

# Snapshot of Women's Health

## Nevada – 2012



Office of Public Health Informatics and Epidemiology | Nevada Central Cancer Registry  
Bureau of Health Statistics, Planning, Epidemiology, and Response  
Nevada State Health Division  
Department of Health and Human Services

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## Purpose

Many chronic diseases, such as cancer, are gender-specific or gender-related. Females have unique healthcare needs, especially in the area of health promotion and disease prevention<sup>1</sup>. Even though more than half of the U.S. population is female, medical research historically has neglected the health needs of women.

The goal of this report is to provide a statistical snapshot of women's health in Nevada; including a descriptive analysis on the leading causes of mortality and morbidity. Additionally, this report evaluates selected behavioral risk factors, women's access to cancer screenings, and Nevada's progress towards meeting the Healthy People 2020 national target rates.

## Data Sources

This report utilizes data from the following programs at the Nevada State Health Division:

- Nevada Central Cancer Registry (NCCR)
- Office of Vital Records
- Behavioral Risk Factor Surveillance System (BRFSS)
- Inpatient Hospital Discharge Database

The NCCR is a population-based registry that maintains data on all cancer patients in Nevada. The NCCR receives data from hospitals, outpatient facilities, and pathology laboratories throughout the state. The NCCR collects data on all reportable cancers. In accordance with National Program of Cancer Registries (NPCR) and the North American Association of Central Cancer Registries (NAACCR) standards, the NCCR strives to achieve and maintain 95% complete case ascertainment within 24 months of diagnosis date. The data is compiled, aggregated, and submitted to federal agencies annually. Once submitted, NCCR data is reviewed by each diagnosis year for completeness, accuracy, and timeliness.

The Nevada Office of Vital Records is overseen by the Bureau of Health Statistics, Planning, Epidemiology and Response and collects, processes, analyzes, and maintains the Nevada birth and death records. Funeral directors, or persons acting as such, are legally responsible for filing death certificates. The vital records statistical database includes those individuals who died in Nevada (residents and non-residents) and includes Nevada residents who died outside the state of Nevada. Mortality data in this report includes only Nevada residents.

The BRFSS is the largest telephone health survey in the world. In Nevada, the BRFSS survey is conducted among adults aged 18 years or older. There are limitations to BRFSS data in terms of the representations of all regions in the state and all population groups. The frequency of responses by particular population groups such as rural counties may be rather small, so in some instances multiple counties of the state were combined to achieve reliable frequencies.

Inpatient Hospital Discharge Data provide information about patients discharged from non-

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

## Technical Notes

Age-specific rates shown in this report are per 100,000 age-specific, female population.

Age-adjusted rates shown in this report are adjusted to the US standard female population and are per 100,000 female Nevada residents.

Interim 2009 population estimates were used in this report. Interim 2009 population estimates are based on interim 2005 population and 2009 county population estimates provided by the Nevada State Demographer. The interim 2009 population estimates were updated in April 2011 by the Nevada State Health Division, Bureau of Health Planning, Statistics, Epidemiology, and Response.

Due to changes in methodology, rates for subgroups published in this edition may not match or be directly comparable to past years, and should be used with caution when compared to other published rates.

Throughout this document the status of Nevada in regard to the Healthy People 2020 goals was measured as the following:

**ACHIEVED:** The observed indicator is *better than* the established benchmark and the nearest confidence interval bound does not include the benchmark.

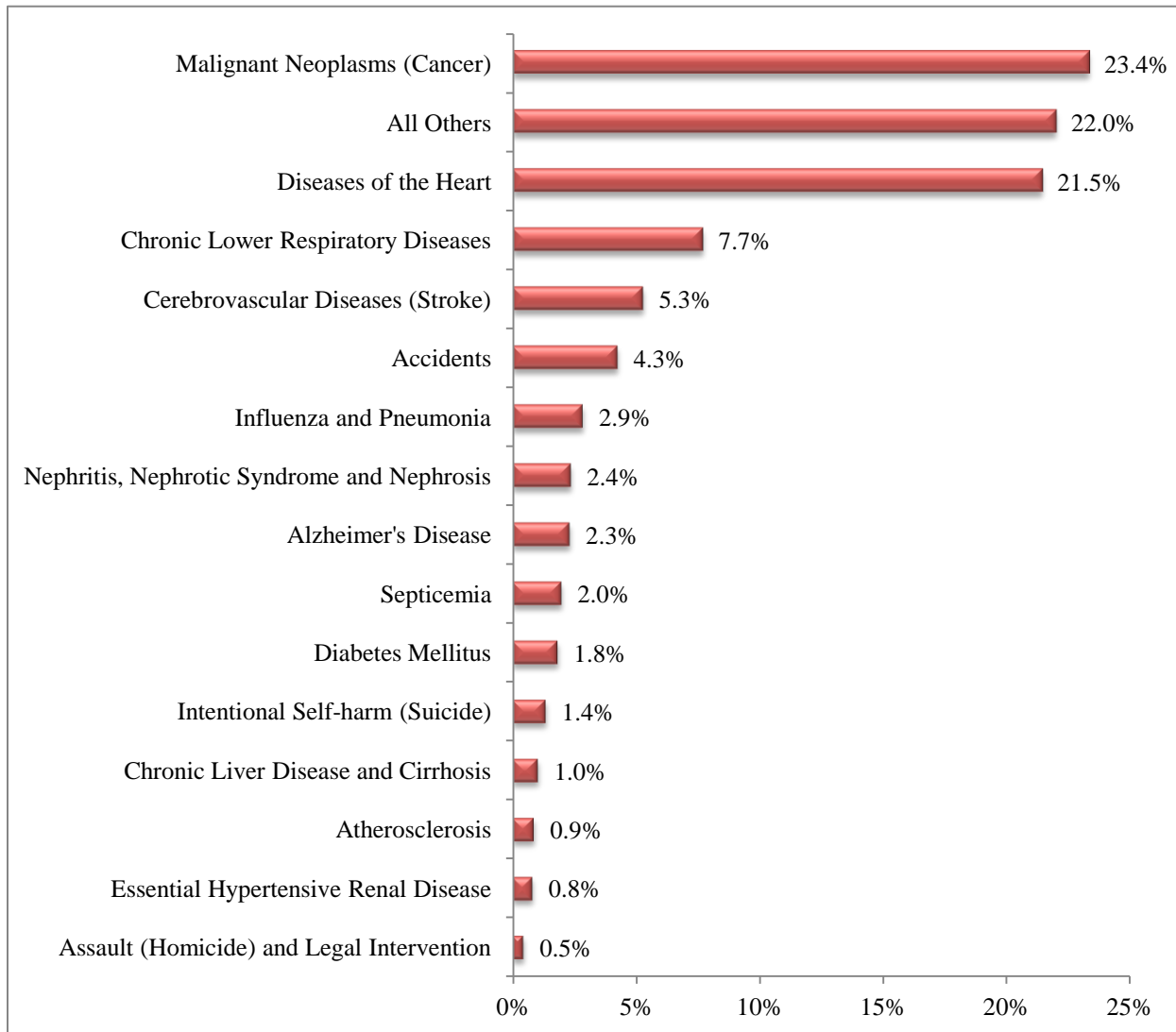
**NOT ACHIEVED:** The observed indicator is *worse than* the established benchmark and the nearest confidence interval bound does not include the benchmark

**NOT SIGNIFICANTLY DIFFERENT, RELIABLE:** The confidence interval of the indicator includes the established benchmark; therefore, the observed measure is not significantly different than the benchmark. The true population parameter may lie slightly below or slightly above the benchmark. This area is a likely candidate for continued or increased public health intervention for the benchmark to show that it has been appreciably achieved.

