Minority Health Report 2025

March 2025

Office of Analytics

Department of Health and Human Services

In Collaboration with the Office of Minority Health and Equity

Joe Lombardo
Governor
State of Nevada

Richard Whitley, MS
Director
Department of Health and Human Services

Table of Contents

Acknowledgments

Prepared by:
Office of Analytics
Department of Health and Human Services
State of Nevada

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

Jingyao Zhang, MS
Biostatistician
Office of Analytics
Nevada Department of Health and Human Services

Jen Thompson
Health Program Manager
Office of Analytics
Nevada Department of Health and Human Services

Aidan Hernandez
Health Resource Analyst
Office of Analytics
Nevada Department of Health and Human Services

Nahid Istiak, MS
Biostatistician
Office of Analytics
Nevada Department of Health and Human Services

Madison Lopey, MS
Chief Biostatistician
Office of Analytics
Nevada Department of Health and Human Services

Alexia Benshoof, MS
Health Bureau Chief
Office of Analytics
Nevada Department of Health and Human Services

Tina Dortch, MPA
Program Manager
Office of Minority Health and Equity
Nevada Department of Health and Human Services

Amanda Annan, MPH, CHES, MHA
Management Analyst
Office of Minority Health and Equity
Nevada Department of Health and Human Services

Siddharth Raich, MPH
Program Officer
Office of Minority Health and Equity
Nevada Department of Health and Human Services

Suggested Citation:
State of Nevada, Department of Health and Human Services - Office of Analytics. *Minority Health Report 2025*. Carson City, Nevada February 2025.

For more information, please contact: data@dhhs.nv.gov

Definitions

Age-Adjusted Rate. A rate is a measure of the frequency of a specific event over a given period, 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 Population Projections and Standard Age Groups). 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. Age-adjusted rates are per 100,000 age-specific population.

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 the weight of the baby born in grams.

- **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). A confidence interval is a range of numbers defined to contain an estimated value within a specific probability. For example, a 95% confidence interval for the average in an observed population will contain the "true" average 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. A crude rate is the frequency with which an event or circumstance occurs per unit of population. Crude rates are per 100,000 population.

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.

Substance Use Overdose. Data are collected for substance use overdoses from hospital billing and the death registry. Overdose is a when a person has a toxic amount of substance that overwhelms the body.

Fatal Rate. are the age-adjusted rates based on the Nevada Death Registry where the person died of an overdose, regardless of where the event occurred (home, hospital, hotel, etc.).

Non-fatal Rate. are the age-adjusted rates for hospital encounters where the patient did not die during the encounter.

Statistical Significance. A result that is unlikely to occur randomly and is more likely to be attributed to a specific cause is considered statistically significant. In this report, a 5% significance level (corresponding to a 95% confidence interval) is used throughout to determine the likelihood of the observed outcomes.

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, chronic health conditions, and use of preventive services. More than 400,000 adults are interviewed each year, making the BRFSS the largest telephone health survey in the world. For many states, the BRFSS is the only available source of timely and accurate data on health-related behaviors. The survey consists of a set of federally grant funded core questions and states may include and pay for their own questions in the survey. While the survey's focus is chronic disease and injury, topics covered by the survey include car safety, obesity, and exercise among many others. Since state-added questions are not asked nationwide, these questions are not comparable. [3].

EpiTrax
EpiTrax is a disease surveillance system designed to support the state of Nevada and local health authorities, including receiving or entering disease reports, conducting case/outbreak investigations, managing cases/outbreaks, analyzing data, and reporting to the Centers for Disease Control and Prevention [4].

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 [5].

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 [6].

Nevada State Demographer – Nevada Population Data
The Nevada State Demographer's office is funded by the Nevada Department of Taxation and is part of the Nevada Small Business Development Center. It is responsible for conducting annual population estimates for Nevada's counties, cities, towns, and demographic groups. This report utilized population estimates for years 2019 – 2023, provided by the State Demographer in 2023. 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)

Statewide births and deaths are collected by the Office of Vital Records, in the Division of Public and Behavioral Health. WEVRRS is a software utilized by physicians, registered nurses, midwives, informants or funeral directors, and other individuals to collect and consolidate birth and death-related information. WEVRRS includes the Nevada Electronic Birth Registry System and the Nevada Electronic Death Registry System [10].

Youth Risk Behavior Survey (YRBS)

The Youth Risk Behavior Survey (YRBS) is a national surveillance system that was established by the Centers for Disease Control and Prevention (CDC) to monitor the prevalence of health risk behaviors among youth. Every two years high schools from Nevada are randomly chosen by the CDC to represent Nevada. However, to ensure greater representation from schools in all Nevada districts, the Nevada Division of Public and Behavioral Health contracts with the University of Nevada, Reno School of Public Health to conduct the YRBS in all high schools throughout the state. The Nevada High School YRBS is a biennial, anonymous, and voluntary survey of students in 9th through 12th grade in regular public, charter, and alternative schools [11].

Purpose

The purpose of this biennial report is to highlight existing health-related trends found among various racial and ethnic populations in Nevada, with a focus on 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 to inform health professionals, policy makers, educators, community members, and researchers about existing health disparities among Nevada's population. This report encourages a deeper examination of the root causes and contributing factors behind health disparities and inequities and serves as a call to action, advocating for transformative efforts to build a more equitable and effective healthcare system for everyone.

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

Key Findings throughout the Minority Report

- In 2023, diseases of the heart and malignant neoplasms (cancer) were the leading causes of death for Nevada as a whole (Table 1).
- In 2023, the Black non-Hispanic population had significantly higher death rates of diseases of the heart than all other race/ethnicity groups, with a death rate of 292.6 per 100,000 population (Table 1 and Table 4).
- From 2012 to 2021, the number of cancer cases among the Asian/Pacific Islander non-Hispanic population increased by 69.5% in cancer burden for all cancer types in Nevada. Asian/Pacific Islander non-Hispanics show a 113% increase in prostate cancer burden, 103.8% increase in female breast cancer burden, 39.8% increase in colorectal cancer burden, and 17.0% increase in Lung and Bronchus cancer Burden (Table 13).
- In 2023, White non-Hispanic, Black non-Hispanic, American Indian/Alaska Native non-Hispanic, and the Hispanic populations had significantly higher accidental death rates (75.7, 93.3, 95.9 and 42.7 per 100,000 population, respectively) than Asian/Pacific Islander non-Hispanic population (28.9 per 100,000) (Figure 40).
- In 2023, the death rate from chronic lower respiratory disease (CLRD) among the White non-Hispanic population, at 47.2 per 100,000 population, was significantly higher than that of the American Indian/Alaskan Native non-Hispanic population, Asian/Pacific Islander non-Hispanic population, and Hispanic population (Figure 45).
- Black non-Hispanics had significantly higher death rates from homicide for each year from 2020 to 2023 than any other race/ethnicity group (Figure 59).
- Black non-Hispanics had significantly higher rates of reported cases of HIV infection than every other race/ethnicity group for each year from 2019 to 2023 (Figure 69).
- From 2019 to 2022, the Black non-Hispanic population had significantly higher infant mortality rates than the White non-Hispanic, Asian/Pacific Islander non-Hispanic, and Hispanic populations; in 2023, the Black non-Hispanic population had significantly higher infant mortality rates than White non-Hispanics and Asian/Pacific Islander non-Hispanics. (Figure 92).
- The White non-Hispanic population (25.8 per 100,000) in Washoe County and in the Balance of the State (31.6 per 100,000) had significantly higher rates of enteric disease than their respective race/ethnicity groups in Clark County (17.6 per 100,000) (Figure 114) from 2019-2023.

General Demographics

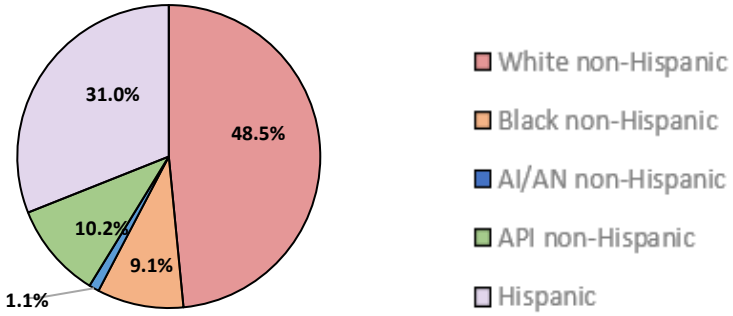
Population Distribution and Growth

Between the years 2022 and 2023, Nevada's population grew by 2.1% for a total population of 3,271,898 in 2023 (Figures 1 - Figure 3). Nevada's population is comprised of a White majority (48.5%), with the rest of the population comprising 31.0% Hispanic, 10.2% Asian/Pacific Islander, 9.2% Black, and 1.1% American Indian/Alaska Native (Figure 1). Nevada had the 3rd highest Diversity Index (at 68.8% in 2020 [12]. Diversity Index measures the probability that two people chosen at random will be from different racial and ethnic groups [12]. Nevada is also one of seven states that have a majority-minority which is a term describing a state whose population is composed of less than 50% White non-Hispanics [13].

Significant Findings

- From 2022 to 2023 the Asian/Pacific Islander non-Hispanic population experienced the greatest growth rate, at 4.2%, followed by the Black-non-Hispanic population (3.4%) and the Hispanic population (3.4%) (Figure 3).

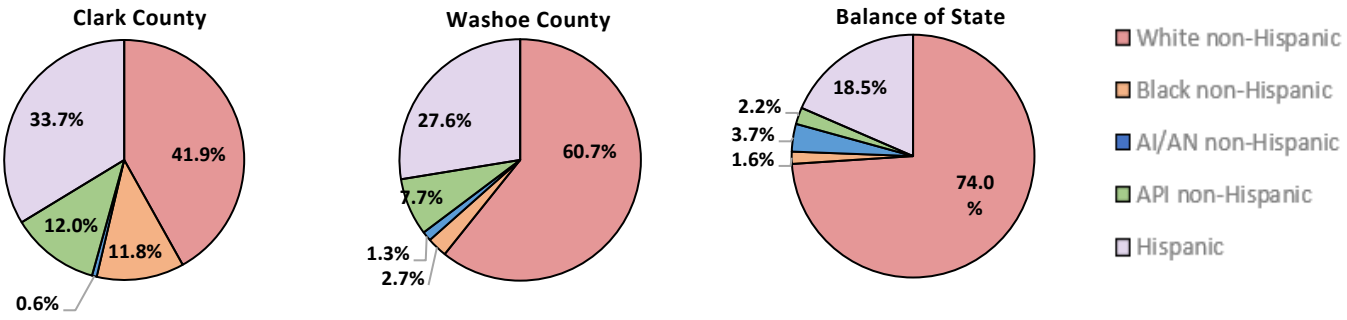
Figure 1. Population Distribution – Percentages by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	Count	Percent of Total
White non-Hispanic	1,585,324	48.5%
Black non-Hispanic	301,971	9.2%
AI/AN non-Hispanic	35,357	1.1%
API non-Hispanic	334,120	10.2%
Hispanic	1,015,127	31.0%
Total	**3,271,898**	**100%**

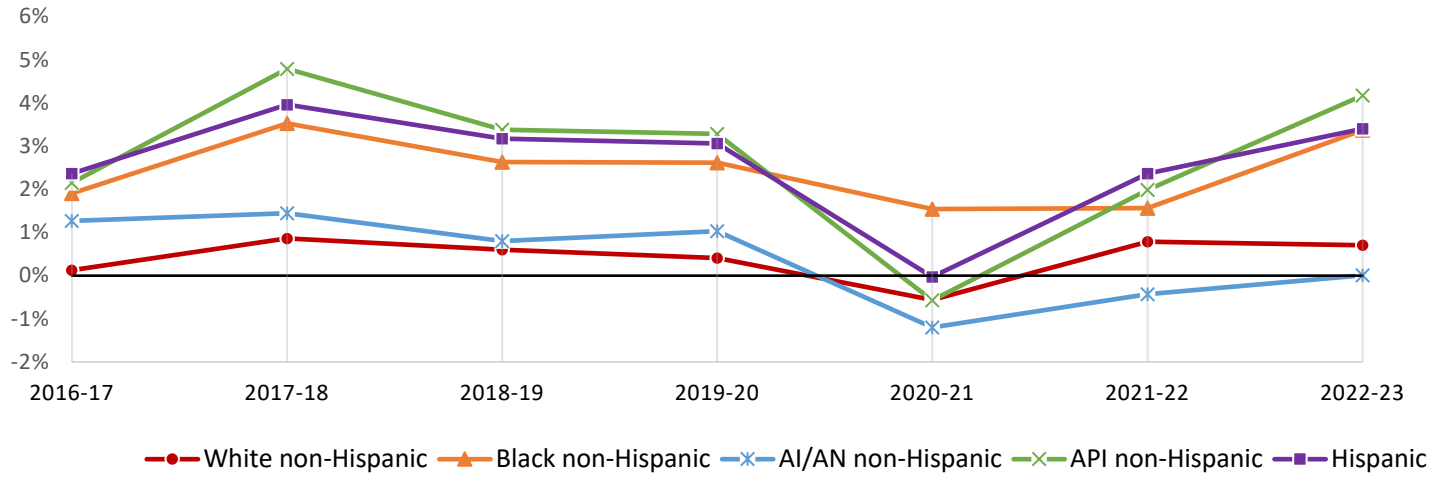
Source: Nevada State Demographer, vintage 2023, with group quarters.

Figure 2. Population Distribution – Percentages by Race/Ethnicity and County, 2023



Source: Nevada State Demographer, vintage 2023, with group quarters.

Figure 3. Population Growth Rate by Race/Ethnicity, Nevada Statewide, 2016-2023



Race/Ethnicity	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
White non-Hispanic	0.1%	0.9%	0.6%	0.4%	-0.6%	0.8%	0.7%
Black non-Hispanic	1.9%	3.5%	2.6%	2.6%	1.5%	1.6%	3.4%
AI/AN non-Hispanic	1.3%	1.4%	0.8%	1.0%	-1.2%	-0.4%	0.0%
API non-Hispanic	2.1%	4.8%	3.4%	3.3%	-0.6%	2.0%	4.2%
Hispanic	2.4%	4.0%	3.2%	3.1%	0.0%	2.4%	3.4%
Total	1.1%	2.4%	1.8%	1.7%	-0.2%	1.4%	2.1%

Source: Nevada State Demographer, vintage 2023, with group quarters.
Note: Graph scaled to display difference between groups.

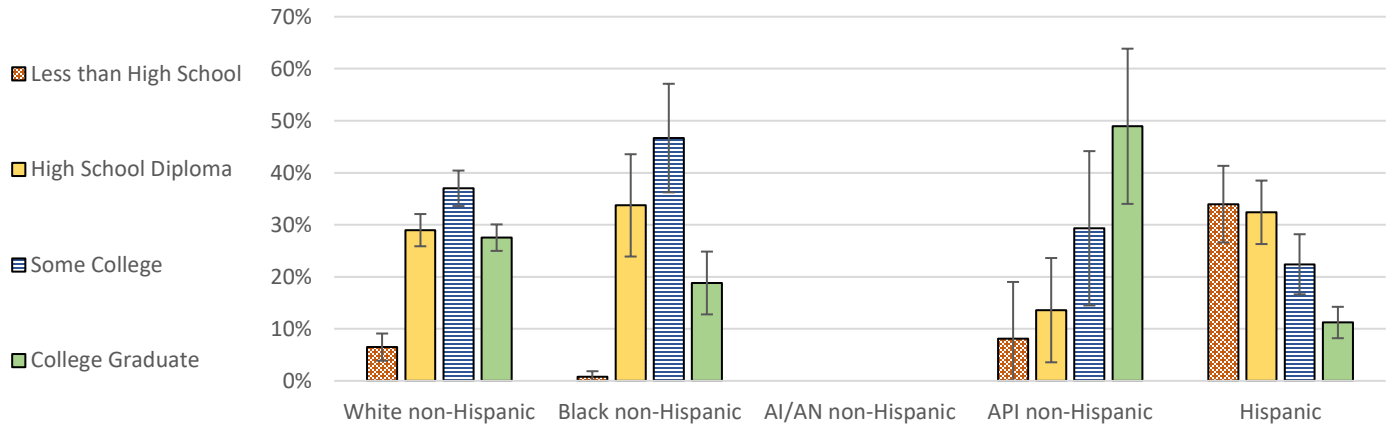
Level of Education

A person's level of educational attainment is recognized as an important social determinant of health, a condition in which the 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. 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.

According to BRFSS data, in Nevada, the Asian/Pacific Islander non-Hispanic population had a significantly higher prevalence of college graduates (48.9%) than all other populations in 2023 (Figure 4). When comparing level of education among the three regions in Nevada, the White non-Hispanic population in the Balance of State displayed a significantly lower prevalence of college graduates (18.2%) than White non-Hispanics in Washoe County (33.5%) and Clark County (27.9%) from 2019 – 2023 (Figures 7, 6, & 5, respectively).

Reliable data from the BRFSS for American Indian/Alaska Native (AI/AN) Nevadans on this measure for 2023 is not available. However, according to 2022 U.S. Census Bureau data, among the Nevada AI/AN population aged 25 and over: 27.4% had less than a high school diploma, 19.5% had a high school diploma, 33.8% had some college or an associate's degree, and 9.3% held a bachelor's degree or higher. In Washoe County, among the AI/AN population aged 25 and over: 18.9% had less than a high school diploma, 31.9% had a high school diploma, 33.1% had some college or an associate's degree, and 16.1% held a bachelor's degree or higher [2].

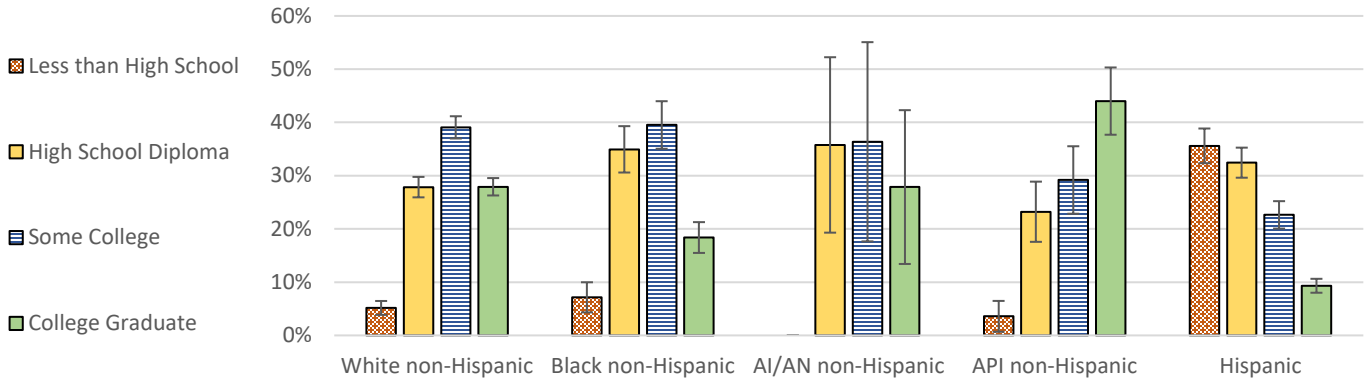
Figure 4. Level of Education – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School^	6.5% (3.9-9.1)	0.8% (0.0-1.9)	‡	8.1% (0.0-19.0)	34.0% (26.6-41.3)
High School Diploma	29.0% (25.9-32.1)	33.7% (23.9-43.6)	‡	13.6% (3.6-23.6)	32.4% (26.3-38.5)
Some College	37.0% (33.6-40.4)	46.7% (36.2-57.1)	‡	29.3% (14.5-44.2)	22.4% (16.6-28.2)
College Graduate	27.5% (25.0-30.1)	18.8% (12.8-24.9)	‡	48.9% (34.0-63.9)	11.2% (8.2-14.2)

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.

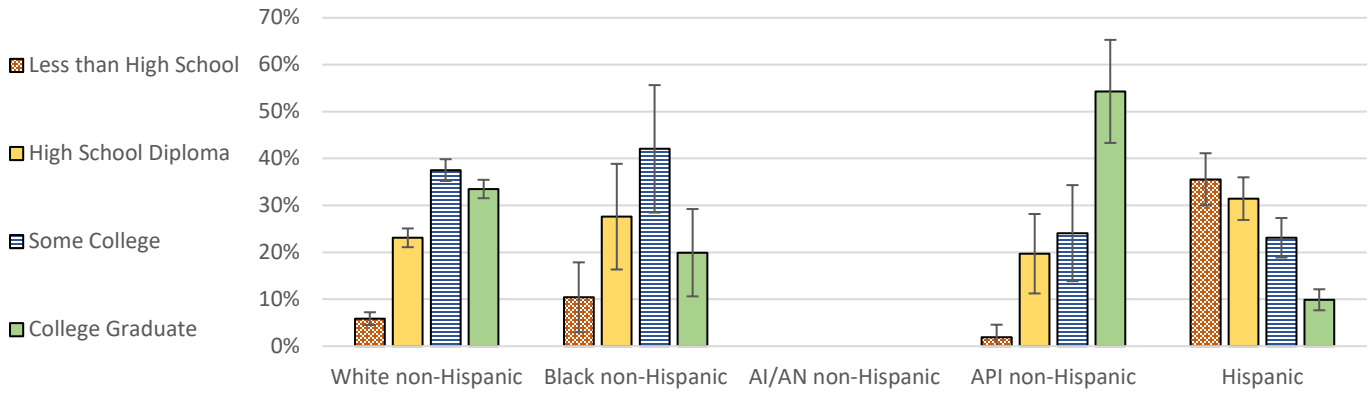
Figure 5. Level of Education – Prevalence by Race/Ethnicity, Clark County, 2019-2023 Aggregated



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School^	5.2% (3.9-6.5)	7.2% (4.3-10.0)	0.0% (0.0-0.0)	3.6% (0.7-6.5)	35.6% (32.3-38.9)
High School Diploma	27.8% (25.9-29.8)	34.9% (30.6-39.3)	35.8% (19.3-52.2)	23.2% (17.6-28.9)	32.4% (29.6-35.3)
Some College	39.1% (37.0-41.2)	39.5% (35.1-44.0)	36.4% (17.7-55.1)	29.2% (22.9-35.5)	22.6% (20.1-25.2)
College Graduate	27.9% (26.3-29.5)	18.4% (15.5-21.3)	27.9% (13.4-42.3)	44.0% (37.7-50.3)	9.3% (8.0-10.6)

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.

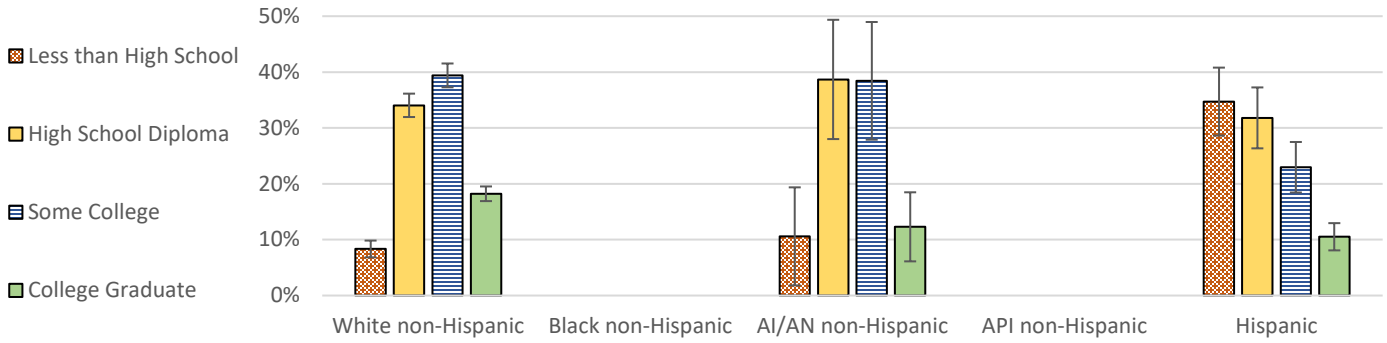
Figure 6. Level of Education – Prevalence by Race/Ethnicity, Washoe County, 2019-2023 Aggregated



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School^	5.9% (4.5-7.2)	10.4% (3.0-17.9)	‡	1.9% (0.0-4.6)	35.6% (30.0-41.1)
High School Diploma	23.1% (21.1-25.1)	27.6% (16.3-38.9)	‡	19.7% (11.2-28.2)	31.4% (26.9-36.0)
Some College	37.5% (35.2-39.8)	42.1% (28.5-55.6)	‡	24.1% (13.9-34.3)	23.1% (18.9-27.3)
College Graduate	33.5% (31.5-35.5)	19.9% (10.6-29.2)	‡	54.3% (43.3-65.3)	9.9% (7.6-12.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Multiple years were combined due to low respondent counts.
Note: Graph scaled to 70% to display difference between groups.
‡: 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, 2019-2023 Aggregated



Race/Ethnicity	White (Non-Hispanic)	Black (Non-Hispanic)	AI/AN (Non-Hispanic)	API (Non-Hispanic)	Hispanic
Less than High School	8.3% (6.8-9.8)	‡	10.6% (1.8-19.4)	‡	34.7% (28.6-40.8)
High School Diploma	34.0% (32.0-36.1)	‡	38.7% (28.0-49.4)	‡	31.8% (26.3-37.3)
Some College	39.4% (37.3-41.5)	‡	38.4% (27.9-49.0)	‡	23.0% (18.4-27.5)
College Graduate	18.2% (16.9-19.5)	‡	12.3% (6.1-18.5)	‡	10.5% (8.1-13.0)

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.
^Less than High School is defined as not receiving a high school diploma or GED diploma.

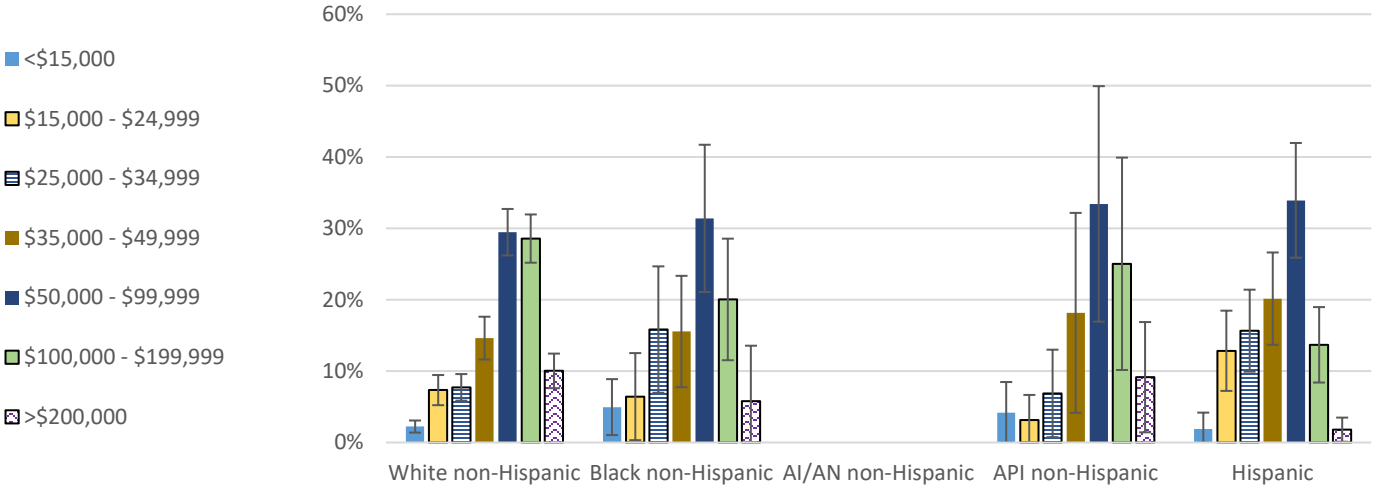
Annual Household Income

Health is related to economic stability in that it reflects a person's ability to meet their 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. Reliable data from the BRFSS for American Indian/Alaska Native (AI/AN) Nevadans on this measure for 2023 is not available. However, according to 2022 U.S. Census Bureau data the American Indian and Alaska Native population in Nevada had 9.3% with household income of less than $15,000, 4.3% with $15,000-$24,999, 10.6% with $25,000-$34,999, 15.8% with $35,000-$49,999, 33.1% with $50,000-$99,999, 22.6% with $100,000-$199,999, and 4.4% with ≥200,000.

Significant Findings

- In 2023, an annual household income of $100,000-$199,999 and ≥$200,000 was significantly higher among the non-Hispanic White population (28.6%, 10.0% respectively) compared to the Hispanic population (13.7%, 1.8% respectively) for (Figure 8).

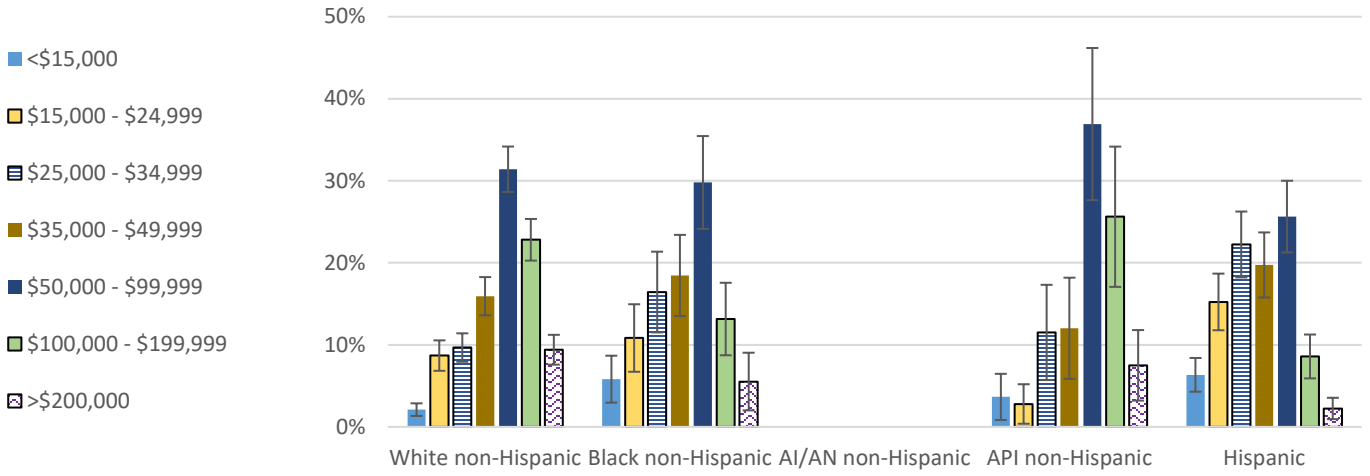
Figure 8. Annual Household Income – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	2.2% (1.4-3.1)	5.0% (1.0-8.9)	‡	4.2% (0.0-8.5)	1.9% (0.0-4.2)
$15,000 - $24,999	7.3% (5.2-9.5)	6.4% (0.3-12.5)	‡	3.2% (0.0-6.7)	12.9% (7.2-18.5)
$25,000 - $34,999	7.7% (5.9-9.6)	15.8% (7.0-24.7)	‡	6.9% (0.8-13.0)	15.7% (9.9-21.4)
$35,000 - $49,999	14.6% (11.6-17.6)	15.6% (7.8-23.4)	‡	18.2% (4.2-32.2)	20.2% (13.7-26.6)
$50,000 - $99,000	29.5% (26.2-32.7)	31.4% (21.1-41.7)	‡	33.4% (16.9-49.9)	33.9% (25.9-42.0)
$100,000-$199,999	28.6% (25.2-32.0)	20.0% (11.5-28.6)	‡	25.0% (10.2-39.9)	13.7% (8.4-19.0)
≥ $200,000	10.0% (7.6-12.5)	5.8% (0.0-13.6)	‡	9.2% (1.4-16.9)	1.8% (0.1-3.5)

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.

Figure 9. Annual Household Income – Prevalence by Race/Ethnicity, Clark County, 2021-2023 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	2.1% (1.3-2.9)	5.8% (3.0-8.7)	‡	3.7% (0.8-6.5)	6.3% (4.3-8.4)
$15,000 - $24,999	8.7% (6.8-10.5)	10.8% (6.7-14.9)	‡	2.8% (0.4-5.2)	15.2% (11.8-18.7)
$25,000 - $34,999	9.7% (7.9-11.4)	16.4% (11.5-21.4)	‡	11.5% (5.7-17.3)	22.2% (18.2-26.2)
$35,000 - $49,999	15.9% (13.6-18.3)	18.5% (13.5-23.4)	‡	12.0% (5.8-18.2)	19.7% (15.8-23.7)
$50,000 - $99,000	31.4% (28.6-34.2)	29.8% (24.1-35.5)	‡	36.9% (27.6-46.2)	25.6% (21.3-30.0)
$100,000-$199,999	22.8% (20.3-25.3)	13.1% (8.7-17.6)	‡	25.6% (17.1-34.2)	8.6% (5.9-11.3)
≥$200,000	9.4% (7.6-11.2)	5.5% (2.0-9.0)	‡	7.5% (3.2-11.8)	2.2% (0.9-3.5)

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 10. Annual Household Income – Prevalence by Race/Ethnicity, Washoe County, 2021-2023 Aggregated

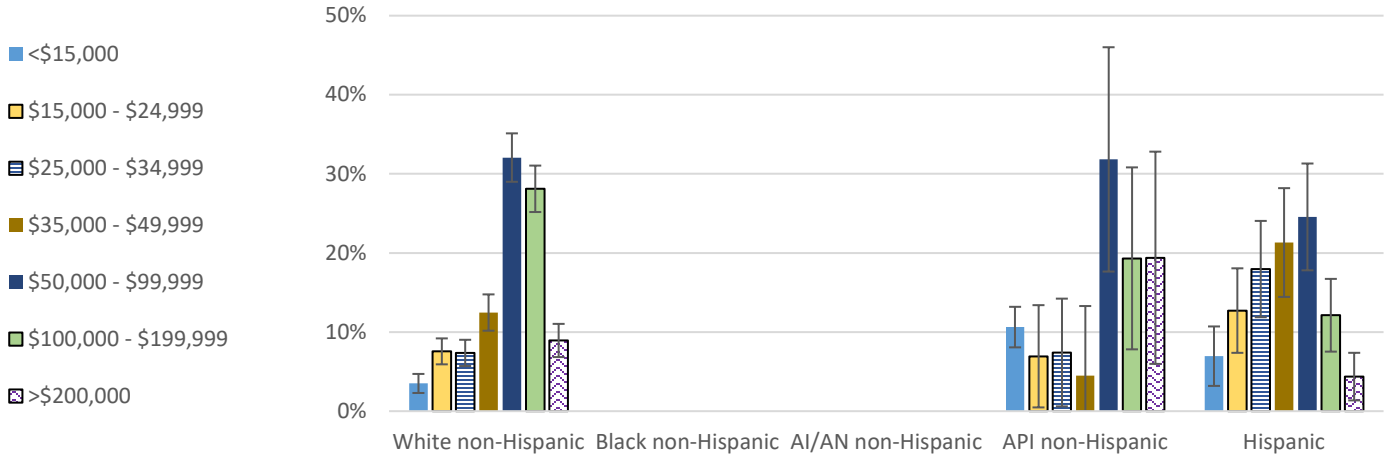
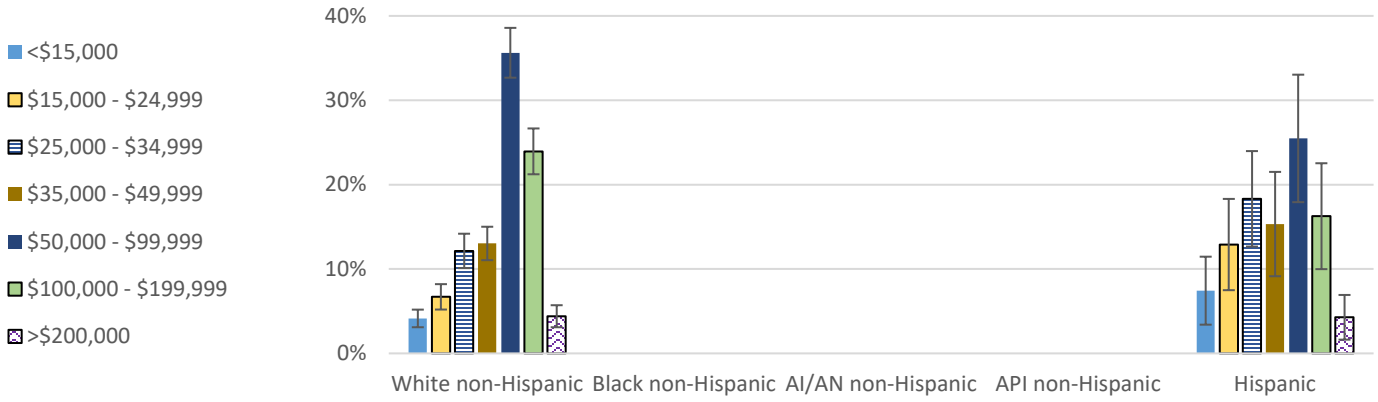


Figure 10. Annual Household Income – Prevalence by Race/Ethnicity, Washoe County, 2021-2023 Aggregated (Continued)

Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	3.5% (2.3-4.7)	‡	‡	10.6% (8.1-13.2)	7.0% (3.2-10.7)
$15,000 - $24,999	7.6% (5.9-9.2)	‡	‡	6.9% (0.5-13.4)	12.7% (7.4-18.1)
$25,000 - $34,999	7.4% (5.7-9.0)	‡	‡	7.4% (0.6-14.2)	18.0% (11.9-24.1)
$35,000 - $49,999	12.5% (10.2-14.8)	‡	‡	4.5% (0.0-13.3)	21.3% (14.4-28.2)
$50,000 - $99,000	32.1% (29.0-35.1)	‡	‡	31.8% (17.6-46.0)	24.6% (17.8-31.3)
$100,000-$199,999	28.1% (25.2-31.0)	‡	‡	19.3% (7.8-30.8)	12.1% (7.5-16.7)
≥$200,000	8.9% (6.8-11.0)	‡	‡	19.4% (6.0-32.8)	4.4% (1.4-7.4)

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 11. Annual Household Income – Prevalence by Race/Ethnicity, Balance of State, 2021-2023 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
<$15,000	4.1% (3.1-5.2)	‡	‡	‡	7.4% (3.4-11.5)
$15,000 - $24,999	6.7% (5.2-8.2)	‡	‡	‡	12.9% (7.5-18.3)
$25,000 - $34,999	12.1% (10.1-14.2)	‡	‡	‡	18.3% (12.7-24.0)
$35,000 - $49,999	13.0% (11.0-15.0)	‡	‡	‡	15.3% (9.1-21.5)
$50,000 - $99,000	35.6% (32.7-38.6)	‡	‡	‡	25.5% (17.9-33.0)
$100,000-$199,999	23.9% (21.2-26.7)	‡	‡	‡	16.3% (10.0-22.5)
≥$200,000	4.4% (3.1-5.7)	‡	‡	‡	4.3% (1.6-6.9)

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.

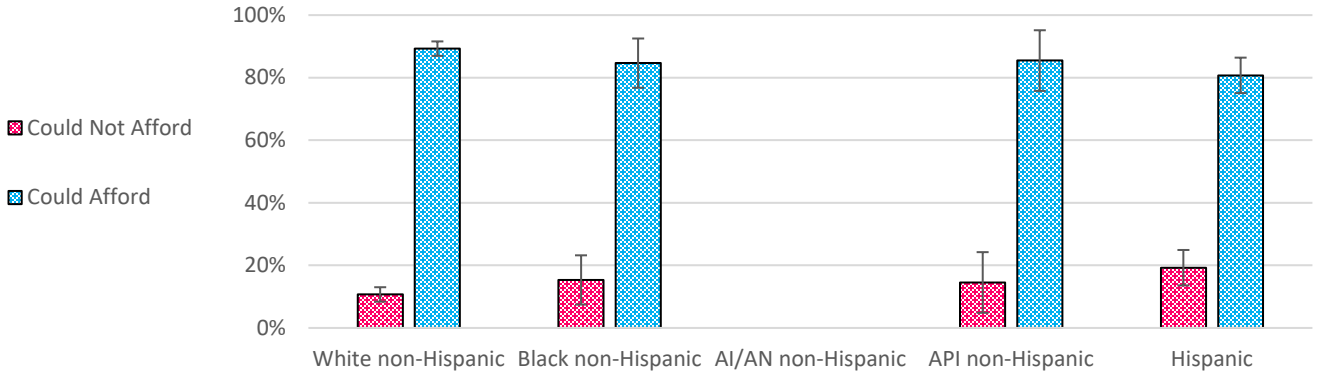
Access to Health Care

In 2019 and 2020, 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?" This question changed in 2021 to "but could not because you could not afford it."

Significant Findings

- In 2023, the Hispanic population has a significantly higher rate (19.3%) of could not afford to see a doctor in the last year than the White non-Hispanic population (10.7%) (Figure 12).

Figure 12. Couldn't Afford to See a Doctor in the Last Year – Prevalence by Race/Ethnicity, Nevada, 2023

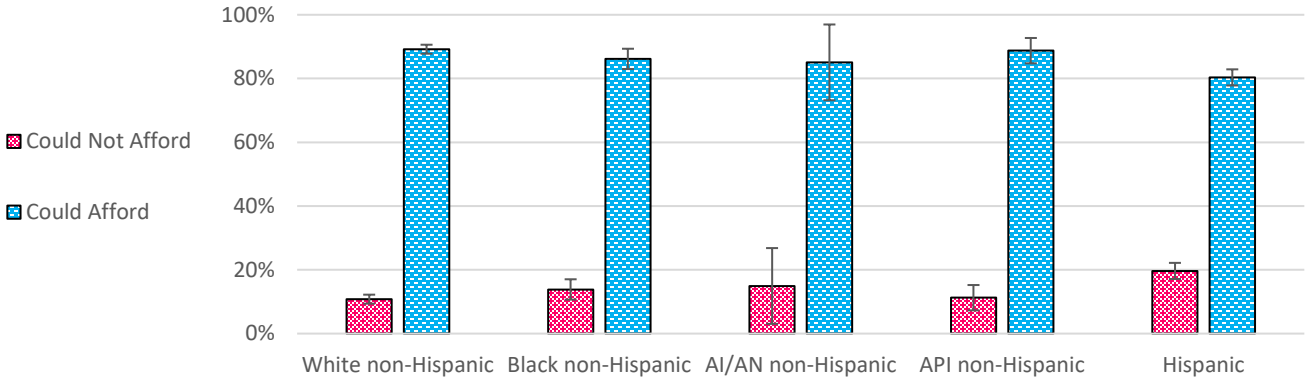


Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Could Not Afford	10.7% (8.4-13.0)	15.3% (7.5-23.2)	‡	14.5% (4.8-24.2)	19.3% (13.6-24.9)
Could Afford	89.3% (87.0-91.6)	84.7% (76.8-92.5)	‡	85.5% (75.8-95.2)	80.7% (75.1-86.4)

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

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

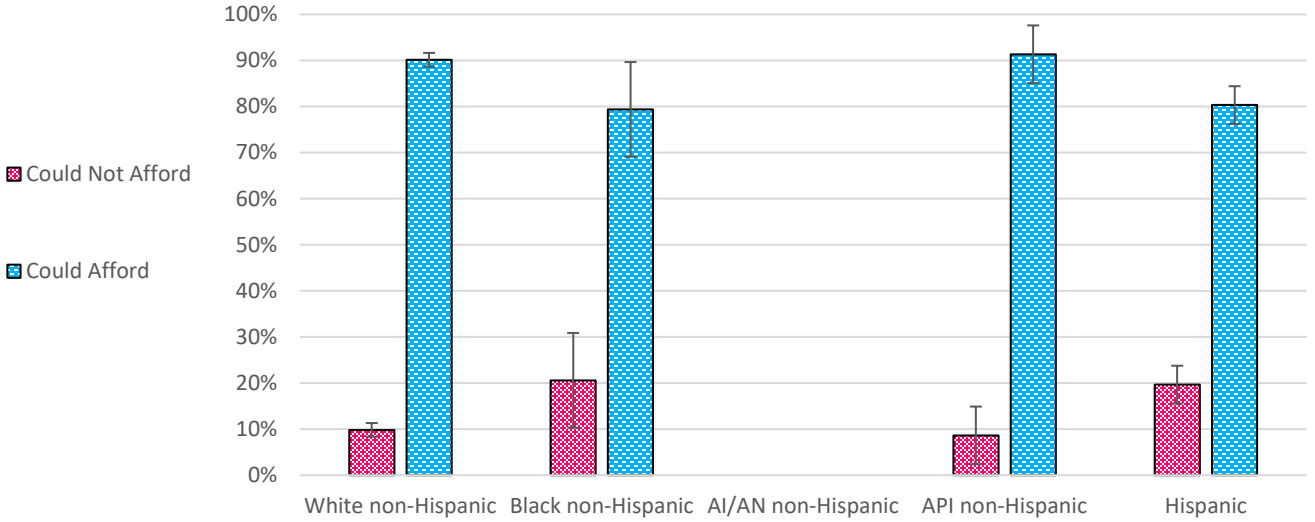
Figure 13. Couldn't Afford to See a Doctor in the Last Year – Prevalence by Race/Ethnicity, Clark County, 2019-2023 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Could Not Afford	10.8% (9.4-12.2)	13.8% (10.7-17.0)	14.9% (3.0-26.8)	11.3% (7.3-15.2)	19.6% (17.1-22.2)
Could Afford	89.2% (87.8-90.6)	86.2% (83.0-89.3)	85.1% (73.2-97.0)	88.7% (84.8-92.7)	80.4% (77.8-82.9)

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

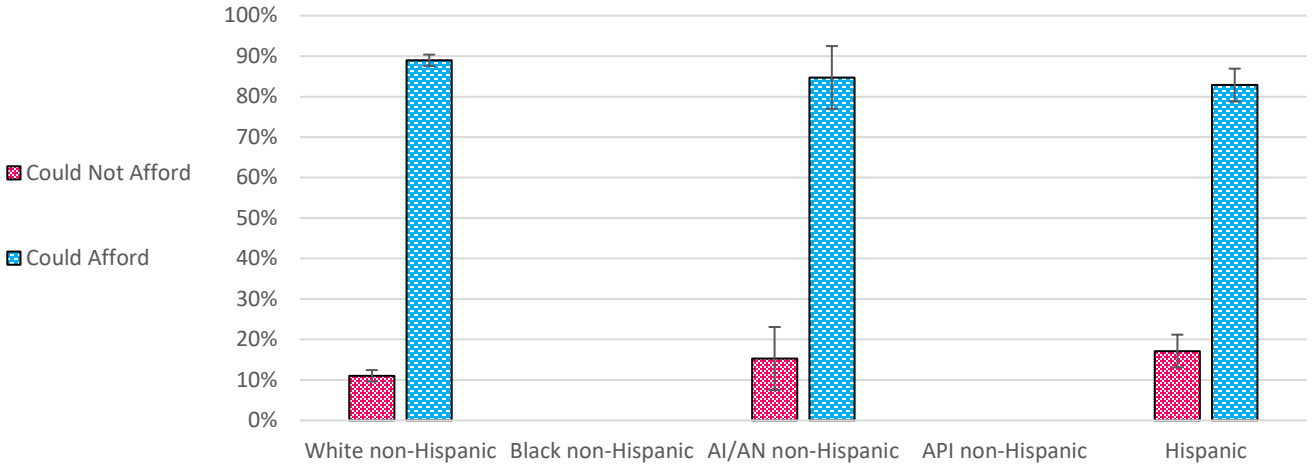
Figure 14. Couldn't Afford to See a Doctor in the Last Year – Prevalence by Race/Ethnicity, Washoe County, 2019-2023 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Could Not Afford	9.8% (8.3-11.3)	20.6% (10.3-30.9)	‡	8.6% (2.4-14.9)	19.7% (15.6-23.8)
Could Afford	90.2% (88.7-91.7)	79.4% (69.1-89.7)	‡	91.4% (85.1-97.6)	80.3% (76.2-84.4)

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

Figure 15. Couldn't Afford to See a Doctor in the Last Year – Prevalence by Race/Ethnicity, Balance of State County, 2019-2023 Aggregated



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Could Not Afford	11.0% (9.6-12.4)	‡	15.3% (7.5-23.1)	‡	17.1% (13.1-21.2)
Could Afford	89.0% (87.6-90.4)	‡	84.7% (76.9-92.5)	‡	82.9% (78.8-86.9)

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 2023 in the United States, the leading cause of death among all race/ethnicities and all ages were classified as diseases of the heart with a death rate of 162.1 per 100,000 population [14][15]. The second leading cause was malignant neoplasms, with a death rate of 141.8 per 100,000 population, and the third leading cause was unintentional injuries, with a death rate of 6 per 100,000 population [15]. Covid-19 was the fourth leading cause of death in 2022 and dropped to the tenth in 2023 to a rate of 11.9 per 100,000 population. In 2023 in Nevada, the leading cause of death among all races and origins was classified as diseases of the heart with a death rate of 185.5 per 100,000 population.

Significant Findings

- In 2023, diseases of the heart and malignant neoplasms (cancer) were the leading causes of death for Nevada as well as for all race/ethnicities.
- The Black non-Hispanic population had a significantly higher death rate of diseases of the heart than all other race/ethnicity groups, with a death rate of 292.6 per 100,000 population in 2023 (Table 1 and Table 4).

Table 1. Top Five Leading Causes of Death Comparison among Nevada Residents – Age-Adjusted Rates by Race/Ethnicity, 2023

	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	193.3 (187.9-198.8)	Diseases of the heart	292.6 (271.6-313.5)	Diseases of the heart	135.0 (98.3-171.7)	Diseases of the heart	132.1 (119.9-144.3)	Diseases of the heart	121.0 (111.5-130.5)
2	Malignant neoplasms	150.6 (145.8-155.3)	Malignant neoplasms	178.3 (162.2-194.4)	Malignant neoplasms	82.0 (54.8-109.2)	Malignant neoplasms	107.9 (97.4-118.3)	Malignant neoplasms	95.0 (86.9-103.1)
3	Chronic lower respiratory	47.2 (44.5-49.8)	Nontransport accidents	75.3 (65.3-85.3)	Nontransport accidents	76.8 (48.8-104.7)	Cerebrovascular diseases (stroke)	40.3 (33.4-47.1)	Nontransport accidents	32.6 (28.7-36.5)
4	Nontransport accidents	62.6 (59.0-66.1)	Cerebrovascular diseases (stroke)	58.9 (49.6-68.2)	Diabetes mellitus	45.6 (24.5-66.7)	Diabetes mellitus	30.1 (24.4-35.8)	Diabetes mellitus	25.9 (21.8-30.1)
5	Cerebrovascular diseases (stroke)	35.7 (33.3-38.0)	Diabetes mellitus	45.4 (37.3-53.4)	Chronic liver disease and	31.9 (14.6-49.3)	Nontransport accidents	22.6 (17.5-27.7)	Cerebrovascular diseases (stroke)	26.2 (21.6-30.7)

Source: Nevada Electronic Death Registry System.

