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2020 Rural Behavioral Health Profile

Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties

February 2021

Office of Analytics on behalf of

Nevada Department of Health and Human Services

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

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Data Sources/Limitations/Terminology

Age-Adjusted Rates

A rate is a measure of the frequency of a specific event over a given period, divided by the total number of people within the population over the same period of time. An age-adjusted rate is a rate that has been adjusted, or weighted, to the same age distribution as a "standard" population. Throughout this report, rates are adjusted to the 11 standard age groups of the U.S. population in the year 2000 (Census table P25-1130). Rates are age-adjusted in order to eliminate any potential confounding effects, or biases, that may be a result of health factors that are associated with specific ages.

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, chronic health conditions, and use of preventive services. 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 and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and 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. Since state-added questions are not asked nationwide, these questions are not comparable.

Crude Rates

The crude rate is the frequency with which an event or circumstance occurs per unit of population.

Hospital Billing Data (Emergency Department Encounter and Inpatient Admissions)

The hospital billing data provides health billing data for emergency department encounters and inpatient admissions for Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada 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 includes demographics such as age, gender, race/ethnicity, and uses International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses. ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to last quarter in 2015 may not be directly comparable to data thereafter. In addition, the data includes billed hospital charges, procedure codes, discharge status, and external cause of injury codes. The billing information is for billed charges and not the actual payment received by the hospital.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: "school and district information," "assessment and accountability" and "fiscal and technology."

Nevada State Demographer
The Nevada State Demographer's office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada's counties, cities, and towns.

State-Funded Mental Health Services (Avatar)
Avatar is a database containing demographic, treatment, billing, and financial information for Nevada mental health facilities throughout the state of Nevada. These data are representative of Nevada state-operated mental health facilities and are not generalizable to the rest of the population.

Substance Abuse and Mental Health Data
The National Survey of Drug Use and Health (NSDUH) is a survey on the use of illicit drugs, alcohol, tobacco, and mental health issues in the United States. The study includes those who are 12 years of age or older at the time of the survey. For more information on the survey: SAMHSA.

United States Census Bureau
The United States Census Bureau is responsible for the United States Census, the official decennial (10-year period) count of people living in the United States of America. Collected data are 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.

Web-Enabled Vital Records Registry Systems (WEVRRS)
Statewide births and deaths are collected by the Office of Vital Records, in the Division of Public and Behavioral Health. WEVRRS is a software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death-related information.

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. For more information on YRBS: UNR YRBS.

Purpose

This report is intended to provide an overview of behavioral health in Nevada for the prevention coalitions, public health authorities, Nevada legislators, behavioral health boards, and the public. The analysis can be used to identify issues of concern and areas that may need to be addressed.

Demographic Snapshot

Figure 1. Selected Demographics for Rural Region.

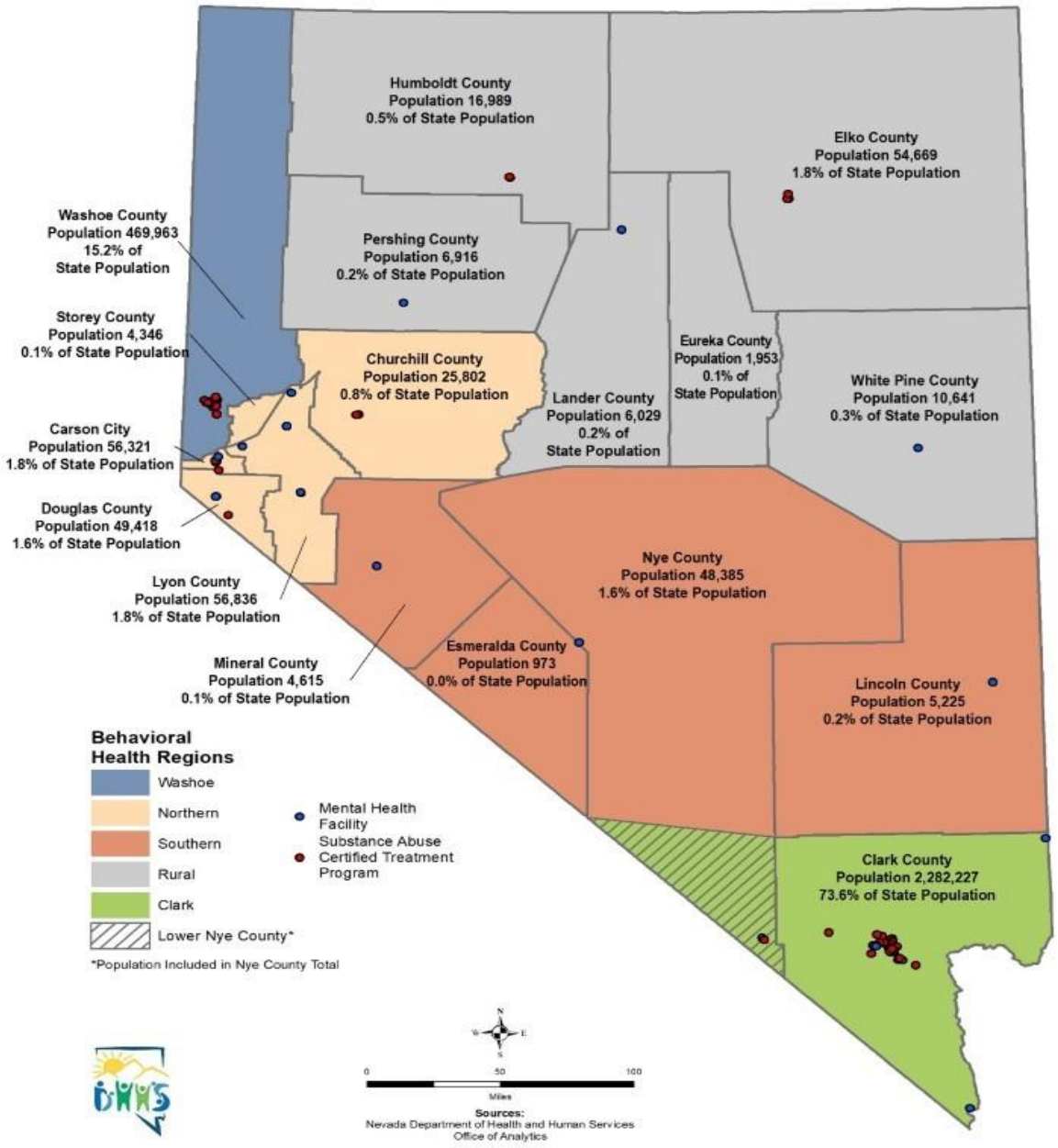
Population, 2019 estimate*	97,257
Population, 2010 estimate*	90,213
Population, percentage change*	7.4%
Male persons, 2019 estimate*	51,135 (52.7%)
Female persons, 2019 estimate*	46,122 (47.3%)
Median household income, Rural Region (2019) **	$60,827
Persons in poverty, percent, Rural Region (2019) **	11.4%
With a disability, under the age 65 years, percent, 2015-2019, Rural Region**	7.5%
Land area (square miles), 2019**	51,389

*Source: *Nevada State Demographer, vintage 2019 and **US Census Bureau.*

In 2019, the estimated population for the Rural Region was 97,257, a 7.4% increase from the 2010 estimated population. There are more males than females in the Rural Region. The median household income is $60,827.

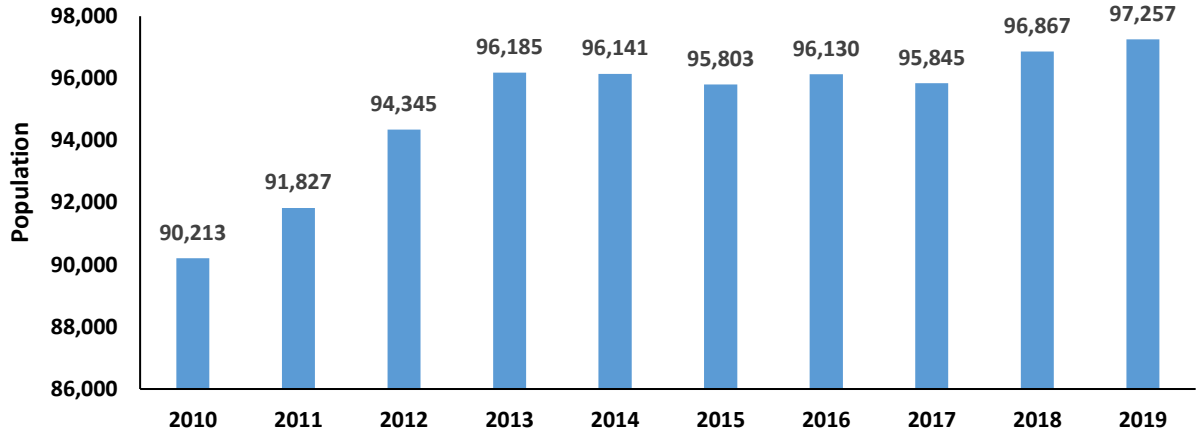
During the 2017 session, regional behavioral health boards were formed to address behavioral health in Nevada. The regions were redrawn during the 2019 session and Nye County was split into regions. The northern half of Nye County is part of the Southern Region and the southern half is part of the Clark County region. For data purposes, Nye County data is included in the Southern Region.

Figure 2. Nevada Population Distribution by County, 2019.



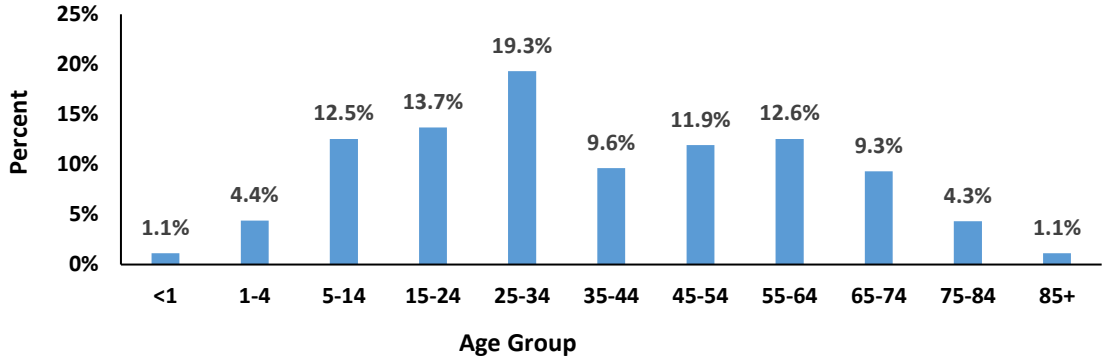
Source: Nevada State Demographer, vintage 2019.
***Clark Region**: Clark County and southern Nye County.*
***Northern Nevada Region:** Carson City, Churchill, Douglas, Lyon, and Storey Counties.*
***Rural Region:** Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties.*
***Southern Region:** Esmeralda, Lincoln, Mineral, and northern Nye Counties.*
***Washoe Region**: Washoe County.*
**Nye County: Northern Nye County is included in Southern Region and southern Nye County is in part of Clark County Region. For data purposes, Nye County data is included in Southern Region Report and not in the Clark County Region report.*

Figure 3. Rural Region Population, 2010-2019.



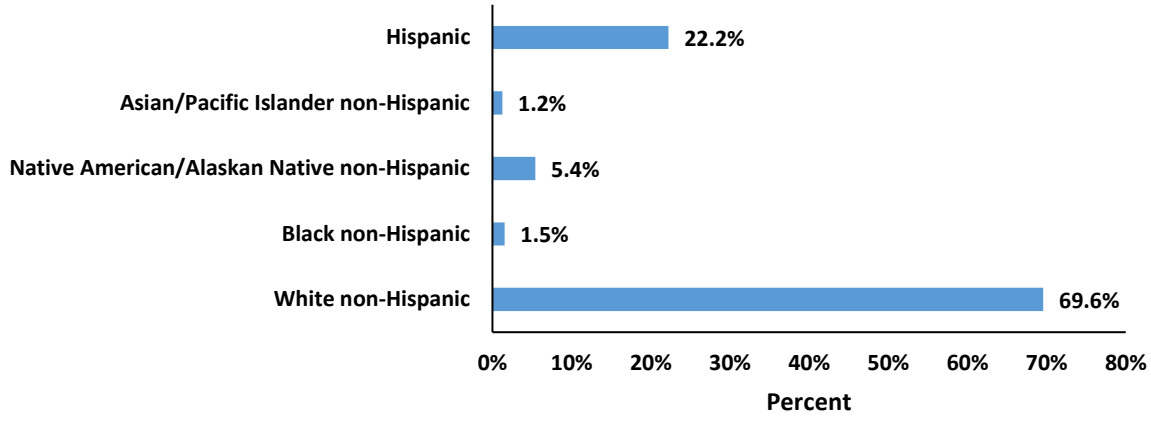
Source: Nevada State Demographer, vintage 2019.
Chart Scaled to display differences among groups.

Figure 4. Rural Region Population by Age Group, 2019.



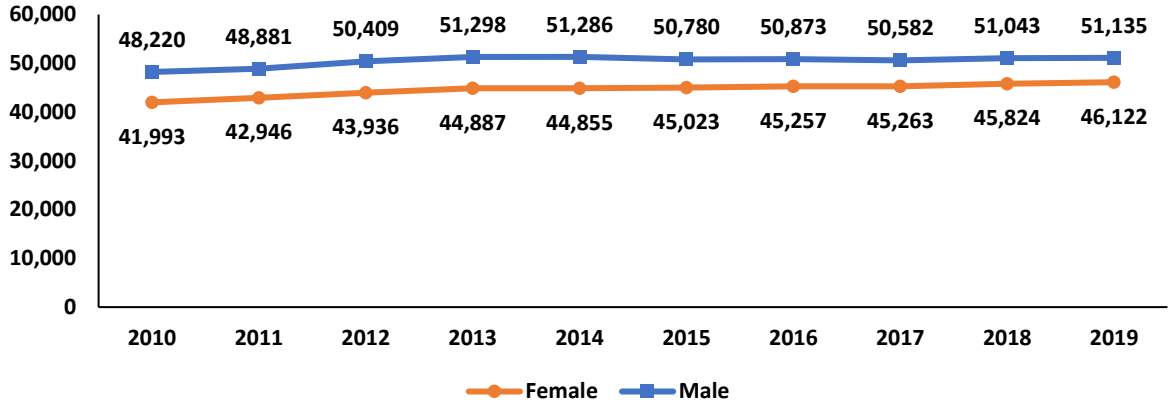
Source: Nevada State Demographer, vintage 2019.
Chart scaled to 25% to display differences among groups.

Figure 5. Rural Region Population by Race/Ethnicity, 2019.



Source: Nevada State Demographer, vintage 2019.
Chart scaled to 80% to display differences among groups.

Figure 6. Rural Region Population Distribution by Sex, 2010-2019.



Source: Nevada State Demographer, vintage 2019.

The male population in the Rural Region has been higher than the female population for the last 10 years, with 51,135 males and 46,122 females in 2019.

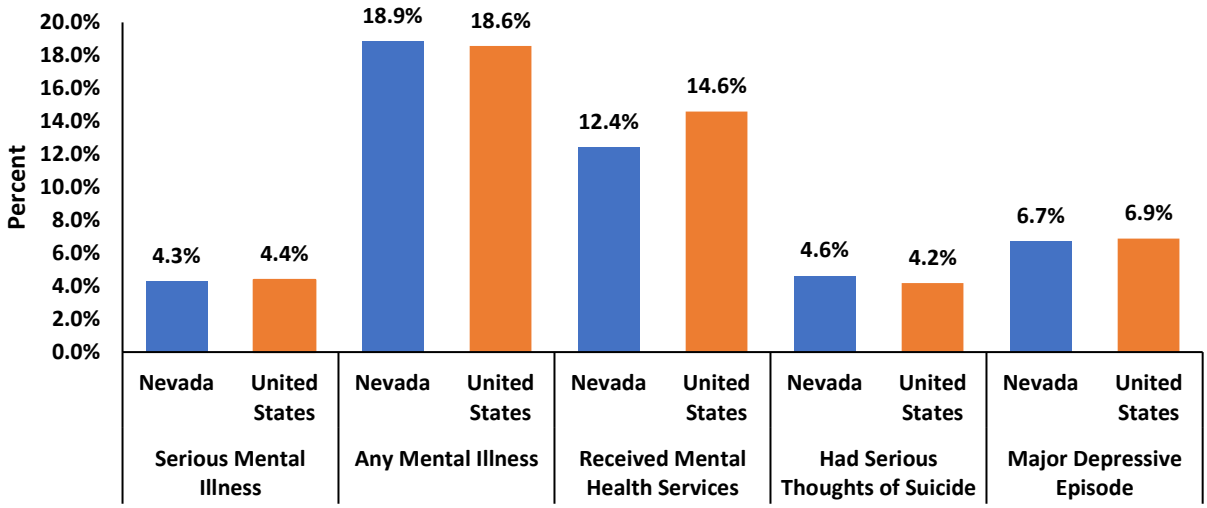
Mental Health

Mental health data are collected by numerous data sources in Nevada, including YRBS, BRFSS, hospital billing, state-funded mental health facilities, and vital records.

National Survey of Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the Nation Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States.

Figure 7. Percent of Mental Health Measures, Nevada and United States, 2016-2017.



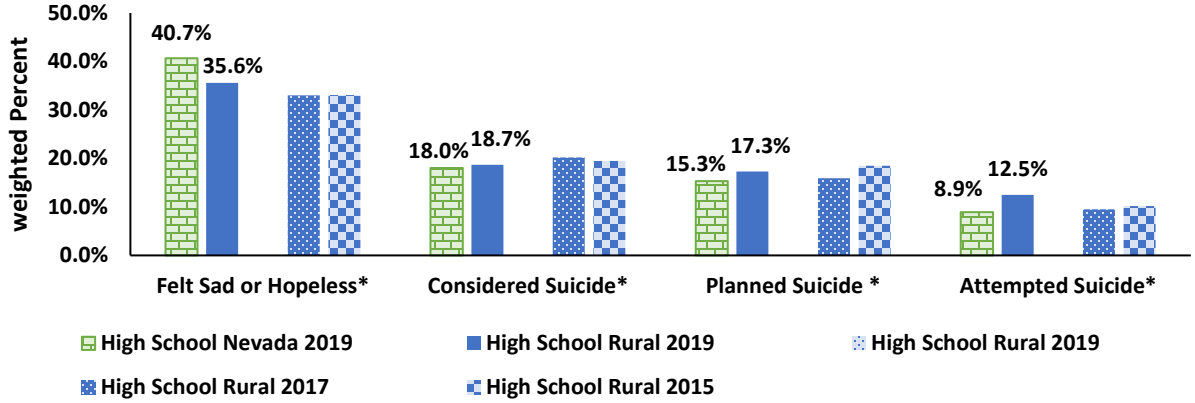
SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2016-2017.
Chart scaled to 20% to display differences among groups.

Nevada has remained within a percent of the Nation for most mental health issues. Nevada was slightly higher than the nation for the measure with "any mental illness" and "had serious thoughts of suicide."

Youth Risk Behavior Survey (YRBS)

and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd numbered years. In 2019, 585 school, and 570 middle school students participated in the YRBS in the Rural Region. The University of Nevada, Reno maintain the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS

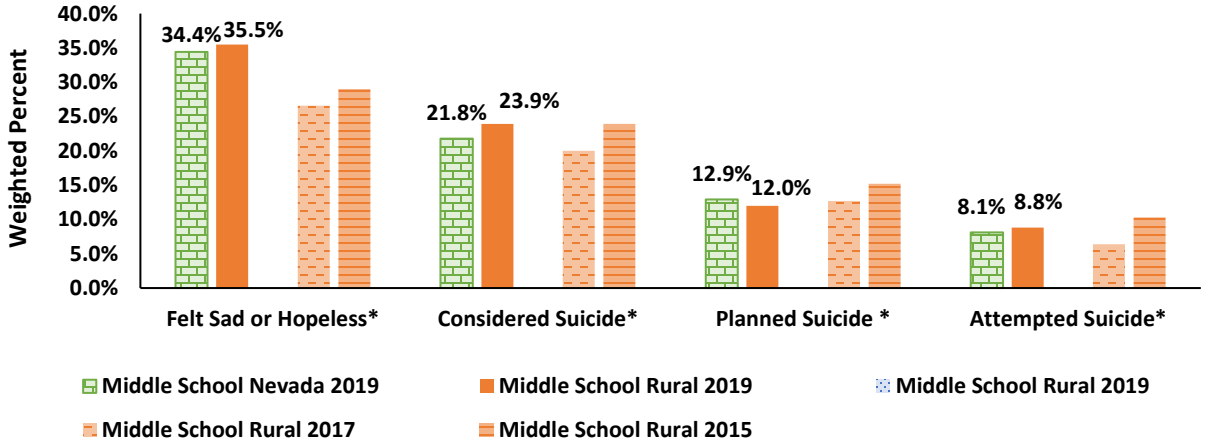
Figure 8a. Mental Health Behaviors, Rural Region High School Students 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 50% to display differences among groups.
**Questions worded differently in 2019 and therefore not comparable to previous years.*

The questions relating to suicide and feelings of sadness and hopelessness were worded differently from 2019 to past years and therefore should not be compared.