## Overview of Women's Health in Nevada

In 2009, cancer was the leading cause of death among Nevada females. About one in four (23.4%) deaths among women were attributed to cancer, and more than one in five (21.5%) female deaths were due to heart disease. Approximately 7.7% of Nevada female deaths were from complications related to chronic lower respiratory diseases, 5.3% were due to stroke, and 4.3% were due to accidents and unintentional injuries.

**Chart 1: Top 15 Causes of Death among Nevada Women, Nevada Residents, 2009  
Data, Nevada Vital Statistics Records**

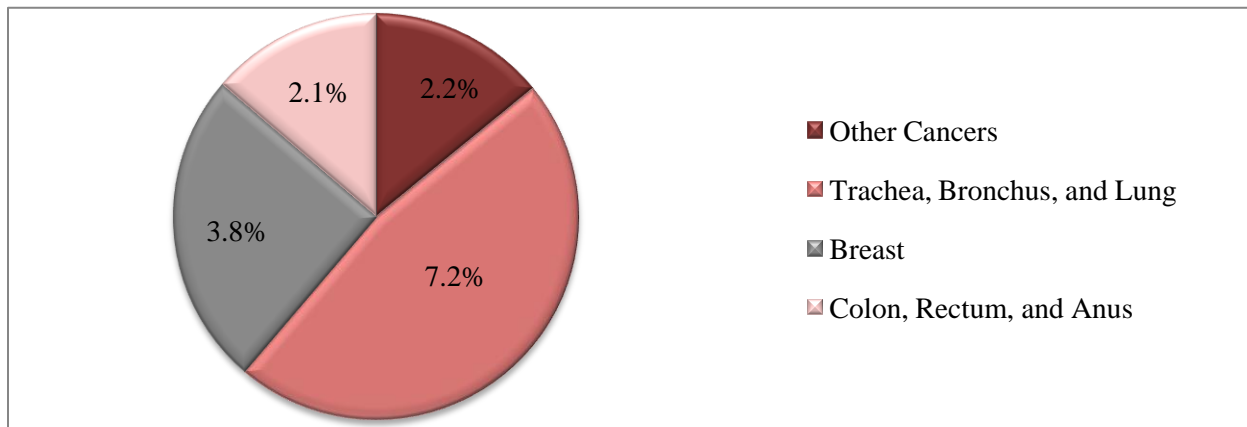


## Cancer

Cancer is a group of diseases that cause cells in the body to change and grow out of control. Most types of cancer cells eventually form a lump or mass called a tumor<sup>3</sup>. The age-adjusted incidence rate of cancer in Nevada was 404.6 per 100,000 female population in 2009.

7.2% of all deaths among Nevada women were attributed to tracheal, bronchial, and lung cancer, 3.8% were attributed to breast cancer, and 2.1% were attributed to cancers of the colon, rectum, and anus. 2.2% of female deaths in 2009 were attributed to other cancers, including cancer of the cervix uteri, which accounted for 0.4% of female deaths in Nevada.

**Chart 2: Female Cancer Related Deaths, Percentage of All Deaths, Nevada Residents, 2009 Data, Nevada Vital Statistics Records**

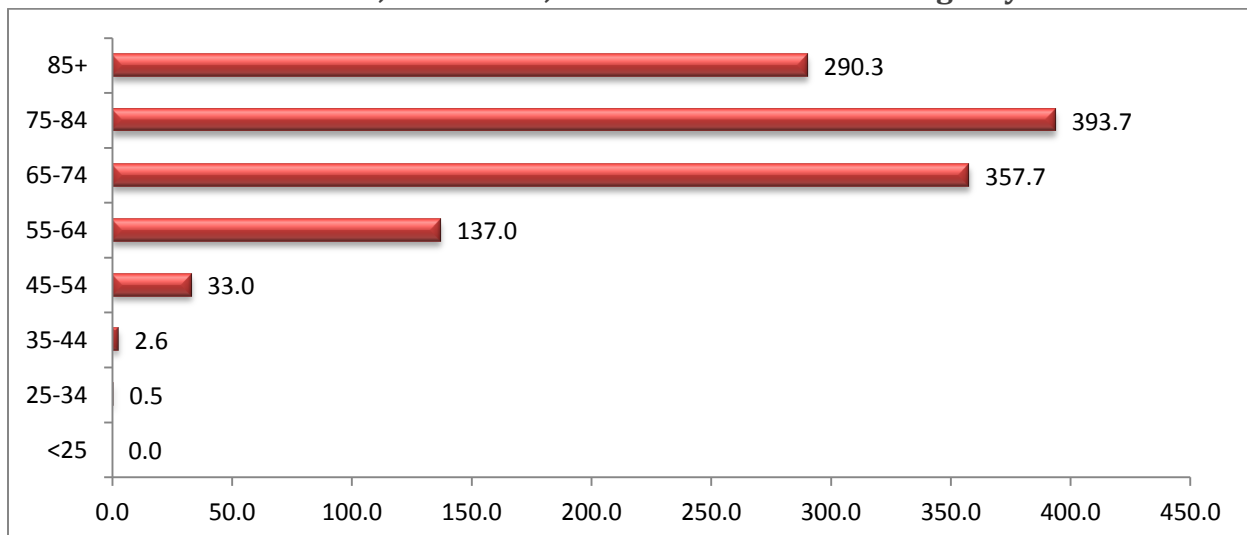


**Lung Cancer**

Lung cancers are cancers that originate in the lungs. Other types of cancers may spread to the lungs; however, these are not considered primary lung cancers because they did not originate in the lungs<sup>4</sup>.

In 2009, there were 851 new cases of lung and bronchus cancer among female Nevada residents. The age-adjusted lung and bronchial cancer incidence rate was 62.7 per 100,000 female population in Nevada, compared to 69.8 per 100,000 Nevada males.

**Chart 3: Age-Specific Female Lung and Bronchus Cancer Incidence Rate, Nevada Residents, 2009 Data, Nevada Central Cancer Registry**



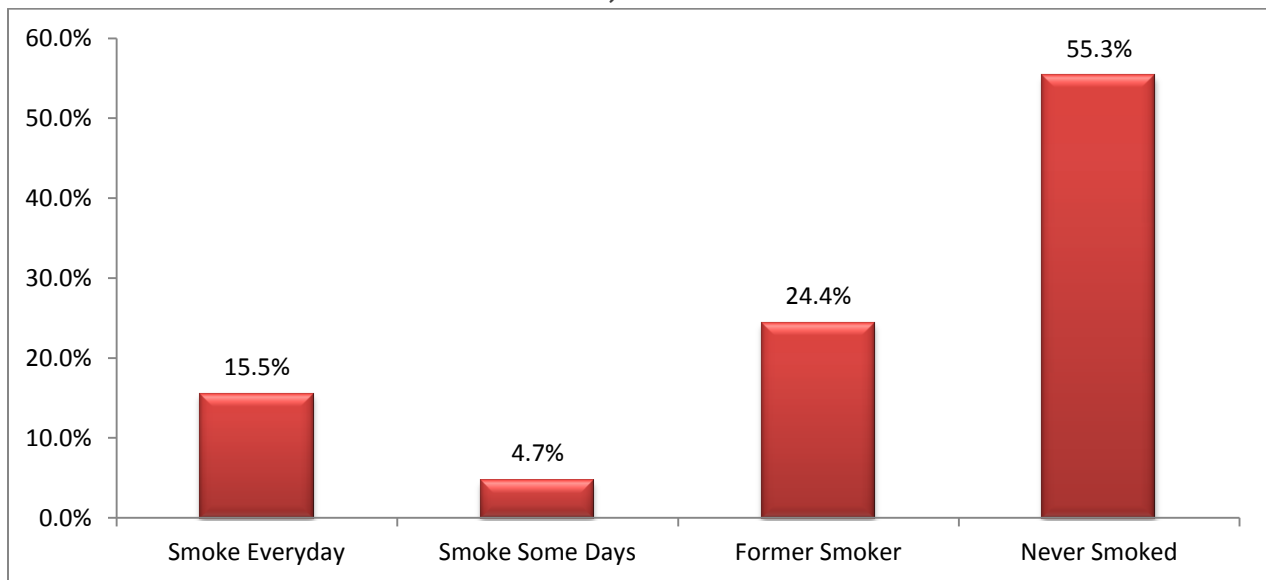
Research has found several risk factors for lung cancer. A risk factor is anything that may change the chance of getting a disease. Some risk factors for lung cancer include:

- smoking
- exposure to environmental tobacco smoke
- factors around us at home or work, such as radon gas
- personal traits such as having a family history of lung cancer<sup>4</sup>

Nationally, 90% of all lung cancer deaths among women smokers are attributable to smoking. Women who smoke also have an increased risk for other cancers, including cancers of the oral cavity, pharynx, larynx (voice box), esophagus, pancreas, kidney, bladder, and cervix uteri.

Women who smoke double their risk for developing coronary heart disease and increase their likelihood of dying from chronic obstructive pulmonary disease<sup>5</sup>. Cigarette smoking increases the risks of infertility, preterm delivery, stillbirth, low birth weight, and sudden infant death syndrome (SIDS)<sup>5</sup>. Postmenopausal women who smoke have lower bone density than women who never smoked. Additionally, women who smoke have an increased risk for hip fracture<sup>5</sup>.

**Chart 4: Tobacco Use among Adult Nevada Women Aged 18 Years and Older, 2010  
Data, BRFSS**



According to the BRFSS, in 2010, over half (55.3%) of Nevada adult women aged 18 years and older reported that they had never been smokers. Approximately 15.5% smoked every day, 4.7% smoked some days, and 24.4% were former smokers.

Quitting smoking can greatly improve health. See the resources section for resources that can help you quit smoking.

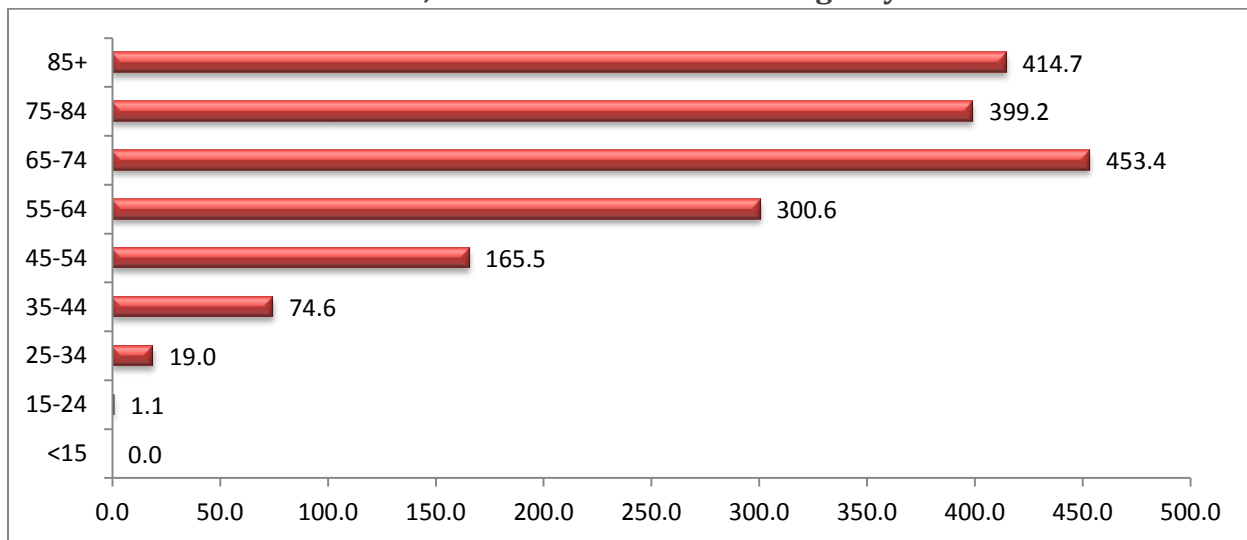


## Breast Cancer

Primary breast cancer begins in breast tissue, which is made up of glands for milk production, called lobules, and the ducts that connect lobules to the nipple. The remainder of the breast is made up of fatty, connective, and lymphatic tissue<sup>3</sup>. Excluding cancers of the skin, breast cancer is the most common cancer among women; accounting for nearly one in four cancers diagnosed in US women<sup>3</sup>.

In 2009, there were 1,613 new cases of breast cancer among female Nevada residents. The age-adjusted breast cancer incidence rate was 117.7 per 100,000 female population in Nevada in 2009.

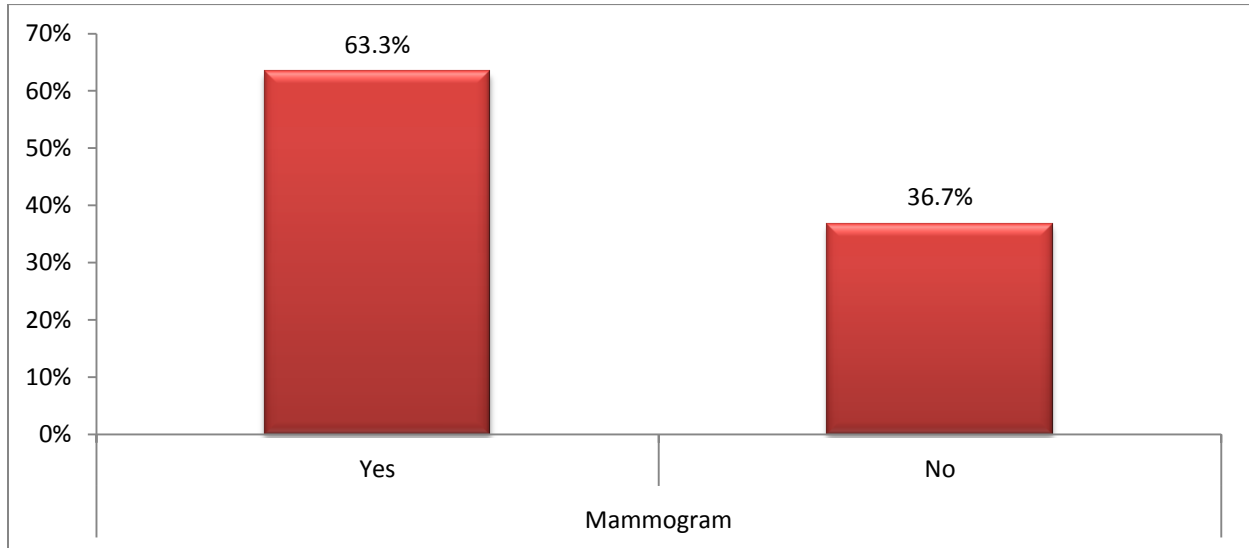
**Chart 5: Age-Specific Female Breast Cancer Incidence Rate, Nevada Residents, 2009**  
Data, Nevada Central Cancer Registry



