Minority Health Report 2023

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Office of Analytics

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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 11 standard age groups of the U.S. population in the year 2000 (Census table P25-1130). Rates are age-adjusted to eliminate any potential confounding effects, or biases, which 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, smoking 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* are 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.

Percentage. A number or ratio expressed as a fraction of 100. It is often denoted using the percent sign, "%".

Pregnancy-Associated Death (PAD). A death of a person while pregnant or within one year of the termination of pregnancy, regardless of the cause. Pregnancy-associated death ratio is the number of pregnancy-associated deaths per 100,000 live births.

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 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 population 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 health care 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 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 health care 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 health care system to public health departments and those health departments to CDC [5].

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

National Electronic Telecommunications System for Surveillance (NETSS)
A computerized health surveillance information system that allows health jurisdictions to collect and transmit weekly data regarding nationally notifiable diseases to the CDC.

Nevada State Demographer Office
The Nevada State Demographer Office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. The Demographer's Office is responsible for conducting annual population estimates for the state of Nevada, each county, and other demographic groups. This report utilized population estimates for years 2017 – 2021, provided by the State Demographer in 2021. Unknown race/ethnicity population were excluded from analyses [7].

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

United States Cancer Statistics (USCS)

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

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

Web-Enabled Vital Records Registry Systems (WEVRRS)

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

Youth Risk Behavior Survey (YRBS)

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

Purpose

The purpose of this report is to highlight existing health disparities among minority populations in Nevada, with a focus upon the most current data available. The racial/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.

Data in this report are as of March 2023 and may not always match other available dashboards and reports containing similar data. This may be due to updated methodology or differing population estimates in the denominator. Population estimates utilized in this report are based on 2021 vintage, provided by the State Demographer.

Key Findings throughout the Minority Report

- In 2021, diseases of the heart and malignant neoplasms (cancer) were the leading causes of death for Nevada as whole.
- In 2021, Black non-Hispanic population had significantly higher death rates of diseases of the heart than all other race/ethnicity groups, in 2021, with a death rate of 337.5 per 100,000 population (Table 1 and Table 4).
- From 2010 to 2019, the number of cancer cases among Asian/Pacific Islander non-Hispanic population increased by 34.9% in cancer burden for all cancer types in Nevada. Asian/Pacific Islander non-Hispanic population show a 69.6% increase in lung and bronchus burden, 48.1% increase in female breast cancer burden, 18.1% increase in colorectal cancer burden, and 11.8% increase in prostate cancer. (Table 13).
- In 2021, White non-Hispanic, Black non-Hispanic, and American Indian/Alaska Native non-Hispanic populations had significantly higher accidental death rates (71.2, 95.6, and 82.8 per 100,000 population, respectively) than Asian/Pacific Islander non-Hispanic population (28.8 per 100,000), and Hispanic populations (39.8 per 100,000) (Figure 39).
- In 2021, death rates from chronic lower respiratory disease (CLRD) were highest among White non-Hispanic population, at 49.3 per 100,000 population, compared to all other races/ethnicity groups (Figure 44).
- In 2021, death rates from CLRD were highest among White non-Hispanic population, at 49.3 per 100,000 population, compared to all other races/ethnicity groups (Figure 44).
- Black non-Hispanic population had significantly higher death rates from homicide for each year from 2017 to 2021 than any other race/ethnicity group (Figure 52).
- Black non-Hispanic population had significantly higher rates of reported cases of HIV infection than every other race/ethnicity group for each year from 2017 to 2021 (Figure 62).
- In 2021, Black non-Hispanic populations had significantly higher infant mortality rates, at 10.8 deaths per 1,000 live births, than White non-Hispanic (4.6 per 1,000 live births), Asian/Pacific Islander non-Hispanic (3.4 per 1,000 live births) and Hispanic (5.3 per 1,000 live births) populations (Figure 79)
- White non-Hispanic population (28.6 per 100,000) in Washoe County and in the Balance of the State (25.8 per 100,000) had significantly higher rates of enteric disease than their respective race/ethnicity groups in Clark County (16.9 per 100,000) (Figure 89), aggregate 2017-2021.

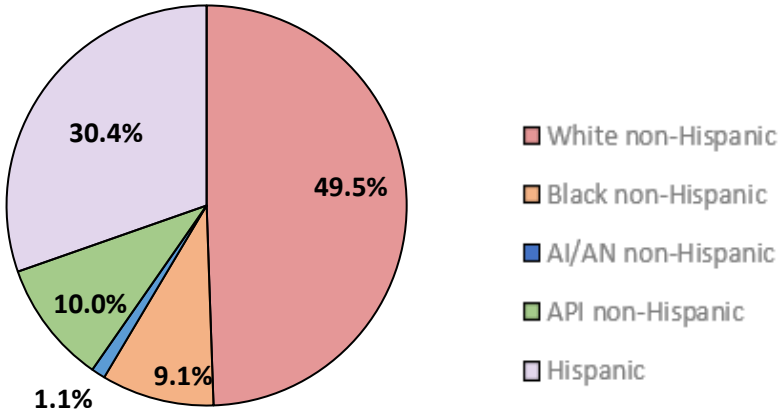
General Demographics

Population Distribution and Growth

Between the years 2020 and 2021, Nevada's population declined by 0.8% for a total population of 3,158,539 in 2021 (Figures 1 - Figure 3). Nevada's population is comprised of a White majority, with the rest of the population comprising 30.4% Hispanic, 10.0% Asian/Pacific Islander, 9.1% Black, and 1.1% American Indian/Alaska Native (Figure 1). Nevada is one of six states that have a majority-minority which is a term describing a state whose population is composed of less than 50% White non-Hispanics [46].

- From 2019-2020 to 2020-201 the population growth decreased across all races/ethnicities. (Figure 3).

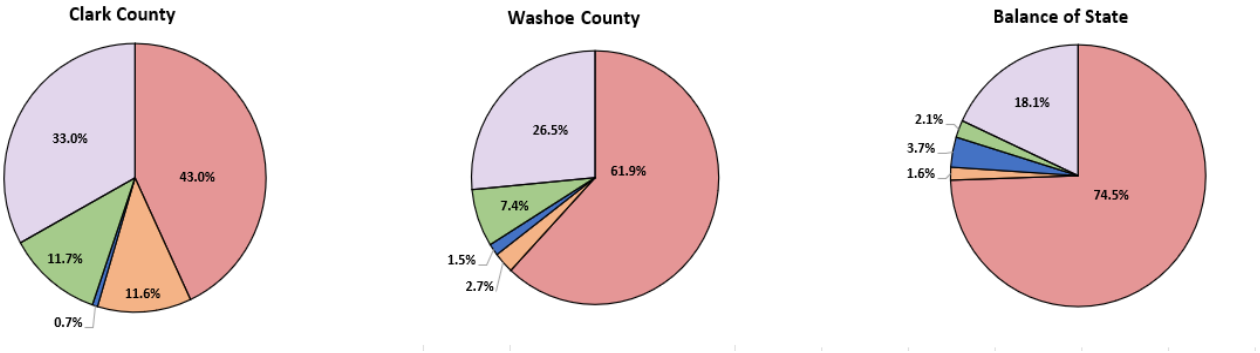
Figure 1. Population Distribution – Percentages by Race/Ethnicity, Nevada, 2021



	Count	Percent of Total
White non-Hispanic	1,561,901	49.5%
Black non-Hispanic	287,628	9.1%
AI/AN non-Hispanic	35,507	1.1%
API non-Hispanic	314,472	10.0%
Hispanic	959,029	30.4%
Total	**3,158,539**	**100.0%**

Source: Nevada State Demographer, vintage 2021, with group quarters.
The sum of the counts will not be equal to the total due to rounding.

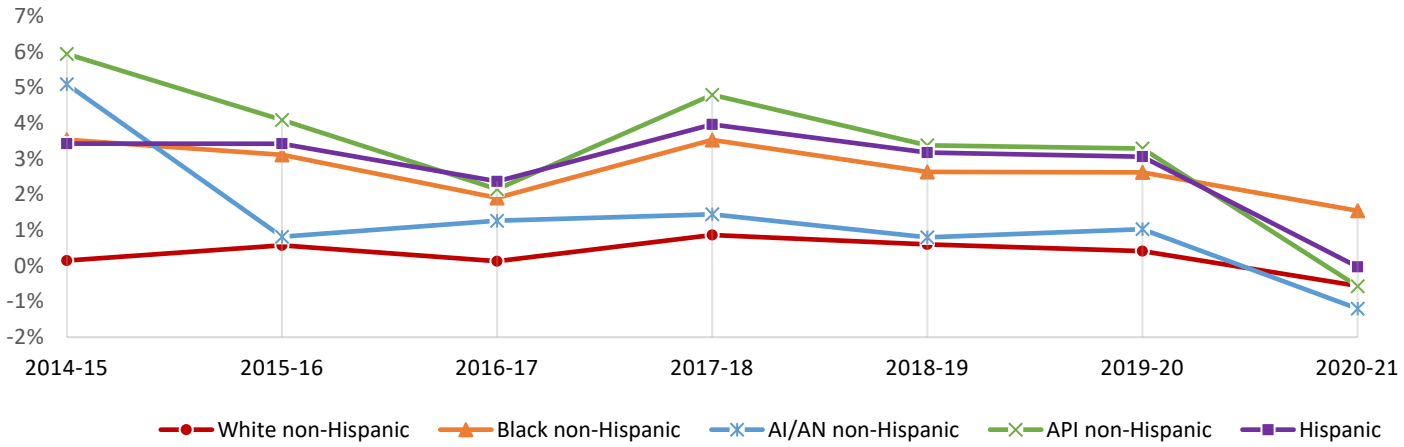
Figure 2. Population Distribution – Percentages by Race/Ethnicity, and by County, 2021



Race/Ethnicity	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
White non-Hispanic	0.1%	0.6%	0.1%	0.9%	0.6%	0.4%	-0.6%
Black non-Hispanic	3.5%	3.1%	1.9%	3.5%	2.6%	2.6%	1.5%
AI/AN non-Hispanic	5.1%	0.8%	1.3%	1.4%	0.8%	1.0%	-1.2%
API Non-Hispanic	5.9%	4.1%	2.1%	4.8%	3.4%	3.3%	-0.6%
Hispanic	3.4%	3.4%	2.4%	4.0%	3.2%	3.1%	0.0%
Total	18.1%	12.0%	7.8%	14.6%	10.6%	10.4%	-0.8%

Source: Nevada State Demographer, vintage 2021, with group quarters.
The sum of the percentages will not equal 100% due to rounding.

Figure 3. Population Growth Rate by Race/Ethnicity, Nevada Statewide, 2014-2021



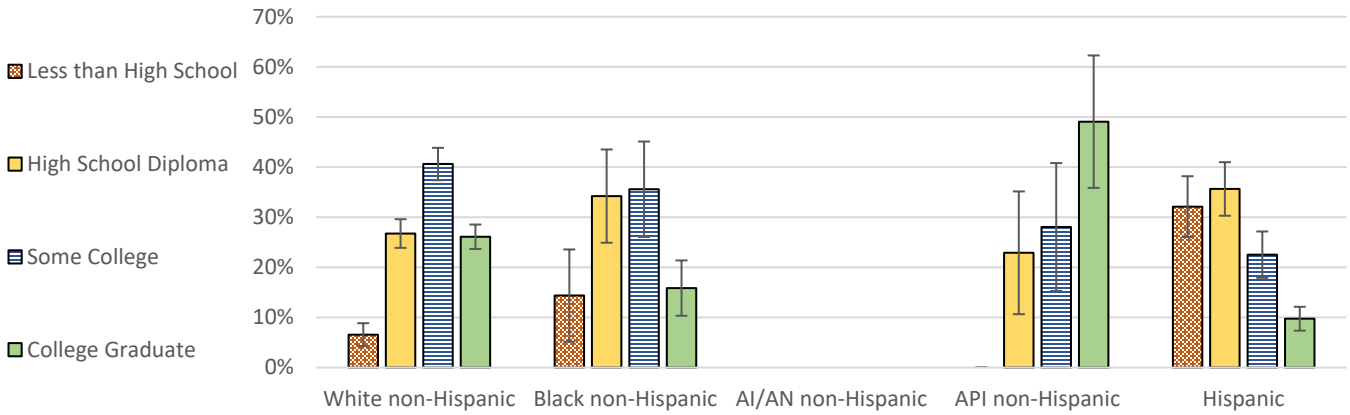
Source: Nevada State Demographer, vintage 2021, with group quarters. Note: Graph scaled to display difference between groups.

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 population had a significantly higher prevalence of college graduates (49.1%) than all other populations in 2021 (Figure 4).
- When comparing level of education among the three regions in Nevada, White non-Hispanic population in the Balance of State displayed a significantly lower prevalence of college graduates (18.5%) than White non-Hispanic population in Washoe County (31.6%) and Clark County (26.7%) from 2017 – 2021 (Figures 7, 6, & 5, respectively).

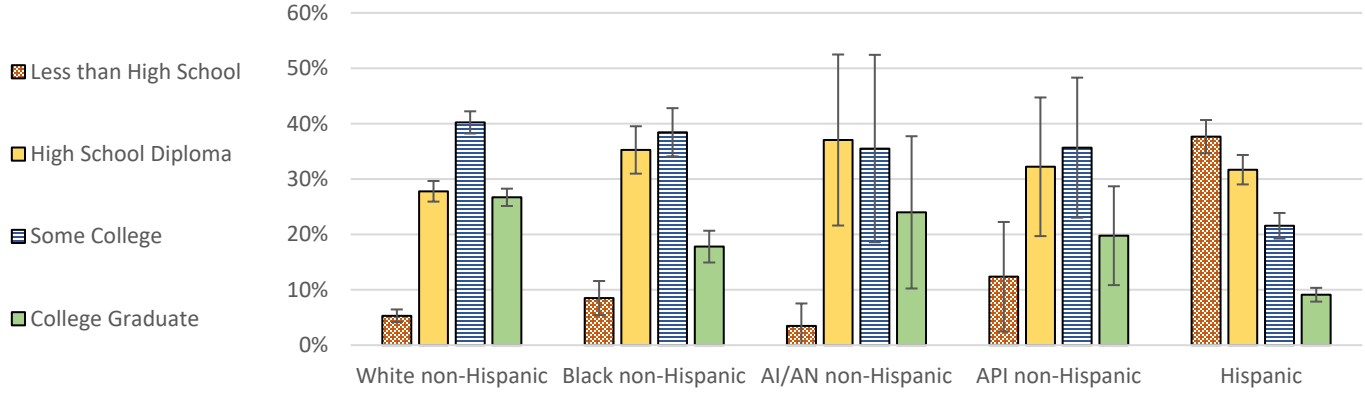
Figure 4. Level of Education – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School^	6.6% (4.3-8.8)	14.4% (5.2-23.6)	‡	0.0% (0.0-0.0)	32.1% (26.0-38.2)
High School Diploma	26.7% (23.9-29.6)	34.2% (24.9-43.5)	‡	22.9% (10.6-35.1)	35.6% (30.3-41.0)
Some College	40.6% (37.4-43.8)	35.6% (26.1-45.1)	‡	28.0% (15.3-40.8)	22.5% (17.9-27.2)
College Graduate	26.1% (23.7-28.5)	15.9% (10.3-21.4)	‡	49.1% (35.8-62.3)	9.7% (7.4-12.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
^Less than High School is defined as not receiving a high school diploma or GED diploma.

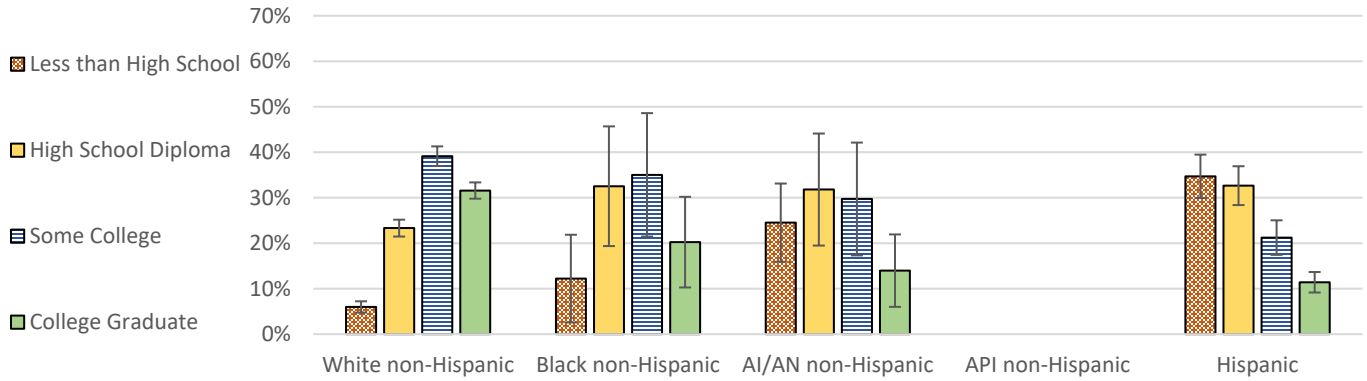
Figure 5. Level of Education – Prevalence by Race/Ethnicity, Clark County, 2017-2021 Aggregated



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School^	5.3% (4.1-6.5)	8.5% (5.4-11.6)	3.5% (0.0-7.5)	12.4% (2.5-22.2)	37.7% (34.6-40.7)
High School Diploma	27.8% (25.9-29.6)	35.2% (31.0-39.5)	37.0% (21.6-52.5)	32.2% (19.7-44.7)	31.7% (29.0-34.3)
Some College	40.2% (38.2-42.2)	38.4% (34.1-42.8)	35.5% (18.6-52.4)	35.7% (23.0-48.3)	21.6% (19.2-23.9)
College Graduate	26.7% (25.1-28.3)	17.8% (14.9-20.7)	24.0% (10.2-37.7)	19.8% (10.8-28.7)	9.1% (7.9-10.3)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
Note: Graph scaled to 60% to display difference between groups.
^Less than High School is defined as not receiving a high school diploma or GED diploma.

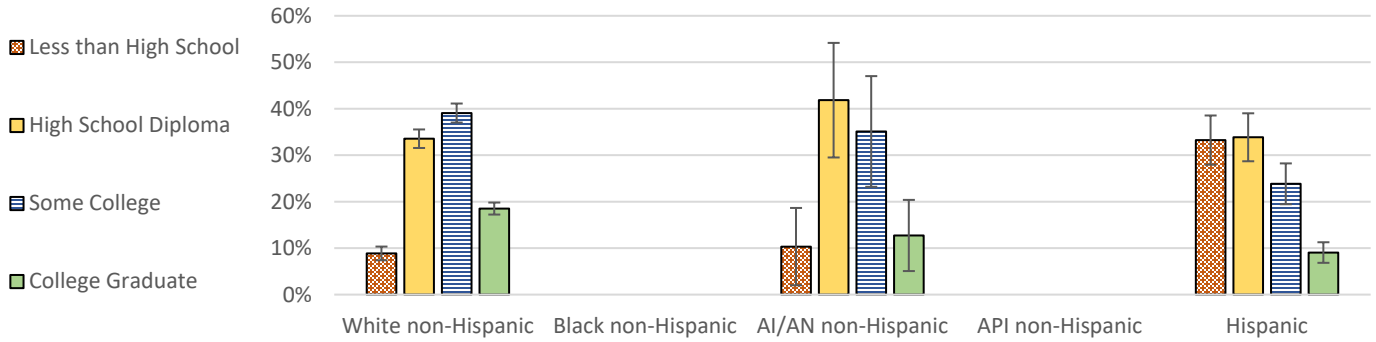
Figure 6. Level of Education – Prevalence by Race/Ethnicity, Washoe County, 2017-2021 Aggregated



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School^	6.0% (4.7-7.2)	12.2% (2.6-21.9)	24.5% (15.9-33.1)	‡	34.7% (29.9-39.5)
High School Diploma	23.3% (21.5-25.2)	32.5% (19.4-45.7)	31.8% (19.5-44.1)	‡	32.7% (28.4-36.9)
Some College	39.1% (37.0-41.3)	35.0% (21.5-48.6)	29.7% (17.3-42.1)	‡	21.2% (17.4-25.0)
College Graduate	31.6% (29.8-33.4)	20.2% (10.3-30.2)	14.0% (6.0-21.9)	‡	11.4% (9.2-13.7)

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.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
^Less than High School is defined as not receiving a high school diploma or GED diploma.

Figure 7. Level of Education – Prevalence by Race/Ethnicity, Balance of State, 2017-2021 Aggregated



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School	8.9% (7.4-10.3)	‡	10.3% (2.0-18.6)	‡	33.2% (27.9-38.5)
High School Diploma	33.5% (31.6-35.5)	‡	41.8% (29.5-54.2)	‡	33.9% (28.7-39.0)
Some College	39.1% (37.0-41.1)	‡	35.1% (23.2-47.0)	‡	23.8% (19.5-28.2)
College Graduate	18.5% (17.2-19.8)	‡	12.7% (5.1-20.4)	‡	9.1% (6.8-11.3)

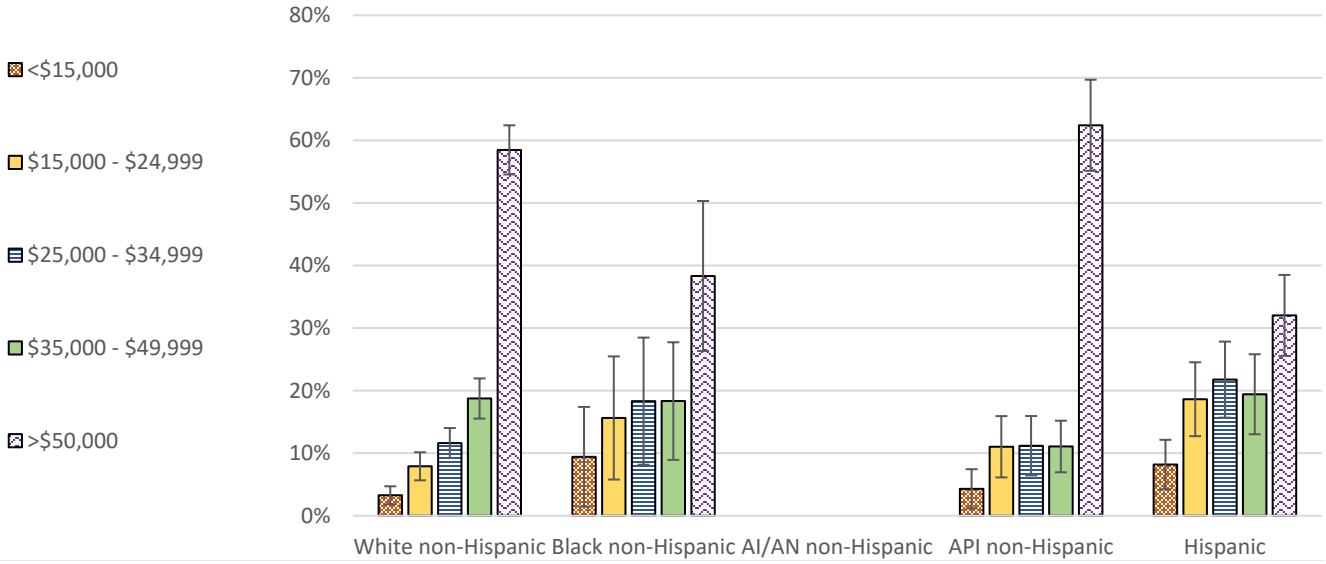
Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.
^Less than High School is defined as not receiving a high school diploma or GED diploma.

Annual Household Income

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.

- For each race/ethnicity, more people reported an annual income greater than $50,000 in 2021.
- In 2021, the White non-Hispanic (58.5%) and Asian/Pacific Islander non-Hispanic (62.4) percent was significantly higher than Black non-Hispanic (38.3%) and Hispanic (32.0%) for an annual household income great than $50,000 (Figure 8).

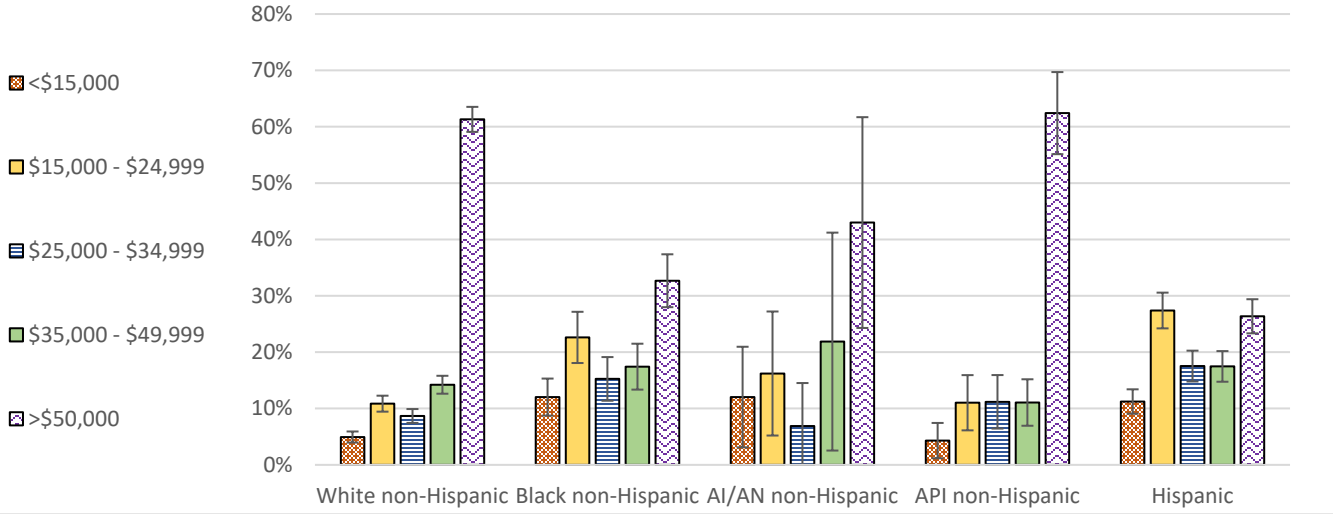
Figure 8. Annual Household Income – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	3.3% (1.8-4.7)	9.4% (1.4-17.4)	‡	4.3% (1.2-7.4)	8.2% (4.2-12.1)
$15,000 - $24,999	7.9% (5.7-10.1)	15.6% (5.8-25.5)	‡	11.0% (6.1-15.9)	18.6% (12.7-24.5)
$25,000 - $34,999	11.6% (9.2-14.0)	18.3% (8.2-28.5)	‡	11.2% (6.4-15.9)	21.8% (15.7-27.8)
$35,000 - $49,999	18.7% (15.5-21.9)	18.3% (8.9-27.7)	‡	11.1% (6.9-15.2)	19.4% (13.0-25.8)
>$50,000	58.5% (54.6-62.4)	38.3% (26.3-50.3)	‡	62.4% (55.1-69.7)	32.0% (25.6-38.5)

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 80% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 9. Annual Household Income – Prevalence by Race/Ethnicity, Clark County, 2017-2021 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	4.9% (4.0-5.9)	12.0% (8.7-15.3)	12.0% (3.1-21.0)	4.3% (1.2-7.4)	11.2% (9.1-13.4)
$15,000 - $24,999	10.9% (9.4-12.3)	22.6% (18.1-27.2)	16.2% (5.2-27.2)	11.0% (6.1-15.9)	27.4% (24.2-30.6)
$25,000 - $34,999	8.7% (7.4-9.9)	15.3% (11.4-19.1)	6.9% (0.0-14.5)	11.2% (6.4-15.9)	17.5% (14.8-20.3)
$35,000 - $49,999	14.2% (12.6-15.8)	17.4% (13.4-21.5)	21.9% (2.5-41.2)	11.1% (6.9-15.2)	17.5% (14.8-20.2)
>$50,000	61.3% (59.1-63.5)	32.7% (28.0-37.4)	43.0% (24.3-61.7)	62.4% (55.1-69.7)	26.4% (23.3-29.4)

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

Figure 10. Annual Household Income – Prevalence by Race/Ethnicity, Washoe County, 2017-2021 Aggregated

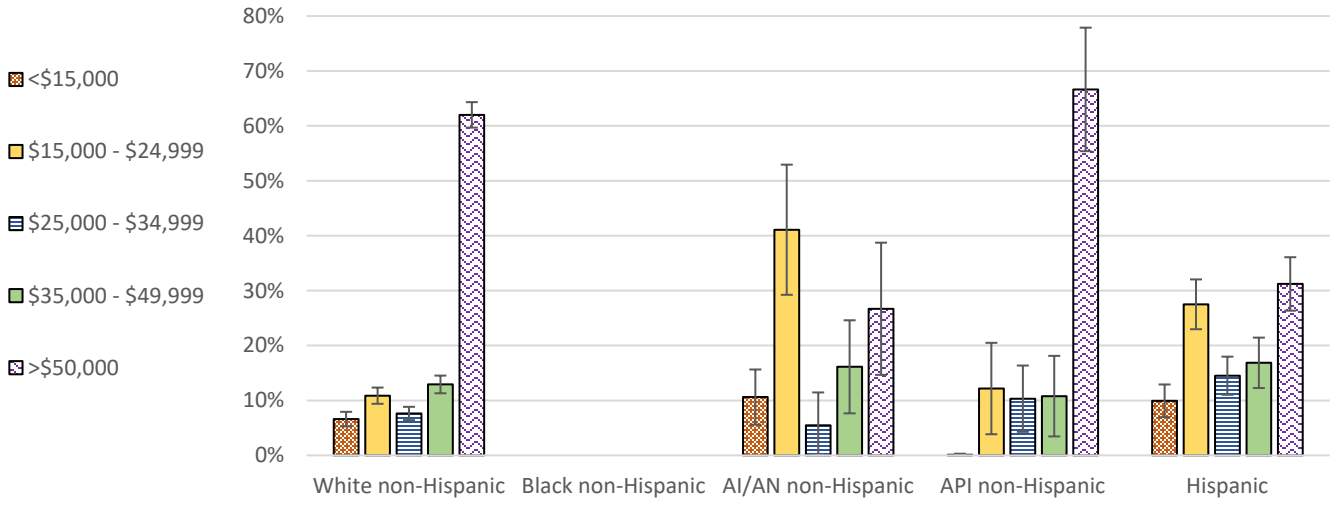
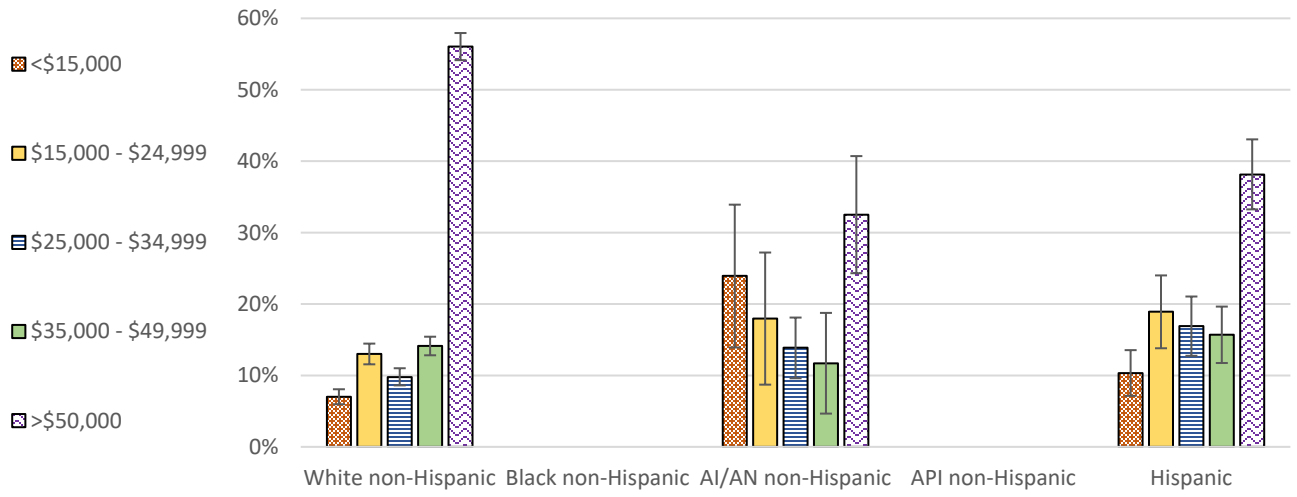


Figure 10. Annual Household Income – Prevalence by Race/Ethnicity, Washoe County, 2017-2021 Aggregated (continue)

Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	6.6% (5.3-7.9)	‡	10.6% (5.6-15.6)	0.1% (0.0-0.3)	9.9% (7.0-12.9)
$15,000 - $24,999	10.9% (9.4-12.3)	‡	41.1% (29.2-52.9)	12.2% (3.8-20.5)	27.5% (23.0-32.0)
$25,000 - $34,999	7.6% (6.4-8.8)	‡	5.5% (0.0-11.5)	10.3% (4.3-16.4)	14.5% (11.0-18.0)
$35,000 - $49,999	12.9% (11.3-14.5)	‡	16.1% (7.6-24.6)	10.8% (3.4-18.1)	16.8% (12.3-21.4)
>$50,000	62.0% (59.7-64.3)	‡	26.7% (14.7-38.7)	66.6% (55.4-77.9)	31.2% (26.3-36.1)

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
Multiple years were combined due to low respondent counts. Note: Graph scaled to 80% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 11. Annual Household Income – Prevalence by Race/Ethnicity, Balance of State, 2017-2021 Aggregated



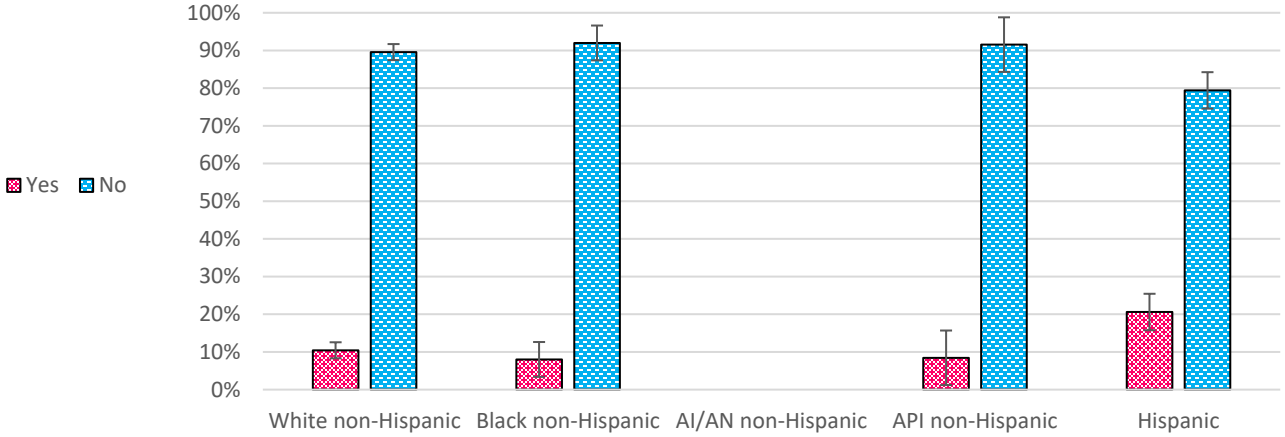
Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	7.0% (5.8-8.2)	‡	23.9% (10.6-37.3)	‡	10.3% (6.6-14.1)
$15,000 - $24,999	13.0% (11.4-14.6)	‡	18.0% (7.0-28.9)	‡	18.9% (14.3-23.5)
$25,000 - $34,999	9.8% (8.4-11.2)	‡	13.9% (3.9-23.9)	‡	16.9% (12.2-21.6)
$35,000 - $49,999	14.1% (12.5-15.8)	‡	11.7% (1.6-21.8)	‡	15.7% (11.0-20.3)
>$50,000	56.1% (53.7-58.4)	‡	32.5% (19.9-45.1)	‡	38.1% (32.3-43.9)

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Access to Health Care

Behavioral Risk Factor Surveillance System respondents were asked, "Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?" Responses were grouped into two categories: Yes and No - Could Not See a Doctor Due to Cost in Past 12 Months.

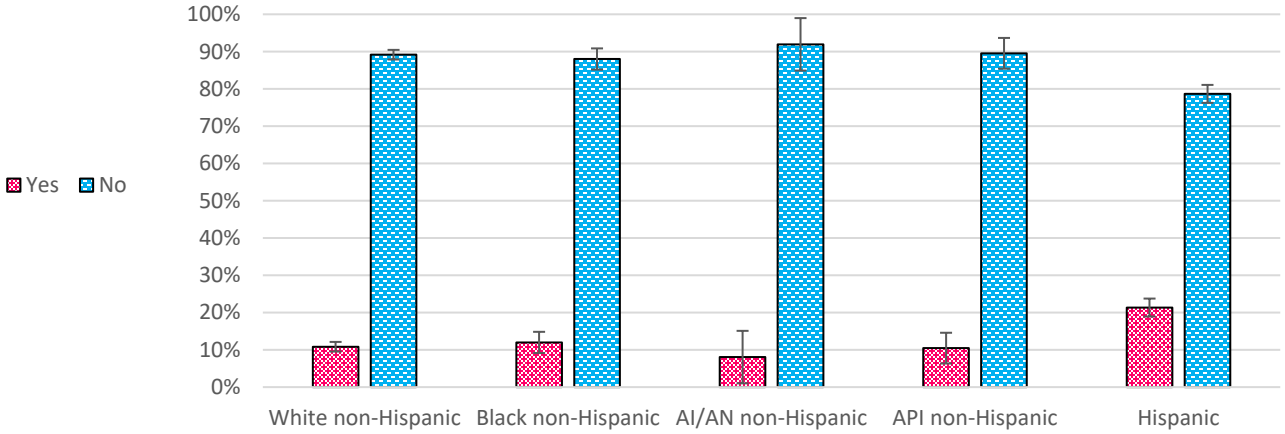
Figure 12. Couldn't Afford to See a Doctor Last Year – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Yes	10.4% (8.3-12.6)	8.0% (3.4-12.6)	‡	8.4% (1.2-15.7)	20.6% (15.8-25.4)
No	89.6% (87.4-91.7)	92.0% (87.4-96.6)	‡	91.6% (84.3-98.8)	79.4% (74.6-84.2)

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

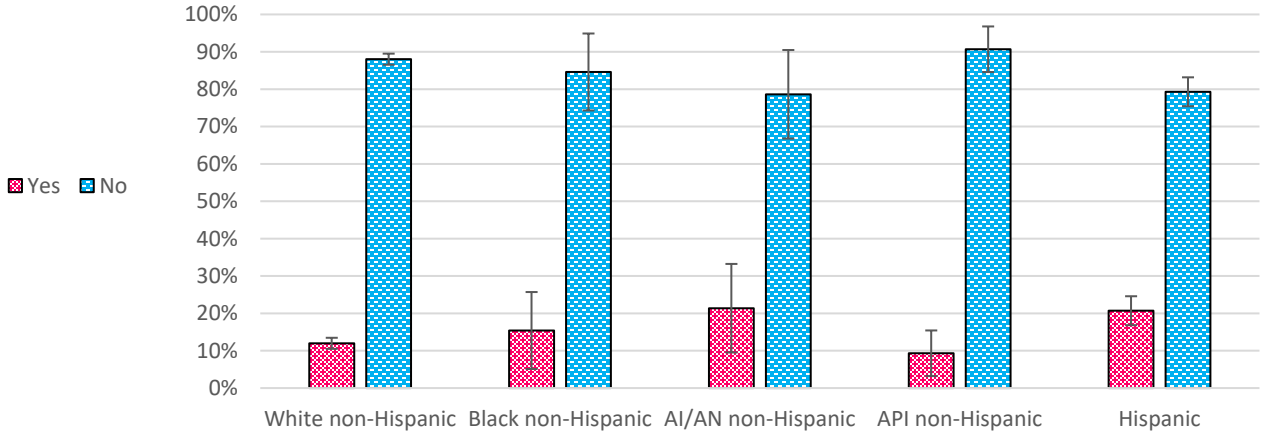
Figure 13. Couldn't Afford to See a Doctor Last Year – Prevalence by Race/Ethnicity, Clark County, 2017-2021 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Yes	10.8% (9.5-12.1)	12.0% (9.1-14.8)	8.1% (1.0-15.1)	10.5% (6.3-14.6)	21.3% (18.9-23.8)
No	89.2% (87.9-90.5)	88.0% (85.2-90.9)	91.9% (84.9-99.0)	89.5% (85.4-93.7)	78.7% (76.2-81.1)

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

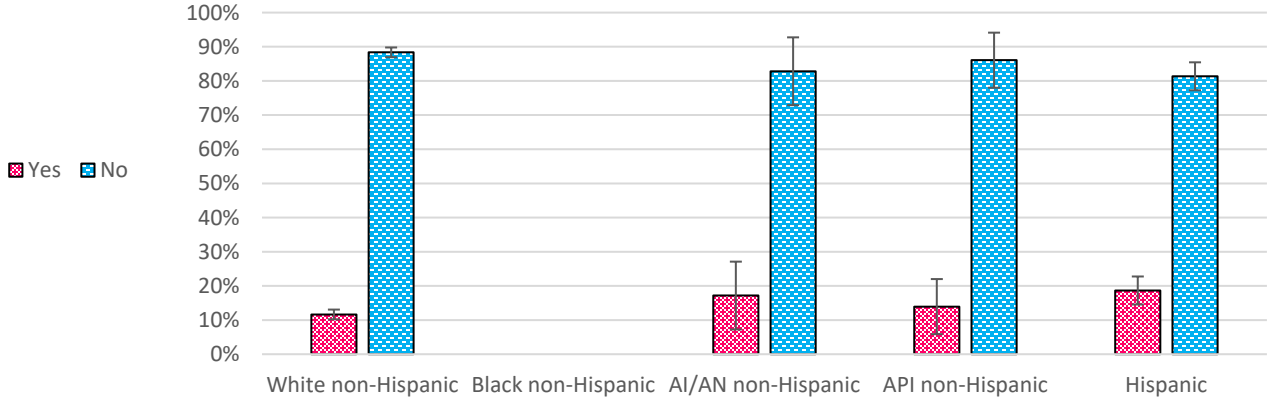
Figure 14. Couldn't Afford to See a Doctor Last Year – Prevalence by Race/Ethnicity, Washoe County, 2017-2021 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Yes	12.0% (10.5-13.5)	15.4% (5.1-25.7)	21.4% (9.5-33.2)	9.3% (3.2-15.4)	20.7% (16.8-24.6)
No	88.0% (86.5-89.5)	84.6% (74.3-94.9)	78.6% (66.8-90.5)	90.7% (84.6-96.8)	79.3% (75.4-83.2)

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

Figure 15. Couldn't Afford to See a Doctor Last Year – Prevalence by Race/Ethnicity, Balance of State County, 2017-2021 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Yes	11.6% (10.2-13.1)	‡	17.2% (7.2-27.1)	13.9% (5.9-22.0)	18.7% (14.6-22.8)
No	88.4% (86.9-89.8)	‡	82.8% (72.9-92.8)	86.1% (78.0-94.1)	81.3% (77.2-85.4)

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

Leading Causes of Death

In 2021, 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 173.8 per 100,000 population [12][15]. The second leading cause was malignant neoplasms, with a death rate of 146.6 per 100,000 population, and the third leading cause was COVID-19, with a death rate of 104.1 per 100,000 population [15]. In 2021, in Nevada, the leading cause of death among all races and origins was classified as diseases of the heart with a death rate of 211.7 per 100,000 population.

Significant Findings

- In 2021, diseases of the heart and malignant neoplasms (cancer) were the leading causes of death for Nevada as a whole. When breaking down causes of death by race/ethnicity, COVID-19 was the leading cause of death for American Indian/Alaskan Native non-Hispanic and Asian Pacific Islander non-Hispanic populations.
- Black non-Hispanic population had significantly higher death rates of diseases of the heart than all other race/ethnicity groups, in 2021, with a death rate of 337.5 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, 2021

	White non-Hispanic		Black non-Hispanic		AI/AN non-Hispanic		API non-Hispanic		Hispanic	
Rank	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate	Cause of Death	Rate
1	Diseases of the heart	220.8 (214.9-226.8)	Diseases of the heart	337.5 (314.5-360.5)	COVID-19	175.3 (133.3-217.3)	COVID-19	171.4 (157.4-185.4)	COVID-19	178.3 (167.3-189.3)
2	Malignant neoplasms	157.3 (152.3-162.2)	COVID-19	194.9 (178-211.8)	Diseases of the heart	169.1 (127-211.2)	Diseases of the heart	155.5 (141.7-169.4)	Diseases of the heart	133.6 (123.2-144.1)
3	COVID-19	124.7 (120.2-129.2)	Malignant neoplasms	188.9 (172-205.8)	Malignant neoplasms	80.5 (52.6-108.4)	Malignant neoplasms	124.6 (112.5-136.6)	Malignant neoplasms	96.3 (87.6-104.9)
4	Chronic lower respiratory	49.3 (46.5-52.1)	Non-transport accidents	77.8 (67.4-88.1)	Chronic liver disease and cirrhosis	69.3 (42.6-95.9)	Cerebrovascular diseases (stroke)	52.3 (44.4-60.3)	Non-transport accidents	29.2 (25.3-33)
5	Nontransport accidents	56.8 (53.4-60.2)	Cerebrovascular diseases (stroke)	75.0 (63.8-86.1)	Nontransport accidents	59.4 (34.6-84.3)	Diabetes mellitus	21.2 (16.3-26.2)	Diabetes mellitus	25.1 (20.8-29.5)

Source: Nevada Electronic Death Registry System.

Table 2. Leading Causes of Death among All Races and Origins – Counts and Age-Adjusted Rates, 2021

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	7,345	22.3%	211.7 (167.3-189.3)
2	Malignant neoplasms	5,311	16.1%	147.6 (123.2-144.1)
3	COVID-19	5,145	15.6%	145.1 (87.6-104.9)
4	Non-transport accidents	1,595	4.8%	48.4 (25.3-33.0)
5	Cerebrovascular diseases (stroke)	1,442	4.4%	42.3 (20.8-29.5)
6	Chronic lower respiratory diseases	1,426	4.3%	41.0 (22.1-31.3)
7	Diabetes mellitus	866	2.6%	24.1 (12.3-18.2)
8	Alzheimer's disease	804	2.4%	25.8 (7.9-11.8)
9	Intentional self-harm (suicide)	683	2.1%	21.0 (8.5-12.8)
10	Chronic liver disease and cirrhosis	632	1.9%	17.4 (17.8-28.8)
11	Influenza and pneumonia	459	1.4%	13.1 (5.4-8.7)
12	Transport accidents	428	1.3%	12.9 (9.4-16.4)
13	Essential hypertensive renal disease	389	1.2%	11.6 (8.0-14.1)
14	Symptoms, signs, not elsewhere classified	326	1.0%	9.9 (7.0-12.4)
15	Nephritis, nephrotic syndrome, and nephrosis	309	0.9%	9.0 (6.7-12.0)
16	All other causes of death	5,728	17.4%	
Total		**32,888**	**100.0%**	**953.1 (942.8-963.4)**

The sum of the percents will not equal 100% due to rounding.
Transport accidents include all types of transportation and are not limited to motor vehicle accidents.
Source: Nevada Electronic Death Registry System.

Table 3. Leading Causes of Death among White non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2021

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	5,306	23.3%	220.8 (214.9-226.8)
2	Malignant neoplasms	3,882	17.1%	157.3 (152.3-162.2)
3	COVID-19	2,956	13.0%	124.7 (120.2-129.2)
4	Chronic lower respiratory diseases	1,222	5.4%	49.3 (46.5-52.1)
5	Non-transport accidents	1,060	4.7%	56.8 (53.4-60.2)
6	Cerebrovascular diseases (stroke)	959	4.2%	40.1 (37.6-42.6)
7	Alzheimer's disease	628	2.8%	27.0 (24.9-29.1)
8	Diabetes mellitus	541	2.4%	22.7 (20.7-24.6)
9	Intentional self-harm (suicide)	490	2.2%	27.9 (25.4-30.4)
10	Chronic liver disease and cirrhosis	435	1.9%	20.1 (18.2-21.9)
11	Influenza and pneumonia	307	1.3%	13.0 (11.5-14.5)
12	Essential hypertensive renal disease	259	1.1%	10.9 (9.6-12.2)
13	Transport accidents	252	1.1%	14.4 (12.6-16.1)
14	Parkinson's disease	207	0.9%	8.6 (7.4-9.7)
15	Symptoms, signs, not elsewhere classified	204	0.9%	9.5 (8.2-10.8)
16	All other causes of death	4,055	17.8%	
Total		**22,763**	**100.0%**	**983.4 (970.6-996.2)**

The sum of the percents will not equal 100% due to rounding.
Transport accidents include all types of transportation and are not limited to motor vehicle accidents.
Source: Nevada Electronic Death Registry System.

