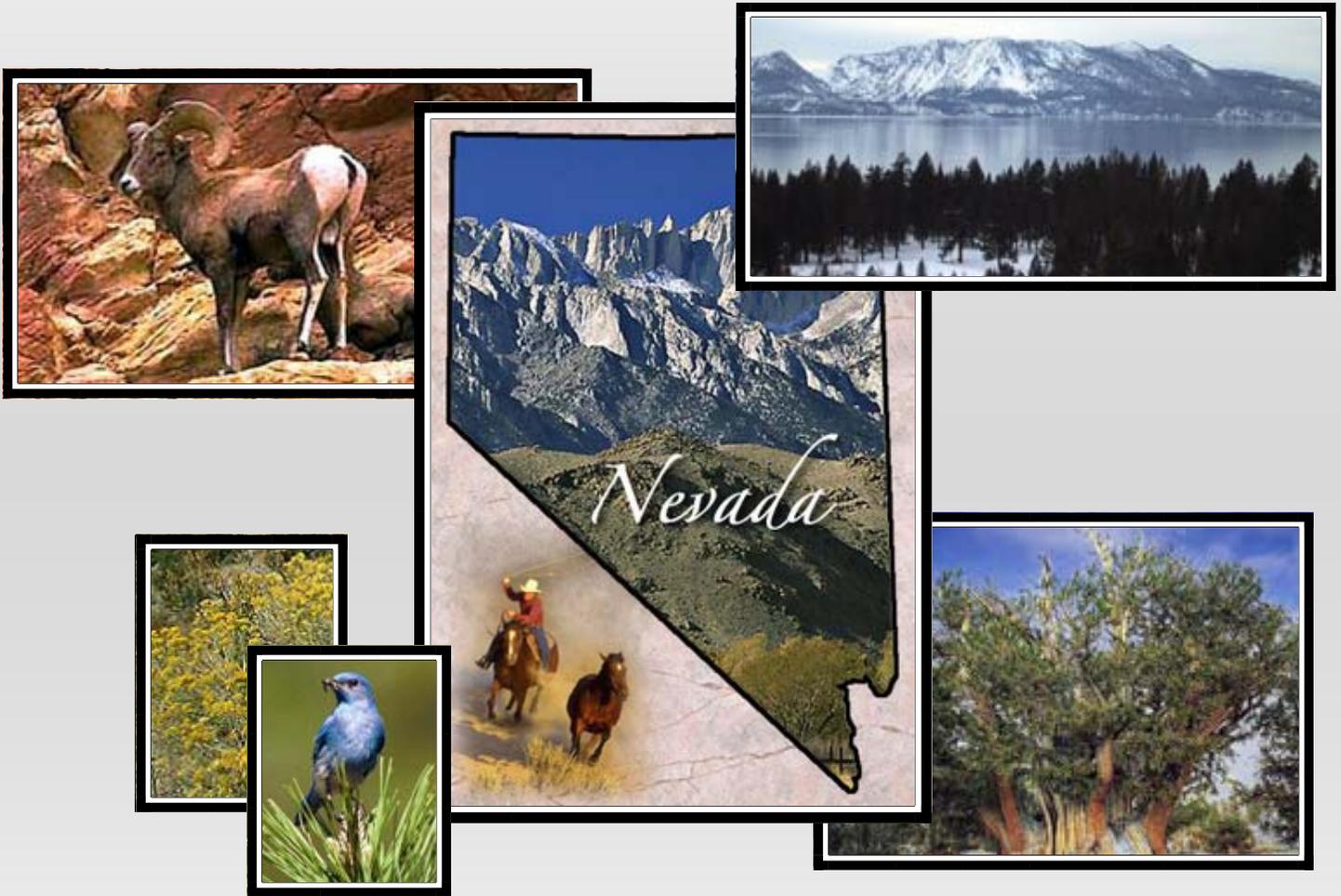


# Healthy People Nevada

## Moving From 2010 to 2020



Brian Sandoval, Governor

Michael J. Willden, Director

Department of Health and Human Services

Richard Whitley, MS, Administrator

Tracey D. Green, MD, State Health Officer

Nevada State Health Division

# **Healthy People Nevada - Moving From 2010 to 2020**

**March 2011**

Luana J. Ritch, PhD  
Bureau Chief  
Bureau of Health Statistics, Planning, Epidemiology & Response  
Nevada State Health Division  
Nevada State Department of Health and Human Services

Alicia Chancellor Hansen, MS  
State Chief Biostatistician  
Office of Health Statistics & Surveillance  
Bureau of Health Statistics, Planning, Epidemiology & Response  
Nevada State Health Division  
Nevada State Department of Health and Human Services

# Acknowledgements

## Written, Compiled and Edited By:

Dane Bay, BS, Health Resource Analyst  
Bureau of Child, Family, and Community Wellness

Carmen Cruz, MD, MPH, Biostatistician  
Bureau of Health Statistics, Planning, Epidemiology and Response

Jim Jordan, MS, Health Resource Analyst  
Bureau of Health Statistics, Planning, Epidemiology and Response

Michelle Khau, BS, Biostatistician  
Bureau of Health Statistics, Planning, Epidemiology and Response

Adel Mburia, MPH, Biostatistician  
Bureau of Health Statistics, Planning, Epidemiology and Response

Kyra Morgan, BS, Biostatistician  
Bureau of Health Statistics, Planning, Epidemiology and Response

Sandra Noffsinger, MPH, Health Program Specialist  
Bureau of Health Statistics, Planning, Epidemiology and Response

Julia Peek, MHA, Health Resource Analyst  
Bureau of Health Statistics, Planning, Epidemiology and Response

Christine Pool, BS, Biostatistician  
Bureau of Health Statistics, Planning, Epidemiology and Response

Andrea R. Rivers, BS, Health Resource Analyst  
Bureau of Health Statistics, Planning, Epidemiology and Response

Gregory Rumbles, CCM, Management Analyst  
Bureau of Health Statistics, Planning, Epidemiology and Response

Faira Sullivan, MPH, Health Resource Analyst  
Bureau of Health Statistics, Planning, Epidemiology and Response

Jen Thompson, BS, Health Resource Analyst  
Bureau of Health Statistics, Planning, Epidemiology and Response

Brad Towle, MA, MPA, Health Program Specialist  
Bureau of Health Statistics, Planning, Epidemiology and Response

## Acknowledgements (continued)

For questions regarding the statistical information in this report contact:

Alicia Chancellor Hansen, MS, Chief Biostatistician

Office of Health Statistics and Surveillance

Bureau of Health Statistics, Planning, Epidemiology and Response

Nevada State Health Division

4150 Technology Way, Suite 104

Carson City, NV 89706

Phone: (775) 684-4170

E-mail: [ahansen@health.nv.gov](mailto:ahansen@health.nv.gov)

# Volume 1: Healthy People Nevada Moving From 2010 to 2020; State Report

<b>Table of Contents</b>	<b>3</b>
<b>Introduction</b>	<b>7</b>
<b>Technical Notes</b>	<b>11</b>
<b>Definitions</b>	<b>15</b>
<b>Highlights</b>	<b>17</b>
<b>Promising Practices</b>	<b>20</b>
<b>Access to Quality Health Services (AHS)</b>	<b>40</b>
<i>AHS HP2020-1</i> : Proportion of persons reporting health insurance coverage.	40
<b>Adolescent Health (AH)</b>	<b>43</b>
<i>AH HP2020-5.3.1</i> : Percentage of students whose reading skills are at or above the proficient achievement level for their grade – 4 <sup>th</sup> Grade.	43
<i>AH HP2020-5.3.2</i> : Percentage of students whose reading skills are at or above the proficient achievement level for their grade – 8 <sup>th</sup> Grade.	45
<i>AH HP2020-5.4.1</i> : Percentage of students whose mathematical skills are at or above the proficient achievement level for their grade – 4 <sup>th</sup> Grade.	47
<i>AH HP2020-5.4.2</i> : Percentage of students whose mathematical skills are at or above the proficient achievement level for their grade – 8 <sup>th</sup> Grade.	49
<b>Arthritis, Osteoporosis, and Chronic Back Conditions (AOCBC)</b>	<b>51</b>
<i>AOCBC HP2020-11</i> : Hospitalization rate from hip fractures among older adults.	51
<b>Blood Disorders and Blood Safety (BDBS)</b>	<b>54</b>
<i>BDBS HP2020-2</i> : Hospitalization rate for sickle cell disease among children aged 9 years and younger.	54
<b>Cancer (C)</b>	<b>55</b>
<i>C HP2020-1</i> : Overall cancer death rate.	55
<i>C HP2020-2</i> : Lung cancer death rate.	57
<i>C HP2020-3</i> : Breast cancer death rate.	59
<i>C HP2020-4</i> : Cervical cancer death rate.	61
<i>C HP2020-5</i> : Colorectal cancer death rate.	63
<i>C HP 2020-6</i> : Oropharyngeal cancer death rate.	65
<i>C HP 2020-7</i> : Prostate cancer death rate.	67
<i>C HP 2020-8</i> : Melanoma cancer death rate.	69
<i>C HP 2020-15</i> : Proportion of women aged 18 years and older who receive a cervical cancer screening based on the most recent guidelines.	71
<i>C HP2020-16</i> : Proportion of adults who received a colorectal cancer screening based on the most recent guidelines (fecal occult blood stool test).	73
<i>C HP2020-16</i> : Proportion of adults who receive a colorectal cancer screening based on the most recent guidelines (sigmoidoscopy or colonoscopy).	75
<i>C HP2020-17</i> : Proportion of women aged 40 years and older who have received a breast cancer screening based on the most recent guidelines.	77
<b>Diabetes (D)</b>	<b>79</b>
<i>D HP2020-14</i> : Proportion of persons with diabetes who receive formal diabetes education.	79
<i>D HP2020-2</i> : Proportion of adults with diabetes whose condition has been diagnosed.	81
<i>D HP2020-3</i> : Diabetes death rate.	83
<i>D HP2020-11</i> : Proportion of diabetic adults who have had a glycosylated hemoglobin measurement at least two times a year.	85
<i>D HP2020-9</i> : Proportion of adults with diabetes who have had at least an annual foot examination.	86

<b>Early and Middle Childhood (EMC)</b>	<b>87</b>
<i>EMC HP2020-4</i> : Proportion of elementary, middle, and senior high schools that require school health education.	87
<b>Education and Community-Based Programs (ECBP)</b>	<b>88</b>
<i>ECBP HP2020-6</i> : Proportion of the population that completes high school.	88
<b>Family Planning (FP)</b>	<b>90</b>
<i>FP HP2020-8</i> : Pregnancy rate among adolescent females aged 15-17 and aged 18-19.	90
<i>FP HP2020-9.3</i> : Proportion of female adolescents aged 15 years who have never had sexual intercourse.	94
<i>FP HP2020-9.4</i> : Proportion of male adolescents aged 15 years who have never had sexual intercourse.	96
<i>FP HP2020-10.3</i> : Proportion of sexually active females aged 15 to 19 years who used a condom at last intercourse	98
<i>FP HP2020-10.4</i> : Proportion of sexually active males aged 15 to 19 years who used a condom at last intercourse.	99
<b>Food Safety</b>	<b>100</b>
<i>FS HP2020-1.2</i> : Rate of reported cases of Escherichia Coli 0157:H7.	100
<i>FS HP2020-1.3</i> : Rate of reported cases of Listeriosis	101
<i>FS HP2020-1.4</i> : Rate of reported cases of Salmonella.	102
<b>Healthcare-Associated Infections (HAI)</b>	<b>103</b>
<i>HAI HP2020-9</i> : Rate of invasive Methicillin-Resistant Staphylococcus aureus (MRSA) infections.	103
<b>Heart Disease and Stroke (HDS)</b>	<b>105</b>
<i>HDS HP2020-2</i> : Coronary heart disease death rate.	105
<i>HDS HP2020-24.1</i> : Rate of hospitalizations of older adults aged 65 to 74 years with congestive heart failure.	107
<i>HDS HP2020-24.2</i> : Rate of hospitalizations of older adults, aged 75-84 with congestive heart failure.	108
<i>HDS HP2020-24.3</i> : Rate of hospitalizations of older adults, aged 85 years and older with congestive heart failure.	109
<i>HDS HP2020-3</i> : Stroke death rate.	110
<i>HDS HP2020-5.1</i> : Proportion of adults with high blood pressure.	112
<i>HDS HP2020-7</i> : Proportion of adults with high blood cholesterol levels.	114
<i>HDS HP2020-6</i> : Proportion of adults having had their blood cholesterol checked within the preceding 5 years.	116
<b>Human Immunodeficiency Virus (HIV)</b>	<b>118</b>
<i>HIV HP2020-1</i> : Acquired immunodeficiency syndrome (AIDS) among adults and adolescents.	118
<i>HIV HP2020-4</i> : New cases of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) diagnosed among adults and adolescents.	120
<i>HIV HP2020-7</i> : HIV infection death rate.	122
<b>Immunization and Infectious Diseases (IID)</b>	<b>124</b>
<i>IID HP2020-1</i> : Cases of vaccine-preventable diseases.	124
<i>IID HP2020-23</i> : Crude rate of reported new cases of Hepatitis A.	125
<i>IID HP2020-3</i> : Crude rate of reported new cases of Meningococcal disease.	127
<i>IID HP2020-29</i> : Crude rate of reported new cases of Tuberculosis.	129
<i>IID HP2020-10</i> : Hospitalization caused by peptic ulcer disease.	131
<i>IID HP2020-7.1-7.7</i> : Percentage of children aged 19 to 35 months who receive recommended vaccines.	133
<i>IID HP2020-8</i> : Proportion of children aged 19 to 35 months who receive the recommended vaccines.	140

<i>IID HP2020-12.7</i> : Proportion of adults aged 65 years and older who are vaccinated against influenza.	141
<i>IID HP2020-13.1</i> : Proportion of adults aged 65 years and older who have ever received the pneumococcal vaccine.	142
<b>Injury and Violence Prevention (IVP)</b>	<b>143</b>
<i>IVP HP2020-1.2</i> : Hospitalization rate for nonfatal head injuries.	143
<i>IVP HP2020-3.2</i> : Hospitalization rate for nonfatal spinal cord injuries.	145
<i>IVP HP2020-30</i> : Firearm related death rate.	147
<i>IVP HP2020-9.1</i> : Death rate caused by poisoning.	149
<i>IVP HP2020-11</i> : Death rate caused by unintentional injuries.	151
<i>IVP HP2020-13.1</i> : Death rate caused by motor vehicle crashes.	153
<i>IVP HP2020-18</i> : Pedestrian death rate on public roads.	155
<i>IVP HP2020-15</i> : Proportion of people using safety belts.	157
<i>IVP HP2020-22.1</i> : Fall related deaths in all persons.	160
<i>IVP HP2020-25</i> : Death rate from drowning.	162
<i>IVP HP2020-29</i> : Death rate from homicides.	164
<i>IVP HP2020-34</i> : Physical fighting among adolescents.	166
<i>IVP HP2020-36</i> : Weapon carrying by adolescents on school property	168
<b>Maternal, Infant, Child Health (MICH)</b>	<b>170</b>
<i>MICH HP2020-1.1</i> : Fetal deaths at 20 or more weeks of gestation.	170
<i>MICH HP2020-1.3</i> : Infant death rate (within 1 year of life).	172
<i>MICH HP2020-1.4</i> : Neonatal death rate (within the first 28 days of life).	174
<i>MICH HP2020-1.5</i> : Postneonatal death rate (between 28 days and 1 year).	176
<i>MICH HP2020-1.6</i> : Infant deaths related to birth defects.	178
<i>MICH HP2020-1.7</i> : Infant deaths related to birth defects (congenital heart defects).	180
<i>MICH HP2020-3.1</i> : Death rate of children aged 1 to 4 years.	182
<i>MICH HP2020-3.2</i> : Death rate of children aged 5 to 9 years.	184
<i>MICH HP2020-4.1</i> : Death rate of adolescents aged 10 to 14 years.	186
<i>MICH HP2020-4.2</i> : Death rate of adolescents aged 15 to 19 years.	188
<i>MICH HP2020-4.3</i> : Death rate of young adults aged 20 to 24 years.	190
<i>MICH HP2020-10</i> : Proportion of pregnant women receiving early and adequate prenatal care beginning in the first trimester of pregnancy.	192
<i>MICH HP2020-8.1</i> : Proportion of low-birth weight infants.	194
<i>MICH HP2020-8.2</i> : Proportion of very low-birth weight infants.	196
<i>MICH HP2020-9.1</i> : Proportion of total pre-term births.	198
<i>MICH HP2020-9.2</i> : Proportion of live births at 32 to 36 completed weeks of gestation.	200
<i>MICH HP2020-9.4</i> : Proportion of live births at less than 32 completed weeks of gestation.	202
<i>MICH HP2020-11.1</i> : Proportion of pregnant women abstaining from alcohol.	204
<i>MICH HP2020-11.3</i> : Proportion of pregnant women abstaining from cigarette smoking.	206
<b>Mental Health and Mental Disorders (MHMD)</b>	<b>208</b>
<i>MHMD HP2020-1</i> : Suicide death rate.	208
<i>MHMD HP2020-2</i> : Proportion of adolescents, grades 9-12, reporting suicide attempts in the past 12 months.	210
<b>Nutrition and Weight Status (NWS)</b>	<b>212</b>
<i>NWS HP 2020-8</i> : Proportion of adults who are at a healthy weight.	212
<i>NWS HP2020-9</i> : Proportion of adults who are obese.	215
<i>NWS HP2020-10.3</i> : Proportion of adolescents, aged 12-19 years, who are overweight or obese.	218
<b>Occupational Safety and Health (OSH)</b>	<b>220</b>
<i>OSH HP2020-1.1</i> : Work-related injury death rate, aged 16 years and older.	220
<b>Oral Health (OH)</b>	<b>222</b>
<i>OH HP2020-1.1</i> : Proportion of children aged 3-5 years with dental caries experience in primary and permanent teeth.	222

<i>OH HP2020-2.1</i> : Proportion of children aged 3-5 years with untreated dental decay.	223
<i>OH HP2020-4.2</i> : Proportion of older adults aged 65 years and older reporting having all their natural teeth extracted.	224
<i>OH HP2020-12.2</i> : Proportion of children aged 6 to 9 years who have received dental sealants on their molar teeth.	226
<i>OH HP2020-13</i> : Proportion of population served by community water systems with fluoridated water.	228
<b>Physical Activity and Fitness (PAF)</b>	<b>229</b>
<i>PAF HP2020-1</i> : Proportion of adults who engage in no leisure time physical activity.	229
<i>PAF HP2020-2.1</i> : Proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week or 75 minutes/week of vigorous intensity or equivalent combination.	232
<i>PAF HP2020-2.2</i> : Proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week or more than 150 minutes/week of vigorous intensity or equivalent combination.	235
<i>PAF HP2020-3.3</i> : Proportion of adolescents that meet current physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.	238
<b>Respiratory Diseases (RD)</b>	<b>240</b>
<i>RD HP2020-2.1</i> : Hospitalizations for asthma in children under age 5 years.	240
<i>RD HP2020-2.2</i> : Hospitalizations for asthma in children and adults aged 5 to 64 years.	242
<i>RD HP2020-2.3</i> : Hospitalizations for asthma in adults aged 65 years and older.	244
<i>RD HP2020-10</i> : Deaths from chronic obstructive pulmonary disease (COPD) among adults.	246
<b>Sexually Transmitted Diseases (STD)</b>	<b>248</b>
<i>STD HP2020-1.1</i> : Proportion of females, aged 15-24 years, with Chlamydia trachomatis infections, attending family planning clinics.	248
<i>STD HP2020-6</i> : Gonorrhea rate of males and females.	250
<i>STD HP2020-7</i> : Rate of primary and secondary Syphilis.	252
<b>Substance Abuse (SA)</b>	<b>254</b>
<i>SA HP2020-12</i> : Drug induced death rate.	254
<i>SA HP2020-1</i> : Percentage of adolescents who report they rode during the previous 30 days with a driver who had been drinking alcohol, grades 9-12.	256
<i>SA HP2020-14.3</i> : Proportion of adults aged 18 years and older engaging in binge drinking of alcohol.	258
<i>SA HP2020-14.4</i> : Proportion of adolescents engaging in binge drinking of alcohol.	260
<i>SA HP2020-18.2</i> : Proportion of adolescents in the 10 <sup>th</sup> grade reporting steroid use.	262
<i>SA HP2020-18.3</i> : Proportion of adolescents in the 12 <sup>th</sup> grade reporting steroid use.	263
<i>SA HP2020-21</i> : Proportion of adolescents who use inhalants.	264
<b>Tobacco Use (TU)</b>	<b>266</b>
<i>TU HP2020-1.1</i> : Proportion of cigarette smoking adults.	266
<i>TU HP2020-2.2</i> : Proportion of adolescents reporting cigarette use in the past month.	268
<i>TU HP2020-2.3</i> : Proportion of adolescents reporting spit tobacco use in the past month.	270
<i>TU HP2020-4.1</i> : Proportion of adults reporting smoking cessation attempts in the past year.	272
<b>References</b>	<b>274</b>
<b>Appendix</b>	<b>283</b>



## ***The State and Its Population***

By geographical size, Nevada is the 7<sup>th</sup> largest state in the nation with a large majority of the state being vast, sparsely populated areas. The state is comprised of 17 counties that cover 110,540 square miles of land. Of the 17 counties in Nevada, 3 are considered urban (Clark, Washoe, and Carson City), and account for 88% of the state's population. The remainder of the population is divided among Nevada's rural (Storey, Lyon, and Douglas Counties) and frontier counties. Frontier counties are defined as 7 persons or less per square mile. Nevada's frontier and rural counties account for 10.7% of the state population, but 86.8% of the state land mass, illustrating the challenges of serving these residents.

Nevada has been experiencing significant and persistent population growth. The US Census Bureau reported a slight slowing in population growth for Nevada to only 1.8% between 2007 and 2008, ranking it eighth in the nation. Nevada had been among the four fastest-growing states for each of the last 24 years.

<b>Population Comparisons Between Nevada and the United States</b>		
	<b>Nevada</b>	<b>United States</b>
Population, 2009 estimate	2,643,085	307,006,550
Population percent change, 2000-2009	32.3%	9.1%
Persons per household, 2000	2.62	2.59
Land area, square miles	109,825.99	3,537,438.44
Person per square mile	18.2	79.6

*Source: U.S. Census Bureau*

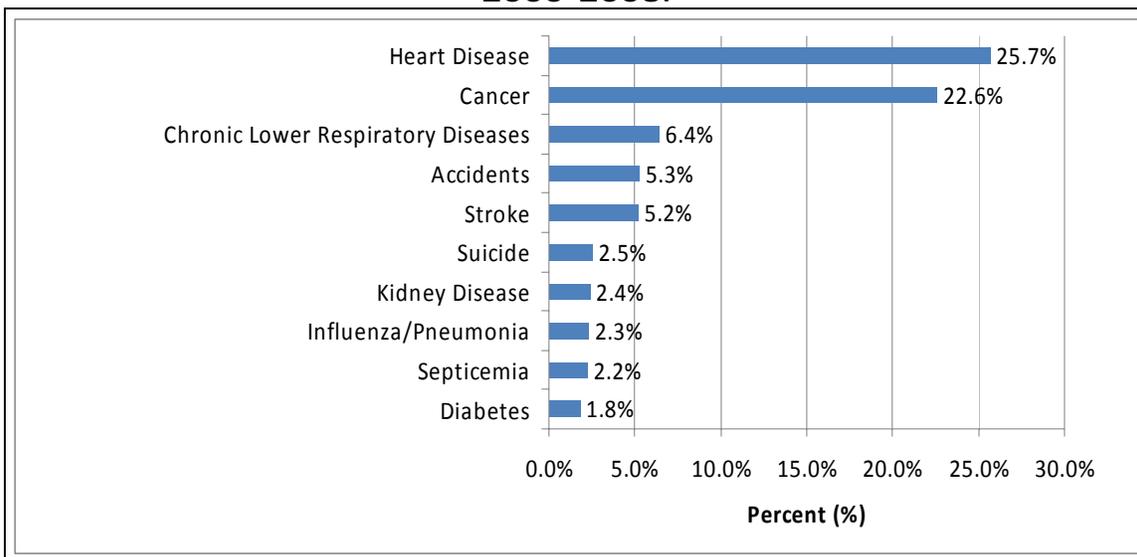
Although Nevada is not yet a majority-minority state, Nevada has a minority population of 42%. As minority populations tend to have disproportionately higher rates of disease, birth, and uninsured/underinsured persons, Nevada will need to have infrastructure in place to provide appropriate health services should the disease burden in the state continue to increase.

<b>Nevada and U.S. Populations by Race/Ethnicity, 2009</b>		
	<b>Nevada</b>	<b>United States</b>
White	80.3%	79.6%
Black	8.3%	12.9%
American Indian and Alaskan Native	1.5%	1.0%
Asian	6.6%	4.6%
Native Hawaiian and Other Pacific Islander	0.5%	0.2%
Two or More Races	2.8%	1.7%
Hispanic or Latino Origin	26.5%	15.8%
White non-Hispanic	55.8%	65.1%

Source: U.S. Census Bureau

Mortality patterns provide insight into changes in the health and well being of Nevada's population. The ten leading causes of death accounted for about 76% of all deaths in Nevada from 2000-2008.

**Top 10 Leading Causes of Death, Percent of Total Deaths in Nevada, 2000-2008.**



Source: State of Nevada Health Division, Department of Health and Human Service, Bureau of Health Statistics, Planning, Epidemiology, and Response, Office of Health Statistics and Surveillance 2007 – 2008 Preliminary.

**Healthy People National Strategy**

The *Healthy People* initiative is a national strategy designed to improve the overall health of Americans. For three decades, *Healthy People* has provided a comprehensive set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. Since 1979, *Healthy People* has set and monitored national health objectives to meet a broad range of health needs, encourage collaborations across sectors, guide individuals toward making informed health decisions, and to measure the impact of prevention activities. For the past decade, *Healthy*

*People 2010* has led the way for Americans to achieve an increase in the quality and years of healthy life, and to eliminate health disparities. *Healthy People 2020* will continue in the tradition of its predecessors to define the vision and strategy for building a healthier nation.

The overarching goals for *Healthy People 2020* continue the tradition of earlier *Healthy People* initiatives of advocating for improvements in the health of every person in the U.S. *Healthy People 2020* addresses the environmental factors that contribute to collective health and illness by placing emphasis on the determinants of health. Health determinants are the range of personal, social, economic, and environmental factors that determine the health status of individuals or populations. They are embedded in our social and physical environments. Social determinants include family, community, income, education, sex, race/ethnicity, geographic location, and access to health care, among others. Determinants in the physical environments include our natural and built environments.

Healthy People 2010 has provided the framework for national, state, and local health agencies, as well as nongovernmental entities to assess health status, health behaviors, and health services. *Healthy People 2010* was supported by 467 objectives in 28 focus areas. The latest version of the initiative, *Healthy People 2020*, is comprised of several new proposed objectives in 38 focus areas.

The *Healthy People Nevada 2010-2020* report utilizes objectives, focus areas, and targets from the national *Healthy People* framework, providing a statewide assessment of the health status of Nevada.

### **Objectives Represented In This Report**

The *Healthy People Nevada 2010-2020* report includes 119 objectives representing 25 of the 38 national focus areas. Focus areas in this report include:

- Access to Quality Health Care
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Diabetes
- Early and Middle Childhood
- Education and Community-Based Programs
- Family Planning
- Food Safety
- Healthcare-Associated Infections
- Heart Disease and Stroke
- Human Immunodeficiency Virus
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, Child Health
- Mental Health and Mental Disorders
- Nutrition and Weight Status
- Occupational Safety and Health
- Oral Health
- Physical Activity and Fitness
- Respiratory Diseases
- Sexually Transmitted Diseases
- Substance Abuse
- Tobacco Use

The Healthy People Nevada report includes an overview of Nevada's progress on the Healthy People 2010-2020 objectives, the major challenges identified statewide and on a local level, and an overview of best practices for addressing those challenges. The report also provides an overview of the Healthy People 2020 framework, and a summary report for each county.

For each focus area included the selected objective, the U.S. data, the U.S. baseline, the Nevada data, and the 2010 target related to that objective are identified. When available, the Nevada data includes trends, and data on age groups, gender, race/ethnicity, and resident counties. The latest available data has been utilized. The most significant factor in the selection of focus areas and objectives was the availability of accurate and reliable data.

## Technical Notes

### **Age Adjustment Methods and Statistical Analysis of Mortality Rates:**

In order to make meaningful comparisons between mortality rates for residents from different regions or different racial/ethnic groups, differences in age characteristics of each population should be taken into account. For example, one would expect that mortality rate for heart disease would be high in a population that has a high proportion of older individuals.

Age-Adjustment is the application of the age-specific rates of a population of interest to a standard age distribution. This method is used to eliminate the differences in observed rates that result from age differences in the populations being compared. This adjustment is usually done when comparing two or more populations at one point in time or one population at two or more points in time.

In this report, the death rates are age-adjusted to the 2000 US Census Standard distribution population (relative age distribution of the 2000 enumerated population of the United States totaling 1,000,000). This method produces the rate that would be expected if the population of interest had the same population age distribution as the standard population.

Adjusted rates were calculated in the following manner:

- The expected number of deaths in each age group was determined by multiplying the age-specific rates ( $N_i/P_i$ ) by the corresponding age-specific standard population total ( $S_i$ ).
- Age adjusted rates (AAR) per 100,000 population were calculated by dividing the expected total number of deaths ( $E_i$ ) by the total standard population and multiplying by 100,000.

Rates were not adjusted for cases where age was listed as unknown.

### **BRFSS Questionnaire**

Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, state-based, telephone survey of persons aged 18 years and older, conducted by state health departments with assistance from the Centers for Disease Control and Prevention (CDC). The BRFSS questionnaire consists primarily of questions regarding behaviors that increase risk for one or more of the ten leading causes of death in the United States. BRFSS uses a multistage design based on random-digit-dialing methods to gather a representative sample from each state's non-institutionalized civilian residents. Total respondent numbers for each question are subject to change because not all respondents provide resident county, or age, or race/ethnic data. These unknowns are not included as respondents for resident county, age, or race/ethnic data when that particular data was not provided. If the number of people for county, race/ethnicity, gender, or age groups is small, caution must be used in interpreting the data because a small sample group may render the data unreliable.

## Technical Notes (Continued)

### County Comparisons

The population size of the counties in Nevada is widely varied, from one thousand to over one million. Because of these differences, caution should be used when interpreting rate comparisons for counties in Nevada. Table cells with counts less than 5 have been suppressed to protect individual privacy and confidentiality. Further, rates for groups less than 5 observations were not calculated.

### Inpatient Hospital Discharge Database

Inpatient Hospital Discharge Data provide information about patients discharged from non-federal acute care hospitals in Nevada. These data are collected through the standard Uniform Billing (UB-92) Form, which is utilized by hospitals to bill for their hospital charges. They include patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data identify billed charges not the actual payments received by the hospital. Data include demographic information, diagnoses (identified by International Classification of Disease codes—9 (ICD-9)), diagnostic and operative procedures, billed hospital charges, length of hospital stay and discharge destination. The ICD-9 system is used to code and classify morbidity (the rate at which an illness occurs) data from inpatient records. Inpatient Hospital Discharge Data include up to 33 ICD-9 diagnosis codes.

### National Online Resource

DATA 2010 is an online (<http://wonder.cdc.gov/data2010/>) interactive database system developed by the division of Health Promotion Statistics of the National Center for Health Statistics. Data are available for all the Healthy People 2010 objectives and subgroups. National data is available for the majority of objectives.

### Nevada Data Reliability

When numbers of cases or deaths used to compute rates are small, those rates tend to have poor reliability. Therefore, to protect individual privacy and confidentiality, and to eliminate misinterpretation of rates or counts that are unstable because case numbers or death counts are small, incidence, death rates, and counts are not shown in tables and figures if the cases or counts are less than 5. In this case several years are often aggregated in order to compute a reliable rate. In certain race/ethnicity, gender, or age groups, if the number of people for county groups is small, caution must be used in interpreting the data because a small sample group may render the data unreliable.

- The following datasets are preliminary: Death 2007 - 2008 and Birth 2008.
- The following dataset is not available: Fetal Death 2008.

### Nevada's Vital Records Statistical Database

The Bureau of Health Statistics, Planning, Epidemiology, and Response collects, processes, analyzes, and maintains the state of Nevada's vital records statistical database.

## Technical Notes (Continued)

### **Nevada's Vital Records Statistical Database (continued)**

Funeral directors, or persons acting as such, are legally responsible for filing death certificates. The vital records statistical database includes those individuals who died in Nevada (residents and non-residents) and includes Nevada residents who died outside the state of Nevada. Mortality data include demographic data of the individual, occupation, gender, age, date of birth, age at death, place of death, manner of death, state of residence, and cause of death (identified by International Classification of Disease codes—10 (ICD-10, )).

The ICD-10 system is used to code and classify mortality (the number of deaths) data from death certificates. Mortality data in this report include both the underlying (primary) and multiple causes of death. Birth data in all counties are recorded electronically (directly with the State Registrar), in the vital records statistical database. In Clark and Washoe Counties they are initially processed and transmitted to the State Registrar. Responsibility for the filing of the birth certificate lies in the hospital medical records, nursing personnel, physicians, midwife, or other attendant.

Behavioral indicators taken from the birth certificate data are self reported.

### **Population Data**

The Nevada Population data used in this report are based on the estimates provided by the Nevada State Demographer's Office and the Nevada Department of Taxation, as well as 2000 Census data from the US Census Bureau. Due to changes in methodology, rates for subgroups published in this edition may not match or be directly comparable to past years, and should be used with caution when compared to other published rates.

Interim 2006 population estimates were used in this report. Interim 2006 population estimates are based on 2005 population estimates provided by the Nevada State Demographer in June 2006. They were updated in July 2007 by the Nevada State Health Division, Bureau of Health Planning, Statistics, and Emergency Response. Interim 2007 population estimates were used in this report. Interim 2007 population estimates are based on interim 2006 population estimates. They were updated in July 2008 by the Nevada State Health Division, Bureau of Health Planning, Statistics, and Emergency Response based on the 2007 total population estimates provided by the Nevada State Demographer in March 2007. Interim 2008 population estimates were used in this report. Interim 2008 population estimates are based on interim 2005 population estimates and 2008 county population estimates provided by the Nevada State Demographer in June 2006 and October 2008 respectively. The interim 2008 population estimates were updated in June 2009 by the Nevada State Health Division, Bureau of Health Planning, Statistics, and Emergency Response.

## Technical Notes (Continued)

### Progress Towards Target

Throughout this document the “Progress Towards Target” for each objective was measured using the following algorithm:

Worsening – Data is trending away from the Healthy People 2010 Target.

Improving – Data is trending towards the Healthy People 2010 Target but has not yet met it.

Achieved – Data shows a trend that is improving and has met the Healthy People 2010 target but not exceeded it in the most recent year.

Surpassed – Data shows a trend that is improving and has exceeded the Healthy People 2010 target in the most recent year.

Fluctuating – Data shows no definite trend.

### Race and Ethnicity

In conjunction with the US Census Bureau and the National Center for Health Statistics definition, Hispanics are an ethnic group, not a race, and may include all races within their ethnic classification. In this report, Asian, Black, Native American, and White exclude Hispanics, therefore no duplicate counting exists. However, when national data are used for comparison, methodologies may differ by including Hispanic and Non-Hispanic populations within separate racial groups, as well as including different racial groups within the Hispanic ethnic group. In the Death 2008 data, race/ethnicity breakouts are not available at this time due to coding issues with the implementation of the 2003 standard death certificate.

### Regional Comparisons

Approximately eighty-six (86 percent) of Nevada’s population reside in the urban areas of Clark (Greater Las Vegas Area) and Washoe (Greater Reno/Sparks area) counties. In this report data are frequently stratified into three regions within the state as follows: Clark County, Washoe County, and All Other Counties (includes all remaining 15 counties). In some instances, the total counts in all counties may not be equal to Nevada Total due to cases where county is unknown.

### Source for Healthy People 2010 Target

The Healthy People 2010 Target for each objective was taken from the DATA2010 data system published online at <http://wonder.cdc.gov/data2010/focus.htm>. This data system was developed by the Centers for Disease Control and Prevention, National Center for Health Statistics. It tracks all 467 Healthy People 2010 objectives. The data are uploaded to this site quarterly and include any revised targets; the most recent targets are included in this document.

### YRBS Questionnaire

Youth Risk Behavior Surveillance System (YRBSS) is a national, biennial, school-based survey administered to students in grades 9-12. The survey collects data on health risk behaviors such as injury, tobacco use, alcohol, and other drug use, sexual behavior, diet, nutrition, and physical activity.



## Definitions

**Age Adjustment:** Age adjusted rates are computed by the direct method by applying age-specific rates in a population of interest to a standardized age distribution, to remove the distorting effect of age when comparing populations of different age structures.

**Adolescent Pregnancy:** The number of live births, abortions, and fetal deaths to females, aged 15 to 17 years and 18 to 19 years.

**Body Mass Index (BMI):** A measure that adjusts bodyweight for height. It is calculated as weight in kilograms divided by height in meters squared. Healthy weight for adults is defined as a BMI of 18.5 to less than 25; overweight as greater than or equal to a BMI of 25; obesity as greater than or equal to a BMI of 30.

**Crude Rate:** Number of cases in a particular population, (i.e. per 100,000 population) which are not adjusted for other factors, such as age.

**Death:** A person who has sustained irreversible cessation of all functioning of the brain, including the brain stem, is considered dead (National Center for Health Statistics (NCHS 2009)).

**Fetal Death:** A birth that occurs after or at least 20 weeks gestation in which the child shows no evidence of life after complete birth (NRS 440.070).

**Incidence:** Number of cases of disease having their onset during a prescribed period of time; often expressed as a rate.

**Infant Death:** Deaths occurring to individuals of less than one year of age (NCHS 2009).

**International Classification of Disease, ICD-9 (ninth revision):** An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO). Used primarily for statistical purposes in the classification of morbidity and mortality.

**International Classification of Disease, ICD-10 (tenth revision):** An official list of categories of diseases, physical and mental, issued by the World Health Organization (WHO). Used primarily for statistical purposes in the classification of morbidity and mortality. Nevada utilizes the ICD-10 codes for mortality coding.

**Leisure Time Physical Activity:** Adults that report doing physical activity or exercise during the past 30 days other than their regular job.

**Live Birth:** A birth in which the child shows evidence of life after complete birth. A birth is complete when the child is entirely outside the mother, even if the cord is uncut and the placenta is still attached. Evidence of life includes heart action, breathing, or coordinated movement of voluntary muscles (NRS 440.030).

## Definitions (continued)

**Low Birth Weight:** If the first weight of the newborn obtained after birth is less than 2,500 grams or 5 pounds and 8 ounces (NCHS 2009).

**Morbidity:** The rate which an illness or abnormality occurs, calculated by dividing the number of people who are affected within a group by the entire number of people in that group.

**Mortality:** Refers to death.

**Multiple Causes of Death:** (Or Underlying Cause of Death) are the contributing conditions that are not selected as the underlying (primary) cause of death.

**N/A:** Not applicable or not available.

**Neonatal Death:** Death occurring to infants in the first 27 days of life (NCHS 2009).

**Objective:** A statement of intent within a focus area.

**Post-Neonatal Death:** Death occurring to infants less than one year of age, but older than 27 days (NCHS 2009).

**Prenatal Care:** The care received by the mother from a health professional or midwife during the length of the pregnancy (NCHS 2009).

**Pre-term Birth:** A birth that occurs before 37 completed weeks of gestation, counting from the first day of the last menstrual period. Historically, the definition of prematurity was 2,500 grams (approximately 5.5 pounds) or less at birth.

**Prevalence:** The proportion of existing cases of a particular condition, disease, or other occurrence (e.g. person' smoking) at a given time.

**Proportion:** The number of cases or responses or diseases divided by the total number of a population or total respondents, can be expressed as a percentage.

**Target:** The proposed goal for each health measure.

**Underlying Cause of Death:** (In this report identified as the Primary Cause of Death) is defined by the World Health Organization (WHO) as the disease or injury that initiated the train of events leading directly to death, or the circumstances of the accident or violence which produced the fatal injury.

**Very Low Birth Weight:** The first weight of the newborn obtained after birth is less than 1,500 grams or 3 pounds 4 ounces.

**Weighted Data:** Survey data that is adjusted to represent the population from which the sample was drawn. Data are weighted to generalize findings for the population. Any sample percentages calculated from the data are unbiased estimates of population percentages.

# Highlights

## Access to Quality Health Services:

- ◆ In 2010 it is estimated that 1 in 6 adults in America are uninsured.
- ◆ As of February 2009, approximately 1.7 million men lost employer-provided health insurance from their jobs nationally, compared to approximately 396,800 women.<sup>2</sup>
- ◆ In 2009 80.5 percent of Nevada adults reported having some type of health insurance.

## Adolescent Health:

- ◆ In 2009, the average reading proficiency scores of 4th and 8th grade students in Nevada was lower than the average scores of 4th and 8th grade students for public schools in the nation.
- ◆ In 2007, male students in Nevada had an average reading proficiency score that was lower than that of female students by 6 points.

## Arthritis, Osteoporosis, and Chronic Back Conditions:

- ◆ Hip fractures are associated with substantial morbidity and mortality; approximately 15-20 percent of patients die within 1 year of fracture.<sup>2</sup>
- ◆ Hospitalizations for hip fractures decreased overall among Nevada adult females from 2000 to 2008 but did not meet the Healthy People 2010 target, while hip fractures among Nevada adult males surpassed the Healthy People 2010 target every year from 2000 to 2008.

## Blood Disorders and Blood Safety:

- ◆ In the five-year period from 2003 to 2007, there were 49 infants born with sickle cell disease (SCD) in Nevada.
- ◆ Sickle cell disease is one of the most common genetic diseases in the U.S.
- ◆ The hospitalization rate from sickle cell disease among Nevada children aged 9

years and younger had an overall decreased from 2003 to 2008, at 13.5 per 100,000 children aged 9 years and younger in 2008.

## Cancer:

- ◆ While Nevada did not meet the 2010 target from 2000 to 2008, the overall cancer death rate consistently decreased from over that time period. For the first time, Nevada had a lower overall cancer rate than the national rate in 2005.
- ◆ While Nevada's lung cancer deaths have been decreasing each year, they are still well above the national average.
- ◆ There are an estimated 60,000 cancer survivors in Nevada.
- ◆ Over half of all Nevada adults over the age of 50 had ever received either a colonoscopy or a sigmoidoscopy in 2008.

## Diabetes:

- ◆ Costs for diabetes health care and related treatments run about \$167 million annually in Nevada. In 2005, Nevada diabetes hospitalizations costs totaled about \$100 million. Of this amount, Nevada Medicaid reimbursed \$19,343,893.
- ◆ Approximately 176,500 children and adolescents and an estimated 217,467 adults in Nevada had diabetes in 2007.

## Early and Middle Childhood:

- ◆ In 2008, 66 percent of schools in Nevada had a health education curriculum that addressed all eight national standards for health education.

## Education and Community Based Programs:

- ◆ Over the past seven years, Nevada's proportion of the population who complete high school has been consistently lower than both the nation and the Healthy People 2010 target for high school completion.

## Highlights (continued)

### Family Planning:

- ◆ The Nevada adolescent pregnancy rate among female girls age 15 to 17 years, has slowly declined. The state rate has consistently been lower than the reported national rate.
- ◆ From 2001 to 2009, over 40 percent of both male and female adolescents in Nevada reported having sexual intercourse.
- ◆ From 2001 to 2009, over 40 percent of female adolescents, grades 9-12, did not use a condom during their last sexual intercourse.

### Food Safety:

- ◆ The rate of reported cases of *Escherichia Coli* in Nevada improved to below the Healthy People 2010 target in 2008 (0.8 per 100,000 population).

### Health Care-Associated Infections:

- ◆ In Nevada, the rate of MRSA infections has almost doubled over the last decade. During the years 2005 to 2007 the rate steadied at approximately 86 percent.

### Heart Disease and Stroke:

- ◆ Over the last decade, Nevada has maintained a significantly lower hospitalization rate for congestive heart failure than the national average.
- ◆ From 2005 to 2009, Nevada has surpassed the Healthy People 2010 target for stroke death rate (38.4 per 100,000 in 2008).

### Human Immunodeficiency Virus (HIV):

- ◆ In 2007, Nevada had a lower rate of reported Acquired Immunodeficiency Syndrome (AIDS) cases (per 100,000) than the national average.
- ◆ From 2000 to 2008, the HIV infection death rate for males in Nevada steadily declined.
- ◆ In 2000, the HIV infection death rate in

Nevada was 4.3 per 100,000, and in 2008 the rate was 2.6 per 100,000. The HIV infection mortality rates for both Nevada and the nation have improved.

### Immunizations and Infectious Diseases:

- ◆ Nevada surpassed the Healthy People 2010 targets regarding hospitalizations from peptic ulcer disease, hepatitis A incidence, and meningococcal disease incidence in 2008.
- ◆ Nevada had a consistently lower rate of new cases of Hepatitis A than the national rate over the reported eight years.
- ◆ Nevada's rate of tuberculosis (TB) is consistently lower than the national rate.

### Injury and Violence Prevention:

- ◆ In Nevada, 37 teenage drivers and passengers, ages 16 to 20, were killed during 2007 in motor vehicle crashes, more than 70 percent (25 teenagers) were not wearing seat belts at the time of the crash.<sup>6</sup> The Nevada Highway Patrol states that more than half of those lives could have been saved with 100 percent seatbelt usage.
- ◆ The state ranked 15th highest in the nation for injury mortality.

### Maternal, Infant, Child Health:

- ◆ Fetal deaths, both nationally and in Nevada, decreased from 2003 to 2007.
- ◆ In Nevada, neonatal deaths, postneonatal deaths, and infant deaths from birth defects improved overall from 2000 to 2008.
- ◆ The death rate of children aged 1 to 4 years decreased in Nevada from 2002 to 2008.
- ◆ The Nevada death rate of children aged 5 to 9 surpassed the Healthy People 2010 target from 2002 to 2008.
- ◆ While the Nevada death rate of adolescents aged 15 to 19 was much higher

## Highlights (continued)

- ◆ than the Healthy People 2010 target from 2000 to 2009, it did improve during this time period.

### **Mental Health and Mental Disorders:**

- ◆ From 2001 to 2009, suicide attempts among Nevada adolescents was higher than that of youth in the United States.
- ◆ In 2008, suicide deaths were nearly 4 times higher among Nevada males than Nevada females.

### **Nutrition and Weight Status:**

- ◆ The increasing proportion of obese adults in Nevada roughly paralleled U.S. trends since from 2001 to 2009. Obesity in Nevada and within the U.S. exceeded the Healthy People 2020 goal of 15 percent in 2009, at 26.5 percent and 26.9 percent respectively.
- ◆ In 2007, over 12 percent of 10th and 12th grade students were obese in Nevada.

### **Occupational Safety and Health:**

- ◆ From 2000 to 2003, Nevada had a consistently lower rate of work-related injury deaths compared to the nation. In 2008 the work-related injury death rate decreased to 2.0 per 100,000 people, below the Healthy People 2010 target of 3.2 per 100,000 people.

### **Oral Health:**

- ◆ Every dollar spent on community water fluoridation, up to \$42 is saved in treatment costs for tooth decay.<sup>2</sup>
- ◆ The proportion of older adults in Nevada with all of their natural teeth extracted surpassed the Healthy People 2010 target from 2002 to 2008.

### **Physical Activity and Fitness:**

- ◆ The 2008 Nevada ranked as the 32nd highest in the nation for adult obesity, at 25.1 percent, and the 11th highest rate of overweight youths (ages 10-17), at

34.2 percent.

- ◆ More 18 to 24 year olds engage in aerobic physical activities of moderate intensity or higher than any other age group in Nevada.

### **Respiratory Diseases:**

- ◆ The hospitalization rate from asthma in Nevada surpassed the Healthy People 2010 target for children under the age of 5 years, and has come close to the target rate for children and adults aged 5 to 64 years and adults aged 65 years and older from 2000 to 2008.
- ◆ Whites had a higher mortality rate for Chronic Obstructive Pulmonary Disease than any other racial and ethnic group in Nevada from 2000 to 2007.

### **Sexually Transmitted Diseases:**

- ◆ Gonorrhea rates in Nevada decreased from 2004 to 2008.
- ◆ Syphilis rates in Nevada decreased in 2007 and 2008, after a dramatic and consistent increase from 2000 to 2006.

### **Substance Abuse:**

- ◆ From 2000 to 2006, Nevada exceeded the United States in the number of drug-induced deaths.
- ◆ In 2008, there were 107 Nevadans killed in Alcohol-Impaired Driving Accidents. Eleven (11) of these were under the age of twenty-one (21).

### **Tobacco Use:**

- ◆ From 2001 to 2009, tobacco use by adults in Nevada decreased, at 21.9 percent in 2008, down from 26.9 percent in 2000.
- ◆ From 2001 to 2007, Nevada saw a decrease in the proportion of adolescents reporting cigarette use.

## Promising Practices

### *Access to Quality Health Services*

#### *Access to Healthcare Network (AHN)*

**Access to Healthcare Network (AHN)** is a non-profit medical discount plan that offers affordable health care for uninsured Nevada residents. AHN members have access to over 400 local primary care and specialty doctors, health care services and dental and vision services, all at reduced rates. AHN members pay a small monthly membership fee which provides members with reduced hospital rates, discounted health care, and a care coordinator to advocate for your needs.

[http://www.accesstohealthcare.org/AHN\\_healthcareprograms.html](http://www.accesstohealthcare.org/AHN_healthcareprograms.html)

#### *Healthy San Francisco*

**Healthy San Francisco** is a new program created by the City of San Francisco that makes health care services accessible and affordable for uninsured residents. The program offers a new way for San Francisco residents who do not have health insurance, to have basic and ongoing medical care. It is available to all San Francisco residents regardless of immigration status, employment status, or pre-existing medical conditions.

<http://www.healthysanfrancisco.org/>

## *Adolescent Health*

#### *United States Department of Education, What Works Clearinghouse (WWC)*

**What Works Clearinghouse (WWC)** is a central and trusted source of scientific evidence for what works in education. An initiative of the U.S. Department of Education's Institute of Education Sciences, the WWC:

- 1) Produces user-friendly practice guides for educators that address instructional challenges with research-based recommendations for schools and classrooms.
- 2) Assesses the rigor of research evidence on the effectiveness of interventions (programs, products, practices, and policies), giving educators the tools to make informed decisions.
- 3) Develops and implements standards for reviewing and synthesizing education research; and provides an easily accessible public registry of education evaluation researchers to assist schools, school districts, and program developers with designing and carrying out rigorous evaluations.

## ***Arthritis, Osteoporosis, and Chronic Back Conditions***

### ***Arthritis Self-Management Program***

***Arthritis Self-Management Program***, also known as the Arthritis Self-Help Course, is a workshop designed for individuals with different types of rheumatic diseases, such as osteoarthritis, rheumatoid arthritis, fibromyalgia, and lupus. The program can be implemented in community settings such as senior centers, churches, libraries and hospitals. Workshops are facilitated by two trained leaders, one or both of whom are non-health professionals with arthritis themselves. Topics covered include:

- 1) Techniques to deal with problems such as pain, fatigue, frustration and isolation,
- 2) Appropriate exercise for maintaining and improving strength, flexibility, and endurance,
- 3) Appropriate use of medications,
- 4) Communicating effectively with family, friends, and health professionals,
- 5) Healthy eating,
- 6) Making informed treatment decisions,
- 7) Disease related problem solving, and
- 8) Getting a good night's sleep.

<http://patienteducation.stanford.edu/programs/asmp.html>

### ***Arthritis Foundation Aquatic Program***

***Arthritis Foundation Aquatic Program*** was co-developed by the Arthritis Foundation and the Young Men's Christian Association (YMCA). The program is offered in pools throughout the United States. The program allows individuals with arthritis to exercise without putting excess strain on their joints and muscles. The gentle activities in warm water, with guidance from a trained instructor, help individuals gain strength and flexibility. The program can be implemented in non-YMCA facilities as well.

<http://www.arthritis.org/aquatic-program.php>

## ***Blood Disorders and Blood Safety***

According to the Centers for Disease Control and Prevention (CDC) there are steps individuals can take to minimize complications from Sickle Cell disease.

**1) Get regular health checkups.** Regular checkups with a primary care doctor can help prevent some serious problems.

**2) Prevent infections.** Common illnesses, like the flu, can quickly become

## ***Blood Disorders and Blood Safety (continued)***

dangerous for a child with sickle cell disease. The best defense is to take simple steps to help prevent infections.

**3) Learn and practice healthy habits.** People with sickle cell disease should drink 8 to 10 glasses of water every day and eat nutritious food. They should also try not to get too hot, too cold, or too tired.

**4) Look for clinical studies.** New clinical research studies are being conducted all the time to find better treatments and, hopefully, a cure for sickle cell disease. People who participate in these studies might have access to new medicines and treatment options.

**5) Get support.** Find a patient support group or community-based organization that can provide information, assistance, and support.

**6) People with sickle cell disease should get vaccinations.** They can protect against harmful infections.

## ***Cancer***

### ***Breast Cancer Screening***

**Project SAFe (Screening Adherence Follow-Up Program)** is a system of patient navigation counseling and case management designed to help low-income, ethnic-minority women overcome barriers to timely breast cancer screening and follow-up after receiving an abnormal mammogram. The service involves a structured interactive telephone assessment of screening-adherence risk (i.e., barriers), health counseling, and follow-up services, including patient tracking, appointment reminders, and referral to community resources. Project SAFe is focused on individual cognitive, affective, and environmental factors that may impede timely breast cancer screening and follow-up.

<http://rtips.cancer.gov/>

[rtipsprogramDetails.doprogramId=307723&topicId=102264&cgId](http://rtipsprogramDetails.doprogramId=307723&topicId=102264&cgId)

### ***Colorectal Screening***

**Next Step** is a workplace program that aims to increase colorectal cancer screening and promote healthy dietary behaviors. The screening promotion component consists of an invitation flyer and a personalized educational booklet. The booklet explains screening procedures, presents cancer statistics, and includes a personalized screening schedule. The dietary component consists of five nutrition education classes delivered in the workplace, with mailed self-help materials. In



## ***Cancer (continued)***

the second year of the program, employees receive personalized feedback to encourage maintenance of first-year gains. Worksite cafeterias also display posters and brochures relaying simple messages about low fat, high-fiber eating.

<http://rtips.cancer.gov/rtips/programDetails.do?programId=264649&topicId=102265&cgId>

## ***Diabetes***

### ***Diabetes Community Partnership Guide***

This how-to kit contains ideas, tools, and guidelines to develop community partnerships to promote diabetes activities.

<http://ndep.nih.gov/publications/PublicationDetail.aspx?PubId=121>

### ***Awakening the Spirit: Pathways to Diabetes Prevention & Control***

***Awakening the Spirit*** is working to encourage Native Americans to fight diabetes, to make healthy food choices and be more active. Awakening the Spirit works with other organizations, including the Indian Health Service to develop and disseminate educational materials and participate in advocacy activities.

<http://www.diabetes.org/communityevents/programs/native-american-programs/>

### ***Project POWER***

***Project POWER*** is a faith-based program targeting the African American community. *Project POWER* provides churches with a foundation for integrating diabetes awareness messages and healthy living tips into the life of the family and church. It engages the church in a variety of year-round activities that provide lessons which improve the health of those church members living with diabetes, their families and the greater community. *Project POWER* offers six educational workshops. Each workshop is facilitated by a *Project POWER* Ambassador who is trained by association staff and provided with a complete implementation guide. Each workshop is approximately 1–1 ½ hours in length and comes with all participant materials and giveaways.

<http://www.diabetes.org/community-events/programs/african-american-programs/project-power.html>

### ***Por Tu Familia***

***Por Tu Familia*** (For Your Family) is part of the American Diabetes Association's Latino initiative health campaign. Materials targeting diabetes in the Latino community are an integral part of outreach efforts to help improve the quality of life for Latinos with diabetes. From books to brochures, the publications provide information on topics ranging from cooking with a Latin flair, being more physically active, to maintaining a healthy weight. Community-based activities are

## ***Diabetes (continued)***

another important part of *Por tu familia*. Through fun and informative workshops and activities, community members can learn more about diabetes, the importance of making healthy food choices, and being physically active on a regular basis.

<http://www.diabetes.org/community-events/programs/latino-programs/>

## ***Early and Middle Childhood***

### ***Incredible Years (IY): Parents, Teachers, and Children Training Series***

***Incredible Years*** is a comprehensive set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in young children (ages 4–8 years). The interventions that make up this series— parent training, teacher training, and child training — are guided by developmental theory concerning the role of multiple interacting risk and protective factors (child, family, and school) in the development of conduct problems. The overall goal of the *Incredible Years* series is to prevent children from developing delinquency, drug abuse, and violence problems as they enter adolescence.

<http://www.promoteprevent.org/publications/ebi-factsheets/incredible-years-parents-teachers-and-children-training-series-iy>

## ***Education and Community Based Programs***

### ***Stay in School: Parents, Teachers, and Children Working Together***

#### ***Why stay in school?***

1. High school dropouts are four times as likely to be unemployed as those who have completed four or more years of college;
2. Graduating from high school will determine how well you live for the next *50 years* of your life. High school graduates earn \$143 more per week than high school dropouts. College graduates earn \$336 more per week than high school graduates (\$479 more *per week* than high school dropouts);
3. Dropouts are more likely to apply for and receive public assistance than graduates of high school;
4. Dropouts comprise a disproportionate percentage of the nation's prison and death row inmates. 82% of prisoners in America are high school dropouts;
5. School districts all over the country provide alternative programs for students who are not successful in the usual school setting.

<http://www.dropoutprevention.org/family-student-resources/top-5-reasons-stay-school>

## **Family Planning**

### ***Teen Outreach Program (TOP)***

***Teen Outreach Program (TOP)*** is a life skills curriculum for 12 to 17 year-olds that aims to prevent negative youth behaviors, such as school failure and early pregnancy. Trained facilitators deliver the curriculum in weekly classes throughout the school year. Participants discuss topics such as goal-setting, peer pressure, relationship dynamics, values, and communication skills. The program can be integrated with a school's existing curriculum, offered as an in-school elective, or an after-school program. During the program year, teens enrolled in *TOP* must also plan and carry out a community service project. These projects require a minimum of 20 hours of service and can include activities such as fund raisers, graffiti removal, tutoring, volunteering at food pantries, petition drives, or other student-initiated activities.

<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

### ***Becoming a Responsible Teen***

***Becoming a Responsible Teen*** is a culturally appropriate, HIV prevention curriculum designed for adolescents in non-school, community-based settings. *Becoming a Responsible Teen* combines HIV/AIDS education with behavioral skills training, including assertion, refusal, self-management, problem solving, risk recognition, and correct condom use. Teens learn to clarify their own values about sexual decisions and to practice skills to reduce sexual risk-taking. Based on social learning and self-efficacy theories, the curriculum's primary goal is promoting safer sexual behaviors. It encourages teens to share what they have learned and to practice their skills outside the group setting. It utilizes interactive sessions, including games, role-playing, discussions, and videos. The intervention is intended for use with gender-specific groups, each facilitated by both a male and a female group leader.

<http://www.etr.org/traininginstit/bart.htm>

## **Food Safety**

### ***Partnership for Food Safety Education***

***Partnership for Food Safety Education*** saves lives and improves public health through research-based, actionable consumer food safety initiatives that reduce food borne illness. Fightbac.org, the website of the *Partnership for Food Safety Education (PFSE)*, is a consumer food safety resource.

<http://www.fightbac.org/content/view/7/8/>

### ***Don't Give Kids a Tummy-ache***

***Don't Give Kids a Tummy-ache*** is a food safety training program for parents,

## ***Food Safety (continued)***

child care providers, and other caregivers, which presents the basics of how to avoid food poisoning in a 45 to 60 minute presentation. Through a series of activities and case studies, participants are guided through the basics of handling and cooking food safety, food poisoning symptoms, and how food poisoning is transmitted. Written in both English and Spanish, the handy CD-ROM format allows printing out of the 27 page curriculum, handouts, and 19 transparencies in black and white or in color for presentations.

<http://anrcatalog.ucdavis.edu/FoodSafety/21586.aspx>

## ***Health Care Associated Infections***

### ***Institute for Health Care Improvement (IHI) 100,000 Lives***

***100,000 Lives Campaign*** is a nationwide initiative launched by the Institute for Health care Improvement (IHI) to significantly reduce morbidity and mortality in American health care. Building on the successful work of health care providers all over the world, the IHI is introducing proven best practices across the country to help participating hospitals extend or save as many as 100,000 lives. It offers six initiatives to improve health care, one is related to central line infections.

<http://www.ihl.org/IHI/Programs/Campaign/100kCampaignOverviewArchive.htm>

## ***Heart Disease and Stroke***

### ***MyStart! Online***

***MyStart! Online*** is the American Heart Association's groundbreaking new national movement that calls on all Americans and their employers to create a culture of physical activity and health to live longer, heart-healthy lives through walking.

***MyStart! Online*** is a tool developed by the American Heart Association that is available at no charge to companies and employees. ***MyStart! Online*** is designed to help individuals make positive changes through walking and by improving their eating habits. As a component of the Start! Walking Program, it is an excellent way for employees to track their progress toward healthier, longer lives.

<http://www.startwalkingnow.org/>

### ***WISEWOMAN (Well-Integrated Screening and Evaluation of Women Across the Nation)***

***WISEWOMAN*** is a program administered through CDC's Division for Heart Disease and Stroke Prevention (DHDSP). The ***WISEWOMAN*** program provides low-income, under insured or uninsured women aged 40–64 years with chronic disease risk factor screening, lifestyle intervention, and referral services in an effort to prevent cardiovascular disease. CDC funds 21 ***WISEWOMAN*** programs,

## ***Heart Disease and Stroke (continued)***

which operate on the local level in states and tribal organizations. *WISEWOMAN* programs provide standard preventive services including blood pressure and cholesterol testing. *WISEWOMAN* programs also offer testing for diabetes. Women are not just tested and referred, but can also take advantage of lifestyle programs that target poor nutrition, physical inactivity, and smoking, such as healthy cooking classes, fitness competitions, or quit-smoking classes. The interventions may vary from program to program, but all are designed to promote lasting, healthy lifestyle changes.

<http://www.cdc.gov/wisewoman/index.htm>

## ***Human Immunodeficiency Virus (HIV)***

### ***Popular Opinion Leader (POL)***

***Popular Opinion Leader (POL)*** is a community-level intervention designed to identify, enlist, and train key opinion leaders to encourage safer sexual norms and behaviors within their social networks of friends and acquaintances through risk-reduction conversations. Cadres of trusted, well-liked men who frequent gay bars are trained to endorse safer sexual behaviors in casual, one-on-one conversations with peers. During these conversations, the POL corrects misperceptions, discusses the importance of HIV prevention, describes strategies he uses to reduce his own risk (e.g., keeping condoms nearby, avoiding sex when intoxicated, resisting coercion for unsafe sex), and recommends ways for the peer to adopt safer sex behaviors.

[http://www.cdc.gov/hiv/topics/prev\\_prog/rep/packages/pol.htm](http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/pol.htm)

### ***Street Smart***

***Street Smart*** is an intensive small-group skills-based intervention for runaway youth. The intervention focuses on providing access to health resources, making condoms available, training youth on personal skills, and training staff to help support the youth in changing their behavior. The intervention focuses on positive self-talk to build self-esteem, help with difficult situations, and increase self-efficacy for safer sex. The program includes activities to promote positive attitudes, increase self-efficacy, and build effective communication, personal, and technical skills through games, exercises, practicing, and role-playing. Youth are also given access to medical and mental health care through weekly visits from a public health nurse, visits to a community-based agency that provides comprehensive care, and referrals for specific individual health concerns.

[http://www.cdc.gov/hiv/topics/prev\\_prog/rep/packages/streetsmart.htm](http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/streetsmart.htm)

## ***Human Immunodeficiency Virus (HIV) (continued)***

### ***Mpowerment Project***

***Mpowerment Project*** is a community building program designed to reduce the frequency of unprotected anal intercourse among young gay and bisexual men. Developed through an intensive social marketing process, the *Mpowerment Project* is based on an empowerment model in which young gay men take charge of the project. The project draws on the theory of diffusion of innovations, which suggests that people are most likely to adopt new behaviors that have already been accepted by others who are similar to them and whom they respect.

[http://www.cdc.gov/hiv/topics/prev\\_prog/rep/packages/mpower.htm](http://www.cdc.gov/hiv/topics/prev_prog/rep/packages/mpower.htm)

## ***Immunizations and Infectious Diseases***

Every year the American Academy of Family Physicians (AAFP) Foundation awards Family Medicine Residency programs that have improved immunizations rates, increased childhood immunizations in the medically underserved, or have achieved high immunizations rates in children aged 19-35 months. In 2008, a Waco Family Practice Residency Program was awarded because of their ability to overcome immunization barriers and achieved higher immunizations rates during a specific time period. To improve immunization rates, the program regularly updates the electronic health record to show the children's current immunization status to easily identify missed opportunities. The program also has implemented an order that mandates immunization screenings at every child's visit. Additionally, the program regularly reviews daily immunization compliance reports to provide individual feedback to nurses. Finally, the program distributes patient recall letters to parents of children who are due for well-child visits. After six months of implementing these best practices, the Waco program increased well-child visits by 27 percent.

<http://www.aafpfoundation.org/online/foundation/home/programs/education/wyethimmunizationawardsprogram.html>

<http://www.aafp.org/online/etc/medialib/found/documents/programs/education/wyeth/aafpfwyethimmuntipsheet.Par.0001.File.dat/wyethtipsupdate.pdf>

## ***Injury and Violence Prevention***

### ***PeaceBuilders***

***PeaceBuilders*** is a research-validated, violence prevention and character education youth program. Created for the young child, child, pre-teen and teen,

## ***Injury and Violence Prevention (continued)***

*PeaceBuilders* addresses risk factors, which predict violence, bullying, and drug and tobacco use. Participation in *PeaceBuilders* reduces aggression, promotes language development, teaches pro-social skills, increases parenting skills, creates inclusion for special needs children, and fosters safer communities. In the school setting, *PeaceBuilders* increases academic achievement by allowing teachers to spend more time teaching and less time disciplining. In all settings, the program creates a peaceful environment by increasing positive, thoughtful behavior, while decreasing violence and disruptive behavior.

<http://www.peacebuilders.com/>

### ***PATHS (Promoting Alternative Thinking Strategies)***

***PATHS (Promoting Alternative Thinking Strategies)*** is a comprehensive program for promoting emotional and social competencies and reducing aggression and acting-out behaviors in elementary school-aged children, while simultaneously enhancing the educational process in the classroom. This innovative curriculum for kindergarten through sixth grade (ages 5 to 12) is used by educators and counselors as a multiyear, prevention model. The PATHS curriculum provides teachers with systematic and developmentally based lessons, materials, and instructions for teaching their students emotional literacy, self-control, social competence, positive peer relations, and interpersonal problem-solving skills. The PATHS curriculum has been shown to improve protective factors and to reduce behavioral risk factors. Although primarily focused on school and classroom settings, information and activities are also included for use with parents.

<http://www.channing-bete.com/prevention-programs/paths/>

## ***Maternal, Infant, and Child Health***

### ***Smoking Cessation***

**The National Partnership to Help Pregnant Smokers Quit** is a coalition of diversified organizations that have joined forces to improve health of this and future generations by increasing the number of pregnant smokers who quit smoking. The National Partnership hopes to ensure that all pregnant women are screened for tobacco use, and receive best-practice cessation counseling as part of their prenatal care.

[http://www.helppregnantsmokersquit.org/quit/toll\\_free.html](http://www.helppregnantsmokersquit.org/quit/toll_free.html)

**Giving Infants and Families Tobacco Free Starts (GIFTS)** is a program designed to give infants and their families a healthy beginning. GIFTS supports families by helping set a quit date, providing tips to deal with cravings and withdrawals, suggesting ways that family and friends can help, providing ongoing en-

## ***Maternal, Infant, and Child Health (continued)***

couragement from GIFTS supporters, offering gifts to reward involvement in the program, and supporting family members to quit smoking.

<http://www.mc.uky.edu/kygifts/newsletters.html>

### ***Preconception Care***

**The National Women's Health Information Center**, United States Department of Health and Human Services, provides information on why preconception health matters and what you can do to boost your preconception health. Preconception health is a women's health before she becomes pregnant. It means knowing how health conditions and risk factors could affect a woman or her unborn baby if she becomes pregnant.

<http://www.womenshealth.gov/Pregnancy/before-you-get-pregnant/preconception-health.cfm>

### ***Prenatal Care***

**The National Women's Health Information Center**, United States Department of Health and Human Services, provides information on what prenatal care is and why it is important. Prenatal care is the care you get while you are pregnant. Prenatal care can keep you and your baby healthy.

<http://www.womenshealth.gov/faq/prenatal-care.cfm>

### ***Saint Mary's Regional Medical Center, Reno Nevada***

Provides ongoing educational classes, forums and presentations on a variety of women's health topics, including early pregnancy, childbirth/prenatal care, cesarean birth, and vaginal birth after cesarean. Reservations are required and a nominal fee is charged.

<http://www.saintmarysreno.org/index.htm>

### ***Fetal Alcohol Syndrome (FAS)***

**STEP2** is a FAS treatment program in Northern Nevada that accommodates women with children. STEP2 provides compassionate, flexible, individualized treatment programs for women in a safe environment, respecting the client's personal treatment needs and utilizing current addiction and mental health protocols.

<http://step2reno.org/>



## ***Mental Health and Mental Disorders***

### ***Columbia University TeenScreen***

***Columbia University TeenScreen*** is a program which identifies middle school- and high school-aged youth in need of mental health services due to risk for suicide and undetected mental illness. The program's main objective is to assist in the early identification of problems that might not otherwise come to the attention of professionals. *TeenScreen* can be implemented in schools, clinics, doctors' offices, juvenile justice settings, shelters, or any other youth-serving setting.

[www.teenscreen.org](http://www.teenscreen.org)

### ***Lifelines***

***Lifelines*** is a comprehensive, school wide suicide prevention program for middle and high school students. The goal of *Lifelines* is to promote a caring, competent school community in which help seeking is encouraged and modeled, and suicidal behavior is recognized as an issue that cannot be kept secret. *Lifelines* seeks to increase the likelihood that school staff and students will know how to identify at-risk youth when they encounter them, provide an appropriate initial response, and obtain help, as well as be inclined to take such action.

### ***Look Listen Link***

***Look Listen Link*** is an evaluated, classroom-based prevention curriculum geared for middle school students. *Look Listen Link* aims to teach students not only facts about stress, anxiety, depression, and suicide prevention, but also practical life skills to help a friend who may be struggling with these issues.

[http://www.yspp.org/schools/look\\_listen\\_link.htm](http://www.yspp.org/schools/look_listen_link.htm)

### ***Crisis Call Center***

***Crisis Call Center*** operates a 24-hour crisis line which often serves as the first point of contact for individuals who are seeking help, support, and information. Crisis Call Center's 24-hour crisis line provides a safe and non-judgmental source of support for individuals in any type of crisis. All services provided by Crisis Call Center are free of charge and available to anyone in any crisis situation.

Dial 1-800-273-8255

<http://www.crisiscallcenter.org/index.html>

## ***Nutrition and Weight Status***

### ***Girls on the Run***

***Girls on the Run*** is a life-changing, experiential learning program for girls age 8 to 13 years old. The program combines training for a 3.1 mile running event with self-esteem enhancing, uplifting workouts. The goals of the program are to

## ***Nutrition and Weight Status (continued)***

encourage positive emotional, social, mental, spiritual and physical development. *Girls on the Run* is a positive youth development program which combines an interactive curriculum and running to inspire self-respect and healthy lifestyles in pre-teen girls.

<http://www.girlsontherun.org/default.html>

### ***The Edible Schoolyard***

***Edible Schoolyard (ESY)***, a program of the Chez Panisse Foundation, is a one-acre organic garden and kitchen classroom for urban public school students at Martin Luther King, Jr. Middle School in Berkeley, California. At ESY, students participate in all aspects of growing, harvesting, and preparing nutritious, seasonal produce. Classroom teachers and Edible Schoolyard educators integrate food systems concepts into the core curriculum. Students' hands-on experience in the kitchen and garden fosters a deeper appreciation of how the natural world sustains us and promotes the environmental and social well-being of the school community.

<http://www.edibleschoolyard.org/>

### ***Harvest of the Month***

***Harvest of the Month*** provides materials and resources to support healthy food choices through increased access and consumption of fruits and vegetables as well as encouraging daily physical activity. It uniquely supports core curricular areas through exploration and study. *Harvest of the Month* presents a strategic opportunity to bring together the classroom, cafeteria, home, and community to promote a common goal and healthier habits for students, especially those in low resource schools.

<http://www.harvestofthemonth.com/index.asp>

## ***Occupational Safety and Health***

Due to the diversity in occupational industries, it's difficult to determine best practices. Most industries need to develop their own occupational safety and health programs to meet their specific needs.

However, the Occupation Safety and Health Administration (OSHA) has developed multiple publications addressing this topic, ranging from first aid to winter working conditions.

<http://osha.gov/>

### ***Fundamentals of a workplace first aid kit***

<http://www.osha.gov/Publications/OSHA3317first-aid.pdf>

### ***Metalworking Fluids: Safety and Health Best Practices Manual***

This manual is advisory in nature, informational in content, and is intended to

## ***Occupational Safety and Health (continued)***

assist employers in providing a safe and healthful workplace for workers exposed to metalworking fluids (MWFs) through effective prevention programs adapted to the needs and resources of each place of employment.

[http://www.osha.gov/SLTC/metalworkingfluids/metalworkingfluids\\_manual.html](http://www.osha.gov/SLTC/metalworkingfluids/metalworkingfluids_manual.html)

### ***Hospital-Based First Receivers of Victims***

This document is designed to provide hospitals with practical information to assist them in developing and implementing emergency management plans that address the protection of hospital-based emergency department personnel during the receipt of contaminated victims from mass casualty incidents occurring at locations other than the hospital. Among other topics, it covers victim decontamination, personal protective equipment, and employee training, and also includes several informational appendices.

[http://www.osha.gov/dts/osta/bestpractices/firstreceivers\\_hospital.pdf](http://www.osha.gov/dts/osta/bestpractices/firstreceivers_hospital.pdf)

## ***Oral Health***

### ***School-Based Dental Sealant Programs***

*School-based dental sealant programs* generally provide sealants to vulnerable populations less likely to receive private dental care, such as children eligible for free or reduced-cost lunch programs. *School-based programs* are conducted completely within the school setting, with teams of dental providers (dentists, dental hygienists and dental assistants) utilizing portable dental equipment or a fixed facility within the school setting. Typically, sealant programs target children in the second grade (for sealing the first permanent molars) and sixth grade (for sealing the second permanent molars). Targeting these grades maximize the availability of susceptible molar teeth. For more information about school-based dental sealant program best practices visit:

[http://www.astdd.org/dynamic\\_web\\_templates/bpschoolsealant.php](http://www.astdd.org/dynamic_web_templates/bpschoolsealant.php)

### ***Idaho School Fluoride Mouthrinse Program***

The Idaho Department of Health and Welfare Oral Health Program (OHP) funds a statewide school-based fluoride mouthrinse program. The program targets elementary-age children, grades 1-6, at schools with more than 30 percent of children on the Free/Reduced National School Lunch Program in fluoride-deficient communities. The Oral Health Program contracts with seven District Health Departments to coordinate and conduct the rinse program at eligible schools.

<http://www.astdd.org/bestpractices/pdf/DES15001IDfmrprogram.pdf>

### ***Tooth Tutor Dental Access Program***

Vermont's *Tooth Tutor program* helps to ensure that every child has access to

## ***Oral Health (continued)***

preventive, restorative and continuous care in a dental office. The *Tooth Tutor* program was developed for schools with the main goal of linking every child to a dental home. The program provides a dental hygienist to work with each participating school in delivering a curriculum to teach the value of dental care and its link to total health. In addition, the dental hygienist works closely with the school nurse, health liaison, classroom teachers and community dentists to provide a dental home for the children in the participating schools.

<http://healthvermont.gov/family/smile/tooth-tutor.aspx>

## ***Physical Activity***

### ***KidsWalk-to-school***

***KidsWalk-to-School*** is a community-based program that aims to increase opportunities for daily physical activity by encouraging children to walk to and from school in groups accompanied by adults. At the same time, the program advocates for communities to build partnerships with the school, PTA, local police department, department of public works, civic associations, local politicians, and businesses to create an environment that is supportive of walking and bicycling to school safely. By creating active and safe routes to school, walking to school can once again be a safe, fun, and pleasant part of children's daily routine.

<http://www.cdc.gov/nccdphp/dnpa/kidswalk/index.htm>

### ***CDC's LEAN Works! (Leading Employees to Activity and Nutrition)***

***CDC's LEAN Works!*** is a free web-based resource that offers interactive tools and evidence-based resources to design effective worksite obesity prevention and control programs', including an obesity cost calculator to estimate how much obesity is costing a company and how much savings a company could reap with different workplace interventions.

<http://www.cdc.gov/leanworks/>

### ***Let's Move***

The ***Let's Move*** campaign, started by First Lady Michelle Obama, has an ambitious national goal of solving the challenge of childhood obesity within a generation so that children born today will reach adulthood at a healthy weight. It provides schools, families and communities simple tools to help kids be more active, eat better, and get healthy.

<http://www.letsmove.gov/>

### ***Play 60***

***NFL Play 60*** is a national youth health and fitness campaign focused on increas-

## ***Physical Activity (continued)***

ing the wellness of young fans by encouraging them to be active for at least 60 minutes a day. Designed to tackle childhood obesity, NFL PLAY 60 brings together the NFL's long-standing commitment to health and fitness with an impressive roster of partner organizations. In addition to national outreach and online programs, NFL PLAY 60 is implemented at the grassroots level through NFL's in-school, after-school and team-based programs.

<http://www.nflrush.com/play60/>

### ***Safe Route to School (SRTS)***

***Safe Route to School (SRTS)*** is a program which enables community leaders, schools and parents across the United States to improve safety and encourage more children, including children with disabilities, to safely walk and bicycle to school. SRTS programs examine conditions around schools and conduct projects and activities that work to improve safety and accessibility, and reduce traffic and air pollution in the vicinity of schools. As a result, these programs help make bicycling and walking to school safer and more appealing transportation choices, thus encouraging a healthy and active lifestyle from an early age.

<http://www.saferoutesinfo.org/>

## ***Respiratory Diseases***

### ***Green Clean Schools***

***Green Clean Schools*** is the Healthy Schools Campaign's national partnership to promote green cleaning in America's schools. The initiative brings together the cleaning industry, educational leaders, parents and advocates in a rapidly growing Green Team whose mission is to encourage schools to adopt environmentally friendly policies, practices and products to help manage asthma in the school environment.

<http://healthyschoolscampaign.org/programs/gcs/>

### ***American Lung Association Freedom from Smoking Online***

***Freedom From Smoking® (FFS) Online***, is a program specifically designed for adults who want to quit smoking. *FFS Online* consists of modules, each containing several lessons that can be accessed through a protected website. The lessons include valuable information and assignments that reinforce the messages in each lesson and a person's commitment to quit. They can be accessed day or night, seven days a week.

<http://www.ffsonline.org/>

# ***Sexually Transmitted Diseases***

## ***Safe in the City***

***Safe in the City*** is an intervention oriented, 23-minute educational video that has been proven effective in reducing new sexually transmitted diseases (STDs) among STD clinic patients. The *Safe in the City* intervention video is also effective in reducing STD infections among culturally diverse patients. It is brief enough for patients to see most or all of the video before they are called to their exam. It's designed to use minimal staff time and not disrupt routine clinic flow, and it's easy to use with no special training or space requirements.

<http://www.safeinthecity.org/>

## ***Teen Health Project***

***Teen Health Project*** is a community-level intervention (CLI) that helps adolescents develop skills to enact change, and provides continued modeling, peer norm and social reinforcement for maintaining the prevention of HIV risk behavior. Adolescents attend workshops that focus on HIV/STD education and skills training on avoiding unwanted sex, sexual negotiation, and condom use, with themes of personal pride and self-respect. The intervention is directed towards low-income housing developments.

<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/teen-health.htm#ref1>

## ***¡Cuidate! (Take Care of Yourself)***

***¡Cuidate!*** is a small-group, culturally based intervention designed to reduce HIV sexual risk among Latino youth. The intervention consists of six modules delivered to small, mixed-gender groups. *¡Cuidate!* incorporates salient aspects of Latino culture, including familialism (i.e., the importance of family) and gender-role expectations. These cultural beliefs are used to frame abstinence and condom use as culturally accepted and effective ways to prevent sexually transmitted diseases, including HIV. Utilizing role plays, videos, music, interactive games and hands-on practice, *¡Cuidate!* addresses the building of HIV knowledge, understanding vulnerability to HIV infection, identifying attitudes and beliefs about HIV and safe sex, and increasing self-efficacy and skills for correct condom use, negotiating abstinence, and negotiating safer sex practices. The intervention curriculum is available in both English and Spanish.

<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/cuidate.htm>

## ***Becoming a Responsible Teen (BART)***

***Becoming a Responsible Teen (BART)*** is a group-level, education and behavior skills training intervention designed to reduce risky sexual behaviors and improve

## ***Sexually Transmitted Diseases (continued)***

safer sex skills among African American adolescents. The intervention sessions provide information on HIV and related risk behaviors and the importance of abstinence and risk reduction. The sessions were designed to help participants clarify their own values and teach technical, social, and cognitive skills. Through discussions, games, videos, presentations, demonstrations, role plays, and practice, adolescents learn problem solving, decision-making, communication, condom negotiation, behavioral self-management, and condom use skills. In addition, the intervention encourages participants to share the information they learn with their friends and family and to provide support for their peers to reduce risky behaviors.

<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/BART.htm>

## ***Substance Abuse***

### ***Botvin LifeSkills Training (LST)***

***Botvin LifeSkills Training (LST)*** is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. Rather than merely teaching information about the dangers of drug abuse, *Botvin LifeSkills Training* promotes healthy alternatives to risky behavior through activities designed to:

- 1) Teach students the necessary skills to resist social pressures to smoke, drink, and use drugs;
- 2) help students to develop greater self-esteem and self-confidence;
- 3) enable students to effectively cope with anxiety;
- 4) Increase their knowledge of the immediate consequences of substance abuse; and
- 5) enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors.

<http://www.lifeskillstraining.com/index.php>

### ***Alcoholics Anonymous® (AA)***

***Alcoholics Anonymous® (AA)*** is a fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking. There are no dues or fees for AA membership; they are self-supporting through their own voluntary contributions. AA is not allied with any sect, denomination, politics, organization or institu-

## ***Substance Abuse***

tion; does not wish to engage in any controversy, neither endorses nor opposes any causes. The primary purpose is to stay sober and help other alcoholics to achieve sobriety.

<http://www.aa.org/index.cfm?Media=PlayFlash>

### ***Narcotics Anonymous® (NA)***

**Narcotics Anonymous® (NA)** is a fellowship of men and women for whom drugs have become a major problem. It is a group of recovering addicts who meet regularly to help each other stay “clean,” where “clean” includes complete abstinence from all drugs. The only requirement for membership is a desire to stop using. Narcotics anonymous is group-oriented and is based on the Twelve Steps and Twelve Traditions adapted from AA. There are no dues or fees for *NA* membership; they are self-supporting through their own voluntary contributions. *NA* is not affiliated with any other organizations and has no opinions on outside issues. *NA* is not connected with any political, religious, or law enforcement groups.

<http://na.org/>

## ***Tobacco Use***

### ***TATU (Teens Against Tobacco Use)***

**Teens Against Tobacco Use (TATU)** is a program that allows students ages 14-17 to mentor younger students about the dangers of smoking. Research indicates that teens enjoy opportunities to positively influence their younger counterparts. Consequently, this mentoring also serves to reinforce their decisions to remain smoke-free. Evidence suggests that peer-led programs such as TATU are more effective in reducing tobacco use among youth.

<http://www.lungil.org/tobacco/tatu.cfm>

### ***Project TNT (Toward No Tobacco)***

**Project Towards No Tobacco Use (TNT)** is a school or community-based curriculum designed to prevent or reduce tobacco use in youth aged 10 to 14 years (grades 5 through 9). The program is designed to counteract several different causes of tobacco use simultaneously, because tobacco use is determined by multiple causes. The program was developed for a universal audience, and it works well for a wide variety of youth who may have different risk factors influencing their tobacco use.

<http://tnd.usc.edu/tnt/>



## ***Tobacco Use (continued)***

### ***Not On Tobacco (N-O-T)***

***Not On Tobacco (N-O-T)*** is a state-of-the-science, school-based program that provides assistance to teens who wish to quit smoking. The program covers the entire quitting process, including the prevention of relapses. The ten session N-O-T curriculum was created to help high school students stop smoking or reduce the number of cigarettes smoked, increase healthy lifestyle behaviors, and improve life skills.

<http://www.lungil.org/tobacco/not.cfm>

### ***American Lung Association Freedom from Smoking Online***

***Freedom From Smoking® (FSS) Online***, is a program specifically designed for adults who want to quit smoking. *FSS Online* consists of modules, each containing several lessons that can be accessed through a protected website. The lessons include valuable information and assignments that reinforce the messages in each lesson and a person's commitment to quit. *FSS Online* can be accessed day or night, seven days a week.

<http://www.ffsonline.org/>

# Access to Quality Health Services

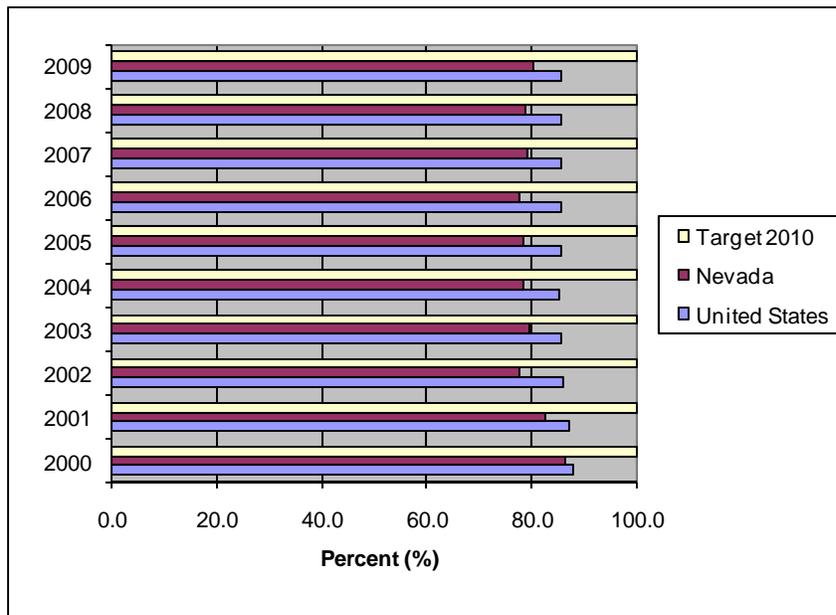
Improving access to quality health care is critical in eliminating health disparities and increasing the quality of life for all Nevadans. In particular, improved access to clinical preventive services such as screening tests and immunizations can reduce the number of preventable diseases and conditions. According to the Centers for Disease Control and Prevention (CDC), it is estimated in the first half of 2009, in the United States, 43.6 million people (14.8 percent) of all ages were uninsured and 6.8 million children (9.3 percent) were

**Healthy People 2010 Objective (1-1):** Increase the proportion of persons with health insurance.

**Healthy People 2020 Objective AHS HP2020-1:** Increase the proportion of persons with health insurance.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
80.5	85.6	100.0	100.0	Fluctuating

**Proportion of Persons with Health Insurance, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***

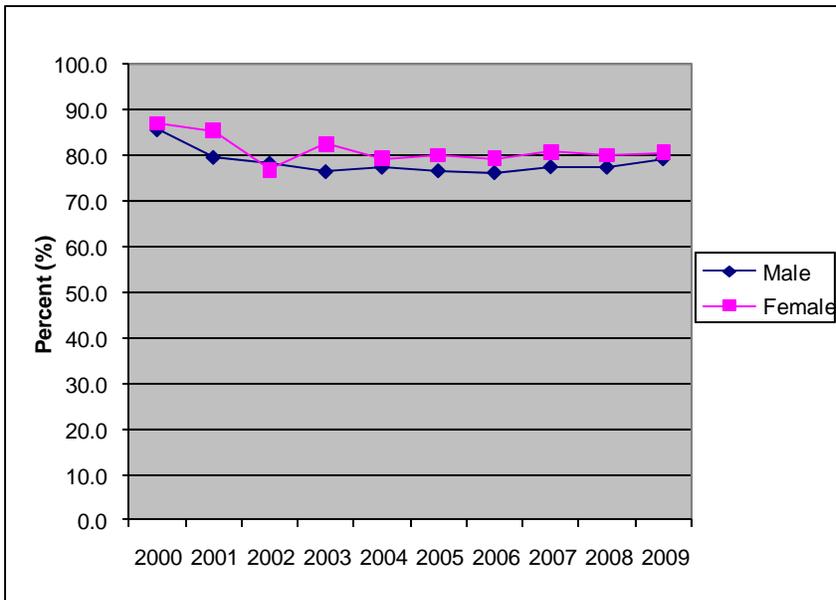


In 2010 it is estimated that 1 in 6 working age adults in America are uninsured.<sup>1</sup>

From 2004 to 2009, the percentage of persons with health insurance within the United States was steady around 85 percent, at 85.6 percent in 2009. In Nevada, during the same period, the state averaged 80 percent of people had health insurance.

\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Proportion of Persons with Health Insurance, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***

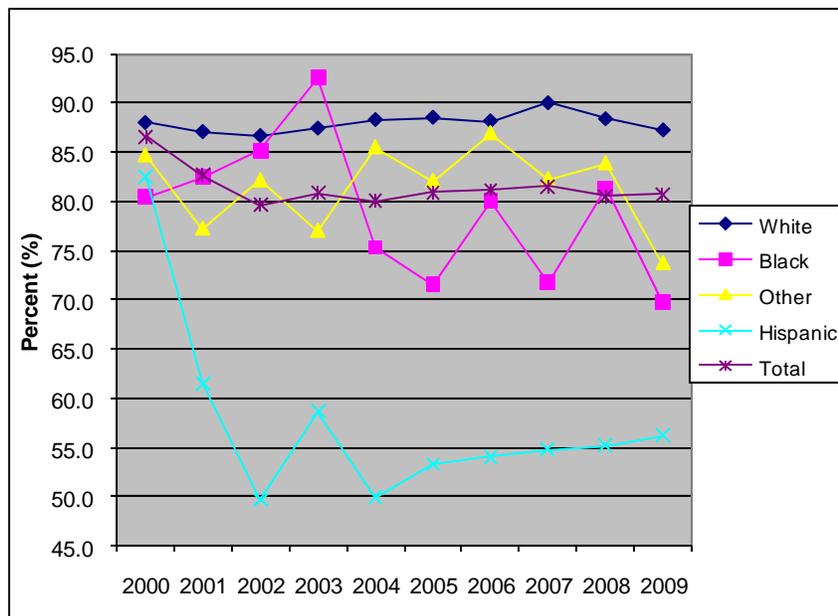


As of February 2009, approximately 1.7 million men have lost employer-provided health insurance from their jobs nationally, compared to approximately 396,800 women.<sup>2</sup>

From 2003 to 2009, there was a slightly higher proportion of Nevada females with health insurance than Nevada males.

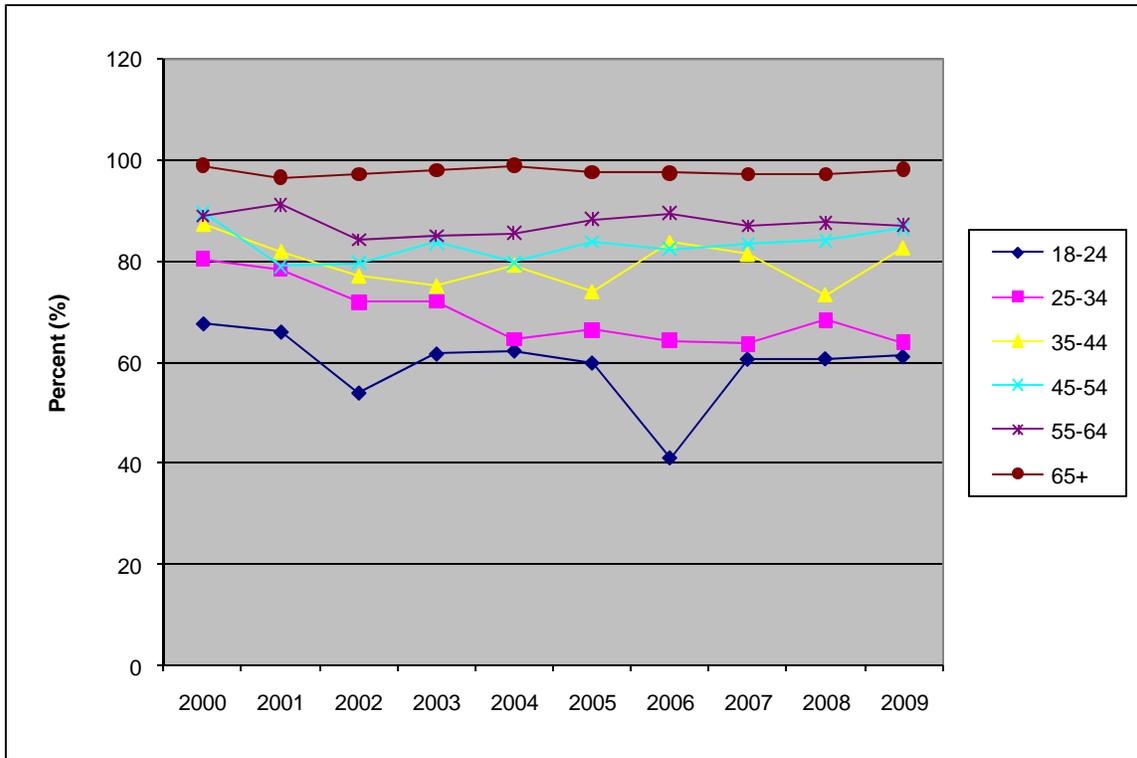
**Proportion of Persons with Health Insurance, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000 - 2009.\***

Whites had a higher proportion of people with health insurance than all other race/ethnic groups in the reported years. While Hispanics had the lowest proportion of people with health insurance among all race/ethnic groups.



\*These percentages are weighted to survey population characteristics.

**Proportion of Persons with Health Insurance, Nevada Residents by Age, BRFSS  
Data, 2000 - 2009.\***



From 2000 to 2009, Nevada residents, 65 years and older, consistently had the highest proportion of people reporting that they have health insurance. Nevada residents who are 18 to 24 years old consistently had the lowest proportion of people reporting that they have health insurance.

\*These percentages are weighted to survey population characteristics.

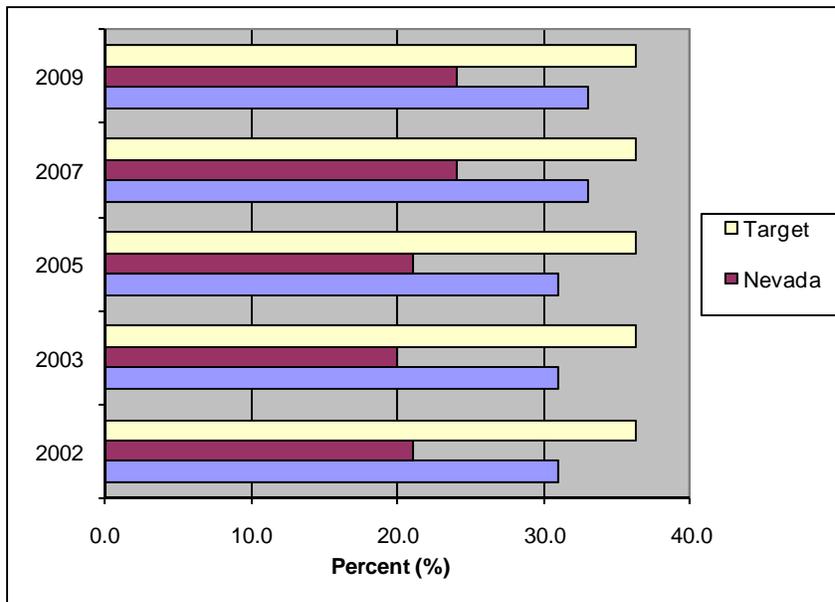
# Adolescent Health

During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Adolescents and young adults are adversely affected by serious health and safety issues such as motor vehicle crashes, violence, substance use, and sexual behavior. They also struggle to adapt behaviors that can decrease their risk of developing chronic diseases in adulthood, behaviors such as eating healthy, engaging in physical activity, and choosing not to use tobacco. Environmental factors such as family, peer group, school, and community characteristics also contribute to the challenges that adolescents face.<sup>1</sup>

**Healthy People 2020 Objective AH HP2020-5.3.1:** Increase the percentage of students whose reading skills are at or above the proficient achievement level for their grade- 4th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.0	33.0	N/A	36.3	Improving

**Percentage of 4th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents and United States, 2002, 2003, 2005, 2007, 2009.\***

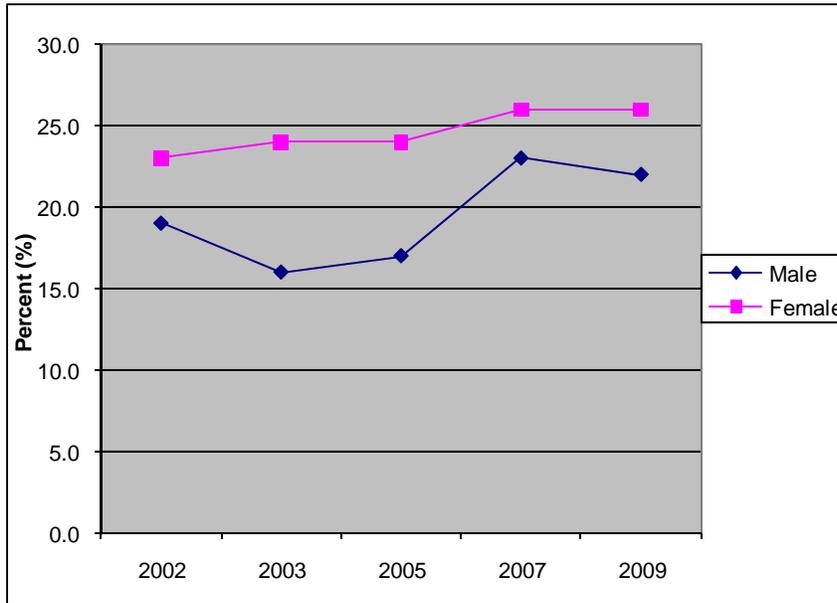


The percentage of 4th grade students who are considered "at or above proficient" was lower in Nevada than in the United States from 2002 to 2009. Neither region has met the Healthy People 2010 target of 36.3 percent.

The National Assessment of Educational Progress (NAEP) grade 4 reading achievement levels correspond to the following scale points: Below basic, 207 or lower; Basic, 208-237; Proficient, 238-267; Advanced, 268 or above.

\*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

**Percentage of 4th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Gender, 2002, 2003, 2005, 2007, 2009.\***

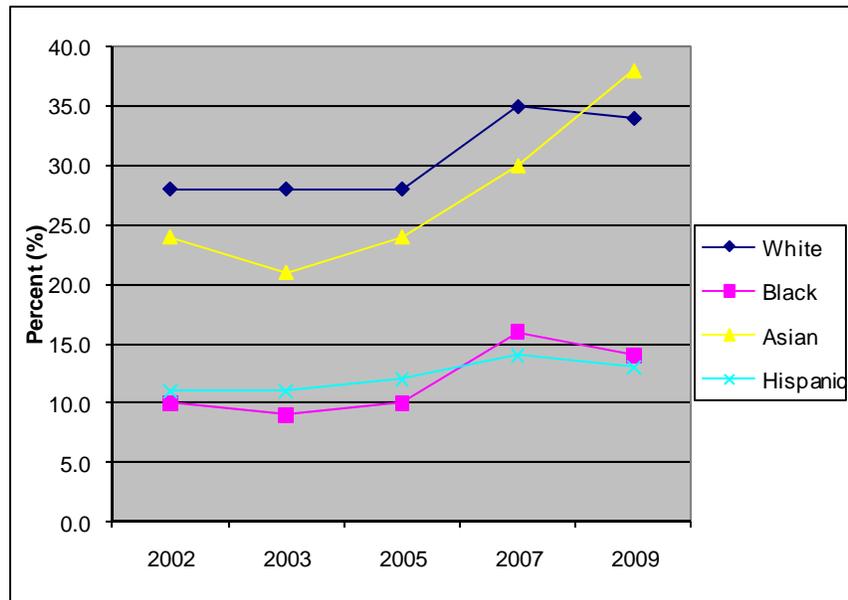


From 2002 to 2009, female 4th grade Nevada students have had a higher percentage of students with proficient reading scores than Nevada 4th grade male students.

The National Assessment of Educational Progress (NAEP) grade 4 reading achievement levels correspond to the following scale points: Below basic, 207 or lower; Basic, 208-

**Percentage of 4th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2002, 2003, 2005, 2007, 2009.\***

There was an overall increase in the percentage of Nevada 4th grade students who were proficient in reading in all race/ethnicity groups from 2002 to 2009. In general, White and Asian Nevada residents had the highest percentage of 4th grade student who were proficient in reading, while Black and Hispanic Nevada residents had much lower percentages.



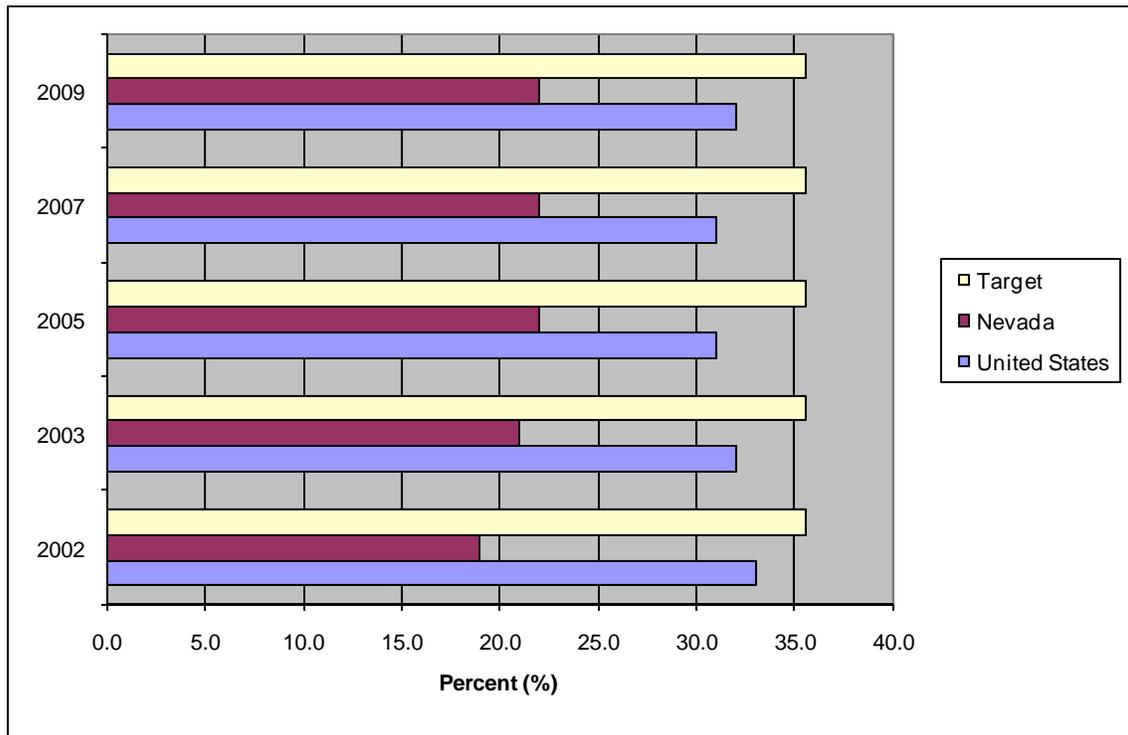
The National Assessment of Educational Progress (NAEP) grade 4 reading achievement levels correspond to the following scale points: Below basic, 207 or lower; Basic, 208-

\*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

**Healthy People 2020 Objective AH HP2020-5.3.2:** Increase the percentage of students whose reading skills are at or above the proficient achievement level for their grade- 8th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
22.0	32.0	N/A	35.6	Fluctuating

**Percentage of 8th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents and United States, 2002, 2003, 2005, 2007, 2009.\***

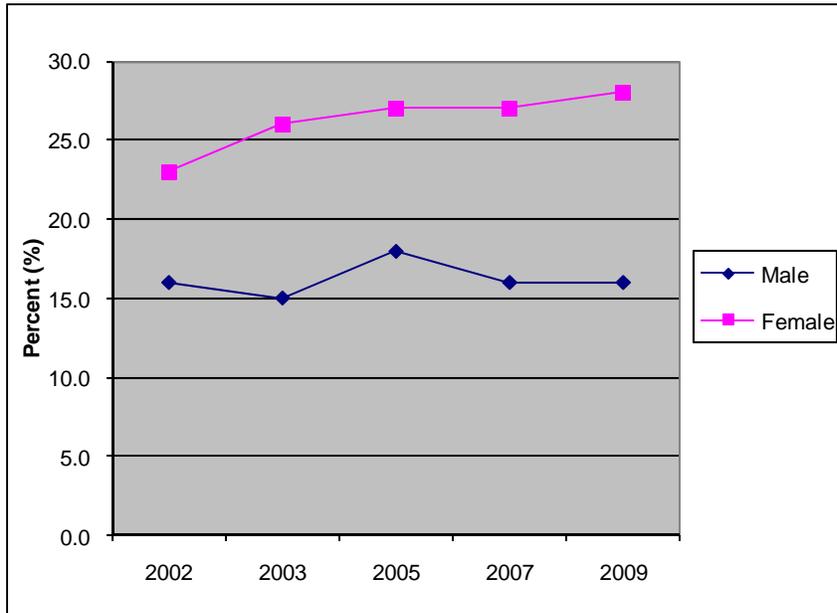


The National Assessment of Educational Progress (NAEP) grade 8 reading achievement levels correspond to the following scale points: Below basic, 242 or lower; Basic, 243-280; Proficient, 281-322; Advanced, 323 or above.

The percentage of 8th grade students who were considered “at or above proficient” was lower in Nevada than in the United States from 2002 to 2009. Neither region met the Healthy People 2010 target of 35.6 percent.

\*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

**Percentage of 8th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Gender, 2002, 2003, 2005, 2007, 2009.\***

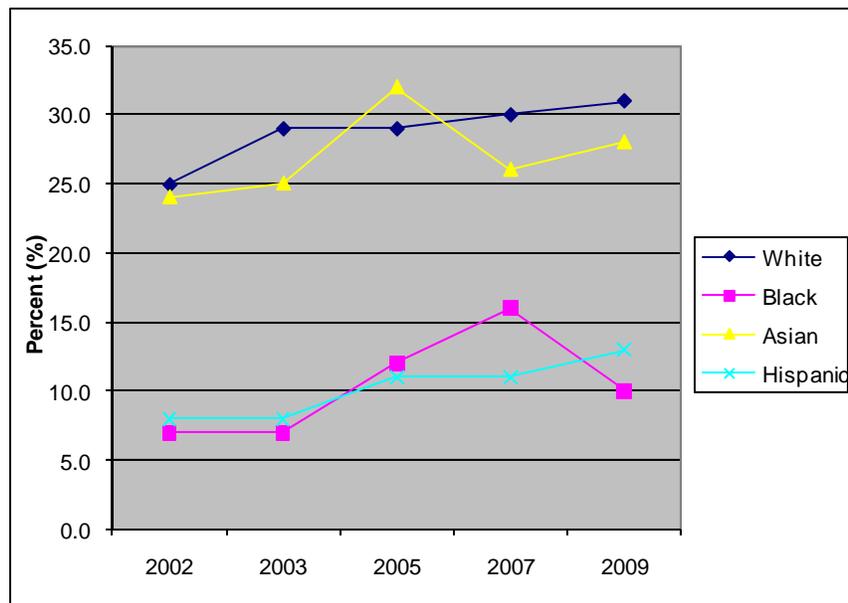


From 2002 to 2009, female 8th grade Nevada students had a higher percentage with proficient reading scores than Nevada 8th grade male students.

The National Assessment of Educational Progress (NAEP) grade 8 reading achievement levels correspond to the following scale points: Below basic, 242 or lower; Basic, 243-280; Proficient, 281-322; Advanced, 323 or above.

**Percentage of 8th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2002, 2003, 2005, 2007, 2009.\***

There was an overall increase in the percentage of Nevada 8th grade students who were proficient in reading in all race/ethnicity groups from 2002 to 2009. In general, White and Asian Nevada residents had the highest percentage of 8th grade student who were proficient in reading, while Black and Hispanic Nevada residents had much lower percentages.



The National Assessment of Educational Progress (NAEP) grade 8 reading achievement levels correspond to the following scale points: Below basic, 242 or lower; Basic, 243-280; Proficient, 281-322; Advanced, 323 or above.

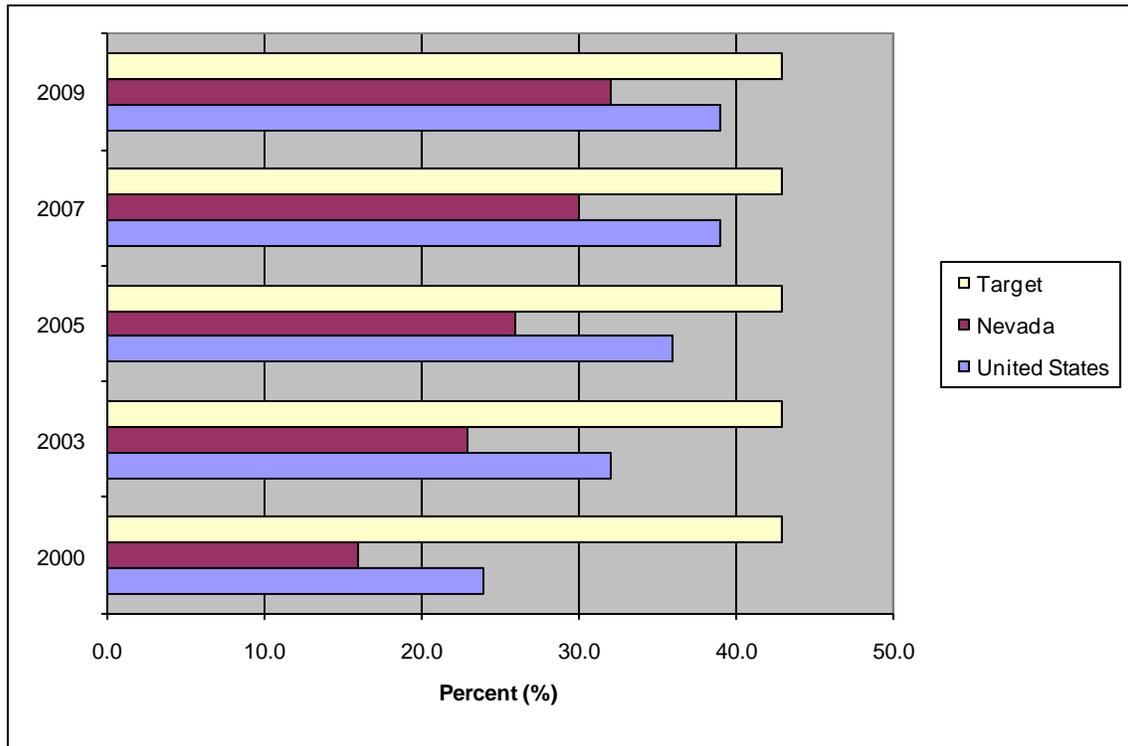
\*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.



**Healthy People 2020 Objective AH HP2020-5.4.1:** Increase the percentage of students whose mathematical skills are at or above the proficient achievement level for their grade- 4th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
32.0	39.0	N/A	43.0	Improving

**Percentage of 4th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents and United States, 2000, 2003, 2005, 2007, 2009.\***



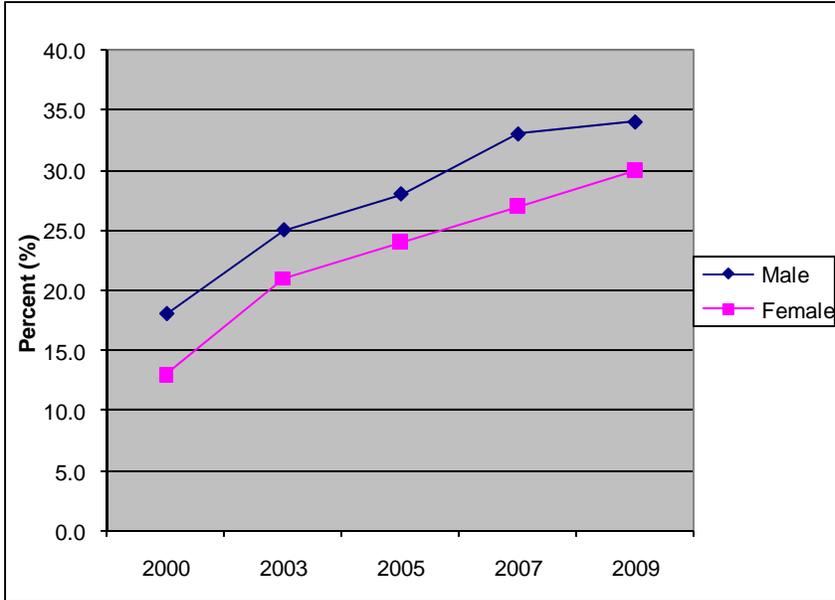
The National Assessment of Educational Progress (NAEP) grade 4 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

The percentage of Nevada 4th graders who are proficient in reading increased from 2000 to 2009. At 32.0 percent in 2009, Nevada had a lower percentage of reading proficient 4th graders than the nation (39.0 percent). Neither Nevada nor the nation have met the Healthy People 2020 target of 43.0 percent.

In 2009, the average mathematics proficiency score of 4th grade students in Nevada was 235. This was lower than the average score of 239 for public schools in the nation.<sup>2</sup>

\*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

**Percentage of 4th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Gender, 2000, 2003, 2005, 2007, 2009.\***



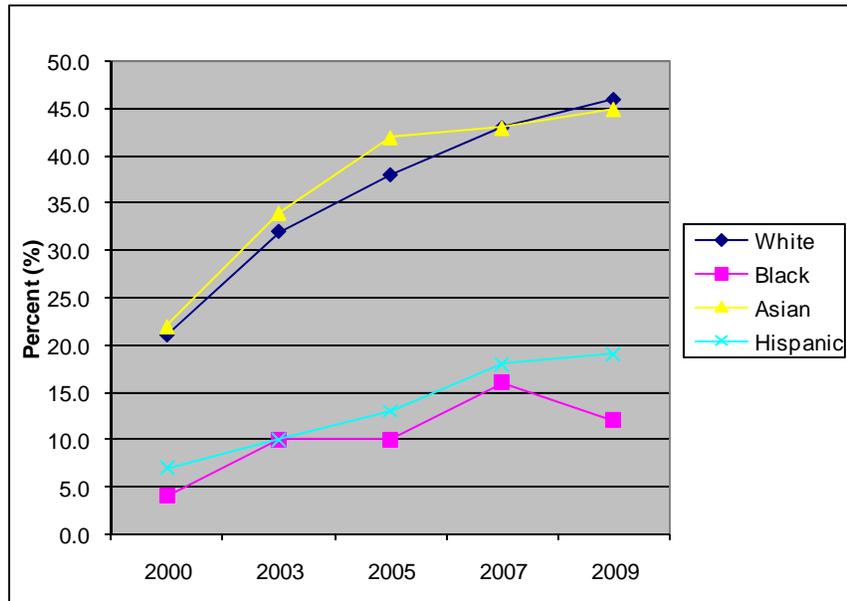
The percentage of 4th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for both genders. Nevada's male students were consistently higher than Nevada's female students.

The National Assessment of Educational Progress (NAEP) grade 4 mathematic achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

**Percentage of 4th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2000, 2003, 2005, 2007, 2009.\***

The percentage of 4th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for all race/ethnicity groups.

In general, White and Asian Nevada residents had the highest percentage of 4th grade student who are proficient in mathematics, while Black and Hispanic 4th grade Nevada students had much lower percentages.



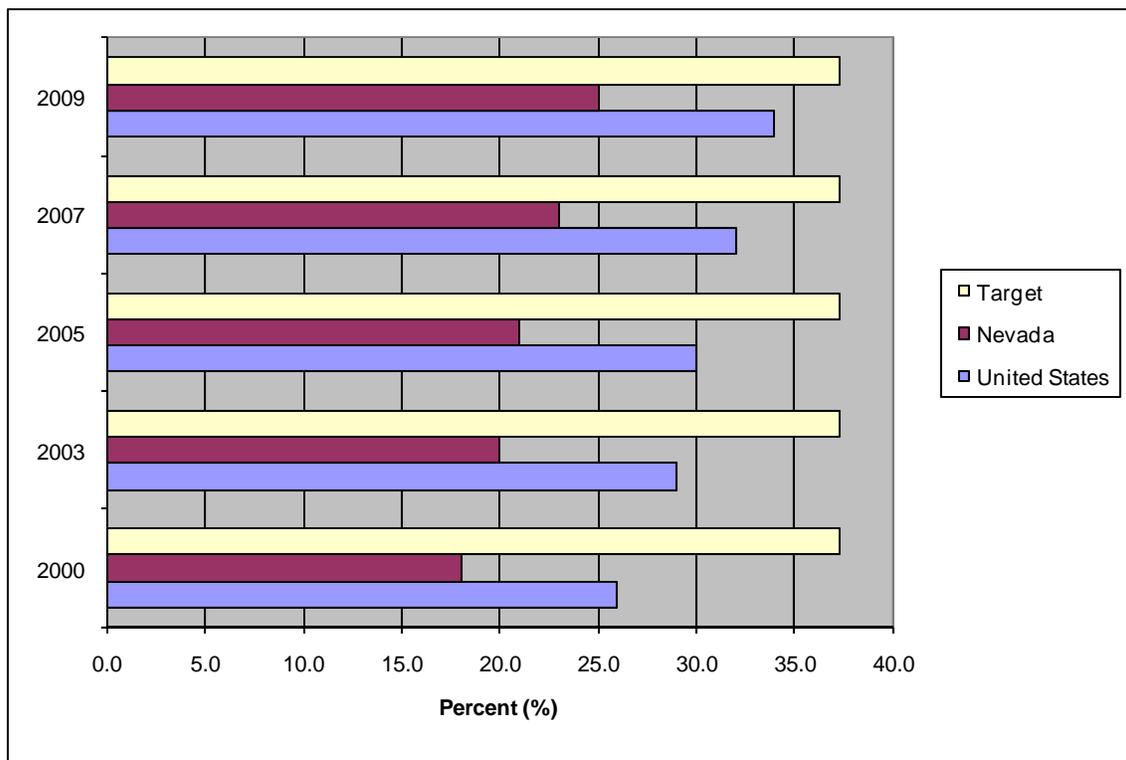
The National Assessment of Educational Progress (NAEP) grade 4 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

\*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

**Healthy People 2020 Objective AH HP2020-5.4.2:** Increase the percentage of students whose mathematical skills are at or above the proficient achievement level for their grade- 8th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
25.0	34.0	N/A	37.3	Improving

**Percentage of 8th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents and United States, 2000, 2003, 2005, 2007, 2009.\***



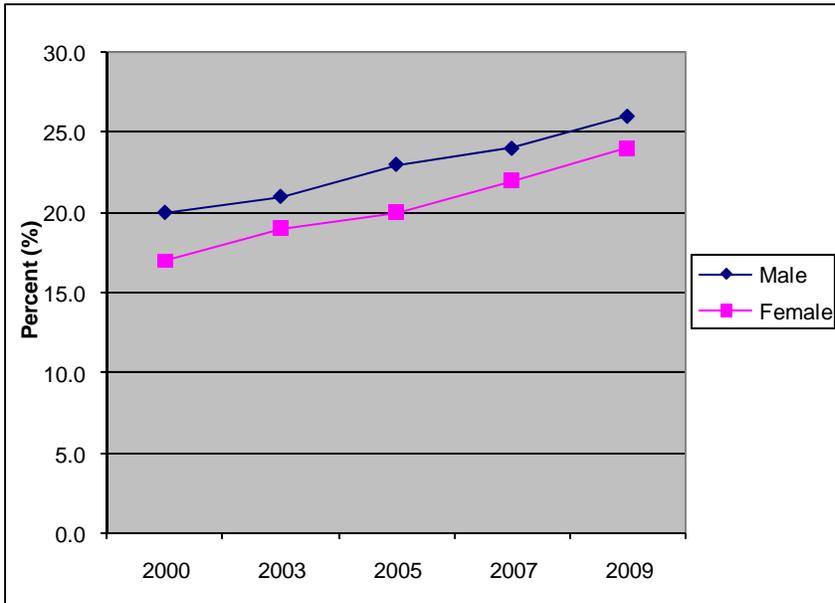
The National Assessment of Educational Progress (NAEP) grade 8 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

The percentage of Nevada 8th graders who are proficient in reading increased from 2000 to 2009. At 25.0 percent in 2009, Nevada had a lower percentage of reading proficient 8th graders than the nation (34.0 percent). Neither Nevada nor the nation met the Healthy People 2020 target of 37.3 percent.

In 2009, the average mathematic proficiency score of 8th grade students in Nevada was 274. This was lower than the average score of 282 for public school students in the nation.<sup>2</sup>

\*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

**Percentage of 8th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Gender, 2000, 2003, 2005, 2007, 2009.\***



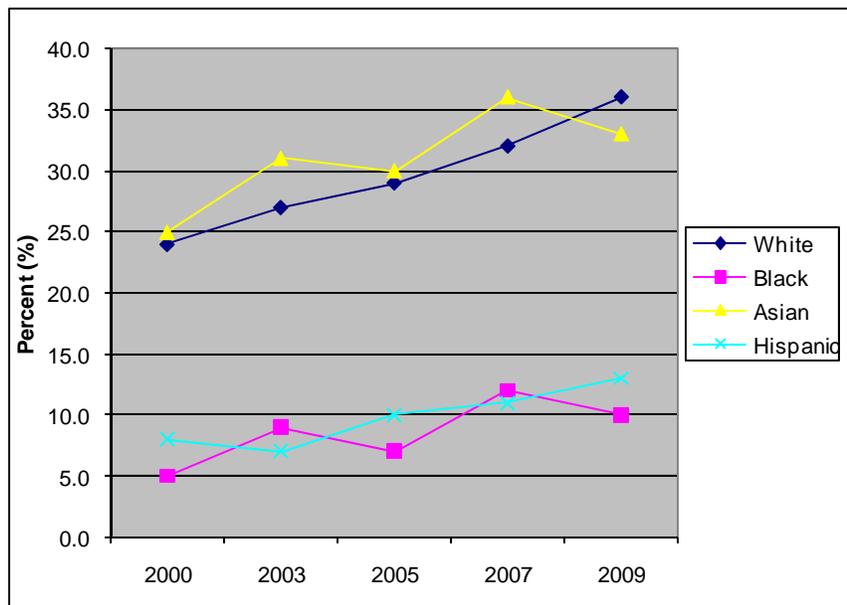
The percentage of 8th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for both genders. There has consistently been a higher percentage of Nevada 8th grade male students with proficient or better mathematics skills than Nevada 8th grade females.

The National Assessment of Educational Progress (NAEP) grade 8 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

**Percentage of 8th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2000, 2003, 2005, 2007, 2009.\***

The percentage of 8th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for all race/ethnicity groups.

In general, White and Asian Nevada residents have had the highest percentage of 4th grade student who are proficient in mathematics, while Black and Hispanic 4th grade Nevada students have had much lower percentages.



The National Assessment of Educational Progress (NAEP) grade 8 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

\*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

# Arthritis, Osteoporosis, and Chronic Back Conditions

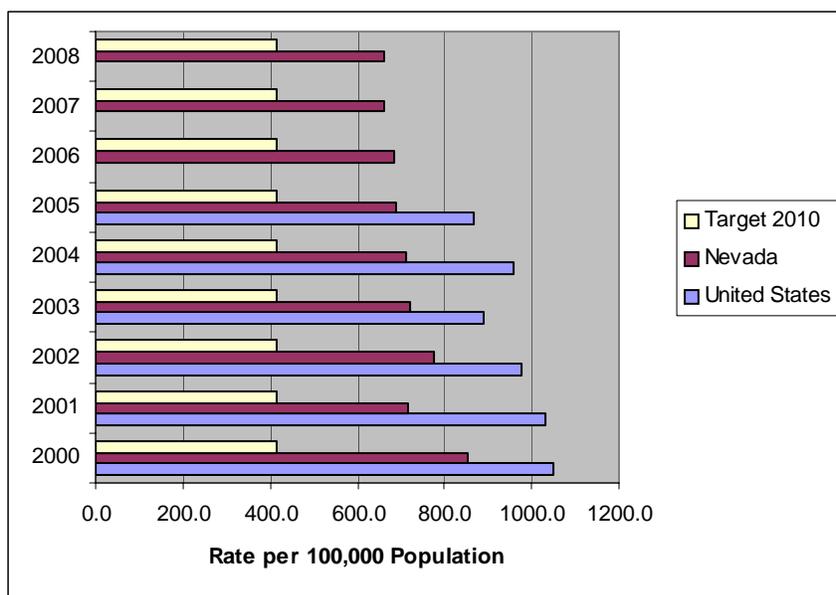
The term *arthritis* is used to describe more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint, and other connective tissue. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Early diagnosis and appropriate management are especially important for people with inflammatory arthritis. Injury prevention, physical activity, and weight control can lower a person's risk for arthritis. According to the Centers for Disease Control and Prevention (CDC),<sup>1</sup> arthritis is the leading cause of disability in the United States, limiting activities of more than 19 million adults.

**Healthy People 2010 Objective (15-28):** Reduce hip fractures among females and males aged 65 and older.

**Healthy People 2020 Objective AOCBC HP2020-11:** Reduce hip fractures among older adults.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
663.1 (females)	868.0 (females)	416.0 (females)	741.2 (females)	Improving

**Hospitalization Rate for Hip Fractures Among Females Aged 65 Years and Older, Nevada Residents and United States, 2000 - Most Current Data.\***

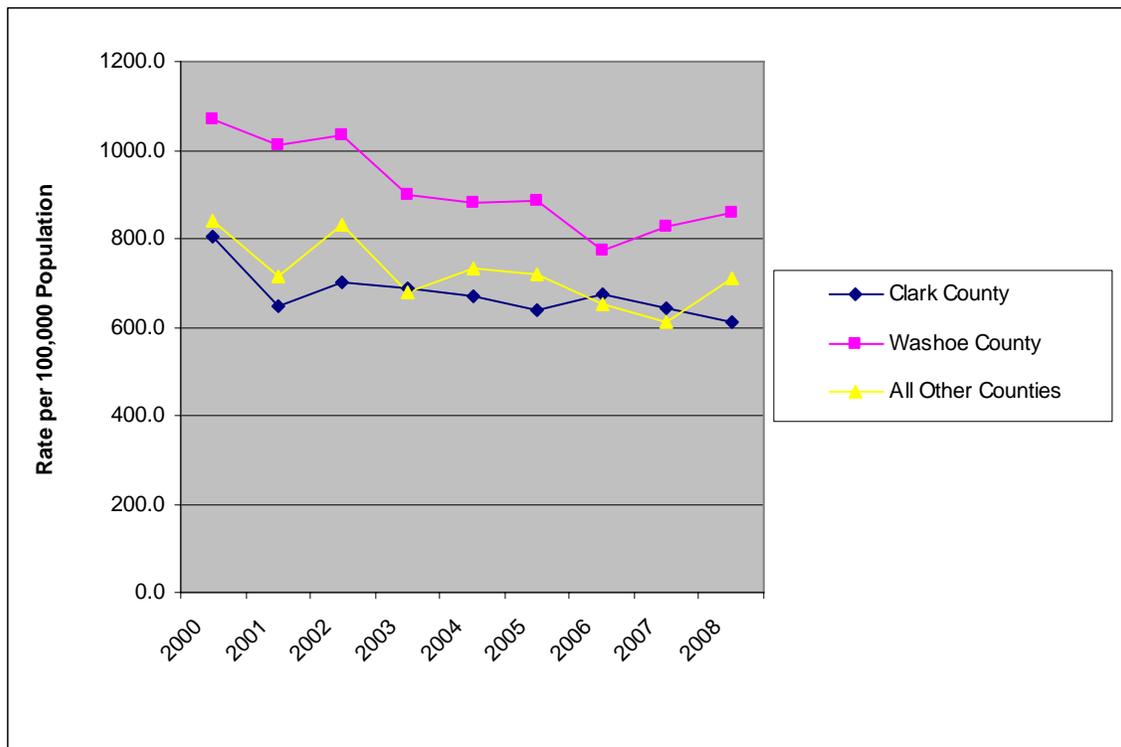


Hip fractures are associated with substantial morbidity and mortality; approximately 15-20 percent of patients die within one year of fracture.<sup>2</sup> In both Nevada and the nation, the hospitalization rate for hip fractures among females has declined slightly over the decade.

\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

**Hospitalization Rate for Hip Fractures Among Females Aged 65 Years and Older, Nevada Residents by County/Region, 2000 - 2008.\***

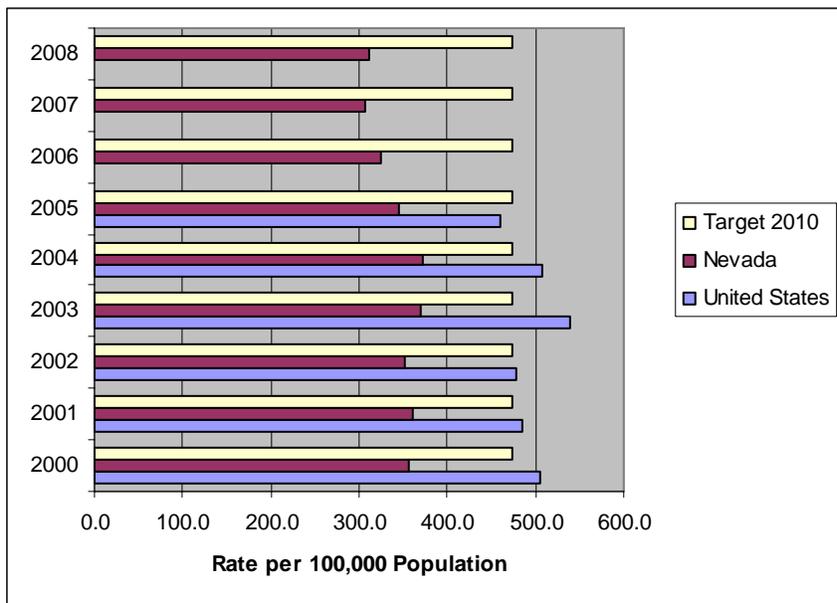


Most hip fractures occur in elderly individuals as a result of minimal trauma, such as a fall from standing height.<sup>2</sup> Washoe County had a higher hospitalization rate among females, aged 65 and older, for hip fractures than any other region from 2000 to 2008.

\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD).

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
310.2 (males)	459.4 (males)	474.0 (males)	418.4 (males)	Surpassed

**Hospitalization Rate for Hip Fractures Among Males Aged 65 Years and Older, Nevada Residents and United States, 2000 - Most Current Data.\***

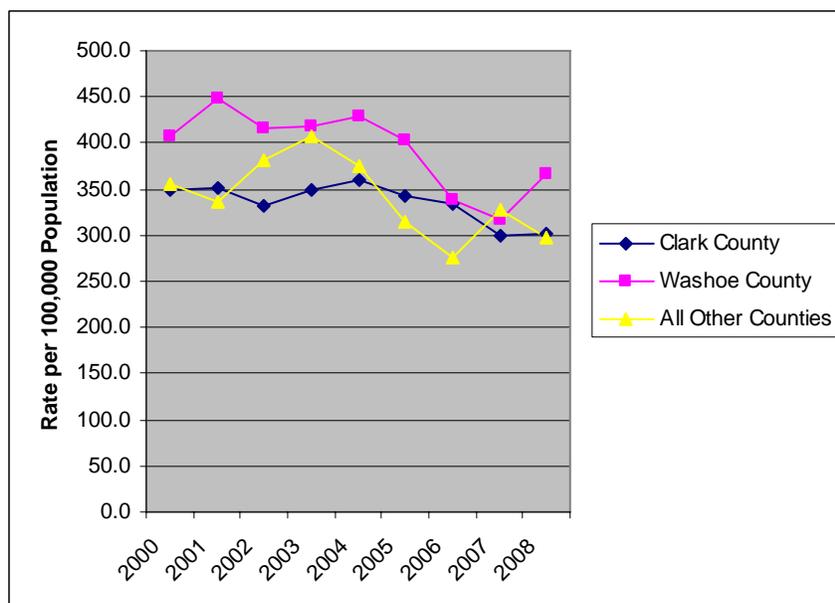


Increasing age, cognitive impairment, decreasing bone mass, decreasing depth perception, decreased mobility, dizziness, and a poor/fair self-perceived state of health are all linked to increasing likelihood of sustaining a fall and thus a possible hip fracture.<sup>2</sup>

The hospitalization rate for hip fractures among males, aged 65 and older, declined in Nevada from 2000 to 2008. While the national rate fluctuated and remained higher than the state rate.

Specific characteristics in men have been evaluated to determine the relationship to hip fracture; smoking, tall stature, stroke, and dementia were found to increase the risk of hip fracture,<sup>4</sup> while non-work-related physical activity and high BMI were found to be protective.<sup>2</sup> Washoe County's hospitalization rate for hip fractures among males, aged 65 and older, was higher than any other region in Nevada over the decade.

**Hospitalization Rate for Hip Fractures Among Males Aged 65 Years and Older, Nevada Residents by County/Region, 2000 - 2008.\***



\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

# Blood Disorders and Blood Safety

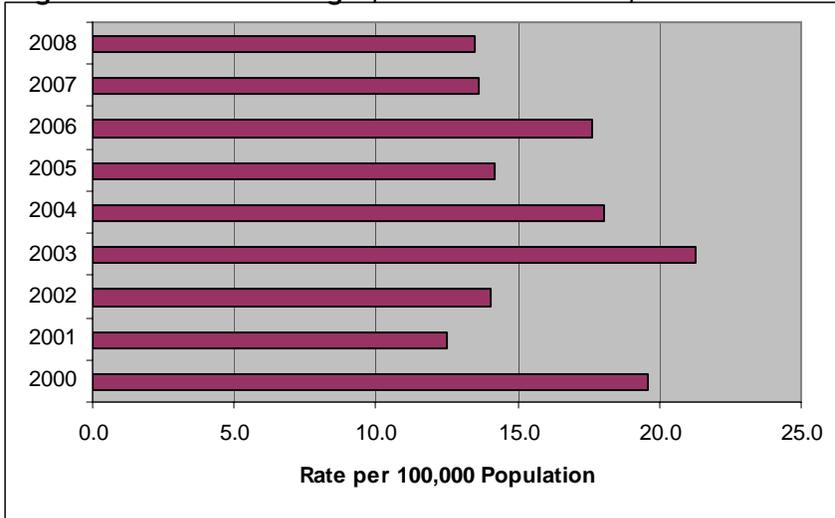
Blood disorders, such as sickle cell disease, anemia, and hemophilia, affect millions of people each year in the United States, cutting across the boundaries of age, race, sex, and socioeconomic status. Men, women, and children of all backgrounds live with the complications associated with these conditions, many of which are painful and potentially life-threatening. With proper preventive actions and early intervention, many of these disorders and their complications could, to a large extent, be eliminated.<sup>1</sup>

**Healthy People 2020 Objective BDBS HP2020-2:** Reduce hospitalization for sickle cell disease among children aged 9 years and younger. Moved from HP 2010 16-21.

NOTE: This objective was removed from the final HP 2020 release.

Most Recent NV Value (2008)	U.S.	HP 2010 Target	HP 2020 Target	Progress Towards Targets
13.5		N/A	N/A	N/A

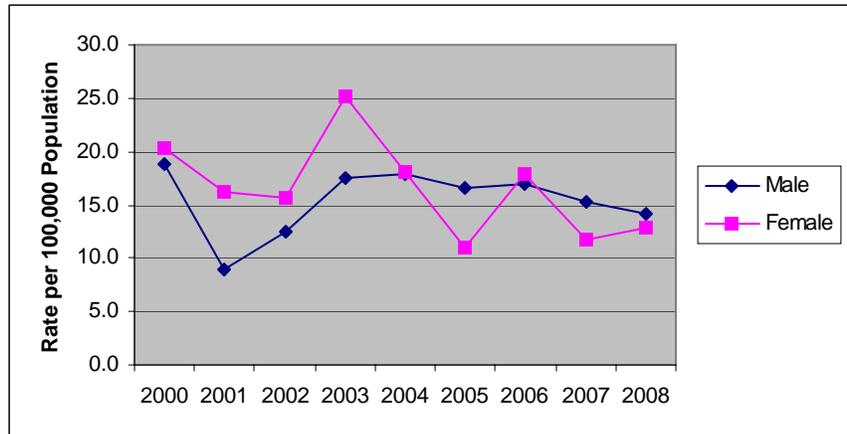
**Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger, Nevada Residents, 2000 - 2008.\***



Sickle cell disease (SCD) is an inherited disease of red blood cells that produces abnormal hemoglobin, the protein found in red blood.<sup>2</sup> The hospitalization rate for sickle cell disease among children, aged 9 years and younger, fluctuated from 2000 to 2008.

In the U.S., SCD affects around 72,000 people, most of whose ancestors came from Africa.<sup>2</sup> In the five-year period from 2003 to 2007, there were 49 infants born with SCD in Nevada.<sup>1</sup> Hospitalization rates for sickle cell disease among children, aged 9 years and younger, fluctuate for both males and females in Nevada.

**Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger, Nevada Residents by Gender, 2000 - 2008.\***



\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD).

Note: See appendix for additional information.



# Cancer

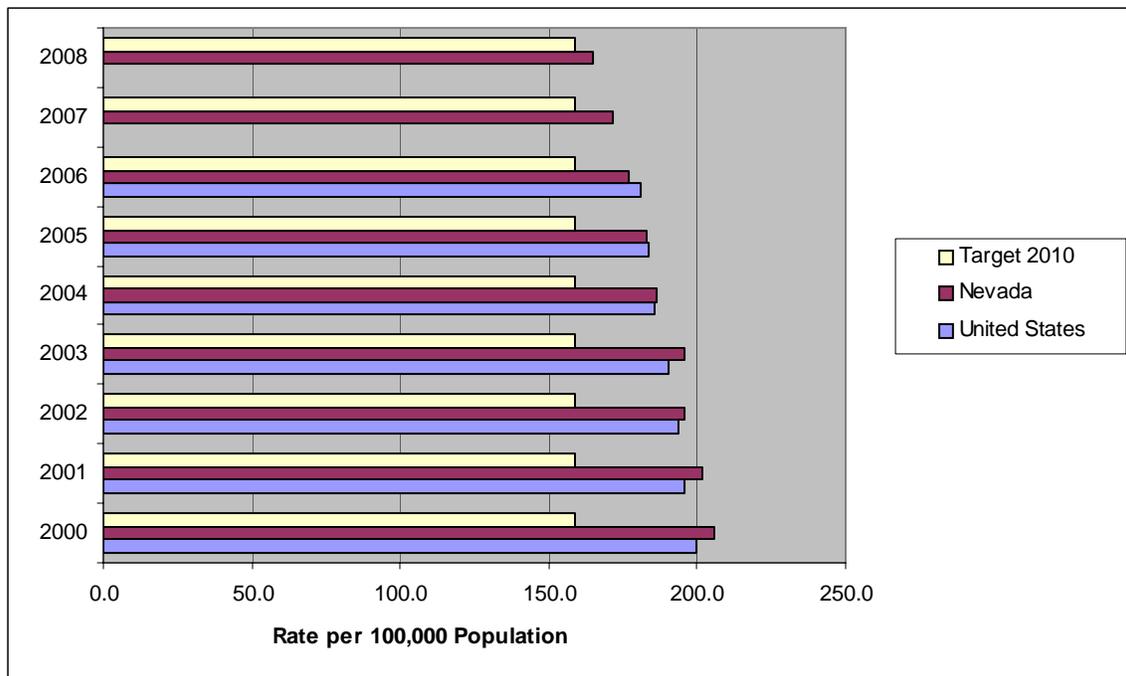
Cancer is the second leading cause of death in the United States and Nevada. According to the American Cancer Society the lifetime probability of developing cancer is 1 in 2 for men, and 1 in 3 for women. Cancer is attributed to causing over 4 million years of potential life lost in the U.S. Approximately two thirds of all cancers are caused by lifestyle, i.e. smoking, obesity, poor nutrition, and inadequate nutrition. Lifestyle contributes to roughly one third of all cancer deaths.<sup>1</sup>

**Healthy People 2010 Objective (3-1):** Reduce the overall cancer death rate.

**Healthy People 2020 Objective C HP2020–1:** Reduce the overall cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
164.9	180.7	158.6	160.6	Improving

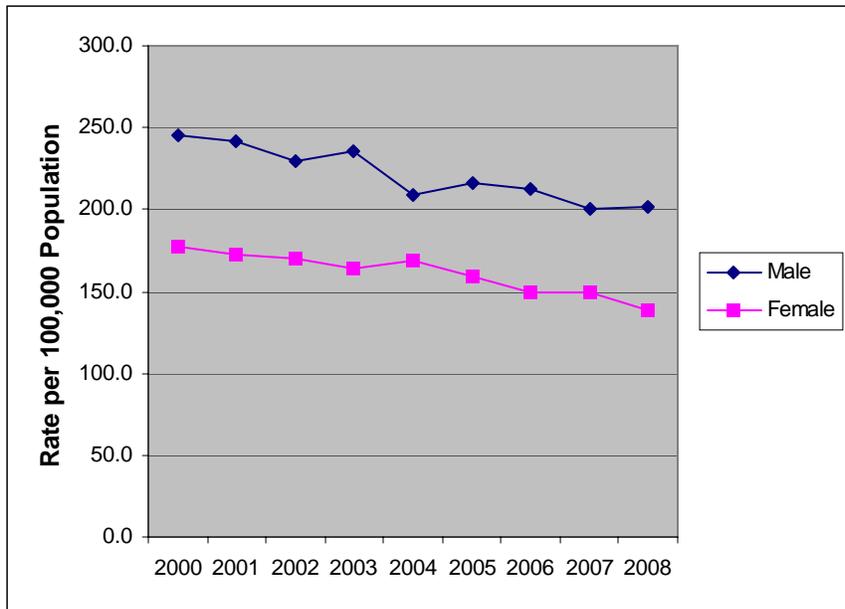
**Age-Adjusted Overall Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data. \***



While Nevada did not meet the 2010 target from 2000 to 2008, there was a decreasing trend in the overall cancer death rate. Nevada had a lower overall cancer rate than the United States in the reported years. Neither the state, nor the nation, reached the Healthy People 2010 target.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age Adjusted Overall Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



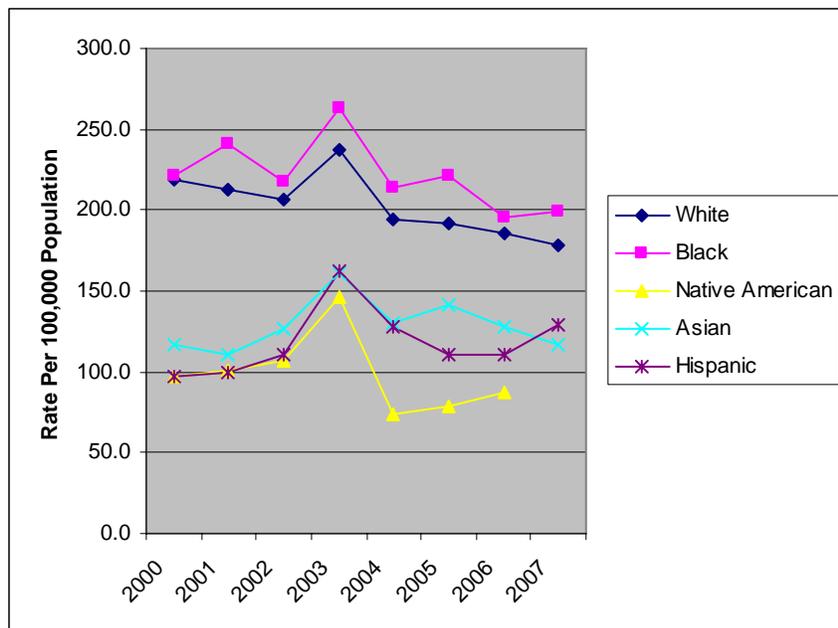
There was a decreasing trend in Nevada's overall cancer death rate among both genders from 2000 to 2008.

Nevada males had a higher overall cancer mortality rate than Nevada females.

**Age-Adjusted Overall Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

The extent to which genetic variations cause disease in ethnic groups, such as African American, Hispanic and Asian Americans, is far less understood than that of Whites.<sup>2</sup>

Black Nevada residents had higher overall cancer mortality rates than any other racial/ethnic group in Nevada, followed by White Nevada residents from 2000 to 2007.



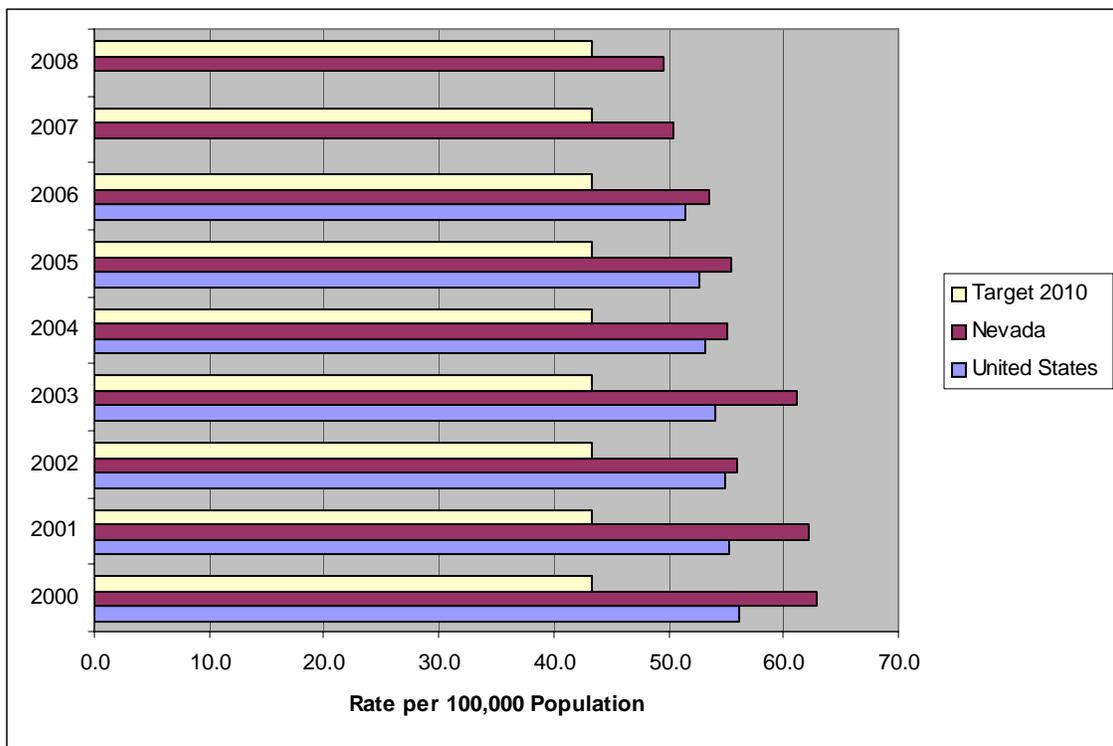
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: See appendix for age group and county breakdowns.

**Healthy People 2010 Objective (3-2):** Reduce the lung cancer death rate.

**Healthy People 2020 Objective C HP2020-2:** Reduce the lung cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
49.5	51.5	43.3	45.5	Improving

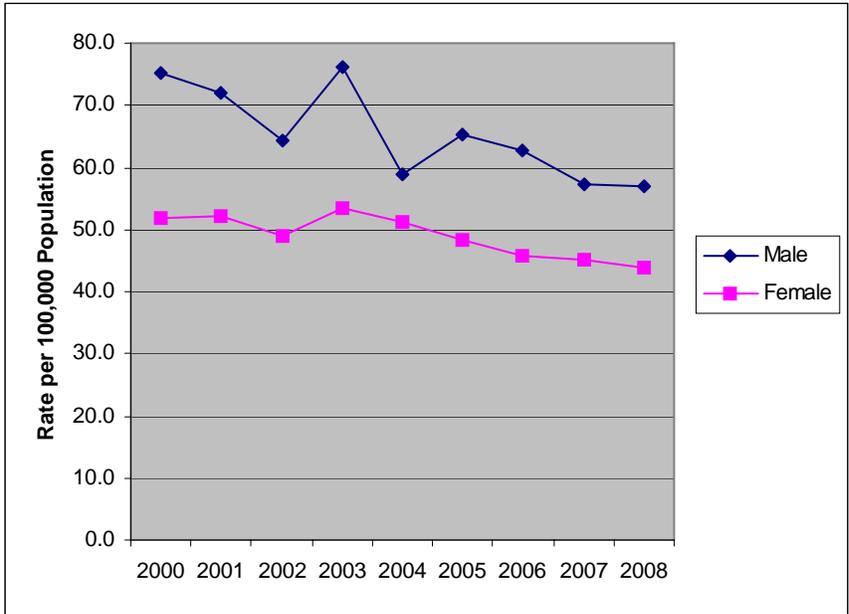
**Age-Adjusted Lung Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***



While Nevada’s lung cancer deaths decreased overall from 2000 to 2008, they were still above the national average in 2006. Both the United States and Nevada had lung cancer mortality rates that were higher than the Healthy People 2010 target over the decade.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Lung Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



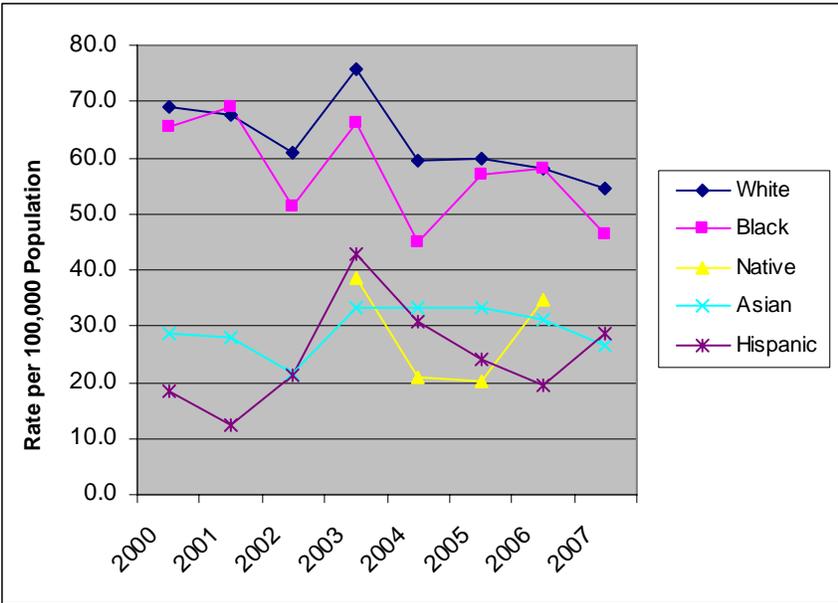
In 2007, the leading type of cancer deaths were lung and bronchus cancer, for both men (31 percent) and women (26 percent).<sup>2</sup>

In 2008, a higher number of males (57.1 per 100,000) died from lung cancer than females (43.9 per 100,000) in Nevada.

**Age-Adjusted Lung Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

Studies on genetic variation in different ethnic groups and how these variations affect susceptibility to cancer, cardiovascular disease and other diseases which have a genetic component to their etiology are ongoing.<sup>2</sup>

More Whites and Blacks died from lung cancer than other racial/ethnic groups in Nevada from 2000 to 2007.



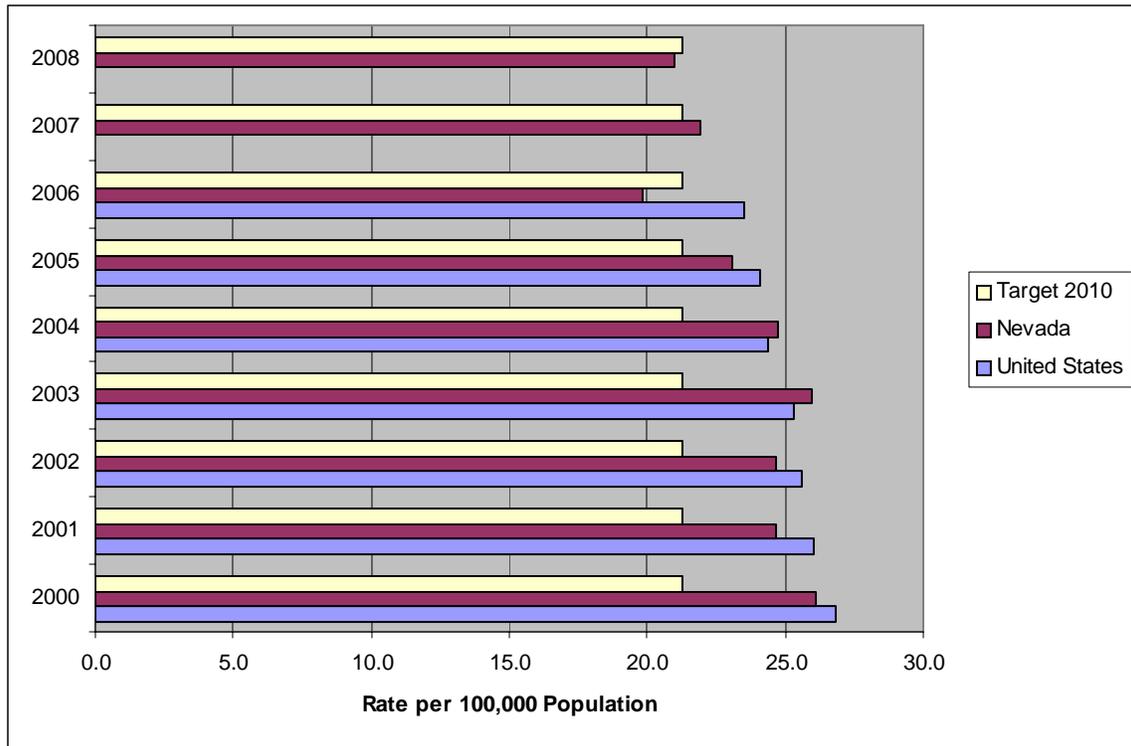
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (3-3):** Reduce the breast cancer death rate.

**Healthy People 2020 Objective C HP2020-3:** Reduce the female breast cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
21.0	23.5	21.3	20.6	Achieved

**Age-Adjusted Female Breast Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

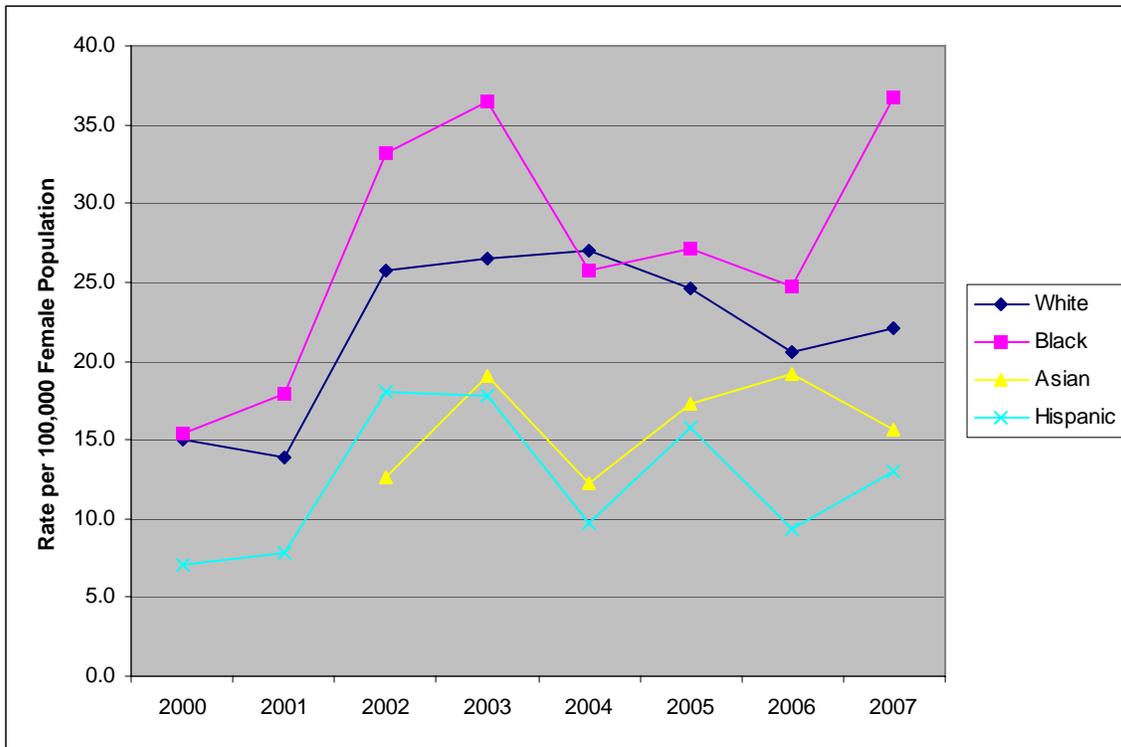


Breast cancer mortality rates decreased in both Nevada and the nation from 2000 to 2008. In 2006 and 2008, Nevada met the Healthy People 2010 target.

Many factors are linked to breast cancer risk. Some of these factors affect risk a great deal and others by only a small amount. Some risk factors you can't change. Being a woman and getting older increase your chances of getting breast cancer. Other factors you may be able to change. For instance, leading a healthy lifestyle can help reduce your risk of breast cancer.<sup>3</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Female Breast Cancer Death Rate, Nevada Residents by Race/  
Ethnicity, 2000 - 2007.\***



Black and White Nevada females had a higher rate of breast cancer death than Asian or Hispanic females in 2000 through 2007.

