Minority Health Report 2019

January 2019

Office of Analytics

Department of Health and Human Services

On behalf of the Division of Public and Behavioral Health

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Acknowledgements

Recommended Citation
Office of Analytics. Department of Health and Human Services. *Minority Health Report 2019*. Carson City, Nevada e 2.0. January 2019.

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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 collections 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 vintage years 2015 - 2017. Unknown race/ethnicity populations were excluded from analyses [7].

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) [8].

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 [9].

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. The 2017 Minority Health Report includes data from the 2017 Nevada High School Youth Risk Behavior Survey (YRBS) Report [10].

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 2017, in Nevada, Hispanic populations had significantly lower death rates from heart disease, at 117.9 per 100,000, than White-non-Hispanic populations (219.4 per 100,000), Black-non-Hispanic populations (291.7 per 100,000), and Asian/Pacific Islander-non-Hispanic populations (155.2 per 100,000) (Table 1 and Figure 12).
- In 2017, Black-non-Hispanic populations had the highest mortality rates of heart disease, at 291.7 per 100,000 population, when compared across all other race/ethnicity groups in 2017 (Figure 12.).
- From 2005 to 2014, the number of cancer cases among Asian/Pacific Islander-non-Hispanic populations nearly doubled with a 96.1% increase in cancer burden for all cancer types in Nevada. Asian/Pacific Islander-non-Hispanic populations show a 121.6% increase in female breast cancer burden, 103.4% increase in colorectal cancer burden, and 93.9% increase in lung and bronchus cancer. (Figure 34).
- Hispanic populations in the Balance of State had significantly higher death rates from motor vehicle accidents, at 25.3 per 100,000 population, than Hispanic populations in Clark County (6.7 per 100,000) and Washoe County (6.8 per 100,000) (Figure 38.).
- Black-non-Hispanic populations had a higher prevalence of CLRD (21.1%) during the year 2017 than White-non-Hispanic populations (10.3%) and Hispanic populations (5.6%) (Figure 42.).
- Black-non-Hispanic populations experienced a significant increase in diabetes death rates from 17.4 per 100,000 population in 2013 to 33.5 per 100,000 population in 2017 (Figure 44.)
- Black-non-Hispanic populations had significantly higher death rates from homicide for each year from 2013 to 2017 than any other race/ethnicity group (Figure 48.). Additionally, death rates from homicide significantly increased among Black-non-Hispanic populations from 15.2 per 100,000 in 2013 to 27.5 per 100,000 in 2017 (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 2013 to 2017 (Figure 59.).
- White-non-Hispanic populations in the Balance of State (32.8%) had a significantly lower prevalence of ever getting tested for HIV than White-non-Hispanic populations in Clark County (39.9%) and Washoe County (40.3%) (Figure 66).
- In 2017, Black-non-Hispanic populations had significantly higher infant mortality rates, at 10.4 deaths per 1,000 live births, than White-non-Hispanic (4.5 per 1,000 live births) and Hispanic (5.4 per 1,000 live births) populations (Figure 82.).
- White-non-Hispanic populations (32.6 per 100,000) and American Indian/Alaska Native-non-Hispanic populations (30.0 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 92.).

General Demographics

Population Distribution and Growth

Between the years 2016 and 2017, Nevada's population grew by 1.1% for a total population of 2,985,184 in 2017 (Figures 1 - Figure 3). Nevada's population is comprised of a white majority, with the rest of the population comprising 29.0% Hispanic, 9.4% Asian/Pacific Islander, 8.7% Black, and 1.2% American Indian/Alaska Native (Figure 1).

- From 2016 – 2017, Hispanic populations experienced the greatest growth rate, at 2.2%, followed by Asian/Pacific Islander-non-Hispanic populations (1.9%), and Black-non-Hispanic populations (1.7%) (Figure 3).

Figure 1. Population Distribution – Percentages by Race/Ethnicity, Nevada, 2017

Race/Ethnicity Group	Count	Percent of Total
White – non-Hispanic	1,542,655	51.7%
Black – non-Hispanic	259,276	8.7%
AI/AN – non-Hispanic	34,569	1.2%
API – non-Hispanic	282,054	9.4%
Hispanic	866,630	29.0%
Total	**2,985,184**	**100.0%**

Source: Nevada State Demographer, vintage 2017, with group quarters.
AI/AN: American Indian/Alaska Native; API: Asian/Pacific Islander.

Nevada
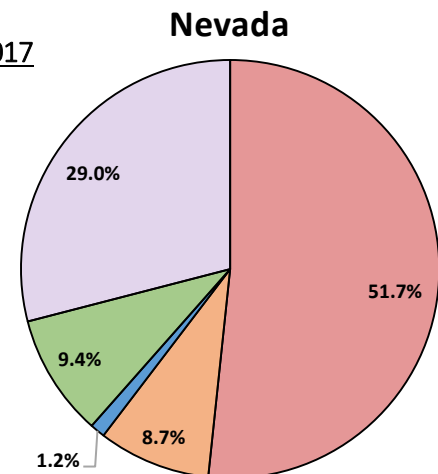
Figure 2. Population Distribution – Percentages by Race/Ethnicity, and by County, 2017

Clark County

Washoe County

Balance of State

- White - non-Hispanic
- Black - non-Hispanic
- AI/AN - non-Hispanic
- API - non-Hispanic
- Hispanic
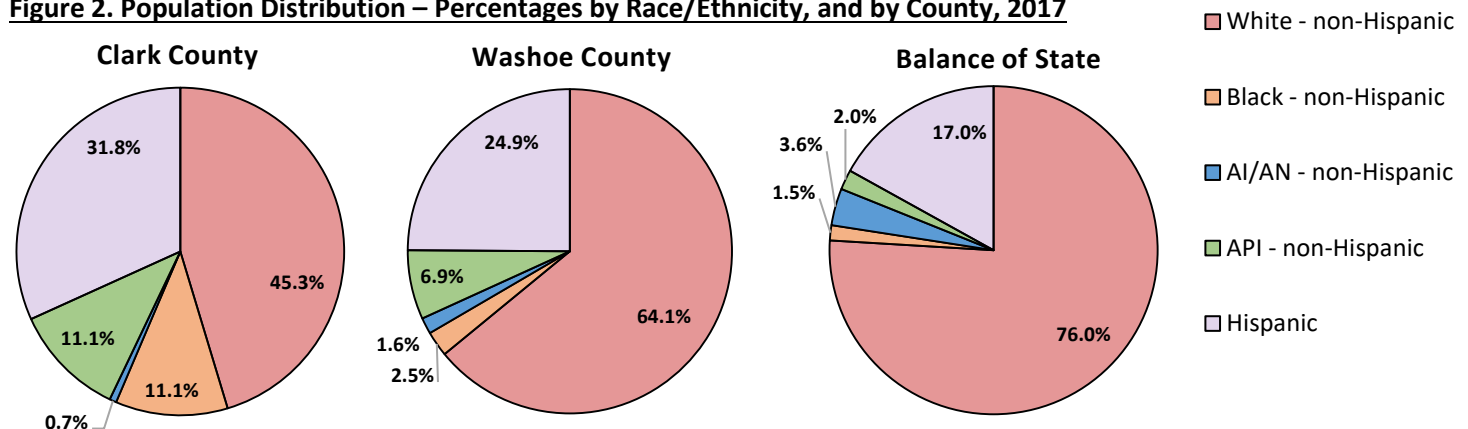
	Clark County		Washoe County		Balance of State	
Race/Ethnicity:	Count	Percent	Count	Percent	Count	Percent
White – non-Hispanic	993,103	45.3%	290,403	64.1%	259,149	76.0%
Black – non-Hispanic	242,711	11.1%	11,472	2.5%	5,093	1.5%
AI/AN – non-Hispanic	14,834	0.7%	7,313	1.6%	12,422	3.6%
API – non-Hispanic	244,068	11.1%	31,297	6.9%	6,689	2.0%
Hispanic	695,925	31.8%	112,863	24.9%	57,842	17.0%
Total	**2,190,641**	**100.0%**	**453,348**	**100.0%**	**341,195**	**100.0%**

Source: Nevada State Demographer, vintage 2017, with group quarters. AI/AN: American Indian/Alaska Native; API: Asian/Pacific Islander.

Figure 3. Population Growth Rate by Race/Ethnicity, Nevada Statewide, 2010 – 2017
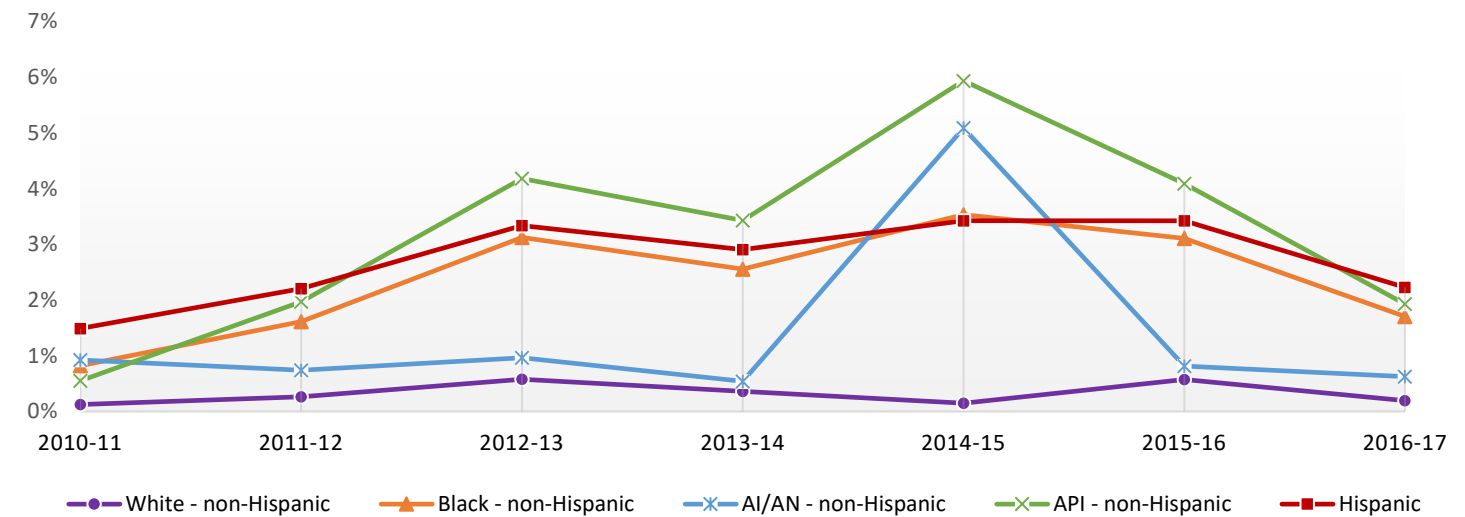
Race/Ethnicity:	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
White–non-Hispanic	0.1%	0.3%	0.6%	0.4%	0.1%	0.6%	0.2%
Black–non-Hispanic	0.8%	1.6%	3.1%	2.6%	3.5%	3.1%	1.7%
AI/AN–non-Hispanic	0.9%	0.7%	1.0%	0.5%	5.1%	0.8%	0.6%
API–Non-Hispanic	0.6%	2.0%	4.2%	3.4%	5.9%	4.1%	1.9%
Hispanic	1.5%	2.2%	3.3%	2.9%	3.4%	3.4%	2.2%
Total	0.6%	1.0%	1.8%	1.5%	1.9%	1.9%	1.1%

Source: Nevada State Demographer, vintage 2017, with group quarters. AI/AN: American Indian/Alaska Native; API: Asian/Pacific Islander.
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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 (30.4%) than Hispanic populations (9.6%) in 2017 (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 (17.1%) than White-non-Hispanic populations in Washoe County (30.8%) and Clark County (25.3%) from 2013 - 2017 (Figures 7, 6, & 5, respectively).

Figure 4. Level of Education – Prevalence by Race/Ethnicity, Nevada, 2017
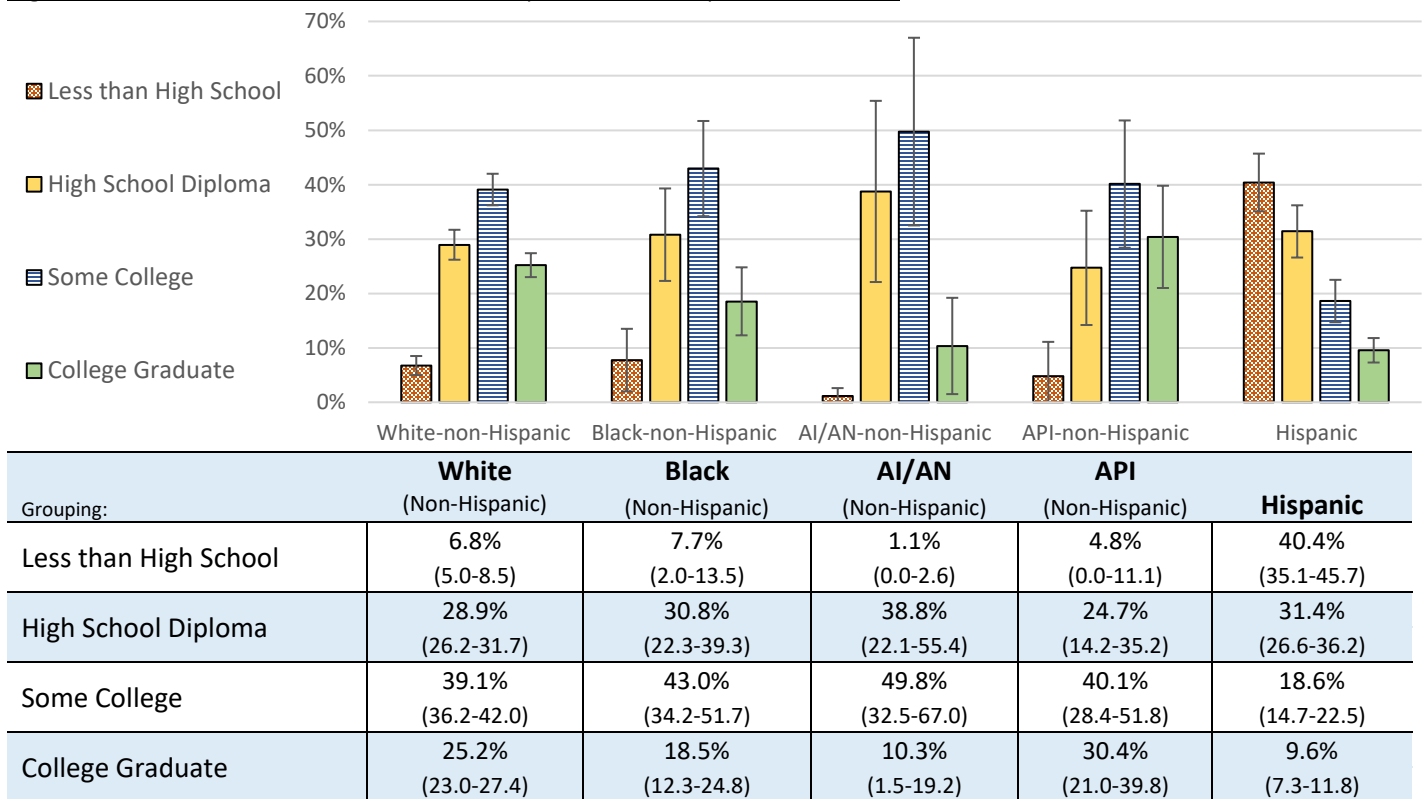
Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School	6.8% (5.0-8.5)	7.7% (2.0-13.5)	1.1% (0.0-2.6)	4.8% (0.0-11.1)	40.4% (35.1-45.7)
High School Diploma	28.9% (26.2-31.7)	30.8% (22.3-39.3)	38.8% (22.1-55.4)	24.7% (14.2-35.2)	31.4% (26.6-36.2)
Some College	39.1% (36.2-42.0)	43.0% (34.2-51.7)	49.8% (32.5-67.0)	40.1% (28.4-51.8)	18.6% (14.7-22.5)
College Graduate	25.2% (23.0-27.4)	18.5% (12.3-24.8)	10.3% (1.5-19.2)	30.4% (21.0-39.8)	9.6% (7.3-11.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 70% to display difference between groups.

Figure 5. Level of Education – Prevalence by Race/Ethnicity, Clark County, 2013-2017 Aggregated
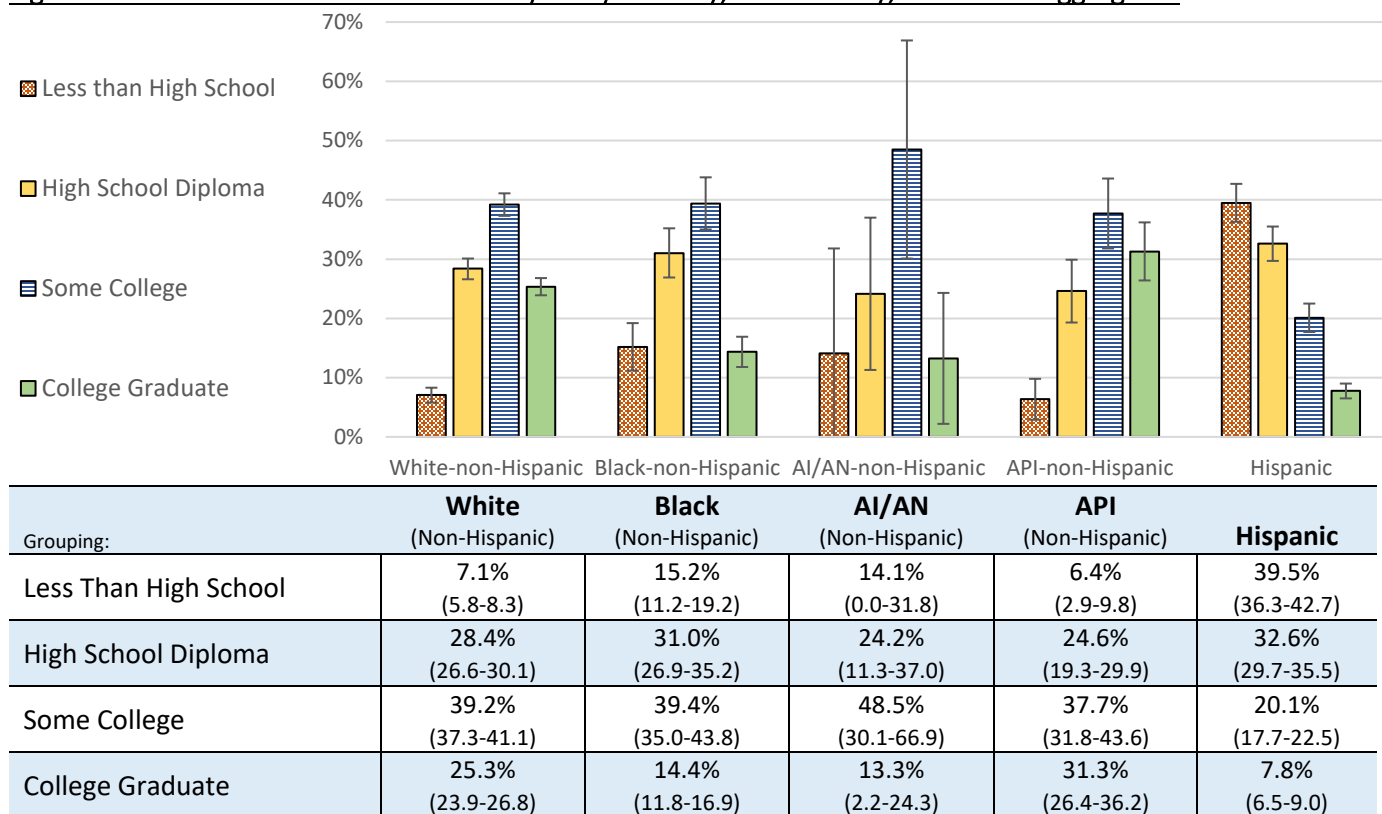
Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less Than High School	7.1% (5.8-8.3)	15.2% (11.2-19.2)	14.1% (0.0-31.8)	6.4% (2.9-9.8)	39.5% (36.3-42.7)
High School Diploma	28.4% (26.6-30.1)	31.0% (26.9-35.2)	24.2% (11.3-37.0)	24.6% (19.3-29.9)	32.6% (29.7-35.5)
Some College	39.2% (37.3-41.1)	39.4% (35.0-43.8)	48.5% (30.1-66.9)	37.7% (31.8-43.6)	20.1% (17.7-22.5)
College Graduate	25.3% (23.9-26.8)	14.4% (11.8-16.9)	13.3% (2.2-24.3)	31.3% (26.4-36.2)	7.8% (6.5-9.0)

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, 2013-2017 Aggregated
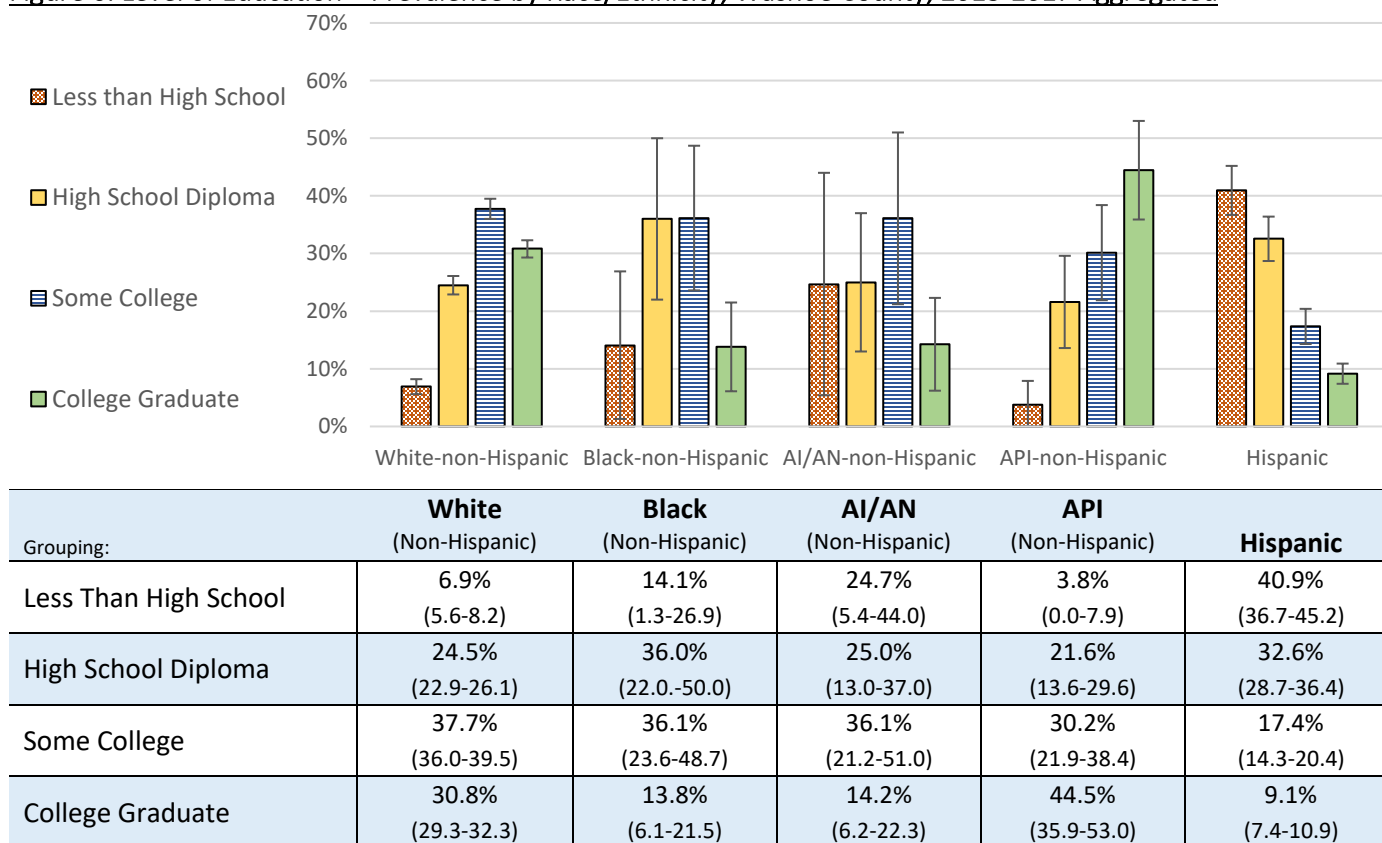
Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less Than High School	6.9% (5.6-8.2)	14.1% (1.3-26.9)	24.7% (5.4-44.0)	3.8% (0.0-7.9)	40.9% (36.7-45.2)
High School Diploma	24.5% (22.9-26.1)	36.0% (22.0.-50.0)	25.0% (13.0-37.0)	21.6% (13.6-29.6)	32.6% (28.7-36.4)
Some College	37.7% (36.0-39.5)	36.1% (23.6-48.7)	36.1% (21.2-51.0)	30.2% (21.9-38.4)	17.4% (14.3-20.4)
College Graduate	30.8% (29.3-32.3)	13.8% (6.1-21.5)	14.2% (6.2-22.3)	44.5% (35.9-53.0)	9.1% (7.4-10.9)

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, 2013-2017 Aggregated
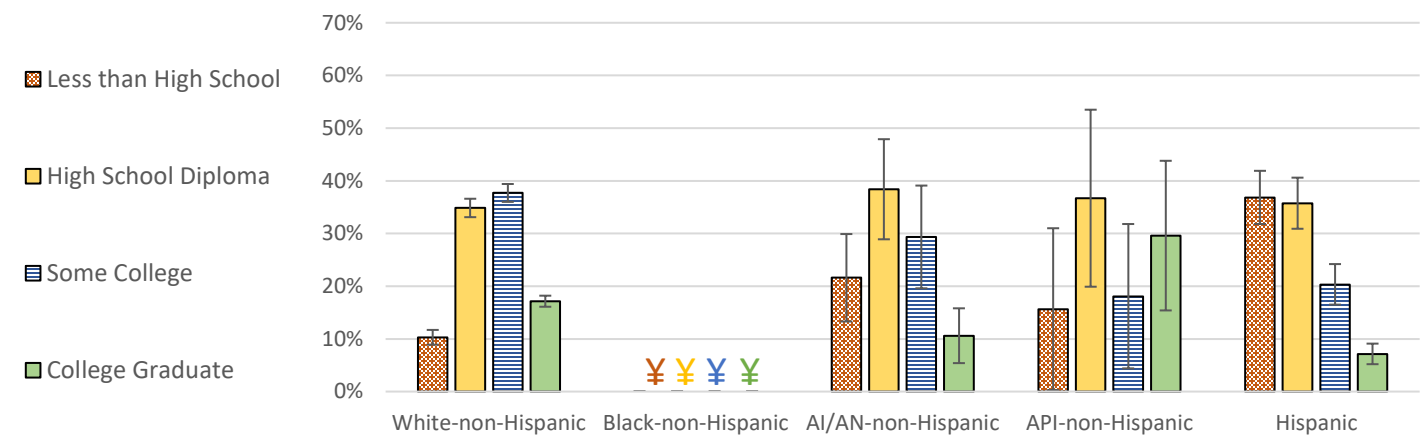
Grouping:	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less Than High School	10.3% (8.9-11.7)	¥	21.6% (13.3-29.9)	15.6% (0.3-31.0)	36.8% (31.8-41.9)
High School Diploma	34.8% (33.1-36.6)	¥	38.4% (28.9-47.9)	36.7% (19.9-53.5)	35.7% (30.9-40.6)
Some College	37.7% (36.0-39.4)	¥	29.4% (19.6-39.1)	18.1% (4.4-31.8)	20.3% (16.5-24.2)
College Graduate	17.1% (16.1-18.2)	¥	10.6% (5.4-15.8)	29.6% (15.4-43.8)	7.1% (5.2-9.1)

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 (15.3%) and Black-non-Hispanic populations (14.6%) both have significantly higher prevalence of an annual household income less than $15,000 than White-non-Hispanic populations (5.5%) in 2017 (Figure 8).
- American Indian/Alaska Native-non-Hispanic populations living in the Balance of the State (27.2%) have significantly higher prevalence of an annual household income less than $15,000 than American Indian/Alaska Native-non-Hispanic populations in Washoe County (9.6%) from 2013 – 2017 (Figures 11 & 10, respectively).
- In Nevada, Asian/Pacific Islander-non-Hispanic (58.3%) and White-non-Hispanic (56.2%) populations have significantly higher prevalence of an annual household income greater than $50,000 than Black-non-Hispanic (31.1%), American Indian/Alaska Native-non-Hispanic (29.0%), and Hispanic (20.9%) populations in 2017 (Figure 8).

Figure 8. Annual Household Income – Prevalence by Race/Ethnicity, Nevada, 2017
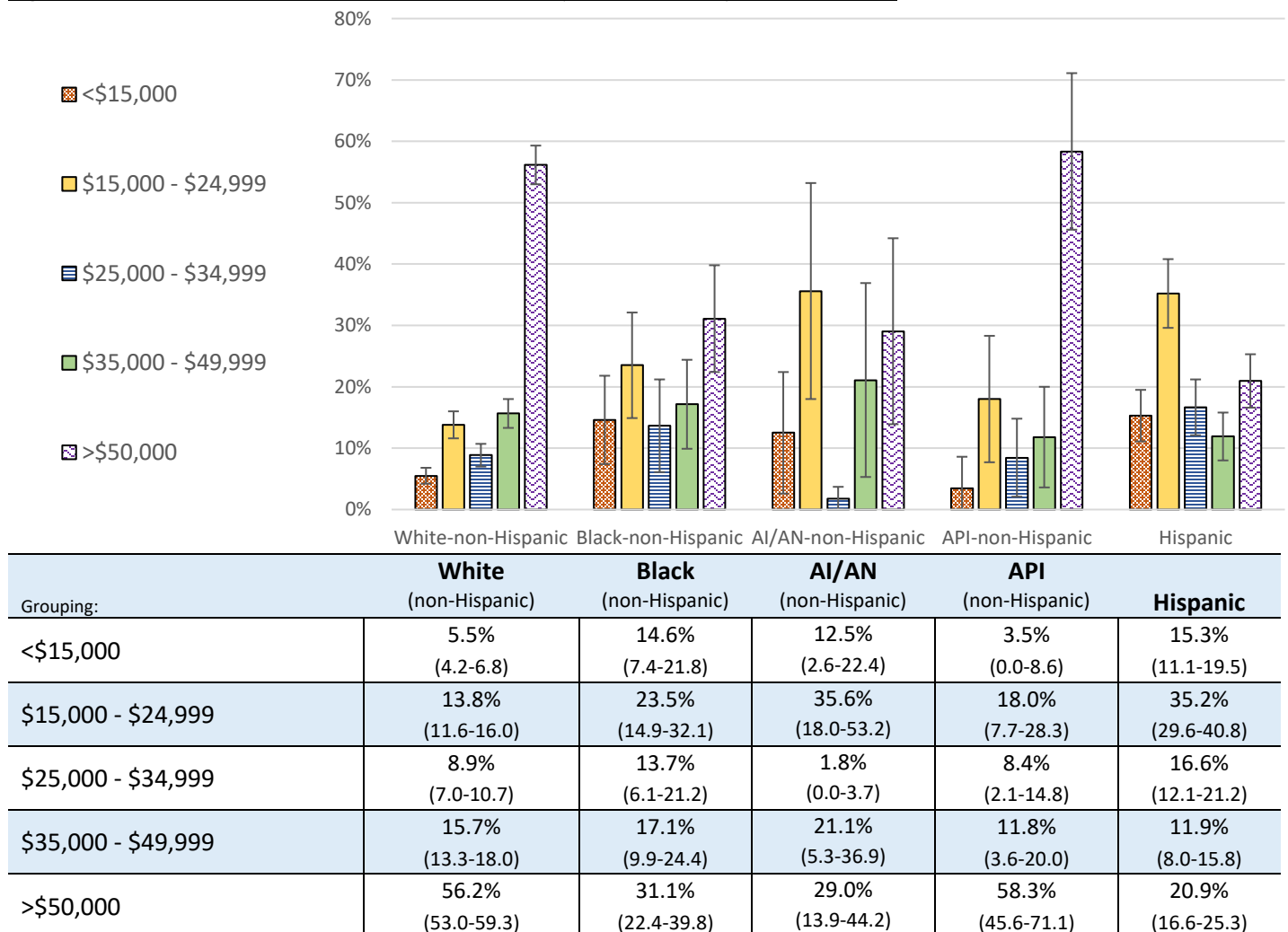
Grouping:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	5.5% (4.2-6.8)	14.6% (7.4-21.8)	12.5% (2.6-22.4)	3.5% (0.0-8.6)	15.3% (11.1-19.5)
$15,000 - $24,999	13.8% (11.6-16.0)	23.5% (14.9-32.1)	35.6% (18.0-53.2)	18.0% (7.7-28.3)	35.2% (29.6-40.8)
$25,000 - $34,999	8.9% (7.0-10.7)	13.7% (6.1-21.2)	1.8% (0.0-3.7)	8.4% (2.1-14.8)	16.6% (12.1-21.2)
$35,000 - $49,999	15.7% (13.3-18.0)	17.1% (9.9-24.4)	21.1% (5.3-36.9)	11.8% (3.6-20.0)	11.9% (8.0-15.8)
>$50,000	56.2% (53.0-59.3)	31.1% (22.4-39.8)	29.0% (13.9-44.2)	58.3% (45.6-71.1)	20.9% (16.6-25.3)

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 80% to display difference between groups.

Figure 9. Annual Household Income – Prevalence by Race/Ethnicity, Clark County, 2013-2017 Aggregated
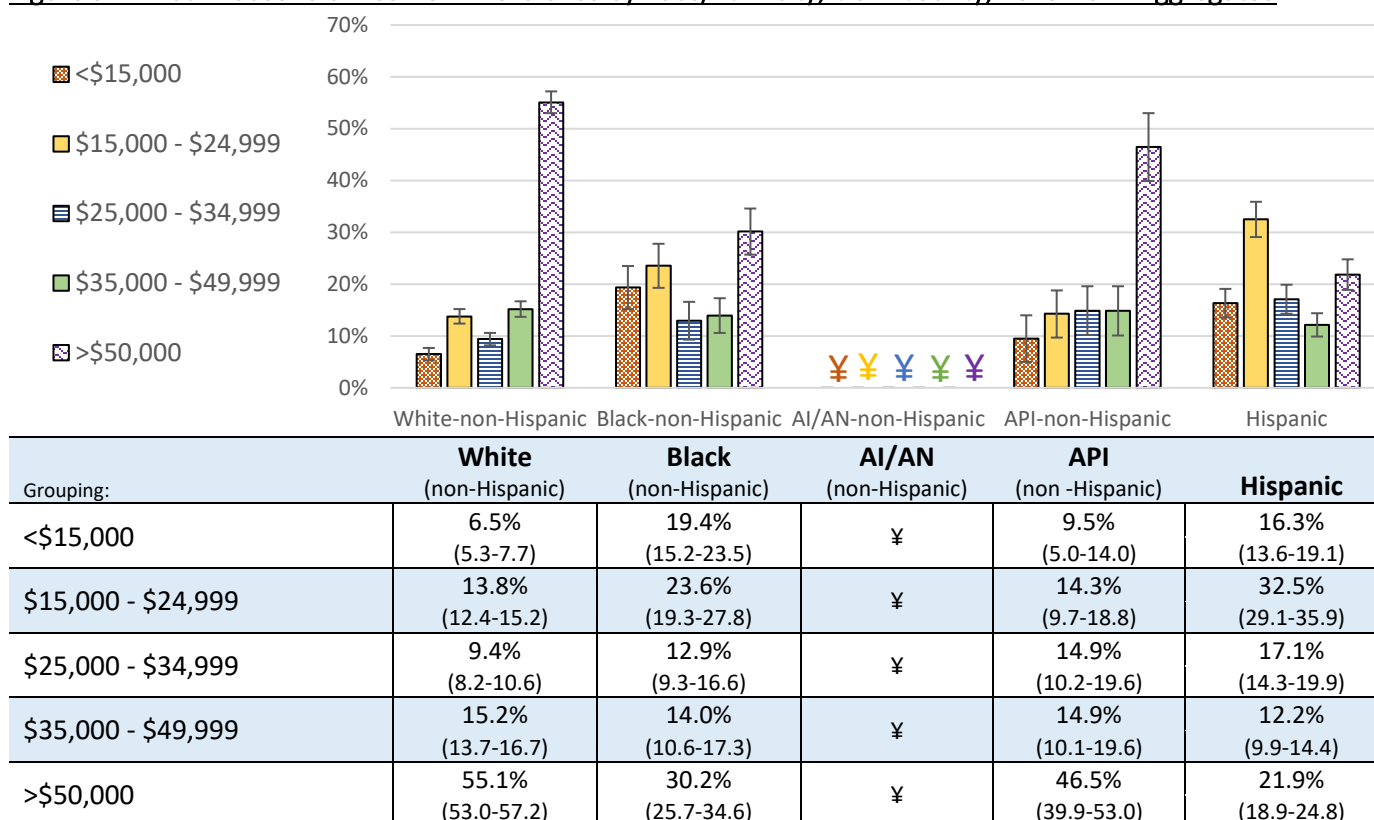
Grouping:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	6.5% (5.3-7.7)	19.4% (15.2-23.5)	¥	9.5% (5.0-14.0)	16.3% (13.6-19.1)
$15,000 - $24,999	13.8% (12.4-15.2)	23.6% (19.3-27.8)	¥	14.3% (9.7-18.8)	32.5% (29.1-35.9)
$25,000 - $34,999	9.4% (8.2-10.6)	12.9% (9.3-16.6)	¥	14.9% (10.2-19.6)	17.1% (14.3-19.9)
$35,000 - $49,999	15.2% (13.7-16.7)	14.0% (10.6-17.3)	¥	14.9% (10.1-19.6)	12.2% (9.9-14.4)
>$50,000	55.1% (53.0-57.2)	30.2% (25.7-34.6)	¥	46.5% (39.9-53.0)	21.9% (18.9-24.8)

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 70% to display difference between groups.

Figure 10. Annual Household Income – Prevalence by Race/Ethnicity, Washoe County, 2013-2017 Aggregated

Grouping:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	7.0% (6.0-8.0)	10.2% (2.7-17.6)	9.6% (2.4-16.7)	6.6% (3.6-9.6)	15.3% (12.1-18.5)
$15,000 - $24,999	12.2% (11.0-13.5)	19.6% (10.3-28.9)	19.5% (7.4-31.5)	17.6% (9.3-25.8)	33.8% (29.5-38.1)
$25,000 - $34,999	9.2% (8.0-10.4)	13.0% (4.0-22.0)	12.9% (2.3-23.5)	8.7% (3.2-14.2)	18.4% (14.9-22.0)
$35,000 - $49,999	13.0% (11.6-14.3)	29.1% (13.2-45.0)	26.0% (12.2-39.9)	11.7% (6.2-17.2)	10.2% (7.8-12.5)
>$50,000	58.6% (56.6-60.5)	28.1% (14.2-42.0)	32.1% (14.5-49.7)	55.4% (45.9-64.9)	22.2% (18.8-25.6)
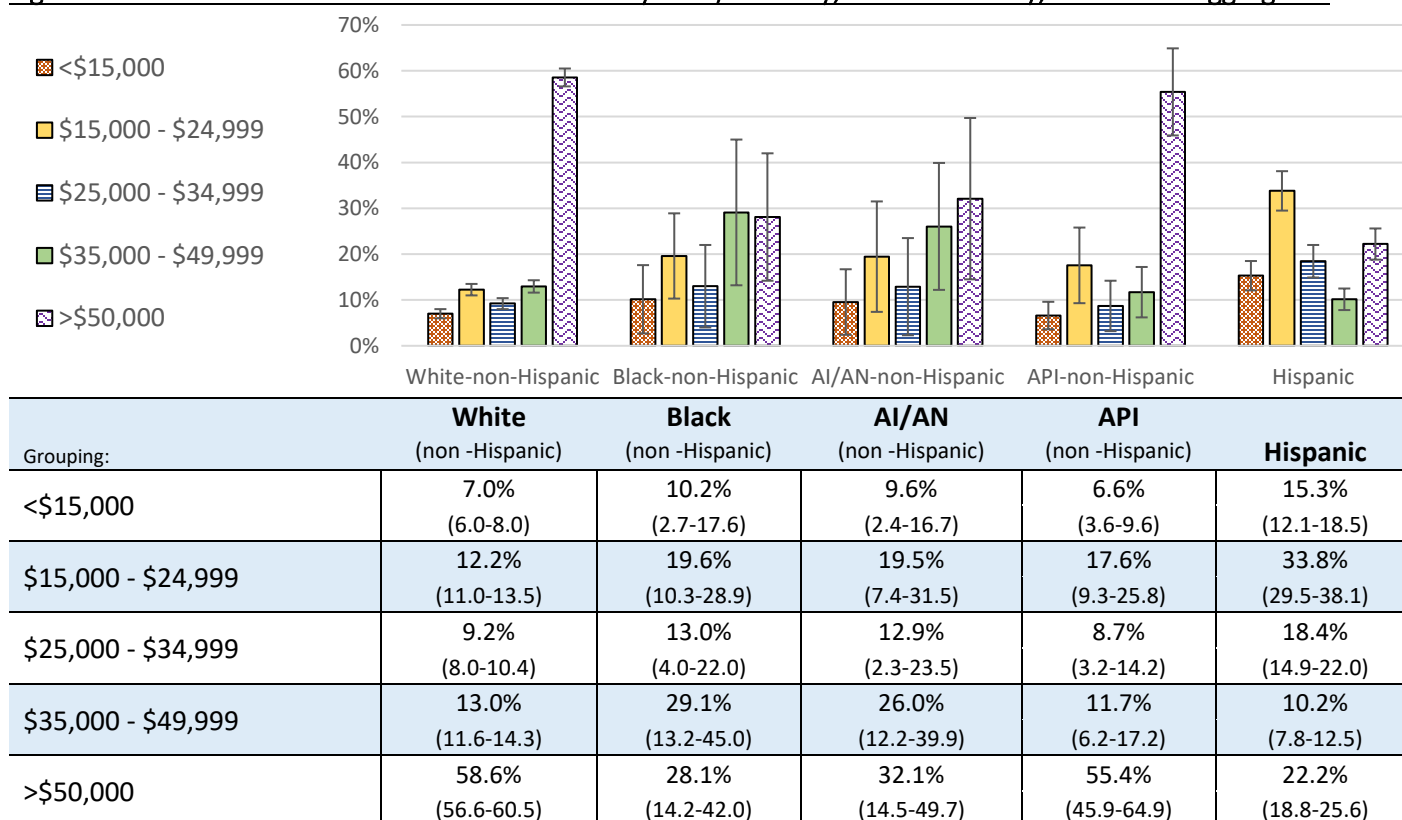
Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
Note: Graph scaled to 70% to display difference between groups.

