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Minority Health Report 2021

February 2021



Office of Analytics

Department of Health and Human Services

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Definitions

Age-Adjusted Rate. A rate is a measure of the frequency of a specific event over a given period of time, 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 19 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.

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

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

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

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

- **Adult Weight.**
 - **Underweight.** BMI less than 18.5.
 - **Normal or Healthy weight.** BMI between 18.5 and 24.9
 - **Overweight.** BMI between 25.0 and 29.9.
 - **Obese.** BMI 30.0 or greater.

Confidence Interval (CI). Range of values for a rate or prevalence with a specified probability that the true value of the rate or prevalence lies within that range of values. For Example, 95% CI includes the true value of the rate 95% of the time.

Crude Rate. The measure of the frequency of a specific event over a given period of time, divided by the total number of people within the population over the same period of time.

Current Smoker. Smoking at least 100 cigarettes in the individual's lifetime and, at the time of survey, smoked either every day or some days were defined as a current smoker.

Educational Level. Highest grade or year of school completed.

Incidence Rate. Incident cases are the number of new cases of a disease in a specified period of time. An incidence rate is a measure of the probability that a given medical condition will occur in a specified population, over a specified period of time.

Mortality Rate. Also known as the death rate, the mortality rate is a measure of the number of deaths in a particular population, adjusted to the total population within a specific region, over a specified period of time.

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

Race/Ethnicity Categories

- **American Indian/Alaska Native (AI/AN) -non-Hispanic.** 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/Pacific Islander (API)-non-Hispanic.** A person who falls under the Asian or Native Hawaiian/Pacific Islander-non-Hispanic categories.
 - **Asian-non-Hispanic.** 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."
 - **Pacific Islander (PI)-non-Hispanic.** "Native Hawaiian or Other Pacific Islanders" as people having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **Black-non-Hispanic.** A person having origins in any of the Black-non-Hispanic racial groups of Africa. It includes people who indicate their race as "Black, African American, or Negro," or provide written entries such as African American, Afro American, Kenyan, or Nigerian. Non-Hispanic.
- **Hispanic.** People who classified themselves in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2010 questionnaire -"Mexican," "Puerto Rican," or "Cuban"-as well as those who indicate that they are "another Hispanic, Latino, or Spanish origin." People who do not identify with one of the specific origins listed on the questionnaire but indicate that they are "another Hispanic, Latino, or Spanish origin" are those whose origins are from Spain, the Spanish-speaking countries of Central or South America, or the Dominican Republic. The terms "Hispanic," "Latino," and "Spanish" are used interchangeably.
- **Other race.** Includes all other responses not included in the White, Black or African American, American Indian and Alaska Native, Asian and Native Hawaiian and Other Pacific Islander race categories described above.
- **White-non-Hispanic.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race as "White" or report entries such as Irish, German, Italian, Lebanese, Near Easterner, Arab, or Polish. Non-Hispanic.

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

Data Sources

American Community Survey (ACS)

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

Behavioral Risk Factor Surveillance System (BRFSS)

BRFSS is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year throughout the U.S., making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely, accurate data on health-related behaviors and prevalence of chronic disease. The survey consists of a set of federally grant funded core questions and the states may include and pay for their own questions in the survey. While the survey's focus is chronic disease, topics covered by the survey include car safety, obesity, and exercise among many others. The BRFSS uses a weighting system to estimate the prevalence of various chronic health indicators each year [3].

Nevada Central Cancer Registry (NCCR)

A population based, dynamic database containing information about incidence, mortality, staging, treatment, and recurrence of cancer cases. As a population-based registry, it provides statewide standardized data that is utilized in nationally and locally for research and epidemiological analyses of cancer occurrence in the state [4].

National Electronic Disease Surveillance System (NEDSS)

Facilitates the electronic transfer of public health surveillance data from the healthcare system to public health departments. It is a conduit for exchanging information that supports the National Notifiable Diseases Surveillance System (NNDSS). NEDSS helps connect the healthcare system to public health departments and those health departments to CDC [5].

NEDSS Base System (NBS)

Provides reporting jurisdictions with a NEDSS-compatible information system to facilitate transferring health, laboratory, and clinical data efficiently and securely over the Internet. NBS provides reporting jurisdictions with a Web-based patient-focused system that can integrate data on multiple health conditions and multiple patients to help state and local public health officials identify and track multiple diseases, even if they are in the same patient. The NBS also provides reporting jurisdictions support for managing disease outbreaks and identifying when patients might be counted more than once [6].

National Electronic Telecommunications System for Surveillance (NETSS)

A computerized health surveillance information system that allows health jurisdictions to collect and transmit weekly data regarding nationally notifiable diseases to the CDC.

Nevada State Demographer Office

The Nevada State Demographer Office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. The Demographer's Office is responsible for conducting annual population estimates for the state of Nevada, each county, and other demographic groups. This report utilized population estimates for years 2017 – 2019, provided by the State Demographer in 2019. Unknown race/ethnicity populations were excluded from analyses [7].

Centers for Disease Control and Prevention Social Vulnerability Index (SVI)

ATSDR's Geospatial Research, Analysis & Services Program (GRASP) created Centers for Disease Control and Prevention Social Vulnerability Index (CDC SVI or simply SVI, hereafter) to help public health officials and emergency response planners identify and map the communities that will most likely need support before, during, and after a hazardous event [8].

United States Cancer Statistics (USCS)

The U.S. Cancer Statistics Incidence and Mortality Web-based Report contains the official federal statistics on cancer incidence (newly diagnosed cases). Information on newly diagnosed cancer cases is based on data collected by registries in CDC's National Program of Cancer Registries (NPCR) and NCI's Surveillance, Epidemiology, and End Results (SEER) Program.

Together, the two federal programs, NPCR and SEER, collect cancer incidence data for the entire U.S. population. Information on cancer deaths is collected by the National Vital Statistics System (NVSS) of CDC's National Center for Health Statistics (NCHS) [9].

Web-Enabled Vital Records Registry Systems (WEVRRS)

Software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death related information [10].

Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS monitors priority health-risk behaviors as well as the prevalence of certain risk factors to chronic disease. Nevada's YRBSS includes a national school-based survey designed by the Centers for Disease Control and Prevention to collect data for the purposes of tracking progress toward meeting school health and health promotion program goals, support modification of school health curricula, support new legislation, and/or seek funding and other support for new initiatives [11].

Purpose

The purpose of this report is to highlight existing health disparities by race/ethnicity in Nevada, with a focus upon the most current data available. The race/ethnic groups represented in this report are White-non-Hispanic, Black-non-Hispanic, American Indian/Alaskan Native (AI/AN) -non-Hispanic, Asian/Pacific Islander (API) -non-Hispanic, and Hispanic. Racial and ethnic minorities are disproportionately affected by health problems and disease in Nevada and throughout the nation. This report is intended to present current and available data, from the state of Nevada, broken down by race/ethnicity and region, in order to inform health professionals, policy makers, community members, and researchers about existing disparities among Nevada's population.

This report is broken down by topic with narratives discussing national statistics, followed by supporting figures and data tables based on data representing the state of Nevada. Each section contains a "Significant Findings" section which highlights rates and prevalence that are statistically significantly different from other rates or prevalence.

Key Findings throughout the Minority Report

- In 2019, Hispanic populations had significantly lower death rates, at 134.2 per 100,000 population, than Black-non-Hispanic populations (311.4 per 100,000) and White-non-Hispanic populations (223.1 per 100,000) (Figure 12.).
- In 2019, Black-non-Hispanic populations had the highest mortality rates of heart disease, at 311.4 per 100,000 population, when compared across all other race/ethnicity groups in 2019 (Figure 12.).
- From 2008 to 2017, the number of cancer cases among Asian/Pacific Islander-non-Hispanic populations increased by 83.3% in cancer burden for all cancer types in Nevada. Asian/Pacific Islander-non-Hispanic populations show a 160.5% increase in female breast cancer burden, 72.7% increase in colorectal cancer burden, and 91.8% increase in prostate cancer. (Figure 34).
- Hispanic populations in the Balance of State had significantly higher death rates from motor vehicle accidents, at 23.3 per 100,000 population, than Hispanic populations in Clark County (5.9 per 100,000) and Washoe County (5.4 per 100,000) (Figure 38.).
- In 2019, death rates from CLRD were highest among White-non-Hispanic populations, at 61.3 per 100,000 population, compared to all other races/ethnicity groups (Figure 40).
- Black-non-Hispanic populations experienced a significant increase in diabetes death rates from 26.3 per 100,000 population in 2015 to 46.0 per 100,000 population in 2019 (Figure 44.).
- Black-non-Hispanic populations had significantly higher death rates from homicide for each year from 2015 to 2019 than any other race/ethnicity group (Figure 48.).
- Black-non-Hispanic populations had significantly higher rates of reported cases of HIV infection than every other race/ethnicity group for each year from 2015 to 2019 (Figure 59.).
- White-non-Hispanic populations in the Balance of State (35.6%) had a significantly lower prevalence of ever getting tested for HIV than White-non-Hispanic populations in Clark County (40.7%) and Washoe County (40.8%) (Figure 66).
- In 2019, Black-non-Hispanic populations had significantly higher infant mortality rates, at 11.5 deaths per 1,000 live births, than White-non-Hispanic (3.4 per 1,000 live births) and Hispanic (5.4 per 1,000 live births) populations (Figure 82.).
- In 2019, White-non-Hispanic populations (28.0 per 100,000) and Black-non-Hispanic populations (20.1 per 100,000) had significantly higher rates of enteric disease than Asian/Pacific Islander-non-Hispanic populations (11.6 per 100,000) (Figure 91.).

General Demographics

Population Distribution and Growth

Between the years 2018 and 2019, Nevada’s population grew by 1.4% for a total population of 3,101,368 in 2019 (Figure 1 - Figure 3). Nevada’s population is comprised of a white majority, with the rest of the population comprising 29.9% Hispanic, 9.8% Asian/Pacific Islander, 8.8% Black, and 1.1% American Indian/Alaska Native (Figure 1).

- From 2018 – 2019, Hispanic populations experienced the greatest growth rate, at 2.7%, followed by Asian/Pacific Islander-non-Hispanic populations (2.5%), and Black-non-Hispanic populations (2.0%) (Figure 3).

Figure 1. Population Distribution – Percentages by Race/Ethnicity, Nevada, 2019

Race/Ethnicity Group	Count	Percent of Total
White – non-Hispanic	1,561,362	50.3%
Black – non-Hispanic	274,457	8.8%
AI/AN – non-Hispanic	35,522	1.1%
API – non-Hispanic	303,652	9.8%
Hispanic	926,374	29.9%
Total	3,101,368	100.0%

Source: Nevada State Demographer, vintage 2019, with group quarters.
AI/AN: American Indian/Alaska Native; API: Asian/Pacific Islander.

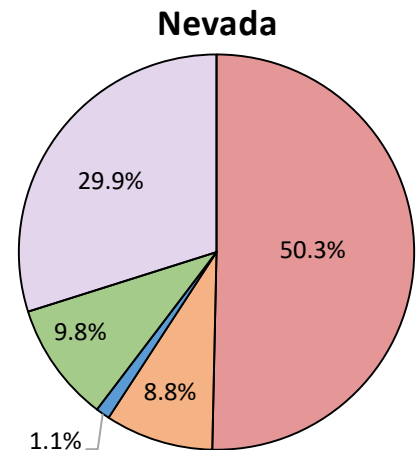
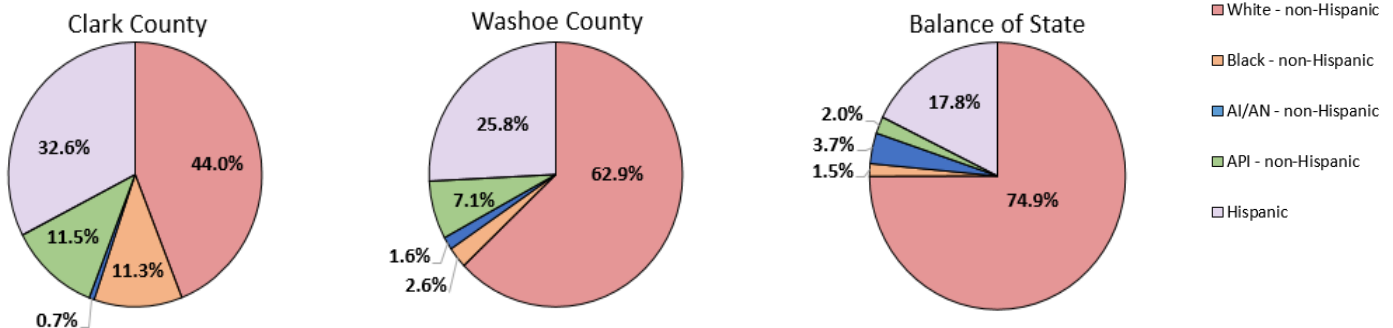


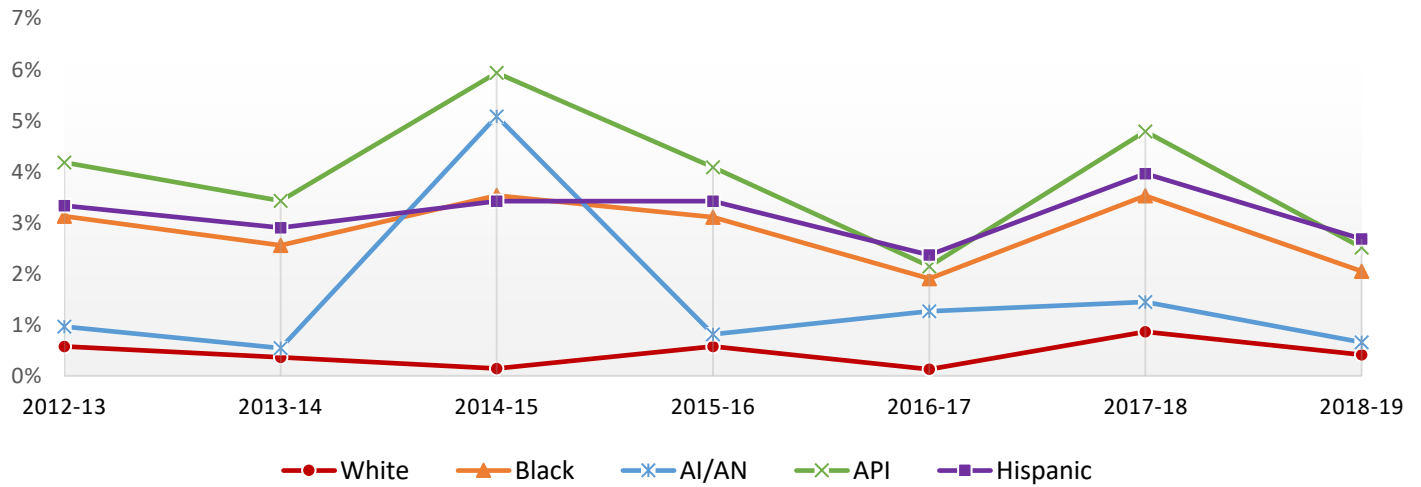
Figure 2. Population Distribution – Percentages by Race/Ethnicity, and by County, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Percent	Count	Percent	Count	Percent
White – non-Hispanic	1,003,979	44.0%	295,686	62.9%	261,697	74.9%
Black – non-Hispanic	256,931	11.3%	12,156	2.6%	5,371	1.5%
AI/AN – non-Hispanic	15,176	0.7%	7,389	1.6%	12,958	3.7%
API – non-Hispanic	263,040	11.5%	33,461	7.1%	7,151	2.0%
Hispanic	743,101	32.6%	121,272	25.8%	62,002	17.8%
Total	2,282,227	100.0%	469,963	100.0%	349,178	100.0%

Source: Nevada State Demographer, vintage 2019, with group quarters. AI/AN: American Indian/Alaska Native; API: Asian/Pacific Islander.

Figure 3. Population Growth Rate by Race/Ethnicity, Nevada Statewide, 2012 – 2019



Race/Ethnicity:	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
White–non-Hispanic	0.6%	0.4%	0.1%	0.6%	0.1%	0.9%	0.4%
Black–non-Hispanic	3.1%	2.6%	3.5%	3.1%	1.9%	3.5%	2.0%
AI/AN–non-Hispanic	1.0%	0.5%	5.1%	0.8%	1.3%	1.4%	0.7%
API–Non-Hispanic	4.2%	3.4%	5.9%	4.1%	2.1%	4.8%	2.5%
Hispanic	3.3%	2.9%	3.4%	3.4%	2.4%	4.0%	2.7%
Total	1.8%	1.5%	1.9%	1.9%	1.1%	2.4%	1.4%

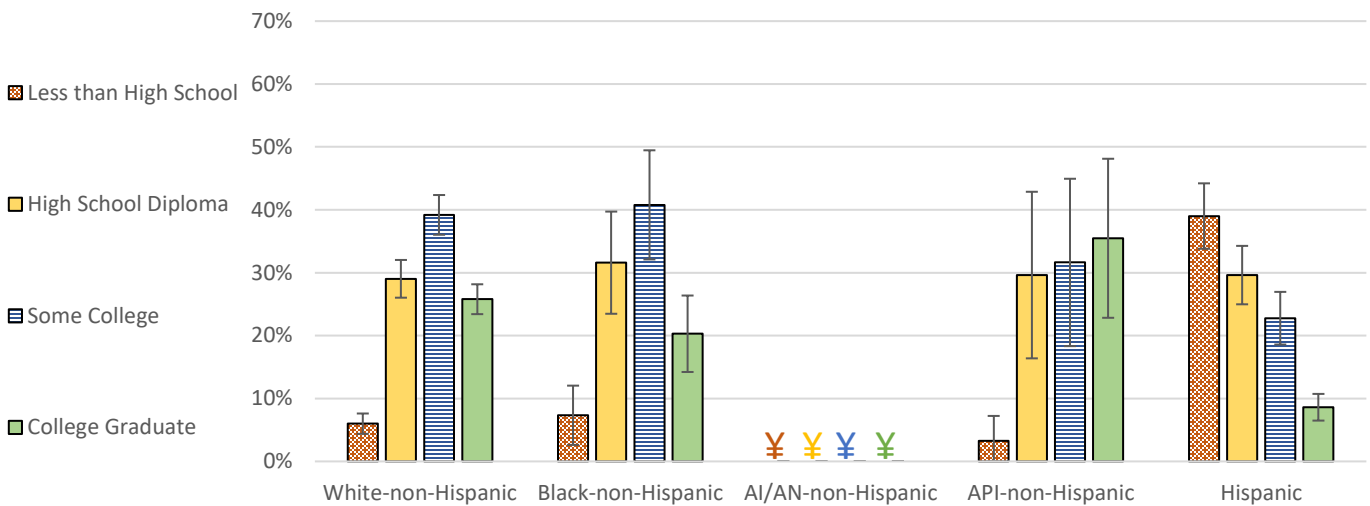
Source: Nevada State Demographer, vintage 2019, with group quarters. AI/AN: American Indian/Alaska Native; API: Asian/Pacific Islander.

Level of Education

A person's level of educational attainment is recognized as an important social determinant of health, or, a condition in which that individual is born into and continues to live, grow, work and age. Higher education can play a significant role in shaping employment opportunities, as well as influencing the individual's decision-making process regarding health choices and behavior [1]. Higher education can increase one's knowledge base for accessing vital resources related to mental health, insurance coverage, social support, adequate physical activity and dietary practices.

- In Nevada, Asian/Pacific Islander-non-Hispanic populations had a significantly higher prevalence of college graduates (35.5%) than Hispanic populations (8.6%) in 2019 (Figure 4).
- When comparing level of education among the three regions in Nevada, White-non-Hispanic populations in the Balance of State displayed a significantly lower prevalence of college graduates (18.1%) than White-non-Hispanic populations in Washoe County (30.2%) and Clark County (26.7%) from 2015 - 2019 (Figures 7, 6, & 5, respectively).

Figure 4. Level of Education – Prevalence by Race/Ethnicity, Nevada, 2019



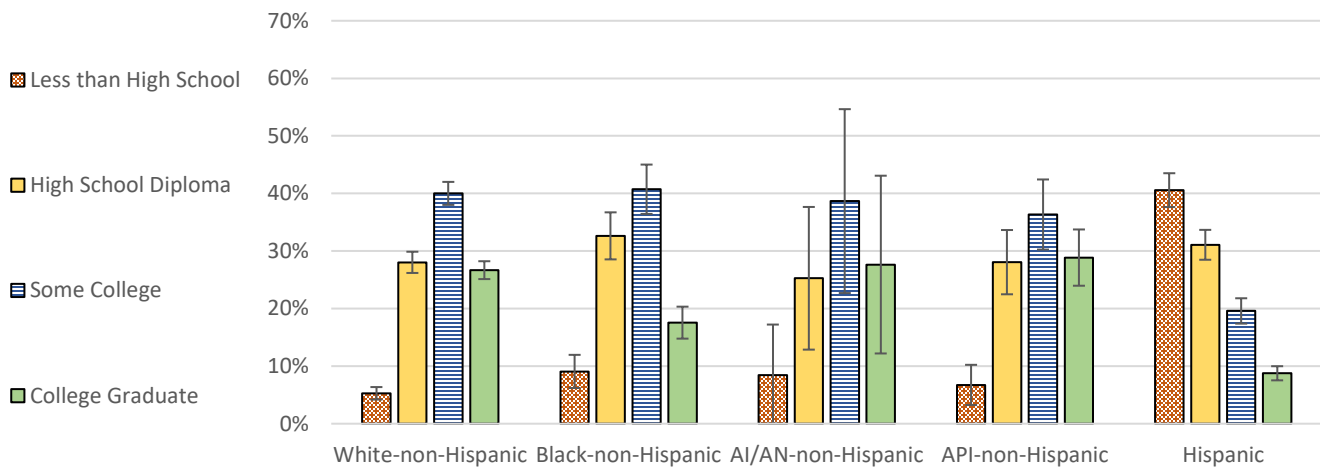
Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School	6.0% (4.4-7.6)	7.3% (2.6-12.0)	¥	3.3% (0.0-7.2)	39.0% (33.8-44.2)
High School Diploma	29.0% (26.0-32.0)	31.6% (23.5-39.7)	¥	29.6% (16.4-42.9)	29.6% (25.0-34.3)
Some College	39.2% (36.0-42.4)	40.8% (32.1-49.5)	¥	31.6% (18.3-44.9)	22.8% (18.6-26.9)
College Graduate	25.8% (23.4-28.2)	20.3% (14.2-26.4)	¥	35.5% (22.8-48.1)	8.6% (6.5-10.7)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 70% to display difference between groups.

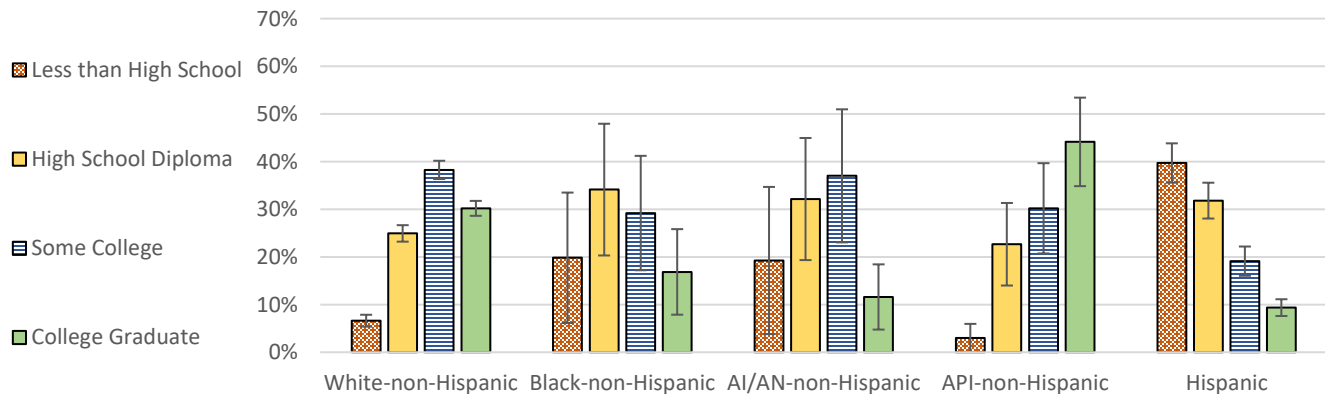
Figure 5. Level of Education – Prevalence by Race/Ethnicity, Clark County, 2015-2019 Aggregated



Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less Than High School	5.3% (4.2-6.4)	9.1% (6.2-12.0)	8.4% (0.0-17.2)	6.7% (3.2-10.2)	40.6% (37.6-43.5)
High School Diploma	28.0% (26.2-29.9)	32.6% (28.5-36.7)	25.3% (12.9-37.7)	28.1% (22.5-33.6)	31.1% (28.5-33.7)
Some College	40.0% (38.0-42.0)	40.7% (36.4-45.0)	38.7% (22.7-54.6)	36.3% (30.3-42.4)	19.6% (17.4-21.8)
College Graduate	26.7% (25.1-28.2)	17.6% (14.8-20.3)	27.6% (12.2-43.1)	28.9% (24.0-33.7)	8.8% (7.5-10.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
 Note: Graph scaled to 70% to display difference between groups.

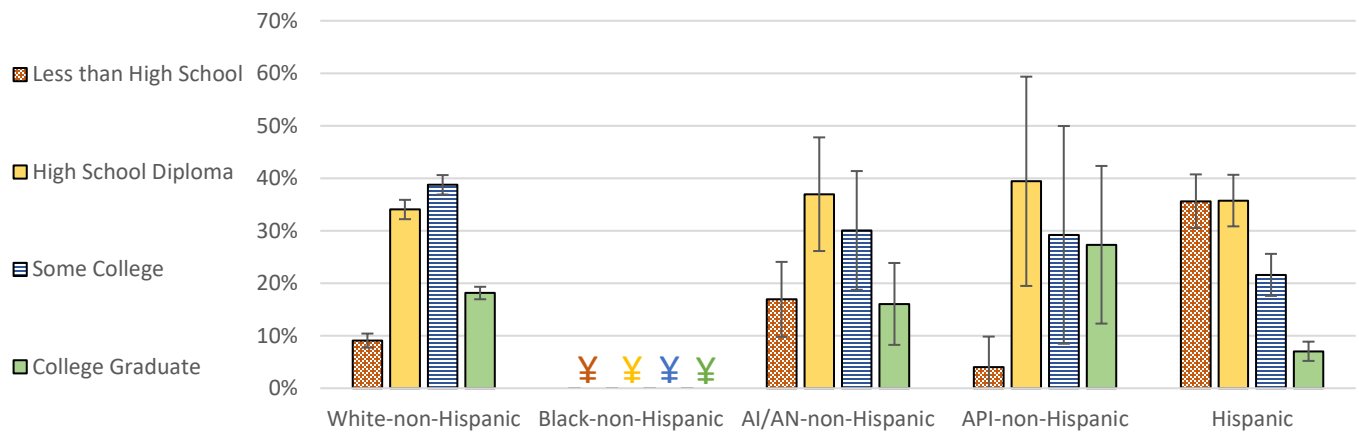
Figure 6. Level of Education – Prevalence by Race/Ethnicity, Washoe County, 2015-2019 Aggregated



Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less Than High School	6.6% (5.4-7.9)	19.8% (6.1-33.5)	19.2% (3.8-34.7)	3.0% (0.1-6.0)	39.7% (35.6-43.8)
High School Diploma	24.9% (23.2-26.7)	34.1% (20.3-47.9)	32.1% (19.3-45.0)	22.7% (14.0-31.3)	31.8% (28.1-35.6)
Some College	38.3% (36.3-40.2)	29.2% (17.2-41.2)	37.0% (23.0-51.0)	30.2% (20.7-39.7)	19.1% (16.0-22.2)
College Graduate	30.2% (28.6-31.8)	16.9% (7.9-25.8)	11.6% (4.8-18.4)	44.1% (34.9-53.4)	9.4% (7.6-11.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
 Note: Graph scaled to 70% to display difference between groups.

Figure 7. Level of Education – Prevalence by Race/Ethnicity, Balance of State, 2015-2019 Aggregated



Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less Than High School	9.1% (7.7-10.4)	¥	16.9% (9.8-24.1)	4.0% (0.0-9.8)	35.6% (30.5-40.7)
High School Diploma	34.0% (32.2-35.9)	¥	37.0% (26.1-47.8)	39.4% (19.5-59.4)	35.7% (30.8-40.7)
Some College	38.7% (36.9-40.6)	¥	30.1% (18.7-41.4)	29.2% (8.5-49.9)	21.6% (17.6-25.6)
College Graduate	18.1% (16.9-19.3)	¥	16.1% (8.3-23.9)	27.3% (12.3-42.3)	7.0% (5.2-8.9)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

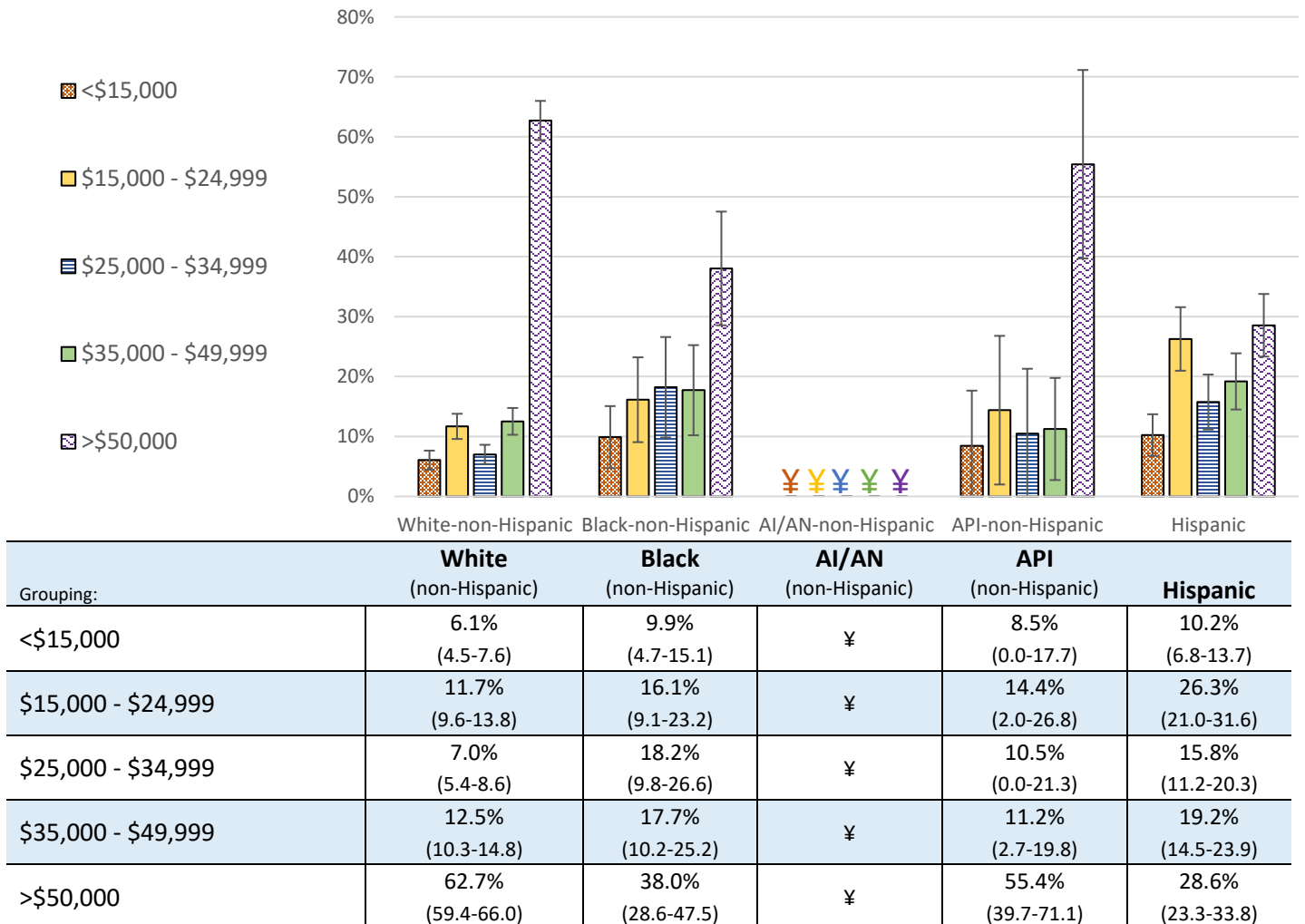
Note: Graph scaled to 70% to display difference between groups.

Annual Household Income

Annual household income is a financial resource working together with a person's cost of living and socioeconomic status that affects the individual's overall economic stability. Health is related to economic stability in that it reflects a person's ability to meet his/her basic needs, such as food, housing, and transportation. Research has shown that disparities by race, ethnicity, and geographic location exist among those living in poverty in the United States.

- In Nevada, Hispanic populations (10.2%) and Black-non-Hispanic populations (9.9%) both have significantly higher prevalence of an annual household income less than \$15,000 than White-non-Hispanic populations (6.1%) in 2019 (Figure 8).
- American Indian/Alaska Native-non-Hispanic populations living in the Balance of the State (24.8%) have significantly higher prevalence of an annual household income less than \$15,000 than American Indian/Alaska Native-non-Hispanic populations in Washoe County (11.4%) from 2015 – 2019 (Figures 11 & 10, respectively).
- In Nevada, Asian/Pacific Islander-non-Hispanic (55.4%) and White-non-Hispanic (62.7%) populations have significantly higher prevalence of an annual household income greater than \$50,000 than Black-non-Hispanic (38.0%) and Hispanic (28.6%) populations in 2019 (Figure 8).

Figure 8. Annual Household Income – Prevalence by Race/Ethnicity, Nevada, 2019

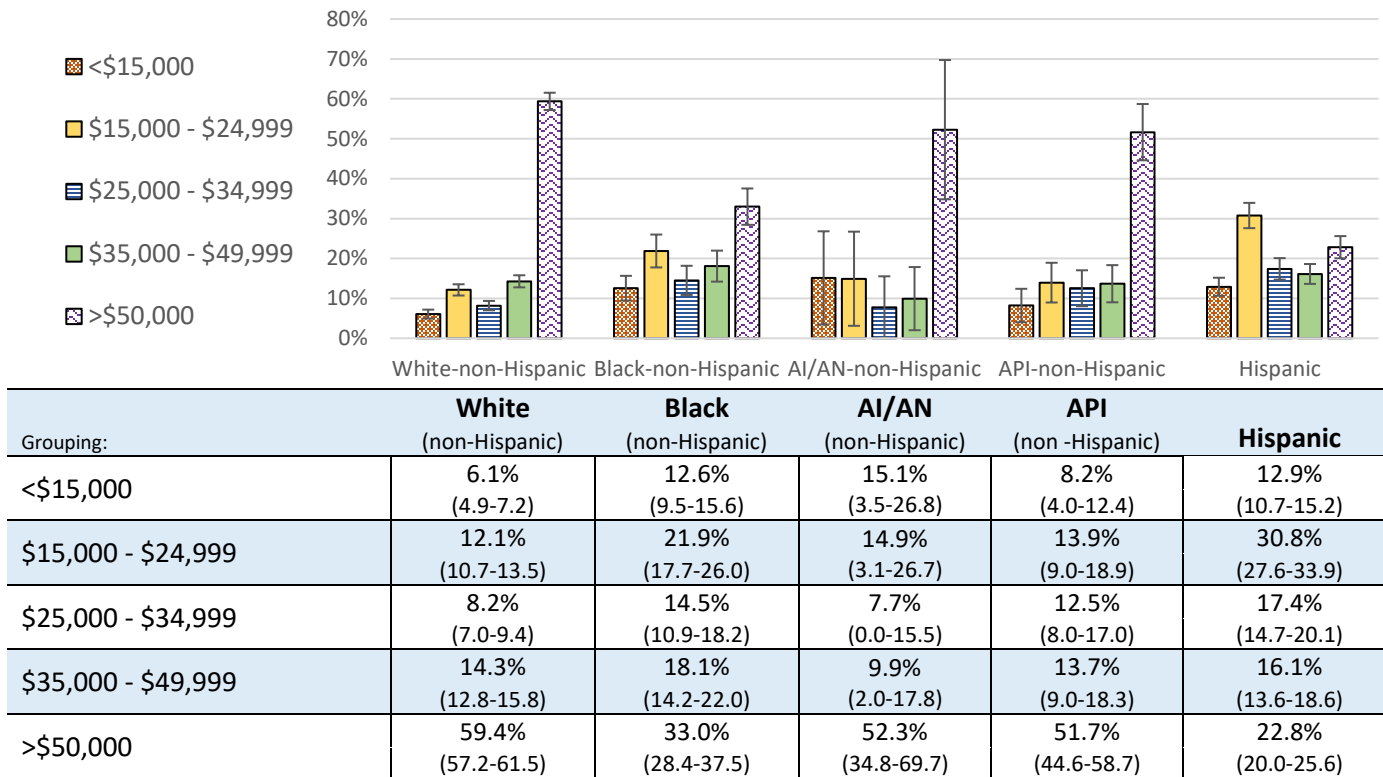


Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

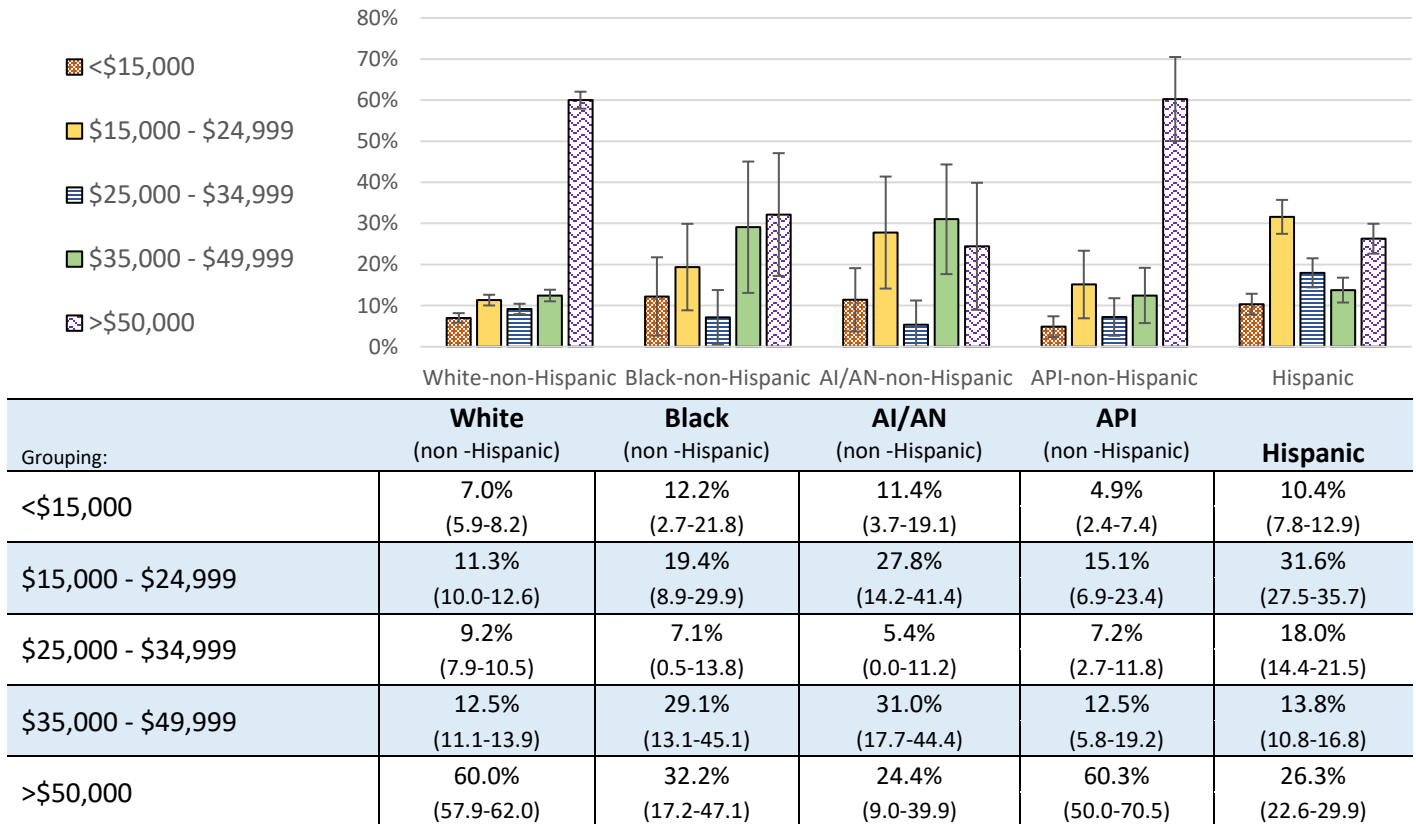
Note: Graph scaled to 80% to display difference between groups.

Figure 9. Annual Household Income – Prevalence by Race/Ethnicity, Clark County, 2015-2019 Aggregated



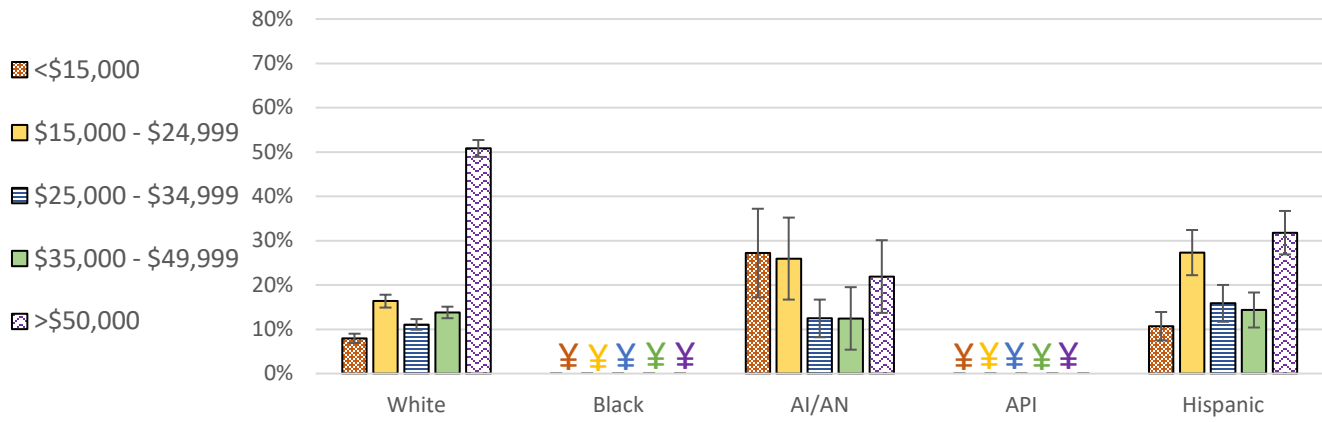
Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
 Multiple years were combined due to low respondent counts.
 Note: Graph scaled to 80% to display difference between groups.

Figure 10. Annual Household Income – Prevalence by Race/Ethnicity, Washoe County, 2015-2019 Aggregated



Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
 Multiple years were combined due to low respondent counts.
 Note: Graph scaled to 80% to display difference between groups.

Figure 11. Annual Household Income – Prevalence by Race/Ethnicity, Balance of State, 2015-2019 Aggregated



Grouping:	White (non -Hispanic)	Black (non -Hispanic)	AI/AN (non -Hispanic)	API (non -Hispanic)	Hispanic
<\$15,000	7.8% (6.7-8.8)	¥	24.8% (13.8-35.8)	¥	9.9% (6.7-13.2)
\$15,000 - \$24,999	14.7% (13.2-16.2)	¥	21.5% (11.2-31.7)	¥	24.2% (19.2-29.2)
\$25,000 - \$34,999	9.9% (8.7-11.1)	¥	14.7% (7.5-22.0)	¥	16.3% (11.9-20.7)
\$35,000 - \$49,999	13.0% (11.6-14.4)	¥	11.7% (2.7-20.8)	¥	16.4% (12.1-20.7)
>\$50,000	54.6% (52.6-56.7)	¥	27.2% (16.6-37.8)	¥	33.1% (28.0-38.2)

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 80% to display difference between groups.

Leading Causes of Death

In 2018, in the United States, the leading cause of death among all races and origins, and all ages, were classified as diseases of the heart with a death rate of 200.3 per 100,000 population [12]. The second leading cause was malignant neoplasms, with a death rate of 183.2 per 100,000 population, and the third leading cause was accidents, with a death rate of 51.1 per 100,000 population [12]. In 2019, in Nevada, the leading cause of death among all races and origins was classified as diseases of the heart with a death rate of 212.5 per 100,000 population.

Significant Findings

- Diseases of the heart were classified as the number one leading cause of death across all race/ethnicity groups.
- Black-non-Hispanic populations had significantly higher death rates of diseases of the heart than all other race/ethnicity groups, in 2019, with a death rate of 311.4 per 100,000 population (Table 1. and Table 4.)

Table 1. Top Five Leading Causes of Death Comparison among Nevada Residents – Age-Adjusted Rates by Race/Ethnicity, 2019

Rank	White		Black		AI/AN		API		Hispanic	
	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Diseases of the heart	223.1 (217.0-229.2)	Diseases of the heart	311.4 (288.5-334.2)	Diseases of the heart	139.6 (100.9-178.3)	Diseases of the heart	143.3 (129.4-157.1)	Diseases of the heart	134.2 (122.5-145.8)
2	Malignant neoplasms	170.1 (164.9-175.4)	Malignant neoplasms	185.2 (167.7-202.7)	Malignant neoplasms	123.3 (87.6-158.9)	Malignant neoplasms	119.9 (107.7-132.0)	Malignant neoplasms	109.0 (99.4-118.6)
3	Chronic lower respiratory	61.3 (58.1-64.5)	Cerebrovascular diseases (stroke)	65.5 (54.8-76.1)	Nontransport accidents	51.5 (27.7-75.2)	Cerebrovascular diseases (stroke)	37.7 (30.4-45.0)	Diabetes mellitus	29.1 (24.2-34.1)
4	Cerebrovascular diseases (stroke)	39.9 (37.3-42.5)	Nontransport accidents	46.9 (38.7-55.2)	Diabetes mellitus	42.1 (20.8-63.5)	Diabetes mellitus	31.9 (25.3-38.5)	Nontransport accidents	17.9 (14.7-21.1)
5	Nontransport accidents	41.0 (38.1-43.9)	Diabetes mellitus	46.0 (37.3-54.8)	Chronic lower respiratory	38.2 (18.9-57.5)	Nontransport accidents	18.7 (13.7-23.7)	Cerebrovascular diseases (stroke)	30.6 (25.0-36.3)

Source: Nevada Electronic Death Registry System.

Table 2. Leading Causes of Death among All Races and Origins – Counts and Age-Adjusted Rates, 2019

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	6,858	212.5 (207.5-217.5)
2	Malignant neoplasms	5,427	159.0 (154.7-163.2)
3	Chronic lower respiratory diseases	1,660	51.1 (48.6-53.5)
4	Cerebrovascular diseases (stroke)	1,286	40.9 (38.7-43.2)
5	Nontransport accidents	1,099	34.5 (32.5-36.5)
6	Diabetes mellitus	836	24.5 (22.9-26.2)
7	Alzheimer's disease	678	23.6 (21.8-25.3)
8	Intentional self-harm (suicide)	642	19.9 (18.4-21.4)
9	Chronic liver disease and cirrhosis	491	13.9 (12.7-15.1)
10	Influenza and pneumonia	458	14.2 (12.9-15.4)
11	Essential Hypertensive Renal Disease	363	11.3 (10.1-12.5)
12	Transport accidents	337	10.4 (9.3-11.5)
13	Nephritis, nephrotic syndrome and nephrosis	303	9.3 (8.2-10.3)
14	Parkinson's disease	241	7.8 (6.8-8.8)
15	Septicemia	209	6.3 (5.4-7.1)
16	Other diseases of respiratory system	205	6.1 (5.3-7.0)
17	Assault (homicide)	165	5.4 (4.6-6.2)
18	Other diseases of circulatory system	139	4.0 (3.4-4.7)
19	Benign neoplasms	114	3.6 (2.9-4.2)
20	Nutritional deficiencies	109	3.8 (3.1-4.5)

Source: Nevada Electronic Death Registry System.

