

Snapshot of Women's Health

Nevada 2019



Office of Analytics

Nevada Department of Health and Human Services

Steve Sisolak

Governor
State of Nevada

Lisa Sherych

Administrator
Division of Public and Behavioral Health

Richard Whitley, MS

Director
Department of Health and Human Services

Ihsan Azzam, PhD, MD

Chief Medical Officer
Division of Public and Behavioral Health

This page is intentionally left blank

Table of Contents

SNAPSHOT OF WOMEN’S HEALTH	4
PURPOSE	4
DATA SOURCES.....	4
TECHNICAL NOTES.....	6
OVERVIEW	7
ACCESS TO SERVICES.....	7
<i>Figure 1. Frequency of Nevada Female Residents Enrolled and Eligible for Benefits from State Government Services, January 2019.....</i>	7
PHYSICAL HEALTH	8
<i>Figure 2. General Health of Nevada Female Adult Residents, 2018</i>	8
<i>Figure 3. Prevalence of Nevada Female Adult Residents Who Had Participated in Enough Aerobic or Muscle Strengthening Exercises to Meet Guidelines, 2017</i>	8
MATERNAL AND CHILD HEALTH	9
<i>Figure 4. Prevalence of Births and Induced Terminations of Pregnancy in Nevada Female Residents by Age Group, 2018</i>	9
<i>Figure 5. Quality of Prenatal Care Received Among Total Births and Teen Births in Nevada, 2018.....</i>	9
SEXUALLY TRANSMITTED DISEASES	10
<i>Figure 6. Incidence Rate of Sexually Transmitted Diseases Per 100,000 Nevada Female Residents, 2018.....</i>	10
LEADING CAUSES OF DEATH	11
<i>Figure 7. Top 15 Causes of Death Among Nevada Female Residents, 2018.....</i>	11
HEART DISEASE.....	12
<i>Figure 8. Count of Heart Disease Hospitalizations Among Nevada Female Residents by Age Group, 2018.....</i>	12
<i>Figure 9. Prevalence of Nevada Female Adult Residents Who Have Ever Had Heart Disease, Heart Attack, Stroke, or Diabetes, 2018</i>	13
<i>Figure 10. Prevalence of Nevada Female Adult Residents Who Have Ever Been Told They Have High Blood Pressure (2018) or High Cholesterol (2017).....</i>	13
CANCER.....	14
<i>Figure 11. Top 25 Cancer Incidence, Nevada Female Residents, 2012-2016.....</i>	14
<i>Figure 12. Age-Adjusted Cancer Death Rates per 100,000 Nevada Female Residents, 2018.....</i>	15
BREAST CANCER.....	15
<i>Figure 13. Prevalence of Nevada Female Residents Aged 50 Years and Older Who Have Had a Mammogram Within the Past Two Years, 2018.....</i>	15
UTERINE CANCER	16
OVARIAN CANCER	16
CERVICAL CANCER	16
<i>Figure 14. Prevalence of Nevada Female Residents Aged 21 Years and Older Who Have Had a Pap Test Within the Past Three Years, 2018.....</i>	16
CHRONIC LOWER RESPIRATORY DISEASES	17
<i>Figure 15. Prevalence of Nevada Female Adult Residents Who Have Had COPD, Emphysema, Chronic Bronchitis, or Asthma, 2018</i>	17

Figure 16. Prevalence of Chronic Lower Respiratory Disease Hospitalizations Among Nevada Female Residents by Age Group, 201817

Figure 17. Tobacco Use Among Nevada Female Adult Residents, 2018.....18

MENTAL HEALTH AND SUICIDE18

Figure 18. Prevalence of Days During the Past Month in Which Mental Health Was Not Good Among Nevada Female Adult Residents, 2018.....18

Figure 19. Prevalence of Nevada Female Adult Residents Who Have Ever Had a Depressive Disorder or Have Seriously Considered Attempting Suicide in the Past 12 Months, 2018.....19

HOW NEVADA COMPARES20

RESOURCES21

REFERENCES22

Snapshot of Women's Health

NEVADA, 2019

Purpose

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

When it comes to mortality, morbidity, or physical and mental health, there are many differences between men and women. For instance, many chronic diseases, such as cancer, are gender-specific or gender-related. For example, uterine, ovarian, and cervical cancers only affect women. Furthermore, men and women carry different risks for certain diseases, may experience unique symptoms to the same condition, and may also respond differently to the same treatment. Overall, on average, women live five years longer than men in the U.S.¹

Data Sources

This report uses data collected and maintained by the Nevada Department of Health and Human Services (DHHS):

- *Behavioral Risk Factor Surveillance System (BRFSS), 2017-2018*
- *Division of Welfare and Supportive Services (DWSS) Eligibility Data, 2019*
- *Enhanced HIV/AIDS Reporting System (eHARS), 2018*
- *Hospital Inpatient Discharge Database, 2018*
- *Induced Terminations of Pregnancy Data, 2018*
- *National Electronic Disease Surveillance System (NEDSS) Base System (NBS), 2018*
- *Nevada Central Cancer Registry (NCCR), 2012-2016*
- *Nevada Immunization Registry (NV WebIZ), 2018*
- *Nevada Office of Vital Records, 2018*
- *Nevada State Demographer, 2018*
- *Nevada WIC Information System for Health (NV WISH), 2018*
- *STD Management and Investigation System (STD*MIS), 2018*

Please note this report draws from the most recent data available from each of these programs within the Department of Health and Human Services. Programs collect data differently, thus the years may vary from program to program.

Behavioral Risk Factor Surveillance System (BRFSS) is a state-based system of health surveys that collects information on health risk behaviors, preventive health practices, and healthcare access primarily related to chronic disease and injury. More than 350,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant-funded core questions, and the states may include and pay for their own questions in the survey. While the surveys' focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise, among many others. Since state-added questions are not asked nationwide, these questions are not comparable.

The Hospital Inpatient Billing Database provides health billing data for patients discharged from Nevada's non-federal hospitals. NRS 449.485 mandates all hospitals in Nevada to report information as prescribed by the director of the Department of Health and Human Services. The data are collected using a standard universal billing form. The data are for patients who spent at least 24 hours as an inpatient, but do not include patients who were discharged from the emergency room. The data includes demographics such as age, gender, race/ethnicity and uses the International Classification of Diseases-9-Clinical Modification (ICD-9-CM) diagnoses codes and International Classification of Diseases-10-Clinical Modification (ICD-10-CM) diagnoses (up to 33 diagnoses, respectively). ICD-10-CM diagnoses codes replaced ICD-9-CM diagnoses codes in the last quarter of 2015. Therefore, data prior to the last quarter of 2015 may not be directly comparable to data thereafter. In addition, the data include billed hospital charges, procedure codes, length of hospital stay, discharge status, and external cause of injury codes. The billing data information are for billed charges and not the actual payment received by the hospital.

The Nevada Central Cancer Registry (NCCR) is 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 nationally and locally for research and epidemiological analyses of cancer occurrence in the state. Breast, uterine, ovarian, and cervical cancers were discussed in this report due to the relevance of these cancers among Nevadan women.

The Nevada Immunization Registry (NV WebIZ) is a confidential, population-based, computerized SQL Server database that records all immunization doses administered by participating providers to persons residing within a given geopolitical area. WebIZ allows for the collection of data from hospital systems and independent medical providers administering immunizations in 'real time.' Patient and vaccination data flow from the Electronic Health Record using HL7 format to WebIZ. WebIZ enables DHHS to make available aggregate data on immunizations for use in surveillance, program operations, and in guiding public health policy and, once populated with sufficient vaccination data, provide consolidated immunization histories to determine appropriate client vaccinations by a provider.

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

Nevada WIC Information System for Health (NV WISH) is a statewide system developed by Custom Data Processing, Inc. to collect data on the Women, Infants, and Children (WIC) program. WIC is a Special Supplemental Food Program that provides nutritious foods to supplement the diets of limited income pregnant, postpartum and breastfeeding women, infants, and children under age 5 who have been determined to be at nutritional risk. Data collected at the clinics through NV WISH help the state of Nevada to plan and learn more about ways to improve the program. NV WISH data include participating clinics and vendors that supply special food supplements to the program, food supplement products used in the program, and participants' information (date of birth, address, contact information... etc.).

STD Management and Investigation System (STD*MIS) and National Electronic Disease Surveillance System (NEDSS) Based System (NBS) are database applications provided by the Centers for Disease and Control and Prevention (CDC) and maintained by the Division of Public and Behavioral Health (DPBH) for the STD Prevention and Control Program. The data are collected from medical labs, private and public health providers, clinics, and state and local disease intervention specialists (DIS). Enhanced HIV/AIDS Reporting System (eHARS) is a document-based, CDC-developed application for tracking surveillance of HIV at all stages, including HIV stage 3, previously referred to as AIDS.

Technical Notes

Age-specific rates shown in this report are per 100,000 age-specific, female population. The 2018 population estimates were used in this report and are based on the 2010 population census, and were provided by the Nevada State Demographer.

