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Special Surveillance Report Veteran Suicide

November 2020



*Office of Analytics
Department of Health and Human Services*

*Steve Sisolak
Governor
State of Nevada*

*Lisa Sherych
Administrator
Division of Public and Behavioral Health*

*Richard Whitley, MS
Director
Department of Health and Human Services*

*Ihsan Azzam, Ph.D, MD
Chief Medical Officer
Division of Public and Behavioral Health*

Acknowledgements

Prepared by and Additional Information:

Devin Gamboa
Biostatistician I
Office of Analytics
Department of Health of Human Services
State of Nevada
data@dhhs.nv.gov

Thank you to following for providing leadership, data and technical support for this report:

Martha Framsted
Public Information Officer
Division of Public and Behavioral Health
Department of Health of Human Services
State of Nevada

Madison Lopey
Biostatistician II
Office of Analytics
Department of Health of Human Services
State of Nevada

Kyra Morgan, MS
Biostatistician
Office of Analytics
Department of Health of Human Services
State of Nevada

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Introduction

The Nevada Department of Health and Human Services has collected data for reporting on veteran health status, specifically for insights on suicides. This annual report will be published as data collected are finalized in order to inform professionals and the public. The Office of Analytics has limited data sets to monitor veteran health and are working to include a wider scope of measurements in future reporting to provide a more comprehensive report on veteran health. As such, this report will focus on suicides in the veteran population.

Suicide is defined as an act of intentional self-harm resulting in death and is a pressing public health concern in Nevada. High rates of suicide can result in public complacency, diminishing discussion, and community action. The consequence can be a lack of preparedness for preventing these deaths and the secondary harm they cause.

Suicide is an action often taken by individuals who feel isolated and hopeless, with high levels of emotional pain, physical pain, family and personal problems, and financial stress. Nevada's military veterans, particularly younger veterans, are dying from suicide at rates above the state's rate. A veteran who is recently released from active duty, reserve, or National Guard is often one who has experienced wars of the last decade. Veterans may have endured deployments that disrupt life with family and friends, even considering the unprecedented access to technology that enhances communication with loved ones. Deployments bring exposure to long periods of numbing routine with time to worry about crises occurring at home, interspersed with moments of extreme violence and death.

Individuals in uniform yet not deployed into actual war zones may experience continuous training for performing a wartime mission, longer assignments to other hot regions, delayed discharges, emotional turmoil of friends who are injured or killed, and guilt for "not being there to help." The stress of being in military service can include feeling cut off and isolated from "the real world" where birthdays and holidays are observed along with weddings, funerals, and the arrival of new babies. Deployment brings concern for family back home who deal with everyday emergencies such as car or home repairs and school activities.

The paradox of military service during wartime is that even though exposure to trauma, violence, and isolation from loved ones occurs, the service member often feels a tremendous sense of pride, belonging, purpose, and accomplishment. The dynamics of belonging to a unit with support structures and certainty enhances the resilience of the individual. However, discharge or return to reserve status can strip away these supports, plunging an individual into a struggling economy characterized by loss of jobs, homes, and friends. This confluence of circumstance and experience can result in feelings of loss and hopelessness that for some leads to thoughts of suicide.

The data and information contained in this report highlights the need for efforts to address and prevent this public health problem. This document is intended to be a brief examination of suicide, not a full discussion or action plan.

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

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

Center for Health Information and Analysis (CHIA)

Hospitalization data in this report are collected by CHIA, a research center housed at the University of Nevada, Las Vegas. CHIA collects billing records from all hospital inpatient, outpatient and ambulatory surgical centers. More information can be found at <http://www.chiaunlv.com/index.php>.

Nevada Electronic Death Registry System

Mortality data in this report are from Nevada's Electronic Death Registry System, collected by the Office of Vital Records. In this report, the top 10 primary causes of death are ranked from highest to lowest based on frequency of occurrence. Death data from 2015 to 2019 have been finalized as of October of 2020. This included the addition of out of state deaths and data cleaning. Data in previous reports were preliminary and therefore may not match exactly to data in this report.

Nevada Veteran Population Demographics: Nevada veteran population by age groups and sex from 2015 to 2019 were gathered from the U.S. Department of Veteran Affairs website. More information at https://www.va.gov/vetdata/veteran_population.asp.

Nevada Non-Veteran Population Demographics

Non-veteran population estimates were calculated by subtracting the veteran populations from the Nevada population estimates. Nevada population estimates are from vintage year 2019 data, provided by the Nevada State Demographer. Data include individuals living in group quarters, as defined by the Nevada State Demographer.

Nevada Veteran Health Survey

The Nevada Department of Veteran Services conducted a survey to determine and help Nevada veterans file claims for Veterans Administration (VA) compensation for 2020. This can be found at https://nvhealth.qualtrics.com/jfe/form/SV_51Og7q890Lvoy2h.

U.S. Population

The U.S. Census Bureau's U.S. 2010 standard population was used to create age-adjusted weights. More information at <https://www.census.gov/prod/cen2010/briefs/c2010br-03.pdf>.

Technical Notes

Age-adjusted rates are included in this report. Age-adjusting is used in order to control the effects of differences in rates that result from age differences in the populations being compared. For example, heart disease death rates would be higher in a population comprised of older individuals compared to a population comprised of younger individuals. In this report, age-adjusting is applied to eliminate the effects of age distribution between veteran and non-veteran populations.

Age-adjusted rates are weighted to the 2010 standard population provided by the U.S. Census. Population distributions changed significantly between 2000 and 2010. Some previous versions of this report used 2000 standard populations, and therefore there are differences in rates from previously published reports. The weights table can be found in the Appendix Section, Figure A1.

All age-adjusted rates are based on the standard population distribution for the population aged 20 and older. The Nevada veteran population breakdown by age groups is provided by the U.S. Department of Veteran Affairs, which categorizes all veterans under the age of 20 into a single population group. Some Nevadans aged under 18 had the "Military Status" box checked as "yes" on their death certificates due to error or perhaps enrollment in delayed military entry programs. Since these individuals cannot be considered veterans and are not the target group in this report, and may skew age-adjusted rates, only individuals aged 20 and over at time of death are included in this report.

Race/Ethnicity in this report are broken down into White, Black, Native American, Asian, Hispanic and Other/Unknown. White, Black, Native American and Asian categories are all non-Hispanic.

Identifying veteran status within the hospitalization data collected by CHIA is reliant (with limitations) to a payer code of TRICARE (formerly CHAMPUS, Civilian Health and Medical Program of the Uniformed Services) and CHAMPVA (Civilian Health and Medical Program of the Department of Veteran's Affairs). TRICARE is a Department of Defense health care program for "active duty and retired members of the uniformed services, their families, and survivors," per [benefits.gov](https://www.benefits.gov), and CHAMPVA is a Veteran's Affairs program. Because of this limitation the hospitalization section of this report may contain dependents and spouses of veterans who are covered through these payer sources.

Hospitalization data from CHIA is representative of the number of visits and not the number of unique individuals. Therefore, a single person may be counted multiple times.

Due to the transition in billing schemas from ICD-9 to ICD-10, suicide attempt on or before October 1, 2015 are identified by an External Code of Injury (E-Codes), and suicide attempts after October 1, 2015 are identified by specific T and X codes. Due to these coding changes, please use caution when comparing data before and after October 1, 2015.

Veteran-Related Deaths

In preparing this section of the report it was determined to compare the Nevada veteran population to Nevada's non-veteran population. This determination was made to ensure a person's veteran status was clearly identified through an individual's death certificate, and no assumptions were made to the status. The Nevada death certificate inquires on veteran status, but this is not always completed. Due to this limitation, care should be taken in comparing total number of deaths, percentages and rates reported within this report to other topical reports, as well as the total number of deceased Nevada residents in any given year.

Between 2015 and 2019, there were a total of 121,605 Nevada resident deaths. Of these deaths, 1,977 were under the age of 20, 441 deaths had an unknown age, and 3,444 had an unknown veteran status. Records with age under 20, unknown age, and unknown veteran status were not mutually exclusive, and there were cases of overlap. For comparative purposes, individuals with either unknown age, ages under 20, and/or unknown veteran have been excluded from this section of the report, leaving a total of 115,841 deaths.

