

# Nevada Department of Health and Human Services



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Nevada Health Division  
Bureau of Community Health



## Minority Health in Nevada



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# **Minority Health in Nevada**

Draft

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More health information can be found online at the Center for Health Data and Research's interactive website, Nevada Interactive Health Databases System, at:  
<http://health.nv.gov/matchiim/center.htm>.

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# Introduction

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 including the following factors:

## Socioeconomic Status:

Socioeconomic status, which includes income, education, and occupation, is linked to poorer health outcomes, higher rates to disease and less availability, accessibility, affordability and utilization of care. Minorities are more likely to have an unequal socio-economic status.

## Access to Care:

Disparities in access to care are many:

- Lack of health insurance, which results in postponed diagnosis and medical care and less chance of using prescription drugs
- Lack of a primary source of care, which means more emergency room and clinic visits and less preventative care
- Lack of financial resources to pay for care
- Legal barriers, such as no Medicaid coverage to immigrants who have been in the country for less than 5 years
- Structural barriers that include lack of transportation and the inability to schedule appointments due to time or language limitations, few providers in inner cities, areas with high concentrations of minorities, and rural area
- Language differences that prevent communication with the providers and medical staff; limited health literacy that would otherwise inform patients on good health care and prevention strategies
- Lack of diversity of physicians who understand cultural differences with minorities.

## Environment:

Unhealthy living conditions often faced by minorities, including crime, crowding, pollution, lead, and toxic waste, lead to higher rates of disease and stress related health problems. Minorities also often have jobs that are physically dangerous and/or involve exposure to pesticides. The lack of access to services, including grocery stores, safe housing, and recreational facilities, also contribute to health disparities.

## Culture and Tradition:

Language and cultural barriers may lead to low rates of disease diagnosis and medical treatment. Culture may contribute to unhealthy lifestyles or traditions that can adversely affect health, or may inhibit the seeking of care in certain areas such as mental health.

## Discrimination:

Discrimination can limit quality and quantity of health care including diagnosis, treatment and preventive care. Stress from discrimination may cause additional physical and mental health problems. Distrust of physicians may prevent minorities from seeking care or following physician advice.

## Genetics:

Genetics also play an important part in some health differences among minorities. The higher prevalence of blood pressure in African Americans is thought to be due in part to genetic differences.

## Population

The U.S. Census Bureau estimated Nevada's population to be 2,334,771 in 2004, almost double the population of the 1990 census. Nevada's population grew 66% between 1990 and 2000-- more than any state in the nation-- and increased another 17% between 2000 and 2004, a rate of over four times the national average. Nevada has led the nation in population growth for 17 straight years.

Nevada also leads the nation in the growth of minority populations. Between the years 2000 and 2003, the percentage of overall minority population growth in the state increased by 6.6%. Nevada's population is diverse; with a white majority, a significant and rapidly growing Hispanic population, and a variety of other racial and ethnic populations. The U.S. Census Bureau American Community Survey provides extensive information regarding racial and ethnic demographics and the breakdown of Nevada compared to the United States is listed below.

### General Population by Race / Ethnicity\* in Nevada and United States, 2005

	NV #	NV %	US #	US %
White	1,423,101	59.76%	192,615,561	66.79%
Black / African American	166,745	7.00%	34,364,572	11.92%
American Indian / Alaska Native	24,120	1.01%	2,046,735	0.71%
Asian	135,740	5.70%	12,312,949	4.27%
Native Hawaiian / Pacific Islander	11,300	0.48%	355,513	0.12%
Some other race	4,685	0.20%	777,679	0.27%
Two or more races	51,591	2.17%	4,034,425	1.40%
Hispanic or Latino (of any race)	563,999	23.68%	41,870,703	14.52%
<b>Total</b>	<b>2,381,281</b>	<b>100%</b>	<b>288,378,137</b>	<b>100%</b>

Source: U.S. Census Bureau, 2005 American Community Survey  
 \*See Appendix A for Definitions

### Hispanic or Latino Population in Nevada, Comparative 2001 to 2005

	2001 NV #	2001 NV %	2005 NV #	2005 NV %
Hispanic or Latino	425,077	20.51%	563,999	23.68%
All Others	1,647,314	79.49%	1,817,282	76.32%
<b>Total</b>	<b>2,072,391</b>	<b>100%</b>	<b>2,381,281</b>	<b>100%</b>

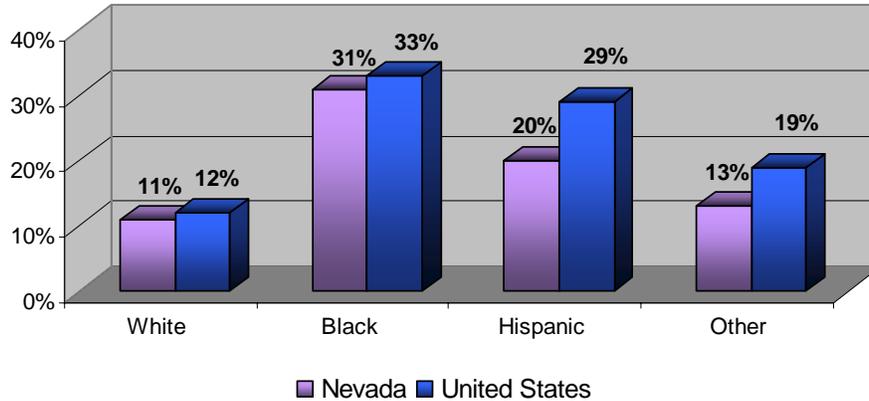
Source: U.S. Census Bureau, 2001 and 2005 American Community Survey

According to the U.S. Census Bureau American Community Survey, the percentage of Hispanics in the overall population of Nevada grew by 3.17% between the years 2001 - 2005. The 2005 Hispanic population in the state was comprised of 79.75% Mexican, 2.50% Puerto Rican, 2.61% Cuban and 15.14% Other Hispanic or Latino.

# Poverty and Income

The estimated percentage of the population in Nevada living at or below poverty in 2004 was 12.6%, an increase of 2.7% since 2000. The poverty rate is determined by household size, family size and composition. In 2004, the poverty rate for a family of four was \$18,850 according to the U.S. Department of Health and Human Services Guidelines. Poverty is directly linked to poor health due to unsanitary and stressful living environments, malnutrition, lack of access to care, less preventive care, and lower rates of health insurance or ability to pay for health care. Some minorities have considerably higher rates of poverty than the national average. Below are poverty rates for Nevada Caucasians, African Americans, and Hispanics.