Table 4. Leading Causes of Death among Black non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2021

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	827	24.2%	337.5 (314.5-360.5)
2	COVID-19	510	14.9%	194.9 (178.0-211.8)
3	Malignant neoplasms	479	14.0%	188.9 (172.0-205.8)
4	Non-transport accidents	217	6.4%	77.8 (67.4-88.1)
5	Cerebrovascular diseases (stroke)	175	5.1%	75.0 (63.8-86.1)
6	Assault (homicide)	113	3.3%	39.1 (31.9-46.4)
7	Diabetes mellitus	109	3.2%	45.5 (36.9-54.0)
8	Chronic lower respiratory diseases	93	2.7%	39.3 (31.3-47.3)
9	Alzheimer's disease	57	1.7%	30.7 (22.7-38.7)
10	Transport accidents	51	1.5%	17.8 (12.9-22.7)
11	Influenza and pneumonia	50	1.5%	19.9 (14.4-25.4)
12	Symptoms, signs, not elsewhere classified	49	1.4%	17.3 (12.5-22.2)
13	Intentional self-harm (suicide)	49	1.4%	17.5 (12.6-22.5)
14	Essential hypertensive renal disease	45	1.3%	19.6 (13.9-25.3)
15	Chronic liver disease and cirrhosis	44	1.3%	15.0 (10.6-19.5)
16	All other causes of death	547	16.0%	
Total		**3,415**	**100.0%**	**1,365.5 (1,319.7-1,411.3)**

The sum of the percents will not equal 100% due to rounding.
Transport accidents include all types of transportation and are not limited to motor vehicle accidents.
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, 2021

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	COVID-19	67	19.6%	175.3 (133.3-217.3)
2	Diseases of the heart	62	18.1%	169.1 (127.0-211.2)
3	Malignant neoplasms	32	9.4%	80.5 (52.6-108.4)
4	Chronic liver disease and cirrhosis	26	7.6%	69.3 (42.6-95.9)
5	Non-transport accidents	22	6.4%	59.4 (34.6-84.3)
6	Diabetes mellitus	11	3.2%	26.9 (11.0-42.9)
7	Chronic lower respiratory diseases	9	2.6%	23.6 (8.2-39.1)
8	Transport accidents	9	2.6%	23.3 (8.1-38.6)
9	Essential hypertensive renal disease	8	2.3%	24.2 (7.4-40.9)
10	Intentional self-harm (suicide)	7	2.0%	18.0 (4.7-31.4)
11	Nephritis, nephrotic syndrome, and nephrosis	6	1.8%	17.6 (3.5-31.7)
12	Nutritional deficiencies	5	1.5%	14.6 (1.8-27.4)
13	Cerebrovascular diseases (stroke)	5	1.5%	10.7 (1.3-20.1)
14	Influenza and pneumonia	5	1.5%	9.7 (1.2-18.3)
15	Perinatal period conditions	3	0.9%	14.1 (0.0-30.1)
16	All other causes of death	65	19.0%	
Total		**342**	**100.0%**	**919.6 (822.2-1,017.1)**

The sum of the percents will not equal 100% due to rounding.
Transport accidents include all types of transportation and are not limited to motor vehicle accidents.
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, 2021

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	COVID-19	576	24.0%	171.4 (157.4-185.4)
2	Diseases of the heart	486	20.3%	155.5 (141.7-169.4)
3	Malignant neoplasms	412	17.2%	124.6 (112.5-136.6)
4	Cerebrovascular diseases (stroke)	166	6.9%	52.3 (44.4-60.3)
5	Diabetes mellitus	71	3.0%	21.2 (16.3-26.2)
6	Non-transport accidents	68	2.8%	22.5 (17.2-27.9)
7	Alzheimer's disease	47	2.0%	18.1 (12.9-23.3)
8	Influenza and pneumonia	44	1.8%	13.4 (9.4-17.3)
9	Chronic lower respiratory diseases	43	1.8%	14.3 (10.0-18.6)
10	Essential hypertensive renal disease	38	1.6%	13.6 (9.3-18.0)
11	Intentional self-harm (suicide)	34	1.4%	10.7 (7.1-14.3)
12	Nephritis, nephrotic syndrome, and nephrosis	25	1.0%	8.3 (5.0-11.5)
13	Transport accidents	21	0.9%	6.2 (3.6-8.9)
14	Chronic liver disease and cirrhosis	20	0.8%	6.3 (3.5-9.0)
15	Symptoms, signs, not elsewhere classified	20	0.8%	7.1 (4.0-10.2)
16	Other causes of death	328	13.7%	
Total		**2,399**	**100.0%**	**754.5 (724.3-784.7)**

The sum of the percents will not equal 100% due to rounding.
Transport accidents include all types of transportation and are not limited to motor vehicle accidents.
Source: Nevada Electronic Death Registry System.

Table 7. Leading Causes of Death among Hispanic Nevada Residents – Counts and Age-Adjusted Deaths Rates, 2021

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	COVID-19	1,010	26.5%	178.3 (167.3-189.3)
2	Diseases of the heart	631	16.6%	133.6 (123.2-144.1)
3	Malignant neoplasms	478	12.6%	96.3 (87.6-104.9)
4	Non-transport accidents	222	5.8%	29.2 (25.3-33.0)
5	Diabetes mellitus	129	3.4%	25.1 (20.8-29.5)
6	Cerebrovascular diseases (stroke)	129	3.4%	26.7 (22.1-31.3)
7	Chronic liver disease and cirrhosis	105	2.8%	15.3 (12.3-18.2)
8	Intentional self-harm (suicide)	101	2.7%	9.9 (7.9-11.8)
9	Transport accidents	94	2.5%	10.6 (8.5-12.8)
10	Alzheimer's disease	69	1.8%	23.3 (17.8-28.8)
11	Assault (homicide)	69	1.8%	7.1 (5.4-8.7)
12	Chronic lower respiratory diseases	53	1.4%	12.9 (9.4-16.4)
13	Influenza and pneumonia	51	1.3%	11.0 (8.0-14.1)
14	Symptoms, signs, not elsewhere classified	50	1.3%	9.7 (7.0-12.4)
15	Nephritis, nephrotic syndrome, and nephrosis	47	1.2%	9.3 (6.7-12.0)
16	Other causes of death	567	14.9%	
Total		**3,805**	**100.0%**	**717.7 (694.9-740.5)**

Source: Nevada Electronic Death Registry System.
Transport accidents include all types of transportation and are not limited to motor vehicle accidents.
The sum of the percents will not equal 100% due to rounding.

Cardiovascular Disease

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

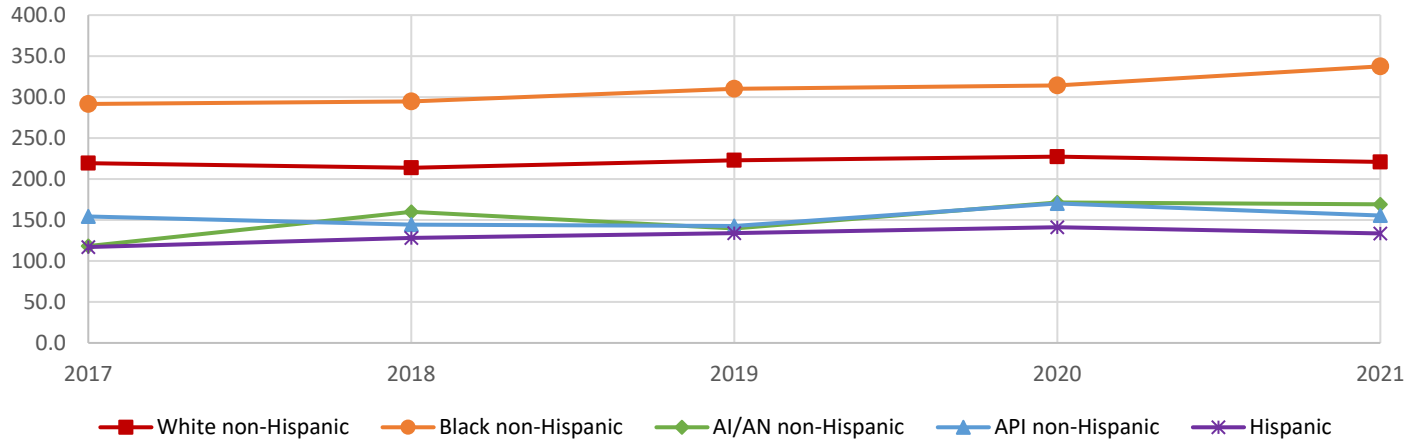
Heart Disease Mortality

The age-adjusted death rate from heart disease in the US was 173.8 per 100,000 population during the year 2021 [14]. According to the CDC, Nevada had the 9th highest death rate from heart disease in the nation, in 2020 [14]. In Nevada, the 2021 age-adjusted death rate for heart disease was 211.7 per 100,000 population (Table 2).

Significant Findings

- In 2021, Black non-Hispanic population had the highest mortality rates of heart disease, at 337.5 per 100,000 population, when compared across all other race/ethnicity groups in 2021 (Figure 16).
- In 2021, Hispanic population had significantly lower death rates, at 133.6 per 100,000 population, than Black non-Hispanic population (337.5 per 100,000) and White non-Hispanic population (220.8 per 100,000) (Figure 16).

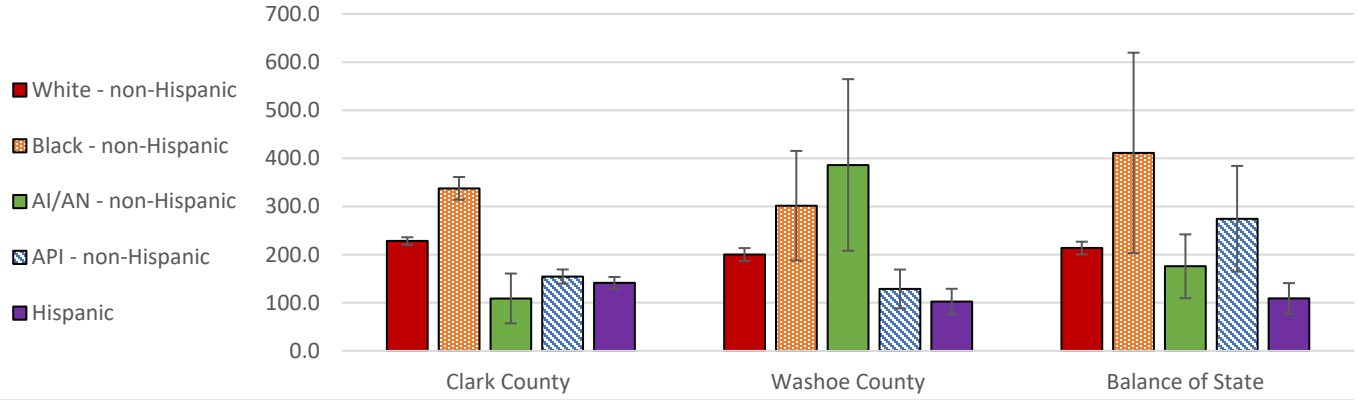
Figure 16. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	5,306	220.8 (214.9-226.8)	827	337.5 (314.5-360.5)	62	169.1 (127.0-211.2)	486	155.5 (141.7-169.4)	631	133.6 (123.2-144.1)
2020	5,311	227.3 (221.2-233.4)	747	314.2 (291.6-336.7)	61	171.4 (128.4-214.4)	508	170.2 (155.4-185.0)	592	141.2 (129.8-152.6)
2019	5,104	222.9 (216.8-229.0)	711	310.1 (287.3-332.9)	50	139.6 (100.9-178.3)	410	142.7 (128.9-156.5)	507	133.9 (122.2-145.5)
2018	4,788	213.7 (207.7-219.8)	647	294.7 (272.0-317.4)	59	159.9 (119.1-200.7)	376	144.4 (129.8-159.0)	471	128.1 (116.5-139.6)
2017	4,810	219.4 (213.2-225.6)	592	291.6 (268.1-315.1)	42	118.2 (82.4-153.9)	383	154.3 (138.8-169.7)	397	117.0 (105.5-128.5)

Source: Nevada Electronic Death Registry System.

Figure 17. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	3,419	228.4 (220.7-236.1)	869	200.3 (187.0-213.6)	1,015	213.8 (200.6-226.9)
Black non-Hispanic	784	337.7 (314.1-361.3)	27	301.8 (187.9-415.6)	15	411.4 (203.2-619.7)
AI/AN non-Hispanic	17	108.9 (57.1-160.7)	18	386.2 (207.8-564.7)	27	175.8 (109.5-242.1)
API non-Hispanic	423	154.5 (139.8-169.2)	39	128.7 (88.3-169.0)	24	274.5 (164.7-384.4)
Hispanic	529	141.4 (129.4-153.5)	57	102.4 (75.8-129.0)	45	109.0 (77.1-140.8)

Source: Nevada Electronic Death Registry System.

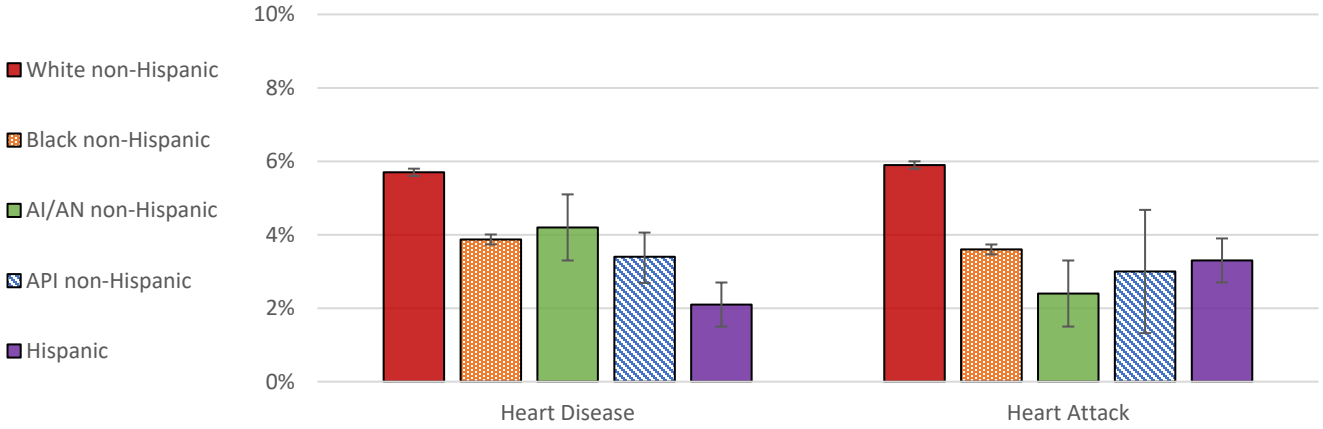
Prevalence of Heart Disease

According to the 2021 United States Behavioral Risk Factor Surveillance System (BRFSS), 3.9% of adults have ever been told by a health professional they have angina or coronary heart disease [3]. Additionally, 4.0% of adults have been told they had a heart attack [3].

Significant Findings

- From 2017-2021, Hispanic population had a significantly lower prevalence of heart disease (2.1%) than White non-Hispanic population in Nevada (Figure 18).
- From 2017-2021, Hispanic population in Clark County (2.1%) had significantly lower prevalence of heart disease than White non-Hispanic population in Clark County (6.3%) (Figure 19).

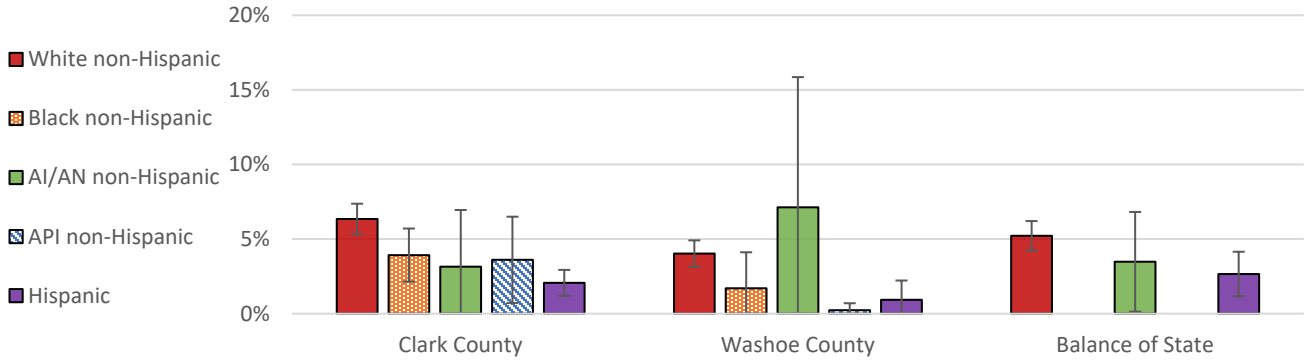
Figure 18. Adults Who Have Ever had Heart Disease or Ever had a Heart Attack – Prevalence by Race/Ethnicity, Nevada, 2017-2021, Aggregated



Race/Ethnicity	Heart Disease	Heart Attack
White non-Hispanic	5.7% (5.0-6.4)	5.9% (5.2-6.5)
Black non-Hispanic	3.9% (2.2-5.5)	3.6% (2.0-5.2)
AI/AN non-Hispanic	4.2% (1.1-7.4)	2.4% (0.6-4.1)
API non-Hispanic	3.4% (0.7-6.0)	3.0% (0.7-5.4)
Hispanic	2.1% (1.4-2.9)	3.3% (2.4-4.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 10% to display difference between groups.

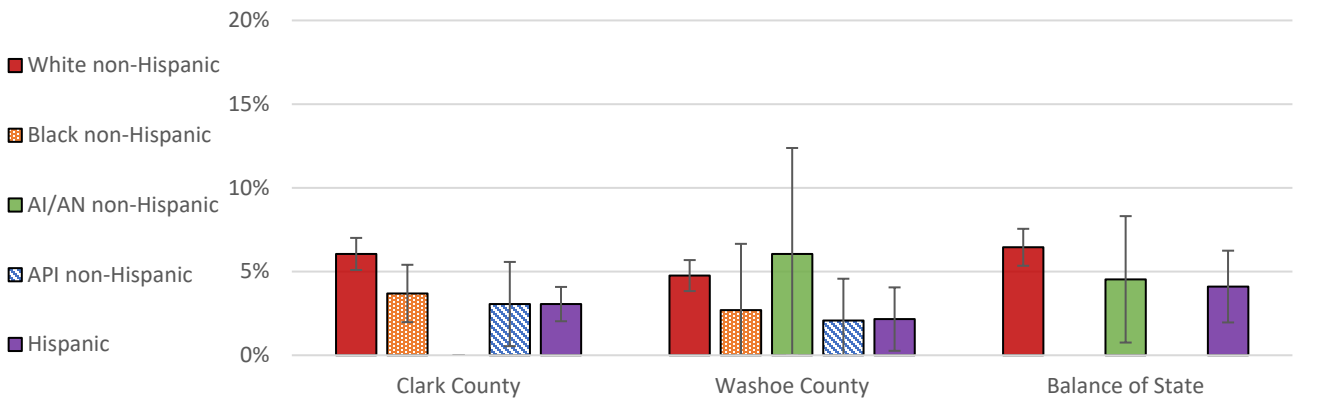
Figure 19. Adults Who Have Ever had Heart Disease – Prevalence by Race/Ethnicity, and by Region, 2017-2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	6.3% (5.3-7.4)	4.0% (3.1-4.9)	5.2% (4.2-6.2)
Black non-Hispanic	3.9% (2.1-5.7)	1.7% (0.0-4.1)	‡
AI/AN non-Hispanic	3.1% (0.0-6.9)	7.1% (0.0-15.9)	3.5% (0.1-6.8)
API non-Hispanic	3.6% (0.7-6.5)	0.2% (0.0-0.7)	‡
Hispanic	2.1% (1.2-2.9)	0.9% (0.9-3.5)	2.7% (1.2-4.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 20% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 20. Adults Who Have Ever had a Heart Attack – Prevalence by Race/Ethnicity, and by Region, 2017-2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	6.1% (5.1-7.0)	4.8% (3.8-5.7)	6.5% (5.3-7.6)
Black non-Hispanic	3.7% (2.0-5.4)	2.7% (0.0-6.7)	‡
AI/AN non-Hispanic	0.0% (0.0-0.0)	6.0% (0.0-12.4)	4.5% (0.8-8.3)
API non-Hispanic	3.1% (0.5-5.6)	2.1% (0.0-4.6)	‡
Hispanic	3.1% (2.0-4.1)	2.2% (2.2-5.9)	4.1% (2.0-6.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 20% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

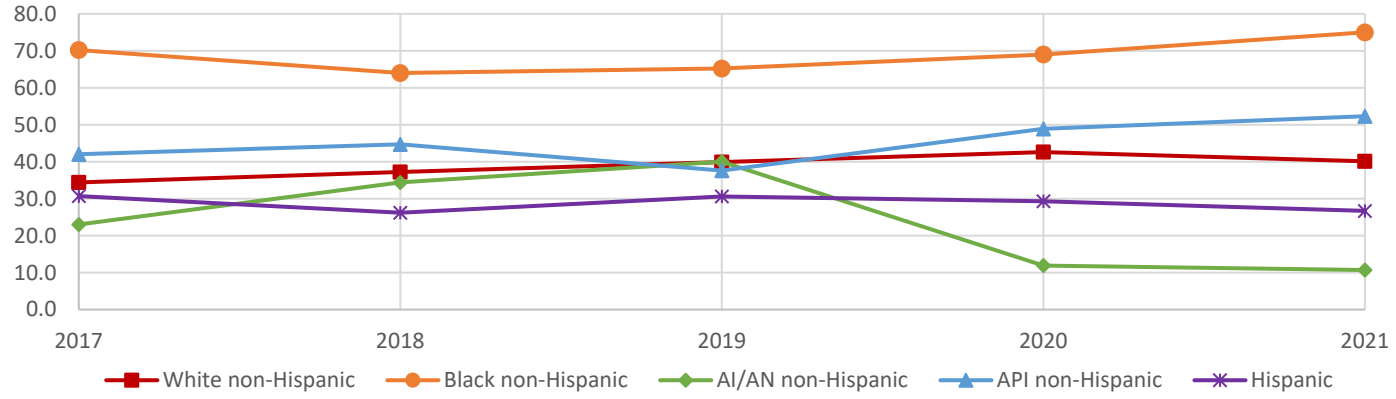
Cerebrovascular Disease (Stroke)

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 1 in every 6 deaths from cardiovascular disease was due to stroke [17]. The death rate from strokes among all races, origins, and age groups, was 38.8 per 100,000 population, making it the fifth leading cause of death in the US in 2020 [12].

Significant Findings

- In 2021, Black non-Hispanic population had significantly higher death rates, at 75.0 per 100,000 population, than White non-Hispanics (40.1 per 100,000), American Indian/Alaska Native non-Hispanic (10.7 per 100,000), Asian Pacific Islander non-Hispanic (52.3 per 100,000) and Hispanics (26.7 per 100,000). (Figure 21).
- The 2017-2021 combined prevalence of stroke among American Indian/Alaska Native non-Hispanic population was higher in Washoe County (7.0%) than in Clark County (1.2%) (Figure 23).

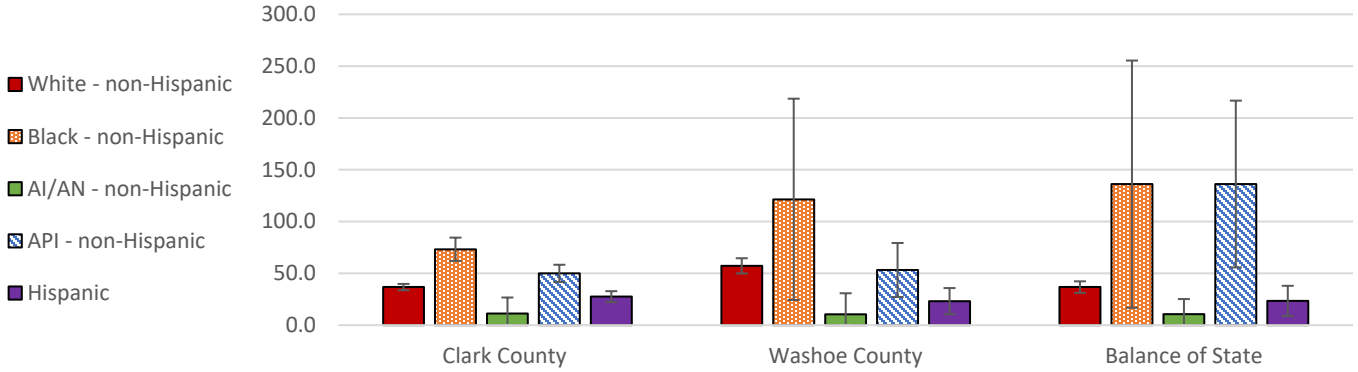
Figure 21. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	959	40.1 (37.6-42.6)	175	75.0 (63.8-86.1)	5	10.7 (1.3-20.1)	166	52.3 (44.4-60.3)	129	26.7 (22.1-31.3)
2020	993	42.6 (40.0-45.3)	154	69.0 (58.1-79.9)	5	11.9 (1.5-22.3)	146	48.9 (41-56.9)	130	29.3 (24.2-34.3)
2019	900	39.9 (37.3-42.5)	145	65.2 (54.6-75.8)	14	40.0 (19-60.9)	103	37.6 (30.3-44.8)	113	30.6 (24.9-36.2)
2018	819	37.2 (34.6-39.7)	127	64.0 (52.9-75.2)	10	34.4 (13.1-55.7)	114	44.7 (36.5-52.9)	102	26.2 (21.2-31.3)
2017	750	34.4 (32.0-36.9)	134	70.2 (58.3-82.0)	7	23.0 (6.0-40.0)	104	42.0 (33.9-50.0)	105	30.7 (24.9-36.6)

Source: Nevada Electronic Death Registry System.

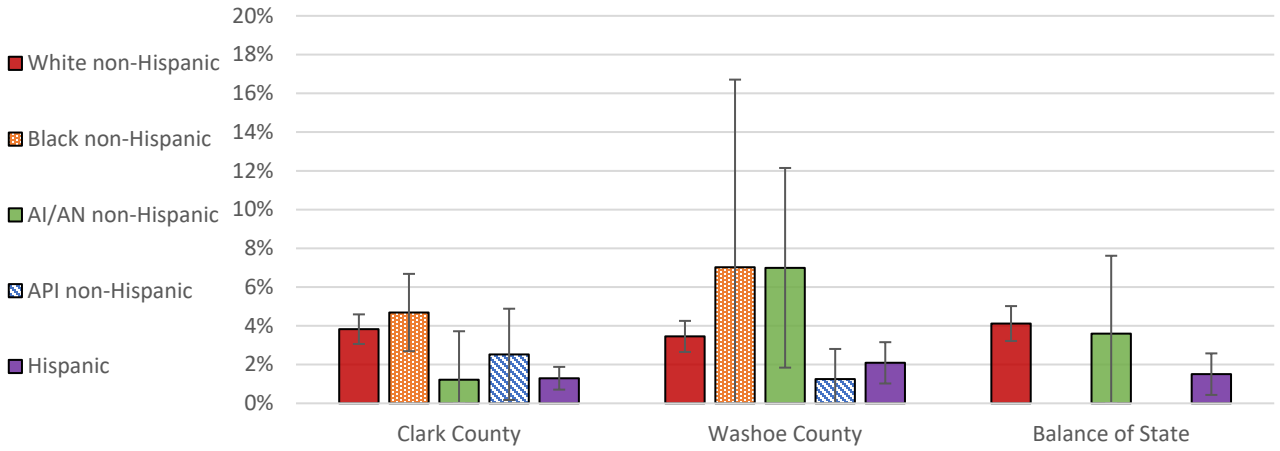
Figure 22. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	557	36.8 (33.7-39.8)	233	57.2 (49.9-64.6)	169	36.8 (31.2-42.3)
Black non-Hispanic	163	73.2 (62.0-84.5)	6	121.4 (24.3-218.6)	5	136.1 (16.8-255.4)
AI/AN non-Hispanic	2	11.2 (0.0-26.7)	1	10.4 (0.0-30.8)	2	10.6 (0.0-25.2)
API non-Hispanic	139	50.0 (41.7-58.3)	16	53.2 (27.2-79.3)	11	136.2 (55.7-216.7)
Hispanic	106	27.6 (22.3-32.8)	13	23.2 (10.6-35.8)	10	23.4 (8.9-38.0)

Source: Nevada Electronic Death Registry System.

Figure 23. Adults Who Have Been Told They Had a Stroke – Prevalence by Race/Ethnicity, and by Region, 2017-2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	3.8% (3.1-4.6)	3.5% (0.0-16.7)	4.1% (3.2-5.0)
Black non-Hispanic	4.7% (2.7-6.7)	7.0% (0.0-16.7)	‡
AI/AN non-Hispanic	1.2% (0.0-3.7)	7.0% (1.8-12.1)	3.6% (0.0-7.6)
API non-Hispanic	2.5% (0.2-4.9)	1.3% (0.0-2.8)	‡
Hispanic	1.3% (0.7-1.9)	2.1% (1.0-3.2)	1.5% (0.4-2.6)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 20% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

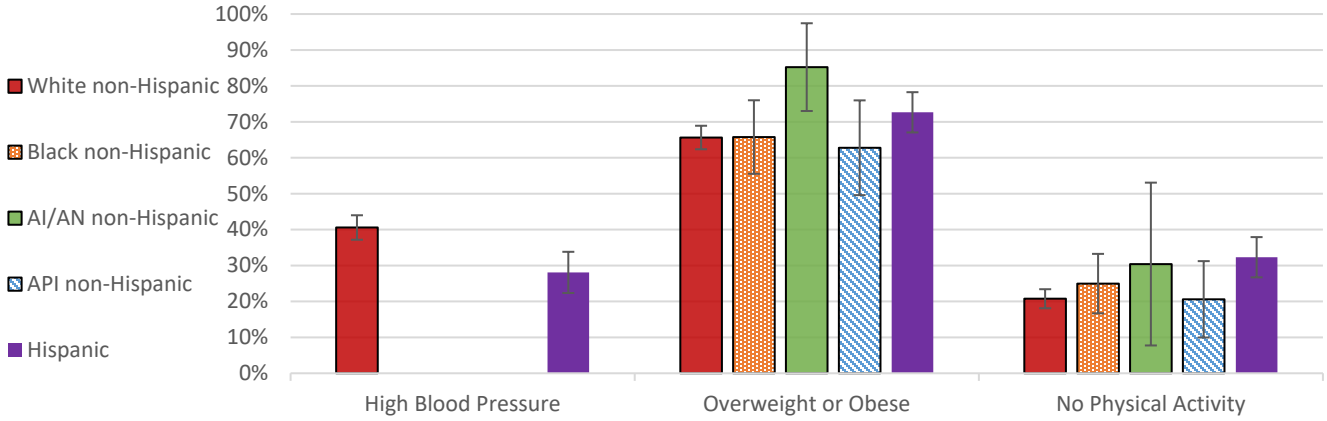
Risk Factors Associated with Cardiovascular Disease

There are many risk factors associated with cardiovascular disease, some of which are non-modifiable, while others are modifiable. Non-modifiable risk factors include family history, age, gender, ethnicity, and socioeconomic status. Modifiable risk factors are related to behavior and decision making, such as physical inactivity, tobacco use, and diet. 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 [19].

Significant Findings

- In 2021, the American Indian/Alaskan Native non-Hispanic population in Washoe County has a high prevalence of physical inactivity within the last 30 days at 82.5% then White non-Hispanic population (65.6%) (Figure 24).
- White non-Hispanic population in Washoe County had significantly lower prevalence of physical inactivity within the last 30 days (18.8%) than White non-Hispanic population in Clark County (22.8%) and the Balance of State (23.9%) (Figure 27).

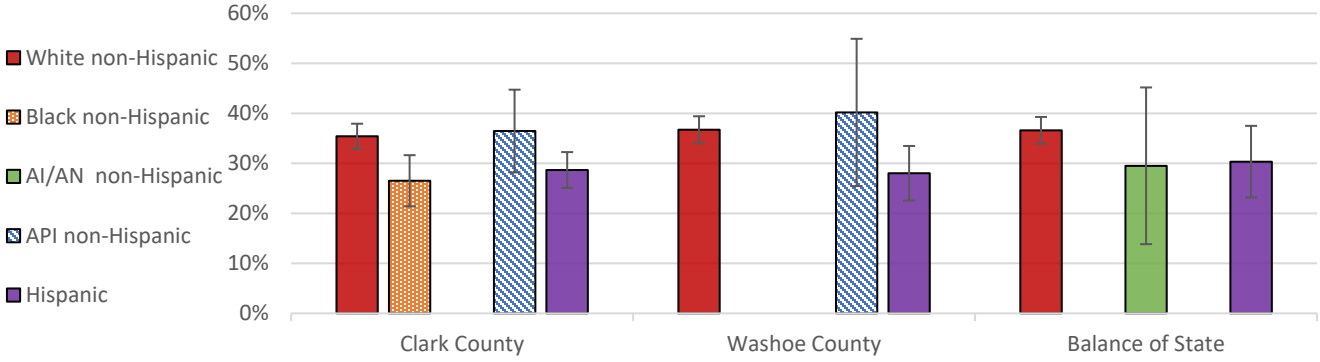
Figure 24. Adults Who Reported Cardiovascular Disease Risk Factors – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	High Blood Pressure	Overweight or Obese	No Physical Activity
White non-Hispanic	40.6% (37.2-44.0)	65.6% (62.4-68.9)	20.7% (18.1-23.4)
Black non-Hispanic	‡	65.8% (55.5-76.0)	25.0% (16.7-33.2)
AI/AN non-Hispanic	‡	85.2% (73.0-97.4)	30.4% (7.7-53.1)
API non-Hispanic	‡	62.8% (49.6-76.0)	20.6% (10.0-31.2)
Hispanic	28.1% (22.3-33.8)	72.6% (67.0-78.3)	32.3% (26.7-37.9)

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

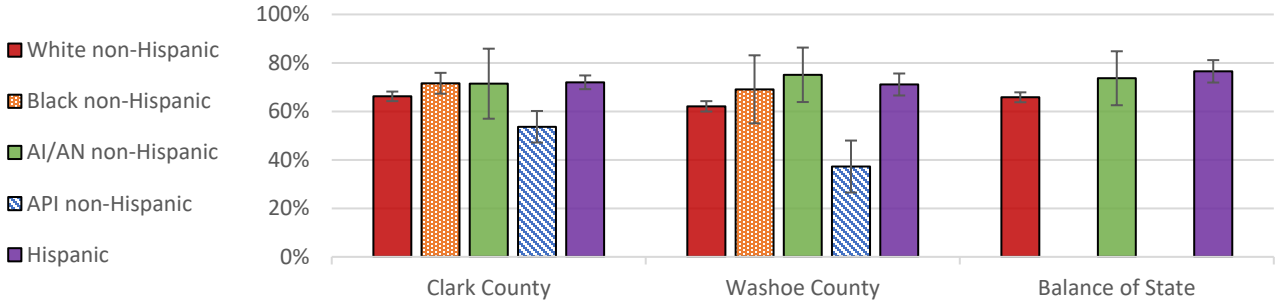
Figure 25. Adults Who Have Been Told They Have High Blood Pressure – Prevalence by Race/Ethnicity, and by Region, 2017-2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	35.4% (32.9-37.9)	36.7% (34.0-39.4)	36.6% (33.9-39.3)
Black non-Hispanic	26.5% (21.4-31.6)	‡	‡
AI/AN non-Hispanic	‡	‡	29.5% (13.8-45.2)
API non-Hispanic	36.5% (28.2-44.7)	40.2% (25.4-54.9)	‡
Hispanic	28.7% (25.1-32.2)	28.0% (22.5-33.5)	30.3% (23.2-37.5)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

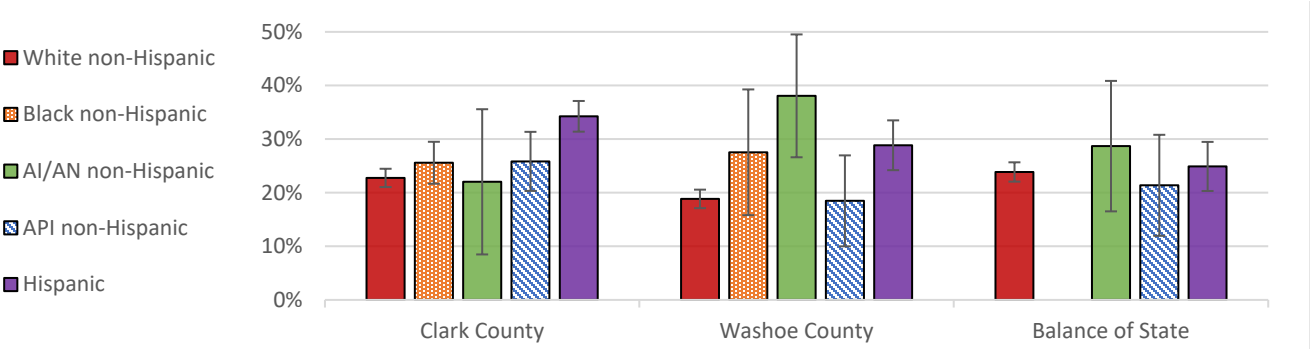
Figure 26. Adults Who Reported Being Overweight or Obese – Prevalence by Race/Ethnicity, and by Region, 2017 - 2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	66.2% (64.2-68.2)	62.1% (60.0-64.2)	65.8% (63.8-67.9)
Black non-Hispanic	71.6% (67.3-75.9)	69.1% (55.1-83.1)	‡
AI/AN non-Hispanic	71.4% (57.0-85.9)	75.1% (63.9-86.3)	73.7% (62.5-84.8)
API non-Hispanic	53.7% (47.2-60.2)	37.3% (26.5-48.0)	‡
Hispanic	72.0% (69.2-74.8)	71.1% (66.6-75.6)	76.5% (71.9-81.2)

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.

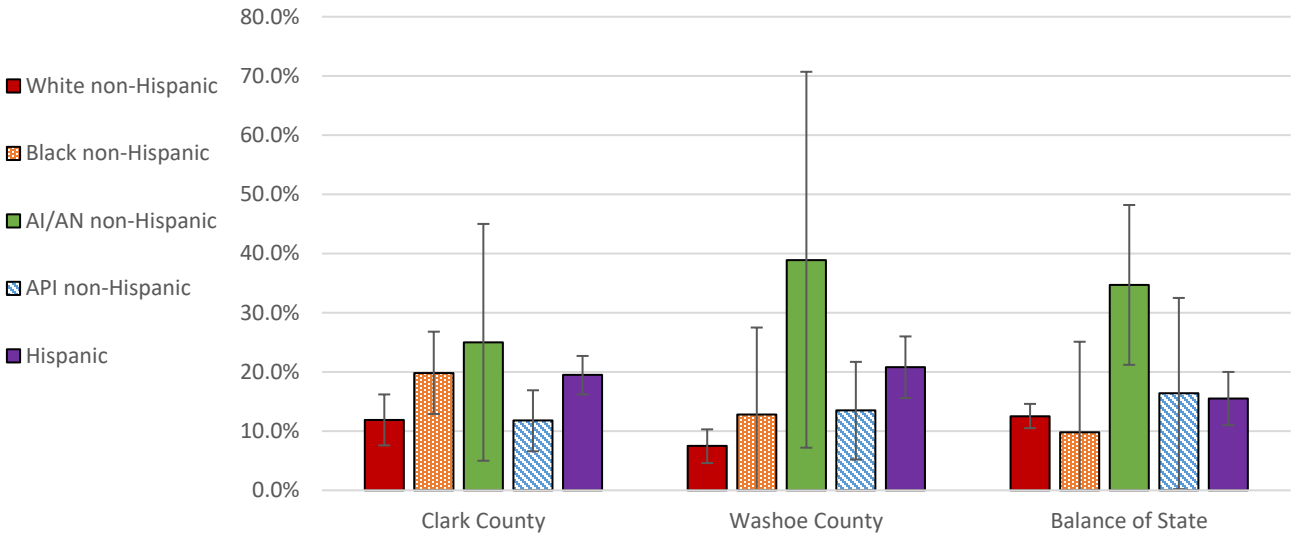
Figure 27. Adults Who Reported No Physical Activity in the Last 30 Days – Prevalence by Race/Ethnicity, and by Region, 2017 - 2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	22.8% (21.1-24.5)	18.8% (17.1-20.6)	23.9% (22.1-25.7)
Black non-Hispanic	25.6% (21.7-29.5)	27.5% (15.8-39.3)	‡
AI/AN non-Hispanic	22.0% (8.5-35.6)	38.1% (26.6-49.5)	28.7% (16.5-40.9)
API non-Hispanic	25.8% (20.3-31.4)	18.5% (10.0-27.0)	21.4% (12.0-30.8)
Hispanic	34.2% (31.4-37.1)	28.8% (24.2-33.5)	24.9% (20.3-29.5)

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

Figure 28. High School Students Who Were Obese – Prevalence by Race/Ethnicity, and by Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	11.9% (7.6-16.2)	7.5% (4.6-10.3)	12.5% (10.5-14.6)
Black non-Hispanic	19.8% (12.9-26.8)	12.8% (0.0-27.5)	9.8% (0.0-25.1)
AI/AN non-Hispanic	25.0% (5.0-45.0)	38.9% (7.2-70.7)	34.7% (21.2-48.2)
API non-Hispanic	11.8% (6.6-16.9)	13.5% (15.6-26.0)	16.4% (0.2-32.5)
Hispanic	19.5% (16.2-22.7)	20.8% (7.2-70.7)	15.5% (11.0-20.0)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
Note: Graph scaled to 80% 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 can spread to distant body parts. Cancer is an overarching term for numerous different diseases, classified by the affected site and the type of change produced in the cell.

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

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 2017-2019 lifetime risk of developing cancer was 41.1% for all races, whereas the 2006-2008 lifetime risk for developing cancer was 45.4% for all race/ethnicity groups (Table 8). Additionally, the lifetime risk of dying from cancer has slightly decreased from 21.5% during 2006-2008 to 19.3% for the time period from 2017-2019 among all race/ethnicity groups (Table 8). From 2017-2019, White non-Hispanic population had the highest lifetime risk of developing and dying from cancer with estimates of 39.9% and 18.8%, respectively (Table 8).

Table 8. Lifetime Risk of Developing and Dying from Cancer, by Race/Ethnicity and Time, United States, 2006-2008 & 2017-2019

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.
+ Data for American Indian/Alaska Native are based on the CHSDA (Contract Health Service Delivery Area) counties.

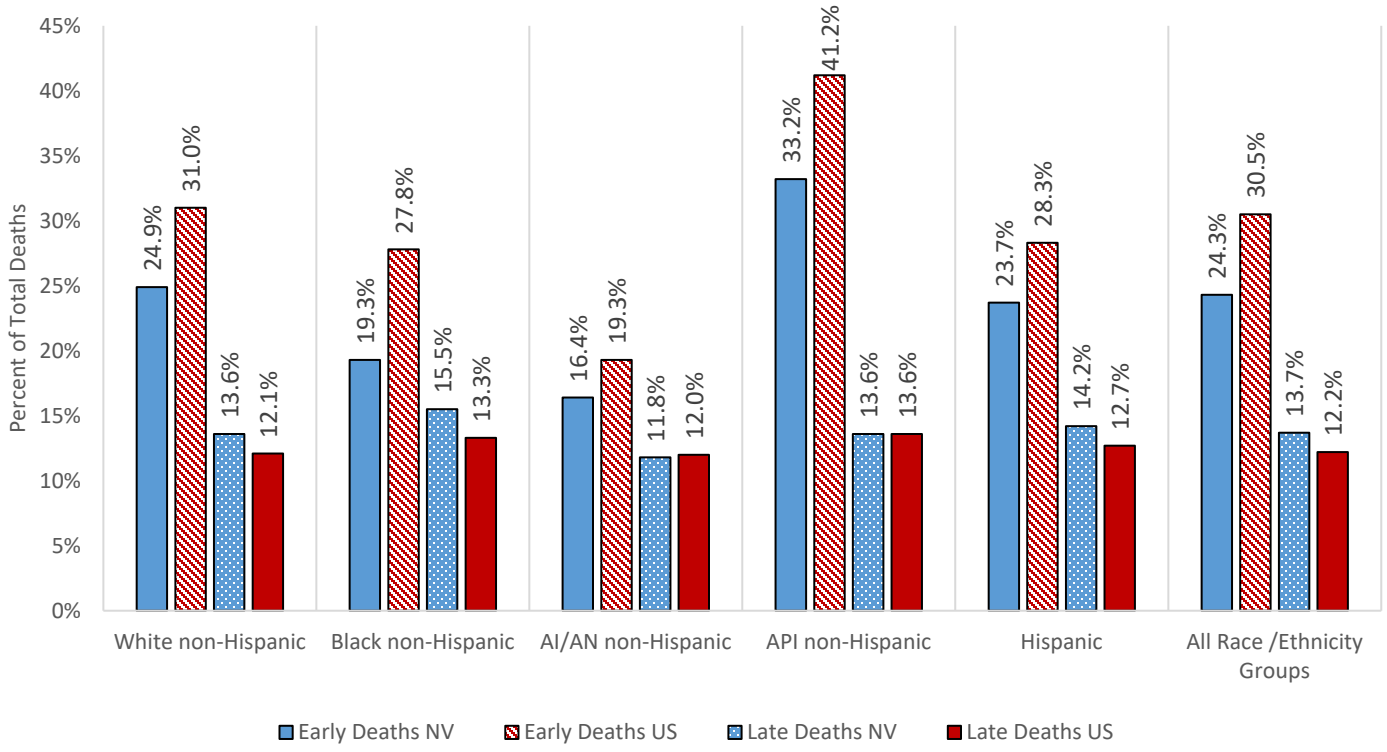
Race/Ethnicity	Lifetime Risk of Developing Cancer (%)		Lifetime Risk of Dying from Cancer (%)	
	2006-2008	2017-2019	2006-2008	2017-2019
White non-Hispanic	43.7	39.9	20.9	18.8
Black non-Hispanic	40.1	36.7^	17.6^	16.7^
AI/AN non-Hispanic	33.7	31.4	17.6+	15.4+
API non-Hispanic	38.4	35.1	18.8	17.5
Hispanic	40.4	36.8	21.1	18.8
All Race/Ethnicity Groups	45.4	41.1	21.5	19.3

^ The NAACCR Hispanic Identification Algorithm (NHIA) was used to determine Hispanic ethnicity in incidence cases. Hispanic data exclude cases/deaths from the Alaska Native Registry, which have a high proportion of cases for which Hispanic ethnicity is unknown. Hispanic ethnicity is characterized independently of race, i.e., persons who are White may be Hispanic, non-Hispanic, or unknown if Hispanic and persons who are Black may be Hispanic, non-Hispanic, or unknown if Hispanic. Similarly, Asian/Pacific Islanders and American Indian/Alaska Natives may also be Hispanic, non-Hispanic, or unknown if Hispanic. Conversely, persons who are Hispanic may be of any specific race or of unknown race.

Cancer Mortality

Cancer is the second leading cause of death in the United States [15]. Cancer is typically diagnosed late in life with 80.8% of cases diagnosed in Nevada among those ages 55 years and older. Cancer deaths among those younger than 45 years of age are considered especially burdensome on social and economic aspects of society due to the loss of productive years of life [21]. In Nevada and the United States, Asian/Pacific Islander non-Hispanic population experience the highest percentage of early deaths with 33.2% and 41.2% respectively (Figure 29).

Figure 29. Early vs Late Deaths* – Percent of Total Deaths, Nevada, and United States, 2019



**Early Death: Ages 45-64. Late Death: Ages 85+.*
Note: Graph scaled to 60% to display difference between groups.
Source: Division of Public and Behavioral Health, Electronic Death Registry System. United States Deaths: CDC. National Vital Statistics Reports. Deaths, Leading Causes for 2019.