Figure 11. Annual Household Income – Prevalence by Race/Ethnicity, Balance of State, 2013-2017 Aggregated

Legend:
- ☒ <$15,000
- ☐ $15,000 - $24,999
- ☰ $25,000 - $34,999
- ☐ $35,000 - $49,999
- ☒ >$50,000

Grouping:	White (non -Hispanic)	Black (non -Hispanic)	AI/AN (non -Hispanic)	API (non -Hispanic)	Hispanic
<$15,000	7.9% (6.9-9.0)	¥	27.2% (17.2-37.2)	¥	10.7% (7.5-13.9)
$15,000 - $24,999	16.4% (14.9-17.8)	¥	25.9% (16.7-35.2)	¥	27.3% (22.2-32.4)
$25,000 - $34,999	11.1% (9.9-12.3)	¥	12.5% (8.2-16.7)	¥	15.9% (11.7-20.0)
$35,000 - $49,999	13.8% (12.5-15.1)	¥	12.4% (5.4-19.5)	¥	14.4% (10.4-18.3)
>$50,000	50.8% (48.9-52.7)	¥	21.9% (13.7-30.1)	¥	31.8% (26.9-36.7)
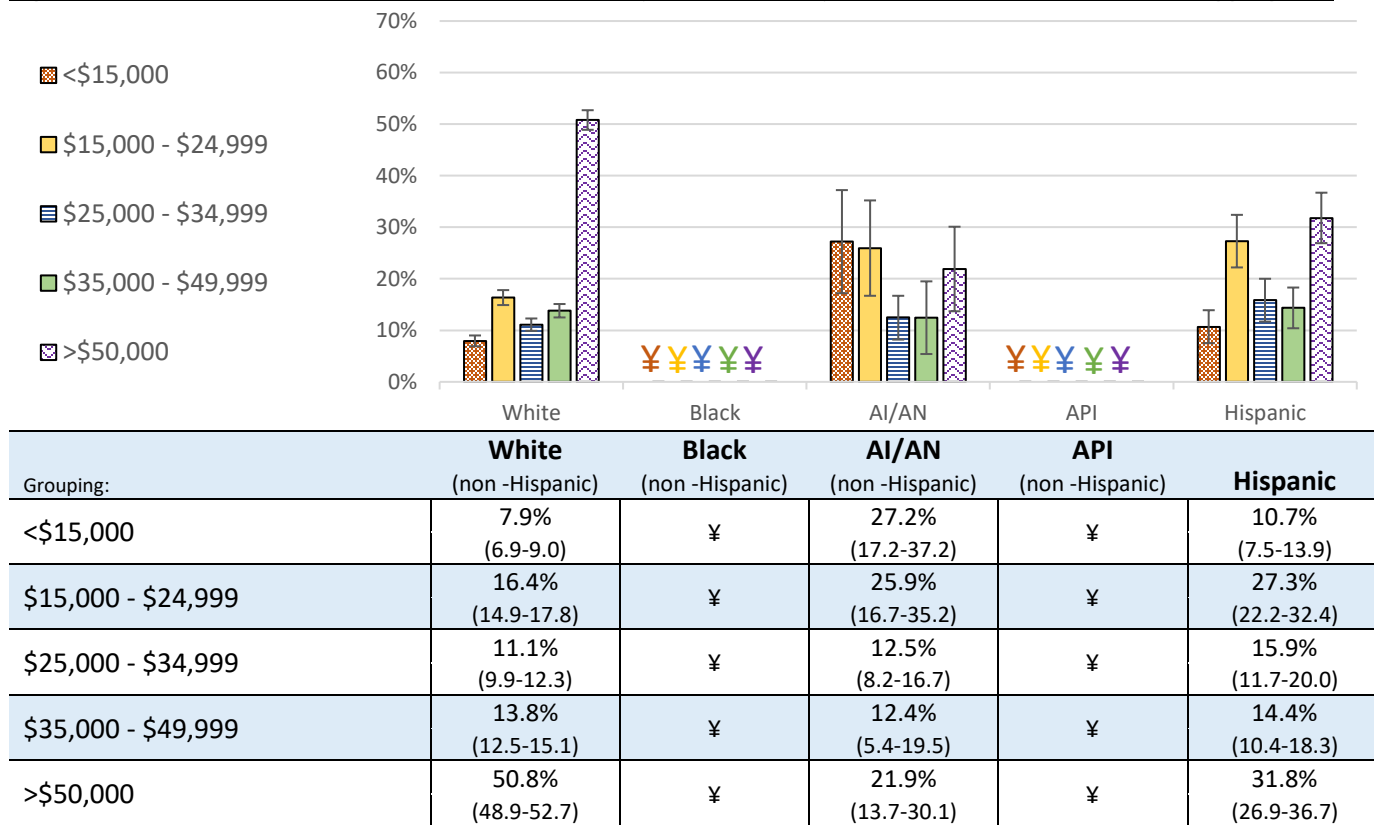
Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
¥: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
Note: Graph scaled to 70% to display difference between groups.

Leading Causes of Death

In 2016, 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 196.6 per 100,000 population [11]. The second leading cause was malignant neoplasms, with a death rate of 185.1 per 100,000 population, and the third leading cause was accidents, with a death rate of 49.9 per 100,000 population [1]. In 2017, in Nevada, the leading cause of death among all races and origins was classified as diseases of the heart with a death rate of 206.5 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, except among Hispanic populations, in which, malignant neoplasms were classified as the leading cause of death with a death rate of 118.5 per 100,000 population (Table 1. and Table 7.).
- Black-non-Hispanic populations had significantly higher death rates of diseases of the heart than all other race/ethnicity groups, in 2017, with a death rate of 291.7 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, 2017

Rank	White Cause of Death	Rate	Black Cause of Death	Rate	AI/AN Cause of Death	Rate	API Cause of Death	Rate	Hispanic Cause of Death	Rate
1	Diseases of the heart	219.4 (213.2-225.6)	Diseases of the heart	291.7 (268.1-315.2)	Diseases of the heart	128.2 (90.3-166.1)	Diseases of the heart	155.2 (139.6-170.7)	Malignant neoplasms	118.5 (107.7-129.4)
2	Malignant neoplasms	168.4 (163.1-173.8)	Malignant neoplasms	192.2 (173.9-210.5)	Malignant neoplasms	110.5 (73.9-147.1)	Malignant neoplasms	128.6 (115.1-142.1)	Diseases of the heart	117.9 (106.4-129.5)
3	All other diseases (residual)	90.3 (86.2-94.3)	All other diseases (residual)	107.6 (92.6-122.7)	All other diseases (residual)	75.9 (45.5-106.3)	All other diseases (residual)	48.9 (39.8-58.0)	All other diseases (residual)	65.0 (56.7-73.4)
4	Chronic lower respiratory	62.2 (58.9-65.4)	Cerebrovascular diseases (stroke)	70.4 (58.5-82.3)	Diabetes mellitus	37.3 (17.0-57.6)	Cerebrovascular diseases (stroke)	42.1 (34.0-50.2)	Cerebrovascular diseases (stroke)	31.1 (25.2-37.0)
5	Nontransport accidents	44.6 (41.5-47.6)	Nontransport accidents	37.4 (29.7-45.1)	Chronic lower respiratory	36.2 (14.8-57.5)	Diabetes mellitus	19.4 (14.1-24.7)	Nontransport accidents	16.1 (13.0-19.1)

Source: Nevada Electronic Death Registry System.

Table 2. Leading Causes of Death among All Races and Origins – Counts and Age-Adjusted Rates, 2017

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	6,282	206.5 (201.4-211.6)
2	Malignant neoplasms	5,140	160.2 (155.8-164.6)
3	All other diseases (residual)	2,495	84.8 (81.4-88.1)
4	Chronic lower respiratory diseases	1,612	52.6 (50.1-55.2)
5	Cerebrovascular diseases (stroke)	1,112	37.2 (35.0-39.4)
6	Non-transport accidents	1,073	35.3 (33.2-37.4)
7	Alzheimer's disease	762	28.4 (26.3-30.4)
8	Influenza and pneumonia	624	20.3 (18.7-21.9)
9	Intentional self-harm (suicide)	610	20.0 (18.4-21.6)
10	Diabetes mellitus	599	19.0 (17.4-20.5)
11	System Missing or Undefined	472	15.1 (13.7-16.4)
12	Chronic liver disease and cirrhosis	448	13.5 (12.2-14.7)
13	Transport accidents	330	10.6 (9.5-11.8)
14	Essential Hypertensive Renal Disease	296	10.0 (8.9-11.1)
15	Nephritis, nephrotic syndrome and nephrosis	283	9.0 (8.0-10.1)
16	Parkinson's disease	248	8.7 (7.6-9.8)
17	Symptoms, signs, not elsewhere classified	219	7.2 (6.3-8.2)
18	Assault (homicide)	216	7.4 (6.4-8.4)
19	Other diseases of respiratory system	173	5.7 (4.9-6.6)
20	Septicemia	165	5.3 (4.5-6.1)

Source: Nevada Electronic Death Registry System.

Table 3. Leading Causes of Death among White-non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2017

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	4,814	219.4 (213.2-225.6)
2	Malignant neoplasms	3,833	168.4 (163.1-173.8)
3	All other diseases (residual)	1,916	90.3 (86.2-94.3)
4	Chronic lower respiratory diseases	1,409	62.2 (58.9-65.4)
5	Non-transport accidents	820	44.6 (41.5-47.6)
6	Cerebrovascular diseases (stroke)	751	34.4 (32.0-36.9)
7	Alzheimer's disease	649	31.2 (28.8-33.6)
8	Intentional self-harm (suicide)	466	27.2 (24.7-29.6)
9	Influenza and pneumonia	435	19.9 (18.0-21.7)
10	Diabetes mellitus	381	17.2 (15.4-18.9)
11	Chronic liver disease and cirrhosis	329	15.8 (14.1-17.5)
12	System Missing or Undefined	317	15.3 (13.6-17.0)
13	Transport accidents	217	12.4 (10.7-14.0)
14	Essential Hypertensive Renal Disease	201	9.2 (7.9-10.4)
15	Parkinson's disease	201	9.3 (8.0-10.6)
16	Nephritis, nephrotic syndrome and nephrosis	179	7.9 (6.8-9.1)
17	Other diseases of respiratory system	126	5.7 (4.7-6.7)
18	Septicemia	119	5.4 (4.4-6.4)
19	Symptoms, signs, not elsewhere classified	117	6.1 (5.0-7.2)
20	Atherosclerosis	116	5.6 (4.6-6.6)

Source: Nevada Electronic Death Registry System.

Table 4. Leading Causes of Death among Black-non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2017

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	590	291.7 (268.1-315.2)
2	Malignant neoplasms	422	192.2 (173.9-210.5)
3	All other diseases (residual)	197	107.6 (92.6-122.7)
4	Cerebrovascular diseases (stroke)	134	70.4 (58.5-82.3)
5	Non-transport accidents	91	37.4 (29.7-45.1)
6	Chronic lower respiratory diseases	80	38.9 (30.3-47.4)
7	Assault (homicide)	72	27.5 (21.2-33.9)
8	Diabetes mellitus	69	33.5 (25.6-41.4)
9	Influenza and pneumonia	68	30.8 (23.5-38.1)
10	Symptoms, signs, not elsewhere classified	54	22.9 (16.8-29.0)
11	System Missing or Undefined	51	19.9 (14.5-25.4)
12	Alzheimer's disease	41	27.6 (19.2-36.1)
13	Intentional self-harm (suicide)	38	15.1 (10.3-19.9)
14	Nephritis, nephrotic syndrome and nephrosis	33	16.6 (10.9-22.2)
15	Essential Hypertensive Renal Disease	32	18.7 (12.2-25.2)
16	Transport accidents	30	11.8 (7.6-16.0)
17	Chronic liver disease and cirrhosis	28	11.4 (7.2-15.6)
18	HIV/AIDS	19	7.1 (3.9-10.3)
19	Other diseases of circulatory system	18	8.4 (4.5-12.3)
20	Other diseases of respiratory system	18	8.4 (4.5-12.3)

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, 2017

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	44	128.2 (90.3-166.1)
2	Malignant neoplasms	35	110.5 (73.9-147.1)
3	All other diseases (residual)	24	75.9 (45.5-106.3)
4	Diabetes mellitus	13	37.3 (17.0-57.6)
5	Chronic lower respiratory diseases	11	36.2 (14.8-57.5)
6	Cerebrovascular diseases (stroke)	8	26.2 (8.0-44.3)
7	Chronic liver disease and cirrhosis	8	24.3 (7.5-41.1)
8	Non-transport accidents	8	22.7 (7.0-38.4)
9	System Missing or Undefined	8	24.1 (7.4-40.7)
10	Influenza and pneumonia	7	16.5 (4.3-28.7)
11	Nephritis, nephrotic syndrome and nephrosis	5	11.9 (1.5-22.4)
12	Septicemia	5	11.3 (1.4-21.1)
13	Alzheimer's disease	4	17.1 (0.3-33.9)
14	Intentional self-harm (suicide)	4	10.6 (0.2-20.9)
15	Essential Hypertensive Renal Disease	3	6.6 (0.0-14.1)
16	Assault (homicide)	2	5.8 (0.0-13.9)
17	Certain other intestinal infections	2	6.0 (0.0-14.3)
18	Other diseases of circulatory system	2	9.8 (0.0-23.5)
19	Transport accidents	2	5.8 (0.0-13.9)
20	Viral hepatitis	2	5.3 (0.0-12.5)

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, 2017

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Diseases of the heart	384	155.2 (139.6-170.7)
2	Malignant neoplasms	349	128.6 (115.1-142.1)
3	All other diseases (residual)	111	48.9 (39.8-58.0)
4	Cerebrovascular diseases (stroke)	104	42.1 (34.0-50.2)
5	Diabetes mellitus	51	19.4 (14.1-24.7)
6	Non-transport accidents	44	18.1 (12.8-23.5)
7	Chronic lower respiratory diseases	43	18.2 (12.8-23.7)
8	Influenza and pneumonia	38	16.1 (11.0-21.2)
9	System Missing or Undefined	36	12.8 (8.6-17.0)
10	Intentional self-harm (suicide)	35	12.1 (8.1-16.2)
11	Alzheimer's disease	31	16.2 (10.5-21.9)
12	Essential Hypertensive Renal Disease	26	10.2 (6.3-14.1)
13	Nephritis, nephrotic syndrome and nephrosis	21	7.5 (4.3-10.6)
14	Chronic liver disease and cirrhosis	20	7.4 (4.1-10.6)
15	Assault (homicide)	13	4.8 (2.2-7.4)
16	Transport accidents	13	4.5 (2.1-7.0)
17	Parkinson's disease	12	5.2 (2.3-8.2)
18	Symptoms, signs, not elsewhere classified	12	4.7 (2.1-7.4)
19	Other diseases of respiratory system	11	4.4 (1.8-6.9)
20	Congenital malformations abnormalities	10	4.0 (1.5-6.5)
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, 2017

Rank	Primary Cause of Death	Count	Age-Adjusted Rate
1	Malignant neoplasms	458	118.5 (107.7-129.4)
2	Diseases of the heart	400	117.9 (106.4-129.5)
3	All other diseases (residual)	235	65.0 (56.7-73.4)
4	Cerebrovascular diseases (stroke)	107	31.1 (25.2-37.0)
5	Non-transport accidents	106	16.1 (13.0-19.1)
6	Diabetes mellitus	83	21.4 (16.8-26.1)
7	Influenza and pneumonia	66	18.4 (14.0-22.9)
8	Transport accidents	66	8.4 (6.4-10.5)
9	Intentional self-harm (suicide)	65	7.8 (5.9-9.8)
10	System Missing or Undefined	60	11.6 (8.7-14.5)
11	Chronic liver disease and cirrhosis	59	10.4 (7.7-13.0)
12	Chronic lower respiratory diseases	56	18.2 (13.4-22.9)
13	Assault (homicide)	54	6.0 (4.4-7.5)
14	Nephritis, nephrotic syndrome and nephrosis	41	10.5 (7.3-13.8)
15	Alzheimer's disease	36	15.1 (10.2-20.0)
16	Symptoms, signs, not elsewhere classified	33	7.5 (4.9-10.0)
17	Essential Hypertensive Renal Disease	32	10.2 (6.7-13.7)
18	Congenital malformations abnormalities	29	2.8 (1.8-3.8)
19	Perinatal period conditions	29	2.8 (1.8-3.8)
20	Parkinson's disease	22	8.9 (5.2-12.6)

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 [12]. 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 [13].

Heart Disease Mortality

The age-adjusted death rate from heart disease in the US was 165.5 per 100,000 population during the year 2016. According to the CDC, Nevada had the 6th highest death rate from heart disease in the nation, in 2016 [14]. In Nevada, the 2017 age-adjusted death rate for heart disease was 206.5 per 100,000 population (Table 2).

Significant Findings

- In 2017, Black-non-Hispanic populations had the highest mortality rates of heart disease, at 291.7 per 100,000 population, when compared across all other race/ethnicity groups in 2017 (Figure 12.).
- In 2017, Hispanic populations had significantly lower death rates, at 117.9 per 100,000 population, than Black-non-Hispanic populations (291.7 per 100,000), White-non-Hispanic populations (219.4 per 100,000), and Asian/Pacific Islander-non-Hispanic populations (155.2 per 10,000) (Figure 12.).
- Death rates from heart disease significantly increased among White-non-Hispanic and Asian/Pacific Islander-non-Hispanic populations from 2013 to 2017, in Nevada (Figure 12.).

Figure 12. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2013 – 2017

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)
2017	4,814	219.4 (213.2-225.6)	590	291.7 (268.1-315.2)	44	128.2 (90.3-166.1)	384	155.2 (139.6-170.7)	400	117.9 (106.4-129.5)
2016	4,827	224.8 (218.5-231.2)	599	303.1 (278.8-327.3)	53	163.6 (119.5-207.6)	344	145.0 (129.7-160.4)	448	131.6 (119.4-143.8)
2015	4,608	218.7 (212.4-225.0)	557	287.4 (263.5-311.2)	42	121.0 (84.4-157.6)	296	134.8 (119.4-150.1)	459	143.6 (130.5-156.8)
2014	4,419	210.0 (203.8-216.2)	464	251.1 (228.2-273.9)	40	161.6 (111.5-211.6)	264	140.6 (123.6-157.5)	372	121.4 (109.0-133.7)
2013	4,192	204.8 (198.6-211.0)	467	266.4 (242.3-290.6)	43	167.7 (117.6-217.8)	226	123.1 (107.1-139.2)	354	124.0 (111.0-136.9)

Source: Nevada Electronic Death Registry System.

Figure 13. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	3,305	240.6 (232.4-248.8)	760	194.4 (180.6-208.3)	743	188.2 (174.7-201.7)
Black-non-Hispanic	554	287.6 (263.6-311.5)	26	501.7 (308.8-694.5)	10	134.0 (50.9-217.0)
AI/AN-non-Hispanic	16	130.1 (66.4-193.9)	9	163.7 (56.7-270.6)	19	303.9 (167.3-440.6)
API-non-Hispanic	338	155.5 (138.9-172.1)	36	152.6 (102.8-202.5)	10	37.4 (14.2-60.5)
Hispanic	332	122.1 (109.0-135.3)	35	96.5 (64.5-128.4)	33	83.6 (55.1-112.2)
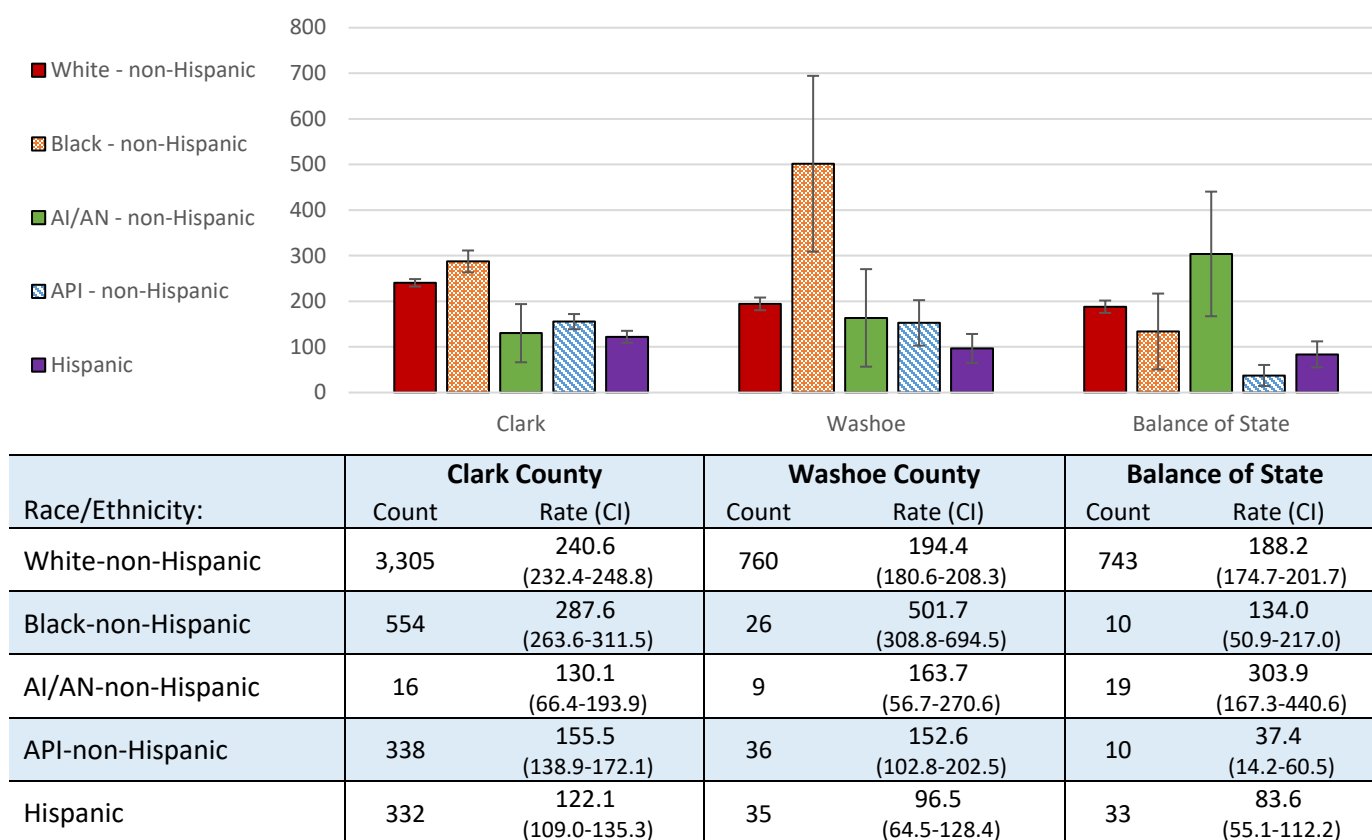
Source: Nevada Electronic Death Registry System.

Prevalence of Heart Disease

According to the 2017 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 [15]. Additionally, 4.2% of adults have ever been told they had a heart attack [15].

Significant Findings

- In 2017, Hispanic populations had a significantly lower prevalence of heart disease (1.6%) than White-non-Hispanic populations in Nevada (Figure 14.).
- From 2013-2017, Hispanic populations in Clark County (1.8%) and Washoe County (2.2%) had significantly lower prevalence of heart disease than White-non-Hispanic populations in Clark County (5.3%) and Washoe County (3.8%) (Figure 15.)

Figure 14. Adults Who Have Ever had Heart Disease or Ever had a Heart Attack – Prevalence by Race/Ethnicity, Nevada, 2017.
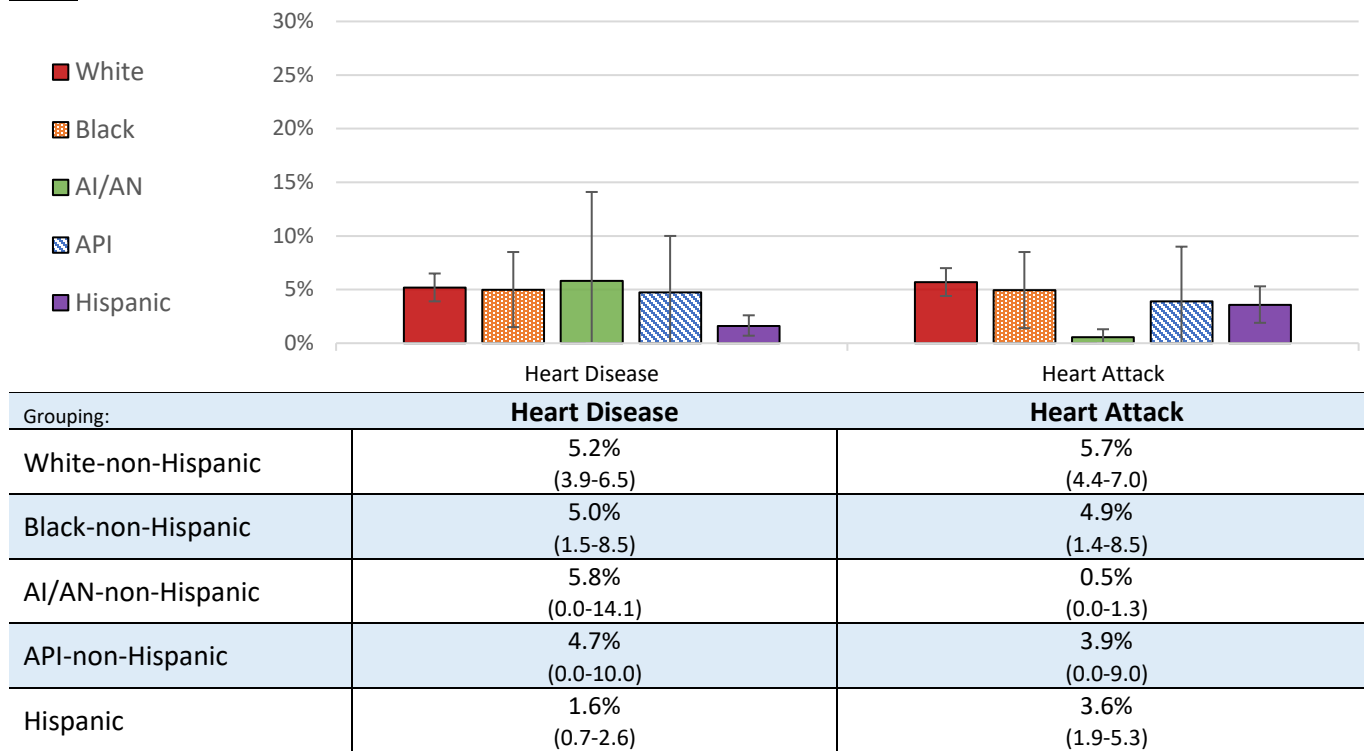
Grouping:	Heart Disease	Heart Attack
White-non-Hispanic	5.2% (3.9-6.5)	5.7% (4.4-7.0)
Black-non-Hispanic	5.0% (1.5-8.5)	4.9% (1.4-8.5)
AI/AN-non-Hispanic	5.8% (0.0-14.1)	0.5% (0.0-1.3)
API-non-Hispanic	4.7% (0.0-10.0)	3.9% (0.0-9.0)
Hispanic	1.6% (0.7-2.6)	3.6% (1.9-5.3)

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, 2013 – 2017, Aggregated
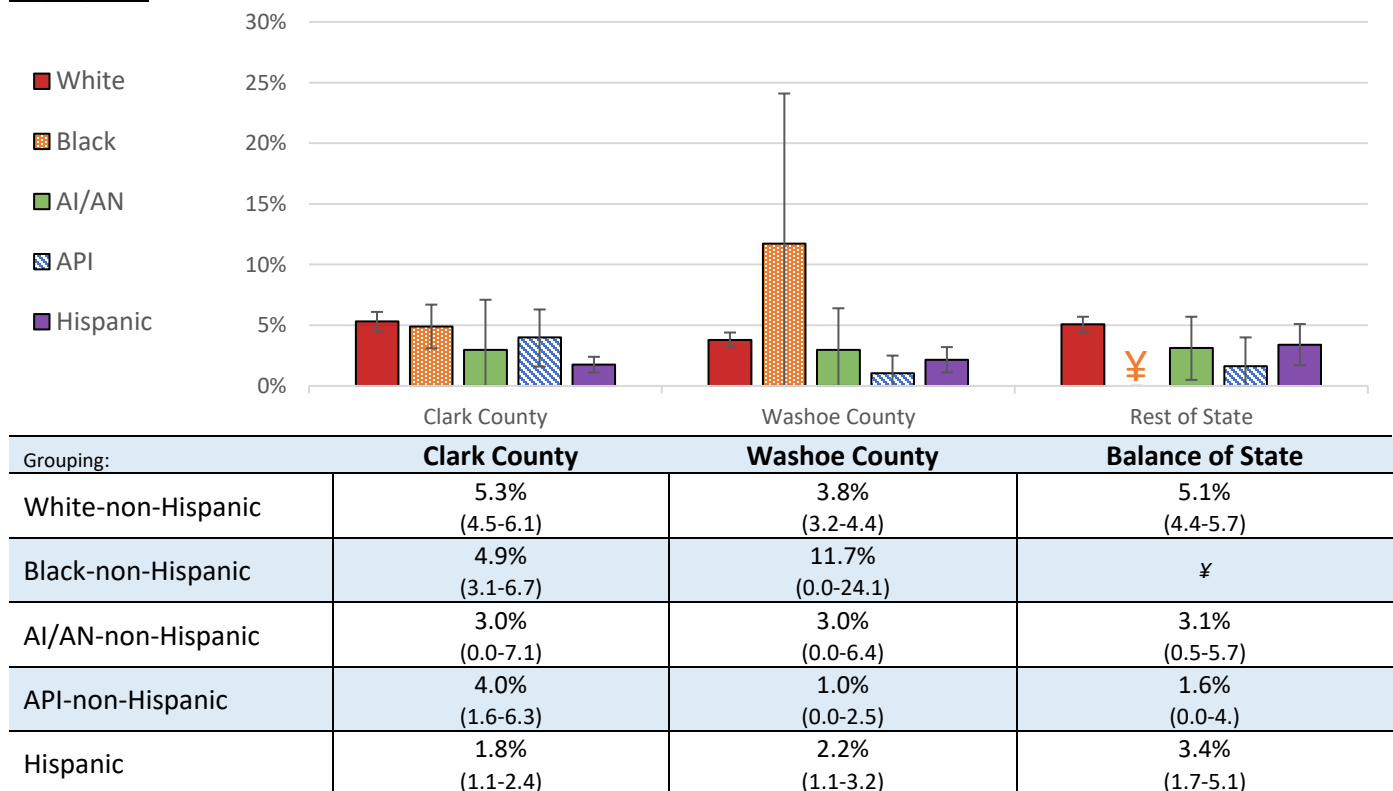
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	5.3% (4.5-6.1)	3.8% (3.2-4.4)	5.1% (4.4-5.7)
Black-non-Hispanic	4.9% (3.1-6.7)	11.7% (0.0-24.1)	¥
AI/AN-non-Hispanic	3.0% (0.0-7.1)	3.0% (0.0-6.4)	3.1% (0.5-5.7)
API-non-Hispanic	4.0% (1.6-6.3)	1.0% (0.0-2.5)	1.6% (0.0-4.)
Hispanic	1.8% (1.1-2.4)	2.2% (1.1-3.2)	3.4% (1.7-5.1)

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, 2013 – 2017, Aggregated
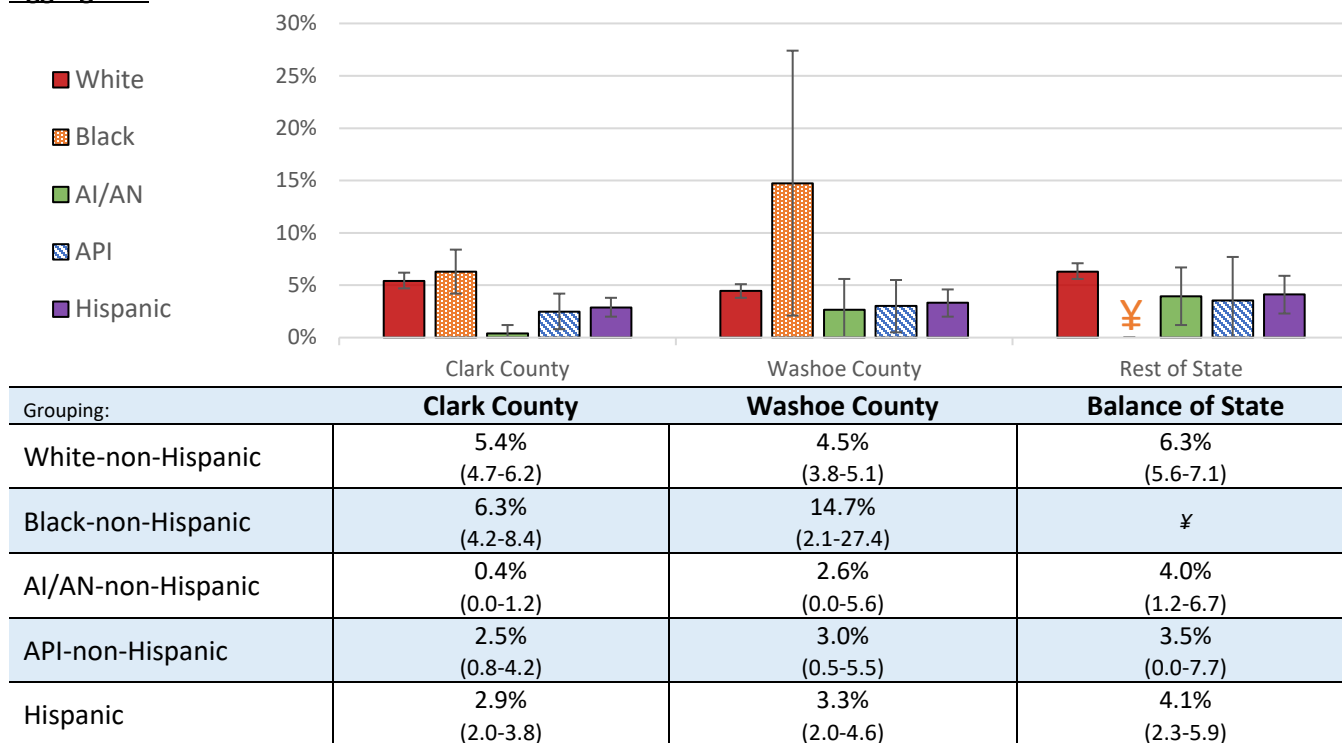
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	5.4% (4.7-6.2)	4.5% (3.8-5.1)	6.3% (5.6-7.1)
Black-non-Hispanic	6.3% (4.2-8.4)	14.7% (2.1-27.4)	¥
AI/AN-non-Hispanic	0.4% (0.0-1.2)	2.6% (0.0-5.6)	4.0% (1.2-6.7)
API-non-Hispanic	2.5% (0.8-4.2)	3.0% (0.5-5.5)	3.5% (0.0-7.7)
Hispanic	2.9% (2.0-3.8)	3.3% (2.0-4.6)	4.1% (2.3-5.9)

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 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 [16]. Every year, more than 795,000 people have a stroke in the US, and nearly one out of every twenty deaths are due to a stroke [17]. The death rate from strokes among all races, origins, and age groups, is 44.0 per 100,000 population, making it the fifth leading cause of death in the US in 2016 [11].

Significant Findings

- In 2017, Black-non-Hispanic populations had significantly higher death rates, at 70.4 per 100,000 population, than all other race/ethnicity groups (Figure 17.).
- The 2013-2017 combined prevalence of stroke among American Indian/Alaska Native-non-Hispanic populations was significantly higher in the Balance of State (8.3%) than in Clark County (1.6%) and Washoe County (1.4%) (Figure 19.).

Figure 17. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2013 – 2017

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)
2017	751	34.4 (32.0-36.9)	134	70.4 (58.5-82.3)	8	26.2 (8.0-44.3)	104	42.1 (34.0-50.2)	107	31.1 (25.2-37.0)
2016	728	34.6 (32.0-37.1)	102	53.5 (43.1-63.9)	8	21.8 (6.7-36.9)	109	48.6 (39.4-57.7)	105	32.8 (26.5-39.0)
2015	750	36.6 (34.0-39.2)	81	46.3 (36.2-56.4)	6	19.7 (3.9-35.5)	89	39.8 (31.5-48.1)	119	39.6 (32.5-46.8)
2014	648	31.8 (29.4-34.2)	86	49.8 (39.3-60.4)	3	11.3 (0.0-24.2)	75	38.7 (29.9-47.4)	92	29.0 (23.1-34.9)
2013	643	31.7 (29.3-34.2)	91	52.7 (41.9-63.5)	3	12.3 (0.0-26.2)	68	38.2 (29.1-47.2)	73	27.2 (21.0-33.5)

Source: Nevada Electronic Death Registry System.