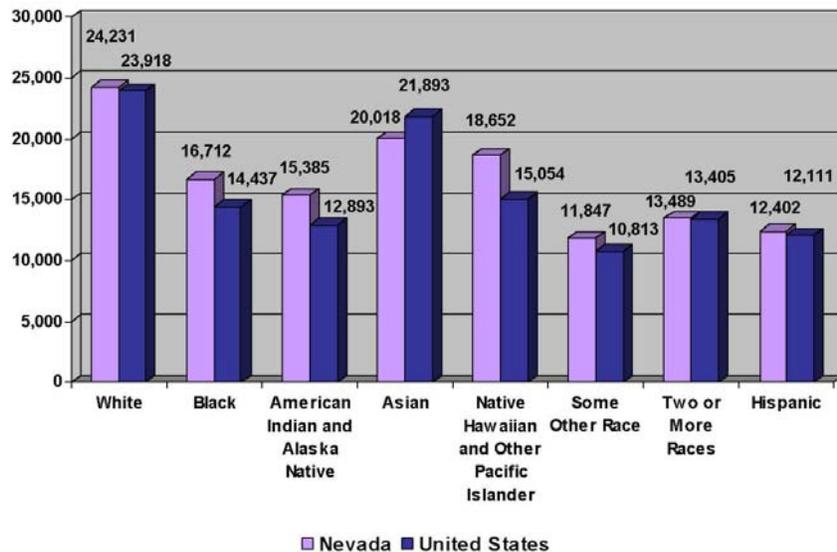
**Poverty Rates by Race / Ethnicity, 2003-2004**



Source: U.S. Census

The average Per Capita income in 2000 (in 1999 dollars) was \$21,189 in Nevada and \$21,587 in the United States. Median Income in Nevada was \$44,648 for a family of four, almost identical to the U.S. average of \$44,684. The majority of minority income averages throughout Nevada and nationwide are considerably lower than Per Capita averages and Caucasian incomes.

**Per Capita Income by Race/Ethnicity, 2000**

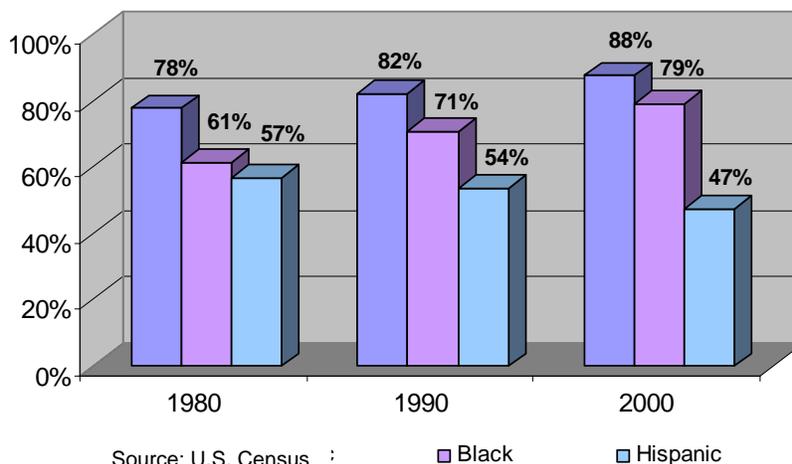


Source: U.S. Census

## Educational Attainment

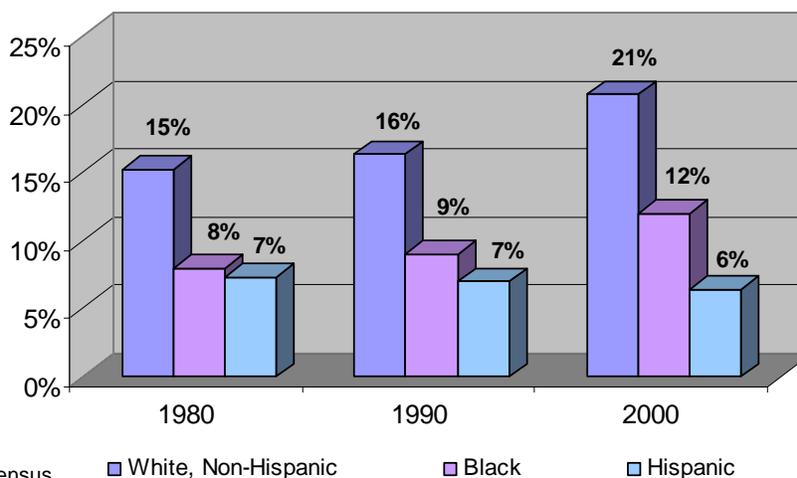
Minorities with lower education levels are at greater risk for poor health. Higher education is linked to better health and a longer life span. Chronic disease, infectious disease, and risky behavior is most prevalent in those with less than a high school education, lower in high school graduates, and lowest in those with some college education. Obesity, smoking, cardiovascular disease, stroke, diabetes, sexually transmitted diseases, and tuberculosis are more common in populations with lower education rates. Those with less than high school education are also less likely to seek preventive care such as immunizations, mammograms, and pap smears than those with a higher education, and more likely to report poor or fair health.

**Percent of Nevada's Population, 25 Years and Over,  
with a High School Education or More**



Nevada's Caucasian and African American populations show increasingly higher percentages of high school and college graduates. The percent of Hispanics with a high school or college education has decreased since 1980. This may be in part due to a large influx of immigrants who have moved into Nevada within the past decade.

**Percent of Nevada's Population, 25 Years and Over,  
with a Bachelor's Degree or More**



## Leading Causes of Death

The 10 leading causes of death in Nevada and nationwide vary according to age and race or ethnicity. Heart disease and malignant neoplasms (cancer) are the top two leading causes of death across all populations for all ages in Nevada. Cerebrovascular disease (stroke) and unintentional injury (motor vehicle accidents, poisonings, falls, etc.) rank as the 3<sup>rd</sup> or 4<sup>th</sup> leading causes of death in minority populations. Chronic lower respiratory disease (CLRD), including emphysema, bronchitis and smoking related disorders, ranks 4<sup>th</sup> behind cerebrovascular disease in the Caucasian population whereas unintentional injury ranks 3<sup>rd</sup> or 4<sup>th</sup> among minority populations.

**Top Leading Causes of Death in Nevada, All Ages, 2003**

	1	2	3	4	5
<b>Caucasian</b>	Heart Disease	Cancer	Cerebrovascular Disease	Chronic Lower Respiratory Disease	Unintentional Injury
<b>African American</b>	Heart Disease	Cancer	Cerebrovascular Disease	Unintentional Injury	Homicide
<b>American Indian / Alaskan Native</b>	Heart Disease	Cancer	Unintentional Injury	Cerebrovascular Disease	Liver Disease
<b>Asian</b>	Heart Disease	Cancer	Cerebrovascular Disease	Unintentional Injury	Nephritis
<b>Hispanic, All Races</b>	Cancer	Heart Disease	Unintentional Injury	Cerebrovascular Disease	Homicide

Source: National Center for Injury Prevention and Control

Suicide is a leading cause of death for Caucasians and all minorities except African Americans. Liver Disease is the 5<sup>th</sup> leading cause of death for American Indians /Alaskan Natives and Alzheimer's disease is the 10<sup>th</sup> leading cause of death for Caucasians, but these diseases do not rank in other populations.