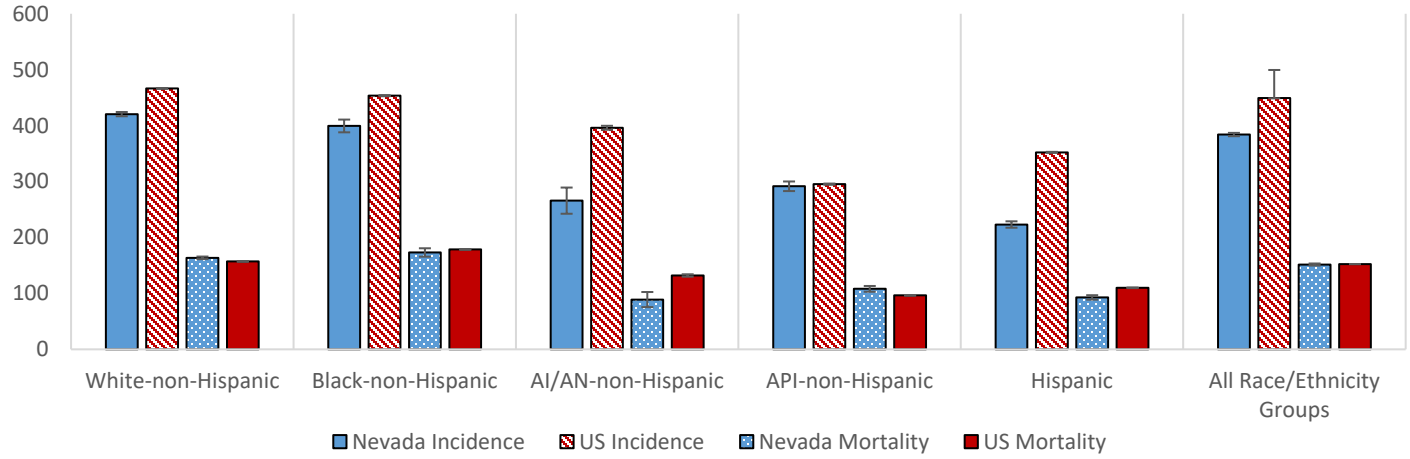
Cancer Incidence and Mortality

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 (384.1 per 100,000) was significantly less than the incidence rate for all cancer types in the US (449.2 per 100,000) among all race/ethnicity groups (Figure 30).
- In Nevada, White non-Hispanic (420.6 per 100,000) and Black non-Hispanic (399.4 per 100,000) populations had significantly higher incidence rates from all types of cancer than American Indian/Alaska Native-non-Hispanic (265.8 per 100,000), Asian non-Hispanic (291.6 per 100,000), and Hispanic (223.2 per 100,000) populations (Figure 30).

Figure 30. All Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada, and the United States, 2015-2019



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	420.6 (416.8-424.4)	466.5 (466.1-466.9)	163.6 (161.3-165.9)	157.2 (157.0-157.4)
Black non-Hispanic	399.4 (388.0-410.8)	453.5 (452.6-454.5)	173.2 (165.7-180.7)	178.6 (178.0-179.2)
AI/AN non-Hispanic	265.8 (242.4-289.3)	396.1 (392.6-399.7)	89.0 (75.5-102.5)	132.0 (129.9-134.2)
API non-Hispanic	291.6 (283.0-300.1)	295.3 (294.3-296.4)	108.2 (103-113.3)	96.5 (95.9-97.1)
Hispanic	223.2 (217.5-228.9)	352.2 (351.4-353.1)	92.8 (88.9-96.8)	110.0 (109.5-110.5)
All Race/Ethnicity Groups	384.1 (381.1-387.0)	449.2 (448.8-499.5)	151.6 (149.8-153.5)	152.4 (152.3-152.6)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics: 2015-2019 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 to radon exposure [22].

Significant Findings

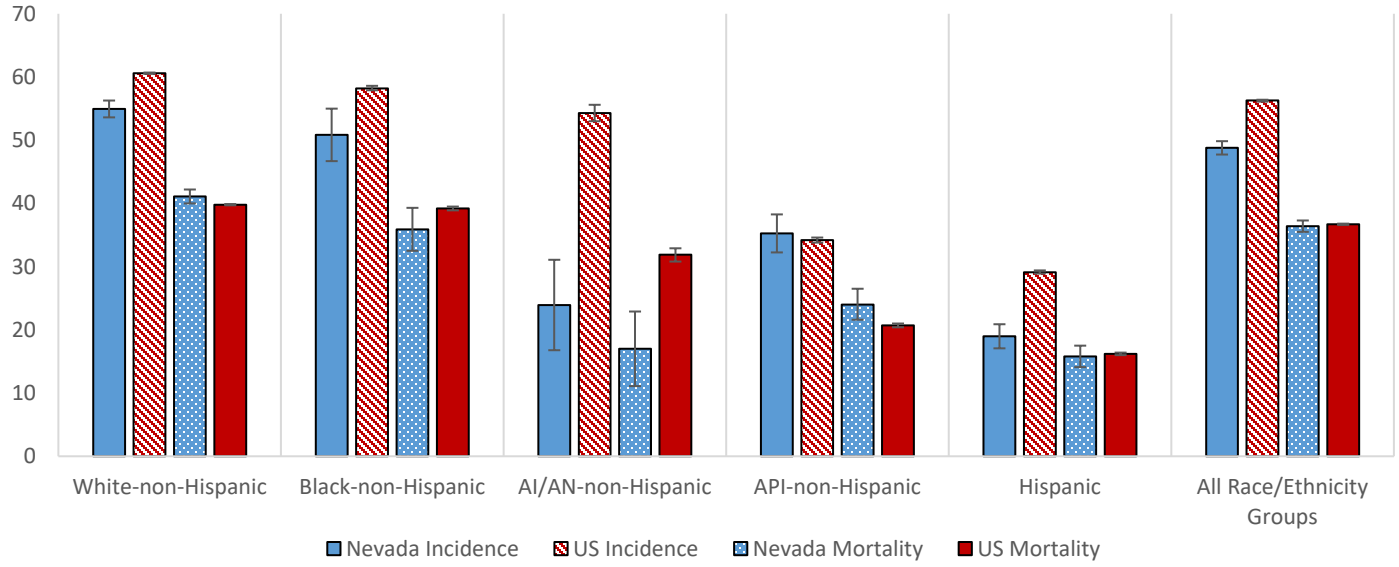
- White non-Hispanic (54.9 per 100,000) and Black non-Hispanic (50.8 per 100,000) populations in Nevada had significantly higher incidence rates of lung cancer than American Indian/Alaska Native-non-Hispanic (23.9 per 100,000), Asian non-Hispanic (35.3 per 100,000), and Hispanic (19.0 per 100,000) populations (Figure 31).
- White non-Hispanic (41.1 per 100,000) population in Nevada had significantly higher mortality rates from lung cancer than all race/ethnicity groups (36.4 per 100,000) in Nevada (Figure 31).

Table 9. Lifetime Risk of Developing and Dying from Lung Cancer, United States, 2006-2008 & 2017-2019

Race/Ethnicity	Lifetime Risk of Developing Lung Cancer (%)		Lifetime Risk of Dying from Lung Cancer (%)	
	2006-2008	2017-2019	2006-2008	2017-2019
White non-Hispanic	7.3	6.0	5.6	4.1
Black non-Hispanic	4.6	3.7	3.0	2.3
AI/AN non-Hispanic	5.6	4.5	4.0	2.8
API non-Hispanic	6.0	5.4	4.5	3.7
Hispanic	6.7	5.5	5.3	3.9
All Race/Ethnicity Groups	8.0	6.6	6.1	4.5

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

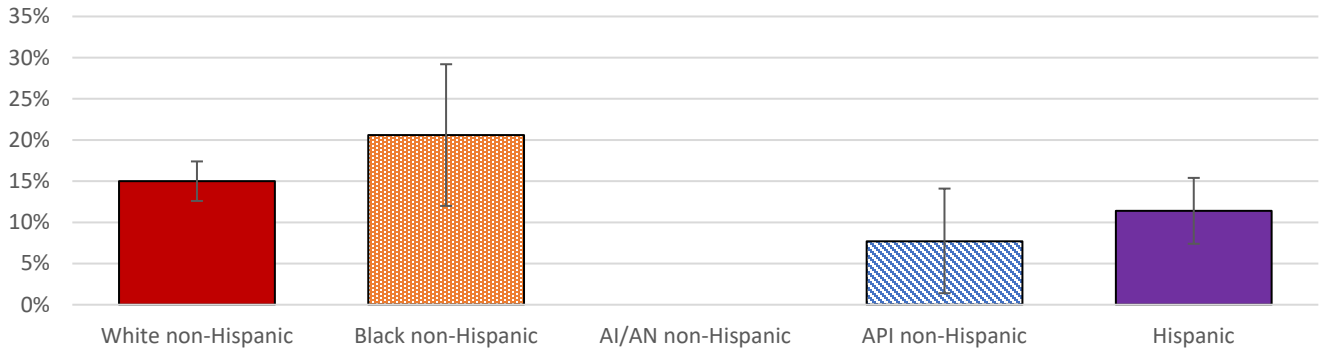
Figure 31. Lung Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada, and United States, 2015-2019



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	54.9 (53.6-56.3)	62.0 (61.9-62.1)	41.1 (40.0-42.2)	45.5 (45.4-45.6)
Black non-Hispanic	50.8 (46.7-55.0)	63.9 (63.6-64.3)	35.9 (32.5-39.3)	48.0 (47.7-48.3)
AI/AN non-Hispanic	23.9 (16.8-31.1)	44.7 (43.5-45.9)	17.0 (11.1-22.9)	29.9 (28.9-30.9)
API non-Hispanic	35.3 (32.2-38.3)	35.2 (34.7-36.1)	24.0 (21.6-26.5)	23.7 (23.4-24.4)
Hispanic	19.0 (17.1-20.9)	31.8 (31.5-32.4)	15.8 (14.1-17.5)	19.3 (19.1-19.7)
All Race/Ethnicity Groups	48.8 (47.7-49.8)	61.2 (61.1-61.4)	36.4 (35.5-37.3)	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: 2015-2019 Incidence and Mortality Web-based Report.

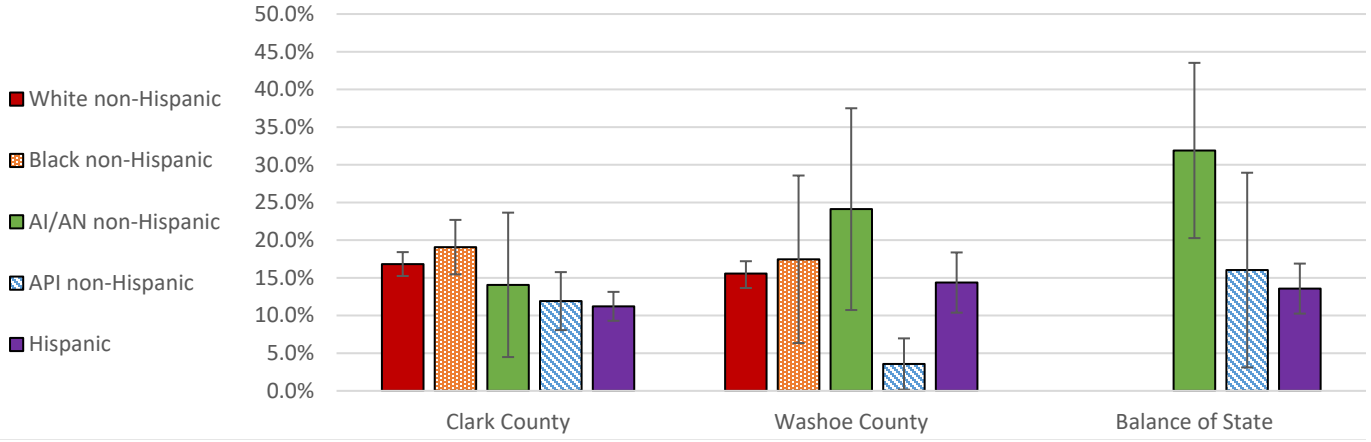
Figure 32. Current Smokers – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	15.0% (12.6-17.4)	20.6% (12.0-29.2)	‡	7.7% (1.4-14.1)	11.4% (7.4-15.4)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 35% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

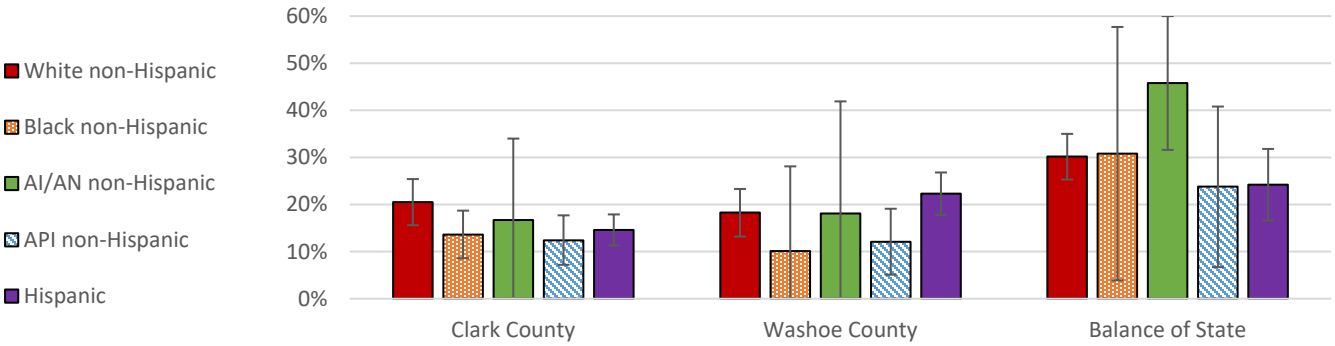
Figure 33. Current Smokers, Nevada Adults – Prevalence by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	16.8% (15.2-18.4)	15.6% (13.9-17.2)	20.5% (18.7-22.3)
Black non-Hispanic	19.1% (15.5-22.7)	17.5% (6.3-28.6)	‡
AI/AN non-Hispanic	14.1% (4.5-23.6)	24.1% (6.3-28.6)	31.9% (20.3-43.5)
API non-Hispanic	11.9% (8.1-15.8)	3.6% (0.2-7.0)	16.0% (3.1-28.9)
Hispanic	11.2% (9.3-13.1)	14.4% (10.4-18.4)	13.6% (10.3-16.9)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 50% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

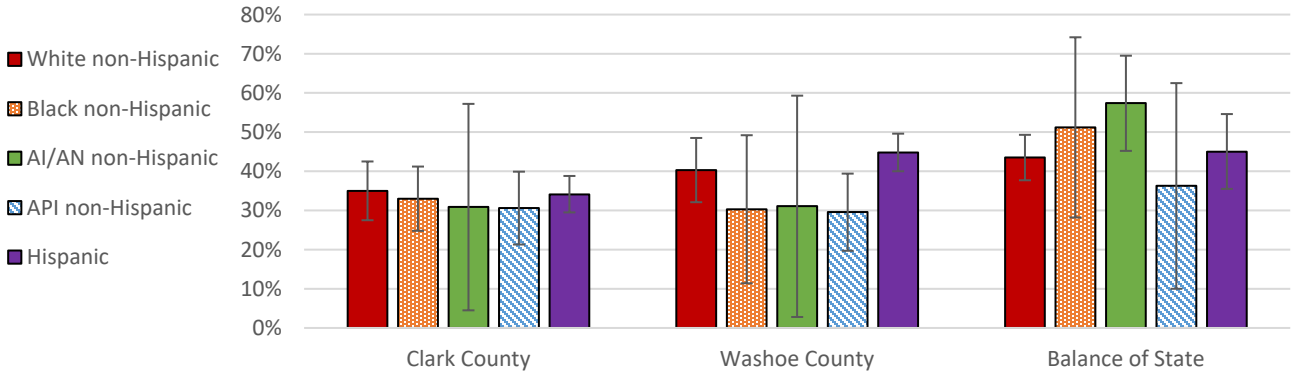
Figure 34. Nevada High School Students Who Ever Smoked Cigarettes – Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	20.5% (15.6-25.4)	18.3% (13.2-23.3)	30.2% (25.3-35.0)
Black non-Hispanic	13.6% (8.6-18.7)	10.1% (0.0-28.1)	30.8% (3.9-57.7)
AI/AN non-Hispanic	16.7% (0.0-34.0)	18.1% (0.0-41.9)	45.8% (31.6-60.0)
API non-Hispanic	12.4% (7.2-17.7)	12.1% (5.1-19.1)	23.8% (6.7-40.8)
Hispanic	14.6% (11.3-17.9)	22.3% (17.8-26.8)	24.2% (16.6-31.8)

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

Figure 35. Nevada High School Students Who Ever Used Electronic Vapor Products – Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	35.0% (27.5-42.5)	40.3% (32.1-48.5)	43.5% (37.7-49.3)
Black non-Hispanic	33.0% (24.8-41.2)	30.3% (11.4-49.2)	51.2% (28.2-74.2)
AI/AN non-Hispanic	30.9% (4.5-57.2)	31.1% (2.8-59.3)	57.4% (45.2-69.5)
API non-Hispanic	30.6% (21.3-39.9)	29.6% (19.7-39.4)	36.3% (10.0-62.5)
Hispanic	34.1% (29.5-38.8)	44.8% (40.0-49.6)	45.0% (35.5-54.6)

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

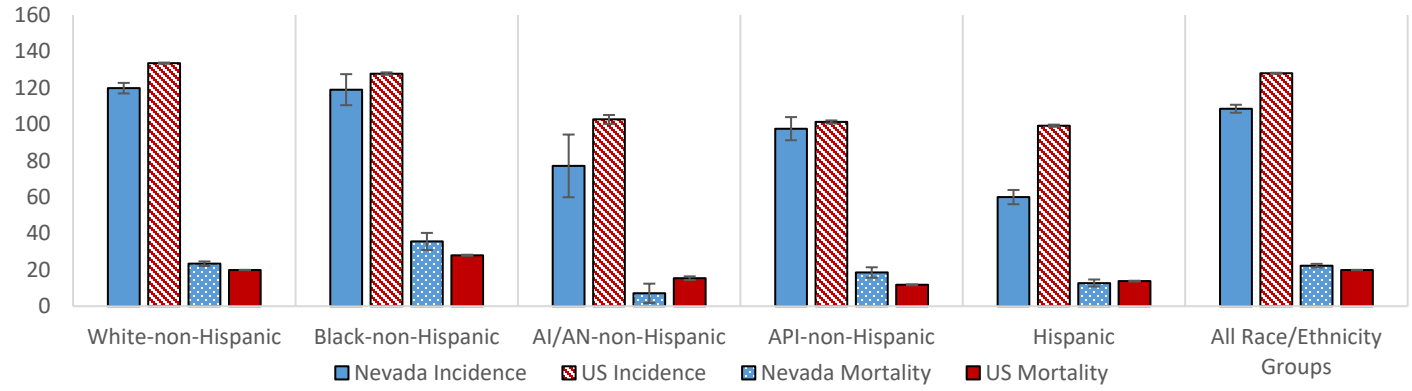
- White non-Hispanic (119.8 per 100,000) and Black non-Hispanic (119.0 per 100,000) population in Nevada had significantly higher incidence rates of female breast cancer than American Indian/Alaska Native non-Hispanic (77.1 per 100,000), Asian non-Hispanic (97.6 per 100,000), and Hispanic (60.0 per 100,000) population (Figure 36).
- Black non-Hispanic (35.6 per 100,000) population in Nevada had significantly higher mortality rates from female breast cancer than all race/ethnicity groups (22.3 per 100,000) in Nevada (Figure 36).

Table 10. Lifetime Risk of Developing and Dying from Female Breast Cancer, United States, 2006-2008 & 2017-2019

Race/Ethnicity	Lifetime Risk of Developing Breast Cancer (%)		Lifetime Risk of Dying from Breast Cancer (%)	
	2006-2008	2017-2019	2006-2008	2017-2019
White non-Hispanic	12.6	12.9	2.8	2.6
Black non-Hispanic	10.01	10.6	2.1	2.1
AI/AN non-Hispanic	8.5	9.9	1.9	1.7
API non-Hispanic	10.0	11.5	1.7	2.0
Hispanic	11.0	11.9	3.3	3.2
All Race/Ethnicity Groups	13.5	13.7	2.9	2.6

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

Figure 36. Female Breast Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2015-2019



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	119.8 (116.9-122.7)	124.6 (123.4-125.3)	23.4 (22.1-24.6)	20.6 (20.5-20.7)
Black non-Hispanic	119.0 (110.5-127.5)	122.9 (121.7-123.6)	35.6 (30.9-40.3)	29.2 (29.1-29.3)
AI/AN non-Hispanic	77.1 (59.9-94.3)	73.0 (71.1-74.9)	7.1 (1.8-12.4)	10.8 (10.1-11.6)
API non-Hispanic	97.6 (91.2-103.9)	90.4 (89.5-91.3)	18.6 (15.7-21.4)	11.3 (11.0-11.6)
Hispanic	60.0 (56.1-63.9)	92.5 (91.9-93.1)	12.7 (10.8-14.7)	14.4 (14.2-14.7)
All Race/Ethnicity Groups	108.5 (106.3-110.7)	123.9 (123.4-124.4)	22.3 (21.3-23.3)	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: 2015-2019 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 [26]. 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 [26].

Significant Findings:

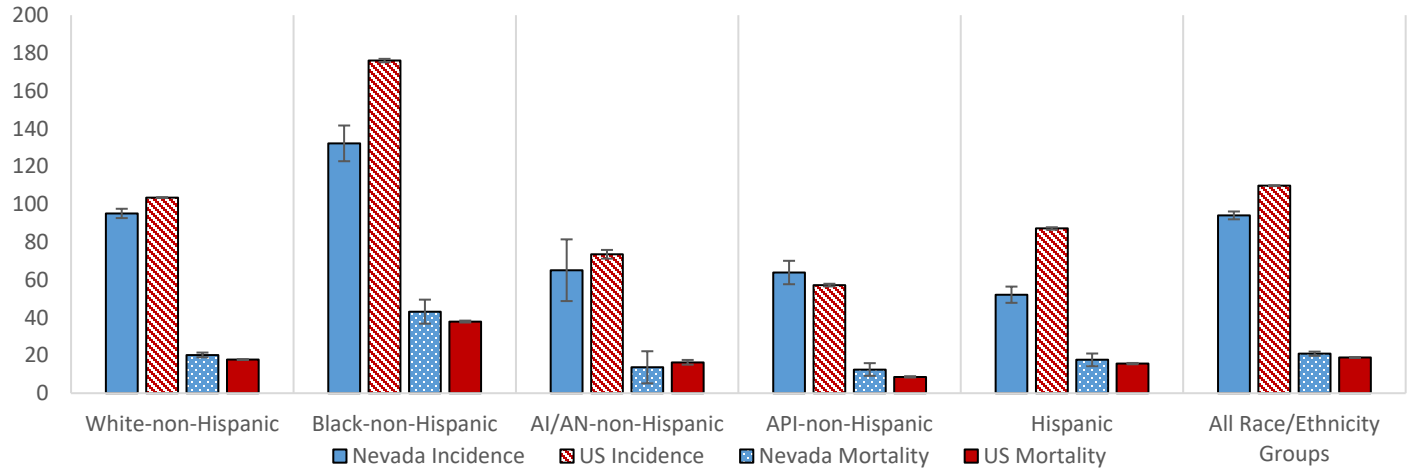
- Black non-Hispanic (132.2 per 100,000) population in Nevada had a significantly higher incidence rate of prostate cancer than all other race/ethnicity groups (94.1 per 100,000) in Nevada (Figure 37).
- Black non-Hispanic (43.1 per 100,000) population in Nevada had a significantly higher mortality rate from prostate cancer than all other race/ethnicity groups (20.9 per 100,000) in Nevada (Figure 37).

Table 11. Lifetime Risk of Developing and Dying from Prostate Cancer, United States, Males, 2006-2008 & 2017-2019

Race/Ethnicity	Lifetime Risk of Developing Prostate Cancer (%)		Lifetime Risk of Dying from Prostate Cancer (%)	
	2006-2008	2017-2019	2006-2008	2017-2019
White non-Hispanic	17.0	12.6	2.8	2.5
Black non-Hispanic	16.2	10.8	3.1	2.8
AI/AN non-Hispanic	9.8	5.9	2.3	2.0
API non-Hispanic	12.2	8.5	2.2	2.1
Hispanic	21.3	16.8	4.5	3.9
All Race/Ethnicity Groups	16.8	12.3	2.6	2.4

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

Figure 37. Prostate Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada, and United States, 2015-2019



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	95.1 (92.6-97.6)	103.5 (103.3-103.7)	20.2 (19.0-21.5)	17.8 (17.7-17.9)
Black non-Hispanic	132.2 (122.7-141.6)	176.0 (175.1-176.9)	43.1 (36.8-49.5)	37.9 (37.4-38.4)
AI/AN non-Hispanic	65.1 (48.7-81.4)	73.5 (71.2-75.8)	13.7 (5.2-22.2)	16.3 (15.1-17.6)
API non-Hispanic	63.8 (57.7-70.0)	57.2 (56.5-57.9)	12.5 (9.2-15.9)	8.6 (8.3-9.0)
Hispanic	52.1 (47.8-56.4)	87.2 (86.5-87.8)	17.7 (14.3-21.0)	15.7 (15.3-16.0)
All Race/Ethnicity Groups	94.1 (92.0-96.1)	109.8 (109.6-110)	20.9 (19.8-22.0)	18.9 (18.8-19.0)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics: 2015-2019 Incidence and Mortality Web-based Report.

Colorectal Cancer

Significant Findings:

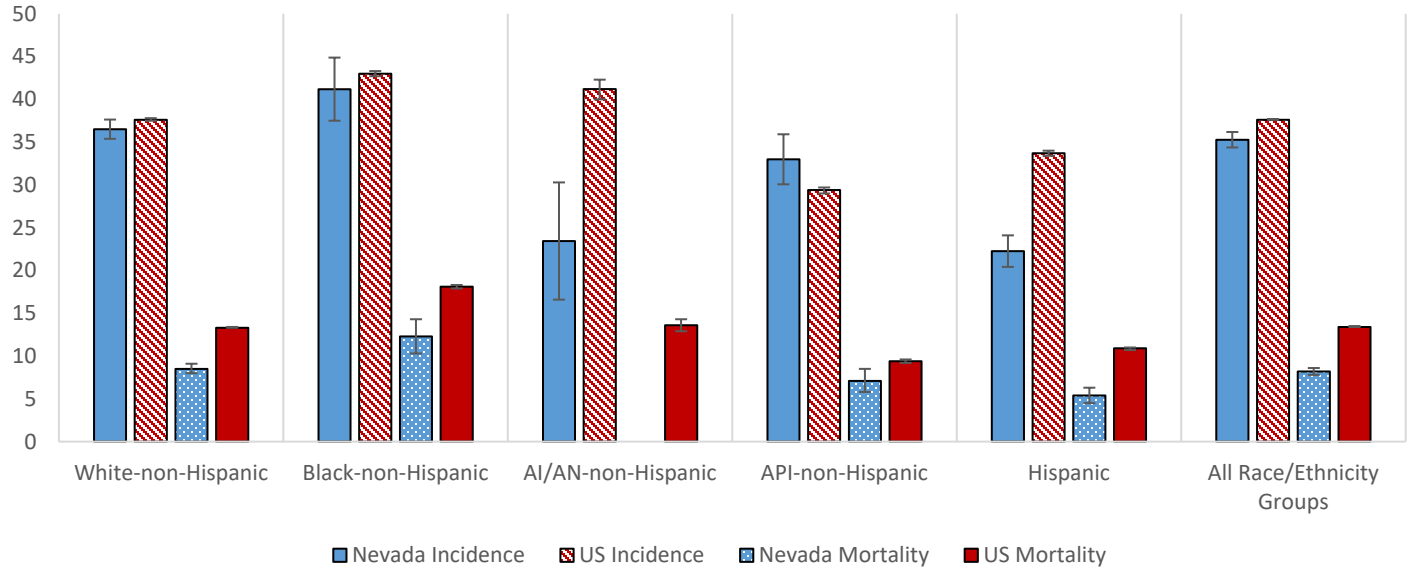
- White non-Hispanic (36.5 per 100,000) and Black non-Hispanic (41.2 per 100,000) populations in Nevada had a significantly higher incidence rate of colorectal cancer than American Indian/Alaskan Native non-Hispanic (23.4 per 100,000) and Hispanic (22.3 per 100,000) in Nevada (Figure 38).
- Black non-Hispanic (12.4 per 100,000) population in Nevada had a significantly higher mortality rate from colorectal cancer than all other race/ethnicity groups (8.2 per 100,000) in Nevada (Figure 38).

Table 12. Lifetime Risk of Developing and Dying from Colorectal Cancer, United States, Males, 2006-2008 & 2017-2019

Race/Ethnicity	Lifetime Risk of Developing Prostate Cancer (%)		Lifetime Risk of Dying from Prostate Cancer (%)	
	2006-2008	2017-2019	2006-2008	2017-2019
White non-Hispanic	5.2	4.1	2.1	1.7
Black non-Hispanic	4.9	4.1	1.9	1.7
AI/AN non-Hispanic	4.6	4.2	2.0	1.8
API non-Hispanic	5.4	4.1	2.1	1.8
Hispanic	5.4	4.1	2.5	1.9
All Race/Ethnicity Groups	5.2	4.0	2.1	1.6

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

Figure 38. Colorectal Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada, and United States, 2015-2019



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	36.5 (35.4-37.7)	37.6 (37.5-37.8)	8.5 (8.0-9.1)	18.7 (18.5-18.8)
Black non-Hispanic	41.2 (37.5-44.9)	43.0 (42.7-43.3)	12.4 (10.4-14.4)	42.0 (41.4-42.5)
AI/AN non-Hispanic	23.4 (16.6-30.3)	41.2 (40-42.3)	7.5 (3.4-11.5)	14.9 (13.7-16.2)
API non-Hispanic	33.0 (30.1-35.9)	29.4 (29-29.7)	7.2 (5.8-8.5)	8.8 (8.4-9.2)
Hispanic	22.3 (20.4-24.1)	33.7 (33.4-34)	5.4 (4.5-6.3)	16.5 (16.2-16.9)
All Race/Ethnicity Groups	35.3 (34.4-36.2)	37.6 (37.6-37.7)	8.2 (7.8-8.6)	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: 2015-2019 Incidence and Mortality Web-based Report.

Cancer Incidence – 10-year Change in Burden and Risk

Table 13 illustrates the percent change in cancer incidence, from 2010 to 2019, 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 population continues 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 2010, the burden of cancer in Nevada, or the number of cancer cases in Nevada, increased by 1.5% by the year 2019. Conversely, the risk of developing cancer in Nevada, or the annual rate of individuals developing cancer within a population, increased by 25.1% from 2010 to 2019, for all cancer types, among all races/ethnicities. (Table 13).

Significant Findings:

- From 2010 to 2019, the number of cancer cases among Asian/Pacific Islander non-Hispanic population increased by 34.9% in cancer burden for all cancer types in Nevada. Asian/Pacific Islander non-Hispanic population show a 69.6% increase in lung and bronchus burden, 48.1% increase in female breast cancer burden, 18.1% increase in colorectal cancer burden, and 11.8% increase in prostate cancer. (Table 13).
- American Indian/Alaska Native non-Hispanic population shows the greatest increase in risk for developing cancer over the ten-year period. From 2010 to 2019, the risk for American Indian/Alaska Native non-Hispanic population to develop lung and bronchus cancer increased by 857.2% in Nevada. (Table 13).
- The burden of prostate cancer, colorectal cancer, breast and lung and bronchus cancer decreased among White non-Hispanic population in Nevada over the ten-year period (-30.4%, -13.3%, -9.1, and -15.7% respectively). (Table 13).
- Hispanic population shows the greatest increase in risk for developing prostate cancer over the ten-year period (224.4%). (Table 13).

Table 13. Cancer Incidence, Percent Change between 2010 and 2019, Burden vs Risk, by Race/Ethnicity, Nevada

Race/Ethnicity	Cancer Type	Rates		Burden (%)	Risk (%)
		2010	2019		
White non-Hispanic	All Cancers	460.5	354.1	-10.5	30.0
	Prostate	131.2	79.3	-30.4	65.5
	Colorectal	41.1	31.2	-13.3	31.6
	Breast	127.2	99.3	-9.1	28.1
	Lung and Bronchus	69.0	47.6	-15.7	44.8
Black non-Hispanic	All Cancers	444.6	343.3	7.9	29.5
	Prostate	162.5	102.0	-12.9	59.4
	Colorectal	59.1	36.7	-13.8	61.1
	Breast	122.5	98.2	12.6	24.7
	Lung and Bronchus	60.7	41.0	-8.5	47.9
AI/AN non-Hispanic	All Cancers	423.7	166.3	-35.3	154.7
	Prostate	128.6	61.1	-8.3	110.5
	Colorectal	42.0	7.3	-70.0	476.8
	Breast	84.5	29.9	-50.0	182.4
	Lung and Bronchus	59.1	6.2	-76.9	857.2
API non-Hispanic	All Cancers	299.5	257.8	34.9	16.2
	Prostate	81.7	50.9	11.8	60.5
	Colorectal	38.8	30.5	18.1	27.3
	Breast	79.8	78.5	48.1	1.7
	Lung and Bronchus	33.3	34.9	69.6	-4.6
Hispanic	All Cancers	251.6	186.9	24.0	34.6
	Prostate	100.3	30.9	-37.5	224.4
	Colorectal	29.8	18.7	27.9	59.8
	Breast	54.1	44.2	25.6	22.5
	Lung and Bronchus	20.0	15.7	27.6	27.9
All Race/Ethnicity Groups	All Cancers	420.7	336.3	1.5	25.1
	Prostate	126.3	86.1	-13.5	46.7
	Colorectal	40.9	32.0	-1.6	27.7
	Breast	112.1	88.9	1.1	26.0
	Lung and Bronchus	61.3	42.3	-9.4	44.8

Data Source: Nevada Central Cancer Registry.

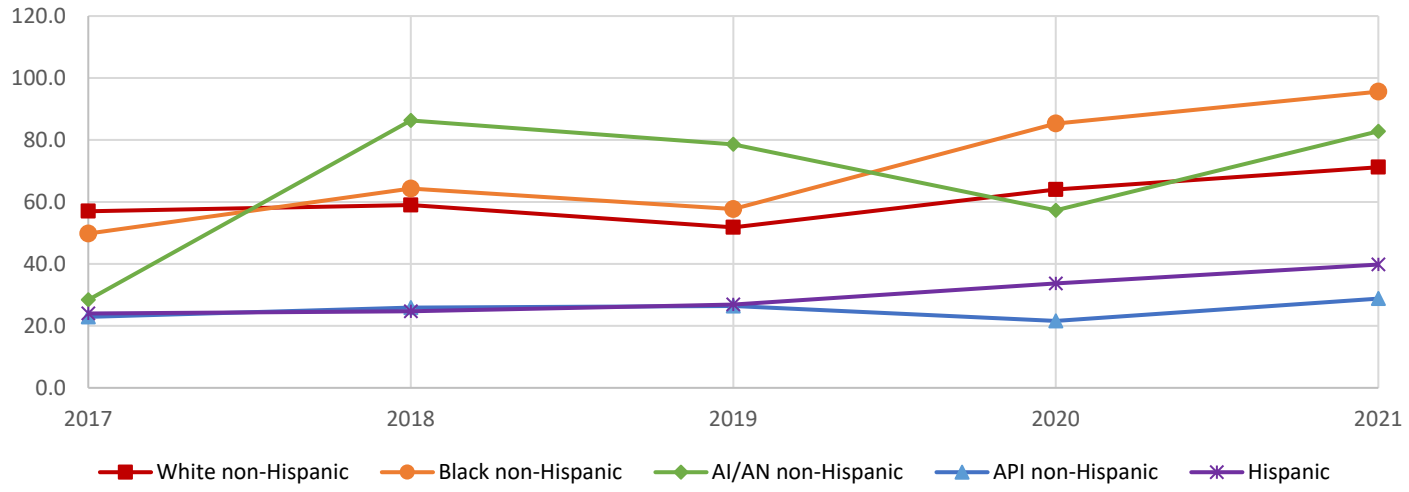
Unintentional Injuries (Accidents)

Unintentional injuries, or accidents, is the fourth leading cause of death in the US, with a death rate of 64.7 per 100,000 population among all race/ethnicity groups, and all ages in 2021 [15]. 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 [27].

Significant Findings:

- In 2021, White non-Hispanic, Black non-Hispanic, and American Indian/Alaska Native non-Hispanic populations had significantly higher accidental death rates (71.2, 95.6, and 82.8 per 100,000 population, respectively) than Asian/Pacific Islander non-Hispanic population (28.8 per 100,000), and Hispanic populations (39.8 per 100,000) (Figure 39).

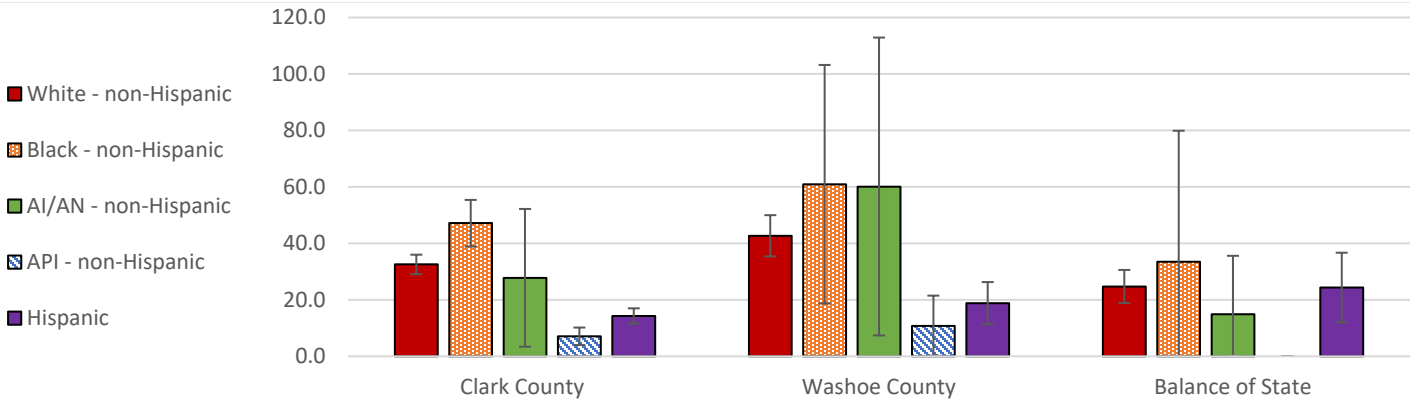
Figure 39. Accidental Deaths – Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	1,312	71.2 (67.3-75.0)	268	95.6 (84.1-107.0)	31	82.8 (53.6-111.9)	89	28.8 (22.8-34.7)	316	39.8 (35.4-44.2)
2020	1,163	64.0 (60.3-67.7)	232	85.3 (74.3-96.2)	21	57.3 (32.8-81.8)	68	21.6 (16.5-26.8)	268	33.7 (29.7-37.7)
2019	969	51.8 (48.5-55.0)	155	57.7 (48.7-66.8)	27	78.6 (49.0-108.3)	78	26.4 (20.5-32.3)	194	26.9 (23.1-30.7)
2018	1,086	59.0 (55.5-62.5)	163	64.3 (54.4-74.2)	30	86.3 (55.4-117.2)	72	25.9 (19.9-31.9)	176	24.7 (21.1-28.4)
2017	1,040	57.0 (53.5-60.5)	123	49.8 (41.0-58.6)	10	28.4 (10.8-46.0)	58	22.9 (17.0-28.9)	168	24.0 (20.4-27.6)

Source: Nevada Electronic Death Registry System.
Accidental Deaths are defined a death occurs when an individual dies due to an unintentional or unforeseen event.

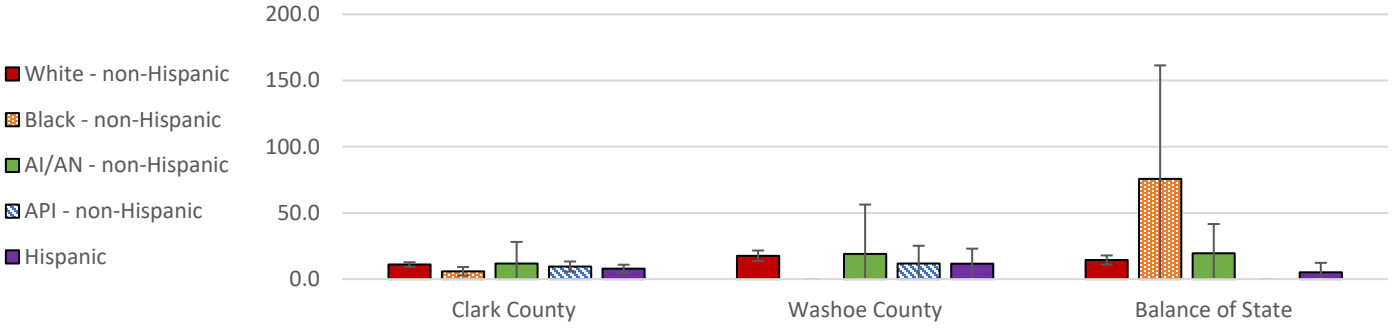
Figure 40. Accidental Deaths by Poisoning – Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	345	32.6 (29.1-36.0)	132	42.7 (35.4-50.0)	69	24.7 (18.9-30.6)
Black non-Hispanic	125	47.2 (38.9-55.4)	8	60.9 (18.7-103.2)	2	33.5 (0.0-79.9)
AI/AN non-Hispanic	5	27.8 (3.4-52.2)	5	60.1 (7.4-112.9)	2	14.9 (0.0-35.6)
API non-Hispanic	20	7.1 (4.0-10.2)	4	10.8 (0.2-21.5)	0	0.0
Hispanic	111	14.3 (11.6-17.0)	24	18.8 (11.3-26.3)	15	24.4 (12.0-36.7)

Source: Nevada Electronic Death Registry System.
Poisoning deaths are defined as the cause of death is accidental poisoning by noxious substances.

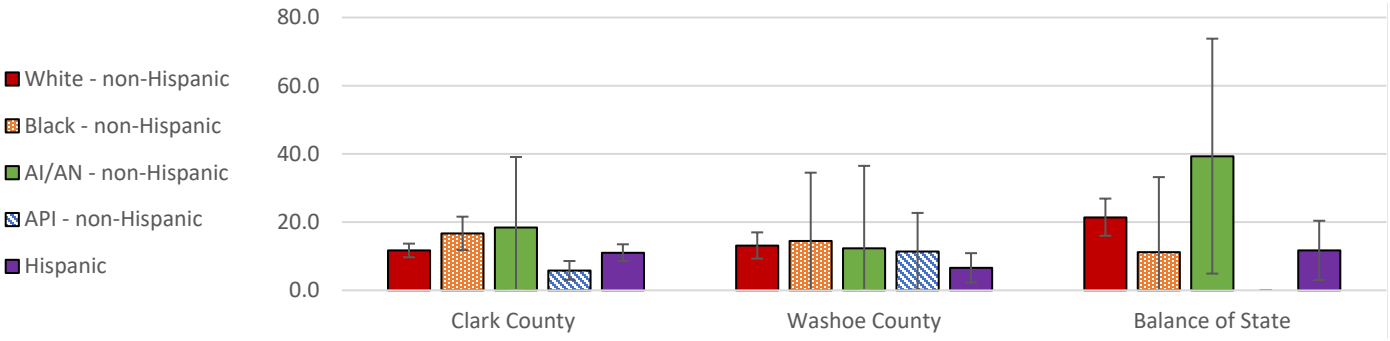
Figure 41. Accidental Deaths by Falls – Age-Adjusted Mortality Rates by Race/Ethnicity and Region, Nevada Residents, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	162	11.0 (9.3-12.7)	75	17.6 (13.6-21.6)	64	14.4 (10.9-17.9)
Black non-Hispanic	13	5.9 (2.7-9.1)	0	0.0	3	75.7 (0.0-161.4)
AI/AN non-Hispanic	2	11.8 (0.0-28.1)	1	19.0 (0.0-56.3)	3	19.5 (0.0-41.6)
API non-Hispanic	24	9.5 (5.7-13.3)	3	11.8 (0.0-25.2)	0	0.0
Hispanic	26	7.9 (4.8-10.9)	4	11.6 (0.2-23.0)	2	5.1 (0.0-12.3)

Source: Nevada Electronic Death Registry System.
Fall deaths are defined as the cause of death is listed or related to a fall.

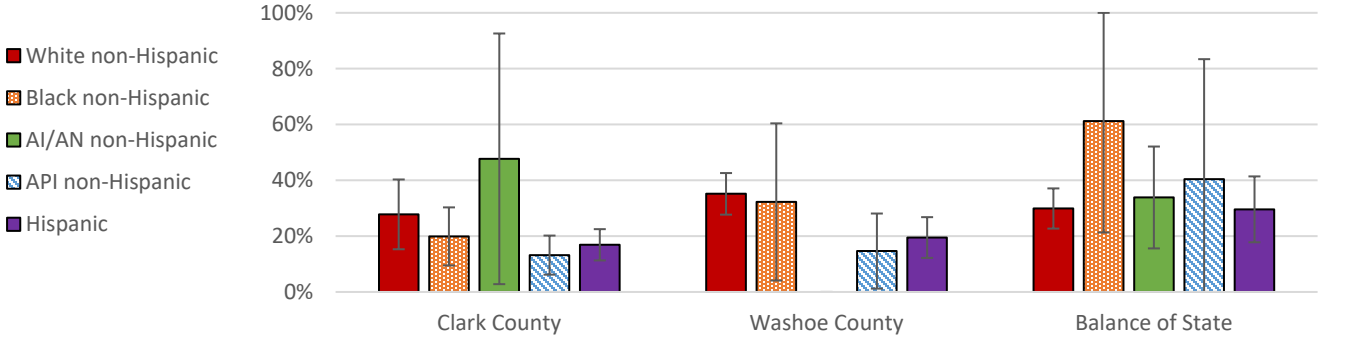
Figure 42. Accidental Deaths by Motor Vehicle Accident – Age-Adjusted Rates by Race/Ethnicity and Region, Nevada, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	131	11.7 (9.7-13.7)	45	13.1 (9.3-17.0)	60	21.4 (16.0-26.9)
Black non-Hispanic	44	16.7 (11.8-21.6)	2	14.5 (0.0-34.5)	1	11.2 (0.0-33.2)
AI/AN non-Hispanic	3	18.4 (0.0-39.1)	1	12.3 (0.0-36.5)	5	39.3 (4.9-73.8)
API non-Hispanic	17	5.8 (3.1-8.6)	4	11.4 (0.2-22.7)	0	0.0
Hispanic	76	11.0 (8.6-13.5)	9	6.6 (2.3-10.9)	7	11.7 (3.0-20.4)

Source: Nevada Electronic Death Registry System.
Motor vehicles accidental deaths are deaths related exclusively to motor vehicles accidents and do not include accidents related to other land transport accidents, water transport accidents, air and space, and unspecified type of transport.

Figure 43. 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, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	27.8% (15.3-40.3)	35.2% (27.7-42.6)	29.9% (22.7-37.1)
Black non-Hispanic	19.9% (9.5-30.3)	32.3% (4.1-60.4)	61.2% (21.3-100.0)
AI/AN non-Hispanic	47.7% (2.8-92.6)	0.0% (0.0-0.0)	33.9% (15.6-52.1)
API non-Hispanic	13.2% (6.2-20.2)	14.7% (1.2-28.1)	40.4% (0.0-83.4)
Hispanic	16.9% (11.3-22.5)	19.5% (12.2-26.8)	29.6% (17.8-41.4)

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

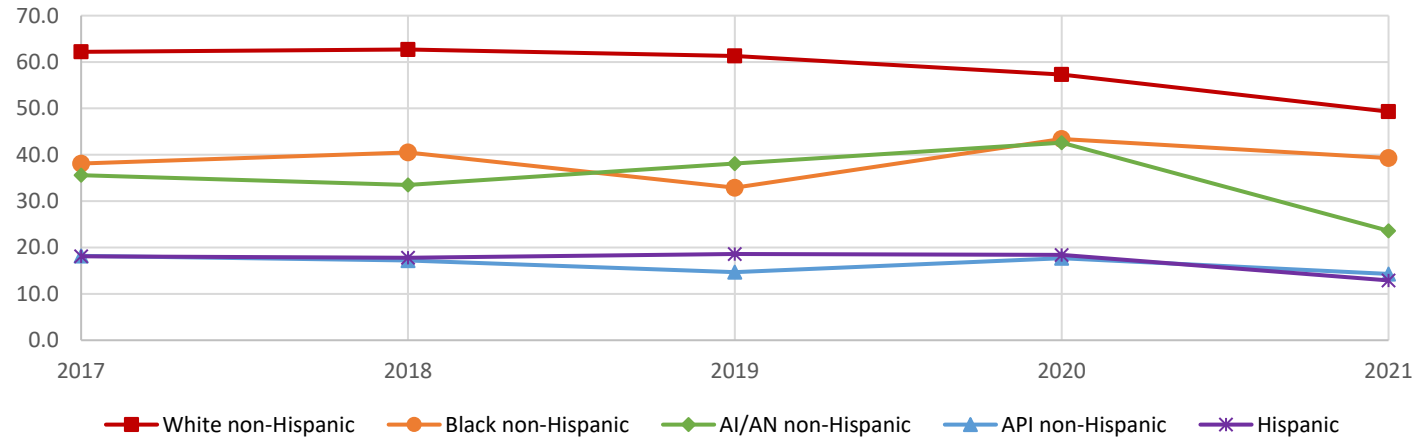
Chronic Lower Respiratory Disease (CLRD)

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 [28]. In 2021, CLRD was the sixth leading cause of death in the US with a death rate of 34.7 per 100,000 population among all race/ethnicity groups, and all ages [15].

Significant Findings:

- In 2021, death rates from CLRD were highest among White non-Hispanic population, at 49.3 per 100,000 population, compared to all other races/ethnicity groups (Figure 44).
- Death rates from CLRD were significantly higher among White non-Hispanic population in Balance of State (57.8 per 100,000) than White non-Hispanic population in Washoe County (43.8 per 100,000) (Figure 45).