Figure 8b. Mental Health Behaviors, Rural Region Middle School Students 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

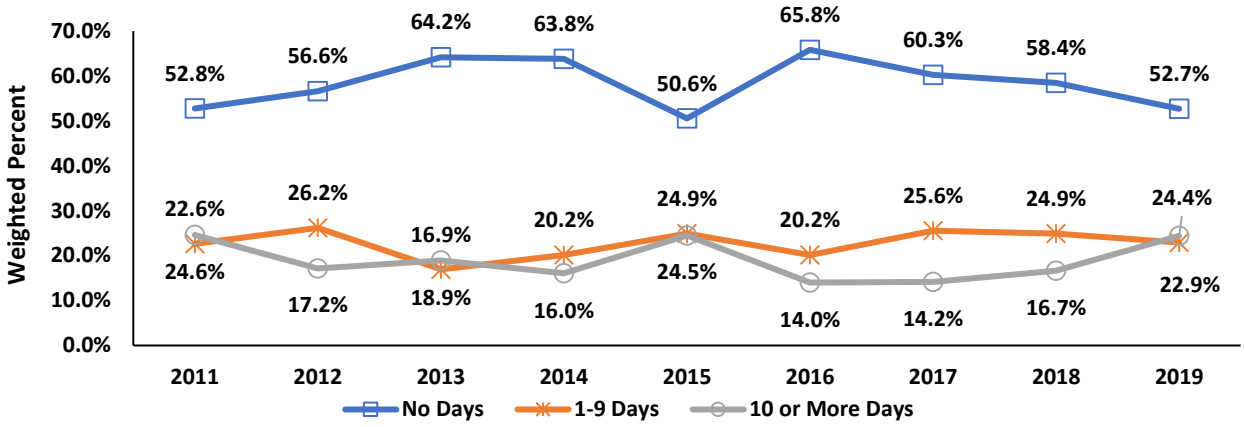


Source: Nevada Youth Risk Behavior Survey (YRBS).
Chart scaled to 45% to display differences among groups.
**Questions worded differently in 2019 and therefore not comparable to previous years.*

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention (CDC), BRFSS is a powerful tool for targeting and building health promotion activities.

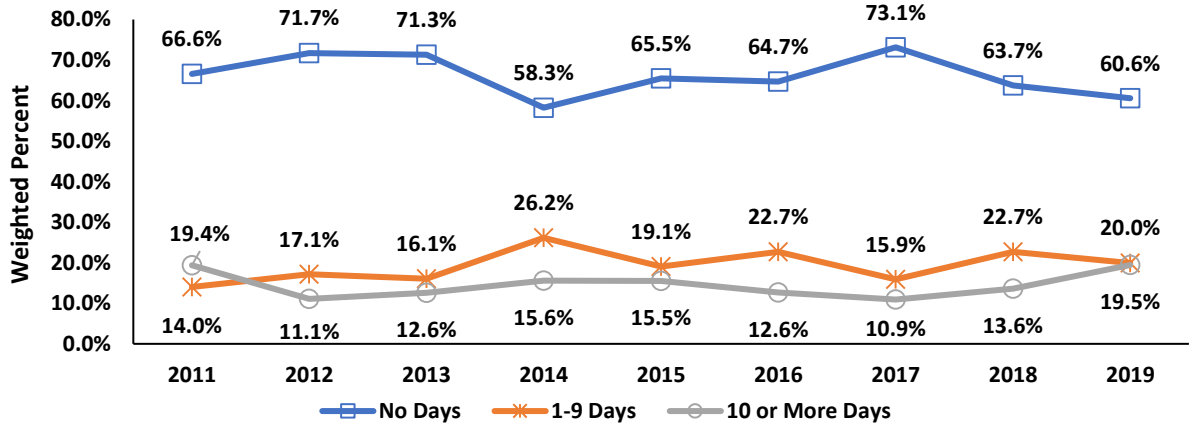
Figure 9. Percentages of Adults Who Experienced Poor Mental or Physical Health that Prevented Them from Doing Usual Activities by Days Affected in Past Month, Rural Region, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 70% to display differences among groups.
Specific question asked in survey: "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

In the Rural Region, adults who experienced no days of poor mental or physical health that prevented them from doing their usual activities decreased from 58.4% in 2018 to 52.7% in 2019. Rates for adults who experienced 10 or more days of poor mental health increased from 16.7% in 2018 to 24.4% in 2019.

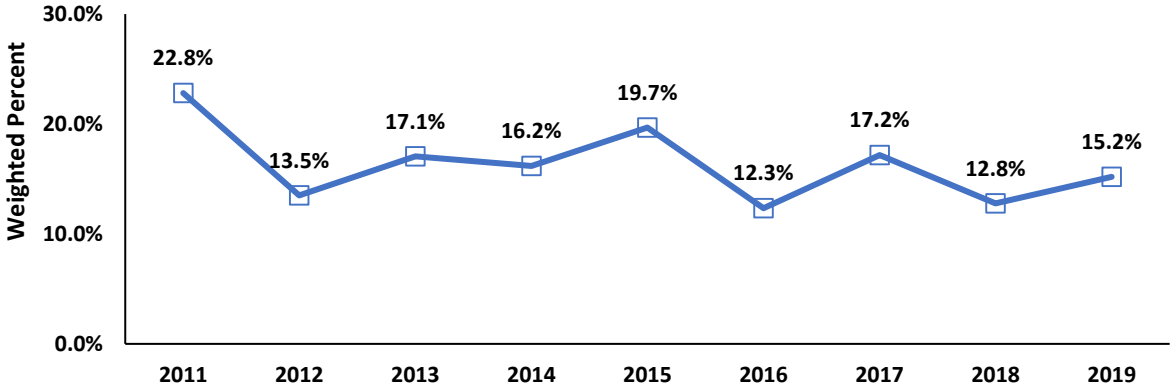
Figure 10. Percentages of Adults in which Their Mental Health was Not Good by Number of Days Experienced in the Past Month, Rural Region, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 80% to display differences among groups.
Specific question asked in survey: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

In 2019, 19.5% of the Rural Region residents reported 10 or more days of poor mental health. The percent of amongst those who experienced 1-9 days in declined from 22.7% to 20.0% days.

Figure 11. Percentages of Adults Who Have Ever Been Told They have a Depressive Disorder, Including Depression, Major/Minor Depression, or Dysthymia, Rural Region, 2011-2019.



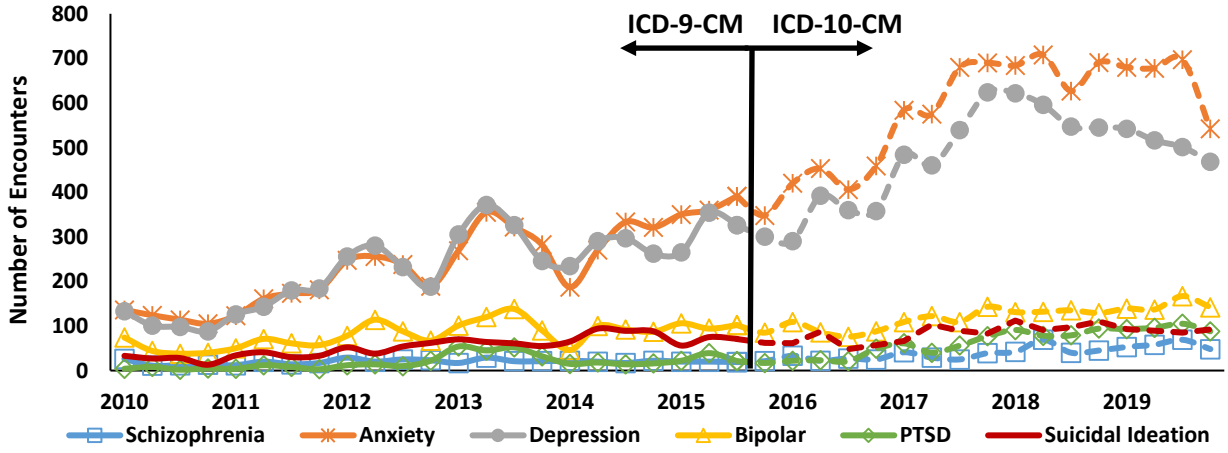
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 30% to display differences among groups.
Specific question asked in survey: "(Ever told) you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

From 2018 to 2019, the percent of Rural Region residents who ever told they have had major/minor depression or dysthymia, increased to 15.2% from 12.8% in 2018.

Hospital Emergency Department Encounters

The hospital emergency department billing data includes data for emergency room patients for Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers reflect the number of times a diagnosis in each of these categories was given, and therefore the following numbers are not mutually exclusive.

Figure 12. Mental Health-Related Emergency Department Encounters, by Quarter and Year, 2010-2019.



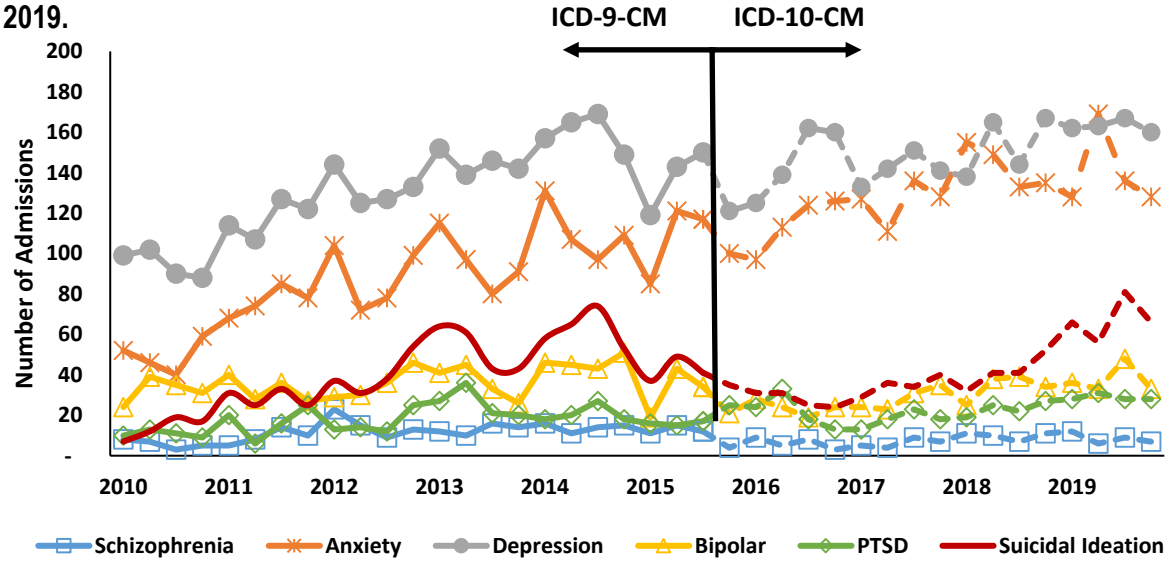
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Anxiety has been the leading mental health-related diagnosis since 2012 in emergency department encounters. Anxiety-related encounters increased significantly from 2010 to 2019 in both counts and rates in the Rural Region.

Hospital Inpatient Admissions

Hospital Inpatient Billing data includes data for patients discharged from Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single inpatient admission, the following numbers reflect the number of times a diagnosis was given, and therefore the following numbers are not mutually exclusive.

Figure 13. Mental Health-Related Inpatient Admissions, by Quarter and Year, Rural Region, 2010-2019.



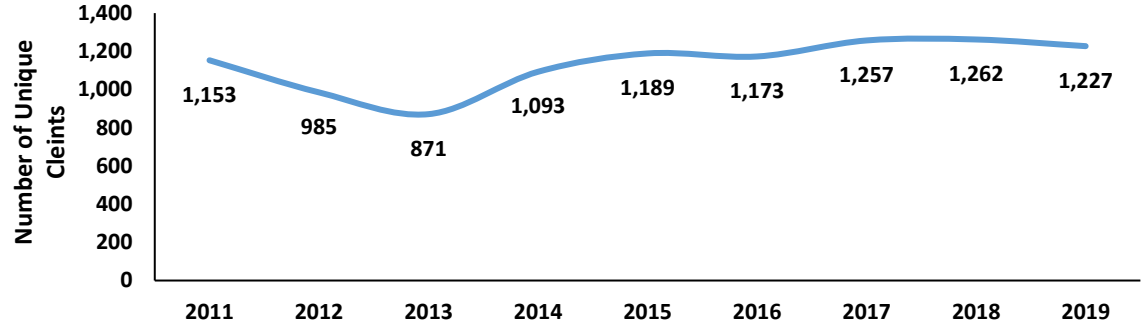
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Unlike emergency department encounters, depression is the leading diagnosis for mental health-related inpatient admissions.

State-Funded Mental Health Services

State-funded mental health facilities are divided into Northern Nevada Adult Mental Health Services (NNAMHS), Southern Nevada Adult Mental Health Services (SNAMHS) and Rural Clinic and Community Health Services. Services that state-funded mental health facilities provide include inpatient acute psychiatric, mobile crisis, outpatient counseling, service coordination, and case management.

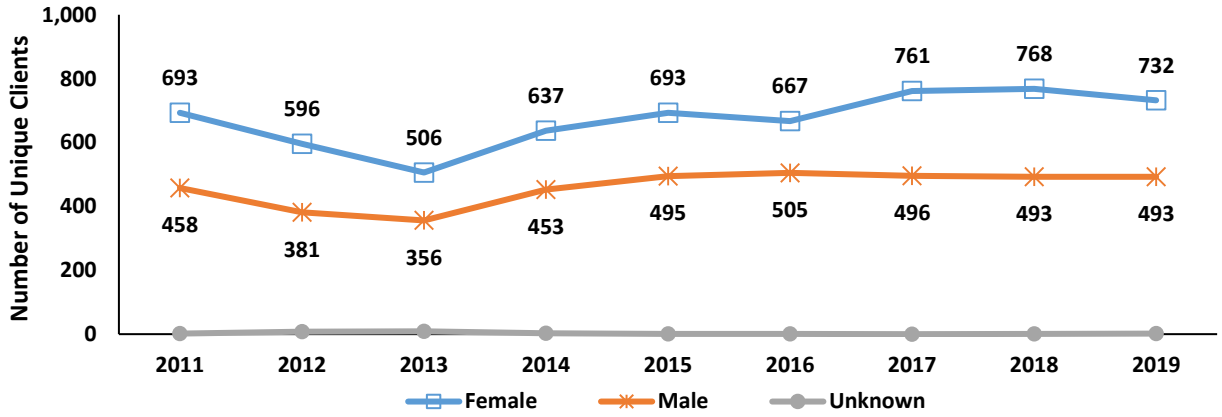
Figure 14. Unique Clients* Served at State-Funded Mental Health Clinics, Rural Region, 2011-2019.



Source: State-Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

The number of unique clients served by state-funded mental health facilities has remained steady for the Rural Region residents. In 2019, there were 1,227 patients served by state-funded mental health facilities.

Figure 15. State-Funded Mental Health Clinics Utilization* by Gender, Rural Region, 2011-2019.

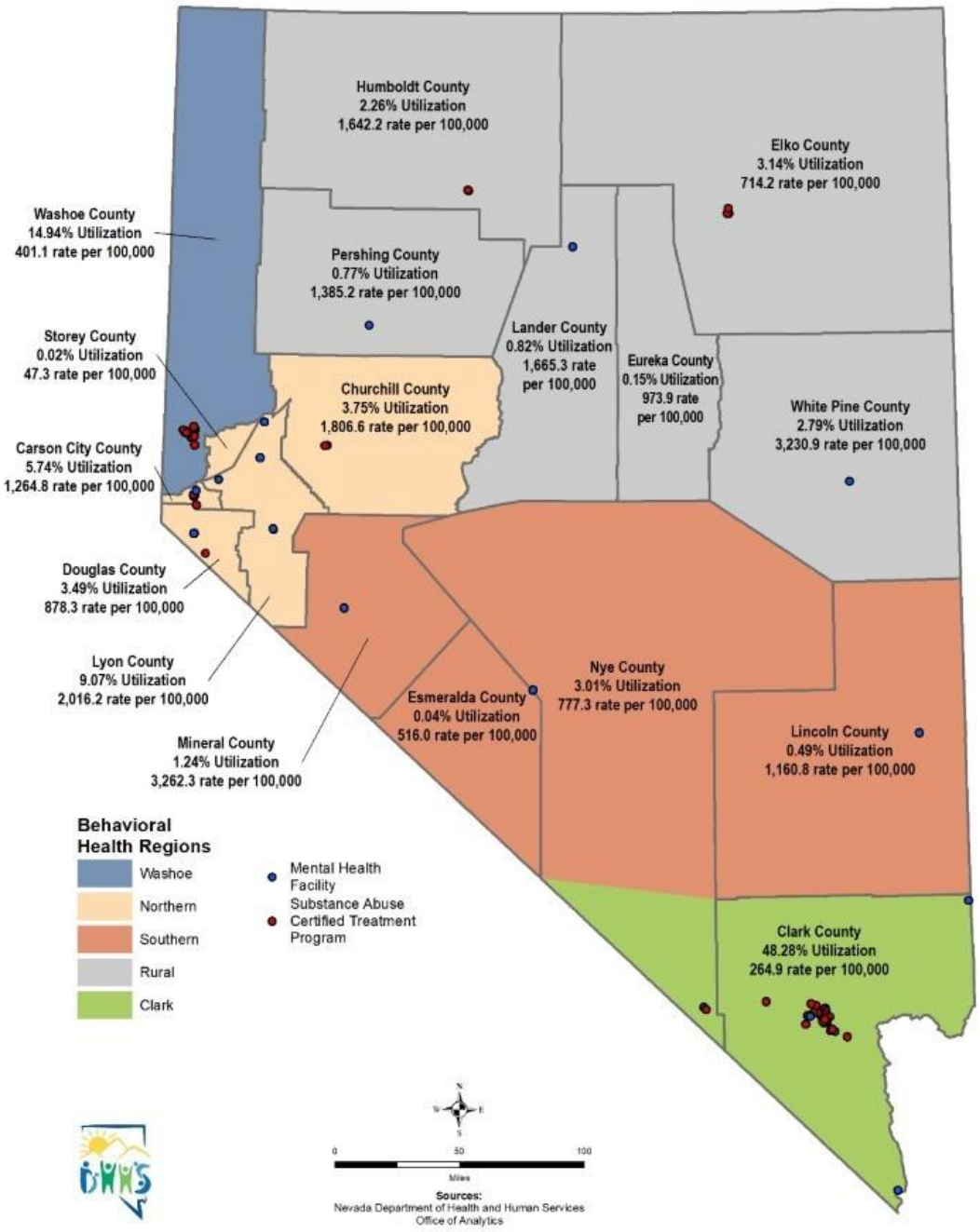


Source: State-Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*

From 2011 to 2019 females significantly utilized the state-funded mental health clinics more than males.

