

Minority Health Report

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Definitions

Age-Adjusted Rate. An age-adjusted rate is a weighted average of the age-specific (crude) rates, where the weights are the proportions of persons in the corresponding age groups of a standard population. The potential confounding effect of age is reduced when comparing age-adjusted rates computed using the same standard population.

Annual Household Income. Includes annual income of the householder and all other people 15 years and older in the household, whether or not they are related to the householder.

Birthweight. Birthweight is reported in some areas in pounds and ounces and in other areas as grams. However, the metric system is used to tabulate and present the statistics to facilitate comparison with data published by other groups. The categories for birthweight are consistent with the recommendations in the International Statistical Classification of Diseases, Tenth Revision (ICD-10).

- **Low birth weight (LBW).** Birth weight of less than 2,500 grams (5 lbs, 8 oz).
- **Very Low birth weight (VLBW).** Birth weight of less than 1,500 grams (3 lbs, 4 oz).

Body Mass Index (BMI). A person's weight in kilograms divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used as a screening tool but is not diagnostic of the body fatness or health of an individual.

- **Adult Weight.**
 - **Underweight.** BMI less than 18.5.
 - **Normal or Healthy weight.** BMI between 18.5 and 24.9.
 - **Overweight.** BMI between 25.0 and 29.9.
 - **Obese.** BMI 30.0 or greater.
- **Childhood Weight.** A child's weight status is determined using an age- and sex-specific percentile for BMI rather than the BMI categories used for adults. This is because children's body composition varies as they age and varies between boys and girls. Therefore, BMI levels among children and teens need to be expressed relative to other children of the same age and sex.
 - **Underweight.** BMI less than 5th percentile.
 - **Normal or Healthy weight.** BMI 5th percentile to less than the 85th percentile.
 - **Overweight.** BMI 85th percentile to less than the 95th percentile.
 - **Obese.** BMI 95th percentile or greater.

Confidence interval (CI). Range of values for a rate that will include the true value of the rate a given percentage of the time. Example: 95% CI includes the true value of the rate 95% of the time.

Crude Rate. A crude rate is the total number of cases for a specific geographic area or race/ethnicity divided by the total number of persons in the population for the same geographic area or race/ethnicity for a specified time period.

Current Smoker. Smoking at least 100 cigarettes in their lifetime and who, at the time of survey, smoked either every day or some days were defined as Current Smoker

Educational Level. Highest grade or year of school completed.

Healthcare Coverage. Includes health insurance, prepaid plans such as HMOs, or government plans such as Medicare, Indian Health Service, or any other coverage.

Injection Drug Use (IDU). Includes persons who took non-prescribed drugs by injection, intravenously, intramuscularly, or subcutaneously.

Male-to-male Sexual Contact (MSM). Includes males with reported sexual contact with another male.

New HIV Infection. The category *new HIV infections* includes persons newly diagnosed with HIV infection in Nevada (both living and deceased) and excludes persons who were diagnosed in another state but who currently live in Nevada. This category also includes persons who were newly diagnosed with HIV and AIDS in the same year. In addition, the category new HIV infections is based on diagnoses of HIV infection and does not include every person who has been infected with HIV. Many people do not get tested for HIV and cannot be included in surveillance statistics. Furthermore, a recent diagnosis may not reflect a new infection; an individual may be diagnosed with HIV many years after he/she was first infected.

No Identified Risk/No Reported Risk (NIR/NRR). Persons who have no risk information reported by the provider or no risk factor was identified during an expanded investigation.

Persons Living with HIV/AIDS. This category includes the total number of persons currently living with HIV and/or AIDS in Nevada, based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV or AIDS in Nevada.

Primary Substances Used. Includes: alcohol, amphetamines/methamphetamines, anabolic, barbiturates, benzodiazapine, cocaine, crack, ecstasy, ephedrine/pseudoephedrine, ghb/gbl/1,4, hallucinogens, heroin, inhalants, ketamine, marijuana/hashish, non-rx, none, other, other, other, other, over-the-counter, pcp, rohypnol, and tranquilizers.

Race/Ethnicity. Although all datasets include American Indian/Alaska Native, Black, Hispanic, and White race/ethnicity categories, certain datasets combine Asian and Native Hawaiian/Pacific Islander categories as Asian and Pacific Islander.

- **Datasets that Combine Asian and Native Hawaiian/Pacific Islander Definition:**
 - AAMC, eHARS, HIB, NBS, NCCR, NHIPPS, STD*MIS, WEVRRS, and YRBS.
- **Datasets that Separate Asian and Native Hawaiian/Pacific Islander Definition:**
 - ACS, Avatar, and BRFSS.
- **Race/Ethnicity Categories**
 - **American Indian/Alaska Native (AI/AN).** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
 - **Asian and Pacific Islander (API).** A person who falls under the Asian or Native Hawaiian/Pacific Islander categories.
 - **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. It includes "Asian Indian," "Chinese," "Filipino," "Korean," "Japanese," "Vietnamese," and "Other Asian."
 - **Native Hawaiian/Pacific Islander (NH/PI).** "Native Hawaiian or Other Pacific Islanders" as people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - **Black.** A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African American, or Negro," or provide written entries such as African American, Afro American, Kenyan, or Nigerian. Non-Hispanic.
 - **Hispanic.** People who classified themselves in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2010 questionnaire -"Mexican," "Puerto Rican," or "Cuban"-as well as those who indicate that they are "another Hispanic, Latino, or Spanish origin." People who do not identify with one of the specific origins listed on the questionnaire but indicate that they are "another Hispanic, Latino, or Spanish origin" are those

whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic. The terms "Hispanic," "Latino," and "Spanish" are used interchangeably.

- **Other race.** Includes all other responses not included in the White, Black or African American, American Indian and Alaska Native, Asian and Native Hawaiian and Other Pacific Islander race categories described above.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish. Non-Hispanic.

Statistical Significance. A result that is not likely to occur randomly, but rather is likely to be attributable to a specific cause. Rates and proportions in this report are compared to state or national values and are bolded and highlighted red when statistical significance is present.

Substance Abuse Diagnoses. Includes: alcohol abuse, alcohol dependence, alcohol intoxication, alcohol withdrawal, amphetamine abuse, amphetamine dependence, amphetamine intoxication, amphetamine intoxication delirium, amphetamine withdrawal, caffeine intoxication, cannabis abuse, cannabis dependence, cannabis intoxication, cannabis intoxication delirium, cocaine abuse, cocaine dependence, cocaine intoxication, cocaine intoxication delirium, cocaine withdrawal, hallucinogen abuse, hallucinogen dependence, hallucinogen intoxication, hallucinogen intoxication delirium, inhalant abuse, inhalant dependence, inhalant intoxication, inhalant intoxication delirium, nicotine dependence, opioid withdrawal, opioid abuse, opioid dependence, opioid intoxication, opioid intoxication delirium, other (or unknow) substance intoxication, other (or unknown) substance abuse, other (or unknown) substance dependence, other (or unknown) substance withdrawal, other (or unknown) substance-induced delirium, phencyclidine abuse, phencyclidine dependence, phencyclidine intoxication delirium, polysubstance dependence, sedative, hypnotic, or anxiolytic abuse, sedative, hypnotic, or anxiolytic depend, sedative-, hypnotic-, or anxiolytic intoxication delirium, sedative-, hypnotic-, or anxiolytic withdrawal.

Data Sources

American Community Survey (ACS)

An ongoing survey conducted by the United States Census Bureau that collects information via mail, telephone, and in-person visits to collect data about jobs and occupations, educational attainment, veterans, whether people own or rent their home, and other topics. [1] [2]

Association of American Medical Colleges (AAMC) FACTS

The AAMC FACTS tables present data on U.S. medical school applicants, matriculants, enrollments, graduates as well as data on M.D.-Ph.D. students and on residents. [3]

Avatar

MyAvatar, a Netsmart product, is a database containing demographic, treatment, billing, and financial information for our mental health facilities throughout the State of Nevada. [4]

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and the states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. [5] [6]

Enhanced HIV/AIDS Reporting System (eHARS)

Web browser based application utilized for the collection, storage, and retrieval of HIV/AIDS related data, maintained and monitored by the Nevada Division of Public and Behavioral Health's HIV/AIDS Surveillance Program. [7]

Hospital Inpatient Billing (HIB)

The Hospital Inpatient Billing data provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data is for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes (up to 33 diagnoses). In addition, the data includes billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information is for billed charges and not the actual payment received by the hospital. [8] [9] [10]

National Center for Health Statistics (NCHS), National Vital Statistics System (NVSC)

Organization of the CDC which collects, stores, and provides U.S. public health statistics including diseases, mortality, pregnancies, births, aging, and obesity. Information is disseminated across the World Wide Web and via 'FASTSTATS' and other reports.

National Electronic Disease Surveillance System (NEDSS)

Facilitates the electronic transfer of public health surveillance data from the healthcare system to public health departments. It is a conduit for exchanging information that supports the National Notifiable Diseases Surveillance System (NNDSS). NEDSS helps connect the healthcare system to public health departments and those health departments to CDC. [11]

National Electronic Disease Surveillance System Base System (NBS)

Provides reporting jurisdictions with a NEDSS-compatible information system to facilitate transferring health, laboratory, and clinical data efficiently and securely over the Internet. NBS provides reporting jurisdictions with a Web-based patient-focused system that can integrate data on multiple health conditions and multiple patients to help state and local public health officials

identify and track multiple diseases, even if they are in the same patient. The NBS also provides reporting jurisdictions support for managing disease outbreaks and identifying when patients might be counted more than once. [12]

Web-Enabled Vital Records Registry Systems (WEVRRS)

Software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death related information. [13]

Nevada Central Cancer Registry (NCCR)

A population based, dynamic database containing information about incidence, mortality, staging, treatment, and recurrence of cancer cases. As a population based registry, it provides statewide standardized data that is utilized in nationally and locally for research and epidemiological analyses of cancer occurrence in the state. [14] [15]

Nevada Health Information Provider Performance System (NHIPPS)

Web based computer application used to collect and store information about clients or participants in funded treatment and prevention programs. The data are used to satisfy the reporting requirements for the Federal Substance Abuse and Mental Health Services Administration (SAMHSA), the Nevada State Legislature, the Substance Abuse Prevention & Treatment Agency (SAPTA), and the public. [16]

Sexually Transmitted Disease Management Information System (STD*MIS)

A data application developed by CDC for state or local health departments to assist with data management issues in STD programs when utilizing data that it receives from labs, providers, clinics, disease intervention specialists, etc. [17] [18]

United States Cancer Statistics (USCS)

The U.S. Cancer Statistics Incidence and Mortality Web-based Report contains the official federal statistics on cancer incidence (newly diagnosed cases). Information on newly diagnosed cancer cases is based on data collected by registries in CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology, and End Results (SEER) Program. Together, the two federal programs, NPCR and SEER, collect cancer incidence data for the entire U.S. population. Information on cancer deaths is collected by the National Vital Statistics System (NVSS) of CDC's National Center for Health Statistics (NCHS). [19]

United States Census Bureau

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

Youth Risk Behavior Survey (YRBS)

The purpose of the YRBS is to provide Nevada data to assess trends in priority health-risk behaviors among high school students; measure progress toward achieving national health objectives for Healthy People 2020 and other program and policy indicators; and evaluate the impact of broad school and community interventions at the national, state, and local level. The YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in traditional, public high schools that monitors the prevalence of health risk behaviors among youth. The survey asks students to self-report their behaviors in six major areas of health that directly lead to morbidity and mortality, these include: (1) Behaviors that contribute to unintentional injuries and violence; (2) Sexual behaviors that contribute to human immunodeficiency virus (HIV) infection, other sexually transmitted diseases, and unintended pregnancy; (3) Tobacco use; (4) Alcohol and other drug use; (5) Unhealthy dietary behaviors; and (6) Physical inactivity. [20] [21]

Purpose

The purpose this report is to highlight existing health disparities by race/ethnicity in Nevada, with a focus upon the most current state and national data available. The race/ethnic groups represented in this report are White, Black, American Indian/Alaskan Native (AI/AN), Asian, Native Hawaiian/Pacific Islander (NH/PI), Hispanic, and Unknown/Other/Multiple. Racial and ethnic minorities are disproportionately affected by health problems and disease in Nevada and throughout the nation. Minorities often have higher rates of infectious and chronic diseases due to a variety of reasons and disparities in access to healthcare. It is our intention that this data will be used by health professionals, policy makers, community members, and researchers to improve health disparities among Nevada's minority population.

This report is broken down by topic with narratives highlighting important data points, followed by supporting figures and data tables. The comparisons made in this report are conducted between individual race/ethnic categories, Nevada's overall population, and Nevada versus the United States. Statistically significant rates and proportions are distinguished in **red**.

General Demographics

Population

Between 2010 and 2014, Nevada's population has grown from 2,700,551 to 2,839,099. There is an approximate 5.1% growth rate in Nevada compared to the national growth rate of 3.3% for the same period. According to the American Community Survey, in 2014 the Hispanic population in Nevada accounted for 27.8% of the state's population as compared to 26.5% in 2010.

- Nevada's population is diverse, with a White majority. Nevada's population is comprised 51.3% White, 8.2% Black, 0.9% American Indian/Alaskan Native (AI/AN), 7.7% Asian, 0.6% Native Hawaiian/Pacific Islander (NH/PI), and 27.8% Hispanic. (Figure 1 and Table 1)

Educational Level

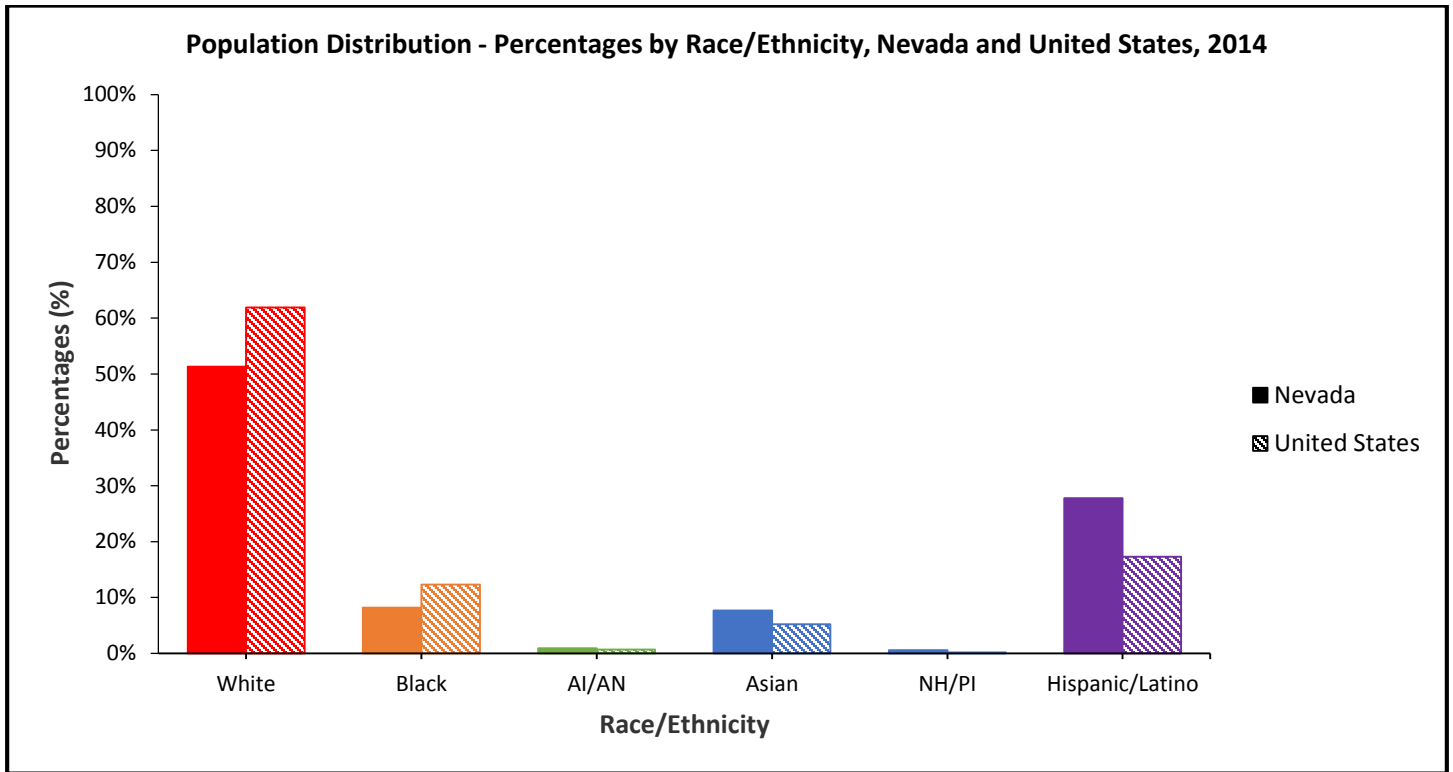
The Centers for Disease Control and Prevention state that individuals with less education are more likely to experience health risks (e.g. obesity, substance abuse, intentional and unintentional injury). In addition, chronic diseases, infectious disease, and risky behavior is more prevalent in those with less education. [22] Contrastingly, higher levels of education are associated with good health (e.g. lower teenage pregnancies, better dietary choices, adequate physical activity, reduced physical and emotional abuse, lower substance abuse, and less gang involvement). [23] [24] [25] [26] [27]

- Nevada has similar educational trends among all racial and ethnic categories compared to the United States.
- Asians had the highest proportions of college graduates in Nevada and the United States (43.4% and 52.1%, respectively).
- Nevada Hispanic/Latinos had significantly higher proportions of high school graduates (32.5%) between 2011 and 2014 than the United States (26.7%).
- Nevada Whites had significantly higher proportions of persons with some college education (37.7%) between 2011 and 2014 than the United States (28.9%). (Figure 2, Table 2, and Table 3)

Household Income

- Between 2010 and 2014, Whites had the highest proportions of persons in Nevada with an annual household income of \$75,000+ (29.0%) and \$50,000 to \$74,999 (15.5%)
- In the United States, Asians had the highest proportion of persons with an annual household income of \$75,000+ (35.9%).
- Blacks and Hispanic/Latinos had the highest proportion of persons with an annual household income <\$15,000 (17.1% and 13.7%, respectively).
- Nevada Asians (13.8%) had significantly higher proportions than the United States of persons with an annual household income of \$25,000 to \$34,999. (Figure 3, Table 4, and Table 5)

Figure 1. Population Distribution – Percentages by Race/Ethnicity, Nevada and United States, 2014



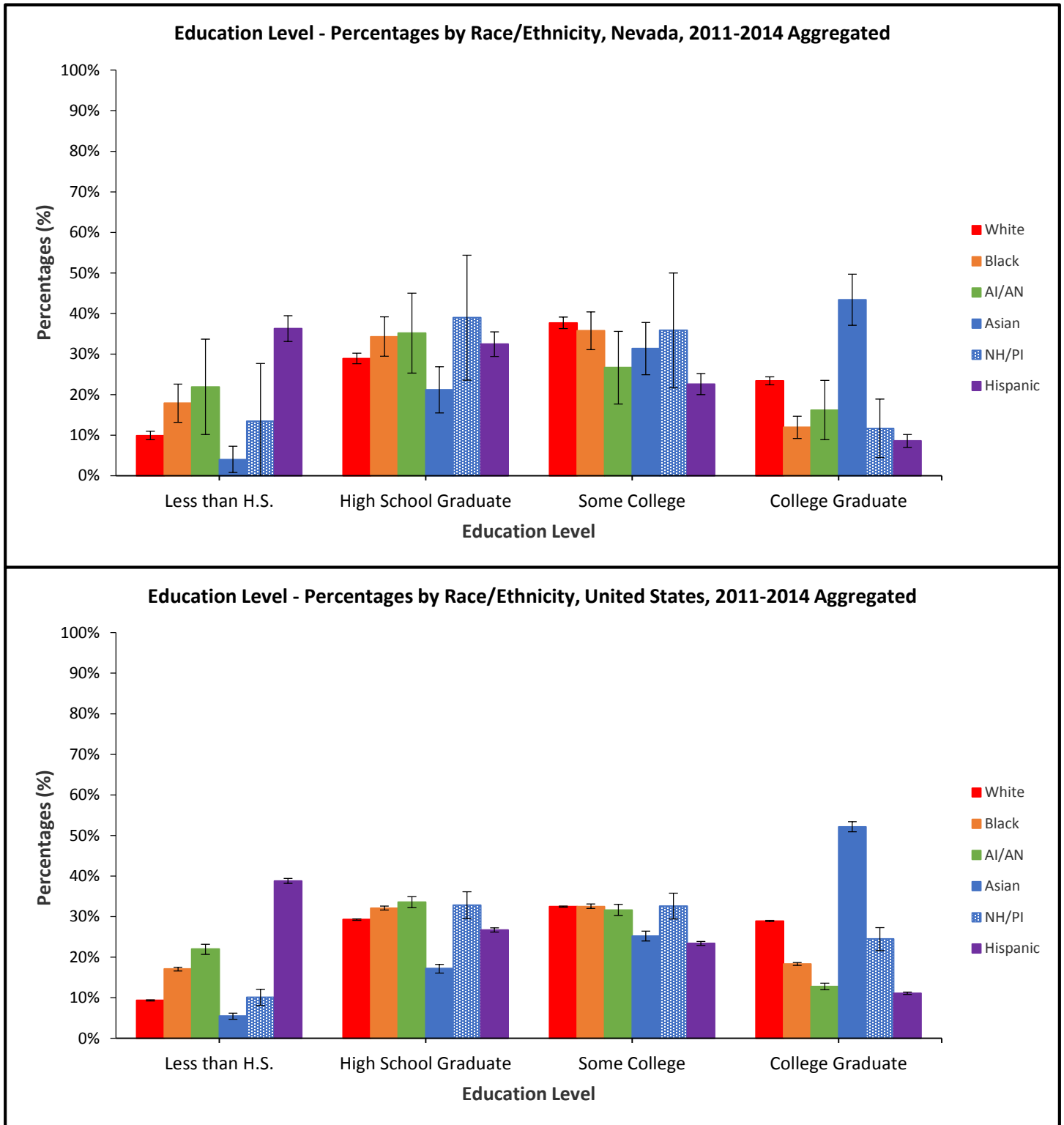
Source: U.S. Census Bureau, 2014 American Community Survey (1-Year Estimates)

Table 1. Population Distribution – Counts and Percentages by Race/Ethnicity, Nevada and United States, 2014

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic/Latino	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	1,457,400	51.3	231,626	8.2	25,142	0.9	217,722	7.7	17,860	0.6	790,038	27.8
United States	197,409,353	61.9	39,267,149	12.3	2,103,422	0.7	16,513,652	5.2	507,550	0.2	55,279,452	17.3

Source: U.S. Census Bureau, 2014 American Community Survey (1-Year Estimates)

Figure 2. Educational Level – Percentages by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Table 2. Education Level – Percentages by Race/Ethnicity, Nevada, 2011-2014 Aggregated

	White (%)	Black (%)	AI/AN (%)	Asian (%)	NH/PI (%)	Hispanic/Latino (%)
Less than H.S.	9.9 (8.9-11.0)	17.9 (13.2-22.6)	21.9 (10.2-33.7)	4.0 (0.8-7.3)	13.5 (0.0-27.7)	36.3 (33.1-39.5)
High School Graduate	28.9 (27.6-30.2)	34.3 (29.5-39.2)	35.2 (25.3-45.0)	21.2 (15.5-26.9)	39.0 (23.6-54.4)	32.5 (29.4-35.5)
Some College	37.7 (36.3-39.1)	35.8 (31.1-40.4)	26.7 (17.7-35.6)	31.4 (24.9-37.8)	35.9 (21.7-50.0)	22.6 (20.0-25.2)
College Graduate	23.4 (22.4-24.4)	12.0 (9.2-14.7)	16.2 (8.9-23.5)	43.4 (37.1-49.7)	11.7 (4.5-18.9)	8.6 (7.0-10.2)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

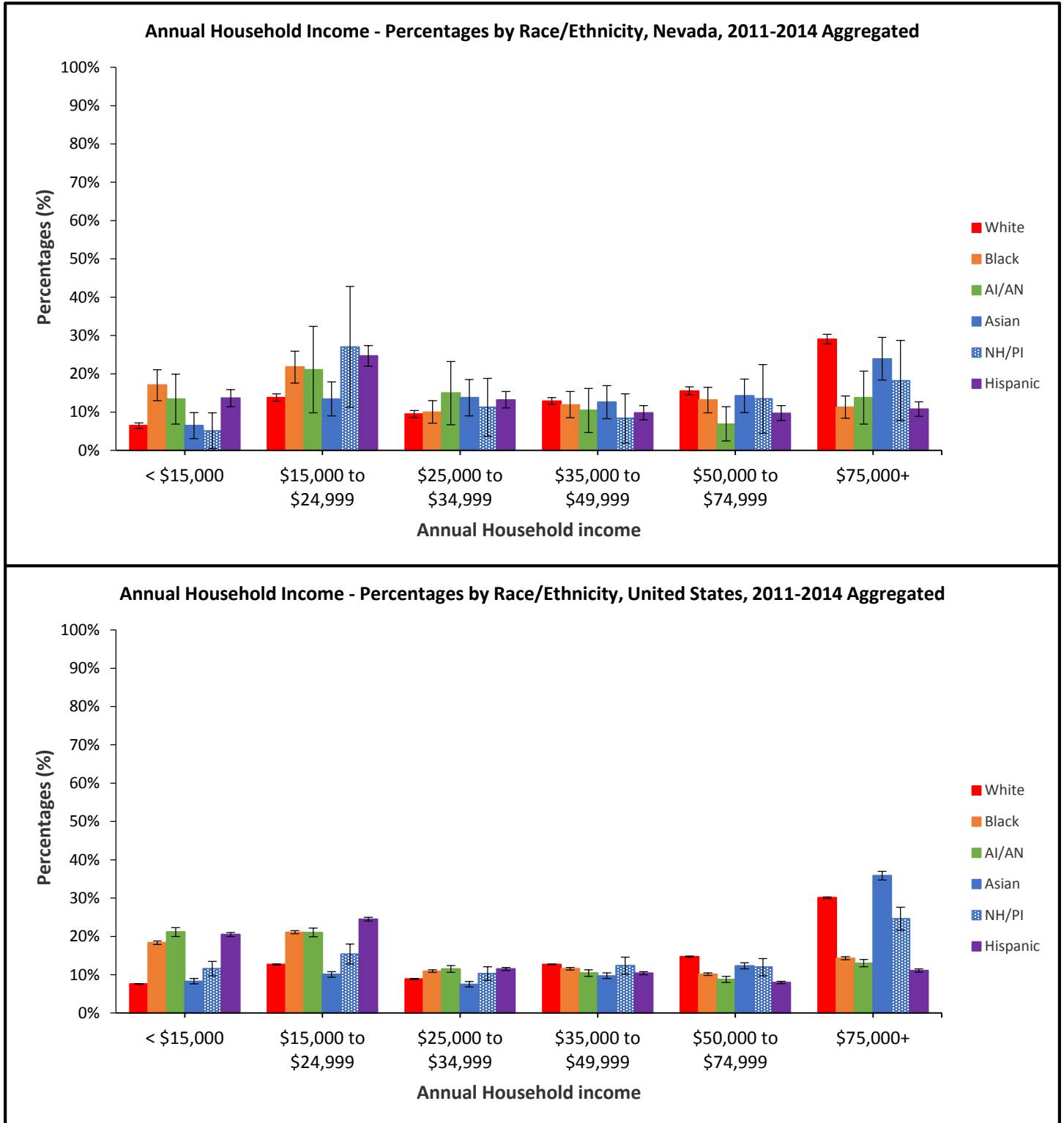
*Percentages in this table are compared to their corresponding United States percentages.

Table 3. Education Level – Percentages by Race/Ethnicity, United States, 2011-2014 Aggregated

	White (%)	Black (%)	AI/AN (%)	Asian (%)	NH/PI (%)	Hispanic/Latino (%)
Less than H.S.	9.4 (9.2-9.5)	17.1 (16.6-17.5)	22.0 (20.7-23.2)	5.5 (4.7-6.2)	10.1 (8.1-12.1)	38.8 (38.2-39.4)
High School Graduate	29.3 (29.1-29.4)	32.1 (31.6-32.6)	33.6 (32.2-34.9)	17.2 (16.1-18.2)	32.8 (29.5-36.1)	26.7 (26.2-27.2)
Some College	32.5 (32.3-32.6)	32.5 (32.0-33.1)	31.6 (30.3-33.0)	25.2 (24.0-26.4)	32.6 (29.4-35.8)	23.4 (22.9-23.9)
College Graduate	28.9 (28.8-29.1)	18.3 (18.0-18.7)	12.8 (12.0-13.6)	52.1 (50.9-53.4)	24.5 (21.6-27.3)	11.1 (10.8-11.4)

Source: United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Figure 3. Annual Household Income – Percentages by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Table 4. Annual Household Income – Percentages by Race/Ethnicity, Nevada, 2011-2014 Aggregated

	White (%)	Black (%)	AI/AN (%)	Asian (%)	NH/PI (%)	Hispanic/Latino (%)
< \$15,000	6.5 (5.8-7.2)	17.1 (13.0-21.1)	13.4 (6.9-19.9)	6.5 (3.1-9.9)	5.1 (0.5-9.8)	13.7 (11.4-15.9)
\$15,000 to \$24,999	13.8 (12.8-14.8)	21.8 (17.6-25.9)	21.1 (9.8-32.4)	13.4 (9.0-17.9)	27.0 (11.3-42.8)	24.7 (22.0-27.4)
\$25,000 to \$34,999	9.5 (8.6-10.4)	10.0 (7.1-13.0)	15.0 (6.7-23.2)	13.8 (9.0-18.5)	11.3 (3.7-18.8)	13.2 (11.1-15.4)
\$35,000 to \$49,999	12.9 (12.0-13.8)	11.9 (8.5-15.4)	10.5 (4.7-16.2)	12.6 (8.3-16.9)	8.4 (1.9-14.8)	9.8 (8.0-11.7)
\$50,000 to \$74,999	15.5 (14.5-16.6)	13.2 (9.8-16.5)	6.9 (2.5-11.4)	14.3 (9.9-18.6)	13.5 (4.5-22.4)	9.7 (7.8-11.7)
\$75,000+	29.0 (27.8-30.3)	11.3 (8.4-14.2)	13.8 (6.9-20.7)	23.9 (18.4-29.5)	18.2 (7.8-28.7)	10.8 (8.9-12.7)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

*Percentages in this table are compared to their corresponding United States percentages.

Table 5. Annual Household Income – Percentages by Race/Ethnicity, United States, 2011-2014 Aggregated

	White (%)	Black (%)	AI/AN (%)	Asian (%)	NH/PI (%)	Hispanic/Latino (%)
< \$15,000	7.6 (7.5-7.7)	18.4 (17.9-18.8)	21.2 (20.0-22.3)	8.3 (7.6-9.0)	11.6 (9.7-13.5)	20.5 (20.0-21.0)
\$15,000 to \$24,999	12.7 (12.5-12.8)	21.1 (20.7-21.5)	21.0 (19.9-22.2)	10.1 (9.3-10.8)	15.4 (12.8-18.0)	24.5 (24.0-25.0)
\$25,000 to \$34,999	8.9 (8.8-9.0)	10.9 (10.6-11.3)	11.5 (10.6-12.4)	7.5 (6.8-8.2)	10.3 (8.5-12.1)	11.5 (11.1-11.9)
\$35,000 to \$49,999	12.7 (12.6-12.8)	11.6 (11.2-11.9)	10.5 (9.6-11.3)	9.7 (9.0-10.5)	12.4 (10.1-14.6)	10.4 (10.0-10.8)
\$50,000 to \$74,999	14.7 (14.6-14.9)	10.1 (9.8-10.5)	8.8 (8.0-9.6)	12.3 (11.5-13.1)	12.0 (9.7-14.2)	8.0 (7.7-8.3)
\$75,000+	30.1 (29.9-30.3)	14.3 (13.9-14.7)	13.0 (12.1-14.0)	35.9 (34.7-37.0)	24.6 (21.6-27.6)	11.1 (10.7-11.5)

Source: United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Leading Causes of Death

The fifteen leading causes of death account for 81.1% of all deaths in Nevadans in 2014. Concern is necessary when the top five leading causes of death account for 64.7% of all deaths with much being preventable by reducing associated risk factors. (Table 6 and Table 7)

- In 2014, heart disease and cancer were the leading causes of death among all races in Nevada accounting for 25.9% and 22.5% of all deaths, respectively.
- Chronic lower respiratory disease (CLRD), including emphysema, bronchitis, and smoking related disorders ranked third (6.9%), unintentional injuries ranked fourth (5.2%), and cerebrovascular disease (stroke) ranked fifth (4.2%).
- Blacks and Whites had significantly higher rates (882.1 and 798.9 per 100,000 population, respectively) of death when compared Nevada's overall population (759.9 per 100,000 population).

Table 6. Leading Causes of Death – Counts and Age-Adjusted Rates* by Year, Nevada, 2010-2014

Cause of Death	2010		2011		2012		2013		2014	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Heart Disease	4,774	192.2 (186.8-197.7)	4,981	193.4 (188.0-198.7)	4,975	188.0 (182.8-193.2)	5,192	192.6 (187.4-197.9)	5,570	198.0 (192.8-203.2)
Cancer	4,505	170.7 (165.7-175.7)	4,541	167.3 (162.5-172.2)	4,421	158.6 (153.9-163.3)	4,611	161.7 (157.1-166.4)	4,839	164.8 (160.1-169.4)
Chronic Lower Respiratory Diseases	1,185	48.5 (45.8-51.3)	1,235	49.1 (46.4-51.8)	1,341	51.2 (48.5-54.0)	1,433	53.7 (50.9-56.5)	1,491	53.7 (51.0-56.4)
Accidents	1,082	40.4 (38.0-42.8)	1,140	41.8 (39.4-44.2)	1,104	39.4 (37.0-41.7)	1,155	39.6 (37.3-41.8)	1,115	37.4 (35.2-39.6)
Stroke	794	32.4 (30.2-34.7)	879	35.5 (33.1-37.8)	867	33.4 (31.2-35.6)	923	32.7 (30.6-34.8)	913	33.7 (31.5-35.9)
Influenza and Pneumonia	468	19.3 (17.6-21.1)	496	19.6 (17.8-21.3)	481	18.6 (16.9-20.3)	494	18.4 (16.8-20.1)	673	24.0 (22.2-25.8)
Alzheimer's Disease	303	13.7 (12.2-15.2)	357	15.6 (14.0-17.2)	359	15.1 (13.6-16.7)	470	18.2 (16.5-19.8)	617	23.7 (21.8-25.5)
Suicide	547	19.7 (18.1-21.4)	510	18.2 (16.6-19.7)	503	17.7 (16.2-19.3)	509	18.2 (16.6-19.8)	559	19.4 (17.8-21.0)
Nephritis, Nephrotic Syndrome and Nephrosis	476	19.1 (17.4-20.8)	410	16.3 (14.8-17.9)	383	14.3 (12.9-15.7)	360	13.0 (11.6-14.3)	354	13.0 (11.6-14.3)
Chronic Liver Disease and Cirrhosis	318	11.1 (9.8-12.3)	313	10.7 (9.5-11.9)	372	12.5 (11.2-13.8)	393	12.6 (11.4-13.9)	380	12.0 (10.8-13.2)
Diabetes Mellitus	346	13.4 (12.0-14.8)	397	15.0 (13.5-16.5)	421	15.5 (14.0-17.0)	404	14.4 (13.0-15.9)	339	11.5 (10.3-12.7)
Septicemia	321	12.6 (11.3-14.0)	304	11.4 (10.2-12.7)	266	9.9 (8.7-11.1)	246	8.8 (7.7-9.9)	202	7.0 (6.0-8.0)
Homicide	176	6.5 (5.5-7.5)	144	5.4 (4.5-6.2)	118	4.4 (3.6-5.2)	146	5.3 (4.4-6.2)	192	6.5 (5.6-7.4)
Essential Hypertensive Renal Disease	128	5.5 (4.5-6.4)	163	6.7 (5.7-7.7)	163	6.6 (5.6-7.6)	183	6.9 (5.9-7.9)	136	4.8 (4.0-5.6)
Atherosclerosis	115	5.1 (4.2-6.1)	76	3.3 (2.5-4.0)	90	3.8 (3.0-4.6)	87	2.9 (2.3-3.5)	73	2.5 (1.9-3.1)
All Others	4,025	164.1 (159.0-169.2)	4,227	170.3 (165.2-175.5)	4,247	167.3 (162.3-172.3)	4,147	157.4 (152.6-162.2)	4,068	148.0 (143.5-152.6)
Total	19,563	774.5 (763.6-785.3)	20,173	779.5 (768.7-790.2)	20,111	756.2 (745.8-766.7)	20,753	756.4 (746.1-766.7)	21,521	759.9 (749.8-770.1)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues. Suppressed categories are placed in alphabetical order within each race/ethnic category.

Table 7. Leading Causes of Death – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2014

Cause of Death	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Heart Disease	4,425	210.1 (203.9-216.3)	466	254.2 (231.2-277.3)	40	158.0 (109.1-207.0)	265	142.0 (124.9-159.1)	372	122.6 (110.1-135.0)	~	†	5,570	198.0 (192.8-203.2)
Cancer	3,853	177.7 (172.1-183.3)	343	178.6 (159.7-197.5)	20	64.9 (36.5-93.3)	269	119.1 (104.9-133.3)	354	101.8 (91.2-112.4)	0	†	4,839	164.8 (160.1-169.4)
Chronic Lower Respiratory Diseases	1,316	61.8 (58.4-65.1)	68	35.2 (26.8-43.5)	7	~	38	21.5 (14.7-28.4)	58	24.0 (17.8-30.2)	~	†	1,491	53.7 (51.0-56.4)
Accidents	776	45.6 (42.4-48.8)	93	39.7 (31.6-47.7)	17	53.6 (28.1-79.1)	39	18.7 (12.8-24.6)	139	22.8 (19.0-26.6)	51	†	1,115	37.4 (35.2-39.6)
Stroke	648	31.7 (29.3-34.2)	87	50.6 (40.0-61.2)	~	~	75	39.0 (30.2-47.8)	92	29.1 (23.2-35.0)	8	†	913	33.7 (31.5-35.9)
Influenza and Pneumonia	491	23.9 (21.8-26.0)	65	37.7 (28.5-46.8)	7	~	36	18.2 (12.3-24.2)	69	23.0 (17.6-28.4)	5	†	673	24.0 (22.2-25.8)
Alzheimer's Disease	503	25.3 (23.1-27.6)	33	27.5 (18.1-36.9)	~	~	15	10.1 (5.0-15.2)	33	17.0 (11.2-22.9)	32	†	617	23.7 (21.8-25.5)
Suicide	443	25.8 (23.4-28.2)	28	11.8 (7.4-16.1)	10	~	16	6.3 (3.2-9.3)	61	9.5 (7.1-11.8)	~	†	559	19.4 (17.8-21.0)
Nephritis, Nephrotic Syndrome and Nephrosis	237	11.6 (10.1-13.1)	47	26.8 (19.1-34.4)	5	~	28	12.7 (8.0-17.4)	36	13.2 (8.9-17.5)	~	†	354	13.0 (11.6-14.3)
Chronic Liver Disease and Cirrhosis	268	13.2 (11.6-14.7)	20	8.8 (5.0-12.7)	7	~	10	~	71	14.6 (11.2-18.0)	~	†	380	12.0 (10.8-13.2)
Diabetes Mellitus	246	11.7 (10.3-13.2)	33	17.3 (11.4-23.2)	5	~	15	6.9 (3.4-10.4)	40	11.3 (7.8-14.8)	0	†	339	11.5 (10.3-12.7)
Septicemia	152	7.3 (6.1-8.5)	16	8.1 (4.2-12.1)	~	~	12	4.6 (2.0-7.2)	19	5.8 (3.2-8.4)	0	†	202	7.0 (6.0-8.0)
Homicide	74	4.9 (3.7-6.0)	59	24.0 (17.9-30.2)	~	~	6	~	40	4.9 (3.4-6.4)	12	†	192	6.5 (5.6-7.4)
Essential Hypertensive Renal Disease	99	4.7 (3.8-5.7)	14	6.4 (3.1-9.8)	~	~	9	~	10	~	~	†	136	4.8 (4.0-5.6)
Atherosclerosis	55	2.7 (2.0-3.5)	~	~	~	~	~	~	~	~	9	†	73	2.5 (1.9-3.1)
All Others	2,797	140.9 (135.7-146.1)	272	153.8 (135.5-172.1)	43	162.4 (113.8-210.9)	151	83.4 (70.1-96.7)	376	100.1 (90.0-110.2)	429	†	4,068	148.0 (143.5-152.6)
Total	16,383	798.9 (786.7-811.1)	1,646	882.1 (839.5-924.7)	171	614.9 (522.7-707.1)	987	495.8 (464.9-526.7)	1,773	504.0 (480.6-527.5)	561	†	21,521	759.9 (749.8-770.1)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues. Suppressed categories are placed in alphabetical order within each race/ethnic category.

Cardiovascular Disease

Cardiovascular disease (CVD), primarily heart disease and cerebrovascular disease (stroke), causes more deaths by race and ethnicity than any other disease. In the United States in 2011, the direct and indirect costs associated with heart disease and stroke were \$215.6 billion and \$33.6 billion, respectively. The estimated total cost associated with all CVDs is \$320.2 billion which is projected to increase to \$1,208 billion in 2030. [28]

Heart Disease

- Between 2010 and 2014, Blacks had significantly higher rates of death due to heart disease when compared to all races/ethnicities and Nevada.
- Whites also had significantly higher rates of death due to heart disease in 2010, 2011, and 2014 (205.6, 207.8, and 210.1 per 100,000, respectively) when compared to all races/ethnicities and Nevada. (Figure 4 and Table 8)

Cerebrovascular Disease (Stroke)

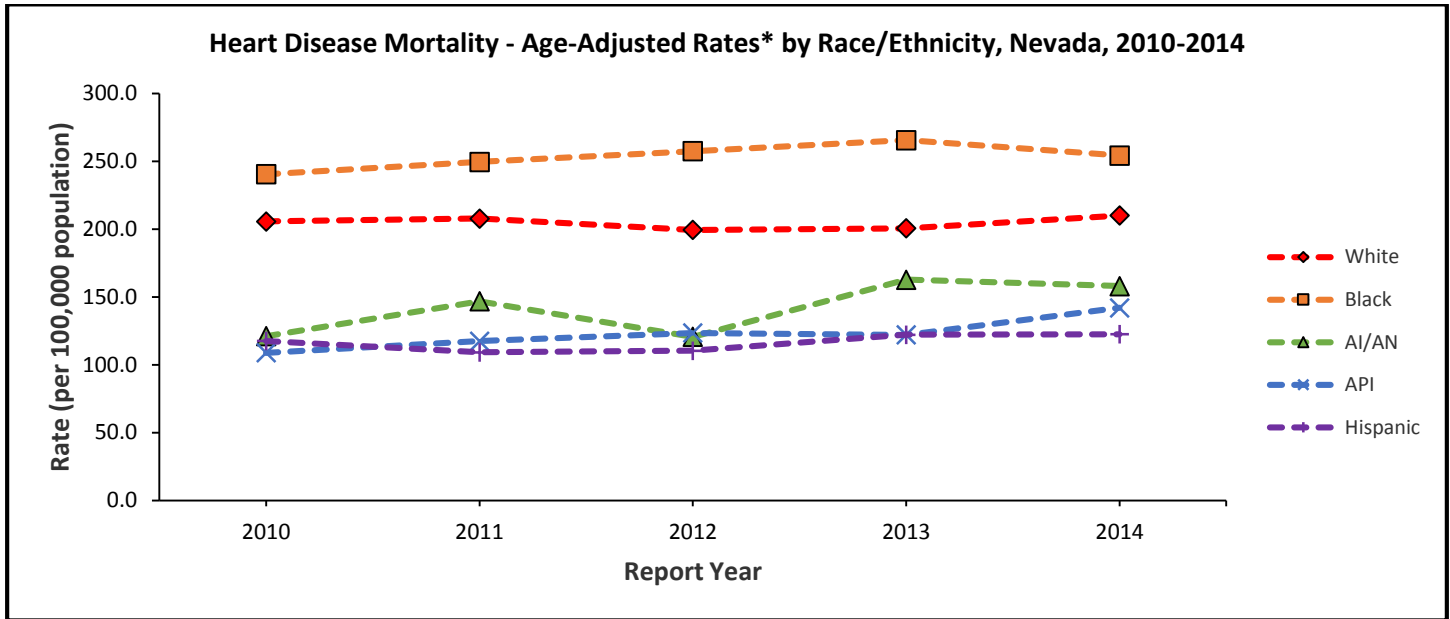
- Blacks had the highest rates of death due to stroke in 2014 with 50.6 per 100,000 population.
- Blacks also had significantly higher rates between 2011 and 2014 compared to all races/ethnicities and Nevada. (Figure 5 and Table 9)

Risk Factors of Cardiovascular Disease

As major risk factors of cardiovascular disease, coronary heart disease, high blood pressure, heart attacks, and weight are indicators for individuals who may be at higher risk of CVD.