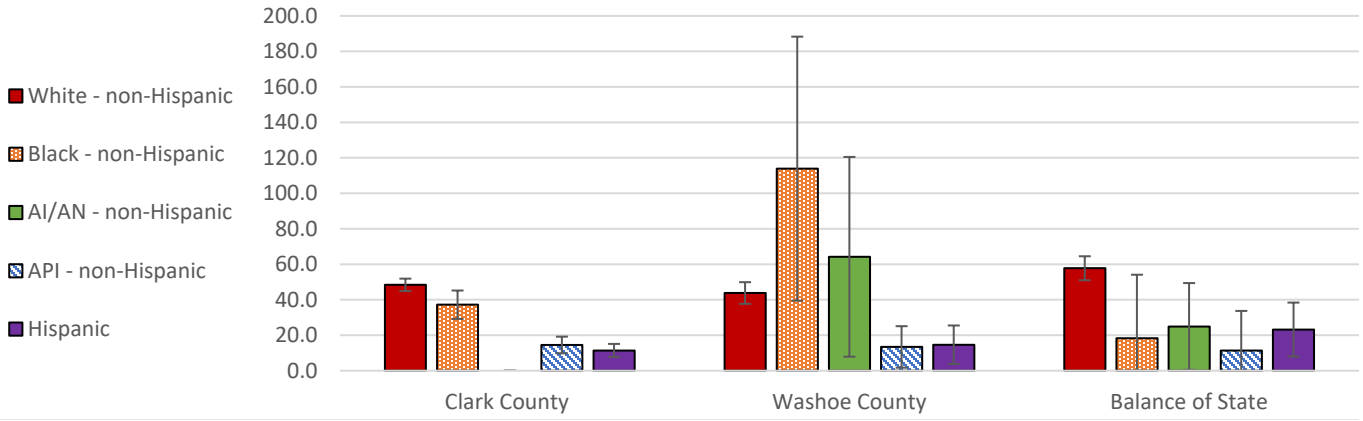
Figure 44. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	1,222	49.3 (46.5-52.1)	93	39.3 (31.3-47.3)	9	23.6 (8.2-39.1)	43	14.3 (10.0-18.6)	53	12.9 (9.4-16.4)
2020	1,380	57.3 (54.3-60.3)	102	43.4 (35.0-51.9)	15	42.6 (21.0-64.2)	51	17.7 (12.8-22.6)	69	18.4 (14.1-22.8)
2019	1,446	61.3 (58.1-64.4)	75	32.9 (25.4-40.3)	15	38.1 (18.8-57.4)	37	14.7 (9.9-19.4)	69	18.6 (14.2-23)
2018	1,437	62.7 (59.4-65.9)	82	40.5 (31.7-49.3)	10	33.5 (12.7-54.3)	44	17.2 (12.1-22.3)	58	17.8 (13.3-22.4)
2017	1,409	62.2 (58.9-65.4)	79	38.1 (29.7-46.5)	11	35.6 (14.6-56.7)	43	18.2 (12.7-23.6)	56	18.1 (13.4-22.9)

Source: Nevada Electronic Death Registry System

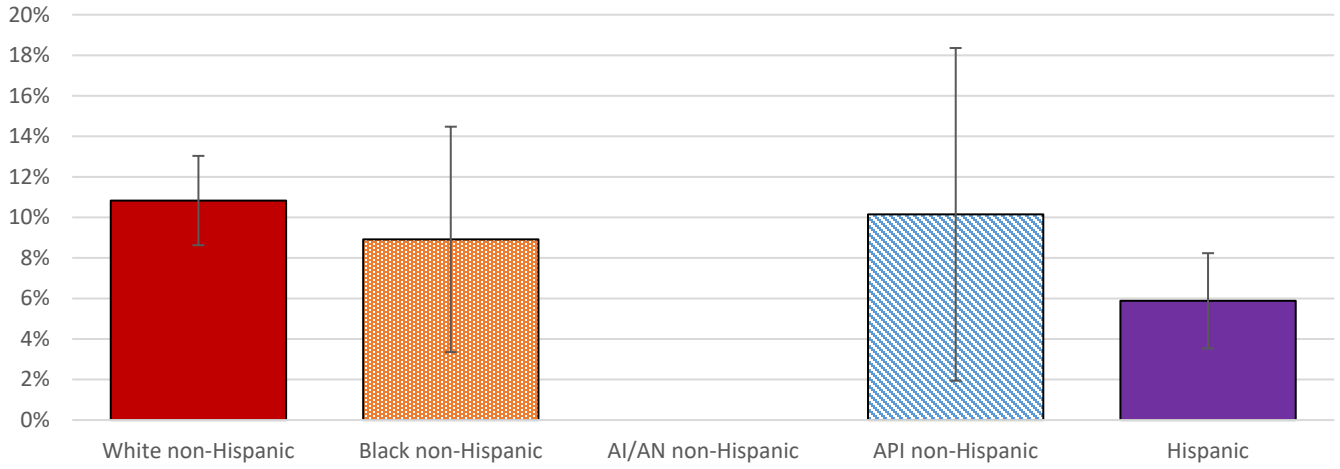
Figure 45. Chronic Lower Respiratory Disease Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	744	48.4 (44.9-51.9)	197	43.8 (37.7-49.9)	281	57.8 (51.0-64.5)
Black non-Hispanic	83	37.2 (29.2-45.2)	9	113.9 (39.5-188.3)	1	18.3 (0.0-54.1)
AI/AN non-Hispanic	0	0.0	5	64.2 (7.9-120.5)	4	24.9 (0.5-49.4)
API non-Hispanic	37	14.5 (9.8-19.2)	5	13.4 (1.7-25.1)	1	11.4 (0.0-33.7)
Hispanic	37	11.4 (7.8-15.1)	7	14.6 (3.8-25.5)	9	23.2 (8.0-38.4)

Source: Nevada Electronic Death Registry System.

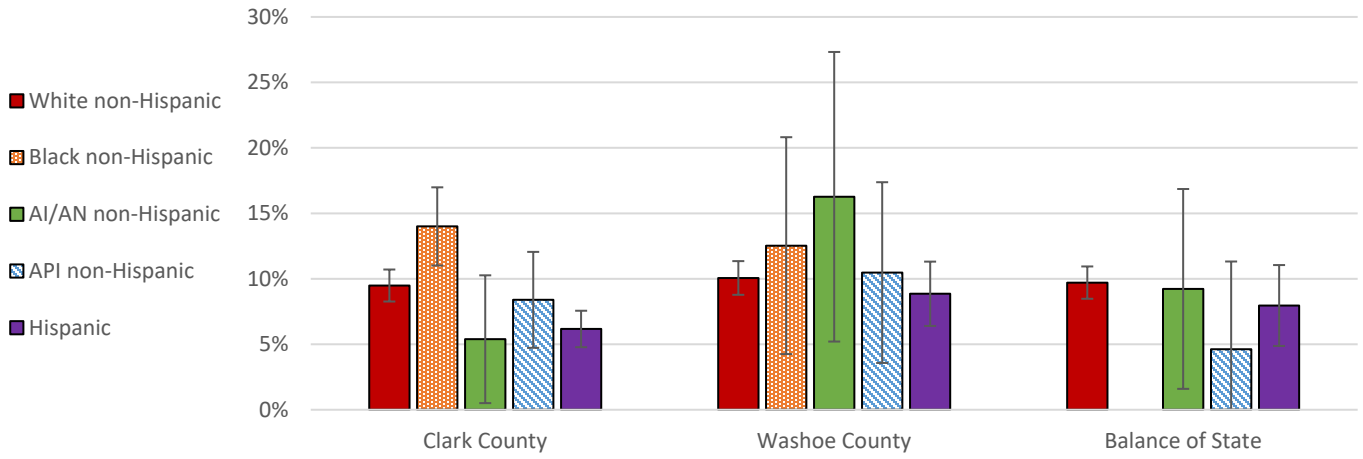
Figure 46. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	10.8% (8.6-13.0)	8.9% (3.4-14.5)	‡	10.1% (1.9-18.4)	5.9% (3.5-8.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 20% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 47. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	9.5% (8.3-10.7)	10.1% (8.8-11.4)	9.7% (8.5-10.9)
Black non-Hispanic	14.0% (11.0-17.0)	12.5% (4.3-20.8)	‡
AI/AN non-Hispanic	5.4% (0.5-10.3)	16.3% (5.2-27.3)	9.2% (1.6-16.9)
API non-Hispanic	8.4% (4.7-12.1)	10.5% (3.6-17.4)	4.6% (0.0-11.3)
Hispanic	6.2% (4.8-7.6)	8.9% (6.4-11.3)	8.0% (4.9-11.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 30% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

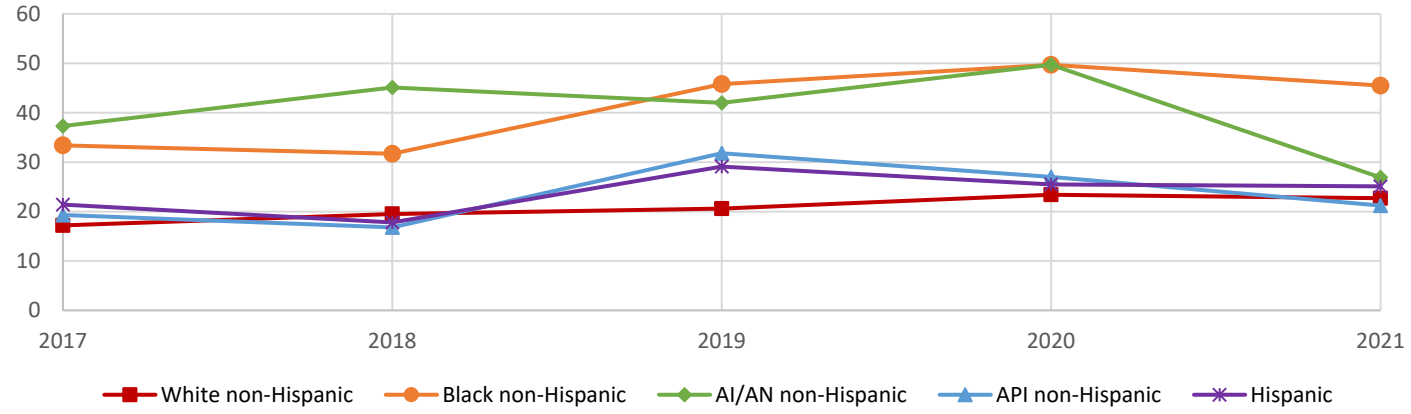
Diabetes

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. 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 [29]. The CDC estimates that in 2021, 8.5% of adults in the US were living with diabetes [30]. Additionally, diabetes was the eighth leading cause of death in the US in 2021 among all race/ethnicity groups, and all ages [15].

Significant Findings

- In 2021, death rates from diabetes were significantly higher among Black non-Hispanic population, at 45.5 per 100,000 population, compared to White non-Hispanic (22.7 per 100,000), Asian Pacific Islander non-Hispanic (21.2 per 100,000) and Hispanic (25.1 per 100,000) populations (Figure 48).

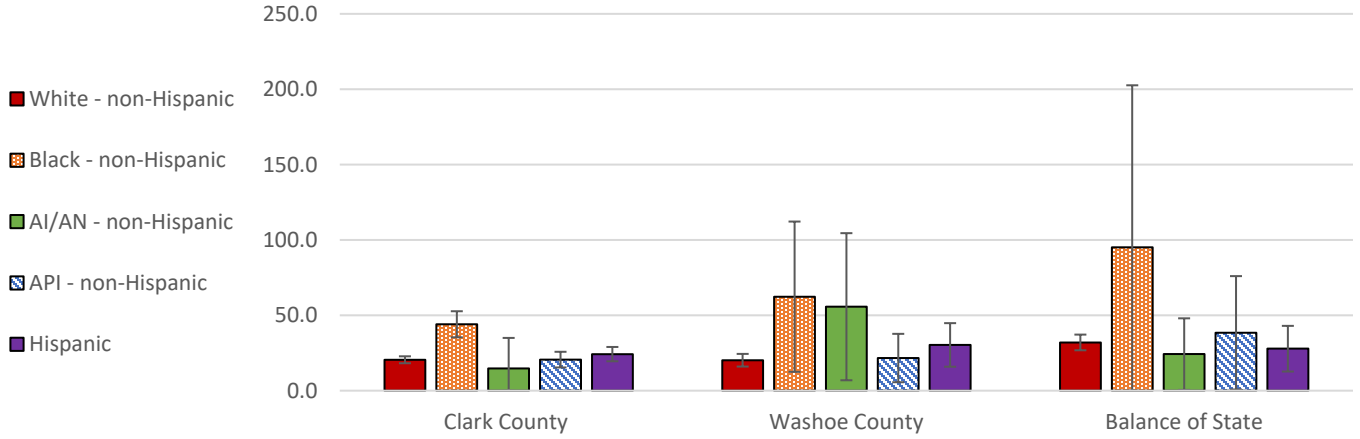
Figure 48. Diabetes Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	541	22.7 (20.7-24.6)	109	45.5 (36.9-54.0)	11	26.9 (11.0-42.9)	71	21.2 (16.3-26.2)	129	25.1 (20.8-29.5)
2020	548	23.4 (21.4-25.3)	122	49.7 (40.9-58.6)	19	49.7 (27.3-72.0)	87	27.0 (21.3-32.6)	119	25.5 (20.9-30.1)
2019	485	20.6 (18.8-22.4)	106	45.8 (37.1-54.6)	15	42.0 (20.8-63.3)	90	31.8 (25.2-38.4)	131	29.1 (24.1-34.1)
2018	453	19.5 (17.7-21.3)	74	31.7 (24.5-39.0)	17	45.1 (23.7-66.5)	49	16.8 (12.1-21.4)	76	17.8 (13.8-21.8)
2017	381	17.2 (15.4-18.9)	69	33.4 (25.5-41.3)	13	37.3 (17.0-57.5)	51	19.3 (14.0-24.7)	83	21.4 (16.8-26.0)

Source: Nevada Electronic Death Registry System.

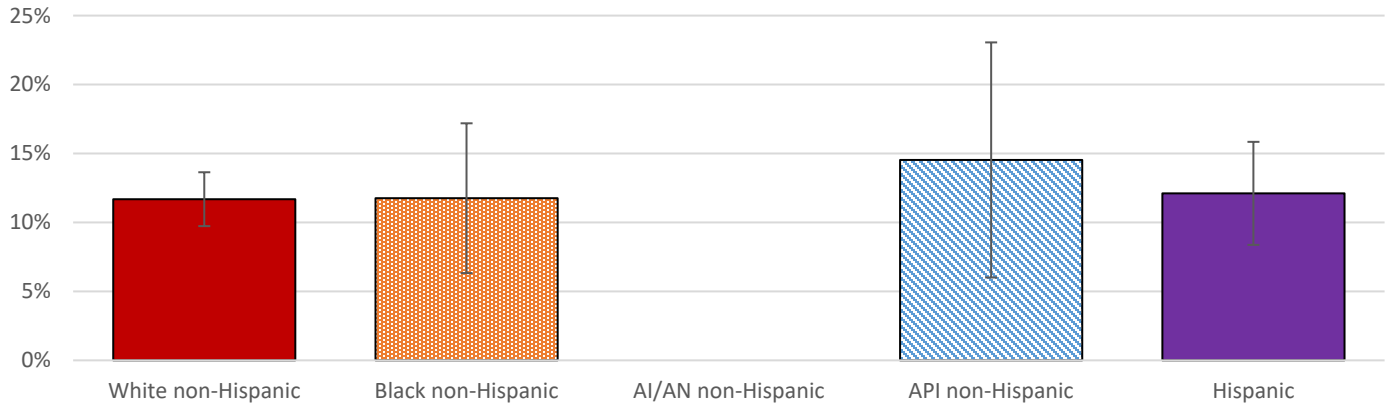
Figure 49. Diabetes Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	306	20.5 (18.2-22.8)	88	20.2 (16.0-24.4)	145	32.0 (26.8-37.2)
Black non-Hispanic	100	44.1 (35.4-52.7)	6	62.3 (12.5-112.2)	3	95.1 (0.0-202.6)
AI/AN non-Hispanic	2	14.7 (0.0-35.0)	5	55.7 (6.9-104.5)	4	24.3 (0.5-48.0)
API non-Hispanic	60	20.6 (15.4-25.8)	7	21.7 (5.6-37.7)	4	38.4 (0.8-76.0)
Hispanic	99	24.2 (19.5-29.0)	17	30.4 (15.9-44.8)	13	27.9 (12.7-43.0)

Source: Nevada Electronic Death Registry System.

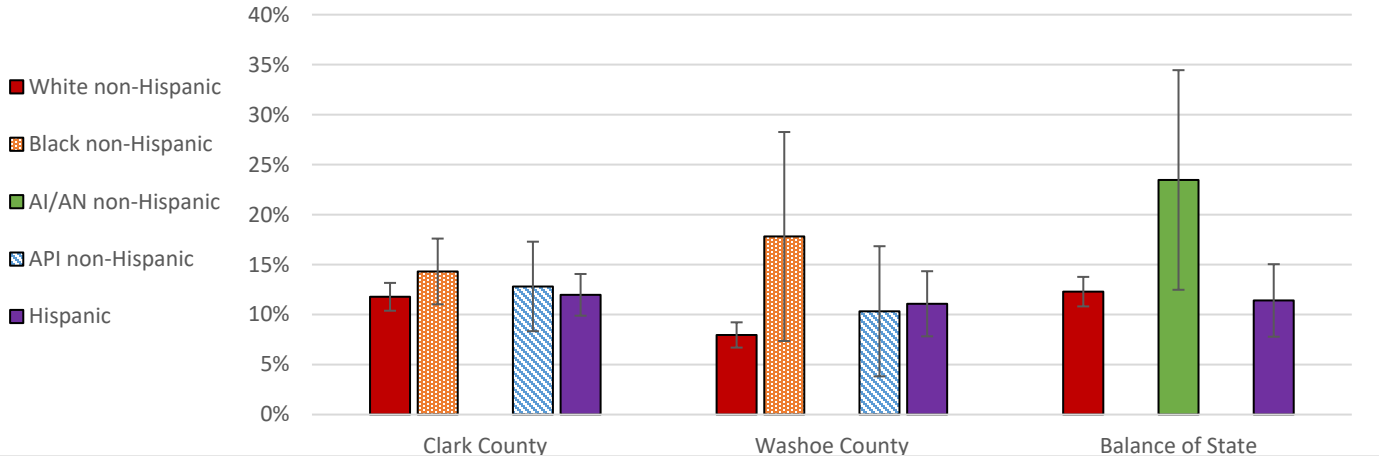
Figure 50. Adults Who Have Been Told They Have Diabetes – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	11.7% (9.7-13.6)	11.8% (6.3-17.2)	‡	14.5% (6.0-23.1)	12.1% (8.4-15.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 25% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 51. Adults Who Have Been Told They Have Diabetes – Prevalence by Race/Ethnicity and Region, 2017-2021, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	11.8% (10.4-13.2)	8.0% (6.7-9.2)	12.3% (10.8-13.8)
Black non-Hispanic	14.3% (11.0-17.6)	17.8% (7.4-28.3)	‡
AI/AN non-Hispanic	‡	‡	23.5% (12.5-34.5)
API non-Hispanic	12.8% (8.3-17.3)	10.3% (3.8-16.8)	‡
Hispanic	12.0% (9.9-14.1)	11.1% (7.8-14.3)	11.4% (7.8-15.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 40% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

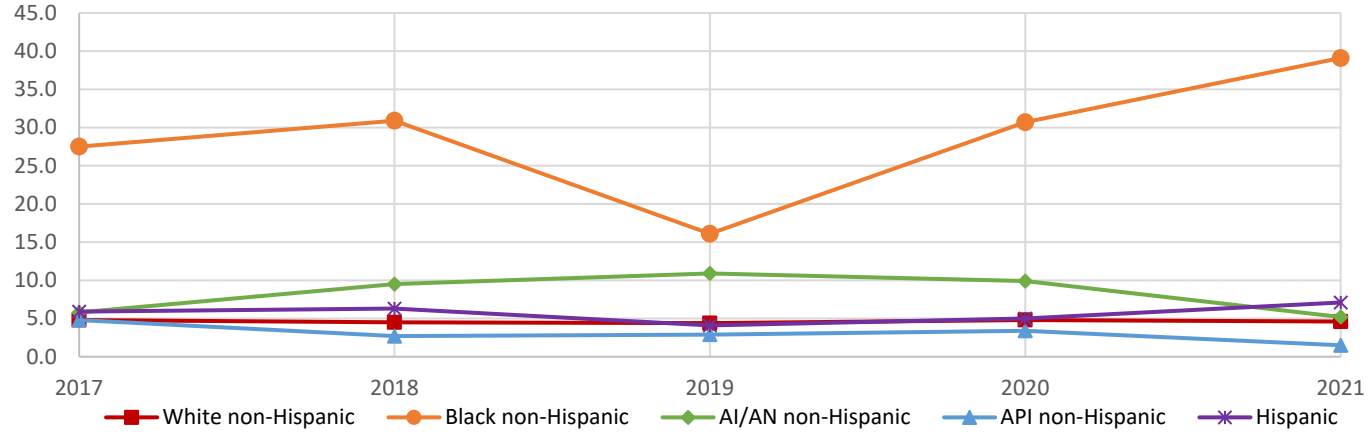
Homicide and Suicide

Homicide and suicide continue to be serious public health issues that have lasting harmful effects on individuals, families, and communities. Although homicide and suicide are a result of multiple and complex factors within community and societal systems, human-inflicted violence is preventable. In 2020, use of firearms was the most common method of homicide in the United States [31]. Suicide dropped from the list of 10 leading causes in 2020.

Significant Findings:

- Black non-Hispanic population had significantly higher death rates from homicide for each year from 2017 to 2021 than any other race/ethnicity group (Figure 52).
- In 2021, White non-Hispanic population had significantly higher death rates from suicide, at 27.9 per 100,000 population, than Black non-Hispanic population (17.5 per 100,000), Asian/Pacific Islander population (10.7 per 100,000), and Hispanic population (9.9 per 100,000) (Figure 54).

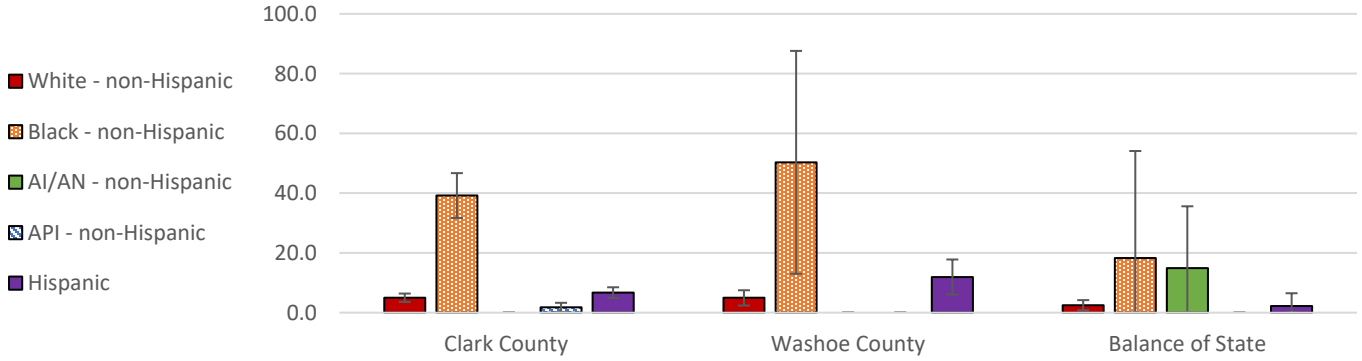
Figure 52. Homicide – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	74	4.6 (3.6-5.7)	113	39.1 (31.9-46.4)	2	5.2 (0.0-12.5)	5	1.5 (0.2-2.9)	69	7.1 (5.4-8.7)
2020	74	4.8 (3.7-5.8)	84	30.7 (24.1-37.3)	3	9.9 (0.0-21.1)	11	3.4 (1.4-5.4)	47	5.0 (3.5-6.4)
2019	68	4.4 (3.3-5.4)	44	16.1 (11.3-20.8)	4	10.9 (0.2-21.6)	9	2.9 (1.0-4.8)	40	4.1 (2.9-5.4)
2018	72	4.5 (3.5-5.5)	84	30.9 (24.3-37.5)	3	9.5 (0.0-20.3)	8	2.7 (0.8-4.6)	57	6.3 (4.7-7.9)
2017	74	4.8 (3.7-5.9)	72	27.5 (21.1-33.8)	2	5.8 (0.0-13.8)	13	4.8 (2.2-7.4)	53	5.9 (4.3-7.4)

Source: Nevada Electronic Death Registry System.

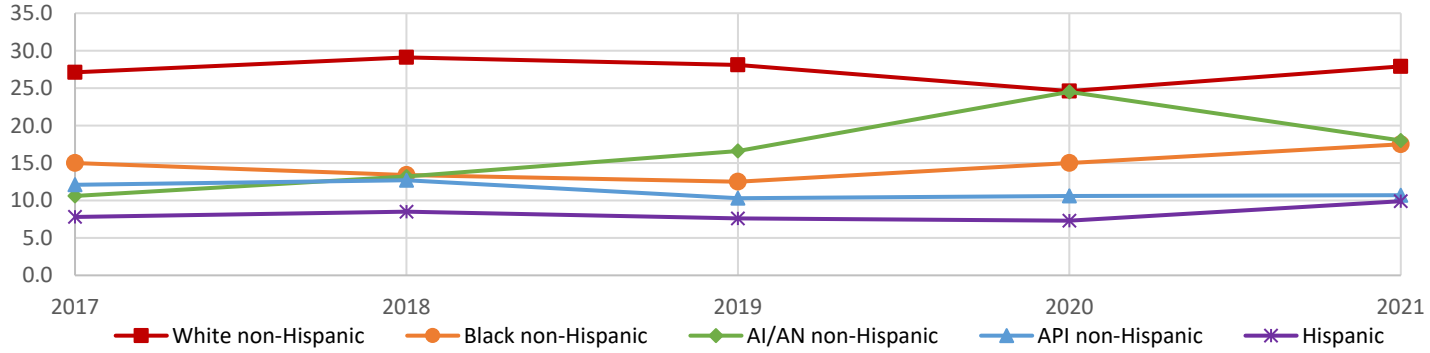
Figure 53. Homicide– Age-Adjusted Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	50	5.0 (3.6-6.4)	15	5.0 (2.4-7.5)	8	2.5 (0.8-4.2)
Black non-Hispanic	105	39.2 (31.7-46.7)	7	50.3 (13.0-87.6)	1	18.3 (0.0-54.1)
AI/AN non-Hispanic	0	0.0	0	0.0	2	14.9 (0.0-35.6)
API non-Hispanic	5	1.8 (0.2-3.3)	0	0.0	0	0.0
Hispanic	52	6.7 (4.9-8.5)	16	11.9 (6.1-17.8)	1	2.2 (0.0-6.5)

Source: Nevada Electronic Death Registry System.

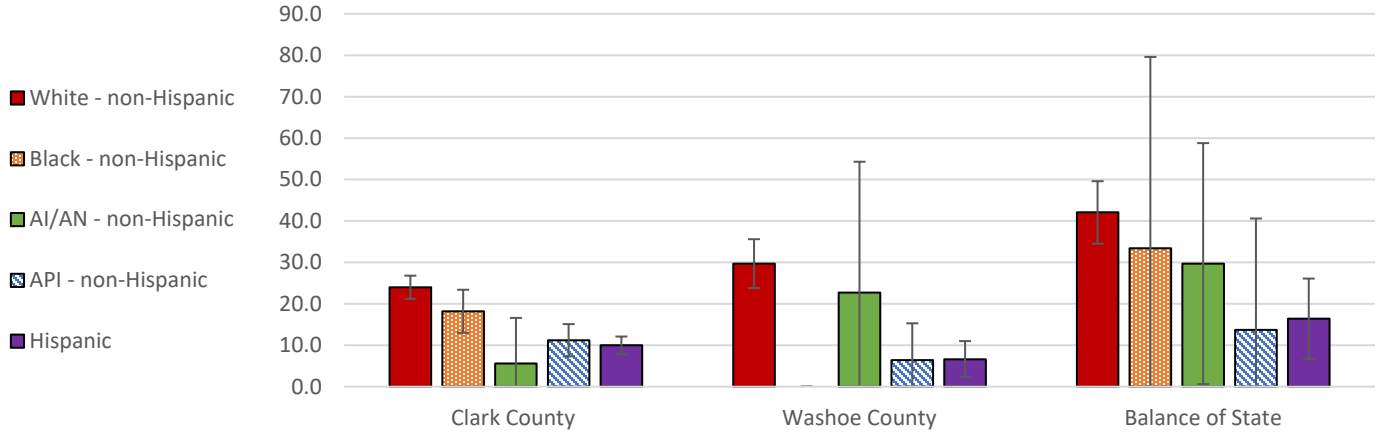
Figure 54. Suicide – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



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)
2021	490	27.9 (25.4-30.4)	49	17.5 (12.6-22.5)	7	18.0 (4.7-31.4)	34	10.7 (7.1-14.3)	101	9.9 (7.9-11.8)
2020	444	24.6 (22.3-26.9)	42	15.0 (10.5-19.5)	9	24.5 (8.5-40.6)	35	10.6 (7.1-14.2)	71	7.3 (5.6-9.0)
2019	496	28.1 (25.6-30.5)	35	12.5 (8.4-16.7)	6	16.6 (3.3-29.9)	32	10.3 (6.7-13.9)	68	7.6 (5.8-9.4)
2018	503	29.1 (26.5-31.6)	35	13.4 (9.0-17.9)	5	13.2 (1.6-24.8)	39	12.7 (8.7-16.7)	77	8.5 (6.6-10.4)
2017	466	27.1 (24.6-29.6)	38	15.0 (10.3-19.8)	4	10.6 (0.2-20.9)	35	12.1 (8.1-16.1)	65	7.8 (5.9-9.7)

Source: Nevada Electronic Death Registry System.

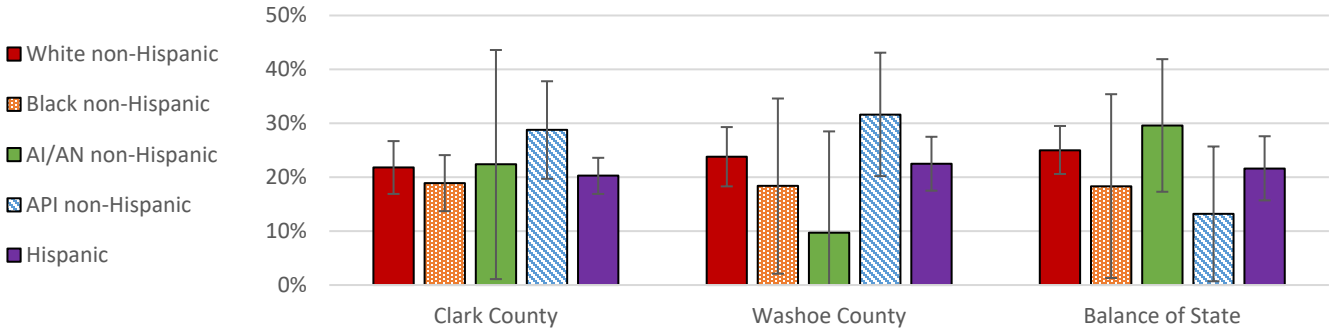
Figure 55. Suicide – Age-Adjusted Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	274	24.0 (21.2-26.8)	97	29.7 (23.8-35.6)	119	42.1 (34.5-49.6)
Black non-Hispanic	47	18.2 (13.0-23.4)	0	0.0	2	33.4 (0.0-79.6)
AI/AN non-Hispanic	1	5.6 (0.0-16.6)	2	22.7 (0.0-54.3)	4	29.7 (0.6-58.8)
API non-Hispanic	31	11.2 (7.3-15.1)	2	6.4 (0.0-15.3)	1	13.7 (0.0-40.6)
Hispanic	81	10.0 (7.8-12.1)	9	6.6 (2.3-11.0)	11	16.4 (6.7-26.1)

Source: Nevada Electronic Death Registry System.

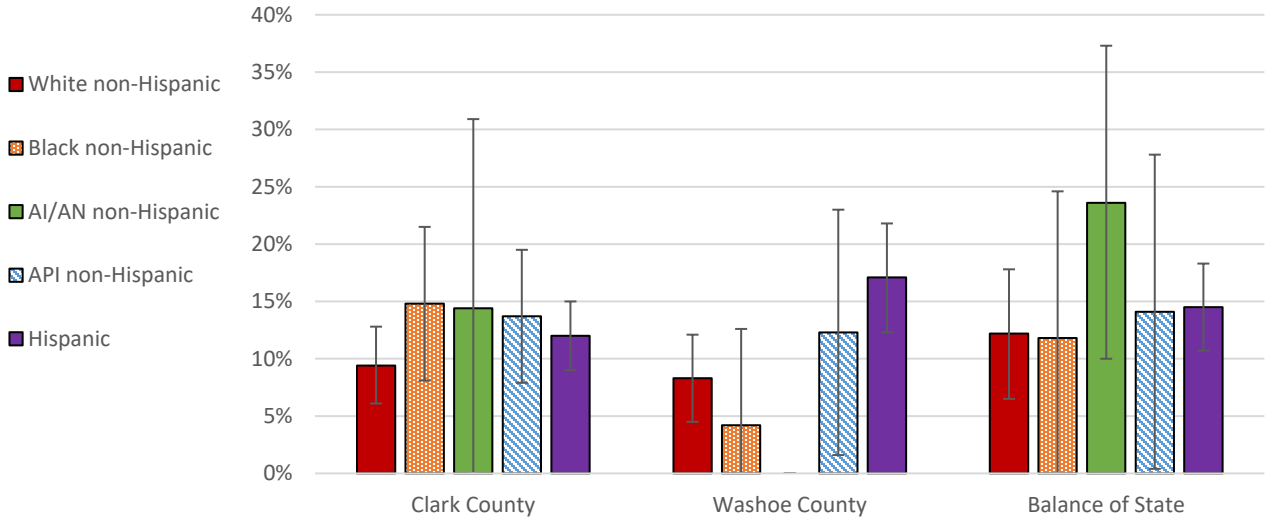
Figure 56. Nevada High School Students Who Seriously Considered Attempting Suicide – Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	21.8% (16.9-26.7)	23.8% (18.3-29.3)	25.0% (20.6-29.5)
Black non-Hispanic	18.9% (13.7-24.1)	18.4% (2.1-34.6)	18.3% (1.3-35.4)
AI/AN non-Hispanic	22.4% (1.1-43.6)	9.7% (0.0-28.5)	29.6% (17.3-41.9)
API non-Hispanic	28.8% (19.7-37.8)	31.6% (20.2-43.1)	13.2% (0.7-25.7)
Hispanic	20.3% (16.9-23.6)	22.5% (17.5-27.5)	21.6% (15.7-27.6)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report. Note: Graph scaled to 50% to display difference between groups.

Figure 57. Nevada High School Students Who Attempted Suicide – Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	9.4% (6.1-12.8)	8.3% (4.5-12.1)	12.2% (6.5-17.8)
Black non-Hispanic	14.8% (8.1-21.5)	4.2% (0.0-12.6)	11.8% (0.0-24.6)
AI/AN non-Hispanic	14.4% (0.0-30.9)	0.0% (0.0-0.0)	23.6% (10.0-37.3)
API non-Hispanic	13.7% (7.9-19.5)	12.3% (1.6-23.0)	14.1% (0.4-27.8)
Hispanic	12.0% (9.0-15.0)	17.1% (12.3-21.8)	14.5% (10.7-18.3)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report.
Note: Graph scaled to 40% to display difference between groups.

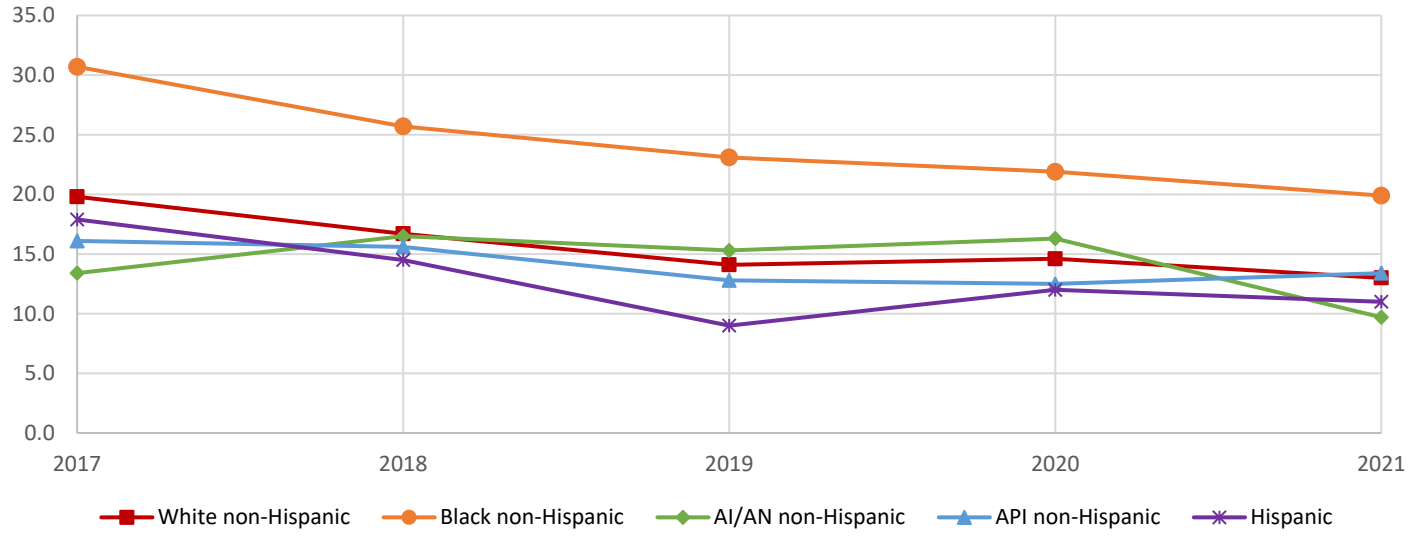
Influenza and Pneumonia

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 [32]. Pneumonia is an infection in one or both lungs, in which the lung's air sacs become inflamed and fill up with fluid, causing symptoms of coughing and/or trouble breathing.

Significant Findings:

- All race/ethnicities experienced a decrease in influenza and pneumonia death rates from 2017 to 2021 (Figure 58).
- White non-Hispanic population in the Balance of State had a significantly lower prevalence of receiving the flu shot (39.2%) than White non-Hispanic population in Washoe County (46.3%) (Figure 61).

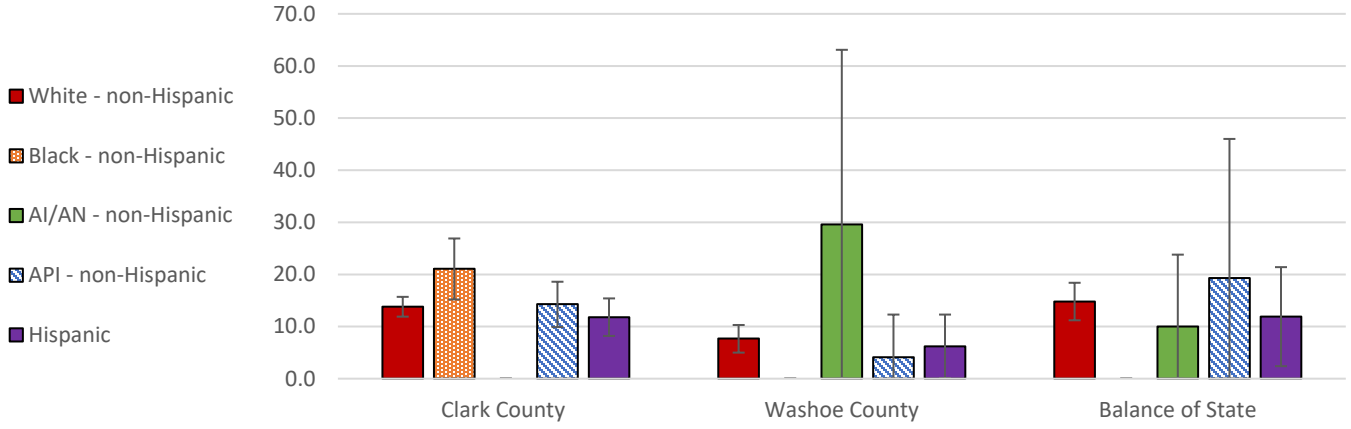
Figure 58. Influenza and Pneumonia Mortality – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	307	13.0 (11.5-14.5)	50	19.9 (14.4-25.4)	5	9.7 (1.2-18.3)	44	13.4 (9.4-17.3)	51	11.0 (8.0-14.1)
2020	339	14.6 (13.0-16.1)	56	21.9 (16.2-27.7)	7	16.3 (4.2-28.4)	36	12.5 (8.4-16.6)	58	12.0 (8.9-15.0)
2019	316	14.1 (12.5-15.6)	52	23.1 (16.8-29.3)	6	15.3 (3.1-27.6)	33	12.8 (8.5-17.2)	38	9.0 (6.2-11.9)
2018	368	16.7 (15.0-18.4)	54	25.7 (18.9-32.6)	7	16.5 (4.3-28.7)	39	15.6 (10.7-20.4)	57	14.5 (10.7-18.2)
2017	433	19.8 (17.9-21.7)	68	30.7 (23.4-38.0)	44	13.4 (9.4-17.3)	38	16.1 (10.9-21.2)	65	17.9 (13.6-22.3)

Source: Nevada Electronic Death Registry System.

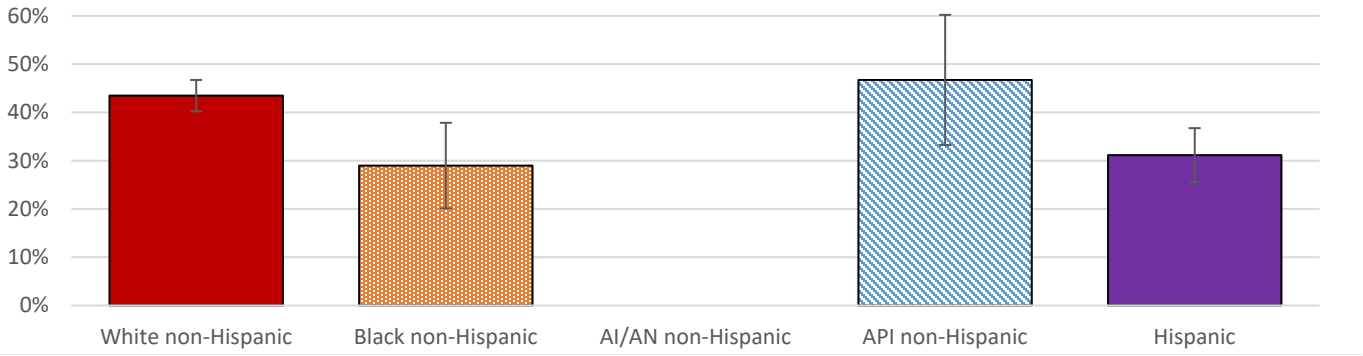
Figure 59. Influenza and Pneumonia Mortality – Age-Adjusted Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	207	13.8 (11.9-15.7)	32	7.7 (5.0-10.3)	66	14.8 (11.2-18.4)
Black non-Hispanic	50	21.1 (15.2-26.9)	0	0.0	0	0.0
AI/AN non-Hispanic	0	. (0.0-.)	3	29.6 (0.0-63.1)	2	10.0 (0.0-23.8)
API non-Hispanic	41	14.3 (9.9-18.6)	1	4.1 (0.0-12.3)	2	19.3 (0.0-46.0)
Hispanic	41	11.8 (8.2-15.4)	4	6.2 (0.1-12.3)	6	11.9 (2.4-21.4)

Source: Nevada Electronic Death Registry System.

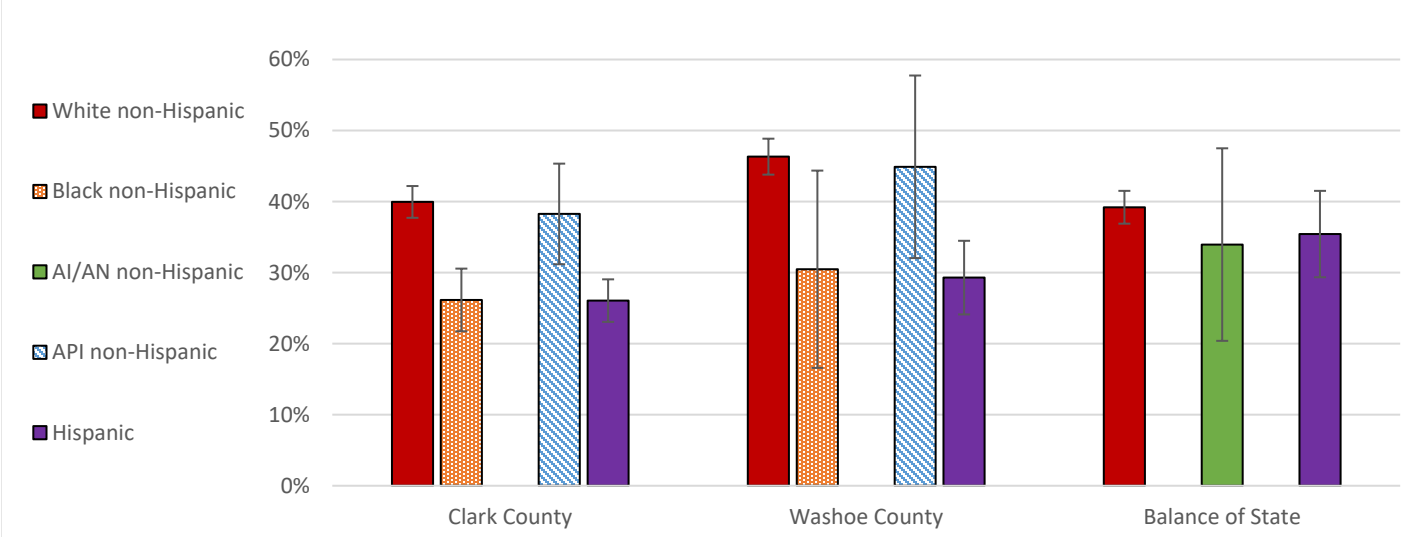
Figure 60. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	43.5% (40.2-46.7)	29.0% (20.1-37.8)	‡	46.7% (33.2-60.2)	31.2% (25.6-36.7)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 61. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	40.0% (37.7-42.2)	46.3% (43.8-48.9)	39.2% (36.9-41.5)
Black non-Hispanic	26.2% (21.7-30.6)	30.5% (16.6-44.4)	‡
AI/AN non-Hispanic	‡	‡	33.9% (20.4-47.5)
API non-Hispanic	38.3% (31.2-45.3)	44.9% (32.1-57.7)	‡
Hispanic	26.1% (23.1-29.1)	29.3% (24.1-34.5)	35.4% (29.3-41.5)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

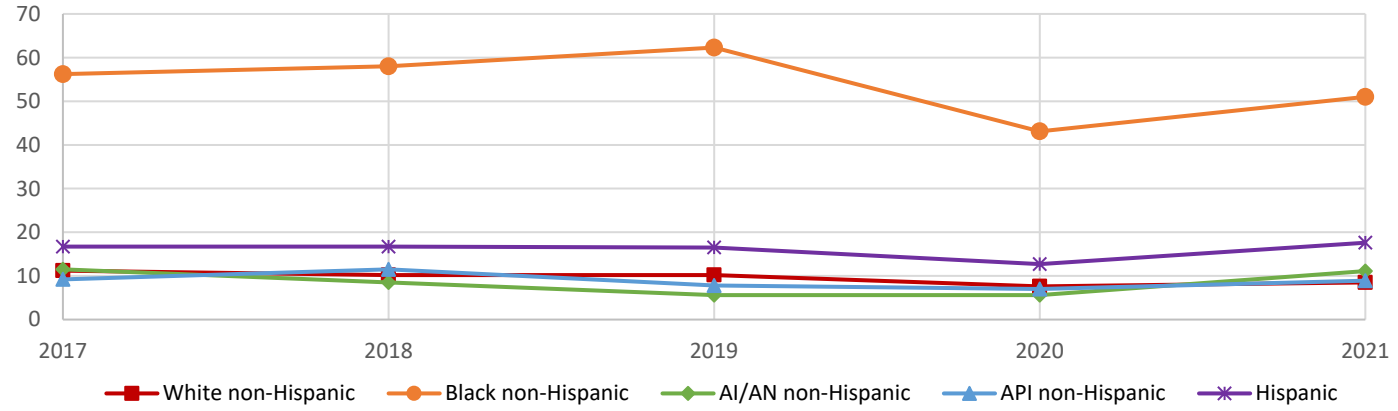
HIV/AIDS

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) [33]. No effective cure exists for HIV, but, with proper medical care, HIV can be controlled. The annual number of new diagnoses of HIV decreased 8% in the US from 2016 to 2019 [34].