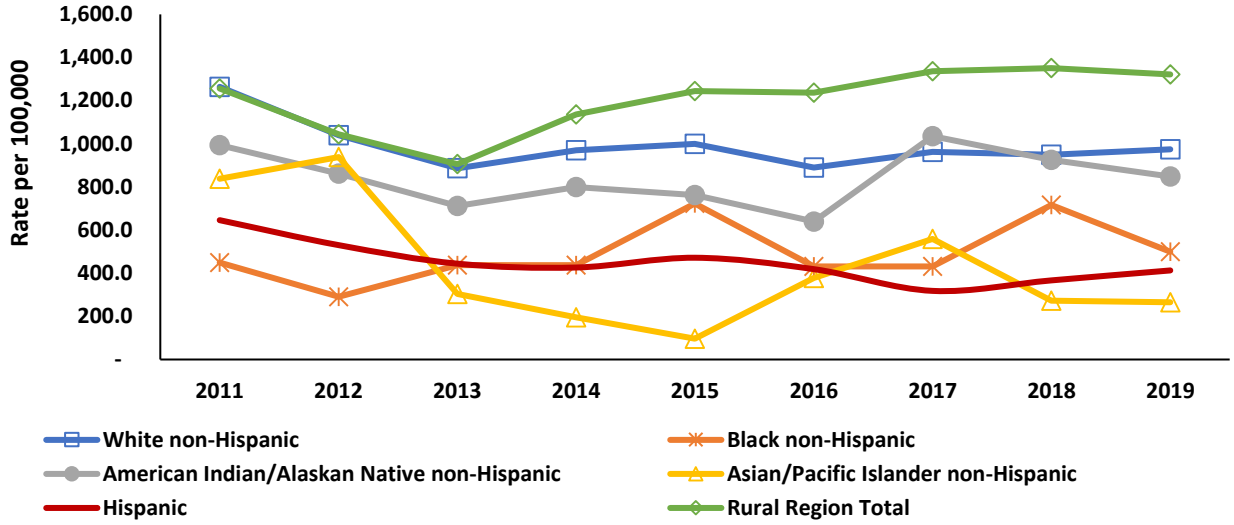
Of patients that utilized state-funded mental health services, the most common age group was 25-34 years old, on average accounting for 18.1% of patients. High school graduates accounted for 33.3% of patients, followed by those with those with some college at 21.7% in 2019.

Figure 16. State-Funded Mental Health Clinics Utilization by County, 2019.



Source: State-Funded Mental Health: Avatar.
**A client is counted only once per year. Clients may be counted more than once across years.*
***Percent (%)**: Number of clients who utilize mental health services in that county divided by total utilization.*
***Rate**: Number of clients who utilize mental health services in that county divided by county population per 100,000 people.*

Figure 17. State-Funded Mental Health Clinics Utilization* by Race/Ethnicity Crude Rates, Rural Region, 2011-2019.



Source: State-Funded Mental Health: Avatar.
Race "Unknown" not included in analysis.
**A client is counted only once per year. Clients may be counted more than once across years.*

The White non-Hispanic's in the Rural Region had the highest rate amongst the race/ethnicities at 973.8 per 100,000 population.

Figure 18. Top Mental Health Clinic Services by Number of Patients Served*, Rural Region, 2011-2019.

Program	Year								
	2011	2012	2013	2014	2015	2016	2017	2018	2019
Ely Outpatient Counseling	145	121	120	165	174	250	292	276	159
Elko Outpatient Counseling	234	222	175	153	145	152	140	141	90
Elko Medication Clinic	81	108	112	102	133	163	155	141	124
Elko Outpatient Screening	43	21	10	90	176	171	200	223	83
Winnemucca Outpatient Counseling	200	171	88	91	78	79	106	105	63
Winnemucca Medication Clinic	119	90	53	57	71	90	117	125	96
Ely Medication Clinic	63	50	49	62	82	104	110	113	99

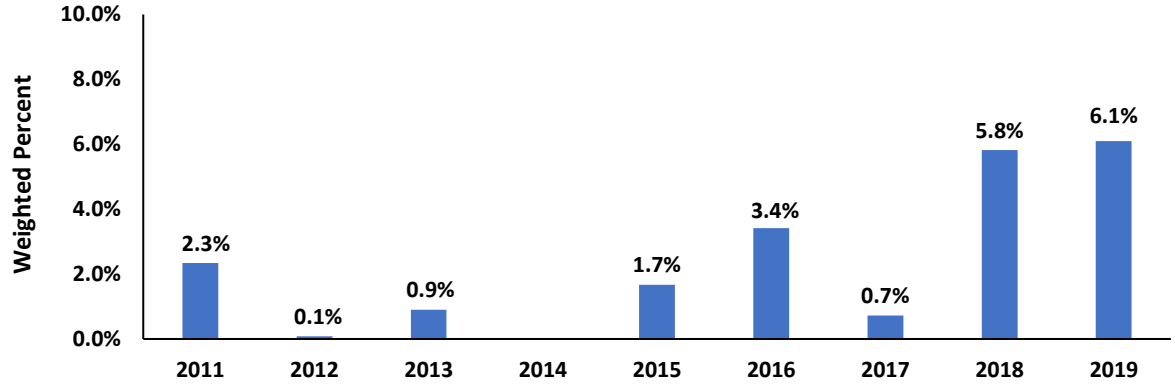
Source: State-Funded Mental Health: Avatar.
~Program no longer active.
**A client is counted only once per year. Clients may be counted more than once across years.*

Patients were counted only once per program per year. Since a patient can receive services in more than one program, the counts above are not mutually exclusive.

Suicide

While suicide is not a mental illness, one of the most common causes of suicide is mental illness. Risk factors for suicide include depression, bipolar disorder, and personality disorders. Of those who attempt or die from suicide, many have a diagnosed mental illness.

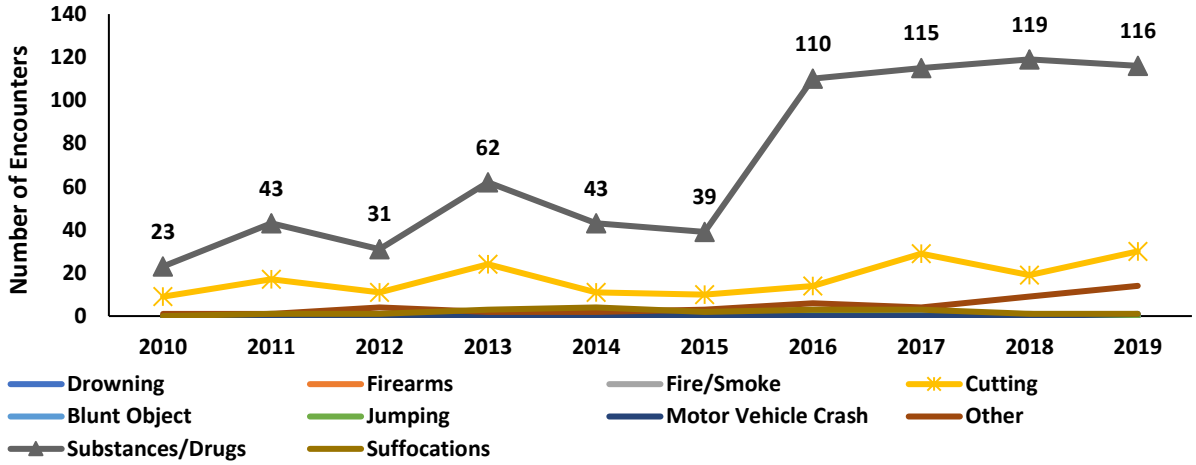
Figure 19. Percentage of Adult Rural Region Residents Who Have Seriously Considered Attempting Suicide, 2011-2019.



Source: Behavioral Risk Factor Surveillance System (BRFSS).
Chart scaled to 10% to display differences among groups.
Indicator was not measured in 2014.
Specific question asked in survey: "During the past 12 months have you ever seriously considered attempting suicide?"

When asked "have you seriously considered attempting suicide during the past 12 months," 6.1% of the Rural Region residents responded yes in 2019. Between 2011 and 2019, the average prevalence for suicide consideration in the rural region 2.6%.

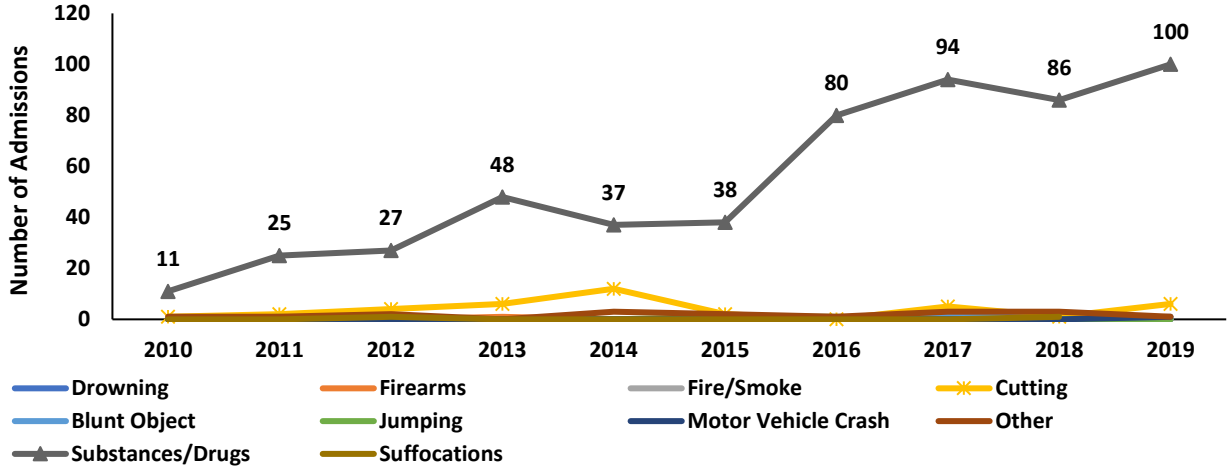
Figure 20. Suicide Attempt Emergency Department Encounters by Method, Rural Region, 2010-2019.



Source: Hospital Emergency Department Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Emergency department encounters related to suicide attempt, where the patient did not expire at the hospital, have remained steady from 2010 to 2019, except for drug-related overdoses. The most common method for attempted suicide is a substance or drug overdose attempt.

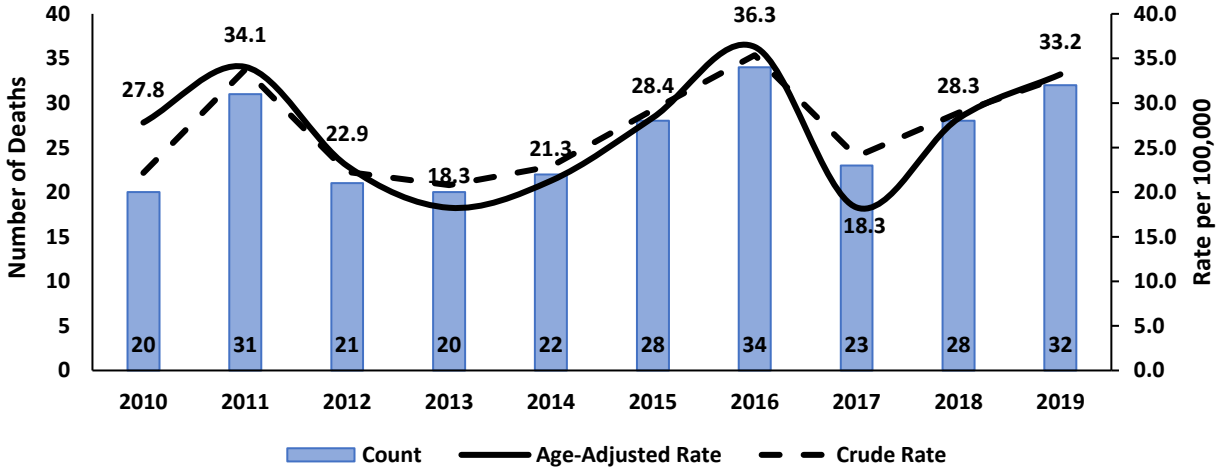
Figure 21. Suicide Attempt Inpatient Admissions by Method, Rural Region, 2011-2019.



Source: Hospital Inpatient Billing.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.
A person can be included in more than category and therefore the counts above are not mutually exclusive.

Inpatient admissions for attempted suicide, where the patient was admitted and did not expire at the hospital, have increased where the method was substances or drug, with 100 inpatient admissions in 2019 for the Rural Region residents.

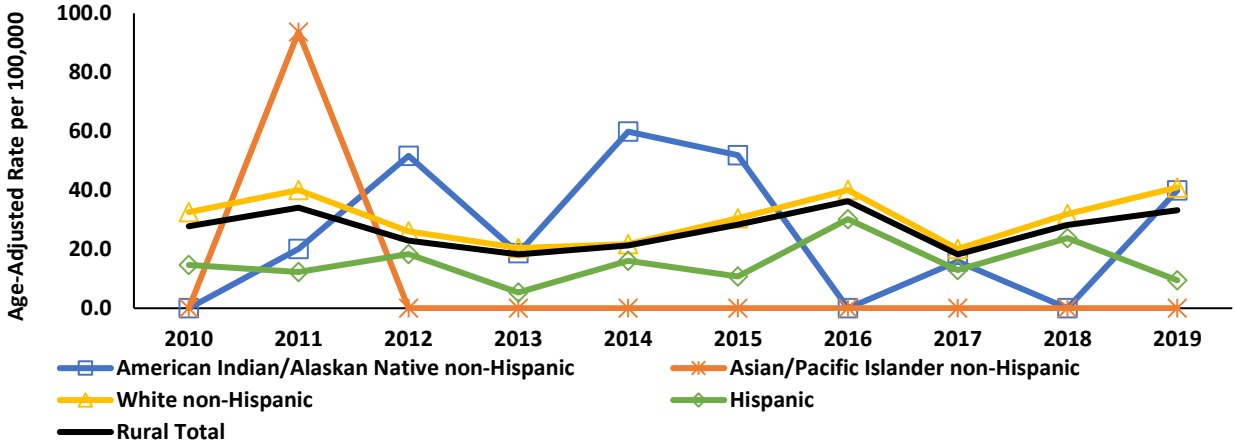
Figure 22. Number of Suicides and Rates, Rural Region, 2010-2019.



Source: Nevada Electronic Death Registry System.

The age-adjusted suicide rate for 2019 in Rural Region residents was 33.2 per 100,000 population, which is a slight increase from 2018 at 28.3 per 100,000 population.

Figure 23. Age-Adjusted Suicides Rates by Race/Ethnicity, Rural Region, 2010-2019.



Source: Nevada Electronic Death Registry System.

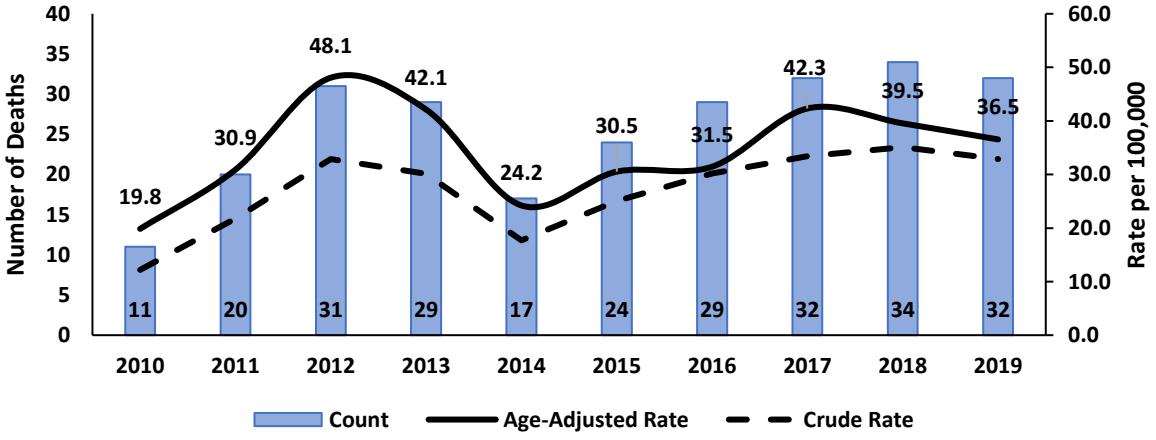
There is no significance between race/ethnicities for suicides in the Rural Region, in 2019.

Mental Health-Related Deaths

Mental health-related deaths are deaths with the following ICD-10 codes groups listed as a contributing cause of death (F00-F99 excluding F10-F19):

- Organic, including symptomatic, mental disorders
- Schizophrenia, schizotypal, and delusional disorders
- Mood [affective] disorders
- Neurotic, stress-related and somatoform disorders
- Behavioral syndromes associated with physiological disturbances and physical factors
- Disorders of adult personality and behavior
- Mental retardation
- Disorders of psychological development
- Behavioral and emotional disorders with onset usually occurring in childhood and adolescence; Unspecified mental disorder

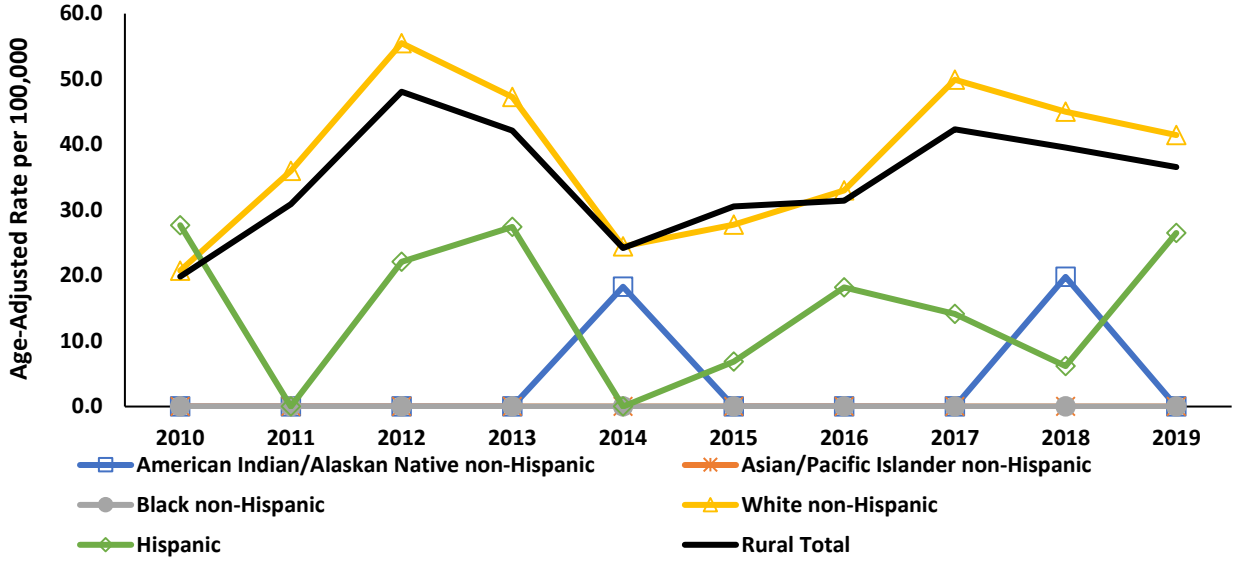
Figure 24. Mental Health-Related Deaths and Rates, Rural Region, 2010-2019.



Source: Nevada Electronic Death Registry System.

The age-adjusted rate for the Rural Region decreased slightly from 39.5 to 36.5 per 100,000 population, 2018 and 2019, respectively.

Figure 25. Age-Adjusted Mental Health-Related Death Rates by Race/Ethnicity, Rural Region, 2010-2019.



Source: Nevada Electronic Death Registry System.

There are no significant differences between the age-adjusted mental health-related death rates among races/ethnicities for 2019.