**Top Leading Causes of Death in Nevada, All Ages, 2003**

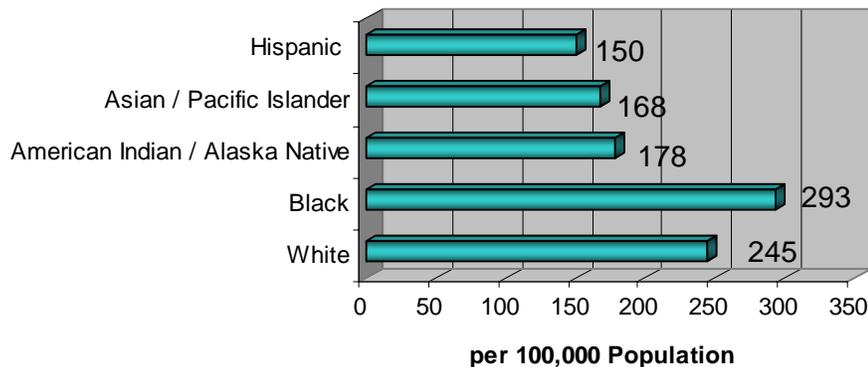
	6	7	8	9	10
<b>Caucasian</b>	Suicide	Nephritis	Influenza and Pneumonia	Septicemia	Alzheimer's Disease
<b>African American</b>	Nephritis	Septicemia	Chronic Lower Respiratory Disease	Diabetes Mellitus	Influenza and Pneumonia
<b>American Indian / Alaskan Native</b>	Chronic Lower Respiratory Disease	Septicemia	Suicide	Influenza and Pneumonia	Hypertension / Nephritis
<b>Asian</b>	Chronic Lower Respiratory Disease	Suicide	Diabetes Mellitus	Influenza and Pneumonia	Septicemia
<b>Hispanic, All Races</b>	Suicide	Chronic Lower Respiratory Disease	Diabetes Mellitus	Nephritis	Septicemia / Congenital Anomalies

Source: National Center for Injury Prevention and Control

## Heart Disease and Cerebrovascular Disease

Cardiovascular disease (CVD), primarily heart disease and stroke (Cerebrovascular disease), causes more deaths across gender, race and ethnicity than any other disease. CVD disease also leads in disability rates and costs an estimated \$300 billion annually in health care expenditures, medications, and lost productivity due to disability and death. Minorities have disproportionate rates of death and disability from CVD. African Americans are more likely to have high blood pressure, a symptom of CVD, and develop it at a younger age than other populations. Socioeconomic status, reflected in income and education, contributes to a substantial portion, but not all, of the higher rate of heart disease in minority populations.

### Age-Adjusted Heart Disease Mortality Rates in Nevada, 2003-2004



Source: Nevada State Health Division

- In 2004, African Americans had the highest age-adjusted rate of heart disease mortality in Nevada at 300 deaths per 100,000. African Americans also had the highest rate of deaths due to stroke, at 81 deaths per 100,000, as compared to the Caucasian rate of 51 per 100,000.
- African Americans are more likely to be told they have been diagnosed with high blood pressure compared to Caucasians (35% versus 27%) in Nevada.
- Stroke ranked as the 3<sup>rd</sup> leading cause of death for African Americans and Asian/Pacific Islanders, 4<sup>th</sup> for Caucasians and Hispanics, and 6<sup>th</sup> for American Indians/Alaskan Natives.
- Caucasians and African Americans have the highest percentage of overall deaths from heart disease in Nevada from 2000-2003. Asian/Pacific Islanders experienced the greatest percentage of deaths due to stroke at 10 percent.

### Percentage of Deaths from Heart Disease, 2000-2003

	NV	US
White	26.5%	29.1%
Black	26.2%	26.9%
American Indian / Alaskan Native	23.1%	20.4%
Asian / Pacific Islander	23.9%	25.7%
Hispanic	19.8%	23.7%

Source: Trust for America's Health

### Percentage of Deaths from Stroke, 2000-2003

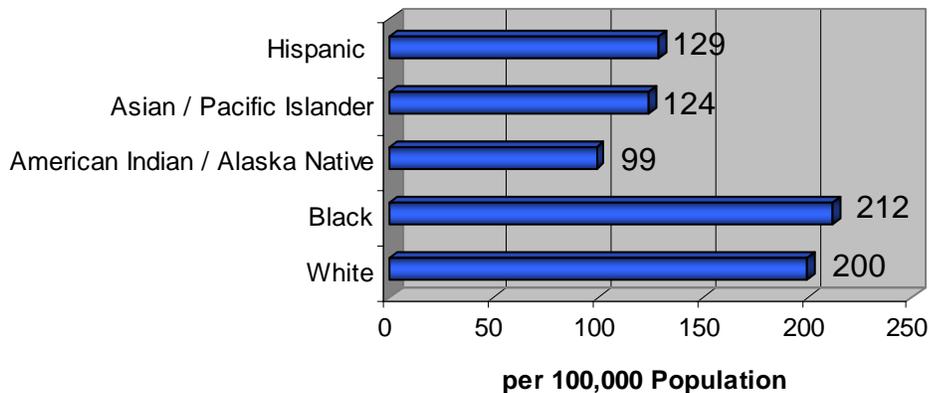
	NV	US
White	5.6%	6.7%
Black	6.4%	6.6%
American Indian / Alaskan Native	4.1%	4.6%
Asian / Pacific Islander	10.0%	9.3%
Hispanic	5.4%	5.6%

Source: Trust for America's Health

## Malignant Neoplasms (Cancer)

Cancer is the second leading cause of death in the United States and Nevada, causing more than 500,000 deaths each year nationwide. Men have a 45% chance and women have a 41% chance of having cancer during their life. Close to half of all people who get cancer will die from it. Overall, African Americans have higher rates of cancer and are less likely to survive cancer than the general population. African American women continue to have higher rates of mortality from breast and cervical cancer, though deaths in Caucasians have decreased. Men in African American populations also have more cancers of the lung, prostate, colon, and rectum than do Caucasian men. In addition, Vietnamese women are diagnosed with cervical cancer five times more often than white women.

### Age-Adjusted Cancer Mortality Rates in Nevada, 2003-2004



Source: Nevada State Health Division

In 2004, African Americans had the highest death rates from cancer in Nevada. However, cancer deaths in Nevada have decreased across all races, with the greatest decreases occurring among African American men (336 per 100,000 in 1990 to 318 per 100,000 in 2000).

### Percentage of Deaths from Cancer, 2000 - 2003

	NV	Mortality Rank	US	Mortality Rank
White	23.9%	2	23.0%	2
Black	20.3%	2	26.3%	2
American Indian / Alaskan Native	14.9%	2	17.2%	1
Asian / Pacific Islander	23.8%	2	26.3%	2
Hispanic	17.7%	1	19.7%	2

More American Indian/Alaskan Natives are likely to die from cancer than heart disease nationwide. The population has the lowest rates of heart disease and cancer in Nevada, but death from other causes including unintentional injury, liver disease and diabetes may contribute to these low rates.

**Prostate Cancer:** Between 1996 and 2001 period, there was one death due to prostate cancer for every 4.3 prostate cancer cases in Nevada. Between 1997 and 2001, the median age at diagnosis of prostate cancer was 68 years of age and the median age at time of death due to prostate cancer was 77 years in Nevada. Black males had the lowest median age at time of diagnosis of prostate cancer (66 years) and the largest difference (9 years) between the median age at diagnosis and median age at time of death (75 years) during this period. Native American males had the highest median age at diagnosis of prostate cancer (70 years). Between 1997 and 2001, African Americans and Caucasians had the highest age-adjusted incident rates for prostate cancer with rates of 75.8 and 61.6 per 100,000, respectively, of all racial/ethnic groups, while Asians, Hispanics and Native Americans, followed with rates of 23.5, 31.3 and 25.5 per 100,000 population.