Table 2. Leading Causes of Death among All Races and Origins – Counts and Age-Adjusted Rates, 2023

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	6,777	24.0%	185.5 (181.1-189.9)
2	Malignant neoplasms	5,376	19.0%	140.5 (136.7-144.2)
3	Nontransport accidents	1,802	6.4%	52.8 (50.4-55.3)
4	Chronic lower respiratory diseases	1,467	5.2%	39.6 (37.6-41.7)
5	Cerebrovascular diseases (stroke)	1,311	4.6%	37.0 (35.0-39.0)
6	Diabetes mellitus	931	3.3%	24.6 (23.0-26.1)
7	Alzheimer's disease	783	2.8%	23.5 (21.9-25.2)
8	Intentional self-harm (suicide)	660	2.3%	19.2 (17.8-20.7)
9	Chronic liver disease and cirrhosis	582	2.1%	15.3 (14.1-16.6)
10	Influenza and pneumonia	511	1.8%	14.1 (12.8-15.3)
11	Essential hypertensive renal disease	456	1.6%	12.7 (11.5-13.8)
12	Transport accidents	421	1.5%	12.4 (11.2-13.5)
13	COVID-19	400	1.4%	11.2 (10.1-12.3)
14	Parkinson's disease	299	1.1%	8.4 (7.4-9.3)
15	Nephritis, nephrotic syndrome and nephrosis	278	1.0%	7.6 (6.7-8.4)
16	All other Causes of Death	6,170	21.9%	-
Total		**28,224**	**100.0%**	**780.3 (771.2-789.4)**

The sum of the percents may 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, 2023

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	4,839	24.2%	193.3 (187.9-198.8)
2	Malignant neoplasms	3,902	19.5%	150.6 (145.8-155.3)
3	Chronic lower respiratory diseases	1,233	6.2%	47.2 (44.5-49.8)
4	Nontransport accidents	1,195	6.0%	62.6 (59.0-66.1)
5	Cerebrovascular diseases (stroke)	881	4.4%	35.7 (33.3-38.0)
6	Alzheimer's disease	589	2.9%	24.0 (22.1-25.9)
7	Diabetes mellitus	529	2.6%	21.1 (19.3-22.9)
8	Intentional self-harm (suicide)	470	2.4%	25.6 (23.3-27.9)
9	Chronic liver disease and cirrhosis	388	1.9%	17.5 (15.7-19.2)
10	Influenza and pneumonia	335	1.7%	13.9 (12.5-15.4)
11	COVID-19	305	1.5%	12.2 (10.9-13.6)
12	Essential hypertensive renal disease	285	1.4%	11.4 (10.1-12.8)
13	Parkinson's disease	246	1.2%	9.6 (8.4-10.8)
14	Transport accidents	232	1.2%	13.1 (11.4-14.8)
15	Nutritional deficiencies	207	1.0%	8.4 (7.3-9.6)
16	All other Causes of Death	4,357	21.8%	-
Total		**19,993**	**100.0%**	**833.1 (821.5-844.6)**

The sum of the percents may 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, 2023

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	751	26.7%	292.6 (271.6-313.5)
2	Malignant neoplasms	471	16.8%	178.3 (162.2-194.4)
3	Nontransport accidents	218	7.8%	75.3 (65.3-85.3)
4	Cerebrovascular diseases (stroke)	155	5.5%	58.9 (49.6-68.2)
5	Diabetes mellitus	122	4.3%	45.4 (37.3-53.4)
6	Chronic lower respiratory diseases	95	3.4%	38.1 (30.4-45.7)
7	Assault (homicide)	73	2.6%	24.8 (19.1-30.5)
8	Essential hypertensive renal disease	71	2.5%	29.1 (22.3-35.9)
9	Alzheimer's disease	65	2.3%	32.2 (24.4-40.0)
10	Influenza and pneumonia	62	2.2%	23.5 (17.7-29.4)
11	Transport accidents	55	2.0%	18.0 (13.3-22.8)
12	Intentional self-harm (suicide)	46	1.6%	16.1 (11.4-20.7)
13	Nephritis, nephrotic syndrome and nephrosis	35	1.2%	14.6 (9.8-19.5)
14	Chronic liver disease and cirrhosis	34	1.2%	11.3 (7.5-15.1)
15	COVID-19	24	0.9%	10.0 (6.0-14.1)
16	All other Causes of Death	534	19.0%	-
Total		**2,811**	**100.0%**	**1075.6 (1,035.8-1,115.4)**

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 5. Leading Causes of Death among American Indian/Alaska Native non-Hispanic Nevada Residents – Counts and Age-Adjusted Death Rates, 2023

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	52	19.6%	135.0 (98.3-171.7)
2	Malignant neoplasms	35	13.2%	82.0 (54.8-109.2)
3	Nontransport accidents	29	10.9%	76.8 (48.8-104.7)
4	Diabetes mellitus	18	6.8%	45.6 (24.5-66.7)
5	Chronic liver disease and cirrhosis	13	4.9%	31.9 (14.6-49.3)
6	Cerebrovascular diseases (stroke)	12	4.5%	29.3 (12.7-45.9)
7	Chronic lower respiratory diseases	8	3.0%	22.9 (7.0-38.7)
8	Influenza and pneumonia	7	2.6%	15.8 (4.1-27.5)
9	Nephritis, nephrotic syndrome and nephrosis	7	2.6%	16.8 (4.4-29.2)
10	Transport accidents	7	2.6%	19.1 (5.0-33.3)
11	Essential hypertensive renal disease	6	2.3%	16.3 (3.3-29.4)
12	Other diseases of circulatory system	4	1.5%	8.3 (0.2-16.4)
13	Intentional self-harm (suicide)	4	1.5%	12.0 (0.2-23.8)
14	Septicemia	3	1.1%	7.5 (0.0-16)
15	Alzheimer's disease	3	1.1%	9.0 (0.0-19.2)
16	All other Causes of Death	57	21.5%	-
Total		**265**	**100.0%**	**688.8 (605.9-771.8)**

The sum of the percents may 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, 2023

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	451	24.1%	132.1 (119.9-144.3)
2	Malignant neoplasms	409	21.9%	107.9 (97.4-118.3)
3	Cerebrovascular diseases (stroke)	133	7.1%	40.3 (33.4-47.1)
4	Diabetes mellitus	108	5.8%	30.1 (24.4-35.8)
5	Nontransport accidents	76	4.1%	22.6 (17.5-27.7)
6	Alzheimer's disease	51	2.7%	18.3 (13.3-23.3)
7	Chronic lower respiratory diseases	49	2.6%	14.4 (10.3-18.4)
8	Influenza and pneumonia	47	2.5%	13.6 (9.7-17.5)
9	Essential hypertensive renal disease	41	2.2%	12.4 (8.6-16.2)
10	Nephritis, nephrotic syndrome and nephrosis	34	1.8%	9.8 (6.5-13.1)
11	Intentional self-harm (suicide)	30	1.6%	8.6 (5.5-11.6)
12	COVID-19	27	1.4%	8.7 (5.4-12.0)
13	Transport accidents	22	1.2%	6.3 (3.7-8.9)
14	Chronic liver disease and cirrhosis	21	1.1%	5.6 (3.2-8.0)
15	Parkinson's disease	17	0.9%	5.6 (2.9-8.2)
16	All other Causes of Death	352	18.8%	-
Total		**1,868**	**100.0%**	**546.1 (521.3-570.8)**

The sum of the percents may 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, 2023

Rank	Cause of Death	Count	%	Age-Adjusted Rate
1	Diseases of the heart	627	20.3%	121.0 (111.5-130.5)
2	Malignant neoplasms	530	17.2%	95.0 (86.9-103.1)
3	Nontransport accidents	269	8.7%	32.6 (28.7-36.5)
4	Diabetes mellitus	149	4.8%	25.9 (21.8-30.1)
5	Cerebrovascular diseases (stroke)	125	4.1%	26.2 (21.6-30.7)
6	Chronic liver disease and cirrhosis	121	3.9%	16.3 (13.4-19.2)
7	Transport accidents	102	3.3%	10.1 (8.2-12.1)
8	Intentional self-harm (suicide)	101	3.3%	10.4 (8.4-12.4)
9	Assault (homicide)	75	2.4%	6.8 (5.2-8.3)
10	Chronic lower respiratory diseases	74	2.4%	16.5 (12.7-20.2)
11	Alzheimer's disease	73	2.4%	21.3 (16.4-26.2)
12	Influenza and pneumonia	57	1.8%	10.9 (8.1-13.8)
13	Essential hypertensive renal disease	50	1.6%	10.7 (7.7-13.7)
14	Perinatal period conditions	40	1.3%	4.1 (2.8-5.4)
15	COVID-19	40	1.3%	10.1 (6.9-13.2)
16	All other Causes of Death	650	21.1%	-
Total		**3,083**	**100.0%**	**544.4 (525.2-563.6)**

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 not only includes heart disease, but also stroke, heart failure, and atrial fibrillation. Heart disease is the number one cause of death and disability in the United States [16]. The CDC estimates that in the US, heart disease and stroke are responsible for 1 in 4 deaths in the United States each year [17].

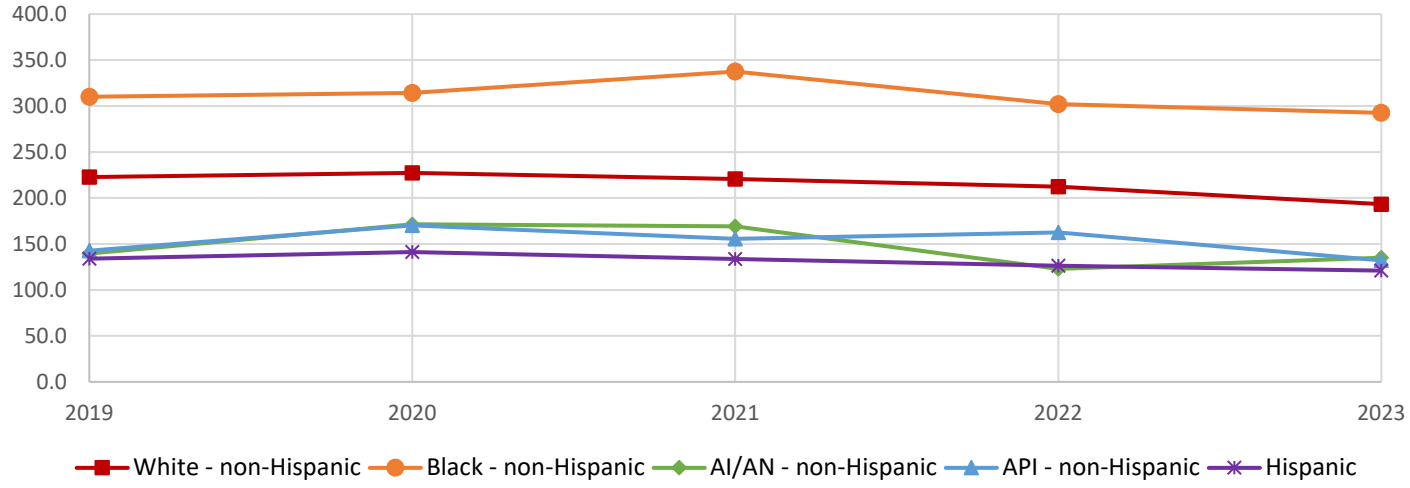
Heart Disease Mortality

The age-adjusted death rate from heart disease in the US was 162.1 per 100,000 population during the year 2023 [15]. According to the CDC, Nevada had the 11th highest death rate from heart disease in the nation in 2022, the most recent year for which state-ranked heart disease data is available; data for 2023 are not available at the time of this publication [18]. In Nevada, the 2023 age-adjusted death rate for heart disease was 185.5 per 100,000 population (Table 2).

Significant Findings

- In 2023, Black non-Hispanics had the highest mortality rate of heart disease, at 292.6 per 100,000 population, when compared across all other race/ethnicity groups in 2023 (Figure 16).
- In 2023, Hispanics had a significantly lower death for heart disease, at 121.0 per 100,000 population, than Black non-Hispanics (292.6 per 100,000) and White non-Hispanics (193.3 per 100,000) (Figure 16).

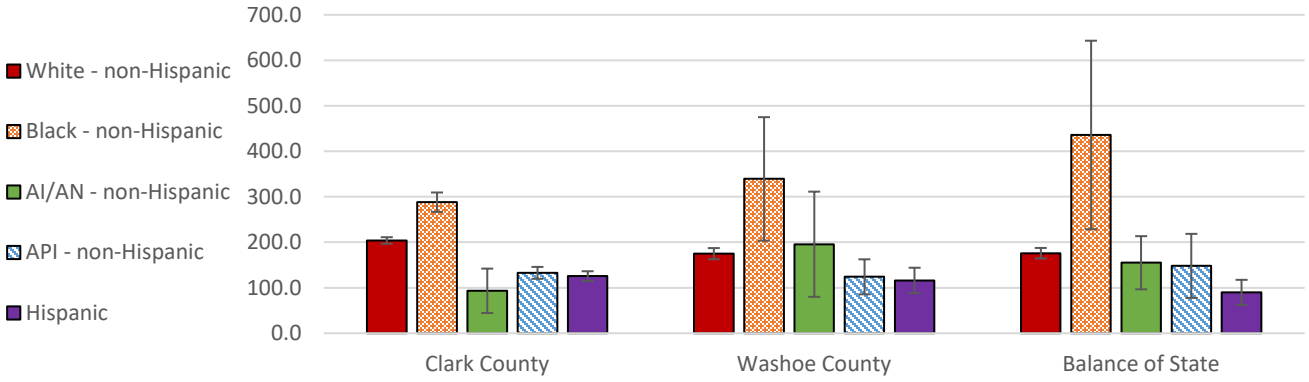
Figure 16. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	4,839	193.3 (187.9-198.8)	751	292.6 (271.6-313.5)	52	135.0 (98.3-171.7)	451	132.1 (119.9-144.3)	627	121.0 (111.5-130.5)
2022	5,228	212.4 (206.6-218.2)	756	302.1 (280.5-323.6)	48	122.9 (88.1-157.7)	526	162.6 (148.7-176.5)	601	126.4 (116.3-136.5)
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)

Source: Nevada Electronic Death Registry System.

Figure 17. Heart Disease Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	3,158	204.0 (196.9-211.1)	789	175.0 (162.8-187.2)	879	175.9 (164.3-187.5)
Black non-Hispanic	702	288.1 (266.8-309.4)	24	339.3 (203.5-475.0)	17	435.9 (228.7-643.1)
AI/AN non-Hispanic	14	93.2 (44.4-142.1)	11	195.7 (80.0-311.3)	27	155.0 (96.5-213.4)
API non-Hispanic	394	132.7 (119.6-145.8)	40	124.1 (85.6-162.5)	17	148.1 (77.7-218.5)
Hispanic	519	125.5 (114.7-136.3)	66	116.0 (88.0-144.0)	41	89.9 (62.3-117.4)

Source: Nevada Electronic Death Registry System.

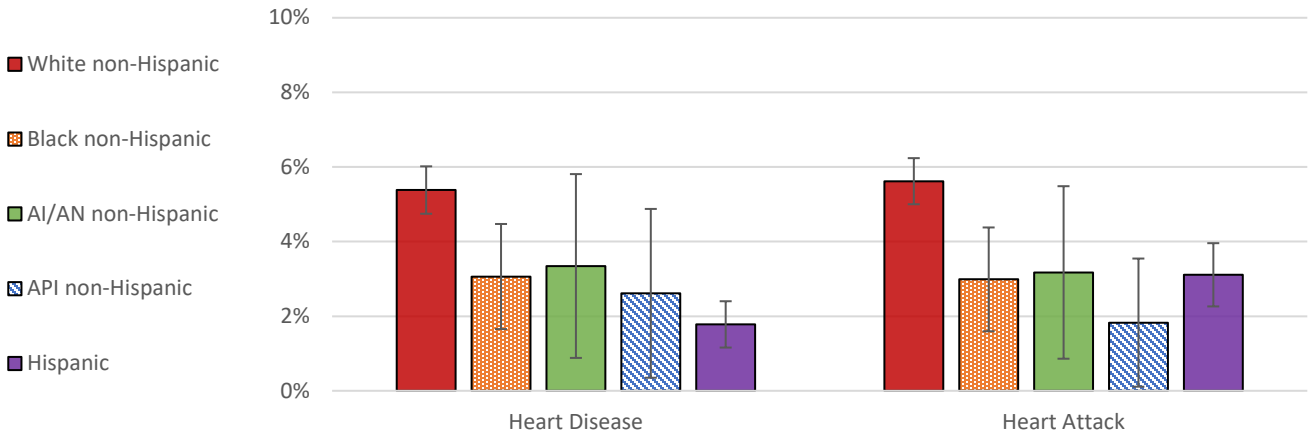
Prevalence of Heart Disease

According to the 2023 United States Behavioral Risk Factor Surveillance System (BRFSS), 3.8% 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 2019-2023, the Hispanic population had a significantly lower prevalence of heart disease (1.8%) than the White non-Hispanic (5.4%) population in Nevada (Figure 18).
- From 2019-2023, the Hispanic population in Clark County and Balance of State had significantly lower prevalence of heart disease (1.6% and 2.5% respectively) than the White non-Hispanic population in Clark County and in Balance of State (5.6% and 5.4% respectively) (Figure 19).
- From 2019-2023, non-Hispanic Asian and Pacific Islanders in Washoe County had significantly lower prevalence of heart disease (1.2%) than White non-Hispanics in Washoe County (4.7%) (Figure19).
- From 2019-2023, the Hispanic populations in Clark County and Balance of State had significantly lower prevalence of heart attacks (3.0% and 3.6% respectively) than the White non-Hispanic population in Clark County and in Balance of State (5.8% and 6.5% respectively) (Figure 20).

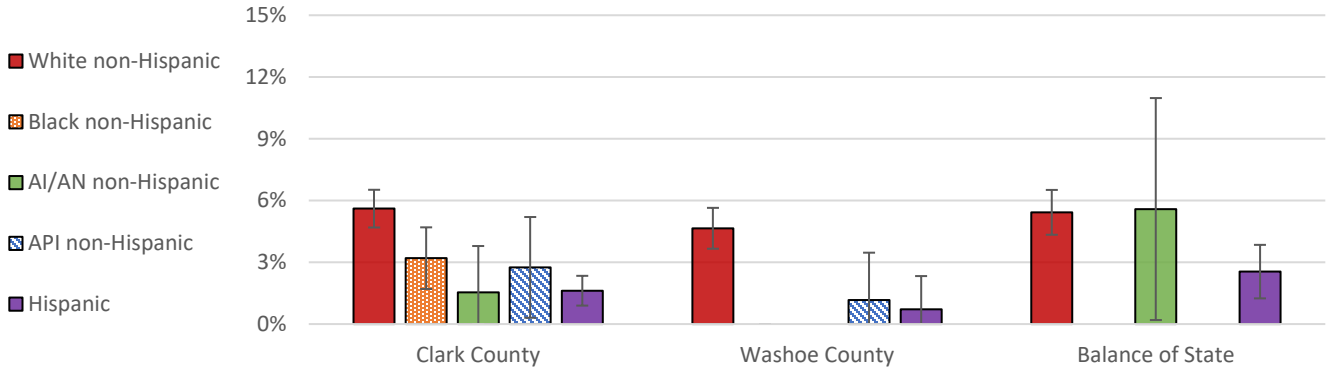
Figure 18. Adults Who Have Ever had Heart Disease or Ever had a Heart Attack – Prevalence by Race/Ethnicity, Nevada, 2019-2023, Aggregated



Race/Ethnicity	Heart Disease	Heart Attack
White non-Hispanic	5.4% (4.7-6.0)	5.6% (5.0-6.2)
Black non-Hispanic	3.1% (1.7-4.5)	3.0% (1.6-4.4)
AI/AN non-Hispanic	3.3% (0.9-5.8)	3.2% (0.9-5.5)
API non-Hispanic	2.6% (0.4-4.9)	1.8% (0.1-3.5)
Hispanic	1.8% (1.2-2.4)	3.1% (2.3-4.0)

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

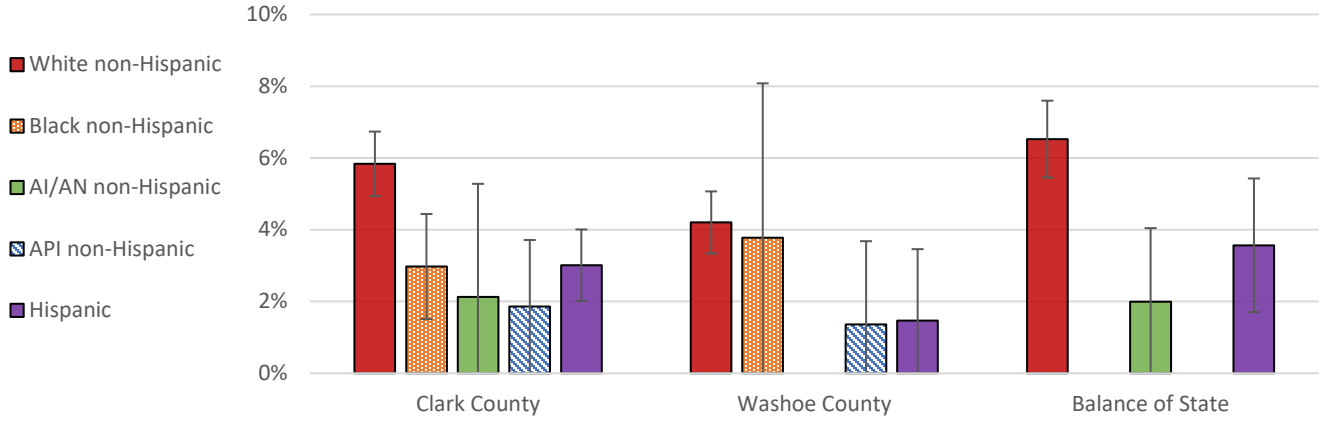
Figure 19. Adults Who Have Ever had Heart Disease – Prevalence by Race/Ethnicity and Region, 2019-2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	5.6% (4.7-6.5)	4.7% (3.7-5.6)	5.4% (4.3-6.5)
Black non-Hispanic	3.2% (1.7-4.7)	0.0% (0.0-0.0)	‡
AI/AN non-Hispanic	1.5% (0.0-3.8)	‡	5.6% (0.2-11.0)
API non-Hispanic	2.8% (0.3-5.2)	1.2% (0.0-3.5)	‡
Hispanic	1.6% (0.9-2.3)	0.7% (0.7-4.0)	2.5% (1.2-3.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 15% 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 Region, 2019-2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	5.8% (4.9-6.7)	4.2% (3.3-5.1)	6.5% (5.5-7.6)
Black non-Hispanic	3.0% (1.5-4.4)	3.8% (0.0-8.1)	‡
AI/AN non-Hispanic	2.1% (0.0-5.3)	‡	2.0% (0.0-4.0)
API non-Hispanic	1.9% (0.0-3.7)	1.4% (0.0-3.7)	‡
Hispanic	3.0% (2.0-4.0)	1.5% (1.5-5.5)	3.6% (1.7-5.4)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 10% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

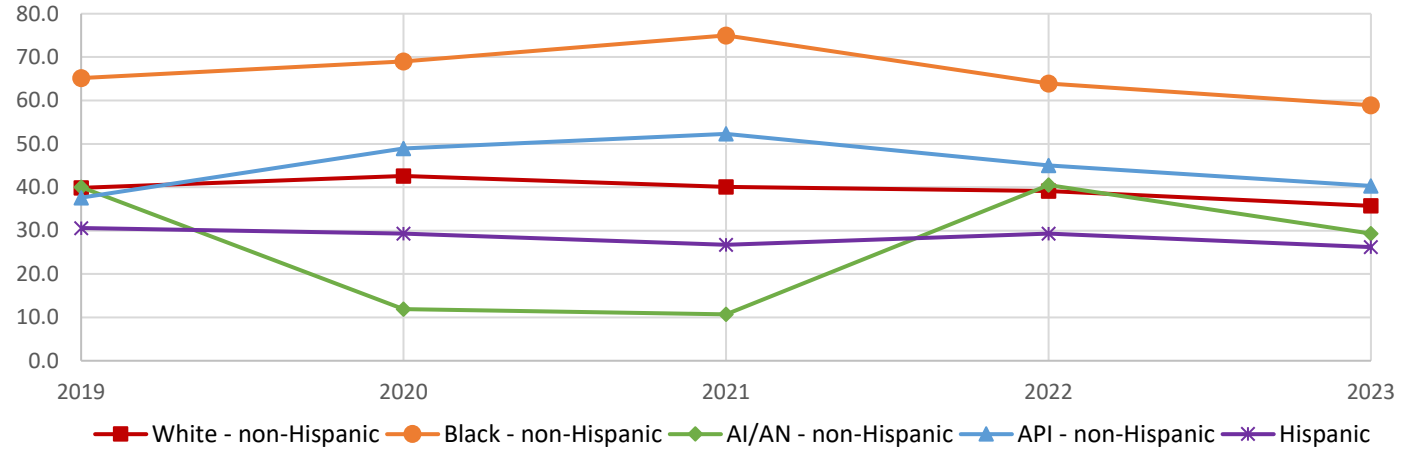
Cerebrovascular Disease (Stroke)

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 [19]. 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 [20]. The death rate from strokes among all races, origins, and age groups was 39.0 per 100,000 population, making it the fourth leading cause of death in the US in 2023 [15].

Significant Findings

- In 2023, the Black non-Hispanic population had significantly higher death rates, at 58.9 per 100,000 population, than White non-Hispanics (35.7 per 100,000), American Indian/Alaska Native non-Hispanics (29.3 per 100,000), Asian Pacific Islander non-Hispanics (40.3 per 100,000) and Hispanics (26.2 per 100,000) (Figure 21).
- In 2023, the White non-Hispanic population in Washoe County had a significantly higher mortality rate, at 53.6 per 100,000 population, than that in Clark County (31.7% per 100,000 population) and the Balance of the State (31.9% per 100,000 population) (Figure 22).

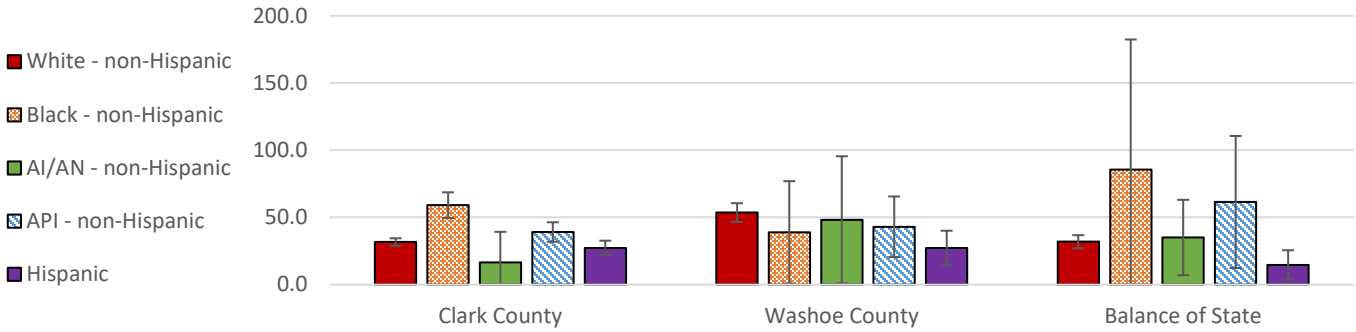
Figure 21. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	881	35.7 (33.3-38.0)	155	58.9 (49.6-68.2)	12	29.3 (12.7-45.9)	133	40.3 (33.4-47.1)	125	26.2 (21.6-30.7)
2022	951	39.1 (36.7-41.6)	155	63.9 (53.8-73.9)	13	40.5 (18.5-62.5)	148	45.0 (37.7-52.2)	136	29.3 (24.4-34.3)
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 (41.0-56.9)	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 (19.0-60.9)	103	37.6 (30.3-44.8)	113	30.6 (24.9-36.2)

Source: Nevada Electronic Death Registry System.

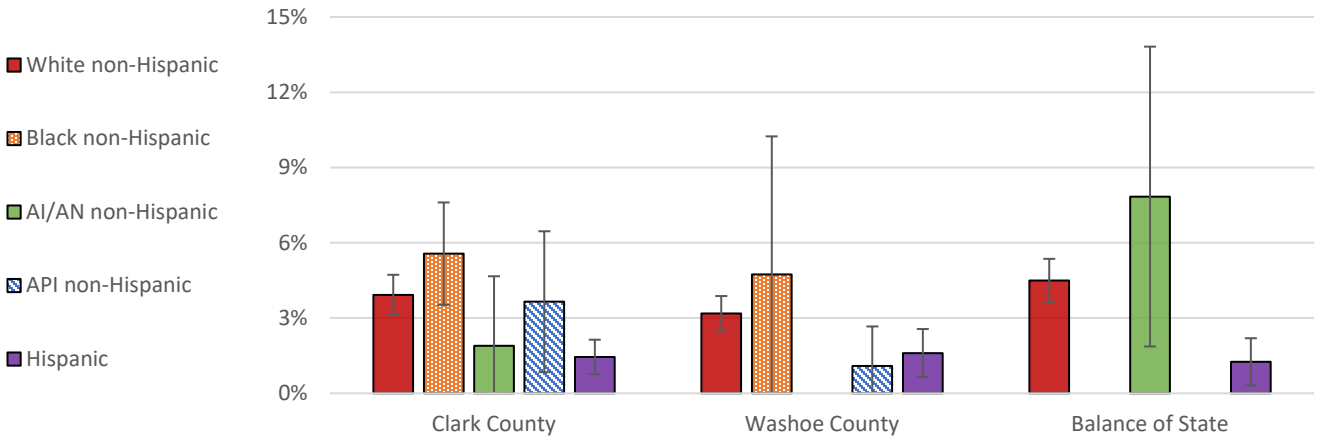
Figure 22. Stroke Mortality – Counts and Age-Adjusted Death Rates by Race/Ethnicity and Region, 2023



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	490	31.7 (28.9-34.5)	226	53.6 (46.6-60.6)	162	31.9 (27.0-36.8)
Black non-Hispanic	148	59.1 (49.6-68.7)	4	38.9 (0.8-77.0)	3	85.6 (0.0-182.4)
AI/AN non-Hispanic	2	16.5 (0.0-39.3)	4	48.2 (1.0-95.5)	6	35.1 (7.0-63.1)
API non-Hispanic	113	39.1 (31.9-46.4)	14	43.0 (20.5-65.6)	6	61.5 (12.3-110.6)
Hispanic	100	27.3 (22.0-32.7)	17	27.2 (14.3-40.1)	7	14.7 (3.8-25.6)

Source: Nevada Electronic Death Registry System.

Figure 23. Adults Who Have Been Told They Had a Stroke – Prevalence by Race/Ethnicity and Region, 2019-2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	3.9% (3.1-4.7)	3.2% (2.5-3.9)	4.5% (3.6-5.4)
Black non-Hispanic	5.6% (3.5-7.6)	4.7% (0.0-10.2)	‡
AI/AN non-Hispanic	1.9% (0.0-4.7)	‡	7.8% (1.9-13.8)
API non-Hispanic	3.7% (0.8-6.5)	1.1% (0.0-2.7)	‡
Hispanic	1.4% (0.8-2.1)	1.6% (0.7-2.6)	1.3% (0.3-2.2)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 15% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

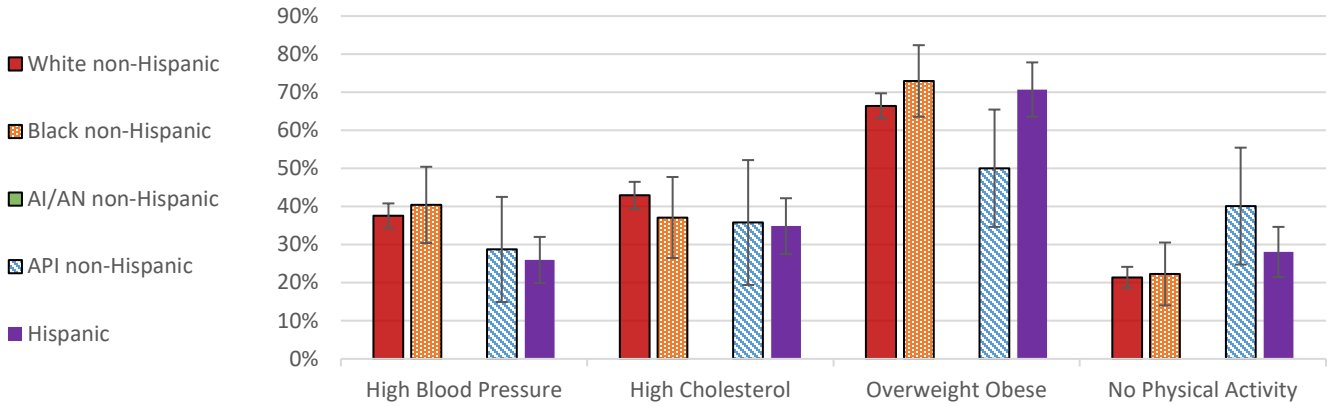
Risk Factors Associated with Cardiovascular Disease

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. Key risk factors for heart disease are high blood pressure, high cholesterol, and smoking [21]. Other risk factors include diet, diabetes, obesity, physical inactivity, drinking too much alcohol, as well as genetic and family history [21].

Significant Findings

- In 2023, the White non-Hispanic population in Nevada has a significantly higher prevalence of high blood pressure at 37.6% than the Hispanic population (26.0%) (Figure 24).
- In 2019-2023 (Odd years), the White non-Hispanic population in Clark County and Washoe County had significantly higher prevalence of high cholesterol (39.9% and 40.4%) than the Hispanic population in those two counties (32.4% and 26.7%) (Figure 26).
- In 2019-2023, the Hispanic population in Clark County and Washoe County has a significantly higher prevalence of physical inactivity within the last 30 days at 31.4% and 28.7% respectively than the White non-Hispanic population in those two counties (22.9% and 19.2%) (Figure 28).

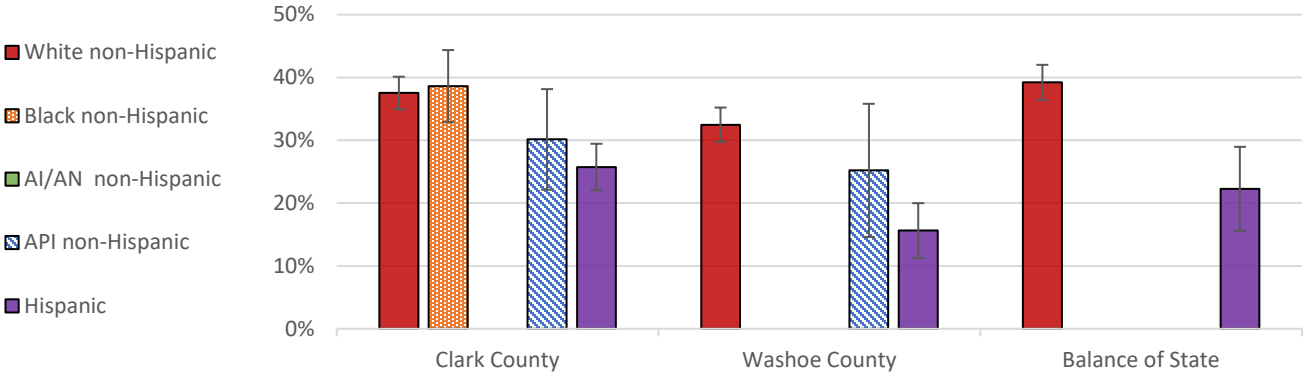
Figure 24. Adults Who Reported Cardiovascular Disease Risk Factors – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	High Blood Pressure	High Cholesterol	Overweight or Obese	No Physical Activity
White non-Hispanic	37.6% (34.3-40.8)	42.9% (39.4-46.5)	66.4% (63.1-69.7)	21.4% (18.6-24.2)
Black non-Hispanic	40.4% (30.4-50.4)	37.1% (26.5-47.7)	73.0% (63.6-82.3)	22.3% (14.0-30.5)
AI/AN non-Hispanic	‡	‡	‡	‡
API non-Hispanic	28.7% (14.9-42.5)	35.8% (19.4-52.2)	50.0% (34.6-65.4)	40.1% (24.8-55.4)
Hispanic	26.0% (19.9-32.0)	34.9% (27.5-42.2)	70.7% (63.6-77.8)	28.1% (21.5-34.6)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 90% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

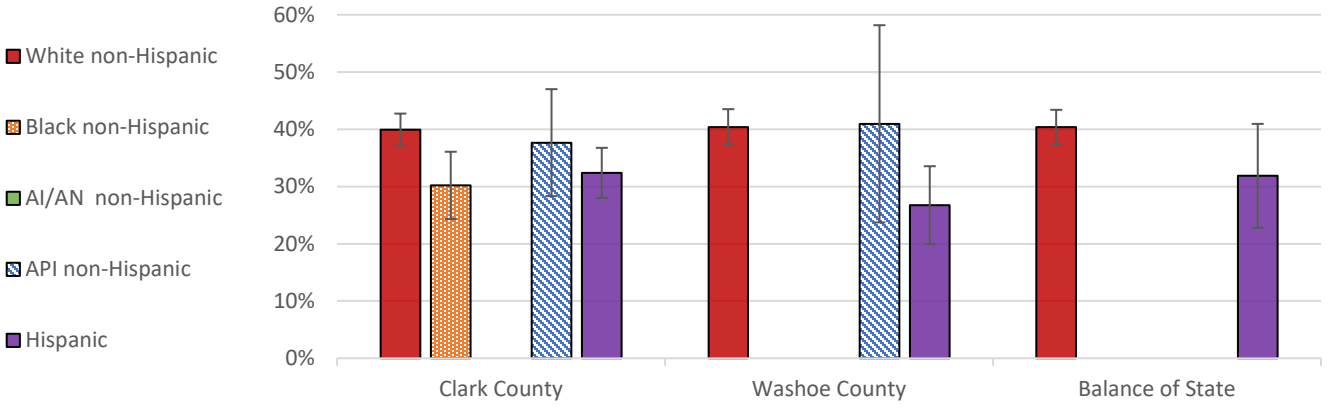
Figure 25. Adults Who Have Been Told They Have High Blood Pressure – Prevalence by Race/Ethnicity and Region, 2019-2023 (Odd Years Only), Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	37.5% (34.9-40.1)	32.5% (29.7-35.2)	39.2% (36.4-42.0)
Black non-Hispanic	38.6% (32.9-44.4)	‡	‡
AI/AN non-Hispanic	‡	‡	‡
API non-Hispanic	30.1% (22.1-38.1)	25.2% (14.6-35.8)	‡
Hispanic	25.7% (22.0-29.4)	15.6% (11.3-20.0)	22.3% (15.6-29.0)

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.

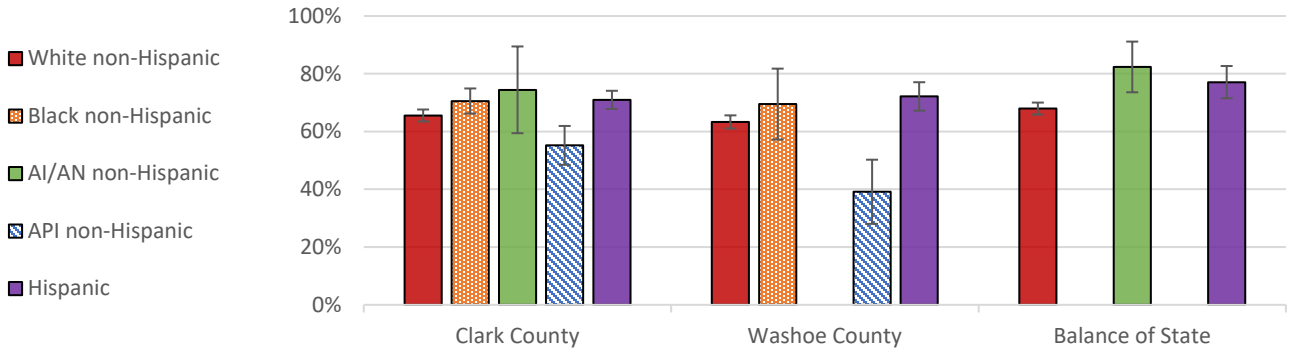
Figure 26. Adults Who Have Been Told They Have High Cholesterol – Prevalence by Race/Ethnicity and Region, 2019-2023 (Odd Years Only), Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	39.9% (37.1-42.7)	40.4% (37.3-43.5)	40.4% (37.3-43.4)
Black non-Hispanic	30.2% (24.3-36.1)	‡	‡
AI/AN non-Hispanic	‡	‡	‡
API non-Hispanic	37.7% (28.3-47.0)	41.0% (23.7-58.2)	‡
Hispanic	32.4% (28.0-36.8)	26.7% (19.9-33.5)	31.9% (22.8-40.9)

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.

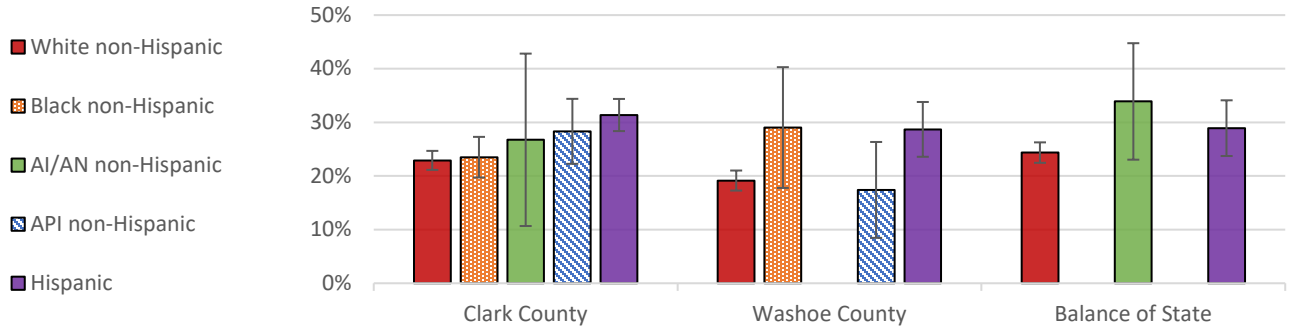
Figure 27. Adults Who Reported Being Overweight or Obese – Prevalence by Race/Ethnicity and Region, 2019 - 2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	65.6% (63.5-67.6)	63.3% (61.1-65.6)	68.0% (65.9-70.0)
Black non-Hispanic	70.6% (66.2-74.9)	69.5% (57.2-81.8)	‡
AI/AN non-Hispanic	74.4% (59.4-89.5)	‡	82.4% (73.6-91.1)
API non-Hispanic	55.2% (48.5-61.9)	39.1% (28.0-50.3)	‡
Hispanic	71.0% (67.8-74.1)	72.2% (67.2-77.1)	77.1% (71.5-82.7)

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 28. Adults Who Reported No Physical Activity in the Last 30 Days – Prevalence by Race/Ethnicity and Region, 2019-2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	22.9% (21.1-24.7)	19.2% (17.3-21.0)	24.4% (22.5-26.3)
Black non-Hispanic	23.5% (19.7-27.3)	29.0% (17.8-40.3)	‡
AI/AN non-Hispanic	26.7% (10.7-42.8)	‡	33.9% (23.0-44.8)
API non-Hispanic	28.3% (22.3-34.4)	17.4% (8.5-26.3)	‡
Hispanic	31.4% (28.4-34.4)	28.7% (23.6-33.8)	28.9% (23.7-34.1)

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 29. High School Students Who Were Obese – Prevalence by Race/Ethnicity and Region, 2023

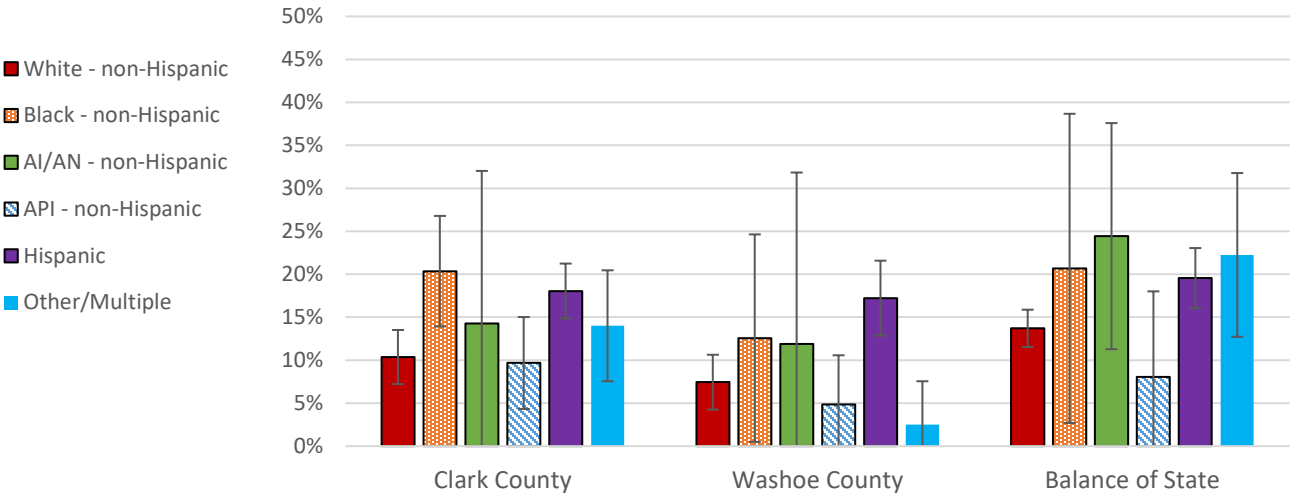


Figure 29. High School Students Who Were Obese – Prevalence by Race/Ethnicity and Region, 2023 (Continued)

Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	10.4% (7.2-13.5)	7.4% (4.3-10.6)	13.7% (11.5-15.9)
Black non-Hispanic	20.4% (13.9-26.8)	12.6% (0.5-24.6)	20.7% (2.7-38.7)
AI/AN non-Hispanic	14.3% (0.0-32.0)	11.9% (0.0-31.8)	24.4% (11.3-37.6)
API non-Hispanic	9.7% (4.3-15.0)	4.9% (0.0-10.6)	8.0% (0.0-18.0)
Hispanic	18.0% (14.9-21.2)	17.2% (12.9-21.6)	19.5% (16.0-23.0)
Other/Multiple	14.0% (7.6-20.5)	2.5% (0.0-7.6)	22.2% (12.7-31.8)

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

Cancer

Malignant neoplasm, or cancer, is defined as the uncontrollable and abnormal division of cells that can affect any part of the body. The risk of developing cancer can be influenced by genetic, environmental, and behavioral factors. Cancer cells primarily evolve very slowly to damage the anatomy and function of the affected organ and 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 [22]. Cancer was the second leading cause of death with a rate of 141.8 per 100,000 population in 2023 [15].

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 [22]. The 2018-2021(2020 excluded) lifetime risk of developing cancer was 39.3% for all race/ethnicities, whereas the 2009-2011 lifetime risk for developing cancer was 42.8% for all race/ethnicities (Table 8). Additionally, the lifetime risk of dying from cancer has slightly decreased from 21.0% during 2009-2011 to 18.0% for the time period from 2018-2021(2020 excluded) among all race/ethnicities (Table 8).

Table 8. Lifetime Risk of Developing and Dying from Cancer, by Race/Ethnicity and Time, United States, 2009-2011 & 2018-2021(2020 excluded)

Race/Ethnicity	Lifetime Risk of Developing Cancer (%)		Lifetime Risk of Dying from Cancer (%)	
	2009-2011	2018-2021(2020 excl)	2009-2011	2018-2021(2020 excl)
White non-Hispanic	44.3%	40.8%	21.3%	18.4%
Black non-Hispanic	40.7%	36.1%	21.4%	17.3%
AI/AN non-Hispanic	*	*	17.2%+	11.0%+
API non-Hispanic	38.2%	35.2%	19.2%	17.0%
Hispanic	*	*	18.0%^	15.7%^
All Race/Ethnicity Groups	42.8%	39.3%	21.0%	18.0%

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

+ Data for American Indian/Alaska Native are based on the PRCDA (Purchased/Referred Care Delivery Area) counties.

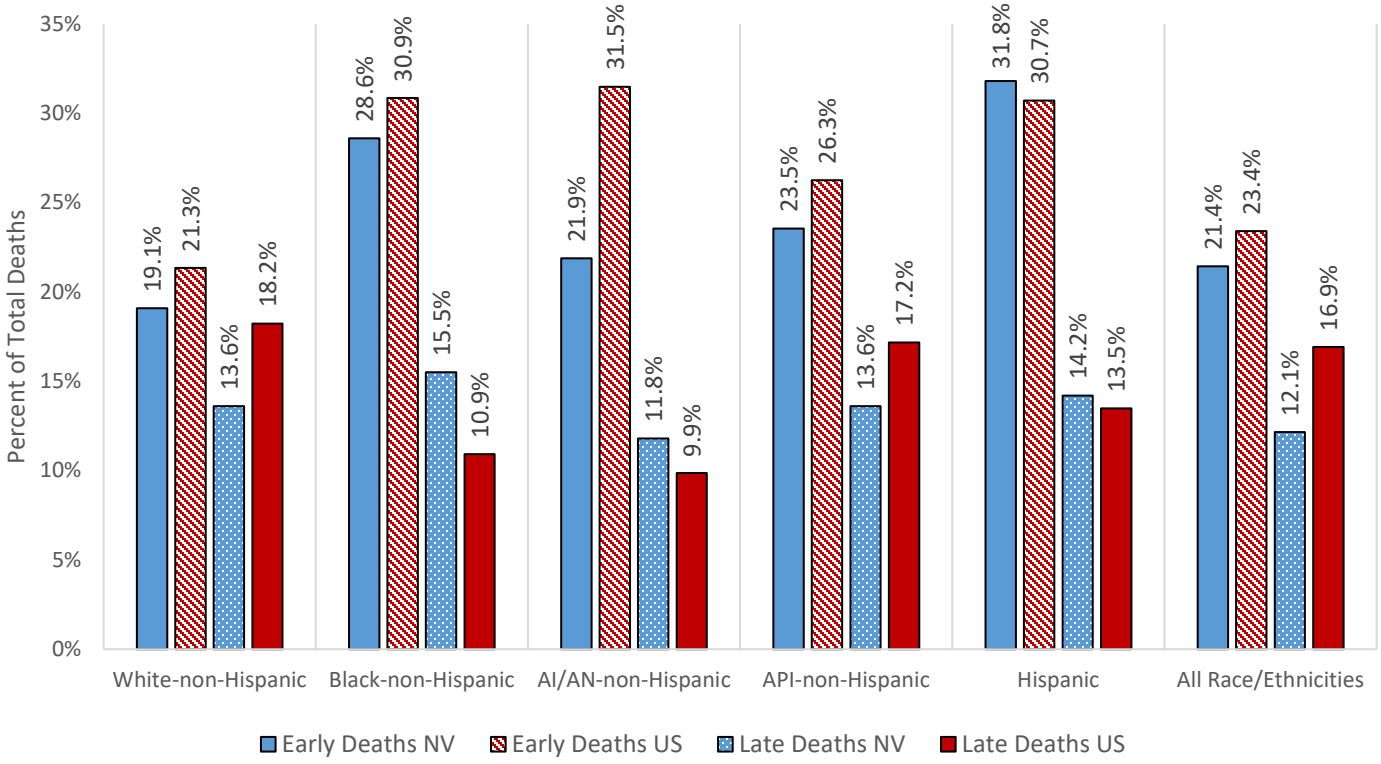
^ Hispanic data are based on data for all states except Minnesota, New Hampshire, North Dakota, and South Carolina.

** Data not provided by National Cancer Institute.*

Cancer Mortality

Cancer is the second leading cause of death in the United States [15]. Advancing age is the most important risk factor for cancer overall and for many individual cancer types. The incidence rates for cancer overall climb steadily as age increases [22]. 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. In Nevada, the Hispanic population experience the highest percentage of early deaths with 31.8% (Figure 30).

Figure 30. Early vs Late Deaths* – Percent of Total Deaths, Nevada, and United States, 2021



**Early Death: Ages 45-64. Late Death: Ages 85+.*
Note: Graph scaled to 35% 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 2021.

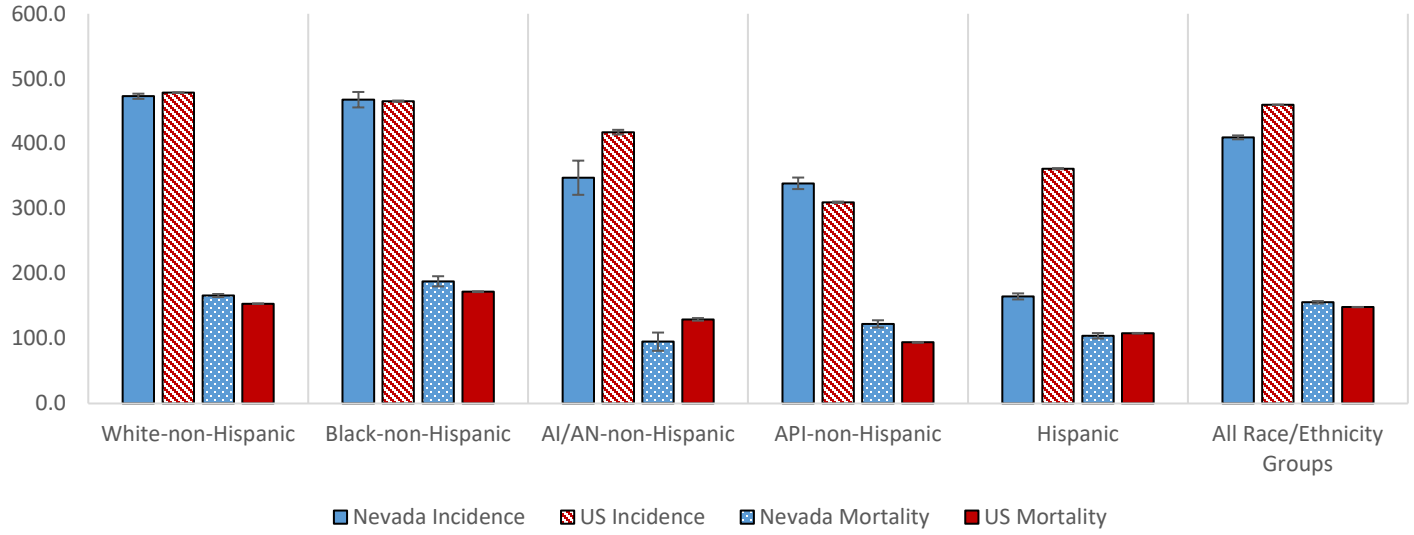
Cancer Incidence and Mortality

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 (409.7 per 100,000) was significantly lower than the incidence rate for all cancer types in the US (459.8 per 100,000) among all race/ethnicities (Figure 31).
- In Nevada, the White non-Hispanic (473.0 per 100,000) and the Black non-Hispanic (467.7 per 100,000) population had significantly higher incidence rates from all types of cancer than the American Indian/Alaska Native non-Hispanic (347.6 per 100,000), the Asian non-Hispanic (339.0 per 100,000), and the Hispanic (164.8 per 100,000) population (Figure 31).

Figure 31. All Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and the United States, 2017-2021



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	473.0 (469.0-477.0)	478.5 (478.1-478.9)	166.2 (163.9-168.5)	153.6 (153.4-153.8)
Black non-Hispanic	467.7 (455.8-479.6)	465.4 (464.5-466.4)	188.1 (180.2-195.9)	172.1 (171.5-172.6)
AI/AN non-Hispanic	347.6 (321.3-373.9)	417.7 (414.1-421.3)	95.1 (81.1-109.2)	129.5 (127.5-131.5)
API non-Hispanic	339.0 (330.1-347.8)	309.7 (308.7-310.8)	122.6 (117.0-128.1)	94.1 (93.5-94.7)
Hispanic	164.8 (160.2-169.5)	361.5 (360.7-362.3)	104.1 (99.9-108.4)	108.1 (107.7-108.6)
All Race/Ethnicity Groups	409.7 (406.7-412.7)	459.8 (459.5-460.1)	155.8 (153.9-157.6)	148.4 (148.2-148.6)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics: 2017-2021 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 deaths in the United Sates are linked to smoking tobacco, while radon exposure is another risk factor in the United States [23].

