Nevada Behavioral Risk Factor Surveillance System
2008 Annual Report
(2008 Data)

Department of Health and Human Services
Nevada State Health Division
Bureau of Health Statistics, Planning, and Emergency Response
Office of Health Statistics and Surveillance

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- All Interviewer Team Members

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The Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS: General Information

The Behavioral Risk Factor Surveillance System (BRFSS) is primarily funded by the Centers for Disease Control and Prevention (CDC), but various state programs may fund additional modules or questions. This is the largest telephone health survey in the world and is conducted in all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. The BRFSS surveys adults eighteen years of age or older; in 2008, 4,771 adults were surveyed in Nevada. The BRFSS contains core questions that are asked in all states and territories allowing for national as well as state-to-state comparisons. In addition, optional modules are also available and state-specific questions may be added to address state-specific needs. The BRFSS is used to assess risk for chronic disease, identify demographic differences in health-related behaviors, address emerging health issues, evaluate public health policies and programs, assess special populations, and measure progress toward achieving state and national health objectives. Many states also use BRFSS data to support health-related legislative efforts. BRFSS information as well as survey results are available online at http://www.cdc.gov/brfss/.

BRFSS Questionnaire

The "core" questionnaire consists of standard questions designed and tested by the CDC and are administered by all states and territories. In addition to the core sample set, the Health Division also asked questions from four additional modules: diabetes, binge drinking, random child selection, and childhood asthma prevalence. Some topics are on a rotating core and are asked every other year. Data tables are provided with indicator results broken out in selected demographics: Gender, Age Group, Race/ethnicity, Highest Education Level Attained, Income, and Region. Due to different non-response rates for each question, the total responses for a selected indicator will vary among demographic data. Topics addressed by the set of core questions include:

- **Health Status**: including general, mental, and physical health and interruptions of daily routines because of health conditions.
- **Healthcare Access**: indicators include, having health insurance, not able to see a doctor because of cost, and the time since the last routine checkup.
- **Knowledge of and Prevalence of Selected Disorders**: including diabetes, hypertension, high cholesterol, asthma, cardiovascular disease, and colorectal cancer (some of these questions are on the rotating core and asked every other year).
- **Oral Health**: including the time since last visiting a dentist and the number of permanent teeth removed because of decay or gum disease.

BRFSS Questionnaire Continued

- **Immunization:** Nevada adults 65 years of age or older who have had pneumonia and flu vaccinations.
- **Disability:** measured by individuals who have limited activities and who require special equipment such as a cane, wheelchair, special bed, or special telephone.
- **Safety**: including seat belt usage and falls resulting in injury.
- **Alcohol and Tobacco Use:** including current smokers, heavy drinking, and binge drinking.
- **Overweight and Obesity:** measured by body-mass index (BMI). A BMI greater than 25 and less than 30 is classified as overweight and a BMI of 30 or greater is classified as obese.
- **Prostate**: measured by length of time (for men 40 years of age or older) since the last PSA test or rectal exam.
- **Women's Health:** measured by the length of time since the last PAP test, mammogram, and clinical breast exam.

The BRFSS Process and Methodology

The BRFSS survey development is a collaborative effort involving program representatives from the National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) and other parts of CDC. In addition, input is received from all participating states concerning core components and optional modules. Taking into consideration state priorities and potential funding, the Behavioral Surveillance Branch (BSB) produces data processing layouts with core components and optional modules. States use this layout and add optional questions they have designed or acquired.

The Center for Research Design and Analysis (CRDA) at the University of Nevada, Reno, was contracted to conduct the Nevada 2008 BRFSS telephone interviews according to protocols detailed in the BRFSS Operational and User's Guide which is available at the following website:

<ftp://ftp.cdc.gov/pub/Data/Brfss/userguide.pdf>.

Samples are provided monthly from BSB who utilize disproportionate stratified random sampling to differentiate between sets of phone numbers containing a large proportion of target numbers (high density stratum) and a set that contains a smaller proportion of target numbers (medium density stratum). Telephone numbers in the high density stratum are sampled at the highest rate.

The State Contractor then conducts monthly interviews with the prescribed protocol, and incorporates surveillance results into computer-assisted telephone interviewing (CATI) computer files. Data is submitted monthly to BSB who weights the data annually according to state-specific population estimates. BSB produces and distributes yearly state-specific and nationwide data sets of risk-factor prevalence estimates to be used by states and BSB for analyses and publications.

Healthy People Initiative

The Healthy People (HP) Initiative is a national strategy for significantly improving the health of Americans and provides a framework for national, state and local health agencies, as well as non-government entities, to assess health status, health behaviors, and health services. The HP Initiative began as an offshoot from the 1979 the Surgeon General's Report, *Health Promotion and Disease Prevention*, which was followed in 1980 by the report, *Promoting Health/Preventing Disease: Objectives For a Nation*, which detailed 226 health objectives to be reached by 1990. Subsequently the HP 2000 and HP 2010 were developed that documented objectives to be reached by 2000 and 2010 respectively and HP 2020 is now in the development stage. The goals of the HP Initiative are to increase quality and years of healthy life, and eliminate health disparities. Whenever applicable, HP 2010 objectives are included in this report along with their corresponding health indicators. Information on the Healthy People Initiative can be obtained online at http://www.healthypeople.gov/lhi/.

Highlights From the 2008 BRFSS Survey

Health Status

- 18.7% of Nevada adults reported they had fair or poor health and 81.3% claimed good, very good, or excellent health.
- Over 29% of Nevada adults reported they did not get enough rest or sleep over the past 30 days.
- Nearly 28% of Nevada adults reported not participating in physical activity during the past month, other than their regular job.

Healthcare Access

- 21.2% of Nevada adults do not have healthcare coverage including, health insurance or prepaid plans such as HMO's or government plans such as Medicare.
- 17.6% of Nevada adults reported not seeing a healthcare provider within the past 12 months due to cost.
- 28% of Nevada adults reported not having a regular primary care provider.

Diabetes

- The prevalence estimate for diabetes among Nevada adults increased 48% in the ten year period from 1999 to 2008 (5.8% to 8.6%).

Asthma

- About 13.6% of Nevada adults reported that they have ever had asthma and 8.6% reported they currently have asthma.

Highlights From the 2008 BRFSS Survey Continued

Colorectal Screening

- Over 44% of Nevada adults 50 years of age or older have never had a sigmoidoscopy or a colonoscopy.
- Over 81% of Nevada adults 50 years of age or older have not had a blood stool test within the past two years.

Cardiovascular Health

- 4.4% of Nevada adults reported having a heart attack, 4.2% reported having a stroke, and 2.1% reported having angina or coronary heart disease.

Prostate Screening

- Over 50% of Nevada men 40 years of age or older have not had a PSA test within the past two years.
- Over 60% of Nevada men 40 years of age or older have not had a digital rectal exam within the past two years.

Immunizations

- Over 57% of Nevada adults 65 years of age or older received a flu vaccination within the past year.
- 37.4% of Nevada adults 65 years of age or older have never received a pneumonia vaccination.

Overweight and Obesity

- 37% of Nevada adults are designated as overweight (BMI 25.0 to 29.9) and 25.6% are designated as obese (BMI 30.0 or greater).

Safety

- 94.2% of Nevada adults reported using seatbelts always or nearly always.
- About 38% of Nevada adults reported having a fall in the past three months that caused injury.

Disability

- About 20% of Nevada adults reported being limited in any way due to physical, mental, or emotional problems.
- 7.1% of Nevada adults reported health problems requiring the use of special equipment such as a cane, wheelchair, or special bed.

Highlights From the 2008 BRFSS Survey Continued

Oral Health

- Over 63% of Nevada adults have visited a dentist or dental clinic within the past 12 months.
- Nearly 18% of Nevada adults 65 years of age or older have had all of their permanent teeth removed.
- 44.2% of Nevada adults have had any of their permanent teeth removed because of decay or gum disease.

Women's Health

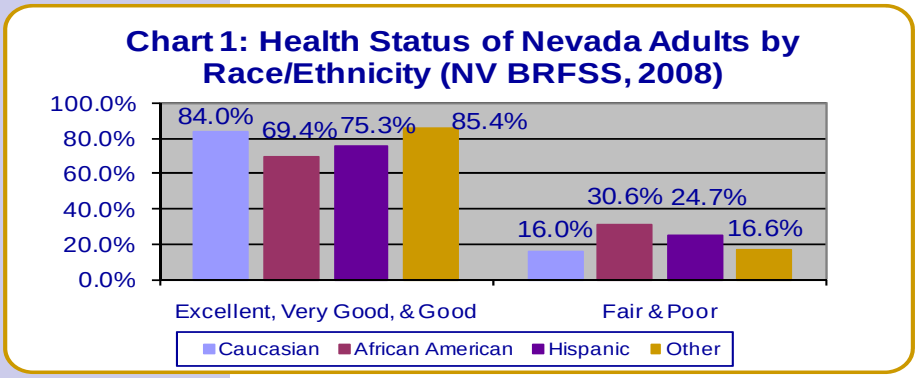
- 32% of Nevada women 40 years of age or older did not have a mammogram within the past two years.
- Nearly 22% of Nevada women 18 years of age or older did not have a PAP test within the past three years.

Table 1: 2008 BRFSS Respondent Demographics (NV BRFSS, 2008)

- Distribution of respondents for the 2008 BRFSS by sex, age group, race, education, income, and region.
- There were 4,771 total surveys conducted in the 2008 survey.

	Demographic Group	Frequency	Weighted Frequency	Weighted Percent	Confidence Limits for Weighted Percent	
					Low	High
Gender	Male	1,912	989,004	50.6%	48.3%	52.9%
	Female	2,859	966,545	49.4%	47.1%	51.7%
Age Group	18 - 24	197	227,588	11.6%	9.8%	13.5%
	25 - 34	544	385,789	19.7%	17.5%	21.9%
	35 - 44	730	387,915	19.8%	18.0%	21.7%
	45 - 54	978	359,821	18.4%	16.7%	20.1%
	55 - 64	991	293,532	15.0%	13.6%	16.4%
	65+	1,331	300,904	15.4%	14.3%	16.6%
Race/ Ethnicity	Caucasian	3,547	1,188,846	61.2%	58.8%	63.6%
	African American	115	78,260	4.0%	3.1%	5.0%
	Hispanic	600	454,447	23.4%	21.1%	25.7%
	Other	471	220,435	11.4%	9.9%	12.8%
Education	Less than High School	420	257,042	13.2%	11.3%	15.1%
	High School Graduate	1,347	568,548	29.1%	27.0%	31.3%
	Some College	1,536	577,409	29.6%	27.5%	31.7%
	College Graduate	1,458	548,044	28.1%	26.1%	30.1%
Income	Less than $15,000	353	127,166	7.4%	5.7%	9.1%
	$15,000 - $24,999	637	259,275	15.1%	13.3%	17.0%
	$25,000 - $34,999	463	197,538	11.5%	9.9%	13.1%
	$35,000 - $49,999	659	270,944	15.8%	14.1%	17.5%
	$50,000 - $74,999	754	286,095	16.7%	15.0%	18.4%
	$75,000+	1,305	573,231	33.4%	31.1%	35.7%
Region	Clark County	1,559	1,396,049	71.4%	70.5%	72.3%
	Washoe County	1,623	305931	15.6%	15.0%	16.3%
	Balance of State	1,589	253,569	13.0%	12.4%	13.5%

Health Status



Health-related quality of life reflects a personal sense of physical and mental health and the ability to react to factors in the physical and social environments. Health-related quality of life is more subjective than life expectancy and can be more difficult to measure. Self ratings of health status seek to determine how people perceive their own health and how they function physically and mentally during their day to day activities. 2008 BRFSS data indicate that nearly 19% of Nevadans perceive their health to be fair or poor, compared to the national estimate of 14.4%.[19, 13]

Nearly 13% of Nevadans claimed 10 or more days of poor physical health in the past 30 days compared to the national value of 13.1%.

Over 14% of Nevadans claimed 10 or more days of poor mental health in the past 30 days compared to the national value of 13.2%.

63.1% of Nevada adults reported having no days of poor physical health in the past 30, and 63.1% also reported having no days of poor mental health in the past 30 days. National values for individuals having no days of poor physical and mental health in the past 30 are 63.8% and 58.5% respectively.

Table 2: Selected Health Status Indicators For Nevada and the United States (BRFSS, 2008)

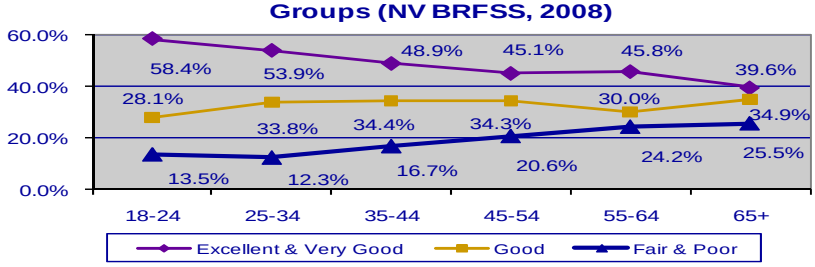
Health Indicator	Nevada	United States & D.C.
1. Adults indicating a health status of fair or poor (self-assessment).	18.7%	14.4%
2. Adults with poor physical health for 10 or more days out of the last 30 days (includes physical illness and injury).	12.8%	13.1%
3. Adults with poor mental health 10 or more days out of the last 30 days (includes stress, depression, and problems with emotions).	14.4%	13.2%
4. Adults kept from doing usual activities (work, recreation, etc.) over 10 of the last 30 days because of poor mental or physical health.	15.7%	16.2%
5. Adults not getting enough rest or sleep over 10 of the last 30 days.	36.5%	35.9%
6. Adults not participating in physical activities during the past month, other than their regular job (running, calisthenics, golf ,etc.).	27.6%	25.3%

Health Status

"How would you rate your general health (excellent, very good, good, fair, or poor)?"

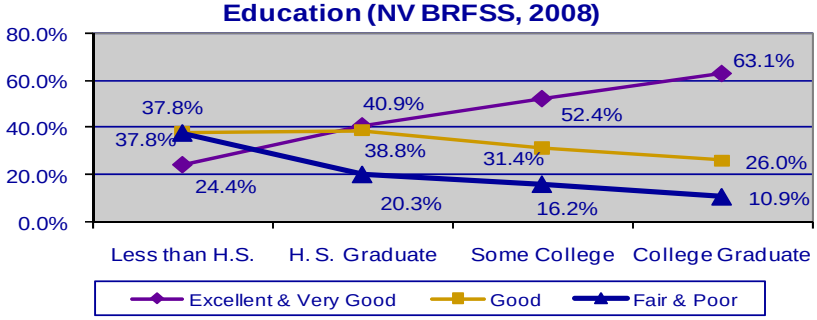
Respondents in younger age groups perceive their health to be "excellent or very good" more often than individuals in older age groups.

Chart 2: Health Status of Nevada Adults by Age Groups (NV BRFSS, 2008)



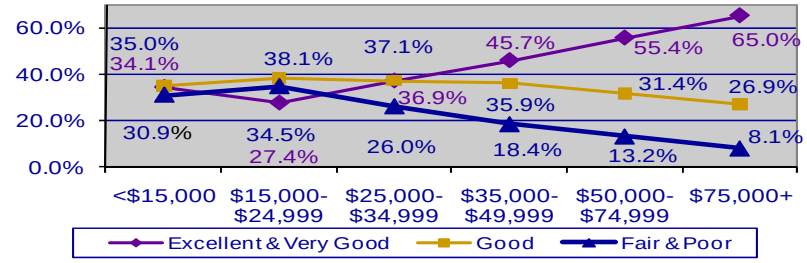
Respondents with more education perceive their health to be "excellent or very good" more often than individuals with less education.

Chart 3: Health Status of Nevada Adults by Education (NV BRFSS, 2008)



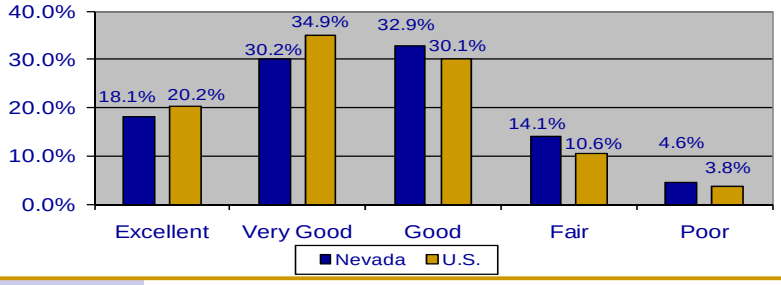
Respondents with higher incomes perceive their health to be "excellent or very good" more often than individuals with lower incomes.

Chart 4: Health Status of Nevada Adults by Income Level (NV BRFSS, 2008)



81.2% of Nevada adults perceive their health to be “excellent, very good, or good.

Chart 5: Perceived Health Status of Adults for Nevada and the United States (NV BRFSS, 2008)

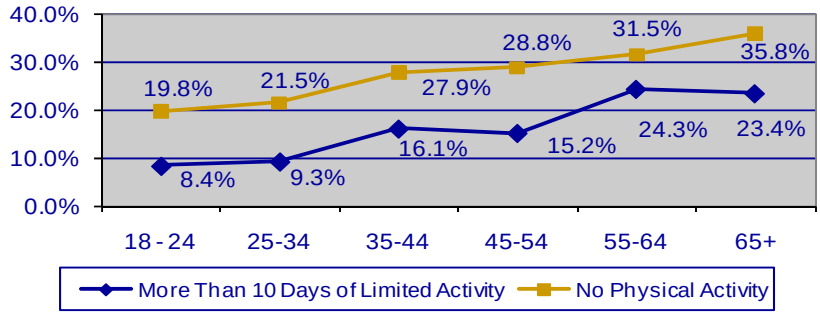


Health Status

- "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"
- "During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?"

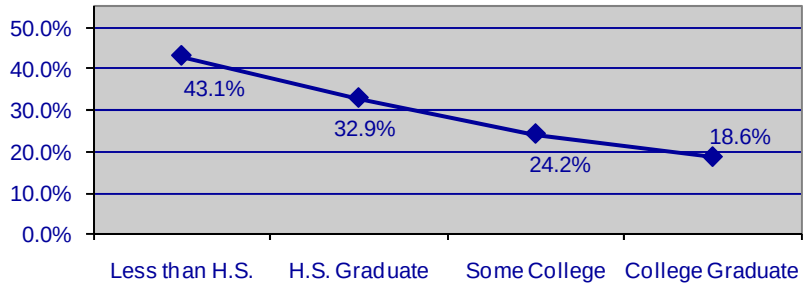
Respondents in younger age groups generally have fewer daily interferences from poor health and have a higher prevalence of physical activity.