### Estimated Cancer Deaths. 2004

Cause of Death	NV	US
All Cancers	4,530	563,700
Breast (female)	300 (7%)	40,110 (7%)
Colorectal	480 (11%)	56,730 (10%)
Lung and Bronchus	1,450 (32%)	160,440 (28%)
Prostate	260 (6%)	29,900 (5%)

Source: American Cancer Society, 2004

**Breast Cancer:** Between 1996 and 2001, Caucasian females had a significantly higher incidence rate of breast cancer, with a rate of 76.6 per 100,000 population, than African American females with a rate of 72.2, Asian females with a rate of 38.0 and Hispanic and Native American females with rates of 28.6 and 18.8 respectively. Hispanic females in Nevada had the highest one-year survival rate (91.6%) of any racial/ethnic group for female breast cancer during the 1997 to 2001 period, followed by Asian, Caucasian, and African American females with rates of 90.5%, 88.2% and 81.4%, respectively.

## Unintentional Injury

Unintentional injury includes motor vehicle accidents, poisoning, falls, drowning, fires, other vehicle accidents, environmental accidents, pedestrian accidents, firearms, cycling, and cuts or piercing. Unintentional Injury is the third leading cause of death for the American Indian/Alaska Native and Hispanic populations in Nevada and nationwide, the fourth leading cause of death in Nevada and fifth nationally for the African Americans, and the second leading cause of death both in Nevada and nationally for Asian populations. Comparatively, unintentional injury is the fifth leading cause of death for whites in Nevada and nationwide.

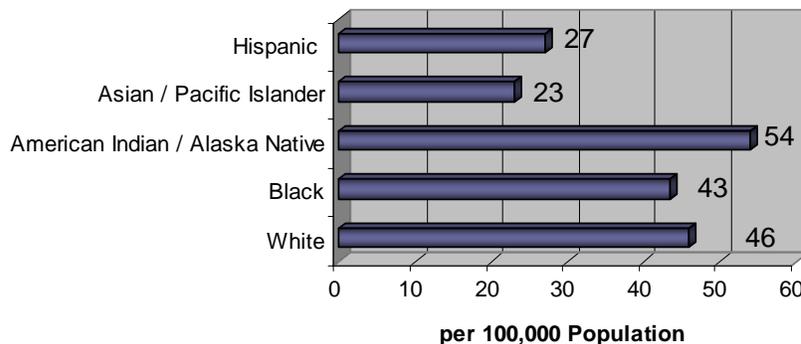
**Percentage of Deaths from Unintentional Injury, 2000-2003**

	NV	Mortality Rank	US	Mortality Rank
White	4.8%	5	4.2%	5
Black	5.6%	4	4.3%	5
American Indian / Alaskan Native	11.2%	3	11.8%	3
Asian / Pacific Islander	23.8%	2	26.3%	2
Hispanic	11.1%	3	8.5%	3

Source: National Center for Injury Prevention and Control

The mortality rate for unintentional injury is highest for the American Indian/Alaska Native population as compared to other minorities in Nevada and nationwide. In 2004, 59% of the unintentional injury deaths in the American Indian/Alaska Native population were due to motor vehicle accidents, 24% were from poisoning, 12% from falls, and 6% from suffocation. Higher rates of alcohol use by American Indian/Alaska Natives nationwide contribute to the higher rates of unintentional injury. American Indian/Alaska Natives have the highest rates of alcohol-related motor vehicle deaths among all racial/ethnic groups in states with reservations, such as Nevada.

**Age-Adjusted Unintentional Injury Mortality Rates in Nevada, 2003-2004**

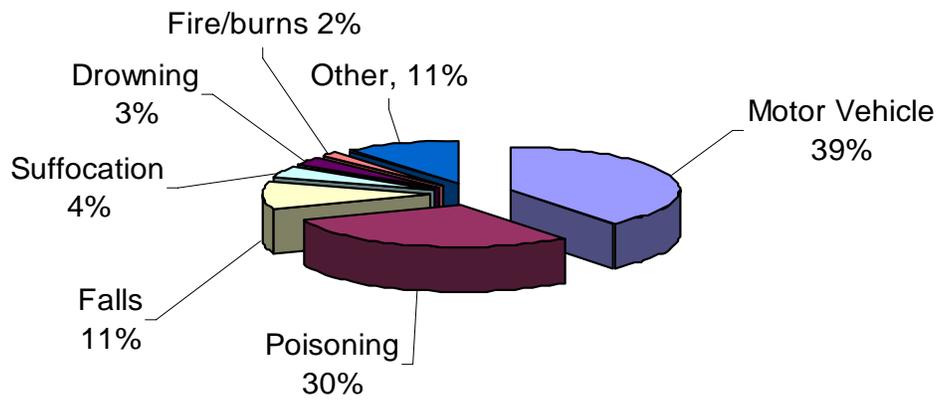


Source: Nevada State Health Division

The overall population in Nevada has multiple risk factors for high rates of unintentional injury. Nevada's population has some of the highest rates of alcohol use, alcohol related deaths, deaths from firearms, poor mental health, and suicides.

Unintentional injury was the leading cause of death in Nevada for Hispanic and Caucasian populations between the ages of 1 to 44. African Americans are most likely to die from unintentional injury as children, but then homicide leads as the cause of death from ages 15-34.

### Types of Unintentional Injuries in Nevada, 2003

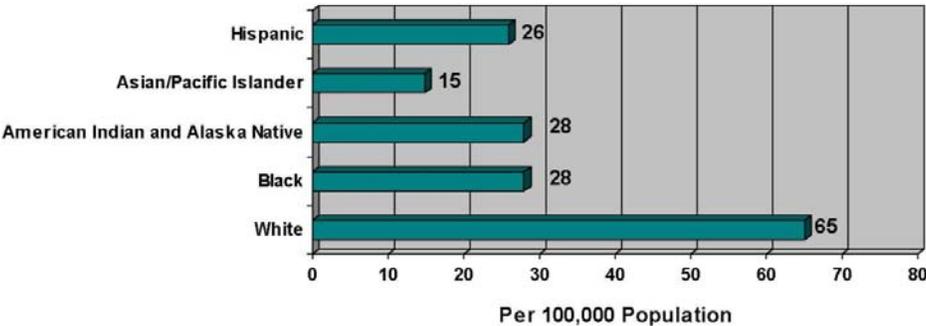


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# Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) is the third leading cause of death in Nevada and the fourth leading cause of death nationally. Previously called chronic obstructive pulmonary 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. The higher than average prevalence of smokers in Nevada results in higher rates of CLRD compared to national averages. In 2000, the age-adjusted death rate for CLRD was 59.6 per 100,000 in Nevada compared to the national rate of 44.3.

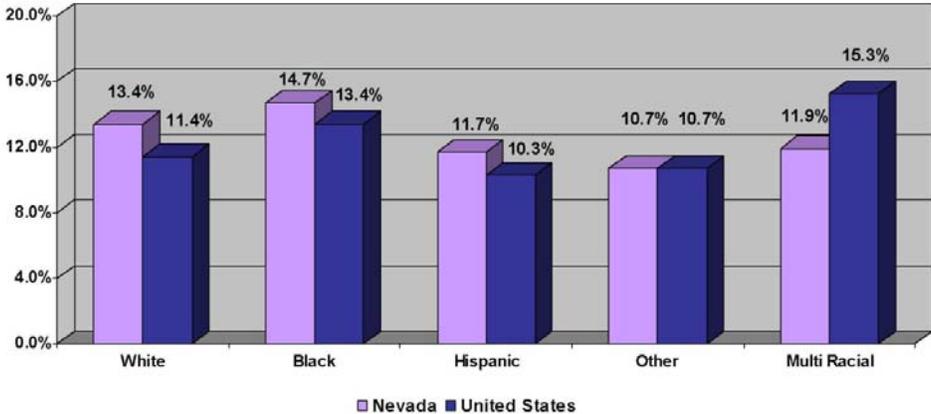
**Age-Adjusted Chronic Lower Respiratory Disease  
Mortality Rates in Nevada, 2003-2004**



Source: Nevada State Health Division

Caucasians in Nevada have the highest rate of mortality from CLRD, followed by American Indian/Alaska Natives and African Americans, who have similar rates of CLRD. Asian/Pacific Islanders have the lowest rate of mortality from CLRD. CLRD is the fourth leading cause of death for Caucasians in Nevada, the sixth leading cause of death for American Indian/Alaskan Natives and Asians, the seventh leading cause of death for the Hispanic population, and the eighth leading cause of death for African Americans.