- When compared to White, Asian, and Hispanic populations, Blacks had the highest proportion of having high blood pressure (45.2%) and stroke (5.8%). (Figure 7, Table 11, Figure 9, and Table 13)
- Nevada AI/AN (2.6%) had significantly lower proportions of stroke when compared to United States AI/AN (5.3%).
- Black females had a significantly higher proportion of having a heart attack (8.3%) when compared to their United States counterparts (3.5%). (Figure 8 and Table 12)
- Although all racial/ethnic groups had similar proportions for overweight or obesity, with the majority of proportions above 50%, this highlights a concern for other health diseases. (Figure 10 and Table 14)
- Among males in Nevada, Whites and AI/AN had significantly higher proportions (81.3% and 86.8%, respectively) of being physically active than White and AI/AN males in the United States (78.6% and 74.3%, respectively).
- Among females in Nevada, Hispanics (73.9%) had significantly higher proportions of being physically active than their United States counterparts (67.9%).
- Asian and Hispanic high school students in Nevada are significantly less physically active (37.5% and 40.0%, respectively) than their national counterparts (58.9% and 55.3%, respectively). (Figure 12 and Table 16)

Figure 4. Heart Disease Mortality – Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Table 8. Heart Disease Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	3,906	205.6 (199.2-212.1)	377	240.4 (216.2-264.7)	24	121.1 (72.6-169.5)	179	108.9 (92.9-124.8)	288	117.5 (103.9-131.1)	0	†	4,774	192.2 (186.8-197.7)
2011	4,069	207.8 (201.4-214.1)	408	249.6 (225.4-273.8)	36	146.8 (98.8-194.8)	189	117.4 (100.7-134.2)	279	109.3 (96.4-122.1)	0	†	4,981	193.4 (188.0-198.7)
2012	3,988	199.4 (193.2-205.6)	454	257.4 (233.7-281.0)	31	120.6 (78.1-163.1)	204	123.5 (106.5-140.4)	296	110.4 (97.8-123.0)	~	†	4,975	188.0 (182.8-193.2)
2013	4,099	200.6 (194.4-206.7)	464	265.6 (241.4-289.7)	41	162.8 (112.9-212.6)	223	122.1 (106.1-138.1)	346	122.2 (109.3-135.1)	19	†	5,192	192.6 (187.4-197.9)
2014	4,425	210.1 (203.9-216.3)	466	254.3 (231.2-277.3)	40	158.1 (109.1-207.0)	265	142.0 (124.9-159.1)	372	122.6 (110.1-135.0)	~	†	5,570	198.0 (192.8-203.2)

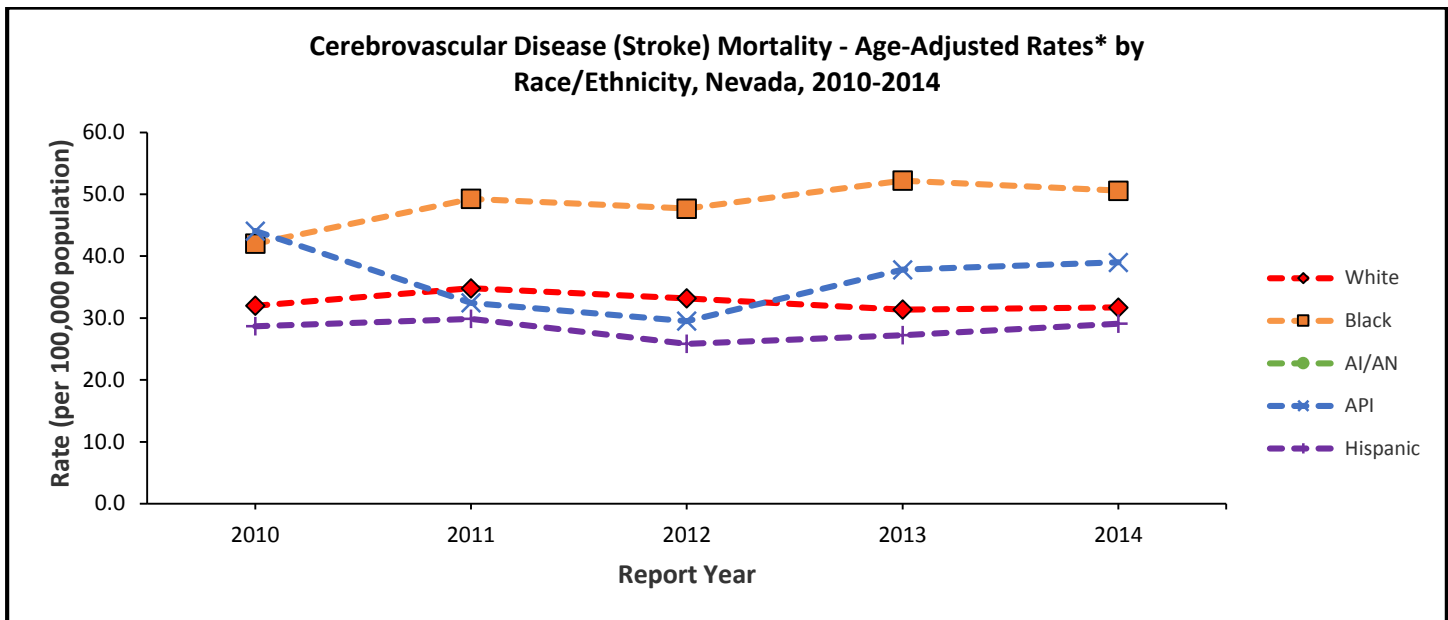
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 5. Cerebrovascular Disease (Stroke) Mortality – Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

‡Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 9. Cerebrovascular Disease (Stroke) Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	602	32.0 (29.4-34.6)	63	42.0 (31.7-52.4)	~	~	62	44.1 (33.1-55.0)	63	28.7 (21.6-35.8)	~	†	794	32.4 (30.2-34.7)
2011	665	34.8 (32.2-37.5)	77	49.3 (38.3-60.3)	8	~	53	32.5 (23.7-41.2)	74	29.9 (23.1-36.7)	~	†	879	35.5 (33.1-37.8)
2012	655	33.2 (30.6-35.7)	74	47.7 (36.8-58.6)	7	~	58	29.5 (21.9-37.1)	70	25.8 (19.8-31.9)	~	†	867	33.4 (31.2-35.6)
2013	636	31.4 (28.9-33.8)	90	52.2 (41.4-63.0)	~	~	67	37.8 (28.7-46.9)	73	27.2 (21.0-33.5)	54	†	923	32.7 (30.6-34.8)
2014	648	31.7 (29.3-34.2)	87	50.6 (40.0-61.2)	~	~	75	39.0 (30.2-47.8)	92	29.1 (23.2-35.0)	8	†	913	33.7 (31.5-35.9)

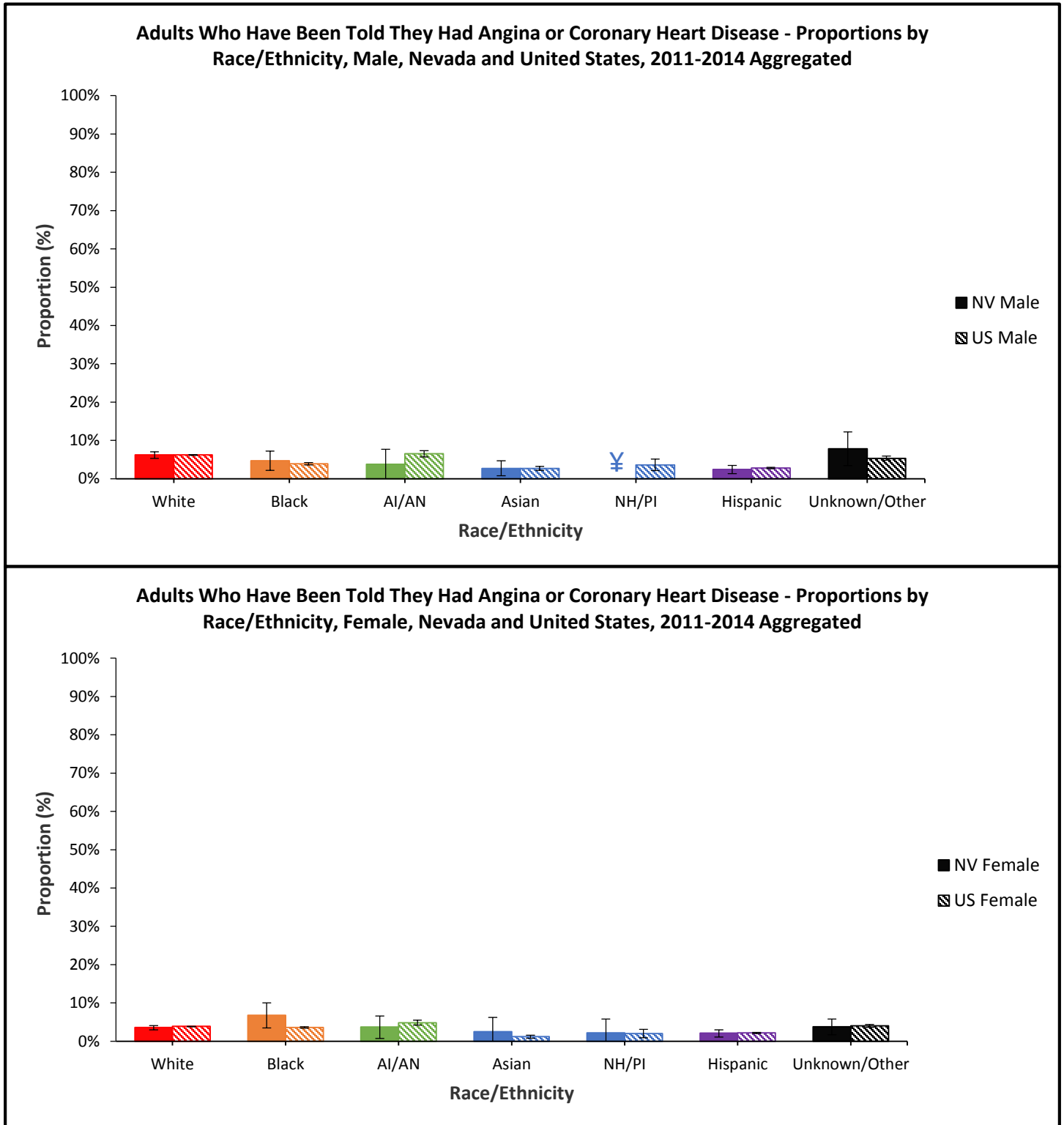
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 6. Adults Who Have Been Told They Had Angina or Coronary Heart Disease – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 10. Adults Who Have Been Told They Had Angina or Coronary Heart Disease – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

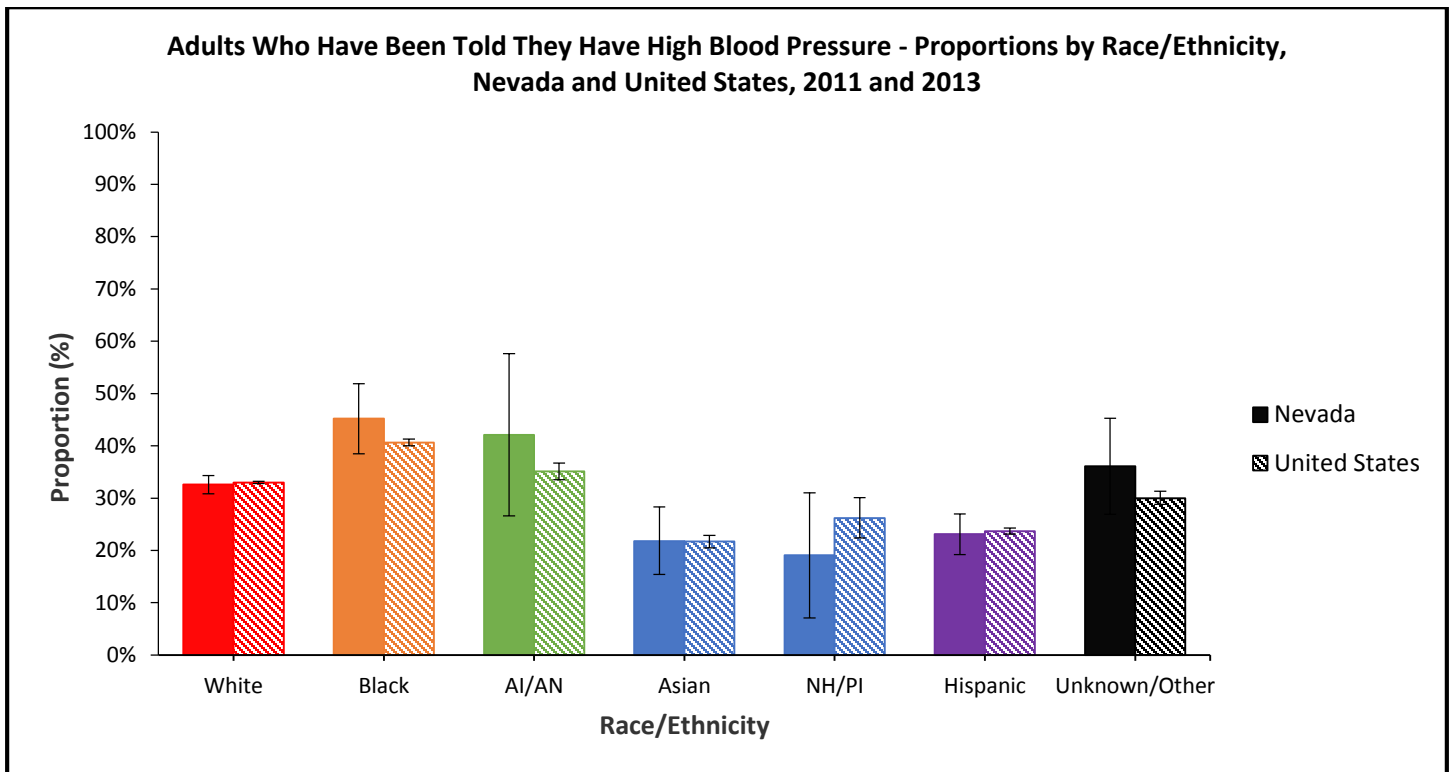
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,820	6.2 (5.3-7.0)	325	4.7 (2.2-7.2)	92	3.8 (0.0-7.7)	206	2.7 (0.8-4.7)	49	~	967	2.4 (1.3-3.5)	398	7.8 (3.4-12.2)
NV Female	8,194	3.6 (3.0-4.1)	447	6.8 (3.5-10.0)	136	3.7 (0.7-6.6)	287	2.5 (0.0-6.2)	58	2.2 (0.0-5.8)	1,269	2.1 (1.1-3.0)	506	3.8 (1.7-5.8)
US Male	599,179	6.2 (6.1-6.3)	51,594	3.9 (3.6-4.2)	11,820	6.5 (5.7-7.3)	16,795	2.7 (2.2-3.2)	1,668	3.6 (2.1-5.1)	49,958	2.8 (2.6-3.0)	20,259	5.3 (4.8-5.9)
US Female	874,560	3.9 (3.8-3.9)	101,775	3.6 (3.4-3.8)	16,492	4.8 (4.2-5.5)	18,090	1.2 (0.8-1.6)	1,958	2.0 (0.9-3.1)	71,404	2.2 (2.0-2.3)	24,886	4.0 (3.6-4.4)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 7. Adults Who Have Been Told They Have High Blood Pressure – Proportions by Race/Ethnicity, Nevada and United States, 2011 and 2013 Aggregated



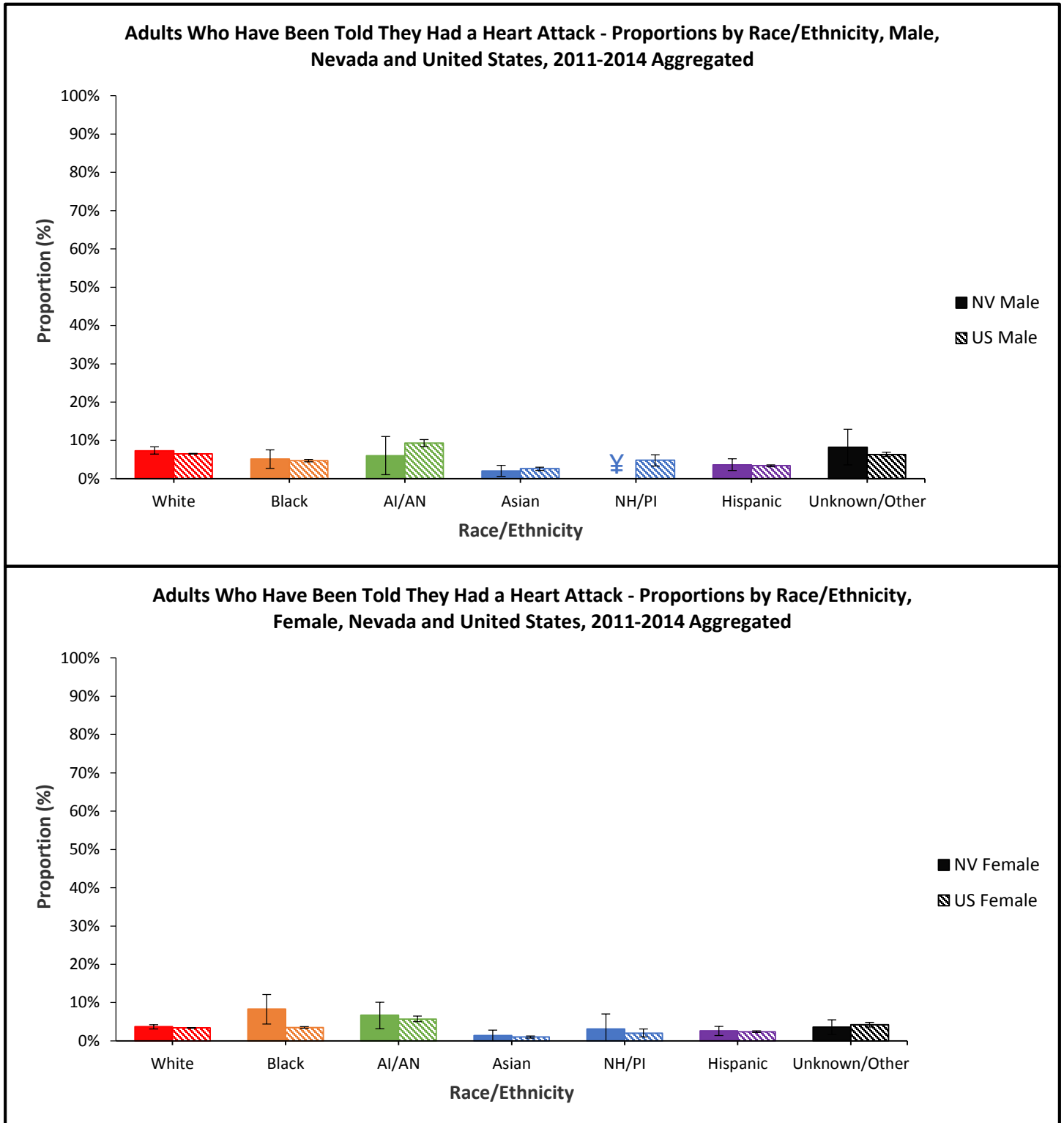
Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Table 11. Adults Who Have Been Told They Have High Blood Pressure – Counts and Proportions by Race/Ethnicity, Nevada and United States, 2011 and 2013 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	7,964	32.6 (30.8-34.3)	416	45.2 (38.5-51.9)	112	42.1 (26.6-57.6)	267	21.8 (15.4-28.3)	57	19.1 (7.1-31.0)	1,112	23.1 (19.2-27.0)	478	36.1 (26.9-45.3)
United States	765,000	33.0 (32.8-33.2)	79,515	40.6 (40.0-41.3)	14,645	35.1 (33.5-36.7)	17,740	21.7 (20.5-22.9)	1,817	26.2 (22.4-30.1)	62,845	23.7 (23.1-24.3)	23,077	30.0 (28.8-31.3)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Figure 8. Adults Who Have Been Told They Had a Heart Attack – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 12. Adults Who Have Been Told They Had a Heart Attack – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

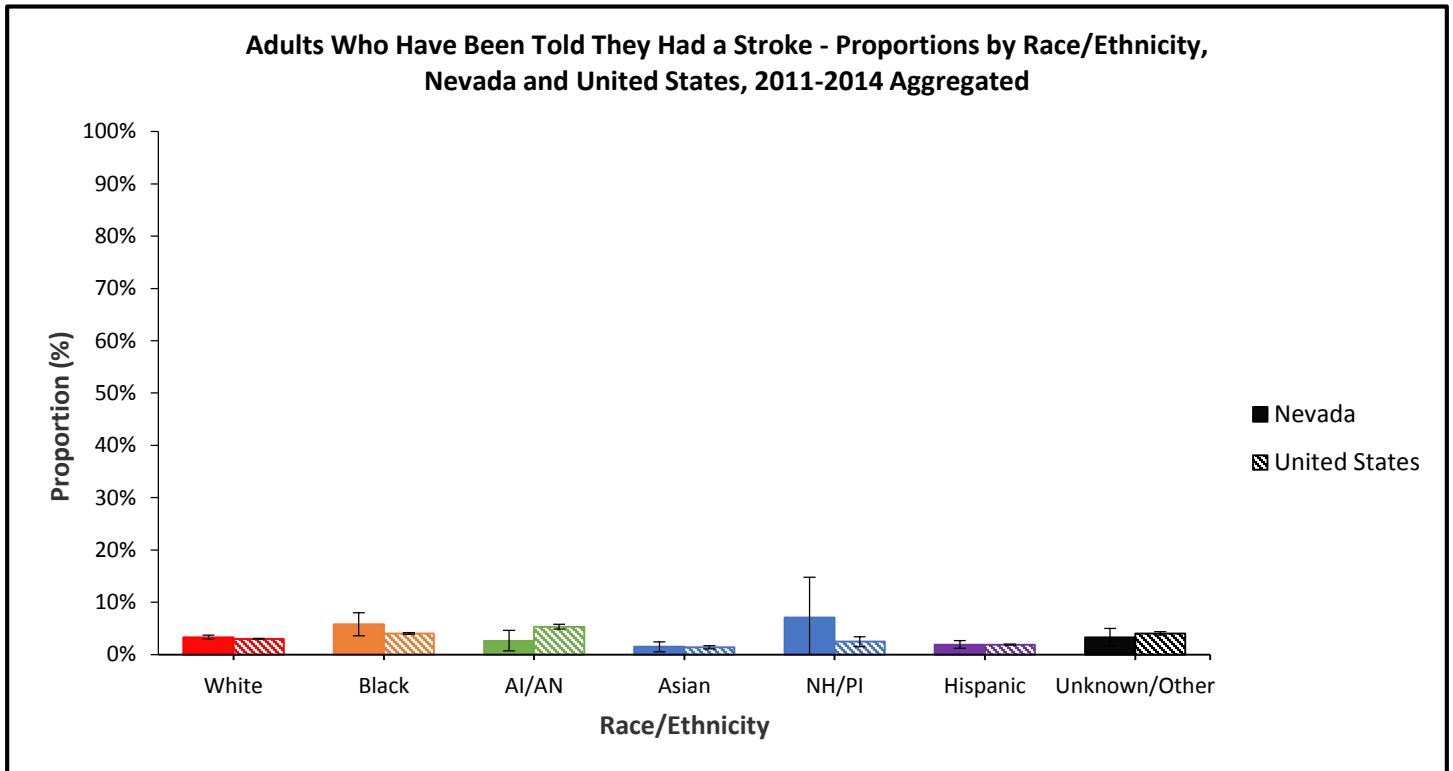
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,847	7.3 (6.4-8.3)	327	5.1 (2.7-7.5)	91	6.0 (1.0-11.0)	205	2.0 (0.6-3.5)	49	~	964	3.6 (2.1-5.2)	397	8.2 (3.6-12.9)
NV Female	8,236	3.7 (3.1-4.2)	447	8.3 (4.4-12.1)	137	6.7 (3.2-10.1)	287	1.4 (0.0-2.8)	58	3.1 (0.0-7.0)	1,270	2.6 (1.4-3.8)	511	3.6 (1.7-5.5)
US Male	602,052	6.5 (6.4-6.6)	51,671	4.7 (4.4-5.0)	11,837	9.3 (8.4-10.2)	16,766	2.6 (2.1-3.0)	1,661	4.8 (3.3-6.2)	49,997	3.4 (3.1-3.6)	20,325	6.3 (5.8-6.9)
US Female	878,308	3.4 (3.3-3.5)	102,105	3.5 (3.3-3.7)	16,562	5.7 (5.0-6.5)	18,080	1.0 (0.7-1.3)	1,950	2.0 (1.0-3.1)	71,471	2.4 (2.2-2.6)	24,995	4.2 (3.6-4.8)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 9. Adults Who Have Been Told They Had a Stroke – Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



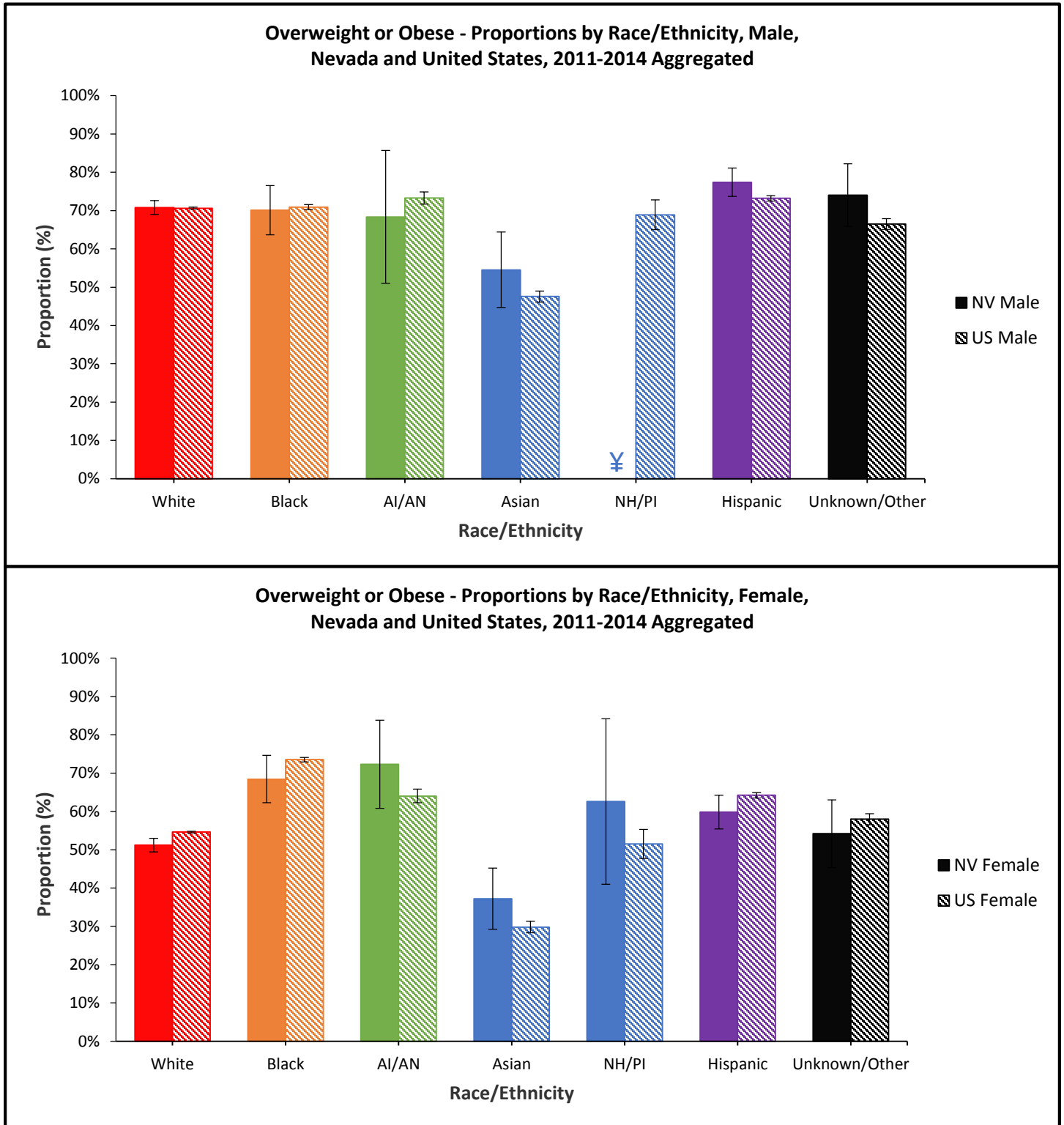
Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Table 13. Adults Who Have Been Told They Had a Stroke – Counts and Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	14,087	3.3 (2.9-3.7)	776	5.8 (3.6-8.0)	228	2.6 (0.7-4.6)	496	1.5 (0.5-2.4)	107	7.1 (0.0-14.8)	2,244	1.9 (1.2-2.7)	912	3.3 (1.6-5.0)
United States	1,482,482	3.0 (3.0-3.1)	154,439	4.0 (3.9-4.2)	28,551	5.3 (4.9-5.8)	35,000	1.4 (1.1-1.7)	3,639	2.5 (1.5-3.4)	121,795	1.9 (1.8-2.0)	45,481	4.0 (3.7-4.4)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Figure 10. Overweight or Obese – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 14. Overweight or Obese – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

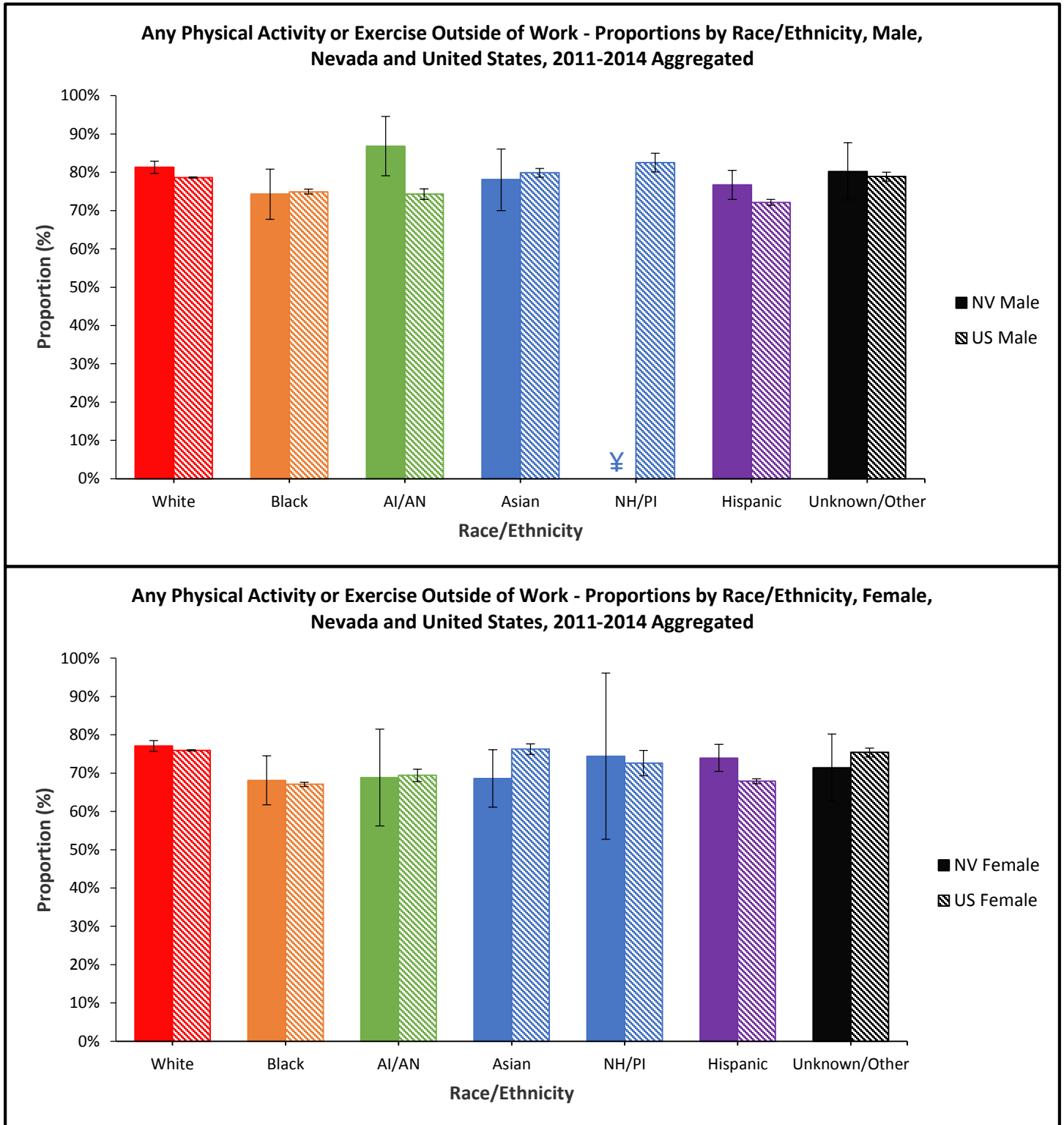
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,801	70.8 (69.0-72.6)	323	70.1 (63.7-76.5)	93	68.3 (51.0-85.7)	201	54.5 (44.7-64.4)	48	~	925	77.4 (73.7-81.1)	394	74.0 (65.9-82.2)
NV Female	7,766	51.2 (49.4-53.0)	414	68.4 (62.3-74.6)	124	72.3 (60.8-83.8)	268	37.2 (29.2-45.2)	54	62.6 (41.0-84.2)	1,097	59.8 (55.4-64.2)	474	54.2 (45.3-63.0)
US Male	595,527	70.6 (70.4-70.9)	50,520	70.9 (70.2-71.6)	11,687	73.3 (71.7-74.9)	16,180	47.6 (46.1-49.0)	1,631	68.9 (65.0-72.8)	47,108	73.2 (72.5-73.9)	20,001	66.5 (65.1-67.9)
US Female	816,174	54.6 (54.4-54.8)	94,552	73.5 (72.9-74.1)	15,398	64.0 (62.3-65.8)	16,629	29.8 (28.3-31.3)	1,797	51.5 (47.7-55.3)	62,020	64.2 (63.5-64.9)	23,280	58.0 (56.5-59.4)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 11. Any Physical Activity or Exercise Outside of Work – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 15. Any Physical Activity or Exercise Outside of Work – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

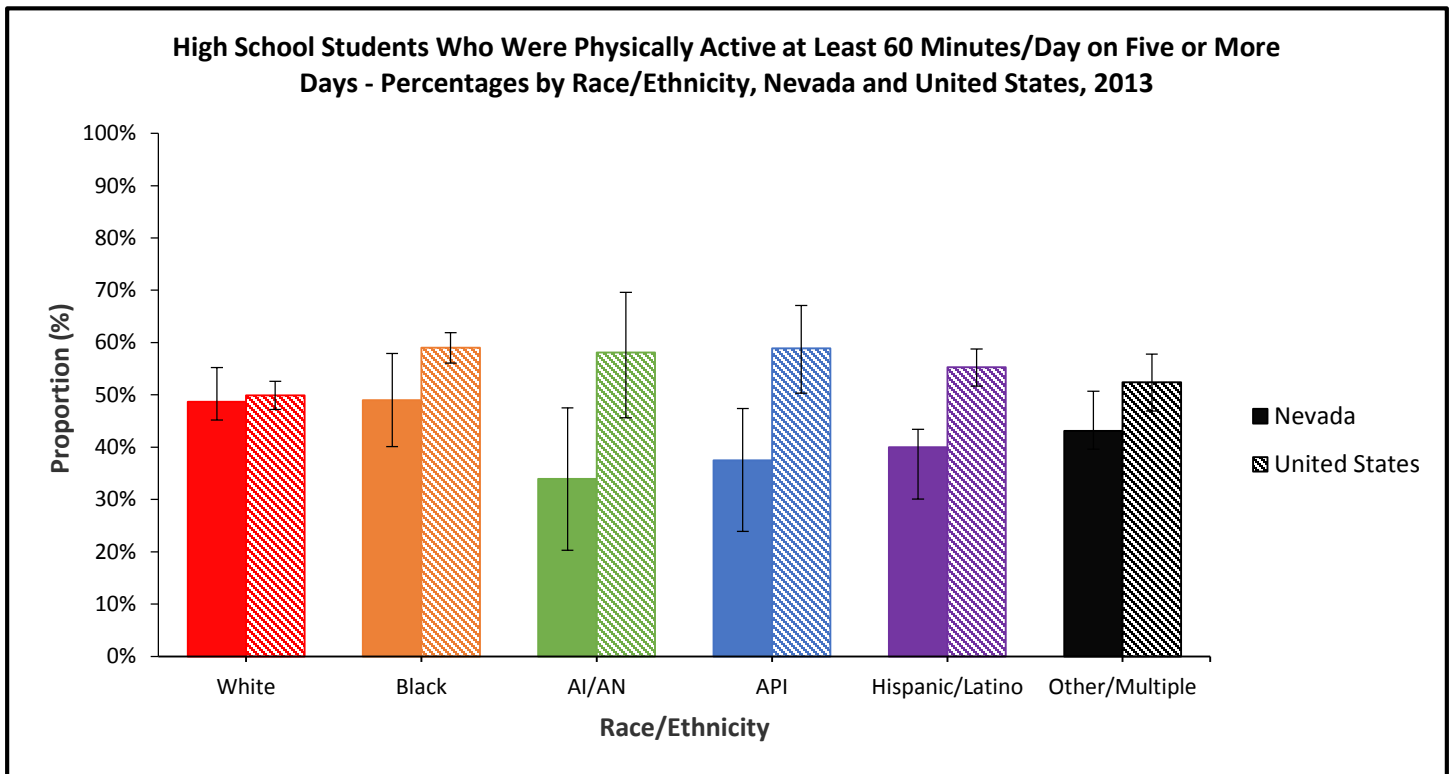
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,669	81.3 (79.7-82.9)	313	74.3 (67.7-80.8)	90	86.8 (79.1-94.6)	192	78.1 (70.0-86.1)	48	~	924	76.7 (72.9-80.5)	389	80.2 (72.8-87.7)
NV Female	7,993	77.1 (75.7-78.5)	433	68.1 (61.7-74.5)	128	68.8 (56.2-81.5)	272	68.6 (61.1-76.1)	55	74.4 (52.7-96.1)	1,212	73.9 (70.4-77.5)	496	71.4 (62.6-80.2)
US Male	587,461	78.6 (78.5-78.8)	49,689	74.9 (74.3-75.6)	11,441	74.3 (72.9-75.7)	16,130	79.9 (78.7-81.0)	1,602	82.5 (80.1-85.0)	47,582	72.1 (71.4-72.9)	19,843	78.9 (77.7-80.0)
US Female	858,162	75.9 (75.8-76.1)	98,558	67.1 (66.5-67.6)	16,017	69.4 (67.8-71.0)	17,324	76.3 (74.9-77.6)	1,873	72.6 (69.3-75.9)	68,360	67.9 (67.2-68.5)	24,453	75.4 (74.2-76.5)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 12. High School Students Who Were Physically Active at Least 60 Minutes/Day on Five or More Days – Rates by Race/Ethnicity, Nevada and United States, 2013



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Table 16. High School Students Who Were Physically Active at Least 60 Minutes/Day on Five or More Days – Counts and Rates by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	872	48.7 (45.2-55.2)	78	49.0 (40.1-57.9)	35	33.9 (20.3-47.5)	42	37.5 (27.6-47.4)	598	40.0 (36.5-43.4)	140	43.1 (35.5-50.7)
United States	5,401	49.9 (47.2-52.6)	2,900	59.0 (56.1-61.9)	117	58.1 (45.6-69.6)	487	58.9 (50.3-67.1)	3,300	55.3 (51.7-58.8)	669	52.4 (46.9-57.8)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Cancer

Malignant neoplasms or cancer is defined as the uncontrollable and abnormal division of cells that can affect any part of the body. Based on 2010-2012 data, National Cancer Institute projects that men and women have a current lifetime risk of developing cancer of 39.6%. Although 66.5% of individuals with cancer will survive for at least five years, cancer survival is heavily influenced by cancer type. [29] Although there is an estimated 1,658,370 new cases of cancer and 589,430 deaths in 2015, prevention methods like screening, vaccinations, and healthy choices can all reduce the risk of developing cancer. [30] Although data indicate that cancer incidence in Nevada is significantly lower among Whites, AI/ANs, and Hispanics when compared with the United States, poor reporting practices of cancer diagnosing and treatment facilities and poor race/ethnicity data collection practices result in lower incidence rates (Figure 14 and Table 16). However, mortality data is unaffected by poor reporting practices and thus is a valid indicator of discrepancies among minority populations.

- As the second leading cause of death among all race/ethnicity categories (27.7%), 4,839 deaths were due to cancer in 2014. (Table 6)
- Nevada API had significantly higher rates (360.5 per 100,000 population) of all cancer incidence between 2008 and 2012 compared to the United States (297.5 per 100,000 population). (Figure 13 and Table 17)
- Significantly higher rates of cancer mortality had existed among Nevada Whites, API, and Hispanics (176.7, 145.4 and 126.3 per 100,000 population, respectively) between 2008 and 2012 when compared to the United States (170.9, 106.6, and 119.3 per 100,000, respectively). (Figure 14 and Table 18)
- Blacks had significantly higher rates of incidence and mortality for prostate, breast, and colorectal cancers when compared to Nevada. (Table 21 and Table 22)
- From 2008 to 2012, Blacks had significantly higher rates of cancer incidence (484.2 per 100,000 population) and mortality (205.6 per 100,000 population) compared to all races/ethnicities and Nevada (444.8 and 171.3 per 100,000, population). (Figure 15, Table 23, Figure 16, and Table 24)

Breast Cancer

Known key risk factors for breast cancer include: family history of breast cancer in the first-degree relative; obesity, race (white), and dense breast tissue. Rates of breast cancer mortality differ among ethnic groups, which may be due to breast cancer screening and treatment rates. Barriers include health insurance, access to screening facilities, and lack of awareness about screening tests. [31]

- From 2008-2012, breast cancer incidence was the leading type of cancer among Whites, AI/AN, and API, and second leading type of cancer among Blacks and Hispanics. (Table 21)
- Blacks had significantly higher rates of breast cancer incidence (131.7 per 100,000 population) compared Nevada's overall population (113.6 per 100,000 population). (Table 21)
- Death due to breast cancer was the in the top five leading causes of cancer mortality for all races/ethnicities. (Table 22)
- Washoe County and All Other Counties had significantly higher incidence rates of breast cancer (135.8 and 138.3 per 100,000 population, respectively) compared to Nevada (113.6 per 100,000 population). (Table 19)

Prostate Cancer

Known key risk factors for prostate cancer include: age, family history of prostate cancer, race (black), and hormones. [31]

- From 2008-2012, prostate cancer incidence was the leading type of cancer among Blacks and Hispanics, and the second leading type of cancer among Whites, AI/AN, and API. (Table 21)
- Blacks had significantly higher rates of prostate cancer incidence (148.8 per 100,000 population) compared Nevada's overall population (127.1 per 100,000 population). (Table 21)
- Blacks had significantly higher rates of prostate cancer mortality (41.1 per 100,000 population) compared Nevada's overall population (22.0 per 100,000 population). (Table 22)
- Washoe County had a significantly higher incidence rate of prostate cancer (141.7 per 100,000 population) compared to Nevada (127.1 per 100,000 population). (Table 19)

- Carson City had a significantly higher mortality rate of prostate cancer (34.5 per 100,000 population) compared to Nevada (22.0 per 100,000 population). (Table 20)

Lung and Bronchus Cancer

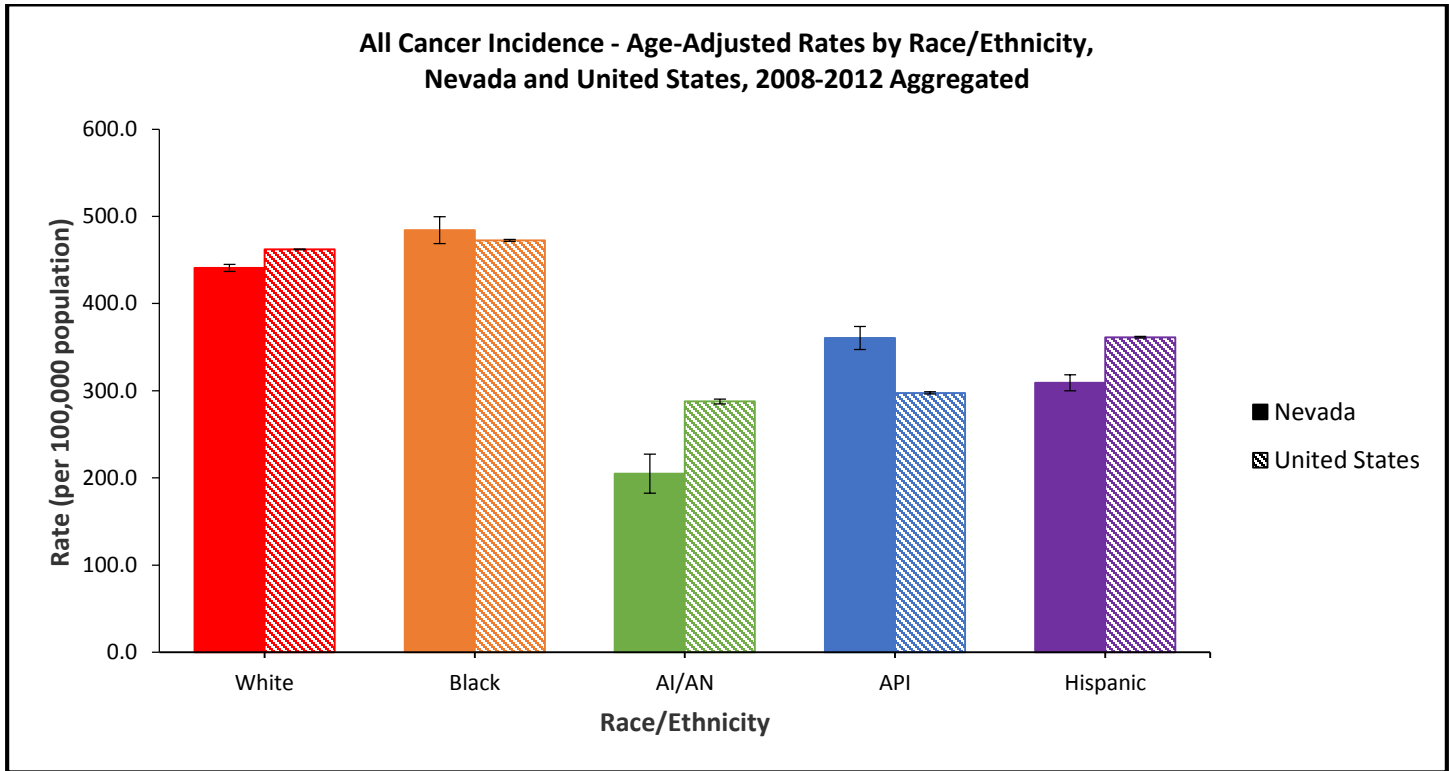
Known key risk factors for lung and bronchus cancer include: smoking (cigarettes, pipes, or cigars, now or in the past), secondhand smoke, family history of lung cancer, asbestos, radon, air pollution. [31]

- From 2008-2012, lung and bronchus cancer incidence was the third leading type of cancer among Whites, Blacks, AI/AN, and Hispanics, and the fourth leading type of cancer among API. (Table 17)
- In terms of mortality, lung and bronchus was the leading type of cancer among all racial/ethnic categories in Nevada. (Table 18)
- Whites had significantly higher rates of lung and bronchus cancer incidence and mortality (67.3 and 52.6 per 100,000 population, respectively) compared Nevada's overall population (64.0 and 49.2 per 100,000 population, respectively).
- All Other Counties had significantly higher rates of lung and bronchus cancer incidence (83.1 per 100,000 population) compared to Nevada (64.0 per 100,000 population). (Table 19)
- Carson City had significantly higher rates of lung and bronchial cancer mortality (62.8 per 100,000 population) compared to Clark County, Washoe County, and Nevada. (Table 20)

Risk Factors

- Among females in Nevada, Blacks had significantly higher rates of current smokers (25.6 per 100,000 population) compared to the United States (17.3 per 100,000 population). (Figure 17 and Table 25)
- Although proportions of high school students who have ever smoked a cigarette is comparable between Nevada and the United States, with rates as high as 61.1% in racial/ethnic groups, cigarette use among high school students need to be addressed. (Figure 18 and Table 26)
- Proportions of persons aged 50+ who have had a mammogram within the past 24 months are comparable between Nevada and the United States, except among Whites who had significantly lower rates. (Figure 19 and Table 27)

Figure 13. All Cancer Incidence – Age-Adjusted Rates* of Reported Cases by Race/Ethnicity, Nevada and United States, 2008-2012 Aggregated



Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

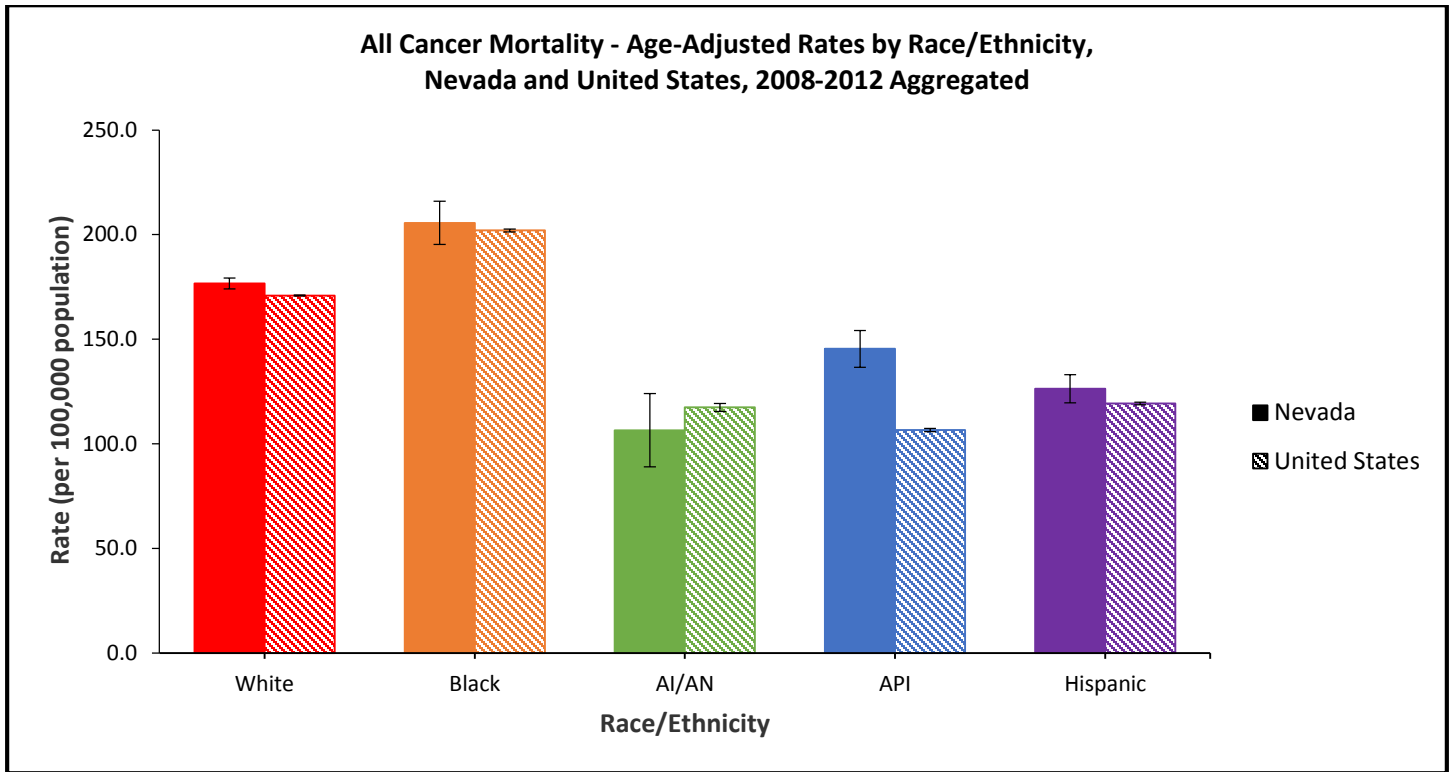
Table 17. All Cancer Incidence – Reported Cases and Age-Adjusted Rates* by Race/Ethnicity, Nevada and United States, 2008-2012 Aggregated