Nationally, White women have higher rates of postmenopausal breast cancer compared to Black women.<sup>4</sup>

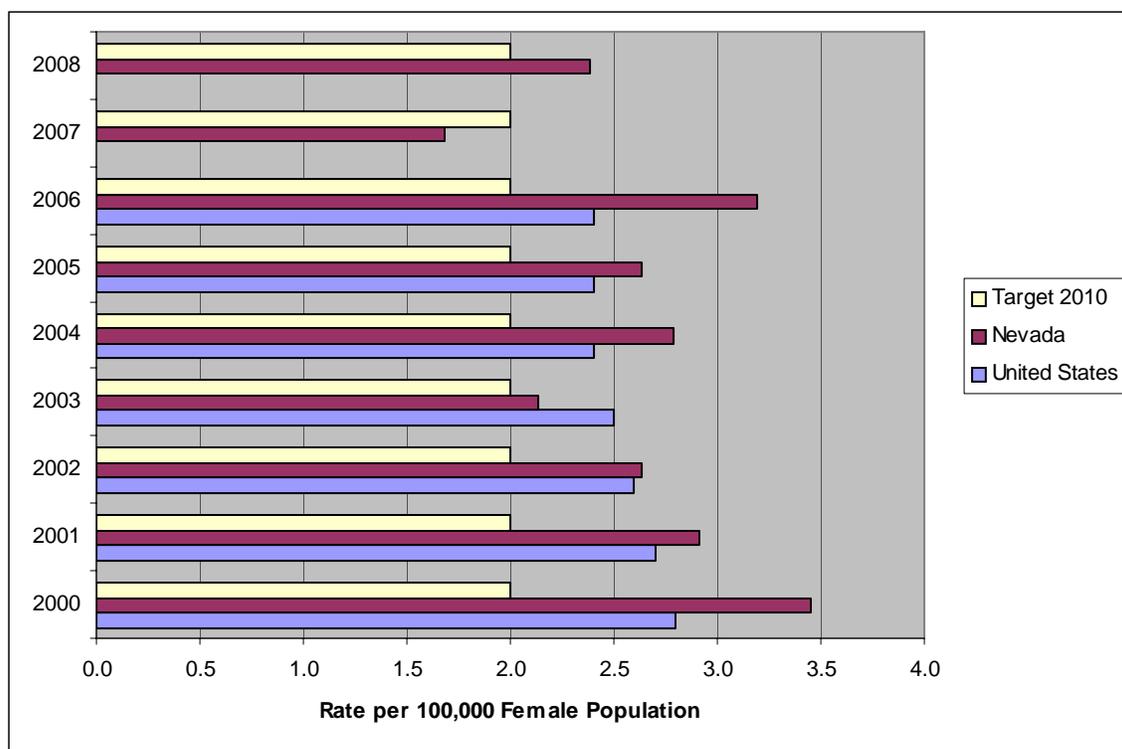
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the years 2000-2008 or for the Asian race/ethnicity group for the years 2000-2001 due to small counts.

**Healthy People 2010 Objective (3-4):** Reduce deaths from cancer of the uterine cervix.

**Healthy People 2020 Objective C HP2020-4:** Reduce deaths from cancer of the uterine cervix.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.4	2.4	2.0	2.2	Fluctuating

**Age-Adjusted Uterine Cervix Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

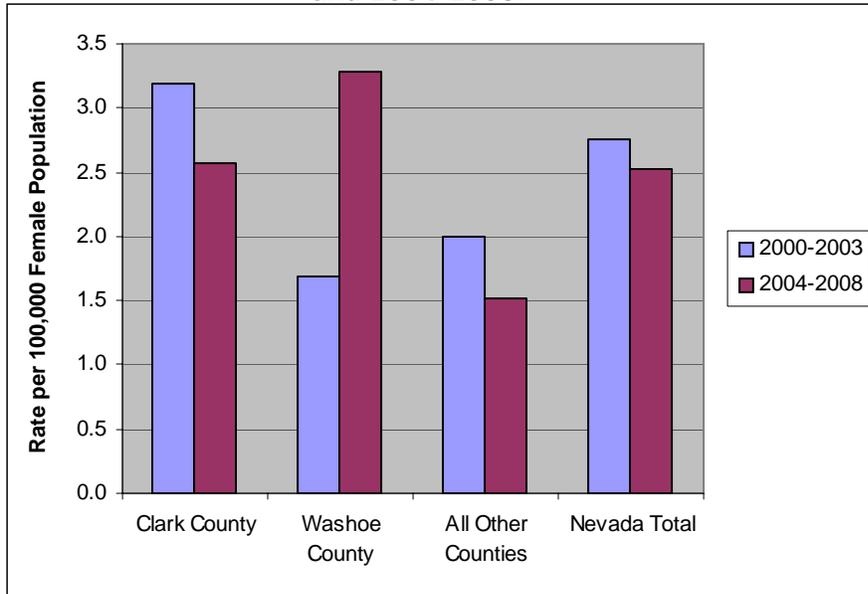


It is estimated that 43,470 women in the United States will be diagnosed and 7,950 women will die of cancer of the corpus and uterus, nitric oxide synthase (NOS) in 2010. From 2003-2007, the median age at diagnosis for cancer of the corpus and uterus, NOS was 62 years of age.<sup>5</sup>

Nationally, uterine cervix cancer mortality rates decreased from 2000 to 2006. In Nevada, the rate has fluctuated. In 2007, Nevada met the Healthy People 2010 target.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Aggregated Age-Adjusted Uterine Cervix Cancer Death Rate, Nevada Residents by County/Region, 2000 - 2003 and 2004-2008.\***

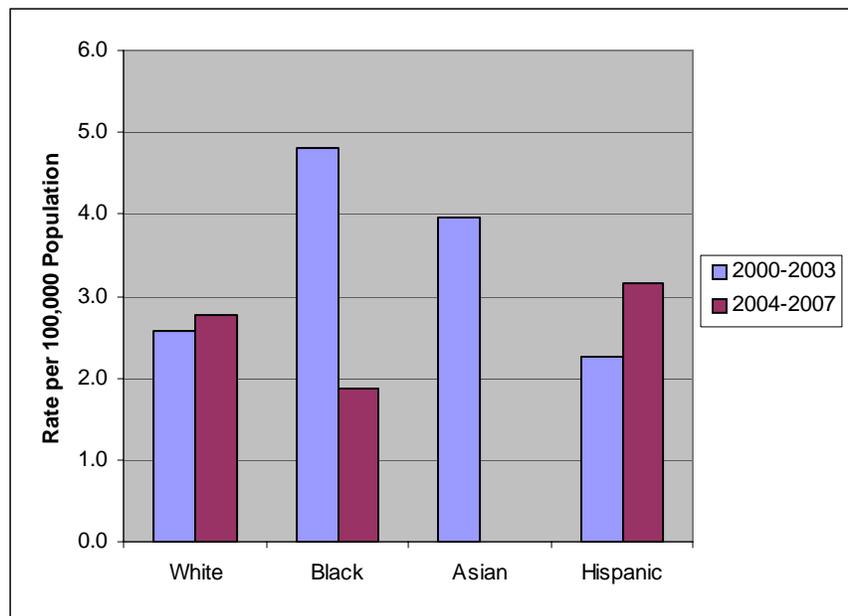


For the combined years 2004 through 2008, Washoe County had the highest rates of uterine cervix cancer mortality of all Nevada's regions.

**Aggregated Age-Adjusted Uterine Cervix Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004-2007.\***

In the United States, from 2003-2007, the median age at death for cancer of the corpus and uterus, was 72 years of age.<sup>5</sup>

For the combined years 2000 through 2003, Black and Asian females had the highest rates of uterine cervix cancer mortality in Nevada.



\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the years 2000-2008 or for the Asian race/ethnicity group for the years 2004-2007 due to small counts.

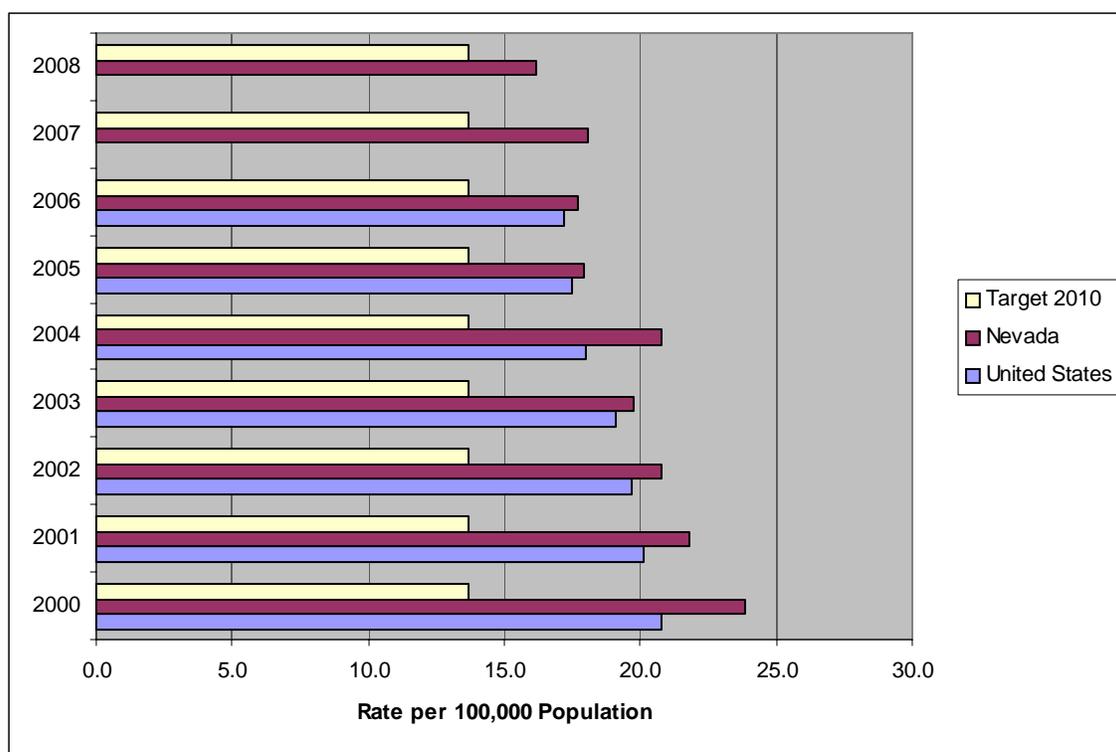


**Healthy People 2010 Objective (3-5):** Reduce the colorectal cancer death rate.

**Healthy People 2020 Objective C HP2020-5:** Reduce the colorectal cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
16.1	17.6	13.7	14.5	Improving

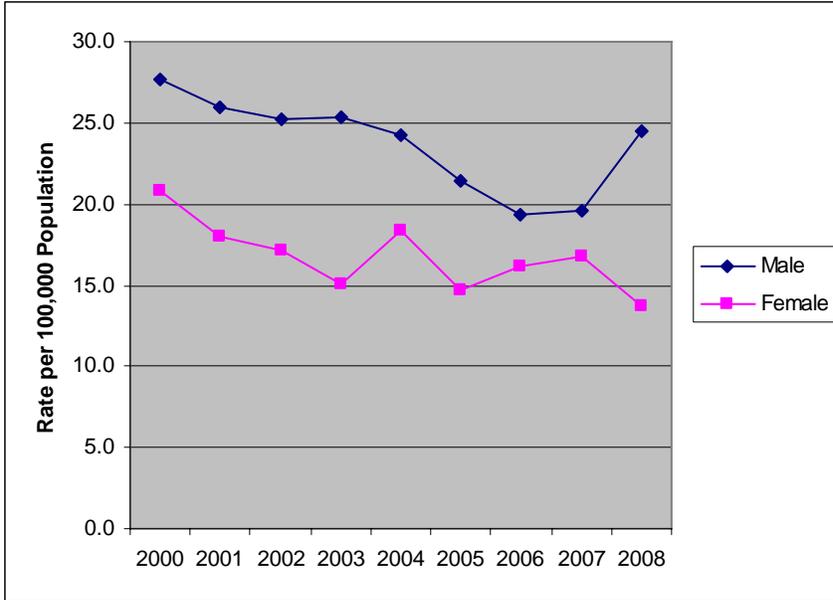
**Age-Adjusted Colorectal Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***



Colorectal cancer mortality rates for both Nevada and the United States have declined over the decade. Neither the state, nor the national rate, had met the Healthy People 2010 target.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Colorectal Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



Based on U.S. rates from 2005-2007, 5.1 percent (or 1 in 20) of men and women born today will be diagnosed with cancer of the colon and rectum at some time during their lifetime.<sup>6</sup>

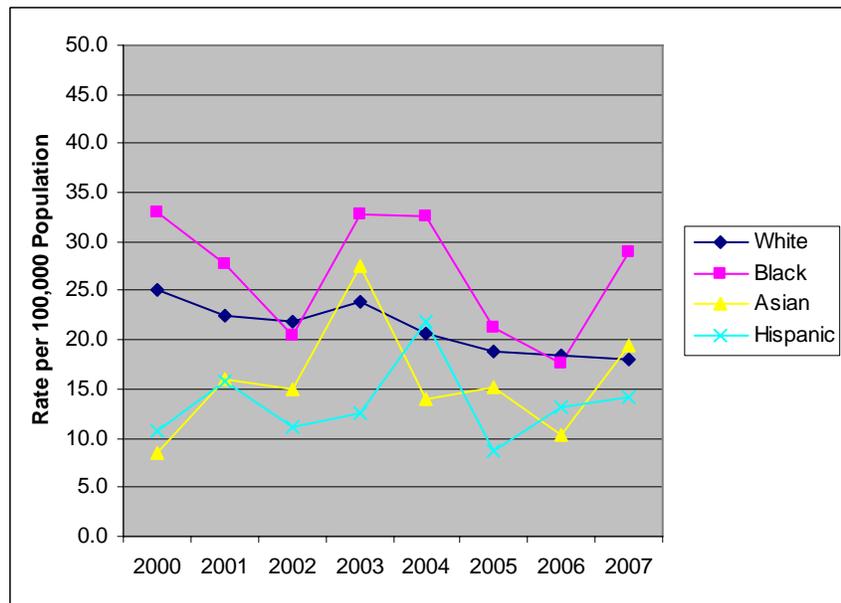
After a seven year period of decline, males in Nevada had shown an increase in colorectal cancer deaths in 2008.

The colorectal cancer death rate among females in Nevada decreased from 2000 to 2008.

Early stage colorectal cancer does not usually have symptoms; screening is necessary to detect colorectal cancer in its early stages.<sup>1</sup> Advanced disease may cause rectal bleeding, blood in the stool, a change in bowel habits, and pain in the lower abdomen.<sup>1</sup>

In Nevada, Blacks had a higher rate of colorectal mortality than any other racial/ethnic group for six of the past eight years.

**Age-Adjusted Colorectal Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***



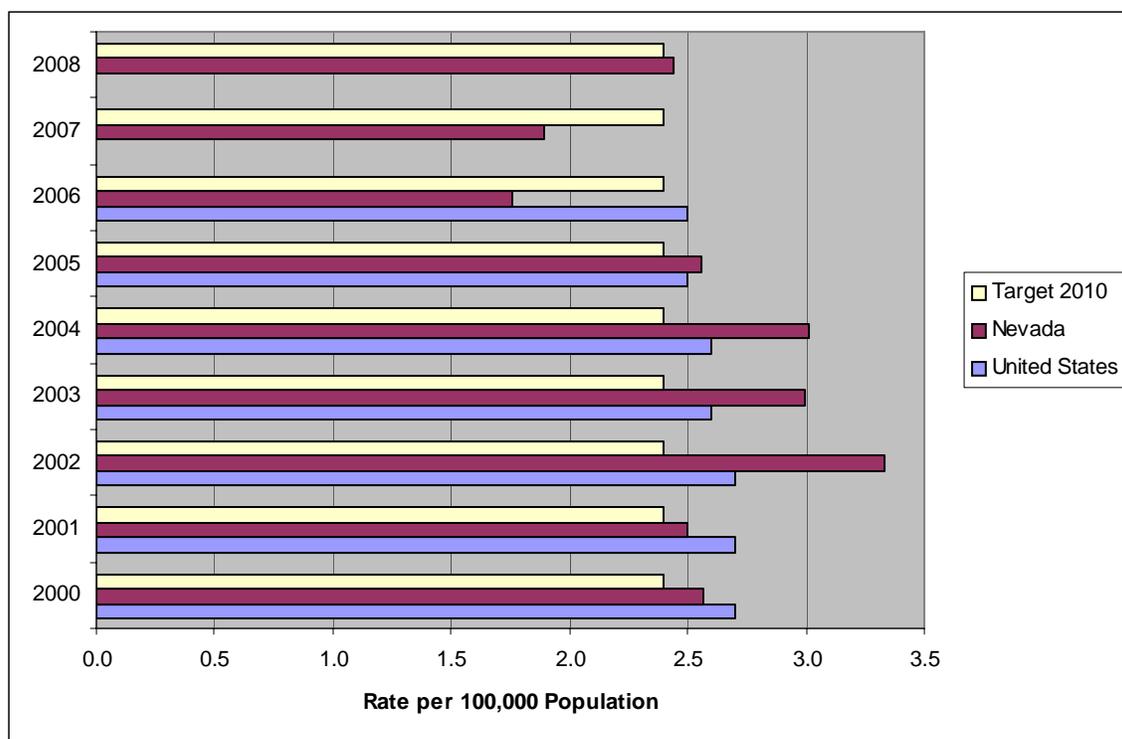
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (3-6):** Reduce the oropharyngeal cancer death rate.

**Healthy People 2020 Objective C HP2020-6:** Reduce the oropharyngeal cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.4	2.5	2.4	2.3	Achieved

**Age-Adjusted Oropharyngeal Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

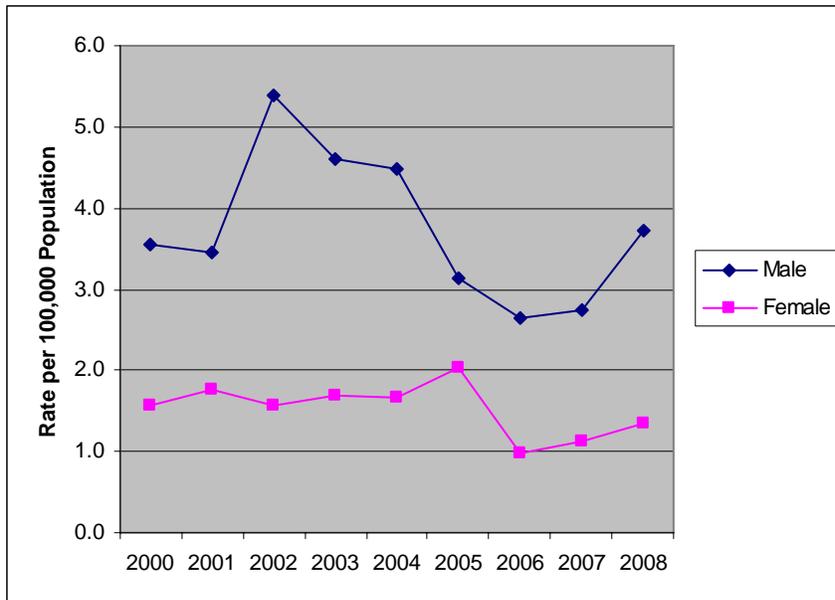


Known risk factors for oropharyngeal cancer include all forms of smoked and smokeless tobacco products and excessive consumption of alcohol. Many studies have reported a synergism between smoking and alcohol use, resulting in more than a 30-fold increased risk in individuals who both smoke and drink heavily.<sup>7</sup>

While Nevada met the Healthy People 2010 target in 2006 and 2007 and nearly met the Healthy People 2010 target in 2008, the oropharyngeal cancer mortality rate has fluctuated. The national rate has decreased over the decade.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Oropharyngeal Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



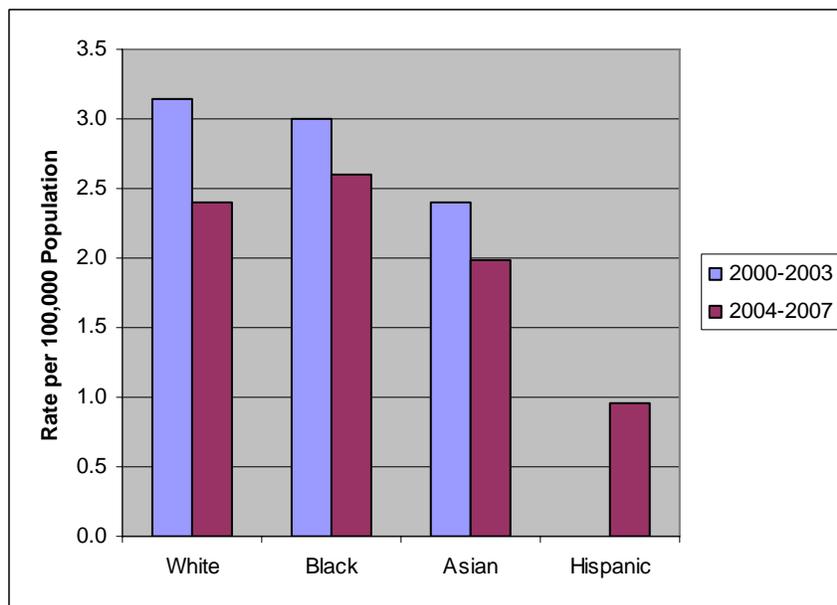
Nationally, an estimated 7,880 deaths from oral cavity and pharynx cancer are expected in 2010.<sup>8</sup> Death rates have decreased by more than 2 percent per year since 1980 in men and since 1990 in women.<sup>8</sup>

Nevada males had a higher rate of oropharyngeal cancer deaths than Nevada females from 2000 to 2008.

**Aggregated Age-Adjusted Oropharyngeal Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

Cancer can affect any part of the oral cavity, including the lip, tongue, mouth, and throat.<sup>8</sup> Dentists and primary care physicians can detect premalignant abnormalities and cancer at an early stage, when they are most curable.<sup>7</sup>

Whites and Blacks had higher rates of oropharyngeal cancer mortality than other racial/ethnic groups in Nevada.



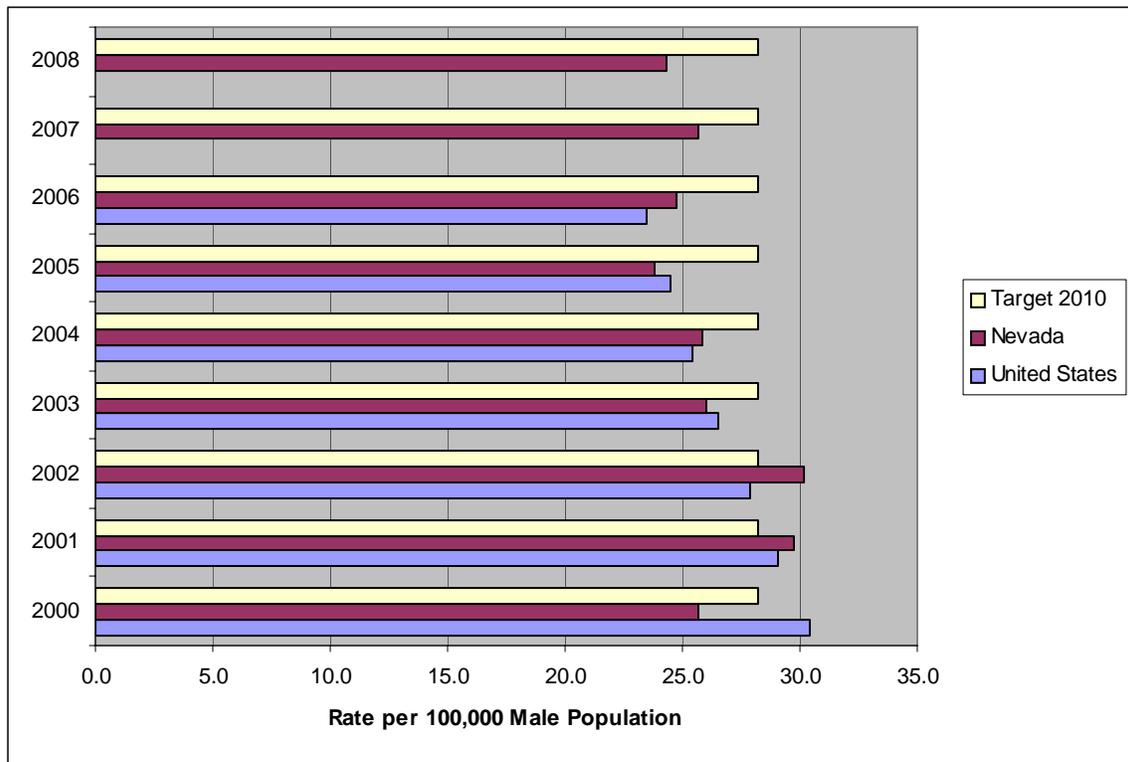
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the years 2000-2008 or for the Hispanic race/ethnicity group for the years 2004-2007 due to small counts.

**Healthy People 2010 Objective (3-7):** Reduce the prostate cancer death rate.

**Healthy People 2020 Objective C HP2020-7:** Reduce the prostate cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.3	23.5	28.2	21.2	Surpassed

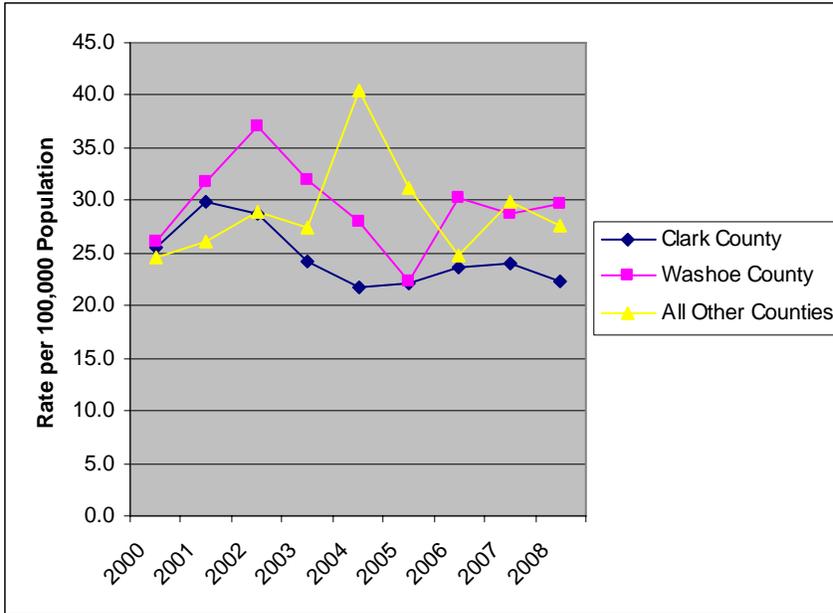
**Age-Adjusted Prostate Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data. \***



Both national and Nevada prostate cancer mortality rates have shown a slight decrease over the decade. The state rate met the Healthy People 2010 target from 2003 to 2008, and the U.S. rate met the Healthy People 2010 target from 2002 to 2008.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Prostate Cancer Death Rate, Nevada Residents by County/Region, 2000 - 2008.\***

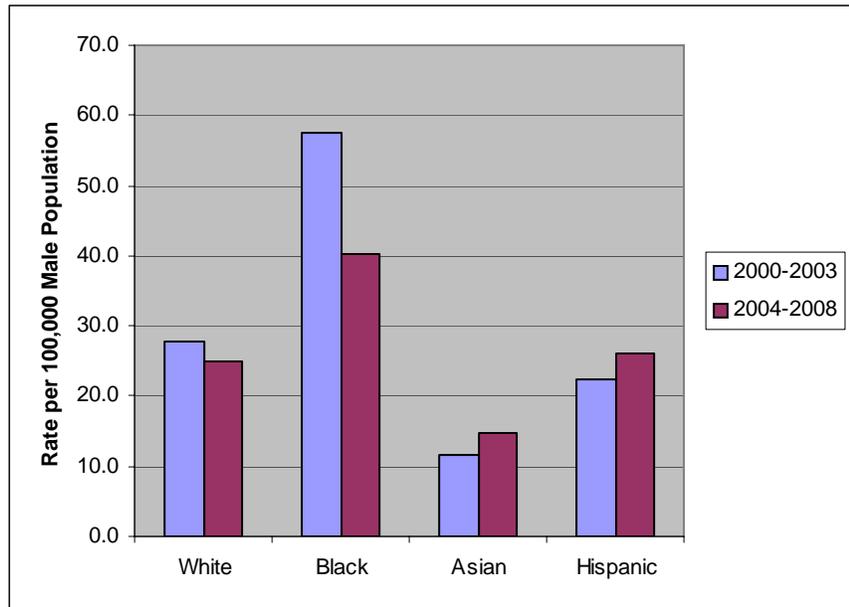


Some prostate cancers can grow and spread quickly, but most prostate cancers grow slowly. Autopsy studies show that many men who died of other diseases also had prostate cancer that hadn't yet produced symptoms. 70 percent to 90 percent of the men had cancer in their prostate by age 80, but in many cases neither they nor their doctors knew they had it.<sup>9</sup>

In Nevada, Clark County had the lowest prostate cancer mortality rate in the state from 2003 to 2008.

In Nevada, Black males had a higher rate of prostate cancer mortality than any other racial/ethnic group, over twice that of males in other race/ethnicity groups for the combined years 2000 through 2003. This rate, among Black males, did decrease in the combined years 2004 through 2008. Asian males had the lowest rate of prostate cancer death in the state.

**Aggregated Age-Adjusted Prostate Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***



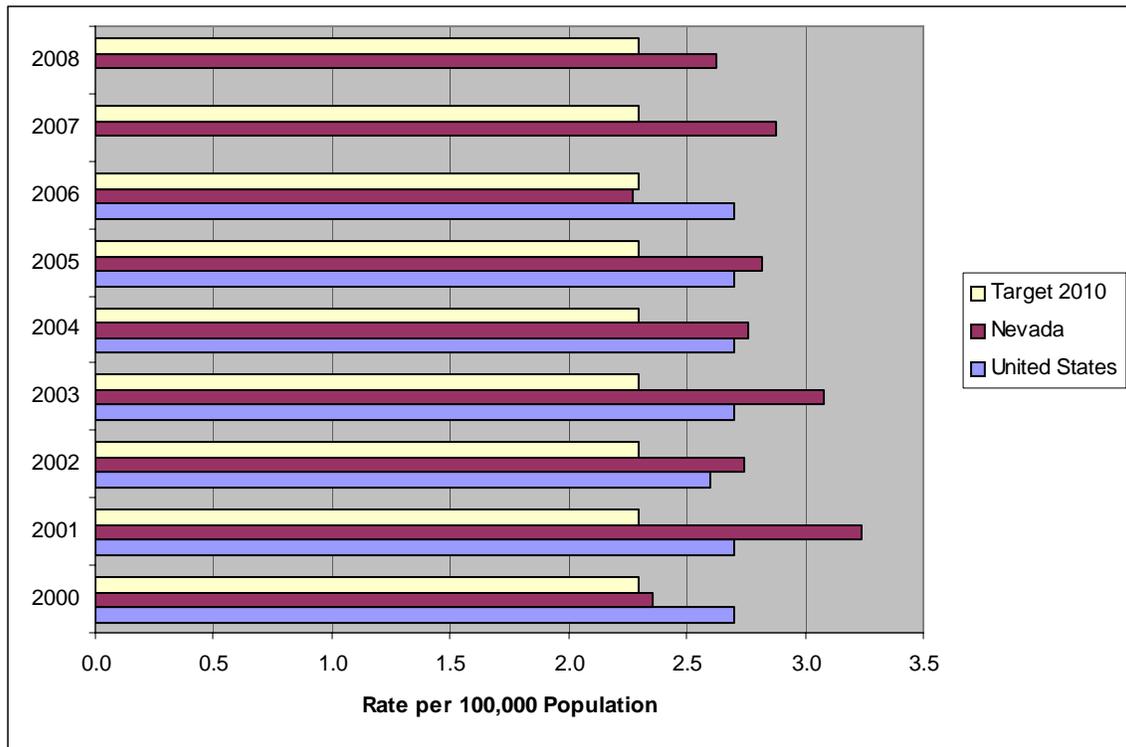
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (3-8):** Reduce melanoma cancer.

**Healthy People 2020 Objective C HP2020-8:** Reduce the melanoma cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.6	2.7	2.3	2.4	Fluctuating

**Age-Adjusted Melanoma Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

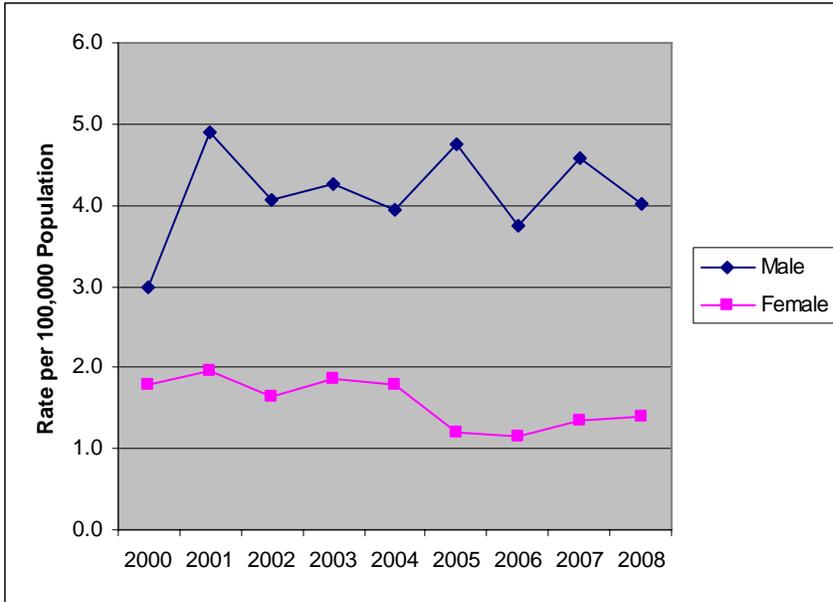


In 2006, Nevada met the Healthy People 2010 target for melanoma cancer mortality. The state rate has fluctuated over the decade. The U.S. rate has remained steady. Nevada did not meet the Healthy People 2010 rate in either 2007 or 2008. The national rate did not meet the Healthy People 2010 rate this decade.

Exposure to the sun’s ultraviolet (UV) radiation is a known cancer risk factor. Because more than half of a person’s lifetime skin damage from sun exposure occurs by the age of 18, educating parents, caregivers, and children is critical. To reduce the risk of skin cancer stay out of the sun between 10:00 a.m. and 4:00 p.m. and wear protective clothing, including a wide brimmed hat and sunglasses. Sun-screen with a minimum sun protection factor (SPF) of 15 should be used.<sup>10</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Melanoma Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



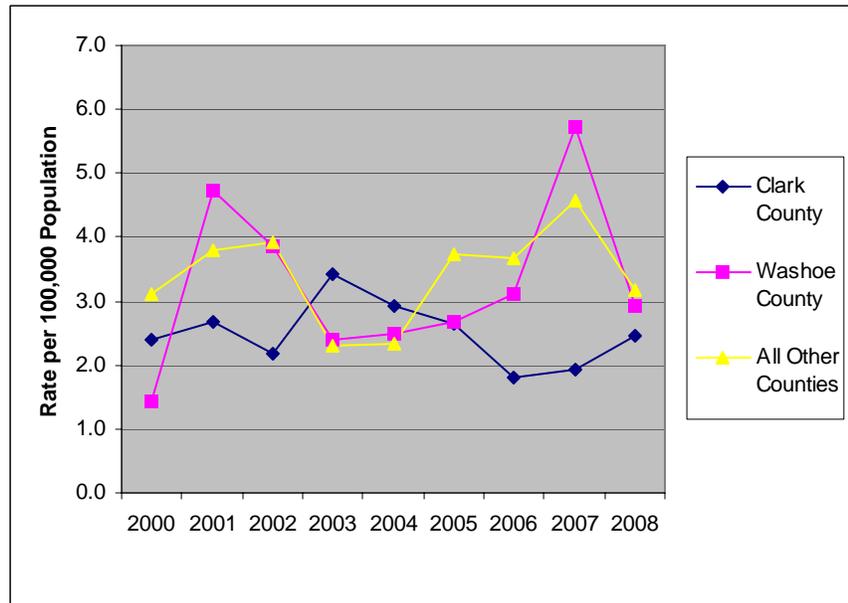
In Nevada, males had a melanoma cancer mortality rate which is much higher than that of females, some years over twice as high, from 2000 to 2008.

Skin cancer is the most common of all cancers. Melanoma accounts for less than 5 percent of skin cancer cases, but it causes most skin cancer deaths. The number of new cases of melanoma in the United States has been increasing for at least 30 years.<sup>10</sup>

**Age-Adjusted Melanoma Cancer Death Rate, Nevada Residents by County/Region, 2000 - 2008.\***

Overall, the lifetime risk of getting melanoma is about 1 in 50 for Whites, 1 in 1,000 for Blacks, 1 in 200 for Hispanics.<sup>10</sup>

Melanoma cancer mortality rates fluctuated in all of Nevada's counties over the decade.



\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change.

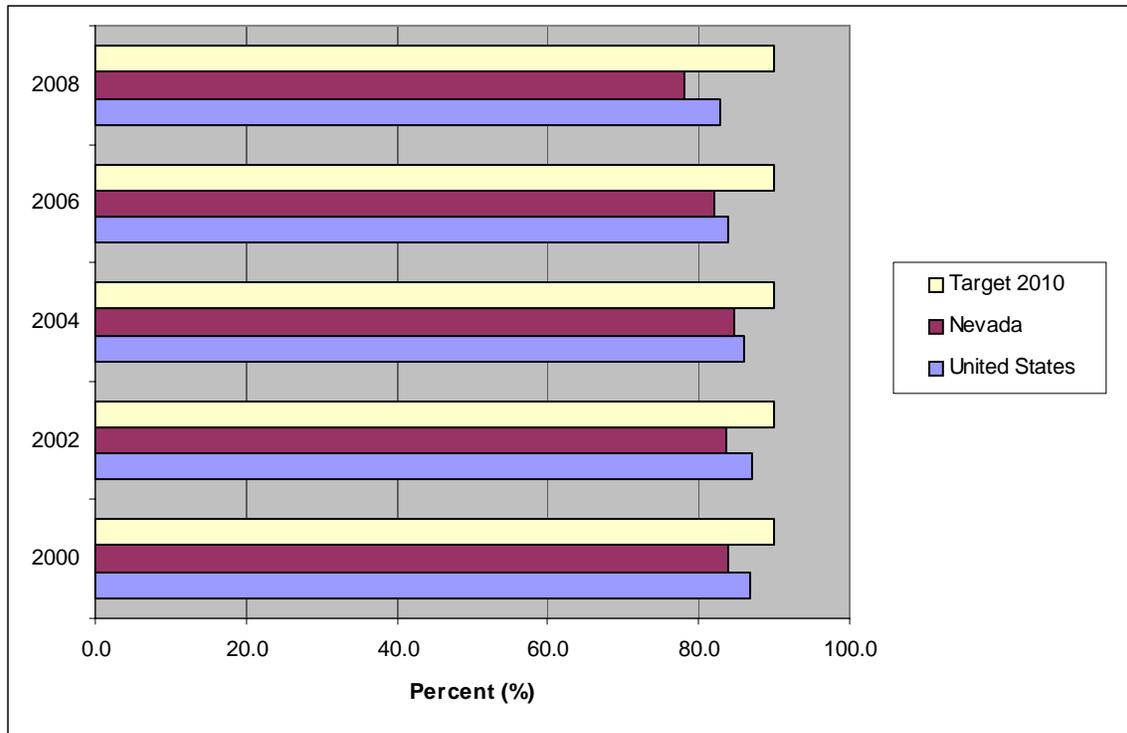


**Healthy People 2010 Objective (3-11b.):** Increase the proportion of women aged 18 years and older who have had a Pap test in the preceding three years.

**Healthy People 2020 Objective C HP2020-15:** Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
78.2	82.9	90.0	93.0	Worsening

**Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Nevada Residents and United States, BRFSS Data, 2000, 2002, 2004, 2006, 2008.\***

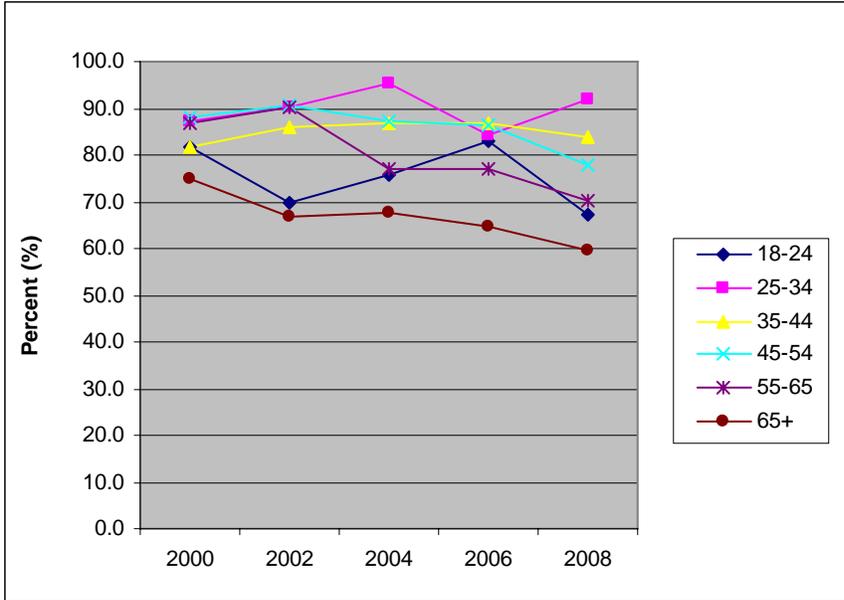


The proportion of women aged 18 years and older who received a pap smear test within the past three years in both the Nevada and U.S. decreased from 2000 to 2008. Neither met the Healthy People 2010 target of 90.0 percent.

The American Cancer Society's most recent estimates for cancer of the uterine corpus (body of the uterus) in the United States for 2010 are: About 43,470 new cases of cancer of the uterine corpus will be diagnosed, about 1,200 of these cases will be uterine sarcomas. About 7,950 women in the United States will die from cancer of the uterine corpus during 2010. Incidence rates of uterine sarcoma cancer have been decreasing since 1998. Death rates from uterine sarcoma have been stable since 1992.<sup>1</sup>

\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Nevada Residents by Age, BRFSS Data, 2000, 2002, 2004, 2006, 2008.\***



A Pap smear is a microscopic examination of the cells scraped from the cervix. It can detect cancerous or even precancerous conditions of the cervix.<sup>11</sup>

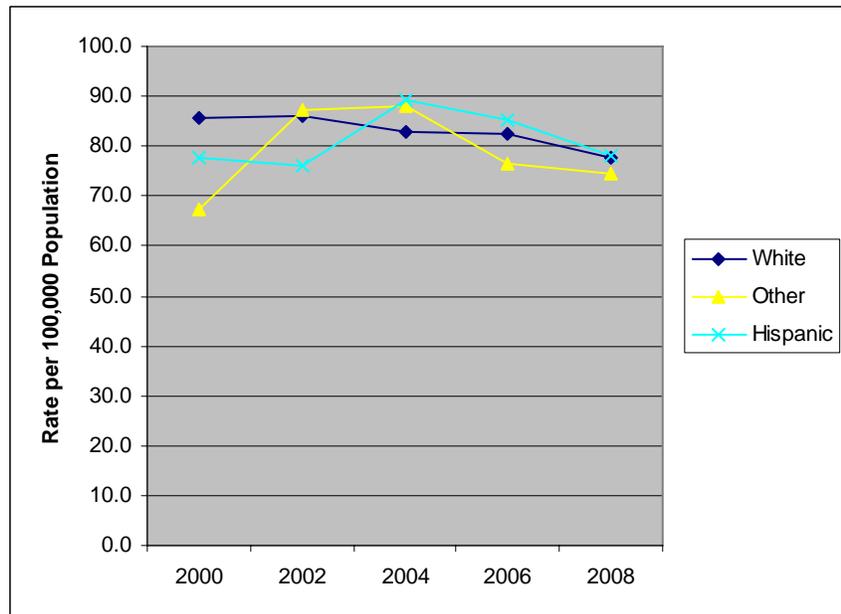
In Nevada, 25 to 34 year old females tend to had the highest proportion of women having received a pap test within the last 3 years from 2000 to 2008. Females aged 65 years and older had the lowest proportion during these years.

Women should have a Pap test at least once every 3 years, beginning 3 years after they begin to have sexual intercourse, and no later than age 21.<sup>11</sup>

An estimated 4,210 deaths from cervical cancer are expected in 2010.<sup>1</sup>

The proportion of White, Hispanic, and Other race Nevada adult females who have received a pap test within the past three years decreased from 2004 to 2008.

**Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000, 2002, 2004, 2006, 2008.\***



\*These percentages are weighted to survey population characteristics.

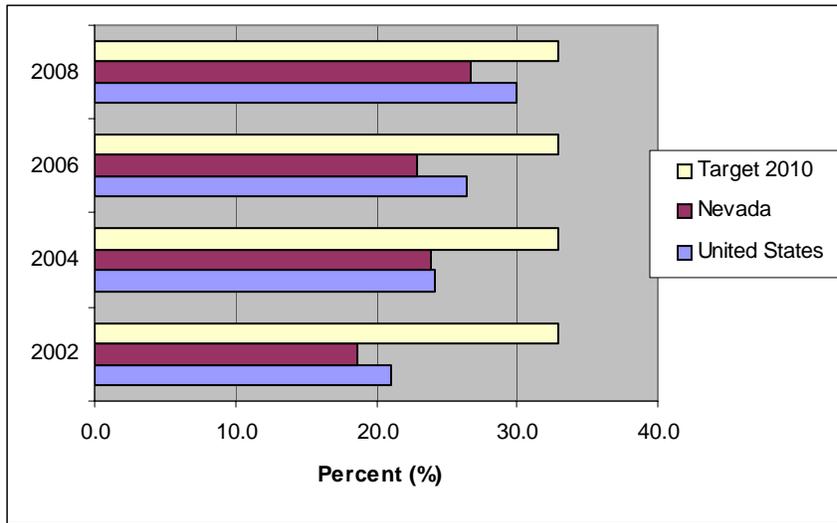
Note: Data for the Black race/ethnicity group are not available, due to less than 50 respondents, and is not included in the Other race/ethnicity group.

**Healthy People 2010 Objective (3-12a.):** Increase the proportion of adults aged 50+ who have had a fecal occult blood test in the preceding two years.

**Healthy People 2020 Objective C HP2020-16:** Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
26.7	30.0	33.0	70.5	Improving

**Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents and United States, BRFSS Data, 2002, 2004, 2006, 2008.\***

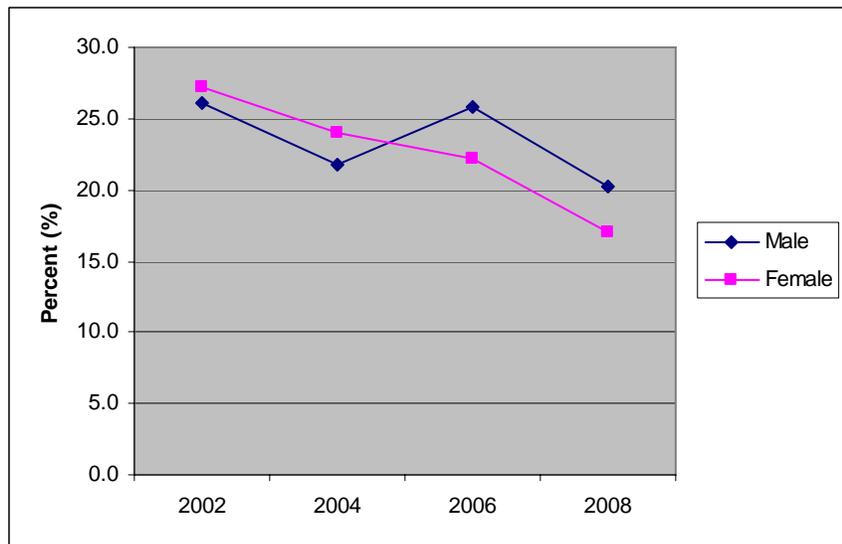


Nevada did not surpass the Healthy People 2010 target for adults who have had a fecal occult blood test within the preceding two years from 2002 to 2008, but did improve (BRFSS). The proportion of adults 50 years and older who have had a blood stool test within the last two years nationally also did not to meet the Healthy People 2010 target.

Fecal occult blood is a test for microscopic traces of blood in the feces (stool). A positive test is usually an indication to do a colonoscopy.

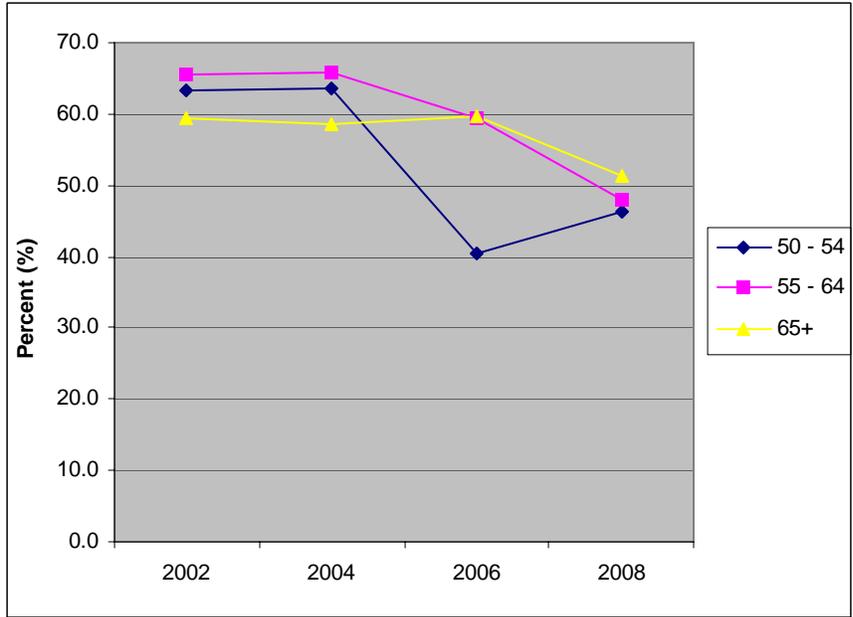
The proportion of both male and female Nevada residents aged 50 years and older who have had a fecal occult blood stool test within the preceding two years decreased from 2002 to 2008.

**Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents by Gender, BRFSS Data, 2002, 2004, 2006, 2008.\***



\*These percentages are weighted to survey population.  
Note: See appendix for additional information.

**Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents by Age, BRFSS Data, 2002, 2004, 2006, 2008.\***

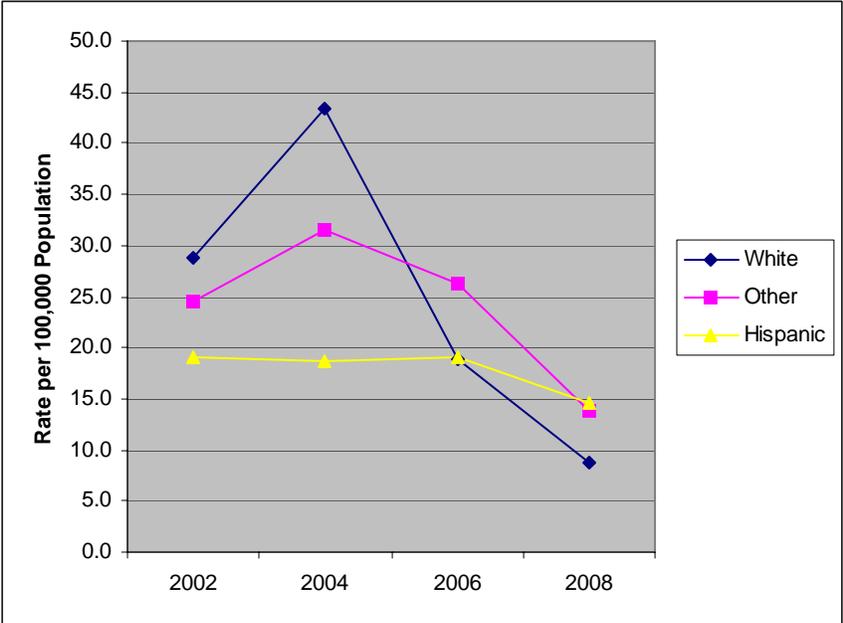


The proportion of Nevada adults who had received a fecal occult blood stool test within the past two years decreased overall in all age groups older than 50 years, from 2002 to 2008.

In 2008, 51.4 percent of Nevada adults aged 65 and older had received a fecal occult blood stool test within the past two years, 47.9 percent of Nevada adults aged 55 to 64 had received a fecal occult blood stool test within the past two years, and 46.4 percent of Nevada adults aged 50 to 54 had received a fecal occult blood stool test within the past two years.

**Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2002, 2004, 2006, 2008.\***

The proportion of Nevada adults who had received a fecal occult blood stool test within the past two years decreased in all three race/ethnicity groups from 2004 to 2008.



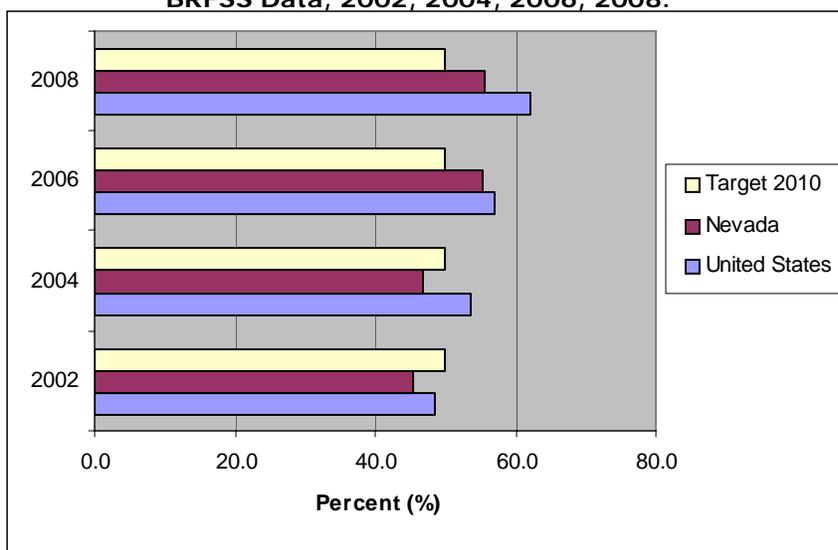
\*These percentages are weighted to survey population.  
 Note: Data for the Black race/ethnicity group are not available, due to less than 50 respondents, and is not included in the Other race/ethnicity group.

**Healthy People 2010 Objective (3-12b.):** Increase the proportion of adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy.

**Healthy People 2020 Objective C HP2020-16:** Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
55.7	62.2	50.0	70.5	Surpassed

**Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Nevada Residents and United States, BRFSS Data, 2002, 2004, 2006, 2008.\***

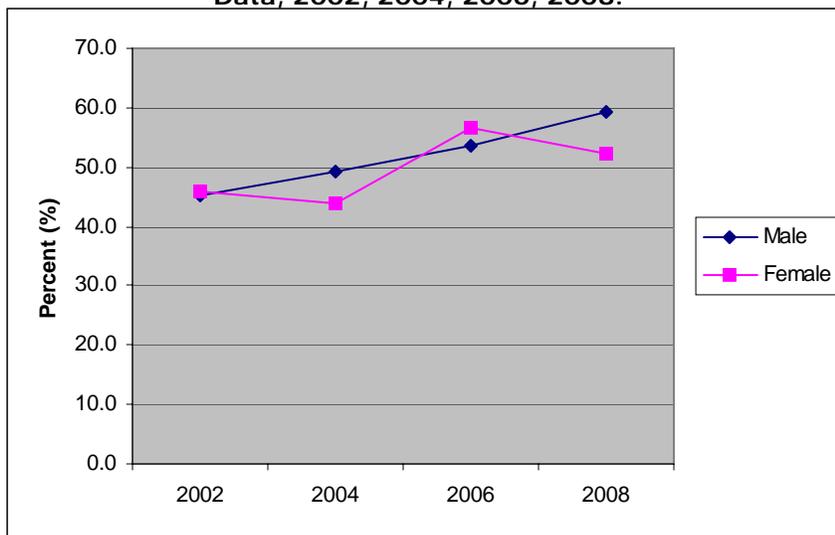


A sigmoidoscopy is the minimally invasive medical examination of the large intestine from the rectum through the last part of the colon. A colonoscopy is the endoscopic examination of the colon and the distal part of the small bowel with a charge coupled device (CCD) camera or a fiber optic camera on a flexible tube passed through the anus. It may provide a visual diagnosis and grants the opportunity for biopsy or removal of suspected lesions.<sup>12</sup>

In 2006 and 2008, the proportion of adults aged 50 and older who had ever had a sigmoidoscopy or colonoscopy in both Nevada and the nation surpassed the Healthy People 2010 target.

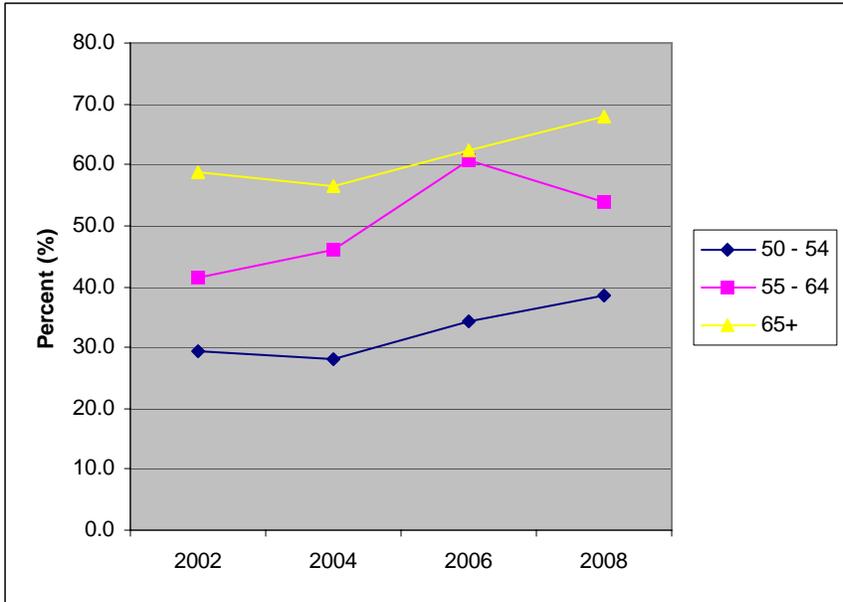
The proportion of both male and female Nevada residents aged 50 years and older who have had a sigmoidoscopy or colonoscopy increased from 2002 to 2008.

**Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Nevada Residents by Gender, BRFSS Data, 2002, 2004, 2006, 2008.\***



\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoid-scopy or Colonoscopy, Nevada Residents by Age, BRFSS Data, 2002, 2004, 2006, 2008.\***



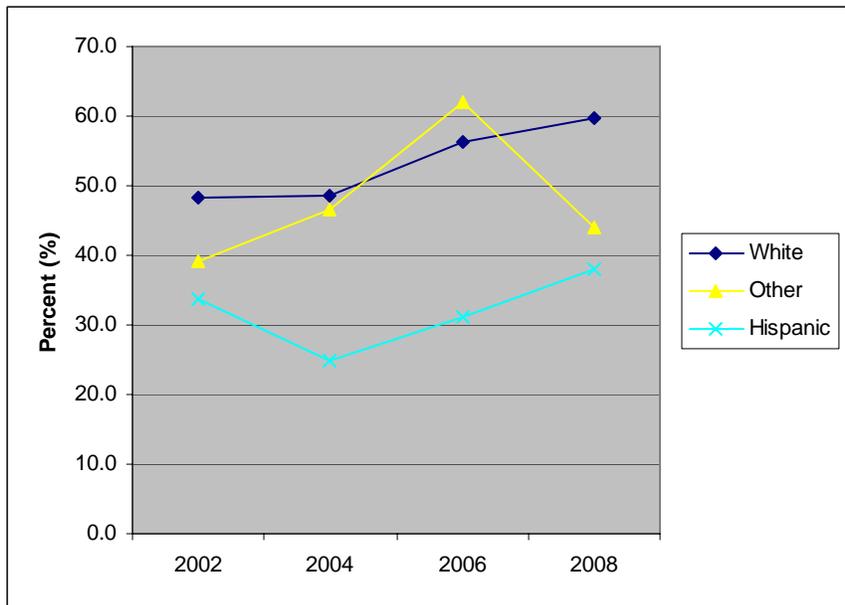
Conditions that call for colonoscopies include gastrointestinal hemorrhage, unexplained changes in bowel habit and suspicion of malignancy. Colonoscopies are often used to diagnose colon cancer, but are also used to diagnose inflammatory bowel disease.<sup>12</sup>

In Nevada, adults aged 65 years and older, had the highest proportion of people ever receiving a sigmoidoscopy or colonoscopy from 2002 to 2008. Adults aged 50 to 54 years, had the lowest proportion.

In Nevada, Whites had the highest proportion of people who had received a sigmoidoscopy or colonoscopy in 2008.

Due to the high death rates associated with colon cancer and the effectiveness and low risks associated with colonoscopy, it is now a routine screening test for people 50 years of age or older. Subsequent rescreenings are then scheduled, based on the initial results found, with a five to ten year recall being common for colonoscopies that produce normal results. Patients with a family history of colon cancer are often first screened during their teenage years.<sup>12</sup>

**Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoid-scopy or Colonoscopy, Nevada Residents by Race/Ethnicity, BRFSS Data, 2002, 2004, 2006, 2008.\***



\*These percentages are weighted to survey population characteristics.

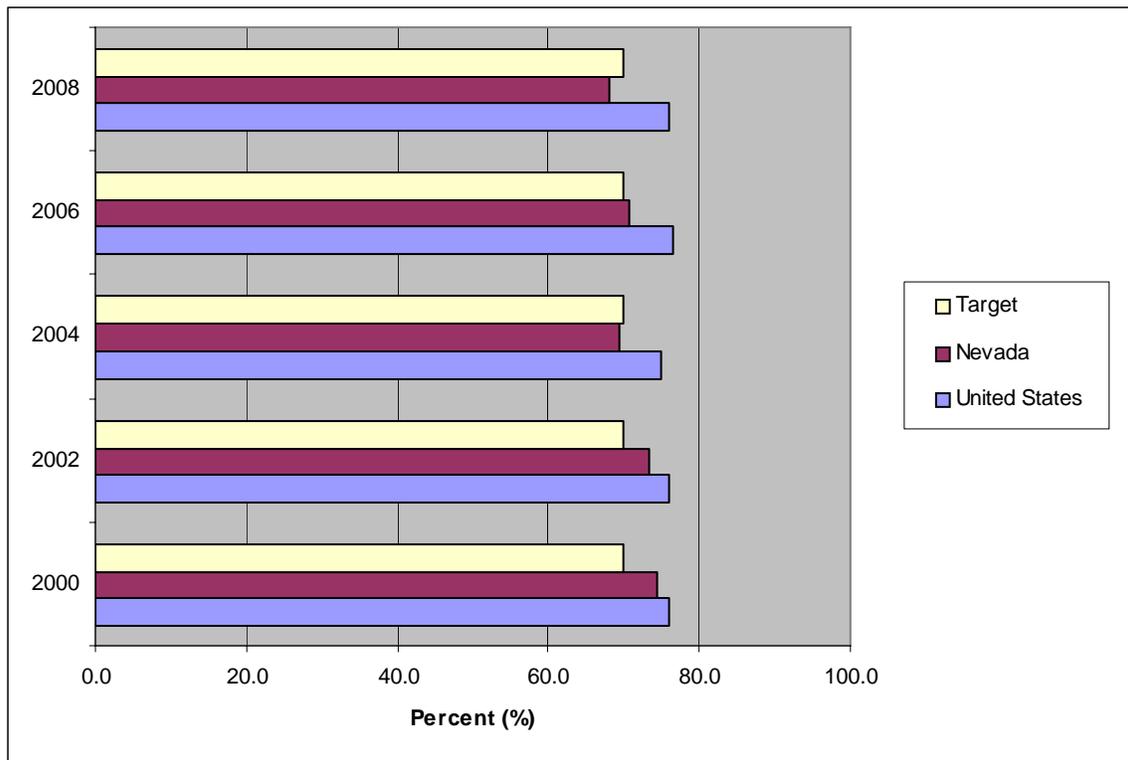
Note: Data not available for the Black race/ethnicity group due to small counts and is not included in the Other race/ethnicity group.

**Healthy People 2010 Objective (3-13):** Increase the proportion of women aged 40+ who have had a mammogram in the preceding two years.

**Healthy People 2020 Objective C HP2020-17:** Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
68.0	76.0	70.0	81.1	Worsening

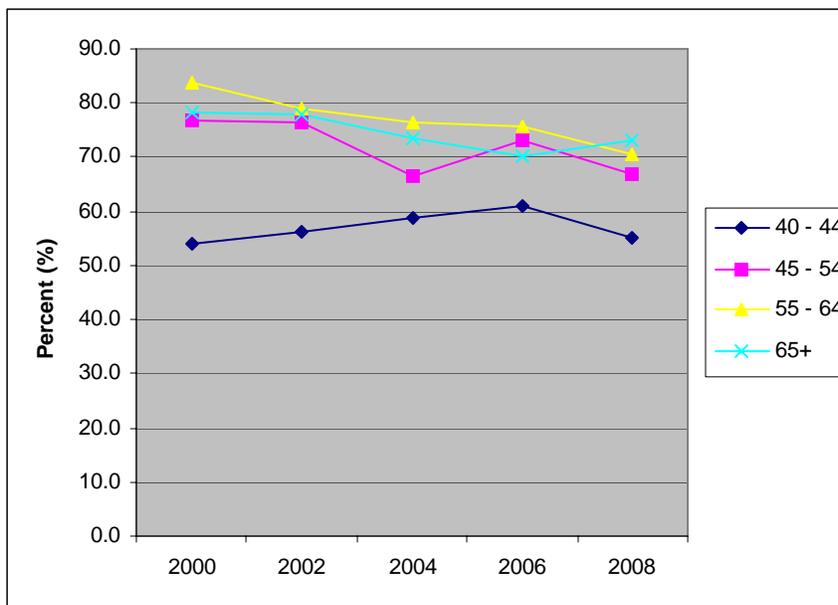
**Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Nevada Residents and United States, BRFSS Data, 2000, 2002, 2004, 2006, 2008.\***



The proportion of Nevada adults aged 40 years and older who had received a mammogram in the past 2 years decreased from 2000 to 2008. In 2000 and 2002 Nevada had surpassed the Healthy People target of 70.0 percent, at 74.4 percent and 73.3 percent respectively. In 2008 this proportion had decreased to 68.0 percent.

\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Nevada Residents by Age, BRFSS Data, 2000, 2002, 2004, 2006, 2008.\***

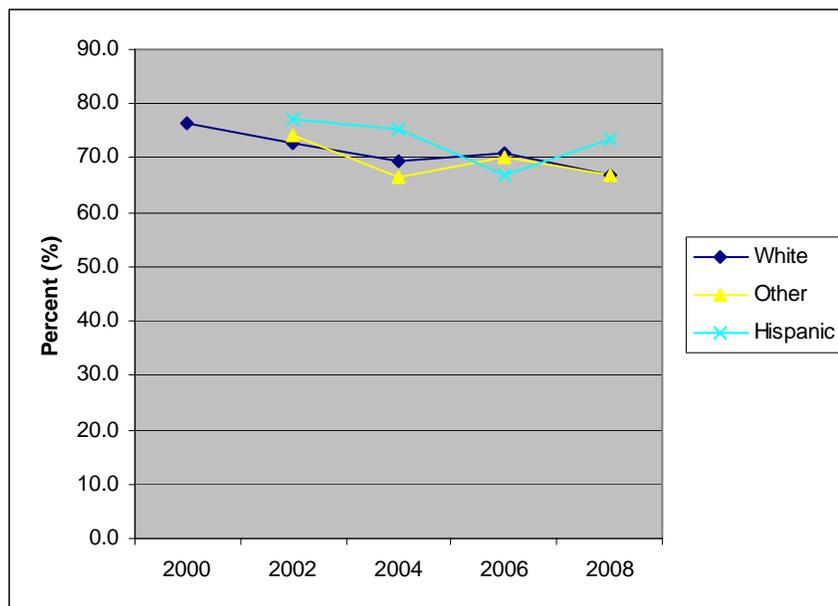


In Nevada, the number of females who had had a mammogram in the preceding two years decreased from 2000 to 2008 for all age groups and race/ethnicities.

The American Cancer Society's most recent estimates for breast cancer in the United States are for 2010:

- About 207,090 new cases of invasive breast cancer will be diagnosed in women.
- About 54,010 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer).
- About 39,840 women will die from breast cancer.<sup>13</sup>

**Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000, 2002, 2004, 2006, 2008.\***



\*These percentages are weighted to survey population characteristics.

Note: Data are not available for the Black race/ethnicity group due to small counts and is not included in the Other race/ethnicity group.

Note: Data are not available for the Other and Hispanic race/ethnicity groups for 2000 due to small counts.



# Diabetes

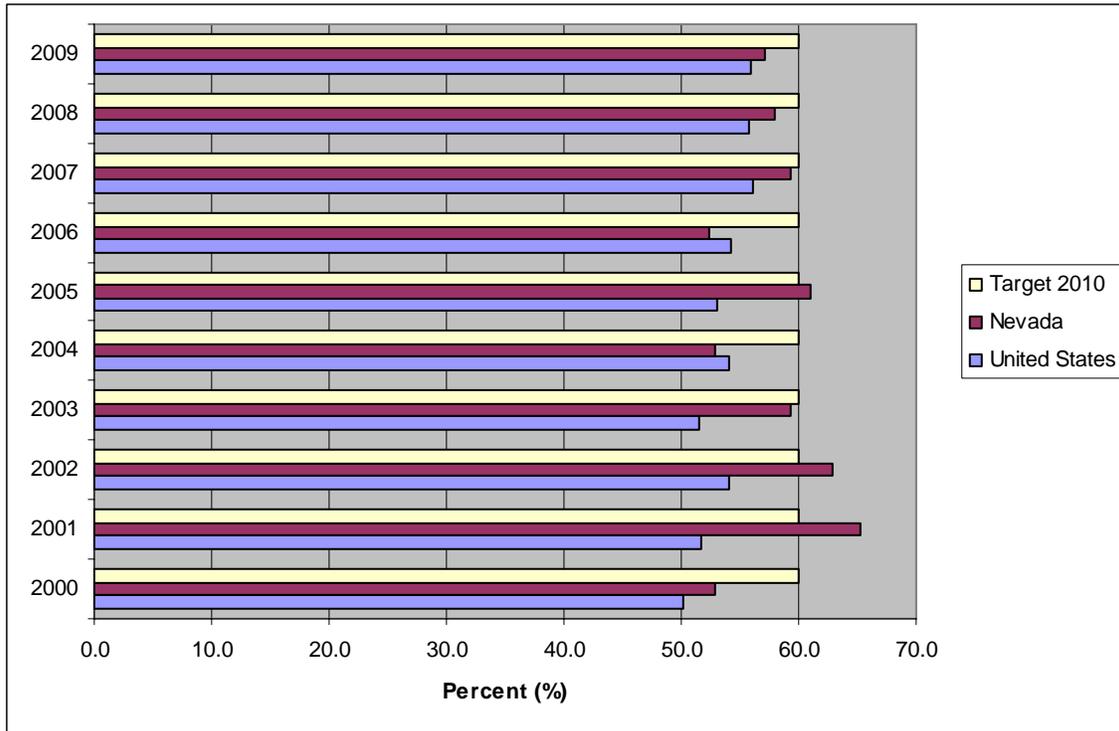
Diabetes is the seventh leading cause of death in the United States. Individuals with diabetes are at greater risk for heart disease, stroke, high blood pressure, blindness, kidney disease, disease of the nervous system, amputations, and dental disease. In 2007, an estimated 23.6 million people or 7.8 percent of the population had diabetes. Diabetes prevalence in the U.S. is likely to increase for several reasons. A large segment of the population is aging. Hispanic/Latinos and other minority groups are at an increased risk and make up the fastest-growing segment of the U.S. population. And Americans are increasingly overweight and sedentary. The CDC projects that the prevalence of diagnosed diabetes in the U.S. will increase 165 percent by 2050.<sup>1</sup>

**Healthy People 2010 Objective (5-1):** Increase the proportion of persons with diabetes who receive formal diabetes education.

**Healthy People 2020 Objective D HP2020-14:** Increase the proportion of persons with diabetes who receive formal diabetes education.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
57.2	55.9	60.0	62.5	Fluctuating

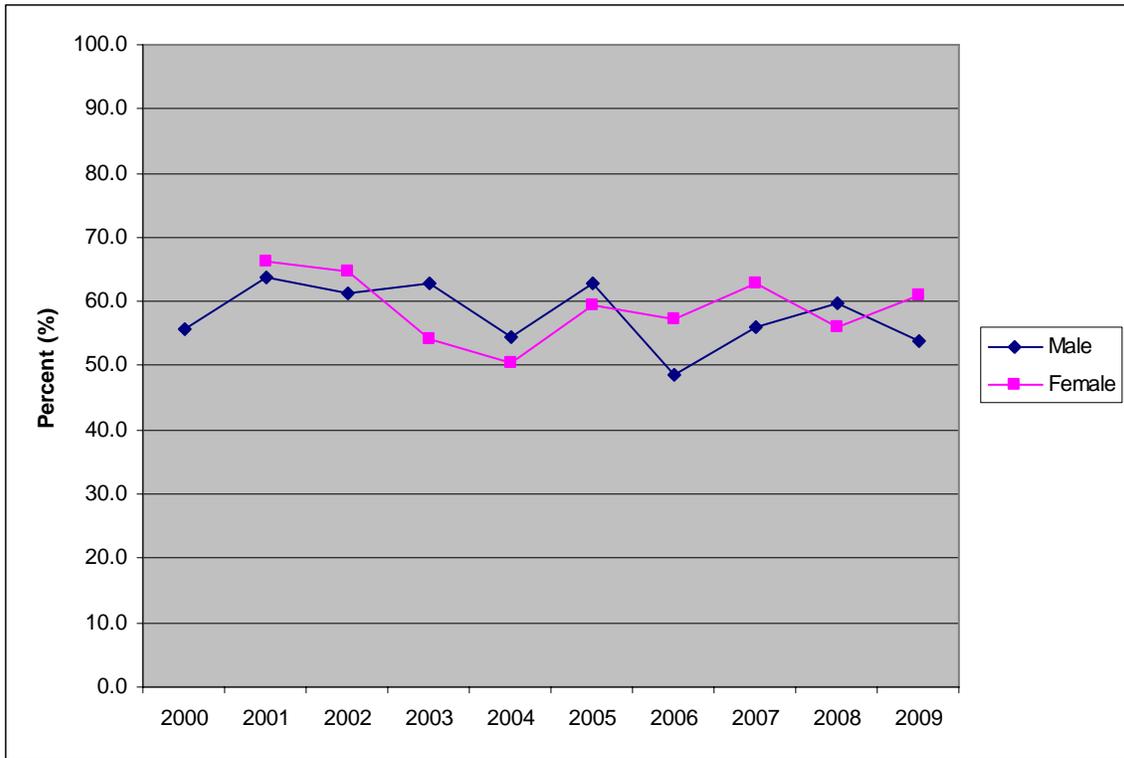
**Proportion of Persons With Diabetes Receiving Formal Diabetes Education, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***



Nevada's proportion of persons receiving diabetes education has not consistently reached the Healthy People 2010 target. Nevada, however, had higher proportions of people with diabetes that have ever received diabetes education than the U.S. from 2007 to 2009.

\*These percentages are weighted to survey population.  
Note: See appendix for additional information.

**Proportion of Persons With Diabetes Receiving Formal Diabetes Education, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***



The proportion of persons with diabetes in Nevada who have received formal diabetes education fluctuated from 2000 to 2009 for both males and females, hovering around 60 percent for both genders.

\*These percentages are weighted to survey population.

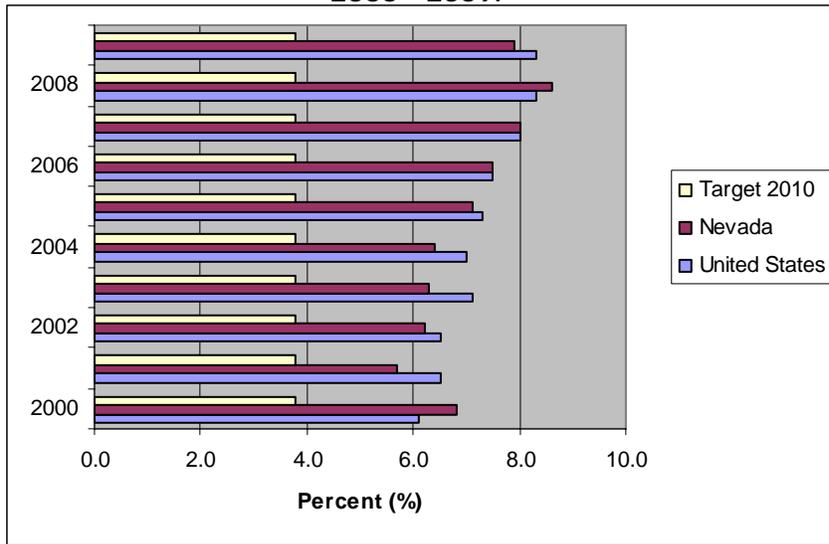
Note: Data for the female gender group are not available for 2000 due to small counts.

**Healthy People 2010 Objective (5-3):** Reduce the overall rate of diabetes that is clinically diagnosed.

**Healthy People 2020 Objective D HP2020-1:** Reduce the annual number of new cases of diagnosed diabetes in the population.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
8.5**	8.3**	N/A**	N/A**	Worsening

**Proportion of Persons with Clinically Diagnosed Diabetes, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***



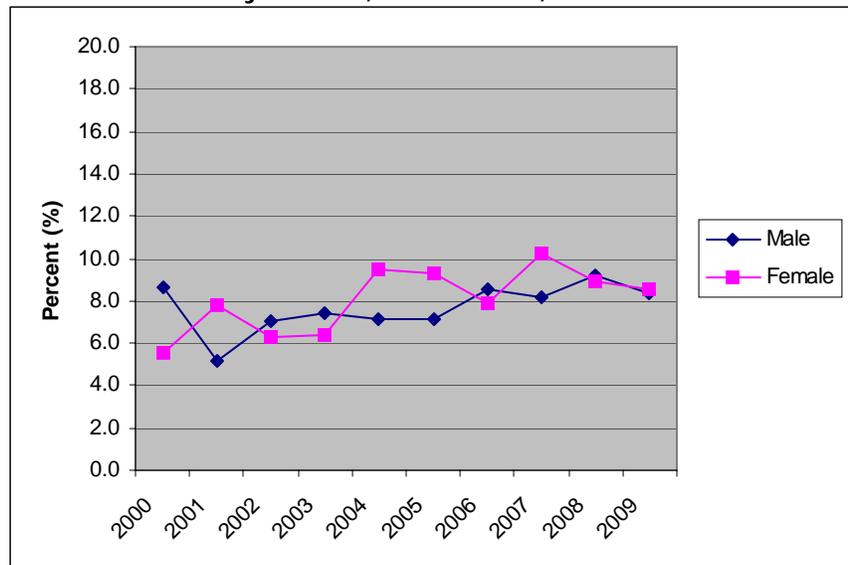
Diabetes is a serious, costly, and increasingly common chronic disease that can cause devastating complications that often result in disability and death.<sup>2</sup>

The proportion of persons with diabetes increased in both the state and the country from 2000 to 2009. Neither region met the Healthy People 2010 target.

**Proportion of Persons with Clinically Diagnosed Diabetes, Nevada by Gender, BRFSS Data, 2000 - 2009.\***

The proportion of persons with clinically diagnosed diabetes fluctuated in Nevada males from 2000 to 2009, at 8.7 percent in 2000 and 8.3 percent in 2009.

Among Nevada females, the proportion of clinically diagnosed diabetes increased from 5.6 percent in 2000 to 8.5 percent in 2009.

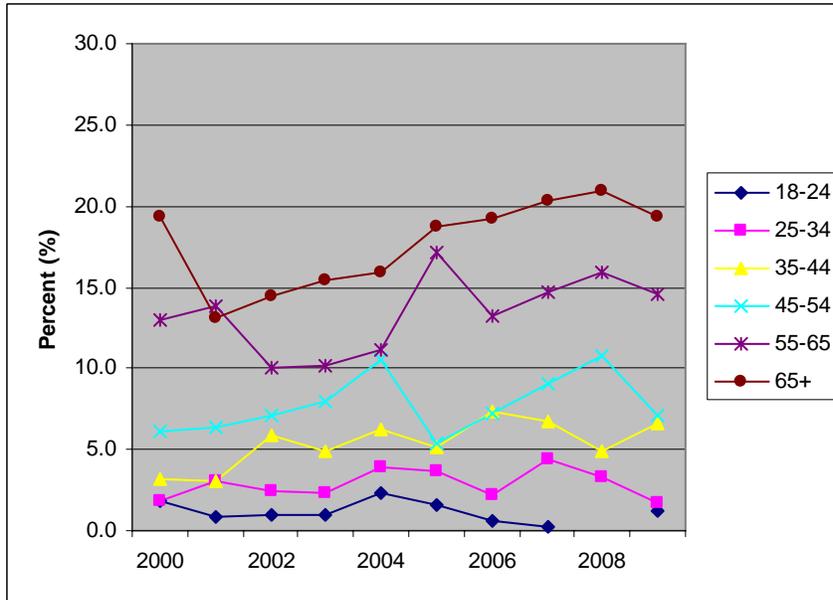


\*These percentages are weighted to survey population.

\*\*The available data is not in line with reporting methodology used for the Healthy People targets.

Note: See appendix for additional information.

**Proportion of Persons with Clinically Diagnosed Diabetes, Nevada Residents by Age, BRFSS Data, 2000 - 2009.\***



The total prevalence of diabetes in 2005 was 20.8 million people diagnosed with diabetes, that was 7 percent of the entire U.S. population.<sup>2</sup>

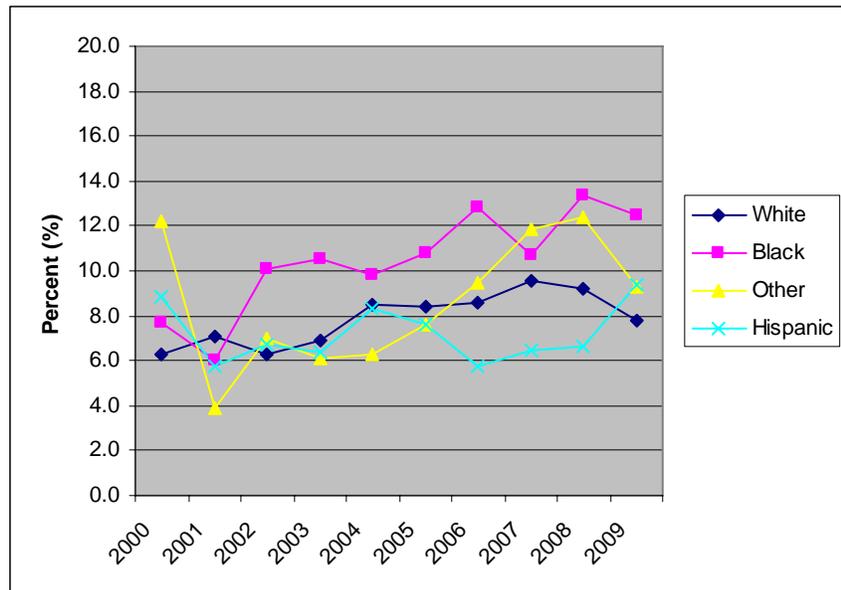
Approximately 176,500 children and adolescents and an estimated 217,467 adults in Nevada have diabetes in 2007.<sup>3</sup>

In Nevada, adults aged 65 years and older had the highest proportion of people with diagnosed diabetes in the past decade.

**Proportion of Persons with Clinically Diagnosed Diabetes, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000 - 2009.\***

In Nevada, Blacks and Other racial/ethnic groups had the highest proportion of people with diagnosed diabetes from 2000 to 2009.

Clinically-based reports and regional studies suggest that type 2 diabetes, although still rare, is being diagnosed more frequently in children and adolescents, particularly in American Indians, African Americans, and Hispanic/Latino Americans.<sup>2</sup>



\*These percentages are weighted to survey population.

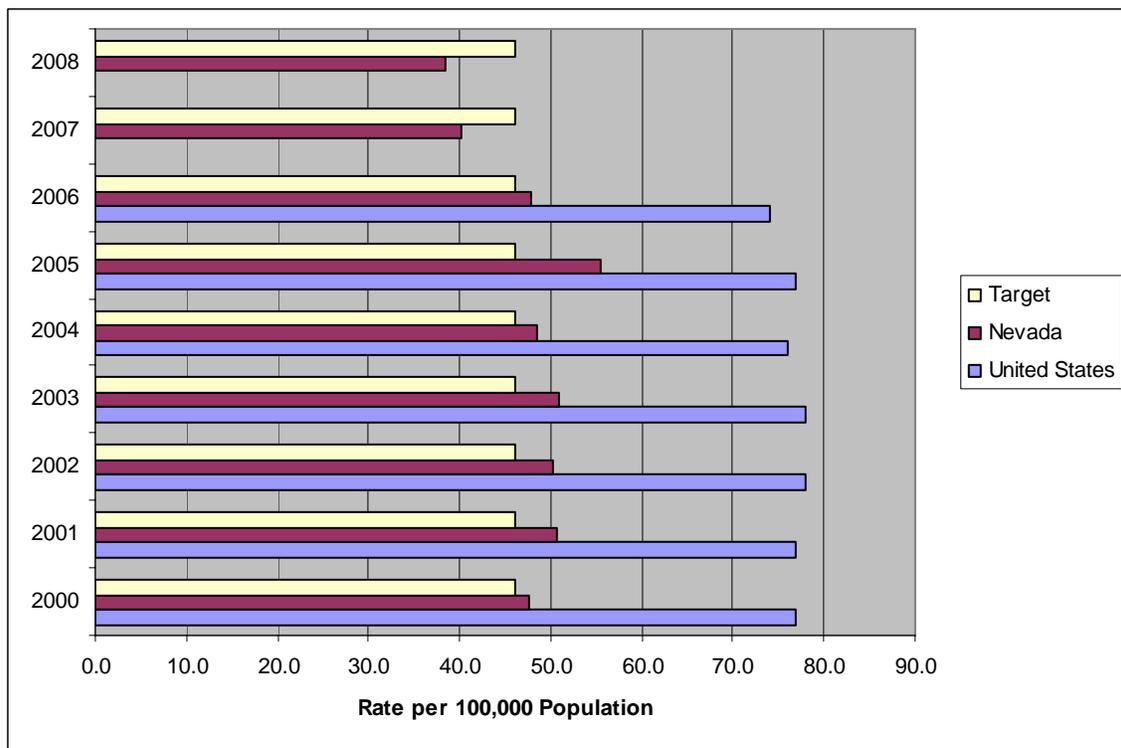
\*\*The available data is not in line with reporting methodology used for the Healthy People targets.

**Healthy People 2010 Objective (5-5):** Reduce the diabetes death rate.

**Healthy People 2020 Objective D HP2020-3:** Reduce the diabetes death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
38.5	74.0	46.0	65.8	Surpassed

**Age-Adjusted Diabetes Related Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

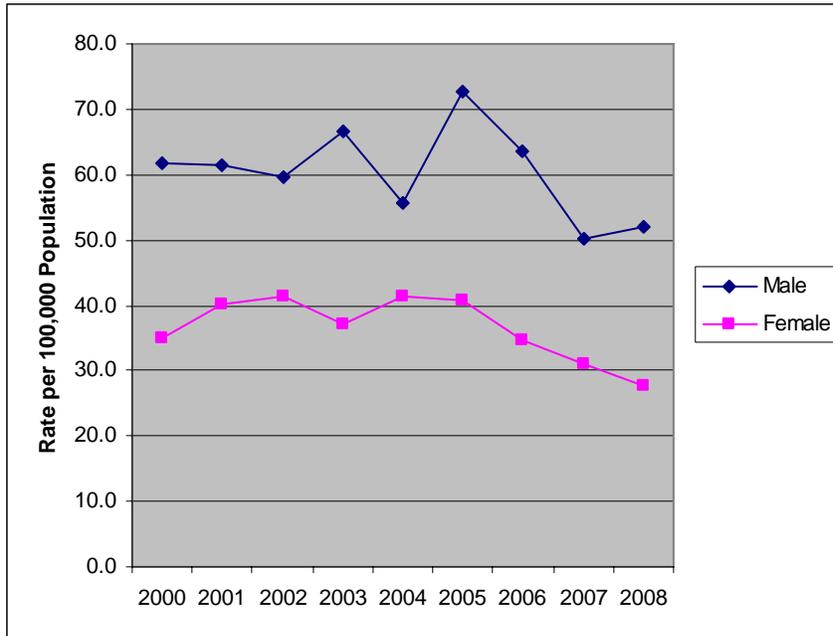


Diabetes is likely to be underreported as a cause of death. Studies have found that only about 35 percent to 40 percent of decedents with diabetes had it listed anywhere on the death certificate and only about 10 percent to 15 percent had it listed as the underlying cause of death.<sup>2</sup>

Nevada surpassed the Healthy People 2010 target for diabetes mortality from 2007 to 2009. The nation had not met the Healthy People 2010 target as of 2006. The national rate was relatively unchanged from 2000 to 2006, while the state rate decreased from 2006 to 2009.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada are not final and are subject to change.  
 Note: See appendix for additional information.

**Diabetes-Related Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



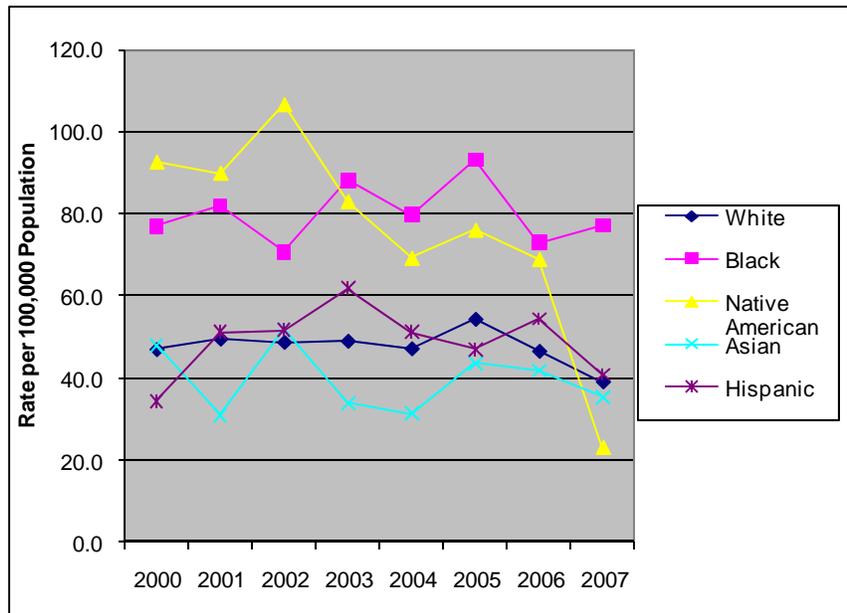
The diabetes mortality rate decreased for both genders in Nevada from 2000 to 2008.

The diabetes death rate for Nevada males was consistently higher than the rate for Nevada females from 2000 to 2008.

**Diabetes-Related Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

From 2003 - 2007, Blacks had a higher diabetes mortality rate than any other racial or ethnic group in Nevada.

The diabetes death rate for Blacks increased in 2008, while the rates for all other race/ethnicities decreased.



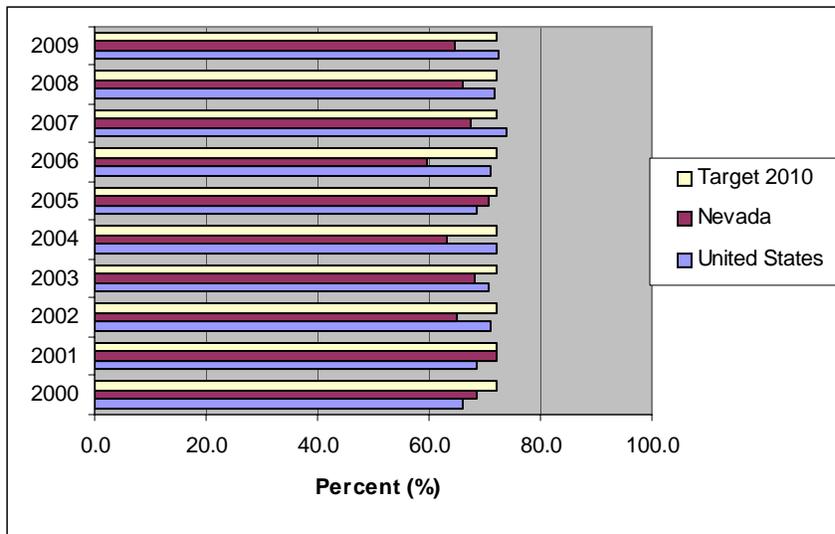
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada are not final and are subject to change.

**Healthy People 2010 Objective (5-12):** Increase the proportion of adults with diabetes who have had a glycosylated hemoglobin measurement at least two times a year.

**Healthy People 2020 Objective D HP2020-11:** Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
64.6	72.4	72.0	71.1	Fluctuating

**Proportion of Adults with Diabetes Who Have Had a Glycosylated Hemoglobin Measurement at Least Two Times a Year, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***

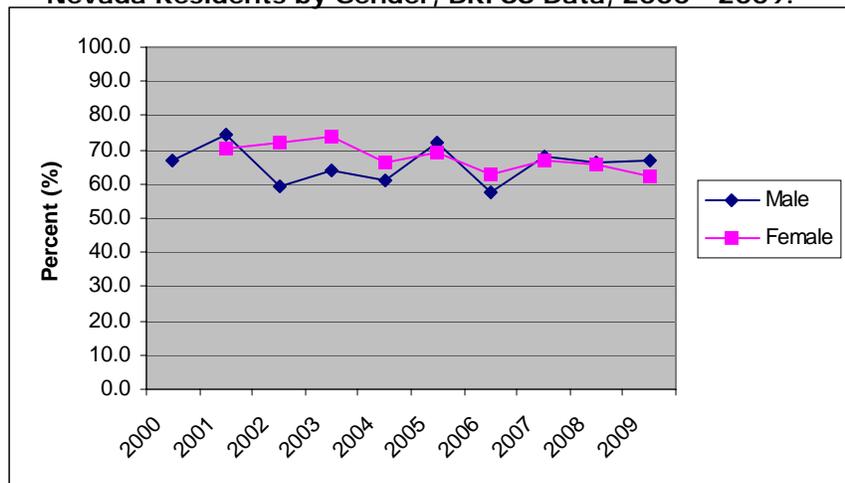


Complications from diabetes include: Eye disease and blindness, Skin and dental problems, Feet and amputations, Stroke, Gastrointestinal problems, Heart disease, Sexual concerns, Kidney disease, Neuropathy, Psychosocial complications.<sup>2</sup>

Both the national and state proportion of adults with diabetes who have had a glycosylated hemoglobin measurement at least twice a year have not met the Healthy People 2010 target.

**Proportion of Adults with Diabetes Who Have Had a Glycosylated Hemoglobin Measurement at Least Two Times a Year, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***

The proportion of persons with diabetes who have had a glycosylated hemoglobin measurement at least twice per year fluctuated in Nevada for both genders from 2000 to 2009, at 66.6 percent and 62.1 percent for males and females respectively in 2009.



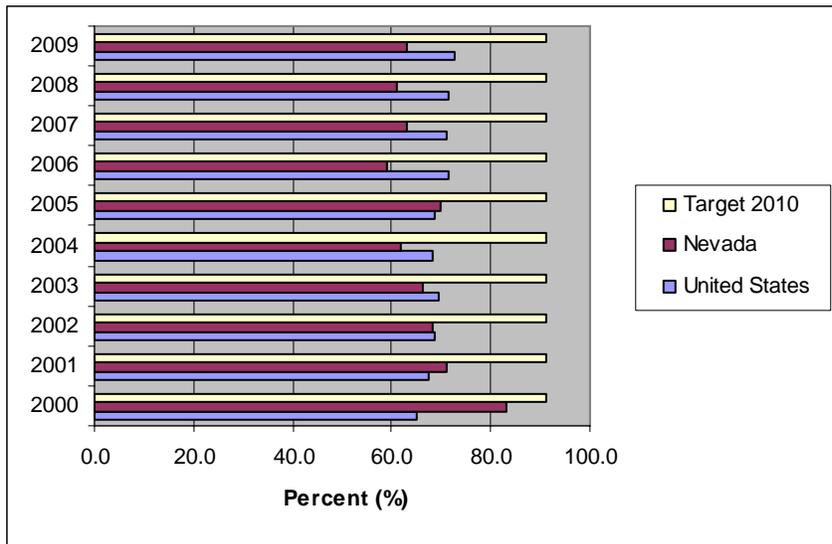
\*These percentages are weighted to survey population.  
 Note: Data for the female gender group are not available for 2000 due to small counts.  
 Note: See appendix for additional information.

**Healthy People 2010 Objective (5-14):** Increase the proportion of adults with diabetes who have had at least an annual foot examination.

**Healthy People 2020 Objective D HP2020–9:** Increase the proportion of adults with diabetes who have had at least an annual foot examination.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
63.2	72.6	91.0	74.8	Worsening

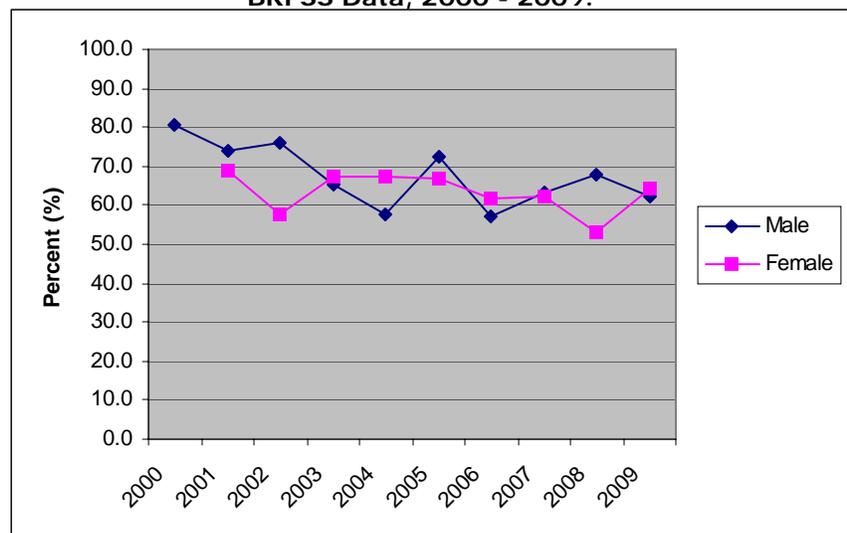
**Proportion of Adults with Diabetes Who Have Had at Least an Annual Foot Examination, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***



The proportion of Nevada adults with diabetes who have had an annual foot examination decreased from 2000 to 2009. The national rate slightly increased from 2000 to 2009. In 2005, 45 percent of lower extremity amputations are performed on patients with a primary diagnosis of diabetes (2005 BRFSS).

Diabetes is a costly disease in Nevada. Costs for diabetes health care and related treatments run about \$167 million annually.<sup>3</sup>

**Proportion of Adults with Diabetes Who Have Had at Least an Annual Foot Examination, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***



The proportion of Nevada adults with diabetes who have had at least one annual foot exam decreased overall from 2000 to 2009 for both males and females.

\*These percentages are weighted to survey population.  
 Note: Data for the female gender group are not available for 2000 due to small counts.  
 Note: See appendix for additional information.



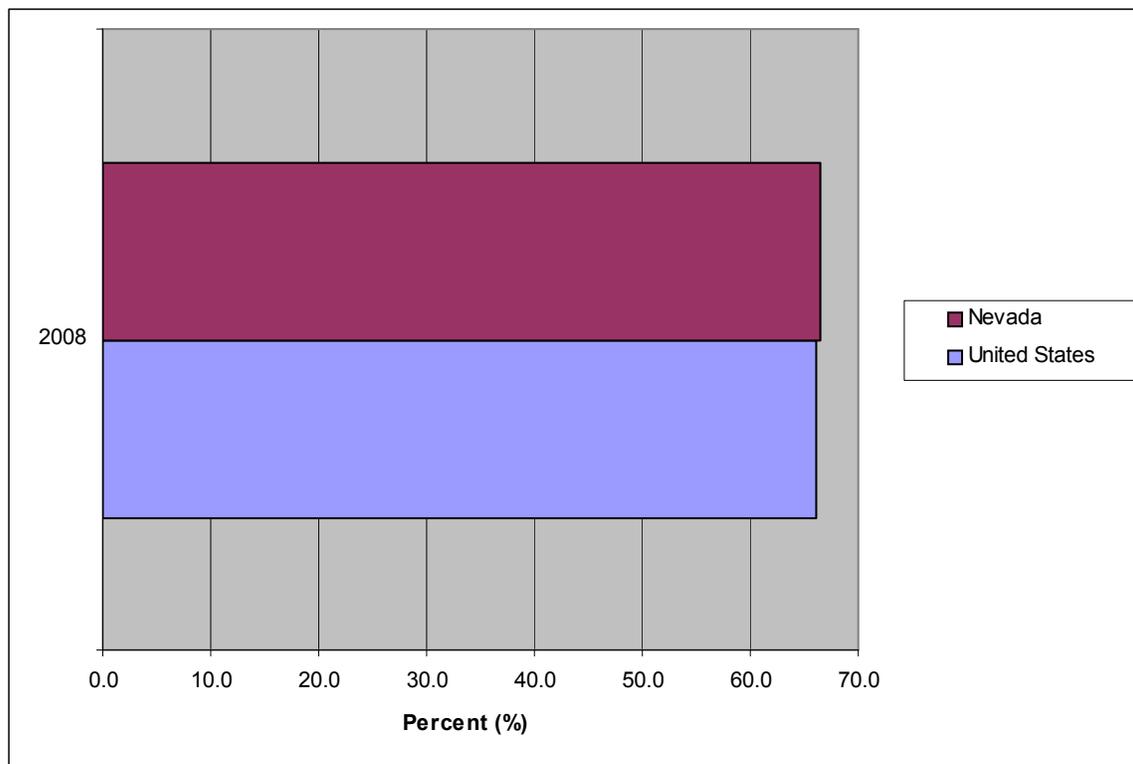
# Early and Middle Childhood

During a child’s early and middle childhood, they will experience many changes in their life. Some of these changes include forming the foundation for learning, well being, and social awareness in developing independence from families. It is important for the child to develop healthy cognitive functions and emotional abilities, as well as to establish healthy behaviors to carry on throughout their aging process.<sup>1</sup>

**Healthy People 2020 Objective EMC HP2020-4:** Increase the proportion of elementary, middle, and senior high schools that require school health education.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
66.5	66.1	N/A		

**The Proportion of Schools With A Health Education Curriculum That Addresses All Eight National Standards For Health Education, Nevada Residents and United States, SHPPS Data, 2008.\***



In 2008, more than 66 percent of schools in Nevada had a health education curriculum that addressed all eight national standards for health education.<sup>2</sup> This proportion nationally was closely trailing that in Nevada in 2008, at 66.1 percent and 66.5 percent respectively.

\*The Nevada and U.S. data are from the Centers for Disease Control and Prevention (CDC), School Health Policies and Protection Study (SHPPS), School Health Profiles 2008. Individual county data is not available.

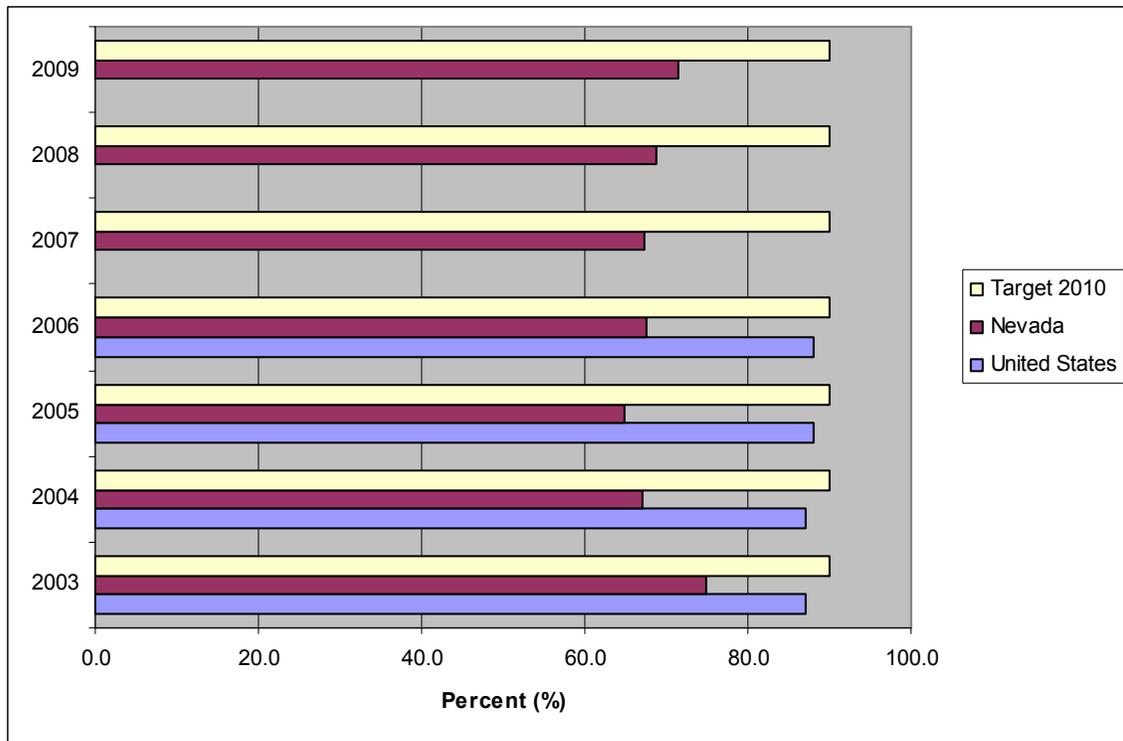
# Education and Community-Based Programs

The national dropout rate over the years 2000 to 2007 was 10.75 percent and Nevada’s was approximately 5.6 percent, and that is based on Kids Count-UNLV reports for the years 2000–2007. These reports were based upon a community survey taken by the U.S. Census Bureau. Nevada's rapid growth and migratory population are factors in Nevada’s dropout rate. In 2007, Nevada’s dropout rate was reported as ‘the worst in the nation’.<sup>1</sup>

**Healthy People 2020 Objective ECBP HP2020-6:** Increase the proportion of the population that completes high school education.

Most Recent NV Value (2009)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
71.4	88.0	90.0	97.9	Fluctuating

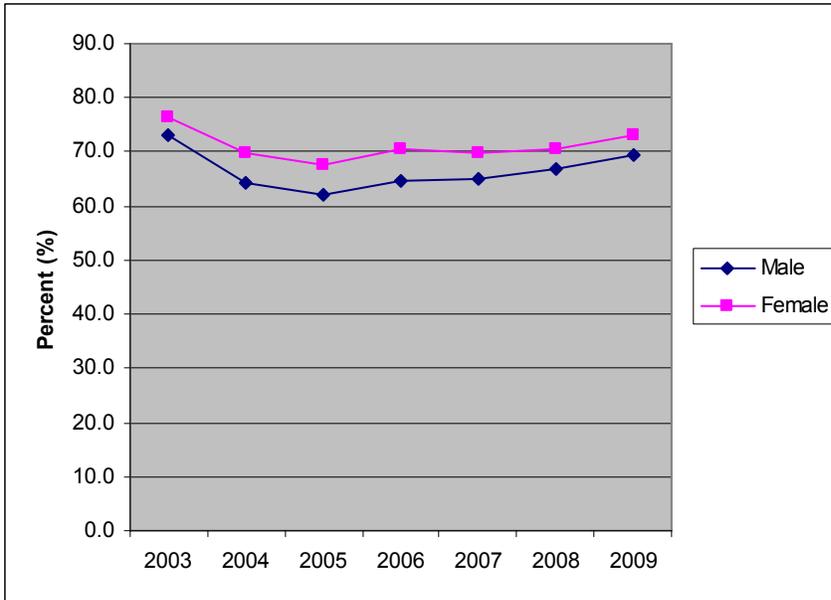
**Proportion of the Population Who Completes High School, Nevada Residents and United States, 2003 - Most Current Data.\***



From 2003 to 2009, the proportion of Nevada residents who complete high school was consistently lower than that proportion nationally and the Healthy People 2010 target of 90.0 percent. However, the proportion of Nevada residents who complete high school increased from 2007 to 2009.

\*The Nevada data are from the Nevada Annual Reports of Accountability. U.S. data are from the Current Population Survey (CPS), U.S. Department of Commerce, Bureau of the Census.  
 Note: Nevada and U.S. data are from two different data sources and thus may not be comparable.  
 Note: See appendix for additional information.

**Proportion of the Population Who Completes High School, Nevada Residents by Gender, 2003 - 2009.\***

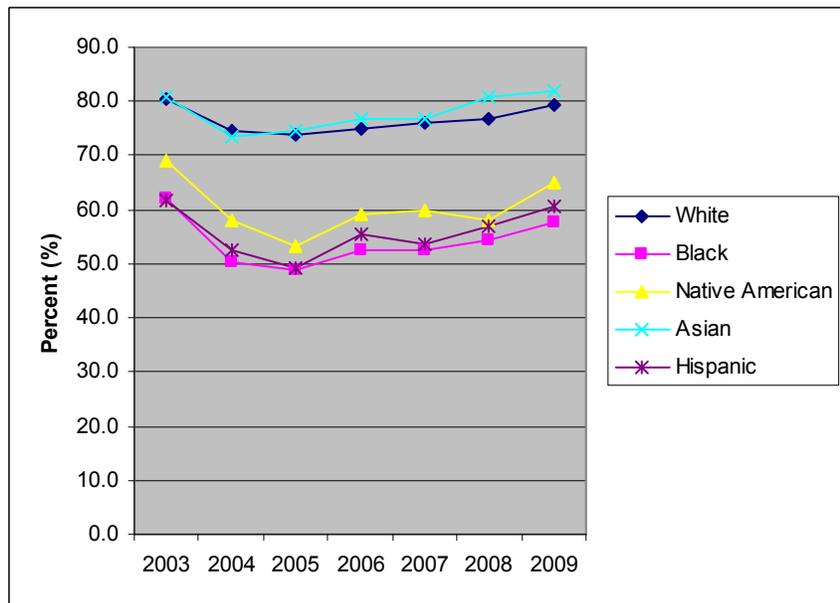


In Nevada, a higher proportion of females completed high school than males from 2003 to 2009. The proportion of Nevada residents who complete high school increased since 2005 for both genders.

**Proportion of the Population Who Completes High School, Nevada Residents by Race/Ethnicity, 2003 - 2009.\***

From 2003 to 2009, the proportion of Whites and Asians who completed high school was 15 to 20 percent higher than other racial/ethnic groups in Nevada.

Blacks and Hispanics have the highest percentage of high school dropouts.<sup>2</sup>



\*The Nevada data are from the Nevada Annual Reports of Accountability.

# Family Planning

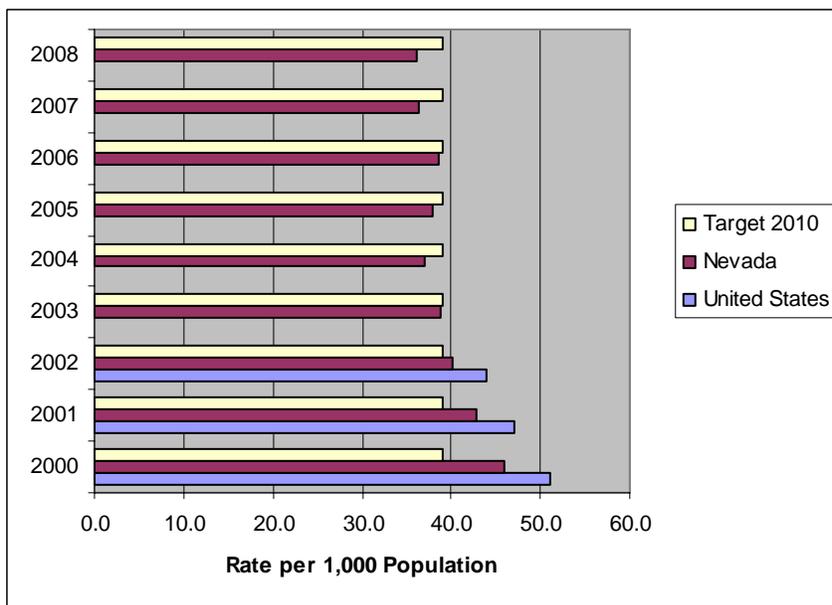
The United States has a considerably higher rate of teen pregnancy than most other developed countries. In 2006, there were 435,436 births to mothers aged 15–19 years in the United States, a birth rate of 41.9 per 1,000. Teen mothers face higher rates of preterm birth, have higher rates of low birth weight babies, and neonatal death. Teen mothers are more likely to drop out of school, and more likely to live in poverty and be dependent on public programs. The cost to U.S. taxpayers for adolescent pregnancies is estimated to be \$9 billion a year (CDC, 2009).<sup>1</sup>

**Healthy People 2010 Objective (9-7):** Reduce pregnancies among adolescent females.

**Healthy People 2020 Objective FP HP2020–8:** Reduce pregnancies among adolescent females, aged 15-17 and aged 18-19.

Most Recent NV Value (2008)	U.S. (2002)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
36.1	44.0	39.0	36.2	Surpassed

**Adolescent Pregnancy Rate Among Females Aged 15 to 17 Years, Nevada Residents and United States, 2000 - Most Current Data.\***

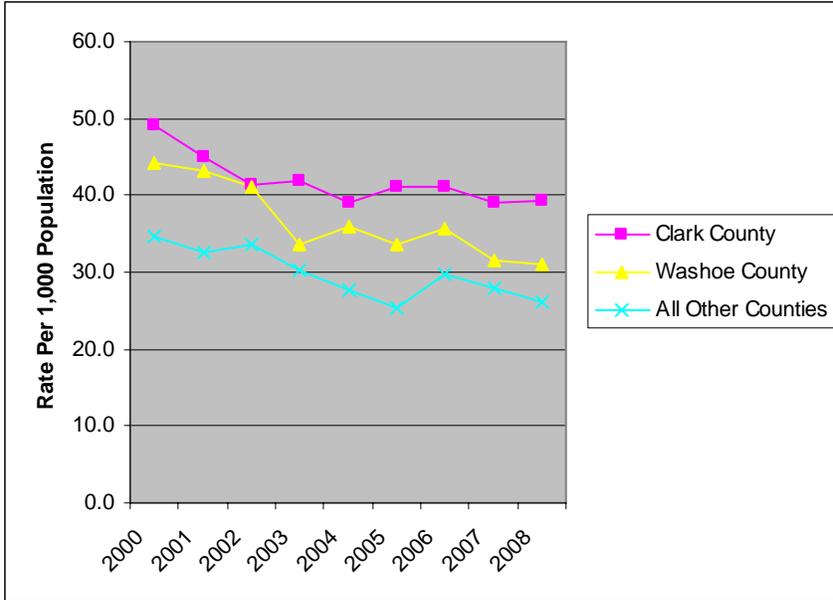


The Nevada adolescent pregnancy rate among females aged 15 to 17 years, decreased from 2000 to 2008. The state rate was consistently lower than the reported national rate and was lower than the Healthy People 2010 target, of 39.0, from 2003 on.

The national rate for the same indicator for the last three reported years (2000, 2001, & 2002) also decreased.

\*These rates are per 1,000 female age specific population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Births.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Adolescent Pregnancy Rate Among Females Aged 15 to 17 Years, Nevada Residents by County/Region, 2000 - 2008.\***

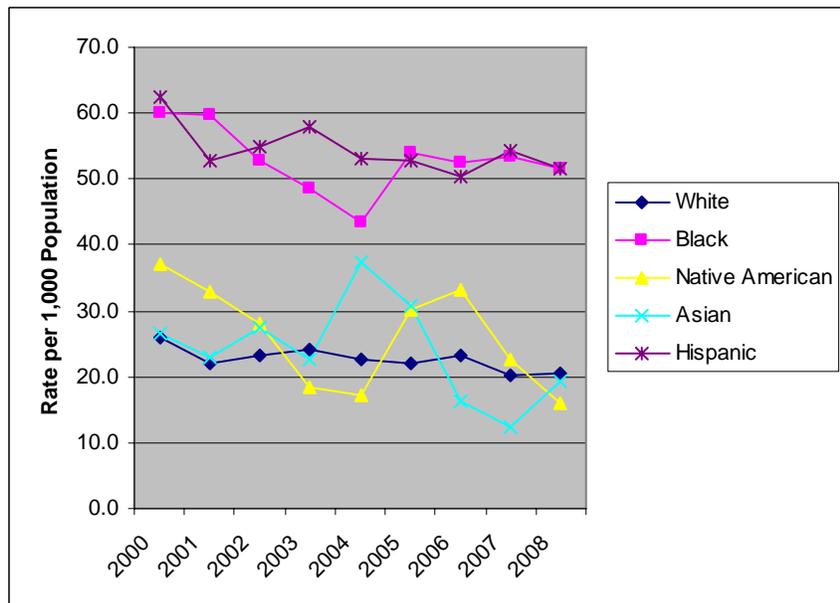


Counties with higher populations may have a corresponding increase in their adolescent pregnancy rates among females aged 15 to 17, when compared with counties of less dense populations.

Clark County had the highest adolescent pregnancy rate among females aged 15 to 17 years, in Nevada from 2000 to 2008.

**Adolescent Pregnancy Rate Among Females Aged 15 to 17 Years, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

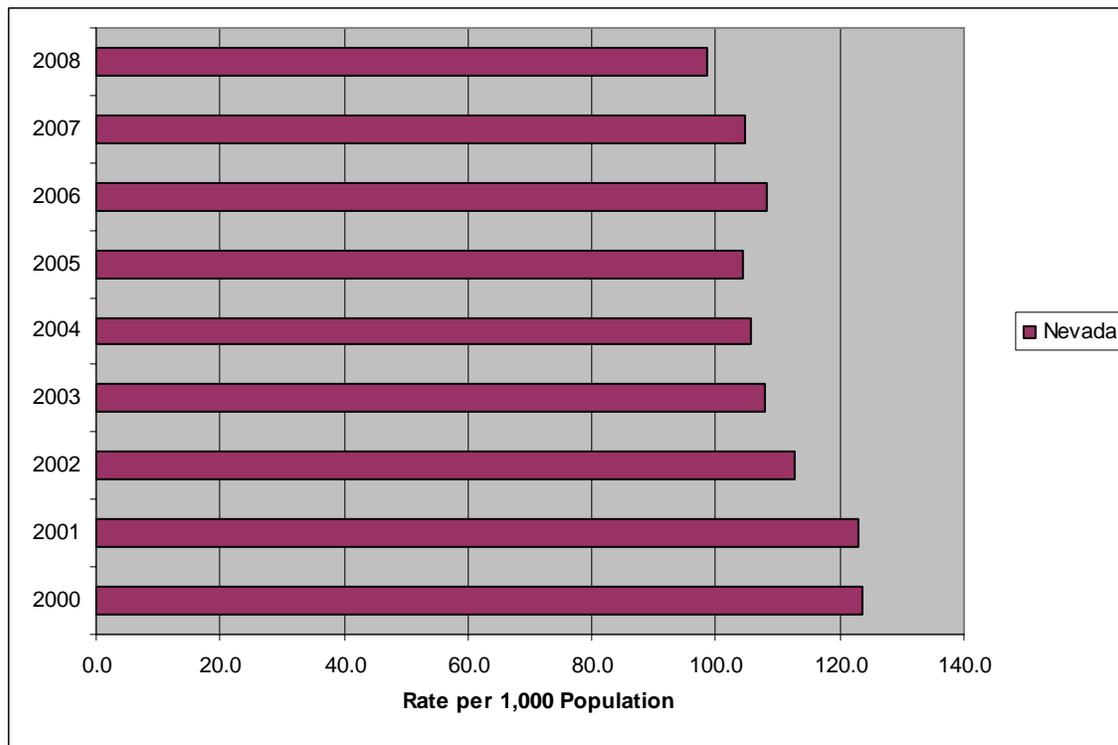
Black and Hispanic females aged 15 to 17 years consistently had a higher rate of adolescent pregnancy than other racial groups in Nevada over the years 2000 to 2008.



\*These rates are per 1,000 female age specific population. The Nevada data are from Nevada Vital Statistics Records. Note: 2008 Nevada data are not final and are subject to change.

Most Recent NV Value (2008)	U.S.	HP 2010 Target	HP 2020 Target	Progress Towards Targets
98.7	N/A	N/A	105.9	N/A

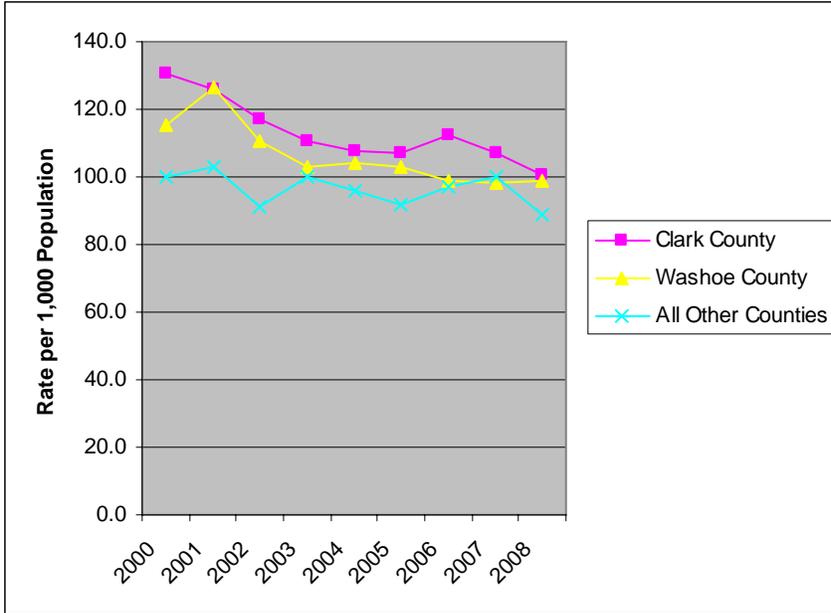
**Adolescent Pregnancy Rate Among Females Aged 18 to 19 Years, Nevada Residents, 2000 - 2008.\***



The Nevada adolescent pregnancy rate among females age 18 to 19 years, decreased from 2000 to 2008, at 98.7 percent in 2008.

\*These rates are per 1,000 female age specific population. The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

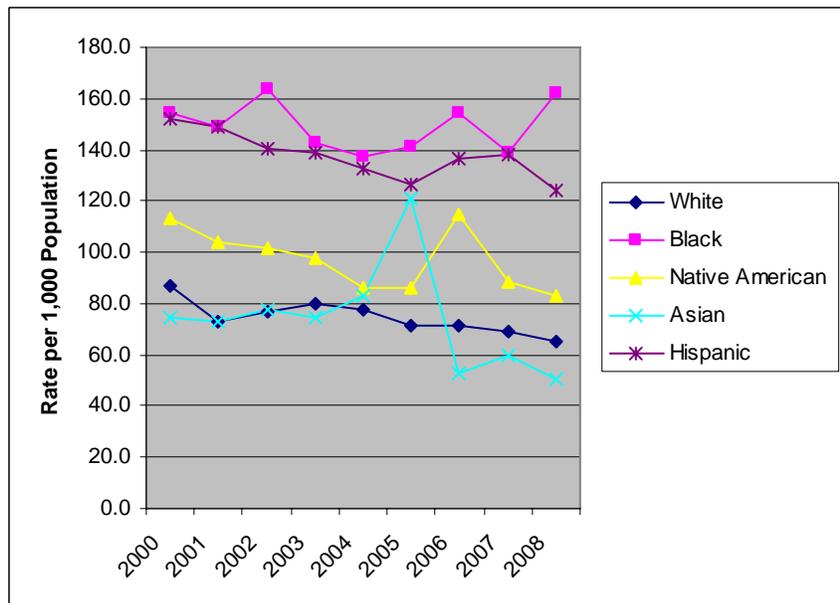
**Adolescent Pregnancy Rate Among Females Aged 18 to 19 Years, Nevada Residents by County/Region, 2000 - 2008.\***



The rates of adolescent teen pregnancy among 18 and 19 year olds declined in all Nevada regions over the last nine years.

**Adolescent Pregnancy Rate Among Females Aged 18 to 19 Years, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

Blacks and Hispanics had higher rates of adolescent pregnancy among females aged 18 and 19 than all other racial/ethnic groups in Nevada from 2000 to 2008.



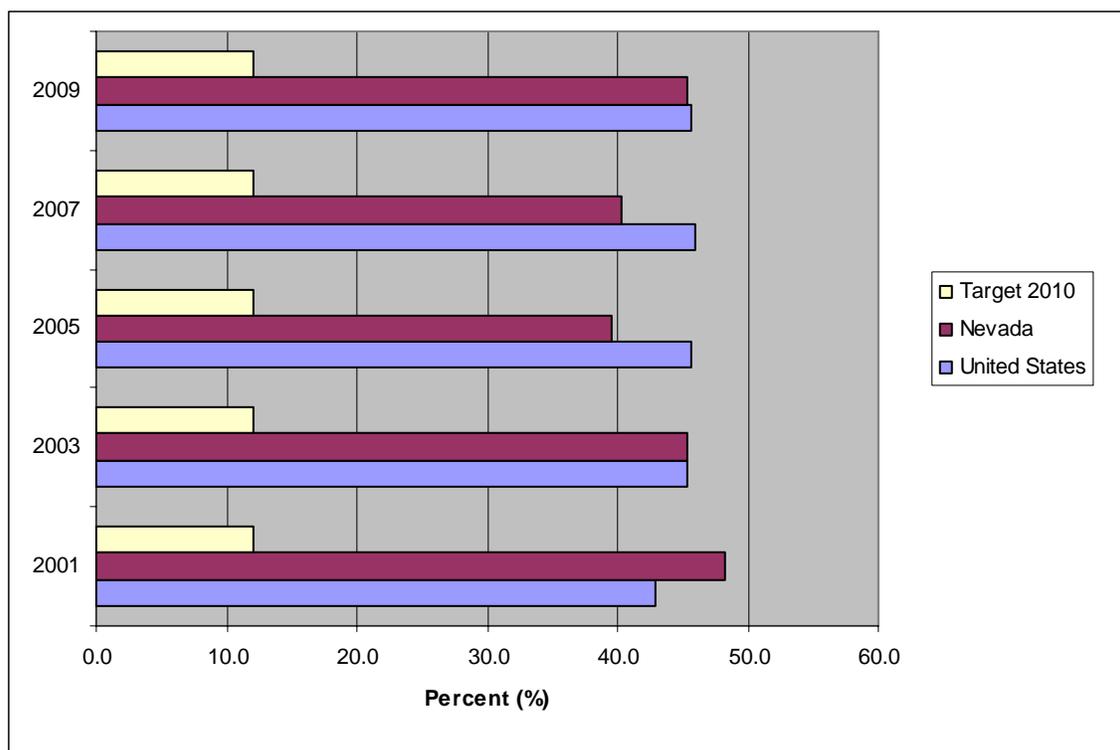
\*These rates are per 1,000 female age specific population. The Nevada data are from Nevada Vital Statistics Records. Note: 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (9-8a.):** Increase the proportion of females who have never engaged in sexual intercourse before age 15.

**Healthy People 2020 Objective FP HP2020–9.3:** Increase the proportion of female adolescents aged 15 years and under who have never had sexual intercourse.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
45.0	46.0	12.0**	91.2	Fluctuating

**Proportion of Female Adolescents, Grades 9-12, Who Have Ever Had Sexual Intercourse, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



The proportion of Nevada female adolescents in grades 9 through 12 who have ever had sexual intercourse fluctuated from 2001 to 2009, at 45.0 percent in 2009.

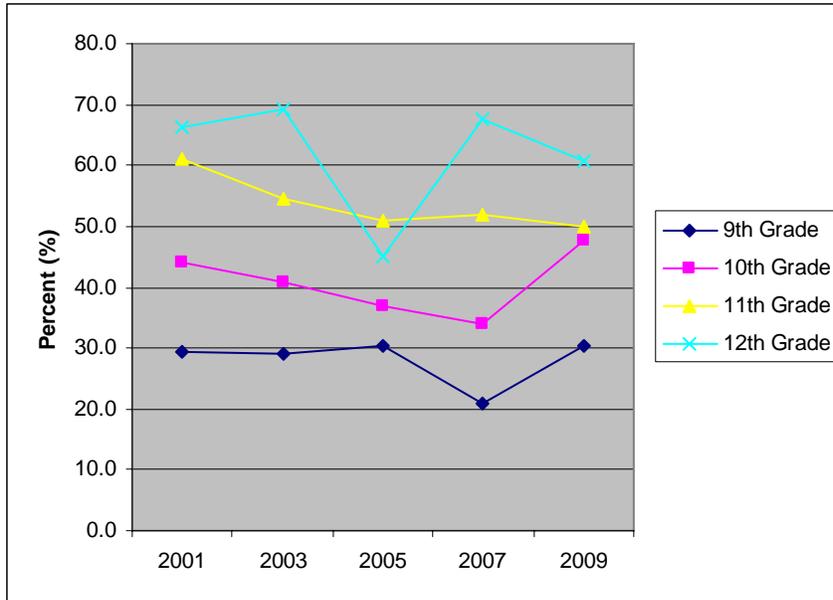
From 2001 to 2009, over 40 percent of female adolescents in Nevada reported having sexual intercourse.<sup>2</sup>

\*Individual county data are not available.

\*\*The Healthy People 2010 target was changed to represent the proportion of females who have ever engaged in sexual intercourse, rather than females who have never engaged in sexual intercourse.



**Proportion of Female Adolescents, Grades 9-12, Who Have Ever Had Sexual Intercourse, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

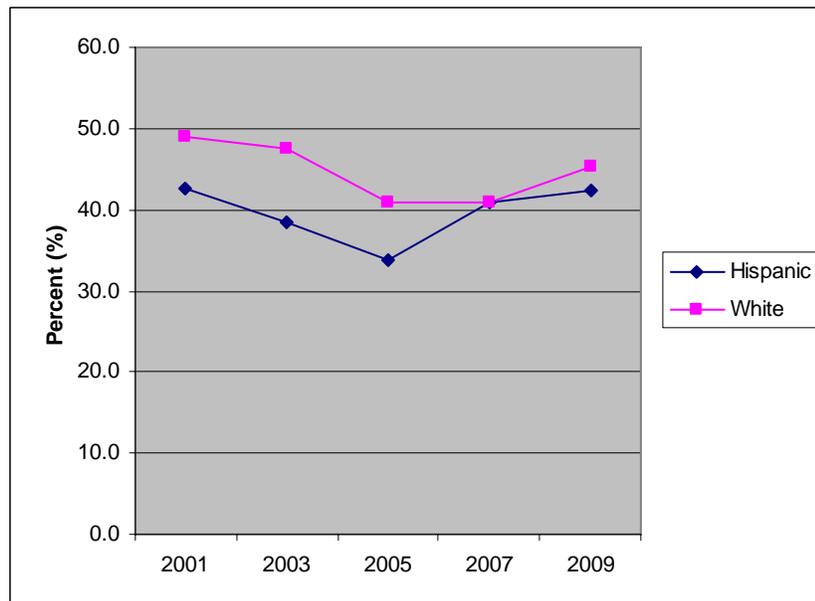


According to the Youth Risk Behavior Surveillance System (YRBSS), in 2009, 61 percent of females in the 12th grade had reported having sexual intercourse in the state.<sup>2</sup>

Approximately half of the females in the 10th and 11th grades have had sexual intercourse, and 31 percent of the 9th graders have reported having sexual intercourse.<sup>2</sup>

**Proportion of Female Adolescents, Grades 9-12, Who Have Ever Had Sexual Intercourse, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

From 2001 to 2005, there was a decrease in the proportion of White and Hispanic female adolescents who reported ever having sexual intercourse. From 2005 to 2009, the proportion of adolescents engaging in sexual intercourse has increased for both White and Hispanic females in Nevada.



\*Individual county data are not available.

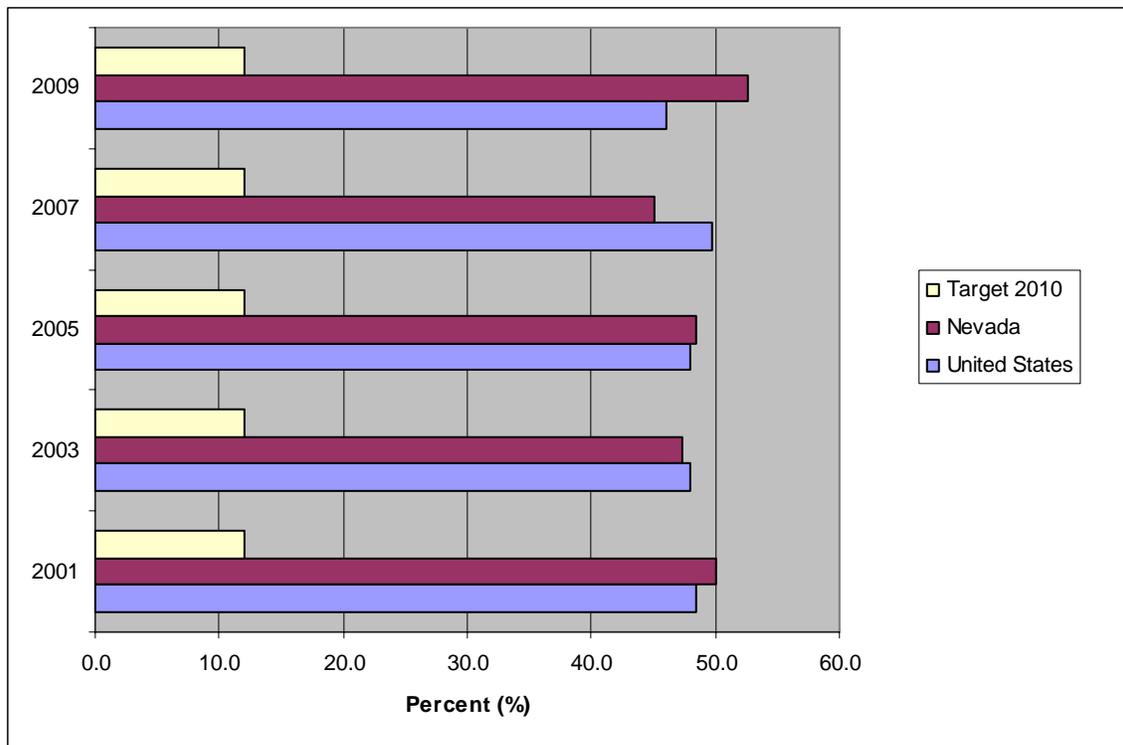
Note: Data are not available for Black and Other race/ethnicity groups due to <100 respondents for those subgroups.

**Healthy People 2010 Objective (9-8b.):** Increase the proportion of males who have never engaged in sexual intercourse before age 15.

**Healthy People 2020 Objective FP HP2020–9.4:** Increase the proportion of male adolescents aged 15 years and under who have never had sexual intercourse.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
53.0	46.0	12.0**	90.2	Fluctuating

**Proportion of Male Adolescents, Grades 9-12, Who Have Ever Had Sexual Intercourse, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



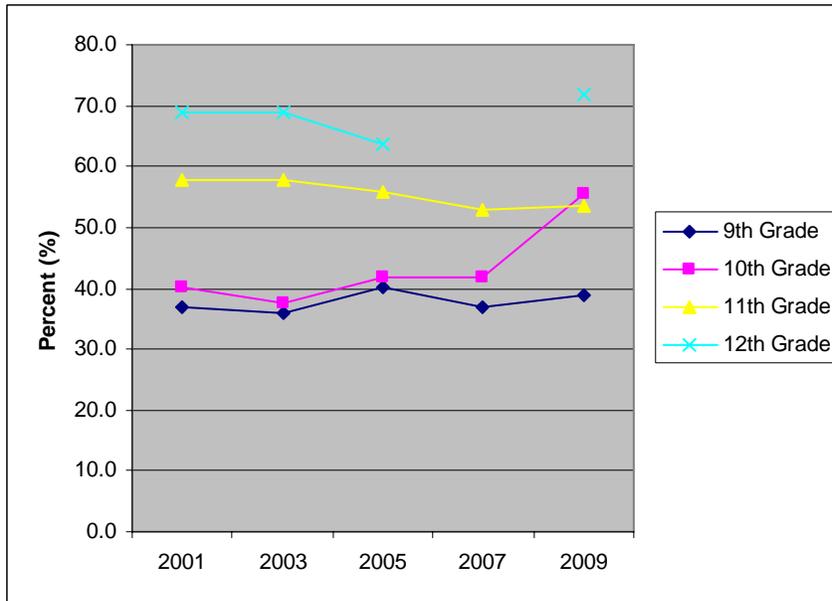
The proportion of Nevada male adolescents, grades 9 through 12, who have ever had sexual intercourse fluctuated from 2001 to 2009, at 53.0 percent in 2009.

From 2001 to 2009, over 45 percent of male adolescents, grades 9 through 12, in Nevada have reported having sexual intercourse.<sup>2</sup>

\*Individual county data are not available.

\*\*The Healthy People 2010 target was changed to represent the proportion of males who have ever engaged in sexual intercourse, rather than males who have never engaged in sexual intercourse.

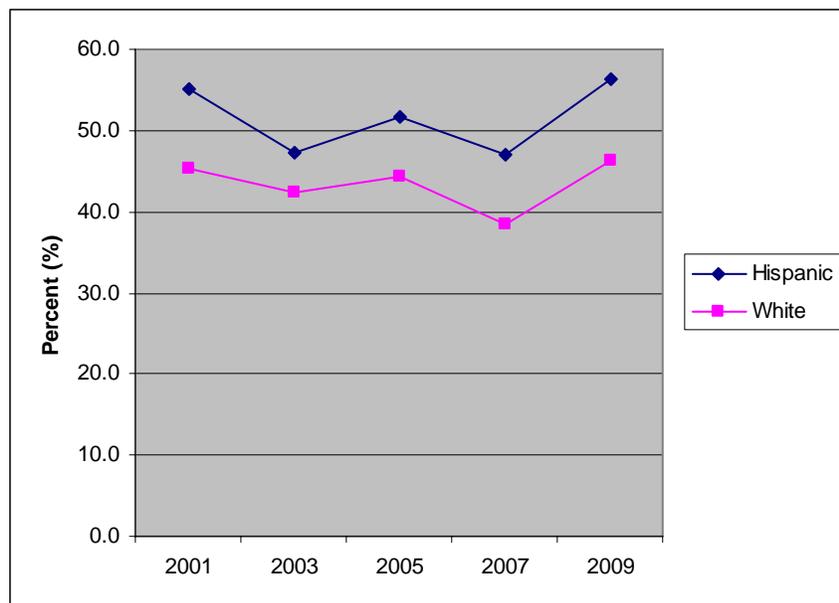
**Proportion of Male Adolescents, Grades 9-12, Who Have Ever Had Sexual Intercourse, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



According to the Youth Risk Behavior Surveillance System (YRBS), in 2009, 72 percent of males in the 12th grade had reported having sexual intercourse in Nevada.<sup>2</sup>

**Proportion of Male Adolescents Who Have Ever Had Sexual Intercourse, Grades 9-12, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

In Nevada, during 2009, over 40 percent of White male adolescents and over 50 percent of Hispanic male adolescents, reported ever having sexual intercourse.<sup>2</sup> Reliable counts were not available for the other racial/ethnic groups.



Data not available in 2007 for 12th grade, <100 respondents for the subgroup.

\*Individual county data are not available.

Note: Data are not available for Black and Other race/ethnicity groups due to <100 respondents for those subgroups.

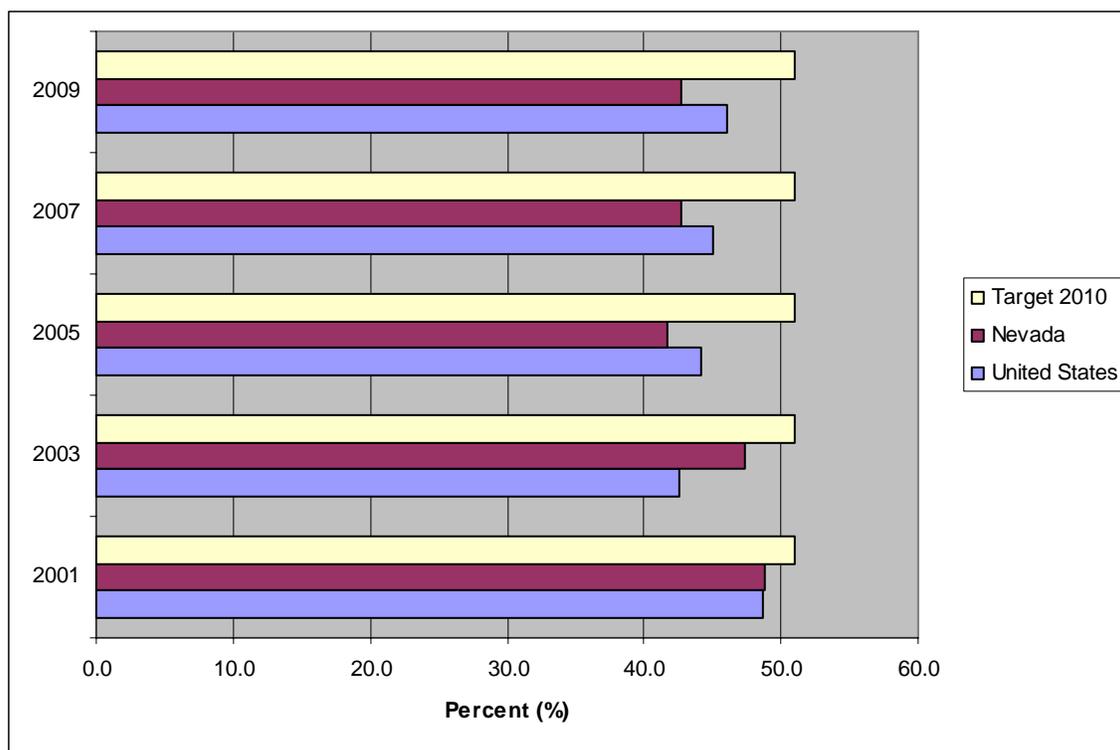
Note: Data are not available for 12th grade group for the year 2007 due to <100 respondents.

**Healthy People 2010 Objective (9-10e.):** Increase the proportion of female adolescents aged 15 to 17 years who used a condom at last intercourse.

**Healthy People 2020 Objective FP HP2020-10.3:** Increase the proportion of sexually active females aged 15 to 19 years who used a condom at last intercourse.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
42.7	46.1	51.0**	58.1	Improving

**Proportion of Female Adolescents Who Did Not Use a Condom During Last Sexual Intercourse, Grades 9-12, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2001 to 2009, in Nevada, over 40 percent of female adolescents, grades 9-12, did not use a condom during their last sexual intercourse. The national percentage is slightly higher.<sup>2</sup>

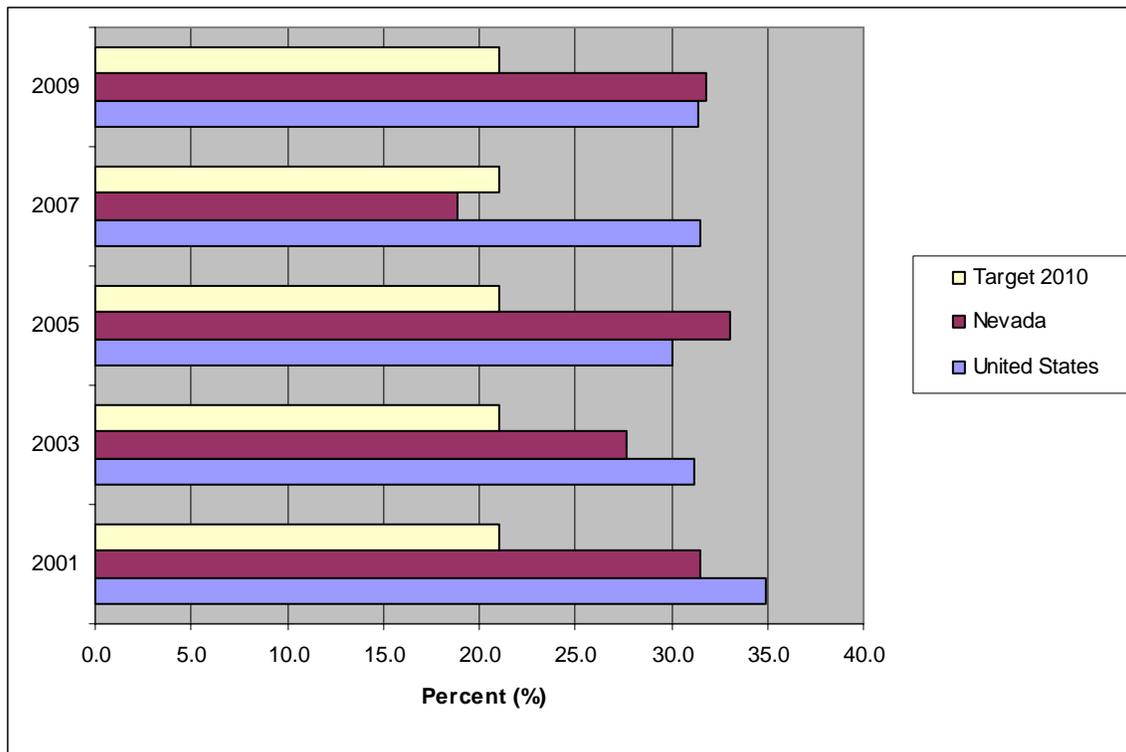
\*Individual county data are not available. Race/ethnicity and grade data are not available due to <100 respondents from those subgroups.  
 \*\*The Healthy People 2010 target was changed to represent the proportion of females who did not use a condom during last sexual intercourse, rather than females who used a condom during last sexual intercourse.

**Healthy People 2010 Objective (9-10f.):** Increase the proportion of male adolescents aged 15 to 17 years who used a condom at last intercourse.

**Healthy People 2020 Objective FP HP2020-10.4:** Increase the proportion of sexually active males aged 15 to 19 years who used a condom at last intercourse.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
31.8	31.4	21.0**	85.7	Fluctuating

**Proportion of Male Adolescents, Grades 9-12, Who Did Not Use a Condom During Last Sexual Intercourse, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\*\***



According to the Youth Risk Behavior Surveillance System (YRBS), in 2009, 32 percent of male adolescents in Nevada did not use a condom during their last sexual intercourse.<sup>2</sup>

Nationally, the percentage of male adolescents, grades 9-12, not using a condom decreased from 2001 to 2009. Nevada's percentage fluctuated from 2001 to 2009. The Healthy People 2010 target was met by the state in 2007.

\*Individual county data are not available. Race/ethnicity and grade data are not available due to <100 respondents from those subgroups.

\*\*The Healthy People 2010 target was changed to represent the proportion of males who did not use a condom during last sexual intercourse, rather than males who used a condom during last sexual intercourse.

# Food Safety

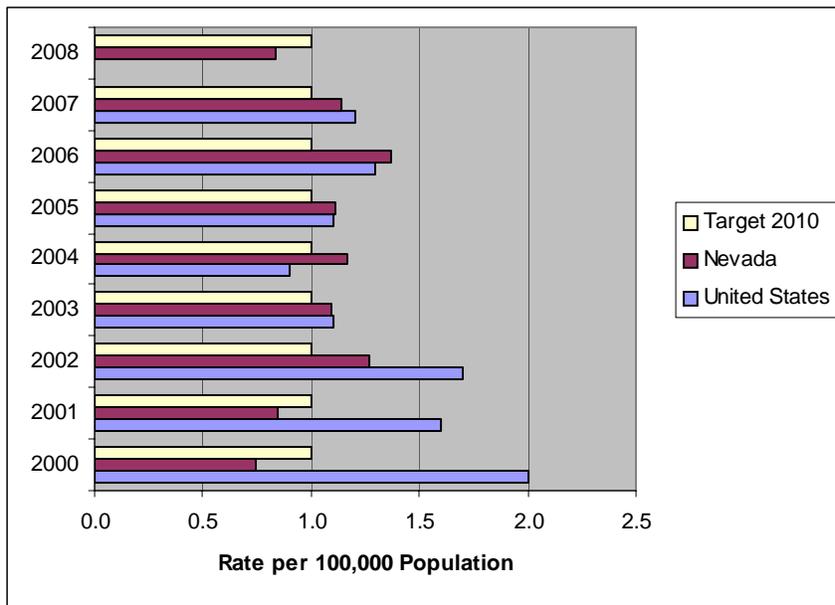
Foodborne disease is caused by consuming contaminated foods or beverages. The most commonly recognized foodborne infections are those caused by the bacteria *Campylobacter jejuni*, *Salmonella*, *Listeria monocytogenes*, *Toxoplasma*, *E.Coli* O157:H7, and by a group of viruses called calicivirus, also known as the Norwalk virus. An estimated 76 million cases of foodborne disease occur each year in the United States. The great majority of these cases are mild, although some cases are more serious. The CDC estimates that there are 325,000 hospitalizations and 5,000 deaths related to foodborne diseases each year.<sup>1</sup> The most severe cases tend to occur in the very old, the very young, and those who have an illness already which reduces their immune system function.

**Healthy People 2010 Objective (10-1b.):** Reduce infections caused by key foodborne pathogens, *Escherichia Coli* O157:H7.

**Healthy People 2020 Objective FS HP2020-1.2:** Reduce infections caused by key pathogens transmitted commonly through food, Shiga toxin-producing *Escherichia coli* (STEC) O157:H7.

Most Recent NV Value (2008)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
0.8	1.2	1.0	0.6	Achieved

**Rate of Reported Cases of Escherichia Coli O157:H7, Nevada Residents and United States, NEDSS Data, 2000 - Most Current Data.\***



Foodborne disease rates fluctuated in Nevada and declined in the United States from 2000 to 2008 and 2007 respectively.

Irrespective of the surveillance system, many cases of foodborne illness are not reported because the ill person does not seek medical care, the health care provider does not obtain a specimen for diagnosis, the laboratory does not perform the necessary diagnostic test, or the illness or laboratory findings are not communicated to public health officials.<sup>1</sup>

\*The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for the years 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County. U.S. data are from the National Electronic Diseases Surveillance System (NEDSS).

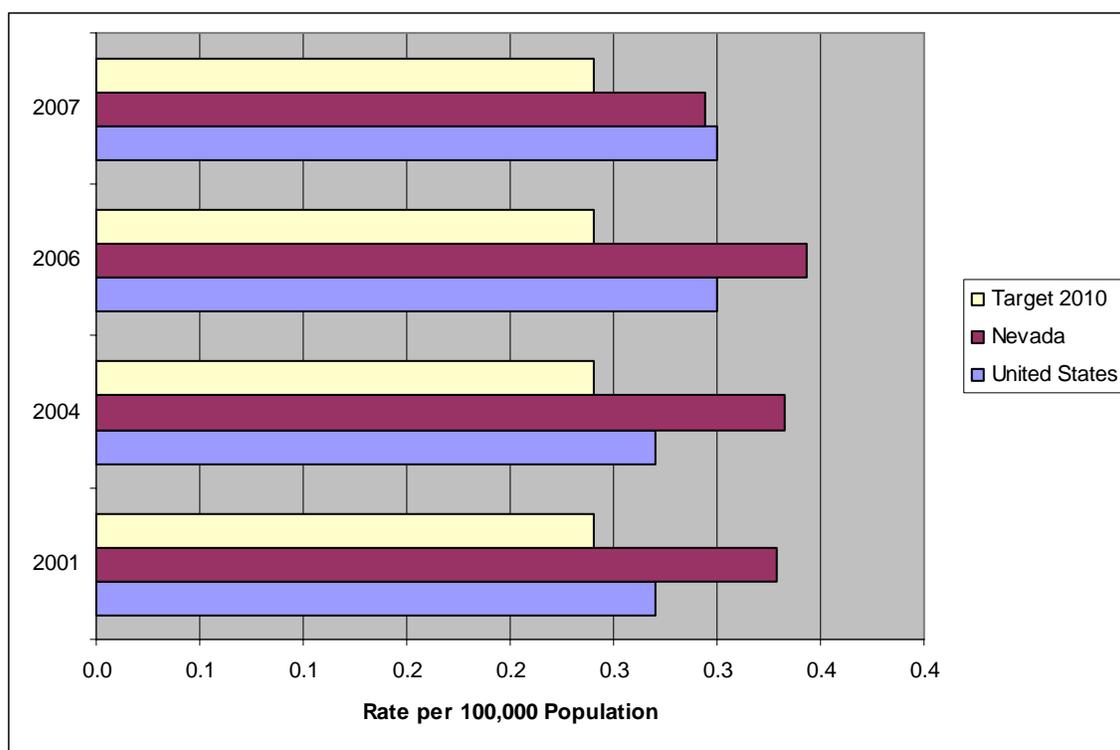
Note: See appendix for additional information.

**Healthy People 2010 Objective (10-1c.):** Reduce infections caused by key foodborne pathogens, Listeriosis.

**Healthy People 2020 Objective FS HP2020-1.3:** Reduce infections caused by key pathogens transmitted commonly through food, *Listeria Monocytogenes*.

Most Recent NV Value (2007)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
.29	.30	.24	.2	Fluctuating

**Rate of Reported Cases of Listeriosis, Nevada Residents and United States, NEDSS Data, 2001, 2004, 2006, 2007.\***



Neither Nevada, nor the nation, met the Healthy People 2010 target in the reported years.

Listeriosis is a serious infection caused by eating food contaminated with bacteria called *Listeria monocytogenes*. Persons with listeriosis usually have: fever, muscle aches, nausea or diarrhea. If the infection spreads to the nervous system, the following symptoms may occur: headache, stiff neck, confusion, loss of balance, and convulsions. Symptoms may occur within as few as three days to as many as 70 days after consumption of contaminated food.<sup>2</sup>

\*The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for the years 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County. U.S. data are from the National Electronic Diseases Surveillance System (NEDSS).

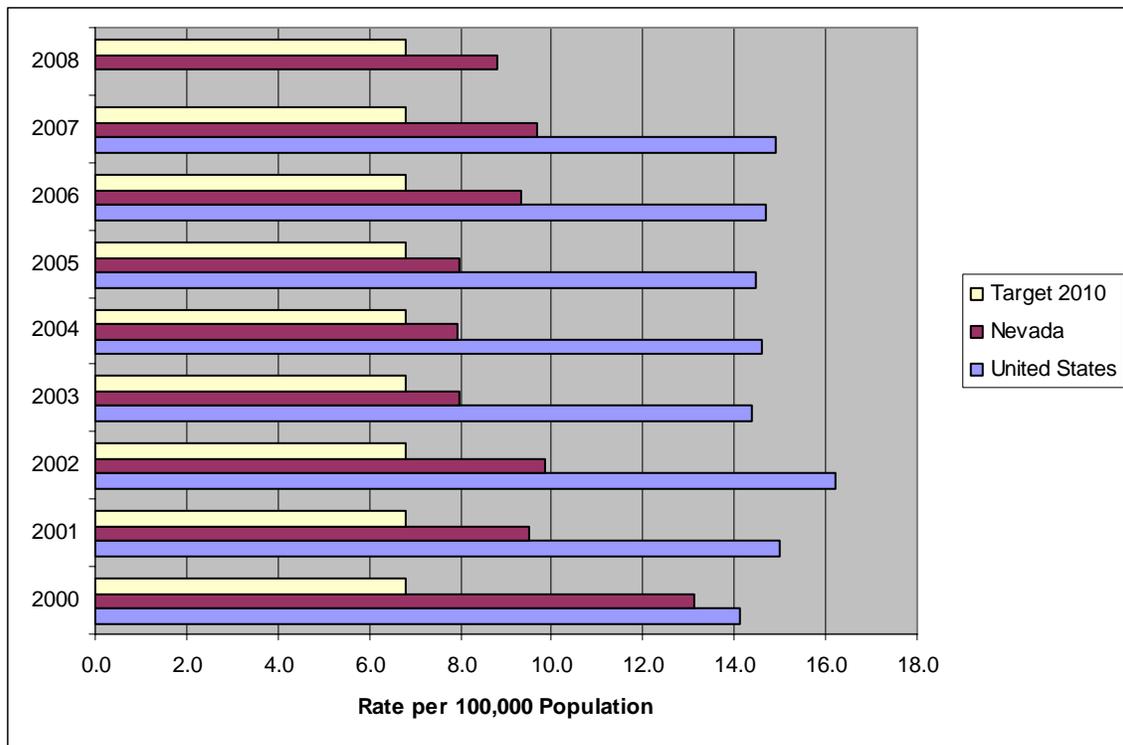
Note: See appendix for additional information.

**Healthy People 2010 Objective (10-1d.):** Reduce infections caused by key foodborne pathogens, *Salmonella*.

**Healthy People 2020 Objective FS HP2020-1.4:** Reduce infections caused by key pathogens transmitted commonly through food, *Salmonella species*.

Most Recent NV Value (2008)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
8.8	14.9	6.8	11.4	Fluctuating

**Rate of Reported Cases of Salmonella, Nevada Residents and United States, NEDSS Data, 2000 - Most Current Data.\***



Both Nevada and the U.S. had rates above the Healthy People 2010 target for reported cases of salmonella in the reported years. According to the CDC more than 200 known diseases are transmitted through food. The causes of foodborne illness include viruses, bacteria, parasites, toxins, metals, and prions. The symptoms of foodborne illness range from mild gastroenteritis to life-threatening neurologic, hepatic, and renal syndromes. In the United States, foodborne diseases have been estimated to cause 6 million to 81 million illnesses and up to 9,000 deaths each year.<sup>3</sup>

\*The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for the years 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County. U.S. data are from the National Electronic Diseases Surveillance System (NEDSS).

Note: See appendix for additional information.