Chart 6: Nevada Adults With No Physical Activity in the Past 30 Days or Those Who Experienced 10 or More Days of Limited Activity Due to Poor Health (NV BRFSS, 2008)



Survey data indicates that the prevalence rate of individuals not participating in physical activity in the past 30 days declines as education level increases.

Chart 7: Nevada Adults With No Physical Activity in the Past 30 Days by Education Level (NV BRFSS, 2008)



Hispanics reported the highest prevalence of no physical activity in the past 30 days at 35.5% and Caucasians had the lowest at 23.9%. Females had a higher prevalence rate of inactivity than males, 30.3% and 24.9% respectively.

Chart 8: Nevada Adults With No Physical Activity in the Past 30 Days by Race/Ethnicity & Sex (NV BRFSS, 2008)

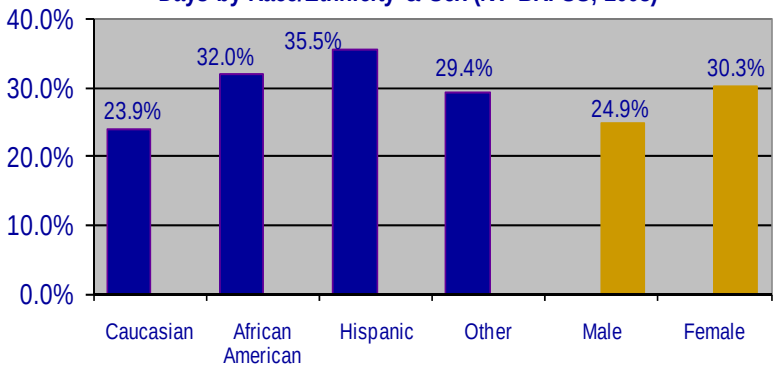


Table 3: Perceived Health Status, by Demographics and Region (NV BRFSS, 2008)

◊ "How would you rate your general health (excellent, very good, good, fair, or poor)?"

		N	Excellent	Very Good	Good	Fair	Poor
	Total	4,761	18.3%	30.1%	32.9%	14.1%	4.6%
Gender	Male	1,906	18.7%	30.7%	31.9%	14.4%	4.3%
	Female	2,855	17.8%	29.6%	33.9%	13.8%	4.9%
Age Group	18 - 24	197	25.4%	33.0%	28.1%	12.6%	0.9%
	25 - 34	543	21.2%	32.7%	33.8%	10.7%	1.6%
	35 - 44	729	18.5%	30.4%	34.4%	13.1%	3.6%
	45 - 54	976	15.7%	29.4%	34.3%	15.3%	5.3%
	55 - 64	988	16.2%	29.6%	30.0%	15.2%	9.0%
	65+	1,328	13.9%	25.7%	34.9%	18.3%	7.2%
Race/ Ethnicity	Caucasian	3,542	19.6%	34.1%	30.3%	11.6%	4.4%
	African American	115	27.9%	18.2%	23.3%	23.0%	7.6%
	Hispanic	598	10.8%	22.3%	42.2%	21.0%	3.7%
	Other	468	21.5%	29.5%	32.4%	10.7%	5.9%
Education	Less than High School	419	6.0%	18.4%	37.8%	31.7%	6.1%
	High School Graduate	1,344	15.2%	25.7%	38.8%	14.7%	5.6%
	Some College	1,531	18.9%	33.5%	31.4%	10.9%	5.3%
	College Graduate	1,457	26.5%	36.6%	26.0%	8.7%	2.2%
Income	Less than $15,000	348	12.6%	21.5%	35.0%	21.4%	9.5%
	$15,000 - $24,999	636	10.6%	16.8%	38.1%	26.0%	8.5%
	$25,000 - $34,999	463	13.3%	23.6%	37.1%	21.6%	4.4%
	$35,000 - $49,999	658	15.6%	30.1%	35.9%	14.5%	3.9%
	$50,000 - $74,999	754	19.4%	36.0%	31.4%	9.2%	4.0%
	$75,000+	1,304	26.9%	38.1%	26.9%	6.4%	1.7%
Region	Clark County	1,555	18.3%	29.7%	33.0%	14.6%	4.4%
	Washoe County	1,620	19.6%	30.9%	33.0%	12.4%	4.1%
	Balance of State	1,586	16.5%	31.4%	32.6%	13.4%	6.1%

Table 4: Physical and Mental Health by Demographics and Region (NV BRFSS, 2008)

- ◊ "Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 was your health not good?"
- ◊ "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

		Days of Poor Physical Health				Days of Poor Mental Health			
		N	0	1-9	10+	N	0	1-9	10+
	Total	4,706	63.1%	24.1%	12.8%	4,722	63.1%	22.5%	14.4%
Gender	Male	1,888	66.2%	22.2%	11.6%	1,891	68.9%	18.3%	12.8%
	Female	2,818	59.9%	26.0%	14.1%	2,831	57.2%	26.8%	16.0%
Age Group	18 - 24	194	63.2%	31.1%	5.7%	193	49.1%	33.5%	17.4%
	25 - 34	542	64.9%	27.9%	7.2%	541	61.3	26.1%	12.6%
	35 - 44	724	66.4%	24.2%	9.4%	727	61.7%	23.0%	15.3%
	45 - 54	971	62.1%	23.8%	14.1%	970	61.4%	23.1%	15.5%
	55 - 64	977	62.5%	15.6%	21.9%	980	68.9%	16.8%	14.3%
	65+	1,303	58.2%	22.0%	19.8%	1,311	74.5%	13.5%	12.0%
Race/ Ethnicity	Caucasian	3,502	62.6%	24.1%	13.3%	3,515	62.7%	22.9%	14.4%
	African American	110	57.3%	24.0%	18.7%	114	67.6%	19.4%	13.0%
	Hispanic	592	66.2%	24.1%	9.7%	594	67.1%	21.2%	11.7%
	Other	465	61.0%	24.1%	14.9%	464	55.5%	25.2%	19.3%
Education	Less than High School	412	58.5%	24.7%	16.8%	411	62.4%	20.4%	17.2%
	High School Graduate	1,326	60.7%	25.6%	13.7%	1,326	60.7%	25.6%	13.7%
	Some College	1,510	62.8%	23.0%	14.2%	1,525	60.7%	21.9%	17.4%
	College Graduate	1,448	68.2%	23.0%	8.8%	1,451	68.2%	21.1%	10.7%
Income	Less than %15,000	343	54.2%	22.1%	23.7%	347	54.3%	24.1%	21.6%
	$15,000 - $24,999	631	53.9%	27.9%	18.2%	630	61.8%	22.0%	16.2%
	$25,000 - $34,999	459	59.9%	25.9%	14.2%	458	55.9%	25.7%	18.4%
	$35,000 - $49,999	648	66.1%	21.3%	12.6%	651	65.5%	23.6%	10.9%
	$50,000 - $74,999	749	63.7%	26.8%	9.5%	752	60.7%	25.6%	13.7%
	$75,000+	1,300	69.2%	22.3%	8.5%	1,304	67.9%	21.2%	10.9%
Region	Clark County	1,541	63.9%	23.7%	12.4%	1,547	63.6%	21.6%	14.8%
	Washoe County	1,602	63.4%	24.6%	12.0%	1,605	64.0%	24.3%	11.7%
	Balance of State	1,563	58.4%	25.3%	16.3%	1,570	59.1%	25.2%	15.7%

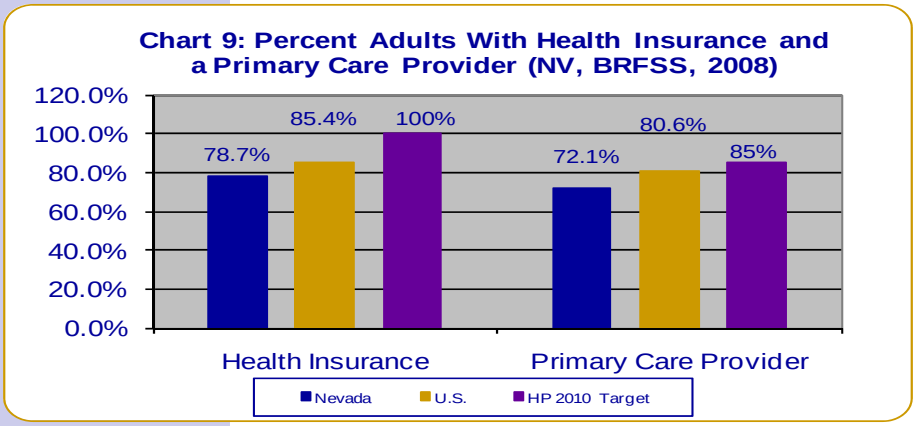
Table 5: Physical Activity by Demographics and Region (NV BRFSS, 2008)

◊ "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

◊ "During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise?"

		Days Poor Health Interfered with Regular Activities				Participation in Physical Activities		
		N	0	1-9	10+	N	Yes	No
	Total	2,592	58.5%	25.8%	15.7%	4,766	72.4%	27.6%
Gender	Male	911	57.9%	27.0%	15.1%	1,911	75.1%	24.9%
	Female	1,681	59.0%	24.8%	16.2%	2,855	69.7%	30.3%
Age Group	18 - 24	126	61.8%	29.8%	8.4%	197	80.2%	19.8%
	25 - 34	331	65.0%	25.7%	9.3%	544	78.5%	21.5%
	35 - 44	431	55.1%	28.8%	16.1%	730	72.1%	27.9%
	45 - 54	550	56.5%	28.3%	15.2%	977	71.2%	28.8%
	55 - 64	511	57.2%	18.5%	24.3%	990	68.5%	31.5%
	65+	643	54.7%	21.9%	23.4%	1,328	64.2%	35.8%
Race/ Ethnicity	Caucasian	1,928	59.5%	24.6%	15.9%	3,542	76.1%	23.9%
	African American	62	56.4%	25.8%	17.8%	115	68.0%	32.0%
	Hispanic	315	59.6%	29.7%	10.7%	600	64.5%	35.5%
	Other	271	51.3%	26.7%	22.0%	471	70.6%	29.4%
Education	Less than High School	249	48.3%	32.0%	19.7%	419	56.9%	43.1%
	High School Graduate	745	63.7%	21.3%	15.0%	1,345	67.1%	32.9%
	Some College	852	55.3%	27.0%	17.7%	1,535	75.8%	24.2%
	College Graduate	740	61.0%	26.9%	12.1%	1,457	81.4%	18.6%
Income	Less than $15,000	241	50.7%	15.1%	34.2%	353	61.4%	38.6%
	$15,000 - $24,999	377	51.9%	29.4%	18.7%	637	58.3%	41.7%
	$25,000 - $34,999	267	53.4%	29.6%	17.0%	462	66.9%	33.1%
	$35,000 - $49,999	355	58.5%	21.6%	19.9%	659	69.6%	30.4%
	$50,000 - $74,999	412	61.3%	30.1%	8.6%	753	72.1%	27.9%
	$75,000+	623	63.0%	27.4%	9.6%	1,304	84.1%	15.9%
Region	Clark County	838	57.9%	26.3%	15.8%	1,558	71.1%	28.9%
	Washoe County	867	59.9%	28.1%	12.0%	1,622	78.9%	21.1%
	Balance of State	887	60.2%	20.8%	19.0%	1,586	71.8%	28.2%

Healthcare Access



Access to quality healthcare is important to eliminate health disparities and increase the quality and years of healthy life. People must have access to clinical preventive services that are effective in preventing disease (primary prevention) or detecting asymptomatic disease or risk factors at early treatable stages.

The Healthy People 2010 target for individuals with health insurance is 100%. Uninsured people are less than half as likely as people with health insurance to have a primary care provider or to receive appropriate preventive care. Nationwide it is estimated that 85.5% of the adult population has health insurance; Nevada's adult population with health insurance is estimated at 78.7%.

A primary care doctor can provide individuals with a understanding of their health problems and direct them to appropriate health services. Evidence suggests that timely care provided by a regular primary care providers leads to less costly medical care. The Healthy People 2010 Target for individuals with a regular primary care provider is 85%. Nationwide, it is estimated that 80.6% of the adult population have a regular primary care provider. 72.1% of Nevada's adult population are estimated to have a primary care provider.

Table 6: Selected Healthcare Access Indicators For Nevada and the United States (BRFSS, 2008)

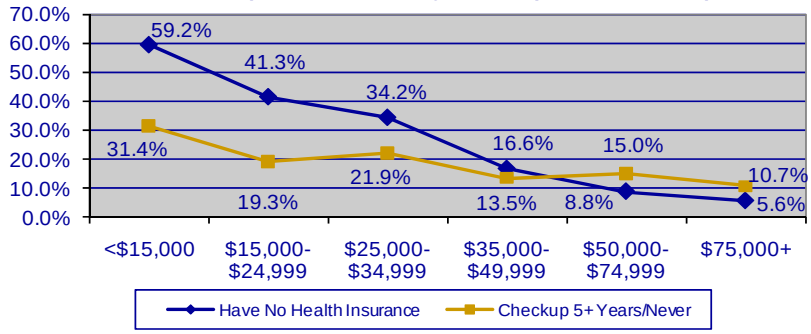
Health Indicator	Nevada	United States & D.C.
1. Adult respondents with any kind of healthcare coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare.	78.7%	85.5%
2 Adult respondents with a personal doctor or healthcare provider.	72.1%	80.6%
3. Adult respondents reporting a time in the past 12 months when they needed to see a doctor but could not because of cost.	17.5%	14.1%
4. Time since last visiting a doctor for a routine checkup		
Within the past two years (anytime less than 2 years ago)	74.1%	82.0
Within the past 5 years (greater than 2 years but less than 5 years)	10.6%	8.7%
5 or more years ago	12.0%	7.9%
Never	3.3%	1.5%

Healthcare Access

- "Do you have any healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?"
- "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?"
- "Do you have one person you think of as your personal doctor or healthcare provider?"
- "About how long has it been since you last visited a doctor for a routine checkup?"

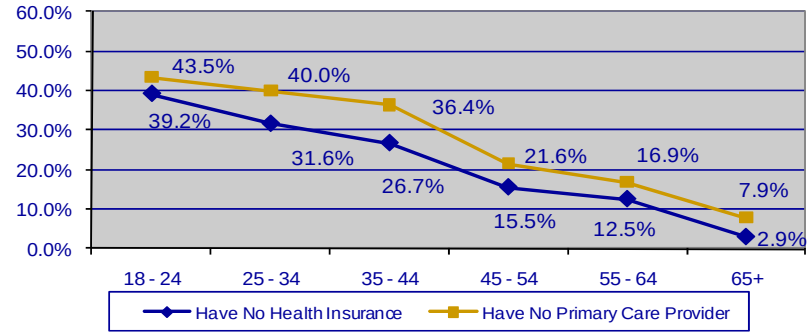
A higher percentage of respondents in lower income groups do not have health insurance or have not had a routine checkup within the past five years than those in higher income brackets.

Chart 10: Nevada Adults With No Health Insurance and No Routine Checkup Within 5 Years by Income (NV BRFSS, 2008)



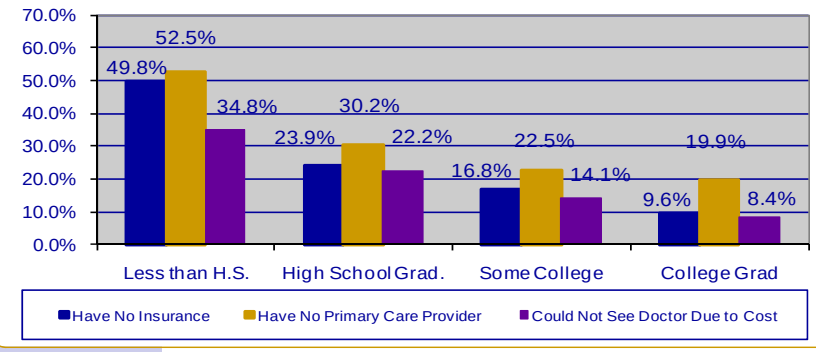
Individuals in younger age groups are more likely to be without health insurance or a primary care provider than those in older age groups.

Chart 11: Nevada Adults With No Health Insurance and No Primary Care Provider by Age Group (NV BRFSS, 2008)



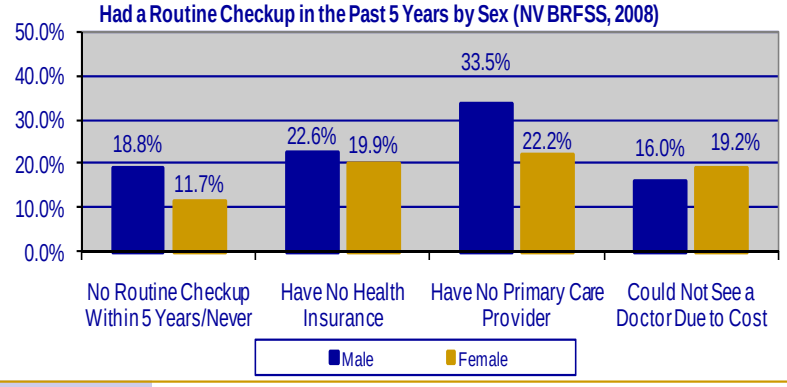
A higher percentage of individuals with less education do not have health insurance or a primary care provider than those with more education. Also, a higher percentage of individuals with less education did not see a doctor in the past 12 months due to cost.

Chart 12: Nevada Adults With No Health Insurance, No Primary Care Provider and Who Could Not See a Doctor in the Past 12 Months Due to Cost by Education Level (NV BRFSS, 2008)



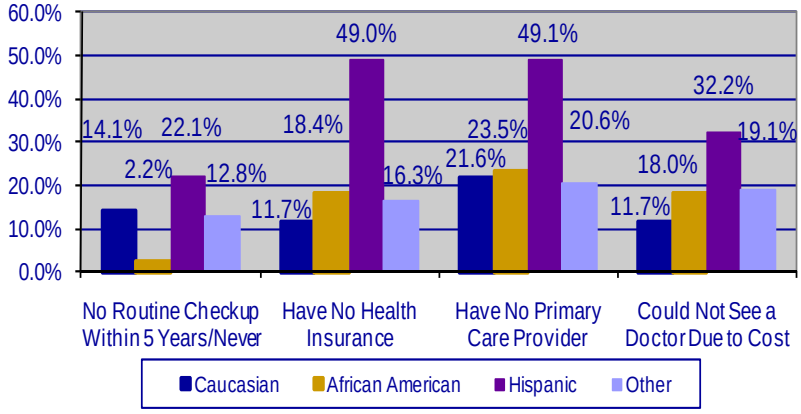
A higher percentage of Nevada males had no routine checkup within the past 5 years and have no primary care provider than females.