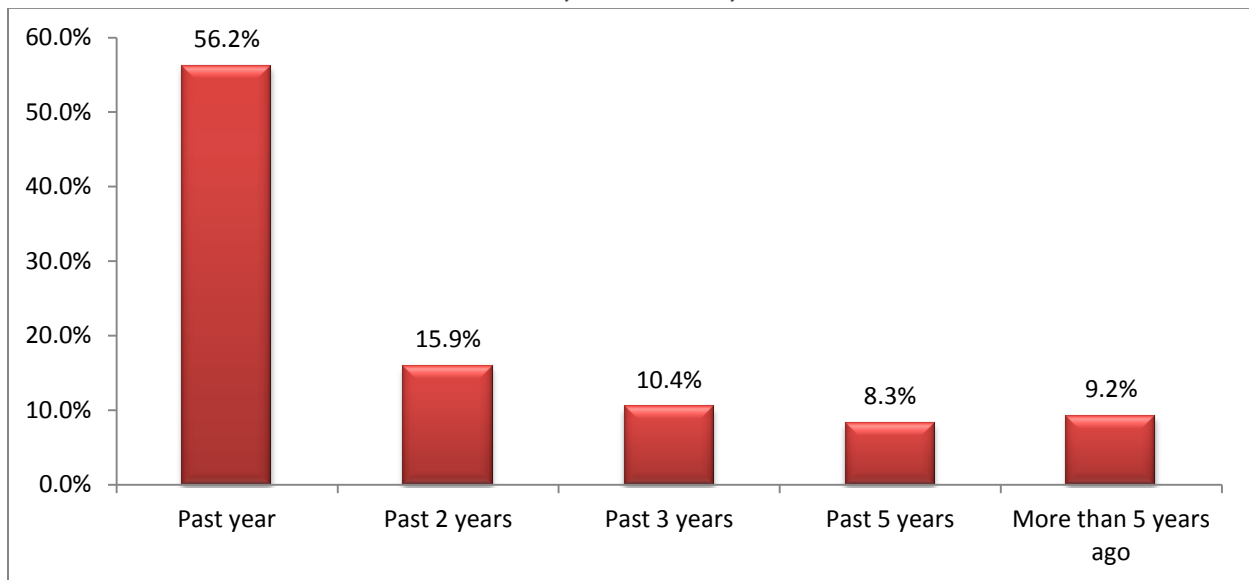
Screenings are tests that look for diseases among individuals who may not show symptoms. Some screening tests, such as a clinical breast exam, can be performed in a doctor's office. However, other screening tests, such as mammography, need special radiology equipment. Regular clinical breast exams and mammograms performed by health care professionals are reliable ways to detect breast abnormalities early.

In 2010, 63.3% of Nevada women over the age of 18 had reported ever having had a mammogram. Over half (56.2%) of Nevada adult women aged 18 years and older had a mammogram within the past year. Only 9.2% of Nevada adult women reported that it had been more than five years since they had a mammogram.

**Chart 6: Percentage of Adult Nevada Women Aged 18 Years and Older Who Have Ever Received a Mammogram, 2010 Data, BRFSS**



**Chart 7: Time since Last Mammogram among Adult Nevada Women Aged 18 Years and Older, 2010 Data, BRFSS**



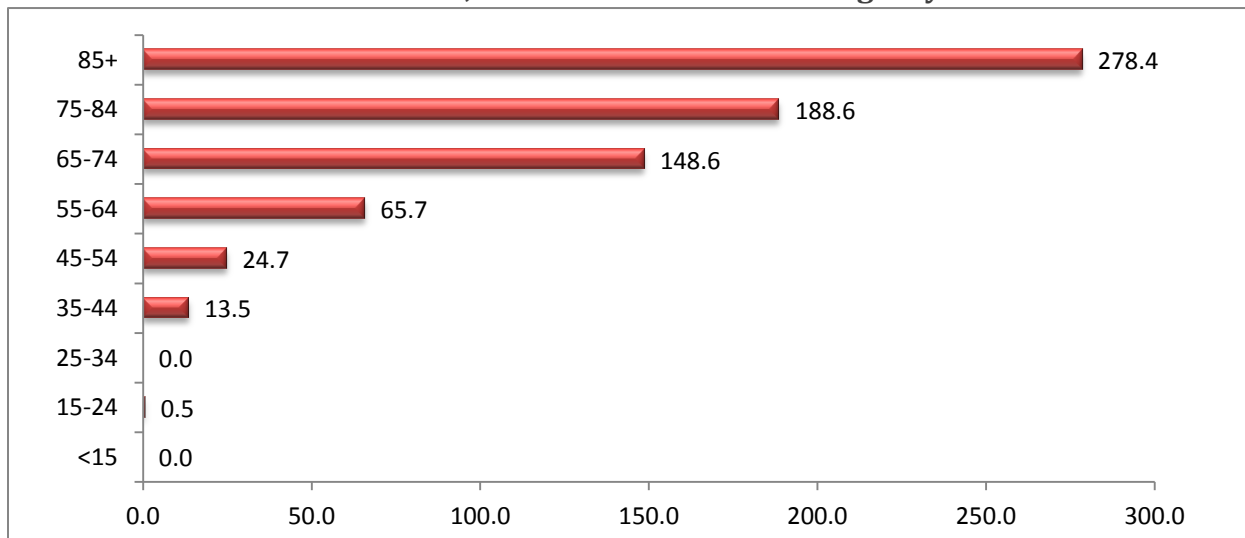
## **Colorectal Cancer**

Colorectal cancer is cancer that occurs in the colon and/or rectum. Sometimes it is called colon cancer, for short. The colon is the large intestine or large bowel. The rectum is the passageway that connects the colon to the anal canals<sup>8</sup>.

Colorectal cancer affects men and women of all racial and ethnic groups and occurs most frequently in people ages 50 years or older. In the United States, it is the third most common cancer for men and women<sup>8</sup>. Of cancers that affect both men and women, colorectal cancer is the second leading cancer killer in the United States<sup>8</sup>.

In 2009, there were 451 new cases of colorectal cancer among Nevada's female residents. The age-adjusted colorectal cancer incidence rate was 33.9 per 100,000 female population in Nevada in 2009.

**Chart 8: Age-Specific Female Colorectal Cancer Incidence Rate, Nevada Residents, 2009 Data, Nevada Central Cancer Registry**

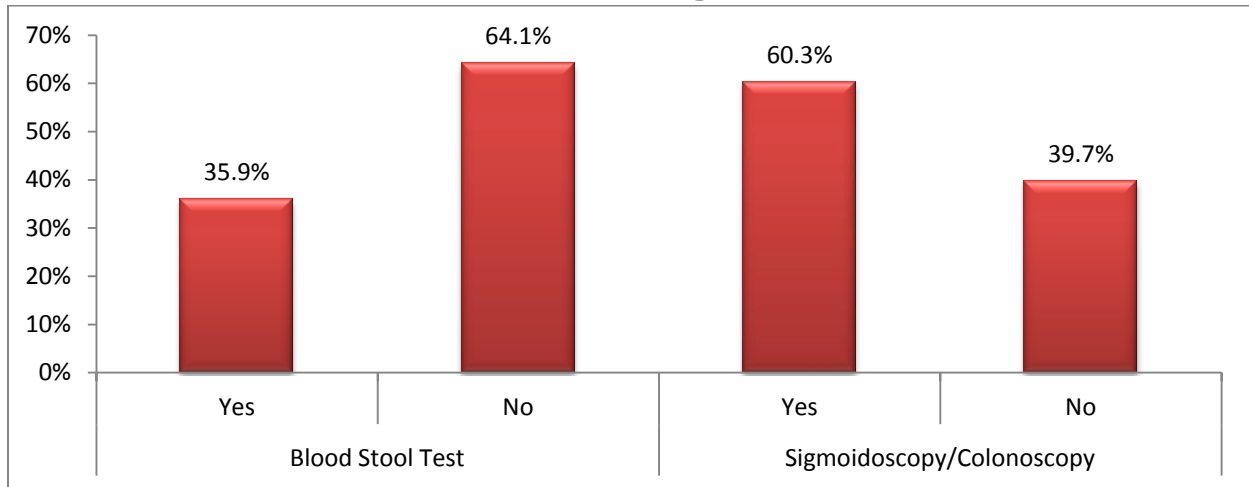


Having a family history of polyps (small growths in the colon) or colon cancer can greatly increase the risk for developing colorectal cancer<sup>6 7</sup>. The United States Preventative Health Care Services Task Force recommends starting regular colorectal cancer screenings at age 50.