Figure 18. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	486	35.4 (32.2-38.5)	135	36.1 (30.0-42.2)	130	33.5 (27.8-39.3)
Black-non-Hispanic	129	71.6 (59.2-83.9)	4	51.1 (1.0-101.2)	1	10.7 (0.0-31.7)
AI/AN-non-Hispanic	3	35.3 (0.0-75.3)	1	8.6 (0.0-25.4)	4	69.2 (1.4-137.1)
API-non-Hispanic	92	42.7 (34.0-51.4)	10	37.5 (14.3-60.8)	2	11.1 (0.0-26.5)
Hispanic	90	31.5 (25.0-38.0)	11	36.6 (15.0-58.2)	6	15.4 (3.1-27.7)
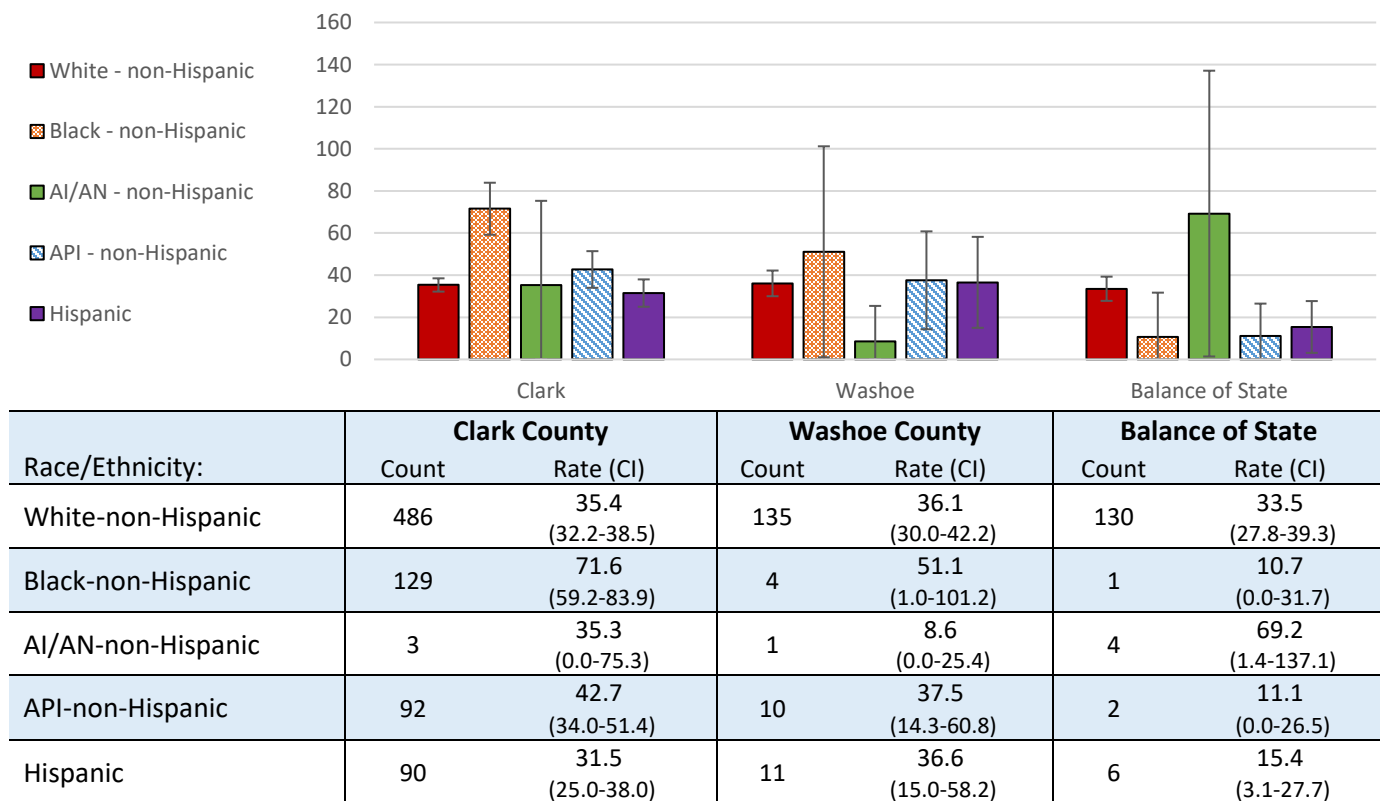
Source: Nevada Electronic Death Registry System.

Figure 19. Adults Who Have Been Told They Had a Stroke – Prevalence by Race/Ethnicity, and by Region, 2013-2017, Aggregated
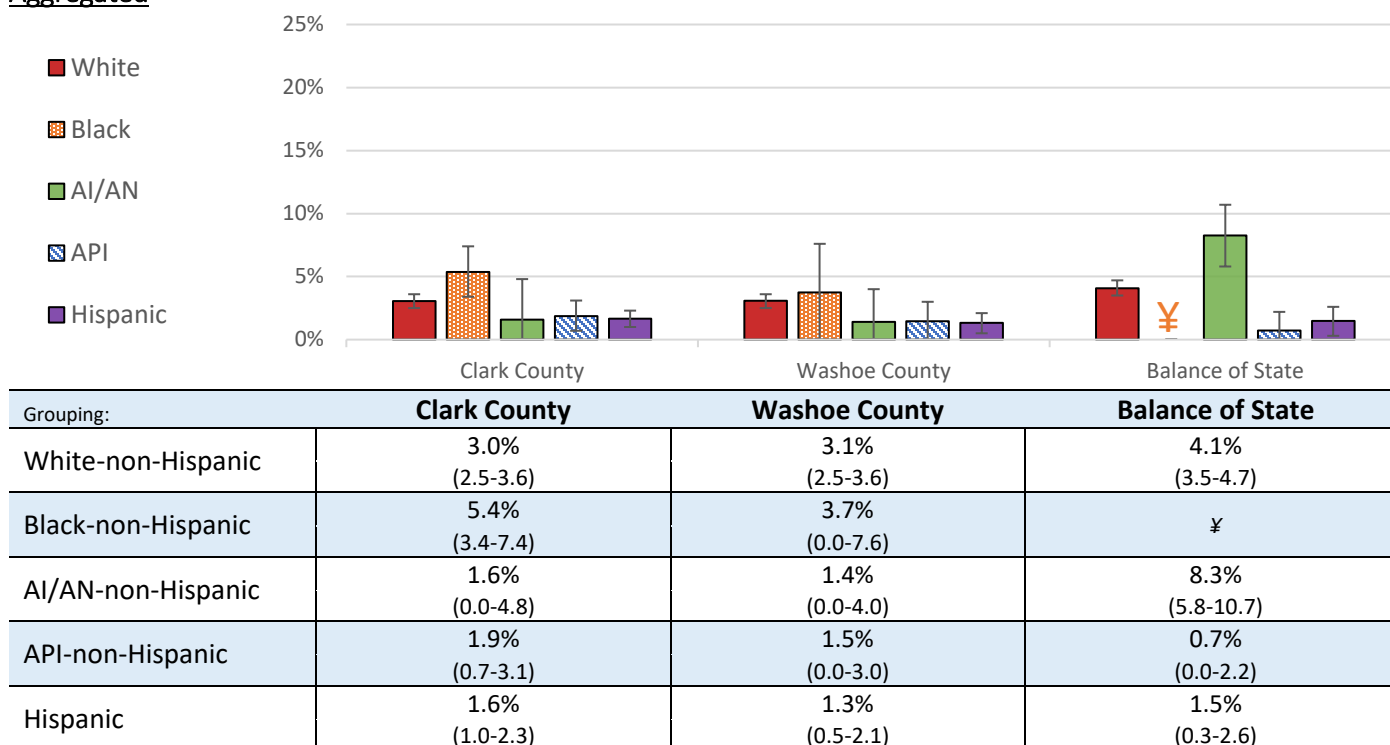
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	3.0% (2.5-3.6)	3.1% (2.5-3.6)	4.1% (3.5-4.7)
Black-non-Hispanic	5.4% (3.4-7.4)	3.7% (0.0-7.6)	¥
AI/AN-non-Hispanic	1.6% (0.0-4.8)	1.4% (0.0-4.0)	8.3% (5.8-10.7)
API-non-Hispanic	1.9% (0.7-3.1)	1.5% (0.0-3.0)	0.7% (0.0-2.2)
Hispanic	1.6% (1.0-2.3)	1.3% (0.5-2.1)	1.5% (0.3-2.6)

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 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 [18]. Non-modifiable risk factors include family history, age, gender, ethnicity, and socioeconomic status [19]. Modifiable risk factors are related to behavior and decision making, such as, physical inactivity, tobacco use, and diet [19]. 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 [20].

Significant Findings

- In 2017, Hispanic populations had a significantly higher prevalence of physical inactivity (37.7%) than White-non-Hispanic populations (23.4%) and American Indian/Alaska Native-non-Hispanic populations (13.7%) (Figure 20.).
- White-non-Hispanic populations in Washoe County had significantly lower prevalence of being overweight or obese (58.9%) than White-non-Hispanic populations in Clark County (63.0%) and 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 (17.9%) than White-non-Hispanic populations in Clark County (23.5%) and the Balance of State (25.1%) (Figure 23.).
- In 2017, American Indian/Alaska Native-non-Hispanic populations in the Balance of State had a significantly higher prevalence of high school students who were overweight or obese (29.0%) than White-non-Hispanic (11.9%), and Asian/Pacific Islander-non-Hispanic populations (5.7%) in the Balance of State (Figure 24).

Figure 20. Adults Who Reported Cardiovascular Disease Risk Factors – Prevalence by Race/Ethnicity, Nevada, 2017
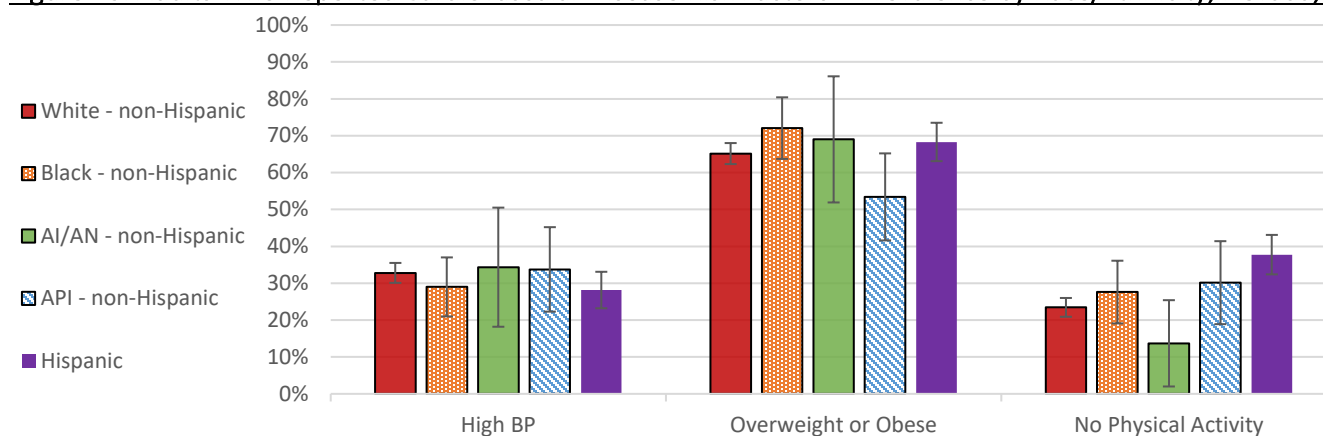
Grouping:	**High BP**	**Overweight or Obese**	**No Physical Activity**
White-non-Hispanic	32.8% (30.1-35.5)	65.2% (62.3-68.0)	23.4% (20.9-26.0)
Black-non-Hispanic	29.0% (21.0-37.0)	72.1% (63.7-80.4)	27.6% (19.1-36.1)
AI/AN-non-Hispanic	34.4% (18.2-50.5)	69.0% (51.9-86.1)	13.7% (2.0-25.4)
API-non-Hispanic	33.7% (22.3-45.2)	53.4% (41.6-65.2)	30.1% (18.9-41.4)
Hispanic	28.2% (23.2-33.1)	68.3% (63.1-73.5)	37.7% (32.4-43.1)

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

Figure 21. Adults Who Have Been Told They Have High Blood Pressure* – Prevalence by Race/Ethnicity, and by Region, 2013, 2015, and 2017, Aggregated
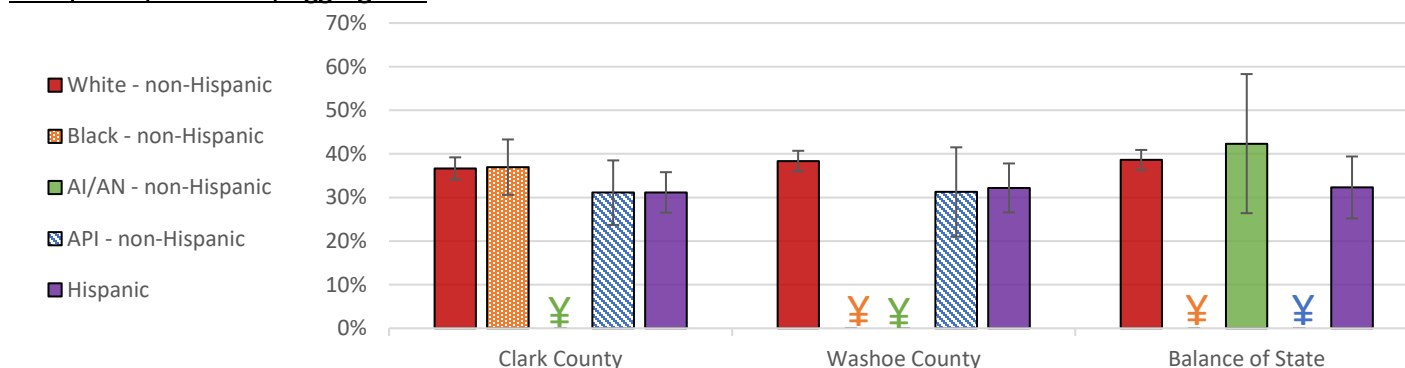
Grouping:	**Clark County**	**Washoe County**	**Balance of State**
White-non-Hispanic	36.7% (34.1-39.2)	38.4% (36.0-40.7)	38.6% (36.3-40.9)
Black-non-Hispanic	36.9% (30.6-43.3)	¥	¥
AI/AN-non-Hispanic	¥	¥	42.3% (26.4-58.3)
API-non-Hispanic	31.1% (23.7-38.5)	31.3% (21.0-41.5)	¥
Hispanic	31.2% (26.5-35.8)	32.2% (26.6-37.8)	32.3% (25.2-39.4)

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.
*BRFSS question only asked on odd years.

Figure 22. Adults Who Reported Being Overweight or Obese – Prevalence by Race/Ethnicity, and by Region, 2013 - 2017, Aggregated
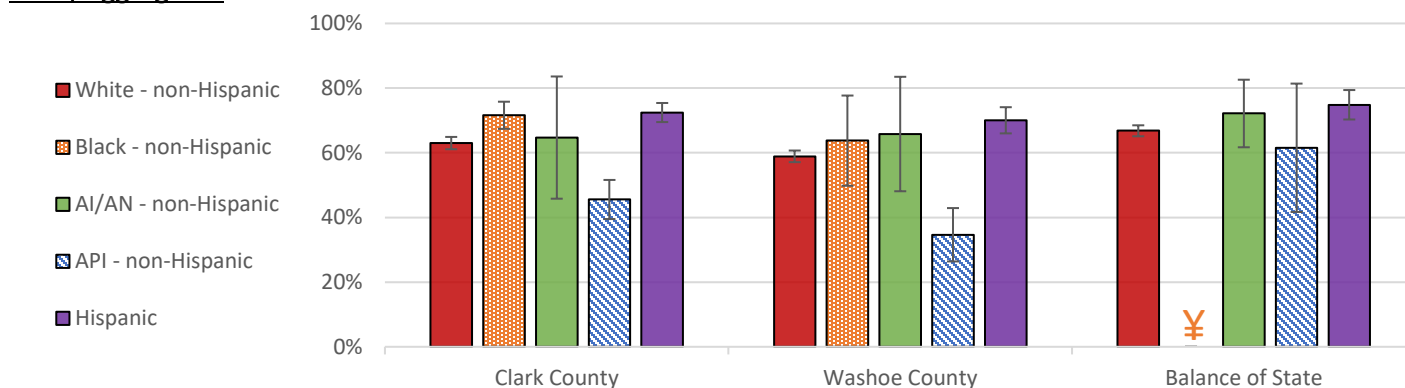
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	63.0% (61.1-64.9)	58.9% (57.1-60.7)	66.8% (65.1-68.5)
Black-non-Hispanic	71.6% (67.4-75.8)	63.8% (49.8-77.7)	¥
AI/AN-non-Hispanic	64.7% (45.8-83.6)	65.8% (48.1-83.5)	72.2% (61.7-82.6)
API-non-Hispanic	45.6% (39.5-51.6)	34.6% (26.4-42.9)	61.5% (41.7-81.4)
Hispanic	72.4% (69.5-75.4)	70.1% (66.0-74.1)	74.8% (70.3-79.4)

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, 2013 - 2017, Aggregated
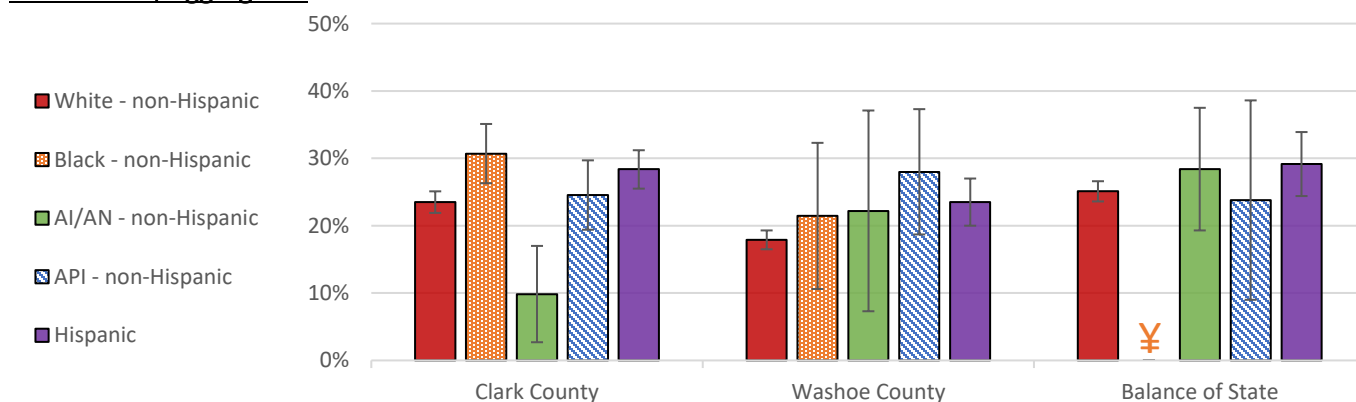
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	23.5% (21.9-25.1)	17.9% (16.5-19.3)	25.1% (23.6-26.6)
Black-non-Hispanic	30.7% (26.3-35.1)	21.5% (10.6-32.3)	¥
AI/AN-non-Hispanic	9.8% (2.7-17.0)	22.2% (7.3-37.1)	28.4% (19.3-37.5)
API-non-Hispanic	24.6% (19.4-29.7)	28.0% (18.7-37.3)	23.8% (9.0-38.6)
Hispanic	28.4% (25.5-31.2)	23.5% (20.0-27.0)	29.2% (24.4-33.9)

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 50% to display difference between groups.

Figure 24. High School Students Who Were Obese – Prevalence by Race/Ethnicity, and by Region, 2017
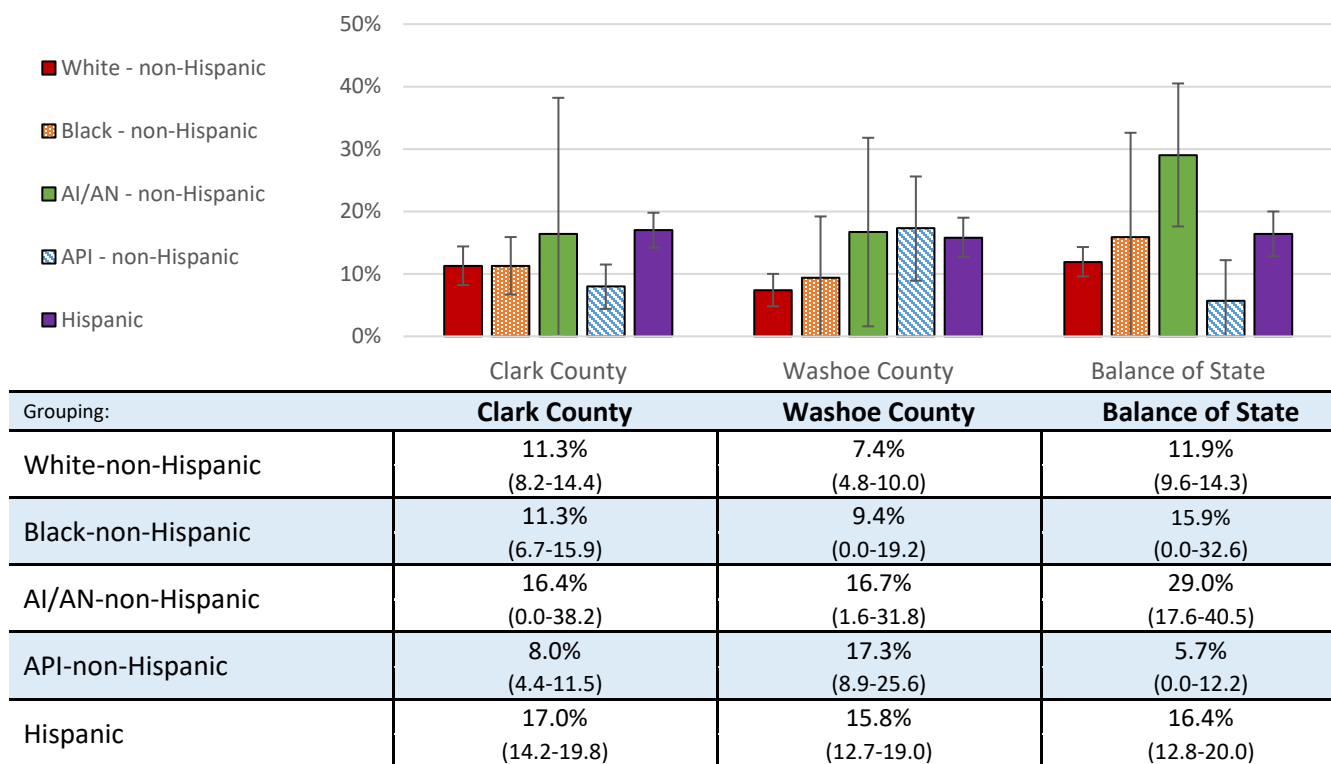
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	11.3% (8.2-14.4)	7.4% (4.8-10.0)	11.9% (9.6-14.3)
Black-non-Hispanic	11.3% (6.7-15.9)	9.4% (0.0-19.2)	15.9% (0.0-32.6)
AI/AN-non-Hispanic	16.4% (0.0-38.2)	16.7% (1.6-31.8)	29.0% (17.6-40.5)
API-non-Hispanic	8.0% (4.4-11.5)	17.3% (8.9-25.6)	5.7% (0.0-12.2)
Hispanic	17.0% (14.2-19.8)	15.8% (12.7-19.0)	16.4% (12.8-20.0)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
Note: Graph scaled to 50% 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 [20][21].

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 2012-2014 lifetime risk of developing cancer was 38.5% 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 20.2% for the time period from 2012-2014 among all race/ethnicity groups (Table 8). From 2012-2014, White-non-Hispanic populations had the highest lifetime risk of developing and dying from cancer with estimates of 38.7% and 20.4%, respectively (Table 8).

Table 8. Lifetime Risk of Developing and Dying from Cancer, by Race/Ethnicity and Time, United States, 2003-2005 & 2012-2014

Race/Ethnicity	Lifetime Risk of Developing Cancer (%)		Lifetime Risk of Dying from Cancer (%)	
	2003-2005	2012-2014	2003-2005	2012-2014
White-non-Hispanic	41.7	38.7	21.4	20.4
Black-non-Hispanic	37.7	35.7	21.1	20.4
AI/AN-non-Hispanic	30.5	27.7	16.1	16.8
API-non-Hispanic	36.9	33.6	19.1	18.6
Hispanic	38.8	35.3	17.7	17.7
All Race/Ethnicity Groups	41	38.5	21.1	20.2

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 [11]. Cancer is typically diagnosed late in life with 76.9% 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 [20]. In Nevada and the United States, Asian/Pacific Islander-non-Hispanic populations experience the highest percentage of early deaths with 40.2% and 41.2% respectively (Figure 25).

Figure 25. Early vs Late Deaths* – Percent of Total Deaths, Nevada and United States, 2014
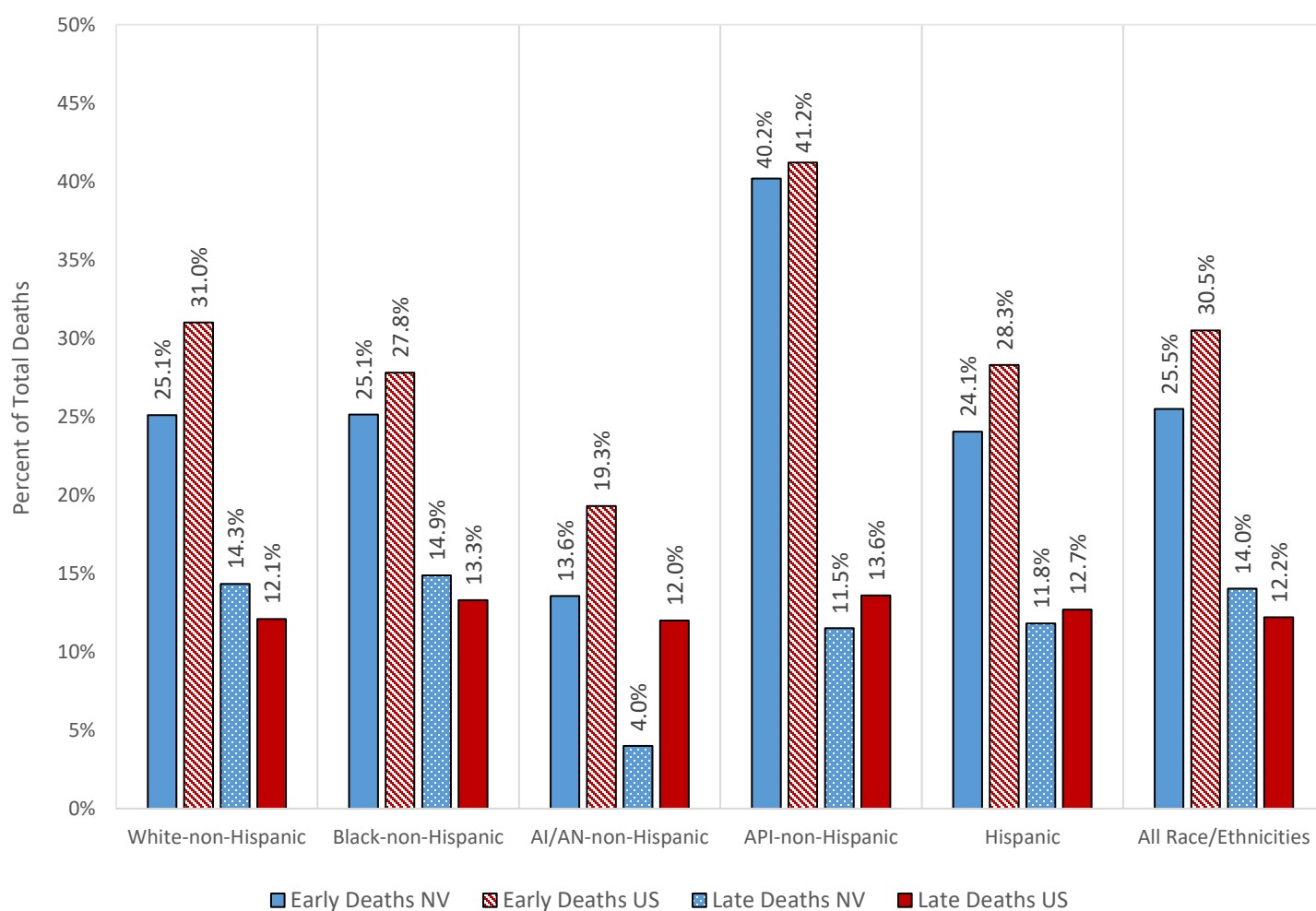
*Early Death: Ages 45-64. Late Death: Ages 85+.
Source: Division of Public and Behavioral Health, Electronic Death Registry System.
United States Deaths: CDC. National Vital Statistics Reports. Deaths, Leading Causes for 2014.

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 (413.9 per 100,000) was significantly less than the incidence rate for all cancer types in the US (444.8 per 100,000) among all race/ethnicity groups (Figure 26).
- In Nevada, White-non-Hispanic (178.0 per 100,000) and Black-non-Hispanic (181.8 per 100,000) populations had significantly higher mortality rates from all types of cancer than American Indian/Alaska Native-non-Hispanic (107.5 per 100,000), Asian-non-Hispanic (116.3 per 100,000), and Hispanic (98.3 per 100,000) populations (Figure 26).

Figure 26. All Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and the United States, 2010-2014
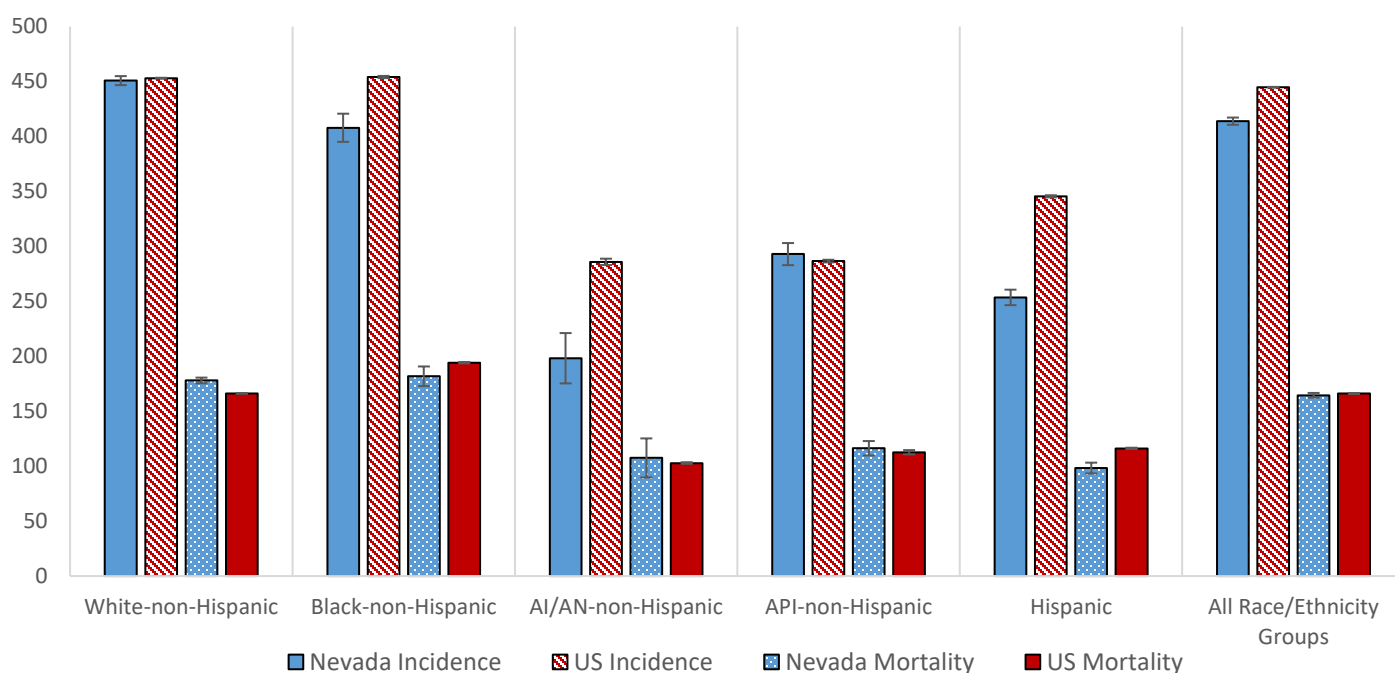
Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	450.8 (446.7-454.9)	453.0 (452.7-453.4)	178.0 (175.4-180.6)	166.2 (166.0-166.4)
Black-non-Hispanic	407.9 (395.1-420.7)	454.1 (453.1-455.1)	181.8 (172.9-190.8)	194.2 (193.5-194.8)
AI/AN-non-Hispanic	198.2 (175.3-221.1)	285.9 (283.0-288.8)	107.5 (89.8-125.3)	102.8 (102.1-103.6)
API-non-Hispanic	293.0 (282.9-303.0)	286.6 (285.4-287.8)	116.3 (109.7-122.9)	112.6 (110.7-114.6)
White-non-Hispanic	253.6 (246.5-260.6)	345.6 (344.6-346.5)	98.3 (93.4-103.2)	116.2 (115.6-116.8)
All Race/Ethnicity Groups	413.9 (410.6-417.2)	444.8 (444.5-445.1)	164.5 (162.4-166.7)	166.1 (165.9-166.3)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics:1999-2014 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 [22].

Significant Findings

- White-non-Hispanic (66.7 per 100,000) populations in Nevada had significantly higher incidence rates of lung cancer than all race/ethnicity groups (60.0 per 100,000) in Nevada (Figure 27).
- White-non-Hispanic (51.2 per 100,000) populations in Nevada had significantly higher mortality rates from lung cancer than all race/ethnicity groups (45.9 per 100,000) in Nevada (Figure 27).

Table 9. Lifetime Risk of Developing and Dying from Lung Cancer, United States, 2003-2005 & 2012-2014

Race/Ethnicity	Lifetime Risk of Developing Lung Cancer (%)		Lifetime Risk of Dying from Lung Cancer (%)	
	2003-2005	2012-2014	2003-2005	2012-2014
White-non-Hispanic	7.3	6.5	5.9	5.1
Black-non-Hispanic	6.7	6.1	5.4	4.8
AI/AN-non-Hispanic	5.4	4.2	3.4	3.3
API-non-Hispanic	5.8	5.5	4.4	4.2
Hispanic	4.6	4.0	3.2	2.8
All Race/Ethnicity Groups	7.1	6.4	5.7	5.0

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

Figure 27. Lung Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2010-2014
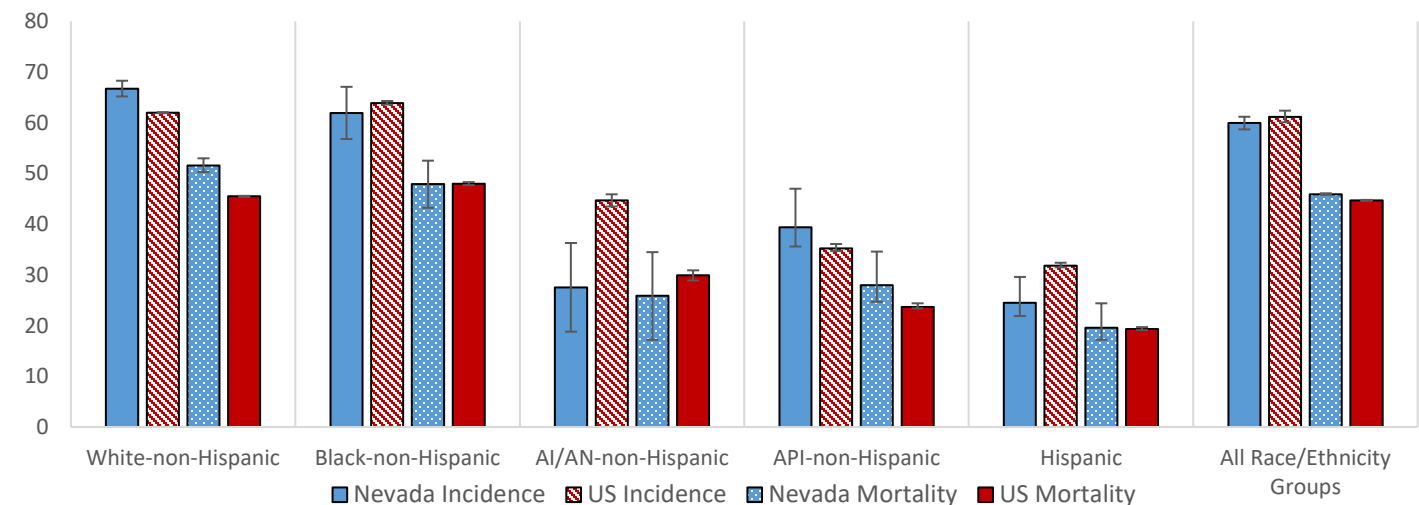
Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	66.7 (65.2-68.3)	62.0 (61.9-62.1)	51.6 (50.3-53.0)	45.5 (45.4-45.6)
Black-non-Hispanic	61.9 (56.8-67.1)	63.9 (63.6-64.3)	47.9 (43.2-52.5)	48.0 (47.7-48.3)
AI/AN-non-Hispanic	27.5 (18.8-36.3)	44.7 (43.5-45.9)	25.9 (17.2-34.5)	29.9 (28.9-30.9)
API-non-Hispanic	39.4 (35.6-47.0)	35.2 (34.7-36.1)	28.0 (24.7-34.6)	23.7 (23.4-24.4)
Hispanic	24.5 (21.9-29.6)	31.8 (31.5-32.4)	19.6 (17.2-24.4)	19.3 (19.1-19.7)
All Race/Ethnicity Groups	60.0 (58.7-61.2)	61.2 (61.1-61.4)	45.9 (44.8-47.1)	44.7 (44.6-44.8)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics:1999-2014 Incidence and Mortality Web-based Report.

Figure 28. Current Smokers – Prevalence by Race/Ethnicity, Nevada, 2017

Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	18.3% (15.9-20.7)	22.6% (14.8-30.3)	18.6% (6.1-31.2)	17.2% (7.4-26.9)	14.1% (10.3-18.0)
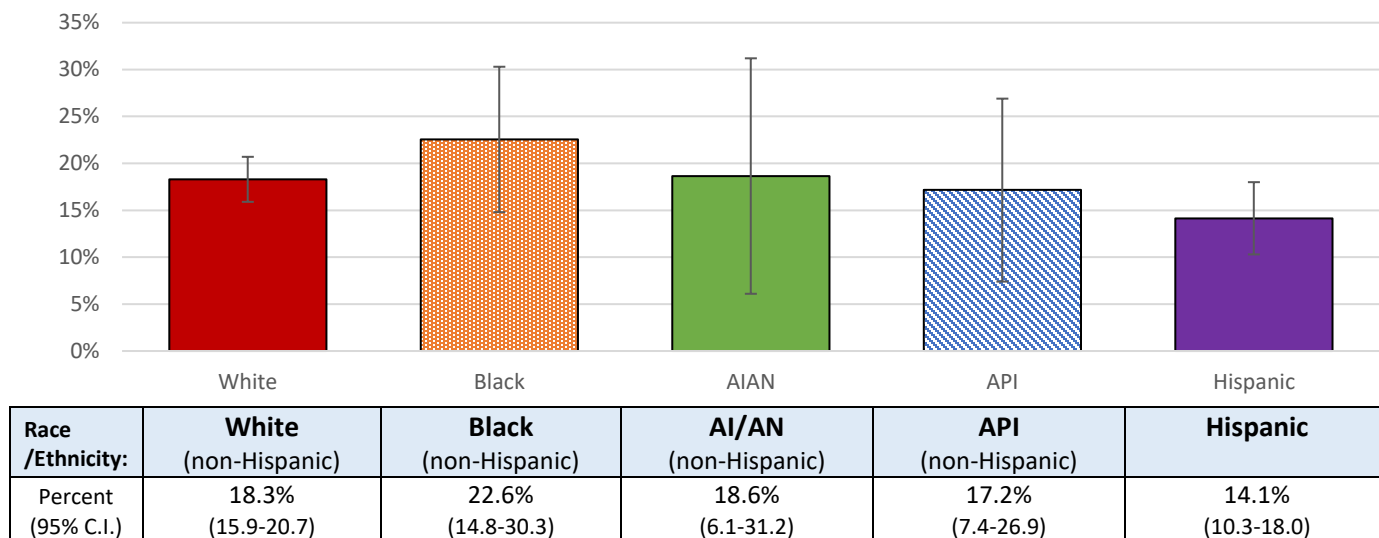
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 35% to display difference between groups.

Figure 29. Current Smokers, Nevada Adults – Prevalence by Race/Ethnicity and Region, 2013-2017 Aggregated

Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	18.3% (16.7-19.8)	16.3% (14.8-17.8)	20.6% (19.1-22.1)
Black-non-Hispanic	23.3% (19.3-27.4)	12.9% (5.1-20.7)	¥
AI/AN-non-Hispanic	30.7% (11.8-49.5)	25.9% (5.1-20.7)	33.1% (23.8-42.5)
API-non-Hispanic	15.5% (10.8-20.2)	8.7% (3.1-14.3)	16.0% (1.7-30.4)
Hispanic	13.9% (11.6-16.2)	14.7% (11.6-17.8)	15.9% (12.2-19.6)

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 60% to display difference between groups.