Significant Findings

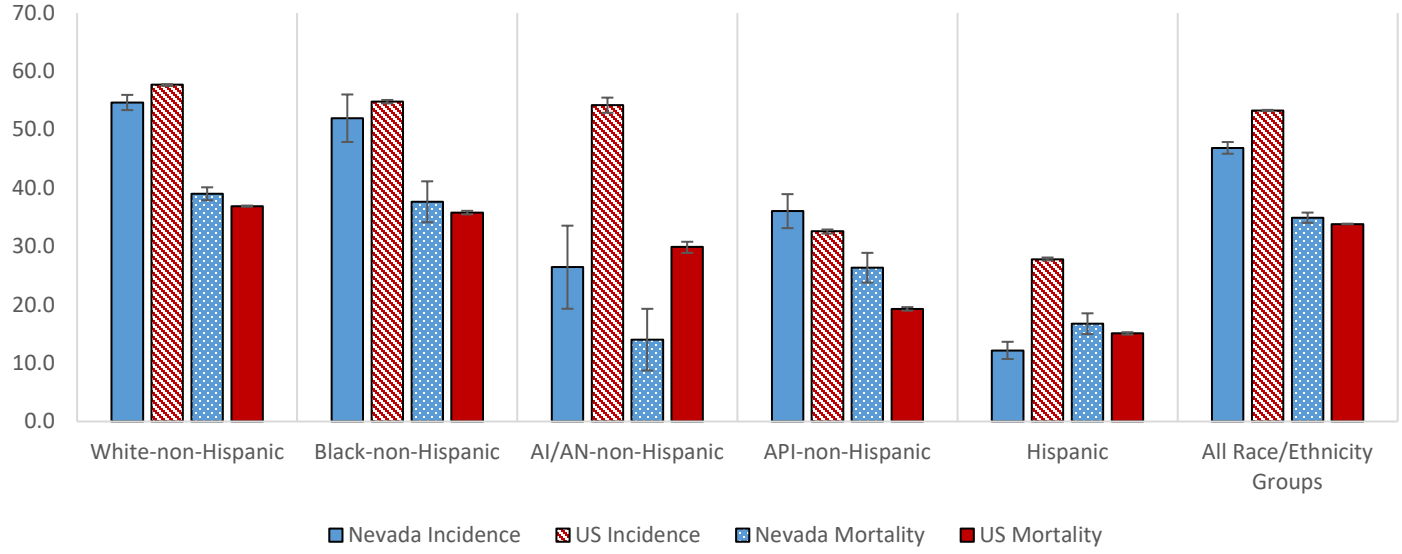
- The White non-Hispanic (54.7 per 100,000) and the Black non-Hispanic (52.0 per 100,000) populations in Nevada had significantly higher incidence rates of lung cancer than the American Indian/Alaska Native-non-Hispanic population (26.4 per 100,000), the Asian non-Hispanic (36.0 per 100,000), and the Hispanic (12.2 per 100,000) populations (Figure 32).

Table 9. Lifetime Risk of Developing and Dying from Lung Cancer, United States, 2009-2011 & 2018-2021 (2020 excluded)

Race/Ethnicity	Lifetime Risk of Developing Lung Cancer (%)		Lifetime Risk of Dying from Lung Cancer (%)	
	2009-2011	2018-2021 (2020 excl.)	2009-2011	2018-2021 (2020 excl.)
White non-Hispanic	7.7%	6.3%	6.0%	4.4%
Black non-Hispanic	6.6%	5.2%	5.3%	3.6%
AI/AN non-Hispanic	*	*	4.3%+	3.0%+
API non-Hispanic	5.9%	5.3%	4.4%	3.5%
Hispanic	*	*	3.1%^	2.3%^
All Race/Ethnicity Groups	7.1%	5.7%	5.7%	4.1%

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.
+ Data for American Indian/Alaska Native are based on the PRCDA (Purchased/Referred Care Delivery Area) counties.
^ Hispanic data are based on data for all states except Minnesota, New Hampshire, North Dakota, and South Carolina.
** Data not provided by National Cancer Institute.*

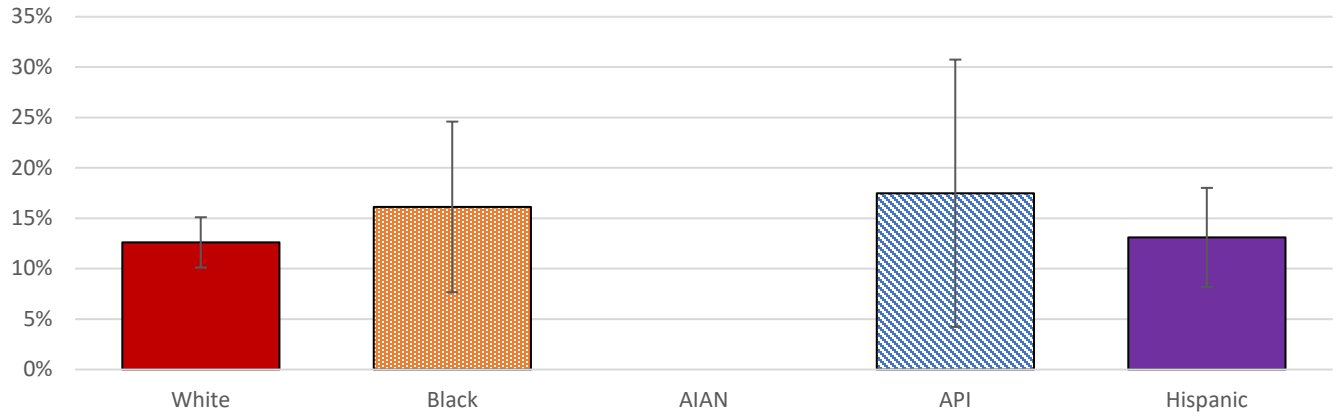
Figure 32. Lung Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2017-2021



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	54.7 (53.4-56.0)	57.7 (57.5-57.8)	39.0 (38.0-40.1)	36.9 (36.8-37.0)
Black non-Hispanic	52.0 (47.9-56.0)	54.8 (54.5-55.1)	37.7 (34.1-41.2)	35.8 (35.5-36.1)
AI/AN non-Hispanic	26.4 (19.3-33.6)	54.2 (52.9-55.5)	14.0 (8.7-19.3)	29.9 (28.9-30.8)
API non-Hispanic	36.0 (33.1-39.0)	32.6 (32.2-32.9)	26.4 (23.8-28.9)	19.3 (19-19.6)
Hispanic	12.2 (10.7-13.7)	27.8 (27.6-28.1)	16.8 (15.0-18.5)	15.1 (14.9-15.3)
All Race/Ethnicity Groups	46.9 (45.9-47.9)	53.3 (53.2-53.4)	34.9 (34.0-35.8)	33.8 (33.8-33.9)

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.

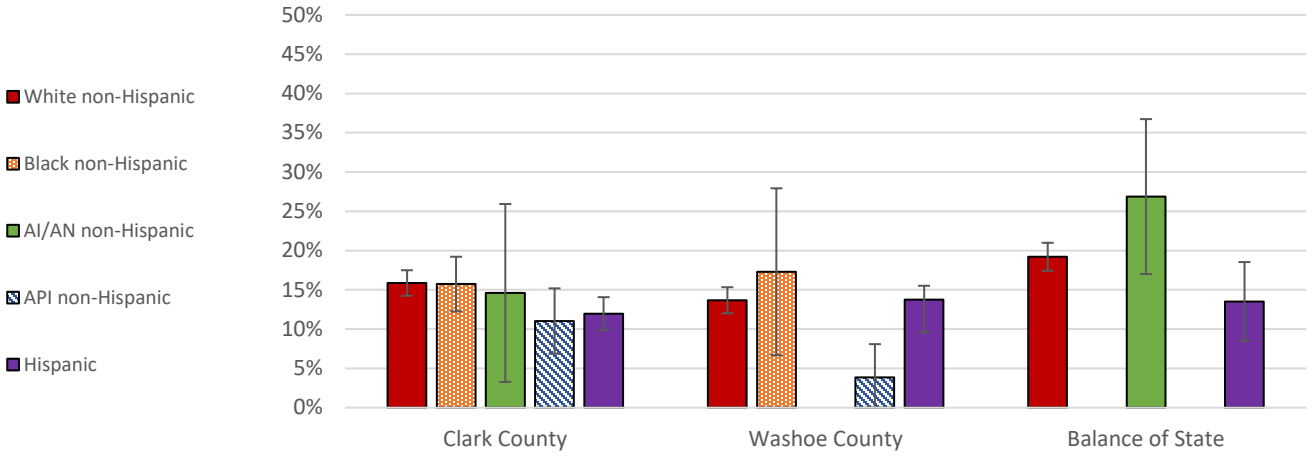
Figure 33. Current Smokers – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	12.6% (10.1-15.1)	16.1% (7.7-24.6)	‡	17.5% (4.2-30.7)	13.1% (8.2-18.0)

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.

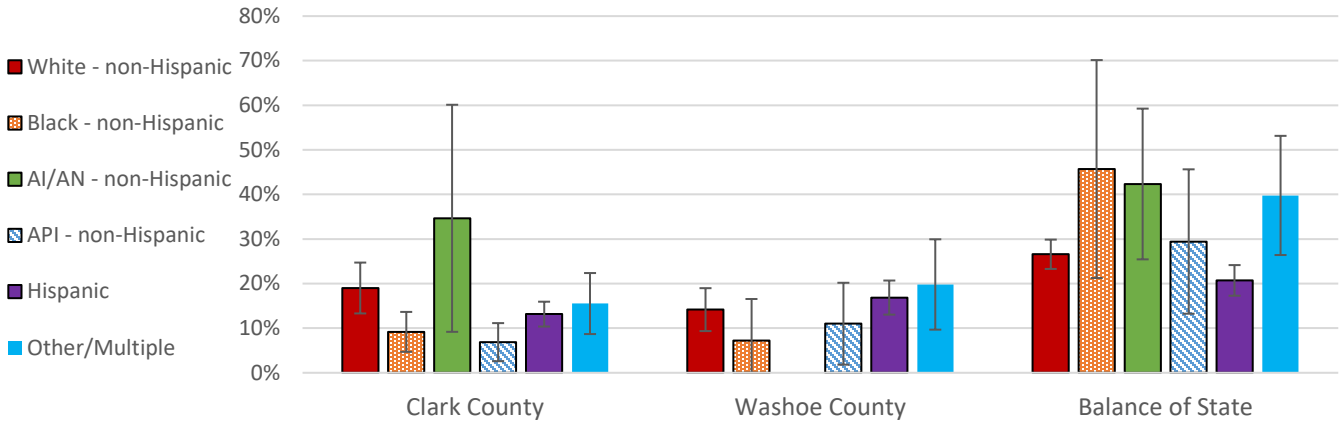
Figure 34. Current Smokers, Nevada Adults – Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	15.9% (14.2-17.5)	13.7% (12.0-15.3)	19.2% (17.4-21.0)
Black non-Hispanic	15.7% (12.3-19.2)	17.3% (6.7-27.9)	‡
AI/AN non-Hispanic	14.6% (3.3-25.9)	‡	26.9% (17.0-36.7)
API non-Hispanic	11.0% (6.9-15.2)	3.9% (.0-8.1)	‡
Hispanic	12.0% (9.9-14.1)	13.7% (9.6-17.9)	13.5% (8.5-18.5)

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 35. Nevada High School Students Who Ever Smoked Cigarettes – Prevalence by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	19.0% (13.3-24.7)	14.2% (9.4-19.0)	26.6% (23.3-29.9)
Black non-Hispanic	9.2% (4.7-13.7)	7.2%** (0.0-16.6)	45.7% (21.3-70.1)
AI/AN non-Hispanic	34.7% (9.2-60.1)	0.0% (0.0-0.0)	42.3% (25.4-59.3)
API non-Hispanic	6.9% (2.6-11.1)	11.0% (1.8-20.2)	29.4% (13.3-45.6)
Hispanic	13.2% (10.4-15.9)	16.9% (13.0-20.7)	20.7% (17.3-24.2)
Other/Multiple	15.5% (8.7-22.4)	19.8% (9.7-29.9)	39.8% (26.4-53.1)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report. Note: Graph scaled to 80% to display difference between groups.
***Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

Figure 36. Nevada High School Students Who Ever Used Electronic Vapor Products – Prevalence by Race/Ethnicity and Region, 2023

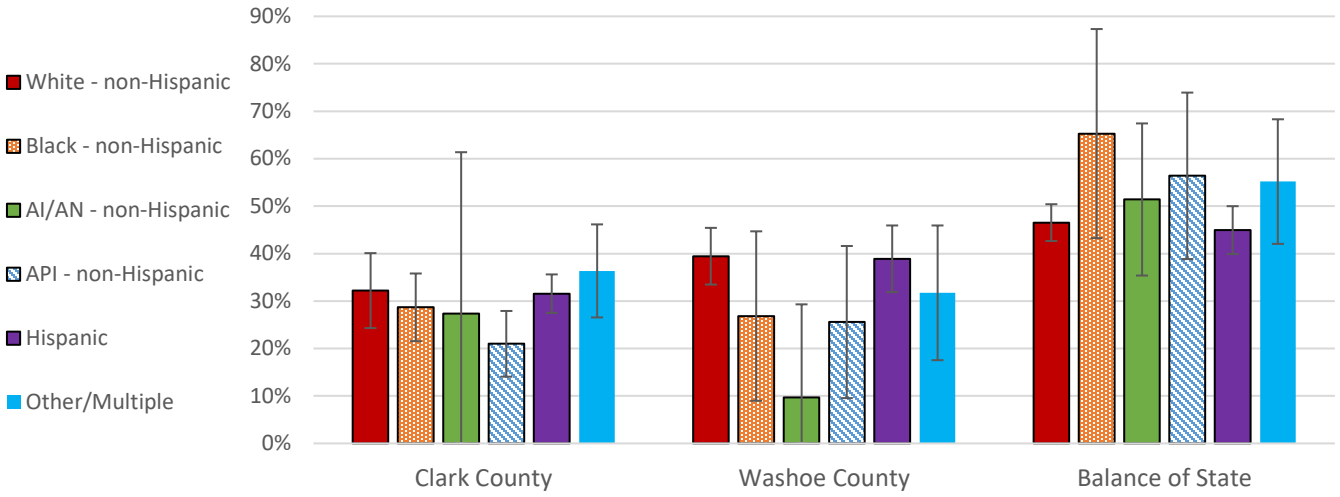


Figure 36. Nevada High School Students Who Ever Used Electronic Vapor Products – Prevalence by Race/Ethnicity and Region, 2023 (continued)

Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	32.2% (24.3-40.1)	39.5% (33.5-45.4)	46.5% (42.7-50.4)
Black non-Hispanic	28.7% (21.5-35.8)	26.8% (9.0-44.7)	65.3% (43.3-87.3)
AI/AN non-Hispanic	27.4%** (0.0-61.4)	9.7%** (0.0-29.3)	51.4% (35.4-67.4)
API non-Hispanic	21.0% (14.1-27.9)	25.6% (9.5-41.6)	56.4% (38.8-73.9)
Hispanic	31.6% (27.5-35.6)	38.9% (31.9-45.9)	44.9% (39.9-50.0)
Other/Multiple	36.4% (26.5-46.2)	31.7% (17.5-45.9)	55.2% (42.0-68.3)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report. Note: Graph scaled to 90% to display difference between groups.
***Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

Breast Cancer

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

Significant Findings

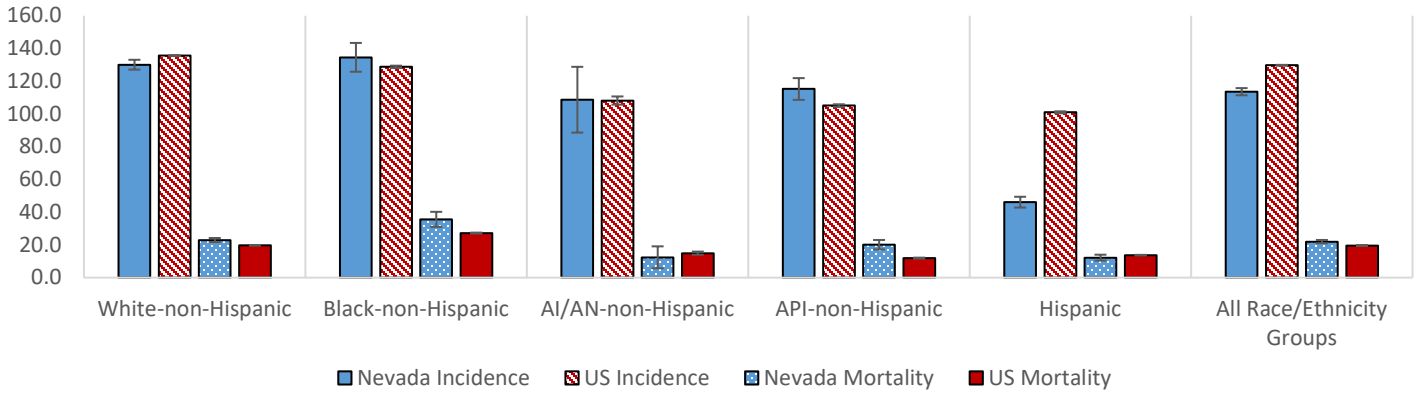
- The Hispanic population in Nevada had significantly lower incidence rates of female breast cancer (46.1 per 100,000) than any other race/ethnicity in Nevada (Figure 37).
- The Black non-Hispanic (35.6 per 100,000) population in Nevada had significantly higher mortality rates from female breast cancer than any other race/ethnicity in Nevada (Figure 37).

Table 10. Lifetime Risk of Developing and Dying from Female Breast Cancer, United States, 2009-2011 & 2018-2021 (2020 excluded)

Race/Ethnicity	Lifetime Risk of Developing Breast Cancer (%)		Lifetime Risk of Dying from Breast Cancer (%)	
	2009-2011	2018-2021 (2020 excl.)	2009-2011	2018-2021 (2020 excl.)
White non-Hispanic	13.6%	13.9%	2.7%	2.5%
Black non-Hispanic	11.5%	11.7%	3.3%	2.9%
AI/AN non-Hispanic	*	*	1.8%+	1.7%+
API non-Hispanic	10.4%	12.1%	1.8%	1.9%
Hispanic	*	*	2.1%^	2.0%^
All Race/Ethnicity Groups	12.8%	13.1%	2.7%	2.5%

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.
+ Data for American Indian/Alaska Native are based on the PRCDA (Purchased/Referred Care Delivery Area) counties.
^ Hispanic data are based on data for all states except Minnesota, New Hampshire, North Dakota, and South Carolina.
** Data not provided by National Cancer Institute.*

Figure 37. Female Breast Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada and United States, 2017-2021



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	130.1 (127.1-133.1)	135.6 (135.4-135.9)	23.0 (21.7-24.2)	19.7 (19.6-19.8)
Black non-Hispanic	134.6 (125.8-143.4)	128.8 (128.1-129.5)	35.6 (31.0-40.2)	27.2 (26.9-27.5)
AI/AN non-Hispanic	108.7 (88.6-128.8)	108.2 (105.7-110.7)	12.4 (5.7-19.1)	14.9 (14.0-15.9)
API non-Hispanic	115.3 (108.6-121.9)	105.1 (104.3-105.9)	20.1 (17.2-23.0)	11.9 (11.6-12.2)
Hispanic	46.1 (42.8-49.4)	101.0 (100.4-101.6)	12.1 (10.4-14.0)	13.7 (13.5-13.9)
All Race/Ethnicity Groups	113.6 (111.4-115.8)	129.8 (129.5-130.0)	22.0 (21.0-23.0)	19.6 (19.5-19.7)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics: 2017-2021 Incidence and Mortality Web-based Report.

Prostate Cancer

Known risk factors associated with prostate cancer include older age, race/ethnicity (African American men have a higher risk), and family history, however, all men are at risk for prostate cancer. Out of every 100 American men, about 13 will get prostate cancer during their lifetime, and about 2 to 3 men will die from prostate cancer [25]. The development of prostate cancer is typically very slow and takes years of growth before showing symptoms. The two most common screening tools used to detect prostate cancer include a Prostate Specific Antigen (PSA) test and Digital Rectal Exam (DRE) [25].

Significant Findings:

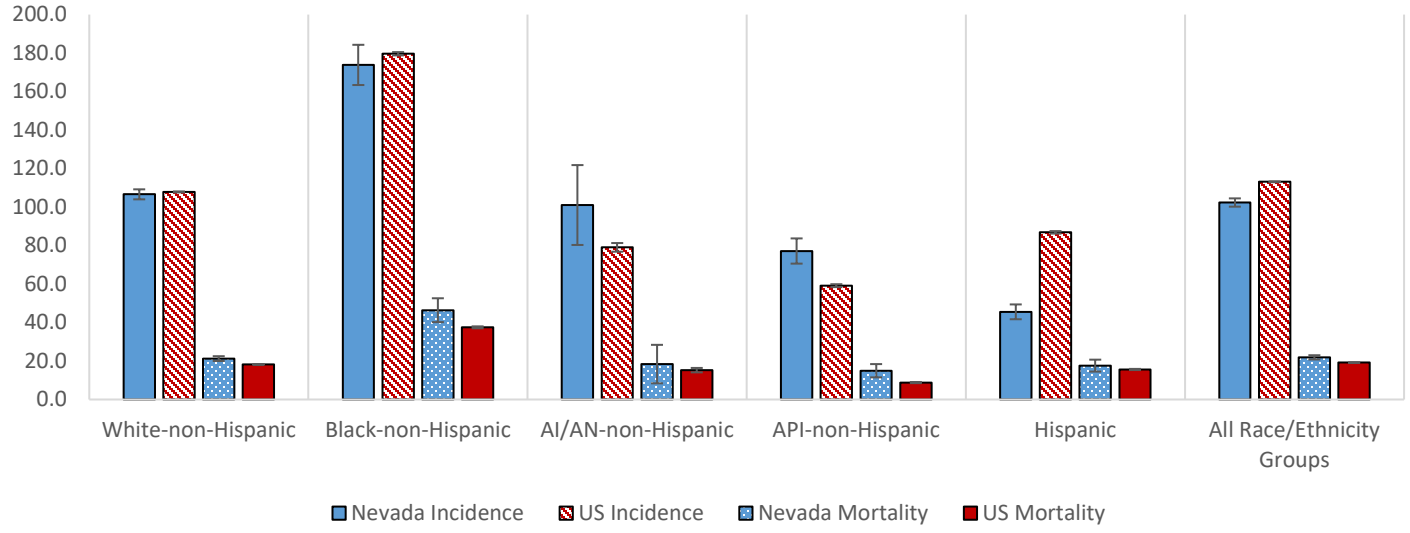
- The Black non-Hispanic (173.8 per 100,000) population in Nevada had a significantly higher incidence rate of prostate cancer than all other race/ethnicities in Nevada (Figure 38).
- The Black non-Hispanic (46.4 per 100,000) population in Nevada had a significantly higher mortality rate from prostate cancer than all other race/ethnicities in Nevada (Figure 38).

Table 11. Lifetime Risk of Developing and Dying from Prostate Cancer, United States, Males, 2009-2011 & 2018-2021 (2020 excluded)

Race/Ethnicity	Lifetime Risk of Developing Prostate Cancer (%)		Lifetime Risk of Dying from Prostate Cancer (%)	
	2009-2011	2018-2021 (2020 excl.)	2009-2011	2018-2021 (2020 excl.)
White non-Hispanic	14.8%	12.6%	2.5%	2.1%
Black non-Hispanic	20.5%	16.9%	4.5%	3.4%
AI/AN non-Hispanic	*	*	2.2%+	1.6%+
API non-Hispanic	10.9%	8.8%	2.2%	2.0%
Hispanic	*	*	3.1%^	2.5%^
All Race/Ethnicity Groups	15.2%	12.8%	2.7%	2.3%

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.
+ Data for American Indian/Alaska Native are based on the PRCDA (Purchased/Referred Care Delivery Area) counties.
^ Hispanic data are based on data for all states except Minnesota, New Hampshire, North Dakota, and South Carolina.
** Data not provided by National Cancer Institute.*

Figure 38. Prostate Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada, and United States, 2017-2021



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	106.6 (104.0-109.2)	107.8 (107.6-108.1)	21.2 (20.0-22.5)	18.2 (18.1-18.3)
Black non-Hispanic	173.8 (163.4-184.3)	179.7 (178.8-180.5)	46.4 (40.2-52.6)	37.5 (37.0-38.0)
AI/AN non-Hispanic	101.1 (80.3-121.8)	79.1 (76.8-81.3)	18.4 (8.4-28.4)	15.2 (14.1-16.4)
API non-Hispanic	77.1 (70.6-83.7)	59.1 (58.4-59.9)	14.9 (11.5-18.4)	8.8 (8.5-9.1)
Hispanic	45.6 (41.7-49.4)	86.9 (86.2-87.5)	17.6 (14.5-20.7)	15.6 (15.3-15.9)
All Race/Ethnicity Groups	102.3 (100.2-104.5)	113.1 (112.9-113.3)	21.9 (20.8-23.0)	19.2 (19.1-19.2)

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.

Colorectal Cancer

Significant Findings:

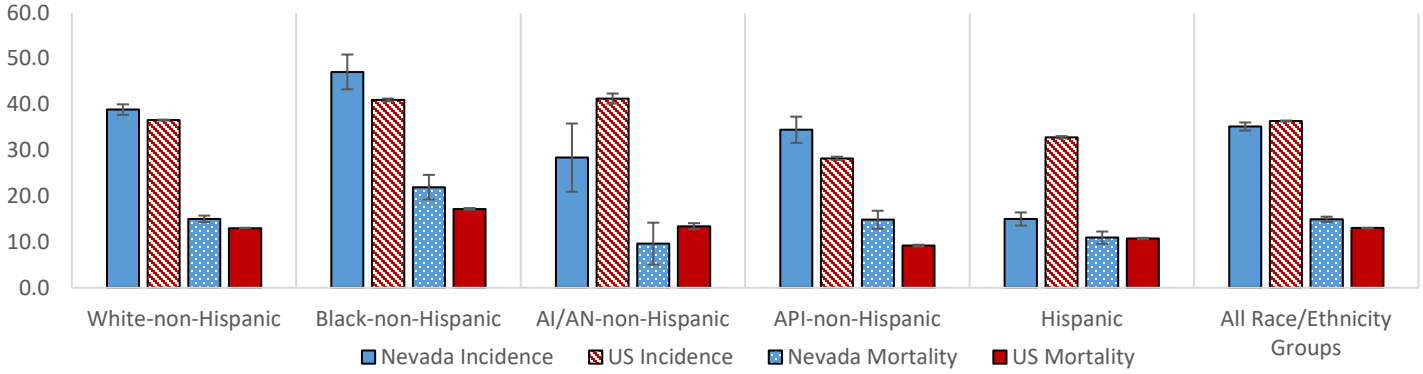
- The White non-Hispanic (38.9 per 100,000) and the Black non-Hispanic (47.1 per 100,000) populations in Nevada had significantly higher incidence rates of colorectal cancer than the American Indian/Alaskan Native non-Hispanic (28.4 per 100,000), the Asian/Pacific Islander (34.5 per 100,000) and the Hispanic (15.0 per 100,000) populations in Nevada (Figure 39).
- The Black non-Hispanic (22.0 per 100,000) population in Nevada had a significantly higher mortality rate from colorectal cancer than all other race/ethnicities in Nevada (Figure 39).

Table 12. Lifetime Risk of Developing and Dying from Colorectal Cancer, United States, 2009-2011 & 2018-2021(2020 excluded).

Race/Ethnicity	Lifetime Risk of Developing Colorectal Cancer (%)		Lifetime Risk of Dying from Colorectal Cancer (%)	
	2009-2011	2018-2021 (2020 excl.)	2009-2011	2017-2021 (2020 excl.)
White non-Hispanic	4.8%	4.0%	1.9%	1.5%
Black non-Hispanic	5.1%	3.9%	2.3%	1.7%
AI/AN non-Hispanic	*	*	1.9%+	1.5%+
API non-Hispanic	5.2%	4.1%	2.1%	1.7%
Hispanic	*	*	1.9%^	1.6%^
All Race/Ethnicity Groups	4.8%	4.0%	2.0%	1.6%

Source: National Cancer Institute. Surveillance Research Program. Lifetime Risk.
+ Data for American Indian/Alaska Native are based on the PRCDA (Purchased/Referred Care Delivery Area) counties.
^ Hispanic data are based on data for all states except Minnesota, New Hampshire, North Dakota, and South Carolina.
** Data not provided by National Cancer Institute.*

Figure 39. Colorectal Cancer Incidence and Mortality, Age-Adjusted Rates, Nevada, and United States, 2017-2021



Race/Ethnicity	Nevada Incidence	US Incidence	Nevada Mortality	US Mortality
White non-Hispanic	38.9 (37.7-40.1)	36.6 (36.5-36.7)	15.1 (14.4-15.8)	13.0 (13.0-13.1)
Black non-Hispanic	47.1 (43.3-50.9)	41.0 (40.7-41.3)	22.0 (19.3-24.7)	17.2 (17.0-17.4)
AI/AN non-Hispanic	28.4 (21.0-35.9)	41.3 (40.2-42.4)	9.6 (5.1-14.2)	13.4 (12.8-14.1)
API non-Hispanic	34.5 (31.6-37.4)	28.2 (27.9-28.6)	14.9 (12.9-16.8)	9.2 (9.0-9.4)
Hispanic	15.0 (13.6-16.5)	32.8 (32.6-33.1)	10.9 (9.6-12.3)	10.8 (10.6-10.9)
All Race/Ethnicity Groups	35.2 (34.3-36.1)	36.4 (36.3-36.5)	14.9 (14.4-15.5)	13.1 (13.0-13.1)

Source: NV Incidence: Nevada Central Cancer Registry. NV Mortality: Nevada Electronic Death Registry System.
US Incidence and Mortality: CDC United States Cancer Statistics: 2017-2021 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 2012 to 2021, 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 the 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 2012, the burden of cancer in Nevada, or the number of cancer cases in Nevada, increased by 21.9% by the year 2021. Conversely, the risk of developing cancer in Nevada, or the annual rate of individuals developing cancer within a population, increased by 2.6% from 2012 to 2021, for all cancer types, among all races/ethnicities. (Table 13).

Significant Findings:

- From 2012 to 2021, the number of cancer cases among the Asian/Pacific Islander non-Hispanic population increased by 69.5% in cancer burden for all cancer types in Nevada. The Asian/Pacific Islander non-Hispanic population show a 113.0% increase in prostate cancer and a 103.8% increase in female breast cancer burden (Table 13).
- The American Indian/Alaska Native non-Hispanic population shows the greatest decrease in risk for developing cancer over the ten-year period. From 2012 to 2021, however, the risk for the American Indian/Alaska Native non-Hispanic population to develop lung and bronchus cancer increased by 64.1% in Nevada. (Table 13).
- The rate of all cancers, as well as prostate cancer, colorectal cancer, and breast cancer decreased among the Black non-Hispanic population in Nevada over the ten-year period (-10.1%, -8.4%, -19.0%, and -19.4% respectively) (Table 13).
- The Hispanic population shows increase in both burden and risk for developing all cancer types over the ten-year period. (Table 13).

Table 13. Cancer Incidence, Age-Adjusted Rates, Percent Change between 2012 and 2021, Burden vs Risk, by Race/Ethnicity, Nevada

Race/Ethnicity	Cancer Type	Rates		Burden (%)	Risk (%)
		2012	2021		
White non-Hispanic	All Cancers	473.9	458.6	10.2	3.4
	Prostate	115.6	101.7	1.6	13.7
	Colorectal	44.1	35.9	-6.8	22.7
	Breast	134.1	130.8	9.0	2.5
	Lung and Bronchus	68.8	51.7	-9.7	33.1
Black non-Hispanic	All Cancers	428.8	477.2	58.4	-10.1
	Prostate	161.5	176.3	63.6	-8.4
	Colorectal	43.1	53.2	79.0	-19.0
	Breast	116.0	143.9	66.4	-19.4
	Lung and Bronchus	66.4	47.4	4.2	40.0
AI/AN non-Hispanic	All Cancers	356.9	399.3	46.7	-10.6
	Prostate	52.7	125.9	175.0	-58.1
	Colorectal	51.1	33.3	-14.3	53.5
	Breast	154.5	147.6	16.0	4.7
	Lung and Bronchus	52.9	32.2	-18.8	64.1
API non-Hispanic	All Cancers	314.8	344.4	69.5	-8.6
	Prostate	52.8	78.3	113.0	-32.6
	Colorectal	38.7	34.5	39.8	12.2
	Breast	90.6	124.1	103.8	-27.0
	Lung and Bronchus	43.9	31.9	17.0	37.6
Hispanic	All Cancers	176.4	168.1	54.4	5.0
	Prostate	68.8	51.2	10.2	34.4
	Colorectal	18.3	15.3	56.5	19.5
	Breast	53.8	44.9	36.8	19.8
	Lung and Bronchus	13.8	10.9	22.0	26.2
All Race/Ethnicity Groups	All Cancers	414.3	403.8	21.9	2.6
	Prostate	108.5	100.8	16.6	7.7
	Colorectal	40.0	34.2	8.1	17.0
	Breast	114.8	114.3	24.2	0.4
	Lung and Bronchus	60.5	43.7	**-6.3**	38.5

Data Source: Nevada Central Cancer Registry.

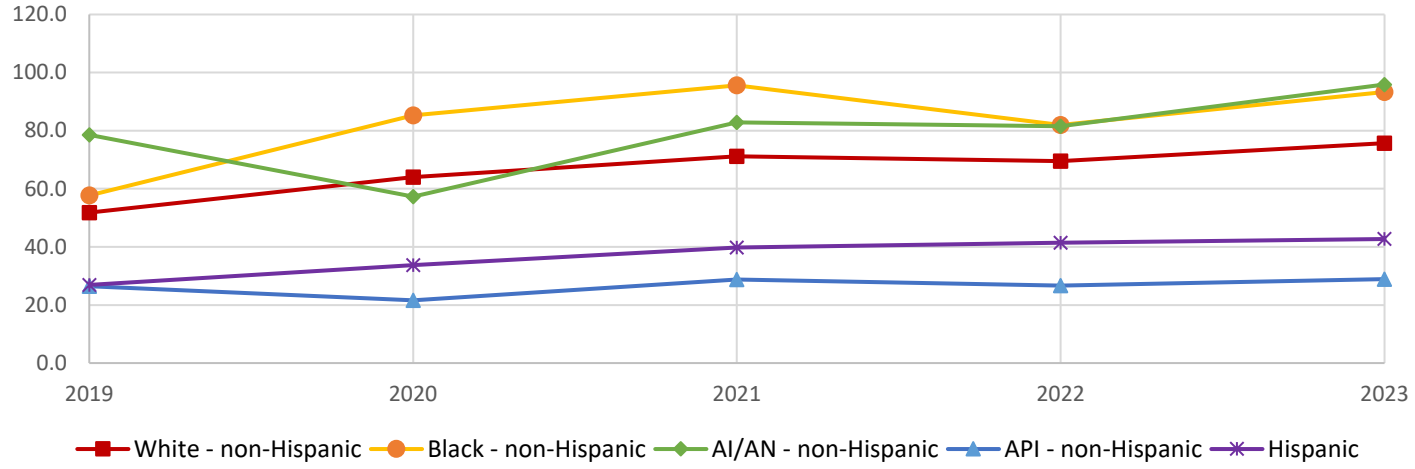
Unintentional Injuries (Accidents)

Unintentional injuries, or accidents, is the third leading cause of death in the US, with a death rate of 62.3 per 100,000 population in 2023 [15]. Accidental deaths include poisonings, falls, motor vehicle accidents, and drowning. Unintentional injuries are the number one cause of death among Americans ages 1 - 44 years old [26].

Significant Findings:

- In 2023, the White non-Hispanic, the Black non-Hispanic, and the American Indian/Alaska Native non-Hispanic populations had significantly higher accidental death rates (75.7, 93.3, and 95.9 per 100,000 population, respectively) than the Asian/Pacific Islander non-Hispanic population (28.9 per 100,000), and the Hispanic population (42.7 per 100,000) (Figure 40).

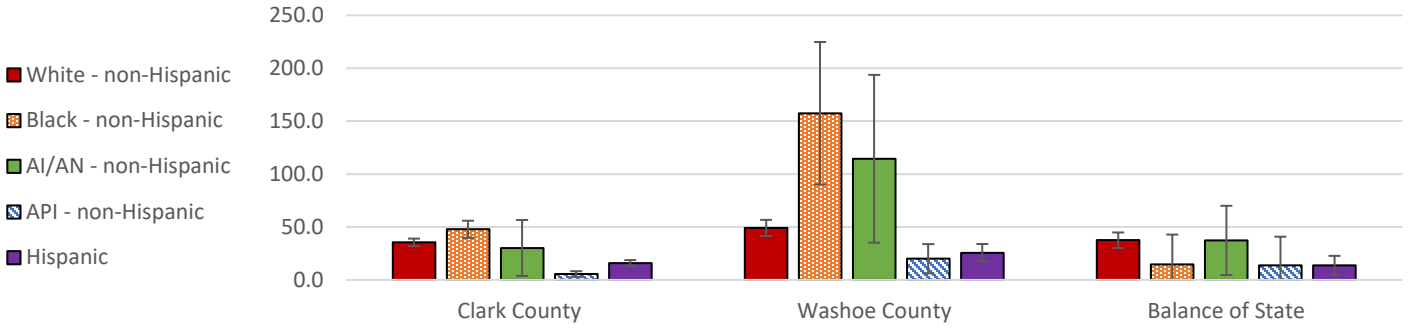
Figure 40. Accidental Deaths – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2019-2023



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)
2023	1,427	75.7 (71.7-79.6)	273	93.3 (82.3-104.4)	36	95.9 (64.6-127.2)	98	28.9 (23.1-34.6)	371	42.7 (38.3-47.0)
2022	1,285	69.5 (65.7-73.3)	233	82.0 (71.5-92.6)	30	81.5 (52.4-110.7)	84	26.7 (21.0-32.5)	332	41.4 (36.9-45.9)
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)

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

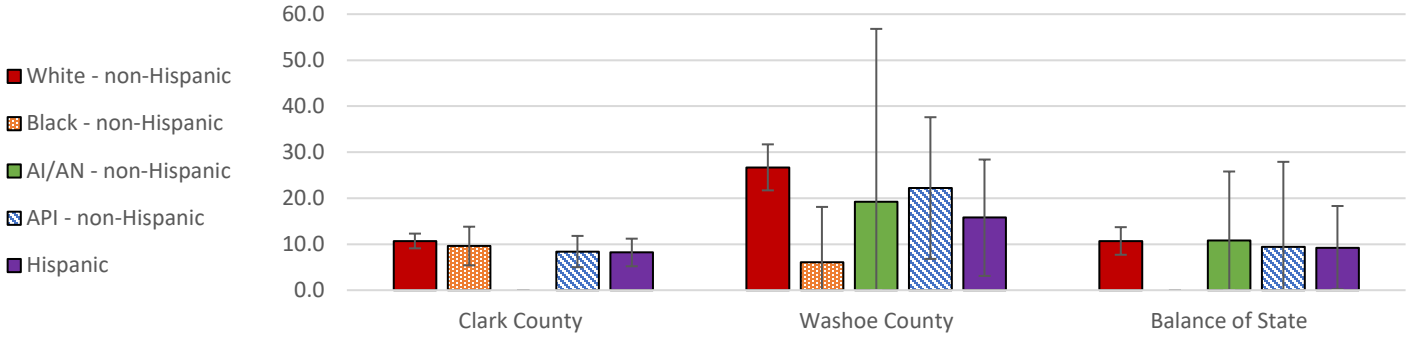
Figure 41. Accidental Deaths by Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	385	35.4 (31.9-39.0)	161	49.1 (41.5-56.7)	101	37.5 (30.1-44.8)
Black non-Hispanic	134	47.8 (39.7-55.9)	21	157.5 (90.1-224.8)	1	14.5 (0.0-42.8)
AI/AN non-Hispanic	5	30.2 (3.7-56.6)	8	114.4 (35.1-193.7)	5	37.3 (4.6-70.0)
API non-Hispanic	17	5.5 (2.9-8.2)	8	20.0 (6.1-33.8)	1	13.8 (0.0-40.8)
Hispanic	127	15.9 (13.2-18.7)	37	25.6 (17.4-33.9)	9	13.7 (4.8-22.7)

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

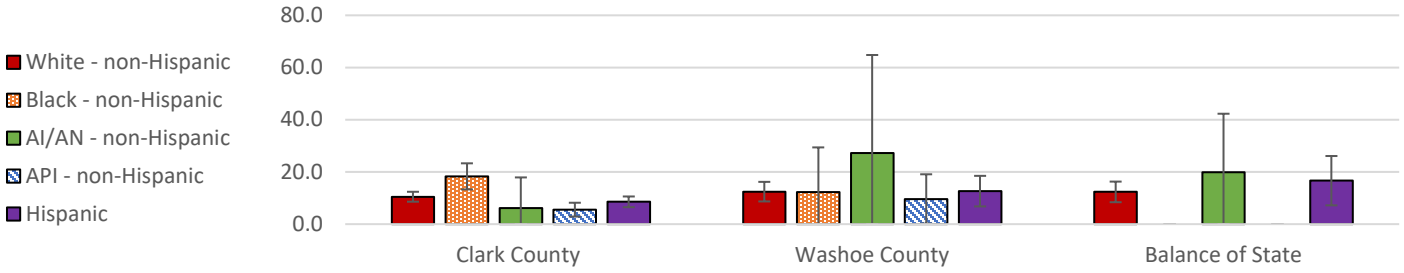
Figure 42. Accidental Deaths by Falls – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	164	10.7 (9.1-12.3)	110	26.7 (21.7-31.7)	50	10.7 (7.7-13.7)
Black non-Hispanic	20	9.6 (5.4-13.8)	1	6.1 (0.0-18.1)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	1	19.2 (0.0-56.8)	2	10.8 (0.0-25.8)
API non-Hispanic	23	8.4 (5.0-11.8)	8	22.2 (6.8-37.6)	1	9.4 (0.0-27.9)
Hispanic	29	8.2 (5.2-11.2)	6	15.8 (3.1-28.4)	4	9.2 (0.2-18.3)

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

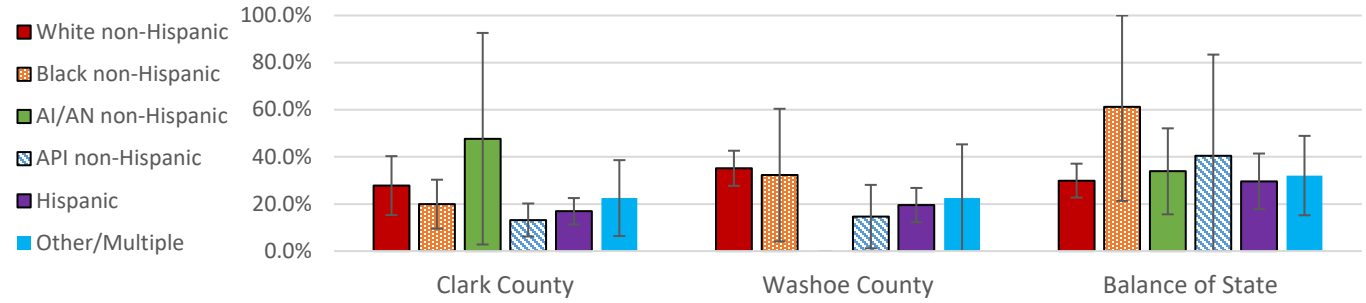
Figure 43. Accidental Deaths by Motor Vehicle Accident – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	118	10.5 (8.6-12.4)	42	12.4 (8.7-16.2)	38	12.4 (8.4-16.3)
Black non-Hispanic	52	18.3 (13.3-23.3)	2	12.3 (0.0-29.4)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	1	6.1 (0.0-17.9)	2	27.2 (0.0-64.8)	3	19.9 (0.0-42.3)
API non-Hispanic	17	5.5 (2.9-8.2)	4	9.6 (0.2-19.1)	0	0.0 (0.0-0.0)
Hispanic	68	8.6 (6.5-10.6)	18	12.7 (6.8-18.5)	12	16.7 (7.2-26.1)

Source: Nevada Electronic Death Registry System.
Motor vehicle 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 44. 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)
Other/Multiple	22.5% (6.4-38.6)	22.5%** (0.0-45.3)	32.0% (15.2-48.9)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report
**This question is not included in the 2023 survey. Other/Multiple race category is was only included in 2021 data.*
***Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

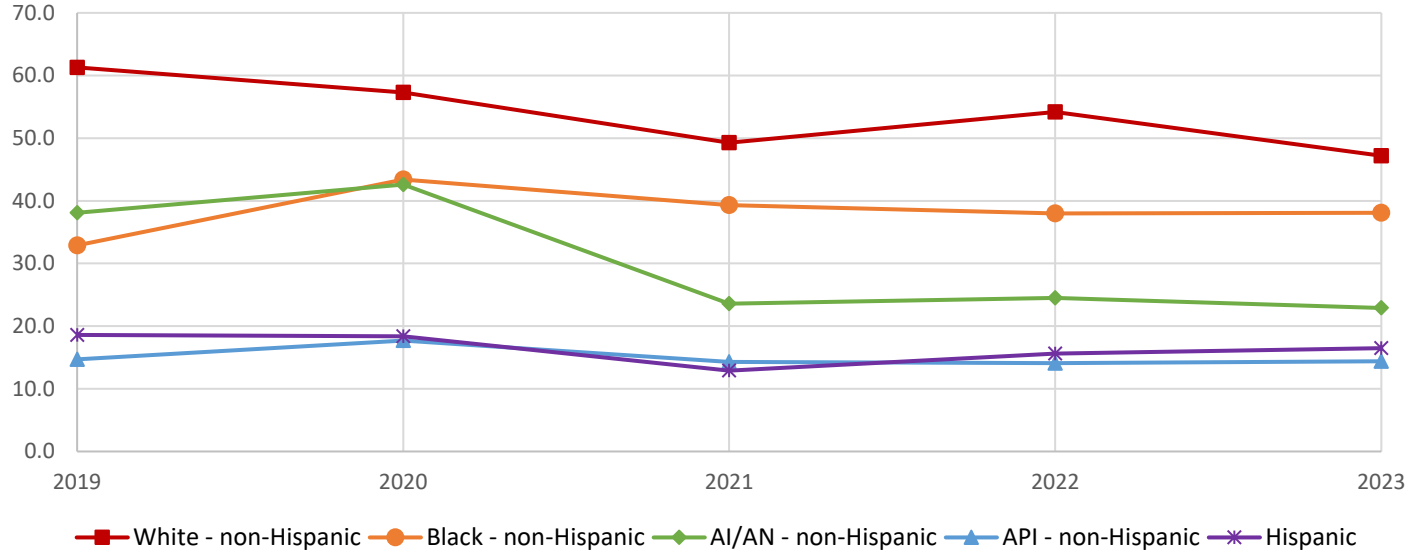
Chronic Lower Respiratory Disease (CLRD)

Chronic lower respiratory diseases (CLRD) are chronic diseases of the airways and other structures of the lung that cause airflow blockages and breathing-related problems, primarily including emphysema, chronic bronchitis, and asthma [27]. In 2023, CLRD was the fifth leading cause of death in the US with a death rate of 33.4 per 100,000 population [15]. Smoking is also a risk factor of CLRD. For statistics of Nevada smokers, please go to Figure 33 – 36.

Significant Findings:

- In 2023, death rates from CLRD were highest among the White non-Hispanic population, at 47.2 per 100,000 population, compared to all other races/ethnicities (Figure 45).

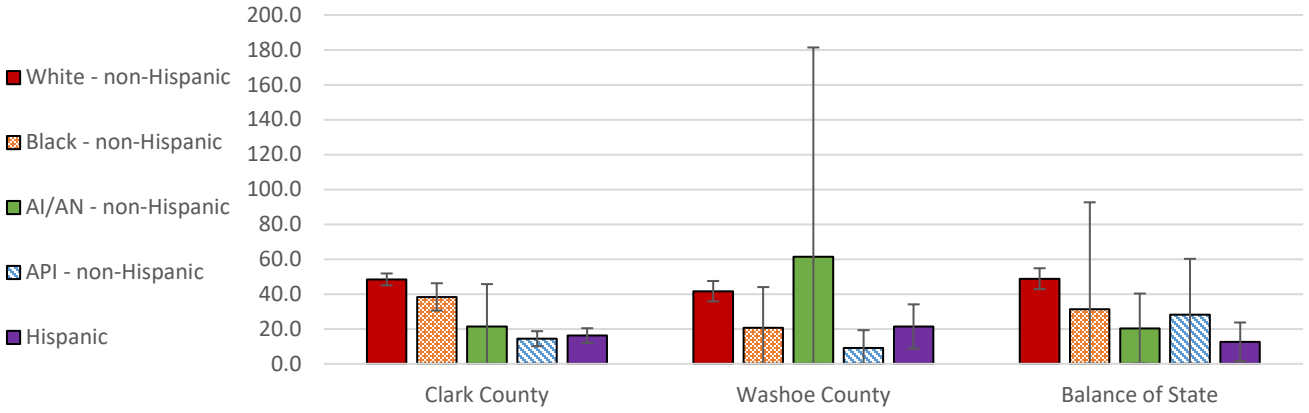
Figure 45. Chronic Lower Respiratory Disease Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	1,233	47.2 (44.5-49.8)	95	38.1 (30.4-45.7)	8	22.9 (7.0-38.7)	49	14.4 (10.3-18.4)	74	16.5 (12.7-20.2)
2022	1,380	54.2 (51.3-57.0)	92	38.0 (30.3-45.8)	9	24.5 (8.5-40.6)	46	14.1 (10.0-18.2)	61	15.6 (11.7-19.5)
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 (14.2-23.0)

Source: Nevada Electronic Death Registry System

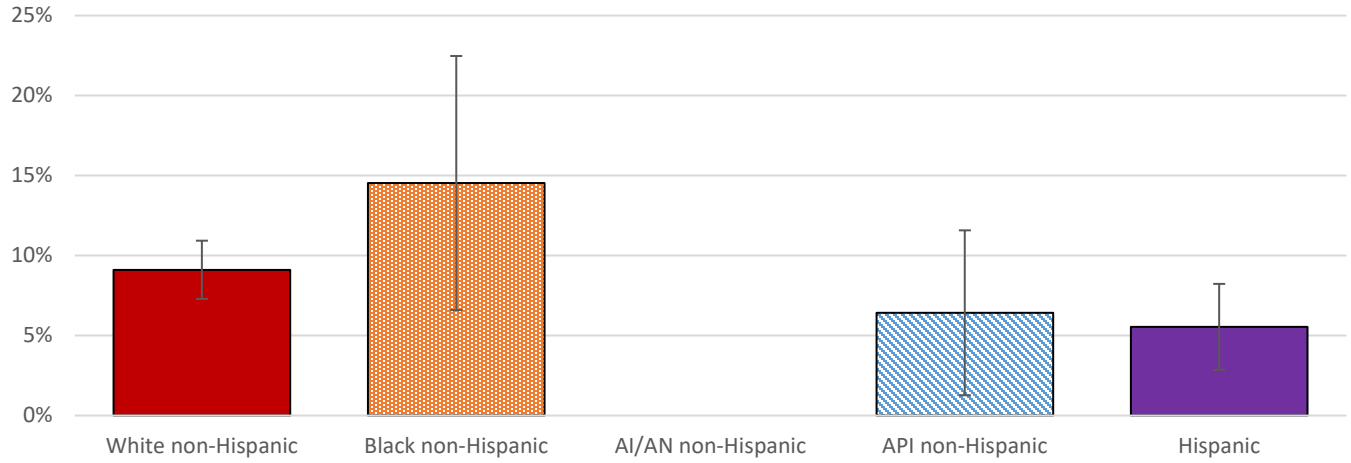
Figure 46. Chronic Lower Respiratory Disease Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	784	48.4 (45.0-51.8)	194	41.6 (35.8-47.5)	254	48.8 (42.8-54.8)
Black non-Hispanic	91	38.3 (30.5-46.2)	3	20.6 (0.0-44.0)	1	31.3 (0.0-92.6)
AI/AN non-Hispanic	3	21.4 (0.0-45.7)	1	61.3 (0.0-181.4)	4	20.3 (0.4-40.3)
API non-Hispanic	43	14.4 (10.1-18.7)	3	9.1 (0.0-19.3)	3	28.2 (0.0-60.2)
Hispanic	58	16.2 (12.0-20.4)	11	21.4 (8.8-34.1)	5	12.6 (1.6-23.7)

Source: Nevada Electronic Death Registry System.

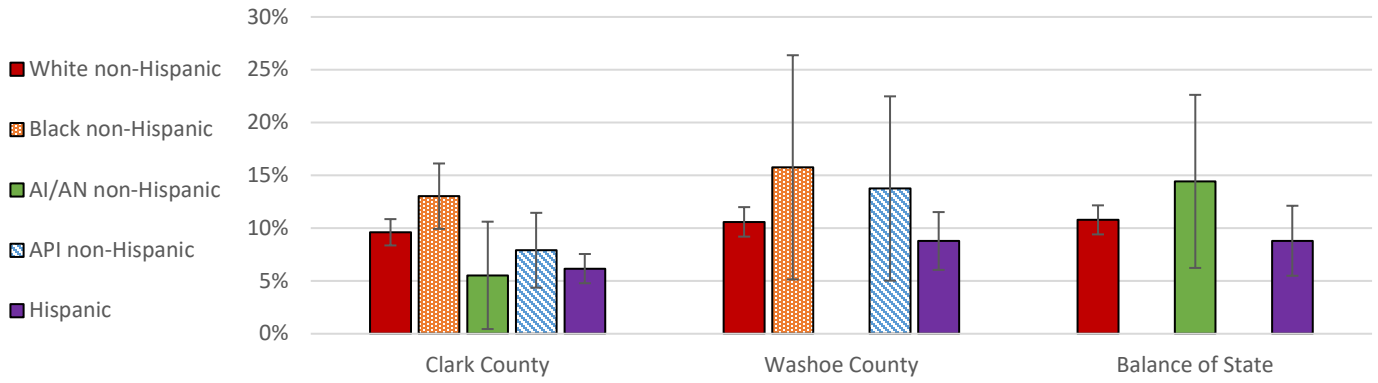
Figure 47. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	9.1% (7.3-10.9)	14.5% (6.6-22.5)	‡	6.4% (1.3-11.6)	5.5% (2.9-8.2)

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.