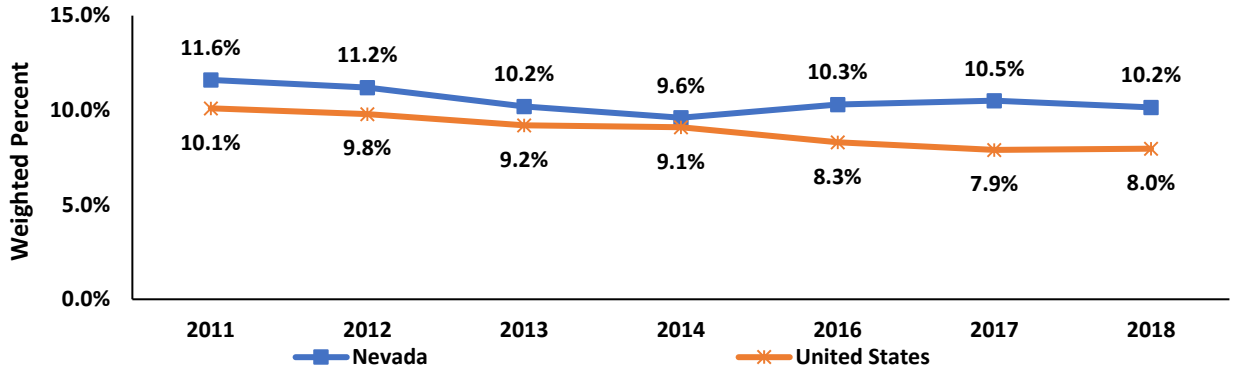
Substance Use

Substance use data are collected from hospital billing data, vital records data, and through national survey data including Substance Abuse and Mental Health Service Administration, BRFSS and YRBS.

National Survey on Drug Use and Health

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors the National Survey on Drug Use and Health (NSDUH). The survey tracks trends of illicit drug, alcohol, and tobacco use, as well as mental health issues throughout the United States. For more information about the national survey, please go to the following website: SAMHSA NSDUH.

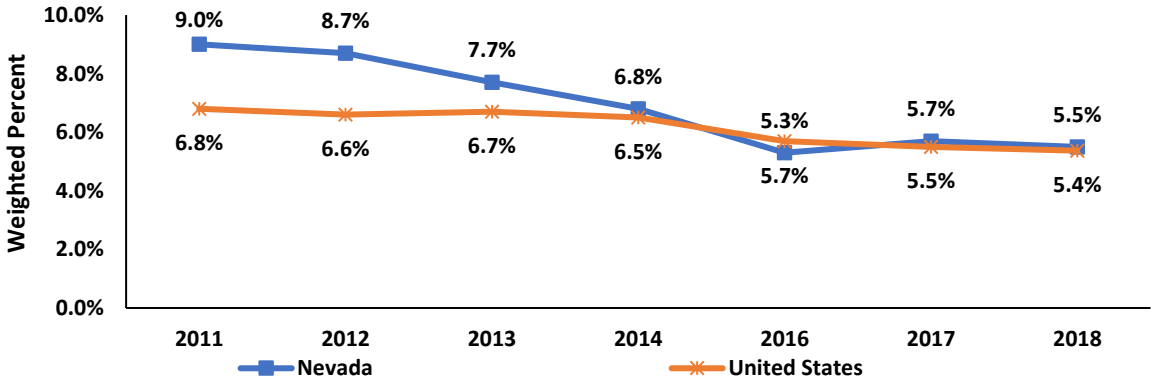
Figure 26. Illicit Drug Use Among Adolescents in the Past Month, Aged 12-17, Nevada and the United States, 2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health, 2017.
Chart scaled to 14% to display differences among groups.

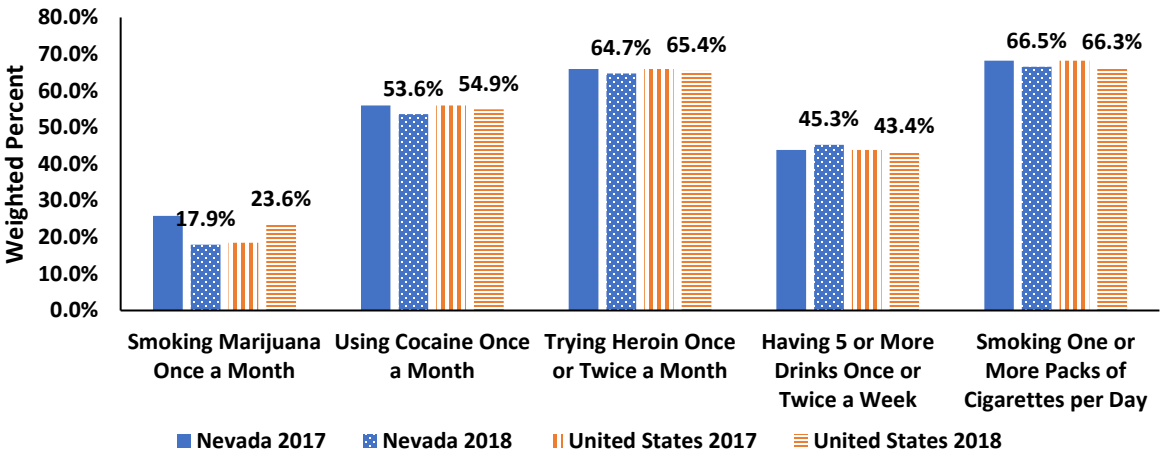
Nevada adolescents illicit drug use has remained within 2% from 2011 to 2018, 10.2% reported illicit drug use in 2018. Alcohol use disorder in the past year has decreased from 9.0% in 2011 to 5.5% in 2018.

Figure 27. Alcohol Use Disorder in the Past Year Aged 12 and Above, Nevada and the United States, 2011-2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 10% to display differences among groups.

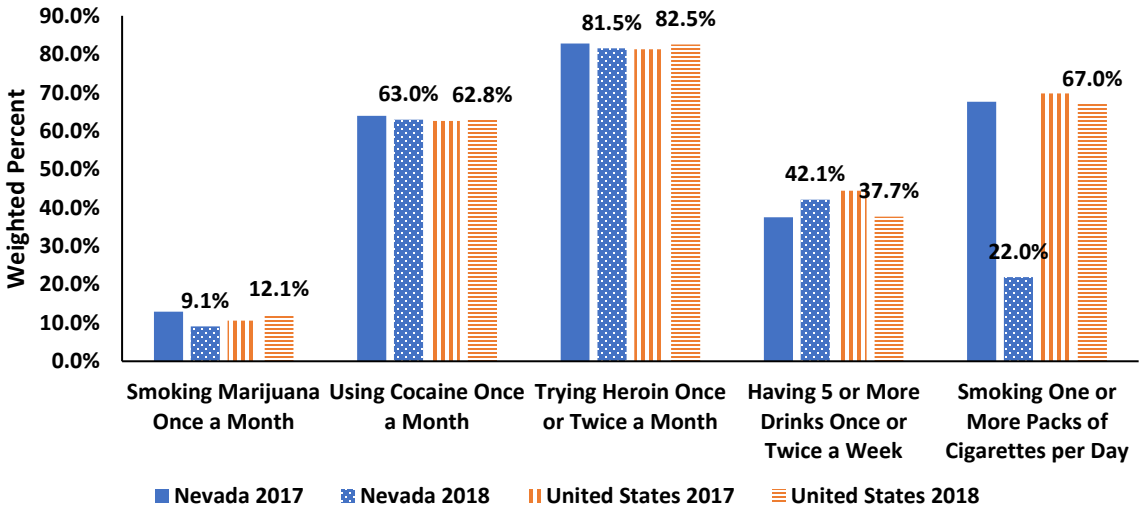
Figure 28. Perceptions of Great Risk from Alcohol or Substance, Aged 12-17, Nevada and the United States, 2018.



Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 80% to display differences among groups.

For perceived risks, the higher percent the more the person perceives there is a risk from it. Nevadans perceived risk among both teens (Figure 30 and 31) and young adults is lower than the nation for most substance uses, including smoking one or more packs of cigarettes per day in young adults, 22.0% in Nevada and nationally at 67.0%

Figure 29. Perceptions of Great Risk from Alcohol or Substance, Aged 18-25, Nevada and the United States, 2018.

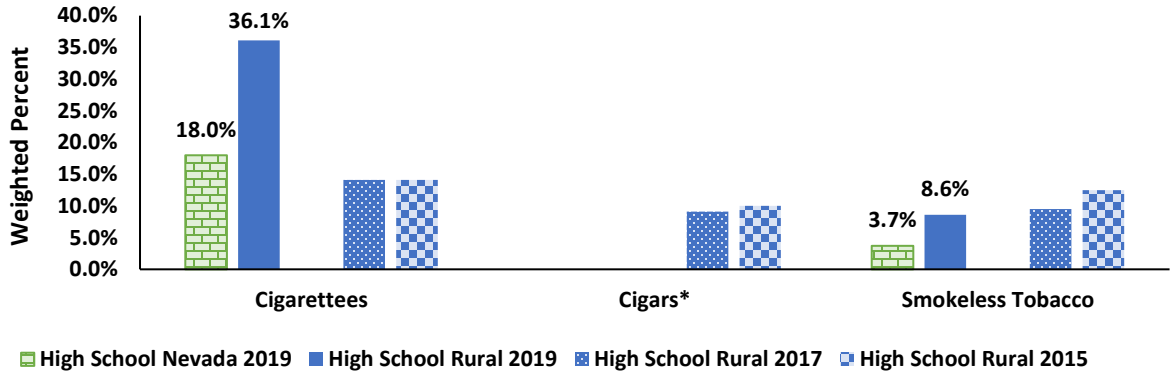


Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health.
Chart scaled to 90% to display differences among groups.
Table in the Appendix.

Youth Risk Behavior Survey (YRBS)

The YRBS monitors six categories of health-related behaviors that contribute to leading causes of death and disabilities among youth and adults. Nevada high school and middle school students are surveyed during the odd numbered years. In 2019, 4,980 high school, and 5,341 middle school students participated in the YRBS in Nevada. The University of Nevada, Reno maintains the YRBS data and publishes data on each survey. For more information on the YRBS survey, please go to the following site: UNR YRBS

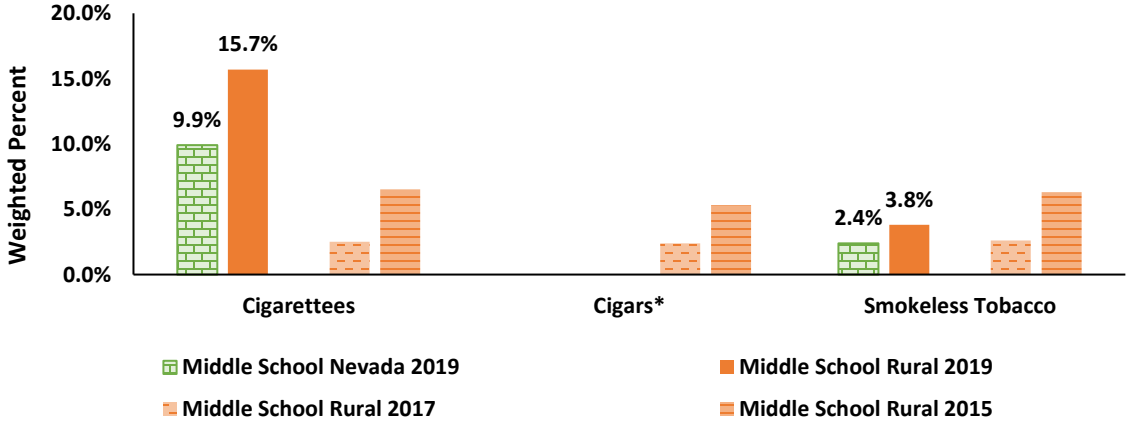
Figure 30a. Tobacco Use, Rural Region High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 40% to display differences among groups.
**Questions related to cigar use are no longer asked.*

High school students for the Rural Region in 2019, had a significantly higher percent for ever having smoked cigarettes than Nevada at 36.1% and 18.0% respectively. The middle school students in the Rural Region while a higher percent of cigarette use, it is not significant.

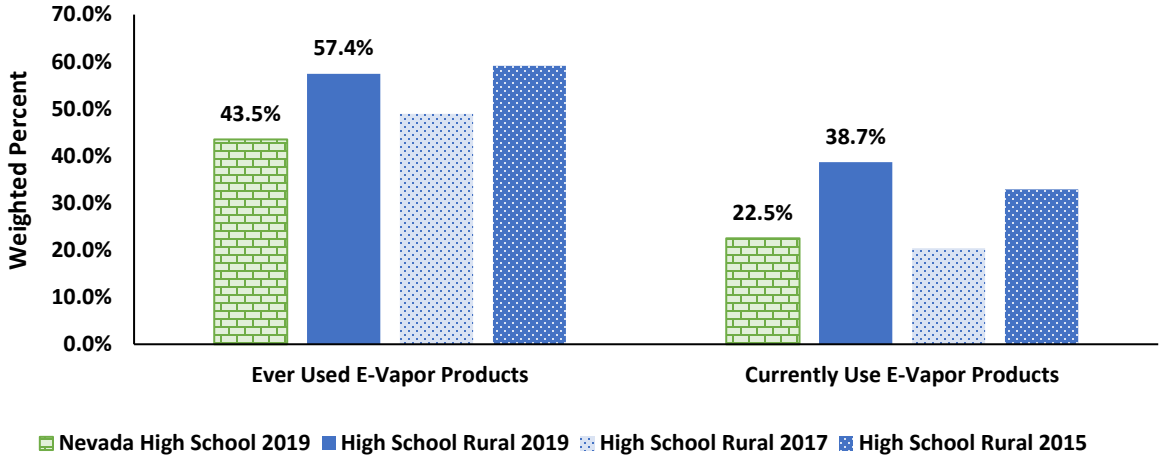
Figure 30a. Tobacco Use, Rural Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.

Chart scaled to 20% to display differences among groups.
**Questions related to cigar use are no longer asked.*

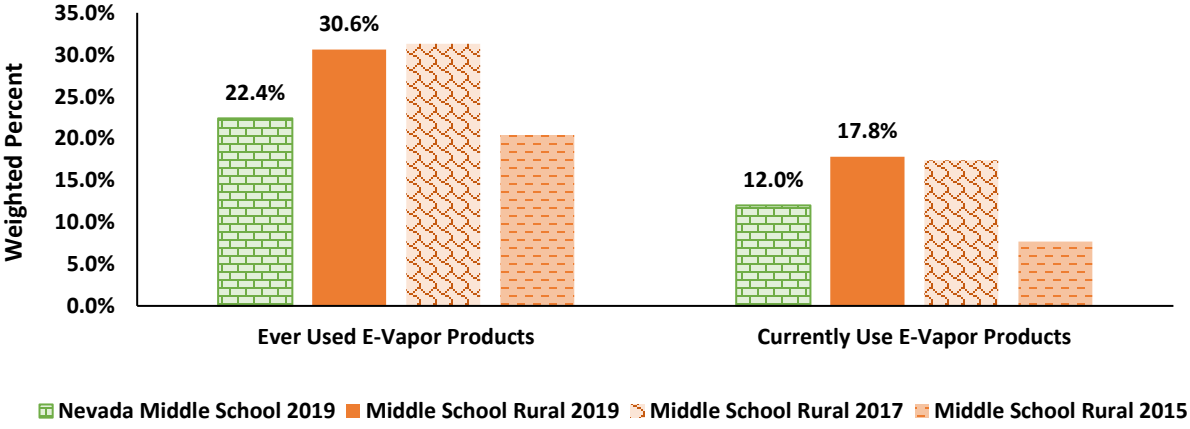
Figure 31a. Electronic Vapor Product Use, Rural Region High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 70% to display differences among groups.

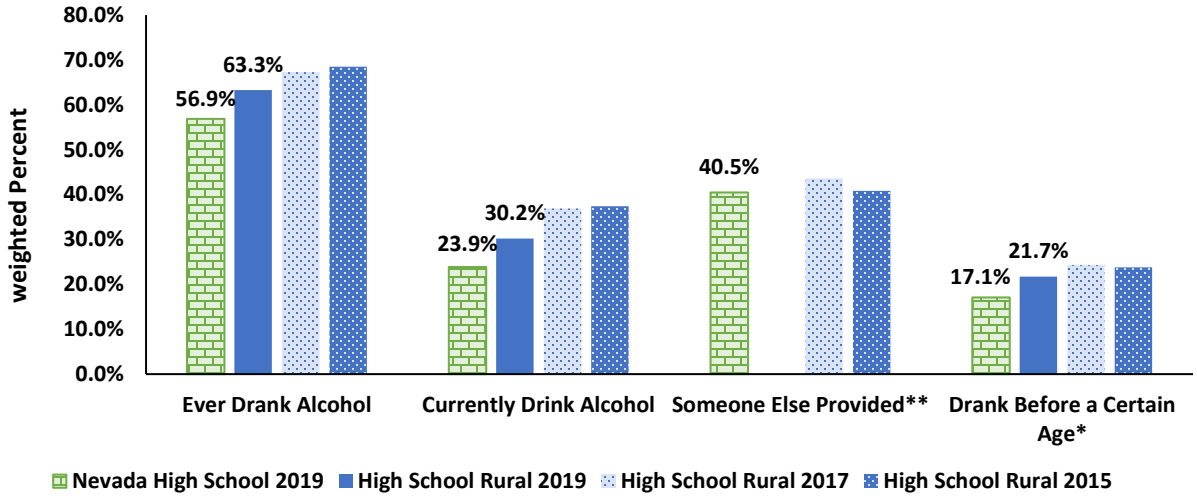
High school students in the Rural Region in 2019 have significantly higher percent for ever having using an electronic vapor (e-vapor) product than Nevada at 57.4% and 43.5% respectively. Similarly, middle school students in the Rural Region have a significantly higher percent for ever using an e-vapor product at 30.6%, 22.4% for Nevada.

Figure 31b. Electronic Vapor Product Use, Rural Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 35% to display differences among groups.

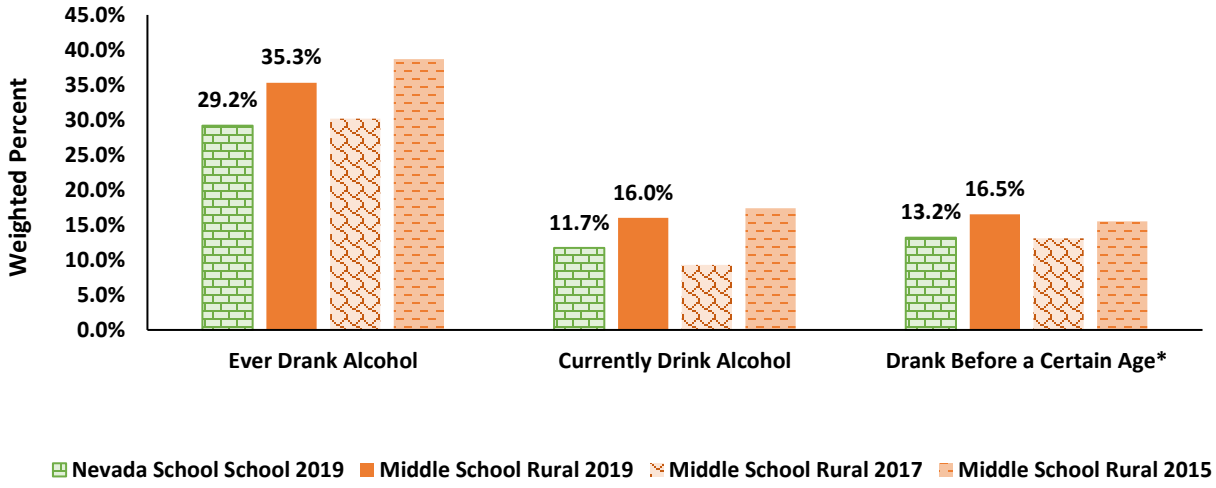
Figure 32a. Alcohol Use, Rural Region High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 80% to display differences among groups.
**In high school students, if they ever drank before age 13.*
***Question 'someone else provided' is no longer asked.*

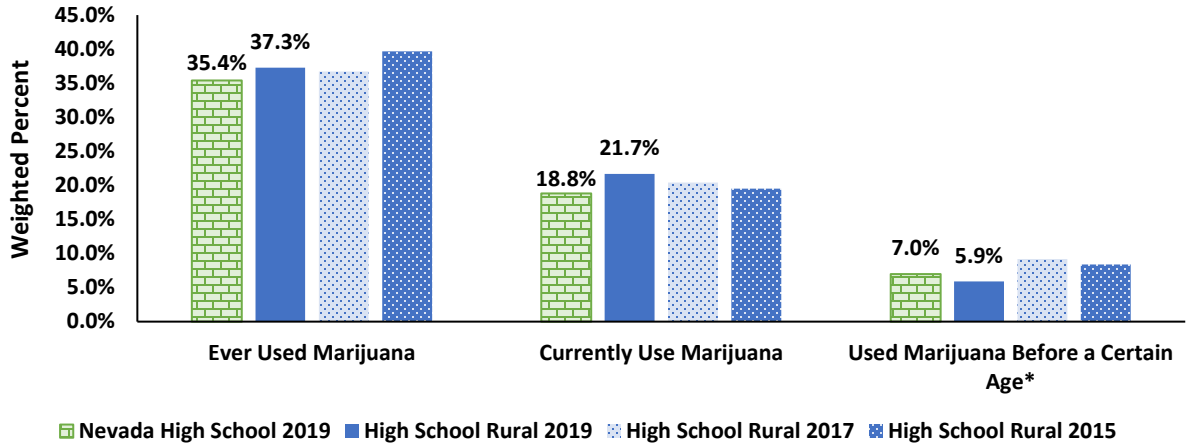
High school students in the Rural Region in 2019 have a higher percent for ever drinking alcohol than Nevada at 63.3% and 56.9%, respectively. The percent from previous years has decreased from 67.3% in 2017. Similarly, middle school students in the Rural Region have a higher percent for ever drinking alcohol at 35.3%, compared 29.2% for Nevada.