**Adults Who Have Been Told They Have Asthma, 2005**



Source: Centers for Control and Disease Prevention

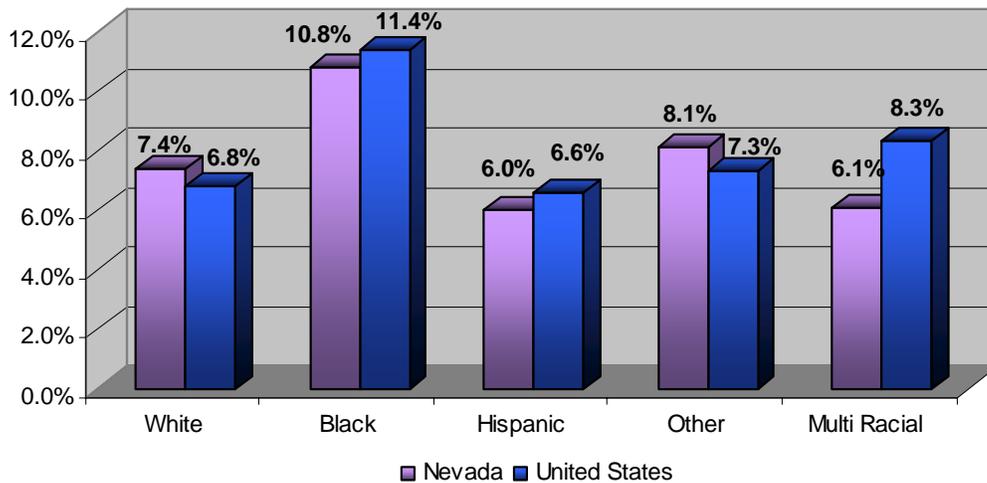
People with asthma have swelling and inflammation of air passages in the lungs. When an irritant such as dust or pollen is present, there is a potential for bronchial tube spasm and possible asthma attack. Minorities, low income populations, and inner city children are more likely to experience more emergency department visits, hospitalizations, and deaths due to asthma than the general population. Lack of medical care may also result in a failure to diagnose asthma and control it, and more crowded living conditions may result in a greater exposure to allergens. African Americans have the higher asthma rates than any other racial/ethnic group nationwide.

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## Diabetes

Diabetes is defined as a group of diseases described by high levels of blood glucose resulting from defects in insulin secretion, insulin action, or both. Diabetes is the sixth leading cause of death nationwide. In 2002, more than 18 million Americans had diabetes, of which 5.2 million people were undiagnosed. African Americans and Hispanics are twice as likely to have type 2 diabetes (formerly called Adult Onset Diabetes) than Caucasians of similar age. American Indians and Alaska Natives are 2.6 times as likely to have type 2 diabetes as Caucasians. Premature death and morbidity can result from diabetes, but lifestyle changes, glucose monitoring and medication may control rates of disability and death.

**Percent of Population with Diabetes, 2005**



Source: Centers for Control and Disease Prevention

- Since the 1960s, diabetes has disproportionately affected American Indians/Alaska Natives in comparison with other ethnic/racial populations. In Nevada, diabetes is the 7<sup>th</sup> leading cause of death in the Hispanic and American Indian populations and the 8<sup>th</sup> leading cause of death in the African American population. Diabetes was the 10<sup>th</sup> leading cause of death in the Caucasian population from 2000-2003.

**Percentage of Deaths from Diabetes, 2000-2003**

	NV	Mortality Rank	US	Mortality Rank
White	1.8%	10	2.8%	6
Black	2.5%	8	4.3%	4
American Indian / Alaska Native	4.0%	7	5.7%	4
Asian / Pacific Islander	1.9%	10	3.4%	5
Hispanic	-	NA	5.0%	5

Source: National Center for Injury Prevention and Control

- High rates of obesity and the introduction of the western diet are believed to contribute to the disproportionate number of American Indians/Alaska Natives affected by diabetes. Four percent of deaths in Nevada and 5.7% of deaths nationwide in American Indian/Alaska Native population are from diabetes.
- African Americans and Hispanics have a higher age-adjusted mortality rate from diabetes at 28.2 and 17.2 per 100,000 population, compared to a mortality rate of 16.5 for American Indian/Alaskan Natives, 13.3 for Caucasians, and 11.2 per 100,000 population for Asians.

Racial/ethnic minorities and Caucasians are less likely to die from diabetes in Nevada than the same populations nationwide. This is likely due to more deaths in Nevada from liver disease, homicide, suicide, unintentional injuries, and chronic lower respiratory disease,

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## Septicemia and Nephritis

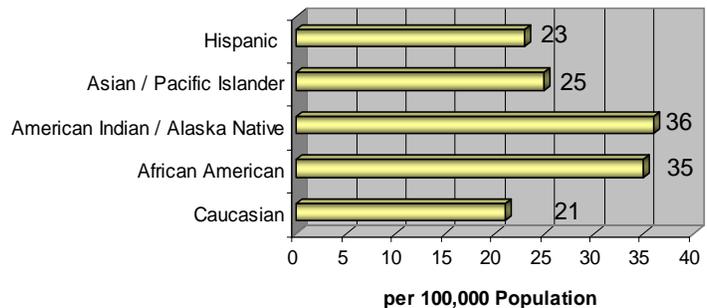
Nephritis, or inflammation of the kidney, was the sixth leading cause of death in Nevada and the ninth leading cause of death nationwide in 2003. Minorities in Nevada had higher mortality rates in Nevada in 2003-2004, with American Indian/Alaskan Natives leading with an age-adjusted death rate of 36 per 100,000 population, compared to Caucasians at 21 per 100,000 population. Asian/Pacific Islanders have the highest percentage of deaths due to Nephritis compared to other minorities and Caucasians.

**Percentage of Nephritis Deaths in Nevada, 2000-2003**

	Nephritis	Mortality Rank
White	2.1%	9
Black	3.7%	6
American Indian / Alaskan Native	2.5%	10
Asian / Pacific Islander	4.2%	5
Hispanic	NA	>10

Source: National Center for Injury Prevention and Control

**Age-Adjusted Nephritis Mortality Rates in Nevada, 2003-2004**



Source: Nevada State Health Division

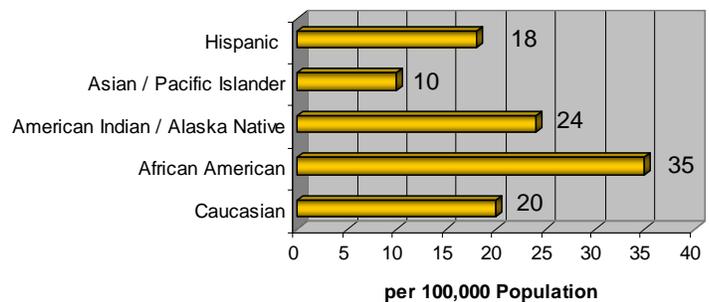
Septicemia, or infection in the bloodstream, was the eighth leading cause of death in Nevada and the tenth leading cause of death nationwide in 2003. The age-adjusted death rate was highest in the African American population in Nevada at 35 per 100,000 population whereas Asian/Pacific Islanders had the lowest rate of 10 per 100,000 population in 2003-2004.