Several different tests can detect colorectal cancer<sup>6</sup>. A blood stool test is a special kit at home which can detect the presence of occult stool in feces<sup>9</sup>.

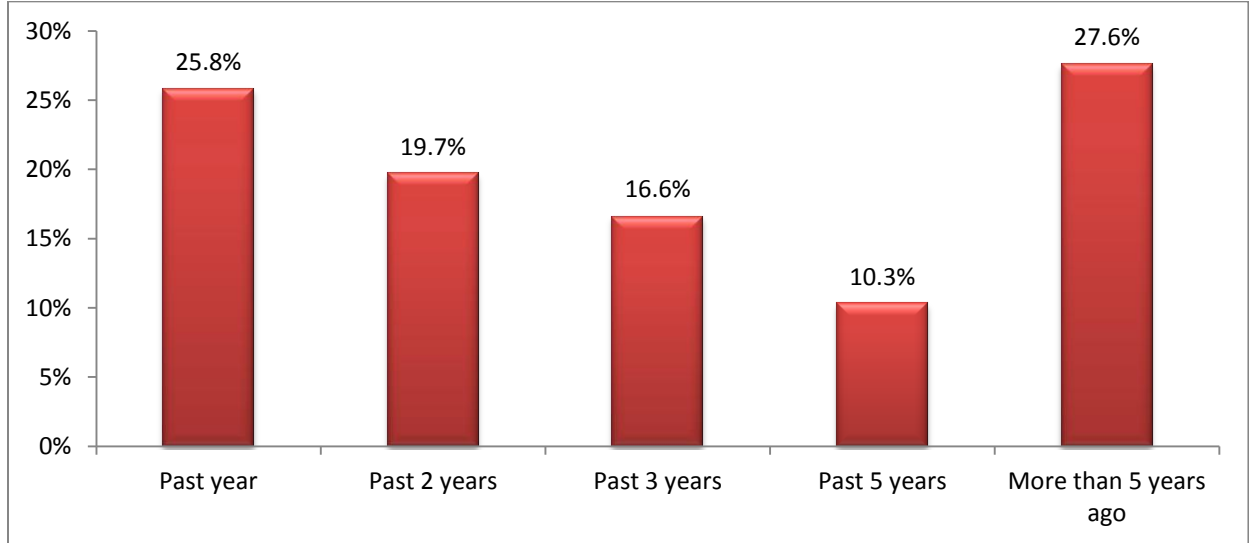
In 2010, 35.9% of Nevada adult women aged 50 years and older had ever had a blood stool test and 60.3% had ever had a sigmoidoscopy or colonoscopy. These screenings tests are not mutually exclusive. Combined, 69.5% of Nevada women aged 50 years and older had reported receiving a blood stool test, sigmoidoscopy, or colonoscopy in 2010.

**Chart 9: Percentage of Nevada Women Aged 50 Years and Older Who Have Ever Had a Colorectal Cancer Screening, 2010 Data, BRFSS**



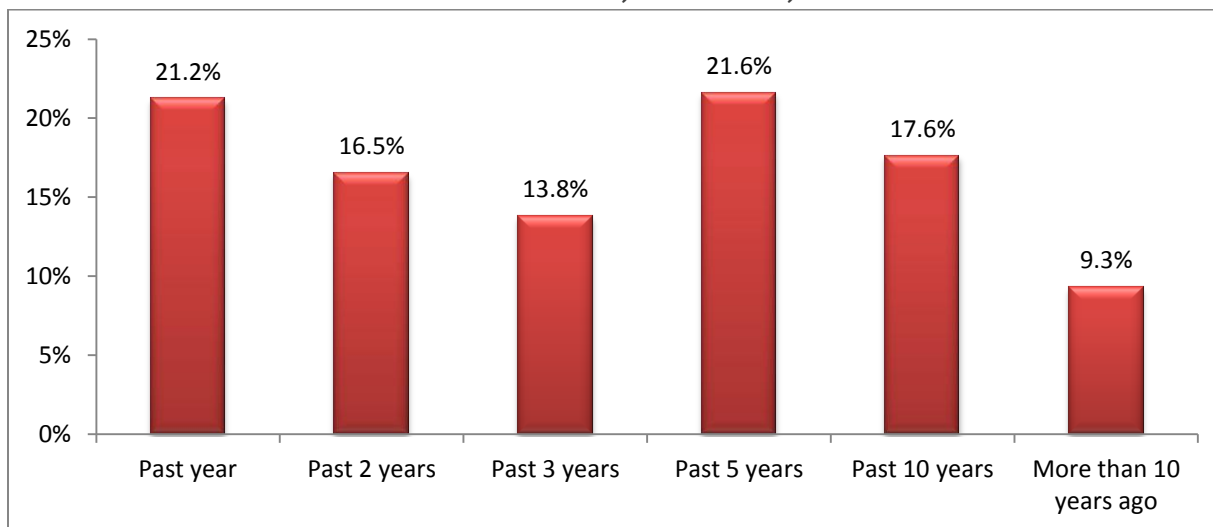
Of the 35.9% of Nevada adult women aged 50 years and older who had ever had a blood stool test, 25.8% had it within the past 12 months, 19.7% had it within the past two years, 16.6% had it within the past three years, 10.3% had it within the past five years, and 27.6% had not had one in the past five years.

**Chart 10: Time since Last Blood Stool Test among Nevada Women Aged 50 Years and Older, 2010 Data, BRFSS**



A sigmoidoscopy and a colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems<sup>9</sup>. In 2010, of the 60.3% of Nevada adult women aged 50 years and older who had ever had a sigmoidoscopy or colonoscopy, only 21.2% had received one within the past 12 months. Another 16.5%, 13.8%, 21.6%, and 17.6% had received one within the past two, three, five, and ten years respectively. Approximately 9.3% of Nevada adult women who had ever had a sigmoidoscopy or colonoscopy had undergone it more than ten years earlier.

