179.1
2	Diseases of the Heart	132.4	Malignant Neoplasms (Cancer)	138.1	Malignant Neoplasms (Cancer)	197.1	Malignant Neoplasms (Cancer)	173.9	Malignant Neoplasms (Cancer)	138	Diseases of the Heart	109.4
3	Intentional Self-Harm (Suicide)	61.9	Accidents	92.5	Accidents	101.5	Accidents	67	Diabetes Mellitus	49.2	Chronic Lower Respiratory Disease	76.8
4	Chronic Lower Respiratory Disease	48.8	Chronic Lower Respiratory Disease	63.1	Chronic Lower Respiratory Disease	36.3	Intentional Self-Harm (Suicide)	~	Intentional Self-Harm (Suicide)	~	Accidents	52
5	Chronic Liver Disease and Cirrhosis	~	Diabetes Mellitus	50.7	Cerebrovascular Disease (Stroke)	~	Chronic Lower Respiratory Disease	~	Essential Hypertensive Renal Disease	~	Diabetes Mellitus	~
6	Accidents	~	Cerebrovascular Disease (Stroke)	~	Diabetes Mellitus	~	Cerebrovascular Disease (Stroke)	~	Accidents	~	Cerebrovascular Disease (Stroke)	~
7	Diabetes Mellitus	~	Intentional Self-Harm (Suicide)	~	Essential Hypertensive Renal Disease	~	Influenza and Pneumonia	~	Chronic Lower Respiratory Disease	~	Chronic Liver Disease and Cirrhosis	~
8	Essential Hypertensive Renal Disease	~	Septicemia	~	Intentional Self-Harm (Suicide)	~	Alzheimer's Disease	~	Influenza and Pneumonia	~	Intentional Self-Harm (Suicide)	~
9	Alzheimer's Disease	~	Chronic Liver Disease and Cirrhosis	~	Chronic Liver Disease and Cirrhosis	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Assault (Homicide) and Legal Intervention	~	Septicemia	~
10	Assault (Homicide) and Legal Intervention	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Nephritis, Nephrotic Syndrome and Nephrosis	~	Assault (Homicide) and Legal Intervention	~	Alzheimer's Disease	~	Influenza and Pneumonia	~

Source: Office of Public Health Informatics and Epidemiology

\* Rate per 100,000 people

~ Rate suppressed due to counts under 5 which do not meet the criteria, reliability, data quality or confidentiality