Significant Findings:

- Black non-Hispanic population had significantly higher rates of reported cases of HIV infection than every other race/ethnicity group for each year from 2017 to 2021 (Figure 62).
- White non-Hispanic male population in Clark County (18.0 per 100,000) had significantly higher rates of reported cases of HIV infection than White non-Hispanic in the Balance of Sate (3.9 per 100,000) (Figure 65).
- In 2021, rates of reported cases of HIV were significantly higher among males in every race/ethnicity group for Clark County than their respective race/ethnicity groups among females (Figure 65 and Figure 67).

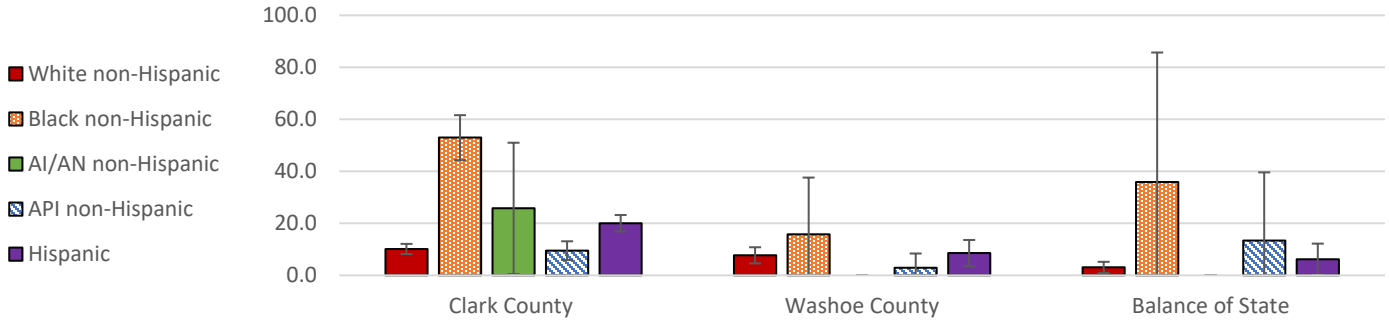
Figure 62. New HIV Infections – Crude Rates by Race/Ethnicity and Year, Males and Females, Nevada Residents, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	134	8.5 (7.1 - 9.9)	148	51.0 (42.8 - 59.2)	4	11.1 (0.2 - 21.9)	29	8.9 (5.7 - 12.1)	174	17.6 (15.0 - 20.3)
2020	120	7.6 (6.3 - 9.0)	122	43.1 (35.4 - 50.7)	2	5.6 (0.0 - 13.3)	22	7.0 (4.0 - 9.9)	122	12.7 (10.5 - 15.0)
2019	160	10.2 (8.6 - 11.8)	172	62.3 (53.0 - 71.6)	2	5.6 (0.0 - 13.4)	24	7.8 (4.7 - 11.0)	154	16.5 (13.9 - 19.2)
2018	159	10.2 (8.6 - 11.8)	156	58.0 (48.9 - 67.1)	3	8.5 (0.0 - 18.1)	34	11.5 (7.6 - 15.3)	151	16.7 (14.1 - 19.4)
2017	173	11.2 (9.5 - 12.9)	146	56.2 (47.1 - 65.3)	4	11.5 (0.2 - 22.8)	26	9.2 (5.7 - 12.7)	145	16.7 (14.0 - 19.4)

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

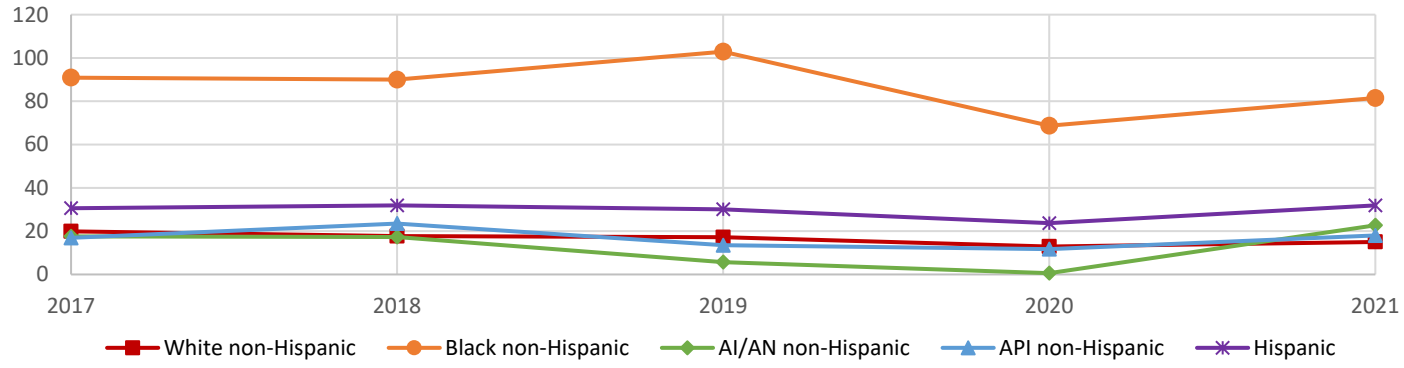
Figure 63. New HIV Infections – Crude Rates by Race/Ethnicity and Region, Males and Females, Nevada Residents, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	103	10.1 (8.2-12.1)	23	7.7 (4.6-10.8)	8	3.1 (0.9-5.2)
Black non-Hispanic	144	53.0 (44.3-61.6)	2	15.8 (0.0-37.6)	2	35.9 (0.0-85.7)
AI/AN non-Hispanic	4	25.8 (0.5-51.0)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)
API non-Hispanic	27	9.5 (5.9-13.1)	1	2.9 (0.0-8.4)	1	13.4 (0.0-39.6)
Hispanic	159	20.0 (16.9-23.2)	11	8.6 (3.5-13.6)	4	6.2 (0.1-12.2)

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

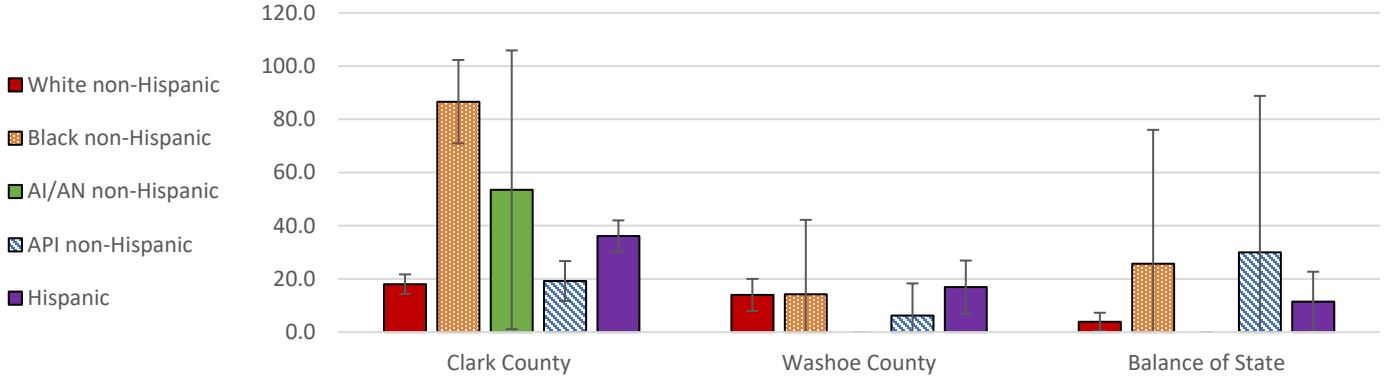
Figure 64. New HIV Infections – Crude Rates by Race/Ethnicity and Year, Nevada Males, 2017-2021



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)
2021	119	15.0 (12.3 - 17.7)	119	81.5 (66.9 - 96.1)	4	22.7 (0.5 - 45.0)	27	18.0 (11.2 - 24.8)	159	31.9 (26.9 - 36.9)
2020	102	12.9 (10.4 - 15.4)	98	68.7 (55.1 - 82.3)	2	0.6 (0.0 - 27.1)	17	11.7 (6.1 - 17.2)	115	23.7 (19.4 - 28.0)
2019	136	17.2 (14.3 - 20.1)	143	102.9 (86.0 - 119.7)	1	5.7 (0.0 - 17.0)	19	13.5 (7.4 - 19.5)	142	30.1 (25.2 - 35.1)
2018	139	17.7 (14.7 - 20.6)	122	90.0 (74.1 - 106.0)	3	17.3 (0.0 - 36.9)	32	23.5 (15.3 - 31.6)	146	31.9 (26.7 - 37.1)
2017	155	19.9 (16.8 - 23.0)	119	90.9 (74.6 - 107.2)	3	17.6 (0.0 - 37.5)	22	16.9 (9.8 - 24.0)	135	30.6 (25.5 - 35.8)

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

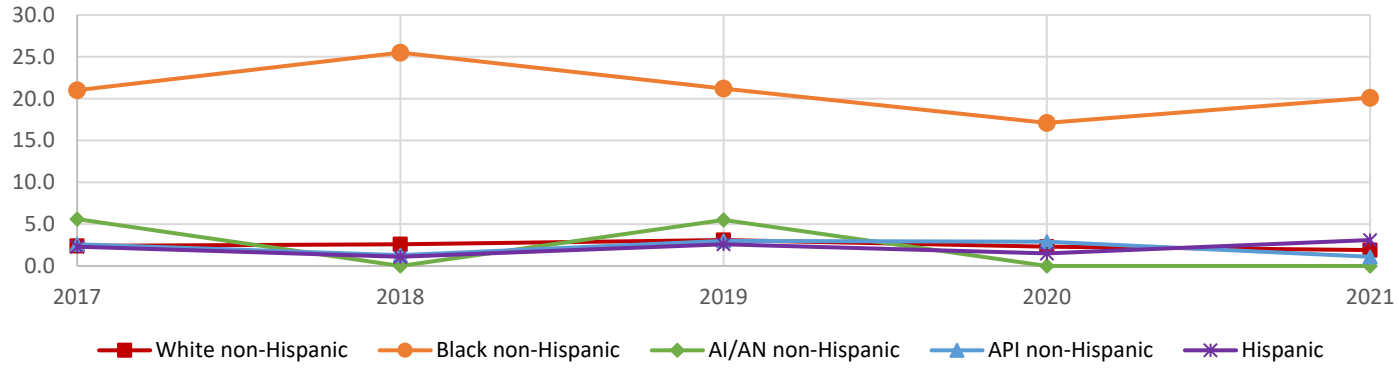
Figure 65. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Males, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	93	18.0 (14.4-21.7)	21	14.0 (8.0-20.0)	5	3.9 (0.5-7.3)
Black non-Hispanic	117	86.6 (70.9-102.3)	1	14.2 (0.0-42.2)	1	25.7 (0.0-76.0)
AI/AN non-Hispanic	4	53.5 (1.1-105.9)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)
API non-Hispanic	25	19.2 (11.7-26.7)	1	6.2 (0.0-18.3)	1	30.0 (0.0-88.8)
Hispanic	144	36.1 (30.2-42.0)	11	16.9 (6.9-26.9)	4	11.5 (0.23-22.7)

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

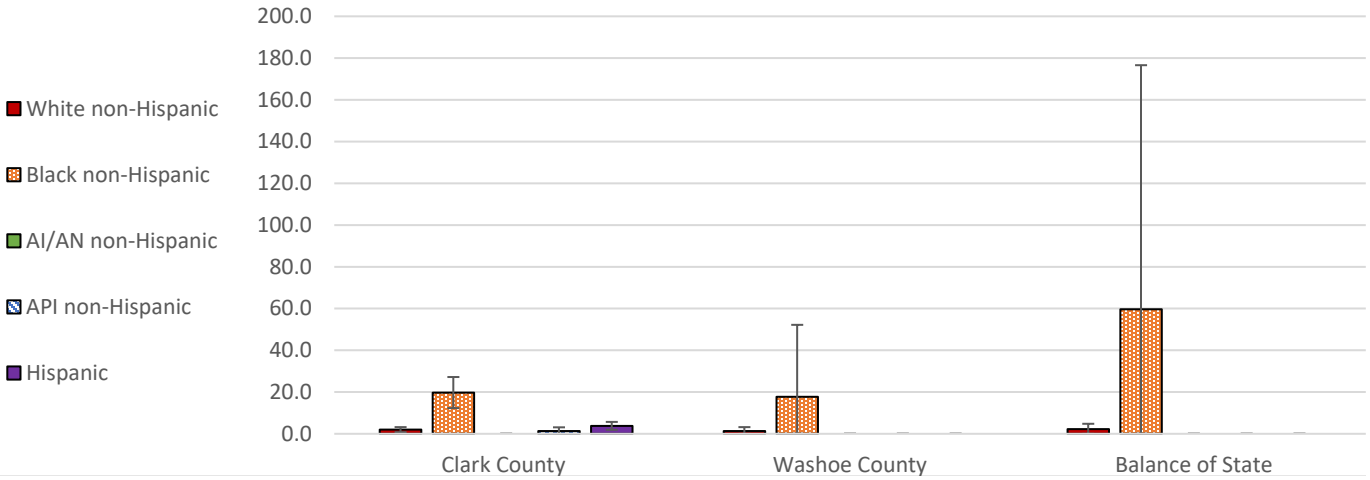
Figure 66. New HIV Infections – Crude Rates by Race/Ethnicity and Year, Nevada Females, 2017-2021



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)
2021	15	1.9 (0.9 - 2.9)	29	20.1 (12.8 - 27.5)	0	0.0 (0.0-0.0)	2	1.1 (0.0 - 2.7)	15	3.1 (1.5 - 4.6)
2020	18	2.3 (1.2 - 3.4)	24	17.1 (10.2 - 23.9)	0	0.0 (0.0-0.0)	5	2.9 (0.4 - 5.5)	7	1.5 (0.4 - 2.6)
2019	24	3.1 (1.9 - 4.3)	19	21.2 (13.5 - 28.9)	1	5.5 (0.0 - 16.3)	5	3.0 (0.4 - 5.7)	12	2.6 (1.1 - 4.1)
2018	20	2.6 (1.5 - 3.7)	34	25.5 (16.9 - 34.0)	0	0.0 (0.0-0.0)	2	1.3 (0.0 - 3.0)	5	1.1 (0.1 - 2.1)
2017	18	2.4 (1.3 - 3.5)	27	21.0 (13.1 - 28.9)	1	5.6 (0.0 - 16.7)	4	2.6 (0.1 - 5.2)	10	2.3 (0.9 - 3.8)

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

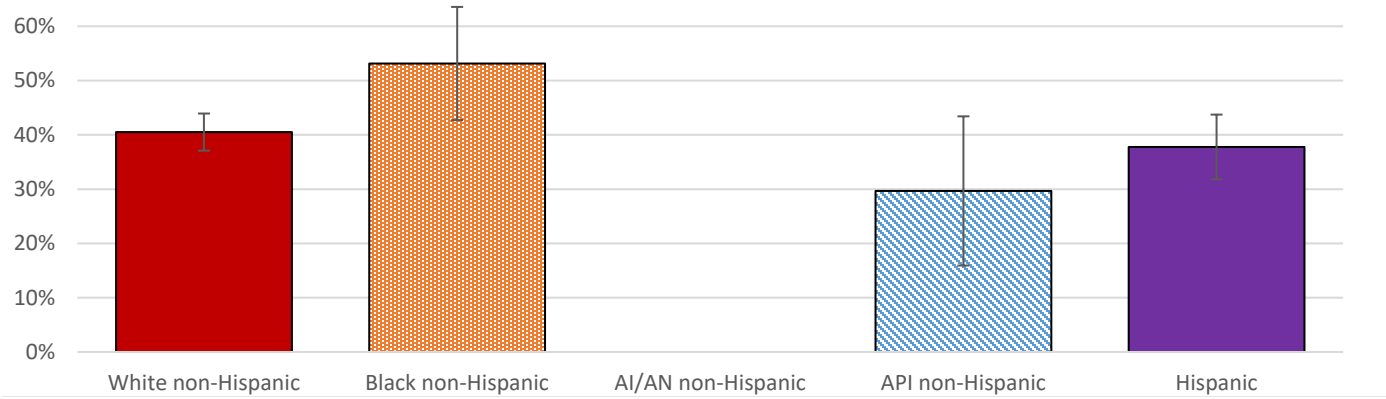
Figure 67. New HIV Infections – Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Females, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	10	2.0 (0.8-3.2)	2	1.3 (0.0-3.2)	3	2.3 (0.0-4.8)
Black non-Hispanic	27	19.7 (12.3-27.2)	1	17.7 (0.0-52.2)	1	59.7 (0.0-176.6)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)
API non-Hispanic	2	1.3 (0.0-3.1)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)
Hispanic	15	3.8 (1.9-5.7)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)

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

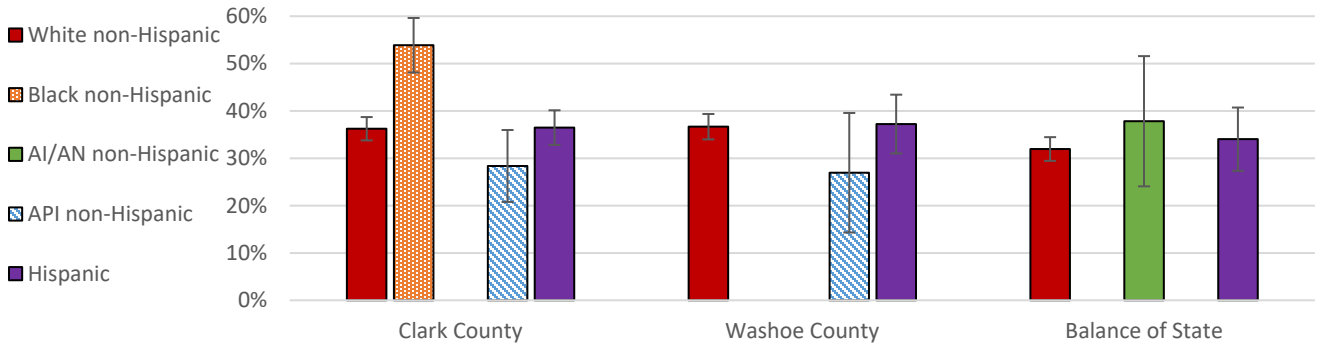
Figure 68. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	40.5% (37.1-43.9)	53.1% (42.7-63.6)	‡	29.7% (15.9-43.4)	37.8% (31.8-43.7)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

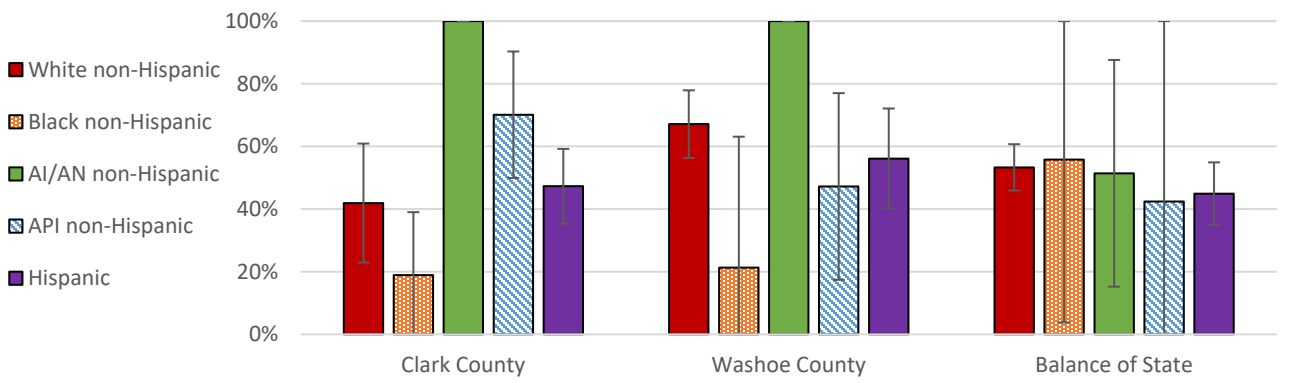
Figure 69. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	36.2% (33.8-38.7)	36.7% (34.0-39.4)	32.0% (29.5-34.5)
Black non-Hispanic	53.9% (48.1-59.6)	‡	‡
AI/AN non-Hispanic	‡	‡	37.8% (24.1-51.6)
API non-Hispanic	28.4% (20.8-36.0)	26.9% (14.3-39.6)	‡
Hispanic	36.5% (32.8-40.1)	37.2% (31.0-43.4)	34.0% (27.3-40.7)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 60% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 70. Nevada High School Students Who Used a Condom During Their Last Sexual Intercourse – Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	41.9% (22.9-60.9)	67.1% (56.3-77.9)	53.3% (45.9-60.7)
Black non-Hispanic	18.9% (0.0-39)	21.3% (0.0-63.1)	55.8% (3.8-100.0)
AI/AN non-Hispanic	100.0% (0.0-100.0)	100.0% (0.0-100.0)	51.4% (15.2-87.6)
API non-Hispanic	70.1% (49.9-90.3)	47.2% (17.4-77.0)	42.4% (0.0-100.0)
Hispanic	47.3% (35.3-59.2)	56.1% (40.2-72.1)	44.9% (35.0-54.9)

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

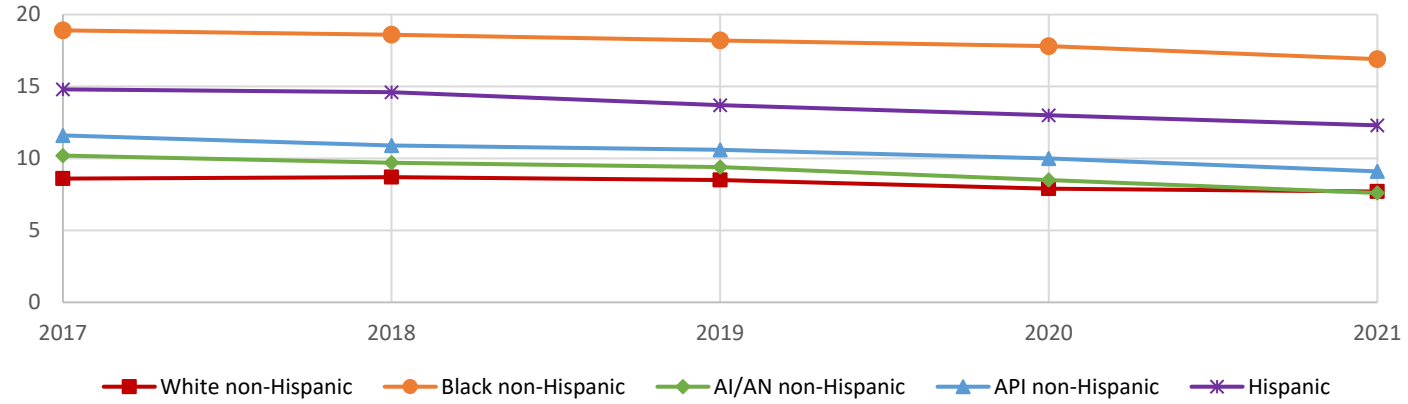
Maternal and Infant Health

Teen birth rate is defined as the number of live births to mothers aged 15 - 19 years per 1,000 female population. In 2021, the teen birth rate in the US was 13.9 live births per 1,000 women [36]. In Nevada, the teen birth rate was 12.9 live births per 1,000 female population, in 2021. Infant mortality is defined as a death of an infant before their first birthday. In 2020, in the US, the infant mortality rate was 5.4 deaths per 1,000 live births [37]. In Nevada, the Infant mortality rate was 5.6 per 1,000 live births in 2021.

Significant Findings:

- In 2021, Black non-Hispanic population had significantly higher birth rates, at 16.9 per 1,000 population, than any other race/ethnicity group (Figure 71).
- White non-Hispanic population in Washoe County had significantly higher birth rates, at 8.8 per 1,000 population, than White non-Hispanic population in Clark County (7.4 per 1,000) and the Balance of State (7.6 per 1,000) population (Figure 72).
- White non-Hispanic population in Washoe County and the Balance of State had significantly higher teen birth rates, at 9.1, and 13.6 per 1,000 women (respectively) ages 15-19, than White non-Hispanic women in Clark County (6.0 per 1,000 women) (Figure 74).
- Hispanic population in the Balance of State had significantly higher teen birth rates, at 24.7 per 1,000 women ages 15-19, than Hispanic women in Clark County (14.1 per 1,000 women) and Hispanic women in Washoe County (14.8 per 1,000 women) (Figure 74).
- In 2021, Black non-Hispanic population had significantly higher low birthweight birth rates, at 127.3 per 1,000 live births, than White non-Hispanic, American Indian/Alaskan Native non-Hispanic, Asian/Pacific Islander non-Hispanic, and Hispanic populations (Figure 75).
- In 2021, Black non-Hispanic populations had significantly higher infant mortality rates, at 10.8 deaths per 1,000 live births, than White non-Hispanic (4.6 per 1,000 live births), Asian/Pacific Islander non-Hispanic (3.4 per 1,000 live births) and Hispanic (5.3 per 1,000 live births) populations (Figure 79).

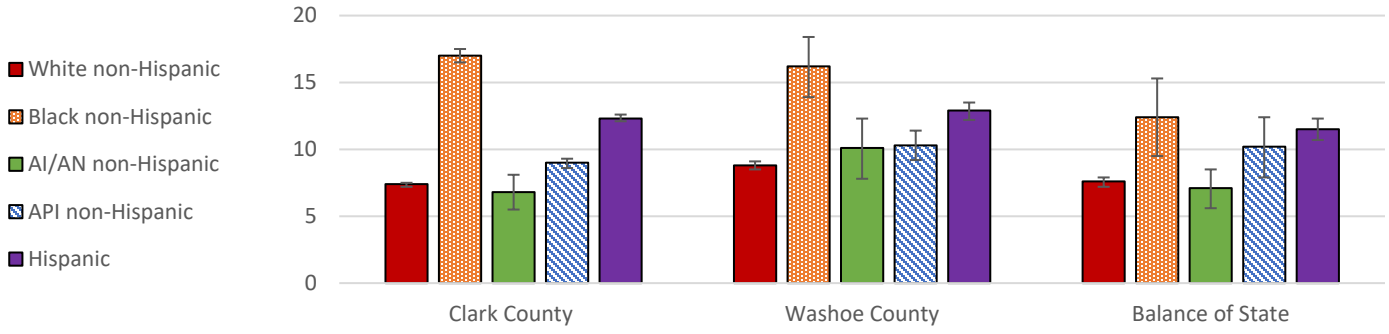
Figure 71. Overall Birth Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	12,098	7.7 (7.5-7.8)	4,895	16.9 (16.4-17.3)	274	7.6 (6.7-8.5)	2,972	9.1 (8.8-9.5)	12,177	12.3 (12.1-12.6)
2020	12,367	7.9 (7.7-8.0)	5,042	17.8 (17.3-18.3)	306	8.5 (7.6-9.5)	3,162	10.0 (9.6-10.3)	12,470	13.0 (12.8-13.2)
2019	13,370	8.5 (8.4-8.7)	5,035	18.2 (17.7-18.7)	334	9.4 (8.4-10.4)	3,242	10.6 (10.2-11.0)	12,716	13.7 (13.4-13.9)
2018	13,510	8.7 (8.5-8.8)	4,995	18.6 (18.1-19.1)	344	9.7 (8.7-10.8)	3,216	10.9 (10.5-11.2)	13,205	14.6 (14.4-14.9)
2017	13,201	8.6 (8.4-8.7)	4,920	18.9 (18.4-19.5)	356	10.2 (9.2-11.3)	3,276	11.6 (11.2-12.0)	12,851	14.8 (14.6-15.1)

Source: Nevada Electronic Birth Registry System.

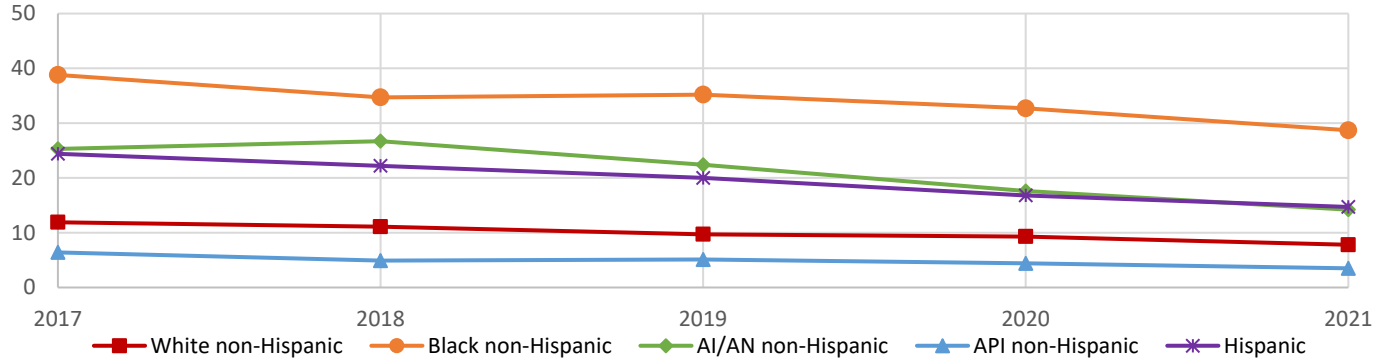
Figure 72. Overall Birth Rates by Race/Ethnicity and Region, Nevada, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	7,488	7.4 (7.2-7.5)	2,625	8.8 (8.5-9.1)	1,984	7.6 (7.2-7.9)
Black non-Hispanic	4,621	17.0 (16.5-17.5)	205	16.2 (13.9-18.4)	69	12.4 (9.5-15.3)
AI/AN non-Hispanic	106	6.8 (5.5-8.1)	75	10.1 (7.8-12.3)	93	7.1 (5.6-8.5)
API non-Hispanic	2,535	9.0 (8.6-9.3)	361	10.3 (9.2-11.4)	76	10.2 (7.9-12.4)
Hispanic	9,780	12.3 (12.1-12.6)	1,650	12.9 (12.2-13.5)	747	11.5 (10.7-12.3)

Source: Nevada Electronic Birth Registry System.

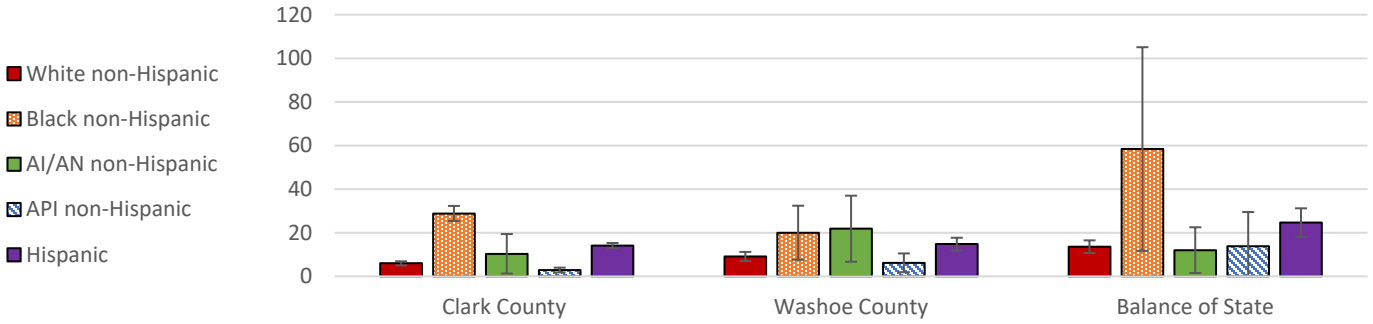
Figure 73. Teen Birth Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	302	7.8 (6.9-8.7)	284	28.7 (25.4-32.0)	18	14.2 (7.6-20.8)	38	3.5 (2.4-4.7)	687	14.7 (13.6-15.8)
2020	356	9.3 (8.4-10.3)	319	32.7 (29.1-36.3)	22	17.6 (10.3-25.0)	46	4.4 (3.1-5.7)	749	16.8 (15.6-18.0)
2019	368	9.7 (8.7-10.7)	341	35.2 (31.5-38.9)	26	22.4 (13.8-31.0)	50	5.1 (3.7-6.5)	866	20.0 (18.7-21.4)
2018	415	11.1 (10.0-12.2)	335	34.7 (31.0-38.4)	29	26.7 (17.0-36.5)	46	4.9 (3.5-6.3)	916	22.2 (20.7-23.6)
2017	443	11.9 (10.8-13.0)	365	38.8 (34.8-42.8)	27	25.3 (15.7-34.8)	56	6.4 (4.7-8.1)	956	24.4 (22.8-25.9)

Source: Nevada Electronic Birth Registry System.

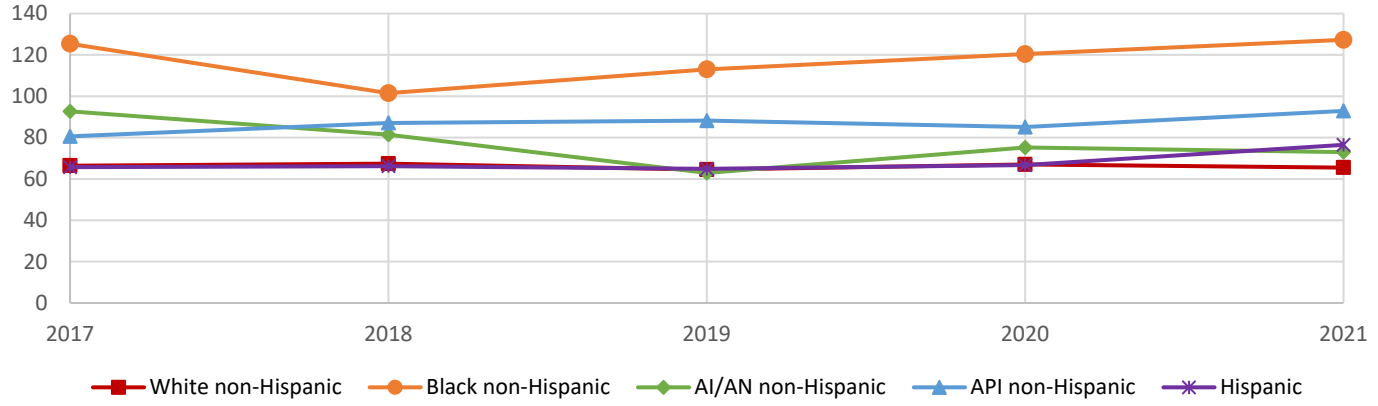
Figure 74. Teen Birth Rates by Race/Ethnicity and Region, Nevada, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	148	6.0 (5.0-6.9)	71	9.1 (7.0-11.2)	83	13.6 (10.7-16.5)
Black non-Hispanic	268	28.8 (25.4-32.3)	10	20.0 (7.6-32.4)	6	58.4 (11.7-105.1)
AI/AN non-Hispanic	5	10.3 (1.3-19.4)	8	21.9 (6.7-37.0)	5	12.0 (1.5-22.5)
API non-Hispanic	27	2.9 (1.8-4.0)	8	6.2 (1.9-10.5)	3	13.8 (0.0-29.5)
Hispanic	535	14.1 (12.9-15.3)	97	14.8 (11.9-17.7)	55	24.7 (18.1-31.2)

Source: Nevada Electronic Birth Registry System.

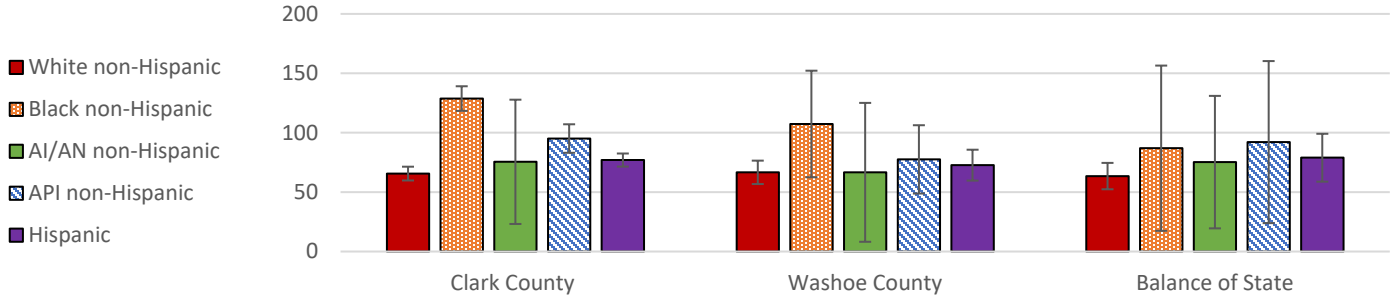
Figure 75. Low Birthweight (1,500g - 2,499g) Births



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	792	65.5 (60.9-70.0)	623	127.3 (117.3-137.3)	20	73.0 (41.0-105.0)	276	92.9 (81.9-103.8)	932	76.5 (71.6-81.5)
2020	828	67.0 (62.4-71.5)	607	120.4 (110.8-130.0)	23	75.2 (44.4-105.9)	269	85.1 (74.9-95.2)	832	66.7 (62.2-71.3)
2019	863	64.5 (60.2-68.9)	569	113.0 (103.7-122.3)	21	62.9 (36.0-89.8)	286	88.2 (78.0-98.4)	825	64.9 (60.5-69.3)
2018	911	67.4 (63.1-71.8)	507	101.5 (92.7-110.3)	28	81.4 (51.2-111.5)	280	87.1 (76.9-97.3)	874	66.2 (61.8-70.6)
2017	877	66.4 (62.0-70.8)	617	125.4 (115.5-135.3)	33	92.7 (61.1-124.3)	264	80.6 (70.9-90.3)	844	65.7 (61.2-70.1)

Source: Nevada Electronic Birth Registry System.

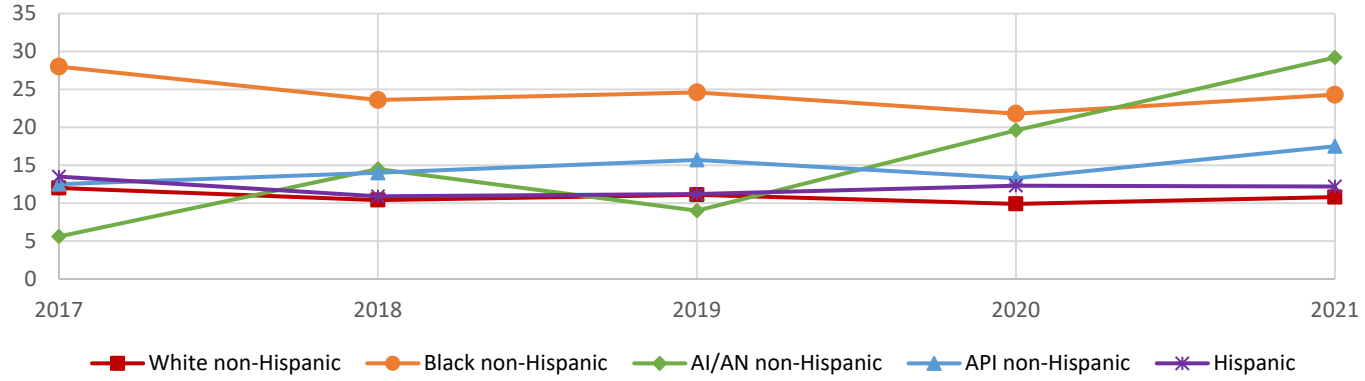
Figure 76. Low Birthweight (1,500g - 2,499g) Birth Rates by Race/Ethnicity and Region, Nevada, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	491	65.6 (59.8-71.4)	175	66.7 (56.8-76.5)	126	63.5 (52.4-74.6)
Black non-Hispanic	595	128.8 (118.4-139.1)	22	107.3 (62.5-152.2)	6	87.0 (17.4-156.5)
AI/AN non-Hispanic	8	75.5 (23.2-127.8)	5	66.7 (8.2-125.1)	7	75.3 (19.5-131.0)
API non-Hispanic	241	95.1 (83.1-107.1)	28	77.6 (48.8-106.3)	7	92.1 (23.9-160.3)
Hispanic	753	77.0 (71.5-82.5)	120	72.7 (59.7-85.7)	59	79.0 (58.8-99.1)

Source: Nevada Electronic Birth Registry System.

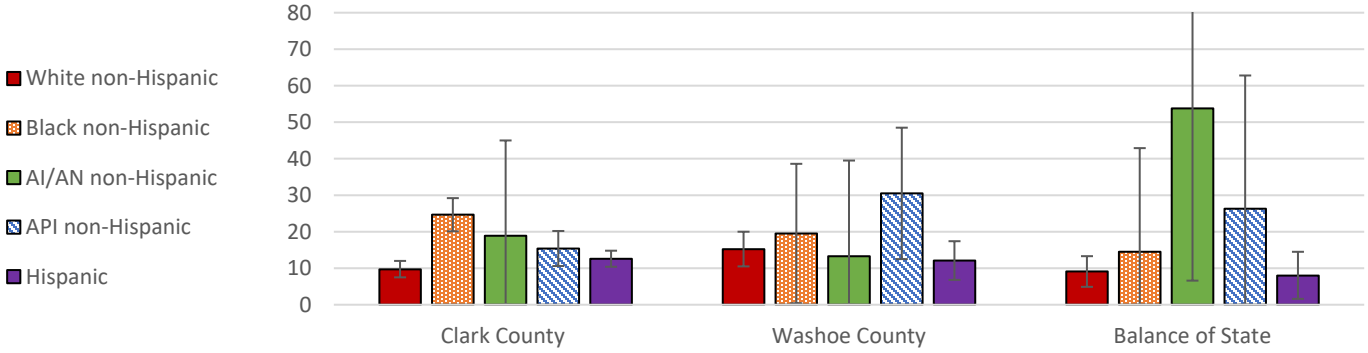
Figure 77. Very Low Birthweight (<1,500g) Birth Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	131	10.8 (9.0-12.7)	119	24.3 (19.9-28.7)	8	29.2 (9.0-49.4)	52	17.5 (12.7-22.3)	149	12.2 (10.3-14.2)
2020	123	9.9 (8.2-11.7)	110	21.8 (17.7-25.9)	6	19.6 (3.9-35.3)	42	13.3 (9.3-17.3)	153	12.3 (10.3-14.2)
2019	149	11.1 (9.4-12.9)	124	24.6 (20.3-29)	3	9.0 (0.0-19.1)	51	15.7 (11.4-20.0)	143	11.2 (9.4-13.1)
2018	140	10.4 (8.6-12.1)	118	23.6 (19.4-27.9)	5	14.5 (1.8-27.3)	45	14.0 (9.9-18.1)	144	10.9 (9.1-12.7)
2017	159	12.0 (10.2-13.9)	138	28.0 (23.4-32.7)	2	5.6 (0.0-13.4)	41	12.5 (8.7-16.3)	173	13.5 (11.5-15.5)

Source: Nevada Electronic Birth Registry System.

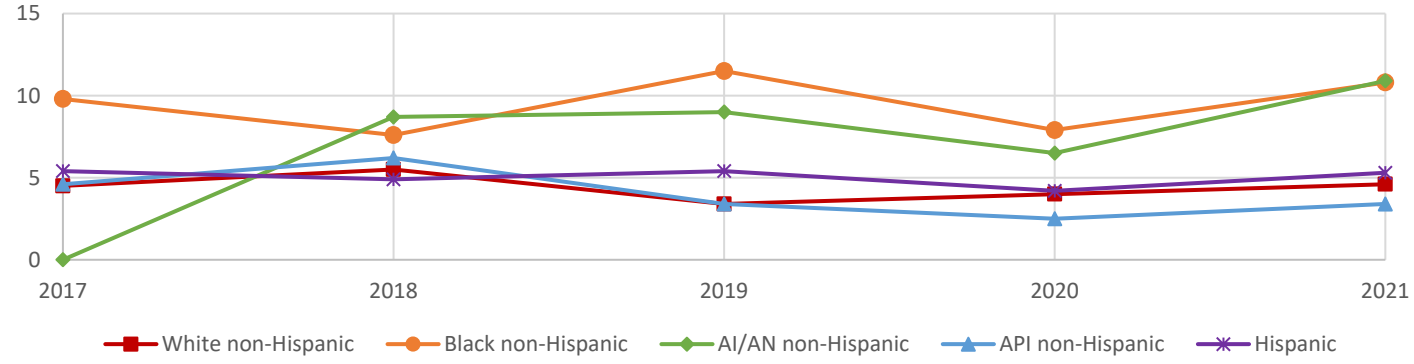
Figure 78. Very Low Birthweight (<1,500g) Birth Rates by Race/Ethnicity and Region, Nevada, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	73	9.7 (7.5-12.0)	40	15.2 (56.8-76.5)	18	9.1 (52.4-74.6)
Black non-Hispanic	114	24.7 (20.1-29.2)	4	19.5 (0.4-38.6)	1	14.5 (0.0-42.9)
AI/AN non-Hispanic	2	18.9 (0.0-45.0)	1	13.3 (0.0-39.5)	5	53.8 (6.6-100.9)
API non-Hispanic	39	15.4 (10.6-20.2)	11	30.5 (12.5-48.5)	2	26.3 (0.0-62.8)
Hispanic	123	12.6 (104.-14.8)	20	12.1 (6.8-17.4)	6	8.0 (1.6-14.5)

Source: Nevada Electronic Birth Registry System.