**Percentage of Septicemia Deaths in Nevada**

	Septicemia	Mortality Rank
White	2.2%	7
Black	2.4%	9
American Indian / Alaskan Native	NA	>10
Asian / Pacific Islander	2.1%	8
Hispanic	2.6%	10

Source: National Center for Injury Prevention and Control

**Age-Adjusted Septicemia Mortality Rates in Nevada, 2003-2004**

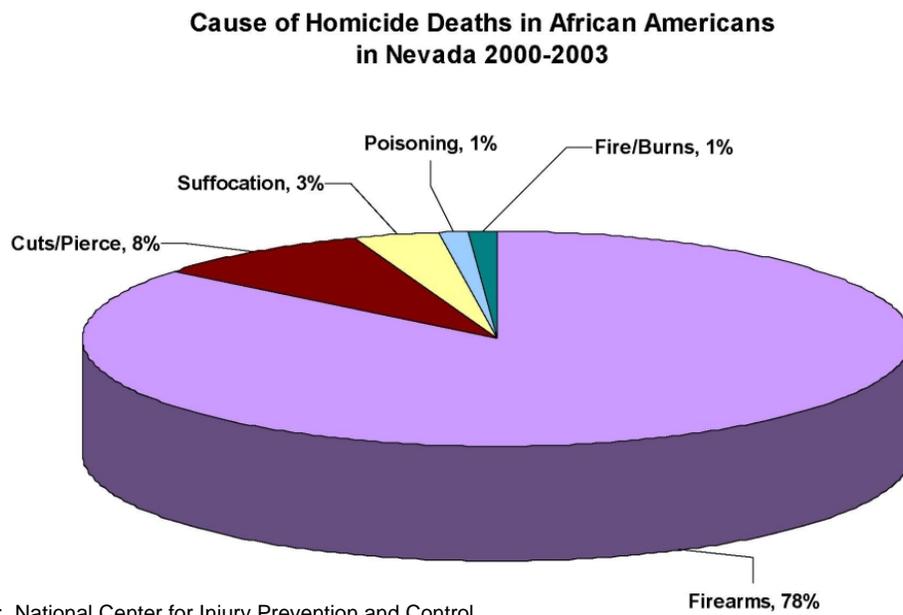


Source: Nevada State Health Division

## Suicide and Homicide

Homicides have a profound effect on minority groups and disproportionately decimates the youth and young adults of these communities. The National Center for Injury Prevention and Control provides information and ranking information regarding the causes of death and other related data and statistics. Homicide is the 5<sup>th</sup> leading cause of death in the African American and Hispanic populations in Nevada. Homicide ranked as the 3<sup>rd</sup> leading cause of death in Nevada in populations ages 1-9 and 25-34, and is the 2<sup>nd</sup> leading cause of death in ages 15-24 between 2000-2003. A large portion of the deaths due to homicide in Nevada and nationwide disproportionately affect minority populations. Of the 164 deaths from homicide in the age 15-24 population between 2000-2003, 38% were African American. Homicide is the leading cause of death for African American's between the ages of 15-24 and 25-34.

The higher rates of homicide among minority populations may cause lower rates or lower mortality ranking from other diseases. A portion of the population will die from homicide before death from another disease that takes time to progress such as AIDS, influenza, heart disease, or cancer.



In Nevada, between 2003-2004, the age-adjusted death rate for homicides and legal intervention was 28 per 100,000 population for African Americans, compared to the 10 per 100,000 for Hispanics, and 5 per 100,000 for both Caucasians and Asians.

More people die from suicide than homicide in Nevada and nationwide, and Nevada is one of the few states where more people die from suicide than car accidents. In 2003, Nevada ranked 4<sup>th</sup> highest in the nation for suicides, after leading the nation for many years. Suicide was the 6<sup>th</sup> leading cause of death in the overall population in Nevada between 2000 and 2003.

Caucasians had the highest rate of suicide at 22 per 100,000 population in Nevada from 2003-2004 followed by American Indians at 11, Asians at 10, and African Americans and Hispanics both at 9 deaths per 100,000 population from suicide.

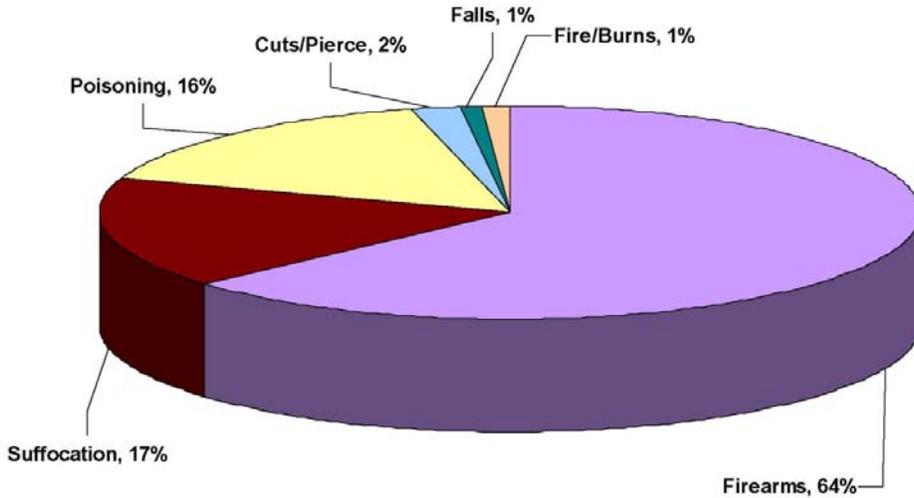
### Percentage of Deaths from Suicide, 2000-2003

suicide	NV	Mortality Rank	US	Mortality Rank
White	2.5%	6	1.3%	10
Black	-	NA	-	NA
American Indian / Alaska Native	3.8%	8	2.6%	9
Asian / Pacific Islander	2.2%	7	1.8%	8
Hispanic	3.7%	8	-	NA

Source: National Center for Injury Prevention and Control

Suicide is the 7<sup>th</sup> leading cause of death for Asian/Pacific Islanders and the 8th leading cause of death for American Indian/Alaska Natives and Hispanics. Between 2000 and 2003, 79% of suicides were committed by males in Nevada, of which 64% were caused by firearms. High rate of gun ownership and high rates of alcohol and drug use may contribute to Nevada's high suicide rate.