Figure 30. Nevada High School Students Who Ever Smoked Cigarettes – Prevalence by Race/Ethnicity and Region, 2017
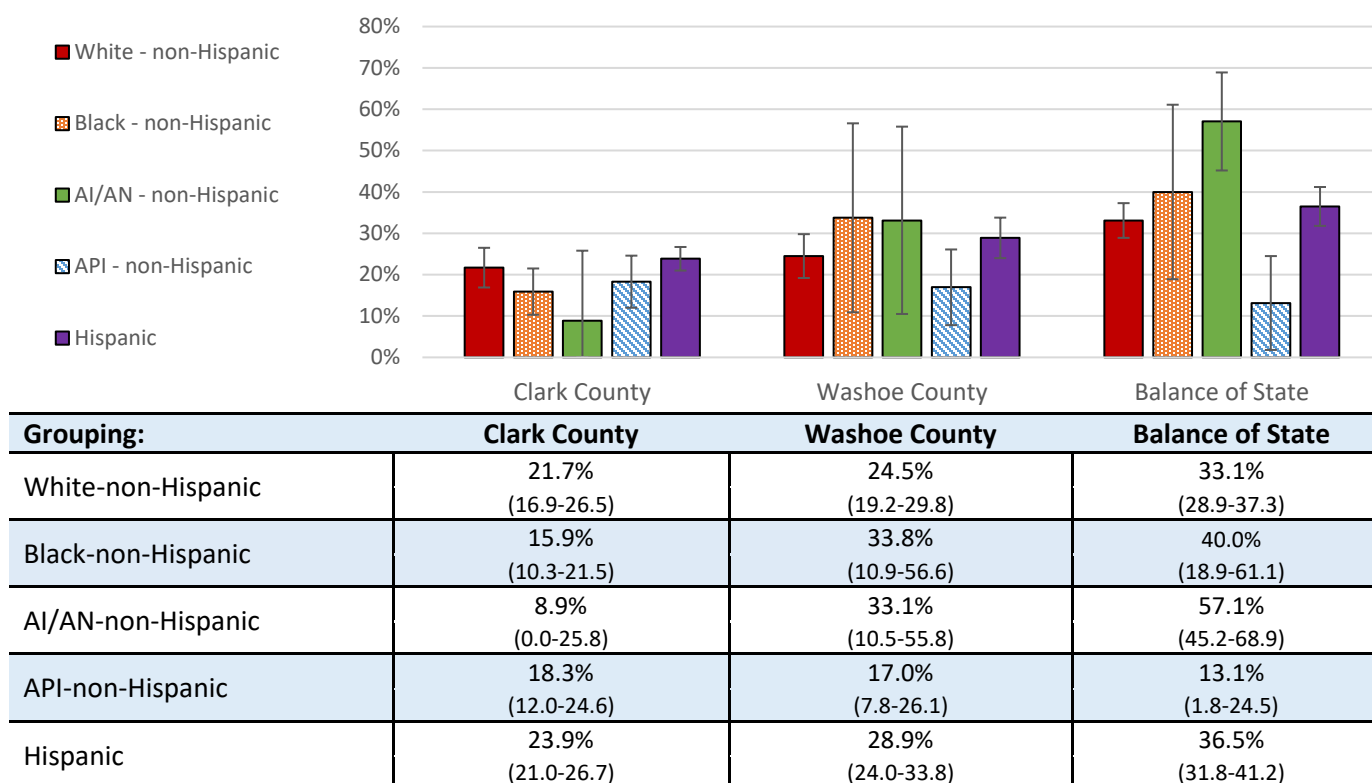
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	21.7% (16.9-26.5)	24.5% (19.2-29.8)	33.1% (28.9-37.3)
Black-non-Hispanic	15.9% (10.3-21.5)	33.8% (10.9-56.6)	40.0% (18.9-61.1)
AI/AN-non-Hispanic	8.9% (0.0-25.8)	33.1% (10.5-55.8)	57.1% (45.2-68.9)
API-non-Hispanic	18.3% (12.0-24.6)	17.0% (7.8-26.1)	13.1% (1.8-24.5)
Hispanic	23.9% (21.0-26.7)	28.9% (24.0-33.8)	36.5% (31.8-41.2)

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

Figure 31. Nevada High School Students Who Ever Used Electronic Vapor Products – Prevalence by Race/Ethnicity and Region, 2017
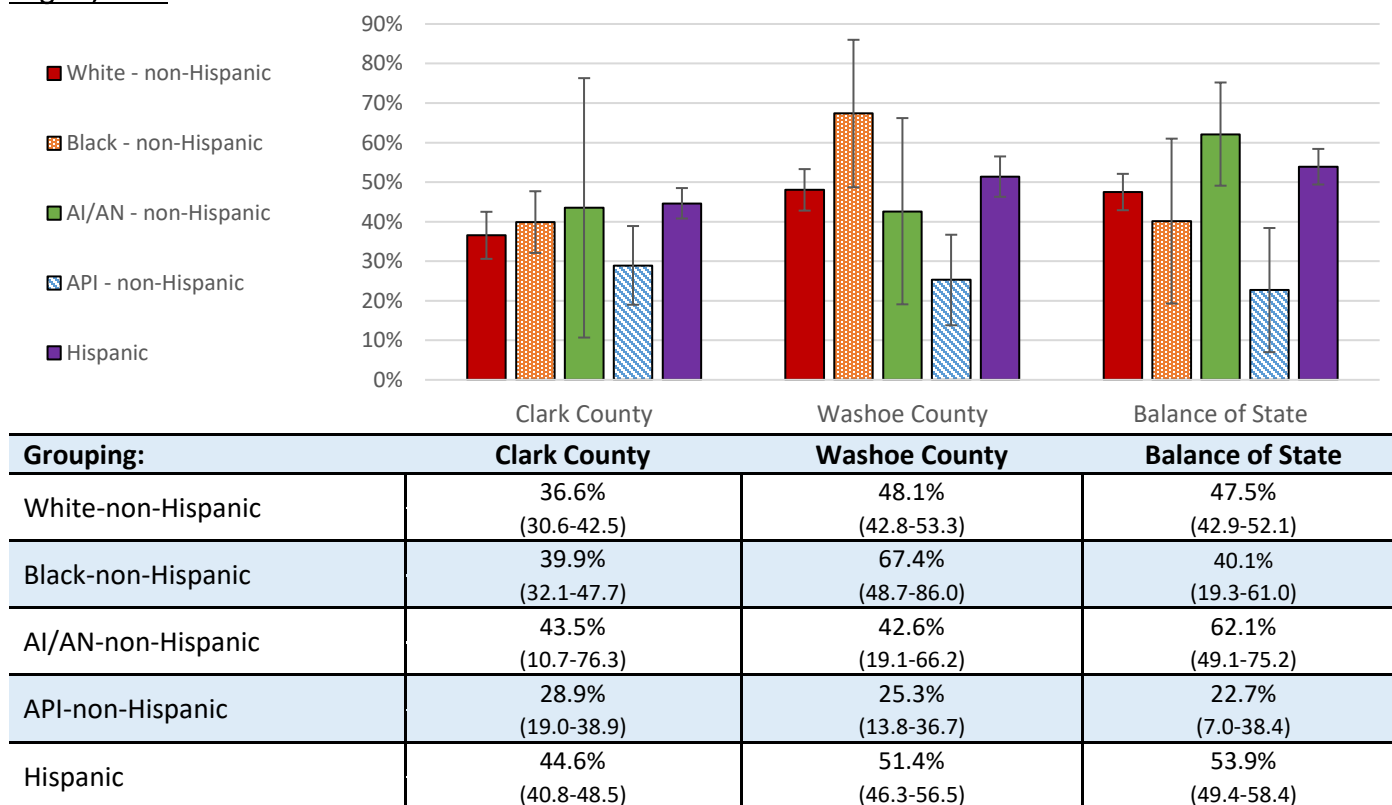
Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	36.6% (30.6-42.5)	48.1% (42.8-53.3)	47.5% (42.9-52.1)
Black-non-Hispanic	39.9% (32.1-47.7)	67.4% (48.7-86.0)	40.1% (19.3-61.0)
AI/AN-non-Hispanic	43.5% (10.7-76.3)	42.6% (19.1-66.2)	62.1% (49.1-75.2)
API-non-Hispanic	28.9% (19.0-38.9)	25.3% (13.8-36.7)	22.7% (7.0-38.4)
Hispanic	44.6% (40.8-48.5)	51.4% (46.3-56.5)	53.9% (49.4-58.4)

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 [23].

Significant Findings

- White-non-Hispanic (124.8 per 100,000) populations in Nevada had significantly higher incidence rates of female breast cancer than all race/ethnicity groups (111.8 per 100,000) in Nevada (Figure 32).
- Black-non-Hispanic (30.0 per 100,000) populations in Nevada had significantly higher mortality rates from female breast cancer than all race/ethnicity groups (22.5 per 100,000) in Nevada (Figure 32).

Table 10. Lifetime Risk of Developing and Dying from Female Breast Cancer, United States, 2003-2005 & 2012-2014

Race/Ethnicity	Lifetime Risk of Developing Breast Cancer (%)		Lifetime Risk of Dying from Breast Cancer (%)	
	2003-2005	2012-2014	2003-2005	2012-2014
White-non-Hispanic	12.6	12.7	2.9	2.7
Black-non-Hispanic	10.2	11.4	3.2	3.3
AI/AN-non-Hispanic	8.2	7.7	1.9	1.8
API-non-Hispanic	9.6	10.5	1.9	1.9
Hispanic	9.7	9.9	2.1	2.2
All Race/Ethnicity Groups	12.1	12.4	2.9	2.7

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

Figure 32. Female Breast Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2010-2014
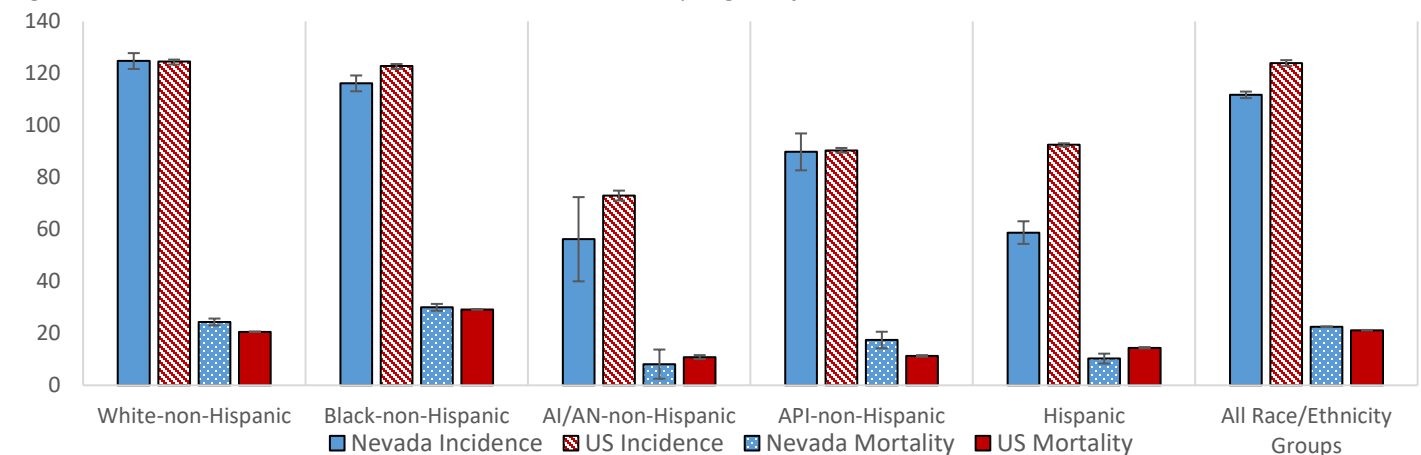
Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	124.8 (121.7-127.8)	124.6 (123.4-125.3)	24.3 (23.0-25.7)	20.6 (20.5-20.7)
Black-non-Hispanic	116.2 (113.1-119.2)	122.9 (121.7-123.6)	30.0 (28.7-31.3)	29.2 (29.1-29.3)
AI/AN-non-Hispanic	56.2 (40.0-72.4)	73.0 (71.1-74.9)	8.1 (2.5-13.8)	10.8 (10.1-11.6)
API-non-Hispanic	89.8 (82.7-96.9)	90.4 (89.5-91.3)	17.4 (14.3-20.6)	11.3 (11.0-11.6)
Hispanic	58.7 (54.4-63.1)	92.5 (91.9-93.1)	10.3 (8.4-12.2)	14.4 (14.2-14.7)
All Race/Ethnicity Groups	111.8 (109.4-114.2)	123.9 (123.4-124.4)	22.5 (21.4-23.5)	21.2 (21.1-21.3)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics:1999-2014 Incidence and Mortality Web-based Report.

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 [24]. 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 [24].

<u>**Significant Findings:**</u>

- Black-non-Hispanic (122.0 per 100,000) populations in Nevada had a significantly higher incidence rate of prostate cancer than all other race/ethnicity groups (104.6 per 100,000) in Nevada (Figure 33).
- Black-non-Hispanic (36.6 per 100,000) populations in Nevada had a significantly higher mortality rate from prostate cancer than all other race/ethnicity groups (20.9 per 100,000) in Nevada (Figure 33).

Table 11. Lifetime Risk of Developing and Dying from Prostate Cancer, United States, Males, 2003-2005 & 2012-2014

Race/Ethnicity	Lifetime Risk of Developing Prostate Cancer (%)		Lifetime Risk of Dying from Prostate Cancer (%)	
	2003-2005	2012-2014	2003-2005	2012-2014
White-non-Hispanic	15.6	10.8	2.8	2.5
Black-non-Hispanic	19.6	15.4	4.4	4.2
AI/AN-non-Hispanic	9.0	5.8	2	2
API-non-Hispanic	13.0	7.6	2.4	2.2
Hispanic	16.5	10.9	3.1	2.9
All Race/Ethnicity Groups	16.0	11.6	2.9	2.6

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

Figure 33. Prostate Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2010-2014
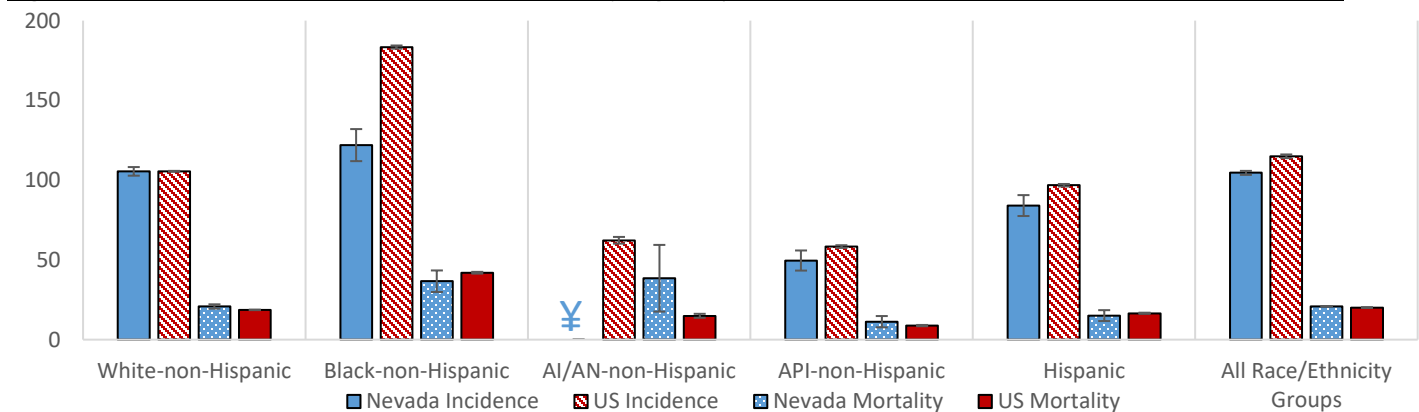
Race/Ethnicity:	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White-non-Hispanic	105.5 (102.8-108.2)	105.5 (105.3-105.8)	20.8 (19.5-22.1)	18.7 (18.5-18.8)
Black-non-Hispanic	122.0 (111.9-132.0)	183.4 (182.4-184.4)	36.6 (29.9-43.4)	42.0 (41.4-42.5)
AI/AN-non-Hispanic	¥	62.2 (60.2-64.4)	38.5 (17.6-59.4)	14.9 (13.7-16.2)
API-non-Hispanic	49.6 (43.3-55.9)	58.4 (57.5-59.2)	11.3 (7.7-14.8)	8.8 (8.4-9.2)
Hispanic	84.0 (77.5-90.6)	96.8 (96.0-97.6)	15.1 (11.7-18.5)	16.5 (16.2-16.9)
All Race/Ethnicity Groups	104.6 (102.3-107.0)	114.9 (114.7-115.2)	20.9 (19.7-22.0)	20.1 (20.0-20.2)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics:1999-2014 Incidence and Mortality Web-based Report.
¥Rates with a relative standard error higher than 30% are suppressed due to reliability.

Cancer Incidence – 10-year Change in Burden and Risk

Figure 34 illustrates the percent change in cancer incidence, from 2005 to 2014, 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 2005, the burden of cancer in Nevada, or the number of cancer cases in Nevada, increased by 16.2% by the year 2014. Conversely, the risk of developing cancer in Nevada, or the annual rate of individuals developing cancer within a population, decreased by 15.3% from 2005 to 2014, for all cancer types, among all race/ethnicities. (Figure 34).
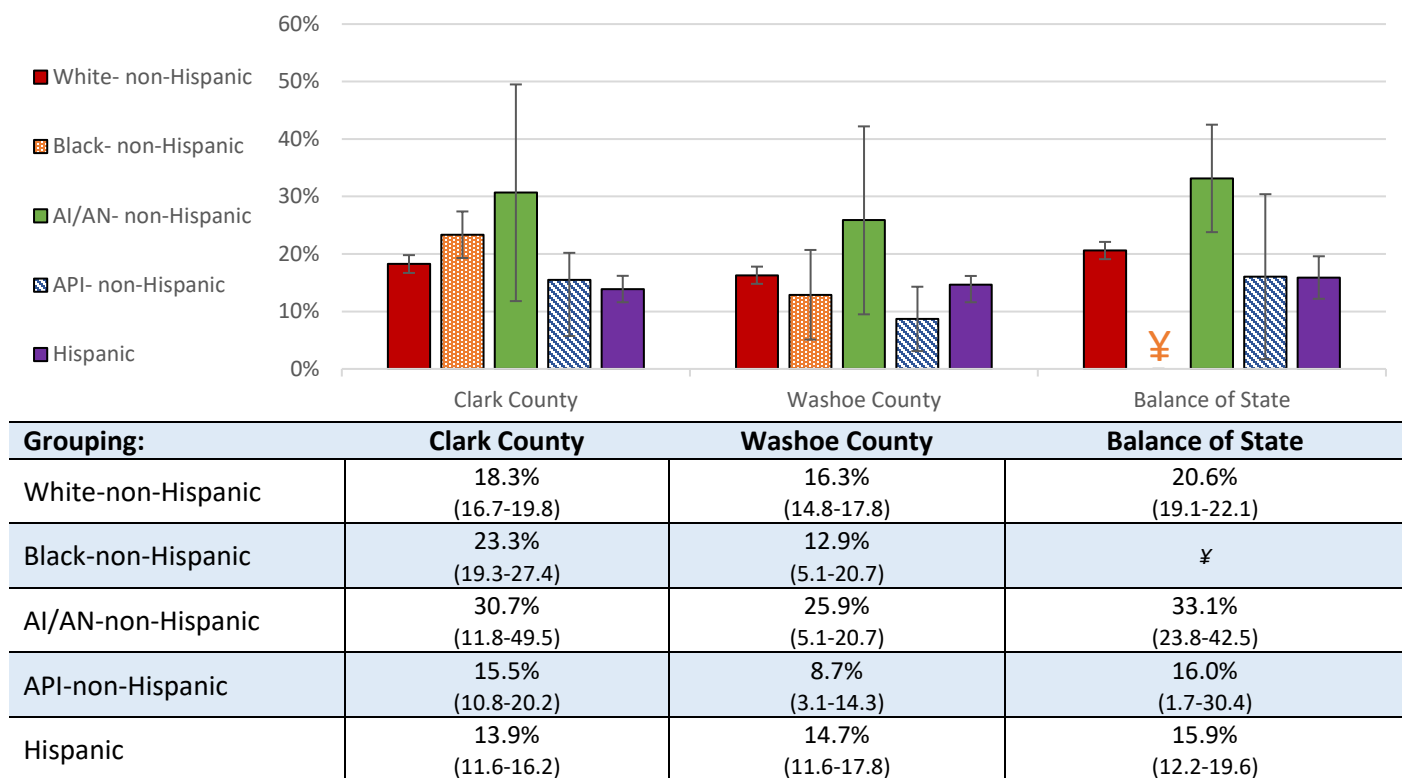
Significant Findings:

- From 2005 to 2014, the number of cancer cases among Asian/Pacific Islander-non-Hispanic populations nearly doubled with a 96.1% increase in cancer burden for all cancer types in Nevada. Asian/Pacific Islander-non-Hispanic populations show a 121.6% increase in female breast cancer burden, 103.4% increase in colorectal cancer burden, and 93.9% increase in lung and bronchus cancer. (Figure 34).
- Asian/Pacific Islander-non-Hispanic populations show the greatest increase in risk for developing cancer over the ten-year period. From 2005 to 2014, the risk for Asian/Pacific Islander-non-Hispanic populations to develop female breast cancer increased by 15.9% in Nevada. Additionally, the risk of developing lung and bronchus cancer among Asian/Pacific Islander-non-Hispanic populations increased by 1.5% over the ten-year period. (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 (-9.1%, -3.2%, and -1.5% respectively). (Figure 34).

Figure 34. Cancer Incidence, Percent Change between 2005 and 2014, Burden vs Risk, by Race/Ethnicity, Nevada
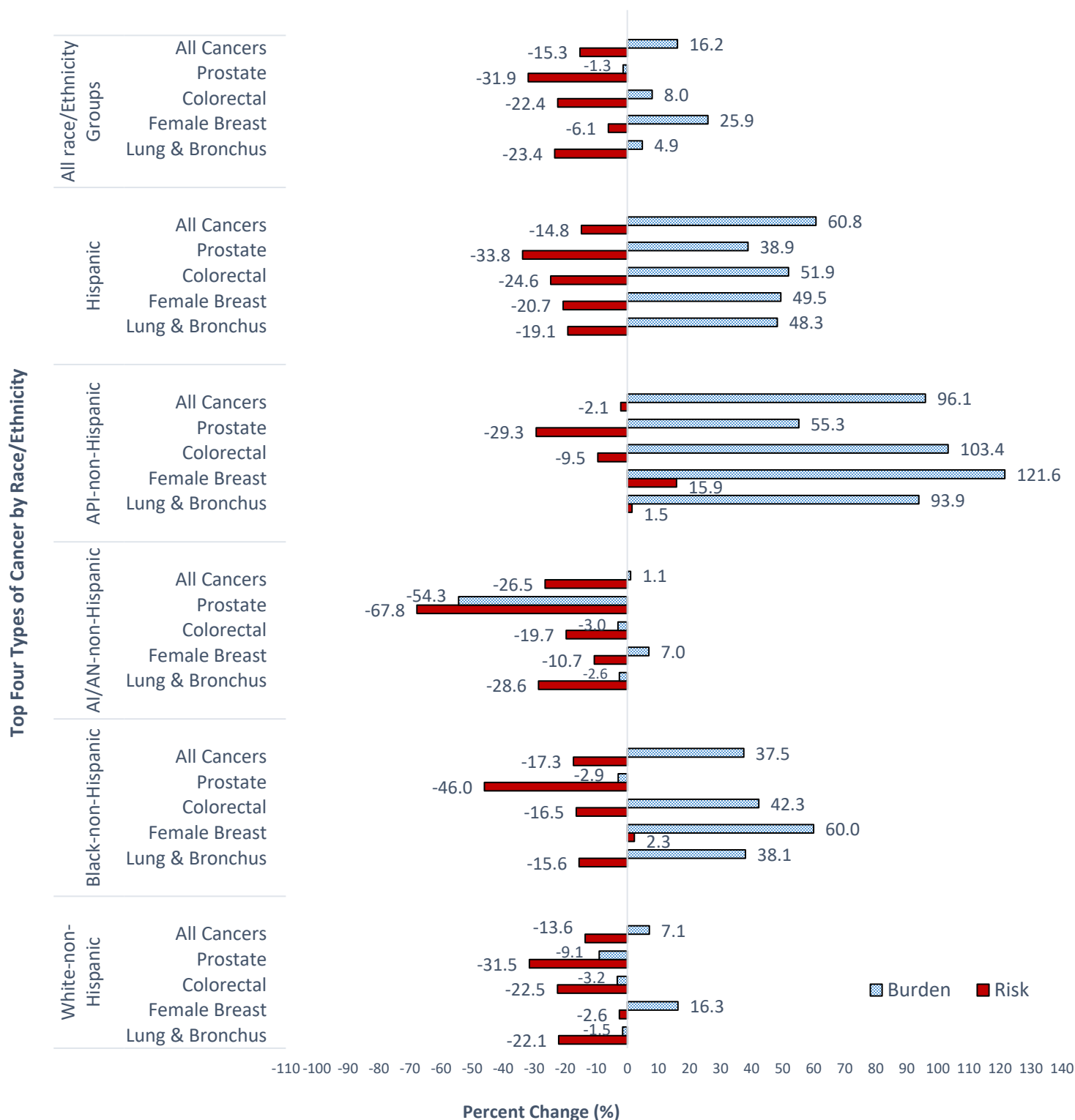
Data Source: Nevada Central Cancer Registry.

Unintentional Injuries (Accidents)

Unintentional injuries, or accidents, is the third leading cause of death in the US, with a death rate of 49.9 per 100,000 population among all race/ethnicity groups, and all ages in 2016 [11]. 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 [25].

Significant Findings:

- In 2017, Black-non-Hispanic populations had significantly higher accidental death rates, at 49.1 per 100,000 population, than Asian/Pacific Islander-non-Hispanic populations (22.6 per 100,000), and Hispanic populations (24.5 per 100,000) (Figure 35.).
- White-non-Hispanic populations experienced a significant increase in accidental deaths rates from 50.0 per 100,000 population in 2013 to 57.0 per 100,000 population in 2017 (Figure 35.).
- White-non-Hispanic populations in Washoe County had significantly higher accidental death rates from falls, at 20.1 per 100,000 population, than White-non-Hispanic populations in Clark County (8.8 per 100,000) and the Balance of State (8.0 per 100,000) (Figure 37.).
- Hispanic populations in the Balance of State had significantly higher death rates from motor vehicle accidents, at 25.3 per 100,000 population, than Hispanic populations in Clark County (6.7 per 100,000) and Washoe County (6.8 per 100,000) (Figure 38.).
- Black-non-Hispanic high school student populations in the Balance of State had a significantly higher prevalence of texting or e-mailing while driving (70.2%) than Black-non-Hispanic high school student populations in Clark County (25.8%) (Figure 39.).

Figure 35. Accidental Deaths – Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2013-2017

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)
2017	1,037	57.0 (53.5-60.4)	121	49.1 (40.4-57.9)	10	28.4 (10.8-46.0)	57	22.6 (16.7-28.4)	172	24.5 (20.8-28.1)
2016	950	54.0 (50.6-57.5)	132	53.3 (44.2-62.4)	18	51.1 (27.5-74.7)	55	19.4 (14.3-24.5)	156	24.3 (20.5-28.1)
2015	892	52.6 (49.2-56.1)	124	51.1 (42.1-60.1)	19	57.2 (31.5-82.9)	56	23.1 (17.1-29.2)	192	32.1 (27.5-36.6)
2014	779	45.6 (42.4-48.8)	94	39.7 (31.7-47.7)	17	54.2 (28.4-79.9)	39	18.5 (12.7-24.3)	140	22.8 (19.0-26.6)
2013	835	50.0 (46.6-53.4)	93	39.7 (31.6-47.7)	21	53.7 (30.7-76.7)	40	19.7 (13.6-25.9)	126	21.4 (17.7-25.2)

Source: Nevada Electronic Death Registry System.

Figure 36. Poisoning Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2017
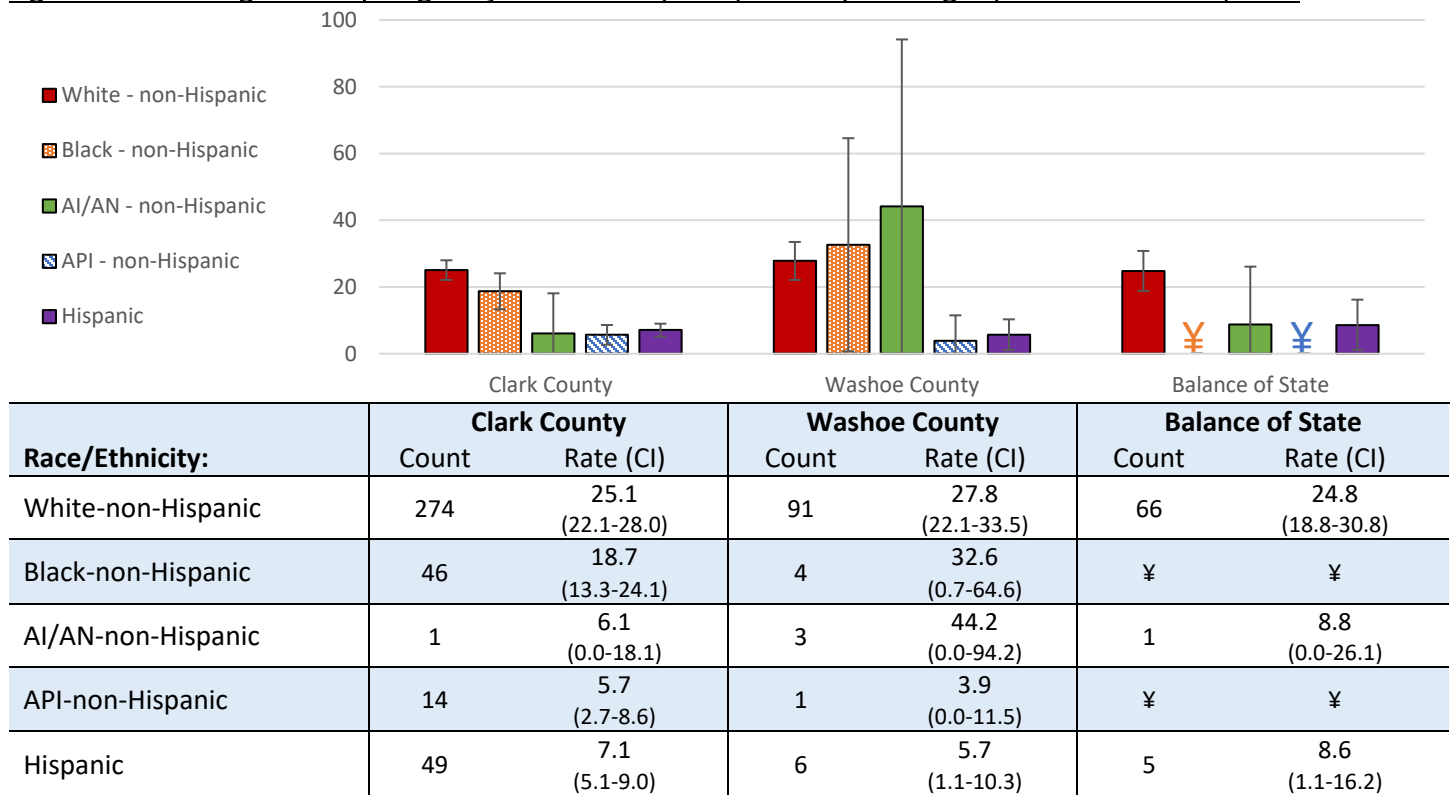
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	274	25.1 (22.1-28.0)	91	27.8 (22.1-33.5)	66	24.8 (18.8-30.8)
Black-non-Hispanic	46	18.7 (13.3-24.1)	4	32.6 (0.7-64.6)	¥	¥
AI/AN-non-Hispanic	1	6.1 (0.0-18.1)	3	44.2 (0.0-94.2)	1	8.8 (0.0-26.1)
API-non-Hispanic	14	5.7 (2.7-8.6)	1	3.9 (0.0-11.5)	¥	¥
Hispanic	49	7.1 (5.1-9.0)	6	5.7 (1.1-10.3)	5	8.6 (1.1-16.2)

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, 2017
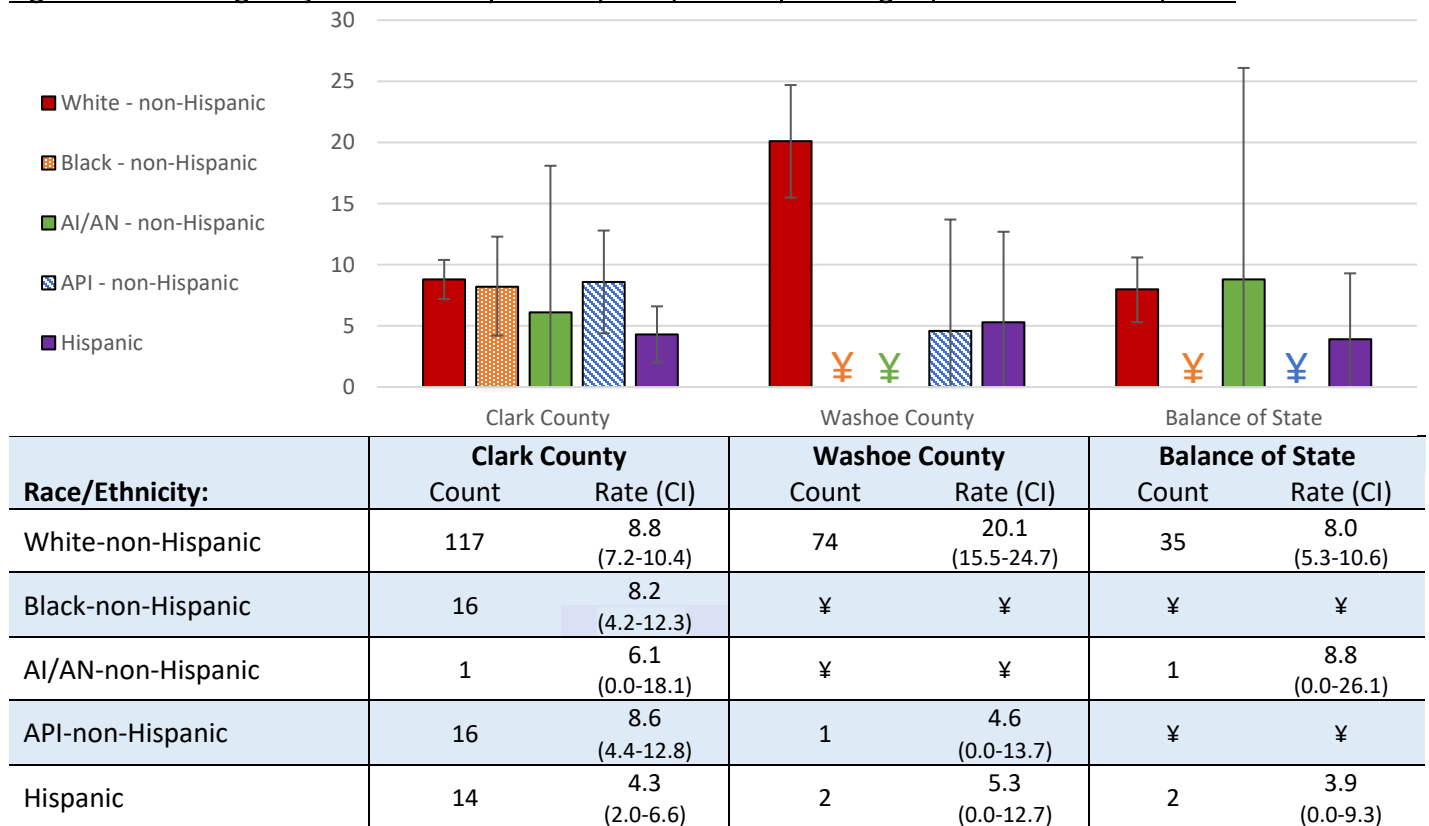
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	117	8.8 (7.2-10.4)	74	20.1 (15.5-24.7)	35	8.0 (5.3-10.6)
Black-non-Hispanic	16	8.2 (4.2-12.3)	¥	¥	¥	¥
AI/AN-non-Hispanic	1	6.1 (0.0-18.1)	¥	¥	1	8.8 (0.0-26.1)
API-non-Hispanic	16	8.6 (4.4-12.8)	1	4.6 (0.0-13.7)	¥	¥
Hispanic	14	4.3 (2.0-6.6)	2	5.3 (0.0-12.7)	2	3.9 (0.0-9.3)

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, 2017
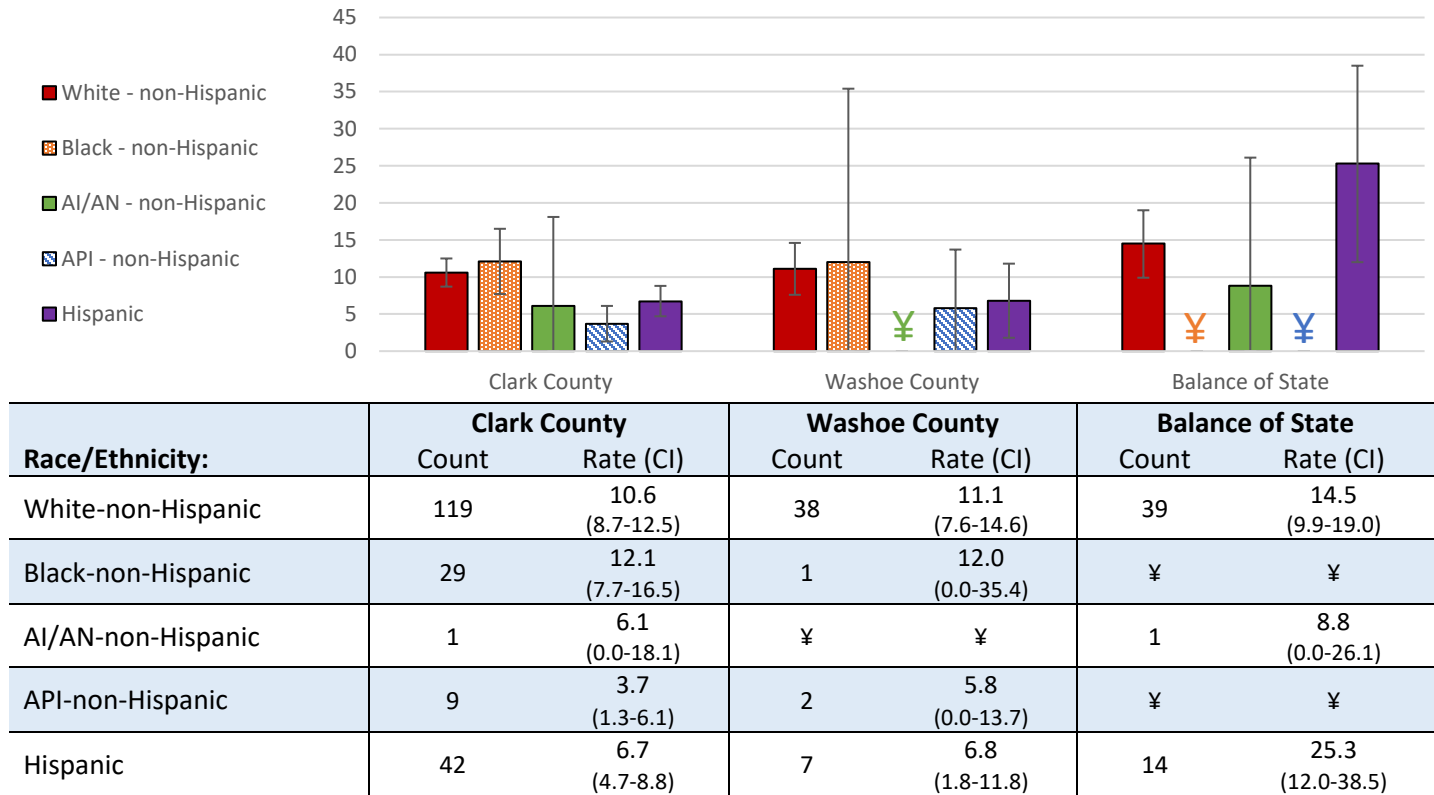
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	119	10.6 (8.7-12.5)	38	11.1 (7.6-14.6)	39	14.5 (9.9-19.0)
Black-non-Hispanic	29	12.1 (7.7-16.5)	1	12.0 (0.0-35.4)	¥	¥
AI/AN-non-Hispanic	1	6.1 (0.0-18.1)	¥	¥	1	8.8 (0.0-26.1)
API-non-Hispanic	9	3.7 (1.3-6.1)	2	5.8 (0.0-13.7)	¥	¥
Hispanic	42	6.7 (4.7-8.8)	7	6.8 (1.8-11.8)	14	25.3 (12.0-38.5)

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.