The four leading causes of death are the same for both veteran and non-veterans, which are heart disease, malignant neoplasms or cancers, chronic lower respiratory disease, and cerebrovascular disease (stroke).

When comparing primary causes of death, non-veterans had a higher percentage of total deaths for cerebrovascular diseases (5%) and non-transport accidents (5%), where veteran percentage is 4% and 3%, respectively. Alzheimer's disease, diabetes mellitus, and influenza and pneumonia each accounted for the same percentage of total deaths in both veteran and non-veteran populations at 3%, and 4% respectively.

Parkinson's was the 10th ranked primary cause of death in the veteran population (1%) and all other causes accounting for the remaining 22% of total deaths. In the non-veteran population, the 10th ranked primary cause of death was chronic liver diseases and cirrhosis at 2%, and all other causes accounting for 23% of total deaths. Some of the differences found may be due to service-connected disabilities or diseases that veterans face. The Nevada Veteran Health Survey found that 53% of surveyed individuals responding "yes" to being diagnosed, including presumptive conditions (Figure A7).

Figure 1. Top 10 Primary Causes of Death by Veteran Status. Nevada Residents, 2015-2019 Combined.

Rank			
Veteran			
1	Diseases of the heart	9,215	30%
2	Malignant neoplasms	6,760	23%
3	Chronic lower respiratory diseases	2,317	8%
4	Cerebrovascular diseases (stroke)	1,274	4%
5	Alzheimer's disease	842	3%
6	Nontransport accidents	839	3%
7	Diabetes mellitus	776	3%
8	Influenza and pneumonia	683	2%
9	Intentional self-harm (suicide)	603	2%
10	Parkinson's disease	474	1%
11	All other diseases (residual)	6,290	22%
Total		30,073	100%
Non-Veteran			
1	Diseases of the heart	21,728	25%
2	Malignant neoplasms	18,688	22%
3	Chronic lower respiratory diseases	5,767	7%
4	Cerebrovascular diseases (stroke)	4,349	5%
5	Nontransport accidents	4,014	5%
6	Alzheimer's disease	2,814	3%
7	Intentional self-harm (suicide)	2,267	3%
8	Diabetes mellitus	2,223	3%
9	Influenza and pneumonia	1,999	2%
10	Chronic liver disease and cirrhosis	1,828	2%
11	All other diseases (residual)	20,091	23%
Total		85,768	100%

Suicide ranks as the ninth primary cause of death among veterans (two percent of total veteran deaths), and seventh among non-veterans (three percent of total non-veteran deaths).

Figure 2. Total Count of Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2015-2019.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2015	Non-Veteran	162	456	683	1,438	2,725	3,459	3,507	3,454	15,884
	Veteran	6	29	47	192	519	1,453	1,869	1,739	5,854
2016	Non-Veteran	189	470	700	1,534	2,810	3,714	3,863	3,635	16,915
	Veteran	8	21	41	170	525	1,497	1,918	1,728	5,908
2017	Non-Veteran	180	495	677	1,450	2,869	3,784	4,018	3,708	17,181
	Veteran	6	27	56	158	535	1,550	1,958	1,892	6,182
2018	Non-Veteran	165	478	776	1,425	2,966	3,827	4,157	3,800	17,594
	Veteran	1	35	33	134	454	1,539	1,934	1,815	5,945
2019	Non-Veteran	165	468	693	1,467	2,949	4,101	4,524	3,827	18,194
	Veteran	5	26	40	125	511	1,549	1,940	1,988	6,184
Total	Non-Veteran	861	2,367	3,529	7,314	14,319	18,885	20,069	18,424	85,768
	Veteran	26	138	217	779	2,544	7,588	9,619	9,162	30,073

Total veteran deaths comprise a range of 25% (2018, 2019) to 27% (2015) of total deaths in Nevada of individuals aged 20+. This fluctuation is expected and should not be interpreted as significant changes. It represents both changes in numbers of total deaths as well as population changes.

Figure 3. Non-Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2015-2019.

Manner of Death	Year of Death	Race/Ethnicity						Total
		White	Black	Native American	Asian	Hispanic	Other/Unknown	
Assault	2015	64	47	1	4	36	8	160
Intentional Self-harm	2015	302	17	5	23	46	14	407
Accident	2015	661	78	12	44	145	55	995
All Other	2015	10,489	1,194	113	905	1,319	302	14,322
Total	2015	11,516	1,336	131	976	1,546	379	15,884
Assault	2016	49	52	1	11	47	3	163
Intentional Self-harm	2016	331	27	5	29	57	15	464
Accident	2016	706	98	15	50	122	61	1,052
All Other	2016	11,005	1,252	140	1,009	1,438	392	15,236
Total	2016	12,091	1,429	161	1,099	1,664	471	16,915
Assault	2017	61	59	3	12	38	4	177
Intentional Self-harm	2017	326	30	3	29	50	7	445
Accident	2017	764	85	10	46	140	63	1,108
All Other	2017	10,955	1,371	145	1,105	1,522	353	15,451
Total	2017	12,106	1,545	161	1,192	1,750	427	17,181
Assault	2018	61	62	3	6	50	0	182
Intentional Self-harm	2018	360	24	5	31	60	1	481
Accident	2018	781	110	23	59	147	7	1,127
All Other	2018	11,428	1,457	154	1,175	1,525	65	15,804
Total	2018	12,630	1,653	185	1,271	1,782	73	17,594
Assault	2019	54	33	4	7	35	0	133
Intentional Self-harm	2019	359	21	5	23	58	4	470
Accident	2019	717	111	20	66	161	9	1,084
All Other	2019	11,708	1,499	175	1,242	1,739	144	16,507
Total	2019	12,838	1,664	204	1,338	1,993	157	18,194
Assault	2015-2019	289	253	12	40	206	15	815
Intentional Self-harm	2015-2019	1,678	119	23	135	271	41	2,267
Accident	2015-2019	3,629	482	80	265	715	195	5,366
All Other	2015-2019	55,585	6,773	727	5,436	7,543	1,256	77,320
Total	2015-2019	61,181	7,627	842	5,876	8,735	1,507	85,768

Figure 4. Veteran Death Counts by Manner of Death and Race/Ethnicity. Nevada Residents Ages 20+, 2015-2019.