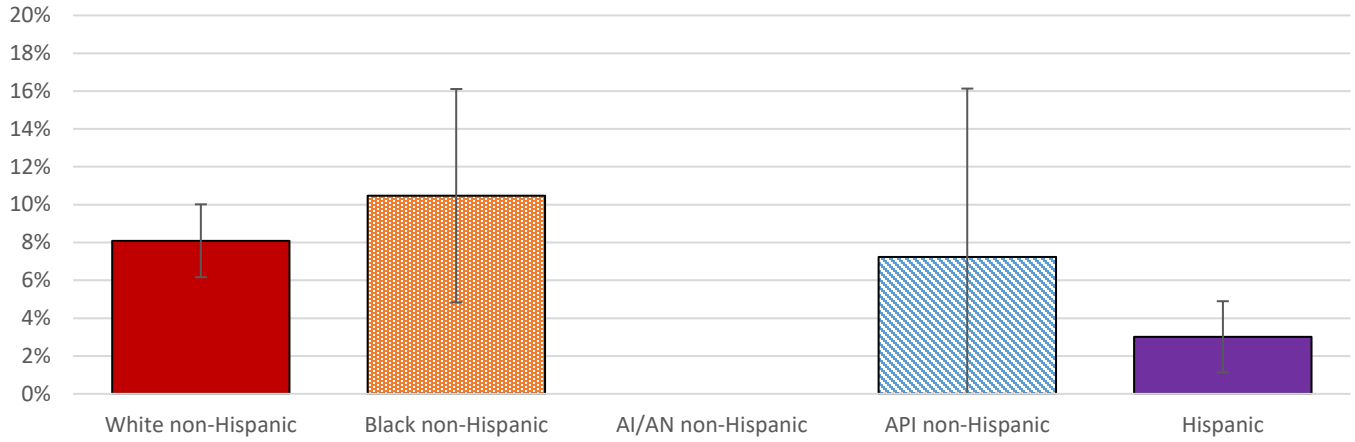
Figure 48. Nevada Adults Who Have Been Told They Have Asthma – Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	9.6% (8.4-10.9)	10.6% (9.2-12.0)	10.8% (9.4-12.2)
Black non-Hispanic	13.0% (9.9-16.1)	15.8% (5.1-26.4)	‡
AI/AN non-Hispanic	5.5% (0.4-10.6)	‡	14.4% (6.2-22.6)
API non-Hispanic	7.9% (4.4-11.4)	13.8% (5.0-22.5)	‡
Hispanic	6.2% (4.8-7.6)	8.8% (6.0-11.5)	8.8% (5.5-12.1)

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.

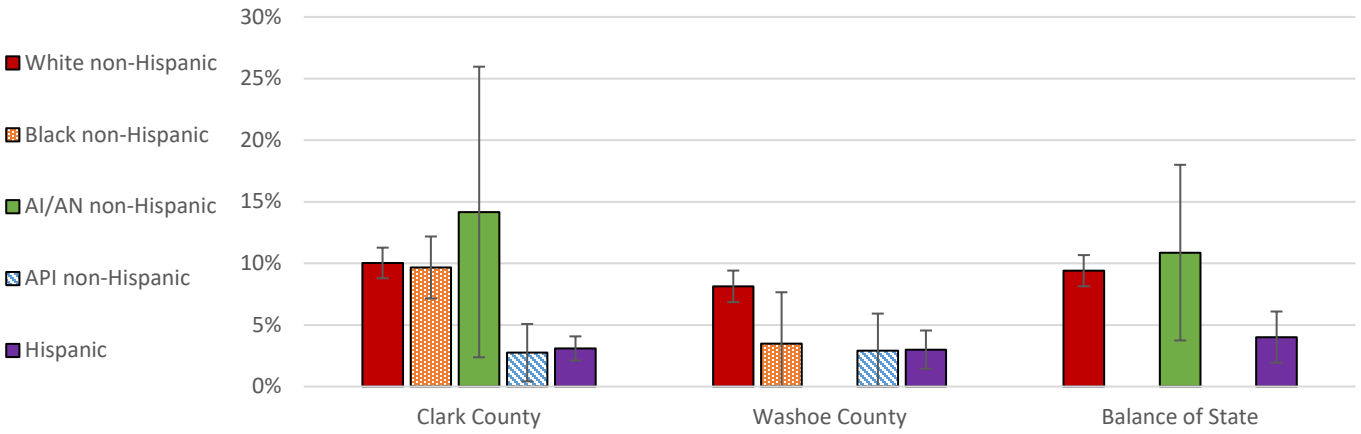
Figure 49. Nevada Adults Who Have Been Told They Have C.O.P.D. (Chronic Obstructive Pulmonary Disease), Emphysema or Chronic Bronchitis – Prevalence by Race/Ethnicity, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	8.1% (6.2-10.0)	10.5% (4.8-16.1)	‡	7.2% (0.0-16.1)	3.0% (1.1-4.9)

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 50. Nevada Adults Who Have Been Told They Have C.O.P.D. (Chronic Obstructive Pulmonary Disease), Emphysema or Chronic Bronchitis – Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	10.0% (8.8-11.3)	8.1% (6.9-9.4)	9.4% (8.1-10.7)
Black non-Hispanic	9.7% (7.1-12.2)	3.5% (0.0-7.7)	‡
AI/AN non-Hispanic	14.2% (2.4-26.0)	‡	10.9% (3.7-18.0)
API non-Hispanic	2.7% (0.4-5.1)	2.9% (0.0-5.9)	‡
Hispanic	3.1% (2.1-4.1)	3.0% (1.4-4.5)	4.0% (1.9-6.1)

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.

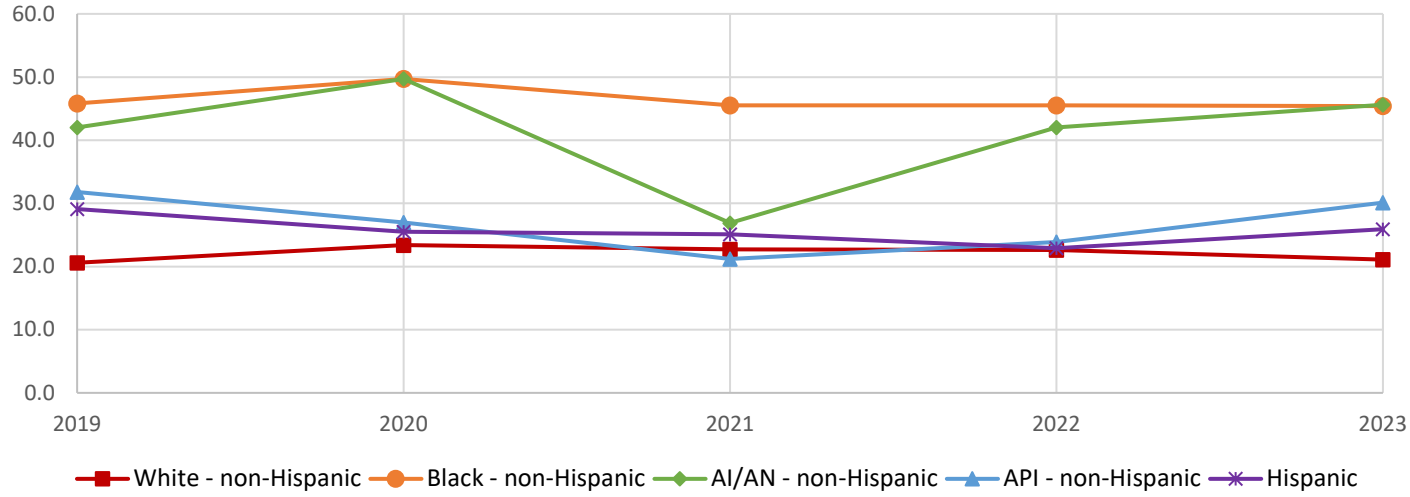
Diabetes

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. According to the CDC, diabetes is the number 1 cause of kidney failure, lower-limb amputations, and adult blindness [28]. The CDC estimates that in 2022, 8.4% of adults in the US were living with diabetes [29]. Additionally, diabetes was the seventh leading cause of death in the US in 2022 (22.4 per 100,00 population) [15].

Significant Findings

- In 2023, death rates from diabetes were significantly higher among the Black non-Hispanic population, at 45.4 per 100,000 population, compared to the White non-Hispanic (21.1 per 100,000), the Asian Pacific Islander non-Hispanic (30.1 per 100,000) and the Hispanic (25.9 per 100,000) populations (Figure 51).

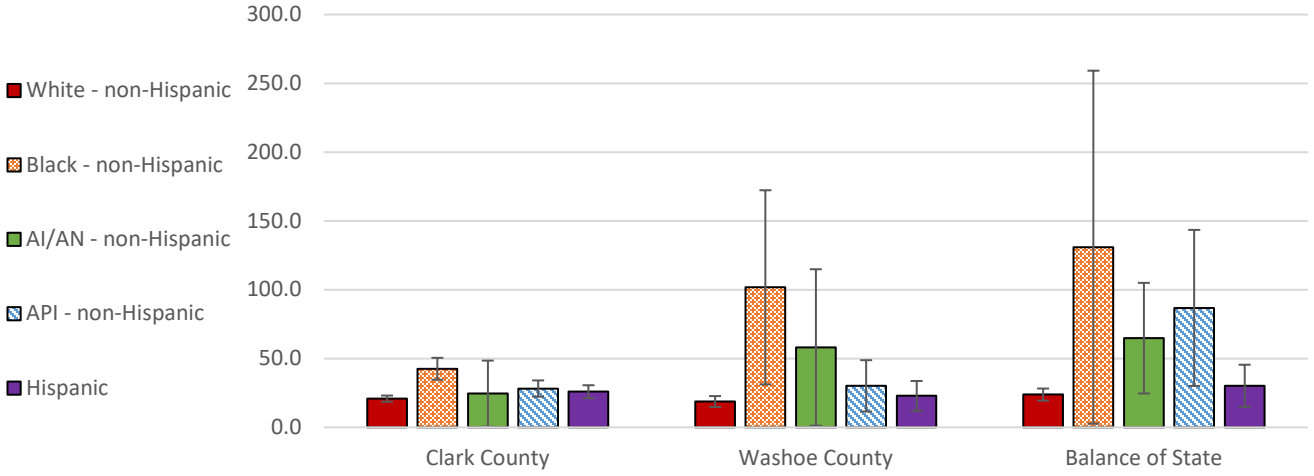
Figure 51. Diabetes Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	529	21.1 (19.3-22.9)	122	45.4 (37.3-53.4)	18	45.6 (24.5-66.7)	108	30.1 (24.4-35.8)	149	25.9 (21.8-30.1)
2022	548	22.6 (20.7-24.5)	114	45.5 (37.2-53.9)	16	42.0 (21.4-62.6)	80	23.9 (18.6-29.1)	115	22.9 (18.7-27.0)
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)

Source: Nevada Electronic Death Registry System.

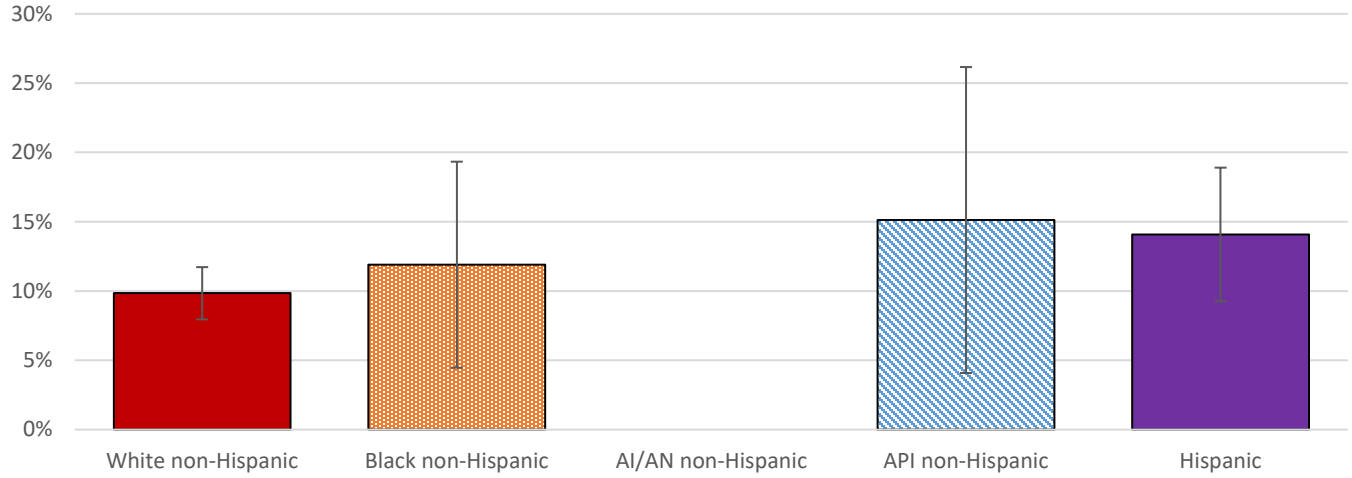
Figure 52. Diabetes Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	331	20.9 (18.6-23.1)	85	18.7 (14.8-22.7)	111	23.8 (19.4-28.2)
Black non-Hispanic	110	42.6 (34.6-50.5)	8	101.8 (31.2-172.3)	4	130.9 (2.6-259.2)
AI/AN non-Hispanic	4	24.5 (0.5-48.5)	4	58.0 (1.2-114.9)	10	64.8 (24.6-105.0)
API non-Hispanic	89	28.2 (22.3-34.1)	10	30.1 (11.5-48.8)	9	86.8 (30.1-143.5)
Hispanic	117	25.9 (21.2-30.6)	17	22.9 (12.0-33.7)	15	30.2 (14.9-45.5)

Source: Nevada Electronic Death Registry System.

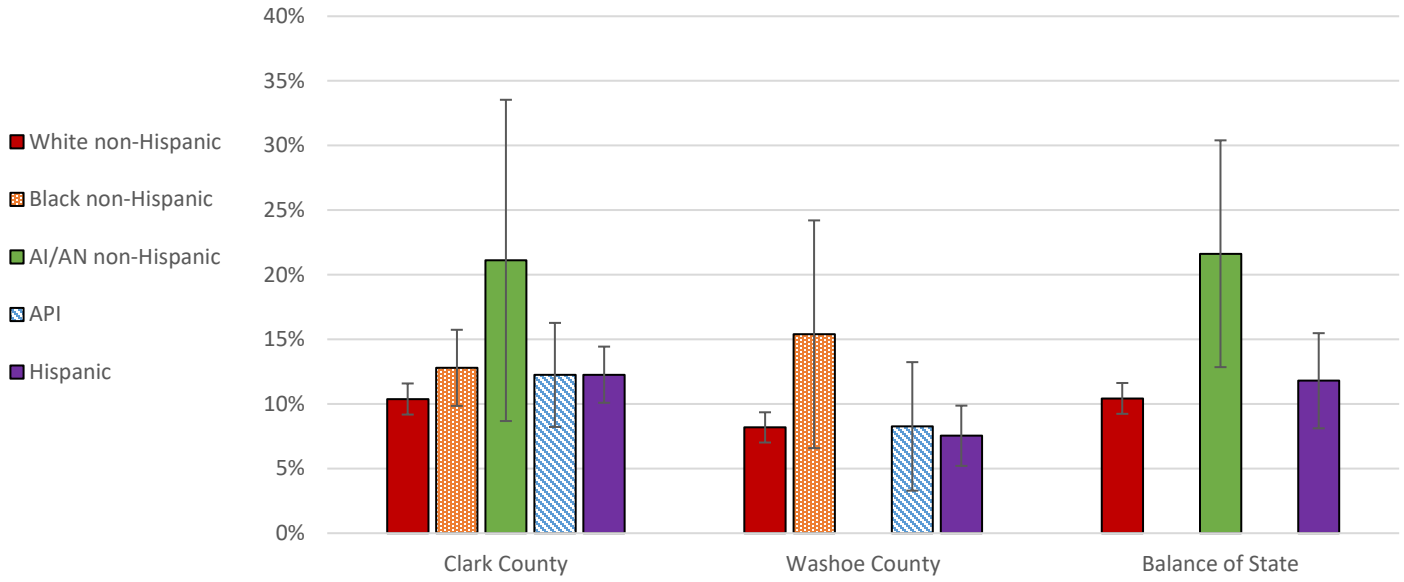
Figure 53. Adults Who Have Been Told They Have Diabetes* – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	9.8% (8.0-11.7)	11.9% (4.5-19.3)	‡	15.1% (4.1-26.2)	14.1% (9.3-18.9)

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

Figure 54. Adults Who Have Been Told They Have Diabetes* – Prevalence by Race/Ethnicity and Region, 2019-2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	10.4% (9.2-11.6)	8.2% (7.0-9.4)	10.4% (9.2-11.6)
Black non-Hispanic	12.8% (9.8-15.7)	15.4% (6.6-24.2)	‡
AI/AN non-Hispanic	21.1% (8.7-33.5)	‡	21.6% (12.8-30.4)
API non-Hispanic	12.2% (8.2-16.3)	8.3% (3.3-13.2)	‡
Hispanic	12.3% (10.1-14.4)	7.5% (5.2-9.9)	11.8% (8.1-15.5)

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

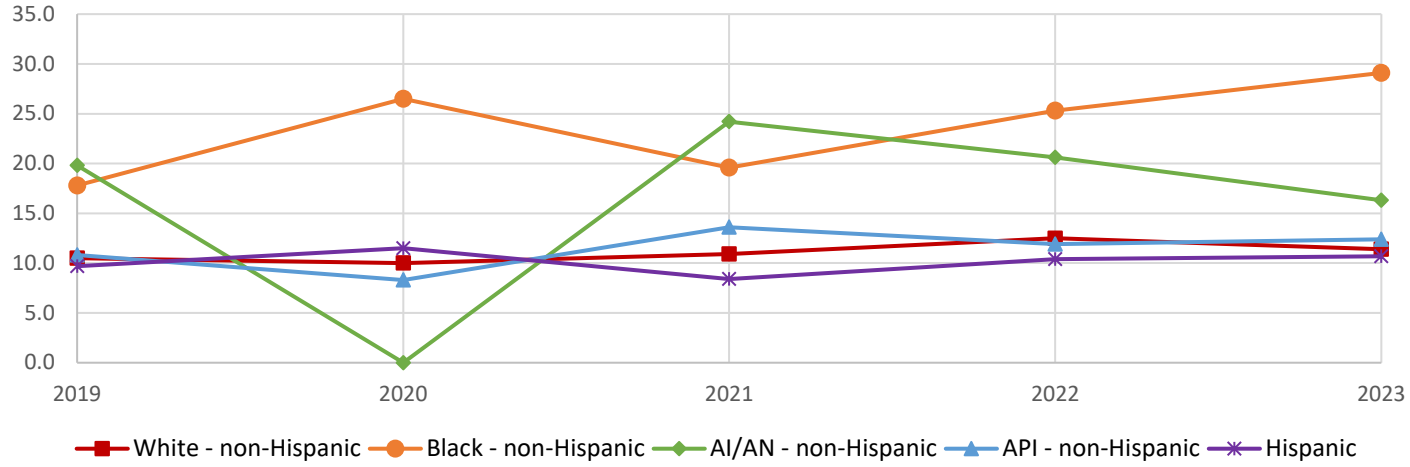
Kidney Disease

Chronic Kidney Disease (CKD) is a condition in which the kidneys are damaged and can't filter blood as well as they should. Because of this, excess fluid and waste remain in the body and may cause health problems such as heart disease. According to the CDC, more than 1 in 7 American adults has chronic kidney disease [30]. Diabetes, high blood pressure, heart disease, family history and obesity are risk factors for chronic kidney disease [30].

Significant Findings

- In 2023, death rates from kidney disease were significantly higher among the Black non-Hispanic population, at 29.1 per 100,000 population, compared to the White non-Hispanic (11.4 per 100,000), the Asian Pacific Islander non-Hispanic 12.4 per 100,000) and the Hispanic (10.7 per 100,000) populations (Figure 55).

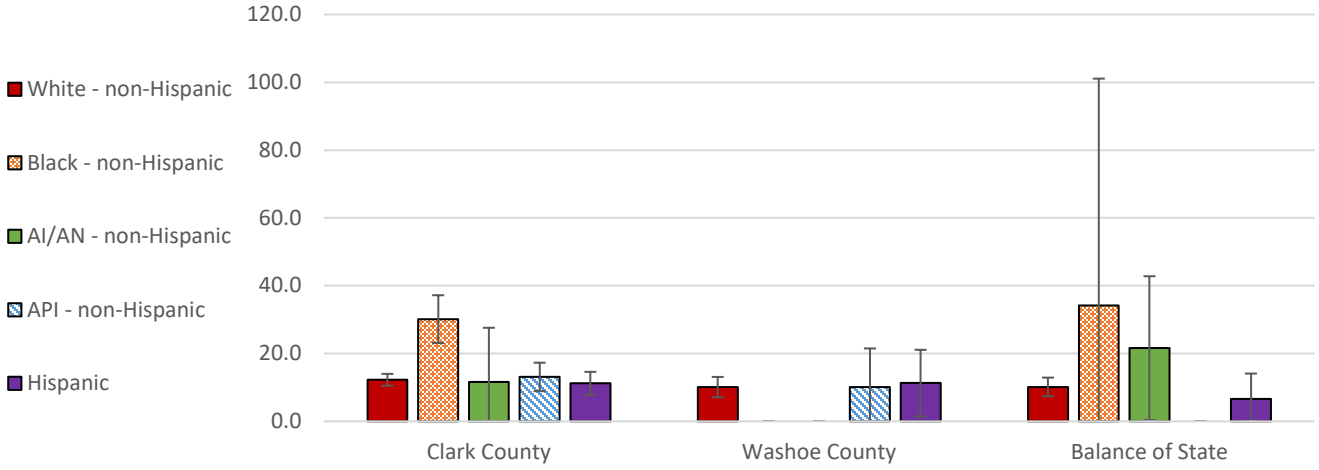
Figure 55. Kidney Disease Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	285	11.4 (10.1-12.8)	71	29.1 (22.3-35.9)	6	16.3 (3.3-29.4)	41	12.4 (8.6-16.2)	50	10.7 (7.7-13.7)
2022	304	12.5 (11.1-13.9)	64	25.3 (19.1-31.6)	8	20.6 (6.3-34.8)	39	11.9 (8.2-15.6)	44	10.4 (7.3-13.5)
2021	259	10.9 (9.6-12.2)	45	19.6 (13.9-25.3)	8	24.2 (7.4-40.9)	38	13.6 (9.3-18.0)	36	8.4 (5.7-11.1)
2020	235	10.0 (8.7-11.3)	60	26.5 (19.8-33.1)	0	0.0 (0.0-0.0)	26	8.3 (5.1-11.5)	51	11.5 (8.4-14.7)
2019	241	10.5 (9.2-11.9)	41	17.8 (12.3-23.2)	6	19.8 (4.0-35.6)	32	10.8 (7.0-14.5)	36	9.7 (6.6-12.9)

Source: Nevada Electronic Death Registry System.

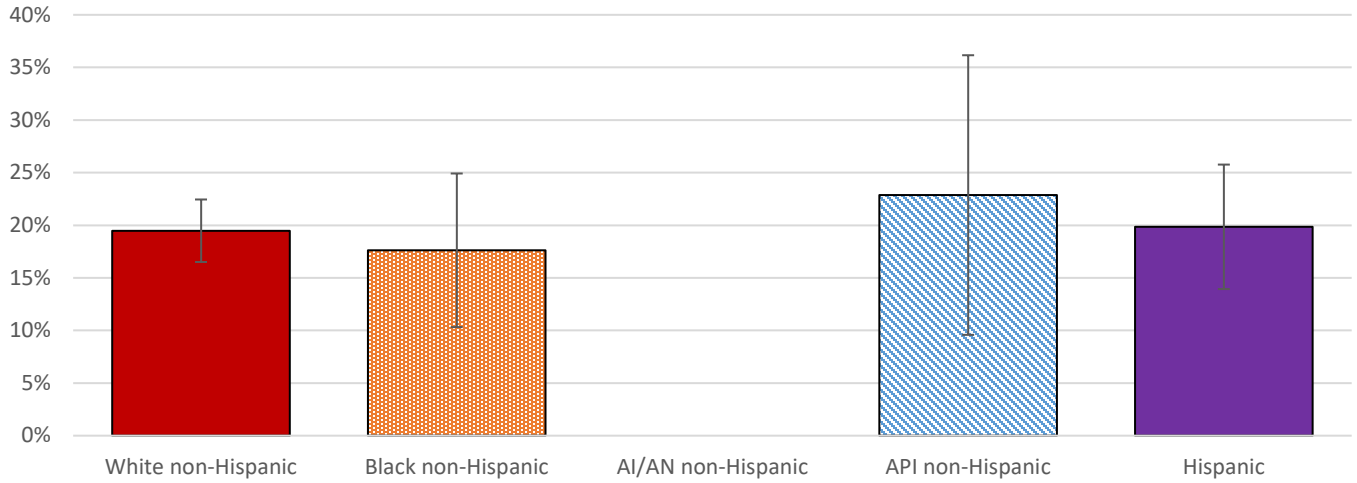
Figure 56. Kidney Disease Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	190	12.3 (10.5-14.0)	43	10.1 (7.1-13.1)	52	10.1 (7.4-12.9)
Black non-Hispanic	70	30.1 (23.1-37.2)	0	0.0 (0.0-0.0)	1	34.2 (0.0-101.1)
AI/AN non-Hispanic	2	11.6 (0.0-27.6)	0	0.0 (0.0-0.0)	4	21.6 (0.4-42.8)
API non-Hispanic	38	13.1 (8.9-17.3)	3	10.1 (0.0-21.5)	0	0.0 (0.0-0.0)
Hispanic	42	11.2 (7.8-14.6)	5	11.3 (1.4-21.1)	3	6.6 (0.0-14.1)

Source: Nevada Electronic Death Registry System.

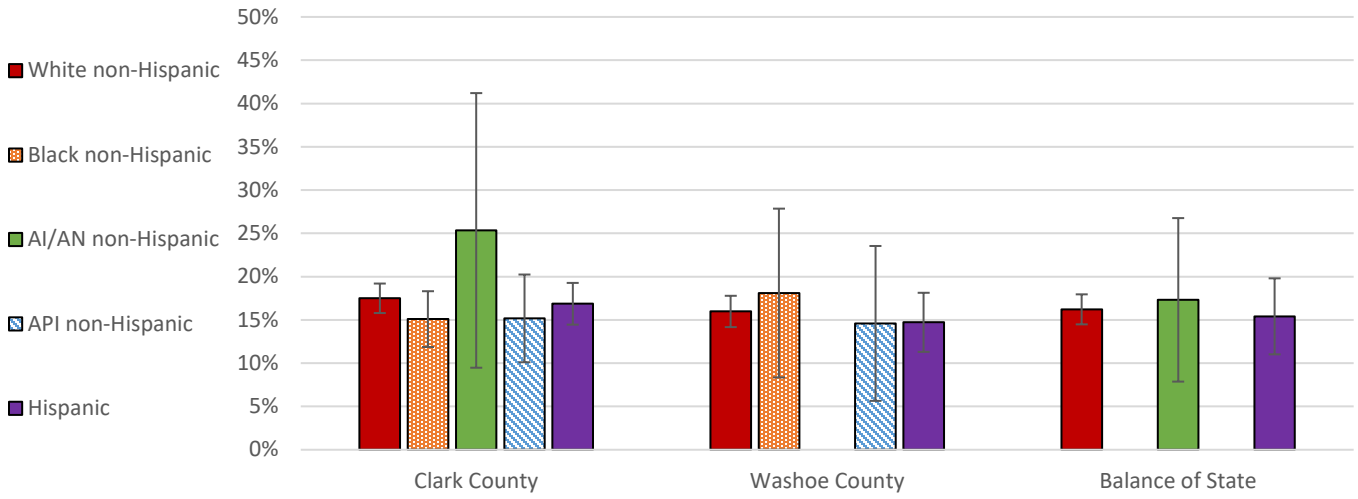
Figure 57. Adults Who Have Been Told They Have Kidney Disease* – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	19.5% (16.5-22.4)	17.6% (10.3-24.9)	‡	22.9% (9.6-36.2)	19.9% (13.9-25.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 40% to display difference between groups.
**Original Survey Question: Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?*
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

Figure 58. Adults Who Have Been Told They Have Kidney Disease* – Prevalence by Race/Ethnicity and Region, 2019-2023, Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	17.5% (15.8-19.2)	16.0% (14.2-17.8)	16.2% (14.5-18.0)
Black non-Hispanic	15.1% (11.9-18.3)	18.1% (8.4-27.9)	‡
AI/AN non-Hispanic	25.3% (9.5-41.2)	‡	17.3% (7.9-26.8)
API non-Hispanic	15.2% (10.1-20.2)	14.6% (5.6-23.5)	‡
Hispanic	16.9% (14.5-19.3)	14.7% (11.3-18.1)	15.4% (11.0-19.8)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 50% to display difference between groups.
**Original Survey Question: Not including kidney stones, bladder infection or incontinence, were you ever told you had kidney disease?*
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50

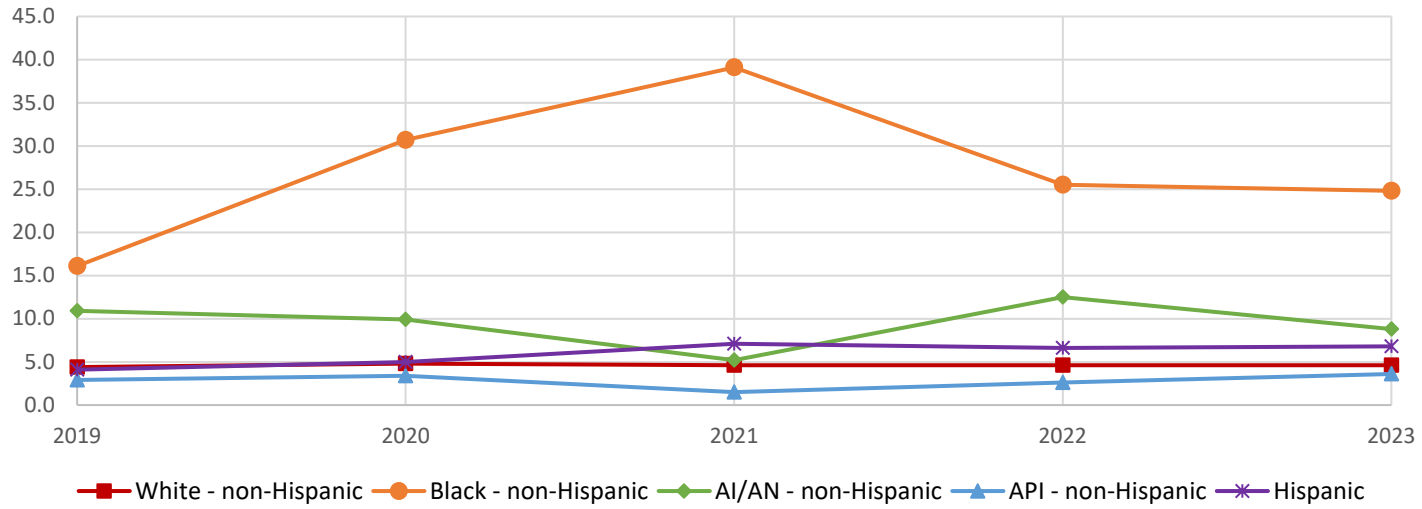
Homicide and Suicide

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, 79% of all homicides and 53% of all suicides involved firearms. From 2019 to 2020, the firearm homicide rate increased about 35%, and the firearm suicide rate stayed high. The firearm homicide rate in 2020 was the highest recorded in over 25 years [31]. Suicide dropped from the list of top 10 leading causes of death in 2020.

Significant Findings:

- The Black non-Hispanic population had significantly higher death rates from homicide than all other race/ethnicities in 2020, 2021, and 2023 (Figure 59).
- In 2023, the White non-Hispanic population had significantly higher death rates from suicide, at 25.6 per 100,000 population, than the Black non-Hispanic population (16.1 per 100,000), the Asian/Pacific Islander population (8.6 per 100,000), and the Hispanic population (10.4 per 100,000) (Figure 61).

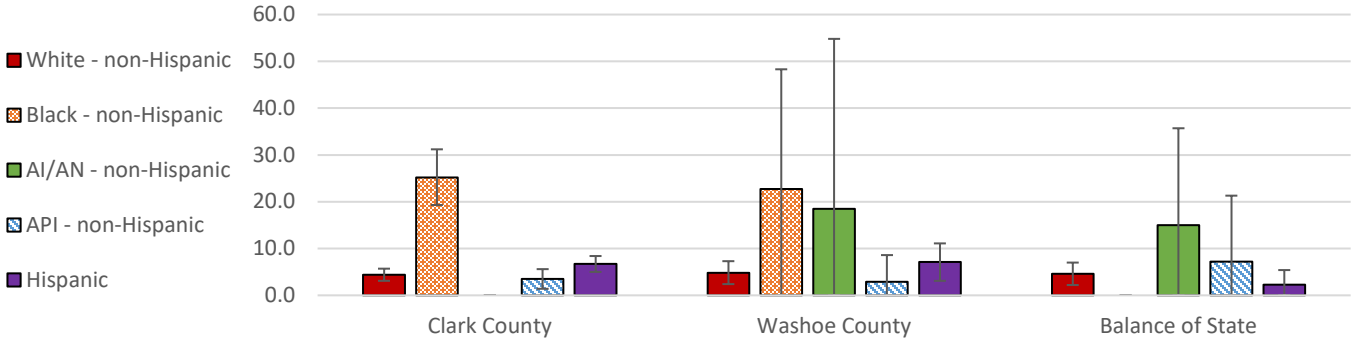
Figure 59. Homicide – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	76	4.6 (3.5-5.6)	73	24.8 (19.1-30.5)	3	8.8 (0.0-18.7)	13	3.6 (1.6-5.5)	75	6.8 (5.2-8.3)
2022	74	4.6 (3.6-5.7)	75	25.5 (19.8-31.3)	4	12.5 (0.2-24.7)	8	2.6 (0.8-4.3)	69	6.6 (5.1-8.2)
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 (1-4.8.0)	40	4.1 (2.9-5.4)

Source: Nevada Electronic Death Registry System.

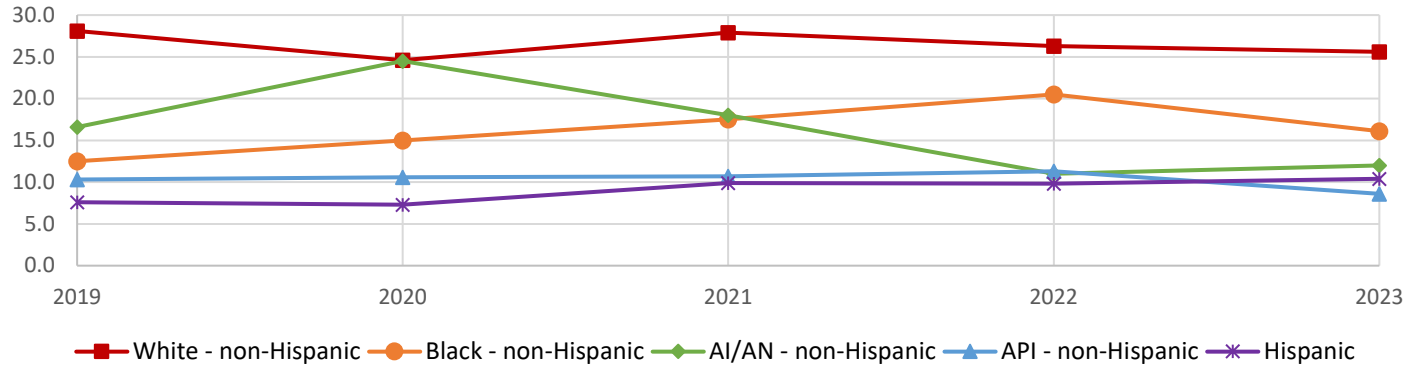
Figure 60. Homicide – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	46	4.4 (3.1-5.7)	15	4.8 (2.4-7.3)	14	4.6 (2.2-7.0)
Black non-Hispanic	69	25.2 (19.3-31.2)	3	22.7 (0.0-48.3)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	1	18.5 (0.0-54.8)	2	15.0 (0.0-35.7)
API non-Hispanic	11	3.5 (1.4-5.6)	1	2.9 (0.0-8.6)	1	7.2 (0.0-21.3)
Hispanic	58	6.7 (5.0-8.4)	12	7.1 (3.1-11.1)	2	2.3 (0.0-5.4)

Source: Nevada Electronic Death Registry System.

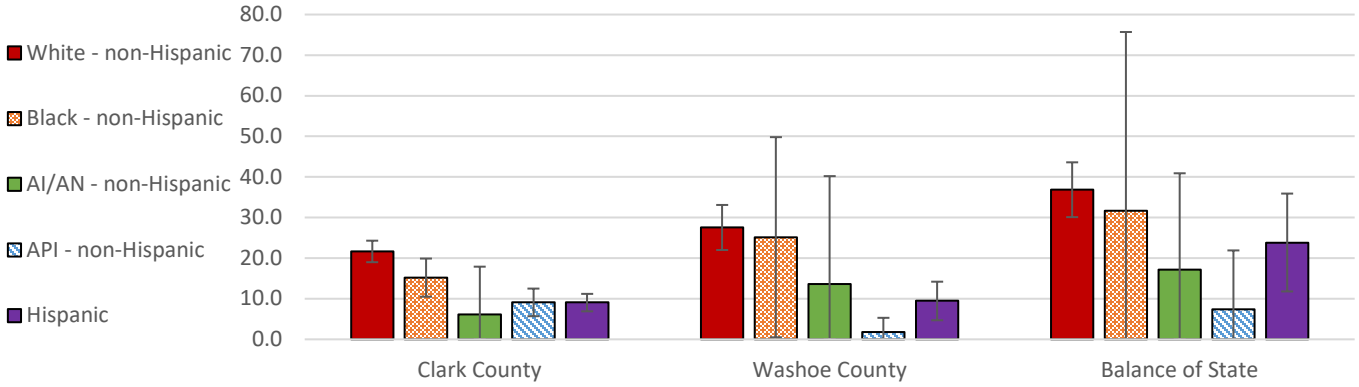
Figure 61. Suicide – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	470	25.6 (23.3-27.9)	46	16.1 (11.4-20.7)	4	12.0 (0.2-23.8)	30	8.6 (5.5-11.6)	101	10.4 (8.4-12.4)
2022	470	26.3 (24.0-28.7)	58	20.5 (15.2-25.7)	4	11.0 (0.2-21.8)	37	11.3 (7.7-15.0)	95	9.8 (7.8-11.8)
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)

Source: Nevada Electronic Death Registry System.

Figure 62. Suicide – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	258	21.7 (19.0-24.3)	94	27.6 (22.0-33.1)	115	36.9 (30.1-43.6)
Black non-Hispanic	40	15.2 (10.5-19.9)	4	25.1 (0.5-49.8)	2	31.7 (0.0-75.7)
AI/AN non-Hispanic	1	6.1 (0.0-17.9)	1	13.6 (0.0-40.2)	2	17.2 (0.0-40.9)
API non-Hispanic	27	9.1 (5.7-12.5)	1	1.8 (0.0-5.3)	1	7.4 (0.0-21.9)
Hispanic	70	9.1 (6.9-11.2)	15	9.5 (4.7-14.2)	15	23.8 (11.8-35.9)

Source: Nevada Electronic Death Registry System.

Figure 63. Nevada High School Students Who Seriously Considered Attempting Suicide – Prevalence by Race/Ethnicity and Region, 2023

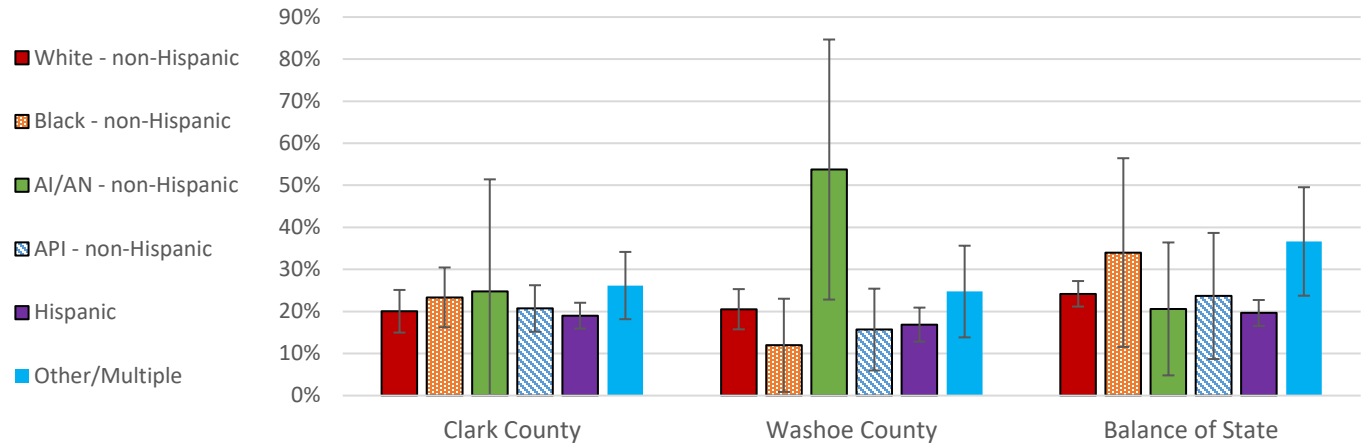
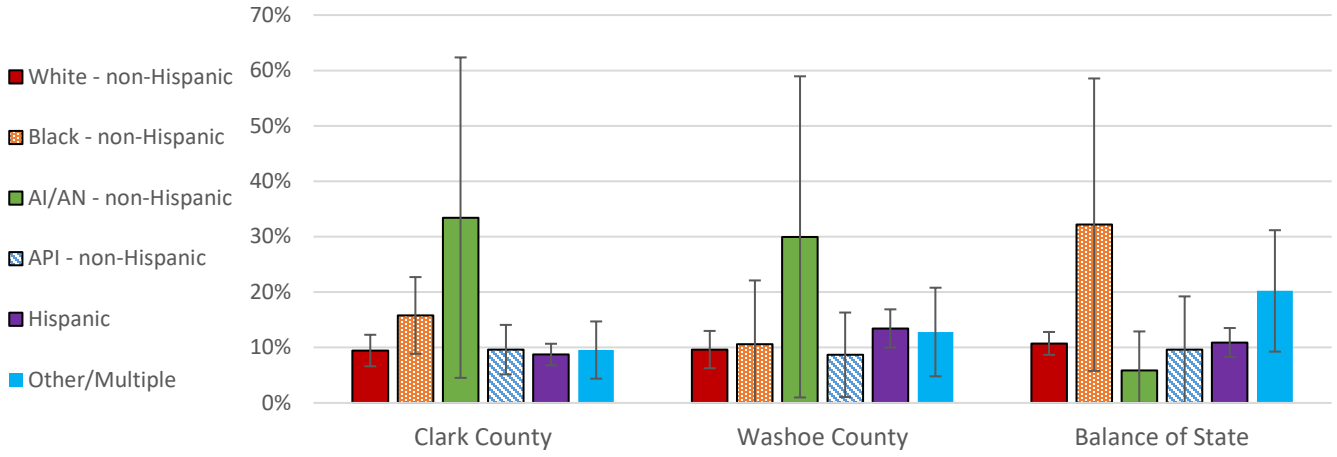


Figure 63. Nevada High School Students Who Seriously Considered Attempting Suicide – Prevalence by Race/Ethnicity and Region, 2023 (continued)

Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	20.1% (15.0-25.1)	20.5% (15.8-25.3)	24.2% (21.2-27.2)
Black non-Hispanic	23.4% (16.2-30.5)	12.0%** (0.9-23.0)	34.0%** (11.6-56.4)
AI/AN non-Hispanic	24.8%** (0.0-51.4)	53.7%** (22.8-84.7)	20.6%** (4.8-36.4)
API non-Hispanic	20.7% (15.2-26.2)	15.7% (6.0-25.4)	23.7%** (8.7-38.7)
Hispanic	19.0% (15.9-22.1)	16.9% (12.8-20.9)	19.7% (16.6-22.7)
Other/Multiple	26.2% (18.2-34.2)	24.7% (13.8-35.6)	36.6% (23.7-49.5)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report. Note: Graph scaled to 90% to display difference between groups.
*** Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

Figure 64. Nevada High School Students Who Attempted Suicide – Prevalence by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	9.5% (6.6-12.3)	9.6% (6.3-13.0)	10.7% (8.7-12.8)
Black non-Hispanic	15.8% (8.9-22.7)	10.6%** (0.0-22.1)	32.2%** (5.8-58.6)
AI/AN non-Hispanic	33.4%** (4.5-62.4)	30.0%** (1.0-58.9)	5.8%** (0.0-12.9)
API non-Hispanic	9.6% (5.2-14.1)	8.7% (1.1-16.3)	9.6%** (0.0-19.2)
Hispanic	8.7% (6.8-10.7)	13.4% (10.0-16.9)	10.9% (8.3-13.5)
Other/Multiple	9.5% (4.4-14.7)	12.8% (4.8-20.8)	20.2% (9.3-31.2)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report. Note: Graph scaled to 70% to display difference between groups.
*** Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

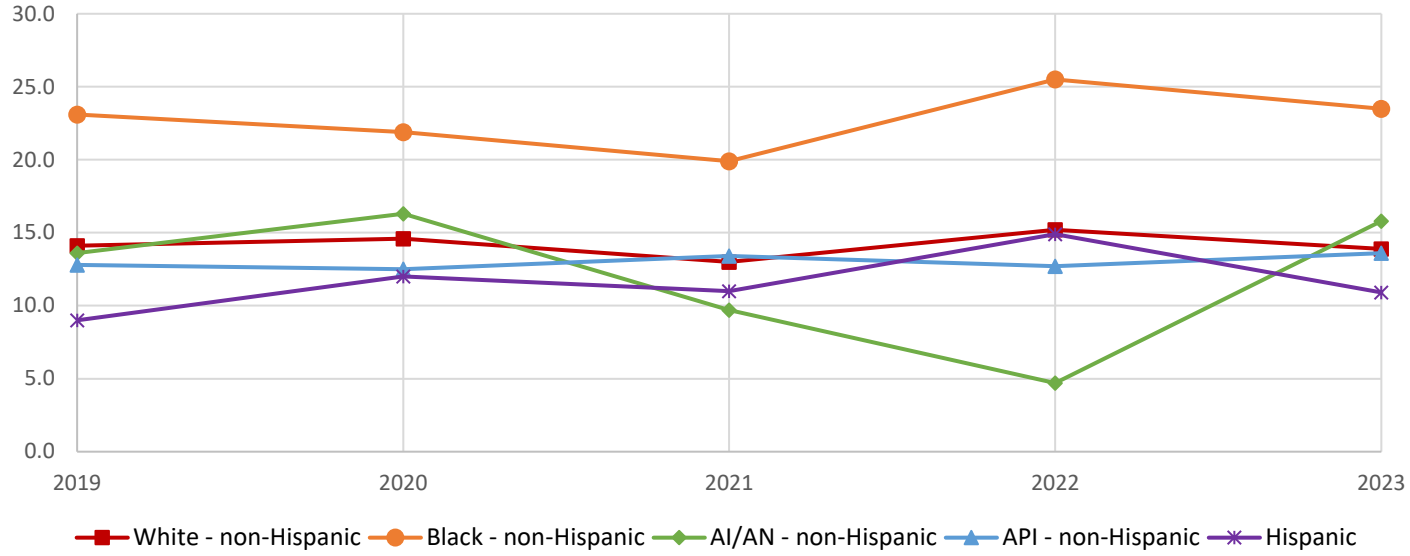
Influenza and Pneumonia

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:

- The Black non-Hispanic population has the highest influenza and pneumonia death rates from 2019 to 2023 (Figure 65).
- The Black non-Hispanic population had a significantly lower rate of receiving the flu shot in Clark County (25.6%) and Washoe County (30.4%) than the White non-Hispanic populations in the two counties (40.5% and 48.5% respectively) (Figure 68).

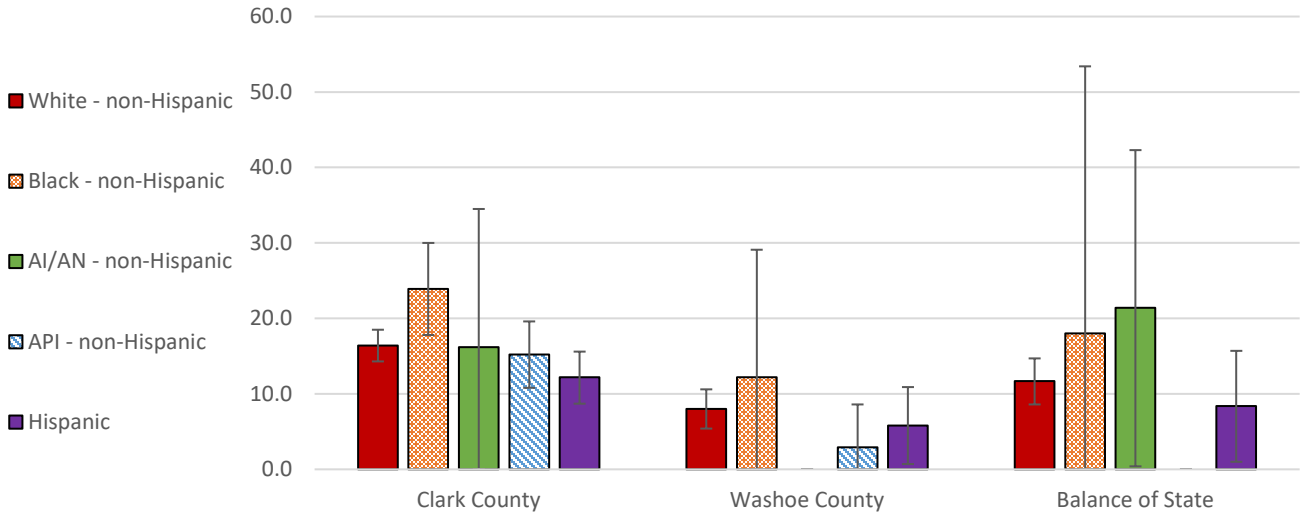
Figure 65. Influenza and Pneumonia Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	335	13.9 (12.5-15.4)	62	23.5 (17.7-29.4)	7	15.8 (4.1-27.5)	47	13.6 (9.7-17.5)	57	10.9 (8.1-13.8)
2022	365	15.2 (13.6-16.7)	64	25.5 (19.3-31.8)	2	4.7 (0.0-11.2)	41	12.7 (8.8-16.5)	78	14.9 (11.6-18.2)
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)	47	13.6 (9.7-17.5)	33	12.8 (8.5-17.2)	38	9.0 (6.2-11.9)

Source: Nevada Electronic Death Registry System.

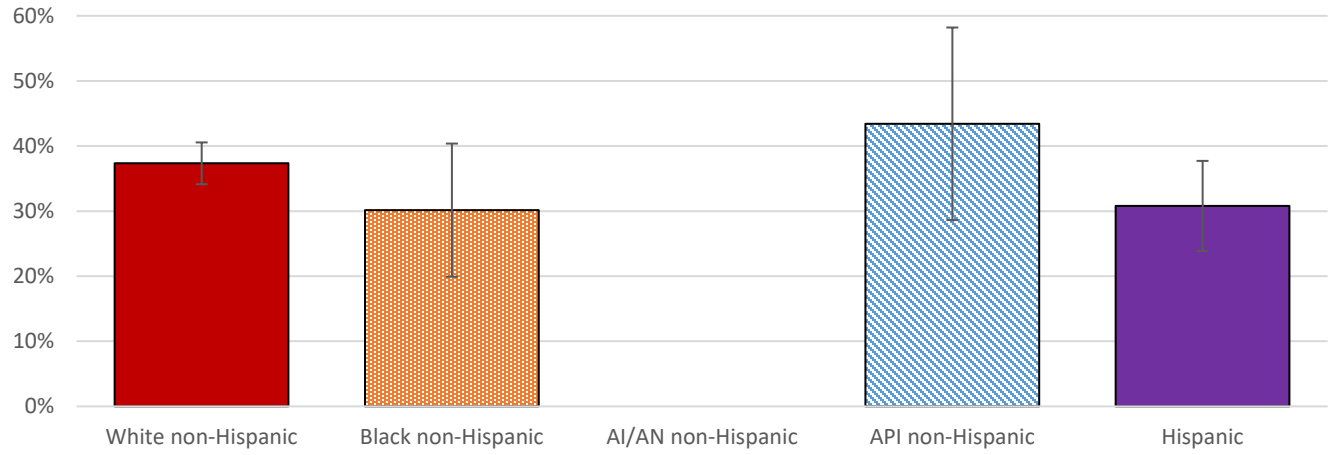
Figure 66. Influenza and Pneumonia Mortality – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	243	16.4 (14.3-18.5)	36	8.0 (5.4-10.6)	56	11.7 (8.6-14.7)
Black non-Hispanic	59	23.9 (17.8-30.0)	2	12.2 (0.0-29.1)	1	18.0 (0.0-53.4)
AI/AN non-Hispanic	3	16.2 (0.0-34.5)	0	0.0 (0.0-0.0)	4	21.4 (0.4-42.3)
API non-Hispanic	46	15.2 (10.8-19.6)	1	2.9 (0.0-8.6)	0	0.0 (0.0-0.0)
Hispanic	47	12.2 (8.7-15.6)	5	5.8 (0.7-10.9)	5	8.4 (1.0-15.7)

Source: Nevada Electronic Death Registry System.