Chart 13: Nevada Adults With No Health Insurance, No Primary Care Provider, Who Could Not See a Doctor in the Past 12 Months Due to Cost, and Have Not Had a Routine Checkup in the Past 5 Years by Sex (NV BRFSS, 2008)



Nevada's Hispanic adults are over 2.5 times more likely to be without health insurance or a primary care provider than Caucasians, African Americans, or other racial/ethnic groups.

Chart 14: Nevada Adults Who Have Not Had a Routine Checkup in the Past 5 Years/Never, With No Health Insurance, With No Primary Care Provider, and Who Could Not See a Doctor in the Past 12 Months Due to Cost by Race/Ethnicity (NV BRFSS, 2008)



Data indicates that Nevada's uninsured population has remained consistent since 2003 with a range of 20.5% to 22.4%.

Chart 15: Nevada Adults With No Health Insurance by Year (NV, BRFSS, 1999-2008)

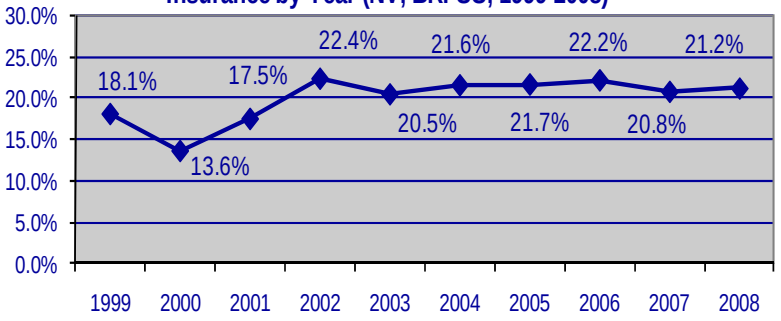


Table 7: Health Insurance and Primary Care Provider by Demographics and Region (NV BRFSS, 2008)

- ◊ "Do you have any kind of health coverage, including health insurance, prepaid plans such as HMOs, or governmental plants such as Medicare?"
- ◊ "Do you have one person you think of as your personal doctor or healthcare provider?"

		Have Health Insurance			Have a Primary Care Provider		
		N	Yes	No	N	Yes	No
Total		4,744	78.8%	21.2%	4,747	72.0%	28.0%
Gender	Male	1,903	77.4%	22.6%	1,908	66.5%	33.5%
	Female	2,850	80.1%	19.9%	2,848	77.8%	22.2%
Age Group	18 - 24	194	60.8%	39.2%	196	56.5%	43.5%
	25 - 34	540	68.4%	31.6%	542	60.0%	40.0%
	35 - 44	727	73.3%	26.7%	729	63.6%	36.4%
	45 - 54	977	84.5%	15.5%	974	78.4%	21.6%
	55 - 64	987	87.5%	12.5%	990	83.1%	16.9%
	65+	1,328	97.1%	2.9%	1,325	92.1%	7.9%
Race/ Ethnicity	Caucasian	3,535	88.3%	11.7%	3,537	78.4%	21.6%
	African American	114	81.6%	18.4%	115	76.5%	23.5%
	Hispanic	599	51.0%	49.0%	598	50.9%	49.1%
	Other	469	83.7%	16.3%	470	79.4%	20.6%
Education	Less than High School	418	50.2%	49.8%	419	47.5%	52.5%
	High School Graduate	1,341	76.1%	23.9%	1,343	69.8%	30.2%
	Some College	1,529	83.2%	16.8%	1,532	77.5%	22.5%
	College Graduate	1,456	90.4%	9.6%	1,453	80.1%	19.9%
Income	Less than %15,000	351	40.8%	59.2%	351	52.1%	47.9%
	$15,000 - $24,999	636	58.7%	41.3%	637	64.7%	35.3%
	$25,000 - $34,999	462	65.8%	34.2%	460	57.1%	42.9%
	$35,000 - $49,999	656	83.4%	16.6%	657	75.3%	24.7%
	$50,000 - $74,999	754	91.2%	8.8%	752	76.9%	23.1%
	$75,000+	1,303	94.4%	5.6%	1,303	81.0%	19.0%
Region	Clark County	1,552	78.5%	21.5%	1,554	71.0%	29.0%
	Washoe County	1,620	79.0%	20.0%	1,619	74.0%	26.0%
	Balance of State	1,581	79.7%	20.3%	1,583	76.0%	24.0%

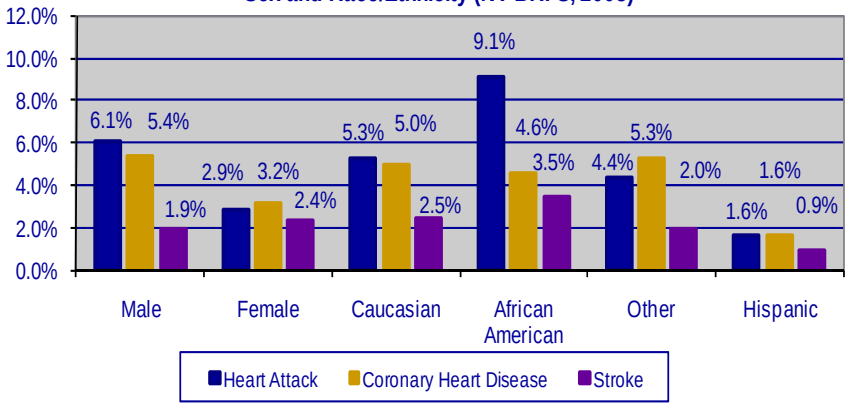
Table 8: Nevada Adults That Could Not See a Doctor Because of Cost and Time Since Last Routine Checkup (NV BRFSS, 2008)

- ◊ "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?"
- ◊ "About how long has it been since you last visited a doctor for a routine checkup?"

		Could Not See a Doctor in the Past 12 Months Due to Cost			Time Since Visited a Doctor For a Routine Checkup				
		N	Yes	No	N	In the Past 2 Years	In the Past 5 Years	5 or More Years	Never
	Total	4,746	17.6%	82.4%	4,708	74.1%	10.6%	12.0%	3.3%
Gender	Male	1,907	16.0%	84.0%	1,894	69.9%	11.3%	14.8%	4.0%
	Female	2,849	19.2%	80.8%	2,824	78.5%	9.8%	9.2%	2.5%
Age Group	18 - 24	197	23.5%	76.5%	192	75.3%	12.1%	10.3%	2.3%
	25 - 34	541	25.9%	74.1%	536	62.5%	11.9%	20.9%	4.7%
	35 - 44	729	20.6%	79.4%	722	66.4%	14.1%	13.6%	5.9%
	45 - 54	975	16.7%	83.3%	973	76.7%	11.3%	8.9%	3.1%
	55 - 64	991	10.1%	89.9%	987	79.1%	8.4%	11.4%	1.1%
	65+	1,323	6.5%	93.5%	1,308	90.7%	4.1%	4.3%	0.9%
Race/ Ethnicity	Caucasian	3,538	11.7%	88.3%	3,505	75.5%	10.4%	12.6%	1.5%
	African American	114	18.0%	82.0%	114	90.3%	7.5%	2.0%	0.2%
	Hispanic	598	32.2%	67.8%	593	66.2%	11.7%	12.5%	9.6%
	Other	469	19.1%	80.9%	468	77.0%	10.2%	12.0%	0.8%
Education	Less than High School	419	34.8%	65.2%	414	61.1%	12.5%	16.3%	10.1%
	High School Graduate	1,341	22.2%	77.8%	1,327	75.3%	9.3%	11.8%	3.6%
	Some College	1,528	14.1%	85.9%	1,520	76.3%	11.3%	11.1%	1.3%
	College Graduate	1,458	8.4%	91.8%	1,447	76.7%	10.2%	11.3%	1.8%
Income	Less than $15,000	348	45.1%	54.9%	347	59.8%	8.8%	21.7%	9.7%
	$15,000 - $24,999	636	34.4%	65.6%	625	66.9%	13.8%	14.4%	4.9%
	$25,000 - $34,999	461	31.7%	68.3%	457	64.4%	13.7%	15.6%	6.3%
	$35,000 - $49,999	657	13.9%	86.1%	657	81.2%	5.3%	11.2%	2.3%
	$50,000 - $74,999	753	11.7%	88.3%	751	72.7%	12.3%	12.8%	2.2%
	$75,000+	1,304	4.0%	96.0%	1,292	78.6%	10.7%	9.3%	1.4%
Region	Clark County	1,554	17.6%	82.4%	1,541	74.0%	10.3%	12.1%	3.6%
	Washoe County	1,621	18.9%	81.1%	1,605	75.4%	11.0%	11.3%	2.3%
	Balance of State	1,581	15.9%	64.1%	1,572	74.0%	11.3%	12.4%	2.3%

Cardiovascular

Chart 16: Nevada Adults Who Have Been Told by a Doctor That They Had a Heart Attack, Stroke, or Have Coronary Heart Disease by Sex and Race/Ethnicity (NV BRFS, 2008)



Coronary Heart Disease (CHD) death rate has declined in the general population over the past 35 years. Never the less, CHD is still the leading cause of death for all people in the United States. Stroke is the third leading cause of death. Heart disease and stroke are major causes of disability and contribute significantly to healthcare costs in the United States. [21]

High blood cholesterol* is a major risk factor for CHD that can be modified through medication and lifestyle changes including a diet low in saturated fat and cholesterol, increasing physical activity, and reducing excess weight.

High blood pressure, "*The Silent Killer,*" is a major risk factor for CHD, stroke, and heart failure. Many people are unaware that they have this disorder.[21, 22]

In general, heart disease death rate has been consistently higher in males than females and higher in the African American population than other racial/ethnic groups.

*High blood cholesterol and high blood pressure are included in the rotating core and asked every other year; they were not asked in 2008.

Table 9: Selected Cardiovascular Indicators For Nevada and the United States (BRFSS, 2008)

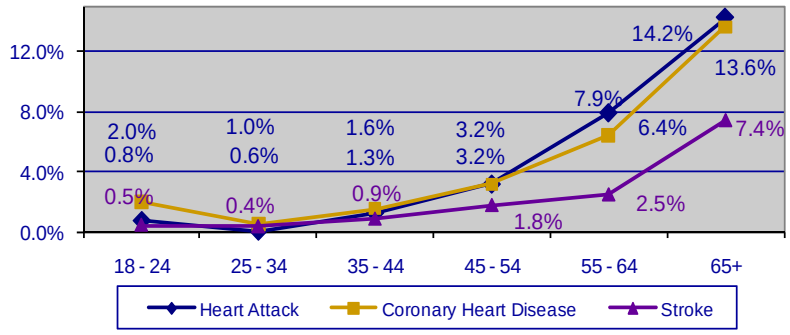
Health Indicator	Nevada	United States & D.C.
1. Nevada adults who have been told by a doctor, nurse, or other health professional that they have had a heart attack (myocardial infarction).	4.5%	4.2%
2. Nevada adults who have been told by a doctor, nurse, or other health professional that they have had angina or coronary heart disease.	4.3%	4.3%
3. Nevada adults who have been told by a doctor, nurse, or other health professional that they have had a stroke.	2.2%	2.6%

Cardiovascular

◊ "Has a doctor, nurse, or other health professional ever told you that you had any of the following:
- ⇒ (Ever told) you had a heart attack, also called a myocardial infarction?
- ⇒ (Ever told) you had angina or coronary heart disease?
- ⇒ (Ever told) you had a stroke?"

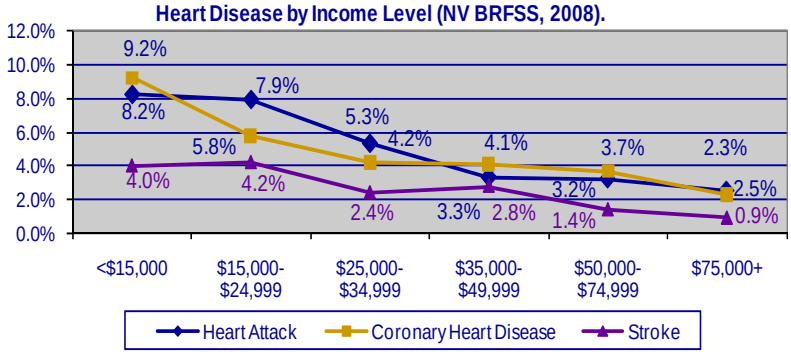
Consistent with national data, heart disease and stroke prevalence rates increase significantly in the older age groups. With the aging "Baby Boomer" generation, healthcare costs related to heart attack, coronary heart disease, and stroke will be significantly impacted.

Chart 17: Nevada Adults Who Have Been Told by a Doctor or Health Professional That They Had a Heart Attack, Stroke, or Have Coronary Heart Disease by Age Group (NV BRFSS, 2008)



Evidence indicates that Nevadans in lower income brackets are at higher risk for heart attack, coronary heart disease, and stroke than those in higher income brackets.

Chart 18: Nevada Adults Who Have Been Told by a Doctor or Health Professional That They Had a Heart Attack, Stroke, or Have Coronary Heart Disease by Income Level (NV BRFSS, 2008).



Consistent with national data, Nevada men have a higher prevalence rate for heart attack than women.

Chart 19: Nevada Adults Who Have Been Told by a Doctor or Health Professional That They Had a Heart Attack by Year and Sex (NV BRFSS,2005-2008)

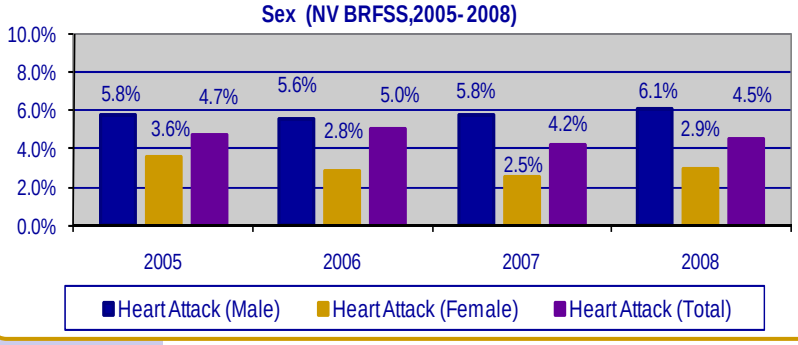
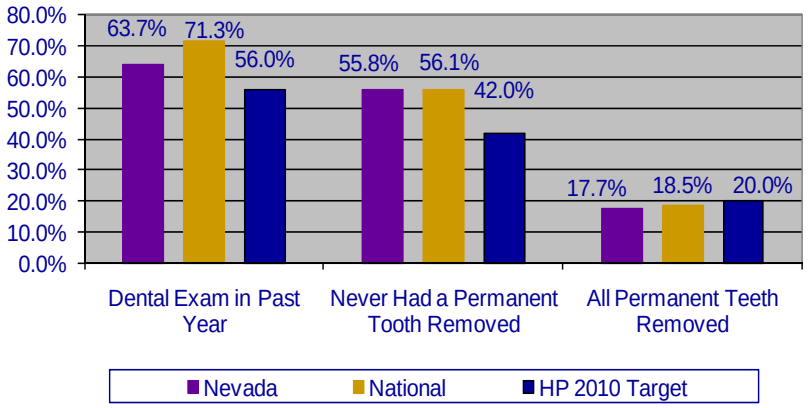


Table 10: Cardiovascular Data by Demographics and Region (NV BRFSS, 2008)

◊ "Has a doctor, nurse, or other health professional ever told you that you had any of the following:
- ⇒ (Ever told) you had a heart attack, also called a myocardial infarction?
- ⇒ (Ever told) you had angina or coronary heart disease?
- ⇒ (Ever told) you had a stroke?"

		Heart Attack			Angina or Coronary Heart Disease			Stroke		
		N	Yes	No	N	Yes	No	N	Yes	No
	Total	4,748	4.5%	95.5%	4,729	4.3%	95.7%	4,746	2.2%	97.8%
Gender	Male	1,902	6.1%	93.9%	1,894	5.4%	94.6%	1,897	1.9%	98.1%
	Female	2,846	2.9%	97.1%	2,835	3.2%	96.8%	2,849	2.4%	97.6%
Age Group	18 - 24	196	0.8%	99.2%	197	2.0%	98.0%	197	0.5%	99.5%
	25 - 34	544	1.0%	99.0%	544	0.6%	99.4%	544	0.4%	99.6%
	35 - 44	725	1.3%	98.7%	727	1.6%	98.4%	728	0.9%	99.1%
	45 - 54	975	3.2%	96.8%	976	3.2%	96.8%	973	1.8%	98.2%
	55 - 64	985	7.9%	92.1%	979	6.4%	93.6%	985	2.5%	97.5%
	65+	1,323	14.2%	85.8%	1,306	13.6%	86.4%	1,319	7.4%	92.6%
Race/ Ethnicity	Caucasian	3,531	5.3%	94.7%	3,517	5.0%	95.0%	3,530	2.5%	97.5%
	African Am.	113	9.1%	90.9%	113	4.6%	95.4%	115	3.5%	96.5%
	Hispanic	598	1.6%	98.4%	596	1.6%	98.4%	599	0.9%	99.1%
	Other	469	4.4%	95.6%	466	5.3%	94.7%	465	2.0%	98.0%
Education	Less than H. S.	414	4.0%	96.0%	412	3.6%	96.4%	417	2.2%	97.8%
	H. S. Graduate	1,342	5.6%	94.4%	1,334	4.7%	95.3%	1,339	2.5%	97.5%
	Some College	1,527	4.6%	95.4%	1,519	3.9%	96.1%	1,526	2.5%	97.5%
	College Grad.	1,455	3.5%	96.5%	1,454	4.5%	95.5%	1,454	1.5%	98.5%
Income	Less than $15,000	346	8.2%	91.8%	344	9.2%	90.8%	347	4.0%	96.0%
	$15,000 - $24,999	631	7.9%	92.1%	628	5.8%	94.2%	632	4.2%	95.8%
	$25,000 - $34,999	459	5.3%	94.7%	461	4.2%	95.8%	462	2.4%	97.6%
	$35,000 - $49,999	659	3.3%	96.7%	653	4.1%	95.9%	657	2.8%	97.2%
	$50,000 - $74,999	751	3.2%	96.8%	748	3.7%	96.3%	752	1.4%	98.6%
	$75,000+	1,304	2.5%	97.5%	1,303	2.3%	97.7%	1,302	0.9%	99.1%
Region	Clark County	1,549	4.3%	95.7%	1,543	4.2%	95.8%	1,549	2.0%	98.0%
	Washoe County	1,616	4.9%	95.1%	1,616	4.1%	95.9%	1,620	2.8%	97.2%
	Balance of State	1,583	5.0%	95.0%	1,570	4.9%	95.1%	1,577	2.2%	97.8%

Oral Health



Oral health is an essential and integral component of health. Poor oral health and untreated oral disease and conditions can have a significant impact on quality of life.