**Chart 11: Time since Last Sigmoidoscopy/Colonoscopy among Nevada Women Aged 50 Years and Older, 2010 Data, BRFSS**

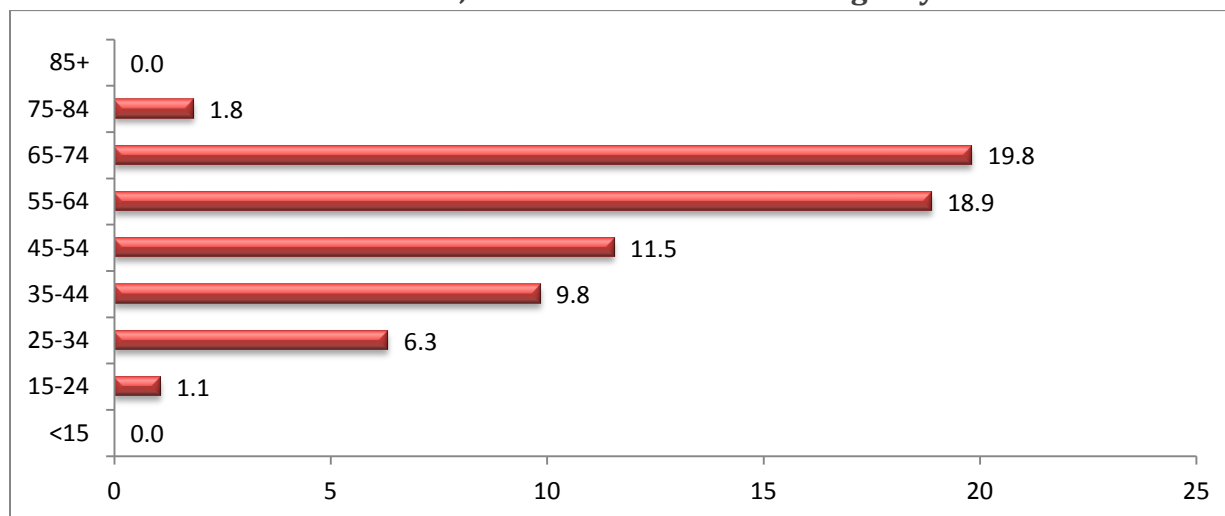


### Cervical Cancer

Cervical cancer forms in tissues of the cervix uteri. It is usually a slow-growing cancer that may not have symptoms but can be detected with regular papanicolaou (pap) tests (a procedure in which cells are scraped from the cervix and looked at under a microscope). Most cervical cancer is caused by human papilloma virus (HPV) infection<sup>10</sup>.

HPV is the most common sexually transmitted infection and is passed through genital contact. HPV vaccines can protect against some of the most common types of HPV. The vaccines are given as three shots and offer the greatest health benefits if received before having any type of sexual activity. HPV vaccinations are recommended for all teen girls and women through the age of 26<sup>11</sup>.

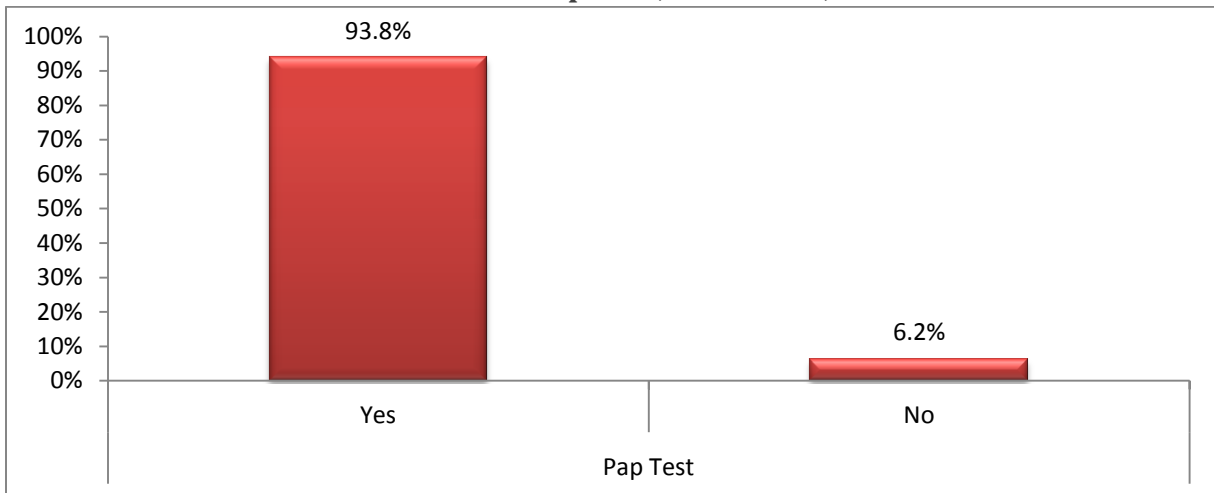
**Chart 12: Age-Specific Female Cervical Cancer Incidence Rate, Nevada Residents, 2009 Data, Nevada Central Cancer Registry**



In 2009, there were 100 new cases of cancer of the cervix uteri among Nevada's female residents. The age-adjusted cervical cancer incidence rate was 7.2 per 100,000 female population in Nevada in 2009.

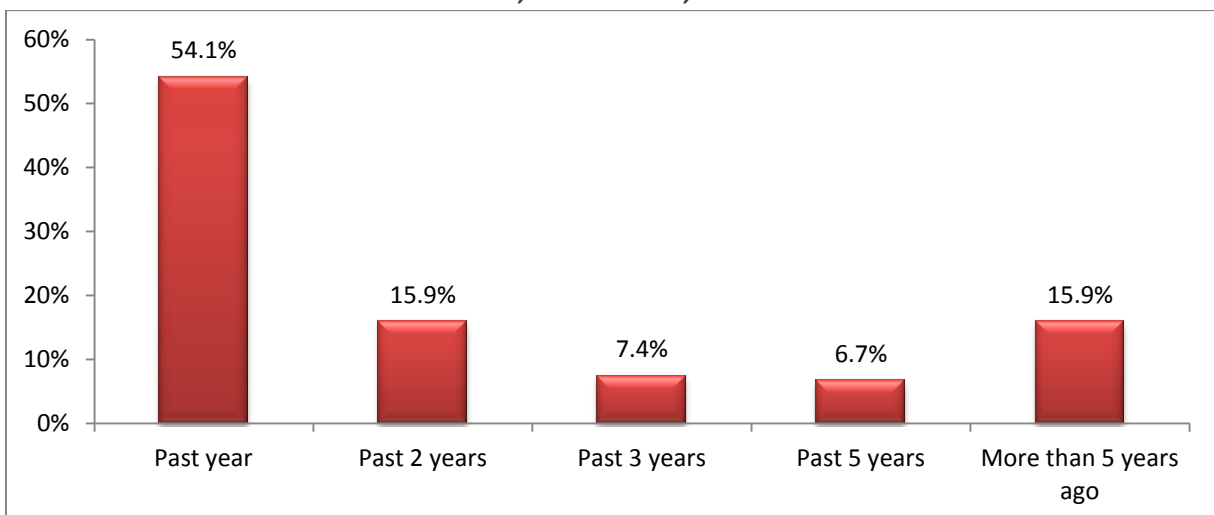
According to the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, all women who are 21 to 65 years old and have been sexually active should have a pap smear every one to three years. If you are older than 65 and recent pap smears were normal, you do not need a pap smear. If you have had a hysterectomy for a reason other than cancer, you may not need a pap smear<sup>6</sup>.

**Chart 13: Percentage of Adult Nevada Women Aged 18 Years and Older Who Have Ever Received a Pap Test, 2010 Data, BRFSS**



In 2010, over half of Nevada adult women had a pap test within the past year (54.1%). Approximately 15.9% of Nevada adult women reported that it had been more than five years since their last pap test.