Figure 32b. Alcohol Use, Rural Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 45% to display differences among groups.
**In high school students, if they ever drank before age 13.*

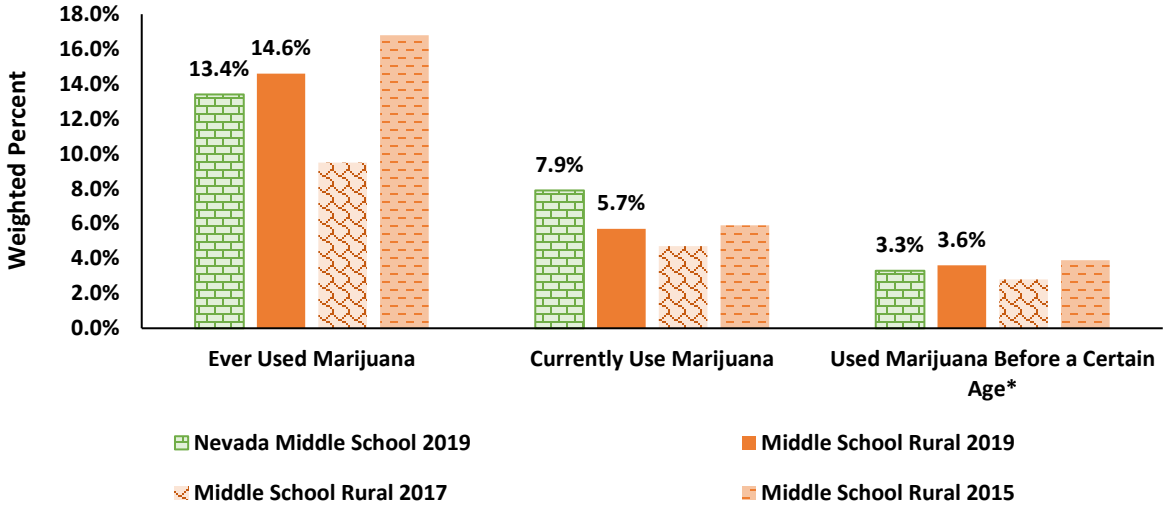
Figure 33a. Marijuana Use, Rural Region High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 45% to display differences among groups.
**In high school students, if they ever used marijuana before age 13.*

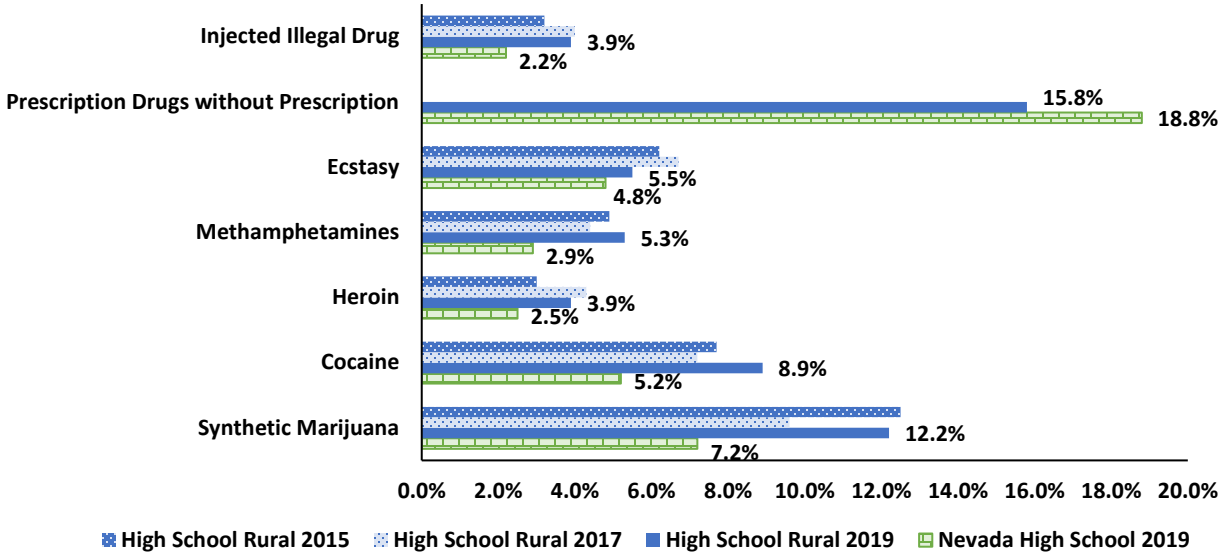
There is no significant change for marijuana use from 2017 to 2019 for the Rural Region high school and middle school students. In 2019, 37.3% of the Rural Region high school students said they had tried marijuana before and 14.6% of middle school students. This is up slightly from 2017 in high school students which was 36.7%.

Figure 33b. Marijuana Use, Rural Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 18% to display differences among groups.
**In high school students, if they ever used marijuana before age 13, and in middle school students, if they ever used marijuana before age 11.*

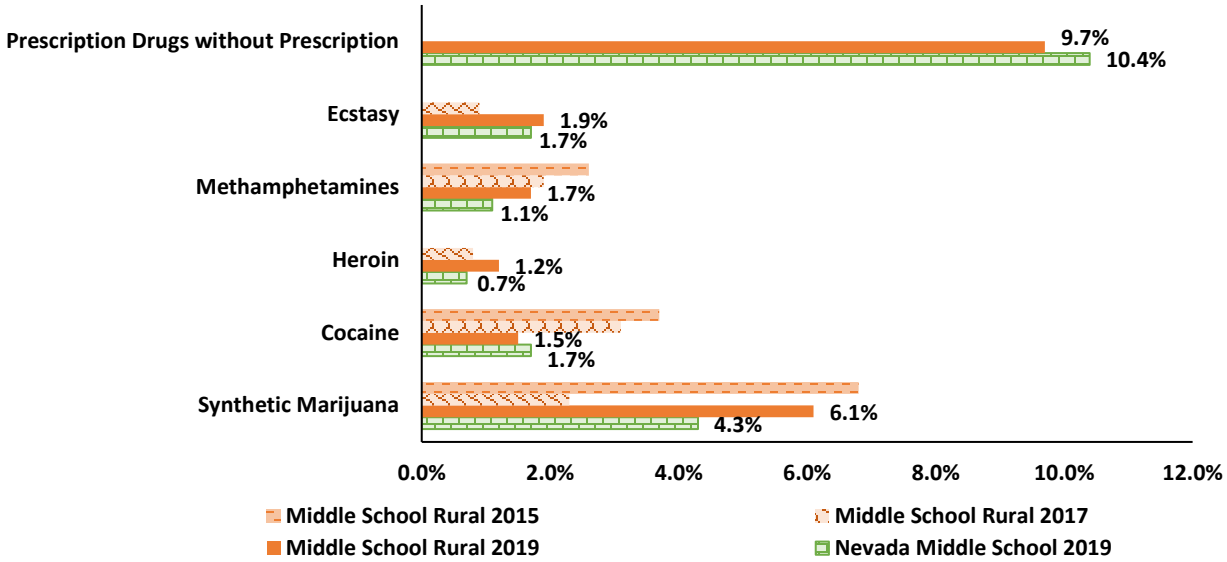
Figure 34a. Lifetime Drug Use, Rural Region High School Students, 2015, 2017 and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 20% to display differences among groups.

Drug use increased from 2017 to 2019 in the Rural Region in high school students. In 2017, lifetime methamphetamine use increased from 4.4% to 5.3% in 2019. Similarly, lifetime cocaine use increased from 7.2% to 8.9% which is higher than Nevada high school students at 5.2% but decreased in the middle schools from 3.1% to 1.5% lifetime use.

Figure 34b. Lifetime Drug Use, Rural Region Middle School Students, 2015, 2017, and 2019, and Nevada Middle School Students, 2019.

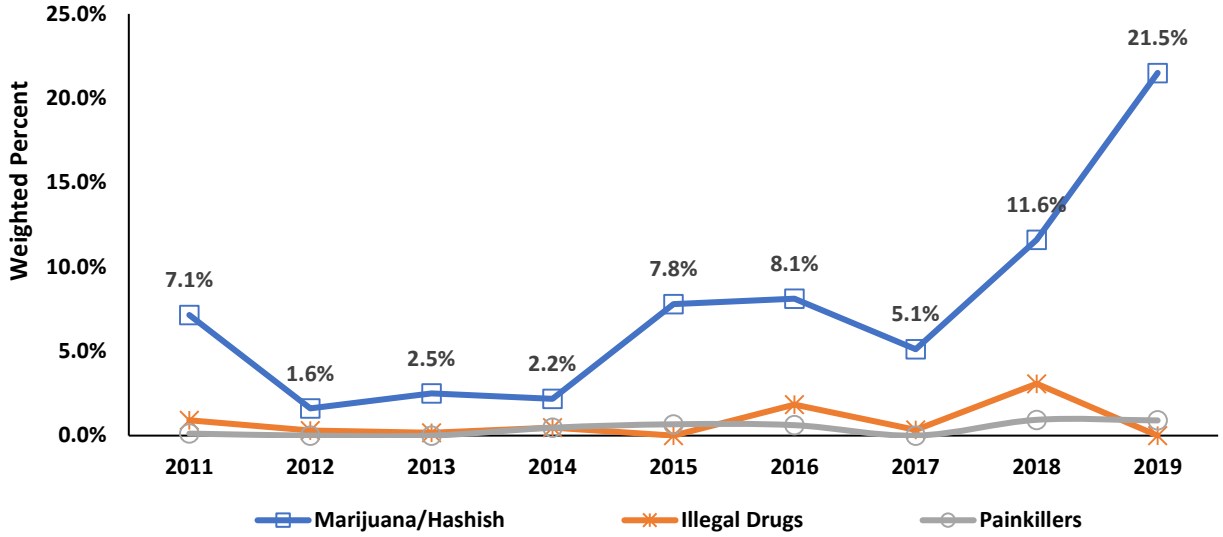


Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 12% to display differences among groups.

Behavioral Risk Factor Surveillance System

BRFSS collects information on adult health-related risk behaviors. According to the Centers for Disease Control and Prevention, BRFSS is a powerful tool for targeting and building health promotion activities. The survey has questions focusing on substance use including illegal drug use, e-cigarettes, and drunkenness.

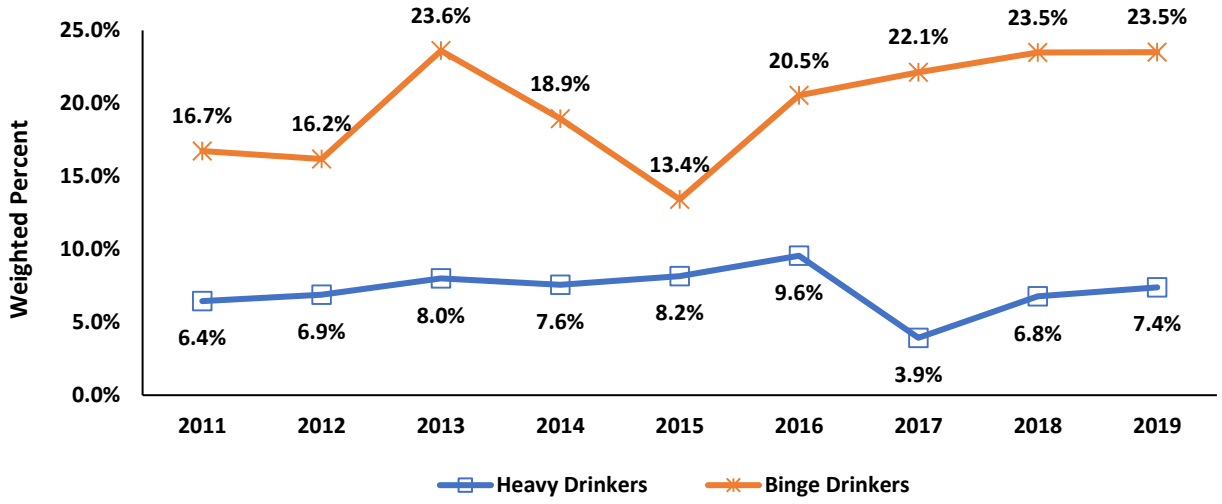
Figure 35. Adult Nevada Residents Who Used Marijuana/Hashish, Illegal Substances, or Painkillers to Get High in the Last 30 Days, Rural Region, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 25% to display differences among groups.
Specific question asked in survey: "During the past 30 days, on how many days did you use marijuana or hashish/any other illegal drug/prescription drugs without a doctor's order, just to "feel good," or to "get high"?"

Marijuana use has more than doubled since 2011. In 2019, 21.5% have used marijuana in the past 30 days from 7.1% in 2011. Marijuana use is expected to increase as marijuana was legalized in Nevada in 2017. Of those surveyed in the Rural Region, 0.7% (on average) used painkillers to get high in the last 30 days which is a slight decrease from 2018 at 0.9%.

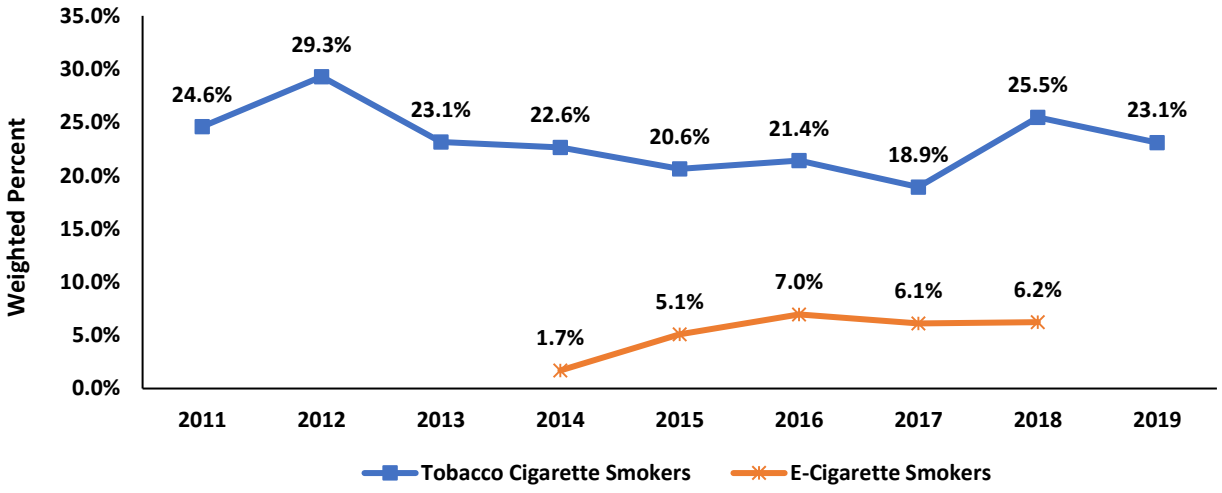
Figure 36. Percentage of Adults Who are Considered Binge Drinkers or Heavy Drinkers, Rural Region, 2011-2019.



Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 25% to display differences among groups.
Heavy drinkers (adult men having more than 14 drinks per week and adult women having more than seven drinks per week).
Binge drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion).

Binge drinking is defined in men as having five or more alcoholic beverages and woman having four or more alcoholic beverages on the same occasion. Heavy drinking is defined in men as consuming more than two alcoholic beverages, and in women as consuming more than one alcoholic beverage per a day. Binge drinking decreased to 13.4% in 2015 then increased steadily until 2018. Heavy drinking decreased to a low of 3.9% in 2017 then increased in 2018 and 2019.

Figure 37. Percentage of Adults Who are Current Tobacco Cigarette or E-Cigarette Smokers, Rural Region, 2011-2019.



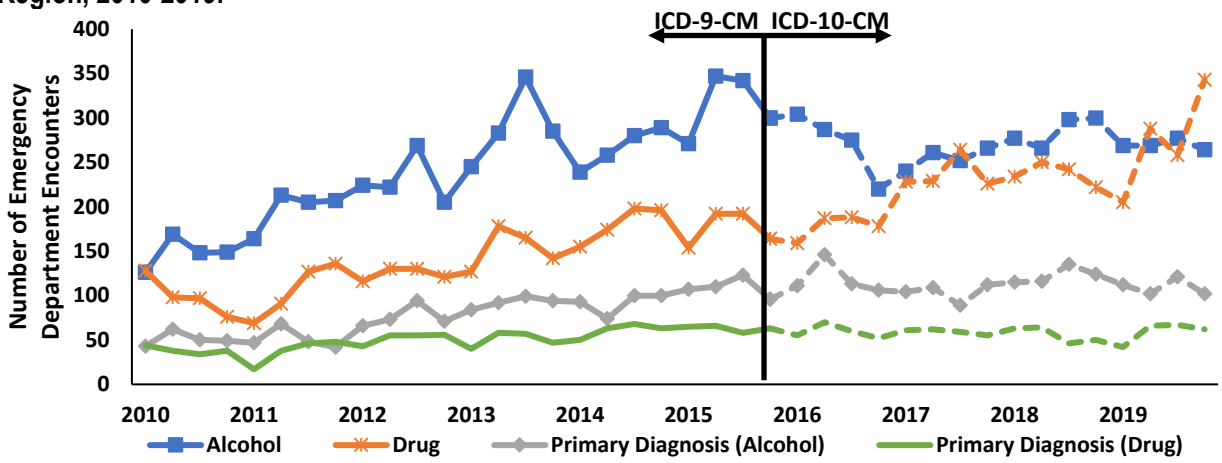
Source: Behavioral Risk Factor Surveillance System.
Chart scaled to 35% to display differences among groups.
E-cigarette use was not collected until 2014.
Current cigarette smokers are defined as individuals who have smoked at least 100 cigarettes in their lifetime and currently smoke. Current e-cigarette smokers are defined as individuals who currently have smoked on at least one day in the past 30 days or who currently report using e-cigarettes or other electronic "vaping" products every day or some days.

In 2019, 23.1% of adults in the Rural Region were current cigarette smokers, which has decreased from a high of 29.3% in 2012. E-cigarette use has increased among adults in the Rural Region from 1.7% in 2014 (the first year this data was collected) to 6.2% in 2019.

Hospital Emergency Department Encounters

The hospital emergency department billing data provides health billing data for emergency departments patients for Nevada's non-federal hospitals. Since an individual can have more than one diagnosis during a single emergency department visit, the following numbers are not mutually exclusive.

Figure 38. Alcohol and Drug-Related Emergency Department Encounters by Quarter and Year, Rural Region, 2010-2019.