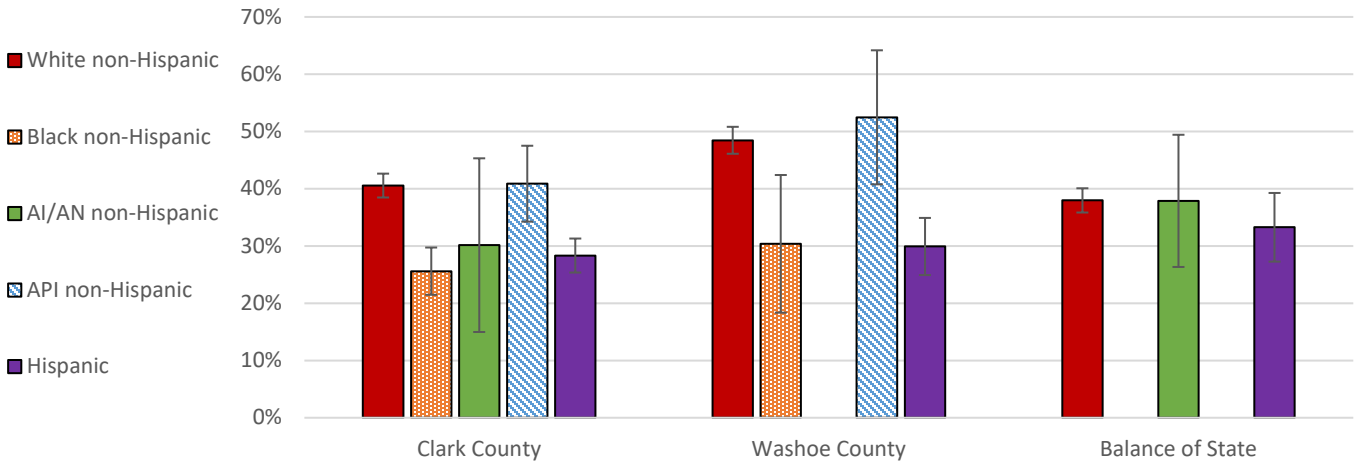
Figure 67. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	37.3% (34.1-40.6)	30.1% (19.9-40.4)	‡	43.4% (28.6-58.2)	30.8% (23.9-37.7)

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 68. Adults who Received the Flu Shot Within the Past 12 Months – Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	40.5% (38.5-42.6)	48.5% (46.1-50.8)	38.0% (35.8-40.1)
Black non-Hispanic	25.6% (21.5-29.7)	30.4% (18.3-42.4)	‡
AI/AN non-Hispanic	30.1% (15.0-45.3)	‡	37.9% (26.3-49.4)
API non-Hispanic	40.9% (34.2-47.5)	52.5% (40.8-64.2)	‡
Hispanic	28.3% (25.4-31.3)	29.9% (24.9-34.9)	33.3% (27.3-39.3)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 70% to display difference between groups.
‡: Prevalence estimate suppressed when the unweighted sample size for the denominator was <50.

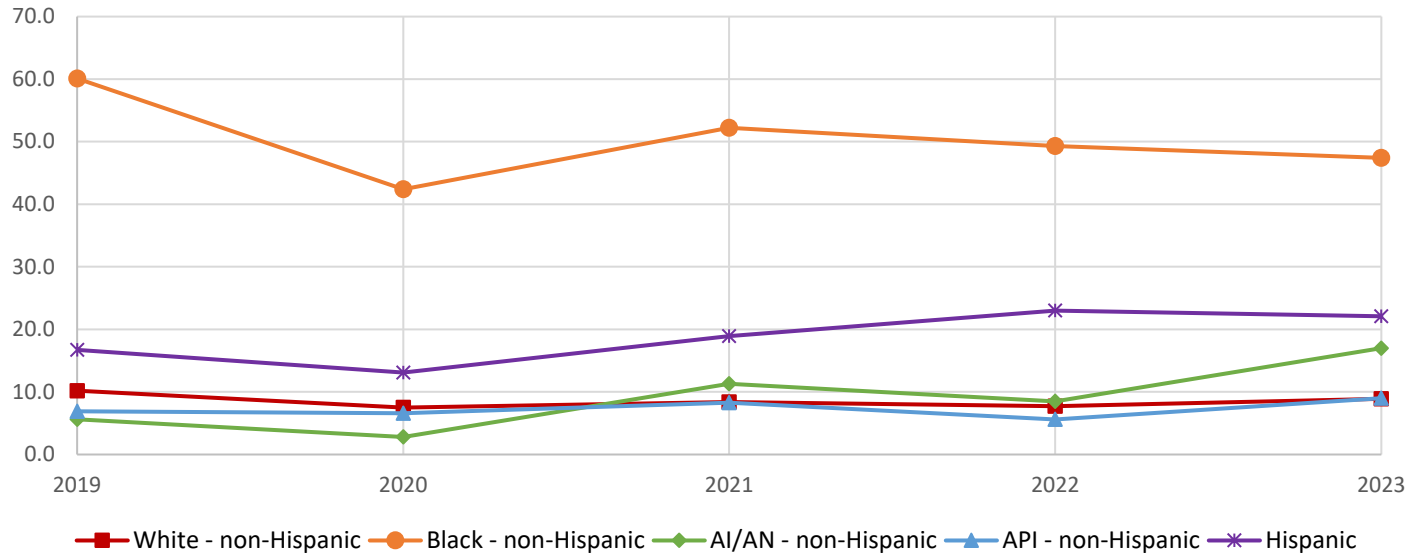
HIV/AIDS

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). No effective cure exists for HIV, but, with proper medical care, HIV can be controlled [33]. In the United States, estimated HIV infections decreased 12% overall in the US from 2018 to 2022 [34].

Significant Findings:

- The Black non-Hispanic population had significantly higher rates of reported cases of HIV infection than all other race/ethnicities from 2019 to 2023 (Figure 69).
- The White non-Hispanic male population in Clark County (19.5 per 100,000) had significantly higher rates of reported cases of HIV infection than that in Washoe County (8.3 per 100,000) and Balance of Sate (3.7 per 100,000) (Figure 72).
- In 2023, rates of reported cases of HIV were significantly higher among males in every race/ethnicity for Clark County than their respective race/ethnicity groups among females (Figure 72 and Figure 74).

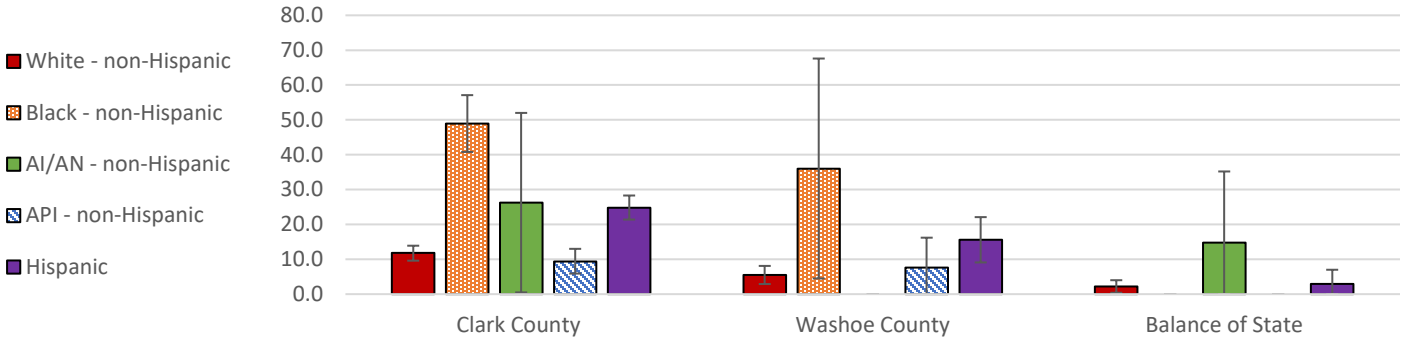
Figure 69. New HIV Infections – Counts and Crude Rates by Race/Ethnicity and Year, Males and Females, Nevada Residents, 2019-2023



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)
2023	141	8.9 (7.4 - 10.4)	143	47.4 (39.6 - 55.1)	6	17.0 (3.4 - 30.5)	30	9.0 (5.8 - 12.2)	224	22.1 (19.2 - 25.0)
2022	121	7.7 (6.3 - 9.1)	144	49.3 (41.2 - 57.3)	3	8.5 (0.0 - 18.1)	18	5.6 (3.0 - 8.2)	226	23.0 (20.0 - 26.0)
2021	131	8.4 (7.0 - 9.8)	150	52.2 (43.8 - 60.5)	4	11.3 (0.2 - 22.3)	26	8.3 (5.1 - 11.4)	181	18.9 (16.1 - 21.6)
2020	118	7.5 (6.2 - 8.9)	120	42.4 (34.8 - 49.9)	1	2.8 (0.0 - 8.2)	21	6.6 (3.8 - 9.5)	126	13.1 (10.8 - 15.4)
2019	160	10.2 (8.6 - 11.8)	166	60.1 (51.0 - 69.3)	2	5.6 (0.0 - 13.4)	21	6.9 (3.9 - 9.8)	155	16.7 (14.0 - 19.3)

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

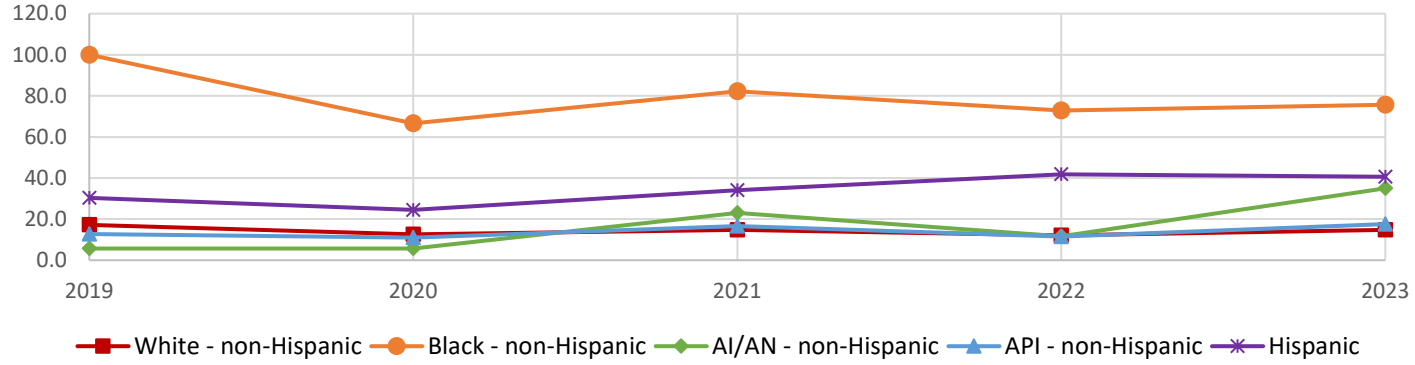
Figure 70. New HIV Infections – Counts and Crude Rates by Race/Ethnicity and Region, Males and Females, Nevada Residents, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	118	11.8 (9.6-13.9)	17	5.5 (2.9-8.1)	6	2.2 (0.4-4.0)
Black non-Hispanic	138	48.9 (40.8-57.1)	5	36.0 (4.5-67.6)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	4	26.3 (0.5-52.0)	0	0.0 (0.0-0.0)	2	14.8 (0.0-35.2)
API non-Hispanic	27	9.4 (5.9-13.0)	3	7.6 (0.0-16.2)	0	0.0 (0.0-0.0)
Hispanic	200	24.8 (21.4-28.3)	22	15.6 (9.1-22.1)	2	2.9 (0.0-7.0)

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

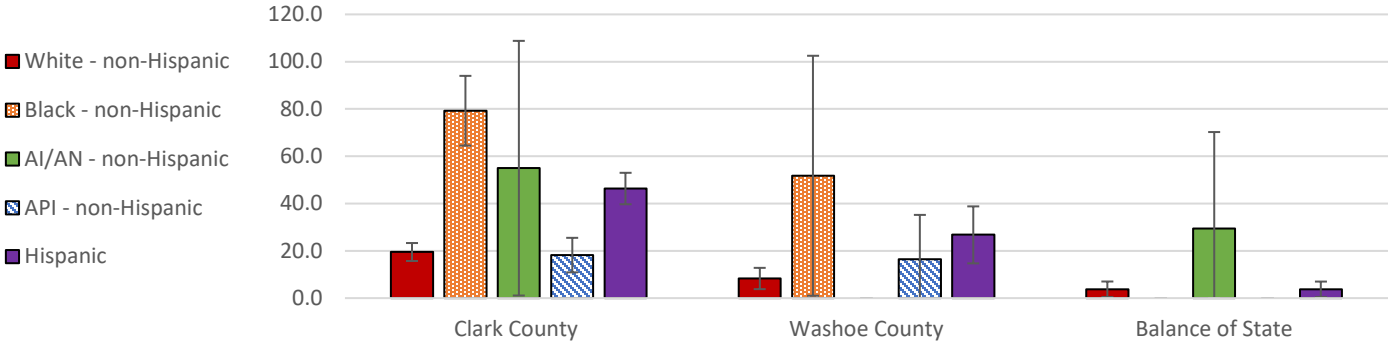
Figure 71. New HIV Infections – Counts and Crude Rates by Race/Ethnicity and Year, Nevada Males, 2019-2023



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)
2023	117	14.7 (12.0 - 17.3)	115	75.7 (61.9 - 89.5)	6	35.0 (7.0 - 63.0)	27	17.6 (11.0 - 24.2)	208	40.7 (35.2 - 46.2)
2022	96	12.1 (9.7 - 14.5)	107	72.8 (59.0 - 86.6)	2	11.6 (0.0 - 27.7)	17	11.5 (6.0 - 17.0)	207	41.8 (36.1 - 47.5)
2021	116	14.7 (12.1 - 17.4)	119	82.2 (67.4 - 97.0)	4	23.1 (0.5 - 45.7)	24	16.6 (9.9 - 23.2)	165	34.1 (28.9 - 39.3)
2020	100	12.6 (10.1 - 15.1)	95	66.6 (53.2 - 80.0)	1	5.7 (0.0 - 16.8)	16	11.0 (5.6 - 16.4)	119	24.5 (20.1 - 28.9)
2019	136	17.2 (14.3 - 20.1)	139	100.0 (83.4 - 116.6)	1	5.7 (0.0 - 17.0)	18	12.8 (6.9 - 18.7)	143	30.3 (25.4 - 35.3)

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

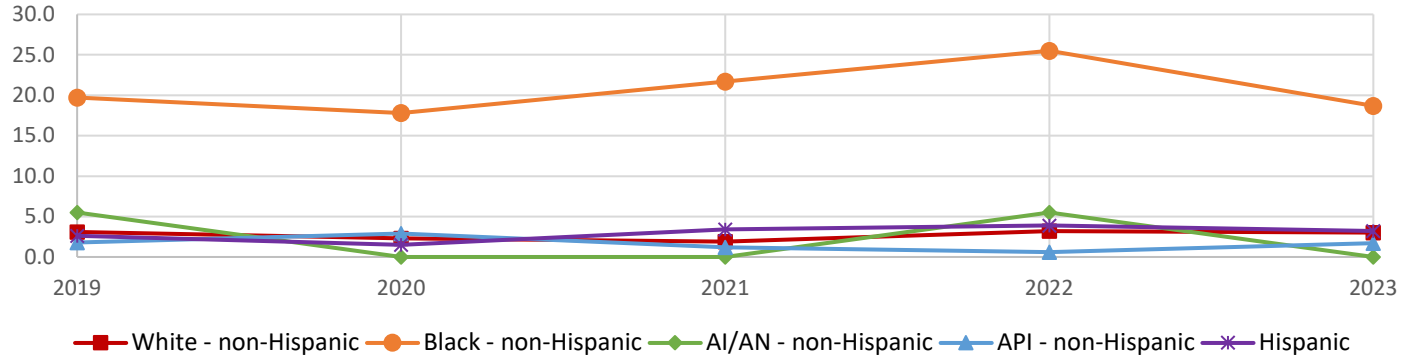
Figure 72. New HIV Infections – Counts and Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Males, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	99	19.5 (15.7-23.3)	13	8.3 (3.8-12.8)	5	3.7 (0.5-7.0)
Black non-Hispanic	111	79.2 (64.5-94.0)	4	51.8 (1.0-102.5)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	4	55.0 (1.1-108.8)	0	0.0 (0.0-0.0)	2	29.4 (0.0-70.2)
API non-Hispanic	24	18.2 (10.9-25.5)	3	16.5 (0.0-35.2)	0	0.0 (0.0-0.0)
Hispanic	187	46.3 (39.7-53.0)	19	26.8 (14.7-38.8)	2	3.7 (0.5-7.0)

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

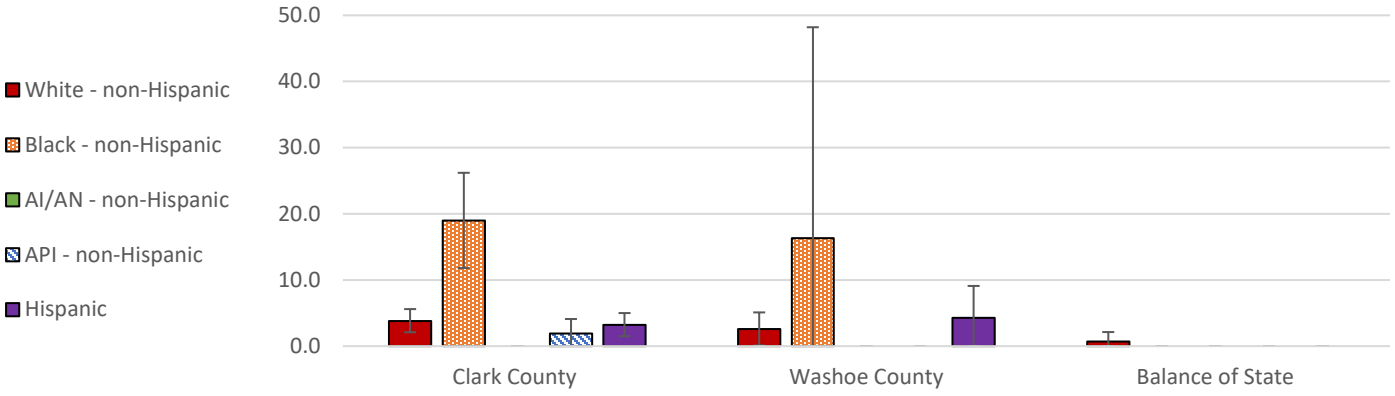
Figure 73. New HIV Infections – Counts and Crude Rates by Race/Ethnicity and Year, Nevada Females, 2019-2023



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)
2023	24	3.0 (1.8 - 4.3)	28	18.7 (11.7 - 25.6)	0	0.0 (0.0-0.0)	3	1.7 (0.0 - 3.5)	16	3.2 (1.6 - 4.7)
2022	25	3.2 (1.9 - 4.5)	37	25.5 (17.3 - 33.7)	1	5.5 (0.0 - 16.3)	1	0.6 (0.0 - 1.7)	19	3.9 (2.1 - 5.7)
2021	15	1.9 (1.0 - 2.9)	31	21.7 (14.1 - 29.3)	0	0.0 (0.0-0.0)	2	1.2 (0.0 - 2.8)	16	3.4 (1.7 - 5.0)
2020	18	2.3 (1.2 - 3.4)	25	17.8 (10.8 - 24.7)	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)	27	19.7 (12.3 - 27.1)	1	5.5 (0.0 - 16.3)	3	1.8 (0.0 - 3.9)	12	2.6 (1.1 - 4.1)

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

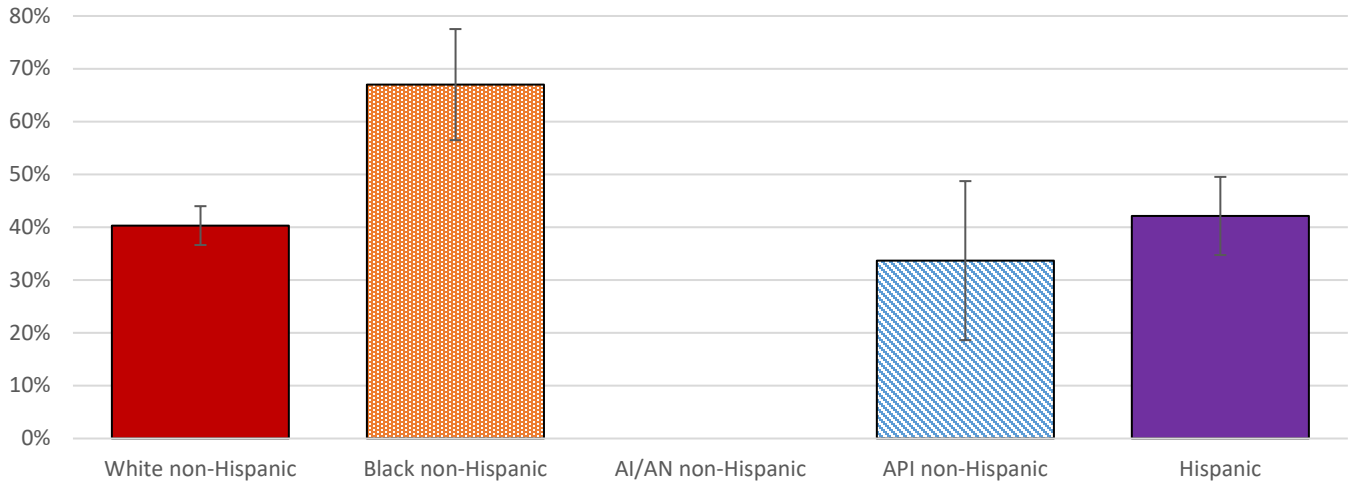
Figure 74. New HIV Infections – Counts and Crude Rates of Reported Cases by Race/Ethnicity and Region, Nevada Females, 2023



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	19	3.8 (2.1-5.6)	4	2.6 (0.1-5.1)	1	0.7 (0.0-2.1)
Black non-Hispanic	27	19.0 (11.8-26.2)	1	16.3 (0.0-48.2)	0	0.0 (0.0-0.0)
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	3	1.9 (0.0-4.1)	0	0.0 (0.0-0.0)	0	0.0 (0.0-0.0)
Hispanic	13	3.2 (1.5-5.0)	3	4.3 (0.0-9.1)	0	0.0 (0.0-0.0)

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

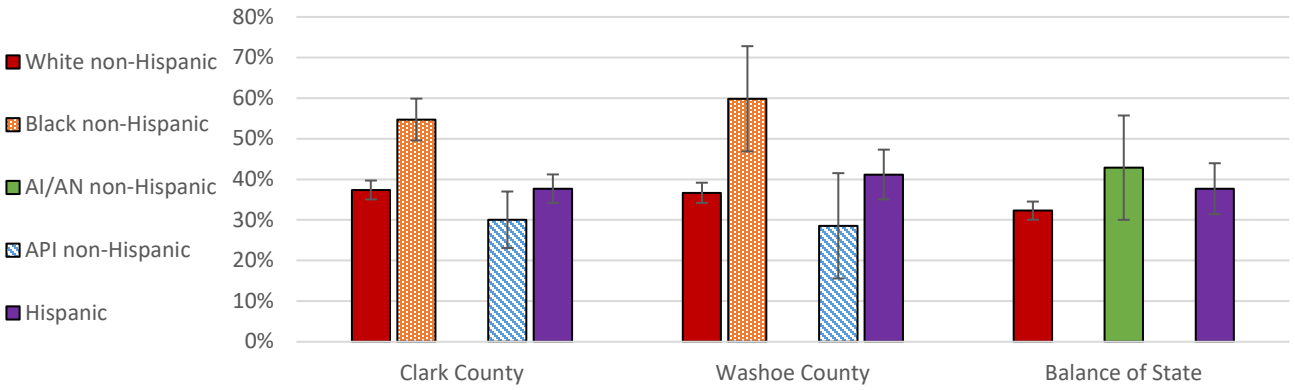
Figure 75. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	40.3% (36.6-44.0)	67.0% (56.5-77.5)	‡	33.7% (18.6-48.7)	42.1% (34.7-49.5)

Source: Nevada 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.

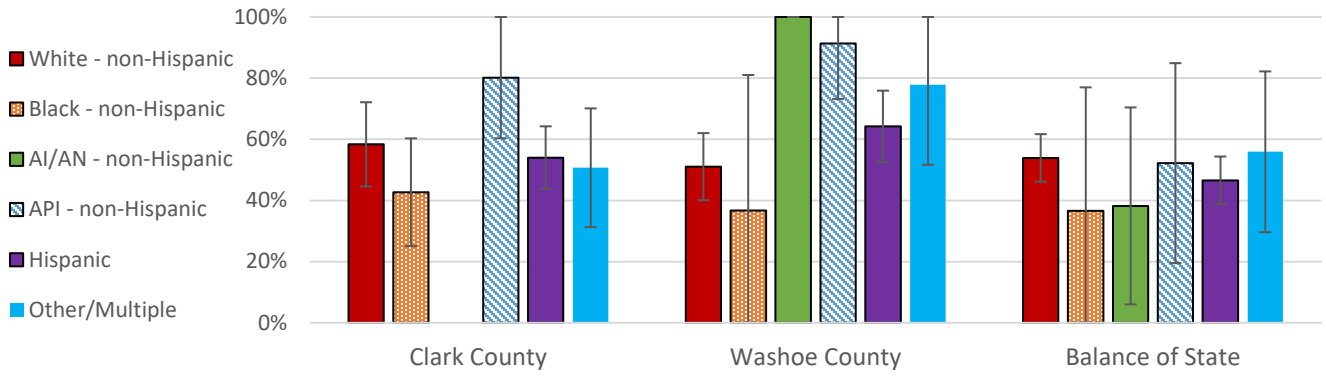
Figure 76. Adults Who Have Ever Been Tested for HIV – Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	37.4% (35.1-39.7)	36.7% (34.2-39.2)	32.3% (30.1-34.5)
Black non-Hispanic	54.7% (49.6-59.9)	59.8% (46.9-72.8)	‡
AI/AN non-Hispanic	‡	‡	42.9% (30.0-55.7)
API non-Hispanic	30.0% (23.1-37.0)	28.6% (15.6-41.5)	‡
Hispanic	37.7% (34.2-41.2)	41.2% (35.1-47.3)	37.7% (31.4-44.0)

Source: Nevada 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 77. Nevada High School Students Who Used a Condom During Their Last Sexual Intercourse – Prevalence by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	58.3% (44.6-72.1)	51.0% (40.1-62.0)	53.9% (46.2-61.7)
Black non-Hispanic	42.7% (25.1-60.3)	36.8% ** (0.0-81.0)	36.6% ** (0.0-77.0)
AI/AN non-Hispanic	0.0% (0.0-0.0)	100.0% ** (100.0-100.0)	38.2% (6.0-70.4)
API non-Hispanic	80.2% (60.3-100.0)	91.3% ** (73.2-100.0)	52.2% (19.5-84.9)
Hispanic	54.0% (43.8-64.2)	64.2% (52.5-75.9)	46.6% (38.8-54.4)
Other/Multiple	50.7% (31.3-70.1)	77.9% (51.6-100.0)	55.9% (29.6-82.2)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report
***Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

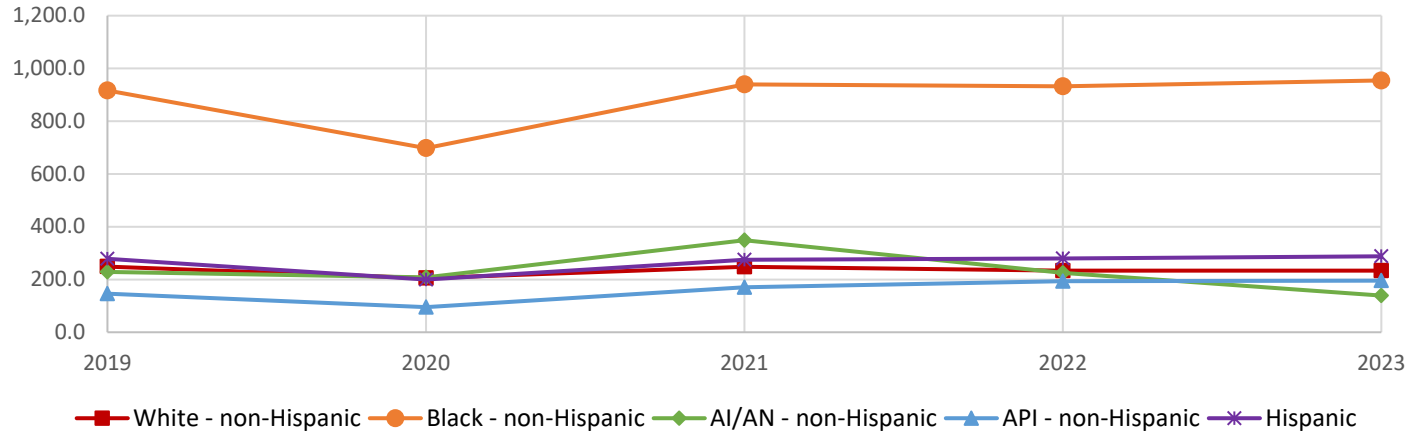
Sexually Transmitted Disease (STD)

A sexual transmitted infection (STI) is a virus bacterial, fungus, or parasite people can get through sexual contact. A sexually transmitted disease (STD) develops because of an STI and the term implies that the infection has led to some symptom of disease [35]. In 2023, over 2.4 million cases of syphilis, gonorrhea, and chlamydia were diagnosed and reported nationally. However, the number of STIs overall decreased 1.8% from 2022 to 2023, reflecting decreases in Gonorrhea, stable trends in Chlamydia, and an increase in total Syphilis [36]. Nevada observed similar trends in Gonorrhea, and Chlamydia, but a slight decrease in total Syphilis from 2022 to 2023. However, Nevada is among the highest for total Syphilis in 2023.

Significant Findings:

- The Black non-Hispanic population had significantly higher infection rates of chlamydia, gonorrhea and syphilis than all other race/ethnicities in every year 2019-2023 (Figure 78, 80 and 82).
- In 2023, the White non-Hispanic, the Black non-Hispanic and the Hispanic populations in Washoe County had significantly higher Age-Adjusted infection rates of chlamydia than those in Clark County and in the Balance of State (Figure 79).
- In 2023, the White non-Hispanic, and the Hispanic populations in Clark County had significantly higher Age-Adjusted infection rates of gonorrhea than those in Washoe County and in the Balance of State (Figure 81).

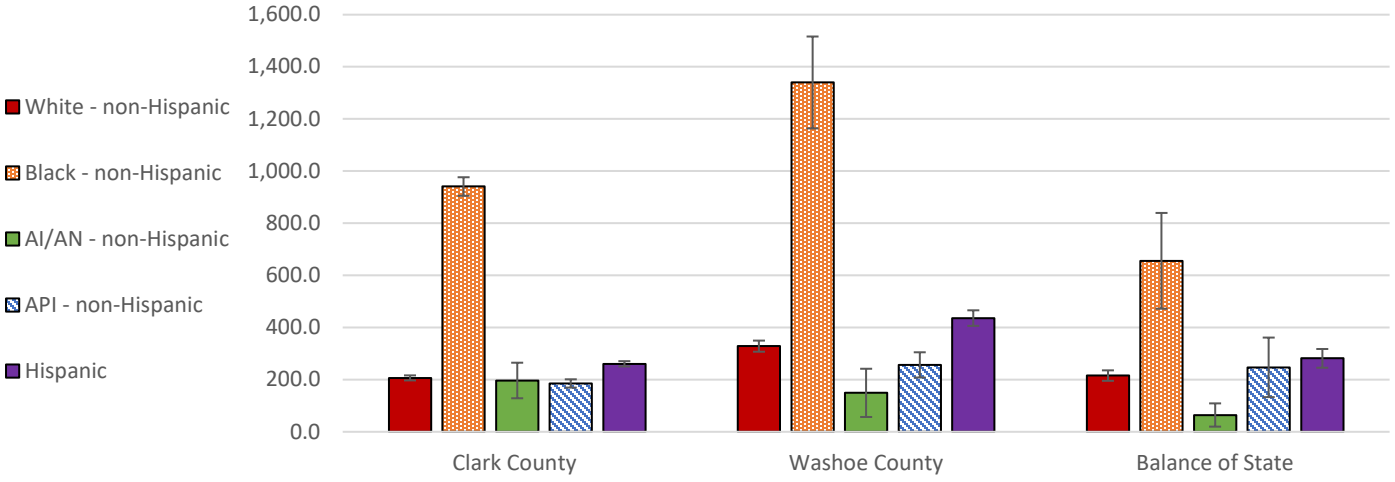
Figure 78. New Chlamydia Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2019-2023



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)
2023	3,125	233.8 (225.6 - 242.0)	2,962	954.5 (920.1 - 988.9)	50	139.0 (100.5 - 177.6)	648	195.6 (180.6 - 210.7)	3,595	287.9 (278.5 - 297.3)
2022	3,100	233.3 (225.1 - 241.6)	2,805	932.1 (897.6 - 966.6)	80	224.9 (175.6 - 274.2)	607	193.1 (177.7 - 208.5)	3,391	279.2 (269.8 - 288.6)
2021	3,219	247.7 (239.1 - 256.3)	2,788	939.8 (904.9 - 974.7)	129	348.8 (288.6 - 409.0)	523	169.9 (155.4 - 184.5)	3,240	275.0 (265.5 - 284.5)
2020	2,663	205.1 (197.3 - 212.9)	2,091	697.8 (667.9 - 727.7)	75	207.8 (160.8 - 254.9)	294	95.2 (84.3 - 106.1)	2,335	199.8 (191.7 - 207.9)
2019	3,207	248.8 (240.2 - 257.5)	2,698	916.7 (882.1 - 951.3)	85	228.8 (180.2 - 277.4)	436	146.2 (132.5 - 159.9)	3,162	279.0 (269.2 - 288.7)

Source: Division of Public and Behavioral Health, EpiTrax.

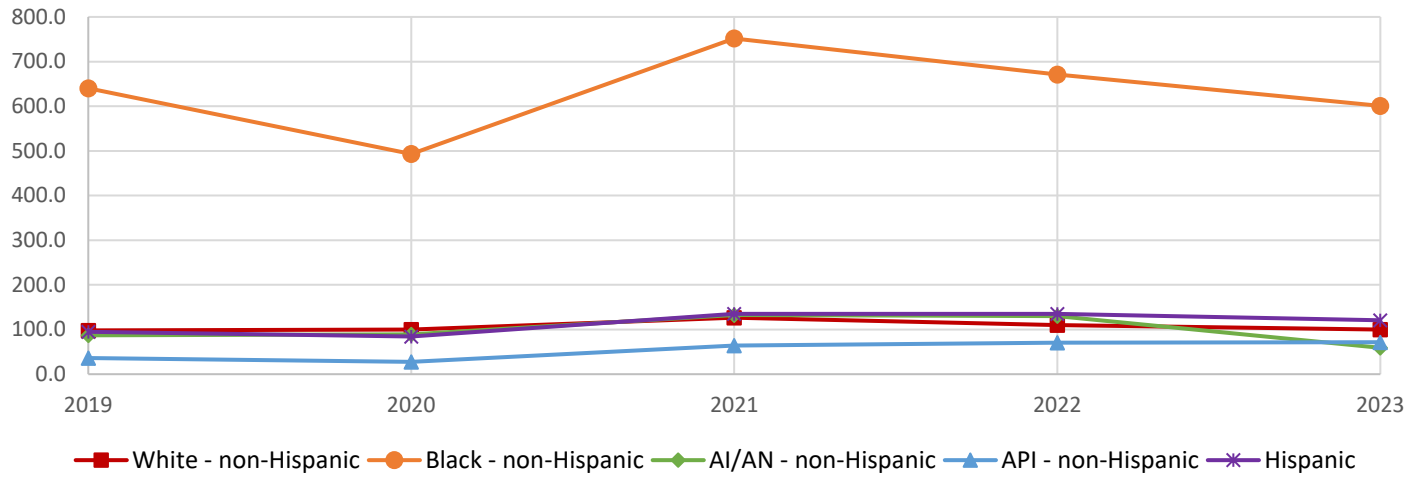
Figure 79. New Chlamydia Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2023



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White - non-Hispanic	1,767	206.7 (197.1-216.4)	915	328.5 (307.2-349.8)	443	215.6 (195.5-235.7)
Black - non-Hispanic	2,691	940.9 (905.3-976.4)	222	1,339.9 (1,163.7-1,516.2)	49	655.9 (472.2-839.5)
AI/AN - non-Hispanic	32	196.8 (128.6-265.0)	10	149.3 (56.8-241.8)	8	64.4 (19.8-109.0)
API - non-Hispanic	522	185.4 (169.5-201.3)	108	256.6 (208.2-305.0)	18	247.2 (133-361.4)
Hispanic	2,539	260.8 (250.6-270.9)	820	436.1 (406.3-466.0)	236	281.7 (245.7-317.6)

Source: Division of Public and Behavioral Health, EpiTrax.

Figure 80. New Gonorrhea Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2019-2023



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)
2023	1,402	100.0 (94.8 - 105.3)	1,831	600.7 (573.2 - 628.2)	21	59.1 (33.8 - 84.3)	235	71.6 (62.4 - 80.7)	1,391	120.9 (114.5 - 127.2)
2022	1,536	109.9 (104.4 - 115.3)	1,985	670.9 (641.4 - 700.4)	47	130.3 (93.0 - 167.5)	222	70.8 (61.5 - 80.1)	1,499	134.7 (127.8 - 141.5)
2021	1,732	126.5 (120.5 - 132.4)	2,200	751.7 (720.3 - 783.1)	48	132.5 (95.0 - 169.9)	195	63.9 (55.0 - 72.9)	1,481	135.1 (128.2 - 141.9)
2020	1,365	100.0 (94.7 - 105.3)	1,468	493.1 (467.8 - 518.3)	33	89.1 (58.7 - 119.5)	85	27.6 (21.7 - 33.5)	916	84.4 (79.0 - 89.9)
2019	1,334	98.0 (92.7 - 103.2)	1,847	640.1 (610.9 - 669.3)	32	87.0 (56.9 - 117.2)	108	36.2 (29.4 - 43.1)	1,008	94.8 (88.9 - 100.6)

Source: Division of Public and Behavioral Health, EpiTrax.

Figure 81. New Gonorrhea Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2023

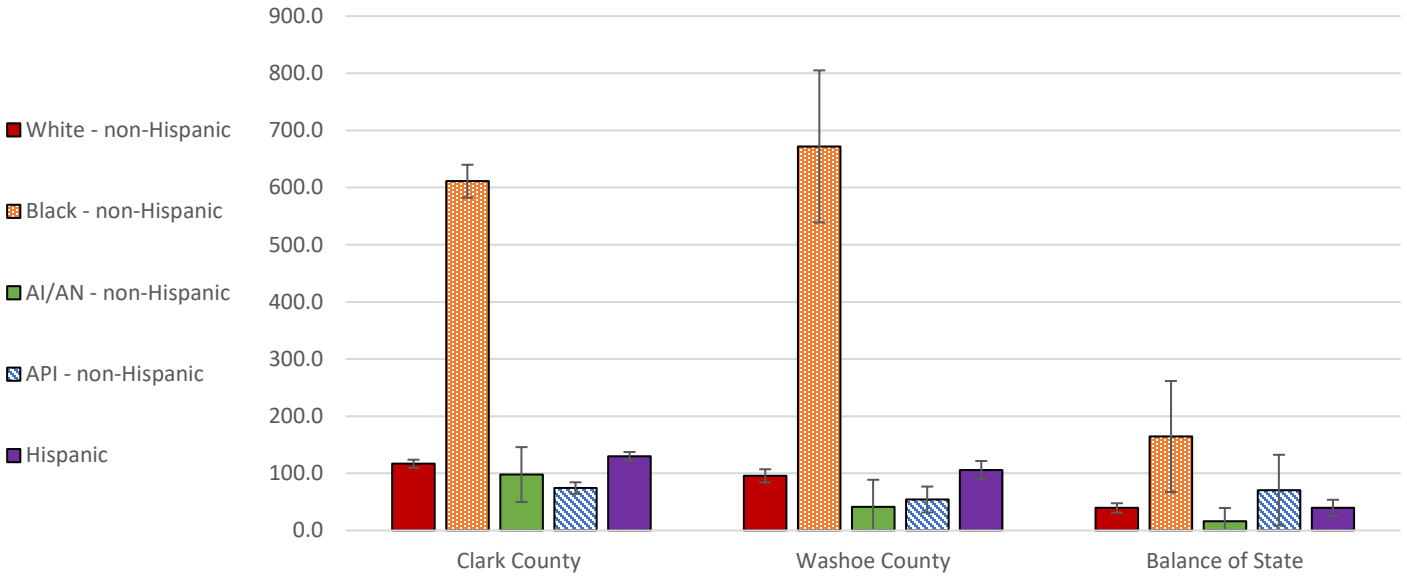
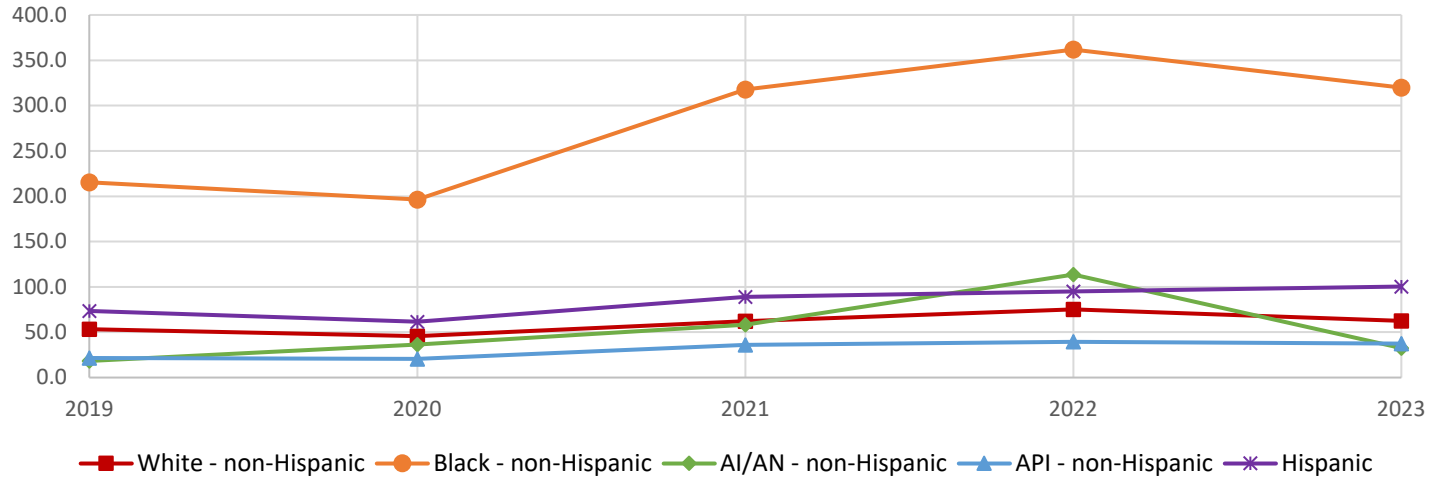


Figure 81. New Gonorrhea Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2023 (continued)

Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White - non-Hispanic	1,048	116.8 (109.7-123.9)	266	95.7 (84.2-107.2)	88	39.5 (31.2-47.7)
Black - non-Hispanic	1,722	611.2 (582.3-640.0)	98	672.0 (539.0-805.1)	11	164.4 (67.3-261.6)
AI/AN - non-Hispanic	16	97.9 (49.9-145.9)	3	41.6 (0.0-88.8)	2	16.5 (0.0-39.4)
API - non-Hispanic	208	74.3 (64.2-84.4)	22	54.2 (31.6-76.9)	5	70.6 (8.7-132.5)
Hispanic	1,185	130.0 (122.6-137.4)	176	106.0 (90.3-121.6)	30	39.6 (25.4-53.8)

Source: Division of Public and Behavioral Health, EpiTrax.

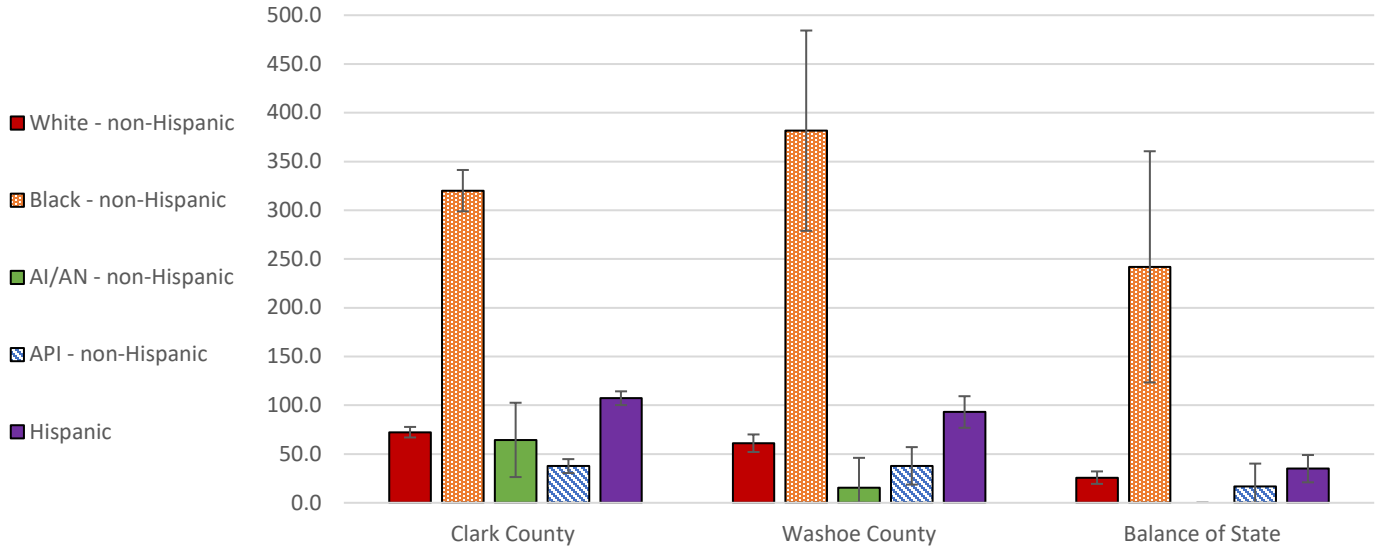
Figure 82. New Syphilis Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada Residents, 2019-2023



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)
2023	925	62.6 (58.5 - 66.6)	947	319.8 (299.4 - 340.2)	12	32.5 (14.1 - 50.8)	124	37.3 (30.8 - 43.9)	1,048	100.4 (94.3 - 106.5)
2022	1,104	75.2 (70.8 - 79.7)	1,061	361.8 (340 - 383.6)	43	113.6 (79.6 - 147.6)	126	39.4 (32.5 - 46.3)	963	95.0 (89.0 - 101.0)
2021	907	62.0 (58.0 - 66.0)	915	317.6 (297.0 - 338.1)	20	58.2 (32.7 - 83.7)	113	35.9 (29.3 - 42.5)	865	88.9 (82.9 - 94.8)
2020	679	45.7 (42.3 - 49.2)	569	196.4 (180.3 - 212.6)	13	36.5 (16.7 - 56.4)	65	20.6 (15.6 - 25.6)	607	61.6 (56.7 - 66.5)
2019	772	53.3 (49.5 - 57.0)	609	215.5 (198.3 - 232.6)	6	18.3 (3.6 - 32.9)	66	21.6 (16.4 - 26.8)	696	73.5 (68.0 - 78.9)

Source: Division of Public and Behavioral Health, EpiTrax.

Figure 83. New Syphilis Infections – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada Residents, 2023



Race/Ethnicity:	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White - non-Hispanic	686	72.4 (67-77.8)	176	61.1 (52.1-70.1)	63	25.8 (19.4-32.2)
Black - non-Hispanic	878	320.1 (298.9-341.3)	53	381.6 (278.9-484.3)	16	241.9 (123.4-360.5)
AI/AN - non-Hispanic	11	64.5 (26.4-102.6)	1	15.6 (0.0-46.1)	0	0.0 (0.0-0.0)
API - non-Hispanic	107	37.7 (30.5-44.8)	15	37.9 (18.7-57.1)	2	16.8 (0.0-40.2)
Hispanic	897	107.3 (100.2-114.3)	127	93.1 (76.9-109.3)	24	35.0 (21.0-49.0)

Source: Division of Public and Behavioral Health, EpiTrax.

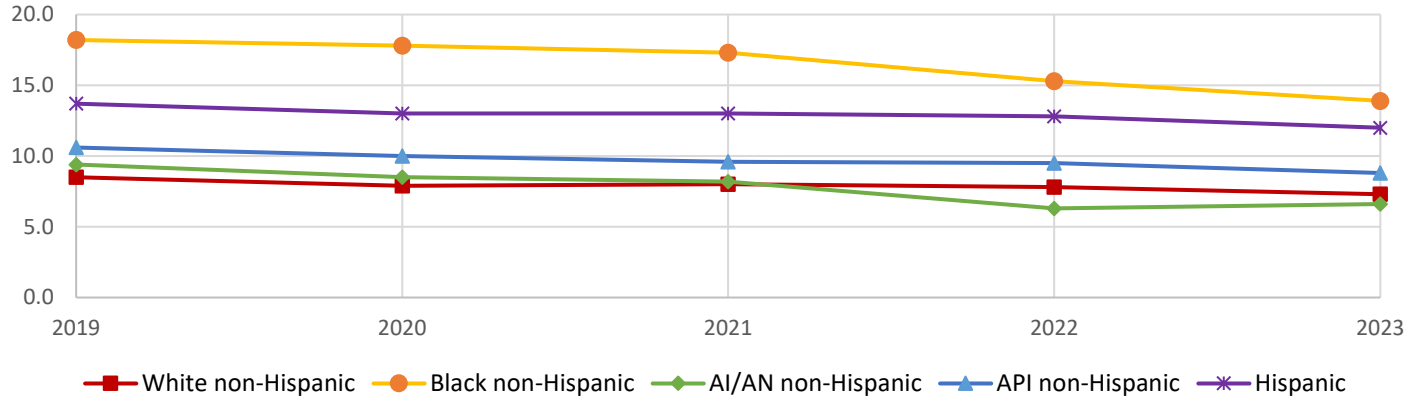
Maternal and Infant Health

Teen birth rate is defined as the number of live births to mothers aged 15 - 19 years per 1,000 female population. In 2022, the teen birth rate in the US was 13.6 live births per 1,000 women [37]. In Nevada, in 2022, the teen birth rate was 11.6 live births per 1,000 female population. Infant mortality is defined as a death of an infant before their first birthday. In 2023, in the US, the infant mortality rate was 5.6 deaths per 1,000 live births [38]. In Nevada, the Infant mortality rate was 2.5 per 1,000 live births in 2022.

Significant Findings:

- In 2023, the Black non-Hispanic population had significantly higher birth rates, at 13.9 per 1,000 population, than all other race/ethnicities (Figure 84).
- The White non-Hispanic population in Washoe County had significantly higher birth rates, at 7.9 per 1,000 population, than the White non-Hispanic population in Clark County in 2023 (7.1 per 1,000) (Figure 85).
- The Black non-Hispanic population had significantly higher teen birth rates per 1,000 women ages 15-19 than all other race/ethnicities, from 2019 to 2023 (Figure 86).
- The White non-Hispanic population in the Balance of State had significantly higher teen birth rates, at 12.6 per 1,000 women (respectively) ages 15-19, than the White non-Hispanic women in Clark County (6.1 per 1,000 women) and Washoe County (7.5 per 1,000 women) (Figure 87).
- In 2023, the Black non-Hispanic population had significantly higher low birthweight birth rates, at 120.1 per 1,000 live births, than the White non-Hispanic, the Asian/Pacific Islander non-Hispanic, and the Hispanic populations (Figure 88).
- In 2023, the White non-Hispanic population had significantly lower rates of very low birthweight, at 9.7 per 1,000 live births, than Black non-Hispanic population (24.7 per 1,000 live births) and Asian/pacific Islander non-Hispanic (16.6 per 1,000 live births) and Hispanic (13.9 per 1,000 live births) (Figure 90).
- In 2023, the Black non-Hispanic population had significantly higher infant mortality rates, at 9.8 deaths per 1,000 live births, than the White non-Hispanic (4.9 per 1,000 live births), and the Asian/Pacific Islander non-Hispanic populations (1.4 per 1,000 live births) (Figure 92).