Table 3. Leading Causes of Death among White-non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2019

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	5,104	223.1 (217.0-229.2)
2	Malignant neoplasms	4,032	170.1 (164.9-175.4)
3	Chronic lower respiratory diseases	1,446	61.3 (58.1-64.5)
4	Cerebrovascular diseases (stroke)	900	39.9 (37.3-42.5)
5	Nontransport accidents	773	41.0 (38.1-43.9)
6	Alzheimer's disease	530	24.4 (22.3-26.4)
7	Intentional self-harm (suicide)	496	28.1 (25.6-30.6)
8	Diabetes mellitus	485	20.6 (18.8-22.4)
9	Chronic liver disease and cirrhosis	355	16.5 (14.8-18.2)
10	Influenza and pneumonia	316	14.1 (12.6-15.7)
11	Essential Hypertensive Renal Disease	241	10.5 (9.2-11.9)
12	Transport accidents	196	10.9 (9.4-12.4)
13	Nephritis, nephrotic syndrome and nephrosis	193	8.4 (7.2-9.6)
14	Parkinson's disease	190	8.3 (7.1-9.5)
15	Septicemia	146	6.4 (5.4-7.4)
16	Other diseases of respiratory system	146	6.2 (5.2-7.2)
17	Other diseases of circulatory system	104	4.4 (3.5-5.2)
18	Benign neoplasms	89	3.9 (3.1-4.7)
19	Nutritional deficiencies	81	3.8 (3.0-4.6)
20	Assault (homicide)	68	4.4 (3.3-5.4)

Source: Nevada Electronic Death Registry System.

Table 4. Leading Causes of Death among Black-non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2019

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	711	311.4 (288.5-334.2)
2	Malignant neoplasms	431	185.2 (167.7-202.7)
3	Cerebrovascular diseases (stroke)	145	65.5 (54.8-76.1)
4	Nontransport accidents	125	46.9 (38.7-55.2)
5	Diabetes mellitus	106	46.0 (37.3-54.8)
6	Chronic lower respiratory diseases	75	33.0 (25.5-40.5)
7	Influenza and pneumonia	52	23.2 (16.9-29.4)
8	Alzheimer's disease	48	28.5 (20.4-36.5)
9	Assault (homicide)	44	16.2 (11.4-20.9)
10	Essential Hypertensive Renal Disease	41	17.9 (12.4-23.3)
11	Intentional self-harm (suicide)	35	12.6 (8.4-16.8)
12	Nephritis, nephrotic syndrome and nephrosis	34	15.6 (10.4-20.9)
13	Transport accidents	30	11.1 (7.1-15.1)
14	Septicemia	20	9.1 (5.1-13.1)
15	Perinatal period conditions	20	6.2 (3.5-8.9)
16	Parkinson's disease	19	10.2 (5.6-14.8)
17	Chronic liver disease and cirrhosis	16	6.2 (3.2-9.3)
18	Congenital malformations abnormalities	14	4.3 (2.1-6.6)
19	HIV	13	5.1 (2.3-7.8)
20	Other diseases of circulatory system	12	5.4 (2.3-8.4)

Source: Nevada Electronic Death Registry System.

Table 5. Leading Causes of Death among American Indian/Alaska Native-non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2019

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	50	139.6 (100.9-178.3)
2	Malignant neoplasms	46	123.3 (87.6-158.9)
3	Nontransport accidents	18	51.5 (27.7-75.2)
4	Diabetes mellitus	15	42.1 (20.8-63.5)
5	Chronic lower respiratory diseases	15	38.2 (18.9-57.5)
6	Cerebrovascular diseases (stroke)	14	40.0 (19.0-60.9)
7	Chronic liver disease and cirrhosis	9	22.3 (7.7-36.8)
8	Transport accidents	9	27.3 (9.5-45.2)
9	Influenza and pneumonia	7	16.4 (4.2-28.5)
10	Essential Hypertensive Renal Disease	6	19.7 (3.9-35.5)
11	Intentional self-harm (suicide)	6	16.6 (3.3-29.9)
12	Assault (homicide)	4	10.9 (0.2-21.7)
13	Nutritional deficiencies	3	10.7 (0.0-22.9)
14	Events of undetermined intent	3	9.4 (0.0-20.1)
15	Septicemia	2	5.1 (0.0-12.1)
16	Other infectious and parasitic diseases	2	6.8 (0.0-16.2)
17	Parkinson's disease	2	5.4 (0.0-13.0)
18	Alzheimer's disease	2	8.3 (0.0-19.8)
19	Other diseases of circulatory system	2	6.3 (0.0-15.0)
20	Other diseases of respiratory system	2	6.6 (0.0-15.7)

Source: Nevada Electronic Death Registry System.

Table 6. Leading Causes of Death among Asian/Pacific Islander-non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2019

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	410	143.3 (129.4-157.1)
2	Malignant neoplasms	373	119.9 (107.7-132.0)
3	Cerebrovascular diseases (stroke)	103	37.7 (30.4-45.0)
4	Diabetes mellitus	90	31.9 (25.3-38.5)
5	Nontransport accidents	54	18.7 (13.7-23.7)
6	Alzheimer's disease	46	20.2 (14.4-26.1)
7	Chronic lower respiratory diseases	37	14.7 (10.0-19.4)
8	Influenza and pneumonia	33	12.9 (8.5-17.3)
9	Essential Hypertensive Renal Disease	32	10.8 (7.1-14.6)
10	Intentional self-harm (suicide)	32	10.4 (6.8-14.0)
11	Nephritis, nephrotic syndrome and nephrosis	28	9.4 (5.9-12.9)
12	Transport accidents	24	7.8 (4.7-11.0)
13	Chronic liver disease and cirrhosis	18	5.4 (2.9-7.9)
14	Septicemia	16	5.5 (2.8-8.2)
15	Parkinson's disease	14	4.9 (2.3-7.5)
16	Other diseases of respiratory system	13	4.3 (2.0-6.7)
17	Peptic ulcer	12	4.4 (1.9-6.9)
18	Benign neoplasms	11	4.5 (1.8-7.1)
19	Other diseases of circulatory system	10	3.3 (1.2-5.3)
20	Nutritional deficiencies	9	4.3 (1.5-7.1)
21	Septicemia	10	4.3 (1.6-7.0)

Source: Nevada Electronic Death Registry System.

Table 7. Leading Causes of Death among Hispanic Nevada Residents – Counts and Age-Adjusted Deaths Rates, 2019

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	507	134.2 (122.5-145.8)
2	Malignant neoplasms	495	109.0 (99.4-118.6)
3	Diabetes mellitus	131	29.1 (24.2-34.1)
4	Nontransport accidents	120	17.9 (14.7-21.1)
5	Cerebrovascular diseases (stroke)	113	30.6 (25.0-36.3)
6	Chronic liver disease and cirrhosis	84	13.2 (10.4-16.0)
7	Transport accidents	74	9.1 (7.1-11.2)
8	Chronic lower respiratory diseases	69	18.7 (14.3-23.1)
9	Intentional self-harm (suicide)	68	7.6 (5.8-9.4)
10	Alzheimer's disease	46	17.1 (12.1-22.0)
11	Nephritis, nephrotic syndrome and nephrosis	42	10.3 (7.2-13.4)
12	Assault (homicide)	40	4.2 (2.9-5.4)
13	Influenza and pneumonia	38	9.1 (6.2-11.9)
14	Essential Hypertensive Renal Disease	36	9.8 (6.6-12.9)
15	Perinatal period conditions	32	2.9 (1.9-3.9)
16	Other diseases of respiratory system	29	6.4 (4.1-8.7)
17	Congenital malformations abnormalities	24	2.2 (1.3-3.0)
18	Septicemia	21	5.1 (2.9-7.3)
19	Parkinson's disease	13	3.4 (1.5-5.2)
20	Other infectious and parasitic diseases	10	1.7 (0.7-2.8)

Source: Nevada Electronic Death Registry System.

Cardiovascular Disease

Cardiovascular disease refers to a group of disorders involving the heart and blood vessels, the most prevalent being heart disease and cerebrovascular disease, or stroke [13]. The CDC estimates that in the US, nearly one in three deaths is caused by heart disease and stroke each year and at least 200,000 of these deaths could have been prevented through changes in health habits [14].

Heart Disease Mortality

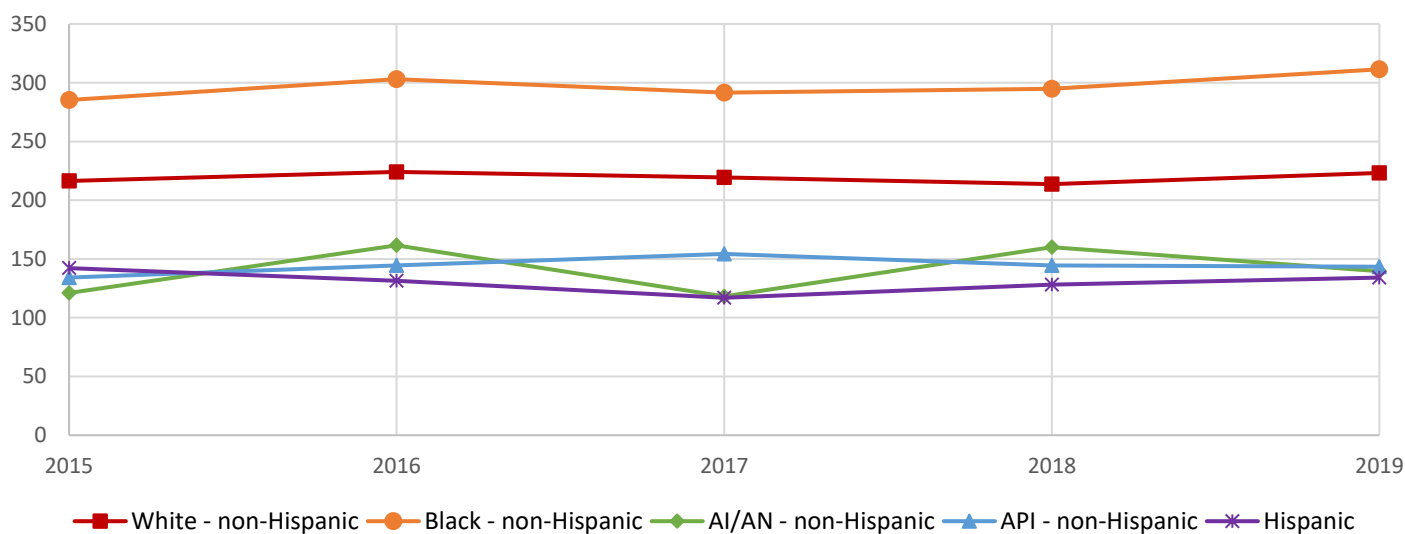
The age-adjusted death rate from heart disease in the US was 200.3 per 100,000 population during the year 2018 [12].

According to the CDC, Nevada had the 11th highest death rate from heart disease in the nation, in 2018 [15]. In Nevada, the 2019 age-adjusted death rate for heart disease was 212.5 per 100,000 population (Table 2.).

Significant Findings

- In 2019, Black-non-Hispanic populations had the highest mortality rates of heart disease, at 311.4 per 100,000 population, when compared across all other race/ethnicity groups in 2019 (Figure 12.).
- In 2019, Hispanic populations had significantly lower death rates, at 134.2 per 100,000 population, than Black-non-Hispanic populations (311.4 per 100,000) and White-non-Hispanic populations (223.1 per 100,000) (Figure 12.).

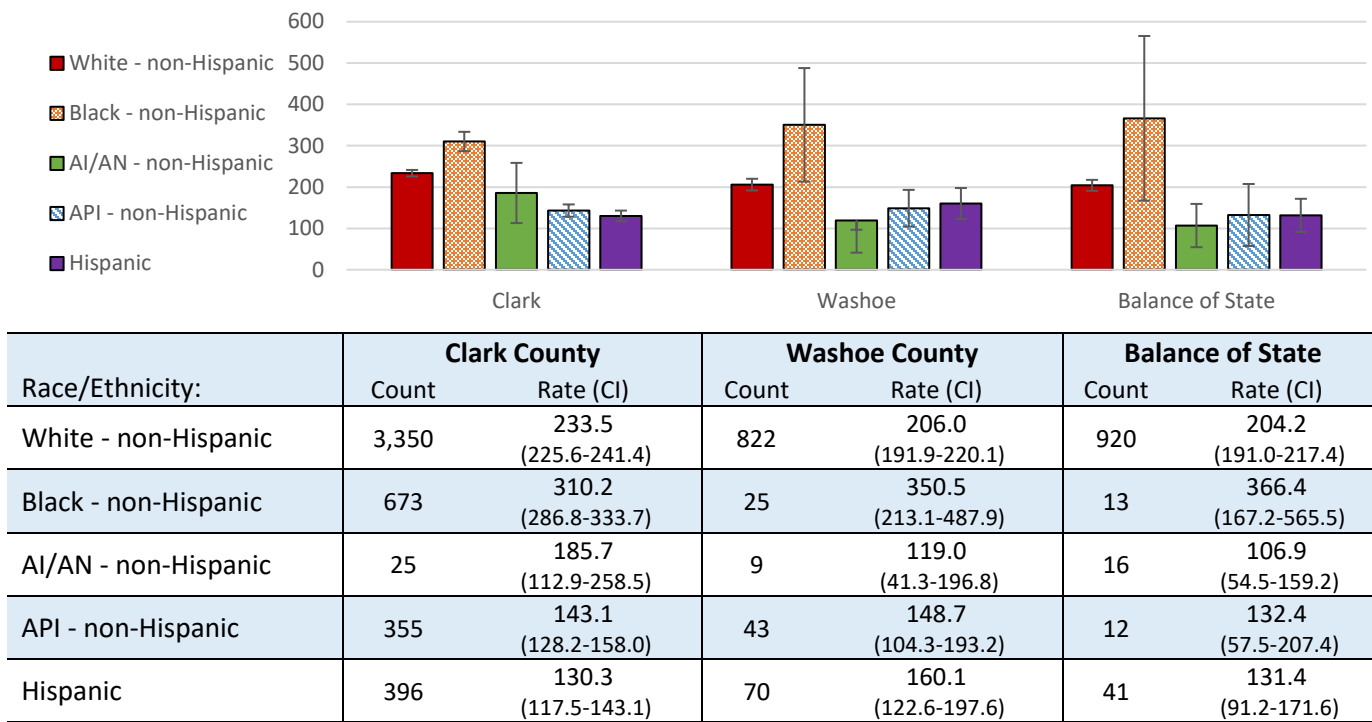
Figure 12. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2015 – 2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	5,104	223.1 (217.0-229.2)	711	311.4 (288.5-334.2)	50	139.6 (100.9-178.3)	410	143.3 (129.4-157.1)	507	134.2 (122.5-145.8)
2018	4,788	213.7 (207.7-219.8)	647	294.7 (272.0-317.4)	59	159.9 (119.1-200.7)	376	144.4 (129.8-159.0)	471	128.1 (116.5-139.6)
2017	4,810	219.4 (213.2-225.6)	592	291.6 (268.1-315.1)	42	118.2 (82.4-153.9)	383	154.3 (138.8-169.7)	397	117.0 (105.5-128.5)
2016	4,805	224.1 (217.8-230.4)	599	303.1 (278.8-327.3)	52	161.6 (117.7-205.6)	342	144.6 (129.2-159.9)	444	131.3 (119.1-143.5)
2015	4,561	216.4 (210.1-222.7)	553	285.3 (261.5-309.1)	42	121.0 (84.4-157.6)	294	134.2 (118.9-149.5)	453	142.2 (129.1-155.3)

Source: Nevada Electronic Death Registry System.

Figure 13. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2019



Source: Nevada Electronic Death Registry System.

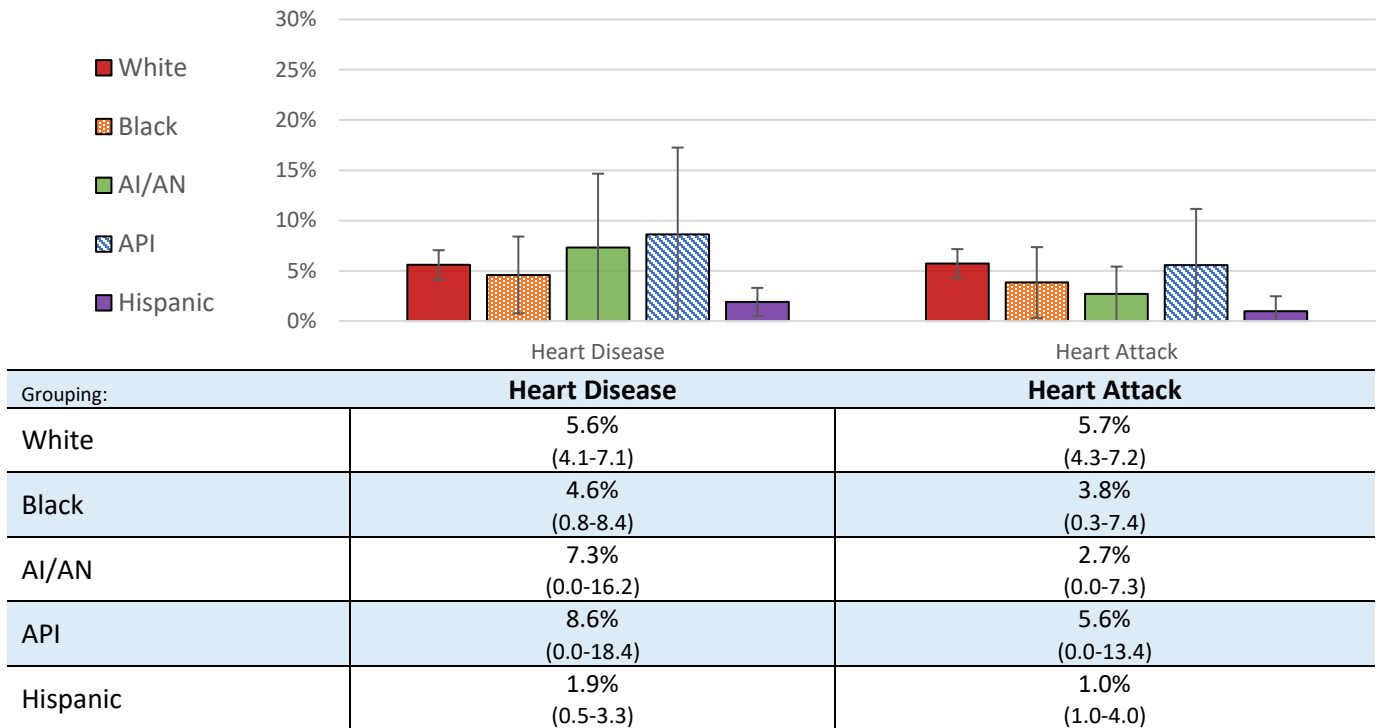
Prevalence of Heart Disease

According to the 2019 United States Behavioral Risk Factor Surveillance System (BRFSS), 3.9% of adults have been ever been told by a health professional they have angina or coronary heart disease [16]. Additionally, 4.2% of adults have ever been told they had a heart attack [16].

Significant Findings

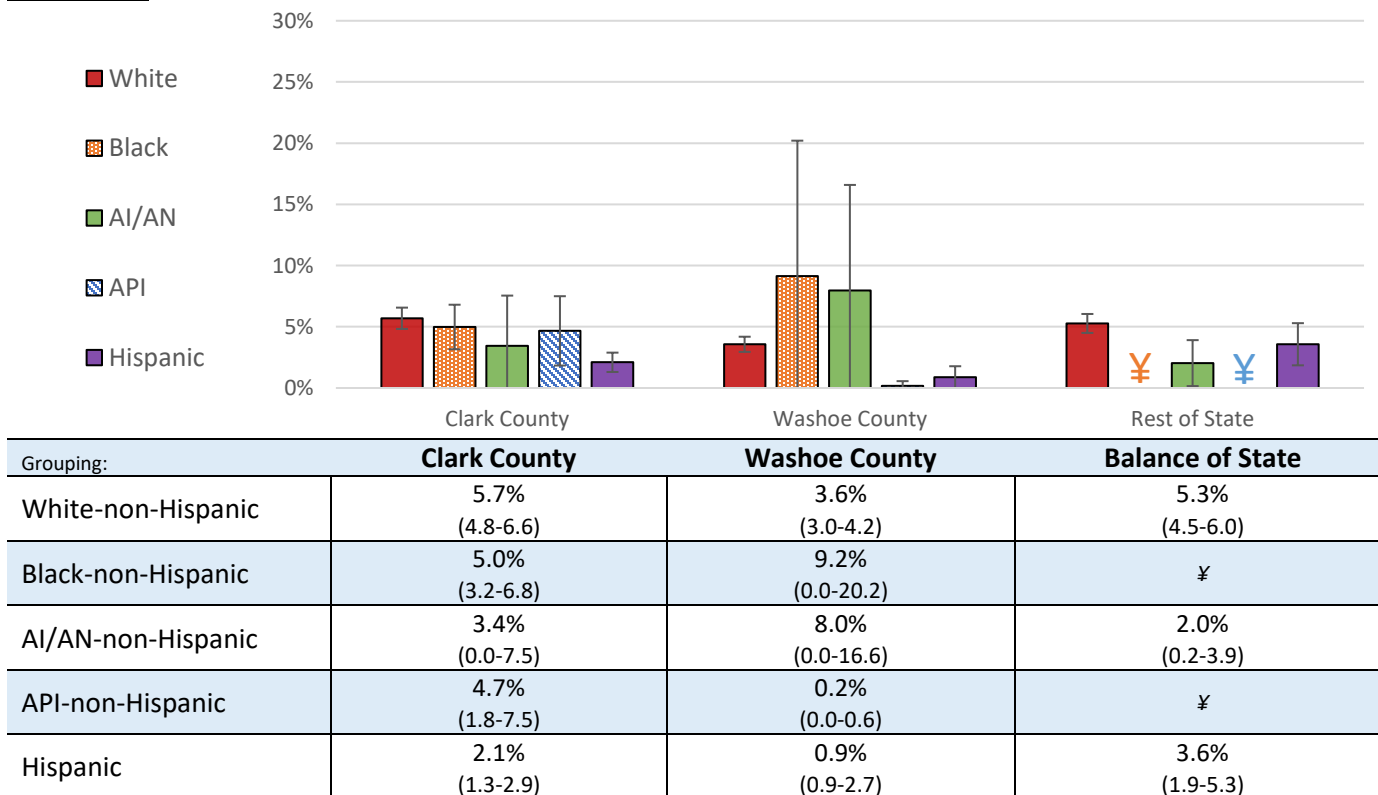
- In 2019, Hispanic populations had a significantly lower prevalence of heart disease (1.9%) than White-non-Hispanic populations in Nevada (Figure 14.).
- From 2015-2019, Hispanic populations in Clark County (2.1%) and Washoe County (0.9%) had significantly lower prevalence of heart disease than White-non-Hispanic populations in Clark County (5.7%) and Washoe County (3.6%) (Figure 15.)

Figure 14. Adults Who Have Ever had Heart Disease or Ever had a Heart Attack – Prevalence by Race/Ethnicity, Nevada, 2019.



Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 30% to display difference between groups.

Figure 15. Adults Who Have Ever had Heart Disease – Prevalence by Race/Ethnicity, and by Region, 2015 – 2019, Aggregated



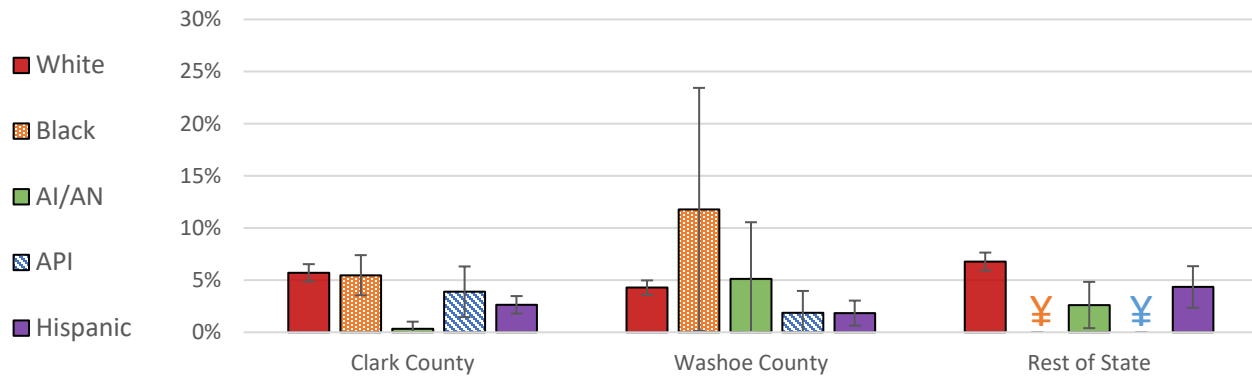
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Multiple years were combined due to low respondent counts.

¥: Prevalence estimate suppressed when the sample size for the denominator was <50.

Note: Graph scaled to 30% to display difference between groups.

Figure 16. Adults Who Have Ever had a Heart Attack— Prevalence by Race/Ethnicity, and by Region, 2015 – 2019, Aggregated



Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	5.7% (4.9-6.5)	4.3% (3.6-5.0)	6.8% (5.9-7.6)
Black-non-Hispanic	5.5% (3.5-7.4)	11.8% (0.1-23.4)	¥
AI/AN-non-Hispanic	0.3% (0.0-1.0)	5.1% (0.0-10.6)	2.6% (0.4-4.8)
API-non-Hispanic	3.9% (1.5-6.3)	1.9% (0.0-4.0)	¥
Hispanic	2.6% (1.8-3.5)	1.8% (1.8-4.2)	4.3% (2.3-6.3)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Multiple years were combined due to low respondent counts.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 30% to display difference between groups.

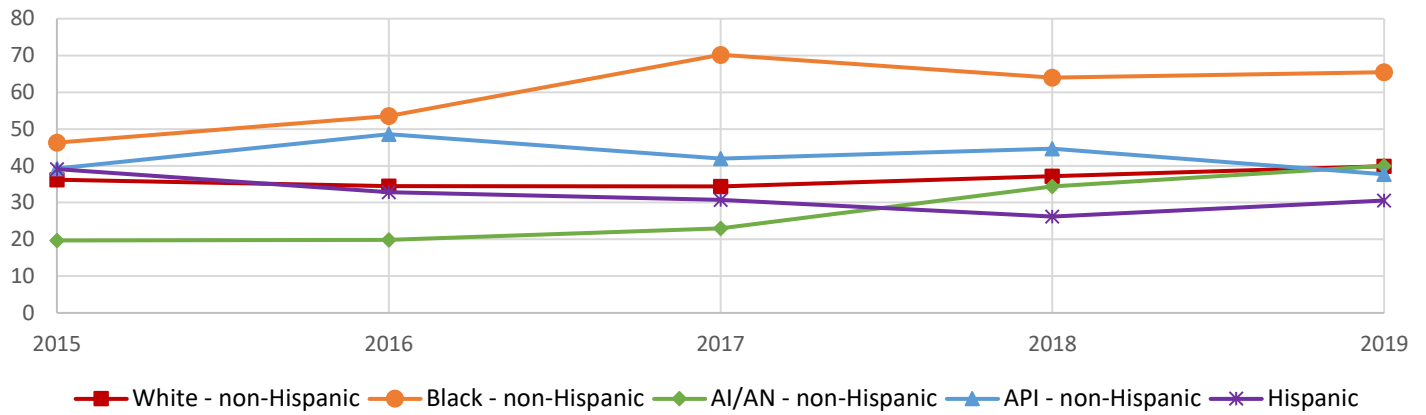
Cerebrovascular Disease (Stroke)

Cerebrovascular disease, often called stroke, occurs when the blood supply to the brain is blocked or clogged, and can cause lasting brain damage, long-term disability, or even death [17]. Every year, more than 795,000 people have a stroke in the US, and 1 in every 6 deaths from cardiovascular disease was due to stroke [18]. The death rate from strokes among all races, origins, and age groups, was 45.2 per 100,000 population, making it the fifth leading cause of death in the US in 2018 [12].

Significant Findings

- In 2019, Black-non-Hispanic populations had significantly higher death rates, at 65.5 per 100,000 population, than White non-Hispanics (39.9 per 100,000), Asian/Pacific Islander-non-Hispanics (37.7 per 100,000), and Hispanics (30.6 per 100,000). (Figure 17.).
- The 2015-2019 combined prevalence of stroke among American Indian/Alaska Native-non-Hispanic populations was significantly higher in the Balance of State (9.0%) than in Clark County (1.3%) (Figure 19.).

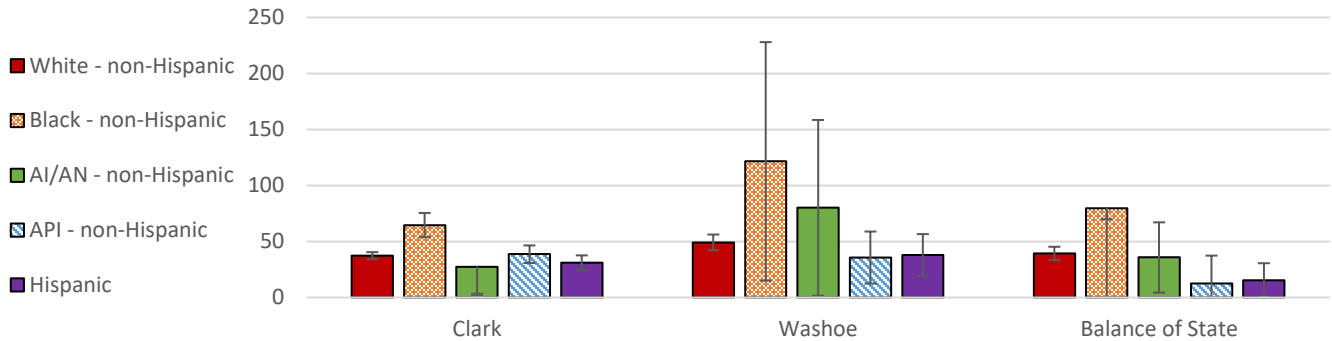
Figure 17. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2015 – 2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	900	39.9 (37.3-42.5)	145	65.5 (54.8-76.1)	14	40.0 (19.0-60.9)	103	37.7 (30.4-45.0)	113	30.6 (25.0-36.3)
2018	819	37.2 (34.6-39.7)	127	64.0 (52.9-75.2)	10	34.4 (13.1-55.7)	114	44.7 (36.5-52.9)	102	26.2 (21.2-31.3)
2017	750	34.4 (32.0-36.9)	134	70.2 (58.3-82.0)	7	23.0 (6.0-40.0)	104	42.0 (33.9-50.0)	105	30.7 (24.9-36.6)
2016	726	34.5 (32.0-37.0)	102	53.5 (43.1-63.9)	7	19.9 (5.2-34.6)	109	48.6 (39.4-57.7)	105	32.8 (26.5-39.0)
2015	742	36.2 (33.6-38.8)	81	46.3 (36.2-56.4)	6	19.7 (3.9-35.5)	88	39.3 (31.1-47.5)	118	39.1 (32.0-46.2)

Source: Nevada Electronic Death Registry System.

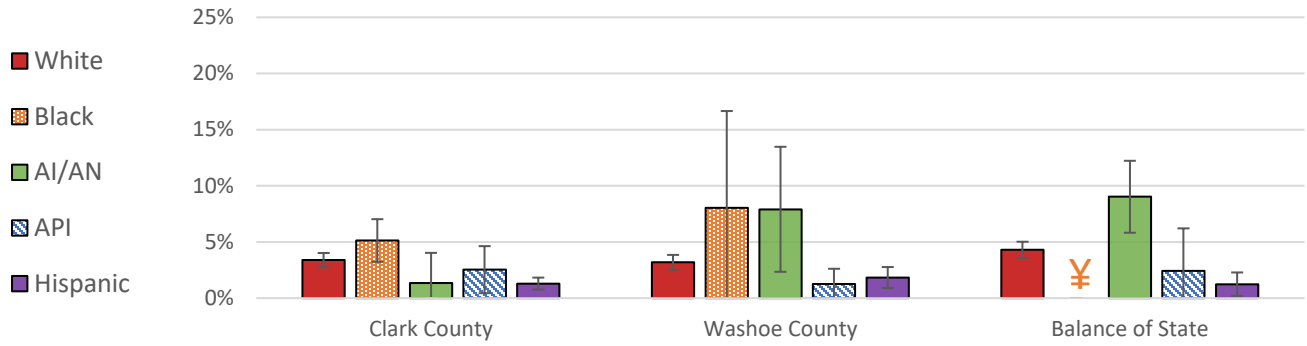
Figure 18. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	532	37.3 (34.2-40.5)	189	49.2 (42.2-56.2)	177	39.5 (33.6-45.3)
Black-non-Hispanic	137	64.6 (53.8-75.5)	5	121.6 (15.0-228.2)	3	79.7 (0.0-169.9)
AI/AN-non-Hispanic	5	27.4 (3.4-51.3)	4	80.1 (1.6-158.5)	5	35.8 (4.4-67.1)
API-non-Hispanic	93	38.7 (30.8-46.5)	9	35.6 (12.4-58.9)	1	12.6 (0.0-37.4)
Hispanic	93	31.2 (24.9-37.6)	16	38.0 (19.4-56.6)	4	15.5 (0.3-30.6)

Source: Nevada Electronic Death Registry System.

Figure 19. Adults Who Have Been Told They Had a Stroke – Prevalence by Race/Ethnicity, and by Region, 2015-2019, Aggregated



Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	3.4% (2.7-4.0)	3.2% (0.0-16.7)	4.3% (3.6-5.0)
Black-non-Hispanic	5.1% (3.2-7.0)	8.0% (0.0-16.7)	¥
AI/AN-non-Hispanic	1.3% (0.0-4.0)	7.9% (2.3-13.5)	9.0% (5.8-12.2)
API-non-Hispanic	2.5% (0.4-4.6)	1.3% (0.0-2.6)	2.4% (0.0-6.2)
Hispanic	1.3% (0.8-1.8)	1.8% (0.9-2.8)	1.2% (0.2-2.3)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Multiple years were combined due to low respondent counts.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 25% to display difference between groups.

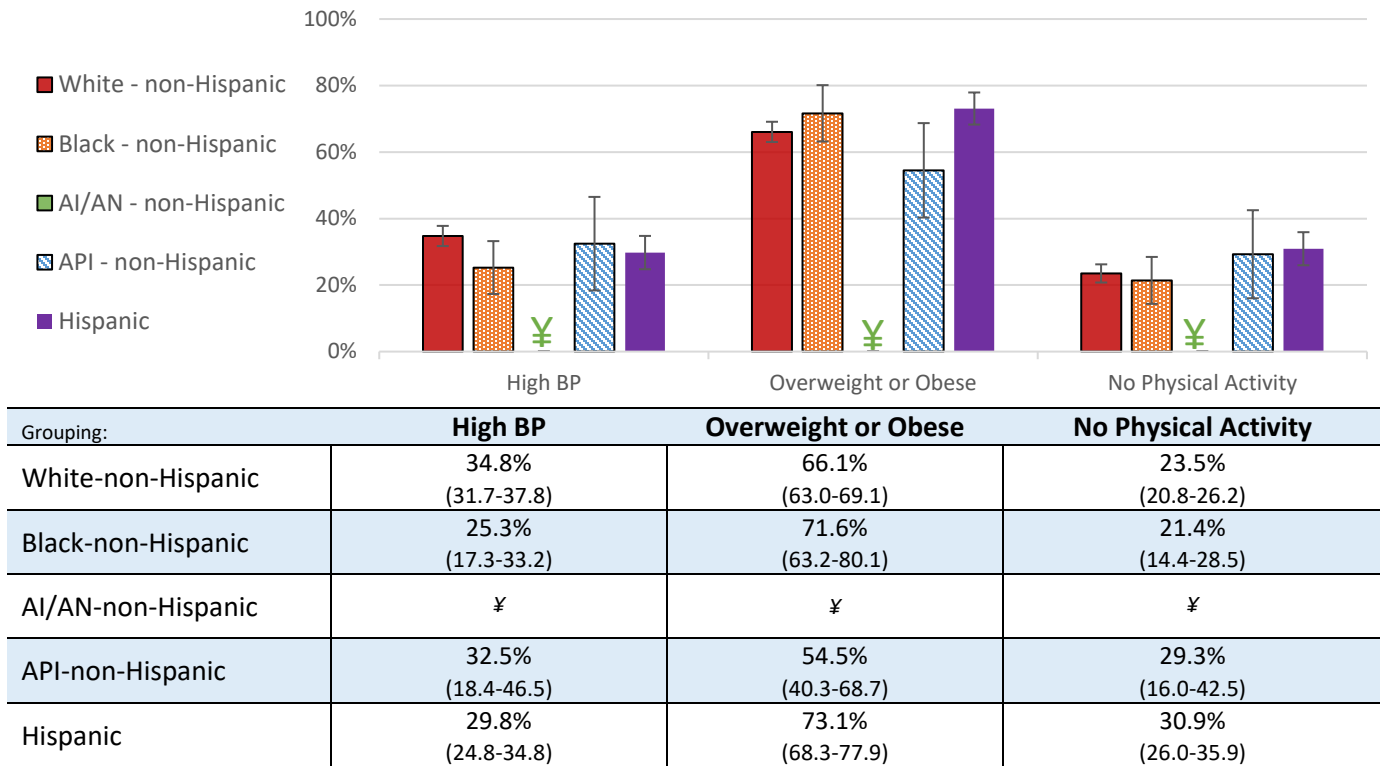
Risk Factors Associated with Cardiovascular Disease

There are many risk factors associated with cardiovascular disease, some of which are non-modifiable, while others are modifiable [19]. Non-modifiable risk factors include family history, age, gender, ethnicity, and socioeconomic status [20]. Modifiable risk factors are related to behavior and decision making, such as, physical inactivity, tobacco use, and diet [20]. Having one risk factor does not guarantee the development of a cardiovascular disease; however, having one or more risk factors may increase the likelihood that a cardiovascular disease may develop over time. The CDC estimates that about half of all Americans have at least one of the following key risk factors: high blood pressure, high cholesterol, and smoking [21].

Significant Findings

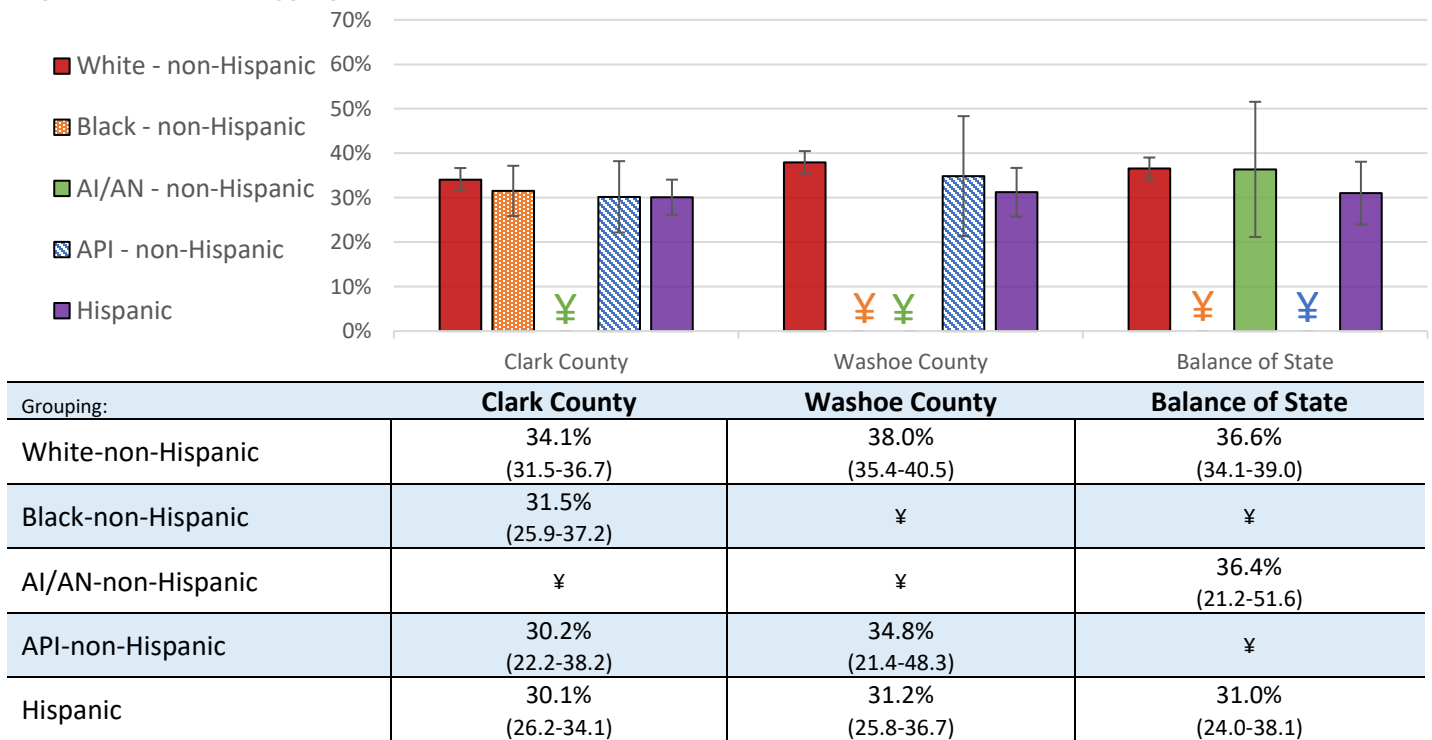
- White-non-Hispanic populations in Washoe County had significantly lower prevalence of being overweight or obese (61.5%) than White-non-Hispanic populations in the Balance of State (66.8%) (Figure 22.).
- White-non-Hispanic populations in Washoe County had significantly lower prevalence of physical inactivity within the last 30 days (19.2%) than White-non-Hispanic populations in Clark County (23.4%) and the Balance of State (24.6%) (Figure 23.).

Figure 20. Adults Who Reported Cardiovascular Disease Risk Factors – Prevalence by Race/Ethnicity, Nevada, 2019



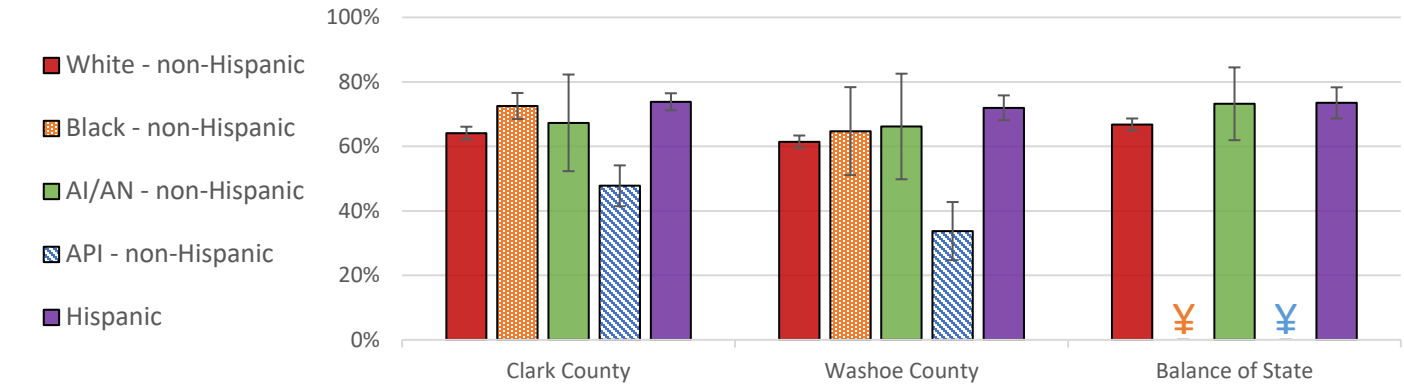
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 21. Adults Who Have Been Told They Have High Blood Pressure – Prevalence by Race/Ethnicity, and by Region, 2015-2019, Aggregated



Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
 Multiple years were combined due to low respondent counts.
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
 Note: Graph scaled to 70% to display difference between groups.

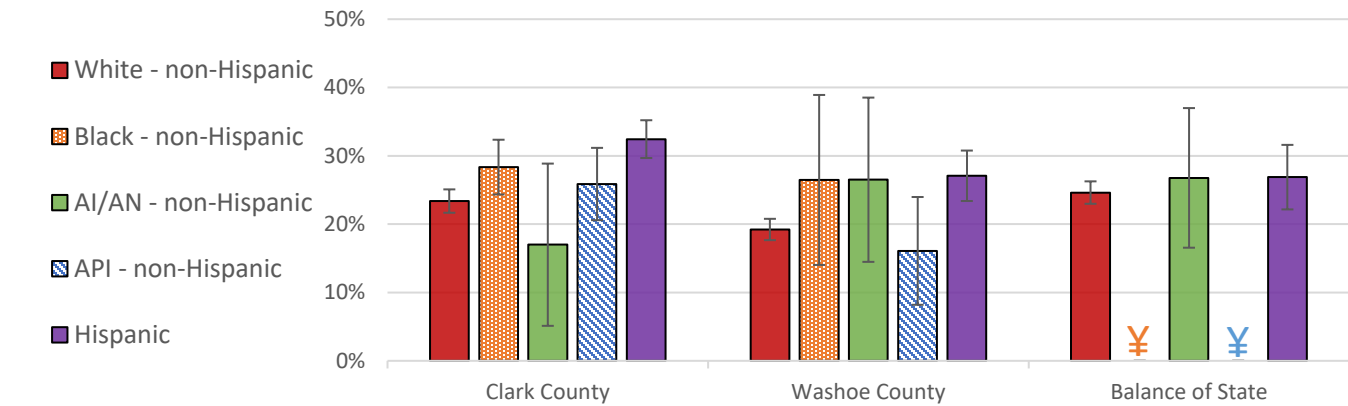
Figure 22. Adults Who Reported Being Overweight or Obese – Prevalence by Race/Ethnicity, and by Region, 2015 - 2019, Aggregated



Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	64.1% (62.2-66.1)	61.5% (59.5-63.4)	66.8% (65.0-68.7)
Black-non-Hispanic	72.5% (68.5-76.6)	64.7% (51.1-78.4)	¥
AI/AN-non-Hispanic	67.3% (52.3-82.3)	66.2% (49.8-82.6)	73.2% (61.9-84.5)
API-non-Hispanic	47.8% (41.4-54.1)	33.7% (24.7-42.8)	¥
Hispanic	73.9% (71.2-76.5)	72.0% (68.1-75.8)	73.5% (68.7-78.3)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 23. Adults Who Reported No Physical Activity in the Last 30 Days – Prevalence by Race/Ethnicity, and by Region, 2015 - 2019, Aggregated

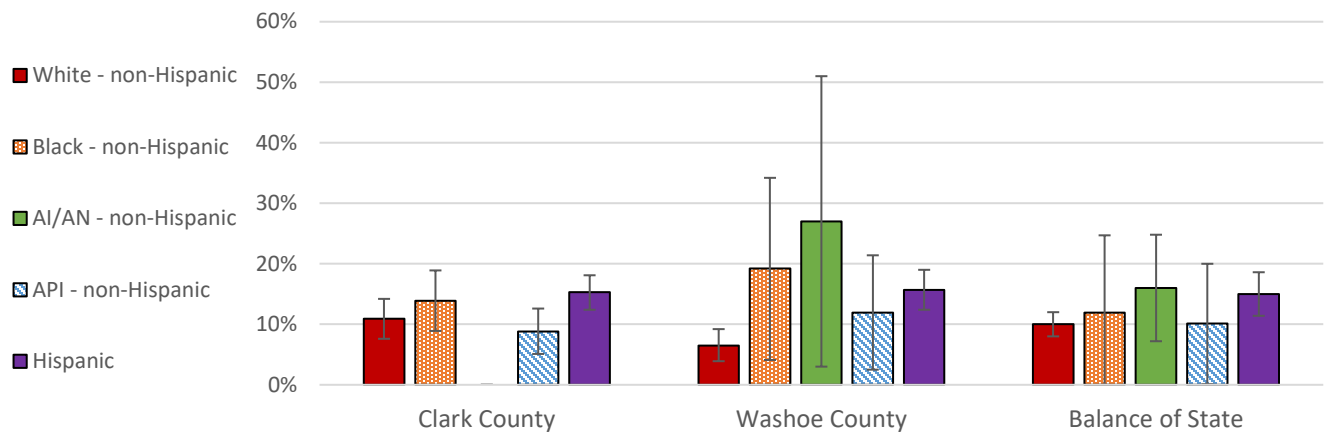


Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	23.4% (21.7-25.1)	19.2% (17.7-20.8)	24.6% (23.0-26.3)
Black-non-Hispanic	28.4% (24.3-32.4)	26.5% (14.0-38.9)	¥
AI/AN-non-Hispanic	17.0% (5.1-28.9)	26.5% (14.5-38.5)	26.8% (16.6-37.0)
API-non-Hispanic	25.9% (20.6-31.2)	16.1% (8.2-24.0)	¥
Hispanic	32.4% (29.7-35.2)	27.1% (23.4-30.8)	26.9% (22.2-31.6)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 50% to display difference between groups.