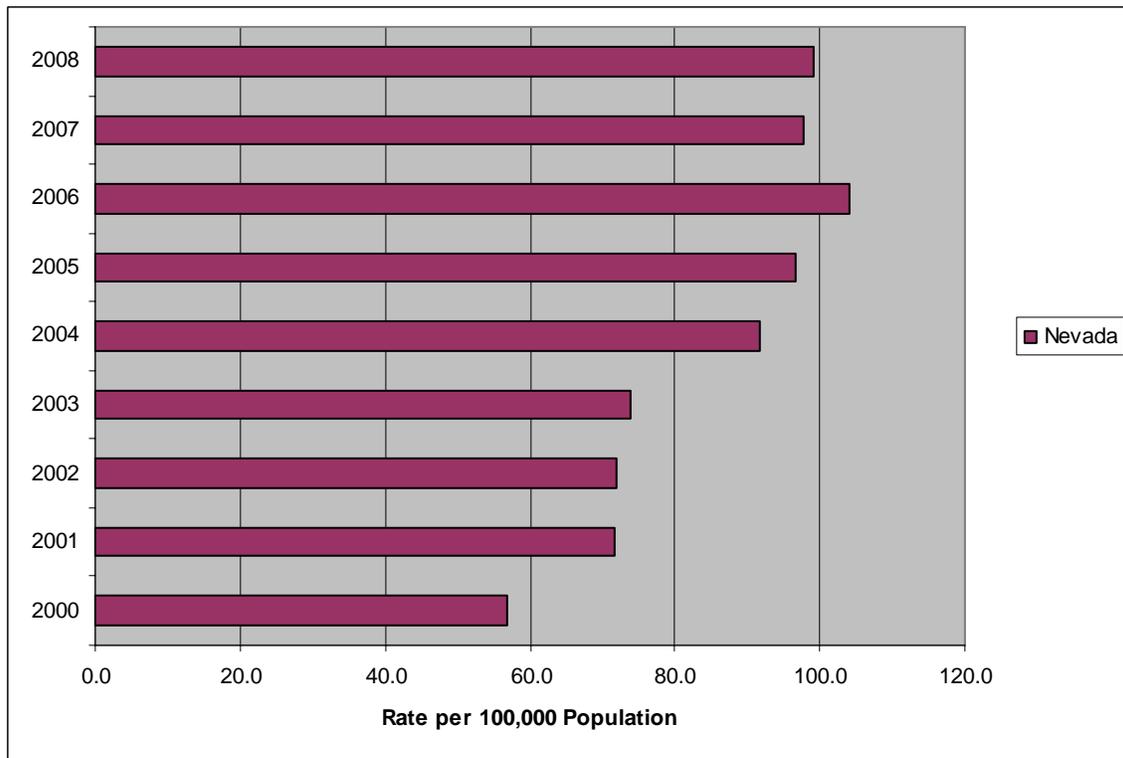
# Health Care-Associated Infections

Health Care-Associated Infections (HAI) contribute significantly to hospital morbidity and mortality. It is estimated in the U.S. there are roughly 1.7 million infections and 99,000 deaths per year due to HAI.<sup>1</sup> HAIs are among the leading causes of preventable deaths in the U.S. Additionally, the financial burden attributed to HAIs cost the health care system up to \$31.5 billion in excess health care expenditures (70 percent preventable infections).<sup>2</sup>

**Healthy People 2020 Objective HAI HP2020-2:** Reduce invasive methicillin-resistant *Staphylococcus Aureus* (MRSA) infections.

Most Recent NV Value (2008)	U.S.	HP 2010 Target	HP 2020 Target	Progress Towards Targets
98.4		N/A	6.56	N/A

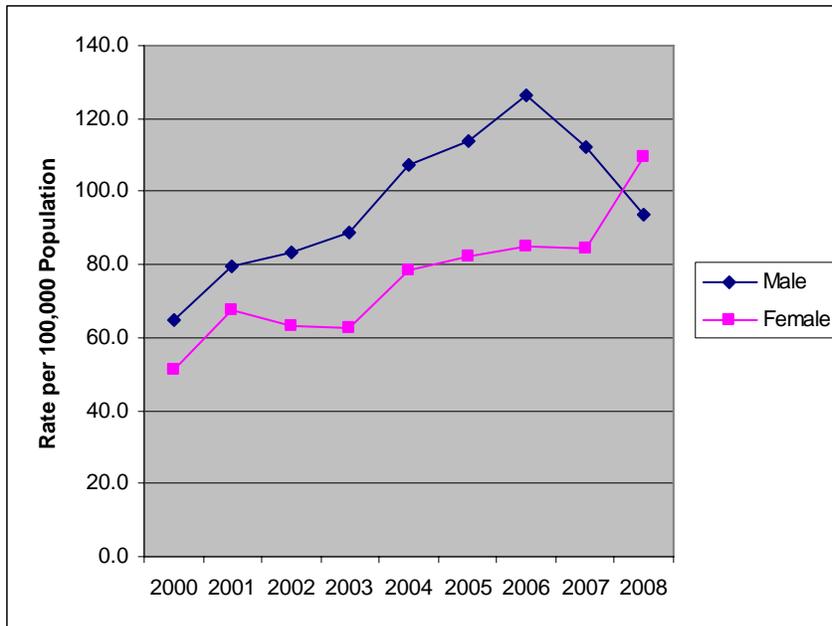
**Age Adjusted Hospitalization Rate of Invasive Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Infections, Nevada Residents, 2000 - 2008.\***



MRSA stands for methicillin resistant *Staphylococcus aureus*, a bacterium that has developed a resistance to most antibiotics commonly used for staphylococcus infections.<sup>3</sup> In Nevada, the rate of MRSA infections almost doubled from 2000 to 2008. During the years 2007 to 2008 the rate of MRSA infections was 98.4 per 100,000 people.

\*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).  
Note: See appendix for additional information.

**Age adjusted Hospitalization Rate of Invasive Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections, Nevada Residents by Gender, 2000 - 2008.\***



In 2006, Males had a 30 percent higher rate of MRSA infections than females in Nevada. MRSA most often spreads from person to person by direct contact. For example, in medical settings MRSA is spread most commonly from patient to patient by health care workers' hands.<sup>3</sup>

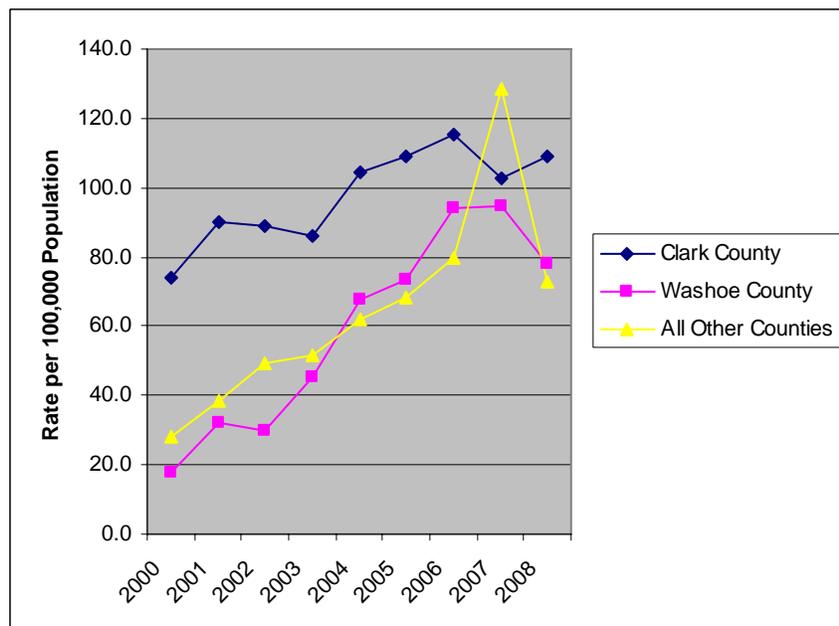
The most effective way to prevent the spread of infection is by proper hand washing, i.e. lathering with soap and water for at least 20 seconds and rinsing with warm water.<sup>3</sup>

In 2008, females had a higher rate of MRSA infections than males in Nevada.

Infections caused by MRSA are very difficult to treat. Typically, MRSA infections are treated intravenously with an antibiotic called vancomycin. The side effects of this drug may be quite severe, especially in older or immunodeficient patients. Patients with invasive devices such as catheters, nasogastric or gastrostomic tubes, or with intravenous lines are much more prone to infections, including MRSA.<sup>3</sup>

In general, Clark County has reported a higher rate of MRSA than the rest of the state's regions. MRSA rates for all three regions increased from 2000 to 2008.

**Age adjusted Hospitalization Rate of Invasive Methicillin-Resistant Staphylococcus Aureus (MRSA) Infections, Nevada Residents by County/Region, 2000 - 2008.\***



\*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD)  
 Note: See appendix for age-group and additional county breakdowns. Race/Ethnicity data is not available.

# Heart Disease and Stroke

Heart disease is the leading cause of death for both men and women in the United States and Nevada. In 2006, 631,636 people died of heart disease in the U.S. Of the deaths that year, 26 percent or more than one in every four deaths were caused by heart disease. Several medical conditions and lifestyle choices can increase the risk for heart disease, including high cholesterol, high blood pressure, diabetes, cigarette smoking, overweight and obesity, poor diet, physical inactivity and alcohol use.<sup>1</sup>

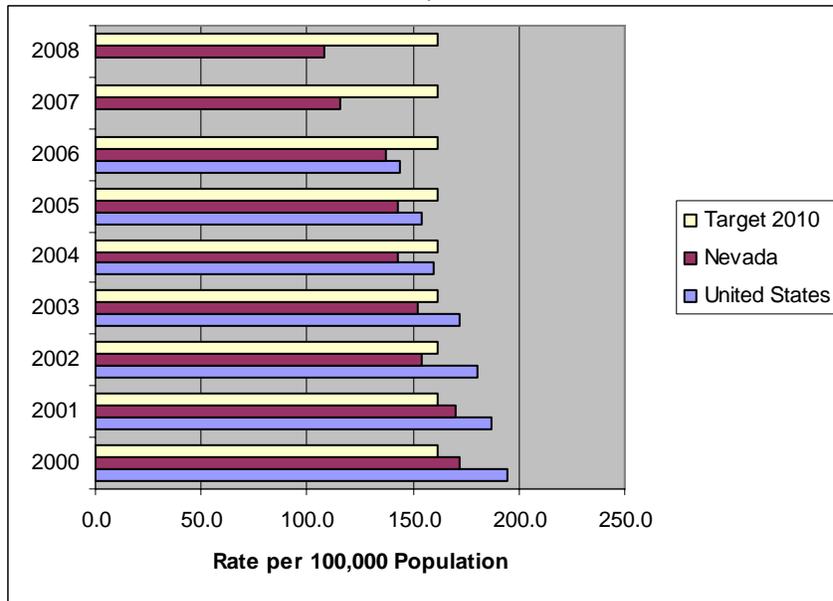
Stroke is the third leading cause of death after heart disease and cancer in the United States. Approximately 137,000 Americans die of stroke every year.<sup>1</sup> A stroke occurs when a clot blocks the blood supply to the brain or when a blood vessel in the brain bursts. Stroke can cause death or significant disability, such as paralysis, speech difficulties, and emotional problems. In 2005, nearly 1.1 million stroke survivors reported difficulty performing basic activities of daily life.<sup>1</sup>

**Healthy People 2010 Objective (12-1):** Reduce coronary heart disease deaths.

**Healthy People 2020 Objective HDS HP2020-2:** Reduce coronary heart disease deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
107.8	144.0	162.0	100.8	Surpassed

**Age-Adjusted Coronary Heart Disease Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***



Cardiovascular disorders represent one of the greatest challenges confronting modern health care. The estimated toll in human life and economic cost, combined with the inestimable effects on quality of life for individuals and families, transcends all gender, racial, ethnic, and socio-economic groups.<sup>2</sup>

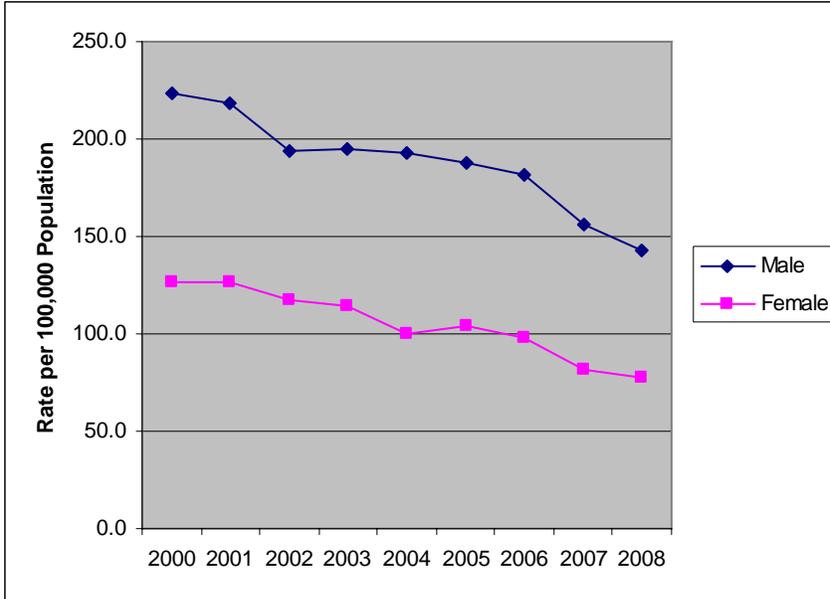
Coronary heart disease mortality decreased this decade in both Nevada and the U.S. From 2004 to 2008, both the national and state rates surpassed the Healthy People 2010 target.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Age-Adjusted Coronary Heart Disease Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



The signs of a heart attack are:<sup>2</sup>

- Chest discomfort
- Discomfort in areas of the upper body
- Shortness of breath
- Other symptoms such as sweating, nausea, and light-headedness

The following additional signs should be considered when assessing heart attack risk for women:<sup>2</sup>

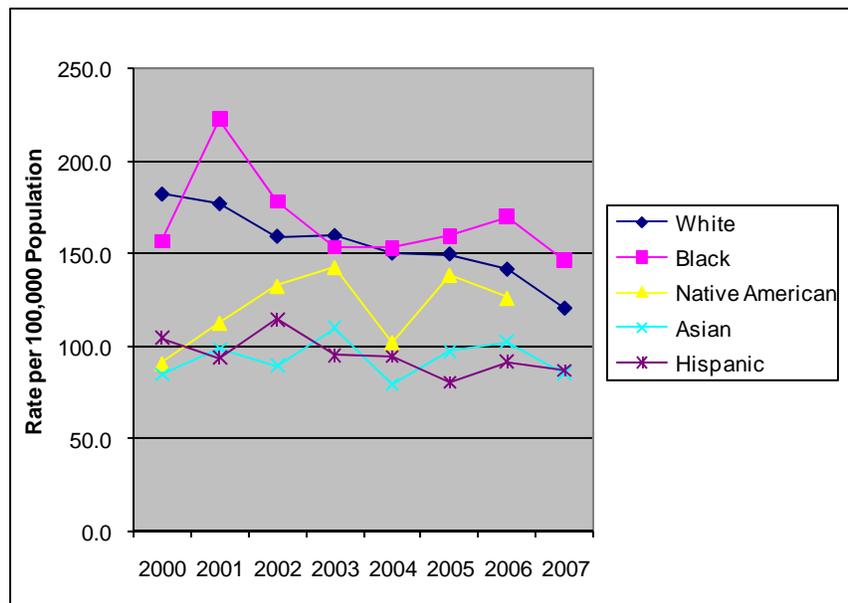
- Unusual tiredness
- Trouble sleeping
- Problems breathing
- Indigestion
- Anxiety

In Nevada, men had over twice the coronary heart disease mortality rate of women from 2000 to 2008. Rates from both genders decreased this decade.

In Nevada, White men and Black females had the highest prevalence rates for coronary heart disease and myocardial infarction.<sup>2</sup>

The mortality rates per 100,000 for Blacks in general, both nationally and in Nevada, show a significantly higher rate when compared to Whites. The majority of research shows that Blacks have both a higher prevalence and mortality rate when compared to Whites.<sup>2</sup>

**Age-Adjusted Coronary Heart Disease Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***



\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

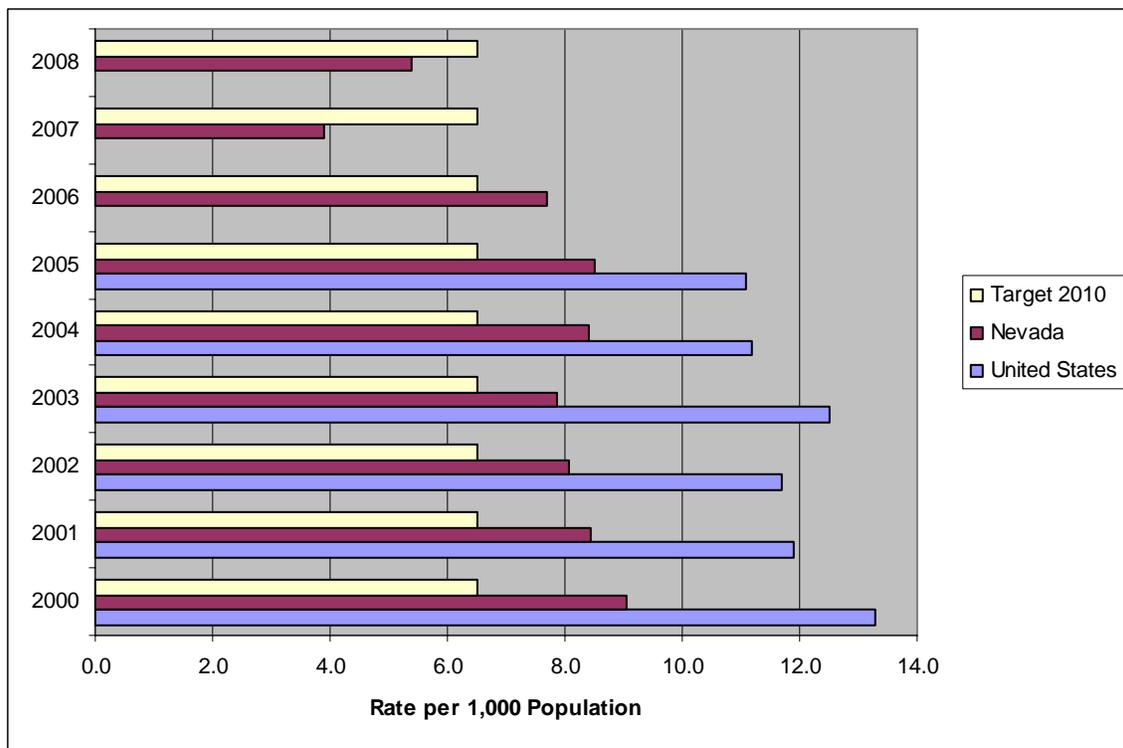
Note: See appendix for age group, county, and additional race/ethnicity breakdowns.

**Healthy People 2010 Objective (12-6a.):** Reduce the rate of hospitalizations of older adults aged 65 to 74 years with congestive heart failure.

**Healthy People 2020 Objective HDS HP2020-24.1:** Reduce the rate of hospitalizations of older adults aged 65 to 74 years with heart failure as the principal diagnosis.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
5.4	11.1	6.5	8.8	Surpassed

**Rate of Hospitalizations of Older Adults Aged 65 to 74 Years With Congestive Heart Failure, Nevada Residents and United States, 2000 - Most Current Data.\***



Over the last decade, Nevada has maintained a lower hospitalization rate for congestive heart failure than the national average. Nevada also surpassed the Healthy People 2010 target for this indicator in 2007 and 2008.

Public education is a critical component of any effective intervention strategy for heart disease and stroke prevention programs. Human behavior is always one of the most difficult aspects in addressing any issue. For many motivation for change will only occur after a significant life-altering event. However, there are a number of individuals, if given adequate information and useful suggestions for change, will attempt to alter and adjust behaviors and lifestyle.<sup>2</sup>

\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

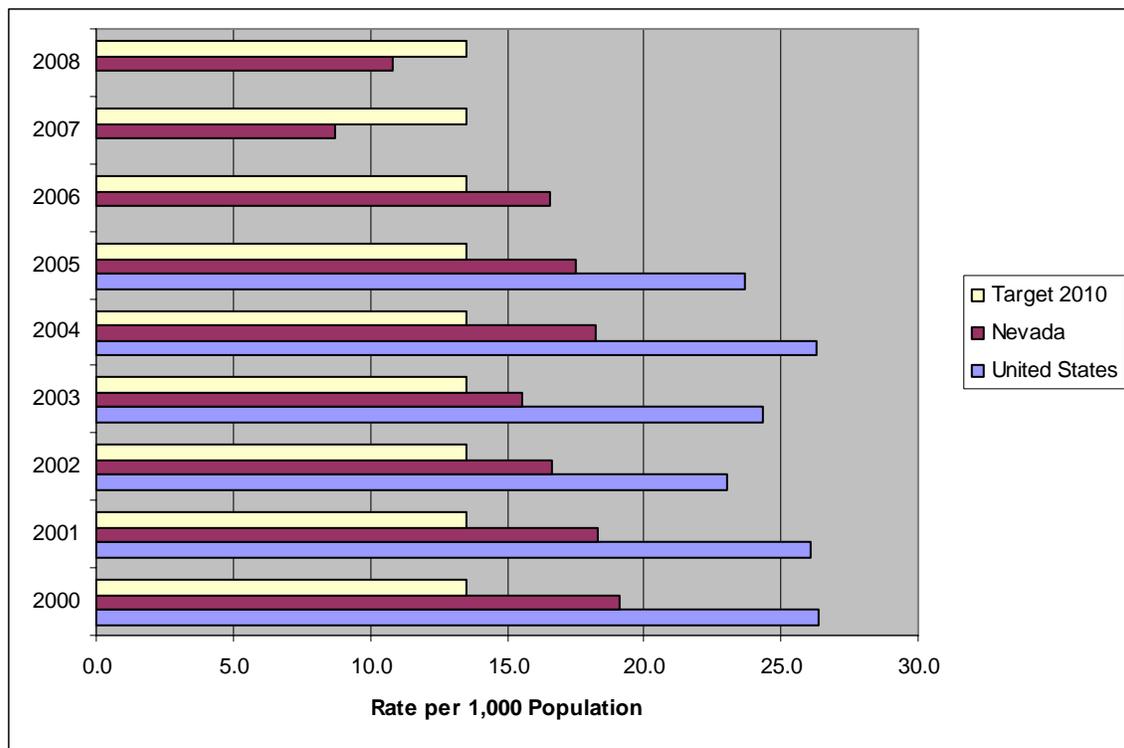
Note: See appendix for additional information.

**Healthy People 2010 Objective (12-6b.):** Reduce the rate of hospitalizations of older adults aged 75 to 84 years with congestive heart failure.

**Healthy People 2020 Objective HDS HP2020-24.2:** Reduce the rate of hospitalizations of older adults aged 75 to 84 years with heart failure as the principal diagnosis.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
10.8	23.7	13.5	20.2	Surpassed

**Rate of Hospitalizations of Older Adults Aged 75 to 84 Years With Congestive Heart Failure, Nevada Residents and United States, 2000 - Most Current Data.\***



From 2007 to 2008, Nevada surpassed the Healthy People 2010 target for hospitalizations of adults, aged 75 to 85 years with congestive heart failure.

Genetics and family history weigh into the risk factors. As with all disease, the basic genetic materials provided at birth can predispose future pathological process. The key in this discussion is the term predisposition. Some individuals are more likely to be at risk for certain diseases, but that does not condemn them to a statistical certainty. A number of events and behaviors contribute to an individual life. A person's health is as much a matter of choices as it is genetics. Some elements of risk cannot be eliminated, but the effects can be reduced through educated and informed decisions combined with acceptance of responsibility for outcomes.<sup>2</sup>

\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

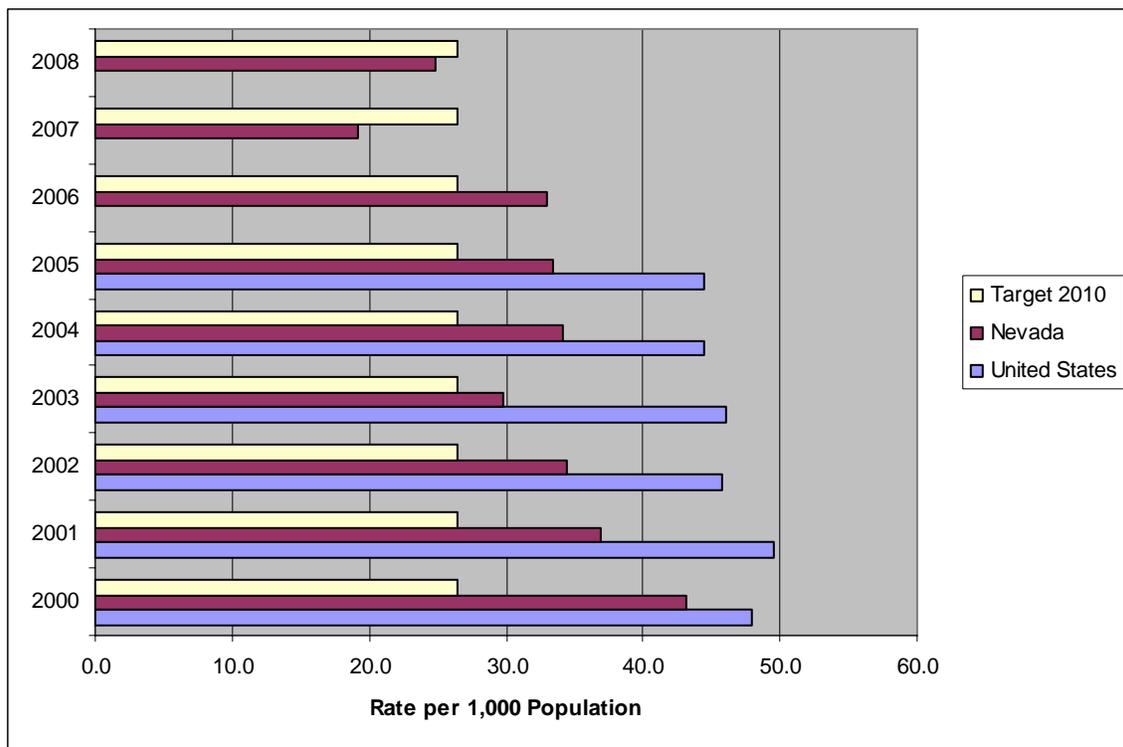
Note: See appendix for additional information.

**Healthy People 2010 Objective (12-6c.):** Reduce the rate of hospitalizations of older adults aged 85 years and older with congestive heart failure.

**Healthy People 2020 Objective HDS HP2020-24.3:** Reduce the rate of hospitalizations of older adults aged 85 years and older with heart failure as the principal diagnosis.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.8	44.5	26.5	38.6	Surpassed

**Rate of Hospitalizations of Older Adults Aged 85 Years and Older With Congestive Heart Failure, Nevada Residents and United States, 2000 - Most Current Data. \***



Nevada met the Healthy People 2010 target for hospitalization rate of adults, aged 85 years and older, with congestive heart failure from 2007 to 2008.

Some of the key components to successful disease prevention and management are quality health care combined with adequate resources. Community health centers provide a venue for the proper management of a variety of disorders, including high blood pressure, adequate monitoring of lab values, support for tobacco cessation, and other primary care services that are critical to the success of any health system and direct intervention services for cardiovascular diseases. In addition, the health care infrastructure must be functional and sufficient to meet the needs of all individuals, in all geographic locations.<sup>2</sup>

\*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

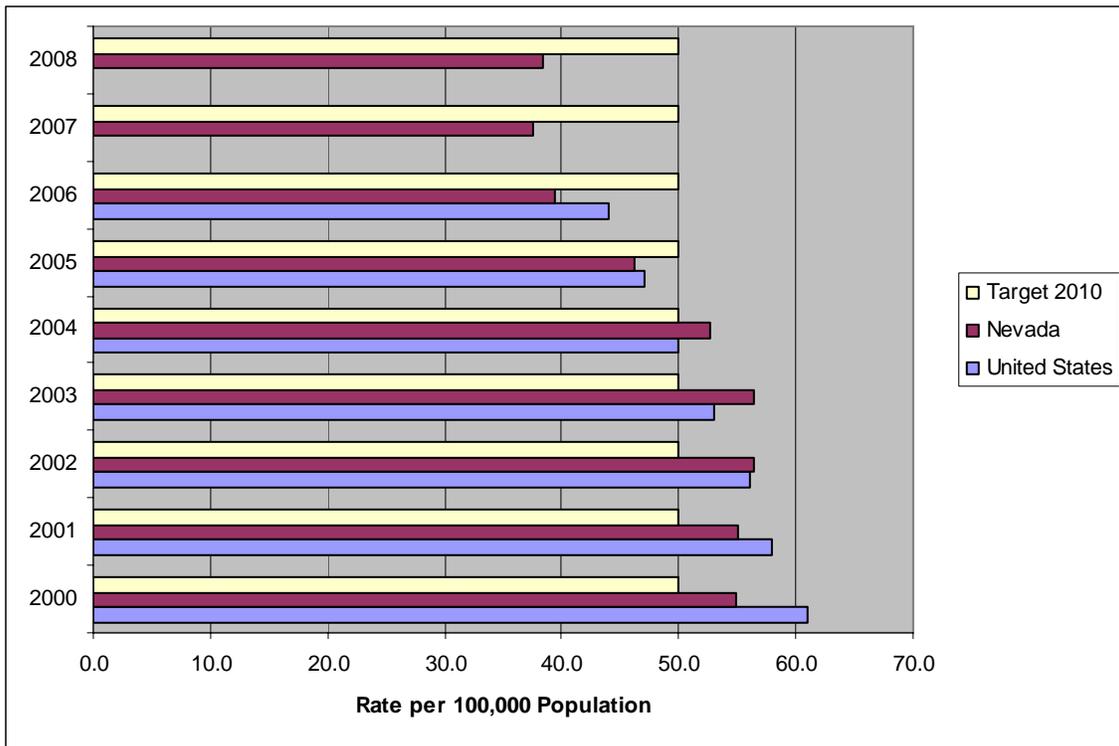
Note: See appendix for additional information.

**Healthy People 2010 Objective (12-7):** Reduce stroke deaths.

**Healthy People 2020 Objective HDS HP2020-3:** Reduce stroke deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
38.4	44.0	50.0	33.8	Surpassed

**Age-Adjusted Stroke Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***



From 2005 to 2008, Nevada surpassed the Healthy People 2010 target for stroke death rate. The stroke rate death rate decreased in Nevada and the United States in the reported years, 2000 to 2008 and 2000 to 2006 respectively.

The issue of cost is frequently a topic of discussion regarding the development of services and the overall feasibility for program development or expansion. In 2005, the United States paid \$394 billion for costs related to heart disease and stroke. This does not include the human toll in lives or the devastating cost related to quality of life that millions of people throughout the country face on a daily basis. The cost of prevention, related to community health centers, could save billions of dollars in health care costs and dramatically improve the quality of life for millions suffering from the effects of cardiovascular disease.<sup>2</sup>

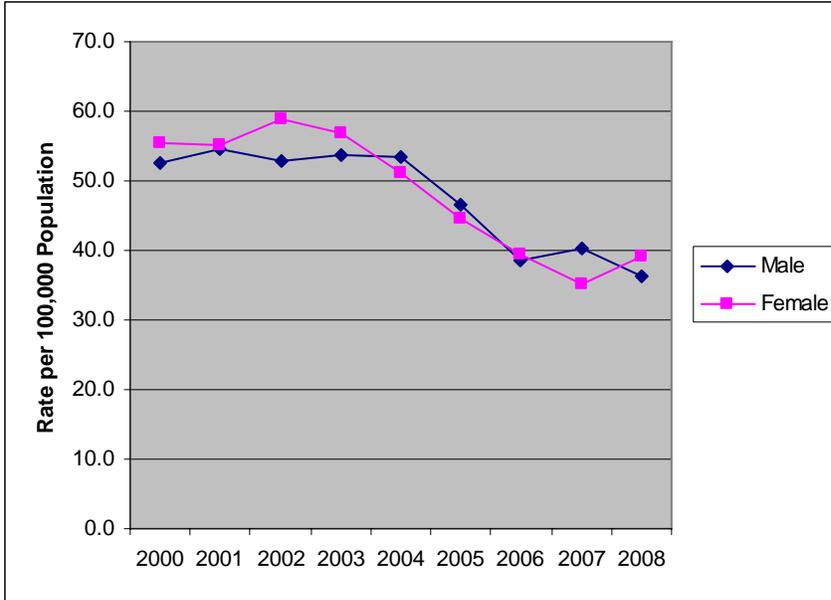
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.



**Age-Adjusted Stroke Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



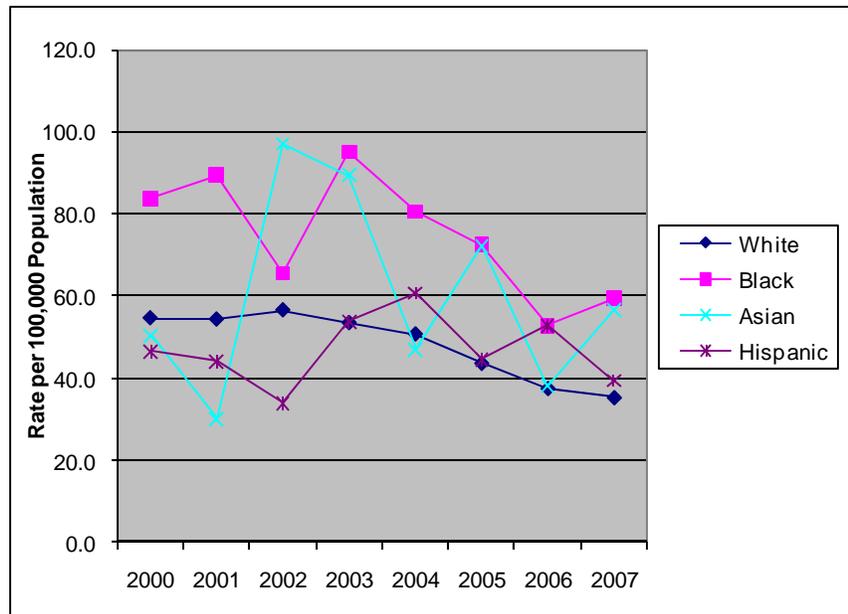
In 2004, 2005, and 2007 Nevada males had a higher stroke death rate than Nevada women.

In general, stroke death rates decreased in both genders from 2000 to 2008.

**Age-Adjusted Stroke Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

In 2003 all race/ethnic groups in Nevada reached their highest stroke death rate. This rate decreased overall for all race/ethnic groups in Nevada from 2003 to 2007.

Blacks and Asians had the highest stroke mortality rates of any racial/Ethnic group in the state in 2007.



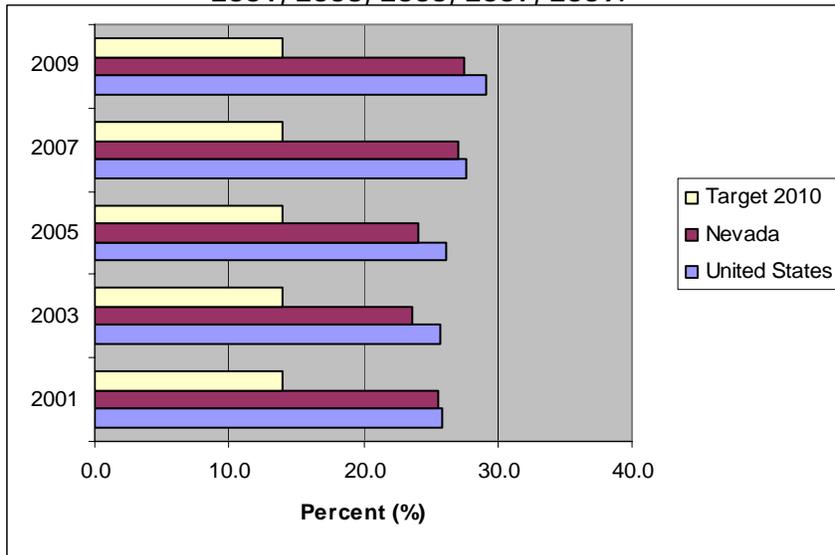
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for Native American race/ethnicity group due to small counts. See appendix for age group, county, and additional race/ethnicity breakdowns.

**Healthy People 2010 Objective (12-9a.):** Reduce the proportion of adults with high blood pressure.

**Healthy People 2020 Objective HDS HP2020-5.1:** Reduce the proportion of adults with hypertension.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
27.5	29.2	14.0	26.9	Worsening

**Proportion of Adults with High Blood Pressure, Nevada Residents and United States, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

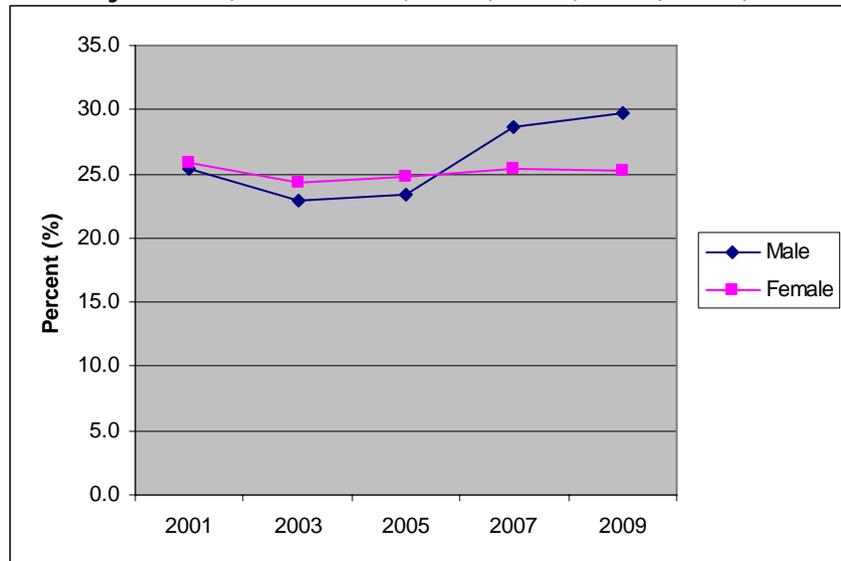


High blood pressure, or hypertension, is one of the most significant conditions considered in evaluating heart disease. High blood pressure has a number of causes, but the salient point is that high blood pressure affects the cardiovascular system. High blood pressure also must be taken into consideration regarding stroke. The possibility of both ischemic and hemorrhagic strokes is increased with elevated blood pressure.<sup>2</sup>

The proportion of Nevada adults who have high blood pressure was higher than the Healthy People 2010 target, but lower than the proportion of adults in all of the United States who have high blood pressure from 2001 to 2009.

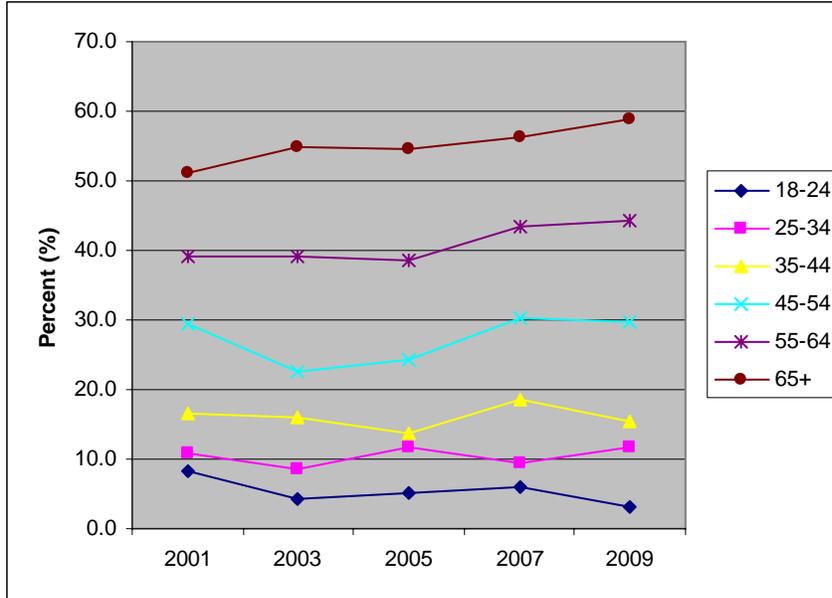
There was an increase in the proportion of Nevada males who have high blood pressure from 2001 to 2009, however this increase was seen in Nevada's female population.

**Proportion of Adults with High Blood Pressure, Nevada Residents by Gender, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Proportion of Adults with High Blood Pressure, Nevada Residents by Age, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



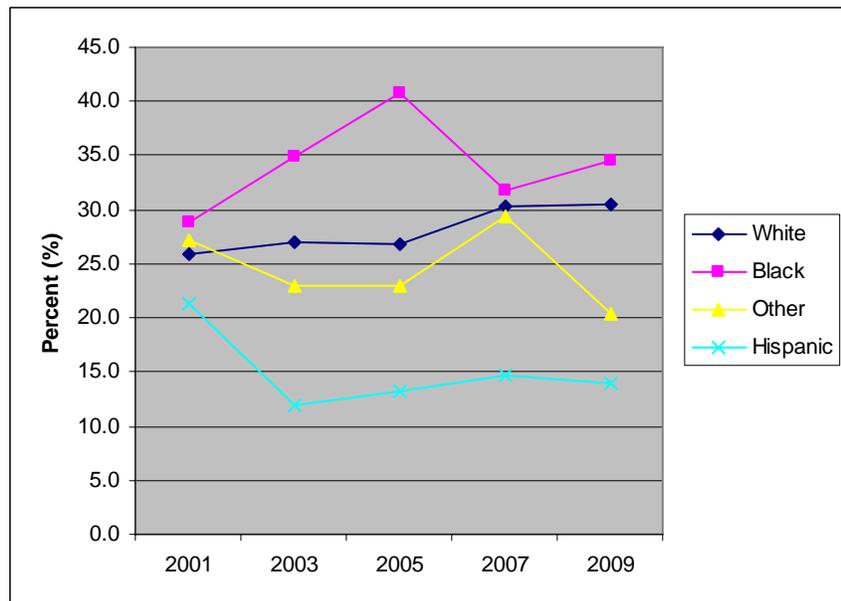
Nevada adults, aged 65 years and older, are at the highest risk for high blood pressure. In general, the risk of having high blood pressure increases with age.

Decreasing systolic blood pressure 12-13 mm Hg over four years can reduce risk for coronary heart disease by 21 percent and stroke by 37 percent. Overall, this could reduce cardiovascular disease mortality rate by 25 percent, and total mortality rate by 13 percent.<sup>2</sup>

High blood pressure, also referred to as hypertension, can cause a number of cardiovascular complications including cardiomyopathy (enlarged heart), heart failure, cerebrovascular disease (stroke), exacerbation of aneurysms, as well as number of other complication in the renal and other systems. High blood pressure accounts for approximately six percent of all deaths related to cardiovascular disease.<sup>2</sup>

BRFSS data indicates that from 2001 to 2009, Blacks had the highest risk for high blood pressure and Hispanics had the lowest risk among Nevada adults.

**Proportion of Adults with High Blood Pressure, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



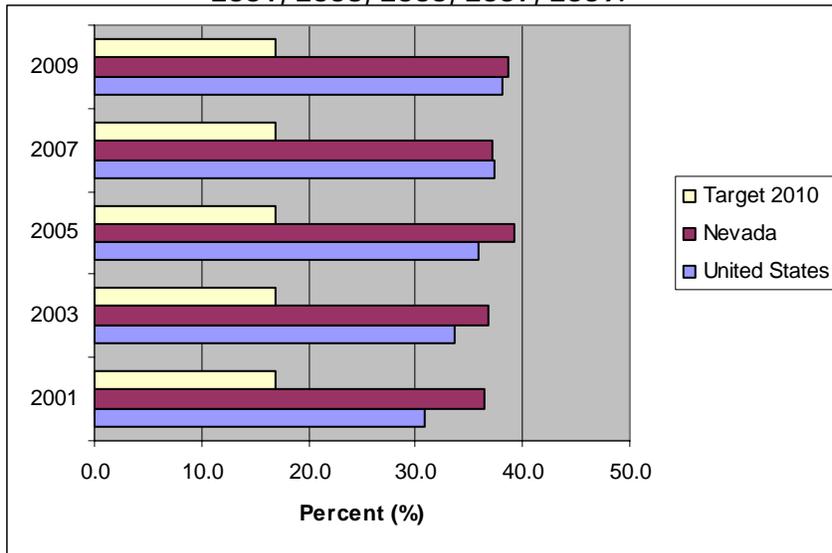
\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (12-14):** Reduce the proportion of adults with high blood cholesterol levels.

**Healthy People 2020 Objective HDS HP2020-7:** Reduce the proportion of adults with high total blood cholesterol levels.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
38.6	37.5	14.0	13.5	Fluctuating

**Proportion of Adults with High Cholesterol Levels, Nevada Residents and United States, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

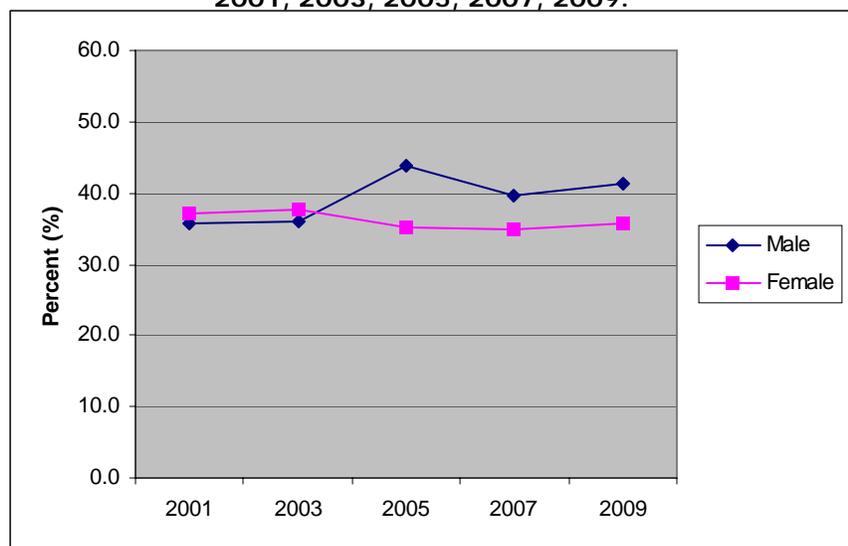


Elevated blood cholesterol levels are of concern in risk assessment for cardiovascular disease. Cholesterol becomes a problem when the liver over-produces or excessive amounts are ingested from dietary sources. An estimated decrease of 10 percent in serum cholesterol could potentially decrease the incidence of heart attacks and stroke by 30 percent.<sup>2</sup>

In 2009, 38.2 percent of Nevada adults had high cholesterol, this is higher than the Healthy People 2010 target of 14.0 percent. Neither the United States, nor Nevada, had met the Healthy People 2010 target in 2009.

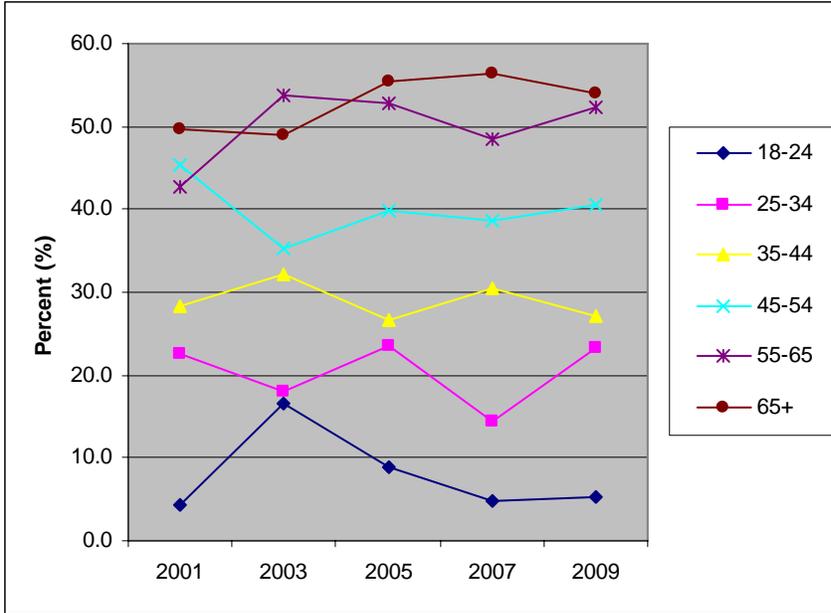
From 2005 to 2009 there had been a higher proportion of Nevada males with high cholesterol than Nevada females.

**Proportion of Adults with High Cholesterol Levels, Nevada Residents by Gender, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Adults with High Cholesterol Levels, Nevada Residents by Age, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



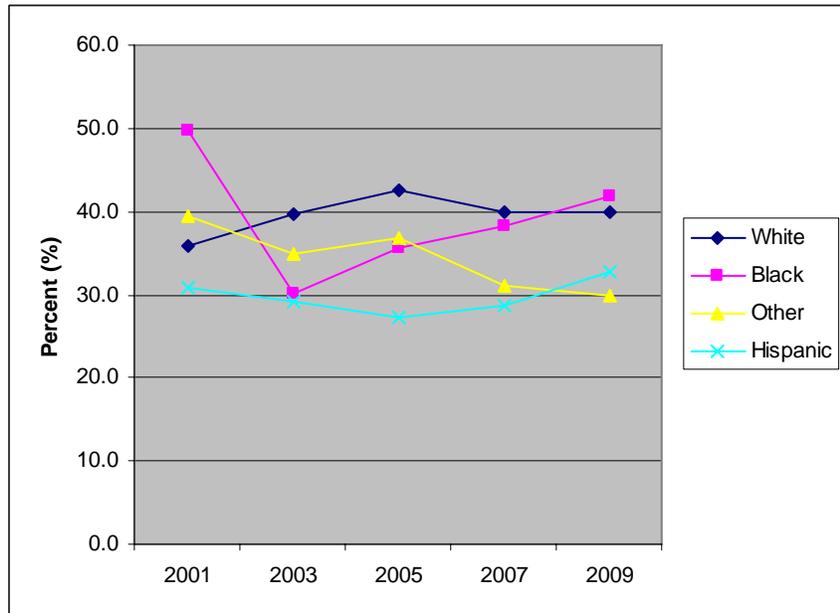
The risk of high cholesterol levels among Nevada adults increases with age.

Healthy behaviors, including a diet low in saturated fats, and regular physical activity can lower cholesterol levels.

Obesity, a condition of excessive weight and body fat, has been associated with higher levels of serum LDL cholesterol and triglycerides. Individuals considered obese are at greater risk for cardiovascular disease, stroke, as well as diabetes and other chronic disease.<sup>2</sup>

**Proportion of Adults with High Cholesterol Levels, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

The Black population in Nevada had the highest risk for high cholesterol and the Hispanic population had the lowest risk among Nevada residents in 2009.



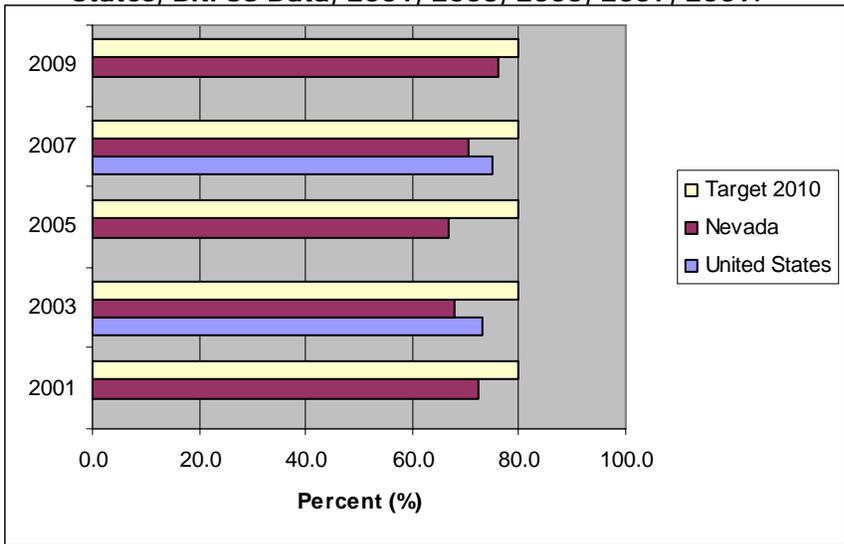
\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (12-15):** Increase the proportion of adults having had their blood cholesterol checked within the preceding 5 years.

**Healthy People 2020 Objective HDS HP2020-6:** Increase the proportion of adults having had their blood cholesterol checked within the preceding 5 years.

Most Recent NV Value (2009)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
76.8	75	80.0	82.1	Improving

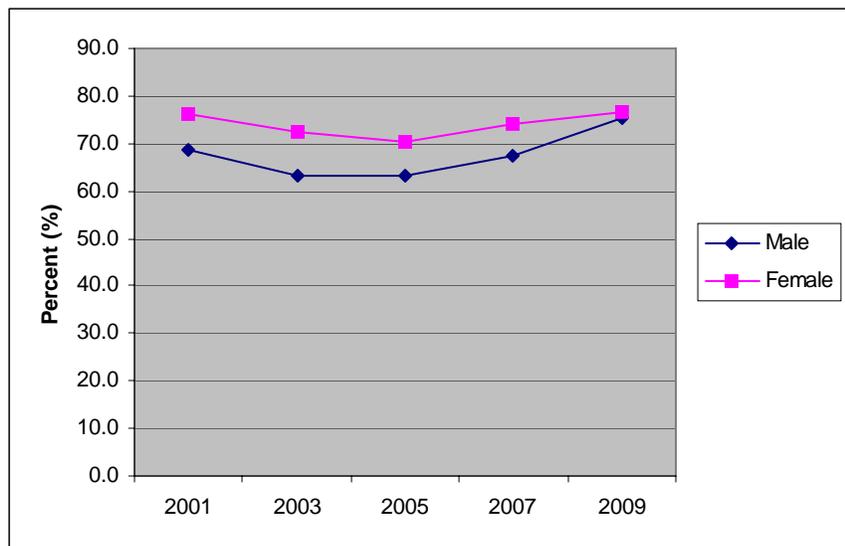
**Proportion of Adults Having Their Blood Cholesterol Checked Within the Preceding 5 Years, Nevada Residents and United States, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



Neither Nevada, nor the U.S., met the Healthy People 2010 target for the percentage of adults having their blood cholesterol checked within the preceding five years in the reporting period. The proportion of adults having had their blood cholesterol check in the past five years improved from 2001 to 2009 for both regions.

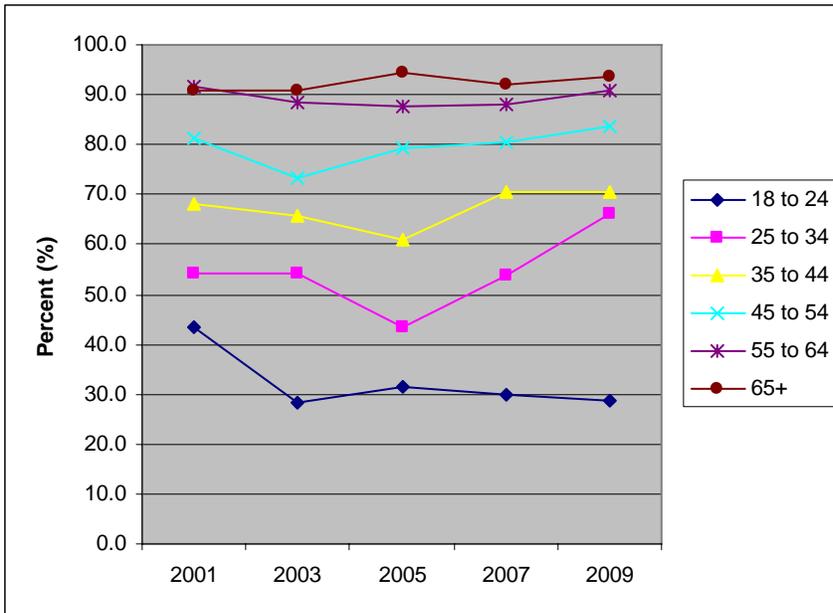
**Proportion of Adults Having Their Blood Cholesterol Checked Within the Preceding 5 Years, Nevada Residents by Gender, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

The proportion of Nevada females having had their blood cholesterol checked within the past five years was above the proportion of Nevada males having had their blood cholesterol checked within the past five years from 2001 to 2009. The difference in these proportions, however, has decreased.



\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Proportion of Adults Having Their Blood Cholesterol Checked Within the Preceding 5 Years, Nevada Residents by Age, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

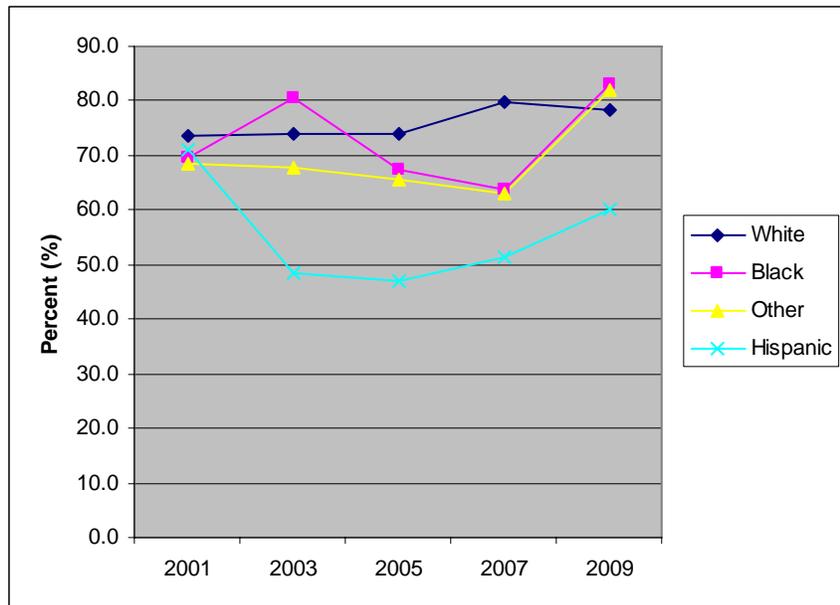


Becoming aware of high cholesterol levels via a blood cholesterol check can prolong life. Early intervention increases the potential for a positive medical outcome, thus decreasing the long-term effects of disease including morbidity, mortality, and cost, and quality of life.<sup>2</sup>

In Nevada, from 2001 to 2009, adults aged 65 and older had the highest proportion of people having their blood cholesterol checked within the preceding five years. 18 to 24 year olds had much lower proportions of adults having their cholesterol checked in the past 5 years.

The provision of adequate health care coverage and high quality insurance programs are an important component to good health. Health care coverage should include both prevention and treatment components in order to provide a comprehensive approach to disease identification and management. Exclusion of either component in the coverage profile leaves gaps in the disease management process, ultimately marginalizing the overall quality and effectiveness of health care services.<sup>2</sup>

**Proportion of Adults Having Their Blood Cholesterol Checked Within the Preceding 5 Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



In 2009, Hispanics were 20 percent less likely to have had their blood cholesterol checked in the last five years than other race/ethnicity groups in Nevada over the reported years.

\*These percentages are weighted to survey population characteristics.

# Human Immunodeficiency Virus (HIV)

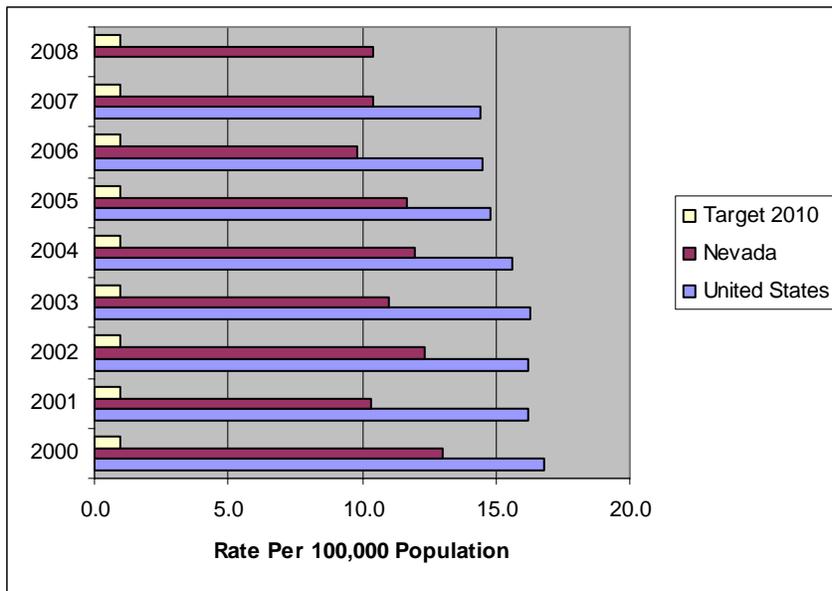
At the end of 2006, an estimated 1.1 million persons in the United States were living with diagnosed or undiagnosed HIV/AIDS. In 2007, there were approximately 42,655 new HIV infections, with the highest proportion among African Americans, despite the fact that they account for only 12 percent of the U.S. population.<sup>1</sup> Since the epidemic began in the U.S. in 1981, 565,927 people have died of AIDS.<sup>2</sup>

**Healthy People 2010 Objective (13-1):** Reduce AIDS among adults and adolescents.

**Healthy People 2020 Objective HIV HP2020-1:** Reduce acquired immune deficiency syndrome (AIDS) among adults and adolescents.

Most Recent NV Value (2008)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
10.4	14.4	1.0		Improving

**Reported AIDS Cases, Nevada Residents and United States, 2000 - Most Current Data.\***



The rate of reported AIDS cases in both Nevada and the U.S. decreased from 2000 to 2008.

In 2007, Nevada had four less reported AIDS cases per 100,000 compared to the national average.

Neither the state, nor the nation, reached the Healthy People 2010 target for reported AIDS cases this decade, 1.0 per 100,000 people.

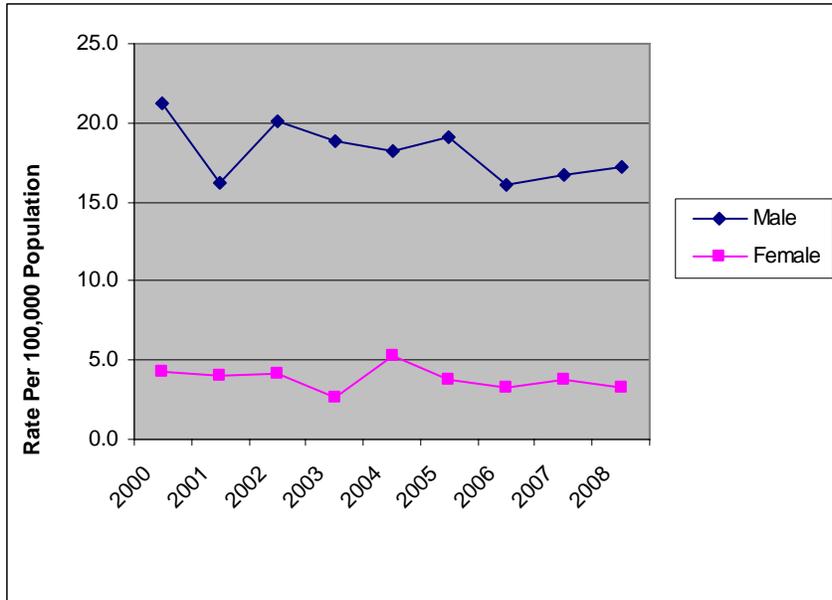
21 percent of those infected with HIV are unaware of their infection.<sup>2</sup>

\*The Nevada data are from the Enhanced HIV/AIDS Reporting System (eHARS), and the U.S. data is from the HIV/AIDS Reporting System, Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

Note: See appendix for additional information.

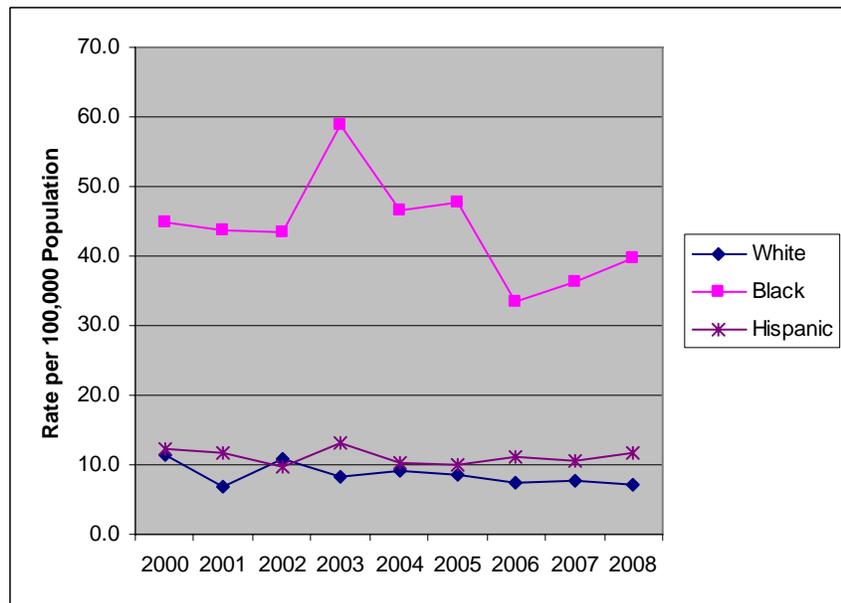


**Reported AIDS Cases, Nevada Residents and by Gender, 2000 - 2008.\***



From 2000 to 2008, males had a higher rate of reported AIDS cases than females in Nevada.

**Reported AIDS Cases, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***



Blacks had the highest rate of AIDS cases in Nevada from 2000 to 2008.

The rate of reported cases of AIDS among Whites and Hispanics in Nevada were similar from 2000 to 2008.

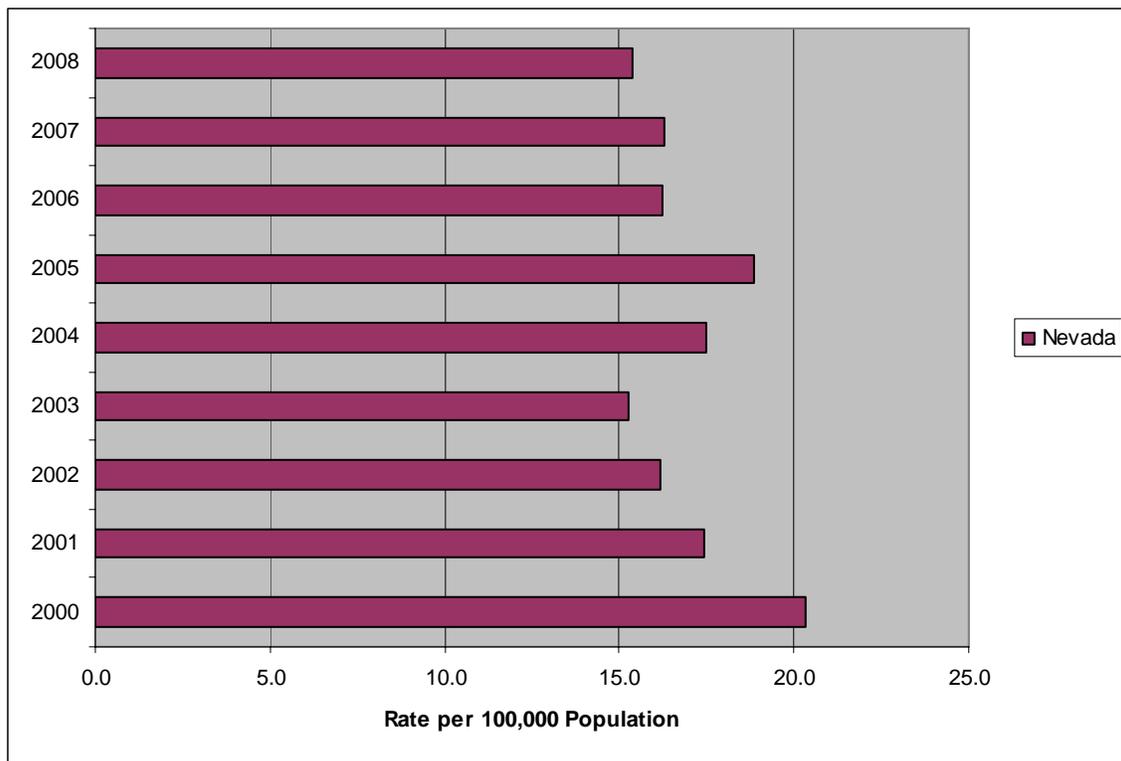
\*The Nevada data are from the Enhanced HIV/AIDS Reporting System (eHARS).  
 Note: Data not available for Native American race/ethnicity or Asian race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (13-5):** Reduce the number of new cases of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) diagnosed among adults and adolescents.

**Healthy People 2020 Objective HIV HP2020-4:** Reduce the number of new AIDS cases among adults and adolescents.

Most Recent NV Value (2008)	U.S.	HP 2010 Target	HP 2020 Target	Progress Towards Targets
15.4		N/A	13.0	N/A

**Reported New Cases of HIV/AIDS, Nevada Residents, 2000 - 2008.\***

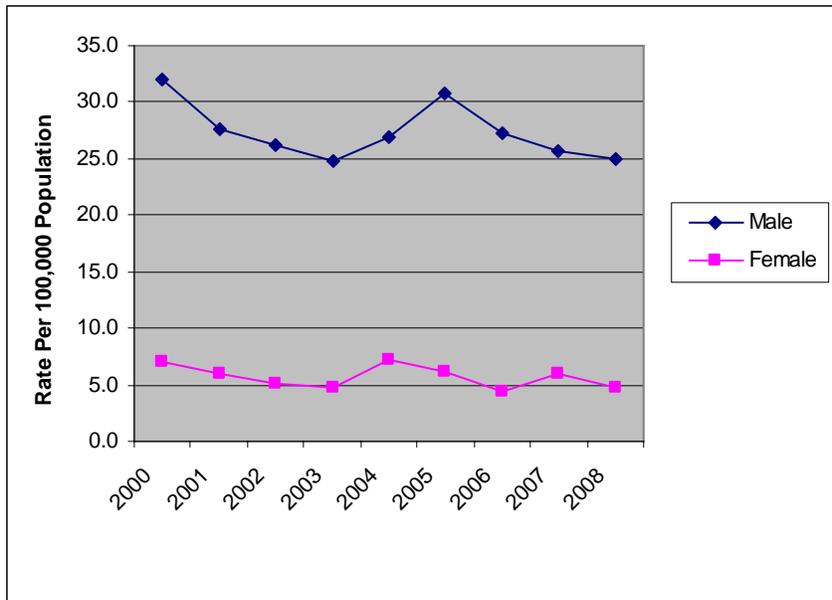


Reported new cases of HIV/AIDS decreased in Nevada from 2000 to 2008.

Each year, approximately 16-22 million persons in the U.S. are tested for HIV. In 2002, an estimated 38 percent to 44 percent of all adults had been tested for HIV. In 2007 approximately 1 in 5 (21 percent) or 232,700 of those tested did not know they were infected with HIV.<sup>3</sup>

\*The Nevada data are from the Enhanced HIV/AIDS Reporting System (eHARS).  
 Note: U.S. data are not included because it is reported as counts and thus it is not comparable.  
 Note: See appendix for additional information.

**Reported New Cases of HIV/AIDS, Nevada Residents by Gender, 2000 - 2008.\***

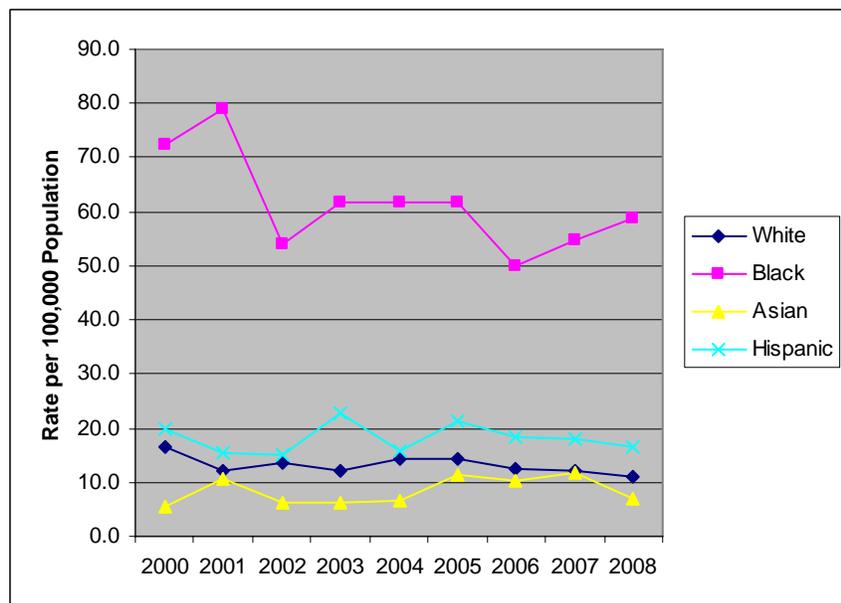


From 2000 to 2008, Nevada males had a higher rate of newly reported HIV/AIDS cases than Nevada females.

**Reported New Cases of HIV/AIDS, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

In 2008, the rate of new cases of HIV/AIDS among Nevada Blacks was nearly 60 per 100,000, compared to 11 per 100,000 among Nevada Whites.

Hispanics consistently had the second highest rate of new cases of HIV/AIDS while Asians consistently have the lowest rate of all race/ethnicity groups in Nevada from 2000 to 2008.



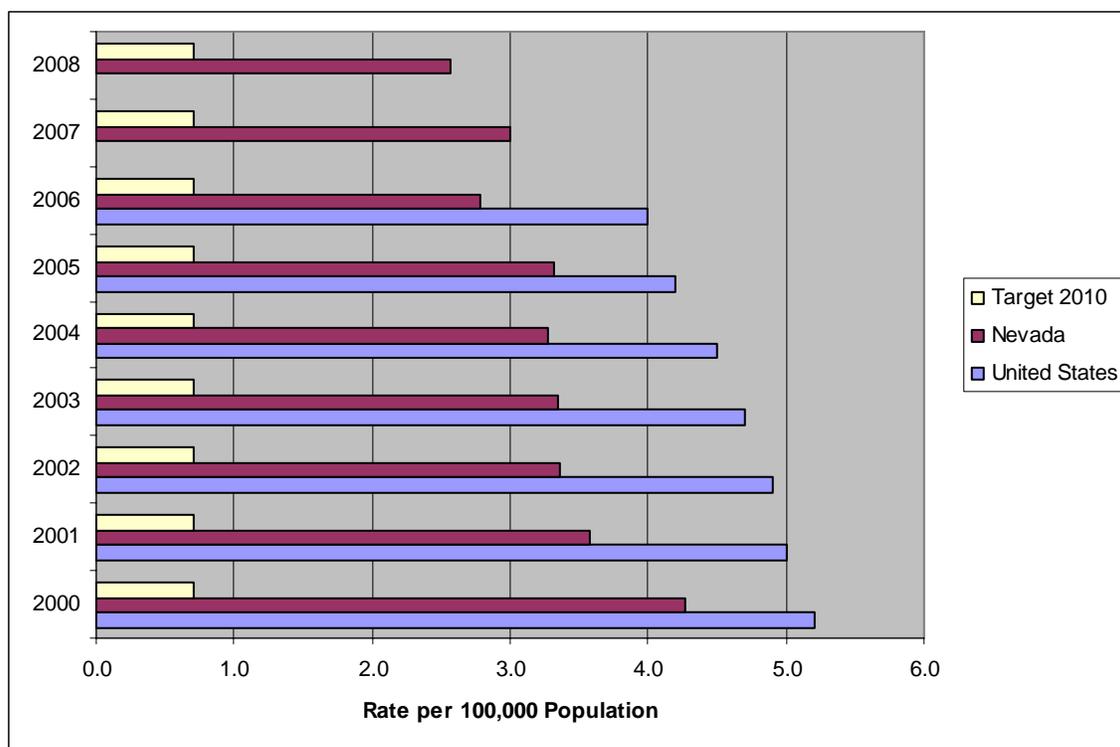
\*The Nevada data are from the Enhanced HIV/AIDS Reporting System (eHARS).  
 Note: Data not available for Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (13-14):** Reduce the deaths from HIV infection.

**Healthy People 2020 Objective HIV HP2020-12:** Reduce deaths from HIV infection.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.6	4.0	0.7	3.3	Improving

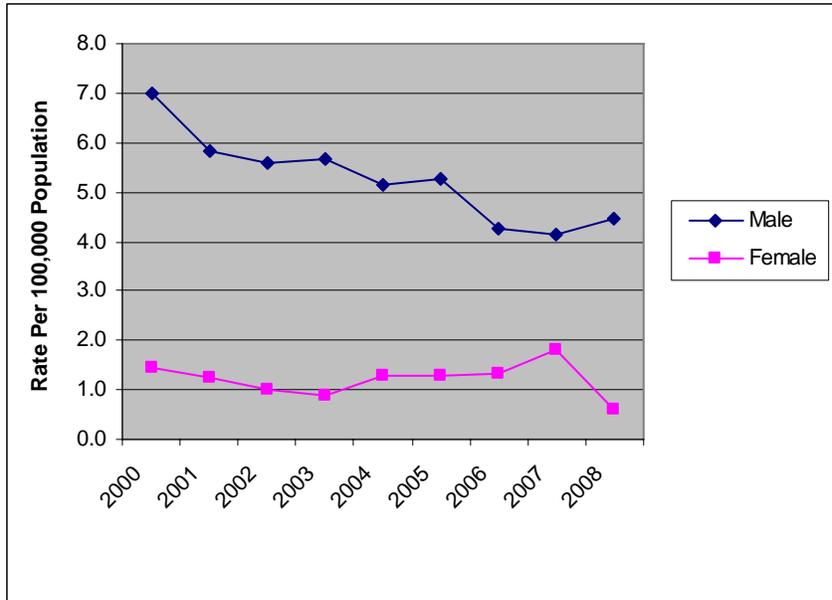
**Age-Adjusted HIV Infection Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***



In 2000, the HIV infection death rate in Nevada was 4.3 per 100,000, and in 2008 the rate was 2.6 per 100,000. The HIV infection mortality rates for both Nevada and the United States decreased over the reporting period.

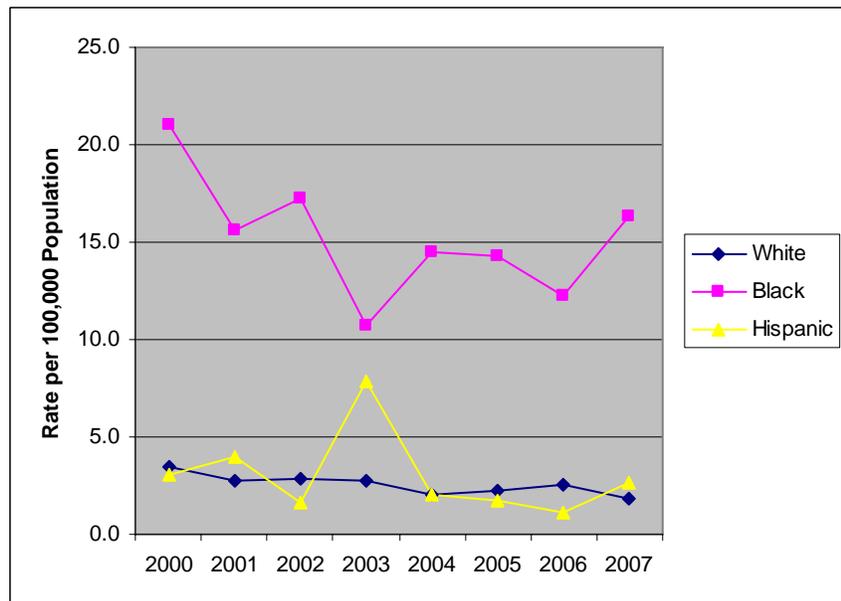
\*These rates are age-adjusted to the year 2000 U.S. standard population. The Nevada data is from the Nevada Vital Statistics Records, and the U.S. data is from the National Vital Statistics System– Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted HIV Infection Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



From 2000 to 2008, the HIV infection death rate among males in Nevada steadily declined. The HIV infection rate for males was still almost four times that of females in the state in 2008.

**Age-Adjusted HIV Infection Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***



From 2000 to 2008, the rate of HIV infection deaths was highest among Blacks in Nevada.

\*These rates are age-adjusted to the year 2000 U.S. standard population. The Nevada data is from the Nevada Vital Statistics Records.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: Data not available for Native American or Asian race/ethnicity groups due to small counts.

# Immunization and Infectious Diseases

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases. Immunization is estimated to avert over 2 million deaths each year.<sup>1</sup> Vaccine-preventable disease levels are at or near record lows. Most infants and toddlers have received all recommended vaccines by age 2, although many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease.<sup>2</sup>

**Healthy People 2010 Objective (14-1):** Reduce or eliminate cases of vaccine-preventable diseases.

**Healthy People 2020 Objective IID HP2020-1:** Reduce or eliminate cases of vaccine-preventable diseases.

- 1.1. Congenital rubella syndrome (children aged 1 or under)
- 1.2 Serotype b cases of Haemophilus influenzae (Hib) invasive disease (children aged 5 years or under)
- 1.3 Hepatitis B (persons aged 2 to 18 years)
- 1.4 Measles
- 1.5 Mumps
- 1.6 Pertussis (children aged 1 or under)
- 1.7 Pertussis among adolescents aged 11 to 18 years
- 1.8 Acute paralytic poliomyelitis (wild-type)
- 1.9 Rubella
- 1.10 Varicella

**Reported Cases of Vaccine Preventable Diseases, Nevada Residents, NEDSS/NETSS Data, 2000 - 2009.\***

<i>IID HP2020-1: Cases of Vaccine Preventable Diseases. (Trend Data: 2000 - Most Current Data)</i>										
	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Congenital Rubella Syndrome in Children Aged 1 or Under</b>	0	0	0	0	0	0	0	0	0	0
<b>Serotype b Cases of Haemophilus Influenza in Children Aged 5 Years or Under</b>	0	<5*	<5*	0	<5*	<5*	0	0	0	<5*
<b>Measles</b>	10	<5*	<5*	0	0	0	0	<5*	<5*	<5*
<b>Mumps</b>	6	<5*	6	5	<5*	<5*	5	12	6	<5*
<b>Pertussis in Children Aged 1 or Under</b>	8	7	20	21	16	24	16	10	13	7
<b>Pertussis Among Adolescents aged 11 to 18 Years</b>	<5*	<5*	8	<5*	10	7	15	5	<5*	<5*
<b>Acute Paralytic Poliomyelitis (Wild-Type)</b>	0	0	0	0	0	0	0	0	0	0
<b>Rubella</b>	0	0	0	0	0	0	0	0	0	0
<b>Varicella</b>	0	<5*	0	0	0	6	10	<5*	5	17

\*The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: These specific age groups were chosen because they are considered 'high risk' age groups and are targeted for elimination via vaccination.

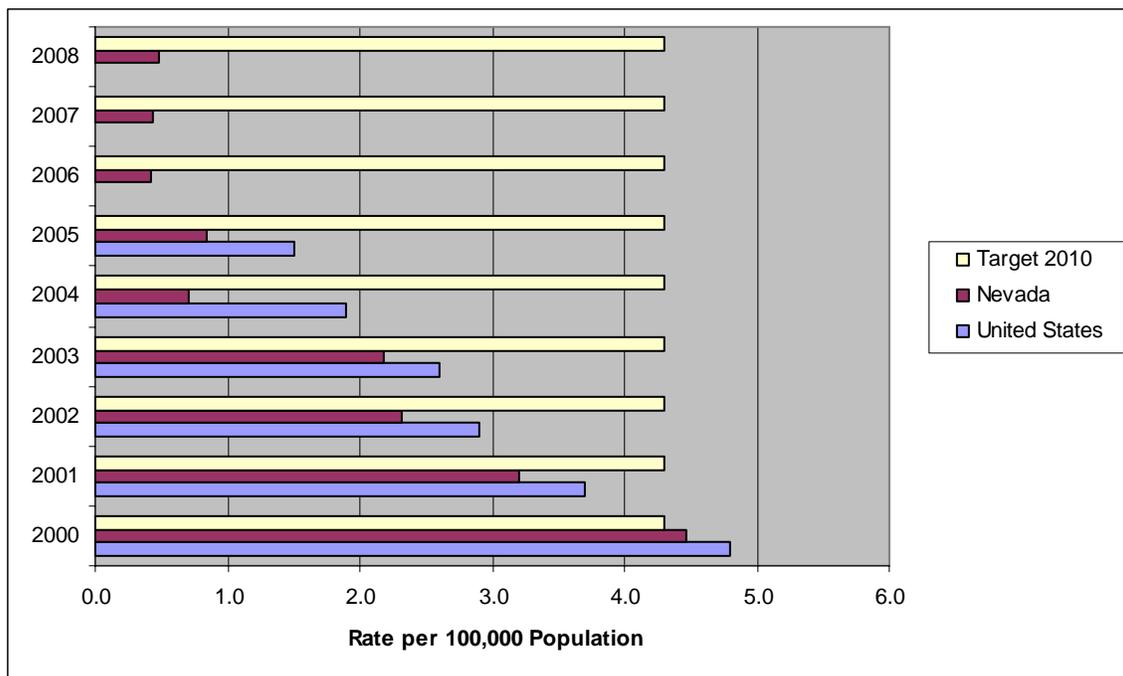
Note: See appendix for additional information.

**Healthy People 2010 Objective (14-6.):** Reduce new cases of Hepatitis A.

**Healthy People 2020 Objective IID HP2020-23:** Reduce Hepatitis A.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
0.5	1.5	4.3	0.3	Surpassed

**Rate of Reported New Cases of Hepatitis A, Nevada Residents and United States, NEDSS/NETSS Data, 2000 - Most Current Data. \***



Nevada had a consistently lower rate of new cases of hepatitis A than the national rate from 2000 to 2008. Nevada surpassed the Healthy People 2010 target for reducing the number of new cases of hepatitis A to 4.3 per 100,000 people from 2001 to 2008.

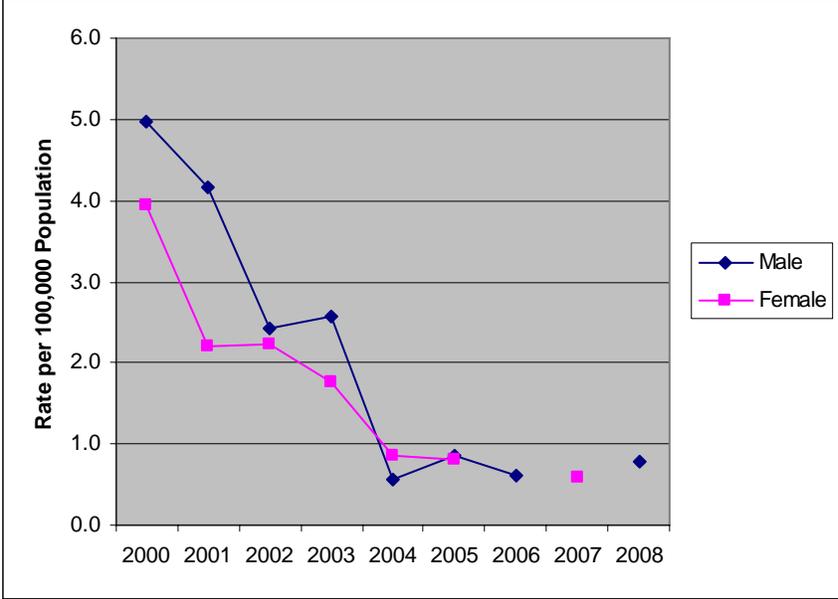
Anyone can get hepatitis A. This disease is caused by the hepatitis A virus that results in inflammation of the liver. Hepatitis A was formerly known as infectious hepatitis. This virus is found in the feces (stool) of infected persons and is usually spread by the fecal-oral route. The virus may be spread by food prepared or handled by an infected person who does not wash their hands carefully, via water contaminated with human feces, the consumption of raw oysters, close intimate contact (household or sexual), and by changing the diaper of an infected child.<sup>3</sup>

\*The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: These specific age groups were chosen because they are considered 'high risk' age groups and are targeted for elimination via vaccination.

Note: See appendix for additional information.

**Rate of Reported New Cases of Hepatitis A, Nevada Residents by Gender, NEDSS/NETSS Data, 2000 - 2008.\***



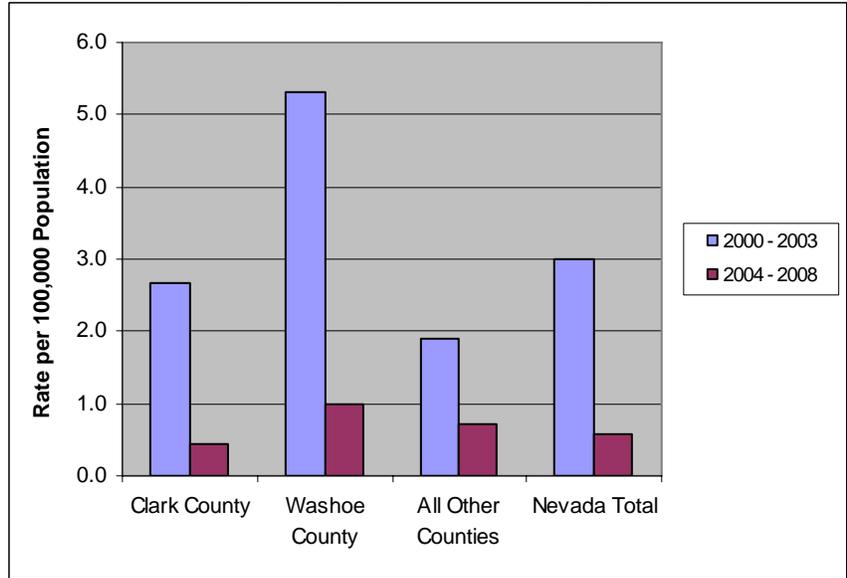
Both males and females are equally at risk for hepatitis A infection. Usually the first symptoms appear at about one month, but can develop anytime between two and six weeks after exposure to the virus. After one infection, a person cannot get hepatitis A again. However, there are five types of viral hepatitis, and infection with hepatitis A will not protect against other types of hepatitis.<sup>3</sup>

The Nevada trend shows overall decreases in the number of reported new cases of hepatitis A from 2000 to 2008 for both genders.

In all regions of the state, rates of reported new cases of hepatitis A declined over the past five years. Washoe County reported the highest rate of hepatitis A between 2000 and 2008.

There is no specific treatment for hepatitis A. Bed rest is generally all that is needed. Infected persons should also avoid alcohol, drugs, or medicines (including aspirin and Tylenol). Most people feel better after one to two weeks. People are most infectious in the two weeks before their symptoms appear and remain infectious about a week after jaundice presents.<sup>3</sup>

**Aggregated Rate of Reported New Cases of Hepatitis A, Nevada Residents by County/Region, NEDSS/NETSS Data, 2000 - 2003 and 2004 - 2008.\***



\*The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: These specific age groups were chosen because they are considered 'high risk' age groups and are targeted for elimination via vaccination.

Note: Data not available for Female 2006 or Male 2007 due to small counts.

Note: Race/ethnicity and age group data are not available.

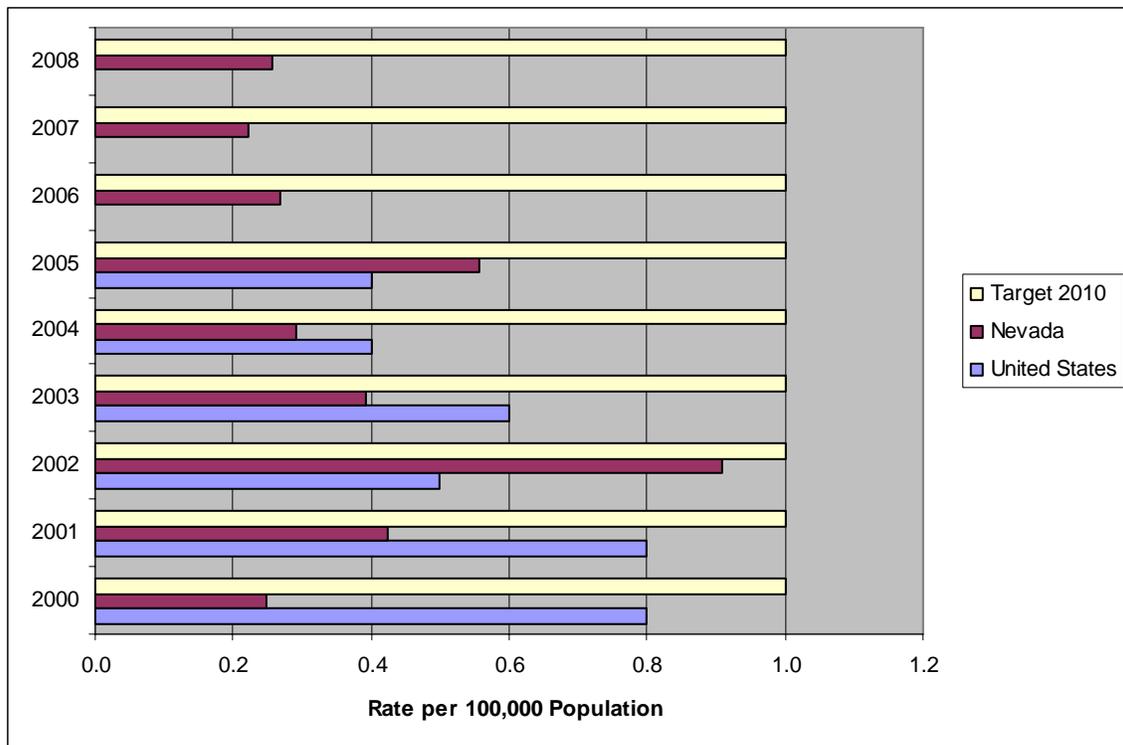


**Healthy People 2010 Objective (14-7):** Reduce new cases of meningococcal disease.

**Healthy People 2020 Objective IID HP2020-3:** Reduce meningococcal disease.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
0.3	0.4	1.0	0.3	Surpassed

**Rate of Reported New Cases of Meningococcal Disease, Nevada Residents and United States, NEDSS/NETSS Data, 2000 - Most Current Data.\***



Nevada’s rate of Meningococcal Disease fluctuated from 2000 to 2008, remaining lower than the Healthy People 2010 target.

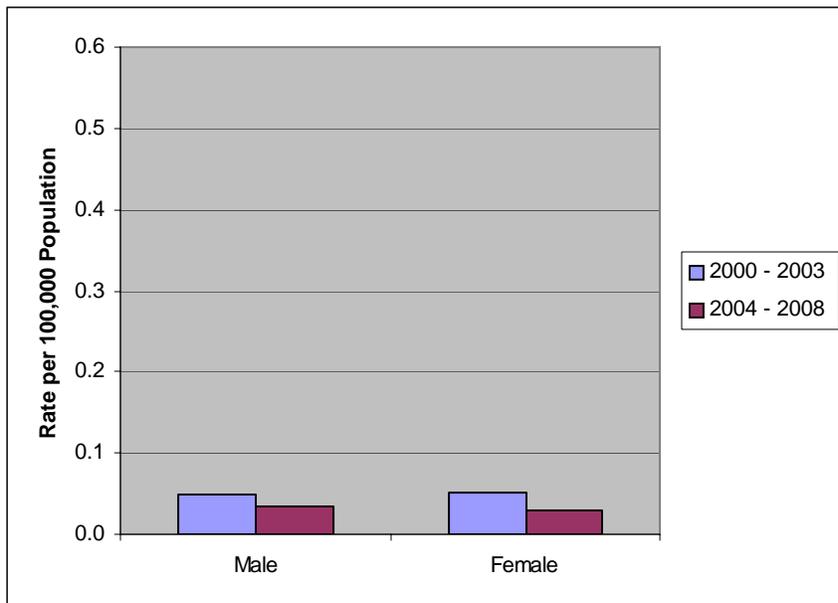
Meningococcal Disease is a bacterial infection caused by the bacterium, *Neisseria meningitidis*. This is one of many organisms that infects the blood and the tissues covering the brain and spinal cord (meninges). The disease is relatively rare, and more cases occur during the spring and winter months.<sup>4</sup>

\*The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: These specific age groups were chosen because they are considered ‘high risk’ age groups and are targeted for elimination via vaccination.

Note: See appendix for additional information.

**Aggregated Rate of Reported New Cases of Meningococcal Disease, Nevada Residents by Gender, NEDSS/NETSS Data, 2000 - 2003 and 2004 - 2008.\***



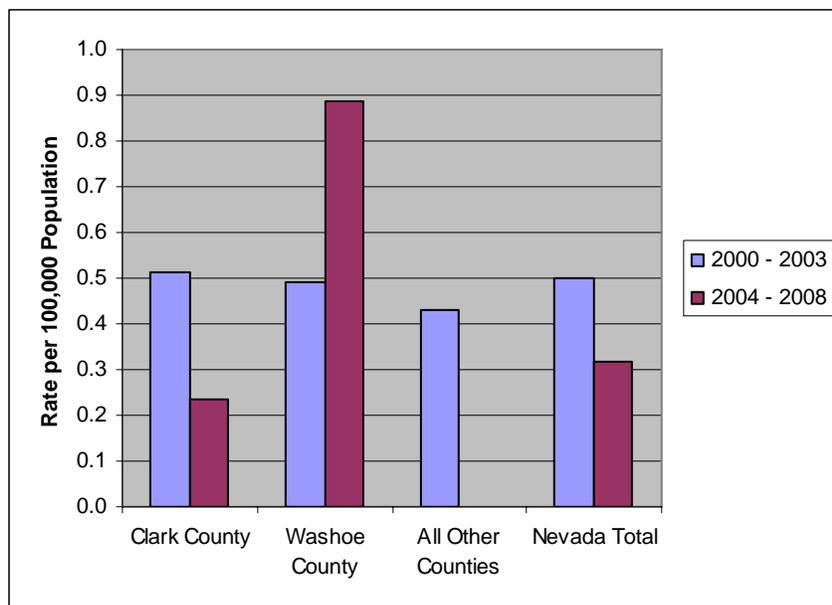
Anyone can get meningococcal disease. It is more common in infants, children, and young adults. The disease is more prevalent in places where there are crowded living conditions. Meningococcal disease spreads by contact with mucus or droplets from the nose and throat of the infected person.<sup>4</sup>

Nevada rates for the disease decreased from 2000 - 2003 to 2004 - 2008 for both males and females.

Nevada's most populated counties had higher rate of meningococcal disease than "All Other Counties" in the combined years 2000 - 2003. The rate of new cases of meningococcal disease increased in Washoe County in the combined years 2004 through 2008.

People with colds or influenza-like symptoms should be careful to cover their mouths and noses with tissue when sneezing and coughing, and remember to wash their hands frequently. There are several types of Neisseria Meningitidis and infection with one type does not provide immunity to others.<sup>4</sup>

**Aggregated Rate of Reported New Cases of Meningococcal Disease, Nevada Residents by County/Region, NEDSS/NETSS Data, 2000 - 2003 and 2004 - 2008.\***



\*The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: These specific age groups were chosen because they are considered 'high risk' age groups and are targeted for elimination via vaccination.

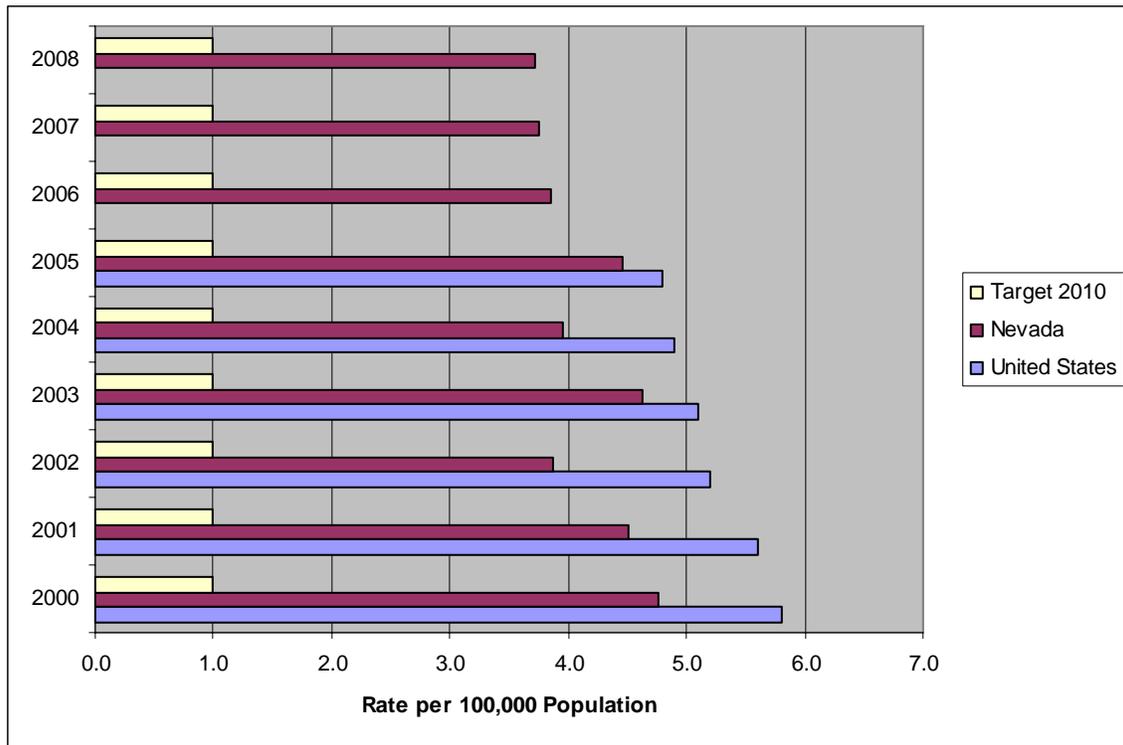
Note: Race/ethnicity and age group data are not available.

**Healthy People 2010 Objective (14-11):** Reduce new cases of tuberculosis.

**Healthy People 2020 Objective IID HP2020-29:** Reduce tuberculosis (TB).

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
3.7	4.8	1.0	1.0	Improving

**Rate of Reported New Cases of Tuberculosis, Nevada Residents and United States, TIMS Data, 2000 - Most Current Data.\***



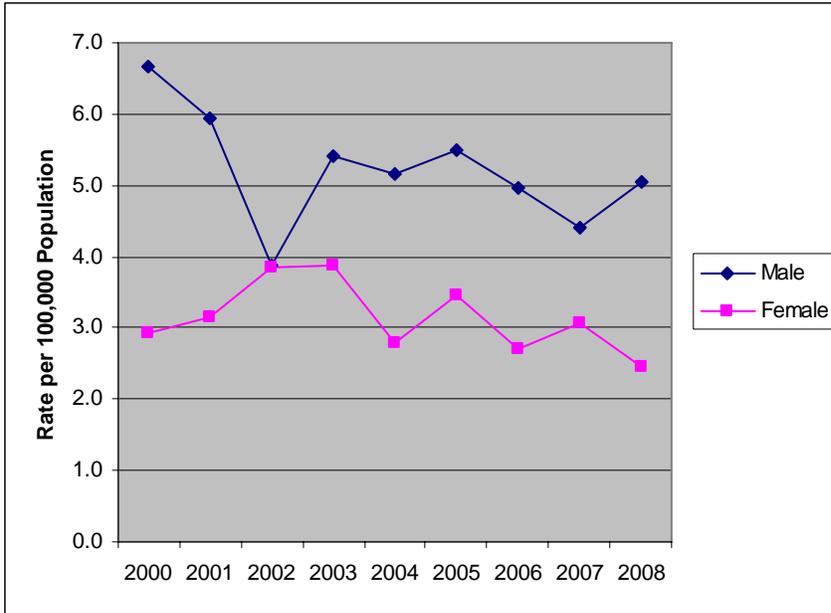
Nevada’s rate of tuberculosis (TB) was consistently lower than the national rate from 2000 through 2005. Nevada’s rate decreased from 2005 to 2008, however, neither the state nor the U.S. have met the Healthy People 2010 target of 1.0 per 100,000 people.

Nationally, tuberculosis rates have experienced a steady decline while Nevada rates have remained relatively constant. *Mycobacterium tuberculosis* (TB) causes disease in over one hundred residents of Nevada annually, infecting an estimated eight hundred more with the bacterium that causes tuberculosis, and placing Nevada as the 16th highest state in the nation for TB cases per population in 2008.

TB is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.<sup>5</sup>

\*The Nevada and U.S. data are from the Tuberculosis Information Management System (TIMS).  
Note: See appendix for additional information.

**Rate of Reported New Cases of Tuberculosis, Nevada Residents by Gender, TIMS Data, 2000 - 2008.\***



In keeping with the nation, males 45 years and older had TB case rates approximately twice of those as women of the same age. See the complete national TB report at:

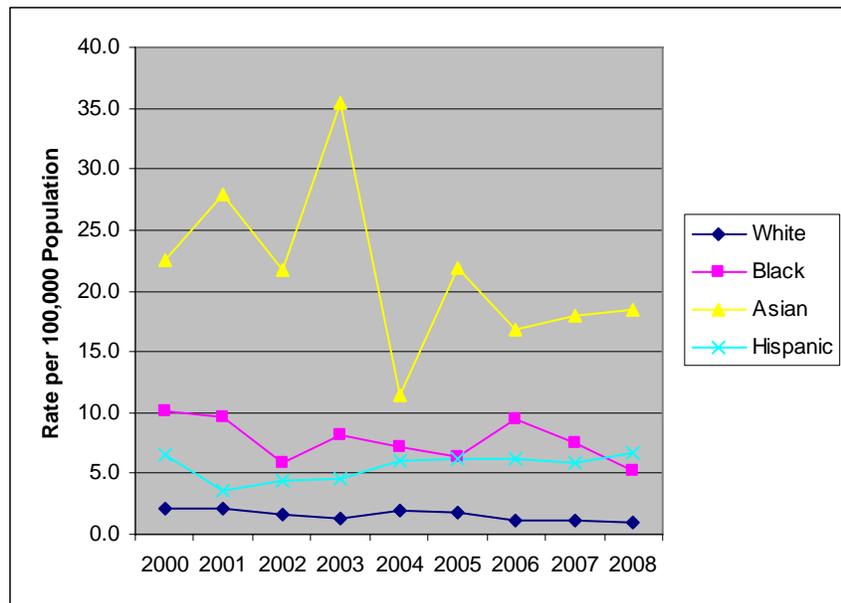
<http://www.cdc.gov/tb/statistics/reports/2009/pdf/report2009.pdf>

Asians had a higher prevalence of tuberculosis than any other racial group in Nevada from 2000 to 2008.

In Nevada approximately 80 percent of all reported TB occurred in racial and ethnic minorities. From 2003 through 2009, the three countries of birth contributing the majority to Nevada's TB case rate were: 34 percent from the United States, 24 percent from the Philippines, and 20 percent from Mexico. For more Nevada TB information see:

[http://www.health.nv.gov/CD\\_HIV\\_TBProgram.htm](http://www.health.nv.gov/CD_HIV_TBProgram.htm)

**Rate of Reported New Cases of Tuberculosis, Nevada Residents by Race/Ethnicity, TIMS Data, 2000 - 2008.\***



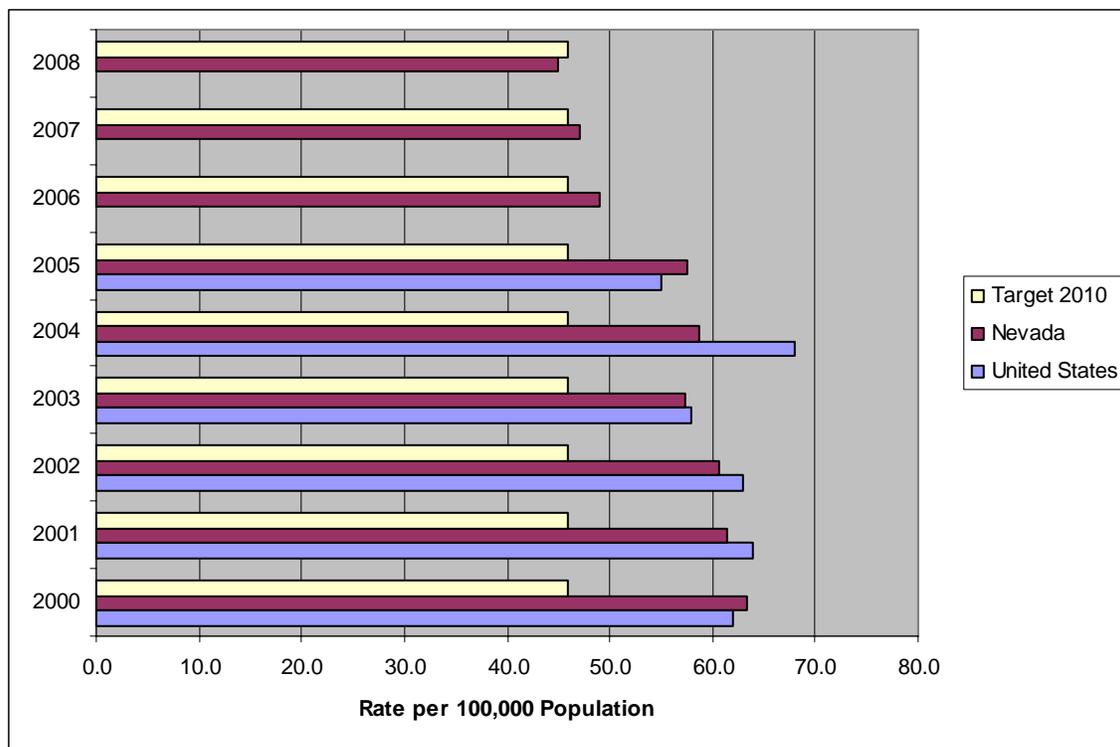
\*The Nevada and U.S. data are from the Tuberculosis Information Management System (TIMS). Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (14-17):** Reduce hospitalization caused by peptic ulcer disease in the United States.

**Healthy People 2020 Objective IID HP2020-10:** Reduce hospitalization caused by peptic ulcer disease in the United States.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
45.0	55.0	46.0		Achieved

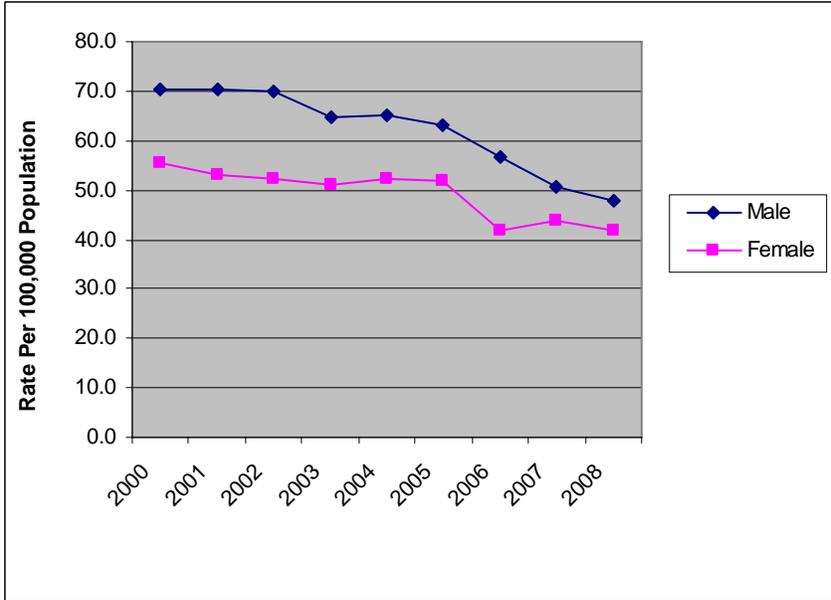
**Age-Adjusted Rate of Hospitalizations for Peptic Ulcer Disease, Nevada Residents and United States, 2000 - Most Current Data\*.**



In 2008, Nevada reached the Healthy People 2010 target to reduce hospitalizations for peptic ulcer disease. Hospitalization rates for both Nevada and the nation decreased over the reported years.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data is from the Nevada Inpatient Hospital Discharge Database (NIHDD). The U.S. data is from the National Hospital Discharge Survey (NHDS). Note: See appendix for additional information.

**Age-Adjusted Rate of Hospitalizations for Peptic Ulcer Disease, Nevada Residents by Gender, 2000 - 2008\*.**



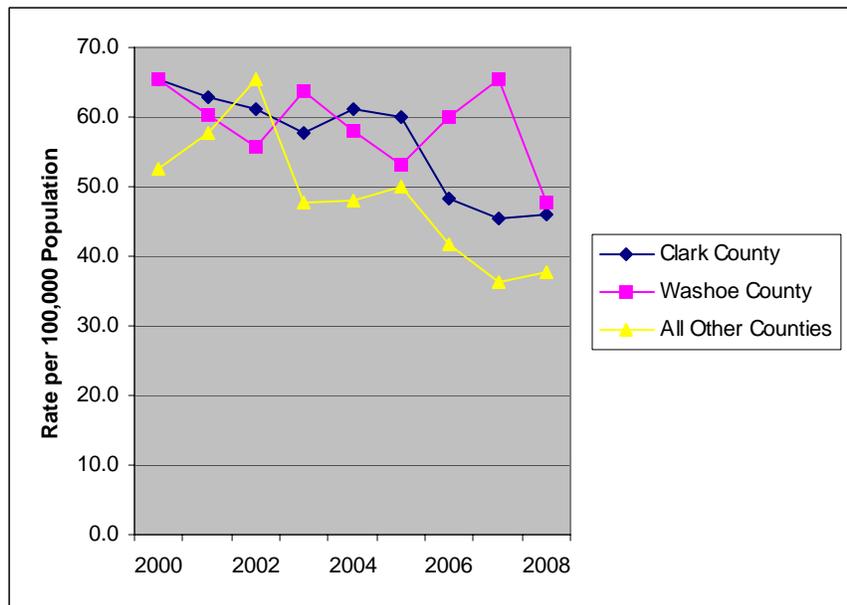
From 2000 to 2008, females had a lower rate of hospitalizations due to peptic ulcer disease compared to males in Nevada.

The rates of hospitalizations for peptic ulcer disease decreased overall across Nevada from 2000 to 2008, with the lowest rates happening in the more rural and frontier counties (All Other Counties).

Stress and diet are no longer believed to cause ulcers. Many researchers believe stress and diet can play a role in exacerbating symptoms and slow healing of pre-existing peptic ulcers.

You have twice the risk of developing a peptic ulcer if you are of African-American or Hispanic background. You also may have an increased risk of developing a peptic ulcer if you have type 'O' blood.<sup>6</sup>

**Age-Adjusted Rate of Hospitalizations for Peptic Ulcer Disease, Nevada Residents by County/Region, 2000 - 2008\*.**



\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data is from the Nevada Inpatient Hospital Discharge Database (NIHDD). No race/ethnicity data available.

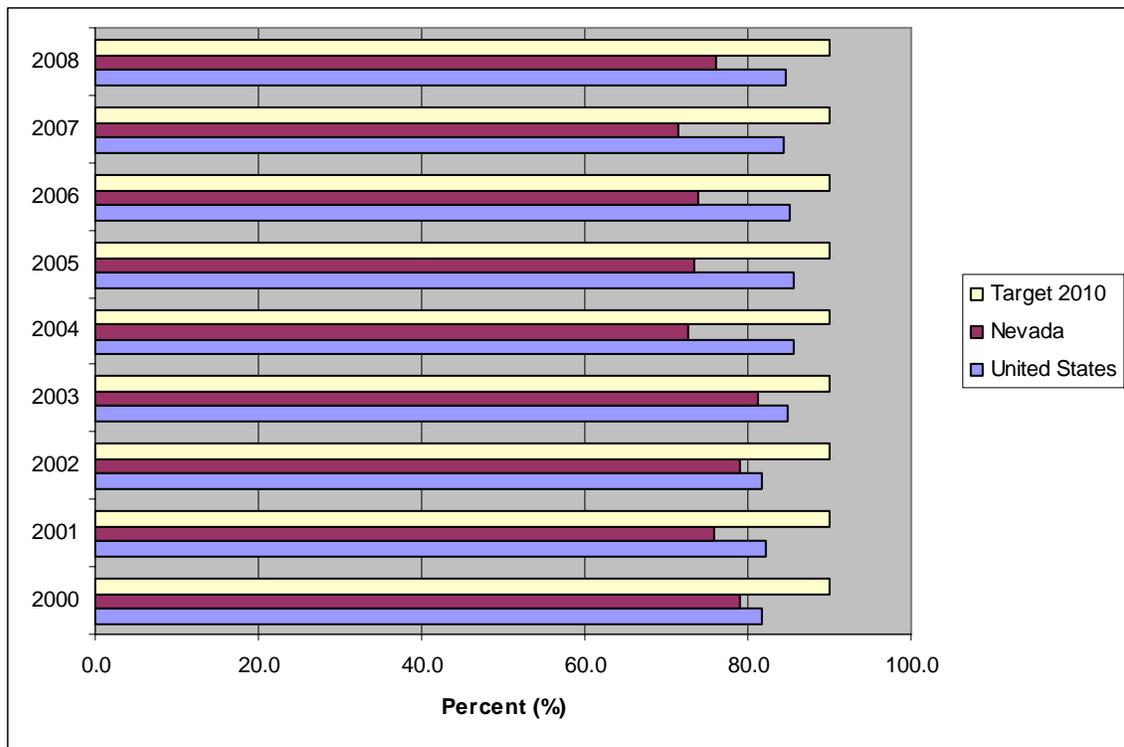
**Healthy People 2010 Objective (14-22):** Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among children.

**Healthy People 2020 Objective IID HP2020-7:** Achieve and maintain effective vaccination coverage levels for universally recommended vaccines among young children.

**Healthy People 2020 Objective IID HP2020-7.1:** Four doses of Diphtheria-Pertussis-Tetanus by 19 to 35 months.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
76.0	84.6	90.0	90.0	Worsening

**Proportion of Children Aged 19 to 35 Months who Received Four Doses of Diphtheria-Pertussis-Tetanus, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



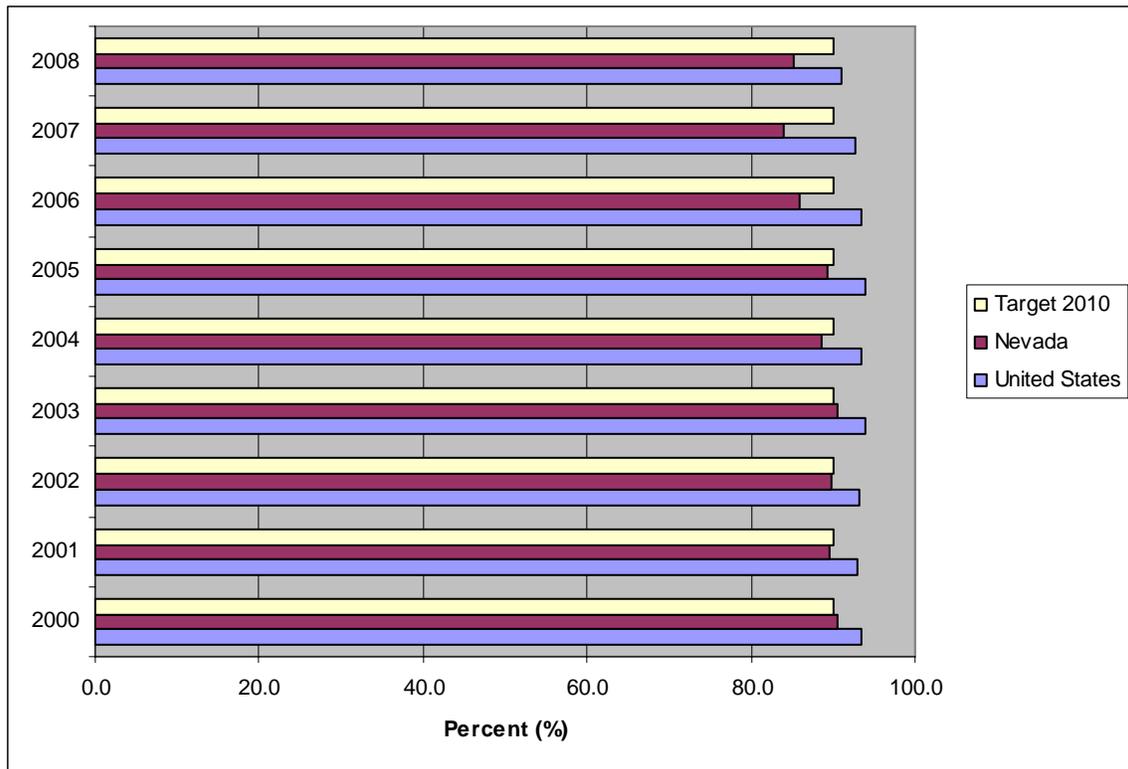
Neither Nevada, nor the United States, reached the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received four doses of diphtheria-pertussis-tetanus vaccine from 2000 to 2008. The trend for the nation was steady, with a slight overall increase from 2000 to 2008.

\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.

**Healthy People 2020 Objective IID HP2020-7.2:** Three doses of Haemophilus Influenza Type B (Hib) vaccine.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
85.2	90.9	90.0	90.0	Worsening

**Proportion of Children Aged 19 to 35 Months who Received Three Doses of Haemophilus Influenza Type B (Hib) Vaccine, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



Nevada did not attain the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received three doses of haemophilus influenza type B (Hib) vaccine from 2000 to 2008. This proportion, for both the state and the nation, decreased from 2005 to 2008.

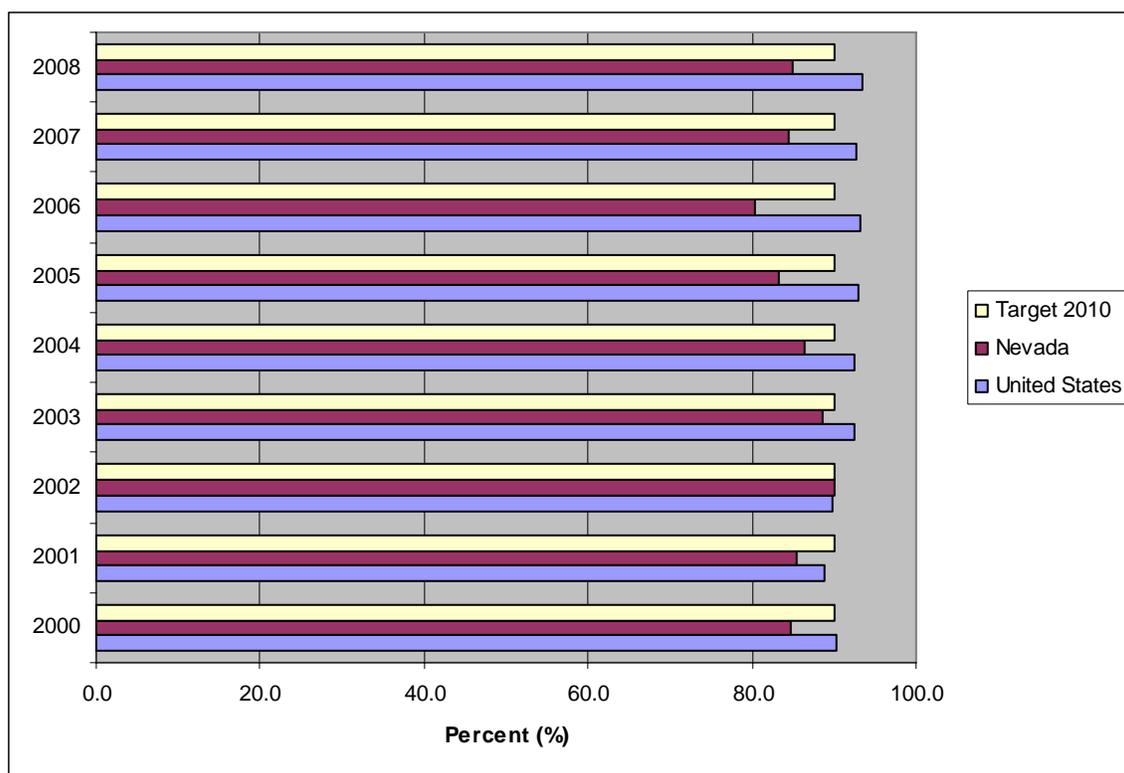
\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.



**Healthy People 2020 Objective IID HP2020-7.3:** Three doses of Hepatitis B vaccine.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
84.9	93.5	90.0	90.0	Fluctuating

**Proportion of Children Aged 19 to 35 Months who Received Three Doses of Hepatitis B Vaccine, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



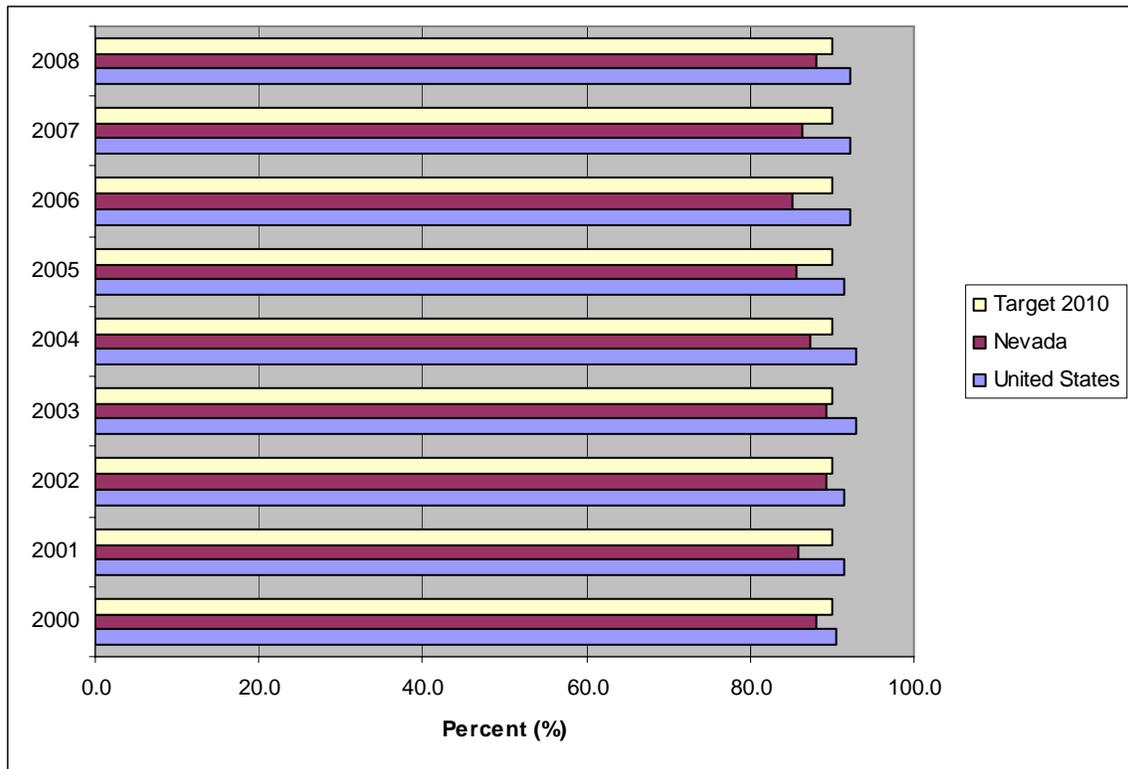
Nevada did not attain the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received three doses of hepatitis B vaccine from 2000 to 2008. The proportion on Nevada's children aged 19 to 35 months who received three doses of hepatitis B vaccine increased from 2006 to 2008.

\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.

**Healthy People 2020 Objective IID HP2020-7.4: One dose of Measles-Mumps-Rubella (MMR) vaccine.**

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
88.0	92.1	90.0	90.0	Fluctuating

**Proportion of Children Aged 19 to 35 Months who Received One Dose of Measles-Mumps-Rubella (MMR) Vaccine, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



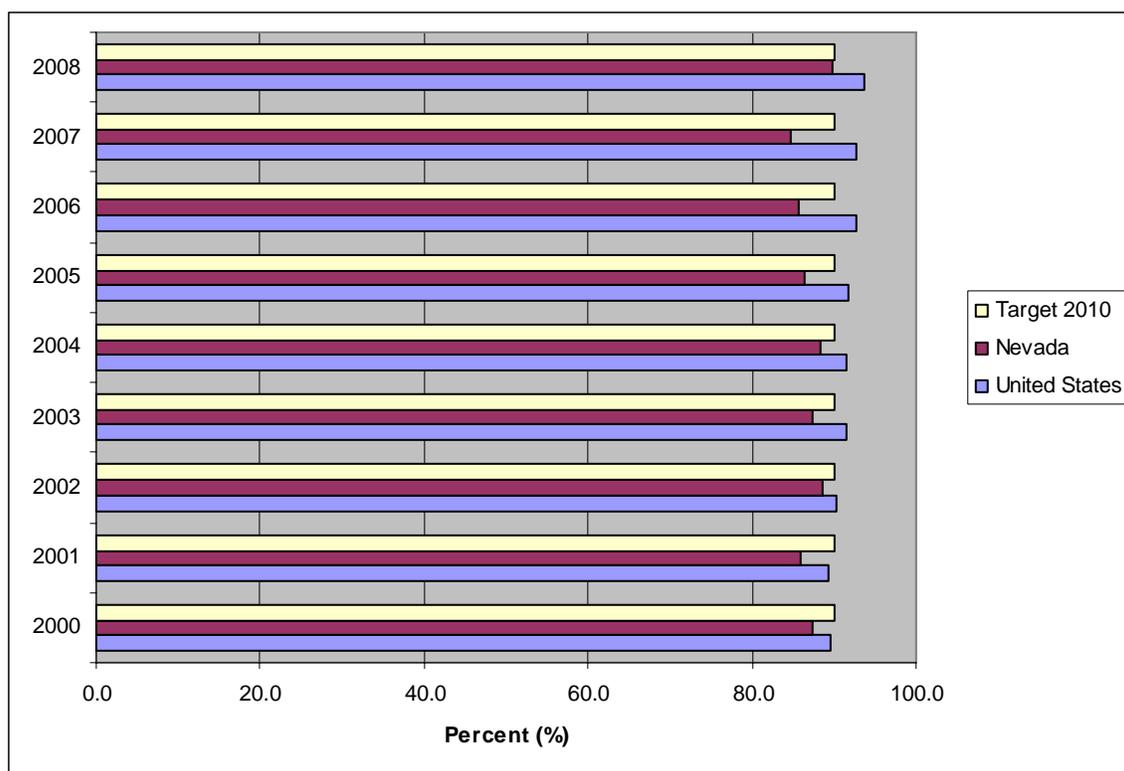
Nevada did not meet the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received one dose of measles-mumps-rubella (MMR) vaccine from 2000 to 2008. The percentage of Nevada children, aged 19 to 35 months, who received one dose of measles-mumps-rubella (MMR) vaccine increased from 2006 to 2008.

\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.

**Healthy People 2020 Objective IID HP2020-7.5: Three doses of Polio vaccine.**

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
89.9	93.6	90.0	90.0	fluctuating

**Proportion of Children Aged 19 to 35 Months who Received Three Doses of Polio Vaccine, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



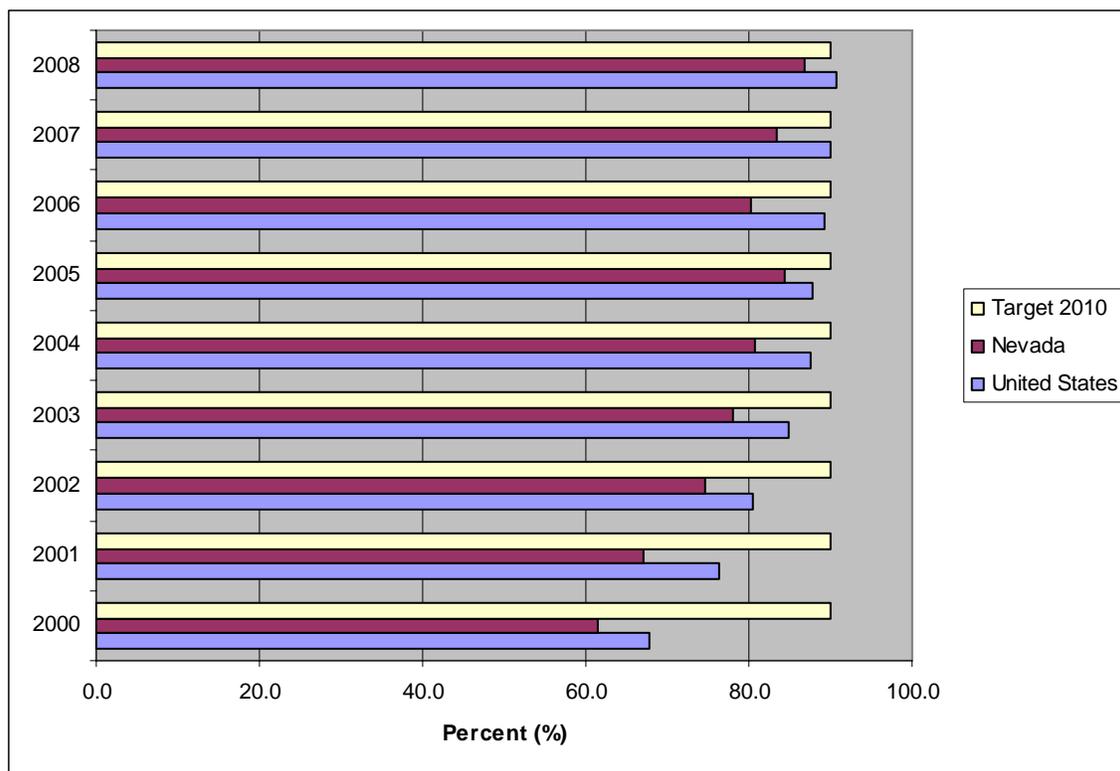
Nevada did not meet the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received three doses of polio vaccine from 2000 to 2008. This proportion, in both Nevada and the United States, fluctuated from 2000 to 2008.

\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.

**Healthy People 2020 Objective IID HP2020-7.6: One dose of Varicella vaccine**

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
86.8	90.7	90.0	90.0	Improving

**Proportion of Children Aged 19 to 35 Months who Received One Dose of Varicella Vaccine, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



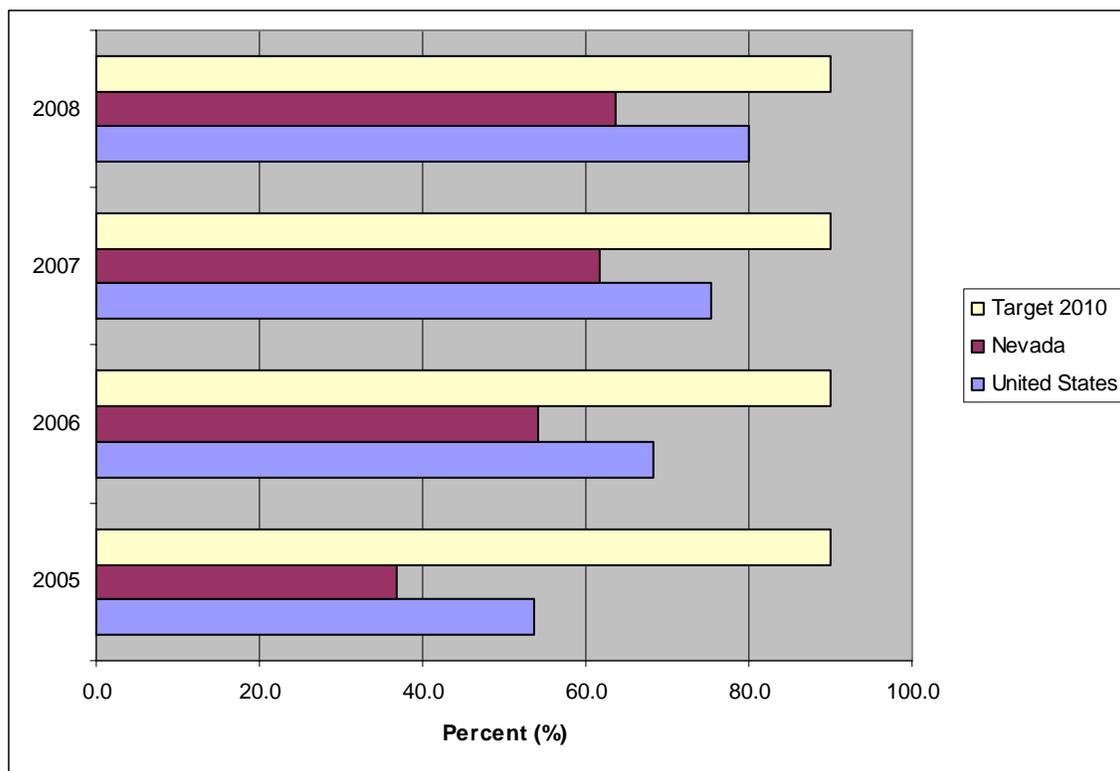
Nevada did not meet the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received one dose of varicella vaccine from 2000 to 2008. The trends for both the state and the nation increased from 2000 to 2008.

\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.

**Healthy People 2020 Objective IID HP2020-7.7: Four doses of pneumococcal conjugate vaccine**

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
63.6	80.1	90.0	90.0	Improving

**Proportion of Children Aged 19 to 35 Months who Received Four Doses of Pneumococcal Conjugate Vaccine, Nevada Residents and United States, NIS Data, 2005 - 2008.\***



Neither Nevada nor the United States reached the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received four doses of pneumococcal conjugate vaccine from 2005 to 2008. The trends for both the state and the nation increased from 2005 to 2008.

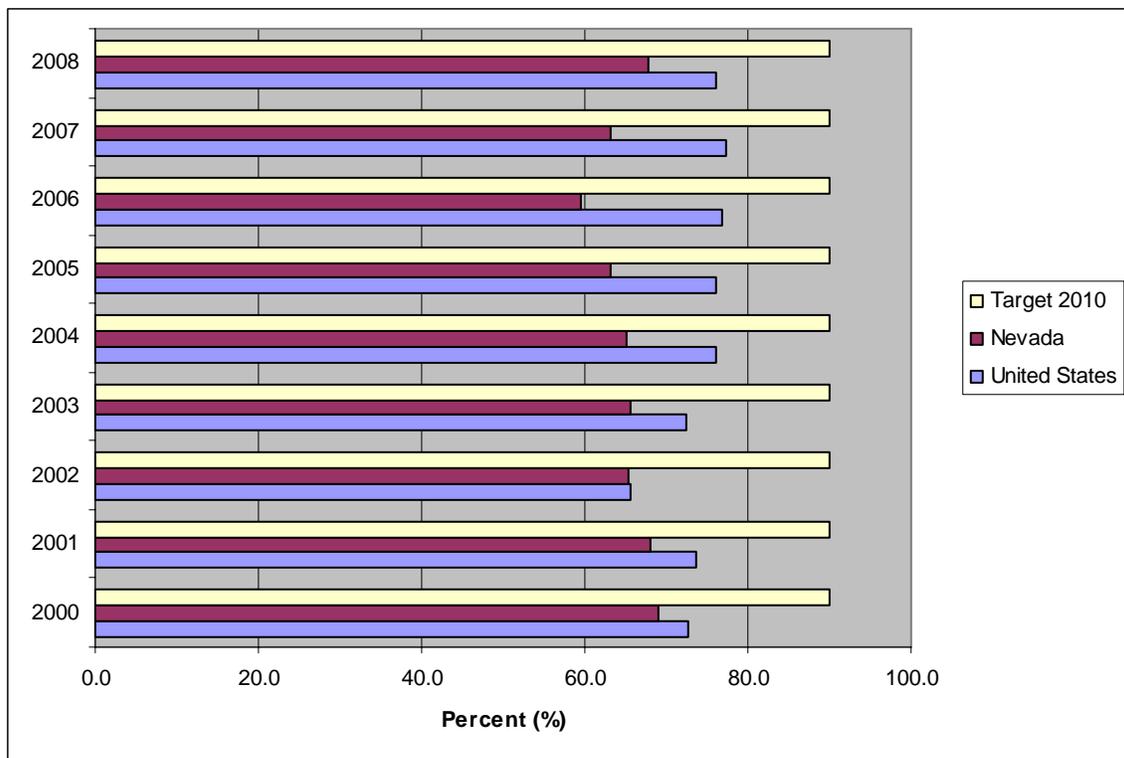
\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables. Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.

**Healthy People 2010 Objective (14-24):** Increase the proportion of children aged 19 to 35 months who receive the recommended vaccines.

**Healthy People 2020 Objective IID HP2020-8:** Increase the proportion of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
67.8	76.1	90.0	80.0	Fluctuating

**Proportion of Children Aged 19 to 35 Months who Received the Recommended Vaccines, Nevada Residents and United States, NIS Data, 2000 - 2008.\***



Neither Nevada nor the United States reached the Healthy People 2010 target for the percentage of children, aged 19 to 35 months, who received the recommended vaccines from 2000 to 2008. The trends for both the state and the nation fluctuated from 2000 to 2008, at 67.8 percent and 76.1 percent respectively in 2008.

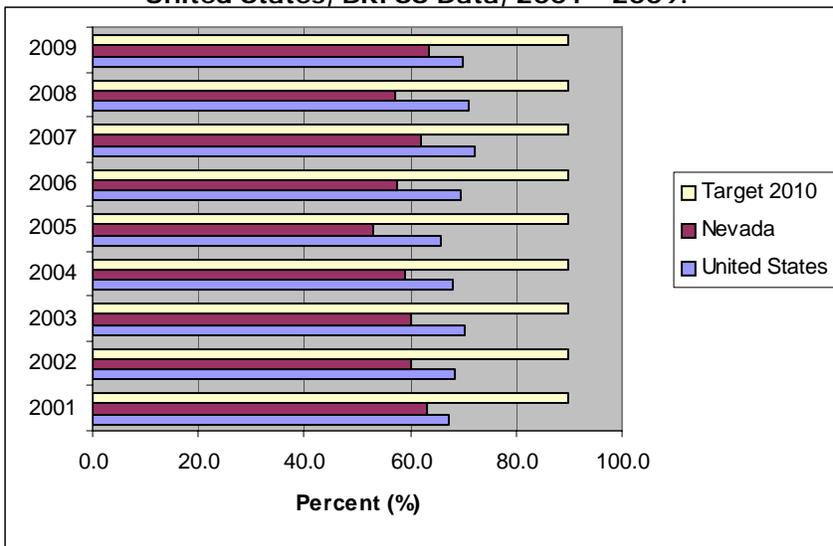
\*The Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC), NIS Data Tables.  
 Note: Additional county, age-group, gender, and race/ethnicity breakdowns are not available.  
 Note: As of 2002 the varicella vaccine was added to recommended vaccines. Data representing years prior to 2002 do not include this vaccine.

**Healthy People 2010 Objective (14-29a.):** Increase the proportion of adults, aged 65 years and older, who are vaccinated annually against influenza.

**Healthy People 2020 Objective IID HP2020-12.7:** Increase the proportion of noninstitutionalized adults, aged 65 years and older, who are vaccinated annually against seasonal influenza.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
63.5	70.1	90.0	90.0	Fluctuating

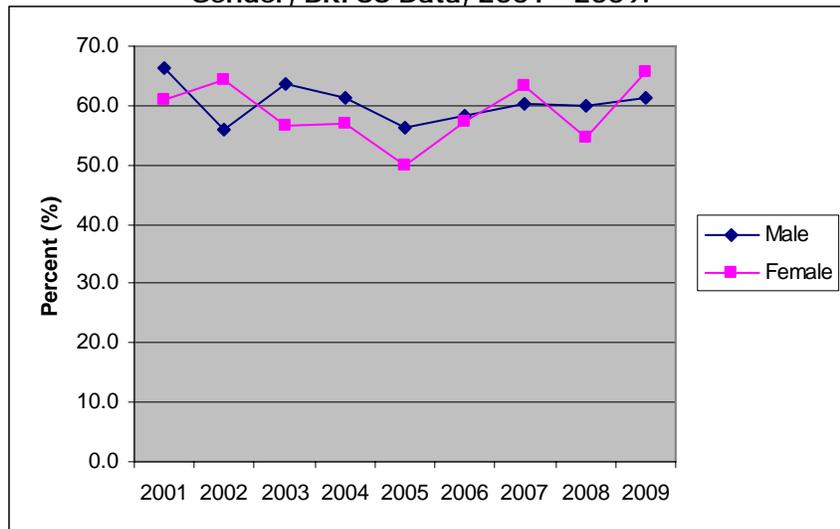
**Proportion of Adults Aged 65 Years and Older Who Are Vaccinated Annually Against Influenza, Nevada Residents and United States, BRFSS Data, 2001 - 2009.\***



The proportion of adults aged 65 years and older who are vaccinated annually against influenza in the United States fluctuated from 2001 to 2009.

The proportion of Nevada adults aged 65 years and older who are vaccinated annually against influenza, while still consistently lower than the U.S., improved from 2005 to 2009.

**Proportion of Adults Aged 65 Years and Older Who Are Vaccinated Annually Against Influenza, Nevada Residents by Gender, BRFSS Data, 2001 - 2009.\***



From 2001 to 2009, the proportion of both males and female in Nevada who receive annual influenza vaccinations has remained relatively unchanged, hovering above 60.0 percent.

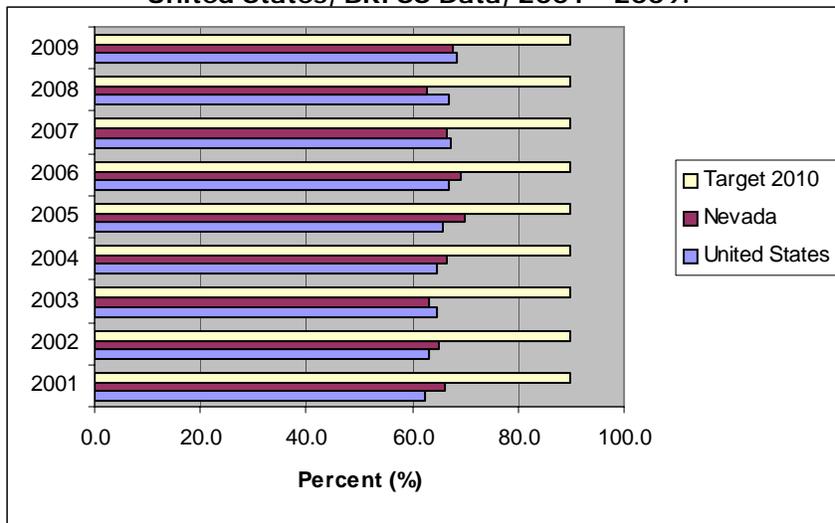
\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Healthy People 2010 Objective (14-29b.):** Increase the proportion of adults, aged 65 years and older, who have ever received the pneumococcal vaccine.

**Healthy People 2010 Objective IID HP 2020-13.1:** Increase the proportion of noninstitutionalized adults, aged 65 years and older, who are vaccinated against pneumococcal disease.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
67.7	68.5	90.0	90.0	Fluctuating

**Proportion of Adults Aged 65 Years and Older Who Have Ever Received the Pneumococcal Vaccine, Nevada Residents and United States, BRFSS Data, 2001 - 2009.\***

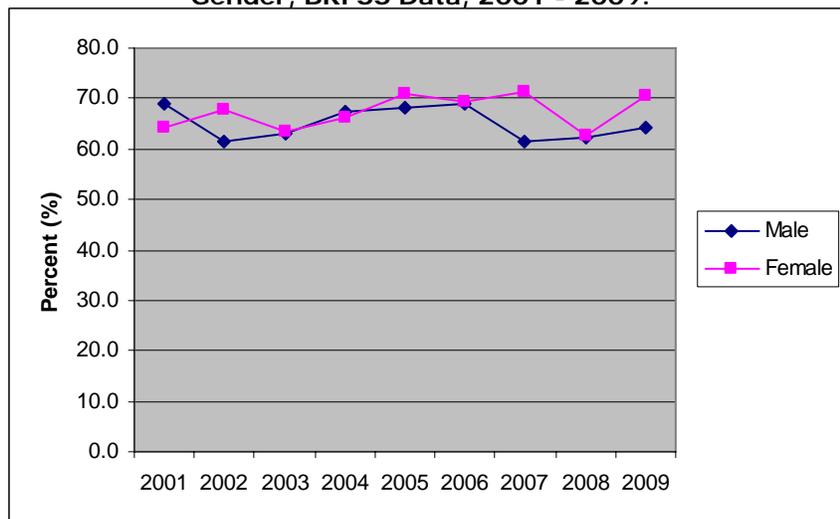


The proportion of Nevada adults aged 65 years and older who have ever received a pneumococcal vaccination was steady from 2001 to 2009. This proportion, among adults aged 65 years and older, nationally increased during the same time period.

Neither region has met the Healthy People 2010 target of 90.0 percent.

**Proportion of Adults Aged 65 Years and Older Who Have Ever Received the Pneumococcal Vaccine, Nevada Residents by Gender, BRFSS Data, 2001 - 2009.\***

From 2001 to 2009, the proportion of both males and females in Nevada who have ever received a pneumococcal vaccination remained relatively unchanged hovering around 65.0 percent.



\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.



# Injury and Violence Prevention

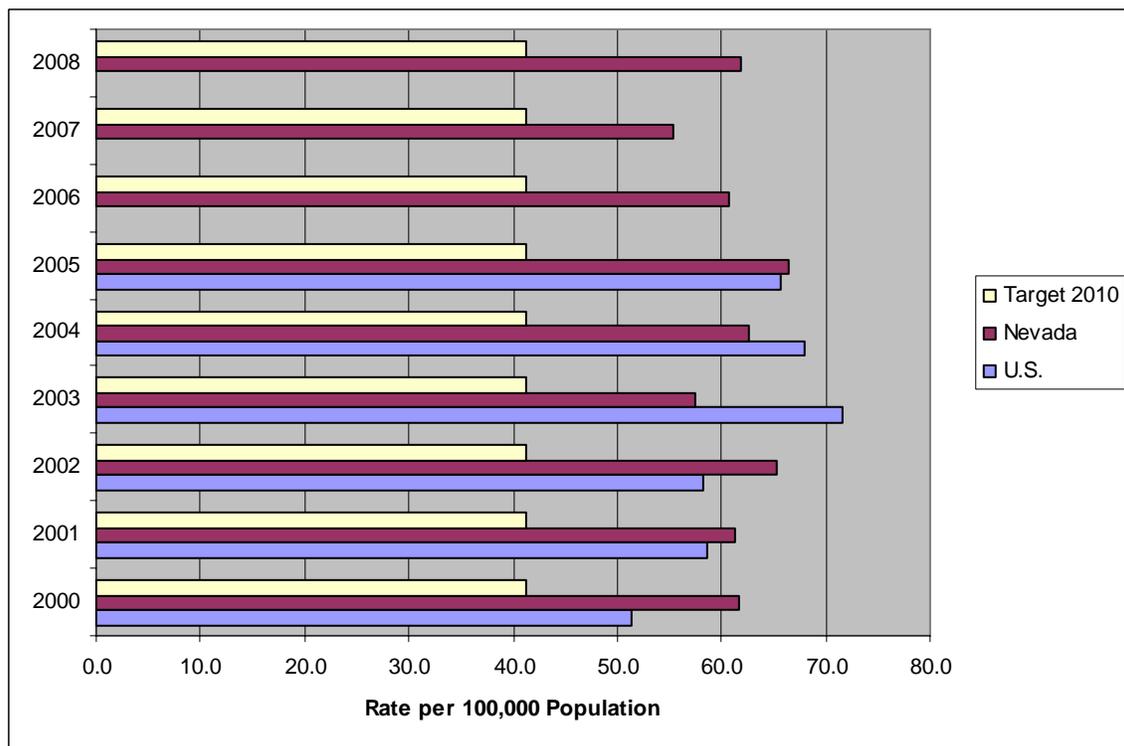
Millions of people each year are affected by injuries either to themselves or to someone they love. Unintentional injuries are the leading cause of death between the ages of 1 and 44 both nationally and in the state of Nevada. Unintentional injuries are a leading cause of disability among Americans, with more than 5 million people in the country reporting chronic, injury-related disabilities. The lives of millions of others have been affected by injuries to themselves or to someone they love.<sup>1</sup>

**Healthy People 2010 Objective (15-1):** Reduce hospitalizations for non-fatal head injuries.

**Healthy People 2020 Objective IVP HP2020-1.2:** Reduce hospitalizations for traumatic brain injuries.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
61.9	65.7	41.2		Fluctuating

**Hospitalization Rate for Non-Fatal Head Injuries, Nevada Residents and United States, 2000 - Most Current Data. \***

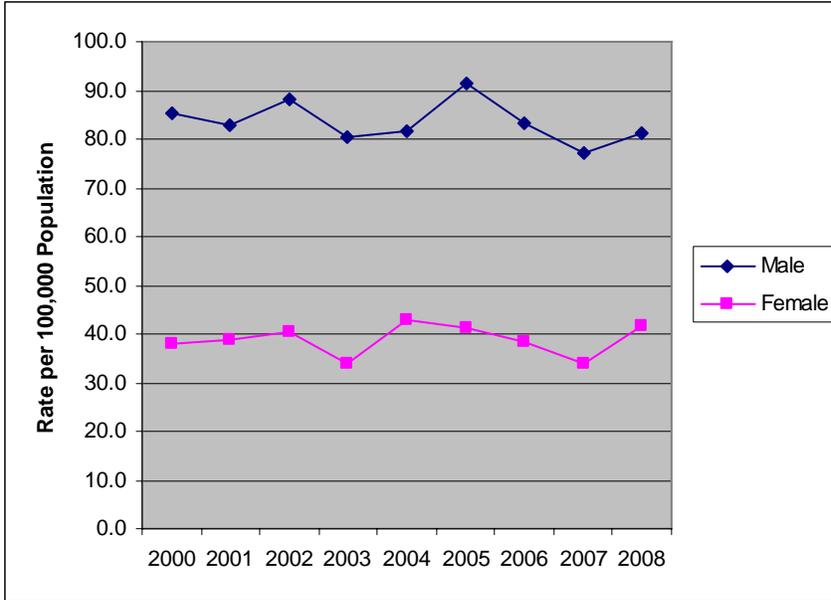


Neither Nevada and the nation met the Healthy People 2010 target to reduce hospitalizations for non-fatal head injuries from 2000 to 2008.

\*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD) and the U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

**Hospitalization Rate for Non-Fatal Head Injuries, Nevada Residents by Gender, 2000 - 2008.\***

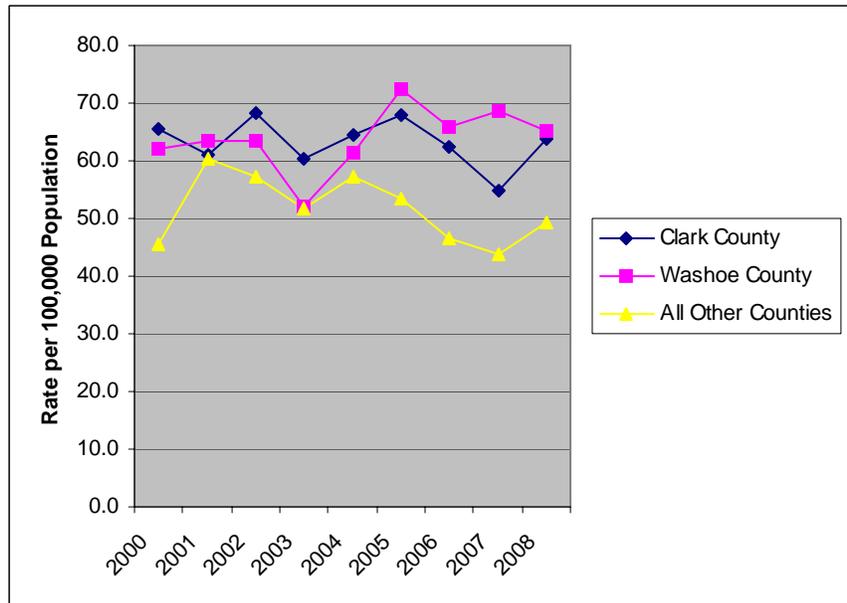


Over the past nine years, males in Nevada consistently have higher rates of hospitalization for non-fatal head traumas than their female counterparts.

Clark and Washoe Counties had the highest hospitalization rates for non-fatal head injuries from 2000 to 2008. "All Other Counties", which includes Nevada's rural and frontier counties, has consistently had a lower hospitalization rate for non-fatal head injuries.

This follows the population distribution of Nevada since 87.4 percent of the population lives in these two counties, as per the State Demographer's 2009 estimates by county.

**Hospitalization Rate for Non-Fatal Head Injuries, Nevada Residents by County/Region, 2000 - 2008.\***



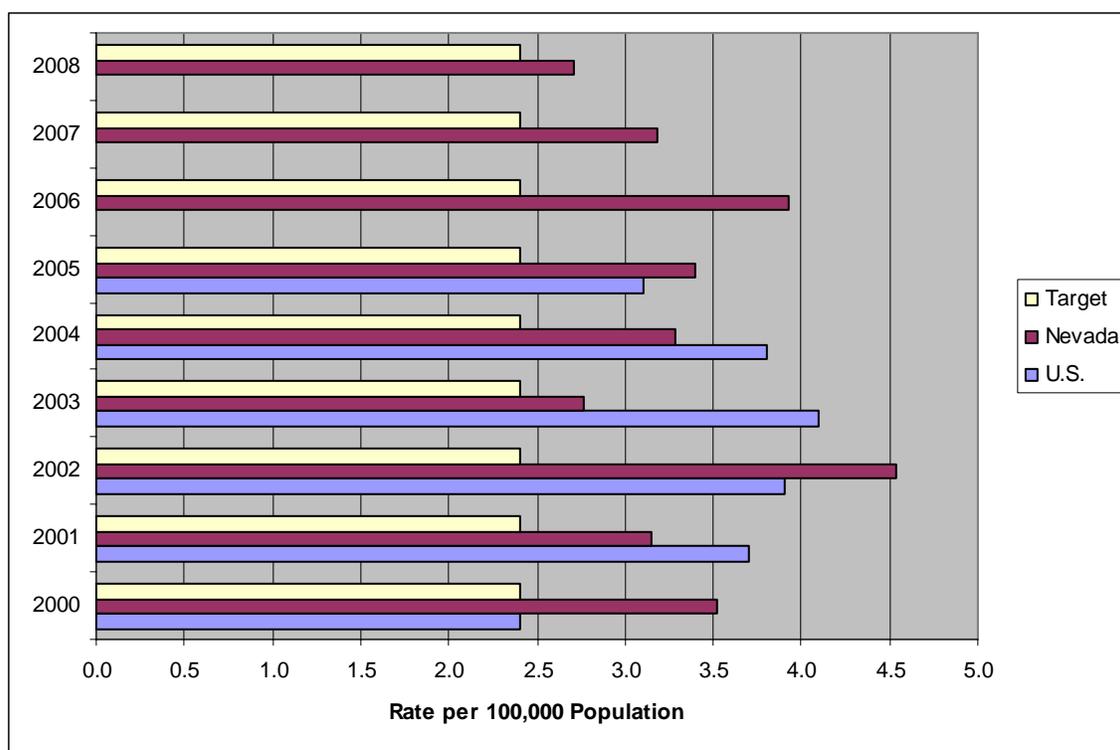
\*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD). Note: Race/Ethnicity data is not available.