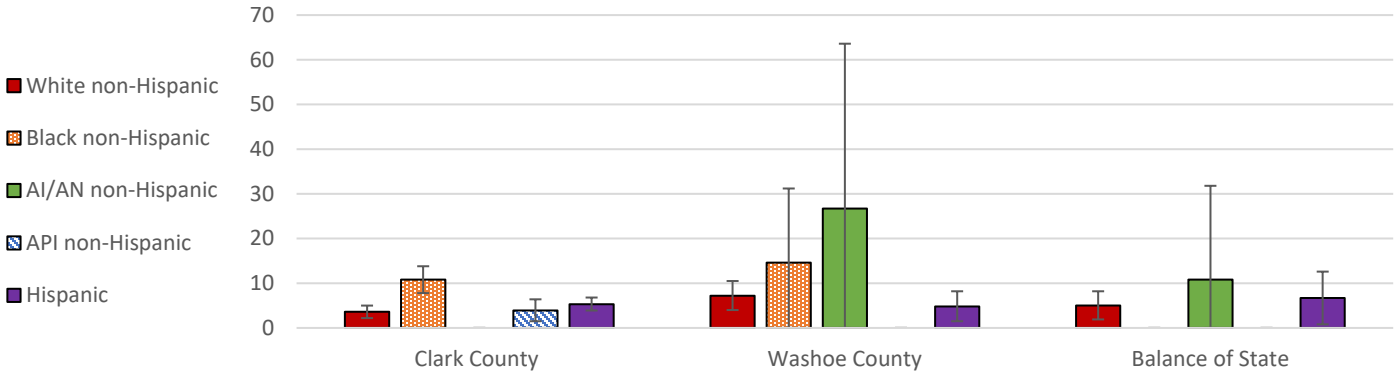
Figure 79. Infant Mortality Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	56	4.6 (3.4-5.8)	53	10.8 (7.9-13.7)	3	10.9 (0.0-23.3)	10	3.4 (1.3-5.5)	65	5.3 (4.0-6.6)
2020	50	4.0 (2.9-5.2)	40	7.9 (5.5-10.4)	2	6.5 (0.0-15.6)	8	2.5 (0.8-4.3)	52	4.2 (3.0-5.3)
2019	45	3.4 (2.4-4.3)	58	11.5 (8.6-14.5)	3	9.0 (0.0-19.1)	11	3.4 (1.4-5.4)	69	5.4 (4.1-6.7)
2018	74	5.5 (4.2-6.7)	38	7.6 (5.2-10.0)	3	8.7 (0.0-18.6)	20	6.2 (3.5-8.9)	65	4.9 (3.7-6.1)
2017	59	4.5 (3.3-5.6)	48	9.8 (7.0-12.5)	0	0.0 (0.0-0.0)	15	4.6 (2.3-6.9)	69	5.4 (4.1-6.6)

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

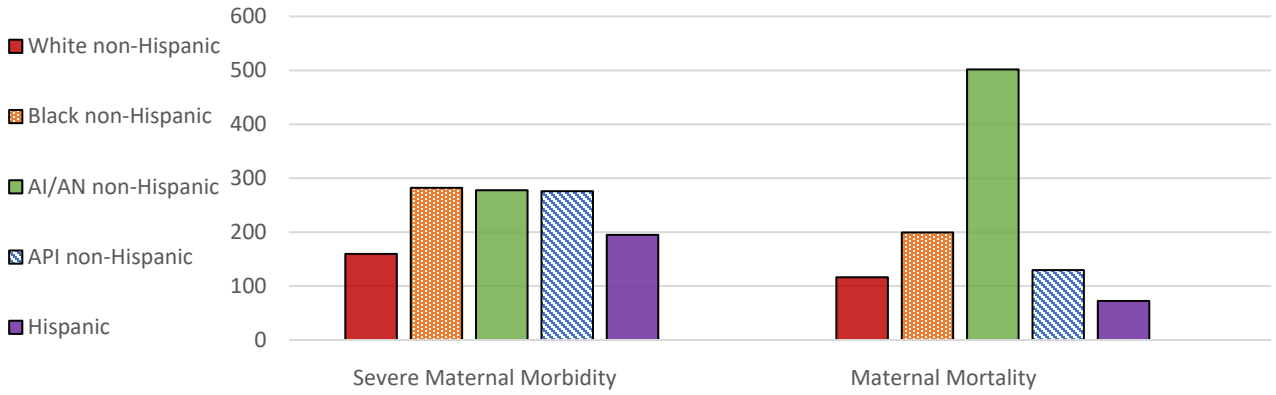
Figure 80. Infant Mortality Rates by Race/Ethnicity and Region, Nevada, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	27	3.6 (2.2-5.0)	19	7.2 (4.0-10.5)	10	5.0 (1.9-8.2)
Black non-Hispanic	50	10.8 (7.8-13.8)	3	14.6 (0.0-31.2)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	2	26.7 (0.0-63.6)	1	10.8 (0.0-31.8)
API non-Hispanic	10	3.9 (1.5-6.4)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)
Hispanic	52	5.3 (3.9-6.8)	8	4.8 (1.5-8.2)	5	6.7 (0.8-12.6)

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

Figure 81. Pregnancy-Associated Death (Maternal Mortality) and Severe Maternal Morbidity Ratios, Nevada, 2020-2021



Race/Ethnicity	Severe Maternal Morbidity	Maternal Mortality
White non-Hispanic	159.5	116.3
Black non-Hispanic	282.2	199.4
AI/AN non-Hispanic	277.8	501.7
API non-Hispanic	276.0	129.7
Hispanic	194.8	72.3

Source: Maternal Mortality and Severe Maternal Morbidity Report, 2020-2021

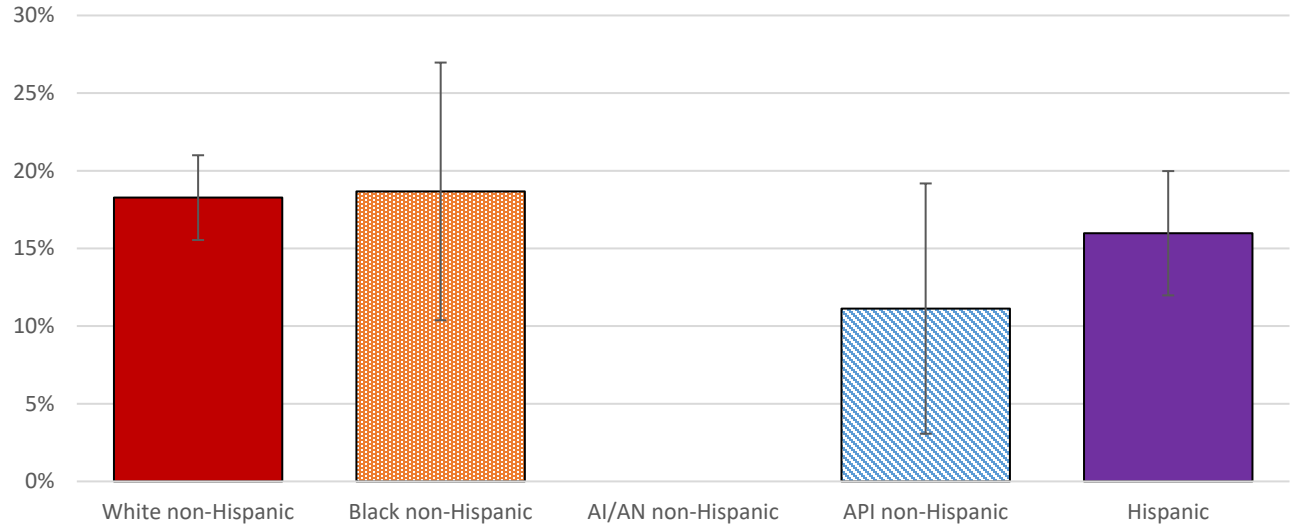
Mental Health

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 [38]. Mental illnesses, such as depression are ranked among the top-five diagnoses for hospitalized men and women aged 18-44 years than for any other age group [39] [40]. 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 2021, American Indian/Alaska Native non-Hispanic adult population in Washoe County reported a greater prevalence (29.2%) of difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition than Asian/Pacific Islander non-Hispanic and Hispanic adult population in Washoe County (6.9%, 10.7% respectively) (Figure 85).

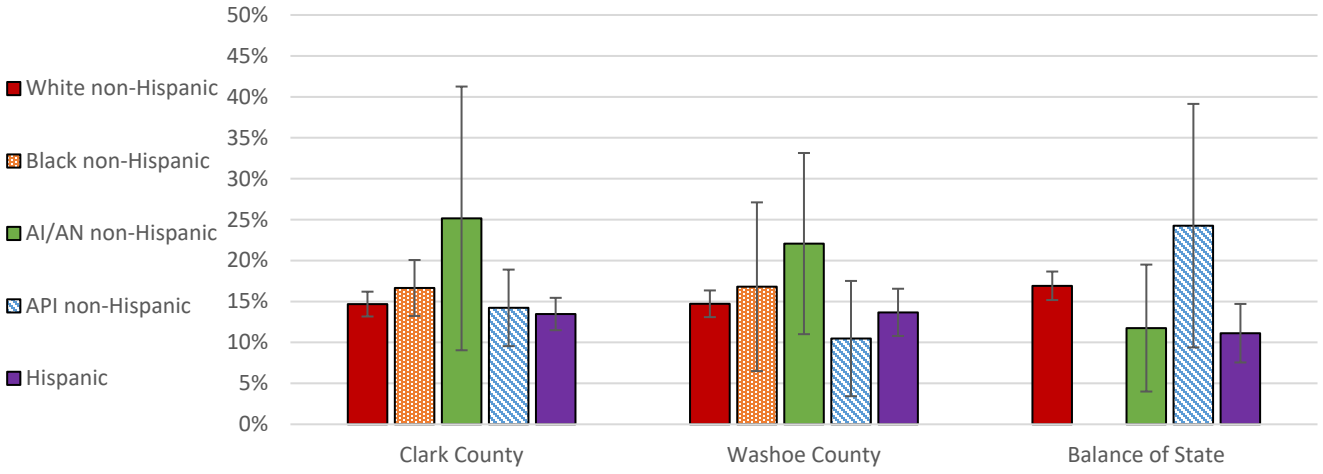
Figure 82. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	18.3% (15.5-21.0)	18.7% (10.4-27.0)	‡	11.1% (3.1-19.2)	16.0% (12.0-20.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 30% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

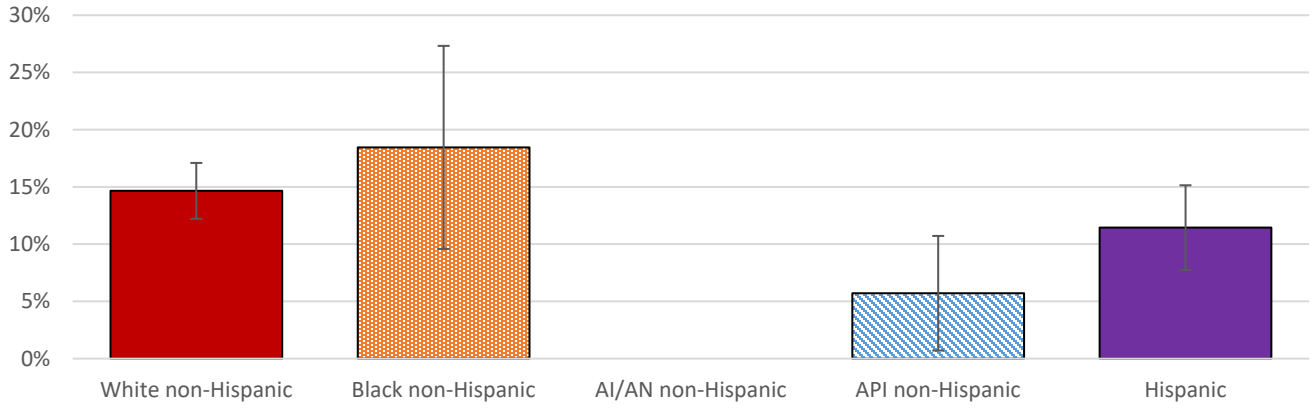
Figure 83. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	14.7% (13.2-16.2)	14.7% (13.1-16.4)	16.9% (15.2-18.7)
Black non-Hispanic	16.7% (13.2-20.1)	16.8% (6.5-27.1)	‡
AI/AN non-Hispanic	25.2% (9.0-41.3)	22.1% (11.0-33.1)	11.8% (4.0-19.5)
API non-Hispanic	14.2% (9.5-18.9)	10.5% (3.4-17.5)	24.3% (9.4-39.1)
Hispanic	13.5% (11.5-15.4)	13.7% (10.8-16.6)	11.1% (7.6-14.7)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 50% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

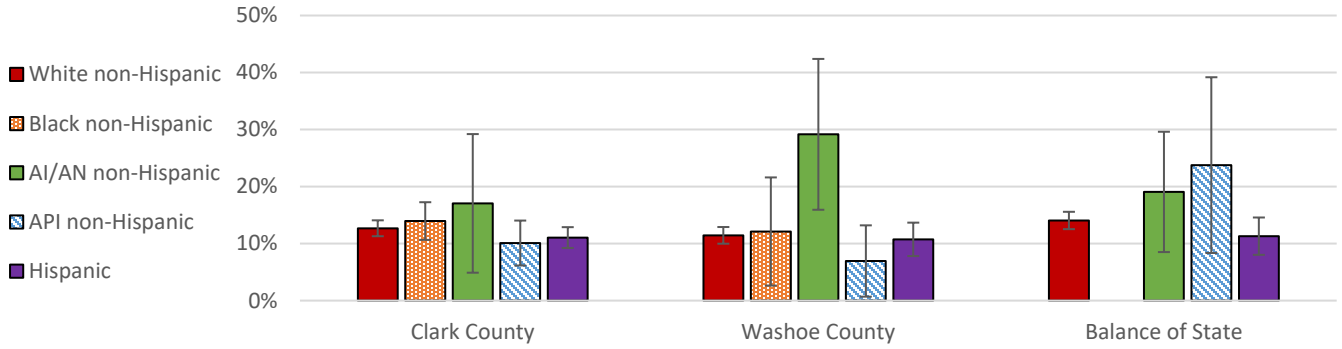
Figure 84. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	14.7% (12.2-17.1)	18.5% (9.6-27.3)	‡	5.7% (0.7-10.7)	11.4% (7.8-15.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 30% to display difference between groups
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

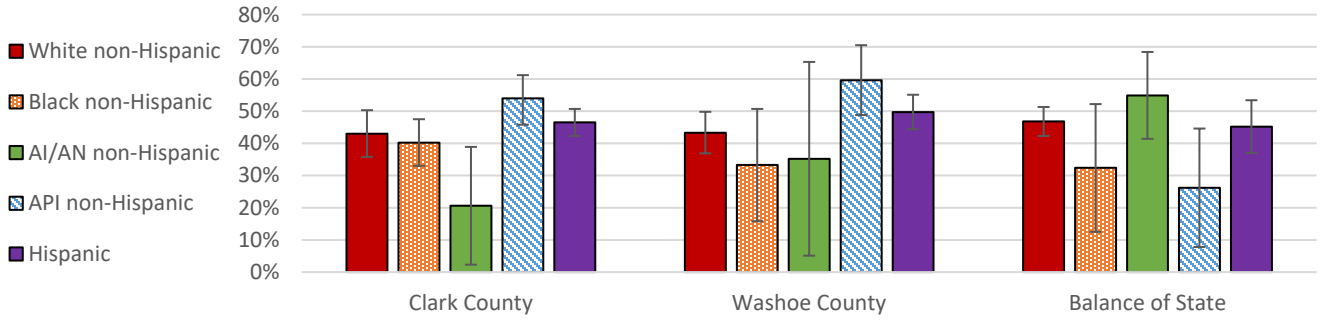
Figure 85. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions Because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	12.7% (11.3-14.1)	11.4% (10.0-12.9)	14.1% (12.5-15.6)
Black non-Hispanic	14.0% (10.7-17.3)	12.1% (2.6-21.6)	‡
AI/AN non-Hispanic	17.1% (4.9-29.2)	29.2% (15.9-42.4)	19.1% (8.5-29.6)
API non-Hispanic	10.1% (6.2-14.0)	6.9% (0.7-13.2)	23.8% (8.3-39.2)
Hispanic	11.1% (9.2-12.9)	10.7% (7.8-13.7)	11.3% (8.0-14.6)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 50% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

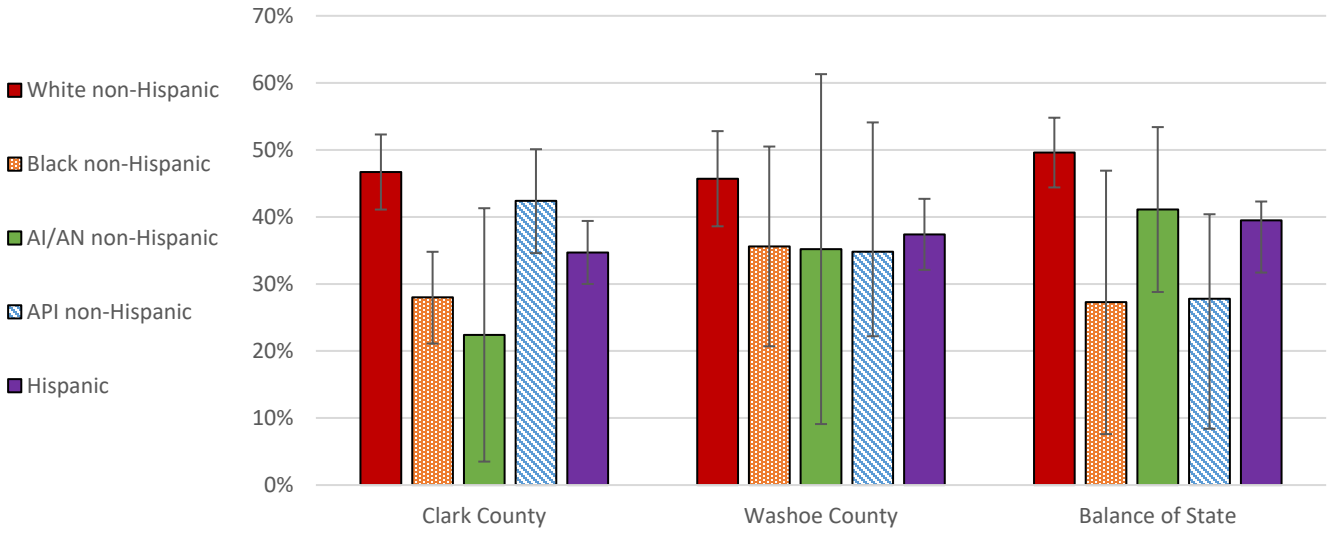
Figure 86. Nevada High School Students Who Felt Sad or Hopeless for Two or More Weeks in the 12 Months Before the Survey - Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	43.0% (35.8-50.3)	43.3% (36.9-49.8)	46.8% (42.3-51.3)
Black non-Hispanic	40.2% (33.0-47.5)	33.3% (15.8-50.7)	32.4% (12.5-52.2)
AI/AN non-Hispanic	20.6% (2.3-38.9)	35.2% (5.1-65.3)	54.9% (41.4-68.4)
API non-Hispanic	54.0% (45.8-61.2)	59.6% (48.8-70.5)	26.2% (7.8-44.6)
Hispanic	46.5% (42.3-50.7)	49.7% (44.4-55.1)	45.2% (37.0-53.4)

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

Figure 87. Nevada High School Students Who Ever Lived with Someone Who Was Depressed, Mentally Ill, or Suicidal - Prevalence by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	46.7% (41.1-52.3)	45.7% (38.6-52.8)	49.6% (44.4-54.8)
Black non-Hispanic	28.0% (21.1-34.8)	35.6% (20.7-50.5)	27.3% (7.6-46.9)
AI/AN non-Hispanic	22.4% (3.5-41.3)	35.2% (9.1-61.3)	41.1% (28.8-53.4)
API non-Hispanic	42.4% (34.6-50.1)	34.8% (22.2-47.4)	27.8% (8.4-47.1)
Hispanic	34.7% (30.0-39.4)	37.4% (32.1-42.7)	39.5% (31.7-42.3)

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

Communicable Disease

Communicable diseases are illnesses caused by an infectious agent or toxin through direct or indirect transmission via animals, vectors, or the environment [41]. 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 [42].

Significant Findings:

- In 2021, White non-Hispanic population (20.9 per 100,000) and Black non-Hispanic population (17.3 per 100,000) had significantly higher rates of enteric disease than Asian Pacific Islander non-Hispanic population (8.5 per 100,000) (Figure 88).
- White non-Hispanic population (28.6 per 100,000) in Washoe County and in the Balance of the State (25.8 per 100,000) had significantly higher rates of enteric disease than their respective race/ethnicity groups in Clark County (16.9 per 100,000) (Figure 89).
- In 2021, Black non-Hispanic population (11.8 per 100,000) and Asian Pacific Islander non-Hispanic (13.9 per 100,00) had significantly higher rates of respiratory disease than any White non-Hispanic (4.0 per 100,00) and Hispanic (4.4 per 100,00) (Figure 90).
- White non-Hispanic population in Clark County (4.7 per 100,000) had significantly higher rates of respiratory disease than White non-Hispanic population in Washoe County (2.7 per 100,000) and the Balance of State (2.6 per 100,000) (Figure 91).
- In 2021, Black non-Hispanic population (90.3 per 100,000) had significantly higher rates of vaccine preventable disease than White non-Hispanic (71.4 per 100,000), American Indian/Alaskan Native non-Hispanic (54.4), Asian/Pacific Islander non-Hispanic (13.9 per 100,000) and Hispanic (23.5 per 100,000) populations (Figure 92).

Figure 88. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021

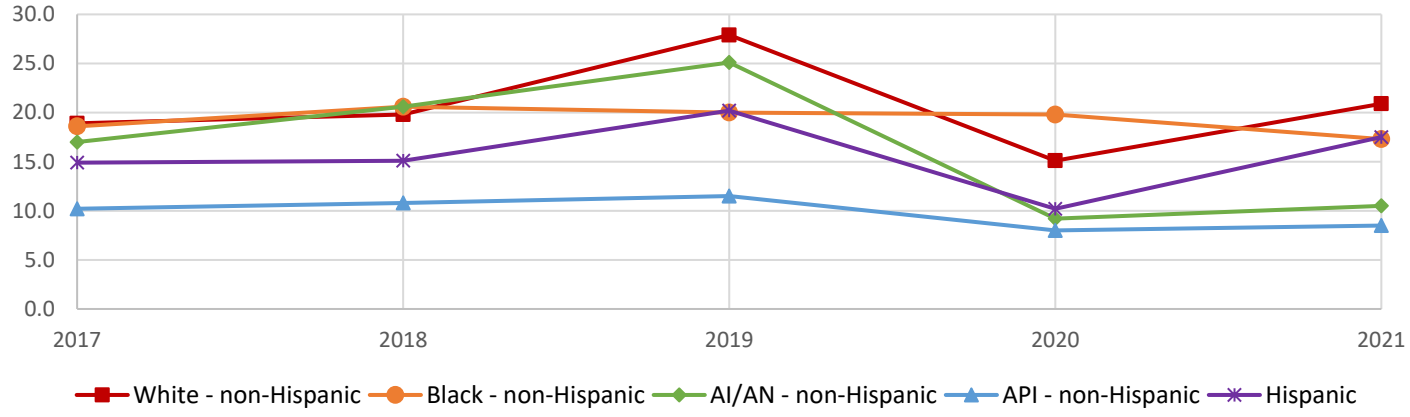


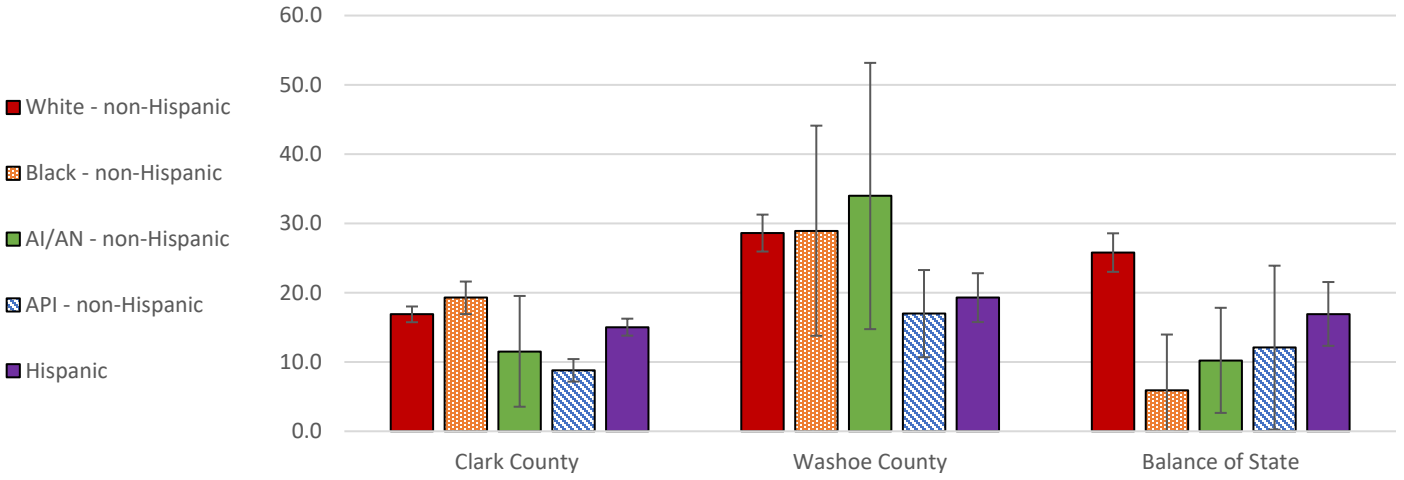
Figure 88. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021 (continued)

Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	337	20.9 (18.7-23.1)	52	17.3 (12.6-22.0)	3	10.5 (0.0-22.3)	27	8.5 (5.3-11.7)	167	17.5 (14.8-20.1)
2020	249	15.1 (13.3-17.0)	56	19.8 (14.6-25.0)	3	9.2 (0.0-19.6)	25	8.0 (4.9-11.1)	102	10.2 (8.2-12.2)
2019	432	27.9 (25.3-30.6)	57	20.0 (14.8-25.2)	9	25.1 (8.7-41.5)	34	11.5 (7.6-15.4)	194	20.2 (17.4-23.1)
2018	317	19.8 (17.7-22.0)	58	20.6 (15.3-26.0)	7	20.6 (5.3-35.9)	31	10.8 (7.0-14.6)	146	15.1 (12.7-17.6)
2017	289	18.9 (16.7-21.1)	51	18.6 (13.5-23.7)	5	17.0 (2.1-32.0)	28	10.2 (6.4-14.0)	135	14.9 (12.4-17.5)

**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 89. Enteric* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2017-2021 Aggregated

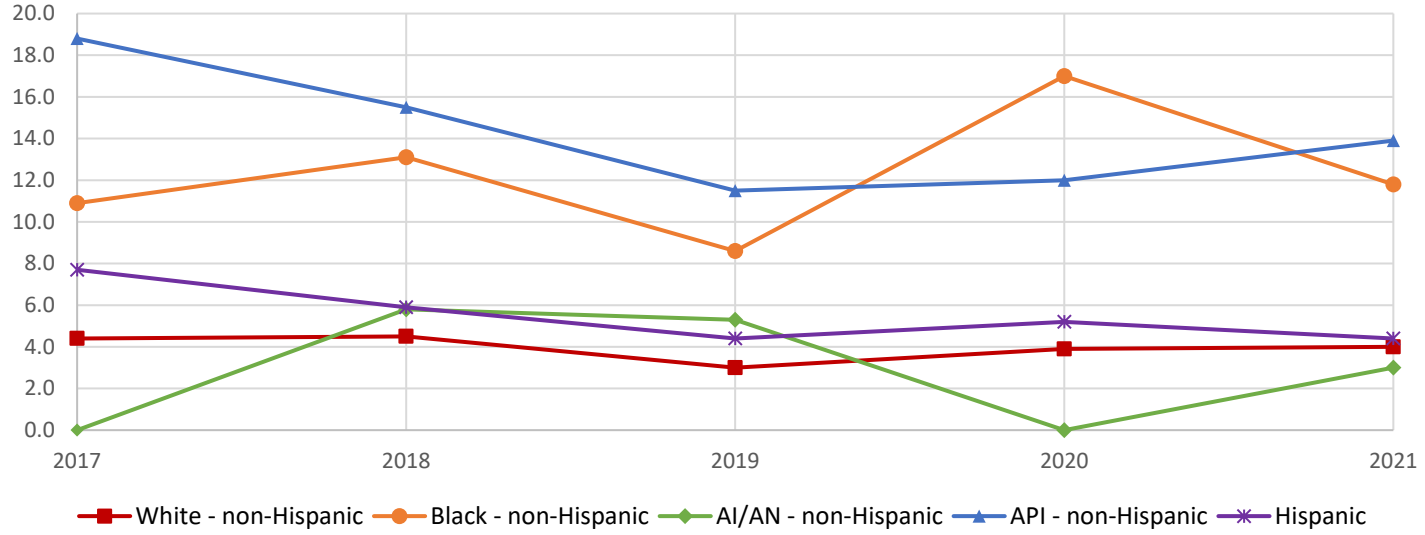


Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	851	16.9 (15.7-18.0)	443	28.6 (25.9-31.3)	330	25.8 (23.0-28.6)
Black non-Hispanic	258	19.3 (16.9-21.6)	14	28.9 (13.8-44.1)	2	5.9 (0.0-14.0)
AI/AN non-Hispanic	8	11.5 (3.5-19.5)	12	34.0 (14.7-53.2)	7	10.2 (2.7-17.8)
API non-Hispanic	113	8.8 (7.2-10.4)	28	17.0 (10.7-23.3)	4	12.1 (0.2-23.9)
Hispanic	577	15.0 (13.8-16.3)	115	19.3 (15.8-22.8)	52	16.9 (12.3-21.5)

**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 90. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	83	4.0 (3.1-4.8)	33	11.8 (7.8-15.9)	1	3.0 (0.0-8.8)	50	13.9 (10.1-17.8)	31	4.4 (2.9-6.0)
2020	83	3.9 (3.0-4.7)	46	17.0 (12.1-21.9)	0	0.0 (0.0-0.0)	40	12.0 (8.3-15.7)	31	5.2 (3.4-7.1)
2019	61	3.0 (2.3-3.8)	25	8.6 (5.3-12.0)	2	5.3 (0.0-12.6)	37	11.5 (7.8-15.2)	30	4.4 (2.8-6.0)
2018	80	4.5 (3.6-5.5)	33	13.1 (8.7-17.6)	2	5.8 (0.0-13.9)	50	15.5 (11.2-19.8)	40	5.9 (4.1-7.8)
2017	86	4.4 (3.5-5.3)	28	10.9 (6.9-15.0)	0	0.0 (0.0-0.0)	56	18.8 (13.9-23.7)	48	7.7 (5.5-9.9)

**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 91. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2017-2021 Aggregated

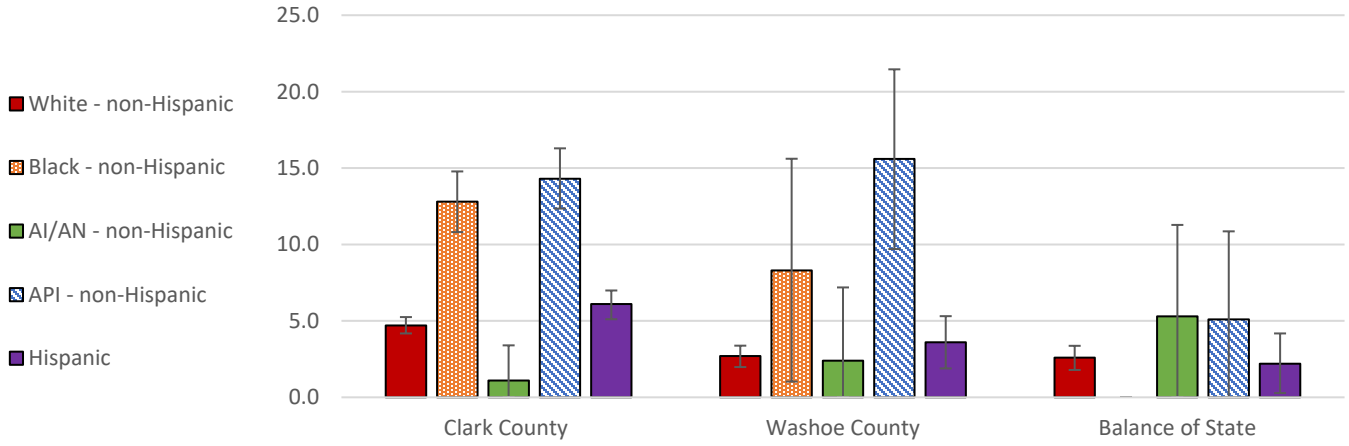
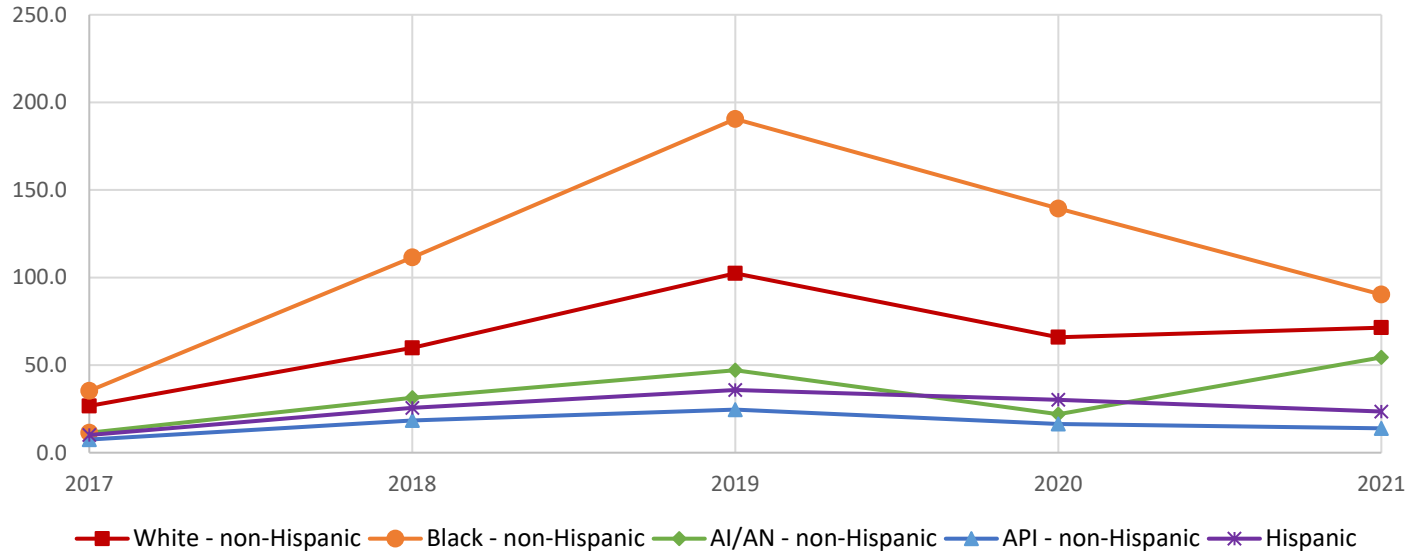


Figure 91. Respiratory* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2017-2021 Aggregated (Continued)

Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	296	4.7 (4.2-5.3)	56	2.7 (2.0-3.4)	41	2.6 (1.8-3.4)
Black non-Hispanic	160	12.8 (10.8-14.8)	5	8.3 (1.0-15.6)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	1	1.1 (0.0-3.4)	1	2.4 (0.0-7.2)	3	5.3 (0.0-11.3)
API non-Hispanic	203	14.3 (12.4-16.3)	27	15.6 (9.7-21.5)	3	5.1 (0.0-10.9)
Hispanic	158	6.1 (5.1-7.0)	17	3.6 (1.9-5.3)	5	2.2 (0.3-4.2)

**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).

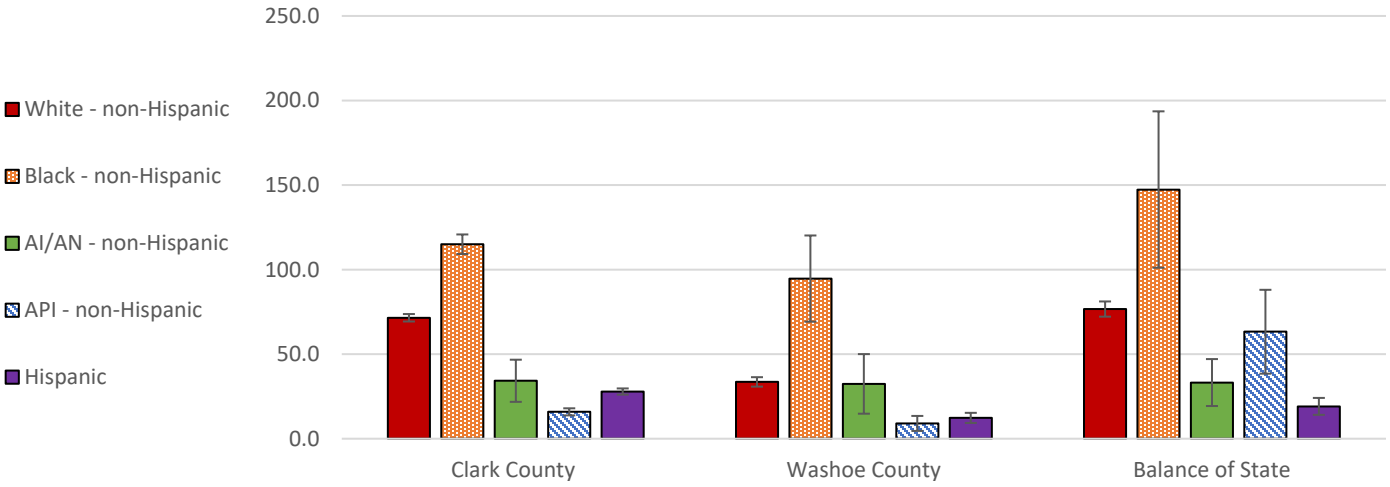
Figure 92. Vaccine Preventable* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Year, 2017-2021



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)
2021	1,281	71.4 (67.5-75.3)	265	90.3 (79.5-101.2)	20	54.4 (30.5-78.2)	49	13.9 (10.0-17.8)	205	23.5 (20.3-26.7)
2020	1,197	65.9 (62.2-69.7)	403	139.4 (125.8-153.0)	9	22.0 (7.6-36.4)	56	16.4 (12.1-20.7)	253	30.2 (26.5-34.0)
2019	1,786	102.4 (97.7-107.2)	542	190.5 (174.4-206.5)	19	47.1 (25.9-68.3)	81	24.6 (19.3-30.0)	291	35.8 (31.7-39.9)
2018	1,017	59.8 (56.1-63.5)	306	111.5 (99.0-124.0)	12	31.4 (13.6-49.2)	56	18.4 (13.6-23.2)	200	25.6 (22.0-29.1)
2017	462	26.7 (24.3-29.2)	94	35.3 (28.1-42.4)	4	11.4 (0.2-22.5)	20	7.5 (4.2-10.9)	67	10.1 (7.7-12.6)

**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 93. Vaccine Preventable* Disease Morbidity – Age-Adjusted Rates by Race/Ethnicity and Region, 2017-2021 Aggregated



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	4,067	71.5 (69.3-73.7)	558	33.6 (30.8-36.4)	1,117	76.7 (72.2-81.2)
Black non-Hispanic	1,518	115.0 (109.2-120.8)	53	94.7 (69.2-120.2)	39	147.3 (101.1-193.6)
AI/AN non-Hispanic	29	34.3 (21.8-46.7)	13	32.4 (14.8-50.0)	22	33.2 (19.3-47.1)
API non-Hispanic	221	15.9 (13.8-18.0)	16	9.0 (4.6-13.5)	25	63.3 (38.5-88.1)
Hispanic	895	27.9 (26.1-29.7)	65	12.3 (9.3-15.3)	56	19.1 (14.1-24.1)

**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).

COVID-19

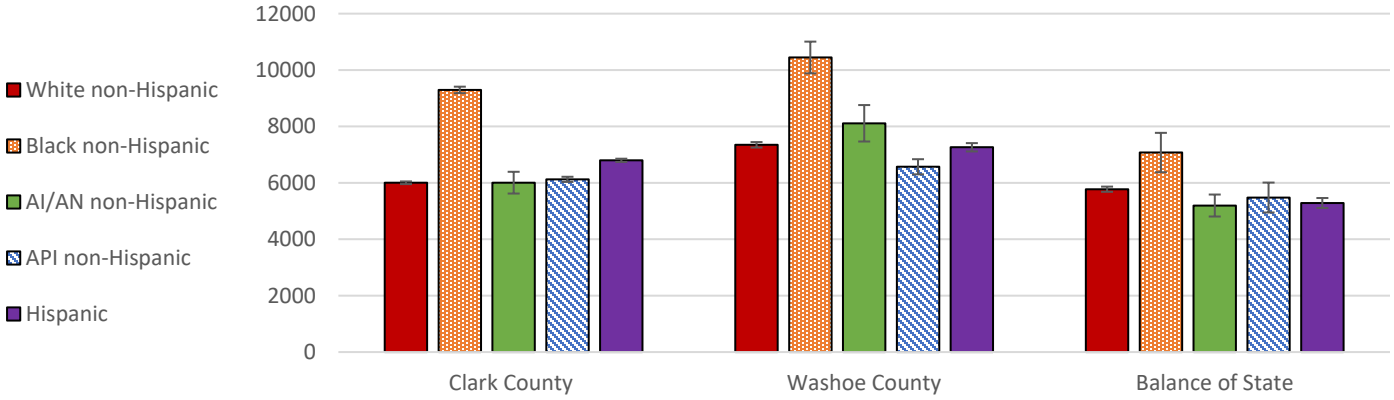
COVID-19 is a respiratory disease caused by SARS-CoV-2; a coronavirus discovered in 2019. The virus spreads mainly from person to person through respiratory droplets and small particles produced when an infected person coughs, sneezes, or talks. The virus spreads readily in crowded or poorly ventilated indoor settings. Illness can range from mild to severe, though not everyone infected with the virus develops symptoms. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness.

In 2020, in the United States, COVID-19 was the third leading cause of death among all races and origins with a death rate of 85.0 per 100,000 population [12].

Significant Findings:

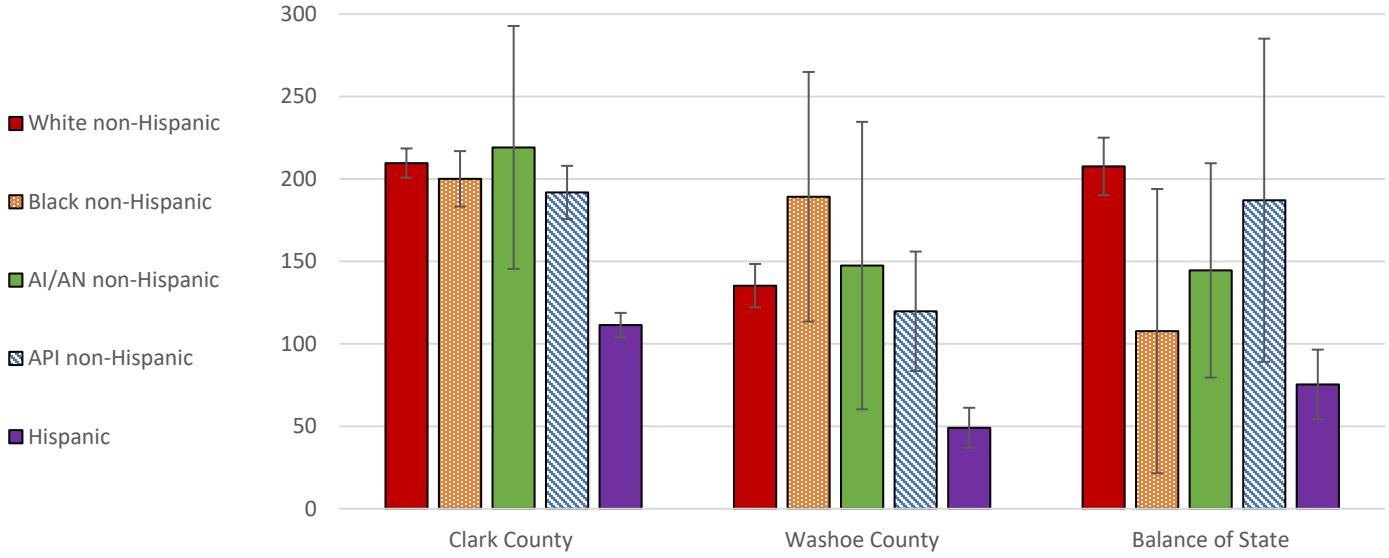
- In 2021, Black non-Hispanic population had significantly higher rates of COVID-19 cases than any other race/ethnicity group across all regions (Figure 94).
- In 2021, Black non-Hispanic population in Washoe County (10,445.4 per 100,000) had significantly higher rates of COVID-19 cases than Black non-Hispanic population in Clark County (9,295.8 per 100,000) and the Balance of State (7,0274.3 per 100,000) (Figure 94).

Figure 94. COVID-19 Cases - by Race/Ethnicity and Region, Nevada Residents, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	60,944	6,003.2 (5,955.5-6,050.8)	21,948	7,348.6 (7,251.4-7,445.8)	15,131	5,774.6 (5,682.6-5,866.6)
Black non-Hispanic	25,272	9,295.8 (9,181.2-9,410.4)	1,325	10,445.4 (9,883.0-11,007.8)	394	7,074.3 (6,375.8-7,772.8)
AI/AN non-Hispanic	932	6,006.7 (5,621.0-6,392.3)	605	8,112.0 (7,465.6-8,758.4)	683	5,196.0 (4,806.3-5,585.7)
API non-Hispanic	17,335	6,124.3 (6,033.1-6,215.4)	2,304	6,570.2 (6,301.9-6,838.5)	410	5,479.4 (4,949.0-6,009.8)
Hispanic	53,934	6,798.9 (6,741.5-6,856.3)	9,314	7,261.5 (7,114.0-7,409.0)	3,435	5,285.6 (5,108.9-5,462.4)

Figure 95. COVID-19 Mortality by Race/Ethnicity and Region, Nevada Residents, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	2,128	209.6 (200.7-218.5)	404	135.3 (122.1-148.5)	544	207.6 (190.2-225.1)
Black non-Hispanic	544	200.1 (183.3-216.9)	24	189.2 (113.5-264.9)	6	107.7 (21.5-193.9)
AI/AN non-Hispanic	34	219.1 (145.5-292.8)	11	147.5 (60.3-234.7)	19	144.5 (79.5-209.5)
API non-Hispanic	543	191.8 (175.7-208.0)	42	119.8 (83.5-156.0)	14	187.1 (89.1-285.1)
Hispanic	884	111.4 (104.1-118.8)	63	49.1 (37.0-61.2)	49	75.4 (54.3-96.5)

Source: Nevada Electronic Death Registry System.

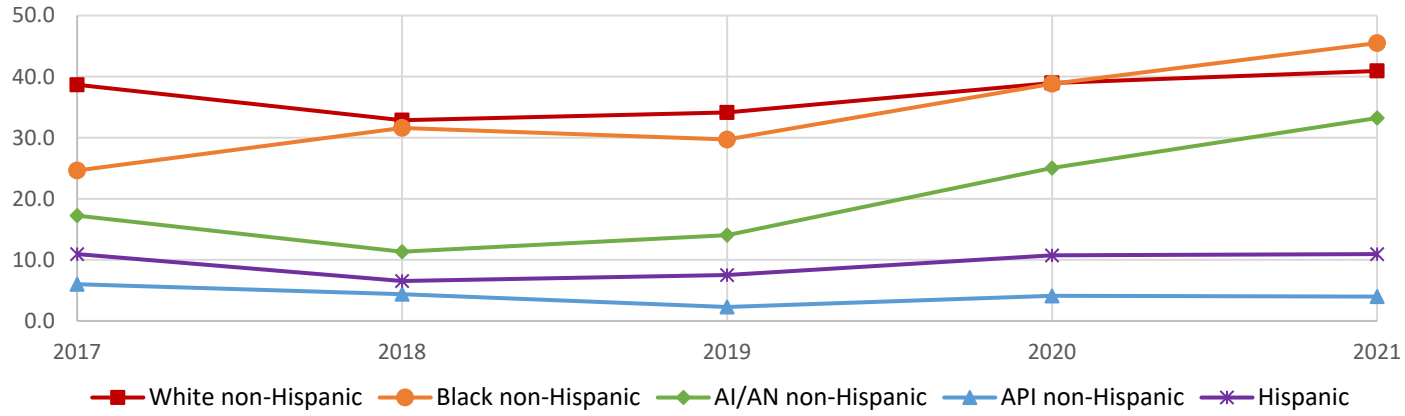
Substance Use and Overdose

Drug overdoses are becoming a growing area of concern nationwide. For example, in 2021, there were over 50,000 unintentional overdose deaths in the United States. In order to address the growing drug overdose problems in the United States, the Center for Disease Control and Prevention implemented a national Overdose Data to Action program. Nevada has participated in this program for the last 4 years.

Significant Findings:

- Black non-Hispanic populations experienced a significant increase in both non-fatal and fatal opioid poisoning rates from 2017 to 2021 (Figure 96 and Figure 100).
- White non-Hispanic populations in Washoe County had significantly higher opioid poisoning death rate, at 34.5 per 100,000 population, than White non-Hispanic populations in Clark County (22.3 per 100,000) and the Balance of State (18.3 per 100,000) (Figure 101).
- In 2021, Black non-Hispanic population had significantly higher fatal opioid rates (107.5 per 100,000) followed by White non-Hispanic population (77.2 per 100,000) (Figure 104).

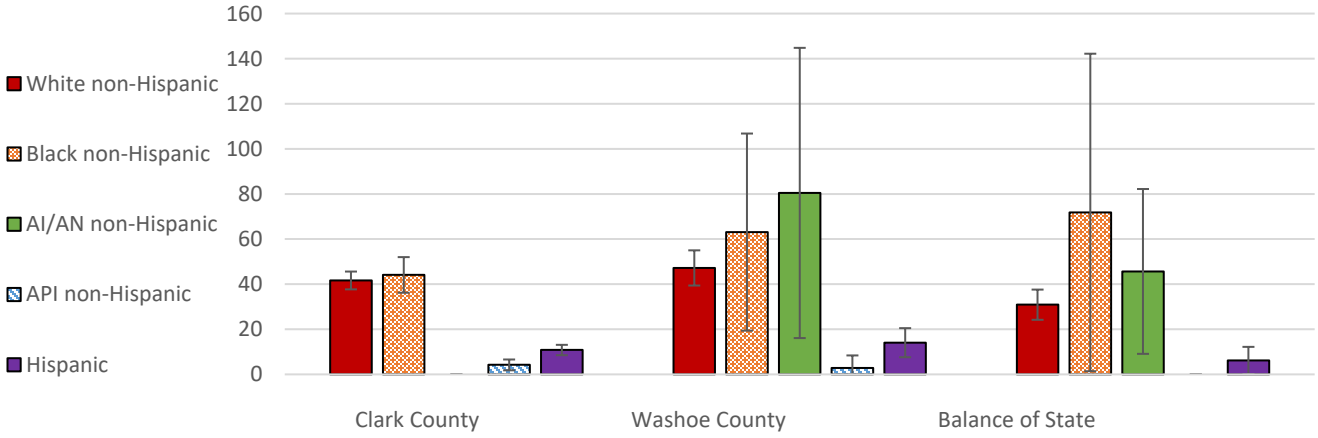
Figure 96. Emergency Department Non-Fatal Opioid Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	645	40.9 (37.8-44.1)	132	45.5 (37.7-53.3)	12	33.2 (14.4-52.0)	13	4.0 (1.8-6.2)	108	10.9 (8.9-13.0)
2020	612	39.0 (35.9-42.0)	110	38.8 (31.6-46.1)	9	25.0 (8.7-41.4)	13	4.1 (1.9-6.3)	103	10.7 (8.7-12.8)
2019	534	34.1 (31.2-37.0)	82	29.7 (23.3-36.1)	5	14.1 (1.7-26.4)	7	2.3 (0.6-4.0)	70	7.5 (5.8-9.3)
2018	511	32.9 (30.0-35.7)	85	31.6 (24.9-38.3)	4	11.3 (0.2-22.4)	13	4.4 (2.0-6.8)	59	6.5 (4.9-8.2)
2017	596	38.7 (35.6-41.8)	64	24.6 (18.6-30.7)	6	17.2 (3.4-31.0)	17	6.0 (3.2-8.9)	95	10.9 (8.7-13.1)

Source: Hospital Emergency Department Billing Data.