Cases of dental caries in the permanent teeth of school-aged children have been declining in the United States since the early 1970s. Fewer adults are having teeth extracted because of dental decay or periodontal disease, and the percentage of persons who have lost all of their natural teeth have been declining steadily.

Barriers to dental care include: cost, lack of dental insurance, public programs, or providers in underserved areas. It is estimated that only 44% of persons in the United States have some form of private dental insurance, 9% have public dental insurance, 2% have other dental insurance, and 45% have no dental insurance.

BRFSS survey data indicate that 63.7% of Nevada adults visited a dentist in the past year compared to the national value of 71.3%.

Table 11: Selected Oral Health Indicators For Nevada and the United States (BRFSS, 2008)

Health Indicator	Nevada	United States & D.C.
1. Nevada adults who have visited a dentist or dental clinic for any reason within the past 12 months (includes health specialist, such as orthodontists).	63.7%	71.3%
2. Nevada adults who have had any permanent teeth removed because of decay or gum disease (teeth lost to injury or orthodontics not included).	44.2%	43.9%
3. Nevada adults 65 years of age or older who have had all permanent teeth removed.	17.7%	18.5%

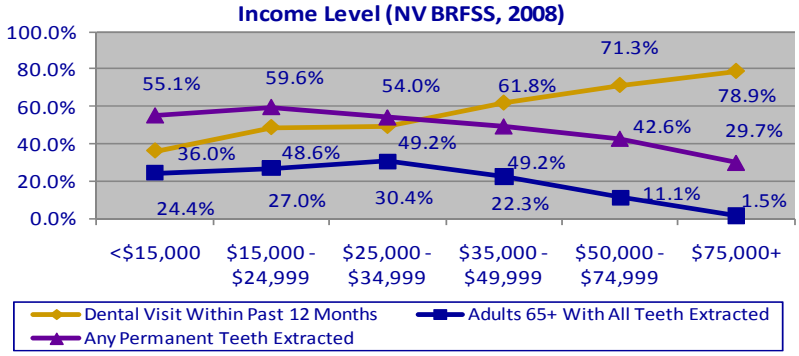
Oral Health

◊ "How long has it been since you last visited a dentist or a dental clinic for any reason?" Include visits to dental specialists, such as orthodontists.

◊ "How many of your permanent teeth have been removed because of tooth decay or gum disease?" Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost

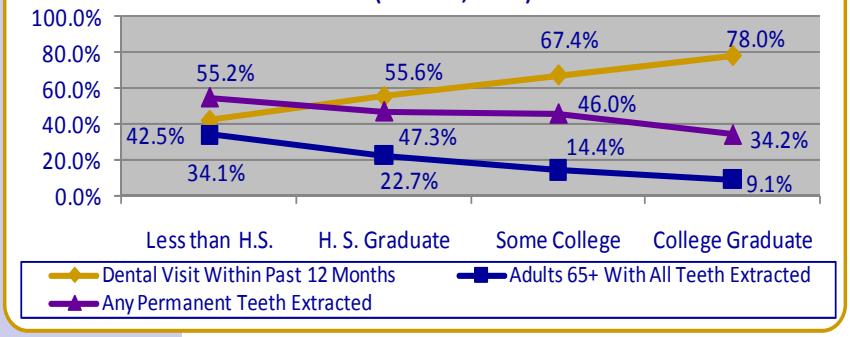
A greater percentage of Nevada adults in lower income brackets had some or all of their permanent teeth removed and had not been to the dentist within the past 12 months compared to Nevadans in higher income brackets.

Chart 21: Nevada Adults With Dental Visits Within the Past 12 Months and Any or All Permanent Teeth Removed by Income Level (NV BRFSS, 2008)



A greater percentage of Nevada adults with less education had some or all of their permanent teeth removed and had not been to the dentist within the past 12 months compared to Nevadans with higher education.

Chart 22: Nevada Adults With Dental Visits Within the Past 12 Months and Any or All Permanent Teeth Removed by Education (NV BRFS, 2008)



A lower percentage of Nevada Hispanics have visited a dentist within the past 12 months than other racial/ethnic categories. The percentage of African Americans 65 years of age and older who have all permanent teeth extracted is significantly higher than the other racial/ethnic categories.

Chart 23: Nevada Adults with Dental Visits Within the Past 12 Months and Any or All Permanent Teeth Extracted by Race/Ethnicity (NV BRFSS, 2008)

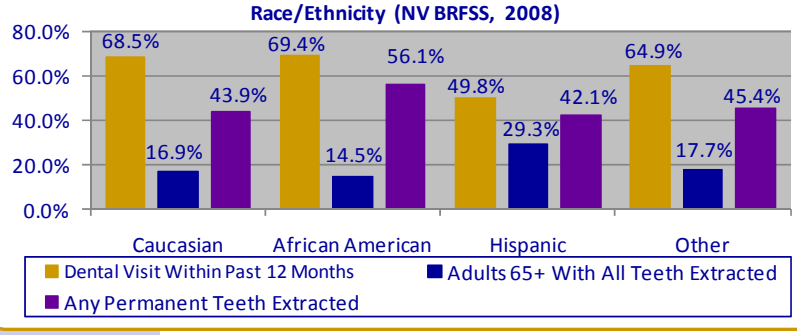


Table 12: Oral Health Data by Demographics and Region (NV BRFSS, 2008)

◊ "How long has it been since you last visited a dentist or a dental clinic for any reason?" Include visits to dental specialists, such as orthodontists.

◊ "How many of your permanent teeth have been removed because of tooth decay or gum disease?" Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics. (If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth).

Demographic Group	Dental Visit Within the Past Year			Any Permanent Teeth Extracted			Adults 65+ With All Natural Teeth Extracted		
	N	Yes	No	N	Yes	No	N	Yes	No
Total	4,761	63.7%	36.3%	4,680	44.2%	55.8%	1,278	17.7%	82.3%
Gender									
Male	1,908	62.0%	38.0%	1,874	44.5%	55.5%	507	19.1%	80.9%
Female	2,853	65.5%	34.5%	2,806	44.0%	56.0%	771	16.4%	83.6%
Age Group									
18 - 24	196	61.4%	38.6%	195	13.8%	86.2%	N/A	N/A	N/A
25 - 34	544	56.6%	43.4%	540	28.3%	71.7%	N/A	N/A	N/A
35 - 44	729	64.3%	35.7%	728	41.7%	58.3%	N/A	N/A	N/A
45 - 54	977	66.2%	33.8%	967	46.2%	53.8%	N/A	N/A	N/A
55 - 64	988	69.4%	30.6%	972	60.9%	39.1%	N/A	N/A	N/A
65+	1,327	65.6%	34.4%	1,278	73.1%	26.9%	N/A	N/A	N/A
Race/ Ethnicity									
Caucasian	3,541	68.5%	31.5%	3,478	43.9%	56.1%	1,077	16.9%	83.1%
African American	115	69.4%	30.6%	112	56.1%	43.9%	28*	14.5%	85.5%
Hispanic	600	49.8%	50.2%	595	42.1%	57.9%	51	29.3%	70.7%
Other	468	64.9%	35.1%	460	45.4%	54.6%	107	17.7%	82.3%
Education									
Less than High School	419	42.5%	57.5%	413	55.2%	44.8%	109	34.1%	65.9%
High School Graduate	1,342	55.6%	44.4%	1,313	47.3%	52.7%	431	22.7%	77.3%
Some College	1,534	67.4%	32.6%	1,505	46.0%	54.0%	398	14.4%	85.6%
College Graduate	1,457	78.0%	22.0%	1,439	34.2%	65.8%	337	9.1%	90.9%
Income									
Less than $15,000	352	36.0%	64.0%	341	55.1%	44.9%	133	24.4%	75.6%
$15,000 - $24,999	633	48.6%	51.4%	624	59.6%	40.4%	229	27.0%	73.0%
$25,000 - $34,999	462	49.2%	50.8%	455	54.0%	46.0%	142	30.4%	69.6%
$35,000 - $49,999	658	61.8%	38.2%	653	49.2%	50.8%	179	22.3%	77.7%
$50,000 - $74,999	754	71.3%	28.7%	749	42.6%	57.4%	170	11.1%	88.9%
$75,000+	1,304	78.9%	21.1%	1,294	29.7%	70.3%	188	1.5%	98.5%
Region									
Clark County	1,558	63.6%	36.4%	1,524	44.5%	55.5%	404	18.3%	81.7%
Washoe County	1,622	65.5%	34.5%	1,608	40.4%	59.6%	404	14.8%	85.2%
Balance of State	1,581	62.3%	37.7%	1,548	47.6%	52.4%	470	17.7%	82.3%

Asthma

Chart 24: Nevada Adults Who Formerly Had Asthma and Currently Have Asthma by Race/Ethnicity (NV BRFSS, 2004 - 2008 pooled data)

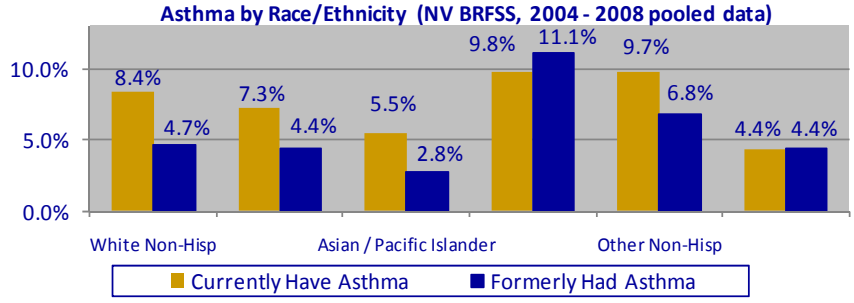
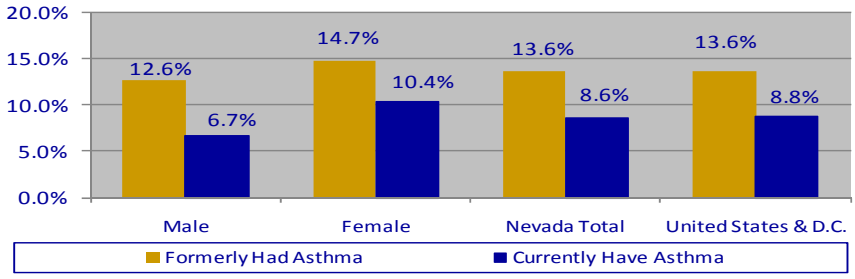


Chart 25: Nevada Adults Who Formerly Had Asthma and Currently Have Asthma by Sex (NV BRFSS, 2008)



Asthma is a serious and growing health problem. An estimated 14.9 million persons in the United States have asthma.

Effective management of asthma comprises four major components: controlling exposure to factors that trigger asthma episodes, managing asthma with medicine, monitoring the disease, and educating asthma patients on when and how to take medications correctly and what to do when asthma worsens.

Asthma is one of the most common principal emergency room diagnoses. Data suggests that uneven distribution of costs of asthma relates to non-scheduled acute or emergency care, indicating poor asthma management and suboptimal outcomes.

The lifetime asthma and current asthma prevalence rate in Nevada mimics the national prevalence rates. [17.18.19]

Table 13: Selected Asthma Indicators For Nevada and the United States (BRFSS, 2008)

Health Indicator	Nevada	United States & D.C.
1. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?	13.6%	13.6%
2. Do you still have asthma?	8.6%	8.8%

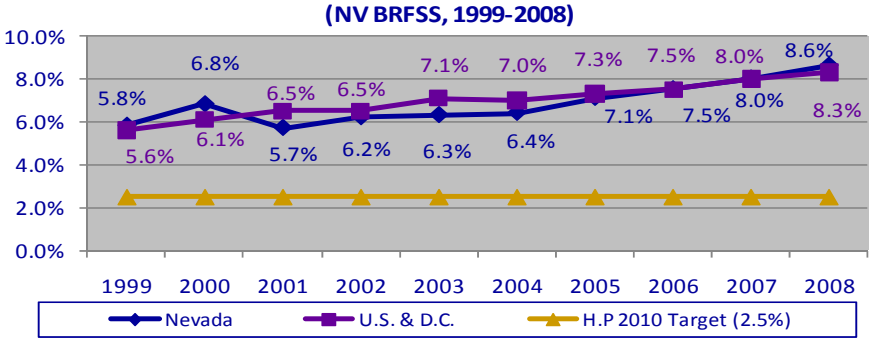
Table 14: Asthma Data by Demographics and Region (NV BRFSS, 2008)

- ◊ "Have you ever been told by a doctor, nurse, or other health professional that you had asthma?"
- ◊ "Do you still have asthma?"

Demographic Group	Those Who Have Ever Been Told That They Had Asthma?			Those Who Still Have Asthma? (Currently Have Asthma)		
	N	Yes	No	N	Yes	No
Total	4,760	13.6%	86.4%	4,737	8.6%	91.4%
Gender						
Male	1,909	12.6%	87.4%	1,900	6.7%	93.3%
Female	2,851	14.7%	85.3%	2,837	10.4%	89.6%
Age Group						
18 - 24	197	17.1%	82.9%	197	10.1%	89.9%
25 - 34	542	12.7%	87.3%	537	6.3%	93.7%
35 - 44	729	11.6%	88.4%	728	7.5%	92.5%
45 - 54	978	14.5%	85.5%	973	9.5%	90.5%
55 - 64	988	15.0%	85.0%	983	10.8%	89.2%
65+	1,326	12.5%	87.5%	1,319	8.2%	91.8%
Race/ Ethnicity						
Caucasian	3,538	15.6%	84.4%	3,521	9.5%	90.5%
African American	115	13.2%	86.8%	114	10.5%	89.5%
Hispanic	600	8.8%	91.2%	598	5.0%	95.0%
Other	470	12.9%	87.1%	467	9.4%	90.6%
Education						
Less than High School	418	7.3%	92.7%	416	4.2%	95.8%
High School Graduate	1,346	15.2%	84.8%	1,340	10.7%	89.3%
Some College	1,530	13.3%	86.7%	1,521	8.8%	91.2%
College Graduate	1,456	15.5%	84.5%	1,450	8.2%	91.8%
Income						
Less than $15,000	353	12.1%	87.9%	351	8.7%	91.3%
$15,000 - $24,999	634	15.5%	84.5%	632	10.6%	89.4%
$25,000 - $34,999	463	10.9%	89.1%	459	6.5%	93.5%
$35,000 - $49,999	659	15.3%	84.7%	656	9.5%	90.5%
$50,000 - $74,999	753	14.8%	85.2%	752	10.9%	89.1%
$75,000+	1,304	12.6%	87.4%	1,297	5.6%	94.4%
Region						
Clark County	1,554	14.1%	85.9%	1,548	8.5%	91.5%
Washoe County	1,619	11.8%	88.2%	1,614	7.4%	92.5%
Balance of State	1,587	13.5%	86.5%	1,575	10.1%	89.9%

Diabetes

Chart 26: Prevalence of Adults With Diabetes in Nevada and the U.S. With The Health People 2010 Target (NV BRFSS, 1999-2008)



It is estimated that 23.6 million people or 7.8% of the U.S. population have diabetes and 5.7 million of these cases are undiagnosed.

Type 1 diabetes or insulin dependent diabetes mellitus usually strikes children or young adults who require insulin to survive. Type 1 diabetes accounts for 5% to 10% of all diagnosed cases of diabetes.

Type 2 diabetes or non-insulin dependent diabetes mellitus accounts for about 90% to 95% of all diagnosed cases. Type 2 diabetes is associated with older age, obesity, family history of diabetes, impaired glucose metabolism, physical activity, and race/ethnicity.

Many people with Type 2 diabetes can control their blood glucose through diet, exercise, losing excessive weight, and taking oral medication. Gestational diabetes is a form of glucose intolerance diagnosed during pregnancy. During pregnancy, gestational diabetes requires treatment to normalize blood glucose levels. Immediately after pregnancy, 5% to 10% of women are found to have Type 2 diabetes. Women who have had gestational diabetes have a 40% to 60% chance of developing diabetes within the next 5 to 10 years after pregnancy.[21]

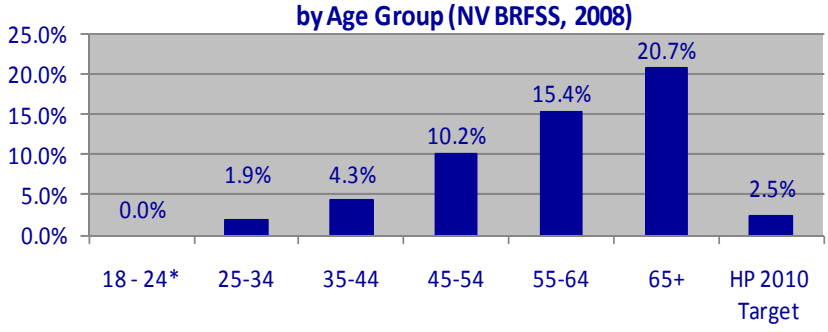
Table 15: Selected Diabetes Indicators for Nevada and the United States (BRFSS, 2008)

Health Indicator	Nevada	United States & D.C.
Have you ever been told by a doctor that you have diabetes?		
Yes	8.6%	8.3%
Yes, but female told only during pregnancy	0.4%	0.9%
No	90.1%	90.0%
No, pre-diabetes or borderline diabetes	0.9%	1.1%

Diabetes

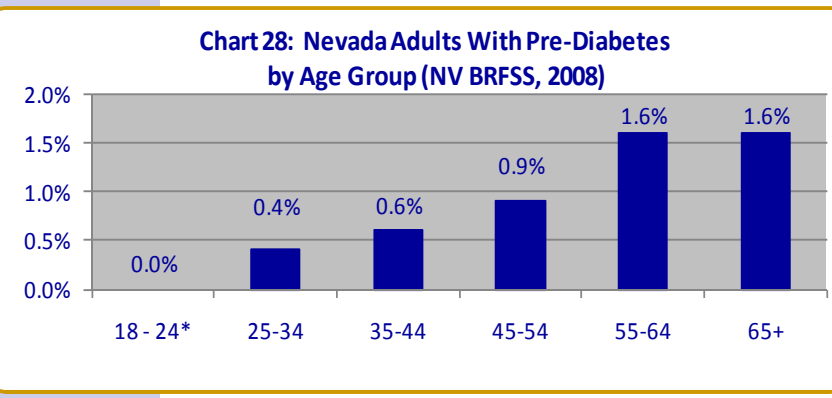
◊ "Have you ever been told by a doctor that you have diabetes?"