**Healthy People 2010 Objective (15-2):** Reduce hospitalizations for nonfatal spinal cord injuries.

**Healthy People 2020 Objective IVP HP2020-3.2:** Reduce traumatic spinal cord injury morbidity and mortality.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.7	3.1	2.4		Fluctuating

**Hospitalization Rate for Non-Fatal Spinal Cord Injuries, Nevada Residents and United States, 2000 - Most Current Data.\***

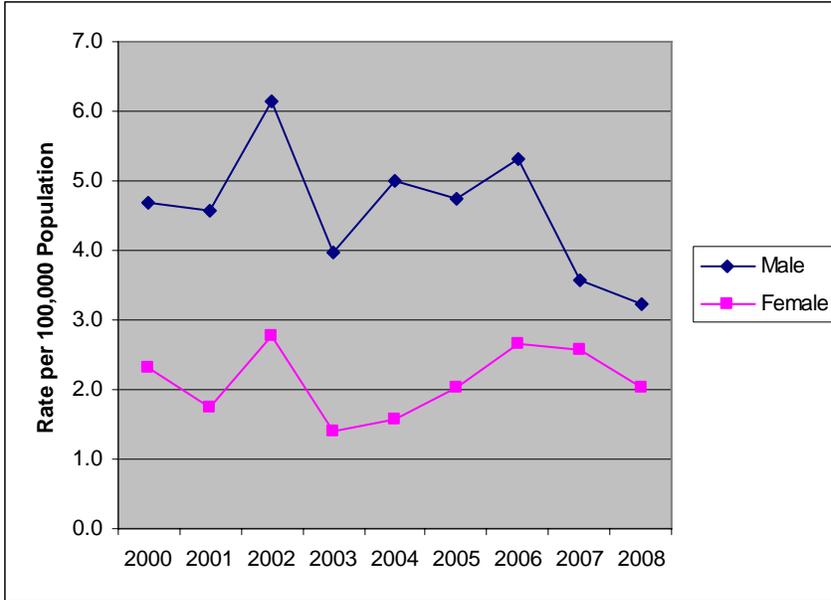


Nevada and the nation have both had difficulty in achieving the Healthy People 2010 target for reducing the hospitalization rate for non-fatal spinal cord injuries. However rates dropped over the last few years and may meet the target by 2010.

\*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD) and the U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

**Hospitalization Rate for Non-Fatal Spinal Cord Injuries, Nevada Residents by Gender, 2000 - 2008.\***



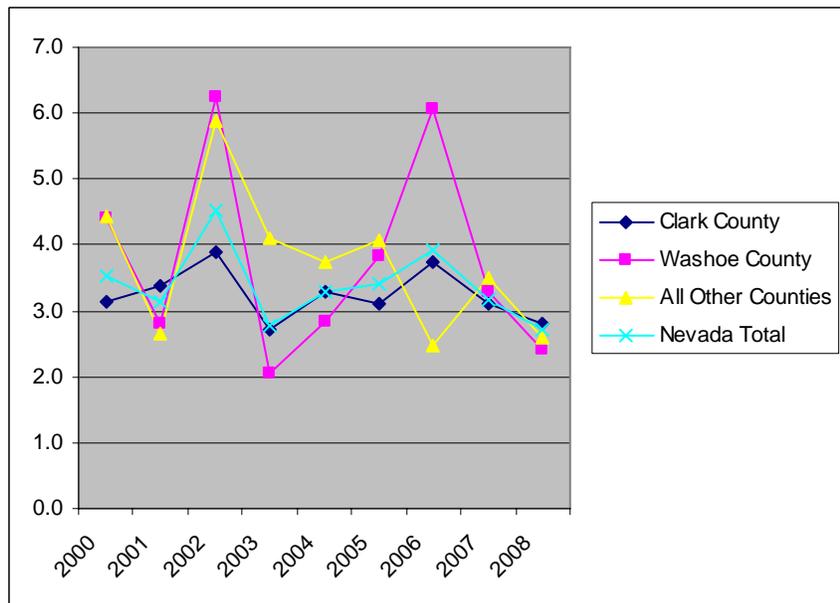
Nevada females had a lower rate of hospitalization for non-fatal spinal cord injuries than Nevada males from 2000 to 2009. The difference in rates for males and females have decreased.

An estimated 50 percent of all spinal cord injuries are the result of a motor vehicle accident, with SUV rollover accidents making up the majority of these.<sup>2</sup>

Other at-risk activities include trampoline accidents, falls, especially in those 45 years of age and older, violence, such as knife and gunshot wounds, and sports injuries, such as diving accidents.<sup>2</sup>

The hospitalization rates for non-fatal spinal cord injuries were similar among all regions in the years 2007 and 2008.

**Hospitalization Rate for Non-Fatal Spinal Cord Injuries, Nevada Residents by County/Region, 2000 - 2008.\***



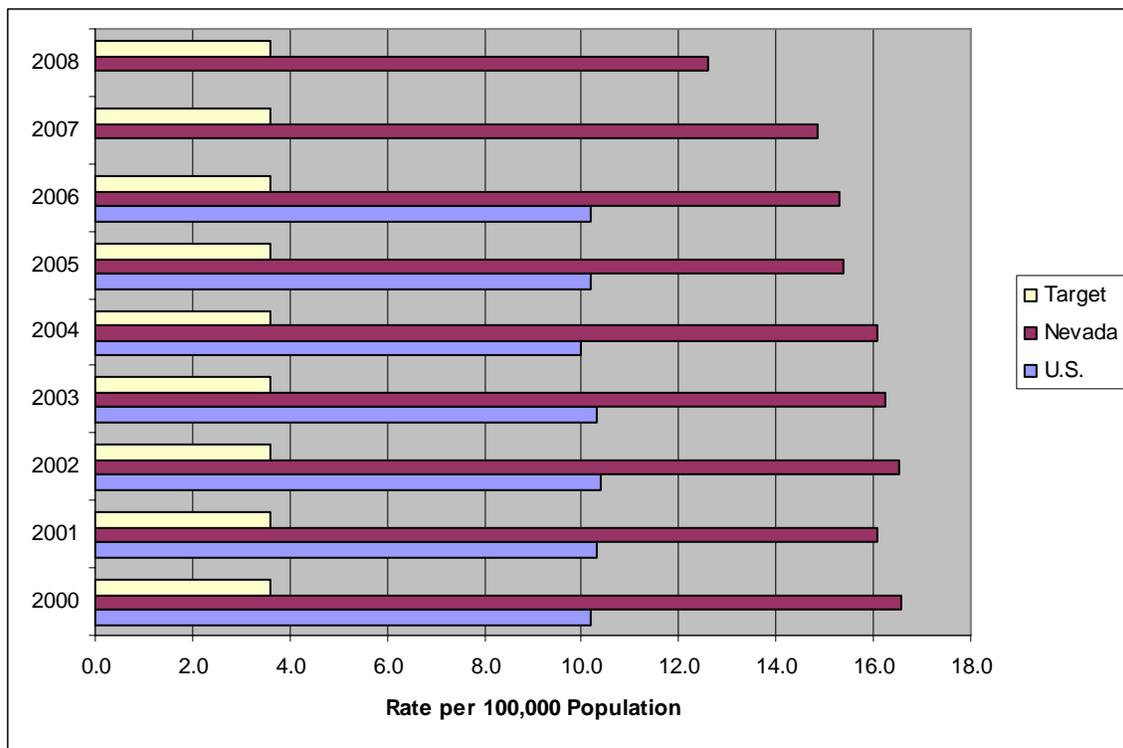
\*The Nevada data are from the Nevada Inpatient Hospital Discharge Database (NIHDD). Note: Race/Ethnicity data are not available.

**Healthy People 2010 Objective (15-3):** Reduce firearm-related deaths.

**Healthy People 2020 Objective IVP HP2020-30:** Reduce firearm-related deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
12.6	10.2	3.6		Improving

**Age-Adjusted Firearm Related Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

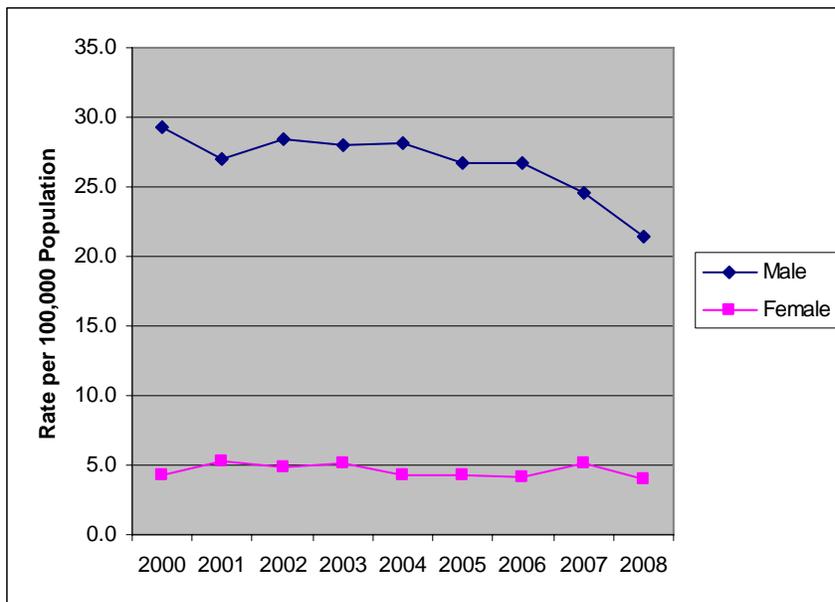


The national and Nevada rates for firearm related deaths were higher than the Healthy People 2010 target from 2000 to 2008. The national rate remained steady during the reported years, while the Nevada rate decreased overall from 2000 to 2008.

In 2009, Pennsylvania State University's Firearm & Injury Center reported that over a twenty-six year period (1980 - 2006), an average of 32,300 Americans died each year from firearm injuries of all reported types.<sup>3</sup> About 30,000 firearm related deaths occur in the United States annually, Nevada had the 7th highest rate of firearm homicides in the nation from 2003—2005.<sup>3</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Firearm Related Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



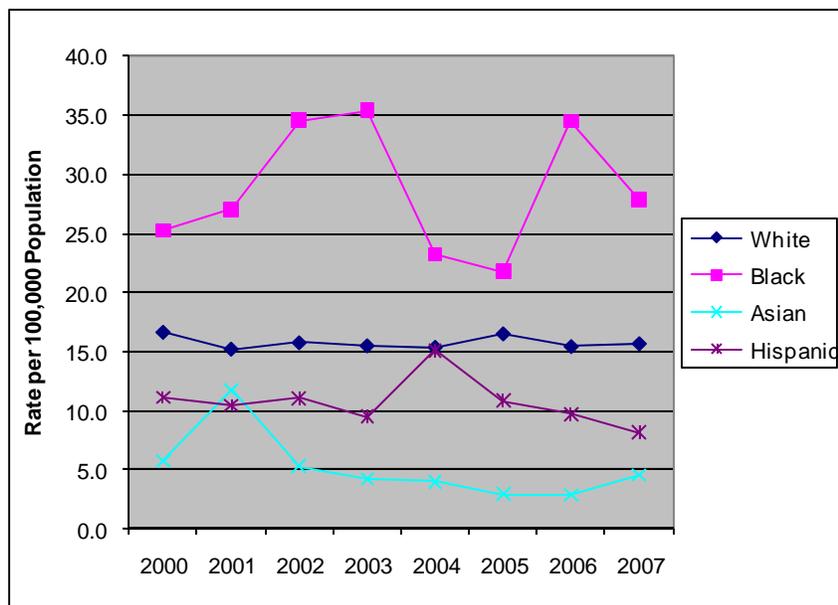
Males had a higher rate of firearm related death rate than females in Nevada from 2000 to 2008. From 2006 to 2008, firearm related deaths among Nevada males have decreased.

In 2004, firearms were used in 59 percent of suicide deaths nationally.<sup>4</sup>

Firearm death rates in the United States vary by state. The five states with the highest firearm death rates are Louisiana, Alaska, Nevada, Mississippi and Alabama. For most states, firearm suicide rates exceed those of firearm homicide.<sup>3</sup>

In Nevada, Blacks had the highest rate of firearm related deaths of all race/ethnic groups from 2000 to 2007.

**Age-Adjusted Firearm Related Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***



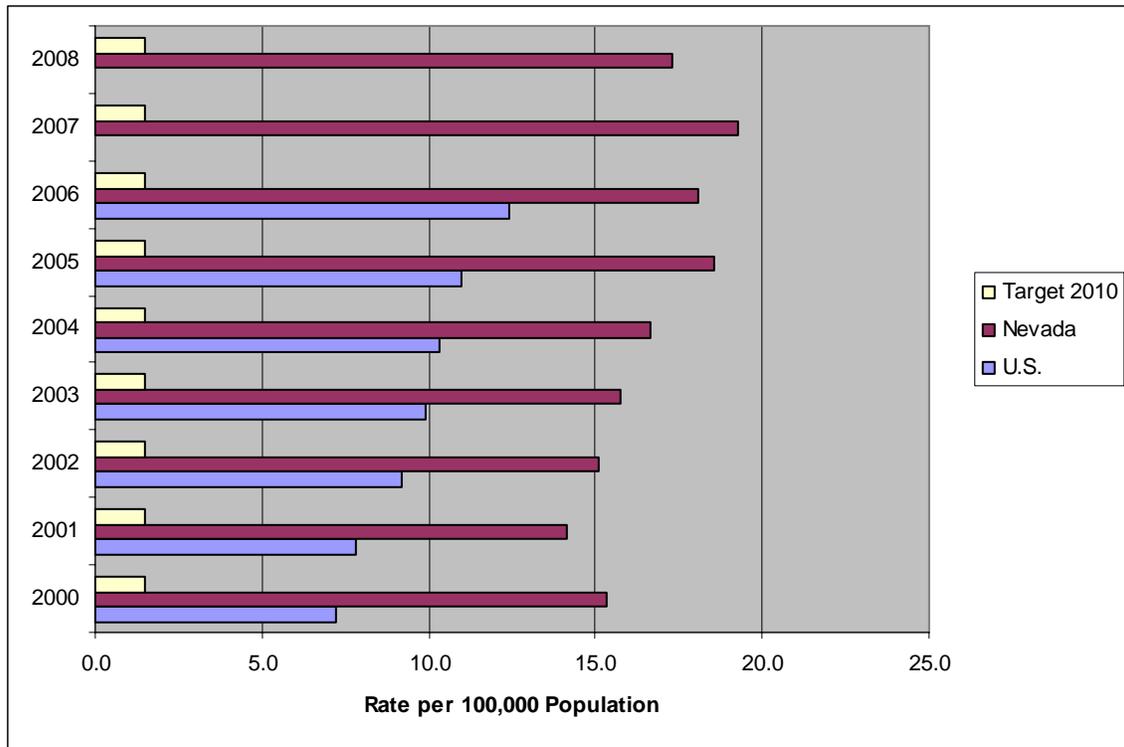
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group due too small counts.

**Healthy People 2010 Objective (15-8):** Reduce deaths caused by poisonings.

**Healthy People 2020 Objective IVP HP2020-9.1:** Prevent an increase in the rate of poisoning deaths among all persons.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
17.3	12.4	1.5		Worsening

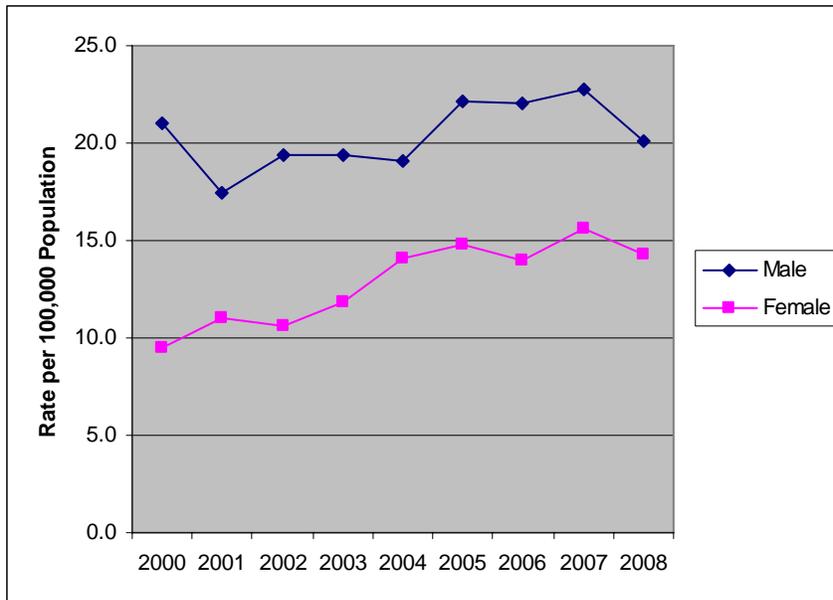
**Age-Adjusted Death Rate Caused by Poisoning, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's death rate caused by intentional and unintentional poisoning has higher than the national rate from 2000 to 2006. Neither the nation nor Nevada met the Healthy People 2010 target for reducing deaths caused by poisonings during the reported years.

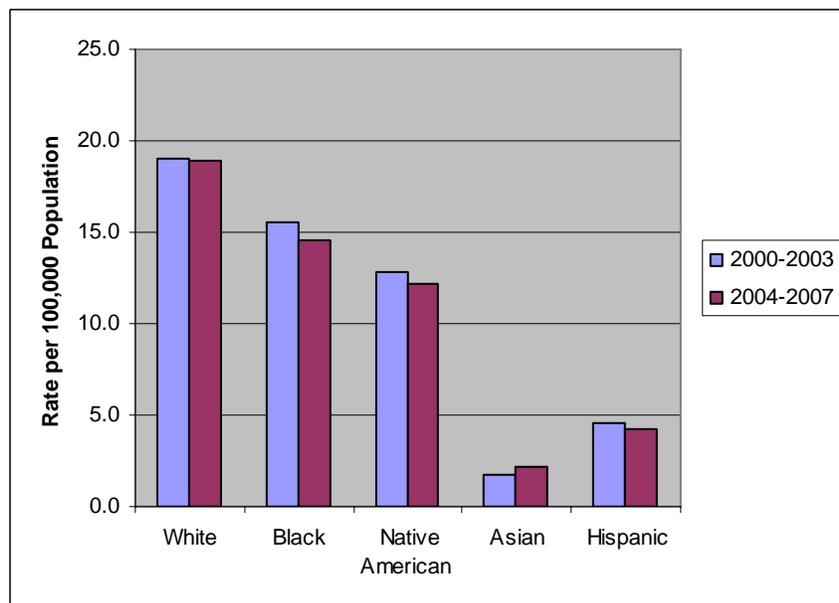
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Death Rate Caused by Poisoning, Nevada Residents by Gender, 2000 - 2008.\***



Males in Nevada had more deaths caused by poisoning than Nevada females over the years 2000 through 2008.

**Aggregated Age-Adjusted Death Rate Caused by Poisoning, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***



Whites and Blacks lead all other racial/ethnic groups for deaths caused by poisoning in Nevada, followed by Native Americans, Hispanics, and Asians respectively.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change.

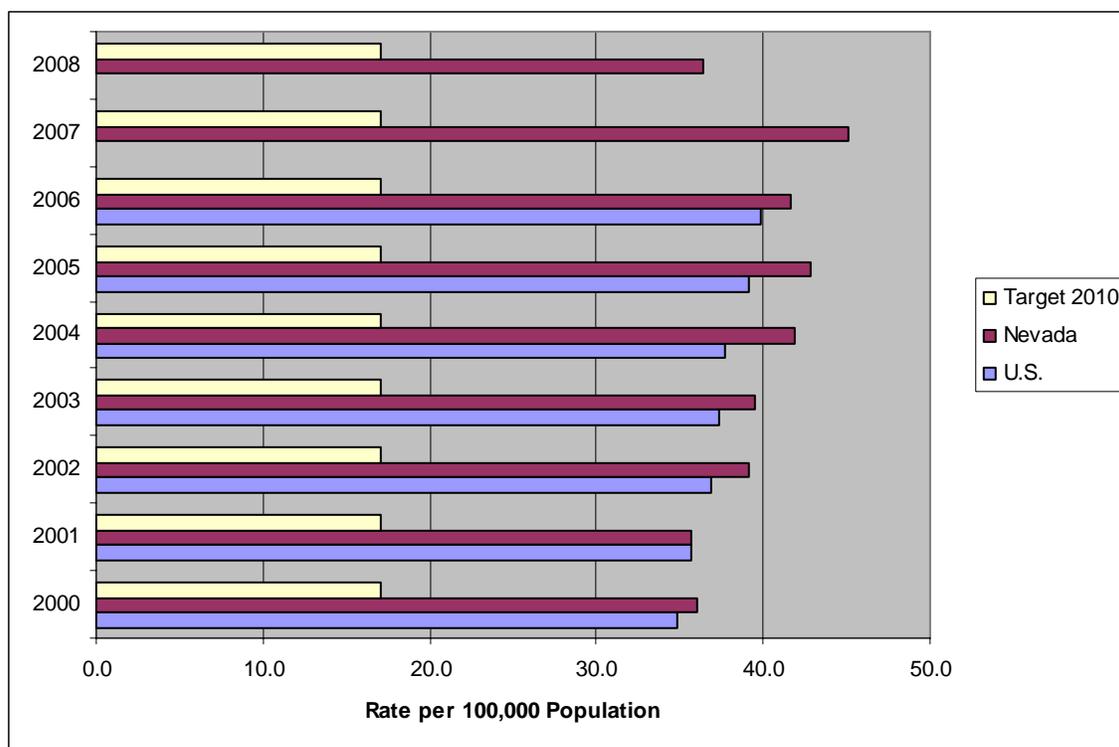


**Healthy People 2010 Objective (15-13):** Reduce deaths caused by unintentional injuries.

**Healthy People 2020 Objective IVP HP2020-11:** Reduce unintentional injury deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
36.4	39.8	17.1		Fluctuating

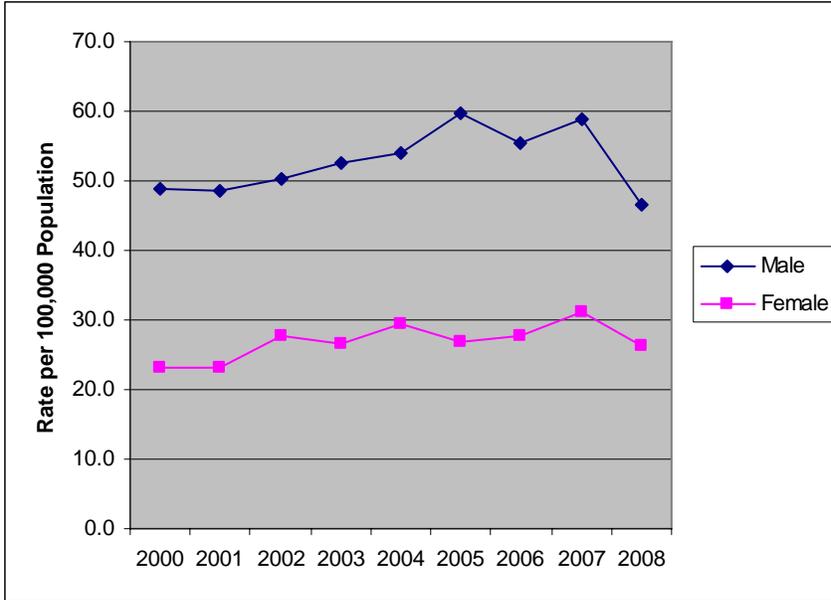
**Age-Adjusted Death Rate Caused by Unintentional Injuries, Nevada Residents and United States, 2000 - Most Current Data.\***



Both the Nevada and national unintentional injury death rates were higher than the Healthy People 2010 target from 2000 to 2008. Unintentional injuries are the leading cause of death among Nevadans aged 1 to 44 years.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Death Rate Caused by Unintentional Injuries, Nevada Residents by Gender, 2000 - 2008.\***

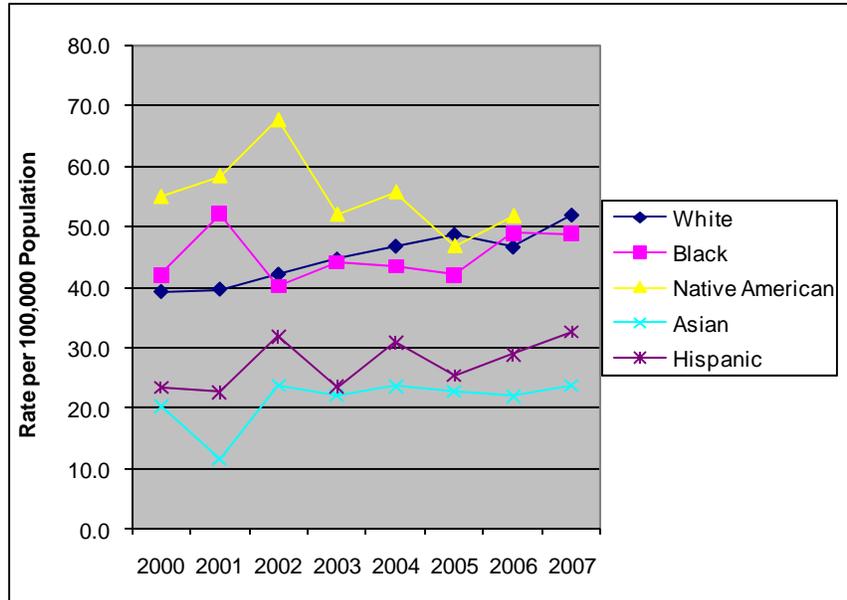


From 2000 to 2008, females had a lower rate of accidental death compared to males in Nevada, whose rate of accidental deaths is nearly double that of females.

**Age-Adjusted Death Rate Caused by Unintentional Injuries, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

Native Americans suffered more accidental deaths in Nevada than any other racial group during the years 2000 through 2004. From 2005 to 2007, Whites, Blacks, and Native Americans have had similar unintentional injury death rates.

Asians had the lowest unintentional injury death rate from 2000 to 2008, followed by Hispanics.



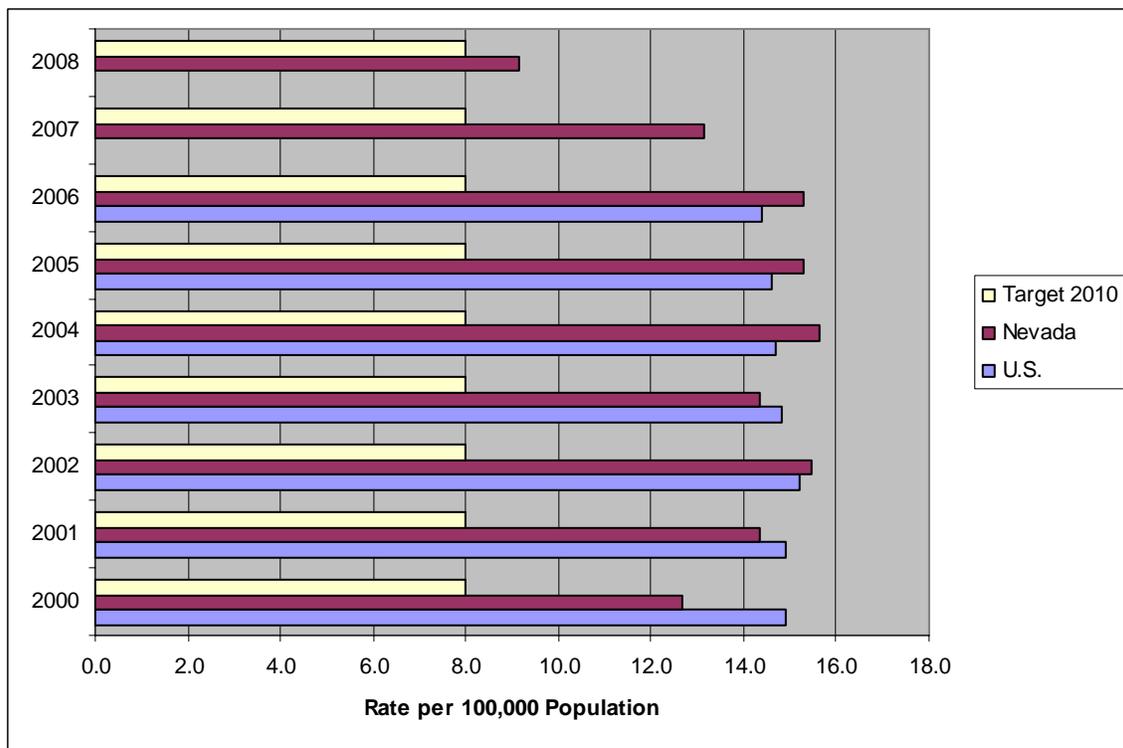
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the year 2007 due to small counts.

**Healthy People 2010 Objective (15-15a.):** Reduce deaths caused by motor vehicle crashes.

**Healthy People 2020 Objective IVP HP2020-13.1:** Reduce motor vehicle crash-related deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
9.2	14.4	8.0		Improving

**Age-Adjusted Death Rate Caused by Motor Vehicle Crashes, Nevada Residents and United States, 2000 - Most Current Data. \***

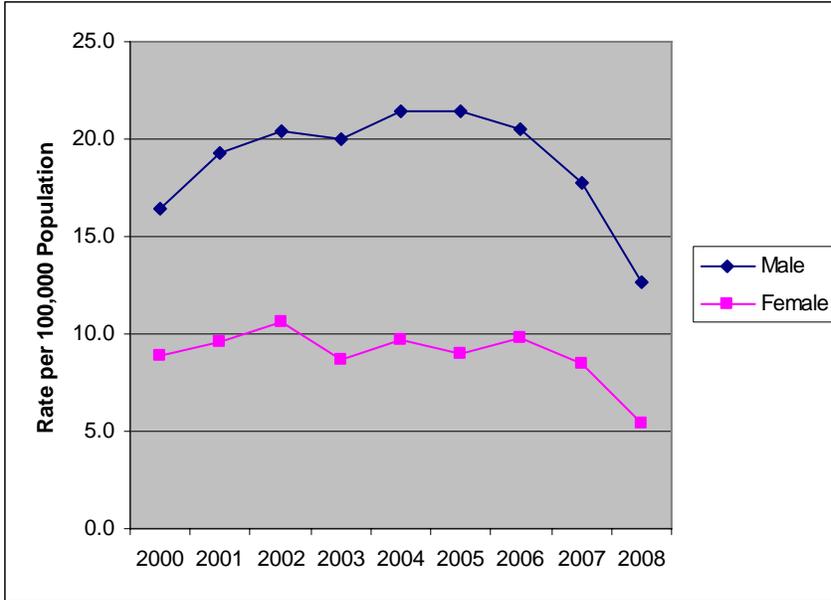


Both the Nevada and the national rates for deaths caused by motor vehicle accidents were higher than the Healthy People 2010 target. However, Nevada rates decreased from 2006 to 2008.

Motor vehicle crashes are the leading cause of death and injury for Nevadans aged 5 to 34 years. In 2006, some 62,225 motor vehicle crashes resulted in 32,669 injuries and 423 deaths. As with many types of injury, motor vehicle crashes disproportionately involve young drivers.<sup>5</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

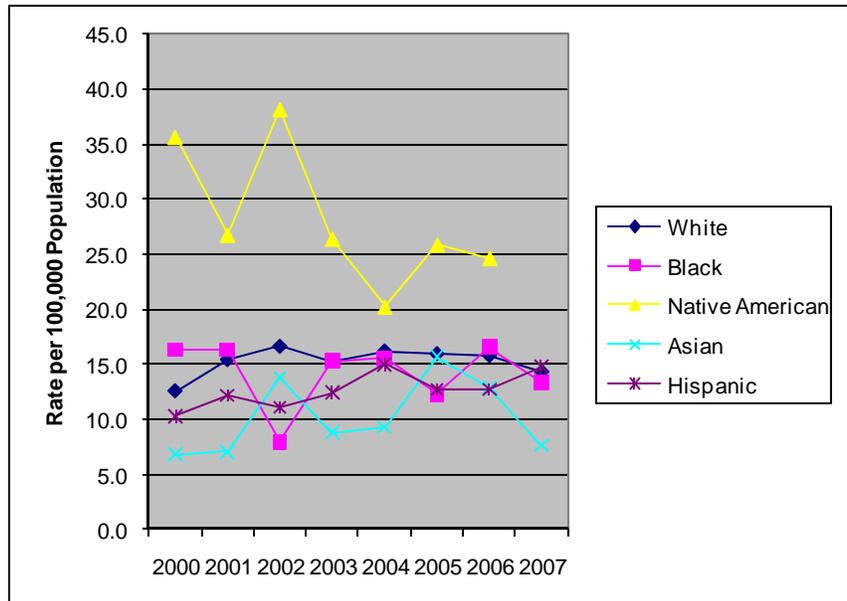
**Age-Adjusted Death Rate Caused by Motor Vehicle Crashes, Nevada Residents by Gender, 2000 - 2008.\***



Nevada's death rates for motor vehicle crashes among both males and females decreased from 2006 to 2008. Males have a higher rate of deaths due to motor vehicle crashes than females in Nevada.

**Age-Adjusted Death Rate Caused by Motor Vehicle Crashes, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

From 2000 to 2003, Native Americans held a higher death rate for motor vehicle accidents than all other races/ethnicities. In 2006 and 2007 Black and White Nevada residents had similar death rates from motor vehicle accidents.



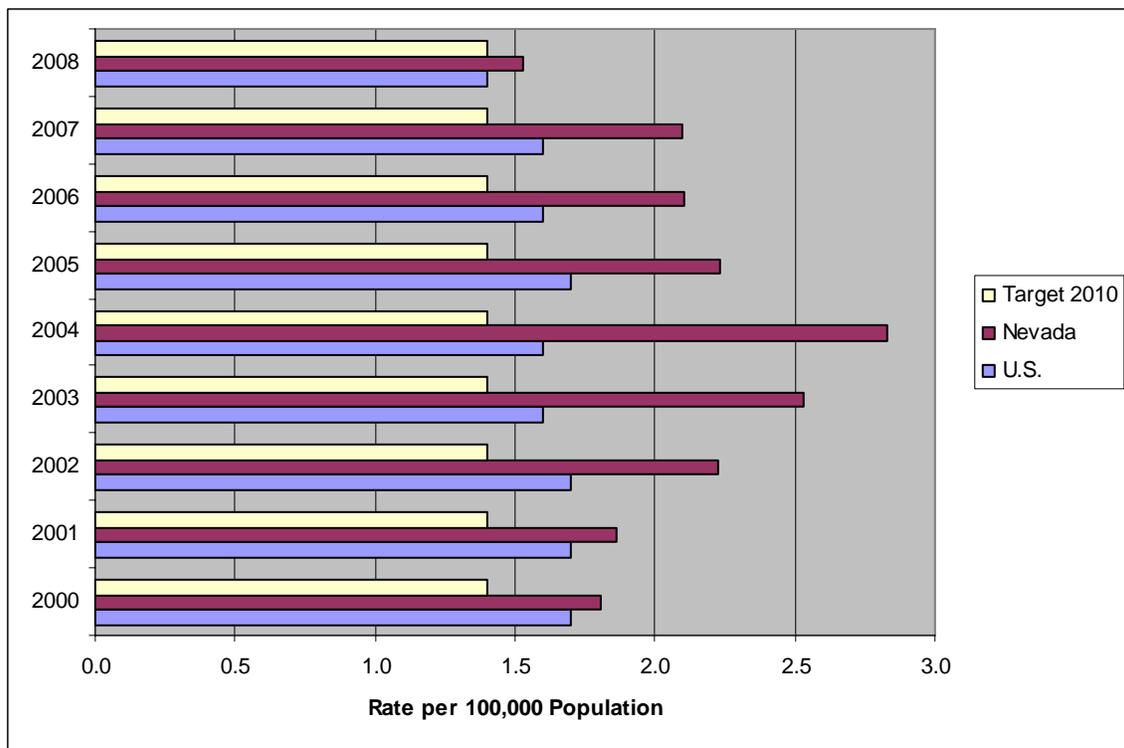
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for 2007 due to small counts.

**Healthy People 2010 Objective (15-16):** Reduce pedestrian deaths on public roads.

**Healthy People 2020 Objective IVP HP2020-18:** Reduce pedestrian deaths on public roads.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
1.5	1.4	1.4		Improving

**Age-Adjusted Pedestrian Death Rate on Public Roads, Nevada Residents and United States, 2000 - 2008.\***

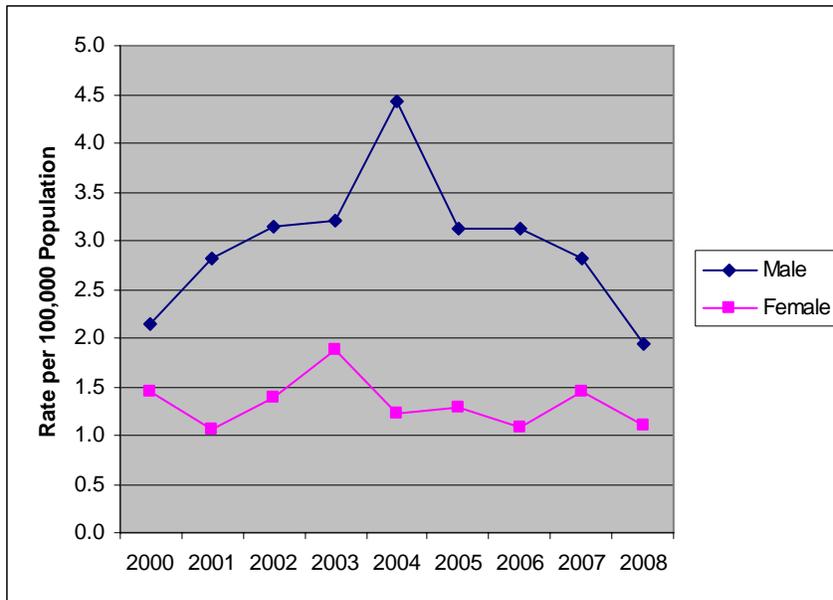


The U.S. and Nevada pedestrian death rates were higher than the Healthy People 2010 target during the years 2000 through 2008. Rates in both regions decreased from 2004 to 2008 and in 2008 the U.S. rate met the Healthy People target.

Pedestrian crashes represent only 0.2 percent of all traffic crashes in Nevada, and they almost always result in a documented injury. These human verses vehicle crashes are disproportionately fatal and account for an average of 6.4 percent of severe injuries and 17.8 percent of all motor vehicle related fatalities in Nevada each year.<sup>5</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Pedestrian Death Rate on Public Roads, Nevada Residents by Gender, 2000 - 2008.\***

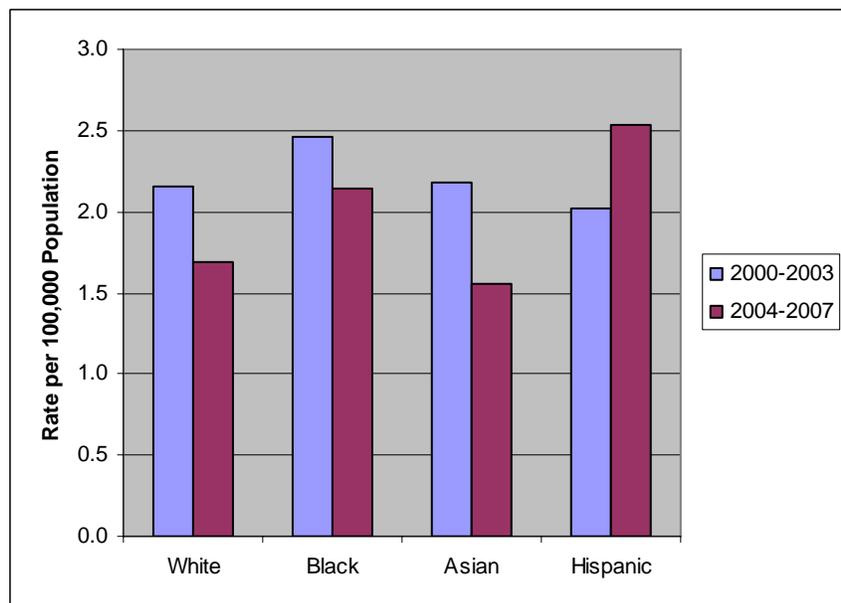


As with many injury related deaths, males had a higher pedestrian death rate than females from 2000 to 2008 in Nevada.

Rates for Nevada females were fairly consistent from 2000 to 2008. However, the pedestrian death rate on public roads for Nevada males was increased from 2000 to 2004 and has decreased from 2004 to 2008.

**Aggregated Age-Adjusted Pedestrian Death Rate on Public Roads, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

The pedestrian death rate on public roads decreased among Nevada's Whites, Blacks, and Asians over the years. However, this rate increased among Nevada's Hispanic population.



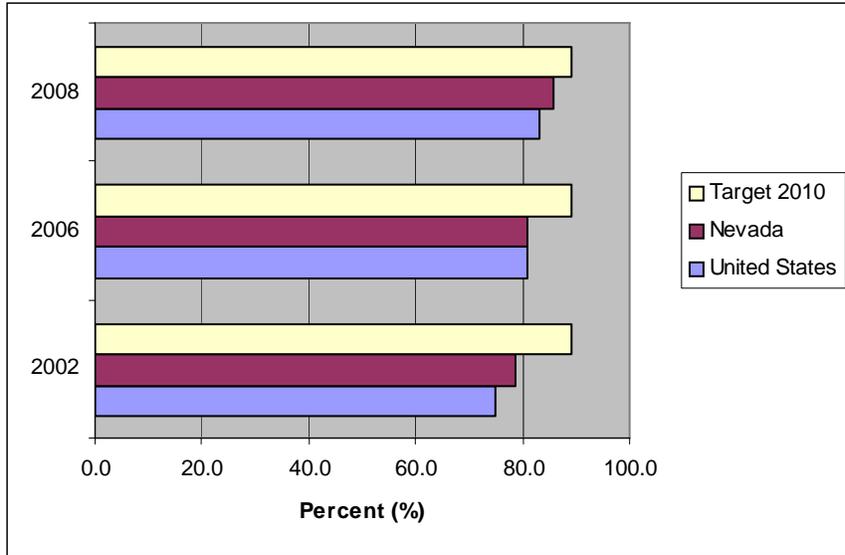
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (15-19):** Increase the use of safety belts.

**Healthy People 2020 Objective IVP HP2020-15:** Increase use of safety belts.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
85.8	83.0	89.0		Improving

**Percentage of People Who Report Always Using Safety Belts, Nevada Residents and United States, 2002, 2006, 2008.\***

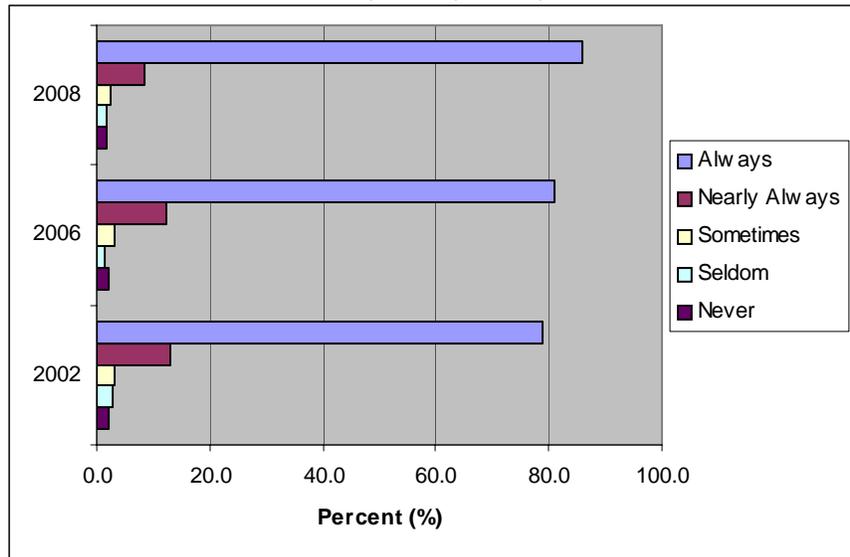


The proportion of adults who report always using a safety belt, in Nevada and the United States, did not meet the Healthy People 2010 target in 2002, 2006, or 2008. The proportion of adults who report always using a safety belt improved in both regions over the reported years, which could be attributed to secondary seatbelt laws.

In Nevada, 37 teen drivers and passengers, ages 16 to 20, were killed during 2007 in motor vehicle crashes, and more than 70 percent (25 teenagers) were not wearing their seat belts at the time of the fatal crash.<sup>6</sup>

The Nevada Highway Patrol states that more than half of those lives could have been saved with 100 percent seatbelt usage.<sup>6</sup>

**Proportion of People Using Safety Belts, Nevada Residents, BRFSS Data, 2002, 2006, 2008.\***



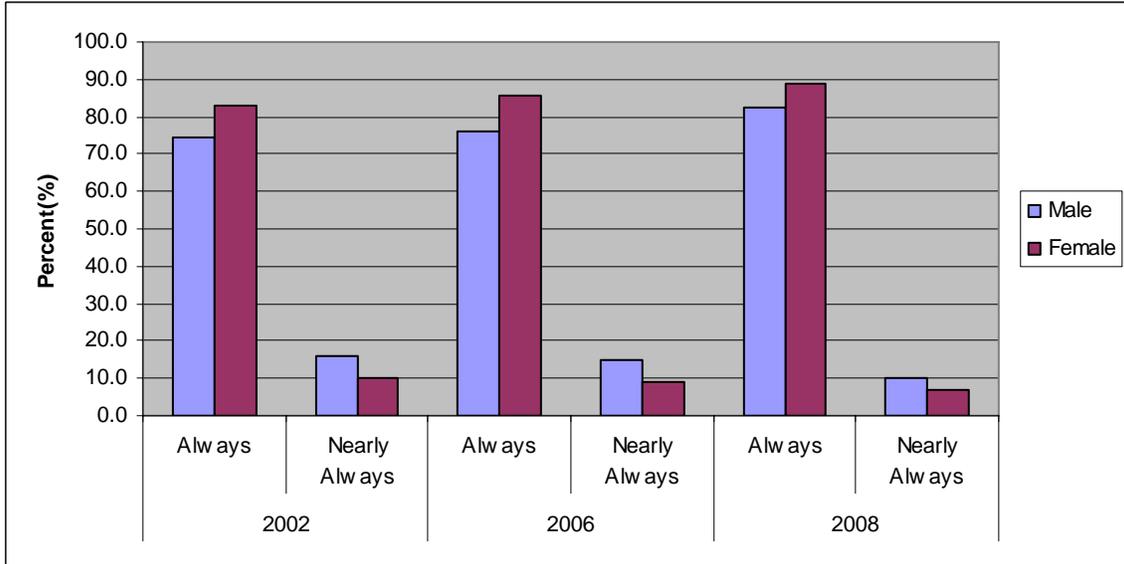
\*The Nevada data are from the Behavioral Risk Factor Surveillance Survey (BRFSS). The U.S. data are from the National Occupant Protection Use Survey (NOPUS), DOT, and NHTSA.

Note: Due to the difference in data sources the Nevada data and the U.S. data may not be directly comparable and thus caution must be used when comparing.

Note: For Nevada data, percentages are weighted to survey population characteristics.

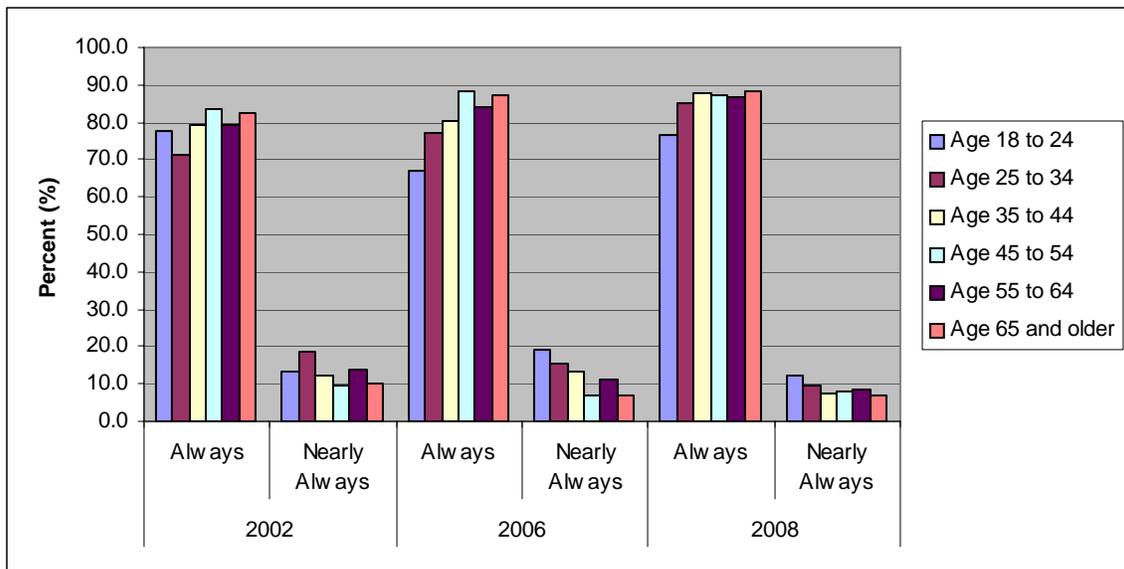
Note: See appendix for additional information.

**Proportion of People Using Safety Belts, Nevada Residents by Gender, BRFSS Data, 2002, 2006, 2008.\***



The proportion of Nevada females who always wear their seatbelts was higher than the proportion of Nevada males who always wear their seatbelts in 2002, 2006, and 2008

**Proportion of People Using Safety Belts, Nevada Residents by Age, BRFSS Data, 2002, 2006, 2008.\***

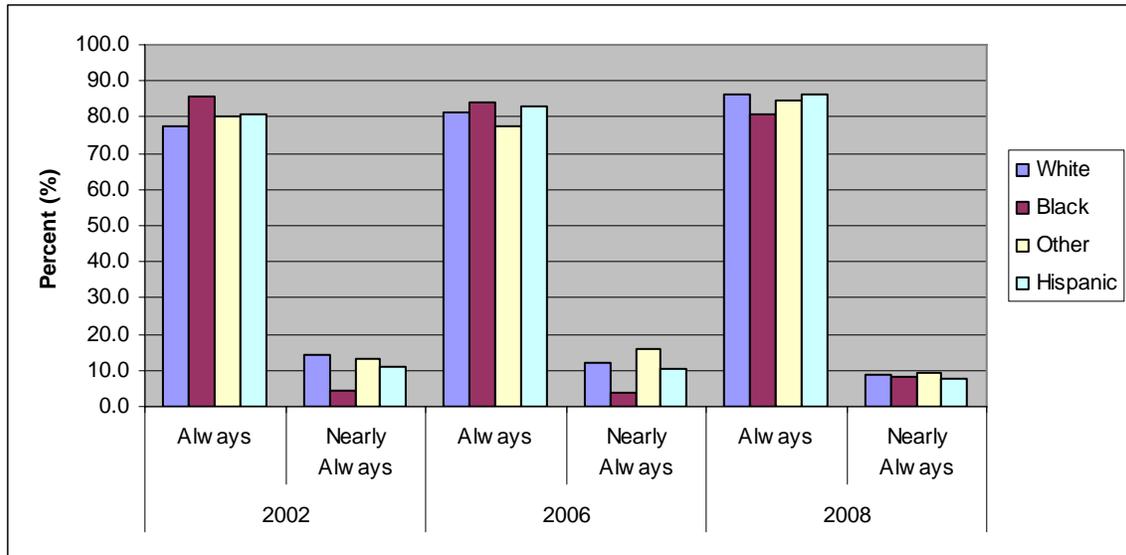


Seatbelt use by Nevada adults aged 18 to 24 years fluctuated in 2002, 2006 and 2008, while use by all other drivers has risen over the reported years 2002-2008. The percentage of people unbuckled who were hurt or killed in vehicle accidents costs the U.S. \$18 billion a year.<sup>9</sup>

\*These percentages are weighted to survey population characteristics.



**Proportion of People Using Safety Belts, Nevada Residents by Race/Ethnicity, BRFSS Data, 2002, 2006, 2008.\***



Blacks seatbelt usage appears to have decreased from 2002 to 2008, while all other race/ethnicities are increased.

In one year alone, crash victims who used seatbelts in Nevada would benefit by a health care reduction of more than \$503,000. Nevada would also reduce its spending by \$1.6 million (\$930,000 after reimbursement for Medicaid expenditures).<sup>9</sup>

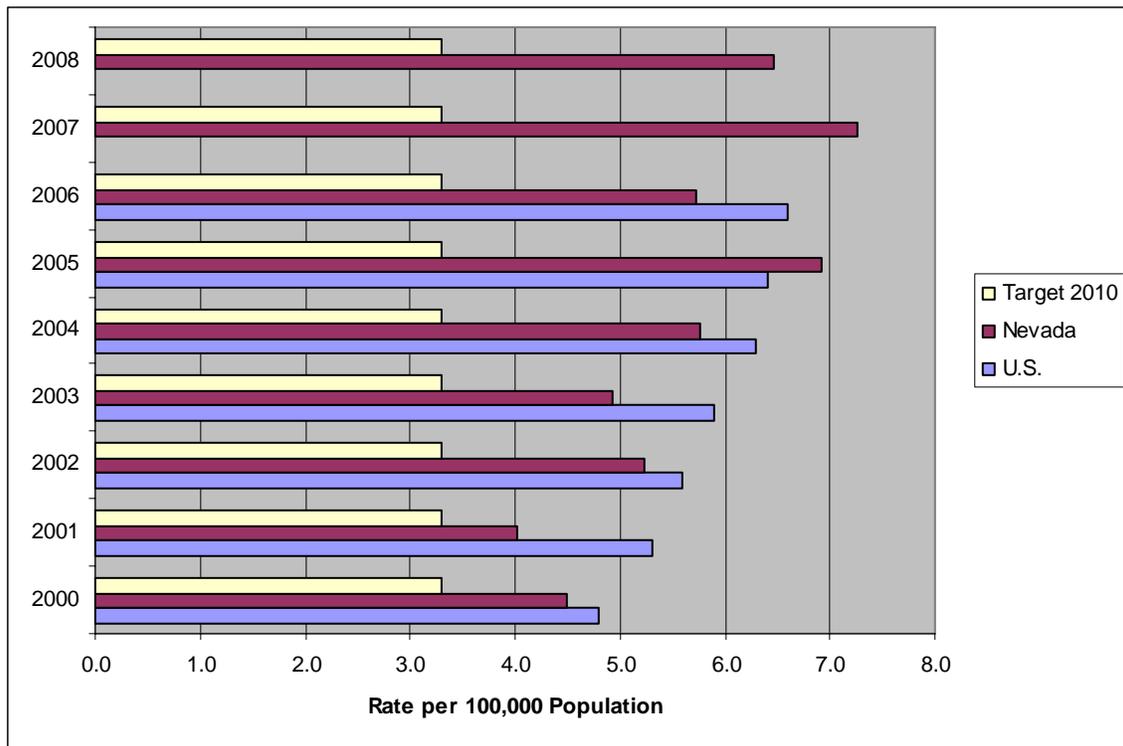
\*These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**Healthy People 2010 Objective (15-27):** Reduce deaths from falls.

**Healthy People 2020 Objective IVP HP2020–22.1:** Reduce fall-related deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
6.5	6.6	3.3		Worsening

**Age-Adjusted Death Rate From Falls, Nevada Residents and United States, 2000 - Most Current Data.\***



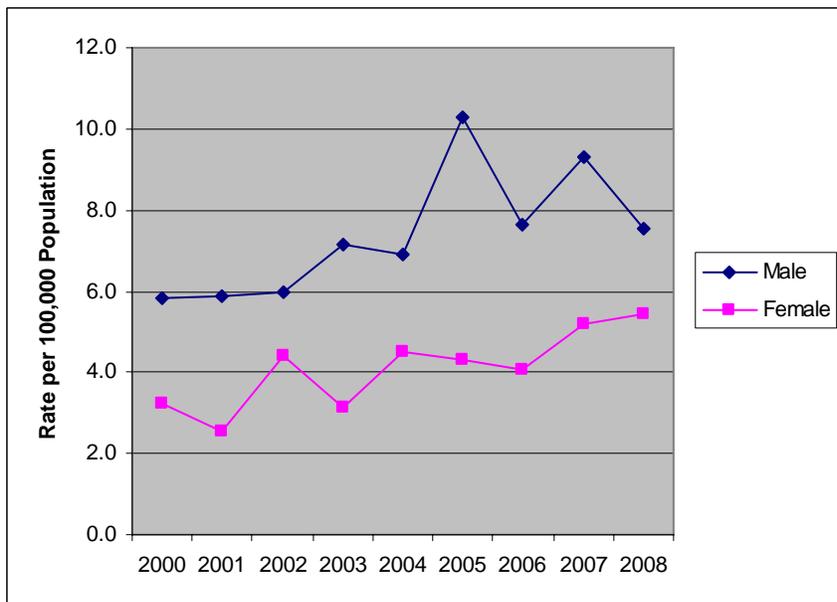
The death rate from falls in Nevada increased from 2000 to 2008, at 6.5 per 100,000 people in 2008.

From 2000 to 2006, Nevada experienced fluctuation in the rate for age-adjusted unintentional fall mortality. The national mortality rate for death from falls also increased from 2000 to 2006.

The Nevada counties with the highest unintentional fall death rates per capita included Esmeralda, Storey, Lincoln, and Carson City.<sup>5</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Death Rate From Falls, Nevada Residents by Gender, 2000 - 2008.\***



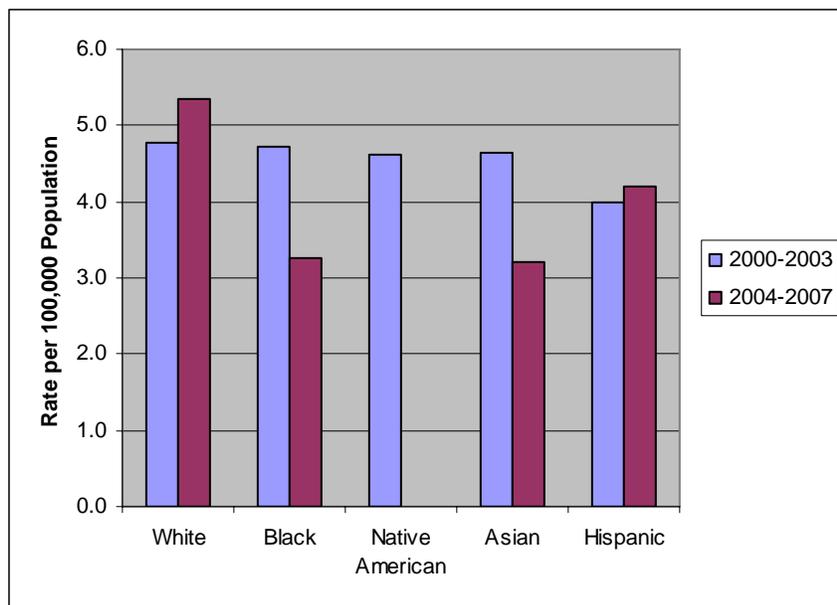
Males had a higher death rate from falls than females in Nevada from 2000 to 2008.

Age also is strongly correlated with risk of fall mortality. As age increases so does the rate of deaths due to falls, especially those 60 years and older. The highest rate of fall death occurs among those who are 85 years or older.<sup>7</sup>

**Aggregated Age-Adjusted Death Rate From Falls, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

The highest age-adjusted death rate from falls in Nevada was for those aged 85 and older, at 2,248 per 100,000 population in 2000 to 2003, followed by the 75-84 year age group with an rate of 740 per 100,000 population.<sup>7</sup>

Nevada's death rate from falls increased among White residents in the combined years 2004 through 2007 when compared to 2000 through 2003.



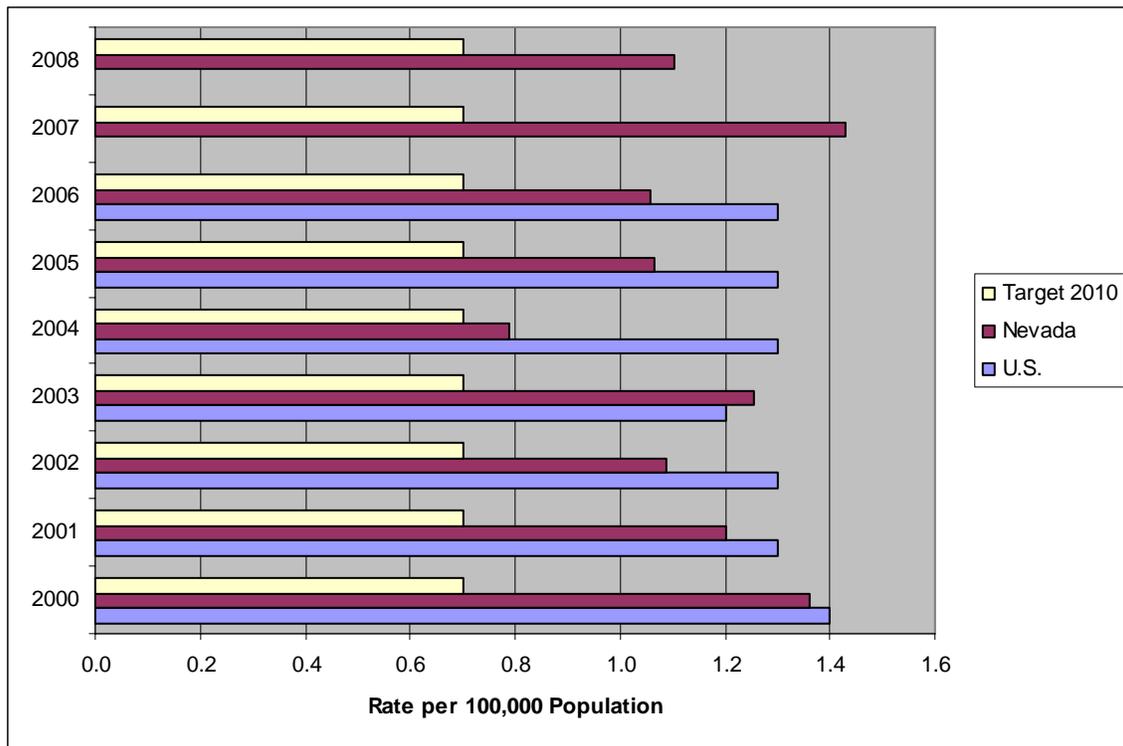
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the years 2004-2007 due to small counts.

**Healthy People 2010 Objective (15-29):** Reduce deaths from drowning.

**Healthy People 2020 Objective IVP HP2020-25:** Reduce drowning deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
1.1	1.3	0.7		Fluctuating

**Age-Adjusted Death Rate From Drowning, Nevada Residents and United States, 2000 - Most Current Data.\***



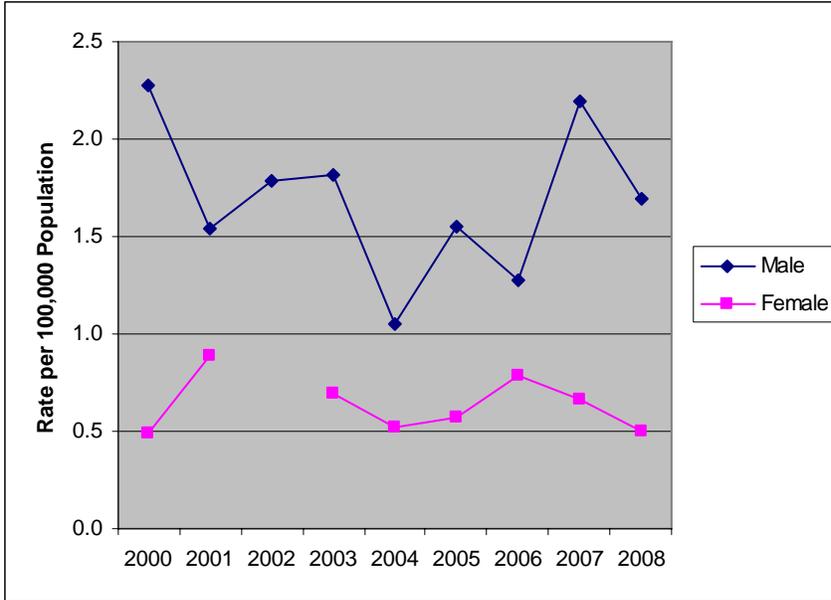
The death rates from drowning in both the U.S. and in Nevada fluctuated from 2000 to 2008. Neither the national, nor the Nevada rates met the Healthy People 2010 target of 0.7 per 100,000 population.

In 2005, the CDC reported that, nationally, there were just over 3,500 fatal unintentional drownings. This averages to approximately ten deaths per day. About a quarter of fatal drowning victims are children 0 -14 years of age.

Nearly all who require cardiopulmonary resuscitation (CPR) die or are left with severe brain damage<sup>8</sup>

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Death Rate From Drowning, Nevada Residents by Gender, 2000 - 2008.\***



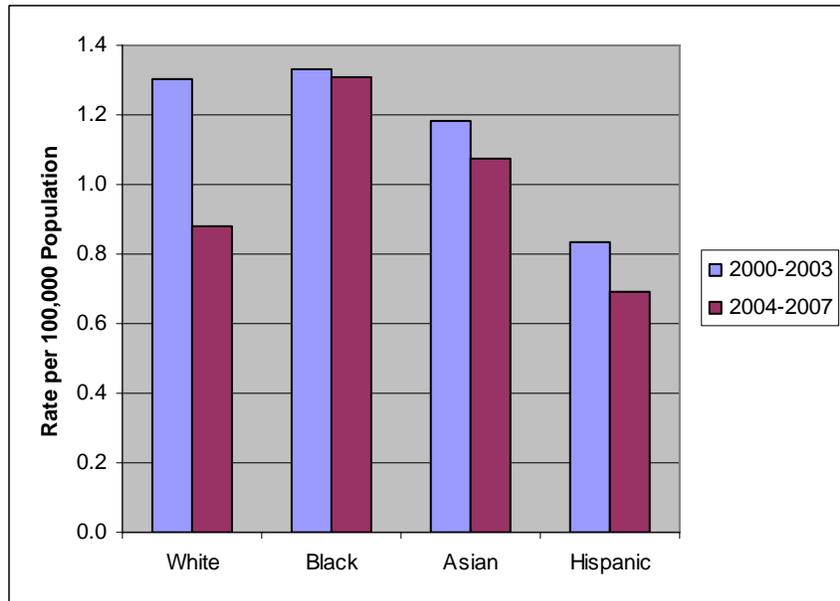
Males lead females in rate of death from drowning which, in 2008, was more than triple that of females.

Children aged 1-4 most often drown in hot tubs, spas, and swimming pools.<sup>8</sup>

Children aged 5-14 most often drown in swimming pools and open water such as rivers, lakes, dams and canals.<sup>8</sup>

**Aggregated Age-Adjusted Death Rate From Drowning, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

Between 2004 and 2007, the fatal unintentional drowning rates for Blacks and Asians were higher than other racial/ethnic groups. Rates for all races/ethnicities have decreased from the combined years 2000 though 2003 to 2004 through 2007.



\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: Data not available for female gender for the year 2002 due to small counts.

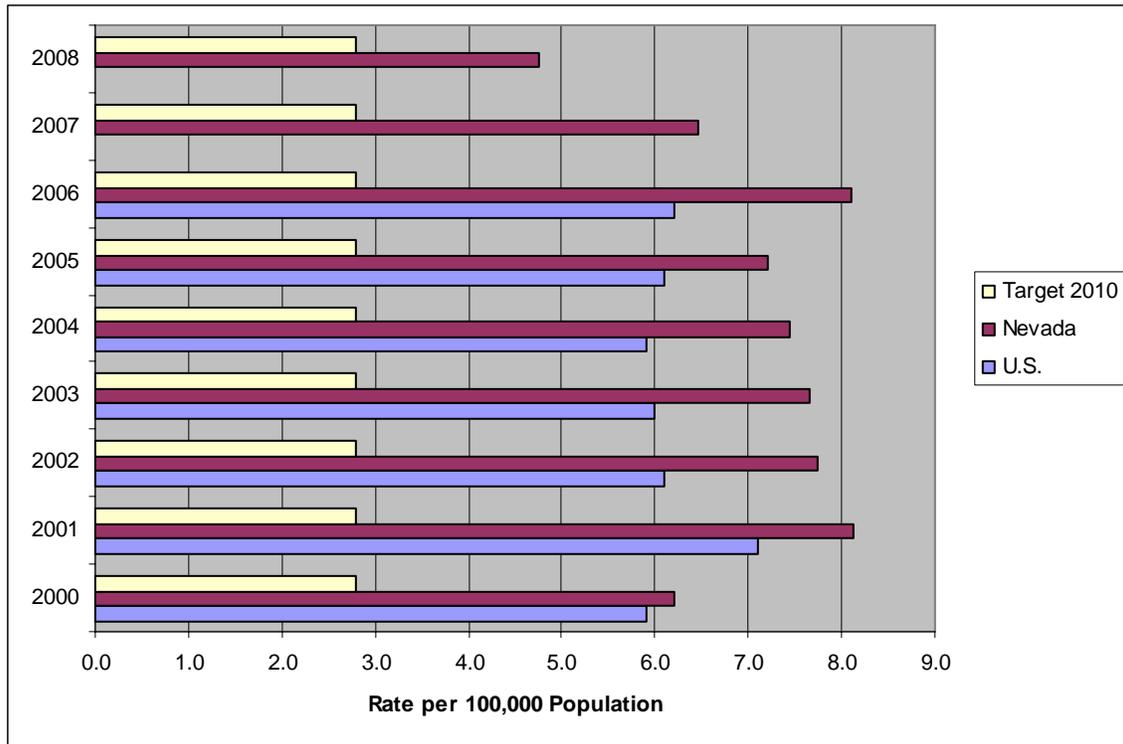
Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (15-32):** Reduce homicides.

**Healthy People 2020 Objective IVP HP2020-29:** Reduce homicides.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
4.8	6.2	2.8		Improving

**Age-Adjusted Death Rate from Homicides, Nevada Residents and United States, 2000 - Most Current Data.\***

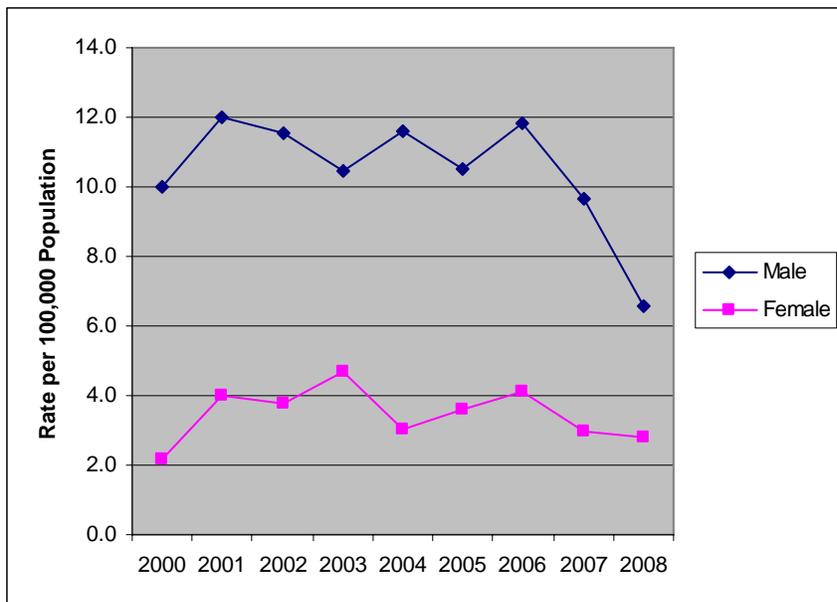


The death rate from homicides in Nevada fluctuated from 2000 to 2008. There was an overall decrease in the homicide death rate from, at 4.8 per 100,000 people in 2008. Comparatively, the national death rate from homicides in 2008 was 6.2 per 100,000 people.

Neither the Nevada nor national rates have met the Healthy People 2010 target of 2.8 per 100,000 people.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Age-Adjusted Death Rate from Homicides, Nevada Residents by Gender, 2000 - 2008.\***

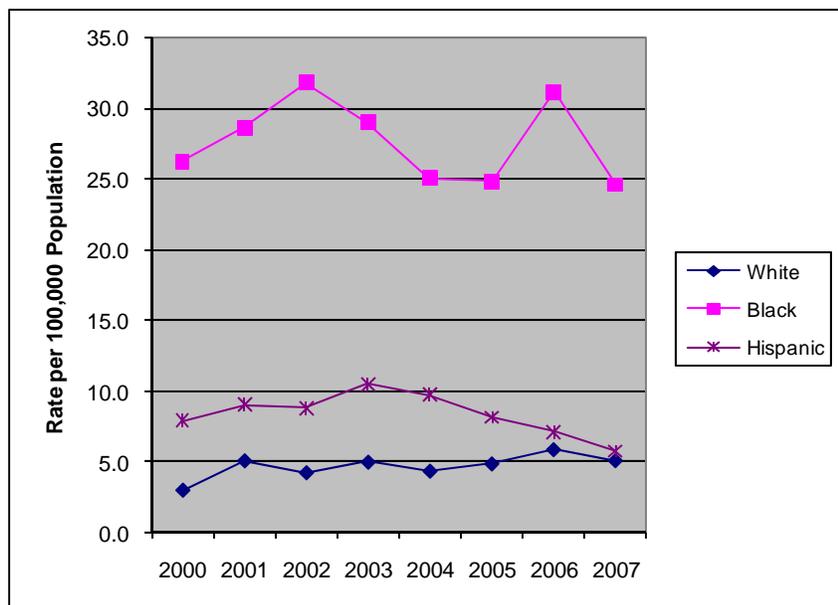


From 2000 to 2008, males were two to five times more likely to be victims of homicide than females in Nevada.

This gap decreased in from 2006 to 2008.

**Age-Adjusted Death Rate from Homicides, Nevada Residents by Race/Ethnicity, Aggregated Data 2000 - 2003 and 2004 - 2007.\***

In Nevada, Blacks were on average four times more likely to be the victims of homicide than any other racial/ethnic group from 2000 to 2007.



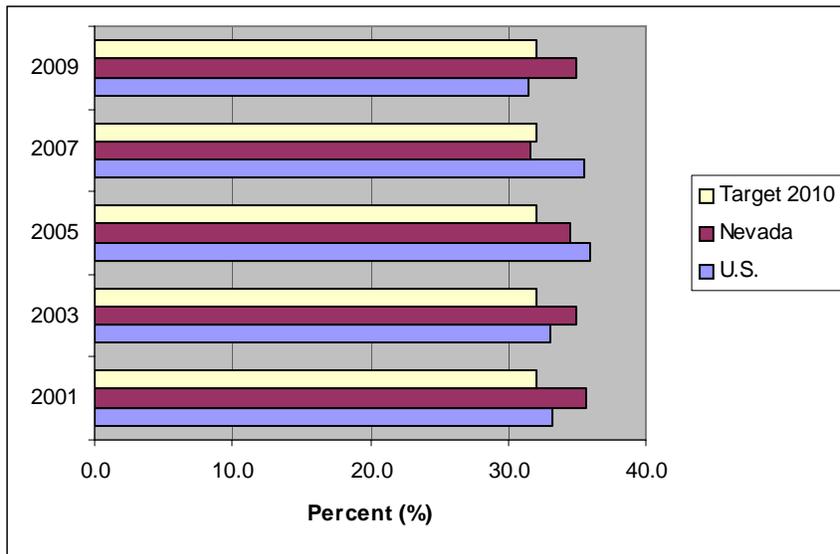
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Asian or Native American race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (15-38):** Reduce physical fighting among adolescents, grades 9-12.

**Healthy People 2020 Objective IVP HP2020-34:** Reduce physical fighting among adolescents.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
35.0	32.0	32.0		Fluctuating

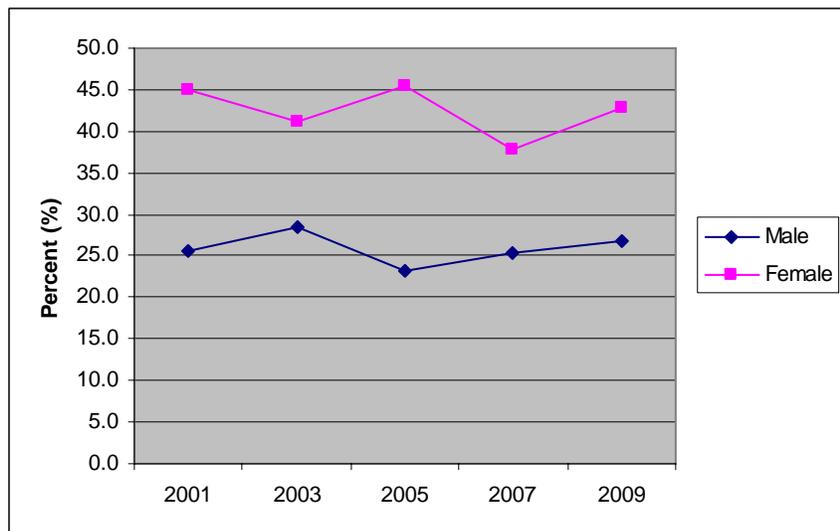
**Proportion of Adolescents Who Were In A Physical Fight One or More Times, Grades 9-12, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2001 to 2009, the proportion of Nevada adolescents (9th-12th grade) who were in a physical fight one or more times has been between 30 and 40 percent.

**Proportion of Adolescents Who Were In A Physical Fight One or More Times, Grades 9-12, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

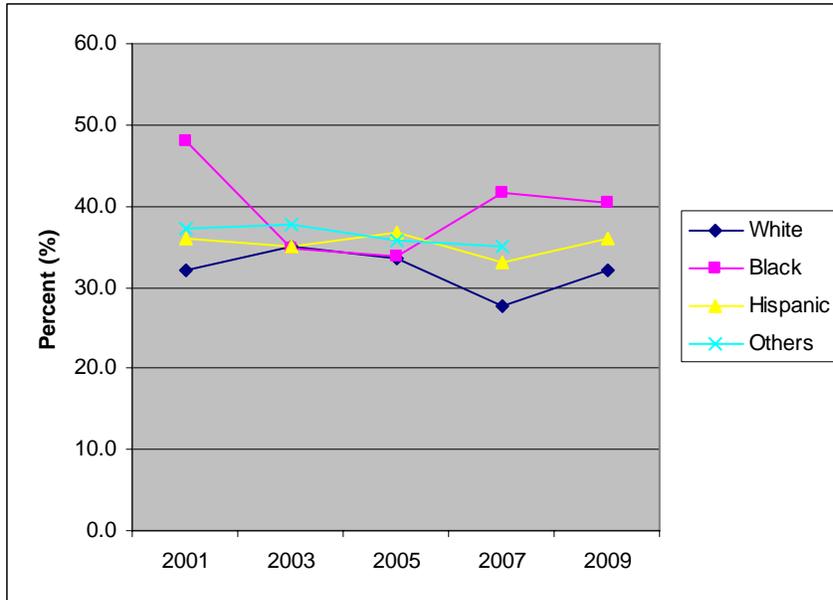
In Nevada, nearly twice as many female adolescents reported being in a physical fight than male adolescents from 2001 to 2009.



\*Individual county data are not available.  
Note: See appendix for additional information.



**Proportion of Adolescents Who Were In A Physical Fight One or More Times, Grades 9-12, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

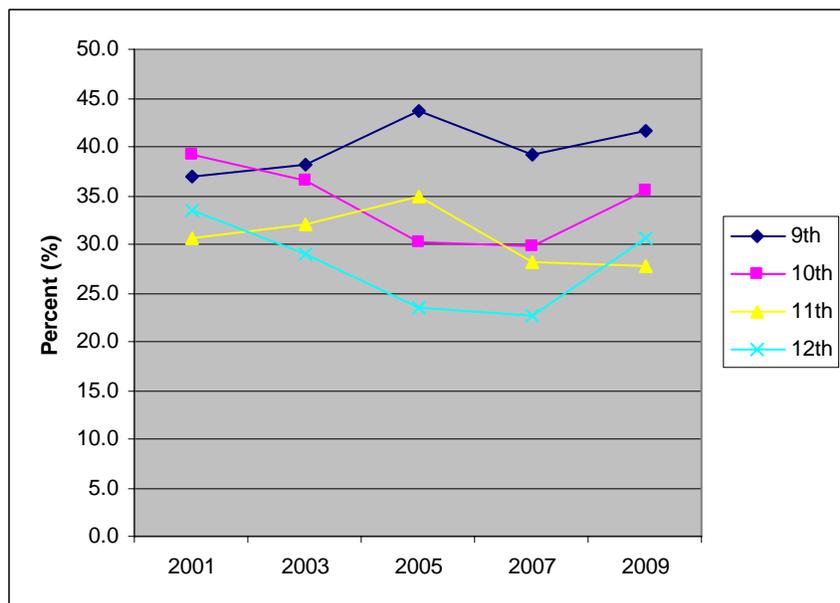


In 2003 and 2005, the proportion of adolescents (grades 9-12) who were involved in physical fighting were similar among all race/ethnic groups.

In 2007 and 2009, the highest proportion of physical fighting was among Black adolescents in Nevada.

**Proportion of Adolescents Who Were In A Physical Fight One or More Times, Grades 9-12, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

In 2009, the highest proportion of physical fights was reported among Nevada 9th (42 percent) and 10th grade students (36 percent).



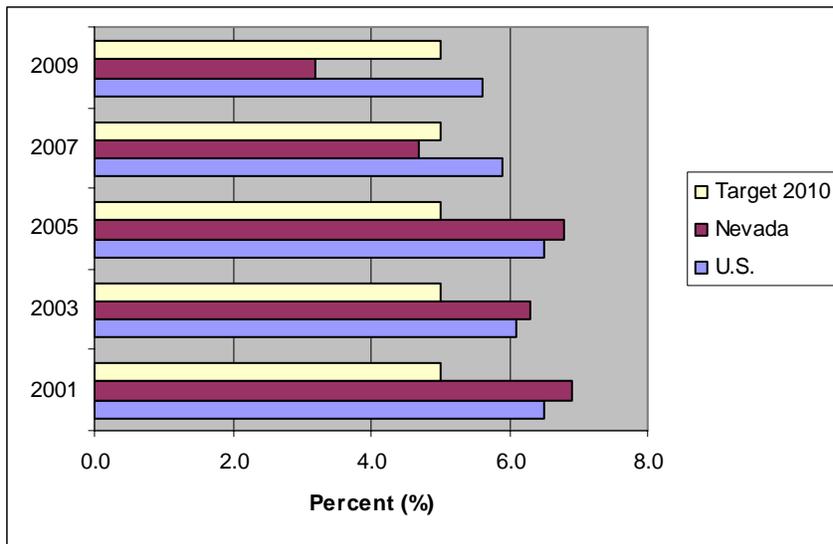
\*Individual county data are not available.

**Healthy People 2010 Objective (15-39):** Reduce weapon carrying by adolescents on school property, grades 9-12.

**Healthy People 2020 Objective IVP HP2020-36:** Reduce weapon carrying by adolescents on school property.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
3.0	6.0	5.0		Achieved

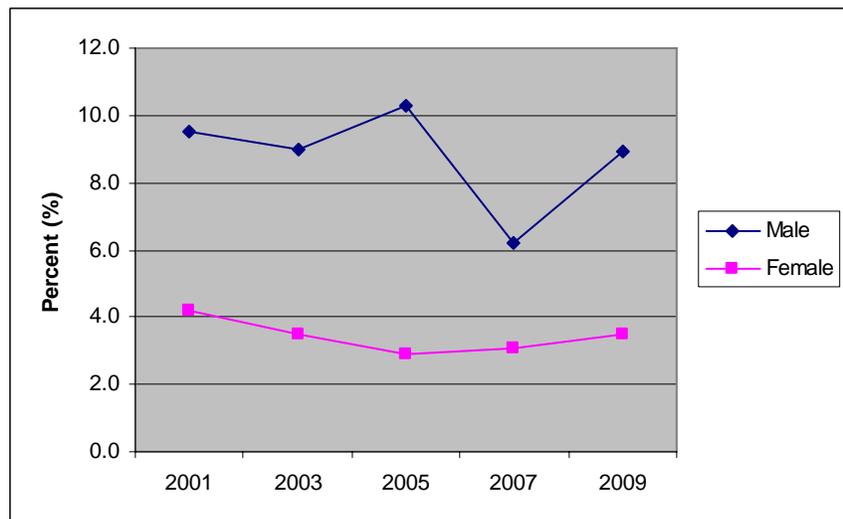
**Proportion of Adolescents Who Carried a Weapon On School Property, Grades 9-12, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



In 2007 and 2009, fewer students in Nevada reported carrying a weapon on school property than the national average (YRBSS).<sup>10</sup>

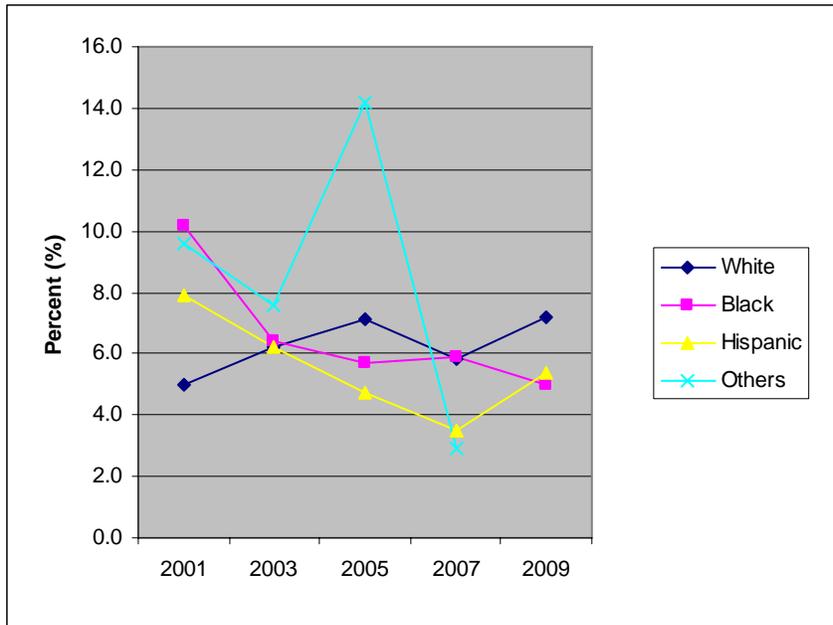
**Proportion of Adolescents Who Carried a Weapon On School Property, Grades 9-12, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

From 2001 to 2009, male adolescents were more likely to carry a weapon on school property than female adolescents in Nevada.



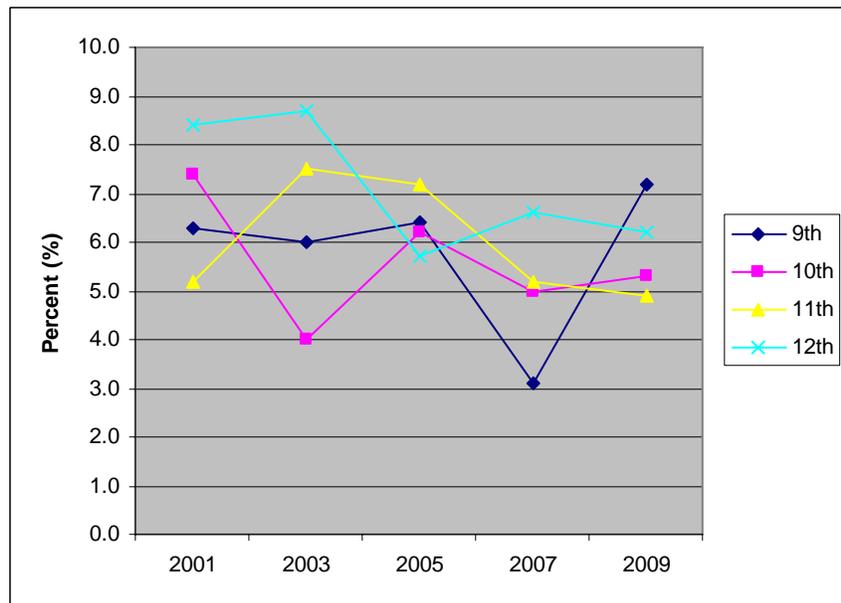
\*Individual county data are not available.  
Note: See appendix for additional information.

**Proportion of Adolescents Who Carried a Weapon On School Property, Grades 9-12, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



In 2009, approximately 7 percent of White adolescents and approximately 5 percent of Black and Hispanic adolescents reported carrying a weapon on school property in Nevada.

**Proportion of Adolescents Who Carried a Weapon On School Property, Grades 9-12, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2007 to 2009, there was 4 percent increase in the proportion of 9th grade students who carried a weapon on school property in Nevada.

\*Individual county data are not available.

# Maternal, Infant, Child Health

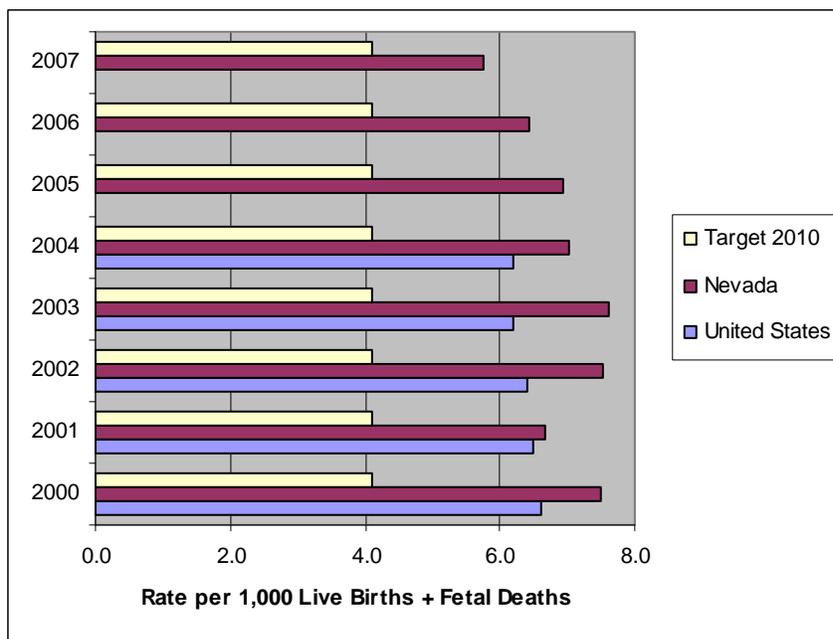
The health of mothers, infants, and children is of critical importance, both as a reflection of the current health status of a large segment of the U.S. population and as a predictor of the health of the next generation. Pregnancy and childbirth have an enormous impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health consequences are influenced by women's health conditions as well as other factors such as race, ethnicity, age, and income.<sup>1</sup>

**Healthy People 2010 Objective (16-1a.):** Reduce fetal deaths at 20 or more weeks of gestation.

**Healthy People 2020 Objective MICH HP2020-1.1:** Reduce fetal deaths at 20 or more weeks of gestation.

Most Recent NV Value (2007)	U.S. (2004)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
5.7	6.2	4.1	5.6	Improving

**Fetal Deaths at 20 or More Weeks of Gestation, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada had a higher rate of fetal deaths than the United States from 2000 to 2004. However, this rate decreased consistently from 2003 to 2007, at 5.7 percent in 2007.

Neither region reached the Healthy People 2010 target of 4.1 per 1,000 live births in the reported period.

In 2006, the preliminary Infant Mortality rate was 6.7 deaths per 1,000 live births nationally. Fetal deaths, both nationally and in Nevada, are declining.<sup>2</sup>

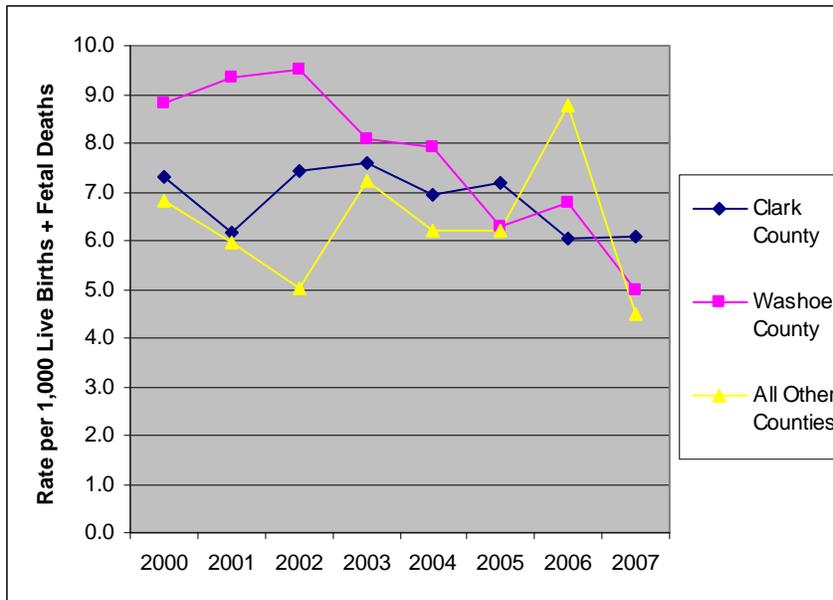
\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2008 Nevada data are not available at this time.

Note: Race/ethnicity data are not available.

Note: See appendix for additional information.

**Fetal Deaths at 20 or More Weeks of Gestation, Nevada Residents by County/Region, 2000 - 2007.\***



Fetal death refers to the spontaneous intrauterine death of a fetus at any time during pregnancy.<sup>3</sup>

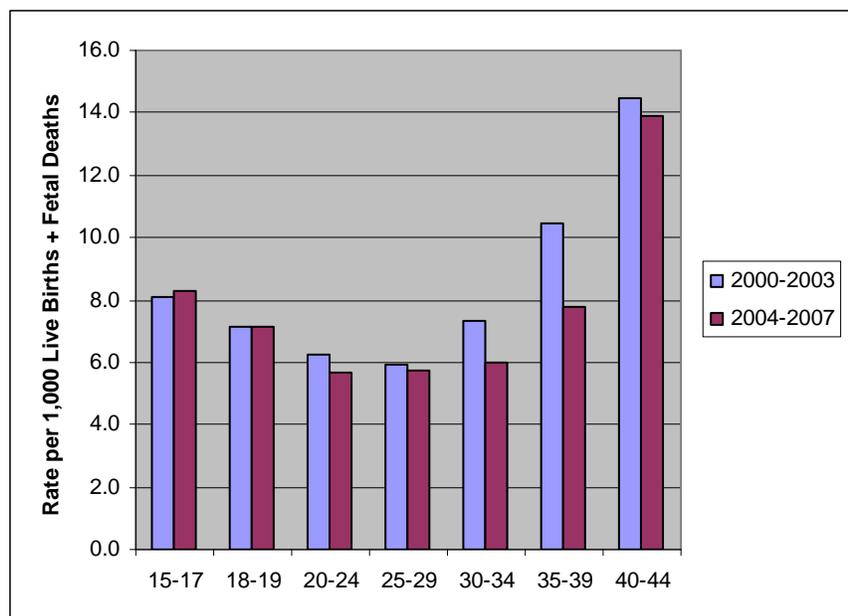
The fetal death rate decreased in Clark and Washoe counties, and fluctuated for all other counties from 2000 to 2007.

**Aggregated Fetal Deaths at 20 or More Weeks of Gestation, Nevada Residents by Age of Mother, 2000 - 2003 and 2004 - 2007.\***

The 2004 - 2007 aggregated fetal death rate in Nevada was highest for mothers aged 40 to 44 years old, followed by 15 to 17 year olds and 35 to 39 year olds.

In general, the risk for fetal deaths increases with age of mother, after age 29.

For 2001 nationally, 18 percent of infants born very preterm did not survive the first year of life compared with less than 1 percent of infants born moderately preterm.<sup>8</sup>



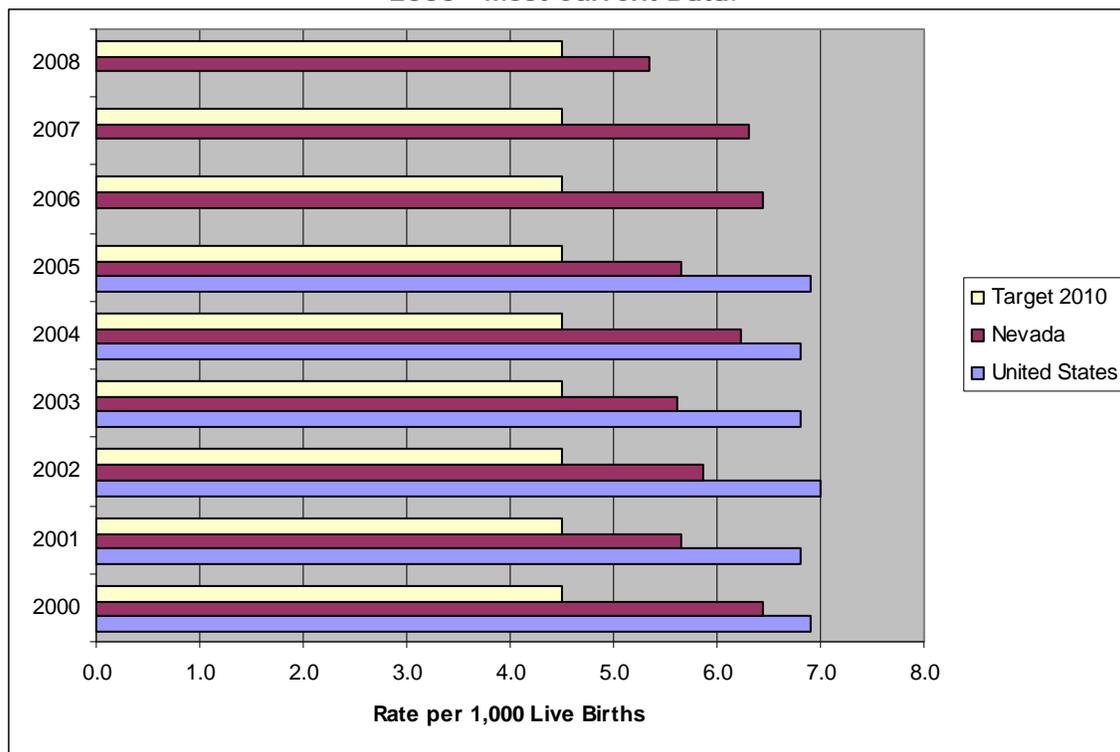
\*The Nevada data are from Nevada Vital Statistics Records. Note: 2008 Nevada data are not available at this time.

**Healthy People 2010 Objective (16-1c.):** Reduce infant death rate (within 1 year of life).

**Healthy People 2020 Objective MICH HP2020-1.3:** Reduce infant death rate (within 1 year of life).

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
5.3	6.9	4.5	6.0	Fluctuating

**Infant Death Rate (Within 1 Year of Life), Nevada Residents and United States, 2000 - Most Current Data.\***



Per the CDC, infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices. The U.S. infant mortality rate generally declined throughout the 20th century. In 1900, the U.S. infant mortality rate was approximately 100 infant deaths per 1,000 live births, while in 2000, the rate was 6.89 infant deaths per 1,000 live births. However, the U.S. infant mortality rate did not decline significantly from 2000 to 2005, which has generated concern among researchers and policy makers.<sup>4</sup>

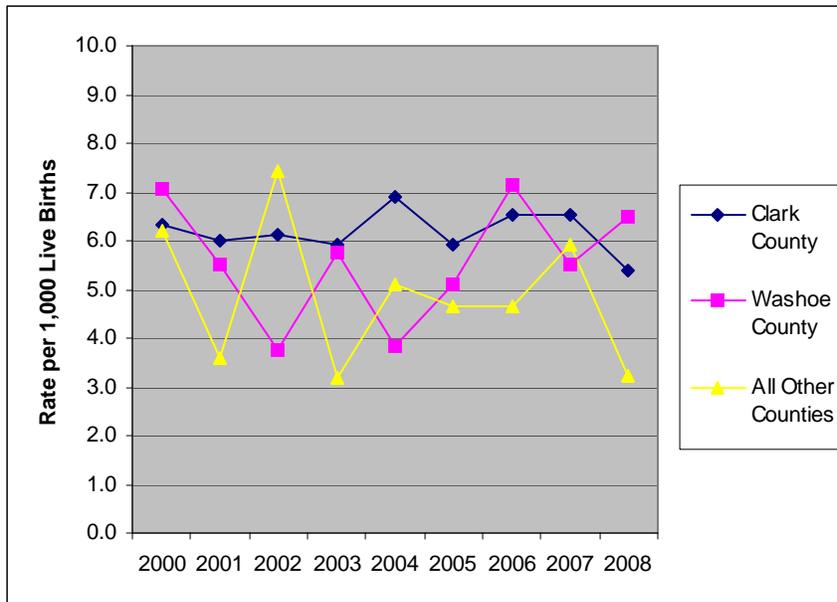
Nevada's infant death rate was lower than that of the U.S. in 2000 through 2005 and decreased overall since 2006, but it was above the Healthy People target of 4.5 per 1,000 live births in 2008.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

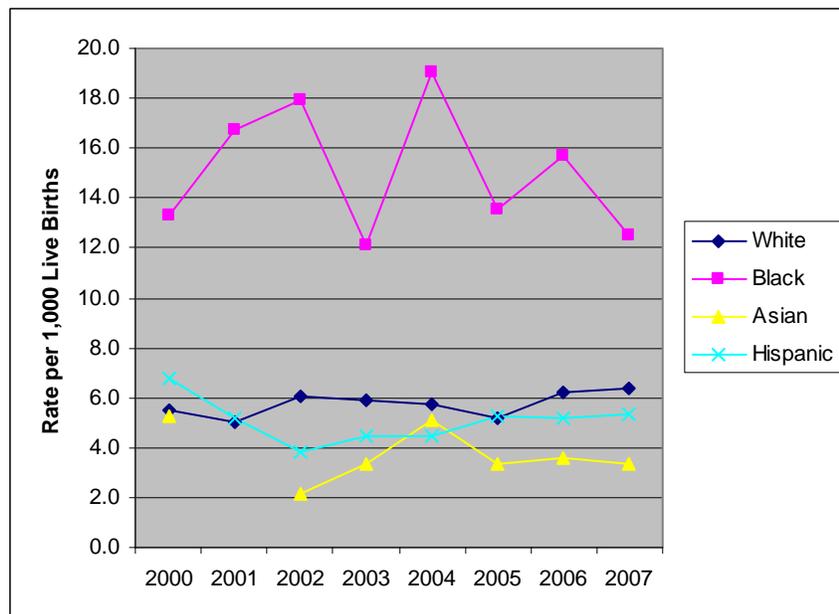
**Infant Death Rate (within 1 Year of Life), Nevada Residents by County/Region, 2000 - 2008.\***



The U.S. infant mortality rate did not decline from 2000 to 2005.<sup>4</sup>

The infant death rate for all Nevada regions fluctuated from 2000 to 2008.

**Infant Death Rate (within 1 Year of Life), Nevada Residents by Race/Ethnicity, 2000 - 2007.\***



In Nevada, the infant mortality rate for Blacks was more than two times the rate for all other race/ethnic groups from 2000 to 2007.

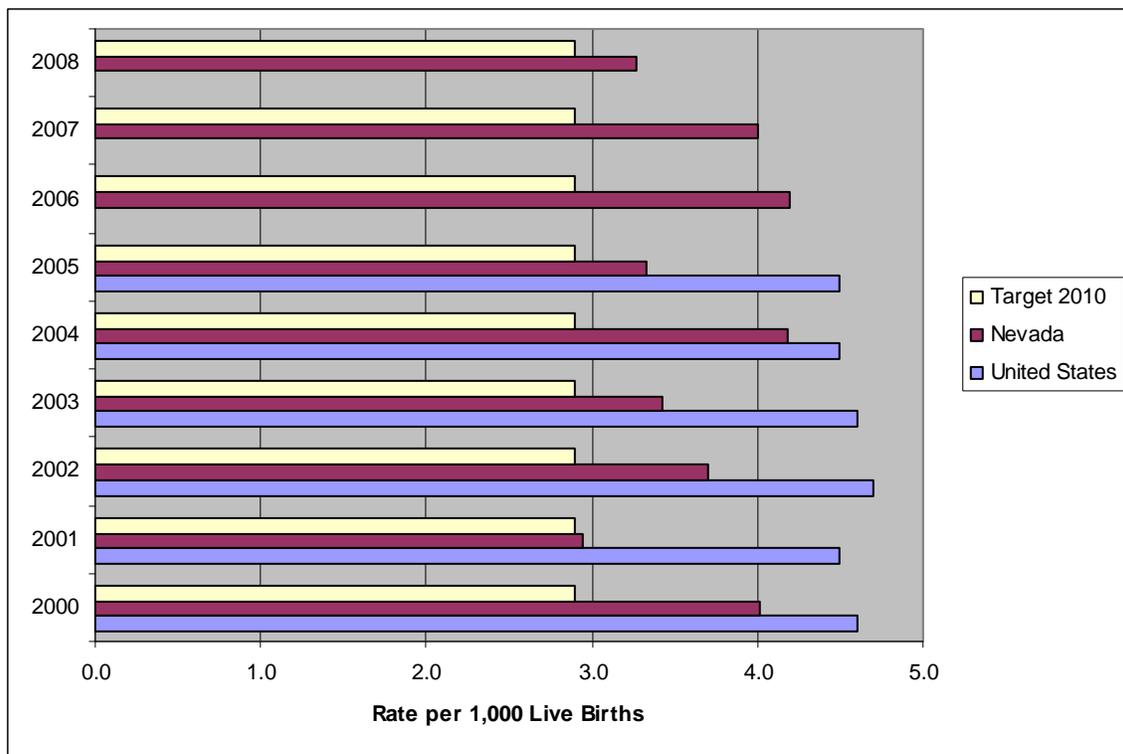
\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Native American race/ethnicity group for the years 2000-2007 or for the Asian race/ethnicity group for the year 2001 due to small counts.

**Healthy People 2010 Objective (16-1d.):** Reduce neonatal deaths (within the first 28 days of life).

**Healthy People 2020 Objective MICH HP2020-1.4:** Reduce neonatal deaths (within the first 28 days of life).

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
3.3	4.5	2.9	4.1	Improving

**Neonatal Death Rate (Within the First 28 Days of Life), Nevada Residents and United States, 2000 - Most Current Data.\***



Infant deaths include neonatal deaths, which occur <28 days after birth, and post neonatal deaths, which occur from 28 days to 364 days after birth. Substantial differences were observed in the leading causes of death during the neonatal versus post neonatal periods. Congenital malformations, although ranked first for infant mortality overall, ranks second for both neonates and post neonates. Disorders related to short gestation and low birth weight not elsewhere classified were the leading cause of neonatal death. Sudden Infant Death Syndrome (SIDS) was the leading cause of death during the post neonatal period (CDC).<sup>5</sup>

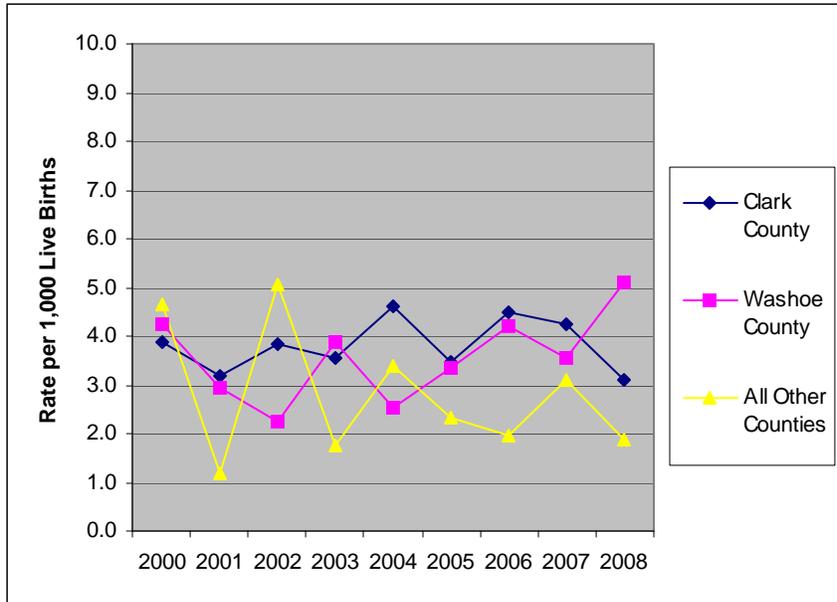
The neonatal death rate in Nevada was consistently lower than that for the United States from 2000 to 2005. Still, it was higher than the Healthy People 2010 target of 2.9 per 1,000 live births, at 3.3 per 1,000 live births in 2008.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.



**Neonatal Death Rate (within the First 28 Days of Life), Nevada Residents by County/Region, 2000 - 2008.\***



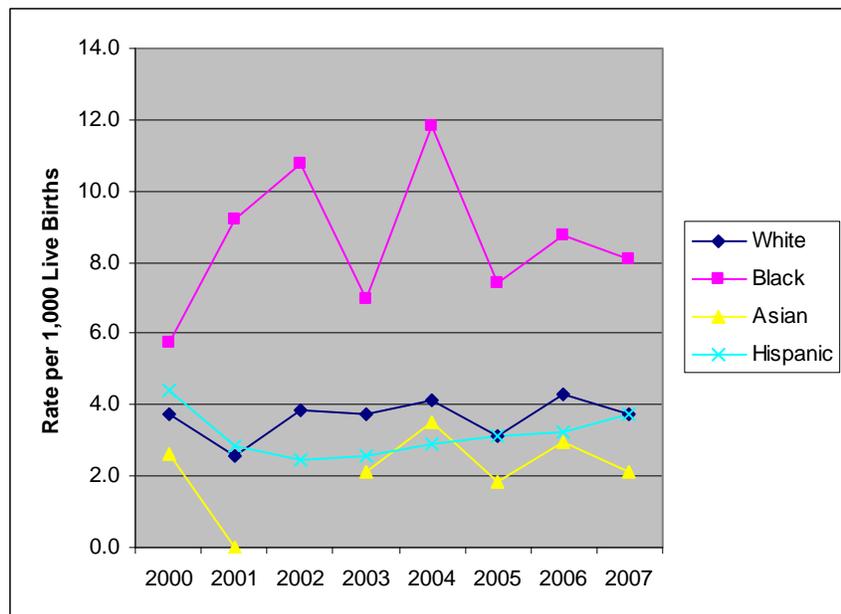
There was no consistent increase or decrease in the neonatal death rate in any of Nevada's regions from 2000 to 2008.

Factors that affect the risk of infant mortality for single-born infants include birth weight, Sudden Infant Death Syndrome (SIDS), race, sex, gestation, birth order, maternal age and education, and prenatal care. The most important predictor for infant survival was birth weight, with improved survival associated with increased birth weight.<sup>6</sup>

**Neonatal Death Rate (within the First 28 Days of Life), Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

From 2000 to 2007, Nevada's Blacks had a higher neonatal death rate than that of any other race/ethnic groups in Nevada.

Black infants had an average of twice the mortality risk of White infants. The higher risk for Blacks was related to higher prevalence of low birth weight and to higher mortality risks in both the neonatal and post-neonatal periods.<sup>6</sup>



\*The Nevada data are from Nevada Vital Statistics Records.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

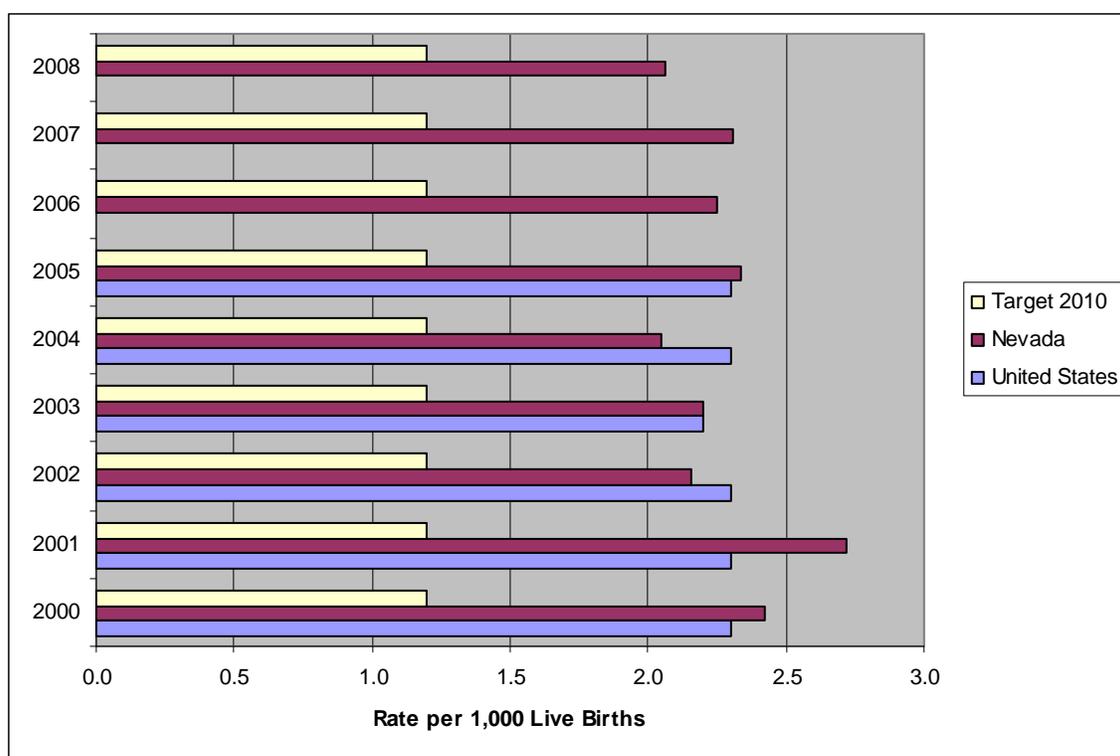
Note: Data not available for the Native American race/ethnicity group for the years 2000-2007 or for the Asian race/ethnicity group for the year 2002 due to small counts.

**Healthy People 2010 Objective (16-1e.):** Reduce post-neonatal death rate (between 28 days and 1 year).

**Healthy People 2020 Objective MICH HP2020-1.5:** Reduce post-neonatal deaths (between 28 days and 1 year).

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.1	2.3	1.2	2.0	Improving

**Postneonatal Death Rate (Between 28 Days and 1 Year of Life), Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's post neonatal death rate fluctuated from 2000 to 2008, slightly lower in 2008 than it was in 2000. Still, Nevada did not come close to meeting the Healthy People 2010 goal of 1.2 per 1,000 live births in 2008.

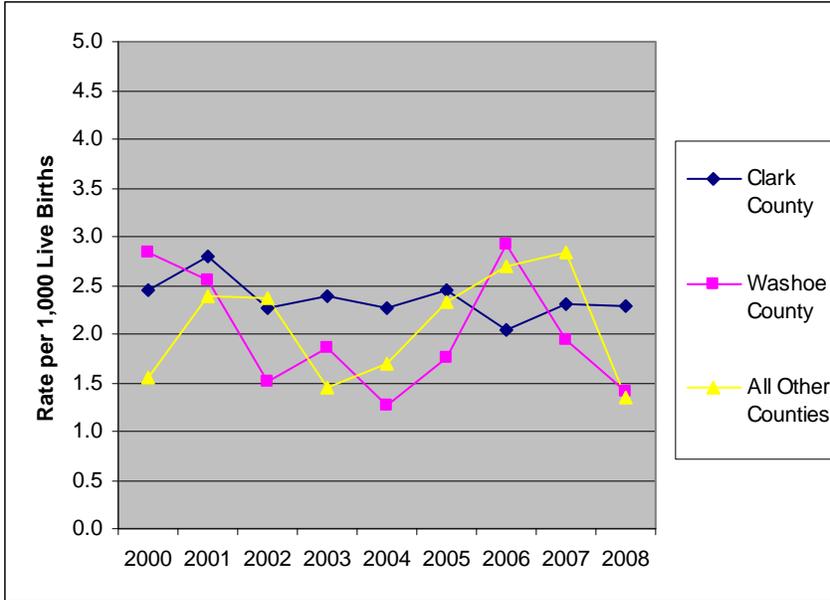
The most important predictor for infant survival is birth weight; survival increases exponentially as birth weight increases to its optimal level. The nearly twofold higher risk of infant mortality among Blacks than among Whites was related to a higher prevalence of low birth weight, higher mortality risks in the neonatal period for infants with birth weights of greater than or equal to 3,000 grams, and to higher mortality during the post neonatal period for all infants, regardless of birth weight.<sup>7</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Postneonatal Death Rate (between 28 Days and 1 Year), Nevada Residents by County/Region, 2000 - 2008.\***

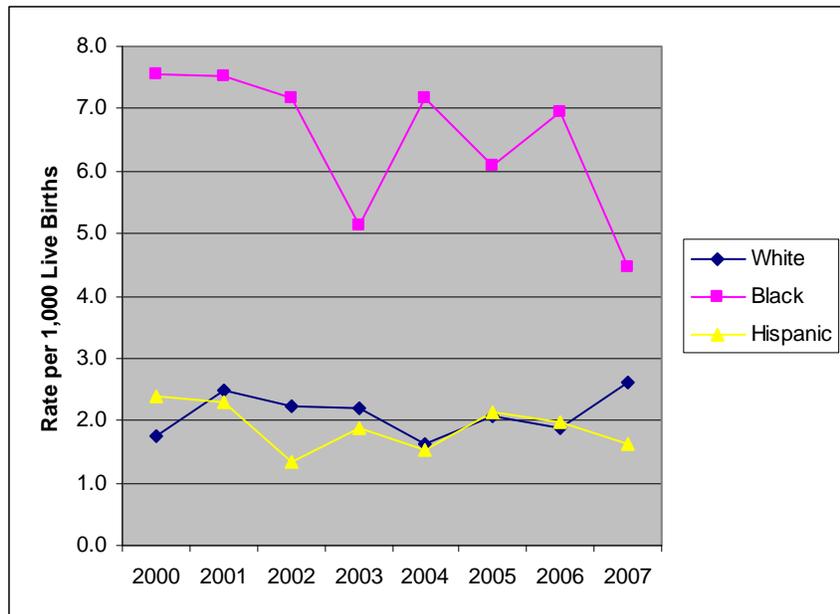


Clark County has had the most consistent postneonatal death rate, which shows a slight decrease from 2000 to 2008.

**Postneonatal Death Rate (between 28 Days and 1 Year), Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

There was a wide variation in infant mortality rates by race of mother from 2000 to 2007, with the highest rate for infants of Black mothers as high as three times the rates of other mothers in Nevada.

The national infant mortality rate by race for Black women is 2.4 times the rates for White women (CDC).<sup>4</sup>



\*The Nevada data are from Nevada Vital Statistics Records.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

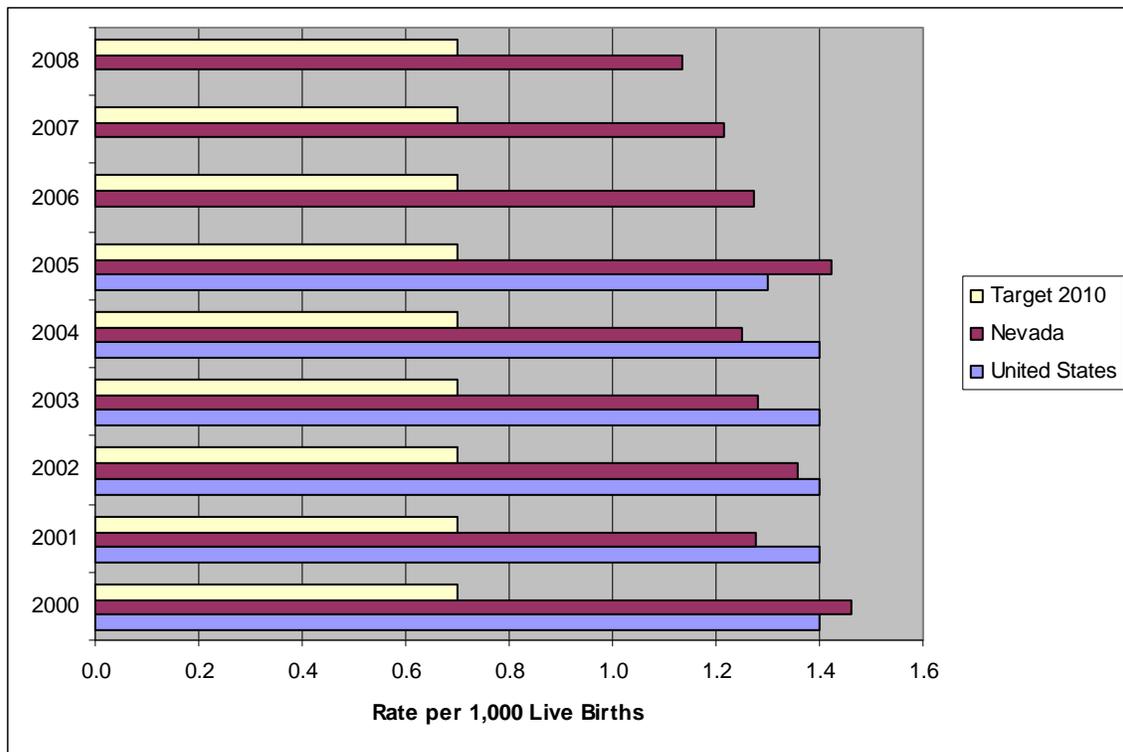
Note: Data not available for the Native American or Asian race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (16-1f.):** Reduce infant deaths due to birth defects.

**Healthy People 2020 Objective MICH HP2020-1.6:** Reduce infant death rates related to birth defects.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
1.1	1.3	0.7	1.3	Improving

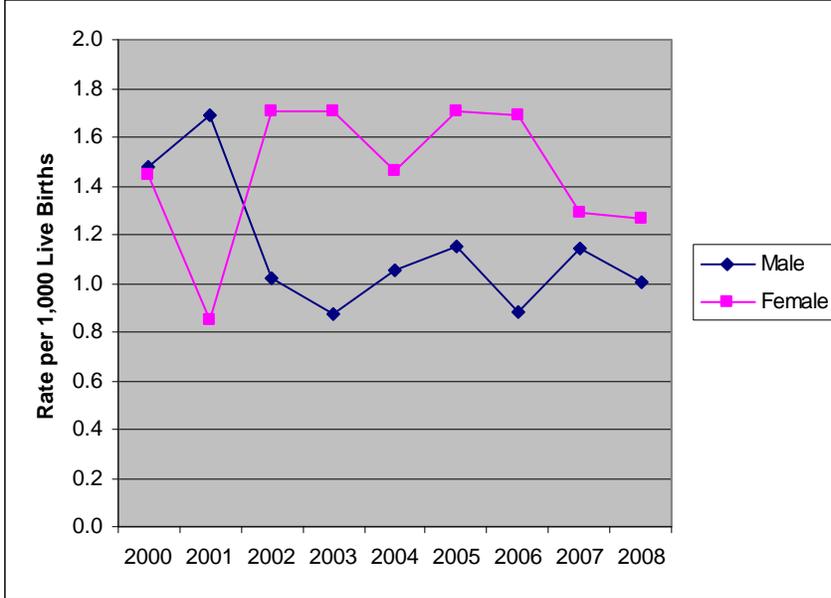
**Infant Death Rate From Birth Defects, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's infant death rate from birth defects decreased overall from 2000 to 2008, at 1.1 per 1,000 live births in 2008. Still, it was above the Healthy People 2010 goal of 0.7 per 1,000 live births in 2008. Comparatively, the national infant death rate from birth defects was 1.3 per 1,000 live births in 2005.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Infant Death Rate From Birth Defects, Nevada Residents by Infant Gender, 2000 - 2008.\***



From 2002 to 2008, Nevada's infant death rate due to birth defects was higher among female infants than male infants.

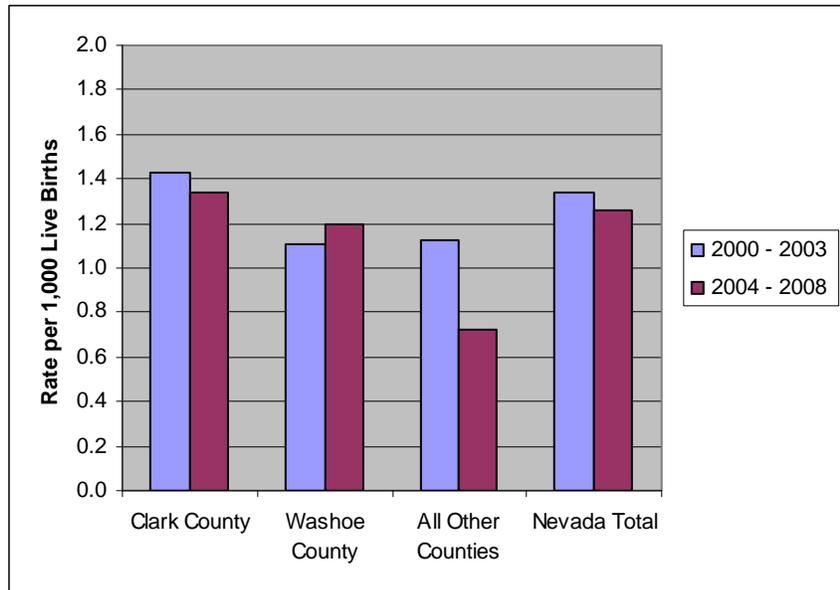
Nevada, in 2006, reported infant mortality for males was .9 per 1,000 live births, while reported infant mortality for females was 1.7 per 1,000 live births.

Nationally, in 2002, the CDC reported the overall infant mortality rate for female infants was 6.3 per 1,000, 17 percent lower than the rate for male infants (7.6).<sup>6</sup>

Washoe county has shown an increase in infant deaths from births defects in 2004 through 2008 pooled data when compared to 2000 through 2003 pooled data. All other regions have shown decreases.

Disorders relating to short gestation and low birth weight were the second leading cause of infant deaths, accounting for 17 percent of all infant deaths, followed by Sudden Infant Death Syndrome (SIDS), accounting for 8 percent of infant deaths.<sup>8</sup>

**Aggregated Infant Death Rate From Birth Defects, Nevada Residents by County/Region, 2000 - 2003 and 2004 - 2008.\***



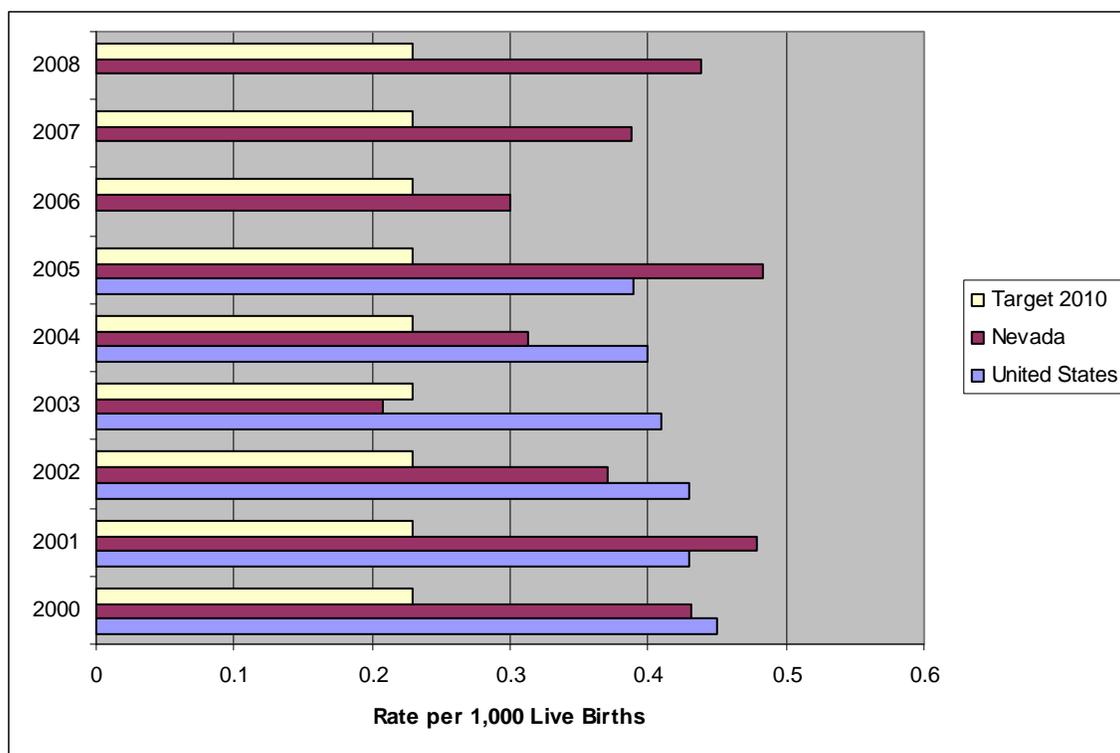
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2007 and 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-1g.):** Reduce infant mortality rate from congenital heart defects.

**Healthy People 2020 Objective MICH HP2020-1.7:** Reduce infant mortality death rate from congenital heart defects.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
0.44	0.39	0.23	0.34	Worsening

**Infant Death Rate From Congenital Heart Defects, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's infant death rate from congenital heart defects fluctuated from 2000 to 2008. In 2008, this rate was .44 per 1,000 live births, compared to the Healthy People 2010 target of 0.23 per 1,000 live births.

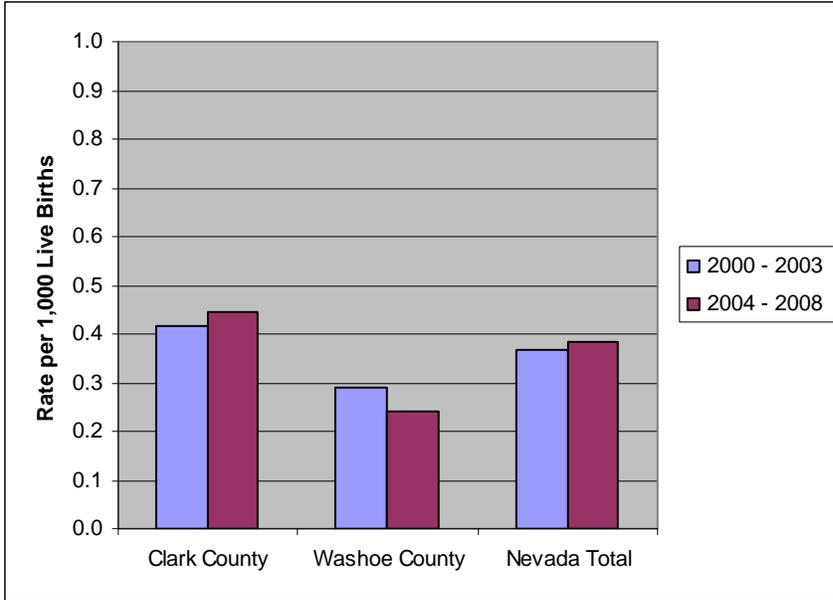
There has been a steady decline in the Infant Death Rate From Congenital Heart Defects in the United States since 2002.<sup>6</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Aggregated Infant Death Rate From Congenital Heart Defects,  
Nevada Residents by County/Region, 2000 - 2003  
and 2004 - 2008.\***

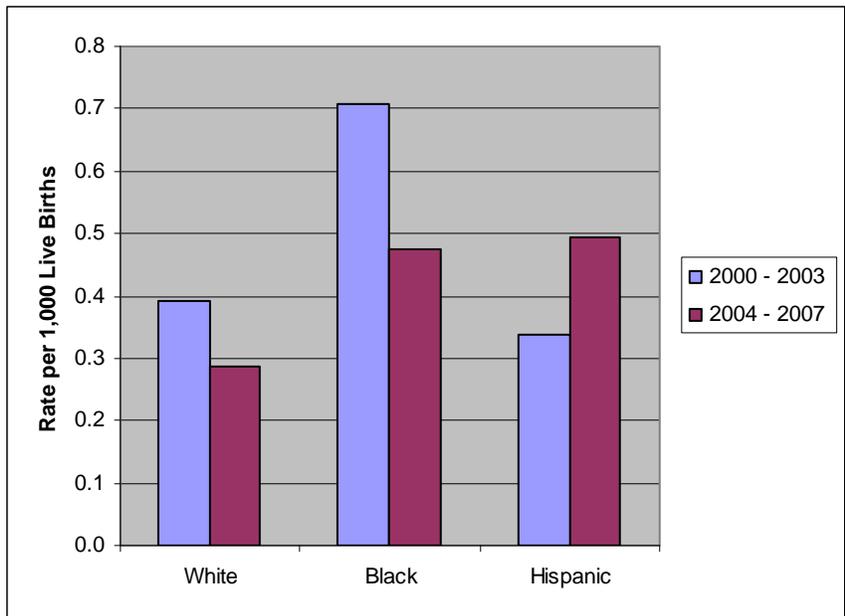


The infant death rate from congenital heart defects was higher in Clark County than in both Washoe County and Nevada in the reported years.

**Aggregated Infant Death Rate From Congenital Heart Defects,  
Nevada Residents by Race/Ethnicity, 2000 - 2003  
and 2004 - 2007.\***

This decade, the infant death rate from congenital heart defects has decreased among Whites and Blacks but has increased in Nevada's Hispanic population.

Congenital malformations was the leading cause of infant death for all groups except for non-Hispanic Black and Puerto Rican mothers, for whom low birth-weight was the leading cause.<sup>9</sup>



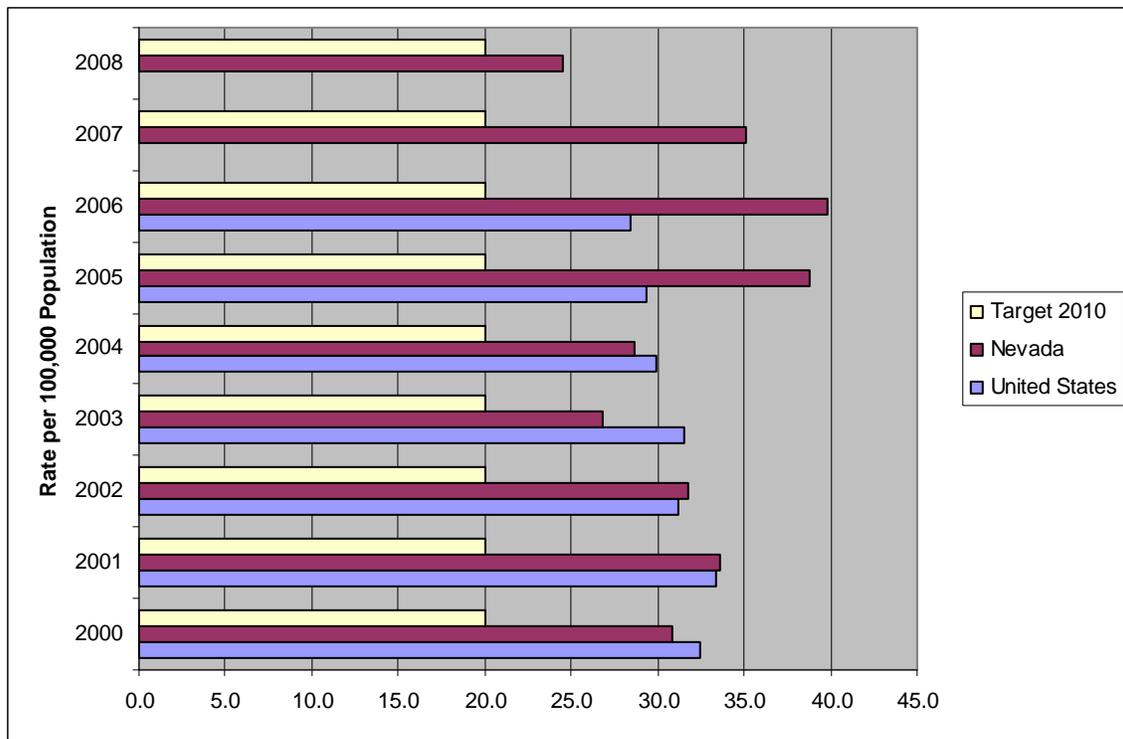
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2007 and 2008 Nevada data are not final and are subject to change.  
Note: Data not available for the Native American race/ethnicity or the Asian race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (16-2a.):** Reduce the rate of child deaths, aged 1 to 4 years.

**Healthy People 2020 Objective MICH HP2020-3.1:** Reduce the rate of child deaths, aged 1 to 4 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.5	28.4	20.0	25.7	Improving

**Death Rate of Children Aged 1 to 4, Nevada Residents and United States, 2000 - Most Current Data.\***



The death rate of Nevada children aged 1 to 4 decreased from 2006 to 2008, at 24.5 per 100,000 people in 2008. Although this rate has not decreased enough to achieve the Healthy People 2010 target, it is considerably lower than in 2006, when it was almost 40 per 100,000 people.

The top three causes of death in children aged 1 to 4 in the United States in order of rank are: accidents; developmental and genetic conditions that were present at birth; and cancer.<sup>10</sup>

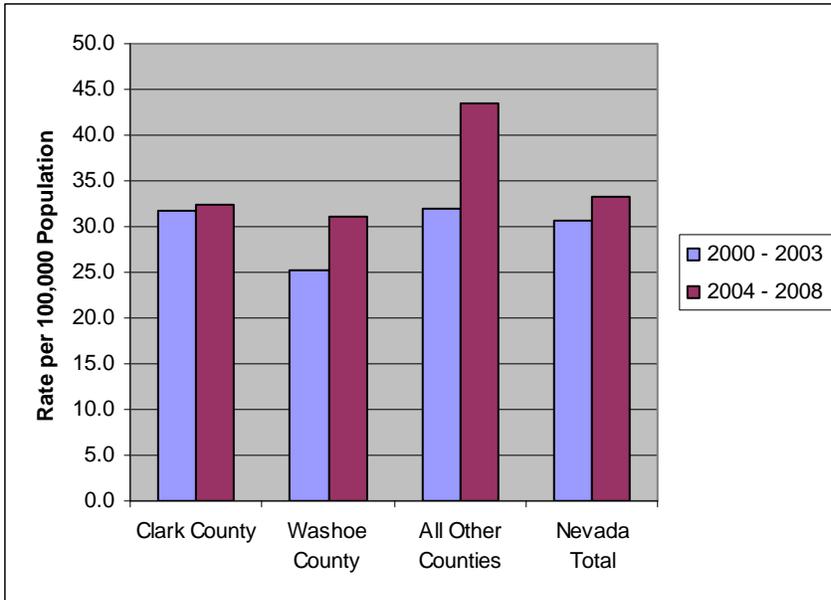
\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.



**Aggregated Death Rate of Children Aged 1 to 4, Nevada Residents by County/Region, 2000 - 2003 and 2004 - 2008.\***



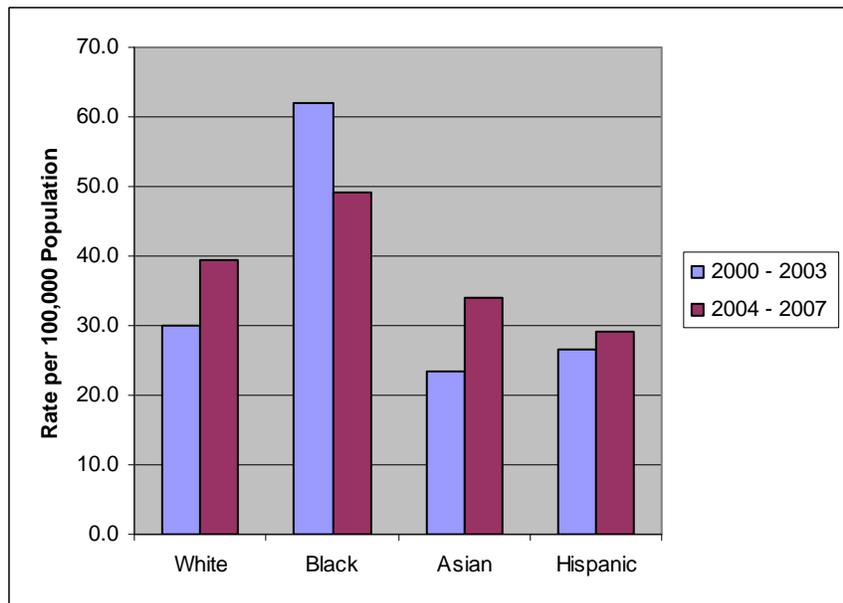
In the more recent years, 2004 through 2008 pooled data, we see a dramatic increase in the death rate of children aged 1 to 4 in Nevada's small, rural, and frontier counties, represented by "All Other Counties".

We also saw a slight increase in the death rate of children aged 1 to 4 in Clark and Washoe Counties during these years.

In 2004 through 2008 pooled data, the death rate for children aged 1 to 4 decreased in the Black population but increased in all other racial/ethnic subgroups of Nevada.

Automobile accidents account for the largest number of accidental deaths. Make sure that all infants and children use the proper child car seats, booster seats, and seat belts. Other top causes of accidental death are drowning, fire, falls, and poisoning.<sup>10</sup>

**Aggregated Death Rate of Children Aged 1 to 4, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***



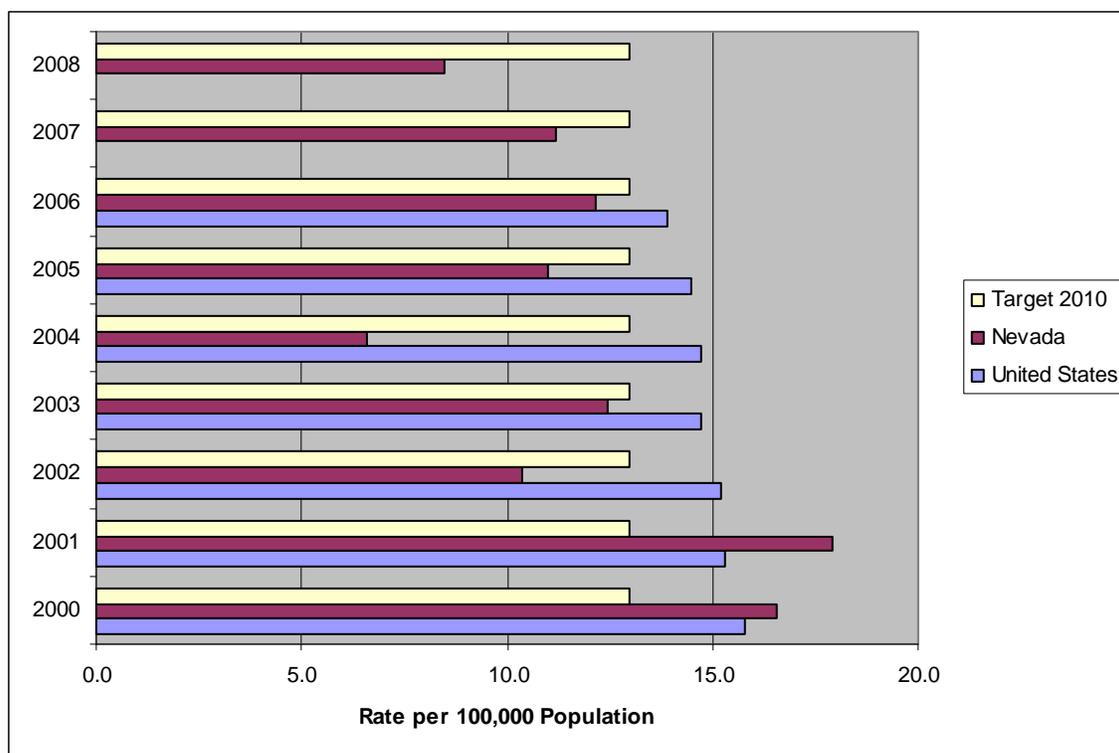
\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: Date not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (16-2b.):** Reduce the rate of child deaths, aged 5 to 9 years.

**Healthy People 2020 Objective MICH HP2020-3.2:** Reduce the rate of child deaths, aged 5 to 9 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
8.5	13.9	13	12.3	Surpassed

**Death Rate of Children Aged 5 to 9, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's death rate for children aged 5 to 9 surpassed the Healthy People 2010 target from 2002 to 2008, at 8.5 per 100,000 people in 2008 compared to the Healthy People 2010 target of 13 per 100,000 people. The national rate had not yet met the Healthy People 2010 target in 2006.

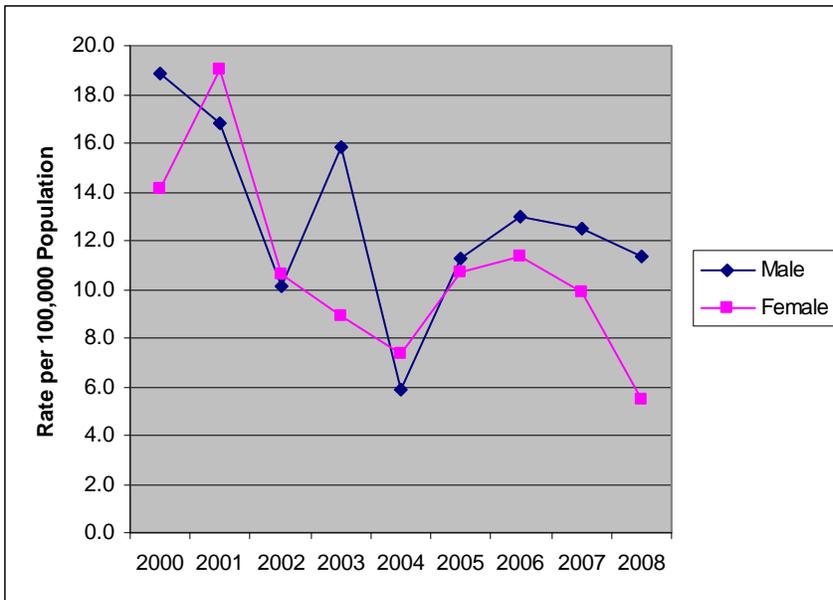
The leading causes of death for children aged 5 to 14 years of age in the United States are, in ranking order: accidents; cancer; and homicide.<sup>10</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Death Rate of Children Aged 5 to 9, Nevada Residents by Gender, 2000 - 2008.\***



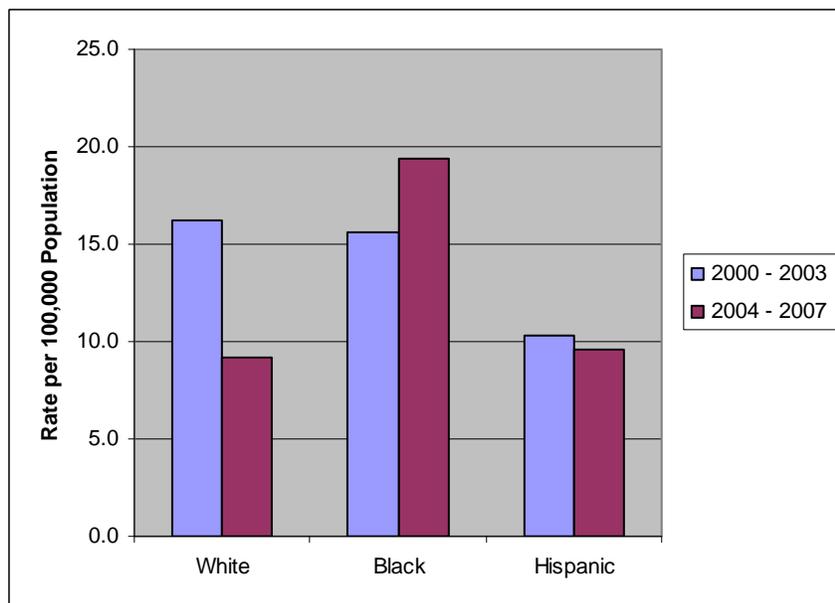
From 2000 to 2007, there was a decrease in the death rate of children aged 5 to 9 among both genders in Nevada. However, in 2008, this rate was higher for males.

Causes of death vary by age. Nationally, unintentional injuries such as car accidents, poisoning from household chemicals or drug overdoses, fires, and drowning are the leading cause of death for children and teenagers.<sup>11</sup>

In 2004 - 2007, the death rate of children, aged 5 to 9 years, had increased among Nevada's Black population and decreased among Nevada's White and Hispanic populations.

Homicide is one of the most disturbing causes of death among children and adolescents. Sociologists feel that the increase of gangs, teenage homicide, teenage suicide, teenage pregnancy, school drop-out, and other problems are a reflection of a rapidly changing society and family structure. Homicide is a complex issue which does not have a simple answer.<sup>10</sup>

**Aggregated Death Rate of Children Aged 5 to 9, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***



\*The Nevada data are from Nevada Vital Statistics Records.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

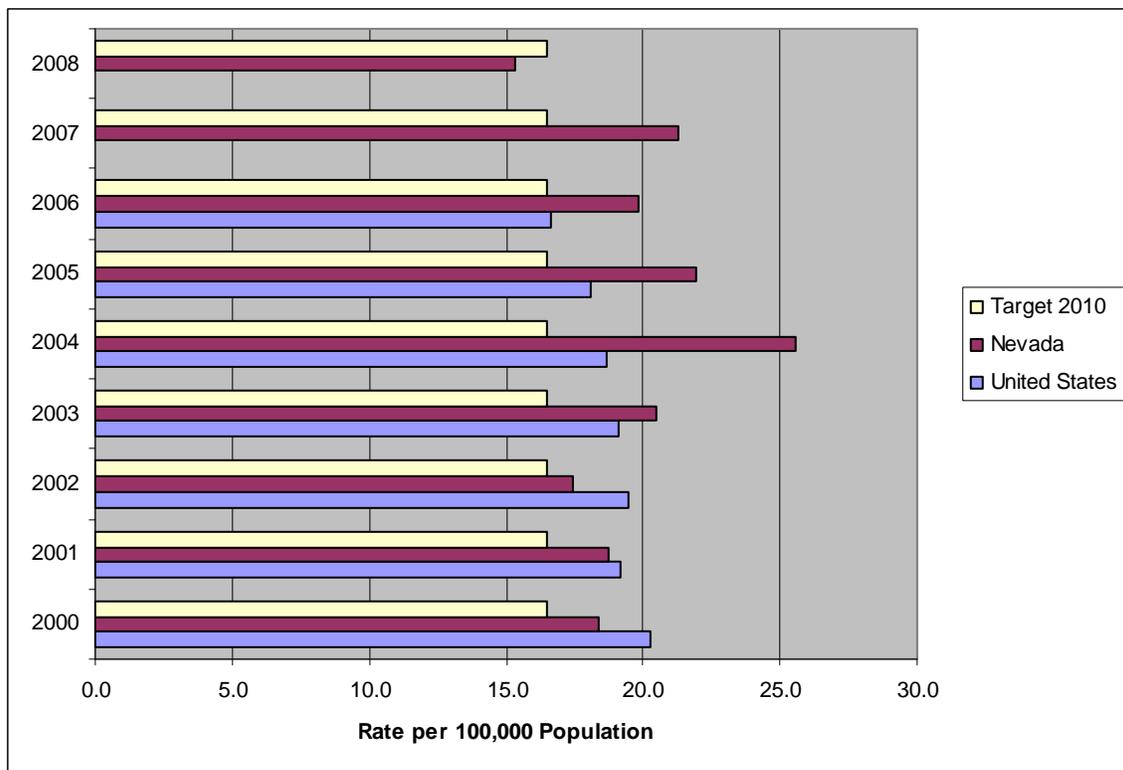
Note: Data not available for the Native American and Asian race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (16-3a.):** Reduce the rate of adolescent deaths, aged 10 to 14 years.

**Healthy People 2020 Objective MICH HP2020-4.1:** Reduce the rate of adolescent deaths, aged 10 to 14 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
15.3	16.6	16.5	15.2	Achieved

**Death Rate of Adolescents Aged 10 to 14, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's death rate among children aged 10 to 14 was higher than the Healthy People 2010 target, of 16.5 per 100,000 people, until 2008. In 2008 Nevada surpassed the Healthy People 2010 target, at 15.3 per 100,000 people.

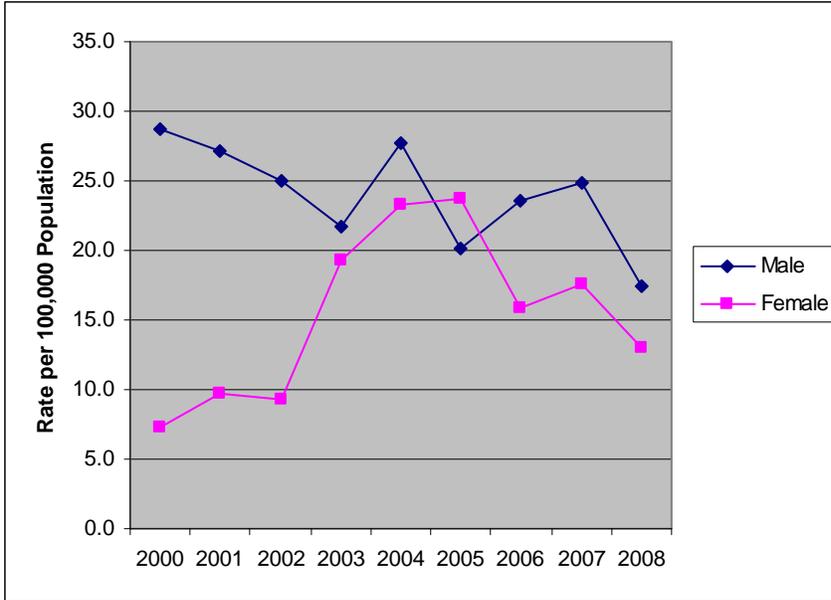
Causes of death vary by age: in the U.S., unintentional injuries are the leading cause of death for children and teenagers.<sup>12</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Death Rate of Adolescents Aged 10 to 14, Nevada Residents by Gender, 2000 - 2008.\***

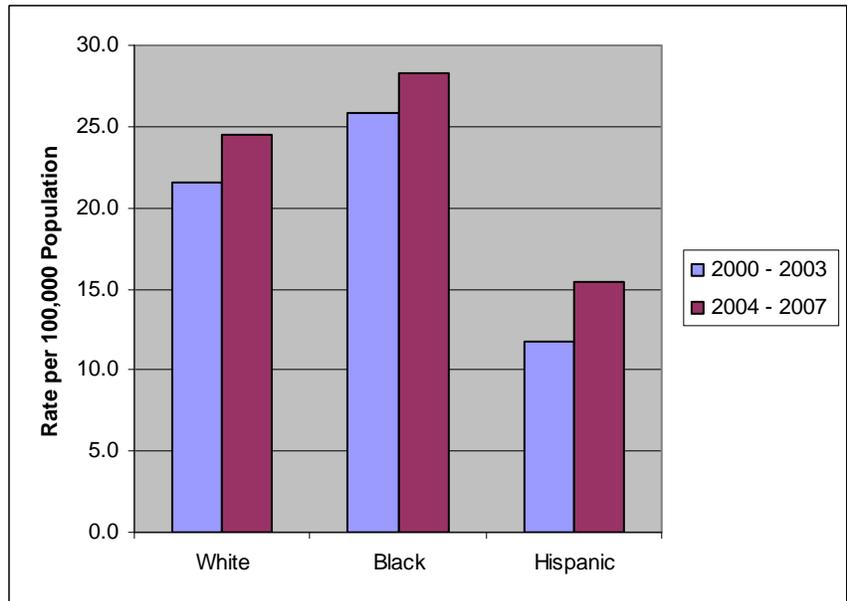


In 2000, males aged 10 to 14 had a much higher death rate than females aged 10 to 14. However, this rate increased for females and decreased for males from 2001 to 2008. Still, males had a higher death rate among adolescents aged 10 to 14 than females aged 10 to 14 in 2008.

**Aggregated Death Rate of Adolescents Aged 10 to 14, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

In all Nevada race/ethnicity groups, the death rate of adolescents aged 10 to 14 increased in the combined years 2004 through 2007.

The substantially higher rates of fatal and non-fatal accidents for boys has been partially attributed to a pattern of poor motor and cognitive regulation, leading to a misjudgment of risk (Kraemer, 2000).<sup>13</sup>



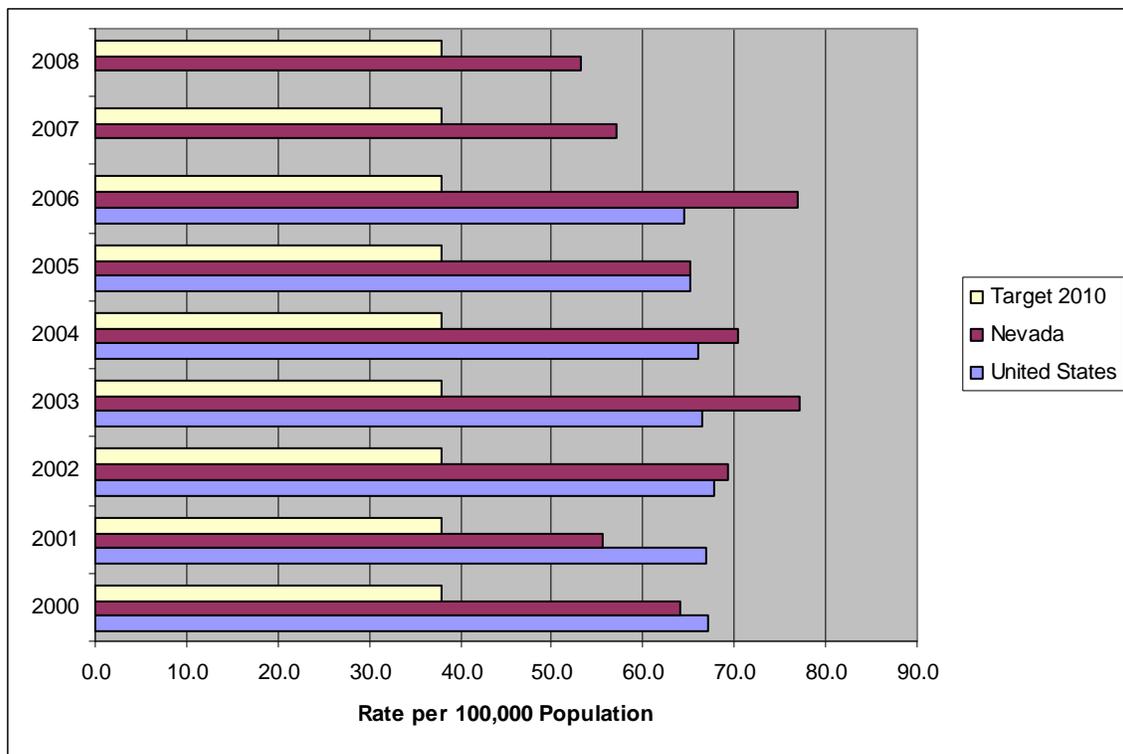
\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Native American and Asian race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (16-3b.):** Reduce the rate of adolescent deaths, aged 15 to 19 years.

**Healthy People 2020 Objective MICH HP2020-4.2:** Reduce the rate of adolescent deaths, aged 15 to 19 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
53.1	64.4	38.0	55.7	Improving

**Death Rate of Adolescents Aged 15 to 19, Nevada Residents and United States, 2000 - Most Current Data.\***



Adolescent death rates among Nevadans aged 15 to 19 years old fluctuated from 2000 to 2008. The Nevada rate decreased but was still higher than the Healthy People 2010 target of 38.0 per 100,000 people in 2008, at 53.1 per 100,000 population.