Table 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, 2017

Grouping:	Clark County	Washoe County	Balance of State
White-non-Hispanic	37.8% (29.5-46.1)	36.6% (28.9-44.2)	41.7% (36.4-46.9)
Black-non-Hispanic	25.8% (15.5-36.1)	24.1% (0.0-54.4)	70.2% (44.1-96.3)
AI/AN-non-Hispanic	24.0% (0.0-65.7)	63.6% (21.2-100.0)	31.4% (17.9-44.8)
API-non-Hispanic	25.7% (14.6-36.8)	29.5% (14.3-44.7)	44.5% (10.5-78.6)
Hispanic	25.9% (21.0-30.8)	27.5% (21.3-33.6)	34.8% (29.2-40.3)
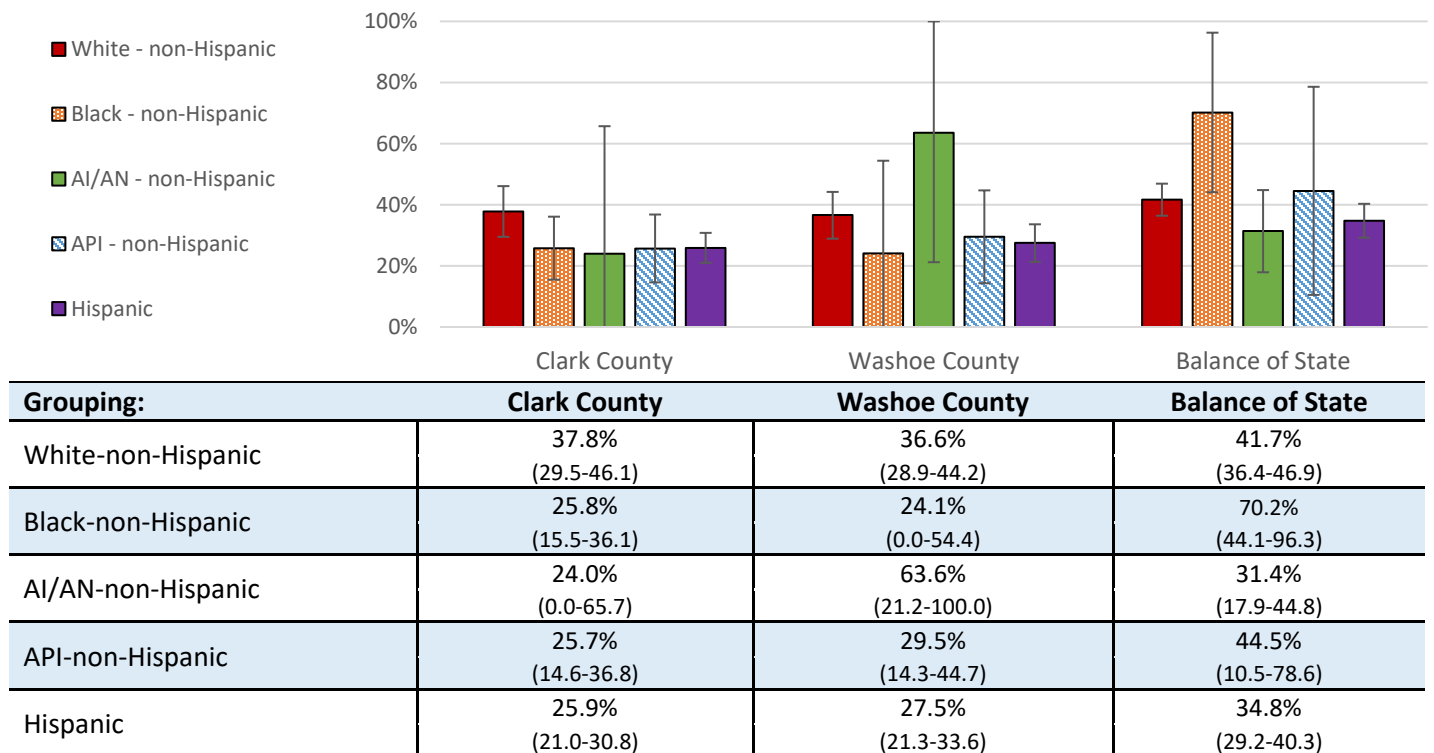
Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

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 [26]. In 2016, CLRD was the fourth leading cause of death in the US with a death rate of 47.8 per 100,000 population among all race/ethnicity groups, and all ages [11].

Significant Findings:

- In 2017, death rates from CLRD were highest among White-non-Hispanic populations, at 62.2 per 100,000 population, compared to all other races/ethnicity groups (Figure 40).
- Death rates from CLRD were significantly higher among Hispanic populations in Clark County (20.3 per 100,000) than Hispanic populations in Washoe County (5.3 per 100,000) (Figure 41.).
- Black-non-Hispanic populations had a higher prevalence of CLRD (21.1%) during the year 2017 than White-non-Hispanic populations (10.3%) and Hispanic populations (5.6%) (Figure 42.).

Figure 40. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

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)
2017	1,409	62.2 (58.9-65.4)	80	38.9 (30.3-47.4)	11	36.2 (14.8-57.5)	43	18.2 (12.8-23.7)	56	18.2 (13.4-22.9)
2016	1,552	70.8 (67.2-74.3)	73	35.5 (27.4-43.7)	12	39.1 (17.0-61.2)	57	27.1 (20.1-34.1)	59	20.2 (15.0-25.3)
2015	1,424	66.5 (63.1-70.0)	63	37.7 (28.4-47.0)	6	20.7 (4.1-37.4)	44	22.3 (15.7-28.9)	56	21.7 (16.0-27.3)
2014	1,316	61.8 (58.5-65.2)	68	34.9 (26.6-43.1)	7	31.4 (8.1-54.7)	38	21.4 (14.6-28.2)	58	23.9 (17.8-30.1)
2013	1,301	63.1 (59.7-66.5)	71	40.5 (31.1-50.0)	4	20.2 (0.4-39.9)	30	18.2 (11.7-24.8)	39	14.9 (10.2-19.5)

Source: Nevada Electronic Death Registry System.

Figure 41. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	898	63.8 (59.6-68.0)	255	62.2 (54.5-69.8)	256	63.1 (55.3-70.8)
Black-non-Hispanic	74	37.6 (29.1-46.2)	4	50.7 (1.0-100.4)	2	55.8 (0.0-133.1)
AI/AN-non-Hispanic	3	22.0 (0.0-47.0)	2	35.0 (0.0-83.6)	6	138.8 (27.7-249.8)
API-non-Hispanic	34	16.6 (11.0-22.2)	8	33.6 (10.3-56.9)	1	4.6 (0.0-13.6)
Hispanic	49	20.3 (14.6-26.0)	2	5.3 (0.0-12.6)	4	11.1 (0.2-21.9)
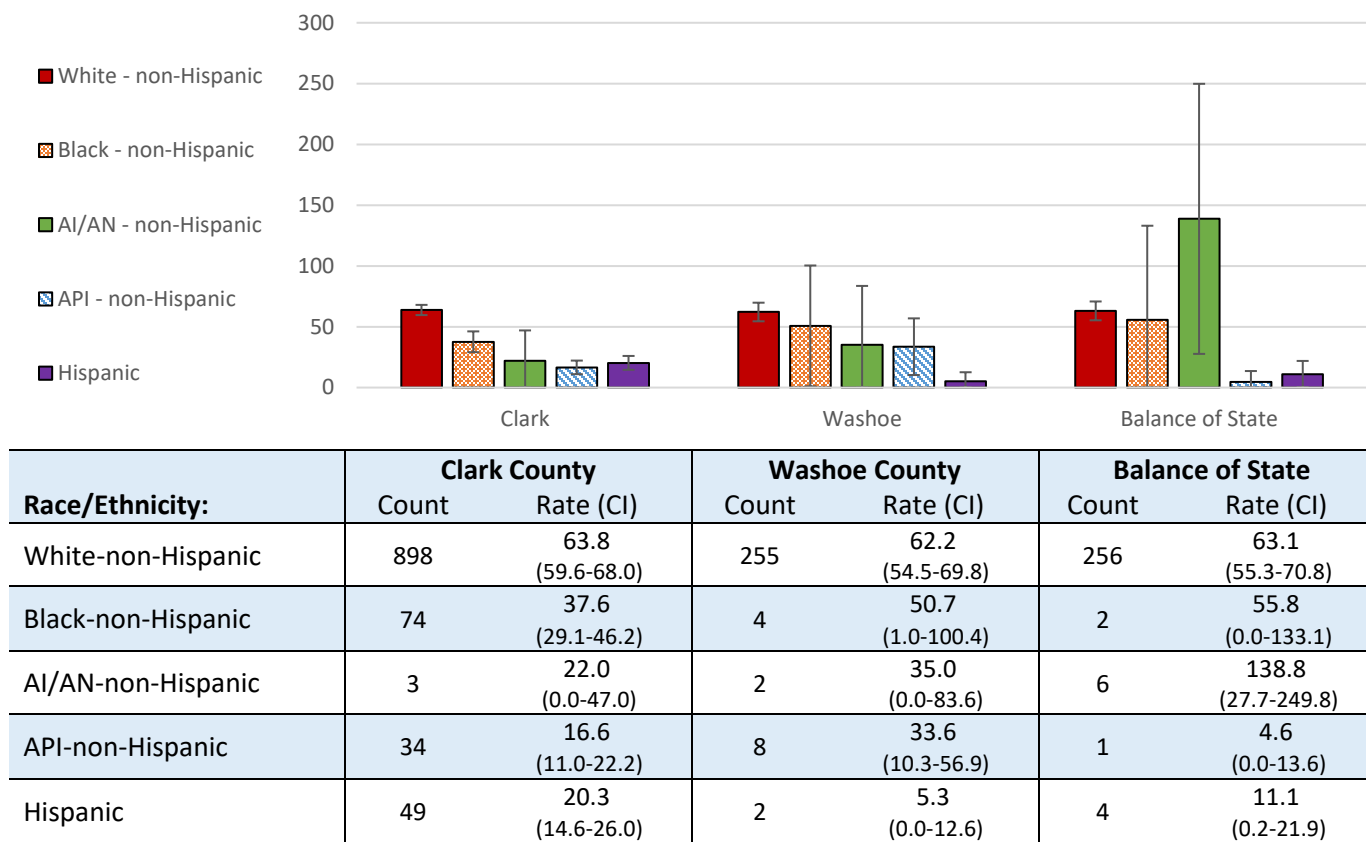
Source: Nevada Electronic Death Registry System.

Figure 42. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity, 2017,

Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	10.3% (8.5-12.2)	21.1% (13.7-28.5)	16.4% (4.1-28.8)	8.7% (2.5-15.0)	5.6% (3.2-8.0)
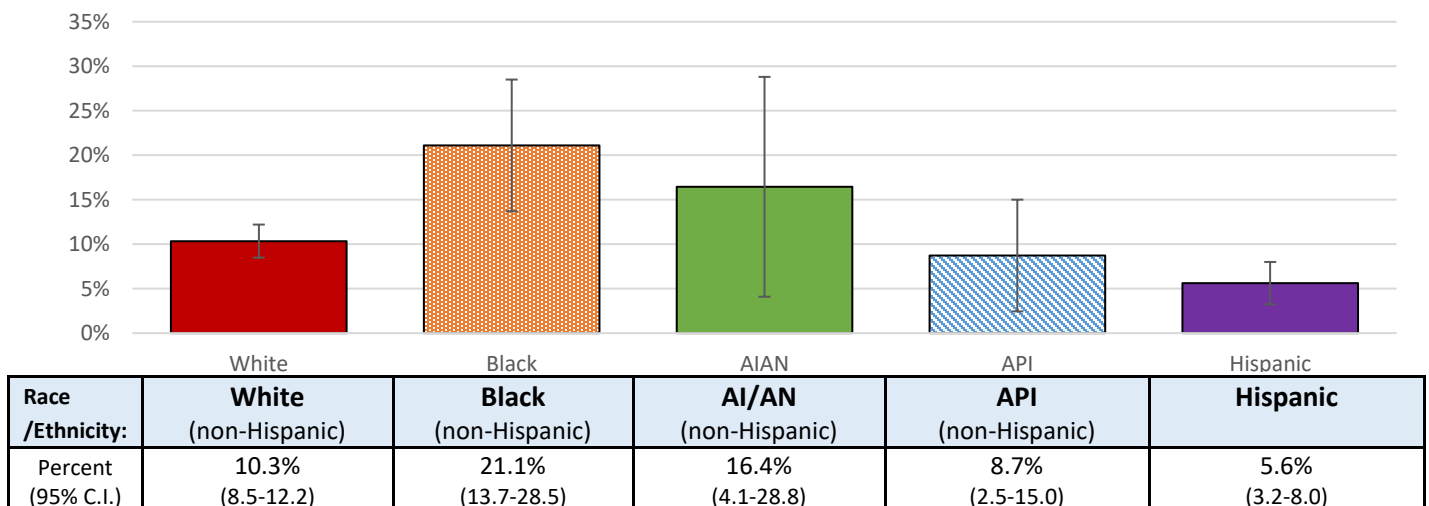
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).

Figure 43. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity and Region, 2013-2017 Aggregated
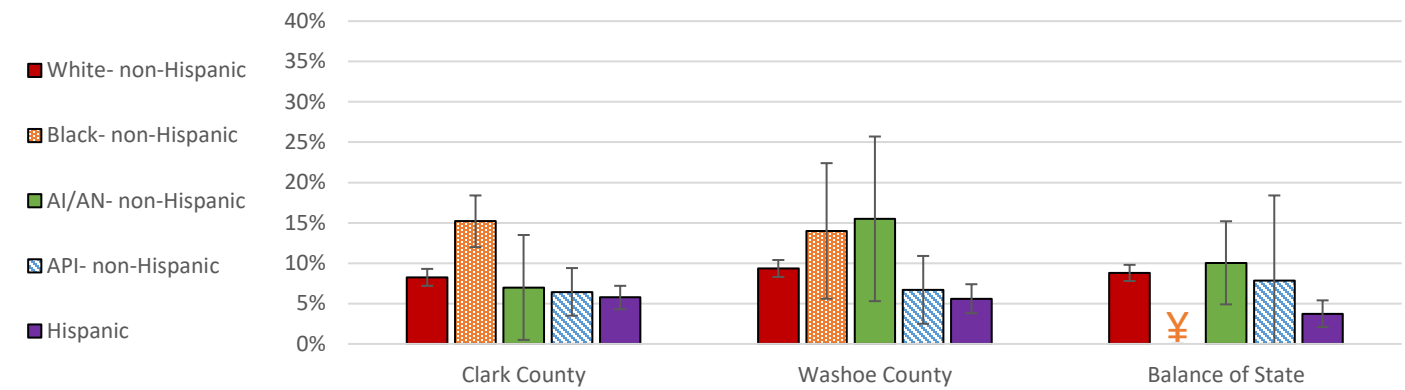
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	8.3% (7.2-9.3)	9.4% (8.3-10.4)	8.8% (7.8-9.8)
Black-non-Hispanic	15.2% (12.0-18.4)	14.0% (5.6-22.4)	¥
AI/AN-non-Hispanic	7.0% (0.5-13.5)	15.5% (5.6-22.4)	10.0% (4.9-15.2)
API-non-Hispanic	6.4% (3.5-9.4)	6.7% (2.5-10.9)	7.8% (0.0-18.4)
Hispanic	5.8% (4.3-7.2)	5.6% (3.8-7.4)	3.7% (2.1-5.4)

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 [27]. 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 [27]. The CDC estimates that in 2015, 9.1% of adults in the US were living with diabetes [28]. Additionally, diabetes was the seventh leading cause of death in the US in 2016 among all race/ethnicity groups, and all ages [11].

Significant Findings

- Black-non-Hispanic populations experienced a significant increase in diabetes death rates from 17.4 per 100,000 population in 2013 to 33.5 per 100,000 population in 2017 (Figure 44.)
- White-non-Hispanic populations in Clark County (11.4%) and White-non-Hispanic populations in the Balance of State (11.3%) 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 (7.8%) (Figure 47.).

Figure 44. Diabetes Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

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)
2017	381	17.2 (15.4-18.9)	69	33.5 (25.6-41.4)	13	37.3 (17.0-57.6)	51	19.4 (14.1-24.7)	83	21.4 (16.8-26.1)
2016	380	17.5 (15.8-19.3)	55	27.9 (20.6-35.3)	10	28.5 (10.8-46.2)	38	14.6 (10.0-19.3)	73	20.4 (15.7-25.1)
2015	276	13.0 (11.5-14.5)	52	27.9 (20.3-35.4)	8	23.2 (7.1-39.3)	29	11.3 (7.2-15.4)	46	13.4 (9.5-17.2)
2014	246	11.7 (10.2-13.2)	33	17.1 (11.3-23.0)	5	19.5 (2.4-36.6)	15	6.9 (3.4-10.3)	40	11.3 (7.8-14.7)
2013	299	14.9 (13.2-16.6)	34	17.4 (11.6-23.3)	7	20.3 (5.3-35.3)	21	9.5 (5.5-13.6)	45	14.8 (10.5-19.1)

Source: Nevada Electronic Death Registry System.

Figure 45. Diabetes Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	210	15.4 (13.3-17.4)	88	21.8 (17.2-26.3)	82	19.4 (15.2-23.6)
Black-non-Hispanic	63	32.5 (24.5-40.6)	3	23.7 (0.0-50.5)	3	47.0 (0.0-100.1)
AI/AN-non-Hispanic	3	19.3 (0.0-41.1)	3	40.1 (0.0-85.6)	7	119.0 (30.8-207.1)
API-non-Hispanic	44	19.3 (13.6-25.1)	6	21.9 (4.4-39.5)	1	2.7 (0.0-8.0)
Hispanic	63	20.3 (15.3-25.3)	13	26.1 (11.9-40.3)	7	19.5 (5.1-34.0)
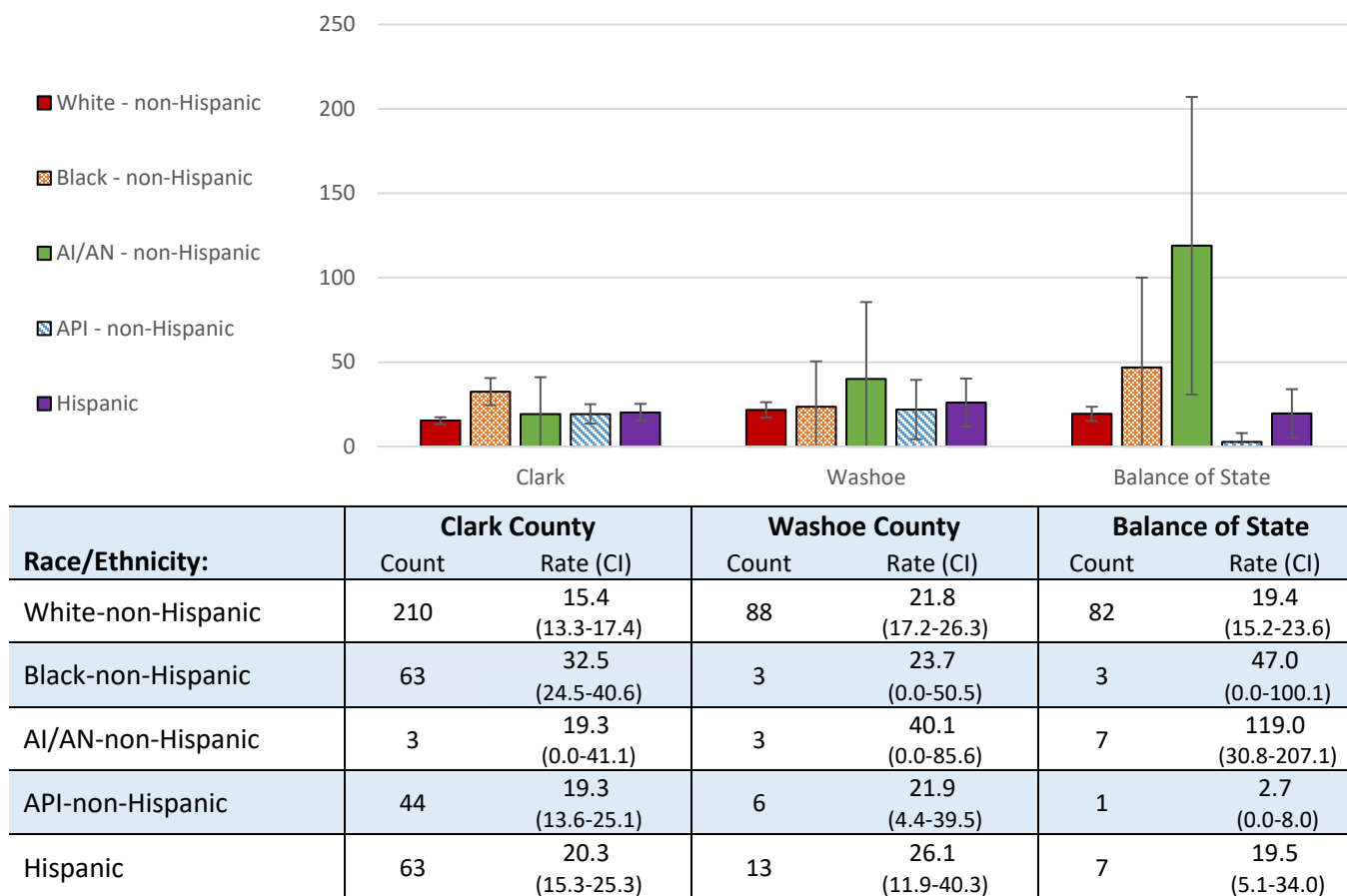
Source: Nevada Electronic Death Registry System.

Figure 46. Adults Who Have Been Told They Have Diabetes – Prevalence by Race/Ethnicity, Nevada, 2017

Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	10.8% (9.1-12.5)	16.7% (10.9-22.5)	14.2% (3.8-24.6)	14.2% (6.5-21.9)	9.9% (6.9-12.9)

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

Figure 47. Adults Who Have Been Told They Have Diabetes – Prevalence by Race/Ethnicity and Region, 2013-2017, Aggregated
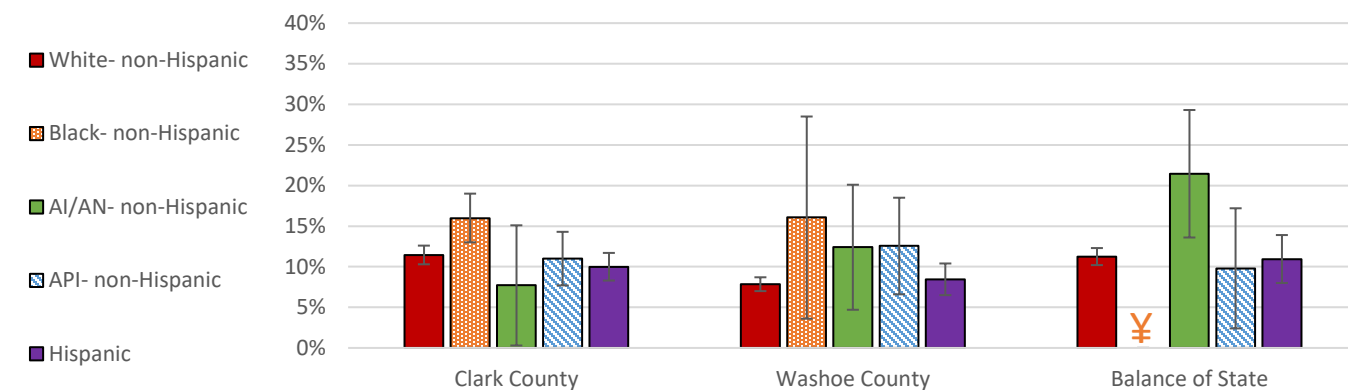
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	11.4% (10.3-12.6)	7.8% (7.0-8.7)	11.3% (10.2-12.3)
Black-non-Hispanic	16.0% (13.0-19.0)	16.1% (3.6-28.5)	¥
AI/AN-non-Hispanic	7.7% (0.3-15.1)	12.4% (3.6-28.5)	21.5% (13.6-29.3)
API-non-Hispanic	11.0% (7.7-14.3)	12.6% (6.6-18.5)	9.8% (2.4-17.2)
Hispanic	10.0% (8.3-11.7)	8.5% (6.5-10.4)	10.9% (8.0-13.9)

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 40% to display difference between groups.

Homicide and Suicide

Homicide and suicide continue to be a 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. During 2010-2016, use of firearms was the most common method of homicide in the United States, approximately eight times greater than the second leading method of homicide in 2016 alone [29]. Suicide was the tenth leading cause of death in the US with a death rate of 10.3 per 100,000 population among all race/ethnicity groups, and all ages [11].

Significant Findings:

- Black-non-Hispanic populations had significantly higher death rates from homicide for each year from 2013 to 2017 than any other race/ethnicity group (Figure 48.). Additionally, death rates from homicide significantly increased among Black-non-Hispanic populations from 15.2 per 100,000 in 2013 to 27.5 per 100,000 in 2017 (Figure 48.).
- In 2017, White-non-Hispanic populations had significantly higher death rates from suicide, at 27.2 per 1000,000 population, than any other race/ethnicity groups (Figure 51.).

Figure 48. Homicide– Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

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)
2017	73	4.7 (3.6-5.8)	72	27.5 (21.2-33.9)	2	5.8 (0.0-13.9)	13	4.8 (2.2-7.4)	54	6.0 (4.4-7.5)
2016	64	4.2 (3.1-5.2)	67	25.6 (19.4-31.7)	1	2.9 (0.0-8.6)	16	6.0 (3.0-8.9)	60	7.0 (5.3-8.8)
2015	76	4.7 (3.6-5.7)	53	21.6 (15.8-27.4)	1	2.6 (0.0-7.7)	5	2.1 (0.3-3.9)	48	5.8 (4.1-7.4)
2014	69	4.5 (3.4-5.5)	54	21.9 (16.0-27.7)	1	4.5 (0.0-13.4)	6	2.3 (0.5-4.2)	40	4.8 (3.3-6.3)
2013	75	4.8 (3.7-5.9)	37	15.2 (10.3-20.1)	3	8.4 (0.0-18.0)	4	1.8 (0.0-3.5)	26	3.3 (2.0-4.6)
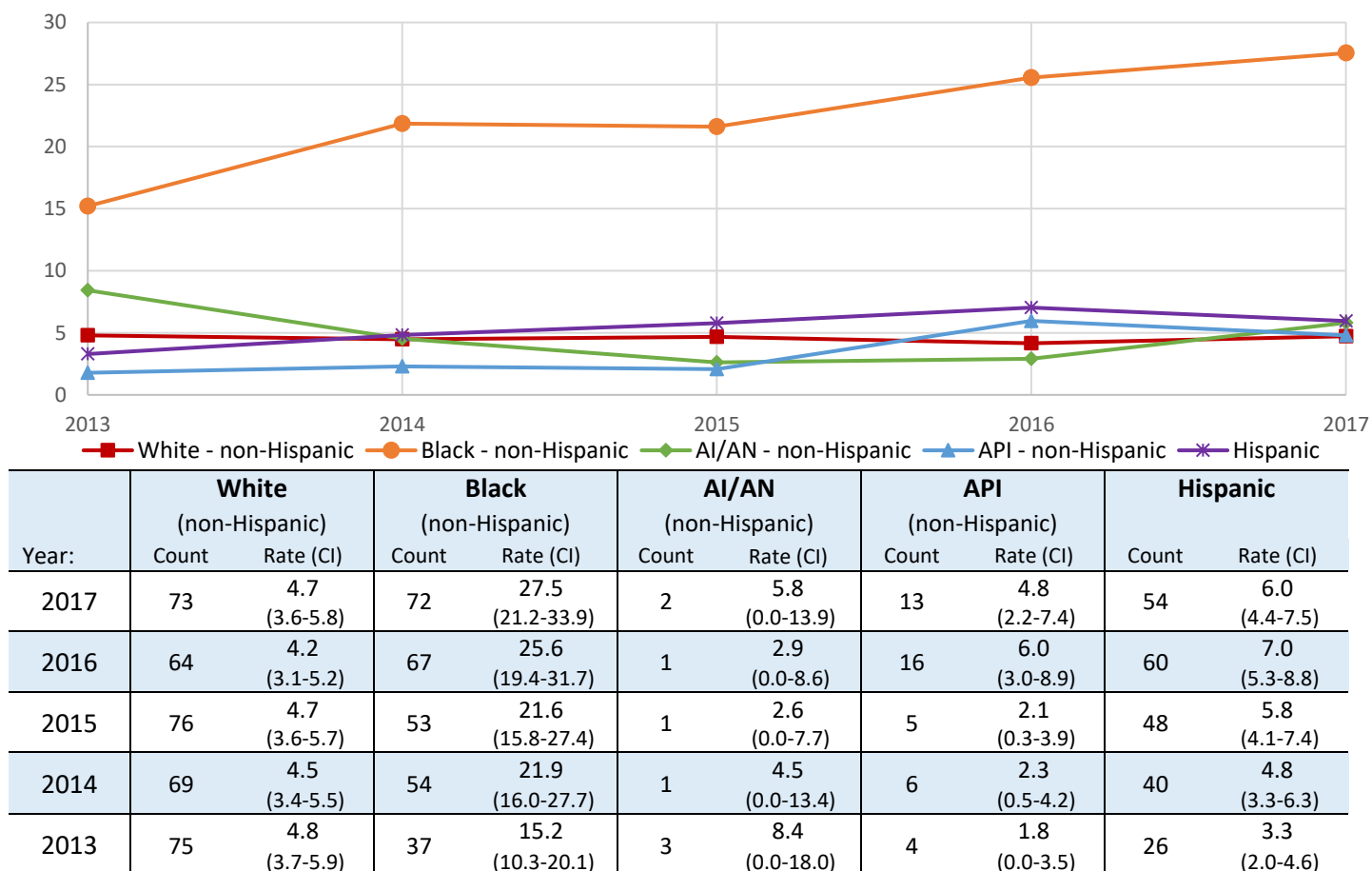
Source: Nevada Electronic Death Registry System.

Figure 49. Homicide– Age-Adjusted Rates by Race/Ethnicity and Region, 2015-2017 Aggregated

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	152	5.0 (4.2-5.9)	35	3.7 (2.5-5.0)	26	2.9 (1.8-4.1)
Black-non-Hispanic	183	25.5 (21.8-29.3)	8	22.2 (6.8-37.6)	1	4.1 (0.0-12.1)
AI/AN-non-Hispanic	2	4.1 (0.0-9.8)	0	0.0	2	9.7 (0.0-23.1)
API-non-Hispanic	33	4.7 (3.1-6.3)	1	2.0 (0.0-5.9)	0	0.0
Hispanic	133	6.5 (5.4-7.6)	20	4.9 (2.7-7.0)	9	3.4 (1.2-5.5)

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, 2017
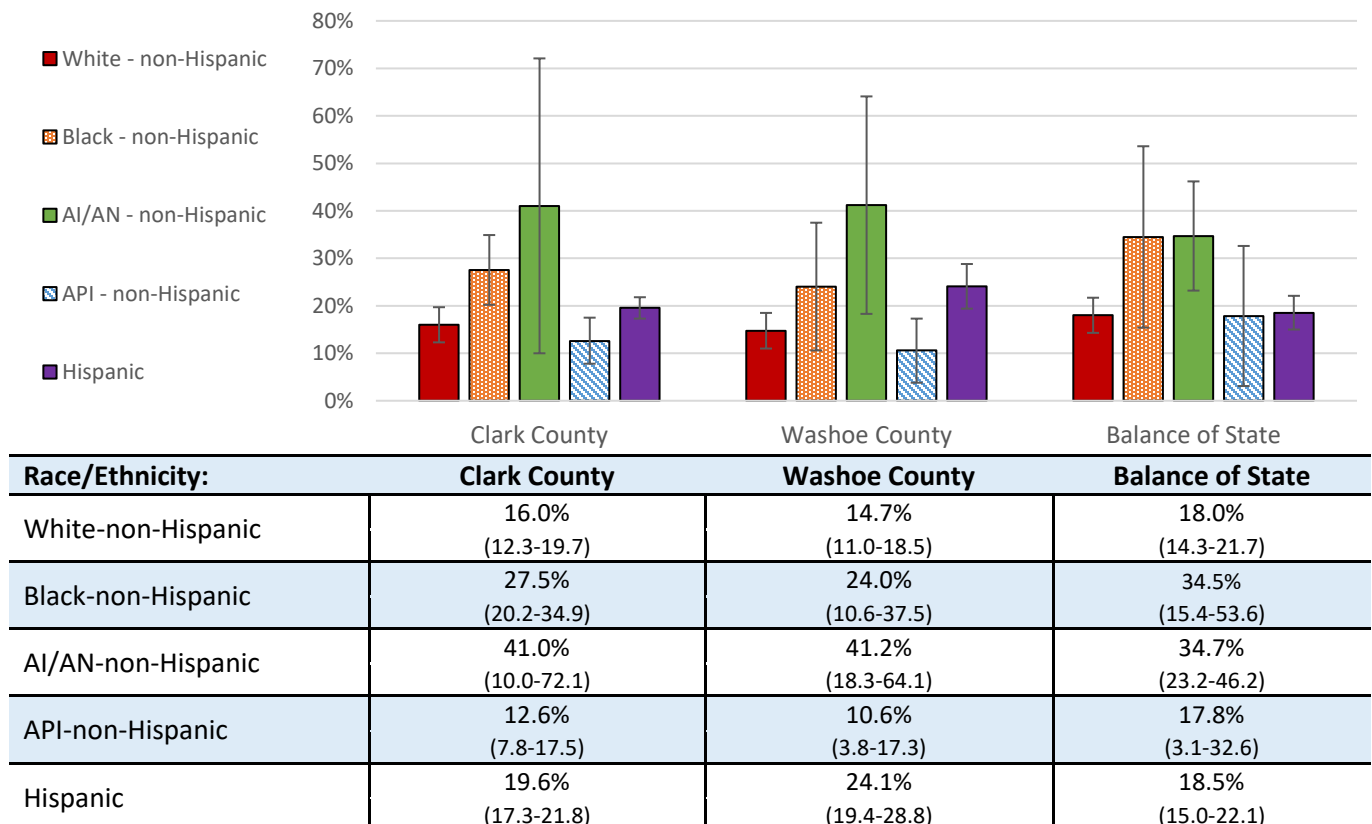
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	16.0% (12.3-19.7)	14.7% (11.0-18.5)	18.0% (14.3-21.7)
Black-non-Hispanic	27.5% (20.2-34.9)	24.0% (10.6-37.5)	34.5% (15.4-53.6)
AI/AN-non-Hispanic	41.0% (10.0-72.1)	41.2% (18.3-64.1)	34.7% (23.2-46.2)
API-non-Hispanic	12.6% (7.8-17.5)	10.6% (3.8-17.3)	17.8% (3.1-32.6)
Hispanic	19.6% (17.3-21.8)	24.1% (19.4-28.8)	18.5% (15.0-22.1)

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, 2013-2017

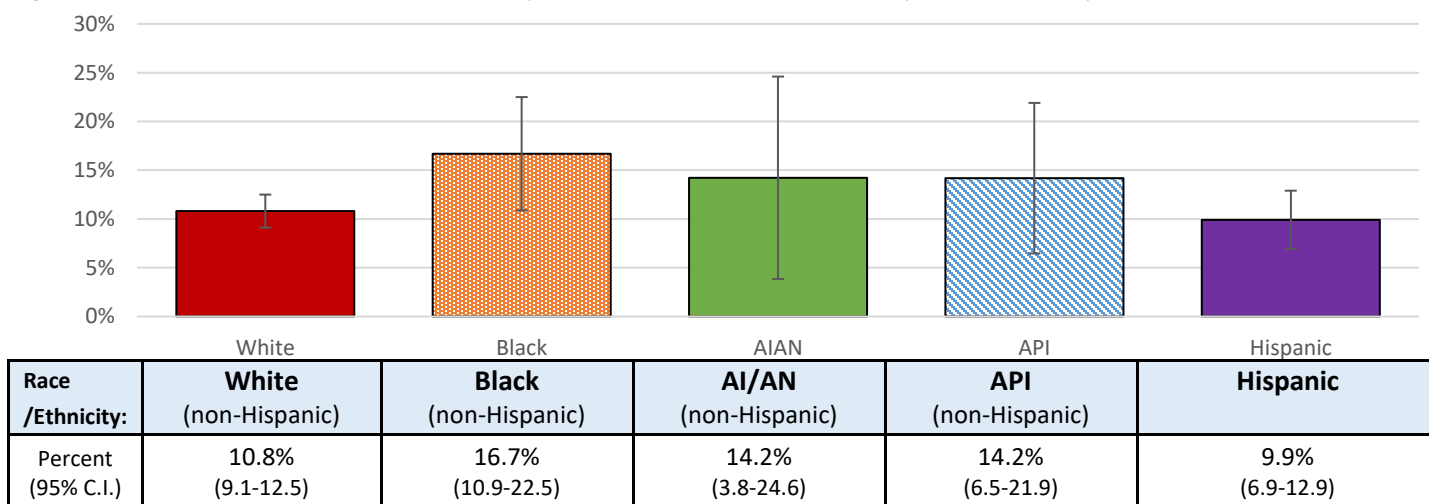| Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2017	466	27.2 (24.7-29.6)	38	15.1 (10.3-19.9)	4	10.6 (0.2-20.9)	35	12.1 (8.1-16.2)	65	7.8 (5.9-9.8)
2016	482	27.7 (25.2-30.2)	35	12.9 (8.6-17.1)	8	20.4 (6.3-34.6)	31	10.8 (7.0-14.6)	67	8.5 (6.5-10.6)
2015	423	24.8 (22.4-27.2)	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)
2014	443	25.8 (23.4-28.2)	28	11.7 (7.3-16.0)	9	25.2 (8.8-41.7)	16	6.2 (3.1-9.2)	60	9.2 (6.9-11.5)
2013	433	25.2 (22.8-27.6)	20	9.4 (5.3-13.5)	8	22.4 (6.9-38.0)	18	7.3 (4.0-10.7)	48	6.9 (5.0-8.9)

Source: Nevada Electronic Death Registry System.

Figure 52. Suicide– Age-Adjusted Rates by Race/Ethnicity and Region, 2017
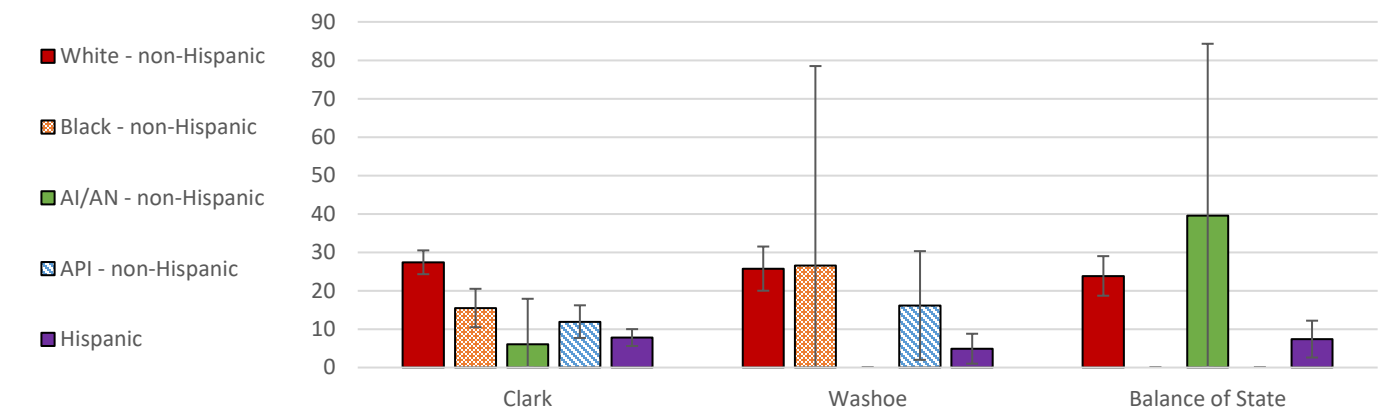
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	303	27.4 (24.3-30.5)	78	25.7 (20.0-31.5)	82	23.8 (18.7-29.0)
Black-non-Hispanic	37	15.5 (10.5-20.5)	1	26.5 (0.0-78.5)	0	0.0
AI/AN-non-Hispanic	1	6.0 (0.0-17.9)	0	0.0	3	39.5 (0.0-84.3)
API-non-Hispanic	30	11.9 (7.7-16.2)	5	16.2 (2.0-30.3)	0	0.0
Hispanic	50	7.8 (5.6-10.0)	6	4.9 (1.0-8.8)	9	7.4 (2.6-12.2)

Source: Nevada Electronic Death Registry System.