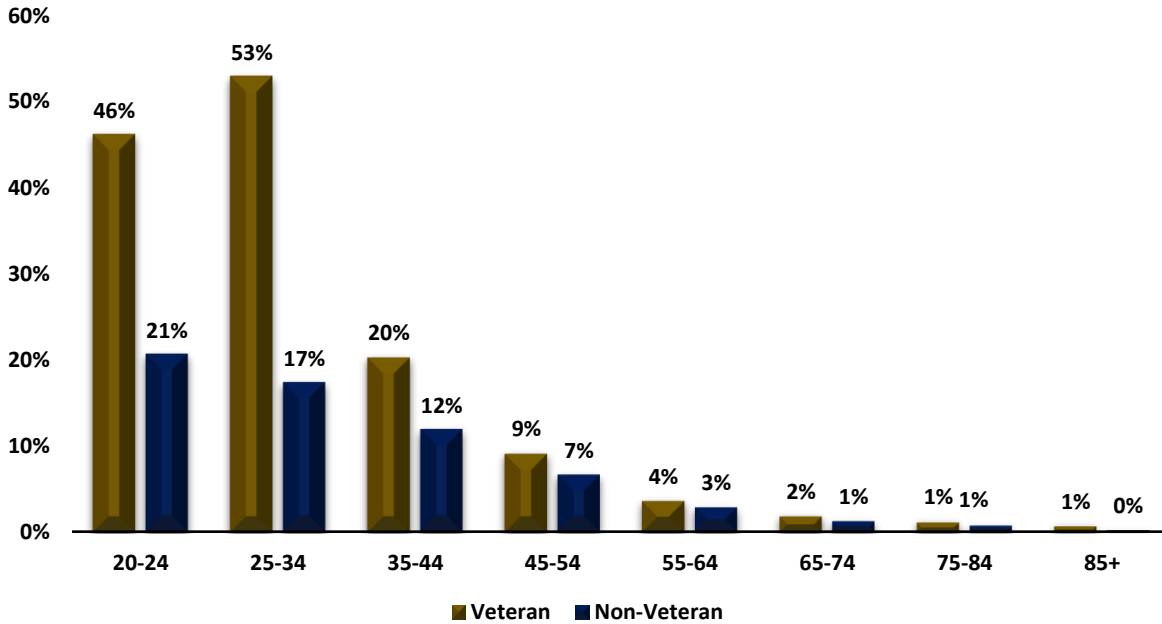
Manner of Death	Year of Death	Race/Ethnicity						Total
		White	Black	Native American	Asian	Hispanic	Other/Unknown	
Assault	2015	12	0	0	1	1	1	15
Intentional Self-harm	2015	91	3	1	4	5	3	107
Accident	2015	149	14	3	1	11	6	184
All Other	2015	4,723	364	33	108	179	141	5,548
Total	2015	4,975	381	37	114	196	151	5,854
Assault	2016	9	1	1	1	1	1	14
Intentional Self-harm	2016	116	6	1	1	3	4	131
Accident	2016	182	17	0	4	4	12	219
All Other	2016	4,720	364	34	109	165	152	5,544
Total	2016	5,027	388	36	115	173	169	5,908
Assault	2017	8	3	0	0	3	0	14
Intentional Self-harm	2017	112	5	1	1	5	2	126
Accident	2017	194	17	0	7	9	11	238
All Other	2017	4,901	420	27	144	182	130	5,804
Total	2017	5,215	445	28	152	199	143	6,182
Assault	2018	5	5	1	0	1	0	12
Intentional Self-harm	2018	103	4	0	1	7	0	115
Accident	2018	193	27	4	6	8	0	238
All Other	2018	4,756	432	43	156	174	19	5,580
Total	2018	5,057	468	48	163	190	19	5,945
Assault	2019	7	1	0	0	0	0	8
Intentional Self-harm	2019	107	9	1	3	4	0	124
Accident	2019	176	14	4	5	12	3	214
All Other	2019	4,950	461	48	144	217	18	5,838
Total	2019	5,240	485	53	152	233	21	6,184
Assault	2015-2019	41	10	2	2	6	2	63
Intentional Self-harm	2015-2019	529	27	4	10	24	9	603
Accident	2015-2019	894	89	11	23	44	32	1,093
All Other	2015-2019	24,050	2,041	185	661	917	460	28,314
Total	2015-2019	25,514	2,167	202	696	991	503	30,073

When veteran deaths are broken down by race/ethnicity, Whites accounted for 85% of the total deaths (N=25,514), followed by Blacks accounting for 7% of total veteran deaths (N=2,167), and Hispanics at 3% (N=991) between 2015 and 2019. This race/ethnicity breakdown of deaths differs from the non-veteran

population, which Whites accounted for 71% of deaths, followed by Hispanics at 10% and Blacks at 9% of deaths.

Among veteran suicides from 2015 to 2019, 88% were White, followed by 4% Black, 2% Asian, and 1% Native American Race. The racial breakdown of non-veteran suicides is 74% White, 12% Hispanic, 6% Asian, 5% Black, and 1% Native American.

Figure 5. Percentage of Total Deaths that had a Cause of Death Indicated as Suicide by Veteran Status by Age Group. Nevada Residents Ages 20+, 2015-2019 Combined.



When broken down by age groups between 2015 and 2019, 53% of the veteran deaths of Nevada residents aged 25-34 (N=138) were due to suicide (n=73). This is not like the non-veteran population in the same age group with 17% of deaths in this age group (N=2,367) due to suicide (n=409). Suicides made up a higher percentage of deaths among veterans compared to non-veterans in all but one age group, which was equal at one percent in the 75-84 age group.

When examining percentages, the reader should take into consideration that most people aged 25-34 are less likely to pass away due to disease and natural causes compared to older adults.

Figure 6. Total Count of Suicide-Related Deaths by Veteran Status and Age Group. Nevada Residents Ages 20+, 2015-2019.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2015	Veteran	3	13	8	13	13	33	15	9	107
	Non-Veteran	30	70	74	94	90	28	18	3	407
2016	Veteran	3	9	10	14	18	30	32	15	131
	Non-Veteran	30	87	91	101	72	50	28	5	464
2017	Veteran	2	15	11	19	24	21	18	16	126
	Non-Veteran	43	79	77	96	70	42	33	5	445
2018	Veteran	0	22	8	11	15	29	21	9	115
	Non-Veteran	38	75	98	103	90	48	20	9	481
2019	Veteran	4	14	7	14	22	26	23	14	124
	Non-Veteran	36	98	78	87	78	54	33	6	470
Total	Veteran	12	73	44	71	92	139	109	63	603
	Non-Veteran	177	409	418	481	400	222	132	28	2,267

Of the 115,841 deaths included within this report between 2015 and 2019, 2,870 died due to suicide, and 603 (21%) of those suicide deaths were reported as having a veteran status. The highest number of reported veteran suicides occurred in 2016 (N=131) with the lowest number reported the previous year (N=107). From 2015 to 2019 there were no significant increases or decreases in the number of veteran suicides in Nevada.

Figure 7. Counts of Suicide-Related Deaths by Year and Veteran Status. Nevada Residents Ages 20+, 2015-2019.

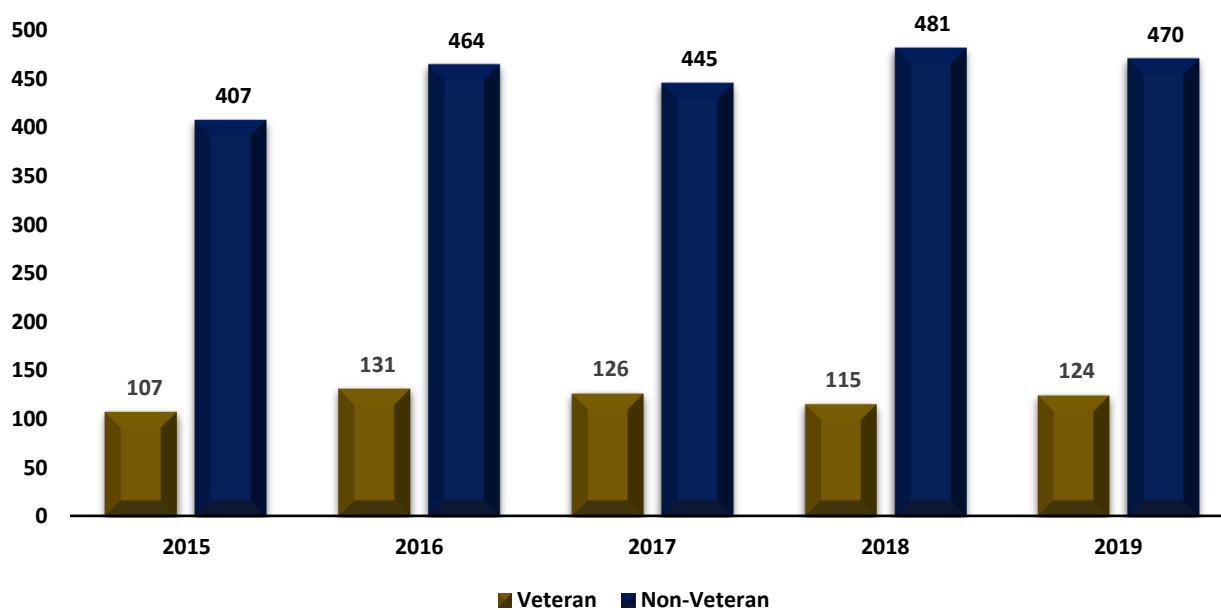
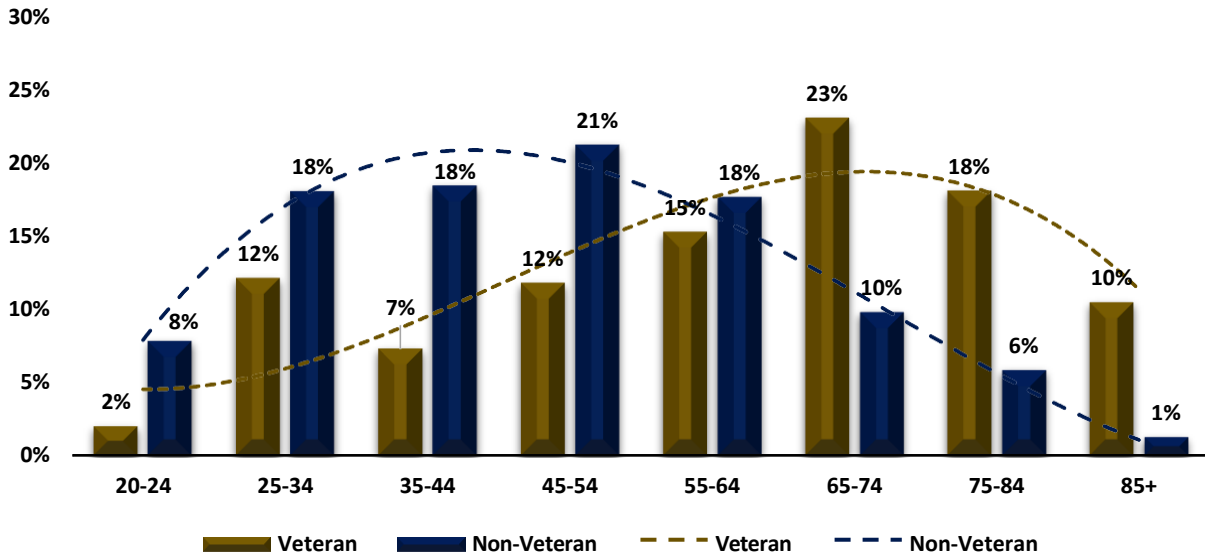