### Cause of Suicide Deaths in Males in Nevada 2000-2003

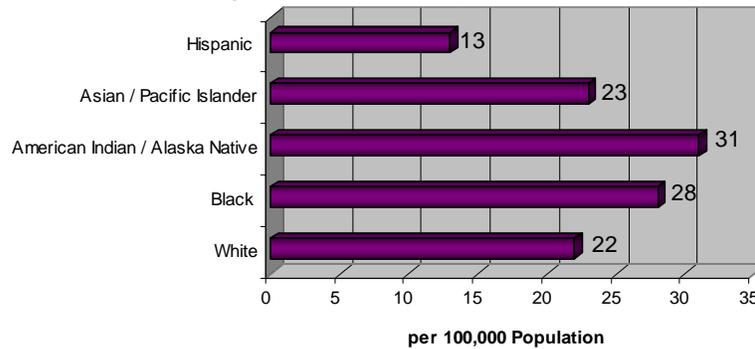


Source: National Center for Injury Prevention and Control

# Influenza and Pneumonia

Influenza and pneumonia together are the 9<sup>th</sup> leading cause of death in Nevada and the 7<sup>th</sup> leading cause of death nationally. In addition, about 10 to 20% of the population becomes sick with influenza annually. Older adults, children and those with compromised immune systems are most vulnerable to influenza. Seniors age 65 and older account for close to 90% of the deaths. In Nevada and nationwide, African Americans have higher rates of influenza and pneumonia than Caucasians, and Hispanics have the lowest rates.

**Age-Adjusted Flu and Pneumonia Mortality Rates in Nevada, 2003-2004**



Source: Nevada State Health Division

American Indian /Alaska Natives had the highest rate of deaths from influenza and pneumonia in 2003-2004 at 31 deaths per 100,000 population. African Americans and Asian/Pacific Islanders followed with rates of 28 and 23, respectively, and Caucasians and Hispanics had the lowest rates of deaths from pneumonia and influenza at 22 and 13 per 100,000 population.

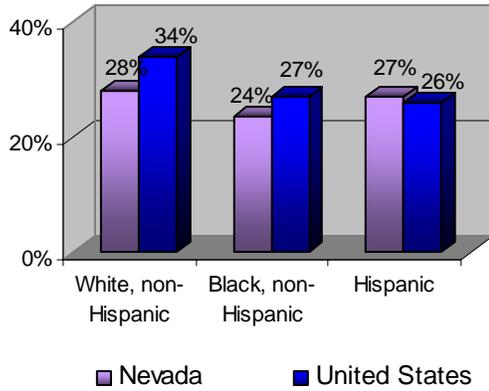
**Percentage of Deaths from Influenza and Pneumonia, 2000-2003**

flu	NV	Mortality Rank	US	Mortality Rank
White	2.2%	8	2.7%	7
Black	-	NA	-	NA
American Indian / Alaska Native	2.6%	9	2.6%	8
Asian / Pacific Islander	-	NA	3.1%	6
Hispanic	-	NA	2.4%	9

Source: National Center for Injury Prevention and Control

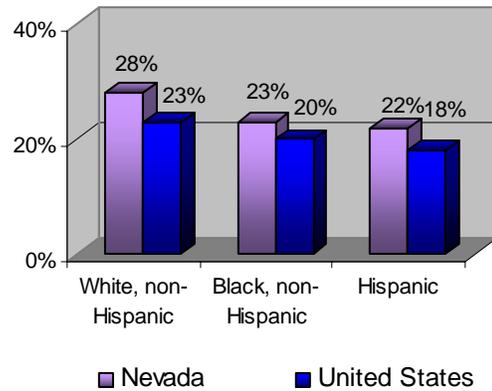
Influenza and pneumonia are the 8<sup>th</sup> and 9<sup>th</sup> leading cause of death in Caucasian and American Indian/Alaska Native populations in Nevada. Influenza is largely preventable with vaccines, and vaccine controls the major form of pneumonia as well. However, minorities are less likely to obtain vaccinations than Caucasians.

**Percent of Population Who Reported a Flu Shot Within the Past Year, 2001**



Source: Centers for Disease Control and Prevention

**Percent of Population Who Has Ever Had an Pneumonia Vaccination, 2001**



Source: Centers for Disease Control and Prevention

Draft

# HIV/AIDS

People with HIV/AIDS are living longer and leading more productive lives with advances in medications and research. However, 40,000 new infections still occur each year in the United States. Racial and ethnic minorities, primarily African Americans and Hispanics, continue to be disproportionately affected by HIV/AIDS throughout the nation. The Centers for Disease Control and Prevention (CDC) reports as of December 2003, 64% of males and 8% of females living with AIDS in the United States are African American or Hispanic.

## Reported AIDS Cases in Nevada, 2003

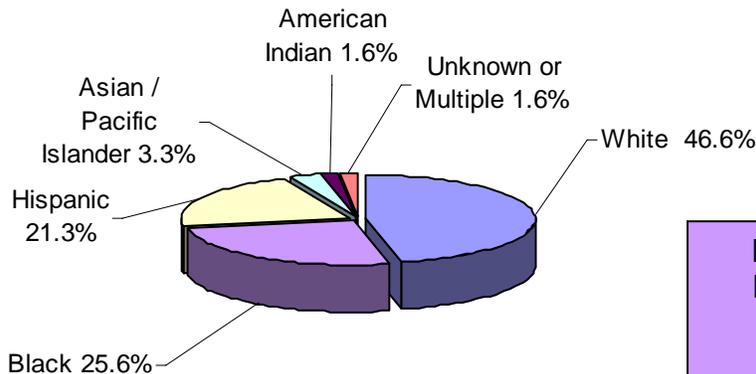
	NV #	NV %
White, Not Hispanic	3,444	63%
Black	1,156	21%
Hispanic	747	14%
Asian / Pacific Islander	75	1%
American Indian / Alaskan Native	36	<1%
Total	5458	100%

Source: Aids Action State Facts, 2004

HIV/AIDS statistics represent only a portion of the epidemic in the United States. Data presented only includes the HIV cases that were confirmed through testing and reporting; thus, it does not reflect the size and demographics of the HIV positive population that has not yet been tested or reported.

Nevada was disproportionately represented in the nation's AIDS population, especially among adult/adolescent AIDS cases. Nevada ranked 11<sup>th</sup>, 12<sup>th</sup> and 6<sup>th</sup> in the nation for Caucasian, African American, and Asian/Pacific Islander adolescent/ adult cases rates per 100,000 people. These rates represented a five-year average (1999 through 2003) adolescent/adult AIDS case rate per 100,000.

## New Aids Cases in Nevada, 2004



## REPORTED AIDS CASES IN NEVADA BY COUNTY, 2004

**Clark County: 4,397**  
**Washoe County: 788**  
**Other Counties: 276**

African Americans in Nevada have a disproportionate number of new AIDS cases compared to the percentage of the overall population. African Americans make up 7.5 percent of Nevada's population and

25.6 percent of the reported new AIDS cases. HIV is the 10<sup>th</sup> leading cause of death for African Americans in Nevada and the 7<sup>th</sup> leading cause of death for African Americans nationwide.