Figure 53. Nevada High School Students Who Seriously Considered Attempting Suicide – Prevalence by Race/Ethnicity and Region, 2017

Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	14.6% (10.8-18.4)	19.9% (15.5-24.4)	18.9% (16.2-21.6)
Black-non-Hispanic	12.8% (7.1-18.6)	28.8% (15.6-42.0)	23.0% (4.0-42.0)
AI/AN-non-Hispanic	0.0%	15.8% (1.4-30.3)	18.6% (8.9-28.4)
API-non-Hispanic	18.7% (13.4-24.0)	10.0% (3.2-16.8)	28.6% (4.6-52.5)
Hispanic	16.5% (13.9-19.0)	16.5% (13.6-19.4)	15.5% (12.4-18.6)
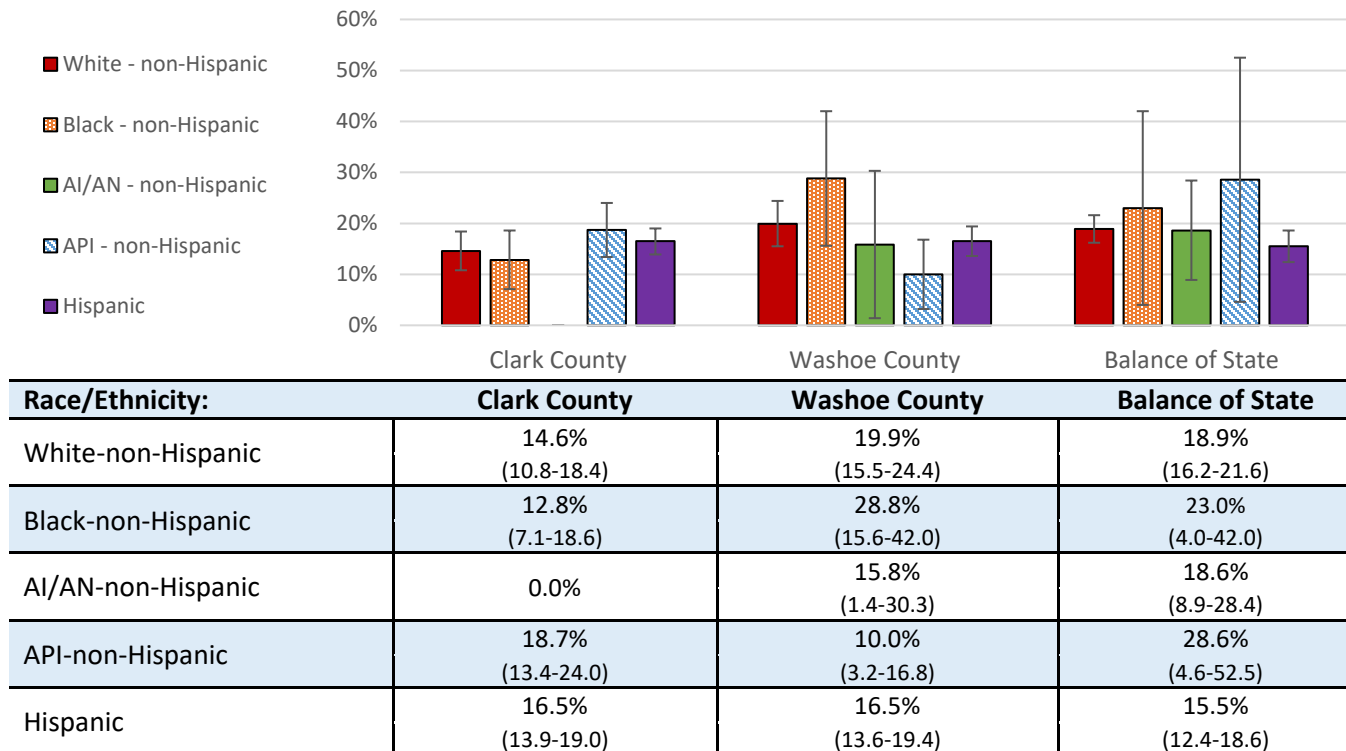
Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
Note: Graph scaled to 60% to display difference between groups.

Figure 54. Nevada High School Students Who Seriously Considered Attempting Suicide – Prevalence by Race/Ethnicity and Region, 2017

Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	6.0% (3.9-8.1)	7.6% (4.5-10.7)	8.9% (6.5-11.2)
Black-non-Hispanic	12.8% (6.0-19.5)	8.8% (0.0-20.2)	16.6% (0.0-34.8)
AI/AN-non-Hispanic	0.0%	14.3% (0.0-30.0)	9.4% (3.2-15.6)
API-non-Hispanic	8.3% (3.5-13.1)	4.3% (0.0-8.9)	14.3% (0.6-27.9)
Hispanic	8.4% (6.2-10.6)	9.7% (7.2-12.1)	10.8% (7.6-13.9)
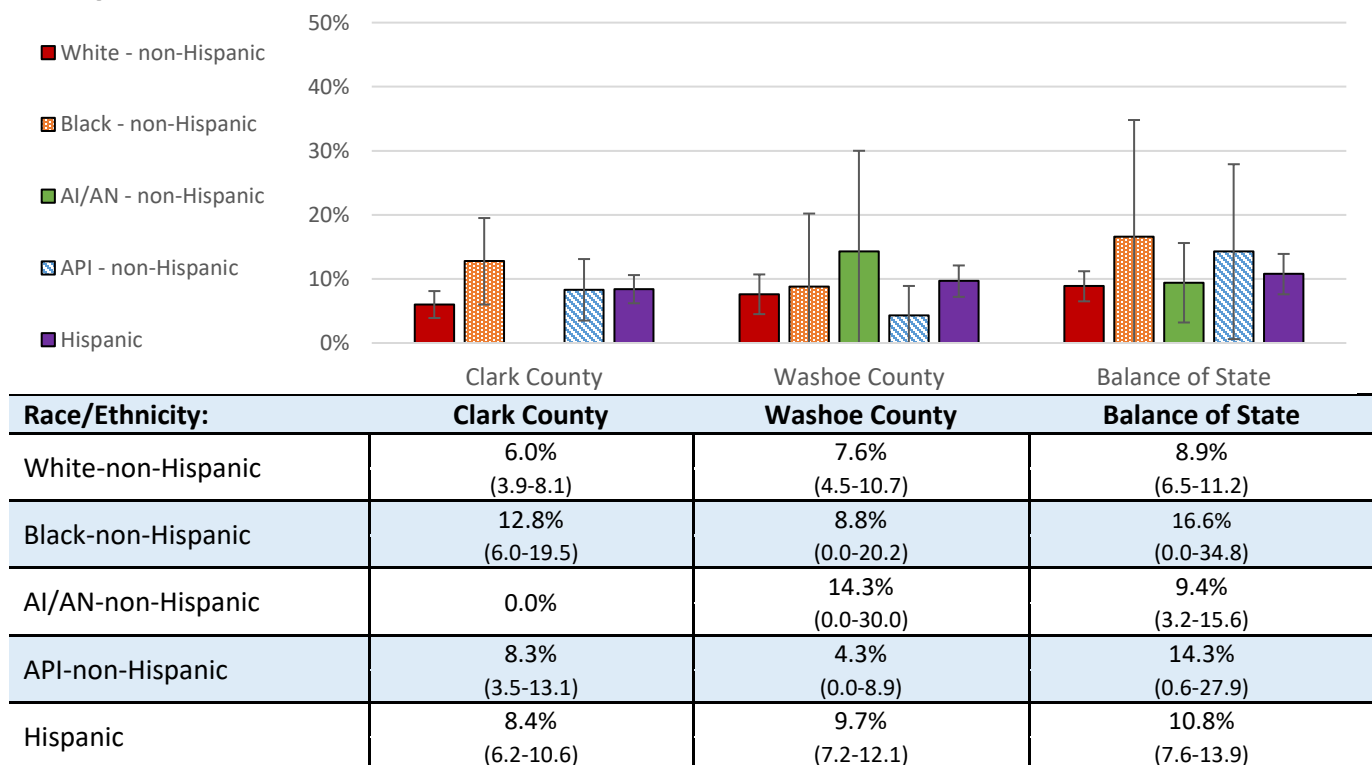
Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
Note: Graph scaled to 50% to display difference between groups.

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 [30]. 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 2016, influenza and pneumonia was the eighth leading cause of death in the US with a death rate of 15.9 per 100,000 population among all race/ethnicity groups, and all ages [11].
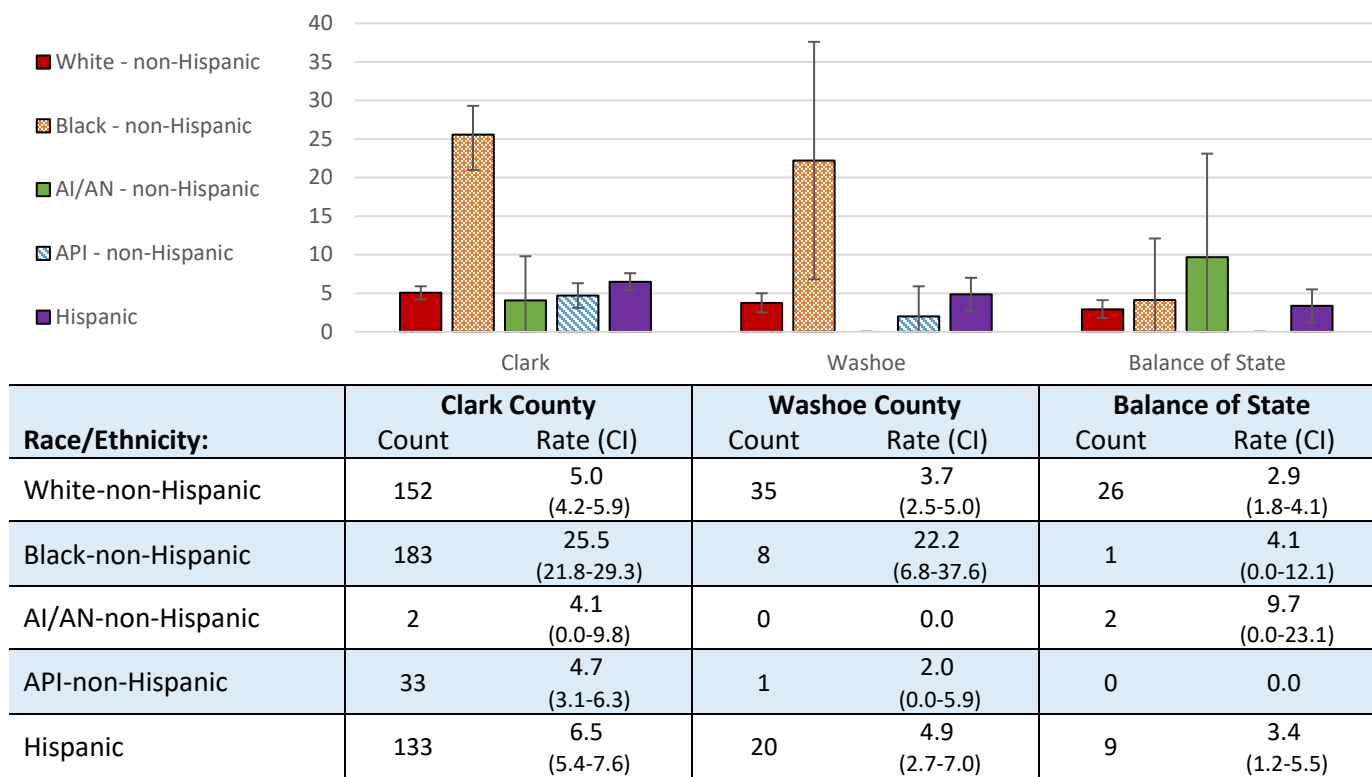
Significant Findings:

- White-non-Hispanic populations in Clark County had a significantly lower prevalence of receiving the flu shot (34.8%) than White-non-Hispanic populations in Washoe County (40.4%) (Figure 58.).

Figure 55. Influenza and Pneumonia Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

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)
2017	435	19.9 (18.0-21.7)	68	30.8 (23.5-38.1)	7	16.5 (4.3-28.7)	38	16.1 (11.0-21.2)	66	18.4 (14.0-22.9)
2016	403	19.0 (17.1-20.8)	51	27.7 (20.1-35.3)	6	21.0 (4.2-37.7)	41	17.1 (11.9-22.4)	48	12.5 (9.0-16.1)
2015	471	22.8 (20.7-24.9)	54	28.9 (21.2-36.7)	3	6.9 (0.0-14.6)	44	21.3 (15.0-27.6)	46	14.7 (10.4-18.9)
2014	491	23.9 (21.8-26.0)	65	37.4 (28.3-46.5)	7	20.0 (5.2-34.7)	36	18.1 (12.2-24.0)	70	23.0 (17.6-28.4)
2013	382	18.9 (17.0-20.8)	38	22.4 (15.3-29.5)	7	26.5 (6.9-46.1)	31	18.3 (11.9-24.7)	41	14.6 (10.1-19.0)

Source: Nevada Electronic Death Registry System.

Figure 56. Influenza and Pneumonia Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2017
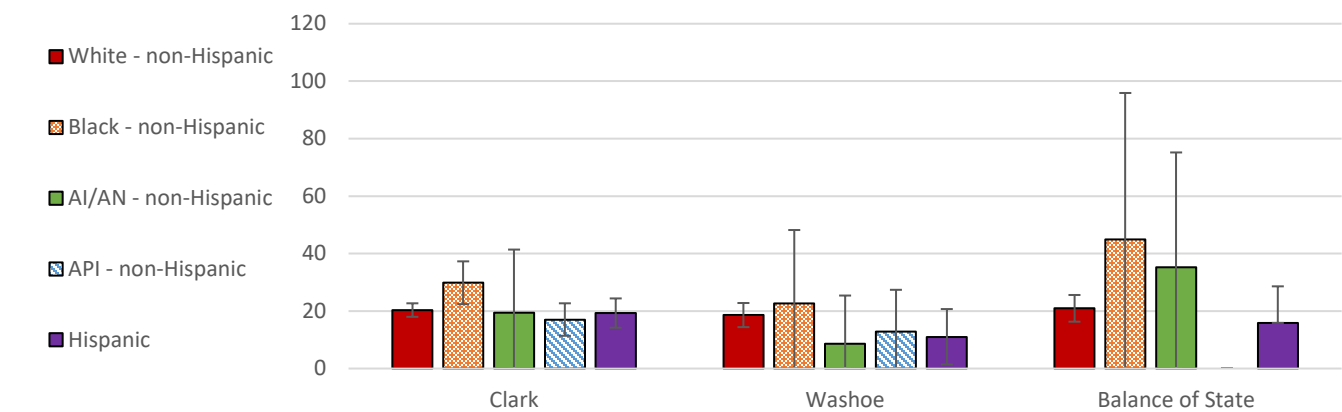
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	281	20.3 (18.0-22.7)	74	18.6 (14.4-22.8)	79	20.9 (16.3-25.6)
Black-non-Hispanic	62	29.9 (22.4-37.3)	3	22.6 (0.0-48.2)	3	45.0 (0.0-95.9)
AI/AN-non-Hispanic	3	19.4 (0.0-41.4)	1	8.6 (0.0-25.4)	3	35.3 (0.0-75.2)
API-non-Hispanic	35	17.0 (11.4-22.7)	3	12.9 (0.0-27.4)	0	0.0
Hispanic	55	19.3 (14.2-24.4)	5	11.0 (1.4-20.7)	6	15.9 (3.2-28.6)

Source: Nevada Electronic Death Registry System.

Figure 57. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity, Nevada, 2017
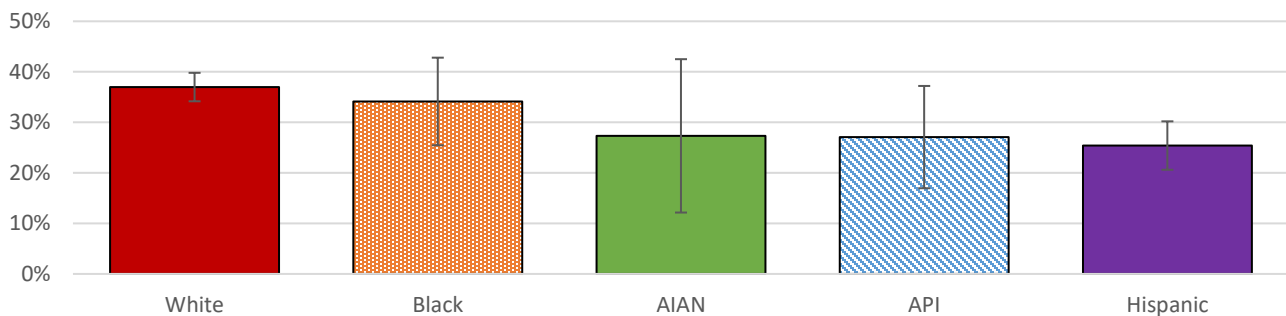
Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	37.0% (34.2-39.8)	34.1% (25.5-42.8)	27.3% (12.1-42.5)	27.1% (17.0-37.2)	25.4% (20.7-30.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
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, 2013-2017 Aggregated

Legend:
- White- non-Hispanic
- Black- non-Hispanic
- AI/AN- non-Hispanic
- API- non-Hispanic
- Hispanic
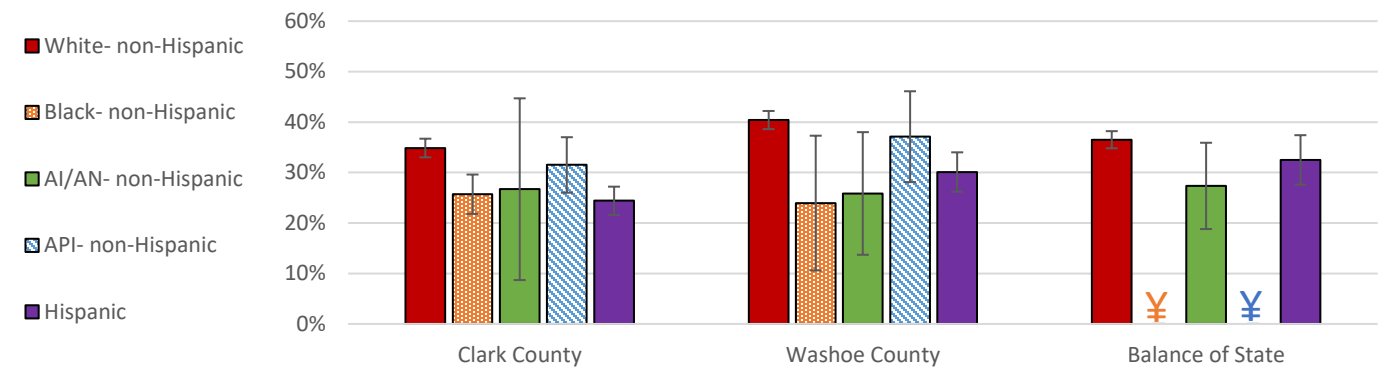
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	34.8% (33.0-36.7)	40.4% (38.6-42.2)	36.5% (34.8-38.2)
Black-non-Hispanic	25.7% (21.8-29.6)	23.9% (10.6-37.3)	¥
AI/AN-non-Hispanic	26.7% (8.7-44.7)	25.8% (10.6-37.3)	27.3% (18.8-35.9)
API-non-Hispanic	31.5% (26.0-37.0)	37.1% (28.1-46.1)	¥
Hispanic	24.4% (21.6-27.2)	30.1% (26.2-34.0)	32.5% (27.6-37.4)

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) [31]. No effective cure exists for HIV, but, with proper medical care, HIV can be controlled. The annual number of new diagnoses of HIV has remained stable in the US from 2012-2016 [32].

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 2013 to 2017 (Figure 59.).
- White-non-Hispanic and Black-non-Hispanic male populations in Clark County (14.0 per 100,000 and 57.3 per 100,000 respectively) had significantly higher rates of reported cases of HIV infection than White-non-Hispanic and Black non-Hispanic male populations in Washoe County (6.9 per 100,000 and 8.7 per 100,000, respectively) and the Balance of Sate (3.5 per 100,000 and 0.0 per 100,000, respectively) (Figure 60.).
- In 2017, 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 (32.8%) had a significantly lower prevalence of ever getting tested for HIV than White-non-Hispanic populations in Clark County (39.9%) and Washoe County (40.3%) (Figure 66).

Figure 59. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Year, Nevada Males and Females, 2013-2017

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)
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)
2014	158	10.3 (8.7-11.9)	102	42.7 (34.4-51.0)	4	12.3 (0.2-24.4)	23	9.2 (5.4-12.9)	138	17.4 (14.5-20.3)
2013	167	11.0 (9.3-12.6)	101	43.4 (34.9-51.8)	1	3.1 (0.0-9.2)	16	6.6 (3.4-9.8)	133	17.3 (14.3-20.2)

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, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	139	14.0 (11.7-16.3)	20	6.9 (3.9-9.9)	9	3.5 (1.2-5.7)
Black-non-Hispanic	139	57.3 (47.7-66.8)	1	8.7 (0.0-25.8)	0	0.0
AI/AN-non-Hispanic	2	13.5 (0.0-32.2)	1	13.7 (0.0-40.5)	1	8.1 (0.0-23.8)
API-non-Hispanic	25	10.2 (6.2-14.3)	2	6.4 (0.0-15.2)	0	0.0
Hispanic	133	19.1 (15.9-22.4)	9	8.0 (2.8-13.2)	3	5.2 (0.0-11.1)

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, 2013-2017

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)
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)
2014	142	18.3 (15.3-21.4)	79	65.7 (51.2- 80.2)	4	24.6 (0.5-48.7)	17	14.6 (7.6-21.5)	130	32.1 (26.6-37.6)
2013	149	19.3 (16.2-22.4)	75	63.9 (49.5-78.4)	1	6.2 (0.0-18.3)	13	11.5 (5.3-17.8)	123	31.2 (25.7-36.7)

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, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	125	24.8 (20.4-29.1)	19	13.0 (7.2-18.8)	7	5.4 (1.4-9.4)
Black-non-Hispanic	111	91.9 (74.8-109.0)	1	15.8 (0.0-46.9)	0	0.0
AI/AN-non-Hispanic	2	27.8 (0.0-66.4)	0	0.0	0	0.0
API-non-Hispanic	21	18.7 (10.7-26.7)	2	13.8 (0.0-32.9)	0	0.0
Hispanic	124	35.3 (29.0-41.5)	7	12.2 (3.2-21.2)	3	9.7 (0.0-20.7)
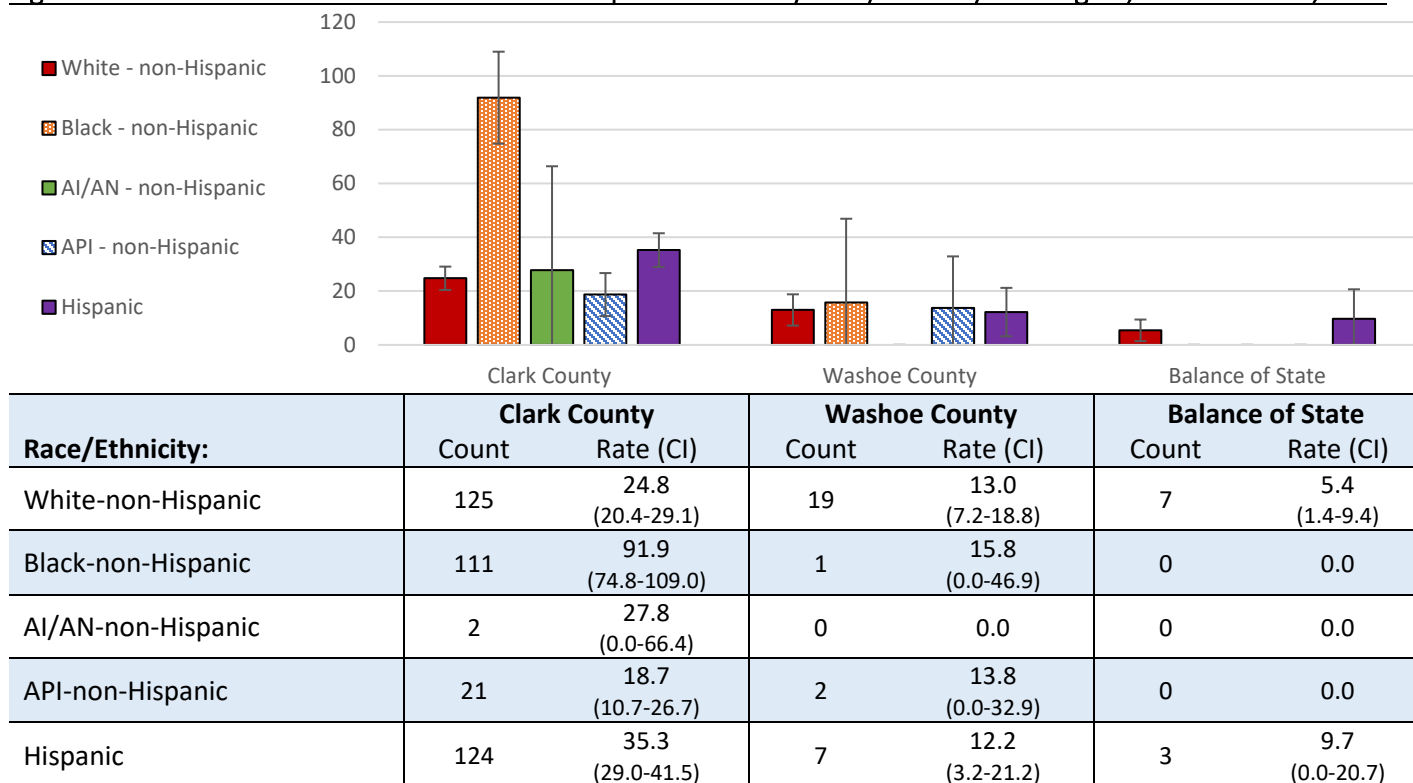
Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS).

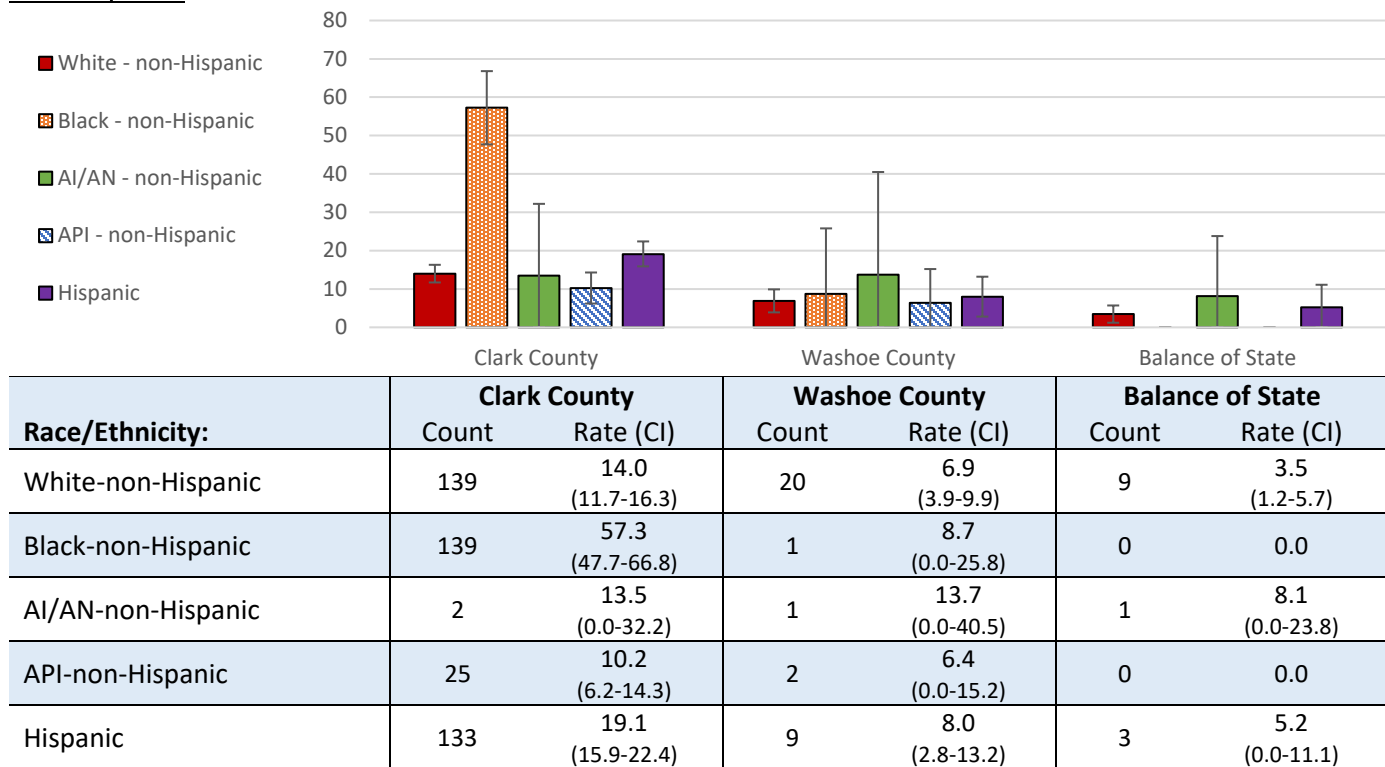**Figure 63. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Year, Nevada Females, 2013-2017**

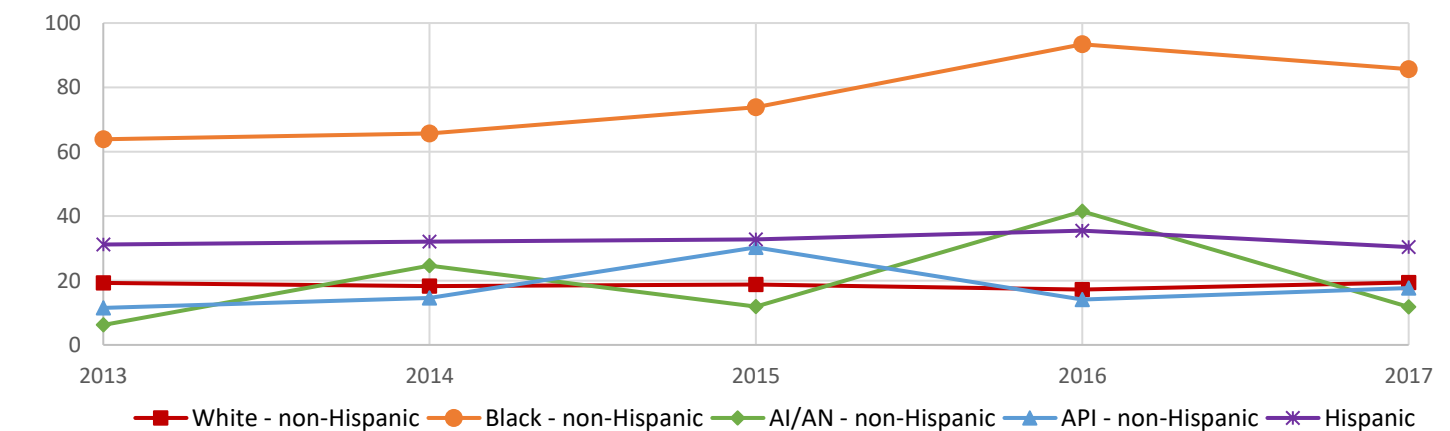| Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2017	17	2.2 (1.2-3.3)	28	21.8 (13.7-29.8)	2	11.4 (0.0-27.1)	4	2.6 (0.1-5.2)	11	2.6 (1.1-4.1)
2016	16	2.1 (1.1-3.1)	40	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)
2014	16	2.1 (1.1-3.2)	23	19.4 (11.5-27.3)	0	0.0	6	4.5 (0.9-8.0)	8	2.1 (0.6-3.5)
2013	18	2.4 (1.3-3.5)	26	22.5 (13.9-31.2)	0	0.0	3	2.3 (0.0-4.9)	10	2.7 (1.0-4.3)
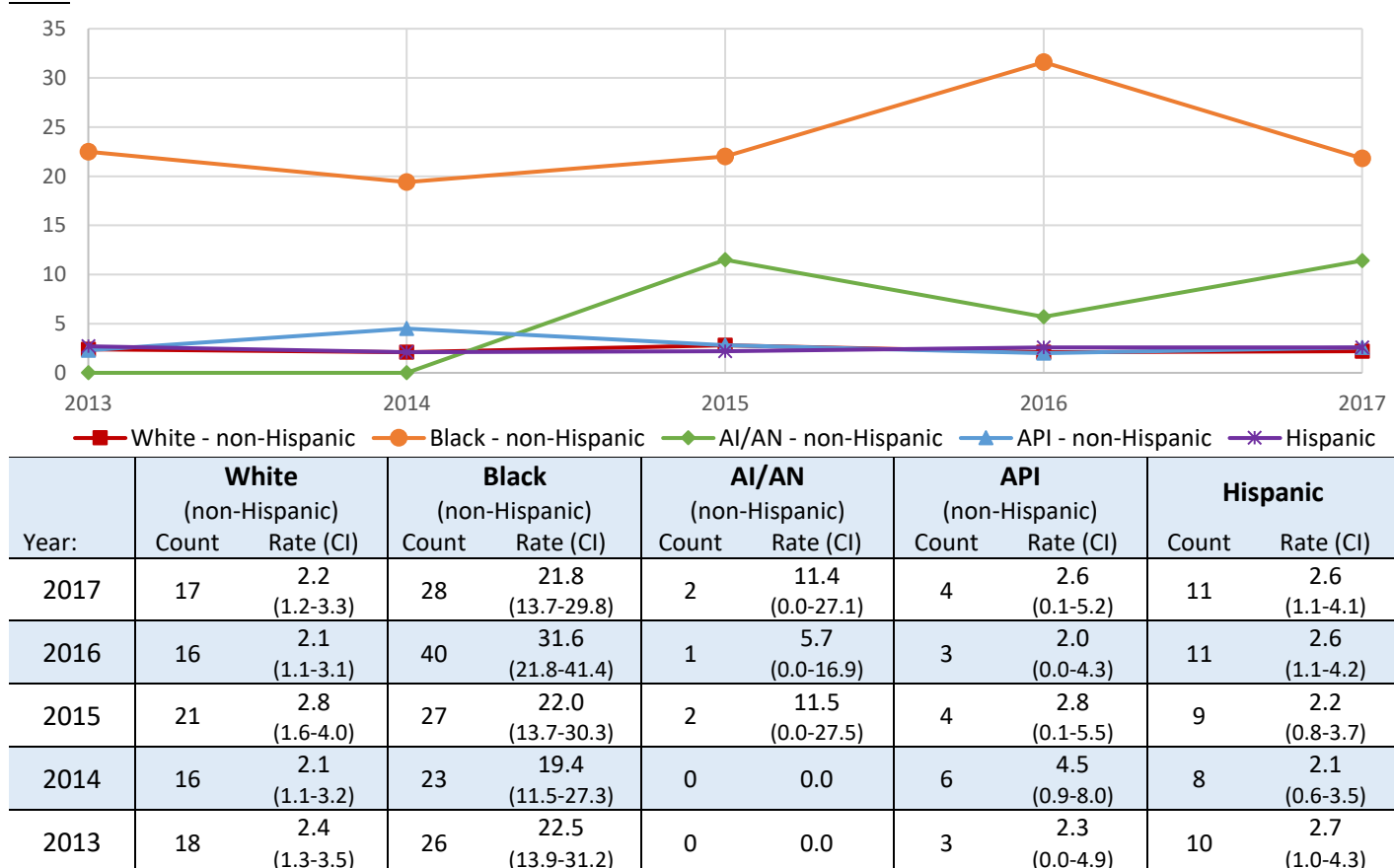
Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS).

Figure 64. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Females, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	14	2.9 (1.4-4.4)	1	0.7 (0.0-2.1)	2	1.5 (0.0-3.7)
Black-non-Hispanic	28	23.0 (14.5-31.5)	0	0.0	0	0.0
AI/AN-non-Hispanic	0	0.0	1	26.6 (0.0-78.9)	1	16.2 (0.0-47.9)
API-non-Hispanic	4	3.0 (0.1-6.0)	0	0.0	0	0.0
Hispanic	9	2.6 (0.9-4.3)	2	3.6 (0.0-8.6)	0	0.0
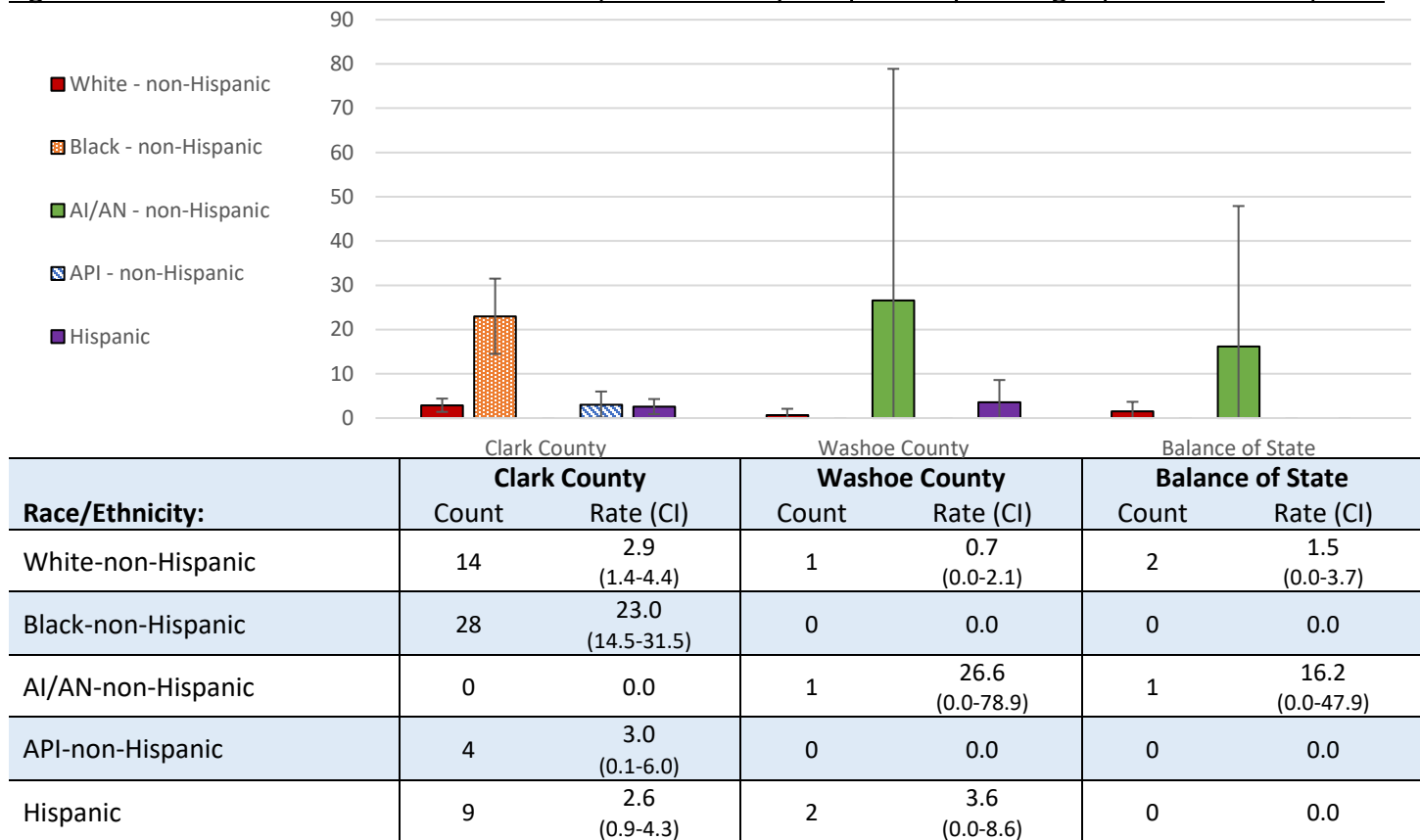
Source: Division of Public and Behavioral Health, HIV/AIDS Reporting System (eHARS).