Year	White		Black		AI/AN		API		Hispanic	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Nevada	45,491	440.8 (436.7-444.9)	3,816	484.2 (468.8-499.6)	319	204.8 (182.3-227.3)	2,896	360.5 (347.4-373.6)	4,411	309.1 (300.0-318.2)
United States	6,502,438	462.3 (461.9-462.7)	824,799	472.5 (471.5-473.5)	39,569	287.7 (284.9-290.5)	213,719	297.5 (296.2-298.8)	537,779	361.4 (360.4-362.4)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Figure 14. All Cancer Mortality – Age-Adjusted Rates* of Reported Cases by Race/Ethnicity, Nevada and United States, 2008-2012 Aggregated



Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Table 18. All Cancer Mortality – Reported Cases and Age-Adjusted Rates* by Race/Ethnicity, Nevada and United States, 2008-2012 Aggregated

Year	White		Black		AI/AN		API		Hispanic	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Nevada	18,131	176.7 (174.1-179.2)	1,510	205.6 (195.2-216.0)	142	106.5 (89.0-124.0)	1,063	145.4 (136.6-154.1)	1,361	126.3 (119.6-133.1)
United States	2,453,776	170.9 (170.7-171.1)	328,717	202.0 (201.3-202.7)	14,227	117.4 (115.5-119.3)	70,384	106.6 (105.8-107.4)	156,430	119.3 (118.7-119.9)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Table 19. All Cancer Incidence – Reported Cases and Age-Adjusted Rates* by Region, Nevada, 2008-2012 Aggregated

Cancer Type	Clark		Washoe		Carson City		All Other**		Nevada	
	Rate	Confidence Interval	Rate	Confidence Interval	Rate	Confidence Interval	Rate	Confidence Interval	Rate	Confidence Interval
Prostate (Male Only)	126.5	(123.2-129.7)	141.7	(134.4-149.1)	109.6	(102.7-116.4)	142.5	(123.1-161.9)	127.1	(124.4-129.8)
Breast (Female Only)	109.0	(106.1-111.9)	135.8	(128.9-142.7)	105.6	(98.7-112.5)	138.3	(120.7-155.9)	113.6	(111.1-116.1)
Lung and Bronchus	62.5	(60.9-64.1)	65.0	(61.5-68.6)	66.7	(62.9-70.5)	83.1	(73.2-93.1)	64.0	(62.6-65.3)
Colorectal	41.8	(40.4-43.1)	42.2	(39.3-45.0)	42.5	(39.4-45.6)	49.8	(42.0-57.5)	42.2	(41.1-43.3)
Urinary Bladder	22.4	(21.4-23.4)	22.8	(20.7-24.9)	22.6	(20.3-24.9)	29.6	(23.5-35.6)	22.7	(21.9-23.5)
Corpus Uteri and Uterus NOS (Female Only)	18.9	(17.7-20.1)	20.8	(18.1-23.4)	17.4	(14.7-20.1)	20.3	(13.5-27.1)	19.1	(18.1-20.1)
Non-Hodgkin Lymphoma	16.5	(15.7-17.3)	18.2	(16.3-20.0)	15.2	(13.3-17.1)	20.4	(15.4-25.3)	16.8	(16.1-17.5)
Thyroid Gland	16.4	(15.6-17.2)	13.6	(12.1-15.2)	14.5	(12.6-16.5)	17.1	(12.2-22.0)	15.8	(15.1-16.4)
Melanoma of the Skin	13.4	(12.7-14.1)	18.3	(16.5-20.1)	13.8	(12.0-15.6)	15.0	(10.7-19.3)	14.3	(13.7-15.0)
Kidney and Renal Pelvis	13.4	(12.7-14.1)	14.7	(13.0-16.3)	14.7	(12.8-16.5)	21.3	(16.2-26.4)	13.9	(13.3-14.5)
Leukemia	14.4	(13.6-15.2)	11.5	(10.0-13.0)	11.3	(9.6-13.0)	10.1	(6.7-13.5)	13.6	(12.9-14.2)
Brain and Other Central Nervous System	12.4	(11.7-13.2)	14.8	(13.2-16.5)	12.9	(11.2-14.6)	17.1	(12.4-21.7)	13.0	(12.4-13.6)
Pancreas	11.2	(10.6-11.9)	13.1	(11.5-14.7)	11.2	(9.7-12.8)	13.2	(9.2-17.1)	11.6	(11.0-12.2)
Ovary (Female Only)	10.7	(9.8-11.6)	10.1	(8.3-12.0)	10.4	(8.3-12.6)	11.6	(6.6-16.5)	10.6	(9.9-11.4)
Lip, Oral Cavity and Pharynx	9.8	(9.2-10.4)	12.1	(10.6-13.6)	12.1	(10.4-13.7)	10.0	(6.5-13.4)	10.4	(9.9-10.9)
Cervix Uteri (Female Only)	7.7	(6.9-8.5)	7.8	(6.1-9.5)	7.1	(5.2-9.1)	~	~	7.6	(7.0-8.3)
Liver and Intrahepatic Bile Ducts	6.1	(5.6-6.6)	7.2	(6.1-8.4)	5.6	(4.5-6.7)	6.3	(3.6-9.1)	6.3	(5.8-6.7)
Stomach	6.2	(5.6-6.7)	5.6	(4.5-6.6)	4.4	(3.4-5.4)	~	~	5.8	(5.4-6.2)
Esophagus	4.9	(4.5-5.4)	6.2	(5.1-7.2)	6.6	(5.4-7.8)	10.5	(6.9-14.0)	5.5	(5.1-5.9)
Myeloma	4.3	(3.9-4.7)	5.6	(4.6-6.7)	4.3	(3.3-5.3)	~	~	4.5	(4.1-4.8)
Testis (Male Only)	4.5	(3.9-5.1)	4.7	(3.4-6.0)	3.7	(2.2-5.2)	~	~	2.4	(2.1-2.6)
Larynx	2.9	(2.5-3.2)	2.2	(1.6-2.8)	3.3	(2.5-4.1)	4.3	(2.1-6.6)	2.8	(2.6-3.1)
Connective, Subcutaneous, and Other Soft Tissues	3.2	(2.8-3.5)	2.5	(1.8-3.1)	2.5	(1.7-3.3)	~	~	3.0	(2.7-3.3)
Hodgkin Lymphoma	2.3	(2.0-2.6)	1.7	(1.1-2.2)	1.7	(1.1-2.4)	~	~	2.2	(1.9-2.4)
Other Non-Epithelial Skin	1.6	(1.3-1.8)	1.2	(0.7-1.7)	1.3	(0.8-1.9)	0	0	1.5	(1.2-1.7)
All Other Sites	34.7	(33.5-35.9)	35.7	(33.1-38.3)	33.4	(30.6-36.2)	40.4	(33.4-47.5)	34.8	(33.8-35.8)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

**All other counties include Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 20. All Cancer Mortality – Reported Cases and Age-Adjusted Rates* by Region, Nevada, 2008-2012 Aggregated

Cancer Type	Clark		Washoe		Carson City		All Other**		Nevada	
	Rate	Confidence Interval	Rate	Confidence Interval	Rate	Confidence Interval	Rate	Confidence Interval	Rate	Confidence Interval
Lung and Bronchus Ca.	48.0	(46.5-49.4)	49.7	(46.5-52.9)	62.8	(54.1-71.4)	53.0	(49.6-56.5)	49.2	(48.0-50.4)
Breast Ca. (Female Only)	22.7	(21.3-24.0)	25.1	(22.1-28.1)	27.7	(20.1-35.3)	20.2	(17.2-23.2)	22.9	(21.8-24.0)
Prostate Ca. (Male Only)	20.5	(19.0-22.0)	26.3	(22.6-30.0)	34.5	(24.4-44.6)	22.8	(19.2-26.4)	22.0	(20.7-23.3)
Colorectal Ca.	17.1	(16.3-18.0)	16.5	(14.7-18.4)	19.5	(14.7-24.3)	17.0	(15.0-19.0)	17.1	(16.4-17.8)
Pancreas Ca.	10.6	(9.9-11.2)	11.6	(10.1-13.2)	10.7	(7.1-14.3)	10.3	(8.7-11.8)	10.7	(10.1-11.2)
Ovary Ca. (Female Only)	6.9	(6.2-7.6)	6.9	(5.4-8.5)	7.6	(3.8-11.5)	6.3	(4.7-8.0)	6.9	(6.3-7.5)
Liver and Intrahepatic Bile Ducts Ca.	5.8	(5.4-6.3)	8.2	(7.0-9.5)	8.2	(5.1-11.4)	6.0	(4.9-7.1)	6.3	(5.8-6.7)
Leukemia	6.3	(5.8-6.8)	6.5	(5.3-7.6)	8.9	(5.6-12.1)	6.5	(5.2-7.7)	6.4	(6.0-6.8)
Non-Hodgkin Lymphomas	5.0	(4.6-5.5)	6.4	(5.3-7.6)	7.7	(4.7-10.7)	5.8	(4.6-7.0)	5.4	(5.0-5.8)
Esophagus Ca.	4.2	(3.8-4.7)	6.1	(5.0-7.2)	8.3	(5.3-11.4)	5.6	(4.5-6.7)	4.8	(4.4-5.2)
Urinary Bladder Ca.	5.1	(4.6-5.6)	5.3	(4.2-6.3)	8.0	(4.8-11.1)	5.3	(4.2-6.5)	5.2	(4.8-5.7)
Brain and Other Nervous System Neoplasms	3.8	(3.4-4.1)	4.7	(3.8-5.7)	7.8	(4.7-10.8)	4.3	(3.3-5.3)	4.1	(3.7-4.4)
Kidney and Renal Pelvis Ca.	3.4	(3.0-3.8)	4.7	(3.8-5.7)	5.0	(2.6-7.4)	4.2	(3.2-5.2)	3.8	(3.4-4.1)
Corpus and Uterus, NOS Ca. (Female Only)	3.1	(2.6-3.5)	4.3	(3.1-5.5)	~	~	2.5	(1.4-3.5)	3.2	(2.8-3.6)
Melanoma of the Skin	2.7	(2.3-3.0)	3.9	(3.1-4.8)	4.4	(2.1-6.7)	3.6	(2.7-4.5)	3.0	(2.7-3.3)
Stomach Ca.	3.2	(2.8-3.5)	2.7	(1.9-3.4)	~	~	2.1	(1.4-2.9)	2.9	(2.6-3.2)
Myeloma	2.6	(2.2-2.9)	3.6	(2.7-4.5)	~	~	2.3	(1.5-3.0)	2.6	(2.4-2.9)
Lip, Oral Cavity and Pharynx Ca.	2.0	(1.7-2.3)	3.2	(2.4-4.0)	4.7	(2.2-7.2)	2.7	(1.9-3.5)	2.3	(2.1-2.6)
Cervix Uteri Ca. (Female Only)	2.1	(1.7-2.6)	2.4	(1.5-3.4)	~	~	2.2	(1.2-3.2)	2.2	(1.8-2.5)
Larynx Ca.	1.1	(0.9-1.3)	1.0	(0.6-1.4)	~	~	1.0	(0.5-1.5)	1.1	(0.9-1.3)
Soft Tissue including Heart Ca.	0.8	(0.6-1.0)	1.1	(0.6-1.5)	~	~	0.7	(0.3-1.2)	0.9	(0.7-1.0)
Non-Epithelial Skin Ca.	0.8	(0.6-1.0)	1.2	(0.8-1.7)	~	~	1.0	(0.5-1.5)	0.9	(0.7-1.1)
Mesothelioma	0.7	(0.5-0.9)	0.8	(0.4-1.2)	~	~	1.0	(0.5-1.6)	0.7	(0.6-0.9)
Endocrine System Ca.	0.7	(0.5-0.9)	0.7	(0.3-1.0)	~	~	~	~	0.7	(0.5-0.8)
Bones and Joints Ca.	0.3	(0.2-0.5)	~	~	~	~	~	~	0.4	(0.3-0.5)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

**All other counties include Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 21. Leading Cancer Incidence – Counts and Age-Adjusted Rates by Race/Ethnicity, Nevada, 2008-2012 Aggregated

Cancer Type	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Prostate (Male)	5,525	104.3 (101.5-107.1)	550	148.8 (136.4-161.2)	30	45.8 (29.4-62.2)	206	65.8 (56.8-74.8)	459	84.7 (77.0-92.4)	8,452	127.1 (124.4-129.8)
Breast (Female)	6,136	116.7 (113.8-119.6)	565	131.7 (120.8-142.6)	42	48.9 (34.1-63.7)	496	98.1 (89.5-106.7)	627	71.1 (65.5-76.7)	8,097	113.6 (111.1-116.1)
Lung and Bronchus	7,147	67.3 (65.7-68.9)	532	70.4 (64.4-76.4)	46	32.2 (22.9-41.5)	343	44.5 (39.8-49.2)	350	35.3 (31.6-39.0)	8,559	64.0 (62.6-65.4)
Colorectal	4,211	40.9 (39.7-42.1)	457	58.4 (53.0-63.8)	41	28.0 (19.4-36.6)	354	45.4 (40.7-50.1)	402	33.2 (30.0-36.4)	5,619	42.2 (41.1-43.3)
Urinary Bladder	2,524	24.3 (23.4-25.2)	102	14.3 (11.5-17.1)	8	~	56	8.6 (6.3-10.9)	112	11.5 (9.4-13.6)	2,962	22.7 (21.9-23.5)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Table 22. Leading Cancer Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity, Nevada, 2008-2012 Aggregated

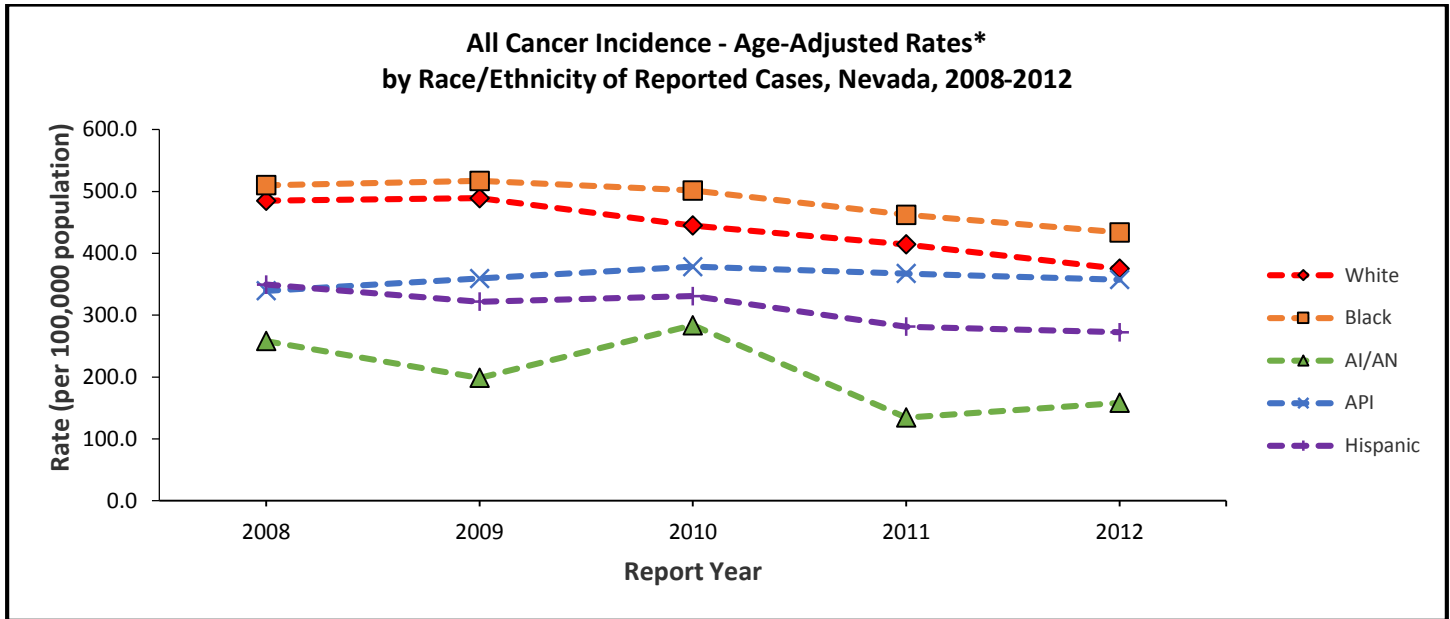
Cancer Type	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Lung and Bronchus	5,506	52.6 (51.2-54.0)	401	54.6 (49.3-59.9)	37	27.1 (18.4-35.8)	237	32.4 (28.3-36.5)	260	26.8 (23.5-30.1)	6,451	49.2 (48.0-50.4)
Breast (Female)	1,267	23.2 (21.9-24.5)	135	33.3 (27.7-38.9)	6	~	111	23.1 (18.8-27.4)	103	14.1 (11.4-16.8)	1,625	22.9 (21.8-24.0)
Prostate (Male)	878	21.5 (20.1-22.9)	114	41.1 (33.6-48.6)	15	35.6 (17.6-53.6)	32	14.6 (9.5-19.7)	53	16.1 (11.8-20.4)	1,094	22.0 (20.7-23.3)
Colorectal	1,728	17.1 (16.3-17.9)	181	24.5 (20.9-28.1)	12	8.7 (3.8-13.6)	118	15.9 (13.0-18.8)	145	14.2 (11.9-16.5)	2,189	17.1 (16.4-17.8)
Pancreas	1,126	10.8 (10.2-11.4)	105	14.1 (11.4-16.8)	19	13.0 (7.2-18.8)	65	8.8 (6.7-10.9)	90	8.5 (6.7-10.3)	1,408	10.7 (10.1-11.3)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 15. All Cancer Incidence – Age-Adjusted Rates* of Reported Cases by Race/Ethnicity, Nevada, 2008-2012



Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

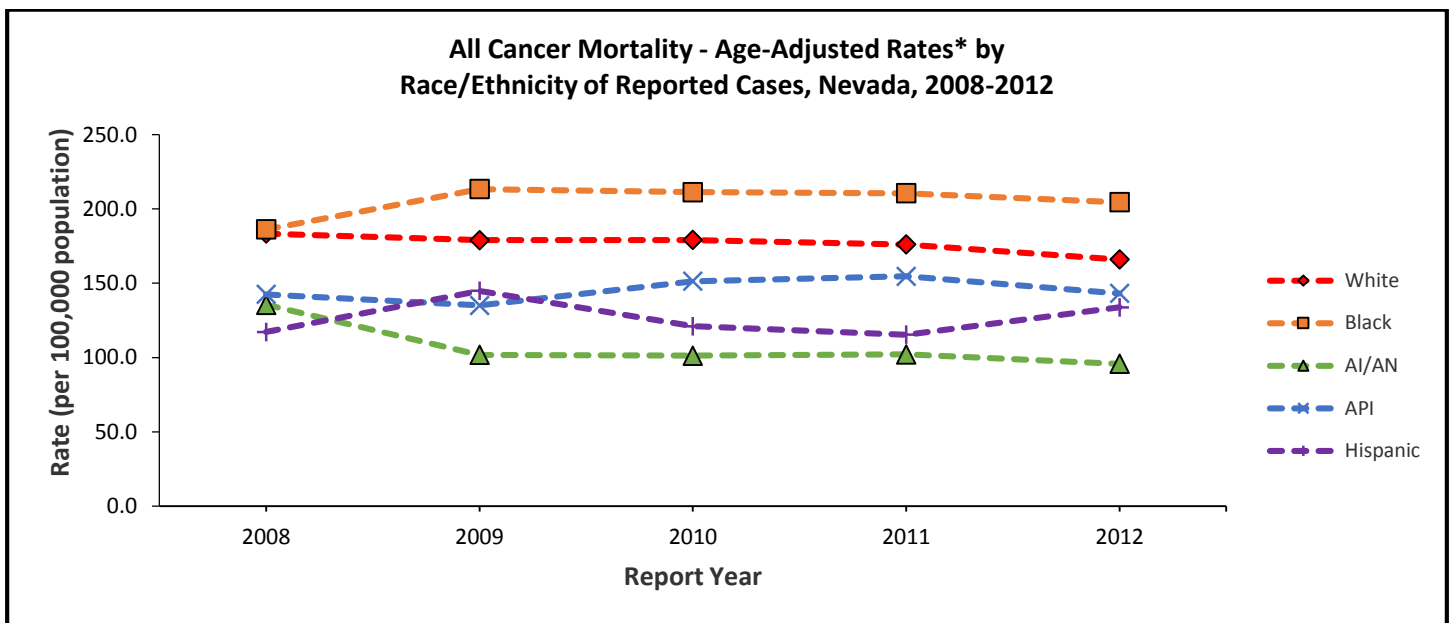
Table 23. All Cancer Incidence – Reported Cases and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2008-2012

Year	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2008	9,725	485.0 (475.4-494.6)	764	510.1 (473.9-546.3)	73	258.2 (199.0-317.4)	502	339.3 (309.6-369.0)	879	349.5 (326.4-372.6)	12,230	469.8 (461.5-478.1)
2009	9,958	489.0 (479.4-498.6)	801	517.1 (481.3-552.9)	62	198.8 (149.3-248.3)	559	359.3 (329.5-389.1)	867	321.7 (300.3-343.1)	12,569	471.1 (462.9-479.3)
2010	9,173	444.9 (435.8-454.0)	790	501.4 (466.4-536.4)	86	283.9 (223.9-343.9)	616	378.3 (348.4-408.2)	935	330.8 (309.6-352.0)	11,992	441.2 (433.3-449.1)
2011	8,664	414.4 (405.7-423.1)	743	462.2 (429.0-495.4)	43	134.5 (94.3-174.7)	598	367.3 (337.9-396.7)	875	281.4 (262.8-300.0)	12,298	443.3 (435.5-451.1)
2012	7,971	375.1 (366.9-383.3)	718	433.8 (402.1-465.5)	55	158.4 (116.5-200.3)	621	357.5 (329.4-385.6)	855	272.5 (254.2-290.8)	11,417	402.2 (394.8-409.6)
2008-2012	45,491	440.8 (436.7-444.9)	3,816	484.2 (468.8-499.6)	319	204.8 (182.3-227.3)	2,896	360.5 (347.4-373.6)	4,411	309.1 (300.0-318.2)	60,506	444.8 (441.3-448.3)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Figure 16. All Cancer Mortality – Age-Adjusted Rates* of Reported Cases by Race/Ethnicity, Nevada, 2008-2012



Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

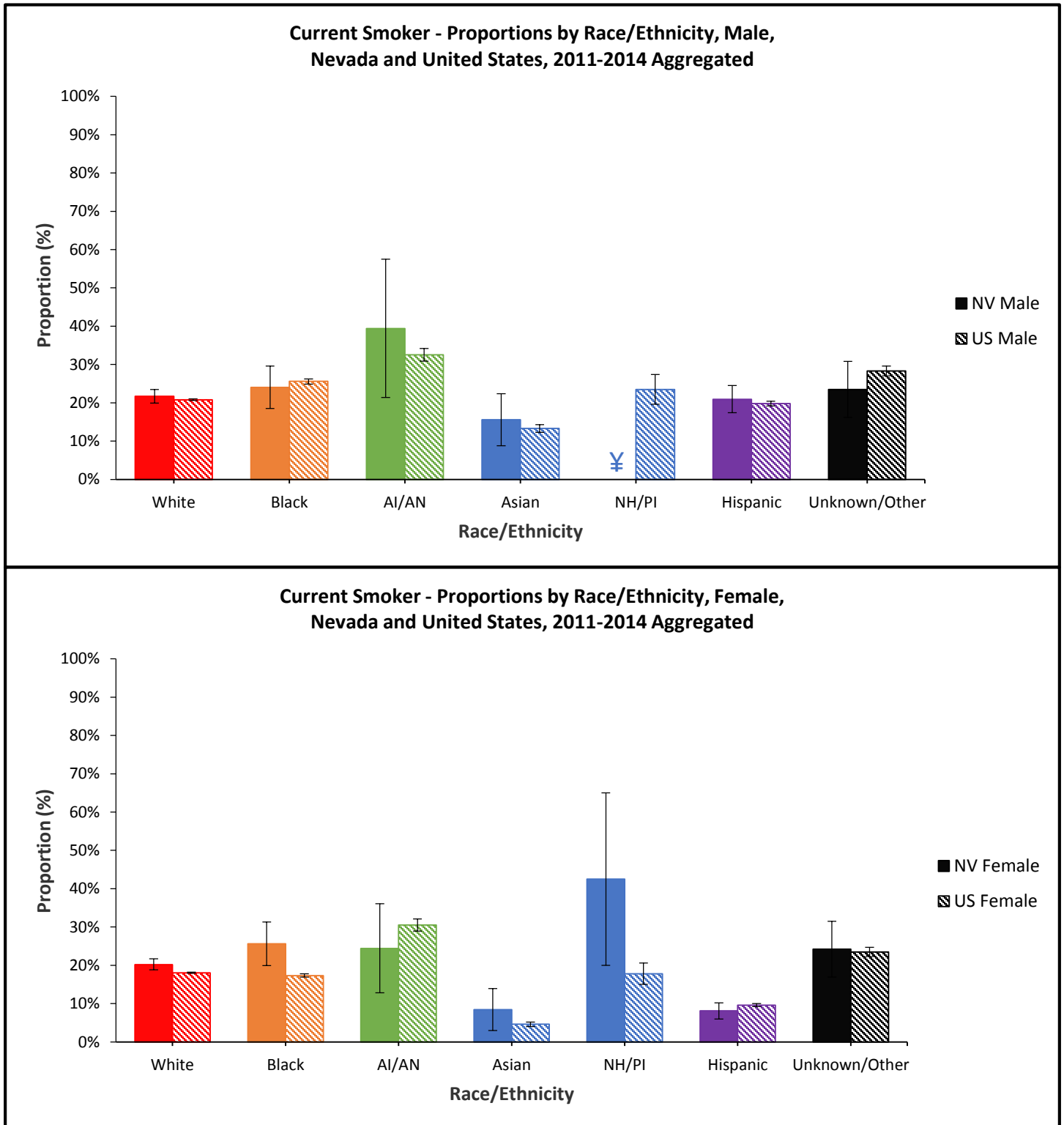
Table 24. All Cancer Mortality – Reported Cases and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2008-2012

Year	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2008	3,616	183.5 (177.5-189.5)	262	186.2 (163.7-208.8)	33	135.5 (89.3-181.7)	189	142.5 (122.2-162.9)	233	117.2 (102.1-132.2)	4,342	176.0 (170.7-181.2)
2009	3,615	179.0 (173.2-184.8)	308	213.3 (189.5-237.2)	24	101.8 (61.1-142.6)	190	135.0 (115.8-154.2)	285	144.9 (128.1-161.7)	4,425	173.9 (168.8-179.0)
2010	3,682	179.1 (173.4-184.9)	315	211.4 (188.0-234.7)	26	101.2 (62.3-140.2)	221	151.3 (131.4-171.3)	260	121.0 (106.3-135.7)	4,511	173.6 (168.5-178.7)
2011	3,680	176.1 (170.4-181.8)	314	210.6 (187.3-233.8)	28	102.1 (64.3-139.9)	233	154.7 (134.8-174.6)	276	115.3 (101.7-128.9)	4,540	170.8 (165.9-175.8)
2012	3,538	166.0 (160.5-171.5)	311	204.6 (181.9-227.3)	31	95.8 (62.1-129.5)	230	143.2 (124.7-161.7)	307	133.8 (118.8-148.8)	4,430	163.0 (158.2-167.8)
2008-2012	18,131	176.7 (174.1-179.2)	1,510	205.6 (195.2-216.0)	142	106.5 (89.0-124.0)	1,063	145.4 (136.6-154.1)	1,361	126.3 (119.6-133.1)	22,248	171.3 (169.1-173.6)

Source: Division of Public and Behavioral Health, Nevada Central Cancer Registry (NCCR), data as of December 2014.

*Age adjusted rates per 100,000 population were calculated using 2008-2012 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Figure 17. Current Smoker – Proportions by Sex and Race/Ethnicity, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 ¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 25. Current Smoker – Counts and Proportions by Sex and Race/Ethnicity, 2011-2014 Aggregated

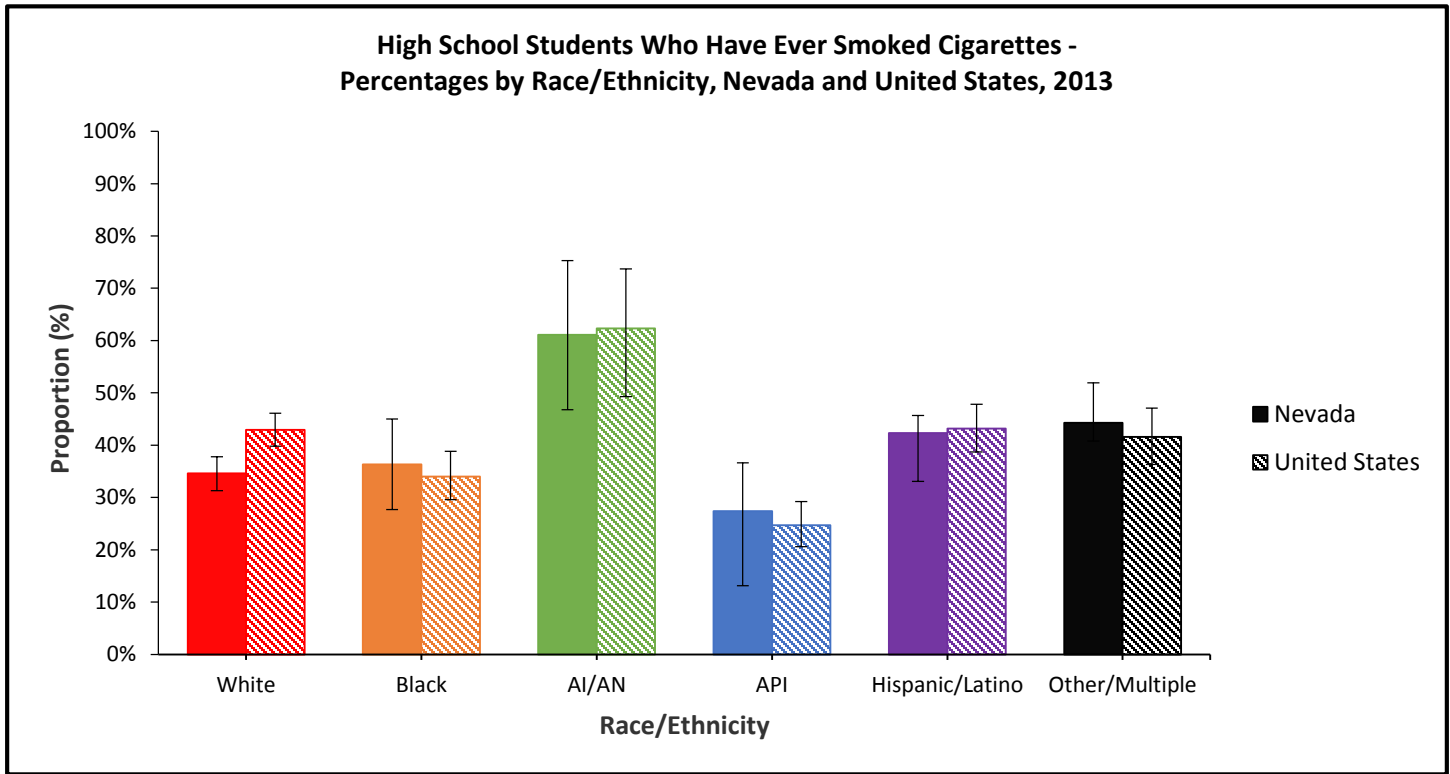
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,779	21.7 (19.9-23.5)	323	24.0 (18.5-29.6)	92	39.4 (21.4-57.5)	201	15.6 (8.8-22.4)	47	~	948	20.9 (17.4-24.5)	393	23.5 (16.2-30.8)
NV Female	8,164	20.2 (18.8-21.7)	439	25.6 (19.9-31.3)	133	24.4 (12.8-36.1)	277	8.4 (3.0-13.9)	57	42.5 (20.0-65.0)	1,244	8.1 (6.0-10.2)	505	24.2 (16.9-31.5)
US Male	591,364	20.8 (20.6-21.0)	50,157	25.6 (24.9-26.2)	11,584	32.5 (30.9-34.2)	16,212	13.3 (12.3-14.3)	1,615	23.5 (19.6-27.4)	48,161	19.8 (19.2-20.4)	19,927	28.3 (27.0-29.6)
US Female	862,765	18.0 (17.9-18.2)	99,281	17.3 (16.9-17.8)	16,204	30.5 (28.9-32.1)	17,476	4.6 (4.0-5.2)	1,911	17.8 (15.0-20.6)	69,290	9.6 (9.2-10.0)	24,544	23.5 (22.3-24.7)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 18. High School Students Who Have Ever Smoked Cigarettes – Rates by Race/Ethnicity, Nevada and United States, 2013



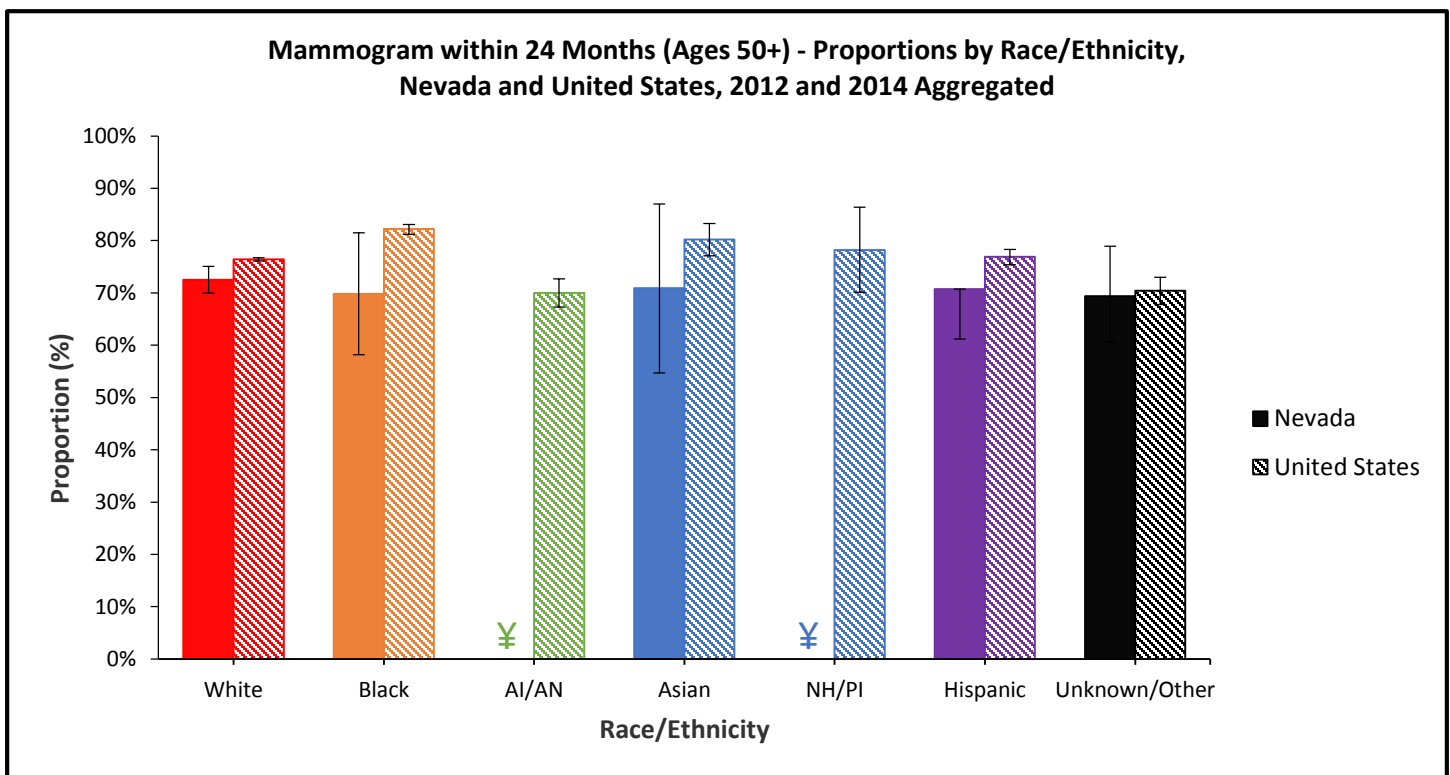
Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Table 26. High School Students Who Have Ever Smoked Cigarettes – Counts and Rates by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	673	34.6 (31.3-37.8)	58	36.3 (27.7-45.0)	47	61.1 (46.8-75.3)	34	27.4 (18.2-36.6)	638	42.3 (38.8-45.7)	140	44.3 (36.7-51.9)
United States	5,337	42.9 (39.8-46.1)	2,906	34.0 (29.6-38.8)	115	62.3 (49.3-73.7)	472	24.7 (20.6-29.2)	3,282	43.2 (38.7-47.8)	668	41.6 (36.3-47.1)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Figure 19. Mammogram within 24 Months (Ages 50+) – Proportions by Race/Ethnicity, 2012 and 2014 Aggregated



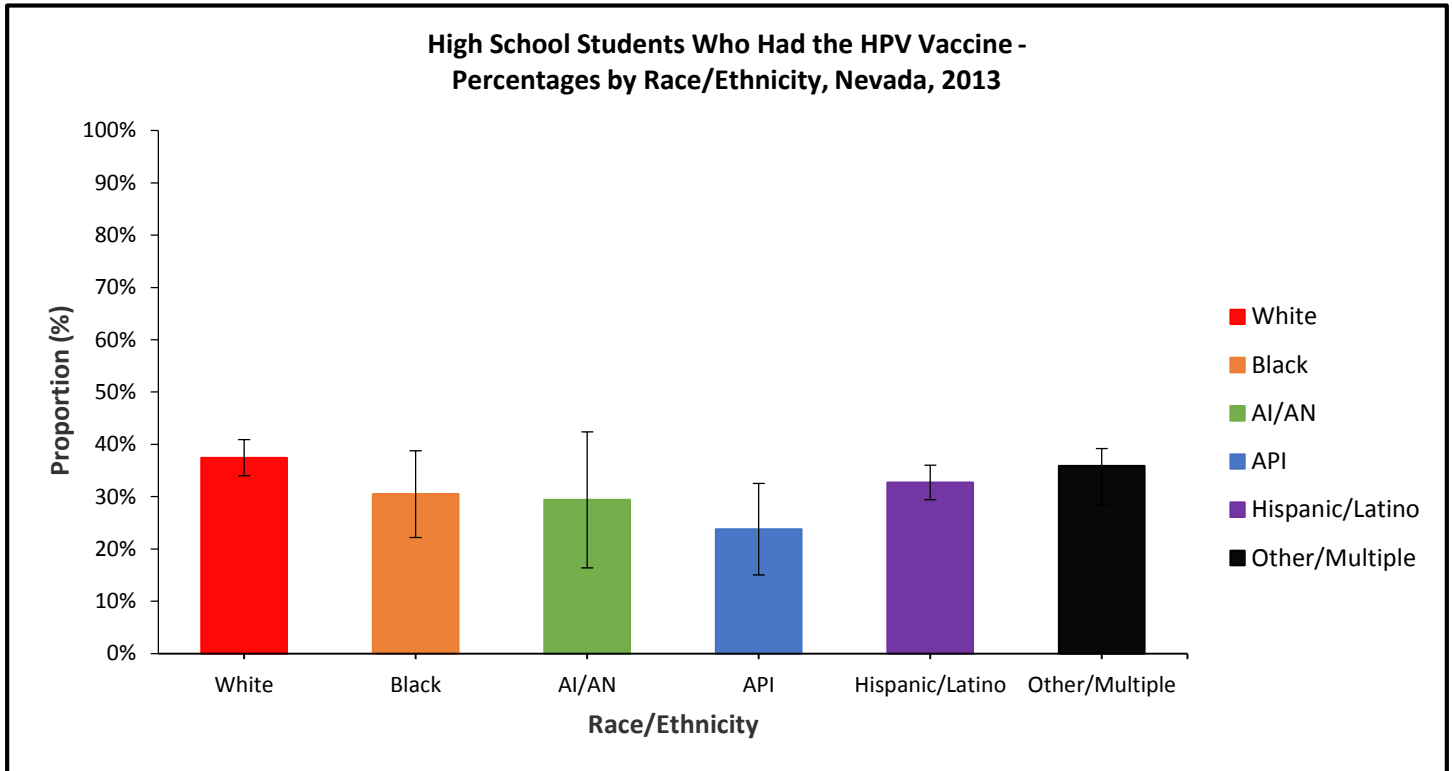
Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 ¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 27. Mammogram within 24 Months (Ages 50+) – Counts and Proportions by Sex and Race/Ethnicity, 2012 and 2014 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	2,485	72.5 (70.0-75.1)	110	69.8 (58.2-81.5)	38	~	60	70.9 (54.7-87.0)	7	~	189	70.7 (61.2-80.2)	143	69.4 (60.6-78.2)
United States	284,043	76.4 (76.1-76.7)	27,849	82.2 (81.2-83.1)	4,179	70 (67.3-72.7)	3,450	80.2 (77.1-83.3)	328	78.2 (70.1-86.4)	12,799	76.9 (75.4-78.3)	6,346	70.4 (67.8-73.0)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 ~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Figure 20. High School Students Who Had the HPV Vaccine – Rates by Race/Ethnicity, Nevada, 2013



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Table 28. High School Students Who Had the HPV Vaccine – Counts and Rates by Race/Ethnicity, Nevada, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	611	37.4 (34.0-40.9)	45	30.5 (22.2-38.8)	31	29.4 (16.4-42.4)	27	23.8 (15.0-32.5)	480	32.7 (29.4-36.0)	98	35.9 (28.4-43.4)

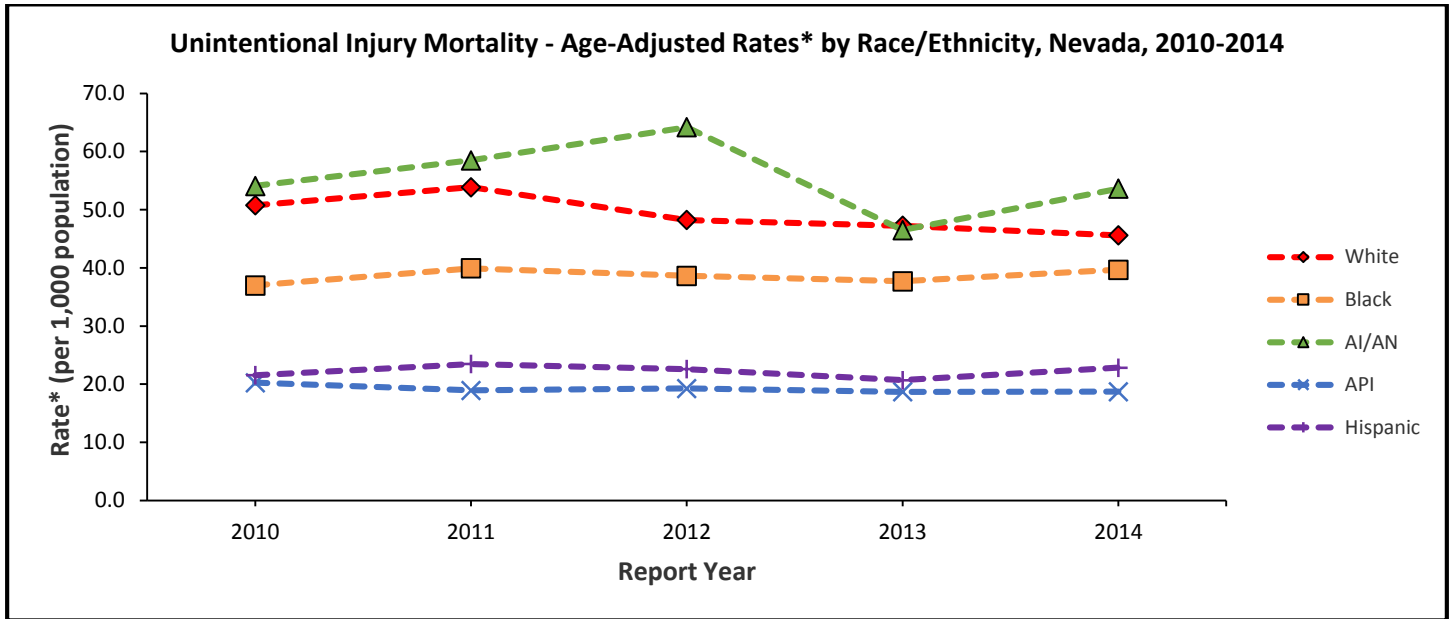
Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Unintentional Injury

Unintentional injuries include poisoning, motor vehicle accidents, falls, drowning, smokes, fires, environmental accidents, firearms, pedestrian accidents, cuts or piercing, and non-transport accidents. Unintentional injuries account for 5.2% of all deaths in Nevada in 2014. (Table 6)

- In 2014, unintentional injury mortalities were mainly comprised of poisoning (42.8%), motor vehicle accidents (25.4%), and falls (17.4%). (Table 30)
- Between 2010 and 2014, Whites had significantly higher rates of unintentional injury mortality compared to Nevada. (Figure 21 and Table 29)
- Overall in 2014, Whites suffered more accidental deaths than any other racial/ethnic group with 776 deaths, followed by Hispanics (139), Blacks (93), API (39), and AI/AN (17). (Table 29)
- Although AI/AN had high rates of accidental deaths from 2010 to 2014, due to variability associated with the small number of deaths among the AI/AN population, we cannot state AI/AN had significantly higher rates when compared to Nevada.

Figure 21. Unintentional Injury Mortality – Age-Adjusted Rates* of by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

Table 29. Unintentional Injury Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	811	50.8 (47.3-54.3)	74	37.0 (28.6-45.4)	15	54.1 (26.7-81.5)	39	20.3 (13.9-26.6)	128	21.6 (17.8-25.3)	15	†	1,082	40.4 (38.0-42.8)
2011	863	53.9 (50.3-57.5)	84	39.9 (31.4-48.5)	16	58.5 (29.8-87.2)	33	18.9 (12.5-25.4)	128	23.5 (19.4-27.5)	16	†	1,140	41.8 (39.4-44.2)
2012	808	48.2 (44.9-51.6)	85	38.6 (30.4-46.8)	21	64.2 (36.7-91.6)	40	19.3 (13.3-25.2)	129	22.6 (18.7-26.5)	21	†	1,104	39.4 (37.0-41.7)
2013	788	47.3 (44.0-50.6)	88	37.7 (29.8-45.6)	15	46.5 (23.0-70.0)	38	18.7 (12.7-24.6)	124	20.7 (17.1-24.3)	102	†	1,155	39.6 (37.3-41.8)
2014	776	45.6 (42.4-48.8)	93	39.7 (31.6-47.7)	17	53.6 (28.1-79.1)	39	18.7 (12.8-24.6)	139	22.8 (19.0-26.6)	51	†	1,115	37.4 (35.2-39.6)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

†Rates are unavailable for unknown/other race/ethnicity category.