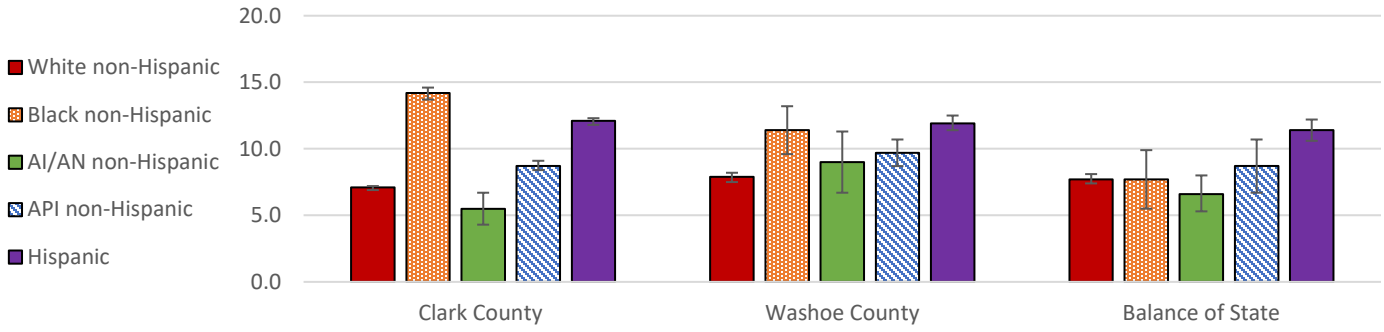
Figure 84. Overall Birth Rates (per 1,000 Population) by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	11,627	7.3 (7.2-7.5)	4,204	13.9 (13.5-14.3)	233	6.6 (5.7-7.4)	2,955	8.8 (8.5-9.2)	12,182	12.0 (11.8-12.2)
2022	12,213	7.8 (7.6-7.9)	4,465	15.3 (14.8-15.7)	222	6.3 (5.5-7.1)	3,036	9.5 (9.1-9.8)	12,524	12.8 (12.5-13.0)
2021	12,559	8.0 (7.9-8.2)	4,988	17.3 (16.9-17.8)	292	8.2 (7.3-9.2)	3,005	9.6 (9.2-9.9)	12,432	13.0 (12.7-13.2)
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)

Source: Nevada Electronic Birth Registry System.

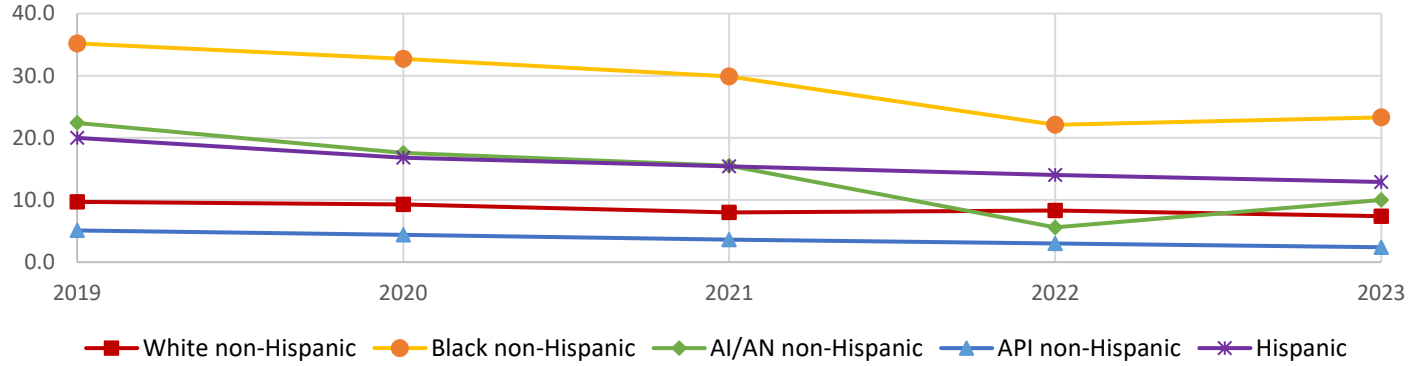
Figure 85. Overall Birth Rates (per 1,000 Population) by Race/Ethnicity and Region, Nevada, 2023



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	7,082	7.1 (6.9-7.2)	2,441	7.9 (7.5-8.2)	2,103	7.7 (7.4-8.1)
Black non-Hispanic	4,000	14.2 (13.7-14.6)	158	11.4 (9.6-13.2)	46	7.7 (5.5-9.9)
AI/AN non-Hispanic	84	5.5 (4.3-6.7)	59	9.0 (6.7-11.3)	90	6.6 (5.3-8.0)
API non-Hispanic	2,502	8.7 (8.4-9.1)	382	9.7 (8.7-10.7)	71	8.7 (6.7-10.7)
Hispanic	9,724	12.1 (11.8-12.3)	1,684	11.9 (11.4-12.5)	774	11.4 (10.6-12.2)

Source: Nevada Electronic Birth Registry System.

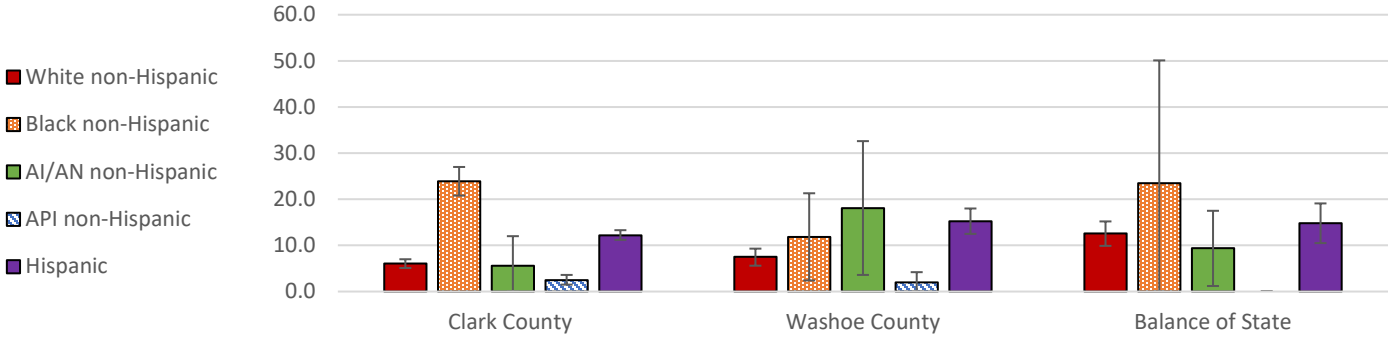
Figure 86. Teen Birth Rates (per 1,000 Female Population) by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	301	7.4 (6.6-8.3)	238	23.3 (20.4-26.3)	14	10.0 (4.8-15.3)	27	2.4 (1.5-3.3)	649	12.9 (11.9-13.8)
2022	337	8.3 (7.4-9.2)	217	22.1 (19.1-25)	7	5.6 (1.4-9.7)	33	3.0 (2.0-4.1)	682	14.0 (13.0-15.1)
2021	316	8.0 (7.1-8.9)	289	29.9 (26.5-33.4)	20	15.5 (8.7-22.3)	38	3.6 (2.5-4.8)	707	15.4 (14.2-16.5)
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)

Source: Nevada Electronic Birth Registry System.

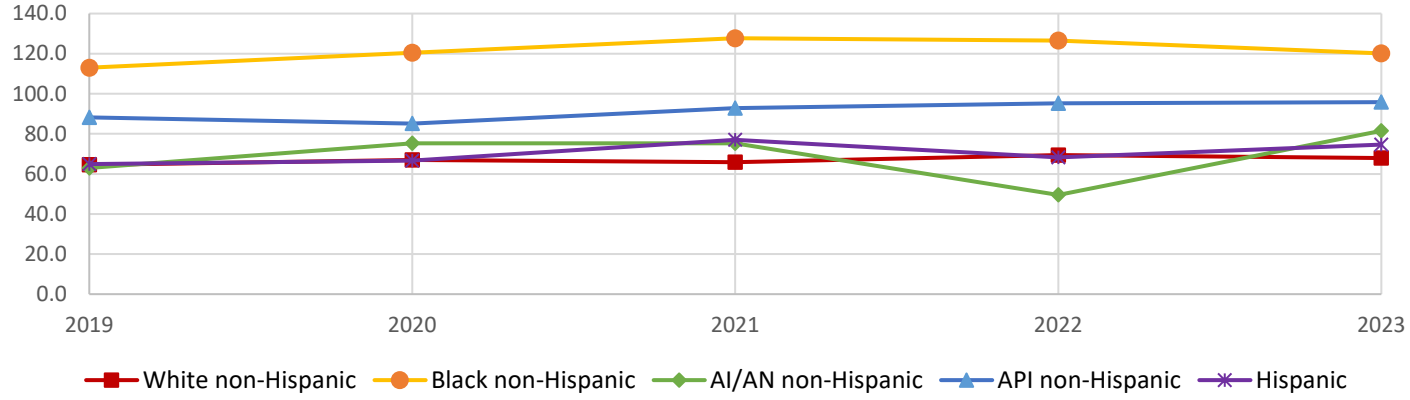
Figure 87. Teen Birth Rates (per 1,000 Female Population) by Race/Ethnicity and Region, Nevada, 2023



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	153	6.1 (5.1-7.0)	62	7.5 (5.6-9.3)	86	12.6 (9.9-15.2)
Black non-Hispanic	229	23.9 (20.8-27.0)	6	11.8 (2.4-21.3)	3	23.5 (0.0-50.1)
AI/AN non-Hispanic	3	5.6 (0.0-12.0)	6	18.1 (3.6-32.6)	5	9.4 (1.2-17.5)
API non-Hispanic	24	2.5 (1.5-3.6)	3	2.0 (0.0-4.2)	0	0.0 (0.0-0.0)
Hispanic	486	12.2 (11.2-13.3)	118	15.2 (12.5-18)	45	14.8 (10.5-19.1)

Source: Nevada Electronic Birth Registry System.

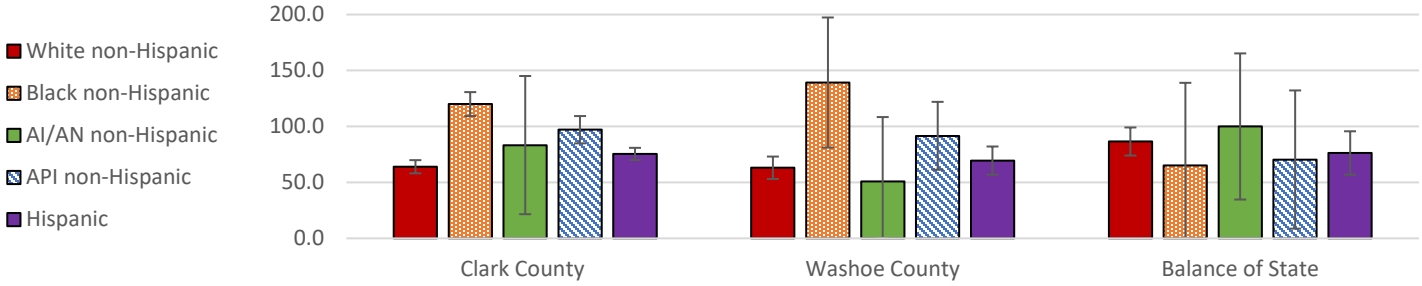
Figure 88. Low Birthweight (1,500g - 2,499g) Birth Rates (per 1,000 Live Births), Nevada, 2019-2023



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)
2023	789	67.9 (63.1-72.6)	505	120.1 (109.6-130.6)	19	81.5 (44.9-118.2)	283	95.8 (84.6-106.9)	910	74.7 (69.8-79.6)
2022	848	69.4 (64.8-74.1)	565	126.5 (116.1-137)	11	49.5 (20.3-78.8)	289	95.2 (84.2-106.2)	855	68.3 (63.7-72.8)
2021	828	65.9 (61.4-70.4)	637	127.7 (117.8-137.6)	22	75.3 (43.9-106.8)	279	92.8 (82.0-103.7)	957	77.0 (72.1-81.9)
2020	828	67.0 (62.4-71.5)	607	120.4 (110.8-130)	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)

Source: Nevada Electronic Birth Registry System.

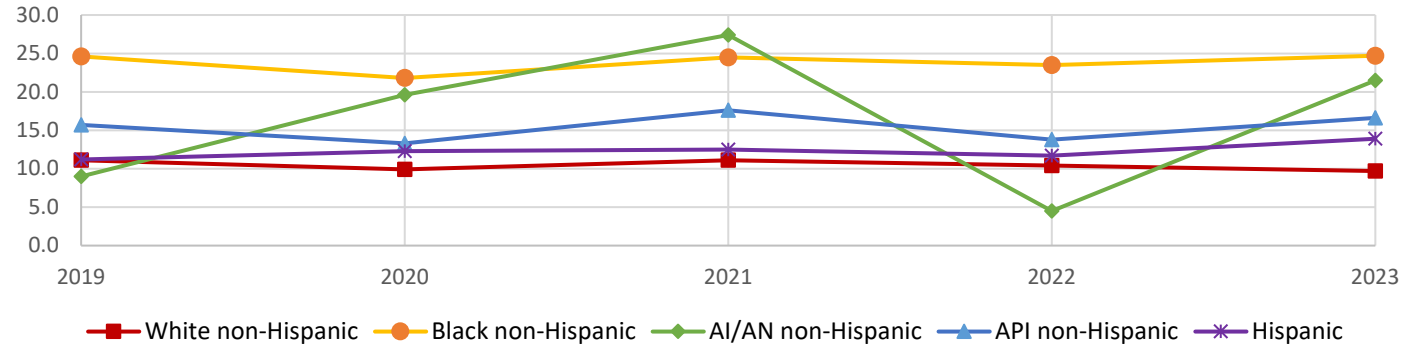
Figure 89. Low Birthweight (1,500g - 2,499g) Birth Rates (per 1,000 Live Births) by Race/Ethnicity and Region, Nevada, 2023



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	453	64.0 (58.1-69.9)	154	63.1 (53.1-73.1)	182	86.5 (74.0-99.1)
Black non-Hispanic	480	120.0 (109.3-130.7)	22	139.2 (81.1-197.4)	3	65.2 (0.0-139.0)
AI/AN non-Hispanic	7	83.3 (21.6-145.1)	3	50.8 (0.0-108.4)	9	100.0 (34.7-165.3)
API non-Hispanic	243	97.1 (84.9-109.3)	35	91.6 (61.3-122.0)	5	70.4 (8.7-132.2)
Hispanic	734	75.5 (70.0-80.9)	117	69.5 (56.9-82.1)	59	76.2 (56.8-95.7)

Source: Nevada Electronic Birth Registry System.

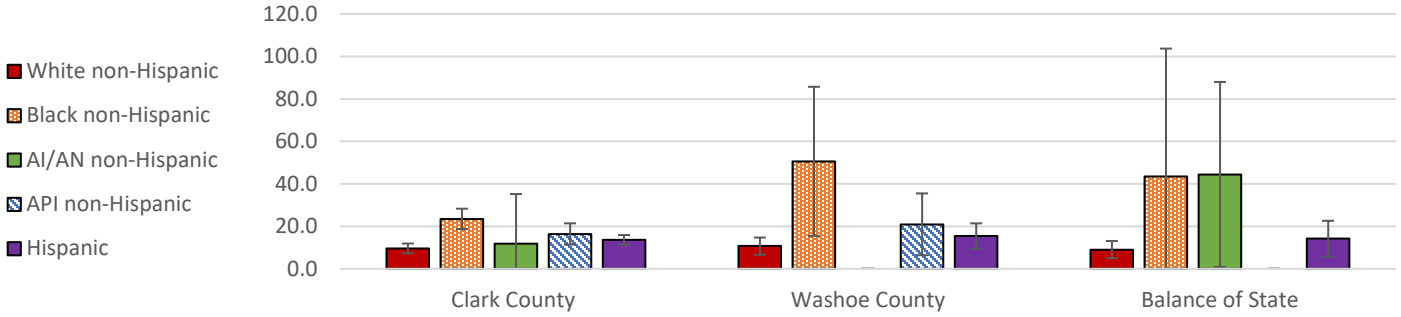
Figure 90. Very Low Birthweight (<1,500g) Birth Rates (per 1,000 Live Births) by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	113	9.7 (7.9-11.5)	104	24.7 (20.0-29.5)	5	21.5 (2.6-40.3)	49	16.6 (11.9-21.2)	169	13.9 (11.8-16.0)
2022	127	10.4 (8.6-12.2)	105	23.5 (19.0-28.0)	1	4.5 (0.0-13.3)	42	13.8 (9.7-18.0)	147	11.7 (9.8-13.6)
2021	140	11.1 (9.3-13.0)	122	24.5 (20.1-28.8)	8	27.4 (8.4-46.4)	53	17.6 (12.9-22.4)	155	12.5 (10.5-14.4)
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 (20.3-29.0)	3	9.0 (0.0-19.1)	51	15.7 (11.4-20.0)	143	11.2 (9.4-13.1)

Source: Nevada Electronic Birth Registry System.

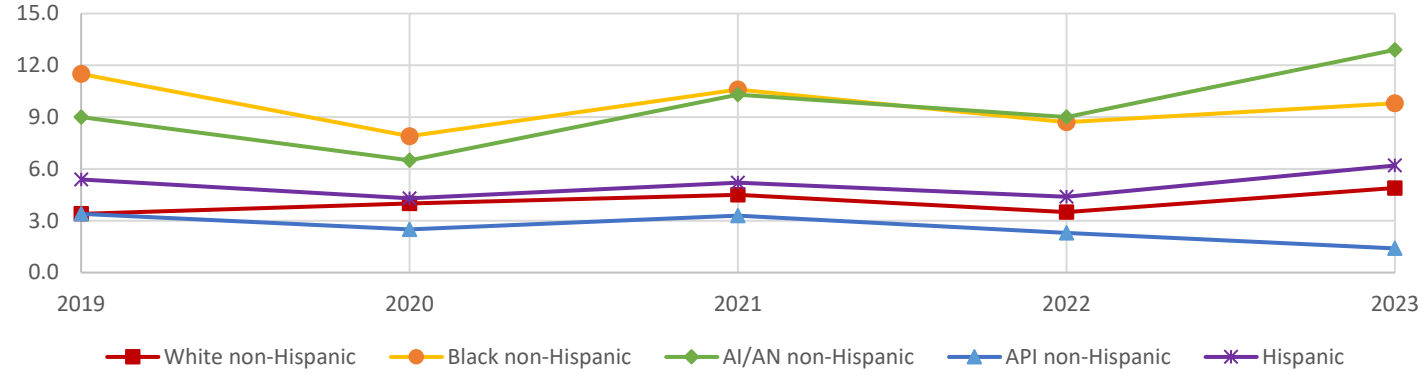
Figure 91. Very Low Birthweight (<1,500g) Birth Rates (per 1,000 Live Births) by Race/Ethnicity and Region, Nevada, 2023



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	68	9.6 (7.3-11.9)	26	10.7 (6.6-14.7)	19	9.0 (5.0-13.1)
Black non-Hispanic	94	23.5 (18.7-28.3)	8	50.6 (15.5-85.7)	2	43.5 (0.0-103.7)
AI/AN non-Hispanic	1	11.9 (0.0-35.2)	0	0.0 (0.0-0.0)	4	44.4 (0.9-88.0)
API non-Hispanic	41	16.4 (11.4-21.4)	8	20.9 (6.4-35.5)	0	0.0 (0.0-0.0)
Hispanic	132	13.6 (11.3-15.9)	26	15.4 (9.5-21.4)	11	14.2 (5.8-22.6)

Source: Nevada Electronic Birth Registry System.

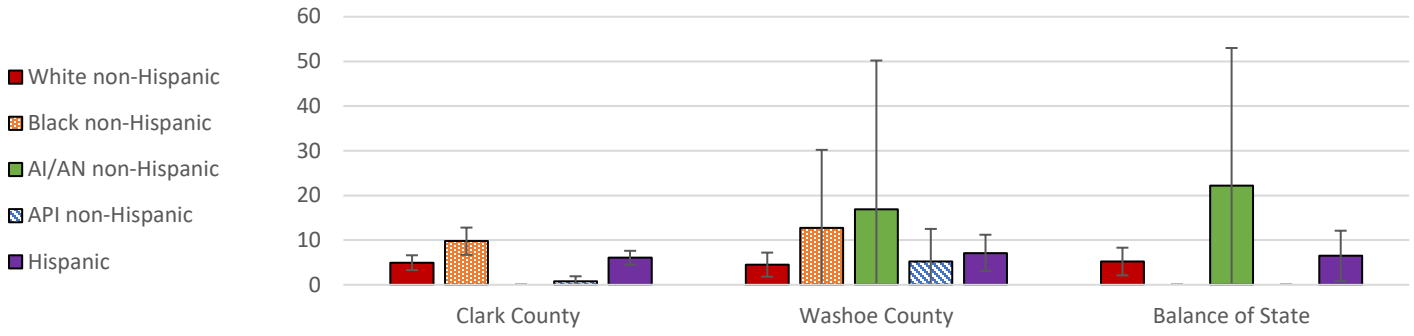
Figure 92. Infant Mortality Rates (per 1,000 Live Births) by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	56	4.9 (3.6-6.2)	41	9.8 (6.8-12.7)	3	12.9 (0.0-27.4)	4	1.4 (0.0-2.7)	65	6.2 (4.8-7.6)
2022	43	3.5 (2.5-4.6)	39	8.7 (6.0-11.5)	2	9.0 (0.0-21.5)	7	2.3 (0.6-4.0)	55	4.4 (3.2-5.6)
2021	56	4.5 (3.3-5.6)	53	10.6 (7.8-13.5)	3	10.3 (0.0-21.9)	10	3.3 (1.3-5.4)	65	5.2 (4.0-6.5)
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)	53	4.3 (3.1-5.4)
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)

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

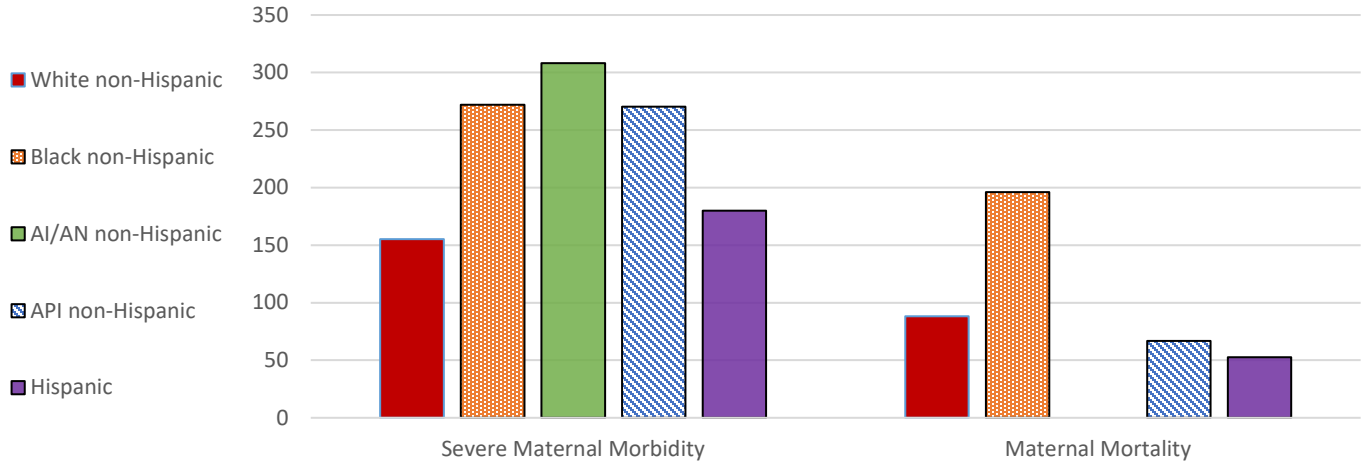
Figure 93. Infant Mortality Rates (per 1,000 Live Births) by Race/Ethnicity and Region, Nevada, 2023



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	35	4.9 (3.3-6.6)	11	4.5 (1.8-7.2)	11	5.2 (2.1-8.3)
Black non-Hispanic	39	9.8 (6.7-12.8)	2	12.7 (0.0-30.2)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	1	16.9 (0.0-50.2)	2	22.2 (0.0-53.0)
API non-Hispanic	2	0.8 (0.0-1.9)	2	5.2 (0.0-12.5)	0	0.0 (0.0-0.0)
Hispanic	59	6.1 (4.5-7.6)	12	7.1 (3.1-11.2)	5	6.5 (0.8-12.1)

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

Figure 94. Pregnancy-Associated Death (Maternal Mortality) and Severe Maternal Morbidity Ratios, Nevada, 2022-2023



Race/Ethnicity	Severe Maternal Morbidity per 10,000 Deliveries	Maternal Mortality Ratio per 100,000 Live Births
White non-Hispanic	155.3	88.1
Black non-Hispanic	272.1	196.1
AI/AN non-Hispanic	308.1	0.0
API non-Hispanic	270.3	66.8
Hispanic	180.1	52.6

Source: Nevada Maternal Mortality and Severe Maternal Morbidity Report, 2022-2023

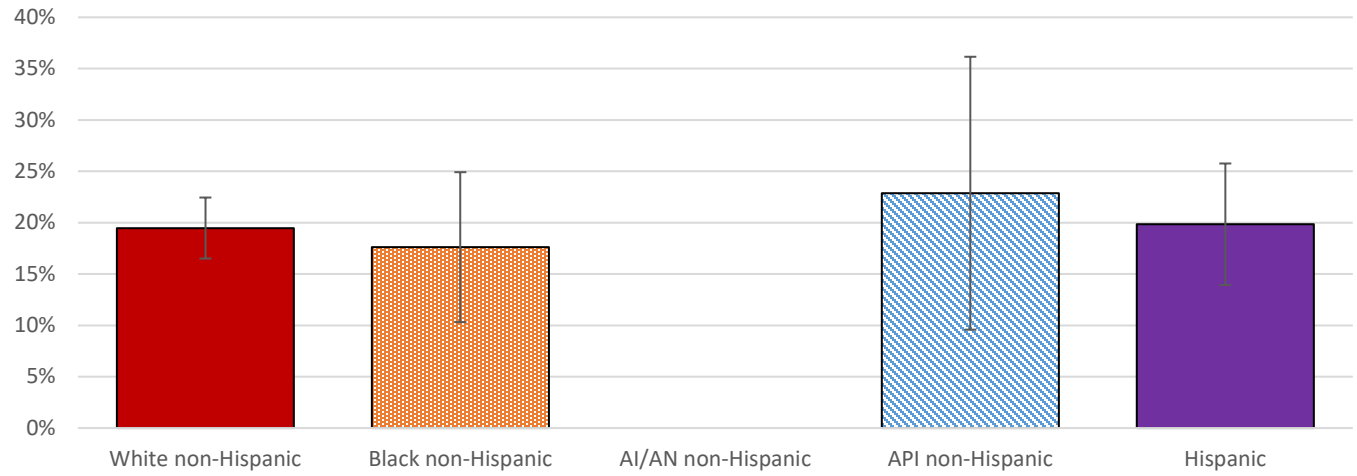
Mental Health

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 [39]. For more detailed information regarding mental and behavioral health in Nevada, please visit the "Data and Reports" page at the Nevada Department of Health and Human Services Office of Analytics web-page at the following web address:
http://dhhs.nv.gov/Programs/Office_of_Analytics/DHHS_Office_of_Analytics/

Significant Findings:

- In 2019-2023, the Asian/Pacific Islander non-Hispanic adult population in Clark County reported a significantly lower prevalence (8.1%) of difficulty concentrating, remembering, or making decisions because of a physical, mental, or emotional condition than the White non-Hispanic (13.7%), the Black non-Hispanic (15.4) and the Hispanic (14.2) populations in Clark County (Figure 98).

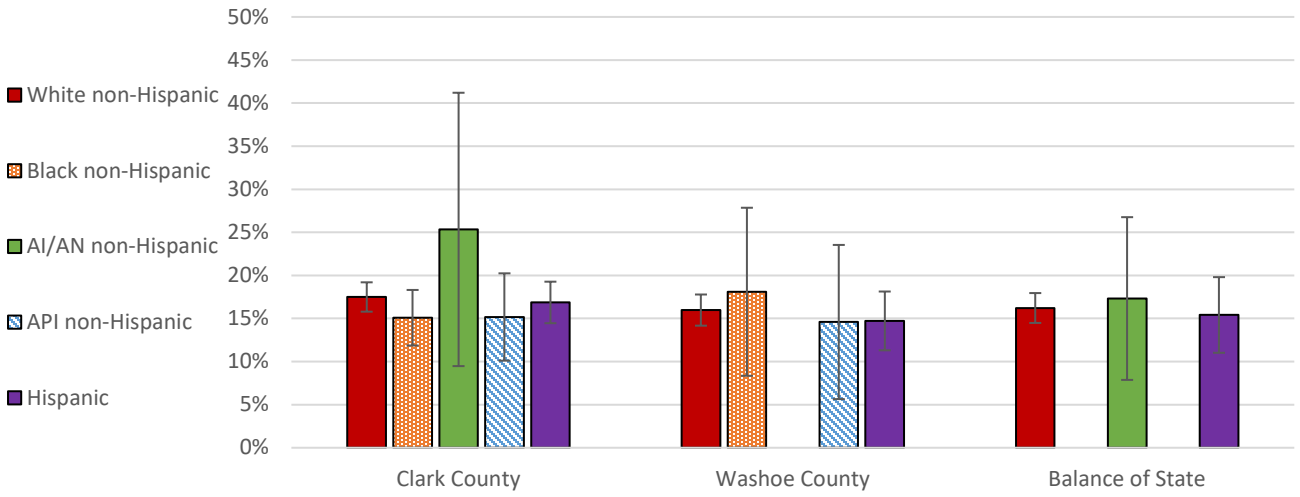
Figure 95. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	19.5% (16.5-22.4)	17.6% (10.3-24.9)	‡	22.9% (9.6-36.2)	19.9% (13.9-25.8)

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.

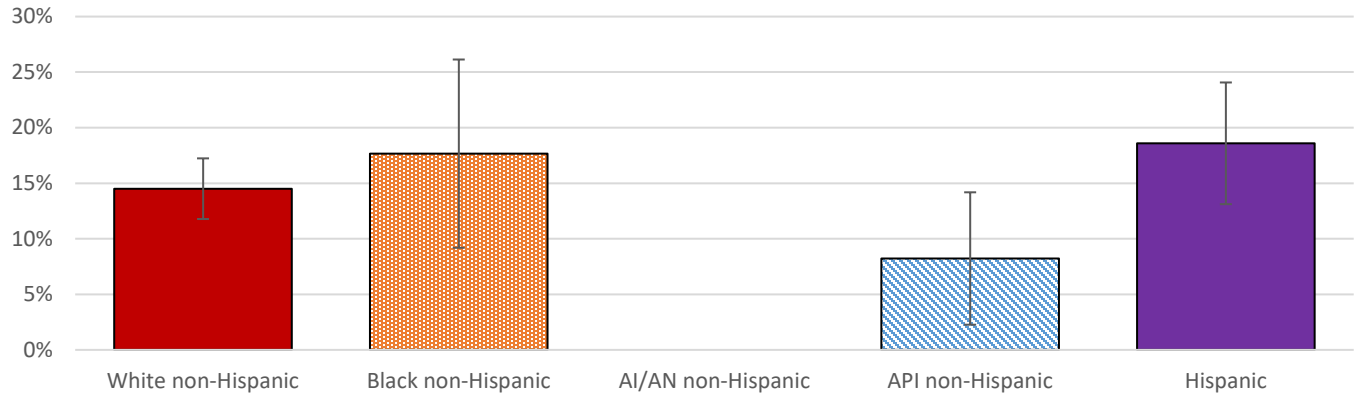
Figure 96. Nevada Adults Who Reported 14-30 Days of Poor Mental Health in the Last Month - Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	17.5% (15.8-19.2)	16.0% (14.2-17.8)	16.2% (14.5-18.0)
Black non-Hispanic	15.1% (11.9-18.3)	18.1% (8.4-27.9)	‡
AI/AN non-Hispanic	25.3% (9.5-41.2)	‡	17.3% (7.9-26.8)
API non-Hispanic	15.2% (10.1-20.2)	14.6% (5.6-23.5)	‡
Hispanic	16.9% (14.5-19.3)	14.7% (11.3-18.1)	15.4% (11.0-19.8)

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.

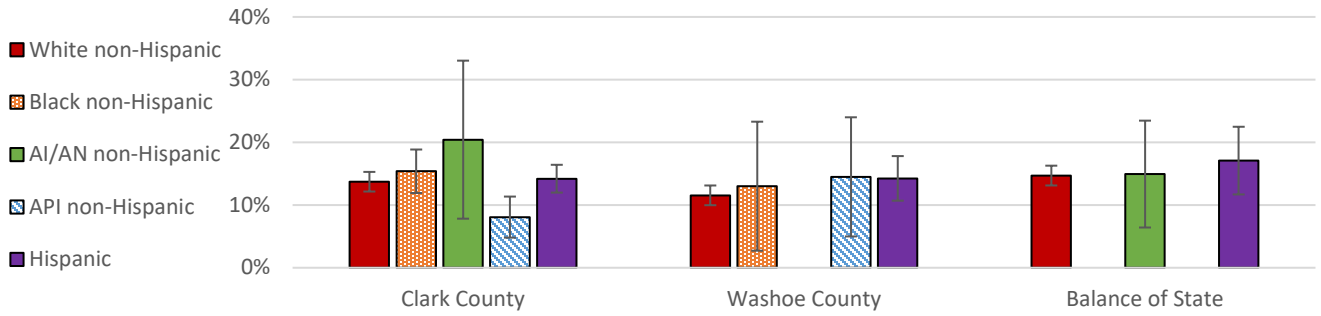
Figure 97. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	White (non-Hispanic)	Black (non-Hispanic)	AI/AN (non-Hispanic)	API (non-Hispanic)	Hispanic
Percent (95% C.I.)	14.5% (11.8-17.2)	17.7% (9.2-26.1)	‡	8.2% (2.3-14.2)	18.6% (13.1-24.1)

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.

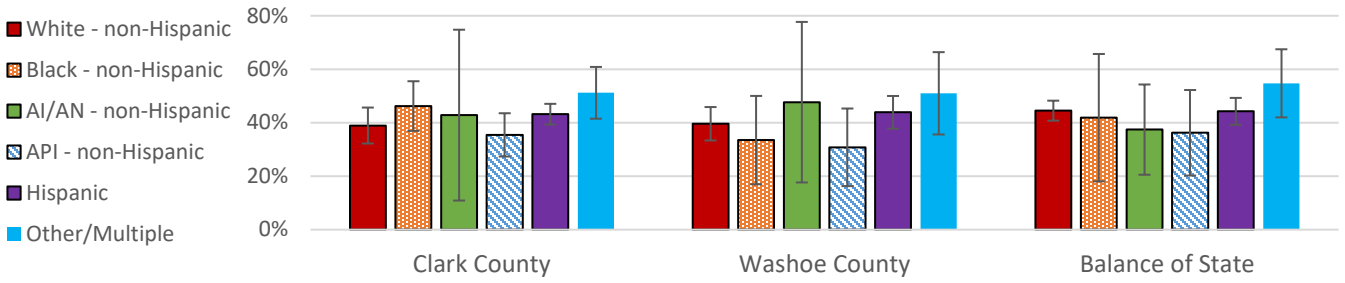
Figure 98. Nevada Adults Who Reported Difficulty Concentrating, Remembering, or Making Decisions Because of a Physical, Mental, or Emotional Condition - Prevalence by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	13.7% (12.2-15.3)	11.5% (10.0-13.1)	14.7% (13.1-16.3)
Black non-Hispanic	15.4% (11.9-18.9)	13.0% (2.7-23.3)	‡
AI/AN non-Hispanic	20.4% (7.8-33.0)	‡	14.9% (6.4-23.5)
API non-Hispanic	8.1% (4.8-11.3)	14.5% (5.0-24.0)	‡
Hispanic	14.2% (12.0-16.4)	14.2% (10.7-17.8)	17.1% (11.7-22.5)

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.

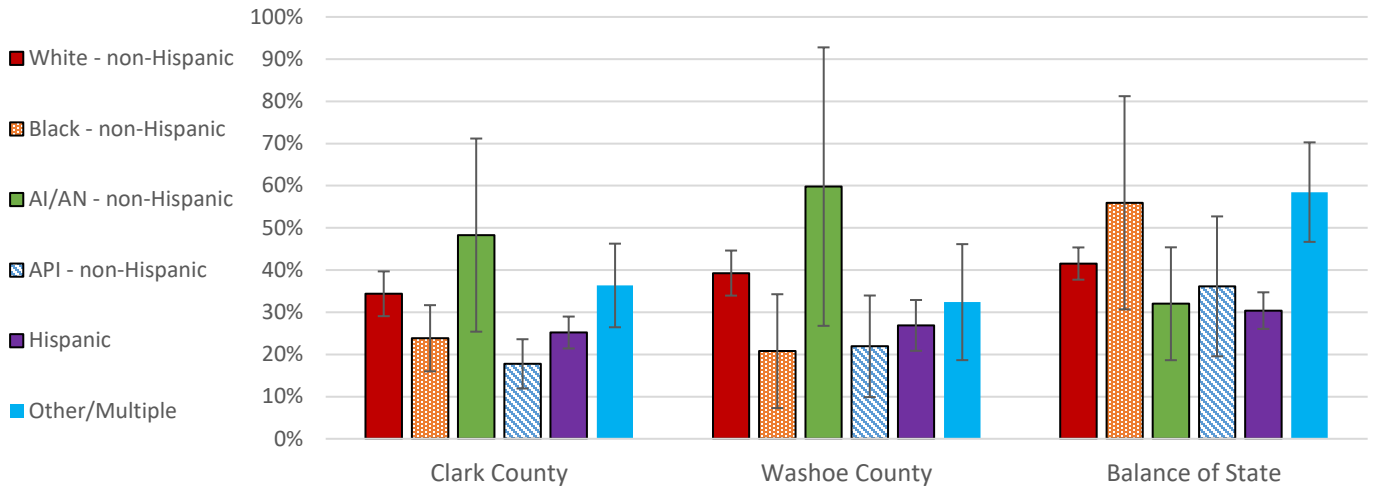
Figure 99. Nevada High School Students Who Felt Sad or Hopeless for Two or More Weeks in the 12 Months Before the Survey - Prevalence by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	38.9% (32.2-45.7)	39.6% (33.4-45.9)	44.5% (40.8-48.2)
Black non-Hispanic	46.2% (36.9-55.5)	33.5% (17.0-50.0)	41.9% (18.1-65.7)
AI/AN non-Hispanic	42.8% (10.9-74.8)	47.7%** (17.7-77.7)	37.4% (20.5-54.3)
API non-Hispanic	35.4% (27.4-43.5)	30.8% (16.3-45.3)	36.2% (20.2-52.2)
Hispanic	43.2% (39.3-47.1)	43.9% (37.8-50.0)	44.3% (39.2-49.3)
Other/Multiple	51.2% (41.5-60.9)	51.0% (35.6-66.4)	54.7% (42.0-67.5)

Source: Nevada High School Youth Risk Behavior Survey (YRBS) Report. Note: Graph scaled to 80% to display difference between groups.
***Use caution when interpreting this data or comparing to other groups as the underlying sample size is less than 5.*

Figure 100. Nevada High School Students Who Ever Lived with Someone Who Was Depressed, Mentally Ill, or Suicidal - Prevalence by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County	Washoe County	Balance of State
White non-Hispanic	34.4% (29.1-39.7)	39.3% (33.9-44.6)	41.5% (37.7-45.4)
Black non-Hispanic	23.8% (16.0-31.7)	20.8% (7.3-34.3)	55.9% (30.7-81.2)
AI/AN non-Hispanic	48.3% (25.4-71.2)	59.8% (26.8-92.8)	32.0% (18.6-45.4)
API non-Hispanic	17.8% (11.9-23.6)	21.9% (9.9-34.0)	36.1% (19.6-52.7)
Hispanic	25.2% (21.4-29.0)	26.9% (20.9-32.9)	30.4% (26.1-34.7)
Other/Multiple	36.3% (26.4-46.3)	32.4% (18.6-46.1)	58.5% (46.7-70.3)

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

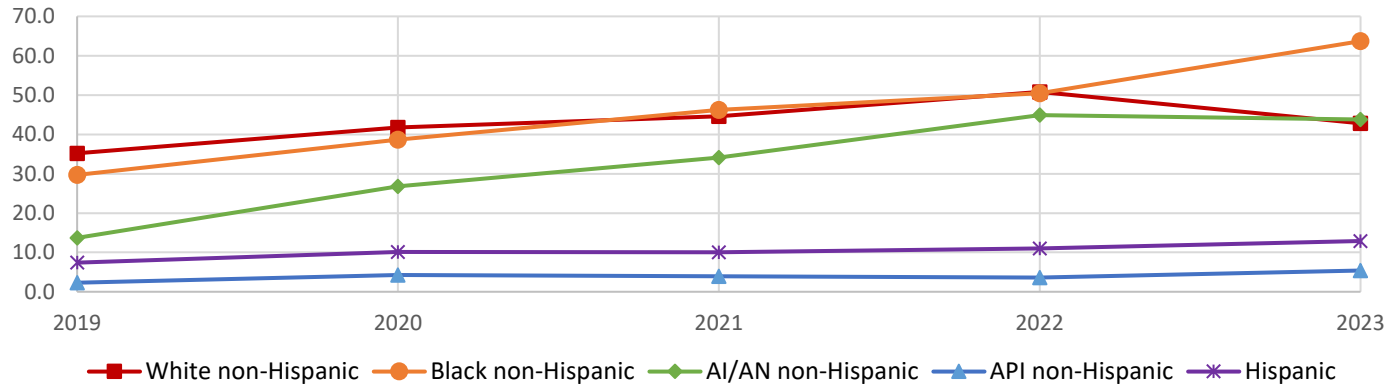
Substance Use Overdose

Drug overdoses are becoming a growing area of concern nationwide. For example, in 2023, the CDC estimates there were over 107,543 drug overdose deaths in the United States [40]. 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 7 years.

Significant Findings:

- The Black non-Hispanic population experienced an increase in both non-fatal and fatal opioid poisoning rates from 2019 to 2023 (Figure 101 and Figure 105).
- In 2023, the White non-Hispanic, the Black non-Hispanic and the Hispanic populations in Washoe County had significantly higher poisoning death rates as well as opioid poisoning death rates, than those in Clark County (Figure 106 and Figure 112).
- In 2023, the Black non-Hispanic population had significantly higher non-fatal emergency department opioid overdose rates and drug overdose rates than the White non-Hispanic, Asian and Pacific Islanders non-Hispanic, and Hispanic populations (Figure 101 and Figure 107).
- In 2023, the Black non-Hispanic population had significantly higher non-fatal inpatient opioid overdose rates and drug overdose rates than all other race/ethnicities (Figure 103 and Figure 109).

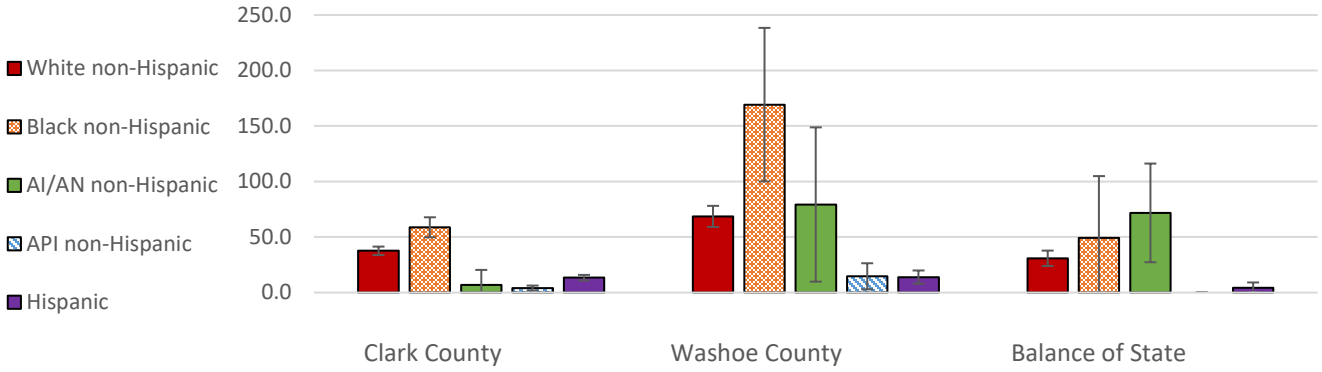
Figure 101. Emergency Department Non-Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	646	42.8 (39.5-46.1)	191	63.7 (54.7-72.8)	16	43.8 (22.3-65.2)	18	5.4 (2.9-18.3)	134	12.9 (10.7-15.1)
2022	770	50.8 (47.2-54.4)	147	50.5 (42.3-58.7)	17	44.9 (23.6-66.2)	11	3.6 (1.5-5.8)	111	11.0 (8.9-13.0)
2021	671	44.6 (41.2-48.0)	134	46.2 (38.3-54.0)	13	34.1 (15.6-52.7)	12	3.9 (1.7-6.1)	108	10.0 (8.1-11.9)
2020	619	41.8 (38.5-45.1)	110	38.7 (31.5-45.9)	9	26.8 (9.3-44.2)	13	4.3 (2.0-6.7)	103	10.1 (8.2-12.1)
2019	534	35.2 (32.2-38.2)	82	29.7 (23.3-36.1)	5	13.7 (1.7-25.8)	7	2.3 (0.6-4.0)	70	7.4 (5.6-9.1)

Source: Hospital Emergency Department Billing Data.

Figure 102. Emergency Department Non-Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	371	37.6 (33.8-41.4)	200	68.6 (59.1-78.1)	75	30.8 (23.9-37.8)
Black non-Hispanic	165	58.8 (49.8-67.8)	0	169.2 (100.1-238.4)	3	49.2 (0.0-104.9)
AI/AN non-Hispanic	1	6.9 (0.0-20.4)	5	79.3 (9.8-148.8)	10	71.7 (27.3-116.2)
API non-Hispanic	12	4.0 (1.7-6.3)	6	14.7 (2.9-26.4)	0	0.0 (0.0-0.0)
Hispanic	110	13.4 (10.9-15.9)	21	13.9 (8.0-19.9)	3	4.3 (0.0-9.1)

Source: Hospital Emergency Department Billing Data.

Figure 103. Inpatient Non-Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023

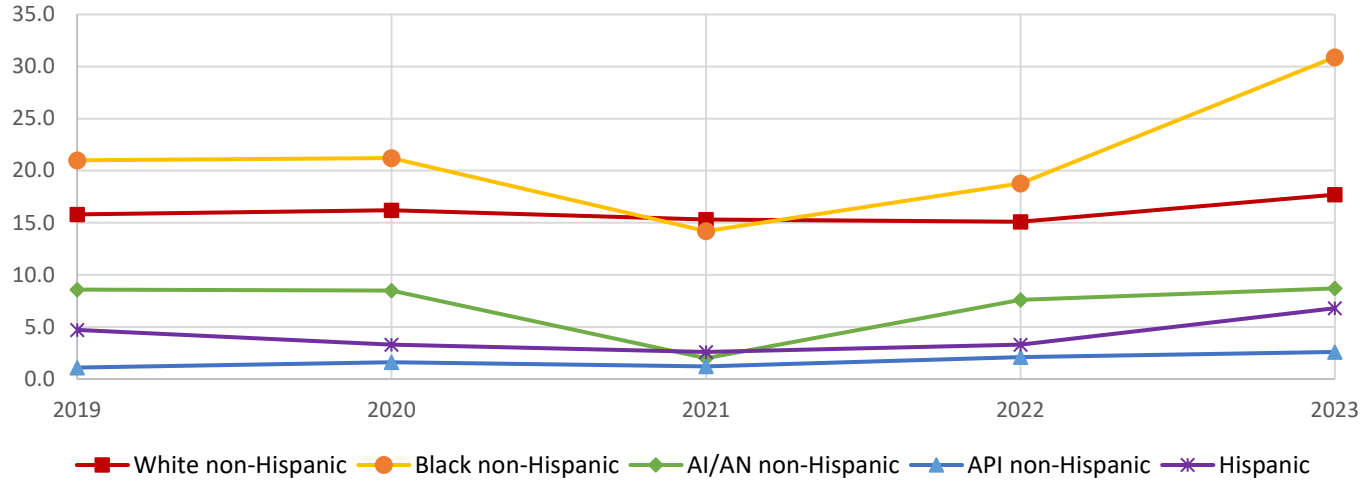
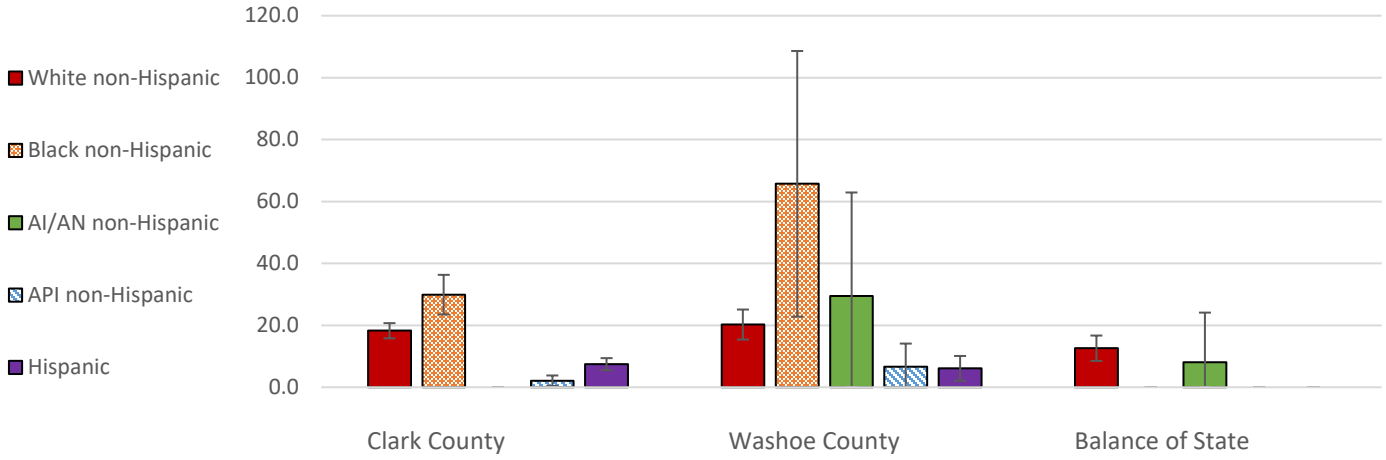


Figure 103. Inpatient Non-Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023 (Continued)

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)
2023	317	17.7 (15.7-19.6)	93	30.9 (24.6-37.1)	4	8.7 (0.2-17.3)	9	2.6 (0.9-18.3)	66	6.8 (5.2-8.4)
2022	285	15.1 (13.3-16.8)	56	18.8 (13.9-23.7)	3	7.6 (0.0-16.1)	7	2.1 (0.5-3.7)	31	3.3 (2.1-4.4)
2021	278	15.3 (13.5-17.1)	43	14.2 (10.0-18.5)	1	2.0 (0.0-5.8)	4	1.2 (0.0-2.5)	27	2.6 (1.6-3.6)
2020	301	16.2 (14.4-18.0)	59	21.2 (15.8-26.6)	4	8.5 (0.2-16.9)	6	1.6 (0.3-2.8)	31	3.3 (2.2-4.5)
2019	299	15.8 (14.0-17.6)	57	21.0 (15.6-26.5)	3	8.6 (0.0-18.3)	3	1.1 (0.0-2.3)	32	4.7 (3.1-6.4)

Source: Hospital Inpatient Billing Data.

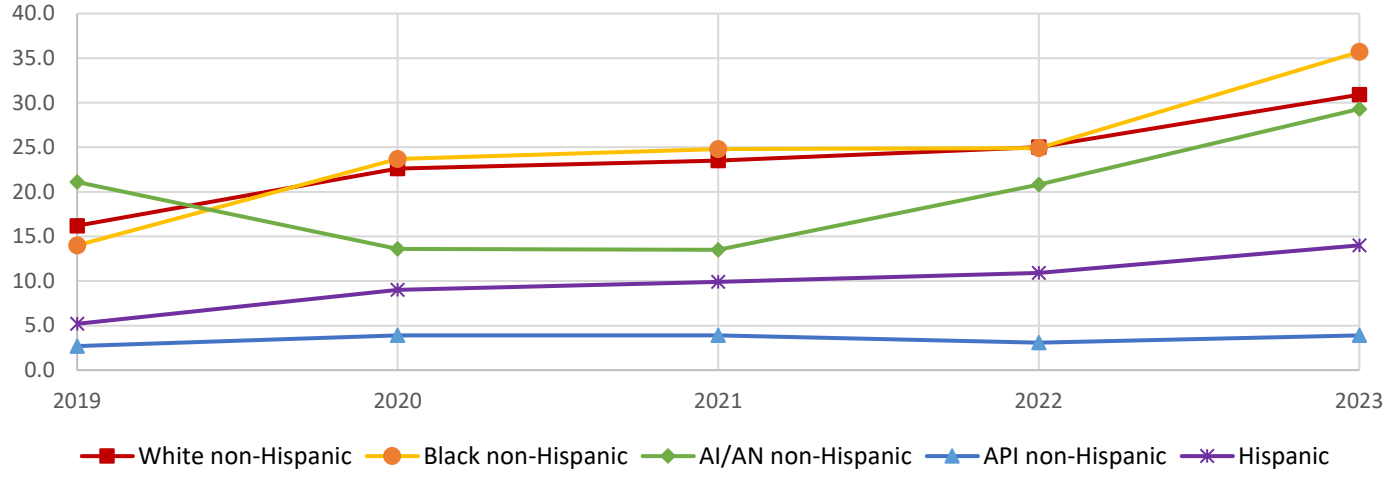
Figure 104. Inpatient Non-Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



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	214	18.3 (15.8-20.7)	67	20.3 (15.4-25.1)	36	12.6 (8.5-16.7)
Black non-Hispanic	84	29.9 (23.5-36.3)	9	65.7 (22.8-108.6)	0	0.0 (0.0-0.0.0)
AI/AN non-Hispanic	0	0.0 (0.0-0.0)	3	29.5 (0.0-62.9)	1	8.1 (0.0-24.1)
API non-Hispanic	6	2.1 (0.4-3.8)	3	6.6 (0.0-14.1)	0	0.0 (0.0-0.0)
Hispanic	57	7.5 (5.5-9.4)	9	6.1 (2.1-10.1)	0	0.0 (0.0-0.0)

Source: Hospital Inpatient Billing Data.