Diabetes is more prevalent in older age groups than younger age groups. The Healthy People 2010 goal is to reduce the overall rate of clinically diagnosed diabetes to 25 cases per 1,000 population (2.5%).



***No individuals sampled in the 18 - 24 age group had diabetes. In the past, the diabetes prevalence in this age group ranged from about 0.2% to 1.0%.**

In pre-diabetes blood sugar level is higher than normal, but it's not yet increased enough to be classified as type 2 diabetes.
The prevalence of Nevada adults with pre-diabetes increases with age group.



***No individuals sampled in the 18 - 24 age group had Pre-Diabetes.**

Nevada prevalence data for the five-year period, 2004-2008, indicate that the African American population are at greater risk of developing diabetes.

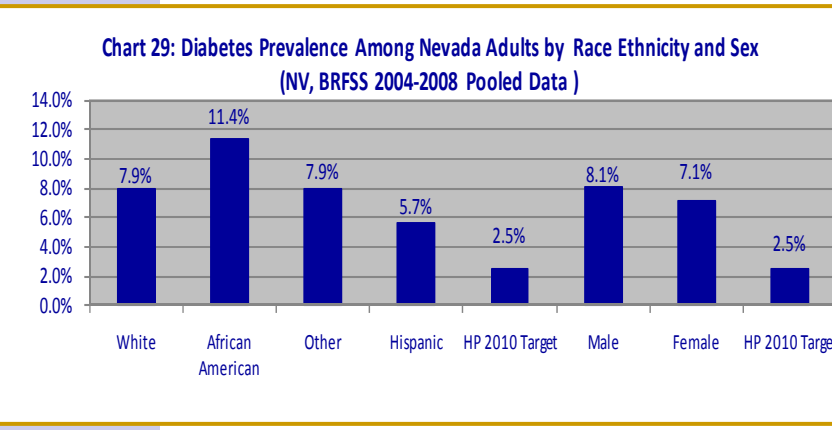


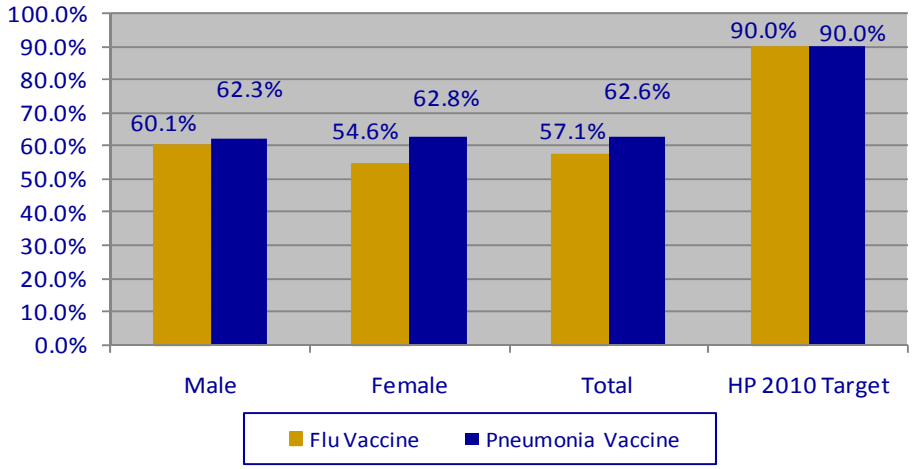
Table 16: Diabetes Data by Demographics and Region (NV BRFSS, 2008)
◊ "Have you ever been told by a doctor that you have diabetes?"

	Demographic Group	Told You Have Diabetes				
		N	Yes	Yes (Female During Pregnancy)	No (Pre-Diabetes)	No
	Total	4,763	8.6%	0.4%	0.9%	90.1%
Gender	Male	1,910	9.2%	N/A	0.5%	90.3%
	Female	2,853	7.9%	0.9%	1.2%	90.0%
Age Group	18 - 24	197	0.0%	0.0%	0.0%	100%
	25 - 34	544	1.9%	1.3%	0.4%	96.4%
	35 - 44	729	4.3%	0.5%	0.6%	94.6%
	45 - 54	977	10.2%	0.3%	0.9%	88.6%
	55 - 64	987	15.4%	0.0%*	1.6%	83.0%
	65+	1,329	20.7%	0.0%*	1.6%	77.7%
Race/ Ethnicity	Caucasian	3,543	8.9%	0.2%	0.9%	90.0%
	African American	115	11.4%	1.9%	0.9%	85.8%
	Hispanic	597	5.6%	0.8%	0.6%	93.0%
	Other	471	11.8%	0.3%	1.1%	86.8%
Education	Less than High School	419	5.7%	0.6%	0.7%	93.0%
	High School Graduate	1,344	9.2%	0.2%	1.2%	89.4%
	Some College	1,533	9.2%	0.4%	0.8%	89.6%
	College Graduate	1,457	8.8%	0.6%	0.6%	90.0%
Income	Less than $15,000	352	11.1%	0.6%	0.3%	88.0%
	$15,000 - $24,999	635	9.9%	0.1%	1.7%	88.3%
	$25,000 - $34,999	462	9.4%	0.8%	0.8%	89.0%
	$35,000 - $49,999	658	10.3%	0.5%	0.7%	88.5%
	$50,000 - $74,999	753	8.9%	0.6%	0.3%	90.2%
	$75,000+	1,304	5.9%	0.4%	0.9%	92.8%
Region	Clark County	1,554	9.2%	0.4%	0.8%	89.6%
	Washoe County	1,623	6.0%	0.8%	0.9%	92.3%
	Balance of State	1,586	8.1%	0.5%	0.9%	90.5%

* 4 women over 55 years of age were recorded as having gestational diabetes and were excluded from these data (assuming data entry error). The Nevada Office of Vital Records recorded only one birth to a woman over 55 years of age (57 years of age) in 2008.

Immunization

Chart 30: Nevada Adults 65 Years of Age or Older Who Have Had a Flu Vaccination Within the Past Year or Have Ever Had a Pneumonia Vaccination by Sex with HP 2010 Targets (NV BRFSS, 2008)



Vaccines are biological substances that interact with the person's immune system to produce an immune response identical to that produced by the natural infections. Vaccines can prevent the debilitating and, in some cases, fatal effects of infectious disease.

Vaccines protect more than the vaccinated individual. They also protect society. Those unable to be vaccinated are also protected because of group immunity (they live among vaccinated persons who may offer protection from exposure to disease).

Vaccination rates among persons aged 65 and older continue to increase. National vaccination rates increased from 33% to 64% from 1989 to 1998. Nevada's flu and pneumonia vaccination rate was estimated at 57.1% and 62.6% respectively, compared to the national estimates of 71.1% for flu vaccination and 66.9% for pneumonia vaccination.[19]

Table 17: Selected Immunization Indicators For Nevada and the United States (BRFSS, 2008)

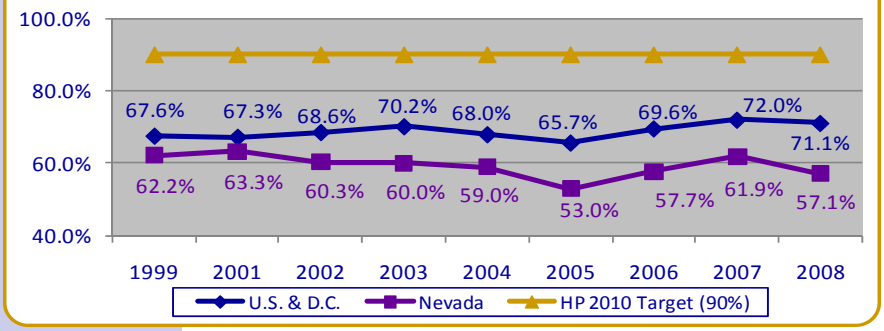
Health Indicator	Nevada	United States & D.C.
Nevada adults 65 years of age or older who have had a flu vaccination within the past year.	57.1%	71.1%
Nevada adults 65 years of age or older who have ever had a pneumonia vaccination.	62.6%	66.9%

Vaccinations

- "A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?"
- "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?"

The flu vaccination rate for Nevada adults has historically been lower than the national rate. Both the national rate and Nevada's rate of flu vaccinations are significantly lower than the Healthy People 2010 Target value of 90%.

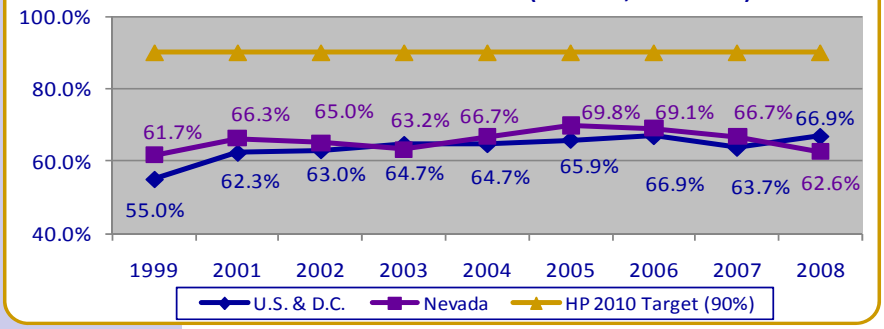
Chart 31: Nevada Adults 65 Years of Age or Older Receiving a Flu Vaccination Within the Past Year (NV BRFSS, 1999-2008)



*Flu immunization data are not available for the Year 2000

The pneumonia vaccination rates of Nevada adults historically has mimicked the national vaccination rates. Both Nevada and national rates are significantly lower than the Healthy People 2010 Target Value of 90%.

Chart 32: Nevada Adults 65 Years of Age or Older Who Have Ever Received a Pneumonia Vaccination (NV BRFS, 1999-2008)



*Pneumonia immunization data are not available for the Year 2000

2008 BRFSS data indicate that Nevada African Americans have a lower flu vaccination rate than other race/ethnicity groups.

Chart 33: Nevada Adults 65 Years of Age or Older Who Have Had a FLu Shot Within the Past 12 Months and Ever Had a Pneumonia Vaccination by Race/Ethnicity (NV BRFSS, 2004-2008 Pooled Data)

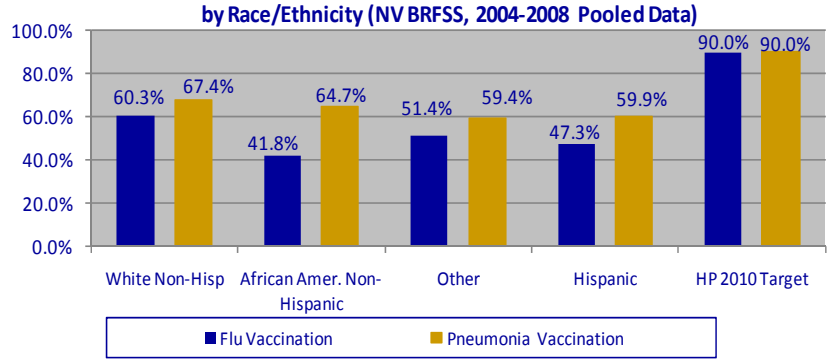
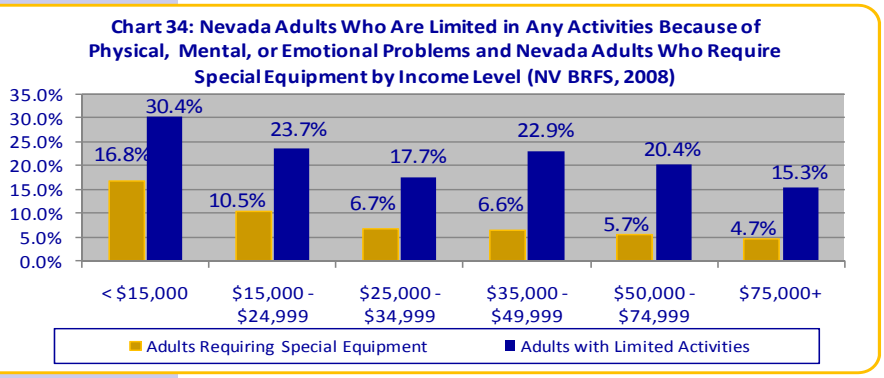


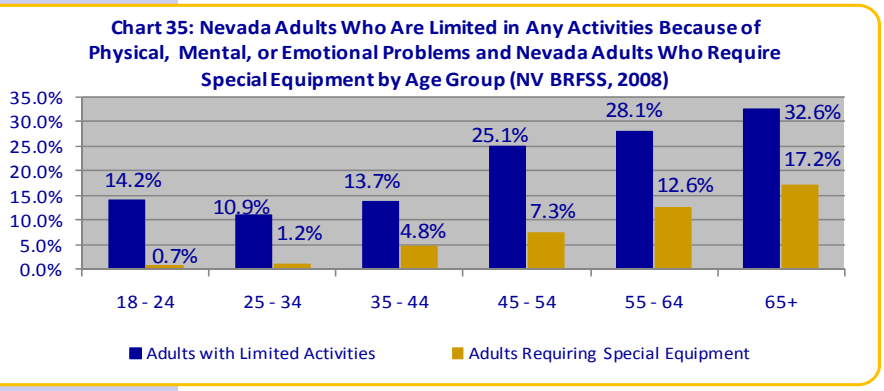
Table 18: Vaccination Data by Demographics and Region (NV BRFSS, 2008)

- ◊ "A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?"
- ◊ "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?"

Demographic Group	Adults 65+ Who Had a Flu Vaccination Within the Past Year			Adults 65+ Who Have Ever Had a Pneumonia Vaccination		
	N	No	Yes	N	No	Yes
Total	1,312	42.9%	57.2%	1,272	37.4%	62.6%
Gender						
Male	516	39.9%	60.1%	493	37.7%	62.3%
Female	796	45.4%	54.6%	779	37.2%	62.8%
Race/ Ethnicity						
Caucasian	1,105	39.0%	61.0%	1,073	35.4%	64.6%
African American	30	52.0%	48.0%	30	40.0%	60.0%
Hispanic	52	63.5%	36.5%	51	45.8%	54.2%
Other	111	56.8%	43.2%	104	50.8%	49.2%
Education						
Less than High School	110	58.0%	42.0%	106	46.1%	53.9%
High School Graduate	449	41.3%	58.7%	434	38.9%	61.1%
Some College	409	43.7%	56.3%	397	31.9%	68.1%
College Graduate	341	38.8%	61.2%	332	38.2%	61.8%
Income						
Less than $15,000	138	62.8%	37.2%	137	47.9%	52.1%
$15,000 - $24,999	238	38.3%	61.7%	232	42.3%	57.7%
$25,000 - $34,999	144	34.8%	65.2%	140	33.9%	66.1%
$35,000 - $49,999	179	40.6%	59.4%	173	36.0%	64.0%
$50,000 - $74,999	170	37.4%	62.6%	166	27.8%	72.2%
$75,000+	190	43.8%	56.2%	185	42.4%	57.6%
Region						
Clark County	410	45.9%	54.1%	396	40.9%	59.1%
Washoe County	412	33.9%	66.1%	397	26.0%	74.0%
Balance of State	490	39.0%	61.0%	479	34.4%	65.6%

Disability





According to the 2000 U.S. Census about 49.7 million people in the U.S., age 5 and over have a disability (nearly 1 in 5 or 19%).

Disability can be viewed as representing a minority of the population, in that many people with disabilities may be less visible, undercounted, and underserved. People with disabilities may experience lack of access to health services and may be considered at increased risk of secondary medical, social, and emotional conditions.

Few data systems identify people with disabilities as a subpopulation. Disparities that have been noted between people with and without disabilities are excess weight, reduced physical activity, increased stress, and less frequent mammograms for women over the age of 55 with disparities.

Table 19: Selected Disability Indicators For Nevada and the United States (BRFSS, 2008)

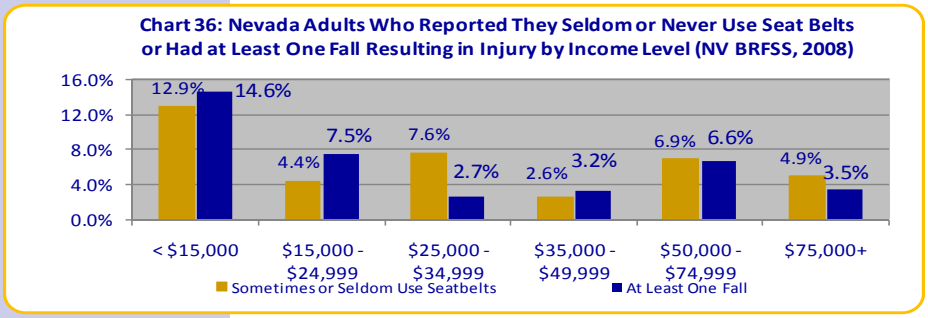
Health Indicator	Nevada	United States & D.C.
1. Adult respondents who are limited in any way in any activities because of physical, mental, or emotional problems.	20.3%	20.5%
2. Adult respondents with health problems that require you to use special equipment, such as a cane, wheelchair, a special bed, or special telephone.	7.1%	7.1%

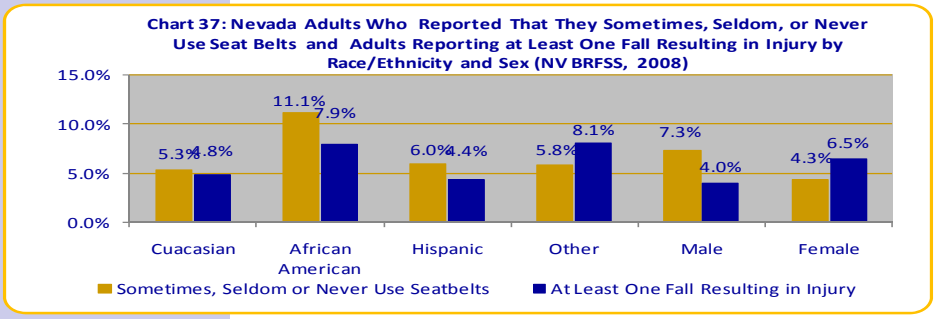
Table 20: Disability Data by Demographics and Region (NV BRFSS, 2008)

- ◊ "Are you limited in any way in any activities because of physical, mental, or emotional problems?"
- ◊ "Do you now have any health problem that requires you to use special equipment, such as cane, a wheelchair, a special bed, or a special telephone?" (include occasional use or use in certain circumstances)

Demographic Group	Adults with Limited Activities			Adults Requiring Special Equipment		
	N	No	Yes	N	No	Yes
Total	4,742	79.7%	20.3%	4,764	92.9%	7.1%
Gender						
Male	1,902	82.0%	18.0%	1,908	93.2%	6.8%
Female	2,840	77.2%	22.8%	2,856	92.5%	7.5%
Age Group						
18 - 24	196	85.8%	14.2%	197	99.3%	0.7%
25 - 34	544	89.1%	10.9%	544	98.8%	1.2%
35 - 44	727	86.3%	13.7%	720	95.2%	4.8%
45 - 54	973	74.9%	25.1%	976	92.7%	7.3%
55 - 64	986	71.9%	28.1%	989	87.4%	12.6%
65+	1,316	67.4%	32.6%	1,328	82.8%	17.2%
Race/ Ethnicity						
Caucasian	3,529	76.6%	23.4%	3,542	91.7%	8.3%
African American	114	79.6%	20.4%	115	92.4%	7.6%
Hispanic	595	89.5%	10.5%	599	97.8%	2.2%
Other	466	75.7%	24.3%	470	89.2%	10.8%
Education						
Less than High School	411	85.1%	14.9%	420	93.5%	6.5%
High School Graduate	1,338	79.9%	20.1%	1,345	92.0%	8.0%
Some College	1,530	77.1%	22.9%	1,533	92.4%	7.6%
College Graduate	1,453	79.5%	20.5%	1,456	93.8%	6.2%
Income						
Less than $15,000	347	69.6%	30.4%	352	83.2%	16.8%
$15,000 - $24,999	636	76.3%	23.7%	637	89.5%	10.5%
$25,000 - $34,999	458	82.3%	17.7%	462	63.3%	6.7%
$35,000 - $49,999	656	77.1%	22.9%	658	93.4%	6.6%
$50,000 - $74,999	750	79.6%	20.4%	753	94.3%	5.7%
$75,000+	1,303	84.7%	15.3%	1,303	95.3%	4.7%
Region						
Clark County	1,550	80.3%	19.7%	1,555	92.8%	7.2%
Washoe County	1,613	80.4%	19.6%	1,621	94.3%	5.7%
Balance of State	1,579	74.9%	25.1%	1,588	91.3%	8.7%

Safety





About 1 in every 17 deaths in the United States result from injury. Of these deaths, 63% are classified as unintentional, 34% as intentional, and 3% are undetermined.[21]

In the United States during 2005, safety belts saved the lives of an estimated 15,632 over 4 years of age. Drivers and passengers can cut their risk of dying in a crash in half by simply buckling up. Motor vehicle-related injuries kill more children and young adults in the age group 1 to 34 than any other single cause in the United States. In the United States in 2005, more than half the people killed in motor vehicle crashes were not wearing safety belts (CDC, http://www.cdc.gov/ncipc/duip/buckleup.htm).[11]

In 2008, about 85.8% of Nevada adults reported they always used seat belts, slightly higher than the national value of 84.9%. The Healthy People 2010 Target Value for seat belt usage is 92.0%.