Figure 65. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity, Nevada, 2017
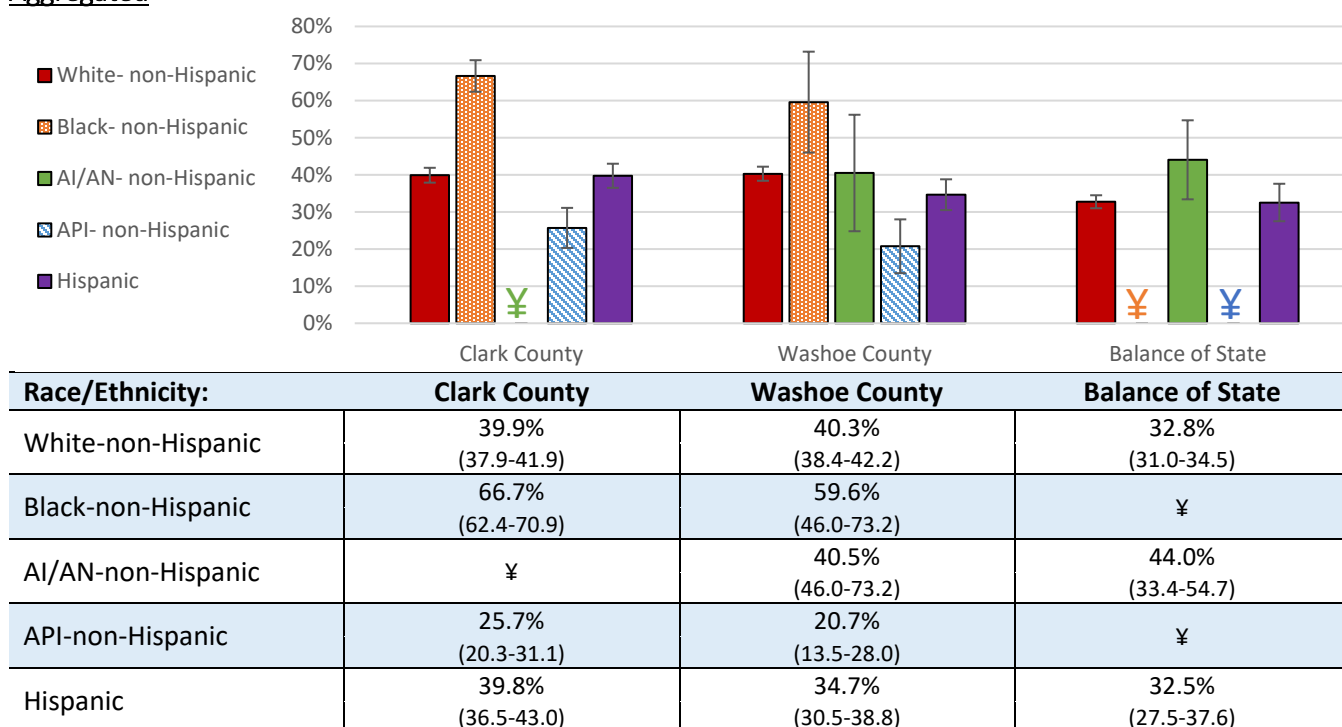
Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	39.8% (36.8-42.9)	67.6% (59.5-75.7)	50.7% (32.3-69.1)	28.2% (17.0-39.4)	37.7% (32.3-43.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 80% to display difference between groups.

Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	39.9% (37.9-41.9)	40.3% (38.4-42.2)	32.8% (31.0-34.5)
Black-non-Hispanic	66.7% (62.4-70.9)	59.6% (46.0-73.2)	¥
AI/AN-non-Hispanic	¥	40.5% (46.0-73.2)	44.0% (33.4-54.7)
API-non-Hispanic	25.7% (20.3-31.1)	20.7% (13.5-28.0)	¥
Hispanic	39.8% (36.5-43.0)	34.7% (30.5-38.8)	32.5% (27.5-37.6)

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 80% to display difference between groups.

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 [33]. 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 [33].

Significant Findings:

- Black-non-Hispanic populations had significantly higher rates of chlamydia infection than every other race/ethnicity group for each year from 2013 to 2017 (Figure 67.).
- In 2017, Black-non-Hispanic populations in Washoe County had significantly higher rates of chlamydia infection, at 1,588.7 per 100,000 population, than Black-non-Hispanic populations in Clark County (838.1 per 100,000) and the Balance of State (589.0 per 100,000) (Figure 68.).
- Rates of chlamydia infection were significantly higher among Black-non-Hispanic female populations for each year between 2013 and 2017 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, 2013-2017

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)
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)
2014	2,755	214.7 (206.7-222.7)	1,984	743.5 (710.8-776.2)	95	275.1 (219.8-330.4)	394	159.8 (144.0-175.6)	2,406	247.5 (237.6-257.4)
2013	2,745	214.9 (206.9-222.9)	2,020	777.1 (743.2-811.0)	131	384.4 (318.6-450.2)	376	158.3 (142.3-174.3)	2,342	237.5 (238.7-258.9)

*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, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	1,475	178.7 (169.6-187.8)	1,093	434.2 (408.5-459.9)	653	252.0 (232.7-271.3)
Black-non-Hispanic	2,168	838.1 (802.8-873.4)	217	1,588.7 (1,377.3-1,800.1)	30	589.0 (378.3-799.8)
AI/AN-non-Hispanic	19	119.4 (65.7-173.1)	55	688.8 (506.8-870.8)	52	418.6 (304.8-532.4)
API-non-Hispanic	339	142.7 (127.5-157.9)	81	253.1 (198.0-308.2)	18	269.1 (144.8-393.4)
Hispanic	1,802	214.8 (204.9-224.7)	707	494.0 (457.6-530.4)	188	325.0 (278.6-371.5)

*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, 2013-2017

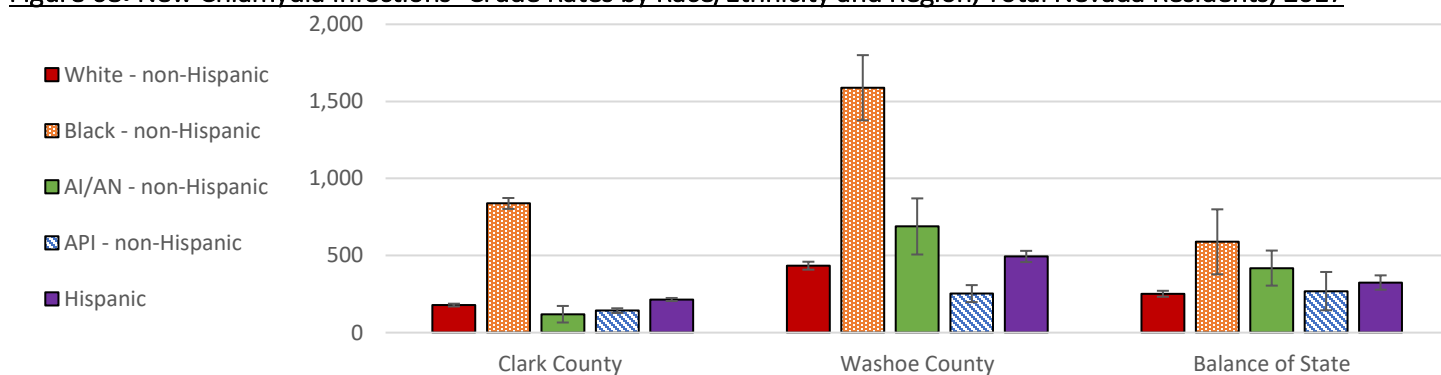| Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2017	1,141	165.2 (155.6-174.8)	1,030	714.9 (671.2-758.6)	36	180.1 (121.3-238.9)	159	118.4 (100.0-136.8)	1,044	196.4 (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)
2014	953	141.4 (132.4-150.4)	775	571.7 (531.4-612.0)	37	143.0 (89.1-196.9)	95	78.3 (62.6-94.0)	807	161.1 (150.0-172.2)
2013	936	139.6 (130.7-148.5)	790	601.3 (559.4-643.2)	33	188.2 (124.0-252.4)	99	83.6 (67.1-100.1)	740	153.2 (142.2-164.2)

*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, 2017
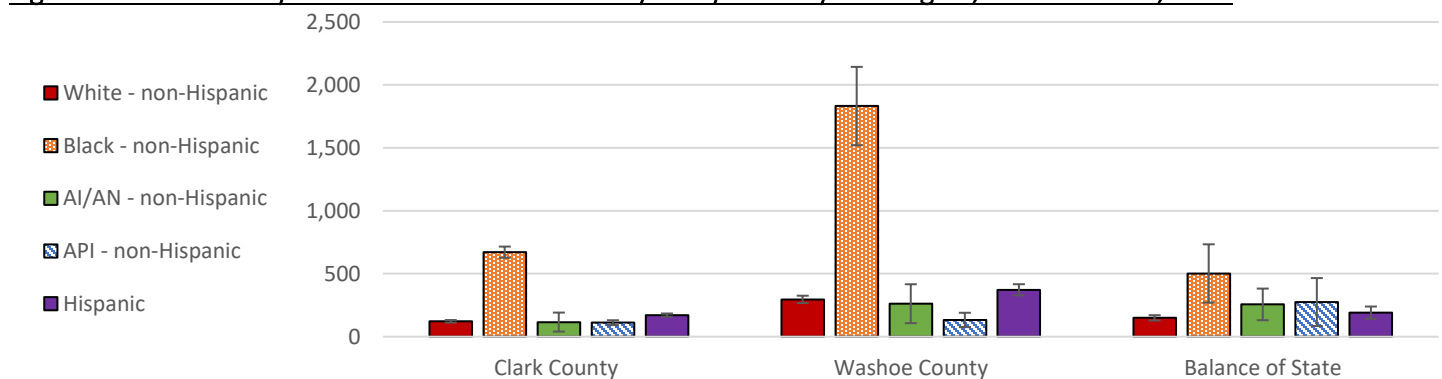
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	550	121.7 (111.5-131.9)	394	296.0 (266.8-325.2)	193	149.3 (128.3-170.4)
Black-non-Hispanic	877	671.1 (626.7-715.5)	133	1,831.9 (1,520.6-2,143.2)	18	501.8 (270.0-733.6)
AI/AN-non-Hispanic	9	115.6 (40.1-191.1)	11	261.6 (107.0-416.2)	16	256.3 (130.7-381.9)
API-non-Hispanic	129	111.3 (92.1-130.5)	21	132.9 (76.1-189.7)	8	274.9 (84.4-465.4)
Hispanic	719	171.4 (158.9-183.9)	264	371.8 (326.9-416.7)	59	190.7 (142.0-239.3)

*Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).*
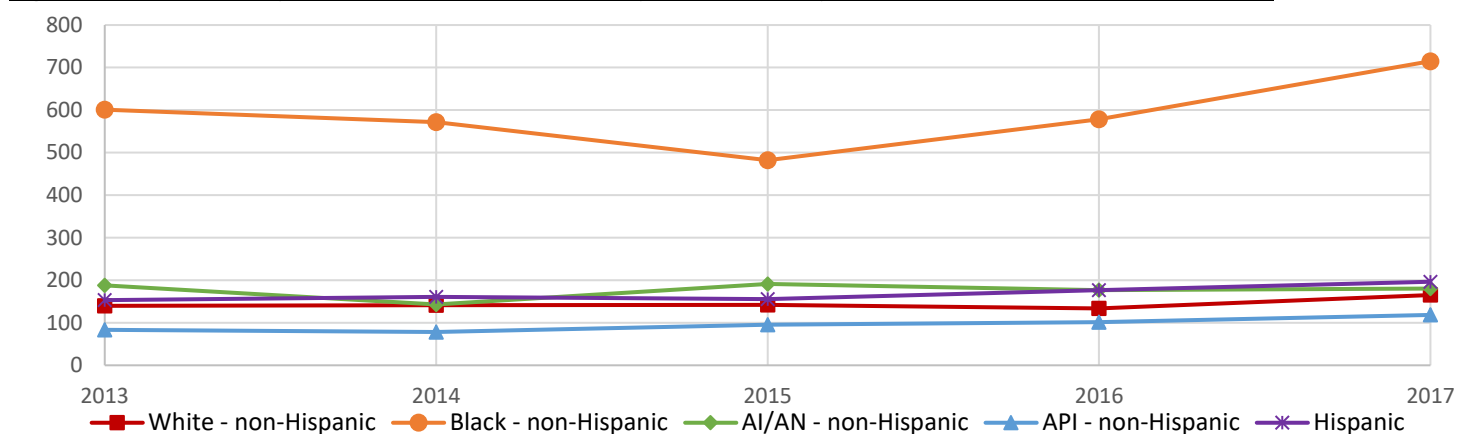
Figure 71. New Chlamydia Infections- Crude Rates by Race/Ethnicity and Year, Nevada Females, 2013-2017

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)
2017	2,084	335.9 (321.5-350.3)	1,393	1,031.9 (977.7–1,086.1)	90	496.6 (394-599.2)	282	204.3 (180.5-228.1)	1,657	316.8 (301.5-332.1)
2016	1,861	304.6 (290.8-318.4)	1,331	985.6 (932.6–1,038.6)	83	468.7 (367.9-569.5)	272	198.0 (174.5-221.5)	1,619	318.6 (303.1-334.1)
2015	1,818	295.1 (281.5-308.7)	1,198	909.9 (858.4-961.4)	94	535.7 (427.4-644.0)	290	220.5 (195.1-245.9)	1,592	325.2 (309.2-341.2)
2014	1,800	291.9 (278.4-305.4)	1,209	932.5 (879.9-985.1)	68	421.2 (321.1-521.3)	299	240.1 (212.9-267.9)	1,597	340.4 (323.7-357.1)
2013	1,808	293.8 (280.3-307.3)	1,230	972.6 (918.2-1,027.0)	98	609.7 (489.0-730.4)	277	232.7 (205.3-260.1)	1,599	352.0 (334.7-369.3)

*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, 2017
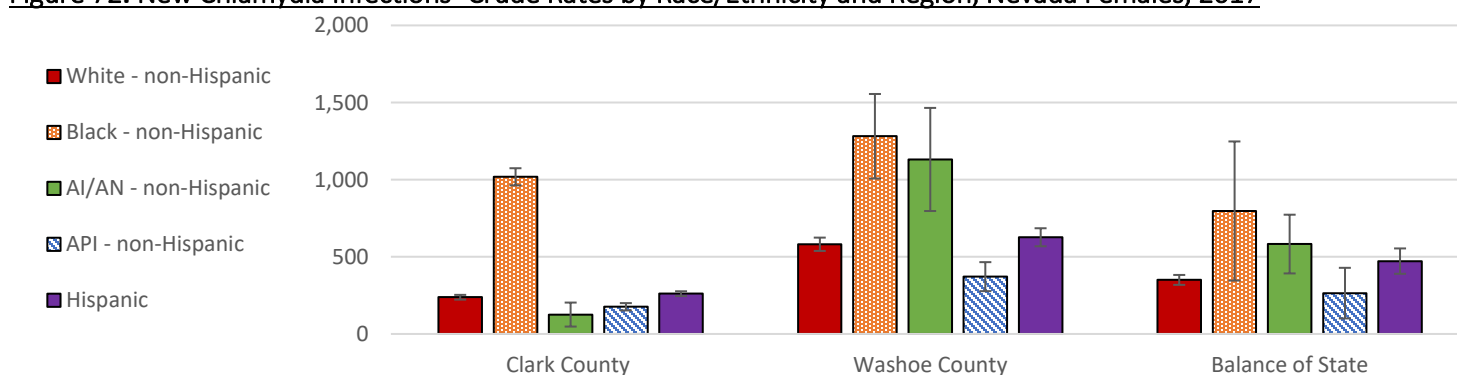
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	924	238.0 (222.7-253.3)	699	581.4 (538.3-624.5)	455	350.3 (318.1-382.5)
Black-non-Hispanic	1,290	1,018.6 (963.0-1,074.2)	84	1,281.4 (1,007.4-1,555.4)	12	796.8 (346.0-1247.7)
AI/AN-non-Hispanic	10	125.6 (47.8-203.4)	44	1131.0 (796.8-1,465.2)	36	582.6 (392.3-772.9)
API-non-Hispanic	210	176.2 (152.4-200.0)	60	371.4 (277.4-465.4)	10	264.6 (100.6-428.6)
Hispanic	1,083	261.1 (245.5-276.7)	442	626.7 (568.3-685.1)	127	472.2 (390.0-554.3)

*Source: Division of Public and Behavioral Health, STD Management Information System (STD*MIS), National Electronic Disease Surveillance System (NEDSS) Based System (NBS).*
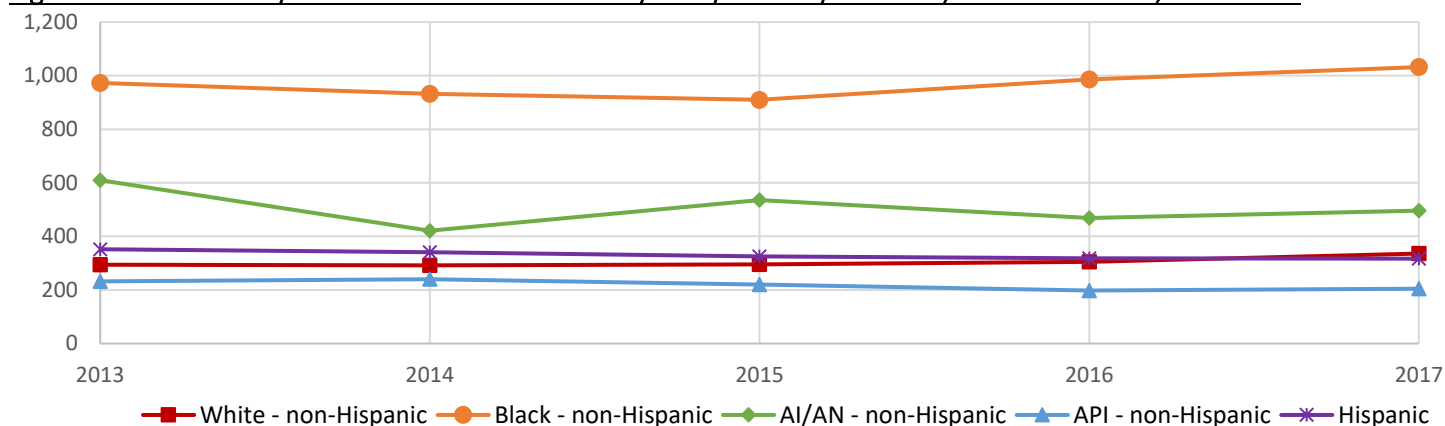
Figure 73. Nevada High School Students Who Used a Condom During Their Last Sexual Intercourse – Prevalence by Race/Ethnicity and Region, 2017

Legend:
- White - non-Hispanic
- Black - non-Hispanic
- AI/AN - non-Hispanic
- API - non-Hispanic
- Hispanic

Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	61.0% (50.4-71.7)	56.3% (48.5-64.0)	55.6% (47.0-64.2)
Black-non-Hispanic	70.1% (56.4-83.8)	51.3% (17.1-85.5)	49.4% (8.3-90.4)
AI/AN-non-Hispanic	100.0% (100.0-100.0)	21.3% (0.0-62.4)	61.1% (44.6-77.7)
API-non-Hispanic	66.8% (50.8-82.9)	54.7% (23.0-86.3)	63.3% (12.9-100.0)
Hispanic	48.1% (40.7-55.6)	51.8% (41.8-61.8)	50.4% (40.4-60.5)
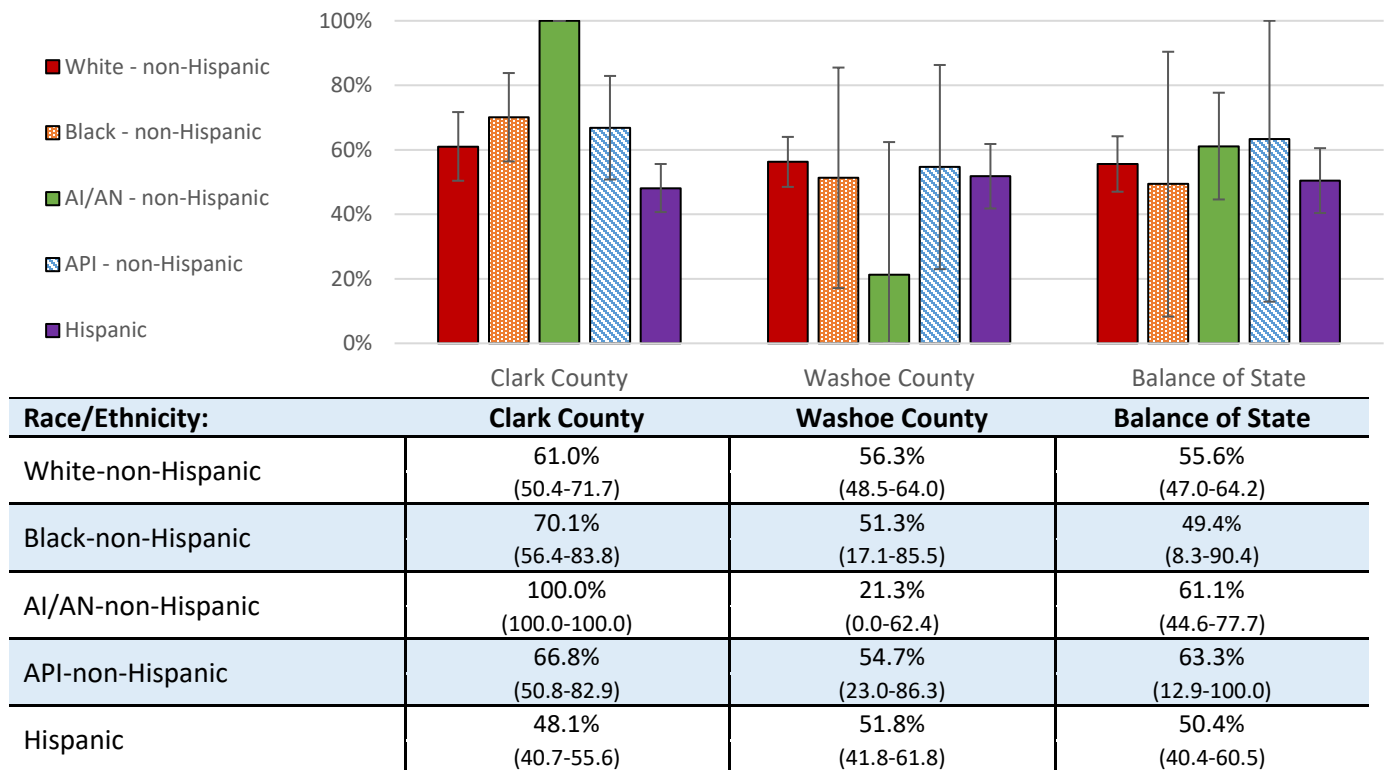
Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.

Maternal and Infant Health

Teen birth rate is defined as the number of live births to mothers aged 15 – 19 years. In 2016, the teen birth rate in the US was 20.3 live births per 1,000 women [34]. Infant mortality is defined as a death of an infant before his or her first birthday. In 2016, in the US, the infant mortality rate was 5.9 deaths per 1,000 live births [35].

Significant Findings:

- In 2017, Black-non-Hispanic populations had significantly higher birth rates, at 19.0 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 9.4 per 1,000 population, than White-non-Hispanic populations in Clark County (8.4 per 1,000) and the Balance of State (8.1 per 1,000) population (Figure 75.).
- White-non-Hispanic populations in the Balance of State had significantly higher teen birth rates, at 17.9 per 1,000 women ages 15-19, than White-non-Hispanic women in Clark County (10.0 per 1,000 women) and Washoe County (11.7 per 1,000 women) (Figure 77.).
- Hispanic populations in the Balance of State had significantly higher teen birth rates, at 33.3 per 1,000 women ages 15-19, than Hispanic women in Clark County (23.0 per 1,000 women) (Figure 77.).
- In 2017, Black-non-Hispanic populations had significantly higher low birthweight birth rates, at 125.5 per 1,000 live births, than White-non-Hispanic, Asian/Pacific Islander–non-Hispanic, and Hispanic populations (Figure 78.).
- In 2017, Black-non-Hispanic populations had significantly higher rates of very low birthweight births, at 28.1 per 1,000 live births, than any other race/ethnicity group (Figure 80.).
- In 2017, Black-non-Hispanic populations had significantly higher infant mortality rates, at 10.4 deaths per 1,000 live births, than White-non-Hispanic (4.5 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, 2013-2017

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)
2017	13,193	8.6 (8.4-8.7)	4,917	19.0 (18.4-19.5)	355	10.3 (9.2-11.3)	3,275	11.6 (11.2-12.0)	12,849	14.8 (14.6-15.1)
2016	13,924	9.0 (8.9-9.2)	4,598	18.0 (17.5-18.6)	332	9.7 (8.6-10.7)	3,199	11.6 (11.2-12.0)	13,069	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)
2014	14,991	9.8 (9.6-10.0)	4,220	17.7 (17.1-18.2)	358	11.0 (9.9-12.2)	2,959	11.8 (11.4-12.2)	12,899	16.3 (16.0-16.6)
2013	14,686	9.5 (9.5-9.8)	3,881	16.7 (16.1-17.2)	335	10.4 (9.3-11.5)	2,886	11.9 (11.5-12.3)	12,547	16.3 (16.0-16.6)

Data Source: Nevada Electronic Birth Registry System.

Figure 75. Overall Birth Rates by Race/Ethnicity and Region, Nevada, 2017
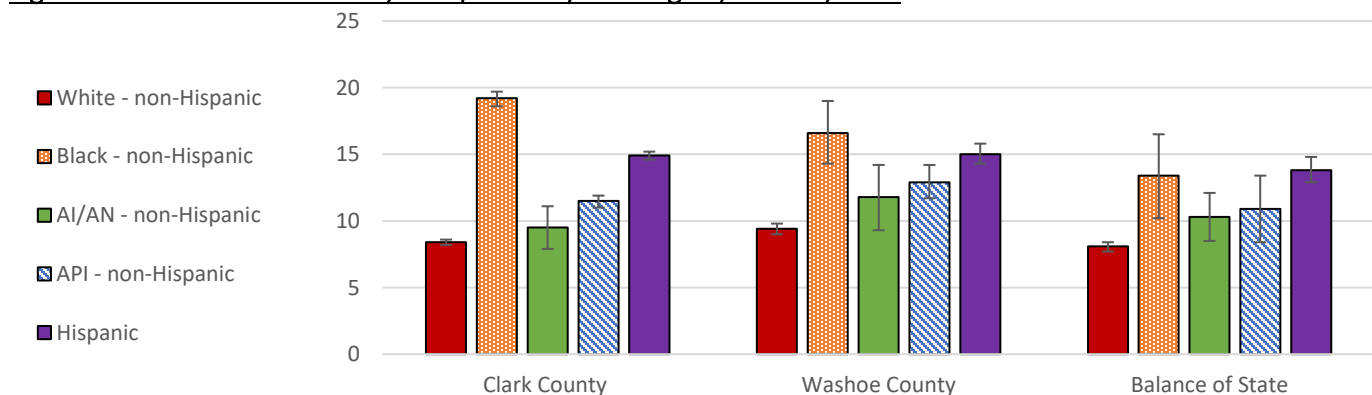
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	8,369	8.4 (8.2-8.6)	2,730	9.4 (9.0-9.8)	2,093	8.1 (7.7-8.4)
Black-non-Hispanic	4,658	19.2 (18.6-19.7)	191	16.6 (14.3-19.0)	68	13.4 (10.2-16.5)
AI/AN-non-Hispanic	141	9.5 (7.9-11.1)	86	11.8 (9.3-14.2)	128	10.3 (8.5-12.1)
API-non-Hispanic	2,797	11.5 (11.0-11.9)	405	12.9 (11.7-14.2)	73	10.9 (8.4-13.4)
Hispanic	10,353	14.9 (14.6-15.2)	1,697	15.0 (14.3-15.8)	799	13.8 (12.9-14.8)

Data Source: Nevada Electronic Birth Registry System.

Figure 76. Teen Birth Rates by Race/Ethnicity and Year, Nevada, 2013-2017

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)
2017	443	11.8 (10.7-12.9)	365	38.8 (34.8-42.8)	27	25.4 (15.8-35.0)	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)
2014	661	17.5 (16.2-18.9)	375	44.0 (39.5-48.4)	45	40.5 (28.6-52.3)	59	8.1 (6.0-10.1)	1,240	36.9 (34.9-39.0)
2013	646	16.7 (15.4-18.0)	381	45.6 (41.1-50.2)	34	29.6 (19.6-39.5)	75	10.4 (8.1-12.8)	1,373	41.6 (39.4-43.8)

Data Source: Nevada Electronic Birth Registry System.

Figure 77. Teen Birth Rates by Race/Ethnicity and Region, Nevada, 2017
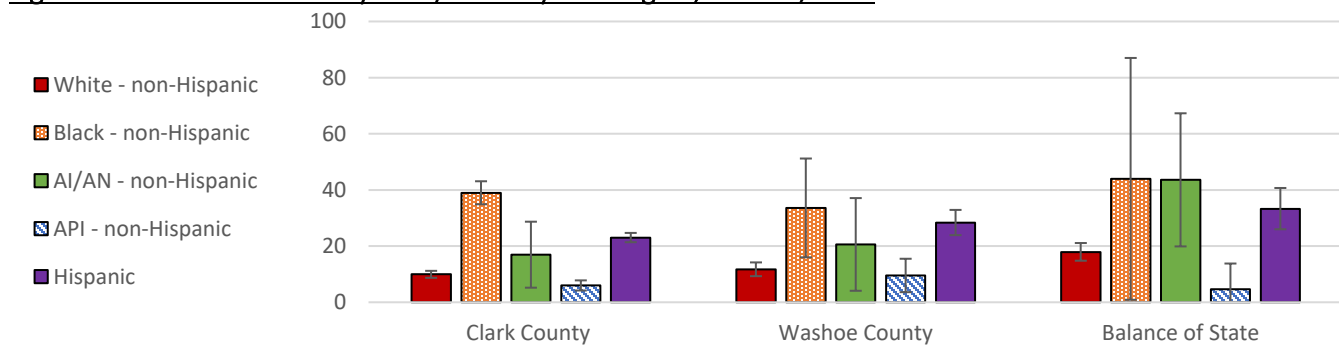
Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	232	10.0 (8.7-11.2)	87	11.7 (9.3-14.2)	124	17.9 (14.8-21.1)
Black-non-Hispanic	347	39.0 (34.9-43.1)	14	33.6 (16.0-51.2)	4	44.0 (0.9-87.0)
AI/AN-non-Hispanic	8	16.9 (5.2-28.7)	6	20.6 (4.1-37.1)	13	43.6 (19.9-67.3)
API-non-Hispanic	45	6.0 (4.2-7.8)	10	9.6 (3.6-15.5)	1	4.7 (0.0-13.8)
Hispanic	726	23.0 (21.4-24.7)	151	28.4 (23.9-32.9)	79	33.3 (26.0-40.7)

Data Source: Nevada Electronic Birth Registry System.

Figure 78. Low Birthweight (1,500g-2,499g) Birth Rates by Race/Ethnicity and Year, Nevada, 2013-2017

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)
2017	876	66.4 (62.0-70.8)	617	125.5 (115.6-135.4)	33	93.0 (61.2-124.7)	264	80.6 (70.9-90.3)	844	65.7 (61.3-70.1)
2016	940	67.5 (63.2-71.8)	512	111.4 (101.7-121.0)	16	48.2 (24.6-71.8)	245	76.6 (67.0-86.2)	797	61.0 (56.8-65.2)
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)
2014	949	63.3 (59.3-67.3)	448	106.2 (96.3-116.0)	11	30.7 (12.6-48.9)	233	78.7 (68.6-88.9)	776	60.2 (55.9-64.4)
2013	921	62.7 (58.7-66.8)	392	101.0 (91.0-111.0)	19	56.7 (31.2-82.2)	236	81.8 (71.3-92.2)	725	57.8 (53.6-62.0)

Data Source: Nevada Electronic Birth Registry System.

Figure 79. Low Birthweight (1,500g-2,499g) Birth Rates by Race/Ethnicity and Region, Nevada, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	556	66.4 (60.9-72.0)	193	70.7 (60.7-80.7)	127	60.7 (50.1-71.2)
Black-non-Hispanic	589	126.4 (116.2-136.7)	23	120.4 (71.2-169.6)	5	73.5 (9.1-138.0)
AI/AN-non-Hispanic	17	120.6 (63.3-177.9)	5	58.1 (7.2-109.1)	11	85.9 (35.2-136.7)
API-non-Hispanic	225	80.4 (69.9-91.0)	31	76.5 (49.6-103.5)	8	109.6 (33.6-185.5)
Hispanic	698	67.4 (62.4-72.4)	86	50.7 (40.0-61.4)	60	75.1 (56.1-94.1)

Data Source: Nevada Electronic Birth Registry System.

Figure 80. Very Low Birthweight (<1,500g) Birth Rates by Race/Ethnicity and Year, Nevada, 2013-2017

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)
2017	159	12.1 (10.2-13.9)	138	28.1 (23.4-32.7)	2	5.6 (0.0-13.4)	41	12.5 (8.7-16.4)	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 (0.0-14.4)	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)
2014	173	11.5 (9.8-13.3)	127	30.1 (24.9-35.3)	7	19.6 (5.1-34.0)	42	14.2 (9.9-18.5)	159	12.3 (10.4-14.2)
2013	157	10.7 (9.0-12.4)	97	25.0 (20.0-30.0)	5	14.9 (1.8-28.0)	37	12.8 (8.7-17.0)	129	10.3 (8.5-12.1)

Data Source: Nevada Electronic Birth Registry System.

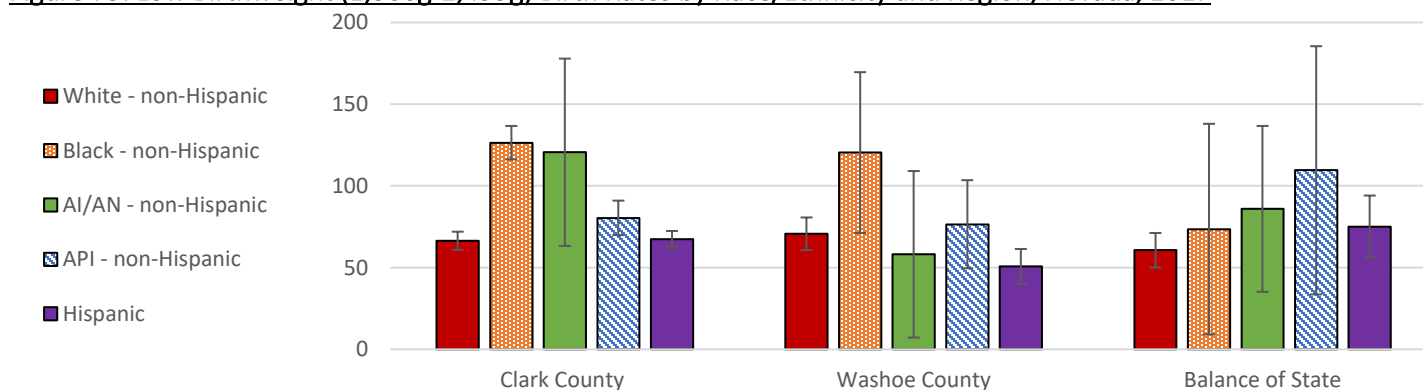Figure 81. Very Low Birthweight (<1,500g) Birth Rates by Race/Ethnicity and Region, Nevada, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	105	12.5 (10.1-14.9)	33	12.1 (8.0-16.2)	21	10.0 (5.7-14.3)
Black-non-Hispanic	133	28.6 (23.7-33.4)	3	15.7 (0.0-33.5)	2	29.4 (0.0-70.2)
AI/AN-non-Hispanic	2	14.2 (0.0-33.8)	0	0.0	0	0.0
API-non-Hispanic	33	11.8 (7.8-15.8)	6	14.8 (3.0-26.7)	2	27.4 (0.0-65.4)
Hispanic	133	12.8 (10.7-15.0)	32	18.9 (12.3-25.4)	8	10.0 (3.1-17.0)

Data Source: Nevada Electronic Birth Registry System.

Figure 82. Infant Mortality Rates by Race/Ethnicity and Year, Nevada, 2013-2017

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)
2017	59	4.5 (3.3-5.6)	51	10.4 (7.5-13.2)	1	2.8 (0.0-8.3)	18	5.5 (3.0-8.0)	70	5.4 (4.2-6.7)
2016	59	4.2 (3.2-5.3)	53	11.5 (8.4-14.6)	6	18.1 (3.6-32.5)	14	4.4 (2.1-6.7)	67	5.1 (3.9-6.4)
2015	58	4.0 (3.0-5.0)	53	12.1 (8.8-15.3)	4	10.4 (0.2-20.5)	13	4.2 (1.9-6.5)	61	4.7 (3.5-5.9)
2014	74	4.9 (3.8-6.1)	35	8.3 (5.5-11.0)	3	8.4 (0.0-17.9)	9	3.0 (1.1-5.0)	86	6.7 (5.3-8.1)
2013	70	4.8 (3.6-5.9)	45	11.6 (8.2-15.0)	1	3.0 (0.0-8.8)	11	3.8 (1.6-6.1)	52	4.1 (3.0-5.3)

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

Figure 83. Infant Mortality Rates by Race/Ethnicity and Region, Nevada, 2017

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	105	12.5 (10.1-14.9)	33	12.1 (8.0-16.2)	21	10.0 (5.7-14.3)
Black-non-Hispanic	133	28.6 (23.7-33.4)	3	15.7 (0.0-33.5)	2	29.4 (0.0-70.2)
AI/AN-non-Hispanic	2	14.2 (0.0-33.8)	0	0.0	0	0.0
API-non-Hispanic	33	11.8 (7.8-15.8)	6	14.8 (3.0-26.7)	2	27.4 (0.0-65.4)
Hispanic	133	12.8 (10.7-15.0)	32	18.9 (12.3-25.4)	8	10.0 (3.1-17.0)

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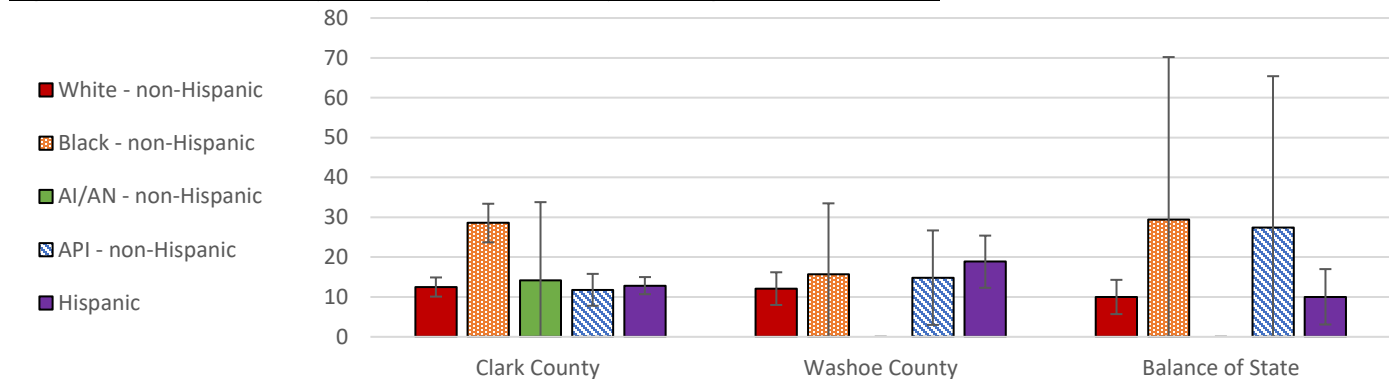
Mental Health

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 [36]. Mental illnesses, such as depression, are the third most common cause of hospitalization in the United States for those aged 18-44 years old [37] [38]. 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 2017, Black-non-Hispanic adult populations reported a significantly greater prevalence (19.2%) of 14-30 days of poor mental health than Hispanic populations (8.3%) (Figure 85.).
- In 2017, White-non-Hispanic adult populations reported a significantly greater prevalence (12.8%) of difficulty concentrating, remembering, or making decisions because of a physical, mental or emotional condition than Hispanic populations (8.0%) (Figure 87.).