Figure 105. Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	495	30.9 (28.2-33.6)	105	35.7 (28.9-42.5)	11	29.3 (12.0-46.6)	13	3.9 (1.8-18.3)	142	14.0 (11.7-16.3)
2022	395	25.0 (22.5-27.4)	71	24.9 (19.1-30.7)	8	20.8 (6.4-35.2)	10	3.1 (1.2-5.0)	108	10.9 (8.8-12.9)
2021	377	23.5 (21.1-25.8)	71	24.8 (19.0-30.6)	5	13.5 (1.7-25.3)	12	3.9 (1.7-6.0)	101	9.9 (7.9-11.8)
2020	355	22.6 (20.2-24.9)	67	23.7 (18.0-29.3)	5	13.6 (1.7-25.5)	12	3.9 (1.7-6.1)	96	9.0 (7.2-10.8)
2019	270	16.2 (14.3-18.1)	39	14.0 (9.6-18.3)	7	21.1 (5.5-36.8)	8	2.7 (0.8-4.6)	49	5.2 (3.7-6.7)

Source: Nevada Electronic Death Registry System.

Figure 106. Fatal Opioid Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, Nevada, 2023

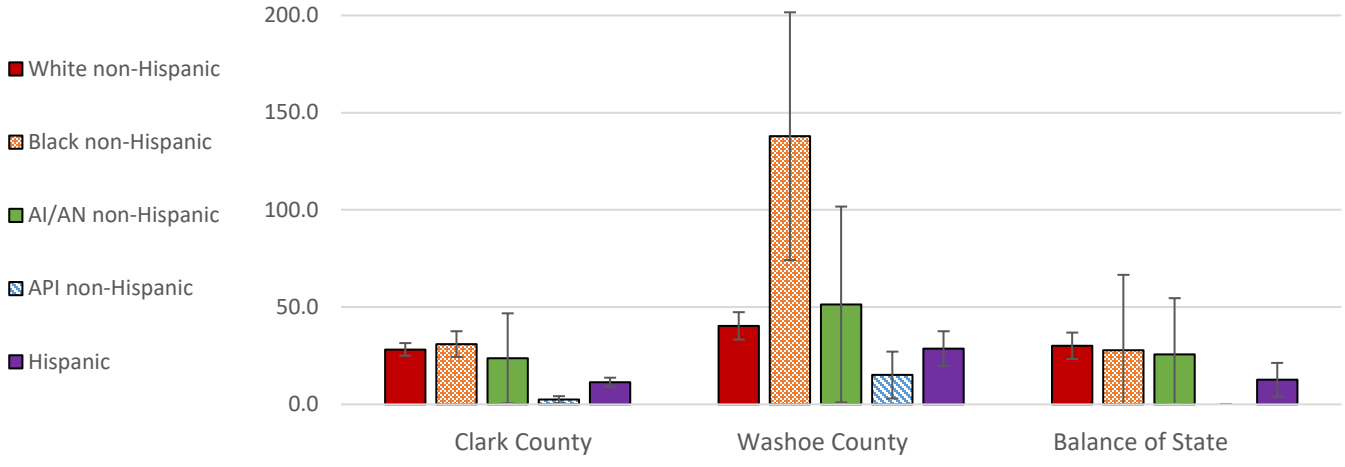
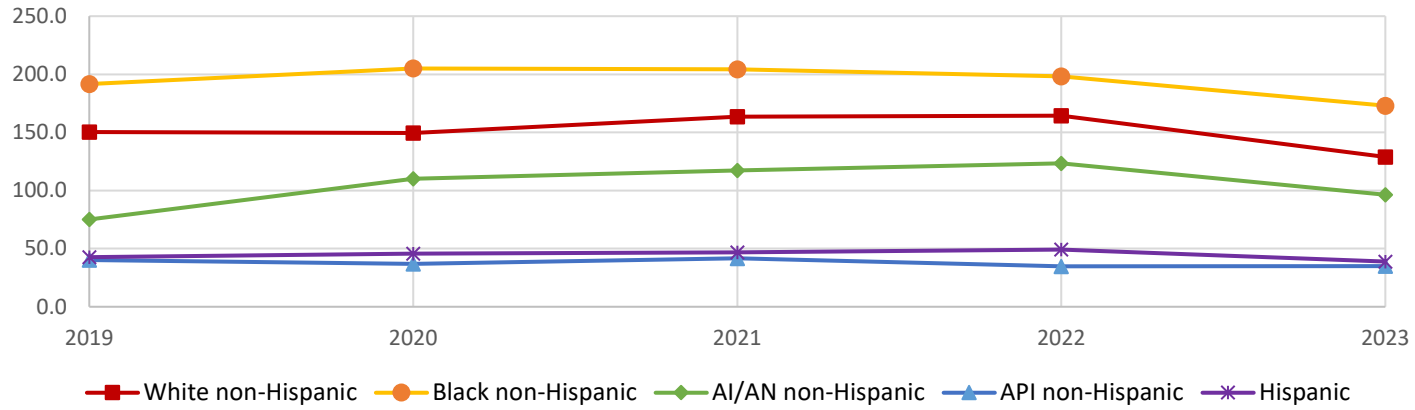


Figure 106. Fatal Opioid Poisoning Rates by Race/Ethnicity and Region, Nevada, 2023 (Continued)

Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	293	28.2 (25.0-31.5)	126	40.4 (33.3-47.4)	76	30.1 (23.3-36.9)
Black non-Hispanic	85	31.0 (24.4-37.6)	18	137.9 (74.2-201.6)	2	27.9 (0.0-66.6)
AI/AN non-Hispanic	4	23.7 (0.5-46.8)	4	51.3 (1.0-101.7)	3	25.6 (0.0-54.6)
API non-Hispanic	7	2.4 (0.6-4.2)	6	15.1 (3.0-27.1)	0	0.0 (0.0-0.0)
Hispanic	94	11.4 (9.1-13.7)	40	28.7 (19.8-37.6)	8	12.6 (3.9-21.3)

Source: Nevada Electronic Death Registry System.

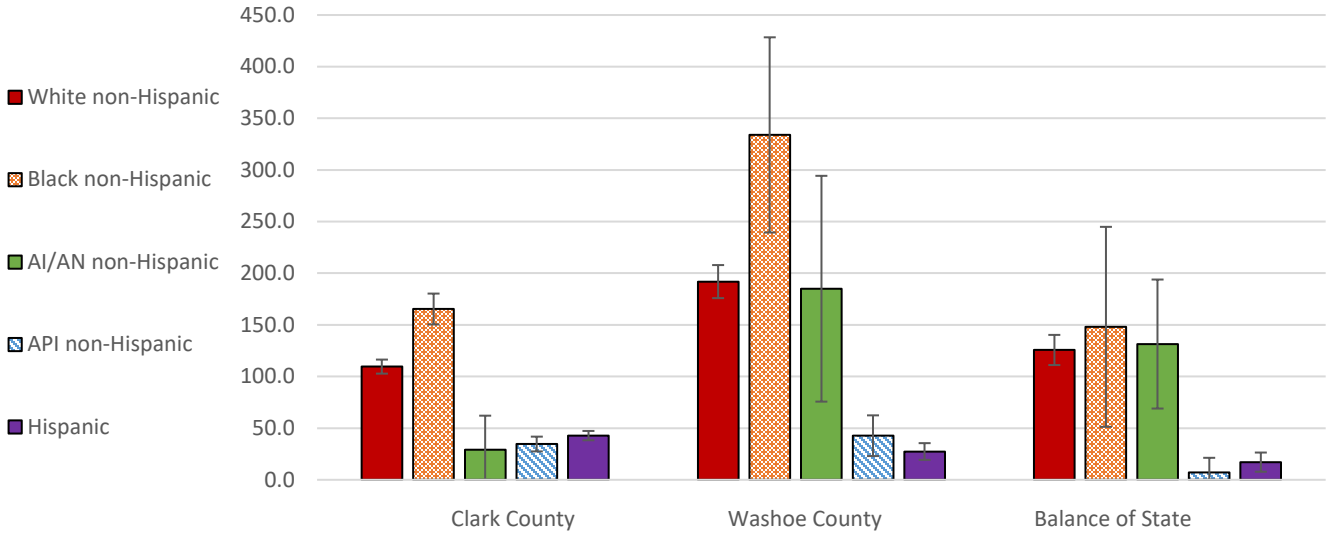
Figure 107. Emergency Department Non-Fatal Drug Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	1,834	128.9 (123.0-134.8)	529	173.0 (158.3-187.8)	31	96.3 (62.4-130.2)	110	35.1 (28.5-18.3)	411	38.9 (35.2-42.7)
2022	2,319	164.4 (157.7-171.1)	583	198.3 (182.2-214.4)	42	123.4 (86.1-160.7)	105	34.8 (28.1-41.5)	509	49.2 (44.9-53.5)
2021	2,255	163.5 (156.7-170.2)	604	204.4 (188.1-220.7)	42	117.4 (81.9-152.9)	125	41.7 (34.4-49.0)	477	46.7 (42.5-50.9)
2020	2,125	149.5 (143.1-155.8)	592	205.0 (188.5-221.5)	38	110.0 (75.1-145.0)	113	36.9 (30.1-43.7)	483	45.7 (41.6-49.7)
2019	2,134	150.3 (143.9-156.7)	541	191.6 (175.4-207.7)	27	75.1 (46.8-103.4)	118	40.2 (33.0-47.5)	423	42.8 (38.7-46.9)

Source: Hospital Emergency Department Billing Data.

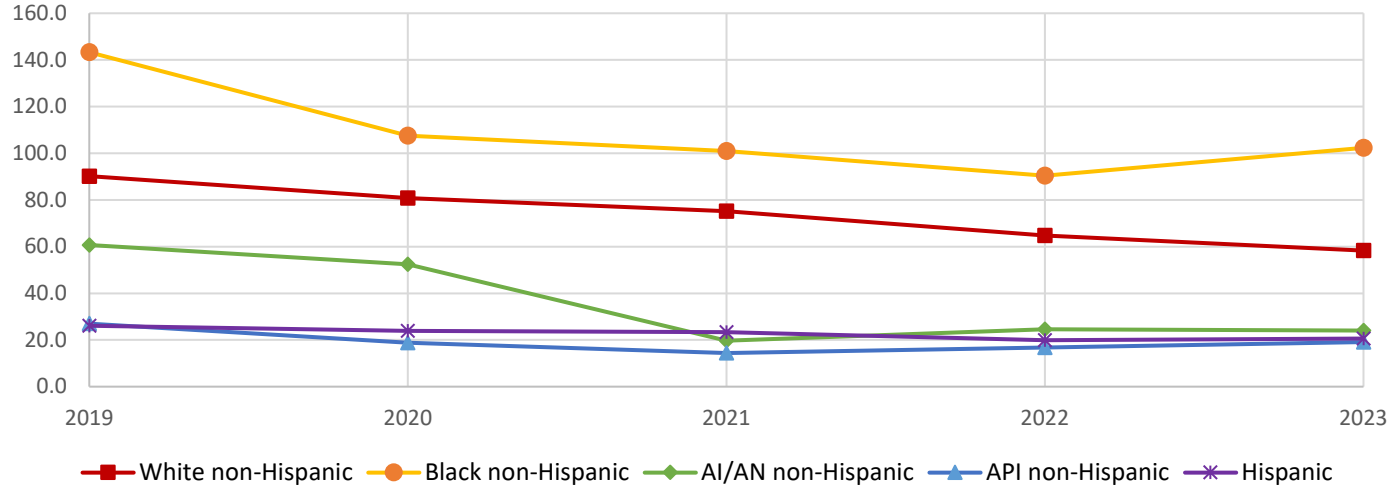
Figure 108. Emergency Department Non-Fatal Drug Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	999	109.6 (102.8-116.4)	551	191.9 (175.9-207.9)	284	125.7 (111.1-140.3)
Black non-Hispanic	472	165.4 (150.4-180.3)	48	333.9 (239.4-428.4)	9	148.1 (51.3-244.9)
AI/AN non-Hispanic	3	29.1 (0.0-62.1)	11	185.0 (75.7-294.3)	17	131.4 (69.0-193.9)
API non-Hispanic	91	34.7 (27.5-41.8)	18	42.7 (23.0-62.4)	1	7.2 (0.0-21.3)
Hispanic	354	42.8 (38.3-47.3)	44	27.4 (19.3-35.5)	13	17.1 (7.8-26.4)

Source: Hospital Emergency Department Billing Data.

Figure 109. Inpatient Non-Fatal Drug Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	982	58.3 (54.6-61.9)	315	102.4 (91.1-113.7)	9	24.1 (8.4-39.9)	63	19.1 (14.4-18.3)	209	20.6 (17.8-23.4)
2022	1,065	64.8 (60.9-68.7)	269	90.4 (79.6-101.2)	9	24.6 (8.5-40.8)	55	16.8 (12.3-21.2)	187	19.9 (17.0-22.7)
2021	1,195	75.2 (70.9-79.4)	288	100.9 (89.2-112.5)	8	19.7 (6.0-33.3)	45	14.4 (10.2-18.6)	234	23.4 (20.4-26.4)
2020	1,313	80.8 (76.5-85.2)	305	107.5 (95.4-119.6)	20	52.4 (29.4-75.4)	59	18.8 (14.0-23.6)	212	23.9 (20.7-27.2)
2019	1,472	90.2 (85.6-94.8)	393	143.3 (129.1-157.4)	21	60.7 (34.7-86.7)	82	27.0 (21.2-32.8)	220	26.1 (22.6-29.5)

Source: Hospital Inpatient Billing Data.

Figure 110. Inpatient Non-Fatal Drug Poisoning – Age-Adjusted Rates by Race/Ethnicity and Region, 2023

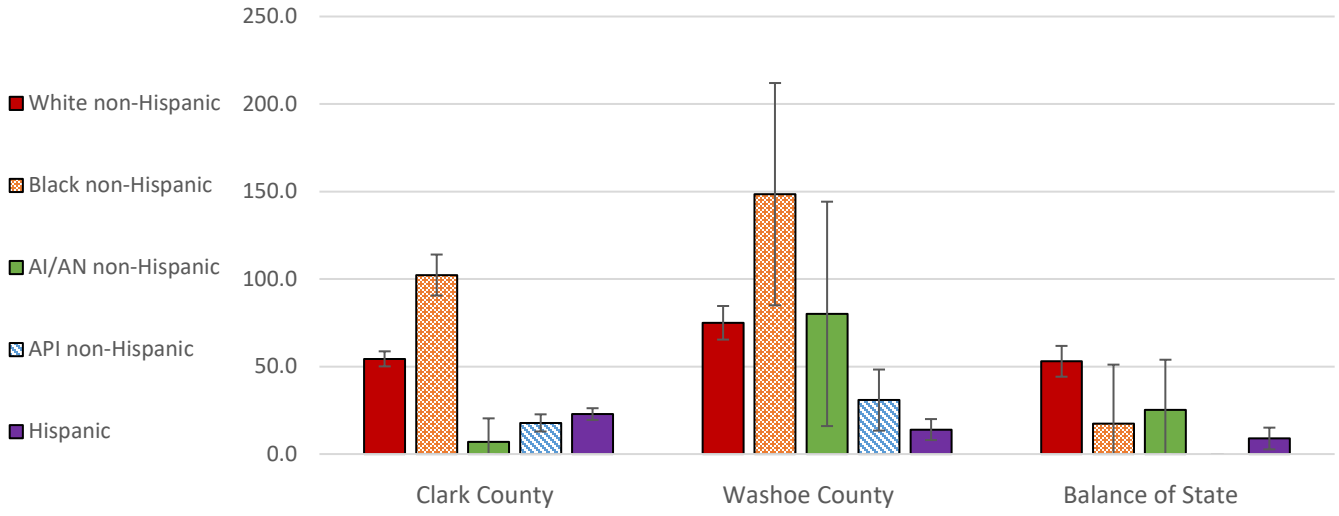
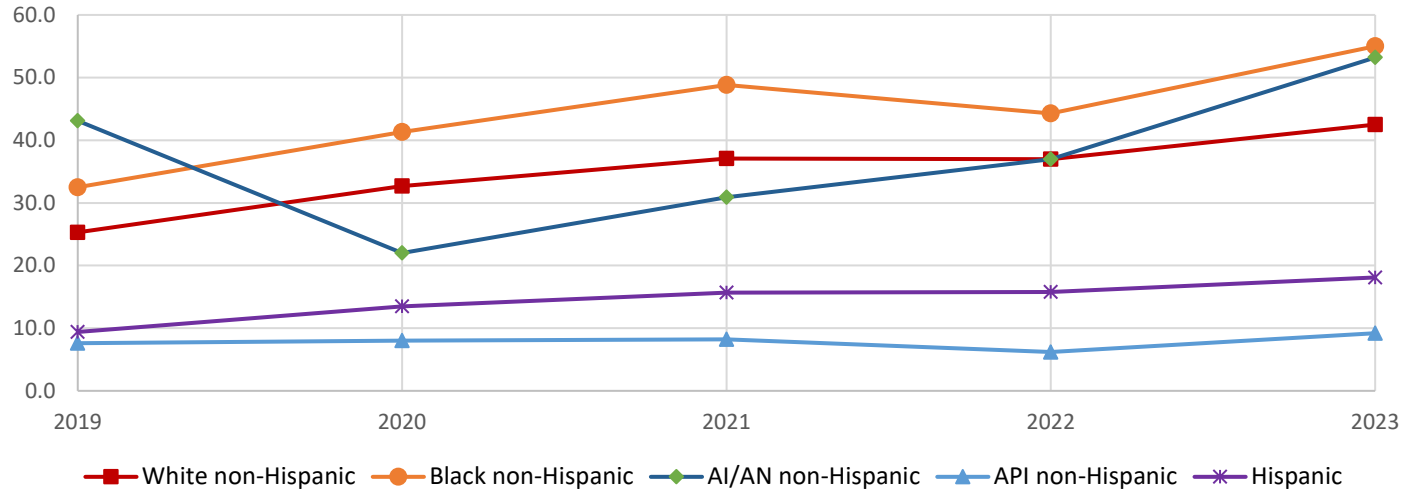


Figure 110. Inpatient Non-Fatal Drug Poisoning – Age-Adjusted Rates by Race/Ethnicity and Region, 2023 (continued)

Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	607	54.4 (50.1-58.7)	236	75.0 (65.4-84.6)	139	53.0 (44.2-61.8)
Black non-Hispanic	293	102.3 (90.6-114.0)	21	148.5 (85.0-212.0)	1	17.3 (0.0-51.1)
AI/AN non-Hispanic	1	6.9 (0.0-20.4)	6	80.1 (16.0-144.2)	3	25.3 (0.0-53.9)
API non-Hispanic	51	17.8 (12.9-22.7)	12	30.9 (13.4-48.3)	0	0.0 (0.0-0.0)
Hispanic	180	22.8 (19.5-26.2)	21	14.0 (8.0-20.0)	8	8.9 (2.7-15.1)

Source: Hospital Inpatient Billing Data.

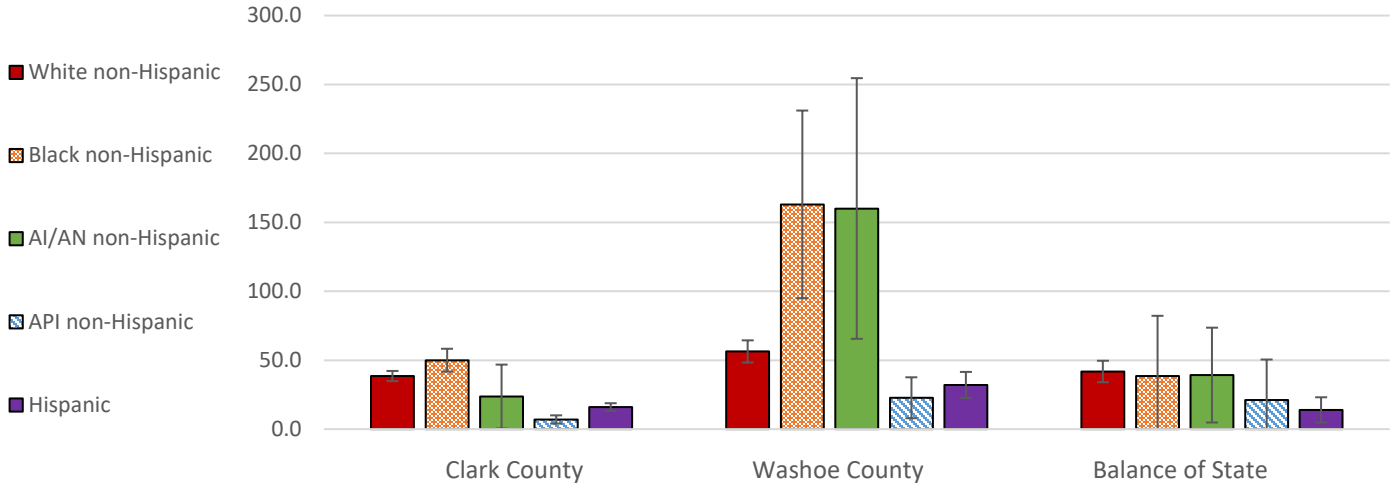
Figure 111. Fatal Drug Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	721	42.5 (39.4-45.6)	165	55.0 (46.6-63.4)	20	53.2 (29.9-76.5)	32	9.2 (6.0-18.3)	180	18.1 (15.5-20.8)
2022	623	37.0 (34.1-39.9)	126	44.3 (36.6-52.1)	14	37.0 (17.6-56.3)	21	6.2 (3.6-8.9)	154	15.8 (13.3-18.3)
2021	612	37.1 (34.1-40.0)	138	48.8 (40.7-57.0)	12	30.9 (13.4-48.3)	26	8.2 (5.0-11.3)	152	15.7 (13.2-18.2)
2020	536	32.7 (29.9-35.4)	117	41.3 (33.8-48.7)	8	22.0 (6.7-37.2)	25	8.0 (4.9-11.2)	135	13.5 (11.2-15.8)
2019	432	25.3 (22.9-27.6)	90	32.5 (25.8-39.3)	15	43.1 (21.3-65.0)	23	7.6 (4.5-10.7)	83	9.4 (7.3-11.4)

Source: Nevada Electronic Death Registry System

Figure 112. Fatal Drug Poisoning – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	422	38.5 (34.8-42.2)	188	56.4 (48.3-64.4)	111	41.8 (34.0-49.6)
Black non-Hispanic	140	50.0 (41.7-58.3)	22	163.0 (94.9-231.1)	3	38.6 (0.0-82.2)
AI/AN non-Hispanic	4	23.7 (0.5-46.8)	11	160.0 (65.5-254.6)	5	39.2 (4.8-73.6)
API non-Hispanic	21	7.0 (4.0-10.0)	9	22.7 (7.9-37.6)	2	21.2 (0.0-50.5)
Hispanic	127	16.0 (13.2-18.8)	44	32.1 (22.6-41.5)	9	13.9 (4.8-23.1)

Source: Nevada Electronic Death Registry System.

Communicable Disease

Communicable diseases are illnesses that spread from one person to another, from an animal to a person, or from a surface or a food [41]. The CDC's National Notifiable Disease Surveillance System (NNDSS) is a nationwide collaboration that enables all levels of public health (local, state, territorial, federal, and international) to share health information to monitor, control, and prevent the occurrence and spread of state-reportable and nationally notifiable infectious and some noninfectious diseases and conditions [42].

Significant Findings:

- In 2023, the White non-Hispanic population (24.3 per 100,000), the Black non-Hispanic population (27.6 per 100,000) and the Hispanic population (24.0 per 100,000) had significantly higher rates of enteric disease than the American Indian/Alaska Native population (9.3 per 100,000), and the Asian Pacific Islander non-Hispanic population (11.7 per 100,000) (Figure 113).
- In 2019-2023, the White non-Hispanic populations (25.8 per 100,000) in Washoe County and in the Balance of the State (31.6 per 100,000) had significantly higher rates of enteric disease than that in Clark County (17.6 per 100,000) (Figure 114).
- In 2023, the Black non-Hispanic population (209.3 per 100,000) and the American Indian/Alaska Native non-Hispanic population (272.4 per 100,000) had significantly higher rates of respiratory disease than the White non-Hispanic population (177.8 per 100,000), the Asian and Pacific Islanders non-Hispanic population (127.2 per 100,000) and the Hispanic population (124.5 per 100,000) (Figure 115).
- In 2019-2023, the White non-Hispanic population in Washoe County (149.6 per 100,000) had significantly higher rate of respiratory disease than that in Clark County (98.5 per 100,000) and the Balance of State (122.1 per 100,000) (Figure 116).
- In 2023, the Black non-Hispanic population (120.8 per 100,000) had significantly higher rate of vaccine preventable disease than the White non-Hispanic population (74.2 per 100,000), the American Indian/Alaskan Native non-Hispanic population (65.3 per 100,000), the Asian/Pacific Islander non-Hispanic population (20.8 per 100,000) and the Hispanic (34.9 per 100,000) population (Figure 117).

Figure 113. Enteric* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023

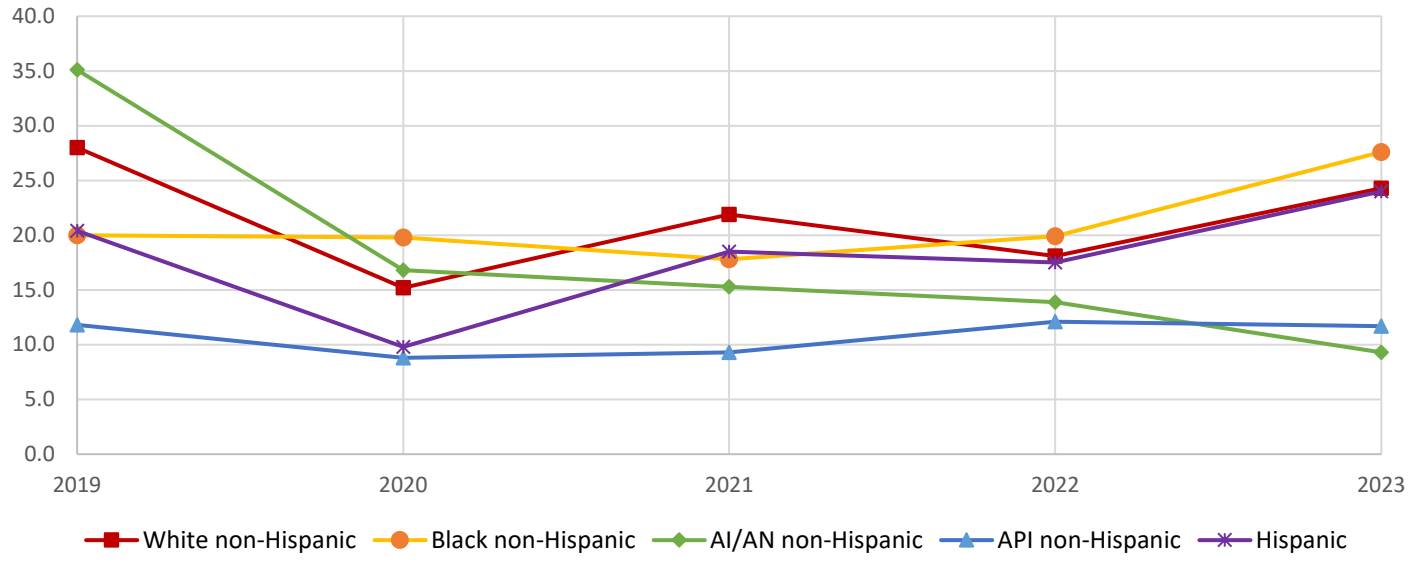


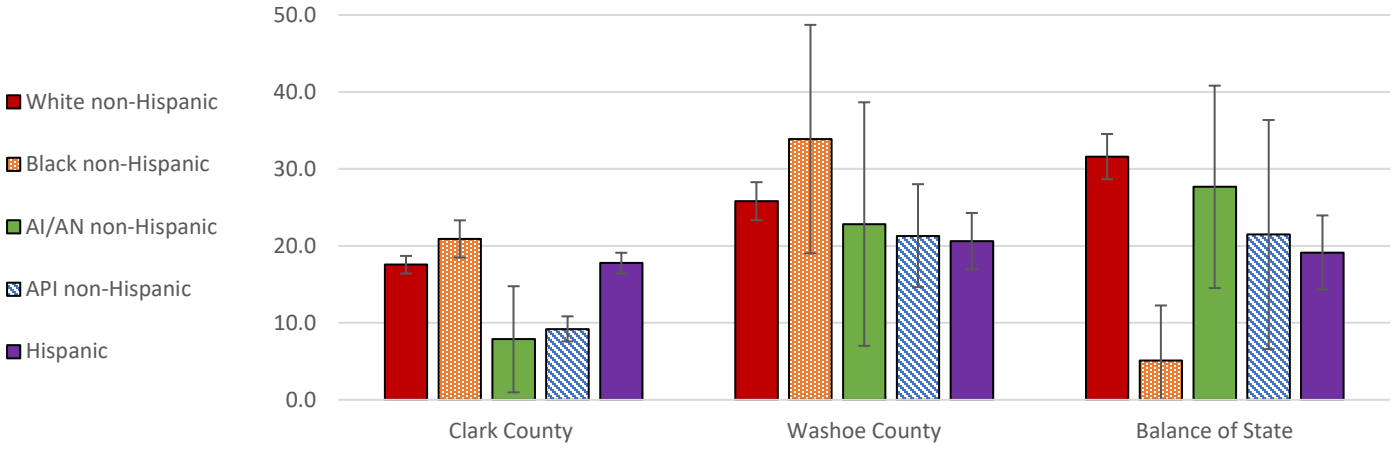
Figure 113. Enteric* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023 (continued)

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)
2023	429	24.3 (22.0-26.6)	82	27.6 (21.6-33.6)	3	9.3 (0.0-19.8)	41	11.7 (8.1-15.3)	225	24.0 (20.9-27.2)
2022	310	18.1 (16.1-20.1)	60	19.9 (14.8-24.9)	5	13.9 (1.7-26.0)	39	12.1 (8.4-16.0)	156	17.5 (14.7-20.2)
2021	344	21.9 (19.6-24.2)	53	17.8 (13.0-22.6)	4	15.3 (0.3-30.4)	28	9.3 (5.9-12.8)	168	18.5 (15.7-21.3)
2020	251	15.2 (13.4-17.1)	56	19.8 (14.6-25.0)	6	16.8 (3.4-30.3)	27	8.8 (5.5-12.1)	98	9.8 (7.9-11.7)
2019	437	28.0 (25.4-30.6)	57	20.0 (14.8-25.2)	12	35.1 (15.2-55.0)	35	11.8 (7.9-15.8)	195	20.4 (17.5-23.3)

**Enteric disease includes: amebiasis, botulism, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiasis, Enterotoxigenic E.coli (ETEC), foodborne illness NOS, giardiasis, hemolytic-uremic syndrome (HUS), hepatitis A (acute), hepatitis E, listeriosis, norovirus, salmonellosis (excluding S. Typhi infection and S. Paratyphi infection), shiga toxin-producing escherichia coli (STEC), Salmonella entericaserotypes Paratyphi A, B (tartrate negative) and C (S. Paratyphi) infection, Salmonella enterica Typhi (S.Typhi) infection, shigellosis, vibrio parahaemmolyticus, Vibriosis (any species of the family Vibrionaceae, other than toxigenic Vibrio cholerae O1 or O139) , yersiniosis(non-pestis).*

Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and EpiTrax.

Figure 114. Enteric* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2019-2023 Aggregated

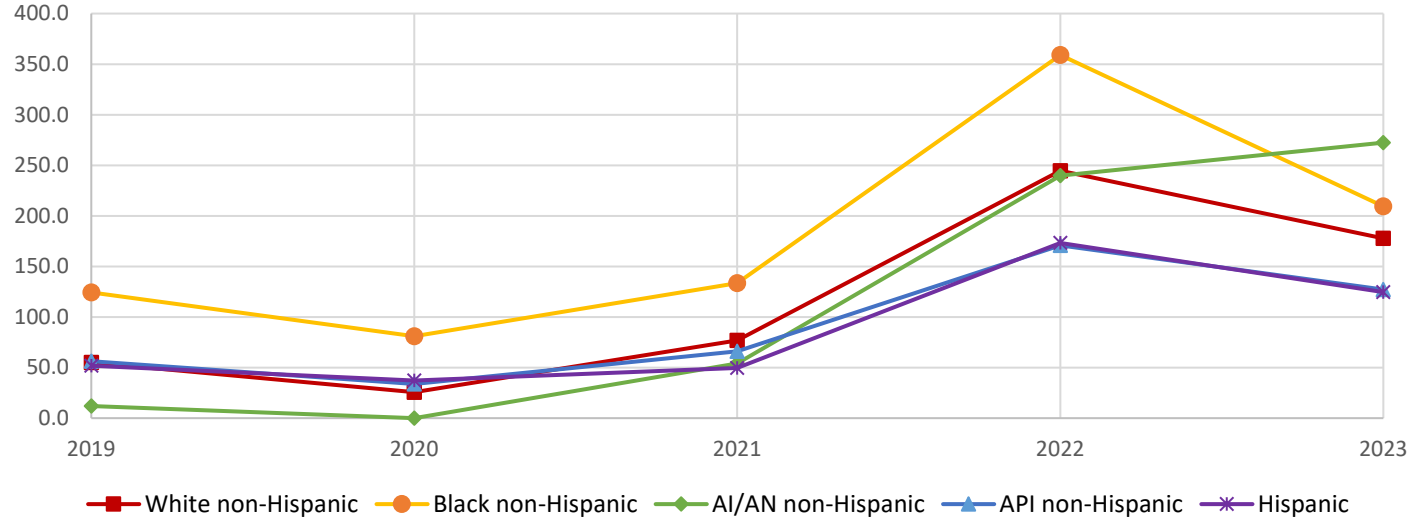


Race/Ethnicity	Clark County Count	Clark County Rate (CI)	Washoe County Count	Washoe County Rate (CI)	Balance of State Count	Balance of State Rate (CI)
White non-Hispanic	905	17.6 (16.4-18.7)	420	25.8 (23.3-28.3)	446	31.6 (28.7-34.5)
Black non-Hispanic	286	20.9 (18.5-23.3)	20	33.9 (19.0-48.7)	2	5.1 (0.0-12.3)
AI/AN non-Hispanic	5	7.9 (1.0-14.8)	8	22.8 (7.0-38.7)	17	27.7 (14.5-40.8)
API non-Hispanic	123	9.2 (7.6-10.9)	39	21.3 (14.6-28.0)	8	21.5 (6.6-36.4)
Hispanic	659	17.8 (16.4-19.1)	122	20.6 (17.0-24.3)	61	19.1 (14.3-24.0)

**Enteric disease includes: amebiasis, botulism, campylobacteriosis, cholera, cryptosporidiosis, cyclosporiasis, Enterotoxigenic E.coli (ETEC), foodborne illness NOS, giardiasis, hemolytic-uremic syndrome (HUS), hepatitis A (acute), hepatitis E, listeriosis, norovirus, salmonellosis (excluding S. Typhi infection and S. Paratyphi infection), shiga toxin-producing escherichia coli (STEC), Salmonella entericaserotypes Paratyphi A, B (tartrate negative) and C (S. Paratyphi) infection, Salmonella enterica Typhi (S.Typhi) infection, shigellosis, vibrio parahaemmolyticus, Vibriosis (any species of the family Vibrionaceae, other than toxigenic Vibrio cholerae O1 or O139) , yersiniosis(non-pestis).*

Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and EpiTrax.

Figure 115. Respiratory* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	2,206	177.8 (170.4-185.2)	695	209.3 (193.7-224.9)	64	272.4 (205.7-339.2)	370	127.2 (114.3-140.2)	1,206	124.5 (117.5-131.6)
2022	2,627	244.6 (235.2-254.0)	1,202	359.0 (338.7-379.3)	57	239.9 (177.6-302.2)	436	170.8 (154.8-186.9)	1,650	173.2 (164.8-181.5)
2021	870	76.7 (71.6-81.8)	449	133.5 (121.1-145.8)	15	54.0 (26.7-81.3)	182	66.2 (5.6-75.9)	459	49.5 (45.0-54.0)
2020	359	25.7 (23.1-28.4)	250	81.0 (71.0-91.1)	0	0.0 (0.0-0.0)	103	33.8 (27.2-40.3)	388	37.2 (33.5-40.9)
2019	650	55.0 (50.7-59.2)	394	124.4 (112.2-136.7)	4	12.1 (0.2-24.0)	158	56.2 (47.4-65.0)	552	51.9 (47.6-56.2)

**Respiratory disease includes: coccidioidomycosis, latent TB infection, legionellosis, Respiratory Syncytial Virus (RSV), tuberculosis.*
Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and EpiTrax.

Figure 116. Respiratory* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2019-2023 Aggregated

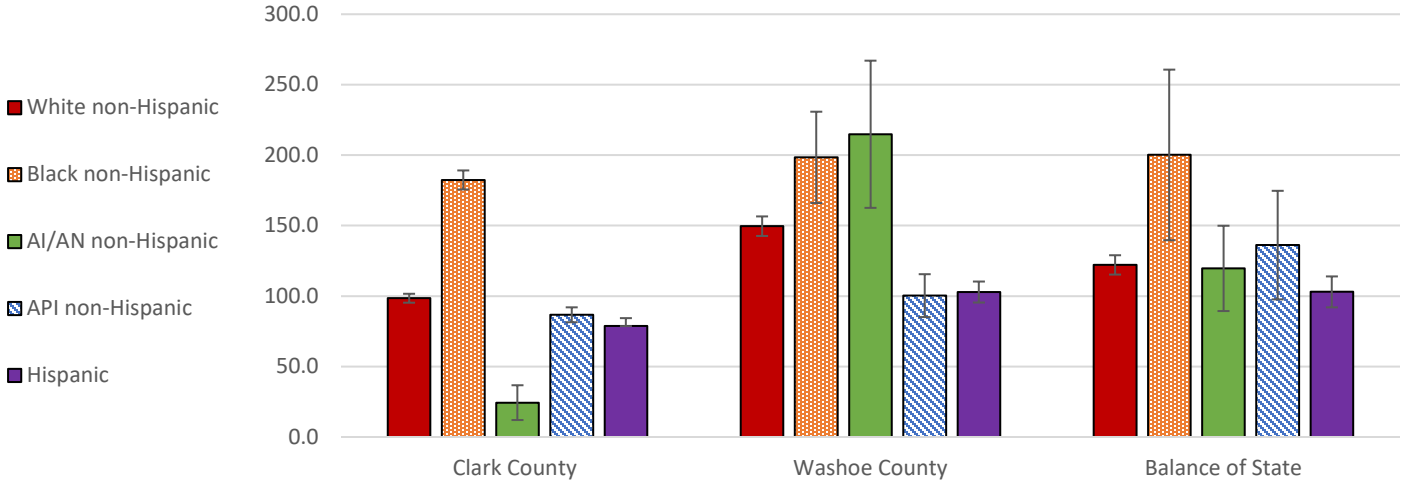
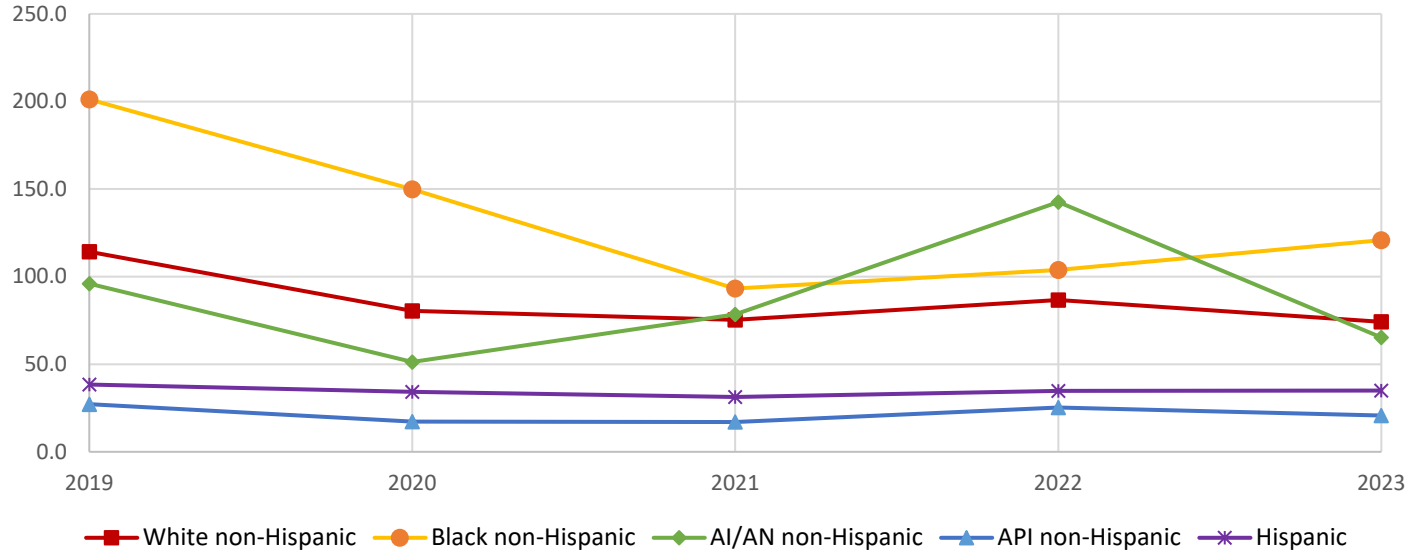


Figure 116. Respiratory* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2019-2023 Aggregated (Continued)

Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	3,708	98.5 (95.3-101.6)	1,786	149.6 (142.7-156.5)	1,218	122.1 (115.3-129.0)
Black non-Hispanic	2,804	182.4 (175.7-189.2)	144	198.4 (166.0-230.8)	42	200.2 (139.6-260.7)
AI/AN non-Hispanic	15	24.4 (12.0-36.7)	65	214.8 (162.6-267.1)	60	119.6 (89.4-149.9)
API non-Hispanic	1,034	86.7 (81.4-92.0)	167	100.3 (85.1-115.5)	48	136.2 (97.7-174.7)
Hispanic	3,185	78.7 (78.7-84.4)	732	102.9 (95.4-110.3)	338	103.0 (92.0-114.0)

**Respiratory disease includes: coccidioidomycosis, latent TB infection, legionellosis, Respiratory Syncytial Virus (RSV), tuberculosis.*
Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and EpiTrax.

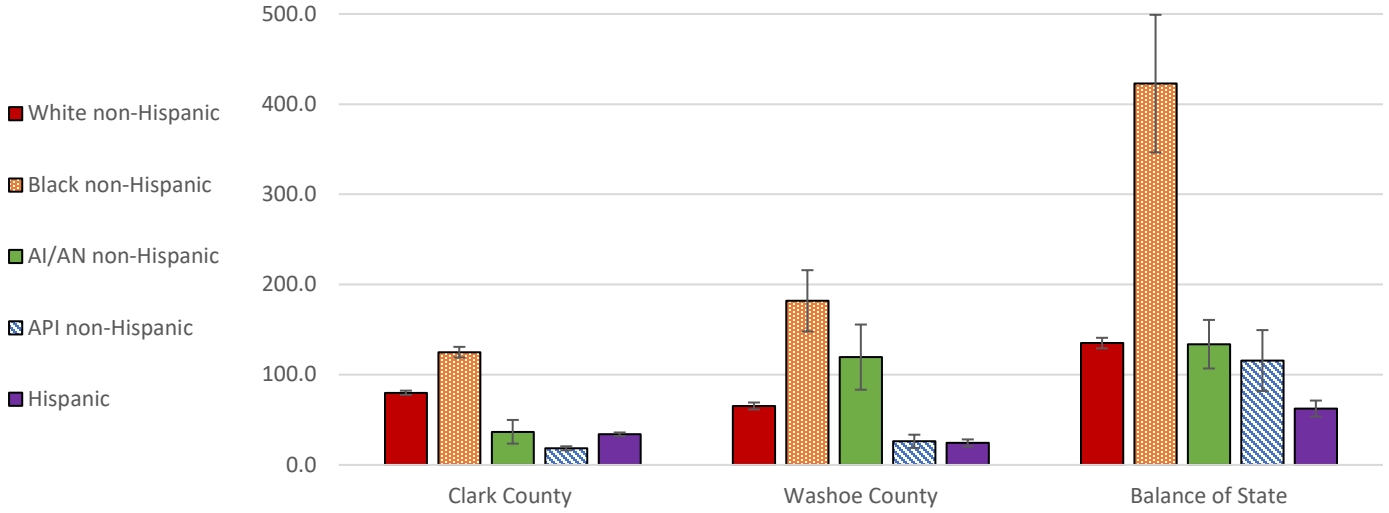
Figure 117. Vaccine Preventable* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Year, 2019-2023



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)
2023	1,350	74.2 (70.3-78.2)	362	120.8 (108.3-133.2)	25	65.3 (39.7-91.0)	74	20.8 (16.0-25.5)	314	34.9 (31.0-38.7)
2022	1,550	86.6 (82.3-90.9)	303	103.9 (82.1-104.3)	53	142.6 (104.2-181.0)	84	25.3 (19.9-30.7)	311	34.8 (31.0-38.7)
2021	1,349	75.4 (71.4-79.4)	270	93.2 (82.1-104.3)	31	78.4 (50.8-106.0)	55	17.0 (12.5-21.5)	269	31.3 (27.6-35.1)
2020	1,464	80.4 (76.3-84.5)	432	149.9 (135.7-164.0)	20	51.3 (28.8-73.7)	58	17.2 (12.8-21.6)	289	34.3 (30.3-38.2)
2019	1,984	114.2 (109.2-119.2)	575	201.2 (184.8-217.7)	38	95.9 (65.4-126.4)	89	27.2 (21.6-32.9)	317	38.4 (34.2-42.6)

**Vaccine preventable disease includes: haemophilus influenzae, hepatitis B (acute), hepatitis C (acute), hepatitis C Chronic, invasive pneumococcal disease, meningococcal disease, mumps, pertussis, Rotavirus, varicella (Chickenpox).*
Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and EpiTrax.

Figure 118. Vaccine Preventable* Disease Morbidity – Counts and Age-Adjusted Rates by Race/Ethnicity and Region, 2019-2023 Aggregated



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	4,535	80.0 (77.7-82.4)	1,106	65.3 (61.5-69.2)	2,050	135.1 (129.2-140.9)
Black non-Hispanic	1,712	125.0 (119.1-130.9)	110	181.9 (147.9-215.9)	118	422.8 (346.5-499.0)
AI/AN non-Hispanic	30	36.7 (23.6-49.9)	42	119.5 (83.4-155.6)	95	133.9 (106.9-160.8)
API non-Hispanic	266	18.4 (16.2-20.6)	49	26.2 (18.9-33.5)	45	115.7 (81.9-149.5)
Hispanic	1,165	34.0 (32.1-36.0)	143	24.3 (20.3-28.3)	191	62.5 (53.6-71.4)

**Vaccine preventable disease includes: haemophilus influenzae, hepatitis B (acute), hepatitis C (acute), hepatitis C Chronic, invasive pneumococcal disease, meningococcal disease, mumps, pertussis, Rotavirus, varicella (Chickenpox).*

Source: Division of Public and Behavioral Health, National Electronic Telecommunications System for Surveillance (NETSS), and EpiTrax.

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 and 2021, in the United States, COVID-19 was the third leading cause of death among with a death rate of 85.0 in 2020 and 104.1 per 100,000 population in 2021. In 2022, it was the fourth leading cause of death in the United States with a death rate of 44.5 per 100,000 population. It dropped to the tenth leading cause of death in 2023 at 11.9 per 100,000 population [15].

Significant Findings:

- In 2023, the Black non-Hispanic population had significantly higher rates of COVID-19 cases than all other race/ethnicities in Clark County and Washoe County (Figure 120).
- In 2023, all non-Hispanic populations in Washoe County had significantly higher case rates of COVID-19 cases than respective groups in Clark County and the Balance of State (Figure 120).
- In 2022 and 2023, the White non-Hispanic population had significantly higher mortality rates (117.6 per 100,000 population in 2022, and 22.6 per 100,000 population in 2023 respectively) of COVID-19 than all other race/ethnicities in Nevada (Figure 121).

Figure 119. COVID-19 Cases – Counts and Crude Rates by Race/Ethnicity and Year, Nevada Residents, 2020-2023

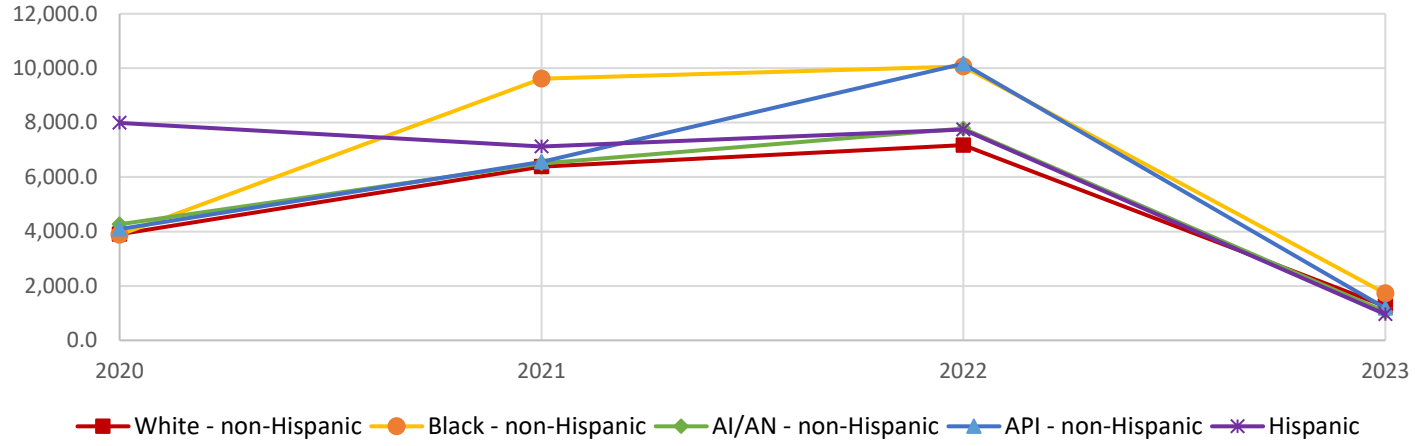
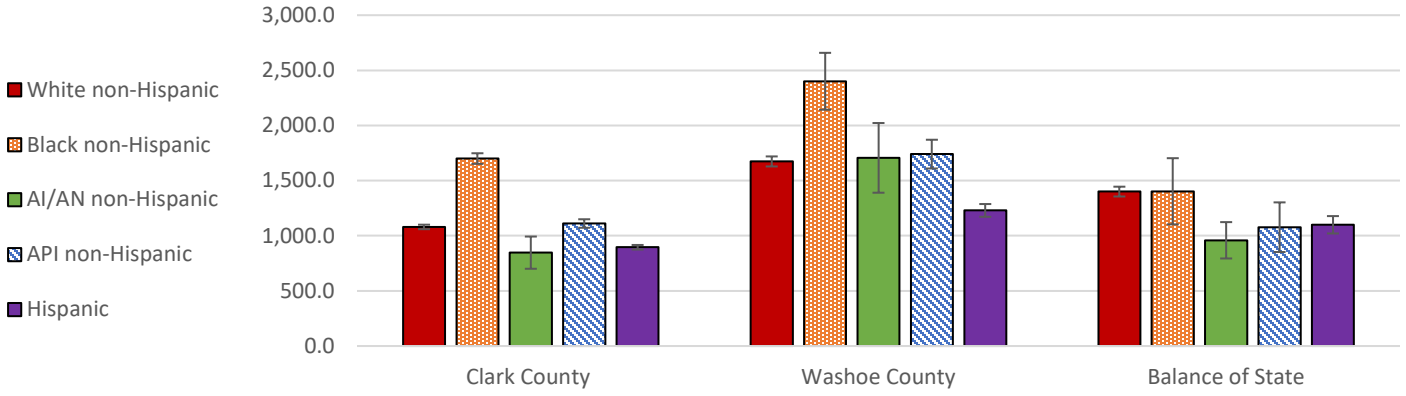


Figure 119. COVID-19 Cases – Counts and Crude Rates by Race/Ethnicity and Year, Nevada Residents, 2020-2023(continued)

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)
2023	19,840	1,251.5 (1,234.1-1,268.9)	5,213	1,726.3 (1,679.5-1,773.2)	371	1,049.3 (942.5-1,156.1)	3,957	1,184.3 (1,147.4-1,221.2)	9,703	955.8 (936.8-974.9)
2022	112,942	7,174.5 (7,132.7-7,216.4)	29,403	10,065.3 (9,950.3-10,180.4)	2,752	7,784.1 (7,493.3-8,075.0)	32,599	10,164.3 (10,054.0-10,274.7)	76,036	7,745.3 (7,690.3-7,800.4)
2021	99,606	6,377.2 (6,337.6-6,416.8)	27,646	9,611.7 (9,498.4-9,725.0)	2,308	6,500.1 (6,234.9-6,765.3)	20,639	6,563.1 (6,473.5-6,652.6)	68,301	7,121.9 (7,068.5-7,175.3)
2020	61,258	3,900.0 (3,869.1-3,930.9)	10,985	3,878.1 (3,805.6-3,950.6)	1,532	4,262.8 (4,049.3-4,476.2)	12,942	4,091.9 (4,021.4-4,162.4)	76,647	7,989.9 (7,933.3-8,046.5)

At home COVID-19 tests are not included.