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

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

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

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

Overview

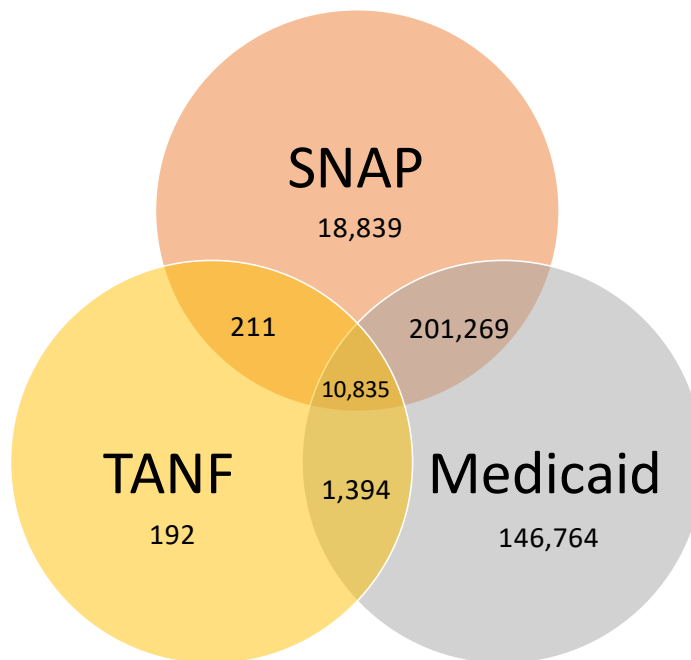
The following sections will address the access to services and physical health among Nevada women, followed by maternal and child health and sexually transmitted diseases. Additionally, this report discusses leading causes of death among Nevada women and provides further insight on the top three causes of death: heart disease, cancer, and chronic lower respiratory disease. Specifically, analysis on female-specific cancers (i.e., breast, uterine, ovarian, and cervical cancers) are provided. Mental health and suicide will also be addressed near the end of the report. Lastly, this report concludes by comparing Nevada women to the Healthy People 2020 goals.

Access to Services

Underinsurance and lack of health insurance remain an issue of concern in Nevada, since women without health insurance are less likely to get recommended care than those who do have health insurance. In 2018, 87.3% of Nevada adult women reported having some type of health insurance.

In 2018, the total population of female residents in Nevada was approximately 1,512,700, of which 25.1% were enrolled and eligible for benefits in Medicaid, Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or some combination of the three (Figure 1). Specifically, 23.8% of Nevada females participated in Medicaid, 15.3% in SNAP, and 0.8% in TANF. In 2018, 27,978 pregnant, postpartum, or breastfeeding women, 20,390 infants, and 47,679 children participated in WIC.

Figure 1. Frequency of Nevada Female Residents Enrolled and Eligible for Benefits from State Government Services, January 2019

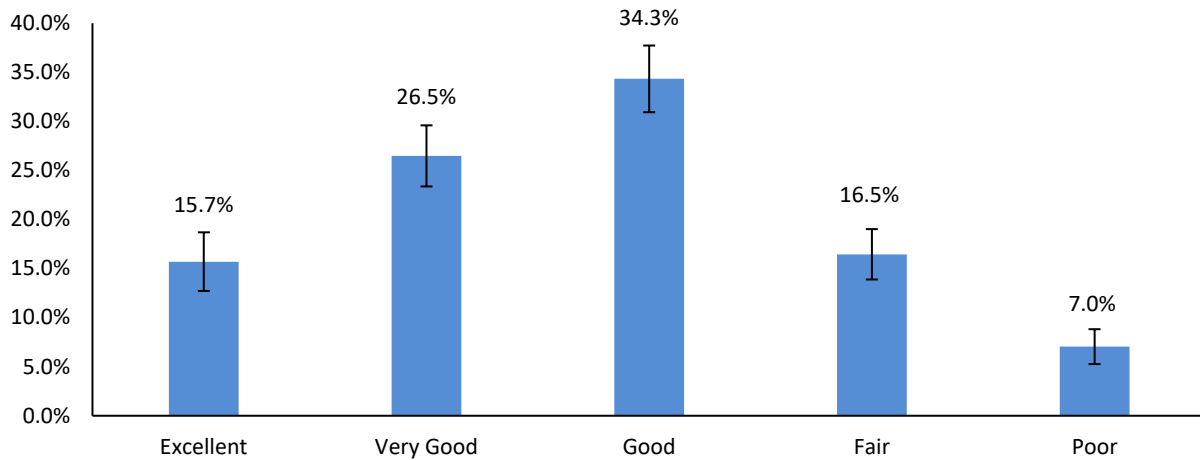


Data Source: Division of Welfare and Supportive Services (DWSS) Eligibility Data. SNAP refers to Supplemental Nutrition Assistance Program; TANF refers to Temporary Assistance for Needy Families. Data does not include Nevada Check Up.

Physical Health

In 2018, 34.3% of adult Nevada women reported their general health to be “good” (Figure 2). While 76.5% of adult Nevada women rated their overall health status as “good or better,” 23.5% of adult Nevada women rated their health status as “fair or poor.”

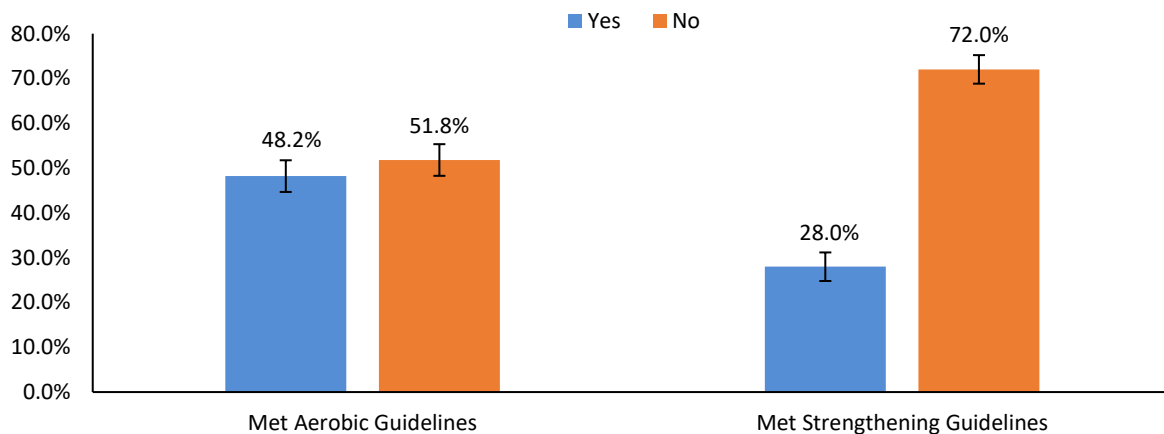
Figure 2. General Health of Nevada Female Adult Residents, 2018



Data Source: Behavioral Risk Factor Surveillance System, 2018.

Regular participation in physical activity can improve physical, mental and emotional health, as well as reduce risk of developing adverse health conditions². In 2018, 72.7% of Nevada adult women reported that they had participated in any physical activity in the past month other than their regular job. In 2017, 48.2% of Nevada women had participated in enough aerobic exercises to meet guidelines, and 28.0% had participated in enough muscle strengthening exercises to meet guidelines, while only 17.7% had participated in enough to meet both aerobic and strengthening guidelines (Figure 3).

Figure 3. Prevalence of Nevada Female Adult Residents Who Had Participated in Enough Aerobic or Muscle Strengthening Exercises to Meet Guidelines, 2017



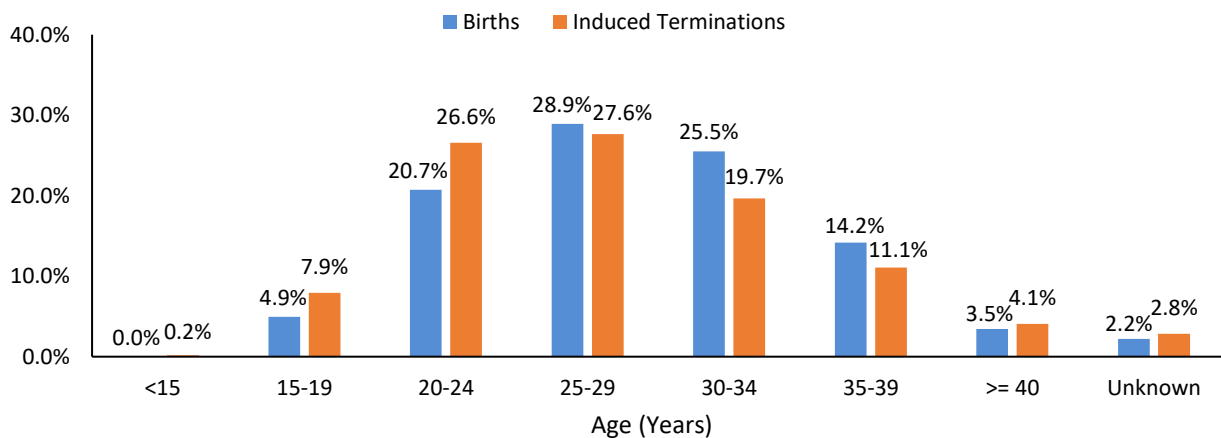
Data Source: Behavioral Risk Factor Surveillance System, 2017. Indicators above are only asked in odd years, and therefore were not available for 2018.