Figure 24. High School Students Who Were Obese – Prevalence by Race/Ethnicity, and by Region, 2019



Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	10.9% (7.6-14.2)	6.5% (3.9-9.2)	10.0% (8.0-12.0)
Black-non-Hispanic	13.9% (8.9-18.9)	19.2% (4.1-34.2)	11.9% (0.0-24.7)
AI/AN-non-Hispanic	0.0% (0.0-0.0)	27.0% (3.0-51.0)	16.0% (7.2-24.8)
API-non-Hispanic	8.8% (5.1-12.6)	11.9% (2.5-21.4)	10.1% (0.1-20.0)
Hispanic	15.3% (12.4-18.1)	15.7% (12.4-19.0)	15.0% (11.4-18.6)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
 Note: Graph scaled to 60% to display difference between groups.

Cancer

Malignant neoplasm, or cancer, is defined as the uncontrollable and abnormal division of cells that can affect any part of the body. The risk of developing cancer can be influenced by genetic, environmental, and behavioral factors. Cancer cells primarily evolve very slowly to damage the anatomy and function of the affected organ and have the ability to spread to distant body parts. Cancer is an overarching term for numerous different diseases, classified by the affected site and the type of change produced in the cell.

For cancer control, population-based cancer surveillance is key for epidemiologic and clinical research, program planning, and resource allocation. One tool used for monitoring cancer is the National Cancer Institute’s surveillance program known as Surveillance, Epidemiology, and End Results (SEER), which has been collecting data on cancer cases in the US since 1973. Surveillance indicators include the type of tumor and the magnitude of its occurrence (incidence), the severity of the damage (mortality), and trends over time [21][22].

Demographic characteristics, such as race/ethnicity, have deep influence in the presentation of cancer among the population of Nevada because of differences in genetics and social determinants of health.

Lifetime Risk of Cancer

The National Cancer Institute estimates that the overall risk of developing cancer throughout an individual’s lifetime is improving in the US [21]. The 2013-2017 lifetime risk of developing cancer was 39.6% for all races, whereas the 2003-2005 lifetime risk for developing cancer was 41.0% for all race/ethnicity groups (Table 8). Additionally, the lifetime risk of dying from cancer has slightly decreased from 21.1% during 2003-2005 to 19.4% for the time period from 2013-2017 among all race/ethnicity groups (Table 8). From 2013-2017, White-non-Hispanic populations had the highest lifetime risk of developing and dying from cancer with estimates of 39.7% and 19.5%, respectively (Table 8).

Table 8. Lifetime Risk of Developing and Dying from Cancer, by Race/Ethnicity and Time, United States, 2003-2005 & 2013-2017

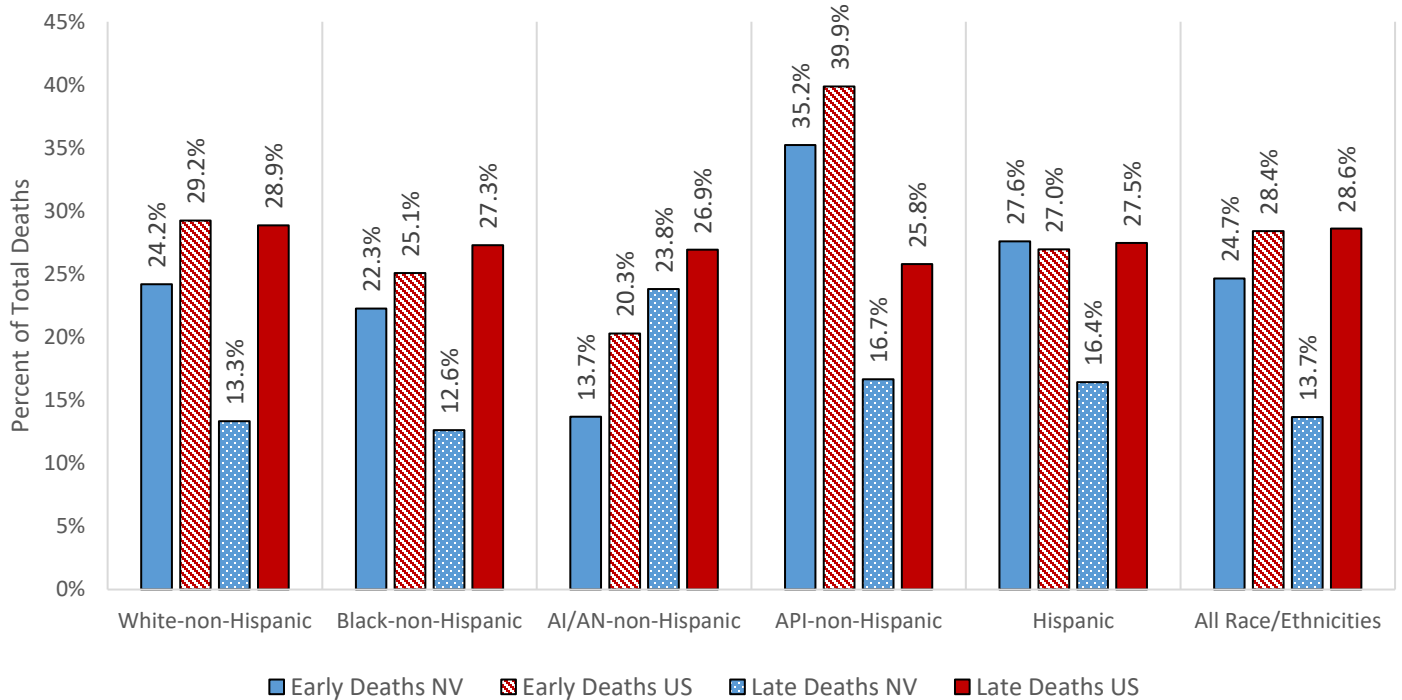
Race/Ethnicity	Lifetime Risk of Developing Cancer (%)		Lifetime Risk of Dying from Cancer (%)	
	2003-2005	2013-2017	2003-2005	2013-2017
White-non-Hispanic	41.7	39.7	21.4	19.5
Black-non-Hispanic	37.7	36.2	21.1	19.3
AI/AN-non-Hispanic	30.5	27.8	16.1	15.7
API-non-Hispanic	36.9	34.4	19.1	17.7
Hispanic	38.8	36.4	17.7	17.0
All Race/Ethnicity Groups	41.0	39.6	21.1	19.4

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.

Cancer Mortality

Cancer is the second leading cause of death in Nevada and the United States [12]. Cancer is typically diagnosed late in life with 80.8% of cases diagnosed in Nevada among those ages 55 years and older. Cancer deaths among those younger than 45 years of age is considered especially burdensome on social and economic aspects of society due to the loss of productive years of life [21]. In Nevada and the United States, Asian/Pacific Islander-non-Hispanic populations experience the highest percentage of early deaths with 35.2% and 39.9% respectively (Figure 25).

Figure 25. Early vs Late Deaths* – Percent of Total Deaths, Nevada and United States, 2017



*Early Death: Ages 45-64. Late Death: Ages 65+.

Source: Division of Public and Behavioral Health, Electronic Death Registry System.

United States Deaths: CDC. National Vital Statistics Reports. Deaths, Leading Causes for 2017.

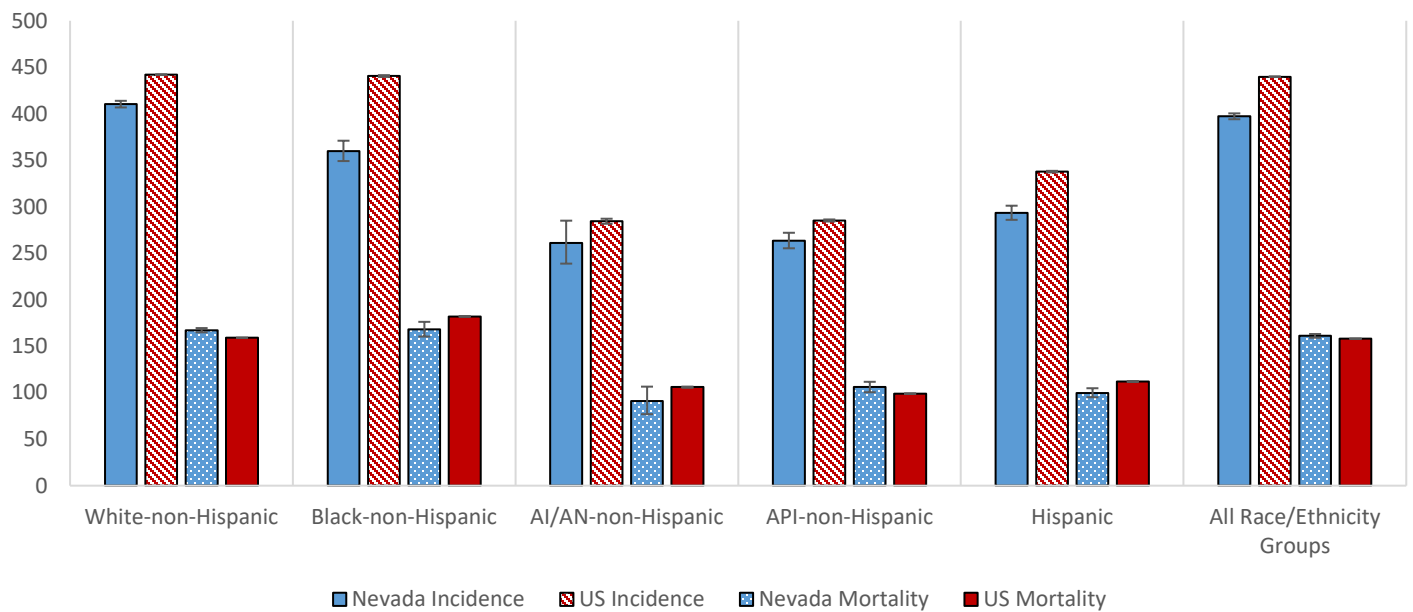
Cancer Incidence and Mortality

Nevada utilizes cumulative age-adjusted rates in 5-year periods to analyze cancer incidence and mortality due to the slow development of the disease and due to small population sizes.

Significant Findings

- For all cancer types, the incidence rate in Nevada (397.2 per 100,000) was significantly less than the incidence rate for all cancer types in the US (439.8 per 100,000) among all race/ethnicity groups (Figure 26).
- In Nevada, White-non-Hispanic (167.2 per 100,000) and Black-non-Hispanic (168.2 per 100,000) populations had significantly higher mortality rates from all types of cancer than American Indian/Alaska Native-non-Hispanic (90.9 per 100,000), Asian-non-Hispanic (106.0 per 100,000), and Hispanic (99.8 per 100,000) populations (Figure 26).

Figure 26. All Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and the United States, 2013-2017



Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	410.4 (406.8-413.9)	442.0 (441.7-442.4)	167.2 (164.9-169.5)	159.0 (158.9-159.1)
Black-non-Hispanic	359.9 (349.1-371.0)	440.6 (439.6-441.5)	168.2 (160.4-176.2)	182.0 (181.7-182.3)
AI/AN-non-Hispanic	261.2 (238.8-285.0)	284.4 (281.7-287.1)	90.9 (76.9-106.5)	106.0 (105.3-106.5)
API-non-Hispanic	263.6 (255.3-272.0)	285.2 (284.1-286.3)	106.0 (100.5-111.7)	99.0 (98.7-99.2)
Hispanic	293.4 (285.9-301.1)	337.7 (336.9-338.6)	99.8 (95.1-104.8)	112.0 (111.8-112.3)
All Race/Ethnicity Groups	397.2 (394.1-400.4)	439.8 (439.5-440.2)	161.1 (159.1-163.1)	158.0 (157.9-158.1)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.

US Incidence and Mortality: CDC United States Cancer Statistics: 1999-2017 Incidence and Mortality Web-based Report.

Lung and Bronchus Cancer

Cigarette smoking is the number one risk factor associated with lung cancer. The CDC reports that 80%-90% of lung cancer cases are linked to smoking tobacco, while 10% of cases are attributed by radon exposure [23].

Significant Findings

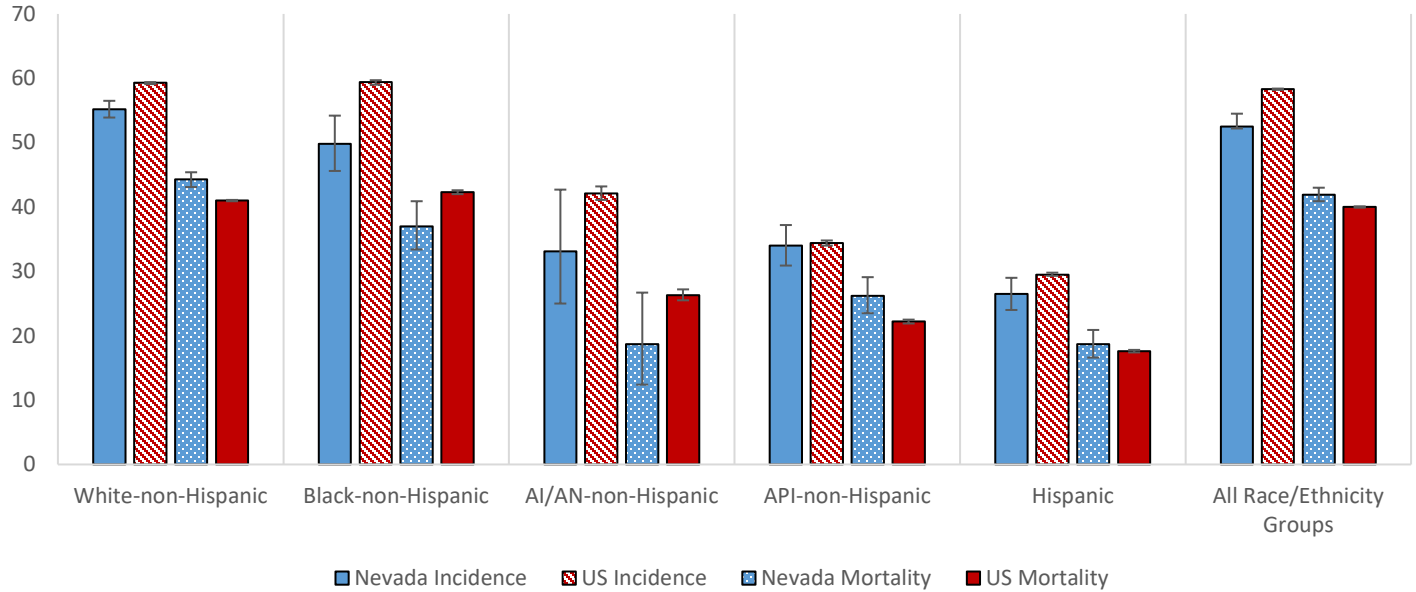
- White-non-Hispanic (55.2 per 100,000) populations in Nevada had significantly higher incidence rates of lung cancer than American Indian/Alaska Native-non-Hispanic (33.1 per 100,000), Asian-non-Hispanic (34.0 per 100,000), and Hispanic (26.5 per 100,000) populations (Figure 27).
- White-non-Hispanic (44.3 per 100,000) populations in Nevada had significantly higher mortality rates from lung cancer than all race/ethnicity groups (41.9 per 100,000) in Nevada (Figure 27).

Table 9. Lifetime Risk of Developing and Dying from Lung Cancer, United States, 2003-2005 & 2013-2017

Race/Ethnicity	Lifetime Risk of Developing Lung Cancer (%)		Lifetime Risk of Dying from Lung Cancer (%)	
	2003-2005	2013-2017	2003-2005	2013-2017
White-non-Hispanic	7.3	6.5	5.9	4.9
Black-non-Hispanic	6.7	5.5	5.4	4.3
AI/AN-non-Hispanic	5.4	4.5	3.4	3.5
API-non-Hispanic	5.8	5.5	4.4	4.0
Hispanic	4.6	4.0	3.2	2.6
All Race/Ethnicity Groups	7.1	6.3	5.7	4.8

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.

Figure 27. Lung Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2013-2017

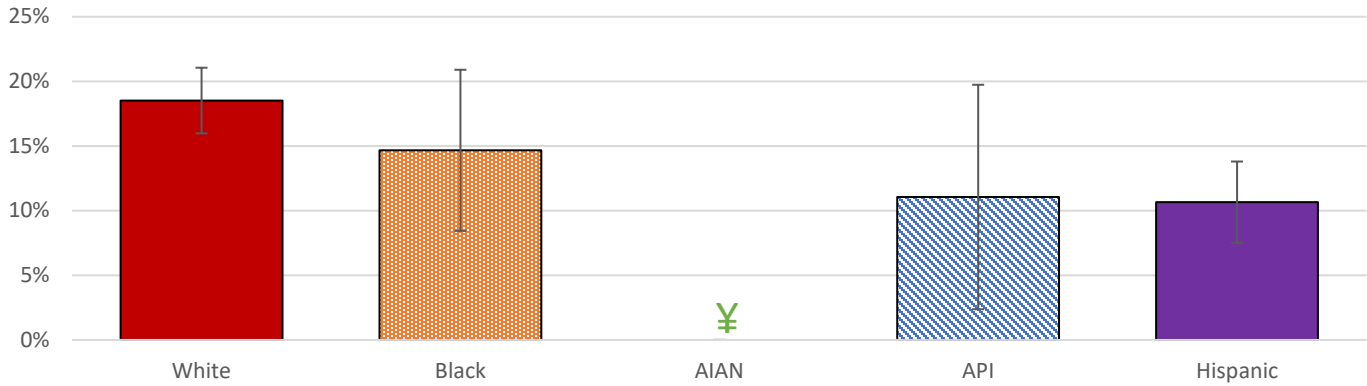


Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	55.2 (53.9-56.5)	59.3 (59.1-59.4)	44.3 (43.1-45.4)	41.0 (40.9-41.1)
Black-non-Hispanic	49.8 (45.6-54.2)	59.4 (59.0-59.7)	37.0 (33.4-40.9)	42.3 (42.0-42.6)
AI/AN-non-Hispanic	33.1 (25.0-42.7)	42.1 (41.1-43.2)	18.7 (12.4-26.7)	26.3 (25.5-27.2)
API-non-Hispanic	34.0 (30.9-37.2)	34.4 (34.0-34.8)	26.2 (23.5-29.1)	22.2 (21.9-22.5)
Hispanic	26.5 (24.0-29.0)	29.5 (29.3-29.8)	18.7 (16.6-20.9)	17.6 (17.4-17.8)
All Race/Ethnicity Groups	52.5 (52.2-54.5)	58.3 (58.2-58.4)	41.9 (40.9-43.0)	40.0 (39.9-40.1)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.

US Incidence and Mortality: CDC United States Cancer Statistics: 1999-2017 Incidence and Mortality Web-based Report.

Figure 28. Current Smokers – Prevalence by Race/Ethnicity, Nevada, 2019



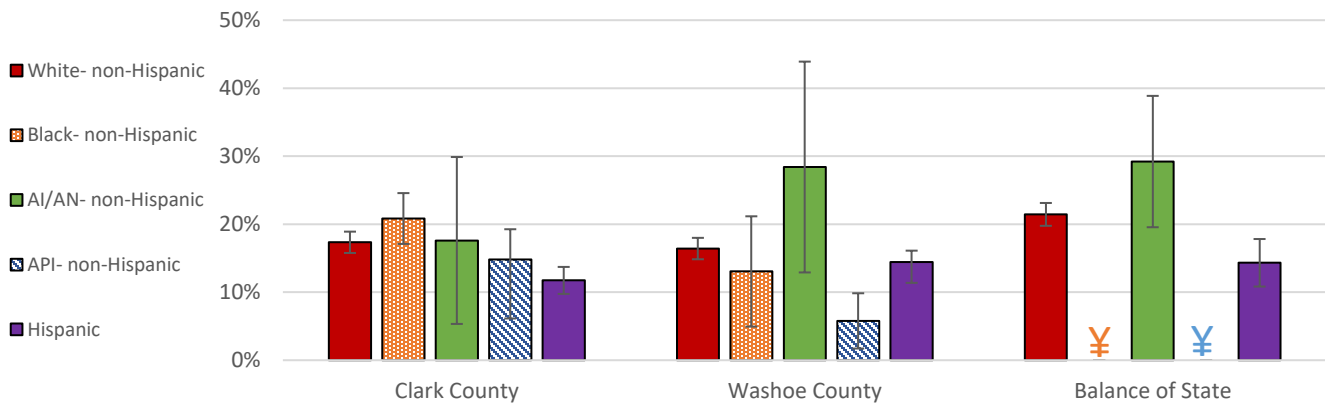
Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	18.5% (16.0-21.1)	14.7% (8.4-20.9)	¥	11.1% (2.4-19.7)	10.7% (7.5-13.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 25% to display difference between groups.

Figure 29. Current Smokers, Nevada Adults – Prevalence by Race/Ethnicity and Region, 2015-2019 Aggregated



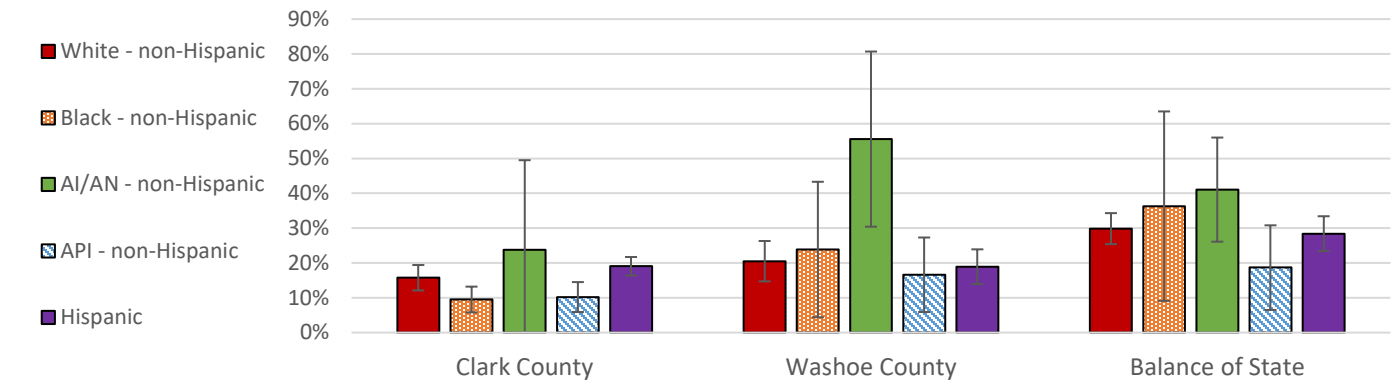
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	17.3% (15.8-18.9)	16.4% (14.8-18.0)	21.4% (19.8-23.1)
Black-non-Hispanic	20.8% (17.1-24.6)	13.1% (4.9-21.2)	¥
AI/AN-non-Hispanic	17.6% (5.3-29.9)	28.4% (4.9-21.2)	29.2% (19.6-38.9)
API-non-Hispanic	14.8% (10.4-19.3)	5.8% (1.7-9.8)	¥
Hispanic	11.7% (9.8-13.7)	14.4% (11.4-17.5)	14.3% (10.8-17.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 50% to display difference between groups.

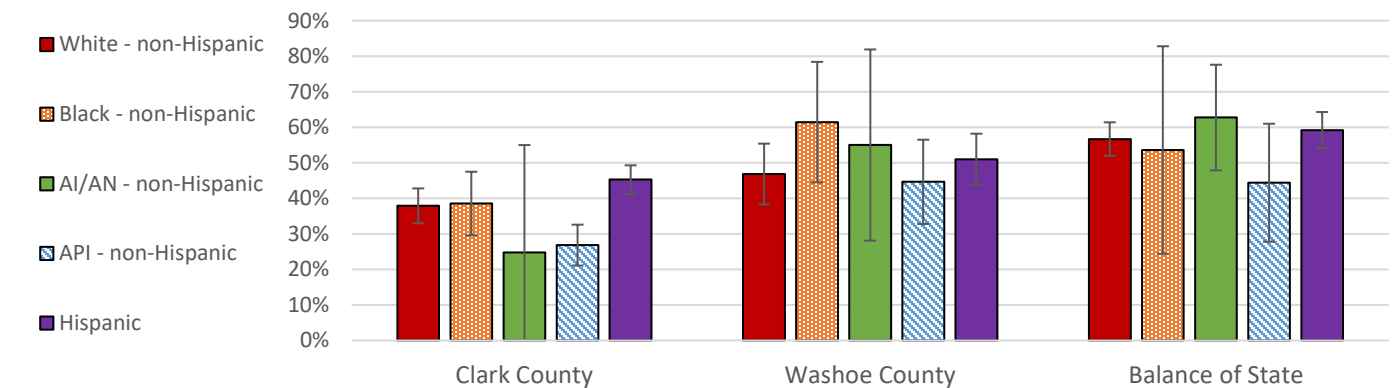
Figure 30. Nevada High School Students Who Ever Smoked Cigarettes – Prevalence by Race/Ethnicity and Region, 2019



Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	15.8% (12.1-19.4)	20.5% (14.7-26.3)	29.8% (25.4-34.3)
Black-non-Hispanic	9.5% (5.8-13.2)	23.9% (4.4-43.3)	36.3% (9.1-63.5)
AI/AN-non-Hispanic	23.8% (0.0-49.5)	55.6% (30.4-80.7)	41.0% (26.1-56.0)
API-non-Hispanic	10.2% (5.9-14.5)	16.6% (5.9-27.3)	18.7% (6.5-30.8)
Hispanic	19.1% (16.4-21.7)	18.9% (13.9-23.9)	28.4% (23.4-33.4)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
 Note: Graph scaled to 90% to display difference between groups.

Figure 31. Nevada High School Students Who Ever Used Electronic Vapor Products – Prevalence by Race/Ethnicity and Region, 2019



Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	37.9% (33.0-42.8)	46.8% (38.3-55.4)	56.7% (52.0-61.4)
Black-non-Hispanic	38.6% (29.6-47.5)	61.4% (44.5-78.4)	53.6% (24.4-82.8)
AI/AN-non-Hispanic	24.8% (0.0-55.0)	55.0% (28.1-81.9)	62.8% (47.9-77.6)
API-non-Hispanic	26.9% (21.1-32.6)	44.7% (32.8-56.5)	44.4% (27.8-61.0)
Hispanic	45.3% (41.2-49.3)	51.0% (43.9-58.2)	59.2% (54.1-64.3)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
 Note: Graph scaled to 90% to display difference between groups.

Breast Cancer

Breast cancer is the most common type of cancer among women. Known risk factors associated with breast cancer include older age, obesity after menopause, race/ethnicity, dense breast tissue, drinking alcohol, and early menstrual period [24].

Significant Findings

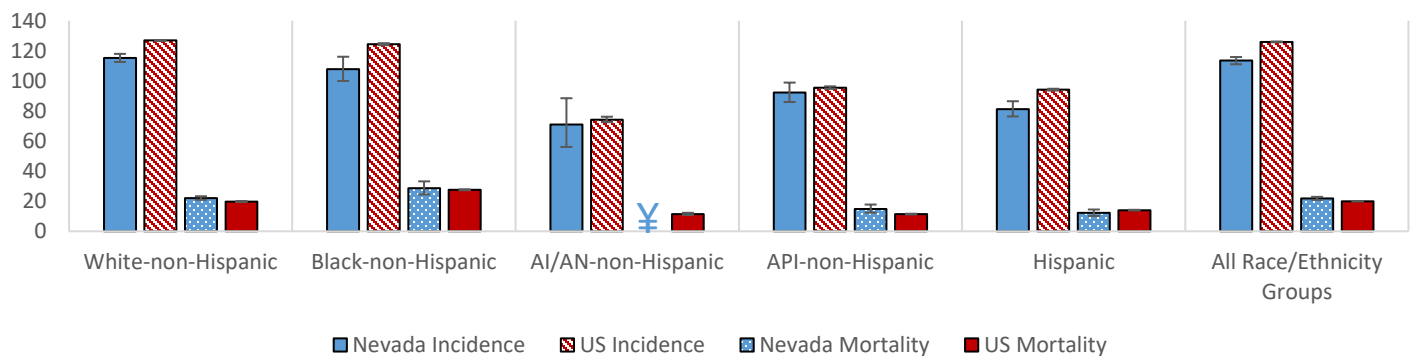
- White-non-Hispanic (115.3 per 100,000) populations in Nevada had significantly higher incidence rates of female breast cancer than American Indian/Alaska Native-non-Hispanic (71.0 per 100,000), Asian-non-Hispanic (92.2 per 100,000), and Hispanic (81.3 per 100,000) populations (Figure 32).
- Black-non-Hispanic (28.6 per 100,000) populations in Nevada had significantly higher mortality rates from female breast cancer than all race/ethnicity groups (21.9 per 100,000) in Nevada (Figure 32).

Table 10. Lifetime Risk of Developing and Dying from Female Breast Cancer, United States, 2003-2005 & 2013-2017

Race/Ethnicity	Lifetime Risk of Developing Breast Cancer (%)		Lifetime Risk of Dying from Breast Cancer (%)	
	2003-2005	2013-2017	2003-2005	2013-2017
White-non-Hispanic	12.6	13.1	2.9	2.5
Black-non-Hispanic	10.2	11.7	3.2	3.1
AI/AN-non-Hispanic	8.2	7.9	1.9	1.9
API-non-Hispanic	9.6	11.0	1.9	1.8
Hispanic	9.7	10.6	2.1	2.0
All Race/Ethnicity Groups	12.1	12.9	2.9	2.5

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.

Figure 32. Female Breast Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2013-2017



Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	115.3 (112.6-118.0)	126.9 (126.6-127.1)	22.1 (21.0-23.3)	19.8 (19.7-19.9)
Black-non-Hispanic	107.8 (100.0-116.1)	124.4 (123.8-125.1)	28.6 (24.5-33.2)	27.6 (27.3-27.9)
AI/AN-non-Hispanic	71.0 (56.1-88.5)	74.3 (72.6-76.2)	¥	11.5 (10.8-12.3)
API-non-Hispanic	92.2 (86.0-98.9)	95.5 (94.7-96.4)	14.9 (12.4-17.8)	11.4 (11.2-11.7)
Hispanic	81.3 (76.4-86.5)	94.2 (93.6-94.8)	12.2 (10.2-14.5)	14.0 (13.8-14.3)
All Race/Ethnicity Groups	113.5 (111.1-115.9)	125.9 (125.7-126.2)	21.9 (20.9-22.9)	20.0 (19.9-20.1)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.

US Incidence and Mortality: CDC United States Cancer Statistics: 1999-2017 Incidence and Mortality Web-based Report.

¥ Rates and counts are suppressed if fewer than 16 cases (or deaths) were reported in a specific category, such as cancer type, race, ethnicity, age, and state.

Prostate Cancer

Known risk factors associated with prostate cancer include older age, race/ethnicity, and family history, however, most men with prostate cancer over the age of 65 die from other causes [25]. The development of prostate cancer is typically very slow and takes years of growth before showing symptoms. The two most common screening tools used to detect prostate cancer include a Digital Rectal Exam (DRE) and a Prostate Specific Antigen (PSA) test [25].

Significant Findings:

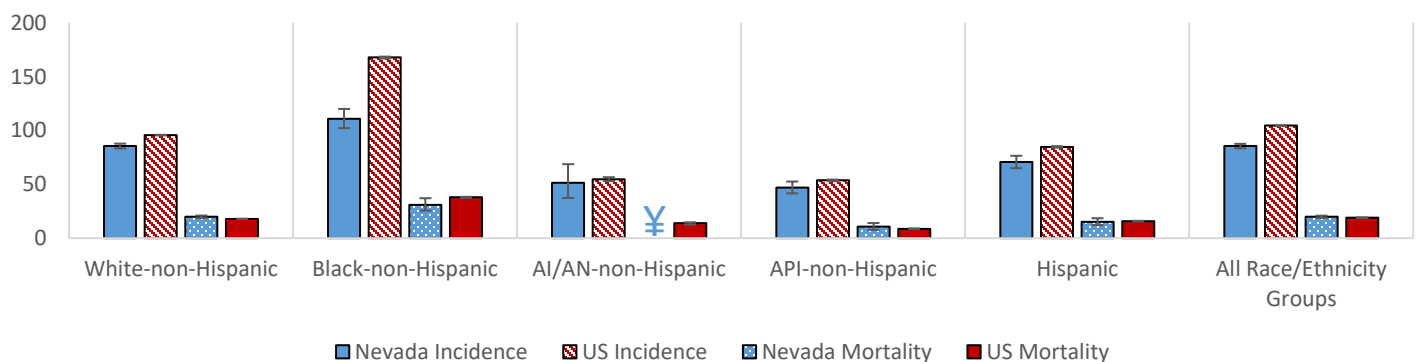
- Black-non-Hispanic (110.9 per 100,000) populations in Nevada had a significantly higher incidence rate of prostate cancer than all other race/ethnicity groups (85.5 per 100,000) in Nevada (Figure 33).
- Black-non-Hispanic (30.9 per 100,000) populations in Nevada had a significantly higher mortality rate from prostate cancer than all other race/ethnicity groups (19.8 per 100,000) in Nevada (Figure 33).

Table 11. Lifetime Risk of Developing and Dying from Prostate Cancer, United States, Males, 2003-2005 & 2013-2017

Race/Ethnicity	Lifetime Risk of Developing Prostate Cancer (%)		Lifetime Risk of Dying from Prostate Cancer (%)	
	2003-2005	2013-2017	2003-2005	2013-2017
White-non-Hispanic	15.6	11.3	2.8	2.3
Black-non-Hispanic	19.6	16.3	4.4	3.9
AI/AN-non-Hispanic	9.0	5.6	2.0	2.0
API-non-Hispanic	13.0	7.9	2.4	2.2
Hispanic	16.5	11.0	3.1	2.8
All Race/Ethnicity Groups	16.0	12.1	2.9	2.4

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.

Figure 33. Prostate Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2013-2017



Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	85.6 (83.4-87.8)	95.8 (95.5-96.0)	19.8 (18.6-21.0)	17.9 (17.8-18.0)
Black-non-Hispanic	110.9 (102.2-120.0)	167.8 (166.9-168.6)	30.9 (25.5-37.1)	37.9 (37.4-38.4)
AI/AN-non-Hispanic	51.4 (37.3-68.7)	54.8 (53.1-56.6)	¥	14.0 (12.6-14.7)
API-non-Hispanic	46.9 (41.6-52.6)	53.7 (52.9-54.4)	10.6 (7.7-14.1)	8.6 (8.3-9.0)
Hispanic	70.6 (65.0-76.5)	84.7 (84.1-85.4)	15.1 (12.1-18.5)	15.8 (15.4-16.1)
All Race/Ethnicity Groups	85.5 (83.5-87.6)	104.5 (104.3-104.7)	19.8 (18.7-20.9)	19.0 (18.9-19.1)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.

US Incidence and Mortality: CDC United States Cancer Statistics: 1999-2017 Incidence and Mortality Web-based Report.

¥ Rates and counts are suppressed if fewer than 16 cases (or deaths) were reported in a specific category, such as cancer type, race, ethnicity, age, and state.

Cancer Incidence – 10-year Change in Burden and Risk

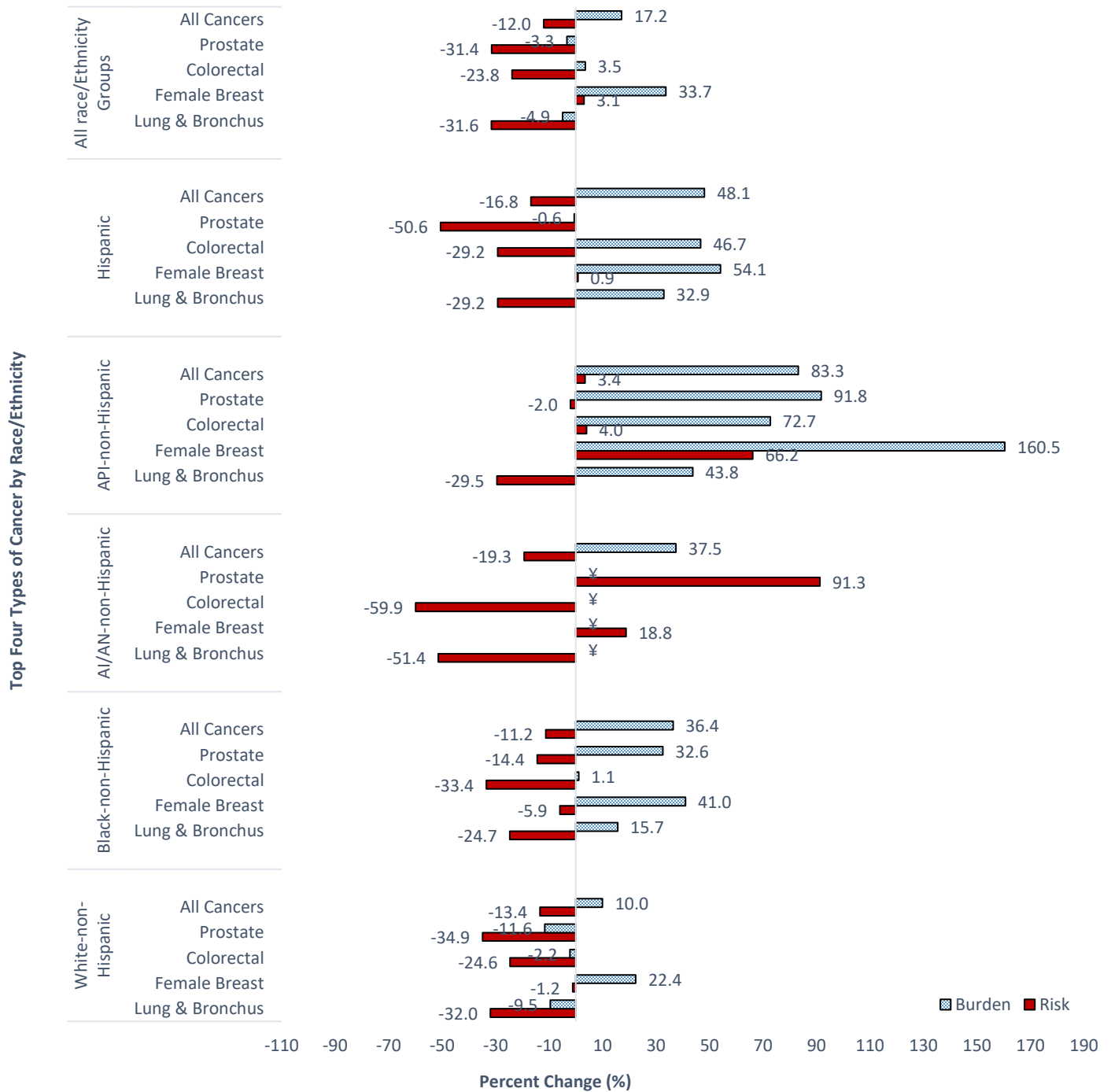
Figure 34 illustrates the percent change in cancer incidence, from 2008 to 2017, by examining the magnitude of burden and risk in different cancer types among different race/ethnicities in Nevada. The number of cancer cases is considered to be the “burden,” because as population numbers naturally increase with time, the number of cancer cases will naturally increase at similar rates, however, this increase of cancer cases will impact health care systems as patient care caseloads will increase. As populations continue to grow, public health efforts should be directed towards lowering the proportion of individuals who develop cancer in a specified period of time. In other words, reducing the rate of cancer incidence will ultimately reduce an individual’s probability, or “risk,” of developing cancer.

Since 2008, the burden of cancer in Nevada, or the number of cancer cases in Nevada, increased by 17.2% by the year 2017. Conversely, the risk of developing cancer in Nevada, or the annual rate of individuals developing cancer within a population, decreased by 12.0% from 2008 to 2017, for all cancer types, among all race/ethnicities. (Figure 34).

Significant Findings:

- From 2008 to 2017, the number of cancer cases among Asian/Pacific Islander-non-Hispanic populations increased by 83.3% in cancer burden for all cancer types in Nevada. Asian/Pacific Islander-non-Hispanic populations show a 160.5% increase in female breast cancer burden, 72.7% increase in colorectal cancer burden, and 91.8% increase in prostate cancer. (Figure 34).
- Asian/Pacific Islander-non-Hispanic populations show the greatest increase in risk for developing cancer over the ten-year period. From 2008 to 2017, the risk for Asian/Pacific Islander-non-Hispanic populations to develop female breast cancer increased by 66.2% in Nevada. (Figure 34).
- The burden of prostate cancer, colorectal cancer, and lung and bronchus cancer decreased among White-non-Hispanic populations in Nevada over the ten-year period (-11.6%, -2.2%, and -1.2% respectively). (Figure 34).
- American Indian/Alaska Native-non-Hispanic populations show the greatest increase in risk for developing prostate cancer over the ten-year period (91.3%). (Figure 34).

Figure 34. Cancer Incidence, Percent Change between 2008 and 2017, Burden vs Risk, by Race/Ethnicity, Nevada



Data Source: Nevada Central Cancer Registry.

¥ Rates and counts are suppressed if fewer than 16 cases (or deaths) were reported in a specific category, such as cancer type, race, ethnicity, age, and state.

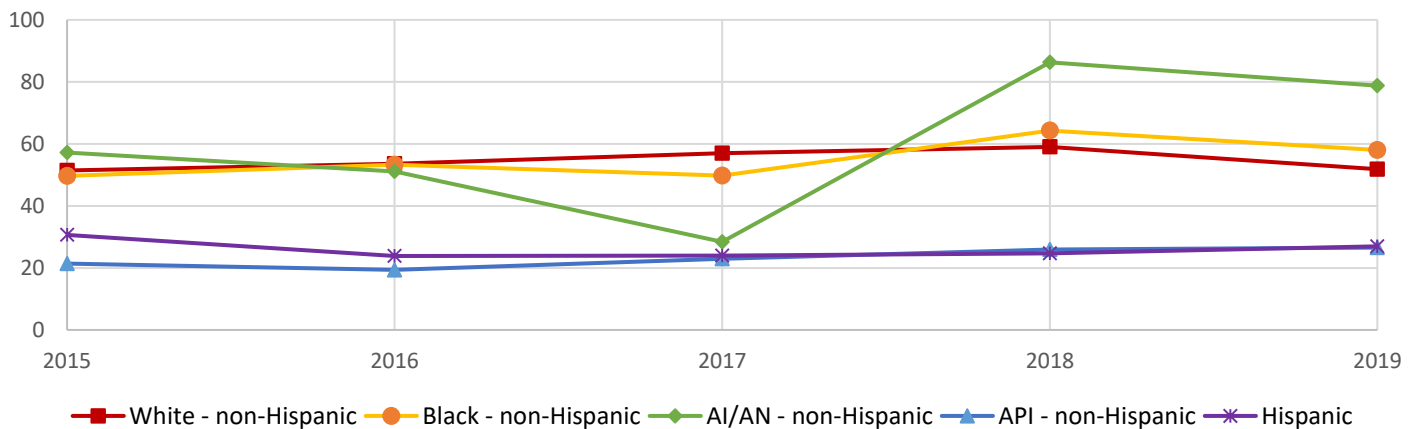
Unintentional Injuries (Accidents)

Unintentional injuries, or accidents, is the third leading cause of death in the US, with a death rate of 51.1 per 100,000 population among all race/ethnicity groups, and all ages in 2018 [12]. Accidental deaths include poisonings, falls, motor vehicle accidents, and drownings. Unintentional injuries are the number one cause of death among Americans ages 1 – 44 years old [26].

Significant Findings:

- In 2019, White non-Hispanic, Black non-Hispanic, and American Indian/Alaska Native non-Hispanic populations had significantly higher accidental death rates (51.9, 58.1, and 78.8 per 100,000 population, respectively) than Asian/Pacific Islander non-Hispanic populations (26.6 per 100,000), and Hispanic populations (27.0 per 100,000) (Figure 35.).
- White non-Hispanic populations in Washoe County had significantly higher accidental death rates from falls, at 19.5 per 100,000 population, than White non-Hispanic populations in Clark County (8.4 per 100,000) and the Balance of State (7.5 per 100,000) (Figure 37.).
- Hispanic populations in the Balance of State had significantly higher death rates from motor vehicle accidents, at 23.3 per 100,000 population, than Hispanic populations in Clark County (5.9 per 100,000) and Washoe County (5.4 per 100,000) (Figure 38.).

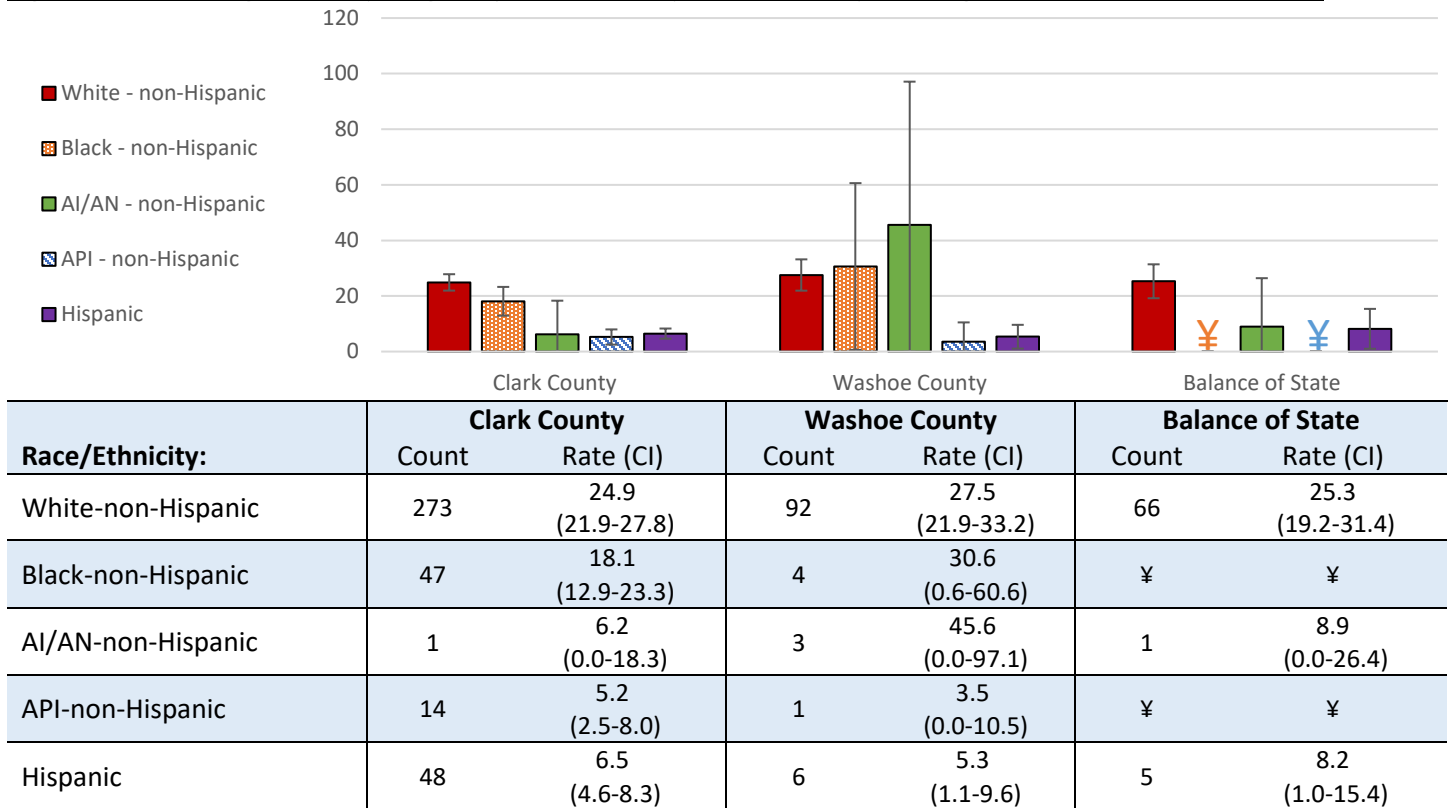
Figure 35. Accidental Deaths – Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	969	51.9 (48.6-55.1)	155	58.1 (48.9-67.2)	27	78.8 (49.1-108.5)	78	26.6 (20.7-32.5)	194	27.0 (23.2-30.8)
2018	1,086	59.0 (55.5-62.5)	163	64.3 (54.4-74.2)	30	86.3 (55.4-117.2)	72	25.9 (19.9-31.9)	176	24.7 (21.1-28.4)
2017	1,040	57.0 (53.5-60.5)	123	49.8 (41.0-58.6)	10	28.4 (10.8-46.0)	58	22.9 (17.0-28.9)	168	24.0 (20.4-27.6)
2016	938	53.6 (50.2-57.0)	131	53.3 (44.2-62.4)	18	51.1 (27.5-74.7)	55	19.4 (14.3-24.5)	152	23.9 (20.1-27.6)
2015	872	51.4 (48.0-54.9)	120	49.7 (40.8-58.6)	19	57.2 (31.5-82.9)	51	21.4 (15.5-27.3)	181	30.6 (26.2-35.1)

Source: Nevada Electronic Death Registry System.