Table 30. Unintentional Injury Mortality – Counts and Age-Adjusted Rates* by Year and Mechanism, Nevada, 2010-2014

	2010		2011		2012		2013		2014	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Poisoning	491	17.8 (16.2-19.4)	545	19.7 (18.1-21.4)	503	17.8 (16.2-19.4)	497	17.1 (15.6-18.6)	459	15.6 (14.2-17.0)
Motor Vehicle Accidents	273	10.2 (9.0-11.4)	259	9.5 (8.4-10.7)	248	8.7 (7.7-9.8)	242	8.8 (7.7-9.9)	272	9.5 (8.4-10.7)
Falls	153	6.5 (5.5-7.6)	162	6.6 (5.6-7.6)	170	6.8 (5.7-7.8)	167	6.4 (5.4-7.4)	186	6.8 (5.8-7.8)
Drowning/ Submersion	36	1.3 (0.9-1.8)	29	1.1 (0.7-1.5)	29	1.1 (0.7-1.5)	35	1.2 (0.8-1.6)	31	1.1 (0.7-1.5)
Smoke, Fire and Flames	16	0.6 (0.3-0.9)	19	0.7 (0.4-1.0)	18	0.6 (0.3-0.9)	14	0.5 (0.2-0.7)	15	0.5 (0.2-0.8)
Water, Air, Space, Other Transport Accidents	~	~	10	~	11	~	15	0.5 (0.2-0.8)	10	~
Other Land Transport Accidents	14	0.5 (0.3-0.8)	8	~	8	~	11	~	7	~
Firearms	~	~	~	~	~	~	5	~	~	~
Other Nontransport Accidents	83	3.3 (2.6-4.0)	90	3.4 (2.7-4.1)	97	3.6 (2.9-4.3)	121	4.5 (3.7-5.3)	90	3.2 (2.6-3.9)
Total	1,070	40.4 (38.0-42.8)	1,126	41.8 (39.3-44.2)	1,086	39.4 (37.0-41.7)	124	39.6 (32.6-46.5)	1,072	37.4 (35.2-39.7)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) is a chronic lung disease where breathing is slowed or forced and can include chronic bronchitis, emphysema, and asthma. CLRD is usually linked to smoking and may also be caused by second-hand smoke. CLRD was the third leading cause of death in Nevada in 2014 and accounted for 6.9% of deaths. (Table 6)

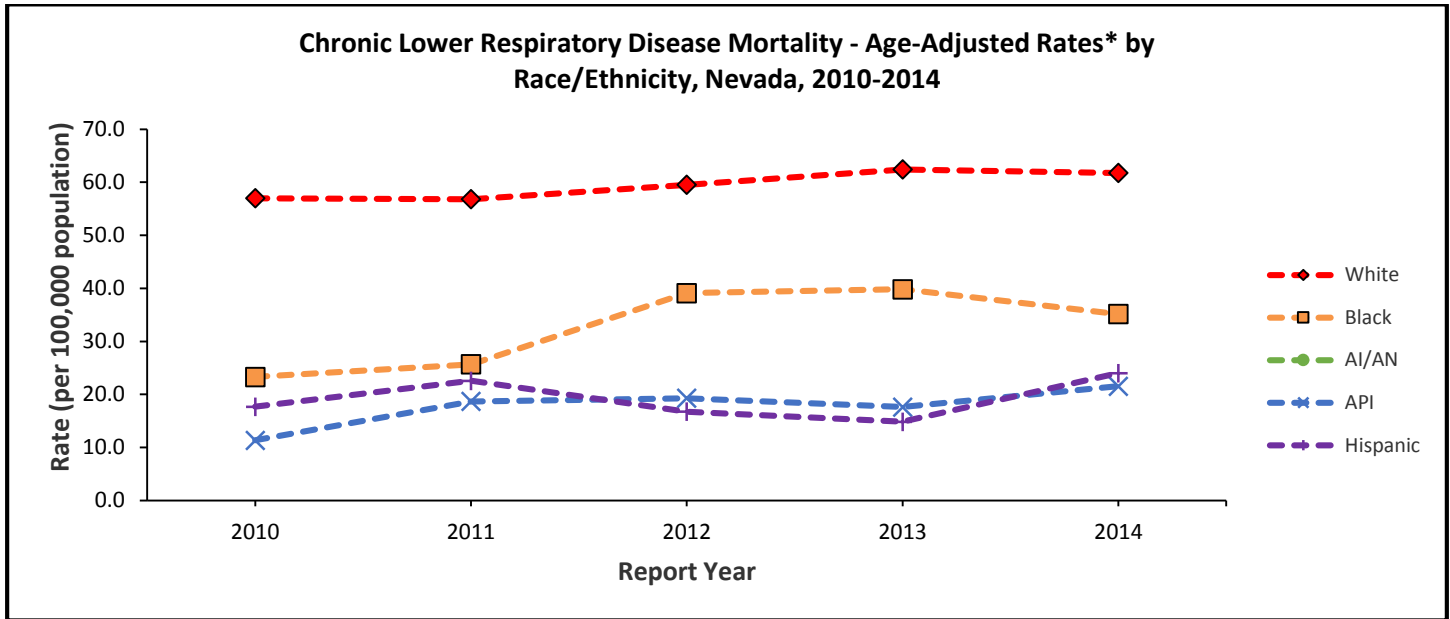
- Between 2010 and 2014, Whites had significantly higher rates of CLRD mortality compared to all races/ethnicities and Nevada, which may be associated with smoking prevalence. (Figure 28 and Table 30) Similar racial/ethnic discrepancies are seen at the national-level.
- The rate of death by CLRD among Whites was 2.8 times the rate of Asians (21.6 per 100,000 population) and 2.5 times the rate of Hispanics (24.0 per 100,000 population). (Figure 22 and Table 31)

Asthma

People with asthma, a contributing factor of CLRD, have swelling and inflammation of air passages in the lungs. When an irritant such as dust or pollen is present, there is a potential for bronchial tube spasm and possible asthma attack. The CDC's National Center for Chronic Disease Prevention and Health Promotion reports minorities, low income populations, and inner city children are more likely to experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population.

- Among females in Nevada, Blacks had significantly higher proportions (19.9%) of being told they have asthma compared to the United States (13.7%). (Figure 23 and Table 32)
- In Nevada, AI/AN high school students had significantly higher proportions of asthma (45.4%) when compared to their United States counterparts. (Figure 24 and Table 33)

Figure 22. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates* of by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

‡Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 31. Chronic Lower Respiratory Disease Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	1,097	57.0 (53.6-60.4)	36	23.3 (15.7-30.9)	~	~	16	11.3 (5.8-16.9)	34	17.7 (11.7-23.6)	0	†	1,185	48.5 (45.8-51.3)
2011	1,119	56.8 (53.5-60.1)	38	25.7 (17.5-33.8)	6	~	27	18.7 (11.6-25.7)	44	22.6 (15.9-29.3)	~	†	1,235	49.1 (46.4-51.8)
2012	1,209	59.5 (56.2-62.9)	59	39.1 (29.1-49.1)	6	~	27	19.3 (12.0-26.6)	37	16.7 (11.3-22.1)	~	†	1,341	51.2 (48.5-54.0)
2013	1,287	62.4 (59.0-65.8)	70	39.8 (30.5-49.2)	~	~	29	17.6 (11.2-24.0)	39	14.9 (10.2-19.5)	5	†	1,433	53.7 (50.9-56.5)
2014	1,316	61.8 (58.4-65.1)	68	35.2 (26.8-43.5)	7	~	38	21.6 (14.7-28.4)	58	24.0 (17.8-30.2)	~	†	1,491	53.7 (51.0-56.4)

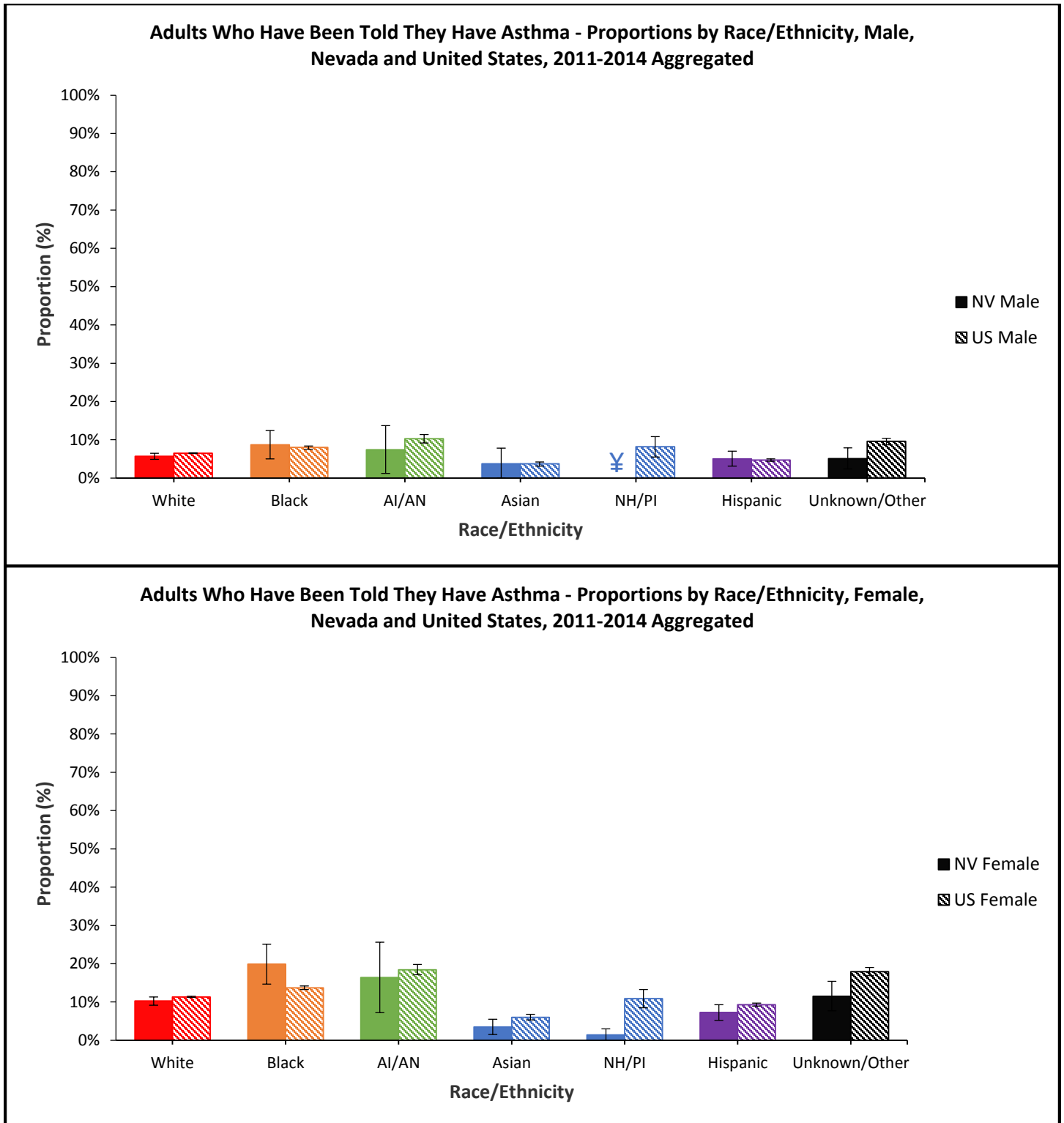
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 23. Adults Who Have Been Told They Have Asthma – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 32. Adults Who Have Been Told They Have Asthma – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

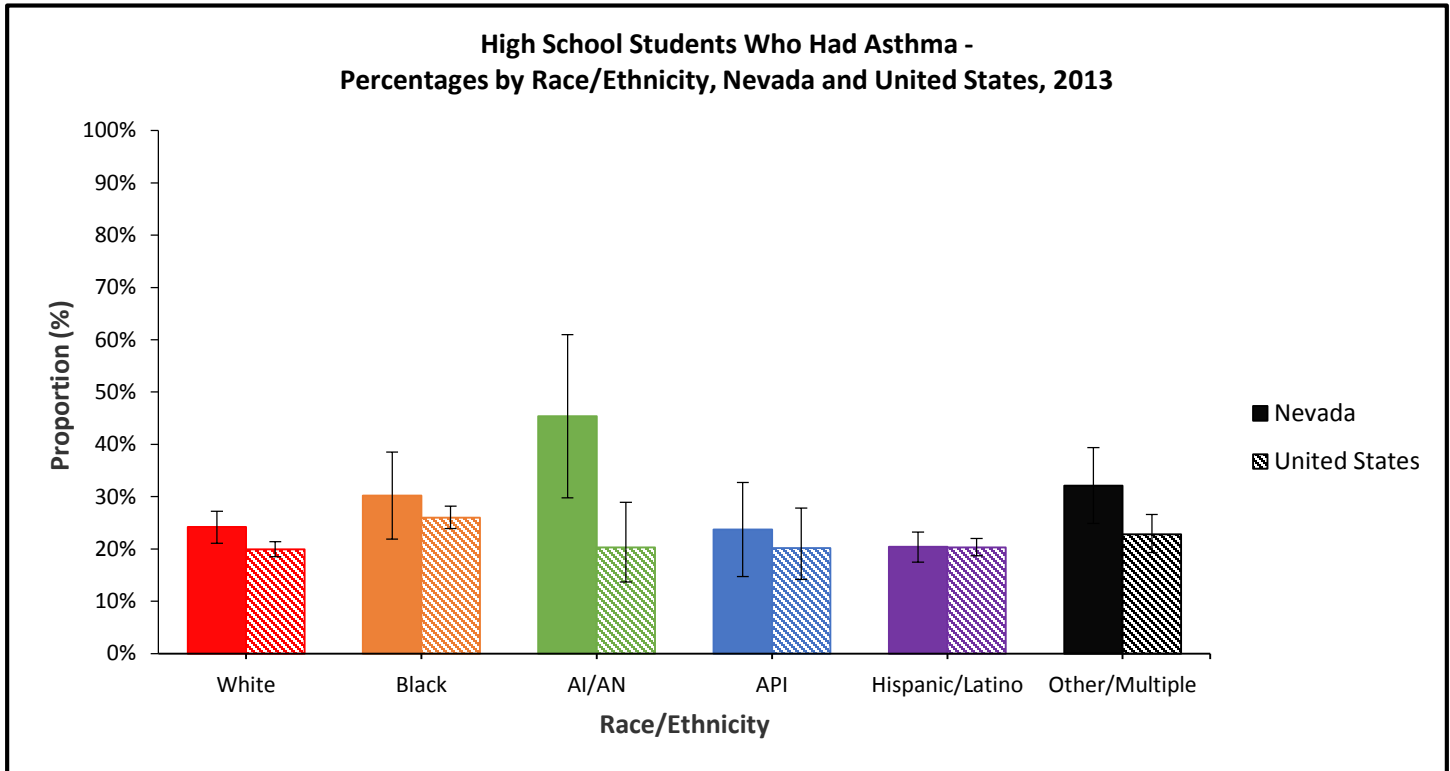
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,818	5.7 (4.9-6.5)	327	8.7 (5.0-12.4)	93	7.4 (1.2-13.7)	207	3.7 (0.0-7.8)	49	~	966	5.0 (3.1-7.0)	395	5.1 (2.4-7.9)
NV Female	8,186	10.3 (9.2-11.3)	444	19.9 (14.7-25.1)	135	16.4 (7.2-25.6)	288	3.5 (1.5-5.5)	58	1.4 (0.0-3.0)	1,261	7.3 (5.2-9.3)	505	11.5 (7.7-15.4)
US Male	600,973	6.5 (6.4-6.6)	51,724	8.0 (7.5-8.4)	11,877	10.3 (9.2-11.4)	16,795	3.7 (3.1-4.2)	1,673	8.2 (5.5-10.8)	50,043	4.7 (4.4-5.0)	20,277	9.6 (8.7-10.4)
US Female	875,781	11.3 (11.2-11.5)	102,019	13.7 (13.3-14.2)	16,552	18.4 (17.1-19.8)	18,072	6 (5.3-6.8)	1,952	10.9 (8.5-13.3)	71,410	9.3 (8.9-9.7)	24,896	17.9 (16.9-19.0)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 24. High School Students Who Had Asthma – Rates by Race/Ethnicity, Nevada and United States, 2013



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Table 33. High School Students Who Had Asthma – Counts and Rates by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	384	24.2 (21.1-27.2)	45	30.2 (21.9-38.5)	29	45.4 (29.8-61.0)	23	23.7 (14.7-32.7)	280	20.4 (17.5-23.2)	87	32.1 (24.9-39.4)
United States	5,386	19.9 (18.5-21.4)	2,891	26.0 (23.9-28.2)	116	20.3 (13.7-28.9)	486	20.2 (14.2-27.8)	3,256	20.3 (18.7-22.0)	669	22.8 (19.3-26.6)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

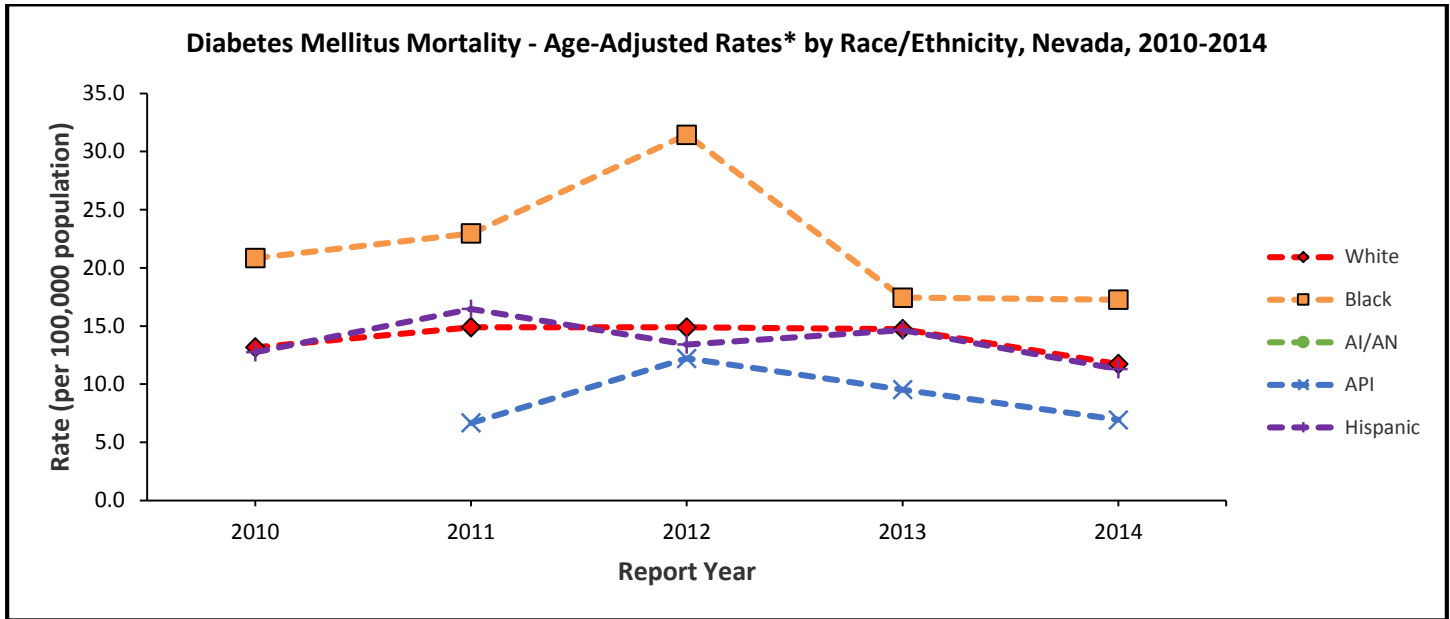
Diabetes

Diabetes

Diabetes is defined as a disease where blood glucose levels are above normal due to the body's inability to make enough insulin or use insulin properly. Diabetes can result in serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputation. [32] Research is currently being conducted to identify prevention methods, but studies have shown that regular physical activity can significantly reduce the probability of developing type 2 diabetes. In addition, healthy eating, physical activity, and blood glucose testing are current methods to control diabetes. [32]

- In 2012, Blacks had significantly higher rates of death due to diabetes when compared with all other racial/ethnic groups. (Figure 25 and Table 34)
- From 2009 to 2013, hospitalization due to diabetes was significantly higher among Blacks (372.8 per 100,000 population) and AI/AN (194.5 per 100,000 population) compared Nevada's overall population (156.3 per 100,000 population). (Figure 27 and Table 36). These rates are consistent with national and state diabetes prevalence among racial/ethnic groups.
- From 2012 to 2013, AI/AN had experienced a significant increase in diabetes hospitalizations from 179.4 to 356.3 per 100,000 population. (Figure 27 and Table 36)

Figure 25. Diabetes Mellitus Mortality – Age-Adjusted Rates* of by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

‡Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 34. Diabetes Mellitus Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	253	13.2 (11.5-14.8)	31	20.8 (13.5-28.2)	11	~	11	~	40	12.8 (8.8-16.7)	0	†	346	13.4 (12.0-14.8)
2011	288	14.9 (13.2-16.6)	39	23.0 (15.8-30.2)	7	~	14	6.7 (3.2-10.2)	49	16.5 (11.9-21.1)	0	†	397	15.0 (13.5-16.5)
2012	296	14.9 (13.2-16.6)	51	31.5 (22.8-40.1)	6	~	23	12.2 (7.2-17.2)	44	13.4 (9.4-17.4)	~	†	421	15.5 (14.0-17.0)
2013	294	14.7 (13.1-16.4)	34	17.4 (11.6-23.3)	7	~	21	9.5 (5.5-13.6)	44	14.7 (10.3-19.0)	~	†	404	14.4 (13.0-15.9)
2014	246	11.7 (10.3-13.2)	33	17.3 (11.4-23.2)	5	~	15	6.9 (3.4-10.4)	40	11.3 (7.8-14.8)	0	†	339	11.5 (10.3-12.7)

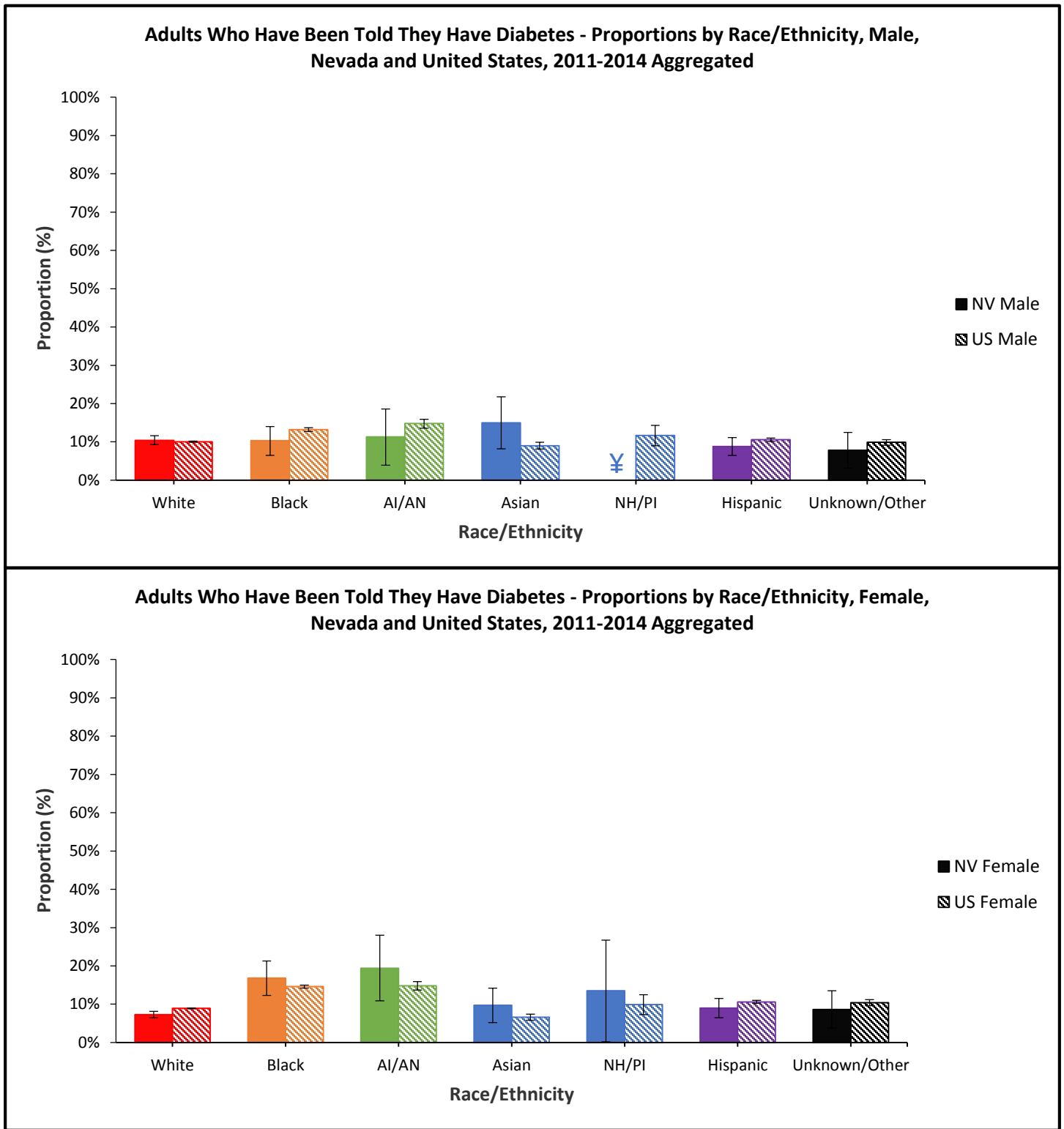
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 26. Adults Who Have Been Told They Have Diabetes – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 35. Adults Who Have Been Told They Have Diabetes – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

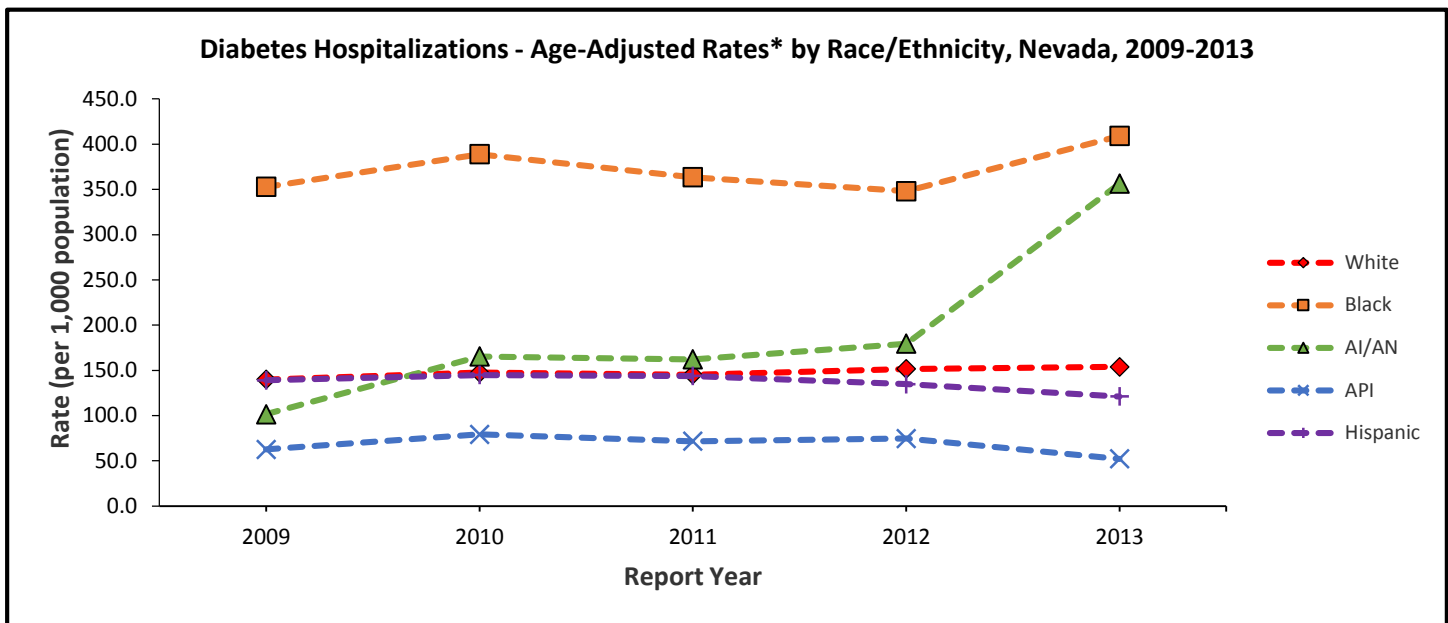
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,852	10.4 (9.3-11.6)	327	10.3 (6.5-14.0)	94	11.3 (3.9-18.6)	205	15.0 (8.2-21.8)	49	~	968	8.8 (6.5-11.1)	399	7.8 (3.1-12.5)
NV Female	8,245	7.3 (6.5-8.1)	447	16.8 (12.3-21.3)	136	19.4 (10.9-28.0)	289	9.7 (5.2-14.2)	56	13.5 (0.2-26.7)	1,268	9.0 (6.5-11.5)	515	8.6 (3.7-13.5)
US Male	603,544	10.0 (9.9-10.2)	51,934	13.2 (12.7-13.7)	11,938	14.8 (13.6-15.9)	16,817	9.0 (8.1-9.9)	1,669	11.7 (9.0-14.3)	49,915	10.6 (10.1-11.0)	20,431	9.9 (9.1-10.6)
US Female	880,468	8.9 (8.8-9.0)	102,511	14.6 (14.2-15.0)	16,628	14.8 (13.7-15.9)	18,107	6.6 (5.8-7.4)	1,950	9.9 (7.3-12.5)	71,463	10.6 (10.2-11.0)	25,124	10.4 (9.6-11.2)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 27. Diabetes Hospitalizations – Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2009-2013



Source: Division of Public and Behavioral Health, Hospital Inpatient Billing (HIB) 2013 data as of September 2014; 2012, 2011, 2009 data as of June 2013; 2010 data as of November 2013.

*Age adjusted rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

**Individuals who are hospitalized multiple times are counted as multiple cases.

Table 36. Diabetes Hospitalizations – Cases and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2009-2013

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2009	2,270	139.8 (134.0-145.6)	722	352.8 (327.1-378.5)	29	101.4 (64.5-138.3)	123	62.6 (51.5-73.7)	637	138.9 (128.1-149.7)	195	†	3,976	147.7 (143.1-152.3)
2010	2,592	147.4 (141.7-153.1)	808	388.9 (362.1-415.7)	45	165.4 (117.1-213.7)	163	79.2 (67.0-91.4)	692	144.8 (134.0-155.6)	197	†	4,497	163.5 (158.7-168.3)
2011	2,373	145.2 (139.4-151.0)	777	363.4 (337.8-389.0)	50	162.2 (117.2-207.2)	152	71.5 (60.1-82.9)	706	143.8 (133.2-154.4)	171	†	4,229	152.3 (147.7-156.9)
2012	2,544	151.5 (145.6-157.4)	756	348.0 (323.2-372.8)	62	179.4 (134.7-224.1)	162	74.5 (63.0-86.0)	706	134.8 (124.9-144.7)	182	†	4,412	154.6 (150.0-159.2)
2013	2,544	153.8 (147.8-159.8)	922	409.0 (382.6-435.4)	112	356.3 (290.3-422.3)	124	52.1 (42.9-61.3)	671	121.1 (111.9-130.3)	339	†	4,712	163.5 (158.8-168.2)
2009-2013	12,323	149.7 (147.1-152.3)	3,985	372.8 (361.2-384.4)	298	194.5 (172.4-216.6)	724	67.2 (62.3-72.1)	3,412	136.1 (131.5-140.7)	1,084	†	21,826	156.3 (154.2-158.4)

Source: Division of Public and Behavioral Health, Hospital Inpatient Billing (HIB) 2013 data as of September 2014; 2012, 2011, 2009 data as of June 2013; 2010 data as of November 2013.

*Age adjusted rates per 100,000 population were calculated using 2013 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

†Rates are unavailable for unknown/other race/ethnicity category. Caution is necessary when interpreting rates of hospitalizations when unknown race/ethnicity cases account for a large proportion of hospitalizations.

**Individuals who are hospitalized multiple times are counted as multiple cases.

Homicide and Suicide

Homicide

Homicide is defined as a death resulting from the use of physical force or power, threatened or actual, against another person, group, or community when a preponderance of evidence indicates that the use of force was intentional. [33]. Homicide disproportionately affects minority populations in Nevada. In addition to emotional consequences on families and friends of victims, deaths due to homicides resulted in an estimated \$228 million in combined medical and work loss costs in 2010. [34]

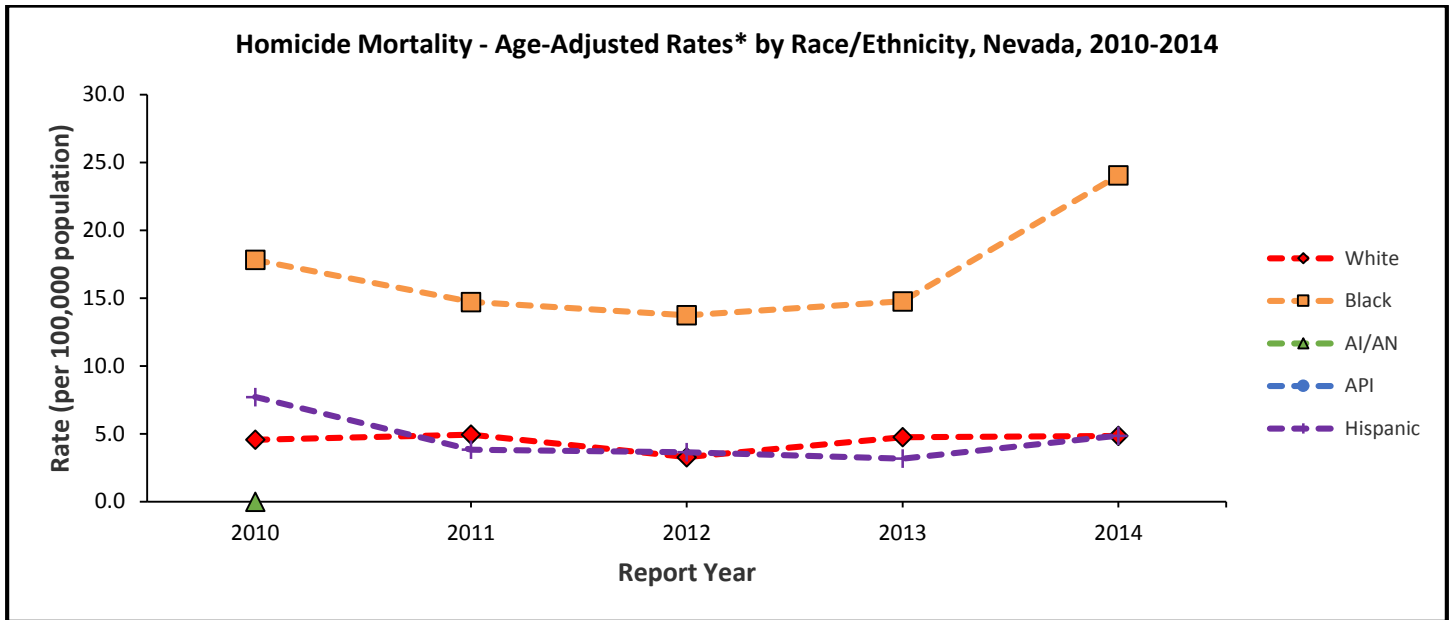
- Of the 811 homicides that occurred between 2010 and 2014, 25.6% were among Blacks and 23.1% were among Hispanics. (Table 37)
- Although Blacks had significantly higher rates of homicide (17.5 per 100,000 population) in Nevada between 2010 and 2014, Black males had significantly higher rates (29.2 per 100,000 population) when compared to all race/ethnicities and Nevada. (Figure 29 and Table 38)
- Although not statistically significant, there is indication of an upward trend in homicide mortality among Blacks. (Figure 28 and Table 37)
- Males had significantly higher rates of homicides than females for all non-suppressed racial/ethnic categories. (Figure 29 and Table 38)

Suicide

Suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions. A suicide attempt is when people harm themselves with the intent to end their lives, but they do not die as a result of their actions. [35]. In 2010, Nevada and United States suicides resulted in an estimated \$593 million and \$44 billion in combined medical and work loss costs, respectively. [34]

- In 2014, majority of intentional self-harm (suicide) mortalities were comprised of firearms/explosives (54.8%), suffocations (22.3%), and poisonings (17.7%). (Table 40)
- The proportion of Nevada high school students who considered attempting suicide or attempted suicide in the past 12 months were similar to high school students in the United States. (Figure 31 and Table 41)
- Whites in Nevada were significantly more likely to attempt suicide (10.3 per 100,000 population) than Whites in the United States (6.3 per 100,000 population). (Figure 32 and Table 42)

Figure 28. Homicide Mortality – Age-Adjusted Rates* of by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

‡Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 37. Homicide Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	70	4.6 (3.5-5.6)	42	17.8 (12.4-23.2)	0	0	8	~	53	7.7 (5.6-9.8)	~	†	176	6.5 (5.5-7.5)
2011	69	5.0 (3.8-6.1)	34	14.7 (9.8-19.7)	~	~	~	~	33	3.8 (2.5-5.2)	~	†	144	5.4 (4.5-6.2)
2012	46	3.3 (2.3-4.2)	32	13.7 (9.0-18.5)	~	~	7	~	28	3.7 (2.3-5.0)	~	†	118	4.4 (3.6-5.2)
2013	74	4.8 (3.7-5.8)	36	14.8 (9.9-19.6)	~	~	~	~	25	3.2 (1.9-4.4)	5	†	146	5.3 (4.4-6.2)
2014	74	4.9 (3.7-6.0)	59	24.1 (17.9-30.2)	~	~	6	~	40	4.9 (3.4-6.4)	12	†	192	6.5 (5.6-7.4)

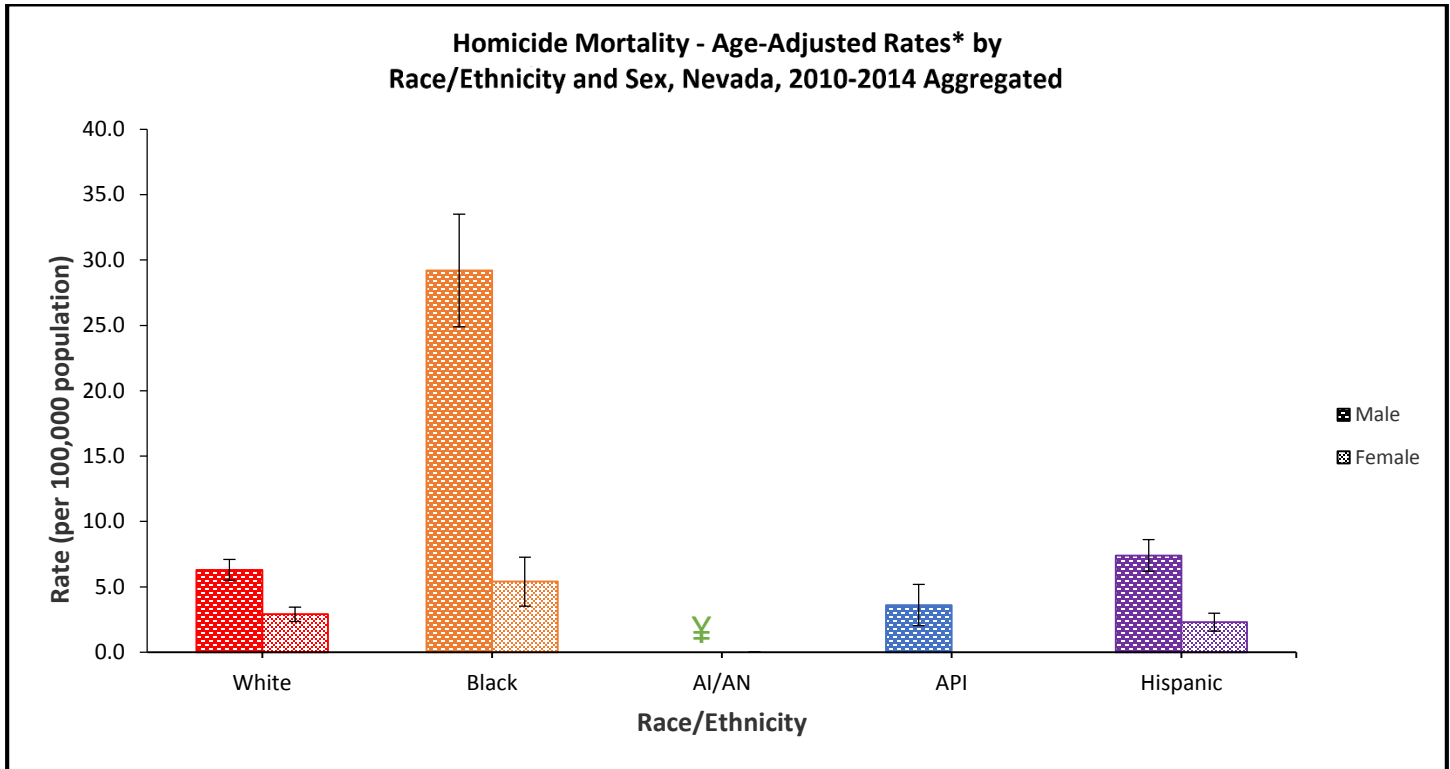
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 29. Homicide Mortality – Age-Adjusted Rates* of by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 38. Homicide Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated

Sex	White		Black		AI/AN		API		Hispanic		Unknown/Other	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	238	6.3 (5.5-7.1)	176	29.2 (24.9-33.5)	8	~	20	3.6 (2.0-5.2)	144	7.4 (6.2-8.6)	24	†
Female	109	2.9 (2.4-3.4)	32	5.4 (3.5-7.3)	0	0	9	~	43	2.3 (1.6-3.0)	8	†
Total	347	4.7 (4.2-5.2)	208	17.5 (15.1-19.9)	8	~	29	2.4 (1.5-3.3)	187	4.9 (4.2-5.6)	32	†

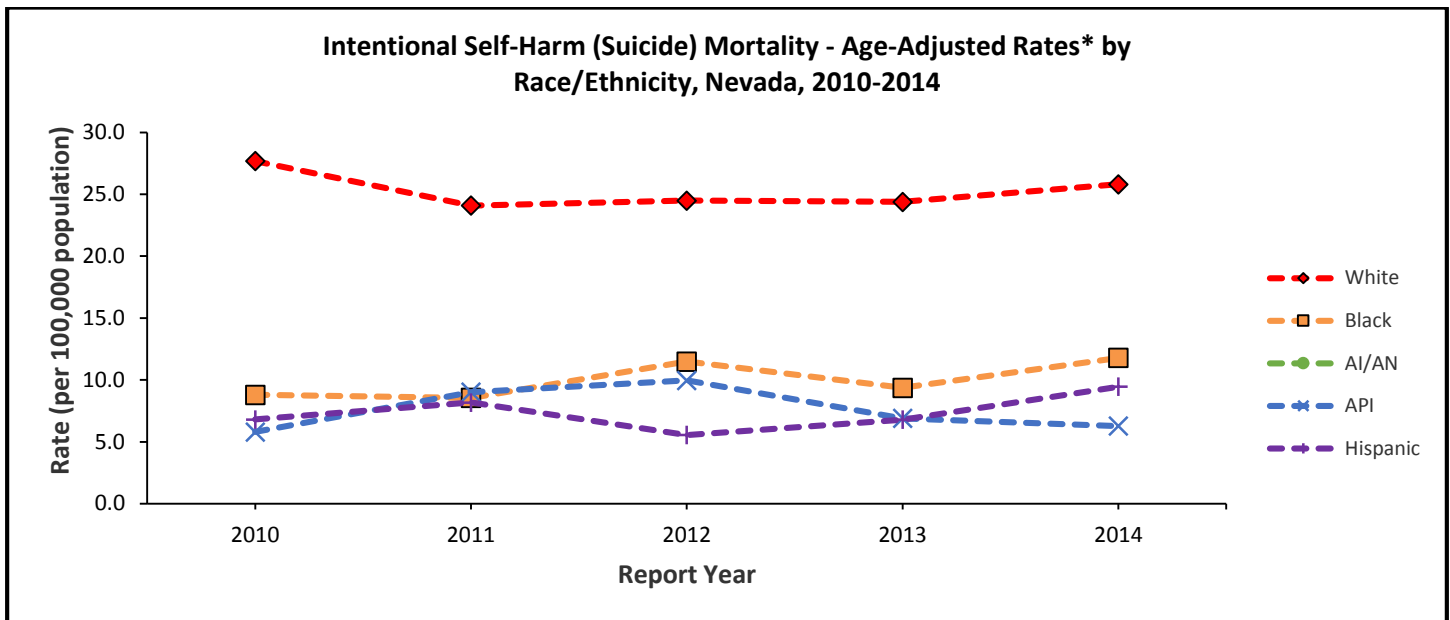
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 30. Intentional Self-Harm (Suicide) Mortality – Age-Adjusted Rates* of by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

‡Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 39. Intentional Self-Harm (Suicide) Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	465	27.7 (25.2-30.2)	20	8.8 (4.9-12.7)	6	~	14	5.8 (2.8-8.8)	41	6.8 (4.7-8.9)	~	†	547	19.7 (18.1-21.4)
2011	407	24.1 (21.7-26.4)	18	8.6 (4.6-12.5)	6	~	21	9.0 (5.2-12.9)	55	8.2 (6.0-10.3)	~	†	510	18.2 (16.6-19.7)
2012	412	24.5 (22.1-26.9)	24	11.5 (6.9-16.1)	10	~	23	10.0 (5.9-14.0)	34	5.6 (3.7-7.4)	0	†	503	17.7 (16.2-19.3)
2013	417	24.4 (22.0-26.7)	20	9.4 (5.3-13.5)	7	~	17	6.9 (3.6-10.2)	47	6.8 (4.8-8.7)	~	†	509	18.2 (16.6-19.8)
2014	443	25.8 (23.4-28.2)	28	11.8 (7.4-16.1)	10	~	16	6.3 (3.2-9.3)	61	9.5 (7.1-11.8)	~	†	559	19.4 (17.8-21.0)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Table 40. Intentional Self-Harm (Suicide) – Counts and Age-Adjusted Rates* by Year and Mechanism, Nevada, 2010-2014

	2010		2011		2012		2013		2014	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Firearms/ Explosives	289	137.1 (121.3-152.9)	270	128.5 (113.2-143.9)	268	127.5 (112.2-142.8)	283	133.7 (118.1-149.2)	307	147.1 (130.6-163.6)
Suffocation	109	8.6 (7.0-10.2)	103	8.0 (6.4-9.5)	82	6.6 (5.1-8.0)	96	7.6 (6.1-9.1)	125	10.0 (8.2-11.7)
Poisonings	115	4.1 (3.4-4.8)	111	3.9 (3.2-4.6)	126	4.3 (3.6-5.1)	113	3.8 (3.1-4.5)	99	3.4 (2.7-4.1)
Jumped from Height	11	~	11	~	16	7.3 (3.7-10.9)	8	~	10	~
Cutting/Stabbing	11	~	~	~	8	~	13	6.0 (2.7-9.3)	9	~
Drowning/ Submersion	0	0	~	~	~	~	~	~	~	~
Others	11	~	5	~	~	~	13	6.7 (3.1-10.4)	7	~
Total	546	19.7 (18.0-21.4)	507	18.2 (16.6-19.7)	505	17.7 (16.2-19.3)	527	18.2 (16.7-19.8)	560	19.4 (17.8-21.0)

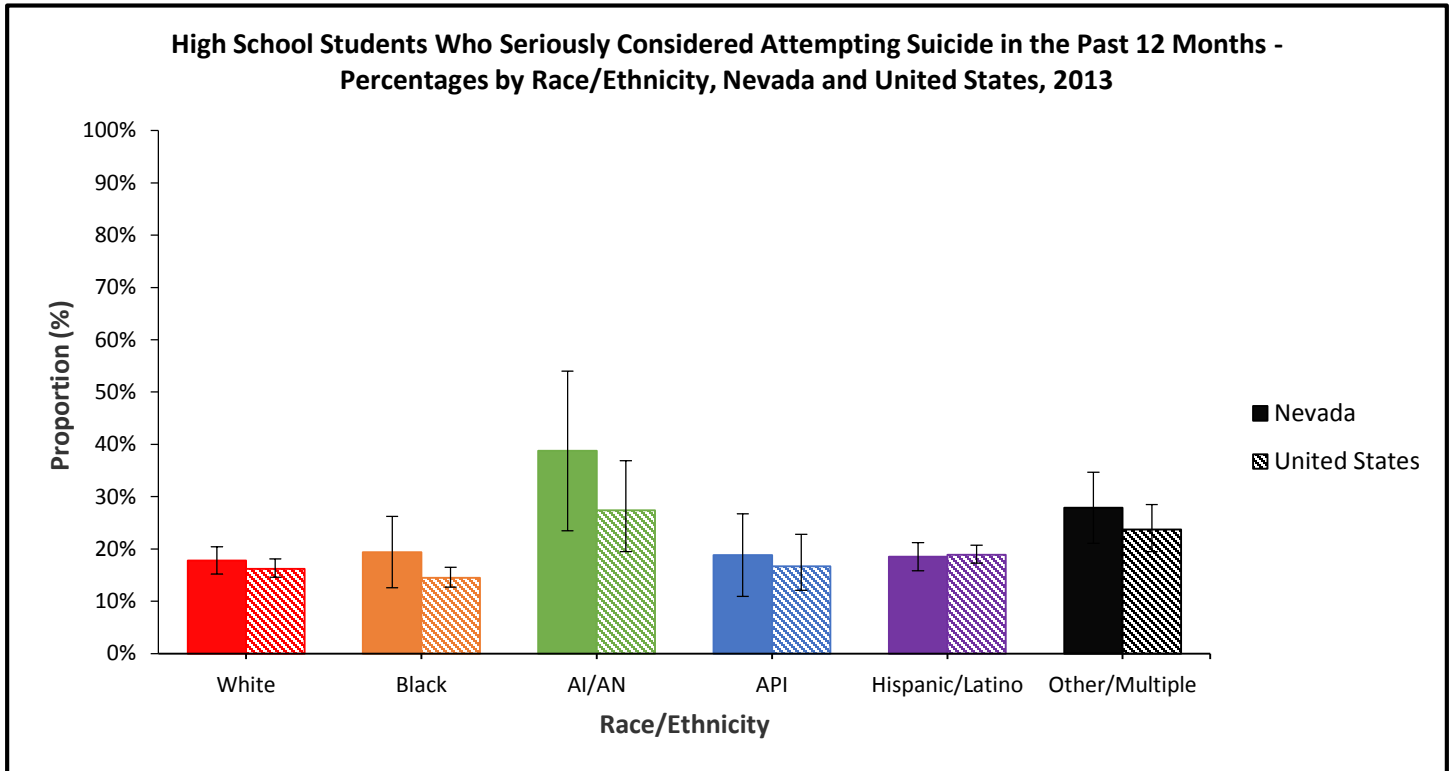
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 31. High School Students Who Seriously Considered Attempting Suicide in the Past 12 Months – Rates by Race/Ethnicity, Nevada and United States, 2013



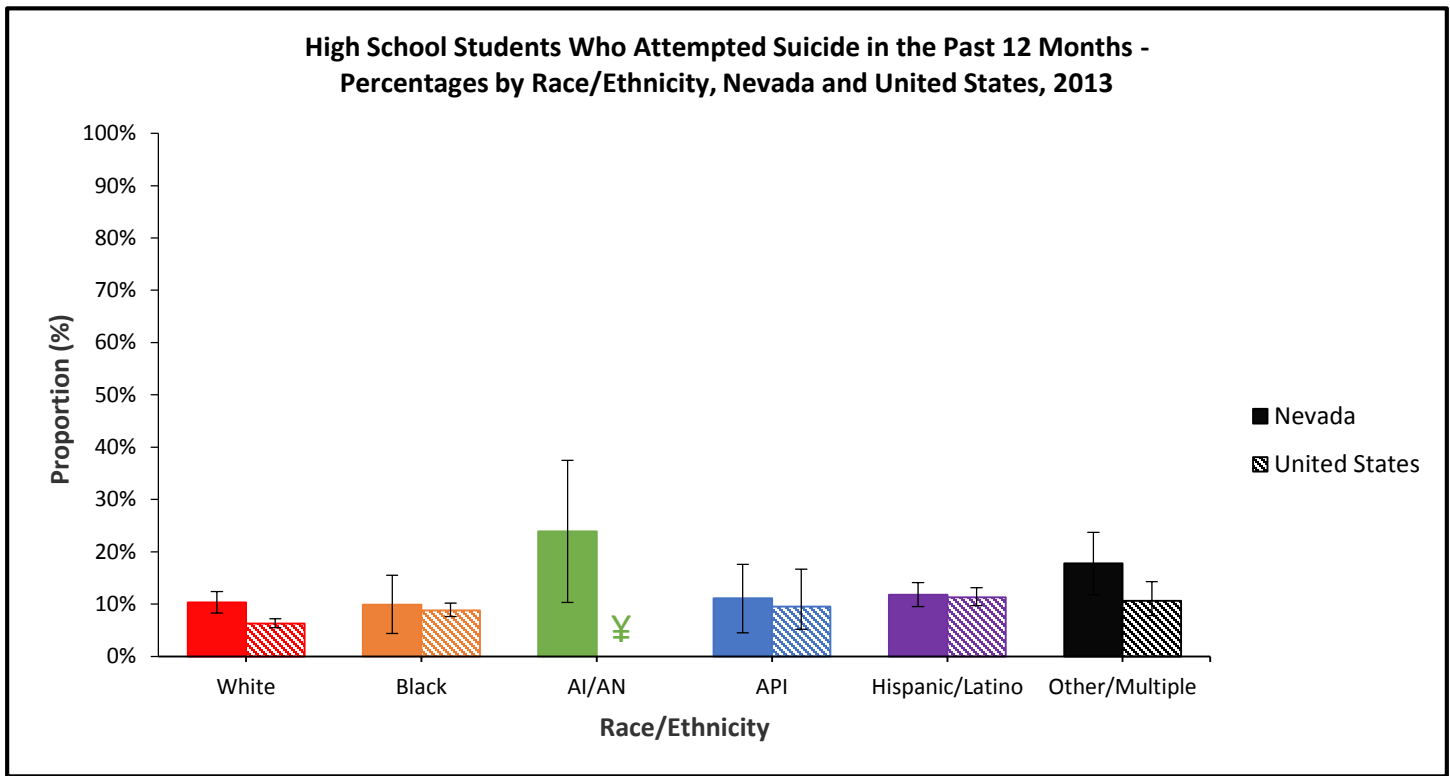
Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Table 41. High School Students Who Seriously Considered Attempting Suicide in the Past 12 Months – Counts and Rates by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	324	17.8 (15.2-20.4)	31	19.4 (12.6-26.2)	23	38.8 (23.5-54.0)	24	18.8 (10.9-26.7)	267	18.5 (15.8-21.2)	85	27.9 (21.1-34.7)
United States	5,419	16.2 (14.6-18.1)	2,973	14.5 (12.7-16.5)	120	27.4 (19.5-36.9)	489	16.7 (12.1-22.8)	3,371	18.9 (17.3-20.7)	677	23.7 (19.5-28.5)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Figure 32. High School Students Who Attempted Suicide in the Past 12 Months – Rates by Race/Ethnicity, Nevada and United States, 2013



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

¥Counts over 0 and under 5 and counts over 0 and under 100 and associated rates are suppressed due to reliability and/or confidentiality issues for Nevada and United States, respectively.