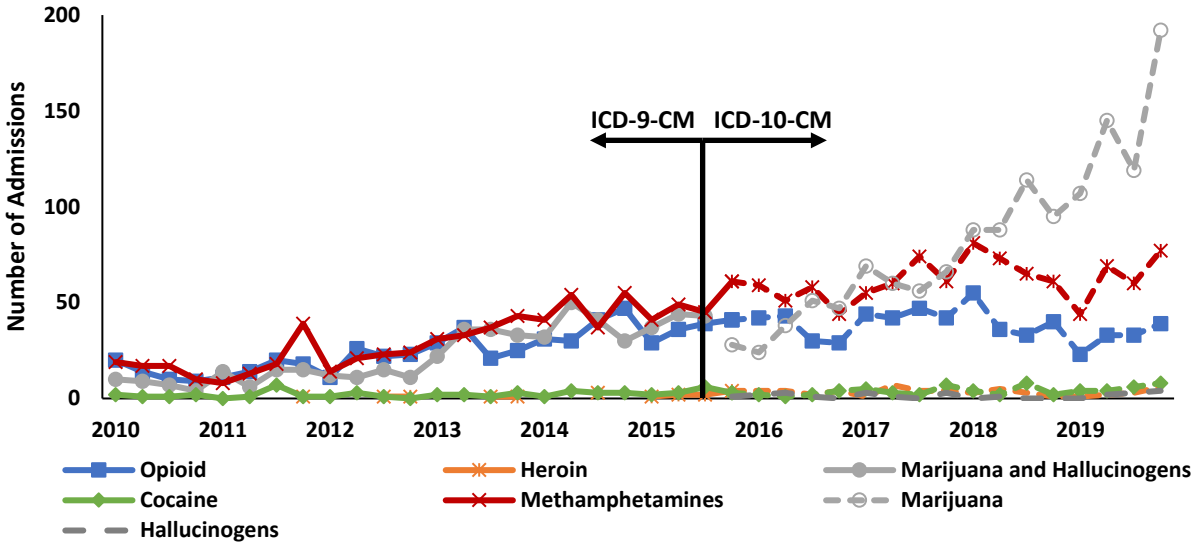


Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

The "primary diagnosis" is the condition established to be chiefly responsible for the emergency department visit. The "alcohol" and "drug" categories are for any visits where alcohol/drugs were listed in any of the diagnoses.

Alcohol-related visits for Rural Region residents were more common than drug-related visits until 2017 when drug-related visits to the emergency department closely equaled the number of alcohol-related visits and surpassed the number of alcohol-related visits in 2019.

Figure 39. Drug-Related Emergency Department Encounters by Drug and Quarter and Year, Rural Region, 2010-2019.



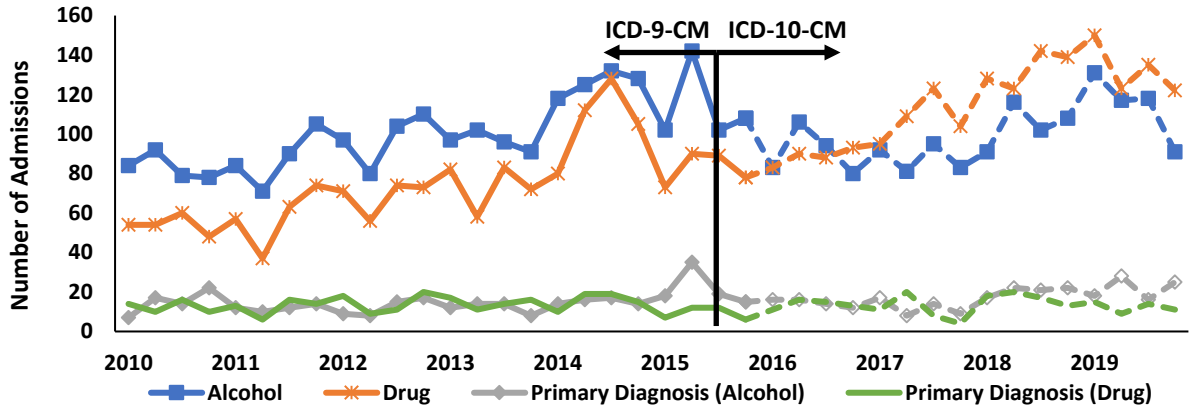
Source: Hospital Emergency Department Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Marijuana drug use rates in the Rural Region were higher in 2018 and 2019 than previous years.

Hospital Inpatient Admissions

The hospital inpatient admission billing data provides health billing data for patients admitted to hospitals for longer than a 24-hour period. In 2019, more people were admitted into Nevada hospitals for drug-related issues than for alcohol-related issues.

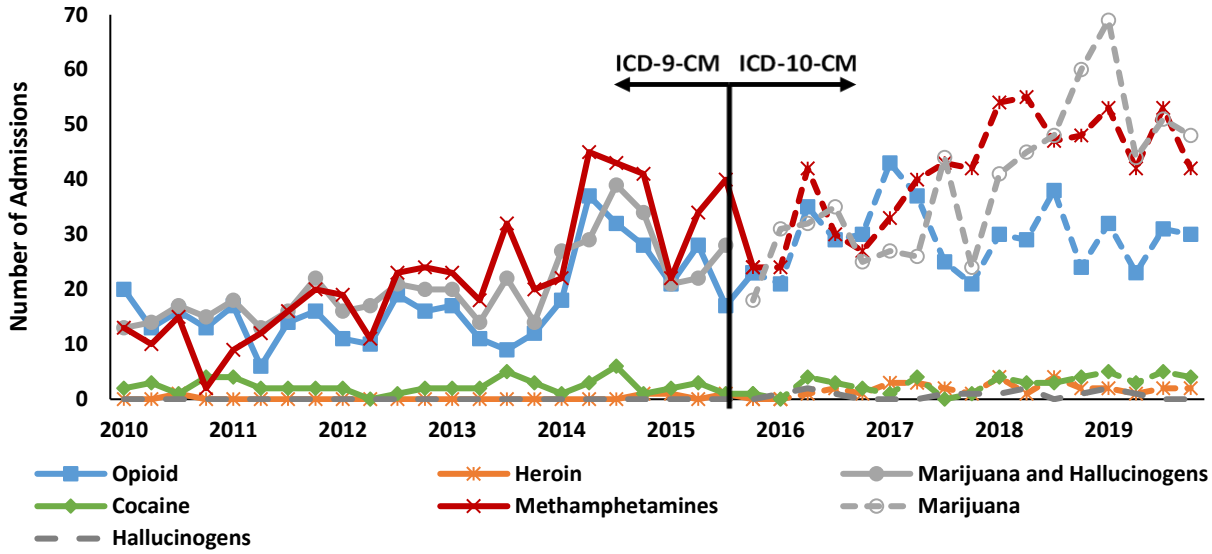
Figure 40. Alcohol and/or Drug-Related Inpatient Admissions by Quarter and Year, Rural Region, 2010-2019.



Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9-CM codes were replaced by ICD-10-CM codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Alcohol-related admissions were more common than drug-related admissions until 2018 where drug-related admissions surpassed alcohol-related admissions and have remained higher through 2019.

Figure 41. Drug-Related Inpatient Admissions by Quarter and Year, 2010-2019.



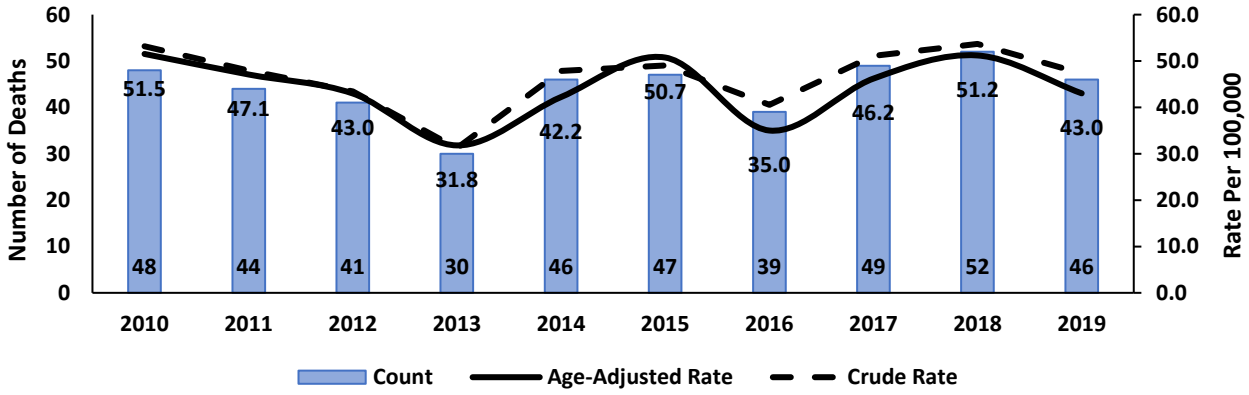
Source: Hospital Inpatient Billing.
Categories are not mutually exclusive.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Hallucinogens and marijuana were grouped together for ICD-9-CM, but in 2015 were separated into different groups in the ICD-10-CM codes. Marijuana and methamphetamine Rural Region admissions have increased steadily since 2010.

Alcohol-Related and/or Drug-Related Deaths

Alcohol-related and/or drug-related deaths include deaths where alcohol/drugs are listed as the cause of death. In previous reports, contributing causes of death for alcohol/drugs were included; therefore, counts will be lower than in the previous report.

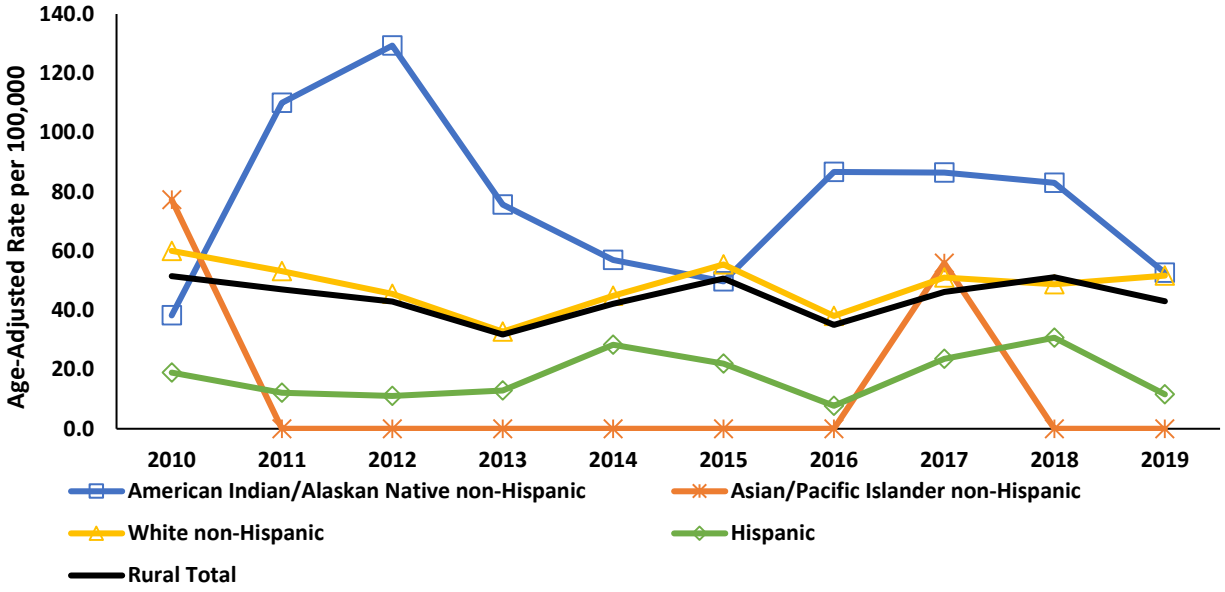
Figure 42. Alcohol-Related and/or Drug-Related Deaths and Rates, Rural Region, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related/or drug-related age-adjusted rate decreased in 2019 from the previous two years, with 43.0 alcohol-related and/or drug related deaths per 100,000 in the Rural Region.

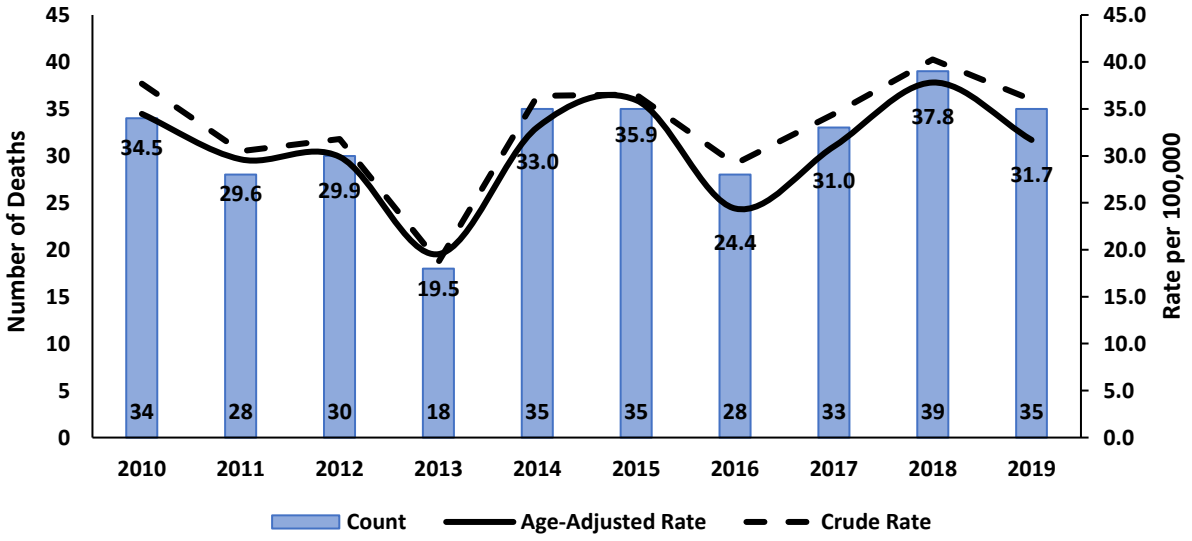
Figure 43. Age-Adjusted Rate for Alcohol-Related and/or Drug-Related Deaths by Race, Rural Region, 2010-2019.



Source: Electronic Death Registry System.

Although it appears that the American Indian/Alaskan Native non-Hispanic population had higher rates of alcohol-related and/or drug-related deaths in all years from 2011 to 2018, these deaths are not statistically significant (95% confidence interval) due to the relatively small population size. Black non-Hispanic race was not included in this graph due to small counts.

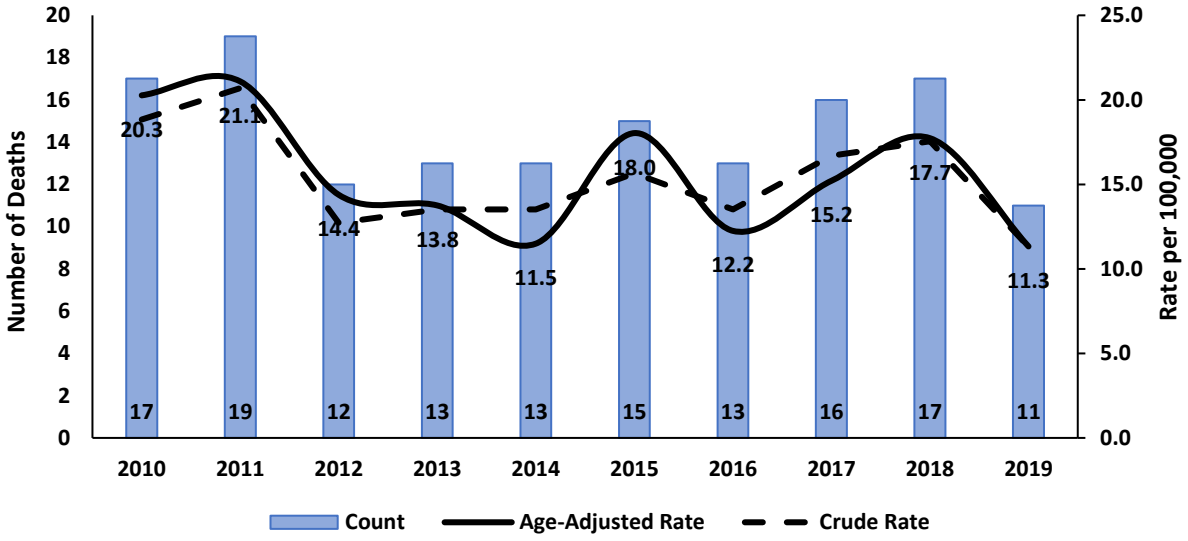
Figure 44. Alcohol-Related Deaths and Rates, Rural Region, 2010-2019.



Source: Electronic Death Registry System.

Alcohol-related deaths in the Rural Region have neither increased nor decreased significantly between 2010 to 2019.

Figure 45. Drug-Related Deaths and Rates, Rural Region, 2010-2019.



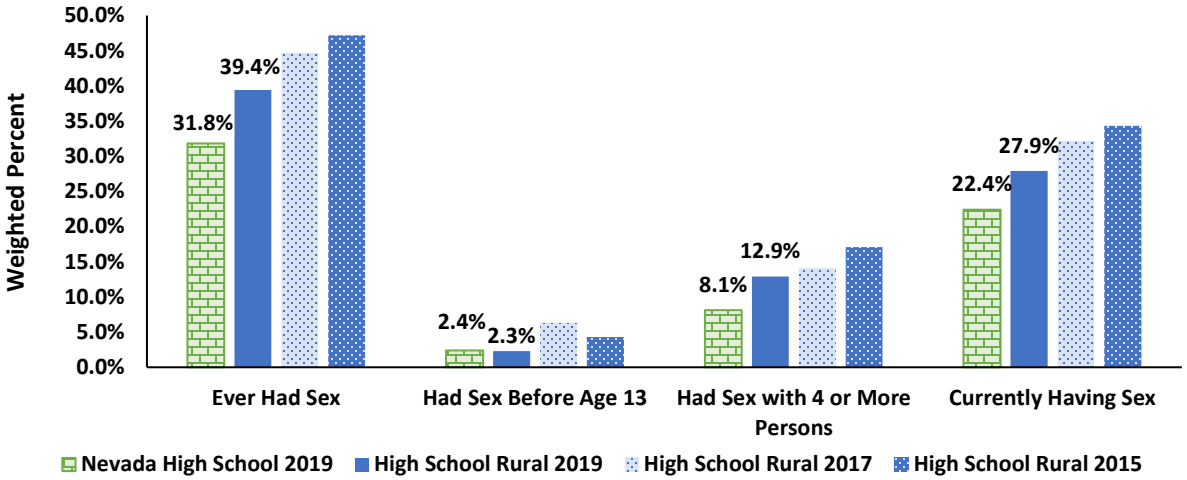
Source: Electronic Death Registry System.

In 2019, 11.3 deaths per 100,000 in the Rural Region were drug-related. This rate is the lowest in the 10-year period, with a high of 21.1 per 100,000 in 2011.

Youth (Adverse Effects from Youth)

Youth Risk Behavior Survey (YRBS)

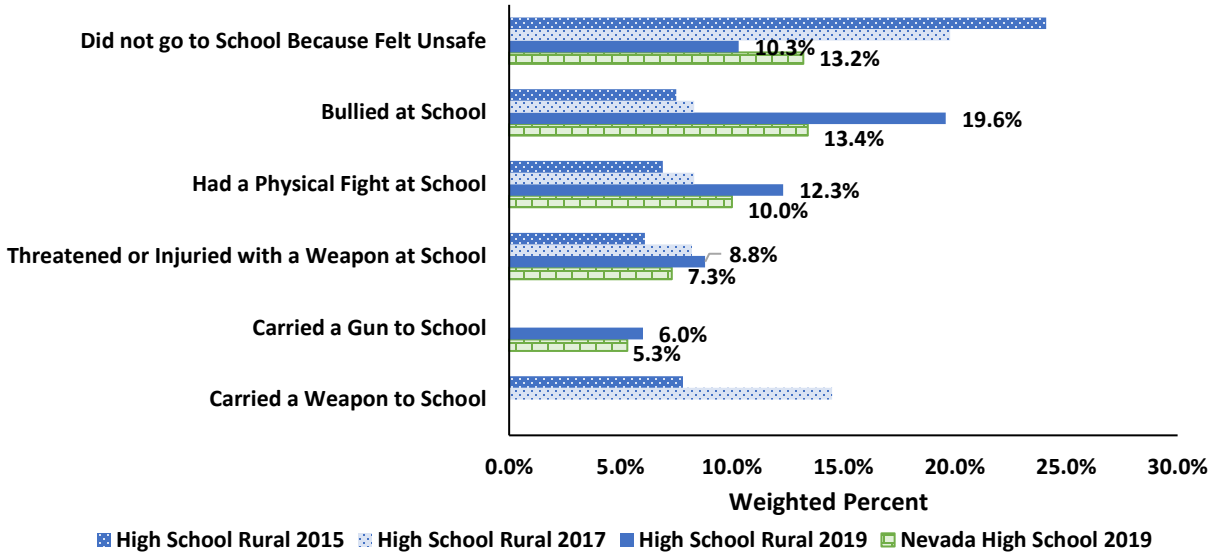
Figure 46. Sexual Behaviors Among Students, Rural Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 50% to display differences among groups.