Table 21: Selected Safety Indicators For Nevada and the United States (BRFSS, 2008)

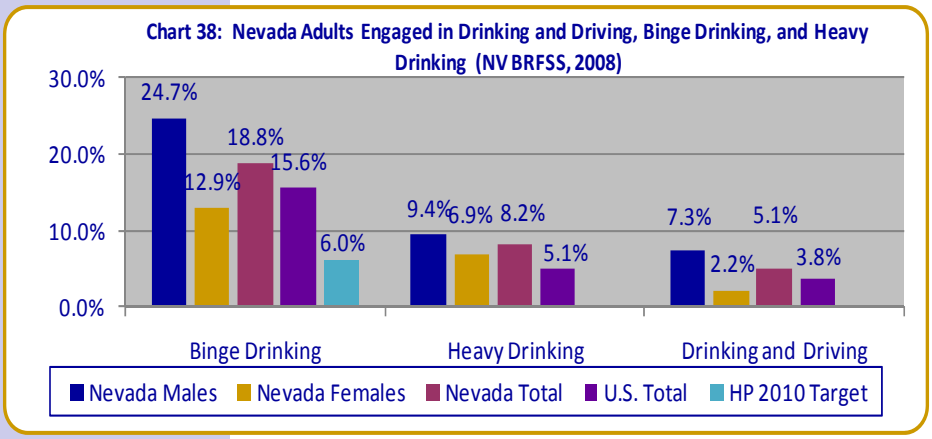
Health Indicator	Nevada	United States & D.C.
1. Individuals reporting they have fallen at least once in the past 3 months.	14.0%	16.1%
2. The percent of individuals reporting they had fallen at least once in the past three months and had at least one fall that caused injury (the fall caused limited activities for at least a day or to go see a doctor).	5.3%	5.4%
3. How often do you use seat belts when you drive or ride in a car?		
A. Always	85.8%	84.9%
B. Nearly Always	8.4%	8.7%
C. Sometimes	2.4%	3.4%
D. Seldom	1.6%	1.4%
E. Never	1.8%	1.6%

Table 22: Safety Data by Demographics and Region (NV BRFSS, 2008)

- ◊ "How often do you use seat belts when you drive or ride in a car?"
- ◊ "In the past 3 months, how many times have you fallen? How many of these falls resulted in injury?" By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

Demographic Group	Seat Belts Usage			At Least One Fall		At Least One Fall Resulting in Injury	
	N	Always or Almost Always	Sometimes, Seldom, Never	N	Percent	N	Percent
Total	4,669	94.2%	5.8%	536	14.0%	3,230	5.3%
Gender							
Male	1,869	92.7%	7.3%	1,281	11.4%	1,280	4.0%
Female	2,800	95.7%	4.3%	1,952	16.6%	1,950	6.5%
Age Group							
18 - 24	190	88.5%	11.5%	N/A	N/A	N/A	N/A
25 - 34	529	94.6%	5.4%	N/A	N/A	N/A	N/A
35 - 44	714	95.0%	5.0%	N/A	N/A	N/A	N/A
45 - 54	955	95.4%	4.6%	955	15.0%	953	6.4%
55 - 64	974	95.0%	5.0%	972	13.3%	971	4.4%
65+	1,307	94.8%	5.2%	1,306	13.5%	1,306	4.7%
Race/ Ethnicity							
Caucasian	3,498	94.7%	5.3%	2,603	13.7%	2,603	4.8%
African American	109	88.9%	11.1%	70	17.7%	70	7.9%
Hispanic	577	94.0%	6.0%	225	12.3%	224	4.4%
Other	458	94.2%	5.8%	307	16.7%	305	8.1%
Education							
Less than High School	402	93.0%	7.0%	214	14.4%	214	5.1%
High School Graduate	1,308	93.9%	6.1%	896	12.6%	895	4.5%
Some College	1,517	93.0%	7.0%	1,110	17.1%	1,109	7.1%
College Graduate	1,433	96.4%	3.6%	1,007	12.0%	1,006	4.1%
Less than $15,000	344	87.1%	12.9%	276	29.7%	275	14.6%
Income							
$15,000 - $24,999	625	95.6%	4.4%	438	16.2%	437	7.5%
$25,000 - $34,999	454	92.4%	7.6%	297	12.3%	297	2.7%
$35,000 - $49,999	637	97.4%	2.6%	433	11.7%	433	3.2%
$50,000 - $74,999	747	93.1%	6.9%	523	16.4%	523	6.6%
$75,000+	1,290	95.1%	4.9%	818	10.6%	817	3.5%
Clark County	1,510	94.5%	5.5%	983	12.5%	981	4.7%
Region							
Washoe County	1,588	95.7%	4.3%	1,091	16.4%	1,091	6.1%
Balance of State	1,571	91.0%	9.0%	1,159	18.4%	1,158	7.1%

Alcohol



A substantial proportion of the population drinks alcohol. 18.8% of Nevada adults 18 years of age or older reported binge drinking on at least one occasion within the last month, and 8.2% were categorized as "Heavy Drinkers". This translates to about 401,580 and 175,257 individuals respectively.

Long-term heavy drinking increases risk for high blood pressure, heart muscle disorders (cardiomyopathy), and stroke, as well as certain forms of cancer, especially of the esophagus, mouth, throat and larynx.[26]

Alcohol has been linked with a substantial proportion of injuries and deaths from motor vehicle crashes, falls, fires, and drowning. [22] In 2008, 5.1% of Nevadans reported driving at least once in the past 30 days after having too much to drink, translating into about 108,939 individuals. The percent of Nevada men reporting driving when they have had too much to drink in 2008 was over three times higher than women, 7.3% and 2.2% respectively.

The percent of heavy drinkers and binge drinkers in Nevada are slightly higher than the national values for both men and women.

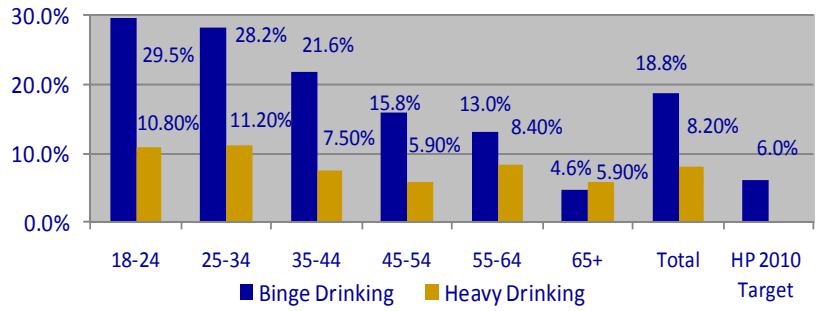
Table 23: Selected Alcohol Use Indicators For Nevada and the United States (BRFSS, 2008)

Health Indicator	Nevada	United States & D.C.
1. Heavy drinkers (adult men having more than two drinks per day and adult women having more than one drink per day)		
A. Percent of Men	9.4%	6.0%
B. Percent of Women	6.9%	4.4%
C. Percent of Total Population	8.2%	5.1%
2. Binge drinkers (males having five or more drinks on one occasion, females having four or more drinks on one occasion)		
A. Percent of Men	24.7%	20.9%
B. Percent of Women	12.9%	9.7%
C. Percent of Total Population	18.8%	15.6%
3. Respondents who have driven at least one time in the past 30 days when they have had too much to drink.		
A. Percent of Men	7.3%	5.1%
B. Percent of Women	2.2%	2.2%
C. Percent of Total Population	5.1%	3.8%

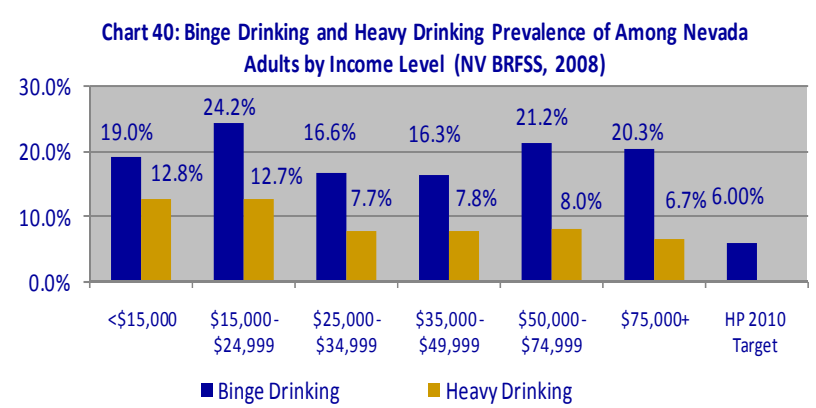
Alcohol Consumption

- Heavy drinkers are defined as adult men having more than two drinks per day and adult women having more than one drink per day.
- Binge drinkers are defined as adult men having five or more drinks on one occasion and adult females having four or more drinks on one occasion.

Nevada adults in the younger age groups are at greater risk of binge drinking and heavy drinking than individuals in older age groups.



Nevada adults in lower income brackets have a higher prevalence of heavy drinking than those in higher income brackets.



Nevada adults with post secondary education had lower prevalence rates for driving after having too much to drink than individuals with high school and less than high school education levels. Males are over three times as likely to drive after having too much to drink than females.

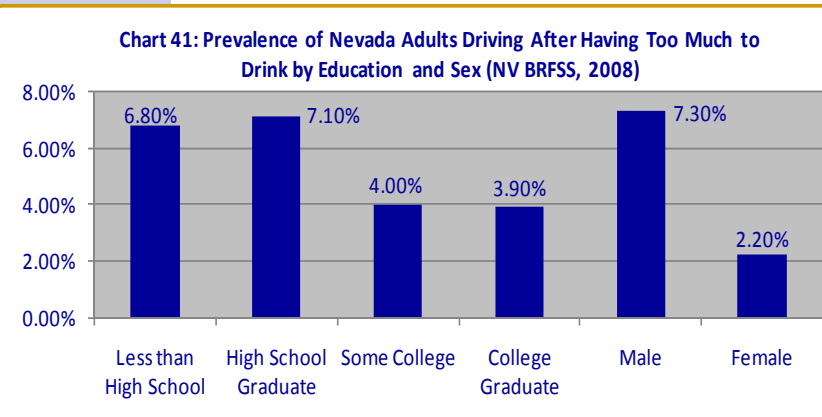


Table 24: Alcohol Consumption by Demographics and Region (NV BRFSS, 2008)

- ◊ Heavy drinkers are defined as adult men having more than two drinks per day and adult women having more than one drink per day.
- ◊ Binge drinkers are defined as adult men having five or more drinks on one occasion and adult females having four or more drinks on one occasion.

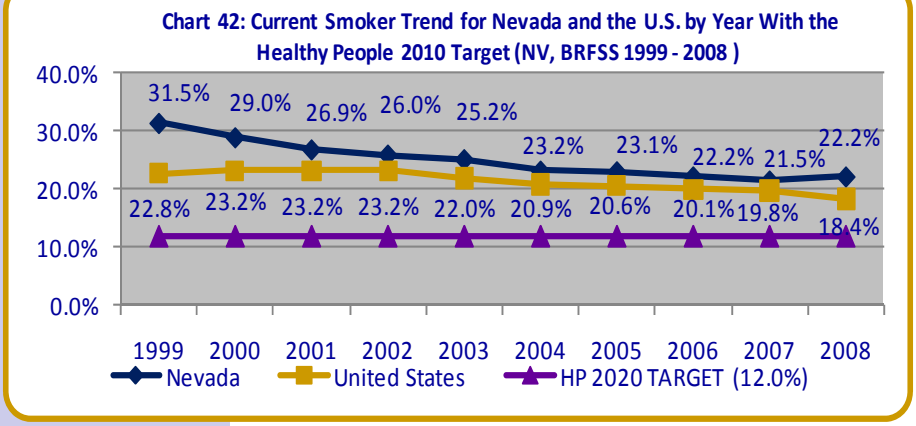
Demographic Group	Binge Drinking on at Least One Occasion			Heavy Drinkers		
	N	No	Yes	N	No	Yes
Total	4,646	81.2%	18.8%	4,627	91.8%	8.2%
Gender						
Male	1,856	75.3%	24.7%	1,847	90.6%	9.4%
Female	2,790	87.1%	12.9%	2,780	93.1%	6.9%
Age Group						
18 - 24	190	70.5%	29.5%	192	89.2%	10.8%
25 - 34	528	71.8%	28.2%	526	88.8%	11.2%
35 - 44	708	78.4%	21.6%	711	92.5%	7.5%
45 - 54	952	84.2%	15.8%	948	94.1%	5.9%
55 - 64	967	87.0%	13.0%	961	91.6%	8.4%
65+	1,301	95.4%	4.6%	1,289	94.1%	5.9%
Race/ Ethnicity						
Caucasian	3,473	82.8%	17.2%	3,458	91.4%	8.6%
African American	112	78.0%	22.0%	110	99.4%	0.6%
Hispanic	572	77.5%	22.5%	573	92.3%	7.7%
Other	456	80.8%	19.2%	453	91.1%	8.9%
Education						
Less than High School	397	82.4%	17.6%	395	93.8%	6.2%
High School Graduate	1,305	78.5%	21.5%	1,305	91.1%	8.9%
Some College	1,502	80.9%	19.1%	1,494	90.5%	9.5%
College Graduate	1,434	83.5%	16.5%	1,425	93.1%	6.9%
Income						
Less than $15,000	340	81.0%	19.0%	337	87.2%	12.8%
$15,000 - $24,999	622	75.8%	24.2%	620	87.3%	12.7%
$25,000 - $34,999	452	83.4%	16.6%	451	92.3%	7.7%
$35,000 - $49,999	637	83.7%	16.3%	641	92.2%	7.8%
$50,000 - $74,999	743	78.8%	21.2%	744	92.0%	8.0%
$75,000+	1,293	79.7%	20.3%	1,288	93.3%	6.7%
Region						
Clark County	1,503	81.4%	18.6%	1,495	92.0%	8.0%
Washoe County	1,580	81.1%	18.2%	1,576	91.7%	8.3%
Balance of State	1,563	79.7%	20.3%	1,556	91.3%	8.7%

Table 25: Drinking and Driving by Demographics and Region (NV BRFSS, 2008)

◊ "During the past 30 days, how many times have to driven when you've had perhaps too much to drink?"

Demographic Group		Driving After Having Too Much to Drink on at Least One Occasion	
	N	No	Yes
Total	2,635	94.9%	5.1%
Gender			
Male	1,207	92.7%	7.3%
Female	1,428	97.8%	2.2%
Age Group			
18 - 24	103	91.9%	8.1%
25 - 34	309	93.9%	6.1%
35 - 44	414	95.9%	4.1%
45 - 54	593	93.0%	7.0%
55 - 64	566	98.4%	1.6%
65+	650	96.6%	3.4%
Race/ Ethnicity			
Caucasian	2,064	96.0%	4.0%
African American	51	97.1%	2.9%
Hispanic	266	92.0%	8.0%
Other	232	94.5%	5.5%
Education			
Less than High School	156	93.2%	6.8%
High School Graduate	657	92.9%	7.1%
Some College	888	96.0%	4.0%
College Graduate	930	96.1%	3.9%
Income			
Less than $15,000	127	95.0%	5.0%
$15,000 - $24,999	273	91.2%	8.8%
$25,000 - $34,999	229	95.8%	4.2%
$35,000 - $49,999	363	95.5%	4.5%
$50,000 - $74,999	485	95.1%	4.9%
$75,000+	885	95.1%	4.9%
Region			
Clark County	803	94.3%	5.7%
Washoe County	980	96.5%	3.5%
Balance of State	852	96.1%	3.9%

Tobacco



Although the smoking prevalence among Nevada adults has decreased over the past ten years, from 31.5% to 22.2%, it is still higher than the national value and nearly twice as high as the Healthy People 2010 target of 12.0%.

Smoking causes approximately 90% of all lung cancer deaths in men and 80% in women, as well as 90% of deaths from chronic obstructive lung disease. [21]

Smoking also causes coronary heart disease which is the leading cause of death in the United States. In addition, smoking causes emphysema, bronchitis, and chronic airway obstruction by damaging the airways and alveoli (i.e. small air sacs) of the lungs.