Figure 8. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Aged 20+, 2015-2019 Combined.



The trend shows an increase in non-veteran suicide deaths as age increases until the 45-54 age group, followed by a steady decline. This is different in the veteran population, where suicide deaths increase as age increases until the 65-74 age group before they start to decline. This demonstrates that veteran suicides are skewed to an older population.

The differences in the age distributions between veteran and non-veteran suicides represented above are likely due to the differences in the age distributions of those populations in general. Notice from Figure 9 that veteran vs. non-veteran populations follow a similar distribution.

Figure 9. Age Distribution of Population by Veteran Status. Nevada Residents Ages 20+, 2015-2019 Combined.

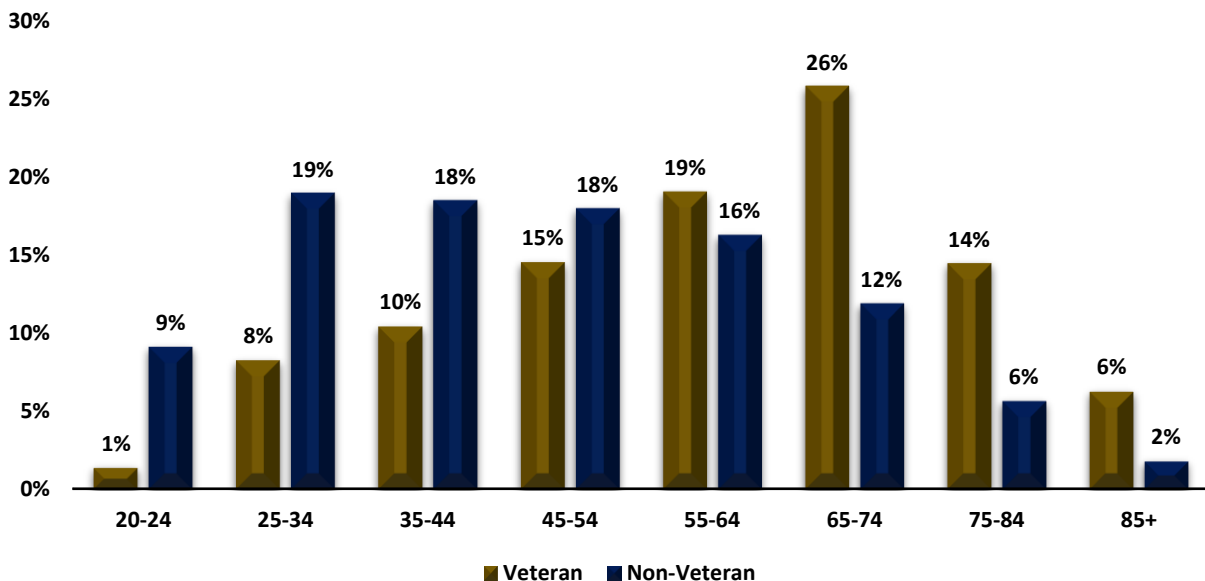


Figure 10. Age Distribution of Suicide-Related Deaths by Veteran Status. Nevada Residents Ages 20+, 2015-2019.

Year of Death	Veteran Status	Age Group								Total
		20-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	
2015	Veteran (N=107)	3%	12%	7%	12%	12%	31%	14%	8%	100%
	Non-Veteran (N=407)	7%	17%	18%	23%	22%	7%	4%	1%	100%
2016	Veteran (N=131)	2%	7%	8%	11%	14%	23%	24%	11%	100%
	Non-Veteran (N=464)	6%	19%	20%	22%	16%	11%	6%	1%	100%
2017	Veteran (N=126)	2%	12%	9%	15%	19%	17%	14%	13%	100%
	Non-Veteran (N=445)	10%	18%	17%	22%	16%	9%	7%	1%	100%
2018	Veteran (N=115)	0%	19%	7%	10%	13%	25%	18%	8%	100%
	Non-Veteran (N=481)	8%	16%	20%	21%	19%	10%	4%	2%	100%
2019	Veteran (N=124)	3%	11%	6%	11%	18%	21%	19%	11%	100%
	Non-Veteran (N=470)	8%	21%	17%	19%	17%	11%	7%	1%	100%
Total	Veteran (N=603)	2%	12%	7%	12%	15%	23%	18%	10%	100%
	Non-Veteran (N=2267)	8%	18%	18%	21%	18%	10%	6%	1%	100%

Among the veteran population from 2015 to 2019, the highest percentage of suicides occurred in the 65-74 age group, accounting for 23% of the 603 suicide-related deaths, compared to 10% of the non-veteran suicide deaths. The highest percentage of suicides among the non-veteran population occurred in the 45-54 age group, accounting for 21% of the deaths, compared to 12% of veteran deaths. Disparities occur between the veteran and non-veteran populations among all eight age groups, ranging from a 6% to a 13% difference.

Figure 11. Suicide-Related Deaths by Year, Veteran Status, and Method of Suicide. Nevada Residents Ages 20+, 2015-2019.

Year of Death	Veteran Status	Method of Suicide							Total
		Poison/ Substance	Hanging/ Strangulation/ Suffocation	Drowning/ Submersion	Firearm/ Explosive	Cutting/ Piercing Instrument	Jumping from Height	Other	
2015	Veteran	9	13	1	81	1	-	2	107
	Non-Veteran	88	101	-	191	5	15	7	407
2016	Veteran	17	10	1	101	1	1	-	131
	Non-Veteran	112	102	5	207	12	16	10	464
2017	Veteran	19	18	-	84	3	1	1	126
	Non-Veteran	96	94	-	217	8	22	8	445
2018	Veteran	12	10	1	83	3	4	2	115
	Non-Veteran	86	110	2	253	10	15	5	481
2019	Veteran	13	14	2	90	2	2	1	124
	Non-Veteran	80	115	1	243	5	16	10	470
Total	Veteran	70	65	5	439	10	8	6	603
	Non-Veteran	462	522	8	1,111	40	84	40	2,267

Figure 12. Percent of Non-Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2015-2019 Combined.