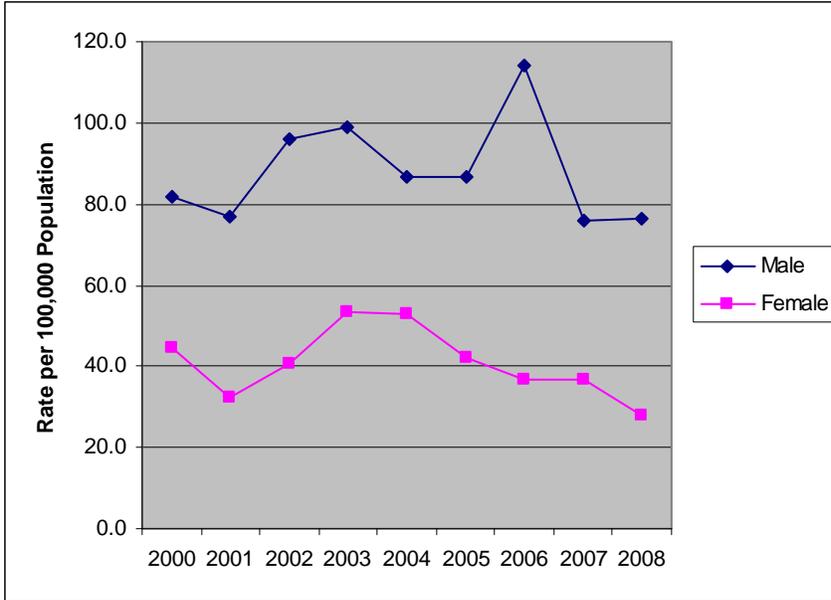
As the death rates from infection decline, and deaths in childbirth decrease, mortality discrepancies arising from behavioral causes become proportionately much more prominent in adolescents.<sup>13</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Death Rate of Adolescents Aged 15 to 19, Nevada Residents by Gender, 2000 - 2008.\***

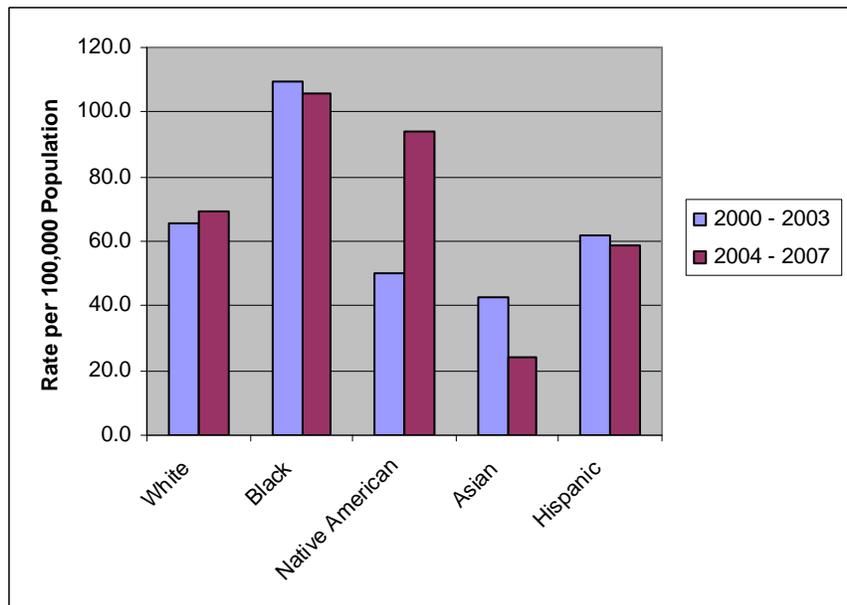


Nevada's death rate for adolescents aged 15 to 19 was much higher among males than females in 2008, and has been since 2000.

The magnitude of the sex difference is perhaps most starkly summarized by the numbers of deaths before age 50; for every 10 premature female deaths, 16 men died prematurely. (Evolutionary Psychology, 2004)<sup>13</sup>

**Aggregated Death Rate of Adolescents Aged 15 to 19, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

This decade, Blacks have consistently had the highest death rate among adolescents aged 15 to 19, and Asians have consistently had the lowest death rate in this age group in Nevada.



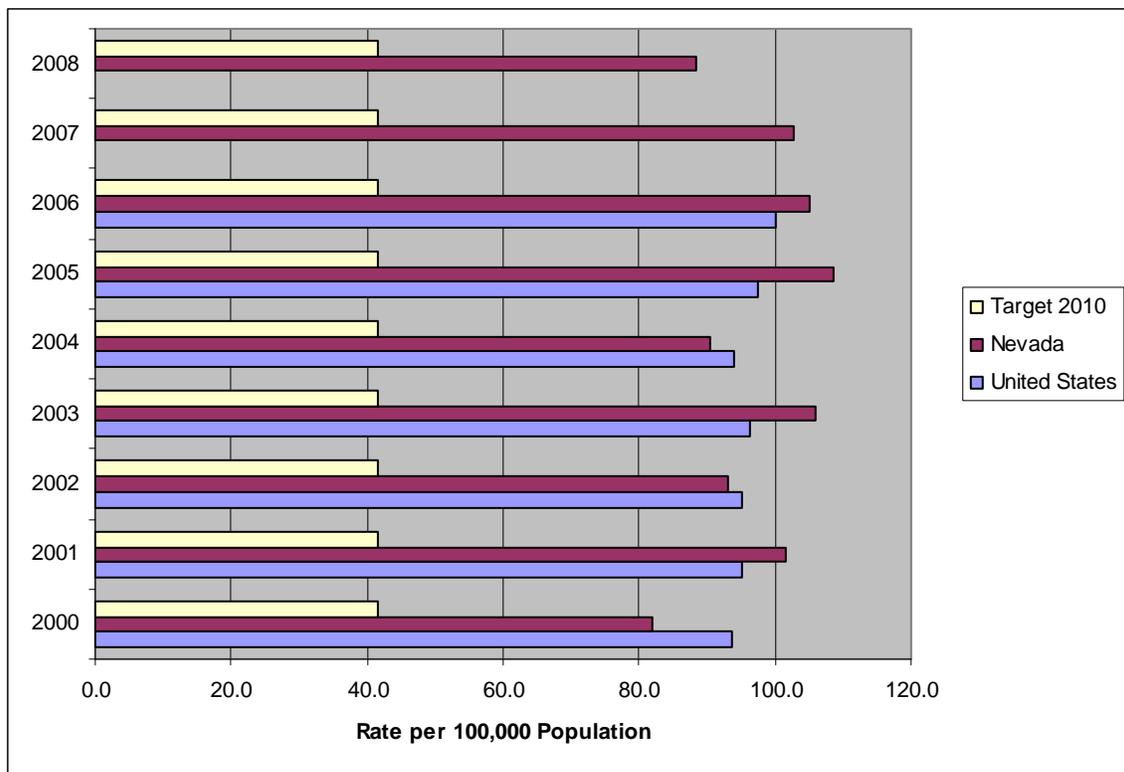
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2007 and 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-3c.):** Reduce the rate of young adult deaths, aged 20 to 24 years.

**Healthy People 2020 Objective MICH HP2020-4.3:** Reduce the rate of young adult deaths, aged 20 to 24 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
88.5	100.2	41.5	88.5	Fluctuating

**Death Rate of Young Adults Aged 20 to 24, Nevada Residents and United States, 2000 - Most Current Data.\***



Nevada's death rate among young adults aged 20 to 24 fluctuated from 2000 to 2008. In 2008, this rate was 88.5 per 100,000 people, much higher than the Healthy People 2010 target of 41.5 per 100,000 people.

The national death rate of young adults aged 20 to 24 was also much higher than the Healthy People 2010 target, at 100.2 per 100,000 people in 2006.

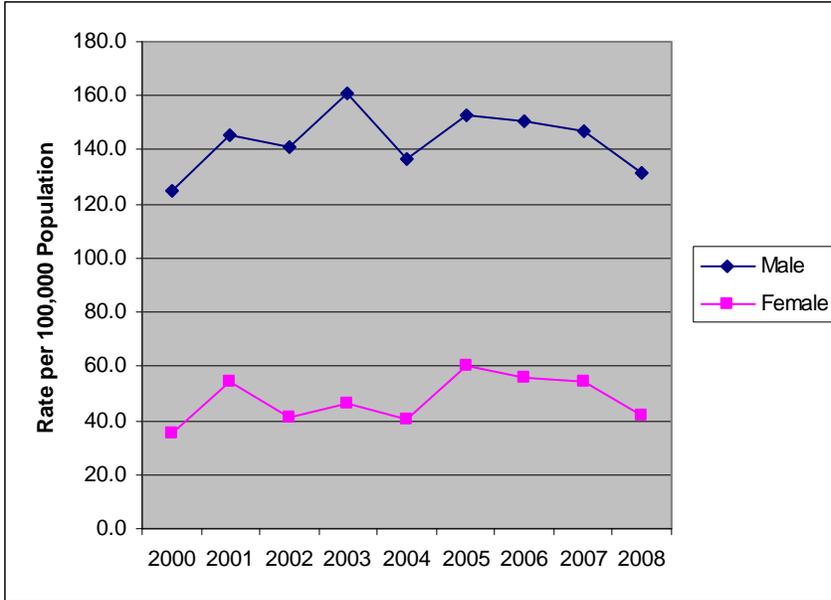
\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.



**Death Rate of Young Adults Aged 20 to 24, Nevada Residents by Gender, 2000 - 2008.\***

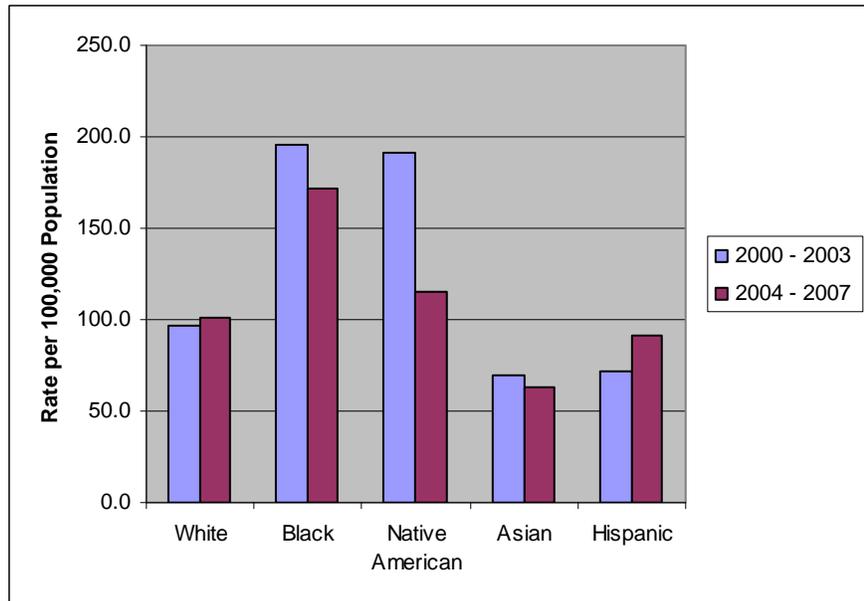


Nevada's death rate for young adults, aged 20 to 24, was much higher among males than females from 2000 to 2008.

There is a substantially higher mortality for men compared to women for different causes and across the life-span in different cultures. Being male is now the single largest demographic risk factor for early mortality in developed countries.<sup>13</sup> (Evolutionary Psychology, 2004)

**Aggregated Death Rate of Young Adults Aged 20 to 24, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.\***

Blacks and Native Americans have consistently had the highest death rate among young adults, aged 20 to 24. Asians have consistently had the lowest death rate in this age group.



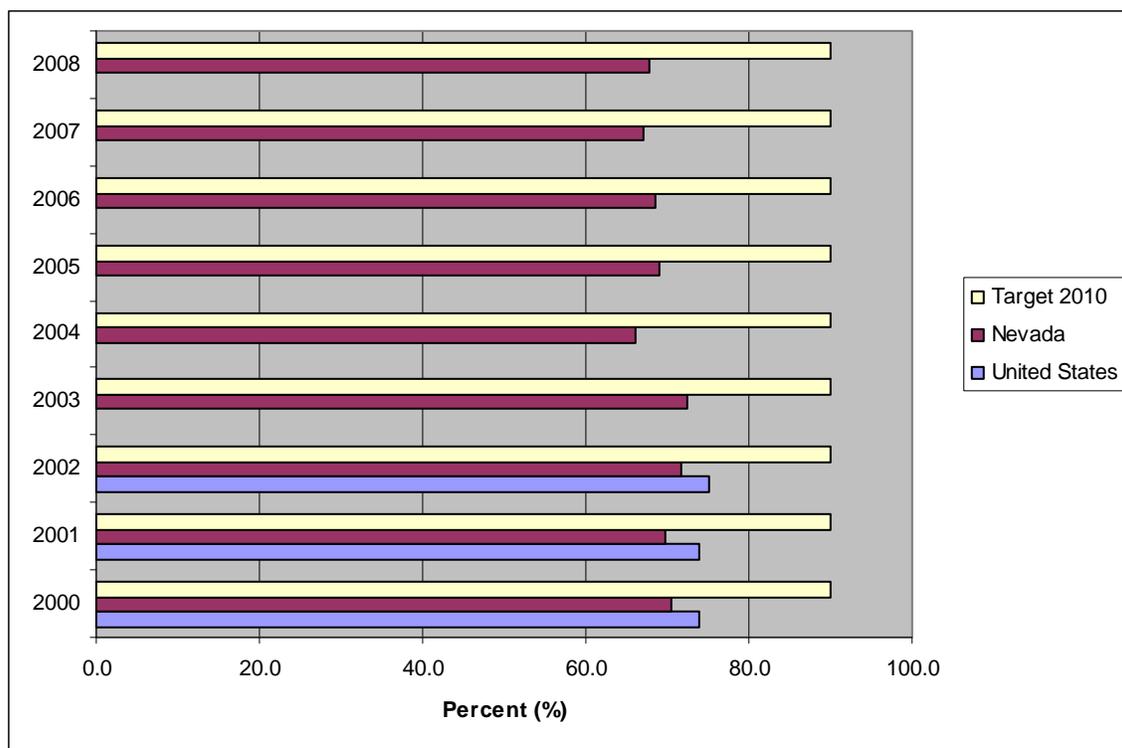
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2007 and 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-6b.):** Increase the proportion of pregnant women receiving early and adequate prenatal care.

**Healthy People 2020 Objective MICH HP2020-10:** Increase the proportion of women receiving early and adequate prenatal care.

Most Recent NV Value (2008)	U.S. (2002)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
67.8	75.0	90.0	77.6	Worsening

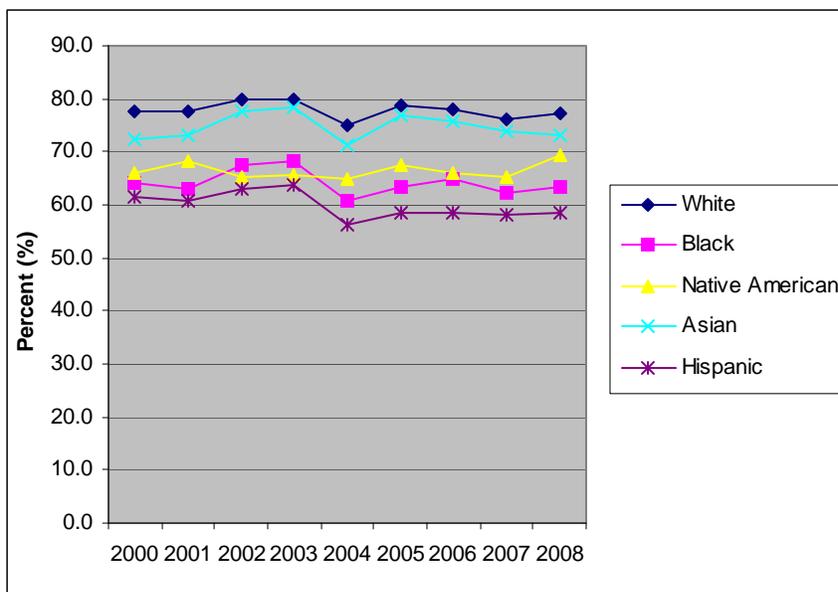
**Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care, Nevada Residents and United States, 2000 - Most Current Data. \***



The proportion of pregnant Nevada women receiving prenatal care in the 1st trimester of pregnancy slightly decreased from 2000 to 2008, at 67.8 percent in 2008.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: Used Kotelcheck Index of pre-natal care.  
 Note: See appendix for additional information.

**Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care Beginning in the 1st Trimester of Pregnancy, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

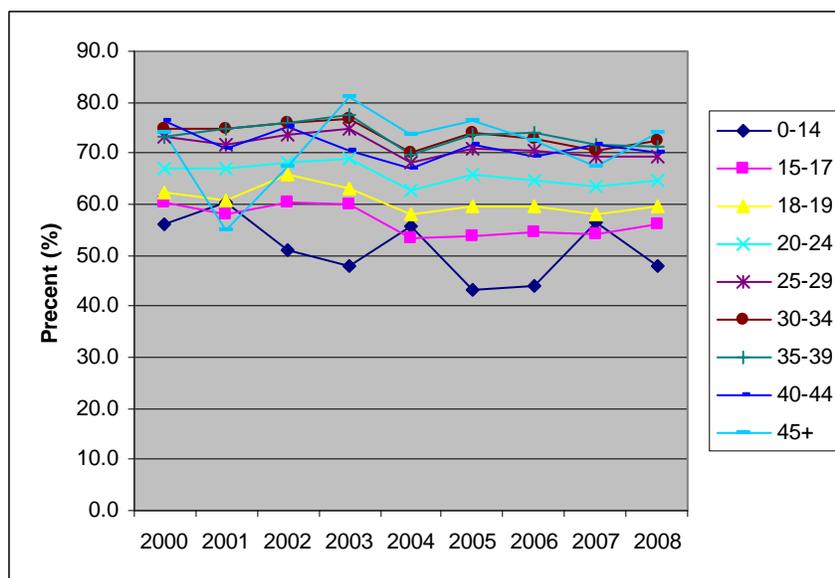


From 2000 to 2008, a higher percentage of Whites obtained early and adequate prenatal care than any other race/ethnicity groups in Nevada. Hispanics had the lowest proportion of pregnant women who obtained early and adequate prenatal care.

**Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care Beginning in the 1st Trimester of Pregnancy, Nevada Residents by Age of Mother, 2000 - 2008.\***

The highest proportion of pregnant women receiving early and adequate prenatal care were reported in the age ranges above the age of 30 years and older.

The lowest proportion were reported under the age of 17 years.



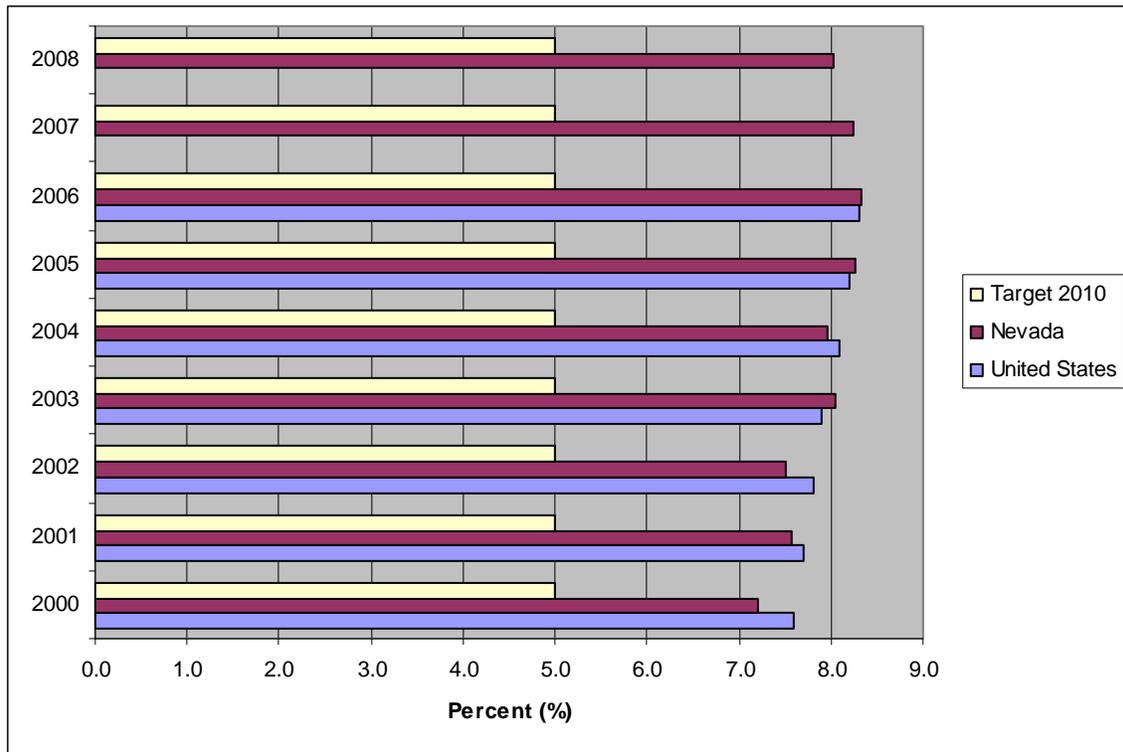
\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: Used Kotelcheck Index of pre-natal care.

**Healthy People 2010 Objective (16-10a.):** Reduce the proportion of low birth weight infants.

**Healthy People 2020 Objective MICH HP2020-8.1:** Reduce the proportion of low birth weight infants.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
8.0	8.3	5.0	7.8	Fluctuating

**Proportion of Low Birth Weight Infants, Nevada Residents and United States, 2000 - Most Current Data.\***

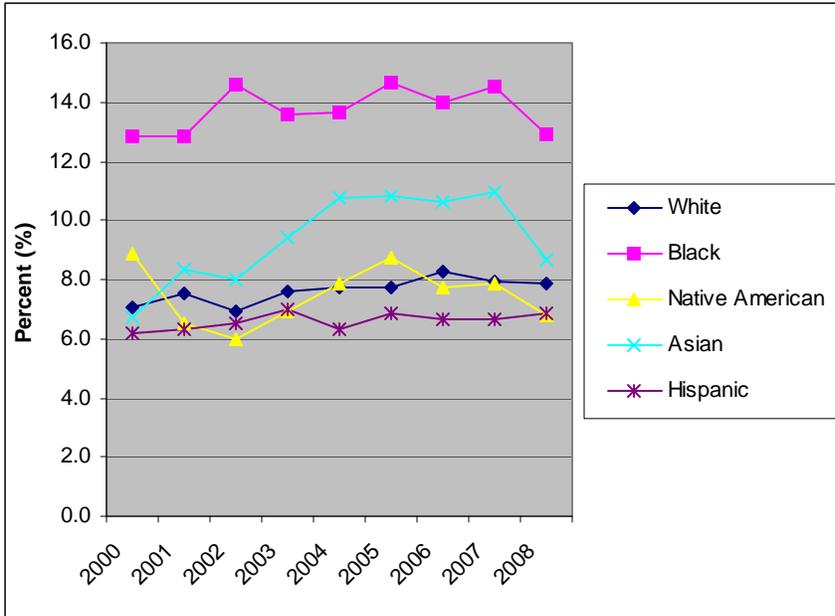


Neither Nevada, nor the United States, had reached the Healthy People 2010 target for proportion of low birth weight infants from 2000 to 2008. There was a no overall increase in the proportion of low birth weight infants in Nevada from 2000 to 2008, at 8.0 percent in 2008.

In Nevada, the proportion of low birth weight (LBW) infants continues to fluctuate, climbing to 8.3 percent in 2006, the highest level in four decades. The percentage of infants born at less than 2,500 grams has risen 19 percent since 1990. All of the increase for 2005–2006 was among moderately LBW (1,500–2,499 grams) infants. LBW rates rose slightly for Hispanic infants, but were unchanged for non-Hispanic White and non-Hispanic Black infants. The LBW rate for infants born in single deliveries also increased in 2006; singleton LBW has risen 10 percent since 1990.<sup>2</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Proportion of Low Birth Weight Infants, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

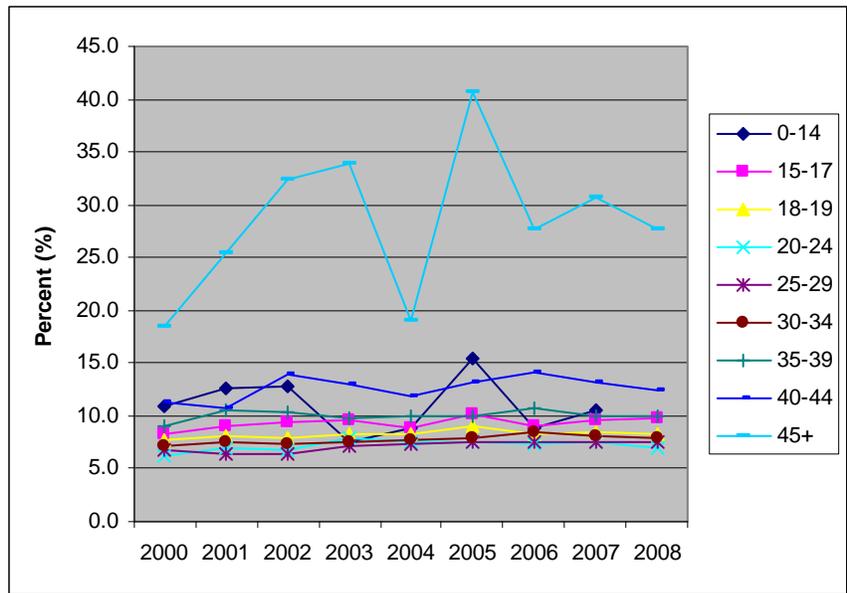


The proportions of low birth weight infants was highest among Blacks, followed by Asians in Nevada during the years 2000 - 2008.

**Proportion of Low Birth Weight Infants, Nevada Residents by Age of Mother, 2000 - 2008.\***

The highest proportion of low birth weight infants born during the years 2000 to 2008, were reported in mothers aged 45 years and older.

The lowest proportion of low birth weight infants were born to mothers aged 18 to 29 years of age.



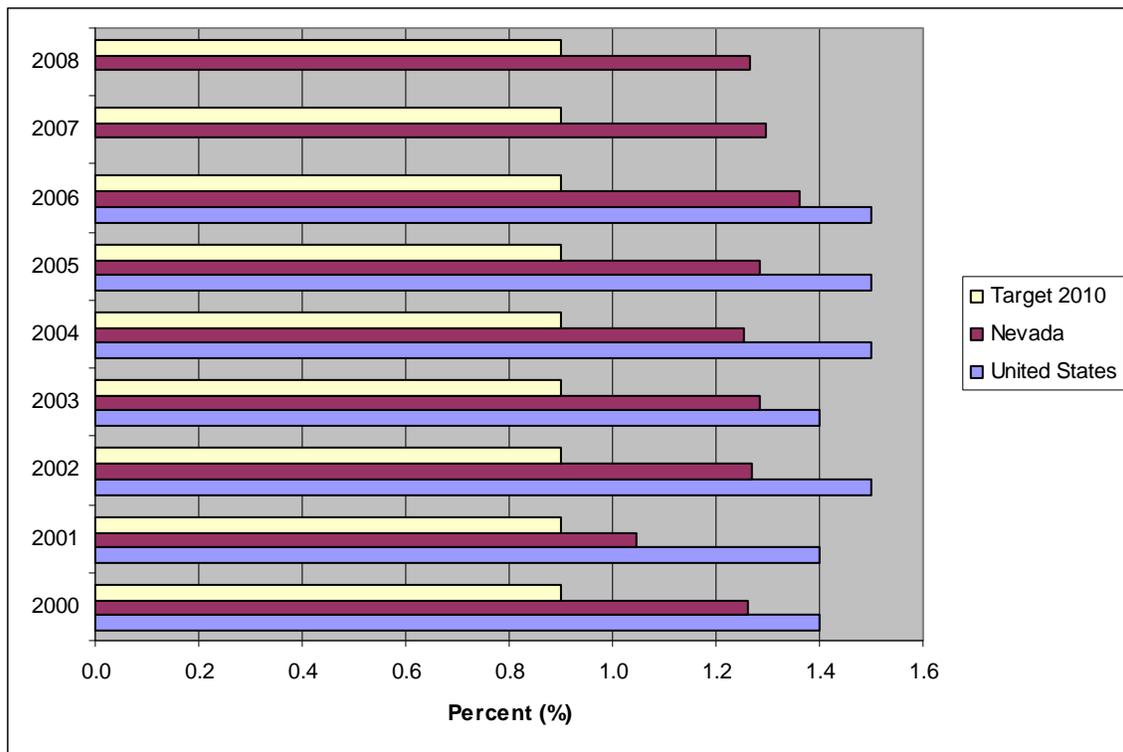
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-10b.):** Reduce the proportion of very low birth weight infants.

**Healthy People 2020 Objective MICH HP2020-8.2:** Reduce the proportion of very low birth weight infants.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
1.3	1.5	0.9	1.4	Fluctuating

**Proportion of Very Low Birth Weight Infants, Nevada Residents and United States, 2000 - Most Current Data.\***

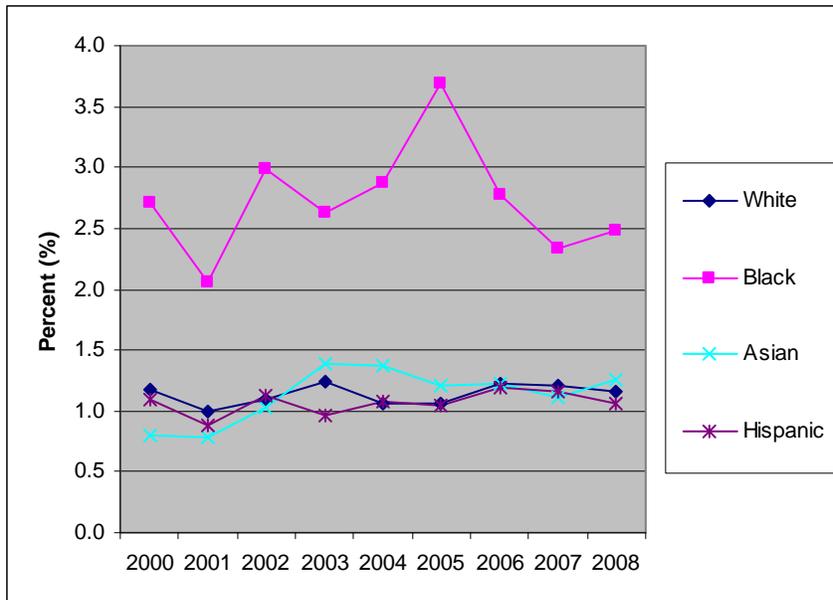


The proportion of very low birth weight infants in Nevada fluctuated from 2000 to 2008, at 1.3 percent in 2008. Neither Nevada, nor the nation, reached the Healthy People 2010 target, of 0.9 percent, for the proportion of very low birth weight infants in the reported years.

Nationally, in 2005, over one-third (35 percent) of fetal deaths at 20 weeks of gestation or more weighed less than 500 grams at delivery, and one-half weighed less than 750 grams. Fetal mortality rates were highest for less than 500-gram fetuses and decreased rapidly with increasing birth weight. Fetal mortality rates were lowest at 3,000–3,999 grams, and then increased slightly for heavier fetuses (CDC).<sup>14</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality. Note: 2008 Nevada data are not final and are subject to change. Note: See appendix for additional information.

**Proportion of Very Low Birth Weight Infants, Nevada Residents by Race, 2000 - 2008.\***



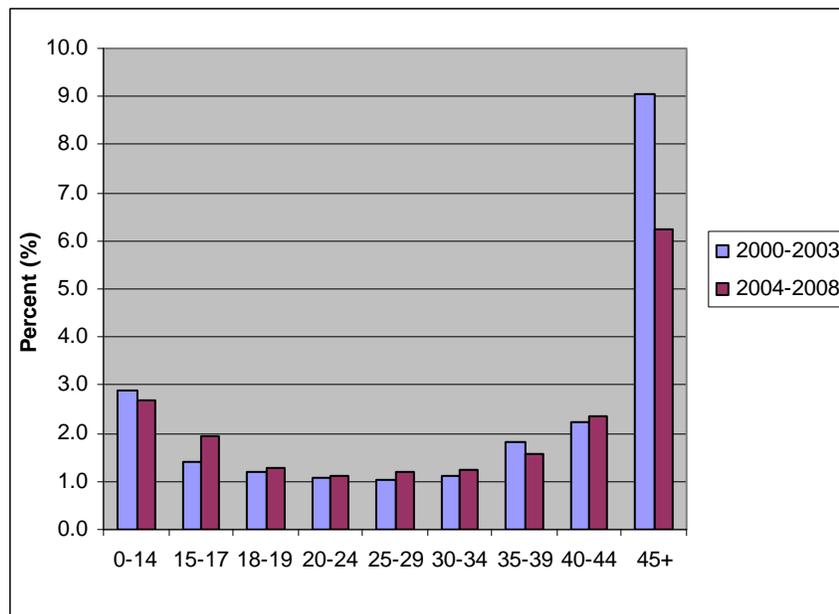
In Nevada, Blacks had a higher proportion of low birth weight infants than all other racial/ethnic groups in 2000 through 2008.

The proportion of very low birth weight infants among Whites, Asians, and Hispanics were similar from 2000 to 2008.

The highest proportion of very low birth weight infants were born to mothers in the youngest and oldest age groups. The highest proportion of very low birth weight infants was among mothers aged 45 years and older, followed by those aged 14 years and younger.

There was a slight increase in the proportion of very low birth weight infants born to mothers in almost all age groups, with the exception of mothers aged 0 to 14, 35 to 39, and 45 years and older.

**Aggregated Proportion of Very Low Birth Weight Infants, Nevada Residents by Age Group, 2000 - 2003 and 2004 - 2008.\***



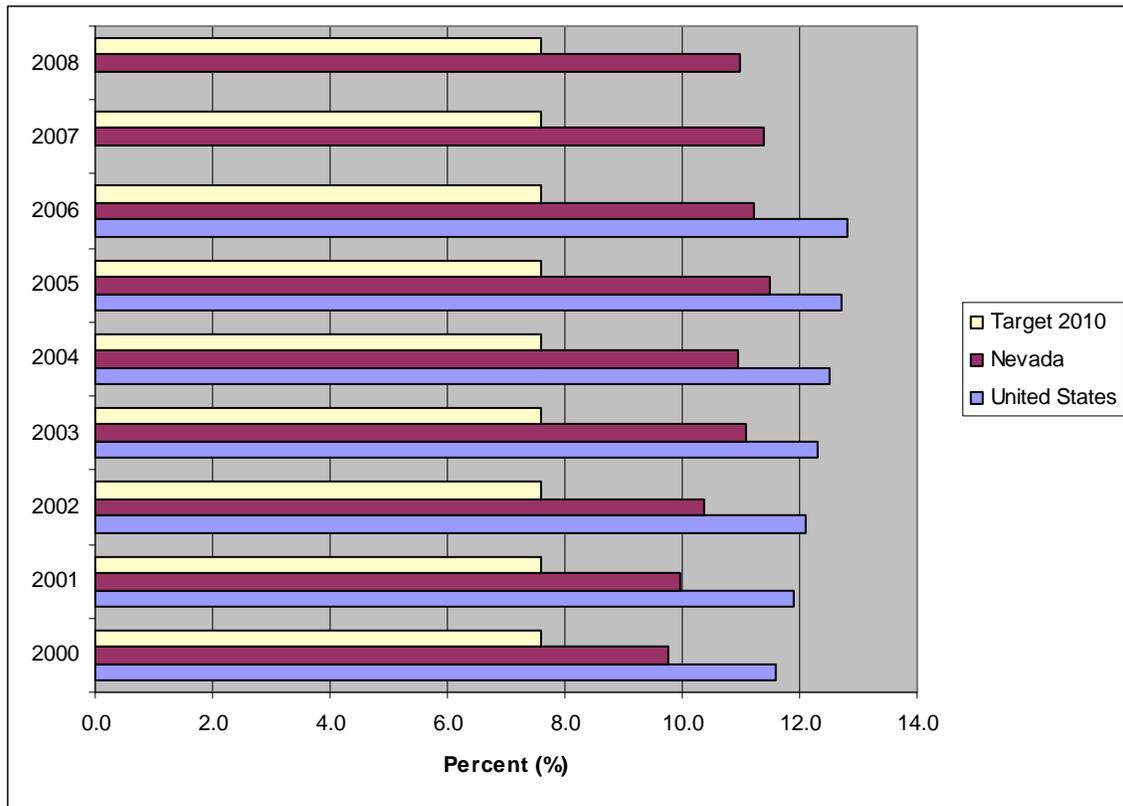
\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (16-11a.):** Reduce total preterm birth.

**Healthy People 2020 Objective MICH HP2020-9.1:** Reduce total preterm births.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
11.0	12.8	7.6	11.4	Fluctuating

**Proportion of Pre Term Births, Infants Born Prior to 37 Completed Weeks of Gestation, Nevada Residents and United States, 2000 - Most Current Data.\***



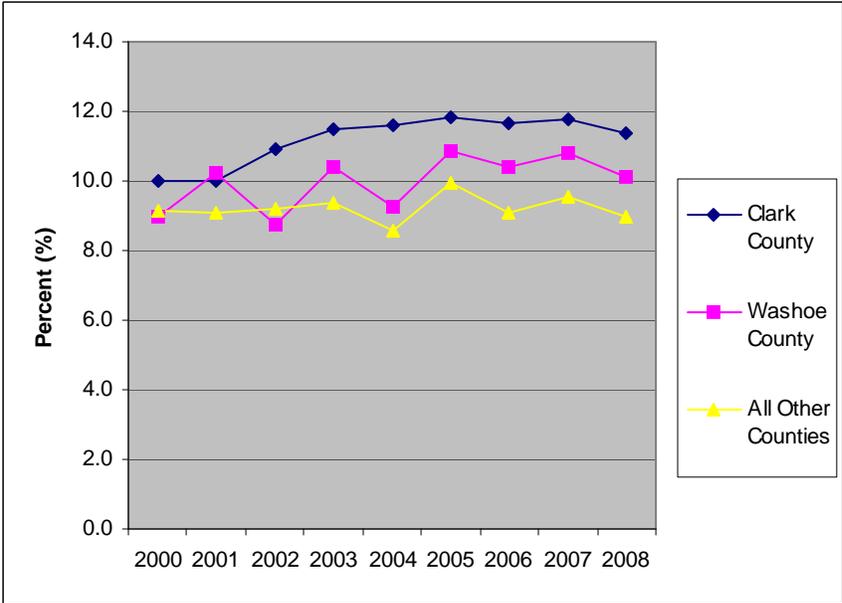
The proportion of pre term births in Nevada fluctuated from 2000 to 2008. Neither Nevada, nor the nation, met the Healthy People 2010 target for the proportion of pre term births from 2000 to 2008.

Nationally, the pre term birth rate has been rising since 2000 and was 12.8 percent of all births in 2006. The percentage of infants delivered at less than 37 completed weeks of gestation has climbed 20 percent since 1990. Most of this rise is attributable to the increase in late preterm births (34–36 weeks), up 25 percent since 1990.<sup>2</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.



**Proportion of Pre Term Births, Infants Born Prior to 37 Completed Weeks of Gestation, Nevada Residents by County/Region, 2000 - 2008.\***



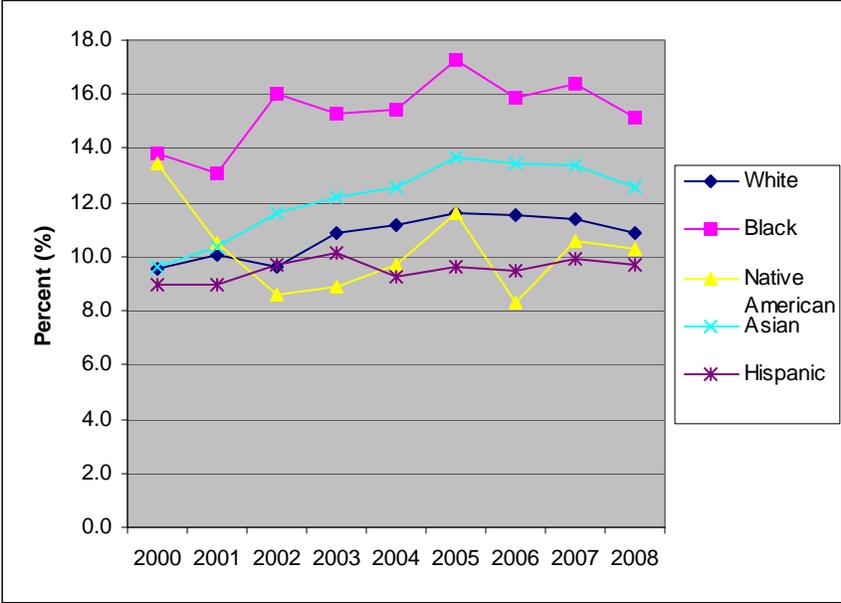
It is very important that data on birth outcomes, especially levels of low birth weight (LBW) and preterm birth, be continuously monitored, because these variables are important predictors of infant mortality and morbidity.<sup>15</sup>

Clark County had the highest rate of pre term births in the state from 2002 to 2008, followed by Washoe County.

**Proportion of Pre Term Births, Infants Born Prior to 37 Completed Weeks of Gestation, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

From the years 2000 to 2008, Nevada preterm birth rates rose slightly for Hispanic, Black, Asian, and White infants.

Nevada's Black population had the highest proportion of pre term births consistently from 2000 to 2008.



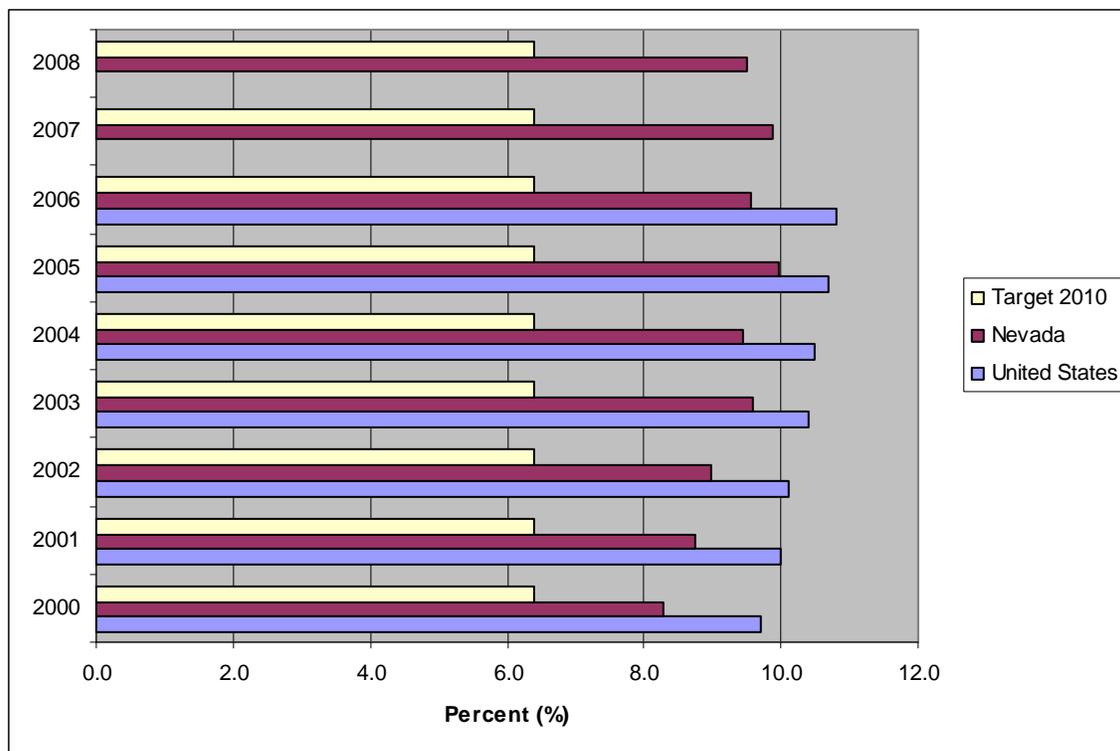
\*The Nevada data are from Nevada Vital Statistics Records. Note: 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-11b.):** Reduce the proportion of live births at 32 to 36 weeks of gestation.

**Healthy People 2020 Objective MICH HP2020-9.2:** Reduce the proportion of live births at 34 to 36 weeks of gestation.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
9.5	10.8	6.4	8.1	Worsening

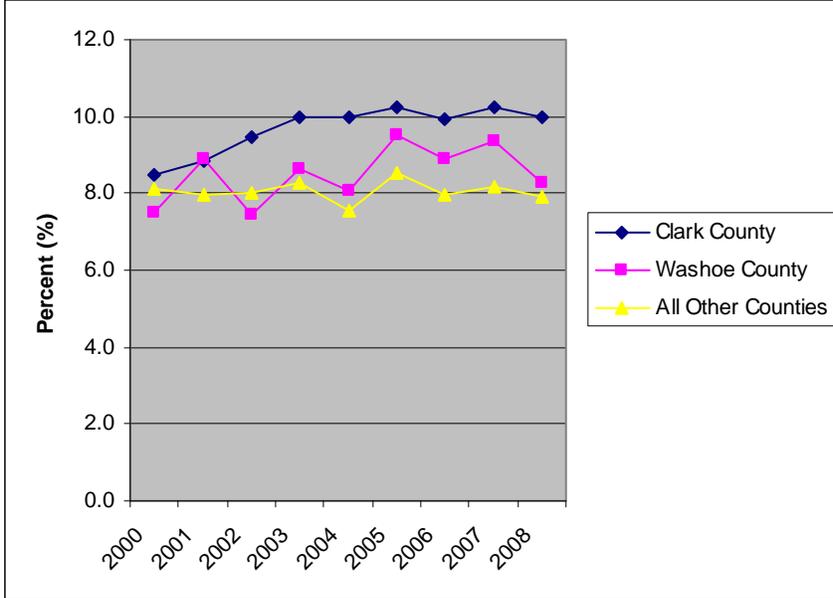
**Proportion of Live Births at 32 to 36 Completed Weeks of Gestation, Nevada Residents and United States, 2000 - Most Current Data. \***



Neither Nevada, nor the nation, met the Healthy People 2010 target for the proportion of live births at 32 to 36 weeks of gestation from 2000 to 2008. In Nevada, the proportion of live births at 32 to 36 weeks of gestation increased from 2000 to 2008, at 9.5 percent in 2008.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

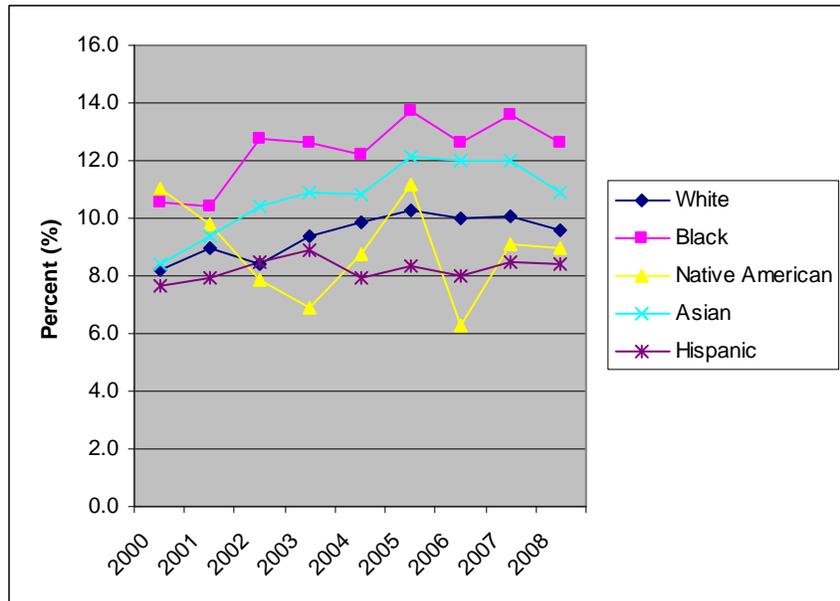
**Proportion of Live Births at 32 to 36 Completed Weeks of Gestation, Nevada Residents by County/Region, 2000 - 2008.\***



The proportion of live births at 32 to 36 weeks gestation increased overall in Clark County from 2000 to 2008. The proportion of live births at 32 to 36 weeks gestation in "All Other Counties," which includes Nevada's rural and frontier counties as well as Carson County, remained steady from 2000 to 2008.

**Proportion of Live Births at 32 to 36 Completed Weeks of Gestation, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***

The proportion of live births at 32 to 36 weeks of gestation has increased among Black, Asian, and White Nevada residents from 2000 to 2008.



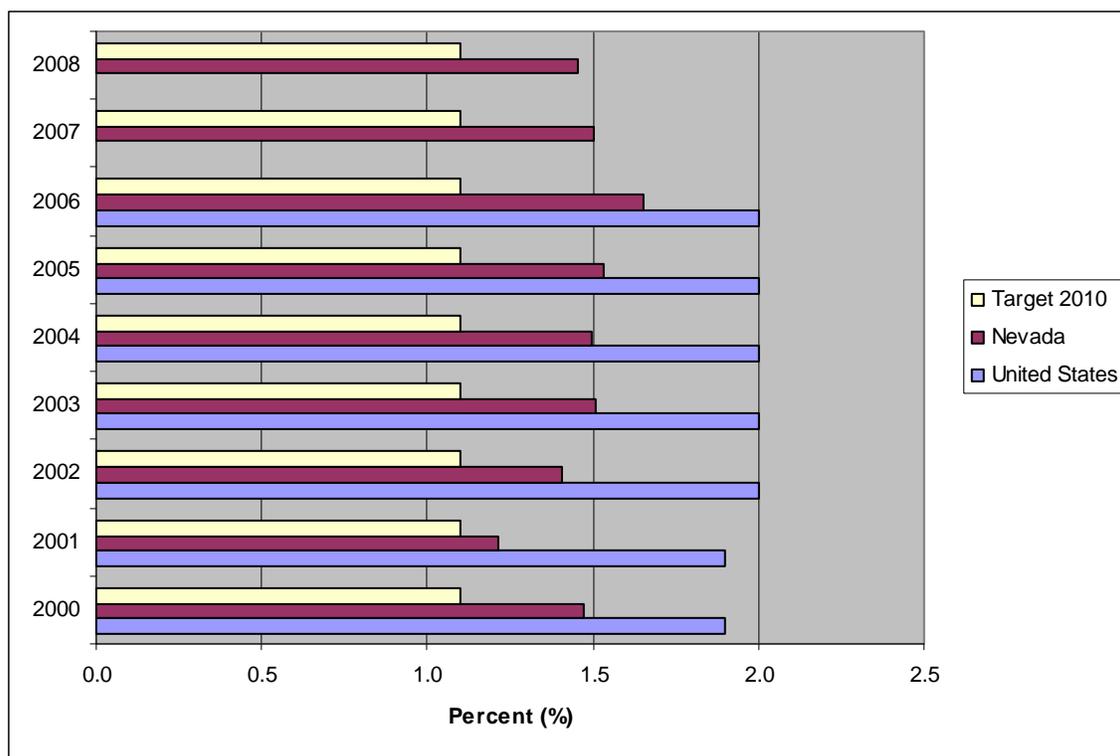
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-11c.):** Reduce the proportion of live births at less than 32 completed weeks of gestation.

**Healthy People 2020 Objective MICH HP2020-9.4:** Reduce the proportion of very preterm or live births at less than 32 weeks of gestation.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
1.5	2.0	1.1	1.8	Fluctuating

**Proportion of Live Births at Less Than 32 Completed Weeks of Gestation, Nevada Residents and United States, 2000 - Most Current Data.\***

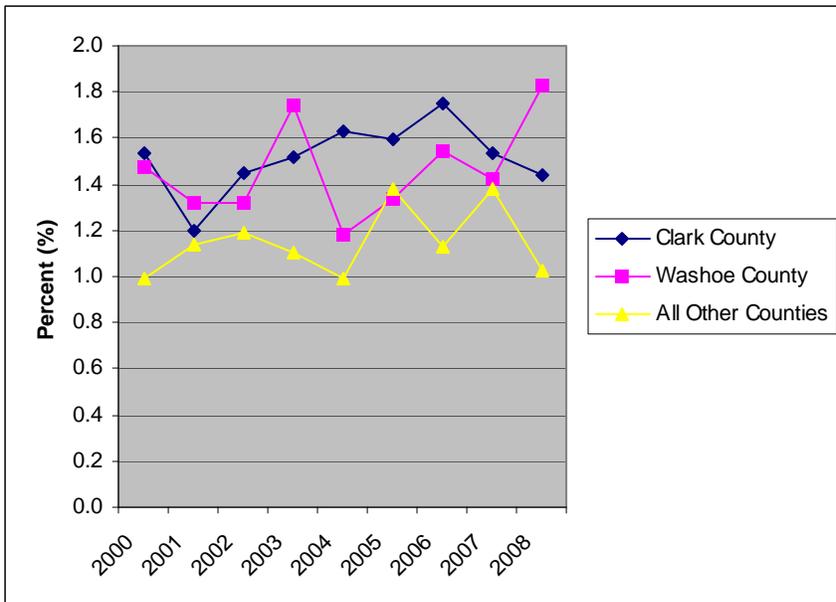


From 2001 to 2006 the proportion of infants born at less than 32 weeks gestation increased in Nevada. Then, in 2007 and 2008 the proportion of live births at less than 32 weeks of gestation decreased in Nevada, still above the Healthy People 2010 target, at 1.5 percent in 2008.

This proportion was lower in Nevada than in the nation from 2000 to 2006. Neither region met the Healthy People target of 1.1 percent.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.

**Proportion of Live Births at Less Than 32 Completed Weeks of Gestation, Nevada Residents by County/Region, 2000 - 2008.\***



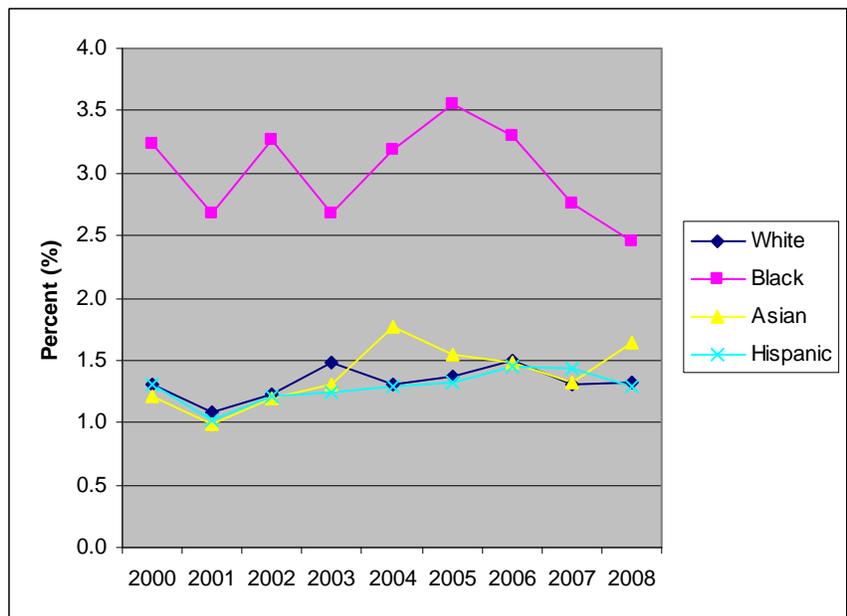
In the United States, more than one-third of all infant deaths are estimated to be pre-term-related.<sup>9</sup>

Rates of live births at less than 32 weeks gestation fluctuated between 2000 and 2008 in all Nevada regions.

In Nevada, Blacks were at the greatest risk of a live birth at less than 32 weeks of gestation. The proportion of live births at less than 32 weeks gestation decreased in Nevada's Black population from 2005 to 2008.

The risk of adverse outcome declines as gestational age increases; however, even infants born late preterm, the bulk of preterm births, are at heightened risk of early death compared with those born later in the pregnancy. There is growing evidence that late preterm infants suffer long-term ill effects.<sup>16</sup>

**Proportion of Live Births at Less Than 32 Completed Weeks of Gestation, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***



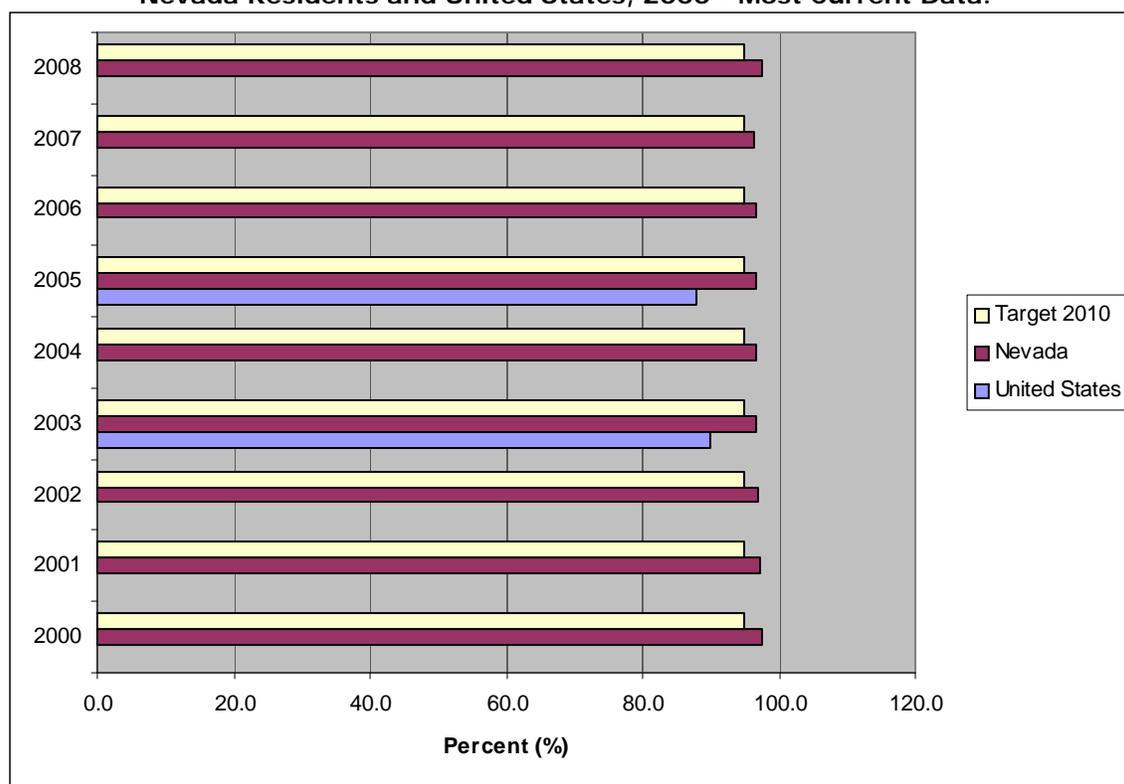
\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (16-17a.):** Increase the proportion of pregnant women abstaining from alcohol.

**Healthy People 2020 Objective MICH HP2020-11.1:** Increase abstinence from alcohol among pregnant women.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
97.4	88.0	95.0	98.3	Surpassed

**Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol, Nevada Residents and United States, 2000 - Most Current Data.\***



Moderate to heavy alcohol use by women during pregnancy has been associated with many severe adverse effects in their children, including fetal alcohol syndrome (FAS), with facial dysmorphism, growth retardation, and central nervous system deficits and other neurodevelopmental effects. Early prenatal alcohol exposure can occur unintentionally (i.e., before a woman knows she is pregnant); women who drink at high levels before pregnancy are at increased risk for drinking during pregnancy.<sup>17</sup>

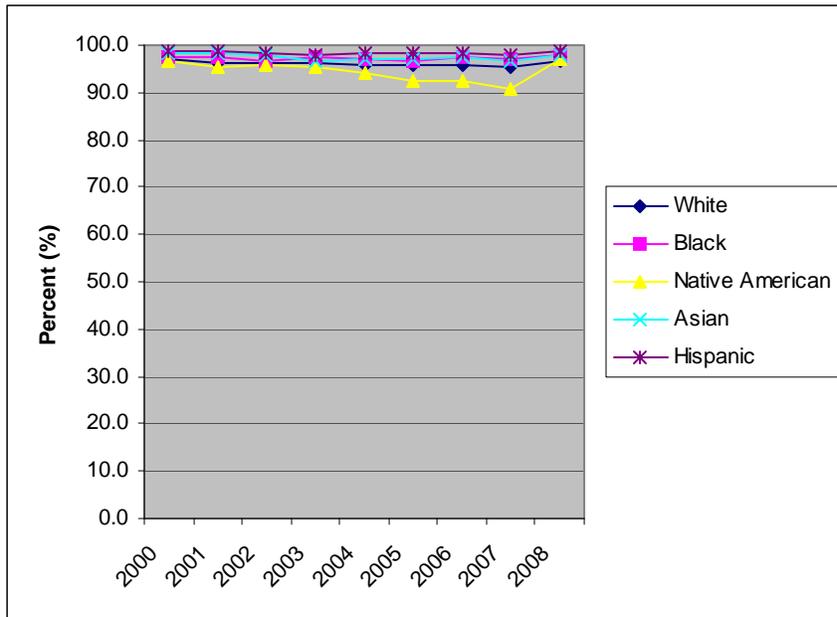
Nevada consistently surpassed the Healthy People 2010 target for the percentage of pregnant women abstaining from alcohol from 2000 to 2008.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Survey on Drug Use and Health (NSDUH), SAMHSA. U.S. data is only available from this source on the CDC Wonder, Data 2010, website for the years 2003 and 2005.

Note: 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

**Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol, Nevada Residents by Race/Ethnicity, 2000 -**



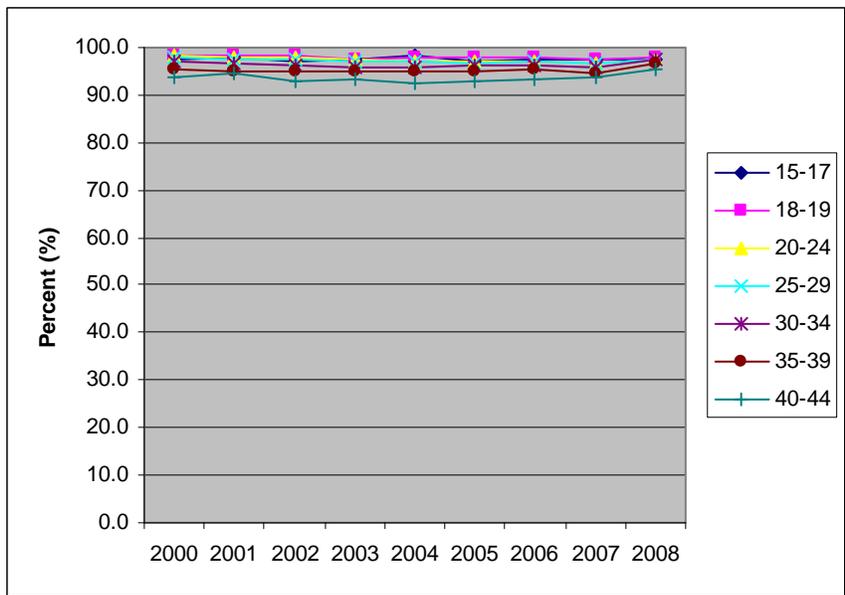
Nevada's Native Americans had the lowest proportion of pregnant women abstaining from alcohol from 2000 to 2008. Rates were steady for all race/ethnicity groups between 2000 and 2008.

**Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol, Nevada Residents by Age of Mother, 2000 - 2008.\***

The proportion of pregnant women abstaining from alcohol in Nevada was steady for all age groups this decade.

The highest percentage of women abstaining from alcohol were women in the 18-19 year old age range.

The lowest percentage being found in the age groups 35 years and older.



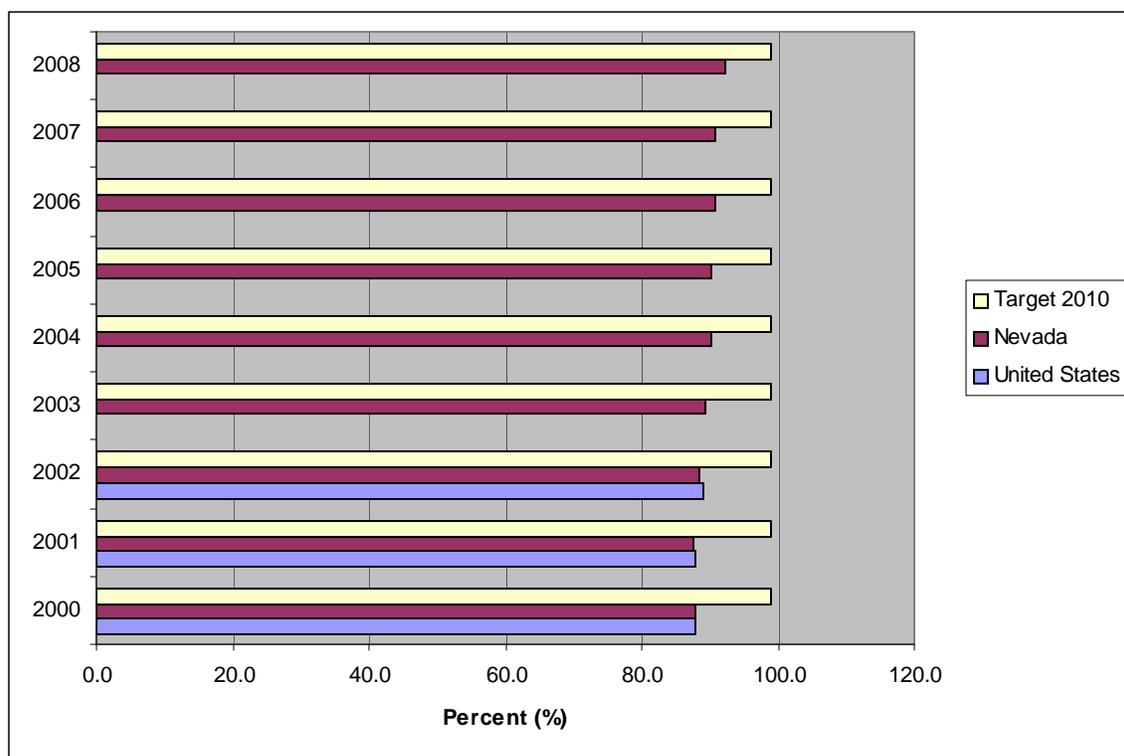
\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2008 Nevada data are not final and are subject to change.

**Healthy People 2010 Objective (16-17c.):** Increase the proportion of pregnant women abstaining from cigarette smoking.

**Healthy People 2020 Objective MICH HP2020-11.3:** Increase abstinence from cigarettes among pregnant women.

Most Recent NV Value (2008)	U.S. (2002)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
92.4	89.0	99.0	98.6	Improving

**Proportion of Pregnant Women Abstaining from Tobacco, Nevada Residents and United States, 2000 - Most Current Data.\***



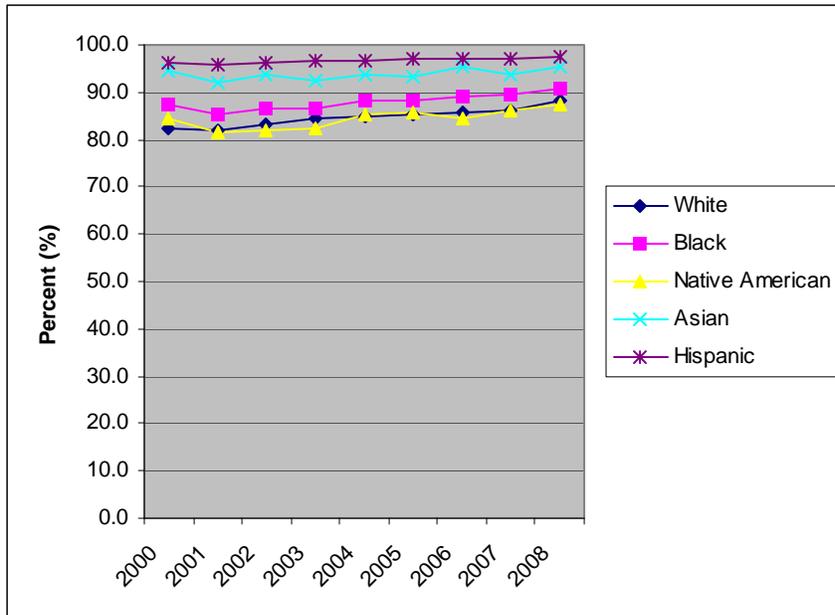
If the mother reported smoking in any of the three trimesters of pregnancy, she was recorded as a smoker.

The proportion of pregnant women abstaining from tobacco increased for both the state and the nation in the reported period. Neither Nevada, nor the U.S., have reached the Healthy People 2010 target.

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Natality.  
 Note: 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.



**Proportion of Pregnant Women Abstaining from Tobacco, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***



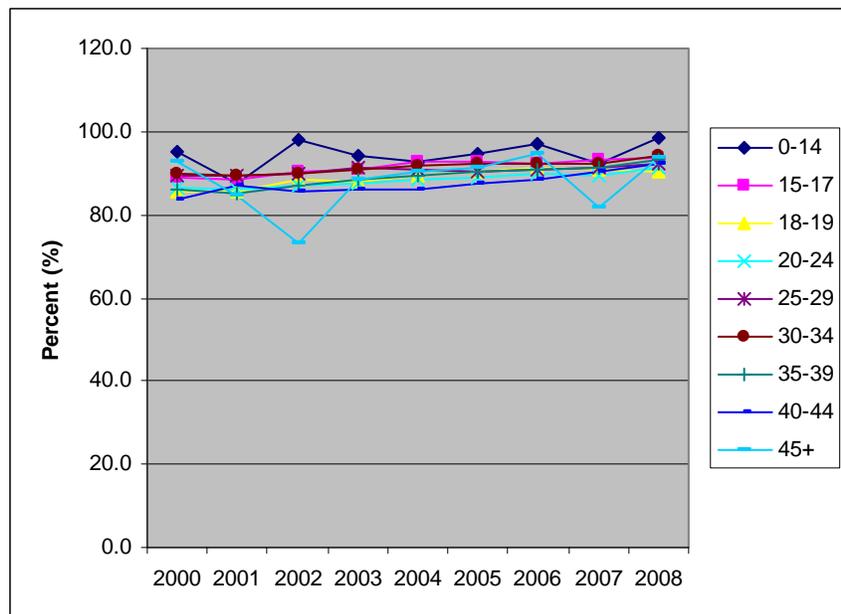
The proportion of pregnant women abstaining from tobacco increased for all race/ethnicity groups from 2000 to 2008.

Hispanics consistently had the highest proportion of pregnant women abstaining from tobacco, while Whites and Native Americans had the lowest.

**Proportion of Pregnant Women Abstaining from Tobacco, Nevada Residents by Age of Mother, 2000 - 2008.\***

The rate of pregnant women abstaining from tobacco increased slightly for all age groups from 2000 to 2008.

Pregnant women aged 14 years and younger had the highest proportion of pregnant women abstaining from tobacco, while pregnant women aged 40 to 44 had the lowest proportion of pregnant women abstaining from tobacco.



\*The Nevada data are from Nevada Vital Statistics Records.  
Note: 2008 Nevada data are not final and are subject to change.

# Mental Health and Mental Disorders

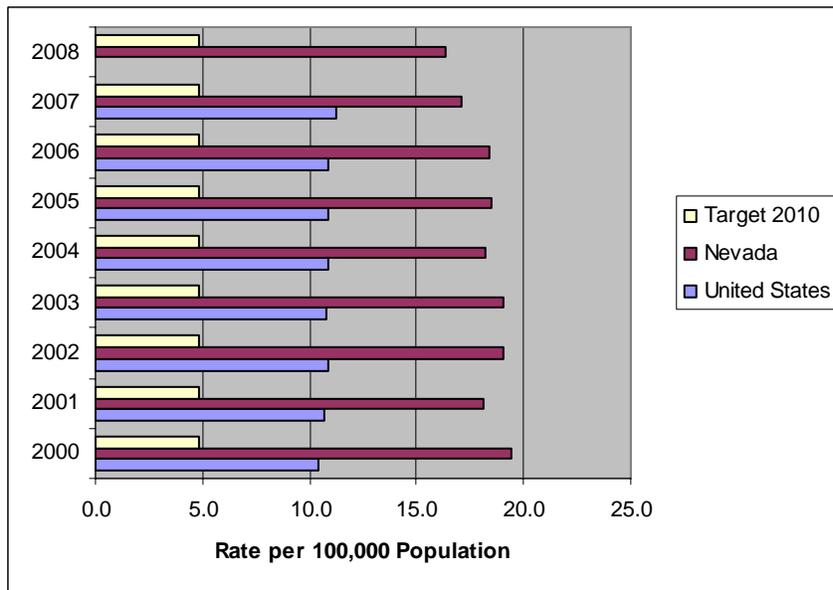
Mental illness and disorders occur across the lifespan, affecting persons of all racial and ethnic groups, both genders, and all educational and socioeconomic groups. Suicide represents one of the leading causes of preventable death and is most often a consequence of a mental disorder. For the past ten years, Nevada has consistently ranked high for suicide deaths. In 2004, suicide was the 7th leading cause of death in Nevada at 2.4 percent of total Nevada deaths, and in the U.S., suicide was ranked as the 11<sup>th</sup> leading cause of death at 1.3. percent of total U.S. deaths.<sup>1</sup>

**Healthy People 2010 Objective (18-1.):** Reduce the suicide rate.

**Healthy People 2020 Objective MHMD HP2020-1:** Reduce the suicide rate.

Most Recent NV Value (2008)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
16.3	11.3	4.8	10.2	Improving

**Age-Adjusted Suicide Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***



In 2006, the suicide death rate in Nevada was 18.4 per 100,000 population, compared to the national average of 10.9 per 100,000 population.

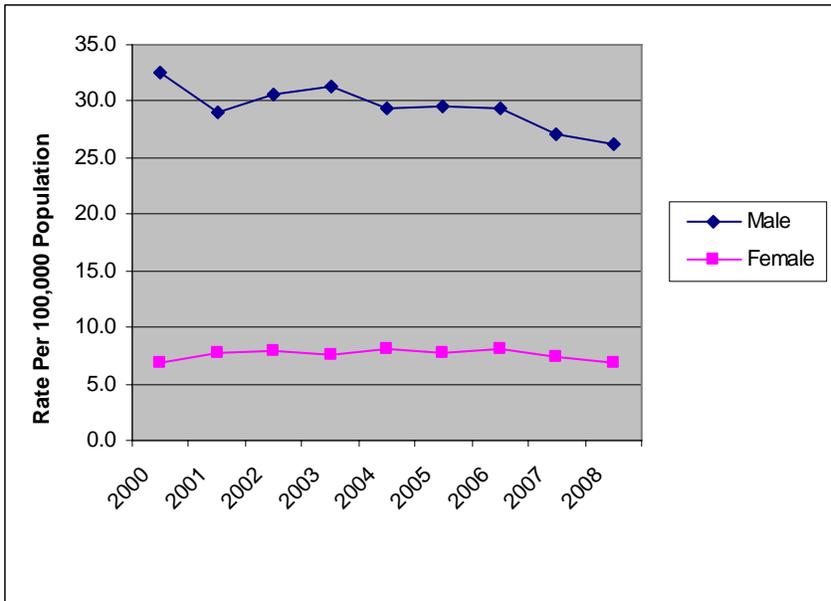
From 2006 to 2008, the suicide death rate decreased, but is still 3 times higher than the Healthy People 2010 target.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data is from Nevada Vital Statistics Records (NVS), and the U.S. data is from the National Vital Statistics System (NVSS)– Mortality.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.

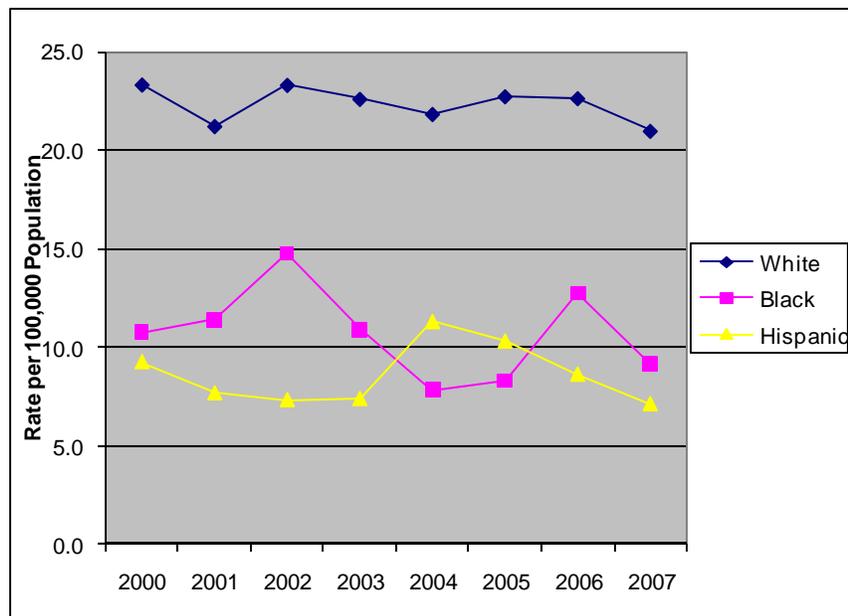
**Age-Adjusted Suicide Death Rate, Nevada Residents by Gender, 2000 - 2008.\***



Suicide deaths were consistently higher among Nevada males than Nevada females from 2000 to 2008. In 2008, the suicide death rate was nearly 3 times higher among males than females.

**Age-Adjusted Suicide Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

Among all race/ethnicity groups, Whites consistently had the highest suicide death rate in Nevada from 2000 to 2007.



\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data is from Nevada Vital Statistics Records (NVSR).

Note: 2007 and 2008 Nevada data are not final and are subject to change.

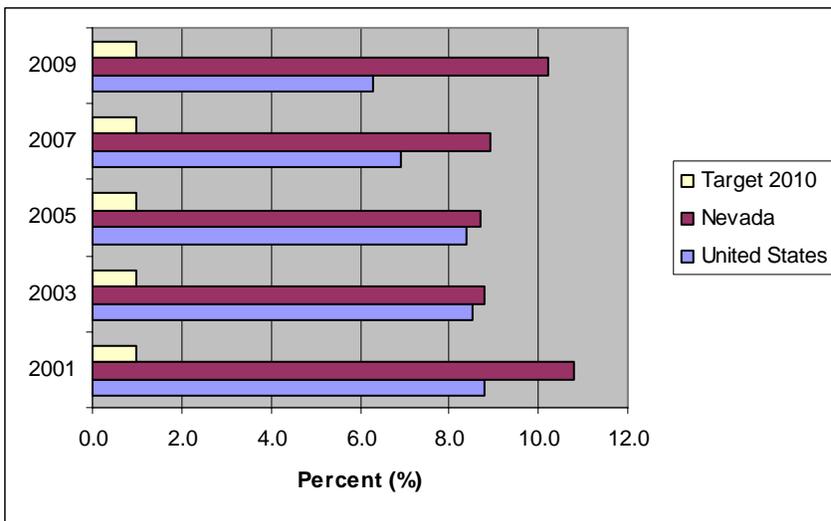
Note: Data not available for the Native American or Asian race/ethnicity groups due to small counts. See appendix for age group, county and additional race/ethnicity breakdowns.

**Healthy People 2010 Objective (18-2):** Reduce the proportion of adolescents, grades 9-12, reporting suicide attempts.

**Healthy People 2020 Objective MHMD HP2020-2:** Reduce the rate of suicide attempts by adolescents.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
10.2	6.3	1.0	1.7	Fluctuating

**Proportion of Adolescents, Grades 9-12, Reporting Suicide Attempts in the Past 12 Months, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



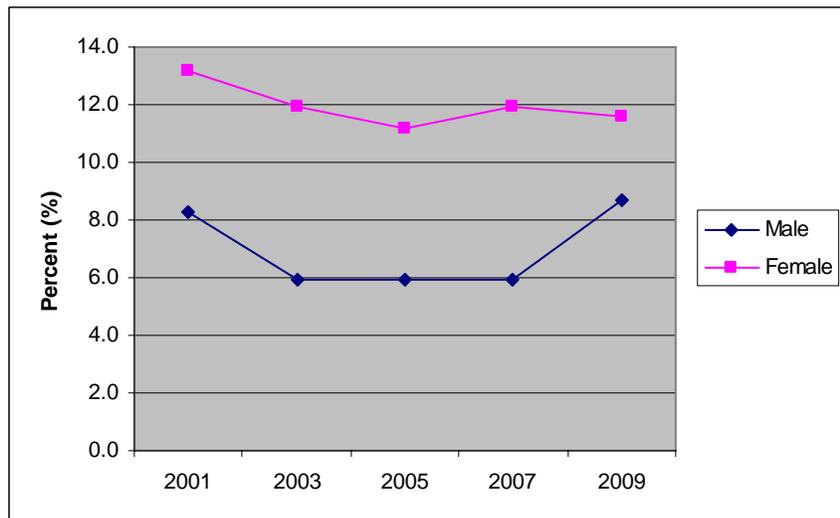
From 2001 to 2009, reported suicide attempts among Nevada adolescents (Grades 9-12) have been higher than that of adolescents in the United States.

Neither region met the Healthy People 2010 target of 1.0 percent.

From 2001 to 2009, suicide attempts were higher among Nevada female adolescents than Nevada male adolescents.

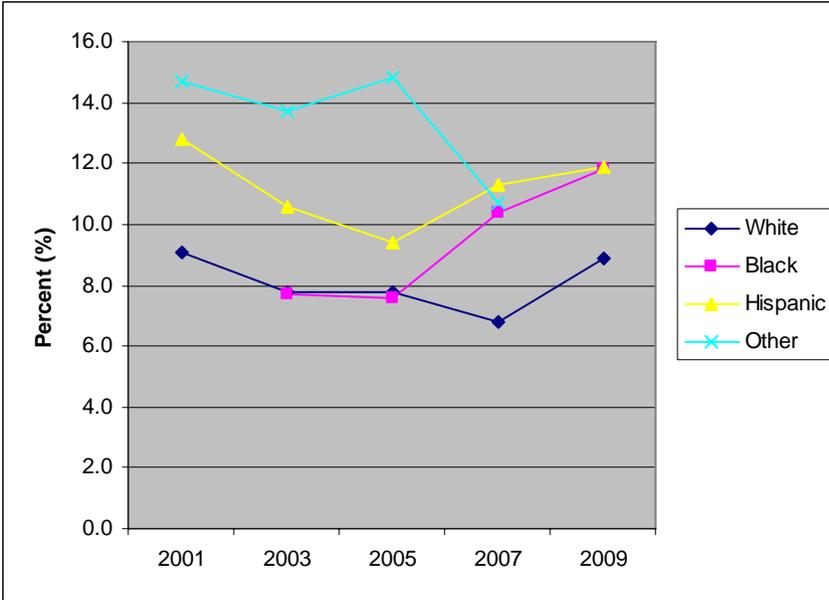
The proportion of Nevada male adolescents (grades 9-12) who reported suicide attempts has increased in Nevada since the year 2007, but had not increased significantly since 2001. The proportion of Nevada female adolescents (grades 9-12) who reported suicide attempts has decreased slightly since 2001.

**Proportion of Adolescents, Grades 9-12, Reporting Suicide Attempts in the Past 12 Months, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



\*Individual county data are not available.

**Proportion of Adolescents, Grades 9-12, Reporting Suicide Attempts in the Past 12 Months, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



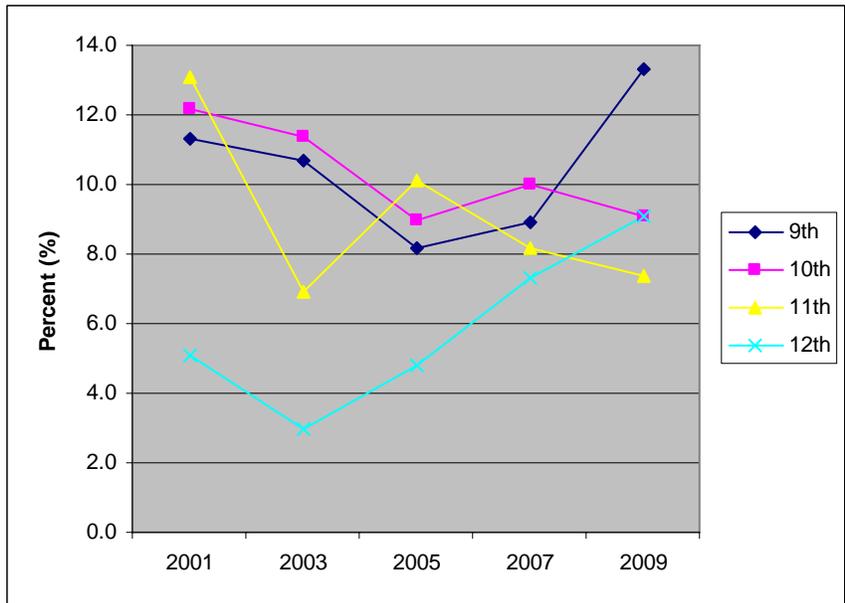
In 2009, approximately 12 percent of Black and Hispanic adolescents reported a suicide attempt in the past 12 months.

The rate for all race/ethnic groups increased from 2007 to 2009.

**Proportion of Adolescents, Grades 9-12, Reporting Suicide Attempts in the Past 12 Months, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

In 2009, approximately 13 percent of 9th grade students reported a suicide attempt in the past 12 months, representing the highest proportion of suicide attempts among high school students.

The proportion of 12th graders attempting suicide increased from 2003 to 2009.



\*Individual county data are not available.  
 Note: Data was not available for the Black race/ethnicity group for the year 2001, and Other race/ethnicity group for the year 2009 due to <100 respondents for those subgroups.

# Nutrition and Weight Status

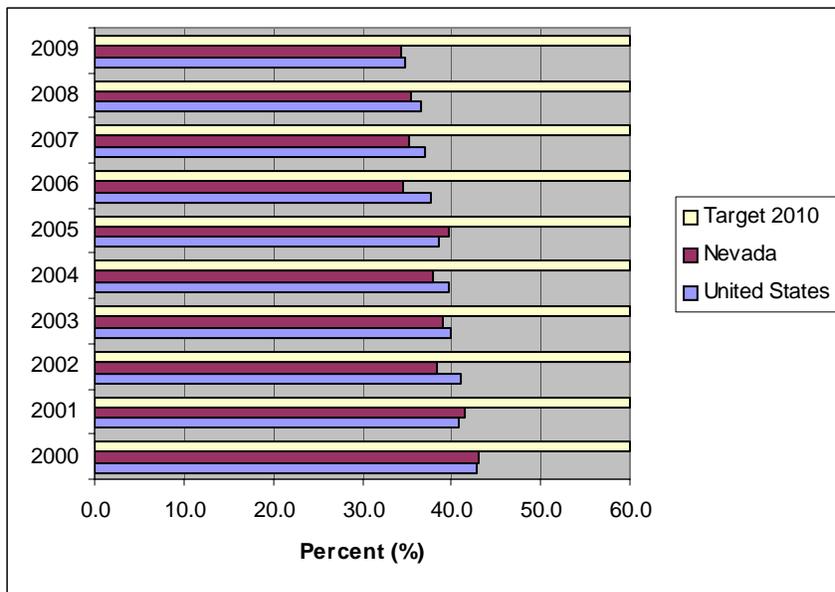
Approximately two thirds of U.S. adults and one fifth of U.S. children are either obese or overweight. During 1980–2004, obesity prevalence among U.S. adults doubled. Recent data indicates an estimated 33 percent of U.S. adults are overweight, 34 percent are obese, including nearly 6 percent who are extremely obese. The prevalence of being overweight among children and adolescents increased substantially during 1999–2004. Approximately 17 percent of U.S. children and adolescents are overweight. Being either obese or overweight increases the risk for many chronic diseases, including heart disease, type 2 diabetes, certain cancers, and stroke.<sup>1</sup>

**Healthy People 2010 Objective (19-1):** Increase the proportion of adults who are at a healthy weight.

**Healthy People 2010 Objective NWS HP2020-8:** Increase the proportion of adults who are at a healthy weight.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
34.0	34.7	60.0	33.9	Worsening

**Proportion of Adults Who Are At a Healthy Weight, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***



The percentage of Nevada adults who are at a healthy weight (BMI of 18.5 or greater but less than 25.0) paralleled national trends and decreased from 2000 to 2009. These percentages in both the state and the nation were below the Healthy People 2010 Target of 60 percent, at 34.0 percent and 34.7 percent respectively in 2009.

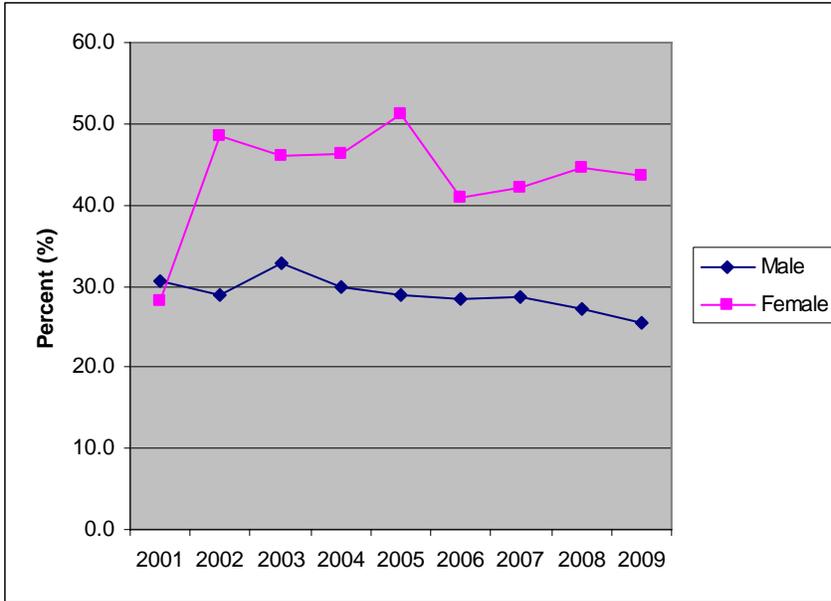
In 2006, estimated costs associated with obesity were \$130 billion annually for the U.S. and \$337 million for Nevada.<sup>2</sup>

\*These percentages are weighted to survey population characteristics.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

Note: See appendix for additional information.

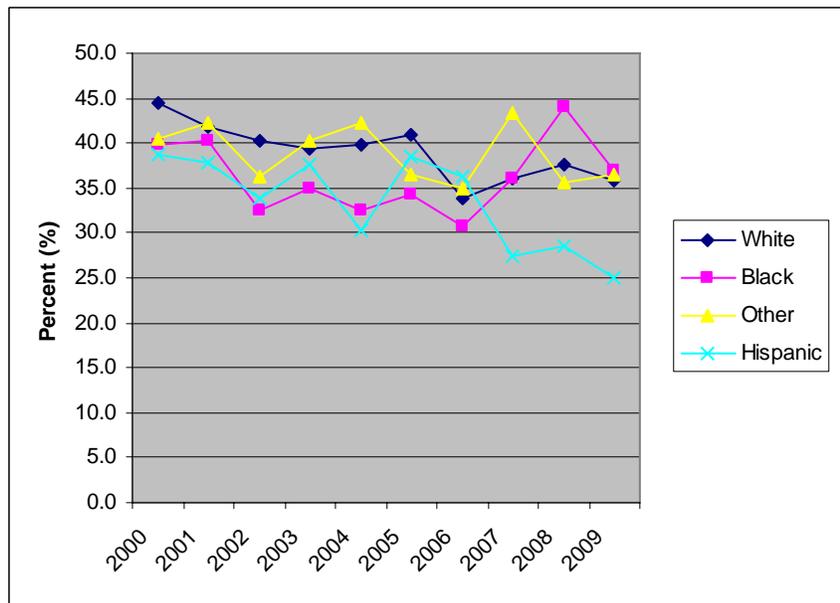
**Proportion of Adults Who Are At a Healthy Weight, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***



From 2001 to 2009, a higher percentage of Nevada females had been at a healthy weight (BMI of 18.5 or greater but less than 25.0) than Nevada males.

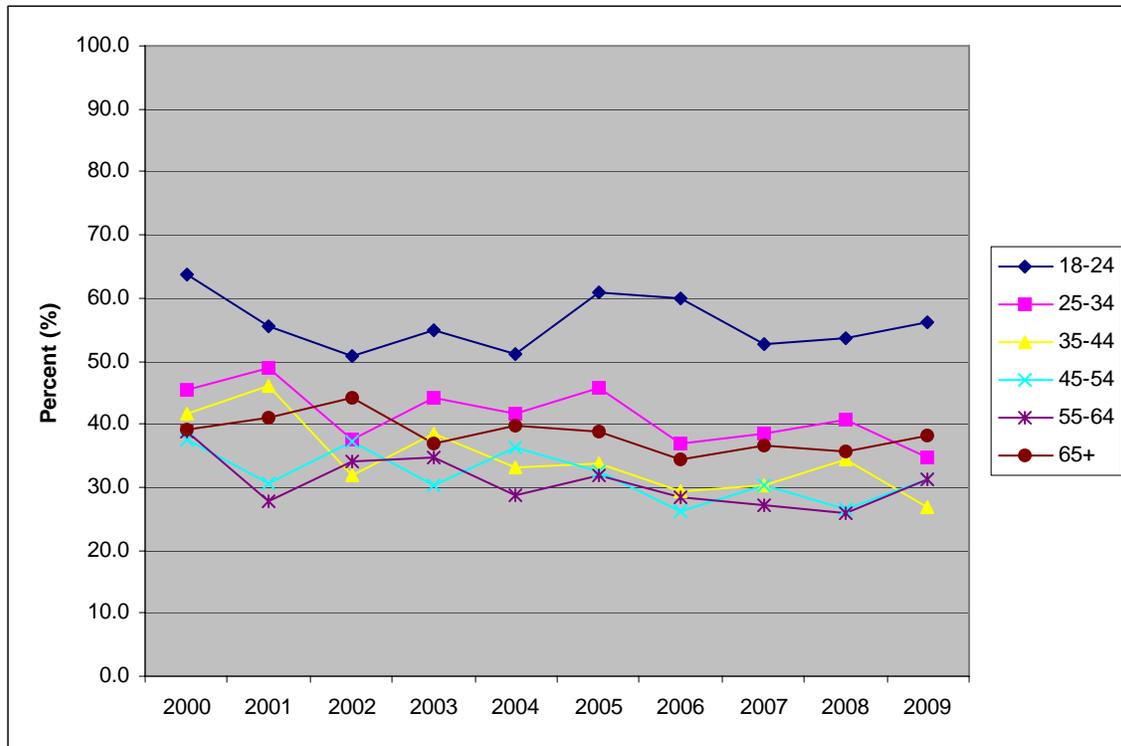
**Proportion of Adults Who Are At a Healthy Weight, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000 - 2009.\***

Although the percentage of Nevada adults at a healthy weight (BMI of 18.5 or greater but less than 25.0) decreased overall for all racial/ethnic groups from 2000 to 2009, this decrease was greatest among the Hispanic population, from 38.6 percent in 2000 to 25.0 percent in 2009.



\*These percentages are weighted to survey population characteristics.  
 Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

**Proportion of Adults Who Are At a Healthy Weight, Nevada Residents by Age, BRFSS Data, 2000 - 2009.\***



Nevada adults aged 18 to 24 had the highest proportion of people who are at a healthy weight from 2000 to 2009, followed by adults aged 25 to 34.

\*These percentages are weighted to survey population characteristics.  
 Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

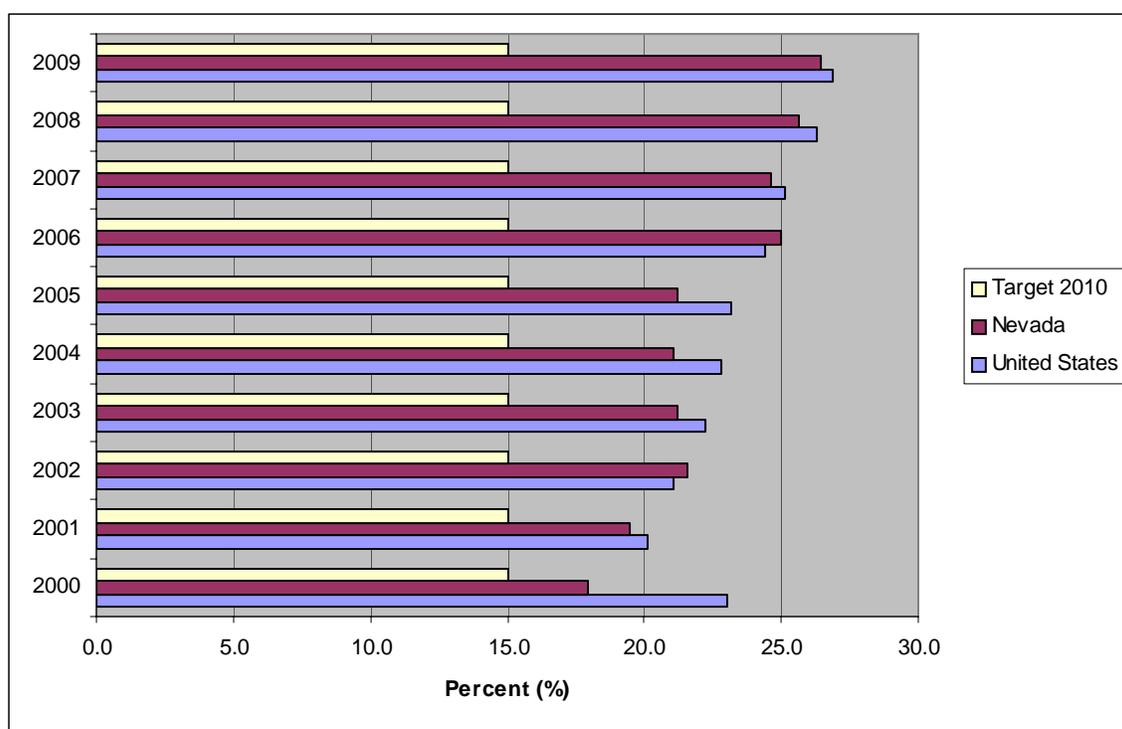


**Healthy People 2010 Objective (19-2):** Reduce the proportion of adults who are obese.

**Healthy People 2020 Objective NWS HP2020-9:** Reduce the proportion of adults who are obese.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
26.5	26.9	15.0	30.6	Worsening

**Proportion of Adults Who Are Obese, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***



Obesity is having a BMI over 30.0.

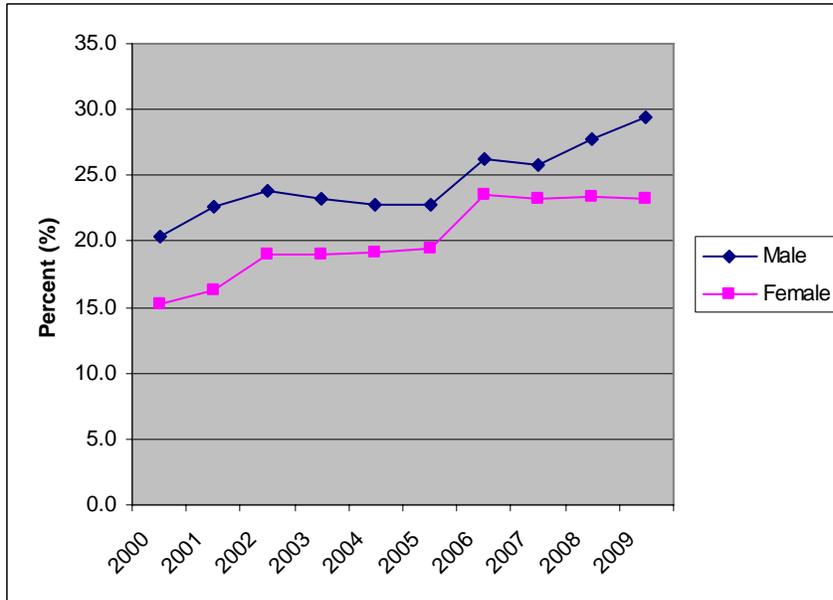
The increasing proportion of obese adults in Nevada roughly paralleled U.S. trends from 2001 to 2009. Obesity in Nevada and within the U.S. exceeds the Healthy People 2010 target of 15 percent, at 26.5 percent and 26.9 percent respectively in 2009.

\*These percentages are weighted to survey population characteristics.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

Note: See appendix for additional information.

**Proportion of Adults Who Are Obese, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***



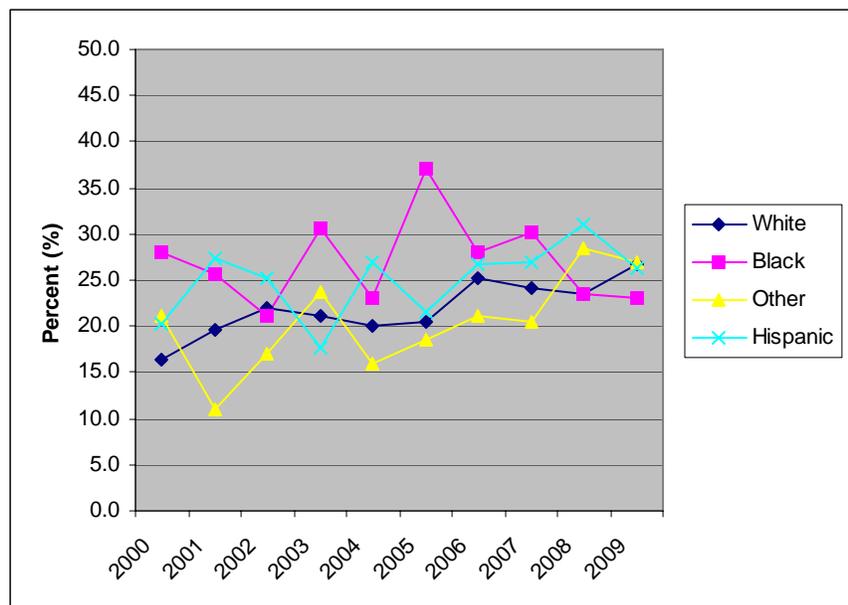
From 2000 to 2009, obesity (BMI greater than or equal to 30.0) was increasing in Nevada and nationally. Nevada males consistently had a higher proportion of obese adults than Nevada females.

Nationwide, substantial increases in the prevalence of overweight and obesity have been seen in all populations regardless of gender, age, race, ethnicity, educational level, socioeconomic status or geographic location.<sup>2</sup>

Nationally, Blacks are the most likely to be overweight or obese (65.8 percent), followed closely by American Indian/Alaska Native (AI/AN) (62.0 percent), Hispanics (58.0 percent), and Whites (55.0 percent). Asians or Pacific Islanders were least likely to be overweight or obese (36.0 percent).<sup>1</sup>

As with the national trend, the trend for obesity (BMI greater than or equal to 30.0) among racial/ethnic groups in Nevada increased overall.

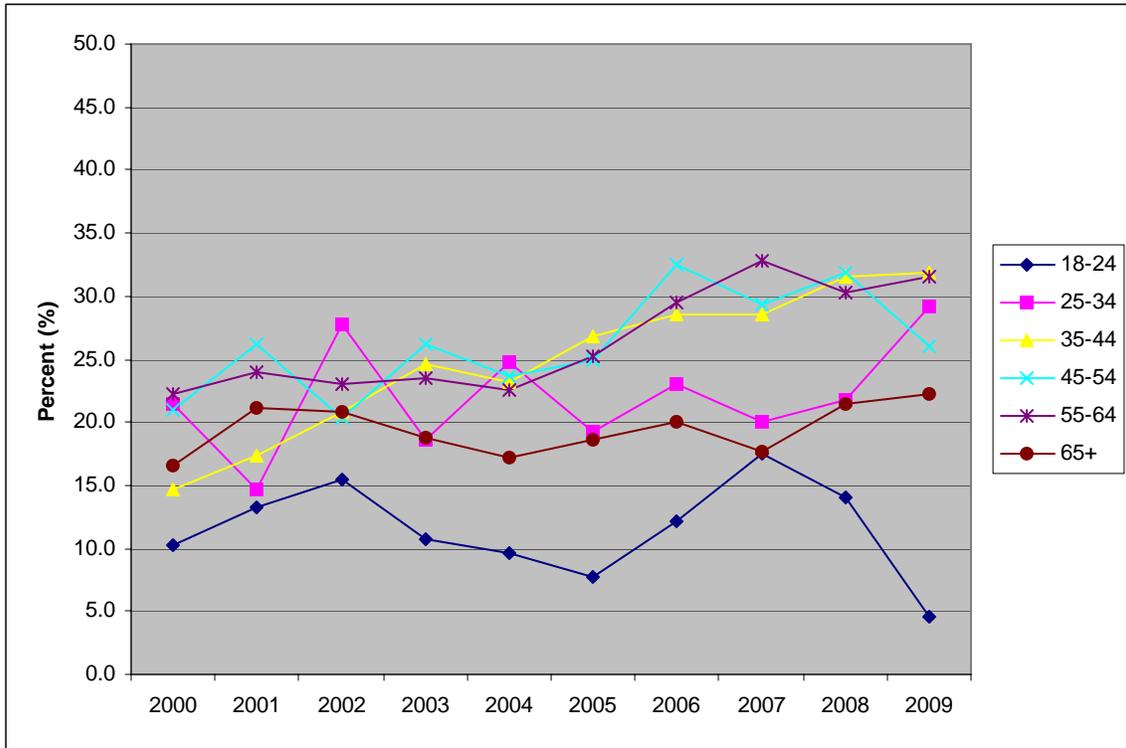
**Proportion of Adults Who Are Obese, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000 - 2009.\***



\*These percentages are weighted to survey population characteristics.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

**Proportion of Adults Who Are Obese, Nevada Residents by Age, BRFSS Data, 2000 - 2009.\***



Nevada adults aged 18 to 24 years old consistently had the lowest proportion of people who are obese from 2000 to 2009.

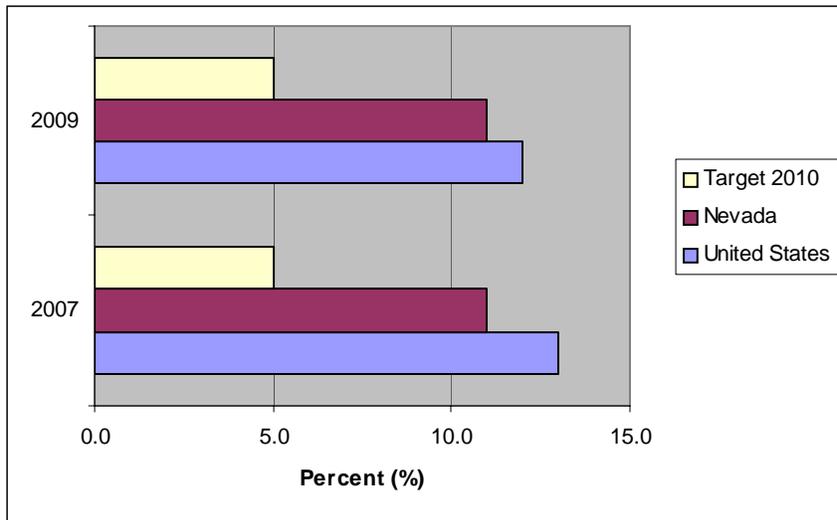
\*These percentages are weighted to survey population characteristics.  
 Note: Body weight estimates from self-reported heights and weights tend to be lower than those from measured height and weight.

**Healthy People 2010 Objective (19-3b.):** Reduce the proportion of adolescents, aged 12-19 years, who are overweight or obese.

**Healthy People 2020 Objective NWS HP2020-10.3:** Reduce the proportion of adolescents, aged 12-19 years, who are overweight or obese.

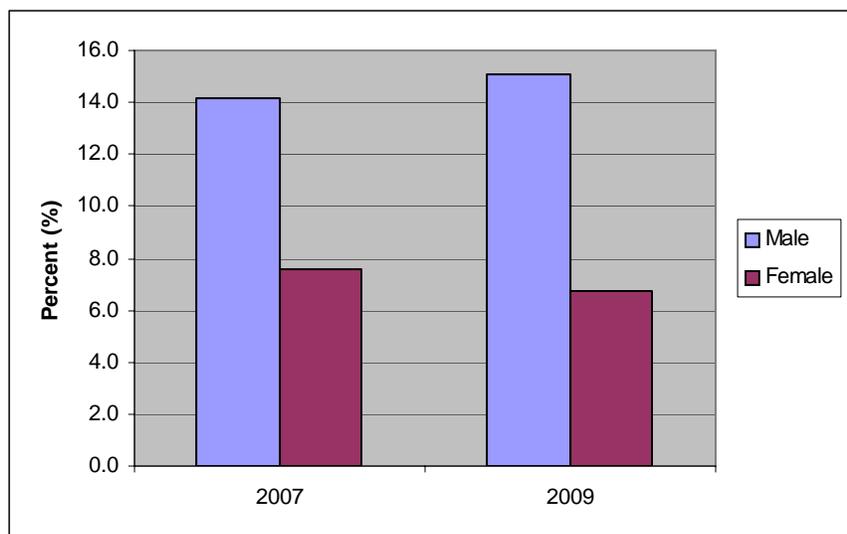
Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
11.0	12.0	5.0	16.1	None

**Proportion of Adolescents, Grades 9-12, Who Are Obese Nevada Residents and United States, YRBSS Data, 2007 and 2009.\***



In 2007 and 2009, over 10 percent of Nevada adolescents, grades 9-12, were obese. This is double the Healthy People 2010 target of 5 percent.

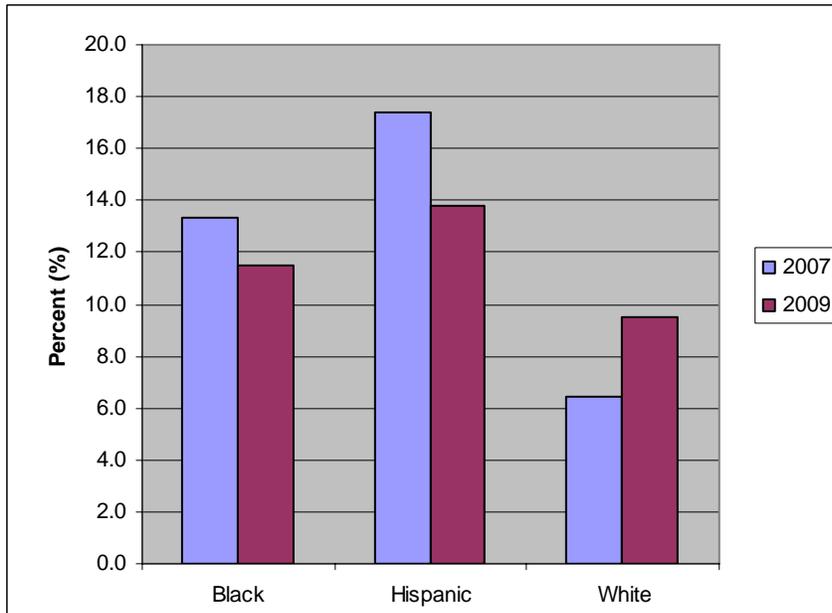
**Proportion of Adolescents, Grades 9-12, Who Are Obese, Nevada Residents By Gender, YRBSS Data, 2007 and 2009.\***



Male adolescents were two times more likely to be obese than female adolescents in Nevada in 2007 and 2009.

\*Individual county data are not available.  
 Note: Here obese is defined as students who were  $\geq$  95th percentile for Body Mass Index (BMI), by age and sex, based on reference data.

**Proportion of Adolescents, Grades 9-12, Who Are Obese, Nevada Residents by Race/Ethnicity, YRBSS Data, 2007 and 2009.\***

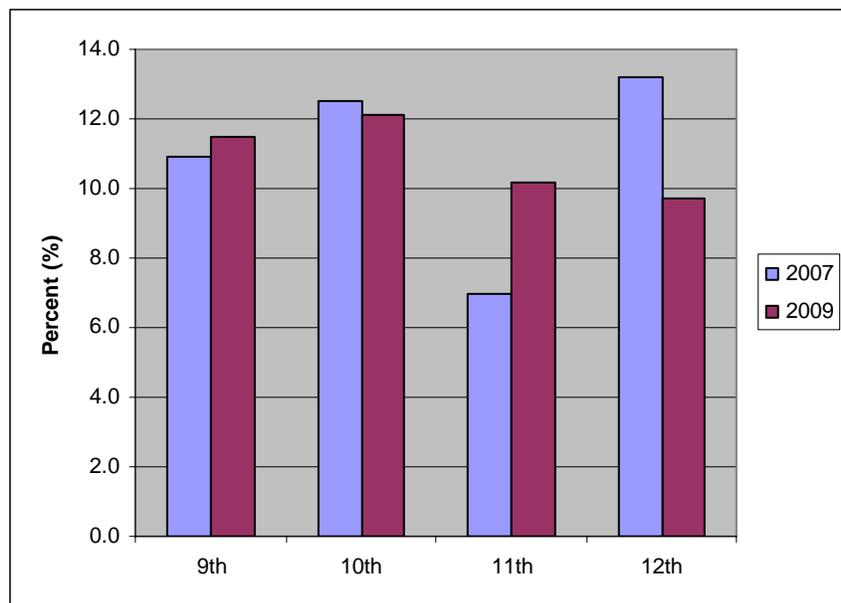


In 2007 and 2009, obesity was least prevalent among Asian students and highest among Hispanic students.

From 2007 to 2009 the proportion of Black and Hispanic adolescents, grade 9 through 12m who were obese decreased, while this proportion among White adolescents increased.

**Proportion of Adolescents, Grades 9-12, Who Are Obese, Nevada Residents by Grade, YRBSS Data, 2007 and 2009.\***

From 2007 to 2009 obesity decreased among 12th graders, but increased among 11<sup>th</sup> graders and remained fairly consistent among 9<sup>th</sup> and 10<sup>th</sup> graders in Nevada.



\*Individual county data are not available.

Note: Here obese is defined as students who were  $\geq$  95th percentile for Body Mass Index (BMI), by age and sex, based on reference data.

Note: Data not available for the Asian, Native American, or Multiple Race race/ethnicity groups due to  $<100$  respondents for those subgroups.

# Occupational Safety and Health

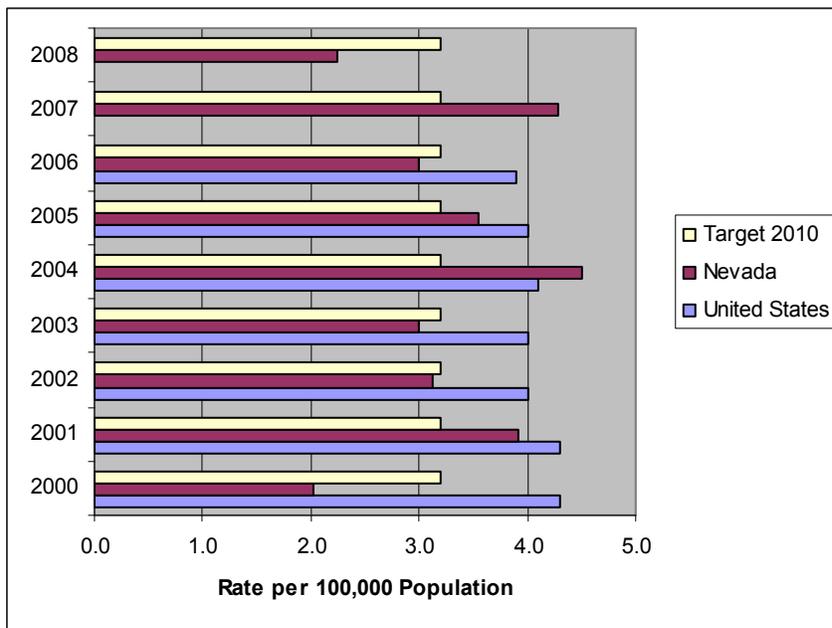
Workplace injuries and illnesses are significant in the United States. Work-related injuries and illnesses include any injuries or illnesses incurred by persons engaged in work-related activities while on or off the worksite. This includes injuries and illnesses that occur during apprenticeships and vocational training, while working in family businesses, and even while volunteering as firefighters or emergency medical service providers.<sup>1</sup>

**Healthy People 2010 Objective (20-1a.):** Reduce work-related death rate, aged 16 years and older.

**Healthy People 2020 Objective OSH HP20020-1.1:** Reduce deaths from work-related injuries.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.2	3.9	3.2	3.6	Surpassed

**Age-Adjusted Work-Related Injury Death Rate, Aged 16 Years and Older, Nevada Residents and United States, 2000 - Most Current Data.\***



The age-adjusted work-related injury death rate in Nevada achieved or surpassed the Healthy People target of 3.2 in 2000, 2002, 2003, 2006, and 2008.

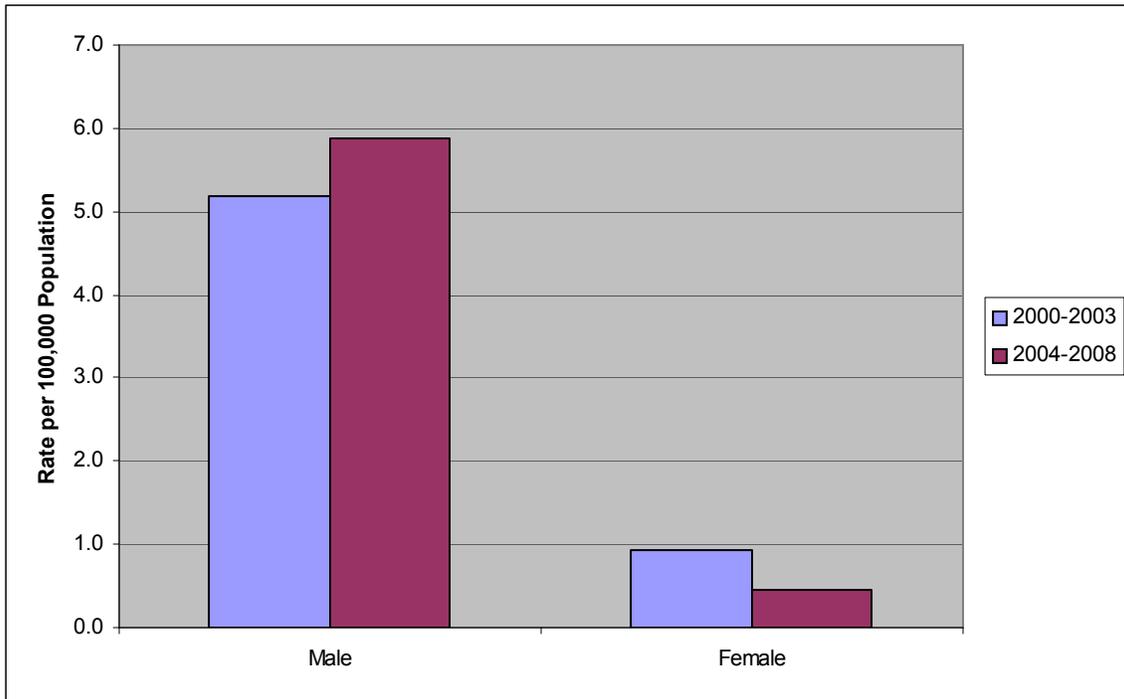
From 2003 until 2008, there were 324 occupational injury related deaths in Nevada.<sup>2</sup>

\*The Nevada data is from Nevada Vital Statistics Records. The U.S. data is from the United States Department of Labor, Bureau of Labor Statistics, Census of Fatal Occupational Injuries.

Note: The Nevada data and U.S. data are from different sources and may not be comparable.

Note: Caution must be used in comparing 2000 and 2001 data to 2002 through 2008 data due to a change in wording from 'workforce' to 'civilian workforce' in 2002.

**Aggregated Age-Adjusted Work-Related Injury Death Rate, Aged 16 Years and Older, Nevada Residents by Gender, 2000 - 2003 and 2004 - 2008.\***



In Nevada, occupational fatalities primarily involve males. Males are 5.5 times more likely to sustain a fatal occupational injury than females. Adults aged 35 – 54 have the highest per capita rates of fatal occupational injury. Adults aged 20 – 24 years old also have high rates of fatal occupational injury. White non-Hispanics, American Indian and Alaskan Native, and African Americans all have similar rates of occupational injury fatality per capita. Hispanics have occupational injury fatality rates which are approximately 30 percent greater than White non-Hispanics.<sup>2</sup>

Higher rates of health adverse behaviors such as smoking, drinking, and working in hazardous occupations contribute to excess male mortality (Hazzard, 1986).<sup>3</sup> According to the International Labor Organization (ILO), work kills more people than wars – approximately 6,000 a day. Almost 270 million accidents are recorded each year, of which 350,000 are fatal. The ILO estimates that more than 2 million people die from work-related causes every year: approximately 750,000 women and 1,500,000 men, reflecting the fact that men often do more dangerous work than women. ILO experts also point out that the statistics in any case underestimate the real situation, given the lack of information and reporting in many countries. Of these occupational deaths, almost 350,000 occur during work accidents while the rest are due to work-related illnesses. More than 400,000 deaths are caused by exposure to chemicals. Such exposure is also responsible for 35 million of the 160 million cases of work-related diseases recorded worldwide. Sadly, an estimated 22,000 children of school age die at work every year.<sup>4</sup>

\*The Nevada data is from Nevada Vital Statistics Records.  
Note: Additional county, race/ethnicity, and gender breakdown are not available.

# Oral Health

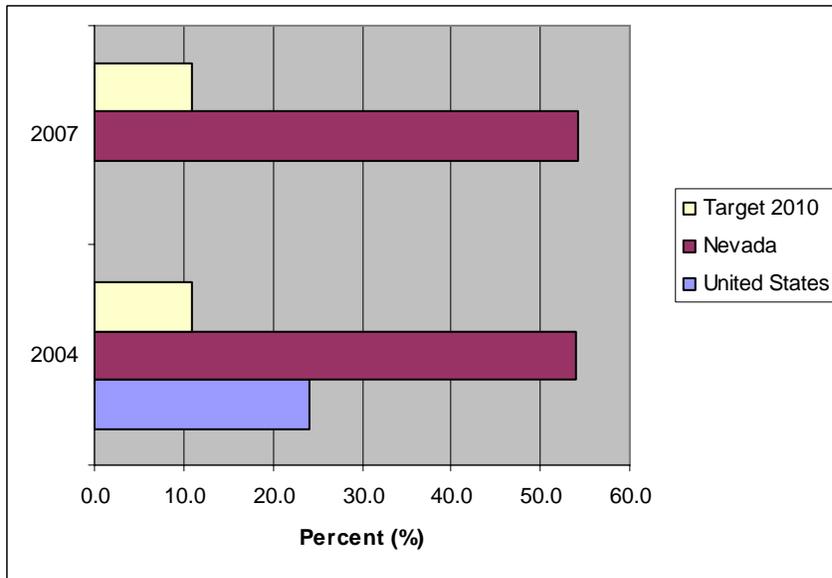
Poor oral health and untreated oral diseases and conditions can have a significant impact on quality of life. Millions of people in the United States experience dental caries, periodontal diseases, and cleft lip and cleft palate. These can result in needless pain and suffering; difficulty in speaking, chewing, and swallowing; increased costs of care; loss of self-esteem; and decreased economic productivity through lost work and school days. Many people in the United States do not receive essential dental services, however through increased access to appropriate and timely care, individuals can enjoy improved oral health.<sup>1</sup>

**Healthy People 2010 Objective (21-1a.):** Reduce the proportion of young children with dental caries experience in primary teeth.

**Healthy People 2020 Objective OH HP2020-1.1:** Reduce the proportion of young children with dental caries experience in their primary teeth (aged 3 to 5 years).

Most Recent NV Value (2007)	U.S. (2004)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
54.3 (3-5 yrs)	24.0 (2-4 yrs)	11.0	30.0	Worsening

**Proportion of Children With Dental Caries Experience in Primary and Permanent Teeth, Nevada Residents (Aged 3 to 5 Years) and United States (Aged 2 to 4 years), 2004 and 2007.\***



In 2007, the Nevada State Health Division conducted an oral health screening of children enrolled in Head Start. The screening found 54 percent of children enrolled in Head Start have experienced dental decay as demonstrated by the presence of a filling or an untreated cavity. 32 percent of the Head Start children had untreated dental decay, 24 percent had early childhood caries and 3 percent were in need of urgent oral health care.<sup>2</sup>

The proportion of children aged 3 to 5 years with dental caries in their primary and permanent teeth in Nevada was over 4 times higher than the target set by Healthy People 2010.

\*The Nevada data are from the Head Start Oral Health Survey, Bureau of Child, Family and Community Wellness, Nevada State Health Division (NSHD). The U.S. data are from the National Health and Nutritional Examination Survey (NHANES)

Note: These results are not weighted.

Note: Not comparable to U.S. data because the national rate uses an age grouping of 2-4 years old and Nevada uses 3-5 years old.

Note: See appendix for additional information.

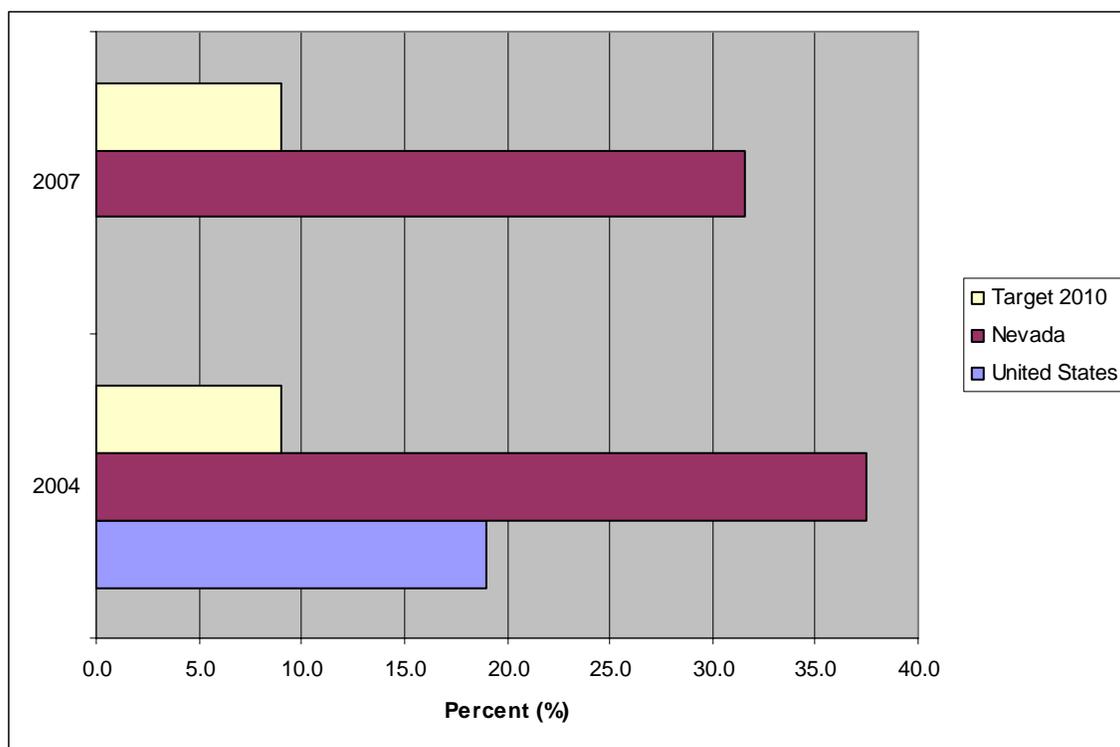


**Healthy People 2010 Objective (21-2a.):** Reduce the proportion of young children with untreated dental decay.

**Healthy People 2020 Objective OH HP2020-2.1:** Reduce the proportion of young children with untreated dental decay in primary and permanent teeth (aged 3 to 5 years).

Most Recent NV Value (Year)	U.S. (2004)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
31.6 (3-5 yrs)	19.0 (2-4 yrs)	9.0	21.4	Improving

**Proportion of Children Aged 2 to 5 Years With Untreated Dental Decay in Primary and Permanent Teeth, Nevada Residents, 2004 and 2007.\***



The proportion of children aged 3 to 5 years with untreated dental decay in their primary and permanent teeth in Nevada was much higher than the goal set by Healthy People 2010. This proportion was lower in 2007 than in 2004.

\*The Nevada data are from the Head Start Oral Health Survey, Bureau of Child, Family and Community Wellness, Nevada State Health Division (NSHD). The U.S. data are from the National Health and Nutritional Examination Survey (NHANES).

Note: These results are not weighted.

Note: Not comparable to U.S. data because the national rate uses an age grouping of 2-4 years old and Nevada uses 3-5 years old.

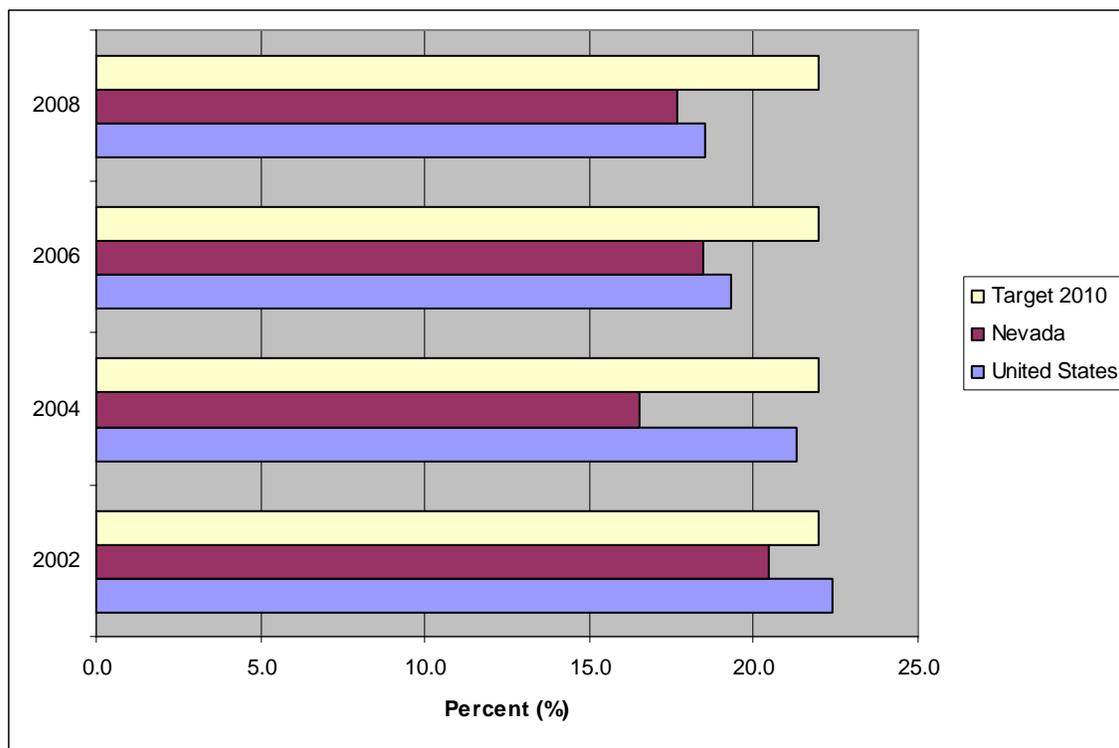
Note: See appendix for additional information.

**Healthy People 2010 Objective (21-4.):** Reduce the proportion of older adults, aged 65 years and older, reporting having all their natural teeth extracted.

**Healthy People 2020 Objective OH HP2020-4.2:** Reduce the proportion of older adults who have lost all their natural teeth (aged 65 to 74 years).

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
17.7	18.5	22.0	21.6	Surpassed

**Proportion of Older Adults Aged 65 Years and Older Reporting Having All of Their Natural Teeth Extracted, Nevada Residents and United States, BRFSS Data, 2002, 2004, 2006, 2008.\***

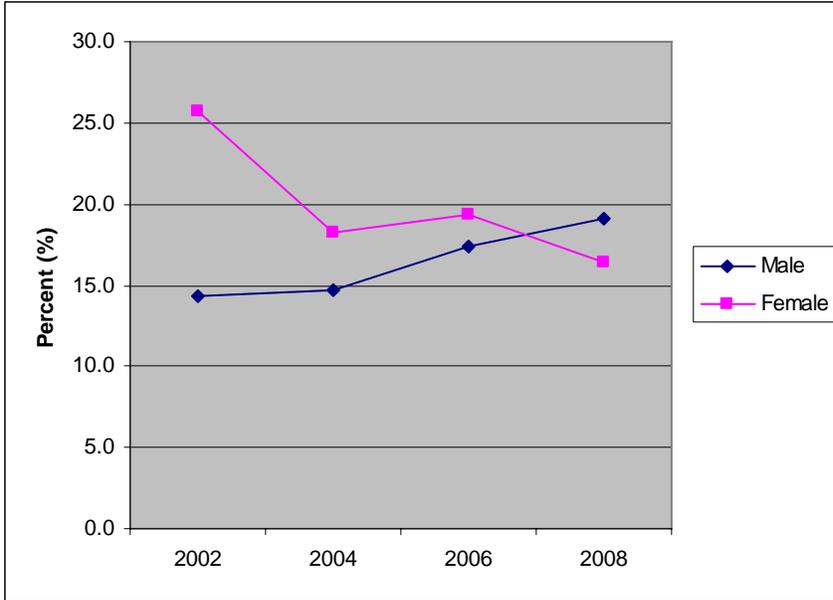


Nevada has achieved and surpassed the Healthy People 2010 target to reduce the proportion of older adults, 65 years and older, who have had all of their natural teeth extracted, with 17.7 percent of adults 65 years and older reporting all of their natural teeth extracted in 2008.

Oral health data for adults is gathered through the Behavioral Risk Factor Surveillance Survey (BRFSS). This is an annual statewide telephone survey that asks residents ages 18 and over a group of health questions to estimate the level of health being maintained. The 2006 BRFSS found 33.8 percent of adults surveyed have not been to the dentist or a dental clinic in the last year. For 33.6 percent of adults it has been more than one year since they had their teeth cleaned by a dentist or dental hygienist and 46.7 percent of adults have lost permanent teeth due to tooth decay or gum disease.<sup>2</sup>

\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Older Adults Aged 65 Years and Older Reporting Having All of Their Natural Teeth Extracted, Nevada Residents by Gender, BRFSS Data, 2002, 2004, 2006, 2008.\***

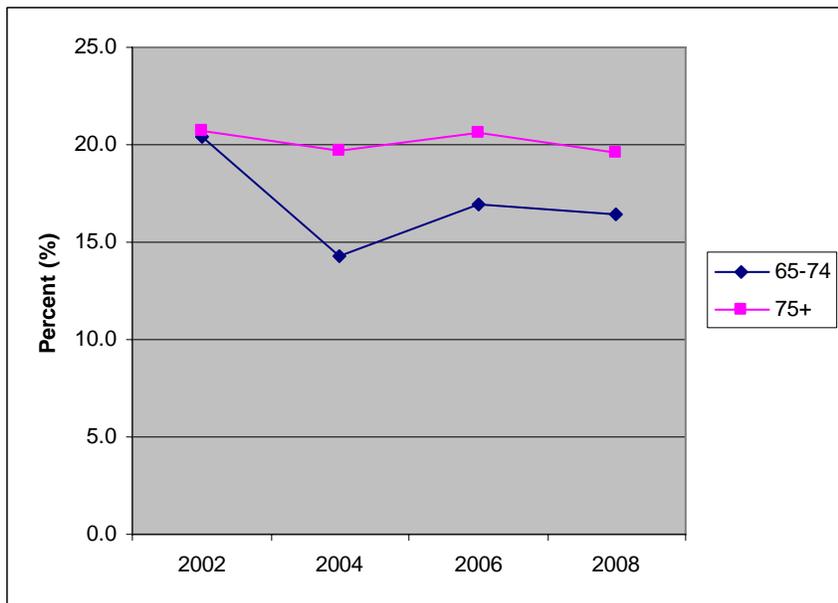


Up until 2006 there had been more females than males who reported having had all of their natural teeth extracted.

In general, the proportion of females, aged 65 years and older, who have had all of their natural teeth extracted decreased from 2002 to 2008, while the proportion of males, aged 65 years and older, who have had all of their natural teeth extracted has increased.

**Proportion of Older Adults Aged 65 Years and Older Reporting Having All of Their Natural Teeth Extracted, Nevada Residents by Age, BRFSS Data, 2002, 2004, 2006, 2008.\***

In 2002 through 2008, more adults age 75 and above had all their teeth extracted, than adults age 65 to 74.



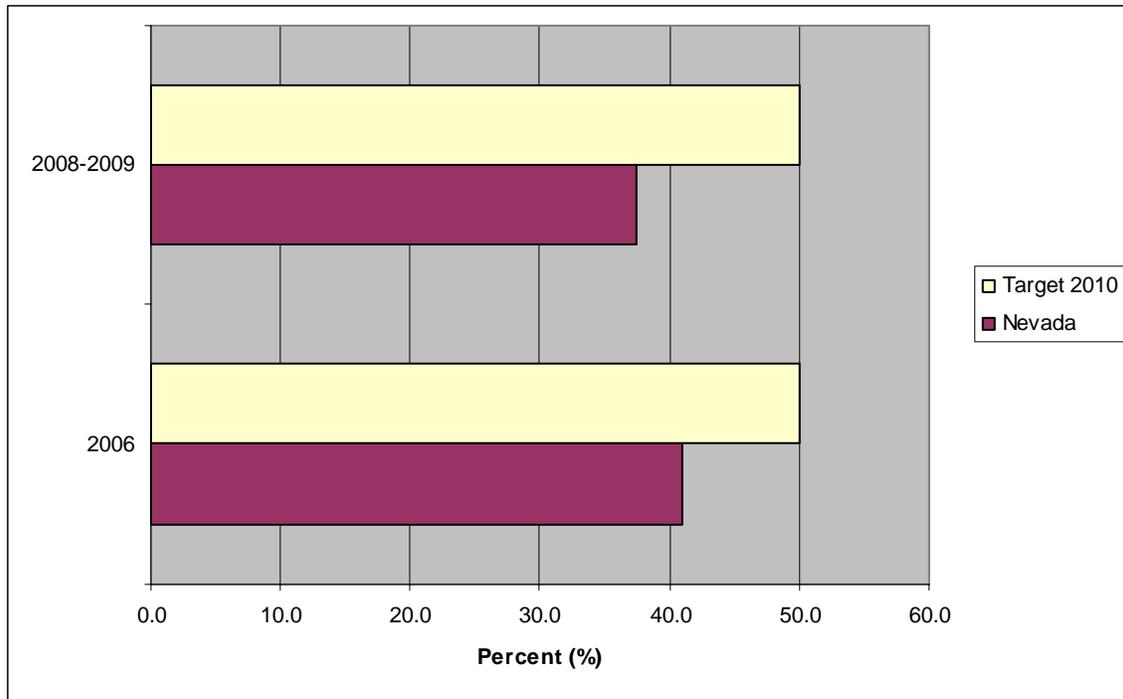
\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (21-8a.):** Increase the proportion of children aged 8 years, who have received dental sealants on their molar teeth.

**Healthy People 2020 Objective OH HP2020-12.2:** Increase the proportion of children who have received dental sealants on their molar teeth (aged 6 to 9 years).

Most Recent NV Value (2008-2009)	U.S. (2004)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
37.5	32.0	50.0	28.1	Worsening

**Proportion of Third Graders Who Have Received Dental Sealants on Their Molar Teeth, Nevada Residents, 2006 and 2008-2009.\***

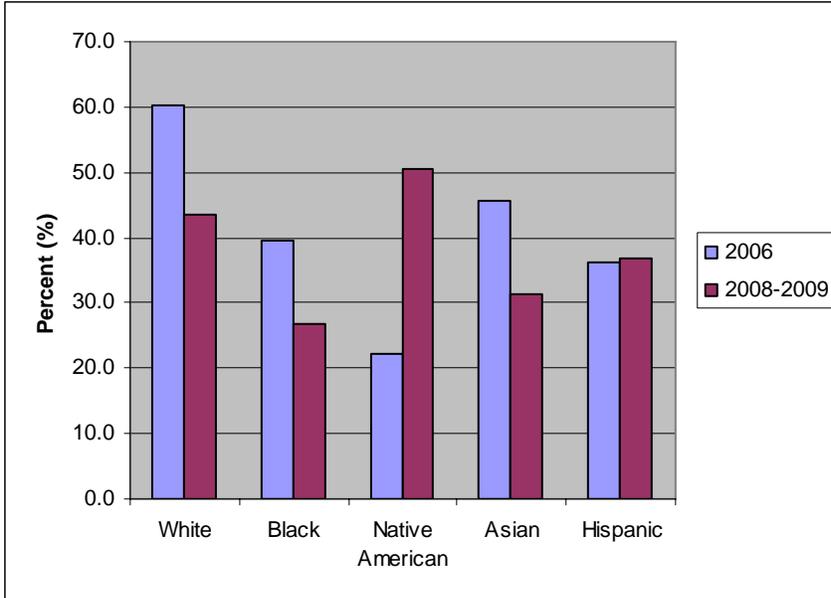


The proportion of Nevada third grade students who received dental sealants on their molar teeth in 2008-2009 was lower than the Healthy People 2010 target for children aged 6 to 9 years and decreased from 2006.

Sealants are a plastic material placed on the pits and fissures of the chewing surfaces of teeth where up to 90 percent of decay occurs in school children. Sealants prevent tooth decay by providing a physical barrier between the teeth and decay-causing bacteria. According to *Oral Health in America: A Report of the Surgeon General*, dental sealants have been shown to reduce decay by over 70 percent.<sup>2</sup>

\*The Nevada data are from the Oral Health Survey, Bureau of Child, Family and Community Wellness, Nevada State Health Division (NSHD). Note: These results are not weighted. Note: See appendix for additional information.

**Proportion of Third Graders Who Have Received Dental Sealants on Their Molar Teeth, Nevada Residents by Race/Ethnicity, 2006 and 2008 - 2009.\***



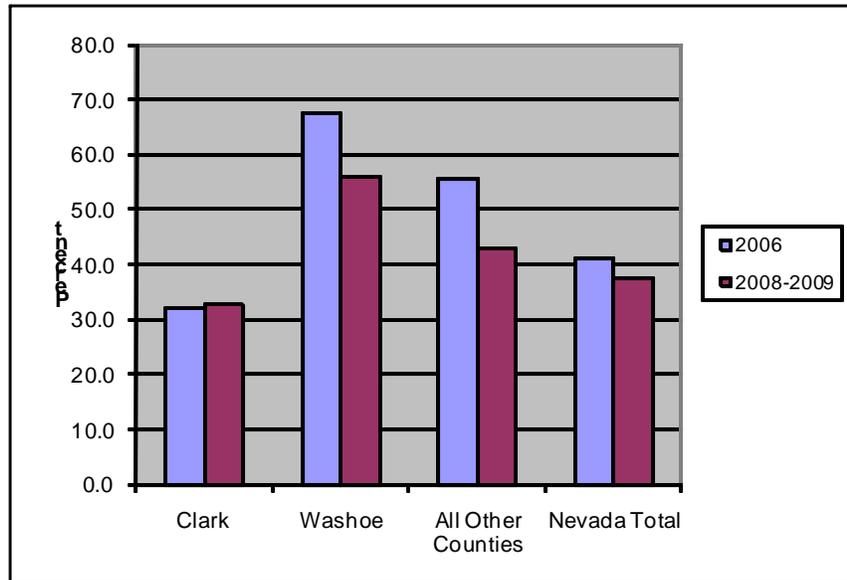
School based dental sealant programs frequently target second graders in schools where more than 50 percent of the children enrolled are eligible for the Federal Free and Reduced Meal Program. These schools are also referred to as "high risk" schools.<sup>2</sup>

The proportion of third graders receiving dental sealants on their molar teeth increased among children in Hispanic and Native American populations in Nevada, but decreased for all other racial/ethnic subgroups from 2006 to 2008-2009.

Advantages of fluoride varnish are: it does not require special dental equipment; it does not require a professional dental cleaning prior to application; it is easy to apply; it dries immediately upon contact with saliva; it is safe and well tolerated by infants, young children, and individuals with special needs; it is inexpensive; it requires minimal training to apply.

Carson City, Clark, Douglas, Elko, Esmeralda, Humboldt, Nye, Washoe, and White Pine counties in Nevada have community-based fluoride varnish programs in progress.<sup>2</sup>

**Proportion of Third Graders Who Have Received Dental Sealants on Their Molar Teeth, Nevada Residents by County/Region, 2006 and 2008 - 2009.\***



Clark County had the lowest proportion of third graders who have received dental sealants on their molar teeth. Clark County also had the highest population and has fluoridated water from public watering systems.

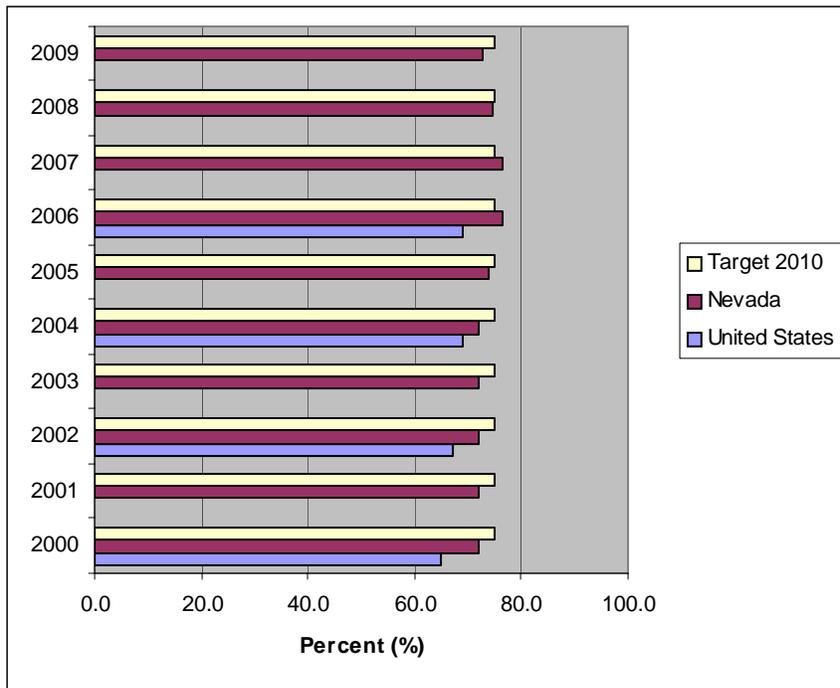
\*The Nevada data are from the Oral Health Survey, Bureau of Child, Family and Community Wellness, Nevada State Health Division (NSHD). Note: These results are not weighted.

**Healthy People 2010 Objective (21-9):** Proportion of the population served by community water systems with fluoridated water.

**Healthy People 2020 Objective OH HP2020-13:** Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water.

Most Recent NV Value (2009)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
72.8	69.0	75.0	79.6	Fluctuating

**Proportion of Population Served by Community Water Systems with Fluoridated Water, Nevada Residents and United States, 2000 - Most Current Data. \***



Fluoride added to community drinking water at a concentration of 0.7 to 1.2 parts per million has repeatedly been shown to be a safe, inexpensive and extremely effective method of preventing tooth decay. In fact, for every dollar spent on community water fluoridation, up to \$42 is saved in treatment costs for tooth decay.<sup>2</sup>

There are 85 community water systems in Nevada serving a population of over 500 persons each. Of the 85 water systems serving over 500 persons, four serve over 100,000 persons.<sup>2</sup>

Three of these are located in Clark County and one is located in Washoe County. The three largest water systems in Clark County are optimally fluoridated. Approximately 75 percent of Nevada's residents are served by these two water systems.<sup>2</sup>

The proportion of the Nevada population which is served by community water systems with fluoridated water is greater than that proportion of the U.S. In 2007, Nevada had surpassed the Healthy People 2010 target, but has since decreased.

Fluoridation is mandated by law in Nevada, but only for counties with populations of 400,000 and over.

\*The Nevada data are from the Water Fluoridation Reporting System. U.S. data are from the Centers for Disease Control and Prevention (CDC), Fluoridation Census.

Note: Nevada and U.S. data are from different sources and thus may not be comparable.

Note: Clark County is the only county in Nevada which has fluoridated water from public watering systems.

Note: Individual county data are not available.

# Physical Activity and Fitness

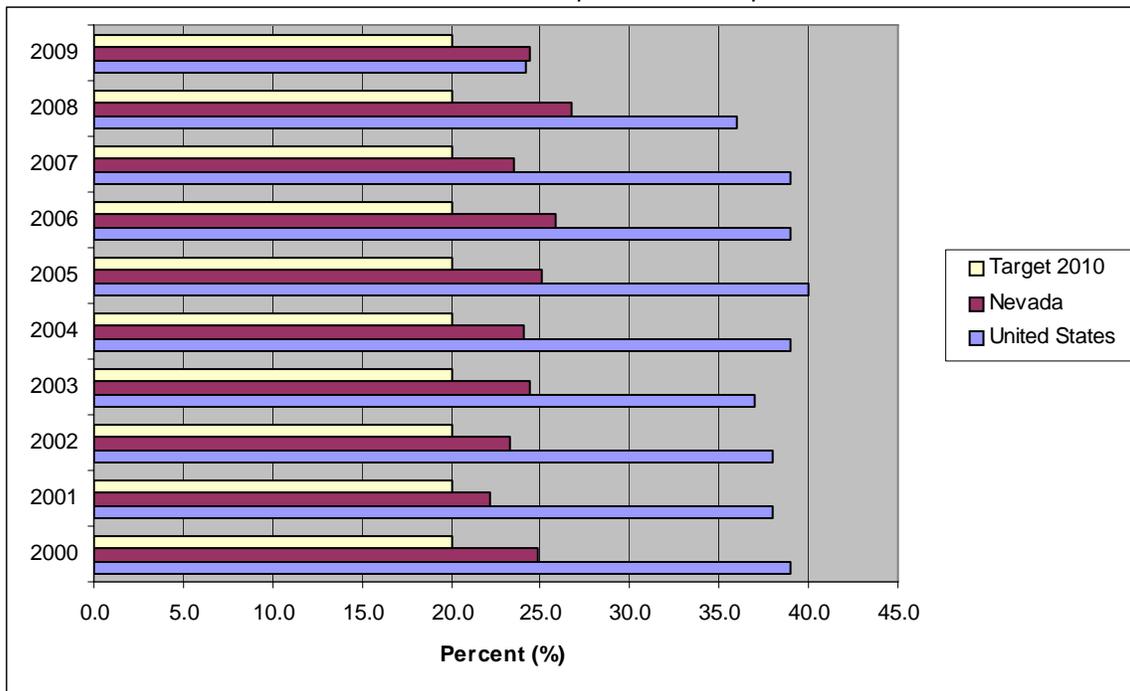
Regular physical activity substantially reduces the risk of dying from coronary heart disease, the nation's leading cause of death for all adults, and decreases the risk of stroke, colon cancer, diabetes and high blood pressure. Physical activity does not need to be strenuous to provide benefit. Moderate intensity physical activity is a vital component of a healthy lifestyle for people of all ages and abilities.<sup>1</sup>

**Healthy People 2010 Objective (22-1.):** Reduce the proportion of adults who engage in no leisure-time physical activity.

**Healthy People 2020 Objective PA HP2020-1:** Reduce the proportion of adults who engage in no leisure-time physical activity.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.4	24.2	20.0	32.6	Fluctuating

**Proportion of Adults Who Engage in No Leisure Time Physical Activity, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***

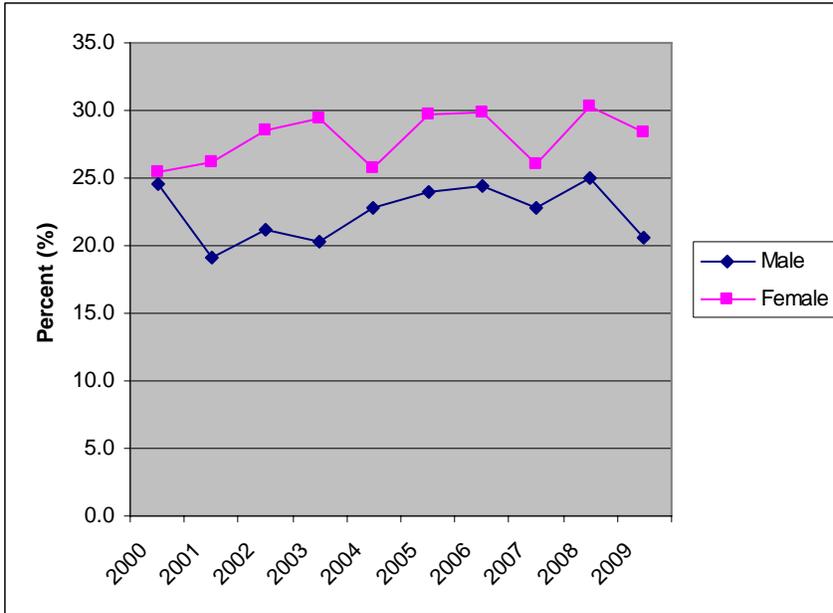


The percentage of Nevada adults who participate in no leisure time physical activity was lower than that of the U.S., but higher than the Healthy People 2010 target of 20.0 percent from 2000 to 2007. In 2009 the national proportion of adults who participate in no leisure time physical activity decreased below that of Nevada but did not meet the Healthy People target.

**Define Leisure Time Physical Activity:** Adults that report doing physical activity or exercise during the past 30 days other than their regular job.

\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

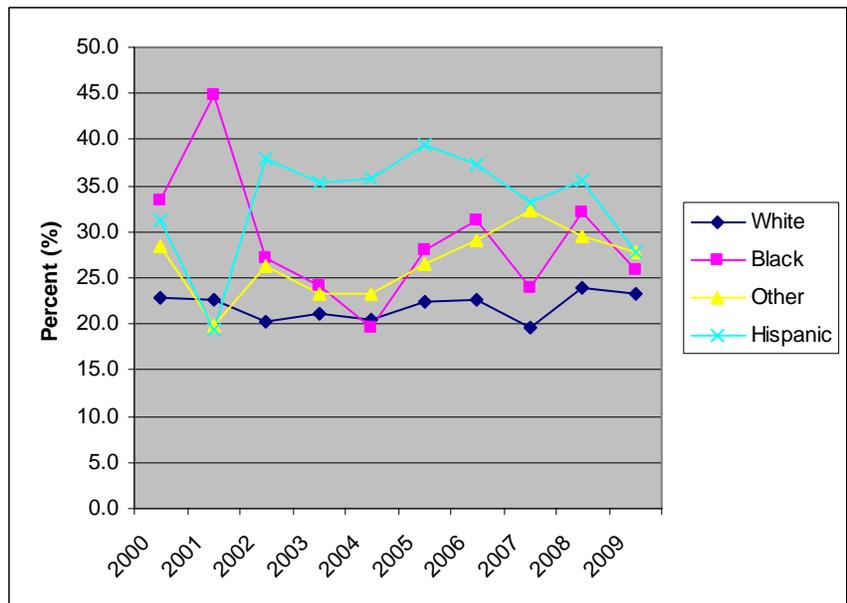
**Proportion of Adults Who Engage in No Leisure Time Physical Activity, Nevada Residents by Gender, BRFSS Data, 2000-2009.\***



From 2000 to 2009, the proportion of Nevada females who engage in no leisure time physical activity has been higher than the proportion of Nevada males who engage in no leisure time physical activity.

**Proportion of Adults Who Engage in No Leisure Time Physical Activity, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000-2009.\***

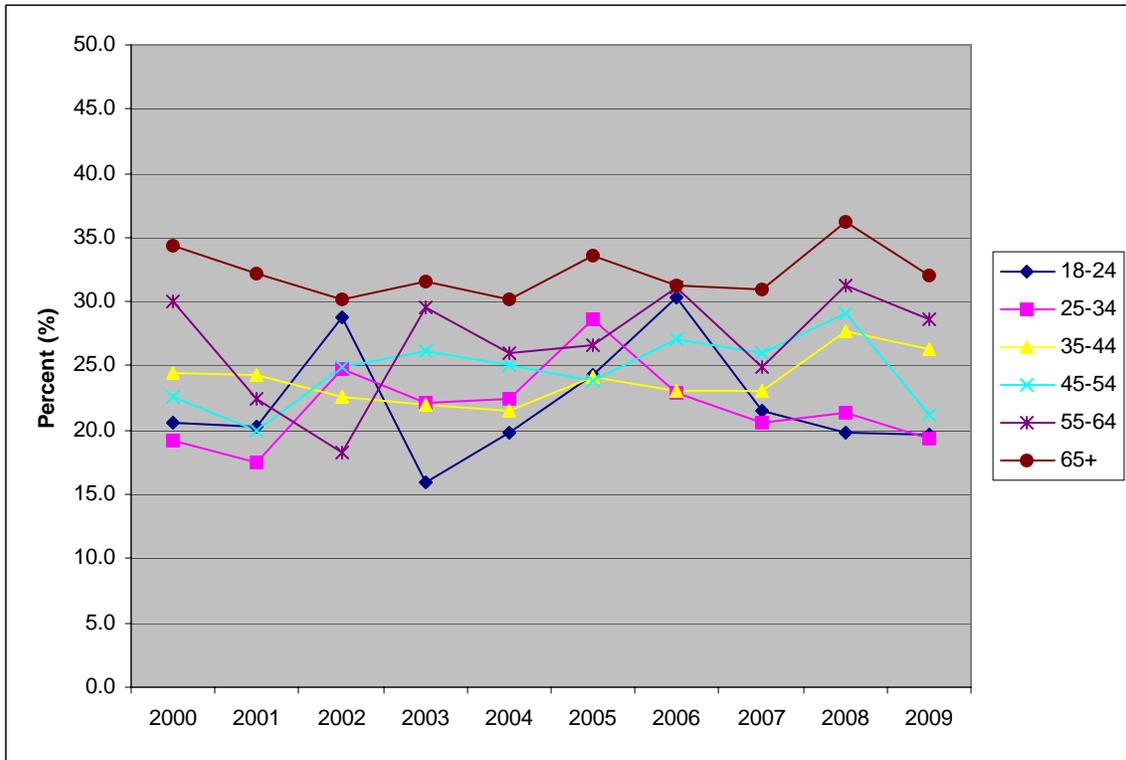
Although historically the proportion for Nevada's not engaging in leisure time physical activity were highest in Hispanics and lowest in the White population, non-activity among Nevada's racial/ethnic groups converged in 2009 and fall within the range of 23.2 percent to 27.7 percent.



\*These percentages are weighted to survey population characteristics.



**Proportion of Adults Who Engage in No Leisure Time Physical Activity, Nevada Residents by Age, BRFSS Data, 2000-2009.\***



In general, older age groups engage less in leisure time physical activity than younger age groups. From 2000 to 2009, Nevada adults 65 years of age and older had the highest proportion who don't engage in leisure time physical activity.