Maternal and Child Health

In 2018, there was a total of 35,552 births and 8,329 induced terminations of pregnancy (i.e., abortions) in Nevada. The overall birth rate was 1,172.6 births per 100,000 Nevadans. The teen birth rate was 18.0 births per 1,000 Nevada females aged 15 to 19 years. The teen pregnancy rate was 24.9 births, induced terminations, or fetal deaths (where gestation was 20 weeks) per 1,000 Nevada females aged 15 to 19 years.

Nevada women aged 25 to 29 years old made up nearly one-third (28.9%) of all births in Nevada in 2018 (Figure 4). Another quarter of all births were made up by women aged 30 to 34 years. Women between the ages of 25 to 29 years had the greatest prevalence of induced terminations.

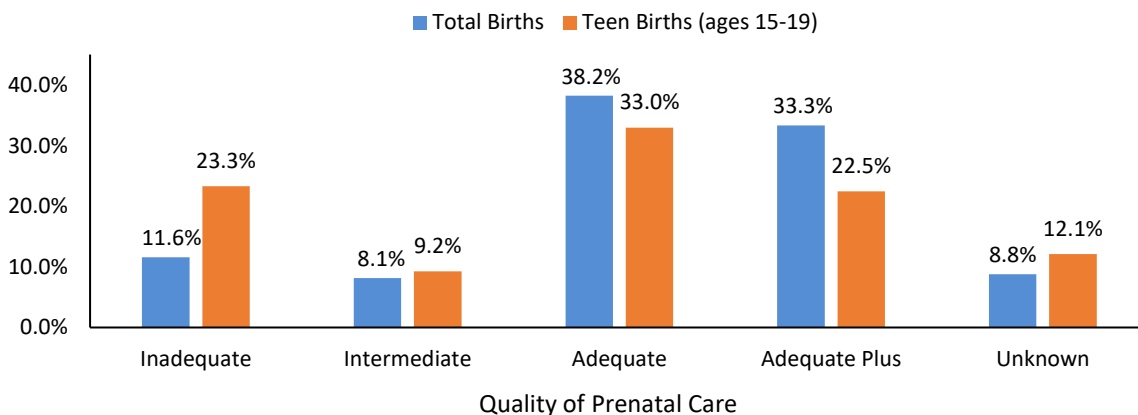
Figure 4. Prevalence of Births and Induced Terminations of Pregnancy in Nevada Female Residents by Age Group, 2018



Data Source: Nevada Vital Records, 2018; Induced Terminations of Pregnancy Data, 2018.

Of the total births in Nevada in 2018, nearly three-quarters (71.5%) received adequate or better prenatal care (Figure 5). Of the 1,754 teen births in 2018, over half (55.4%) received adequate or better prenatal care. Nearly a quarter (23.3%) of teen births in 2018 received inadequate care.

Figure 5. Quality of Prenatal Care Received Among Total Births and Teen Births in Nevada, 2018



Data Source: Nevada Vital Records, 2018.

On average, there were 15.3 maternal deaths per 100,000 live births between 2016 to 2017 in Nevada. In 2016, there were 424 cases of severe maternal morbidity in Nevada, at a rate of 127.2 per 10,000 deliveries.

Sexually Transmitted Diseases

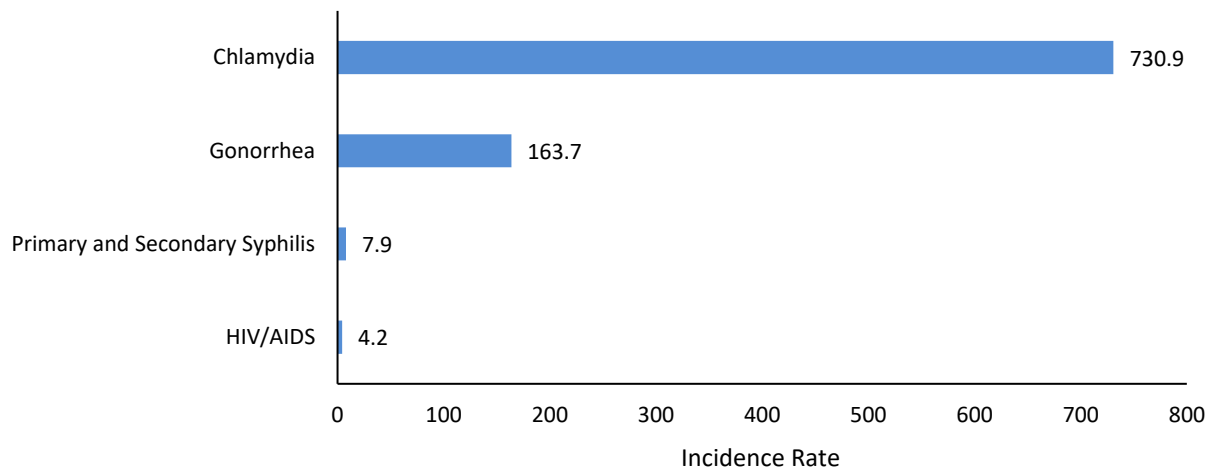
A sexually transmitted disease (STD) is an infection that is transmitted between people through sexual activity³. Some common types of STDs include human immunodeficiency virus (HIV), chlamydia, genital herpes, gonorrhea, human papilloma virus (HPV), and syphilis*.

The most common STD found in women is HPV⁴. In 2018, according to BRFSS, 52.4% of Nevada adult women reported ever receiving a HPV test. According to NV WebIZ, in 2018, 28.6% of Nevada adult women aged 18 to 26 years had received three doses of HPV vaccine.

In 2018, there were 730.9 cases of chlamydia and 163.7 cases of gonorrhea per 100,000 Nevada adult women (Figure 6). The age group with the highest incidence rate of both chlamydia and gonorrhea was 20 to 24 years. Overall, women made up 63% of all chlamydia cases and 38% of all gonorrhea cases in Nevada.

Having an STD can increase the risk of acquiring HIV, a virus that kills infection-fighting cells of the body, which makes the immune system highly susceptible to diseases and cancer⁵. HIV infection is more common in males than females; in 2018, Nevada adult women made up just 12% of all HIV/AIDS cases.

Figure 6. Incidence Rate of Sexually Transmitted Diseases Per 100,000 Nevada Female Residents, 2018



Data Source: National Electronic Disease Surveillance System Base System, 2018; STD Management and Investigation System, 2018; Enhanced HIV/AIDS Reporting System, 2018.

*In Nevada, only syphilis, chlamydia, gonorrhea, and HIV are reported conditions.

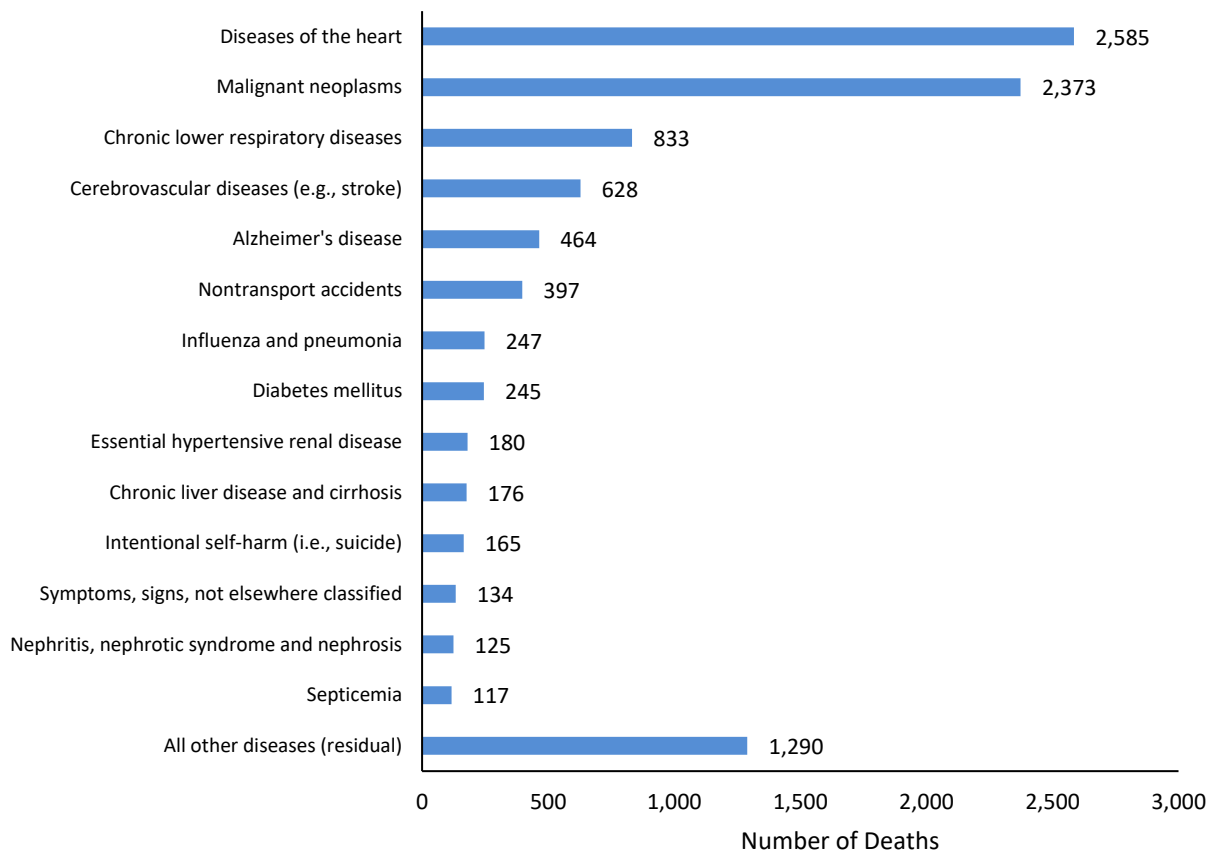
Although most STDs are curable with treatment, women with a STD(s) are less likely than men to experience noticeable symptoms⁴. When left untreated, women are prone to more serious, long-term health problems than men, such as infertility and ectopic pregnancy.