The Surgeon General concluded that secondhand smoke causes disease and premature death in children and adults who do not smoke, and that children exposed to secondhand smoke are at increased risk for Sudden Infant Death Syndrome (SIDS), acute respiratory infections, ear problems, and more severe asthma. The Surgeon General also concluded that there is no risk-free level of exposure to secondhand smoke.[9]

Table 26: Selected Tobacco Indicators For Nevada and the United States (BRFSS, 2008)

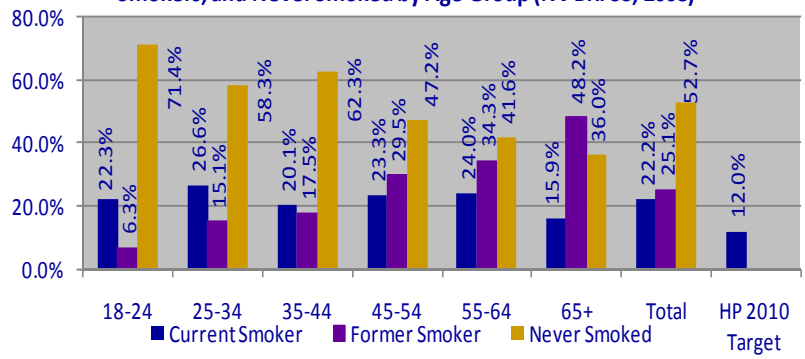
Health Indicator	Nevada	United States & D.C.
1. Current Smokers	22.1%	18.4%
2. Four Smoking Levels		
A. Smoke Every Day	16.4%	13.4%
B. Smoke Some Days	5.7%	4.9%
C. Former Smoker	25.1%	25.2%
D. Never Smoked	52.6%	55.4%

Tobacco

- ◊ Adults who currently smoke are defined as having smoked at least 100 cigarettes in their lifetime and currently smoke.
- ◊ Non-smokers include respondents that reported not having smoked 100 cigarettes in their lifetime and respondents who smoked at least 100 cigarettes in their lifetime but do not currently smoke.

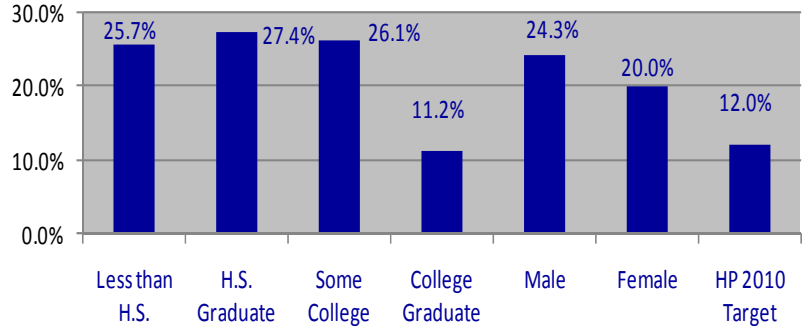
The prevalence of Nevadans who currently smoke ranges from 15.1% to 26.6% across age groups, with the lowest prevalence rate among individuals 65 years of age an older. Former smoker data also indicates that as individuals grow older they are more likely to quit smoking.

Chart 43: Nevada Adults Who Are Current Smokers , Former Smokers, and Never Smoked by Age Group (NV BRFSS, 2008)



The lowest prevalence rate for current smoking was among Nevadans who were college graduates. Nevada men have a higher prevalence rate for smoking cigarettes than Nevada women.

Chart 44: Nevada Adults Who Are Current Smokers by Education Level and Sex (NV BRFSS, 2008)



Nevadans in lower income brackets are at a higher risk of smoking than those in higher income brackets. Those making less than $15,000 per year are at the greatest risk for smoking.

Chart 45: Nevada Adults Who Are Current Smokers by Income Level With the HP 2010 Target (NV BRFSS, 2008)

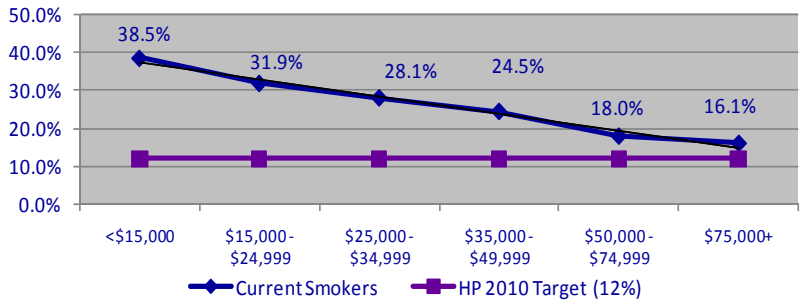


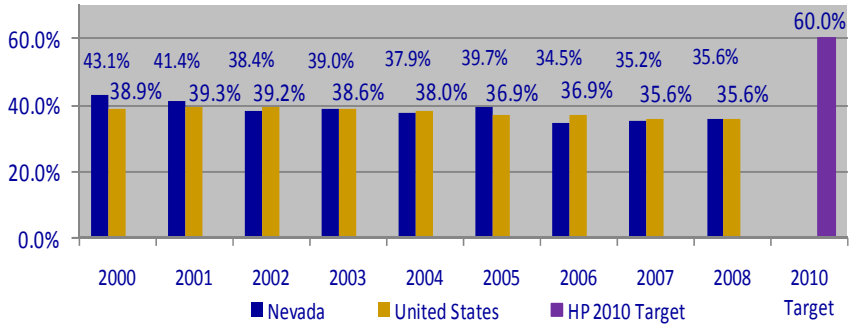
Table 27: Tobacco Data by Demographics and Region (NV BRFSS, 2008)

- ◊ Current smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke.
- ◊ Four levels of smoking: every day, some days, former smoker, never smoked.

Demographic Group	Current Smokers			Four Smoking Levels			
	N	No	Yes	Every Day	Some Days	Former Smoker	Never Smoked
Total	4,756	77.8%	22.2%	16.4%	5.8%	25.1%	52.7%
Gender							
Male	1,908	75.7%	24.3%	18.3%	6.0%	28.4%	47.3%
Female	2,848	80.0%	20.0%	14.5%	5.5%	21.8%	58.2%
Age Group							
18 - 24	197	77.7%	22.3%	11.4%	10.9%	6.3%	71.4%
25 - 34	542	73.4%	26.6%	18.3%	8.3%	15.1%	58.3%
35 - 44	729	79.9%	20.1%	15.8%	4.4%	17.5%	62.3%
45 - 54	973	76.7%	23.3%	18.3%	5.0%	29.5%	47.2%
55 - 64	990	76.0%	24.0%	20.5%	3.5%	34.3%	41.6%
65+	1,325	84.1%	15.9%	12.4%	3.4%	48.2%	36.0%
Race/ Ethnicity							
Caucasian	3,537	78.1%	21.9%	17.4%	4.5%	29.3%	48.8%
African American	115	81.8%	18.2%	14.2%	4.0%	23.7%	58.1%
Hispanic	599	79.5%	20.5%	11.8%	8.7%	17.0%	62.5%
Other	468	70.5%	29.5%	22.1%	7.4%	19.2%	51.3%
Education							
Less than High School	420	74.3%	25.7%	17.7%	8.0%	22.1%	52.2%
High School Graduate	1,343	72.6%	27.4%	20.7%	6.7%	22.1%	50.5%
Some College	1,530	73.9%	26.1%	20.1%	5.9%	27.4%	46.6%
College Graduate	1,453	88.8%	11.2%	7.6%	3.6%	27.6%	61.2%
Income							
Less than $15,000	352	61.5%	38.5%	29.1%	9.4%	18.1%	43.4%
$15,000 - $24,999	635	68.1%	31.9%	22.3%	9.6%	21.9%	46.2%
$25,000 - $34,999	463	71.9%	28.1%	19.5%	8.6%	19.4%	52.5%
$35,000 - $49,999	659	75.5%	24.5%	17.4%	7.1%	27.1%	48.4%
$50,000 - $74,999	752	82.0%	18.0%	14.5%	3.5%	30.4%	51.6%
$75,000+	1,301	83.9%	16.1%	12.3%	3.8%	26.0%	57.9%
Region							
Clark County	1,556	77.2%	22.8%	17.1%	5.7%	24.3%	52.9%
Washoe County	1,614	81.9%	18.1%	11.8%	6.3%	27.1%	54.8%
Balance of State	1,586	76.3%	23.7%	18.1%	5.5%	27.6%	48.8%

Overweight & Obesity

Chart 46: Adults Who Are At a Healthy Weight by Year (Nevada and National BRFSS, 2000 - 2008)*



***A healthy weight is defined as an individual with a body mass index (BMI) of greater than or equal to 18.5 and less than 25.**

Nutritional or dietary factors contribute substantially to the burden of preventable illnesses and premature deaths in the United States. Dietary factors are associated with 4 of the 10 leading causes of death: coronary heart disease (CHD), some types of cancer, stroke, and type 2 diabetes. These health conditions are estimated to cost society over $200 billion each year in medical expenses and lost productivity. The negative outcomes related to these diseases can often be improved through weight loss or, at a minimum, no further weight gain.[14, 21]

Overweight and obesity are observed in all population groups, but obesity is particularly common among Hispanic, African American, Native American, and Pacific Islander women.[12]

According to Nevada BRFSS data, the percentage of Nevada adults who are at a healthy weight has been decreasing . In 2008, the percent of Nevada adults at a healthy weight was well below the HP 2010 Target value of 60%.

Table 28: Selected Weight Indicators For Nevada and the United States (BRFSS, 2008)

	Nevada (2008)	United States & D.C. (2008)
1. Weight Classification of Nevada Adults by Body Mass Index (BMI)*		
A. Healthy Weight (BMI 18.5 to 24.9)	35.6%	35.6%
B. Overweight (BMI 25.0 to 29.9)	37.0%	36.4%
C. Obese (BMI 30.0 to 99.8)	25.6%	26.6%
D. Under Weight (BMI < 18.5)	1.8%	1.4%

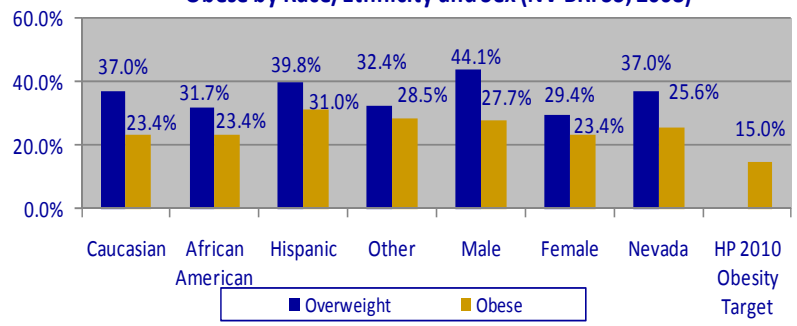
*Body Mass Index (BMI) is a person's weight to height ratio and, for most people, it correlates with their amount of body fat. (weight in pounds divided by (height in inches)^2 times 703, or weight in kilograms divided by (height in meters)^2).

Weight

- ◊ Overweight = Body Mass Index (BMI) of 25.0 to 29.9.
- ◊ Obese = Body Mass Index (BMI) of 30.0 or greater.
- ◊ Not overweight = Body Mass Index (BMI) of equal to or greater than 18.5 and less than 25.

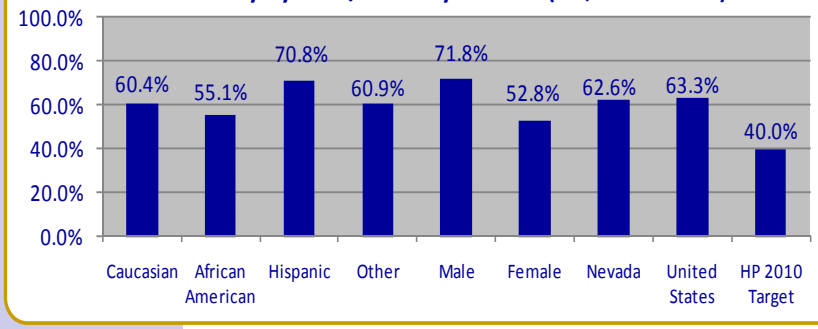
The prevalence of obesity in Nevada is over 10% higher than the Healthy People 2010 Target Value of 15%. Nevada males have nearly a 15% higher prevalence rate for overweight than Nevada females.

Chart 47: Nevada Adults Who Are Catagorizd as Overweight and Obese by Race/Ethnicity and Sex (NV BRFSS, 2008)



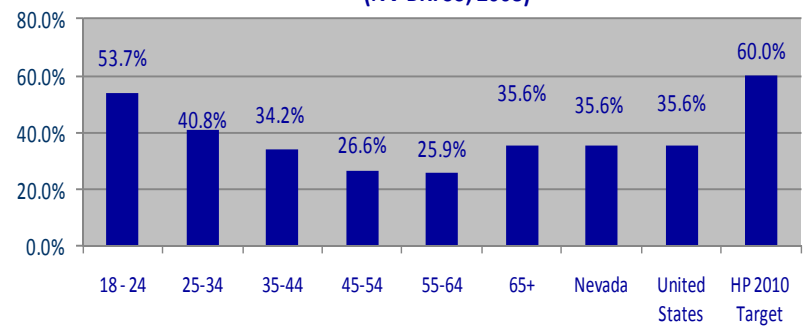
The HP 2010 target for individuals with healthy weight (BMI greater than or equal to 18.5 and less than 25) is 60%, meaning only 40% of the population would be overweight or obese. Both the Nevada and national values are over 20% higher than this value at 62.6% and 63.3% respectively.

Chart 48: Nevada Adults Who are Overweight or Obese Collectively by Race/ethnicity and Sex (NV, BRFSS 2008)



Nevada adults in the younger age groups have higher prevalence of healthy weight than those older age groups.

Chart 49: Nevada Adults Who Are At a Healthy Weight by Age Group (NV BRFSS, 2008)*



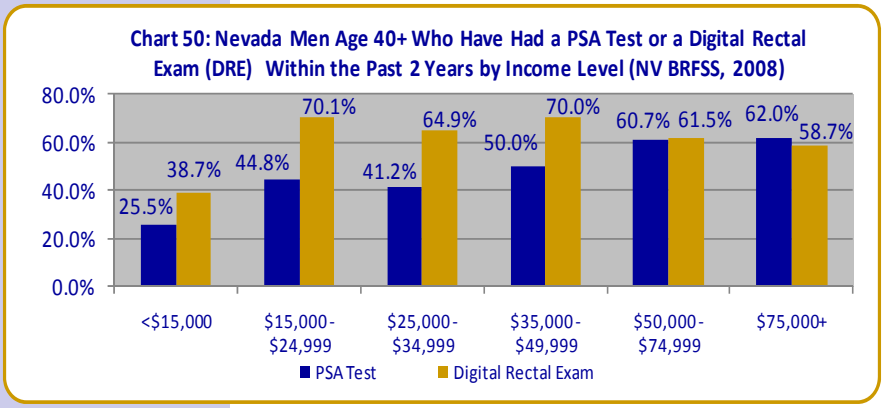
***A healthy weight is defined as an individual with a body mass index (BMI) of greater than or equal to 18.5 and less than 25.**

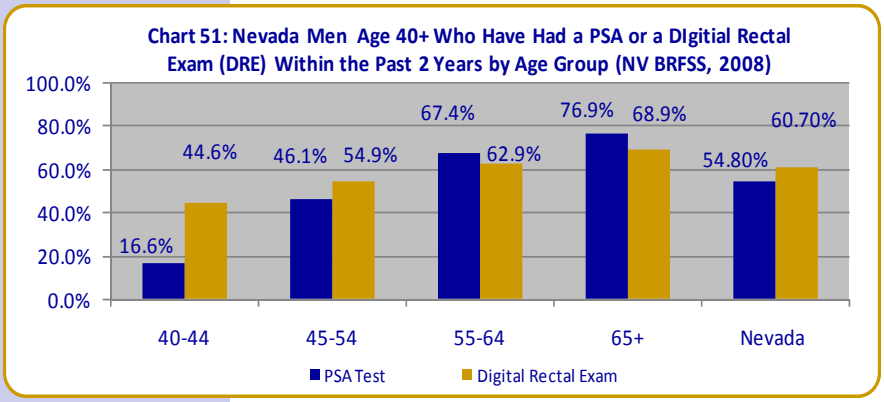
Table 29: Weight and Obesity Data by Demographics and Region (NV BRFSS, 2008)

- ◊ Overweight = Body Mass Index (BMI) of 25.0 to 29.9.
- ◊ Obese = Body Mass Index (BMI) of 30.0 or greater.
- ◊ Not overweight = Body Mass Index (BMI) of equal to or greater than 18.5 and less than 25.

Demographic Group	N	Not Overweight	Overweight	Obese
Total	4,533	37.4%	37.0%	25.6%
Gender				
Male	1,883	28.2%	44.1%	27.7%
Female	2,650	47.2%	29.4%	23.4%
Age Group				
18 - 24	188	58.2%	27.7%	14.1%
25 - 34	518	43.4%	34.8%	21.8%
35 - 44	689	34.7%	34.0%	31.3%
45 - 54	923	28.2%	40.7%	31.1%
55 - 64	934	27.5%	42.3%	30.2%
65+	1,281	37.3%	41.3%	21.4%
Race/ Ethnicity				
Caucasian	3,411	39.6%	37.0%	23.4%
African American	112	44.9%	31.7%	23.4%
Hispanic	526	29.2%	39.8%	31.0%
Other	451	39.1%	32.4%	28.5%
Education				
Less than High School	375	32.3%	37.2%	30.5%
High School Graduate	1,274	34.7%	37.1%	28.2%
Some College	1,474	40.5%	35.4%	24.1%
College Graduate	1,404	38.6%	38.8%	22.6%
Income				
Less than $15,000	335	38.6%	30.8%	30.6%
$15,000 - $24,999	594	31.8%	37.8%	30.4%
$25,000 - $34,999	452	35.7%	39.4%	24.9%
$35,000 - $49,999	632	34.6%	38.3%	27.1%
$50,000 - $74,999	730	37.5%	34.7%	27.8%
$75,000+	1,271	38.5%	38.5%	23.0%
Region				
Clark County	1,466	37.3%	37.0%	25.7%
Washoe County	1,545	40.3%	36.0%	23.7%
Balance of State	1,522	33.8%	38.4%	27.8%

Prostate Screening





Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) in males and the second leading cause of cancer death among males in the United States.

Prostate cancer is most common in men 65 years of age or older, who account for approximately 80% of all prostate cancer cases.