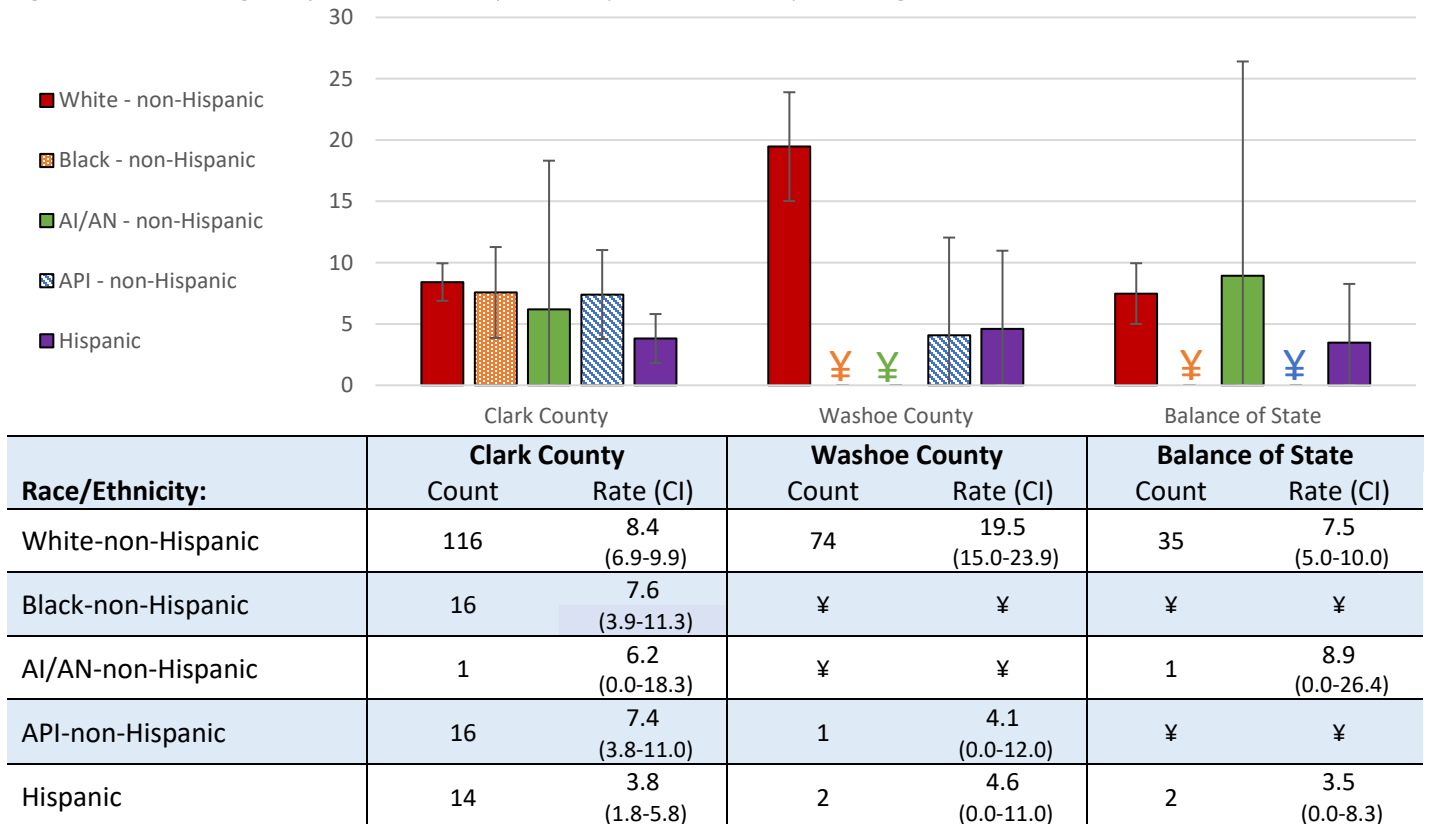
Figure 36. Poisoning Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2019



Source: Nevada Electronic Death Registry System.

¥: Rates with a difference between the cell size (count) and the total number of events (denominator) less than 20 are suppressed.

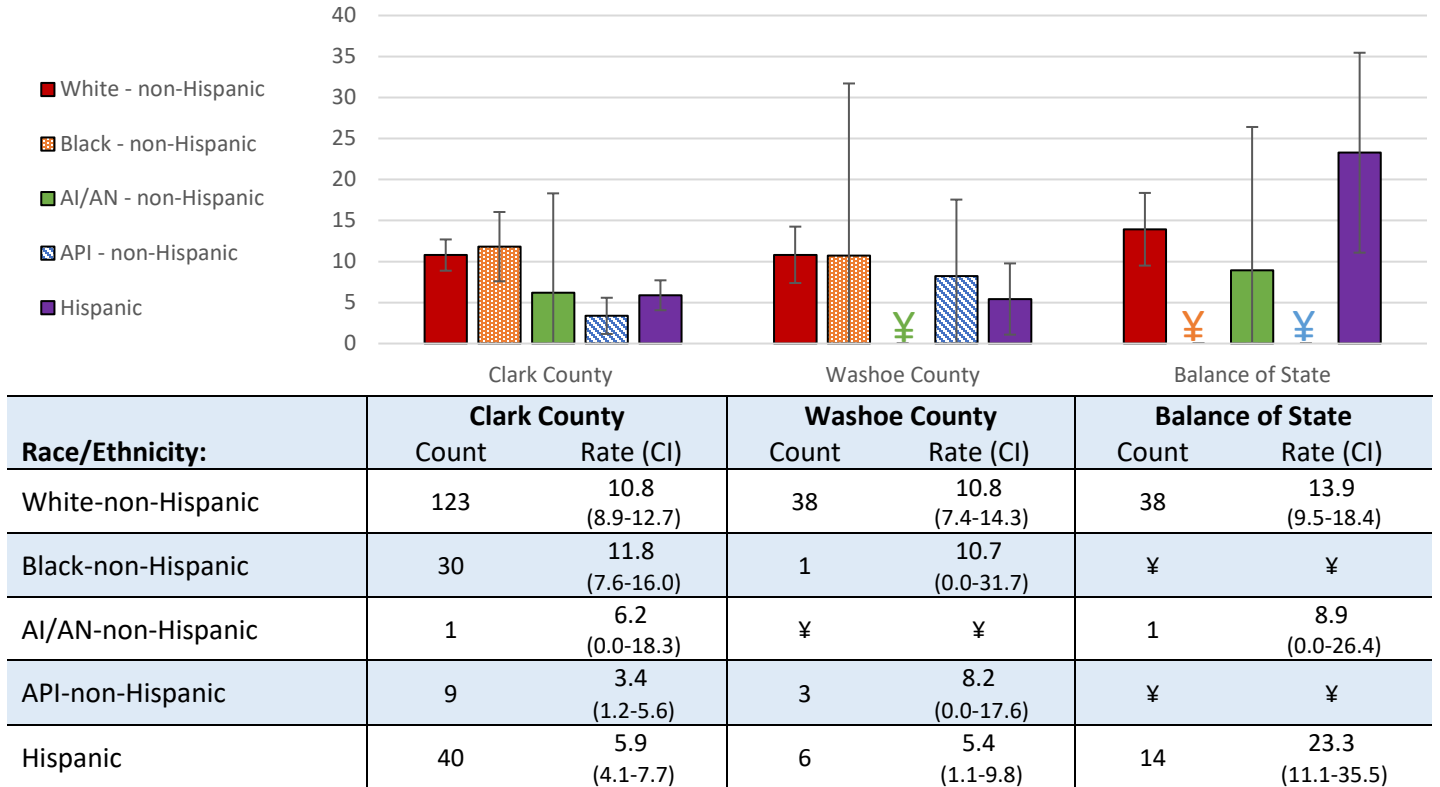
Figure 37. Falls – Age-Adjusted Mortality Rates by Race/Ethnicity and Region, Nevada Residents, 2019



Source: Nevada Electronic Death Registry System.

¥: Rates with a difference between the cell size (count) and the total number of events (denominator) less than 20 are suppressed.

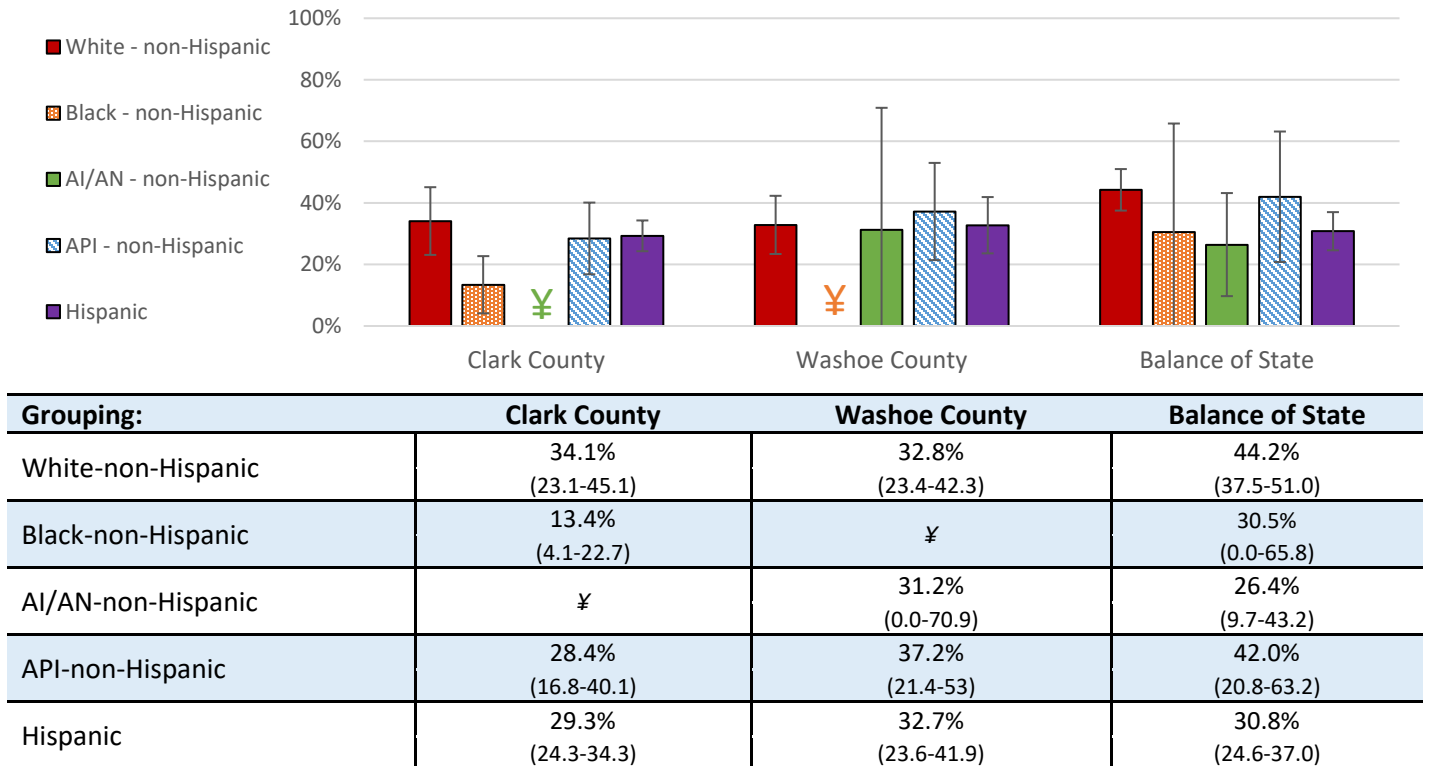
Figure 38. Motor Vehicle Accident Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2019



Source: Nevada Electronic Death Registry System.

¥: Rates with a difference between the cell size (count) and the total number of events (denominator) less than 20 are suppressed.

Figure 39. Nevada High School Students Who Texted or E-Mailed While Driving a Vehicle During the 30 Days Before the Survey – Prevalence by Race/Ethnicity and Region, 2019



Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

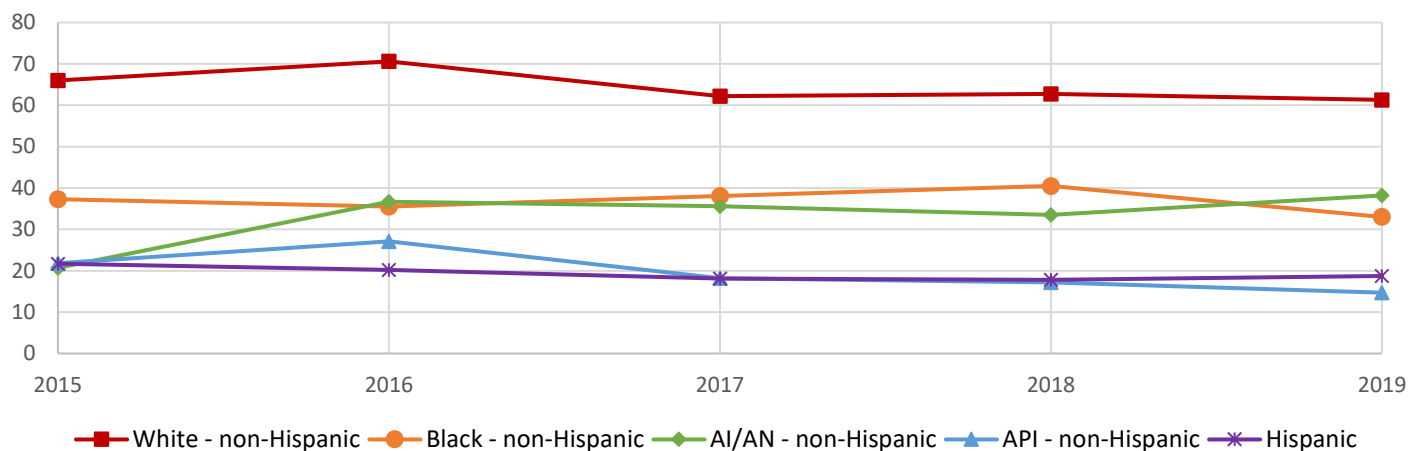
Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory diseases (CLRD) are chronic diseases of the airways and other structures of the lung that cause airflow blockages and breathing-related problems, primarily including emphysema, chronic bronchitis, and asthma [27]. In 2018, CLRD was the fourth leading cause of death in the US with a death rate of 48.7 per 100,000 population among all race/ethnicity groups, and all ages [12].

Significant Findings:

- In 2019, death rates from CLRD were highest among White-non-Hispanic populations, at 61.3 per 100,000 population, compared to all other races/ethnicity groups (Figure 40).
- Death rates from CLRD were significantly higher among Black non-Hispanic populations in Clark County (33.7 per 100,000) than Black non-Hispanic populations in Washoe County (7.7 per 100,000) (Figure 41.).

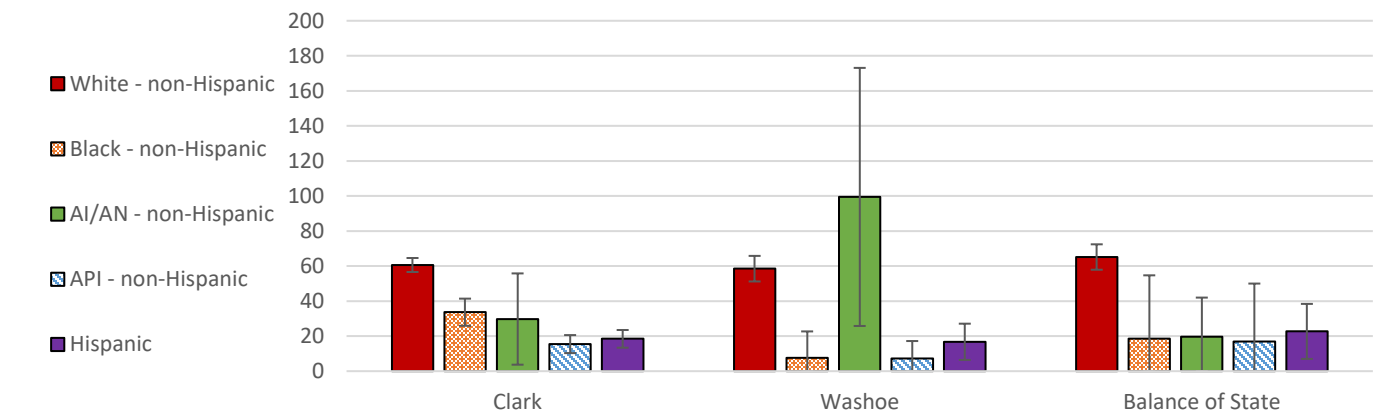
Figure 40. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	1,446	61.3 (58.1-64.5)	75	33.0 (25.5-40.5)	15	38.2 (18.9-57.5)	37	14.7 (10.0-19.4)	69	18.7 (14.3-23.1)
2018	1,437	62.7 (59.4-65.9)	82	40.5 (31.7-49.3)	10	33.5 (12.7-54.3)	44	17.2 (12.1-22.3)	58	17.8 (13.3-22.4)
2017	1,409	62.2 (58.9-65.4)	79	38.1 (29.7-46.5)	11	35.6 (14.6-56.7)	43	18.2 (12.7-23.6)	56	18.1 (13.4-22.9)
2016	1,548	70.6 (67.1-74.1)	72	35.5 (27.3-43.7)	11	36.7 (15.0-58.4)	57	27.1 (20.1-34.1)	59	20.2 (15.0-25.3)
2015	1,413	66.0 (62.6-69.5)	62	37.3 (28.0-46.6)	6	20.7 (4.1-37.4)	43	21.8 (15.3-28.3)	56	21.7 (16.0-27.3)

Source: Nevada Electronic Death Registry System.

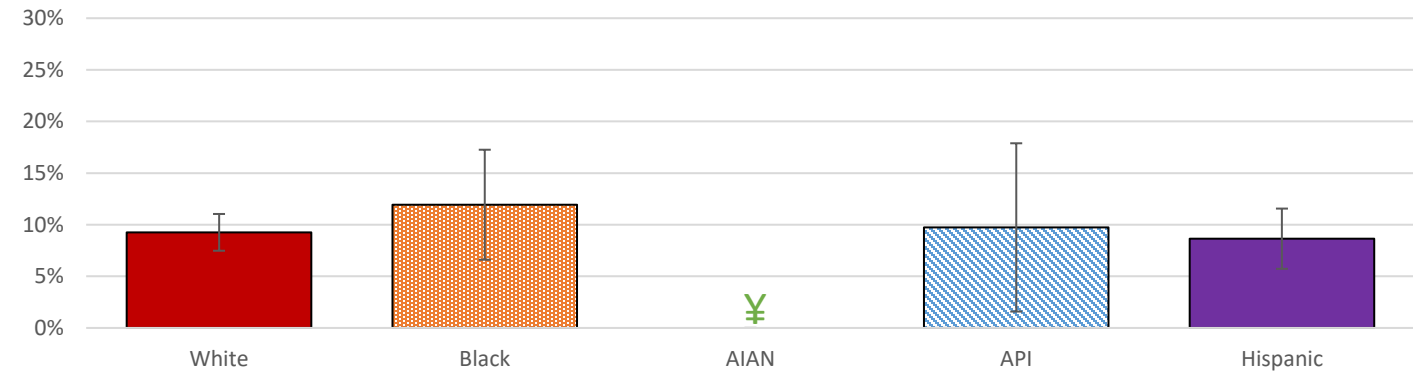
Figure 41. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	885	60.6 (56.6-64.6)	245	58.5 (51.2-65.8)	310	65.1 (57.9-72.4)
Black-non-Hispanic	72	33.7 (25.9-41.4)	1	7.7 (0.0-22.7)	1	18.5 (0.0-54.7)
AI/AN-non-Hispanic	5	29.7 (3.7-55.8)	7	99.5 (25.8-173.1)	3	19.7 (0.0-42.0)
API-non-Hispanic	34	15.5 (10.3-20.6)	2	7.2 (0.0-17.2)	1	16.9 (0.0-50.0)
Hispanic	51	18.5 (13.4-23.5)	10	16.7 (6.4-27.1)	8	22.7 (7.0-38.4)

Source: Nevada Electronic Death Registry System.

Figure 42. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity, 2019



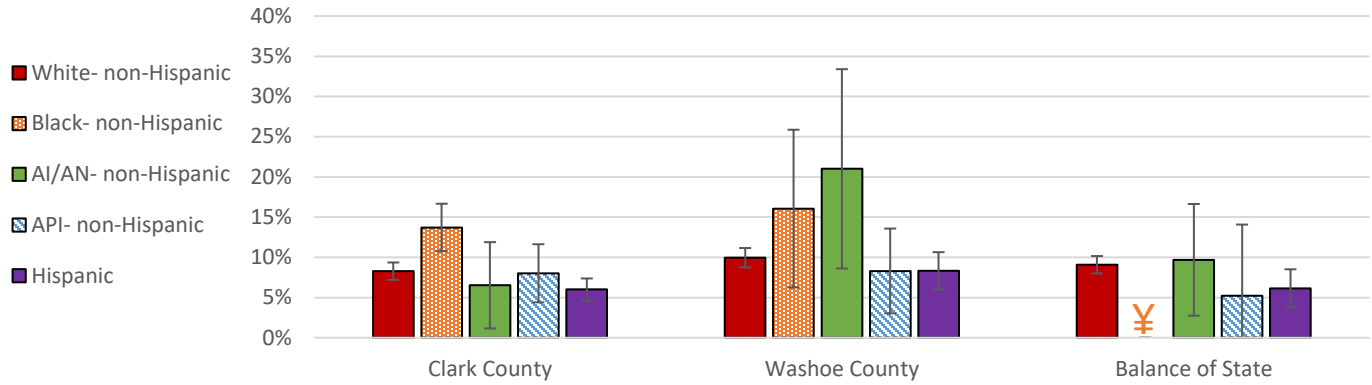
Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	9.3% (7.5-11.0)	11.9% (6.6-17.3)	¥	9.7% (1.6-17.9)	8.6% (5.7-11.6)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 30% to display difference between groups.

Figure 43. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity and Region, 2015-2019 Aggregated



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	8.3% (7.2-9.4)	10.0% (8.7-11.2)	9.1% (8.0-10.2)
Black-non-Hispanic	13.7% (10.8-16.7)	16.1% (6.3-25.9)	¥
AI/AN-non-Hispanic	6.5% (1.2-11.9)	21.0% (6.3-25.9)	9.7% (2.7-16.6)
API-non-Hispanic	8.0% (4.4-11.6)	8.3% (3.0-13.6)	5.2% (0.0-14.1)
Hispanic	6.0% (4.6-7.4)	8.3% (6.0-10.6)	6.2% (3.8-8.5)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Multiple years were combined due to low respondent counts.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 40% to display difference between groups.

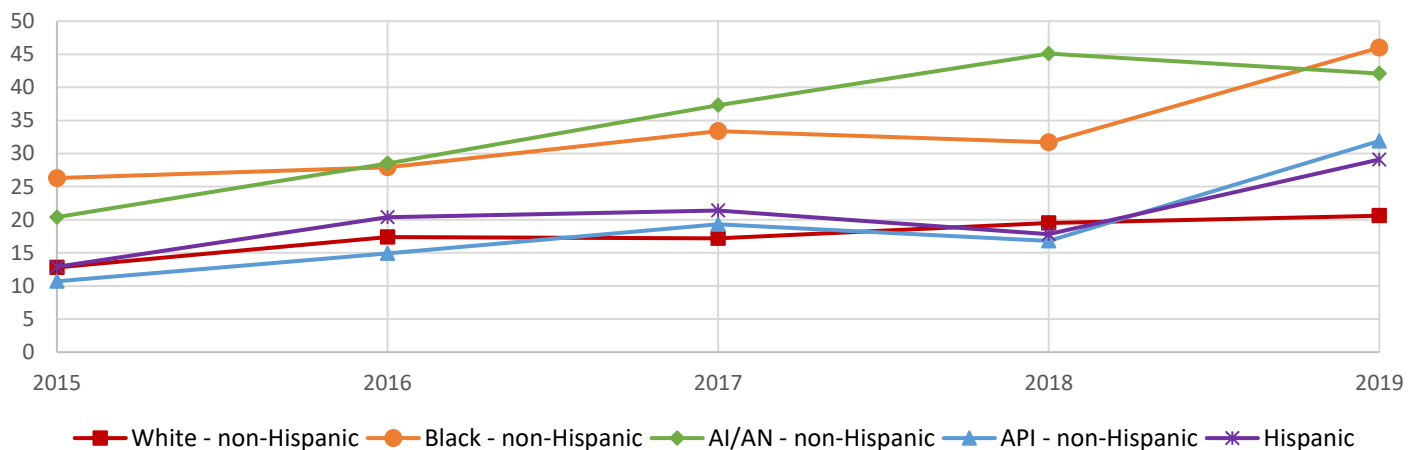
Diabetes

Diabetes is a chronic condition in which the pancreas has difficulty regulating a hormone called insulin. Insulin plays an essential role in allowing body cells to uptake the energy needed to perform normal functions [28]. Proper self-management of medication and lifestyle can allow people living with diabetes to see little to no effects on life expectancy. However, improper management of diabetes over time could lead to more serious health problems, such as heart disease, lower-limb amputations, vision loss, or kidney disease [28]. The CDC estimates that in 2018, 9.1% of adults in the US were living with diabetes [29]. Additionally, diabetes was the seventh leading cause of death in the US in 2018 among all race/ethnicity groups, and all ages [12].

Significant Findings

- Black-non-Hispanic populations experienced a significant increase in diabetes death rates from 26.3 per 100,000 population in 2015 to 46.0 per 100,000 population in 2019 (Figure 44.)
- White-non-Hispanic populations in Clark County (10.9%) and White-non-Hispanic populations in the Balance of State (12.1%) both had a significantly higher prevalence of adults who had ever been told by a health professional they have diabetes than White-non-Hispanic populations in Washoe County (8.3%) (Figure 47.).

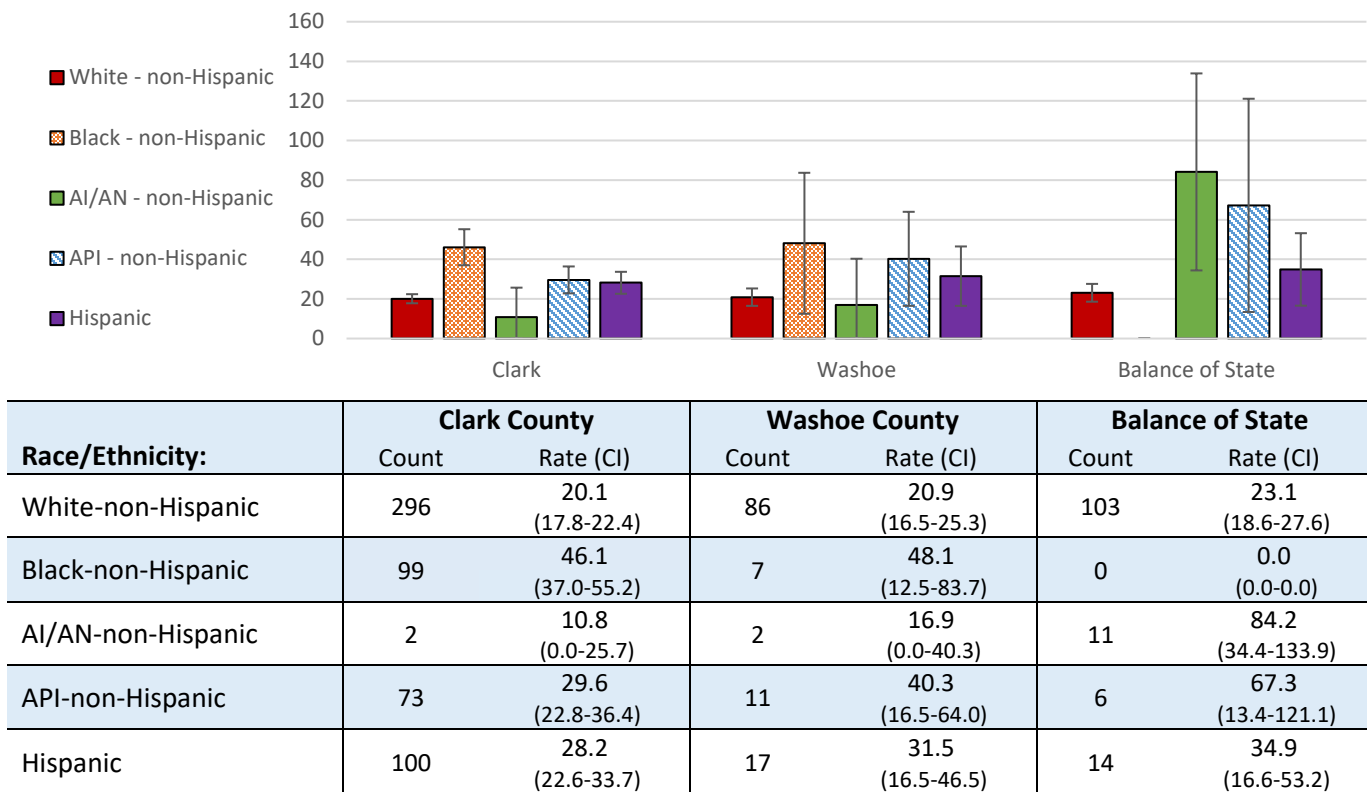
Figure 44. Diabetes Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Year:	Count	Rate (CI)	Count	Rate (CI)
2019	485	20.6 (18.8-22.4)	106	46.0 (37.3-54.8)	15	42.1 (20.8-63.5)	90	31.9 (25.3-38.5)	131	29.1 (24.2-34.1)
2018	453	19.5 (17.7-21.3)	74	31.7 (24.5-39.0)	17	45.1 (23.7-66.5)	49	16.8 (12.1-21.4)	76	17.8 (13.8-21.8)
2017	381	17.2 (15.4-18.9)	69	33.4 (25.5-41.3)	13	37.3 (17.0-57.5)	51	19.3 (14.0-24.7)	83	21.4 (16.8-26.0)
2016	377	17.4 (15.6-19.1)	55	27.9 (20.6-35.3)	10	28.5 (10.8-46.2)	39	14.9 (10.2-19.5)	73	20.4 (15.7-25.1)
2015	272	12.8 (11.3-14.3)	50	26.3 (19.0-33.6)	7	20.4 (5.3-35.5)	27	10.7 (6.7-14.7)	43	12.9 (9.0-16.7)

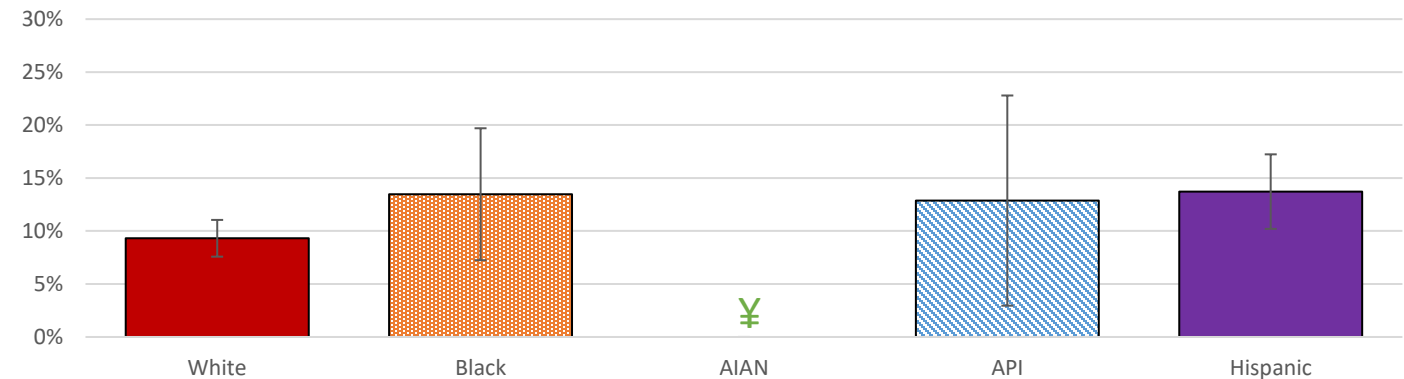
Source: Nevada Electronic Death Registry System.

Figure 45. Diabetes Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2019



Source: Nevada Electronic Death Registry System.

Figure 46. Adults Who Have Been Told They Have Diabetes – Prevalence by Race/Ethnicity, Nevada, 2019



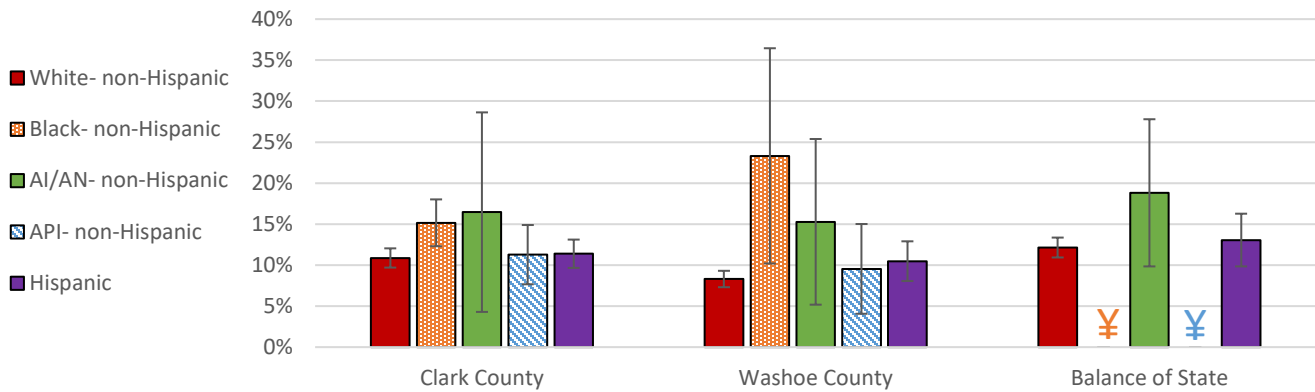
Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	9.3% (7.6-11.1)	13.5% (7.2-19.7)	¥	12.9% (3.0-22.8)	13.7% (10.2-17.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Note: Graph scaled to 30% to display difference between groups.

¥ : Prevalence estimate suppressed when the unweighted sample size for the denominator was <50

Figure 47. Adults Who Have Been Told They Have Diabetes – Prevalence by Race/Ethnicity and Region, 2015-2019, Aggregated



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	10.9% (9.7-12.0)	8.3% (7.3-9.3)	12.1% (10.9-13.4)
Black-non-Hispanic	15.2% (12.3-18.0)	23.3% (10.2-36.4)	¥
AI/AN-non-Hispanic	16.5% (4.3-28.6)	15.3% (10.2-36.4)	18.8% (9.8-27.8)
API-non-Hispanic	11.3% (7.7-14.9)	9.5% (4.1-15.0)	¥
Hispanic	11.4% (9.7-13.1)	10.5% (8.1-12.9)	13.1% (9.8-16.3)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
 Multiple years were combined in order to achieve at least 50 respondents.
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
 Note: Graph scaled to 40% to display difference between groups.

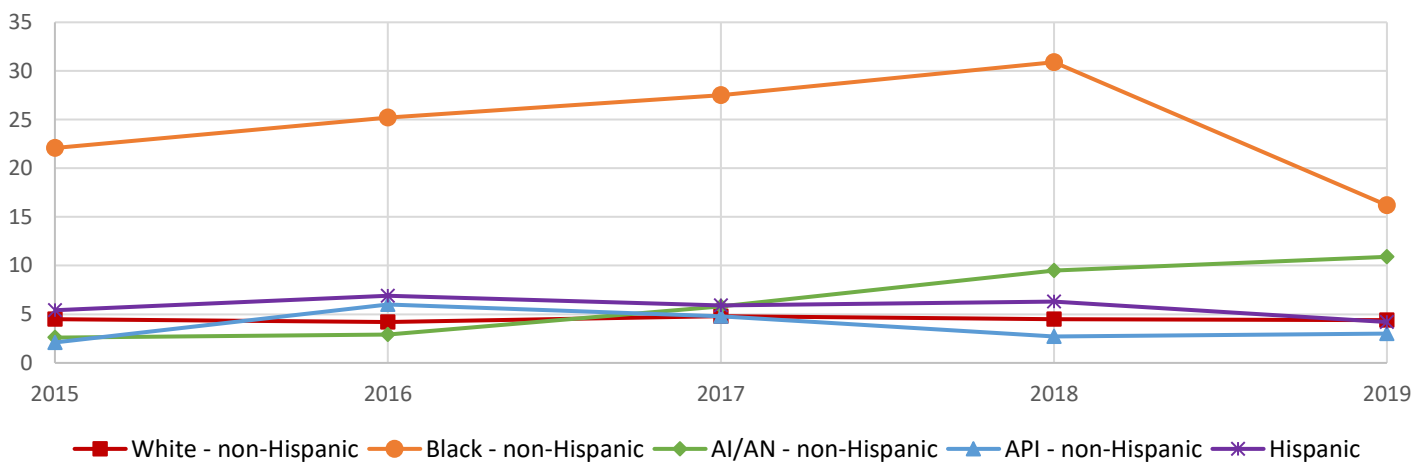
Homicide and Suicide

Homicide and suicide continue to be serious public health problem that have lasting harmful effects on individuals, families and communities. Although homicide and suicide are a result of multiple and complex factors within community and societal systems, human inflicted violence is preventable. In 2018, use of firearms was the most common method of homicide in the United States [309]. Suicide was the tenth leading cause of death in the US with a death rate of 14.8 per 100,000 population among all race/ethnicity groups, and all ages [12].

Significant Findings:

- Black-non-Hispanic populations had significantly higher death rates from homicide for each year from 2015 to 2019 than any other race/ethnicity group (Figure 48.).
- In 2019, White-non-Hispanic populations had significantly higher death rates from suicide, at 28.1 per 1000,000 population, than Black non-Hispanic populations (12.6 per 100,000), Asian/Pacific Islander populations (10.4 per 100,000), and Hispanic populations (7.6 per 100,000) (Figure 51.).

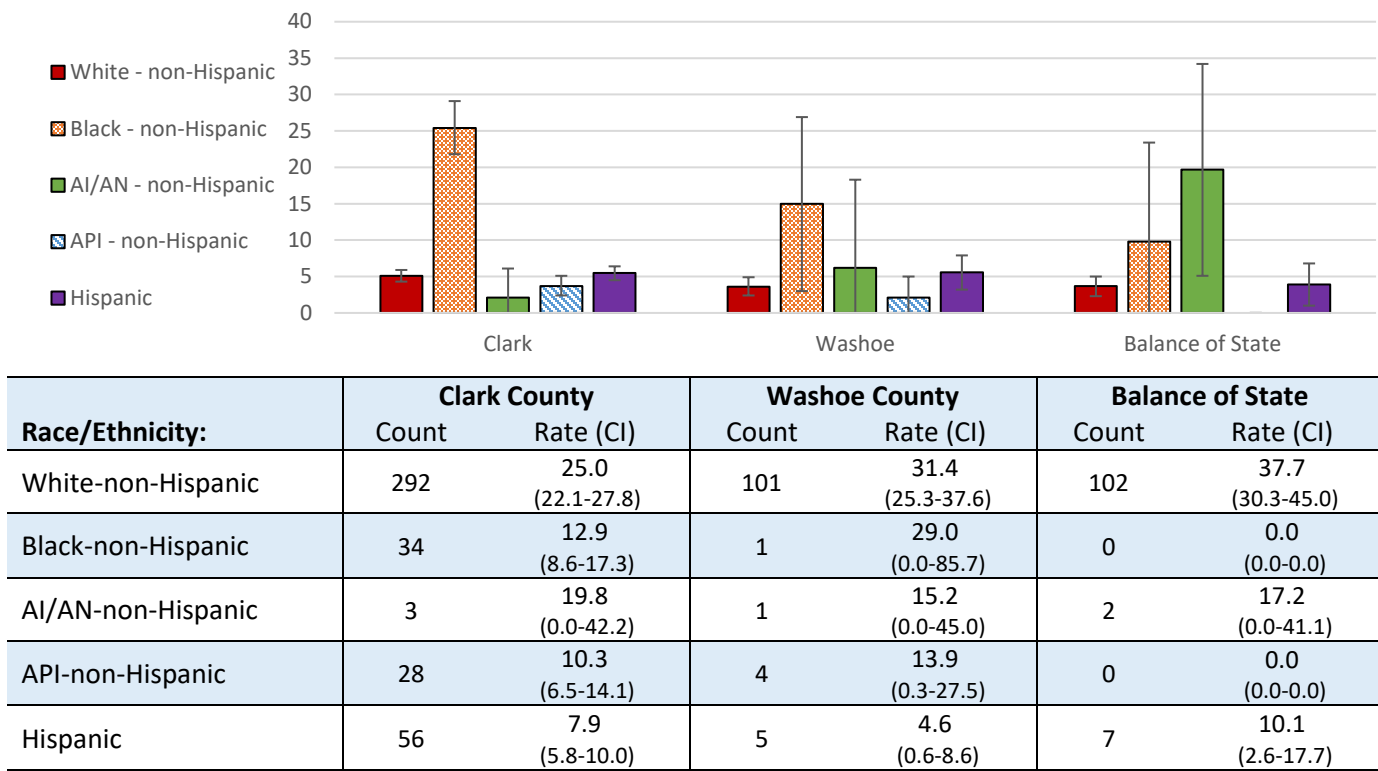
Figure 48. Homicide— Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	68	4.4 (3.3-5.4)	44	16.2 (11.4-20.9)	4	10.9 (0.2-21.7)	9	3.0 (1.0-4.9)	40	4.2 (2.9-5.4)
2018	72	4.5 (3.5-5.5)	84	30.9 (24.3-37.5)	3	9.5 (0.0-20.3)	8	2.7 (0.8-4.6)	57	6.3 (4.7-7.9)
2017	74	4.8 (3.7-5.9)	72	27.5 (21.1-33.8)	2	5.8 (0.0-13.8)	13	4.8 (2.2-7.4)	53	5.9 (4.3-7.4)
2016	63	4.2 (3.1-5.2)	66	25.2 (19.1-31.3)	1	2.9 (0.0-8.6)	16	6.0 (3.0-8.9)	59	6.9 (5.2-8.7)
2015	74	4.5 (3.5-5.5)	54	22.1 (16.2-28.0)	1	2.6 (0.0-7.7)	5	2.1 (0.3-3.9)	45	5.4 (3.8-7.0)

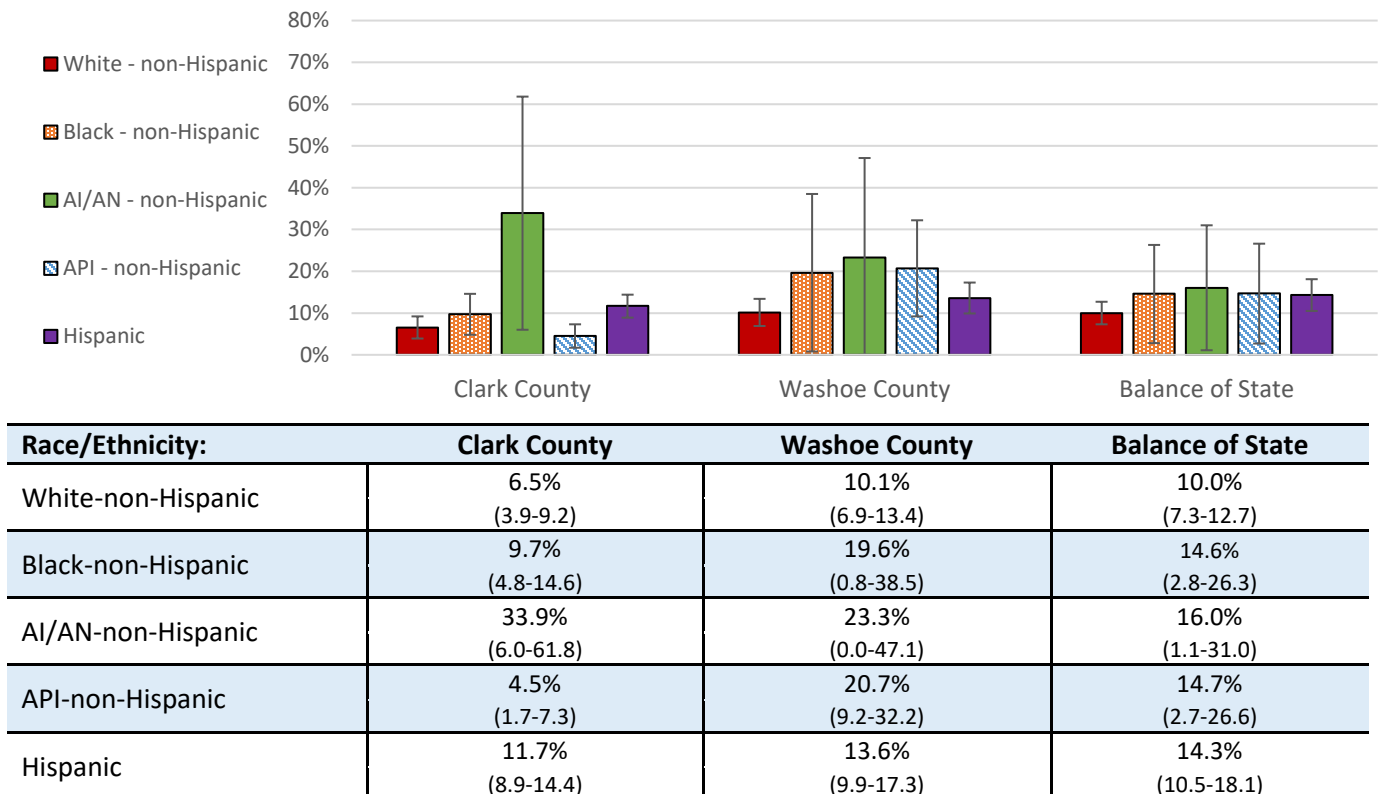
Source: Nevada Electronic Death Registry System.

Figure 49. Homicide— Age-Adjusted Rates by Race/Ethnicity and Region, 2019



Source: Nevada Electronic Death Registry System.

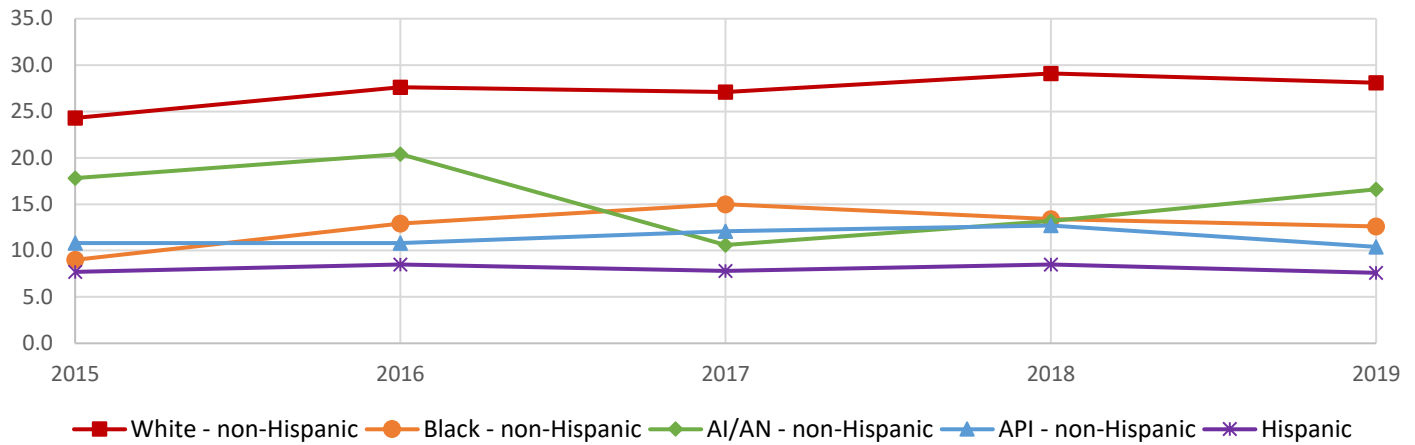
Figure 50. Nevada High School Students Who Were in a Physical Fight During the 12 Months Before the Survey – Prevalence by Race/Ethnicity and Region, 2019



Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

Note: Graph scaled to 80% to display difference between groups.