There was a decrease in rates across sexual behaviors among high school students in the Rural Region in 2019.

Figure 47. Violence Among Students, Rural Region High School Students, 2015, 2017, and 2019, and Nevada High School Students, 2019.



Source: Nevada Youth Risk Behavior Survey.
Chart scaled to 30% to display differences among groups.

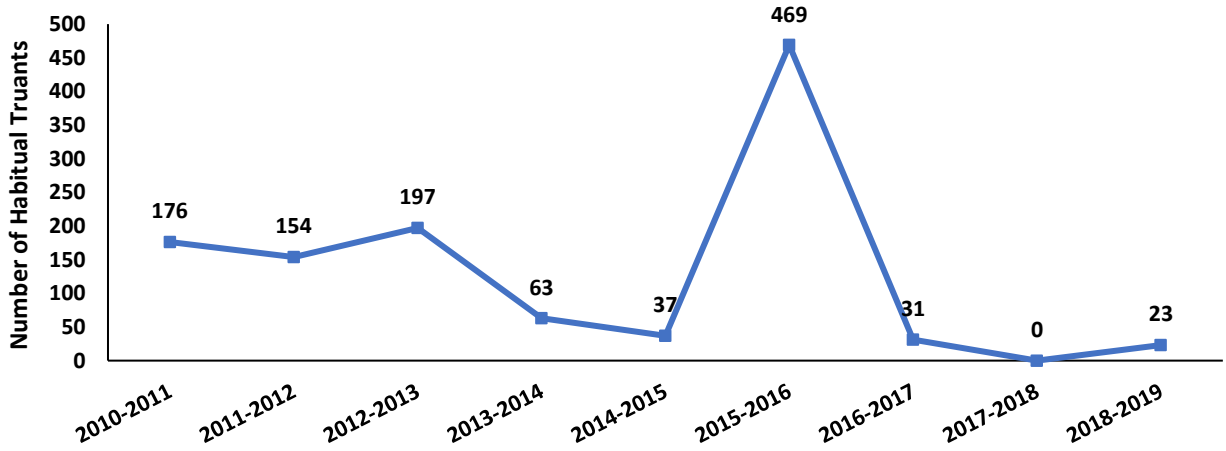
High school students in the Elko, White Pine and Eureka Counties; and Churchill, Humboldt, Pershing, and Lander Counties, at a significant higher percent's for carrying a weapon on school property. The high school students in Lyon, Mineral and Storey Counties had significantly high percent for being bullied at school. The middle school students in Nye, Lincoln, and Esmeralda County have significantly higher percent's for being bullied at school.

Nevada Report Card

The Nevada Report Card is the accountability reporting website of the Nevada Department of Education. In compliance with federal and state law, it assists community members (parents, educators, researchers, lawmakers, etc.) in locating a wealth of detailed information pertaining to K-12 public education in Nevada. The web site has three categories: "school and district information," "assessment and accountability" and "fiscal and technology."

When student behavioral health needs are not identified or not provided with the necessary attention, they are more likely to experience difficulties in school. These include higher rates of suspension, expulsion, dropout, and truancy, as well as lower grades. Nationally, 50% of students aged 14 or older who are living with a mental illness drop out of high school. This is the highest dropout rate of any disability group.

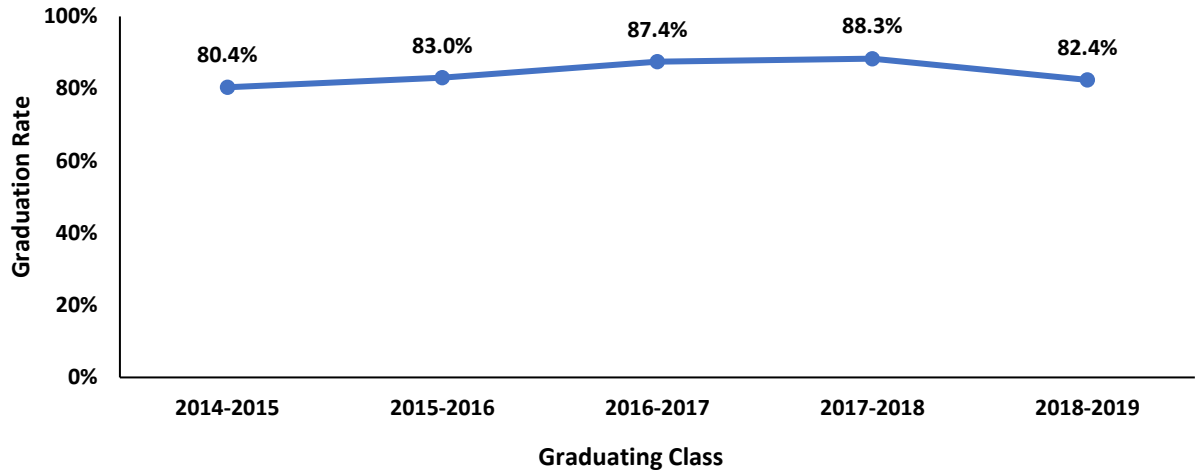
Figure 48. Number of Habitual Truants, Rural Region, Class Cohorts 2010–2019.



Source: Nevada Department of Education, Report Card.

The Rural Region's number of habitually truant students has decreased overall since 2010-2011 except for a spike in the 2015-2016 school year. The Rural Region recorded the lowest number of 0 truant students during the 2017-2018 school year. In 2018-2019, there were 23 habitually truant students.

Figure 49. High School Graduation Rate, Rural Region, Class Cohorts 2014–2019.



Source: Nevada Department of Education, Report Card.

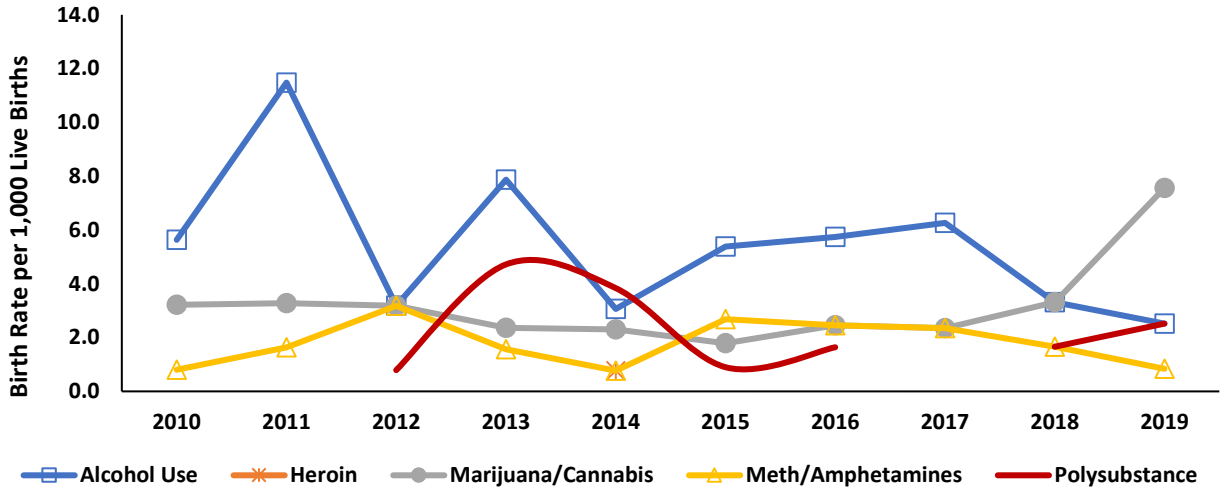
Graduation rate is defined as the rate at which 9th graders graduate by the end of the 12th grade (number of students who graduate in four years with a regular high school diploma divided by the number of students from the adjusted cohort for the graduation class). The Rural Region high schools' graduation rates decreased from 2017-2018 to 2018-2019 by approximately 6%.

Maternal and Child Health

Substance Use Among Pregnant Women (Birth)

The data in this section is reflective of self-reported information provided by the mother on the birth record. In 2019, there were 1,190 births to mothers who reside in the Rural Region.

Figure 50. Prenatal Substance Use Birth Rates (Self-Reported) for Select Substances, Rural Region, 2010-2019.



Source: Nevada Electronic Birth Registry System.

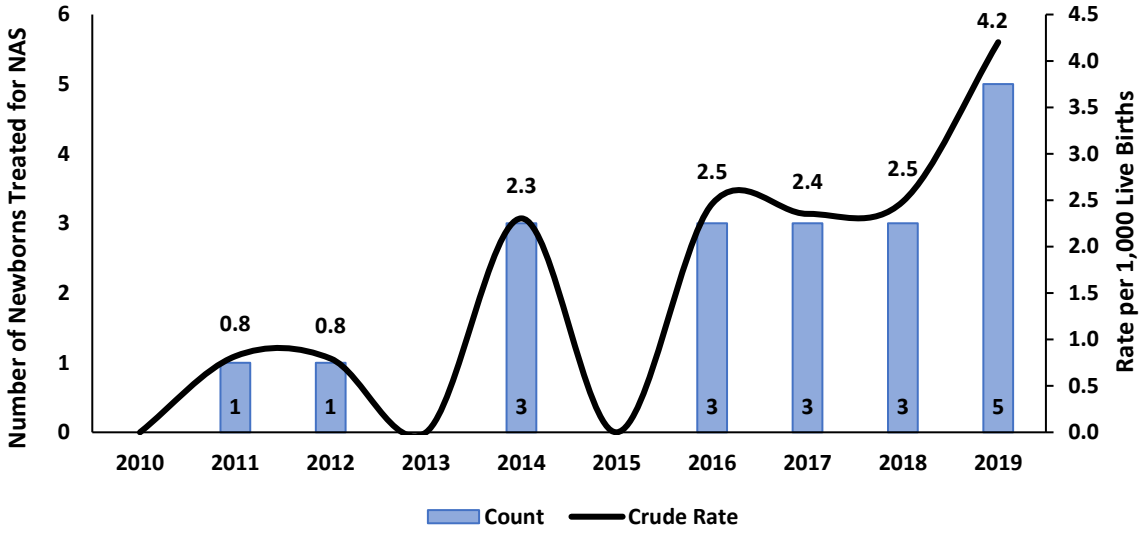
Of the self-reported substance use during pregnancy among Rural Region mothers who gave birth between 2010 and 2019, the highest rate was with alcohol use in 2011, at approximately 11.5 per 1,000 live births. Marijuana use increased from a rate of 3.3 per 1,000 live births in 2018 to 7.6 per 1,000 live births in 2019.

Because alcohol and substance use during pregnancy is self-reported by the mothers, rates are likely lower than actual rates due to underreporting, and expectant mothers may be reluctant to be forthcoming on the birth record for a variety of reasons.

Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of problems that occur in a newborn who was exposed to addictive, illegal, or prescription drugs while in the mother's womb. Withdrawal or abstinence symptoms develop shortly after birth. The NAS rate in the Rural Region increased from 2.5 in 2018 to 4.2 in 2019.

Figure 51. Neonatal Abstinence Syndrome, Rural Region, 2010-2019.



Source: Hospital Inpatient Department Billing and Nevada Electronic Birth Registry System.
ICD-9 codes were replaced by ICD-10 codes in last quarter of 2015, therefore data prior to that may not be directly comparable.

Appendix

Hospital billing data (emergency department and inpatient admissions) and mortality data both utilize International Classification of Diseases codes (ICD). Hospital billing uses ICD-CM which is a 7-digit code verses death where the ICD codes are 4-digit. In hospital billing data, the ICD codes are provided in the diagnosis fields, while death data the ICD codes are coded from the literal causes of death provided on the death certificate.

In October 2015, ICD-10-CM codes were implemented nationwide. Before October 2015, ICD-9-CM codes were used for medical billing. Therefore, 2015 data consists of two distinct coding schemes, ICD-9-CM and ICD-10-CM respectively. Due to this change in coding schemes, hospital billing data from October 2015 forward may not be directly comparable to previous data.

The following ICD-CM codes were used to define hospital encounters and admissions:

All Diagnosis:

Anxiety: 300.0 (9); F41 (10)
Bi-Polar: 296.40-296.89 (9); F32.89, F31 (10)
Depression: 296.20-296.36, 311 (9); F32.0-F32.5, F33.0-F33.4, F32.9 (10)
Post-Traumatic Stress Disorder: 309.81 (9); F43.10, F43.12 (10)
Schizophrenia: 295 V11.0 (9); F20, Z65.8 (10)
Suicidal Ideation: V62.84 (9); R45.851 (10)
Suicide Attempts: E95.0-E95.9 (9); X71-X83, T36-T65, T71 (10)

Primary and All Diagnosis:

Alcohol: 291, 303, 980, 305.0, 357.5, 425.5, 535.3, 571.0, 571.1, 571.2,571.3, 790.3 (9); F10, K70, G62.1, I42.6, K29.2, R78.0, T51 (10).
Drug: 292, 304, 965, 967, 968, 969, 970, 305.2, 305.3, 305.4, 305.5, 305.6, 305.7, 305.8, 305.9 (9); F11- F16, T39, T40, T43, F18, F19 T410, T41.1, T41.2, T41.3, T41.4, T42.3, T43.4, T42.6, T42.7, T42.8 (10).

*Alcohol and Drug Use encounters are both Primary Diagnosis and All diagnosis were analyzed:

The following ICD-10 codes were used to define mortality causes:

Suicide-related deaths: X60-X84, Y87.0 (Initial cause of death is suicide).
Mental and Behavioral-related deaths: F00-F09, and F20-F99 (Initial or contributing cause of death).
Alcohol-related deaths: K70, Y90, Y91, X45, X65, Y15, T51, K73, K74, G31.2, G62.1, I42.6, K29.2, K86.0, K85.0, R78.0, E24.4, O35.4, Q86.0, and Z72.1 (Initial cause of death).
Drug-related Deaths: X40-X44, X60-S64, X85, Y10-Y14 (Initial cause of death).
*The 2019 Epidemiologic Profile utilized contributing cause of death for drug and alcohol related deaths, this methodology is changed to only the initial cause of death in this report, numbers will have decreased due to this change.

Data Tables

Table 1. Population Distribution, Rural Region, 2010-2019.

	2010	2011	2012	2013	2014	2015	2016	2017	2017	2019
Rural	90,213	91,827	94,345	96,185	96,141	95,803	96,130	95,845	95,919	97,257
Sex										
Female	41,993	42,946	43,936	44,887	44,855	45,023	45,257	45,263	45,383	46,122
Male	48,220	48,881	50,409	51,298	51,286	50,780	50,873	50,582	50,536	51,135
Age										
<1	1,409	1,207	1,241	1,153	1,237	991	1,124	1,117	1,097	1,111
1-4	5,158	5,239	4,948	5,141	4,986	4,771	4,429	4,355	4,365	4,274
5-14	12,158	11,597	11,264	11,142	11,331	11,314	11,484	11,875	12,030	12,203
15-24	16,955	18,094	19,235	19,749	18,910	17,303	16,636	14,349	13,260	13,331
25-34	7,920	9,128	10,531	11,544	12,433	14,464	15,560	17,358	18,119	18,797
35-44	12,358	11,898	11,540	10,970	10,334	9,850	9,460	9,215	9,363	9,381
45-54	14,212	13,986	13,852	13,380	13,251	12,945	12,681	12,663	12,284	11,595
55-64	10,920	11,153	11,502	12,045	11,849	11,431	11,658	11,654	11,565	12,210
65-74	6,042	6,084	6,683	7,463	8,138	8,548	8,622	8,436	8,686	9,052
75-84	2,195	2,479	2,543	2,577	2,703	3,125	3,432	3,809	4,086	4,192
85+	885	961	1,007	1,019	968	1,060	1,044	1,012	1,065	1,110
Race/Ethnicity										
White non-Hispanic	65,181	66,532	68,624	70,069	69,648	67,899	67,887	67,110	66,940	67,664
Black non-Hispanic	1,133	1,334	1,375	1,370	1,373	1,423	1,449	1,481	1,491	1,498
Native American/Alaskan Native non-Hispanic	4,347	4,430	4,529	4,633	4,632	4,997	5,005	5,140	5,156	5,267
Asian/Pacific Islander non-Hispanic	904	954	959	985	1,026	1,153	1,151	1,182	1,191	1,205
Hispanic	18,648	18,577	18,857	19,128	19,461	20,332	20,638	20,933	21,141	21,622

Source: Nevada State Demographer, vintage 2019.

Table 2: Prevalence Estimates of Health Risk Behaviors by Region, Nevada Adults, 2019.

Indicator	Clark	Northern	Rural	Southern	Washoe	Nevada
Ever seriously considered attempting suicide during the past 12 months	4.9% (3.2 - 6.6)	5.4% (2.7-8.1)	6.1% (1.6-10.6)	5.2% (0.0-11.9)	4.1% (2.6-5.5)	4.8% (3.6-6)
Heavy Drinkers	6.2% (4.6 - 7.8)	7.9% (4.9-10.9)	7.4% (3.1-11.6)	2.2% (0.0 - 6.6)	6.8% (4.8-8.8)	6.4% (5.1-7.7)
Binge Drinkers	16.4% (13.8 - 19.0)	15.9% (11.7-20.1)	22.0% (15-29)	11.3% (0.2 - 22.5)	18.3% (15.2-21.4)	15.0% (13.2-16.9)
General Health Poor or Fair	21.4% (18.7 - 24.4)	18.7% (14.4-23.1)	16.1% (10.2-22)	22.4% (5.3 - 36.5)	19.6% (16.3-22.8)	20.9% (18.7-23.1)
Depressive Disorder Diagnosis	18.0% (15.5 - 20.7)	21.9% (18-25.8)	15.2% (9.5-20.9)	16.9% (1.2 - 32.9)	16.8% (13.8-19.9)	17.7% (15.7-19.7)
Ten or more days of poor mental health	17.4% (15.0 - 20.3)	22.4% (17.4-27.2)	19.5% (12.9-26)	17.3% (1.3 - 25.5)	17.3% (14.4-20.2)	17.6% (15.5-19.6)
Ten or more days of poor mental or physical health kept from usual activities	23.3% (19.7 - 27.6)	20.5% (14.8-26.2)	24.4% (14-34.9)	29.1% (12.8 - 45.3)	20.3% (16.1-24.5)	22.9% (19.8-25.9)
Used marijuana/hashish in the last 30 days	16.4% (13.8 - 19.3)	20.3% (15.6-25.1)	21.5% (14-29)	11.0% (1.9 - 11.5)	18.7% (15.4-21.9)	17.4% (15.3-19.4)
Used other illegal drugs in the last 30 days	1.7% (0.8 - 2.6)	1.6% (0.1-3.1)	0.0% 0	2.3% (0.0 - 4.5)	3.1% (1.6-4.6)	1.9% (1.2-2.6)
Used prescription drugs/pain killer to get high in last 30 days	0.6% (0.5 - 1.1)	1.0% (0-2.2)	0.9% (0-2.2)	0.0% (~ - 2.9)	0.9% (0.4-1.5)	1.0% (0.2-1.1)
Current tobacco cigarette smokers	14.9% (12.7 - 17.5)	17.4% (13-21.8)	23.1% (15.7-30.4)	17.0% (3.9 - 26.5)	15.7% (12.7-18.8)	15.7% (13.8-17.5)
Difficulty doing errands alone because of physical, mental, or emotional condition	8.7% (6.8 - 10.9)	10.6% (6.9-14.3)	7.2% (3.3-11.1)	10.8% (0.0 - 25.2)	7.5% (5.5-9.5)	8.6% (7.1-10.2)
Serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition	13.0% (10.8 - 15.4)	13.9% (9.8-18)	14.4% (8.2-20.7)	9.4% (1.5 - 16.9)	11.1% (8.5-13.7)	12.8% (11-14.6)

Source: Behavioral Risk Factor Surveillance System (BRFSS).