For instance, a pregnant woman with a STD can pass the infection to her baby, such as in the case of congenital syphilis⁴. A baby born with congenital syphilis may experience adverse health conditions, be stillborn, or die from infection. Congenital syphilis has been steadily increasing in Nevada since 2014. In 2018, there were 34 reported cases of congenital syphilis, an incidence rate of 1.1 cases per 100,000 Nevada population. Getting vaccinated, using condoms consistently and correctly, reducing the number of sexual partners, and getting tested regularly can help reduce risk of acquiring HIV/STDs⁶.

Leading Causes of Death

In 2018, there were 10,895 female deaths in Nevada, a rate of 720.2 deaths per 100,000 females. Heart disease was the leading cause of death among Nevada females (Figure 7). Nearly one quarter (23.7%) of deaths among women were attributed to heart disease, at an incidence rate of 170.9 deaths per 100,000 women. More than one in five (21.8%) of female deaths were caused by cancer, at an incidence rate of 156.9 deaths per 100,000 women. Approximately 7.6% of female deaths were attributed to chronic lower respiratory diseases, at an incidence rate of 55.1 deaths per 100,000 women.

Figure 7. Top 15 Causes of Death Among Nevada Female Residents, 2018



Data Source: Nevada Electronic Death Registry System, 2018.

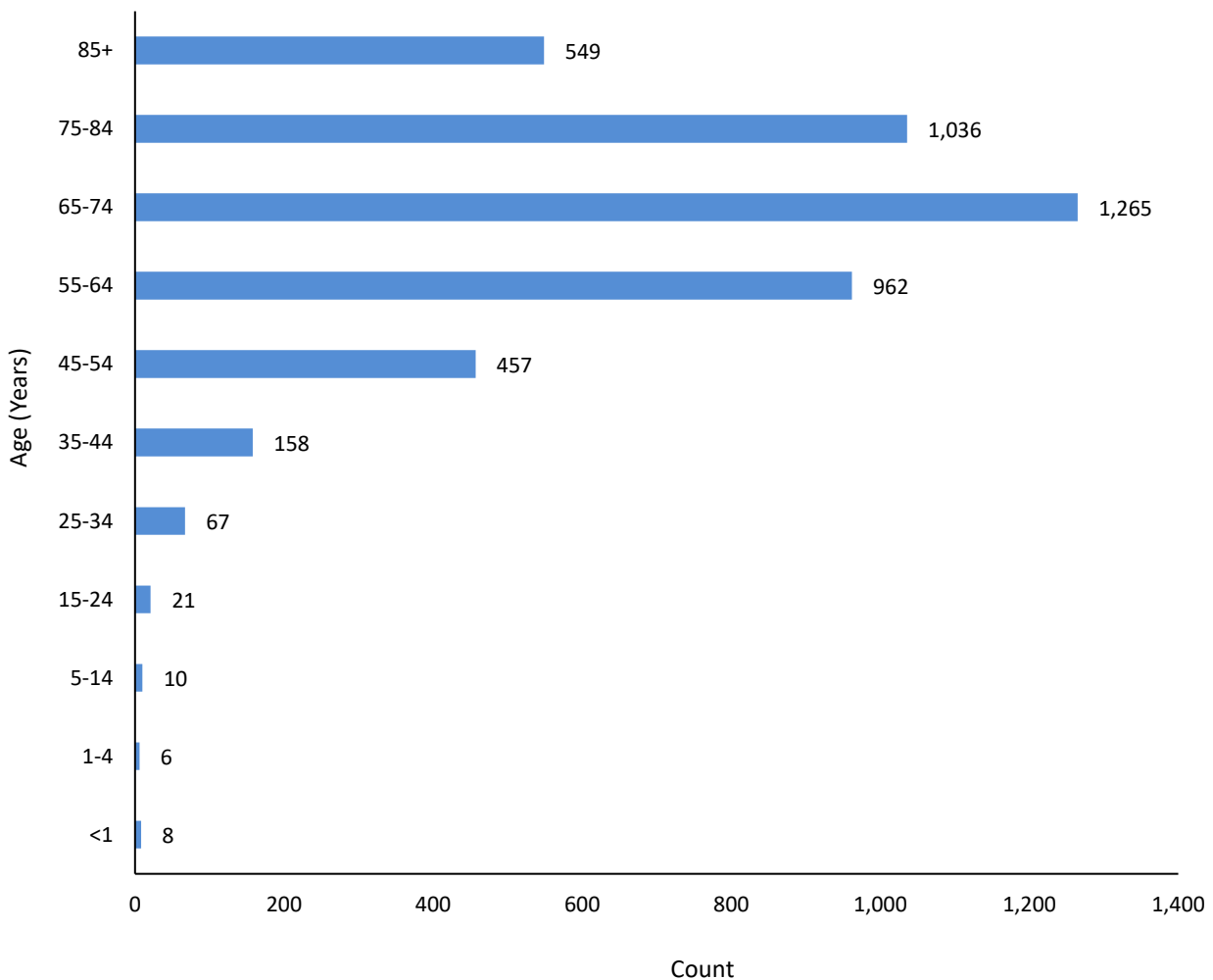
Heart Disease

Cardiovascular disease—mainly heart attacks, but also ischemic heart disease, hypertension, and stroke—is the number one killer of women in Nevada and the U.S.⁷ Although heart disease is perceived to be a man's disease, nearly as many women as men die from heart disease each year in the U.S.

High blood pressure, high (low-density lipoprotein) LDL cholesterol, and smoking are the main risk factors for heart disease⁸. Nearly half of the U.S. population have one or more of these risk factors. Individuals who are overweight, obese, or have diabetes also carry increased risk for heart disease.

In 2018, 4,539 females in Nevada were hospitalized due to heart-related diseases, accounting for 2.5% of total hospitalizations in women (Figure 8). More than half (62.8%) of Nevada females hospitalized due to heart-related diseases were aged 65 years or older.

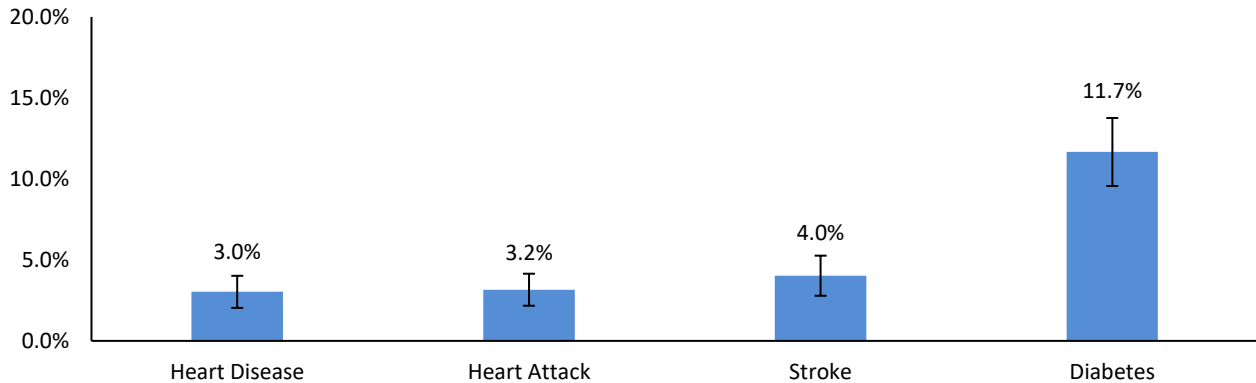
Figure 8. Count of Heart Disease Hospitalizations Among Nevada Female Residents by Age Group, 2018



Data Source: Nevada Hospital Inpatient Billing, 2018. Frequencies only include hospitalizations in which the primary diagnosis was heart-related disease(s).

In 2018, 3.0% of adult females in Nevada reported ever having angina or coronary heart disease, and 3.2% reported ever having a heart attack or myocardial infarction (Figure 9). Additionally, in 2018, 4.0% of adult females in Nevada reported ever having a stroke, and 11.7% reported ever having diabetes.