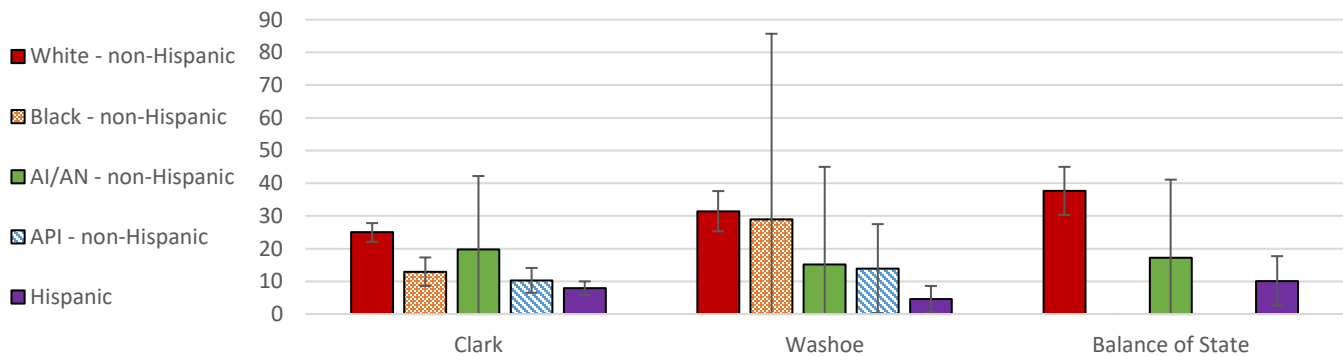
Figure 51. Suicide– Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	496	28.1 (25.6-30.6)	35	12.6 (8.4-16.8)	6	16.6 (3.3-29.9)	32	10.4 (6.8-14.0)	68	7.6 (5.8-9.4)
2018	503	29.1 (26.5-31.6)	35	13.4 (9.0-17.9)	5	13.2 (1.6-24.8)	39	12.7 (8.7-16.7)	77	8.5 (6.6-10.4)
2017	466	27.1 (24.6-29.6)	38	15.0 (10.3-19.8)	4	10.6 (0.2-20.9)	35	12.1 (8.1-16.1)	65	7.8 (5.9-9.7)
2016	479	27.6 (25.1-30.1)	35	12.9 (8.6-17.1)	7	20.4 (5.3-35.6)	31	10.8 (7.0-14.6)	67	8.5 (6.5-10.6)
2015	415	24.3 (22.0-26.6)	23	9.0 (5.3-12.7)	6	17.8 (3.6-32.0)	30	10.8 (6.9-14.7)	58	7.7 (5.7-9.7)

Source: Nevada Electronic Death Registry System.

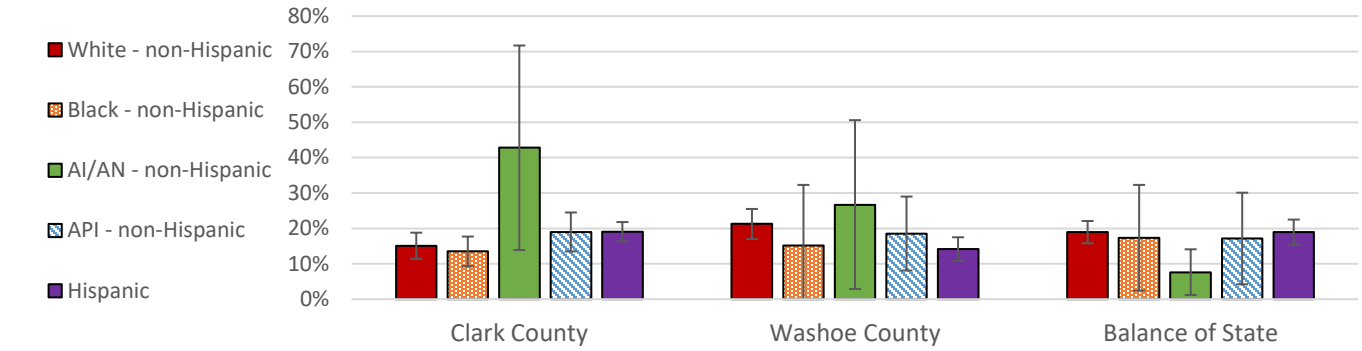
Figure 52. Suicide– Age-Adjusted Rates by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	292	25.0 (22.1-27.8)	101	31.4 (25.3-37.6)	102	37.7 (30.3-45.0)
Black-non-Hispanic	34	12.9 (8.6-17.3)	1	29.0 (0.0-85.7)	0	0.0 (0.0-0.0)
AI/AN-non-Hispanic	3	19.8 (0.0-42.2)	1	15.2 (0.0-45.0)	2	17.2 (0.0-41.1)
API-non-Hispanic	28	10.3 (6.5-14.1)	4	13.9 (0.3-27.5)	0	0.0 (0.0-0.0)
Hispanic	56	7.9 (5.8-10.0)	5	4.6 (0.6-8.6)	7	10.1 (2.6-17.7)

Source: Nevada Electronic Death Registry System.

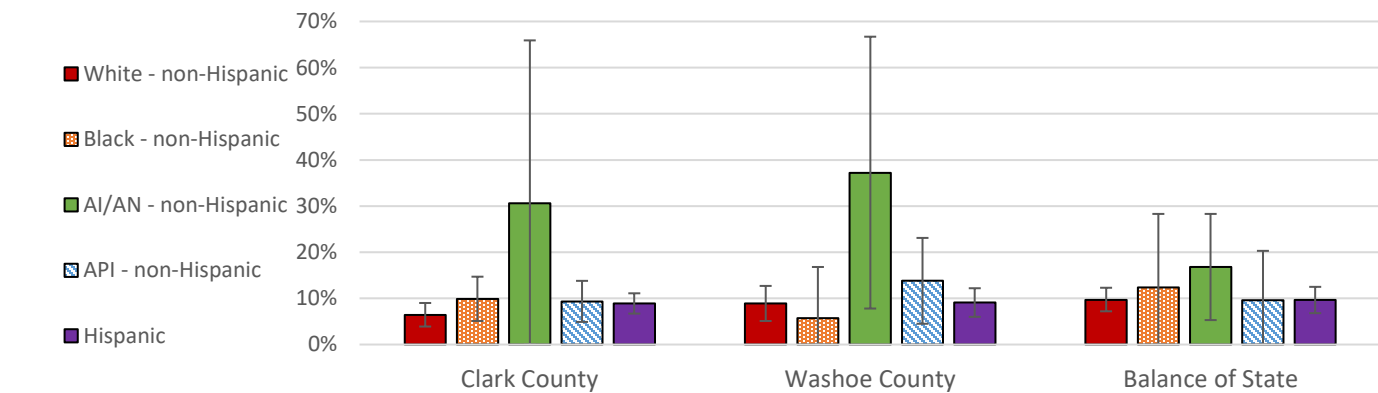
Figure 53. Nevada High School Students Who Seriously Considered Attempting Suicide – Prevalence by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	15.1% (11.4-18.8)	21.3% (17-25.5)	19.0% (15.8-22.1)
Black-non-Hispanic	13.5% (9.3-17.7)	15.2% (0.0-32.3)	17.3% (2.4-32.3)
AI/AN-non-Hispanic	42.8% (13.9-71.7)	26.7% (2.9-50.6)	7.6% (1.2-14.1)
API-non-Hispanic	19.0% (13.5-24.5)	18.5% (8.1-29.0)	17.2% (4.2-30.1)
Hispanic	19.1% (16.4-21.8)	14.2% (10.8-17.5)	19.0% (15.4-22.5)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
 Note: Graph scaled to 80% to display difference between groups.

Figure 54. Nevada High School Students Who Attempted Suicide – Prevalence by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	6.4% (3.9-9.0)	8.9% (5.1-12.7)	9.7% (7.2-12.3)
Black-non-Hispanic	9.9% (5.1-14.7)	5.7% (0.0-16.8)	12.4% (0.0-28.3)
AI/AN-non-Hispanic	30.6% (0.0-65.9)	37.2% (7.8-66.7)	16.8% (5.3-28.3)
API-non-Hispanic	9.3% (4.9-13.8)	13.8% (4.5-23.1)	9.6% (0.0-20.3)
Hispanic	8.9% (6.7-11.1)	9.1% (6.0-12.2)	9.7% (6.8-12.5)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
 Note: Graph scaled to 70% to display difference between groups.

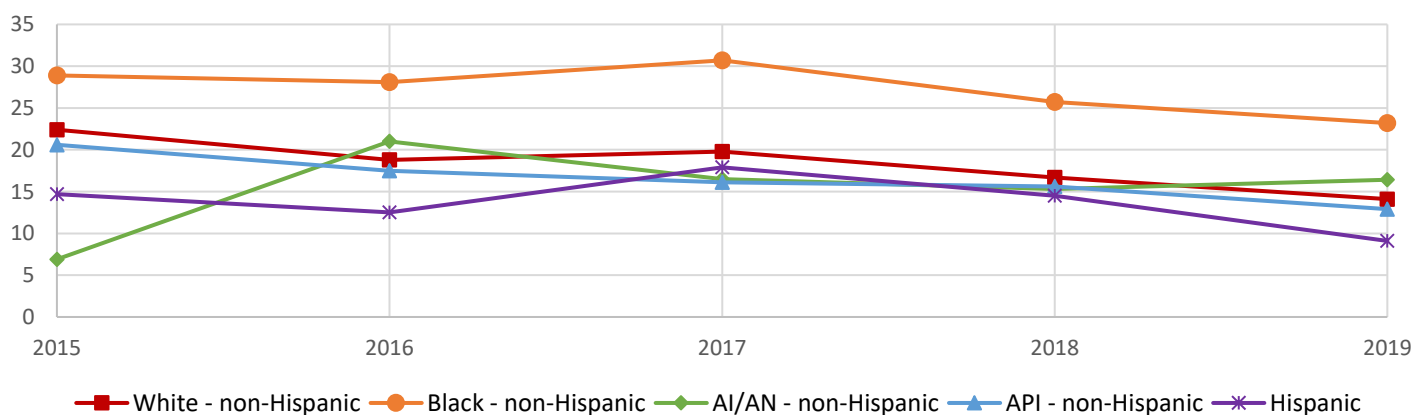
Influenza and Pneumonia

Influenza (flu) is a contagious respiratory illness caused by the influenza virus that infects the nose, throat and sometimes the lungs. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. The best method of preventing the flu is to receive an annual flu shot [31]. Pneumonia is an infection in one or both lungs, in which the lungs air sacs become inflamed and fill up with fluid, causing symptoms of coughing and/or trouble breathing. In 2018, influenza and pneumonia was the eighth leading cause of death in the US with a death rate of 18.1 per 100,000 population among all race/ethnicity groups, and all ages [12].

Significant Findings:

- White-non-Hispanic populations in Clark County had a significantly lower prevalence of receiving the flu shot (35.5%) than White-non-Hispanic populations in Washoe County (41.6%) (Figure 58.).

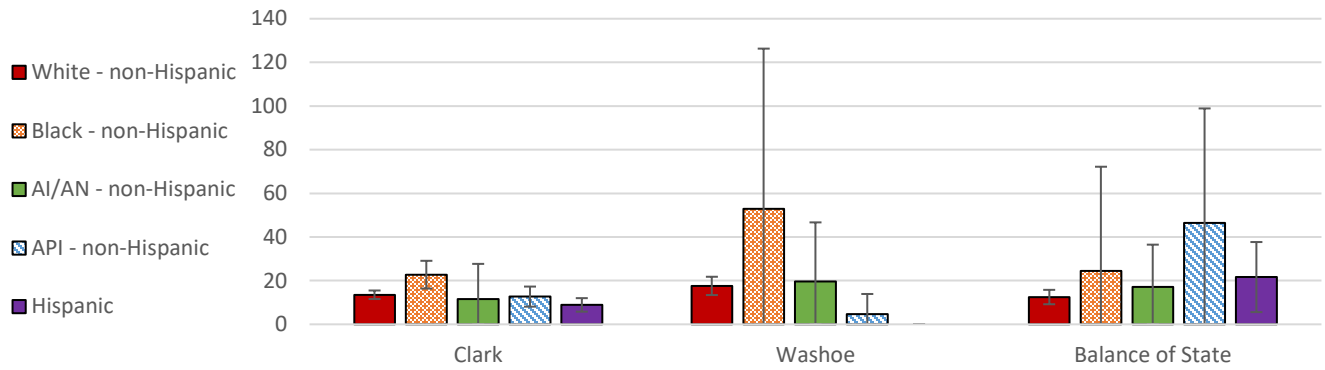
Figure 55. Influenza and Pneumonia Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	316	14.1 (12.6-15.7)	52	23.2 (16.9-29.4)	7	16.4 (4.2-28.5)	33	12.9 (8.5-17.3)	38	9.1 (6.2-11.9)
2018	368	16.7 (15.0-18.4)	54	25.7 (18.9-32.6)	6	15.3 (3.1-27.6)	39	15.6 (10.7-20.4)	57	14.5 (10.7-18.2)
2017	433	19.8 (17.9-21.7)	68	30.7 (23.4-38.0)	7	16.5 (4.3-28.7)	38	16.1 (10.9-21.2)	65	17.9 (13.6-22.3)
2016	401	18.8 (17.0-20.7)	52	28.1 (20.5-35.8)	6	21.0 (4.2-37.7)	42	17.5 (12.2-22.8)	47	12.5 (8.9-16.1)
2015	463	22.4 (20.4-24.5)	54	28.9 (21.2-36.7)	3	6.9 (0.0-14.6)	43	20.6 (14.4-26.8)	46	14.7 (10.4-18.9)

Source: Nevada Electronic Death Registry System.

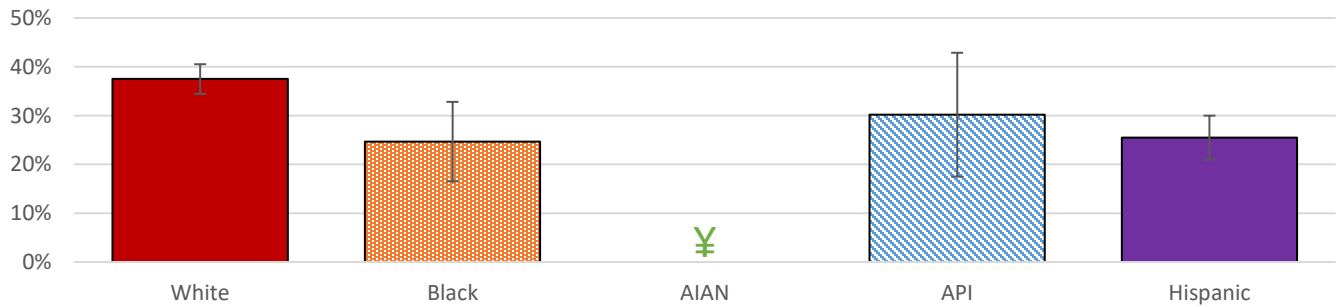
Figure 56. Influenza and Pneumonia Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	193	13.5 (11.6-15.5)	68	17.6 (13.4-21.8)	55	12.5 (9.2-15.8)
Black-non-Hispanic	49	22.7 (16.4-29.1)	2	52.9 (0.0-126.3)	1	24.4 (0.0-72.2)
AI/AN-non-Hispanic	2	11.6 (0.0-27.7)	2	19.6 (0.0-46.7)	3	17.1 (0.0-36.5)
API-non-Hispanic	29	12.7 (8.1-17.3)	1	4.7 (0.0-13.9)	3	46.4 (0.0-98.9)
Hispanic	31	8.9 (5.8-12.0)	0	0.0 (0.0-0.0)	7	21.7 (5.6-37.7)

Source: Nevada Electronic Death Registry System.

Figure 57. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity, Nevada, 2019



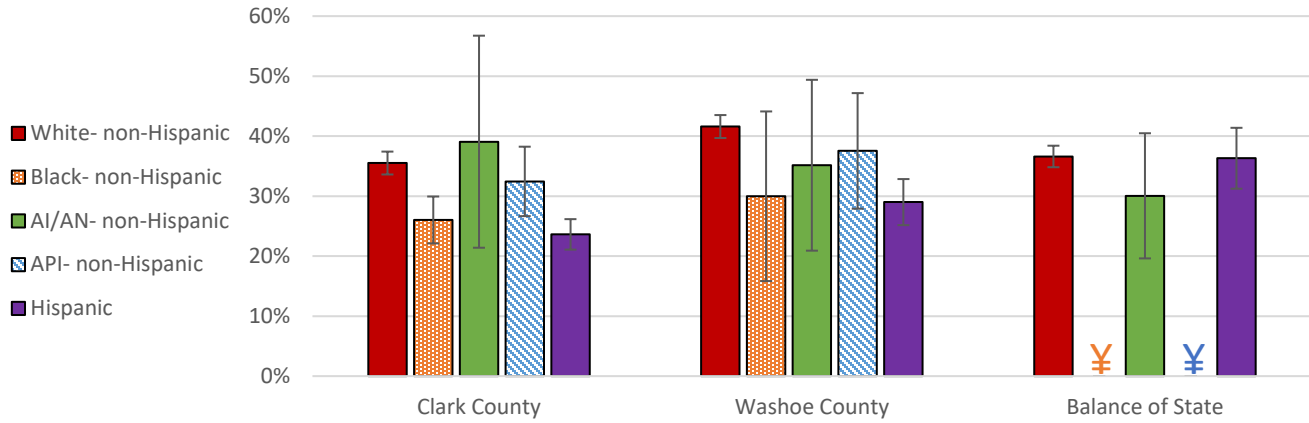
Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	37.5% (34.4-40.5)	24.7% (16.5-32.8)	¥	30.2% (17.5-42.9)	25.5% (21.0-30.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 50% to display difference between groups.

Figure 58. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity and Region, 2015-2019 Aggregated



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	35.5% (33.6-37.4)	41.6% (39.7-43.5)	36.6% (34.8-38.4)
Black-non-Hispanic	26.0% (22.1-29.9)	30.0% (15.8-44.1)	¥
AI/AN-non-Hispanic	39.1% (21.4-56.7)	35.1% (15.8-44.1)	30.1% (19.6-40.5)
API-non-Hispanic	32.5% (26.7-38.2)	37.5% (27.9-47.2)	¥
Hispanic	23.6% (21.1-26.2)	29.0% (25.2-32.8)	36.3% (31.2-41.4)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Multiple years were combined in order to achieve at least 50 respondents.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 60% to display difference between groups.

HIV/AIDS and STD's

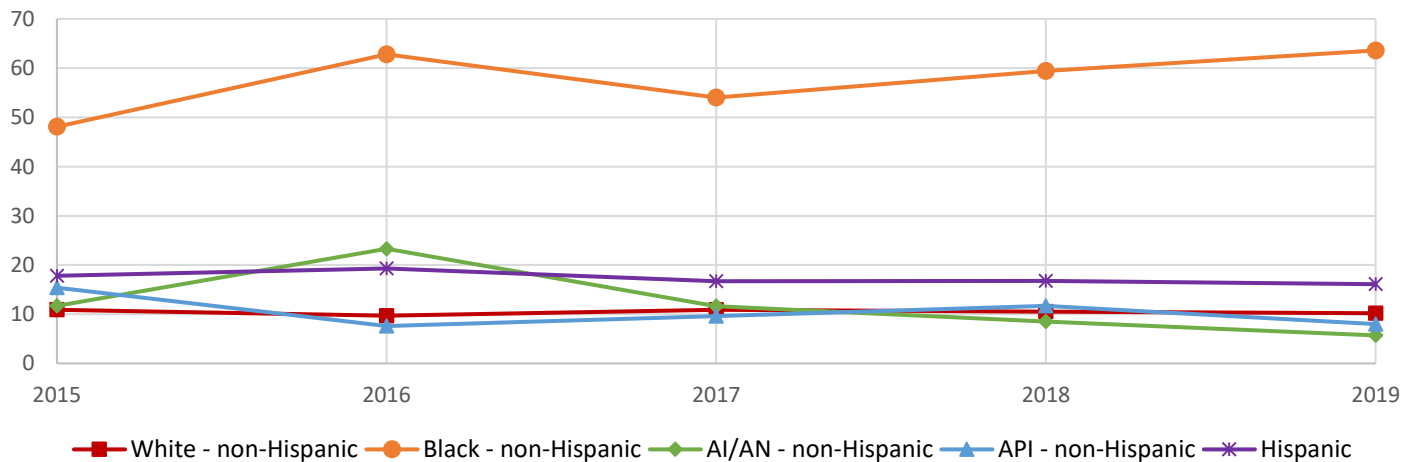
HIV/AIDS

The human immunodeficiency virus (HIV) is a condition that affects a person's immune system, and if left untreated, can lead to acquired immunodeficiency syndrome (AIDS) [32]. No effective cure exists for HIV, but, with proper medical care, HIV can be controlled. The annual number of new diagnoses of HIV decreased 7% in the US from 2014 to 2018 [33].

Significant Findings:

- Black-non-Hispanic populations had significantly higher rates of reported cases of HIV infection than every other race/ethnicity group for each year from 2015 to 2019 (Figure 59.).
- White-non-Hispanic male populations in Clark County (13.2 per 100,000) had significantly higher rates of reported cases of HIV infection than White-non-Hispanic in Washoe County (6.2 per 100,000) and the Balance of State (3.1 per 100,000) (Figure 60.).
- In 2019, rates of reported cases of HIV were significantly higher among males in every race/ethnicity group, except American Indian/Alaska Native-non-Hispanic populations, than their respective race/ethnicity groups among females (Figure 61. and Figure 64.).
- White-non-Hispanic populations in the Balance of State (35.6%) had a significantly lower prevalence of ever getting tested for HIV than White-non-Hispanic populations in Clark County (40.7%) and Washoe County (40.8%) (Figure 66).

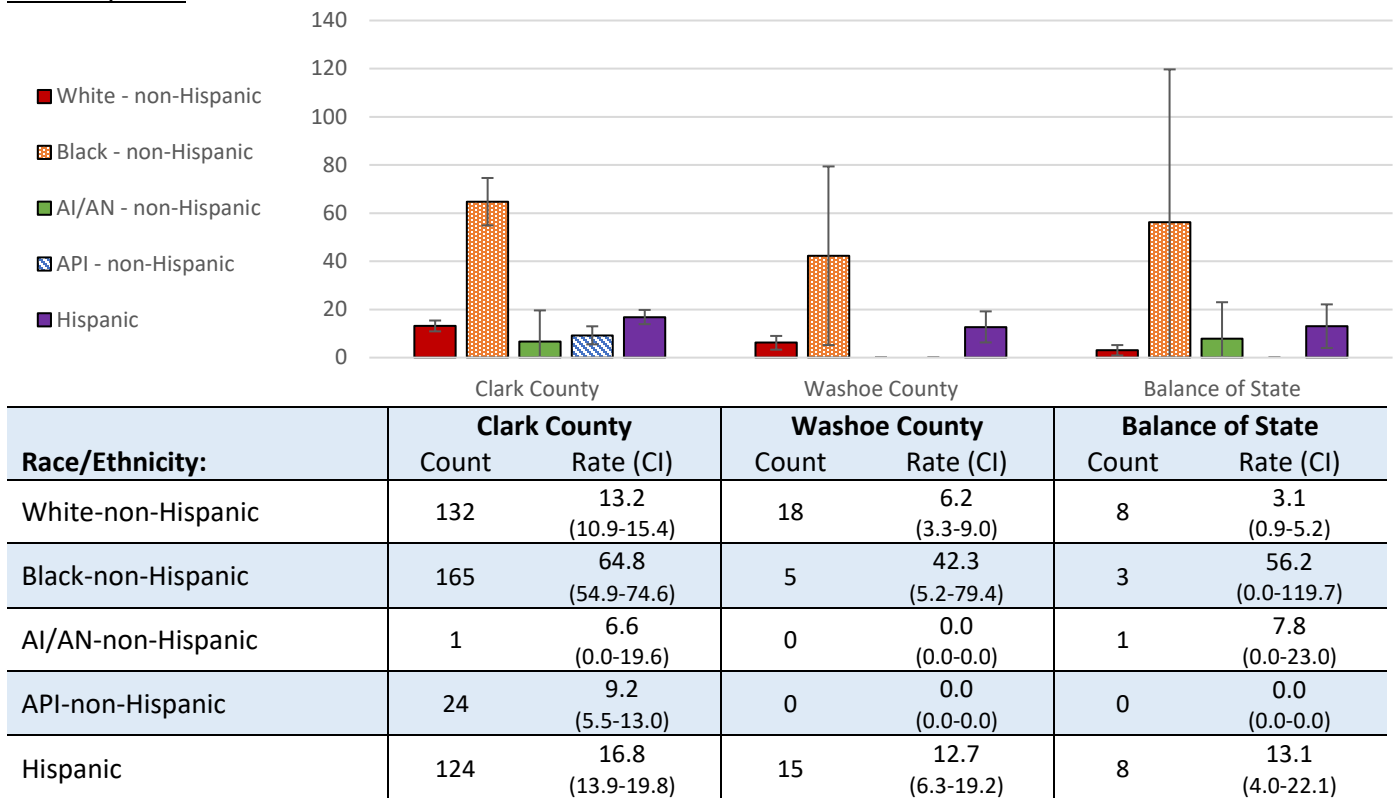
Figure 59. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity and Region, 2015-2019 Aggregated



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	158	10.2 (8.6 - 11.8)	173	63.6 (54.1 - 73.1)	2	5.7 (0.0 - 13.5)	24	8.0 (4.8 - 11.2)	147	16.1 (13.5 - 18.6)
2018	162	10.5 (8.9 - 12.1)	158	59.4 (50.1 - 68.6)	3	8.5 (0.0 - 18.2)	34	11.7 (7.8 - 15.6)	150	16.8 (14.1 - 19.5)
2017	168	10.9 (9.2 - 12.5)	140	54.0 (45.1 - 62.9)	4	11.6 (0.2 - 22.9)	27	9.6 (6.0 - 13.2)	145	16.7 (14.0 - 19.5)
2016	150	9.7 (8.2 - 11.3)	160	62.8 (53.0 - 72.5)	8	23.3 (7.2 - 39.4)	21	7.6 (4.3 - 10.8)	164	19.3 (16.4 - 22.3)
2015	167	10.9 (9.3 - 12.6)	119	48.1 (39.5 - 56.8)	4	11.7 (0.2 - 23.2)	41	15.4 (10.7 - 20.1)	146	17.8 (14.9 - 20.7)

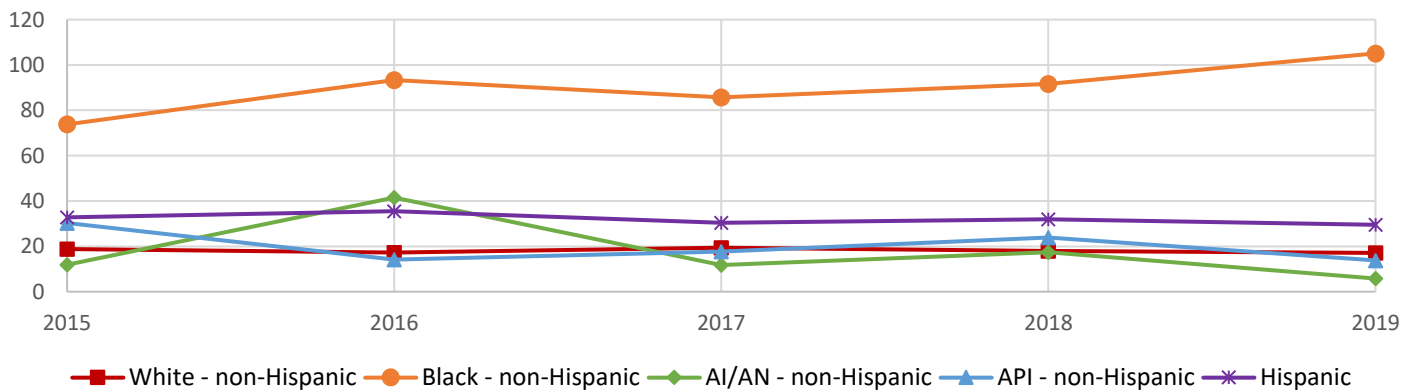
Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS).

Figure 60. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Males and Females, 2019



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

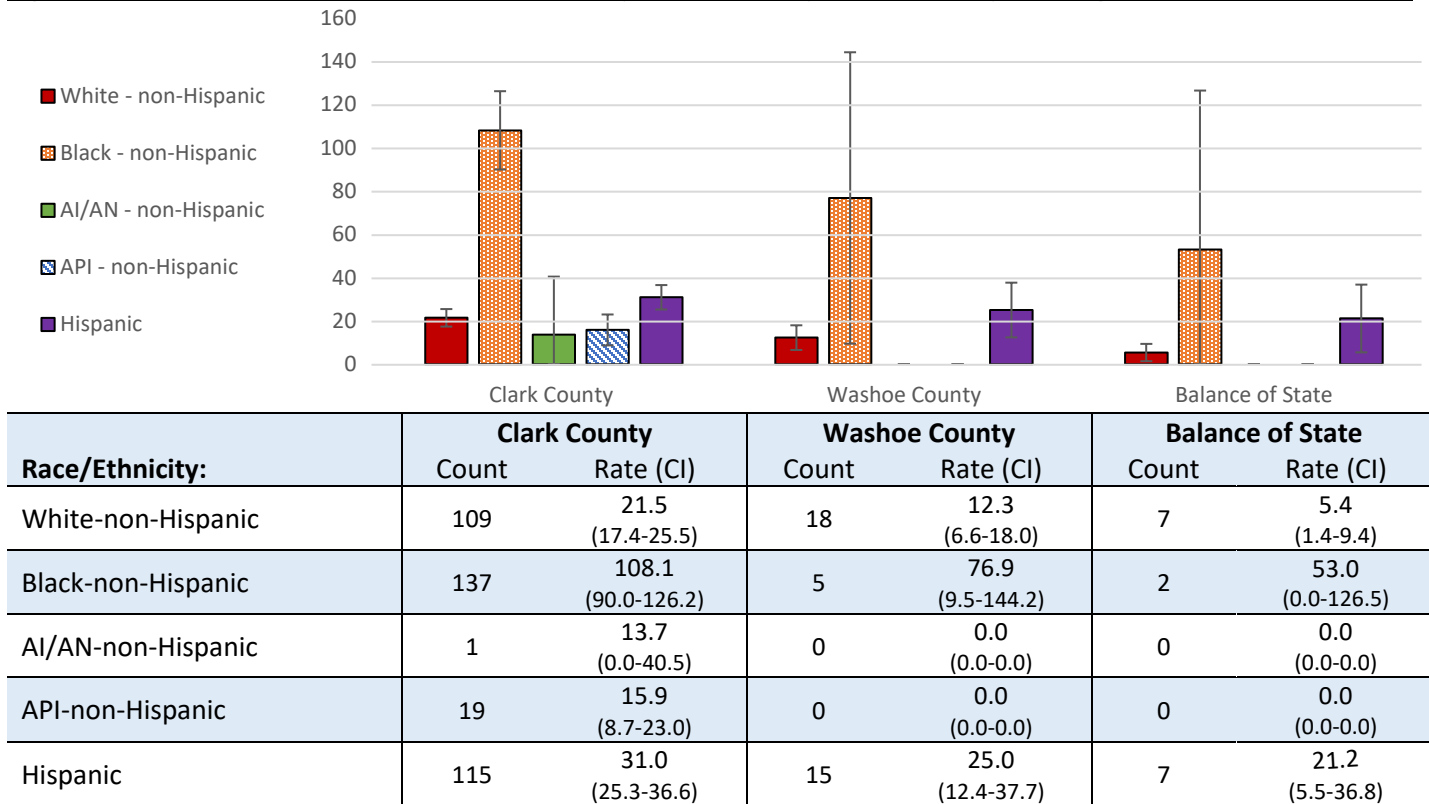
Figure 61. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Year, Nevada Males, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	134	17.1 (14.2 - 20.0)	144	105.1 (88.0 - 122.3)	1	5.8 (0.0 - 17.1)	19	13.8 (7.6 - 20.0)	137	29.5 (24.6 - 34.5)
2018	141	18.0 (15.1 - 21.0)	123	91.7 (75.5 - 108.0)	3	17.4 (0.0 - 37.1)	32	23.9 (15.6 - 32.1)	145	32.0 (26.8 - 37.3)
2017	151	19.4 (16.3 - 22.4)	112	85.7 (69.8 - 101.6)	2	11.8 (0.0 - 28.1)	23	17.7 (10.5 - 25.0)	134	30.4 (25.3 - 35.6)
2016	134	17.2 (14.3 - 20.1)	120	93.4 (76.7 - 110.1)	7	41.5 (10.8 - 72.2)	18	14.1 (7.6 - 20.7)	153	35.5 (29.9 - 41.1)
2015	146	18.8 (15.8 - 21.9)	92	73.8 (58.7 - 88.9)	2	11.9 (0.0 - 28.5)	37	30.3 (20.5 - 40.0)	137	32.8 (27.3 - 38.3)

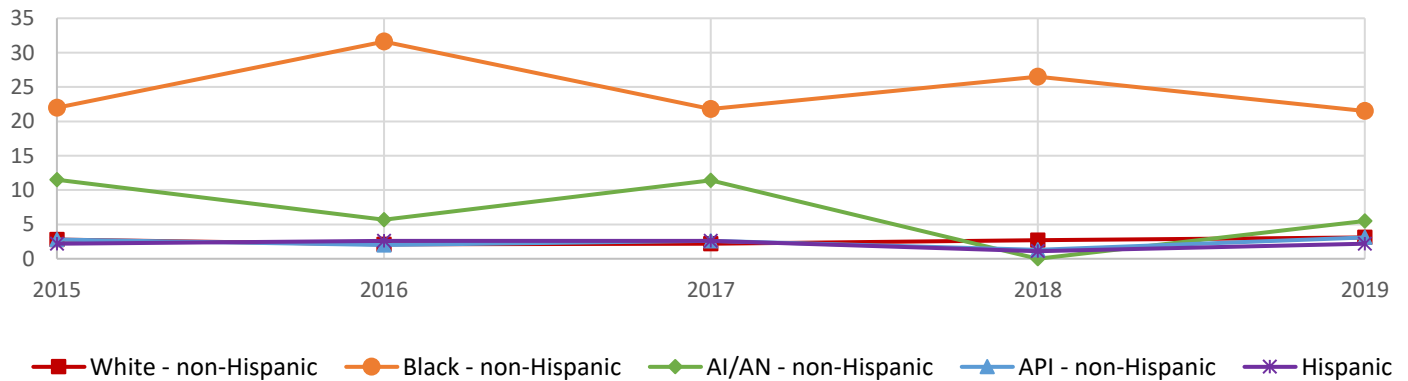
Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS).

Figure 62. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Males, 2019



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

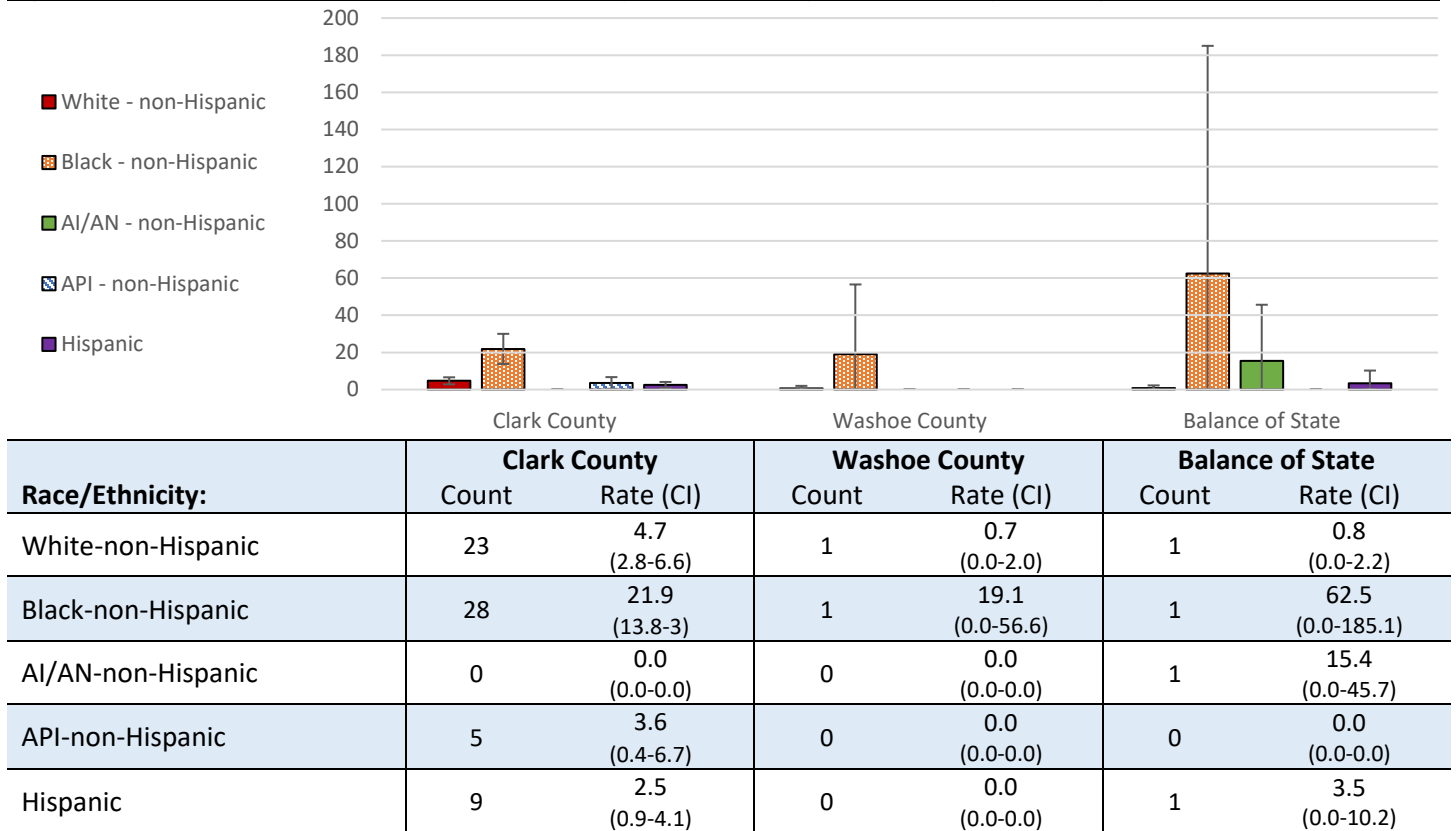
Figure 63. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Year, Nevada Females, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	24	3.1 (1.9 - 4.4)	29	21.5 (13.7 - 29.3)	1	5.5 (0.0 - 16.4)	5	3.1 (0.4 - 5.8)	10	2.2 (0.8 - 3.6)
2018	21	2.7 (1.6 - 3.9)	35	26.5 (17.7 - 35.3)	0	0.0 (0.0 - 0.0)	2	1.3 (0.0 - 3.0)	5	1.1 (0.1 - 2.1)
2017	17	2.2 (1.2 - 3.3)	28	21.8 (13.7 - 29.8)	2	11.4 (0.0 - 27.1)	4	2.6 (0.1 - 5.2)	11	2.6 (1.1 - 4.1)
2016	16	2.1 (1.1 - 3.1)	40	31.6 (21.8 - 41.4)	1	5.7 (0.0 - 16.9)	3	2.0 (0.0 - 4.3)	11	2.6 (1.1 - 4.2)
2015	21	2.8 (1.6 - 4.0)	27	22.0 (13.7 - 30.3)	2	11.5 (0.0 - 27.5)	4	2.8 (0.1 - 5.5)	9	2.2 (0.8 - 3.7)

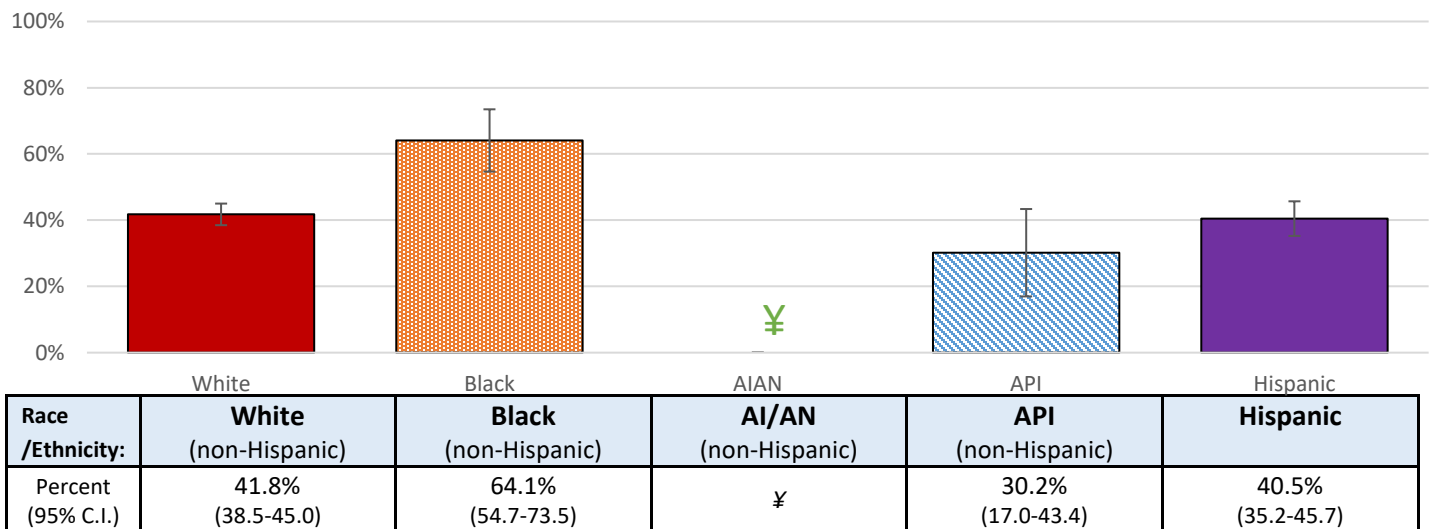
Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS).

Figure 64. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Females, 2019



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

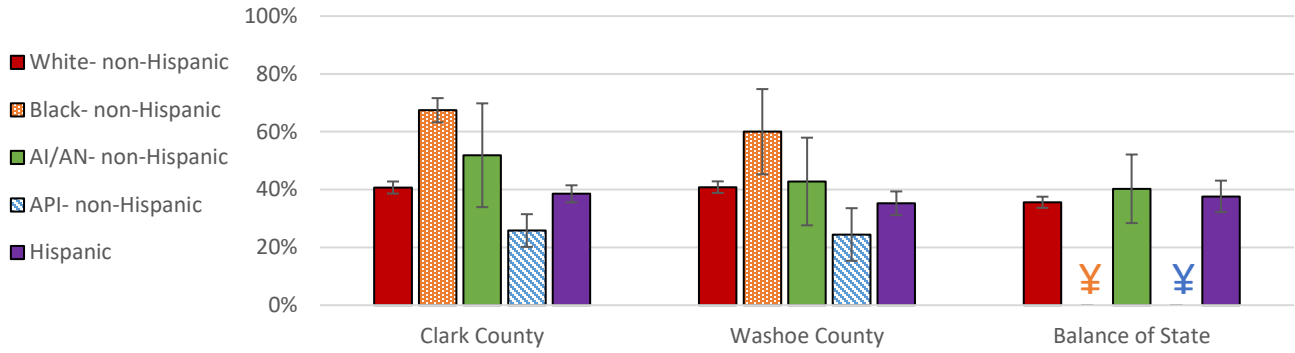
Figure 65. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity, Nevada, 2019



Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 66. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity and Region, 2015-2019
Aggregated



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	40.7% (38.6-42.8)	40.8% (38.8-42.8)	35.6% (33.7-37.5)
Black-non-Hispanic	67.4% (63.2-71.6)	60.0% (45.3-74.8)	¥
AI/AN-non-Hispanic	51.9% (33.9-69.8)	42.8% (45.3-74.8)	40.3% (28.4-52.1)
API-non-Hispanic	25.8% (20.2-31.5)	24.5% (15.4-33.6)	¥
Hispanic	38.5% (35.6-41.5)	35.3% (31.2-39.4)	37.6% (32.2-43.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined in order to achieve at least 50 respondents.
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

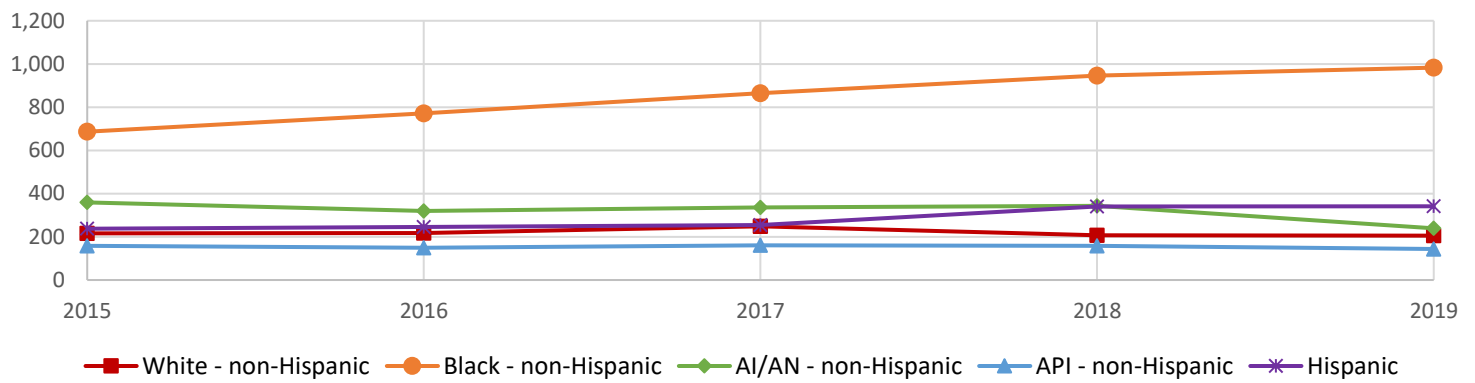
Sexually Transmitted Diseases (STD's)

Sexually transmitted diseases (STD's) are passed from one person to another through intimate physical contact and are very common in the US. The CDC estimates that 20 million new infections occur every year [34]. The best way to prevent exposure to STD's is by abstaining from sexual activity, but using condoms and limiting the number of people you have sexual contact with can also lower the risk of sexually transmitted diseases [34].

Significant Findings:

- Black-non-Hispanic populations had significantly higher rates of chlamydia infection than every other race/ethnicity group for each year from 2015 to 2019 (Figure 67.).
- In 2019, Black-non-Hispanic populations in Washoe County had significantly higher rates of chlamydia infection, at 2,163.6 per 100,000 population, than Black-non-Hispanic populations in Clark County (934.1 per 100,000) and the Balance of State (651.7 per 100,000) (Figure 68.).
- Rates of chlamydia infection were significantly higher among Black-non-Hispanic female populations for each year between 2015 and 2019 than rates of chlamydia infection among Black-non-Hispanic male populations (Figure 69. and Figure 71.).