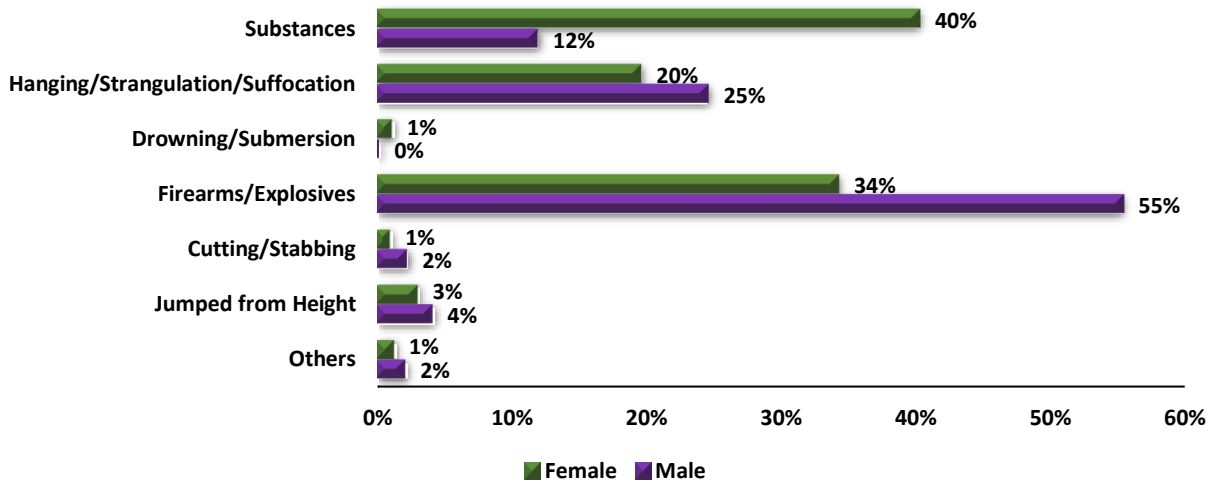
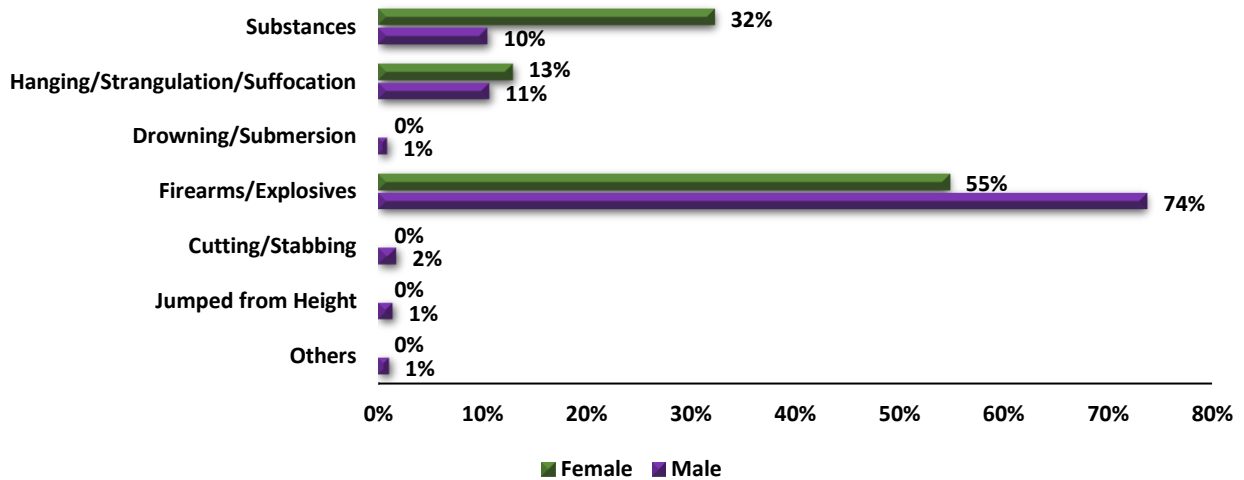
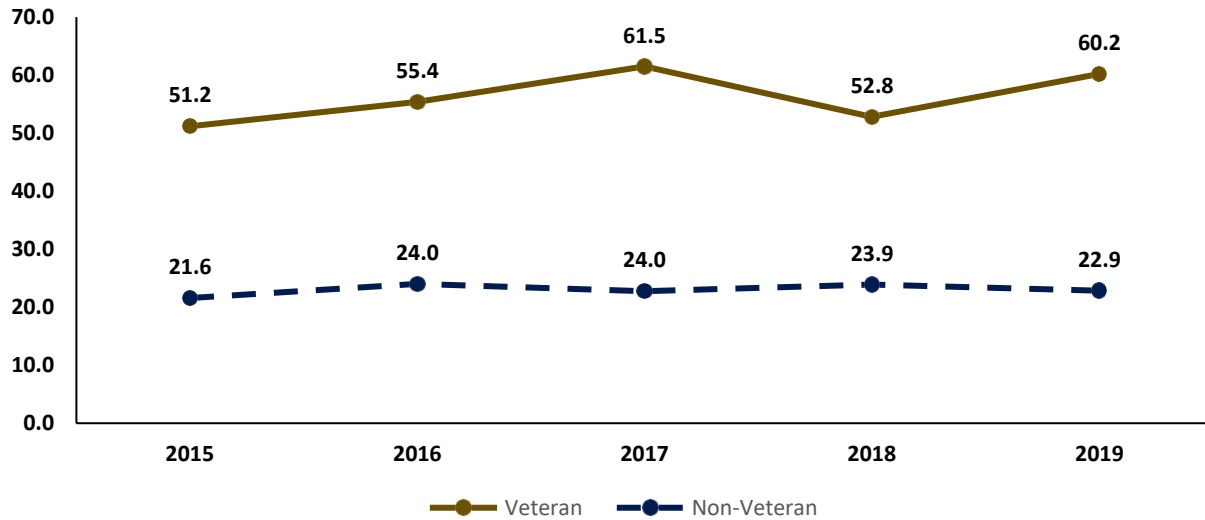


Figure 13. Percent of Veteran Suicide-Related Deaths by Method and Sex. Nevada Residents Ages 20+, 2015-2019 Combined.



Among the male population, 74% of the veteran suicides committed were by firearm/explosive, compared to approximately half of non-veteran suicides (55%). Among the female population, the greatest difference in method was firearms/explosives, which accounted for 55% of veteran suicide deaths and 34% of non-veteran suicide deaths.

Figure 14. Suicide Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents Ages 20+, 2015-2019.



Veteran suicide rates (per 100,000) have varied between 2015 and 2019 with a peak rate of 61.5 per 100,000 veteran population in 2017 compared to the lowest rate of 51.2 per 100,000 veteran population in 2015. This contrasts with the rate per 100,000 of non-veteran suicides, with rates continually between 21.6 and 24.0 per 100,000 non-veterans. These rates demonstrate a significant increased risk for a veteran to complete suicide compared to the non-veteran population of Nevada residents.

Complete tables of counts, crude rates, age-adjusted rates and confidence intervals for each year from 2015 to 2019 can be viewed in the appendices.

Figure 15. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Veteran Nevada Residents Ages 20+, 2015-2019.