Figure 9. Prevalence of Nevada Female Adult Residents Who Have Ever Had Heart Disease, Heart Attack, Stroke, or Diabetes, 2018

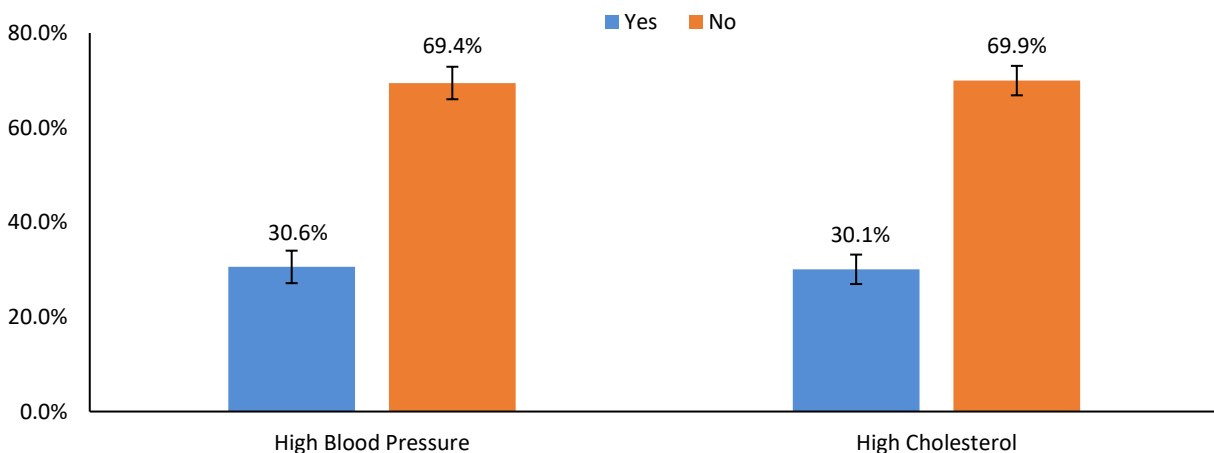


Data Source: Behavioral Risk Factor Surveillance System, 2018. Diabetes includes gestational diabetes but excludes pre-diabetes or borderline diabetes.

High blood pressure is a risk factor for stroke, heart attack, kidney problems, eye problems, and heart failure⁹. High blood pressure or hypertension is defined as a blood pressure of 140/90 mm Hg or higher. According to the U.S. Department of Health and Human Services, adults should have their blood pressure screened at least every two years.

In 2018, 30.6% of Nevada adult women reported that they have or have had high blood pressure, and in 2017, 30.1% of Nevada adult women reported that they have or have had high cholesterol (Figure 10).

Figure 10. Prevalence of Nevada Female Adult Residents Who Have Ever Been Told They Have High Blood Pressure (2018) or High Cholesterol (2017)

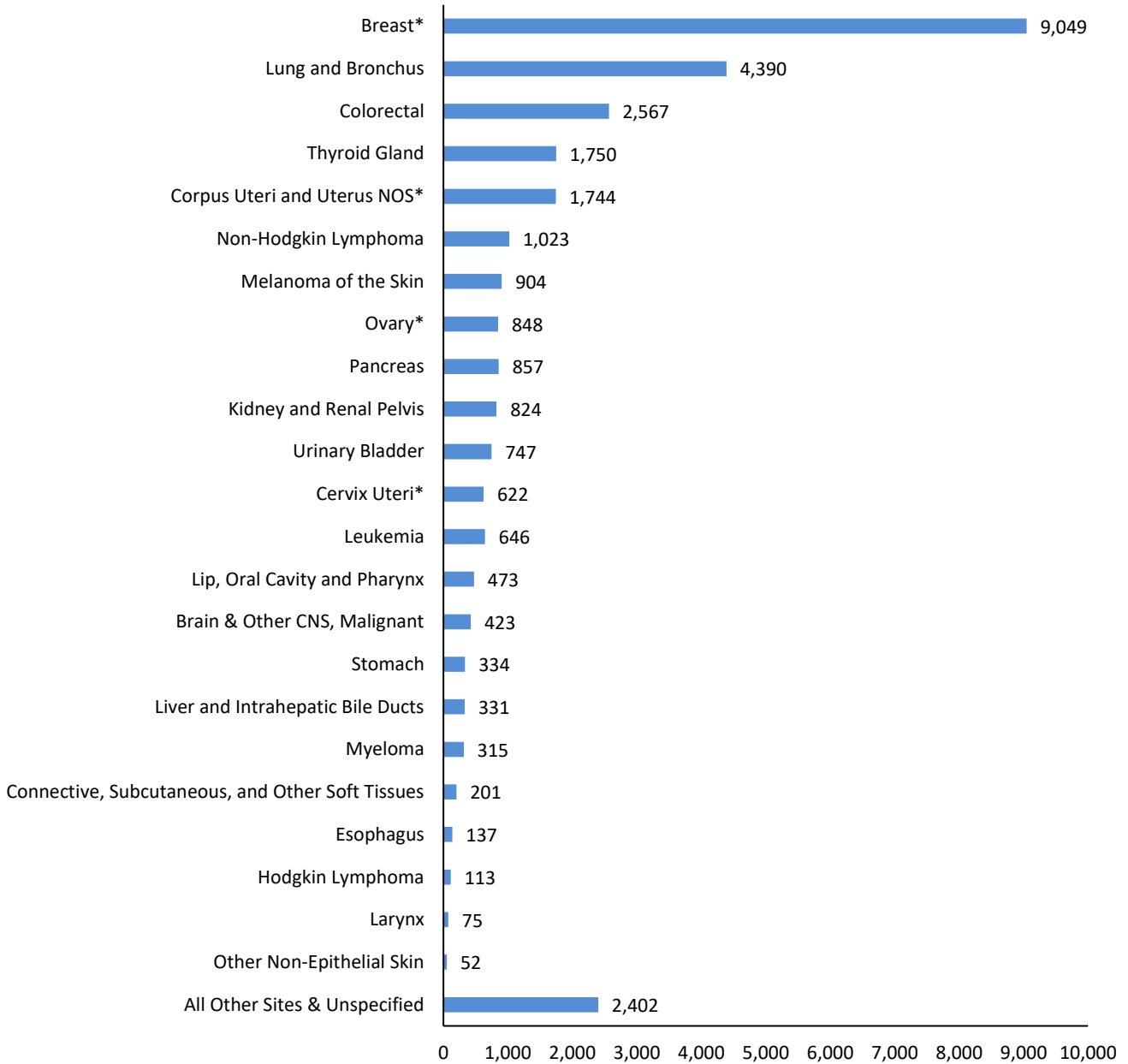


Data Source: Behavioral Risk Factor Surveillance System, 2017-2018. Cholesterol is only asked in odd years, and therefore not available for 2018.

Cancer

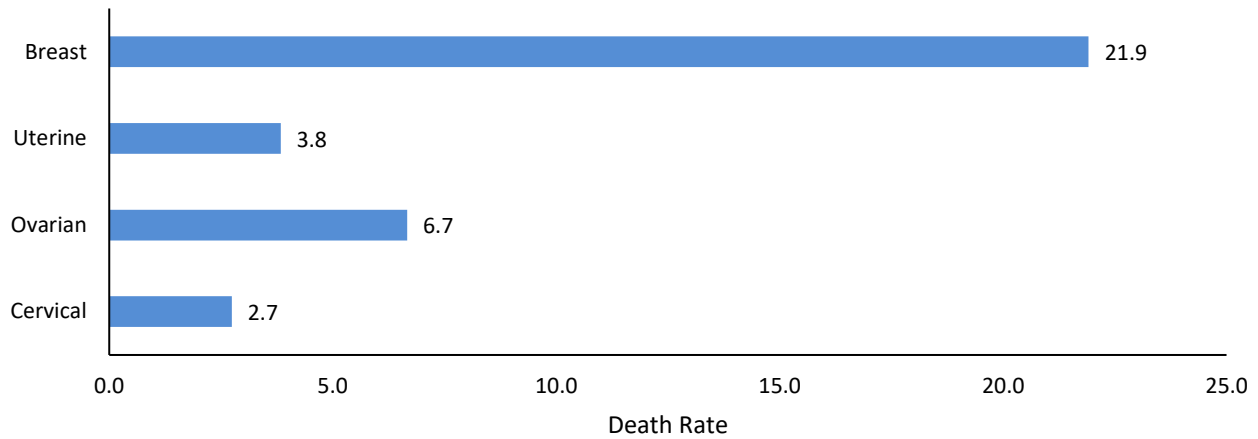
Cancer is a cluster of related diseases that causes cells in the body to change, grow out of control, and spread to different areas in the body¹⁰. Cancerous cells are known as malignant cells. From 2012 to 2016, breast cancer had the highest incidence rate of all cancers in women, followed by lung and bronchus cancer and colorectal cancer, respectively (Figure 11). Among female-specific cancers, breast cancer had the highest death rate (Figure 12). Ovarian cancer was more deadly than uterine cancer, although rarer in Nevada women.