Figure 97. Emergency Department Opioid Poisoning Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	423	41.7 (37.7-45.6)	141	47.2 (39.4-55.0)	81	30.9 (24.2-37.6)
Black non-Hispanic	120	44.1 (36.2-52.0)	8	63.1 (19.4-106.8)	4	71.8 (1.4-142.2)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	6	80.4 (16.1-144.8)	6	45.6 (9.1-82.2)
API non-Hispanic	12	4.2 (1.8-6.6)	1	2.9 (0.0-8.4)	0	0.0 (0.0-0.0)
Hispanic	86	10.8 (8.5-13.1)	18	14.0 (7.6-20.5)	4	6.2 (0.1-12.2)

Source: Hospital Emergency Department Billing Data.

Figure 98. Inpatient Opioid Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021

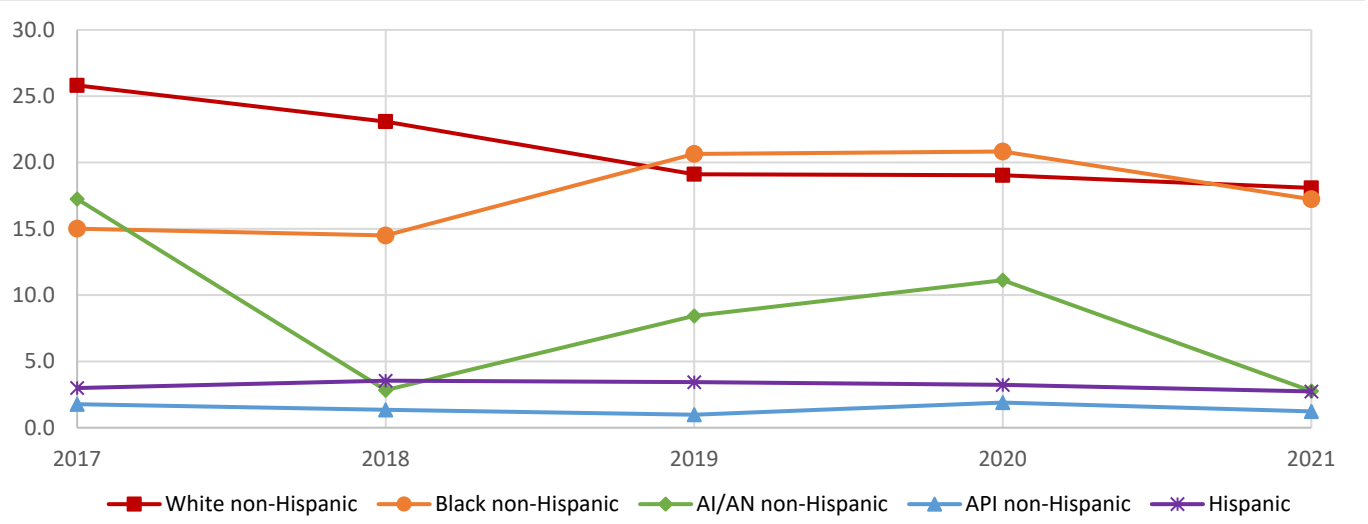
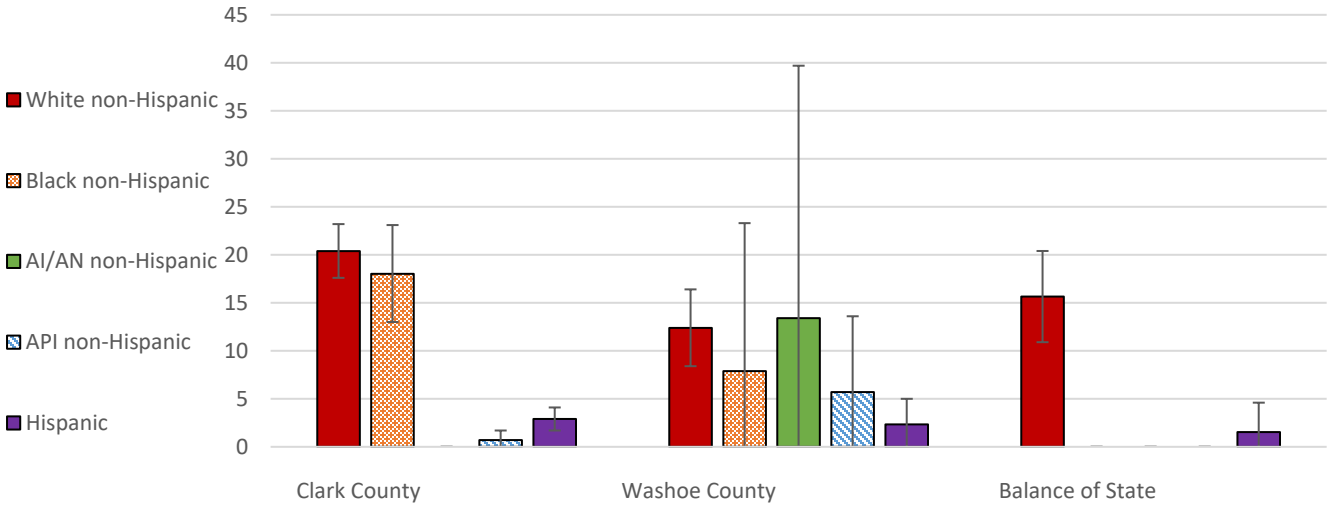


Figure 98. Inpatient Opioid Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021 (Continued)

Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	285	18.1 (16.0-20.2)	50	17.2 (12.5-22.0)	1	2.8 (0.0-8.2)	4	1.2 (0.0-2.4)	27	2.7 (1.7-3.8)
2020	299	19.0 (16.9-21.2)	59	20.8 (15.5-26.1)	4	11.1 (0.2-22.0)	6	1.9 (0.4-3.4)	31	3.2 (2.1-4.4)
2019	299	19.1 (16.9-21.3)	57	20.7 (15.3-26.0)	3	8.4 (0.0-18.0)	3	1.0 (0.0-2.1)	32	3.4 (2.2-4.6)
2018	359	23.1 (20.7-25.5)	39	14.5 (9.9-19.1)	1	2.8 (0.0-8.4)	4	1.4 (0.0-2.7)	32	3.5 (2.3-4.8)
2017	398	25.8 (23.3-28.4)	39	15.0 (10.3-19.7)	6	17.2 (3.4-31.0)	5	1.8 (0.2-3.3)	26	3.0 (1.8-4.1)

Source: Hospital Inpatient Billing Data.

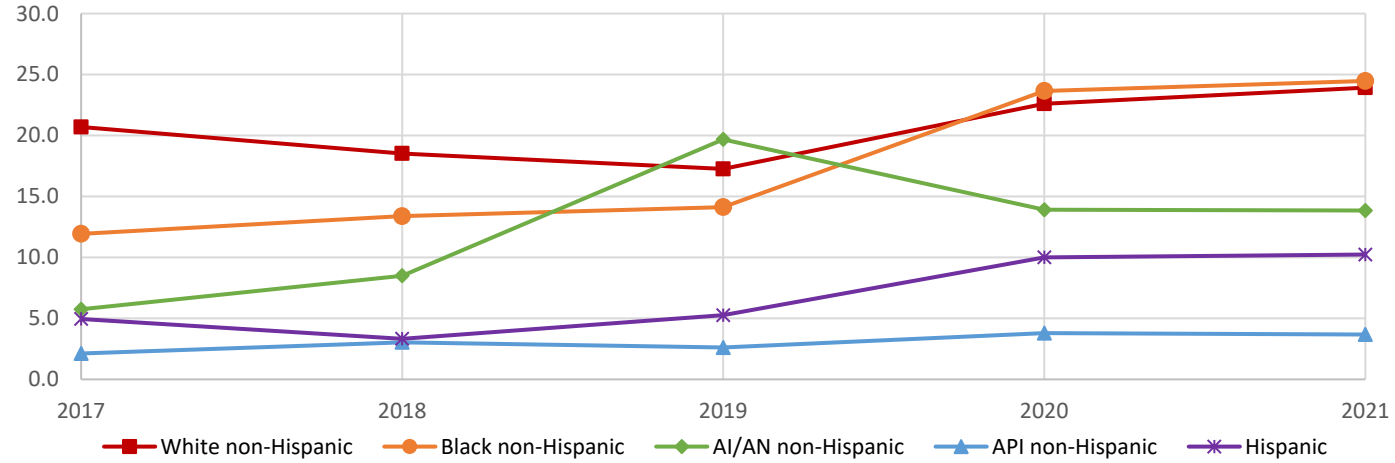
Figure 99. Inpatient Opioid Poisoning Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	207	20.4 (17.6-23.2)	37	12.4 (8.4-16.4)	41	15.6 (10.9-20.4)
Black non-Hispanic	49	18.0 (13.0-23.1)	1	7.9 (0.0-23.3)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	1	13.4 (0.0-39.7)	0	0.0 (0.0-0.0)
API non-Hispanic	2	0.7 (0.0-1.7)	2	5.7 (0.0-13.6)	0	0.0 (0.0-0.0)
Hispanic	23	2.9 (1.7-4.1)	3	2.3 (0.0-5.0)	1	1.5 (0.0-4.6)

Source: Hospital Inpatient Billing Data.

Figure 100. Fatal Opioid Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	377	23.9 (21.5-26.3)	71	24.5 (18.8-30.2)	5	13.8 (1.7-26.0)	12	3.7 (1.6-5.8)	101	10.2 (8.2-12.2)
2020	355	22.6 (20.2-25.0)	67	23.7 (18.0-29.3)	5	13.9 (1.7-26.1)	12	3.8 (1.6-5.9)	96	10.0 (8.0-12.0)
2019	270	17.3 (15.2-19.3)	39	14.1 (9.7-18.6)	7	19.7 (5.1-34.3)	8	2.6 (0.8-4.4)	49	5.3 (3.8-6.7)
2018	288	18.5 (16.4-20.7)	36	13.4 (9.0-17.8)	3	8.5 (0.0-18.1)	9	3.0 (1.1-5.0)	30	3.3 (2.1-4.5)
2017	319	20.7 (18.4-23.0)	31	11.9 (7.7-16.1)	2	5.7 (0.0-13.7)	6	2.1 (0.4-3.8)	43	5.0 (3.5-6.4)

Source: Nevada Electronic Death Registry System.

Figure 101. Opioid Poisoning Death Rates by Race/Ethnicity and Region, 2021

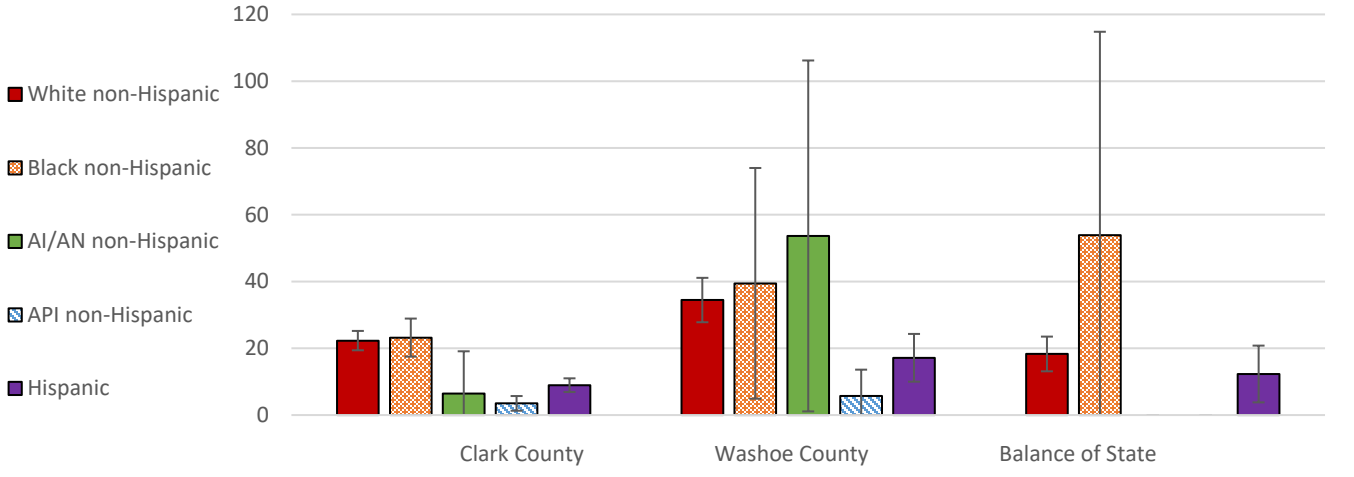
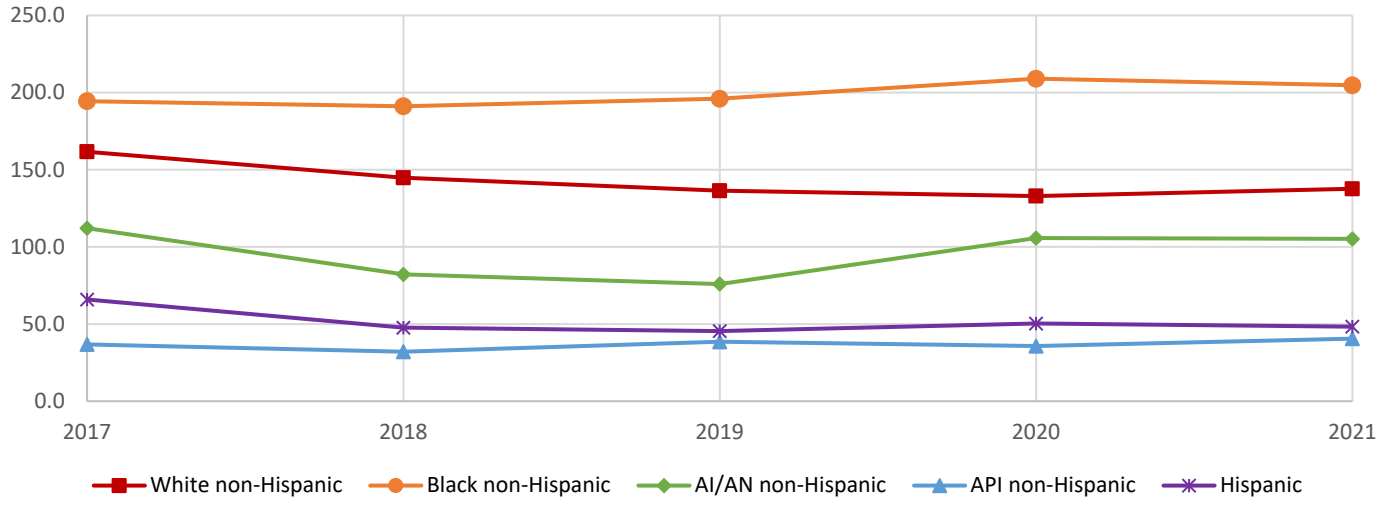


Figure 101. Opioid Poisoning Death Rates by Race/Ethnicity and Region, 2021 (Continued)

Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	226	22.3 (19.4-25.2)	103	34.5 (27.8-41.1)	48	18.3 (13.1-23.5)
Black non-Hispanic	63	23.2 (17.5-28.9)	5	39.4 (4.9-74.0)	3	53.9 (0.0-114.8)
AI/AN non-Hispanic	1	6.4 (0.0-19.1)	4	53.6 (1.1-106.2)	0	0.0 (0.0-0.0)
API non-Hispanic	10	3.5 (1.3-5.7)	2	5.7 (0.0-13.6)	0	0.0 (0.0-0.0)
Hispanic	71	9.0 (6.9-11.0)	22	17.2 (10.0-24.3)	8	12.3 (3.8-20.8)

Source: Nevada Electronic Death Registry System.

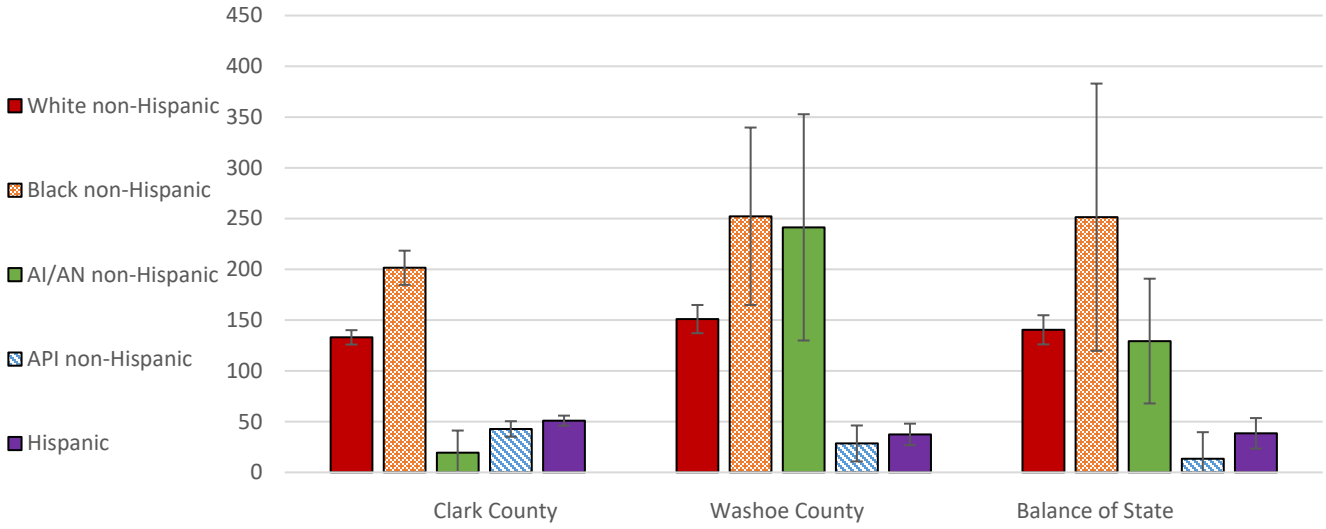
Figure 102. Emergency Department Non-Fatal Drug Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021



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)
2021	2,169	137.6 (131.8-143.4)	594	204.7 (188.3-221.2)	38	105.2 (71.8-138.7)	132	40.5 (33.6-47.5)	477	48.4 (44.0-52.7)
2020	2,088	132.9 (127.2-138.6)	592	209.0 (192.2-225.8)	38	105.7 (72.1-139.4)	113	35.7 (29.1-42.3)	483	50.3 (45.9-54.8)
2019	2,134	136.4 (130.6-142.2)	541	196.0 (179.5-212.5)	27	75.9 (47.3-104.5)	118	38.5 (31.6-45.5)	423	45.4 (41.1-49.8)
2018	2,252	144.8 (138.8-150.8)	514	191.1 (174.6-207.6)	29	82.2 (52.3-112.1)	95	32.1 (25.6-38.5)	430	47.7 (43.2-52.2)
2017	2,492	161.6 (155.3-168.0)	505	194.4 (177.4-211.4)	39	112.1 (76.9-147.3)	104	36.8 (29.7-43.9)	572	65.9 (60.5-71.3)

Source: Hospital Emergency Department Billing Data.

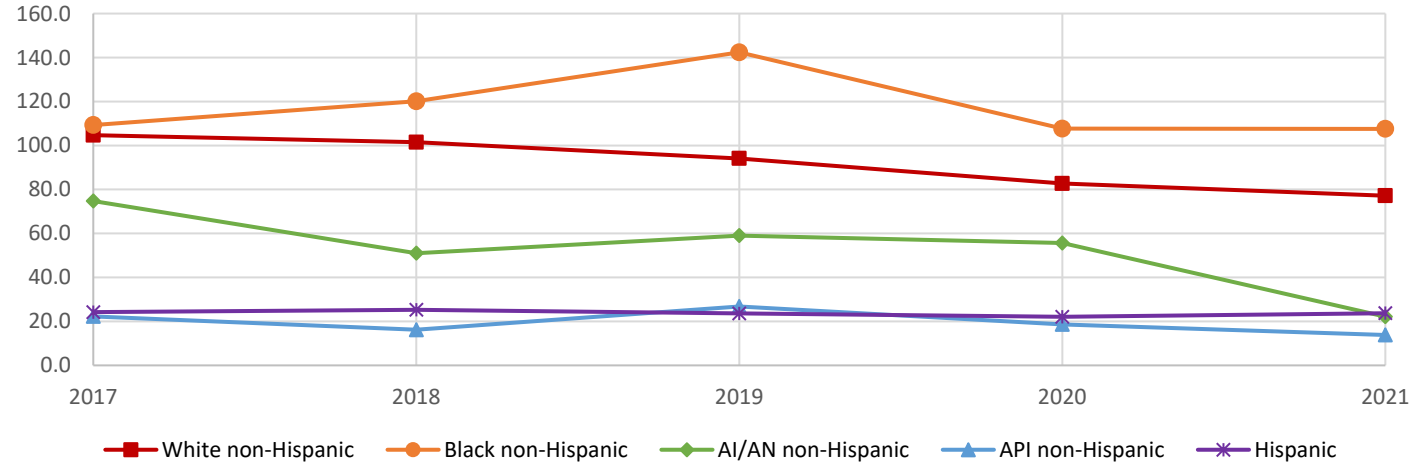
Figure 103. Emergency Department Drug Poisoning Rates by Race/Ethnicity and Region, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	1,350	133.0 (125.9-140.1)	451	151.0 (137.1-164.9)	368	140.4 (126.1-154.8)
Black non-Hispanic	548	201.6 (184.7-218.4)	32	252.3 (164.9-339.7)	14	251.4 (119.7-383.0)
AI/AN non-Hispanic	3	19.3 (0.0-41.2)	18	241.3 (129.9-352.8)	17	129.3 (67.9-190.8)
API non-Hispanic	121	42.7 (35.1-50.4)	10	28.5 (10.8-46.2)	1	13.4 (0.0-39.6)
Hispanic	404	50.9 (46.0-55.9)	48	37.4 (26.8-48.0)	25	38.5 (23.4-53.5)

Source: Hospital Emergency Department Billing Data.

Figure 104. Inpatient Non-Fatal Drug Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	1,216	77.2 (72.8-81.5)	312	107.5 (95.6-119.5)	8	22.1 (6.8-37.5)	45	13.8 (9.8-17.9)	234	23.7 (20.7-26.8)
2020	1,299	82.7 (78.2-87.2)	305	107.7 (95.6-119.8)	20	55.7 (31.3-80.0)	59	18.7 (13.9-23.4)	212	22.1 (19.1-25.1)
2019	1,472	94.1 (89.3-98.9)	393	142.4 (128.3-156.5)	21	59.0 (33.8-84.3)	82	26.8 (21.0-32.6)	220	23.6 (20.5-26.8)
2018	1,578	101.5 (96.5-106.5)	323	120.1 (107.0-133.2)	18	51.0 (27.4-74.6)	48	16.2 (11.6-20.8)	228	25.3 (22.0-28.6)
2017	1,614	104.7 (99.6-109.8)	284	109.3 (96.6-122.0)	26	74.7 (46.0-103.5)	63	22.3 (16.8-27.8)	210	24.2 (20.9-27.5)

Source: Hospital Inpatient Billing Data.

Figure 105. Inpatient Non-Fatal Drug Poisoning Rates by Race/Ethnicity and Region, 2021

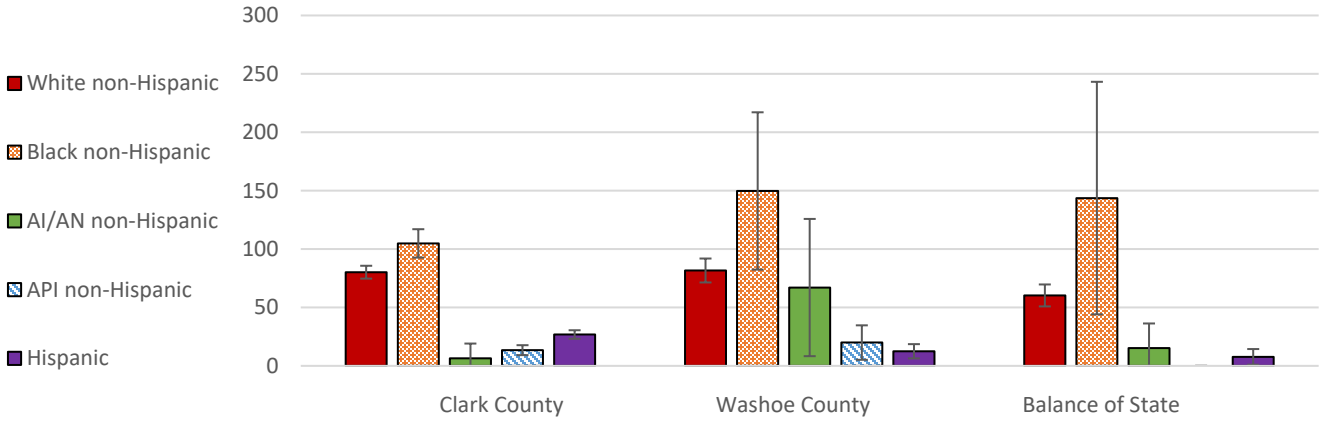
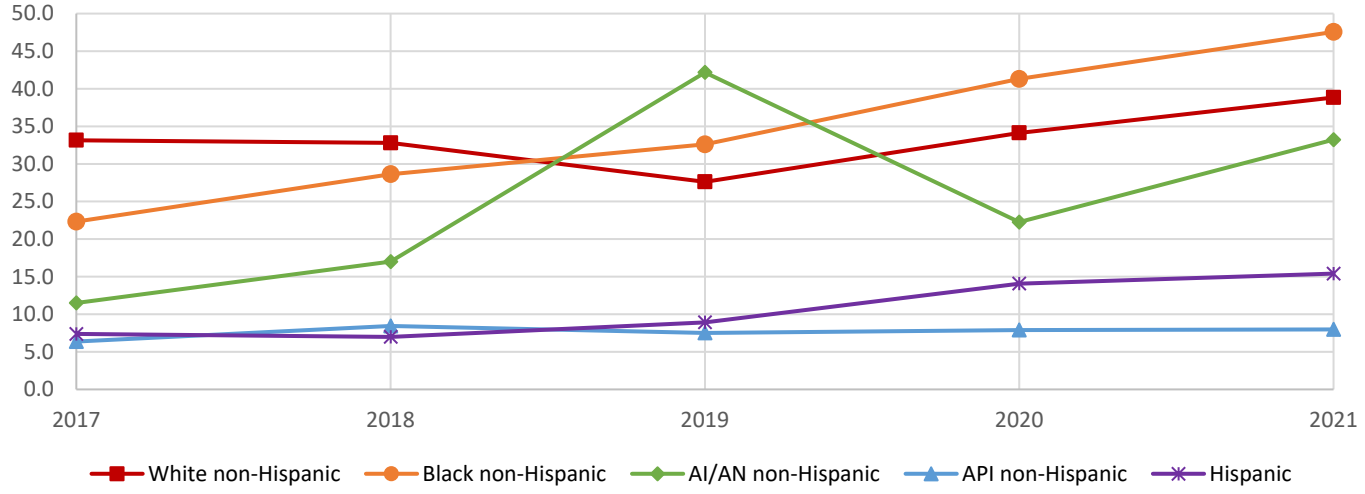


Figure 105. Inpatient Non-Fatal Drug Poisoning Rates by Race/Ethnicity and Region, 2021 (continued)

Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	814	80.2 (74.7-85.7)	244	81.7 (71.4-91.9)	158	60.3 (50.9-69.7)
Black non-Hispanic	285	104.8 (92.7-117.0)	19	149.8 (82.4-217.1)	8	143.6 (44.1-243.2)
AI/AN non-Hispanic	1	6.4 (0.0-19.1)	5	67.0 (8.3-125.8)	2	15.2 (0.0-36.3)
API non-Hispanic	38	13.4 (9.2-17.7)	7	20.0 (5.2-34.7)	0	0.0 (0.0-0.0)
Hispanic	213	26.9 (23.2-30.5)	16	12.5 (6.4-18.6)	5	7.7 (1.0-14.4)

Source: Hospital Inpatient Billing Data.

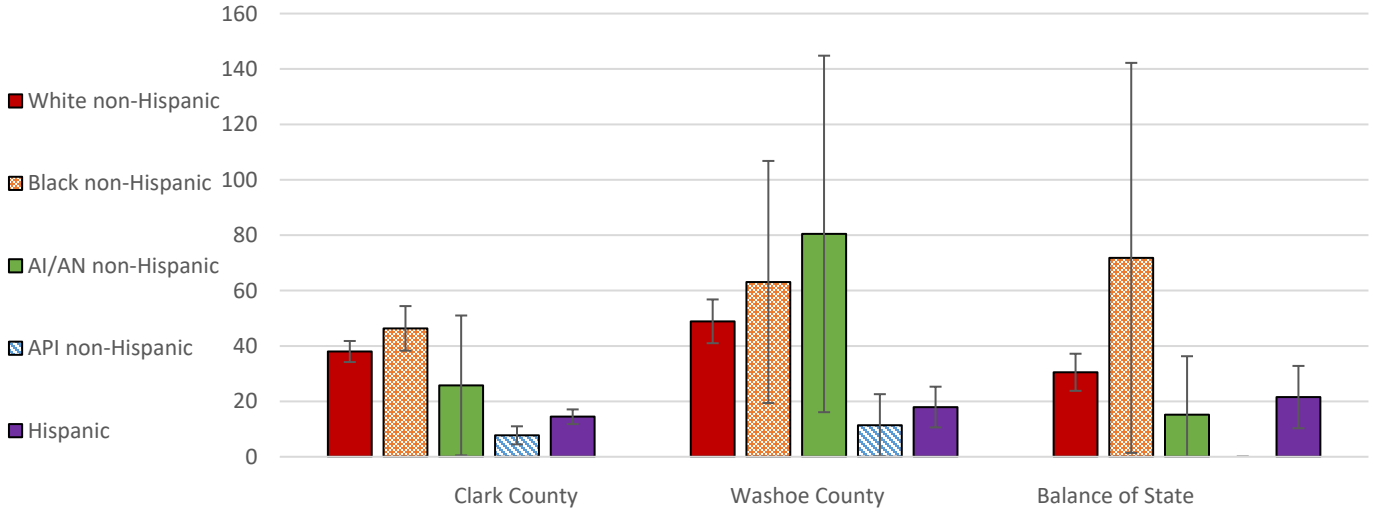
Figure 106. Fatal Drug Poisoning Rates by Race/Ethnicity and Year, Nevada, 2017-2021



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)
2021	612	38.8 (35.8-41.9)	138	47.6 (39.6-55.5)	12	33.2 (14.4-52.0)	26	8.0 (4.9-11.1)	152	15.4 (13.0-17.9)
2020	536	34.1 (31.2-37.0)	117	41.3 (33.8-48.8)	8	22.3 (6.8-37.7)	25	7.9 (4.8-11.0)	135	14.1 (11.7-16.4)
2019	432	27.6 (25.0-30.2)	90	32.6 (25.9-39.3)	15	42.2 (20.8-63.5)	23	7.5 (4.4-10.6)	83	8.9 (7.0-10.8)
2018	510	32.8 (30.0-35.6)	77	28.6 (22.2-35.0)	6	17.0 (3.4-30.6)	25	8.4 (5.1-11.7)	63	7.0 (5.3-8.7)
2017	511	33.1 (30.3-36.0)	58	22.3 (16.6-28.1)	4	11.5 (0.2-22.8)	18	6.4 (3.4-9.3)	64	7.4 (5.6-9.2)

Source: Nevada Electronic Death Registry System

Figure 107. Drug Poisoning Death Rates by Race/Ethnicity and Region, 2021



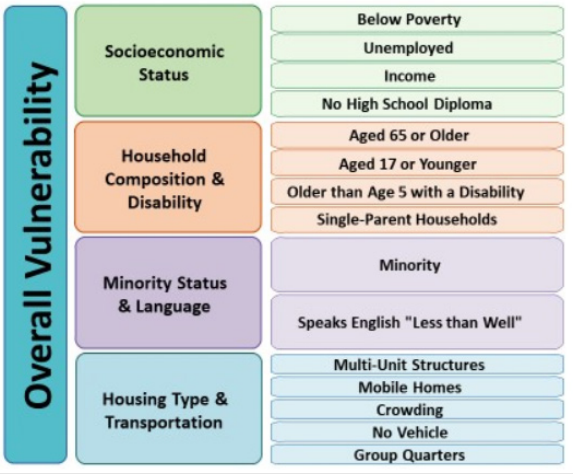
Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	386	38.0 (34.2-41.8)	146	48.9 (41.0-56.8)	80	30.5 (23.8-37.2)
Black non-Hispanic	126	46.3 (38.3-54.4)	8	63.1 (19.4-106.8)	4	71.8 (1.4-142.2)
AI/AN non-Hispanic	4	25.8 (0.5-51.0)	6	80.4 (16.1-144.8)	2	15.2 (0.0-36.3)
API non-Hispanic	22	7.8 (4.5-11.0)	4	11.4 (0.2-22.6)	0	0.0 (0.0-0.0)
Hispanic	115	14.5 (11.8-17.1)	23	17.9 (10.6-25.3)	14	21.5 (10.3-32.8)

Source: Nevada Electronic Death Registry System.

Vulnerability and Health Equity

Health equity in a community "means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care" [43]. Health equity and vulnerability are influenced by social determinants of health such as income, education, disabilities and living conditions. The differences in these social determinants are often a result of policies and social norms and can be more influential than health care or lifestyle [44].

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



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

Significant Findings:

- *Most census tracts in Nevada had lower vulnerability for minority status and language, but higher vulnerability for household composition and disability and housing type and transportation.*
- *Except for Clark County, most counties show decreased housing and transportation vulnerability.*

Figure 108. Overall Vulnerability by Census Tract, 2020

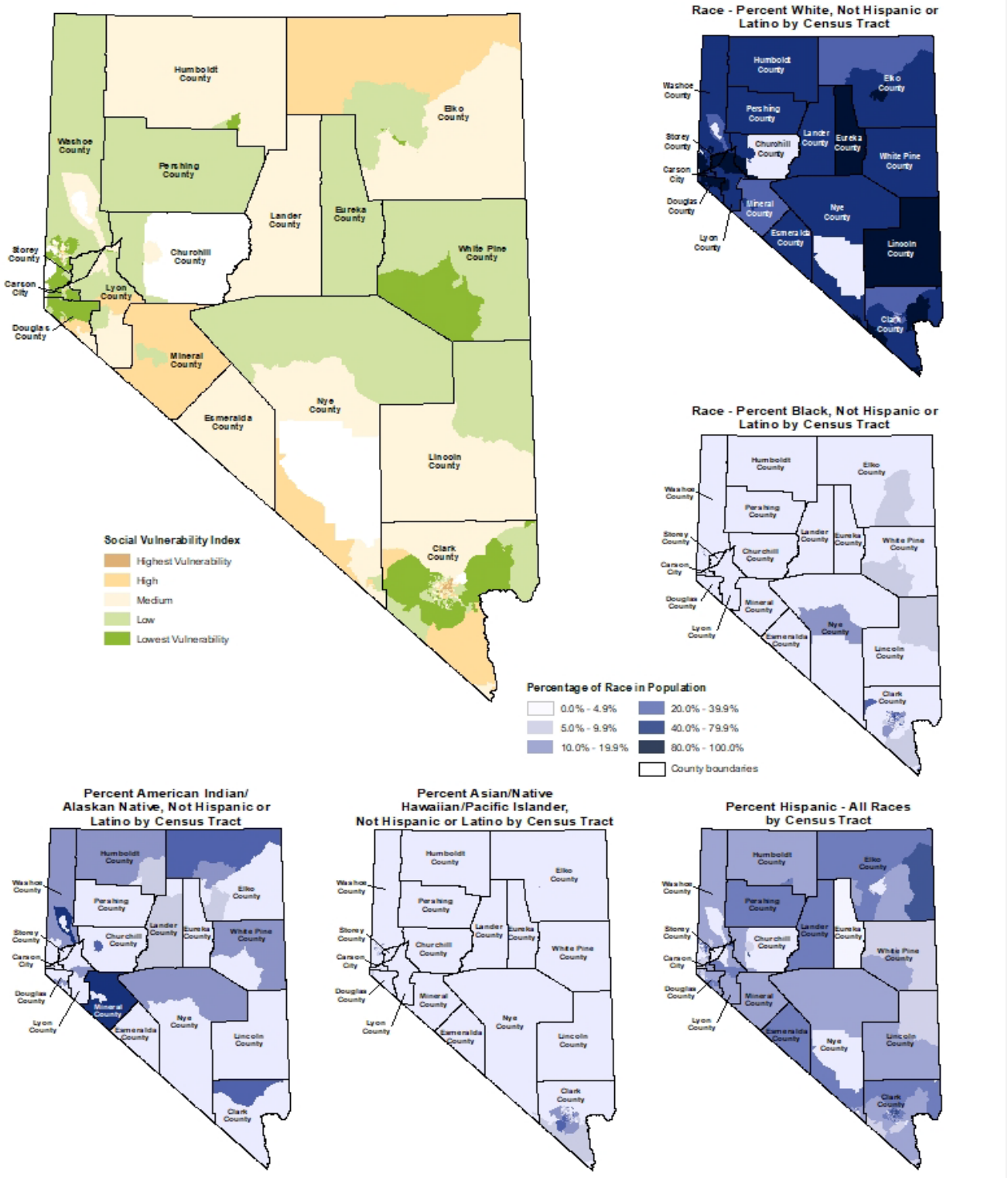


Figure 109. Socioeconomic Status by Census Tract, 2020

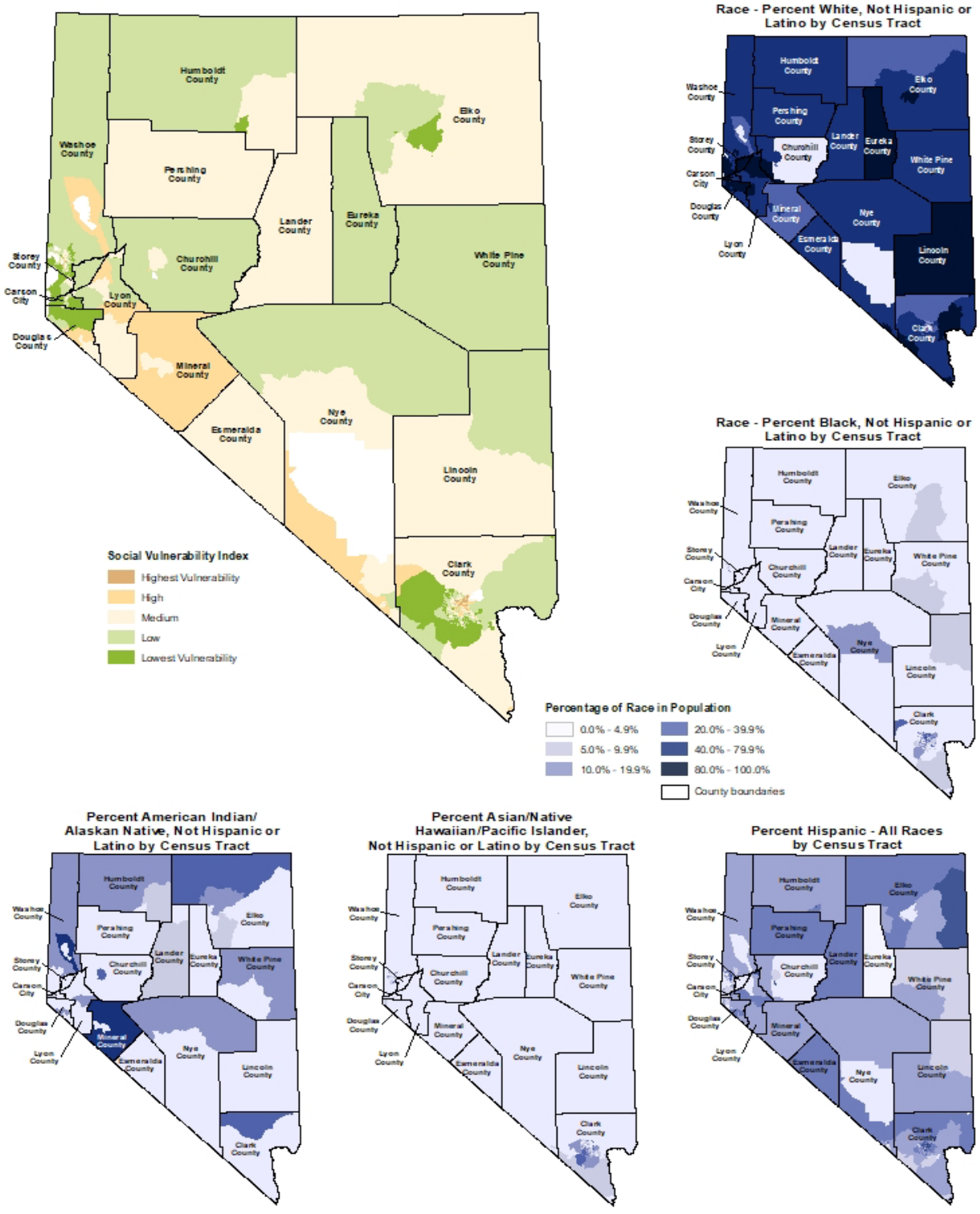


Figure 110. Household Composition and Disability by Census Tract, 2020

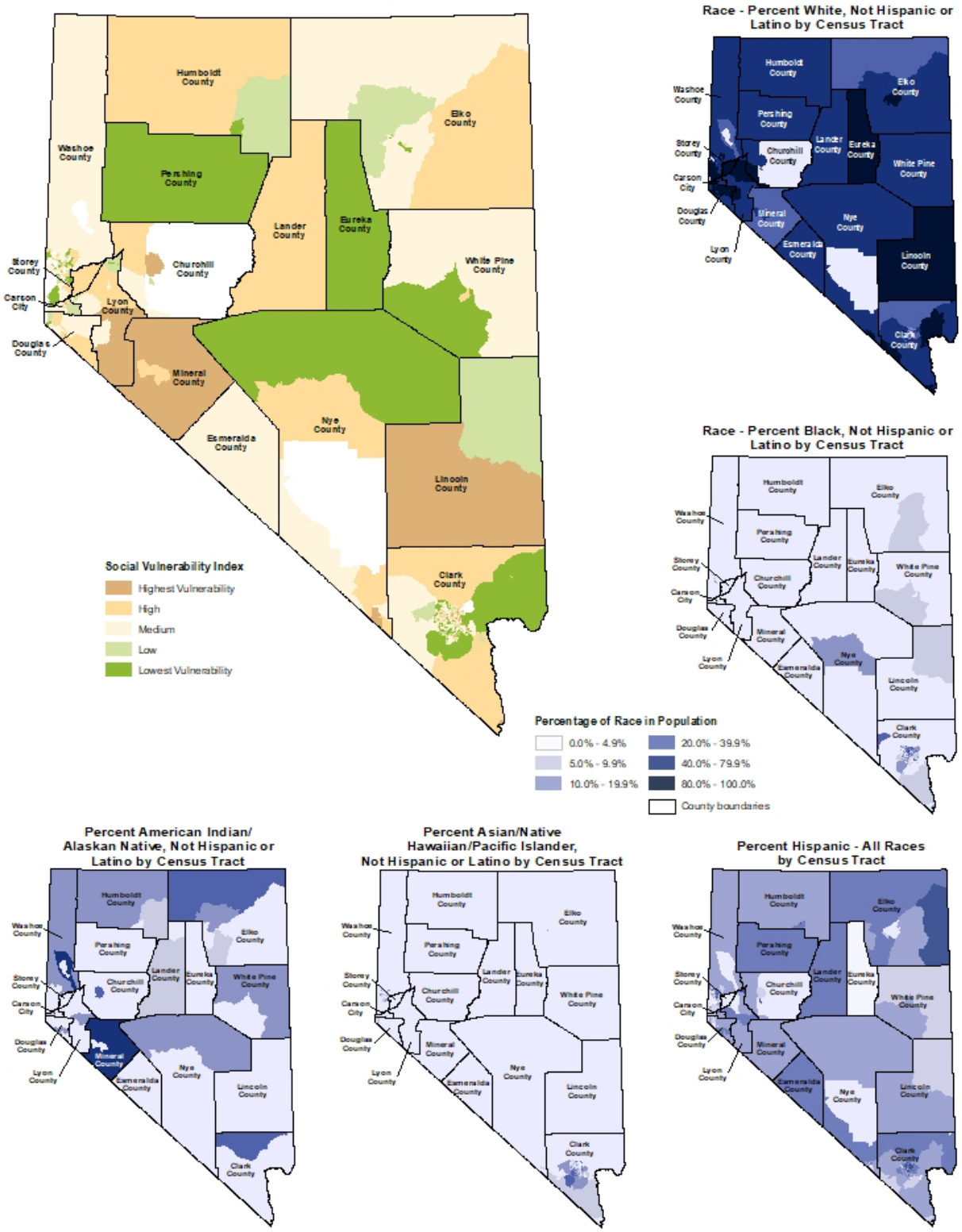


Figure 111. Minority Status and Language by Census Tract, 2020

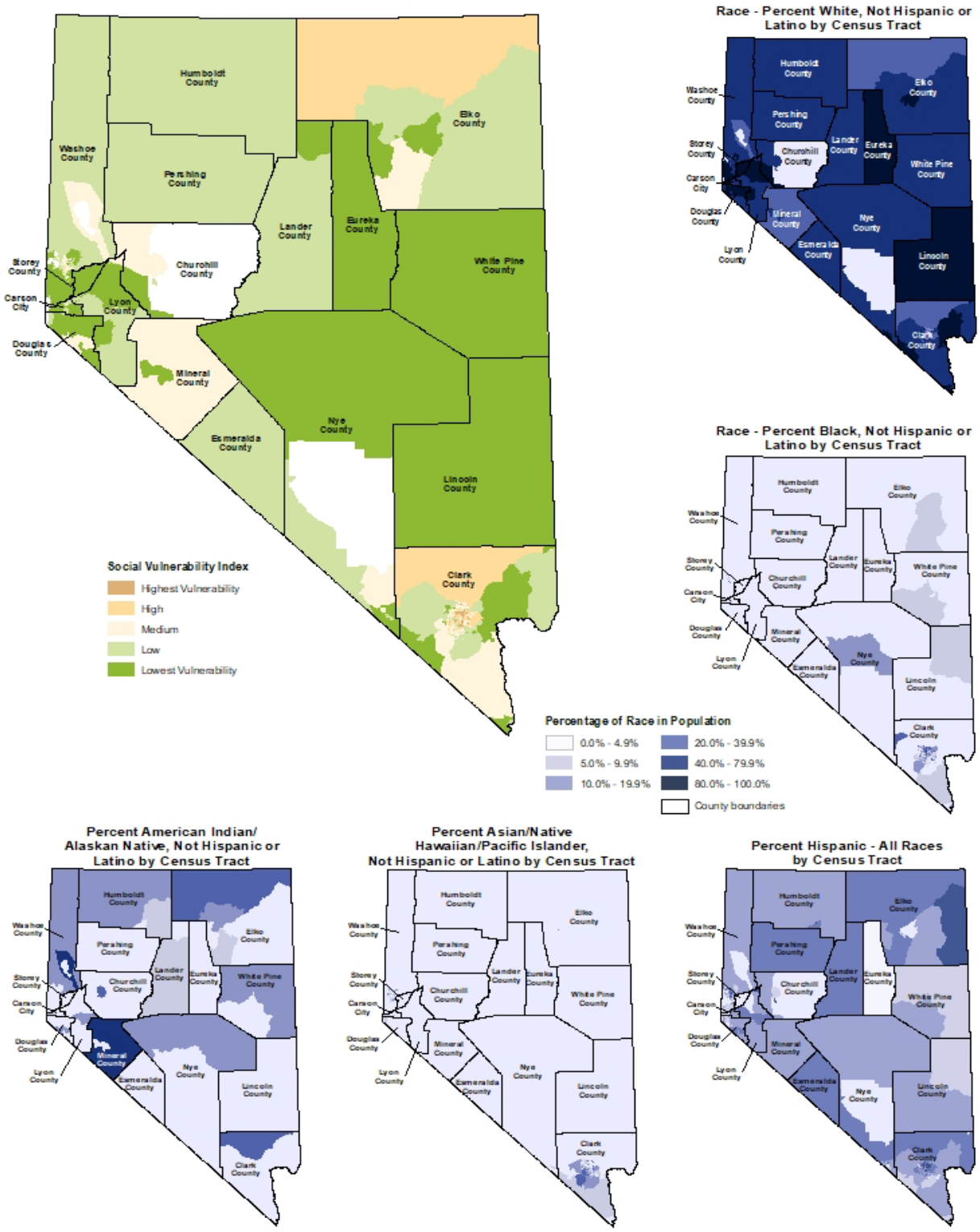
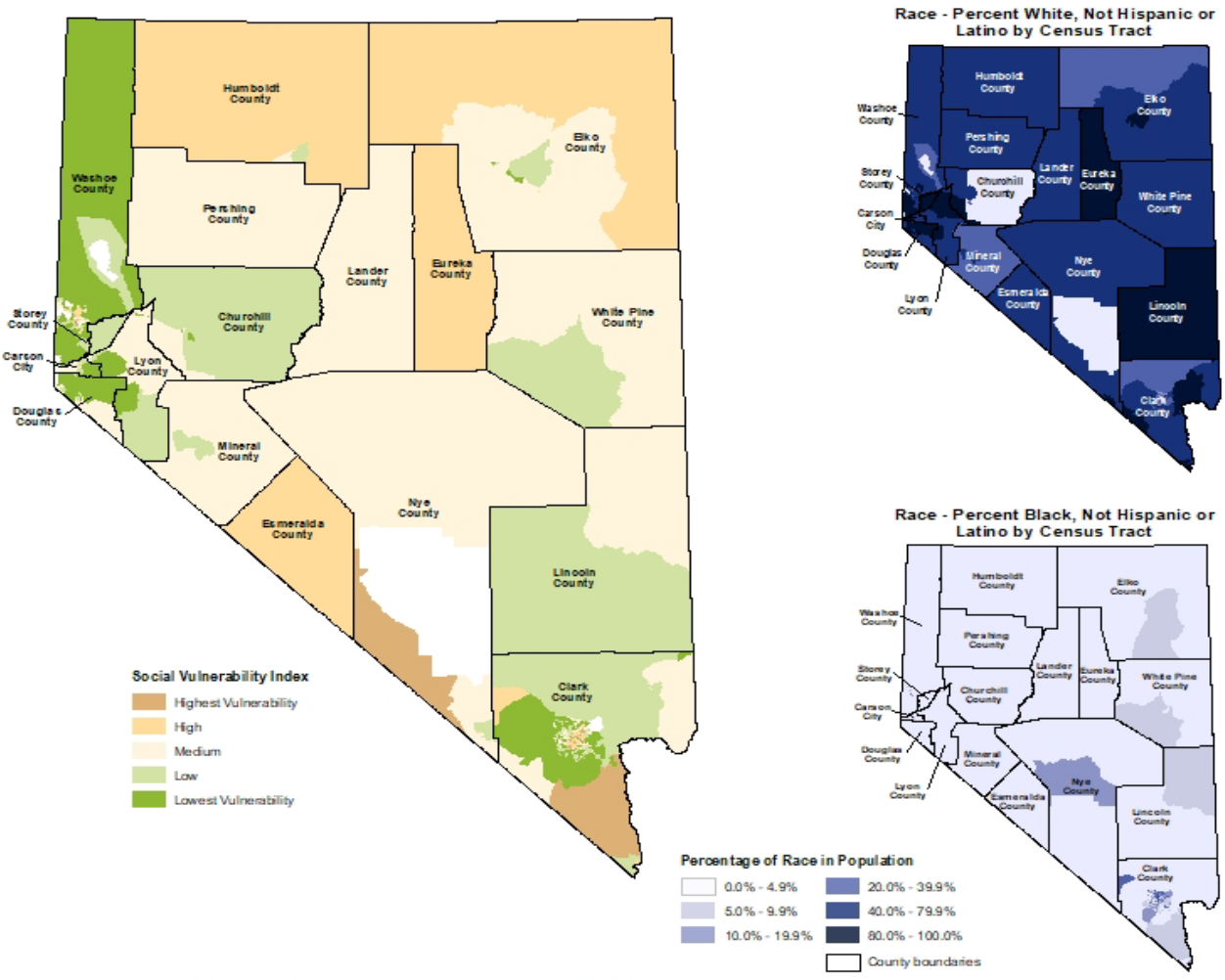
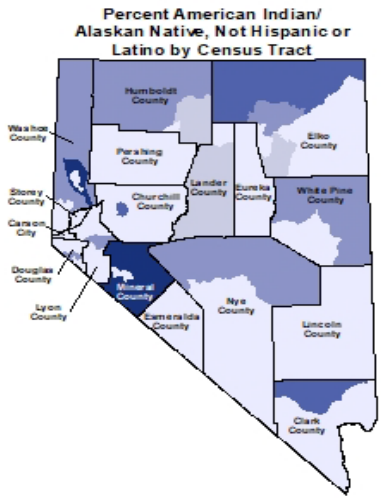
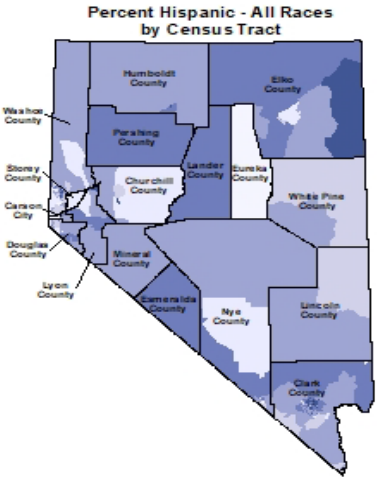