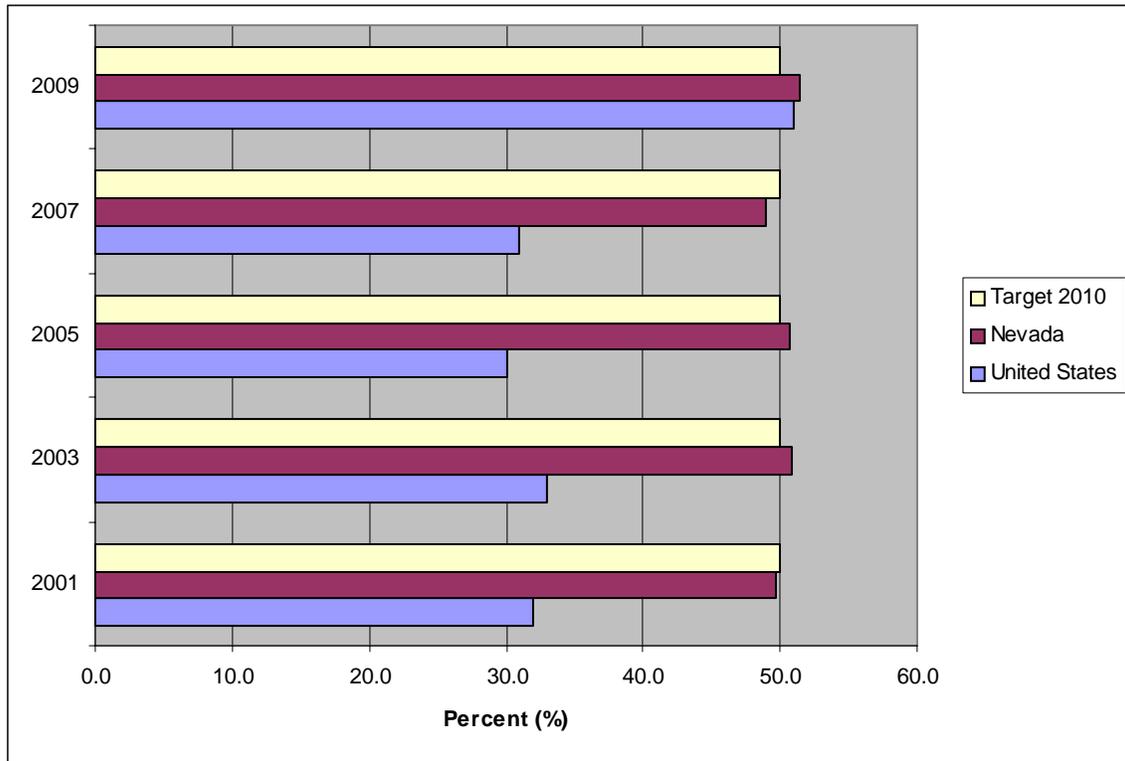
\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (22-2.):** Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.

**Healthy People 2020 Objective PA HP2020-2.1:** Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week or 75 minutes/week of vigorous intensity or an equivalent combination.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
51.4	51.0	50.0	47.9	Surpassed

**Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week, Nevada Residents and United States, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

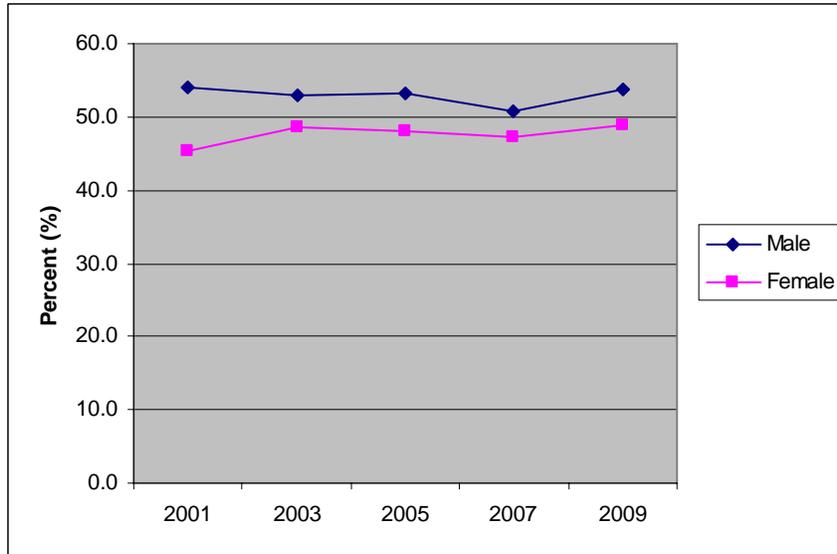


Nevada surpassed both the U.S. and the Healthy People 2010 target for the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes per week or of vigorous intensity for at least 75 minutes per week from 2001 to 2009.

From 2000 to 2009, approximately half of all adults in Nevada engaged in aerobic physical activity of moderate intensity for at least 75 to 150 minutes on a weekly basis. This is 20 percent higher than the national average of approximately 31 percent from 2001 to 2007.

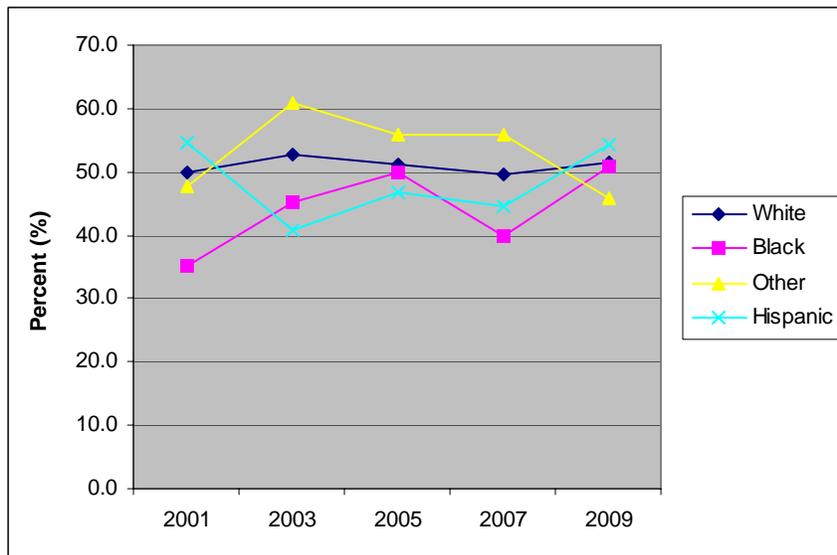
\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week, Nevada Residents by Gender, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2001 to 2009, there was a higher proportion of Nevada males reporting regular physical activity than Nevada females.

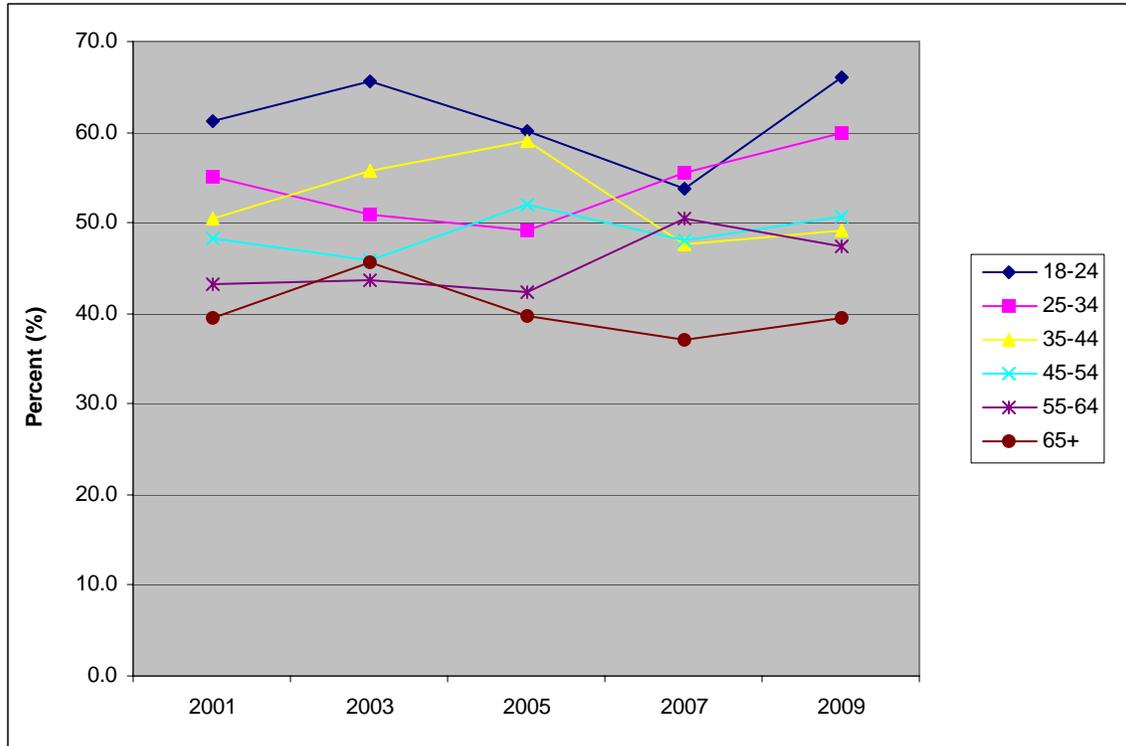
**Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



The percent of White Nevada adults participating in moderate and vigorous aerobic physical activity was constant over the past decade (around 50 percent) while other racial/ethnic groups fluctuated. All race/ethnicity groups were near the 50 percent level in 2009 (45.7 percent - 54.4 percent).

\*These percentages are weighted to survey population characteristics.

**Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week, Nevada Residents by Age, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



Moderate and vigorous exercise is more common among younger age groups, with 18 – 24 year olds generally being the most active and individuals 65 years of age or older generally being the least active in 2001 through 2009.

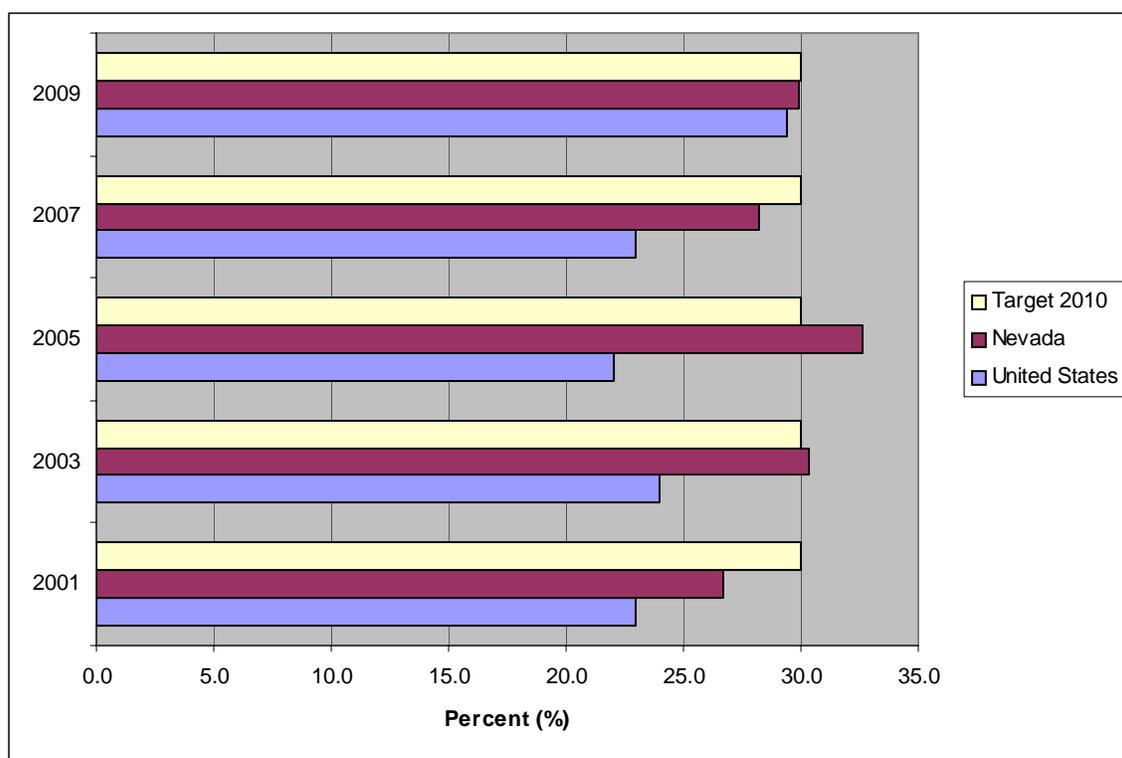
\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (22-3.):** Increase the proportion of adults who engage in vigorous physical activity promoting the development and maintenance of cardio-respiratory fitness for 20 or more minutes per day 3 or more days per week.

**Healthy People 2020 Objective PA HP2020-2.2:** Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for more than 300 minutes/week or more than 150 minutes/week of vigorous intensity or an equivalent combination.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
29.9	29.4	30.0	31.3	Achieved

**Proportion of Adults Who Engage in Vigorous Physical Activity Promoting the Development and Maintenance of Cardio-Respiratory Fitness for 20 or More Minutes per Day 3 or More Days per Week, Nevada Residents and United States, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***

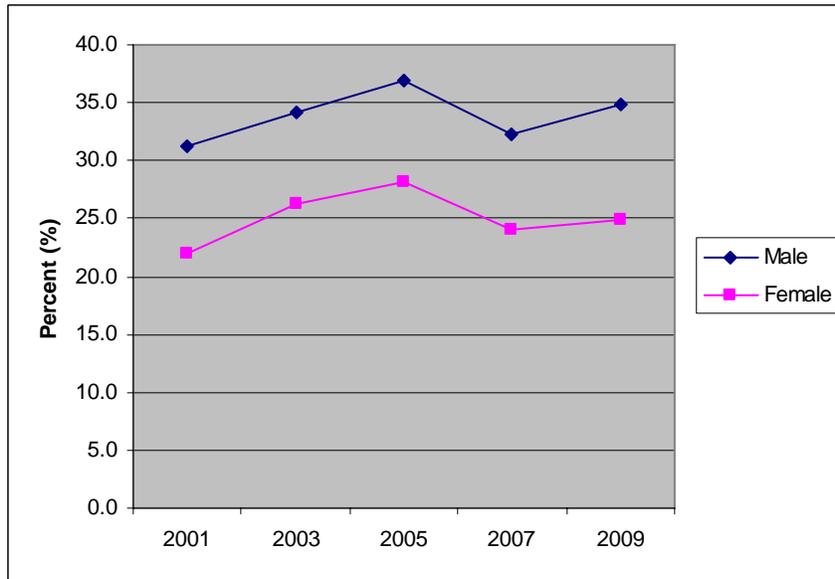


The percentage of Nevada adults who engage in vigorous physical activity for 20 minutes or more for 3 or more days per week has been consistently higher than national values from 2001 to 2009.

Communities can contribute to promoting physical activity by creating safe walking and bicycle paths, supporting farmer's markets, and promoting physical activities.<sup>3</sup>

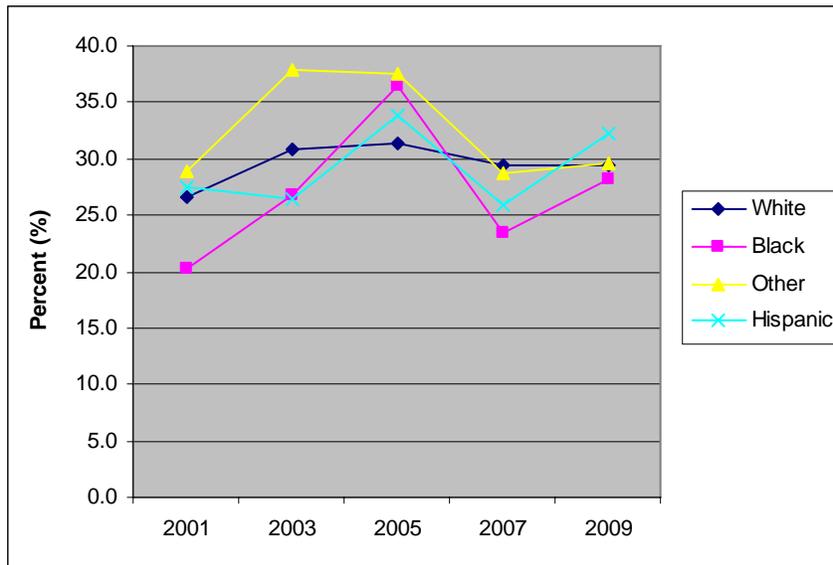
\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Adults Who Engage in Vigorous Physical Activity Promoting the Development and Maintenance of Cardio-Respiratory Fitness for 20 or More Minutes per Day 3 or More Days per Week, Nevada Residents by Gender, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



The proportion of Nevada males who engage in vigorous physical activity for 20 or more minutes per day on 3 or more days per week was higher than that of Nevada females from 2001 to 2009.

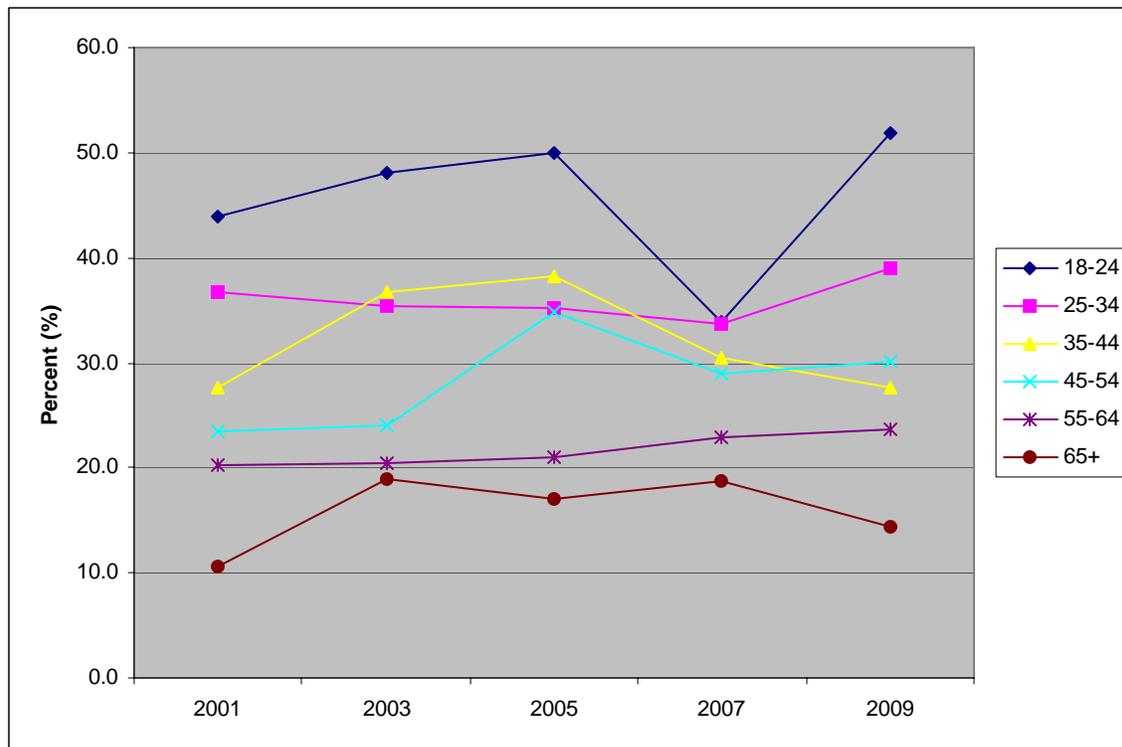
**Proportion of Adults Who Engage in Vigorous Physical Activity Promoting the Development and Maintenance of Cardio-Respiratory Fitness for 20 or More Minutes per Day 3 or More Days per Week, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2000 to 2009, Nevada’s White population participating in vigorous physical activity for 20 minutes per day for 3 or more days per week was fairly consistent from 2001 to 2009, at about 30 percent, other racial/ethnic groups fluctuated from 2001 to 2009.

\*These percentages are weighted to survey population characteristics.

**Proportion of Adults Who Engage in Vigorous Physical Activity Promoting the Development and Maintenance of Cardio-Respiratory Fitness for 20 or More Minutes per Day 3 or More Days per Week, Nevada Residents by Age, BRFSS Data, 2001, 2003, 2005, 2007, 2009.\***



In general from 2001 to 2009, younger Nevadans participated in vigorous physical activity for 20 minutes per day for 3 or more days per week more frequently than older populations.

\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (22-6.):** Increase the proportion of adolescents who engage in moderate physical activity for at least 30 minutes per day, 5 or more days per week.

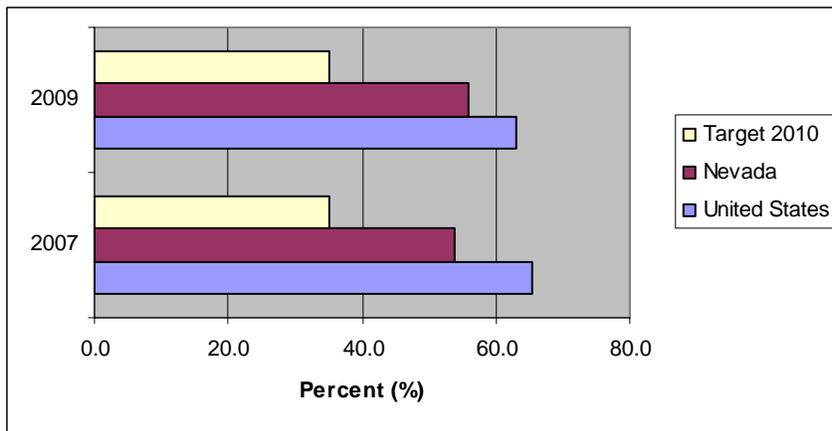
**Healthy People 2020 Objective PA HP2020-3.3:** Increase the proportion of adolescents that meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
55.9	63.0	35.0	TBD	Surpassed

**Proportion of Adolescents Who Are Physically Active For At Least 60 Minutes Per Day on Less Than 5 Days per Week**

(Doing Any Kind of Physical Activity That Increased Their Heart Rate and Made Them Breath Hard Some Time During The 7 Days Before the Survey)

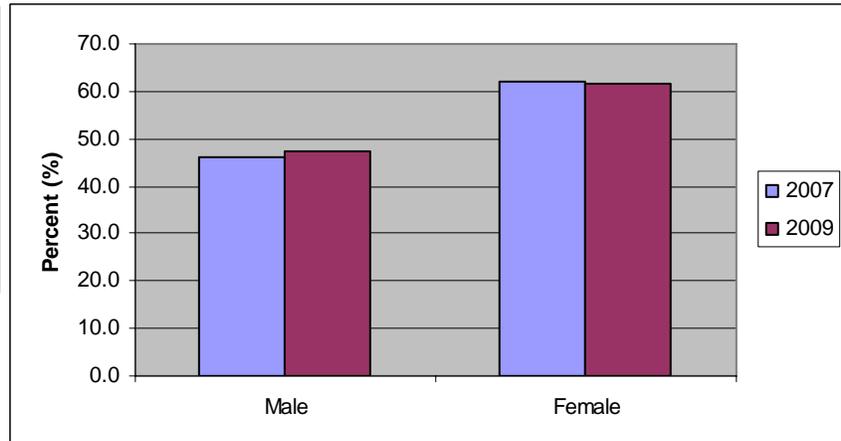
**Nevada Residents and United States, YRBSS Data, 2007 and 2009.\***



The proportion of adolescents in Nevada who are physically active for at least 60 minutes per day on less than 5 days per weeks was less than that of the U.S. Both Nevada and the United States surpassed the Health People 2010 target in 2007 or 2009.

**Proportion of Adolescents Who Are Physically Active For At Least 60 Minutes Per Day on Less Than 5 Days per Week**  
 (Doing Any Kind of Physical Activity That Increased Their Heart Rate and Made Them Breath Hard Some Time During The 7 Days Before the Survey)  
**Nevada Residents by Gender, YRBSS Data, 2007 and 2009.\***

The proportion of male adolescents in Nevada who are physically active for at least 60 minutes per day on less than 5 days per week was lower than for Nevada female adolescents in 2007 and 2009.

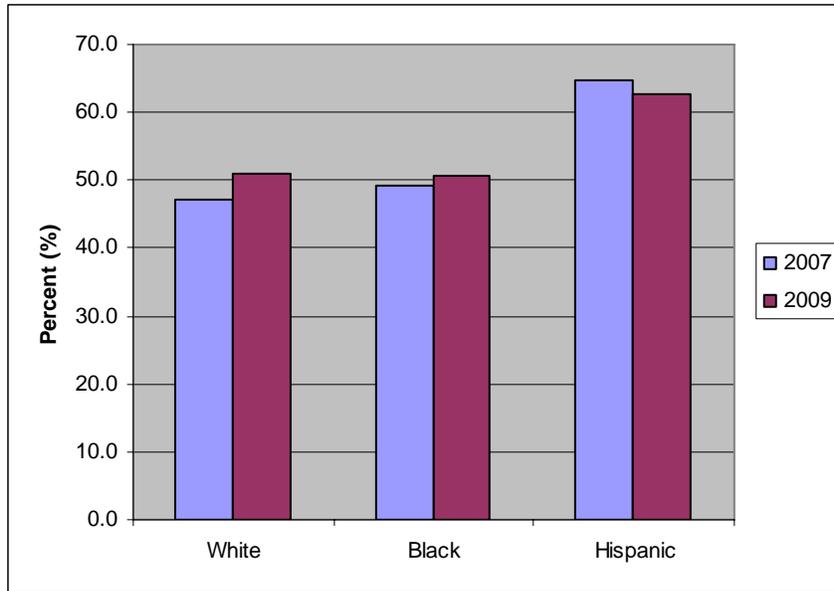


\*Individual county data are not available.

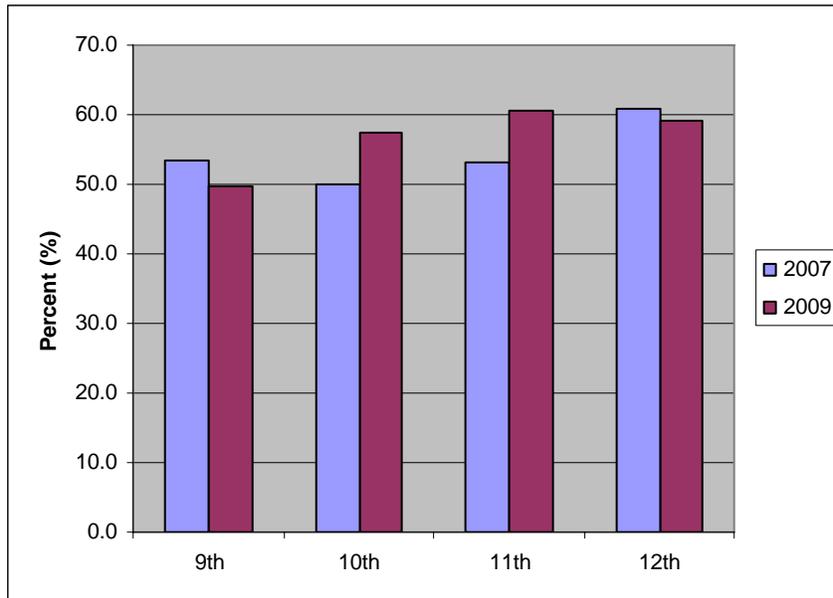
Note: Here we represent the proportion of adolescents who are physically active for at least 60 minutes per day on less than 5 days per week rather than the original objective: proportion of adolescents who engage in moderate physical activity for at least 30 minutes per day, 5 or more days per week.



**Proportion of Adolescents Who Are Physically Active For At Least 60 Minutes Per Day on Less Than 5 Days per Week**  
 (Doing Any Kind of Physical Activity That Increased Their Heart Rate and Made Them Breath Hard Some Time During The 7 Days Before the Survey)  
**Nevada Residents by Race/Ethnicity, YRBSS Data, 2007 and 2009.\***



**Proportion of Adolescents Who Are Physically Active For At Least 60 Minutes Per Day on Less Than 5 Days per Week**  
 (Doing Any Kind of Physical Activity That Increased Their Heart Rate and Made Them Breath Hard Some Time During The 7 Days Before the Survey)  
**Nevada Residents by Grade, YRBSS Data, 2007 and 2009.\***



\*Individual county data are not available.

Note: Here we represent the proportion of adolescents who are physically active for at least 60 minutes per day on less than 5 days per week rather than the original objective: proportion of adolescents who engage in moderate physical activity for at least 30 minutes per day, 5 or more days per week.

Note: Data not available for Native American, Asian, or Multiple Races race/ethnicity groups due to <100 respondents for those subgroups.

# Respiratory Diseases

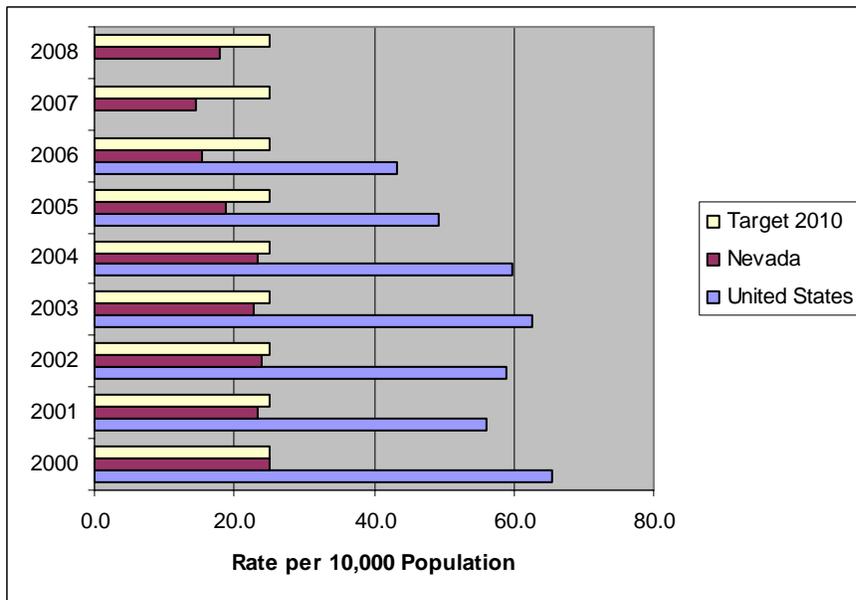
Chronic respiratory diseases are chronic diseases of the airways and other structures of the lung. Some of the most common are asthma, Chronic Obstructive Pulmonary Disease (COPD), respiratory allergies, occupational lung diseases and pulmonary hypertension. The most important risk factors for preventable chronic respiratory diseases include, tobacco smoking, indoor and outdoor air pollution, allergens, and occupational risks and vulnerability.<sup>1</sup>

**Healthy People 2010 Objective (24-2a.):** Reduce hospitalizations for asthma in children under age 5 years.

**Healthy People 2020 Objective RD HP2020-2.1:** Reduce hospitalizations for asthma in children under age 5 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
18.0	43.3	25.0	18.1	Surpassed

**Hospitalization Rate for Asthma in Children Under Age 5 Years, Nevada Residents and United States, 2000 - Most Current Data.\***

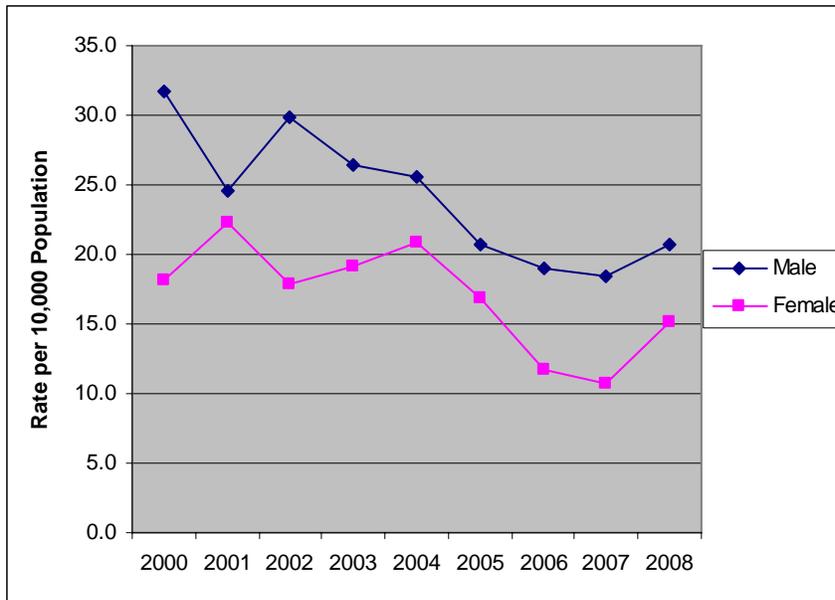


The rate of asthma hospitalizations for children under the age of 5 in Nevada was below the Healthy People 2010 target from 2000 to 2008 and below the national rate from 2000 to 2006.

In the U.S., in 2006, the CDC reports 9.4 percent of children suffer from asthma.<sup>2</sup>

\*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).  
Note: See appendix for additional information.

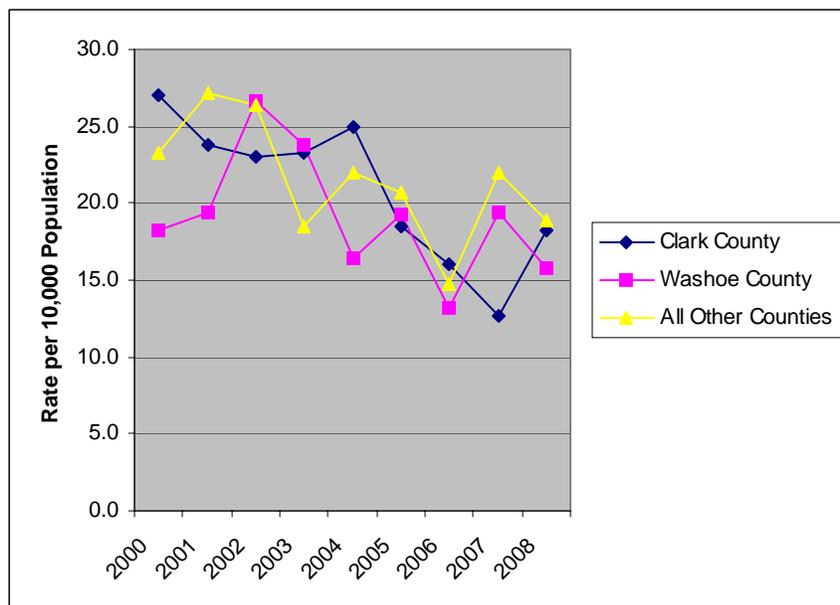
**Hospitalization Rate for Asthma in Children Under Age 5 Years, Nevada Residents by Gender, 2000 - 2008.\***



Hospitalization rates for asthma in Nevada's children, aged 5 years and younger, decreased from 2000 to 2008 in both genders. Nevada males however, consistently had a higher hospitalization rate from asthma in this age group.

Among children under 5 years of age, more boys than girls are hospitalized for asthma, but the reverse is true for adults. According to a recent report published in the journal *Chest*, researchers found that the discrepancy was due to overall prevalence of asthma within child vs. adult populations.<sup>3</sup>

**Hospitalization Rate for Asthma in Children Under Age 5 Years, Nevada Residents by County/Region, 2000 - 2008.\***



The rate of hospitalizations for asthma in children aged 5 years and younger decreased overall in all Nevada regions from 2000 to 2009.

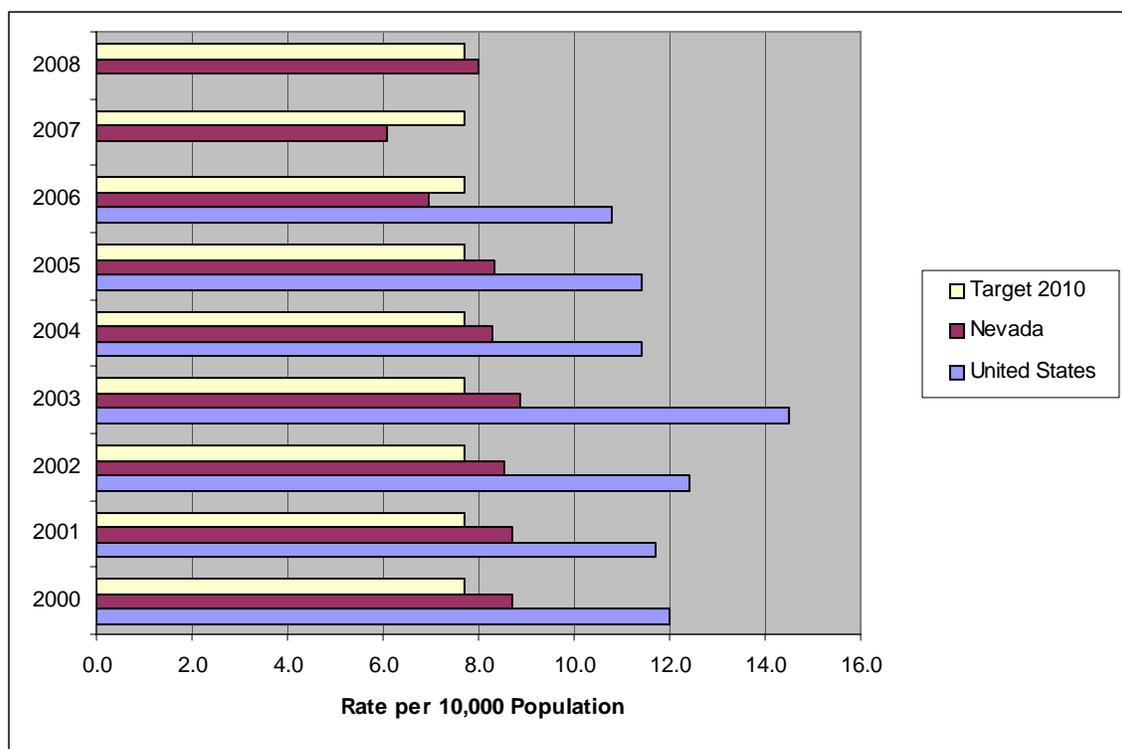
\*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

**Healthy People 2010 Objective (24-2b.):** Reduce hospitalizations for asthma in children and adults, aged 5 to 64 years.

**Healthy People 2020 Objective RD HP2020-2.2:** Reduce hospitalizations for asthma in children and adults, aged 5 to 64 years.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
8.0	10.8	7.7	8.6	Fluctuating

**Hospitalization Rate for Asthma in Children and Adults Aged 5 to 64 Years, Nevada Residents and United States, 2000 - Most Current Data.\***



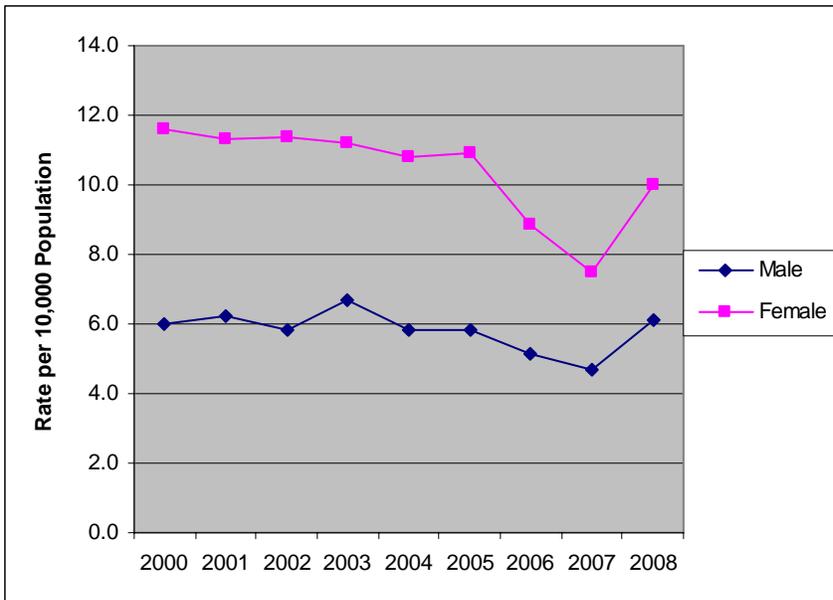
The hospitalization rate for asthma in children and adults aged 5 to 64 years old in Nevada was fairly consistent from 2000 to 2009, only decreasing slightly from 2000 to 2007 and increasing again in 2008.

Obesity is a risk factor for asthma in women. Adult women with a higher body mass index (BMI) have a higher incidence of asthma than other women. The effect of obesity on asthma does not appear to be as important for men.<sup>4</sup>

\*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

**Hospitalization Rate for Asthma in Children and Adults Aged 5 to 64 Years, Nevada Residents by Gender, 2000 - 2008.\***



Asthma is more common in women than men after late childhood. Young boys have a higher rate of asthma than young girls.<sup>4</sup>

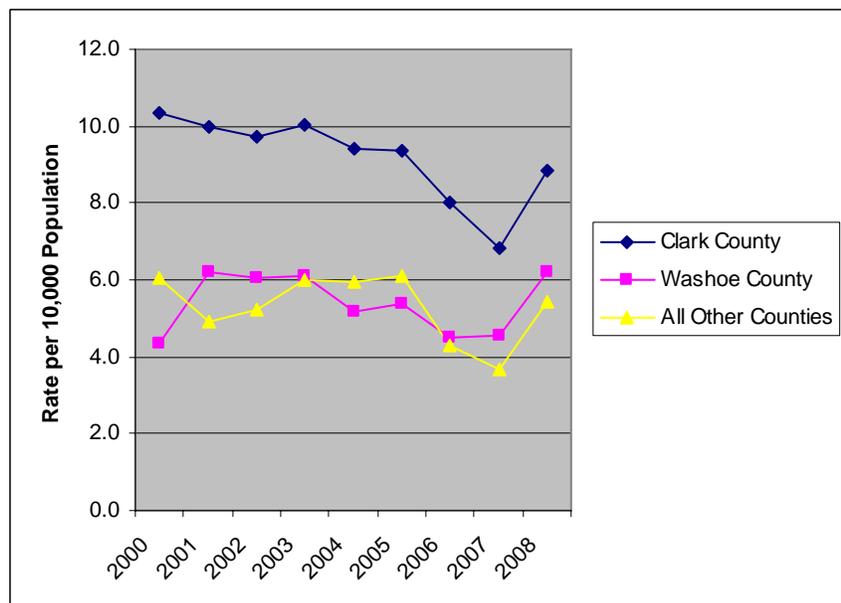
Some time around adolescence, the balance shifts over to girls and stays there. By middle age, women with asthma outnumber men almost 2 to 1.<sup>4</sup>

When considering all Nevada children and adults aged 5 to 64, women had higher hospitalization rates from asthma in 2000 through 2008.

There was a slight overall decrease this decade in the hospitalization rate for asthma in those aged 5 to 64 years in Clark County. However, the hospitalization rates in Washoe and All Other Counties have been fluctuating over the past nine years. All three regions showed increases from 2007 to 2008.

Asthma attack triggers include: secondhand smoke, dust mites, mold, pests (cockroaches & rodents), pets, chemical irritants, and air pollution.<sup>4</sup>

**Hospitalization Rate for Asthma in Children and Adults Aged 5 to 64 Years, Nevada Residents by County/Region, 2000 - 2008.\***



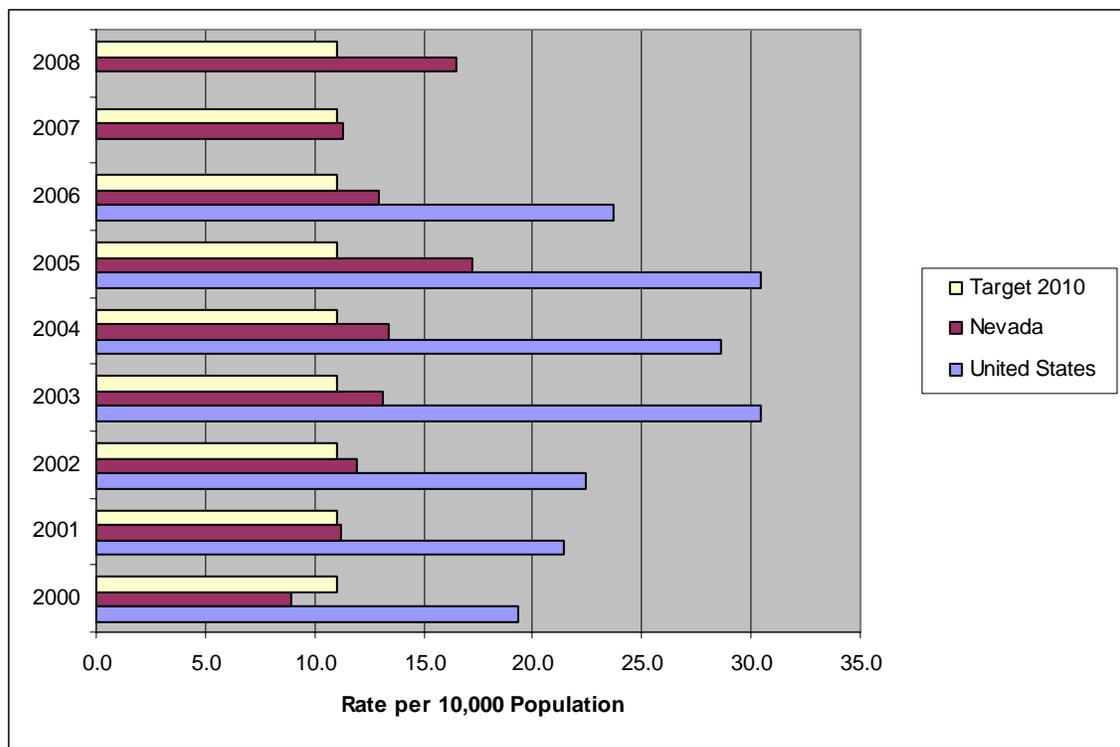
\*The Nevada data are from Nevada Inpatient Hospital Discharge Database. Note: Race/ethnicity data not available.

**Healthy People 2010 Objective (24-2c.):** Reduce hospitalizations for asthma in adults, aged 65 years and older.

**Healthy People 2020 Objective RD HP2020-2.3:** Reduce hospitalizations for asthma in adults, aged 65 years and older.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
16.5	23.7	11.0	20.3	Fluctuating

**Hospitalization Rate for Asthma in Adults Aged 65 Years and Older, Nevada Residents and United States, 2000 - Most Current Data.\***



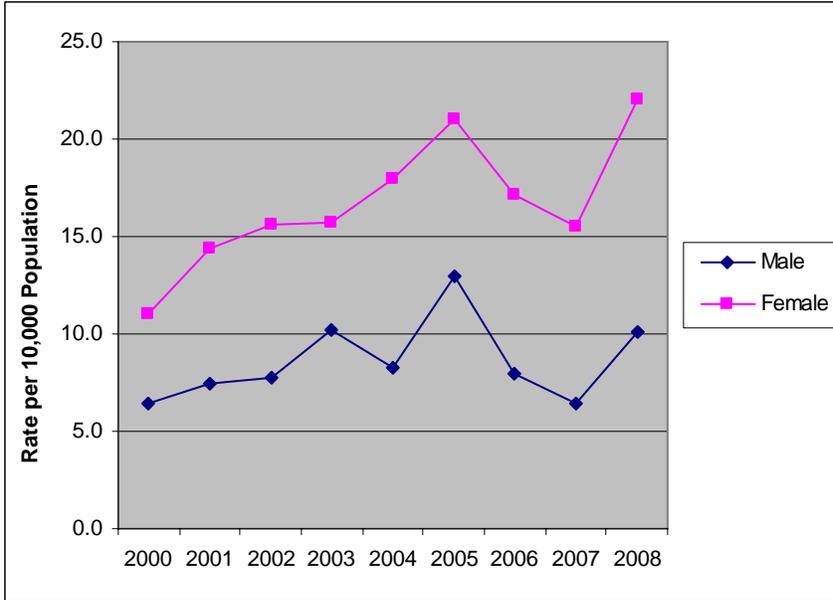
Hospitalization rates for Nevada adults aged 65 years and older increased in 2008 to the highest they have been since 2005, at 16.5 per 10,000 people.

Asthma is a disease that causes the airways of the lungs to tighten. It is a chronic condition that is common among children. Asthma attacks occur when your lungs aren't getting enough air to breathe.<sup>4</sup>

\*The Nevada data are from Nevada Inpatient Hospital Discharge Database (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

**Hospitalization Rate for Asthma in Adults Aged 65 Years and Older, Nevada Residents by Gender, 2000 - 2008.\***



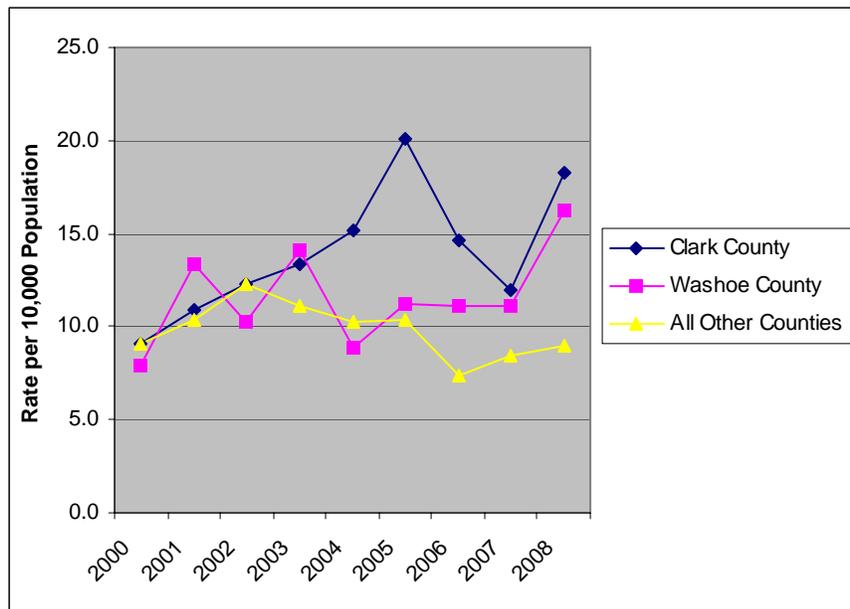
Nevada females aged 65 years and older had higher asthma hospitalization rates than Nevada males in this age group from 2000 to 2008.

Per the Nevada Behavioral Risk Factor Surveillance System (NV BRFSS) data from 1995-2007 observe that the trend for asthma rates in Nevada and the nation are the same; both remain steady.<sup>5</sup>

Asthma hospitalization rates for Nevada adults aged 65 years and older, fluctuated from 2000 to 2008, with an overall increase for Clark and Washoe counties.

Asthma cannot be cured. However, by eliminating asthma triggers inside of the home the number of asthma attacks may be reduced. It is important to work with your doctor to manage your asthma. Consider a diagnostic test to determine what your specific asthma triggers are.<sup>4</sup>

**Hospitalization Rate for Asthma in Adults Aged 65 Years and Older, Nevada Residents by County/Region, 2000 - 2008.\***



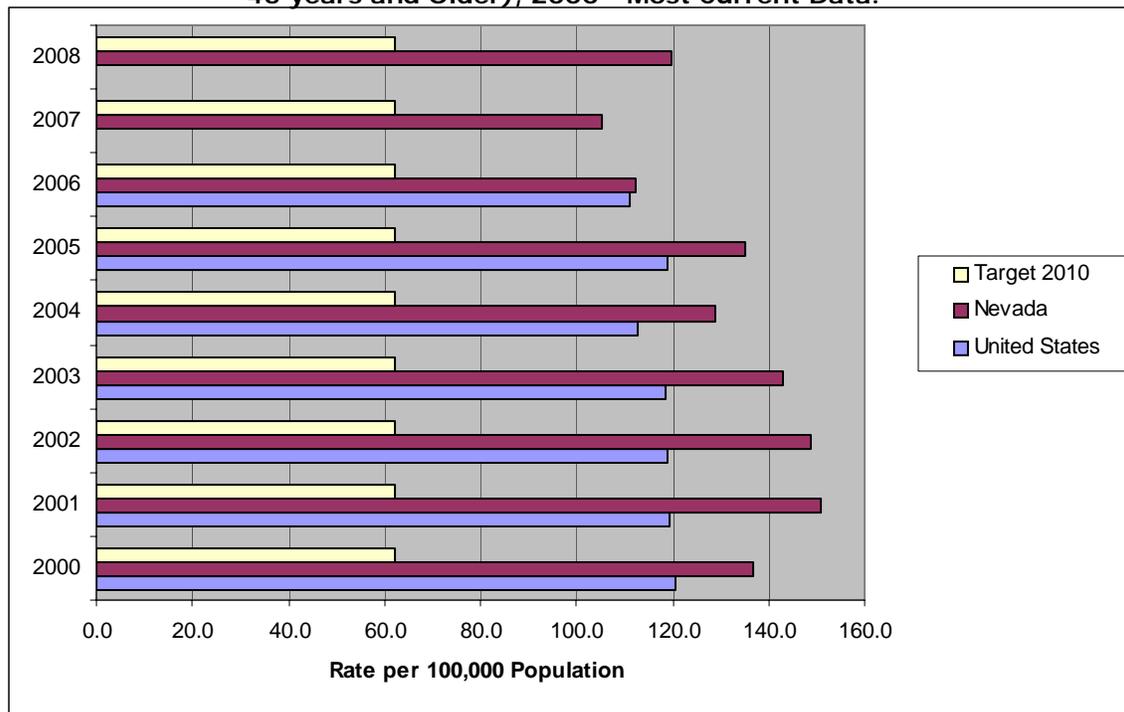
\*The Nevada data are from Nevada Inpatient Hospital Discharge Database. Note: Race/ethnicity data not available.

**Healthy People 2010 Objective (24-10.):** Reduce deaths from Chronic Obstructive Pulmonary Disease among adults, aged 45 years and older.

**Healthy People 2020 Objective RD HP2020-10:** Reduce deaths from Chronic Obstructive Pulmonary Disease among adults.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
119.6	112.1	62.3	98.5	Fluctuating

**Chronic Obstructive Pulmonary Disease Deaths, Nevada Residents (Crude Rate, Adults Age 45 years and Older) and United States (Age Adjusted Rate, Adults Age 45 years and Older), 2000 - Most Current Data.\***



The crude mortality rate for adults 45 years of age or older, from Chronic Obstructive Pulmonary Disease (COPD) in Nevada fluctuated from 2000 to 2008, never meeting the Healthy People 2010 target of 62.3 per 100,000 people.

In 2005, approximately one in 20 deaths in the United States had COPD as the underlying cause. Smoking is estimated to be responsible for at least 75 percent of COPD deaths. Excess health care expenditures are estimated at nearly \$6,000 annually for every COPD patient in the United States. For each year during 2000-2005, COPD mortality rates were higher among Whites than among Blacks or persons of all other races. In 2005, states with COPD death rates in the highest quartile were as follows: Idaho, Indiana, Kansas, Kentucky, Maine, Montana, Nevada, Ohio, and Oklahoma.<sup>2</sup>

\*The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.

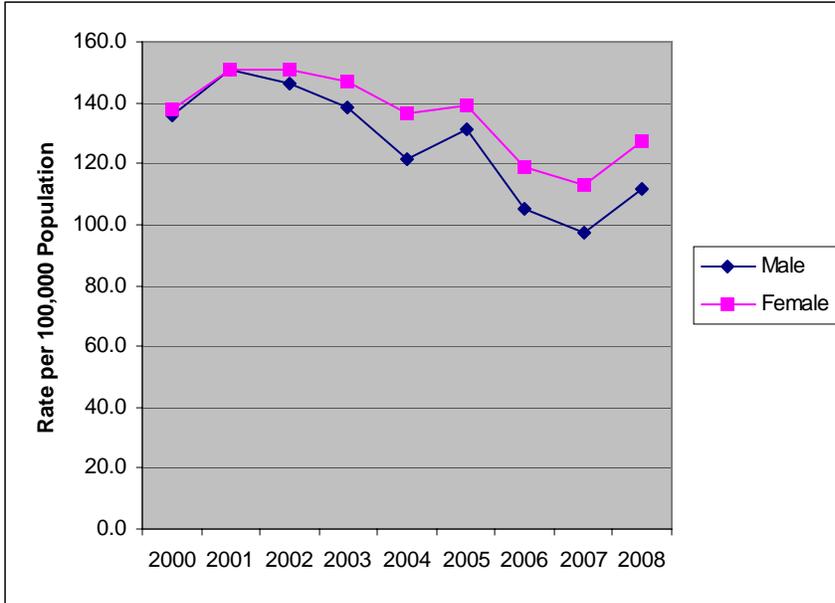
Note: Nevada rates are crude rates and U.S. rates are age-adjusted to the 2000 U.S. standard population using the age groups under 45-54, 55-64, 65-74, 75-84, and 85 years and over. Thus, data may not be directly comparable. Use caution when comparing Nevada and U.S. rates.

Note: 2007 and 2008 Nevada data are not final and are subject to change.

Note: See appendix for additional information.



**Crude Rate, Chronic Obstructive Pulmonary Disease Death Rate Among Adults Aged 45 Years and Older, Nevada Residents by Gender, 2000 - 2007.\***

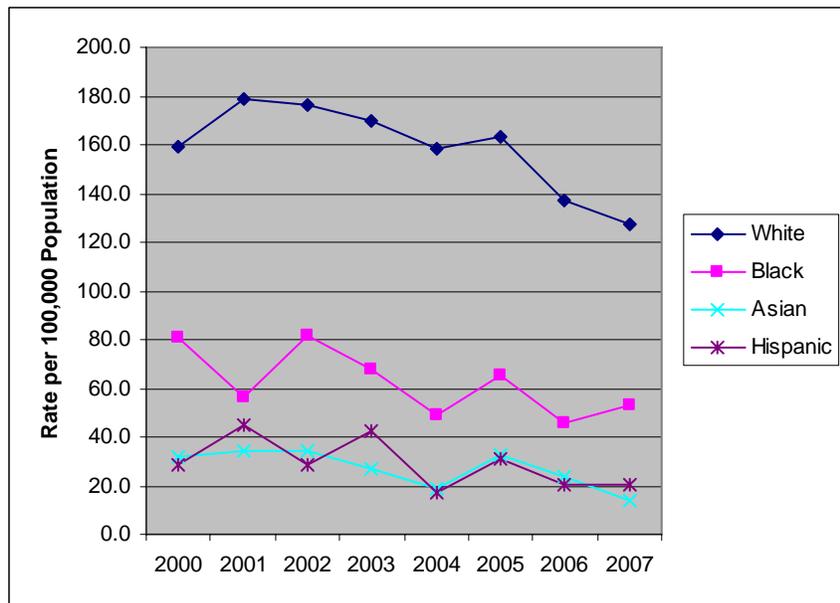


From 2000 to 2008, females had a higher mortality rate of Chronic Obstructive Pulmonary Disease than males in Nevada.

There was a decrease in the number of deaths from this disease over the years 2001 through 2007 in both genders.

**Crude Rate, Chronic Obstructive Pulmonary Disease Death Rate Among Adults Aged 45 Years and Older, Nevada Residents by Race/Ethnicity, 2000 - 2007.\***

Whites had a higher mortality rate for Chronic Obstructive Pulmonary Disease than any other racial group in Nevada from 2000 to 2007.



\*The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Native American race/ethnicity group due to small counts.

# Sexually Transmitted Diseases

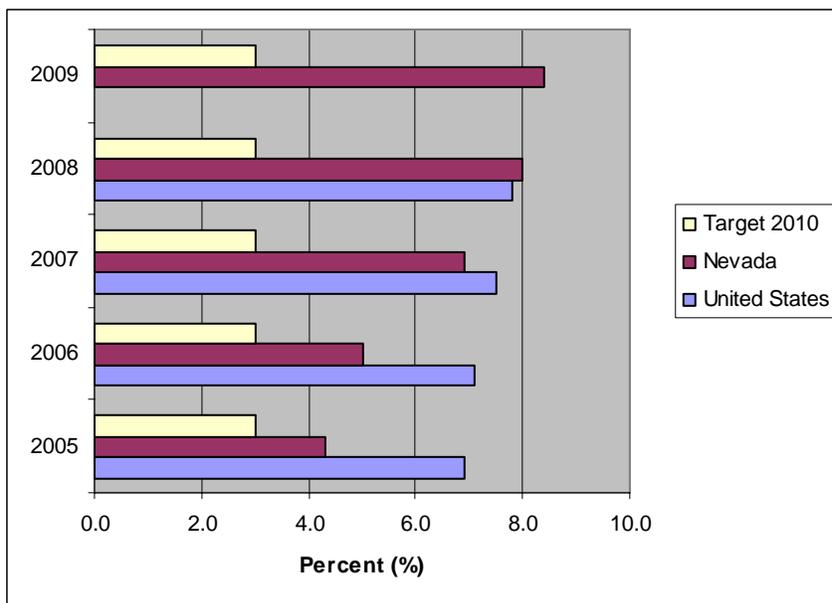
Sexually transmitted diseases (STDs) are common in the United States, with an estimated 19 million new cases of STDs reported each year. Almost 4 million of the new cases of STDs each year occur in adolescents. Women generally suffer more serious STD complications than men, including pelvic inflammatory disease, ectopic pregnancy, infertility, chronic pelvic pain, and cervical cancer from the human papilloma virus. STDs disproportionately affect minorities, with African Americans and Hispanics have higher rates of STDs than Whites.<sup>1</sup>

**Healthy People 2010 Objective (25-1a.):** Reduce the proportion of females with Chlamydia trachomatis infections, aged 15-24 years, attending family planning clinics.

**Healthy People 2020 Objective STD HP2020-1.1:** Reduce the proportion of females with Chlamydia trachomatis infections, aged 15-24 years, attending family planning clinics.

Most Recent NV Value (2009)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
8.4	7.8	3.0	6.7	Worsening

**Proportion of Females Aged 15 to 24 Years with Chlamydia Trachomatis Infections Attending Family Planning Clinics, Nevada Residents and United States, 2005 - Most Current Data.\***



The Healthy People 2010 target for the proportion of females aged 15 to 24 with Chlamydia attending family planning clinics is 3.0 percent. Neither Nevada, nor the nation, has met this target from 2005 to 2009.

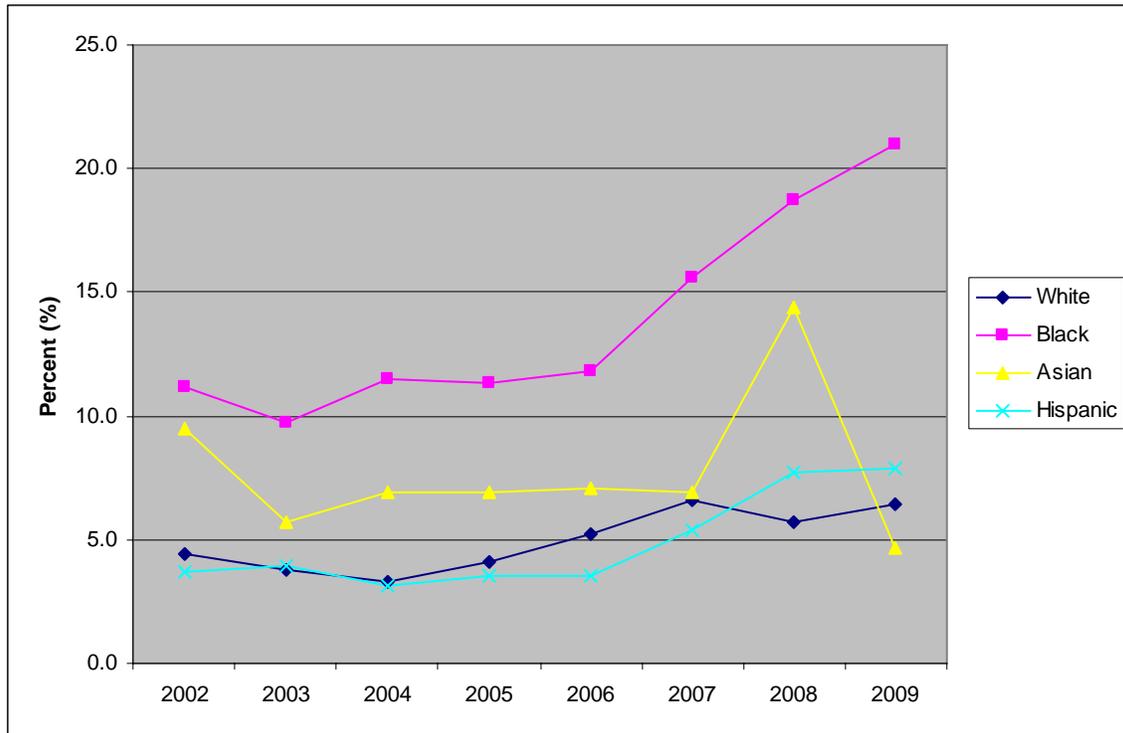
In Nevada, the proportion of females 15-24 with Chlamydia attending family planning clinics almost doubled from 2005 to 2009 (4.3 vs. 8.4).

This increase is primarily due to an increase in targeted screening and implementation screening programs targeted to high risk females.

\*Nevada and U.S. data are provided by the Centers for Disease Control and Prevention (CDC) Infertility Prevention Program (IPP).

Note: This proportion is a positivity rate and represents the rate of positive cases identified not the rate of infection.

**Proportion of Females Aged 15 to 24 Years with Chlamydia Trachomatis Infections Attending Family Planning Clinics, Nevada Residents by Race/Ethnicity, 2002 - 2009.\***



Blacks had a higher proportion of females affected by Chlamydia compared other racial/ethnic groups from 2002 to 2009. The proportion of Black females aged 15 to 24 with Chlamydia and attending family planning clinics increased from 2003 to 2009. The proportion of Chlamydia among Black females, aged 15 to 24, was more than double that of Whites and Hispanics from 2002 to 2009. The proportions for Hispanic and White females, aged 15 to 24 years, were steadily increasing from 2004 to 2009. The proportions for Asian females, aged 15 to 24 years, was relatively consistent from 2003 to 2007 with an increase in 2008, and a decrease in 2009, which could be a result of sampling.

Chlamydia is a disease caused by the bacteria *Chlamydia trachomatis*. Chlamydia infection is the most common sexually transmitted disease in the United States. Infected mothers can pass the disease on to their children via their unwashed hands. Sexually active individuals and individuals with multiple partners are at highest risk. As many as 1 in 4 men with Chlamydia have no symptoms. In men, Chlamydia may produce symptoms similar to gonorrhea. Symptoms may include: burning sensation during urination, discharge from the penis or rectum, testicular tenderness or pain, and rectal discharge or pain. Only about 30 percent of women with Chlamydia have symptoms. Symptoms that may occur in women include: burning sensation during urination, painful sexual intercourse, rectal pain or discharge, symptoms of PID, salpingitis, liver inflammation similar to hepatitis, and vaginal discharge.<sup>1</sup>

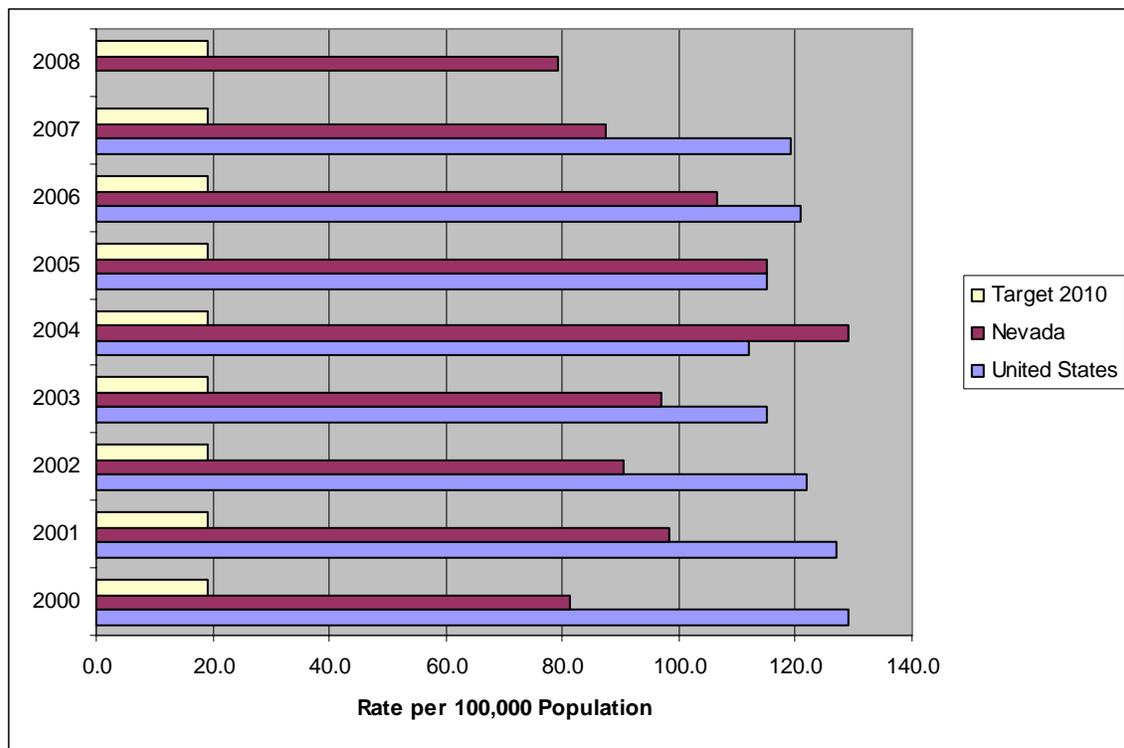
\*Nevada data are provided by the Centers for Disease Control and Prevention (CDC) Infertility Prevention Program (IPP).  
 Note: This proportion is a positivity rate and represents the rate of positive cases identified not the rate of infection.  
 Note: Data not available for the Native American race/ethnicity group due to small counts.

**Healthy People 2010 Objective (25-2a.):** Reduce gonorrhea rates.

**Healthy People 2020 Objective STD HP2020-6:** Reduce gonorrhea rates.

Most Recent NV Value (2008)	U.S. (2007)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
79.2	119.0	19.0	257 (females) 198 (males)	Fluctuating

**Rate of Gonorrhea, Nevada Residents and United States, 2000 - Most Current Data.\***



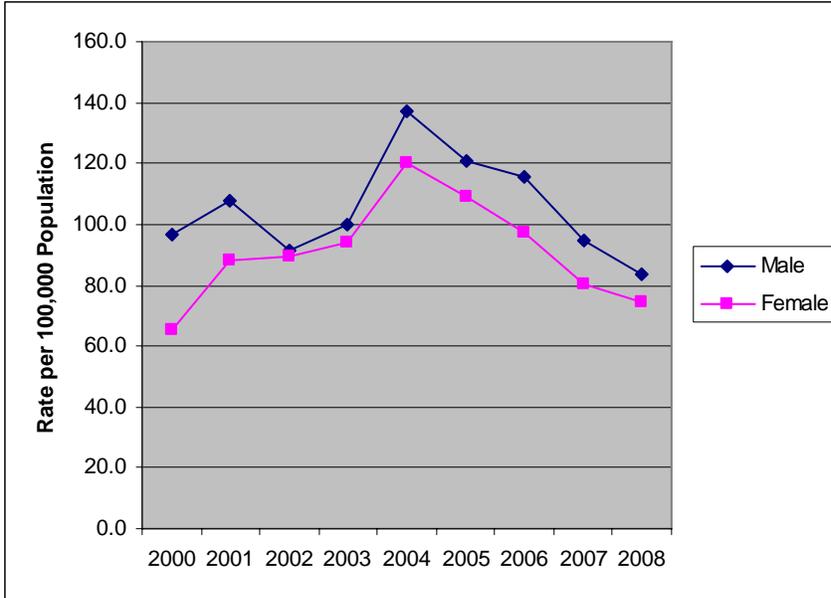
Gonorrhea rates in Nevada decreased from 2004 to 2008, at a low of 79.2 per 100,000 people in 2008. The national rates for gonorrhea fluctuated from 2000 to 2007. Nevada's rates of gonorrhea were below the national average for most years in the reporting period, with the exceptions of 2004 and in 2005.

In the United States, the highest reported rates of gonorrhea infection are among sexually active teenagers, young adults, and African Americans.<sup>1</sup>

Gonorrhea is a sexually transmitted disease (STD). Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix (opening to the womb), uterus (womb), and fallopian tubes (egg canals) in women, and in the urethra (urine canal) in women and men. The bacterium can also grow in the mouth, throat, eyes, and anus.<sup>1</sup>

\*Nevada data are provided by the STD-MIS database and U.S. data are provided by the STD Surveillance System (STDSS), Centers for Disease Control and Prevention (CDC), NCHHSTP.  
Note: See appendix for additional information.

**Rate of Gonorrhea, Nevada Residents by Gender, 2000 - 2008.\***



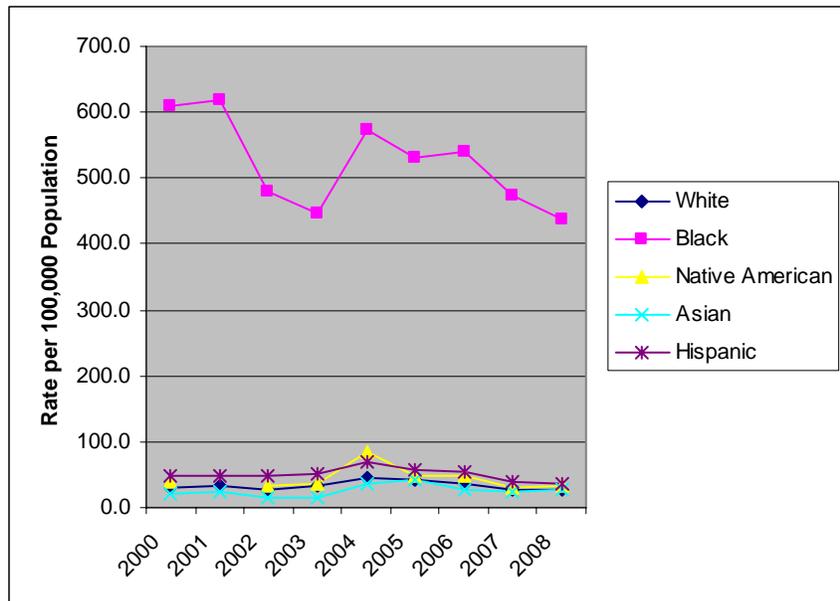
Males had a higher rate of gonorrhea than females in Nevada from 2000 to 2008. In 2008 the rate of gonorrhea among males was 83.6 per 100,000 people and the rate among females was 74.8 per 100,000 people. gonorrhea rates decreased for both males and females from 2004 to 2008.

CDC estimates that more than 700,000 persons in the U.S. contract new gonorrheal infections each year. Only about half of these infections are reported to the CDC.<sup>2</sup>

Throughout the decade, Blacks had significantly higher rates of gonorrhea than all other racial or ethnic groups in Nevada.

Although the rate among Blacks has decreased overall from 2000 to 2008, the rate of gonorrhea among Blacks in 2008 was still 438.2 per 100,000 people; 17.05 times that of Whites (25.7) and 12.13 times that of Hispanics (36.1).

**Rate of Gonorrhea, Nevada Residents by Race/Ethnicity, 2000 - 2008.\***



After several years of stable gonorrhea rates, the national gonorrhea rate increased for the second consecutive year in 2006, with the rate of reported gonorrheal infections at 120.9 per 100,000 persons (CDC).<sup>3</sup>

\*Nevada data are provided by the STD-MIS database.

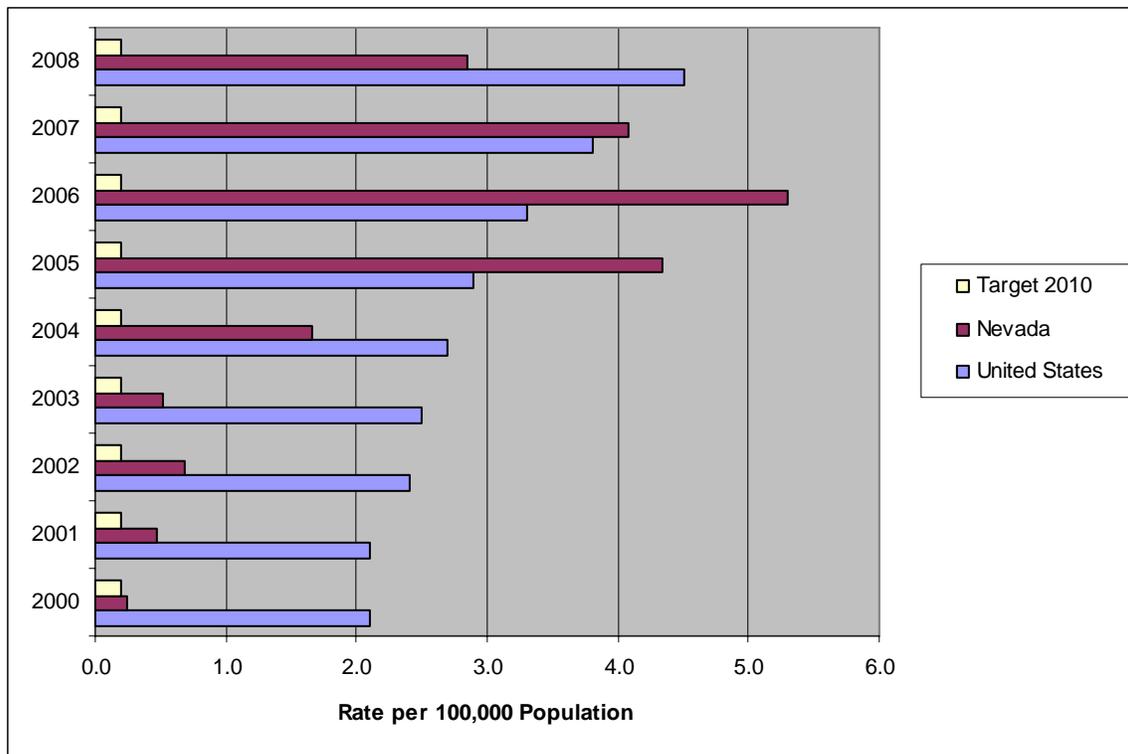
Note: Data not available for the Native American race/ethnicity group for the year 2001 due to small counts.

**Healthy People 2010 Objective (25-3.):** Eliminate sustained domestic transmission of primary and secondary syphilis.

**Healthy People 2020 Objective STD HP2020-7:** Reduce sustained domestic transmission of primary and secondary syphilis.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.8	4.5	0.2	1.4 (females) 6.8 (males)	Worsening

**Rate of Primary and Secondary Syphilis, Nevada Residents and United States, 2000 - 2008.\***



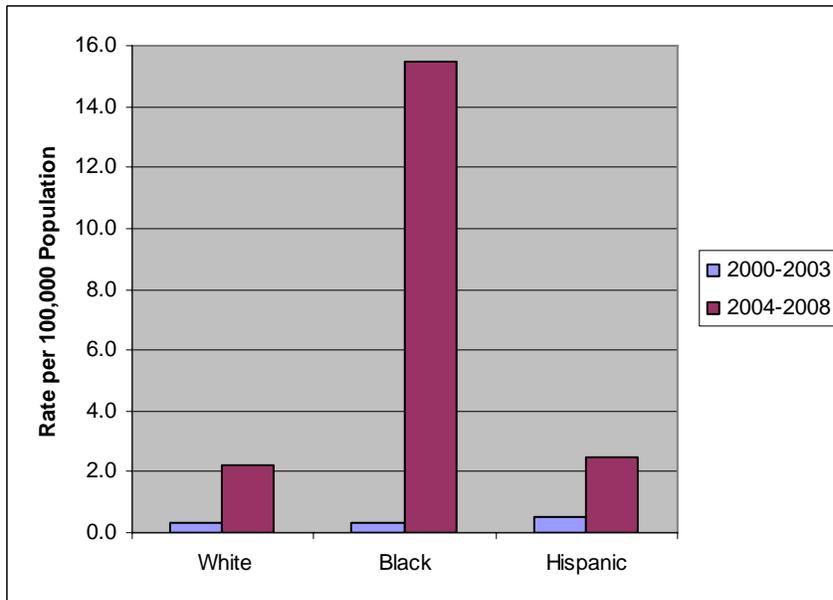
From 2000 to 2006 the rates for primary and secondary syphilis infections increased in both the United States and in Nevada.

In 2004, Nevada began experiencing a primary and secondary syphilis outbreak, with the peak of the outbreak in 2006 with a rate of 5.3 per 100,000. Rates of primary and secondary syphilis began to decline in 2007 and 2008. In 2008, the rate of primary and secondary syphilis in Nevada was below the national average at 2.8 cases per 100,000 compared to the national rate of 4.5 cases per 100,000.

\*Nevada data are provided by the STD-MIS database and U.S. data are provided by the Centers for Disease Control and Prevention (CDC).

Note: See appendix for additional information.

**Aggregated Rate of Primary and Secondary Syphilis, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2008.\***



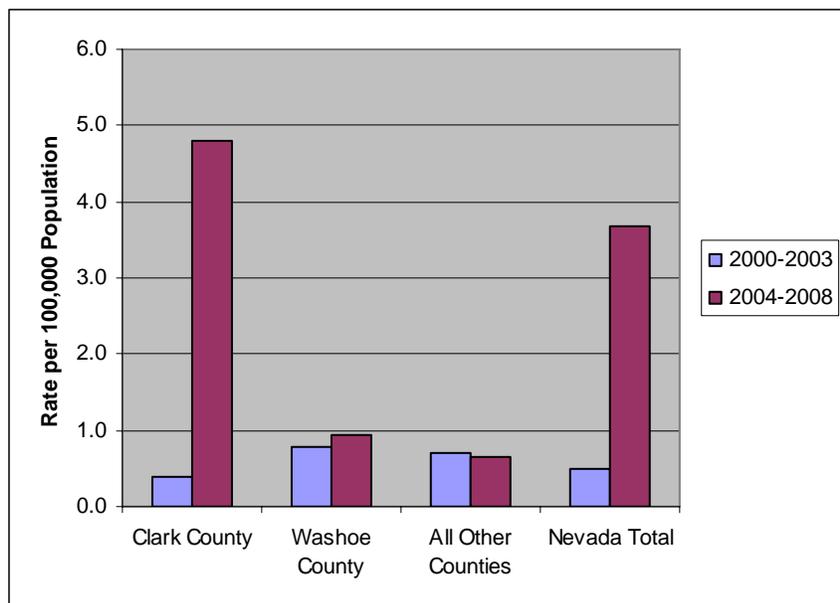
Blacks had the highest prevalence of primary and secondary syphilis in Nevada in the combined years 2004 through 2008.

In the United States, the incidence of primary and secondary syphilis was highest in women 20 to 24 years of age and in men 35 to 39 years of age.<sup>3</sup> In 2006, 64 percent of the nationally reported primary and secondary syphilis cases were among men who have sex with men (MSM).<sup>3</sup>

In 2004 through 2008, Clark County had the highest increase in the rate of primary and secondary syphilis in Nevada.<sup>4</sup>

Syphilis is passed from person to person through direct contact with a syphilis sore. Transmission occurs during vaginal, anal, or oral sex. Pregnant women can pass it to the babies they are carrying. syphilis cannot be spread through contact with toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.<sup>3</sup>

**Aggregated Rate of Primary and Secondary Syphilis, Nevada Residents by County/Region, 2000 - 2003 and 2004 - 2008.\***



\*Nevada data are provided by the STD-MIS database.

Note: Data not available for the Native American and Asian race/ethnicity groups due to small counts.

# Substance Abuse

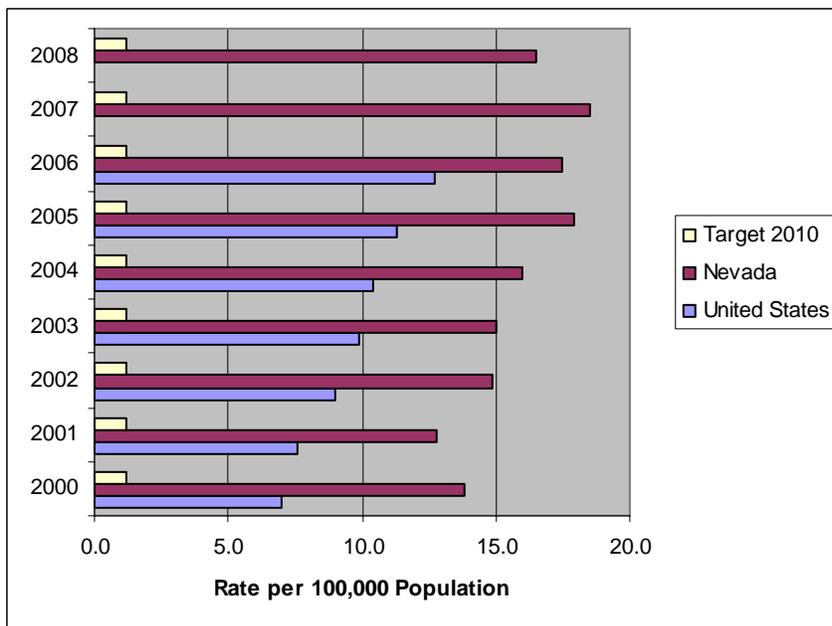
Alcohol and illicit drug use are associated with many of this country's most serious problems, including child and spousal abuse; sexually transmitted diseases, including HIV infection; teen pregnancy; school failure; escalation of health care costs; low worker productivity; and homelessness. Alcohol and illicit drug use can also result in substantial disruptions in family, work, and personal life. Alcohol abuse is associated with motor vehicle crashes, homicides, suicides, and drowning — all leading causes of death among youth. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of preventable mental retardation.<sup>1</sup>

**Healthy People 2010 Objective (26-3):** Reduce drug induced deaths.

**Healthy People 2020 Objective SA HP2020-12:** Reduce drug induced deaths.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
16.5	12.7	1.2	11.3	Worsening

**Age-Adjusted Drug Induced Death Rate, Nevada Residents and United States, 2000 - Most Current Data.\***

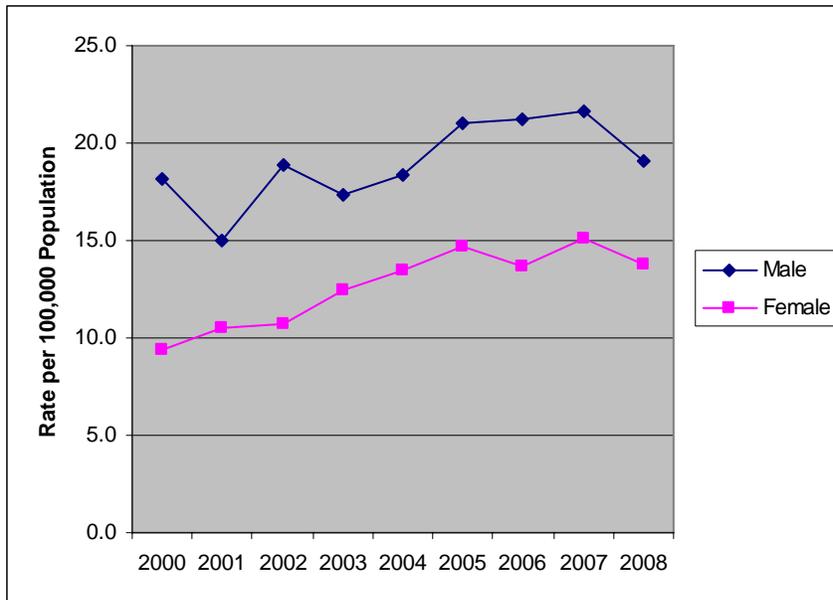


From 2000 to 2008, Nevada exceeded the United States in the number of drug induced deaths. Neither region met the Healthy People 2010 target of 1.2 per 100,000 people in the reported years.

\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records, and the U.S. data are from the National Vital Statistics System—Mortality.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: See appendix for additional information.



**Age-Adjusted Drug Induced Death Rate, Nevada Residents by Gender, 2000 - 2008.\***

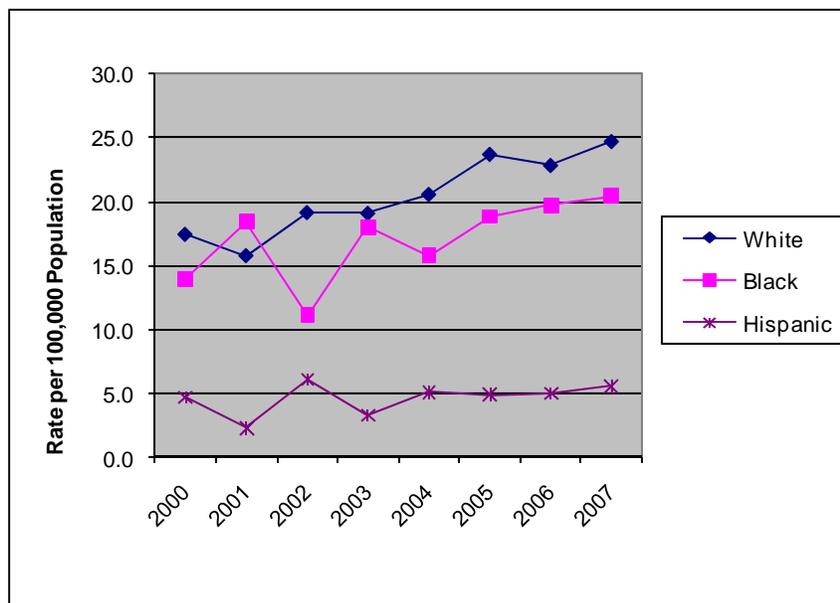


In Nevada, males consistently had a higher rate of drug induced deaths than females from 2000 to 2008.

**Age-Adjusted Drug Induced Death Rate, Nevada Residents by Race/Ethnicity, Nevada 2000 - 2007.\***

In Nevada, the drug induced death rate was highest among Whites from 2004 to 2007.

Hispanics had a much lower rate of drug induced deaths than Whites or Blacks from 2000 to 2007.



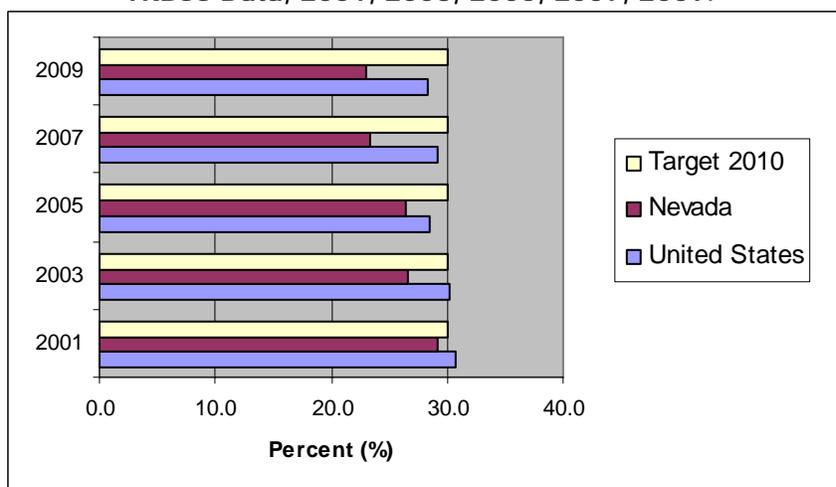
\*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records.  
 Note: 2007 and 2008 Nevada data are not final and are subject to change.  
 Note: Data not available for the Native American and Asian race/ethnicity groups due to small counts.

**Healthy People 2010 Objective (26-6):** Reduce the proportion of adolescents who report they rode, during the previous 30 days with a driver who had been drinking alcohol.

**Healthy People 2020 Objective SA HP2020-1:** Reduce the proportion of adolescents who report they rode, during the previous 30 days, with a driver who had been drinking alcohol.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
23.0	28.3	30.0	25.5	Surpassed

**Proportion of Adolescents, Grades 9-12, Who Report They Rode During the Previous 30 Days, With a Driver Who had Been Drinking Alcohol, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

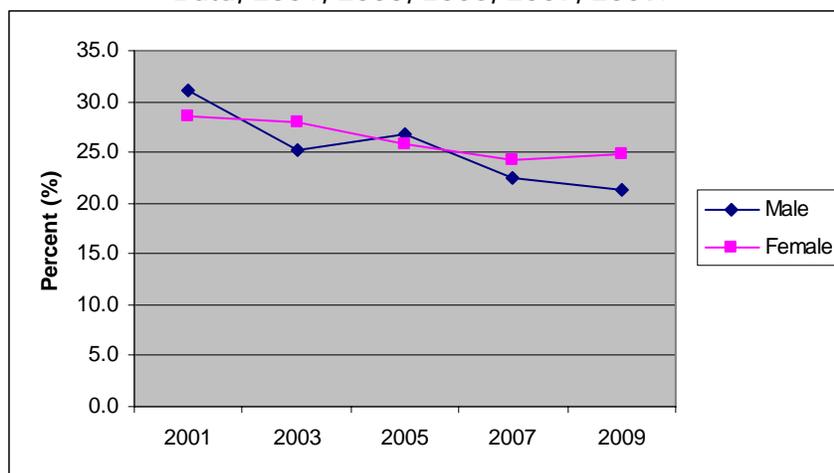


While Nevada consistently reached the Healthy People 2010 Target since 2001, in 2009, over 20 percent of Nevada adolescents, grades 9-12, reported riding in a car with a driver who had been drinking alcohol.

According to the Youth Risk Behavior Surveillance System (YRBSS), female adolescents were more likely to report riding in a car with a driver that had been drinking alcohol, than male adolescents in 2007 and 2009.<sup>2</sup>

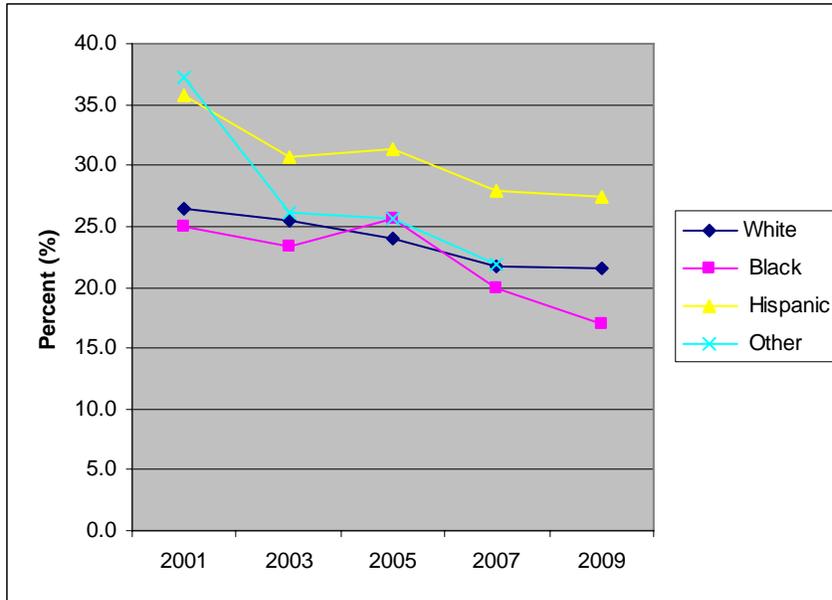
This proportion decreased among both genders from 2001 to 2009.

**Proportion of Adolescents, Grades 9-12, Who Report They Rode During the Previous 30 Days, With a Driver Who had Been Drinking Alcohol, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



\*Individual county data not available.

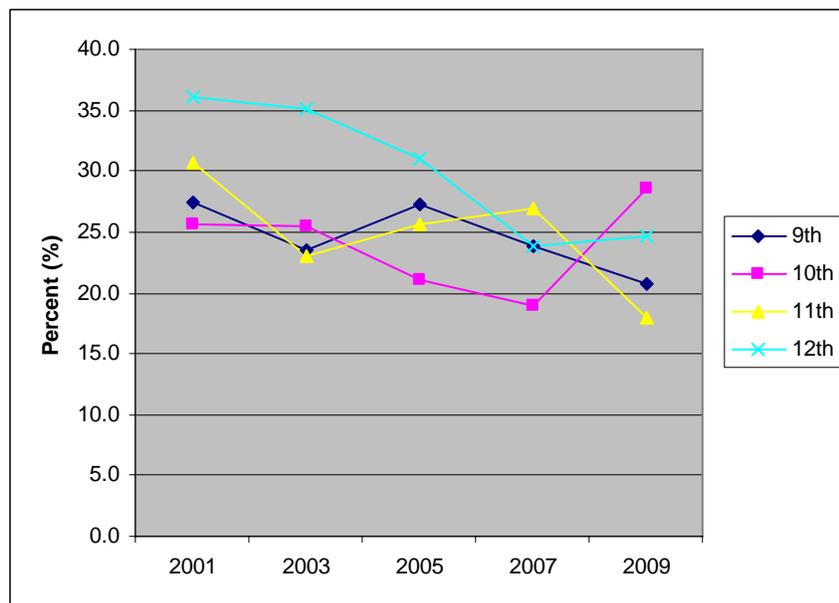
**Proportion of Adolescents, Grades 9-12, Who Report They Rode During the Previous 30 Days, with a Driver Who had Been Drinking Alcohol, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2001 to 2009, Nevada saw an overall decrease in the proportion of adolescents who reported they rode in a car with a driver who had been drinking alcohol, for all race/ethnicity groups.

**Proportion of Adolescents, Grades 9-12, Who Report They Rode During the Previous 30 Days, with a Driver Who had Been Drinking Alcohol, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

According to the Youth Risk Behavior Surveillance System (YRBSS), the proportion of 10th grade students who reported that they rode in a car with a driver who had been drinking, increased 10 percent (19 percent to 29 percent) from 2007 to 2009, while overall decreases were seen among all other grades from 2001 to 2009.<sup>2</sup>



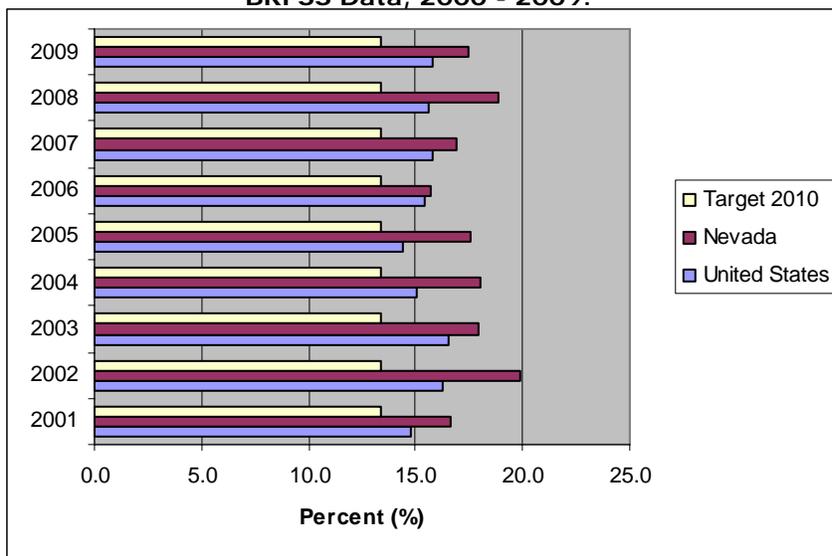
\*Individual county data are not available.

**Healthy People 2010 Objective (26-11c.):** Reduce the proportion of adults, aged 18 years and older, engaging in binge drinking of alcohol.

**Healthy People 2020 Objective SA HP2020-14.3:** Reduce the proportion of adults, aged 18 years and older, engaging in binge drinking of alcohol.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
17.5	15.8	13.4	24.3	Fluctuating

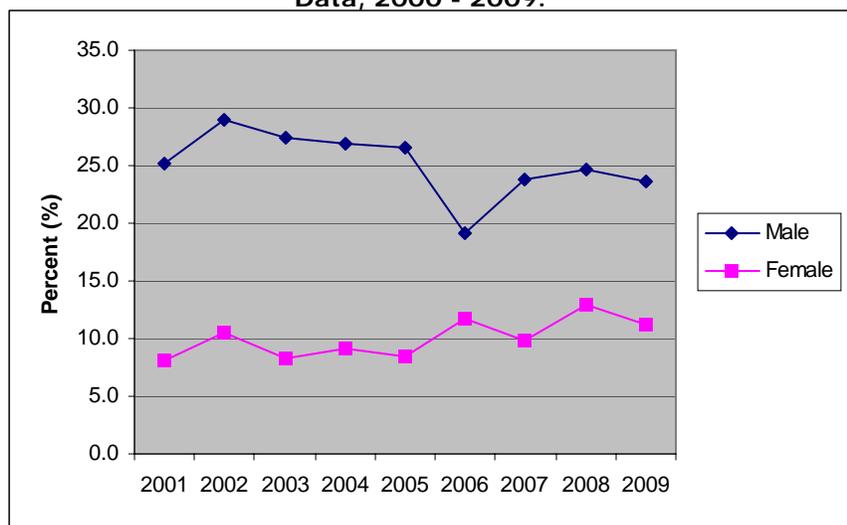
**Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking Alcohol, Nevada Residents and United States, BRFSS Data, 2000 - 2009.\***



Nationally the proportion of adults who engage in binge drinking of alcohol remained steady from 2007 to 2009. This proportion, among Nevada adults, was consistently higher than the United States from 2000 to 2009. The Healthy People 2010 target has not been met by either region.

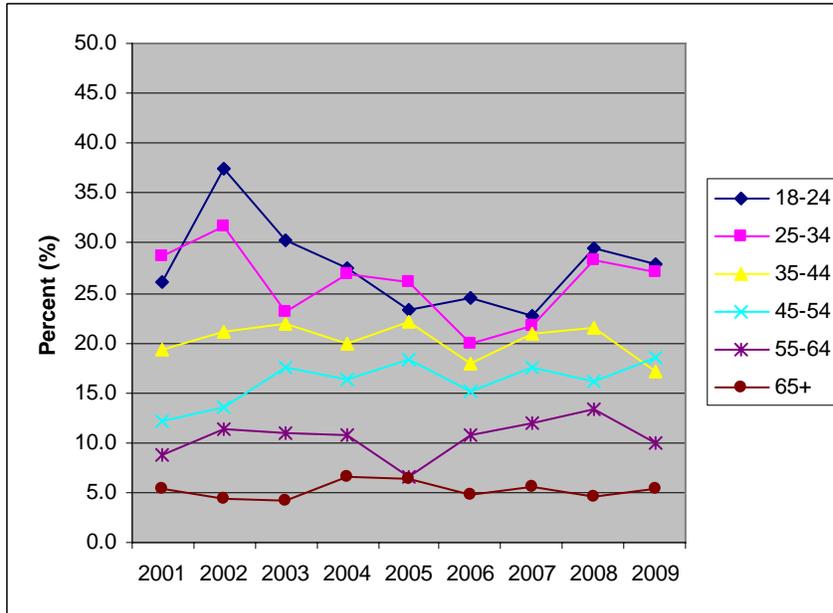
**Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking Alcohol, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.\***

The proportion of Nevada adult males, aged 18 and older, who engage in binge drinking alcohol was higher than the proportion of Nevada adult females, aged 18 and older, who engage in binge drinking alcohol from 2001 to 2009.



\*These percentages are weighted to survey population characteristics.  
Note: See appendix for additional information.

**Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking Alcohol, Nevada Residents by Age, BRFSS Data, 2000 - 2009. \***



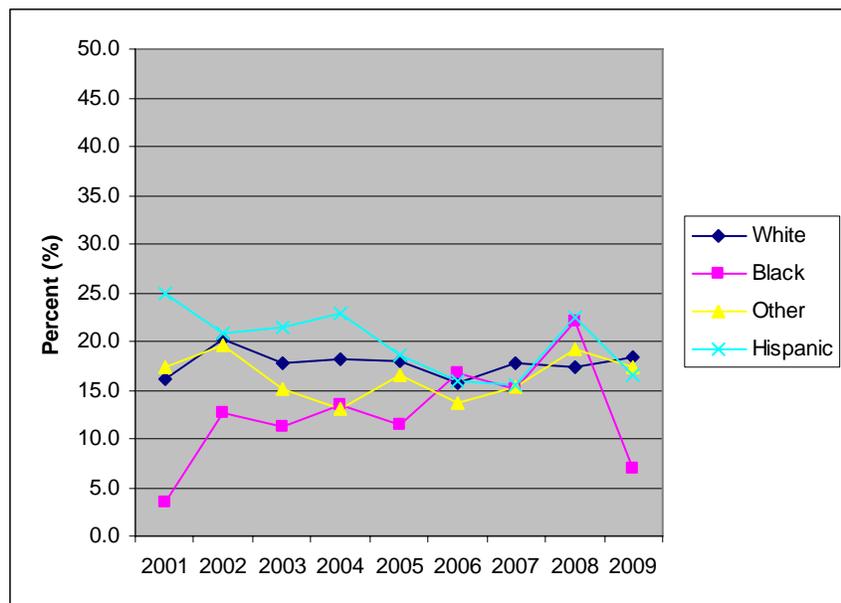
Nevada residents who are 65 years and older had the lowest proportion of people engaging in binge drinking from 2001 to 2009.

The age groups 18 to 24 years old and 25 to 34 years old have consistently had the highest proportion of Nevada residents who engage in binge drinking.

In 2008, there were 107 Nevadans killed in Alcohol-Impaired Driving Accidents. Of these fatalities, 11 were under the age of 21.<sup>3</sup>

**Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking Alcohol, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000 - 2009. \***

In 2009, 18.5 percent of White Nevada residents, 6.9 percent of Black Nevada residents, 16.6 percent of Hispanic Nevada residents, and 17.3 percent of Nevada residents reporting 'Other' for race/ethnicity engaged in binge drinking of alcohol.



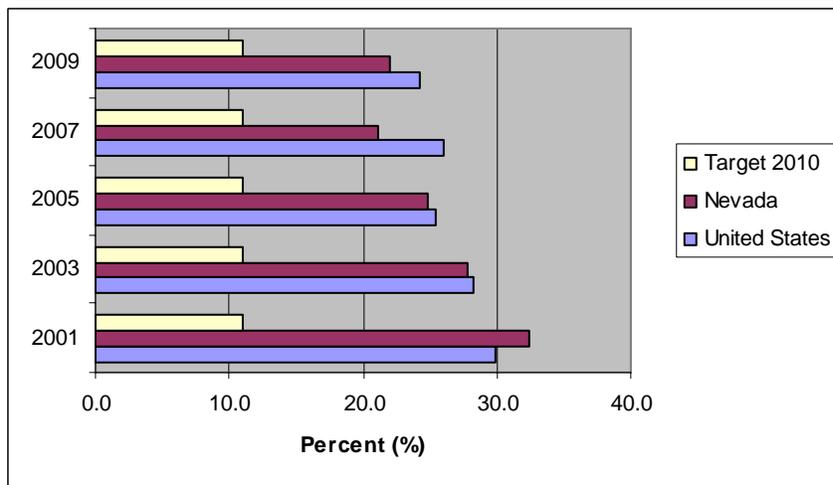
\*These percentages are weighted to survey population characteristics.

**Healthy People 2010 Objective (26-11d.):** Reduce the proportion of adolescents, aged 12 to 17 years, engaging in binge drinking of alcohol.

**Healthy People 2020 Objective SA HP2020-14.4:** Reduce the proportion of adults and adolescents engaging in binge drinking of alcohol beverages during the past month: adolescents aged 12 to 17 years.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
22.0	24.2	3.1	8.5	Improving

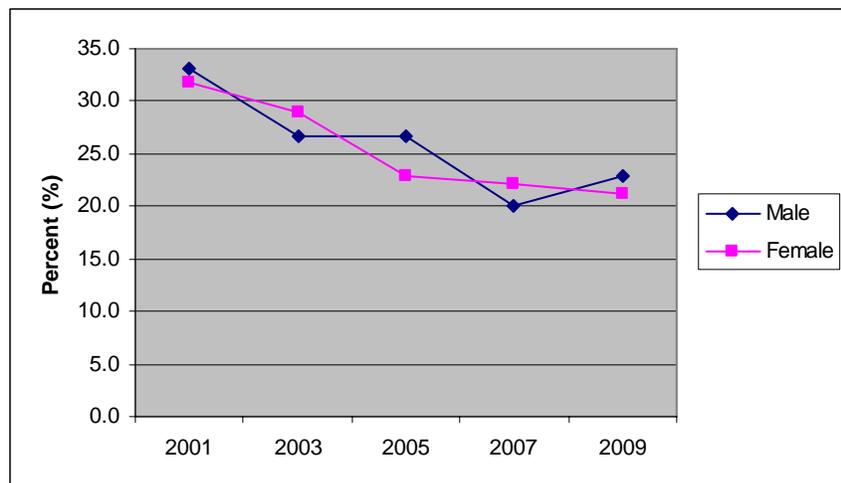
**Proportion of Adolescents, Grades 9-12, Who Reported Having Five or More Drinks of Alcohol in a Row Within a Couple Hours, in the Past 30 Days, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



From 2001 to 2009, Nevada experienced a 10 percent decrease (32 percent to 22 percent) in the proportion of adolescents who engage in binge drinking.

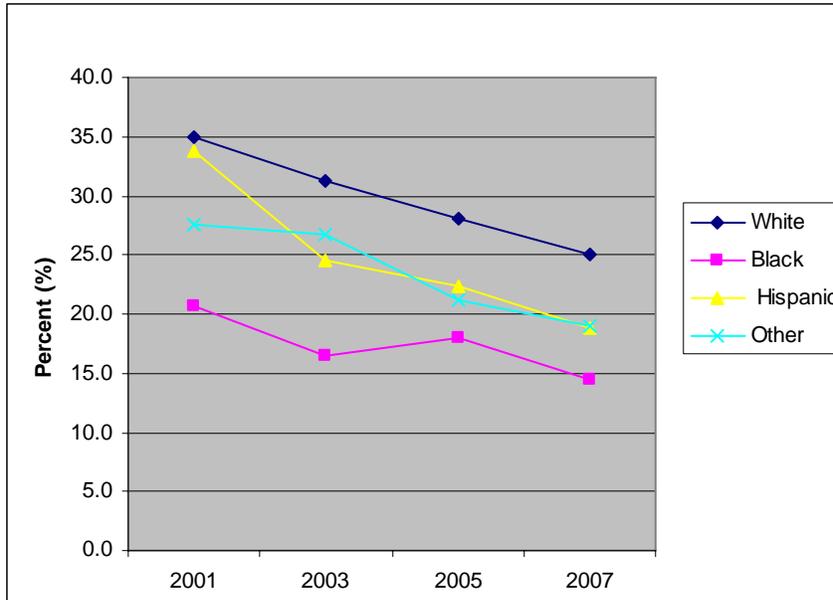
**Proportion of Adolescents, Grades 9-12, Who Reported Having Five or More Drinks of Alcohol in a Row Within a Couple Hours, in the Past 30 Days, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

According to the Youth Risk Behavior Surveillance System (YRBSS), binge drinking decreased among both male and female adolescents in Nevada from 2001 to 2009.<sup>2</sup>



\*Individual county data are not available.

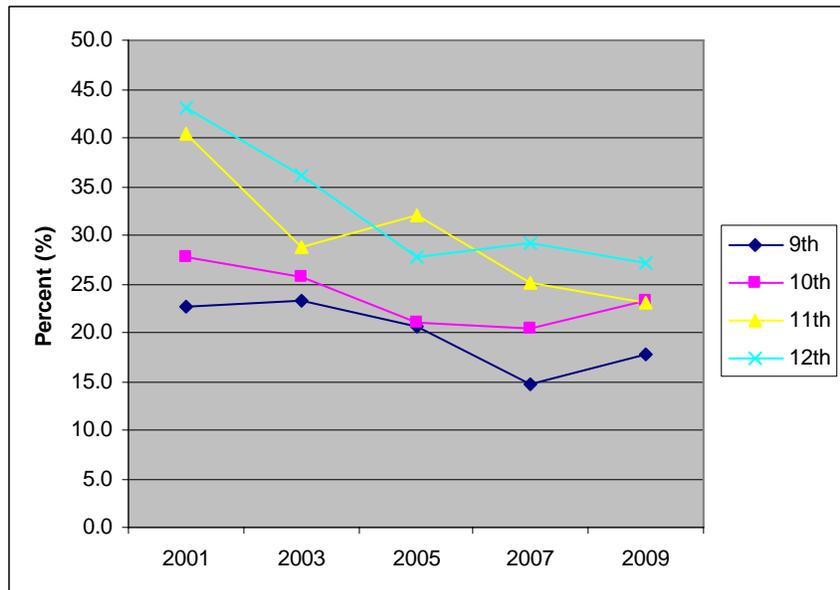
**Proportion of Adolescents, Grades 9-12, Who Reported Having Five or More Drinks of Alcohol in a Row Within a Couple Hours in the Past 30 Days, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007.\***



Overall, binge drinking decreased among adolescents in Nevada for all race/ethnicity groups from 2001 to 2007.

**Proportion of Adolescents, Grades 9-12, Who Reported Having Five or More Drinks of Alcohol in a Row Within a Couple Hours in the Past 30 Days, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

According to the Youth Risk Behavior Surveillance System (YRBSS), in 2009, binge drinking was most prevalent among adolescents in the 12th grade.<sup>2</sup>



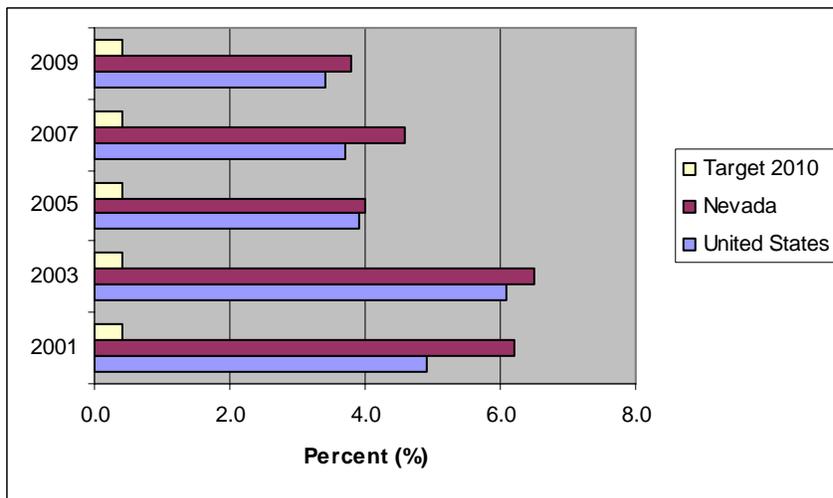
\*Individual county data are not available.

**Healthy People 2010 Objective (26-14b.):** Reduce steroid use among adolescents, in the 10th grade.

**Healthy People 2020 Objective SA HP2020-18.2:** Reduce steroid use among adolescents, in the 10th grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
3.8	3.4	0.4	N/A	Improving

**Proportion of Adolescents in the 10th Grade, Reporting Steroid Use, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

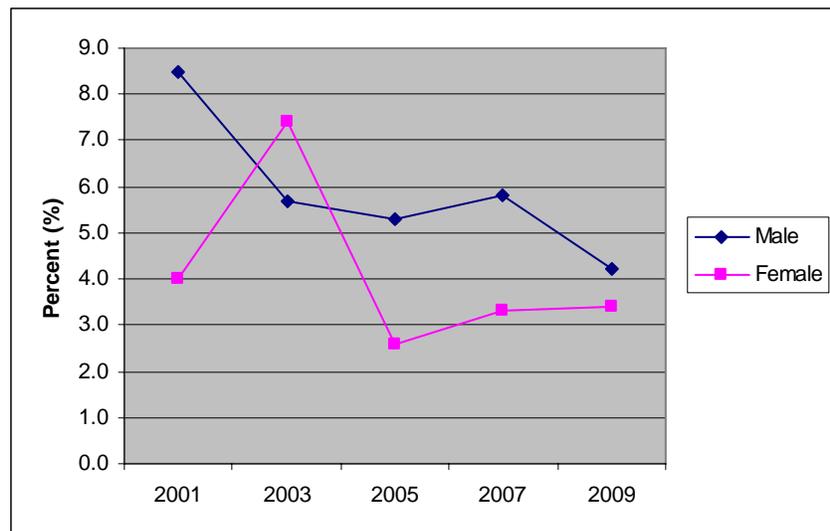


According to the Youth Risk Behavior Surveillance System (YRBS), Nevada 10th graders report more steroid use compared to 10th grade students in the United States.<sup>2</sup> Neither region met the Healthy People 2010 target anytime from 2002 to 2009.

Steroid use for 10th graders overall declined from 2003 to 2009.

**Proportion of Adolescents in the 10th Grade, Reporting Steroid Use, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

From 2001 to 2009, Nevada experienced a decrease in the proportion of male adolescents in the 10th grade who report steroid use.



\*Individual county data are not available.

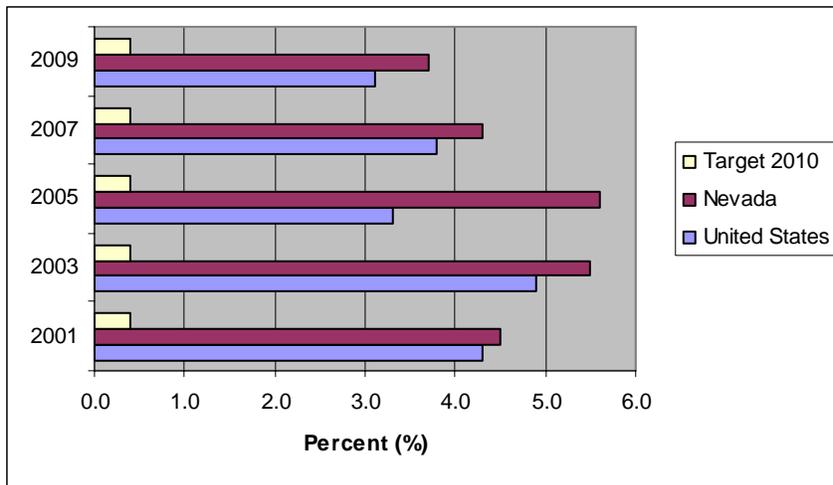


**Healthy People 2010 Objective (26-14c.):** Reduce steroid use among adolescents in the 12th grade.

**Healthy People 2020 Objective SA HP2020-18.3:** Reduce steroid use among adolescents in the 12th grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
3.7	3.1	0.4	N/A	Improving

**Proportion of Adolescents in the 12th Grade, Reporting Steroid Use, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



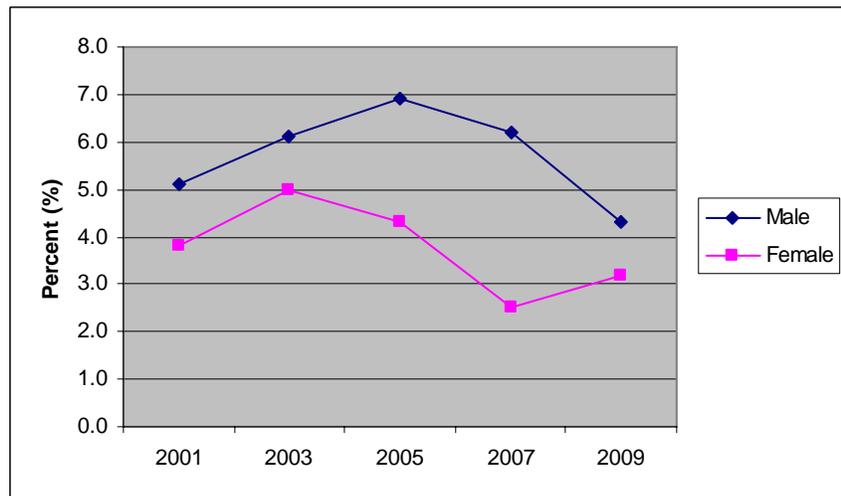
According to the Youth Risk Behavior Surveillance System (YRBSS), Nevada 12th graders report more steroid use than 12th grade students in the United States.<sup>2</sup>

In Nevada, the use of steroids by 12th graders declined from 2005 to 2009.

**Proportion of Adolescents in the 12th Grade, Reporting Steroid Use, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

While male 12th graders had a decrease in steroid use from 2005 to 2009, steroid use among female 12th graders has slightly increased since 2007.

From 2001 to 2009 there was a higher proportion of male 12th graders who reported using steroids than female 12th graders.



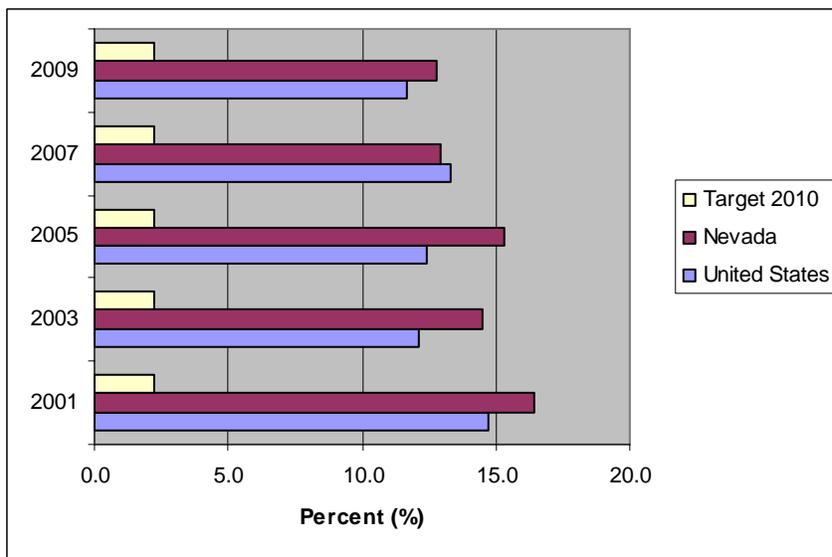
\*Individual county data are not available.

**Healthy People 2010 Objective (26-15):** Reduce the proportion of adolescents who use inhalants.

**Healthy People 2020 Objective SA HP2020-21:** Reduce the proportion of adolescents who use inhalants.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
13.0	12.0	2.2	N/A	Improving

**Proportion of Adolescents, Grades 9-12, Who Reported Using Inhalants During Their Lifetime, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

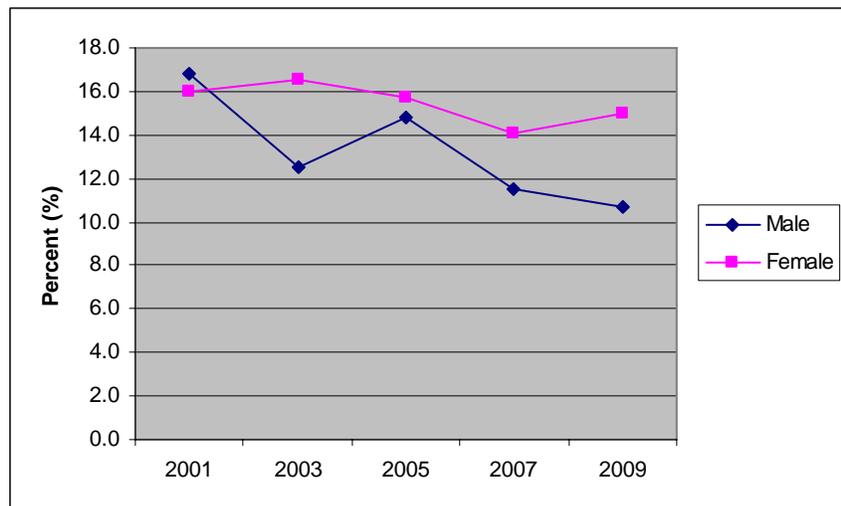


From 2001 to 2009, Nevada had a slight decrease in the percentage of adolescents reporting ever using inhalants.

According to the Youth Risk Behavior Surveillance System (YRBSS), inhalant use was more common among female adolescents in Nevada from 2003 to 2009.<sup>2</sup>

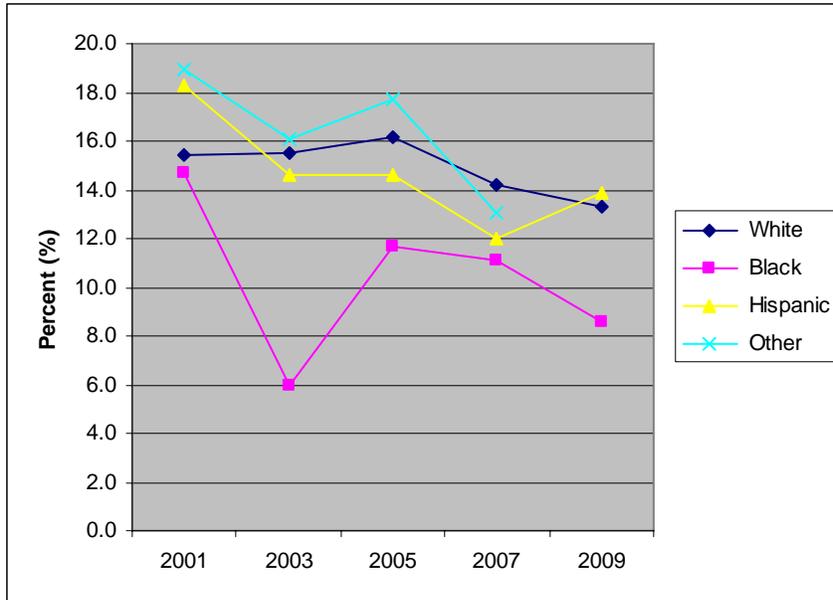
The proportion of male adolescents, in grades 9 through 12, who report ever using inhalants decreased from 2001 to 2009.<sup>2</sup>

**Proportion of Adolescents, Grades 9-12, Who Reported Using Inhalants During Their Lifetime, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



\*Individual county data are not available.

**Proportion of Adolescents, Grades 9-12, Who Reported Using Inhalants During Their Lifetime, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

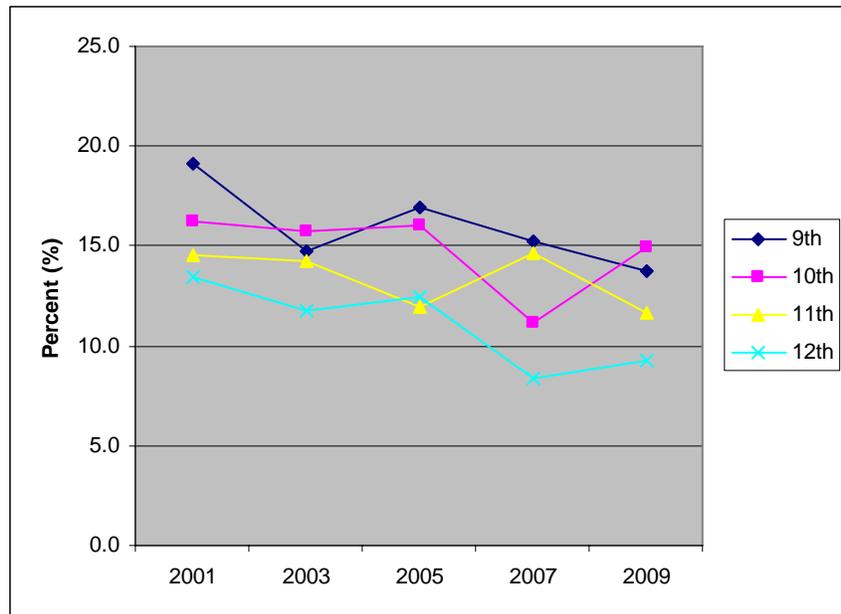


In 2001, 15 percent of Black adolescents reported using inhalants, which decreased to 9 percent, in 2009. In general, the proportion of adolescents who have ever used inhalants was lowest among the Black population from 2001 to 2009.

Overall, inhalant use has decreased in all racial/ethnic groups since 2001. The rate for Hispanics increased from 2007 to 2009, after years of decline.

**Proportion of Adolescents, Grades 9-12, Who Reported Using Inhalants During Their Lifetime, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

According to the Youth Risk Behavior Surveillance System (YRBSS), in 2009, 15 percent of 10th grade Nevada students reported ever using inhalants. Overall, inhalant use decreased among high school students from 2001 to 2009.<sup>2</sup>



\*Individual county data are not available.

# Tobacco Use

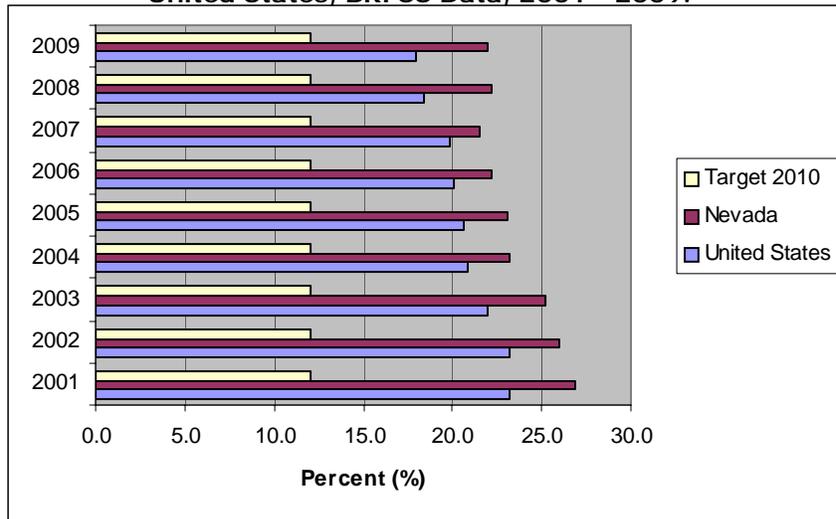
Cigarette smoking is the single most preventable cause of disease and death in the United States, accounting for approximately 443,000 deaths per year, or one in five deaths annually. Smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung diseases; all leading causes of death in the U.S. According to the Centers for Disease Control and Prevention (CDC), 22.2 percent of Nevada adults reported smoking in 2008, compared to 18.3 percent nationwide.<sup>1</sup>

**Healthy People 2010 Objective (27-1a.):** Reduce cigarette smoking by adults.

**Healthy People 2020 Objective TU HP2020-1.1:** Reduce tobacco use by adults – cigarette smoking.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
22.0	17.9	12.0	12.0	Improving

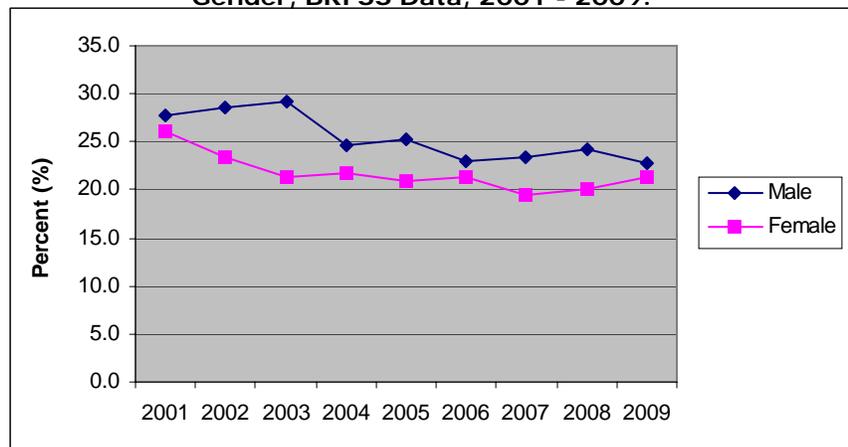
**Proportion of Cigarette Smoking Adults, Nevada Residents and United States, BRFSS Data, 2001 - 2009.\***



It is estimated that 22.0 percent of Nevada adults smoked in 2009. Although this value is slightly higher than the U.S. proportion of 17.9 percent, smoking in Nevada declined from 2001 to 2009, when 26.9 percent of Nevada adults were smokers. Neither the state, nor the U.S., met the Healthy People 2010 target of 12.0 percent from 2001 to 2009.

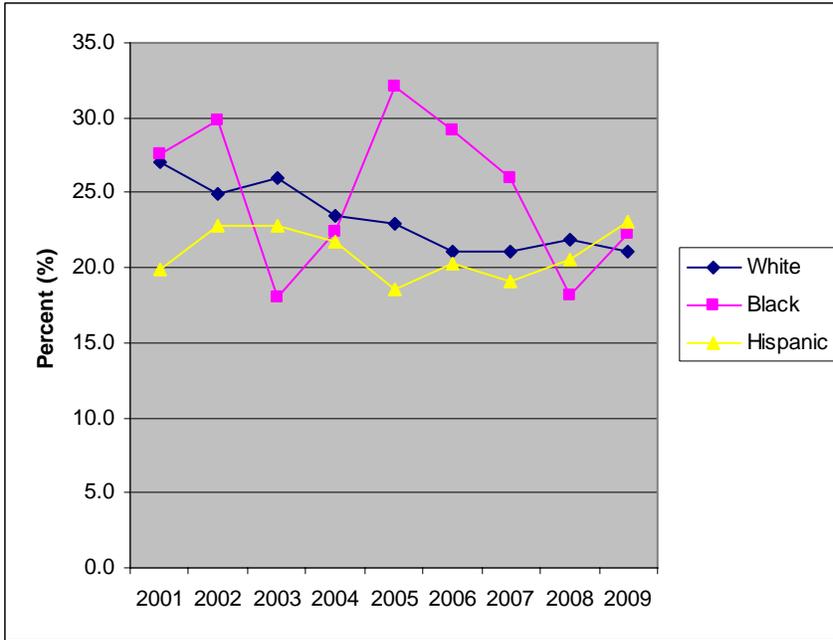
**Proportion of Cigarette Smoking Adults, Nevada Residents by Gender, BRFSS Data, 2001 - 2009.\***

Tobacco use was higher among Nevada males than Nevada females from 2001 to 2009. Among both genders, however, the percentage of cigarette smoking adults decreased from 2001 to 2009.



\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Proportion of Cigarette Smoking Adults, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001 - 2009.\***

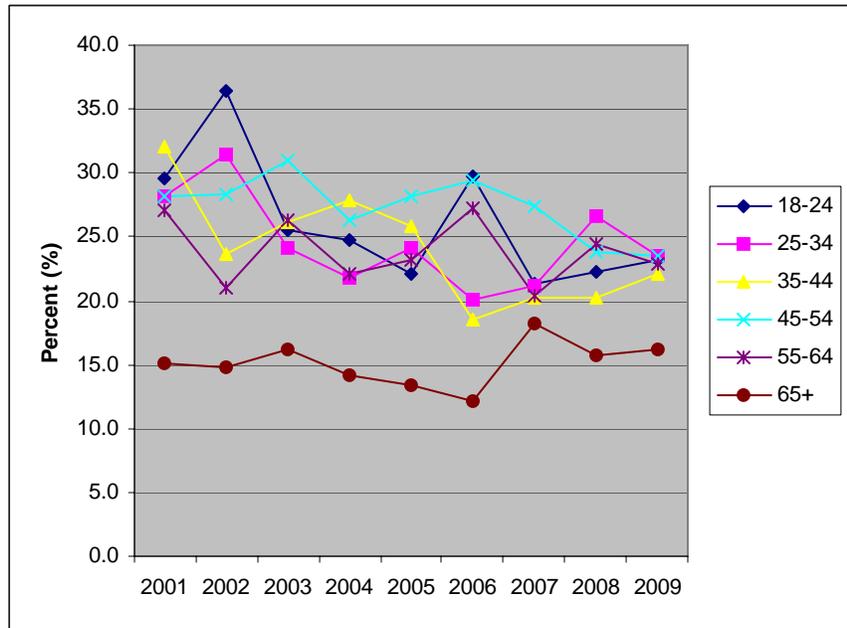


In 2009, Whites, Blacks, and Hispanics, all had fairly close proportions of people who smoked, at 21.1, 22.3, and 23.0 percent respectively.

There was an overall decrease in the proportion of White Nevada residents who smoke, decreasing from a high of 27.1 percent in 2001.

**Proportion of Cigarette Smoking Adults, Nevada Residents by Age, BRFSS Data, 2001 - 2009.\***

Nevada residents aged 65 years and older had the lowest proportion of cigarette smoking adults from 2001 to 2009, when compared to other age groups.



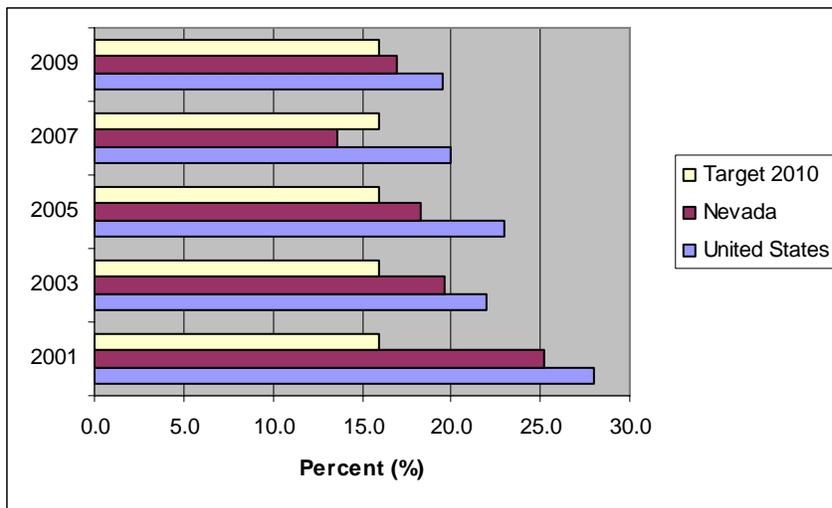
\*These percentages are weighted to survey population characteristics.  
 Note: Data not available for the Other race/ethnicity group due to small counts.

**Healthy People 2010 Objective (27-2b.):** Reduce the proportion of adolescents, grades 9-12, reporting cigarette use in the past month.

**Healthy People 2020 Objective TU HP2020-2.2:** Reduce tobacco use (cigarettes) by adolescents in the past month.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
17.0	19.5	16.0	16.0	Fluctuating

**Proportion of Adolescents, Grades 9-12, Reporting Cigarette Use in the Past Month, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

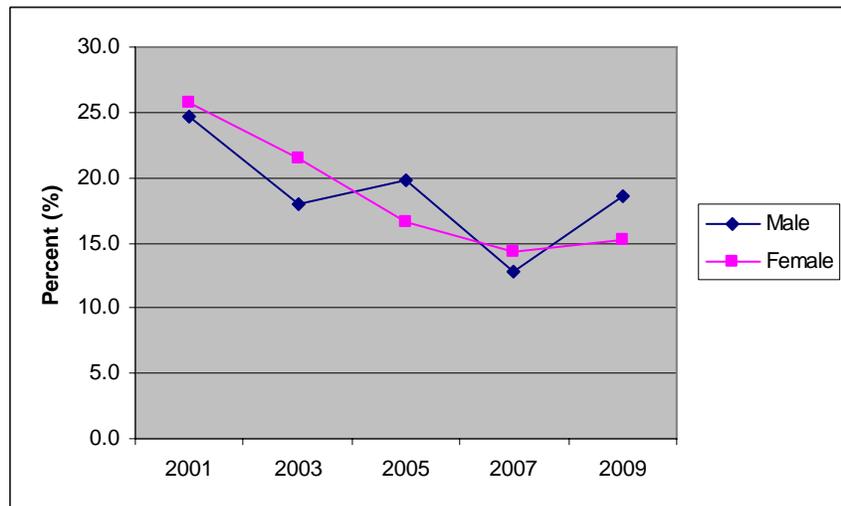


From 2001 to 2007, Nevada saw a decrease in the proportion of adolescents reporting cigarette use, however, in 2009, Nevada saw an increase in the proportion of adolescents reporting cigarette use in the past month.

According to the Youth Risk Behavior Surveillance System (YRBSS), female adolescents were less likely to report using cigarettes in the past month than males in 2009.<sup>2</sup>

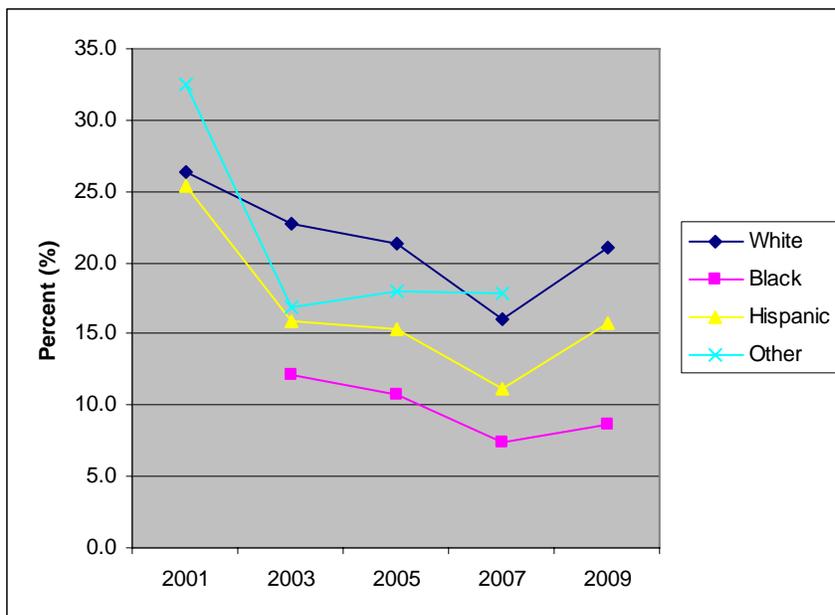
The proportion of adolescents, grades 9 through 12, who report cigarette use in the past month has decreased overall for both genders from 2001 to 2009.

**Proportion of Adolescents, Grades 9-12, Reporting Cigarette Use in the Past Month, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***



\*Individual county data are not available.

**Proportion of Adolescents, Grades 9-12, Reporting Cigarette Use in the Past Month, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

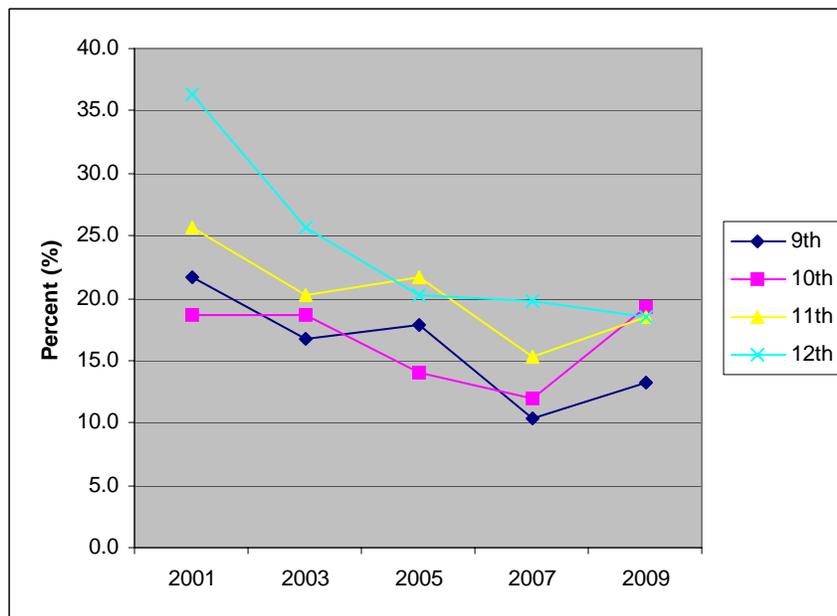


In 2001, over 25 percent of White and Hispanic adolescents reported using cigarettes in the past month, which decreased by 5 percent for Whites and nearly 10 percent for Hispanics, by 2009.<sup>2</sup>

**Proportion of Adolescents, Grades 9-12, Reporting Cigarette Use in the Past Month, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

According to the Youth Risk Behavior Surveillance System (YRBSS), adolescents in the 12th grade reported cigarette use more often than students in grades 9 through 11 in 2001, 2003, and 2007.<sup>2</sup>

In 2009 the proportion of adolescents reporting cigarette use in 10th, 11th, and 12th grades were similar.



\*Individual county data are not available.

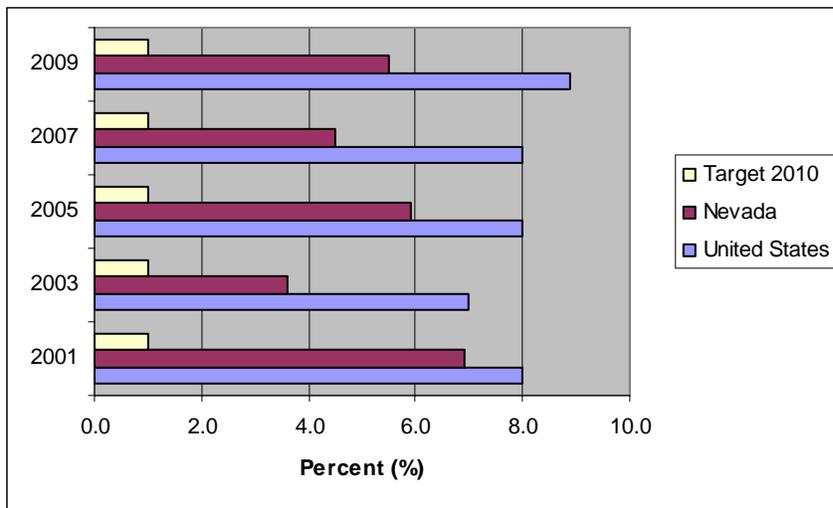
Note: Data not available for the Black race/ethnicity group for the year 2001 or for the Other race/ethnicity group for 2009 due to <100 respondents.

**Healthy People 2010 Objective (27-2c.):** Reduce the proportion of adolescents, grades 9-12, reporting spit tobacco use in the past month.

**Healthy People 2020 Objective TU HP2020-2.3:** Reduce tobacco use (smokeless tobacco products) by adolescents in the past month.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
6.0	9.0	1.0	6.9	Fluctuating

**Proportion of Adolescents, Grades 9-12, Reporting Smokeless Tobacco Use in the Past Month, Nevada Residents and United States, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

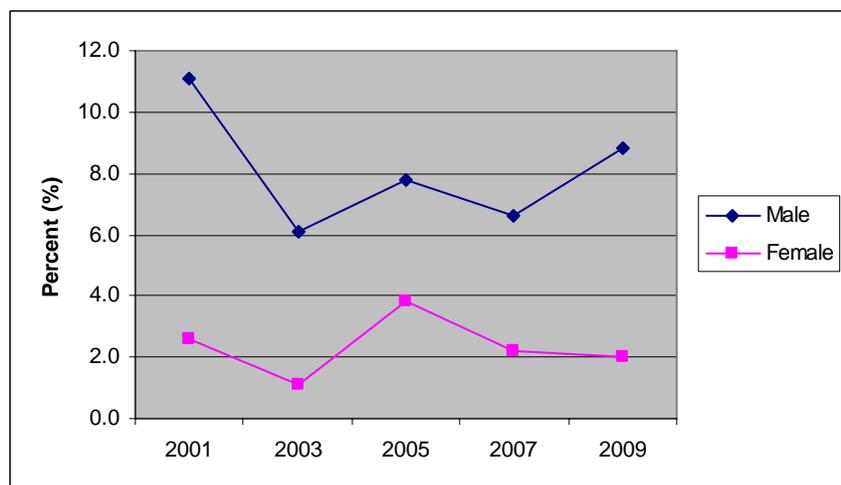


From 2001 to 2009, Nevada reported less smokeless tobacco use among adolescents compared to the United States.

Neither region met the Healthy People 210 target of 1.0 percent from 2001 to 2009, at 6.0 percent and 9.0 percent respectively in 2009.

**Proportion of Adolescents, Grades 9-12, Reporting Smokeless Tobacco Use in the Past Month, Nevada Residents by Gender, YRBSS Data, 2001, 2003, 2005, 2007, 2009.\***

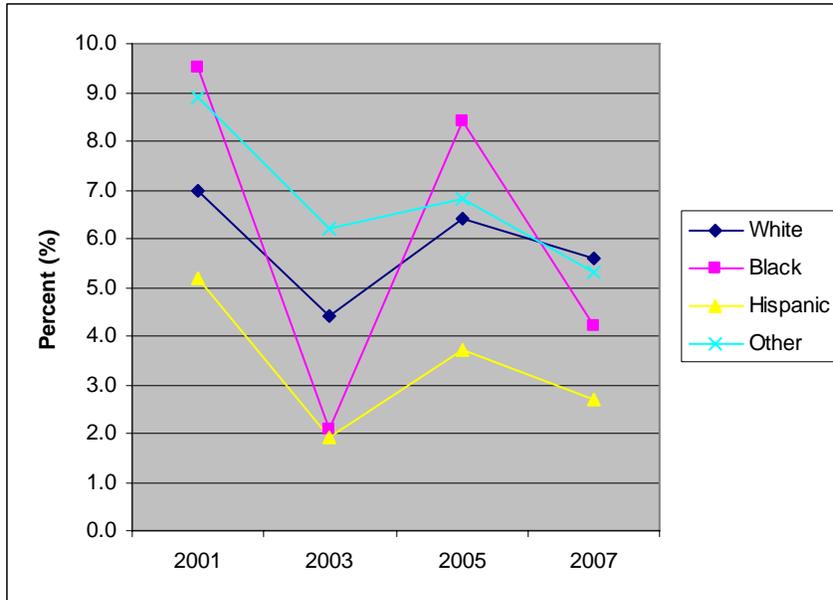
According to the Youth Risk Behavior Surveillance System (YRBSS), from 2001 to 2009, male adolescents were more likely to use smokeless tobacco than female adolescents.<sup>2</sup>



\*Individual county data are not available.



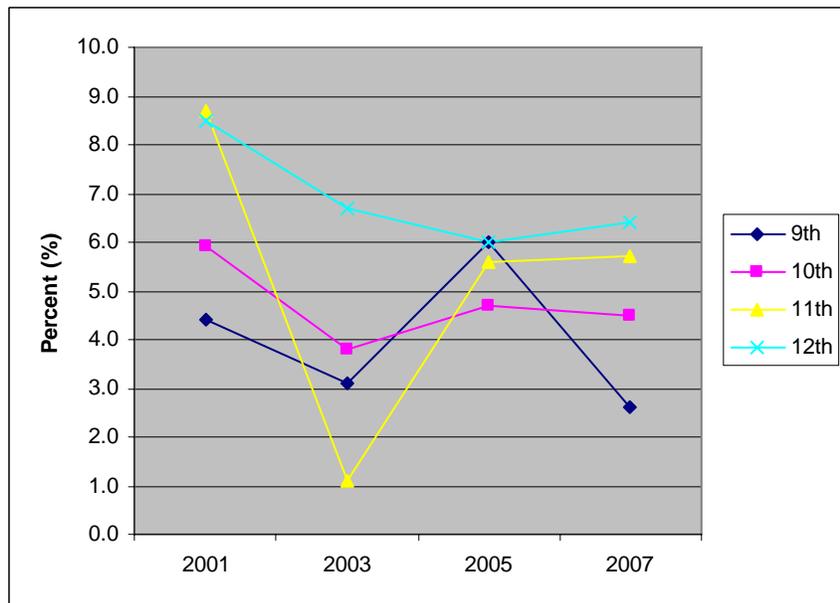
**Proportion of Adolescents, Grades 9-12, Reporting Smokeless Tobacco Use in the Past Month, Nevada Residents by Race/Ethnicity, YRBSS Data, 2001, 2003, 2005, 2007.\***



In 2005, there was an increase in smokeless tobacco use among Nevada adolescents for all race/ethnicity groups, followed by a decrease among all race/ethnicities in 2007.

**Proportion of Adolescents, Grades 9-12, Reporting Smokeless Tobacco Use in the Past Month, Nevada Residents by Grade, YRBSS Data, 2001, 2003, 2005, 2007.\***

According to the Youth Risk Behavior Surveillance System (YRBSS), adolescents in the 12th grade reported smokeless tobacco use more often than students in grades 9 through 11 in 2007.<sup>2</sup>



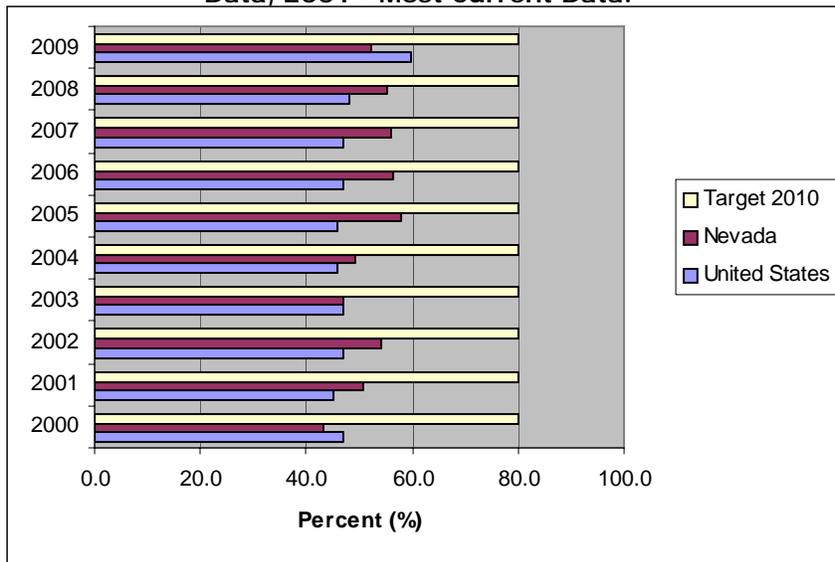
\*Individual county data are not available.

**Healthy People 2010 Objective (27-5.):** Increase smoking cessation attempts by adult smokers.

**Healthy People 2020 Objective TU HP2020-4.1:** Increase smoking cessation attempts by adult smokers.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
53.5	59.7	80.0	80.0	Fluctuating

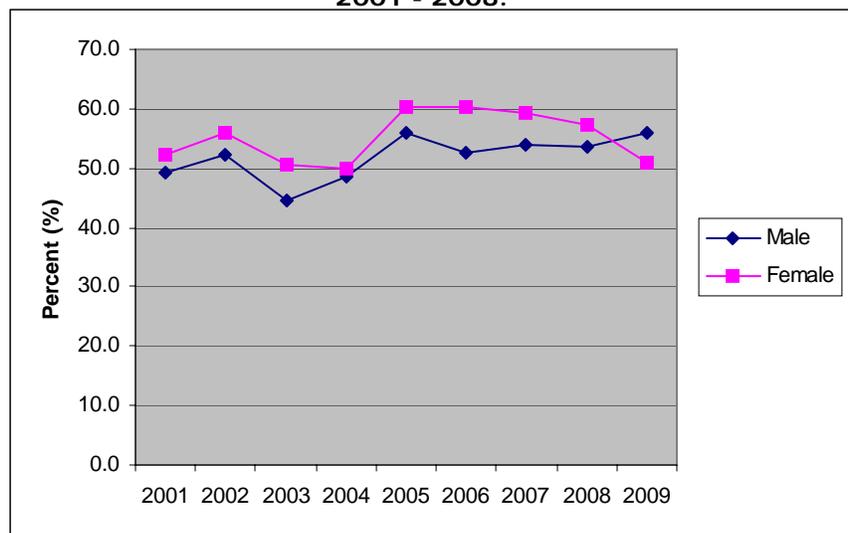
**Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year, Nevada Residents and United States, BRFSS Data, 2001 - Most Current Data.\***



The proportion of Nevada adults who have reported cessation attempts was consistently higher than that of the U.S., but much lower than the Healthy People 2010 target of 80 percent from 2000 to 2009. In 2009, this proportion declined; 53.5 percent of Nevada adult smokers reported cessation attempts in the past year, compared to the national value of 59.7 percent.

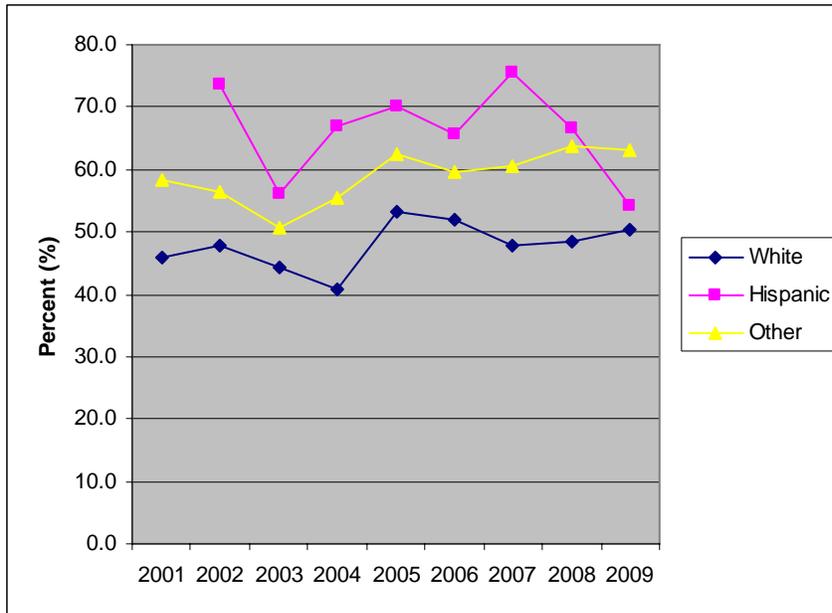
**Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year, Nevada Residents by Gender, BRFSS Data, 2001 - 2008.\***

From 2001 to 2008, it was reported that a higher proportion of females had made cessation attempts within the past year than males. In 2009, however, more males reported cessation attempts than females.



\*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

**Proportion of Nevada Adults Reporting Smoking Cessation Attempts in the Past Year, Nevada Residents by Race/Ethnicity, BRFSS Data, 2001 - 2009.\***



Whites had the lowest proportion of adults who made smoking cessation attempts among current smokers in the past year than any other race/ethnicity group from 2001 to 2009.

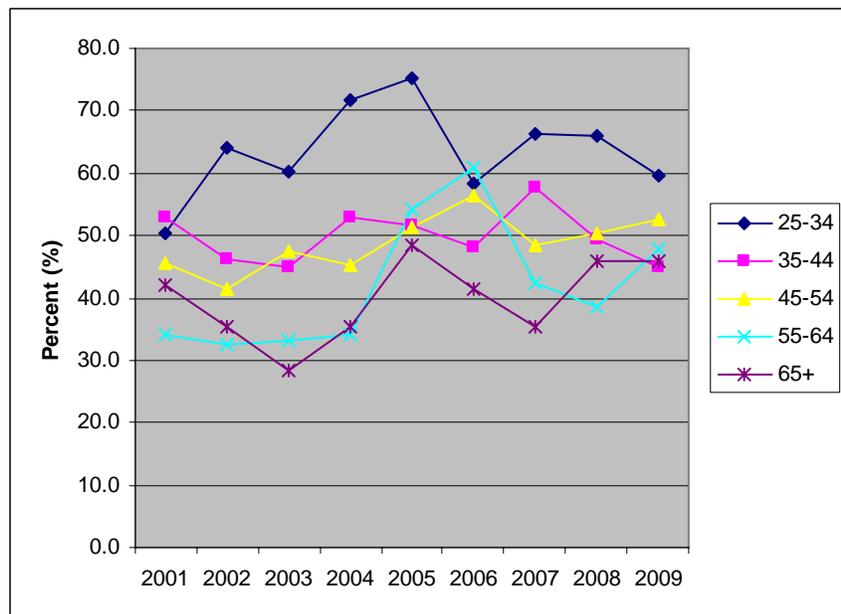
Smokers have twice the risk of fatal heart disease, ten times the risk of lung cancer, and several times the risk of cancers of the mouth, throat, esophagus, pancreas, kidney, bladder, and cervix.<sup>4</sup>

Smokers have four times higher risk for fractures of the hip, wrist, and vertebrae and two-fold increased risk for developing cataracts.<sup>4</sup>

There was no consistent increase or decrease in the percentage of Nevada adults who were current smokers reporting cessation attempts from 2001 to 2009, regardless of age group.<sup>5</sup>

In general, 25 to 34 year old had the highest proportion of smokers reporting cessation attempts in the past year.

**Proportion of Nevada Adults Reporting Smoking Cessation Attempts in the Past Year, Nevada Residents by Age, BRFSS Data, 2001 - 2009.\***



\*These percentages are weighted to survey population characteristics.

Note: Data not available for the Black race/ethnicity group due to small counts and is not included in the Other race/ethnicity group.