Figure 11. Top 25 Cancer Incidence, Nevada Female Residents, 2012-2016



Data Source: Nevada Central Cancer Registry, 2012-2016. *These cancers were selected for further discussion in this report due to their relevance in the female population. NOS is an abbreviation for ‘Not Otherwise Specified’.

Figure 12. Age-Adjusted Cancer Death Rates per 100,000 Nevada Female Residents, 2018



Data Source: Nevada Electronic Death Registry System, 2018.

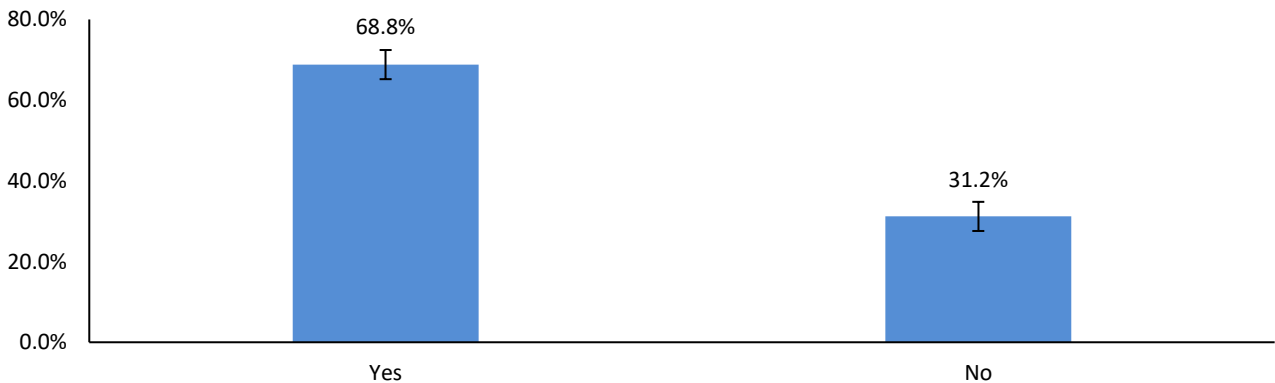
Breast Cancer

Breast cancer is the most common type of cancer in women in the U.S. and Nevada¹¹. Breast cancer occurs in different parts of the breast, mostly in the ducts or glands. Risk factors for breast cancer include older age (50+), inherited genetic mutations, reproductive history, family history of breast cancer, and previous exposure to radiation.

Between 2012 and 2016, there were 9,049 cases of breast cancer in Nevada women (Figure 11). The age-adjusted breast cancer incidence rate was 113.3 cases per 100,000 females and was most common in ages 65 to 79 years. In 2018, there was an average of 21.9 deaths from breast cancer per 100,000 females in Nevada (Figure 12).

Before symptoms of breast cancer develop, mammograms can screen for abnormalities in breast tissue through x-ray¹¹. Women aged 50 and over should have regular mammograms every two years. In 2018, 68.8% of Nevada adult women aged 50 years and older reported that they had received a mammogram within the past two years (Figure 13).

Figure 13. Prevalence of Nevada Female Residents Aged 50 Years and Older Who Have Had a Mammogram Within the Past Two Years, 2018



Data Source: Behavioral Risk Factor Surveillance System, 2018.

Uterine Cancer

Uterine cancer develops in the uterus—the womb carrying a baby during pregnancy¹². The most common form of uterine cancer occurs in the endometrium, the lining of the uterus. Most uterine cancers occur in older women who have reached menopause (i.e., when menstrual periods cease).

Between 2012 and 2016, there were 1,744 cases of uterine cancer in Nevada (Figure 11). The age-adjusted incidence rate was 20.9 cases per 100,000 females and was most common in ages 65 to 79 years. In 2018, there was an average of 3.8 deaths from uterine cancer per 100,000 Nevada females (Figure 12).

Ovarian Cancer

Ovarian cancer originates in the ovaries on the sides of the uterus, which produce eggs and female hormones¹³. Risk factors for ovarian cancer include being middle-aged or older, having endometriosis, having a history of cancer, having had trouble getting pregnant, or never having had given birth.

Between 2012 and 2016, there were 848 cases of ovarian cancer in Nevada (Figure 11). The age-adjusted incidence rate was 10.8 cases per 100,000 females and was most common in ages 65 to 79 years. In 2018, there was an average of 6.7 deaths from ovarian cancer per 100,000 Nevada females (Figure 12).

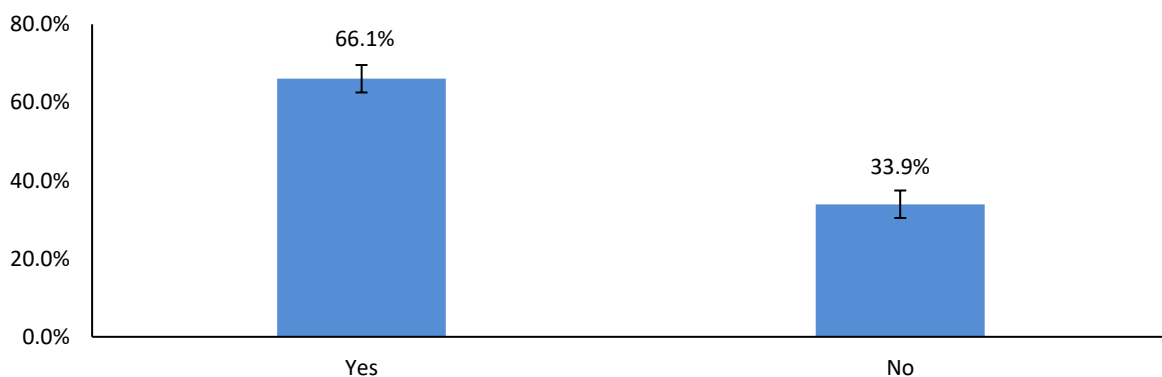
Cervical Cancer

Cervical cancer develops in the cervix—the lower end of the uterus connecting the vagina¹⁴. Often developing in mid-age, most cervical cancers are caused by HPV.

Between 2012 and 2016, there were 622 cases of cervical cancer in Nevada (Figure 11). The age-adjusted incidence rate was 8.7 cases per 100,000 females and was most common in ages 40 to 64 years. In 2018, there was an average of 2.7 deaths from cervical cancer per 100,000 Nevada females (Figure 12).

Pap tests screen for abnormalities in the cervix and can prevent cancer or detect it early¹⁴. Women aged 21 years and older should receive a pap test every three years to screen for cervical cancer. In 2018, 66.1% of Nevada women aged 21 years and older reported that they had received a pap test within the past three years (Figure 14).

Figure 14. Prevalence of Nevada Female Residents Aged 21 Years and Older Who Have Had a Pap Test Within the Past Three Years, 2018



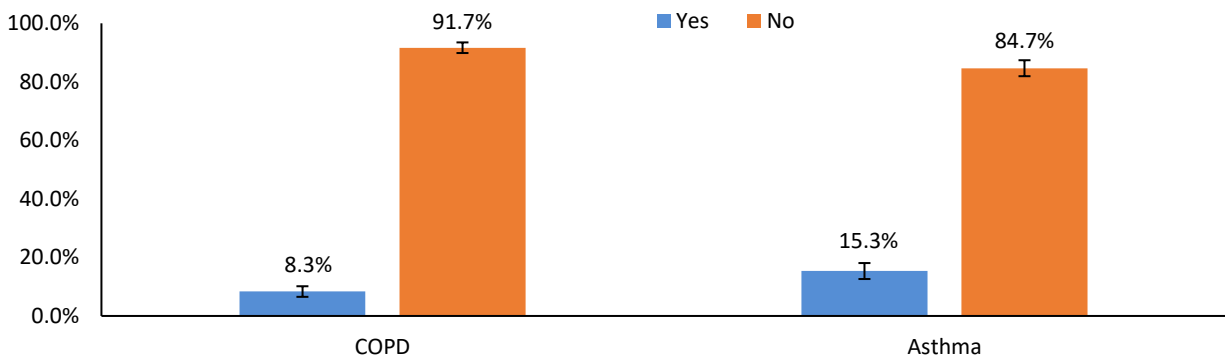
Data Source: Behavioral Risk Factor Surveillance System, 2018.

Chronic Lower Respiratory Diseases

Chronic lower respiratory diseases are diseases of the lung and lower respiratory tract, primarily chronic obstructive pulmonary disease (COPD), chronic bronchitis, emphysema, and asthma¹⁵. Respiratory diseases are characterized by obstructed airflow to and from the lungs, and include symptoms such as difficulty breathing, coughing, wheezing, and mucus production¹⁶. In the U.S., COPD affects and kills more women than men.

In 2018, 8.3% of Nevada adult women reported ever being diagnosed with COPD, emphysema or chronic bronchitis, and 15.3% of Nevada adult women reported ever having asthma (Figure 15).