The benefits of screening and local therapy (surgery or radiation therapy) for early prostate cancer remain unclear, and it is not known for certain whether prostate cancer screenings save lives. Because of the uncertainty, the National Institutes of Health is supporting research to learn more about screening for prostate cancer.[8]

Table 30: Selected Prostate Screening Indicators For Nevada and the United States (BRFSS, 2008)

	Nevada	United States & D.C.
1. Individuals who have been told by a doctor, nurse, or other health professional that they had prostate cancer.	4.2%	4.0%
2. Men 40+ who have had a PSA test within the past two years.	54.7%	54.7%
3. Men 40+ who have had a digital rectal exam within the past two years.	60.7%	71.5%

Table 31: Prostrate Cancer and PSA Data by Demographics and Region (NV BRFSS, 2008)

- ◊ Nevada men 40+ who were told by a Doctor or Health Professional that they had prostate cancer.
- ◊ Nevada men 40+who had a PSA test within the past 2 years.

	Demographic Group	Nevada Men 40+ Who Were Told That They Have Prostate Cancer*			Nevada Men 40+ Who Had a PSA Test Within the Past 2 Years*		
		N	No	Yes	N	No	Yes
Gender	**Total**	1,418	95.8%	4.2%	1,334	45.2%	54.8%
Age Group	40 - 44	143	100.0%	0.0%	138	83.4%	16.6%
	45 - 54	360	99.8%	0.2%	328	53.9%	46.1%
	55 - 64	405	98.8%	1.2%	385	32.6%	67.4%
	65+	510	84.6%	15.4%	483	23.1%	76.9%
Race/ Ethnicity**	Caucasian	2,762	96.0%	4.0%	3,329	42.0%	58.0%
	African American	75	96.5%	3.5%	97	43.9%	56.1%
	Hispanic	299	99.2%	368	368	67.8%	32.2%
	Other	406	98.5%	1.5%	491	55.7%	44.3%
Education	Less than High School	103	99.0%	1.0%	98	61.3%	38.7%
	High School Graduate	354	94.8%	5.2%	328	49.6%	50.4%
	Some College	447	96.8%	3.2%	418	40.0%	60.0%
	College Graduate	513	94.6%	5.4%	490	42.0%	58.0%
Income	Less than $15,000	96	99.7%	0.3%	84	74.5%	25.5%
	$15,000 - $24,999	173	93.7%	6.3%	165	55.2%	44.8%
	$25,000 - $34,999	133	96.9%	3.1%	128	58.8%	41.2%
	$35,000 - $49,999	201	97.5%	2.5%	185	50.0%	50.0%
	$50,000 - $74,999	239	96.8%	3.2%	230	39.3%	60.7%
	$75,000+	460	94.7%	5.3%	445	38.0%	62.0%
Region	Clark County	402	95.5%	4.5%	374	45.1%	54.9%
	Washoe County	484	95.7%	4.3%	462	45.8%	54.2%
	Balance of State	532	97.1%	2.9%	498	45.1%	54.9%

***Prostate questions are on the rotating core and are asked every other year.**
****Race and ethnicity values are derived from four years of pooled data (2002, 2004, 2006, and 2008), all other demographic breakouts are derived from 2008**

Table 32: Digital Rectal Exams for Prostate Cancer (NV BRFSS, 2008)

◊ Nevada men 40+ who have had a digital rectal exam within the past two years.

Demographic Group		Nevada Men 40+ Who Have Had a Digital Rectal Exam Within the Past Two Years*	
	N	No	Yes
Total	1,382	56.7%	43.3%
Age Group			
40 - 44	143	83.0%	17.0%
45 - 54	344	62.4%	37.6%
55 - 64	399	50.0%	50.0%
65+	496	39.3%	60.7%
Race/ Ethnicity**			
Caucasian	3,456	51.2%	48.8%
African American	98	47.8%	52.2%
Hispanic	380	74.6%	25.4%
Other	498	56.7%	43.3%
Education			
Less than High School	100	68.2%	31.8%
High School Graduate	348	58.2%	41.8%
Some College	434	56.4%	43.6%
College Graduate	500	52.8%	47.2%
Income			
Less than $15,000	92	81.6%	18.4%
$15,000 - $24,999	167	65.7%	34.3%
$25,000 - $34,999	131	60.4%	39.6%
$35,000 - $49,999	195	56.8%	43.2%
$50,000 - $74,999	238	51.3%	48.7%
$75,000+	455	52.4%	47.6%
Region			
Clark County	386	58.4%	41.6%
Washoe County	474	48.4%	51.6%
Balance of State	522	58.3%	41.7%

***Prostate questions are on the rotating core and are asked every other year.**
****Race/Ethnicity values are derived from four years of pooled data (2002, 2004, 2006, and 2008), all other demographic breakouts are derived from 2008 data).**

Colorectal Cancer Screenings

Chart 52: Nevada Adults 50+ Who Have Ever Had a Sigmoidoscopy or Colonscopy or Have Had a Blood Stool Test Within the Past Two Years by Race/Ethnicity and Sex (NV BRFSS, 2008)

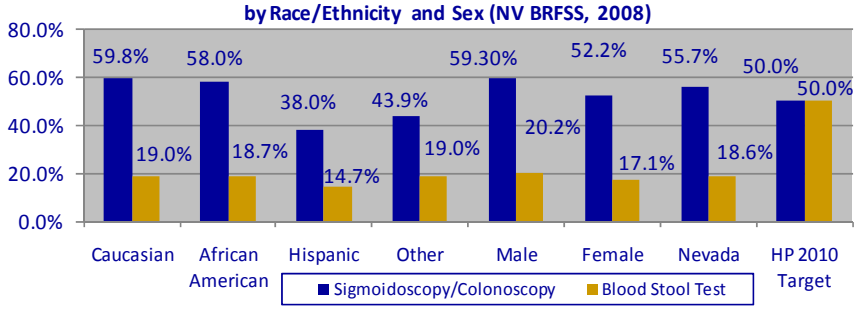
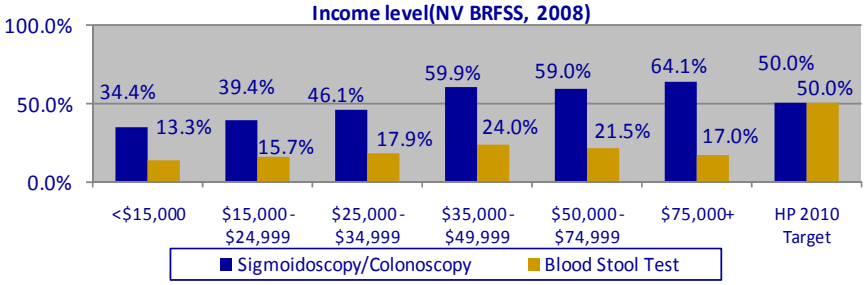


Chart 53: Nevada Adults 50+ Who Have Ever Had a Sigmoidoscopy or Colonscopy and Have Had a Blood Stool Test Within the Past Two Years by Income level(NV BRFSS, 2008)



Colorectal cancer (CRC) is the second leading cause of cancer-related deaths in the United States. Risk factors for CRC may include age, personal and family history, inflammatory bowel disease, inherited syndromes, physical inactivity, obesity, alcohol use, and diet high in fat and low in fruits and vegetables.

Colorectal cancer is more likely to occur as people get older, but can occur at any age. Most people that develop colorectal cancer are over age 50. Finding and removing polyps or other areas of abnormal cell growth may be one of the most effective ways to prevent colorectal cancer development. Colorectal cancer is generally more treatable when it is found early, before it has had a chance to spread.[6]

Table 33: Selected Colorectal Cancer Screening Indicators For Nevada and the United States (BRFSS, 2008)

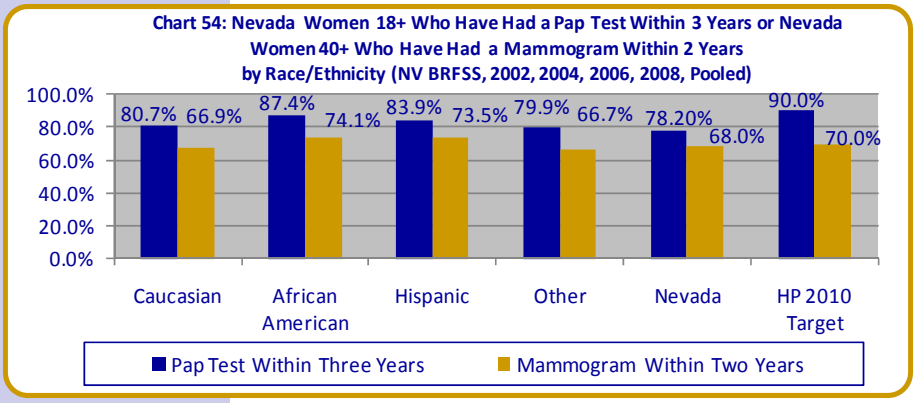
	Nevada	United States & D.C.
1. Adults 50+ who have ever had a sigmoidoscopy or colonoscopy.	55.7%	62.2%
2. Adults 50+ who have had a blood stool test within the past two years.	18.6%	20.0%

Table 34: Colorectal Cancer Screening by Demographics and Region (NV BRFSS, 2008)

- ◊ "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer and other problems. Have you ever had either of these exams?"
- ◊ "How long has it been since you had your last blood stool test using a home kit?"

Demographic Group	Adults 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy			Adults 50+ Who Have Had a Blood Stool Test Within the Past Two Years		
	N	No	Yes	N	No	Yes
Total	2,706	44.3%	55.7%	2,671	81.4%	18.6%
Gender						
Male	1,078	40.7%	59.3%	1,070	79.8%	20.2%
Female	1,628	47.8%	52.2%	1,601	82.9%	17.1%
Age Group						
50 - 54	464	61.7%	38.3%	459	89.8%	10.2%
55 - 64	955	45.9%	54.1%	948	82.0%	18.0%
65+	1,287	32.4%	67.6%	1,264	75.7%	24.3%
Race/ Ethnicity						
Caucasian	2,213	40.2%	59.8%	2,180	81.0%	19.0%
African American	59	42.0%	58.0%	61	81.3%	18.7%
Hispanic	165	62.0%	38.0%	162	85.3%	14.7%
Other	246	56.1%	43.9%	245	81.0%	19.0%
Education						
Less than High School	183	73.9%	26.1%	180	90.0%	10.0%
High School Graduate	759	43.6%	56.4%	750	79.9%	20.1%
Some College	918	43.9%	56.1%	899	79.9%	20.1%
College Graduate	842	37.5%	62.5%	838	81.7%	18.3%
Income						
Less than $15,000	241	65.6%	34.4%	239	86.7%	13.3%
$15,000 - $24,999	386	60.6%	39.4%	381	84.3%	15.7%
$25,000 - $34,999	267	53.9%	46.1%	266	82.1%	17.9%
$35,000 - $49,999	368	40.1%	59.9%	363	76.0%	24.0%
$50,000 - $74,999	419	41.0%	59.0%	414	78.5%	21.5%
$75,000+	651	35.9%	64.1%	646	83.0%	17.0%
Region						
Clark County	830	45.4%	54.6%	817	80.2%	19.8%
Washoe County	891	38.4%	61.6%	879	85.4%	14.6%
Balance of State	985	45.4%	54.6%	985	82.6%	17.4%

Women's Health



Breast cancer is the most common cancer among women in the United States. In 2008, 1,500 women were diagnosed with breast cancer and 302 women died from breast cancer in Nevada.* Aside from non-melanoma skin cancer, breast cancer is the most common form of cancer in women.[3] Death from breast cancer can be reduced substantially if the tumor is discovered at an early stage. Mammography is the most effective method for detecting these early malignancies. 2008 BRFSS data indicates that 68.0% of Nevada women of age 40+ had a mammogram within the past two years. This is very close to the Healthy People 2010 target of 70%.

Cervical cancer used to be the leading cause of death for women in the United States. These numbers have decreased significantly in the last 40 years as the result of many women getting Pap tests, which can find pre-cancerous cervical cells before they turn into cancer. Six out of ten cervical cancers occur in women who have never had a Pap test or have not had one within 5 years.[4] 2008 BRFSS data shows that about 78% of Nevada women 18+ had a Pap test within three years. The Healthy People Target is 90%.

* Nevada Cancer Registry and Nevada Death Registry

Table 35: Selected Women's Health Indicators For Nevada and the United States (BRFSS, 2008)

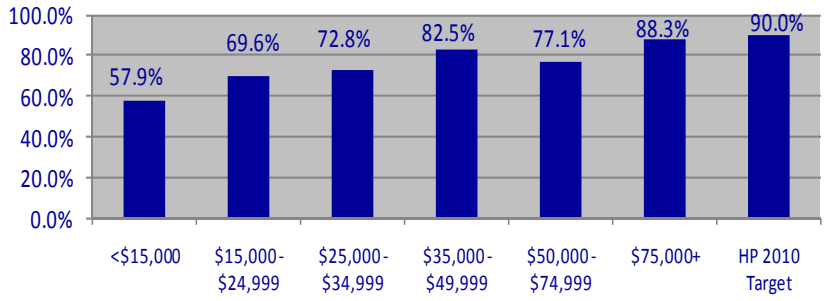
Health Indicator	Nevada	United States & D.C.
1. Women age 18+ who have had a pap test within the past three years.	78.2%	82.8%
2. Women aged 40+ who have had a mammogram within the past two years.	68.0%	76.1%
3. Women who have ever had a clinical breast exam.	87.8%	89.2%
4. Women who have had a clinical breast exam within the past two years.	70.8%	76.9%

Women's Health

- ◊ Women 18+ who have had a Pap test within the past three years.
- ◊ Women 40+ who have had a mammogram within the past two years.

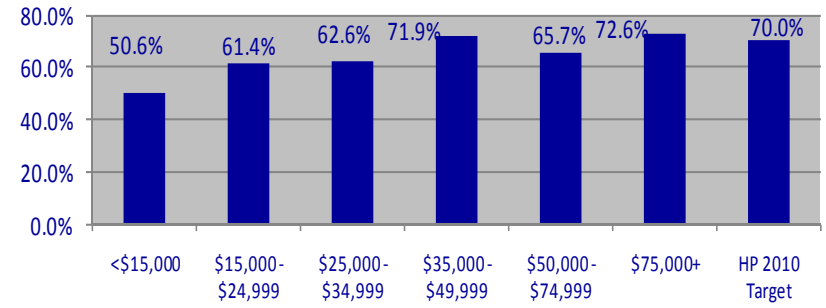
Women in lower income brackets are less likely to have had a Pap test within the past three years.

Chart 55: Nevada Women 18+ Who Have Had a Pap Test Within the Past 3 Years by Income Level (NV BRFSS, 2008)



Women in lower income brackets are less likely to have had a mammogram within the past two years.

Chart 56: Nevada Women 40+ Who Have Had a Mammogram Within the Past 2 Years by Income Level (NV BRFSS, 2008)



Preventive Pap tests within 3 years and mammograms within 2 years are slightly more prevalent among college graduates than those with less education.

Chart 57: Nevada Women 18+ Who Have Had a Pap Test Within 3 Years or Nevada Women 40+ Who Have Had a Mammogram Within 2 Years by Education Level (NV BRFSS, 2008)

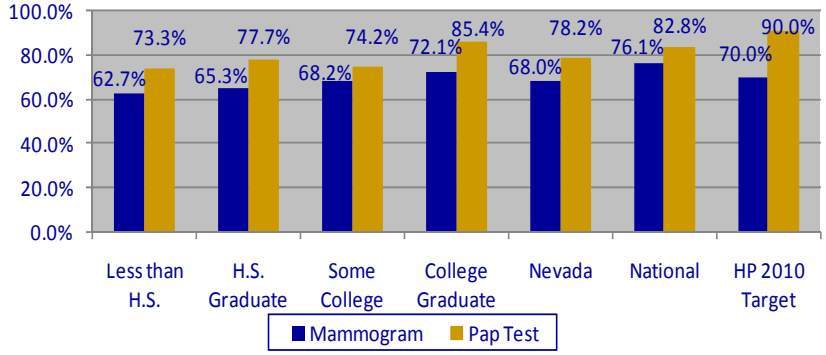


Table 36: Women's Health by Demographics and Region (NV BRFSS, 2008)
◊ Women 18+ who have had a pap test within the past three years.
◊ Women 40+ who have had a mammogram within the past two years.

Demographic Group	Women 18+ Who Have Had a Pap Test Within the Past Three Years*			Women 40+ Who Have Had a Mammogram Within the Past Two Years*		
	N	No	Yes	N	No	Yes
Total	1,926	21.8%	78.2%	2,106	32.0%	68.0%
Age Group						
18 - 24	87	32.8%	67.2%	N/A	N/A	N/A
25 - 34	322	8.1%	91.9%	N/A	N/A	N/A
35 - 44	382	16.2%	83.8%	201	44.1%	55.9%
45 - 54	416	22.2%	77.8%	566	33.1%	66.9%
55 - 64	349	29.8%	70.2%	556	29.3%	70.7%
65+	370	40.5%	59.5%	483	26.7%	73.3%
Race/ Ethnicity**						
Caucasian	1,417	22.3%	77.7%	1,699	33.1%	66.9%
African American	48	12.6%	87.4%	49	25.9%	74.1%
Hispanic	612	16.1%	83.9%	154	26.5%	73.5%
Other	471	20.1%	79.9%	195	33.3%	66.7%
Education						
Less than High School	167	26.3%	73.7%	146	37.3%	62.7%
High School Graduate	520	22.4%	77.6	612	34.7%	65.3%
Some College	617	25.9	74.1	738	31.8%	68.2%
College Graduate	619	14.6%	85.4%	606	27.9%	72.1%
Income						
Less than $15,000	128	42.1%	57.9%	196	49.4%	50.6%
$15,000 - $24,999	249	30.4%	69.6%	296	38.6%	61.4%
$25,000 - $34,999	191	27.2%	72.8%	197	37.4%	62.6%
$35,000 - $49,999	281	17.5%	82.5%	274	28.1%	71.9%
$50,000 - $74,999	327	22.9%	77.1%	329	34.3%	65.7%
$75,000+	502	11.7%	88.3%	493	27.4%	72.6%
Region						
Clark County	666	23.1%	76.9%	671	31.6%	68.4%
Washoe County	655	15.9%	84.1%	721	30.1%	69.9%
Balance of State	605	22.2%	77.8%	468	36.3%	63.7%

***Women's health questions are on the rotating core and are asked every other year.**
****Race/Ethnicity values are derived from four years of pooled data (2002, 2004, 2006, and 2008), all other demographic breakouts are derived from 2008 data).**

Appendix A: Selected References

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