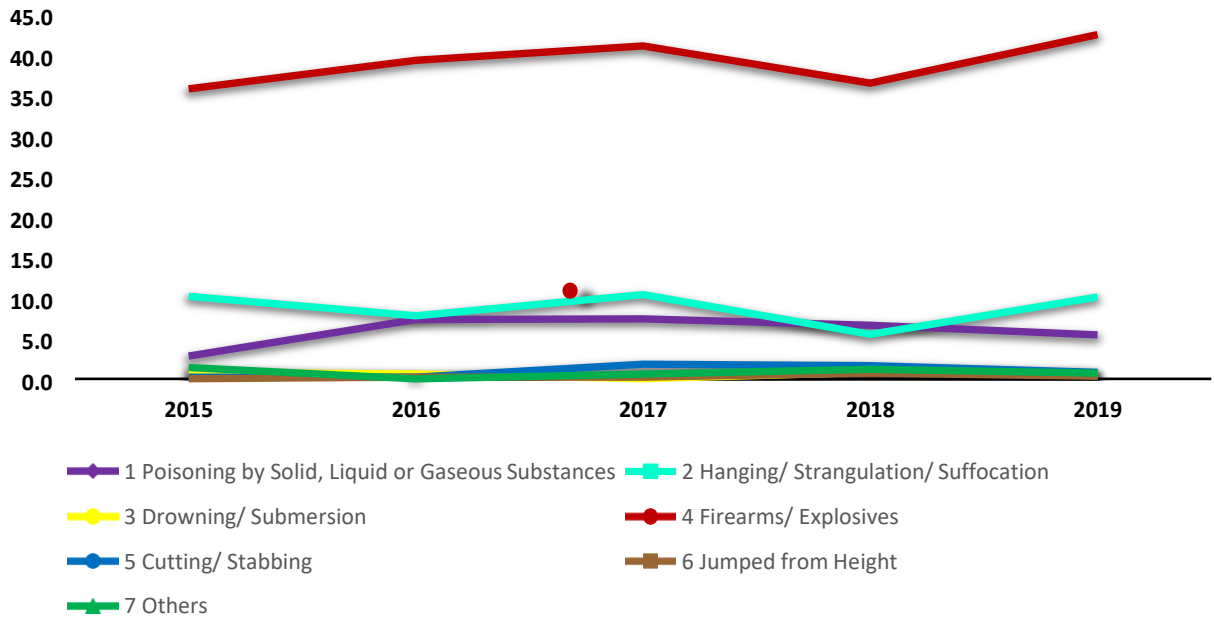


Figure 16. Methods of Suicide Age-Adjusted Rates (per 100,000) by Year, Non-Veteran Nevada Residents Ages 20+, 2015-2019.

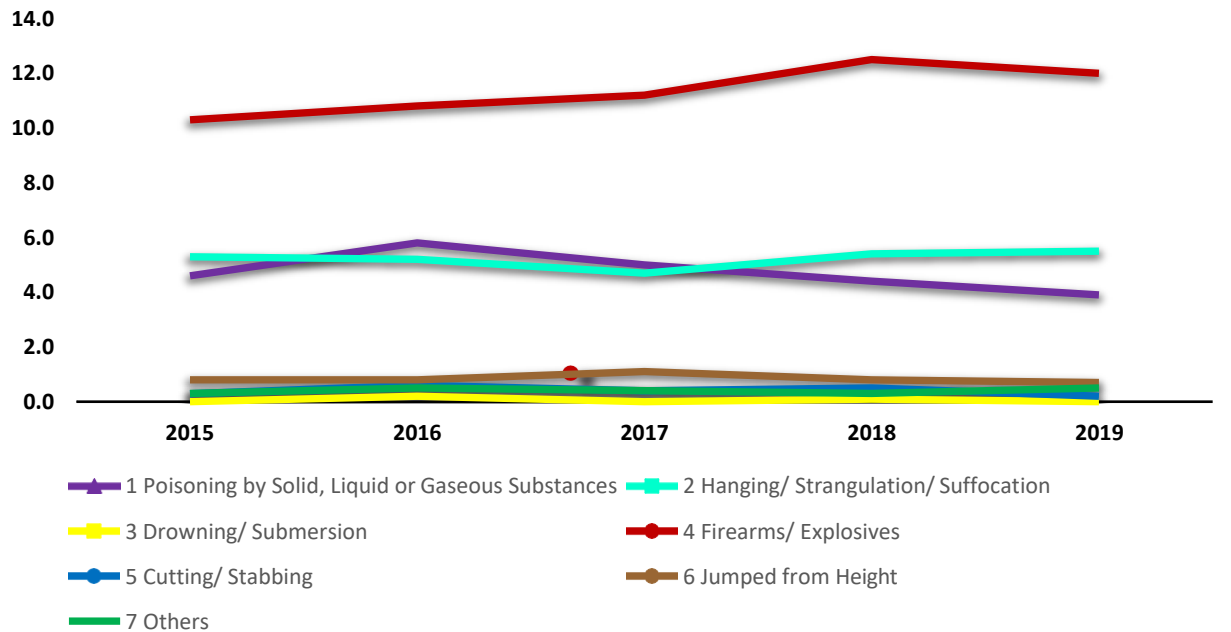
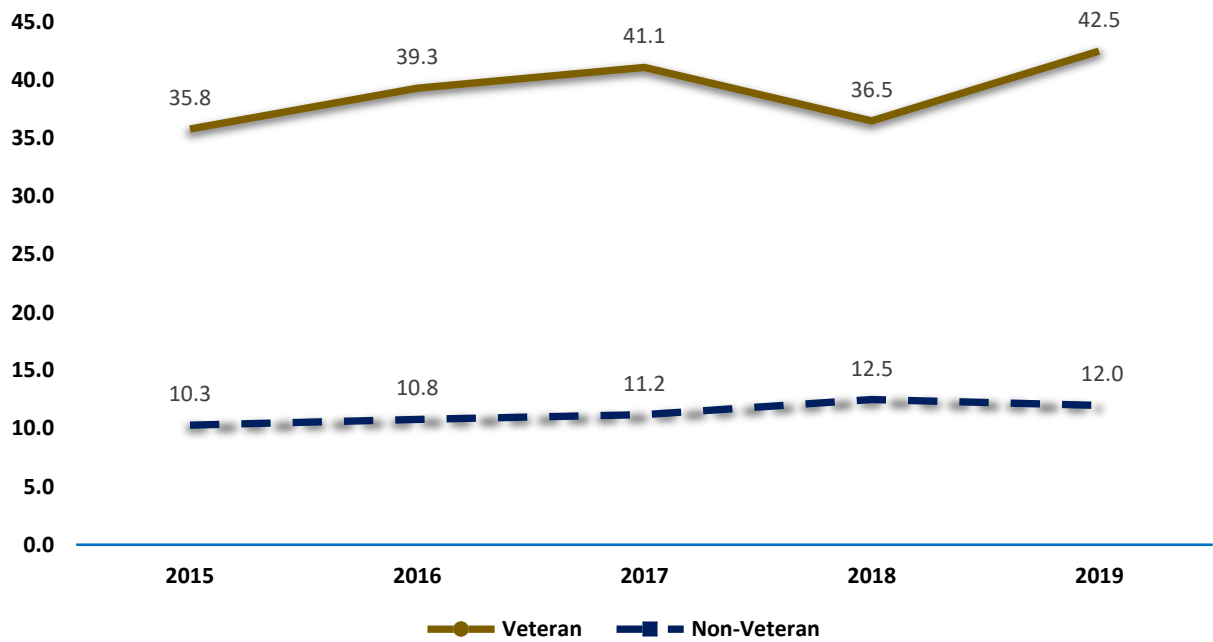


Figure 17. Firearms/Explosives as the Method of Suicide, Age-Adjusted Rates (per 100,000) by Year and Veteran Status. Nevada Residents Ages 20+, 2015-2019.



The rates (per 100,000) at which firearms/explosives were used as the method of suicide was greater in the veteran population compared to non-veteran population in all years from 2015 to 2019. The veteran suicide rate by firearms/explosives varied from a low of 35.8 in 2015 to a high of 42.5 in 2019. The rate of suicide by firearms/explosives in the non-veteran community was consistent from 2015 to 2019, varying in a range from 10.3 to 12.5. Of the 603 veteran suicides between 2015 and 2019, 73% (N=439) had a reported method of suicide as firearms/explosions. When broken down by gender a firearm was the method of suicide in 77% of veteran suicides completed by males (N=422), and 55% of females (N=17).

Suicide-Related Hospitalizations

TRICARE and Civilian Health and Medical Program of the Department of Veteran's Affairs (CHAMPVA), are health care benefits programs in which the Department of Defense and Department of Veteran's Affairs, respectively, share the cost of health care services. Because service members' families are covered by these two programs and veteran status is not identified in the billing data, the term "military community" is used in this report to distinguish the veteran population from the non-veteran population. The veteran population in the suicide-related emergency department visits and inpatient admissions section includes any individual that is covered through TRICARE and CHAMPVA, including spouses and dependents of military members.

In the military community, there were 233 emergency department visits and 244 inpatient admissions related to suicide in 2015-2019 combined. Of the 233 visits, four individuals died, and 100 were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. Of the 244 inpatient admissions, four individuals died, and 175 admissions were discharged, transferred, entered hospice, or left against medical advice.