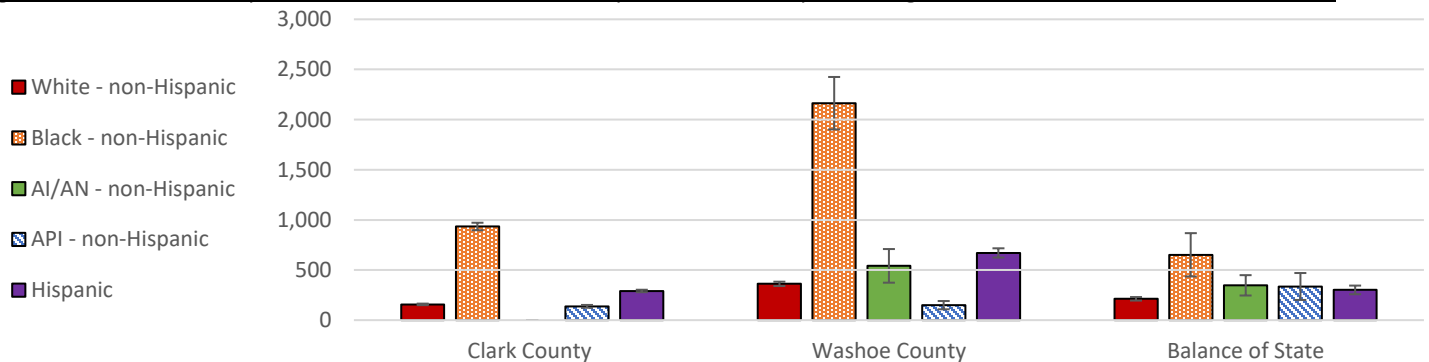
Figure 67. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Year, Total Nevada Residents, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	3,207	205.4 (198.3-212.5)	2,698	983.0 (945.9-1,020.1)	85	239.3 (188.4-290.2)	436	143.6 (130.1-157.1)	3,162	341.3 (329.4-352.2)
2018	3,229	207.7 (200.5-214.9)	2,546	946.7 (909.9-983.5)	121	342.9 (281.8-404.0)	469	158.3 (144.0-172.6)	3,072	340.5 (328.5-352.5)
2017	3,231	248.6 (240.0 - 257.2)	2,424	865.2 (830.8 - 899.6)	126	335.4 (276.8 - 394.0)	441	160.5 (145.5 - 175.5)	2,704	254.7 (245.1 - 264.3)
2016	2,779	217.0 (208.9 - 225.1)	2,150	771.0 (738.4 - 803.6)	116	319.6 (261.4 - 377.8)	406	149.5 (135.0 - 164.0)	2,545	245.0 (235.5 - 254.5)
2015	2,785	216.5 (208.5 - 224.5)	1,872	686.5 (655.4 - 717.6)	131	359.2 (297.7 - 420.7)	410	158.2 (142.9 - 173.5)	2,390	237.5 (228.0 - 247.0)

Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

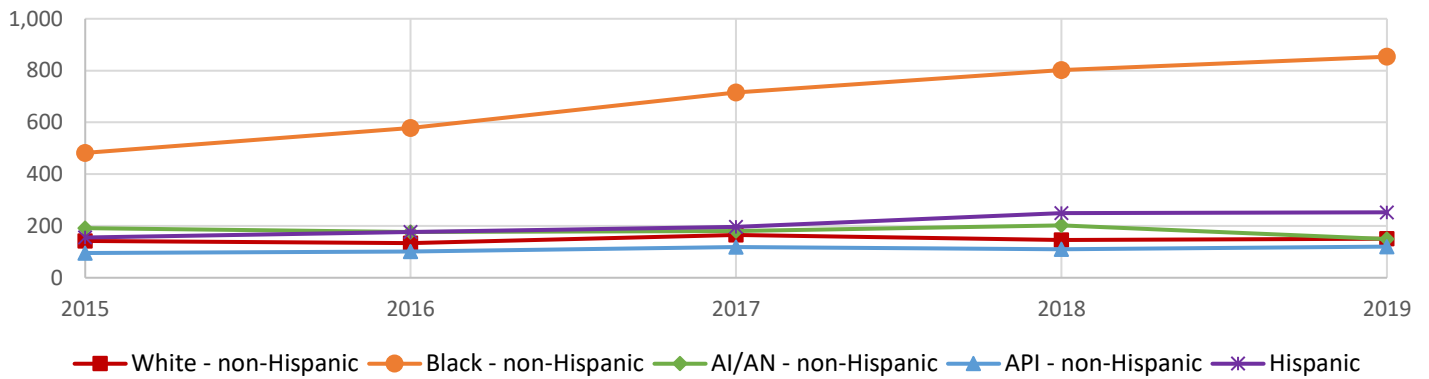
Figure 68. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Region, Total Nevada Residents, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	1,580	157.4 (149.6-165.1)	1,070	361.9 (340.2-383.6)	557	212.8 (195.2-230.5)
Black-non-Hispanic	2,400	934.1 (896.7-971.5)	263	2,163.6 (1,902.1-2,425.1)	35	651.7 (435.8-867.6)
AI/AN-non-Hispanic	0	0.0 (0.0-0.0)	40	541.4 (373.6-709.2)	45	347.3 (245.8-448.8)
API-non-Hispanic	362	137.6 (123.4-151.8)	50	149.4 (108.0-190.8)	24	335.6 (201.3-469.9)
Hispanic	2,162	290.9 (278.7-303.2)	813	670.4 (624.3-716.5)	187	301.6 (258.4-344.8)

Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

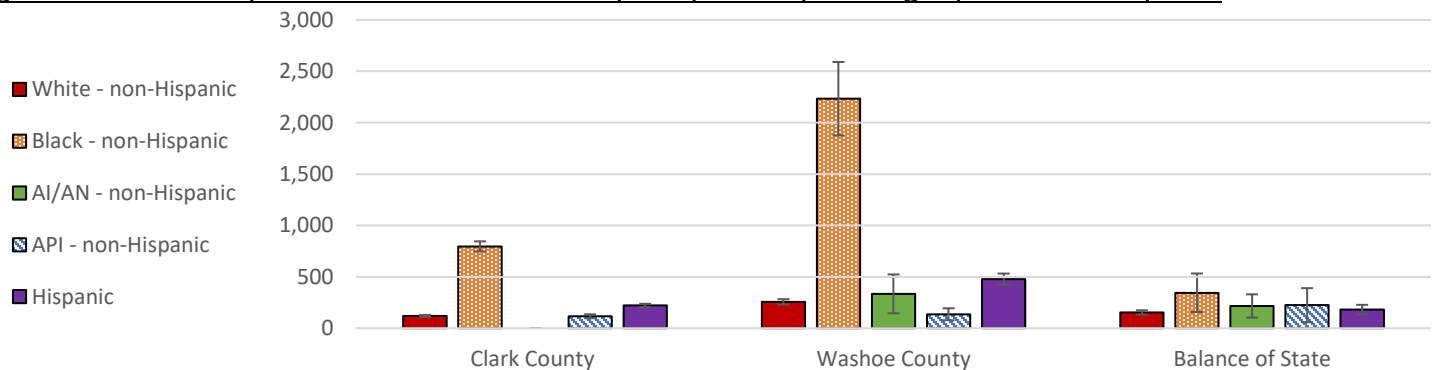
Figure 69. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Year, Nevada Males, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	1,188	150.7 (142.1-159.3)	1,180	853.5 (804.8-902.2)	26	149.4 (92.0-206.8)	168	120.2 (102.0-138.4)	1,185	252.6 (238.2-267.0)
2018	1,148	146.1 (137.6-154.6)	1,086	801.6 (753.9-849.3)	35	202.2 (135.2-269.2)	150	110.0 (92.4-127.6)	1,140	249.2 (234.7-263.7)
2017	1,141	165.2 (155.6 - 174.8)	1,030	714.9 (671.2 - 758.6)	36	180.1 (121.3 - 238.9)	159	118.4 (100.0 - 136.8)	1,044	196.4 (184.5 - 208.3)
2016	918	133.7 (125.1 - 142.3)	819	578.3 (538.7 - 617.9)	33	176.9 (116.5 - 237.3)	134	101.3 (84.4 - 118.8)	925	176.5 (165.1 - 187.9)
2015	967	141.9 (133.0 - 150.8)	670	482.2 (445.7 - 518.7)	37	191.3 (129.7 - 252.9)	120	95.5 (78.4 - 112.6)	795	155.3 (144.5 - 166.1)

Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

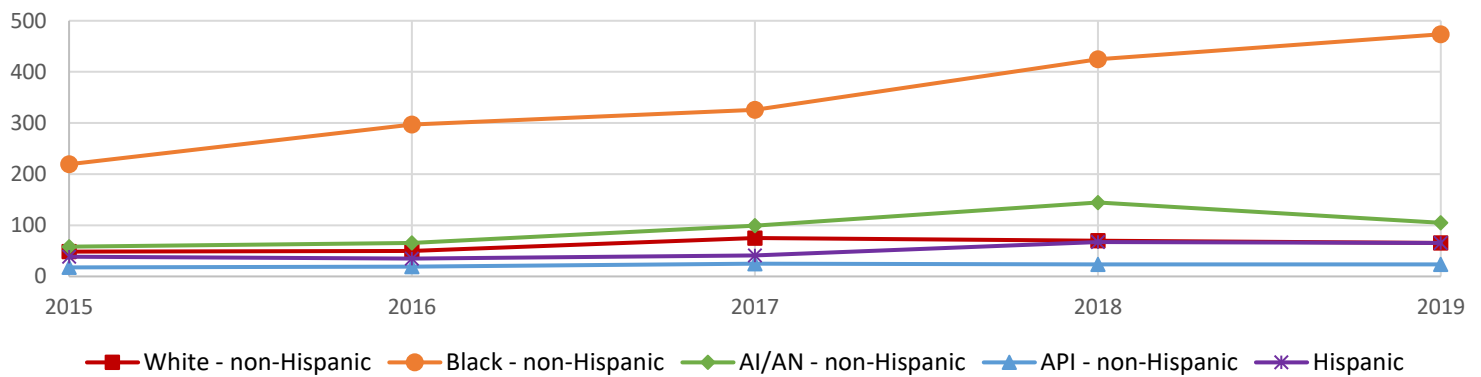
Figure 70. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Region, Nevada Males, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	608	119.2 (109.7-128.7)	382	256.7 (231.0-282.5)	198	152.9 (131.6-174.2)
Black-non-Hispanic	1,017	796.0 (747.1-844.9)	150	2,233.1 (1,875.8-2,590.5)	13	344.7 (157.3-532.1)
AI/AN-non-Hispanic	0	0.0 (0.0-0.0)	12	333.9 (145.0-522.9)	14	216.2 (102.9-329.4)
API-non-Hispanic	140	115.5 (96.4-134.7)	21	135.7 (77.6-193.7)	7	223.9 (58.0-389.7)
Hispanic	831	222.0 (206.9-237.1)	294	477.1 (422.6-531.6)	60	181.4 (135.5-227.3)

Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

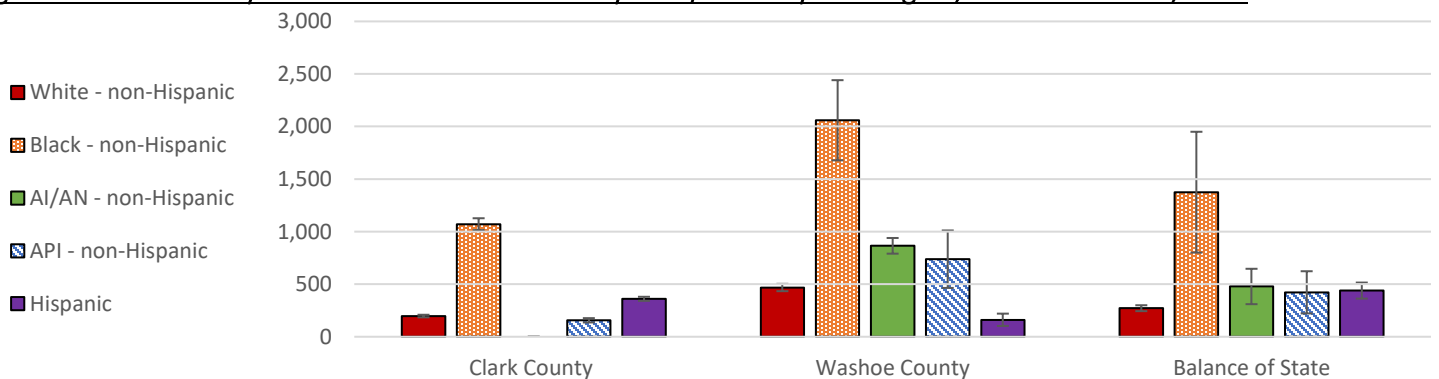
Figure 71. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Year, Nevada Females, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	505	65.3 (59.6-71.0)	645	473.6 (437.0-510.2)	19	104.9 (57.7-152.1)	38	23.2 (15.8-30.6)	300	65.6 (58.2-73.0)
2018	536	69.7 (63.8-75.6)	567	424.8 (389.8-459.8)	26	144.6 (89.0-200.2)	38	23.8 (16.2-31.4)	299	67.2 (59.6-74.8)
2017	486	75.1 (68.4 - 81.8)	437	325.5 (295.0 - 356.0)	18	99.0 (53.3 - 144.7)	35	24.9 (16.7 - 33.1)	204	40.8 (35.2 - 46.4)
2016	320	50.1 (44.6 - 55.6)	397	297.3 (268.1 - 326.5)	12	65.7 (28.5 - 102.9)	27	18.9 (11.8 - 26.0)	173	34.9 (29.7 - 40.1)
2015	311	48.5 (43.1 - 53.9)	287	219.4 (194.0 - 244.8)	10	58.2 (22.1 - 94.3)	24	17.6 (10.6 - 24.6)	181	38.4 (32.8 - 44.0)

Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

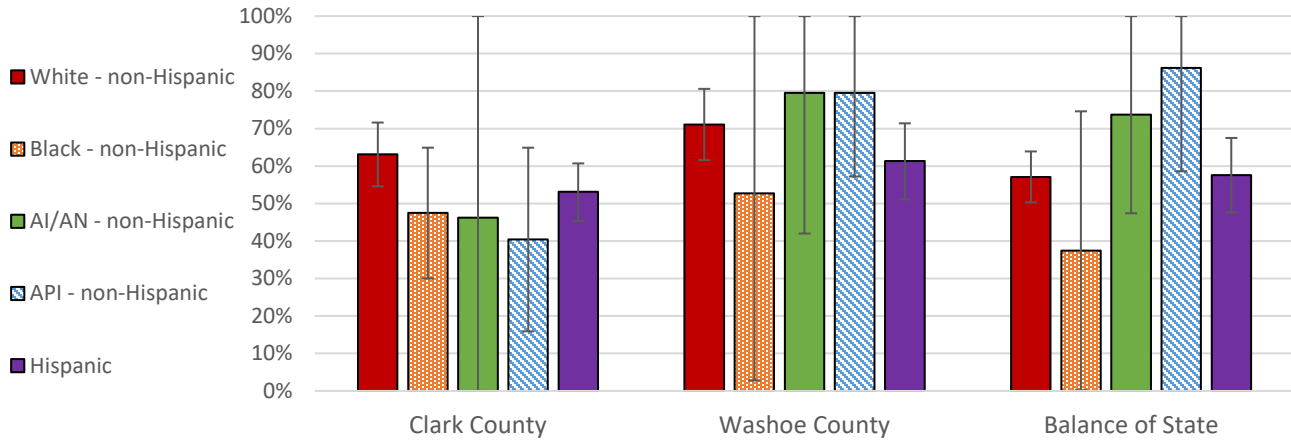
Figure 72. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Region, Nevada Females, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	972	196.8 (184.4-209.2)	688	468.4 (433.4-503.4)	359	271.6 (243.5-299.7)
Black-non-Hispanic	1,383	1,070.7 (1,014.3-1,127.2)	112	2,059.4 (1,678.0-2,440.8)	22	1,375.4 (800.6-1,950.1)
AI/AN-non-Hispanic	0	0.0 (0.0-0.0)	516	865.1 (790.4-939.7)	31	478.3 (310.0-646.7)
API-non-Hispanic	222	156.5 (135.9-177.1)	28	737.8 (464.5-1,011.1)	17	422.4 (221.6-623.2)
Hispanic	1,330	360.7 (341.3-380.1)	29	161.3 (102.6-219.9)	127	439.0 (362.7-515.4)

Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

Figure 73. Nevada High School Students Who Used a Condom During Their Last Sexual Intercourse – Prevalence by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	63.1% (54.6-71.6)	71.1% (61.6-80.6)	57.1% (50.3-63.9)
Black-non-Hispanic	47.5% (30.0-64.9)	52.7% (2.8-100.0)	37.4% (0.2-74.6)
AI/AN-non-Hispanic	46.2% (0.0-100.0)	79.5% (42.0-100.0)	73.7% (47.4-100.0)
API-non-Hispanic	40.4% (15.9-64.9)	79.5% (57.2-100.0)	86.2% (58.6-100.0)
Hispanic	53.1% (45.4-60.7)	61.3% (51.1-71.4)	57.6% (47.6-67.5)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

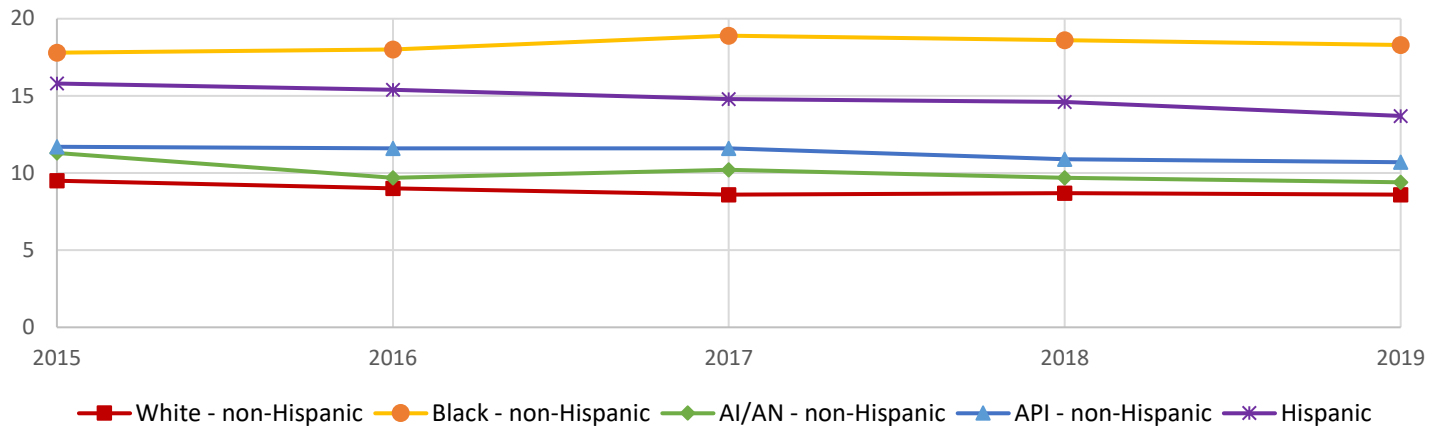
Maternal and Infant Health

Teen birth rate is defined as the number of live births to mothers aged 15 – 19 years. In 2018, the teen birth rate in the US was 17.4 live births per 1,000 women [35]. Infant mortality is defined as a death of an infant before his or her first birthday. In 2018, in the US, the infant mortality rate was 5.7 deaths per 1,000 live births [36].

Significant Findings:

- In 2019, Black-non-Hispanic populations had significantly higher birth rates, at 18.3 per 1,000 population, than any other race/ethnicity group (Figure 74.).
- White-non-Hispanic populations in Washoe County had significantly higher birth rates, at 9.5 per 1,000 population, than White-non-Hispanic populations in Clark County (8.1 per 1,000) and the Balance of State (9.3 per 1,000) population (Figure 75.).
- White-non-Hispanic populations in the Balance of State had significantly higher teen birth rates, at 15.6 per 1,000 women ages 15-19, than White-non-Hispanic women in Clark County (8.0 per 1,000 women) and Washoe County (10.2 per 1,000 women) (Figure 77.).
- Hispanic populations in the Balance of State had significantly higher teen birth rates, at 27.9 per 1,000 women ages 15-19, than Hispanic women in Clark County (19.3 per 1,000 women) (Figure 77.).
- In 2019, Black-non-Hispanic populations had significantly higher low birthweight birth rates, at 113.0 per 1,000 live births, than White-non-Hispanic, Asian/Pacific Islander–non-Hispanic, and Hispanic populations (Figure 78.).
- In 2019, Black-non-Hispanic populations had significantly higher rates of very low birthweight births, at 24.6 per 1,000 live births, than any other race/ethnicity group (Figure 80.).
- In 2019, Black-non-Hispanic populations had significantly higher infant mortality rates, at 11.5 deaths per 1,000 live births, than White-non-Hispanic (3.4 per 1,000 live births) and Hispanic (5.4 per 1,000 live births) populations (Figure 82.).

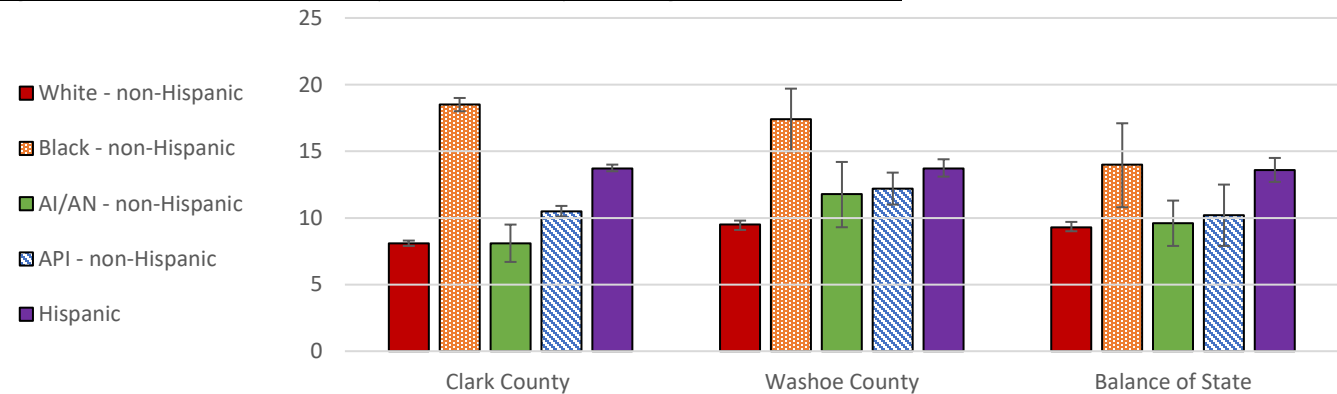
Figure 74. Overall Birth Rates by Race/Ethnicity and Year, Nevada, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	13,370	8.6 (8.4-8.7)	5,035	18.3 (17.8-18.9)	334	9.4 (8.4-10.4)	3,242	10.7 (10.3-11)	12,716	13.7 (13.5-14)
2018	13,510	8.7 (8.5-8.8)	4,995	18.6 (18.1-19.1)	344	9.7 (8.7-10.8)	3,216	10.9 (10.5-11.2)	13,205	14.6 (14.4-14.9)
2017	13,201	8.6 (8.4-8.7)	4,920	18.9 (18.4-19.5)	356	10.2 (9.2-11.3)	3,276	11.6 (11.2-12)	12,851	14.8 (14.6-15.1)
2016	13,931	9.0 (8.9-9.2)	4,598	18.0 (17.5-18.6)	333	9.7 (8.7-10.7)	3,199	11.6 (11.2-12)	13,074	15.4 (15.2-15.7)
2015	14,563	9.5 (9.4-9.7)	4,393	17.8 (17.2-18.3)	386	11.3 (10.2-12.5)	3,109	11.7 (11.3-12.1)	12,987	15.8 (15.6-16.1)

Data Source: Nevada Electronic Birth Registry System.

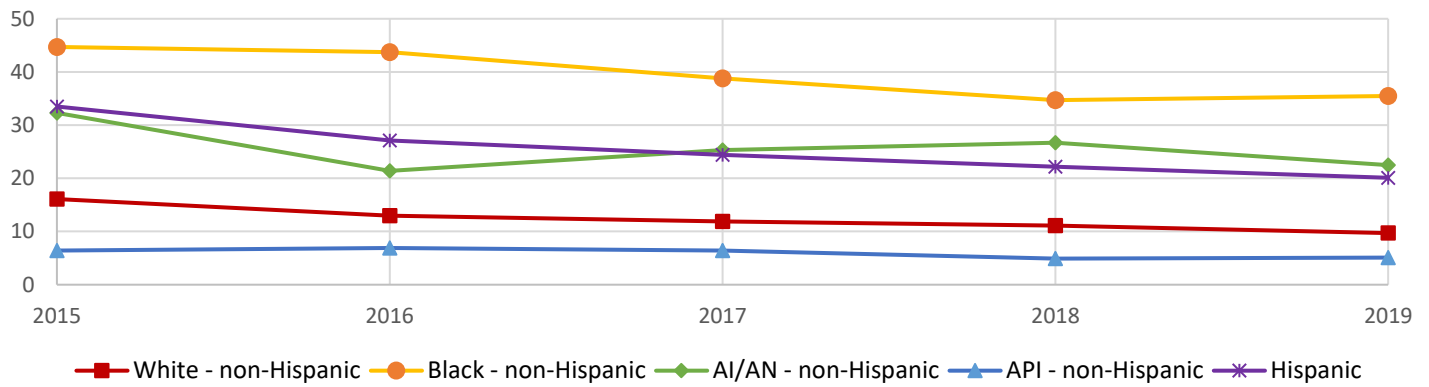
Figure 75. Overall Birth Rates by Race/Ethnicity and Region, Nevada, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	8,126	8.1 (7.9-8.3)	2,799	9.5 (9.1-9.8)	2,445	9.3 (9.0-9.7)
Black-non-Hispanic	4,749	18.5 (18.0-19.0)	211	17.4 (15.0-19.7)	75	14.0 (10.8-17.1)
AI/AN-non-Hispanic	123	8.1 (6.7-9.5)	87	11.8 (9.3-14.2)	124	9.6 (7.9-11.3)
API-non-Hispanic	2,760	10.5 (10.1-10.9)	409	12.2 (11.0-13.4)	73	10.2 (7.9-12.5)
Hispanic	10,206	13.7 (13.5-14.0)	1,666	13.7 (13.1-14.4)	844	13.6 (12.7-14.5)

Data Source: Nevada Electronic Birth Registry System.

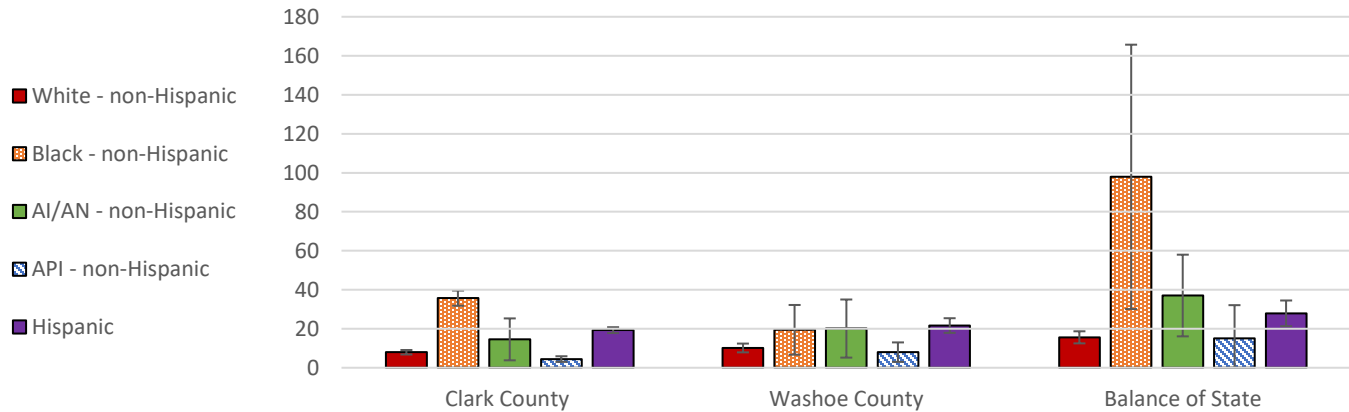
Figure 76. Teen Birth Rates by Race/Ethnicity and Year, Nevada, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	368	9.7 (8.7-10.7)	341	35.5 (31.7-39.2)	26	22.5 (13.9-31.2)	50	5.1 (3.7-6.5)	866	20.1 (18.8-21.5)
2018	415	11.1 (10.0-12.2)	335	34.7 (31-38.4)	29	26.7 (17.0-36.5)	46	4.9 (3.5-6.3)	916	22.2 (20.7-23.6)
2017	443	11.9 (10.8-13.0)	365	38.8 (34.8-42.8)	27	25.3 (15.7-34.8)	56	6.4 (4.7-8.1)	956	24.4 (22.8-25.9)
2016	492	13.0 (11.9-14.2)	407	43.7 (39.4-47.9)	23	21.4 (12.7-30.2)	58	6.9 (5.1-8.7)	1,030	27.1 (25.5-28.8)
2015	609	16.1 (14.9-17.4)	398	44.7 (40.3-49.1)	34	32.3 (21.4-43.1)	51	6.4 (4.7-8.2)	1,210	33.5 (31.7-35.4)

Data Source: Nevada Electronic Birth Registry System.

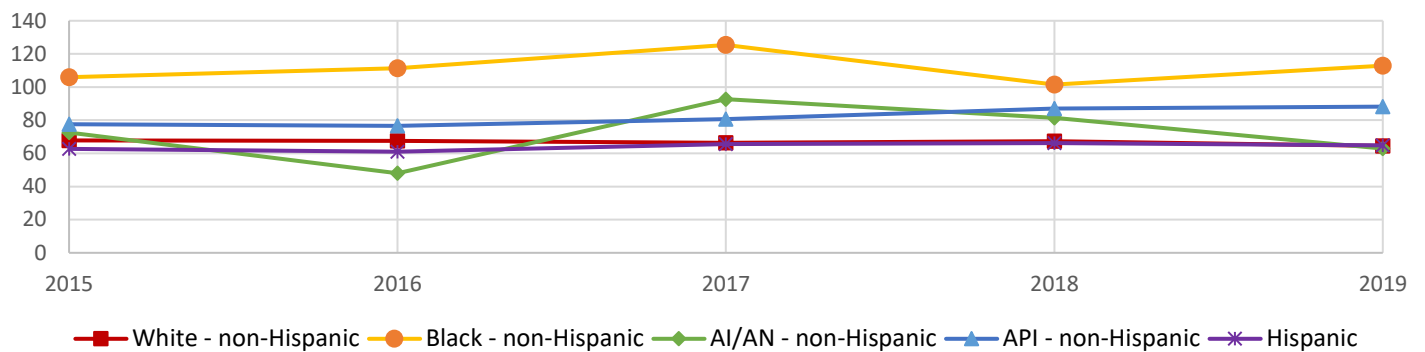
Figure 77. Teen Birth Rates by Race/Ethnicity and Region, Nevada, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	190	8.0 (6.8-9.1)	81	10.2 (7.9-12.4)	97	15.6 (12.5-18.7)
Black-non-Hispanic	324	35.7 (31.8-39.6)	9	19.5 (6.7-32.2)	8	97.9 (30.1-165.7)
AI/AN-non-Hispanic	7	14.6 (3.8-25.3)	7	20.1 (5.2-35.0)	12	37.0 (16.1-58.0)
API-non-Hispanic	37	4.4 (3.0-5.9)	10	8.0 (3.0-13.0)	3	15.1 (0.0-32.1)
Hispanic	668	19.3 (17.8-20.8)	129	21.6 (17.9-25.4)	69	27.9 (21.3-34.5)

Data Source: Nevada Electronic Birth Registry System.

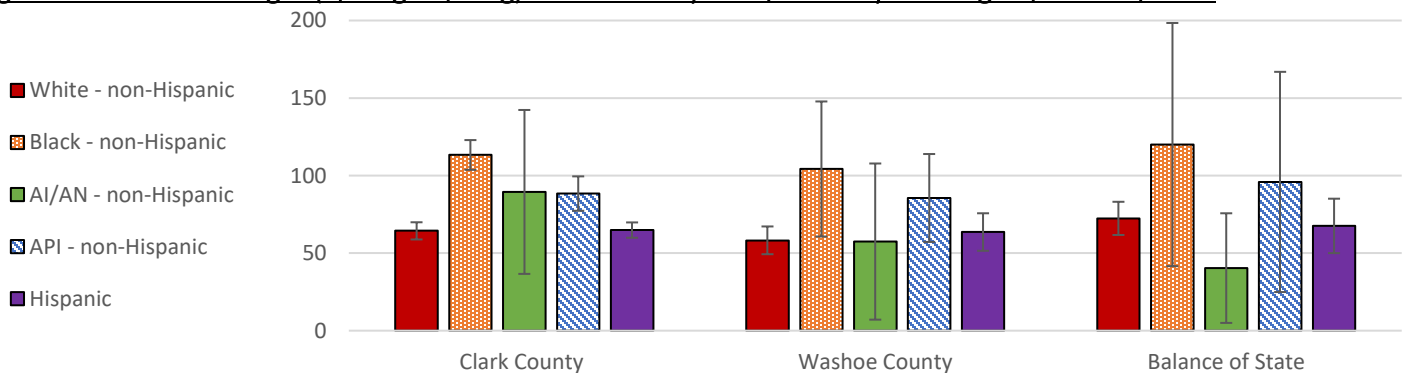
Figure 78. Low Birthweight (1,500g - 2,499g) Birth Rates by Race/Ethnicity and Year, Nevada, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	863	64.5 (60.2-68.9)	569	113.0 (103.7-122.3)	21	62.9 (36.0-89.8)	286	88.2 (78.0-98.4)	825	64.9 (60.5-69.3)
2018	911	67.4 (63.1-71.8)	507	101.5 (92.7-110.3)	28	81.4 (51.2-111.5)	280	87.1 (76.9-97.3)	874	66.2 (61.8-70.6)
2017	877	66.4 (62.0-70.8)	617	125.4 (115.5-135.3)	33	92.7 (61.1-124.3)	264	80.6 (70.9-90.3)	844	65.7 (61.2-70.1)
2016	941	67.5 (63.2-71.9)	512	111.4 (101.7-121.0)	16	48.0 (24.5-71.6)	245	76.6 (67.0-86.2)	797	61.0 (56.7-65.2)
2015	987	67.8 (63.5-72.0)	465	105.9 (96.2-115.5)	28	72.5 (45.7-99.4)	241	77.5 (67.7-87.3)	814	62.7 (58.4-67.0)

Data Source: Nevada Electronic Birth Registry System.

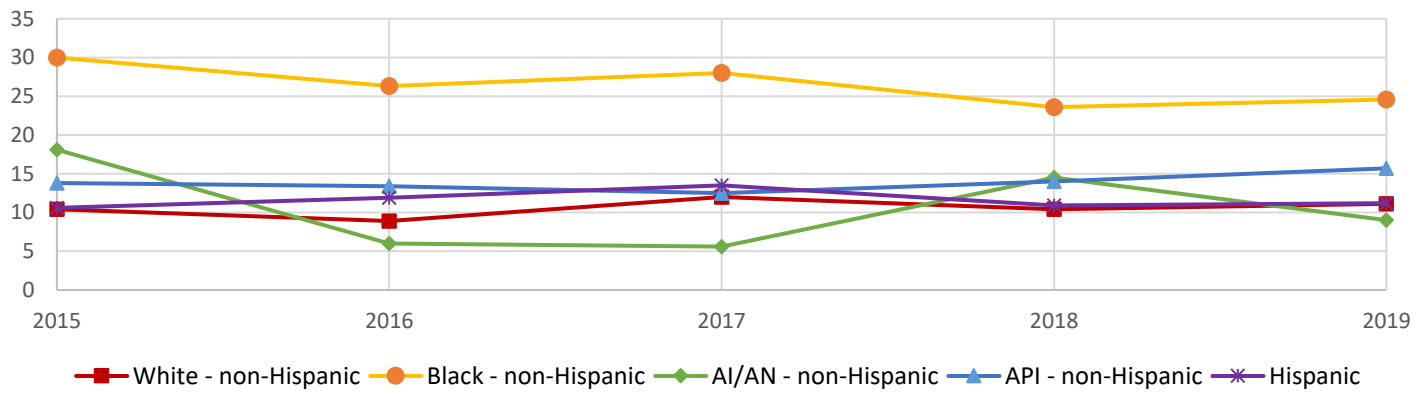
Figure 79. Low Birthweight (1,500g - 2,499g) Birth Rates by Race/Ethnicity and Region, Nevada, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	523	64.4 (58.8-69.9)	163	58.2 (49.3-67.2)	177	72.4 (61.7-83.1)
Black-non-Hispanic	538	113.3 (103.7-122.9)	22	104.3 (60.7-147.8)	9	120.0 (41.6-198.4)
AI/AN-non-Hispanic	11	89.4 (36.6-142.3)	5	57.5 (7.1-107.8)	5	40.3 (5.0-75.7)
API-non-Hispanic	244	88.4 (77.3-99.5)	35	85.6 (57.2-113.9)	7	95.9 (24.9-166.9)
Hispanic	662	64.9 (59.9-69.8)	106	63.6 (51.5-75.7)	57	67.5 (50.0-85.1)

Data Source: Nevada Electronic Birth Registry System.

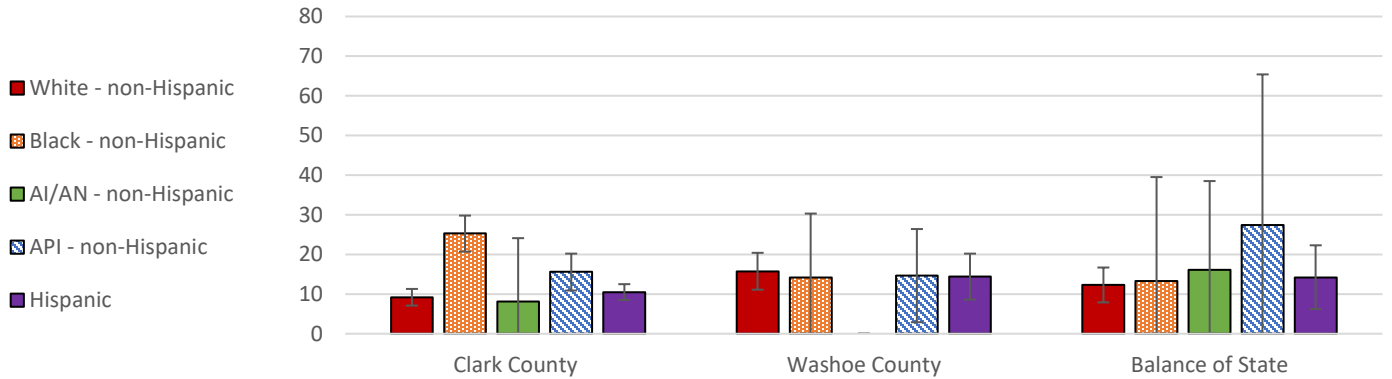
Figure 80. Very Low Birthweight (<1,500g) Birth Rates by Race/Ethnicity and Year, Nevada, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	149	11.1 (9.4-12.9)	124	24.6 (20.3-29.0)	3	9.0 (0.0-19.1)	51	15.7 (11.4-20.0)	143	11.2 (9.4-13.1)
2018	140	10.4 (8.6-12.1)	118	23.6 (19.4-27.9)	5	14.5 (1.8-27.3)	45	14.0 (9.9-18.1)	144	10.9 (9.1-12.7)
2017	159	12.0 (10.2-13.9)	138	28.0 (23.4-32.7)	2	5.6 (0.0-13.4)	41	12.5 (8.7-16.3)	173	13.5 (11.5-15.5)
2016	124	8.9 (7.3-10.5)	121	26.3 (21.6-31.0)	2	6.0 (0.0-14.3)	43	13.4 (9.4-17.5)	155	11.9 (10.0-13.7)
2015	151	10.4 (8.7-12.0)	132	30.0 (24.9-35.2)	7	18.1 (4.7-31.6)	43	13.8 (9.7-18.0)	138	10.6 (8.9-12.4)

Data Source: Nevada Electronic Birth Registry System.

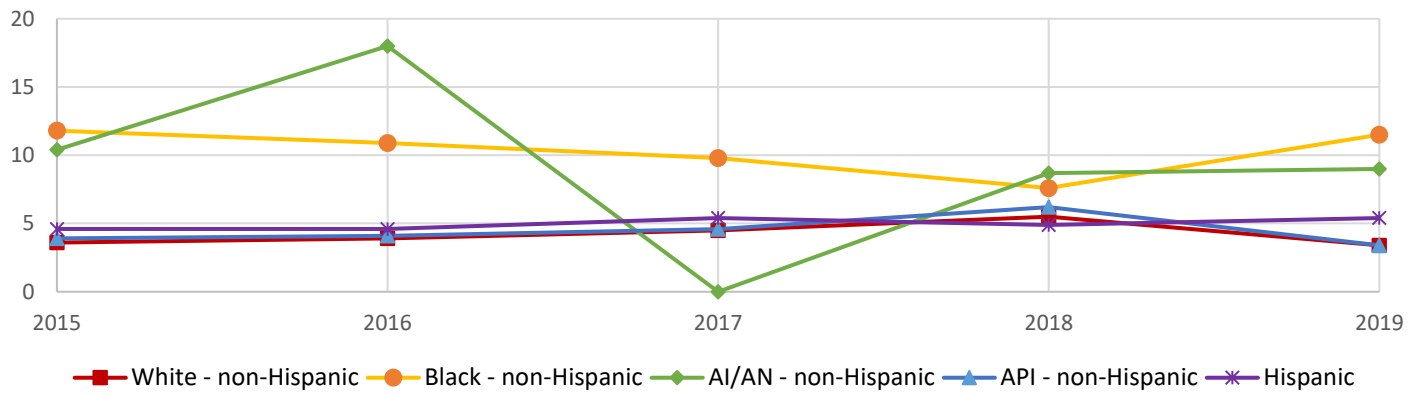
Figure 81. Very Low Birthweight (<1,500g) Birth Rates by Race/Ethnicity and Region, Nevada, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	75	9.2 (7.1-11.3)	44	15.7 (11.1-20.4)	30	12.3 (7.9-16.7)
Black-non-Hispanic	120	25.3 (20.7-29.8)	3	14.2 (0.0-30.3)	1	13.3 (0.0-39.5)
AI/AN-non-Hispanic	1	8.1 (0.0-24.1)	0	0.0 (0.0-0.0)	2	16.1 (0.0-38.5)
API-non-Hispanic	43	15.6 (10.9-20.2)	6	14.7 (2.9-26.4)	2	27.4 (0.0-65.4)
Hispanic	107	10.5 (8.5-12.5)	24	14.4 (8.6-20.2)	12	14.2 (6.2-22.3)

Data Source: Nevada Electronic Birth Registry System.

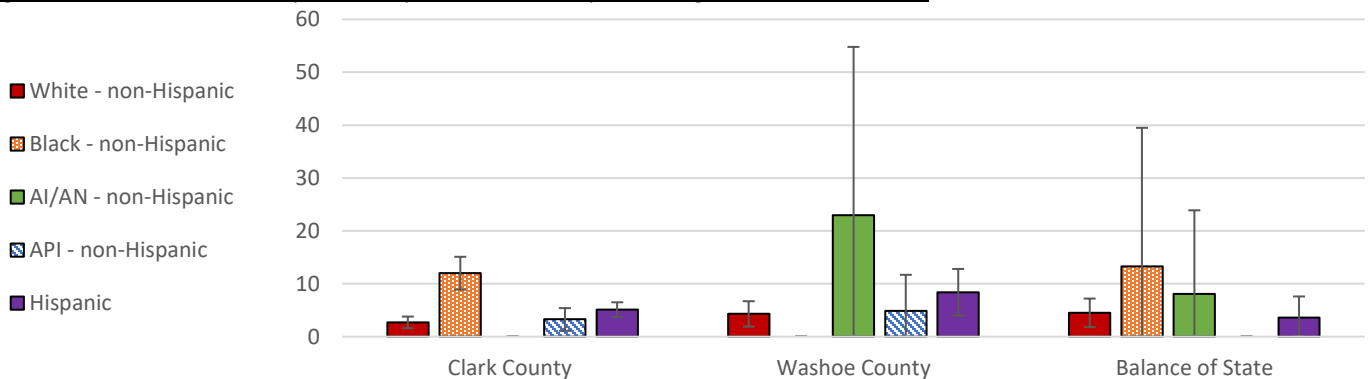
Figure 82. Infant Mortality Rates by Race/Ethnicity and Year, Nevada, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	45	3.4 (2.4-4.3)	58	11.5 (8.6-14.5)	3	9.0 (0.0-19.1)	11	3.4 (1.4-5.4)	69	5.4 (4.1-6.7)
2018	74	5.5 (4.2-6.7)	38	7.6 (5.2-10.0)	3	8.7 (0.0-18.6)	20	6.2 (3.5-8.9)	65	4.9 (3.7-6.1)
2017	59	4.5 (3.3-5.6)	48	9.8 (7.0-12.5)	0	0.0 (0.0-0.0)	15	4.6 (2.3-6.9)	69	5.4 (4.1-6.6)
2016	54	3.9 (2.8-4.9)	50	10.9 (7.9-13.9)	6	18.0 (3.6-32.4)	13	4.1 (1.9-6.3)	60	4.6 (3.4-5.8)
2015	53	3.6 (2.7-4.6)	52	11.8 (8.6-15.1)	4	10.4 (0.2-20.5)	12	3.9 (1.7-6.0)	60	4.6 (3.5-5.8)

Data Source: Nevada Electronic Birth Registry System and Nevada Electronic Death Registry System.

Figure 83. Infant Mortality Rates by Race/Ethnicity and Region, Nevada, 2019



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	22	2.7 (1.6-3.8)	12	4.3 (1.9-6.7)	11	4.5 (1.8-7.2)
Black-non-Hispanic	57	12.0 (8.9-15.1)	0	0.0 (0.0-0.0)	1	13.3 (0.0-39.5)
AI/AN-non-Hispanic	0	0.0 (0.0-0.0)	2	23.0 (0.0-54.8)	1	8.1 (0.0-23.9)
API-non-Hispanic	9	3.3 (1.1-5.4)	2	4.9 (0.0-11.7)	0	0.0 (0.0-0.0)
Hispanic	52	5.1 (3.7-6.5)	14	8.4 (4-12.8)	3	3.6 (0.0-7.6)

Data Source: Nevada Electronic Birth Registry System and Nevada Electronic Death Registry System.

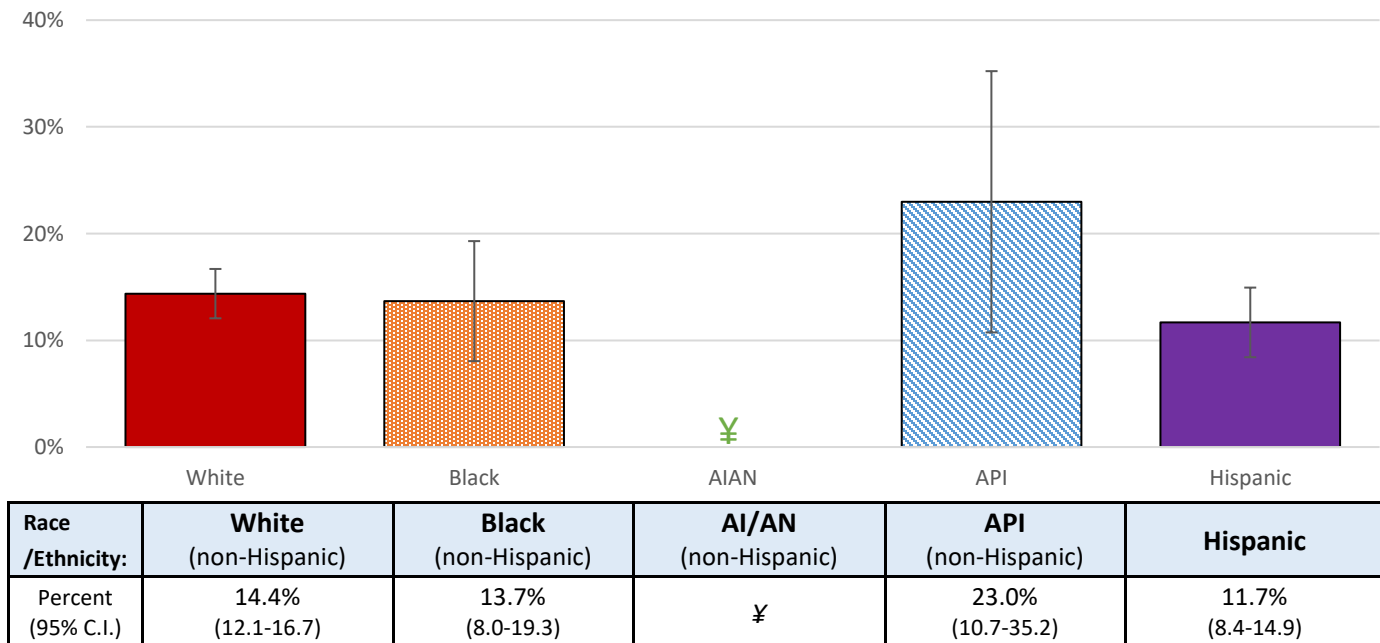
Mental Health

Mental and physical health are equally important components of overall health. When the demands placed on a person exceed his or her resources and coping abilities, that person’s mental health may be impacted. The CDC estimates that in the US, 50% of all Americans are diagnosed with a mental illness or disorder at some point in their lifetime [37]. Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for those aged 18-44 years old [38] [39]. For more detailed information regarding mental and behavioral health in Nevada, please visit the “Data and Reports” page at the Nevada Department of Health and Human Services Office of Analytics web-page at the following web address: http://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics/

Significant Findings:

- In 2019, Asian/Pacific Islander–non-Hispanic adult populations in Clark County reported a significantly greater prevalence (15.5%) of difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional condition than Asian/Pacific Islander–non-Hispanic adult populations in Washoe County (3.7%) (Figure 87.).