Figure 85. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity, Nevada, 2017

Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	10.8% (9.1-12.6)	19.2% (11.8-26.5)	19.6% (6.3-33.0)	17.5% (7.8-27.2)	8.3% (5.6-11.0)
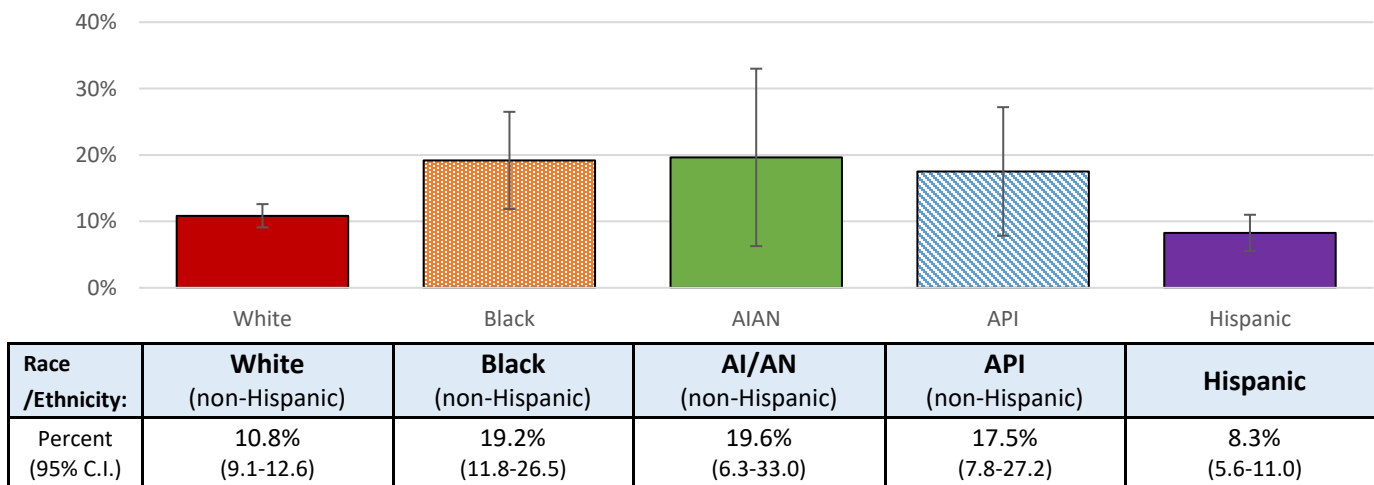
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 40% to display difference between groups.

Figure 86. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity and Region, 2013-2017 Aggregated
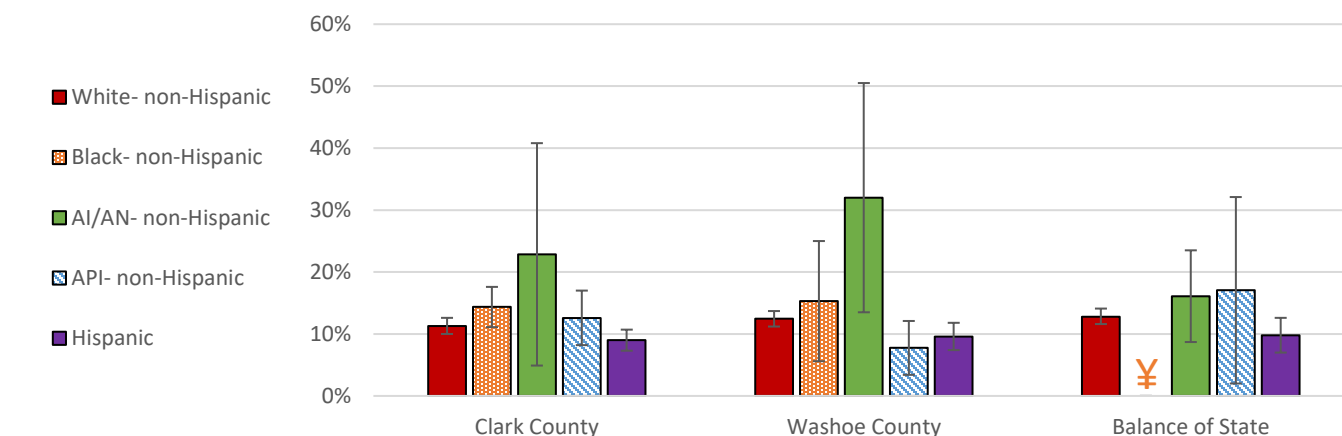
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	11.3% (10.0-12.6)	12.5% (11.2-13.7)	12.8% (11.6-14.1)
Black-non-Hispanic	14.4% (11.1-17.6)	15.3% (5.6-25.0)	¥
AI/AN-non-Hispanic	22.9% (4.9-40.8)	32.0% (5.6-25.0)	16.1% (8.7-23.5)
API-non-Hispanic	12.6% (8.2-17.0)	7.7% (3.4-12.1)	17.1% (2.0-32.1)
Hispanic	9.0% (7.3-10.7)	9.6% (7.4-11.8)	9.8% (7.0-12.6)

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 87. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity, Nevada, 2017

Race /Ethnicity:	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	12.8% (10.8-14.9)	11.7% (5.7-17.7)	13.9% (3.2-24.6)	10.7% (3.5-17.9)	8.0% (5.5-10.5)
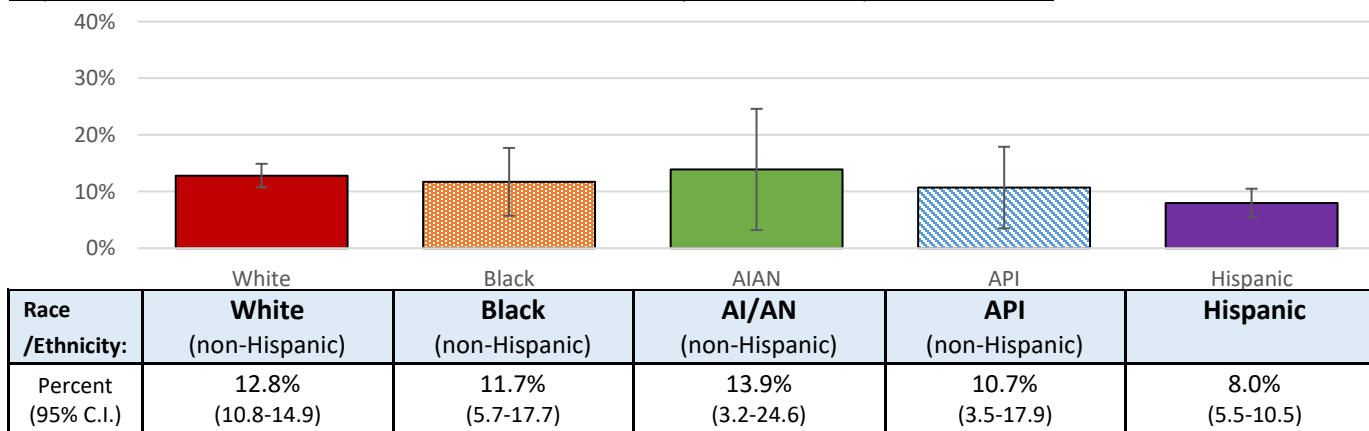
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 40% to display difference between groups.

Figure 88. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions Because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity and Region, 2013-2017 Aggregated
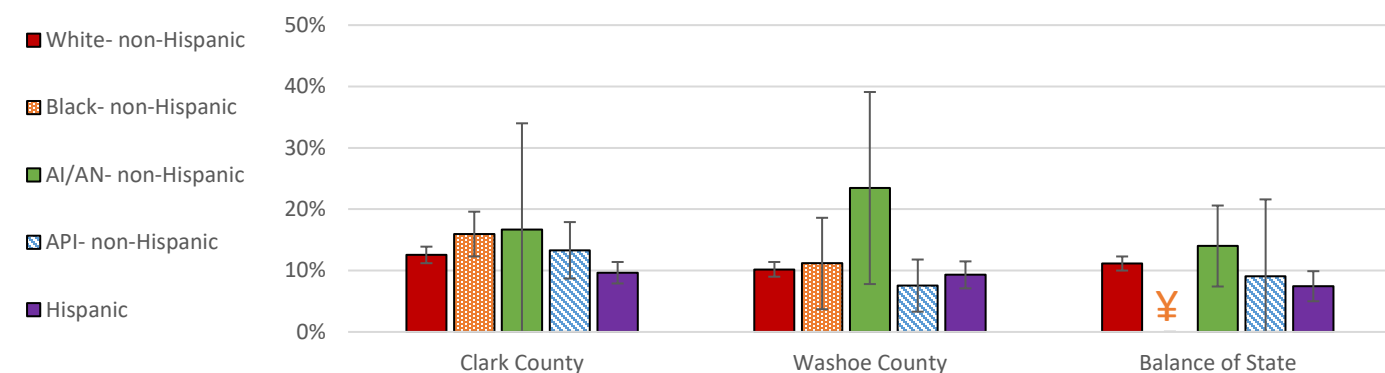
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	12.6% (11.2-13.9)	10.2% (9.0-11.4)	11.2% (10.0-12.3)
Black-non-Hispanic	15.9% (12.3-19.6)	11.2% (3.7-18.6)	¥
AI/AN-non-Hispanic	16.7% (0.0-34)	23.5% (3.7-18.6)	14.0% (7.4-20.6)
API-non-Hispanic	13.3% (8.7-17.9)	7.6% (3.3-11.8)	9.1% (0.0-21.6)
Hispanic	9.7% (7.9-11.4)	9.3% (7.1-11.5)	7.5% (5.0-9.9)

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 50% to display difference between groups.

Figure 89. 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, 2017
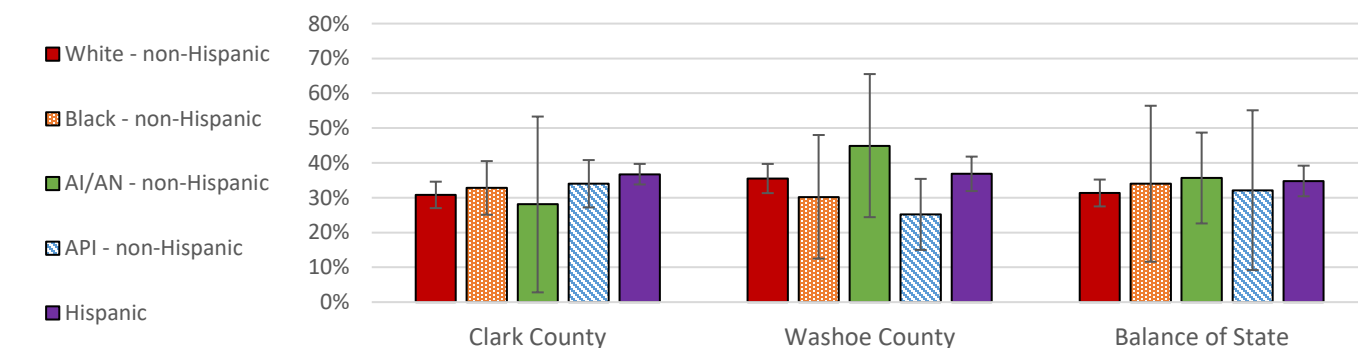
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	30.8% (27.0-34.6)	35.5% (31.3-39.7)	31.4% (27.5-35.2)
Black-non-Hispanic	32.8% (25.1-40.5)	30.2% (12.5-48.0)	34.0% (11.6-56.4)
AI/AN-non-Hispanic	28.1% (2.8-53.3)	44.9% (24.4-65.5)	35.7% (22.6-48.7)
API-non-Hispanic	34.0% (27.2-40.8)	25.2% (15.0-35.4)	32.1% (9.2-55.1)
Hispanic	36.7% (33.8-39.7)	36.9% (31.9-41.8)	34.8% (30.4-39.2)

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

Figure 90. Nevada High School Students Who Ever Lived with Someone Who Was Depressed, Mentally Ill, or Suicidal -
Prevalence by Race/Ethnicity and Region, 2017
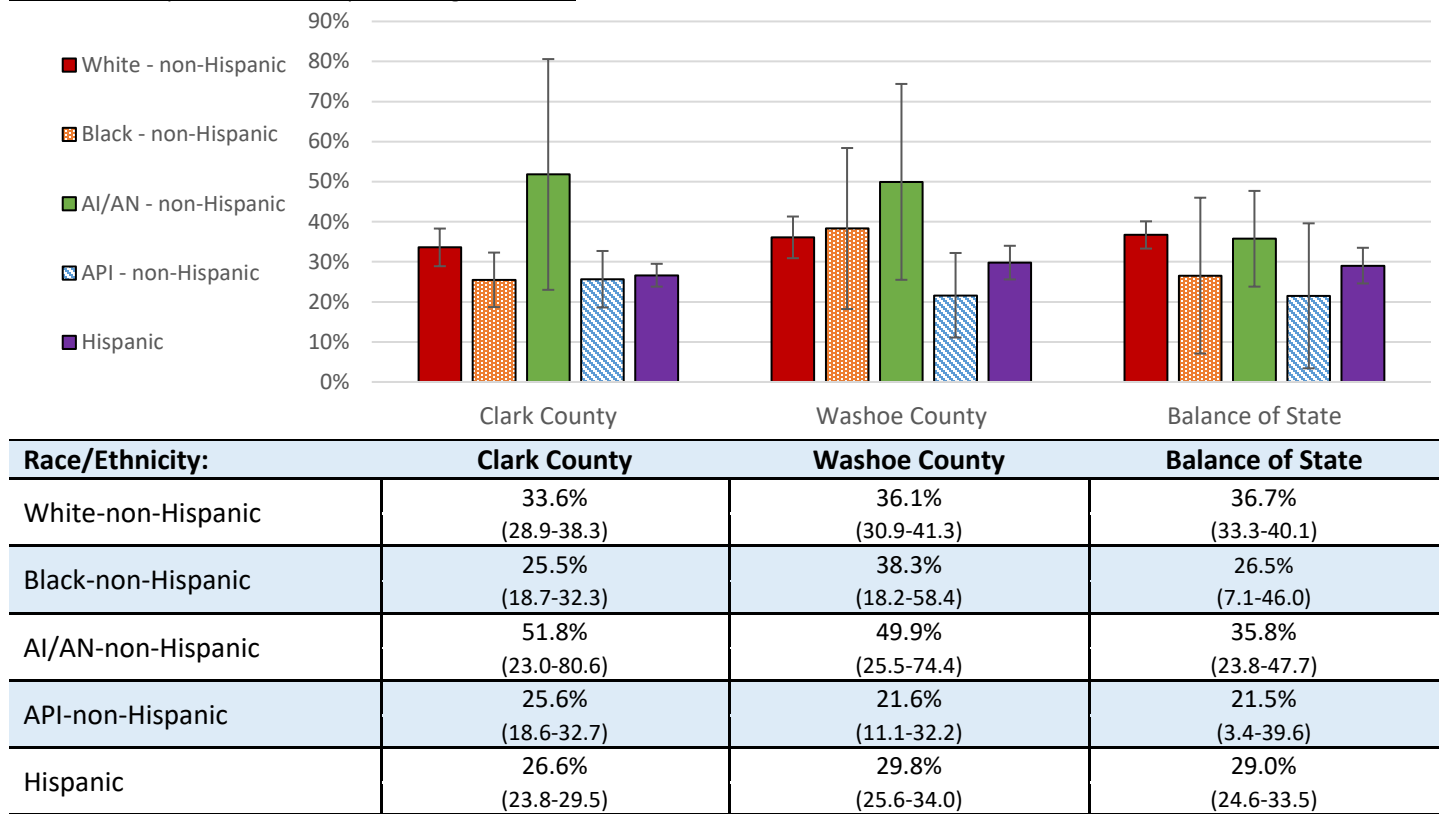
Race/Ethnicity:	Clark County	Washoe County	Balance of State
White-non-Hispanic	33.6% (28.9-38.3)	36.1% (30.9-41.3)	36.7% (33.3-40.1)
Black-non-Hispanic	25.5% (18.7-32.3)	38.3% (18.2-58.4)	26.5% (7.1-46.0)
AI/AN-non-Hispanic	51.8% (23.0-80.6)	49.9% (25.5-74.4)	35.8% (23.8-47.7)
API-non-Hispanic	25.6% (18.6-32.7)	21.6% (11.1-32.2)	21.5% (3.4-39.6)
Hispanic	26.6% (23.8-29.5)	29.8% (25.6-34.0)	29.0% (24.6-33.5)

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

Communicable Disease

Communicable diseases are illnesses caused by an infectious agent or toxin through direct or indirect transmission via animal, vector, or the environment [39]. 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 [40].

Significant Findings:

- In 2017, White-non-Hispanic populations (18.9 per 100,000) and Black-non-Hispanic populations (18.6 per 100,000) had significantly higher rates of enteric disease than Asian/Pacific Islander-non-Hispanic populations (10.2 per 100,000) (Figure 91.).
- White-non-Hispanic populations (32.6 per 100,000) and American Indian/Alaska Native-non-Hispanic populations (30.0 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 92.).
- In 2017, Black-non-Hispanic populations (10.9 per 100,000) had significantly higher rates of respiratory disease than White-non-Hispanic populations (4.4 per 100,000) (Figure 93.).
- White-non-Hispanic populations in Clark County (4.7 per 100,000) had significantly higher rates of respiratory disease than White-non-Hispanic populations in Washoe County (2.4 per 100,000) and the Balance of State (1.8 per 100,000) (Figure 94).
- In 2017, White-non-Hispanic populations (14.2 per 100,000) had significantly higher rates of vaccine preventable disease than American Indian/Alaska Native-non-Hispanic (2.3 per 100,000), Asian/Pacific Islander-non-Hispanic (6.5 per 100,000) and Hispanic (6.2 per 100,000) populations (Figure 95).

Figure 91. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

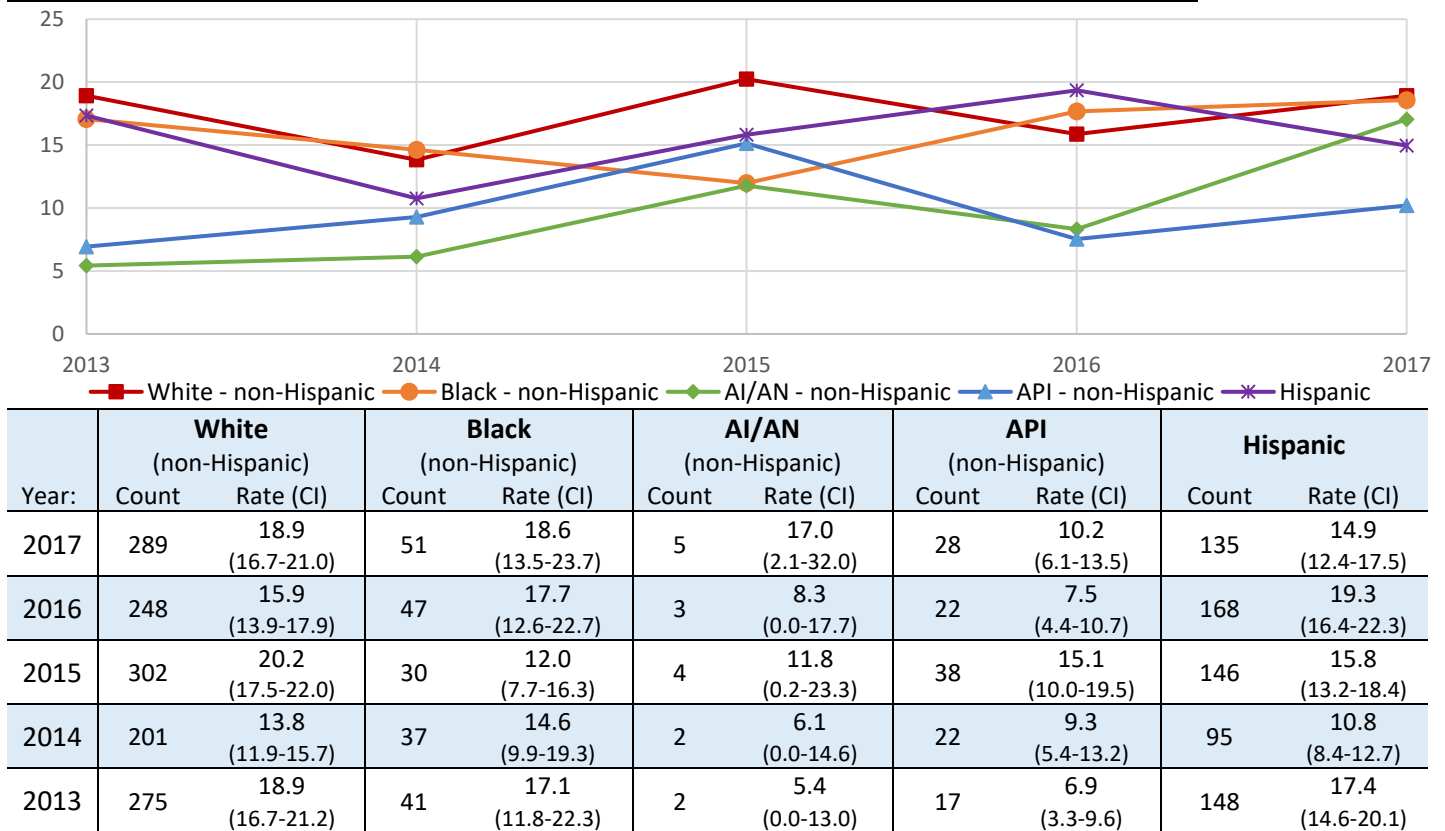| Year:	White (non-Hispanic)		Black (non-Hispanic)		AI/AN (non-Hispanic)		API (non-Hispanic)		Hispanic	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
2017	289	18.9 (16.7-21.0)	51	18.6 (13.5-23.7)	5	17.0 (2.1-32.0)	28	10.2 (6.1-13.5)	135	14.9 (12.4-17.5)
2016	248	15.9 (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 (17.5-22.0)	30	12.0 (7.7-16.3)	4	11.8 (0.2-23.3)	38	15.1 (10.0-19.5)	146	15.8 (13.2-18.4)
2014	201	13.8 (11.9-15.7)	37	14.6 (9.9-19.3)	2	6.1 (0.0-14.6)	22	9.3 (5.4-13.2)	95	10.8 (8.4-12.7)
2013	275	18.9 (16.7-21.2)	41	17.1 (11.8-22.3)	2	5.4 (0.0-13.0)	17	6.9 (3.3-9.6)	148	17.4 (14.6-20.1)

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 parahaemmolyticus, 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. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2013-2017, Aggregated

Legend:
- White - non-Hispanic
- Black - non-Hispanic
- AI/AN - non-Hispanic
- API - non-Hispanic
- Hispanic

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	637	13.5 (12.5-14.6)	467	32.6 (29.7-35.6)	211	16.4 (14.2-18.6)
Black-non-Hispanic	190	15.7 (13.5-18.0)	13	25.4 (11.6-39.2)	3	8.4 (0.0-17.9)
AI/AN-non-Hispanic	2	3.1 (0.0-7.5)	11	30.0 (12.3-47.7)	3	4.0 (0.0-8.5)
API-non-Hispanic	93	8.4 (6.7-10.1)	29	19.1 (12.1-26.0)	5	17.6 (2.2-33.1)
Hispanic	533	14.6 (13.4-15.9)	120	21.7 (17.9-25.6)	39	15.7 (10.8-20.6)

*Enteric disease includes: amebiasis, botulism, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiosis, 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 parahaemmolyticus, 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 93. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

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)
2017	87	4.4 (3.5-5.4)	28	10.9 (6.9-15.0)	0	0.0	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)	35	6.7 (4.4-8.9)
2014	55	2.8 (2.0-3.5)	22	9.2 (5.3-13.0)	0	0.0	43	17.4 (12.2-22.5)	29	5.1 (3.3-7.0)
2013	68	3.7 (2.8-4.6)	30	12.9 (8.3-17.5)	2	7.3 (0.0-17.5)	38	15.0 (10.2-19.8)	47	8.5 (6.0-10.9)

*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).
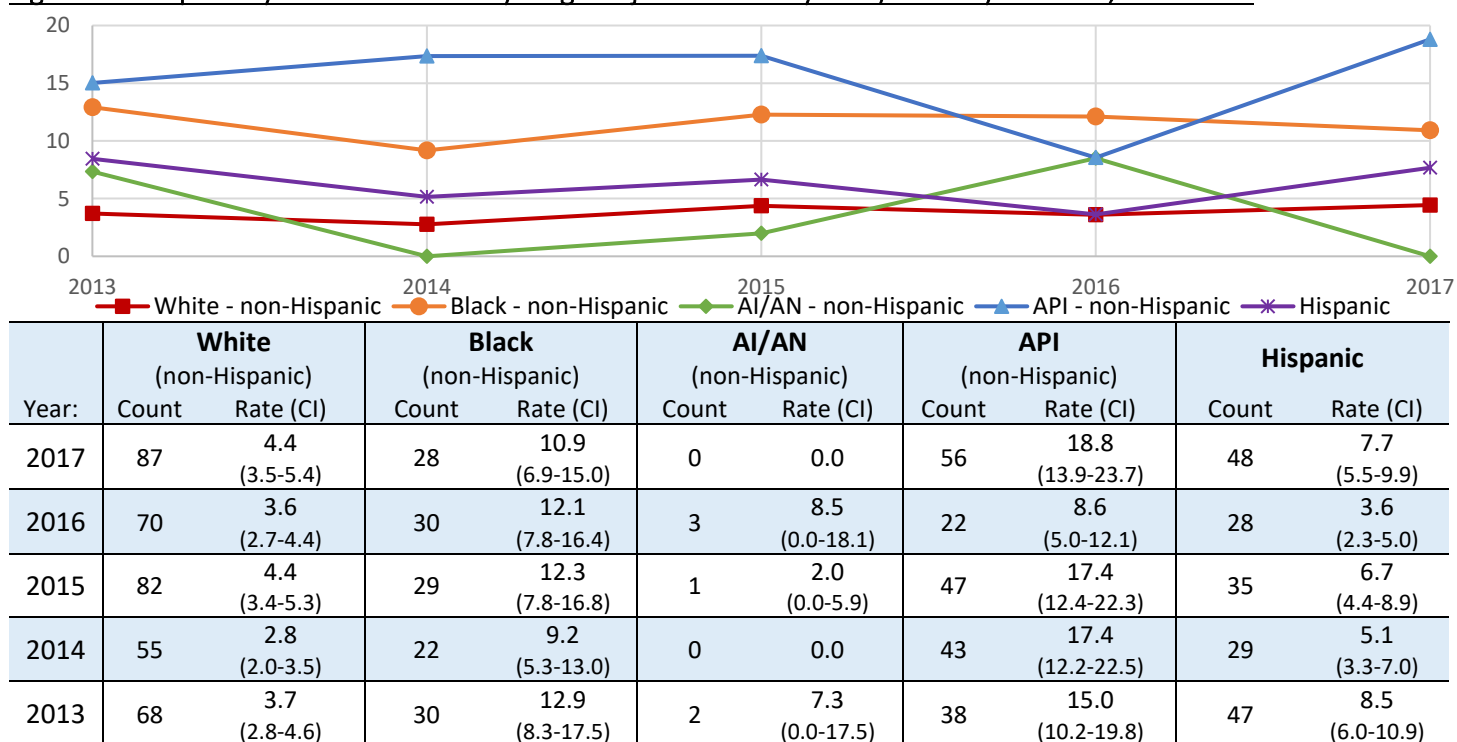
Figure 94. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2013-2017, Aggregated

Legend:
- White - non-Hispanic
- Black - non-Hispanic
- AI/AN - non-Hispanic
- API - non-Hispanic
- Hispanic

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	288	4.7 (4.2-5.3)	47	2.4 (1.7-3.1)	54	1.8 (1.3-2.3)
Black-non-Hispanic	135	11.9 (9.9-13.9)	3	6.4 (0.0-13.7)	2	2.4 (0.0-5.7)
AI/AN-non-Hispanic	5	7.6 (0.9-14.2)	0	0.0	0	0.0
API-non-Hispanic	175	15.4 (13.1-17.7)	26	16.9 (10.4-23.3)	10	9.8 (3.7-15.9)
Hispanic	160	6.9 (5.8-8.0)	22	4.8 (2.8-6.8)	8	2.0 (0.6-3.4)

*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).
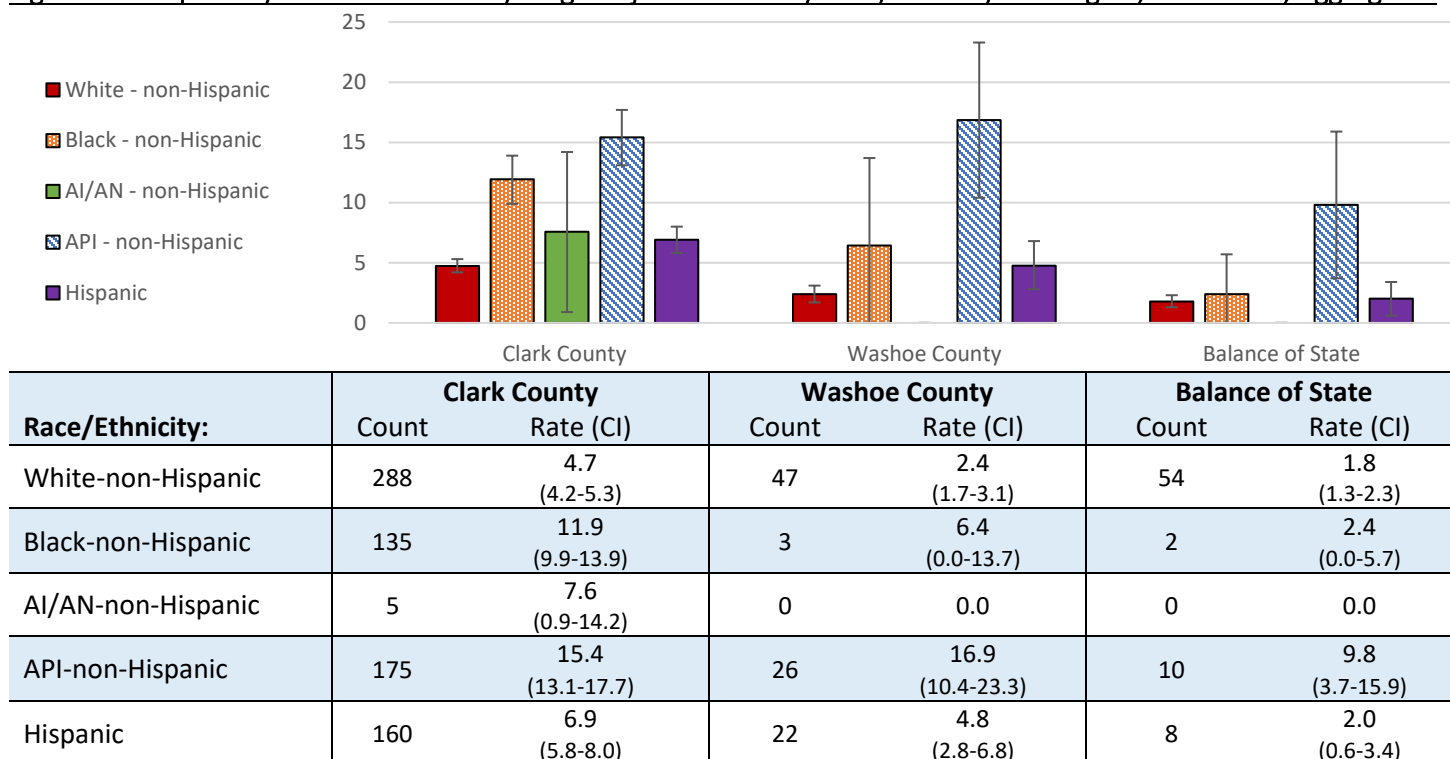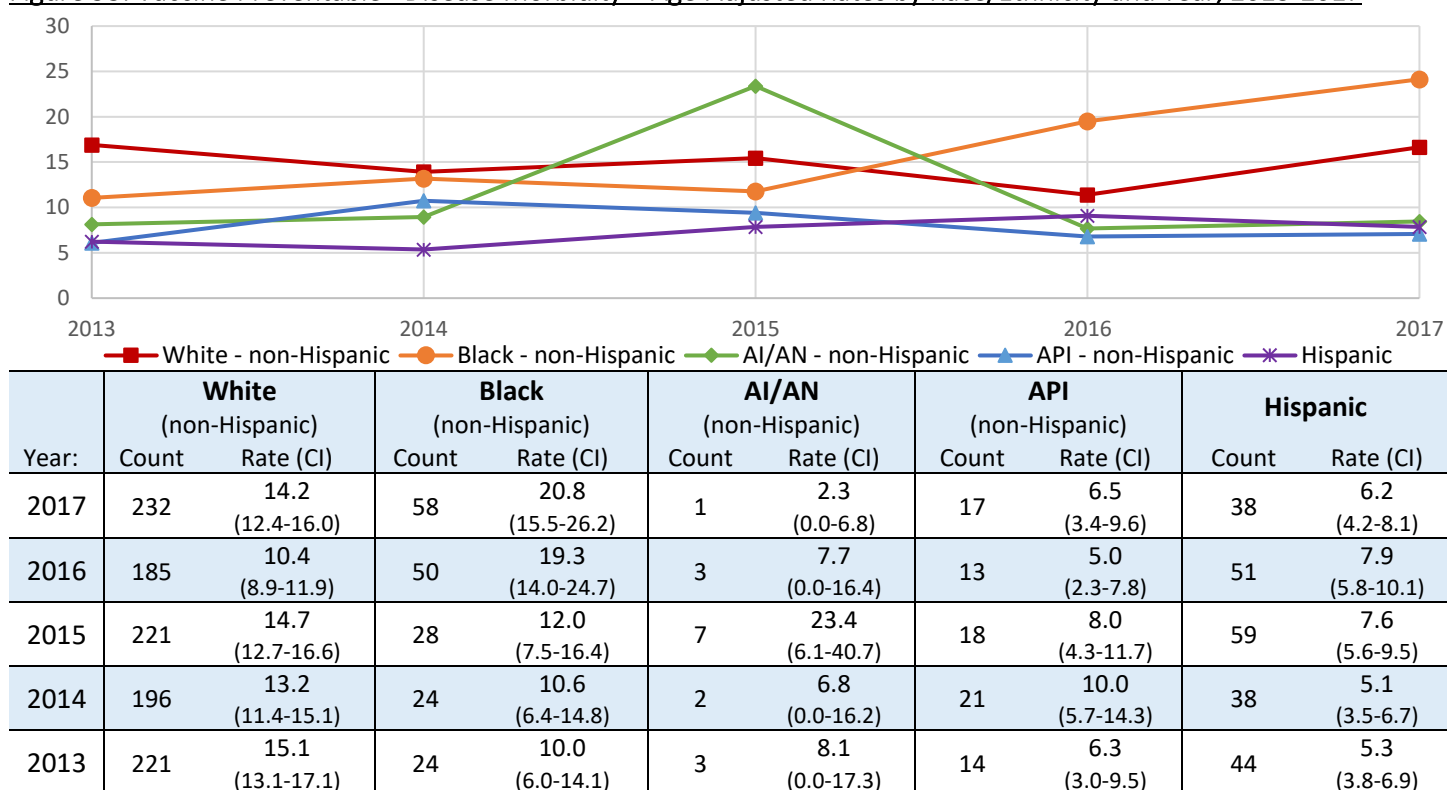
Figure 95. Vaccine Preventable* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2013-2017

Legend:
- White - non-Hispanic
- Black - non-Hispanic
- AI/AN - non-Hispanic
- API - non-Hispanic
- Hispanic

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)
2017	232	14.2 (12.4-16.0)	58	20.8 (15.5-26.2)	1	2.3 (0.0-6.8)	17	6.5 (3.4-9.6)	38	6.2 (4.2-8.1)
2016	185	10.4 (8.9-11.9)	50	19.3 (14.0-24.7)	3	7.7 (0.0-16.4)	13	5.0 (2.3-7.8)	51	7.9 (5.8-10.1)
2015	221	14.7 (12.7-16.6)	28	12.0 (7.5-16.4)	7	23.4 (6.1-40.7)	18	8.0 (4.3-11.7)	59	7.6 (5.6-9.5)
2014	196	13.2 (11.4-15.1)	24	10.6 (6.4-14.8)	2	6.8 (0.0-16.2)	21	10.0 (5.7-14.3)	38	5.1 (3.5-6.7)
2013	221	15.1 (13.1-17.1)	24	10.0 (6.0-14.1)	3	8.1 (0.0-17.3)	14	6.3 (3.0-9.5)	44	5.3 (3.8-6.9)

*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).
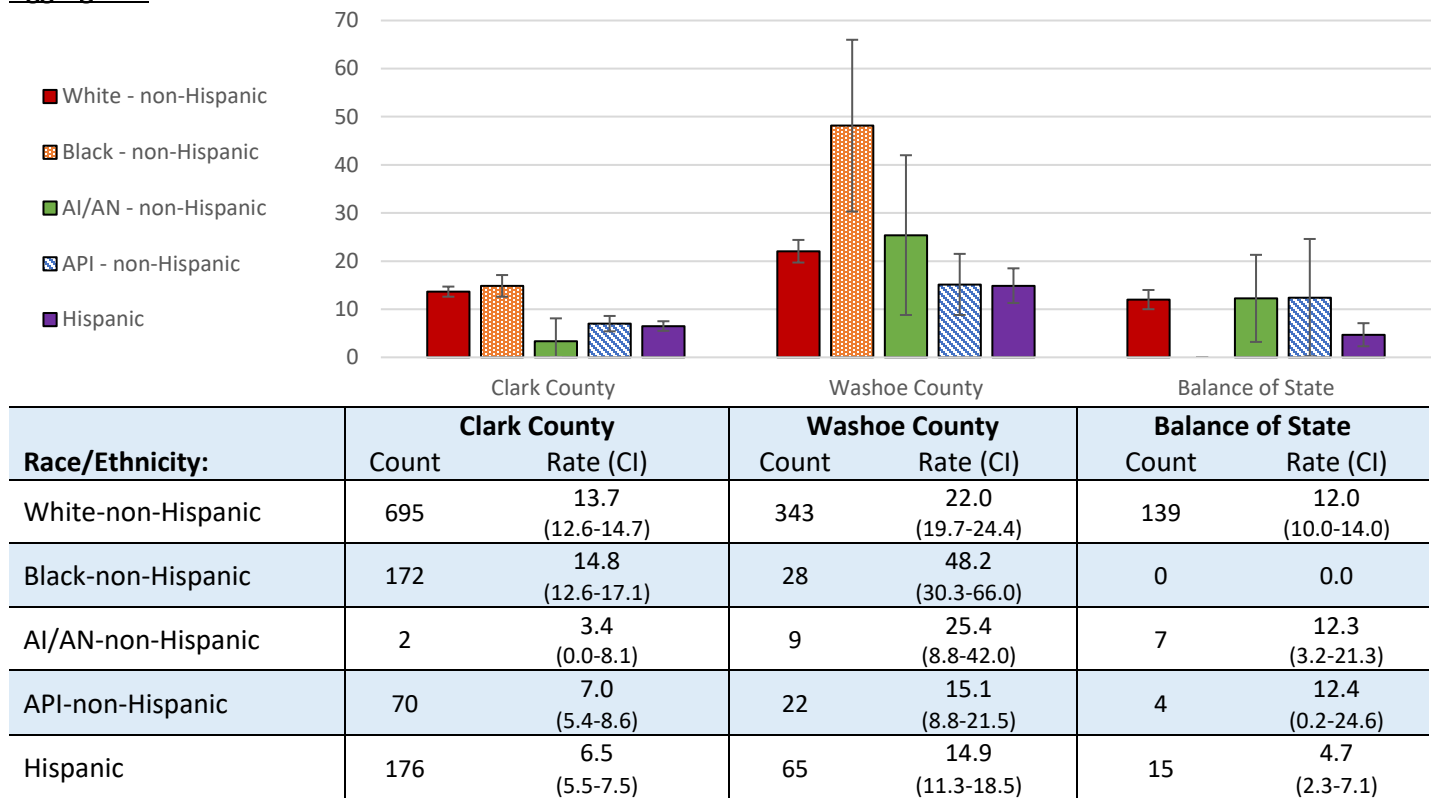
Figure 96. Vaccine Preventable* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2013-2017, Aggregated

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White-non-Hispanic	695	13.7 (12.6-14.7)	343	22.0 (19.7-24.4)	139	12.0 (10.0-14.0)
Black-non-Hispanic	172	14.8 (12.6-17.1)	28	48.2 (30.3-66.0)	0	0.0
AI/AN-non-Hispanic	2	3.4 (0.0-8.1)	9	25.4 (8.8-42.0)	7	12.3 (3.2-21.3)
API-non-Hispanic	70	7.0 (5.4-8.6)	22	15.1 (8.8-21.5)	4	12.4 (0.2-24.6)
Hispanic	176	6.5 (5.5-7.5)	65	14.9 (11.3-18.5)	15	4.7 (2.3-7.1)

*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).

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