# References

## Cover Images

Awesome America, 2003-2007, <http://awesomeamerica.com/nevada/>

## Promising Practices

Department of Health and Human Services, Identifying and Promoting Promising Practices (Intermediary, Development Series), Compassion Capital Fund National Resource Center, Pg

1. [http://www.acf.hhs.gov/programs/ocs/ccf/about\\_ccf/gbk\\_pdf/pp\\_gbk.pdf](http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_pdf/pp_gbk.pdf)

## Access to Quality Health Care

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Health Insurance Coverage,

1. Uninsured <http://www.cdc.gov/features/uninsured/>  
Insured <http://www.cdc.gov/nchs/fastats/hinsure.htm>

Center for American Progress,  
Health Insurance Coverage,

2. [http://www.americanprogress.org/issues/2009/05/insurance\\_loss.html](http://www.americanprogress.org/issues/2009/05/insurance_loss.html)

## Adolescent Health

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Adolescent Health,

1. <http://www.cdc.gov/healthyyouth/az/>

National Center for Education Statistics (NCES),  
Nevada State Education Profile,

2. <http://nces.ed.gov/programs/stateprofiles/sresult.asp?mode=short&s1=32>

## Arthritis and Osteoporosis

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Arthritis,

1. [http://www.cdc.gov/arthritis/resources/spotlights/arthritis\\_diagnoses.htm](http://www.cdc.gov/arthritis/resources/spotlights/arthritis_diagnoses.htm)

Medline,

Osteoporosis International Mar 2010, Trimpou P, Landin-Wilhelmsen K, Oden A, Rosengren A, Wilhelmsen L. Male risk factors for hip fracture—a 30-year follow-up study in 7,495 men,

2. <http://emedicine.medscape.com/article/825363-overview>

Eur Heart Journal Jan 2010, Carbone L, Buzkova P, Fink HA, Lee JS, Chen Z, Ahmed A, Hip fractures and heart failure: findings from the Cardiovascular Health Study

4. <http://emedicine.medscape.com/article/825363-overview>

## Blood Disorders and Blood Safety

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Blood Disorders,

1. <http://www.cdc.gov/ncbddd/blooddisorders/aboutus.html>

State of Nevada Department of Health and Human Services, Health Division,  
Newborn Screening Program,

2. [http://health.nv.gov/PDFs/OHSS/NBSAnnualReport\\_2009\\_012010.pdf](http://health.nv.gov/PDFs/OHSS/NBSAnnualReport_2009_012010.pdf)

# References

## Cancer

American Cancer Society,  
Cancer,

1. <http://www.cancer.org/acs/groups/content/@nho/documents/document/acspc-024113.pdf>

Nevada Cancer Institute,  
Cancer,

2. <http://www.nevadacancerinstitute.org/science.aspx?id=46>

Susan G. Komen for the Cure,  
Breast Cancer Risk,

3. <http://ww5.komen.org/BreastCancer/LowerYourRisk.html>

Breast Cancer Race/Ethnicity Rates,

4. <http://ww5.komen.org/BreastCancer/RaceandEthnicity.html>

Surveillance Epidemiology and End Results,  
Corpus and Uterus, NOS,

5. <http://seer.cancer.gov/statfacts/html/corp.html>

Colon and Rectum,

6. <http://seer.cancer.gov/statfacts/html/corp.html>

Bureau of Family Health Services & Reports on Cancer in Nevada,  
Oral Health Publications,

7. [http://health.nv.gov/FP\\_Publications.htm](http://health.nv.gov/FP_Publications.htm)

National Cancer Institute,  
Oral Cancer,

8. <http://www.cancer.gov/cancertopics/types/oral>

Prostate Cancer,

9. <http://www.cancer.org/Cancer/ProstateCancer/DetailedGuide/prostate-cancer-what-is-prostate-cancer>

Melanoma,

10. <http://www.cancer.org/Cancer/SkinCancer-Melanoma/OverviewGuide/melanoma-skin-cancer-overview-key-statistics>

Pap Test,

11. <http://www.cancer.gov/cancertopics/factsheet/Detection/Pap-test>

Breast,

13. <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-key-statistics>

Wikipedia,

Colonoscopy—Sigmoidoscopy,

12. <http://en.wikipedia.org/wiki/>

# References

## Diabetes

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
National Diabetes Fact Sheet, 2007,

1. [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2007.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf)

Nevada Diabetes Association,  
Diabetes,

2. [http://www.diabetesnv.org/index.php?page=static\\_content&id=22](http://www.diabetesnv.org/index.php?page=static_content&id=22)

State of Nevada Department of Health and Human Services, Health Division,  
Diabetes Prevention & Control Program,

3. [http://health.nv.gov/CD\\_Diabetes.htm](http://health.nv.gov/CD_Diabetes.htm)

## Early and Middle Childhood

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Child Development,

1. <http://www.cdc.gov/ncbddd/child/>

School Health Policies and Protection Study, State Health Profiles 2008.

2. [http://www.cdc.gov/healthyyouth/profiles/2008/profiles\\_report.pdf](http://www.cdc.gov/healthyyouth/profiles/2008/profiles_report.pdf)

## Education and Community Based Programs

KOLOTV,

Nevada's High School Dropout Rate Worst in Nation,

1. <http://www.kolotv.com/home/headlines/8712517.html>

Nevada Kids Count-UNLV,

High School Dropouts and Graduation,

2. [http://kidscount.unlv.edu/kc\\_dbcontents\\_2009.html](http://kidscount.unlv.edu/kc_dbcontents_2009.html)

## Family Planning

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Preventing Teen Pregnancy: An Update in 2009,

1. <http://www.cdc.gov/reproductivehealth/adolescentreprohealth/>

Youth Risk Behavior Surveillance,

2. <http://www.cdc.gov/HealthyYouth/yrbs/data/index.htm>

## Food Safety

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Food Related Illness and Death in the United States,

1. <http://www.cdc.gov/ncidod/eid/vol5no5/mead.htm>

Foodborne Illness,

3. [http://www.cdc.gov/ncidod/dbmd/diseaseinfo/foodborneinfections\\_g.htm](http://www.cdc.gov/ncidod/dbmd/diseaseinfo/foodborneinfections_g.htm)

Southern Nevada Health District (SNHD),

Listeriosis,

2. <http://www.southernnevadahealthdistrict.org/health-topics/listeriosis.php>

# References

## Healthcare Associated Infections

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Healthcare Associated Infections,

1. <http://www.cdc.gov/ncidod/dhqp/hai.html>

Direct Medical Costs,

2. [http://www.cdc.gov/ncidod/dhqp/pdf/Scott\\_CostPaper.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/Scott_CostPaper.pdf)

Southern Nevada Health District (SNHD),  
Methicillin Resistant Staphylococcus aureus (MRSA),

3. <http://www.southernnevadahealthdistrict.org/health-topics/mrsa.php>

## Heart Disease and Stroke

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Division for Heart Disease and Stroke Prevention, Heart Disease & Stroke Fact Sheets,

1. <http://www.cdc.gov/dhdsp/>

State of Nevada Department of Health and Human Services, Health Division,  
Chronic Disease,

2. [http://health.nv.gov/PDFs/CV\\_Profile.pdf](http://health.nv.gov/PDFs/CV_Profile.pdf)

## HIV

State of Nevada Department of Health and Human Services, Health Division,  
Reports on HIV in Nevada, HIV and AIDS in Nevada 2000-2006,

1. [http://health.nv.gov/FP\\_Publications.htm](http://health.nv.gov/FP_Publications.htm)

National Institute of Allergy and Infectious Diseases (NIAID),  
HIV/AIDS Quick Facts,

2. <http://www3.niaid.nih.gov/topics/HIVAIDS/Understanding/>

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
HIV Testing,

3. <http://www.cdc.gov/hiv/topics/testing/index.htm>

## Immunization and Infectious Disease

World Health Organization, Immunization,

1. <http://www.who.int/topics/immunization/en/>

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Vaccines,

2. <http://www.cdc.gov/vaccines/vpd-vac>

Southern Nevada Health District (SNHD),  
Hepatitis A,

3. <http://www.southernnevadahealthdistrict.org/health-topics/hep-a.php>

Meningococcal Disease,

4. <http://www.southernnevadahealthdistrict.org/health-topics/meningococcal.php>

Tuberculosis Disease,

5. <http://www.southernnevadahealthdistrict.org/tb/faq.php>

# References

Baptist Health Systems,  
Risk factors for peptic ulcer disease,  
6. <http://www.mbmcc.org/healthgate/GetHGContent.aspx?token=9c315661-83b7-472d-a7ab-bc8582171f86&chunkid=19987>

## **Injury and Violence Prevention**

Healthy People 2010 Midcourse Review,  
Injury and Violence Prevention,  
1. <http://www.healthypeople.gov/>

BrainandSpinalCord.org,  
Spinal cord injuries,  
2. <http://www.brainandspinalcord.org/spinal-cord-injuries/at-risk-activities.html>

Pennsylvania State University, Firearm & Injury Center,  
Firearm injury in the U.S.,  
3. <http://www.ups.upenn.edu/ficap/resourcebook/Final%20Resource%20Book%20Updated%202009%20Section%201.pdf>

State of Nevada Department of Health and Human Services, Office of Suicide Prevention,  
Suicide in Nevada Fact Sheet,  
4. <http://dhhs.nv.gov/Suicide/DOCS/Suicide%20in%20Nevada%20Fact%20Sheet%20Public.pdf>

Report on Injury in Nevada,  
5. <http://health.nv.gov/>

The Nevada Seat Belt Coalition,  
Law Enforcement Agencies Buckling Down on Teens Not Buckling Up,  
6. [http://buckleupnevada.org/index.php?option=com\\_content&view=article&id=74:law-enforcement-agencies-buckling-down-on-teens-not-buckling-up-this-may&catid=45:op-child-education&Itemid=58](http://buckleupnevada.org/index.php?option=com_content&view=article&id=74:law-enforcement-agencies-buckling-down-on-teens-not-buckling-up-this-may&catid=45:op-child-education&Itemid=58)

State of Nevada Department of Health and Human Services, Health Division  
Report on Trauma and Other Injuries in Nevada,  
7. [http://health.nv.gov/PDFs/Traumareport00\\_02.pdf](http://health.nv.gov/PDFs/Traumareport00_02.pdf)

Hyperbaric-oxygen-info.com,  
Drowning Statistics,  
8. <http://www.hyperbaric-oxygen-info.com/drowning-statistics.html>

U.S. Department of Transportation, National Highway Traffic Safety Administration,  
Estimated Medical Cost Savings in Nevada by Implementation of a Primary Seat Belt Law,  
9. <http://www.nhtsa.gov/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Associated%20Files/811068.pdf>

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Youth Risk Behavioral Surveillance Study,  
10. <http://apps.nccd.cdc.gov/yrbss/>



# References

## Maternal, Infant and Child Health

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) and the Health Resources and Service Administration (HRSA),  
Healthy People 2010—16 Maternal, Infant, and Child Health,

1. <http://www.healthypeople.gov>

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
National Vital Statistics Reports, Volume 57, Number 7, Number 8,

2. [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_07.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_07.pdf)

14. [http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_08.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_08.pdf)

Fetal Deaths,

3. [http://www.cdc.gov/nchs/fetal\\_death.htm](http://www.cdc.gov/nchs/fetal_death.htm)

Recent Trends in Infant Mortality in the United States,

4. <http://www.cdc.gov/nchs/data/databriefs/db09.htm>

QuickStats: Leading Causes of Neonatal and Postneonatal Deaths – United States

5. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5438a8.htm>

National Vital Statistics Reports, Volume 53, Number 10,

6. [http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53\\_10.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_10.pdf)

NCHS Health E-Stat, Supplemental Analyses of Recent Trends in Infant Mortality,

8. <http://www.cdc.gov/nchs/data/hestat/infantmort/infantmort.htm>

National Vital Statistics Reports, Volume 58, Number 17, Number 24,

9. [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_17.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_17.pdf)

16. [http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58\\_24.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_24.pdf)

National Vital Statistics Reports, Volume 56, Number 6,

15. [http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56\\_06.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr56/nvsr56_06.pdf)

Alcohol Consumption Among Pregnant and Childbearing Age Women – United States,

17. <http://wonder.cdc.gov/wonder/prevguid/m0047306/m0047306.asp>

U.S. National Library of Medicine, National Institutes for Health,  
Overview of the National Infant Mortality Surveillance (NIMS) Project,

7. <http://www.ncbi.nlm.nih.gov/pubmed/2559310>

United States National Library of Medicine, National Institutes of Health, Medline Plus,  
Death Among Children and Adolescents 2008,

10. <http://www.nlm.nih.gov/medlineplus/ency/article/001915.htm>

National Conference of State Legislatures,  
Injury and Violence Prevention,

11. <http://www.ncsl.org/default.aspx?tabid=13951>

Life's Little Mysteries,

What Are The Leading Causes of Death?,

12. <http://www.lifeslittlemysteries.com/what-are-the-leading-causes-of-death-0933/>

Evolutionary Psychology Journal,  
Sexual Selection and the Male:Female Mortality Ratio,

13. <http://www.epjournal.net/filestore/ep026685.pdf>

# References

## **Mental Health Indicator**

State of Nevada Health Division, Department of Health and Human Services,  
Office of Health Statistics and Surveillance,

1. <http://health.nv.gov/PDFs/MentalHealthIndicator.pdf>

## **Nutrition and Overweight**

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Overweight and Obesity,

1. <http://www.cdc.gov/obesity/index.html>

Nevada Public Health Foundation,  
Obesity in Nevada,

2. <http://www.nevadapublichealthfoundation.org/main.asp?pID=376>

## **Occupational Health**

Healthy People, Volume II (Second Edition),  
Occupational Safety and Health,

1. <http://www.healthypeople.gov/>

State of Nevada Department of Health and Human Services, Health Division,  
Report on Injury in Nevada,

2. <http://health.nv.gov/>

Evolutionary Psychology,  
Sexual Selection and the Male:Female Mortality Ratio,

3. <http://www.epjournal.net/filestore/ep026685.pdf>

International Labour Organization (ILO),  
World Day for Health and Safety at Work,

4. [http://www.ilo.org/global/About\\_the\\_ILO/Media\\_and\\_public\\_information/Feature\\_stories/lang--en/WCMS\\_075605/index.htm](http://www.ilo.org/global/About_the_ILO/Media_and_public_information/Feature_stories/lang--en/WCMS_075605/index.htm)

## **Oral Health**

State of Nevada Department of Health and Human Services, Health Division,  
Healthy People, Volume II (Second Edition),  
Oral Health,

1. <http://www.healthypeople.gov/>

Oral Health in Nevada,

2. [http://www.nvoralhealth.org/State%20and%20County%20Fact%20Sheets/Nevada%20Profile\\_08\\_Final.pdf](http://www.nvoralhealth.org/State%20and%20County%20Fact%20Sheets/Nevada%20Profile_08_Final.pdf)

## **Physical Activity**

United States Department of Health and Human Services, Centers for Disease Control and  
Prevention,  
Physical Activity & Health,

1. <http://www.cdc.gov/nccdphp/sgr/pdf/execsumm.pdf>

Physical Activity for Everyone: The Importance of Physical Activity,

2. <http://www.cdc.gov/physicalactivity/everyone/health/index.html#ControlWeight>

State of Nevada Department of Health and Human Services, Health Division,  
Strategic Plan for the Prevention of Obesity in Nevada,

3. <http://health.nv.gov/PDFs/obeseplan.pdf>

# References

## Respiratory Diseases

World Health Organization,  
Respiratory Tract Diseases,

1. <http://www.who.int/respiratory/en/>

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Chronic Obstructive Pulmonary Disease (COPD) – United States 2000-2005,

2. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5745a4.htm>

Sutter Health,

Asthma Hospitalization Counts by Gender 2006,

3. [http://babies.sutterhealth.org/health/healthinfo/reutershome\\_top.cfm?fx=article&id=27283](http://babies.sutterhealth.org/health/healthinfo/reutershome_top.cfm?fx=article&id=27283)

Southern Nevada Health District (SNHD),  
Asthma,

4. [http://www.getthehealthyclarkcounty.org/chronic\\_disease/women\\_asthma.html](http://www.getthehealthyclarkcounty.org/chronic_disease/women_asthma.html)

University of Nevada Reno (UNR),

Other Variables - Asthma,

5. <http://www.wuss.org/proceedings09/09WUSSProceedings/papers/hor/HOR-Anabila.pdf>

## Sexually Transmitted Diseases

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
STD Trends,

1. <http://www.cdc.gov/std/stats08/trends.htm>

Gonorrhea,

2. <http://www.cdc.gov/std/gonorrhea/stdfact-gonorrhea.htm>

Syphilis,

3. <http://www.cdc.gov/std/syphilis/STDFact-Syphilis.htm>

State of Nevada Department of Health and Human Services, Health Division,  
STD Prevention and Control Program,

4. [http://health.nv.gov/CD\\_HIV\\_STDProgram.htm](http://health.nv.gov/CD_HIV_STDProgram.htm)

## Substance Abuse

Healthy People 2010, Volume II (Second Edition),  
Substance Abuse,

1. <http://www.healthypeople.gov/>

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Youth Risk Factor Surveillance System,

2. <http://apps.nccd.cdc.gov/yrbss/>

The Century Council – Distillers Fighting Drunk Driving & Underage Drinking,  
Nevada Alcohol-Impaired Driving Fatality Data 2008,

3. <http://www.centurycouncil.org/learn-the-facts/statefacts/states/NV>

# References

## **Tobacco**

Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)  
Tobacco,

1. <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5638a2.htm>

Youth Risk Factor Surveillance,

2. <http://apps.nccd.cdc.gov/yrbss/>

Tobacco Use,

3. <http://apps.nccd.cdc.gov/BRFSS/display.asp?state=US&cat=TU&yr=2008&qkey=4396&grp=0&SUBMIT4=Go>

Smoking and Tobacco Use- Fast Facts,

4. [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

State of Nevada Department of Health and Human Services, Health Division,  
Nevada Tobacco Profile Surveillance Survey 2006,

5. <http://health.nv.gov/PDFs/Tobacco/2006profile.pdf>

# Appendix

**AHS HP2020-1: Proportion of Persons Reporting Health Insurance Coverage. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	87.1	629	81.1	715	79.4	848	80.9	787	80.5	787
Washoe County	85.7	543	87.6	744	82.5	855	83.2	831	80.4	807
All Other Counties**	85.5	490	84.8	578	76.8	826	78.5	798	77.5	757
<b>Nevada Total</b>	<b>86.4</b>	<b>1791</b>	<b>82.5</b>	<b>2188</b>	<b>77.6</b>	<b>2569</b>	<b>79.5</b>	<b>2452</b>	<b>78.4</b>	<b>2380</b>
Carson	88.7	119	82.1	140	72.9	156	67.0	135	76.4	140
Churchill	86.4	57	86.1	56	73.2	70	85.0	78	82.7	73
Douglas	86.9	95	92.3	124	87.1	132	85.5	132	82.7	128
Elko	84.2	82	75.6	100	78.9	133	73.5	107	73.9	85
Esmeralda	~	~	~	~	~	~	~	~	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	~	~	~	~	~	~
Lander	~	~	~	~	~	~	~	~	~	~
Lincoln	~	~	~	~	~	~	~	~	~	~
Lyon	80.6	62	90.1	85	76.6	111	76.6	114	76.1	109
Mineral	~	~	~	~	~	~	~	~	~	~
Nye	84.3	75	85.4	73	77.2	81	78.2	87	76.3	83
Pershing	~	~	~	~	~	~	~	~	~	~
Storey	~	~	~	~	~	~	~	~	~	~
White Pine	~	~	~	~	~	~	~	~	~	~

**AHS HP2020-1: Proportion of Persons Reporting Health Insurance Coverage. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	85.8	897	79.6	1095	78.3	1263	76.4	1164	77.4	1149
Female	87.0	894	85.4	1093	76.8	1306	82.6	1288	79.3	1231
White	88.0	1307	87.0	1597	86.6	1874	87.4	1760	88.3	1705
Black	80.5	69	82.4	60	85.1	63	92.6	63	75.3	52
Other	84.6	119	77.2	225	82.1	271	77.0	216	85.5	266
Hispanic	82.4	159	61.5	137	49.6	182	58.6	209	49.9	168

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**AHS HP2020-1: Proportion of Persons Reporting Health Insurance Coverage. (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	67.7	149	66.1	156	54.0	157	61.7	145	62.3	131
25-34	80.4	341	78.3	344	71.9	341	71.9	360	64.5	287
35-44	87.3	405	81.9	480	77.0	564	75.1	457	79.2	420
45-54	89.5	362	78.9	443	79.6	524	83.7	498	79.7	463
55-64	89.0	211	91.1	325	84.2	398	85.0	407	85.5	459
65+	98.9	318	96.5	436	97.2	580	97.9	581	98.9	615

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**AHS HP2020-1: Proportion of Persons Reporting Health Insurance Coverage. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	80.9	730	81.0	993	80.6	1107	80.6	1281	80.1	1050
Washoe County	82.7	951	83.1	1027	85.4	1171	85.4	1083	85.4	1083
All Other Counties**	78.9	910	78.8	931	81.4	1132	80.2	1318	79.3	1146
<b>Nevada Total</b>	<b>78.3</b>	<b>2632</b>	<b>77.8</b>	<b>3006</b>	<b>79.2</b>	<b>3502</b>	<b>78.8</b>	<b>4049</b>	<b>80.5</b>	<b>3334</b>
Carson	70.0	158	74.1	153	77.0	177	77.7	168	77.7	168
Churchill	91.2	84	83.8	88	81.4	92	81.6	112	88.4	103
Douglas	76.2	154	86.8	158	89.9	197	86.6	219	82.7	193
Elko	77.0	99	81.0	108	78.4	140	79.7	168	77.8	131
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	85.4	46.0	75.1	53.0	82.4	71.0	91.3	60.0
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	82.0	151	75.3	151	82.1	191	72.3	184	68.9	172
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	83.2	111	79.4	106	81.2	141	83.0	171	84.8	178
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	88.7	45.0	N/A	<50*

**AHS HP2020-1: Proportion of Persons Reporting Health Insurance Coverage. (Trend Data: 2005 - 2009)**

Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	76.6	1249	76.2	1351	77.5	1466	77.4	1599	79.3	1315
Female	80.0	1383	79.3	1655	80.8	2036	80.1	2450	81.6	2019
White	88.5	2025	88.1	2247	90.0	2660	88.3	3146	87.2	2741
Black	71.6	57	80.0	69	71.7	83	81.4	94	69.8	90
Other	82.1	296	86.9	367	82.2	389	83.8	384	73.7	210
Hispanic	53.3	192	54.0	237	54.8	259	55.2	326	56.2	196

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**AHS HP2020-1: Proportion of Persons Reporting Health Insurance Coverage. (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	59.9	135	41.1	104	60.7	147	60.8	115	61.2	57
25-34	66.4	284	64.3	307	63.6	344	68.4	405	63.9	249
35-44	73.9	437	83.7	514	81.3	557	73.3	569	82.6	452
45-54	83.7	554	82.3	609	83.4	696	84.1	783	86.4	605
55-64	88.3	537	89.4	647	87.0	738	87.5	837	87.1	741
65+	97.5	682	97.4	823	97.1	995	97.1	1294	98.1	1185

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.



**AOCBC HP2020-11: Hospitalization Rate for Hip Fractures Among Females Age 65 Years and Older (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	806.1	640	648.7	549	703.2	625	688.4	643	670.9	664
Washoe County	1070.2	208	1009.8	202	1033.0	210	901.0	189	881.9	190
All Other Counties**	842.6	164	713.4	144	833.6	173	678.4	146	731.7	164
<b>Nevada Total</b>	<b>853.9</b>	<b>1011</b>	<b>716.3</b>	<b>894</b>	<b>774.9</b>	<b>1007</b>	<b>719.6</b>	<b>978</b>	<b>712.3</b>	<b>1018</b>
Carson	728.2	32	672.3	30	821.8	37	1061.6	48	908.8	41
Churchill	1573.8	24	770.2	12	635.1	10	497.0	8	791.6	13
Douglas	460.8	15	525.1	18	619.8	22	405.0	15	610.3	24
Elko	956.5	13	1333.8	19	1088.4	16	853.7	13	996.9	16
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	912.4	6	N/A	<5*	859.6	6	N/A	<5*	N/A	<5*
Lander	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	0.0	0	1428.0	5	N/A	<5*
Lyon	756.9	20	978.2	27	1699.4	49	818.3	25	612.6	20
Mineral	N/A	<5*	1592.8	8	N/A	<5*	975.1	5	2134.0	11
Nye	883.6	27	396.8	13	491.8	17	350.2	13	481.1	19
Pershing	1639.6	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
White Pine	1559.8	12	1159.1	9	1037.9	8	N/A	<5*	888.4	7

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific female population.

**AOCBC HP2020-11: Hospitalization Rate for Hip Fractures Among Females Age 65 Years and Older (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	640.2	668	672.2	732	640.5	727	611.6	699
Washoe County	884.2	197	775.0	178	826.5	194	857.3	204
All Other Counties**	721.3	170	649.6	165	610.5	158	711.5	185
<b>Nevada Total</b>	<b>689.2</b>	<b>1035</b>	<b>683.6</b>	<b>1075</b>	<b>662.5</b>	<b>1079</b>	<b>663.1</b>	<b>1088</b>
Carson	1048.4	49	628.0	31	931.5	46	913.2	45
Churchill	715.5	12	1158.2	20	583.0	10	1116.2	19
Douglas	575.4	24	765.8	33	504.5	22	714.4	31
Elko	765.0	13	521.4	9	499.7	9	720.0	13
Esmeralda	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Eureka	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Humboldt	742.4	6	602.7	5	592.7	5	N/A	<5*
Lander	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lincoln	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lyon	797.7	27	495.6	20	479.0	20	647.6	27
Mineral	N/A	<5*	1026.3	5	N/A	<5*	N/A	<5*
Nye	645.6	28	616.5	29	575.8	28	743.8	37
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	738.9	7	840.2	8	519.5	5

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific female population.

**AOCBC HP2020-11: Hospitalization Rate for Hip Fractures Among Males Age 65 Years and Older (Trend Data: 2000 - 4)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	349.7	245	350.8	262	330.9	258	349.4	285	360.3	310
Washoe County	406.8	65	447.9	74	415.6	70	418.3	73	427.9	77
All Other Counties**	355.2	63	335.7	62	380.6	72	406.3	80	374.9	77
<b>Nevada Total</b>	<b>357.5</b>	<b>372</b>	<b>362.0</b>	<b>397</b>	<b>350.9</b>	<b>399</b>	<b>369.0</b>	<b>438</b>	<b>372.5</b>	<b>464</b>
Carson	386.2	13	323.3	11	205.9	7	619.5	21	686.0	23
Churchill	768.5	10	N/A	<5*	520.6	7	359.8	5	497.3	7
Douglas	190.0	6	209.8	7	261.4	9	359.8	13	313.1	12
Elko	N/A	<5*	691.4	9	569.2	8	N/A	<5*	429.8	7
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	430.5	11	558.2	15	825.6	23	370.9	11	N/A	<5*
Mineral	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Nye	411.8	13	267.2	9	286.8	10	322.4	12	355.1	14
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	0.0	0	N/A	<5*	0.0	0
White Pine	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific male population.

**AOCBC HP2020-11: Hospitalization Rate for Hip Fractures Among Males Age 65 Years and Older (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	341.7	308	334.8	315	299.8	294	301.8	298
Washoe County	402.4	75	338.3	65	315.7	62	366.7	73
All Other Counties**	314.6	68	274.9	64	328.4	78	297.5	71
<b>Nevada Total</b>	<b>345.9</b>	<b>451</b>	<b>325.1</b>	<b>444</b>	<b>306.8</b>	<b>434</b>	<b>310.2</b>	<b>442</b>
Carson	283.3	10	321.9	12	509.4	19	403.0	15
Churchill	N/A	<5*	543.6	8	342.0	5	758.3	11
Douglas	293.8	12	165.9	7	210.8	9	258.9	11
Elko	345.8	6	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Humboldt	N/A	<5*	593.8	5	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	0.0	0	359.0	14	371.7	15	347.5	14
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Nye	301.6	13	278.1	13	331.1	16	202.3	10
Pershing	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Storey	N/A	<5*	0.0	0	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific male population.

**BDBS HP2020-2: Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	27.7	57	17.4	38	19.0	43	29.2	69	24.1	60
Washoe County	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
<b>Nevada Total</b>	<b>19.6</b>	<b>57</b>	<b>12.5</b>	<b>38</b>	<b>14.1</b>	<b>44</b>	<b>21.3</b>	<b>69</b>	<b>18.0</b>	<b>61</b>

**BDBS HP2020-2: Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger. (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	18.8	28	9.0	14	12.5	20	17.5	29	17.9	31
Female	20.4	29	16.1	24	15.7	24	25.2	40	18.2	30

**BDBS HP2020-2: Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	19.2	50	23.9	65	17.3	49	17.9	51
Washoe County	0.0	0	0.0	0	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>14.2</b>	<b>50</b>	<b>17.6</b>	<b>65</b>	<b>13.6</b>	<b>52</b>	<b>13.5</b>	<b>52</b>

**BDBS HP2020-2: Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger. (Trend Data: 2005 - 2009)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	16.6	30	17.0	32	15.3	30	14.2	28
Female	11.1	19	17.8	32	11.8	22	12.8	24

\* More than 0 but less than 5.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

Note: This objective was removed from the final Healthy People 2020 release.

**C HP2020-1: Overall Cancer Death Rate. (Trend Data: 2000 -2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	208.0	2471	202.3	2559	196.2	2644	194.3	2762	182.9	2754
Washoe County	211.2	616	204.8	626	194.2	594	203.6	660	185.2	609
All Other Counties**	193.6	571	196.9	593	193.1	601	194.8	643	200.8	676
<b>Nevada Total</b>	<b>205.8</b>	<b>3658</b>	<b>201.6</b>	<b>3778</b>	<b>195.7</b>	<b>3839</b>	<b>195.8</b>	<b>4065</b>	<b>186.3</b>	<b>4039</b>
Carson	239.4	142	235.1	144	218.3	134	238.8	149	208.5	129
Churchill	143.2	33	230.4	52	175.6	42	242.9	61	198.4	48
Douglas	155.1	73	158.3	79	150.6	81	126.5	72	172.0	106
Elko	225.7	52	160.8	42	214.3	53	227.6	53	198.8	45
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	0.0	0	N/A	<5*	N/A	<5*	391.5	6	264.2	5
Humboldt	200.6	23	226.1	28	142.3	18	168.2	25	181.7	26
Lander	253.7	10	365.9	15	341.9	11	214.3	8	155.1	7
Lincoln	175.7	8	269.7	12	169.7	8	142.9	6	145.9	7
Lyon	246.2	97	172.9	72	255.6	106	223.5	106	220.1	109
Mineral	250.5	17	264.8	19	218.2	16	290.8	18	318.1	23
Nye	185.4	87	189.3	92	214.4	103	191.3	102	246.0	137
Pershing	141.8	7	229.6	11	119.1	5	302.7	15	121.3	7
Storey	224.1	5	N/A	<5*	190.6	8	96.3	6	111.2	5
White Pine	156.4	16	163.0	18	125.1	13	124.0	14	191.6	21

**C HP2020-1: Overall Cancer Death Rate. (Trend Data: 2000 -2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	244.9	1975	242.2	2052	229.5	2050	236.2	2249	208.5	2070
Female	177.7	1683	171.9	1726	170.4	1789	164.1	1816	169.3	1969
White	219.4	3245	213.2	3307	206.9	3346	236.9	3521	194.2	3428
Black	221.0	189	240.4	224	217.8	207	263.3	225	213.7	250
Native American	96.6	19	100.8	17	106.8	22	146.5	23	73.2	17
Asian	117.1	77	110.9	92	126.9	104	161.0	114	130.7	143
Hispanic	96.8	122	99.2	134	110.6	156	162.0	180	127.3	188

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-1: Overall Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	178.2	2803	171.4	2809	164.1	2831	157.4	2697
Washoe County	193.0	667	192.6	680	190.0	684	193.7	716
All Other Counties**	195.8	689	185.6	703	185.8	725	170.7	663
<b>Nevada Total</b>	<b>183.2</b>	<b>4159</b>	<b>176.9</b>	<b>4192</b>	<b>171.4</b>	<b>4240</b>	<b>164.9</b>	<b>4076</b>
Carson	225.0	145	205.1	143	217.9	150	169.1	114
Churchill	216.9	54	278.5	72	245.1	62	217.3	54
Douglas	162.2	102	156.8	101	174.5	113	148.8	95
Elko	170.6	49	166.9	48	173.6	52	202.2	58
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Humboldt	194.3	26	154.3	21	153.8	22	153.3	23
Lander	216.3	8	N/A	<5*	169.1	10	225.0	9
Lincoln	234.5	9	200.2	11	180.5	10	150.2	8
Lyon	210.7	109	191.2	117	170.9	112	184.2	118
Mineral	226.0	17	272.8	19	178.6	12	224.8	15
Nye	227.6	139	195.9	127	198.2	142	176.3	127
Pershing	109.6	6	115.3	8	150.6	11	108.0	9
Storey	129.1	6	113.9	5	193.1	12	108.8	8
White Pine	144.2	15	180.7	24	96.9	13	139.1	18

**C HP2020-1: Overall Cancer Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	216.0	2229	212.7	2290	199.9	2260	201.6	2227
Female	158.5	1930	149.5	1902	149.4	1980	138.7	1849
White	192.3	3539	185.7	3572	178.5	3531		
Black	220.8	262	195.8	244	199.3	263		
Native American	79.0	18	87.8	20	N/A	<5*		
Asian	141.3	154	128.2	150	116.7	150		
Hispanic	110.8	178	111.0	196	129.4	236		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-2: Lung Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	63.0	769	62.9	814	55.8	772	61.0	887	53.9	826
Washoe County	59.2	176	64.1	201	52.8	165	63.0	209	58.2	192
All Other Counties**	67.8	207	58.4	182	59.9	198	60.6	207	57.3	202
<b>Nevada Total</b>	<b>63.0</b>	<b>1152</b>	<b>62.3</b>	<b>1197</b>	<b>55.9</b>	<b>1135</b>	<b>61.2</b>	<b>1303</b>	<b>55.1</b>	<b>1220</b>
Carson	90.1	54	76.8	49	54.5	34	74.4	48	55.6	35
Churchill	51.3	12	72.2	16	59.1	14	64.2	16	74.3	18
Douglas	50.9	25	33.9	20	57.2	33	43.8	26	38.0	25
Elko	68.2	20	40.7	10	66.8	18	49.0	11	39.3	10
Esmeralda	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	62.8	8	102.2	13	N/A	<5*	59.6	9	52.8	8
Lander	142.5	5	160.2	5	N/A	<5*	0.0	0	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	75.6	32	50.4	22	82.4	37	72.4	37	52.7	29
Mineral	70.4	5	94.1	7	76.2	6	N/A	<5*	81.5	6
Nye	72.6	38	56.4	28	62.3	37	72.9	41	86.2	52
Pershing	N/A	<5*	98.6	5	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	46.7	5	74.6	8

**C HP2020-2: Lung Cancer Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	76.2	635	75.3	669	64.3	607	71.9	717	58.8	618
Female	53.5	517	51.9	528	49.0	528	52.2	586	51.3	602
White	69.0	1053	67.7	1085	61.0	1023	75.7	1164	59.6	1085
Black	65.5	55	68.9	65	51.5	51	66.0	62	45.0	54
Native American	N/A	<5*	N/A	<5*	24.9	5	38.7	7	20.9	5
Asian	28.6	20	28.1	23	21.6	23	33.3	24	33.3	37
Hispanic	18.4	18	12.3	20	21.2	30	42.9	45	30.9	38

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.



**C HP2020-2: Lung Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	54.0	855	52.6	882	47.7	825	45.9	803
Washoe County	62.3	214	55.7	199	51.2	187	59.8	221
All Other Counties**	55.9	202	55.5	221	62.1	248	56.0	227
<b>Nevada Total</b>	<b>55.5</b>	<b>1271</b>	<b>53.5</b>	<b>1302</b>	<b>50.5</b>	<b>1260</b>	<b>49.5</b>	<b>1251</b>
Carson	62.1	41	68.1	48	82.0	57	52.2	37
Churchill	82.3	20	72.2	20	63.8	16	76.0	19
Douglas	50.5	32	38.7	24	52.5	34	39.0	26
Elko	40.6	11	35.5	11	56.4	17	53.5	17
Esmeralda	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Humboldt	50.8	6	76.2	11	N/A	<5*	52.7	9
Lander	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lincoln	N/A	<5*	109.2	6	87.2	5	N/A	<5*
Lyon	45.4	25	62.5	40	66.9	47	61.1	41
Mineral	N/A	<5*	102.4	7	N/A	<5*	76.6	5
Nye	73.5	48	55.6	41	63.5	48	77.3	56
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	N/A	<5*	79.6	5	N/A	<5*
White Pine	69.5	7	57.6	7	N/A	<5*	N/A	<5*

**C HP2020-2: Lung Cancer Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	65.1	679	62.9	710	57.2	662	57.1	658
Female	48.2	592	45.9	592	45.0	597	43.9	593
White	59.9	1124	57.9	1155	54.5	1104		
Black	56.9	68	58.0	73	46.4	64		
Native American	20.2	5	34.9	7	N/A	<5*		
Asian	33.1	43	31.2	36	26.5	31		
Hispanic	24.1	30	19.4	30	28.6	46		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-3: Female Breast Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	25.6	162	23.3	159	26.3	191	25.9	202	26.9	218
Washoe County	33.2	54	27.9	47	23.7	40	30.4	55	21.7	40
All Other Counties**	21.1	33	27.8	45	17.9	29	20.9	36	17.5	31
<b>Nevada Total</b>	<b>26.1</b>	<b>249</b>	<b>24.7</b>	<b>251</b>	<b>24.7</b>	<b>260</b>	<b>25.9</b>	<b>293</b>	<b>24.7</b>	<b>289</b>
Carson	25.3	8	15.6	10	27.4	9	22.3	7	34.5	11
Churchill	N/A	<5*	46.9	6	N/A	<5*	43.9	6	0.0	0
Douglas	N/A	<5*	17.1	5	N/A	<5*	N/A	<5*	17.4	6
Elko	40.5	5	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lander	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Lyon	33.7	7	34.8	7	N/A	<5*	20.1	5	24.8	6
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Nye	N/A	<5*	34.1	8	33.1	6	20.3	5	26.7	6
Pershing	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0

**C HP2020-3: Female Breast Cancer Death Rate. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
White	15.0	219	13.8	215	25.8	218	26.4	238	27.0	250
Black	15.4	15	17.9	18	33.1	18	36.5	22	25.8	16
Native American	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	N/A	<5*	N/A	<5*	12.7	8	19.0	13	12.2	9
Hispanic	7.1	11	7.8	13	18.0	14	17.8	16	9.7	11

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 female population.

**C HP2020-3: Female Breast Cancer Death Rate. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	23.8	203	18.3	161	22.5	210	21.2	197
Washoe County	22.4	43	23.7	48	25.1	50	22.9	48
All Other Counties**	21.0	39	24.0	45	16.2	33	17.8	36
<b>Nevada Total</b>	<b>23.1</b>	<b>285</b>	<b>19.9</b>	<b>254</b>	<b>21.9</b>	<b>293</b>	<b>21.0</b>	<b>281</b>
Carson	23.0	9	N/A	<5*	18.9	7	15.3	6
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	17.1	6	21.5	7	11.7	5	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	71.2	5	N/A	<5*	0.0	0	N/A	<5*
Lander	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*
Lyon	N/A	<5*	41.6	13	19.7	6	18.9	6
Mineral	0.0	0	0.0	0	N/A	<5*	0.0	0
Nye	23.1	6	45.3	11	11.8	5	22.9	7
Pershing	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0
White Pine	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**C HP2020-3: Female Breast Cancer Death Rate. (Trend Data: 2005 - 2009)**

Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
White	24.6	239	20.6	210	22.1	231		
Black	27.1	18	24.8	17	36.7	27		
Native American	N/A	<5*	N/A	<5*	0.0	0		
Asian	17.3	12	19.2	15	15.6	14		
Hispanic	15.8	14	9.3	11	13.0	14		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 female population.

**C HP2020-4: Cervical Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	3.9	25	3.2	24	3.0	21	2.8	21	2.3	19
Washoe County	N/A	<5*	N/A	<5*	2.6	5	N/A	<5*	5.3	10
All Other Counties**	3.2	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>3.5</b>	<b>33</b>	<b>2.9</b>	<b>31</b>	<b>2.6</b>	<b>28</b>	<b>2.1</b>	<b>24</b>	<b>2.8</b>	<b>33</b>
Carson	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Douglas	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**C HP2020-4: Cervical Cancer Death Rate. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
White	1.7	24	1.4	22	2.2	18	2.0	18	2.9	25
Black	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Native American	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	3.8	5

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 female population.

**C HP2020-4: Cervical Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.7	24	3.4	31	1.7	17	2.8	27
Washoe County	3.5	7	4.1	8	N/A	<5*	2.3	5
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>2.6</b>	<b>34</b>	<b>3.2</b>	<b>41</b>	<b>1.7</b>	<b>24</b>	<b>2.4</b>	<b>33</b>
Carson	N/A	<5*	0.0	0	0.0	0	0.0	0
Churchill	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	N/A	<5*	0.0	0
Nye	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**C HP2020-4: Cervical Cancer Death Rate. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
White	2.8	26	3.7	35	1.8	19		
Black	N/A	<5*	0.0	0	0.0	0		
Native American	0.0	0	0.0	0	0.0	0		
Asian	N/A	<5*	N/A	<5*	0.0	0		
Hispanic	N/A	<5*	5.3	5	N/A	<5*		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 female population.

**C HP2020-5: Colorectal Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	25.6	296	21.6	261	21.4	275	20.3	275	21.1	305
Washoe County	23.1	66	22.8	67	21.6	66	20.7	66	20.3	65
All Other Counties**	17.7	50	21.8	61	17.3	54	16.7	54	19.6	64
<b>Nevada Total</b>	<b>23.8</b>	<b>412</b>	<b>21.8</b>	<b>389</b>	<b>20.8</b>	<b>395</b>	<b>19.8</b>	<b>395</b>	<b>20.8</b>	<b>434</b>
Carson	21.7	13	21.9	13	19.7	12	19.7	12	25.2	15
Churchill	23.1	5	N/A	<5*	N/A	<5*	N/A	<5*	20.9	5
Douglas	N/A	<5*	22.8	10	14.5	7	13.0	7	11.9	8
Elko	46.2	9	N/A	<5*	22.5	5	20.4	5	22.5	5
Esmeralda	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	17.0	7	21.7	8	21.6	9	19.4	9	29.1	14
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	20.2	11	18.3	9	16.0	9	21.1	12
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0

**C HP2020-5: Colorectal Cancer Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	27.6	219	25.9	218	25.2	218	25.3	234	24.3	225
Female	20.9	193	18.0	171	17.1	175	15.1	161	18.4	209
White	25.1	363	22.5	338	21.9	346	23.9	346	20.6	352
Black	33.1	27	27.7	24	20.5	18	32.8	22	32.6	37
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	8.4	7	16.1	10	15.0	14	27.6	14	14.0	14
Hispanic	10.8	13	15.8	14	11.2	13	12.5	12	21.8	25

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-5: Colorectal Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	17.8	272	18.1	286	18.1	307	16.1	270
Washoe County	17.1	59	17.2	60	15.1	55	15.8	57
All Other Counties**	19.2	68	16.6	59	20.6	78	16.3	60
<b>Nevada Total</b>	<b>17.9</b>	<b>399</b>	<b>17.7</b>	<b>405</b>	<b>18.1</b>	<b>440</b>	<b>16.1</b>	<b>387</b>
Carson	23.1	15	20.6	14	29.1	19	14.7	10
Churchill	N/A	<5*	29.4	7	27.4	7	N/A	<5*
Douglas	14.3	9	6.8	5	16.0	11	19.8	12
Elko	23.9	6	N/A	<5*	14.1	5	21.7	7
Esmeralda	0.0	0	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lander	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lyon	22.4	12	17.4	9	20.5	12	12.2	7
Mineral	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Nye	17.6	12	21.6	13	17.4	12	10.8	9
Pershing	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Storey	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**C HP2020-5: Colorectal Cancer Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	21.4	225	19.3	206	19.6	221	24.5	221
Female	14.8	174	16.1	199	16.7	219	13.7	166
White	18.9	342	18.4	341	18.1	352		
Black	21.2	29	17.6	23	28.9	38		
Native American	0.0	0	N/A	<5*	0.0	0		
Asian	15.3	15	10.3	15	19.4	18		
Hispanic	8.8	13	13.2	23	14.2	28		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-6: Oropharyngeal Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.6	33	2.4	32	3.3	48	3.2	46	3.3	50
Washoe County	2.4	8	3.1	9	1.9	6	1.9	6	1.9	7
All Other Counties**	2.7	9	2.3	7	4.5	13	3.4	12	2.9	10
<b>Nevada Total</b>	<b>2.6</b>	<b>50</b>	<b>2.5</b>	<b>48</b>	<b>3.3</b>	<b>67</b>	<b>3.0</b>	<b>64</b>	<b>3.0</b>	<b>67</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Douglas	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Elko	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Nye	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Storey	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	0.0	0	N/A	<5*	0.0	0

**C HP2020-6: Oropharyngeal Cancer Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	3.6	35	3.4	30	5.4	51	4.6	45	4.5	48
Female	1.6	15	1.8	18	1.6	16	1.7	19	1.7	19
White	2.9	46	2.7	43	3.8	63	3.6	55	2.9	52
Black	N/A	<5*	N/A	<5*	N/A	<5*	6.0	5	5.7	6
Native American	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Asian	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.



**C HP2020-6: Oropharyngeal Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.3	37	1.9	34	1.7	32	1.9	33
Washoe County	3.8	14	1.3	5	1.1	5	4.1	15
All Other Counties**	2.7	11	1.5	6	3.3	13	3.3	13
<b>Nevada Total</b>	<b>2.6</b>	<b>62</b>	<b>1.8</b>	<b>45</b>	<b>1.9</b>	<b>50</b>	<b>2.4</b>	<b>61</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Douglas	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Elko	0.0	0	0.0	0	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	N/A	<5*	0.0	0
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	N/A	<5*

**C HP2020-6: Oropharyngeal Cancer Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	3.1	36	2.6	32	2.8	35	3.7	44
Female	2.0	26	1.0	13	1.1	15	1.3	17
White	2.9	57	1.9	38	1.9	41		
Black	N/A	<5*	N/A	<5*	N/A	<5*		
Native American	0.0	0	0.0	0	0.0	0		
Asian	N/A	<5*	N/A	<5*	N/A	<5*		
Hispanic	N/A	<5*	N/A	<5*	N/A	<5*		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-7: Prostate Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	25.5	118	30.0	140	28.8	135	24.3	127	21.8	117
Washoe County	26.0	27	31.8	33	37.1	40	32.0	39	28.0	34
All Other Counties**	24.6	26	26.0	29	28.9	35	27.4	37	40.5	58
<b>Nevada Total</b>	<b>25.7</b>	<b>171</b>	<b>29.7</b>	<b>202</b>	<b>30.1</b>	<b>210</b>	<b>26.0</b>	<b>203</b>	<b>25.9</b>	<b>209</b>
Carson	22.0	6	22.7	6	45.1	12	23.9	6	37.9	10
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	46.6	5
Douglas	41.4	5	24.8	4	14.8	3	20.3	5	36.0	9
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	51.8	9	39.4	8	47.6	11
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	23.9	5	51.7	12
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**C HP2020-7: Prostate Cancer Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	25.7	171	29.7	202	30.1	210	26.0	203	25.9	209
Female	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White	27.0	153	28.3	168	29.4	182	26.1	173	26.2	180
Black	34.5	12	84.0	25	71.6	17	39.8	17	38.4	15
Native American	0.0	0	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	N/A	<5*	27.8	6	24.4	5	26.1	9	21.2	10

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 male population.

**C HP2020-7: Prostate Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	22.2	139	23.7	137	24.0	150	22.4	137
Washoe County	22.3	28	30.2	41	28.7	38	29.7	40
All Other Counties**	31.2	44	24.7	37	29.8	46	27.6	41
<b>Nevada Total</b>	<b>23.8</b>	<b>211</b>	<b>24.7</b>	<b>215</b>	<b>25.7</b>	<b>234</b>	<b>24.3</b>	<b>218</b>
Carson	35.8	9	28.8	8	25.2	8	19.6	5
Churchill	41.9	5	N/A	<5*	58.4	6	N/A	<5*
Douglas	40.0	10	31.2	8	25.7	7	36.5	9
Elko	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	82.6	5	0.0	0
Lander	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0
Lyon	29.2	7	19.0	5	20.2	5	35.0	9
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Nye	34.8	9	N/A	<5*	22.9	6	21.9	7
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**C HP2020-7: Prostate Cancer Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	23.8	211	24.7	215	25.7	234	24.34	218
Female	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
White	22.4	167	25.1	186	25.6	196		
Black	40.9	22	37.2	16	44.7	19		
Native American	N/A	<5*	0.0	0	0.0	0		
Asian	19.2	6	N/A	<5*	N/A	<5*		
Hispanic	37.9	15	22.1	10	23.4	12		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 male population.

**C HP2020-8: Melanoma Cancer Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.4	32	2.7	36	2.2	31	3.4	51	2.9	47
Washoe County	1.4	5	4.7	15	3.8	13	2.4	8	2.5	10
All Other Counties**	3.1	10	3.8	11	3.9	13	2.3	8	2.3	8
<b>Nevada Total</b>	<b>2.4</b>	<b>47</b>	<b>3.2</b>	<b>62</b>	<b>2.7</b>	<b>57</b>	<b>3.1</b>	<b>67</b>	<b>2.8</b>	<b>65</b>
Carson	8.5	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Douglas	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0

**C HP2020-8: Melanoma Cancer Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	3.0	29	4.9	42	4.1	40	4.3	47	3.9	43
Female	1.8	18	1.9	20	1.6	17	1.8	20	1.8	22
White	3.0	47	4.0	61	3.5	56	4.4	66	3.5	65
Black	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Native American	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Asian	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Hispanic	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-8: Melanoma Cancer Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.7	44	1.8	31	1.9	36	2.4	45
Washoe County	2.7	10	3.1	11	5.7	21	2.9	11
All Other Counties**	3.7	13	3.7	14	4.6	18	3.2	13
<b>Nevada Total</b>	<b>2.8</b>	<b>67</b>	<b>2.3</b>	<b>56</b>	<b>2.9</b>	<b>75</b>	<b>2.6</b>	<b>69</b>
Carson	N/A	<5*	N/A	<5*	7.6	5	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	N/A	<5*

**C HP2020-8: Melanoma Cancer Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	4.8	52	3.7	41	4.6	57	4.0	50
Female	1.2	15	1.1	15	1.3	18	1.4	19
White	3.5	66	2.9	53	3.5	71		
Black	0.0	0	0.0	0	N/A	<5*		
Native American	0.0	0	0.0	0	0.0	0		
Asian	N/A	<5*	0.0	0	0.0	0		
Hispanic	0.0	0	N/A	<5*	N/A	<5*		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**C HP2020-15: Proportion of Women Aged 18+ Who Have Had a Pap Smear in the Preceding 3 Years. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

County of Residence	2000		2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	85.0	230	84.7	323	86.1	276	83.3	368	77.5	484
Washoe County	81.1	204	87.1	333	84.9	308	84.4	378	83.8	529
All Other Counties**	80.1	159	83.2	319	80.3	263	76.5	304	78.1	447
<b>Nevada Total</b>	<b>83.8</b>	<b>633</b>	<b>83.7</b>	<b>1001</b>	<b>84.8</b>	<b>865</b>	<b>82.1</b>	<b>1086</b>	<b>78.2</b>	<b>1502</b>
Carson	N/A	<50*	83.3	67	81.0	59	75.6	56	80.6	88
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	85.5	55	N/A	<50*	79.4	49	91.3	70
Elko	N/A	<50*	76.6	52	N/A	<50*	N/A	<50*	88.6	70
Esmeralda	~	~	N/A	<50*	~	~	N/A	<50*	N/A	<50*
Eureka	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	84.3	43	79.8	47	71.7	66
Mineral	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	60.4	45
Pershing	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**C HP2020-15: Proportion of Women Aged 18+ Who Have Had a Pap Smear in the Preceding 3 Years. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

Race/Ethnicity	2000		2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
White	85.8	503	85.9	714	82.8	599	82.3	769	77.7	1088
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	67.5	43	87.1	111	87.9	109	76.7	117	74.7	147
Hispanic	77.5	57	76.1	138	89.3	128	85.1	175	77.9	215

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**C HP2020-15: Proportion of Women Aged 18+ Who Have Had a Pap Smear in the Preceding 3 Years. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

Age	2000		2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	81.8	83	69.7	107	76.0	82	83.1	84	67.2	63
25-34	87.2	172	90.4	217	95.2	191	84.1	197	91.9	295
35-44	81.6	170	85.8	268	86.9	206	87.0	262	83.8	335
45-54	88.0	107	90.5	186	87.2	189	86.6	229	77.8	331
55-64	86.8	49	90.3	111	77.0	100	76.9	164	70.2	264
65+	74.7	52	66.8	112	67.6	97	64.7	150	59.5	214

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**C HP2020-16a.: Proportion of Adults Aged 50+ Who Have Had a Fecal Occult Blood Test in the Preceding 2 Years. (Trend Data: 2002, 2004, 2006, 2008)**

County of Residence	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	28.1	121	24.1	112	25.8	168	19.7	177
Washoe County	23.2	110	19.8	90	19.1	126	15.0	138
All Other Counties**	25.6	133	22.7	108	23.2	145	17.0	165
<b>Nevada Total</b>	<b>26.7</b>	<b>368</b>	<b>22.9</b>	<b>311</b>	<b>23.9</b>	<b>442</b>	<b>18.6</b>	<b>486</b>
Carson	29.9	33	25.2	23	26.6	26	18.5	30
Churchill	N/A	<50*	N/A	<50*	27.2	15	19.3	13
Douglas	40.4	29	32.4	23	27.0	29	22.4	34
Elko	14.0	10	N/A	<50*	11.6	6	12.1	13
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	27.8	24	15.0	9	22.5	25	21.2	28
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	15.3	10	18.8	11	26.5	22	12.6	22
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.



**C HP2020-16a.: Proportion of Adults Aged 50+ Who Have Had a Fecal Occult Blood Test in the Preceding 2 Years. (Trend Data: 2002, 2004, 2006, 2008)**

Gender and Race/Ethnicity	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	26.1	181	21.7	149	25.8	219	20.2	218
Female	27.2	187	24.0	162	22.2	223	17.1	268
White	28.7	319	23.9	256	24.5	353	19.0	410
Black	N/A	<50*	N/A	<50*	31.6	13	18.7	14
Other	18.9	21	28.0	33	26.3	44	19.0	43
Hispanic	8.7	14	14.0	14	13.8	24	14.7	15

**C HP2020-16a.: Proportion of Adults Aged 50+ Who Have Had a Fecal Occult Blood Test in the Preceding 2 Years. (Trend Data: 2002, 2004, 2006, 2008)**

Age	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
50-54	16.0	58	12.7	37	10.8	46	10.2	43
55-64	27.4	121	23.8	115	24.3	161	18.3	165
65+	32.2	186	27.8	157	31.5	227	23.8	274

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**C HP2020-16b.: Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidscopy or Colonoscopy. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

County of Residence	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	46.1	202	46.0	206	56.5	351	54.9	468
Washoe County	46.1	215	50.5	250	59.8	402	61.3	552
All Other Counties**	43.8	218	45.6	221	52.2	323	56.0	538
<b>Nevada Total</b>	<b>45.4</b>	<b>641</b>	<b>46.7</b>	<b>684</b>	<b>55.2</b>	<b>1082</b>	<b>55.7</b>	<b>1580</b>
Carson	55.1	55	53.4	51	59.3	55	61.8	100
Churchill	N/A	<50*	N/A	<50*	56.5	30	55.2	46
Douglas	44.8	36	56.4	42	67.9	74	72.6	104
Elko	28.0	20	20.3	10	39.6	26	42.2	45
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	50.6	35	49.2	34	52.2	53	49.9	70
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	44.4	28	41.7	26	41.0	34	49.1	77
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**C HP2020-16b.: Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidscopy or Colonoscopy. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

Gender and Race/Ethnicity	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	45.3	296	49.3	329	53.6	476	59.3	658
Female	45.8	341	44.0	347	56.7	592	52.3	910
White	48.2	542	48.6	568	56.4	882	59.8	1343
Black	N/A	<50*	N/A	<50*	N/A	<50*	58.0	33
Other	39.2	48	46.5	60	62.0	117	43.9	123
Hispanic	33.8	36	24.8	30	31.2	42	38.0	69

**C HP2020-16b.: Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidscopy or Colonoscopy. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

Age	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
50-54	29.3	99	28.0	80	34.3	130	38.4	175
55-64	41.4	197	46.1	246	60.8	418	53.9	542
65+	58.6	341	56.5	350	62.5	520	68.0	851

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**C HP2020-17: Proportion of Women Aged 40+ Who Have Had a Mammogram in the Preceding 2 Years. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

County of Residence	2000		2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	76.9	131	74.3	255	70.1	227	72.3	339	69.0	458
Washoe County	69.2	135	71.2	241	70.5	255	72.0	348	70.2	506
All Other Counties**	68.7	138	71.0	261	65.3	220	62.8	292	63.5	453
<b>Nevada Total</b>	<b>74.4</b>	<b>434</b>	<b>73.3</b>	<b>769</b>	<b>69.3</b>	<b>711</b>	<b>70.7</b>	<b>996</b>	<b>68.0</b>	<b>1444</b>
Carson	69.4	36	72.8	58	80.3	50	65.4	54	62.2	94
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	54.3	31
Douglas	N/A	<50*	70.1	43	60.8	32	69.2	55	74.3	76
Elko	N/A	<50*	73.2	38	N/A	<50*	N/A	<50*	62.8	51
Esmeralda	~	~	N/A	<50*	~	~	N/A	<50*	N/A	<50*
Eureka	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	66.1	37	65.7	45	68.1	68
Mineral	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	52.3	33	64.0	64
Pershing	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**C HP2020-17: Proportion of Women Aged 40+ Who Have Had a Mammogram in the Preceding 2 Years. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

Race/Ethnicity	2000		2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
White	76.4	376	72.9	607	69.3	569	70.8	782	66.9	1176
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	74.4	68	66.4	79	70.3	102	66.7	125
Hispanic	N/A	<50*	77.1	67	75.1	44	66.9	72	73.5	99

**C HP2020-17: Proportion of Women Aged 40+ Who Have Had a Mammogram in the Preceding 2 Years. (Trend Data: 2000, 2002, 2004, 2006, 2008)**

Age	2000		2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
40-44	54.1	71	56.4	102	58.8	84	61.2	103	55.3	109
45-54	76.9	137	76.2	230	66.4	201	73.1	266	66.8	366
55-64	83.9	94	78.9	171	76.5	198	75.6	277	70.5	406
65+	78.2	132	77.7	262	73.4	224	70.1	341	73.2	555

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**D HP2020-14: Proportion of Persons With Diagnosed Diabetes Who Receive Formal Diabetes Education. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	N/A	<50*	69.2	35	66.4	45	60.1	41	54.5	41
Washoe County	N/A	<50*	N/A	<50*	54.7	31	60.3	42	59.0	35
All Other Counties**	N/A	<50*	N/A	<50*	56.9	43	45.2	27	53.3	36
<b>Nevada Total</b>	<b>52.9</b>	<b>58</b>	<b>65.2</b>	<b>80</b>	<b>62.8</b>	<b>121</b>	<b>59.4</b>	<b>114</b>	<b>52.8</b>	<b>113</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	~	~	~	~	~	~	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	N/A	<50*	~	~	~	~
Lander	~	~	~	~	~	~	~	~	~	~
Lincoln	~	~	~	~	~	~	~	~	~	~
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Mineral	~	~	~	~	~	~	~	~	~	~
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	~	~	~	~	~	~	~	~	~	~
Storey	~	~	~	~	~	~	~	~	~	~
White Pine	~	~	~	~	~	~	~	~	~	~

**D HP2020-14: Proportion of Persons With Diagnosed Diabetes Who Receive Formal Diabetes Education. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	55.7	36	63.8	42	61.3	59	62.8	63	54.6	61
Female	N/A	<50*	66.3	38	64.8	62	54.2	51	50.4	52
White	65.4	43	65.0	63	69.0	85	56.0	83	56.5	81
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-14: Proportion of Persons With Diagnosed Diabetes Who Receive Formal Diabetes Education. (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
25-34	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
35-44	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
45-54	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
55-64	N/A	<50*	N/A	<50*	62.6	33	N/A	<50*	68.7	41
65+	63.0	29	79.1	31	65.2	39	58.6	46	49.8	39

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-14: Proportion of Persons With Diagnosed Diabetes Who Receive Formal Diabetes Education. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	63.8	55	52.3	74	60.3	86	59.6	108	56.1	79
Washoe County	60.5	46	57.3	52	66.6	68	56.6	70	67.1	72
All Other Counties**	54.9	49	55.8	52	53.4	70	52.6	86	51.1	79
<b>Nevada Total</b>	<b>61.1</b>	<b>151</b>	<b>52.4</b>	<b>183</b>	<b>59.3</b>	<b>232</b>	<b>58.0</b>	<b>270</b>	<b>57.2</b>	<b>235</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	~	~	N/A	<50*	~	~	~	~
Eureka	N/A	<50*	~	~	~	~	~	~	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	~	~	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**D HP2020-14: Proportion of Persons With Diagnosed Diabetes Who Receive Formal Diabetes Education. (Trend Data: 2005 - 2009)**

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	62.9	81	48.6	99	55.9	104	59.8	120	53.8	103
Female	59.4	70	57.4	84	63.0	128	55.9	150	61.1	132
White	58.8	111	55.1	124	60.6	172	54.8	189	52.6	173
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	N/A	<50*	55.6	34	71.9	40	N/A	<50*
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.



**D HP2020-14: Proportion of Persons With Diagnosed Diabetes Who Receive Formal Diabetes Education. (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<50*	N/A	<50*	N/A	<50*	N/A	N/A	N/A	<50*
25-34	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
35-44	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
45-54	N/A	<50*	37.5	28	N/A	<50*	60.3	39	N/A	<50*
55-64	68.3	55	65.4	54	69.3	83	64.4	84	53.7	61
65+	49.8	56	58.2	81	57.3	93	58.8	126	49.6	115

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-I: Proportion of Adults With Diabetes Whose Condition Has Been Diagnosed. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	8.0	43	6.8	63	6.5	73	7.1	71	8.4	87
Washoe County	4.7	26	5.2	39	5.9	59	6.1	72	7.3	80
All Other Counties**	7.2	45	5.6	44	7.5	88	5.4	62	7.5	80
<b>Nevada Total</b>	<b>6.8</b>	<b>115</b>	<b>5.7</b>	<b>150</b>	<b>6.2</b>	<b>207</b>	<b>6.3</b>	<b>195</b>	<b>6.4</b>	<b>215</b>
Carson	4.2	7	4.6	9	5.5	11	4.2	12	10.3	18
Churchill	7.6	6	3.3	4	6.1	6	3.3	4	7.4	8
Douglas	5.0	7	4.8	9	8.3	13	5.1	9	5.3	10
Elko	5.4	6	5.7	8	8.5	15	3.2	5	3.8	6
Esmeralda	~	~	~	~	~	~	~	~	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	7.3	4	~	~	~	~
Lander	~	~	~	~	~	~	~	~	~	~
Lincoln	~	~	~	~	~	~	~	~	~	~
Lyon	10.1	10	8.5	9	6.0	10	5.0	9	8.9	15
Mineral	~	~	~	~	~	~	~	~	~	~
Nye	12.6	9	6.2	5	12.2	15	9.3	9	12.8	14
Pershing	~	~	~	~	~	~	~	~	~	~
Storey	~	~	~	~	~	~	~	~	~	~
White Pine	~	~	~	~	~	~	~	~	~	~

**D HP2020-I: Proportion of Adults With Diabetes Whose Condition Has Been Diagnosed. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	8.7	67	5.2	79	7.1	111	7.4	106	7.1	115
Female	5.6	59	7.8	83	6.3	116	6.4	110	9.5	140
White	6.3	85	7.0	126	6.3	148	6.9	157	8.5	174
Black	7.7	6	6.0	6	10.1	10	10.5	8	9.9	9
Other	12.2	17	3.9	18	7.0	34	6.1	19	6.3	31
Hispanic	8.8	18	5.7	11	6.7	33	6.3	27	8.3	34

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-I: Proportion of Adults With Diabetes Whose Condition Has Been Diagnosed. (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	1.8	2	0.9	2	0.9	5	0.9	2	2.3	2
25-34	1.8	8	3.0	11	2.5	14	2.3	16	3.9	15
35-44	3.1	18	3.0	14	5.8	40	4.9	27	6.2	25
45-54	6.1	21	6.3	33	7.1	46	8.0	45	10.5	50
55-64	12.9	25	13.9	47	10.0	51	10.1	41	11.2	65
65+	19.3	52	13.1	54	14.4	69	15.4	79	15.9	91

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-I: Proportion of Adults With Diabetes Whose Condition Has Been Diagnosed. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	8.5	93	8.5	132	9.7	155	9.6	180	8.8	147
Washoe County	7.2	89	8.0	107	7.0	120	7.0	136	7.1	122
All Other Counties**	9.5	106	8.1	101	9.0	152	8.8	165	8.8	148
<b>Nevada Total</b>	<b>7.1</b>	<b>260</b>	<b>7.5</b>	<b>319</b>	<b>8.0</b>	<b>403</b>	<b>8.6</b>	<b>466</b>	<b>7.9</b>	<b>404</b>
Carson	10.3	22	6.2	14	8.7	24	6.8	27	8.0	23
Churchill	9.9	10	8.0	9	7.9	12	10.0	15	5.2	9
Douglas	9.1	16	7.0	12	7.4	20	5.0	21	5.4	17
Elko	7.4	9	7.8	10	7.1	18	8.0	18	9.0	14
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	13.5	8	5.6	5	3.9	7	4.2	5
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	9.9	17	10.2	21	9.9	25	6.4	17	10.7	28
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	11.4	14	11.8	17	13.6	27	14.9	26	16.2	33
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	17.7	9	N/A	<50*

**D HP2020-I: Proportion of Adults With Diabetes Whose Condition Has Been Diagnosed. (Trend Data: 2005 - 2009)**

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	7.1	137	8.5	179	8.2	181	9.2	207	8.3	179
Female	9.3	157	7.9	172	10.2	265	9.0	291	8.5	248
White	8.4	210	8.6	238	9.5	322	9.2	353	7.8	326
Black	10.8	9	12.8	14	10.7	15	13.3	18	12.5	18
Other	7.6	35	9.5	54	11.9	61	12.4	65	9.3	34
Hispanic	7.6	39	5.8	41	6.4	44	6.7	59	9.4	40

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-1: Proportion of Adults With Diabetes Whose Condition Has Been Diagnosed. (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	1.6	4	0.6	3	0.2	1	.	0	1.2	2
25-34	3.6	21	2.2	10	4.4	25	3.3	18	1.8	9
35-44	5.2	33	7.4	44	6.7	42	4.9	34	6.6	30
45-54	5.4	32	7.2	58	9.1	58	10.8	80	7.1	50
55-64	17.2	89	13.2	96	14.7	127	16.0	131	14.6	115
65+	18.7	114	19.3	136	20.3	184	20.9	227	19.3	208

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-3: Diabetes-Related Death Rate. (Trend Data: 2000- 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	42.9	523	42.5	544	42.9	582	43.9	615	38.4	573
Washoe County	59.7	176	73.6	221	69.2	212	75.2	234	76.0	247
All Other Counties**	53.8	151	60.8	171	61.3	189	56.3	174	65.5	215
<b>Nevada Total</b>	<b>47.6</b>	<b>850</b>	<b>50.7</b>	<b>936</b>	<b>50.2</b>	<b>983</b>	<b>51.0</b>	<b>1023</b>	<b>48.5</b>	<b>1035</b>
Carson	68.8	39	92.7	56	72.1	46	85.2	54	89.7	55
Churchill	60.9	12	25.9	6	53.4	13	37.1	8	43.3	11
Douglas	34.4	15	30.0	14	41.0	21	50.8	24	42.5	22
Elko	67.6	12	58.0	11	95.5	18	55.6	15	69.3	16
Esmeralda	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	51.2	7	118.3	14	N/A	<5*	57.2	6	48.0	7
Lander	N/A	<5*	0.0	0	N/A	<5*	154.0	5	N/A	<5*
Lincoln	0.0	0	N/A	<5*	166.6	8	150.0	5	128.6	6
Lyon	47.8	18	75.1	31	80.0	33	50.7	23	86.6	44
Mineral	134.9	10	124.5	8	88.4	5	N/A	<5*	N/A	<5*
Nye	49.0	25	39.2	17	56.0	24	39.7	24	61.6	34
Pershing	N/A	<5*	N/A	<5*	140.5	7	0.0	0	108.7	6
Storey	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
White Pine	59.3	6	69.8	8	62.2	7	49.1	6	82.7	9

**D HP2020-3: Diabetes-Related Death Rate. (Trend Data: 2000- 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	61.7	522	61.5	548	59.5	555	66.7	631	55.5	568
Female	35.1	327	40.2	388	41.5	428	37.0	392	41.4	467
White	46.9	693	49.6	756	48.7	779	49.0	804	47.1	818
Black	77.0	74	82.0	81	70.7	74	88.2	92	79.7	89
Native American	92.6	19	89.9	17	106.6	24	83.0	19	69.2	16
Asian	47.9	27	30.9	25	51.9	36	33.9	29	31.3	33
Hispanic	34.5	35	51.2	57	51.7	65	61.9	77	51.2	77

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rate is age-adjusted to the 2000 U.S. standard population.

Note: Rate is per 100,000 population.

**D HP2020-3: Diabetes-Related Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	49.6	778	41.8	686	33.9	585	35.1	597
Washoe County	69.8	241	73.1	256	58.5	212	40.8	149
All Other Counties**	66.7	224	49.6	179	50.0	189	50.7	187
<b>Nevada Total</b>	<b>55.4</b>	<b>1243</b>	<b>47.9</b>	<b>1121</b>	<b>40.2</b>	<b>986</b>	<b>38.5</b>	<b>933</b>
Carson	99.9	64	82.4	57	84.0	59	58.8	40
Churchill	80.8	20	58.4	14	58.7	15	55.4	14
Douglas	35.4	21	47.5	28	30.6	18	47.5	28
Elko	29.7	8	59.8	14	73.2	17	63.6	18
Esmeralda	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Humboldt	110.6	14	76.3	10	46.0	7	57.5	7
Lander	N/A	<5*	N/A	<5*	98.7	5	N/A	<5*
Lincoln	N/A	<5*	0.0	0	N/A	<5*	117.7	7
Lyon	74.6	39	43.1	25	43.2	27	43.8	27
Mineral	125.1	9	52.1	2	96.5	7	68.8	5
Nye	50.0	29	21.2	13	27.9	17	37.0	25
Pershing	93.9	5	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	89.9	9	45.2	6	66.4	9	75.2	9

**D HP2020-3: Diabetes-Related Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	72.6	758	63.5	688	50.2	585	51.9	575
Female	40.8	485	34.7	433	31.1	401	27.6	358
White	54.4	981	46.5	875	38.9	767		
Black	93.2	116	72.9	100	77.1	99		
Native American	76.0	16	68.9	18	23.1	6		
Asian	43.6	46	41.7	44	35.4	42		
Hispanic	47.0	82	54.4	83	40.9	68		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rate is age-adjusted to the 2000 U.S. standard population.

Note: Rate is per 100,000 population.

**D HP2020-11: Proportion of Adults With Diabetes Who Have a Glycosylated Hemoglobin Measurement At Least Twice a Year(Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	N/A	<50*	70.8	34	63.1	42	69.8	35	67.4	37
Washoe County	N/A	<50*	N/A	<50*	N/A	<50*	73.2	40	63.1	37
All Other Counties**	N/A	<50*	N/A	<50*	73.2	53	59.2	30	60.8	38
<b>Nevada Total</b>	<b>68.6</b>	<b>72</b>	<b>72.2</b>	<b>89</b>	<b>64.9</b>	<b>130</b>	<b>68.3</b>	<b>107</b>	<b>63.3</b>	<b>115</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	~	~	~	~	N/A	<50*	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	N/A	<50*	N/A	<50*	~	~
Lander	~	~	~	~	N/A	<50*	~	~	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Mineral	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	~	~	~	~	N/A	<50*	N/A	<50*	~	~
Storey	~	~	~	~	N/A	<50*	~	~	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*

**D HP2020-11: Proportion of Adults With Diabetes Who Have a Glycosylated Hemoglobin Measurement At Least Twice a Year(Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	66.8	44	74.6	46	59.6	69	64.2	59	60.9	59
Female	N/A	<50*	70.3	43	71.9	61	73.8	48	66.4	56
White	74.9	53	66.8	64	73.0	92	62.4	80	60.3	84
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.



**D HP2020-11: Proportion of Adults With Diabetes Who Have a Glycosylated Hemoglobin Measurement At Least Twice a Year(Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
25-34	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
35-44	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
45-54	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
55-64	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	64.6	38
65+	N/A	<50*	N/A	<50*	70.7	46	81.2	52	61.7	46

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-11: Proportion of Adults With Diabetes Who Have a Glycosylated Hemoglobin Measurement At Least Twice a Year(Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	71.4	48	62.3	66	70.2	83	65.9	102	64.8	78
Washoe County	70.3	43	56.4	47	71.9	61	63.3	71	67.2	67
All Other Counties**	68.2	51	56.1	45	59.3	68	64.6	86	58.6	75
<b>Nevada Total</b>	<b>70.7</b>	<b>142</b>	<b>59.7</b>	<b>163</b>	<b>67.4</b>	<b>216</b>	<b>66.2</b>	<b>267</b>	<b>64.6</b>	<b>224</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	~	~	N/A	<50*	~	~	N/A	<50*
Eureka	N/A	<50*	~	~	~	~	~	~	~	~
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**D HP2020-11: Proportion of Adults With Diabetes Who Have a Glycosylated Hemoglobin Measurement At Least Twice a Year(Trend Data: 2005 - 2009)**

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	72.0	83	57.4	93	67.9	100	66.6	119	66.6	103
Female	69.2	59	62.7	70	66.9	116	65.7	148	62.1	121
White	66.2	107	59.8	119	59.8	161	62.7	197	63.0	177
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	N/A	<50*	N/A	<50*	71.1	33	N/A	<50*
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-11: Proportion of Adults With Diabetes Who Have a Glycosylated Hemoglobin Measurement At Least Twice a Year(Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
25-34	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
35-44	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
45-54	N/A	<50*	N/A	<50*	N/A	<50*	65.0	42	N/A	<50*
55-64	78.9	48	72.6	49	60.3	70	72.0	84	66.3	67
65+	73.5	62	62.1	74	72.1	91	67.8	117	69.3	110

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-9: Proportion of Adults With Diabetes Who Have At Least An Annual Foot Examination (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	N/A	<5*	68.2	34	67.9	46	67.6	40	62.0	47
Washoe County	N/A	<5*	N/A	<5*	65.2	36	67.5	45	59.1	40
All Other Counties**	N/A	<5*	N/A	<5*	62.9	49	65.2	38	54.5	40
<b>Nevada Total</b>	<b>83.1</b>	<b>85</b>	<b>70.9</b>	<b>94</b>	<b>68.2</b>	<b>135</b>	<b>66.2</b>	<b>125</b>	<b>61.7</b>	<b>130</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	~	~	~	~	~	~	N/A	<5*	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	N/A	<5*	N/A	<5*	~	~
Lander	~	~	~	~	N/A	<5*	~	~	N/A	<5*
Lincoln	~	~	~	~	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	~	~	~	~	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	~	~	~	~	N/A	<5*	N/A	<5*	~	~
Storey	~	~	~	~	N/A	<5*	~	~	N/A	<5*
White Pine	~	~	~	~	N/A	<5*	N/A	<5*	N/A	<5*

**D HP2020-9: Proportion of Adults With Diabetes Who Have At Least An Annual Foot Examination (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	80.5	49	73.8	52	75.9	79	65.3	67	57.5	69
Female	N/A	<5*	68.6	42	57.7	56	67.4	58	67.1	61
White	87.0	54	68.4	73	67.3	91	67.9	97	60.9	91
Black	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Other	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-9: Proportion of Adults With Diabetes Who Have At Least An Annual Foot Examination (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
25-34	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
35-44	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
45-54	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
55-64	N/A	<5*	N/A	<5*	63.3	32	N/A	<5*	58.1	38
65+	88.0	38	N/A	<5*	68.8	45	71.2	52	58.5	48

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-9: Proportion of Adults With Diabetes Who Have At Least An Annual Foot Examination (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	69.8	57	57.5	77	64.4	86	62.7	111	62.9	91
Washoe County	79.8	53	64.5	67	73.7	77	60.0	79	72.2	78
All Other Counties**	67.4	61	68.6	56	58.4	77	57.7	88	54.4	71
<b>Nevada Total</b>	<b>69.8</b>	<b>173</b>	<b>59.0</b>	<b>206</b>	<b>62.9</b>	<b>245</b>	<b>61.2</b>	<b>286</b>	<b>63.2</b>	<b>245</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	~	~	~	~	N/A	<5*	~	~	~	~
Eureka	N/A	<5*	~	~	~	~	~	~	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	N/A	<5*	~	~	N/A	<5*	N/A	<5*
Storey	N/A	<5*	~	~	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**D HP2020-9: Proportion of Adults With Diabetes Who Have At Least An Annual Foot Examination (Trend Data: 2005 - 2009)**

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	72.6	99	56.9	113	63.4	117	68.1	137	62.3	115
Female	66.9	74	61.8	93	62.4	128	53.0	149	64.2	130
White	68.6	122	64.1	143	60.6	175	63.2	209	64.6	180
Black	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Other	N/A	<5*	N/A	<5*	64.3	38	51.2	34	N/A	<5*
Hispanic	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**D HP2020-9: Proportion of Adults With Diabetes Who Have At Least An Annual Foot Examination (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<5*	N/A	<5*	N/A	<5*	~	~	N/A	<5*
25-34	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
35-44	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
45-54	N/A	<5*	58.7	30	63.7	36	65.5	36	N/A	<5*
55-64	73.6	61	66.0	61	62.6	77	68.0	86	60.0	68
65+	67.6	70	69.0	96	64.6	107	64.6	141	67.8	120

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**ECBP HP2020-6: High School Completion Rate. (Trend Data: 2003 - 2009)**

County of Residence	2003		2004		2005		2006		2007		2008		2009	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	71.7	11,244	62.7	11,371	60.0	12,031	63.5	12,433	63.0	13,031	65.1	14,249	68.0	15,396
Washoe County	80.3	2,759	77.7	2,940	75.7	3,084	75.1	3,110	77.9	3,191	77.3	3,302	77.4	3,415
<b>Nevada Total</b>	<b>74.8</b>	<b>17,052</b>	<b>67.0</b>	<b>17,311</b>	<b>64.9</b>	<b>18,242</b>	<b>67.5</b>	<b>18,632</b>	<b>67.4</b>	<b>19,630</b>	<b>68.7</b>	<b>21,236</b>	<b>71.4</b>	<b>22,672</b>
Carson	84.4	548	81.8	466	82.2	511	83.5	463	83.6	422	85.0	481	90.5	483
Churchill	89.3	297	77.9	252	83.2	267	84.9	288	82.6	327	82.2	342	88.1	286
Douglas	90.9	458	93.2	454	84.5	439	82.8	451	85.8	454	87.1	496	83.9	467
Elko	78.7	442	70.1	551	79.3	582	76.7	550	79.0	557	84.1	608	86.9	650
Eureka	93.8	16	100.0	16	90.0	20	88.9	17	88.2	16	100.0	12	94.1	17
Humboldt	81.2	209	71.4	229	76.1	193	74.4	204	76.1	191	74.7	197	80.7	201
Lander	74.2	87	77.6	83	71.4	53	80.7	79	77.0	86	78.1	92	94.5	105
Lincoln	81.3	84	79.7	64	84.5	57	95.1	81	89.2	65	93.5	77	78.9	55
Lyon	83.1	409	76.4	458	80.9	489	79.2	429	78.7	470	82.6	508	84.9	529
Mineral	76.0	43	78.6	35	72.5	47	78.1	28	65.3	36	66.7	30	77.1	29
Nye	72.8	275	54.1	240	53.0	246	66.7	284	60.4	296	66.8	289	78.6	364
Pershing	95.6	45	87.7	55	90.2	50	86.9	60	84.9	52	90.6	64	87.5	55
Storey	70.8	24	50.0	23	63.6	28	70.7	30	97.2	35	82.5	34	87.9	31
White Pine	81.4	100	74.7	74	75.0	112	86.5	96	83.2	99	84.6	108	79.8	91

Note: Data are from the Nevada Annual Reports of Accountability.  
 Note: No data available for Esmeralda County.



**FP HP2020-8: Pregnancy Rate for Adolescents Aged 15 to 17 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	49.0	1322	44.9	1307	41.4	1257	41.8	1326	39.0	1318
Washoe County	44.2	309	43.3	313	41.1	300	33.7	258	35.9	287
All Other Counties**	34.6	206	32.7	198	33.7	207	30.3	191	27.8	181
<b>Nevada Total</b>	<b>46.0</b>	<b>1837</b>	<b>42.9</b>	<b>1818</b>	<b>40.3</b>	<b>1764</b>	<b>38.8</b>	<b>1775</b>	<b>37.0</b>	<b>1786</b>
Carson	53.8	55	52.0	54	57.9	61	42.6	45	43.3	46
Churchill	36.1	21	41.2	25	35.7	21	32.9	19	30.5	18
Douglas	36.9	28	22.2	18	21.9	19	13.2	12	12.9	12
Elko	23.7	27	21.2	24	22.3	25	31.4	35	20.1	23
Esmeralda	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Humboldt	46.4	16	43.7	15	56.9	20	43.4	16	28.0	10
Lander	N/A	<5*	50.5	8	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	44.8	32	24.2	18	22.1	17	33.3	27	33.8	29
Mineral	N/A	<5*	63.5	5	96.1	8	N/A	<5*	N/A	<5*
Nye	16.7	10	29.2	18	25.7	17	33.7	24	32.9	25
Pershing	28.7	5	41.6	7	42.8	7	32.9	5	42.8	6
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	36.1	5	44.5	6	N/A	<5*	N/A	<5*

**FP HP2020-8: Pregnancy Rate for Adolescents Aged 15 to 17 Years (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
White	25.9	600	22.0	530	23.3	571	24.1	601	22.8	588
Black	60.2	211	59.9	222	52.7	206	48.6	204	43.5	195
Native American	37.1	26	32.8	24	28.1	21	18.4	14	17.3	14
Asian	26.4	56	23.0	53	27.4	65	22.7	58	37.3	104
Hispanic	62.5	652	52.7	609	54.9	673	57.9	769	53.0	764

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Nevada data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 age-specific female population.

Note: Rates were not adjusted for cases where race/ethnicity was listed as other/unknown.

**FP HP2020-8:Pregnancy Rate for Adolescents Aged 15 to 17 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	41.2	1476	41.1	1536	39.1	1523	39.3	1539
Washoe County	33.6	288	35.6	315	31.5	285	31.0	284
All Other Counties**	25.5	176	29.7	220	27.9	211	26.2	199
<b>Nevada Total</b>	<b>37.8</b>	<b>1940</b>	<b>38.6</b>	<b>2071</b>	<b>36.4</b>	<b>2019</b>	<b>36.1</b>	<b>2022</b>
Carson	45.5	51	45.6	54	37.2	44	26.2	31
Churchill	24.1	15	25.0	16	23.6	15	23.8	15
Douglas	12.1	12	11.7	12	14.5	15	15.5	16
Elko	21.5	26	30.9	38	30.4	39	33.4	43
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Humboldt	25.1	9	48.9	18	32.1	12	50.9	19
Lander	N/A	<5*	29.2	5	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lyon	26.7	24	37.3	40	27.9	31	28.9	32
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	63.2	7
Nye	27.2	22	20.6	18	22.1	20	27.0	25
Pershing	N/A	<5*	25.8	5	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	22.2	5	22.2	6	25.8	7	N/A	<5*

**FP HP2020-8:Pregnancy Rate for Adolescents Aged 15 to 17 Years (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007		2008***	
	Rate	N	Rate	N	Rate	N	Rate	N
White	22.1	598	23.2	655	20.1	588	20.4	601
Black	53.9	257	52.6	262	53.3	276	51.6	269
Native American	30.2	26	33.3	30	22.6	21	16.1	15
Asian	30.8	92	16.4	51	12.4	40	19.3	63
Hispanic	52.9	828	50.5	825	54.3	920	51.7	883

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Nevada data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 age-specific female population.

Note: Rates were not adjusted for cases where race/ethnicity was listed as other/unknown.

**FP HP2020-8: Pregnancy Rate for Adolescents Aged 18 to 19 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	130.6	2428	125.8	2494	117.2	2439	110.3	2401	107.7	2518
Washoe County	115.2	554	126.5	628	110.3	554	103.1	546	103.9	567
All Other Counties**	100.0	377	103.1	402	91.4	365	100.0	397	95.6	394
<b>Nevada Total</b>	<b>123.6</b>	<b>3359</b>	<b>122.9</b>	<b>3524</b>	<b>112.6</b>	<b>3358</b>	<b>107.8</b>	<b>3344</b>	<b>105.5</b>	<b>3479</b>
Carson	130.3	81	154.5	101	118.8	82	142.8	100	125.9	89
Churchill	107.8	39	137.1	50	116.7	44	90.1	38	108.8	46
Douglas	61.2	29	78.9	39	70.2	35	81.0	41	59.4	34
Elko	73.9	58	77.6	63	63.8	50	84.1	61	97.7	70
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Humboldt	93.9	21	109.2	25	152.0	36	142.3	32	93.3	21
Lander	N/A	<5*	107.1	9	89.3	9	113.2	11	N/A	<5*
Lincoln	92.2	7	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	148.9	64	113.0	53	91.4	46	104.7	54	121.1	67
Mineral	163.6	11	94.0	5	N/A	<5*	142.4	7	120.5	7
Nye	118.3	46	85.7	35	89.1	35	93.9	38	74.3	33
Pershing	57.0	6	57.3	7	74.0	9	56.7	6	78.8	9
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
White Pine	102.9	10	126.0	10	113.7	12	N/A	<5*	93.9	9

**FP HP2020-8: Pregnancy Rate for Adolescents Aged 18 to 19 Years (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
White	87.2	1379	72.6	1184	77.2	1291	79.8	1380	77.4	1403
Black	154.2	343	148.9	353	163.8	410	142.7	364	137.4	372
Native American	113.0	50	104.2	47	101.3	49	97.9	51	85.8	47
Asian	74.6	120	73.0	127	77.8	140	74.3	140	83.1	167
Hispanic	151.8	1074	149.1	1165	140.2	1163	139.1	1220	132.6	1269

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Nevada data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 age-specific female population.

Note: Rates were not adjusted for cases where race/ethnicity was listed as other/unknown.

**FP HP2020-8: Pregnancy Rate for Adolescents Aged 18 to 19 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	107.1	2618	112.2	2861	106.9	2843	100.4	2687
Washoe County	102.7	579	98.6	573	98.5	585	99.1	597
All Other Counties**	91.7	390	97.4	444	99.9	465	88.7	414
<b>Nevada Total</b>	<b>104.5</b>	<b>3587</b>	<b>108.1</b>	<b>3878</b>	<b>104.7</b>	<b>3893</b>	<b>98.7</b>	<b>3698</b>
Carson	120.7	87	131.4	100	127.4	97	97.4	74
Churchill	112.1	43	119.0	47	104.5	41	113.0	44
Douglas	61.3	37	54.5	34	63.3	40	50.9	32
Elko	97.7	74	93.6	72	112.1	90	95.7	77
Esmeralda	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	N/A	<5*	N/A	<5*	243.5	5	N/A	<5*
Humboldt	81.2	20	106.8	27	97.2	25	140.3	36
Lander	93.2	7	116.7	9	76.6	6	199.2	16
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	96.2	55	95.3	65	79.4	56	63.9	45
Mineral	N/A	<5*	N/A	<5*	93.0	5	222.0	12
Nye	80.2	37	112.0	56	85.1	44	85.1	45
Pershing	72.1	8	40.1	6	46.0	7	51.7	8
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	108.0	13	76.3	11	82.8	12	54.6	8

**FP HP2020-8: Pregnancy Rate for Adolescents Aged 18 to 19 Years (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007		2008***	
	Rate	N	Rate	N	Rate	N	Rate	N
White	71.2	1312	71.1	1371	69.0	1376	64.9	1305
Black	141.5	413	154.7	471	139.1	441	162.0	517
Native	85.9	46	114.5	64	88.7	51	82.9	48
Asian	121.1	257	52.5	116	59.7	137	50.6	117
Hispanic	126.6	1308	136.9	1477	138.0	1545	124.0	1399

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Nevada data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 age-specific female population.

Note: Rates were not adjusted for cases where race/ethnicity was listed as other/unknown.

**FS HP2020-1.2: Rate of Reported Cases of Escherichia Coli 0157:H7 (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	0.7	10	0.5	8	1.0	15	1.0	17	1.2	20
Washoe County	N/A	<5*	N/A	<5*	1.9	7	1.3	5	N/A	<5*
<b>Nevada Total</b>	<b>0.7</b>	<b>15</b>	<b>0.8</b>	<b>18</b>	<b>1.3</b>	<b>28</b>	<b>1.1</b>	<b>25</b>	<b>1.2</b>	<b>28</b>
Carson	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Churchill	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Elko	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Nye	0.0	0	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

\* More that 0 but less than 5

Note: Data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and from the years 2000 to 2004 for all other counties included. Data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all counties except Clark County.

Note: Rates for each county are listed below Nevada Total.

Note: 'N/A' indicates sufficient data are not available.

Note: The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County.

**FS HP2020-1.2: Rate of Reported Cases of Escherichia Coli 0157:H7 (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	0.7	13	1.1	20	0.8	16	0.5	10
Washoe County	1.8	7	2.4	10	1.2	5	1.4	6
<b>Nevada Total</b>	<b>1.1</b>	<b>28</b>	<b>1.4</b>	<b>36</b>	<b>1.1</b>	<b>31</b>	<b>0.8</b>	<b>23</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Douglas	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	10.7	6	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	0.0	0

\* More that 0 but less than 5

Note: Data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and from the years 2000 to 2004 for all other counties included. Data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all counties except Clark County.

Note: Rates for each county are listed below Nevada Total.

Note: 'N/A' indicates sufficient data are not available.

Note: The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County.

**FS HP2020-1.3: Rate of Reported Cases of Listeriosis (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	N/A	<5*	0.3	5	N/A	<5*	N/A	<5*	0.3	5
Washoe County	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
<b>Nevada Total</b>	<b>N/A</b>	<b>&lt;5*</b>	<b>0.3</b>	<b>7</b>	<b>N/A</b>	<b>&lt;5*</b>	<b>N/A</b>	<b>&lt;5*</b>	<b>0.3</b>	<b>8</b>
Carson	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Douglas	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

\* More that 0 but less than 5

Note: Data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and from the years 2000 to 2004 for all other counties included. Data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all counties except Clark County.

Note: Rates for each county are listed below Nevada Total.

Note: 'N/A' indicates sufficient data are not available.

Note: The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County.

**FS HP2020-1.3: Listeriosis (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	0.0	0	0.3	5	0.4	7	N/A	<5*
Washoe County	N/A	<5*	N/A	<5*	0.0	0	0.0	0
<b>Nevada Total</b>	<b>N/A</b>	<b>&lt;5*</b>	<b>0.3</b>	<b>9</b>	<b>0.3</b>	<b>8</b>	<b>N/A</b>	<b>&lt;5*</b>
Carson	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	N/A	<5*	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

\* More that 0 but less than 5

Note: Data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and from the years 2000 to 2004 for all other counties included. Data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all counties except Clark County.

Note: Rates for each county are listed below Nevada Total.

Note: 'N/A' indicates sufficient data are not available.

Note: The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County.



**FS HP2020-1.4: Rate of Reported Cases of Salmonella (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	10.6	148	10.0	149	11.4	176	7.5	121	7.5	129
Washoe County	11.1	38	6.8	24	4.7	17	9.6	36	8.1	31
<b>Nevada Total</b>	<b>13.1</b>	<b>265</b>	<b>9.5</b>	<b>202</b>	<b>9.9</b>	<b>217</b>	<b>8.0</b>	<b>183</b>	<b>7.9</b>	<b>191</b>
Carson	45.6	23	17.5	9	11.5	6	11.4	6	11.4	6
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	26.4	11	N/A	<5*	11.3	5	N/A	<5*	N/A	<5*
Elko	26.3	12	15.0	7	12.9	6	N/A	<5*	N/A	<5*
Esmeralda	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Humboldt	30.9	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Lincoln	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	50.4	18	N/A	<5*	0.0	0	N/A	<5*	15.7	7
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	0.0	0	0.0	0	N/A	<5*	N/A	<5*

\* More that 0 but less than 5

Note: Data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and from the years 2000 to 2004 for all other counties included. Data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all counties except Clark County.

Note: Rates for each county are listed below Nevada Total.

Note: 'N/A' indicates sufficient data are not available.

Note: The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County.

**FS HP2020-1.4: Rate of Reported Cases of Salmonella (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	8.0	144	9.9	185	8.5	167	9.3	183
Washoe County	8.1	32	8.8	36	10.0	42	9.0	38
<b>Nevada Total</b>	<b>8.0</b>	<b>200</b>	<b>9.3</b>	<b>245</b>	<b>9.7</b>	<b>263</b>	<b>8.8</b>	<b>241</b>
Carson	N/A	<5*	8.7	5	19.1	11	N/A	<5*
Churchill	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Douglas	N/A	<5*	N/A	<5*	22.9	12	9.6	5
Elko	N/A	<5*	N/A	<5*	13.9	7	N/A	<5*
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0
Lyon	11.0	5	N/A	<5*	10.7	6	N/A	<5*
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	N/A	<5*	15.1	7	N/A	<5*
Pershing	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	N/A	<5*
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

\* More that 0 but less than 5

Note: Data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and from the years 2000 to 2004 for all other counties included. Data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all counties except Clark County.

Note: Rates for each county are listed below Nevada Total.

Note: 'N/A' indicates sufficient data are not available.

Note: The Nevada data are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to date for Clark County and for 2000 to 2004 for all other counties. The Nevada data are from the National Electronic Diseases Surveillance System (NEDSS) for 2005 to date for all other counties except Clark County.

**HAI 2020-2: Incidence Rates of Methicillin-Resistant Staphylococcus Aureus. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	74.2	888	90.0	1136	89.0	1175	86.2	1235	104.2	1622
Washoe County	17.6	54	32.0	96	30.0	98	45.4	150	67.5	243
All Other Counties**	28.2	79	38.5	112	49.1	148	51.7	162	61.8	198
<b>Nevada Total</b>	<b>56.8</b>	<b>1021</b>	<b>71.5</b>	<b>1344</b>	<b>72.0</b>	<b>1421</b>	<b>73.8</b>	<b>1547</b>	<b>91.6</b>	<b>2063</b>
Carson	13.6	7	33.2	19	35.0	20	42.3	25	74.0	42
Churchill	38.6	8	35.5	8	77.9	17	28.1	7	69.2	17
Douglas	17.1	8	16.0	6	32.8	14	28.4	17	29.7	17
Elko	0.0	0	N/A	<5*	N/A	<5*	70.3	13	33.7	7
Esmeralda	N/A	<5*	0.0	0	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	N/A	<5*	N/A	<5*	133.2	5	N/A	<5*
Lincoln	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	32.2	14	41.8	17	59.4	23	35.3	16	49.7	24
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	109.7	6
Nye	38.1	18	95.7	43	61.1	29	105.5	45	103.1	49
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	111.9	6
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
White Pine	95.6	9	N/A	<5*	102.3	10	158.8	13	55.4	5

**HAI 2020-2: Incidence Rates of Methicillin-Resistant Staphylococcus Aureus. (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	65.0	532	79.4	662	83.6	764	88.6	857	107.4	1145
Female	51.2	489	67.8	682	63.1	657	62.4	690	78.4	915

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rate is age-adjusted to the 2000 U.S. standard population.

Note: Rate is per 100,000 population.

**HAI 2020-2: Incidence Rates of Methicillin-Resistant Staphylococcus Aureus. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	109.1	1795	115.4	1943	102.6	1766	108.9	1985
Washoe County	73.2	273	94.4	353	94.5	351	78.0	312
All Other Counties**	68.3	230	79.9	281	128.4	429	73.1	270
<b>Nevada Total</b>	<b>96.7</b>	<b>2298</b>	<b>104.0</b>	<b>2577</b>	<b>97.7</b>	<b>2546</b>	<b>99.1</b>	<b>2567</b>
Carson	82.0	49	72.4	44	90.2	53	100.4	62
Churchill	70.7	19	43.9	12	140.4	34	176.2	45
Douglas	36.8	22	41.3	24	70.3	39	62.5	36
Elko	23.3	9	49.7	13	45.2	13	57.3	17
Esmeralda	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	439.7	6	0.0	0
Humboldt	34.7	5	38.3	6	69.2	11	81.1	12
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	61.2	29	58.1	34	59.1	33	62.9	39
Mineral	N/A	<5*	144.1	6	106.0	5	N/A	<5*
Nye	118.8	63	104.1	52	91.6	52	62.4	34
Pershing	N/A	<5*	178.1	11	N/A	<5*	121.7	8
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	49.2	6	84.2	8	68.1	7

**HAI 2020-2: Incidence Rates of Methicillin-Resistant Staphylococcus Aureus. (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	114.1	1288	126.6	1491	112.3	1415	93.5	1081
Female	82.2	1003	84.7	1079	84.4	1123	109.5	1486

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rate is age-adjusted to the 2000 U.S. standard population.

Note: Rate is per 100,000 population.

**HDS HP2020-2: Coronary Heart Disease Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	173.0	1897	164.8	1926	142.9	1761	139.2	1833	132.3	1826
Washoe County	198.7	532	212.1	603	197.0	566	204.0	607	175.9	556
All Other Counties**	140.3	372	148.2	427	153.7	445	151.1	454	154.7	496
<b>Nevada Total</b>	<b>172.4</b>	<b>2801</b>	<b>169.9</b>	<b>2956</b>	<b>153.9</b>	<b>2772</b>	<b>151.9</b>	<b>2894</b>	<b>142.6</b>	<b>2878</b>
Carson	150.4	87	178.0	105	195.3	119	196.7	119	212.5	130
Churchill	174.7	36	111.8	25	191.9	43	148.5	34	169.2	40
Douglas	128.2	48	133.2	61	106.6	49	121.1	60	110.7	57
Elko	88.7	18	129.4	29	154.7	36	125.9	25	95.9	22
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	538.5	7	N/A	<5*
Eureka	448.5	6	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	144.1	16	185.9	23	209.6	24	170.1	22	183.8	25
Lander	131.4	5	190.5	8	N/A	<5*	334.7	12	192.3	8
Lincoln	206.7	9	262.4	12	194.6	9	158.2	6	223.4	10
Lyon	140.6	53	134.3	55	174.1	64	155.8	68	167.1	79
Mineral	330.6	23	277.3	19	156.7	10	173.5	12	152.5	11
Nye	136.1	50	155.2	70	130.3	56	133.5	69	149.5	82
Pershing	121.6	5	118.7	6	195.2	11	155.5	8	181.3	9
Storey	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	129.0	13	50.8	5	117.0	13	80.2	9	139.8	15

**HDS HP2020-2: Coronary Heart Disease Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	223.8	1711	218.1	1791	194.0	1637	195.2	1728	193.3	1794
Female	126.7	1090	126.3	1165	117.8	1135	113.9	1166	100.0	1084
White	182.3	2490	177.1	2591	159.4	2406	159.8	2524	150.3	2509
Black	156.9	135	222.8	179	178.5	155	153.8	155	153.2	162
Native American	90.9	17	112.8	19	132.9	30	143.0	28	102.4	25
Asian	84.7	49	98.6	63	89.5	59	109.7	72	79.3	54
Hispanic	104.3	101	93.6	98	114.4	113	95.0	99	94.5	120

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**HDS HP2020-2: Coronary Heart Disease Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	132.0	1972	130.7	2023	106.9	1730	98.6	1581
Washoe County	175.7	573	175.8	587	144.4	495	129.8	444
All Other Counties**	156.3	528	126.3	460	127.4	472	126.0	461
<b>Nevada Total</b>	<b>142.9</b>	<b>3073</b>	<b>137.1</b>	<b>3070</b>	<b>115.9</b>	<b>2697</b>	<b>107.8</b>	<b>2486</b>
Carson	188.4	122	165.6	113	127.7	87	149.9	101
Churchill	198.5	46	128.0	31	133.4	33	195.1	47
Douglas	85.6	50	107.5	64	104.2	63	105.9	64
Elko	83.7	24	94.3	24	75.6	17	51.4	15
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	391.3	6	N/A	<5*	N/A	<5*	616.0	9
Humboldt	206.1	28	124.1	16	185.1	26	112.4	16
Lander	297.3	11	224.4	9	N/A	<5*	159.9	7
Lincoln	N/A	<5*	N/A	<5*	178.8	8	98.4	6
Lyon	187.3	93	105.6	63	107.9	66	102.4	60
Mineral	213.1	16	188.5	12	176.9	13	109.0	8
Nye	172.2	100	149.8	98	195.5	122	146.9	98
Pershing	171.2	9	N/A	<5*	65.3	5	116.5	9
Storey	98.4	5	N/A	<5*	116.4	6	N/A	<5*
White Pine	100.5	11	123.8	16	111.4	15	78.6	12

**HDS HP2020-2: Coronary Heart Disease Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	187.4	1871	181.3	1895	156.5	1679	143.2	1519
Female	104.3	1202	98.2	1175	81.6	1018	77.7	967
White	149.8	2641	141.5	2594	120.4	2264		
Black	159.8	191	170.0	205	146.3	182		
Native American	138.9	33	126.4	32	N/A	<5*		
Asian	97.4	81	102.3	93	85.0	76		
Hispanic	80.5	122	91.4	137	86.8	123		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**HDS HP2020-24.1-24.2: Hospitalization Rate of Older Adults Age 65 and Older With Congestive Heart Failure (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	16.2	2422	14.9	2375	13.9	2311	12.7	2226	14.6	2695
Washoe County	11.4	406	11.8	430	10.2	380	9.9	382	11.8	466
All Other Counties**	13.0	485	11.7	455	12.1	480	12.1	498	12.3	527
<b>Nevada Total</b>	<b>14.9</b>	<b>3313</b>	<b>13.9</b>	<b>3260</b>	<b>13.0</b>	<b>3171</b>	<b>12.2</b>	<b>3106</b>	<b>13.8</b>	<b>3688</b>
Carson	9.3	72	9.5	75	7.7	61	13.1	104	14.9	117
Churchill	17.3	49	8.3	24	12.6	37.0	16.3	49	18.4	56
Douglas	7.3	47	6.3	43	5.4	38	4.8	35	6.3	49
Elko	13.6	35	9.9	27	12.2	35	11.5	35	11.4	37
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Humboldt	N/A	<5*	14.5	20	10.5	15	9.4	14	11.6	18
Lander	22.2	9	N/A	<5*	N/A	<5*	19.1	8	N/A	<5*
Lincoln	20.5	14	15.9	10	20.4	13	29.5	18	19.4	12
Lyon	19.7	103	17.0	93	17.4	99	11.6	70	13.5	87
Mineral	17.1	17	10.0	10	19.2	19	24.1	24	22.2	22
Nye	15.2	95	14.0	93	14.7	102	11.8	88	11.2	88
Pershing	17.4	10	15.0	9	9.7	6	7.9	5	9.0	6
Storey	0.0	0	0.0	0	0.0	0.0	N/A	<5*	N/A	<5*
White Pine	18.8	26	22.7	32	28.7	40	32.9	46	19.2	27

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NHDS).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**HDS HP2020-24.1-24.2 Hospitalization Rate of Older Adults Age 65 and Older With Congestive Heart Failure (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	14.3	2790	13.6	2754	7.1	1510	9.6	2038
Washoe County	11.2	458	11.4	481	4.5	193	4.6	201
All Other Counties**	12.4	562	10.4	508	7.3	360	9.3	464
<b>Nevada Total</b>	<b>13.6</b>	<b>3810</b>	<b>12.7</b>	<b>3743</b>	<b>6.8</b>	<b>2063</b>	<b>8.8</b>	<b>2703</b>
Carson	14.6	120	11.5	100	11.9	103	8.2	71
Churchill	13.5	42	12.5	40	12.9	41	18.1	57
Douglas	6.3	52	7.9	67	5.2	45	6.5	56
Elko	14.0	48	16.6	58	8.5	31	4.7	17
Esmeralda	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	N/A	<5*	35.0	7	N/A	<5*	0.0	0
Humboldt	11.1	18	4.2	7	4.7	8	8.8	15
Lander	25.8	13	9.7	5	0.0	0	N/A	<5*
Lincoln	20.9	13	8.6	6	8.2	6	13.1	10
Lyon	15.6	104	9.1	72	5.7	47	6.5	53
Mineral	11.2	11	21.3	20	15.0	14	41.6	39
Nye	11.2	97	10.0	94	4.3	42	9.4	93
Pershing	13.2	9	7.6	7	7.5	7	11.5	11
Storey	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
White Pine	21.4	30	14.3	24	8.3	14	21.1	36

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NHDS).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.



HDS HP2020-3: Stroke Death Rate. (Trend Data: 2000 - 2004)

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	56.7	575	56.3	626	54.9	637	55.6	679	51.8	689
Washoe County	55.8	147	52.4	141	57.0	152	66.5	190	57.4	169
All Other Counties**	47.7	124	52.3	141	60.9	167	48.9	141	49.7	150
<b>Nevada Total</b>	<b>54.8</b>	<b>846</b>	<b>55.1</b>	<b>908</b>	<b>56.4</b>	<b>956</b>	<b>56.4</b>	<b>1010</b>	<b>52.6</b>	<b>1008</b>
Carson	50.6	30	84.2	50	92.3	56	70.6	42	63.4	39
Churchill	57.6	12	64.3	14	73.8	16	55.1	12	69.7	16
Douglas	56.7	21	39.2	17	46.4	21	32.4	15	35.7	17
Elko	39.6	7	34.3	7	31.1	5	78.6	16	100.6	18
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	43.4	6
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lyon	40.1	15	45.8	16	63.5	22	44.4	19	39.1	17
Mineral	N/A	<5*	66.1	<5*	77.6	5	68.2	5	N/A	<5*
Nye	45.8	20	50.5	19	68.3	23	38.9	19	48.7	25
Pershing	118.6	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	44.6	5	N/A	<5*	N/A	<5*

HDS HP2020-3: Stroke Death Rate. (Trend Data: 2000 - 2004)

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	52.5	370	54.7	401	52.9	393	53.8	441	53.6	457
Female	55.5	476	55.1	507	58.9	563	56.8	569	51.3	551
White	54.6	721	54.3	757	56.5	804	53.4	800	50.7	806
Black	83.7	59	89.4	70	65.6	58	95.1	79	80.6	90
Native American	N/A	<5*	43.9	6	26.9	5	53.8	10	N/A	<5*
Asian	50.3	25	30.0	28	97.0	52	89.4	58	47.0	40
Hispanic	46.5	39	44.1	47	33.9	37	53.8	59	60.6	68

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rate are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**HDS HP2020-3: Stroke Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	46.4	650	37.8	555	34.9	536	37.6	587
Washoe County	47.7	147	42.3	134	48.3	156	40.2	128
All Other Counties**	43.3	136	42.4	148	38.2	132	38.3	132
<b>Nevada Total</b>	<b>46.1</b>	<b>933</b>	<b>39.3</b>	<b>837</b>	<b>37.5</b>	<b>824</b>	<b>38.4</b>	<b>847</b>
Carson	54.5	34	49.2	33	54.9	37	47.3	32
Churchill	28.5	7	63.3	15	52.3	12	46.1	10
Douglas	33.3	18	25.7	15	25.4	14	39.7	23
Elko	68.3	14	56.6	11	35.7	9	24.6	6
Esmeralda	0.0	0	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	N/A	<5*	37.5	5
Lander	N/A	<5*	131.7	6	N/A	<5*	0.0	0
Lincoln	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lyon	63.2	28	42.1	23	29.4	17	43.0	23
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	40.9	25	38.4	24	40.2	25	51.0	29
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Storey	0.0	0	N/A	<5*	N/A	<5*	0.0	0
White Pine	N/A	<5*	42.7	6	N/A	<5*	N/A	<5*

**HDS HP2020-3: Stroke Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	46.6	431	38.6	371	40.2	395	36.4	365
Female	44.6	502	39.3	466	35.1	429	39.2	482
White	43.6	727	37.6	655	35.4	621		
Black	72.5	80	52.8	62	59.5	70		
Native American	N/A	<5*	25.3	6	N/A	<5*		
Asian	72.1	62	38.2	42	56.4	52		
Hispanic	44.6	60	52.9	71	39.4	61		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rate are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**HDS HP2020-5.1: Proportion of Adults With Hypertension (Trend Data: 2001, 2003, 2005, 2007, 2009)**

County of Residence	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	25.3	230	24.3	251	24.1	244	27.7	430	27.4	445
Washoe County	23.5	188	23.9	260	22.5	301	24.6	398	26.3	452
All Other Counties**	27.3	199	26.4	292	28.5	359	29.4	480	29.2	521
<b>Nevada Total</b>	<b>25.6</b>	<b>685</b>	<b>23.6</b>	<b>813</b>	<b>24.1</b>	<b>928</b>	<b>27.0</b>	<b>1345</b>	<b>27.5</b>	<b>1449</b>
Carson	27.2	49	15.7	42	22.1	56	30.5	73	32.2	80
Churchill	29.0	22	27.9	28	30.9	32	30.3	41	29.2	45
Douglas	27.8	39	29.1	44	29.6	64	31.0	83	26.8	80
Elko	22.0	31	24.8	39	22.5	30	28.0	58	20.9	44
Esmeralda	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	~	~	N/A	<50*	17.9	13	29.3	25
Lander	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	35.7	36	30.1	44	35.3	68	25.3	69	29.6	86
Mineral	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Nye	24.0	22	34.0	38	38.8	53	37.6	74	39.9	101
Pershing	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*

**HDS HP2020-5.1: Proportion of Adults With Hypertension (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Gender and Race/Ethnicity	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	25.4	358	22.9	409	23.3	460	28.6	617	29.7	606
Female	25.8	327	24.3	404	24.9	468	25.4	728	25.2	843
White	73.5	1448	73.8	1553	73.8	1726	79.8	2380	78.2	2595
Black	69.5	51	80.5	54	67.5	50	63.9	76	83.2	90
Other	68.6	208	67.7	205	65.5	257	63.1	338	81.9	207
Hispanic	71.0	126	48.4	202	46.9	201	51.4	287	60.0	211

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**HDS HP2020-5.1: Proportion of Adults With Hypertension (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Age	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	43.4	93	28.4	64	31.6	60	30.1	69	28.8	31
25-34	54.3	208	54.2	232	43.3	172	53.8	243	66.3	208
35-44	68.3	404	65.6	359	60.8	346	70.7	456	70.7	387
45-54	81.4	423	73.4	454	79.4	509	80.4	653	83.6	584
55-64	91.6	321	88.4	401	87.7	543	87.9	753	91.0	783
65+	91.0	394	90.6	521	94.5	617	92.1	906	93.8	1106

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**HDS HP2020-7: Proportion of Adults With High Total Blood Cholesterol Levels (Trend Data: 2001, 2003, 2005, 2007, 2009)**

County of Residence	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	38.7	243	38.8	281	40.7	296	37.4	442	39.0	469
Washoe County	30.1	190	33.0	249	35.5	340	37.2	423	36.9	448
All Other Counties**	35.0	189	33.3	257	40.0	342	39.4	448	38.1	498
<b>Nevada Total</b>	<b>36.5</b>	<b>673</b>	<b>36.8</b>	<b>797</b>	<b>39.2</b>	<b>992</b>	<b>37.1</b>	<b>1341</b>	<b>38.6</b>	<b>1440</b>
Carson	41.2	54	37.6	54	47.4	72	46.1	81	39.7	79
Churchill	N/A	<50*	30.5	21	41.6	29	26.7	24	34.7	44
Douglas	33.9	38	26.6	36	41.5	68	37.3	76	39.1	86
Elko	22.4	22	35.6	35	30.0	26	38.1	53	36.8	46
Esmeralda	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	~	~	N/A	<50*	N/A	<50*	37.6	28
Lander	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	52.3	34	35.2	40	38.0	56	39.3	76	33.5	71
Mineral	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Nye	~	~	33.1	30	48.0	43	43.7	61	41.7	81
Pershing	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*

**HDS HP2020-7: Proportion of Adults With High Total Blood Cholesterol Levels (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Gender and Race/Ethnicity	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	35.7	345	36.0	413	43.7	518	39.5	601	41.4	602
Female	37.2	328	37.6	384	35.0	474	34.8	740	35.6	838
White	35.9	525	39.7	637	42.5	780	39.9	1050	39.9	1204
Black	49.8	25	30.2	17	35.6	18	38.3	34	41.9	43
Other	39.5	83	35.0	71	36.9	111	31.0	142	30.0	81
Hispanic	30.9	33	29.2	67	27.2	76	28.7	103	32.7	85

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**HDS HP2020-7: Proportion of Adults With High Total Blood Cholesterol Levels (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Age	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	4.3	8	16.5	10	8.9	4	4.7	3	N/A	<50*
25-34	22.7	44	18.1	43	23.6	37	14.4	49	23.3	43
35-44	28.3	111	32.2	105	26.8	100	30.5	138	27.1	102
45-54	45.2	175	35.2	178	39.9	208	38.7	259	40.6	241
55-64	42.7	139	53.7	211	52.9	300	48.6	380	52.4	410
65+	49.6	187	48.9	243	55.6	335	56.4	495	53.9	597

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**HDS HP2020-6: Proportion of Adults Who Have Had Their Blood Cholesterol Checked Within The Preceding 5 Years (Trend Data: 2001, 2003, 2005, 2007, 2009)**

County of Residence	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	72.2	612	70.1	667	68.6	623	72.5	997	77.5	991
Washoe County	74.9	613	70.1	680	69.6	812	72.0	1010	76.5	1025
All Other Counties**	72.6	495	68.0	662	68.0	773	70.3	1019	73.6	1077
<b>Nevada Total</b>	<b>72.4</b>	<b>1847</b>	<b>67.8</b>	<b>2035</b>	<b>66.7</b>	<b>2249</b>	<b>70.6</b>	<b>3102</b>	<b>76.0</b>	<b>3144</b>
Carson	71.8	122	66.6	120	64.3	140	71.9	167	83.3	166
Churchill	65.7	45	68.0	62	71.7	66	65.2	79	80.8	92
Douglas	77.4	106	76.2	117	77.8	157	82.3	187	73.7	184
Elko	69.0	85	59.5	84	55.3	71	72.9	128	60.6	112
Esmeralda	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	N/A	<50*	N/A	<50*	55.8	42	85.6	57
Lander	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	68.2	69	69.2	94	72.0	129	68.3	168	65.8	167
Mineral	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	81.8	68	74.4	76	75.2	98	75.3	131	79.0	170
Pershing	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**HDS HP2020-6: Proportion of Adults Who Have Had Their Blood Cholesterol Checked Within The Preceding 5 Years (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Gender and Race/Ethnicity	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	68.9	919	63.3	967	63.2	1073	67.3	1271	75.4	1232
Female	76.1	928	72.5	1068	70.3	1176	74.0	1831	76.6	1912
White	73.5	1448	73.8	1553	73.8	1726	79.8	2380	78.2	2595
Black	69.5	51	80.5	54	67.5	50	63.9	76	83.2	90
Other	68.6	208	67.7	205	65.5	257	63.1	338	81.9	207
Hispanic	71.0	126	48.4	202	46.9	201	51.4	287	60.0	211

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.

**HDS HP2020-6: Proportion of Adults Who Have Had Their Blood Cholesterol Checked Within The Preceding 5 Years (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Age	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	43.4	93	28.4	64	31.6	60	30.1	69	28.8	31
25-34	54.3	208	54.2	232	43.3	172	53.8	243	66.3	208
35-44	68.3	404	65.6	359	60.8	346	70.7	456	70.7	387
45-54	81.4	423	73.4	454	79.4	509	80.4	653	83.6	584
55-64	91.6	321	88.4	401	87.7	543	87.9	753	91.0	783
65+	91.0	394	90.6	521	94.5	617	92.1	906	93.8	1106

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population. Not all counties were included in the survey results.



**HIV HP2020-1: Crude Rate of Reported Cases of AIDS. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	16.1	224	13.0	193	15.6	242	13.9	225	14.4	247
Washoe County	9.4	32	6.2	22	7.5	27	5.1	19	8.3	32
All Other Counties**	3.9	11	3.1	9	1.7	5	2.4	7	2.3	7
<b>Nevada Total</b>	<b>13.2</b>	<b>267</b>	<b>10.5</b>	<b>224</b>	<b>12.5</b>	<b>274</b>	<b>11.0</b>	<b>251</b>	<b>11.9</b>	<b>286</b>

**HIV HP2020-1: Crude Rate of Reported Cases of AIDS. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	21.8	224	16.7	181	20.5	229	19.1	222	18.3	224
Female	4.3	43	4.1	43	4.2	45	2.6	29	5.2	62
White	11.3	152	6.9	96	10.9	155	8.4	112	9.1	135
Black	44.8	62	43.8	64	43.5	66	58.8	81	46.5	76
Native American	N/A	<5*	20.6	6	N/A	<5*	N/A	<5*	15.6	5
Asian	N/A	<5*	4.9	6	5.4	7	N/A	<5*	6.8	10
Hispanic	12.3	49	11.8	52	9.6	45	13.0	52	10.4	56

**HIV HP2020-1: Crude Rate of Reported Cases of AIDS. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	13.3	238	11.9	223	12.5	244	13.1	257
Washoe County	9.6	38	5.9	24	6.2	26	5.7	24
All Other Counties**	4.1	13	2.7	9	3.8	13	1.4	5
<b>Nevada Total</b>	<b>11.5</b>	<b>289</b>	<b>9.8</b>	<b>256</b>	<b>10.4</b>	<b>283</b>	<b>10.4</b>	<b>286</b>

**HIV HP2020-1: Crude Rate of Reported Cases of AIDS. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	19.1	244	16.1	215	17.0	235	17.4	242
Female	3.6	45	3.2	41	3.6	48	3.3	44
White	8.7	134	7.5	119	7.8	131	7.2	122
Black	47.8	82	33.3	59	36.3	68	39.8	75
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	6.3	10	4.3	7	7.6	13	5.8	10
Hispanic	10.1	59	11.0	67	10.6	67	11.7	74

\*Counts less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Enhanced HIV/AIDS Reporting System (eHARS).

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are per 100,000 population.

**HIV HP2020-4: New Cases of HIV/AIDS Diagnosed Among Adults and Adolescents. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	24.7	344	20.2	300	19.4	301	18.6	301	21.3	365
Washoe County	13.2	45	14.7	52	11.4	41	10.5	39	12.8	49
All Other Counties**	7.5	21	6.6	19	4.8	14	3.4	10	2.0	6
<b>Nevada Total</b>	<b>20.3</b>	<b>410</b>	<b>17.4</b>	<b>371</b>	<b>16.2</b>	<b>356</b>	<b>15.3</b>	<b>350</b>	<b>17.5</b>	<b>420</b>

**HIV HP2020-4: New Cases of HIV/AIDS Diagnosed Among Adults and Adolescents. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	33.1	339	28.5	308	26.9	301	25.4	296	27.4	335
Female	7.2	71	6.0	63	5.1	55	4.8	54	7.2	85
White	16.6	222	12.1	167	13.7	194	12.3	162	14.5	218
Black	72.2	100	79.1	115	54.1	82	61.6	84	61.6	102
Native American	N/A	<5*	20.7	6	N/A	<5*	N/A	<5*	N/A	<5*
Asian	5.4	6	10.8	13	6.2	8	6.4	7	6.7	10
Hispanic	20.0	80	15.5	68	14.9	70	22.8	90	15.8	86

**HIV HP2020-4: New Cases of HIV/AIDS Diagnosed Among Adults and Adolescents. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	23.3	419	19.8	372	20.1	391	19.3	380
Washoe County	10.1	40	9.0	37	8.9	37	8.0	34
All Other Counties**	4.4	14	5.0	17	4.1	14	2.0	7
<b>Nevada Total</b>	<b>18.9</b>	<b>473</b>	<b>16.2</b>	<b>426</b>	<b>16.3</b>	<b>442</b>	<b>15.4</b>	<b>421</b>

**HIV HP2020-4: New Cases of HIV/AIDS Diagnosed Among Adults and Adolescents. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	31.2	397	27.9	371	26.3	363	25.6	356
Female	6.2	76	4.3	55	5.9	79	4.8	65
White	14.2	219	12.5	202	12.0	203	11.1	187
Black	61.9	106	49.9	89	54.8	103	58.9	110
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	11.4	18	10.4	17	11.6	20	6.9	12
Hispanic	21.2	125	18.4	111	18.0	114	16.4	104

\*Counts less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Enhanced HIV/AIDS Reporting System (eHARS).

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are per 100,000 population.

**HIV HP2020-12: Age Adjusted HIV Infection Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	5.5	76	4.5	66	3.9	60	4.1	65	3.8	64
Washoe County	2.8	10	1.7	6	2.7	10	1.8	7	2.3	9
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	1.5	4	1.8	5
<b>Nevada Total</b>	<b>4.3</b>	<b>87</b>	<b>3.6</b>	<b>76</b>	<b>3.4</b>	<b>74</b>	<b>3.3</b>	<b>76</b>	<b>3.3</b>	<b>78</b>

**HIV HP2020-12: Age Adjusted HIV Infection Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	7.0	73.0	5.8	63.0	5.6	63.0	5.7	66.0	5.1	63.0
Female	1.4	14	1.3	13	1.0	11	0.9	10	1.3	15
White	3.5	49	2.8	42	2.9	42	2.8	43	2.0	39
Black	21.1	27	15.6	21	17.2	25	10.8	15	14.4	25
Native American	N/A	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	3.1	10	3.9	8	1.6	6	7.9	16	2.0	10

\*Counts less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

Note: 2007 and 2008 data are not final and are subject to change.

**HIV HP2020-12: HIV Infection Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	4.0	70	3.4	63	3.8	72	3.2	63
Washoe County	2.1	8	1.4	6	1.5	6	1.5	7
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>3.3</b>	<b>82</b>	<b>2.8</b>	<b>73</b>	<b>3.0</b>	<b>80</b>	<b>2.6</b>	<b>72</b>

**HIV HP2020-12: HIV Infection Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	5.3	67	4.2	56	4.1	57	4.5	63
Female	1.3	15	1.3	17	1.8	23	0.6	9
White	2.2	40	2.5	43	1.8	32		
Black	14.3	28	12.3	20	16.3	28		
Native American	N/A	<5*	N/A	<5*	N/A	<5*		
Asian	N/A	<5*	N/A	<5*	N/A	<5*		
Hispanic	1.8	10	1.2	6	2.6	15		

\*Counts less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

Note: 2007 and 2008 data are not final and are subject to change.

**IID HP2020-1.1: Cases of Congenital Rubella Syndrome In Children Aged 1 or Under. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	0	0	0	0	0	0	0	0	0	0
Washoe County	0	0	0	0	0	0	0	0	0	0
All Other Counties**	0	0	0	0	0	0	0	0	0	0
<b>Nevada Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IID HP2020-1.1: Cases of Congenital Rubella Syndrome In Children Aged 1 or Under. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0

**IID HP2020-1.2: Cases of Stereotype b cases of Haemophilus Influenza (Hib) Invasive Disease in Children Aged 5 Years or Under. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	0	0	<5*	0	<5*	0	0	0	0	<5*
Washoe County	0	<5*	0	0	0	0	0	0	0	0
All Other Counties**	0	<5*	0	0	0	<5*	0	0	0	0
<b>Nevada Total</b>	<b>0</b>	<b>&lt;5*</b>	<b>&lt;5*</b>	<b>0</b>	<b>&lt;5*</b>	<b>&lt;5*</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>&lt;5*</b>

**IID HP2020-1.2: Cases of Stereotype b cases of Haemophilus Influenza (Hib) Invasive Disease in Children Aged 5 Years or Under. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	0	<5*	<5*	0	<5*	<5*	0	0	0	0
Female	0	0	<5*	0	0	0	0	0	0	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

**IID HP2020-14.4: Cases of Measles. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	5	<5*	<5*	0	0	0	0	<5*	<5*	<5*
Washoe County	0	0	0	0	0	0	0	0	0	0
All Other Counties**	5	0	0	0	0	0	0	0	0	0
<b>Nevada Total</b>	<b>10</b>	<b>&lt;5*</b>	<b>&lt;5*</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>&lt;5*</b>	<b>&lt;5*</b>	<b>&lt;5*</b>

**IID HP2020-14.4: Cases of Measles. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	6	<5*	<5*	0	0	0	0	0	<5*	<5*
Female	<5*	0	0	0	0	0	0	<5*	<5*	0

**IID HP2020-14.4: Cases of Measles. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Age	N	N	N	N	N	N	N	N	N	N
<18	6	<5*	0	0	0	0	0	<5*	<5*	<5*
18-24	0	0	<5*	0	0	0	0	0	0	0
25-34	<5*	0	0	0	0	0	0	0	<5*	0
35-44	0	0	0	0	0	0	0	0	<5*	0
45-54	<5*	0	0	0	0	0	0	0	0	0
55-64	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

**IID HP2020-14.5: Cases of Mumps. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	<5*	<5*	5	<5*	0	0	<5*	9	<5*	<5*
Washoe County	0	0	0	<5*	<5*	<5*	<5*	<5*	<5*	0
All Other Counties**	<5*	<5*	<5*	<5*	0	<5*	<5*	<5*	<5*	0
<b>Nevada Total</b>	<b>6</b>	<b>&lt;5*</b>	<b>6</b>	<b>5</b>	<b>&lt;5*</b>	<b>&lt;5*</b>	<b>5</b>	<b>12</b>	<b>6</b>	<b>&lt;5*</b>

**IID HP2020-14.5: Cases of Mumps. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	6	<5*	<5*	<5*	<5*	<5*	<5*	9	<5*	0
Female	0	<5*	5	<5*	0	<5*	<5*	<5*	<5*	<5*

**IID HP2020-14.5: Cases of Mumps. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Age	N	N	N	N	N	N	N	N	N	N
<18	<5*	<5*	<5*	<5*	<5*	0	<5*	9	<5*	0
18-24	0	0	<5*	0	0	0	0	0	0	<5*
25-34	0	0	<5*	<5*	0	0	0	<5*	<5*	<5*
35-44	<5*	0	0	0	0	<5*	<5*	0	0	0
45-54	0	<5*	0	<5*	0	0	<5*	<5*	0	0
55-64	<5*	0	0	<5*	0	<5*	0	0	<5*	0
65+	0	0	0	0	0	0	<5*	0	<5*	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

**IID HP2020-14.6: Cases of Pertussis In Children Aged 1 or Under. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	<5*	<5*	11	15	10	17	10	<5*	10	6
Washoe County	<5*	<5*	<5*	<5*	<5*	6	<5*	<5*	<5*	0
All Other Counties**	<5*	<5*	7	<5*	<5*	<5*	<5*	6	<5*	<5*
<b>Nevada Total</b>	<b>8</b>	<b>7</b>	<b>20</b>	<b>21</b>	<b>16</b>	<b>24</b>	<b>16</b>	<b>10</b>	<b>13</b>	<b>7</b>

**IID HP2020-14.6: Cases of Pertussis In Children Aged 1 or Under. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	<5*	<5*	7	11	7	14	8	5	7	<5*
Female	5	5	13	10	9	10	8	5	6	<5*

**IID HP2020-14.7: Cases of Pertussis In Adolescents Aged 11 to 18 Years. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	<5*	<5*	<5*	<5*	<5*	<5*	5	<5*	<5*	0
Washoe County	<5*	0	0	<5*	<5*	<5*	5	0	0	<5*
All Other Counties**	0	0	5	0	8	<5*	5	<5*	0	<5*
<b>Nevada Total</b>	<b>&lt;5*</b>	<b>&lt;5*</b>	<b>8</b>	<b>&lt;5*</b>	<b>10</b>	<b>7</b>	<b>15</b>	<b>5</b>	<b>&lt;5*</b>	<b>&lt;5*</b>

**IID HP2020-14.7: Cases of Pertussis In Adolescents Aged 11 to 18 Years. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	<5*	<5*	<5*	0	<5*	<5*	9	<5*	<5*	<5*
Female	<5*	0	6	<5*	6	5	6	<5*	0	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.



***IID HP2020-14.8: Cases of Acute Paralytic Poliomyelitis (Wild Type). (Trend Data: 2000 - 2009)***

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	0	0	0	0	0	0	0	0	0	0
Washoe County	0	0	0	0	0	0	0	0	0	0
All Other Counties**	0	0	0	0	0	0	0	0	0	0
<b>Nevada Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

***IID HP2020-14.8: Cases of Acute Paralytic Poliomyelitis (Wild Type). (Trend Data: 2000 - 2009)***

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0

***IID HP2020-14.8: Cases of Acute Paralytic Poliomyelitis (Wild Type). (Trend Data: 2000 - 2009)***

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Age	N	N	N	N	N	N	N	N	N	N
<18	0	0	0	0	0	0	0	0	0	0
18-24	0	0	0	0	0	0	0	0	0	0
25-34	0	0	0	0	0	0	0	0	0	0
35-44	0	0	0	0	0	0	0	0	0	0
45-54	0	0	0	0	0	0	0	0	0	0
55-64	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

**IID HP2020-14.9: Cases of Rubella. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	0	0	0	0	0	0	0	0	0	0
Washoe County	0	0	0	0	0	0	0	0	0	0
All Other Counties**	0	0	0	0	0	0	0	0	0	0
<b>Nevada Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

**IID HP2020-14.9: Cases of Rubella. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	0	0	0	0	0	0	0	0	0	0
Female	0	0	0	0	0	0	0	0	0	0

**IID HP2020-14.9: Cases of Rubella. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Age	N	N	N	N	N	N	N	N	N	N
<18	0	0	0	0	0	0	0	0	0	0
18-24	0	0	0	0	0	0	0	0	0	0
25-34	0	0	0	0	0	0	0	0	0	0
35-44	0	0	0	0	0	0	0	0	0	0
45-54	0	0	0	0	0	0	0	0	0	0
55-64	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

**IID HP2020-14.10: Cases of Varicella. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
County of Residence	N	N	N	N	N	N	N	N	N	N
Clark County	0	0	0	0	0	<5*	<5*	0	0	0
Washoe County	0	0	0	0	0	0	0	0	0	0
All Other Counties**	0	0	0	0	0	<5*	6	<5*	5	0
Unknown County	0	<5*	0	0	0	0	0	0	0	17
<b>Nevada Total</b>	<b>0</b>	<b>&lt;5*</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>10</b>	<b>&lt;5*</b>	<b>5</b>	<b>17</b>

**IID HP2020-14.10: Cases of Varicella. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Gender	N	N	N	N	N	N	N	N	N	N
Male	0	0	0	0	0	<5*	<5*	0	<5*	11
Female	0	0	0	0	0	0	<5*	<5*	<5*	5
Unknown Gender	0	<5*	0	0	0	<5*	<5*	0	0	<5*

**IID HP2020-14.10: Cases of Varicella. (Trend Data: 2000 - 2009)**

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Age	N	N	N	N	N	N	N	N	N	N
<18	0	0	0	0	0	<5*	6	<5*	<5*	13
18-24	0	0	0	0	0	0	0	0	0	<5*
25-34	0	0	0	0	0	0	0	0	0	<5*
35-44	0	0	0	0	0	0	0	0	<5*	0
45-54	0	0	0	0	0	0	0	0	<5*	0
55-64	0	0	0	0	0	0	0	0	0	0
65+	0	0	0	0	0	0	0	0	0	<5*
Unknown Age	0	<5*	0	0	0	<5*	<5*	0	0	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine counties.

Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

**IID HP2020-23: Reported New Cases of Hepatitis A (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	4.9	69	3.3	49	1.7	26	1.0	17	0.4	7
Washoe County	5.0	17	3.4	12	5.0	18	7.8	29	1.6	6
All Other Counties**	N/A	<5	2.4	7	2.4	7	N/A	<5	N/A	<5
<b>Nevada Total</b>	<b>4.5</b>	<b>90</b>	<b>3.2</b>	<b>68</b>	<b>2.3</b>	<b>51</b>	<b>2.2</b>	<b>50</b>	<b>0.7</b>	<b>17</b>
Carson	0.0	0	N/A	<5	N/A	<5	N/A	<5	N/A	<5
Churchill	N/A	<5	0.0	0	N/A	<5	0.0	0	0.0	0
Douglas	0.0	0	N/A	<5	N/A	<5	0.0	0	N/A	<5
Elko	N/A	<5	0.0	0	N/A	<5	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5	0.0	0	N/A	<5	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5	0.0	0	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5	0.0	0	0.0	0	N/A	<5	N/A	<5
Pershing	0.0	0	N/A	<5	N/A	<5	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**IID HP2020-23: Reported New Cases of Hepatitis A (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	5.0	51	4.2	45	2.4	27	2.6	30	0.6	7
Female	3.9	39	2.2	23	2.2	24	1.8	20	0.8	10

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**IID HP2020-23: Reported New Cases of Hepatitis A (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	0.7	13	0.4	7	0.3	5	0.5	10
Washoe County	1.3	5	N/A	<5	N/A	<5	N/A	<5
All Other Counties**	N/A	<5	0.0	0	N/A	<5	N/A	<5
<b>Nevada Total</b>	<b>0.8</b>	<b>21</b>	<b>0.4</b>	<b>11</b>	<b>0.4</b>	<b>12</b>	<b>0.5</b>	<b>13</b>
Carson	0.0	0	0.0	0	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	N/A	<5
Douglas	0.0	0	0.0	0	0.0	0	0.0	0
Elko	N/A	<5	0.0	0	N/A	<5	N/A	<5
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**IID HP2020-23: Reported New Cases of Hepatitis A (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	0.9	11	0.6	8	N/A	<5	0.8	11
Female	0.8	10	N/A	<5	0.6	8	N/A	<5

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**IID HP2020-3: New Cases of Meningococcal Disease (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	N/A	<5*	0.5	8	0.9	14	0.4	7	N/A	<5*
Washoe County	0.0	0	N/A	<5*	1.4	5	N/A	<5*	N/A	<5*
All Other Counties**	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	0.0	0
<b>Nevada Total</b>	<b>0.2</b>	<b>5</b>	<b>0.4</b>	<b>9</b>	<b>0.9</b>	<b>20</b>	<b>0.4</b>	<b>9</b>	<b>0.3</b>	<b>7</b>
Carson	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Churchill	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**IID HP2020-3: New Cases of Meningococcal Disease (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	N/A	<5*	0.5	5	0.9	10	0.4	5	N/A	<5*
Female	N/A	<5*	N/A	<5*	0.9	10	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**IID HP2020-3: New Cases of Meningococcal Disease (Trend Data: 2005 - 2008)**

	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	0.4	8	N/A	<5*	N/A	<5*	N/A	<5*
Washoe County	1.3	5	N/A	<5*	N/A	<5*	N/A	<5*
All Other Counties**	N/A	<5*	0.0	0	0.0	0	0.0	0
<b>Nevada Total</b>	<b>0.6</b>	<b>14</b>	<b>0.3</b>	<b>7</b>	<b>0.2</b>	<b>6</b>	<b>0.3</b>	<b>7</b>
Carson	N/A	<5*	0.0	0	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	0.7	9	N/A	<5*	N/A	<5*	N/A	<5*
Female	0.4	5	N/A	<5*	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Note: The Nevada data from 2000 to 2004 are from the National Electronic Telecommunications System for Surveillance (NETSS) and the Nevada data from 2005 to present are from the National Electronic Disease Surveillance System (NEDSS), except for the Clark County data which are from the National Electronic Telecommunications System for Surveillance (NETSS) from 2000 to present.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**HP2020-5: Reported New Cases of Tuberculosis. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	5.7	80	4.6	69	3.9	61	4.6	74	4.1	70
Washoe County	3.8	13	6.8	24	3.3	12	7.8	29	5.0	19
All Other Counties**	N/A	<5*	N/A	<5*	4.1	12	N/A	<5*	2.0	6
<b>Nevada Total</b>	<b>4.8</b>	<b>96</b>	<b>4.5</b>	<b>96</b>	<b>3.9</b>	<b>85</b>	<b>4.6</b>	<b>106</b>	<b>4.0</b>	<b>95</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Douglas	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Elko	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	6.7	66	5.9	62	3.9	42	5.4	61	5.2	61
Female	2.9	30	3.1	34	3.8	43	3.9	45	2.8	34
White	2.1	28	2.1	29	1.7	24	1.4	20	1.9	29
Black	10.1	14	9.6	14	5.9	9	8.2	13	7.2	12
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	22.6	25	28.0	34	21.7	28	35.4	49	11.4	17
Hispanic	6.5	26	3.6	16	4.5	21	4.6	23	6.0	33

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Tuberculosis Information Management System (TIMS).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.



**HP2020-5: Reported New Cases of Tuberculosis. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	5.0	90	4.7	89	4.7	92	4.6	91
Washoe County	4.0	16	2.7	11	1.4	6	2.6	11
All Other Counties**	1.9	6	N/A	<5*	N/A	<5*	0.0	0
<b>Nevada Total</b>	<b>4.5</b>	<b>112</b>	<b>3.9</b>	<b>101</b>	<b>3.8</b>	<b>102</b>	<b>3.7</b>	<b>102</b>
Carson	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Churchill	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0
Elko	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

Gender and Race/Ethnicity	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	5.5	68	5.0	66	4.4	61	5.0	68
Female	3.5	44	2.7	35	3.1	41	2.4	34
White	1.8	28	1.1	18	1.1	18	0.9	16
Black	6.4	11	9.4	17	7.5	14	5.3	10
Native American	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Asian	22.0	35	16.8	28	18.0	31	18.4	32
Hispanic	6.1	36	6.2	38	5.8	37	6.7	43

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Tuberculosis Information Management System (TIMS).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IID HP2020-10: Peptic Ulcer Disease Hospitalizations. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N
Clark County	65.4	798	62.8	811	61.0	847	57.8	843	61.1	946
Washoe County	65.5	191	60.2	187	55.7	174	63.7	211	58.0	198
All Other Counties**	52.5	146	57.8	172	65.5	193	47.8	149	47.9	160
<b>Nevada Total</b>	<b>63.3</b>	<b>1135</b>	<b>61.5</b>	<b>1170</b>	<b>60.7</b>	<b>1214</b>	<b>57.2</b>	<b>1203</b>	<b>58.6</b>	<b>1304</b>
Carson	36.4	20	60.5	35	63.5	37	79.5	47	63.6	39
Churchill	82.1	18	62.0	14	77.0	18	74.1	18	40.1	10
Douglas	29.1	13	37.6	20	64.4	25	26.5	13	37.8	23
Elko	67.6	18	60.8	16	35.0	7	29.7	12	40.2	13
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Humboldt	37.2	6	38.1	5	43.9	6	N/A	<5*	57.8	9
Lander	0.0	0	119.5	5	181.4	7	N/A	<5*	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	98.3	35	74.3	30	96.4	39	55.1	26	50.4	26
Mineral	101.0	6	108.5	8	76.4	5	N/A	<5*	79.8	4
Nye	49.9	22	64.9	29	74.6	32	38.9	16	56.4	27
Pershing	N/A	<5*	N/A	<5*	119.1	5	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*

**IID HP2020-10: Peptic Ulcer Disease Hospitalizations. (Trend Data: 2000 - 2004)**

Gender ad Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N
Male	70.3	622.0	70.2	646.0	70.0	668.0	64.8	641.0	65.2	697.0
Female	55.4	513	53.0	524	52.4	546	51.0	562	52.2	606

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IID HP2020-10: Peptic Ulcer Disease Hospitalizations. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N
Clark County	59.9	975	48.2	824	45.4	809	46.0	831
Washoe County	53.2	191	59.9	217	65.5	246	47.6	185
All Other Counties**	49.9	173	41.6	157	36.3	139	37.7	143
<b>Nevada Total</b>	<b>57.5</b>	<b>1339</b>	<b>49.1</b>	<b>1198</b>	<b>47.1</b>	<b>1194</b>	<b>45.0</b>	<b>1159</b>
Carson	51.1	33	52.4	36	53.8	36	41.1	26
Churchill	49.1	13	46.1	11	64.9	17	55.6	14
Douglas	38.0	23	38.6	25	34.8	21	44.6	25
Elko	38.4	14	31.6	10	41.3	15	43.3	14
Esmeralda	N/A	<5*	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	0.0	0	0.0	0
Humboldt	45.1	6	N/A	<5*	54.8	7	31.2	5
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lyon	81.1	41	38.9	25	29.7	19	34.4	23
Mineral	104.4	5	139.1	7	N/A	<5*	N/A	<5*
Nye	49.6	30	56.6	31	23.1	15	35.1	23
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*

**IID HP2020-10: Peptic Ulcer Disease Hospitalizations. (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N	Age Adj. Rate	N
Male	63.0	709.0	56.9	664.0	50.8	620.0	47.9	607.0
Female	51.9	628	41.9	532	43.7	574	41.6	552

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IID HP2020-12.7: Proportion of Adults Aged 65 and Older Who Are Vaccinated Against Influenza. (Trend Data: 2001 - 2005)**

County of Residence	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	64.0	99	58.0	115	57.5	100	55.7	100	48.5	90
Washoe County	65.1	75	68.1	123	73.6	148	66.0	136	68.0	159
All Other Counties**	62.1	82	64.8	142	59.8	124	68.6	147	55.3	149
<b>Nevada Total</b>	<b>63.3</b>	<b>280</b>	<b>60.3</b>	<b>383</b>	<b>60.0</b>	<b>377</b>	<b>59.0</b>	<b>387</b>	<b>53.0</b>	<b>406</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	69.0	35	72.3	47
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	N/A	<50*	N/A	<50*	~	~	N/A	<50*
Eureka	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Mineral	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**IID HP2020-12.7: Proportion of Adults Aged 65 and Older Who Are Vaccinated Against Influenza. (Trend Data: 2001 - 2005)**

Gender and Race/Ethnicity	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	66.3	143	55.8	169	63.8	175	61.2	177	56.3	195
Female	60.9	137	64.3	214	56.7	202	57.1	210	50.0	211
White	64.5	226	62.4	335	63.0	323	60.9	331	55.7	349
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	N/A	<50*	N/A	<50*	50.8	33	46.2	31
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**IID HP2020-12.7: Proportion of Adults Aged 65 and Older Who Are Vaccinated Against Influenza. (Trend Data: 2006 - 2009)**

County of Residence	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	54.3	154	60.9	196	54.5	215	62.2	224
Washoe County	63.0	167	66.3	204	65.9	277	67.9	229
All Other Counties**	65.5	179	62.0	229	62.0	300	64.2	299
<b>Nevada Total</b>	<b>57.7</b>	<b>507</b>	<b>61.9</b>	<b>648</b>	<b>57.1</b>	<b>801</b>	<b>63.5</b>	<b>765</b>
Carson	73.5	38	76.0	44	62.8	58	70.5	57
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	65.6	46	69.5	60	65.0	54
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	55.8	29	67.1	40	65.8	49
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	50.4	32	50.6	45	52.8	47
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**IID HP2020-12.7: Proportion of Adults Aged 65 and Older Who Are Vaccinated Against Influenza. (Trend Data: 2006 - 2009)**

Gender and Race/Ethnicity	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	58.2	213	60.3	263	60.1	315	61.3	294
Female	57.2	294	63.4	385	54.6	486	65.5	471
White	58.9	433	62.7	552	61.0	706	65.6	687
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	59.3	44	50.6	49	43.2	51	45.4	29
Hispanic	N/A	<50*	N/A	<50*	36.5	21	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**IID HP2020-13.1: Proportion of Adults Aged 65 and Older Who Have Ever Received A Pneumococcal Vaccine. (Trend Data: 2001 - 2005)**

County of Residence	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	66.1	99	61.5	119	59.6	95	67.0	121	68.9	126
Washoe County	67.8	76	75.5	138	80.6	152	68.3	132	77.3	175
All Other Counties**	71.9	92	71.5	155	64.8	130	65.1	136	64.5	168
<b>Nevada Total</b>	<b>66.3</b>	<b>292</b>	<b>65.0</b>	<b>414</b>	<b>63.2</b>	<b>381</b>	<b>66.7</b>	<b>393</b>	<b>69.8</b>	<b>475</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	70.3	35	82.8	50
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	N/A	<50*	N/A	<50*	~	~	N/A	<50*
Eureka	~	~	N/A	<50*	N/A	<50*	~	~	N/A	<50*
Humboldt	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Mineral	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**IID HP2020-13.1: Proportion of Adults Aged 65 and Older Who Have Ever Received A Pneumococcal Vaccine. (Trend Data: 2001 - 2005)**

Gender and Race/Ethnicity	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	69.1	134	61.6	180	62.9	171	67.4	169	68.3	208
Female	64.3	158	67.7	234	63.4	210	66.2	224	71.1	267
White	68.6	238	67.9	365	66.4	330	68.3	333	71.7	399
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	N/A	<50*	N/A	<50*	57.4	36	69.9	47
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**IID HP2020-13.1: Proportion of Adults Aged 65 and Older Who Have Ever Received A Pneumococcal Vaccine. (Trend Data: 2006 - 2009)**

County of Residence	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	70.2	195	65.1	202	60.3	237	66.4	235
Washoe County	70.8	187	74.3	221	74.1	300	72.7	240
All Other Counties**	61.9	169	67.2	245	65.4	317	67.3	297
<b>Nevada Total</b>	<b>69.1</b>	<b>559</b>	<b>66.7</b>	<b>685</b>	<b>62.6</b>	<b>861</b>	<b>67.7</b>	<b>783</b>
Carson	72.2	38	77.1	45	64.0	59	68.0	51
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	70.4	47	70.4	59	63.5	48
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	68.4	36	64.5	42	75.7	54
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	55.4	35	60.8	55	58.6	53
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**IID HP2020-13.1: Proportion of Adults Aged 65 and Older Who Have Ever Received A Pneumococcal Vaccine. (Trend Data: 2006 - 2009)**

Gender and Race/Ethnicity	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	68.9	223	61.4	263	62.3	325	64.2	295
Female	69.2	336	71.2	422	62.8	536	70.7	488
White	69.2	470	69.3	587	64.6	743	69.9	709
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	70.4	51	64.8	61	49.2	62	38.8	27
Hispanic	N/A	<50*	N/A	<50*	54.2	27	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**IVP HP2020-1.2: Hospitalization Rate for Nonfatal Head Injuries. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	65.4	865	61.2	874	68.2	1007	60.5	927	64.3	1049
Washoe County	62.0	205	63.5	216	63.5	220	51.9	186	61.4	226
All Other Counties**	45.4	125	60.2	174	57.2	161	51.8	153	57.4	171
<b>Nevada Total</b>	<b>61.8</b>	<b>1195</b>	<b>61.2</b>	<b>1264</b>	<b>65.4</b>	<b>1388</b>	<b>57.5</b>	<b>1266</b>	<b>62.6</b>	<b>1446</b>
Carson	22.9	12	39.0	20	47.4	25	57.6	30	51.3	27
Churchill	41.9	10	74.7	18	63.6	16	51.7	13	40.3	11
Douglas	40.5	16	47.2	20	67.6	26	42.4	17	52.7	26
Elko	18.0	8	55.0	23	19.3	10	38.9	12	26.5	9
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	64.4	10	N/A	<5*	53.8	9	40.5	7	54.0	9
Lander	N/A	<5*	109.8	6	0.0	0	147.0	7	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	70.1	24	88.2	33	62.3	22	55.0	23	84.3	36
Mineral	N/A	<5*	N/A	<5*	191.5	9	102.7	5	N/A	<5*
Nye	68.5	22	90.5	30	73.3	24	68.8	27	96.3	33
Pershing	N/A	<5*	88.6	5	99.2	6	N/A	<5*	N/A	<5*
Storey	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	96.6	8	N/A	<5*	83.3	6	60.1	5

**IVP HP2020-1.2: Hospitalization Rate for Nonfatal Head Injuries. (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	85.2	834	82.9	869	88.0	962	80.3	895	81.6	949
Female	37.8	361	38.8	395	40.5	426	34.0	371	43.0	493

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the National Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.



**IVP HP2020-1.2: Hospitalization Rate for Nonfatal Head Injuries. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	67.9	1157	62.6	1112	54.8	1015	63.8	1177
Washoe County	72.3	276	65.9	255	68.7	272	65.3	264
All Other Counties**	53.5	170	46.5	163	43.9	154	49.2	173
<b>Nevada Total</b>	<b>66.4</b>	<b>1603</b>	<b>60.8</b>	<b>1530</b>	<b>55.4</b>	<b>1441</b>	<b>61.9</b>	<b>1614</b>
Carson	48.8	27	53.7	33	41.6	25	48.8	30
Churchill	36.7	10	76.6	21	43.5	11	34.0	8
Douglas	55.1	29	45.3	22	33.2	20	36.8	19
Elko	22.4	9	18.6	8	17.2	7	24.1	8
Esmeralda	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Humboldt	81.9	14	54.6	8	N/A	<5*	89.4	15
Lander	N/A	<5*	N/A	<5*	73.0	5	N/A	<5*
Lincoln	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lyon	58.5	26	48.2	28	66.0	37	60.5	34
Mineral	N/A	<5*	95.9	5	N/A	<5*	N/A	<5*
Nye	85.6	36	69.1	29	69.5	32	74.3	38
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	52.0	6	N/A	<5*

**IVP HP2020-1.2: Hospitalization Rate for Nonfatal Head Injuries. (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	91.2	1100	83.1	1040	77.0	985	81.2	1064
Female	41.1	493	38.3	480	33.9	440	41.8	550

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the National Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**IVP HP2020-3.2: Hospitalization Rate for Nonfatal Spinal Cord Injuries. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	3.1	45	3.4	50	3.9	60	2.7	42	3.3	57
Washoe County	4.4	15	2.8	9	6.2	22	2.1	8	2.8	11
All Other Counties**	4.4	12	2.7	7	5.9	17	4.1	12	3.8	12
<b>Nevada Total</b>	<b>3.5</b>	<b>72</b>	<b>3.1</b>	<b>66</b>	<b>4.5</b>	<b>99</b>	<b>2.8</b>	<b>62</b>	<b>3.3</b>	<b>80</b>
Carson	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Churchill	N/A	<5*	N/A	<5*	20.7	5	N/A	<5*	0.0	0
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	14.7	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	N/A	<5*	N/A	<5*	218.2	16	0.0	0	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	121.3	7
Storey	0.0	0	0.0	0	0.0	0	0.0	0	111.2	5
White Pine	N/A	<5*	0.0	0	0.0	0	0.0	0	191.6	21

**IVP HP2020-3.2: Hospitalization Rate for Nonfatal Spinal Cord Injuries. (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	4.7	49	4.6	48	6.1	70	4.0	47	5.0	61
Female	2.3	23	1.7	18	2.8	29	1.4	15	1.6	19

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the National Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**IVP HP2020-3.2: Hospitalization Rate for Nonfatal Spinal Cord Injuries. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	3.1	56	3.8	68	3.1	57	2.8	50
Washoe County	3.8	14	6.1	24	3.3	14	2.4	10
All Other Counties**	4.1	15	2.5	9	3.5	12	2.6	9
<b>Nevada Total</b>	<b>3.4</b>	<b>85</b>	<b>3.9</b>	<b>101</b>	<b>3.2</b>	<b>83</b>	<b>2.7</b>	<b>69</b>
Carson	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Churchill	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	8.9	5	N/A	<5*
Mineral	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**IVP HP2020-3.2: Hospitalization Rate for Nonfatal Spinal Cord Injuries. (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	4.7	60	5.3	66	3.6	49	3.2	43
Female	2.0	25	2.6	34	2.6	34	2.0	26

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the National Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 population.

**IVP HP2020-30: Firearm Related Death Rate. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	17.2	236	17.3	253	17.0	265	15.9	253	15.4	263
Washoe County	14.1	48	12.0	42	12.0	42	16.5	60	15.2	57
All Other Counties**	17.0	47	15.4	44	17.8	56	16.8	52	19.1	62
<b>Nevada Total</b>	<b>16.6</b>	<b>331</b>	<b>16.1</b>	<b>339</b>	<b>16.5</b>	<b>363</b>	<b>16.2</b>	<b>365</b>	<b>16.1</b>	<b>382</b>
Carson	N/A	<5*	12.0	6	17.2	10	17.2	10	21.9	13
Churchill	20.9	5	N/A	<5*	N/A	<5*	N/A	<5*	29.1	7
Douglas	N/A	<5*	9.0	5	12.8	7	12.2	6	N/A	<5*
Elko	17.1	6	15.2	8	N/A	<5*	15.9	6	19.7	9
Esmeralda	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	30.9	5	31.1	5	N/A	<5*	34.3	5	0.0	0
Lander	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lyon	25.9	10	15.7	6	17.4	7	16.6	7	26.0	12
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	30.0	8	23.1	9	18.4	7	26.5	10	19.7	10
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**IVP HP2020-30: Firearm Related Death Rate. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	29.2	288	27.0	284	28.5	310	28.0	307	28.2	331
Female	4.3	43	5.3	55	4.8	53	5.1	58	4.3	51
White	16.7	234	15.2	225	15.8	243	15.5	242	15.4	252
Black	25.3	36	27.1	41	34.6	55	35.4	59	23.2	40
Native American	N/A	<5*	32.7	10	N/A	<5*	N/A	<5*	N/A	<5*
Asian	5.7	7	11.7	13	5.3	7	4.2	6	4.0	6
Hispanic	11.1	50	10.4	49	11.0	55	9.5	54	15.1	78

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-30: Firearm Related Death Rate. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	15.4	276	15.0	277	15.0	292	12.1	238
Washoe County	12.0	48	14.9	58	13.3	57	10.5	44
All Other Counties**	18.8	62	17.6	63	15.4	56	16.7	63
<b>Nevada Total</b>	<b>15.4</b>	<b>386</b>	<b>15.3</b>	<b>398</b>	<b>14.8</b>	<b>405</b>	<b>12.6</b>	<b>345</b>
Carson	18.4	11	11.4	7	N/A	<5*	13.7	8
Churchill	N/A	<5*	24.4	6	N/A	<5*	N/A	<5*
Douglas	12.5	6	N/A	<5*	13.0	8	14.7	9
Elko	20.6	8	16.1	9	14.1	7	10.7	6
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Humboldt	36.8	5	0.0	0	N/A	<5*	25.4	5
Lander	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lincoln	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lyon	16.1	8	26.0	16	21.5	13	18.4	11
Mineral	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Nye	18.3	9	27.4	12	17.8	9	19.8	12
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	0.0	0	0.0	0	N/A	<5*
White Pine	67.9	5	N/A	<5*	N/A	<5*	57.9	6

**IVP HP2020-30: Firearm Related Death Rate. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	26.7	333	26.6	343	24.6	336	21.4	290
Female	4.3	53	4.2	55	5.1	69	4.0	55
White	16.5	278	15.4	269	15.7	283		
Black	21.8	40	34.5	62	27.8	55		
Native American	N/A	<5*	12.4	5	N/A	<5*		
Asian	2.9	5	2.8	5	4.5	7		
Hispanic	10.8	58	9.7	57	8.2	53		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-9.1: Death Rate Caused by Poisoning. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	15.8	216	15.3	224	16.3	252	16.8	269	17.2	296
Washoe County	16.2	57	13.6	48	13.5	49	16.3	61	14.0	55
All Other Counties**	12.0	33	9.8	27	11.0	31	9.9	29	16.5	51
<b>Nevada Total</b>	<b>15.3</b>	<b>306</b>	<b>14.1</b>	<b>299</b>	<b>15.1</b>	<b>332</b>	<b>15.8</b>	<b>359</b>	<b>16.6</b>	<b>402</b>
Carson	9.9	5	9.8	5	N/A	<5*	11.8	6	26.9	14
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	20.5	5	N/A	<5*
Douglas	N/A	<5*	14.9	6	N/A	<5*	8.5	5	16.4	9
Elko	10.8	5	N/A	<5*	10.5	5	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	13.5	6
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Nye	29.3	8	N/A	<5*	20.0	7	17.5	5	37.8	12
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0

**IVP HP2020-9.1: Death Rate Caused by Poisoning. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	21.0	213	17.5	185	19.4	217	19.4	226	19.1	237
Female	9.5	93	11.0	114	10.6	115	11.8	133	14.0	165
White	19.3	270	17.2	251	19.7	289	19.9	302	1.7	338
Black	15.6	19	18.3	26	11.0	16	17.2	26	7.0	25
Native American	N/A	<5*	26.3	8	N/A	<5*	N/A	<5*	14.7	11
Asian	0.0	0	0.0	0	N/A	<5*	4.8	7	14.4	5
Hispanic	5.3	16	3.6	14	5.4	19	4.0	19	30.9	23

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-9.1: Death Rate Caused by Poisoning. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	19.5	348	18.7	352	20.3	399	17.1	339
Washoe County	17.8	71	16.3	67	21.0	90	17.6	76
All Other Counties**	14.4	46	17.4	58	11.9	42	18.3	64
<b>Nevada Total</b>	<b>18.5</b>	<b>465</b>	<b>18.1</b>	<b>477</b>	<b>19.3</b>	<b>531</b>	<b>17.3</b>	<b>479</b>
Carson	18.5	10	21.8	11	8.0	5	17.9	10
Churchill	N/A	<5*	30.3	8	27.5	7	19.1	5
Douglas	9.0	5	10.6	7	10.9	6	21.1	13
Elko	N/A	<5*	9.9	5	N/A	<5*	13.7	7
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	64.7	<5*	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0
Lyon	14.2	7	8.9	5	8.2	5	15.6	9
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Nye	39.0	15	23.7	10	19.4	8	33.7	12
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**IVP HP2020-9.1: Death Rate Caused by Poisoning. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	22.2	283	22.1	296	22.8	321	20.2	286
Female	14.8	182	14.0	181	15.6	210	14.3	193
White	24.5	396	23.6	34	25.9	35		
Black	18.9	31	19.7	8	N/A	<5*		
Native American	N/A	<5*	22.1	7	0.0	0		
Asian	N/A	<5*	4.2	23	N/A	<5*		
Hispanic	5.5	30	N/A	<5*	5.9	33		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

<i>IVP HP2020-11: Death Rate Caused by Unintentional Injuries. (Trend Data: 2000 - 2004)</i>										
	2000		2001		2002		2003		2004	
County of Residence	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	34.0	442	34.5	484	38.5	556	38.4	596	40.9	672
Washoe County	40.5	132	32.7	106	34.2	116	35.9	130	33.3	123
All Other Counties**	41.5	111	45.6	128	48.3	143	49.1	147	57.5	175
<b>Nevada Total</b>	<b>36.0</b>	<b>685</b>	<b>35.7</b>	<b>718</b>	<b>39.1</b>	<b>815</b>	<b>39.5</b>	<b>873</b>	<b>41.9</b>	<b>970</b>
Carson	26.4	13	39.9	22	37.1	22	43.4	24	60.5	30
Churchill	68.2	16	60.7	14	51.2	12	51.0	13	26.3	7
Douglas	22.5	8	32.2	13	31.5	15	34.1	17	32.0	16
Elko	49.4	14	53.5	20	42.4	20	56.0	23	33.0	16
Esmeralda	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Eureka	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Humboldt	31.0	5	40.0	6	57.6	8	74.1	10	33.6	6
Lander	N/A	<5*	109.9	5	N/A	<5*	N/A	<5*	135.3	6
Lincoln	N/A	<5*	N/A	<5*	195.2	6	N/A	<5*	N/A	<5*
Lyon	45.8	17	30.6	12	54.6	20	49.8	21	64.8	30
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	161.0	10
Nye	70.9	24	70.1	24	86.0	29	50.9	19	106.8	40
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	98.0	5	N/A	<5*
Storey	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	55.3	5	61.2	5

<i>IVP HP2020-11: Death Rate Caused by Unintentional Injuries. (Trend Data: 2000 - 2004)</i>										
	2000		2001		2002		2003		2004	
Gender and Race/Ethnicity	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	48.7	469	48.5	486	50.3	527	52.6	581	54.0	630
Female	23.0	216	23.1	232	27.7	288	26.5	292	29.5	340
White	39.2	528	39.6	552	42.1	608	44.7	663	46.9	728
Black	42.1	51	52.2	61	40.2	47	44.1	63	43.5	66
Native American	55.0	15	58.5	17	67.8	18	52.1	15	55.8	19
Asian	20.3	15	11.5	13	23.8	30	22.1	24	23.6	26
Hispanic	23.4	76	22.6	70	31.9	109	23.5	106	30.8	130

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.