Draft

# Health Insurance

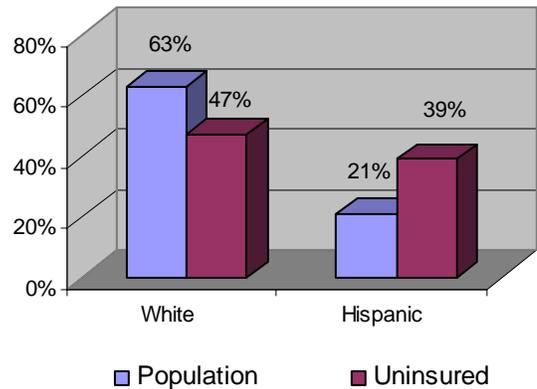
Lack of health insurance leads to poor health through delayed diagnosis and treatment and lack of health care. Minorities are less likely to have health insurance coverage than their Caucasian counterparts. In 2004, 11.3% of Non-Hispanic Caucasians nationwide were uninsured, compared to 32.7% of Hispanics, 19.7% of African Americans, and 16.8% of Asians. Reasons for the lower rates of health insurance coverage may be that minorities are more likely to have low wage or part-time jobs that do not include insurance and minorities have a higher unemployment rate. American cities with the highest uninsured rates also had the largest minority and immigrant populations.

**Distribution of Uninsured (non-elderly), Nevada 2003-2004, U.S 2004**

	NV #	NV %	US #
White	202,050	47	21,894,500
Black	NSD	NSD	6,849,130
Hispanic	167,630	39	13,556,070
Other	28,780	7	3,223,860
Total	431,030	100	45,523,570

Source: Henry J. Kaiser Family Foundation

**Percent of Population versus Distribution of Uninsured in Nevada, 2003-2004**



Source: Henry J. Kaiser Family Foundation

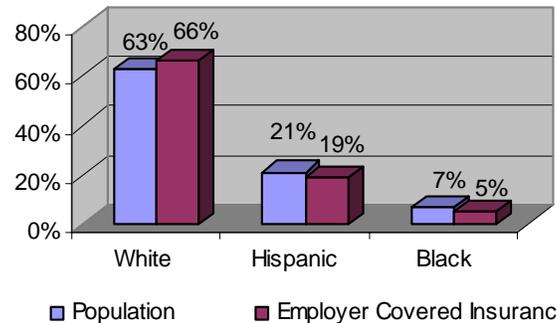
In 2004, 63% of Nevada's population was Caucasian, non-Hispanic, but only 47% of Nevada's uninsured population was Caucasian, non-Hispanic in 2003-2004. The largest disparity of uninsured was the Hispanic population, who is 23% of the population in Nevada but comprises 39% of those who are uninsured. Of those populations who received insurance coverage in Nevada in 2003-2004, 66% was provided to non-Hispanic Caucasians, 19% was provided to Hispanics and 5% was provided to African Americans.

**Distribution of Employer Coverage (non-elderly) Nevada 2003-2004, U.S 2004**

	NV #	NV %	US #	US %
White	869,600	66	114,387,460	73
Black	68,370	5	15,492,780	10
Hispanic	248,820	19	15,746,110	10
Other	130,500	10	10,087,370	6
Total	1,317,280	100	155,713,720	100

Source: Henry J. Kaiser Family Foundation

**Percent of Population versus Distribution of Employer Covered Insurance in Nevada, 2003-2004**



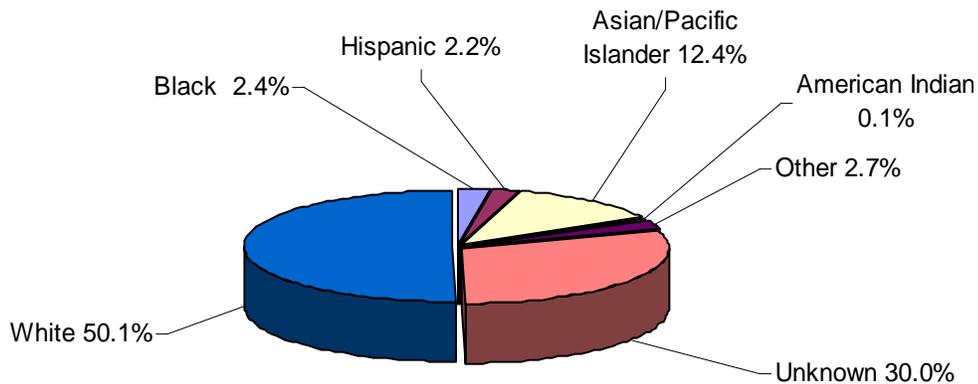
Source: Henry J. Kaiser Family Foundation

Minorities are more likely to choose to be uninsured when employers offer health insurance. Reasons include that they are more likely to decline health insurance if they have to pay a large portion, minorities are more likely to have jobs that require paying a larger share of the premium, and some minority workers may not value health insurance

## Race and Ethnicity of Physicians

Minorities are underrepresented in the health care professions. While close to 7% of the Nevada population is African American, only 2.2% of Nevada physicians are African American. The Hispanic community has a greater disparity, comprising of more than one-fifth of Nevada's overall population, and only 2.2% of Nevada's physician population. Minority physicians are critical for a number of reasons. Minority physicians are more likely to practice in minority communities where there is a shortage of health care professionals. Minorities are more likely to distrust the health care system than white patients, and more likely to trust physicians of their own race. In addition, minority physicians may be more likely to be sensitive to cultural and religious differences, and physicians are more likely to speak the culture's primary language, thus eliminating language barriers.

**Nevada: Distribution of Nonfederal Physicians by Race/Ethnicity, 2002**



Source: Henry J. Kaiser Foundation, 2006

The number of minorities graduating from medical school in Nevada reflects a continuing shortage of minority physicians, with only one Native American graduate in 2004, and no Hispanic or African American graduates.

**Medical School Graduates by Race/Ethnicity, July 1, 2003 – June 30, 2004**

	NV #	US #
White	43	10,120
Black	0	1,034
Hispanic	0	1007
Asian	5	3166
Native American	1	98
Unknown	1	215
Foreign	0	153
<b>Total</b>	<b>50</b>	<b>15,793</b>

Source: Henry J. Kaiser Foundation, 2006

## Appendix A

### Definition:

The concept of race as used by the Census Bureau reflects self-identification by people according to the race or races with which they most closely identify. These categories are sociopolitical constructs and should not be interpreted as being scientific or anthropological in nature. Furthermore, the race categories include both racial and national-origin groups.

The racial classifications used by the Census Bureau adhere to the October 30, 1997, Federal Register Notice entitled, "Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity" issued by the Office of Management and Budget (OMB).

**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.

**Black or African American.** A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African American, Afro American, Kenyan, or Nigerian.

**American Indian and Alaska Native.** 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.** 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 and Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. It includes people who indicate their race as "Native Hawaiian," "Guamanian or Chamorro," "Samoan," and "Other Pacific Islander."

**Some 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. Respondents providing write-in entries such as multiracial, mixed, interracial, Wesort, or a Hispanic/Latino group (for example, Mexican, Puerto Rican, or Cuban) in the "Some other race" category are included here.

**Two or more races.** People may have chosen to provide two or more races either by checking two or more race response check boxes, by providing multiple write-in responses, or by some combination of check boxes and write-in responses.

**Comparability.** The data on race in Census 2000 are not directly comparable to those collected in previous censuses.

The concept of race is separate from the concept of Hispanic origin. Percentages for the various race categories add to 100 percent, and should not be combined with the percent Hispanic. Tallies that show race categories for Hispanics and non-Hispanics separately are also available.

**Definitions: NSD:** Not Sufficient Data. Persons of Hispanic origin may be of any race; all other racial/ethnic groups are non-Hispanic. "Other" includes Asian-Americans, Pacific Islanders, American Indians, Aleutians, Eskimos and persons of "Two or More Races".

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