Table 42. High School Students Who Attempted Suicide in the Past 12 Months – Counts and Rates by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	194	10.3 (8.3-12.4)	15	9.9 (4.4-15.5)	16	23.9 (10.3-37.5)	12	11.1 (4.5-17.6)	173	11.8 (9.5-14.1)	50	17.8 (11.8-23.7)
United States	5,120	6.3 (5.5-7.2)	2,343	8.8 (7.6-10.2)	98	~	461	9.5 (5.2-16.7)	2,965	11.3 (9.7-13.1)	621	10.6 (7.8-14.3)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

~Counts over 0 and under 5 and counts over 0 and under 100 and associated rates are suppressed due to reliability and/or confidentiality issues for Nevada and United States, respectively.

Influenza and Pneumonia

Influenza and Pneumonia

Influenza is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and at times can lead to death. [36] Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages and can be caused by viruses, bacteria, and fungi. [37]

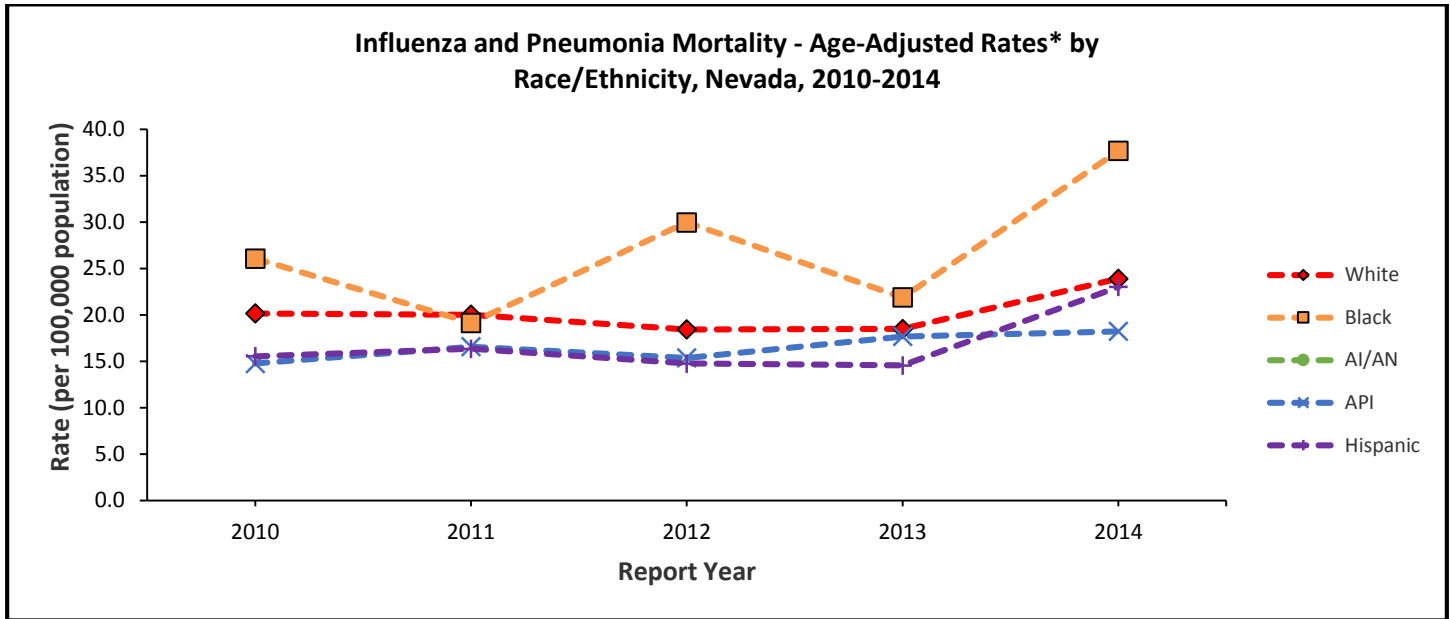
- Deaths associated with influenza or pneumonia are ranked as the sixth leading cause of death in all racial and ethnic groups and account for 3.9% of all deaths in 2014.
- Blacks had significantly higher rates of influenza and pneumonia mortality in 2014 (37.7 per 100,000 population) when compared to Nevada (24.0 per 100,000 population). (Figure 33 and Table 43)

Influenza and Pneumonia Protective Factors

Deaths associated with influenza and pneumonia are largely preventable via preventive measures and vaccinations.

- Between 2011 and 2014, among individuals aged 18+, Whites, Blacks, AI/AN, NH/PI, and Hispanics in Nevada had significantly lower proportions of flu shots when compared to the United States. (Figure 34 and Table 44)
- Whites 65 and older in Nevada were significantly less likely to receive a flu shot (54.0%) when compared with the United States (62.3%). (Figure 35 and Table 45)
- Contrastingly, Whites (70.1%) and Asians (70.1%) 65 and older in Nevada were significantly more likely to have ever had the pneumonia vaccine when compared with the United States (61.3% and 45.3%, respectively). (Figure 36 and Table 46)
- Hispanics were significantly less likely to have ever had the pneumonia vaccine (54.4%) when compared with the United States (69.5%). (Figure 36 and Table 46)

Figure 33. Influenza and Pneumonia Mortality – Age-Adjusted Rates* of by Race/Ethnicity, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

‡Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 43. Influenza and Pneumonia Mortality – Counts and Age-Adjusted Rates* by Race/Ethnicity, Nevada, 2010-2014

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	374	20.2 (18.1-22.2)	33	26.1 (17.2-35.0)	~	~	20	14.8 (8.3-21.2)	39	15.5 (10.7-20.4)	0	†	468	19.3 (17.6-21.1)
2011	383	20.0 (18.0-22.0)	30	19.1 (12.3-26.0)	6	~	28	16.6 (10.4-22.7)	48	16.3 (11.7-21.0)	~	†	496	19.6 (17.8-21.3)
2012	361	18.4 (16.5-20.3)	50	30.0 (21.7-38.3)	7	~	23	15.4 (9.1-21.6)	39	14.8 (10.1-19.4)	~	†	481	18.6 (16.9-20.3)
2013	375	18.5 (16.6-20.4)	37	21.9 (14.8-28.9)	7	~	30	17.7 (11.4-24.0)	41	14.6 (10.1-19.0)	~	†	494	18.4 (16.8-20.1)
2014	491	23.9 (21.8-26.0)	65	37.7 (28.5-46.8)	7	~	36	18.2 (12.3-24.2)	69	23.0 (17.6-28.4)	5	†	673	24.0 (22.2-25.8)

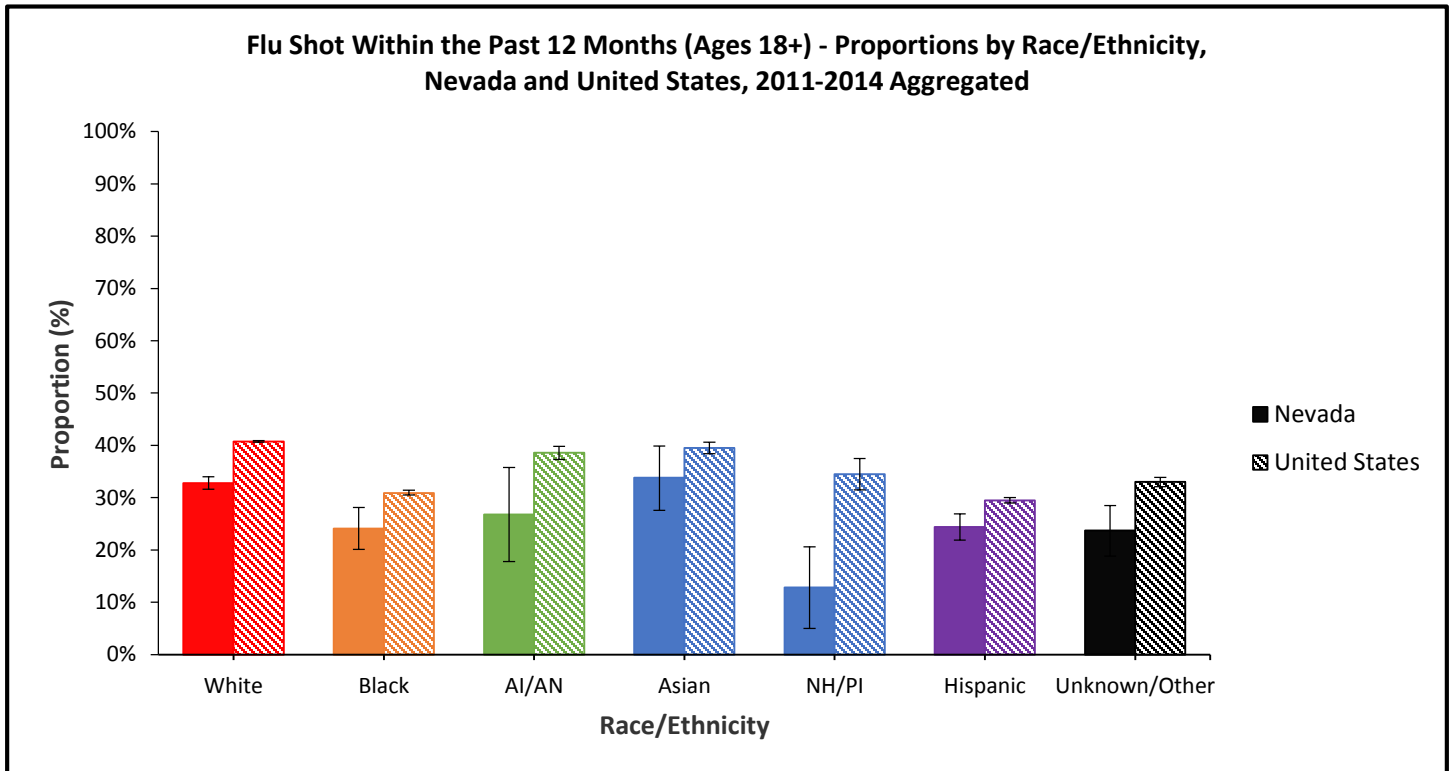
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Age adjusted rates per 100,000 population were calculated using 2014 population projections from the Nevada State Demographer vintage 2014 data age-adjusted to the 2000 U.S. standard population (19 age-groups -CensusP25-1130).

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 34. Flu Shot Within the Past 12 Months (Ages 18+) – Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



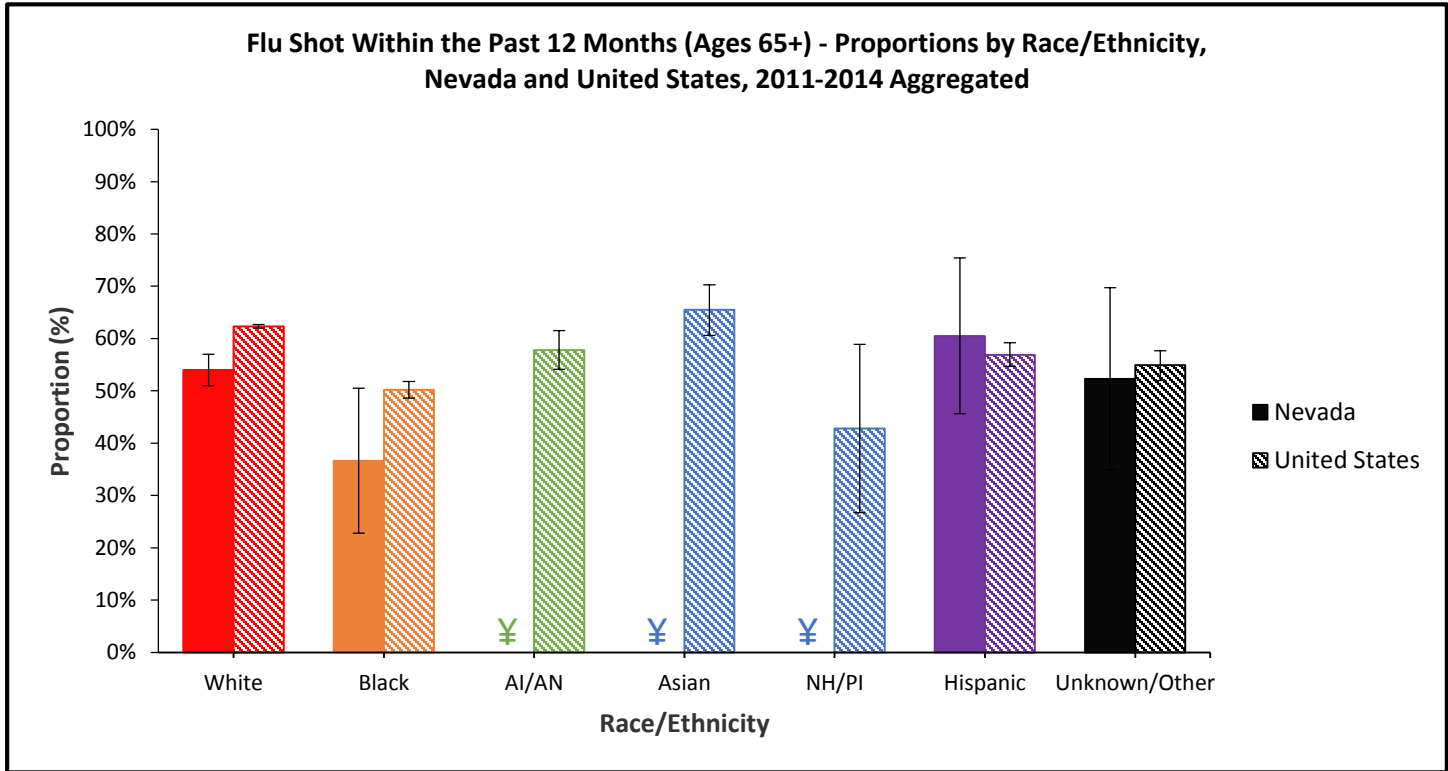
Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Table 44. Flu Shot Within the Past 12 Months (Ages 18+) – Counts and Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	13,400	32.8 (31.6-34.0)	719	24.1 (20.1-28.1)	210	26.8 (17.8-35.8)	437	33.8 (27.6-39.9)	98	12.8 (5.0-20.6)	2,070	24.4 (21.9-26.9)	863	23.7 (18.8-28.5)
United States	1,412,122	40.7 (40.6-40.9)	142,640	30.9 (30.5-31.4)	26,489	38.6 (37.3-39.8)	31,906	39.5 (38.4-40.6)	3,307	34.5 (31.5-37.5)	110,077	29.5 (29.0-30.0)	43,018	33.0 (32.1-33.9)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Figure 35. Flu Shot Within the Past 12 Months (Ages 65+) – Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



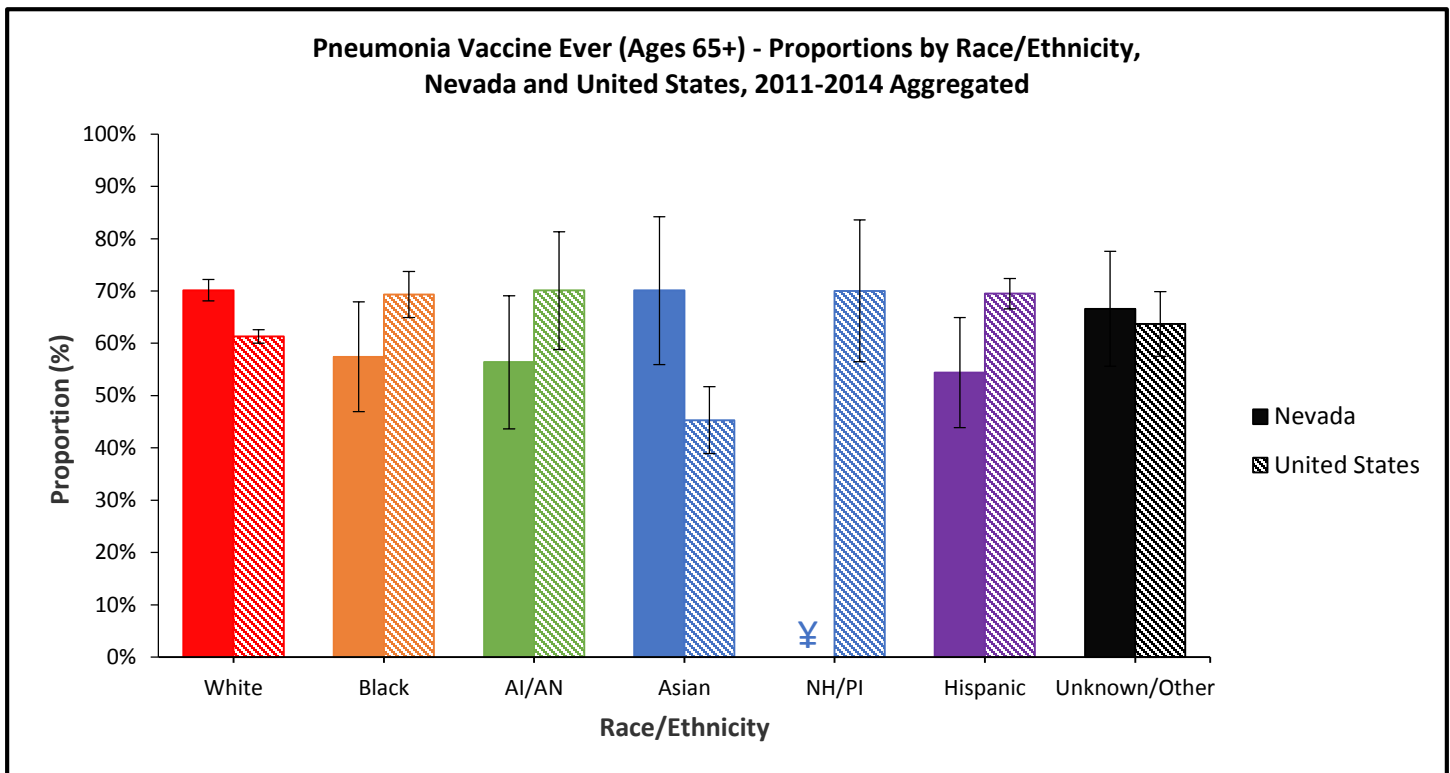
Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 ¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 45. Flu Shot Within the Past 12 Months (Ages 65+) – Counts and Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	2,358	54.0 (51.0-57.0)	92	36.6 (22.8-50.5)	20	~	44	~	6	~	98	60.5 (45.6-75.4)	106	52.3 (34.9-69.7)
United States	253,419	62.3 (62.0-62.7)	18,016	50.2 (48.6-51.8)	3,063	57.8 (54.1-61.5)	2,788	65.5 (60.6-70.3)	185	42.8 (26.7-58.9)	8,066	56.9 (54.7-59.2)	5,317	54.9 (52.0-57.7)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 ~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Figure 36. Pneumonia Vaccine Ever (Ages 65+) – Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

¥Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 46. Pneumonia Vaccine Ever (Ages 65+) – Counts and Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	4,755	70.1 (68.1-72.2)	164	57.4 (46.9-67.9)	51	56.4 (43.6-69.1)	83	70.1 (55.9-84.2)	9	~	200	54.4 (43.9-64.9)	220	66.6 (55.6-77.6)
United States	13,567	61.3 (60.0-62.6)	737	69.3 (64.9-73.7)	217	70.1 (58.8-81.3)	469	45.3 (38.9-51.7)	102	70.0 (56.5-83.6)	2,022	69.5 (66.6-72.4)	868	63.7 (57.5-69.9)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

HIV/AIDS

Human Immunodeficiency Virus (HIV)

Human immunodeficiency virus (HIV) is a virus that attacks an individual's immune system that can eventually lead to acquired immunodeficiency syndrome (AIDS) if left untreated. Although there currently is not a safe and effective cure for HIV, with proper treatment through the use of antiretroviral therapy (ART), individuals can live normal lives with nearly normal life expectancies. The HIV is primarily spread by having sex (anal, vaginal, and oral) or sharing injection equipment with someone who has HIV. However, HIV is also less commonly spread through: (1) being born to an infected mother; (2) receiving blood transfusion, blood products, or organ/tissue transplants; and (3) contact between broken skin, wounds, or mucous membranes and HIV-infected blood or blood-contaminated body fluids.

HIV Incidence

HIV incidence includes persons newly diagnosed with HIV infection in Nevada (both living and deceased) and excludes persons who were diagnosed in another state but who currently live in Nevada. This category also includes persons who were newly diagnosed with HIV and AIDS in the same year.

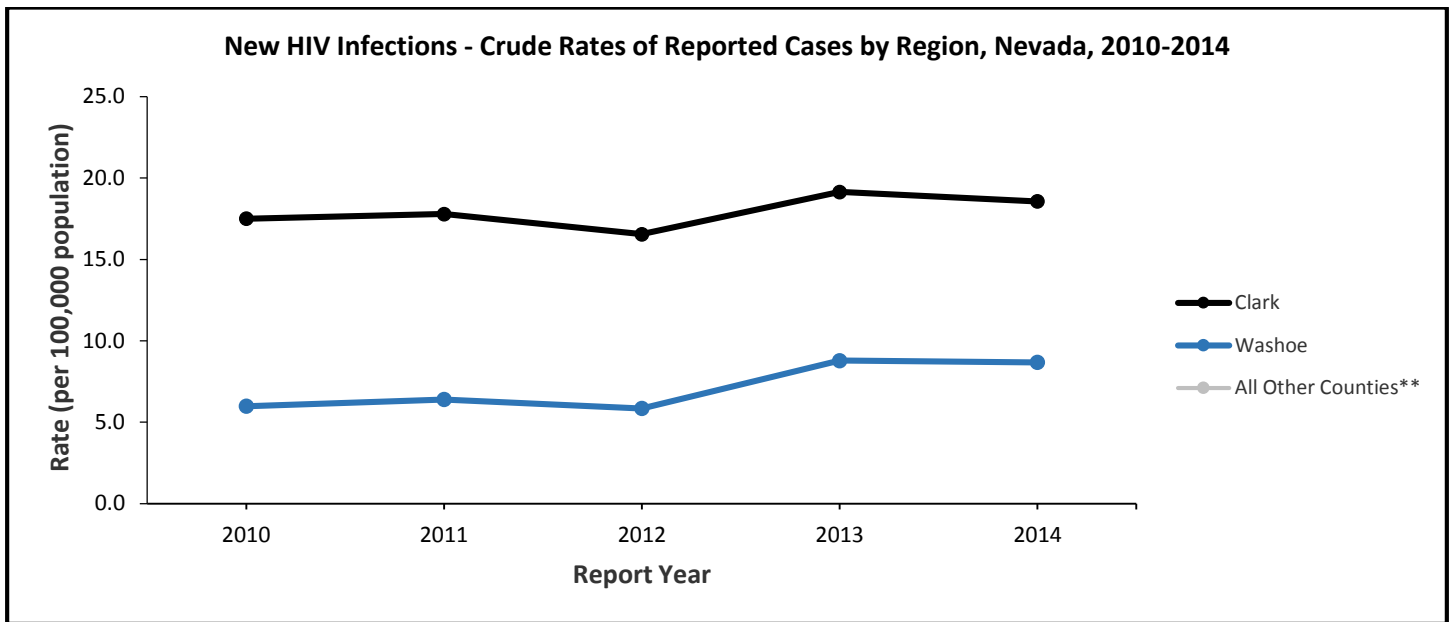
- Between 2010 and 2014, there were 1,983 new HIV infections statewide with 1,792 cases originating from Clark County. (Table 47)
- Clark County had the highest rate of new HIV infections (17.9 per 100,000 population). (Table 47)
- Males in Nevada had significantly higher rates of new infection for all race/ethnicity and age groups. (Figure 38 and Table 48)
- Among racial/ethnic groups, Black males had the highest rate (60.8 per 100,000 population). (Figure 38 and Table 48) Similar racial/ethnic discrepancies are seen at the national-level.
- Males aged 25 to 34 years old had the highest rates of new HIV infections (61.9 per 100,000 population). (Figure 39 and Table 49)
- Men who have sex with men (MSM) was the most commonly reported method of transmission among males with new HIV infections (85.4%). (Figure 40 and Table 50)
- Heterosexual contact was the most commonly reported method of transmission among females with new HIV infections (54.6%). (Figure 41 and Table 51)

HIV/AIDS Prevalence

HIV/AIDS prevalence includes the total number of persons living with HIV and/or AIDS (PLWHA) in Nevada, based on the most current address in eHARS. These persons may or may not have been diagnosed with HIV or AIDS in Nevada.

- In 2014, of the 9,804 PLWHA in Nevada, 6,965 live in Clark County, 949 live in Washoe County, and 422 live in the remaining counties. (Figure 42 and Table 52)
- Males aged 45 to 54 years old had the highest rates of PLWHA (1,455.0 per 100,000 population). (Figure 44 and Table 53)
- Men who have sex with men (MSM) was the most commonly reported method of transmission among males living with HIV/AIDS (83.8%). (Figure 45 and Table 54)
- Heterosexual contact was the most commonly reported method of transmission females living with HIV/AIDS (60.3%). (Figure 46 and Table 55)

Figure 37. New HIV Infections – Crude Rates of Reported Cases by Region, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.
 ~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues. All rates in All Other Counties are suppressed.

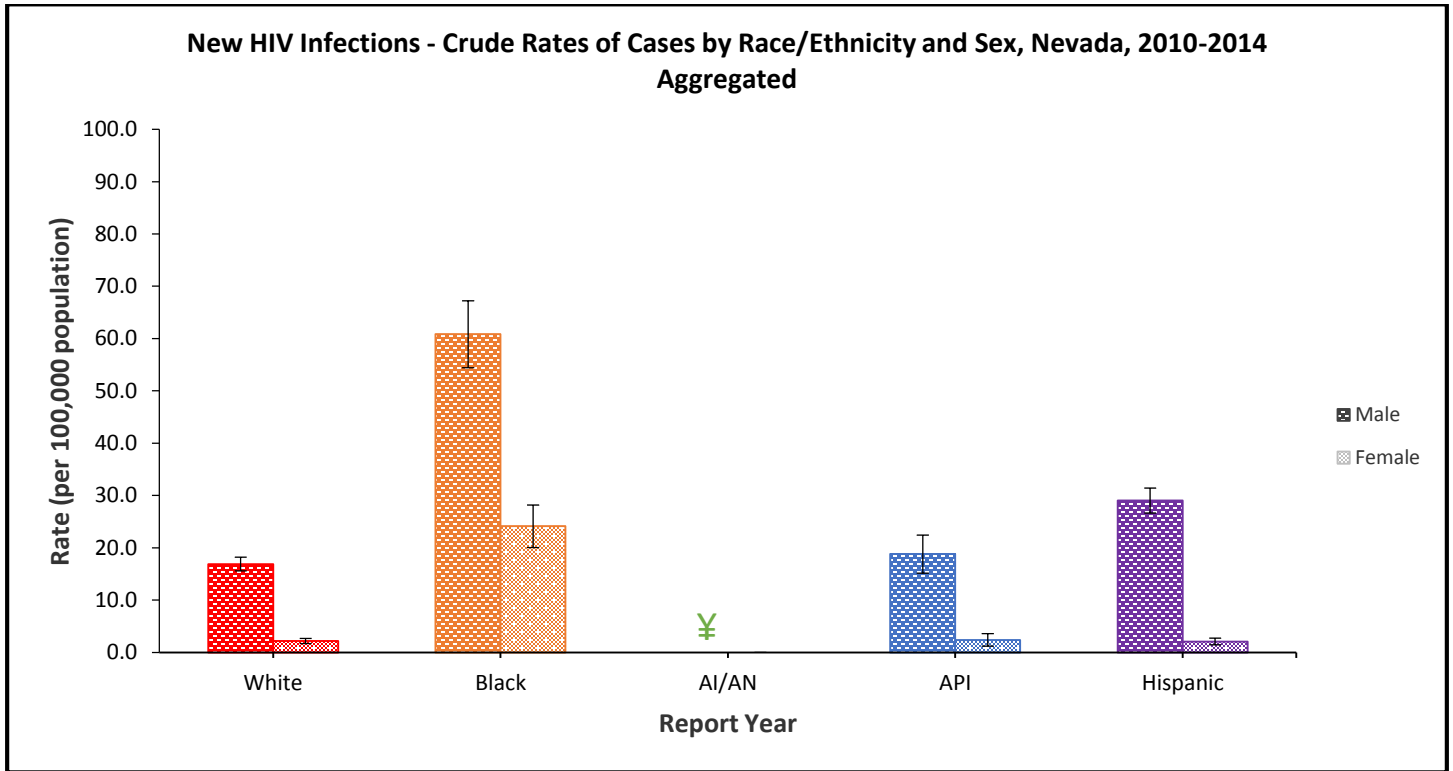
Table 47. New HIV Infections – Reported Cases and Crude Rates by Region, Nevada, 2010-2014

Year	Clark		Washoe		All Other Counties**		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	343	17.5 (15.7-19.4)	25	6.0 (3.6-8.3)	5	~	373	13.8 (12.4-15.2)
2011	350	17.8 (15.9-19.7)	27	6.4 (4.0-8.8)	~	~	380	14.0 (12.6-15.4)
2012	329	16.5 (14.8-18.3)	25	5.8 (3.6-8.1)	9	~	363	13.2 (11.8-14.6)
2013	389	19.1 (17.2-21.0)	38	8.8 (6.0-11.6)	10	~	437	15.6 (14.1-17.1)
2014	381	18.6 (16.7-20.4)	38	8.7 (5.9-11.4)	11	~	430	15.2 (13.8-16.6)
2010-2014	1,792	17.9 (17.1-18.8)	153	7.2 (6.0-8.3)	38	2.3 (1.6-3.0)	1,983	14.4 (13.7-15.0)

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.
 ~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 38. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

¥Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 48. New HIV Infections – Reported Cases and Crude Rates by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated

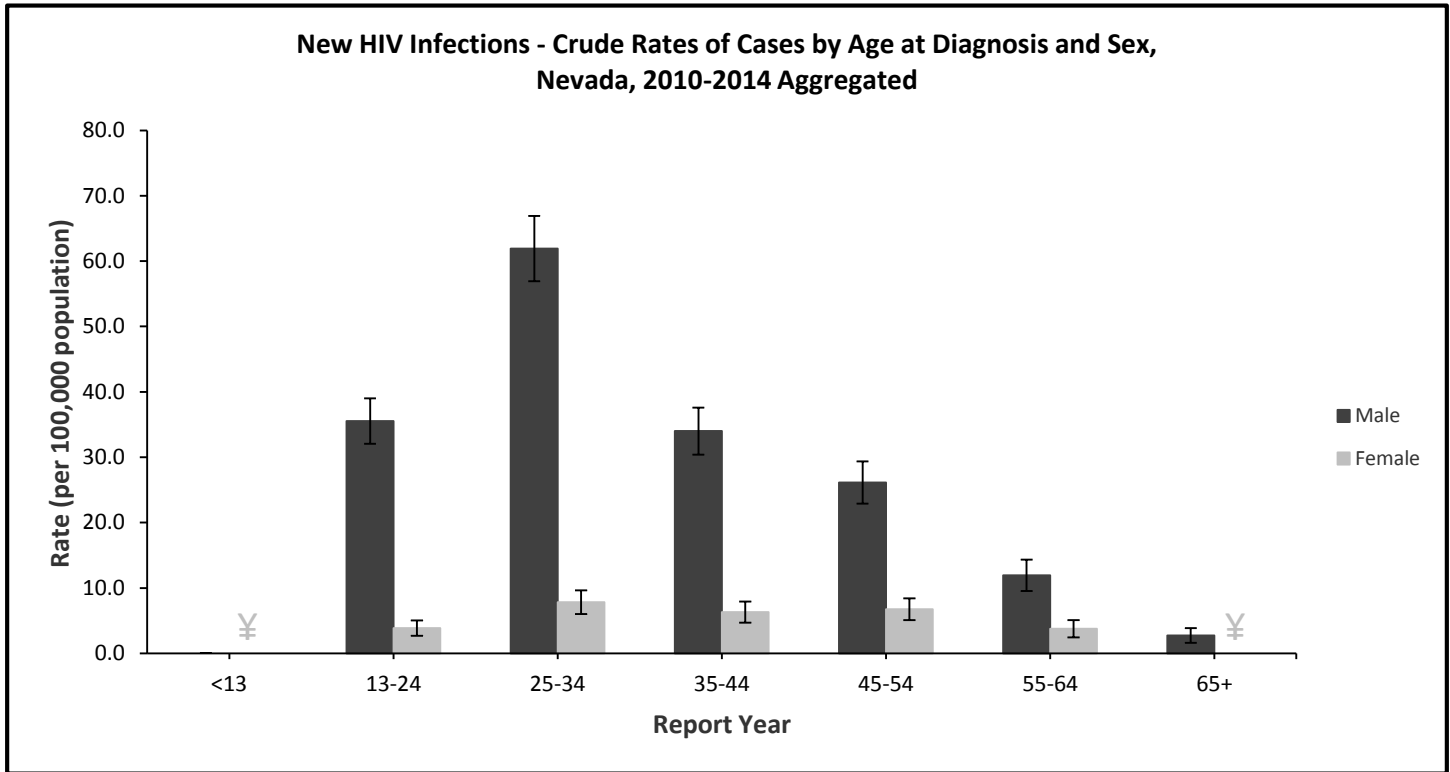
Sex	White		Black		AI/AN		API		Hispanic	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	649	16.9 (15.6-18.2)	349	60.8 (54.5-67.2)	9	~	103	18.8 (15.2-22.4)	558	29.0 (26.6-31.4)
Female	81	2.2 (1.7-2.6)	136	24.1 (20.1-28.2)	0	0	15	2.4 (1.2-3.6)	38	2.1 (1.4-2.7)

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 39. New HIV Infections – Crude Rates of Reported Cases by Age at Diagnosis and Sex, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 49. New HIV Infections – Reported Cases and Crude Rates by Age at Diagnosis and Sex, Nevada, 2010-2014 Aggregated

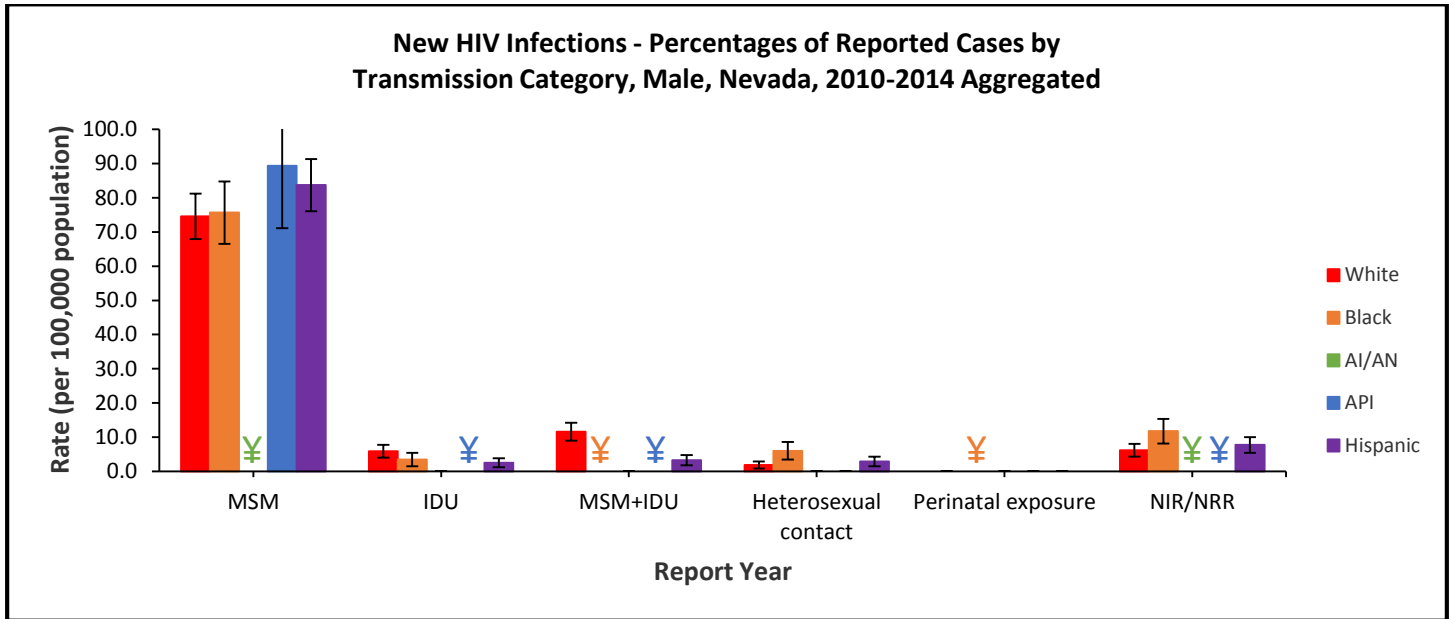
Sex	< 13		13 – 24		25 – 34		35 – 44		45 – 54		55 – 64		65 +	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	0	0	404	35.5 (32.1-39.0)	594	61.9 (56.9-66.9)	342	34.0 (30.4-37.6)	252	26.1 (22.9-29.3)	95	11.9 (9.5-14.3)	23	2.7 (1.6-3.8)
Female	5	~	41	3.8 (2.7-5.0)	72	7.8 (6.0-9.6)	60	6.3 (4.7-7.9)	62	6.7 (5.1-8.4)	31	3.8 (2.4-5.1)	~	~

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 40. New HIV Infections – Percentages of Reported Cases by Transmission Category, Male, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

¥Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 50. New HIV Infections – Reported Cases and Percentages by Transmission Category, Male, Nevada, 2010-2014 Aggregated

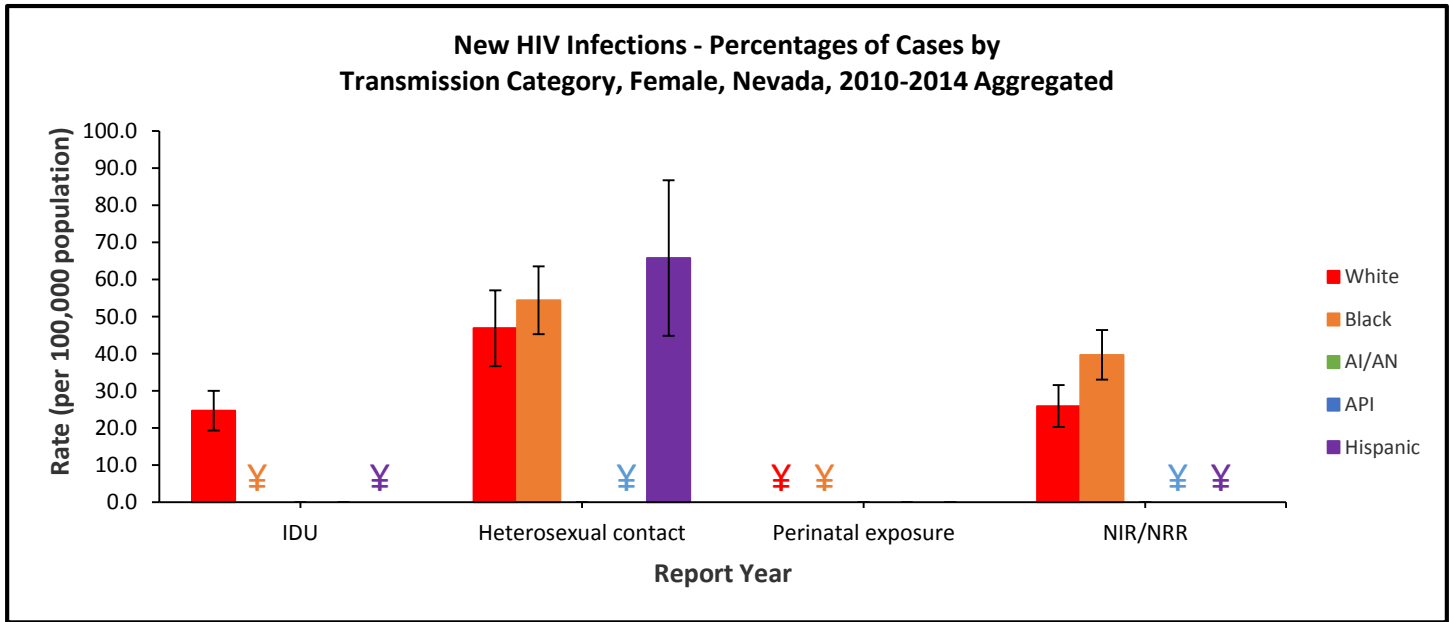
	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM	484	74.6 (67.9-81.2)	264	75.6 (66.5-84.8)	8	~	92	89.3 (71.1-100.0)	467	83.7 (76.1-91.3)	1,349	78.9 (74.7-83.1)
IDU	38	5.9 (4.0-7.7)	12	3.4 (1.5-5.4)	0	0	~	~	14	2.5 (1.2-3.8)	66	3.9 (2.9-4.8)
MSM+IDU	75	11.6 (8.9-14.2)	10	~	0	0	~	~	18	3.2 (1.7-4.7)	111	6.5 (5.3-7.7)
Heterosexual contact	12	1.8 (0.8-2.9)	21	6.0 (3.4-8.6)	0	0	0	0	16	2.9 (1.5-4.3)	51	3.0 (2.2-3.8)
Perinatal exposure	0	0	~	~	0	0	0	0	0	0	~	~
NIR/NRR	40	6.2 (4.3-8.1)	41	11.7 (8.2-15.3)	~	~	7	~	43	7.7 (5.4-10.0)	132	7.7 (6.4-9.0)
Total	649	100%	349	100%	9	100%	103	100%	558	100%	1,710	100%

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 41. New HIV Infections – Percentages of Reported Cases by Transmission Category, Female, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.
 ¥Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