**Chart 14: Time since Last Pap Test among Adult Nevada Women Aged 18 Years and Older, 2010 Data, BRFSS**



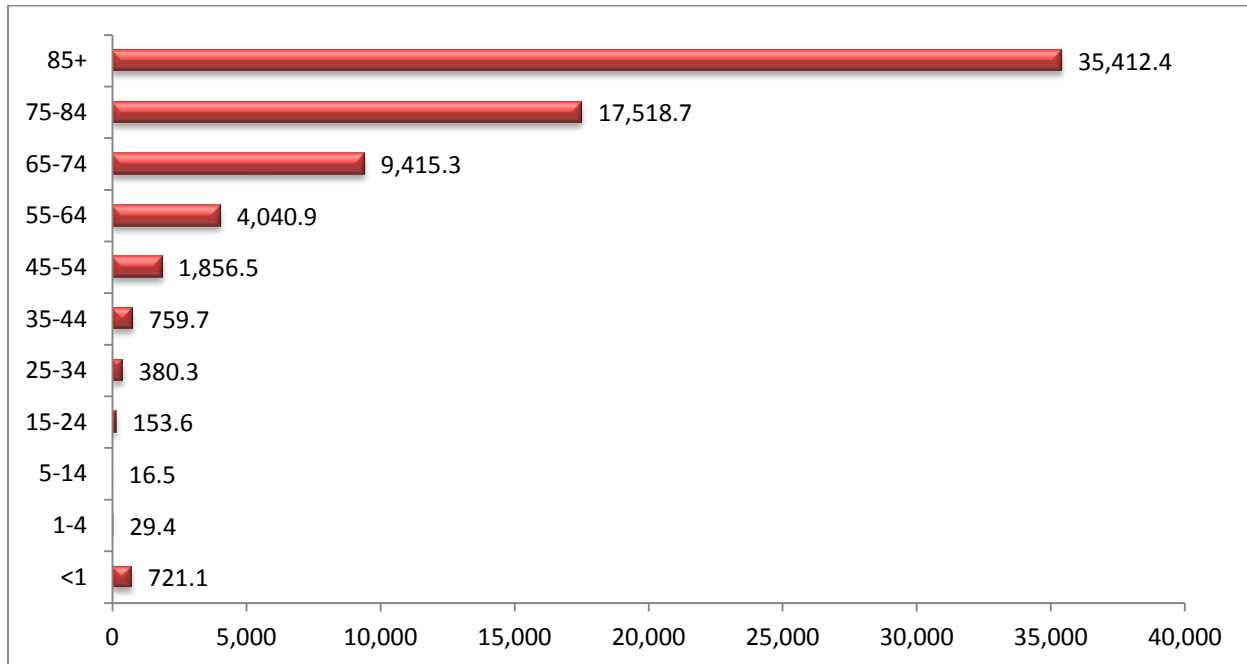
## Heart Disease

Cardiovascular disease, mainly heart attacks, ischemic heart disease, and stroke was often thought to be a male problem. However, it is also a main killer of women. Heart disease symptoms are slightly different between women and men. While men mainly report pain and tightness in the chest, women often have symptoms such as fatigue, sleep disturbance, shortness of breath, indigestion, and anxiety that may proceed a heart attack<sup>12</sup>.

In 2009, 21.5% of all deaths among Nevada women were attributed to heart disease. In 2009, Nevada's female age-adjusted heart disease hospitalization rate was 2,769.8 per 100,000 female population, compared to 4,122.3 per 100,000 men in Nevada. There were 35,928 hospitalizations related to heart disease in Nevada women. 24,099 (67.1%) of these were among women ages 65 years and older.

**Chart 15: Age-Specific Heart Disease Hospitalization Rate among Women, Nevada Residents, 2009 Data, Nevada Inpatient Hospital Discharge Database**

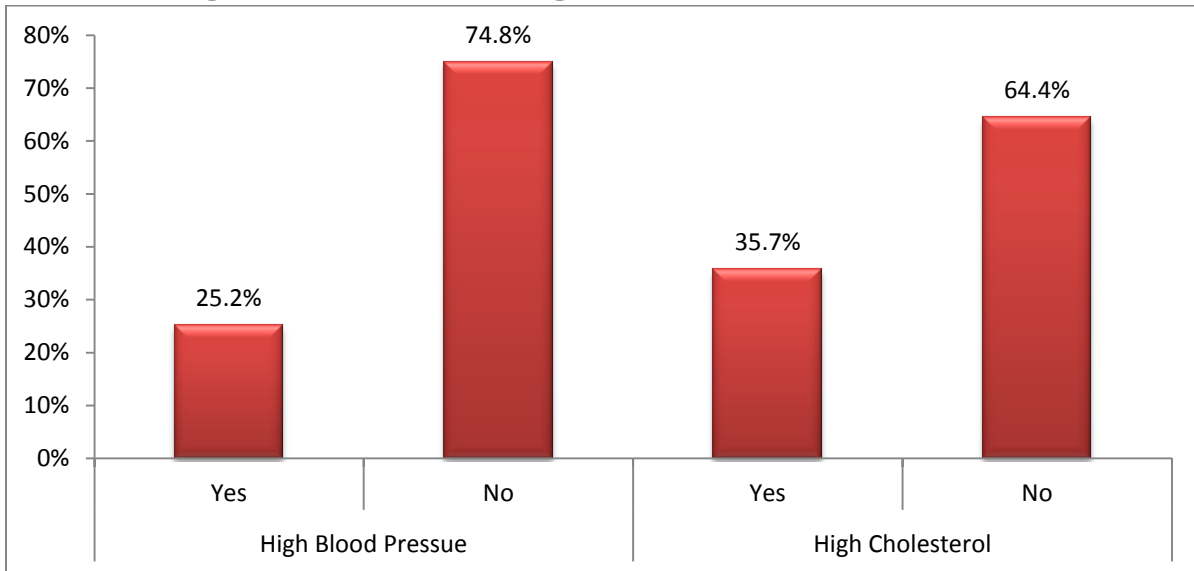
Note: Data are as of 04/05/2011.



As shown in chart 1, diseases of the heart were the number two killer of women in Nevada in 2009. According to the U.S. Department of Health and Human Services, adults aged 18 and older should have their blood pressure checked at least every two years. High blood pressure is defined as a blood pressure of 140/90 or higher. High blood pressure is a risk factor for stroke, heart attack, kidney and eye problems, and heart failure<sup>6</sup>.

In 2010, 25.2% of Nevada adult women aged 18 years and older reported that they have or have had high blood pressure, and 35.7% of Nevada adult women reported that they have or have had high blood cholesterol.

**Chart 16: Percentage of Adult Nevada Women Who Have Ever Been Told They Have High Blood Pressure or High Cholesterol, 2009 Data, BRFSS**



According to the U.S. Department of Health and Human Services, adults aged 20 years and older should have their cholesterol checked regularly, especially if the following risk factors are present:

- tobacco use
- obesity
- diabetes
- high blood pressure
- personal history of heart disease
- blocked arteries
- a male family member who had a heart attack before age 50
- a female family member who had a heart attack before age 60<sup>6</sup>

In 2010, 76.6% of Nevada adult women aged 18 years and older reported that they had had their blood cholesterol checked within the past five years; 3.8% reported that they had had their blood cholesterol checked, but not within the past five years; and 19.6% reported that they had never had their blood cholesterol checked.

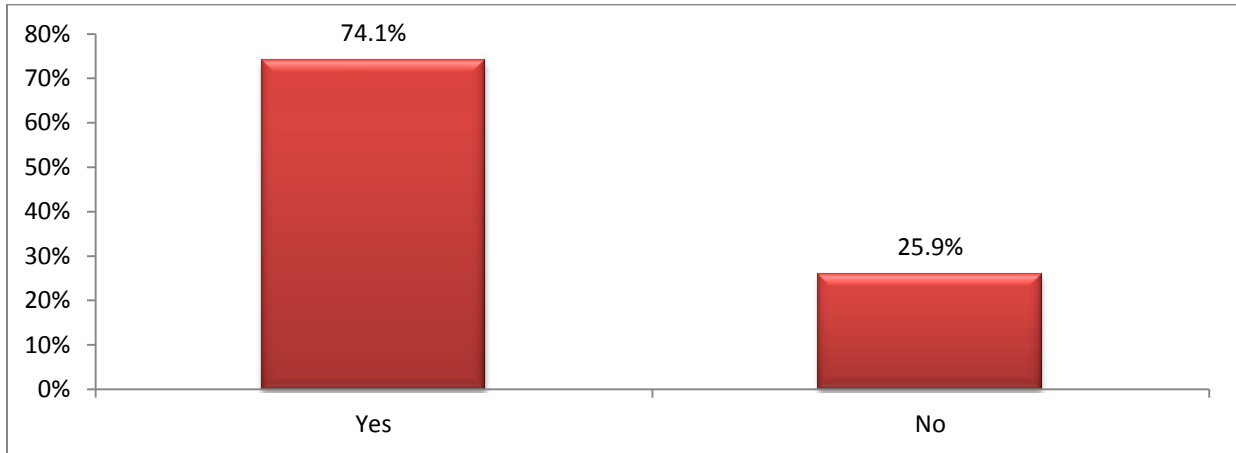
### **Physical Activity**

Physical activity can occur in the context of daily, family, and community activities and may include running, dancing, gardening, hiking, swimming, transportation (for example: walking or cycling), occupational activity, household chores, games, sports or planned exercise. Regular participation in physical activity can improve physical and emotional health<sup>2</sup>.