Figure 84. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity, Nevada, 2019

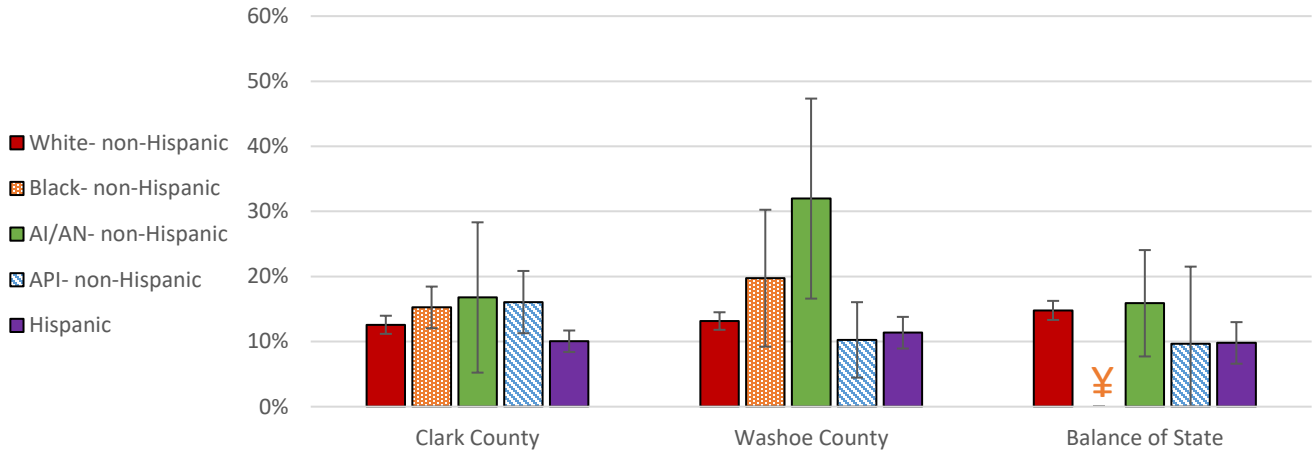


Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 40% to display difference between groups.

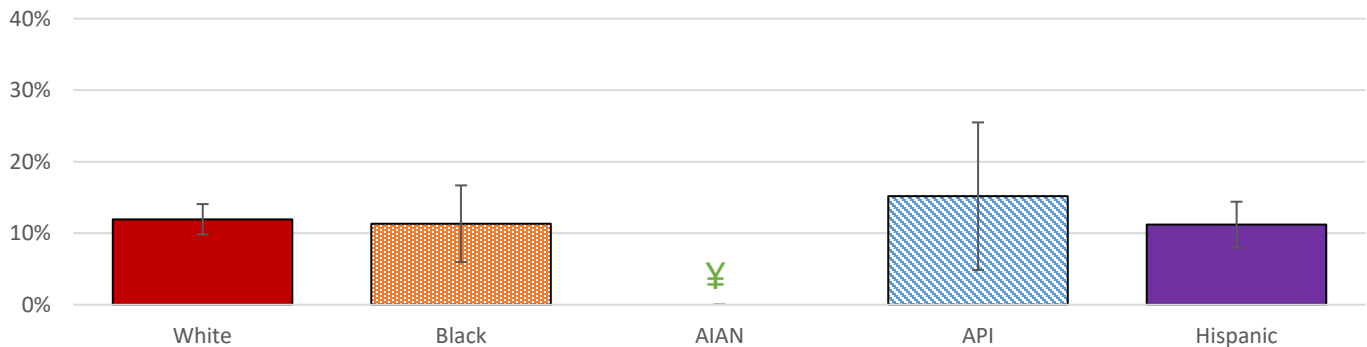
Figure 85. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity and Region, 2015-2019 Aggregated



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	12.6% (11.2-14.0)	13.2% (11.8-14.5)	14.8% (13.3-16.3)
Black-non-Hispanic	15.2% (12.0-18.4)	19.7% (9.2-30.3)	¥
AI/AN-non-Hispanic	16.8% (5.2-28.3)	32.0% (9.2-30.3)	15.9% (7.7-24.1)
API-non-Hispanic	16.1% (11.3-20.8)	10.3% (4.5-16.1)	9.7% (0.0-21.5)
Hispanic	10.0% (8.4-11.7)	11.4% (8.9-13.8)	9.8% (6.6-13.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
 Multiple years were combined in order to achieve at least 50 respondents.
 ¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
 Note: Graph scaled to 60% to display difference between groups.

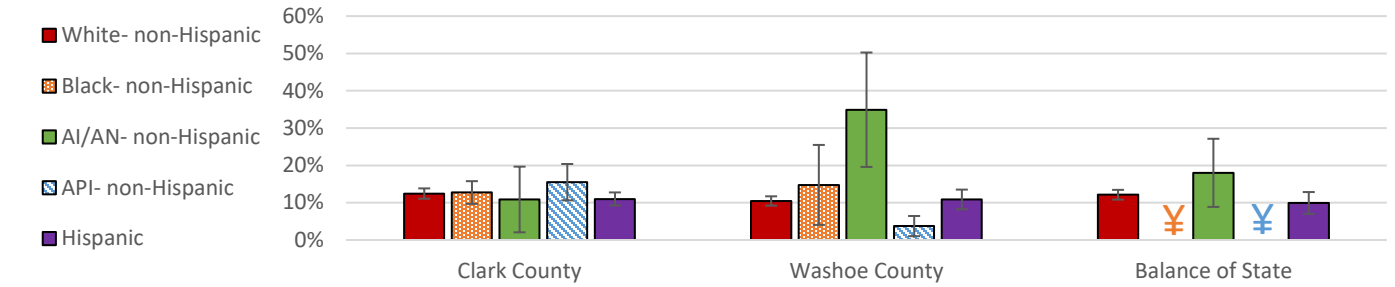
Figure 86. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity, Nevada, 2019



Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	12.0% (9.8-14.1)	11.3% (6.0-16.7)	¥	15.2% (4.9-25.5)	11.2% (8.0-14.4)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
 Note: Graph scaled to 40% to display difference between groups.

Figure 87. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions Because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity and Region, 2015-2019 Aggregated



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	12.4% (11.1-13.8)	10.5% (9.2-11.7)	12.1% (10.8-13.4)
Black-non-Hispanic	12.7% (9.7-15.8)	14.8% (4.1-25.5)	¥
AI/AN-non-Hispanic	10.9% (2.1-19.7)	34.9% (4.1-25.5)	18.0% (8.9-27.1)
API-non-Hispanic	15.5% (10.6-20.4)	3.7% (1.0-6.4)	¥
Hispanic	11.0% (9.2-12.7)	10.9% (8.2-13.5)	9.9% (7.0-12.9)

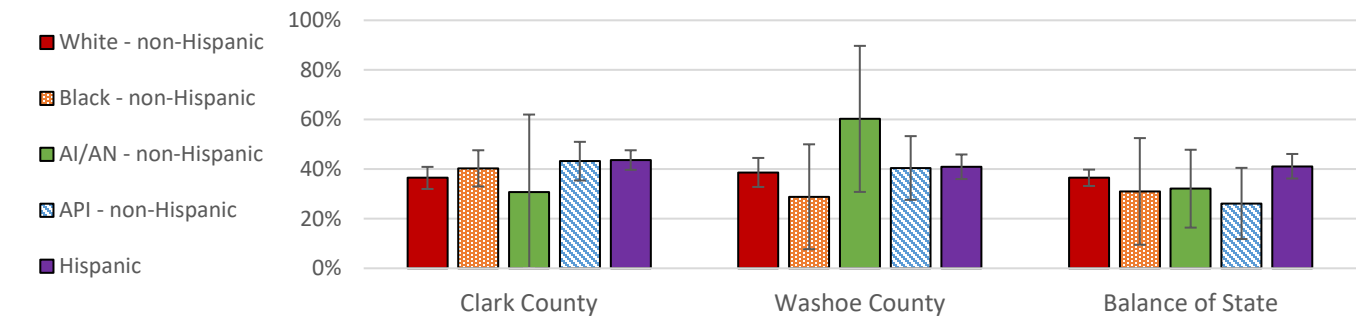
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Multiple years were combined in order to achieve at least 50 respondents.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Note: Graph scaled to 60% to display difference between groups.

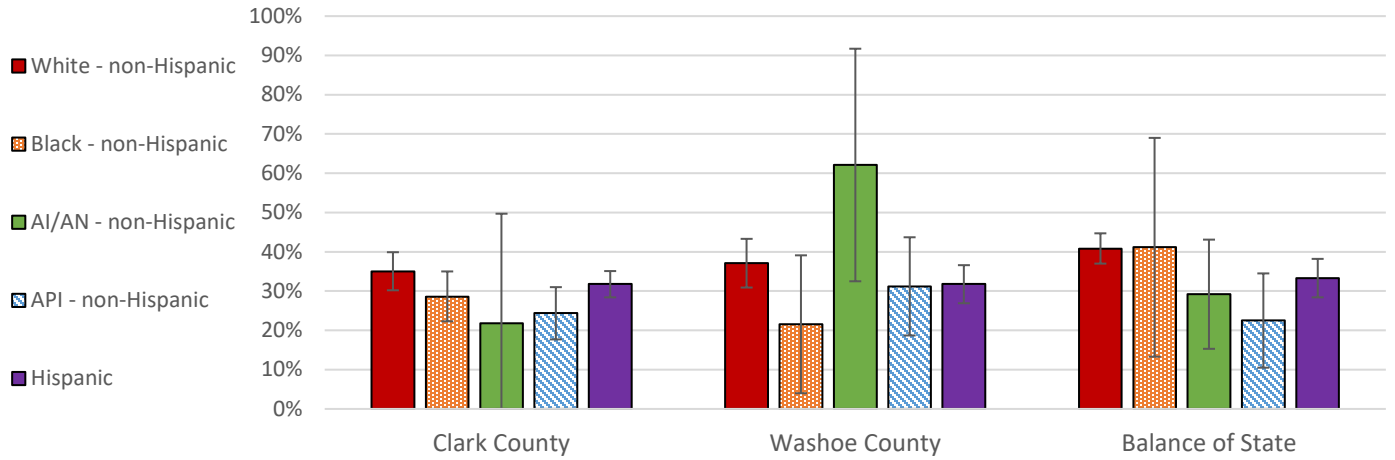
Figure 88. Nevada High School Students Who Felt Sad or Hopeless for Two or More Weeks in the 12 Months Before the Survey - Prevalence by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	36.5% (32.0-40.9)	38.6% (32.8-44.5)	36.5% (33.2-39.8)
Black-non-Hispanic	40.3% (33.0-47.6)	28.8% (7.7-50.0)	31.0% (9.5-52.5)
AI/AN-non-Hispanic	30.7% (0.0-62.0)	60.3% (30.8-89.7)	32.1% (16.4-47.8)
API-non-Hispanic	43.2% (35.4-51.0)	40.4% (27.6-53.3)	26.1% (11.8-40.5)
Hispanic	43.7% (39.7-47.6)	40.9% (36.0-45.9)	41.1% (36.2-46.1)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

Figure 89. Nevada High School Students Who Ever Lived with Someone Who Was Depressed, Mentally Ill, or Suicidal - Prevalence by Race/Ethnicity and Region, 2019



Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	35.0% (30.2-39.9)	37.1% (30.9-43.3)	40.8% (37.0-44.7)
Black-non-Hispanic	28.6% (22.3-35.0)	21.6% (4.0-39.1)	41.2% (13.3-69.0)
AI/AN-non-Hispanic	21.8% (0.0-49.7)	62.1% (32.5-91.7)	29.2% (15.3-43.1)
API-non-Hispanic	24.4% (17.7-31.0)	31.2% (18.7-43.7)	22.5% (10.5-34.5)
Hispanic	31.8% (28.4-35.1)	31.8% (26.9-36.6)	33.3% (28.4-38.2)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

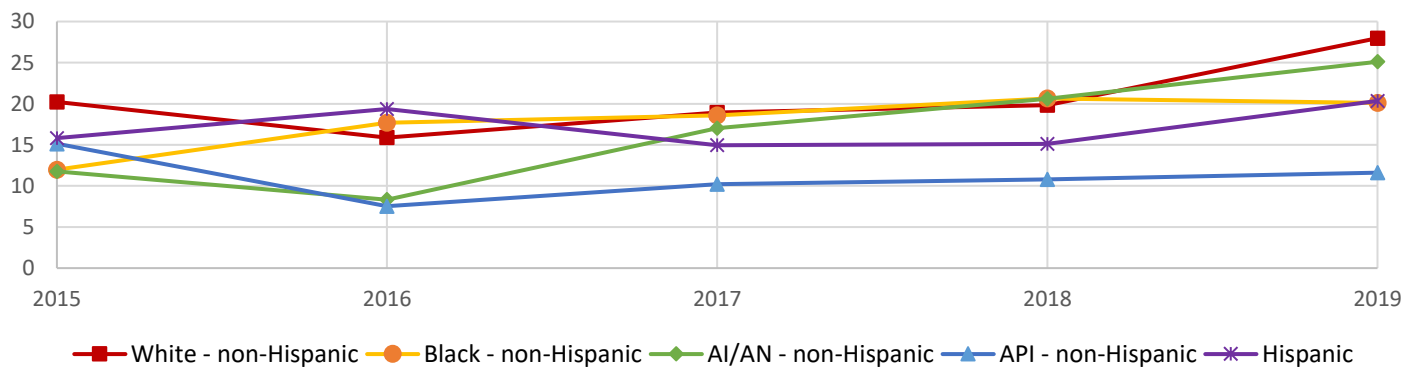
Communicable Disease

Communicable diseases are illnesses caused by an infectious agent or toxin through direct or indirect transmission via animal, vector, or the environment [40]. The CDC's National Notifiable Disease Surveillance System (NNDSS) works to monitor, control, and prevent about 120 different diseases to protect the public from contagious outbreaks and health threats [41].

Significant Findings:

- In 2019, White-non-Hispanic populations (28.0 per 100,000) and Black-non-Hispanic populations (20.1 per 100,000) had significantly higher rates of enteric disease than Asian/Pacific Islander-non-Hispanic populations (11.6 per 100,000) (Figure 90.).
- White-non-Hispanic populations (32.8 per 100,000) and American Indian/Alaska Native-non-Hispanic populations (39.5 per 100,000) in Washoe County had significantly higher rates of enteric disease than their respective race/ethnicity groups in Clark County and the Balance of State (Figure 91.).
- In 2019, Asian/Pacific Islander-non-Hispanic populations (11.6 per 100,000) had significantly higher rates of respiratory disease than White-non-Hispanic populations (3.0 per 100,000) and Hispanic populations (4.4 per 100,000) (Figure 92).
- White-non-Hispanic populations in Clark County (4.8 per 100,000) had significantly higher rates of respiratory disease than White-non-Hispanic populations in Washoe County (2.7 per 100,000) and the Balance of State (0.3 per 100,000) (Figure 93).
- In 2019, White-non-Hispanic populations (23.8 per 100,000) had significantly higher rates of vaccine preventable disease than American Indian/Alaska Native-non-Hispanic (7.7 per 100,000), Asian/Pacific Islander-non-Hispanic (7.9 per 100,000) and Hispanic (7.3 per 100,000) populations (Figure 94).

Figure 90. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019

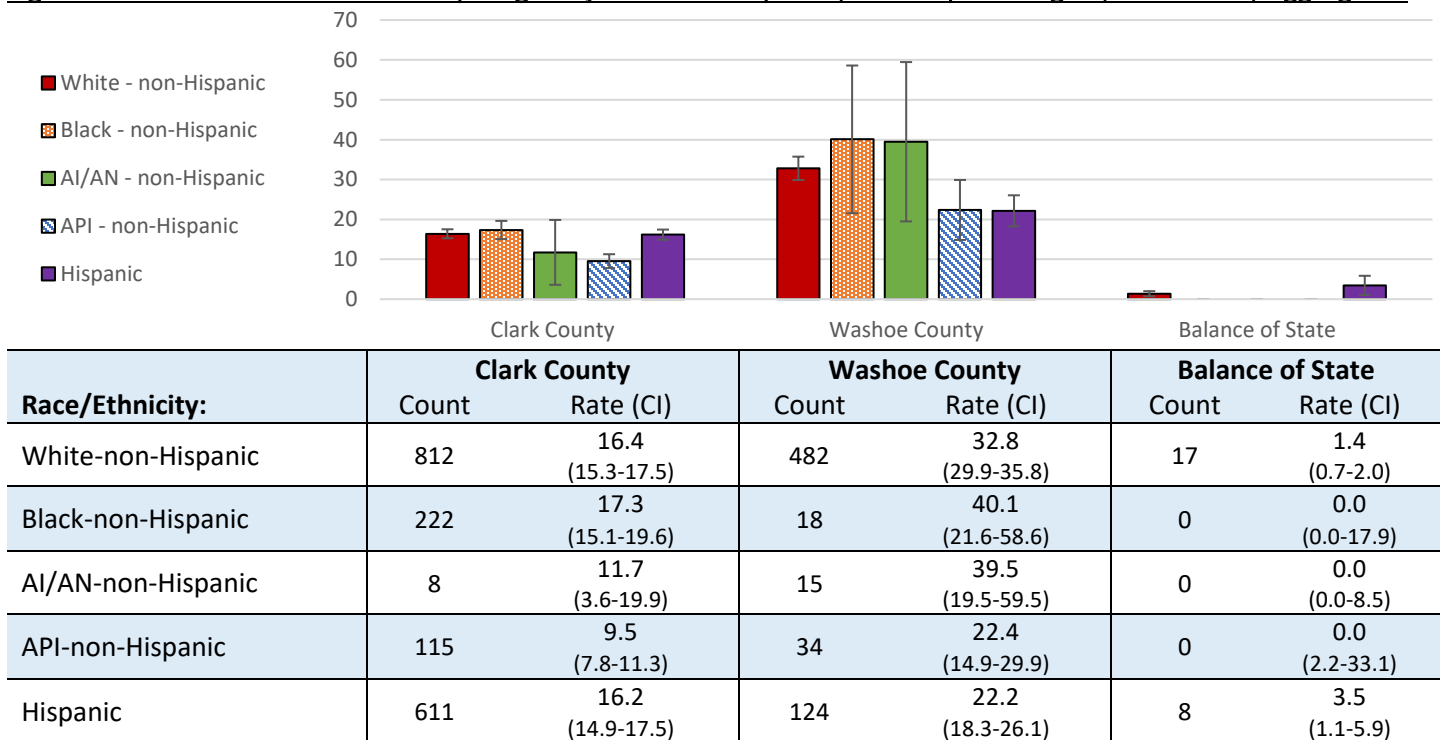


Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	432	28.0 (25.3-30.6)	57	20.1 (14.9-25.3)	9	25.1 (8.7-41.5)	34	11.6 (7.7-15.5)	194	20.3 (17.5-23.2)
2018	317	19.8 (17.6-22.0)	58	20.6 (15.3-25.9)	7	20.6 (5.3-35.9)	31	10.8 (7.0-14.6)	146	15.1 (12.7-17.6)
2017	289	18.9 (16.7-21.1)	51	18.6 (13.5-23.7)	5	17.0 (2.1-32.0)	28	10.2 (6.4-14.0)	135	14.9 (12.4-17.5)
2016	248	15.9 (13.9-17.9)	47	17.7 (12.6-22.7)	3	8.3 (0.0-17.7)	22	7.5 (4.4-10.7)	168	19.3 (16.4-22.3)
2015	302	20.2 (18.0-22.5)	30	12.0 (7.7-16.3)	4	11.8 (0.2-23.3)	38	15.1 (10.3-19.9)	146	15.8 (13.2-18.4)

*Enteric disease includes: amebiasis, botulism, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiasis, diarrheal disease, giardiasis, hemolytic-uremic syndrome (HUS), hepatitis A (acute), hepatitis E, listeriosis, norovirus, salmonellosis, shiga toxin-producing escherichia coli (STEC), shigellosis, typhoid fever, vibrio parahaemolyticus, vibrio nontoxigenic, vibriosis, yersiniosis.

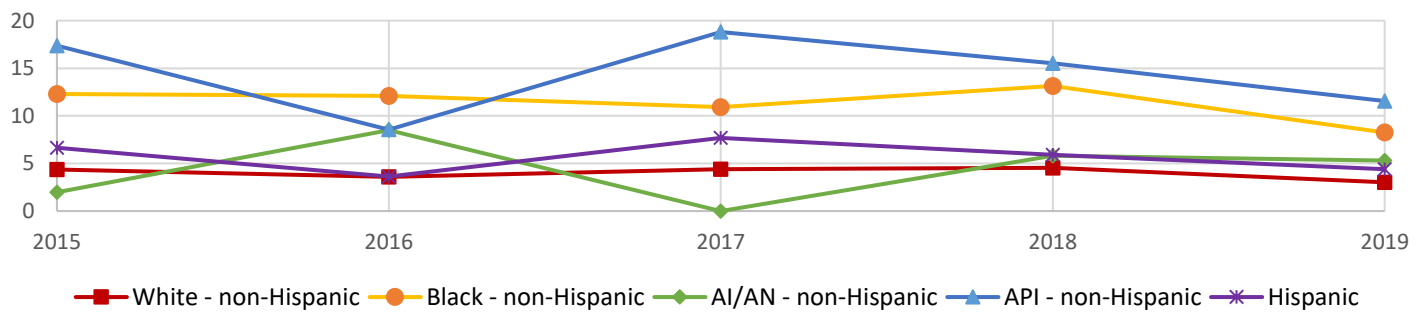
Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

Figure 91. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2015-2019, Aggregated



*Enteric disease includes: amebiasis, botulism, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiasis, diarrheal disease, giardiasis, hemolytic-uremic syndrome (HUS), hepatitis A (acute), hepatitis E, listeriosis, norovirus, salmonellosis, shiga toxin-producing escherichia coli (STEC), shigellosis, typhoid fever, vibrio parahaemolyticus, vibrio nontoxigenic, vibriosis, yersiniosis.
 Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

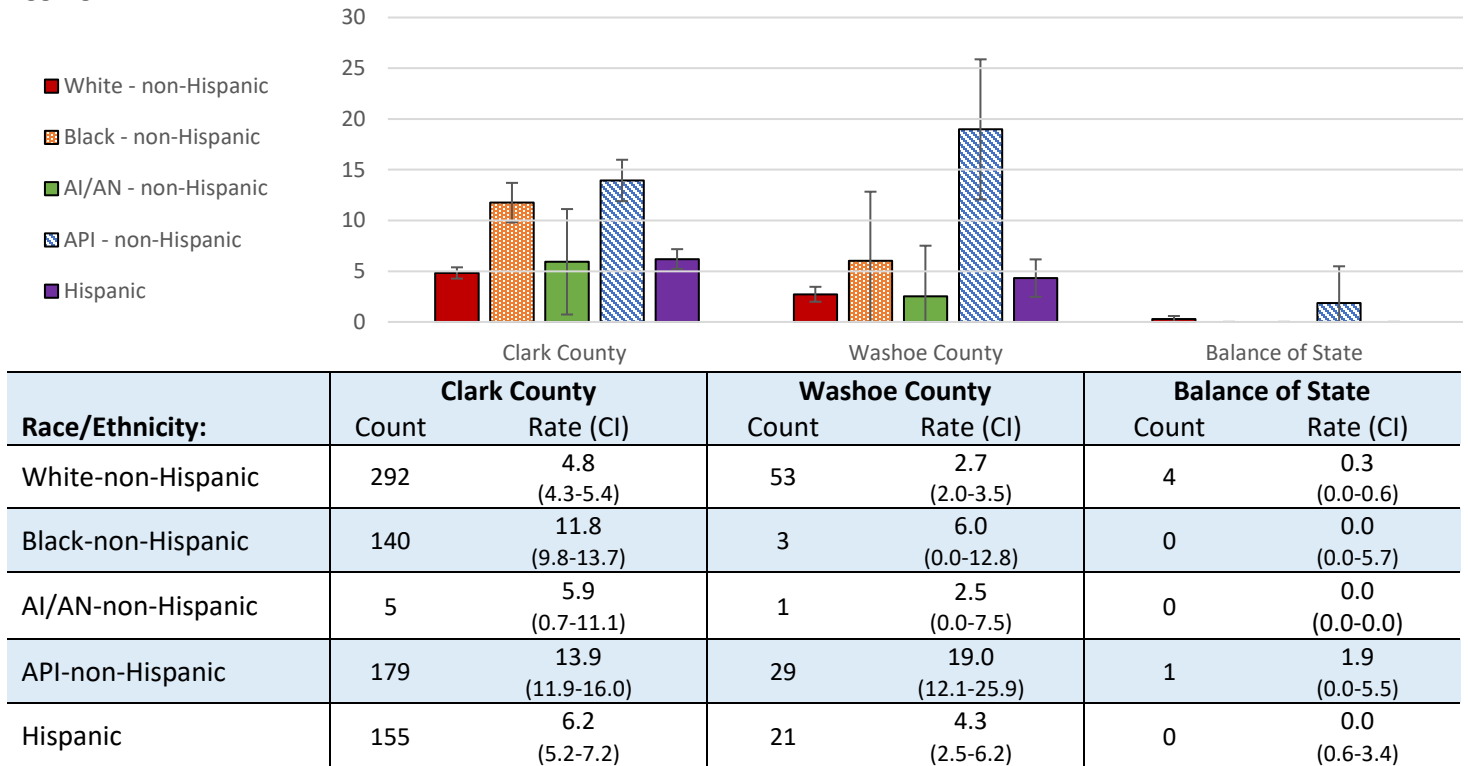
Figure 92. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019



Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	61	3.0 (2.3-3.8)	24	8.3 (4.9-11.6)	2	5.3 (0.0-12.7)	37	11.6 (7.8-15.3)	30	4.4 (2.8-6.0)
2018	80	4.5 (3.5-5.5)	33	13.1 (8.7-17.6)	2	5.8 (0.0-13.9)	50	15.5 (11.2-19.8)	40	5.9 (4.1-7.8)
2017	86	4.4 (3.5-5.3)	28	10.9 (6.9-15.0)	0	0.0 (0.0-5.9)	56	18.8 (13.9-23.7)	48	7.7 (5.5-9.9)
2016	70	3.6 (2.7-4.4)	30	12.1 (7.8-16.4)	3	8.5 (0.0-18.1)	22	8.6 (5.0-12.1)	28	3.6 (2.3-5.0)
2015	82	4.4 (3.4-5.3)	29	12.3 (7.8-16.8)	1	2.0 (0.0-5.9)	47	17.4 (12.4-22.3)	34	6.7 (4.4-8.9)

*Respiratory disease includes: coccidioidomycosis, legionellosis, psittacosis, tuberculosis.
 Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

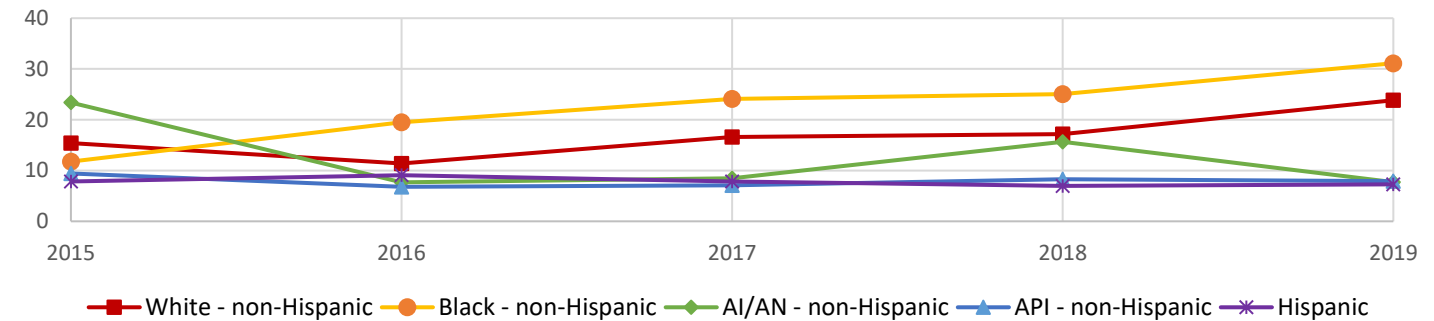
Figure 93. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2015-2019, Aggregated



*Respiratory disease includes: *coccidioidomycosis, legionellosis, psittacosis, tuberculosis.*

Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

Figure 94. Vaccine Preventable* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2015-2019

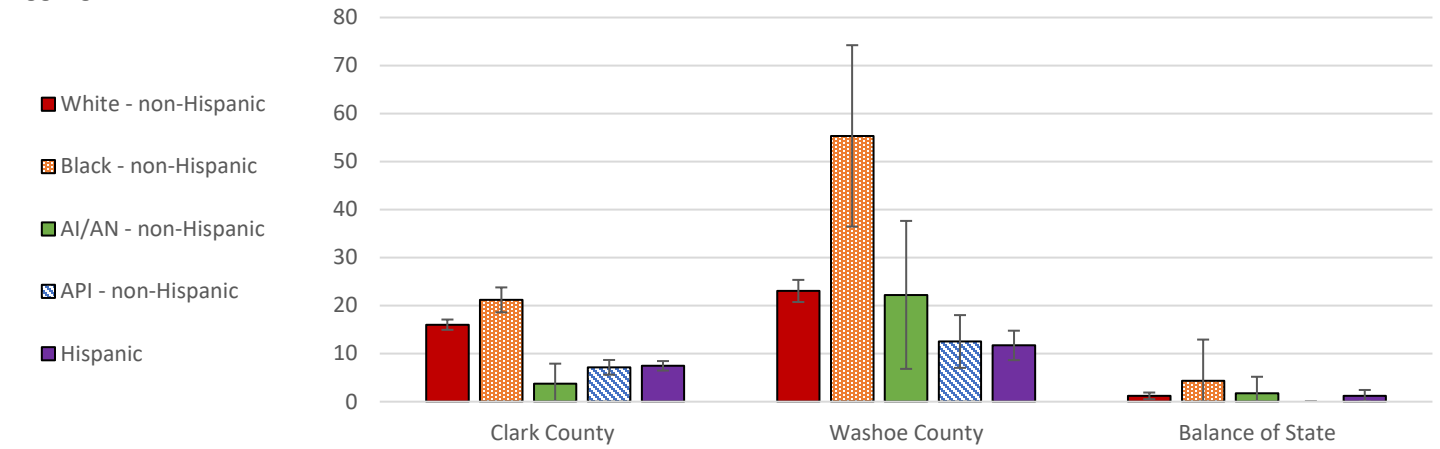


Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2019	401	23.8 (21.5-26.2)	84	31.1 (24.5-37.8)	3	7.7 (0.0-16.5)	24	7.9 (4.7-11.0)	64	7.3 (5.5-9.0)
2018	292	17.2 (15.2-19.2)	66	25.1 (19.0-31.1)	6	15.7 (3.1-28.2)	24	8.3 (5.0-11.6)	60	7.0 (5.2-8.7)
2017	273	16.6 (14.7-18.6)	66	24.1 (18.3-30.0)	3	8.5 (0.0-18.1)	19	7.1 (3.9-10.3)	50	7.8 (5.7-10.0)
2016	203	11.4 (9.8-13.0)	49	19.5 (14.1-25.0)	3	7.7 (0.0-16.4)	18	6.8 (3.7-9.9)	57	9.1 (6.7-11.4)
2015	240	15.4 (13.5-17.4)	27	11.8 (7.3-16.2)	7	23.4 (6.1-40.7)	22	9.4 (5.5-13.4)	60	7.8 (5.9-9.8)

*Vaccine preventable disease includes: *haemophilus influenzae, hepatitis B (acute), hepatitis B virus infection perinatal, hepatitis C, hepatitis delta, invasive pneumococcal disease, measles, meningococcal disease, mumps, pertussis, tetanus, varicella.*

Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

Figure 95. Vaccine Preventable* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2015-2019, Aggregated



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	860	16.0 (15.0-17.1)	385	23.1 (20.8-25.4)	12	1.2 (0.5-1.9)
Black-non-Hispanic	256	21.2 (18.6-23.8)	33	55.3 (36.5-74.2)	1	4.4 (0.0-12.9)
AI/AN-non-Hispanic	3	3.7 (0.0-7.9)	8	22.2 (6.8-37.6)	1	1.8 (0.0-5.2)
API-non-Hispanic	83	7.1 (5.6-8.7)	20	12.5 (7.0-18.0)	0	0.0 (0.2-24.6)
Hispanic	219	7.5 (6.5-8.5)	56	11.7 (8.6-14.8)	4	1.2 (0.0-2.4)

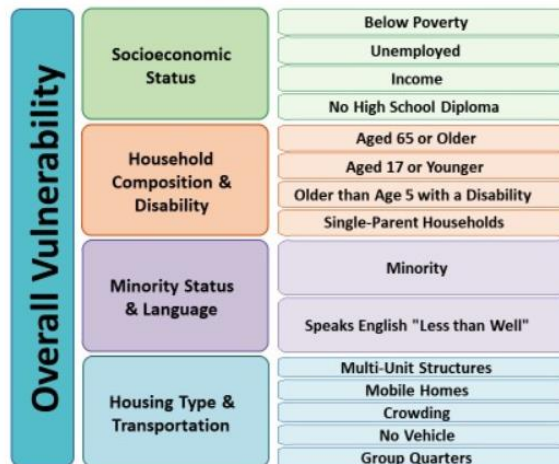
*Vaccine preventable disease includes: *haemophilus influenzae*, *hepatitis B (acute)*, *hepatitis B virus infection perinatal*, *hepatitis C*, *hepatitis delta*, *invasive pneumococcal disease*, *measles*, *meningococcal disease*, *mumps*, *pertussis*, *tetanus*, *varicella*.

Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and National Electronic Disease Surveillance System (NEDSS) Based System (NBS).

Vulnerability and Health Equity

Health equity in a community “means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care” [42]. Health equity and vulnerability are influenced by social determinants of health such as income, education, disabilities and living conditions. The differences in these social determinants are often a result of policies and social norms and can be more influential than health care or lifestyle [43].

The following maps were generated using the Centers for Disease Control and Prevention (CDC) Social Vulnerability Index. The CDC gathers data on the fifteen indicators below and groups them into four categories – socioeconomic status, household composition and disability, minority status and language, and household type and transportation. The methodology and explanations of the rankings can be found on the CDC SVI documentation website [44]. Customized and interactive maps can be developed by entering an address at *The Social Vulnerability Index (SVI): Interactive Map | CDC*. These interactive maps allows the user to find the vulnerability level at a specific address and see the scores for each theme listed below. The SVI interactive maps can be found at the following web address: <https://svi.cdc.gov/map.html>.



Each of the five sections below include six maps. The first map displays the vulnerability by census tract for each theme. The other five maps display the population density by race for each census tract. Comparing these maps with the vulnerability map allows for conclusions to be drawn between each race and their vulnerability level in Nevada. The vulnerability map shows what areas in Nevada have higher or lower, and can be compared to the other maps to conclude what the vulnerability level is in a particular part of the state and what the racial composition is of that area.

Significant Findings:

- In 2018, Washoe County had low vulnerability for all themes except for housing type and transportation.
- Most census tracts in Nevada had lower vulnerability for minority status and language, but higher vulnerability for household composition and disability and housing type and transportation.

Figure 96. Socioeconomic Status by Census Tract, 2018

Socioeconomic status of a community considers poverty, unemployment, income, and those without a high school diploma. Portions of Clark, Douglas, Elko, Lyon, Mineral, and Nye counties have the highest socioeconomic vulnerability. Every census tract in Eureka and Storey counties have the lowest vulnerability.

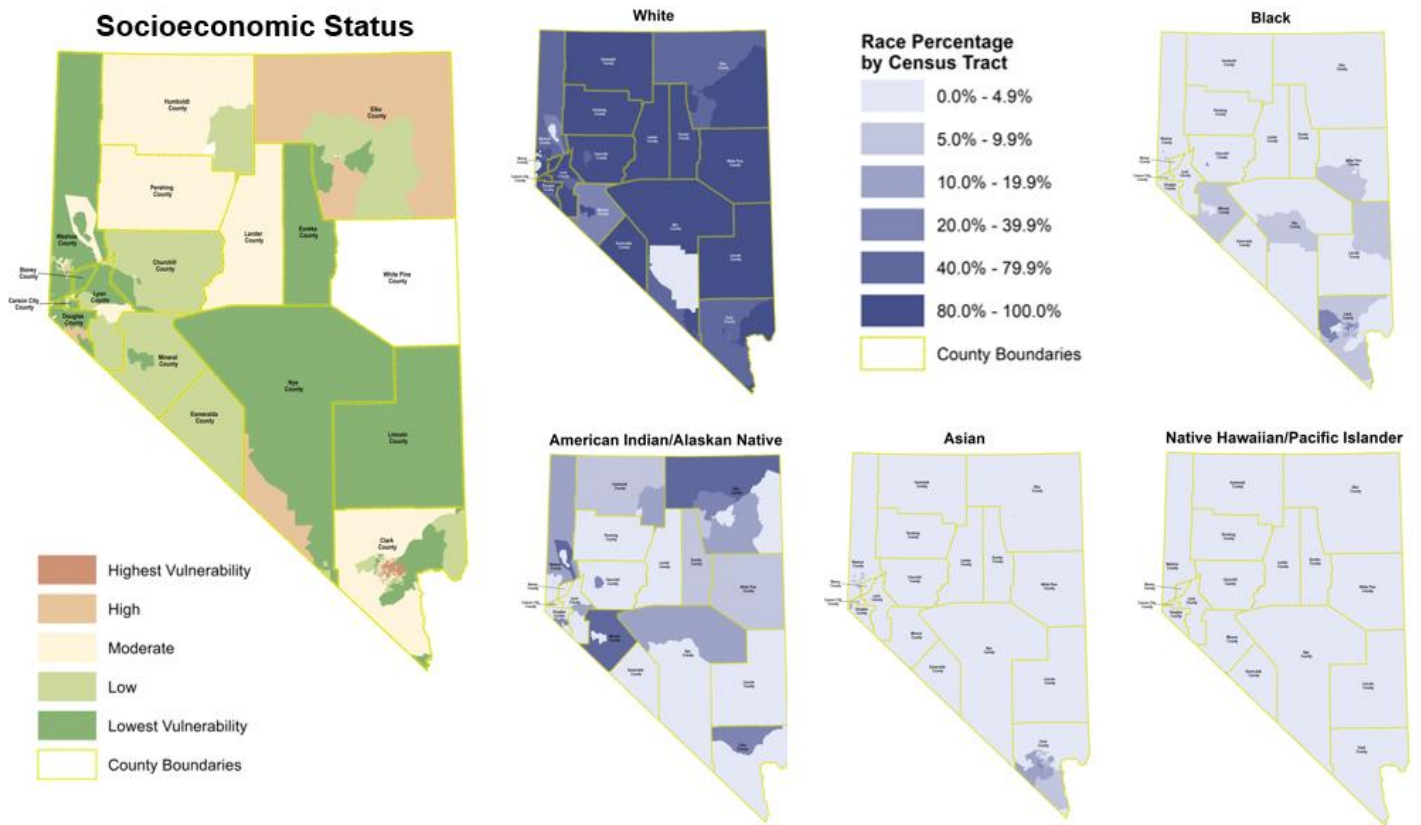


Figure 97. Household Composition and Disability by Census Tract, 2018

Household composition and disability looks at the population of a community that is 65 years of age and older, 17 years of age and younger, older than age 5 with a disability, and single-parent households. Every county except for Esmeralda, Pershing, and Storey counties have a portion that are the highest vulnerability level. All of Lander County and most of Mineral County have the highest vulnerability, whereas the majority of Clark, Nye, and Washoe counties have the lowest vulnerability.

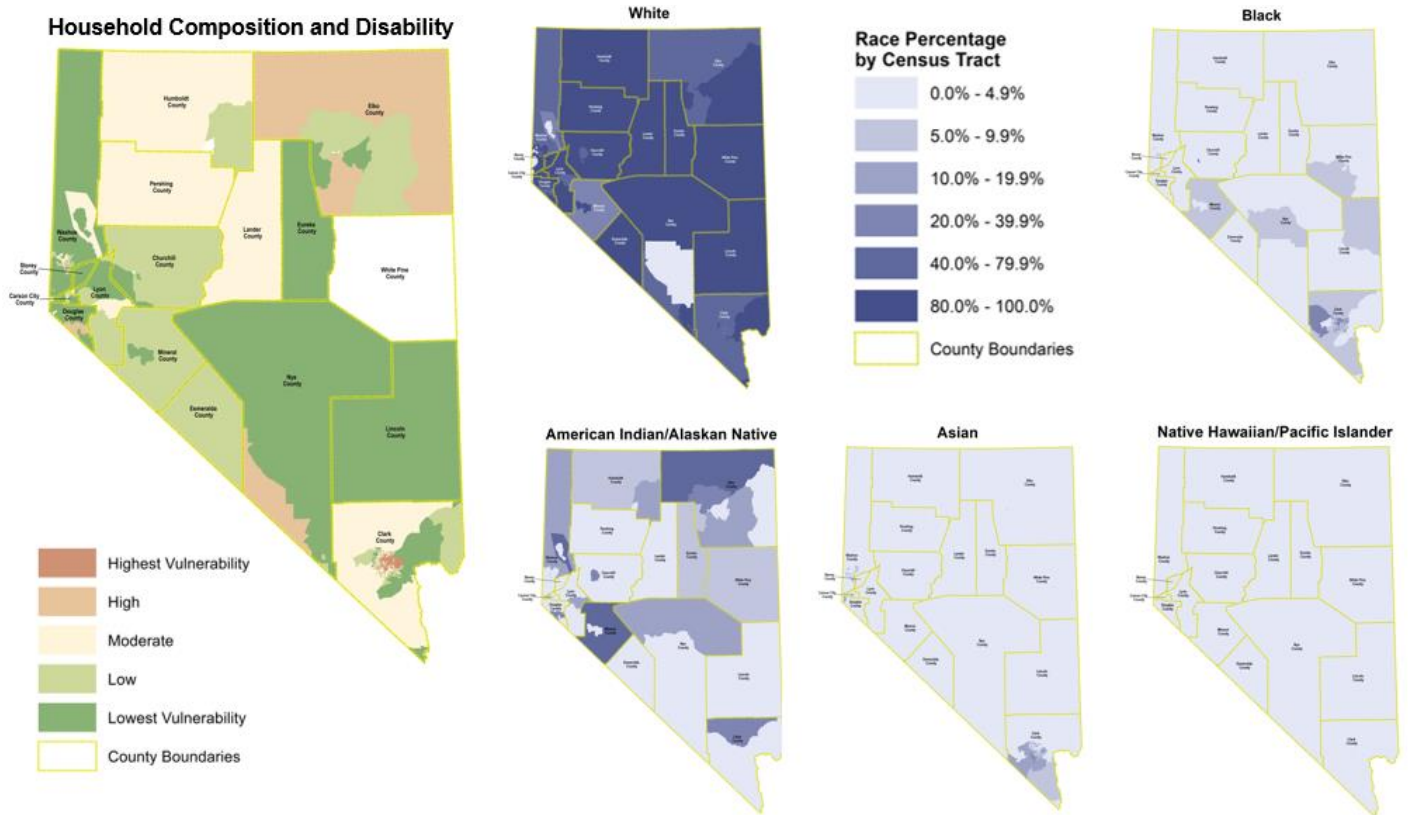


Figure 98. Minority Status and Language by Census Tract, 2018

Minority status and language consists of the racial minority population of a community and those that speak English “less than well.” Census tracts in Eureka, Lincoln, Nye, Washoe, and White Pine counties are almost entirely composed of the lowest vulnerability. Almost every census tract with the highest vulnerability is in Clark County, other than a few in Washoe County.

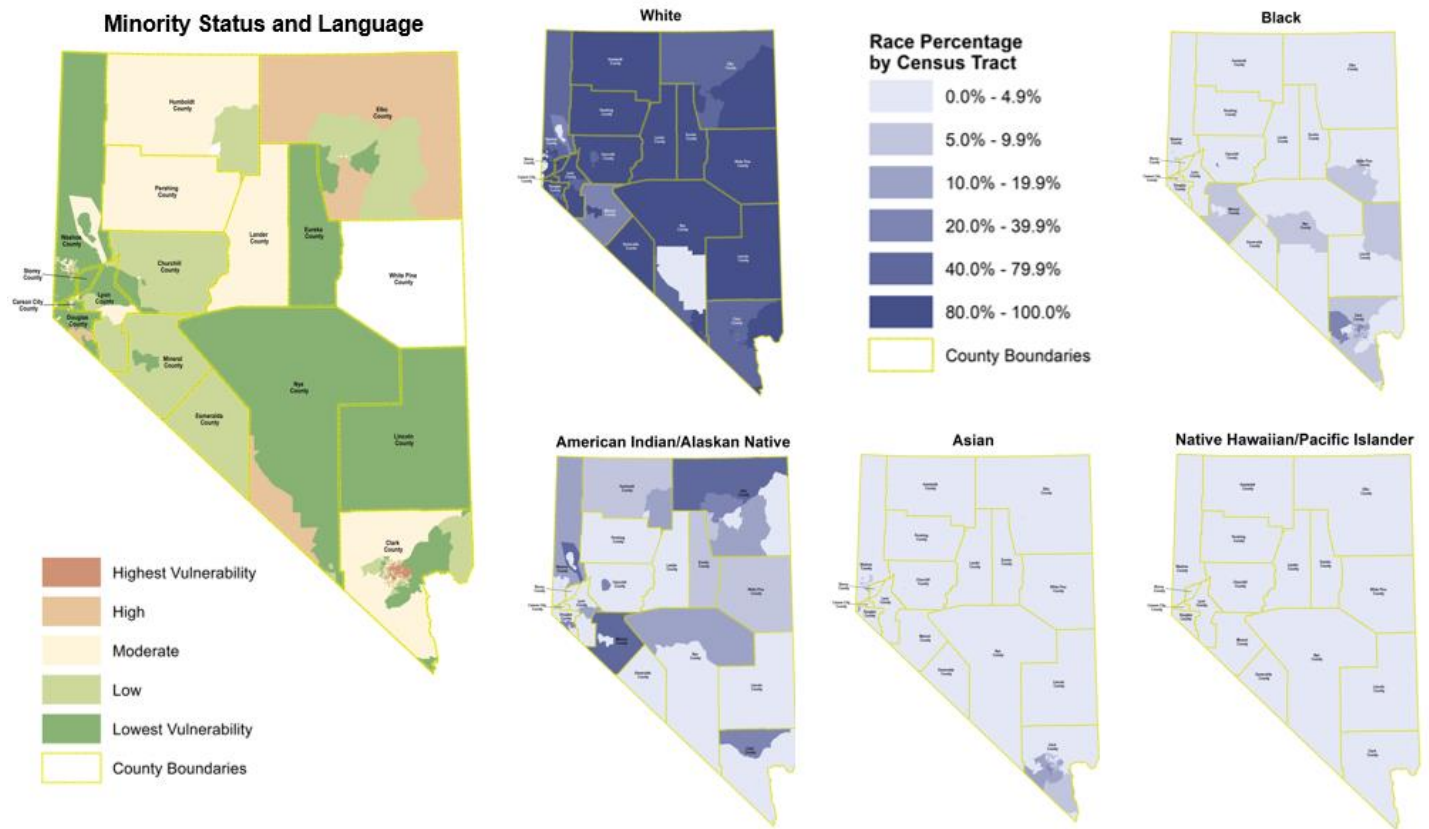


Figure 99. Housing Type and Transportation by Census Tract, 2018

Housing type and transportation is made up of multiunit structures, mobile homes, crowding, those with no vehicle, and group quarters. Esmeralda, Lander, and Pershing counties consist entirely of census tracts with the highest vulnerability. Nye County has the highest area of all counties with census tracts that have the lowest vulnerability.