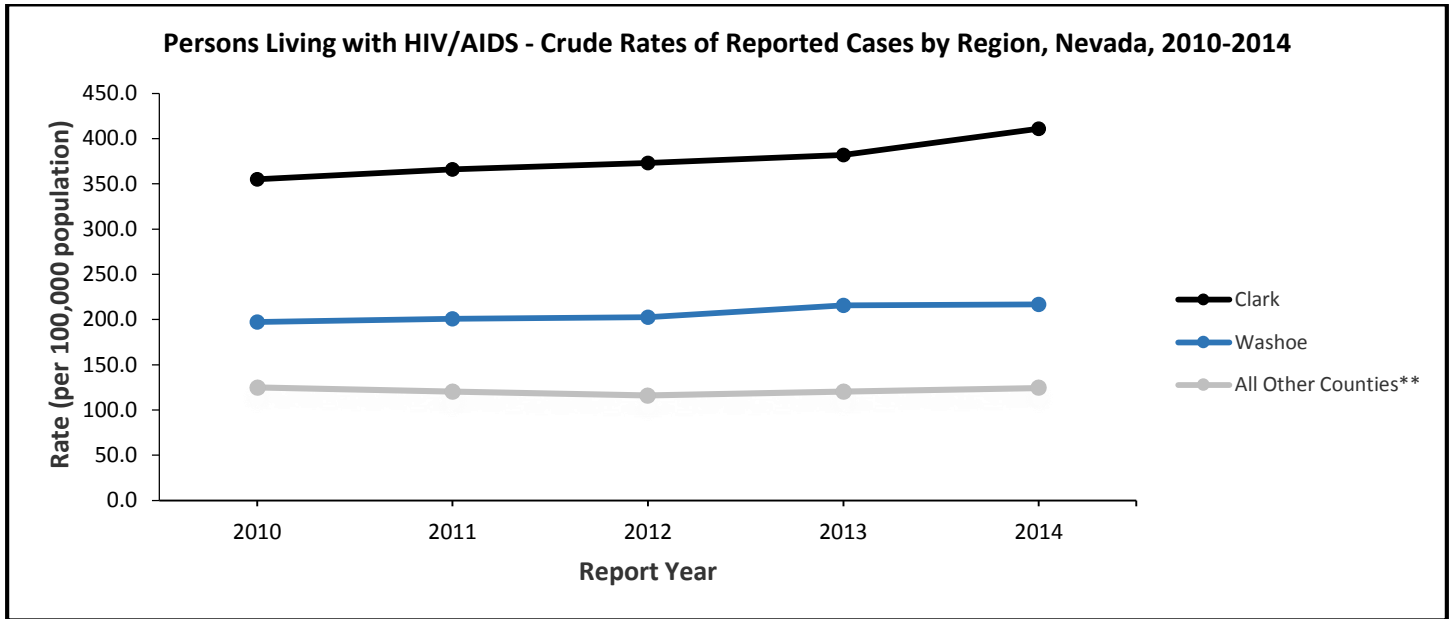
Table 51. New HIV Infections – Reported Cases and Percentages by Transmission Category, Female, Nevada, 2010-2014 Aggregated

	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
IDU	20	24.7 (19.3-30.1)	~	~	0	0	0	0	~	~	24	8.8 (5.3-12.3)
Heterosexual contact	38	46.9 (36.7-57.1)	74	54.4 (45.3-63.6)	0	0	9	~	25	65.8 (44.9-86.7)	149	54.6 (45.8-63.3)
Perinatal exposure	~	~	6	~	0	0	0	0	0	0	8	~
NIR/NRR	21	25.9 (20.3-31.6)	54	39.7 (33.0-46.4)	0	0	6	~	11	~	92	33.7 (26.8-40.6)
Total	81	100%	136	100%	0	0	15	100%	38	100%	273	100%

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.
 ~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 42. Persons Living with HIV/AIDS – Crude Rates of Reported Cases by Region, Nevada, 2010-2014



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

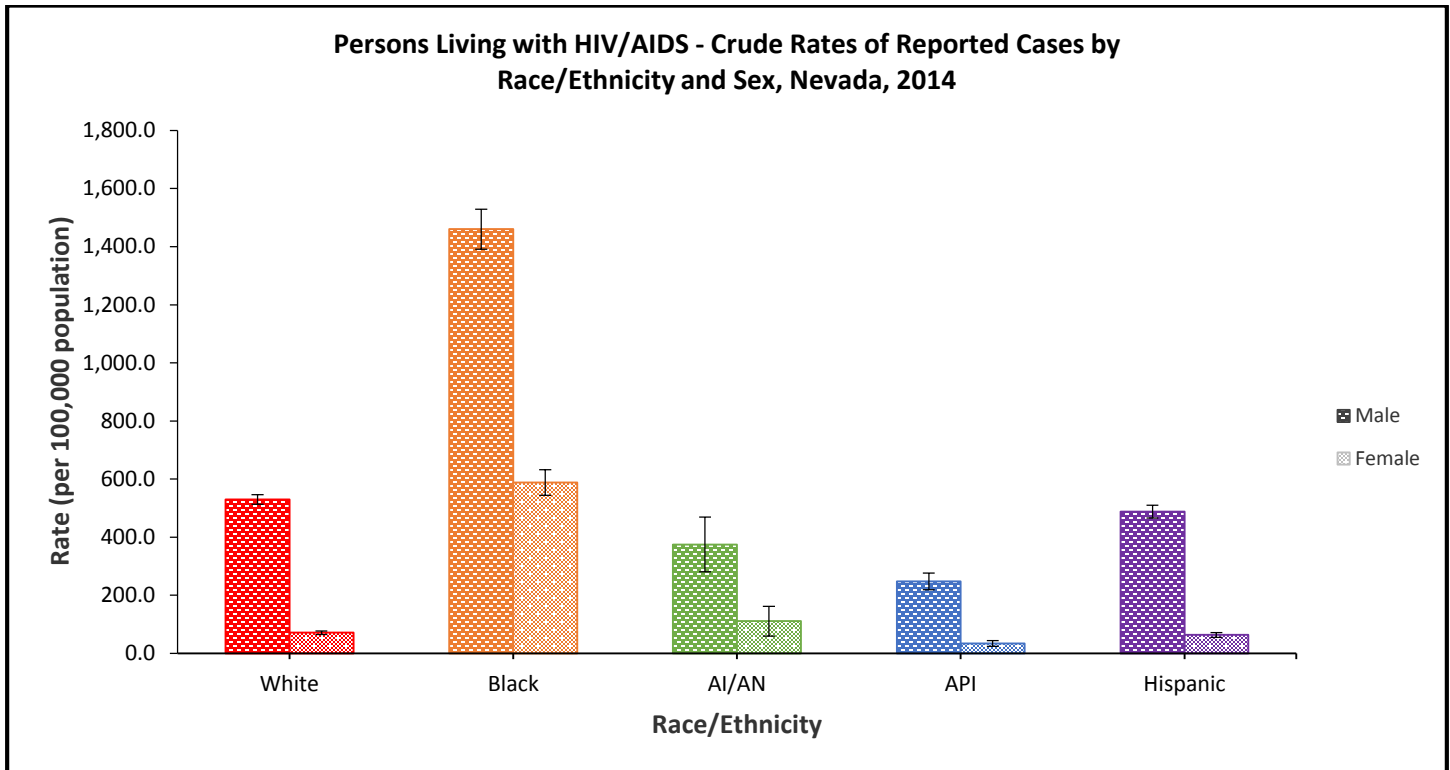
Table 52. Persons Living with HIV/AIDS – Reported Cases and Crude Rates by Region, Nevada, 2010-2014

Year	Clark		Washoe		All Other Counties**		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	6,965	355.0 (346.7-363.3)	824	197.4 (184.0-210.9)	411	124.9 (112.8-137.0)	8,200	303.0 (296.4-309.6)
2011	7,201	366.0 (357.5-374.5)	847	200.9 (187.4-214.4)	400	120.3 (108.5-132.1)	8,448	310.0 (303.4-316.6)
2012	7,423	373.0 (364.5-381.5)	866	202.5 (189.0-216.0)	388	116.1 (104.5-127.6)	8,677	316.0 (309.4-322.6)
2013	7,770	382.0 (373.5-390.5)	932	215.6 (201.7-229.4)	406	120.5 (108.8-132.2)	9,108	325.0 (318.3-331.7)
2014	8,432	411.0 (402.2-419.8)	949	216.9 (203.1-230.7)	422	124.4 (112.5-136.3)	9,804	347.0 (340.1-353.9)

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

Figure 43. Persons Living with HIV/AIDS – Crude Rates of Reported Cases by Race/Ethnicity and Sex, Nevada, 2014



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

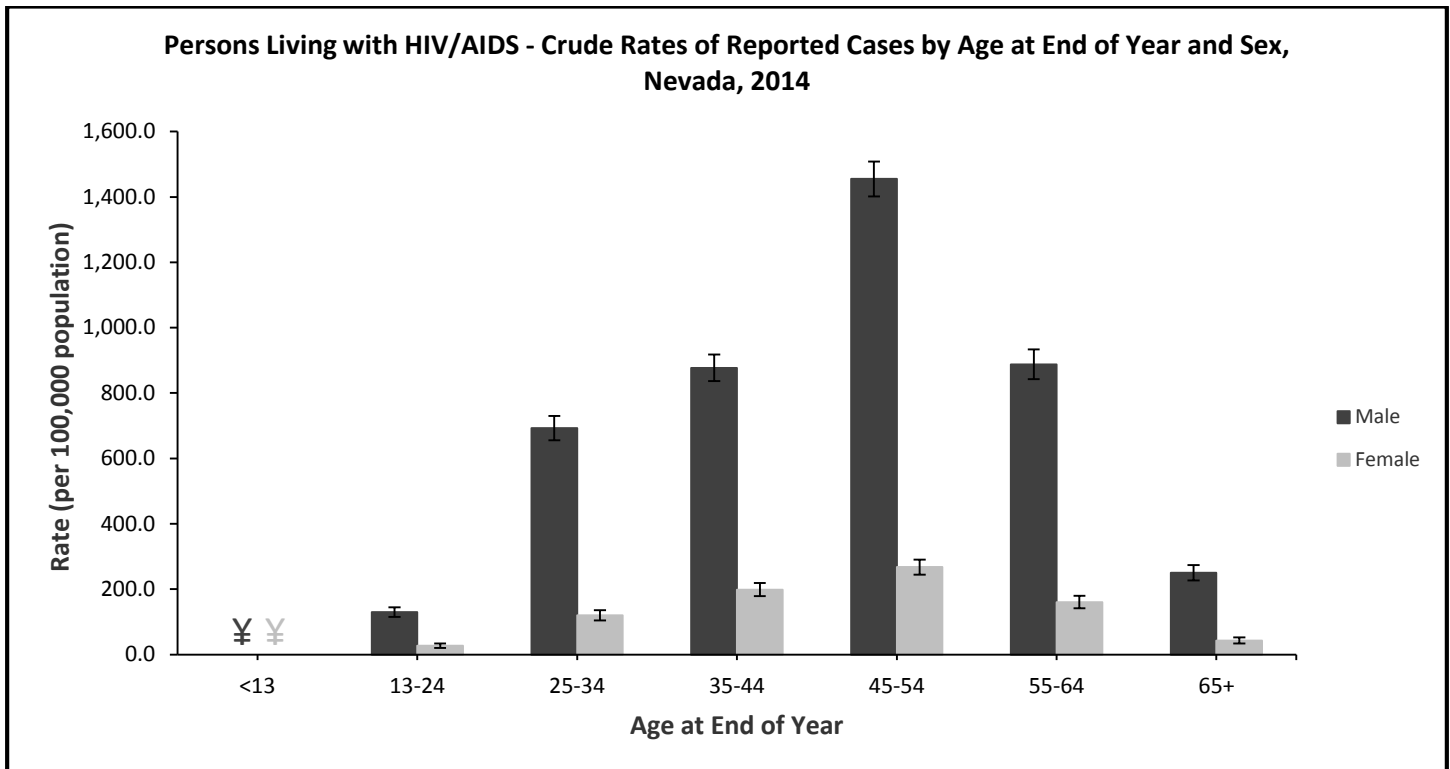
Table 53. Persons Living with HIV/AIDS – Reported Cases and Crude Rates by Race/Ethnicity and Sex, Nevada, 2014

Sex	White		Black		AI/AN		API		Hispanic	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	4,096	530.0 (513.8-546.2)	1,738	1,460.0 (1,391.4-1,528.6)	61	375.0 (280.9-469.1)	285	248.1 (219.3-276.9)	1,961	488.0 (466.4-509.6)
Female	537	71.2 (65.2-77.3)	690	588.2 (544.3-632.0)	18	111.0 (59.7-162.3)	45	34.1 (24.1-44.0)	244	63.5 (55.6-71.5)

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

Figure 44. Persons Living with HIV/AIDS – Crude Rates of Reported Cases by Age at Diagnosis and Sex, Nevada, 2014



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 54. Persons Living with HIV/AIDS – Reported Cases and Crude Rates by Age at Diagnosis and Sex, Nevada, 2014

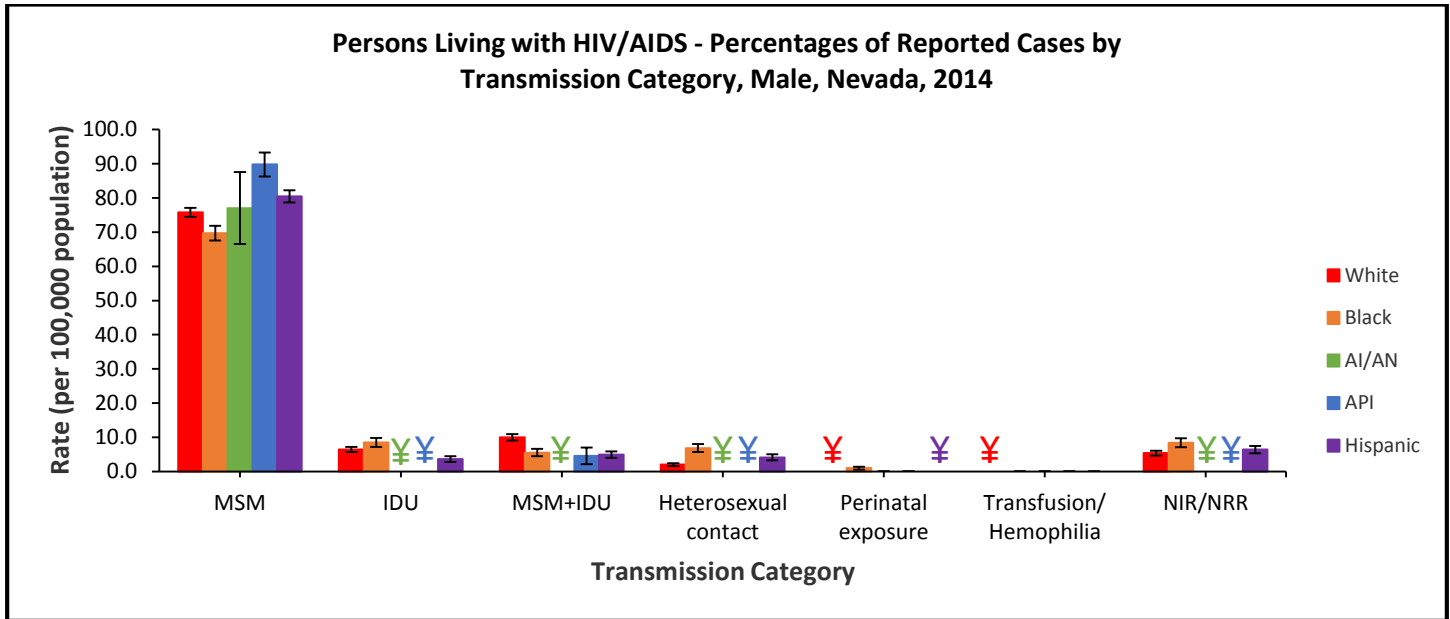
Sex	< 13		13 – 24		25 – 34		35 – 44		45 – 54		55 – 64		65 +	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	~	~	303	130.0 (115.3-144.6)	1,335	693.0 (655.8-730.2)	1,784	877.0 (836.3-917.7)	2,861	1,455.0 (1,401.7-1,508.3)	1,471	888.0 (842.6-933.4)	450	250.3 (227.2-273.4)
Female	7	~	59	27.0 (20.1-33.9)	222	119.9 (104.1-135.7)	385	198.7 (178.8-218.5)	502	267.5 (244.1-290.9)	274	160.6 (141.6-179.7)	89	43.1 (34.2-52.1)

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 45. Persons Living with HIV/AIDS – Percentages of Reported Cases by Transmission Category, Male, Nevada, 2014



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

¥Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 55. Persons Living with HIV/AIDS – Reported Cases and Percentages by Transmission Category, Male, Nevada, 2014

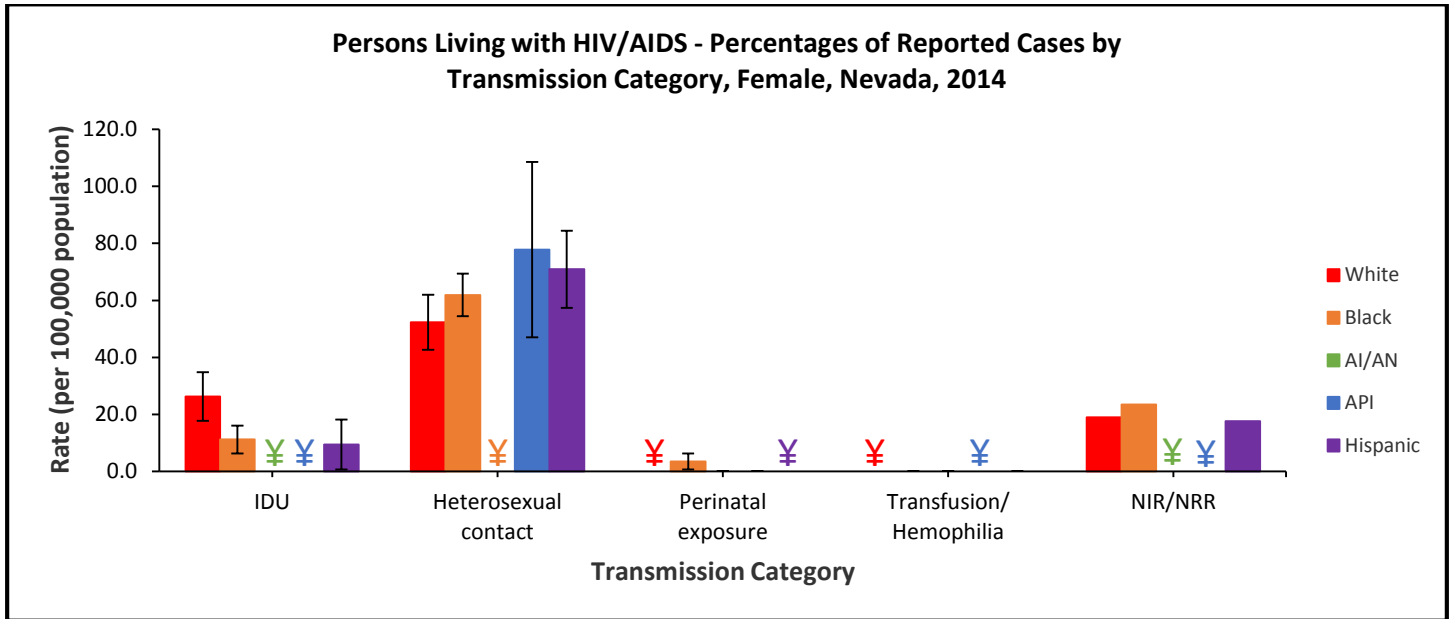
	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
MSM	3,103	75.8 (74.4-77.1)	1,212	69.7 (67.6-71.9)	47	77.0 (66.5-87.6)	256	89.8 (86.3-93.3)	1,578	80.5 (78.7-82.2)	6,283	76.1 (75.2-77.0)
IDU	264	6.4 (5.7-7.2)	148	8.5 (7.2-9.8)	~	~	~	~	72	3.7 (2.8-4.5)	495	6.0 (5.5-6.5)
MSM+IDU	409	10.0 (9.1-10.9)	96	5.5 (4.4-6.6)	6	~	13	4.6 (2.1-7.0)	97	4.9 (4.0-5.9)	637	7.7 (7.1-8.3)
Heterosexual contact	83	2.0 (1.6-2.5)	119	6.8 (5.7-8.0)	~	~	5	~	81	4.1 (3.2-5.0)	293	3.5 (3.1-3.9)
Perinatal exposure	9	~	17	1.0 (0.5-1.4)	0	0	0	0	7	~	33	0.4 (0.3-0.5)
Transfusion/Hemophilia	7	~	0	0	0	0	0	0	0	0	7	~
NIR/NRR	221	5.4 (4.7-6.1)	146	8.4 (7.1-9.7)	~	~	9	~	126	6.4 (5.3-7.5)	510	6.2 (5.7-6.7)
Total	4,096	100%	1,738	100%	61	100%	285	100%	1,961	100%	8,258	100%

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 46. Persons Living with HIV/AIDS – Percentages of Reported Cases by Transmission Category, Female, Nevada, 2014



Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

¥Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 56. Persons Living with HIV/AIDS – Reported Cases and Percentages by Transmission Category, Female, Nevada, 2014

	White		Black		AI/AN		API		Hispanic		Nevada	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
IDU	141	26.3 (17.7-34.8)	77	11.2 (6.3-16.0)	~	~	~	~	23	9.4 (0.7-18.2)	249	16.1 (12.1-20.1)
Heterosexual contact	281	52.3 (42.6-62.0)	427	61.9 (54.4-69.4)	10	~	35	77.8 (47.0-100.0)	173	70.9 (57.3-84.5)	933	60.3 (55.0-65.7)
Perinatal exposure	11	~	24	3.5 (0.7-6.3)	0	0	0	0	5	~	40	2.6 (0.9-4.3)
Transfusion/Hemophilia	~	~	0	0	0	0	~	~	0	0	~	~
NIR/NRR	102	19.0 (11.4-26.6)	162	23.5 (17.0-30.0)	~	~	7	~	43	17.6 (6.2-29.0)	321	20.8 (16.3-25.2)
Total	537	100%	690	100%	18	100%	45	100%	244	100%	1,546	100%

Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS), data as of July 2015.

**All other counties include Carson City, Churchill, Douglas, Elko, Esmeralda, Eureka, Humboldt, Lander, Lincoln, Lyon, Mineral, Nye, Pershing, Storey, and White Pine.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Sexually Transmitted Diseases

Sexually Transmitted Diseases (STDs)

Sexually Transmitted Diseases (STDs) are infections one can get through sexual contact with an individual who has an STD. Although there are many types of STDs, the most common include: chlamydia, gonorrhea, genital herpes, HIV/AIDS, HPV, syphilis, and trichomoniasis. Prevention methods for STDs include: abstinence, vaccination (for hepatitis B and HPV), mutual monogamy, and correct condom use. [38]

Chlamydia

Chlamydia is a common STD that can infect both men and women. Chlamydia is an easily curable disease with the use of antibiotics, but if left untreated can cause permanent damage to a woman's reproductive system, pelvic inflammatory disease (PID), epididymitis, prostate gland infection, infections in newborns, and infertility.

- In 2014, females in Nevada had 9,121 cases of chlamydia and significantly higher rates (649.8 per 100,000 population) when compared to males. (Table 58)
- Males in Nevada had 4,041 cases of chlamydia (283.5 per 100,000 population). (Table 58)
- Black men (618.3 per 100,000 population) and women (985.6 per 100,000 population) had the highest rates of chlamydia. (Figure 47 and Table 57)
- Among women, the highest rates of chlamydia were among those aged 20-24 years (3,798.4 per 100,000 population) and those aged 15-19 years (2,817.7 per 100,000 population). (Figure 49)
- Among men, the highest rates of chlamydia were among those aged 20-24 years (1,315.2 per 100,000 population). (Figure 49)

Gonorrhea

Gonorrhea is a common STD that can infect both men and women. Gonorrhea can be cured, but if left untreated, can result in PID, infertility, increased risk of HIV/AIDS, and infections/complications in babies.

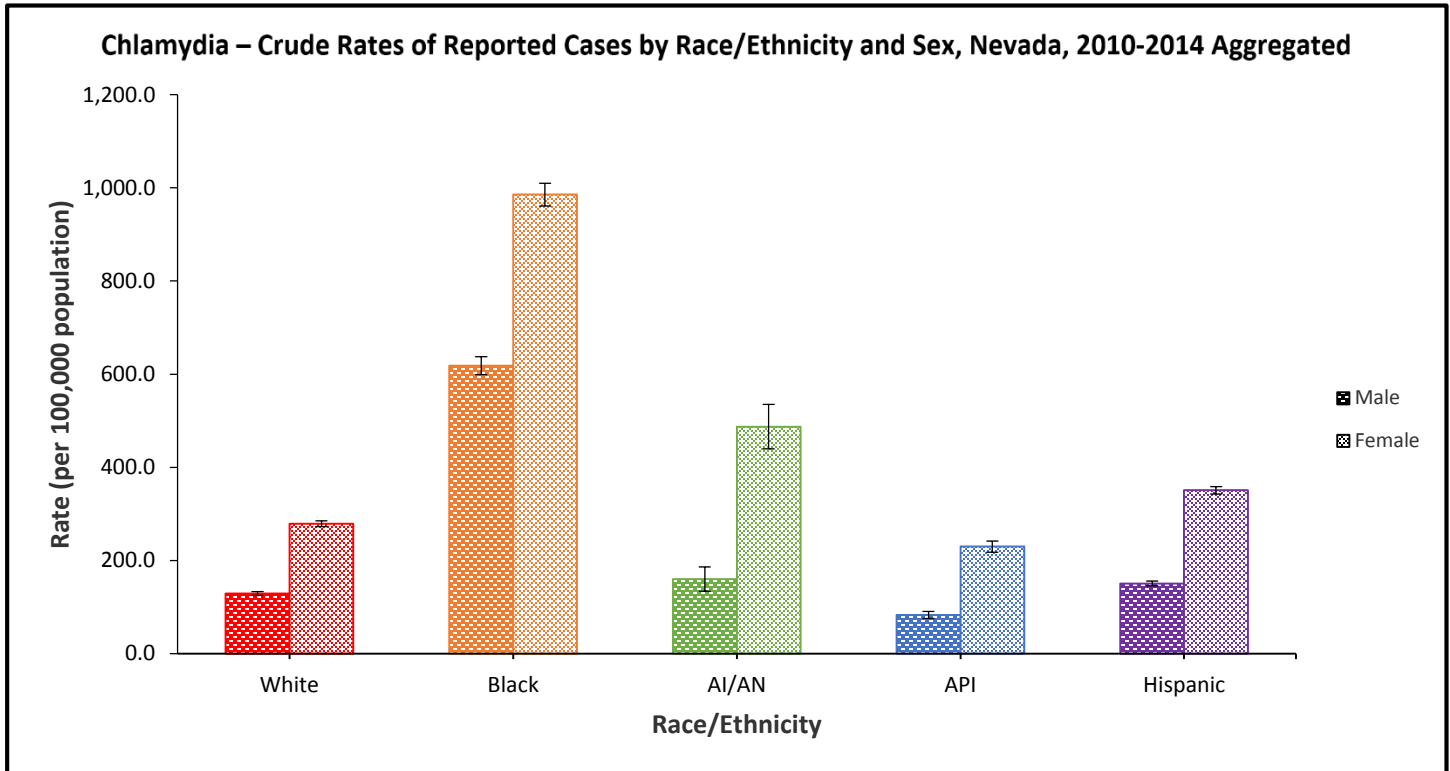
- In 2014, males in Nevada had 2,017 cases of gonorrhea significantly higher rates (141.5 per 100,000 population) when compared to females. (Table 60)
- Females in Nevada had 1,461 cases of gonorrhea (104.1 per 100,000 population). (Table 60)
- Black men (369.8 per 100,000 population) and women (268.8 per 100,000 population) had the highest rates of gonorrhea. (Figure 50 and Table 59)
- Among women, the highest rates of gonorrhea were among those aged 20-24 years (457.8 per 100,000 population) and those aged 15-19 years (381.7 per 100,000 population). (Figure 52)
- Among men, the highest rates of gonorrhea were among those aged 20-24 years (456.1 per 100,000 population) and 25-29 years (458.1 per 100,000 population). (Figure 52)
- Persons aged 15-55 years accounted for 86.4% and 95.0% of reported gonorrhea cases among males and females, respectively. (Figure 51)

STD Risk and Protective Factors

As with HIV/AIDS, with approximately 91% of adolescents attending public or private schools in the United States, schools can play a pivotal role in prevention efforts among youth. Current research indicates that comprehensive curriculum-based sex and STD/HIV education programs significantly reduced sexual risk behaviors among youth. [39]

- Among high school students in Nevada and the United States, most racial/ethnic groups had similar proportions of having sexual intercourse and not using any method of pregnancy prevention. (Figure 53, Table 61, Figure 54, and Table 62)

Figure 47. Chlamydia – Crude Rates of Reported Cases by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

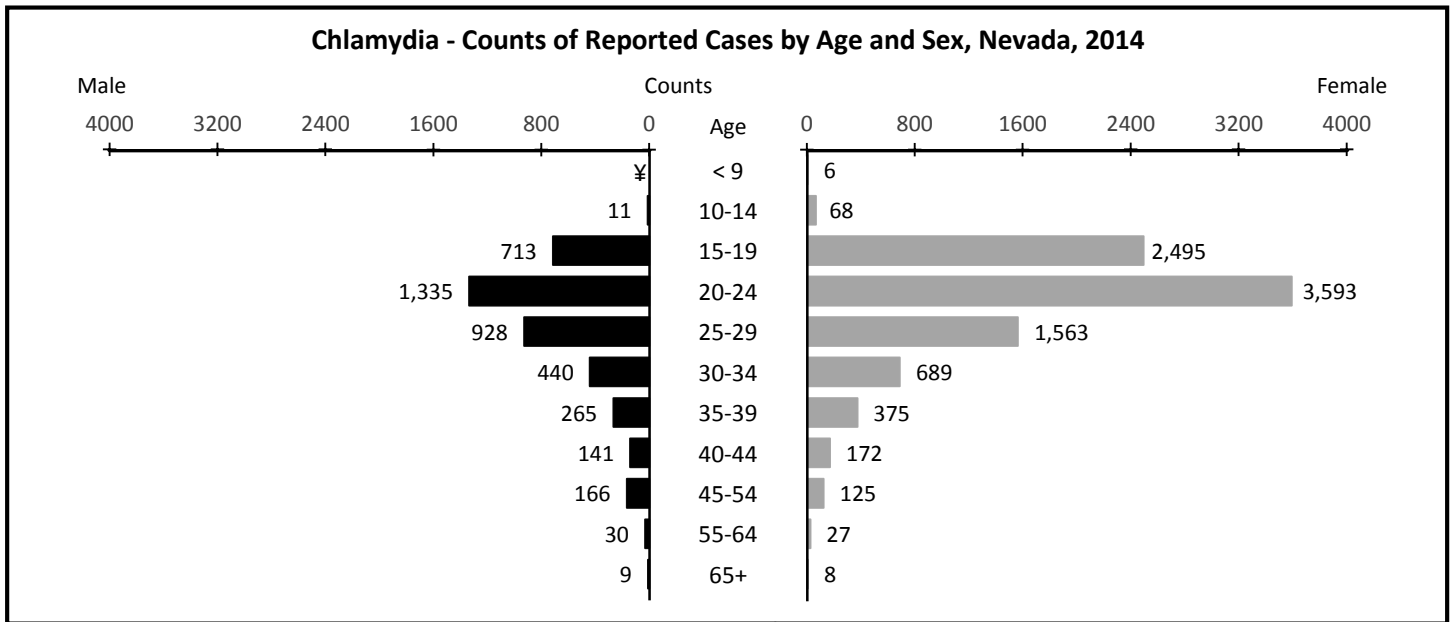
Table 57. Chlamydia – Counts and Crude Rates of Reported Cases by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated

Sex	White		Black		AI/AN		API		Hispanic		Unknown/Other	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	4,265	128.9 (125.0-132.8)	4,020	618.3 (599.2-637.4)	145	159.9 (133.9-186.0)	482	82.9 (75.5-90.3)	3,574	150.5 (145.6-155.5)	4,877	†
Female	8,484	278.7 (272.8-284.7)	6,146	985.6 (960.9-1,010.2)	402	487.1 (439.5-534.7)	1,359	229.7 (217.5-241.9)	7,740	350.7 (342.9-358.5)	15,035	†

Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

†Rates are unavailable for unknown/other race/ethnicity category. Caution is necessary when interpreting rates of diseases when unknown race/ethnicity cases account for a large proportion of disease.

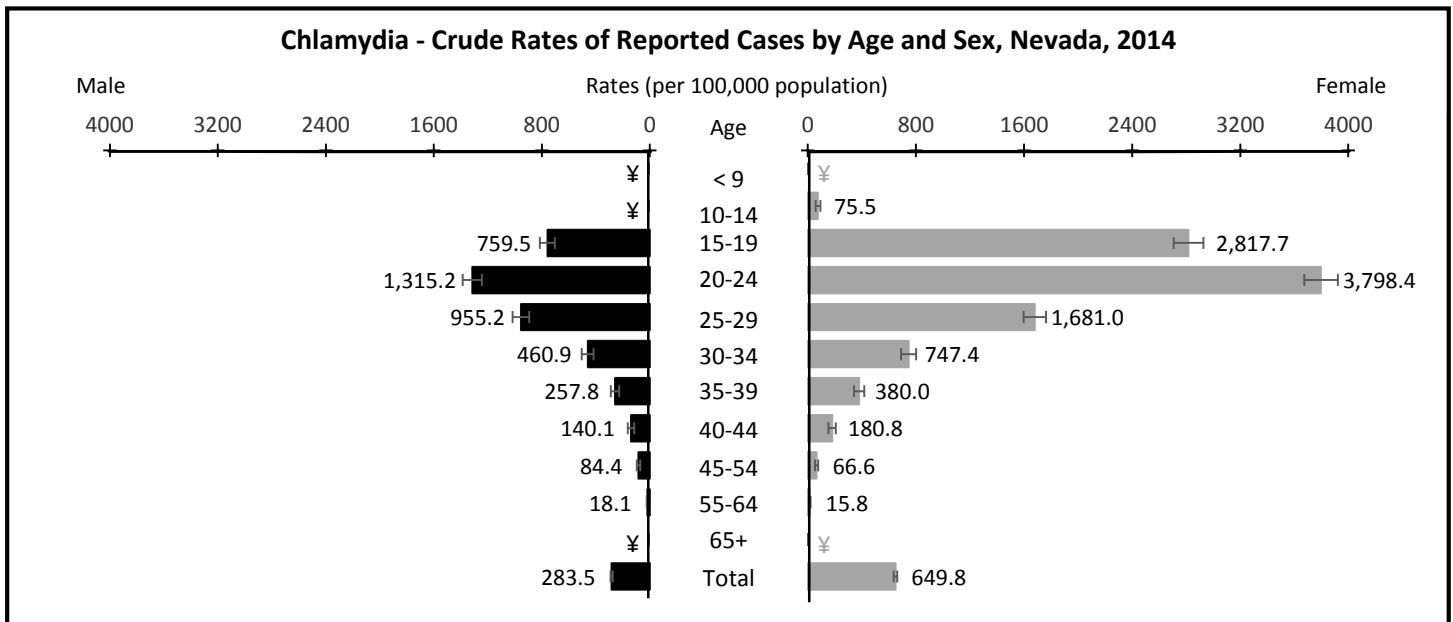
Figure 48. Chlamydia – Counts of Reported Cases by Age and Sex, Nevada, 2014



Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

¥Counts over 0 and under 5 where the denominator population is less than or equal to 300,000, or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 49. Chlamydia – Crude Rates of Reported Cases by Age and Sex, Nevada, 2014



Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

¥Counts over 0 and under 5 where the denominator population is less than or equal to 300,000, or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

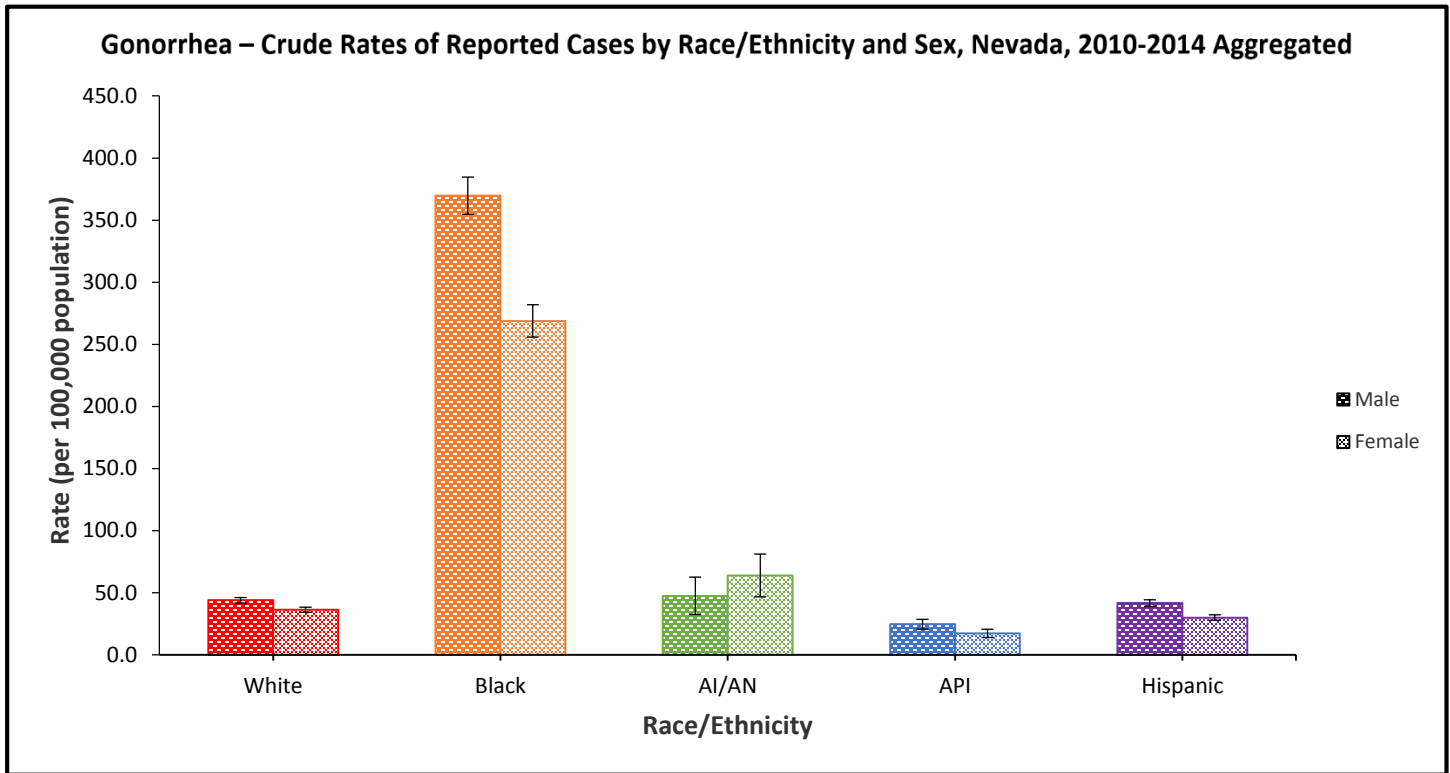
Table 58. Chlamydia – Counts and Crude Rates of Reported Cases by Age and Sex, Nevada, 2014

Age Group	Male		Female		Total	
	Cases	Rates	Cases	Rates	Cases	Rates
< 9	~	~	6	~	9	~
10-14	11	~	68	75.5 (57.6-93.5)	79	42.4 (33.1-51.8)
15-19	713	759.5 (703.8-815.3)	2,495	2,817.7 (2,707.2-2,928.3)	3,209	1,759.1 (1,698.3-1,820.0)
20-24	1,335	1,315.2 (1,244.7-1,385.8)	3,593	3,798.4 (3,674.2-3,922.6)	4,941	2,519.7 (2,449.4-2,589.9)
25-29	928	955.2 (893.8-1,016.7)	1,563	1,681.0 (1,597.7-1,764.4)	2,495	1,312.3 (1,260.8-1,363.7)
30-34	440	460.9 (417.8-504.0)	689	747.4 (691.6-803.2)	1,131	602.7 (567.6-637.9)
35-39	265	257.8 (226.8-288.8)	375	380.0 (341.5-418.4)	645	320.1 (295.4-344.8)
40-44	141	140.1 (117.0-163.2)	172	180.8 (153.8-207.9)	316	161.4 (143.6-179.2)
45-54	166	84.4 (71.6-97.3)	125	66.6 (54.9-78.3)	291	75.7 (67.0-84.4)
55-64	30	18.1 (11.6-24.6)	27	15.8 (9.9-21.8)	57	17.0 (12.6-21.4)
65+	9	~	8	~	17	4.4 (2.3-6.5)
Total	4,041	283.5 (274.8-292.3)	9,121	649.8 (636.5-663.2)	13,190	466.3 (458.3-474.2)

Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

~Counts over 0 and under 5 where the denominator population is less than or equal to 300,000, or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 50. Gonorrhea – Crude Rates of Reported Cases by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

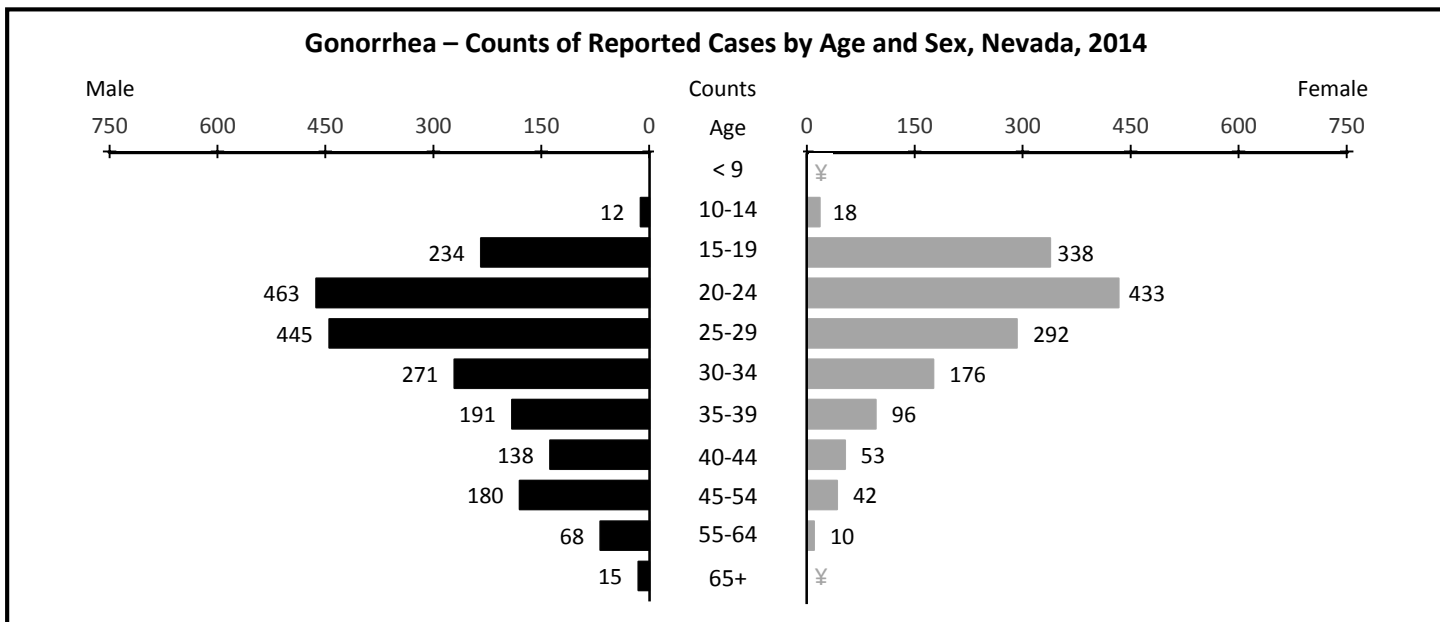
Table 59. Gonorrhea – Counts and Crude Rates of Reported Cases by Race/Ethnicity and Sex, Nevada, 2010-2014 Aggregated

Sex	White		Black		AI/AN		API		Hispanic		Unknown/Other	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Male	1,518	43.9 (41.7-46.1)	2,360	369.8 (354.9-384.7)	38	47.4 (32.3-62.4)	142	24.6 (20.5-28.6)	957	41.6 (39.0-44.2)	1,924	†
Female	1,143	36.3 (34.2-38.5)	1,657	268.8 (255.9-281.8)	52	63.8 (46.5-81.2)	102	17.2 (13.8-20.5)	650	29.9 (27.6-32.3)	1,782	†

Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

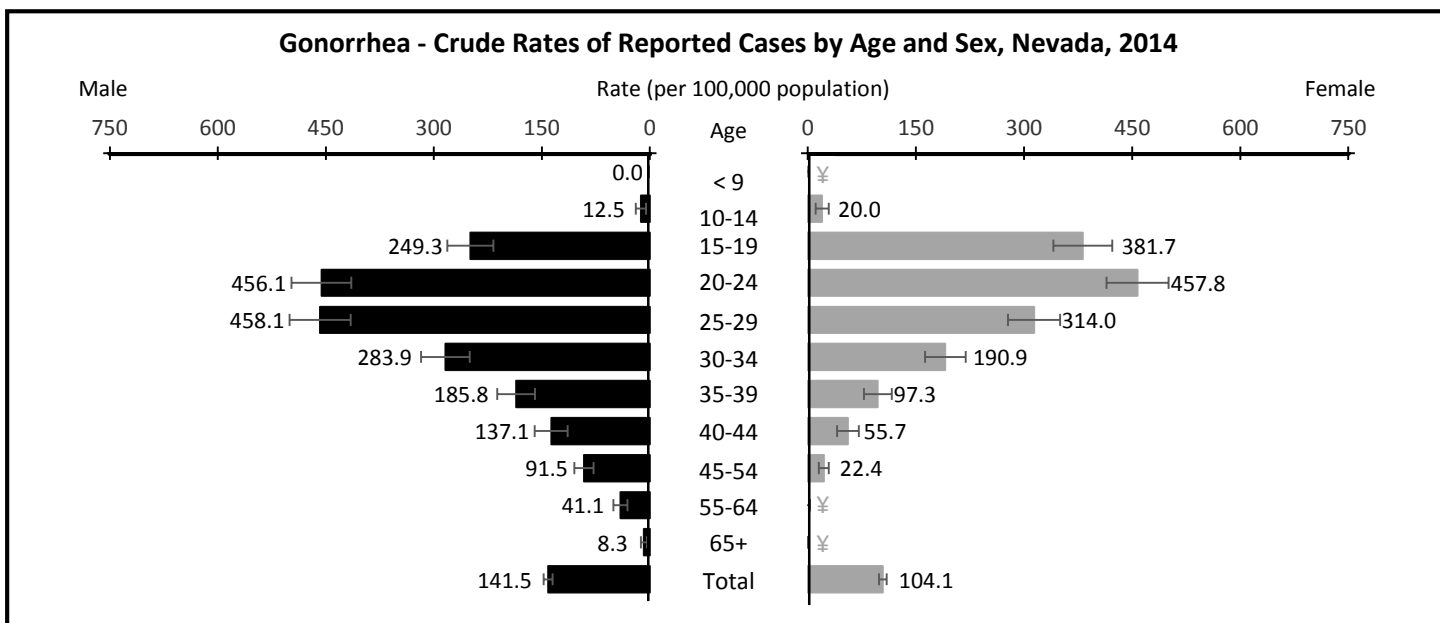
†Rates are unavailable for unknown/other race/ethnicity category. Caution is necessary when interpreting rates of diseases when unknown race/ethnicity cases account for a large proportion of disease.