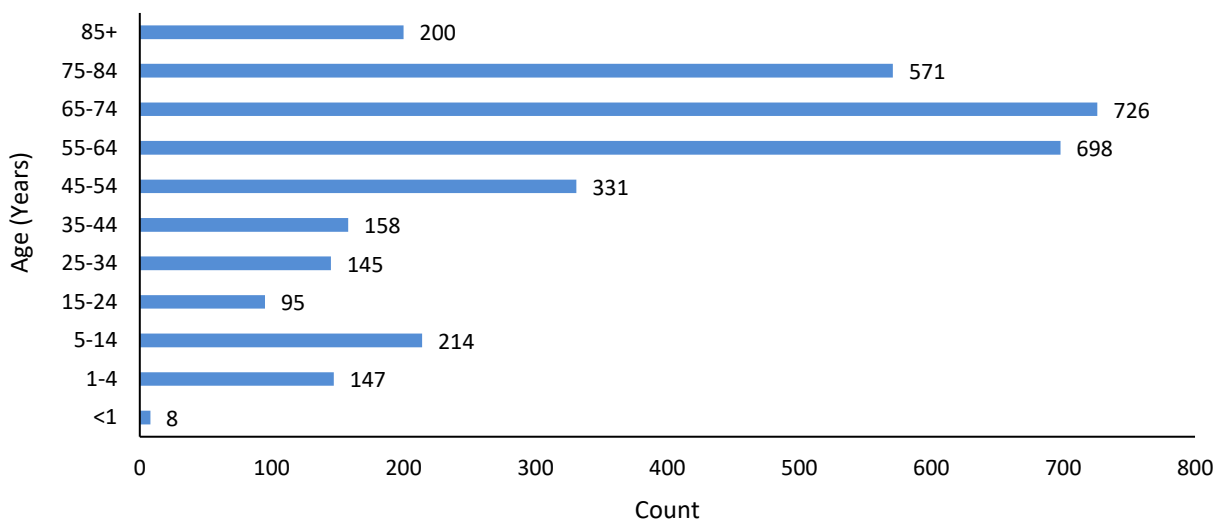
Figure 15. Prevalence of Nevada Female Adult Residents Who Have Had COPD, Emphysema, Chronic Bronchitis, or Asthma, 2018



Data Source: Behavioral Risk Factor Surveillance System, 2018.

In 2018, 3,293 females in Nevada were hospitalized due to chronic lower respiratory disease(s), accounting for 1.8% of total hospitalizations in women (Figure 16). More than half (66.7%) of females hospitalized due to chronic lower respiratory disease were aged 55 years or over, and 11.2% were 14 years and younger.

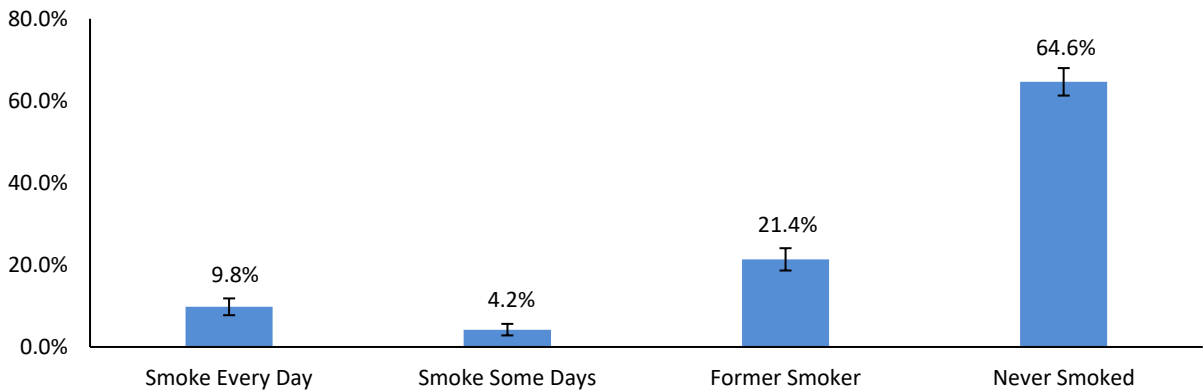
Figure 16. Prevalence of Chronic Lower Respiratory Disease Hospitalizations Among Nevada Female Residents by Age Group, 2018



Data Source: Nevada Hospital Inpatient Billing, 2018. Counts only include hospitalizations in which the primary diagnosis was chronic lower respiratory disease(s).

Smoking tobacco is linked to COPD, respiratory infections, and lung cancer, among other harmful health conditions¹⁷. In 2018, more than half (64.6%) of Nevada adult women reported that they had never been smokers (Figure 17). Approximately 9.8% smoked every day, 4.2% smoked some days, and 21.4% were former smokers.

Figure 17. Tobacco Use Among Nevada Female Adult Residents, 2018



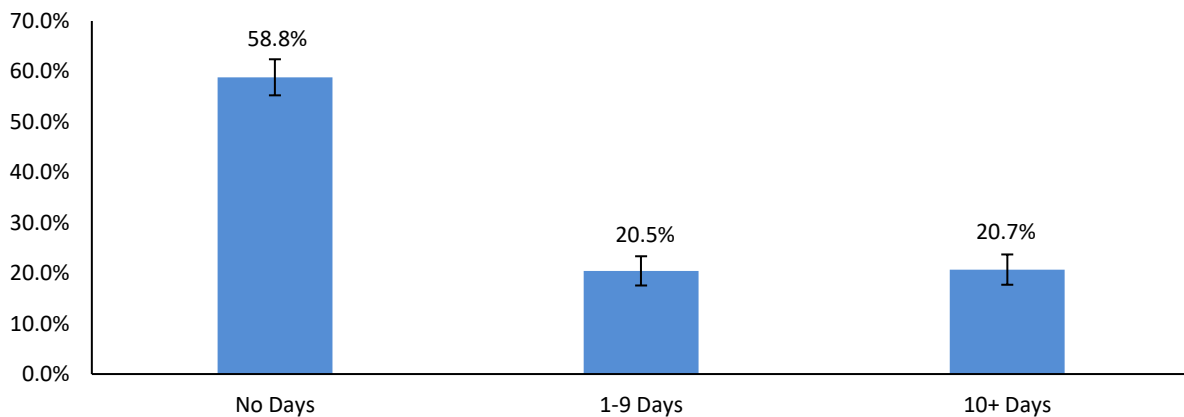
Data Source: Behavioral Risk Factor Surveillance System, 2018.

Electronic cigarettes (e-cigarettes) and similar “vaping” products are advertised as safe alternatives to tobacco smoking¹⁸. However, not only are long-term effects of vaping unknown, vaping has recently been linked to severe pulmonary disease in the U.S.¹⁹ In 2018, 5.5% of Nevada adult women reported using e-cigarettes or vaping products every day or some days.

Mental Health and Suicide

In 2018, 58.8% of Nevada adult women reported experiencing no days of poor mental health such as stress, depression, or problems with emotions in the past month (Figure 18). However, 20.5% of Nevada adult women reported experiencing one to nine days of poor mental health, and 20.7% reported 10 or more days of poor mental health.

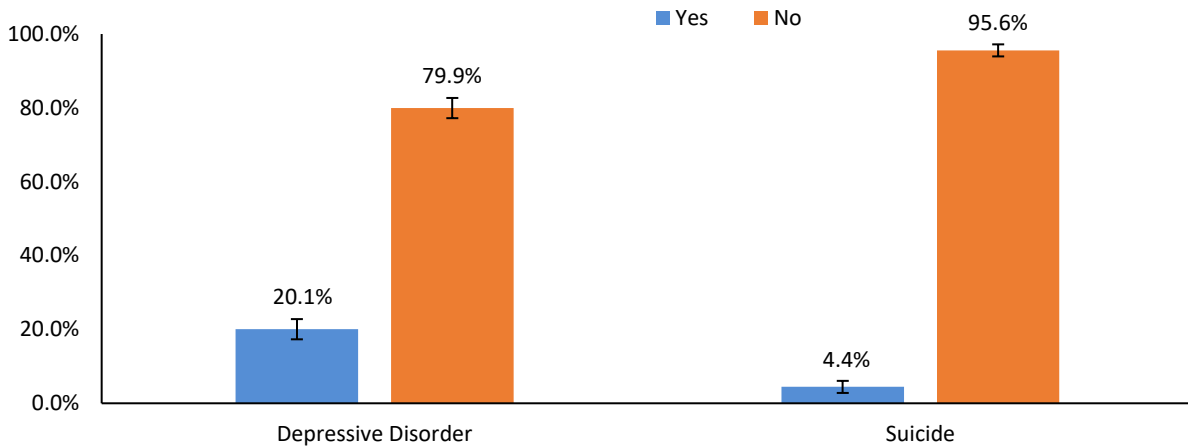
Figure 18. Prevalence of Days During the Past Month in Which Mental Health Was Not Good Among Nevada Female Adult Residents, 2018



Data Source: Behavioral Risk Factor Surveillance System, 2018.

In 2018, 20.1% of Nevada adult women reported ever having a depressive disorder, such as depression or dysthymia, and 4.4% reported ever seriously considered attempting suicide in the past 12 months (Figure 19).

Figure 19. Prevalence of Nevada Female Adult Residents Who Have Ever Had a Depressive Disorder or Have Seriously Considered Attempting Suicide in the Past 12 Months, 2018



Data Source: Behavioral Risk Factor Surveillance System, 2018.