In the non-military community there were 12,256 emergency department visits and 6,767 inpatient admissions related to suicide in 2015 to 2019 combined. Of the 12,256 visits, 81 individuals died, and 6,677 visits were discharged, transferred, left against medical advice, entered hospice, or admitted as an inpatient. Of the 6,767 admissions, 145 individuals died, and 3,904 admissions were discharged, transferred, entered hospice, or left against medical advice.

Figure 18. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Sex. Nevada Residents, 2015-2019 Combined.

Sex	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
Unknown	0	0%	0	0%	2	0%	1	0%
Female	118	51%	139	57%	7,404	60%	4,174	62%
Male	115	49%	105	43%	4,850	40%	2,592	38%
Total	233	100%	244	100%	12,256	100%	6,767	100%

In contrast to the gender distribution of suicide deaths, suicide-related emergency department visits among the military community (N=233) between 2015 and 2019 were more common in females (51%, N=118) than males (49%, N=115). The same trend is seen for inpatient admissions, with most females comprising visits, 57% (N=139), compared to males (43%, N=105). Females in the non-military community comprised the majority as well of both emergency department visits (60%) and inpatient admissions (62%).

Figure 19. Suicide-Related Emergency Department Visits and Inpatient Admissions by Military Community Status and Age-Group. Nevada Residents, 2015-2019 Combined.

Age Group	Military Community				Non-Military Community			
	Emergency Department Visits		Inpatient Admissions		Emergency Department Visits		Inpatient Admissions	
	Count	%	Count	%	Count	%	Count	%
Unknown	0	0%	0	0%	10	0%	0	0%
5-14	16	7%	24	10%	915	7%	383	6%
15-24	78	33%	88	36%	4,036	33%	1,510	22%
25-34	42	18%	33	14%	2,702	22%	1,110	16%
35-44	32	14%	22	9%	1,912	16%	1,132	17%
45-54	24	10%	28	11%	1,495	12%	1,115	16%
55-64	31	13%	35	14%	799	7%	873	13%
65-74	6	3%	9	4%	266	2%	417	6%
75-84	3	1%	2	1%	88	1%	168	2%
85+	1	0%	3	1%	33	0%	59	1%
Total	233	100%	244	100%	12,256	100%	6,767	100%

The 15-24 age-group had the highest number of inpatient admissions and emergency department visits between 2015 and 2019 in both communities and categories of hospitalizations. It is important to note that the individuals in the military community included in Figure 19 may include spouses and dependents of military members, as well as veterans, and may not be comparable to the suicide death data. It is unclear if the released patients received mental and behavioral health services after the attempts.

Figure 20. Suicide-Related Emergency Department Visits by Military Community Status, Method of Attempts and Year. Nevada Residents, 2015-2019.

Method of Suicide Attempt	Year					Total	%
	2015	2016	2017	2018	2019		
Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	38	37	21	24	17	137	57%
Hanging/Strangulation/Suffocation	1	0	0	0	0	1	0%
Firearm/Air Gun/Explosive	0	1	1	0	0	2	1%
Cutting/Piercing Instrument	21	8	19	11	16	75	31%
Jumping from Height	0	0	0	0	0	0	0%
Late effects of self-inflicted injury	0	0	0	0	0	0	0%
Other and unspecified means	2	9	7	4	3	25	10%
Total	62	55	48	39	36	240	100%
Non-Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	1,877	1,276	1,259	1,117	956	6,485	52%
Hanging/Strangulation/Suffocation	87	4	3	3	3	100	1%
Firearm/Air Gun/Explosive	23	24	27	13	11	98	1%
Cutting/Piercing Instrument	1014	821	916	786	792	4,329	35%
Jumping from Height	21	16	12	14	10	73	1%
Late effects of self-inflicted injury	6	4	0	1	0	11	0%
Other and unspecified means	331	344	299	266	202	1,442	12%
Total	3,359	2,489	2,516	2,200	1,974	12,538	100%

In total, the highest reported method of attempted suicide resulting in emergency department visits is poisonings, accounting for 57% of all methods of attempted suicide among the military community and 52% of the non-military community.

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figure 20 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

Figure 21. Suicide-Related Inpatient Admissions by Military Community Status, Method of Attempts and Year. Nevada Residents, 2015-2019.

Method of Suicide Attempt	Year					Total	%
	2015	2016	2017	2018	2019		
Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	19	14	20	15	29	97	39%
Hanging/Strangulation/Suffocation	2	0	0	0	0	2	1%
Firearm/Air Gun/Explosive	0	1	6	1	2	10	4%
Cutting/Piercing Instrument	11	9	19	35	23	97	39%
Jumping from Height	0	1	0	1	0	2	1%
Late effects of self-inflicted injury	0	4	5	10	6	25	10%
Other and unspecified means	4	1	3	6	3	17	7%
Total	36	30	53	68	63	250	100%
Non-Military Community							
Poisoning by Solid, Liquid or Gaseous Substance	1,054	864	903	892	959	4,672	67%
Hanging/Strangulation/Suffocation	24	1	1	0	3	29	0%
Firearm/Air Gun/Explosive	23	25	38	9	10	105	2%
Cutting/Piercing Instrument	151	137	162	139	242	831	12%
Jumping from Height	12	12	8	5	2	39	1%
Late effects of self-inflicted injury	16	239	106	334	206	901	13%
Other and unspecified means	91	66	63	83	75	378	5%
Total	1,371	1,344	1,281	1,462	1,497	6,955	100%

In total, the highest reported methods of attempted suicide resulting in inpatient admissions are poisonings and cutting, indicated on 39% of the admissions in the military community, where poisoning was 67% of admissions in the non-military community.

A single suicide-related hospitalization may have multiple methods listed. Therefore, the numbers listed in Figure 21 cannot be summed to equal the total number of suicide-related hospitalizations. This applies to both the inpatient and emergency department sections.

Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS inquires on each participant’s veteran status. Between 2015 and 2019, BRFSS participants were asked “During the past 12 months have you ever seriously considered attempting suicide?” Survey results are limited and are not available for further break down beyond what is provided below.

Figure 22. Percentage who Reported Suicide Ideology by Veteran Status and Year. Nevada Residents, 2015-2019.

Survey Year	Veteran Status	Percent Reported Suicide Ideation in Last 12 months	Confidence Interval
2015	Veteran	2%	(0.1% - 3.1%)
	Non-Veteran	2%	(1.4% - 2.8%)
2016	Veteran	2%	(0.5%-3.2%)
	Non-Veteran	4%	(2.8%-4.8%)
2017	Veteran	2%	(0.0%-3.7%)
	Non-Veteran	3%	(2.3%-4.5%)
2018	Veteran	3%	(1.1%-4.9%)
	Non-Veteran	3%	(2.3%-4.6%)
2019	Veteran	5%	(1.9%-8.7%)
	Non-Veteran	5%	(3.4%-6.1%)

Regarding percentage of participants who reported seriously considering attempting suicide during the past 12 months of taking the BRFSS survey, there is not a notable disparity between veteran and non-veteran populations.

Conclusion

This report demonstrates the need for continued monitoring of veteran and military deaths and continued efforts of prevention for this population. The rates of suicide among the veteran population fluctuates from year to year but overall remains more than double the rate of the non-veteran community.

The aging veteran population of Nevada residents seems in particular risk.

There is a demonstrated access to firearms and use of firearms as lethal means within the veteran population not demonstrated in the non-veteran population when it comes to method of suicide resulting in suicide deaths.

Efforts to prevent drug overdose and poisonings could assist in lowering the number of hospitalizations due to suicide attempts. Wrap around services for veterans and military families are needed to ensure identification of suicide ideology. If suicide ideology is discovered and addressed, this could prevent more members of the military community from attempting or taking their lives.