Figure 51. Gonorrhea – Counts of Reported Cases by Age and Sex, Nevada, 2014



Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.
 ¥Counts over 0 and under 5 where the denominator population is less than or equal to 300,000, or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 52. Gonorrhea – Crude Rates of Reported Cases by Age and Sex, Nevada, 2014



Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.
 ¥Counts over 0 and under 5 where the denominator population is less than or equal to 300,000, or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

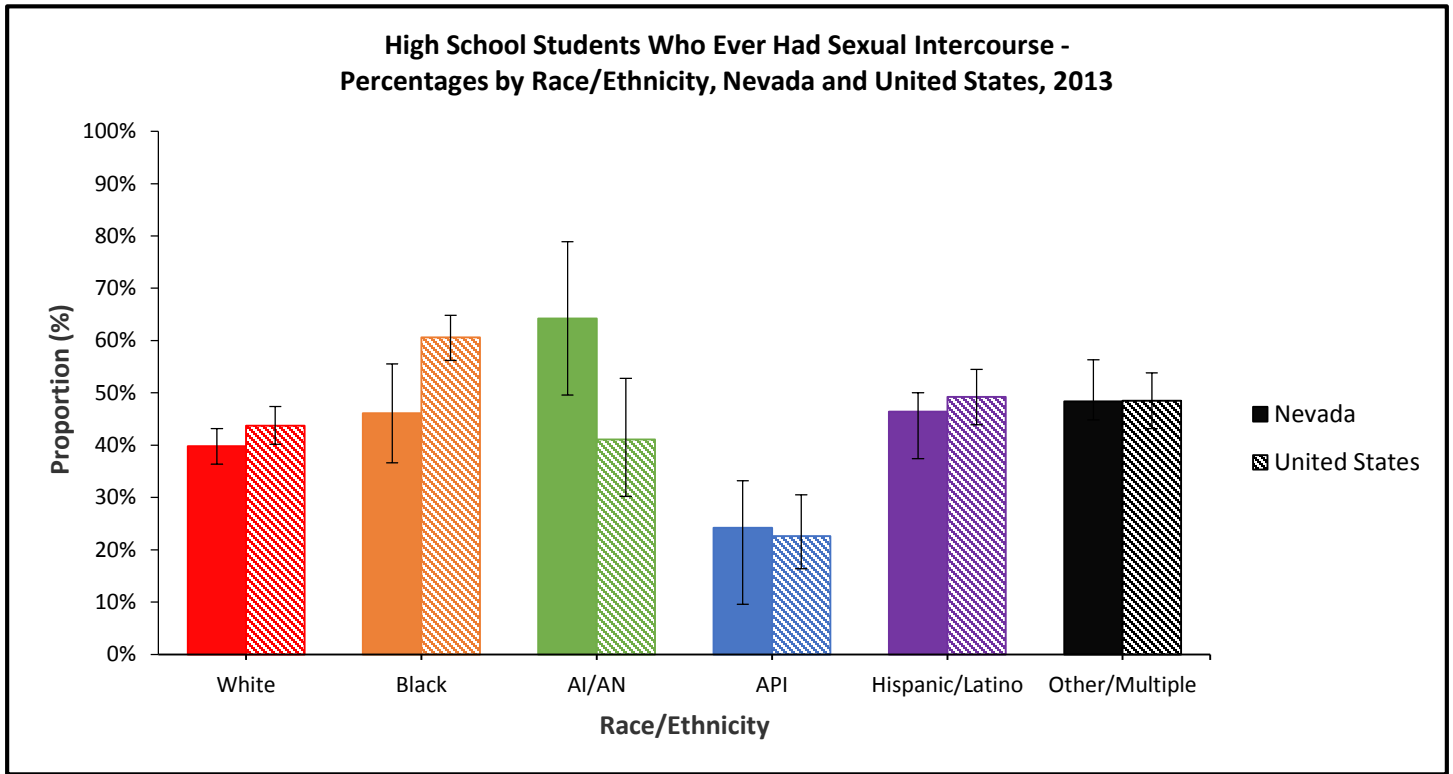
Table 60. Gonorrhea – Counts and Crude Rates of Reported Cases by Age and Sex, Nevada, 2014

Age Group	Male		Female		Total	
	Cases	Rates	Cases	Rates	Cases	Rates
< 9	0	0	~	~	~	~
10-14	12	12.5 (5.4-19.6)	18	20.0 (10.8-29.2)	30	16.1 (10.4-21.9)
15-19	234	249.3 (217.3-281.2)	338	381.7 (341.0-422.4)	572	313.6 (287.9-339.3)
20-24	463	456.1 (414.6-497.7)	433	457.8 (414.6-500.9)	896	456.9 (427.0-486.8)
25-29	445	458.1 (415.5-500.6)	292	314.0 (278.0-350.1)	737	387.6 (359.6-415.6)
30-34	271	283.9 (250.1-317.7)	176	190.9 (162.7-219.1)	450	239.8 (217.7-262.0)
35-39	191	185.8 (159.5-212.2)	96	97.3 (77.8-116.7)	287	142.4 (126.0-158.9)
40-44	138	137.1 (114.2-160.0)	53	55.7 (40.7-70.7)	191	97.6 (83.7-111.4)
45-54	180	91.5 (78.2-104.9)	42	22.4 (15.6-29.1)	225	58.5 (50.9-66.2)
55-64	68	41.1 (31.3-50.8)	10	~	78	23.2 (18.1-28.4)
65+	15	8.3 (4.1-12.6)	~	~	16	4.1 (2.1-6.2)
Total	2,017	141.5 (135.3-147.7)	1,461	104.1 (98.8-109.4)	3,484	123.2 (119.1-127.3)

Source: Division of Public and Behavioral Health, Sexually Transmitted Disease Management Information Systems (STD*MIS), data as of July 2015.

~Counts over 0 and under 5 where the denominator population is less than or equal to 300,000, or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Figure 53. High School Students Who Ever Had Sexual Intercourse – Percentages by Race/Ethnicity, Nevada and United States, 2013



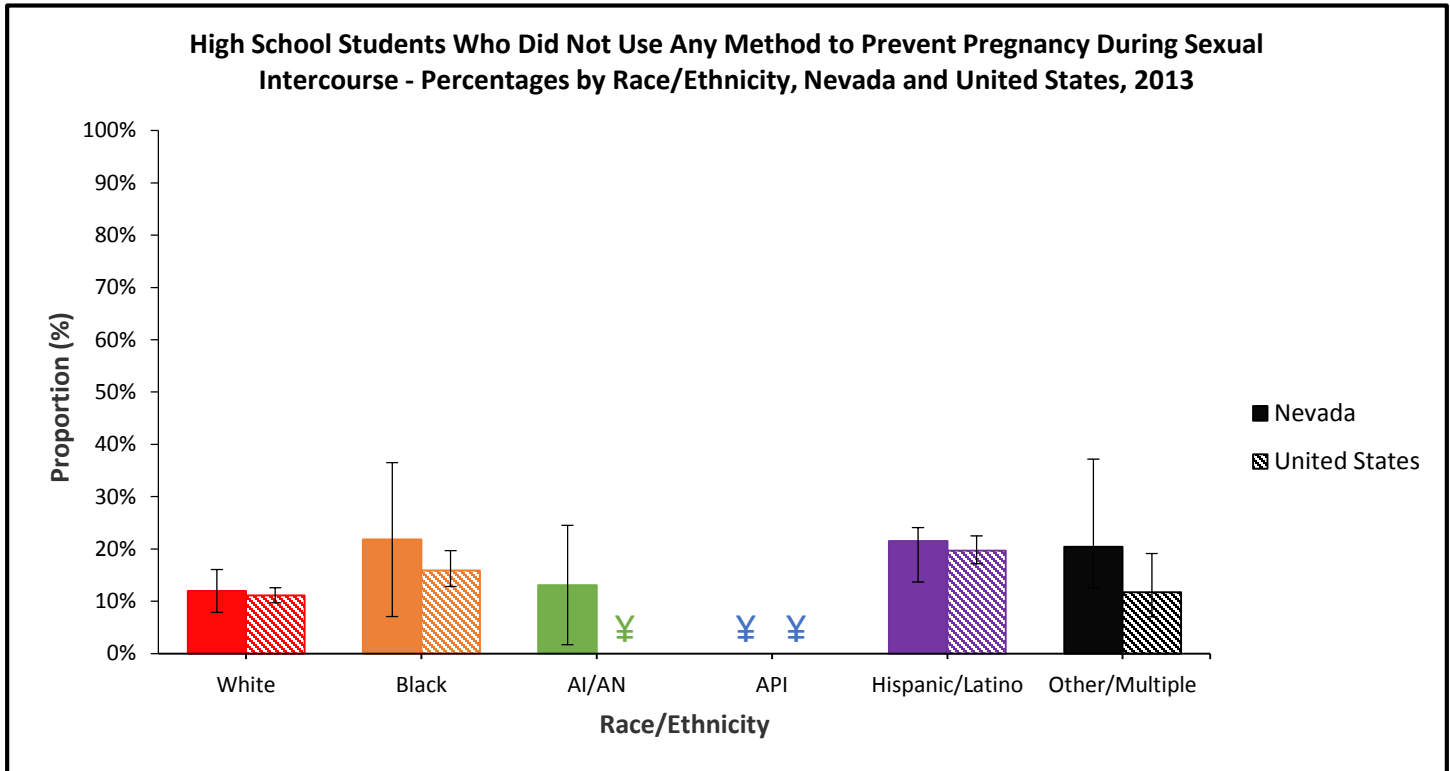
Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Table 61. High School Students Who Ever Had Sexual Intercourse – Counts and Percentages by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	780	39.8 (36.4-43.2)	67	46.1 (36.6-55.5)	52	64.2 (49.6-78.9)	29	24.2 (15.2-33.2)	680	46.4 (42.8-50.0)	148	48.4 (40.5-56.3)
United States	5,312	43.7 (40.2-47.4)	2,762	60.6 (56.2-64.8)	106	41.1 (30.2-52.8)	464	22.6 (16.4-30.5)	3,209	49.2 (43.9-54.5)	656	48.5 (43.2-53.8)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

Figure 54. High School Students Who Did Not Use Any Method to Prevent Pregnancy During Sexual Intercourse – Percentages by Race/Ethnicity, Nevada and United States, 2013



Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

¥Counts over 0 and under 5 and counts over 0 and under 100 and associated rates are suppressed due to reliability and/or confidentiality issues for Nevada and United States, respectively.

Table 62. High School Students Who Did Not Use Any Method to Prevent Pregnancy During Sexual Intercourse – Counts and Percentages by Race/Ethnicity, Nevada and United States, 2013

Region	White		Black		AI/AN		API		Hispanic/Latino		Other/Multiple	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	64	12.0 (7.9-16.1)	8	21.8 (7.1-36.5)	6	13.1 (1.7-24.5)	~	~	80	21.5 (13.7-24.1)	15	20.4 (12.5-37.2)
United States	1,762	11.1 (9.7-12.6)	1,177	15.9 (12.8-19.7)	32	~	72	~	1,078	19.7 (17.2-22.5)	214	11.7 (7.0-19.1)

Source: Division of Public and Behavioral Health, Nevada Youth Risk Behavior Survey (YRBS) 2013 Report and Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance System (YRBSS), data as of September 2015.

~Counts over 0 and under 5 and counts over 0 and under 100 and associated rates are suppressed due to reliability and/or confidentiality issues for Nevada and United States, respectively.

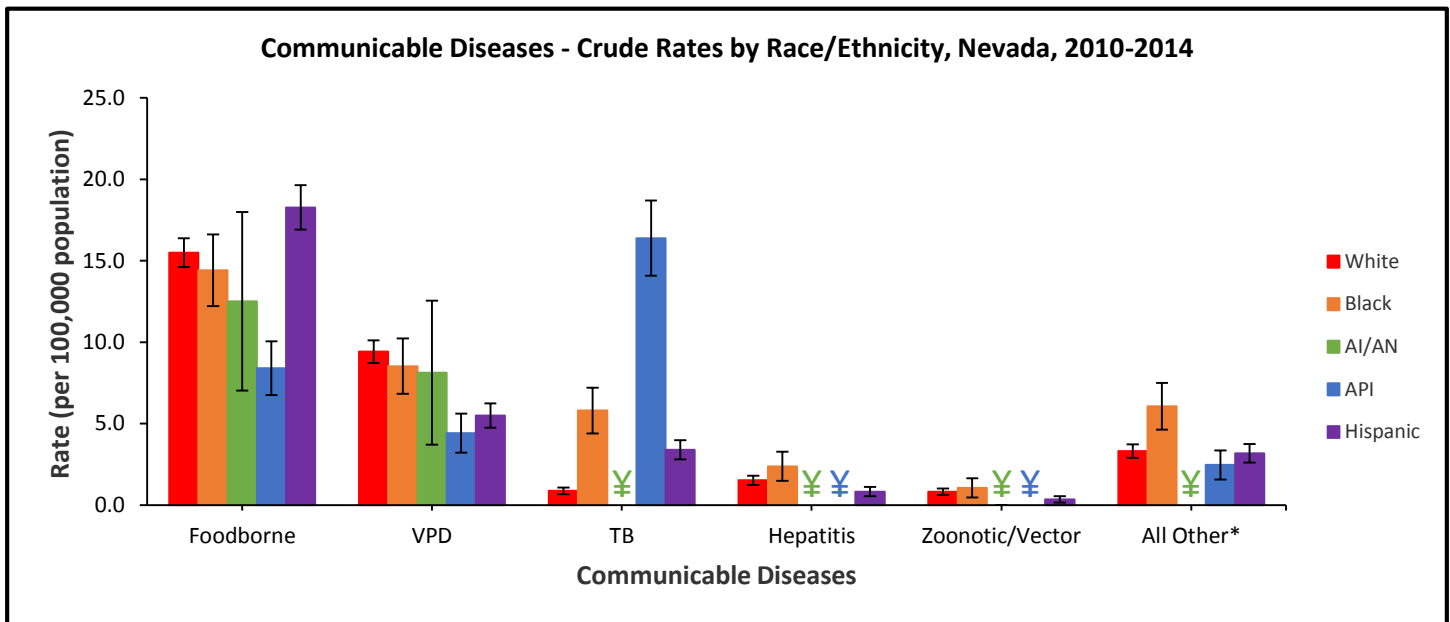
Communicable Diseases

Communicable Disease

A communicable disease can be spread from one person to another via airborne viruses or bacteria, and contact with blood or bodily fluids. Communicable diseases refer to a multitude of different diseases each with their own method of transmission, treatment options, and prevention methods. Thus, it is important to understand each disease when developing prevention efforts. Current research indicates that low income and minority populations experience greater rates of foodborne illness, vaccine preventable diseases (VPD), tuberculosis, and other communicable diseases and should develop specific prevention efforts to reduce these disparities. [40] [41] [42]

- With unknown race/ethnicity accounting for 34.6% of all communicable diseases in Nevada between 2010 and 2014, racial/ethnic analysis is not appropriate. (Table 63)

Figure 55. Communicable Diseases – Crude Rates by Race/Ethnicity, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, National Electronic Disease Surveillance System (NEDSS) Base System (NBS), data as of September 2015.

*All Other includes diseases that do not fit in any of the other listed categories.

¥Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Table 63. Communicable Diseases – Cases and Crude Rates by Race/Ethnicity, Nevada, 2010-2014 Aggregated

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Food-borne	1,175	15.5 (14.6-16.4)	164	14.4 (12.2-16.6)	20	12.5 (7.0-18.0)	99	8.4 (6.7-10.1)	685	18.3 (16.9-19.6)	1,472	†	3,615	26.2 (25.3-27.0)
VPD	714	9.4 (8.7-10.1)	97	8.5 (6.8-10.2)	13	8.1 (3.7-12.6)	52	4.4 (3.2-5.6)	206	5.5 (4.7-6.2)	370	†	1,452	10.5 (10.0-11.1)
TB	65	0.9 (0.7-1.1)	66	5.8 (4.4-7.2)	~	~	193	16.4 (14.1-18.7)	127	3.4 (2.8-4.0)	~	†	460	3.3 (3.0-3.6)
Hepatitis	115	1.5 (1.2-1.8)	27	2.4 (1.5-3.3)	~	~	6	~	31	0.8 (0.5-1.1)	67	†	247	1.8 (1.6-2.0)
Zoonotic/ Vector	62	0.8 (0.6-1.0)	12	1.1 (0.5-1.7)	0	0	6	~	13	0.3 (0.2-0.5)	62	†	155	1.1 (0.9-1.3)
All Other*	251	3.3 (2.9-3.7)	69	6.1 (4.6-7.5)	~	~	29	2.5 (1.6-3.4)	119	3.2 (2.6-3.7)	329	†	800	5.8 (5.4-6.2)
Total**	2,262	29.8 (28.6-31.1)	407	35.8 (32.3-39.3)	41	25.7 (17.8-33.5)	373	31.7 (28.5-34.9)	1,142	30.5 (28.7-32.2)	2,234	†	6,459	46.8 (45.6-47.9)

Source: Division of Public and Behavioral Health, National Electronic Disease Surveillance System (NEDSS) Base System (NBS), data as of September 2015.

*All Other includes diseases that do not fit in any of the other listed categories.

**Some diseases can be in multiple categories so the total will not match the sum of the data.

~Counts over 0 and under 5 or rates with a relative standard error greater than 30% are suppressed due to reliability and/or confidentiality issues.

Maternal and Infant Health

Age of Mother

Teenage pregnancies and childbirth can have immediate and lasting social and financial effects. Between 1991 and 2010, the 73,470 teen births in Nevada cost taxpayers approximately \$1.5 billion. However, with a current 48% decline in teen birth rates in Nevada from 1991 to 2010, taxpayers have saved an approximate \$84 million in 2010 alone. [43] In addition to financial burdens, teen pregnancy and birth can negatively affect mothers and their children. Approximately 50% of teenage mothers received a high school diploma by the age of 22, compared to 89% for teenagers who had not given birth. [44] Children of teen pregnancies are more likely to have health problems, reduced social achievement, drop out of high school, have teenage pregnancies, and be unemployed as young adults. [45]

- Between 2010 and 2014, significantly higher birth rates among teenage mothers aged 15-19 were seen among Hispanics (58.0 per 1,000 births), Blacks (58.0 per 1,000 births), and AI/AN (55.0 per 1,000 births). (Figure 56 and Table 64)

Alcohol Consumption During Pregnancy

Drinking alcohol during pregnancy is not safe for fetal development. Since a baby develops throughout pregnancy, drinking alcohol at any point places a baby at risk of developing fetal alcohol spectrum disorders (FASDs). FASDs refer to a wide range of effects including behavioral and intellectual disabilities. Individuals with an FASD might have: (1) abnormal facial features; (2) small head size; (3) shorter-than-average height; (4) low body weight; (5) poor coordination; (6) hyperactive behavior; (7) difficulty with attention; (8) poor memory; (9) difficulty in school; (10) learning disabilities; (11) speech and language delays; (12) intellectual disability or low IQ; (13) poor reasoning and judgment skills; (14) sleep and sucking problems as a baby; (15) vision or hearing problems; and (16) problems with the heart, kidneys, or bones. [46] [47]

- Between 2010 and 2014, Whites had significantly higher rates of alcohol consumption (8.3 per 1,000 births) when compared Nevada's overall population (6.3 per 1,000 births). (Figure 57 and Table 65)
- Alcohol consumption among Blacks had a significantly declined from 2010 (8.9 per 1,000 births) to 2014 (3.4 per 1,000 births). (Figure 57 and Table 65)

Tobacco Use During Pregnancy

Smoking during pregnancy can have harmful effects on mothers and babies. Mothers generally have more difficulty becoming pregnant and exposed babies can have tissue damage (particularly in the lung and brain), lower birth weights, and have weaker lungs. [48]

- Between 2010 and 2014, Whites (108.7 per 1,000 births), AI/AN (105.0 per 1,000 births), and Blacks (86.4 per 1,000 births) had the significantly higher rates of tobacco use by mothers during pregnancy when compared to all race/ethnicities in Nevada (70.2 per 1,000 births). (Figure 58 and Table 66)
- Tobacco use rates among Blacks significantly declined from 2010 (93.9 per 1,000 births) to 2014 (67.0 per 1,000 births). (Figure 58 and Table 66)

Prenatal Care

Women who expect they may be pregnant or are pregnant should receive prenatal care early on in order to prevent pregnancy complications, reduce infant's risk of complications, and learn about healthy practices in order to ensure a healthy pregnancy.

- Between 2010 and 2014, Whites (736.7 per 1,000 births) and API (690.5 per 1,000 births) had significantly higher rates of beginning prenatal care within their first trimester of pregnancy when compared Nevada's overall population (650.1 per 1,000 births). (Figure 59 and Table 67)
- Blacks, AI/AN, and Hispanics had significantly higher rates of beginning prenatal care during their second or third trimester when compared Nevada's overall population. (Figure 59 and Table 67)

- Blacks (88.4 per 1,000 births) and Hispanics (88.1 per 1,000 births) had significantly higher rates of not receiving prenatal care when compared Nevada's overall population (59.0 per 1,000 births). (Figure 59 and Table 67)

Infant Birthweight

Low birthweight (LBW) as defined as the weight at birth of less than 2,500 grams (5.5 pounds), is a major predictor of infant death. As infant birthweight decreases beyond 2,500 grams, the likelihood of infant mortality increases drastically. Reasons behind low birthweights include: preterm birth, maternal diet, lack of prenatal care, maternal sickness, and residing in unhygienic environments. By increasing the proportion of individuals receiving prenatal care, low birthweight and infant mortality can be improved. [49]

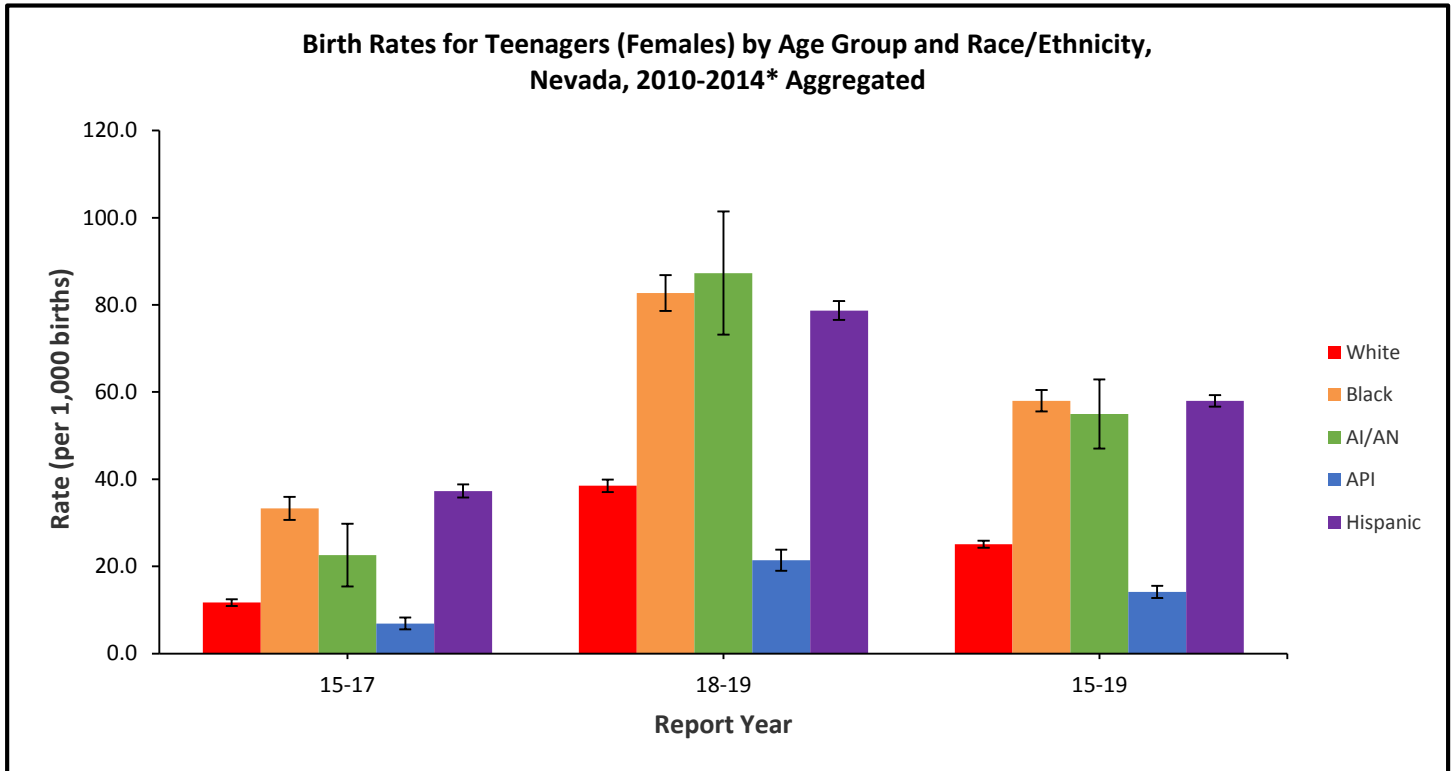
- Of births during 2010 to 2014, the majority were classified as normal birthweight.
- Blacks had significantly higher rates of low birthweight (105.8 per 1,000 births) and very low birthweight (27.5 per 1,000 births) when compared with all races/ethnicities in Nevada (68.0 and 13.3 per 1,000 births, respectively). (Figure 60 and Table 68)
- Whites and Hispanics had reported the majority of cases of low (39.5% and 30.7%, respectively) and very low birthweight (34.3% and 30.8%, respectively). (Figure 60 and Table 68)

Gestational Age

Gestational age is the time period between conception and birth. As the gestational age of a baby decreases, the likelihood of infant mortality increases drastically. Preterm births can occur spontaneously due to infections, diabetes, and high blood pressure. Therefore, identifying and targeting populations that have trends of lower gestational ages can reduce infant mortality rates.

- Between 2010 and 2014, Blacks (140.4 per 1,000 births) and API (116.3 per 1,000 births) had significantly higher rates of gestational age between 20-36 weeks. (Figure 61 and Table 69)
- Blacks and Hispanics had the most cases of gestational age < 20 weeks, 13 and 12 cases, respectively. (Figure 61 and Table 69)

Figure 56. Birth Rates for Teenagers (Females) by Age Group and Race/Ethnicity, Nevada, 2010-2014* Aggregated



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

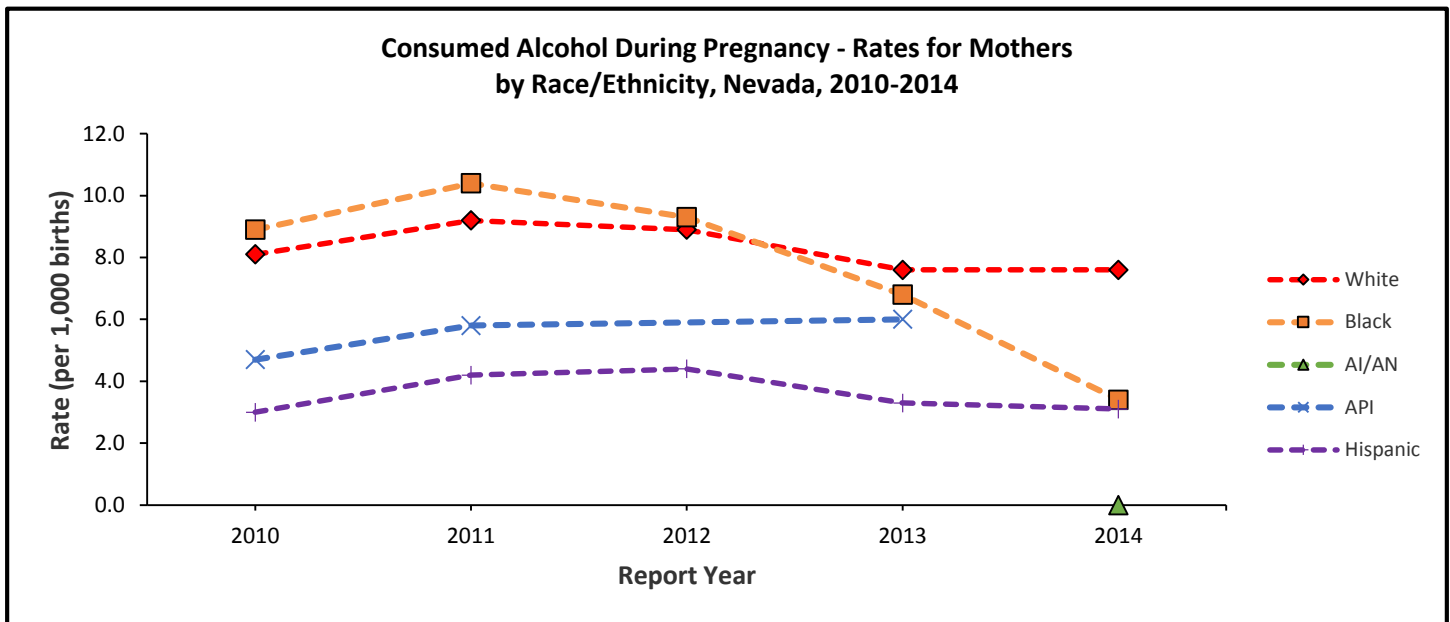
Table 64. Birth Counts and Rates for Teenagers (Females) by Age Group and Race/Ethnicity, Nevada, 2010-2014* Aggregated

Age Group	White		Black		AI/AN		API		Hispanic		Unknown/Other		Total	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
15-17	868	11.7 (10.9-12.5)	622	33.3 (30.7-35.9)	38	22.6 (15.4-29.8)	98	6.9 (5.5-8.3)	2,376	37.3 (35.8-38.8)	91	†	4,093	23.3 (22.6-24.0)
18-19	2,843	38.5 (37.1-39.9)	1,545	82.7 (78.6-86.8)	147	87.3 (73.2-101.4)	305	21.4 (19.0-23.8)	5,012	78.7 (76.5-80.9)	195	†	10,047	57.3 (56.2-58.4)
15-19	3,711	25.1 (24.3-25.9)	2,167	58.0 (55.6-60.4)	185	55.0 (47.1-62.9)	403	14.2 (12.8-15.5)	7,388	58.0 (56.7-59.3)	286	†	14,140	40.3 (39.6-40.9)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

Figure 57. Consumed Alcohol During Pregnancy – Rates for Mothers by Race/Ethnicity, Nevada, 2010-2014*



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

†Counts over 0 and under 5, or rates with a relative standard error greater than 30% are suppressed due to reliability, data quality, and/or confidentiality issues.

Table 65. Consumed Alcohol During Pregnancy – Counts and Rates for Mothers by Race/Ethnicity, Nevada, 2010-2014*

Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	121	8.1 (6.7-9.5)	30	8.9 (5.7-12.1)	~	~	13	4.7 (2.1-7.3)	39	3.0 (2.1-3.9)	7	†	212	6.1 (5.3-6.9)
2011	134	9.2 (7.6-10.8)	37	10.4 (7.0-13.8)	~	~	16	5.8 (3.0-8.6)	54	4.2 (3.1-5.3)	~	†	249	7.2 (6.3-8.1)
2012	127	8.9 (7.4-10.4)	33	9.3 (6.1-12.5)	~	~	11	~	55	4.4 (3.2-5.6)	5	†	233	6.9 (6.0-7.8)
2013	109	7.6 (6.2-9.0)	26	6.8 (4.2-9.4)	6	~	17	6.0 (3.1-8.9)	41	3.3 (2.3-4.3)	5	†	204	6.0 (5.2-6.8)
2014	111	7.6 (6.2-9.0)	14	3.4 (1.6-5.2)	0	0	10	~	40	3.1 (2.1-4.1)	~	†	179	5.1 (4.4-5.8)
2010-2014	602	8.3 (7.6-9.0)	140	7.6 (6.3-8.9)	14	8.6 (4.1-13.1)	67	4.7 (3.6-5.8)	229	3.6 (3.1-4.1)	25	†	1,077	6.3 (5.9-6.7)

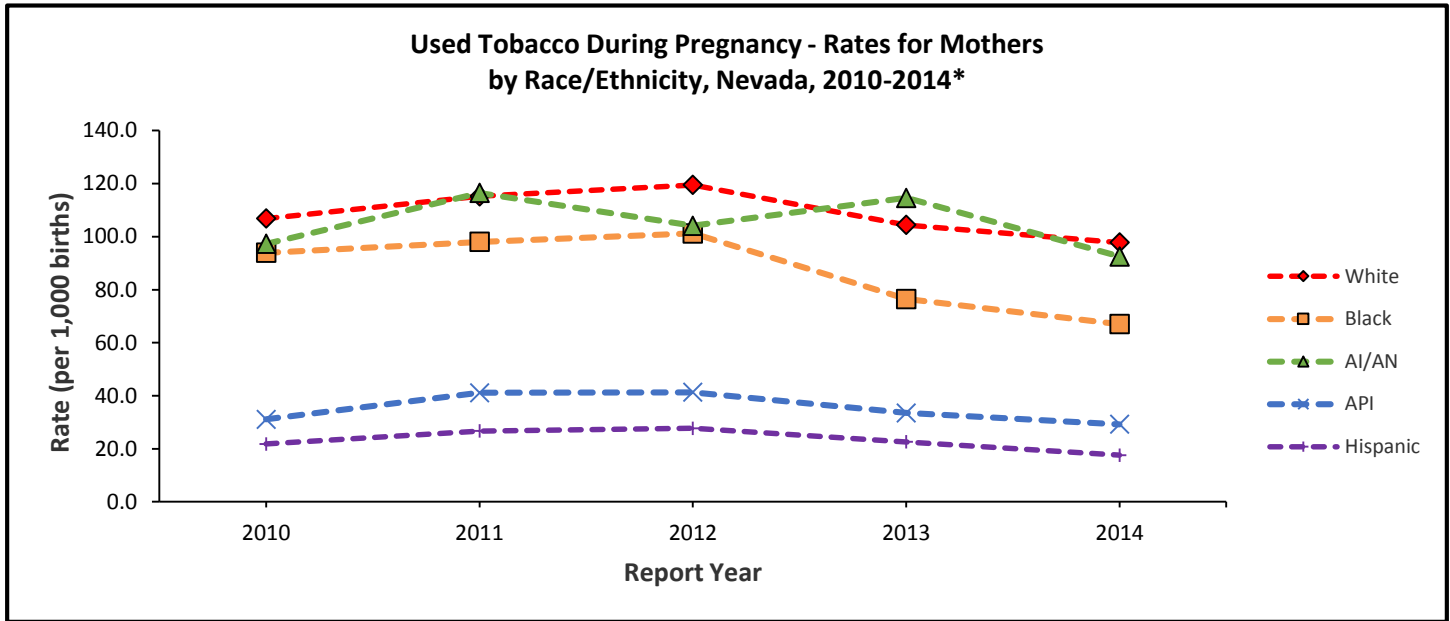
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

†Rates are unavailable for unknown/other race/ethnicity category.

~Counts over 0 and under 5, or rates with a relative standard error greater than 30% are suppressed due to reliability, data quality, and/or confidentiality issues.

Figure 58. Used Tobacco During Pregnancy – Rates for Mothers by Race/Ethnicity, Nevada, 2010-2014*



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

Table 66. Used Tobacco During Pregnancy – Counts and Rates for Mothers by Race/Ethnicity, Nevada, 2010-2014*

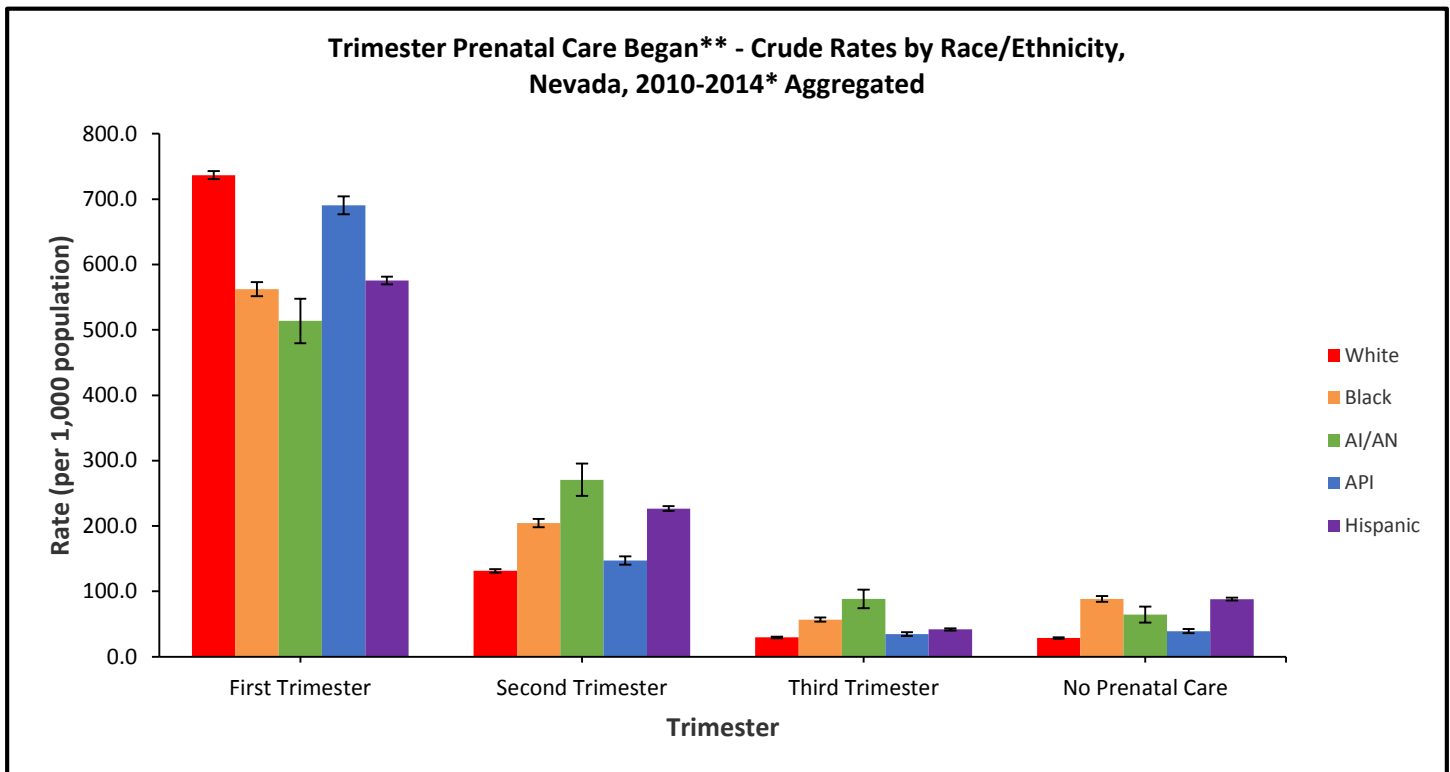
Year	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
2010	1,623	106.8 (101.6-112.0)	316	93.9 (83.5-104.3)	32	97.3 (63.6-131.0)	86	31.1 (24.5-37.7)	285	21.8 (19.3-24.3)	48	†	2,390	68.2 (65.5-70.9)
2011	1,695	115.2 (109.7-120.7)	346	98.0 (87.7-108.3)	41	116.5 (80.8-152.2)	114	41.1 (33.6-48.6)	339	26.7 (23.9-29.5)	129	†	2,664	76.9 (74.0-79.8)
2012	1,694	119.5 (113.8-125.2)	353	101.2 (90.6-111.8)	33	104.1 (68.6-139.6)	118	41.3 (33.8-48.8)	340	27.7 (24.8-30.6)	147	†	2,685	79.2 (76.2-82.2)
2013	1,493	104.4 (99.1-109.7)	287	76.5 (67.6-85.4)	36	114.6 (77.2-152.0)	95	33.5 (26.8-40.2)	279	22.6 (19.9-25.3)	88	†	2,278	66.8 (64.1-69.5)
2014	1,413	97.8 (92.7-102.9)	277	67.0 (59.1-74.9)	31	92.5 (59.9-125.1)	85	29.2 (23.0-35.4)	224	17.6 (15.3-19.9)	114	†	2,144	60.5 (57.9-63.1)
2010-2014	7,918	108.7 (106.3-111.1)	1,579	86.4 (82.1-90.7)	173	105.0 (89.4-120.6)	498	35.2 (32.1-38.3)	1,467	23.2 (22.0-24.4)	526	†	12,161	70.2 (69.0-71.4)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 59. Trimester Prenatal Care Began** – Crude Rates by Race/Ethnicity, Nevada, 2010-2014* Aggregated



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

**Excludes live births where trimester when prenatal care began and if prenatal care was provided is unknown.

Table 67. Trimester Prenatal Care Began** – Counts and Crude Rates by Race/Ethnicity, Nevada, 2010-2014* Aggregated

Trimester	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
First Trimester	54,452	736.7 (730.5-742.9)	10,501	562.2 (551.4-573.0)	867	513.6 (479.4-547.8)	9,850	690.5 (676.9-704.1)	36,660	575.5 (569.6-581.4)	1,746	†	114,076	650.1 (646.3-653.9)
Second Trimester	9,713	131.4 (128.8-134.0)	3,819	204.5 (198.0-211.0)	457	270.7 (245.9-295.5)	2,099	147.2 (140.9-153.5)	14,432	226.6 (222.9-230.3)	603	†	31,123	177.4 (175.4-179.4)
Third Trimester	2,184	29.5 (28.3-30.7)	1,062	56.9 (53.5-60.3)	149	88.3 (74.1-102.5)	493	34.6 (31.5-37.7)	2,661	41.8 (40.2-43.4)	181	†	6,730	38.4 (37.5-39.3)
No Prenatal Care	2,117	28.6 (27.4-29.8)	1,652	88.4 (84.1-92.7)	109	64.6 (52.5-76.7)	558	39.1 (35.9-42.3)	5,615	88.1 (85.8-90.4)	301	†	10,352	59.0 (57.9-60.1)

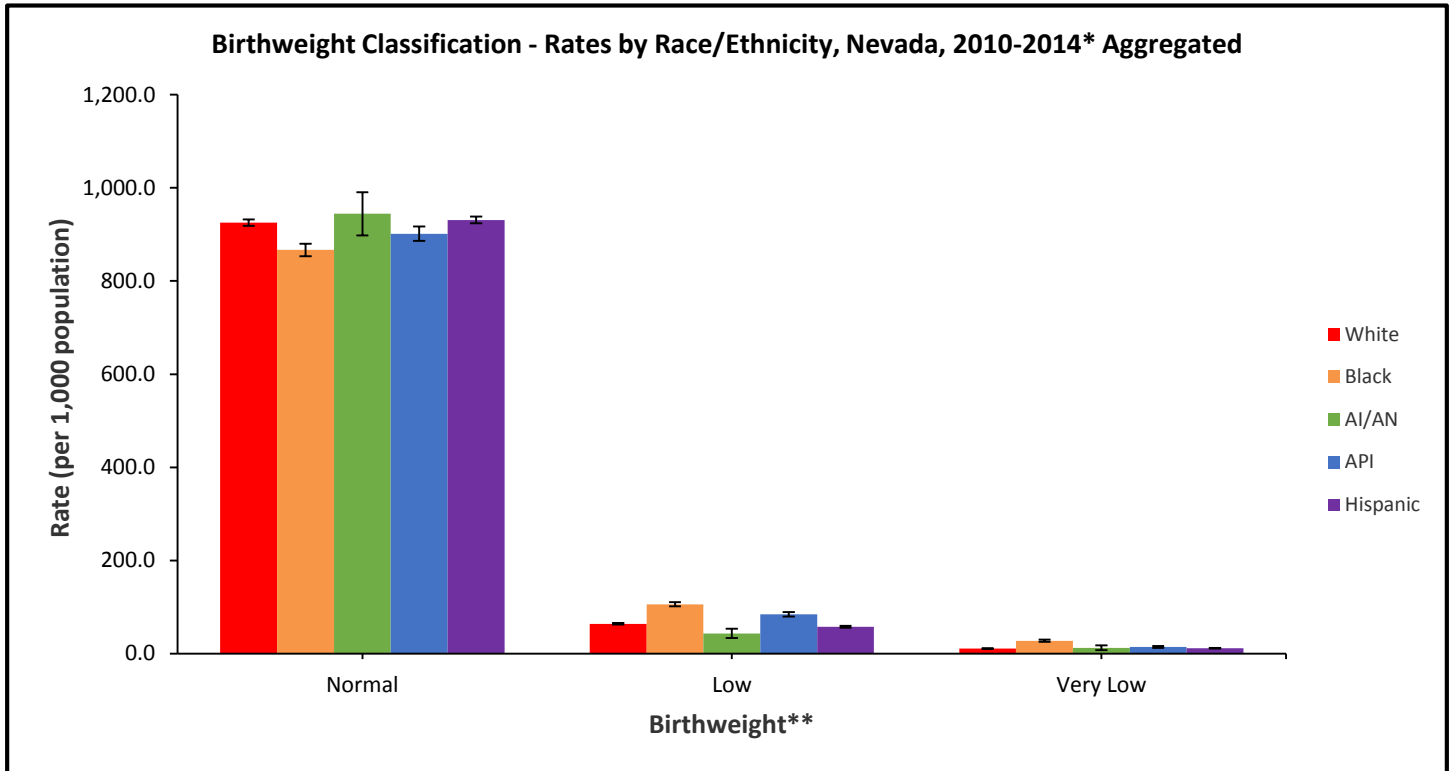
Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

**Excludes live births where trimester when prenatal care began and if prenatal care was provided is unknown.

†Rates are unavailable for unknown/other race/ethnicity category.

Figure 60. Birthweight Classification – Rates by Race/Ethnicity, Nevada, 2010-2014* Aggregated



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

**Normal birth weight is defined as between 2,500 grams and 4,000 grams. Low birth weight is defined as between 1,500 grams and 2,500 grams. Very low birth weight is defined as weight below 1,500 grams.

Table 68. Birthweight Classification – Counts and Crude Rates by Race/Ethnicity, Nevada, 2010-2014* Aggregated

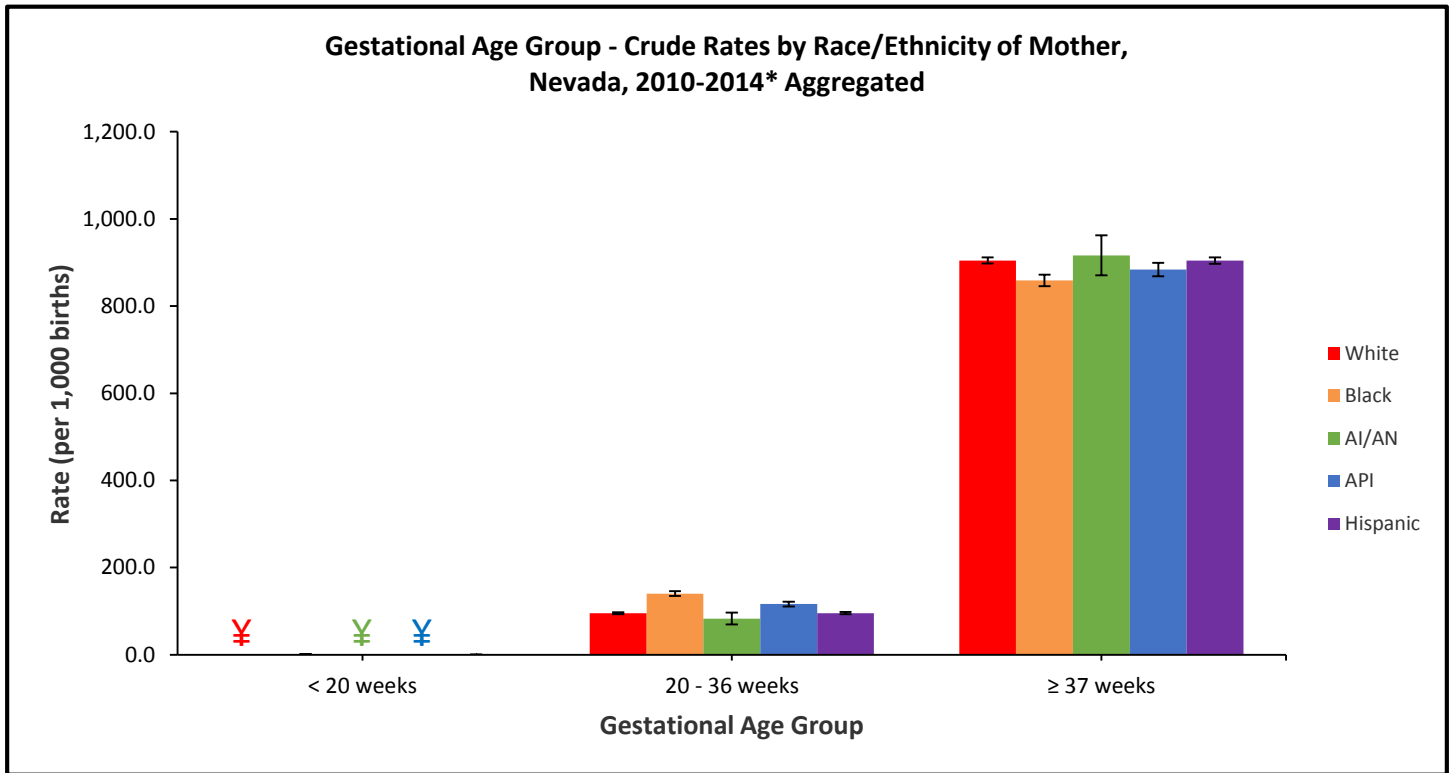
Birth Weight**	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Normal	68,375	925.3 (918.4-932.3)	16,187	866.6 (853.3-880.0)	1,595	944.3 (898.0-990.7)	12,860	901.6 (886.0-917.2)	59,318	931.2 (923.7-938.7)	3,017	885.8 (854.2-917.4)	161,352	918.7 (914.2-923.2)
Low	4,717	63.8 (62.0-65.7)	1,977	105.8 (101.2-110.5)	73	43.2 (33.3-53.1)	1,200	84.1 (79.4-88.9)	3,664	57.5 (55.7-59.4)	313	91.9 (81.7-102.1)	11,944	68.0 (66.8-69.2)
Very Low	800	10.8 (10.1-11.6)	514	27.5 (25.1-29.9)	21	12.4 (7.1-17.8)	204	14.3 (12.3-16.3)	718	11.3 (10.4-12.1)	76	22.3 (17.3-27.3)	2,333	13.3 (12.7-13.8)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

**Normal birth weight is defined as between 2,500 grams and 4,000 grams. Low birth weight is defined as between 1,500 grams and 2,500 grams. Very low birth weight is defined as weight below 1,500 grams.