Table 3a. Age-Adjusted Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	508.7 (499.4-517.9)	1,983.1 (1,964.9-2,001.2)	1,254.6 (1,240.2-1,269.0)	763.0 (751.8-774.3)	245.3 (238.9-251.7)	577.9 (568.1-587.8)
Northern	158.3 (139.9-176.7)	1,391.1 (1,338.9-1,443.2)	584.0 (551.0-617.0)	466.6 (435.1-498.1)	131.7 (114.9-148.5)	223.1 (200.4-245.8)
Rural	245.6 (213.7-277.4)	2,741.4 (2,636.0-2,846.9)	2,160.2 (2,066.2-2,254.3)	623.5 (573.0-674.1)	464.2 (417.7-510.8)	383.1 (343.4-422.7)
Southern	206.9 (166.6-247.3)	1,530.6 (1,430.9-1,630.4)	827.2 (753.3-901.1)	477.9 (418.5-537.4)	216.4 (177.9-255.0)	585.9 (519.5-652.3)
Washoe	309.6 (293.5-325.8)	1,876.0 (1,837.0-1,915.0)	1,142.6 (1,112.3-1,172.8)	565.8 (544.4-587.2)	238.6 (224.5-252.7)	415.0 (396.5-433.5)
Nevada	445.4 (438.0-452.9)	1,945.8 (1,930.4-1,961.3)	1,212.8 (1,200.7-1,224.9)	707.6 (698.3-717.0)	242.9 (237.4-248.5)	527.8 (519.7-535.9)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 3b. Crude Rates per 100,000 of Mental Health-Related Emergency Department Encounters by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	510.6 (501.3-519.8)	2,008.1 (1,989.7-2,026.5)	1,281.0 (1,266.4-1,295.7)	769.4 (758.0-780.8)	244.8 (238.3-251.2)	575.4 (565.5-585.2)
Northern	147.4 (130.2-164.5)	1,416.5 (1,363.4-1,469.7)	622.7 (587.4-657.9)	437.4 (407.9-466.9)	122.5 (106.8-138.1)	192.5 (172.9-212.1)
Rural	234.4 (204.0-264.9)	2,670.2 (2,567.5-2,772.9)	2,084.2 (1,993.4-2,174.9)	601.5 (552.8-650.2)	392.8 (353.4-432.2)	369.1 (330.9-407.3)
Southern	170.6 (137.3-203.9)	1,528.8 (1,429.2-1,628.4)	812.5 (739.9-885.1)	418.9 (366.8-471.1)	204.4 (168.0-240.8)	505.1 (447.8-562.3)
Washoe	300.5 (284.8-316.1)	1,889.3 (1,850.0-1,928.6)	1,168.6 (1,137.7-1,199.5)	570.9 (549.3-592.5)	234.5 (220.6-248.3)	411.1 (392.8-429.4)
Nevada	441.9 (434.5-449.3)	1,970.3 (1,954.7-1,985.9)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.4)	239.8 (234.4-245.3)	520.2 (512.2-528.2)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 4a. Age-Adjusted Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	245.6 (239.2-251.9)	1,135.3 (1,121.7-1,148.8)	1,066.8 (1,053.6-1,079.9)	473.5 (464.7-482.2)	187.4 (181.8-192.9)	559.8 (550.1-569.4)
Northern	89.1 (76.3-102.0)	1,276.0 (1,228.3-1,323.7)	1,250.4 (1,202.8-1,297.9)	400.3 (372.2-428.4)	342.5 (315.6-369.3)	651.4 (613.2-689.5)
Rural	31.7 (21.0-42.4)	572.2 (524.9-619.6)	669.4 (618.0-720.8)	160.7 (135.0-186.4)	122.5 (100.1-144.9)	289.8 (255.1-324.4)
Southern	91.9 (67.4-116.4)	1,324.1 (1,244.0-1,404.2)	915.4 (845.9-985.0)	526.8 (466.8-586.8)	229.5 (192.0-267.0)	394.1 (342.3-446.0)
Washoe	132.9 (122.7-143.2)	988.0 (960.2-1,015.7)	1,077.1 (1,048.1-1,106.2)	402.8 (384.9-420.7)	281.9 (266.6-297.1)	713.4 (689.0-737.7)
Nevada	445.4 (438.0-452.9)	1,945.8 (1,930.3-1,961.2)	1,212.8 (1,200.7-1,224.9)	707.6 (698.2-717.0)	242.9 (237.4-248.5)	527.8 (519.6-535.9)

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 4b. Crude Rates per 100,000 of Mental Health-Related Inpatient Admissions by Region, Nevada Residents, 2019.

Region	Schizophrenia	Anxiety	Depression	Bipolar	PTSD	Suicidal Ideation
Clark	251.6 (245.1-258.1)	1,183.2 (1,169.1-1,197.3)	1,107.4 (1,093.7-1,121.0)	490.0 (480.9-499.1)	192.1 (186.4-197.7)	564.3 (554.6-574.1)
Northern	96.0 (82.2-109.8)	1,427.4 (1,374.1-1,480.8)	1,379.2 (1,326.8-1,431.6)	405.2 (376.8-433.7)	323.8 (298.4-349.2)	580.6 (546.6-614.7)
Rural	35.0 (23.2-46.7)	576.8 (529.1-624.6)	670.4 (618.9-721.9)	154.2 (129.6-178.9)	118.2 (96.6-139.9)	276.6 (243.5-309.6)
Southern	91.2 (66.9-115.6)	1,773.7 (1,666.4-1,881.0)	1,125.0 (1,039.6-1,210.5)	500.0 (443.1-557.0)	243.3 (203.5-283.0)	375.0 (325.7-424.3)
Washoe	136.8 (126.2-147.4)	1,034.6 (1,005.5-1,063.6)	1,125.4 (1,095.1-1,155.7)	413.0 (394.6-431.4)	277.9 (262.8-293.0)	702.8 (678.9-726.8)
Nevada	441.9 (434.5-449.3)	1,970.2 (1,954.6-1,985.8)	1,241.4 (1,229.0-1,253.8)	708.0 (698.6-717.3)	239.8 (234.3-245.2)	520.2 (512.1-528.2)

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 5. Mental Health-Related Deaths Age-Adjusted Rates and Region, Nevada Residents, 2019.

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/Pacific Islander	Hispanic	Total
Clark	45.5 (41.9-49.1)	51.1 (40.1-62.1)	15.3 (0.0-45.3)	27.1 (20.0-34.3)	26.1 (19.3-32.8)	42.0 (39.1-44.9)
Northern	83.1 (72.4-93.9)	0.0 (0.0-00.0)	70.8 (8.7-132.9)	42.7 (0.0-101.8)	12.9 (0.0-30.7)	79.2 (69.1-89.2)
Rural	41.5 (26.4-56.6)	0.0 (0.0-00.0)	0.0 (0.0-00.0)	0.0 (0.0-00.0)	26.5 (0.0-56.5)	36.5 (23.9-49.2)
Southern	36.0 (24.5-47.4)	115.9 (0.0-276.5)	0.0 (0.0-00.0)	90.5 (0.0-215.8)	32.4 (0.0-77.4)	39.5 (28.0-51.1)
Washoe	77.1 (68.0-86.1)	55.6 (0.0-118.6)	60.8 (1.2-120.3)	42.0 (16.0-68.1)	35.1 (15.2-54.9)	71.7 (63.7-79.7)
Nevada	55.1 (51.9-58.2)	52.3 (41.4-63.1)	33.1 (12.6-53.6)	29.5 (22.5-36.4)	26.5 (20.6-32.5)	50.1 (47.5-52.7)

Source: Electronic Death Registry System.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.

Table 6. Suicide Attempts and Suicides by Leading Method and Region, Nevada Residents, 2019.

Region	Suicide Attempts				Suicides		
	Emergency Department Encounters		Inpatient Admissions		Substance	Hanging/ Suffocation	Firearms/ Explosives
	Substance	Cutting	Substance	Cutting			
Clark	49.8 (46.9-52.7)	8.2 (7.1-9.4)	54.4 (51.4-57.4)	27.0 (24.9-29.1)	3.2 (2.4-03.9)	3.9 (3.1-04.7)	9.6 (8.4-10.9)
Northern	83.5 (70.6-96.4)	18.7 (12.6-24.8)	42.0 (32.9-51.2)	22.8 (16.1-29.6)	3.1 (0.6-05.6)	9.9 (5.4-14.3)	17.1 (11.3-23.0)
Rural	78.1 (60.6-95.7)	46.3 (32.8-59.8)	35.0 (23.2-46.7)	9.3 (3.2-15.3)	0.0 -	4.1 (0.1-08.1)	25.7 (15.6-35.8)
Southern	79.4 (56.7-102.1)	62.5 (42.4-82.6)	49.0 (31.2-66.8)	11.8 (3.1-20.6)	5.1 (0.0-10.8)	5.1 (0.0-10.8)	23.6 (11.3-36.0)
Washoe	51.7 (45.2-58.2)	11.3 (8.2-14.3)	87.9 (79.4-96.4)	12.1 (9.0-15.3)	3.8 (2.1-05.6)	6.4 (4.1-08.7)	13.0 (9.7-16.2)
Nevada	54.4 (51.8-57.0)	25.6 (23.9-27.4)	56.7 (54.0-59.3)	9.5 (8.5-10.6)	3.2 (2.6-03.8)	4.7 (3.9-05.4)	11.4 (10.2-12.6)

Source: Hospital Emergency Department Billing, Inpatient Billing, and the Electronic Death Registry System.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Table 7. Suicides (Crude) Rates by Age, Race/Ethnicity and Region, Nevada Residents, 2019.

	Clark	Northern	Rural	Southern	Washoe	Nevada
Age Group						
Less then 15	0.6 (0.0-01.5)	4.6 (0.0-13.6)	0.0 -	0.0 -	3.3 (0.0-07.9)	1.2 (0.2-02.3)
15-24	13.0 (9.0-17.1)	18.1 (0.4-35.8)	52.5 (13.6-91.4)	0.0 -	19.9 (9.1-30.7)	15.4 (11.7-19.2)
25-34	24.2 (18.8-29.6)	32.0 (9.8-54.1)	31.9 (6.4-57.5)	42.8 (0.0-91.3)	28.8 (15.8-41.7)	26.0 (21.2-30.7)
35-44	17.1 (12.6-21.6)	51.7 (19.6-83.7)	42.6 (0.9-84.4)	70.8 (1.4-140.2)	23.3 (11.1-35.5)	20.9 (16.5-25.3)
45-54	23.2 (17.7-28.6)	43.9 (18.0-69.9)	34.5 (0.7-68.3)	44.8 (0.0-95.6)	30.4 (16.0-44.9)	26.4 (21.4-31.4)
55-64	27.2 (20.9-33.5)	26.1 (6.8-45.5)	16.4 (0.0-39.1)	32.7 (0.0-69.8)	36.4 (21.2-51.7)	28.4 (23.0-33.8)
65-74	29.2 (21.5-37.0)	28.1 (7.3-48.8)	44.2 (0.9-87.5)	47.2 (0.9-93.5)	23.9 (9.8-38.0)	29.3 (22.9-35.7)
75-84	35.6 (23.5-47.8)	44.3 (8.9-79.8)	95.4 (1.9-188.9)	17.7 (0.0-52.3)	67.7 (32.2-103.1)	42.4 (31.5-53.3)
85+	44.0 (19.1-68.9)	108.6 (13.4-203.8)	90.1 (0.0-266.6)	120.7 (0.0-288.1)	16.1 (0.0-47.5)	51.4 (29.4-73.4)
Race/Ethnicity						
White non-Hispanic	29.1 (25.7-32.4)	38.5 (28.5-48.4)	39.9 (24.9-55.0)	39.3 (21.1-57.4)	34.2 (27.5-40.8)	31.8 (29.0-34.6)
Black non-Hispanic	13.2 (8.8-17.7)	0.0 -	0.0 -	0.0 -	8.2 (0.0-24.4)	12.8 (8.5-17.0)
Native American/Alaskan Native non-Hispanic	19.8 (0.0-42.1)	0.0 -	38.0 (0.0-90.6)	0.0 -	13.5 (0.0-40.1)	16.9 (3.4-30.4)
Asian/Pacific Islander non-Hispanic	10.6 (6.7-14.6)	0.0 -	0.0 -	0.0 -	12.0 (0.2-23.7)	10.5 (6.9-14.2)
Hispanic	7.5 (5.6-09.5)	6.3 (0.0-15.0)	13.9 (0.0-29.6)	23.5 (0.0-56.0)	4.1 (0.5-07.7)	7.3 (5.6-09.1)
Total	18.3 (16.5-20.0)	30.6 (22.8-38.4)	32.9 (21.5-44.3)	33.8 (19.0-48.6)	24.0 (19.6-28.5)	20.7 (19.1-22.3)

Source: Electronic Death Registry System.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.

Table 8a. Drug-Related Emergency Department Encounters Age-Adjusted Rates by Drug Type and Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	188.7 (183.1-194.3)	8.6 (7.4-9.8)	83.6 (79.9-87.3)	507.7 (498.4-517.0)	390.3 (382.2-398.4)	24.0 (21.9-26.0)
North	165.7 (147.7-183.6)	8.4 (4.5-12.3)	30.9 (22.5-39.4)	280.3 (255.3-305.2)	594.4 (558.4-630.4)	3.4 (.7-6.2)
Rural	128.1 (105.9-150.3)	9.4 (4.1-14.8)	24.6 (14.3-34.8)	262.9 (230.3-295.5)	594.3 (545.2-643.4)	10.3 (3.6-17.0)
Southern	211.2 (173.8-248.7)	19.1 (9.1-29.1)	18.0 (6.8-29.2)	377.6 (324.4-430.7)	232.4 (191.0-273.9)	8.5 (.2-16.8)
Washoe	220.5 (207.1-233.9)	18.3 (14.4-22.2)	38.5 (32.9-44.1)	525.1 (503.9-546.2)	240.5 (226.4-254.6)	7.7 (5.1-10.2)
Nevada	200.1 (195.1-205.0)	10.4 (9.3-11.5)	70.7 (67.7-73.6)	489.1 (481.2-496.9)	382.7 (375.8-389.6)	19.9 (18.3-21.5)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 8b. Drug-Related Emergency Department Encounters Crude Rates by Drug Type Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	192.9 (187.2-198.6)	8.9 (7.6-10.1)	85.9 (82.1-89.7)	501.8 (492.6-511.0)	389.3 (381.2-397.4)	23.6 (21.6-25.6)
North	169.7 (151.3-188.1)	9.3 (5.0-13.7)	26.5 (19.2-33.7)	251.7 (229.3-274.1)	543.8 (510.9-576.7)	3.1 (.6-5.6)
Rural	131.6 (108.8-154.4)	12.3 (5.4-19.3)	22.6 (13.2-32.1)	257.1 (225.2-288.9)	578.9 (531.1-626.7)	9.3 (3.2-15.3)
Southern	206.1 (169.5-242.7)	23.6 (11.3-36.0)	16.9 (6.4-27.4)	327.7 (281.6-373.8)	204.4 (168.0-240.8)	6.8 (.1-13.4)
Washoe	220.9 (207.4-234.3)	18.3 (14.4-22.2)	38.5 (32.9-44.1)	504.7 (484.4-525.0)	237.5 (223.5-251.4)	7.4 (5.0-9.9)
Nevada	204.0 (199.0-209.1)	10.7 (9.6-11.9)	71.8 (68.9-74.8)	477.4 (469.7-485.1)	378.9 (372.1-385.8)	19.2 (17.7-20.8)

Source: Hospital Emergency Department Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 9a. Drug-Related Inpatient Admissions Age-Adjusted Rates by Drug Type and Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	269.0 (262.5-275.6)	9.6 (8.3-10.8)	89.5 (85.8-93.3)	393.8 (385.7-401.9)	486.3 (477.4-495.2)	7.9 (6.8-9.1)
North	401.5 (374.6-428.3)	8.6 (4.9-12.2)	28.1 (20.1-36.0)	405.6 (375.5-435.8)	528.2 (494.6-561.7)	7.3 (3.0-11.6)
Rural	118.2 (96.7-139.7)	6.5 (1.7-11.3)	19.9 (10.4-29.3)	197.6 (169.5-225.7)	216.9 (187.7-246.1)	3.2 (-.4-6.9)
Southern	147.3 (119.1-175.5)	7.9 (1.0-14.9)	19.7 (9.0-30.4)	263.0 (220.0-305.9)	382.9 (334.1-431.8)	3.3 (-1.3-8.0)
Washoe	375.7 (358.5-393.0)	16.6 (13.0-20.2)	50.3 (43.8-56.8)	502.3 (481.8-522.9)	438.6 (419.8-457.4)	5.1 (3.0-7.2)
Nevada	293.9 (288.0-299.7)	10.3 (9.3-11.4)	76.0 (73.0-79.0)	401.7 (394.7-408.8)	470.6 (463.1-478.2)	7.3 (6.3-8.2)

Source: Hospital Inpatient Billing.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 9b. Drug-Related Inpatient Admissions Crude Rates by Drug Type and Region, Nevada Residents, 2019.

Region	Opioids	Heroin	Cocaine	Methamphetamines	Marijuana	Hallucinogens
Clark	282.2 (275.3-289.1)	10.4 (9.1-11.7)	95.7 (91.7-99.7)	398.9 (390.7-407.1)	497.8 (488.7-507.0)	8.0 (6.8-9.1)
North	445.2 (415.4-475.0)	10.9 (6.2-15.6)	24.9 (17.9-32.0)	361.1 (334.3-388.0)	494.5 (463.1-525.9)	5.7 (2.3-9.1)
Rural	119.3 (97.6-141.0)	7.2 (1.9-12.5)	17.5 (9.2-25.8)	195.4 (167.6-223.1)	218.0 (188.6-247.3)	3.1 (-.4-6.6)
Southern	177.4 (143.4-211.3)	8.4 (1.0-15.9)	22.0 (10.0-33.9)	243.3 (203.5-283.0)	398.7 (347.8-449.5)	3.4 (-1.3-8.1)
Washoe	390.0 (372.2-407.9)	17.4 (13.7-21.2)	49.4 (43.0-55.7)	488.5 (468.6-508.5)	446.2 (427.1-465.3)	4.9 (2.9-6.9)
Nevada	310.1 (303.9-316.3)	11.4 (10.2-12.6)	80.6 (77.4-83.7)	401.8 (394.7-408.8)	479.9 (472.2-487.7)	7.2 (6.2-8.1)

Source: Hospital Inpatient Billing.
Rates are per 100,000 population, provided by the state demographer, vintage 2019.
Categories are not mutually exclusive.

Table 10. Drug- and Alcohol-Related Age-Adjusted Death Rates by Race/Ethnicity and Region, Nevada Residents, 2019.

Region	White non-Hispanic	Black non-Hispanic	Native American/ Alaskan Native	Asian/ Pacific Islander	Hispanic	Total
Clark	57.4 (53.3-61.6)	48.5 (39.9-57.0)	60.2 (22.9-97.5)	16.0 (11.2-20.7)	29.6 (25.2-34.0)	44.5 (41.8-47.1)
Northern	67.8 (56.5-79.1)	81.7 (0.0-195.0)	202.9 (92.6-313.2)	21.9 (0.0-64.8)	26.8 (8.2-45.3)	67.7 (57.3-78.1)
Rural	51.7 (35.7-67.7)	0.0 (0.0-00.0)	52.7 (0.0-112.3)	0.0 (0.0-00.0)	11.6 (0.0-24.7)	43.0 (30.6-55.5)
Southern	56.0 (38.9-73.2)	0.0 (0.0-00.0)	112.5 (0.0-268.4)	0.0 (0.0-00.0)	45.7 (0.0-97.3)	54.1 (38.5-69.8)
Washoe	78.9 (69.7-88.1)	131.9 (65.1-198.6)	90.3 (23.4-157.2)	14.0 (1.7-26.2)	37.6 (24.8-50.5)	67.0 (59.9-74.0)
Nevada	62.7 (59.2-66.2)	52.2 (43.7-60.8)	89.8 (60.1-119.6)	15.8 (11.4-20.2)	30.3 (26.3-34.3)	49.9 (47.5-52.3)

Source: Electronic Death Registry System.
Rates are per 100,000 age-specific population, provided by the state demographer, vintage 2019.