<b>IVP HP2020-11: Death Rate Caused by Unintentional Injuries. (Trend Data: 2005 - 2008)</b>								
	2005		2006		2007***		2008***	
County of Residence	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	43.1	742	40.7	745	43.2	814	32.8	622
Washoe County	33.9	127	34.4	135	49.5	196	41.0	158
All Other Counties**	53.4	168	55.8	188	50.0	171	50.4	173
<b>Nevada Total</b>	<b>42.9</b>	<b>1037</b>	<b>41.7</b>	<b>1068</b>	<b>45.1</b>	<b>1181</b>	<b>36.4</b>	<b>953</b>
Carson	39.3	22	50.9	29	32.5	21	37.0	22
Churchill	37.4	9	63.2	17	75.9	19	86.5	22
Douglas	37.1	17	42.0	23	36.2	20	33.4	20
Elko	31.3	12	45.9	17	40.1	18	51.0	25
Esmeralda	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Humboldt	60.8	11	41.5	7	90.8	15	46.2	8
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	295.9	12	N/A	<5*	N/A	<5*
Lyon	60.2	27	43.4	24	42.4	24	40.7	23
Mineral	N/A	<5*	N/A	3	202.2	8	N/A	<5*
Nye	114.8	49	92.9	39	67.8	29	81.3	34
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	94.0	8	54.3	5	47.1	5	N/A	<5*

<b>IVP HP2020-11: Death Rate Caused by Unintentional Injuries. (Trend Data: 2005 - 2008)</b>								
	2005		2006		2007***		2008***	
Gender and Race/Ethnicity	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	59.6	711	55.5	714	58.9	773	46.7	608
Female	27.0	326	27.7	354	31.2	408	26.2	345
White	48.8	785	46.7	794	52.1	886		
Black	42.0	67	48.9	83	48.9	83		
Native American	46.9	15	51.8	18	N/A	<5*		
Asian	22.7	33	22.0	32	23.7	32		
Hispanic	25.4	128	28.8	137	32.6	141		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

<i>IVP HP2020-13.1: Death Rate Caused by Motor Vehicle Crashes. (Trend Data: 2000 - 2004)</i>										
	2000		2001		2002		2003		2004	
County of Residence	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	11.4	155	12.9	188	13.3	204	12.9	208	14.3	243
Washoe County	13.6	46	14.1	49	13.7	49	12.9	49	14.2	55
All Other Counties**	19.3	53	22.2	64	28.9	85	23.3	71	25.1	78
<b>Nevada Total</b>	<b>12.7</b>	<b>254</b>	<b>14.3</b>	<b>301</b>	<b>15.5</b>	<b>338</b>	<b>14.3</b>	<b>328</b>	<b>15.7</b>	<b>376</b>
Carson	N/A	<5*	19.3	10	16.9	10	13.7	7	17.2	8
Churchill	53.8	13	21.3	5	42.8	10	27.5	7	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	8.9	5	13.3	7	N/A	<5*
Elko	21.2	8	25.0	11	21.7	11	33.0	14	18.0	9
Esmeralda	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Eureka	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	15.0	6	15.8	6	43.7	16	28.3	12	30.0	14
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	111.7	7
Nye	43.3	15	45.2	16	57.9	19	21.2	9	47.4	20
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

<i>IVP HP2020-13.1: Death Rate Caused by Motor Vehicle Crashes. (Trend Data: 2000 - 2004)</i>										
	2000		2001		2002		2003		2004	
Gender and Race/Ethnicity	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	16.5	167	19.3	201	20.4	224	20.0	231	21.5	260
Female	8.8	87	9.6	100	10.6	114	8.7	97	9.7	116
White	12.6	170	15.4	218	16.6	245	15.3	223	16.2	257
Black	16.3	23	16.3	19	7.9	11	15.3	23	15.6	24
Native American	35.6	10	26.7	8	38.1	10	26.4	7	20.2	7
Asian	6.8	7	7.1	9	13.8	17	8.8	12	9.3	13
Hispanic	10.3	44	12.2	45	11.1	55	12.4	62	15.0	75

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-13.1: Death Rate Caused by Motor Vehicle Crashes. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	14.0	248	14.2	267	12.2	238	8.2	161
Washoe County	10.7	42	9.9	41	12.7	52	7.1	29
All Other Counties**	28.6	89	27.5	92	19.9	68	17.8	62
<b>Nevada Total</b>	<b>15.3</b>	<b>379</b>	<b>15.3</b>	<b>400</b>	<b>13.2</b>	<b>358</b>	<b>9.2</b>	<b>252</b>
Carson	14.5	8	12.2	7	8.2	5	8.1	5
Churchill	19.7	5	33.5	9	N/A	<5*	28.5	8
Douglas	20.9	9	14.3	7	13.9	8	N/A	<5*
Elko	N/A	<5*	20.0	8	17.8	10	27.5	13
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Humboldt	47.2	8	28.1	5	45.7	8	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	172.4	7	N/A	<5*	N/A	<5*
Lyon	37.8	17	22.7	12	18.1	10	12.3	7
Mineral	N/A	<5*	0.0	0	130.7	5	N/A	<5*
Nye	66.4	28	63.1	26	30.4	12	28.0	12
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**IVP HP2020-13.1: Death Rate Caused by Motor Vehicle Crashes. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	21.4	270	20.5	273	17.7	243	12.6	178
Female	9.0	109	9.8	127	8.5	115	5.4	74
White	16.0	256	15.8	263	14.3	239		
Black	12.3	20	16.6	28	13.4	23		
Native American	25.9	9	24.6	8	0.0	0		
Asian	15.6	22	12.9	22	7.6	13		
Hispanic	12.7	69	12.7	78	14.8	70		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-18: Pedestrian Death Rate on Public Roads. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.0	28	1.8	25	2.2	33	2.4	39	3.1	51
Washoe County	2.2	7	2.6	8	3.1	10	3.6	13	3.0	12
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	1.8	6	N/A	<5*
<b>Nevada Total</b>	<b>1.8</b>	<b>36</b>	<b>1.9</b>	<b>37</b>	<b>2.2</b>	<b>47</b>	<b>2.5</b>	<b>58</b>	<b>2.8</b>	<b>67</b>
Carson	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Churchill	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0

**IVP HP2020-18: Pedestrian Death Rate on Public Roads. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	2.1	22	2.8	26	3.1	32	3.2	37	4.4	52
Female	1.5	14	1.1	11	1.4	15	1.9	21	1.2	15
White	1.7	23	1.7	24	2.0	31	3.1	46	2.6	42
Black	N/A	<5*	5.3	5	N/A	<5*	0.0	0	4.8	7
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	N/A	<5*	0.0	0	4.6	5	N/A	<5*	3.9	5
Hispanic	1.8	7	3.0	7	1.6	6	1.7	6	3.0	12

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-18: Pedestrian Death Rate on Public Roads. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	2.4	41	2.3	42	2.2	43	1.7	34
Washoe County	1.7	7	1.9	8	2.9	11	N/A	<5*
All Other Counties**	2.0	6	1.4	5	N/A	<5*	1.4	5
<b>Nevada Total</b>	<b>2.2</b>	<b>54</b>	<b>2.1</b>	<b>55</b>	<b>2.1</b>	<b>56</b>	<b>1.5</b>	<b>43</b>
Carson	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	N/A	<5*
Douglas	0.0	0	N/A	<5*	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0
Lyon	N/A	<5*	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	N/A	<5*	2.5	1
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	0.0	0	0.0	0

**IVP HP2020-18: Pedestrian Death Rate on Public Roads. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	3.1	39	3.1	41	2.8	36	1.9	27
Female	1.3	15	1.1	14	1.4	20	1.1	16
White	1.9	31	2.1	36	2.1	37		
Black	N/A	<5*	N/A	<5*	N/A	<5*		
Native American	N/A	<5*	N/A	<5*	0.0	0		
Asian	N/A	<5*	N/A	<5*	0.0	0		
Hispanic	3.0	13	2.8	13	4.0	15		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-15: Proportion of People Using Safety Belts. (Trend Data: 2002, 2006, 2008)**

County of Residence	2002				2006				2008			
	Always		Nearly Always		Always		Nearly Always		Always		Nearly Always	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	80.0	805	13.0	126	81.5	954	12.2	118	86.9	1278	7.6	101
Washoe County	79.5	820	11.4	103	83.8	1000	10.4	109	87.2	1378	8.8	127
All Other Counties**	70.8	716	16.7	170	74.4	836	14.8	158	78.0	1255	12.9	186
<b>Nevada Total</b>	<b>78.8</b>	<b>2424</b>	<b>13.1</b>	<b>406</b>	<b>80.9</b>	<b>2879</b>	<b>12.2</b>	<b>396</b>	<b>85.8</b>	<b>4000</b>	<b>8.4</b>	<b>423</b>
Carson	81.3	151	10.6	21	88.4	160	4.1	10	78.9	225	13.9	31
Churchill	71.8	61	16.4	14	61.9	70	27.1	19	63.6	102	17.8	20
Douglas	82.2	120	11.8	22	80.0	147	12.3	19	86.2	209	5.9	14
Elko	69.4	110	17.2	30	64.4	85	16.4	23	75.7	151	14.6	27
Esmeralda	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	43.7	23	35.6	16	67.4	34	20.0	9	80.5	64	16.3	12
Lander	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	70.6	98	14.3	19	76.1	150	12.2	20	78.2	188	9.6	20
Mineral	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	72.3	73	14.2	16	76.3	96	13.4	19	83.2	169	10.3	19
Pershing	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*	66.7	33	20.0	12

**IVP HP2020-15: Proportion of People Using Safety Belts. (Trend Data: 2002, 2006, 2008)**

Gender and Race/Ethnicity	2002				2006				2008			
	Always		Nearly Always		Always		Nearly Always		Always		Nearly Always	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	74.5	1115	15.8	227	76.0	1217	15.0	223	82.7	1523	10.0	205
Female	83.1	1309	10.3	179	85.8	1662	9.3	173	88.9	2477	6.8	218
White	77.4	1738	14.2	315	81.1	2059	12.3	281	86.0	2990	8.6	324
Black	85.8	68	4.4	4	83.9	65	3.8	4	80.8	97	8.1	5
Other	80.0	285	13.0	43	77.6	337	16.1	62	84.7	383	9.5	49
Hispanic	80.9	304	11.1	39	82.7	385	10.4	46	86.4	498	7.5	43

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**IVP HP2020-15: Proportion of People Using Safety Belts. (Trend Data: 2002, 2006, 2008)**

Age	2002				2006				2008			
	Always		Nearly Always		Always		Nearly Always		Always		Nearly Always	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	77.7	191	13.5	35	66.8	139	19.2	34	76.4	144	12.2	24
14-34	71.2	335	18.6	79	76.9	322	15.6	66	85.2	430	9.4	65
35-44	79.5	516	12.3	88	80.3	493	13.4	87	87.7	603	7.2	75
45-54	83.7	508	9.6	81	88.4	594	7.0	69	87.1	781	8.1	83
55-64	79.2	362	13.6	53	84.2	591	11.1	75	86.6	823	8.3	85
65+	82.3	480	10.1	64	87.3	704	7.2	62	88.2	1141	6.9	89

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**IVP HP2020-22.1: Death Rate From Falls. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	4.0	44	3.8	47	5.8	65	4.8	59	5.9	79
Washoe County	5.5	15	5.6	15	5.7	16	4.6	14	5.2	16
All Other Counties**	5.0	12	2.9	8	2.5	8	6.2	19	6.0	18
<b>Nevada Total</b>	<b>4.5</b>	<b>71</b>	<b>4.0</b>	<b>70</b>	<b>5.2</b>	<b>89</b>	<b>4.9</b>	<b>92</b>	<b>5.8</b>	<b>113</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	7.6	5	11.3	6
Churchill	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
White Pine	N/A	<5*	0.0	0	0.0	0	N/A	<5*	N/A	<5*

**IVP HP2020-22.1: Death Rate From Falls. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	5.8	44	5.9	46	6.0	48	7.1	60	6.9	66
Female	3.2	27	2.5	24	4.4	41	3.2	32	4.5	47
White	4.7	60	4.3	59	4.9	67	5.2	80	6.2	94
Black	N/A	<5*	4.5	5	9.1	8	N/A	<5*	N/A	<5*
Native American	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	N/A	<5*	3.2	5	7.3	11	3.4	6	4.4	14

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.



**IVP HP2020-22.1: Death Rate From Falls. (Trend Data: 2005 – 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	6.5	92	4.9	75	6.8	110	5.3	77
Washoe County	7.2	24	8.3	30	8.8	29	11.6	35
All Other Counties**	8.6	28	7.0	24	7.6	26	7.0	22
<b>Nevada Total</b>	<b>6.9</b>	<b>144</b>	<b>5.7</b>	<b>129</b>	<b>7.3</b>	<b>165</b>	<b>6.5</b>	<b>134</b>
Carson	10.1	6	13.3	8	7.4	5	N/A	<5*
Churchill	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Esmeralda	N/A	<5*	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0
Lyon	11.3	5	N/A	<5*	10.6	6	N/A	<5*
Mineral	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Nye	11.2	7	N/A	<5*	10.9	6	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	0.0	0	N/A	<5*	0.0	0

**IVP HP2020-22.1: Death Rate From Falls. (Trend Data: 2005 – 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	10.3	95	7.7	80	9.3	102	7.6	70
Female	4.3	49	4.0	49	5.2	63	5.4	64
White	7.1	119	6.0	106	7.7	133		
Black	4.3	6	4.5	6	4.8	6		
Native American	N/A	<5*	N/A	<5*	0.0	0		
Asian	N/A	<5*	N/A	<5*	16.6	7		
Hispanic	5.2	13	5.3	14	12.6	10		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-25: Death Rate From Drowning. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	1.4	19	1.2	17	1.4	22	0.9	15	0.9	16
Washoe County	N/A	<5*	N/A	<5*	N/A	<5*	2.8	10	N/A	<5*
All Other Counties**	N/A	<5*	2.3	6	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>1.4</b>	<b>27</b>	<b>1.2</b>	<b>24</b>	<b>1.1</b>	<b>24</b>	<b>1.3</b>	<b>29</b>	<b>0.8</b>	<b>19</b>
Carson	0.0	0	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Churchill	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Douglas	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**IVP HP2020-25: Death Rate From Drowning. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	2.3	22	1.5	15	1.8	20	1.8	21	1.0	13
Female	0.5	5	0.9	9	N/A	<5*	0.7	8	0.5	6
White	1.5	18	1.4	18	0.9	13	1.4	20	0.7	10
Black	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Native American	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	0.9	6	N/A	<5*	1.1	6	1.0	7	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-25: Death Rate From Drowning. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	1.1	20	1.1	21	1.3	25	1.1	23
Washoe County	N/A	<5*	N/A	<5*	2.3	10	1.1	5
All Other Counties**	1.8	5	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>1.1</b>	<b>27</b>	<b>1.1</b>	<b>28</b>	<b>1.4</b>	<b>38</b>	<b>1.1</b>	<b>31</b>
Carson	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Douglas	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Elko	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**IVP HP2020-25: Death Rate From Drowning. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	1.6	20	1.3	18	2.2	29	1.7	24
Female	0.6	7	0.8	10	0.7	9	0.5	7
White	1.3	18	0.9	14	1.6	25		
Black	N/A	<5*	N/A	<5*	N/A	<5*		
Native American	0.0	0	0.0	0	N/A	<5*		
Asian	N/A	<5*	0.0	0	3.0	5		
Hispanic	0.7	5	1.8	10	0.8	5		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-29: Death Rate From Homicides. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	7.4	107	9.9	149	9.5	149	9.4	156	8.7	154
Washoe County	3.4	12	3.8	13	3.0	11	4.6	17	4.2	16
All Other Counties**	3.2	9	3.9	11	3.7	12	1.9	5	3.8	12
<b>Nevada Total</b>	<b>6.2</b>	<b>128</b>	<b>8.1</b>	<b>173</b>	<b>7.7</b>	<b>172</b>	<b>7.7</b>	<b>178</b>	<b>7.4</b>	<b>182</b>
Carson	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Churchill	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Elko	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**IVP HP2020-29: Death Rate From Homicides. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	10.0	106	12.0	132	11.5	131	10.5	126	11.6	146
Female	2.2	22	4.0	41	3.8	41	4.7	52	3.1	36
White	3.0	42	5.1	71	4.2	61	5.0	73	4.4	65
Black	26.3	38	28.6	45	31.8	51	29.0	49	25.1	43
Native American	18.4	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	N/A	<5*	8.6	9	6.8	9	4.8	7	3.3	5
Hispanic	7.9	38	9.1	45	8.8	48	10.5	45	9.7	61

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**IVP HP2020-29: Death Rate From Homicides. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	8.4	155	9.0	172	7.0	141	5.7	115
Washoe County	3.6	15	7.8	32	5.7	25	2.0	9
All Other Counties**	5.0	14	3.3	11	4.5	14	2.9	10
<b>Nevada Total</b>	<b>7.2</b>	<b>184</b>	<b>8.1</b>	<b>215</b>	<b>6.5</b>	<b>180</b>	<b>4.8</b>	<b>134</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*

**IVP HP2020-29: Death Rate From Homicides. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	10.5	140	11.8	162	9.7	140	6.5	96
Female	3.6	44	4.1	53	3.0	40	2.8	38
White	4.9	74	5.9	96	5.1	84		
Black	24.9	46	31.2	59	24.6	50		
Native American	N/A	<5*	N/A	<5*	N/A	<5*		
Asian	2.9	5	N/A	<5*	0.0	0		
Hispanic	8.1	58	7.1	53	5.8	42		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**MICH HP2020-1.1: Fetal Death Rate at 20+ Weeks Gestation (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	7.3	162	6.2	142	7.4	178	7.6	189	7.0	183
Washoe County	8.8	44	9.3	48	9.5	51	8.1	44	7.9	44
All Other Counties**	6.8	22	5.9	20	5.0	17	7.2	25	6.2	22
<b>Nevada Total</b>	<b>7.5</b>	<b>228</b>	<b>6.7</b>	<b>210</b>	<b>7.5</b>	<b>246</b>	<b>7.6</b>	<b>258</b>	<b>7.0</b>	<b>249</b>
Carson	8.5	6	N/A	<5*	6.9	5	15.0	11	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Nye	18.8	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*

**MICH HP2020-1.1: Fetal Death Rate at 20+ Weeks Gestation (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
0-14	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	0.0	0
15-17	7.8	10	4.9	6	8.4	10	11.0	14	9.4	12
18-19	8.3	21	8.1	20	6.5	16	5.7	14	6.3	16
20-24	6.8	56	3.9	33	7.1	63	7.0	63	6.2	59
25-29	6.4	54	5.8	50	6.0	53	5.5	51	6.7	65
30-34	6.0	38	7.8	53	7.4	53	7.8	58	6.0	46
35-39	10.7	31	9.4	29	10.8	36	10.9	38	7.3	27
40-44	16.4	10	15.8	11	6.9	5	19.0	14	21.8	17
45+	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Total	7.5	228	6.7	210	7.5	246	7.6	258	7.0	249

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births plus fetal deaths.

Note: 2008 data are not available at this time.

**MICH HP2020-1.1: Fetal Death Rate at 20+ Weeks Gestation (Trend Data: 2005 - 2007)**

County of Residence	2005		2006		2007	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	7.2	200	6.0	181	6.1	188
Washoe County	6.3	36	6.8	42	5.0	31
All Other Counties**	6.2	24	8.8	36	4.5	19
<b>Nevada Total</b>	<b>6.9</b>	<b>260</b>	<b>6.4</b>	<b>259</b>	<b>5.7</b>	<b>238</b>
Carson	9.9	8	10.3	8	5.8	5
Churchill	N/A	<5*	13.7	5	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0
Lyon	N/A	<5*	8.2	6	N/A	<5*
Mineral	0.0	0	0.0	0	N/A	<5*
Nye	N/A	<5*	N/A	<5*	0.0	0
Pershing	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*

**MICH HP2020-1.1: Fetal Death Rate at 20+ Weeks Gestation (Trend Data: 2005 - 2007)**

Age of Mother	2005		2006		2007	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
0-14	0.0	0	N/A	<5*	0.0	0
15-17	5.9	8	7.6	11	10.1	15
18-19	8.5	22	7.0	20	6.9	20
20-24	6.4	65	5.7	60	4.6	49
25-29	5.6	59	5.5	64	5.2	62
30-34	6.5	52	6.5	54	5.0	44
35-39	8.8	35	8.5	37	6.5	29
40-44	9.9	9	8.6	8	16.5	16
45+	N/A	<5*	N/A	<5*	N/A	<5*
Total	6.9	260	6.4	259	5.7	238

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births plus fetal deaths.

Note: 2008 data are not available at this time.

**MICH HP2020-1.3: Infant Death Rate Within 1 Year of Life. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	6.3	139	6.0	137	6.1	145	5.9	147	6.9	180
Washoe County	7.1	35	5.5	28	3.8	20	5.7	31	3.8	21
All Other Counties**	6.2	20	3.6	12	7.4	25	3.2	11	5.1	18
<b>Nevada Total</b>	<b>6.4</b>	<b>194</b>	<b>5.7</b>	<b>177</b>	<b>5.9</b>	<b>190</b>	<b>5.6</b>	<b>189</b>	<b>6.2</b>	<b>219</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	N/A	<5*	0.0	0	17.6	6	0.0	0	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Elko	9.3	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	N/A	<5*	0.0	0	10.8	5	N/A	<5*	11.2	6
Mineral	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	15.1	5	N/A	<5*	0.0	0	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0

**MICH HP2020-1.3: Infant Death Rate Within 1 Year of Life. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
White	5.5	84	5.0	77	6.1	93	5.9	92	5.8	92
Black	13.3	30	16.7	40	17.9	45	12.1	33	19.0	53
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	5.3	10	N/A	<5*	2.1	5	3.4	8	5.1	13
Hispanic	6.8	68	5.2	56	3.8	43	4.4	54	4.4	58

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.



**MICH HP2020-1.3: Infant Death Rate Within 1 Year of Life. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	5.9	164	6.5	195	6.5	201	5.4	158
Washoe County	5.1	29	7.1	44	5.5	34	6.5	37
All Other Counties**	4.7	18	4.7	19	5.9	25	3.2	12
<b>Nevada Total</b>	<b>5.7</b>	<b>211</b>	<b>6.4</b>	<b>258</b>	<b>6.3</b>	<b>260</b>	<b>5.3</b>	<b>207</b>
Carson	N/A	<5*	N/A	<5*	5.8	5	N/A	<5*
Churchill	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Elko	9.2	6	6.9	5	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lander	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	13.2	6	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	N/A	<5*

**MICH HP2020-1.3: Infant Death Rate Within 1 Year of Life. (Trend Data: 2005 - 2007)**

Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
White	5.2	85	6.2	105	6.4	109		
Black	13.5	40	15.7	52	12.5	45		
Native American	N/A	<5*	N/A	<5*	0.0	0		
Asian	3.3	9	3.6	11	3.3	11		
Hispanic	5.3	74	5.2	81	5.3	86		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.4: Neonatal Death Rate Within the First 28 Days of Life. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	3.9	85	3.2	73	3.8	91	3.6	88	4.6	121
Washoe County	4.2	21	2.9	15	2.3	12	3.9	21	2.5	14
All Other Counties**	4.7	15	1.2	4	5.1	17	1.7	6	3.4	12
<b>Nevada Total</b>	<b>4.0</b>	<b>121</b>	<b>2.9</b>	<b>92</b>	<b>3.7</b>	<b>120</b>	<b>3.4</b>	<b>115</b>	<b>4.2</b>	<b>147</b>
Carson	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Churchill	N/A	<5*	0.0	0	17.6	6	0.0	0	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	N/A	<5*	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0

**MICH HP2020-1.4: Neonatal Death Rate Within the First 28 Days of Life. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
White	3.7	57	2.6	39	3.8	59	3.7	58	4.1	66
Black	5.8	13	9.2	22	10.7	27	7.0	19	11.8	33
Native American	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Asian	2.6	5	0.0	0	N/A	<5*	2.1	5	3.5	9
Hispanic	4.4	44	2.9	31	2.5	28	2.5	31	2.9	38

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.4: Neonatal Death Rate Within the First 28 Days of Life. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	3.5	96	4.5	134	4.2	130	3.1	91
Washoe County	3.3	19	4.2	26	3.6	22	5.1	29
All Other Counties**	2.3	9	2.0	8	3.1	13	1.9	7
<b>Nevada Total</b>	<b>3.3</b>	<b>124</b>	<b>4.2</b>	<b>168</b>	<b>4.0</b>	<b>165</b>	<b>3.3</b>	<b>127</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Churchill	0.0	0	0.0	0	0.0	0	N/A	<5*
Douglas	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0
Nye	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	N/A	<5*

**MICH HP2020-1.4: Neonatal Death Rate Within the First 28 Days of Life. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
White	3.1	51	4.3	73	3.7	64	3.1	49
Black	7.4	22	8.8	29	8.1	29	7.0	25
Native American	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Asian	1.8	5	3.0	9	2.1	7	N/A	<5*
Hispanic	3.1	44	3.2	50	3.7	60	3.2	48

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.5: Post-Neonatal Death Rate Between 28 Days and 1 Year of Life. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	2.5	54	2.8	64	2.3	54	2.4	59	2.3	59
Washoe County	2.8	14	2.6	13	1.5	8	1.9	10	1.3	7
All Other Counties**	1.6	5	2.4	8	2.4	8	1.5	5	1.7	6
<b>Nevada Total</b>	<b>2.4</b>	<b>73</b>	<b>2.7</b>	<b>85</b>	<b>2.2</b>	<b>70</b>	<b>2.2</b>	<b>74</b>	<b>2.0</b>	<b>72</b>
Carson	0.0	0	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Churchill	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Elko	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0

**MICH HP2020-1.5: Post-Neonatal Death Rate Between 28 Days and 1 Year of Life. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
White	1.8	27	2.5	38	2.2	34	2.2	34	1.6	26
Black	7.5	17	7.5	18	7.2	18	5.1	14	7.2	20
Native American	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Asian	2.6	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	2.4	24	2.3	25	1.3	15	1.9	23	1.5	20

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.5: Post-Neonatal Death Rate Between 28 Days and 1 Year of Life. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	2.5	68	2.0	61	2.3	71	2.3	67
Washoe County	1.8	10	2.9	18	1.9	12	1.4	8
All Other Counties**	2.3	9	2.7	11	2.8	12	1.4	5
<b>Nevada Total</b>	<b>2.3</b>	<b>87</b>	<b>2.2</b>	<b>90</b>	<b>2.3</b>	<b>95</b>	<b>2.1</b>	<b>80</b>
Carson	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Churchill	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Elko	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	0.0	0

**MICH HP2020-1.5: Post-Neonatal Death Rate Between 28 Days and 1 Year of Life. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
White	2.1	34	1.9	32	2.6	45	1.8	29
Black	6.1	18	7.0	23	4.4	16	5.9	21
Native American	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	2.1	30	2.0	31	1.6	26	1.7	26

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.6: Infant Death Rate Related to Birth Defects. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	1.5	34	1.4	32	1.5	35	1.3	32	1.5	38
Washoe County	1.2	6	1.4	7	N/A	<5*	1.5	8	N/A	<5*
All Other Counties**	1.2	4	N/A	<5*	2.1	7	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>1.5</b>	<b>44</b>	<b>1.3</b>	<b>40</b>	<b>1.4</b>	<b>44</b>	<b>1.3</b>	<b>43</b>	<b>1.3</b>	<b>44</b>
Carson	N/A	<5*	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Churchill	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Douglas	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Elko	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0

**MICH HP2020-1.6: Infant Death Rate Related to Birth Defects. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	1.5	23	1.7	27	1.0	17	0.9	15	1.1	19
Female	1.4	21	0.8	13	1.7	27	1.7	28	1.5	25
White	1.0	16	1.1	17	1.6	24	1.2	19	1.3	21
Black	N/A	<5*	3.3	8	N/A	<5*	N/A	<5*	N/A	<5*
Native American	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Asian	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	2.3	6
Hispanic	2.2	22	1.4	15	1.2	14	1.6	20	1.1	14

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.6: Infant Death Rate Related to Birth Defects. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	1.6	45	1.1	34	1.4	43	1.1	33
Washoe County	1.1	6	2.1	13	N/A	<5*	1.6	9
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>1.4</b>	<b>53</b>	<b>1.3</b>	<b>51</b>	<b>1.2</b>	<b>50</b>	<b>1.1</b>	<b>44</b>
Carson	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Churchill	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	N/A	<5*	0.0	0	0.0	0
Elko	N/A	<5*	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-1.6: Infant Death Rate Related to Birth Defects. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	1.2	22	0.9	18	1.1	24	1.0	20
Female	1.7	31	1.7	33	1.3	26	1.3	24
White	1.0	17	1.1	19	1.1	19		
Black	2.7	8	N/A	<5*	N/A	<5*		
Native American	N/A	<5*	0.0	0	0.0	0		
Asian	N/A	<5*	N/A	<5*	N/A	<5*		
Hispanic	1.7	24	1.7	26	1.6	25		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-1.7: Infant Death Rate Related to Congenital Heart Defects. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	0.5	10	0.5	12	0.4	10	0.3	7	0.4	10
Washoe County	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
<b>Nevada Total</b>	<b>0.4</b>	<b>13</b>	<b>0.5</b>	<b>15</b>	<b>0.4</b>	<b>12</b>	<b>0.2</b>	<b>7</b>	<b>0.3</b>	<b>11</b>
Carson	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Elko	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-1.7: Infant Death Rate Related to Congenital Heart Defects. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	0.5	7	0.6	10	0.3	5	0.3	5	0.3	6
Female	0.4	6	0.3	5	0.4	7	N/A	<5*	0.3	5
White	0.3	5	0.4	6	0.5	8	0.3	5	0.3	5
Black	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Native American	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Asian	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Hispanic	0.5	5	0.5	5	N/A	<5*	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.



**MICH HP2020-1.7: Infant Death Rate Related to Congenital Heart Defects. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	0.6	17	0.3	9	0.5	14	0.5	14
Washoe County	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>0.5</b>	<b>18</b>	<b>0.3</b>	<b>12</b>	<b>0.4</b>	<b>16</b>	<b>0.4</b>	<b>17</b>
Carson	0.0	0	0.0	0	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	N/A	<5*	0.0	0	0.0	0
Elko	0.0	0	0.0	0	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	N/A	<5*	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-1.7: Infant Death Rate Related to Congenital Heart Defects. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	0.4	7	0.2	5	0.4	9	0.3	5
Female	0.6	11	0.4	7	0.4	7	0.6	12
White	N/A	<5*	N/A	<5*	0.4	6	N/A	0
Black	N/A	<5*	N/A	<5*	N/A	<5*	N/A	0
Native American	0.0	0	0.0	0	0.0	0	N/A	0
Asian	N/A	<5*	0.0	0	0.0	0	N/A	0
Hispanic	0.8	11	0.4	6	0.5	8	N/A	0

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 1,000 live births.

**MICH HP2020-3.1: Death Rate of Children Aged 1 to 4 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	28.7	24	36.3	32	35.9	33	26.1	25	23.8	24
Washoe County	N/A	<5*	35.8	7	N/A	<5*	33.9	7	32.8	7
All Other Counties**	56.2	8	N/A	<5*	35.6	5	N/A	<5*	56.4	8
<b>Nevada Total</b>	<b>30.8</b>	<b>36</b>	<b>33.6</b>	<b>41</b>	<b>31.7</b>	<b>40</b>	<b>26.9</b>	<b>35</b>	<b>28.6</b>	<b>39</b>
Carson	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Churchill	N/A	<5*	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Douglas	0.0	0	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Elko	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Storey	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-3.1: Death Rate of Children Aged 1 to 4 Years (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	28.4	17	40.0	25	38.8	25	27.0	18	35.8	25
Female	33.2	19	26.8	16	24.4	15	26.8	17	21.1	14
White	35.7	22	20.9	13	30.3	19	33.2	21	35.7	23
Black	56.1	5	83.4	8	80.6	8	N/A	<5*	N/A	<5*
Native American	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Asian	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	21.0	8	45.9	19	22.8	10	17.1	8	20.0	10

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-3.1: Death Rate of Children Aged 1 to 4 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	36.0	38	40.0	44	34.0	39	27.7	32
Washoe County	27.3	6	44.1	10	38.8	9	N/A	<5*
All Other Counties**	75.8	11	32.2	5	37.9	6	N/A	<5*
<b>Nevada Total</b>	<b>38.7</b>	<b>55</b>	<b>39.8</b>	<b>59</b>	<b>35.1</b>	<b>54</b>	<b>24.5</b>	<b>38</b>
Carson	N/A	<5*	0.0	0	0.0	0	0.0	0
Churchill	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Douglas	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Elko	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-3.1: Death Rate of Children Aged 1 to 4 Years (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	48.1	35	40.8	31	39.3	31	30.2	24
Female	28.9	20	38.7	28	30.7	23	18.5	14
White	36.5	24	52.4	36	32.3	23		
Black	61.4	7	42.0	5	72.7	9		
Native American	N/A	<5*	0.0	0	0.0	0		
Asian	N/A	<5*	47.1	5	N/A	<5*		
Hispanic	35.9	19	23.5	13	36.6	21		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-3.2: Death Rate of Children Aged 5 to 9 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	13.8	14	17.8	19	10.0	11	11.2	13	9.0	11
Washoe County	37.6	9	24.6	6	N/A	<5*	N/A	<5*	0.0	0
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
<b>Nevada Total</b>	<b>16.6</b>	<b>24</b>	<b>17.9</b>	<b>27</b>	<b>10.4</b>	<b>16</b>	<b>12.5</b>	<b>20</b>	<b>6.6</b>	<b>11</b>
Carson	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Churchill	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Nye	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-3.2: Death Rate of Children Aged 5 to 9 Years (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	18.9	14	16.9	13	10.1	8	15.9	13	5.8	5
Female	14.1	10	19.0	14	10.6	8	8.9	7	7.3	6
White	15.7	13	21.7	18	9.7	8	18.0	15	6.0	5
Black	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Native American	N/A	<5*	0.0	0	N/A	<5*	0.0	0	0.0	0
Asian	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Hispanic	17.6	7	N/A	<5*	12.5	6	N/A	<5*	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-3.2: Death Rate of Children Aged 5 to 9 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	11.0	14	12.8	17	11.6	16	7.2	10
Washoe County	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
All Other Counties**	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
<b>Nevada Total</b>	<b>11.0</b>	<b>19</b>	<b>12.2</b>	<b>22</b>	<b>11.2</b>	<b>21</b>	<b>8.5</b>	<b>16</b>
Carson	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Churchill	N/A	<5*	0.0	0	0.0	0	0.0	0
Douglas	0.0	0	0.0	0	N/A	<5*	0.0	0
Elko	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	0.0	0	0.0	0	0.0	0
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	0.0	0	0.0	0	0.0	0	0.0	0
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	0.0	0	0.0	0	0.0	0

**MICH HP2020-3.2: Death Rate of Children Aged 5 to 9 Years (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	11.3	10	12.9	12	12.5	12	11.4	11
Female	10.7	9	11.4	10	9.9	9	5.4	5
White	10.7	9	9.1	8	11.0	10		
Black	35.9	5	N/A	<5*	N/A	<5*		
Native American	0.0	0	N/A	<5*	0.0	0		
Asian	N/A	<5*	N/A	<5*	N/A	<5*		
Hispanic	N/A	<5*	14.0	9	12.0	8		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-4.1: Death Rate of Adolescents Aged 10 to 14 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	17.7	17	14.6	15	15.8	17	21.3	24	26.0	31
Washoe County	21.3	5	28.2	7	N/A	<5*	N/A	<5*	22.1	6
All Other Counties**	N/A	<5*	27.4	6	41.2	9	32.3	7	27.8	6
<b>Nevada Total</b>	<b>18.4</b>	<b>26</b>	<b>18.7</b>	<b>28</b>	<b>17.4</b>	<b>27</b>	<b>20.5</b>	<b>33</b>	<b>25.6</b>	<b>43</b>
Carson	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Churchill	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Douglas	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Elko	0.0	0	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Nye	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-4.1: Death Rate of Adolescents Aged 10 to 14 Years (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	28.7	21	27.1	21	25.0	20	21.7	18	27.7	24
Female	7.3	5	9.7	7	9.3	7	19.2	15	23.3	19
White	18.6	15	22.7	19	19.9	17	25.0	22	33.3	30
Black	N/A	<5*	34.8	5	N/A	<5*	N/A	<5*	32.3	5
Native American	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Asian	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Hispanic	15.8	6	N/A	<5*	13.6	6	12.8	6	13.8	7

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-4.1: Death Rate of Adolescents Aged 10 to 14 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	26.6	33	16.2	21	21.5	29	15.5	21
Washoe County	N/A	<5*	N/A	<5*	17.0	5	N/A	<5*
All Other Counties**	N/A	<5*	47.7	11	25.5	6	25.4	6
<b>Nevada Total</b>	<b>21.9</b>	<b>38</b>	<b>19.9</b>	<b>36</b>	<b>21.3</b>	<b>40</b>	<b>15.3</b>	<b>29</b>
Carson	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Churchill	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Douglas	0.0	0	0.0	0	0.0	0	0.0	0
Elko	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	0.0	0	0.0	0

**MICH HP2020-4.1: Death Rate of Adolescents Aged 10 to 14 Years (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	20.2	18	23.6	22	24.9	24	17.5	17
Female	23.7	20	15.9	14	17.5	16	13.0	12
White	25.2	23	22.0	21	18.2	18		
Black	39.1	6	N/A	<5*	N/A	<5*		
Native American	0.0	0	0.0	0	N/A	<5*		
Asian	N/A	<5*	N/A	<5*	N/A	<5*		
Hispanic	12.9	7	15.9	9	18.7	11		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-4.2: Death Rate of Adolescents Age 15 to 19 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	63.7	60	45.4	46	73.6	78	81.3	90	67.5	80
Washoe County	69.4	17	55.0	14	42.7	11	58.9	16	63.8	18
All Other Counties**	59.1	12	106.0	22	80.1	17	78.9	17	94.4	21
<b>Nevada Total</b>	<b>64.0</b>	<b>89</b>	<b>55.6</b>	<b>82</b>	<b>69.3</b>	<b>106</b>	<b>77.2</b>	<b>123</b>	<b>70.5</b>	<b>119</b>
Carson	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Elko	N/A	<5*	144.9	6	147.0	6	127.4	5	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	N/A	<5*	N/A	<5*	226.3	6	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Nye	N/A	<5*	233.7	5	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0

**MICH HP2020-4.2: Death Rate of Adolescents Age 15 to 19 Years (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	82.0	59	77.1	59	95.8	76	99.2	82	86.7	76
Female	44.7	30	32.4	23	40.7	30	53.4	41	52.9	43
White	62.5	50	54.2	45	64.7	55	80.5	70	69.6	63
Black	119.3	14	120.7	15	99.0	13	100.7	14	114.6	17
Native American	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Asian	N/A	<5*	N/A	<5*	59.2	5	55.8	5	N/A	<5*
Hispanic	58.6	22	43.3	18	72.9	32	70.2	33	62.6	32

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.



**MICH HP2020-4.2: Death Rate of Adolescents Age 15 to 19 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	70.5	88	72.9	95	58.9	80	54.1	74
Washoe County	46.9	14	71.5	22	47.7	15	31.4	10
All Other Counties**	60.4	14	104.7	26	59.2	15	74.7	19
<b>Nevada Total</b>	<b>65.2</b>	<b>116</b>	<b>76.9</b>	<b>143</b>	<b>57.1</b>	<b>110</b>	<b>53.1</b>	<b>103</b>
Carson	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	144.9	5
Elko	N/A	<5*	119.8	5	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	N/A	<5*	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	N/A	<5*	N/A	<5*	132.5	5	N/A	<5*
Mineral	N/A	<5*	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	173.6	5	N/A	<5*	N/A	<5*
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	0.0	0	0.0	0

**MICH HP2020-4.2: Death Rate of Adolescents Age 15 to 19 Years (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	86.7	80	114.1	110	76.1	76	76.5	77
Female	42.1	36	36.9	33	36.7	34	27.8	26
White	60.8	57	84.6	83	63.1	64		
Black	94.8	15	96.9	16	116.4	20		
Native American	N/A	<5*	N/A	<5*	0.0	0		
Asian	N/A	<5*	N/A	<5*	0.0	0		
Hispanic	67.1	37	64.3	37	41.8	25		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-4.3: Death Rate of Young Adults Aged 20 to 24 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	80.9	81	96.8	105	102.8	116	101.4	120	98.4	124
Washoe County	66.6	16	100.6	26	71.4	19	105.4	30	54.2	16
All Other Counties**	109.8	19	132.4	24	64.4	12	135.1	26	94.7	19
<b>Nevada Total</b>	<b>82.0</b>	<b>116</b>	<b>101.7</b>	<b>155</b>	<b>93.0</b>	<b>147</b>	<b>106.0</b>	<b>176</b>	<b>90.6</b>	<b>159</b>
Carson	N/A	<5*	163.4	5	N/A	<5*	185.8	6	N/A	<5*
Churchill	418.3	7	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Douglas	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	205.1	8	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	0.0	0	N/A	<5*	N/A	<5*	200.9	5	N/A	<5*
Mineral	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Nye	N/A	<5*	N/A	<5*	N/A	<5*	259.3	5	N/A	<5*
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**MICH HP2020-4.3: Death Rate of Young Adults Aged 20 to 24 Years (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	125.2	92	145.3	115	141.4	116	161.0	139	136.8	125
Female	35.3	24	54.6	40	40.8	31	46.4	37	40.4	34
White	88.9	71	104.9	89	82.4	72	107.8	98	73.8	70
Black	124.9	13	205.7	23	179.8	21	260.3	32	146.2	19
Native American	N/A	<5*	256.2	6	250.3	6	N/A	<5*	N/A	<5*
Asian	N/A	<5*	73.0	7	100.9	10	66.8	7	71.6	8
Hispanic	64.8	26	67.4	30	81.4	38	72.2	36	107.7	58

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-4.3: Death Rate of Young Adults Aged 20 to 24 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	110.8	146	112.7	155	105.4	151	85.9	124
Washoe County	90.9	28	44.1	14	92.4	30	76.0	25
All Other Counties**	120.4	25	144.0	32	101.4	23	123.0	28
<b>Nevada Total</b>	<b>108.6</b>	<b>199</b>	<b>105.0</b>	<b>201</b>	<b>102.8</b>	<b>204</b>	<b>88.5</b>	<b>177</b>
Carson	N/A	<5*	166.9	6	N/A	<5*	N/A	<5*
Churchill	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	218.4	9	116.3	5	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Lyon	253.8	7	N/A	<5*	146.9	5	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	N/A	<5*
Nye	239.5	5	N/A	<5*	N/A	<5*	292.3	7
Pershing	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Storey	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**MICH HP2020-4.3: Death Rate of Young Adults Aged 20 to 24 Years (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	153.1	146	150.6	150	147.2	152	131.7	137
Female	60.3	53	55.5	51	54.6	52	41.7	40
White	107.4	105	112.5	115	108.6	115		
Black	169.8	23	191.0	27	176.7	26		
Native American	181.5	5	N/A	<5*	0.0	0		
Asian	59.5	7	89.7	11	N/A	<5*		
Hispanic	97.5	56	73.4	44	86.8	54		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

**MICH HP2020-10: Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	68.2	14984	67.7	15468	70.9	16847	70.9	17563	64.1	16749
Washoe County	83.1	4112	83.8	4264	82.3	4366	83.9	4527	76.8	4223
All Other Counties**	66.6	2139	63.5	2125	61.5	2068	65.1	2240	63.5	2239
<b>Nevada Total</b>	<b>70.5</b>	<b>21235</b>	<b>69.8</b>	<b>21857</b>	<b>71.8</b>	<b>23281</b>	<b>72.4</b>	<b>24330</b>	<b>66.0</b>	<b>23211</b>
Carson	70.8	496	67.3	501	67.0	483	64.2	463	67.8	491
Churchill	64.7	229	65.9	226	75.0	255	62.7	205	49.3	169
Douglas	79.9	230	77.5	275	56.5	230	61.4	258	49.7	185
Elko	51.2	275	49.8	318	45.5	266	55.4	355	62.7	406
Esmeralda	85.7	6	85.7	6	N/A	<5*	0.0	0	N/A	<5*
Eureka	69.2	9	55.0	11	50.0	7	56.3	9	50.0	7
Humboldt	53.4	140	44.9	92	44.4	100	89.0	186	81.8	184
Lander	50.5	48	43.9	36	64.7	44	75.5	40	68.8	44
Lincoln	63.8	30	62.5	25	22.5	9	37.2	16	20.4	10
Lyon	75.4	331	76.0	297	72.4	335	73.1	365	72.9	392
Mineral	70.5	43	53.8	21	69.2	27	72.5	29	47.8	22
Nye	75.9	198	64.5	214	70.4	216	68.8	218	65.3	226
Pershing	60.9	42	73.6	53	71.4	45	76.6	36	65.6	40
Storey	N/A	<5*	87.5	7	90.9	10	84.2	16	73.7	14
White Pine	78.9	60	62.3	43	49.4	38	50.6	44	67.6	46

**MICH HP2020-10: Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
White	77.8	11907	77.8	11868	79.8	12242	79.9	12419	74.8	11965
Black	64.0	1444	62.9	1502	67.7	1700	68.4	1869	60.8	1694
Native American	66.1	246	68.2	272	65.2	273	65.6	265	64.7	281
Asian	72.4	1372	73.2	1487	77.6	1815	78.4	1868	71.1	1817
Hispanic	61.3	6137	60.7	6575	62.9	7136	63.6	7759	56.1	7316

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-10: Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	56.3	36	60.3	38	51.1	24	47.8	32	55.9	38
15-17	60.3	766	58.2	707	60.5	710	60.1	756	53.3	675
18-19	62.3	1557	60.9	1491	65.7	1620	63.3	1558	58.1	1465
20-24	67.1	5453	66.9	5651	68.3	5992	68.9	6140	62.9	5919
25-29	73.3	6104	71.6	6158	73.5	6490	74.8	6956	68.1	6611
30-34	75.0	4736	74.6	5004	75.9	5377	76.7	5644	70.2	5386
35-39	73.1	2103	74.7	2283	75.8	2490	77.5	2680	69.8	2572
40-44	76.2	458	70.9	486	75.4	542	70.7	511	67.2	512
45+	74.1	20	54.9	39	67.6	25	81.1	43	73.8	31

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-10: Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	66.9	18534	65.4	19459	64.3	19796	65.5	19228
Washoe County	78.3	4458	78.3	4824	76.1	4710	74.8	4264
All Other Counties**	71.3	2748	76.9	3132	74.0	3120	75.5	2796
<b>Nevada Total</b>	<b>69.1</b>	<b>25740</b>	<b>68.5</b>	<b>27415</b>	<b>67.1</b>	<b>27626</b>	<b>67.8</b>	<b>26288</b>
Carson	76.1	610	79.6	613	74.1	639	76.8	514
Churchill	71.8	262	74.0	267	74.5	266	75.4	270
Douglas	69.2	286	79.3	318	77.8	311	83.1	271
Elko	68.6	446	83.1	602	79.2	637	82.7	518
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Eureka	75.0	9	59.3	16	70.8	17	87.0	20
Humboldt	76.2	192	79.6	199	64.6	170	61.2	167
Lander	66.7	44	69.0	49	65.2	60	76.1	70
Lincoln	62.8	27	68.2	30	78.2	43	58.8	10
Lyon	75.2	460	75.1	542	76.5	515	75.5	511
Mineral	50.0	19	64.6	31	66.7	28	65.8	50
Nye	68.3	276	72.9	337	70.0	319	69.2	276
Pershing	58.0	29	58.8	30	57.9	33	74.0	37
Storey	65.7	23	75.9	22	69.2	9	77.8	14
White Pine	57.8	63	66.4	73	60.5	69	70.3	64

**MICH HP2020-10: Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
White	78.8	12985	77.9	13230	76.2	13050	77.4	12292
Black	63.6	1880	64.8	2141	62.3	2242	63.5	2271
Native American	67.6	279	66.1	358	65.3	308	69.5	317
Asian	76.9	2089	75.7	2303	73.9	2449	73.0	2273
Hispanic	58.3	8213	58.7	9148	58.0	9349	58.3	8857

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-10: Proportion of Pregnant Women Receiving Early and Adequate Prenatal Care. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	43.1	25	44.1	30	56.6	43	47.8	32
15-17	54.0	730	54.7	782	54.1	793	56.0	807
18-19	59.5	1528	59.8	1707	58.0	1677	59.7	1642
20-24	65.7	6610	64.8	6840	63.6	6773	64.7	6300
25-29	71.1	7399	70.6	8106	69.5	8291	69.3	7847
30-34	74.1	5866	73.0	6063	70.7	6175	72.4	5902
35-39	73.5	2886	74.0	3207	71.5	3155	71.1	3053
40-44	71.7	648	69.3	638	71.8	686	69.9	656
45+	76.3	45	72.4	42	67.3	33	73.8	48

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.1: Proportion of Low Birth Weight Infants. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	7.3	1600	7.4	1703	7.6	1796	7.9	1963	8.2	2150
Washoe County	7.2	356	8.0	407	7.6	404	9.1	493	7.5	415
All Other Counties**	6.7	214	7.8	261	7.0	236	7.2	248	6.6	234
<b>Nevada Total</b>	<b>7.2</b>	<b>2170</b>	<b>7.6</b>	<b>2371</b>	<b>7.5</b>	<b>2436</b>	<b>8.0</b>	<b>2704</b>	<b>8.0</b>	<b>2799</b>
Carson	7.8	55	9.0	67	8.3	60	8.0	58	5.4	39
Churchill	7.6	27	8.5	29	5.0	17	4.3	14	6.4	22
Douglas	5.6	16	8.5	30	7.4	30	8.1	34	7.3	27
Elko	6.5	35	6.6	42	7.5	44	5.6	36	7.7	50
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	0.0	0	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Humboldt	3.8	10	5.4	11	4.9	11	8.6	18	6.2	14
Lander	11.6	11	N/A	<5*	N/A	<5*	9.4	5	N/A	<5*
Lincoln	14.9	7	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	5.9	26	9.2	36	4.5	21	8.8	44	6.5	35
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	6.5	17	6.9	23	9.8	30	6.9	22	7.8	27
Pershing	7.2	5	0.0	0	11.1	7	10.6	5	9.8	6
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	13.0	9	6.5	5	5.7	5	7.4	5

**MICH HP2020-8.1: Proportion of Low Birth Weight Infants. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	6.9	1069	6.9	1104	6.9	1141	7.5	1295	7.6	1377
Female	7.6	1101	8.3	1267	8.2	1295	8.6	1409	8.3	1422
White	7.0	1078	7.5	1146	6.9	1061	7.6	1181	7.7	1236
Black	12.8	289	12.8	306	14.6	367	13.6	371	13.7	381
Native American	8.9	33	6.5	26	6.0	25	6.9	28	7.8	34
Asian	6.7	127	8.3	169	8.0	187	9.4	224	10.7	274
Hispanic	6.2	616	6.4	688	6.5	737	7.0	849	6.3	826

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.



**MICH HP2020-8.1: Proportion of Low Birth Weight Infants. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	10.9	7	12.7	8	12.8	6	7.5	5	8.8	6
15-17	8.3	105	9.1	110	9.5	111	9.6	121	8.8	112
18-19	7.8	194	8.0	196	7.8	193	8.2	202	8.2	207
20-24	6.2	507	7.0	595	6.8	595	7.8	699	7.5	705
25-29	6.9	572	6.4	549	6.3	557	7.2	667	7.3	705
30-34	7.1	450	7.5	500	7.4	523	7.5	555	7.7	592
35-39	9.1	261	10.5	322	10.3	337	9.8	340	10.0	369
40-44	11.3	68	10.7	73	13.9	100	13.0	94	11.9	91
45+	18.5	5	25.4	18	32.4	12	34.0	18	19.0	8

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.1: Proportion of Low Birth Weight Infants. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	8.3	2291	8.4	2493	8.3	2545	8.2	2412
Washoe County	9.0	511	8.7	534	8.5	524	7.9	450
All Other Counties**	7.3	281	7.6	308	7.6	322	6.8	250
<b>Nevada Total</b>	<b>8.3</b>	<b>3083</b>	<b>8.3</b>	<b>3335</b>	<b>8.2</b>	<b>3391</b>	<b>8.0</b>	<b>3112</b>
Carson	8.1	65	7.0	54	8.5	73	8.4	56
Churchill	8.5	31	8.9	32	5.3	19	4.7	17
Douglas	7.7	32	7.2	29	9.5	38	11.3	37
Elko	6.9	45	6.1	44	5.3	43	4.6	29
Esmeralda	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Humboldt	5.2	13	8.0	20	6.8	18	4.8	13
Lander	10.6	7	7.0	5	N/A	<5*	7.6	7
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lyon	6.9	42	7.3	53	9.4	63	6.9	47
Mineral	N/A	<5*	12.5	6	N/A	<5*	9.2	7
Nye	7.2	29	10.0	46	10.3	47	7.3	29
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	17.2	5	N/A	<5*	N/A	<5*
White Pine	4.6	5	6.4	7	4.4	5	N/A	<5*

**MICH HP2020-8.1: Proportion of Low Birth Weight Infants. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	7.7	1471	7.7	1567	8.0	1684	7.6	1507
Female	8.9	1612	9.0	1768	8.5	1707	8.5	1605
White	7.8	1279	8.3	1409	7.9	1354	7.8	1246
Black	14.7	434	14.0	462	14.5	521	12.9	462
Native American	8.7	36	7.7	42	7.8	37	6.8	31
Asian	10.9	295	10.7	324	10.9	362	8.7	270
Hispanic	6.9	970	6.6	1036	6.6	1071	6.9	1041

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.1: Proportion of Low Birth Weight Infants. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	15.5	9	8.8	6	10.5	8	N/A	<5*
15-17	10.1	137	9.0	128	9.6	140	9.8	141
18-19	9.1	233	8.4	239	8.5	247	8.2	227
20-24	7.5	759	7.4	781	7.6	806	7.0	682
25-29	7.5	778	7.6	871	7.5	892	7.5	851
30-34	8.0	630	8.4	700	8.2	715	7.9	646
35-39	10.0	392	10.7	463	10.0	439	10.0	429
40-44	13.2	119	14.1	130	13.2	126	12.4	116
45+	40.7	24	27.6	16	30.6	15	27.7	18

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.2: Proportion of Very Low Birth Weight Infants. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	1.3	277	1.0	230	1.2	291	1.3	316	1.4	353
Washoe County	1.5	72	1.2	59	1.5	81	1.5	82	1.1	58
All Other Counties**	1.0	31	1.2	39	1.2	39	1.0	34	0.9	30
<b>Nevada Total</b>	<b>1.3</b>	<b>380</b>	<b>1.0</b>	<b>328</b>	<b>1.3</b>	<b>411</b>	<b>1.3</b>	<b>432</b>	<b>1.3</b>	<b>441</b>
Carson	1.1	8	1.5	11	1.4	10	1.4	10	1.2	9
Churchill	1.7	6	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Elko	0.9	5	0.9	6	N/A	<5*	1.1	7	0.8	5
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	1.3	5	N/A	<5*	1.2	6	1.3	7
Mineral	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	2.1	7	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**MICH HP2020-8.2: Proportion of Very Low Birth Weight Infants. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	1.2	190	1.1	172	1.3	210	1.2	212	1.3	237
Female	1.3	190	1.0	156	1.3	201	1.3	220	1.2	204
White	1.2	181	1.0	151	1.1	167	1.2	193	1.1	171
Black	2.7	61	2.1	49	3.0	75	2.6	72	2.9	80
Native American	1.3	5	N/A	<5*	N/A	<5*	1.2	5	N/A	<5*
Asian	0.8	15	0.8	16	1.0	24	1.4	33	1.4	35
Hispanic	1.1	110	0.9	95	1.1	127	1.0	118	1.1	140

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.2: Proportion of Very Low Birth Weight Infants. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
15-17	1.2	15	0.8	10	2.0	23	1.7	21	1.9	24
18-19	1.3	33	0.9	22	1.1	27	1.5	38	1.4	35
20-24	1.0	83	1.0	82	1.1	100	1.1	100	1.1	102
25-29	1.4	117	0.8	68	1.0	84	1.1	99	1.2	121
30-34	1.2	77	1.1	73	1.2	84	1.1	78	1.2	90
35-39	1.5	43	1.8	54	2.0	66	1.9	67	1.3	49
40-44	1.5	9	1.6	11	3.1	22	2.6	19	2.0	15
45+	N/A	<5*	7.0	5	N/A	<5*	15.1	8	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.2: Proportion of Very Low Birth Weight Infants. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	1.3	369	1.4	421	1.3	401	1.2	362
Washoe County	1.2	66	1.2	76	1.2	77	1.7	96
All Other Counties**	1.1	43	1.2	47	1.3	55	0.9	32
<b>Nevada Total</b>	<b>1.3</b>	<b>478</b>	<b>1.4</b>	<b>544</b>	<b>1.3</b>	<b>533</b>	<b>1.3</b>	<b>490</b>
Carson	1.4	11	0.9	7	1.6	14	1.3	9
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	1.2	5	N/A	<5*	2.5	10	1.8	6
Elko	1.2	8	1.2	9	1.1	9	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	1.1	7	1.1	8	0.9	6	N/A	<5*
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0
Nye	N/A	<5*	2.6	12	1.3	6	N/A	<5*
Pershing	N/A	<5*	0.0	0	0.0	0	0.0	0
Storey	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
White Pine	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*

**MICH HP2020-8.2: Proportion of Very Low Birth Weight Infants. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	1.2	235	1.3	261	1.4	287	1.3	260
Female	1.3	243	1.4	283	1.2	246	1.2	230
White	1.1	176	1.2	208	1.2	207	1.2	184
Black	3.7	109	2.8	92	2.3	84	2.5	89
Native American	N/A	<5*	1.3	7	N/A	<5*	1.3	6
Asian	1.2	33	1.2	37	1.1	37	1.3	39
Hispanic	1.1	148	1.2	186	1.2	188	1.1	160

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-8.2: Proportion of Very Low Birth Weight Infants. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
15-17	2.4	32	1.6	23	1.7	25	2.2	31
18-19	1.3	34	1.3	36	1.5	44	1.0	27
20-24	1.0	103	1.3	136	1.1	116	1.0	102
25-29	1.2	128	1.2	140	1.2	139	1.1	123
30-34	1.2	98	1.3	105	1.3	111	1.2	101
35-39	1.5	59	1.6	68	1.5	68	1.9	83
40-44	1.8	16	3.5	32	2.7	26	1.7	16
45+	N/A	<5*	N/A	<5*	N/A	<5*	9.2	6

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.1: Proportion of Total Pre-Term Births. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	10.0	2201	10.0	2291	10.9	2590	11.5	2848	11.6	3034
Washoe County	9.0	444	10.2	521	8.8	465	10.4	560	9.3	509
All Other Counties**	9.1	293	9.1	304	9.2	309	9.4	322	8.6	302
<b>Nevada Total</b>	<b>9.8</b>	<b>2938</b>	<b>10.0</b>	<b>3116</b>	<b>10.4</b>	<b>3364</b>	<b>11.1</b>	<b>3730</b>	<b>10.9</b>	<b>3845</b>
Carson	8.1	57	10.9	81	9.6	69	10.7	77	9.5	69
Churchill	12.4	44	9.6	33	10.3	35	6.4	21	7.6	26
Douglas	7.6	22	7.0	25	8.4	34	10.5	44	7.8	29
Elko	9.7	52	8.0	51	7.7	45	6.7	43	6.5	42
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Humboldt	6.5	17	7.3	15	6.7	15	9.6	20	8.0	18
Lander	11.6	11	6.1	5	11.8	8	9.4	5	9.4	6
Lincoln	14.9	7	20.0	8	12.5	5	14.0	6	14.3	7
Lyon	8.0	35	11.0	43	8.4	39	11.2	56	9.7	52
Mineral	21.3	13	N/A	<5*	N/A	<5*	12.5	5	N/A	<5*
Nye	9.2	24	8.4	28	13.0	40	11.4	36	13.3	46
Pershing	10.1	7	11.1	8	12.7	8	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	6.5	5	5.7	5	N/A	<5*

**MICH HP2020-9.1: Proportion of Total Pre-Term Births. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	10.3	1609	10.3	1653	10.6	1769	11.4	1954	11.4	2057
Female	9.1	1329	9.6	1463	10.1	1595	10.8	1776	10.5	1788
White	9.5	1456	10.0	1533	9.6	1479	10.9	1689	11.2	1787
Black	13.8	311	13.1	313	16.0	402	15.3	417	15.4	429
Native American	13.4	50	10.5	42	8.6	36	8.9	36	9.7	42
Asian	9.6	182	10.3	210	11.6	272	12.2	291	12.6	321
Hispanic	9.0	898	9.0	973	9.7	1099	10.2	1240	9.2	1204

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.



**MICH HP2020-9.1: Proportion of Total Pre-Term Births. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	20.3	13	14.3	9	12.8	6	13.4	9	16.2	11
15-17	11.6	147	11.3	137	11.3	133	12.0	151	10.4	132
18-19	9.7	242	9.6	236	9.9	243	10.3	254	10.7	270
20-24	8.6	696	9.1	770	9.0	789	10.8	959	10.0	937
25-29	9.7	806	8.9	763	9.7	854	10.5	976	10.4	1014
30-34	9.8	618	10.4	698	10.7	758	11.2	825	10.9	840
35-39	11.9	342	12.8	391	13.4	439	12.7	438	13.9	513
40-44	11.3	68	13.7	94	17.0	122	14.0	101	15.4	117
45+	N/A	<5*	25.4	18	43.2	16	30.2	16	16.7	7

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.1: Proportion of Total Pre-Term Births. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	11.9	3286	11.7	3470	11.8	3618	11.4	3348
Washoe County	10.9	618	10.4	642	10.8	669	10.1	575
All Other Counties**	9.9	382	9.1	371	9.5	402	8.9	331
<b>Nevada Total</b>	<b>11.5</b>	<b>4286</b>	<b>11.2</b>	<b>4483</b>	<b>11.4</b>	<b>4689</b>	<b>11.0</b>	<b>4254</b>
Carson	9.7	78	10.6	82	11.4	98	11.2	75
Churchill	10.1	37	9.7	35	6.4	23	7.0	25
Douglas	8.2	34	7.2	29	11.5	46	15.0	49
Elko	9.2	60	6.9	50	8.3	67	4.5	28
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	8.7	22	10.0	25	5.7	15	7.7	21
Lander	7.6	5	7.0	5	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	9.1	5	N/A	<5*
Lyon	10.0	61	8.4	61	10.8	73	10.3	70
Mineral	N/A	<5*	N/A	<5*	0.0	0	9.2	7
Nye	13.4	54	13.9	64	12.9	59	10.0	40
Pershing	12.0	6	N/A	<5*	N/A	<5*	N/A	<5*
Storey	22.9	8	20.7	6	N/A	<5*	N/A	<5*
White Pine	9.2	10	N/A	<5*	5.3	6	N/A	<5*

**MICH HP2020-9.1: Proportion of Total Pre-Term Births. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	12.0	2288	11.5	2352	11.8	2490	11.4	2273
Female	11.0	1998	10.9	2131	10.9	2199	10.5	1981
White	11.6	1915	11.5	1957	11.4	1947	10.9	1729
Black	17.3	511	15.9	525	16.4	588	15.1	540
Native American	11.6	48	8.3	45	10.6	50	10.3	47
Asian	13.7	372	13.4	409	13.3	442	12.6	391
Hispanic	9.7	1360	9.5	1474	9.9	1602	9.7	1475

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.1: Proportion of Total Pre-Term Births. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	17.2	10	17.6	12	17.1	13	9.0	6
15-17	13.2	178	10.4	148	10.5	154	12.0	173
18-19	10.8	278	10.2	290	10.5	303	9.5	261
20-24	10.1	1018	9.7	1023	10.2	1090	9.4	918
25-29	10.5	1098	10.4	1196	10.6	1262	10.5	1193
30-34	11.8	937	11.8	979	11.8	1027	11.0	900
35-39	14.7	578	14.9	647	14.4	635	14.1	605
40-44	18.0	163	18.2	167	19.1	183	18.1	170
45+	44.1	26	34.5	20	38.8	19	43.1	28

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.2: Proportion of Live Births at 32 to 36 Weeks Gestation. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	8.5	1863	8.8	2017	9.5	2245	10.0	2473	10.0	2608
Washoe County	7.5	371	8.9	454	7.5	395	8.6	466	8.1	444
All Other Counties**	8.1	261	8.0	266	8.0	269	8.3	284	7.6	267
<b>Nevada Total</b>	<b>8.3</b>	<b>2495</b>	<b>8.7</b>	<b>2737</b>	<b>9.0</b>	<b>2909</b>	<b>9.6</b>	<b>3223</b>	<b>9.4</b>	<b>3319</b>
Carson	7.0	49	9.4	70	8.2	59	9.0	65	8.4	61
Churchill	10.5	37	9.3	32	9.4	32	6.1	20	6.1	21
Douglas	6.9	20	7.0	25	7.6	31	9.5	40	7.5	28
Elko	9.5	51	6.9	44	6.7	39	5.5	35	5.6	36
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
Humboldt	6.5	17	6.3	13	5.8	13	9.1	19	6.7	15
Lander	9.5	9	N/A	<5*	10.3	7	9.4	5	7.8	5
Lincoln	N/A	<5*	20.0	8	12.5	5	14.0	6	14.3	7
Lyon	7.1	31	9.7	38	8.2	38	10.2	51	8.2	44
Mineral	18.0	11	N/A	<5*	N/A	<5*	12.5	5	N/A	<5*
Nye	8.8	23	5.4	18	11.7	36	10.1	32	12.7	44
Pershing	8.7	6	11.1	8	N/A	<5*	N/A	<5*	N/A	<5*
Storey	0.0	0	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0

**MICH HP2020-9.2: Proportion of Live Births at 32 to 36 Weeks Gestation. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	8.8	1373	9.0	1445	9.1	1520	9.9	1707	9.8	1773
Female	7.7	1122	8.4	1292	8.8	1389	9.2	1516	9.0	1546
White	8.2	1256	9.0	1367	8.4	1290	9.4	1459	9.9	1579
Black	10.6	238	10.4	249	12.7	320	12.6	344	12.2	340
Native American	11.0	41	9.8	39	7.9	33	6.9	28	8.8	38
Asian	8.4	159	9.4	190	10.4	244	10.9	260	10.8	276
Hispanic	7.7	767	8.0	862	8.5	962	8.9	1088	7.9	1035

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.2: Proportion of Live Births at 32 to 36 Weeks Gestation. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	17.2	11	9.5	6	N/A	<5*	11.9	8	13.2	9
15-17	10.2	129	10.1	123	9.0	106	9.9	125	8.2	104
18-19	8.2	206	8.4	206	8.4	208	8.9	218	9.1	230
20-24	7.4	599	8.0	675	7.7	679	9.2	819	8.7	816
25-29	8.0	665	7.9	681	8.6	760	9.3	861	8.9	868
30-34	8.2	520	9.1	609	9.4	663	9.9	731	9.5	728
35-39	10.5	301	11.0	335	11.3	370	10.9	376	12.3	454
40-44	10.0	60	12.6	86	14.3	103	10.5	76	13.1	100
45+	N/A	<5*	22.5	16	32.4	12	17.0	9	14.3	6

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.2: Proportion of Live Births at 32 to 36 Weeks Gestation. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	10.3	2845	9.9	2950	10.2	3146	10.0	2925
Washoe County	9.5	542	8.9	547	9.4	581	8.3	471
All Other Counties**	8.5	329	8.0	325	8.2	344	7.9	293
<b>Nevada Total</b>	<b>10.0</b>	<b>3716</b>	<b>9.6</b>	<b>3822</b>	<b>9.9</b>	<b>4071</b>	<b>9.5</b>	<b>3689</b>
Carson	8.1	65	10.1	78	9.6	83	9.9	66
Churchill	9.3	34	8.9	32	5.9	21	5.9	21
Douglas	6.8	28	6.5	26	8.5	34	12.3	40
Elko	7.1	46	5.4	39	7.0	56	4.2	26
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Humboldt	7.5	19	8.4	21	4.6	12	6.2	17
Lander	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	8.3	51	7.2	52	10.3	69	9.7	66
Mineral	N/A	<5*	N/A	<5*	0.0	0	9.2	7
Nye	13.1	53	12.6	58	11.6	53	9.3	37
Pershing	12.0	6	N/A	<5*	N/A	<5*	N/A	<5*
Storey	22.9	8	N/A	<5*	0.0	0	N/A	<5*
White Pine	8.3	9	N/A	<5*	N/A	<5*	N/A	<5*

**MICH HP2020-9.2: Proportion of Live Births at 32 to 36 Weeks Gestation. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	10.4	1981	9.9	2020	10.2	2144	9.8	1953
Female	9.6	1735	9.2	1802	9.6	1927	9.2	1736
White	10.2	1688	10.0	1702	10.1	1723	9.6	1519
Black	13.7	406	12.6	416	13.6	489	12.6	452
Native American	11.1	46	6.3	34	9.1	43	9.0	41
Asian	12.1	330	12.0	364	12.0	398	10.9	340
Hispanic	8.3	1174	8.0	1249	8.5	1371	8.4	1278

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.2: Proportion of Live Births at 32 to 36 Weeks Gestation. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	8.6	5	14.7	10	15.8	12	N/A	<5*
15-17	10.4	141	8.0	115	8.5	125	9.7	139
18-19	9.3	238	8.6	247	8.6	248	8.3	229
20-24	8.8	882	8.1	859	9.0	961	8.2	796
25-29	9.2	957	9.0	1030	9.1	1090	9.3	1048
30-34	10.4	825	10.2	851	10.3	901	9.7	787
35-39	12.9	505	13.1	566	12.8	563	12.0	514
40-44	15.5	140	14.1	130	15.9	152	16.0	150
45+	39.0	23	22.4	13	32.7	16	33.8	22

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.4: Proportion of Live Births at Less Than 32 Completed Weeks Gestation. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	1.5	338	1.2	274	1.5	345	1.5	375	1.6	426
Washoe County	1.5	73	1.3	67	1.3	70	1.7	94	1.2	65
All Other Counties**	1.0	32	1.1	38	1.2	40	1.1	38	1.0	35
<b>Nevada Total</b>	<b>1.5</b>	<b>443</b>	<b>1.2</b>	<b>379</b>	<b>1.4</b>	<b>455</b>	<b>1.5</b>	<b>507</b>	<b>1.5</b>	<b>526</b>
Carson	1.1	8	1.5	11	1.4	10	1.7	12	1.1	8
Churchill	2.0	7	N/A	<5*	N/A	<5*	N/A	<5*	1.5	5
Douglas	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	1.1	7	1.0	6	1.2	8	0.9	6
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lincoln	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Lyon	N/A	<5*	1.3	5	N/A	<5*	1.0	5	1.5	8
Mineral	N/A	<5*	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	3.0	10	N/A	<5*	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	0.0	0	7.9	5	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**MICH HP2020-9.4: Proportion of Live Births at Less Than 32 Completed Weeks Gestation. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	1.5	236	1.3	208	1.5	249	1.4	247	1.6	284
Female	1.4	207	1.1	171	1.3	206	1.6	260	1.4	242
White	1.3	200	1.1	166	1.2	189	1.5	230	1.3	208
Black	3.2	73	2.7	64	3.3	82	2.7	73	3.2	89
Native American	2.4	9	N/A	<5*	N/A	<5*	2.0	8	N/A	<5*
Asian	1.2	23	1.0	20	1.2	28	1.3	31	1.8	45
Hispanic	1.3	131	1.0	111	1.2	137	1.2	152	1.3	169

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.



**MICH HP2020-9.4: Proportion of Live Births at Less Than 32 Completed Weeks Gestation. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
15-17	1.4	18	1.2	14	2.3	27	2.1	26	2.2	28
18-19	1.4	36	1.2	30	1.4	35	1.5	36	1.6	40
20-24	1.2	97	1.1	95	1.3	110	1.6	140	1.3	121
25-29	1.7	141	1.0	82	1.1	94	1.2	115	1.5	146
30-34	1.6	98	1.3	89	1.3	95	1.3	94	1.5	112
35-39	1.4	41	1.8	56	2.1	69	1.8	62	1.6	59
40-44	1.3	8	1.2	8	2.6	19	3.5	25	2.2	17
45+	N/A	<5*	N/A	<5*	N/A	<5*	13.2	7	N/A	<5*

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.4: Proportion of Live Births at Less Than 32 Completed Weeks Gestation. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	1.6	441	1.7	520	1.5	472	1.4	423
Washoe County	1.3	76	1.5	95	1.4	88	1.8	104
All Other Counties**	1.4	53	1.1	46	1.4	58	1.0	38
<b>Nevada Total</b>	<b>1.5</b>	<b>570</b>	<b>1.7</b>	<b>661</b>	<b>1.5</b>	<b>618</b>	<b>1.5</b>	<b>565</b>
Carson	1.6	13	N/A	<5*	1.7	15	1.3	9
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Douglas	1.5	6	N/A	<5*	3.0	12	2.8	9
Elko	2.2	14	1.5	11	1.4	11	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lincoln	0.0	0	0.0	0	N/A	<5*	0.0	0
Lyon	1.6	10	1.2	9	N/A	<5*	N/A	<5*
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	N/A	<5*	1.3	6	1.3	6	N/A	<5*
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0
Storey	0.0	0	N/A	<5*	N/A	<5*	0.0	0
White Pine	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*

**MICH HP2020-9.4: Proportion of Live Births at Less Than 32 Completed Weeks Gestation. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	1.6	307	1.6	332	1.6	346	1.6	320
Female	1.4	263	1.7	329	1.4	272	1.3	245
White	1.4	227	1.5	255	1.3	224	1.3	210
Black	3.5	105	3.3	109	2.8	99	2.5	88
Native American	N/A	<5*	2.0	11	1.5	7	1.3	6
Asian	1.5	42	1.5	45	1.3	44	1.6	51
Hispanic	1.3	186	1.4	225	1.4	231	1.3	197

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-9.4: Proportion of Live Births at Less Than 32 Completed Weeks Gestation. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	8.6	5	N/A	<5*	N/A	<5*	N/A	<5*
15-17	2.7	37	2.3	33	2.0	29	2.4	34
18-19	1.6	40	1.5	43	1.9	55	1.2	32
20-24	1.4	136	1.6	164	1.2	129	1.3	122
25-29	1.4	141	1.4	166	1.4	172	1.3	145
30-34	1.4	112	1.5	128	1.4	126	1.4	113
35-39	1.9	73	1.9	81	1.6	72	2.1	91
40-44	2.5	23	4.0	37	3.2	31	2.1	20
45+	N/A	<5*	12.1	7	N/A	<5*	9.2	6

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.1: Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	98.2	21477	97.8	22256	98.0	23211	97.8	24117	98.1	25531
Washoe County	96.5	4762	96.0	4869	94.2	4980	94.0	5050	92.5	5076
All Other Counties**	94.6	3030	94.6	3153	94.2	3160	93.9	3222	91.9	3232
<b>Nevada Total</b>	<b>97.5</b>	<b>29269</b>	<b>97.2</b>	<b>30278</b>	<b>97.0</b>	<b>31351</b>	<b>96.8</b>	<b>32389</b>	<b>96.6</b>	<b>33839</b>
Carson	96.3	672	96.0	713	96.0	691	94.0	676	95.3	687
Churchill	98.3	346	98.3	337	98.2	333	96.6	316	94.7	324
Douglas	78.5	226	74.5	260	74.4	302	79.6	332	67.7	251
Elko	96.3	516	97.8	623	98.1	572	97.3	623	93.2	604
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	71.4	5
Eureka	100.0	13	95.0	19	100.0	14	93.8	15	92.9	13
Humboldt	98.9	259	98.5	201	97.8	220	97.1	203	96.9	218
Lander	98.9	93	93.9	77	100.0	68	92.5	49	91.9	57
Lincoln	97.8	45	100.0	40	100.0	39	95.3	41	95.9	47
Lyon	94.1	412	96.4	374	96.7	446	96.2	479	94.6	509
Mineral	96.7	59	97.4	38	92.3	36	95.0	38	95.7	44
Nye	91.6	239	96.4	319	93.8	287	95.3	301	95.3	328
Pershing	100.0	69	100.0	72	98.4	62	95.7	45	98.4	60
Storey	N/A	<5*	100.0	8	90.9	10	94.7	18	94.7	18
White Pine	100.0	75	100.0	69	100.0	77	97.7	85	98.5	67

**MICH HP2020-11.1: Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
White	97.1	14821	96.4	14659	96.3	14740	96.2	14895	95.6	15258
Black	97.3	2175	97.4	2314	96.8	2422	97.5	2649	97.2	2695
Native American	96.8	358	95.5	380	95.9	402	95.5	384	94.2	407
Asian	98.4	1859	98.5	1996	98.0	2285	96.5	2289	97.2	2478
Hispanic	98.7	9826	98.7	10632	98.5	11117	98.1	11903	98.2	12738

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.1: Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
15-17	97.6	1239	97.9	1188	97.1	1140	97.6	1227	98.5	1247
18-19	98.2	2456	98.2	2404	98.3	2422	97.6	2404	97.9	2468
20-24	98.2	7979	97.9	8273	97.7	8567	97.6	8696	97.3	9152
25-29	97.9	8151	97.5	8385	97.5	8603	97.2	9042	96.9	9403
30-34	97.2	6141	96.7	6482	96.4	6830	95.9	7057	96.0	7368
35-39	95.3	2740	94.8	2897	95.0	3121	95.1	3287	94.9	3495
40-44	93.7	563	94.7	649	92.9	668	93.5	676	92.7	706

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.1: Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	97.8	27030	97.8	29021	97.6	29937	98.1	28712
Washoe County	93.8	5315	94.0	5779	92.6	5703	94.1	5337
All Other Counties**	92.7	3560	92.5	3753	92.5	3890	97.0	3582
<b>Nevada Total</b>	<b>96.7</b>	<b>35905</b>	<b>96.7</b>	<b>38553</b>	<b>96.3</b>	<b>39530</b>	<b>97.4</b>	<b>37631</b>
Carson	95.7	763	94.4	721	95.9	825	97.3	651
Churchill	97.8	356	96.4	347	98.0	349	99.2	353
Douglas	75.7	311	74.1	295	71.9	287	96.3	312
Elko	90.3	586	90.6	656	92.2	740	97.1	607
Esmeralda	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Eureka	100.0	12	88.9	24	91.7	22	100.0	23
Humboldt	97.6	246	97.2	240	94.6	247	97.1	265
Lander	95.5	63	95.7	67	95.7	88	96.7	89
Lincoln	97.7	42	100.0	44	100.0	55	100.0	17
Lyon	95.4	584	95.1	686	94.2	634	95.7	646
Mineral	89.5	34	93.8	45	90.5	38	92.1	70
Nye	95.0	381	95.9	442	94.2	426	97.7	389
Pershing	94.0	47	98.0	50	96.5	55	98.0	49
Storey	88.6	31	96.6	28	92.3	12	94.4	17
White Pine	94.5	103	97.3	107	96.5	110	97.8	89

**MICH HP2020-11.1: Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
White	95.9	15766	95.6	16197	95.6	16326	96.8	15332
Black	96.8	2845	97.3	3200	97.0	3464	97.9	3488
Native American	92.5	380	92.4	501	90.6	426	96.9	441
Asian	97.1	2633	97.6	2963	96.6	3193	97.9	3042
Hispanic	98.3	13793	98.3	15278	98.0	15757	98.6	14902

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.1: Proportion of Pregnant Women, Aged 15 to 44 Years, Abstaining from Alcohol. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
15-17	97.2	1315	97.3	1391	97.5	1428	97.6	1406
18-19	98.1	2518	97.8	2792	97.6	2821	97.7	2689
20-24	97.3	9780	97.1	10252	96.8	10313	97.6	9509
25-29	96.9	10085	96.9	11126	96.7	11532	97.5	11041
30-34	96.4	7631	96.4	8006	95.7	8359	97.4	7942
35-39	95.2	3737	95.2	4126	94.8	4180	96.6	4149
40-44	92.8	839	93.5	860	93.8	897	95.4	895

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.3: Proportion of Pregnant Women Abstaining from Cigarette Smoking. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	89.6	19695	89.1	20378	90.4	21474	91.1	22560	83.1	24152
Washoe County	86.3	4268	85.7	4365	85.3	4524	86.8	4688	85.9	4722
All Other Counties**	79.6	2558	80.1	2679	80.6	2711	81.2	2795	79.1	2786
<b>Nevada Total</b>	<b>88.0</b>	<b>26521</b>	<b>87.6</b>	<b>27422</b>	<b>88.5</b>	<b>28709</b>	<b>89.4</b>	<b>30043</b>	<b>90.1</b>	<b>31660</b>
Carson	83.5	585	83.7	623	83.6	603	85.4	616	84.5	612
Churchill	83.6	296	83.4	286	80.3	273	82.3	269	83.1	285
Douglas	70.1	202	68.2	242	69.3	282	71.9	302	60.8	226
Elko	83.8	450	87.0	555	86.0	503	83.5	535	82.7	536
Esmeralda	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Eureka	84.6	11	85.0	17	92.9	13	87.5	14	71.4	10
Humboldt	83.2	218	80.5	165	81.8	184	85.2	178	82.7	186
Lander	86.3	82	78.0	64	86.8	59	69.8	37	76.6	49
Lincoln	72.3	34	82.5	33	85.0	34	88.4	38	85.7	42
Lyon	78.1	343	80.6	315	81.4	377	82.0	409	79.9	430
Mineral	77.0	47	66.7	26	74.4	29	72.5	29	65.2	30
Nye	69.7	182	69.6	231	72.6	223	75.1	238	74.3	257
Pershing	68.1	47	84.7	61	87.3	55	89.4	42	78.7	48
Storey	N/A	<5*	87.5	7	90.9	10	94.7	18	89.5	17
White Pine	75.0	57	75.4	52	81.8	63	80.5	70	79.4	54

**MICH HP2020-11.3: Proportion of Pregnant Women Abstaining from Cigarette Smoking. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
White	82.5	12620	82.1	12538	83.1	12746	84.5	13130	85.0	13586
Black	87.5	1973	85.2	2035	86.4	2171	86.5	2363	88.4	2463
Native American	84.4	314	81.7	326	81.9	343	82.4	333	85.3	370
Asian	94.4	1787	92.0	1869	93.5	2188	92.6	2206	93.9	2399
Hispanic	96.2	9629	95.9	10389	96.4	10927	96.5	11771	96.6	12591

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.



**MICH HP2020-11.3: Proportion of Pregnant Women Abstaining from Cigarette Smoking. (Trend Data: 2000 - 2004)**

Age of Mother	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
0-14	95.3	61	87.3	55	97.9	46	94.0	63	92.6	63
15-17	88.9	1129	88.6	1076	90.4	1061	90.8	1141	93.0	1177
18-19	85.4	2134	85.4	2091	88.7	2185	87.9	2166	89.4	2253
20-24	86.6	7036	85.9	7263	86.8	7610	87.3	7778	88.3	8311
25-29	89.5	7453	89.5	7698	89.8	7930	91.1	8474	90.8	8810
30-34	89.9	5682	89.3	5987	89.7	6355	90.9	6688	91.8	7047
35-39	86.2	2478	84.9	2595	87.1	2862	88.4	3055	89.5	3298
40-44	83.9	504	87.2	597	85.5	615	86.2	623	86.1	656
45+	92.6	25	84.5	60	73.0	27	88.7	47	90.5	38

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.3: Proportion of Pregnant Women Abstaining from Cigarette Smoking. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	92.3	25573	92.8	27633	92.9	28594	94.0	27615
Washoe County	87.0	4953	88.2	5428	87.5	5417	87.8	5008
All Other Counties**	81.5	3140	81.4	3314	81.1	3422	86.5	3202
<b>Nevada Total</b>	<b>90.4</b>	<b>33666</b>	<b>90.9</b>	<b>36375</b>	<b>90.9</b>	<b>37433</b>	<b>92.4</b>	<b>35825</b>
Carson	85.3	684	84.5	651	85.4	736	88.8	594
Churchill	81.4	297	81.4	294	83.5	298	85.2	305
Douglas	70.0	289	67.3	270	66.0	264	89.6	292
Elko	85.5	556	86.9	629	86.9	699	86.4	541
Esmeralda	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Eureka	91.7	11	77.8	21	87.5	21	91.3	21
Humboldt	81.7	206	83.2	208	84.4	222	85.3	233
Lander	84.8	56	87.3	62	83.7	77	87.0	80
Lincoln	88.4	38	93.2	41	90.9	50	94.1	16
Lyon	83.7	512	84.1	607	82.2	553	87.7	594
Mineral	68.4	26	62.5	30	66.7	28	77.6	59
Nye	78.2	316	74.7	345	71.7	327	83.5	333
Pershing	62.0	31	76.5	39	75.4	43	86.0	43
Storey	82.9	29	89.7	26	84.6	11	88.9	16
White Pine	80.7	88	81.8	90	79.8	91	76.9	70

**MICH HP2020-11.3: Proportion of Pregnant Women Abstaining from Cigarette Smoking. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
White	85.1	14025	85.6	14546	86.0	14727	88.0	13984
Black	88.3	2612	89.3	2950	89.5	3220	90.9	3249
Native American	85.7	354	84.3	457	86.2	407	87.3	398
Asian	93.2	2534	95.3	2897	93.7	3103	95.4	2971
Hispanic	97.1	13675	97.1	15137	97.0	15644	97.6	14822

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MICH HP2020-11.3: Proportion of Pregnant Women Abstaining from Cigarette Smoking. (Trend Data: 2005 - 2008)**

Age of Mother	2005		2006		2007		2008***	
	Percent	N	Percent	N	Percent	N	Percent	N
0-14	94.8	55	97.1	66	92.1	70	98.5	66
15-17	92.9	1257	92.2	1317	93.1	1364	93.8	1350
18-19	90.4	2322	91.3	2608	90.7	2619	90.3	2486
20-24	88.7	8918	89.7	9466	89.2	9505	91.2	8879
25-29	90.6	9433	90.9	10440	91.2	10882	92.2	10445
30-34	92.0	7285	92.3	7662	92.2	8054	94.1	7672
35-39	90.3	3547	91.0	3945	91.4	4032	93.1	3997
40-44	87.5	791	88.4	813	90.2	862	92.4	867
45+	91.5	54	94.8	55	81.6	40	93.8	61

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

**MHMD HP2020-1: Suicide Death Rate (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	18.5	251	18.2	262	17.9	273	17.0	264	16.2	272
Washoe County	19.6	67	18.1	63	20.0	70	22.2	79	19.0	71
All Other Counties**	25.5	70	19.3	55	23.1	70	26.8	80	27.4	89
<b>Nevada Total</b>	<b>19.5</b>	<b>388</b>	<b>18.2</b>	<b>380</b>	<b>19.0</b>	<b>413</b>	<b>19.0</b>	<b>423</b>	<b>18.2</b>	<b>432</b>
Carson	17.6	9	26.9	13	19.3	11	31.5	17	37.2	22
Churchill	21.6	5	N/A	<5*	20.7	5	25.3	6	39.2	10
Douglas	19.3	7	19.1	9	24.4	12	15.2	8	13.8	8
Elko	30.1	12	13.7	7	N/A	<5*	22.8	9	21.5	10
Esmeralda	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	36.6	6	39.5	6	N/A	<5*	33.7	5	N/A	<5*
Lander	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lincoln	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	35.9	13	20.0	8	26.3	10	26.5	11	31.1	14
Mineral	0.0	0	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Nye	40.4	11	24.6	10	25.8	9	42.9	16	42.4	17
Pershing	0.0	0	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Storey	N/A	<5*	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*

**MHMD HP2020-1: Suicide Death Rate (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	32.5	320	29.1	299	30.6	326	31.4	339	29.3	337
Female	6.8	68	7.7	81	7.9	87	7.5	84	8.0	95
White	23.3	330	21.2	318	23.3	356	22.6	347	21.8	360
Black	10.8	14	11.4	14	14.8	22	10.9	17	7.8	13
Native American	N/A	<5*	39.7	12	N/A	<5*	17.5	6	N/A	<5*
Asian	5.9	7	9.6	12	N/A	<5*	12.3	13	7.3	11
Hispanic	9.3	34	7.7	24	7.3	27	7.4	36	11.3	45

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

**MHMD HP2020-1: Suicide Death Rate (Trend Data: 2005 - 2008)**

	2005		2006		2007***		2008***	
County of Residence	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	16.8	296	16.4	304	16.9	323	15.2	292
Washoe County	21.6	86	22.4	90	16.1	69	14.8	63
All Other Counties**	23.2	77	24.1	86	19.0	70	24.3	91
<b>Nevada Total</b>	<b>18.5</b>	<b>459</b>	<b>18.4</b>	<b>480</b>	<b>17.1</b>	<b>462</b>	<b>16.3</b>	<b>446</b>
Carson	26.5	15	22.9	14	N/A	<5*	23.2	14
Churchill	18.9	5	40.1	10	N/A	<5*	22.3	6
Douglas	12.5	6	7.0	5	20.2	12	29.0	17
Elko	23.0	9	17.6	10	19.4	8	16.6	9
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	26.3	13	25.1	16	21.8	14	22.0	13
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Nye	28.2	14	27.3	13	29.7	15	25.4	15
Pershing	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
White Pine	N/A	<5*	59.0	5	N/A	<5*	53.7	6

**MHMD HP2020-1: Suicide Death Rate (Trend Data: 2005 - 2008)**

	2005		2006		2007***		2008***	
Gender and Race/Ethnicity	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	29.5	364	29.3	375	27.1	364	26.2	352
Female	7.8	95	8.0	105	7.3	98	6.8	94
White	22.7	382	22.6	399	21.0	384		
Black	8.3	15	12.7	20	9.1	16		
Native American	N/A	<5*	13.1	5	N/A	<5*		
Asian	4.9	8	8.6	15	10.2	16		
Hispanic	10.3	48	8.6	41	7.1	36		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

NWS HP2020-8: Proportion of Adults Who Are At a Healthy Weight. (Trend Data: 2000 - 2004)

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	42.0	311	41.0	331	37.4	373	37.9	331	35.5	329
Washoe County	46.2	292	44.2	383	42.4	409	43.9	403	46.9	412
All Other Counties**	46.2	255	37.5	245	39.1	393	37.9	343	38.3	347
<b>Nevada Total</b>	<b>43.1</b>	<b>916</b>	<b>41.4</b>	<b>1025</b>	<b>38.4</b>	<b>1186</b>	<b>39.0</b>	<b>1081</b>	<b>37.9</b>	<b>1099</b>
Carson	40.9	56	38.6	63	43.7	83	45.8	66	37.9	63
Churchill	59.2	36	37.9	20	37.0	35	45.4	43	42.2	33
Douglas	50.2	50	44.8	52	36.7	55	31.0	46	47.0	65
Elko	41.7	41	34.0	45	30.5	51	35.3	46	34.9	39
Esmeralda	~	~	~	~	~	~	~	~	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	41.5	20	~	~	~	~
Lander	~	~	~	~	~	~	~	~	~	~
Lincoln	~	~	~	~	~	~	~	~	~	~
Lyon	55.8	41	28.8	26	31.8	42	41.8	57	37.6	55
Mineral	~	~	~	~	~	~	~	~	~	~
Nye	36.1	31	40.2	39	50.0	49	35.9	37	29.6	28
Pershing	~	~	~	~	~	~	~	~	~	~
Storey	~	~	~	~	~	~	~	~	~	~
White Pine	~	~	~	~	~	~	~	~	~	~

NWS HP2020-8: Proportion of Adults Who Are At a Healthy Weight. (Trend Data: 2000 - 2004)

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	36.4	375	30.5	412	29.0	454	32.7	432	29.9	424
Female	50.1	546	52.9	622	48.5	744	46.0	660	46.4	685
White	44.4	741	41.9	817	40.2	924	39.4	823	39.7	829
Black	39.8	32	40.4	25	32.5	25	34.8	27	32.6	20
Other	40.4	58	42.3	114	36.3	132	40.3	111	42.3	143
Hispanic	38.6	85	37.9	69	33.8	105	37.6	120	30.3	107

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

**NWS HP2020-8: Proportion of Adults Who Are At a Healthy Weight. (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	63.6	133	55.4	124	50.8	138	55.0	114	51.0	116
25-34	45.4	199	48.9	194	37.4	175	44.3	197	41.6	167
35-44	41.8	188	46.2	235	31.7	219	38.6	223	33.1	185
45-54	37.6	169	30.7	174	37.2	237	30.4	192	36.3	218
55-64	38.7	95	27.7	101	34.0	157	34.6	139	28.7	169
65+	39.0	131	41.0	195	44.0	258	36.8	214	39.7	241

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

NWS HP2020-8: Proportion of Adults Who Are At a Healthy Weight. (Trend Data: 2005 - 2009)

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	40.3	334	33.2	369	35.5	451	35.8	511	33.4	408
Washoe County	40.1	414	37.2	431	42.1	540	39.2	606	37.4	458
All Other Counties**	35.0	369	33.4	346	32.2	415	32.4	508	33.4	431
<b>Nevada Total</b>	<b>39.7</b>	<b>1129</b>	<b>34.5</b>	<b>1164</b>	<b>35.2</b>	<b>1423</b>	<b>35.6</b>	<b>1645</b>	<b>34.3</b>	<b>1317</b>
Carson	35.5	67	37.4	65	24.9	60	36.7	95	37.7	71
Churchill	28.1	24	35.8	29	29.2	30	34.6	49	42.6	39
Douglas	44.6	77	38.7	69	40.8	92	40.1	95	40.9	86
Elko	38.5	45	28.4	38	33.2	54	30.1	65	25.7	44
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	34.0	24	34.4	21	44.7	20
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	36.9	64	31.8	53	29.2	63	28.2	63	30.0	58
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	27.3	40	29.2	31	29.8	46	27.6	60	26.3	61
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	28.1	16	N/A	<50*

NWS HP2020-8: Proportion of Adults Who Are At a Healthy Weight. (Trend Data: 2005 - 2009)

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	29.0	398	28.4	403	28.7	460	27.2	490	25.5	388
Female	51.1	741	40.8	775	42.2	969	44.5	1165	43.6	942
White	41.0	877	34.0	859	36.1	1090	37.5	1305	35.7	1106
Black	34.3	23	30.6	27	36.0	36	43.9	41	37.0	35
Other	36.6	114	34.9	150	43.4	176	35.7	155	36.6	98
Hispanic	38.6	115	36.3	128	27.5	121	28.6	144	25.0	78

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.



**NWS HP2020-8: Proportion of Adults Who Are At a Healthy Weight. (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	60.9	124	60.0	104	52.5	116	53.7	102	56.3	49
25-34	45.8	164	36.8	159	38.4	196	40.8	215	34.8	139
35-44	33.8	187	29.2	188	30.4	212	34.2	245	26.9	159
45-54	32.6	211	26.1	218	30.4	267	26.6	296	31.3	234
55-64	31.9	199	28.4	209	27.2	252	25.9	287	31.1	268
65+	38.9	243	34.3	284	36.7	372	35.6	485	38.2	453

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

NWS HP2020-9: Proportion of Adults Who Are Obese. (Trend Data: 2000 - 2004)

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	18.3	118	20.6	170	22.6	210	22.2	190	22.1	183
Washoe County	16.7	99	16.1	119	19.1	182	16.7	159	17.9	176
All Other Counties**	15.6	88	19.2	125	19.0	194	22.1	210	22.5	200
<b>Nevada Total</b>	<b>17.9</b>	<b>337</b>	<b>19.5</b>	<b>451</b>	<b>21.6</b>	<b>596</b>	<b>21.2</b>	<b>571</b>	<b>21.1</b>	<b>568</b>
Carson	12.2	15	22.0	31	21.8	36	18.6	32	21.9	34
Churchill	17.3	13	19.5	15	17.6	17	19.8	19	15.5	11
Douglas	10.6	10	13.8	18	19.5	28	19.7	28	16.0	22
Elko	18.8	19	19.2	25	23.8	38	24.2	34	27.2	26
Esmeralda	~	~	~	~	~	~	~	~	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	12.4	7	~	~	~	~
Lander	~	~	~	~	~	~	~	~	~	~
Lincoln	~	~	~	~	~	~	~	~	~	~
Lyon	12.8	10	18.8	18	17.6	26	21.8	29	25.0	35
Mineral	~	~	~	~	~	~	~	~	~	~
Nye	24.1	21	22.1	18	17.6	18	26.1	28	35.3	39
Pershing	~	~	~	~	~	~	~	~	~	~
Storey	~	~	~	~	~	~	~	~	~	~
White Pine	~	~	~	~	~	~	~	~	~	~

NWS HP2020-9: Proportion of Adults Who Are Obese. (Trend Data: 2000 - 2004)

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	20.4	193	22.6	257	23.9	330	23.2	305	22.8	309
Female	15.2	144	16.3	194	19.0	266	19.0	266	19.1	259
White	16.4	247	19.5	340	21.9	434	21.2	416	20.1	396
Black	28.0	21	25.6	18	21.2	15	30.5	17	23.1	17
Other	21.1	33	11.1	44	17.0	62	23.6	68	16.0	68
Hispanic	20.3	36	27.4	47	25.2	80	17.8	65	26.9	80

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

**NWS HP2020-9: Proportion of Adults Who Are Obese. (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	10.3	18	13.3	29	15.5	28	10.8	21	9.7	15
25-34	21.4	69	14.6	64	27.8	99	18.6	82	24.8	80
35-44	14.7	79	17.3	97	20.9	138	24.7	121	23.2	113
45-54	21.1	80	26.2	101	20.3	123	26.2	142	23.7	127
55-64	22.2	44	24.0	83	23.0	91	23.6	105	22.6	122
65+	16.6	46	21.1	75	20.9	111	18.8	95	17.2	104

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

NWS HP2020-9: Proportion of Adults Who Are Obese. (Trend Data: 2005 - 2009)

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	21.6	181	25.1	268	25.1	318	25.3	371	27.9	313
Washoe County	18.5	207	23.6	255	17.9	258	23.6	347	20.9	260
All Other Counties**	25.3	261	27.5	302	29.7	367	27.5	404	26.0	334
<b>Nevada Total</b>	<b>21.2</b>	<b>661</b>	<b>25.0</b>	<b>848</b>	<b>24.6</b>	<b>969</b>	<b>25.6</b>	<b>1145</b>	<b>26.4</b>	<b>923</b>
Carson	20.8	34	18.9	38	30.0	52	20.1	58	19.3	40
Churchill	28.7	29	29.6	30	25.4	29	29.2	34	27.3	30
Douglas	17.0	33	17.6	31	22.9	45	16.6	47	13.7	41
Elko	23.3	30	31.3	40	30.5	52	35.6	63	30.2	46
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	22.9	15	32.8	27	29.3	21
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	32.6	48	25.8	50	28.8	63	28.6	63	28.9	56
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	33.8	38	34.8	43	35.9	53	27.8	52	31.4	61
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	39.7	18	N/A	<50*

NWS HP2020-9: Proportion of Adults Who Are Obese. (Trend Data: 2005 - 2009)

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	22.8	345	26.3	425	25.8	445	27.7	525	29.4	422
Female	19.5	316	23.6	423	23.3	524	23.4	620	23.2	501
White	20.5	450	25.1	582	24.1	665	23.4	815	26.6	741
Black	37.1	24	27.9	23	30.2	36	23.4	36	23.1	29
Other	18.6	93	21.2	106	20.6	119	28.5	124	27.0	61
Hispanic	21.6	89	26.7	130	27.0	143	31.0	164	26.4	82

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

**NWS HP2020-9: Proportion of Adults Who Are Obese. (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	7.7	24	12.2	27	17.4	40	14.1	29	4.6	7
25-34	19.3	75	23.0	95	20.0	97	21.8	114	29.2	78
35-44	26.9	126	28.5	161	28.6	182	31.6	205	31.9	164
45-54	25.0	148	32.5	192	29.3	198	31.9	247	26.1	167
55-64	25.3	151	29.5	207	32.9	265	30.3	269	31.5	247
65+	18.6	132	20.1	159	17.6	178	21.4	274	22.3	248

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

~Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

Note: Body weight estimates from self-reported heights and weights tend to be lower than those measured from height and weight.

***OH HP2020-1.1: Proportion of Children Aged 3 to 5 Years With Dental Caries in Primary and Permanent Teeth. (Trend Data: 2004 and 2007)***

County of Residence	2004	2007	Gender	2004	2007
	Percent	Percent		Percent	Percent
Clark County	50.3	48.5	Male	N/A	58.8
Washoe County	64.9	63.6	Female	N/A	49.9
All Other Counties**	53.7	60.5			
<b>Nevada Total</b>	<b>54.0</b>	<b>54.3</b>			

***OH HP2020-2.1: Proportion of Children Aged 3 to 5 Years Untreated Dental Decay. (Trend Data: 2004 and 2007)***

County of Residence	2004	2007	Gender	2004	2007
	Percent	Percent		Percent	Percent
Clark County	37.2	31.6	Male	N/A	36.0
Washoe County	37.1	27.9	Female	N/A	27.5
All Other Counties**	38.4	32.0			
<b>Nevada Total</b>	<b>37.5</b>	<b>42.5</b>			

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.  
 Note: Data are from the Head Start Oral Health Survey, Bureau of Child, Family and Community Wellness, Nevada State Health Division.  
 Note: 'N/A' indicates sufficient data are not available.  
 Note: These percentages are not weighted.

**OH HP2020-4.2: Proportion of Older Adults Aged 65 Years and Older Reporting Having All Their Natural Teeth Extracted. (Trend Data: 2002, 2004, 2006, 2008)**

County of Residence	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	21.2	37	16.5	26	17.4	45	17.5	65
Washoe County	12.2	24	10.9	25	16.0	44	15.2	56
All Other Counties**	25.1	49	20.8	45	17.5	48	17.8	85
<b>Nevada Total</b>	<b>20.5</b>	<b>112</b>	<b>16.5</b>	<b>98</b>	<b>18.4</b>	<b>143</b>	<b>17.7</b>	<b>212</b>
Carson	N/A	<50*	14.5	6	20.2	12	9.9	9
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	3.6	4
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	~	~	N/A	<50*	N/A	<50*
Eureka	~	~	~	~	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	~	~	N/A	<50*	N/A	<50*
Lander	~	~	~	~	N/A	<50*	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	20.7	13
Mineral	~	~	~	~	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	29.2	27
Pershing	~	~	~	~	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**OH HP2020-4.2: Proportion of Older Adults Aged 65 Years and Older Reporting Having All Their Natural Teeth Extracted. (Trend Data: 2002, 2004, 2006, 2008)**

Gender and Race/Ethnicity	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	14.3	40	14.7	43	17.4	56	19.1	90
Female	25.7	72	18.2	55	19.3	87	16.4	122
White	19.4	94	14.0	76	16.4	113	16.9	173
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	N/A	<50*	24.2	11	30.8	19	17.7	20
Hispanic	N/A	<50*	N/A	<50*	N/A	<50*	29.3	11

**OH HP2020-4.2: Proportion of Older Adults Aged 65 Years and Older Reporting Having All Their Natural Teeth Extracted. (Trend Data: 2002, 2004, 2006, 2008)**

Age	2002		2004		2006		2008	
	Percent	N	Percent	N	Percent	N	Percent	N
65-74	20.4	62	14.3	44	16.9	80	16.4	132
75+	20.7	50	19.7	54	20.6	63	19.6	80

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.



**OH HP2020-12.2: Proportion of Children Aged 8 Years Who Have Received Dental Sealants on Their Molar Teeth. (Trend Data: 2004 and 2007)**

	2004	2007		2004	2007
County of Residence	Percent	Percent	Race/Ethnicity	Percent	Percent
Clark County	32.1	32.9	White	60.4	43.5
Washoe County	67.6	55.8	Black	39.5	26.7
All Other Counties**	55.5	43.1	Native American	22.2	50.5
<b>Nevada Total</b>	<b>41.0</b>	<b>37.5</b>	Asian	45.8	31.3
Male	N/A	37.9	Hawaiian/Pacific Islander	63.6	49.9
Female	N/A	37.1	Hispanic	36.1	36.8

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties.  
 Note: Data are from the Head Start Oral Health Survey, Bureau of Child, Family and Community Wellness, Nevada State Health Division.  
 Note: 'N/A' indicates sufficient data are not available.  
 Note: These percentages are not weighted.

**PAF HP2020-1: Proportion of Adults Who Engage in No Leisure Time Physical Activity. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	25.9	181	23.4	195	24.8	239	25.8	228	26.4	252
Washoe County	21.9	122	20.0	157	17.1	180	17.6	169	15.6	156
All Other Counties**	23.5	128	18.2	127	22.7	235	24.4	215	21.3	200
<b>Nevada Total</b>	<b>24.9</b>	<b>470</b>	<b>22.6</b>	<b>533</b>	<b>24.8</b>	<b>703</b>	<b>24.7</b>	<b>640</b>	<b>24.2</b>	<b>628</b>
Carson	22.6	32	16.4	28	24.4	45	34.7	46	21.2	30
Churchill	18.3	11	25.1	16	23.4	21	20.6	20	21.2	15
Douglas	16.2	20	9.7	16	16.0	24	10.6	18	13.5	20
Elko	30.3	26	25.2	31	17.4	30	20.6	30	24.1	26
Esmeralda	~	~	~	~	~	~	~	~	~	~
Eureka	~	~	~	~	~	~	~	~	~	~
Humboldt	~	~	~	~	29.0	17	~	~	~	~
Lander	~	~	~	~	~	~	~	~	~	~
Lincoln	~	~	~	~	~	~	~	~	~	~
Lyon	26.6	20	17.8	19	25.7	33	32.0	41	27.7	37
Mineral	~	~	~	~	~	~	~	~	~	~
Nye	27.2	19	18.7	17	30.8	32	27.3	29	27.7	33
Pershing	~	~	~	~	~	~	~	~	~	~
Storey	~	~	~	~	~	~	~	~	~	~
White Pine	~	~	~	~	~	~	~	~	~	~

**PAF HP2020-1: Proportion of Adults Who Engage in No Leisure Time Physical Activity. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	24.5	224	19.1	255	21.2	303	20.2	253	22.8	285
Female	25.4	246	26.2	278	28.5	400	29.3	387	25.7	343
White	22.9	330	22.6	402	20.3	457	21.2	416	20.6	411
Black	33.3	29	44.8	29	27.1	21	24.2	17	19.6	16
Other	28.4	44	19.8	54	26.4	81	23.4	67	23.4	76
Hispanic	31.2	64	19.3	46	37.9	134	35.3	131	35.7	117

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**PAF HP2020-1: Proportion of Adults Who Engage in No Leisure Time Physical Activity. (Trend Data: 2000 - 2004)**

Age	2000		2001		2002		2003		2004	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	20.6	43	20.3	37	28.8	54	16.0	30	19.9	35
25-34	19.1	76	17.5	64	24.7	91	22.2	92	22.5	80
35-44	24.4	105	24.3	113	22.6	138	22.0	110	21.6	97
45-54	22.5	80	20.0	101	24.9	143	26.1	120	25.1	111
55-64	30.0	64	22.5	84	18.2	93	29.6	119	26.0	119
65+	34.4	98	32.1	131	30.2	172	31.6	158	30.2	178

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**PAF HP2020-1: Proportion of Adults Who Engage in No Leisure Time Physical Activity. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	26.3	224	27.0	327	25.2	335	27.9	439	26.5	348
Washoe County	19.1	219	20.4	235	16.1	232	20.9	335	16.2	229
All Other Counties**	25.8	260	26.3	286	24.1	332	27.4	435	23.4	355
<b>Nevada Total</b>	<b>26.8</b>	<b>746</b>	<b>27.1</b>	<b>900</b>	<b>24.4</b>	<b>968</b>	<b>27.6</b>	<b>1264</b>	<b>24.4</b>	<b>954</b>
Carson	28.3	47	32.1	49	25.7	52	30.5	73	16.1	45
Churchill	25.3	20	21.6	22	21.1	25	33.1	41	20.9	34
Douglas	23.9	40	16.7	26	13.3	31	17.2	45	16.7	44
Elko	30.1	37	37.0	47	31.1	52	26.4	57	27.0	37
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	26.4	14	18.3	16	28.8	27	22.8	16
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	22.0	36	22.1	48	20.1	52	27.8	65	27.5	61
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	33.0	40	32.3	42	29.6	52	35.1	74	26.3	63
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	16.9	10	N/A	<50*

**PAF HP2020-1: Proportion of Adults Who Engage in No Leisure Time Physical Activity. (Trend Data: 2005 - 2009)**

Gender and Race/Ethnicity	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	24.0	312	24.5	379	22.8	371	24.9	459	20.6	333
Female	29.7	434	29.8	521	26.1	597	30.3	805	28.4	621
White	22.5	478	22.6	584	19.6	614	23.9	861	23.2	743
Black	28.0	20	31.2	29	24.0	30	32.0	39	25.8	31
Other	26.5	95	29.0	117	32.3	139	29.4	136	27.7	76
Hispanic	39.4	143	37.2	163	33.2	180	35.5	221	27.7	88

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**PAF HP2020-1: Proportion of Adults Who Engage in No Leisure Time Physical Activity. (Trend Data: 2005 - 2009)**

Age	2005		2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	24.3	44	30.4	43	21.4	44	19.8	37	19.7	17
25-34	28.6	91	22.8	95	20.6	89	21.4	124	19.3	59
35-44	24.1	105	23.1	128	23.1	130	27.8	170	26.4	119
45-54	23.8	126	27.2	179	26.0	188	29.1	241	21.1	140
55-64	26.7	145	31.1	190	24.9	188	31.3	247	28.6	220
65+	33.6	225	31.3	257	30.9	318	36.2	428	32.1	373

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**PAF HP2020-2.1: Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week. (Trend Data: 2001, 2003, 2005, 2007, 2009)**

County of Residence	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	48.8	388	49.6	441	50.6	403	45.9	558	48.7	488
Washoe County	49.3	416	59.6	556	55.0	570	55.8	700	56.4	637
All Other Counties**	55.3	348	55.2	524	52.8	540	52.0	656	58.1	647
<b>Nevada Total</b>	<b>49.8</b>	<b>1251</b>	<b>50.8</b>	<b>1542</b>	<b>50.7</b>	<b>1536</b>	<b>48.9</b>	<b>1960</b>	<b>51.4</b>	<b>1795</b>
Carson	59.1	86	49.0	88	49.7	101	50.6	101	49.5	89
Churchill	66.0	41	59.3	53	52.9	44	56.1	60	55.0	48
Douglas	58.2	73	60.9	86	61.2	107	59.4	123	67.0	116
Elko	51.3	59	52.3	69	57.8	64	52.2	81	64.0	83
Esmeralda	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	~	~	N/A	<50*	52.2	32	60.6	33
Lander	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	53.8	48	52.5	79	54.0	91	56.0	107	55.6	102
Mineral	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Nye	45.7	41	53.7	54	40.2	53	42.3	70	53.1	96
Pershing	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*

**PAF HP2020-2.1: Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week. (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Gender and Race/Ethnicity	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	54.0	678	52.9	773	53.1	770	50.7	848	53.8	738
Female	45.4	573	48.7	769	48.1	766	47.2	1112	49.0	1057
White	50.0	960	52.8	1153	51.1	1149	49.7	1453	51.4	1483
Black	35.3	29	45.1	30	49.8	32	40.0	46	50.8	42
Other	47.6	156	61.0	170	55.8	177	55.8	242	45.7	112
Hispanic	54.5	92	40.9	177	46.9	171	44.6	206	54.4	137

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**PAF HP2020-2.1: Proportion of Adults Reporting Regular Moderate Physical Activity For At Least 30 Minutes per Day, 5 or More Days per Week, or Vigorous Physical Activity For At Least 20 Minutes per Day, 3 or More Days per Week. (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Age	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	61.2	134	65.6	151	60.2	126	53.7	137	66.0	64
25-34	55.1	235	50.9	263	49.1	213	55.4	262	59.9	193
35-44	50.5	281	55.7	316	59.0	299	47.7	340	49.2	262
45-54	48.4	259	45.8	311	52.0	328	48.1	409	50.8	351
55-64	43.3	156	43.7	208	42.4	282	50.5	420	47.3	396
65+	39.5	170	45.7	279	39.7	279	37.1	367	39.5	496

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**PAF HP2020-2.2: Proportion of Adults Reporting Vigorous Physical Activity That Promotes The Development and Maintenance of Cardio-respiratory Fitness, For At Least 20 Minutes per Day 3 or More Days per Week. (Trend Data: 2001, 2003, 2005, 2007, 2009)**

County of Residence	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	26.3	228	28.9	264	33.0	253	26.0	321	27.7	247
Washoe County	27.7	244	39.9	359	34.8	341	34.7	414	34.8	355
All Other Counties**	26.8	181	29.5	286	29.7	298	30.1	372	34.3	352
<b>Nevada Total</b>	<b>26.7</b>	<b>702</b>	<b>30.3</b>	<b>924</b>	<b>32.6</b>	<b>910</b>	<b>28.3</b>	<b>1130</b>	<b>29.9</b>	<b>968</b>
Carson	31.3	44	25.1	50	29.0	54	26.4	52	30.2	47
Churchill	31.9	19	40.6	35	27.7	22	38.7	41	31.3	32
Douglas	31.8	46	30.3	46	34.1	59	33.3	67	34.9	57
Elko	22.8	29	33.5	43	30.7	37	33.4	50	43.7	48
Esmeralda	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	~	~	N/A	<50*	26.1	19	43.9	18
Lander	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	24.3	24	22.7	37	29.9	52	36.9	71	34.0	55
Mineral	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Nye	17.6	19	29.6	30	22.2	27	20.4	32	27.2	48
Pershing	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	~	~	N/A	<50*	N/A	<50*	N/A	<50*

**PAF HP2020-2.2: Proportion of Adults Reporting Vigorous Physical Activity That Promotes The Development and Maintenance of Cardio-respiratory Fitness, For At Least 20 Minutes per Day 3 or More Days per Week. (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Gender and Race/Ethnicity	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	31.2	412	34.2	498	36.9	502	32.4	529	34.8	434
Female	22.0	290	26.3	426	28.2	408	24.1	601	25.0	534
White	26.6	523	30.8	676	31.3	668	29.5	848	29.5	787
Black	20.3	17	26.8	19	36.4	20	23.5	26	28.2	23
Other	28.8	96	37.9	108	37.6	110	28.7	132	29.6	65
Hispanic	27.5	58	26.4	116	33.8	108	25.9	120	32.3	79

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.



**PAF HP2020-2.2: Proportion of Adults Reporting Vigorous Physical Activity That Promotes The Development and Maintenance of Cardio-respiratory Fitness, For At Least 20 Minutes per Day 3 or More Days per Week. (Trend Data: 2001, 2003, 2005, 2007, 2009)**

Age	2001		2003		2005		2007		2009	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	43.9	102	48.1	113	49.9	101	33.9	95	51.8	48
25-34	36.7	159	35.4	181	35.2	139	33.7	165	39.0	129
35-44	27.7	162	36.8	225	38.2	193	30.4	222	27.6	171
45-54	23.4	141	24.0	176	34.8	215	29.0	249	30.1	204
55-64	20.3	74	20.4	101	21.0	135	22.9	208	23.7	194
65+	10.5	55	19.0	123	16.9	122	18.7	182	14.4	200

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**RD HP2020-2.1: Asthma Hospitalizations for Children Under Age 5 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	27.0	283	23.8	264	23.1	267	23.3	281	25.0	317
Washoe County	18.2	44	19.5	48	26.6	67	23.8	62	16.4	44
All Other Counties**	23.3	41	27.2	48	26.4	46	18.5	32	22.0	39
<b>Nevada Total</b>	<b>25.1</b>	<b>368</b>	<b>23.5</b>	<b>360</b>	<b>24.0</b>	<b>380</b>	<b>22.9</b>	<b>375</b>	<b>23.3</b>	<b>400</b>
Carson	19.6	7	N/A	<5*	27.9	10	25.2	9	42.2	15
Churchill	N/A	<5*	54.3	10	28.1	5	N/A	<5*	N/A	<5*
Douglas	0.0	0	27.0	5	N/A	<5*	N/A	<5*	N/A	<5*
Elko	33.8	11	18.7	6	19.7	6	27.5	8	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	0.0	0	N/A	<5*	0.0	0	0.0	0
Lander	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Lincoln	0.0	0	0.0	0	0.0	0	N/A	<5*	N/A	<5*
Lyon	47.2	10	31.9	7	39.1	9	N/A	<5*	26.1	7
Mineral	0.0	0	N/A	<5*	N/A	<5*	0.0	0	0.0	0
Nye	N/A	<5*	65.0	11	41.9	7	N/A	<5*	N/A	<5*
Pershing	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	97.5	5	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**RD HP2020-2.1: Asthma Hospitalizations for Children Under Age 5 Years (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	31.8	238	24.6	193	29.9	242	26.4	222	25.6	225
Female	18.2	130	22.3	167	17.8	138	19.1	153	20.8	174

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 10,000 age-specific population.

**RD HP2020-2.1: Asthma Hospitalizations for Children Under Age 5 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	18.5	246	16.0	223	12.6	183	18.3	267
Washoe County	19.3	54	13.2	38	19.4	57	15.7	47
All Other Counties**	20.7	38	14.7	29	21.9	44	18.9	38
<b>Nevada Total</b>	<b>18.8</b>	<b>338</b>	<b>15.5</b>	<b>290</b>	<b>14.6</b>	<b>284</b>	<b>18.0</b>	<b>352</b>
Carson	16.7	6	18.4	7	29.0	11	15.8	6
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	27.5	5
Douglas	22.2	5	N/A	<5*	N/A	<5*	N/A	<5*
Elko	N/A	<5*	N/A	<5*	17.7	6	N/A	<5*
Esmeralda	0.0	0	0.0	0	N/A	<5*	0.0	0
Eureka	0.0	0	N/A	<5*	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lander	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Lyon	22.1	6	N/A	<5*	23.8	8	17.9	6
Mineral	0.0	0	0.0	0	0.0	0	0.0	0
Nye	30.7	6	N/A	<5*	22.8	5	40.1	9
Pershing	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	N/A	<5*
White Pine	173.7	7	N/A	<5*	123.7	6	N/A	<5*

**RD HP2020-2.1: Asthma Hospitalizations for Children Under Age 5 Years (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	20.6	190	19.0	183	18.4	183	20.7	208
Female	16.9	148	11.7	107	10.7	101	15.1	144

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 10,000 age-specific population.

**RD HP2020-2.2: Asthma Hospitalizations for Children and Adults Age 5 to 64 Years (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	10.3	1179	10.0	1215	9.7	1232	10.0	1331	9.4	1320
Washoe County	4.4	123	6.2	182	6.0	179	6.1	188	5.2	164
All Other Counties**	6.1	137	4.9	114	5.2	122	6.0	143	5.9	145
<b>Nevada Total</b>	<b>8.7</b>	<b>1439</b>	<b>8.7</b>	<b>1511</b>	<b>8.5</b>	<b>1533</b>	<b>8.9</b>	<b>1662</b>	<b>8.3</b>	<b>1629</b>
Carson	3.3	13	3.3	13	2.0	8	7.6	31	8.5	35
Churchill	8.7	17	6.4	13	8.3	17	7.6	16	4.7	10
Douglas	2.7	9	1.4	5	2.0	7	2.5	9	3.4	13
Elko	4.8	19	2.9	12	2.7	11	5.3	21	3.2	13
Esmeralda	N/A	<5*	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	10.3	5	N/A	<5*	0.0	0	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	10.9	31	7.4	22	7.8	24	7.6	25	7.0	25
Mineral	N/A	<5*	N/A	<5*	N/A	<5*	23.0	8	N/A	<5*
Nye	6.8	17	10.0	26	10.6	28	7.3	20	10.1	29
Pershing	23.3	11	15.4	7	N/A	<5*	N/A	<5*	0.0	0
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	14.9	9	N/A	<5*	17.2	10	13.8	8	13.5	8

**RD HP2020-2.2: Asthma Hospitalizations for Children and Adults Age 5 to 64 Years (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	6.0	510	6.2	556	5.8	540	6.7	642	5.8	589
Female	11.6	929	11.3	955	11.3	993	11.2	1020	10.8	1035

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 10,000 age-specific population.

**RD HP2020-2.2: Asthma Hospitalizations for Children and Adults Age 5 to 64 Years (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	9.4	1377	8.0	1225	6.8	1090	8.9	1424
Washoe County	5.4	177	4.5	153	4.5	157	6.2	218
All Other Counties**	6.1	154	4.3	116	3.7	102	5.4	150
<b>Nevada Total</b>	<b>8.3</b>	<b>1708</b>	<b>7.0</b>	<b>1494</b>	<b>6.1</b>	<b>1349</b>	<b>8.0</b>	<b>1792</b>
Carson	10.7	46	5.5	25	3.8	17	6.4	29
Churchill	8.8	19	5.8	13	7.2	16	5.9	13
Douglas	2.5	10	2.0	8	1.4	6	4.4	18
Elko	2.7	11	1.4	6	2.1	9	3.7	16
Esmeralda	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lincoln	N/A	<5*	19.7	6	N/A	<5*	0.0	0
Lyon	7.5	27	6.3	27	6.5	29	9.9	44
Mineral	17.5	6	0.0	0	0.0	0	N/A	<5*
Nye	5.2	16	5.1	17	3.5	12	2.8	10
Pershing	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Storey	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
White Pine	14.6	9	12.2	9	N/A	<5*	9.3	7

**RD HP2020-2.2: Asthma Hospitalizations for Children and Adults Age 5 to 64 Years (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	5.9	616	5.2	567	4.7	533	6.1	703
Female	10.9	1089	8.9	925	7.5	811	10.0	1089

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 10,000 age-specific population.

**RD HP2020-2.3: Asthma Hospitalizations for Adults Age 65 Years and Older (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	9.1	136	10.9	173	12.2	204	13.4	234	15.1	280
Washoe County	7.9	28	13.4	49	10.2	38	14.1	54	8.9	35
All Other Counties**	9.1	34	10.3	40	12.3	49	11.2	46	10.2	44
<b>Nevada Total</b>	<b>8.9</b>	<b>198</b>	<b>11.2</b>	<b>262</b>	<b>11.9</b>	<b>291</b>	<b>13.1</b>	<b>334</b>	<b>13.4</b>	<b>359</b>
Carson	N/A	<5*	6.3	5	18.9	15	11.4	9	28.0	22
Churchill	21.2	6	24.1	7	N/A	<5*	23.3	7	16.4	5
Douglas	N/A	<5*	N/A	<5*	N/A	<5*	8.2	6	N/A	<5*
Elko	31.0	8	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	N/A	<5*	0.0	0	0.0	0	N/A	<5*	0.0	0
Lander	N/A	<5*	N/A	<5*	0.0	0	0.0	0	0.0	0
Lincoln	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lyon	9.6	5	9.2	5	12.3	7	N/A	<5*	N/A	<5*
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Nye	N/A	<5*	12.0	8	14.4	10	13.5	10	N/A	<5*
Pershing	N/A	<5*	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

**RD HP2020-2.3: Asthma Hospitalizations for Adults Age 65 Years and Older (Trend Data: 2000 - 2004)**

Gender	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	6.4	67	7.5	82	7.7	88	10.2	121	8.3	103
Female	11.1	131	14.4	180	15.6	203	15.7	213	17.9	256

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 10,000 age-specific population.

**RD HP2020-2.3: Asthma Hospitalizations for Adults Age 65 Years and Older (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	20.1	391	14.6	297	12.0	253	18.3	390
Washoe County	11.2	46	11.1	47	11.1	48	16.2	71
All Other Counties**	10.4	47	7.4	36	8.5	42	9.0	45
<b>Nevada Total</b>	<b>17.3</b>	<b>484</b>	<b>12.9</b>	<b>380</b>	<b>11.3</b>	<b>343</b>	<b>16.5</b>	<b>506</b>
Carson	18.3	15	8.1	7	8.1	7	8.1	7
Churchill	N/A	<5*	18.8	6	N/A	<5*	15.9	5
Douglas	N/A	<5*	N/A	<5*	9.3	8	5.8	5
Elko	N/A	<5*	N/A	<5*	N/A	<5*	16.4	6
Esmeralda	0.0	0	0.0	0	0.0	0	N/A	<5*
Eureka	0.0	0	0.0	0	0.0	0	N/A	<5*
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	0.0	0	0.0	0	0.0	0	0.0	0
Lincoln	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lyon	18.0	12	N/A	<5*	9.7	8	9.8	8
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0
Nye	8.1	7	N/A	<5*	9.3	9	5.0	5
Pershing	0.0	0	0.0	0	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	35.7	6	N/A	<5*	N/A	<5*

**RD HP2020-2.3: Asthma Hospitalizations for Adults Age 65 Years and Older (Trend Data: 2005 - 2008)**

Gender	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	13.0	169	8.0	109	6.4	91	10.1	144
Female	21.0	315	17.2	270	15.5	252	22.0	361

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 10,000 age-specific population.

**RD HP2020-10: Death Rate From Chronic Obstructive Pulmonary Disease Among Adults Aged 45 Years and Older. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	133.3	613	135.4	667	143.5	743	132.6	723	113.8	659
Washoe County	141.5	163	181.2	218	172.4	214	181.5	235	170.0	228
All Other Counties**	146.9	160	187.2	213	146.6	172	147.3	180	154.5	197
<b>Nevada Total</b>	<b>136.8</b>	<b>936</b>	<b>151.1</b>	<b>1098</b>	<b>148.7</b>	<b>1129</b>	<b>142.8</b>	<b>1138</b>	<b>129.0</b>	<b>1084</b>
Carson	246.9	50	220.7	46	159.6	34	184.7	40	192.1	42
Churchill	252.4	21	196.0	17	113.2	10	207.0	19	117.1	11
Douglas	31.8	6	74.6	15	100.7	21	64.0	14	103.2	24
Elko	81.4	10	138.7	18	88.5	12	106.6	15	88.8	13
Esmeralda	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Eureka	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Humboldt	N/A	<5*	204.0	11	159.9	9	118.7	7	146.9	9
Lander	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Lincoln	N/A	<5*	N/A	<5*	0.0	0	447.9	6	N/A	<5*
Lyon	131.9	19	268.8	41	187.4	30	157.4	27	220.3	41
Mineral	N/A	<5*	260.8	6	261.9	6	263.5	6	N/A	<5*
Nye	215.7	34	228.1	38	191.8	33	185.9	34	212.7	41
Pershing	N/A	<5*	N/A	<5*	260.8	5	N/A	<5*	252.5	5
Storey	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
White Pine	N/A	<5*	175.1	6	203.3	7	N/A	<5*	173.3	6

**RD HP2020-10: Death Rate From Chronic Obstructive Pulmonary Disease Among Adults Aged 45 Years and Older. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	136.1	457	151.2	539	146.5	545	138.4	540	121.3	499
Female	137.5	479	151.0	559	150.8	584	147.0	598	136.3	585
White	159.5	872	178.9	1031	176.3	1054	170.0	1059	158.5	1034
Black	80.6	29	56.3	22	81.9	34	67.8	30	48.6	23
Native American	87.6	7	N/A	<5*	67.4	6	53.3	5	N/A	<5*
Asian	31.9	11	34.0	13	34.0	14	27.0	12	18.6	9
Hispanic	28.9	17	44.8	29	28.6	20	42.2	32	17.0	14

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

Note: 2007 and 2008 data are not final and are subject to change.



**RD HP2020-10: Death Rate From Chronic Obstructive Pulmonary Disease Among Adults Aged 45 Years and Older. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Clark County	121.2	739	102.0	649	83.7	555	106.3	710
Washoe County	185.1	258	131.6	189	163.5	240	147.1	219
All Other Counties**	147.0	197	137.7	198	143.8	211	152.1	224
<b>Nevada Total</b>	<b>135.2</b>	<b>1194</b>	<b>112.1</b>	<b>1036</b>	<b>105.1</b>	<b>1006</b>	<b>119.6</b>	<b>1153</b>
Carson	182.9	42	202.0	49	193.7	47	214.8	52
Churchill	186.2	18	241.1	24	192.1	19	203.8	20
Douglas	68.8	17	70.5	18	85.1	22	101.1	26
Elko	32.7	5	96.6	15	80.2	13	135.4	22
Esmeralda	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	154.7	10	135.6	9	163.0	11	178.2	12
Lander	290.1	6	N/A	<5*	324.4	7	N/A	<5*
Lincoln	N/A	<5*	N/A	<5*	411.5	7	N/A	<5*
Lyon	167.4	32	114.1	26	93.3	22	144.4	34
Mineral	350.4	8	230.4	5	277.9	6	414.6	9
Nye	222.8	47	161.7	37	177.5	42	132.2	32
Pershing	N/A	<5*	N/A	<5*	217.5	6	N/A	<5*
Storey	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*
White Pine	N/A	<5*	215.4	9	119.1	5	141.4	6

**RD HP2020-10: Death Rate From Chronic Obstructive Pulmonary Disease Among Adults Aged 45 Years and Older. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008	
	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths	Rate	Number of Deaths
Male	131.0	566	104.9	474	97.2	455	111.5	526.0
Female	139.2	628	119.1	562	112.7	551	127.3	627
White	163.0	1110	136.9	976	127.7	942		
Black	65.6	33	45.7	24	53.1	29		
Native American	N/A	<5*	N/A	<5*	N/A	<5*		
Asian	32.6	17	23.9	13	14.2	8		
Hispanic	31.4	28	20.4	19	20.7	20		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the Nevada Inpatient Hospital Discharge Database (NIHDD).

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are per 100,000 age-specific population.

Note: 2007 and 2008 data are not final and are subject to change.

**STD HP2020-1.1: Proportion of Females Aged 15 to 24 Years with Chlamydia Trachomatis Infections, Attending Family Planning Clinics. (Trend Data: 2002 - 2006)**

County of Residence	2002		2003		2004		2005		2006	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	5.7	186	5.2	132	4.4	99	5.0	100	5.1	102
Washoe County	3.4	13	2.5	17	5.0	39	4.3	37	3.7	28
<b>Nevada Total</b>	<b>5.5</b>	<b>199</b>	<b>4.6</b>	<b>149</b>	<b>3.9</b>	<b>174</b>	<b>4.3</b>	<b>178</b>	<b>5.0</b>	<b>199</b>

**STD HP2020-1.1: Proportion of Females Aged 15 to 24 Years with Chlamydia Trachomatis Infections, Attending Family Planning Clinics. (Trend Data: 2002 - 2006)**

Gender and Race/Ethnicity	2002		2003		2004		2005		2006	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
White	4.4	58	3.8	44	3.3	70	4.1	79	5.2	95
Black	11.2	69	9.7	39	11.5	36	11.3	29	11.8	30
Native American	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Asian	9.5	11	5.7	5	6.9	7	6.9	6	7.1	6
Hispanic	3.7	55	3.9	58	3.1	56	3.5	59	3.5	59
Other	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	5.8	5

**STD HP2020-1.1: Proportion of Females Aged 15 to 24 Years with Chlamydia Trachomatis Infections, Attending Family Planning Clinics. (Trend Data: 2007 - 2009)**

County of Residence	2007		2008		2009	
	Percent	N	Percent	N	Percent	N
Clark County	7.4	201	10.1	336	10.6	311
Washoe County	4.8	37	4.3	36	3.1	20
<b>Nevada Total</b>	<b>6.9</b>	<b>329</b>	<b>8.0</b>	<b>432</b>	<b>8.4</b>	<b>400</b>

**STD HP2020-1.1: Proportion of Females Aged 15 to 24 Years with Chlamydia Trachomatis Infections, Attending Family Planning Clinics. (Trend Data: 2007 - 2009)**

Gender and Race/Ethnicity	2007		2008		2009	
	Percent	N	Percent	N	Percent	N
White	6.6	130	5.7	139	6.4	136
Black	15.6	55	18.7	100	21.0	104
Native American	N/A	<5*	N/A	<5*	N/A	<5*
Asian	6.9	6	14.4	18	4.7	5
Hispanic	5.4	118	7.7	152	7.9	142
Other	14.3	17	7.0	21	4.1	9

\* More than 0 but less than 5.

Note: Data are provided by the Centers for Disease Control and Prevention (CDC) Infertility Prevention Program (IPP).

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

**STD HP2020-6: Rate of Gonorrhea. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	99.1	1382	123.8	1839	112.9	1750	121.1	1963	154.3	2646
Washoe County	56.4	193	58.3	206	50.9	183	53.9	201	92.8	356
All Other Counties**	24.2	68	16.3	47	18.9	55	19.9	59	33.7	103
<b>Nevada Total</b>	<b>81.4</b>	<b>1643</b>	<b>98.4</b>	<b>2092</b>	<b>90.4</b>	<b>1988</b>	<b>97.0</b>	<b>2223</b>	<b>129.1</b>	<b>3105</b>

**STD HP2020-6: Rate of Gonorrhea. (Trend Data: 2000 - 2004)**

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Male	96.9	994	108.0	1167	91.2	1020	99.6	1159	137.3	1677
Female	65.4	649	88.2	922	89.3	967	94.3	1063	120.4	1425
White	31.5	423	33.3	463	26.7	379	34.4	502	44.7	676
Black	608.1	842	618.8	904	478.9	726	445.1	703	573.3	951
Native American	39.5	11	N/A	<5*	33.4	10	35.5	11	83.5	27
Asian	22.6	25	23.8	29	13.9	18	15.9	22	36.8	55
Hispanic	47.8	191	47.0	207	48.4	227	50.6	255	68.7	375

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the STD-MIS database.

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are per 100,000 population.

**STD HP2020-6: Rate of Gonorrhea. (Trend Data: 2005 - 2008)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	138.9	2496	132.2	2478	108.1	2112	97.4	1917
Washoe County	79.4	315	57.9	237	49.3	206	49.3	209
All Other Counties**	25.0	79	24.5	83	16.5	57	12.7	44
<b>Nevada Total</b>	<b>115.2</b>	<b>2890</b>	<b>106.7</b>	<b>2798</b>	<b>87.4</b>	<b>2375</b>	<b>79.2</b>	<b>2170</b>

**STD HP2020-6: Rate of Gonorrhea. (Trend Data: 2005 - 2008)**

Gender and Race/Ethnicity	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Male	120.7	1538	115.4	1537	94.4	1303	83.6	1162
Female	109.4	1351	97.6	1260	80.1	1072	74.8	1008
White	43.1	672	35.8	583	27.7	468	25.7	437
Black	530.8	918	539.2	973	472.2	887	438.2	829
Native American	47.7	16	48.4	17	30.4	11	32.9	12
Asian	41.4	66	27.7	46	24.3	42	27.0	47
Hispanic	58.2	341	53.0	324	40.7	258	36.1	231

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the STD-MIS database.

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are per 100,000 population.

**STD HP2020-7: Rate of Primary and Secondary Syphilis. (Trend Data: 2000 - 2004)**

County of Residence	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	N/A	<5*	N/A	<5*	0.5	7	0.5	8	2.2	38
Washoe County	N/A	<5*	N/A	<5*	1.4	5	N/A	<5*	N/A	<5*
All Other Counties**	0.0	0	1.7	5	N/A	<5*	0.0	0	N/A	<5*
<b>Nevada Total</b>	<b>0.2</b>	<b>5</b>	<b>0.5</b>	<b>10</b>	<b>0.7</b>	<b>15</b>	<b>0.5</b>	<b>12</b>	<b>1.7</b>	<b>40</b>

**STD HP2020-7: Rate of Primary and Secondary Syphilis. (Trend Data: 2000 - 2004)**

Race/Ethnicity	2000		2001		2002		2003		2004	
	Rate	N	Rate	N	Rate	N	Rate	N	Rate	N
White	N/A	<5*	N/A	<5*	0.6	9	0.5	7	1.0	15
Black	N/A	<5*	0.0	0	0.0	0	N/A	<5*	9.6	16
Native American	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0
Asian	N/A	<5*	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Hispanic	N/A	<5*	1.1	5	N/A	<5*	N/A	<5*	0.9	5

**STD HP2020-7: Rate of Primary and Secondary Syphilis. (Trend Data: 2005 - 2009)**

County of Residence	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
Clark County	5.7	103	7.0	132	5.2	102	3.7	72
Washoe County	1.3	5	1.2	5	N/A	<5*	N/A	<5*
All Other Counties**	N/A	<5*	N/A	<5*	1.4	5	N/A	<5*
<b>Nevada Total</b>	<b>4.3</b>	<b>109</b>	<b>5.3</b>	<b>139</b>	<b>4.1</b>	<b>111</b>	<b>2.8</b>	<b>78</b>

**STD HP2020-7: Rate of Primary and Secondary Syphilis. (Trend Data: 2005 - 2008)**

Race/Ethnicity	2005		2006		2007		2008	
	Rate	N	Rate	N	Rate	N	Rate	N
White	3.0	47	2.9	47	2.4	41	1.6	28
Black	18.5	32	20.5	37	17.6	33	11.1	21
Native American	0.0	0	0.0	0	0.0	0	0.0	0
Asian	3.1	5	6.0	10	2.9	5	N/A	<5*
Hispanic	2.7	16	3.4	21	3.0	19	2.0	13

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

Note: Data are from the STD-MIS database.

Note: 'N/A' indicates sufficient data are not available.

Note: Counts for rural counties are too small to be reported.

Note: Rates are per 100,000 population.

SA HP2020-12: Drug Induced Death Rate. (Trend Data: 2000 - 2004)

County of Residence	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	14.4	197	14.2	209	15.9	246	16.0	255	17.0	293
Washoe County	15.4	54	10.8	39	13.7	50	15.5	58	12.9	51
All Other Counties**	8.6	24	8.2	23	10.7	30	9.5	28	14.3	44
<b>Nevada Total</b>	<b>13.8</b>	<b>275</b>	<b>12.8</b>	<b>271</b>	<b>14.9</b>	<b>326</b>	<b>15.0</b>	<b>341</b>	<b>16.0</b>	<b>388</b>
Carson	N/A	<5*	7.2	4	N/A	<5*	13.7	7	25.4	13
Churchill	N/A	<5*	N/A	<5*	N/A	<5*	20.5	5	N/A	<5*
Douglas	N/A	<5*	13.1	5	N/A	<5*	8.5	5	10.7	6
Elko	N/A	<5*	N/A	<5*	10.5	5	N/A	<5*	0.0	0
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
Humboldt	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lander	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Lincoln	N/A	<5*	0.0	0	N/A	<5*	N/A	<5*	0.0	0
Lyon	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*	13.5	6
Mineral	0.0	0	N/A	<5*	0.0	0	0.0	0	N/A	<5*
Nye	15.2	5	N/A	<5*	22.7	8	17.5	5	34.8	11
Pershing	0.0	0	0.0	0	N/A	<5*	0.0	0	N/A	<5*
Storey	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	0.0	0	0.0	0

SA HP2020-12: Drug Induced Death Rate. (Trend Data: 2000 - 2004)

Gender and Race/Ethnicity	2000		2001		2002		2003		2004	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	18.1	183	15.0	162	18.9	210	17.3	202	18.4	230
Female	9.3	92	10.5	109	10.7	116	12.4	139	13.5	158
White	17.5	244	15.8	230	19.2	281	19.1	288	20.6	322
Black	14.0	17	18.4	26	11.1	16	18.0	28	15.8	26
Native American	0.0	0	19.8	6	N/A	<5*	N/A	<5*	32.6	11
Asian	0.0	0	0.0	0	N/A	<5*	4.1	6	3.1	5
Hispanic	4.7	14	2.3	9	6.1	21	3.3	15	5.1	24

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

SA HP2020-12: Drug Induced Death Rate. (Trend Data: 2005 - 2009)

County of Residence	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Clark County	19.1	341	18.3	344	19.4	383	16.6	327
Washoe County	16.2	65	15.4	64	19.9	85	16.9	73
All Other Counties**	13.6	43	16.4	54	11.4	40	16.7	58
<b>Nevada Total</b>	<b>17.9</b>	<b>449</b>	<b>17.5</b>	<b>462</b>	<b>18.5</b>	<b>508</b>	<b>16.5</b>	<b>458</b>
Carson	18.5	10	21.8	11	8.0	5	16.4	9
Churchill	N/A	<5*	30.3	8	23.8	6	19.1	5
Douglas	9.0	5	9.2	6	N/A	<5*	18.5	11
Elko	N/A	<5*	9.9	5	N/A	<5*	9.2	5
Esmeralda	0.0	0	0.0	0	0.0	0	0.0	0
Eureka	N/A	<5*	0.0	0	N/A	<5*	0.0	0
Humboldt	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*
Lander	N/A	<5*	N/A	<5*	0.0	0	N/A	<5*
Lincoln	0.0	0	N/A	<5*	0.0	0	0.0	0
Lyon	16.7	8	N/A	<5*	10.3	6	14.3	8
Mineral	0.0	0	N/A	<5*	N/A	<5*	N/A	<5*
Nye	35.2	13	21.1	8	19.4	8	33.7	12
Pershing	0.0	0	N/A	<5*	0.0	0	0.0	0
Storey	0.0	0	N/A	<5*	0.0	0	0.0	0
White Pine	N/A	<5*	N/A	<5*	N/A	<5*	N/A	<5*

SA HP2020-12: Drug Induced Death Rate. (Trend Data: 2005 - 2009)

Gender and Race/Ethnicity	2005		2006		2007***		2008***	
	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths	Age Adj. Rate	Number of Deaths
Male	21.0	268	21.3	285	21.6	305	19.1	272
Female	14.7	181	13.7	177	15.1	203	13.8	186
White	23.7	382	22.9	389	24.7	429		
Black	18.8	31	19.7	34	20.4	36		
Native American	N/A	<5*	22.1	8	0.0	0		
Asian	N/A	<5*	4.2	7	N/A	<5*		
Hispanic	4.9	28	5.0	22	5.5	31		

\* More than 0 but less than 5.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, White Pine, and cases where county of residence was unknown. Rates for each county are listed below Nevada Total.

\*\*\*2007 and 2008 data are not final and are subject to change.

Note: Data are from the Nevada Vital Statistics Records.

Note: 'N/A' indicates sufficient data are not available.

Note: Rates are age-adjusted to the 2000 U.S. standard population.

Note: Rates are per 100,000 population.

SA HP2020-14.3: Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking of Alcohol. (Trend Data: 2001 - 2005)

County of Residence	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	16.0	141	19.7	177	18.2	156	17.2	146	16.7	125
Washoe County	17.3	149	21.4	206	17.9	170	21.6	171	19.7	182
All Other Counties**	17.4	109	20.1	175	17.4	172	18.0	159	17.6	175
<b>Nevada Total</b>	<b>16.7</b>	<b>441</b>	<b>19.8</b>	<b>574</b>	<b>17.9</b>	<b>510</b>	<b>18.0</b>	<b>486</b>	<b>17.6</b>	<b>499</b>
Carson	16.2	24	15.9	23	15.5	30	15.2	21	19.2	29
Churchill	21.3	13	23.0	15	24.9	22	13.7	12	17.1	17
Douglas	12.1	17	18.4	26	11.6	17	15.4	24	13.3	26
Elko	19.9	25	19.9	31	15.8	23	21.9	26	17.9	20
Esmeralda	~	~	~	~	~	~	~	~	N/A	<50*
Eureka	~	~	~	~	~	~	~	~	N/A	<50*
Humboldt	~	~	N/A	<50*	~	~	~	~	N/A	<50*
Lander	~	~	~	~	~	~	~	~	N/A	<50*
Lincoln	~	~	~	~	~	~	~	~	N/A	<50*
Lyon	21.9	19	19.1	23	19.8	29	14.6	18	20.9	31
Mineral	~	~	~	~	~	~	~	~	N/A	<50*
Nye	15.8	11	19.0	19	17.3	18	27.2	26	9.9	14
Pershing	~	~	~	~	~	~	~	~	N/A	<50*
Storey	~	~	~	~	~	~	~	~	N/A	<50*
White Pine	~	~	~	~	~	~	~	~	N/A	<50*

SA HP2020-14.3: Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking of Alcohol. (Trend Data: 2001 - 2005)

Gender and Race/Ethnicity	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	25.3	329	29.0	411	27.3	369	26.8	343	26.5	358
Female	8.1	112	10.5	163	8.3	141	9.1	143	8.5	141
White	16.1	335	20.3	426	17.9	372	18.1	361	17.9	363
Black	3.5	4	12.6	9	11.2	9	13.5	9	11.4	7
Other	17.3	53	19.5	66	15.1	54	13.1	48	16.5	59
Hispanic	24.9	47	20.9	69	21.5	74	23.0	68	18.6	67

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.



SA HP2020-14.3: Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking of Alcohol. (Trend Data: 2001 - 2005)

Age	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	26.1	59	37.5	94	30.2	77	27.4	57	23.2	52
25-34	28.6	118	31.6	139	23.0	105	27.0	110	26.0	101
35-44	19.4	117	21.1	154	21.9	131	19.8	118	22.1	124
45-54	12.1	86	13.5	94	17.5	109	16.4	95	18.3	122
55-64	8.7	33	11.3	58	11.0	56	10.7	66	6.6	57
65+	5.4	26	4.3	29	4.1	31	6.5	39	6.4	40

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

SA HP2020-14.3: Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking of Alcohol. (Trend Data: 2006 - 2009)

County of Residence	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	15.0	154	15.6	173	18.8	214	17.7	144
Washoe County	18.1	178	20.5	224	19.4	242	17.1	163
All Other Counties**	17.1	164	19.7	211	20.4	233	16.6	149
<b>Nevada Total</b>	<b>15.5</b>	<b>506</b>	<b>16.9</b>	<b>627</b>	<b>18.8</b>	<b>698</b>	<b>17.5</b>	<b>465</b>
Carson	10.9	18	16.2	30	22.3	45	16.1	19
Churchill	15.2	16	24.5	16	17.1	15	11.8	11
Douglas	19.0	27	17.4	39	18.8	34	22.1	29
Elko	25.9	28	23.6	31	24.2	36	19.9	24
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	29.2	18	31.0	16	23.9	9
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	17.4	27	17.3	30	20.9	31	23.9	36
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	16.5	16	17.9	23	12.0	23	5.1	11
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	26.3	14	N/A	<50*

SA HP2020-14.3: Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking of Alcohol. (Trend Data: 2006 - 2009)

Gender and Race/Ethnicity	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	19.2	296	23.8	373	24.7	394	23.7	262
Female	11.7	210	9.9	254	12.9	304	11.1	203
White	15.7	352	17.8	465	17.2	498	18.5	382
Black	16.8	9	15.1	15	22.0	17	6.9	7
Other	13.7	68	15.4	67	19.2	65	17.3	38
Hispanic	15.9	72	15.6	73	22.5	114	16.6	34

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

SA HP2020-14.3: Proportion of Adults Aged 18 Years and Older Engaging in Binge Drinking of Alcohol. (Trend Data: 2006 - 2009)

Age	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
18-24	24.5	50	22.6	62	29.5	62	27.9	23
25-34	20.0	96	21.7	117	28.3	136	27.2	77
35-44	17.9	123	21.0	132	21.4	142	17.0	96
45-54	15.1	116	17.4	149	16.2	167	18.6	120
55-64	10.8	77	12.0	92	13.3	120	9.9	86
65+	4.8	39	5.5	66	4.6	64	5.3	57

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-1.1: Proportion of Cigarette Smoking Adults. (Trend Data: 2001 - 2005)**

County of Residence	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	27.4	235	27.2	256	26.0	248	24.2	230	23.8	206
Washoe County	23.9	206	22.7	230	21.9	209	21.5	185	19.8	211
All Other Counties**	28.2	188	27.2	271	24.4	227	25.1	241	24.4	256
<b>Nevada Total</b>	<b>26.9</b>	<b>684</b>	<b>26.0</b>	<b>776</b>	<b>25.2</b>	<b>703</b>	<b>23.2</b>	<b>665</b>	<b>23.1</b>	<b>693</b>
Carson	28.8	46	20.9	39	23.1	40	24.2	38	23.6	42
Churchill	31.6	22	39.1	23	22.8	20	21.9	19	18.1	15
Douglas	19.3	25	26.8	37	24.0	34	18.7	28	15.3	30
Elko	33.8	40	27.7	46	24.2	34	23.8	28	25.5	34
Esmeralda	~	~	~	~	~	~	~	~	N/A	<50*
Eureka	~	~	~	~	~	~	~	~	N/A	<50*
Humboldt	~	~	23.3	15	~	~	~	~	N/A	<50*
Lander	~	~	~	~	~	~	~	~	N/A	<50*
Lincoln	~	~	~	~	~	~	~	~	N/A	<50*
Lyon	26.0	26	30.3	40	30.9	42	33.2	44	35.1	55
Mineral	~	~	~	~	~	~	~	~	N/A	<50*
Nye	31.7	29	24.8	29	31.8	31	31.7	38	20.2	32
Pershing	~	~	~	~	~	~	~	~	N/A	<50*
Storey	~	~	~	~	~	~	~	~	N/A	<50*
White Pine	~	~	~	~	~	~	~	~	N/A	<50*

**TU HP2020-1.1: Proportion of Cigarette Smoking Adults. (Trend Data: 2001 - 2005)**

Gender and Race/Ethnicity	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	27.8	349	28.5	403	29.0	367	24.7	322	25.2	337
Female	26.0	335	23.5	373	21.3	336	21.7	343	20.9	356
White	27.1	520	24.9	553	26.0	506	23.5	467	22.9	480
Black	27.5	17	29.9	23	18.0	16	22.5	16	32.1	24
Other	32.2	95	35.4	114	27.2	90	23.6	101	29.5	100
Hispanic	19.9	48	22.8	76	22.8	82	21.8	74	18.6	85

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-1.1: Proportion of Cigarette Smoking Adults. (Trend Data: 2001 - 2005)**

Age	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	29.5	69	36.5	79	25.6	57	24.7	52	22.2	55
25-34	28.2	118	31.4	125	24.1	113	21.8	96	24.1	107
35-44	32.0	176	23.6	187	26.2	144	27.9	144	25.8	144
45-54	28.2	148	28.3	173	31.0	165	26.2	154	28.2	156
55-64	27.1	99	21.1	110	26.2	124	22.1	123	23.2	136
65+	15.0	70	14.8	90	16.3	91	14.2	88	13.3	91

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-1.1: Proportion of Cigarette Smoking Adults. (Trend Data: 2006 - 2009)**

County of Residence	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	22.4	248	22.1	277	23.2	326	22.0	238
Washoe County	18.7	226	20.5	248	18.8	266	20.7	221
All Other Counties**	24.4	251	22.4	293	23.5	350	23.0	299
<b>Nevada Total</b>	<b>22.2</b>	<b>759</b>	<b>21.5</b>	<b>841</b>	<b>22.2</b>	<b>963</b>	<b>22.0</b>	<b>774</b>
Carson	20.9	33	18.0	41	25.4	54	25.8	42
Churchill	26.4	20	20.0	26	21.8	33	24.7	28
Douglas	30.2	47	14.3	34	16.0	40	18.0	41
Elko	21.4	30	27.2	39	28.2	49	16.8	32
Esmeralda	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	33.6	15	22.6	17	20.5	17	21.9	11
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	25.9	43	23.6	54	26.8	59	27.5	52
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	18.5	26	30.9	45	23.6	47	29.5	55
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	19.0	11	N/A	<50*

**TU HP2020-1.1: Proportion of Cigarette Smoking Adults. (Trend Data: 2006 - 2009)**

Gender and Race/Ethnicity	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	22.9	367	23.4	377	24.3	396	22.7	306
Female	21.4	392	19.5	464	20.0	567	21.3	468
White	21.1	506	21.1	600	21.9	720	21.1	612
Black	29.2	19	26.0	25	18.2	21	22.3	28
Other	29.6	117	25.4	122	29.5	120	27.5	67
Hispanic	20.3	112	19.1	88	20.5	98	23.0	59

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-1.1: Proportion of Cigarette Smoking Adults. (Trend Data: 2006 - 2009)**

Age	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
18-24	29.7	47	21.3	51	22.3	47	23.2	27
25-34	20.0	92	21.1	104	26.6	117	23.6	74
35-44	18.5	133	20.3	126	20.3	147	22.2	102
45-54	29.4	202	27.3	207	23.8	225	23.5	174
55-64	27.2	171	20.4	171	24.5	219	22.9	187
65+	12.1	108	18.2	173	15.7	196	16.3	195

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-4.1: Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year. (Trend Data: 2001 - 2005)**

County of Residence	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	49.5	113	56.0	129	44.7	109	44.1	100	60.0	115
Washoe County	51.0	111	52.3	123	47.7	96	69.8	114	53.4	107
All Other Counties**	53.6	104	48.8	127	48.2	114	51.7	123	51.5	133
<b>Nevada Total</b>	<b>50.6</b>	<b>361</b>	<b>54.0</b>	<b>388</b>	<b>46.9</b>	<b>332</b>	<b>49.3</b>	<b>343</b>	<b>57.9</b>	<b>367</b>
Carson	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	~	~	N/A	<50*	N/A	<50*	~	~	N/A	<50*
Eureka	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	43.0	23
Mineral	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Pershing	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	~	~	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**TU HP2020-4.1: Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year. (Trend Data: 2001 - 2005)**

Gender and Race/Ethnicity	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
Male	49.1	166	52.4	195	44.4	156	48.7	157	55.9	170
Female	52.2	195	56.0	193	50.4	176	49.9	186	60.4	197
White	46.0	261	47.9	265	44.2	223	40.8	225	53.2	242
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	58.3	57	56.5	61	50.6	46	55.6	57	62.5	54
Hispanic	N/A	<50*	73.5	44	56.1	50	67.1	46	70.0	56

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.



**TU HP2020-4.1: Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year. (Trend Data: 2001 - 2005)**

Age	2001		2002		2003		2004		2005	
	Percent	N	Percent	N	Percent	N	Percent	N	Percent	N
18-24	80.5	52	84.4	56	63.6	35	38.6	28	65.6	33
25-34	50.3	68	64.0	81	60.2	64	71.7	67	75.2	73
35-44	52.9	96	46.7	98	45.0	75	52.8	89	51.7	76
45-54	45.7	70	41.4	75	47.5	77	44.7	76	51.2	78
55-64	34.2	41	32.6	38	33.1	49	34.1	44	54.2	64
65+	42.1	34	35.4	36	28.5	28	35.5	34	48.5	43

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-4.1: Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year. (Trend Data: 2006 - 2009)**

County of Residence	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Clark County	55.4	131	55.0	141	53.4	162	51.8	114
Washoe County	56.2	122	61.0	143	61.6	137	51.6	105
All Other Counties**	47.1	116	51.9	132	56.4	179	56.2	151
<b>Nevada Total</b>	<b>56.3</b>	<b>393</b>	<b>56.2</b>	<b>429</b>	<b>55.1</b>	<b>490</b>	<b>53.5</b>	<b>383</b>
Carson	N/A	<50*	N/A	<50*	60.0	27	N/A	<50*
Churchill	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Douglas	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Elko	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Esmeralda	N/A	<50*	N/A	<50*	~	~	~	~
Eureka	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Humboldt	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lander	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lincoln	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Lyon	N/A	<50*	35.6	18	56.0	29	73.4	31
Mineral	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Nye	N/A	<50*	N/A	<50*	N/A	<50*	50.3	28
Pershing	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Storey	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
White Pine	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*

**TU HP2020-4.1: Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year. (Trend Data: 2006 - 2009)**

Gender and Race/Ethnicity	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
Male	52.4	180	53.8	183	53.5	207	55.8	143
Female	60.4	213	59.2	246	57.2	283	50.9	240
White	52.0	246	47.7	287	48.6	338	50.5	297
Black	N/A	<50*	N/A	<50*	N/A	<50*	N/A	<50*
Other	59.5	71	60.5	59	63.8	72	63.0	35
Hispanic	65.8	65	75.5	61	66.7	63	54.3	32

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**TU HP2020-4.1: Proportion of Adults Reporting Smoking Cessation Attempts in the Past Year. (Trend Data: 2006 - 2009)**

Age	2006		2007		2008		2009	
	Percent	N	Percent	N	Percent	N	Percent	N
18-24	N/A	<50*	89.1	43	N/A	<50*	N/A	<50*
25-34	58.3	50	66.2	68	66.0	73	59.7	45
35-44	48.2	66	57.8	71	49.4	76	45.0	49
45-54	56.2	112	48.3	106	49.9	120	52.7	93
55-64	61.0	92	42.5	76	38.5	102	47.8	88
65+	41.6	46	35.3	60	46.0	80	46.0	86

\*Less than 50 respondents.

\*\*All Other Counties includes: Carson, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine Counties. Rates for each county are listed below Nevada Total.

Note: Data are from the Behavior Risk Factor Surveillance System (BRFSS) Survey.

-Due to the BRFSS sampling frame, no residents from this county were contacted.

Note: 'N/A' indicates sufficient data are not available.

Note: These percentages are weighted to survey population characteristics. Not all counties were included in the survey results.

**The vision of the Office of Health Statistics and Surveillance is  
to play a vital role in improving the health of all Nevadans  
by providing data that makes a difference.**

**Office of Health Statistics and Surveillance**

**Bureau of Health Statistics, Planning, Epidemiology, and Response**

**Nevada State Health Division**

**Department of Health and Human Services**