Figure 112. Housing Type and Transportation by Census Tract, 2020







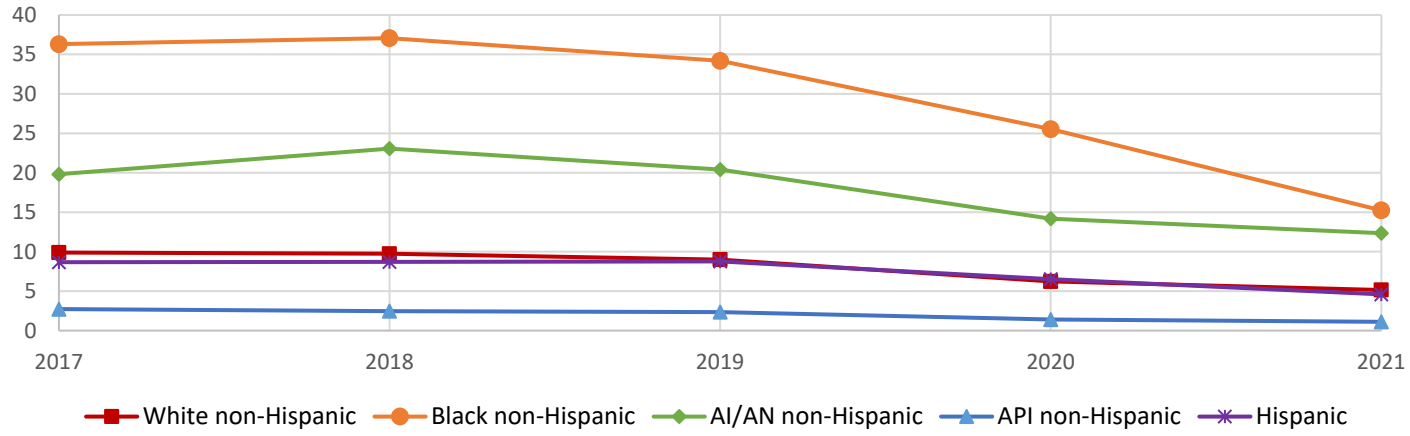
Juvenile Arrests and Detentions

Nevada's formal juvenile justice system is established for the most part by Chapter 62 of the Nevada Revised Statutes (NRS). Section 62A.030 of the NRS defines a youth as "a person who is less than 18 years of age, a person who is less than 21 years of age and subject to the jurisdiction of the juvenile court for an unlawful act that was committed before the person reached 18 years of age, and a person who is otherwise subject to the jurisdiction of the juvenile court as a juvenile sex offender."

Significant Findings:

- All races/ethnicities experienced a significant decrease in arrests and detentions from 2017 to 2021 (Figure 113 and Figure 115).
- Arrests for Black non-Hispanic population have decrease significantly from 2017 to 2021, 36.3, 15.2 respectively (Figure 113).
- White non-Hispanic population in the Balance of the State had significantly higher count of arrests and detentions then White non-Hispanic population in Clark County and Washoe County (Figure 114 and Figure 116).

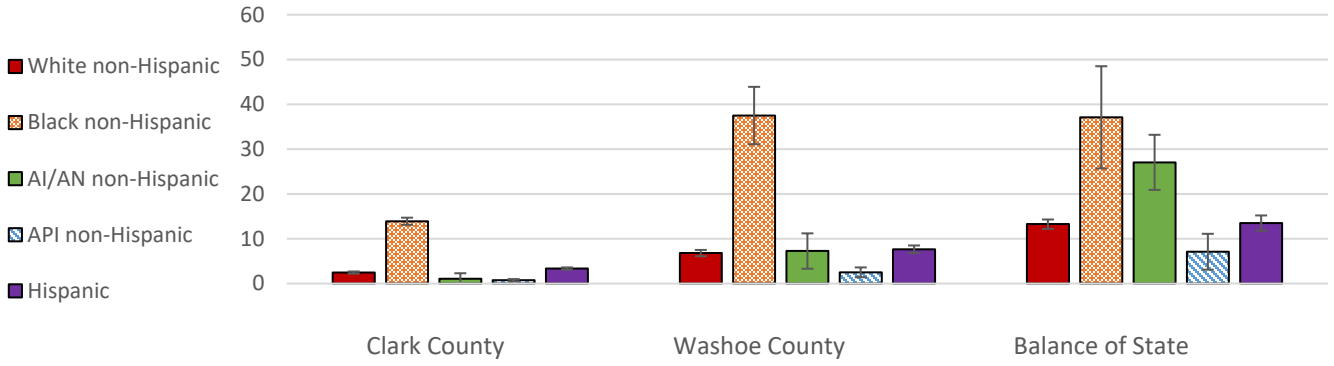
Figure 113. Arrest Counts by Race/Ethnicity and Year, Nevada, 2017-2021



Year	White (non-Hispanic) Count	White (non-Hispanic) Rate (CI)	Black (non-Hispanic) Count	Black (non-Hispanic) Rate (CI)	AI/AN (non-Hispanic) Count	AI/AN (non-Hispanic) Rate (CI)	API (non-Hispanic) Count	API (non-Hispanic) Rate (CI)	Hispanic Count	Hispanic Rate (CI)
2021	1,386	5.1 (4.9-5.4)	1,237	15.2 (14.4-16.1)	91	12.3 (9.8-14.9)	75	1.1 (0.9-1.4)	1,329	4.6 (4.3-4.8)
2020	1,734	6.2 (5.9-6.5)	1,986	25.5 (24.4-26.7)	112	14.2 (11.6-16.8)	99	1.4 (1.1-1.7)	1,988	6.5 (6.2-6.8)
2019	2,511	9.0 (8.6-9.4)	2,590	34.2 (32.9-35.5)	161	20.4 (17.3-23.6)	162	2.4 (2.0-2.7)	2,627	8.8 (8.4-9.1)
2018	2,723	9.7 (9.4-10.1)	2,739	37.1 (35.7-38.4)	182	23.1 (19.7-26.4)	166	2.5 (2.1-2.9)	2,572	8.7 (8.4-9.0)
2017	2,773	9.9 (9.5-10.3)	2,599	36.3 (34.9-37.7)	154	19.8 (16.7-22.9)	175	2.7 (2.3-3.1)	2,498	8.7 (8.3-9.0)

Source: Division of Child and Family Services Juvenile Justice Programs Office, rates calculated by OOA.

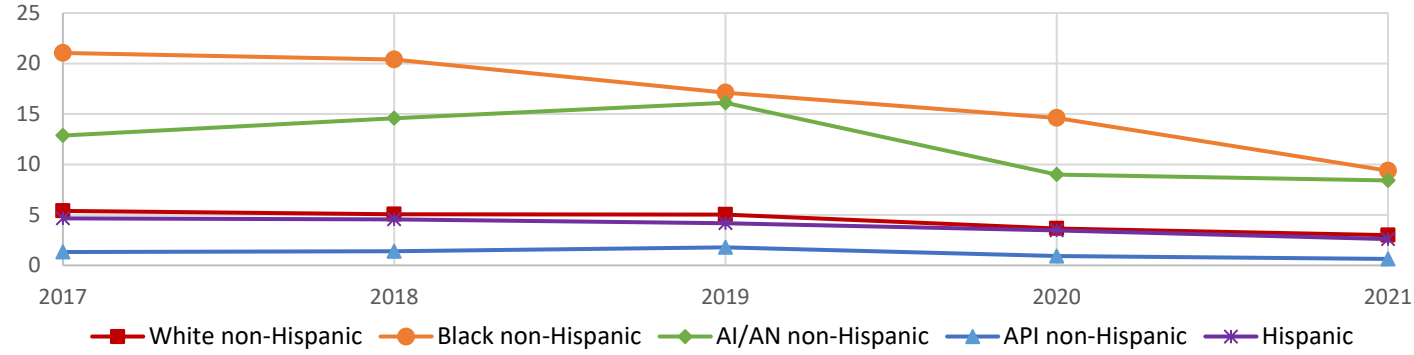
Figure 114. Arrest Counts by Region, and by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	424	2.5 (2.2-2.7)	362	6.8 (6.1-7.5)	600	13.3 (12.2-14.3)
Black non-Hispanic	1,063	13.9 (13.1-14.7)	133	37.5 (31.1-43.9)	41	37.1 (25.7-48.5)
AI/AN non-Hispanic	3	1.1 (0.0-2.3)	13	7.3 (3.3-11.2)	75	27.0 (20.9-33.2)
API non-Hispanic	42	0.7 (0.5-1.0)	21	2.5 (1.4-3.6)	12	7.1 (3.1-11.1)
Hispanic	769	3.3 (3.1-3.6)	310	7.6 (6.8-8.5)	250	13.5 (11.8-15.2)

Source: Division of Child and Family Services Juvenile Justice Programs Office, rates calculated by OOA.

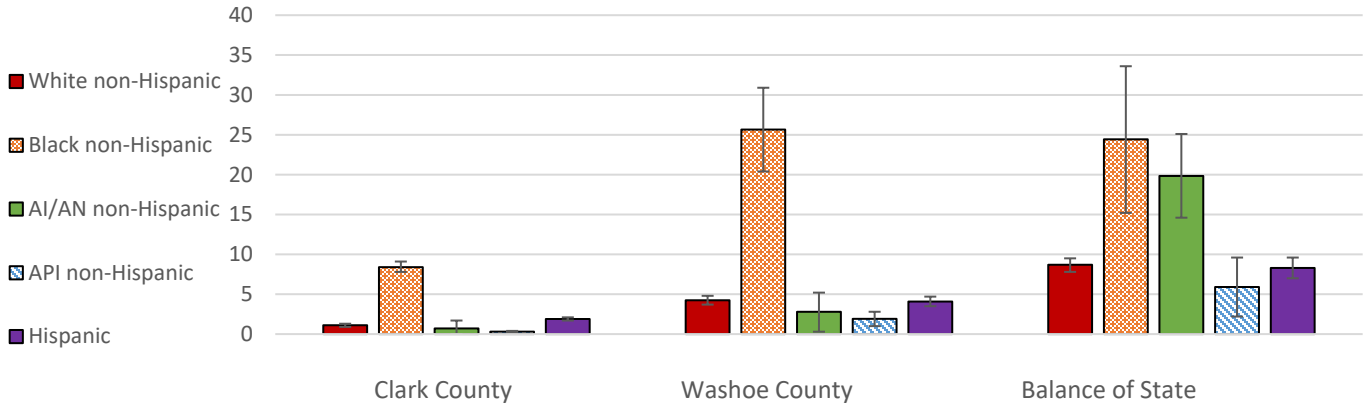
Figure 115. Detention Counts by Race/Ethnicity and Year, Nevada, 2017-2021



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)
2021	807	3.0 (2.8-3.2)	761	9.4 (8.7-10.0)	62	8.4 (6.3-10.5)	43	0.6 (0.4-0.8)	754	2.6 (2.4-2.8)
2020	1,018	3.7 (3.4-3.9)	1,136	14.6 (13.8-15.5)	71	9.0 (6.9-11.1)	65	0.9 (0.7-1.1)	1,056	3.5 (3.3-3.7)
2019	1,404	5.0 (4.8-5.3)	1,296	17.1 (16.2-18.0)	127	16.1 (13.3-18.9)	123	1.8 (1.5-2.1)	1,251	4.2 (3.9-4.4)
2018	1,416	5.1 (4.8-5.3)	1,507	20.4 (19.4-21.4)	115	14.6 (11.9-17.2)	94	1.4 (1.1-1.7)	1,346	4.6 (4.3-4.8)
2017	1,513	5.4 (5.1-5.7)	1,507	21.0 (20.0-22.1)	100	12.9 (10.3-15.4)	85	1.3 (1.0-1.6)	1,343	4.7 (4.4-4.9)

Source: Division of Child and Family Services Juvenile Justice Programs Office, rates calculated by OOA.

Figure 116. Detention Counts by Region, and by Race/Ethnicity, Nevada, 2021



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	189	1.1 (0.9-1.3)	225	4.2 (3.7-4.8)	393	8.7 (7.8-9.5)
Black non-Hispanic	643	8.4 (7.8-9.1)	91	25.7 (20.4-30.9)	27	24.4 (15.2-33.6)
AI/AN non-Hispanic	2	0.7 (0.0-0.7)	5	2.8 (0.3-5.2)	55	19.8 (14.6-25.1)
API non-Hispanic	17	0.3 (0.2-0.4)	16	1.9 (1.0-2.8)	10	5.9 (2.2-9.6)
Hispanic	434	1.9 (1.7-2.1)	166	4.1 (3.5-4.7)	154	8.3 (7.0-9.6)

Source: Division of Child and Family Services Juvenile Justice Programs Office, rates calculated by OOA.

Sexual Orientation and Gender Identity and Expression (SOGIE)

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

Significant Findings:

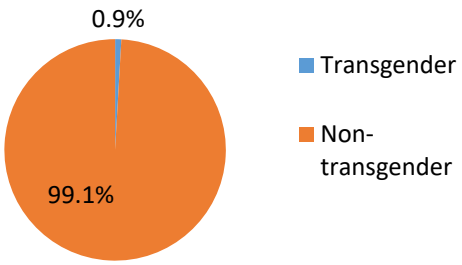
- In 2021, a significantly lower percent of the gay/lesbian population (4.3%) had less than high school education compared to all other levels of education (Figure 120).
- In 2021, the majority of the gay/lesbian population (30.8%) had an annual income greater than $50,000 (Figure 121).
- A larger portion of the bisexual population had thoughts of suicide and depression (15.4% and 52.2%, respectively) compared to the straight population (3.6% and 14.9%, respectively) (Figure 123 and Figure 124).
- The bisexual population and gay/lesbian population were at significantly higher risk of HIV (60.0% and 73.9%, respectively) compared to the straight population (38.2%) in 2021 (Figure 127).
- The gay/lesbian population had higher prevalence of heart attack (8.7%) compared to the straight population (3.2%) (Figure 131).

Population Distribution

Figure 117. Population Distribution – Percentages by Gender Identity and Sexual Orientation, Nevada, 2021

Gender Identity:	Count	Percent of Total
Transgender	16	0.9% (0.4-1.5)
Non-transgender	2,323	99.1% (98.5-99.6)
Total	**2,339**	**100.0%**

The sum of percentages may not equal 100% due to rounding.



Sexual Orientation:	Count	Percent of Total
Bisexual	79	4.2% (2.8-5.5)
Gay or Lesbian	40	1.9% (1.2-2.7)
Straight	2,155	93.9% (92.4-95.4)
Total	**2,274**	**100.0%**

The sum of percentages may not equal 100% due to rounding.

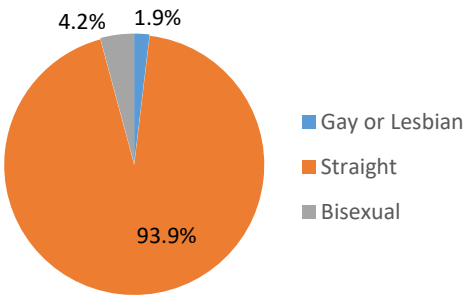


Figure 118. Population Distribution – Sexual Orientation by Gender, Nevada, 2021

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

Table 14. Population Distribution – Sexual Orientation by Age Groups, Nevada, 2021

Age	Bisexual	Gay or Lesbian	Straight
18-24	15.3%	2.1%	82.6%
25-34	7.8%	1.5%	90.7%
35-44	2.9%	2.5%	94.6%
45-54	1.6%	2.5%	95.9%
55-64	1.2%	2.1%	96.6%
65+	1.3%	1.1%	97.5%

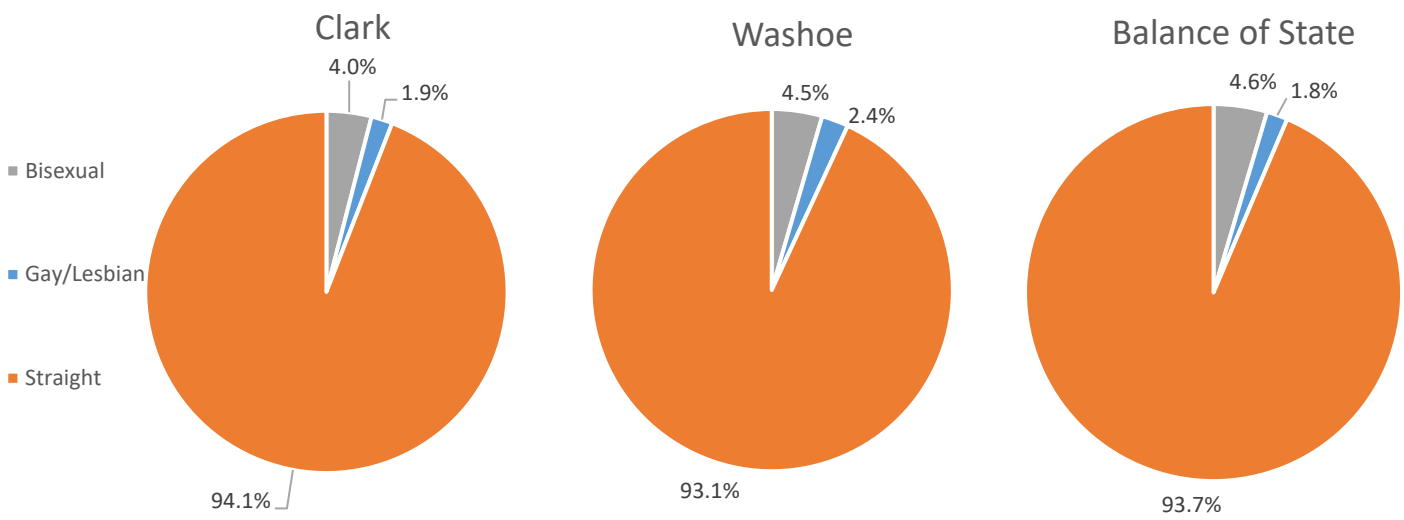
Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).

Table 15. Population Distribution – Sexual Orientation by Race/Ethnicity, Nevada, 2021

Race	Bisexual	Gay/Lesbian	Straight
White non-Hispanic	4.4%	2.3%	93.3%
Black non-Hispanic	5.5%	-	94.5%
AI/AN non-Hispanic	17.8%	-	82.2%
API non-Hispanic	-	-	100.0%
Hispanic	3.9%	2.6%	93.5%

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

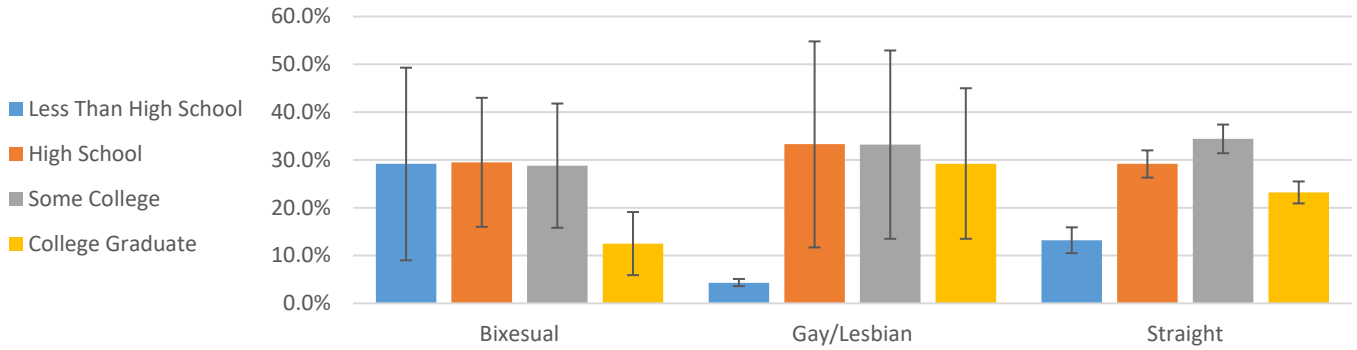
Figure 119. Population Distribution – Sexual Orientation by County, Nevada, 2021



Sexual Orientation	Clark	Washoe	Balance of State
Bisexual	4.0% (2.2-5.8)	4.5% (2.2-6.9)	4.6% (2.3-6.8)
Gay or Lesbian	1.9% (1.0-2.8)	2.4% (0.7-4.0)	1.8% (1.1-2.4)
Straight	94.1% (92.1-96.1)	93.1% (90.3-95.9)	93.7% (91.3-96.0)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages may not equal 100% due to rounding.

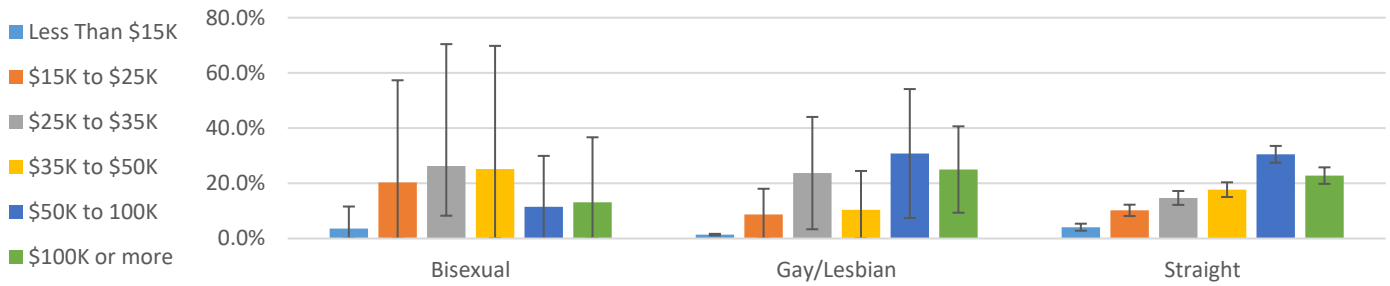
Figure 120. Population Distribution – Sexual Orientation by Level of Education, Nevada, 2021



Levels of Education	Bisexual	Gay/Lesbian	Straight
Less Than High School	29.2% (9.0-49.3)	4.3% (3.6-5.1)	13.2% (10.6-16.0)
High School	29.5% (16.1-43.1)	33.3% (11.7-54.8)	29.2% (26.3-32.0)
Some College	28.8% (15.8-41.8)	33.2% (13.5-52.9)	34.4% (31.4-37.4)
College Graduate	12.5% (5.9-19.1)	29.2% (13.5-45.0)	23.2% (20.9-25.5)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to display difference between groups. The sum of the percentages will not equal 100% due to rounding.

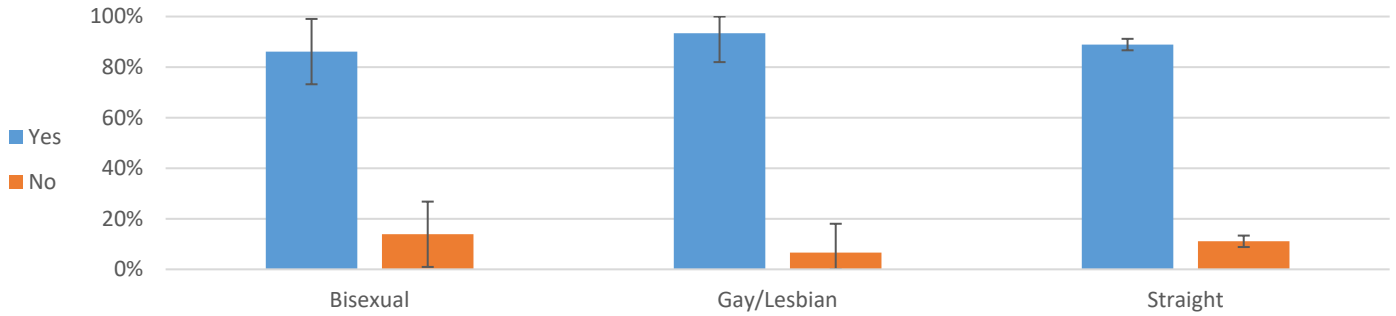
Figure 121. Population Distribution – Sexual Orientation by Annual Income, Nevada, 2021



Income Level	Bisexual	Gay/Lesbian	Straight
Less Than $15K	3.6% (0.0-8.0)	1.4% (1.1-1.7)	4.1% (2.8-5.4)
$15K to $25K	20.3% (3.4-37.2)	8.7% (0.0-18.0)	10.2% (8.1-12.2)
$25K to $35K	26.3% (8.3-44.4)	23.7% (3.3-44.0)	14.7% (12.2-17.2)
$35K to $50K	25.2% (5.5-44.9)	10.4% (0.0-24.4)	17.7% (15.1-20.4)
$50K to $100K	11.5% (4.5-18.6)	30.8% (7.4-54.2)	30.5% (27.4-33.5)
$100K or more	13.1% (2.4-23.7)	25.0% (9.4-40.7)	22.8% (19.8-25.8)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 80% to display difference between groups. The sum of the percentages will not equal 100% due to rounding.

Figure 122. Health Insurance Status by Sexual Orientation, Nevada, 2021



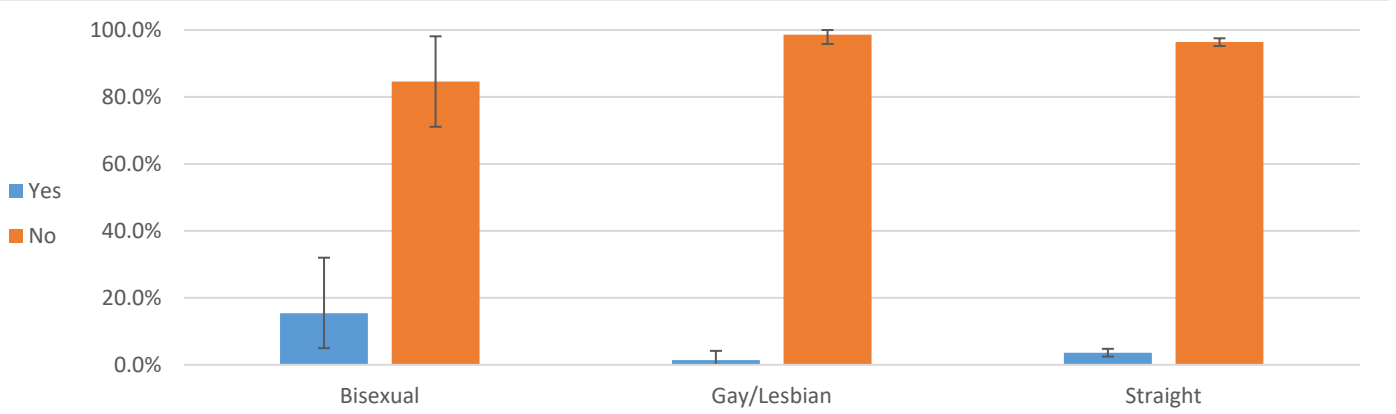
Health Insurance Status	Bisexual	Gay/Lesbian	Straight
Insured	86.1% (73.2-99.0)	93.4% (82.0-100.0)	88.9% (86.6-91.2)
Uninsured	13.9% (1.0-26.8)	6.6% (0.0-18.0)	11.1% (8.8-13.4)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

Health Risk and Behavior

According to the CDC the LGBGTQ+ population is at risk for multiple health threats and disparities associated with social inequalities and are at higher risk compared to their heterosexual peers [24].

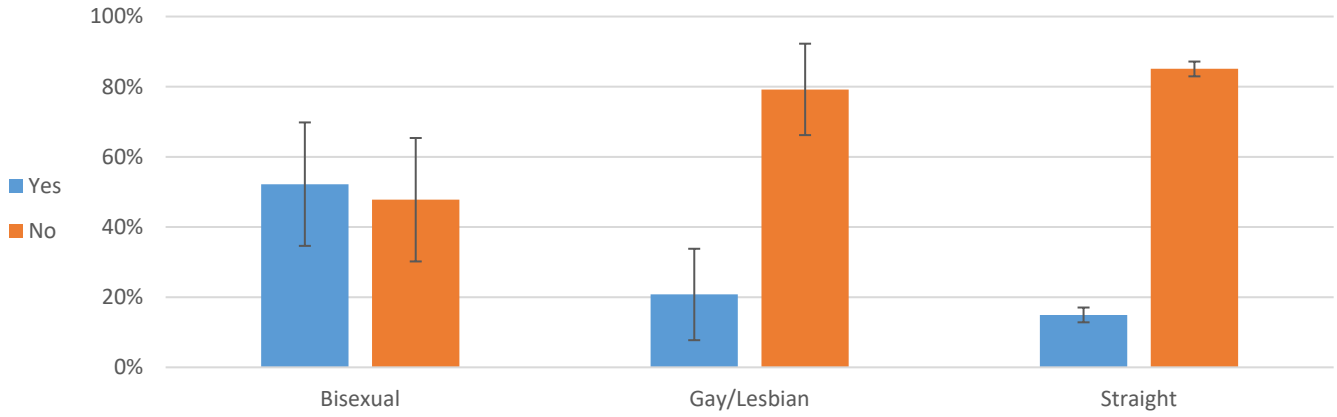
Figure 123. Prevalence of Thoughts of Suicide by Sexual Orientation, Nevada, 2021



Thoughts of Suicide	Bisexual	Gay/Lesbian	Straight
Yes	15.4% (1.9-28.9)	1.4% (0.0-4.2)	3.6% (2.5-4.8)
No	84.6% (71.1-98.1)	98.6% (95.8-100.0)	96.4% (95.2-97.5)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

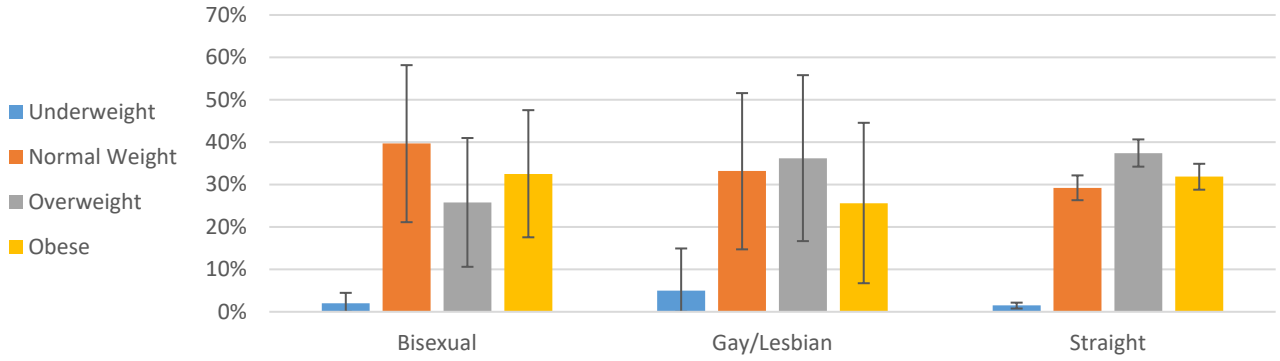
Figure 124. Prevalence of Depressive Disorder by Sexual Orientation, Nevada, 2021



Depressive Disorder	Bisexual	Gay/Lesbian	Straight
Yes	52.2% (34.6-69.8)	20.8% (7.7-33.8)	14.9% (12.8-17.1)
No	47.8% (30.2-65.4)	79.2% (66.2-92.3)	85.1% (83.0-87.2)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

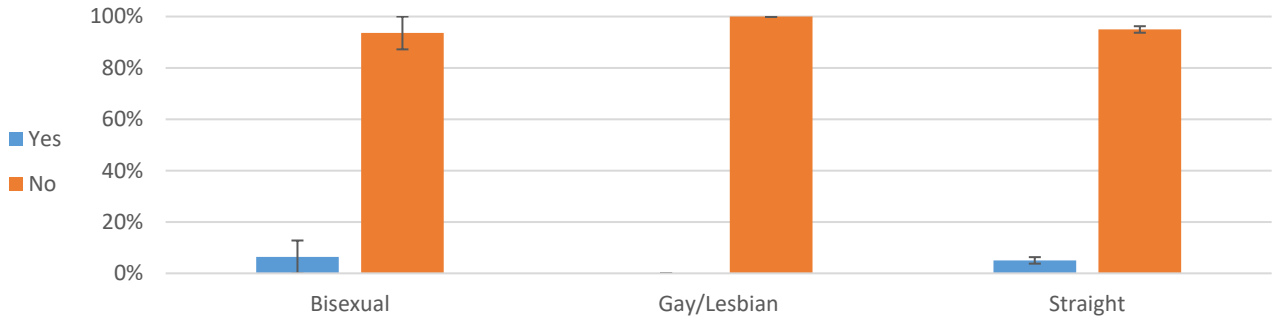
Figure 125. Body Mass Index by Sexual Orientation, Nevada, 2021



BMI Category	Bisexual	Gay/Lesbian	Straight
Underweight	2.0% (0.0-4.5)	5.0% (0.0-14.9)	1.5% (0.8-2.2)
Normal Weight	39.7% (21.1-58.2)	33.2% (14.7-51.6)	29.2% (26.3-32.2)
Overweight	25.8% (10.6-41.0)	36.2% (16.7-55.8)	37.4% (34.2-40.7)
Obese	32.5% (17.6-47.6)	25.6% (6.7-44.6)	31.9% (28.8-34.9)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 70% to display difference between groups.
The sum of the percentages will not equal 100% due to rounding.

Figure 126. Prevalence of Heavy Drinking by Sexual Orientation, Nevada, 2021



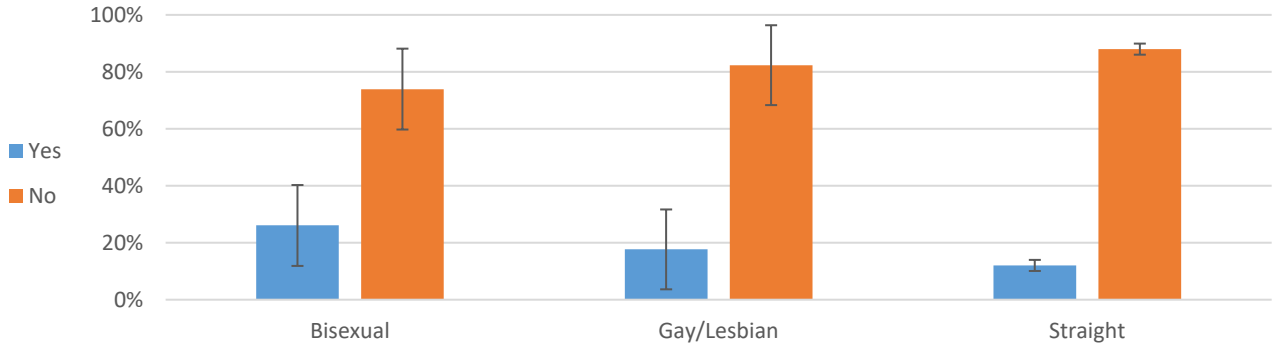
Heavy Drinker	Bisexual	Gay/Lesbian	Straight
Yes	6.4% (0.0-12.8)	0.0% (0.0-0.0)	5.0% (3.8-6.3)
No	93.6% (87.2-100.0)	100% -	95.0% (93.7-96.2)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

Prevalence of Disease

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

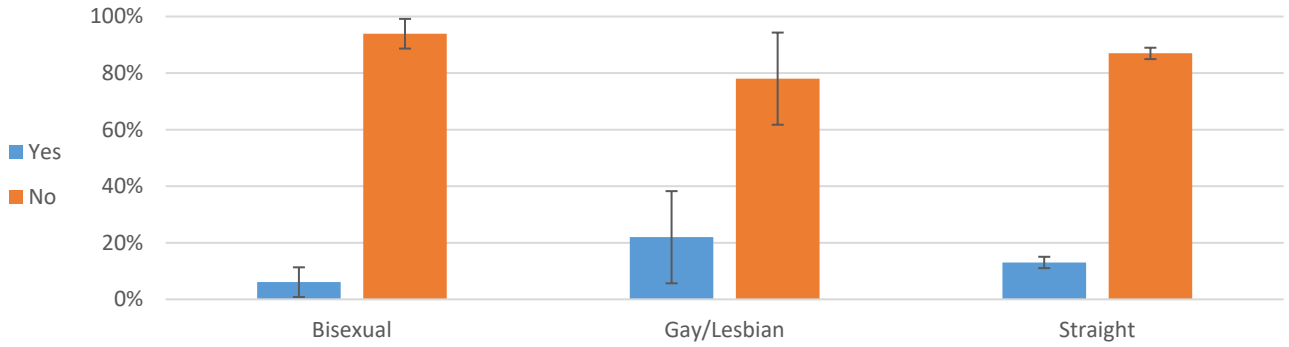
Figure 127. Prevalence of Asthma by Sexual Orientation, Nevada, 2021



Have/Had Asthma	Bisexual	Gay/Lesbian	Straight
Yes	26.1% (11.9-40.3)	17.7% (3.6-31.7)	12.0% (10.0-14.0)
No	73.9% (59.7-88.1)	82.3% (68.3-96.4)	88.0% (86.0-89.9)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

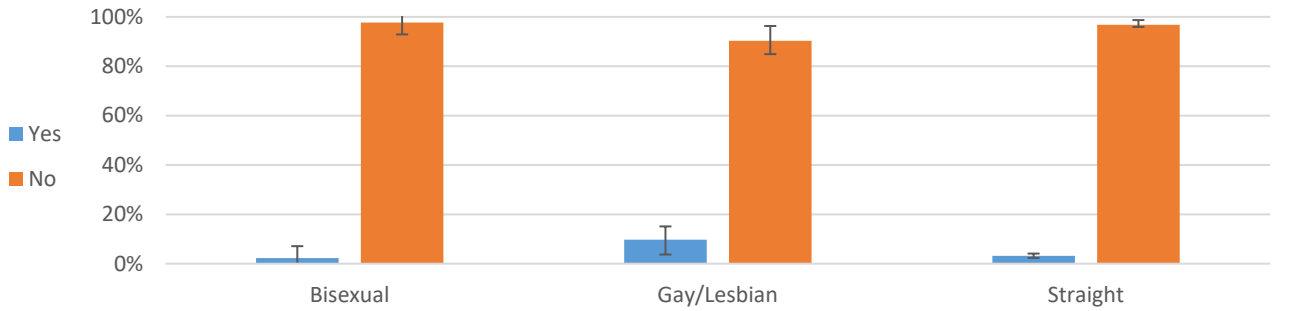
Figure 128. Prevalence of Diabetes by Sexual Orientation, Nevada, 2021



Have Diabetes	Bisexual	Gay/Lesbian	Straight
Yes	6.1% (0.8-11.3)	22.0% (5.7-38.3)	13.0% (11.0-15.0)
No	93.9% (88.7-99.2)	78.0% (61.7-94.3)	87.0% (85.0-89.0)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
Including pregnancy but excluding pre-diabetes.
The sum of the percentages will not equal 100% due to rounding.

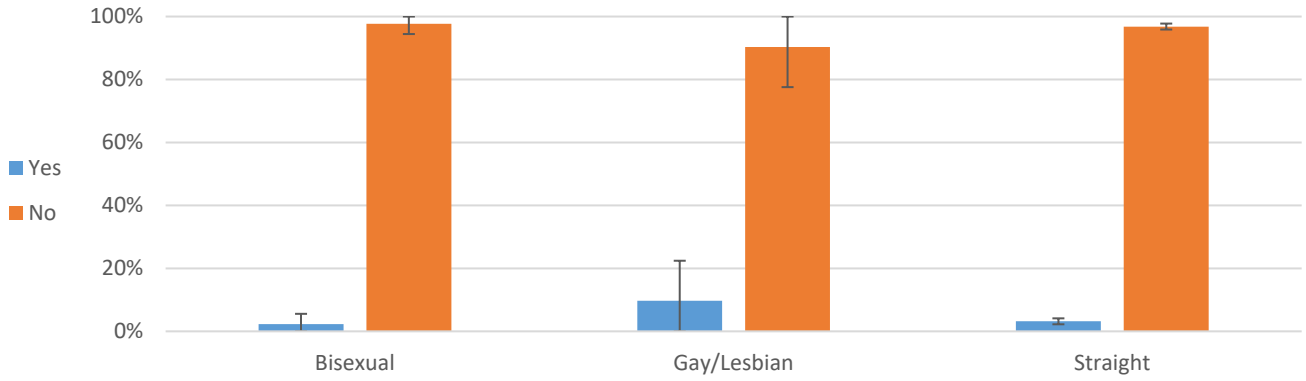
Figure 129. Prevalence of Heart Disease by Sexual Orientation, Nevada, 2021



Have Heart Disease	Bisexual	Gay/Lesbian	Straight
Yes	2.3% (0.0-5.6)	9.7% (0.0-22.4)	3.2% (2.2-4.1)
No	97.7% (94.4-100.0)	90.3% (77.6-100.0)	96.8% (95.9-97.8)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

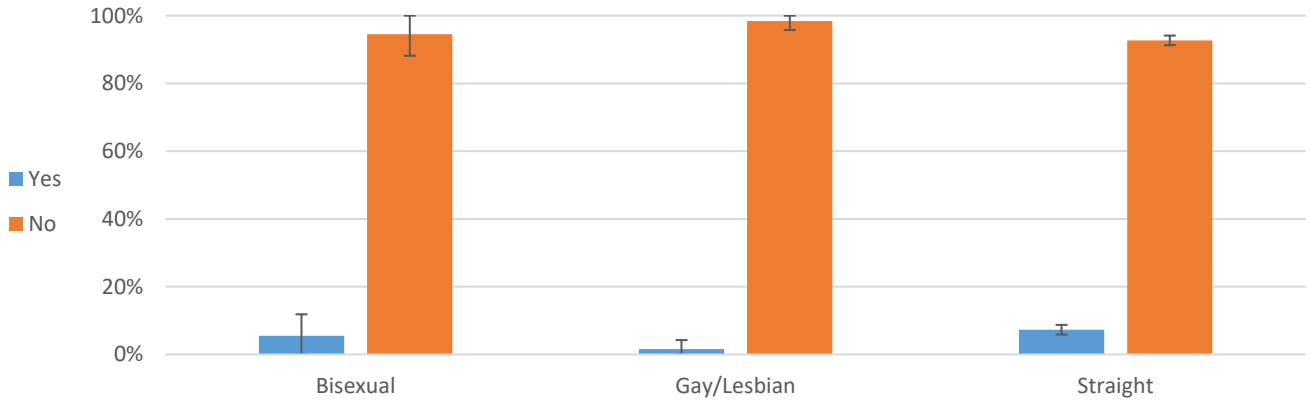
Figure 130. Prevalence of Heart Attack by Sexual Orientation, Nevada, 2021



Had Heart Attack	Bisexual	Gay/Lesbian	Straight
Yes	3.5% (0.0-7.7)	8.7% (0.0-21.3)	3.2% (2.4-4.1)
No	96.5% (92.3-100.0)	91.3% (78.7-100.0)	96.8% (95.9-97.6)
Total	**100.0%**	**100.0%**	**100.0%**

Source: Nevada and United States Behavioral Risk Factor Surveillance System (BRFSS).
The sum of the percentages will not equal 100% due to rounding.

Figure 131. Prevalence of Cancer by Sexual Orientation, Nevada, 2021



Have/Had Cancer	Bisexual	Gay/Lesbian	Straight
Yes	5.5% (0.0-11.8)	1.6% (0.0-4.2)	7.3% (5.9-8.7)
No	94.5% (88.2-100.0)	98.4% (95.8-100.0)	92.7% (91.3-94.1)
Total	**100.0%**	**100.0%**	**100.0%**

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

The sum of the percentages will not equal 100% due to rounding.

Resources

For more information on a specific topic, the Office of Analytics has created the following dashboards and reports.

The Office of Analytics: Health and Human Services Data Portal

- Behavioral Risk Factor Surveillance System (BRFSS) Dashboard
- COVID-19 Surveillance Dashboard
- Maternal Mortality and Severe Maternal Morbidity Report
- Suicide Dashboard
- Prescription Drug Monitoring Program (PDMP) Dashboard
- Women, Infants, and Children (WIC) Program Dashboard
- Maternal and Child Health in Nevada Dashboard
- Monitoring Substance Use in Nevada
- Nevada Violent Death Reporting System Dashboard

Other helpful resources can be found here:

Heat Resiliency for Southern Nevada, 2021

March of Dimes Report Card 2022

MPox Surveillance Dashboard

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