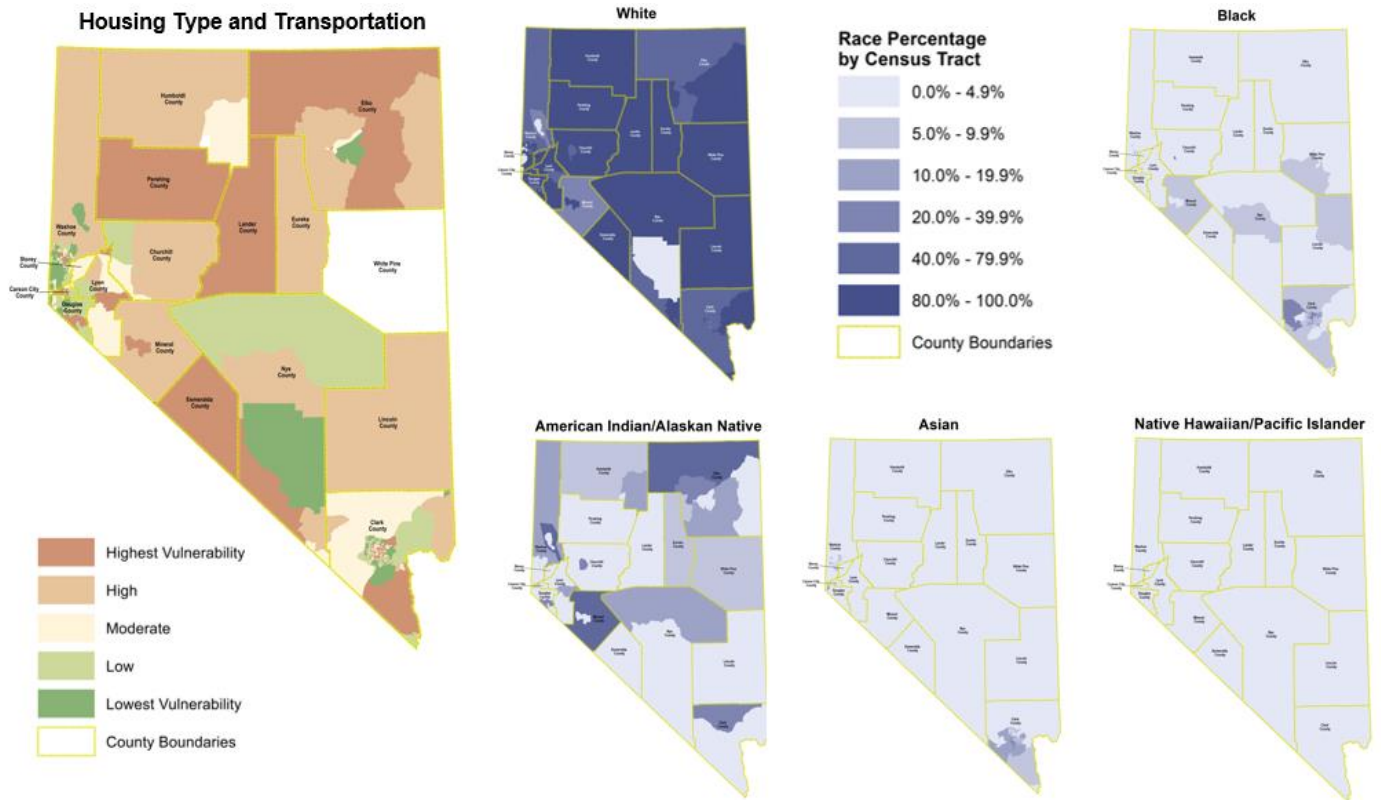
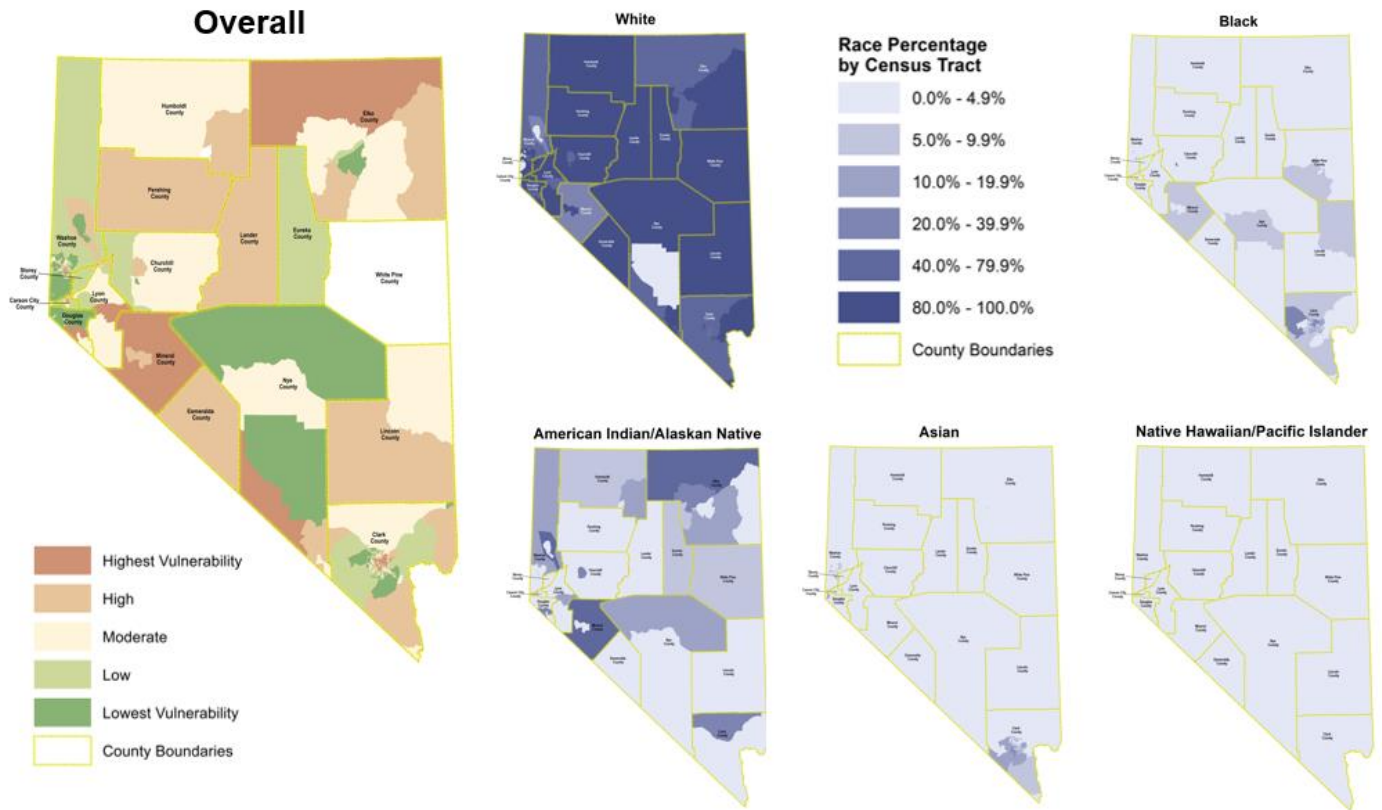


Figure 100. Overall Vulnerability by Census Tract, 2018

The overall vulnerability of a community is determined by the level of vulnerability of a community for each of the previous indicators – socioeconomic status, household composition, minority status and language, and housing type and transportation. Overall, Nye County has the highest area of census tracts with the lowest vulnerability and Mineral County has the highest area of census tracts with the highest vulnerability.



Sexual Orientation and Gender Identity and Expression (SOGIE)

Sexual orientation and gender identity and expression data are collected to know more about health outcomes and disparities for the lesbian, gay, bisexual, transgender, queer (LGBTQ+) population. National data suggests that LGBTQ+ people suffer from high rates of co-morbidity, depression, and lack of health care coverage. 2021 is the first year sexual orientation and gender identity data have been included in the Minority Health Report. These observations reflect the responses of those that participated in the Nevada Behavioral Risk Factor Surveillance System (BRFSS) and chose to disclose information, and therefore no assumptions can be made that these data reflect the entire state. As with the introduction of any new indicator, communities representing the targeted demographic must be made comfortable with participation and collection methodologies refined in order to achieve maximum response rates. Collection of SOGIE data is in the early stages, however this is a much needed step in the right direction. Differences in methodologies may bring about different results which can in part be attributable to the roll out of SOGIE collection meeting certain resistance, as did the initial rollout of racial reporting in the late '80's early '90's. Nevada will continue collecting and/or sourcing this data in order to have more robust information to report in the future. Respondents were asked "Which of the following best represents how you think of yourself?" with the following options: lesbian or gay, straight, that is, not gay, bisexual, or something else. Responses of "something else" were excluded from the analysis due to a low response rate.

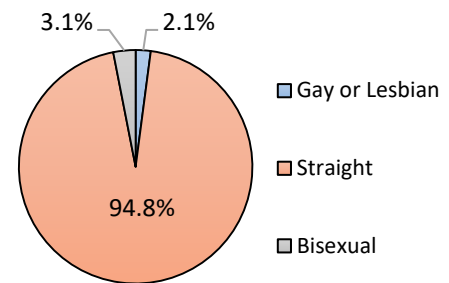
Significant Findings:

- In 2018, a significantly lower percent of the bisexual populations and gay/lesbian populations had less than high school education compared to all other levels of education (Figure 105.).
- In 2018, the majority of the bisexual population (51.6%) had an annual income greater than \$50,000 (Figure 106.).
- A significantly larger portion of the bisexual population had thoughts of suicide and depression (12.3% and 36.6%, respectively) compared to the straight population (3.4% and 15.7%, respectively) (Figure 108. and Figure 109.).
- The bisexual population and gay/lesbian population were at significantly higher risk of HIV (25.3% and 17.9%, respectively) compared to the straight population (5.3%) in 2018 (Figure 113.).
- The straight population had significantly higher prevalence of heart attack (7.0%) compared to the bisexual population (2.4%) (Figure 117.).

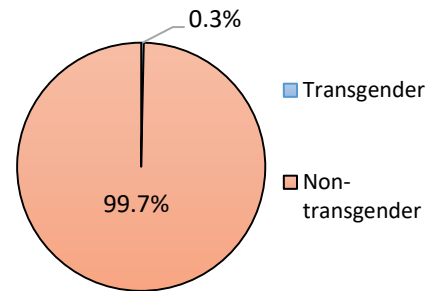
Population Distribution

Figure 101: Population Distribution – Percentages by Sexual Orientation and Gender Identity, Nevada, 2018

Sexual Orientation:	Count	Percent of Total
Bisexual	83	3.1% (1.5-2.6)
Gay or Lesbian	56	2.1% (94.0-95.7)
Straight	2,555	94.8% (2.4-3.7)
Total	2,694	100.0%



Gender Identity:	Count	Percent of Total
Transgender	9	0.3% (0.1-0.5)
Non-transgender	2,684	99.7% (99.4-99.9)
Total	2,693	100.0%



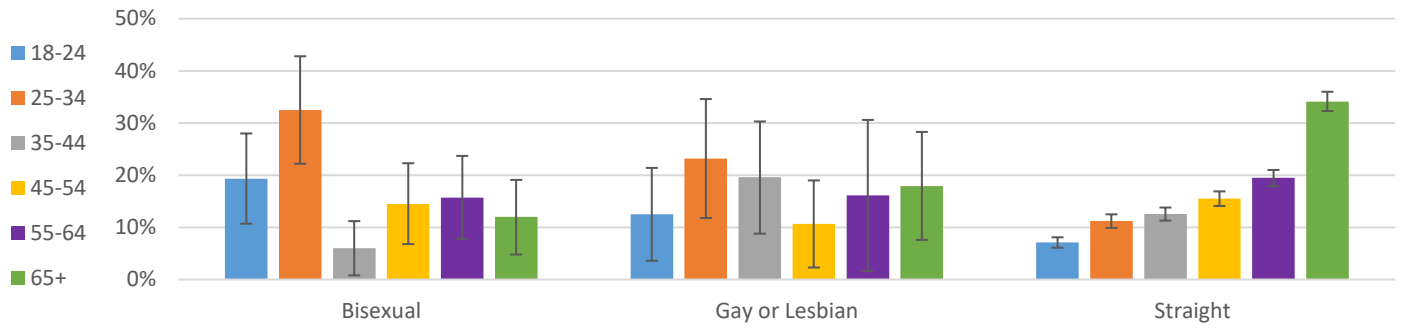
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Figure 102: Population Distribution – Sexual Orientation by Gender, Nevada, 2018



Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Figure 103: Population Distribution – Sexual Orientation by Age Groups, Nevada, 2018



Age:	Bisexual	Gay or Lesbian	Straight
18-24	19.3% (10.6-27.9)	12.5% (3.6-21.4)	7.1% (6.1-8.1)
25-34	32.5% (22.2-42.8)	23.2% (11.8-34.6)	11.2% (9.9-12.4)
35-44	6.0% (0.8-11.2)	19.6% (8.9-30.4)	12.6% (11.4-13.9)
45-54	14.5% (6.7-22.2)	10.7% (2.4-19.1)	15.5% (14.1-16.9)
55-64	15.7% (7.7-23.6)	16.1% (6.1-26.0)	19.5% (18.0-21.1)
65+	12.0% (4.9-19.2)	17.9% (7.5-28.2)	34.1% (32.2-35.9)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Note: Graph scaled to 50% to display difference between groups.

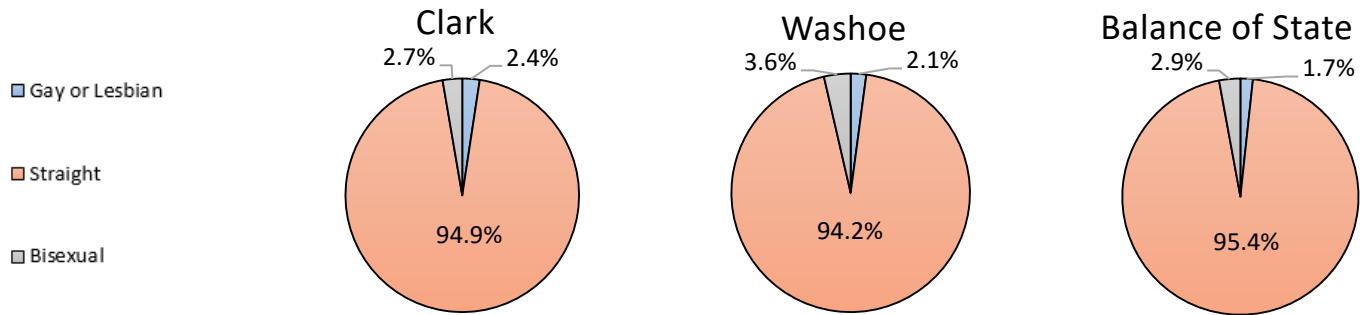
Table 12: Population Distribution – Sexual Orientation by Race/Ethnicity, Nevada, 2018

Race:	Bisexual	Gay/Lesbian	Straight
White - non-Hispanic	72.5% (62.5-82.5)	66.1% (53.3-78.9)	63.9% (67.4-71.1)
Black - non-Hispanic	¥	12.5% (3.6 -21.4)	3.9% (3.1-4.6)
AI/AN - non-Hispanic	0.0%	¥	1.5% (1.0-2.0)
API - non-Hispanic	¥	¥	3.2% (2.5-3.9)
Hispanic	13.8% (6.0-21.5)	14.3% (4.8-23.7)	16.7% (15.2-18.1)
All Other	8.8% (2.4-15.1)	3.6% (0.0-8.6)	5.5% (4.6-6.4)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

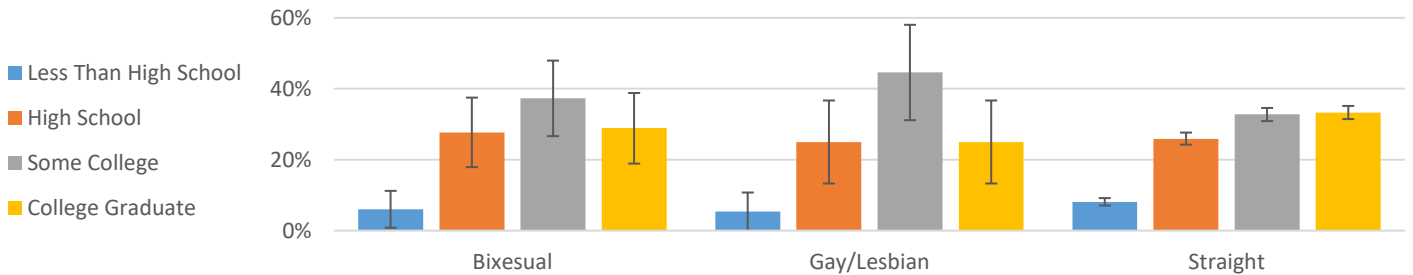
Figure 104: Population Distribution – Sexual Orientation by County, Nevada, 2018



Sexual Orientation:	Clark	Washoe	Balance of State
Bisexual	2.7% (1.6-3.7)	3.6% (2.4-4.8)	2.9% (1.7-4.0)
Gay or Lesbian	2.4% (1.4-3.35)	2.1% (1.2-3.1)	1.7% (0.8-2.6)
Straight	94.9% (93.5-96.3)	94.2% (92.7-95.7)	95.4% (94.0-96.8)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Figure 105: Population Distribution – Sexual Orientation by Level of Education, Nevada, 2018

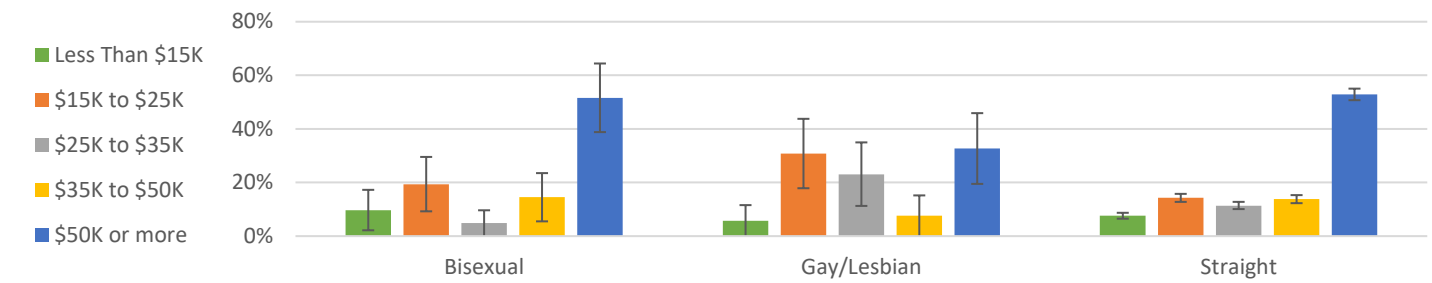


Levels of Education:	Bisexual	Gay/Lesbian	Straight
Less Than High School	6.0% (0.8-11.2)	5.4% (0.0-11.4)	8.1% (7.0-9.1)
High School	27.7% (17.9-37.5)	25.0% (13.3-36.7)	25.9% (24.1-27.5)
Some College	37.3% (26.7-48.0)	44.6% (31.2-58.1)	32.8% (31.0-34.7)
College Graduate	28.9% (19.0-38.9)	25.0% (13.3-36.7)	33.3% (31.4-35.1)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Note: Graph scaled to 60% to display difference between groups.

Figure 106: Population Distribution – Sexual Orientation by Annual Income, Nevada, 2018

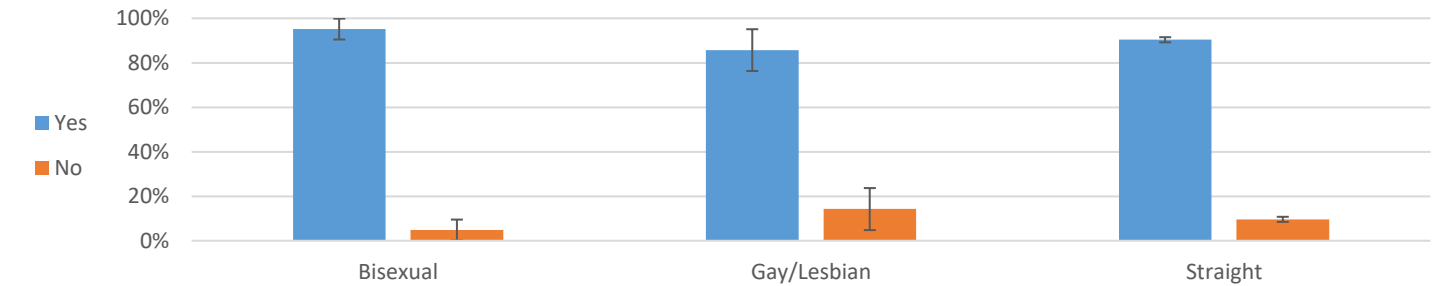


Income Level:	Bisexual	Gay/Lesbian	Straight
Less Than \$15K	9.7% (2.1-17.2)	5.8% (0.0-12.3)	7.6% (6.5-8.7)
\$15K to \$25K	19.4% (9.2-29.5)	30.8% (17.8-43.7)	14.3% (12.8-15.8)
\$25K to \$35K	4.8% (0.0-10.3)	23.1% (11.2-34.9)	11.4% (10.0-12.7)
\$35K to \$50K	14.5% (5.5-23.5)	7.7% (0.2-15.8)	13.8% (12.3-15.3)
\$50K or more	51.6% (38.8-64.4)	32.7% (19.5-45.9)	52.9% (50.8-55.1)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Note: Graph scaled to 80% to display difference between groups.

Figure 107: Health Insurance Status by Sexual Orientation, Nevada, 2018



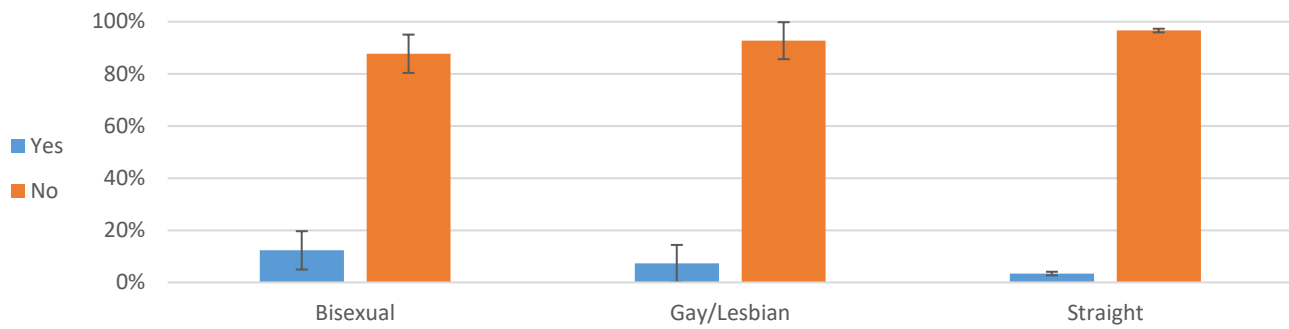
Health Insurance Status:	Bisexual	Gay/Lesbian	Straight
Insured	95.2% (90.5-99.9)	85.7% (76.3-95.1)	90.4% (89.3-91.6)
Uninsured	4.8% (0.1-9.5)	14.3% (4.8-23.7)	9.6% (8.4-10.7)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Health Risk and Behavior

According to the CDC the LGBGTQ+ population is at risk for multiple health threats and disparities associated with social inequalities and are at higher risk compared to their heterosexual peers [45].

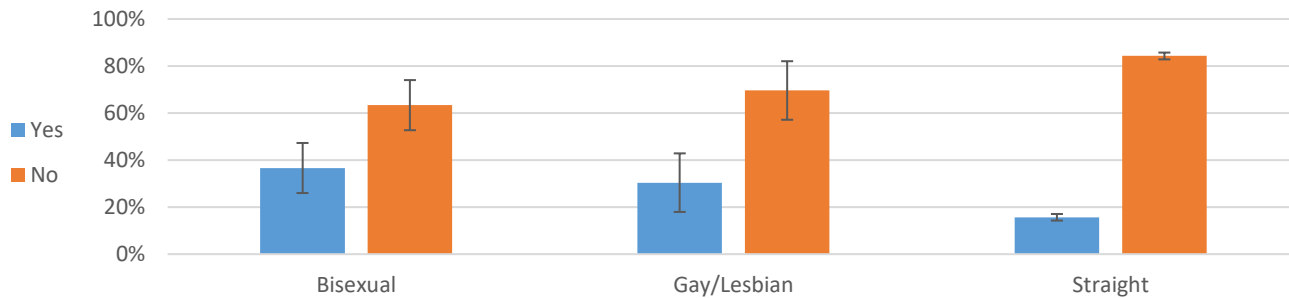
Figure 108: Prevalence of Thoughts of Suicide by Sexual Orientation, Nevada, 2018



Thoughts of Suicide:	Bisexual	Gay/Lesbian	Straight
Yes	12.3% (5.0-19.7)	7.3% (0.2-14.4)	3.4% (2.7-4.1)
No	87.7% (80.3-95.0)	92.7% (85.6-99.8)	96.6% (95.9-97.3)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Figure 109: Prevalence of Depressive Disorder by Sexual Orientation, Nevada, 2018



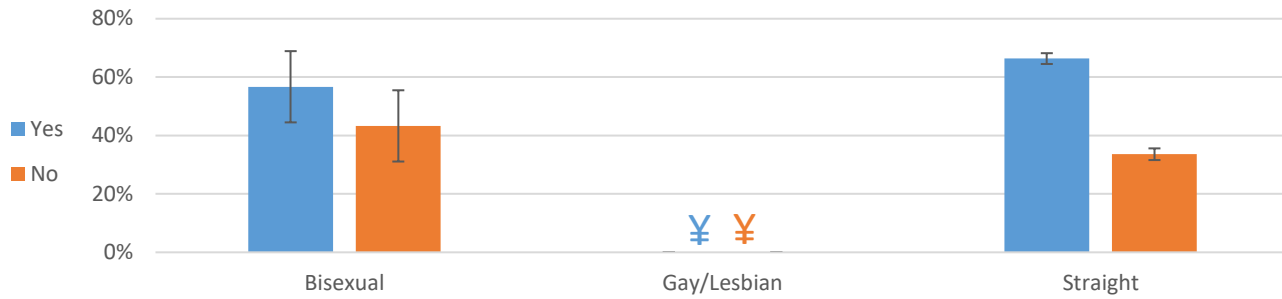
Depressive Disorder:	Bisexual	Gay/Lesbian	Straight
Yes	36.6% (25.9-47.2)	30.4% (17.9-42.8)	15.7% (14.3-17.1)
No	63.4% (52.8-74.1)	69.6% (57.2-82.1)	84.3% (82.9-85.8)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Preventive Health Practice

Stigma and (experienced or perceived) discrimination can influence non-adherence even when preventative health protocols are known. In cases where compliance is attempted but an LGBTQ person is turned away, finding/replacing a health care provider is difficult.

Figure 110: Prevalence of Having a Mammogram or Prostate Cancer Screen by Sexual Orientation, Nevada, 2018



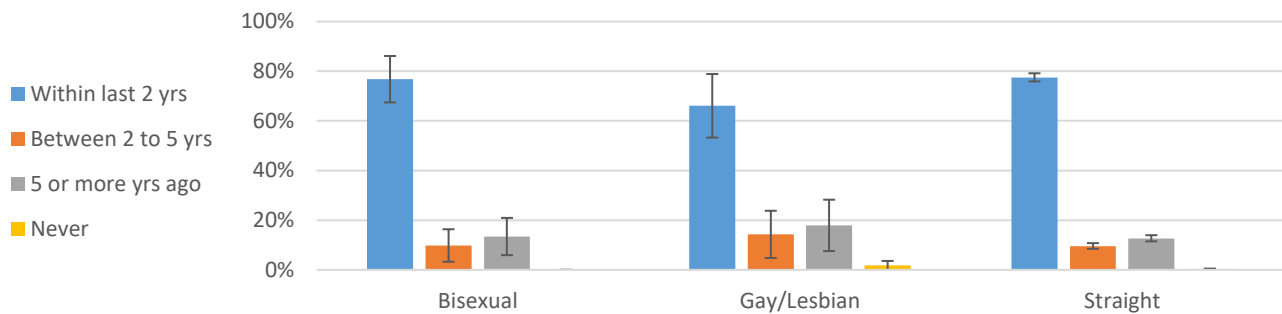
Ever Had Mammogram or Prostate Cancer Screen:	Bisexual	Gay/Lesbian	Straight
Yes	56.7% (44.5-68.9)	¥	66.4% (64.4-68.3)
No	43.3% (31.1-55.5)	¥	33.6% (31.6-35.6)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Note: Graph scaled to 80% to display difference between groups.

¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

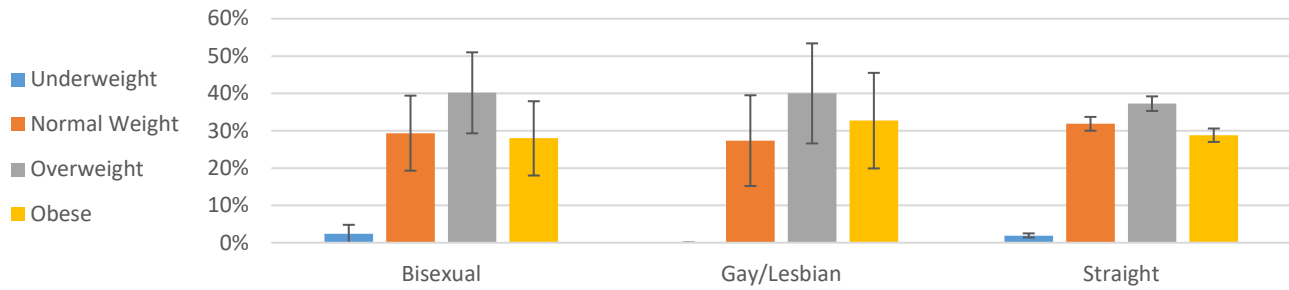
Figure 111: Years Since Last Dental Visit by Sexual Orientation, Nevada, 2018



Last Dental Visit:	Bisexual	Gay/Lesbian	Straight
Within last 2 years	76.8% (67.5-86.2)	66.1% (53.3-78.9)	77.5% (75.8-79.1)
Between 2 to 5 years	9.8% (3.2-16.3)	14.3% (4.8-23.7)	9.6% (8.4-10.7)
5 or more years ago	13.4% (5.9-20.9)	17.9% (7.5-28.2)	12.7% (11.4-13.9)
Never	0.0%	1.8% (0.0-5.4)	0.3% (0.1-0.5)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Figure 112: Body Mass Index by Sexual Orientation, Nevada, 2018

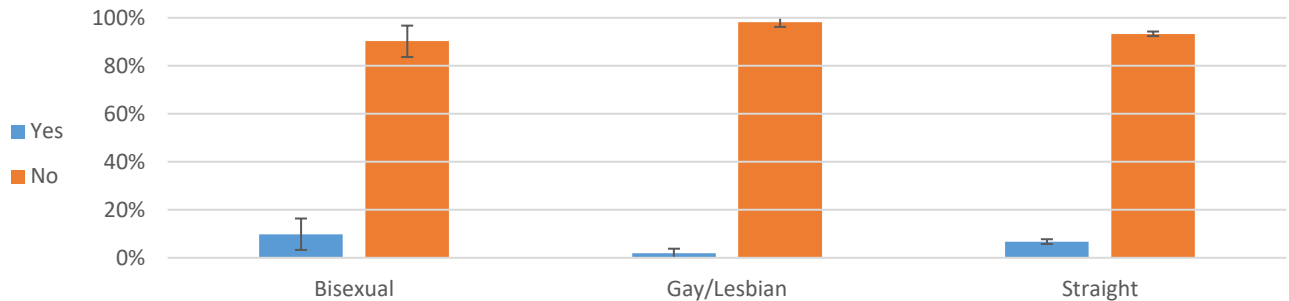


BMI Category:	Bisexual	Gay/Lesbian	Straight
Underweight	2.4% (0.0-5.8)	0.0%	1.9% (1.3-2.4)
Normal Weight	29.3% (19.2-39.3)	27.3% (15.1-39.4)	31.9% (30.1-33.8)
Overweight	40.2% (29.4-51.1)	40.0% (26.6-53.4)	37.3% (35.4-39.3)
Obese	28.0% (18.1-38.0)	32.7% (19.9-45.5)	28.8% (27.0-30.6)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Note: Graph scaled to 60% to display difference between groups.

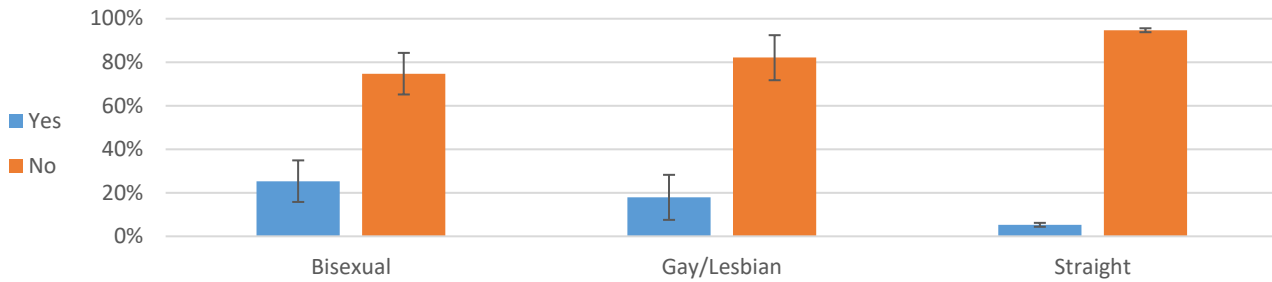
Figure 112: Prevalence of Heavy Drinking by Sexual Orientation, Nevada, 2018



Heavy Drinker:	Bisexual	Gay/Lesbian	Straight
Yes	9.8% (3.2-16.3)	1.9% (0.0-5.7)	6.7% (5.7-7.7)
No	90.2% (83.7-96.8)	98.1% (94.3-100.0)	93.3% (92.3-94.2)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Figure 113: Risk of HIV by Sexual Orientation, Nevada, 2018



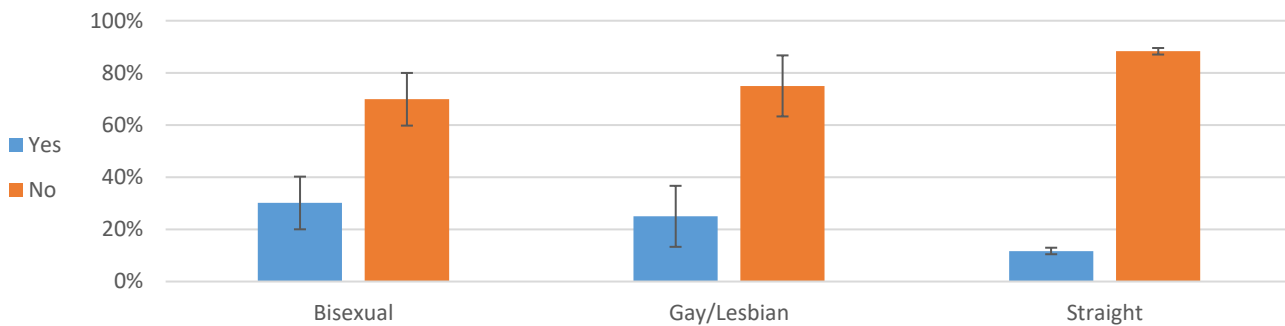
Risk of HIV:	Bisexual	Gay/Lesbian	Straight
Yes	25.3% (15.7-34.8)	17.9% (7.5-28.2)	5.3% (4.4-6.2)
No	74.7% (65.1-84.2)	82.1% (71.8-92.5)	94.7% (93.8-95.6)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Prevalence of Disease

LGBTQ persons experience high rates of smoking, co-morbidity and auto-immune deficiencies associated with Cancer and HIV. A lack of cultural competency in health care settings can make it more difficult for LGBTQ persons to receive or perceive to receive culturally competent care. For individuals who identify as transgender may opt out of accessing care all together due to discrimination and harassment faced by health care providers.

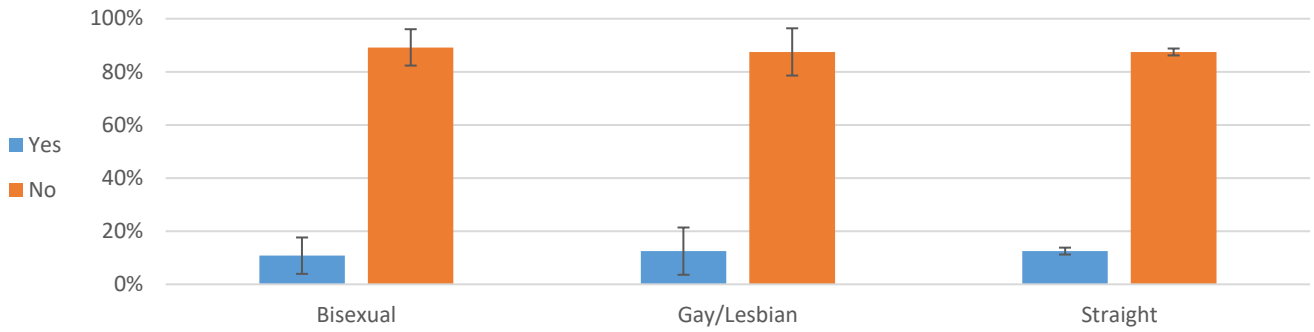
Figure 114: Prevalence of Asthma by Sexual Orientation, Nevada, 2018



Have/Had Asthma:	Bisexual	Gay/Lesbian	Straight
Yes	30.1% (20.0-40.2)	25.0% (13.3-36.7)	11.7% (10.4-12.9)
No	69.9% (59.8-80.0)	75.0% (63.3-86.7)	88.3% (87.1-89.6)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

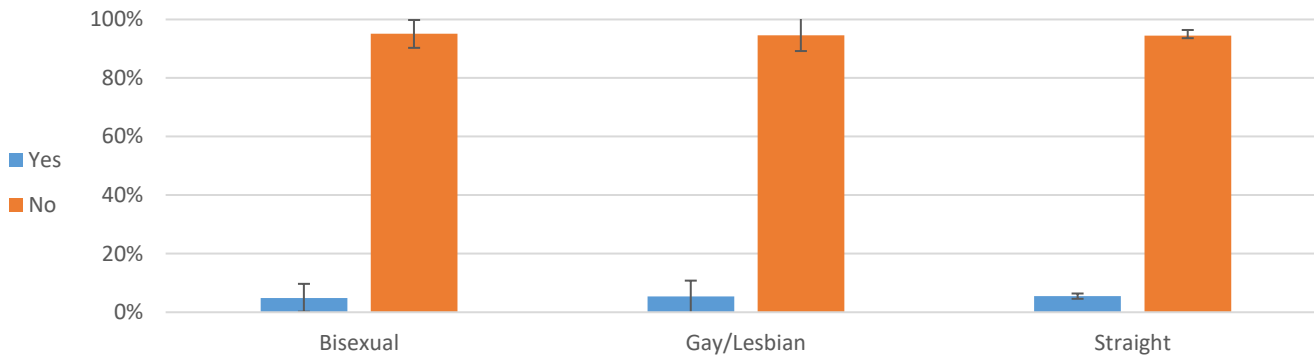
Figure 115: Prevalence of Diabetes by Sexual Orientation, Nevada, 2018



Have Diabetes:	Bisexual	Gay/Lesbian	Straight
Yes	10.8% (4.0-17.7)	12.5% (3.6-21.4)	12.5% (11.2-13.8)
No	89.2% (82.3-96.0)	87.5% (78.6-96.4)	87.5% (86.2-88.8)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
Including pregnancy but excluding pre-diabetes.

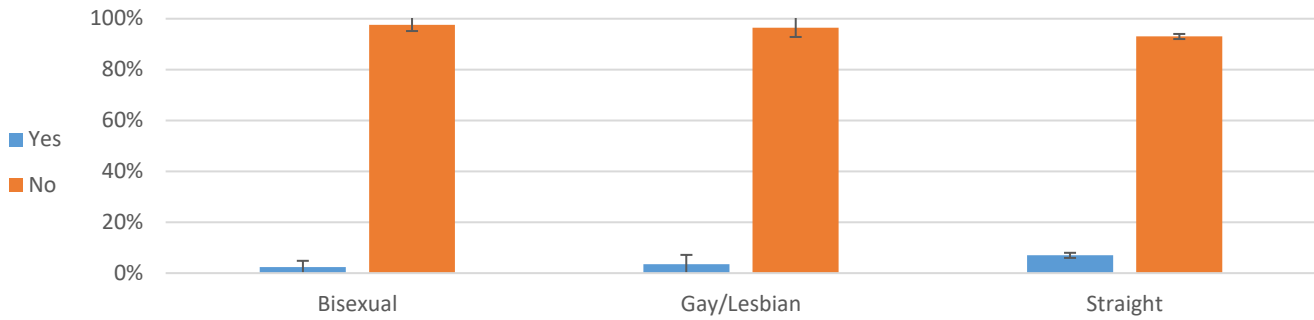
Figure 116: Prevalence of Heart Disease by Sexual Orientation, Nevada, 2018



Have Heart Disease:	Bisexual	Gay/Lesbian	Straight
Yes	4.9% (0.1-9.6)	5.4% (0.0-11.4)	5.5% (4.6-6.4)
No	95.1% (90.4-99.9)	94.6% (88.6-100.0)	94.5% (93.6-95.4)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

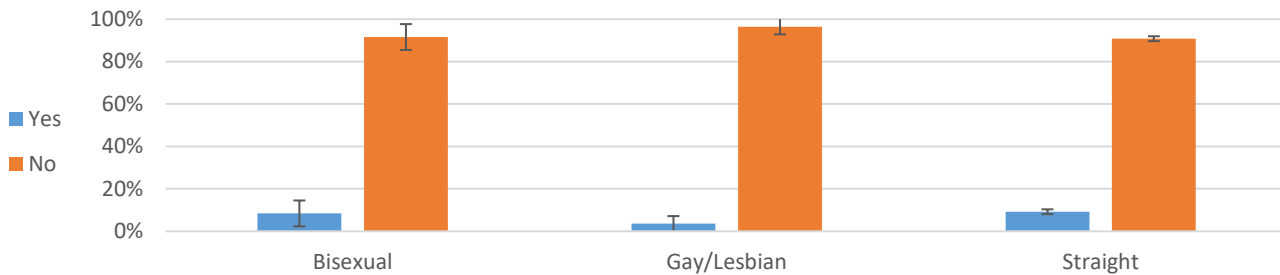
Figure 117: Prevalence of Heart Attack by Sexual Orientation, Nevada, 2018



Had Heart Attack:	Bisexual	Gay/Lesbian	Straight
Yes	2.4% (0.0-5.8)	3.6% (0.0-8.6)	7.0% (6.0-80.0)
No	97.6% (94.1-100.0)	96.4% (91.4-100.0)	93.0% (92.0-94.0)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Figure 118: Prevalence of Cancer by Sexual Orientation, Nevada, 2018



Have/Had Cancer:	Bisexual	Gay/Lesbian	Straight
Yes	8.4% (2.3-14.5)	3.6% (0.0-8.6)	9.2% (8.0-10.3)
No	91.6% (85.5-97.7)	96.4% (91.4-100.0)	90.8% (89.7-92.0)
Total	100.0%	100.0%	100.0%

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
Excluding skin cancer.

References

1. United States Census Bureau. American Community Survey (ACS), About the American Community Survey. Retrieved from: <http://www.census.gov/programs-surveys/acs/about.html>
2. United States Census Bureau. American Fact Finder. Retrieved from: <https://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>
3. Nevada Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology, Behavioral Risk Factor Surveillance System (BRFSS) 2013-2019.
4. Nevada Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology, Nevada Central Cancer Registry (NCCR) 2003 – 2017.
5. Nevada Division of Public and Behavioral Health. National Electronic Disease Surveillance System (NEDSS) 2013-2019.
6. Nevada Division of Public and Behavioral Health. NEDSS Based System (NBS) 2013-2019.
7. Nevada Department of Taxation and Small Business Development Center. Nevada State Demographer Office, vintage 2019.
8. Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2018 Database Nevada. Retrieved from: https://www.atsdr.cdc.gov/placeandhealth/svi/data_documentation_download.html.
9. United States Cancer Statistics (USCS). Questions and Answers About USCS. Retrieved from: <http://www.cdc.gov/cancer/npcr/uscs/qa.htm>
10. Nevada Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology, Web-Enabled Vital Records Registry System (WEVRRS) 2013 – 2019.
11. Diedrick, M., Lensch, T., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey (YRBS).
12. Centers for Disease Control and Prevention. National Vital Statistics Reports, Deaths: Leading Causes for 2018. Vol 69, No 13, January, 2021. Retrieved from: <https://www.cdc.gov/nchs/data/nvsr/nvsr69/nvsr69-13-508.pdf>.
13. World Health Organization. Health Topics, Definition of Cardiovascular Diseases. Retrieved from: <http://www.euro.who.int/en/health-topics/noncommunicable-diseases/cardiovascular-diseases/cardiovascular-diseases2/definition-of-cardiovascular-diseases>
14. Centers for Disease Control and Prevention. Vital Signs, Preventable Deaths from Heart Disease and Stroke. Retrieved from: <https://www.cdc.gov/vitalsigns/heartdisease-stroke/index.html>
15. Centers for Disease Control and Prevention. National Center for Health Statistics, Heart Disease Mortality by State, 2018. Retrieved from: https://www.cdc.gov/nchs/pressroom/sosmap/heart_disease_mortality/heart_disease.htm
16. Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System, Prevalence and Trends Data, 2019. Retrieved from: https://www.cdc.gov/brfss/data_tools.htm
17. Centers for Disease Control and Prevention. Stroke, About Stroke. Retrieved from: <https://www.cdc.gov/stroke/about.htm>
18. Centers for Disease Control and Prevention. Stroke, Stroke Facts. Retrieved from: <https://www.cdc.gov/stroke/facts.htm>

19. World Heart Federation. Risk Factor Fact Sheets, Cardiovascular Risk Factors. Retrieved from: <https://www.world-heart-federation.org/resources/risk-factors/>
20. Centers for Disease Control and Prevention. Heart Disease, Heart Disease Risk Factors. Retrieved from: https://www.cdc.gov/heartdisease/risk_factors.htm
21. National Institutes of Health. National Cancer Institute. Division of Cancer Control & Population Sciences. Surveillance Research Program. Retrieved from: <https://surveillance.cancer.gov/about/>
22. National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program. Retrieved from: <https://seer.cancer.gov/about/>
23. Centers for Disease Control and Prevention. Cancer Home. Lung Cancer. Chapters: Risk Factors, Statistics. Retrieved from: <https://www.cdc.gov/cancer/lung/index.htm>
24. Centers for Disease Control and Prevention. Cancer Home. Breast Cancer. Chapters: Risk Factors, Statistics. Retrieved from: <https://www.cdc.gov/cancer/breast/index.htm>
25. Centers for Disease Control and Prevention. Cancer Home. Prostate Cancer. Chapters: Risk Factors, Statistics. Retrieved from: <https://www.cdc.gov/cancer/prostate/index.htm>
26. National Safety Council. Home Safety, Unintentional Injury Top Cause of Death. Retrieved from: <https://www.nsc.org/home-safety/tools-resources/odds-of-dying/unintentional>
27. Centers for Disease Control and Prevention. Gateway to Health Communication and Social Marketing Practices. Chronic Respiratory Disease. Retrieved from: <https://www.cdc.gov/healthcommunication/toolstemplates/entertainment/tips/ChronicRespiratoryDisease.html>
28. Centers for Disease Control and Prevention. Diabetes Home, About Diabetes. Retrieved from: <https://www.cdc.gov/diabetes/basics/diabetes.html>
29. Centers for Disease Control and Prevention. United State Diabetes Surveillance System. Diagnosed Diabetes, Age-Adjusted Percentage, Adults with Diabetes – Total, 2018. Retrieved from: <https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html>
30. Centers for Disease Control and Prevention. National Center for Health Statistics. Underlying Cause of Death 1999-2019 on CDC WONDER Online Database, released in 2020. Retrieved from: <http://wonder.cdc.gov/ucd-icd10.html>
31. Centers for Disease Control and Prevention. Influenza (Flu), Key Facts About Influenza (Flu). Retrieved from: <https://www.cdc.gov/flu/keyfacts.htm>
32. Centers for Disease Control and Prevention. HIV/AIDS, About HIV/AIDS. Retrieved from: <https://www.cdc.gov/hiv/basics/whatishiv.html>
33. Centers for Disease Control and Prevention. HIV/AIDS, Basic Statistics. Retrieved from: <https://www.cdc.gov/hiv/basics/statistics.html>
34. Centers for Disease Control and Prevention. Sexually Transmitted Diseases (STDs), What are STDs? Retrieved from: <https://www.cdc.gov/std/default.htm>
35. Centers for Disease Control and Prevention. National Center for Health Statistics, Teen Births. Retrieved from: <https://www.cdc.gov/nchs/fastats/teen-births.htm>
36. Centers for Disease Control and Prevention. Reproductive Health, Infant Mortality. Retrieved from: <https://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm>

37. Centers for Disease Control and Prevention. Mental Health, Learn About Mental Health. Retrieved from: <https://www.cdc.gov/mentalhealth/learn/index.htm>
38. Parks J. et al. Morbidity and Mortality in People with Serious Mental Illness. National Association of State Mental Health Program Directors Medical Directors Council. Alexandria, VA; 2006.
39. Kessler RC, et al. Lifetime prevalence and age-of-onset distributions of mental disorders in the World Health Organization's World Mental Health Survey Initiative. *World Psychiatry*. 2007; 6(3):168-176.
40. Centers for Disease Control and Prevention. Tuberculosis (TB), Definitions for Consideration. Retrieved from: <https://www.cdc.gov/tb/programs/laws/menu/definitions.htm>
41. Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System (NNDSS). Retrieved from: <https://wwwn.cdc.gov/nndss/>
42. Robert Wood Johnson Foundation. What is Health Equity? Retrieved from: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
43. World Health Organization. Social Determinants of Health. Retrieved from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1
44. Agency for Toxic Substances and Disease Registry. CDC SVI Documentation 2018. Retrieved from: https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html.
45. Centers for Disease Control and Prevention. Lesbian, Gay, Bisexual, and Transgender Health. About LGBT Health. Retrieved from: <https://www.cdc.gov/lgbthealth/about.htm>.