Appendix

Figure A1. Age-Adjusted weights

Age Group	Weight
Age20_24_WEIGHT	0.095734399
Age25_29_WEIGHT	0.093587182
Age30_34_WEIGHT	0.088532365
Age35_39_WEIGHT	0.089497173
Age40_44_WEIGHT	0.092651902
Age45_49_WEIGHT	0.10071312
Age50_54_WEIGHT	0.098892694
Age55_59_WEIGHT	0.087213859
Age60_64_WEIGHT	0.074587877
Age65_69_WEIGHT	0.055150675
Age70_74_WEIGHT	0.041148878
Age75_79_WEIGHT	0.032454588
Age80_84_WEIGHT	0.025471786
Age85_WEIGHT	0.024363501

Figure A2. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2015.

2015										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	9	88	4	(1.4-6.6)	4.1	(3.3-5.0)	2.8	(1.0-4.6)	4.6	(3.7-5.6)
Hanging/Strangulation/Suffocation	13	101	5.8	(2.6-8.9)	4.8	(3.8-5.7)	10.2	(4.7-15.8)	5.3	(4.2-6.3)
Drowning/Submersion	1	0	0.4	(0.0-1.3)	0	(0.0-0.0)	0.8	(0.0-2.4)	0	(0.0-0.0)
Firearm/Airgun/Explosive	81	191	35.9	(28.1-43.8)	9	(7.7-10.3)	35.8	(28.0-43.6)	10.3	(8.9-11.8)
Cutting/Piercing Instrument	1	5	0.4	(0.0-1.3)	0.2	(0.0-0.4)	0.2	(0.0-0.5)	0.3	(0.0-0.5)
Jumping from Height	0	15	0	(0.0-0.0)	0.7	(0.3-1.1)	0	(0.0-0.0)	0.8	(0.4-1.1)
Others	2	7	0.9	(0.0-2.1)	0.3	(0.1-0.6)	1.4	(0.0-3.3)	0.3	(0.1-0.6)
Total	107	407	47.5	(38.5-56.5)	19.2	(17.3-21.0)	51.2	(41.5-60.9)	21.6	(19.5-23.7)

Figure A3. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2016.

2016										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	9	112	4.1	(1.4-6.7)	5.2	(4.2-6.1)	2.9	(1.0-4.7)	5.8	(4.8-6.9)
Hanging/Strangulation/Suffocation	13	102	5.9	(2.7-9.0)	4.7	(3.8-5.6)	10.2	(4.7-15.8)	5.2	(4.2-6.2)
Drowning/Submersion	1	5	0.5	(0.0-1.3)	0.2	(0.0-0.4)	0.8	(0.0-2.4)	0.2	(0.0-0.5)
Firearm/Airgun/Explosive	81	207	36.5	(28.5-44.4)	9.5	(8.2-10.8)	36.1	(28.2-43.9)	10.8	(9.4-12.3)
Cutting/Piercing Instrument	1	12	0.5	(0.0-1.3)	0.6	(0.2-0.9)	0.2	(0.0-0.5)	0.6	(0.3-0.9)
Jumping from Height	0	16	0	(0.0-0.0)	0.7	(0.4-1.1)	0	(0.0-0.0)	0.8	(0.4-1.3)
Others	2	10	0.9	(0.0-2.1)	0.5	(0.2-0.7)	1.4	(0.0-3.3)	0.5	(0.2-0.8)
Total	131	464	59	(48.9-69.1)	21.4	(19.5-23.3)	55.4	(45.9-64.9)	24	(21.8-26.2)

Figure A4. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2017.

2017										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
Poisoning by Solid, Liquid or Gaseous Substances	19	96	8.7	(4.8-12.6)	4.4	(3.5-5.2)	7.4	(4.1-10.7)	5	(4.0-6.0)
Hanging/Strangulation/Suffocation	18	94	8.2	(4.4-12.0)	4.3	(3.4-5.1)	10.4	(5.6-15.2)	4.7	(3.7-5.6)
Drowning/Submersion	0	0	0	(0.0-0.0)	0	(0.0-0.0)	0	(0.0-0.0)	0	(0.0-0.0)
Firearm/Airgun/Explosive	84	217	38.5	(30.2-46.7)	9.9	(8.6-11.2)	41.1	(32.3-49.9)	11.2	(9.7-12.7)
Cutting/Piercing Instrument	3	8	1.4	(0.0-2.9)	0.4	(0.1-0.6)	1.8	(0.0-3.9)	0.4	(0.1-0.7)
Jumping from Height	1	22	0.5	(0.0-1.4)	1	(0.6-1.4)	0.2	(0.0-0.5)	1.1	(0.6-1.5)
Others	1	8	0.5	(0.0-1.4)	0.4	(0.1-0.6)	0.6	(0.0-1.9)	0.4	(0.1-0.7)
Total	126	445	57.7	(47.6-67.8)	20.3	(18.4-22.1)	61.5	(50.8-72.2)	22.8	(20.6-24.9)

Figure A5. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2018.

2018										
Method of Suicide	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count		Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
1 Poisoning by Solid, Liquid or Gaseous Substances	12	86	5.6	(2.4-8.8)	3.8	(3-4.6)	6.6	(2.8-10.3)	4.4	(3.4-5.3)
2 Hanging/ Strangulation/ Suffocation	10	110	4.7	(1.8-7.5)	4.9	(4-5.8)	5.5	(2.1-8.9)	5.4	(4.4-6.4)
3 Drowning/ Submersion	1	2	0.5	(0-1.4)	0.1	(0-0.2)	0.8	(0-2.4)	0.1	(0-0.2)
4 Firearms/ Explosives	83	253	38.7	(30.4-47)	11.2	(9.8-12.6)	36.5	(28.6-44.3)	12.5	(11-14.1)
5 Cutting/ Stabbing	3	10	1.4	(0-3)	0.4	(0.2-0.7)	1.6	(0-3.4)	0.5	(0.2-0.8)
6 Jumped from Height	4	15	1.9	(0-3.7)	0.7	(0.3-1)	0.7	(0-1.4)	0.8	(0.4-1.2)
7 Others	2	5	0.9	(0-2.2)	0.2	(0-0.4)	1.2	(0-2.9)	0.3	(0-0.5)
Total	115	481	53.6	(43.8-63.4)	21.3	(19.4-23.3)	52.8	(43.2-62.5)	23.9	(21.8-26)

Figure A6. Total Counts and Rates (per 100,000) by Method of Suicide and Veteran Status. Nevada Residents Ages 20+, 2019.

Method of Suicide	2019									
	Veteran	Non-Veteran	Veteran		Non-Veteran		Veteran		Non-Veteran	
	Count	Count	Crude Rate	C.I.	Crude Rate	C.I.	Age-Adjusted Rate	C.I.	Age-Adjusted Rate	C.I.
1 Poisoning by Solid, Liquid or Gaseous Substances	13	80	5.8	(2.6-8.9)	3.5	(2.7-4.3)	5.4	(2.5-8.3)	3.9	(3-4.7)
2 Hanging/ Strangulation/ Suffocation	14	115	6.2	(3-9.5)	5	(4.1-5.9)	10.1	(4.8-15.3)	5.5	(4.5-6.5)
3 Drowning/ Submersion	2	1	0.9	(0-2.1)	0	(0-0.1)	0.4	(0-0.9)	0	(0-0.1)
4 Firearms/ Explosives	90	243	40	(31.7-48.2)	10.6	(9.3-11.9)	42.5	(33.8-51.3)	12	(10.5-13.5)
5 Cutting/ Stabbing	2	5	0.9	(0-2.1)	0.2	(0-0.4)	0.8	(0-1.9)	0.2	(0-0.5)
6 Jumped from Height	2	16	0.9	(0-2.1)	0.7	(0.4-1)	0.3	(0-0.8)	0.7	(0.4-1.1)
7 Others	1	10	0.4	(0-1.3)	0.4	(0.2-0.7)	0.7	(0-2.1)	0.5	(0.2-0.7)
Total	124	470	55.1	(45.4-64.8)	20.5	(18.7-22.4)	60.2	(49.6-70.8)	22.9	(20.8-24.9)

Figure A7. Nevada Veterans Health Survey 2020, Question 18.

Q18 – Have you been diagnosed with a service-connected disability or disease, including presumptive condition(s)?	
Response	Percent
Yes	53.49%
No	46.51%
Total	100%