Figure 61. Gestational Age Group – Crude Rates by Race/Ethnicity of Mother, Nevada, 2010-2014* Aggregated



Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

~Counts over 0 and under 5, or rates with a relative standard error greater than 30% are suppressed due to reliability, data quality, and/or confidentiality issues.

Table 69. Gestational Age Group – Counts and Crude Rates by Race/Ethnicity of Mother, Nevada, 2010-2014* Aggregated

Gestation Age Group	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
< 20 weeks	7	~	13	0.7 (0.3-1.1)	~	~	~	~	12	0.2 (0.1-0.3)	~	†	35	0.2 (0.1-0.3)
20 - 36 weeks	6,975	95.3 (93.1-97.5)	2,606	140.4 (135.0-145.8)	139	83.1 (69.3-96.9)	1,640	116.3 (110.7-121.9)	6,052	95.6 (93.2-98.0)	447	†	17,859	102.6 (101.1-104.1)
≥ 37 weeks	66,170	904.6 (897.7-911.5)	15,937	858.9 (845.6-872.2)	1,533	916.3 (870.4-962.2)	12,462	883.6 (868.1-899.1)	57,209	904.2 (896.8-911.6)	2,923	†	156,234	897.2 (892.8-901.6)

Source: Division of Public and Behavioral Health, WEVRRS, data as of September 2015.

*Counts for 2014 are preliminary and are subject to change.

~Counts over 0 and under 5, or rates with a relative standard error greater than 30% are suppressed due to reliability, data quality, and/or confidentiality issues.

†Rates are unavailable for unknown/other race/ethnicity category.

Mental Health and Substance Abuse

*Data provided and conclusions for mental health and substance abuse from NHIPPS are only generalizable to state funded facilities in Nevada. Race/ethnicity percentages for mental health data are calculated utilizing known races/ethnicities only and does not reflect unknown races/ethnicities.

Mental Health

As defined by the World Health Organization (WHO), mental health is defined as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” [50, 51] With approximately 1 in 17 American adults with a debilitating mental illness in a given year, it is important to identify prevention methods and improve access to health services. [52]

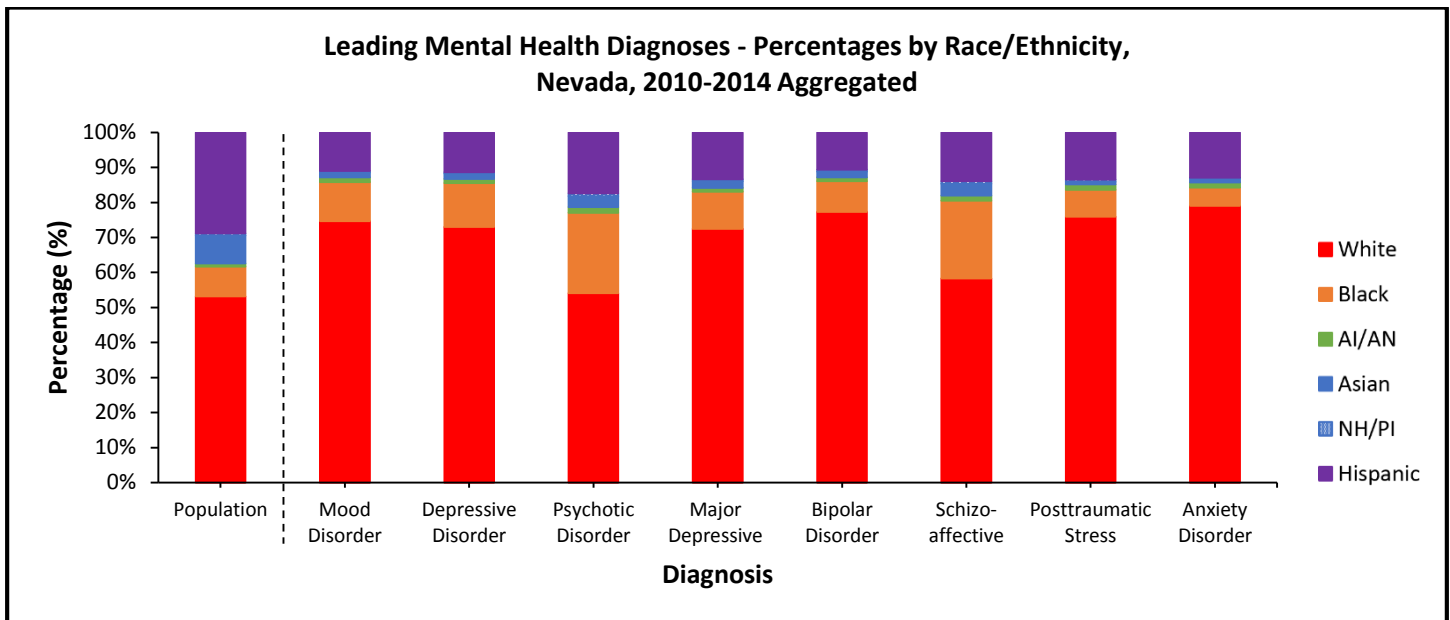
- Among patients in state funded facilities in Nevada, mood disorders were the most frequent diagnosis at admission, accounting for 25,136 admissions. (Figure 62 and Table 70)
- Whites accounted for 68.9% of all mental health diagnoses in state funded facilities. (Figure 62 and Table 70)

Substance Abuse

As defined by the Diagnostic and Statistical Manual of Mental Disorders [53], substance abuse is defined as “a maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.” [53]

- Among patients in state funded facilities in Nevada, AI/AN (55.6%) and Whites (36.2%) had significantly higher proportion of alcohol as their primary substances used when compared with all races/ethnicities in Nevada (35.0%). (Figure 63 and Table 71)
- API (35.4%) and Whites (26.9%) had significantly higher proportion of amphetamines and methamphetamines use when compared with all races/ethnicities in Nevada (24.6%). (Figure 63 and Table 71)
- Whites had significantly higher proportion of heroin (13.0%) when compared with all races/ethnicities in Nevada (10.6%). (Figure 63 and Table 71)
- Blacks (28.6%) and Hispanics (23.4%) had significantly higher proportions of marijuana and hashish use when compared with all races/ethnicities in Nevada (16.9%). (Figure 63 and Table 71)

Figure 62. Leading Mental Health Diagnoses – Percentages by Race/Ethnicity, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, Avatar, data as of September 2015.

*Race/Ethnicity percentages are calculated utilizing known races/ethnicities only and does not reflect unknown races/ethnicities.

**Patients with multiple episodes for the same diagnosis, not occurring within the same day, are included multiple times.

Table 70. Leading Mental Health Diagnoses – Counts and Percentages by Race/Ethnicity, Nevada, 2010-2014 Aggregated

	White		Black		AI/AN		Asian		NH/PI		Hispanic*		Unknown/Other	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
POPULATION		51.3		8.2		0.9		7.7		0.6		27.8		3.5
Mood Disorder	18,220	74.7 (74.1-75.2)	2,720	11.1 (10.8-11.5)	340	1.4 (1.2-1.5)	321	1.3 (1.2-1.5)	113	0.5 (0.4-0.5)	2,690	11.0 (10.6-11.4)	732	†
Depressive Disorder	10,989	73.0 (72.3-73.7)	1,881	12.5 (12.0-13.0)	186	1.2 (1.1-1.4)	227	1.5 (1.3-1.7)	49	0.3 (0.2-0.4)	1,715	11.4 (10.9-11.9)	433	†
Psychotic Disorder	8,710	54.1 (53.4-54.9)	3,683	22.9 (22.2-23.5)	275	1.7 (1.5-1.9)	491	3.1 (2.8-3.3)	133	0.8 (0.7-1.0)	2,801	17.4 (16.8-18.0)	667	†
Major Depressive	8,423	72.5 (71.7-73.3)	1,232	10.6 (10.0-11.2)	126	1.1 (0.9-1.3)	220	1.9 (1.6-2.1)	69	0.6 (0.5-0.7)	1,549	13.3 (12.7-13.9)	386	†
Bipolar Disorder	16,200	77.3 (76.7-77.9)	1,833	8.7 (8.4-9.1)	238	1.1 (1.0-1.3)	334	1.6 (1.4-1.8)	128	0.6 (0.5-0.7)	2,220	10.6 (10.2-11.0)	823	†
Schizoaffective	5,465	58.3 (57.3-59.3)	2,081	22.2 (21.4-23.0)	144	1.5 (1.3-1.8)	315	3.4 (3.0-3.7)	65	0.7 (0.5-0.9)	1,306	13.9 (13.2-14.6)	361	†
Posttraumatic Stress	2,972	76.0 (74.6-77.3)	300	7.7 (6.8-8.5)	60	1.5 (1.1-1.9)	31	0.8 (0.5-1.1)	24	0.6 (0.4-0.9)	526	13.4 (12.4-14.5)	157	†
Anxiety Disorder	3,736	79.1 (77.9-80.2)	245	5.2 (4.6-5.8)	69	1.5 (1.1-1.8)	55	1.2 (0.9-1.5)	9	~	611	12.9 (12.0-13.9)	117	†
Nevada*	162,207	68.9 (68.7-69.1)	33,044	14.0 (13.9-14.2)	3,324	1.4 (1.4-1.5)	4,480	1.9 (1.8-2.0)	1,326	0.6 (0.5-0.6)	31,052	13.2 (13.1-13.3)	8,620	†

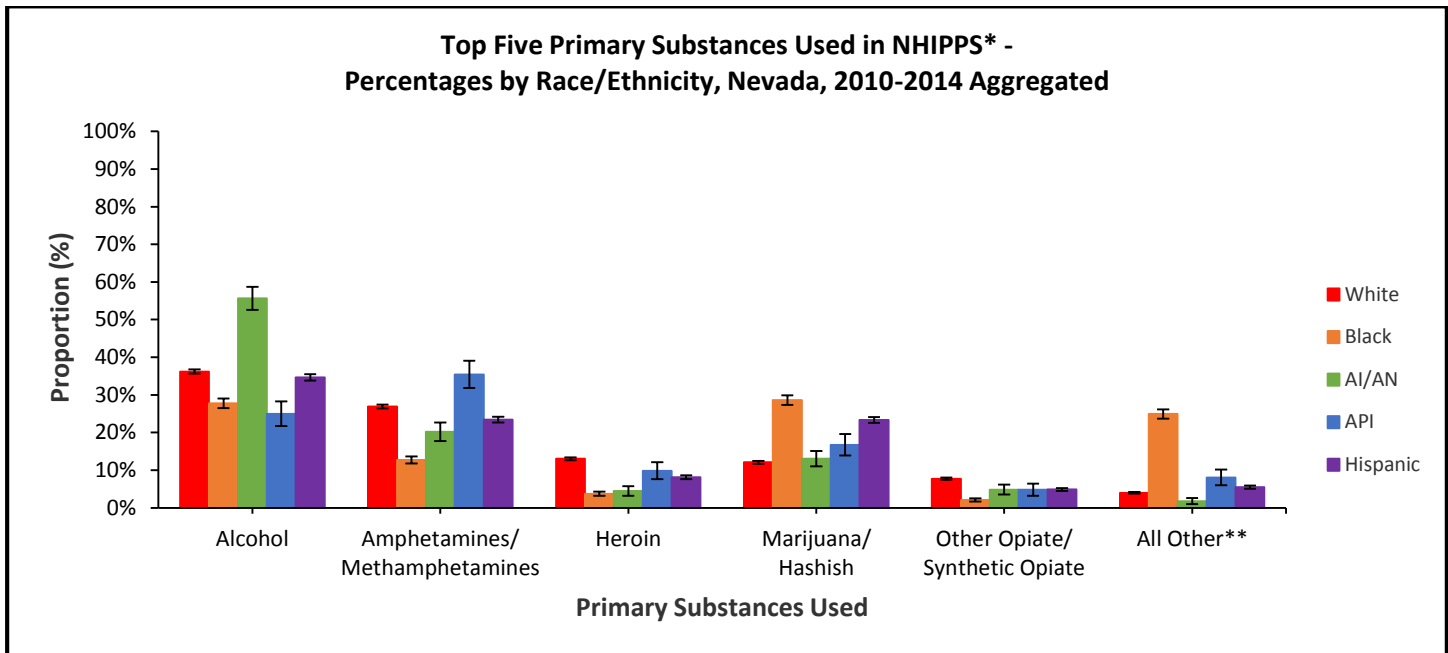
Source: Division of Public and Behavioral Health, Avatar, data as of September 2015.

*Additional diagnoses were not included due to low counts. Nevada reflects sum of all diagnoses.

†Race/Ethnicity percentages are calculated utilizing known races/ethnicities only and does not reflect unknown races/ethnicities.

**Patients with multiple episodes for the same diagnosis, not occurring within the same day, are included multiple times.

Figure 63. Top Five Primary Substances Used in NHIPPS* – Percentages by Race/Ethnicity, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System (NHIPPS) Database, data as of September 2015.

*NHIPPS uses data from state funded facilities only. Caution is necessary when interpreting presented data.

**All Other includes substances that do not fit in any of the other listed categories.

Table 71. Top Five Primary Substances Used in NHIPPS* – Counts and Percentages by Race/Ethnicity, Nevada, 2010-2014 Aggregated

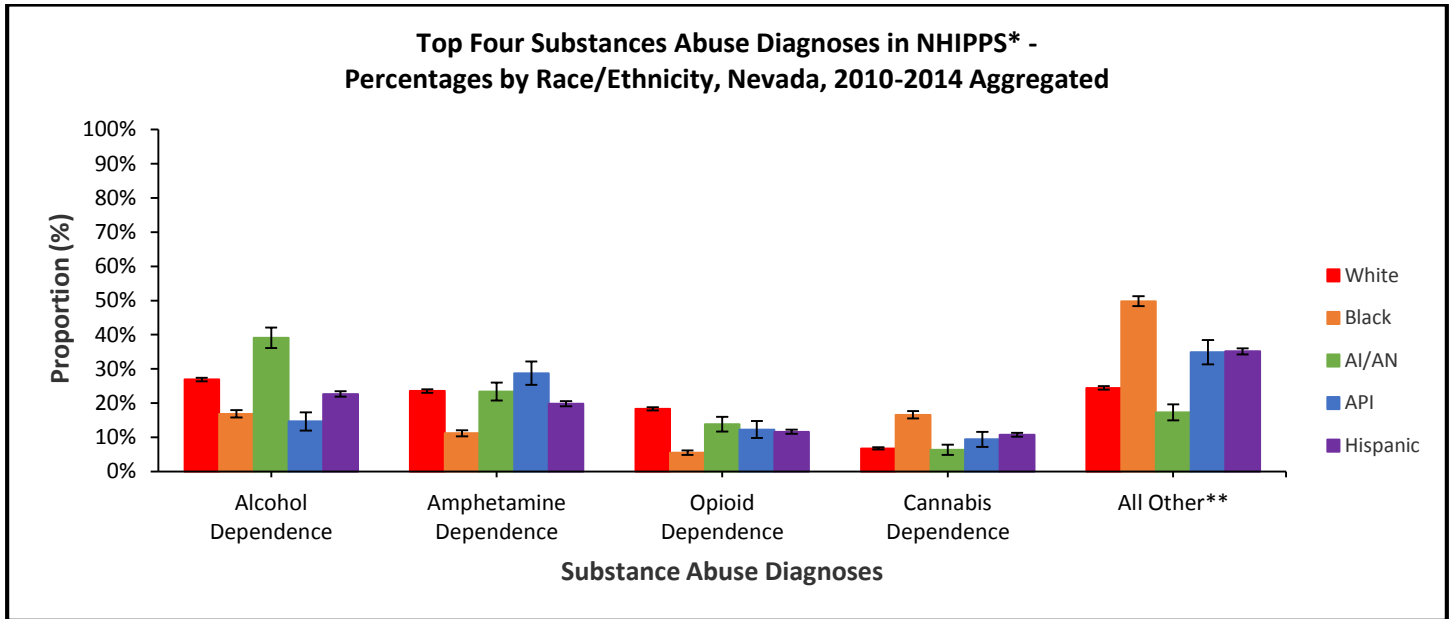
Substance Used	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Alcohol	10,257	36.2 (35.7-36.8)	1,322	27.8 (26.5-29.1)	562	55.6 (52.6-58.7)	170	25.0 (21.7-28.3)	3,985	34.7 (33.8-35.5)	319	26.8 (24.3-29.3)	16,615	35.0 (34.6-35.4)
AMP/MA	7,618	26.9 (26.4-27.4)	606	12.7 (11.8-13.7)	204	20.2 (17.7-22.7)	241	35.4 (31.8-39.0)	2,693	23.4 (22.7-24.2)	302	25.4 (22.9-27.8)	11,664	24.6 (24.2-25.0)
Heroin	3,693	13.0 (12.6-13.4)	178	3.7 (3.2-4.3)	45	4.5 (3.2-5.7)	67	9.9 (7.6-12.1)	933	8.1 (7.6-8.6)	101	8.5 (6.9-10.1)	5,017	10.6 (10.3-10.8)
Marijuana/Hashish	3,427	12.1 (11.7-12.5)	1,361	28.6 (27.3-29.9)	132	13.1 (11.0-15.1)	114	16.8 (14.0-19.6)	2,687	23.4 (22.6-24.2)	312	26.2 (23.7-28.7)	8,033	16.9 (16.6-17.3)
Other Opiate/Synthetic Opiate	2,191	7.7 (7.4-8.0)	101	2.1 (1.7-2.5)	49	4.9 (3.5-6.2)	33	4.9 (3.2-6.5)	562	4.9 (4.5-5.3)	64	5.4 (4.1-6.7)	3,000	6.3 (6.1-6.5)
All Other**	1,137	4.0 (3.8-4.2)	1,187	25.0 (23.7-26.2)	18	1.8 (1.0-2.6)	55	8.1 (6.0-10.1)	632	5.5 (5.1-5.9)	93	7.8 (6.3-9.3)	3,122	6.6 (6.4-6.8)
Total	28,323	100%	4,755	100%	1,010	100%	680	100%	11,492	100%	1,191	100%	47,451	100%

Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System (NHIPPS) Database, data as of September 2015.

*NHIPPS uses data from state funded facilities only. Caution is necessary when interpreting presented data.

**All Other includes substances that do not fit in any of the other listed categories.

Figure 64. Top Four Substances Abuse Diagnoses in NHIPPS* – Percentages by Race/Ethnicity, Nevada, 2010-2014 Aggregated



Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System (NHIPPS) Database, data as of September 2015.

*NHIPPS uses data from state funded facilities only. Caution is necessary when interpreting presented data.

**All Other includes substances that do not fit in any of the other listed categories.

Table 72. Top Four Substances Abuse Diagnoses in NHIPPS* – Counts and Percentages by Race/Ethnicity, Nevada, 2010-2014 Aggregated

Diagnosis	White		Black		AI/AN		API		Hispanic		Unknown/Other		Nevada	
	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Alcohol Dependence	7,751	26.9 (26.4-27.4)	782	16.9 (15.8-17.9)	438	39.1 (36.1-42.1)	98	14.7 (12.0-17.3)	2,644	22.7 (21.9-23.4)	242	20.8 (18.5-23.1)	11,955	24.9 (24.5-25.3)
AMP Dependence	6,781	23.5 (23.1-24.0)	519	11.2 (10.3-12.1)	262	23.4 (20.8-26.0)	192	28.7 (25.3-32.1)	2,313	19.8 (19.1-20.6)	266	22.9 (20.5-25.3)	10,333	21.5 (21.1-21.9)
Opioid Dependence	5,278	18.3 (17.9-18.8)	257	5.5 (4.9-6.2)	155	13.8 (11.7-16.0)	82	12.3 (9.8-14.7)	1,356	11.6 (11.0-12.2)	147	12.6 (10.8-14.5)	7,275	15.1 (14.8-15.5)
Cannabis Dependence	1,952	6.8 (6.5-7.1)	770	16.6 (15.5-17.7)	71	6.3 (4.8-7.8)	63	9.4 (7.2-11.6)	1,250	10.7 (10.2-11.3)	154	13.2 (11.3-15.2)	4,260	8.9 (8.6-9.1)
All Other**	7,039	24.4 (23.9-24.9)	2,311	49.8 (48.4-51.2)	194	17.3 (15.0-19.7)	233	34.9 (31.3-38.5)	4,099	35.1 (34.3-36.0)	354	30.4 (27.8-33.1)	14,230	29.6 (29.2-30.0)
Total	28,801	100%	4,639	100%	1,120	100%	668	100%	11,662	100%	1,163	100%	48,053	100%

Source: Division of Public and Behavioral Health, Nevada Health Information Provider Performance System (NHIPPS) Database, data as of September 2015.

*NHIPPS uses data from state funded facilities only. Caution is necessary when interpreting presented data.

**All Other includes substances that do not fit in any of the other listed categories.

Provider and Service Use

Provider and Service Use

Access to health services are vital to achieve health equity, improve quality of life, and reducing health disparities. Barriers to health services include: lack of availability, high cost, and lack of insurance coverage. The lack of health insurance can lead to poor health via delayed diagnosis and treatment. [54]

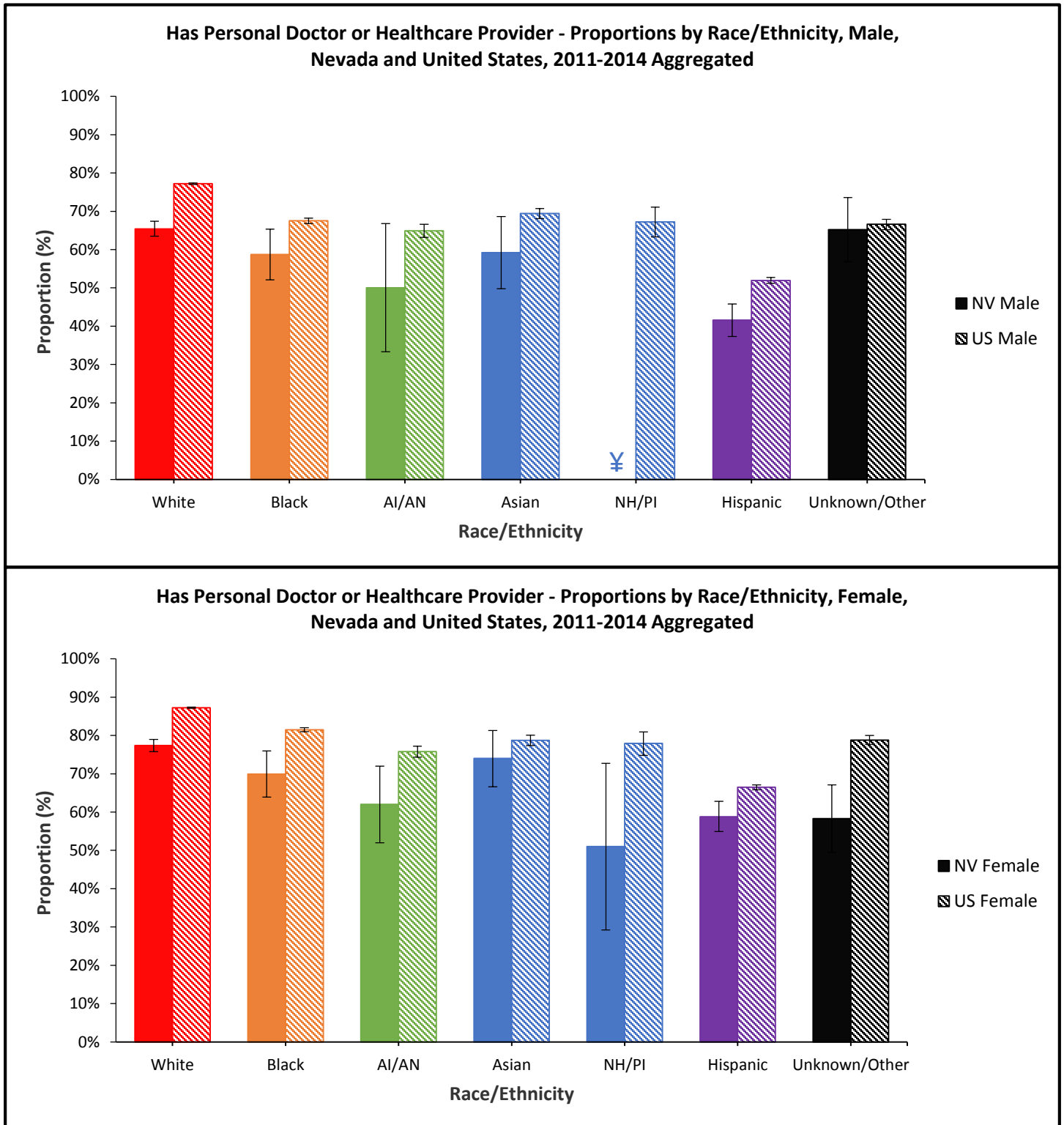
- Between 2011 and 2014, Nevada had significantly lower proportions of males and females with a personal doctor or healthcare provider among, Whites, Blacks, AI/AN females, NH/PI females, and Hispanics. (Figure 65 and Table 73)
- White males (83.8%) and females (85.6%), Asian females (79.1%), and Hispanic females (59.5%) in Nevada had significantly lower proportions of any kind of healthcare coverage when compared to their national counterparts. (Figure 66 and Table 74)
- Whites in Nevada (15.4%) were more likely to not see a doctor in the past 12 months due to costs when compared to the United States (12.6%). (Figure 67 and Table 75)

Medical School

Minorities are underrepresented in medical school enrollment. Minority physicians are more likely to practice in minority communities where shortage of healthcare professionals are present, thus discrepancies between minority populations and minority healthcare professionals need to be addressed. [55]

- Although 8.2% of Nevada's population is Black, Blacks only account for 1.8% of the students enrolled in medical school, and 0% of the 2014 medical school graduates. (Figure 68, Table 76, Figure 69, and Table 77)
- 27.8% of Nevada's population is Hispanic, but Hispanics only account for 3.2% of students enrolled in medical school, and 0% of the 2014 medical school graduates. (Figure 68, Table 76, Figure 69, and Table 77)

Figure 65. Has Personal Doctor or Healthcare Provider – Proportions by Race/Ethnicity and Sex, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 †Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 73. Has Personal Doctor or Healthcare Provider – Counts and Proportions by Race/Ethnicity and Sex, Nevada and United States, 2011-2014 Aggregated

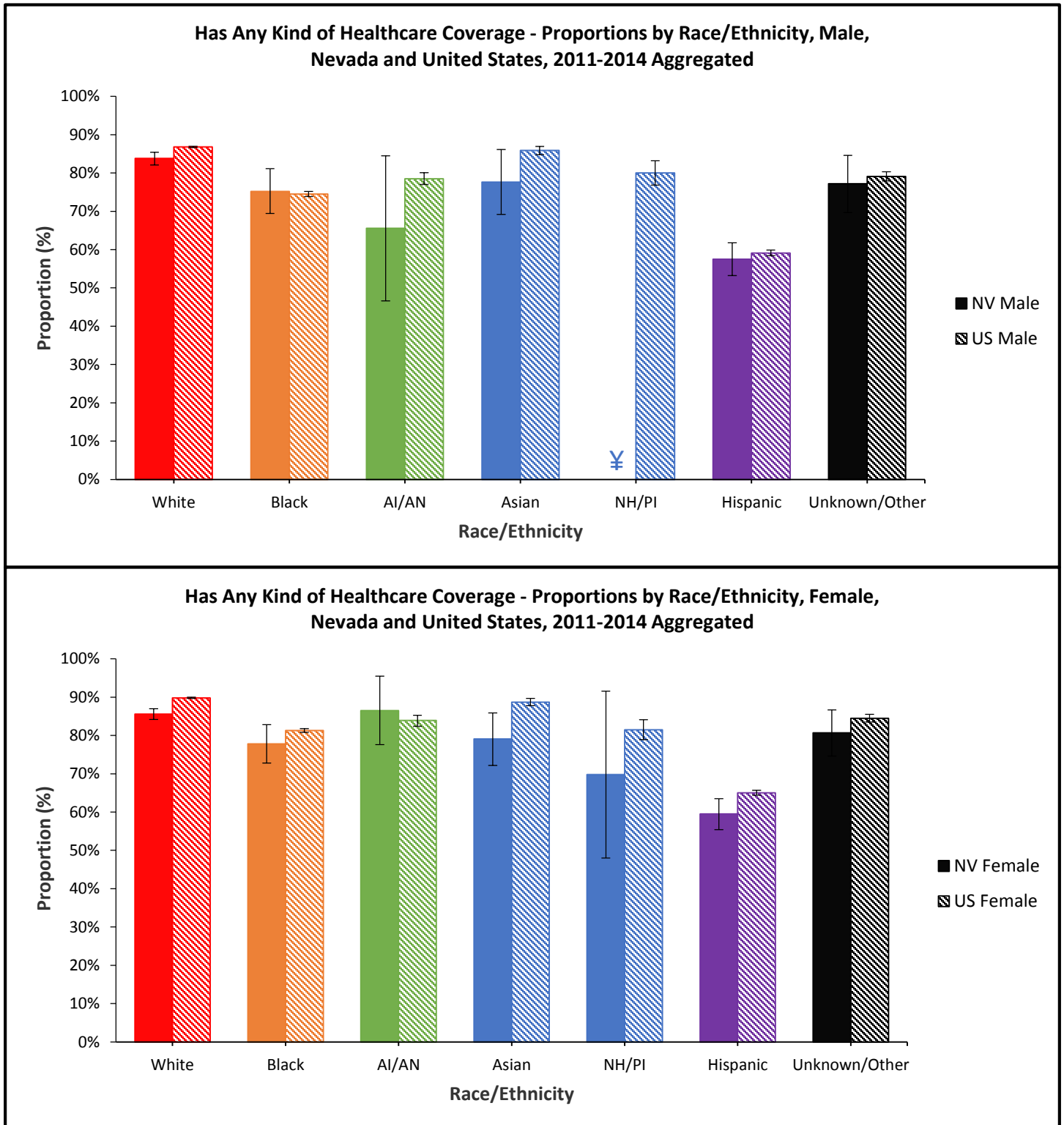
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,841	65.4 (63.5-67.4)	325	58.7 (52.1-65.3)	93	50.0 (33.3-66.8)	205	59.2 (49.8-68.6)	49	~	966	41.6 (37.3-45.8)	397	65.2 (56.8-73.6)
NV Female	8,241	77.4 (75.8-79.0)	447	69.9 (63.9-76.0)	133	62.0 (52.0-72.0)	287	74.0 (66.6-81.3)	58	51.0 (29.2-72.7)	1,269	58.8 (54.9-62.8)	513	58.3 (49.5-67.1)
US Male	602,478	77.2 (77.0-77.4)	51,831	67.5 (66.8-68.2)	11,860	64.9 (63.2-66.6)	16,803	69.4 (68.1-70.7)	1,675	67.2 (63.3-71.1)	50,040	51.9 (51.2-52.7)	20,389	66.6 (65.2-67.9)
US Female	879,476	87.2 (87.1-87.4)	102,356	81.5 (81.0-82.0)	16,580	75.8 (74.3-77.2)	18,081	78.7 (77.4-80.1)	1,959	77.9 (74.8-80.9)	71,543	66.5 (65.8-67.1)	25,104	78.8 (77.6-80.0)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 66. Has Any Kind of Healthcare Coverage – Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.
 †Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

Table 74. Has Any Kind of Healthcare Coverage – Counts and Proportions by Sex and Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

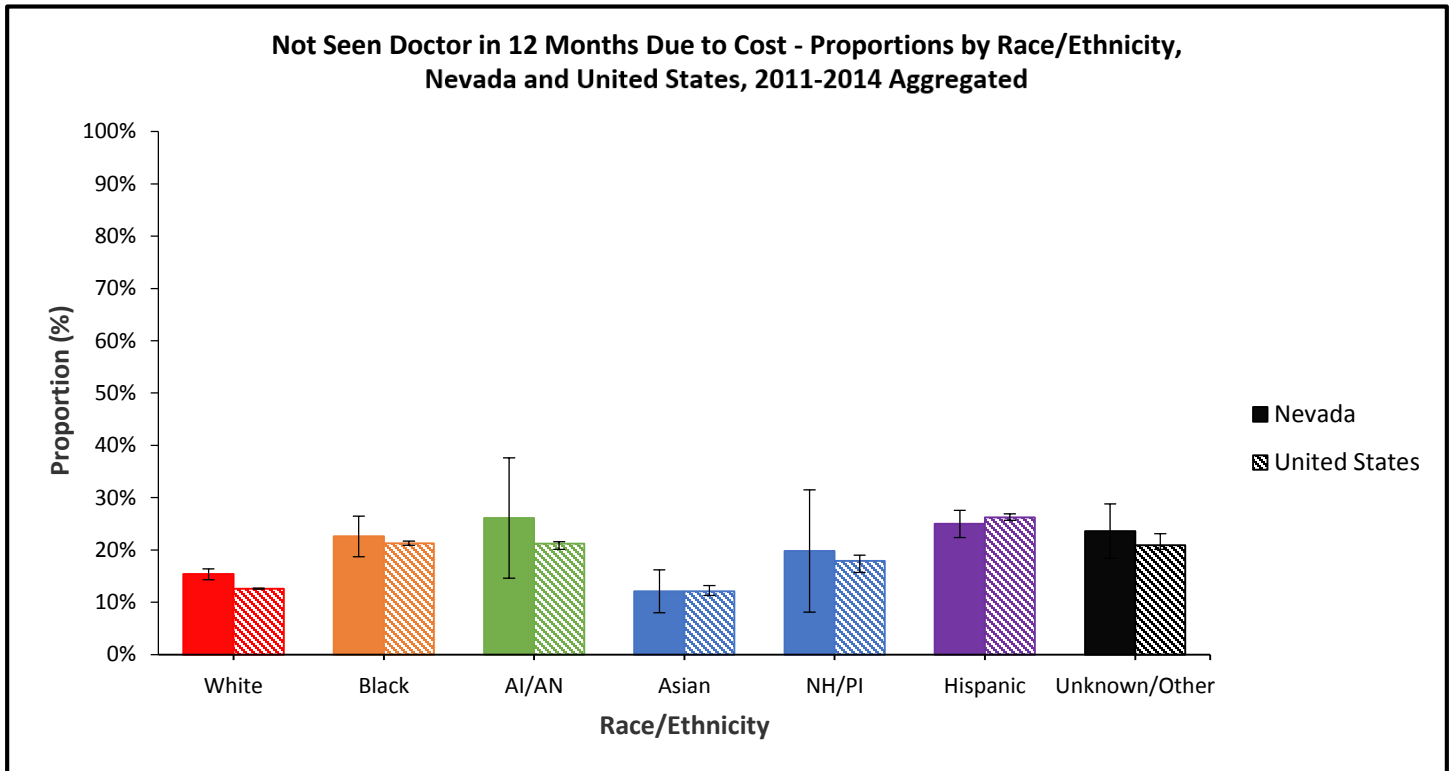
Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
NV Male	5,841	83.8 (82.1-85.4)	327	75.2 (69.4-81.1)	93	65.6 (46.6-84.5)	208	77.6 (69.2-86.1)	49	~	967	57.5 (53.2-61.8)	398	77.2 (69.7-84.6)
NV Female	8,241	85.6 (84.2-87.0)	447	77.8 (72.8-82.8)	137	86.5 (77.6-95.5)	289	79.1 (72.2-85.9)	58	69.8 (48.0-91.6)	1,270	59.5 (55.4-63.5)	512	80.7 (74.6-86.7)
US Male	602,523	86.8 (86.6-87.0)	51,792	74.5 (73.8-75.2)	11,838	78.5 (77.0-80.1)	16,852	85.9 (84.8-86.9)	1,676	80.0 (76.8-83.2)	50,026	59.1 (58.4-59.9)	20,370	79.1 (77.9-80.3)
US Female	879,382	89.8 (89.7-90.0)	102,316	81.3 (80.8-81.8)	16,603	83.9 (82.4-85.3)	18,111	88.7 (87.8-89.7)	1,956	81.5 (78.9-84.1)	71,574	65.0 (64.4-65.7)	25,098	84.5 (83.5-85.5)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

~Counts over 0 and under 50 and associated rates are suppressed due to reliability and/or confidentiality issues.

*Percentages in this table are compared to their corresponding United States percentages.

Figure 67. Not Seen Doctor in Past 12 Months Due to Cost – Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated



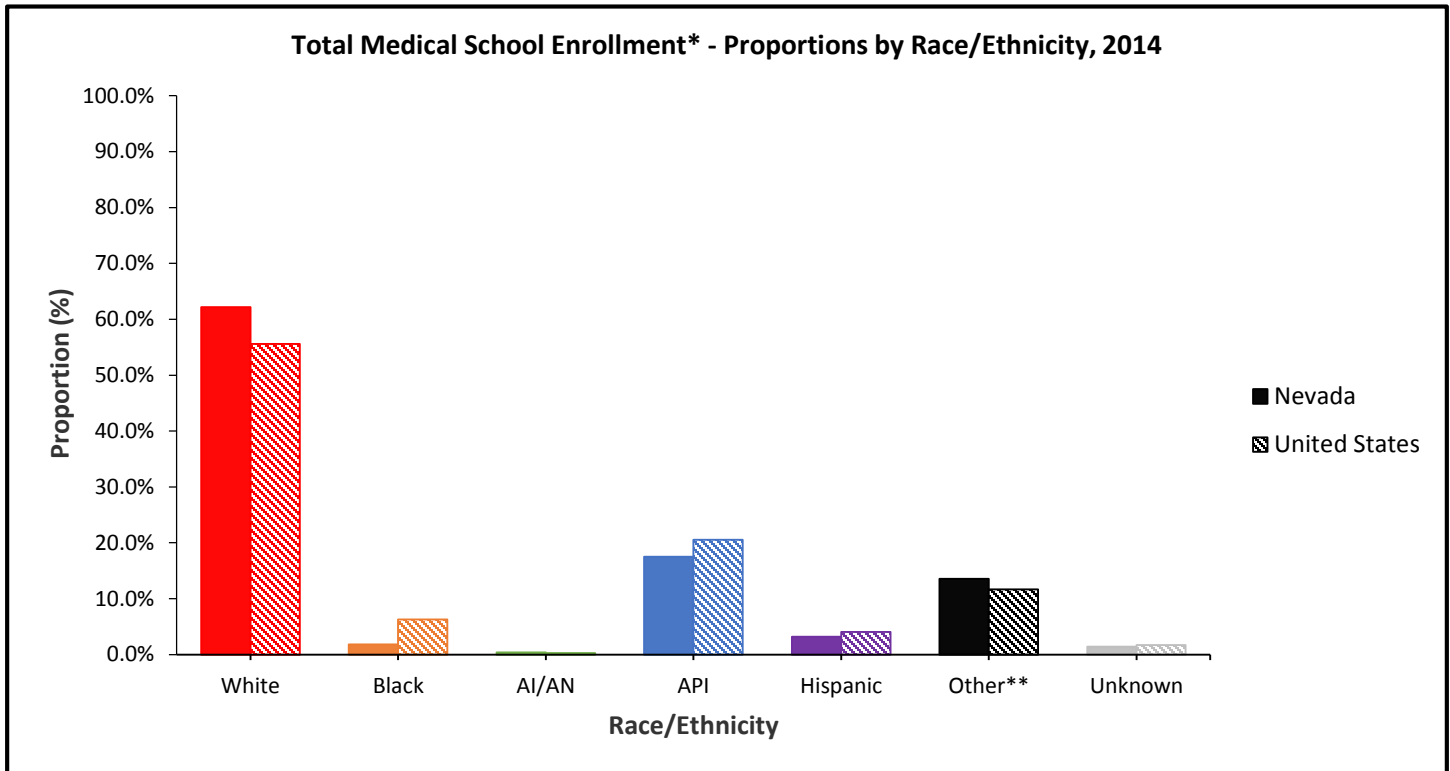
Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Table 75. Not Seen Doctor in Past 12 Months Due to Cost – Counts and Proportions by Race/Ethnicity, Nevada and United States, 2011-2014 Aggregated

Region	White		Black		AI/AN		Asian		NH/PI		Hispanic		Unknown/Other	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	14,095	15.4 (14.3-16.4)	775	22.6 (18.7-26.5)	231	26.1 (14.6-37.6)	492	12.1 (8.0-16.2)	107	19.8 (8.1-31.5)	2,240	25.0 (22.4-27.6)	913	23.6 (18.4-28.8)
United States	1,483,290	12.6 (12.5-12.7)	154,276	21.3 (20.9-21.7)	28,518	21.2 (20.1-22.3)	34,897	12.1 (11.3-12.8)	3,637	17.9 (15.7-20.1)	121,741	26.2 (25.7-26.6)	45,540	20.9 (20.1-21.7)

Source: Division of Public and Behavioral Health, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015 and United States Department of Health and Human Services, Behavioral Risk Factor Surveillance System (BRFSS), data as of September 2015.

Figure 68. Total Medical School Enrollment* – Proportions by Race/Ethnicity, 2014



Source: Association of American Medical Colleges (AAMC), data as of December 2014.

*Enrollment includes the number of students in medical school, including students on a leave of absence. Enrollment does not include students with graduated, dismissed, withdrawn, deceased, never enrolled, completed fifth pathway, did not complete fifth pathway, or degree revoked statuses.

**The "Other" category includes "Multiple," "Non-U.S. citizen and Non-Permanent Resident," and any additional categories not otherwise listed. The "Non-U.S. Citizen and Non-Permanent Resident" category may include students with unknown citizenship.

Table 76. Total Medical School Enrollment* – Counts and Proportions by Race/Ethnicity, 2014

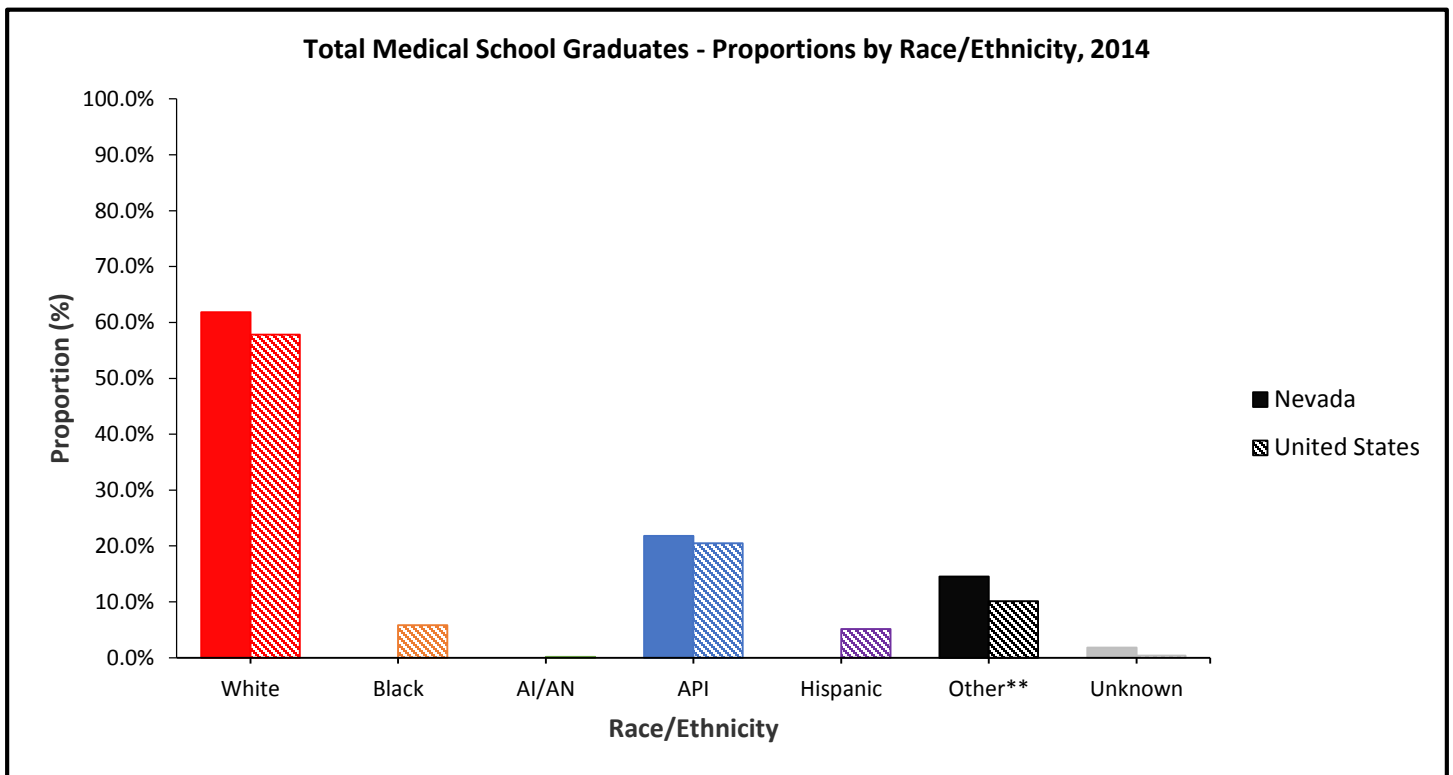
Region	White		Black		AI/AN		API		Hispanic		Other**		Unknown	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	174	62.1%	5	1.8%	1	0.4%	49	17.5%	9	3.2%	38	13.6%	4	1.4%
United States	47,392	55.6%	5,335	6.3%	205	0.2%	17,513	20.5%	3,444	4.0%	9,924	11.6%	1,447	1.7%

Source: Association of American Medical Colleges (AAMC), data as of December 2014.

*Enrollment includes the number of students in medical school, including students on a leave of absence. Enrollment does not include students with graduated, dismissed, withdrawn, deceased, never enrolled, completed fifth pathway, did not complete fifth pathway, or degree revoked statuses.

**The "Other" category includes "Multiple," "Non-U.S. citizen and Non-Permanent Resident," and any additional categories not otherwise listed. The "Non-U.S. Citizen and Non-Permanent Resident" category may include students with unknown citizenship.

Figure 69. Total Medical School Graduates – Proportions by Race/Ethnicity, 2014



Source: Association of American Medical Colleges (AAMC), data as of December 2014.

**The "Other" category includes "Multiple," "Non-U.S. citizen and Non-Permanent Resident," and any additional categories not otherwise listed. The "Non-U.S. Citizen and Non-Permanent Resident" category may include students with unknown citizenship.

Table 77. Total Medical School Graduates – Counts and Proportions by Race/Ethnicity, 2014

Region	White		Black		AI/AN		API		Hispanic		Other**		Unknown	
	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%	Counts	%
Nevada	34	61.8%	0	0.0%	0	0.0%	12	21.8%	0	0.0%	8	14.5%	1	1.8%
United States	10,458	57.8%	1,052	5.8%	27	0.1%	3,705	20.5%	928	5.1%	1,833	10.1%	75	0.4%

Source: Association of American Medical Colleges (AAMC), data as of December 2014.

**The "Other" category includes "Multiple," "Non-U.S. citizen and Non-Permanent Resident," and any additional categories not otherwise listed. The "Non-U.S. Citizen and Non-Permanent Resident" category may include students with unknown citizenship.

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