In 2018, there were 165 suicides and 3,125 emergency department encounters or inpatient admissions for attempted suicide among Nevada women. Of the total suicides in Nevada women, 37.0% were caused by firearms or explosives, 33.3% from substance poisoning, and 24.2% from hanging, strangulation, or suffocation. Of attempted suicides, 76.4% were caused by substance poisoning and 19.9% were caused by cutting or stabbing.

In 2018, the total number of suicides in Nevada women was three times less than the number of suicides in Nevada men. However, there were 1,189 more suicide attempts in Nevada women compared to Nevada men.

How Nevada Compares

Healthy People 2020 is a decadal national strategy that aims to significantly improve the health of Americans by establishing evidence-based goals and targets in health status, health behavior, and health services²⁰. These health targets are used to track progress, inspire action, and guide efforts towards helping Americans live longer, healthier lives.

<p>Overall Health Aim: Increase the proportion of adults who self-report good or better health.</p>	<p>Healthy People 2020 Target: 79.8% of population Nevada: 76.5% (73.5%-79.5%) of adult female population</p>	<p>NOT ACHIEVED</p>
<p>Physical Activity Aim: Reduce the proportion of adults who engage in no leisure-time physical activity.</p>	<p>Healthy People 2020 Target: 32.6% of population Nevada: 27.3% (24.2%-30.5%) of adult female population</p>	<p>SURPASSED</p>
<p>Blood Pressure Aim: Reduce the proportion of adults with hypertension.</p>	<p>Healthy People 2020 Target: 26.9% of population Nevada: 30.6% (27.1%-34.0%) of adult female population</p>	<p>NOT ACHIEVED</p>
<p>Cholesterol Aim: Reduce the proportion of adults with high total blood cholesterol levels.</p>	<p>Healthy People 2020 Target: 13.5% of population Nevada: 30.1% (26.9%-33.2%) of adult female population</p>	<p>NOT ACHIEVED</p>
<p>Cholesterol Screening Aim: Increase the proportion of adults who have had their blood cholesterol checked within the past five years.</p>	<p>Healthy People 2020 Target: 82.1% of population Nevada: 87.0% (84.6%-89.4%) of adult female population</p>	<p>SURPASSED</p>
<p>All Cancers Aim: Reduce the overall cancer death rate.</p>	<p>Healthy People 2020 Target: 161.4 deaths per 100,000 population Nevada: 156.9 (150.6-163.2) deaths per 100,000 female population</p>	<p>ACHIEVED</p>

<p>Breast Cancer Aim: <i>Reduce the breast cancer death rate.</i></p>	<p>Healthy People 2020 Target: <i>20.7 deaths per 100,000 female population</i> Nevada: <i>24.7 (22.2-27.2) deaths per 100,000 female population</i></p>	<p>NOT ACHIEVED</p>
<p>Uterine Cervical Cancer Aim: <i>Reduce the uterine cervical cancer death rate.</i></p>	<p>Healthy People 2020 Target: <i>2.2 deaths per 100,000 female population</i> Nevada: <i>2.9 (2.0-3.8) deaths per 100,000 female population</i></p>	<p>ACHIEVED</p>
<p>Tobacco Smoking Aim: <i>Reduce the proportion of adults who smoke tobacco cigarettes.</i></p>	<p>Healthy People 2020 Target: <i>12.0% of population</i> Nevada: <i>14.0% (11.6%-16.4%) of adult female population</i></p>	<p>ACHIEVED</p>
<p>Suicide Aim: <i>Reduce the suicide rate.</i></p>	<p>Healthy People 2020 Target: <i>10.2 suicides per 100,000 population</i> Nevada: <i>10.9 (9.2-12.6) suicides per 100,000 female population</i></p>	<p>ACHIEVED</p>

Resources

Reports on related topics can be obtained from the Nevada Department of Health and Human Services website at:

[http://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS - DATA REPORTS/](http://dhhs.nv.gov/Programs/Office_of_Analytics/OFFICE_OF_ANALYTICS_-_DATA_REPORTS/)

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

- The National Women's Health Resource Center, <https://www.healthywomen.org>
- Office on Women's Health, U.S. Department of Health and Human Services, <https://www.womenshealth.gov/>

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

Office of Analytics
 Nevada Department of Health and Human Services
data@dhhs.nv.gov

References

1. Arias E & J Xu. *United States Life Tables, 2017*. National Vital Statistics Reports: Volume 68, Number 7. Hyattsville, MD: National Center for Health Statistics.
2. Centers for Disease Control and Prevention (CDC). Division of Nutrition, Physical Activity, and Obesity. *Physical Activity* [Internet]. [accessed 2019 July 25]. Available from: <https://www.cdc.gov/physicalactivity/index.html>
3. Healthy People. 2020 Topics and Objectives: *Sexually Transmitted Diseases* [Internet]. [accessed 2019 July 25]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases>
4. Centers for Disease Control and Prevention (CDC). Division of STD Prevention. *Fact Sheet: 10 Ways STDs Impact Women Differently from Men* [Internet]. [accessed 2019 August 9]. Available from: <https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf>
5. U.S. Department of Health and Human Services. AIDSinfo. *HIV/AIDS: The Basics* [Internet]. [accessed 2019 August 9]. Available from: <https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/19/45/hiv-aids--the-basics>
6. Centers for Disease Control and Prevention (CDC). Division of STD Prevention. *How You Can Prevent Sexually Transmitted Diseases* [Internet]. [accessed 2019 August 9]. Available from: <https://www.cdc.gov/std/health-disparities/stds-women-042011.pdf>
7. Centers for Disease Control and Prevention (CDC). Division for Heart Disease and Stroke Prevention. *Women and Heart Disease* [Internet]. [accessed 2019 July 25]. Available from: <https://www.cdc.gov/heartdisease/women.htm>.
8. Centers for Disease Control and Prevention (CDC). *Million Hearts: Strategies to Reduce the Prevalence of Leading Cardiovascular Disease Risk Factors*. United States, 2011. *MMWR* 2011;60(36):1248-51.
9. U.S. Department of Health & Human Services. Agency for Healthcare Research and Quality. *Women: Stay Healthy at Any Age* [Internet]. [accessed 2019 July 25]. Available from: <https://archive.ahrq.gov/patients-consumers/prevention/lifestyle/healthy-women.pdf>
10. National Cancer Institute. *What is Cancer?* [Internet] [accessed 2019 July 25]. Available from: <https://www.cancer.gov/about-cancer/understanding/what-is-cancer>
11. Centers for Disease Control and Prevention (CDC). Division of Cancer Prevention and Control. *Basic Information About Breast Cancer* [Internet]. [accessed 2019 July 25]. Available from: https://www.cdc.gov/cancer/breast/basic_info/index.htm
12. Centers for Disease Control and Prevention (CDC). Division of Cancer Prevention and Control. *Basic Information About Uterine Cancer* [Internet]. [accessed 2019 August 29]. Available from: https://www.cdc.gov/cancer/uterine/basic_info/

13. Centers for Disease Control and Prevention (CDC). Division of Cancer Prevention and Control. *Basic Information About Ovarian Cancer* [Internet]. [accessed 2019 August 29]. Available from: https://www.cdc.gov/cancer/ovarian/basic_info/
14. Centers for Disease Control and Prevention (CDC). Division of Cancer Prevention and Control. *Basic Information About Cervical Cancer* [Internet]. [accessed 2019 July 25]. Available from: https://www.cdc.gov/cancer/cervical/basic_info/index.htm
15. Centers for Disease Control and Prevention (CDC). *Fact Sheet: Chronic Lower Respiratory Diseases* [Internet]. [accessed 2019 September 10]. Available from: <https://www.cdc.gov/healthreport/previous/2014/publications/CompendiumFactsheets5.pdf>
16. Centers for Disease Control and Prevention (CDC). Division of Population Health. *Basics About COPD* [Internet]. [accessed 2019 September 10]. Available from: <https://www.cdc.gov/copd/basics-about.html>
17. Centers for Disease Control and Prevention (CDC). *Fact Sheet: Smoking and Respiratory Diseases* [Internet]. [accessed 2019 September 16]. Available from: https://www.cdc.gov/tobacco/data_statistics/sgr/50th-anniversary/pdfs/fs_smoking_respiratory_508.pdf
18. Centers for Disease Control and Prevention (CDC). Office on Smoking and Health. *About Electronic Cigarettes (E-Cigarettes)*. [accessed 2019 September 10]. Available from: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html
19. Centers for Disease Control and Prevention (CDC). Office on Smoking and Health. *Outbreak of Lung Illness Associated with Using E-cigarette Products*. [accessed 2019 September 10]. Available from: https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease.html
20. Healthy People. *2020 Topics and Objectives* [Internet]. [accessed 2019 July 25]. Available from: <https://www.healthypeople.gov/2020/topics-objectives>

Office of Analytics
Department of Health and Human Services
4126 Technology Way, Suite 200
Carson City, NV 89706
data@dhhs.nv.gov

Office of Analytics. Department of Health and Human Services. Snapshot of Women's Health, Nevada 2019.

This publication was supported by the Nevada Division of Public and Behavioral Health through funding from the Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.