In 2010, 74.1% of Nevada adult women aged 18 years and older reported that they had participated in leisure time physical activity, other than their regular job, in the past 30 days.

**Chart 17: Percentage of Adult Nevada Women Who Have Participated in Leisure Time Physical Activity Other Than Their Usual Job in the Past 30 Days, 2010 Data, BRFSS**

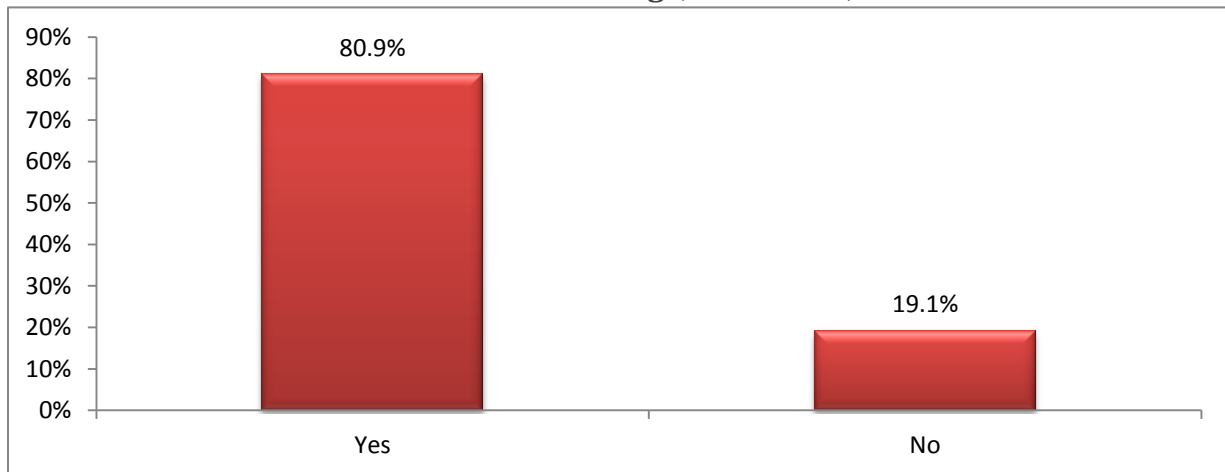


### Access to Health Care

Those without health insurance are less likely to get recommended care than those who do have health insurance<sup>12</sup>. For example, nationally, between 2006 and 2011, over 86% of insured women and only 67% of uninsured women had received a pap test within the last three years. The discrepancy between mammograms was even wider, with 72% of insured women and only 38% of uninsured women receiving the exam<sup>13</sup>.

Underinsurance and lack of health insurance is an important issue in Nevada. In 2010, 80.9% of Nevada adult women aged 18 years or older reported having some type of health insurance.

**Chart 18: Percentage of Adult Nevada Women Aged 18 Years and Older Who Have Health Insurance Coverage, 2010 Data, BRFSS**



## How Nevada Compares

The Healthy People 2020 Initiative is a national strategy for significantly improving the health of Americans by assessing health status, health behavior, and health services. Healthy People 2020 has several goals related to preventative screenings. Screenings can be advantageous in identifying diseases before symptoms occur. By increasing the percentage of the population which receives screenings, it is believed that the incidence rates for corresponding diseases can be reduced.

### Female Breast Cancer

Nevada's female age-adjusted breast cancer incidence rate was lower than the comparable national rate. 3.8% of all female Nevada deaths in 2009 were attributed to breast cancer.

<i>Women 50 to 74 years old who receive a breast cancer screening.</i>	Healthy People 2020 Target: <b>81.1%</b>	<b>ACHIEVED</b>
	<b>Nevada: 93.6% (91.4%-95.8%)</b>	

### Colorectal Cancer

Nevada's female age-adjusted colorectal cancer incidence rate was lower than the comparable national rate. 2.1% of all female Nevada deaths in 2009 were attributed to colorectal cancer.

<i>Adults 50 to 75 years old who receive a colorectal cancer screening.</i>	Healthy People 2020 Target: <b>70.5%</b>	<b>NOT SIGNIFICANTLY DIFFERENT, RELIABLE</b>
	<b>Nevada: 69.4% (65.3%-73.5%)</b>	

### Cervical Cancer

Nevada's age-adjusted cervical cancer incidence rate was lower than the comparable national age rate. Only 0.4 % of all female Nevada deaths in 2009 were attributed to cervical cancer.

<i>Women 21 to 65 years old who receive a cervical cancer screening.</i>	Healthy People 2020 Target: <b>93.0%</b>	<b>ACHIEVED</b>
	<b>Nevada: 96.2% (94.2%-98.3%)</b>	

### Cholesterol

21.5% of all female deaths in Nevada in 2009 were attributed to diseases of the heart.

<i>Adults 18 years and older who have their blood cholesterol checked with the preceding 5 years.</i>	Healthy People 2020 Target: <b>82.1%</b>	<b>NOT ACHIEVED</b>
	<b>Nevada: 76.6% (73.2%-80.0%)</b>	

### Physical Activity

<i>Adults 18 years and older who participate in some leisure time physical activity.</i>	Healthy People 2020 Target: <b>67.4%</b>	<b>ACHIEVED</b>
	<b>Nevada: 74.1% (71.2%-77.1%)</b>	

## Resources

Reports on related topics can be obtained from the Nevada State Health Division Website at:

[www.health.nv.gov/FP\\_Publications.htm](http://www.health.nv.gov/FP_Publications.htm)

For more information and resources regarding women's health, please see the following websites:

1. Nevada Department of Health and Human Services, Nevada State Health Division, Bureau of Child, Family and Community Wellness, Women's Health Connection at: [www.health.nv.gov/CD\\_WHC\\_Links.htm](http://www.health.nv.gov/CD_WHC_Links.htm).  
⇒ Women's Health Connection, Primary Care Provider List, January 2011, at: [www.health.nv.gov/PDFs/WHC/SouthernNevadaProviders.pdf](http://www.health.nv.gov/PDFs/WHC/SouthernNevadaProviders.pdf).
2. The National Women's Health Resource Center, US Department of Health and Human Services, Office on Women's Health, Tools to Help You Build a Healthier Life! at: [www.womenshealth.gov/tools/](http://www.womenshealth.gov/tools/).
3. For help quitting smoking call Nevada Tobacco Users Helpline: 1-800-QUIT NOW (in English and Spanish).

Requests for additional information regarding this report can be made to:

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Nevada Central Cancer Registry  
Office of Public Health Informatics and Epidemiology  
Bureau of Health Statistics, Planning, Epidemiology, and Response  
4150 Technology Way, Suite 305  
Carson City, NV 89706  
775-684-5965

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