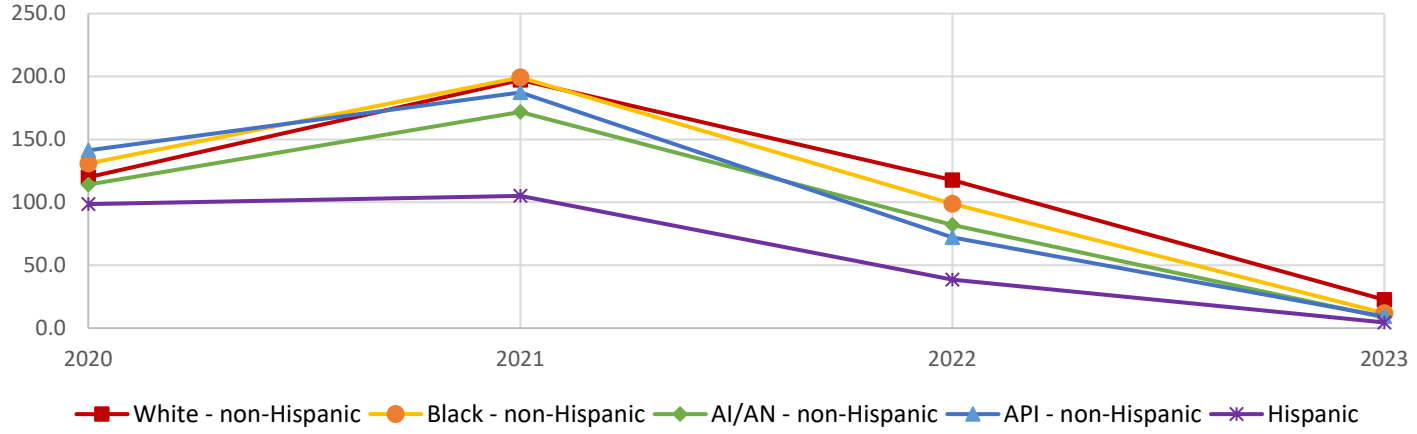
Figure 120. COVID-19 Cases – Counts and Crude Rates by Race/Ethnicity and Region, Nevada Residents, 2023



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	10,824	1,080.0 (1,059.7-1,100.3)	5,202	1,673.9 (1,628.4-1,719.4)	3,814	1,400.5 (1,356.0-1,444.9)
Black non-Hispanic	4,796	1,700.0 (1,651.9-1,748.1)	333	2,400.9 (2,143.0-2,658.7)	84	1,403.3 (1,103.2-1,703.4)
AI/AN non-Hispanic	129	846.7 (700.6-992.9)	112	1,706.3 (1,390.3-2,022.3)	130	958.8 (794.0-1,123.7)
API non-Hispanic	3,184	1,111.0 (1,072.4-1,149.6)	685	1,740.3 (1,610.0-1,870.7)	88	1,077.5 (852.4-1,302.6)
Hispanic	7,220	895.8 (875.1-916.4)	1,734	1,229.7 (1,171.8-1,287.6)	749	1,099.5 (1,020.7-1,178.2)

At home COVID-19 tests are not included.

Figure 121. COVID-19 Mortality – Counts and Crude Rates by Race/Ethnicity and Year, Nevada Residents, 2020-2023



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)
2023	358	22.6 (20.2-24.9)	36	11.9 (8.0-15.8)	3	8.5 (0.0-18.1)	31	9.3 (6.0-12.5)	46	4.5 (3.2-5.8)
2022	1,851	117.6 (112.2-122.9)	289	98.9 (87.5-110.3)	29	82.0 (52.2-111.9)	231	72.0 (62.7-81.3)	378	38.5 (34.6-42.4)
2021	3,080	197.2 (190.2-204.2)	573	199.2 (182.9-215.5)	61	171.8 (128.7-214.9)	589	187.3 (172.2-202.4)	1,008	105.1 (98.6-111.6)
2020	1,883	119.9 (114.5-125.3)	371	131.0 (117.6-144.3)	41	114.1 (79.2-149.0)	447	141.3 (128.2-154.4)	945	98.5 (92.2-104.8)

Figure 122. COVID-19 Mortality – Counts and Crude Rates by Race/Ethnicity and Region, Nevada Residents, 2023

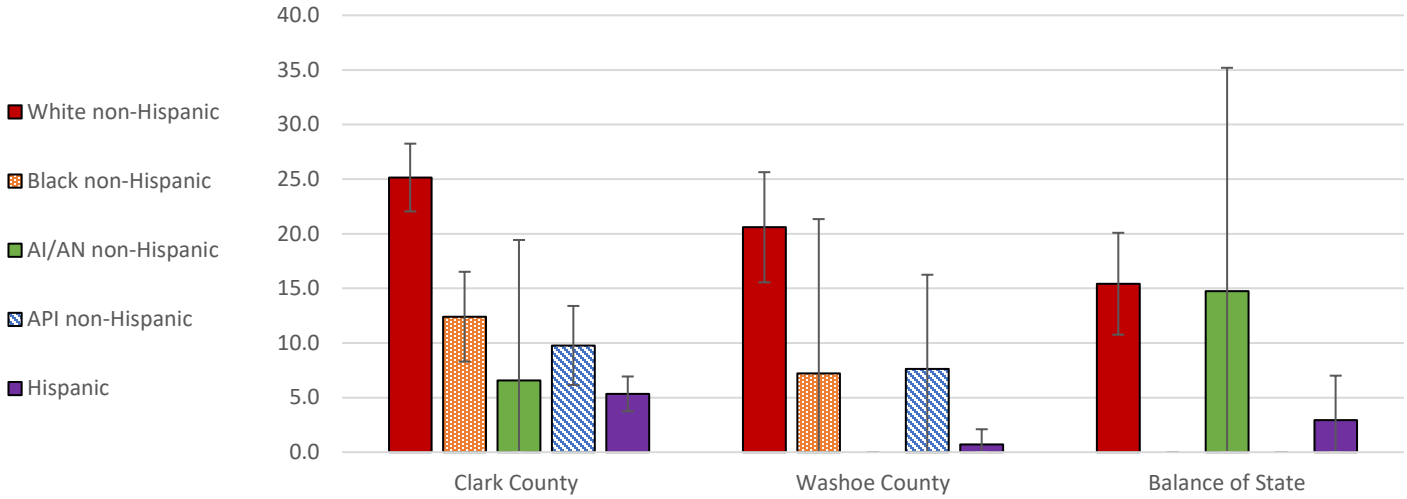


Figure 122. COVID-19 Mortality – Counts and Crude Rates by Race/Ethnicity and Region, Nevada Residents, 2023(Continued)

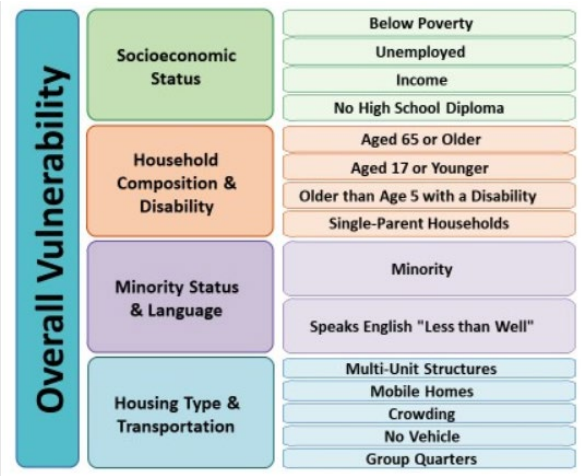
Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	252	25.1 (22.0-28.2)	64	20.6 (15.5-25.6)	42	15.4 (10.8-20.1)
Black non-Hispanic	35	12.4 (8.3-16.5)	1	7.2 (0.0-21.3)	0	0.0 (0.0-0.0)
AI/AN non-Hispanic	1	6.6 (0.0-19.4)	0	0.0 (0.0-0.0)	2	14.8 (0.0-35.2)
API non-Hispanic	28	9.8 (6.2-13.4)	3	7.6 (0.0-16.2)	0	0.0 (0.0-0.0)
Hispanic	43	5.3 (3.7-6.9)	1	0.7 (0.0-2.1)	2	2.9 (0.0-7.0)

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://www.atsdr.cdc.gov/place-health/php/svi/svi-interactive-map.html?CDC_AAref_Val=https://www.atsdr.cdc.gov/placeandhealth/svi/interactive_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 vulnerability level by race/ethnicity 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 have a higher vulnerability for housing and transportation.

Figure 123. Overall Vulnerability by Census Tract, 2022

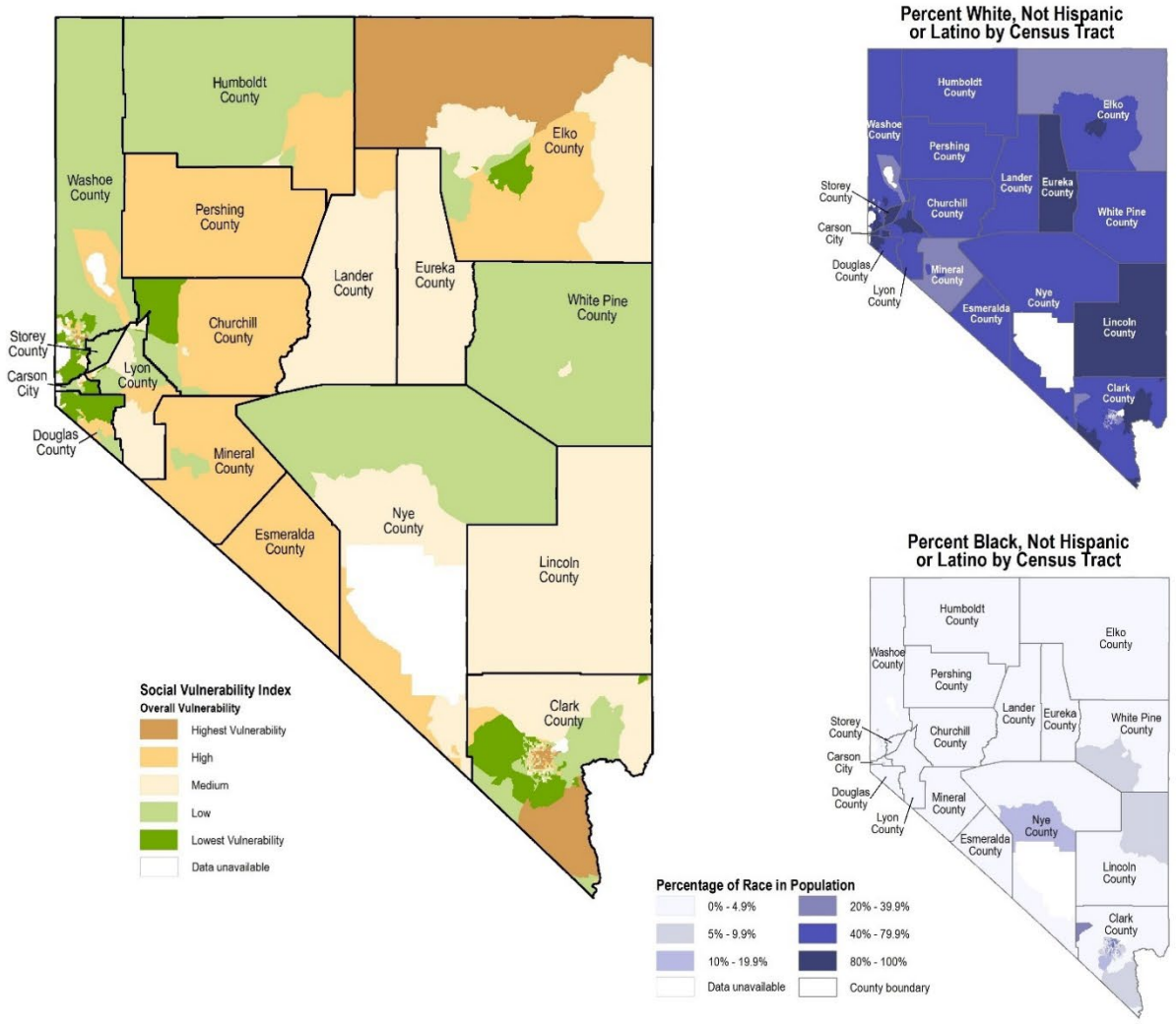


Figure 124. Socioeconomic Status by Census Tract, 2022

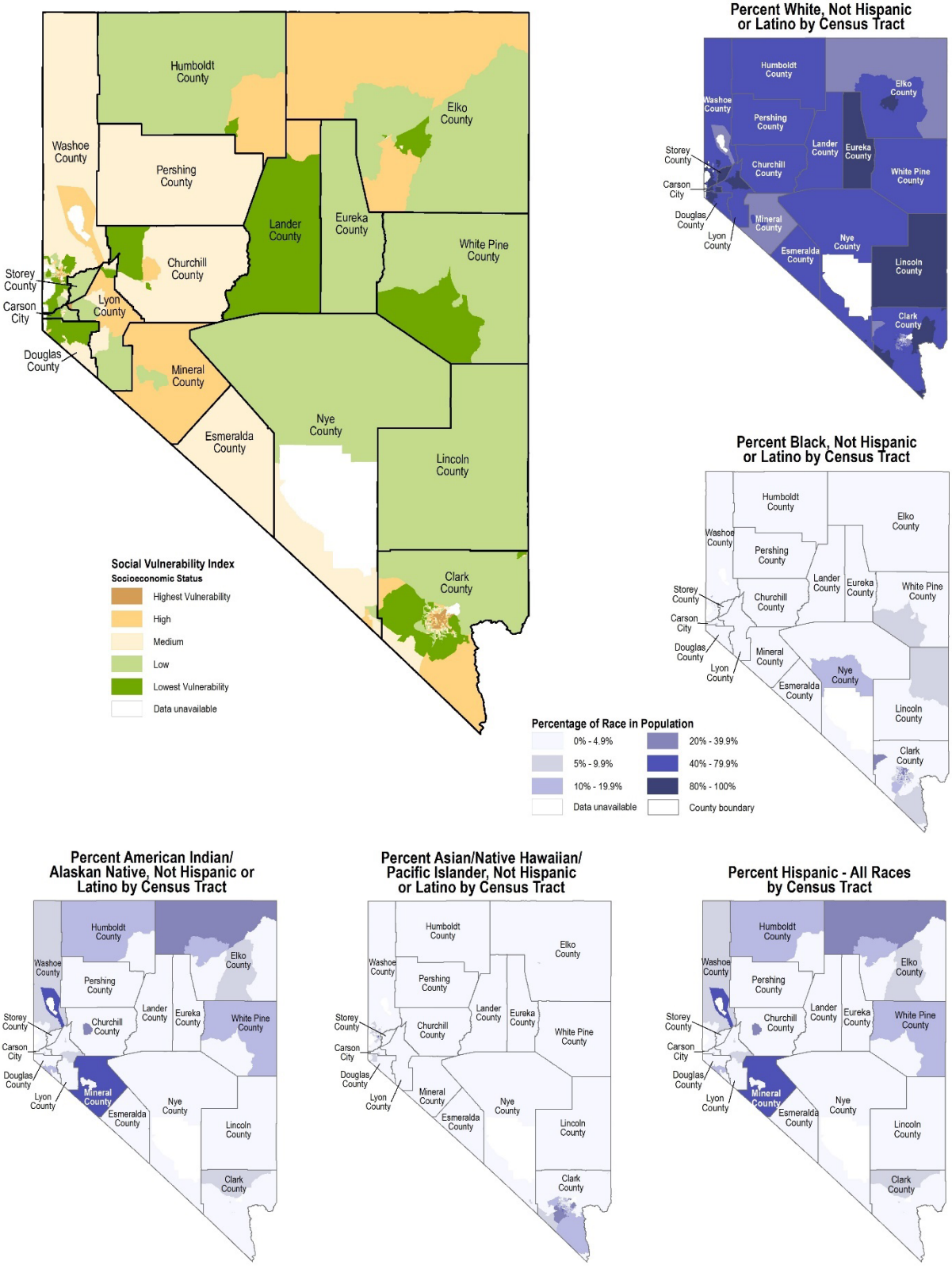


Figure 125. Household Composition and Disability by Census Tract, 2022

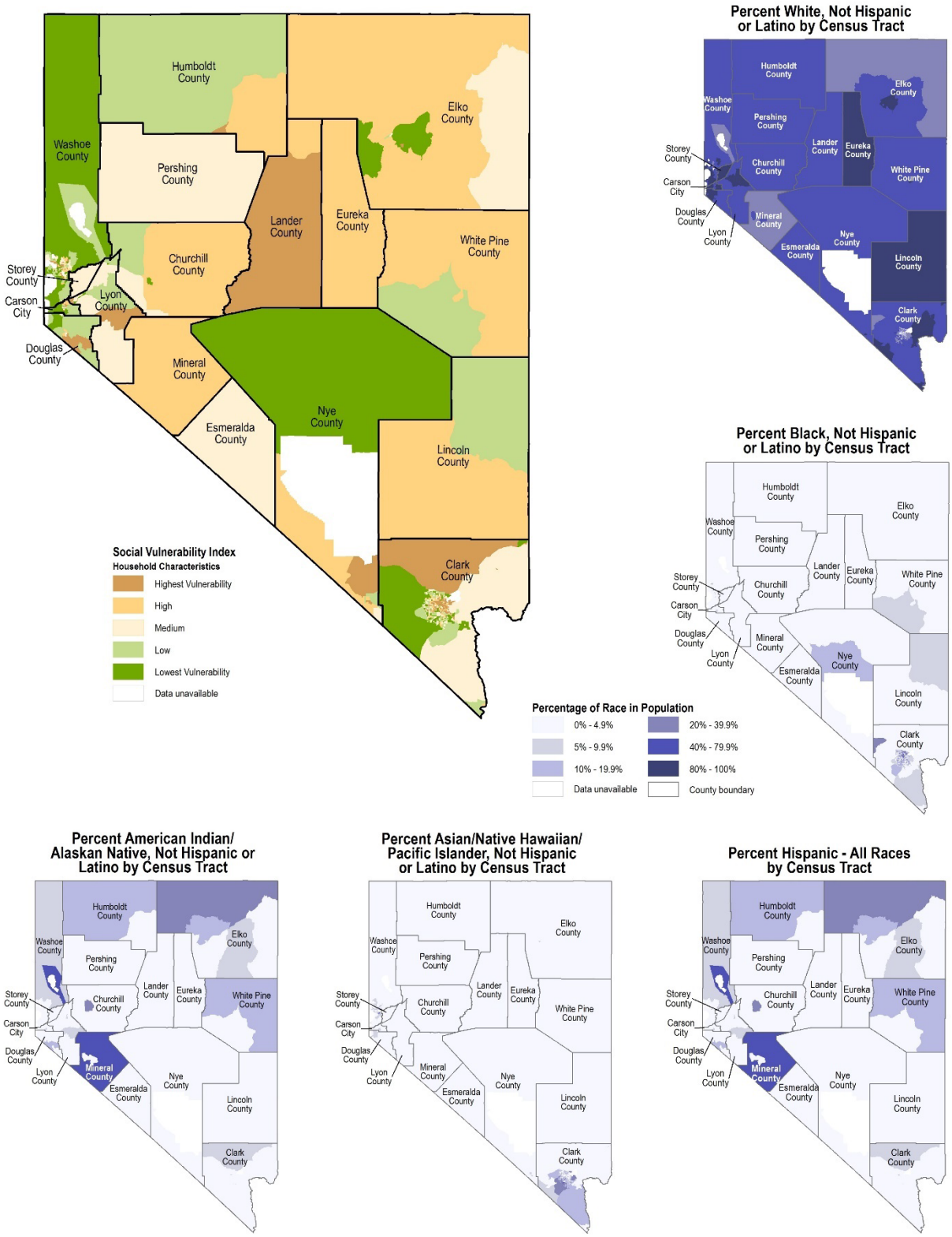
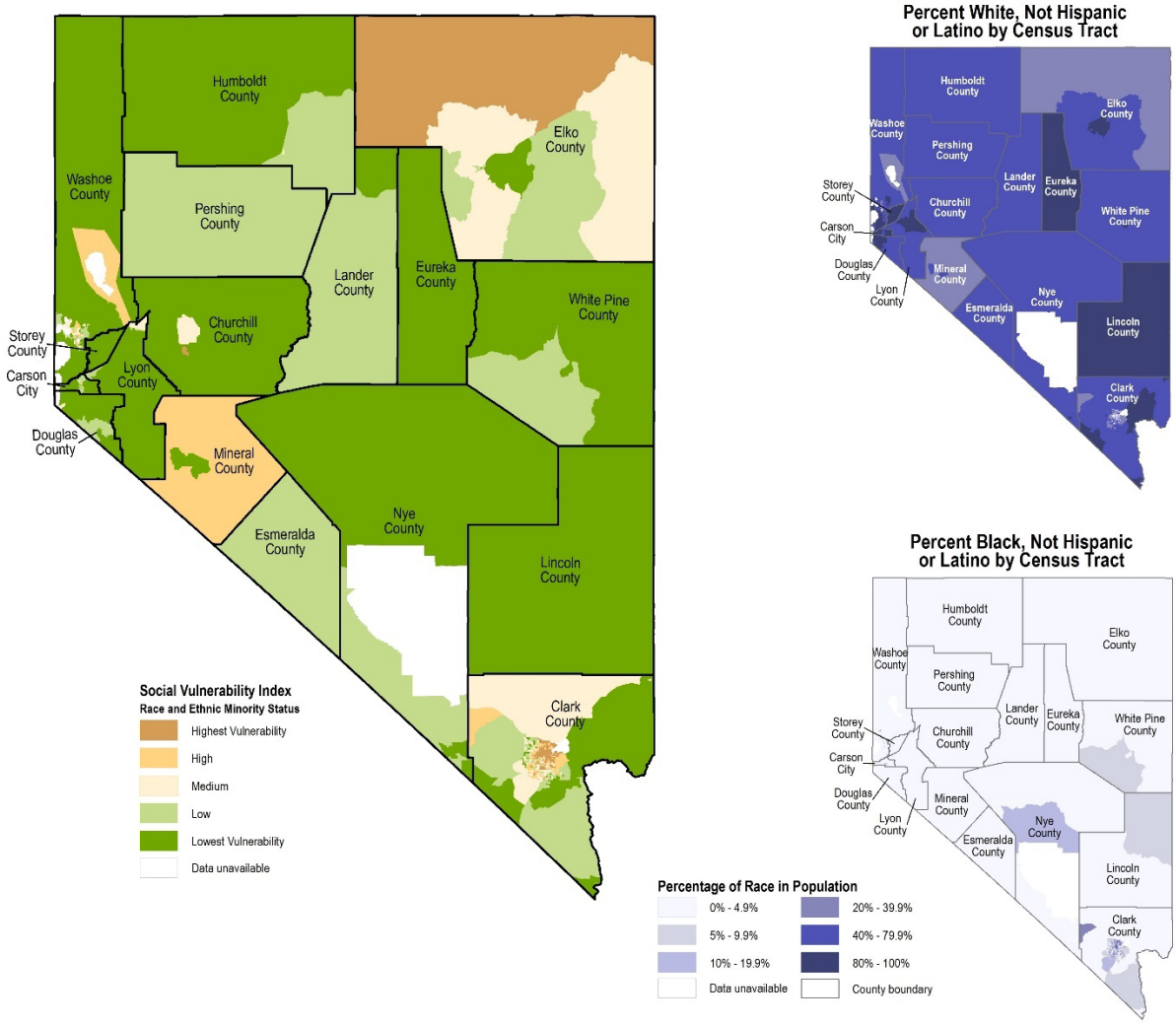
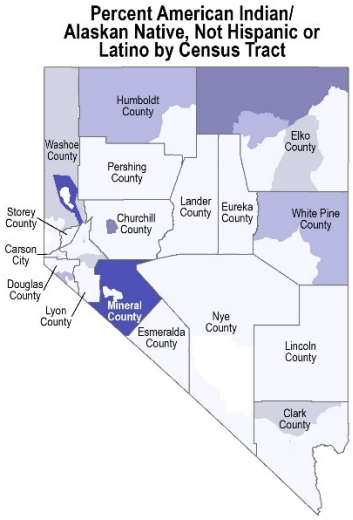


Figure 126. Minority Status and Language by Census Tract, 2022





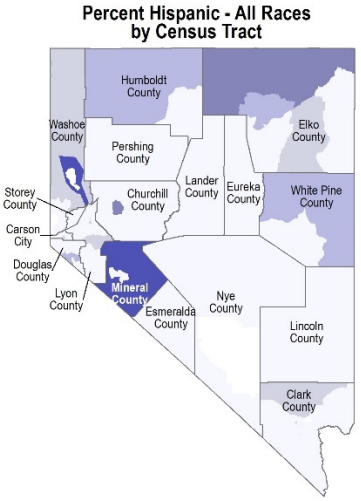
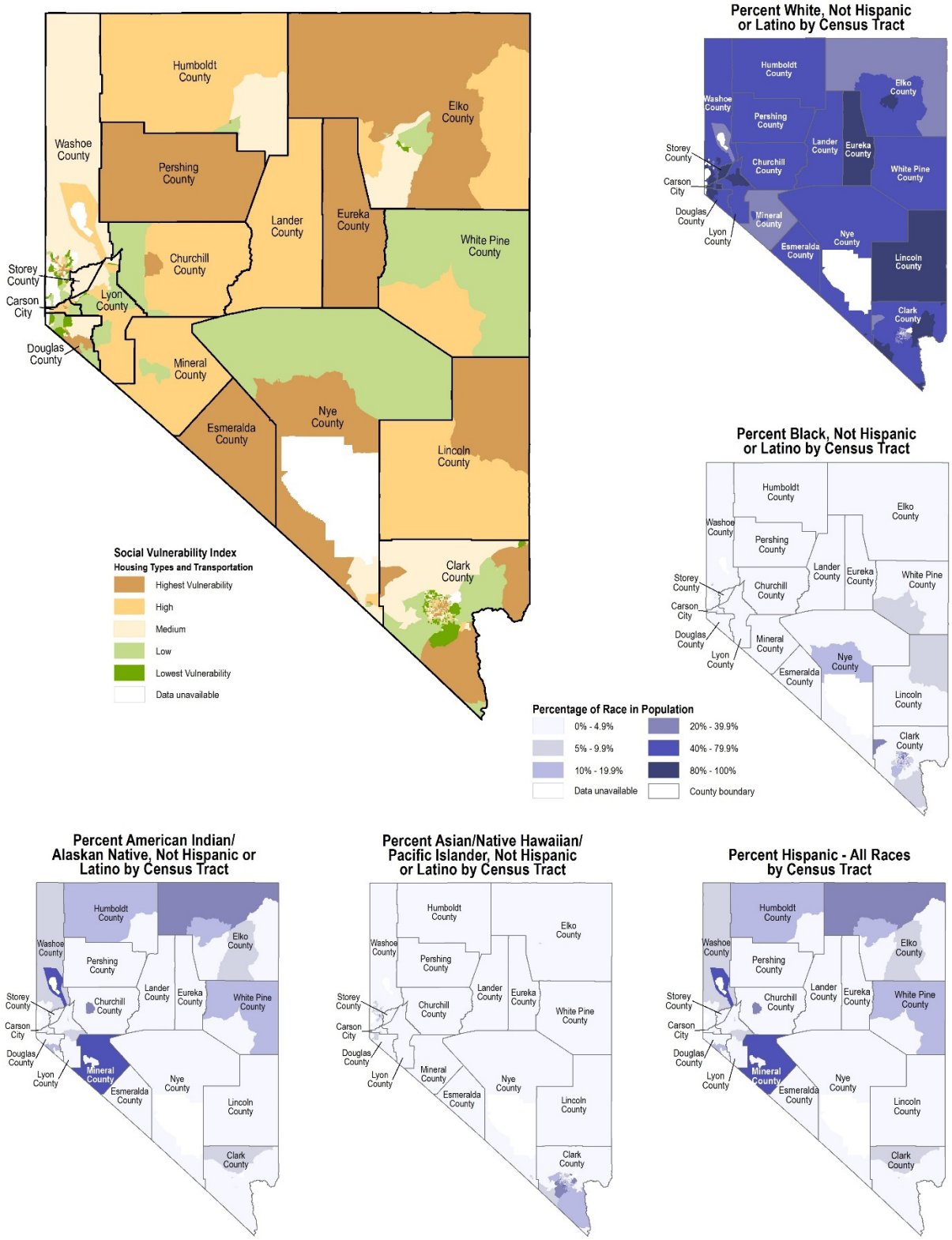


Figure 127. Housing Type and Transportation by Census Tract, 2022



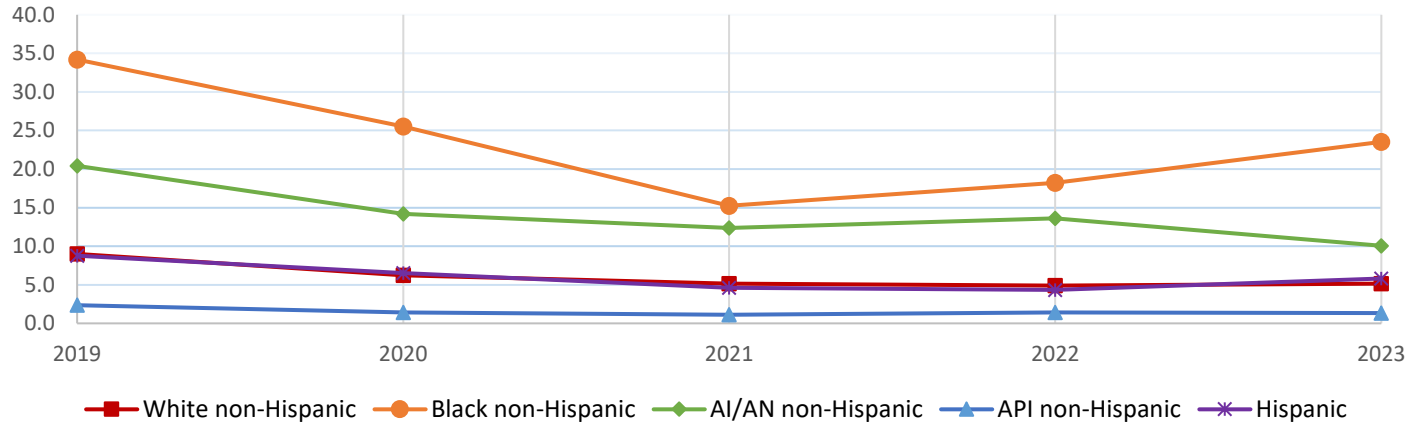
Juvenile Arrests and Detentions

Nevada's formal juvenile justice system is established primarily 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 2019 to 2021 (Figure 128 and Figure 130).
- Arrests for the Black non-Hispanic population have increased significantly from 2021 to 2023, (15.2 in 2021, 18.2 in 2022, and 23.5 in 2023). There are no significant changes observed for other race/ethnicities from 2021-2023 (Figure 128).
- In 2023, the White non-Hispanic, the Black non-Hispanic, and the Alaska Native/American Indian populations in Washoe County had significantly higher rates of arrests than those respective groups in Clark County and Balance of State (Figure 129).
- In 2023, the Asian and Pacific Islander non-Hispanic and the Hispanic populations in the Balance of State had a significantly higher rate of detention than those respective groups in Clark County and Washoe County (Figure 131).

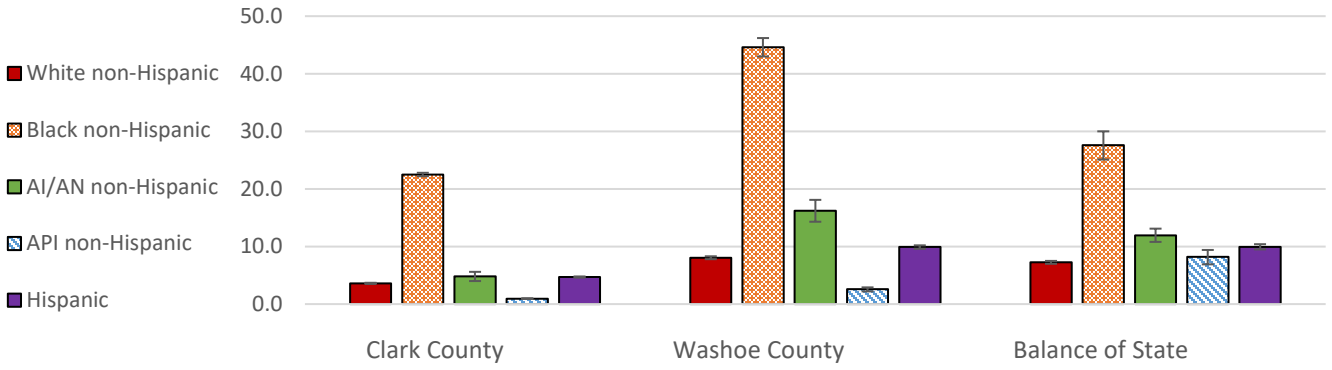
Figure 128. Arrest Counts and Crude Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	1,357	5.1 (5.0-5.2)	2,010	23.5 (23.3-23.8)	71	10.1 (9.4-10.8)	93	1.3 (1.3-1.4)	1,696	5.8 (5.7-5.9)
2022	1,310	4.9 (4.8-5.0)	1,502	18.2 (18.0-18.5)	94	13.6 (12.8-14.4)	96	1.4 (1.3-1.5)	1,253	4.3 (4.3-4.4)
2021	1,386	5.1 (5.1-5.2)	1,237	15.2 (15.0-15.5)	91	12.3 (11.6-13.1)	75	1.1 (1.0-1.2)	1,329	4.6 (4.5-4.7)
2020	1,734	6.2 (6.1-6.3)	1,986	25.5 (25.2-25.8)	112	14.2 (13.4-15.0)	99	1.4 (1.3-1.5)	1,988	6.5 (6.4-6.6)
2019	2,511	9.0 (8.9-9.1)	2,590	34.2 (33.9-34.5)	161	20.4 (19.5-21.3)	162	2.4 (2.2-2.5)	2,627	8.8 (8.7-8.9)

Source: Division of Child and Family Services Juvenile Justice Programs Office.

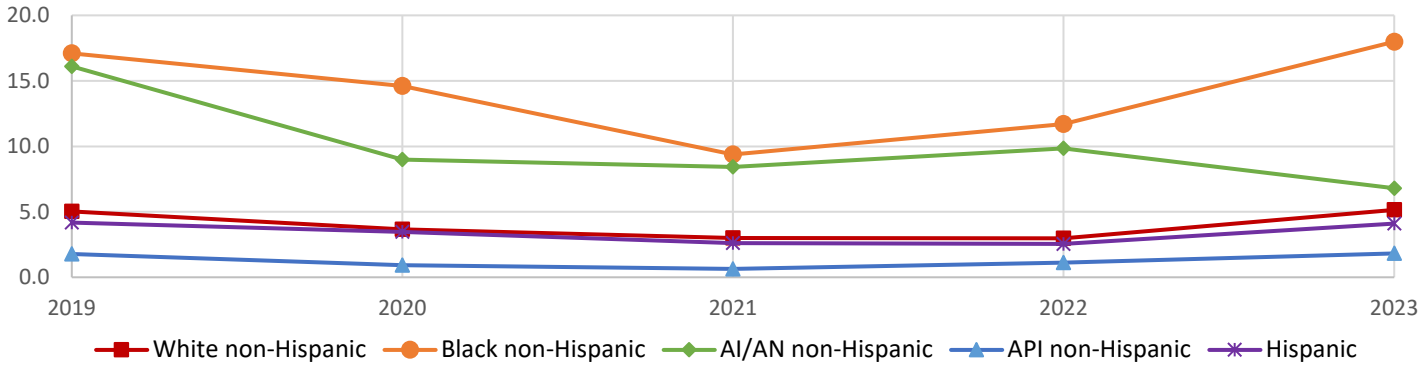
Figure 129. Arrest Counts and Crude Rates by Region and by Race/Ethnicity, Nevada, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	591	3.6 (3.5-3.7)	425	8.1 (7.8-8.3)	341	7.2 (7.0-7.5)
Black non-Hispanic	1,811	22.5 (22.2-22.8)	164	44.6 (43.0-46.2)	35	27.6 (25.1-30.0)
AI/AN non-Hispanic	13	4.8 (4.0-5.6)	23	16.2 (14.3-18.1)	35	11.9 (10.8-13.1)
API non-Hispanic	55	0.9 (0.9-1.0)	23	2.6 (2.2-2.9)	15	8.2 (6.9-9.4)
Hispanic	1,081	4.7 (4.6-4.8)	421	9.9 (9.6-10.2)	194	9.9 (9.5-10.4)

Source: Division of Child and Family Services Juvenile Justice Programs Office.

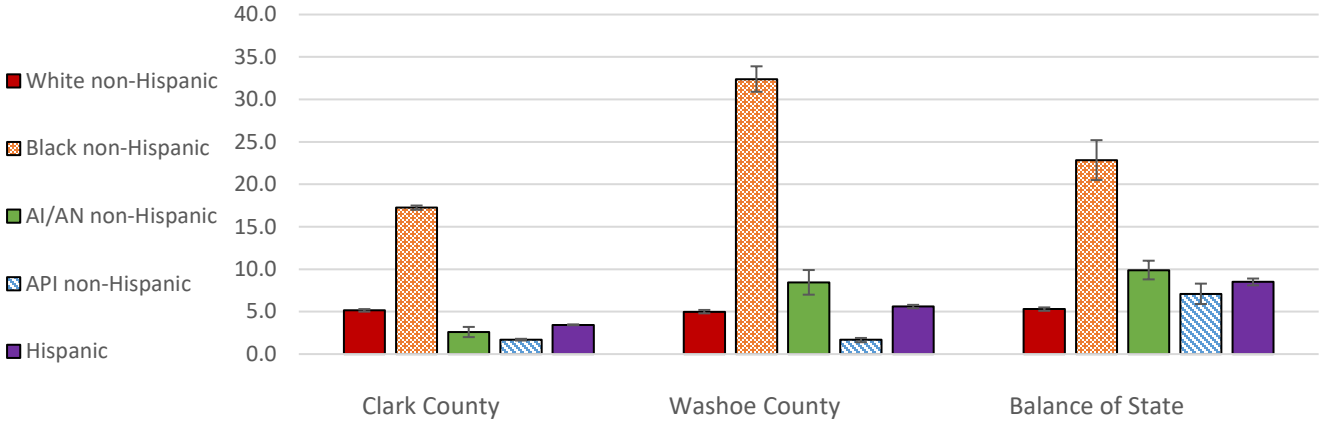
Figure 130. Detention Counts and Crude Rates by Race/Ethnicity and Year, Nevada, 2019-2023



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)
2023	1,361	5.1 (5.1-5.2)	1,536	18.0 (17.7-18.2)	48	6.8 (6.2-7.4)	126	1.8 (1.7-1.9)	1,196	4.1 (4.0-4.2)
2022	796	3.0 (2.9-3.0)	965	11.7 (11.5-11.9)	68	9.8 (9.1-10.5)	75	1.1 (1.0-1.2)	736	2.5 (2.5-2.6)
2021	807	3.0 (2.9-3.1)	761	9.4 (9.2-9.6)	62	8.4 (7.8-9.0)	43	0.6 (0.6-0.7)	754	2.6 (2.5-2.7)
2020	1,018	3.7 (3.6-3.7)	1,136	14.6 (14.4-14.9)	71	9.0 (8.4-9.6)	65	0.9 (0.9-1.0)	1,056	3.5 (3.4-3.5)
2019	1,404	5.0 (5.0-5.1)	1,296	17.1 (16.8-17.4)	127	16.1 (15.3-16.9)	123	1.8 (1.7-1.9)	1,251	4.2 (4.1-4.2)

Source: Division of Child and Family Services Juvenile Justice Programs Office.

Figure 131. Detention Counts and Crude Rates by Race/Ethnicity and Region, Nevada, 2023



Race/Ethnicity	Clark County		Washoe County		Balance of State	
	Count	Rate (CI)	Count	Rate (CI)	Count	Rate (CI)
White non-Hispanic	849	5.2 (5.0-5.3)	262	5.0 (4.8-5.2)	250	5.3 (5.1-5.5)
Black non-Hispanic	1,388	17.3 (17.0-17.5)	119	32.4 (30.9-33.9)	29	22.9 (20.5-25.2)
AI/AN non-Hispanic	7	2.6 (2.0-3.2)	12	8.4 (7.0-9.9)	29	9.9 (8.8-11.0)
API non-Hispanic	98	1.7 (1.6-1.8)	15	1.7 (1.4-1.9)	13	7.1 (5.9-8.3)
Hispanic	792	3.4 (3.4-3.5)	238	5.6 (5.4-5.8)	166	8.5 (8.1-8.9)

Source: Division of Child and Family Services Juvenile Justice Programs Office.

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. These observations reflect the responses of those who 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. Communities representing the targeted demographic must be made comfortable with participation and collection methodologies must be 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 or hesitation to share, as did the initial rollout of racial reporting in the late 1980's and early 1990's. Nevada will continue collecting and/or sourcing this data in order to have more robust information to report in the future. In the BRFSS survey, 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. In the BRFSS survey, respondents were asked "Do you consider yourself to be transgender? (if yes, asked, Do you consider yourself to be male to female, female to male, or gender non-conforming?"

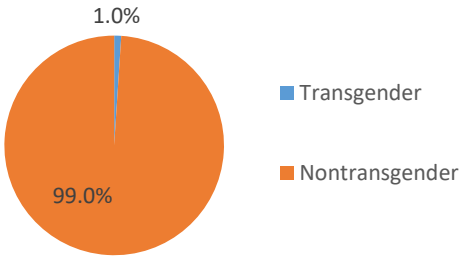
Significant Findings:

- In 2022-2023, a significantly lower percent of the bisexual population (14.4%) had college graduate education than straight population (24.4%) (Figure 135).
- In 2022-2023, a significantly lower percent of the bisexual population (1.3%) had income of $200k or more than straight population (7.2%) (Figure 136).
- A larger portion of the bisexual population had thoughts of suicide and depression (17.8% and 51.2%, respectively) compared to the straight population (4.0% and 17.5%, respectively) (Figure 138 and Figure 139).
- The bisexual population had lower prevalence of diabetes (5.2%), heart disease (1.3%), and cancer (3.3%) compared to the straight population (11.5%, 4.0%, and 8.9% respectively) (Figure 143, 144, and 146).

Population Distribution

Figure 132. Population Distribution – Percentages by Gender Identity and Sexual Orientation, Nevada, 2023

Gender Identity:	Count	Percent of Total
Transgender	18	1.0% (0.4-1.6)
Non-transgender	2,249	99.0% (98.4-99.6)
Total	**2,267**	**100%**



Sexual Orientation:	Count	Percent of Total
Bisexual	92	4.2% (2.9-5.5)
Gay or Lesbian	49	2.8% (1.5-4.1)
Straight	2,044	93.0% (91.2-94.8)
Total	**2,185**	**100%**

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

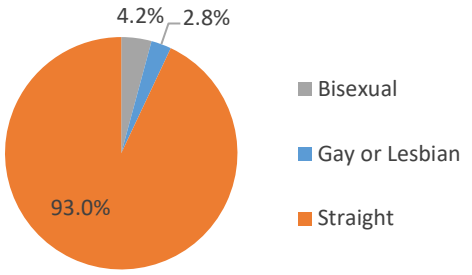
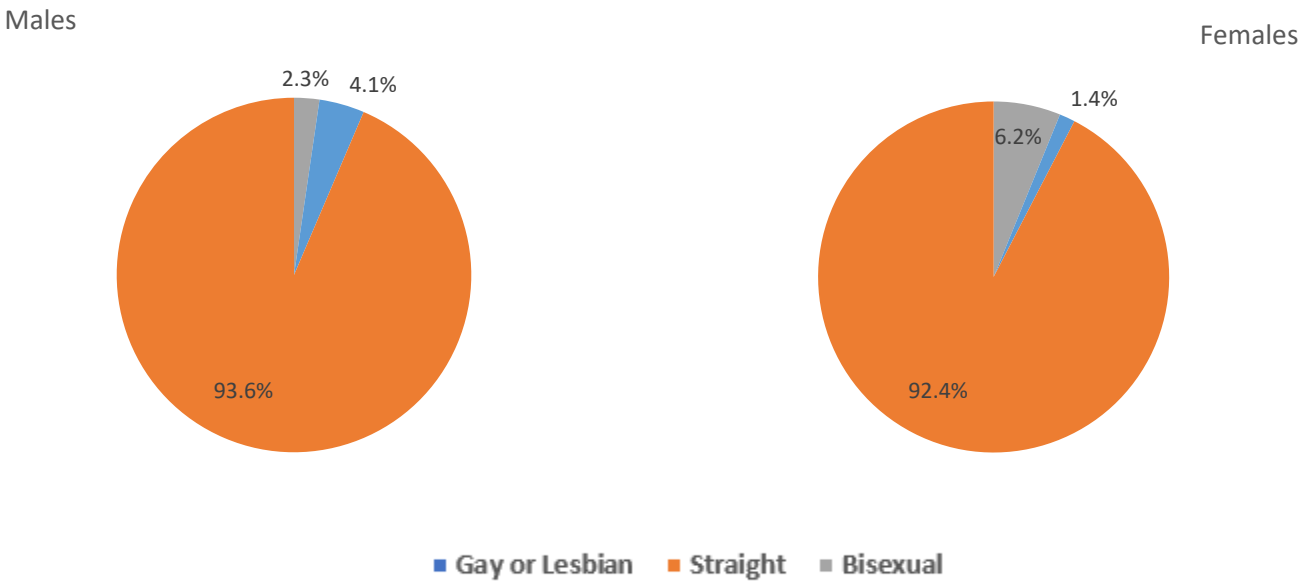


Figure 133. Population Distribution – Sexual Orientation by Gender, Nevada, 2023



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

Table 14. Population Distribution – Sexual Orientation by Age Groups, Nevada, 2023

Age	Bisexual	Gay or Lesbian	Straight
18-24	20.6%	5.0%	74.3%
25-34	5.1%	2.2%	92.7%
35-44	2.6%	1.4%	96.0%
45-54	1.8%	4.8%	93.4%
55-64	1.2%	1.6%	97.2%
65+	1.4%	2.7%	95.9%

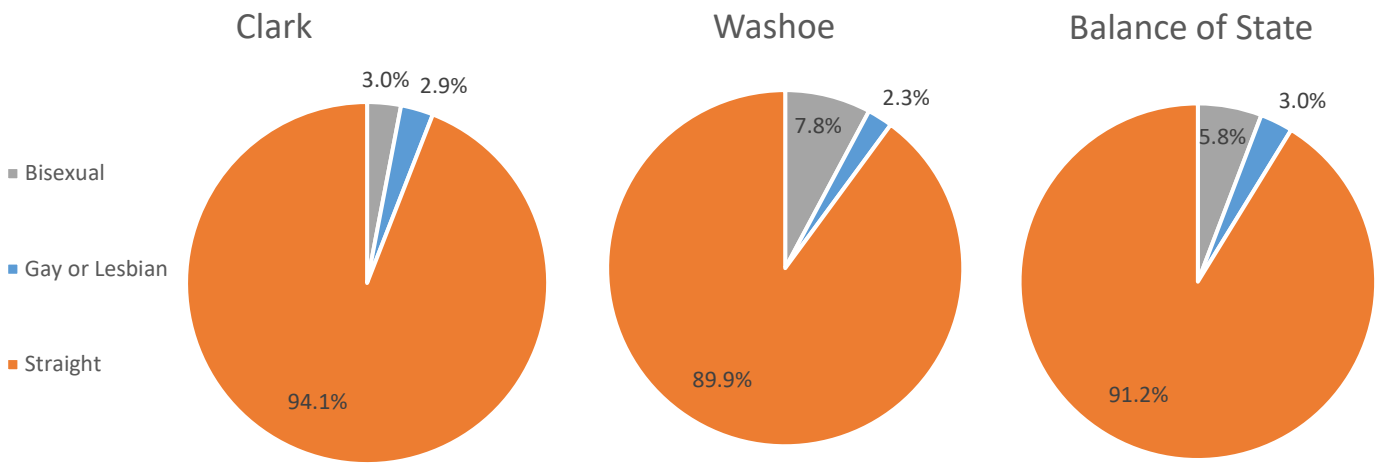
Source: Nevada and Behavioral Risk Factor Surveillance System (BRFSS).

Table 15. Population Distribution – Sexual Orientation by Race/Ethnicity, Nevada, 2023

Race	Bisexual	Gay or Lesbian	Straight
White non-Hispanic	4.4%	2.4%	93.2%
Black non-Hispanic	0.0%	0.7%	99.3%
AI/AN non-Hispanic	‡	‡	‡
API non-Hispanic	5.6%	0.9%	93.6%
Hispanic	3.8%	5.0%	91.2%

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

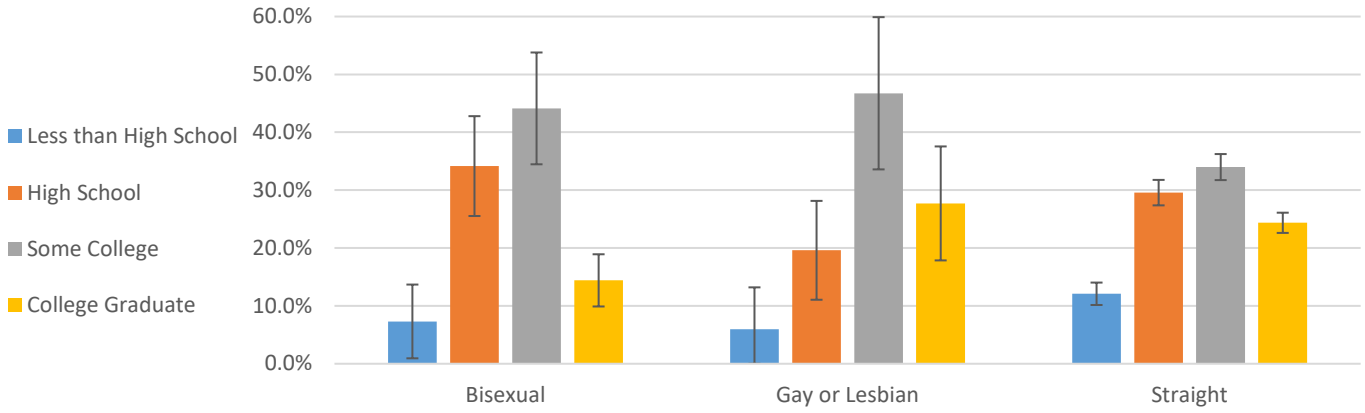
Figure 134. Population Distribution – Sexual Orientation by County, Nevada, 2023



Sexual Orientation	Clark County	Washoe County	Balance of State
Bisexual	3.0% (1.4-4.6)	7.8% (4.7-10.9)	5.8% (3.3-8.3)
Gay or Lesbian	2.9% (1.2-4.6)	2.3% (0.3-3.8)	3.0% (1.0-4.9)
Straight	94.1% (91.8-96.4)	89.9% (86.5-93.3)	91.2% (88.1-94.3)
Total	**100%**	**100%**	**100%**

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

Figure 135. Population Distribution – Sexual Orientation by Level of Education, Nevada, 2022-2023 Aggregated



Levels of Education	Bisexual	Gay or Lesbian	Straight
Less Than High School	7.3% (0.9-13.7)	6.0% (0.0-13.2)	12.1% (10.2-14.0)
High School	34.2% (25.5-42.8)	19.6% (11.1-28.1)	29.6% (27.4-31.8)
Some College	44.1% (34.5-53.8)	46.7% (33.6-59.9)	34.0% (31.7-36.2)
College Graduate	14.4% (9.9-18.9)	27.7% (17.9-37.6)	24.4% (22.6-26.1)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 60% to display difference between groups.
The sum of the percentages may not equal 100% due to rounding.

Figure 136. Population Distribution – Sexual Orientation by Annual Income, Nevada, 2022-2023 Aggregated

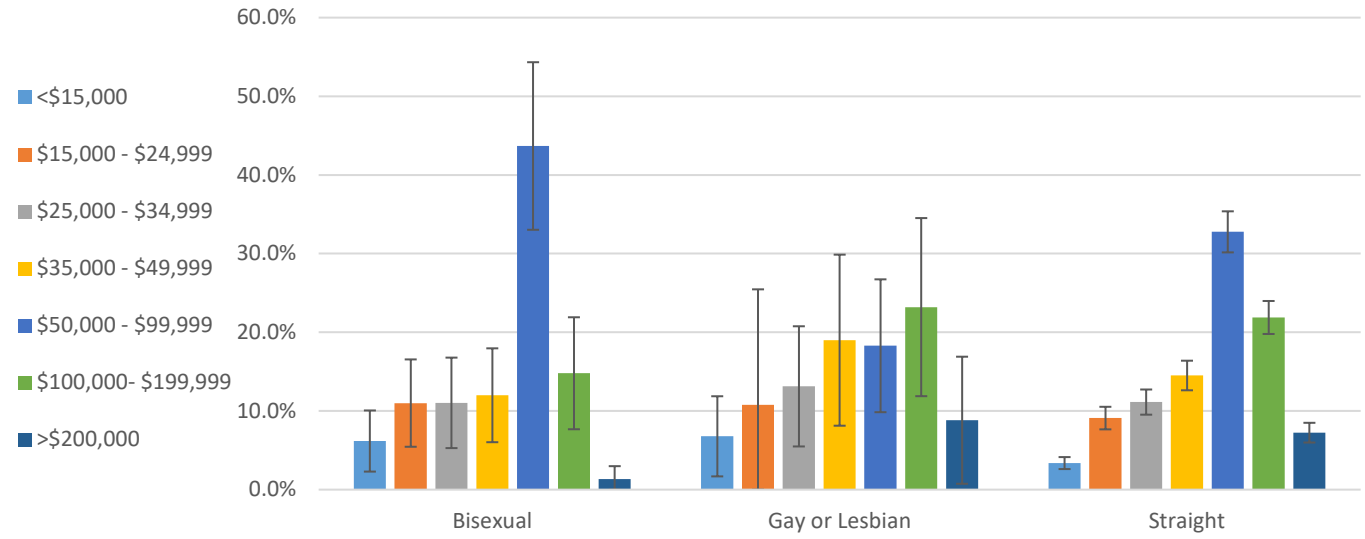
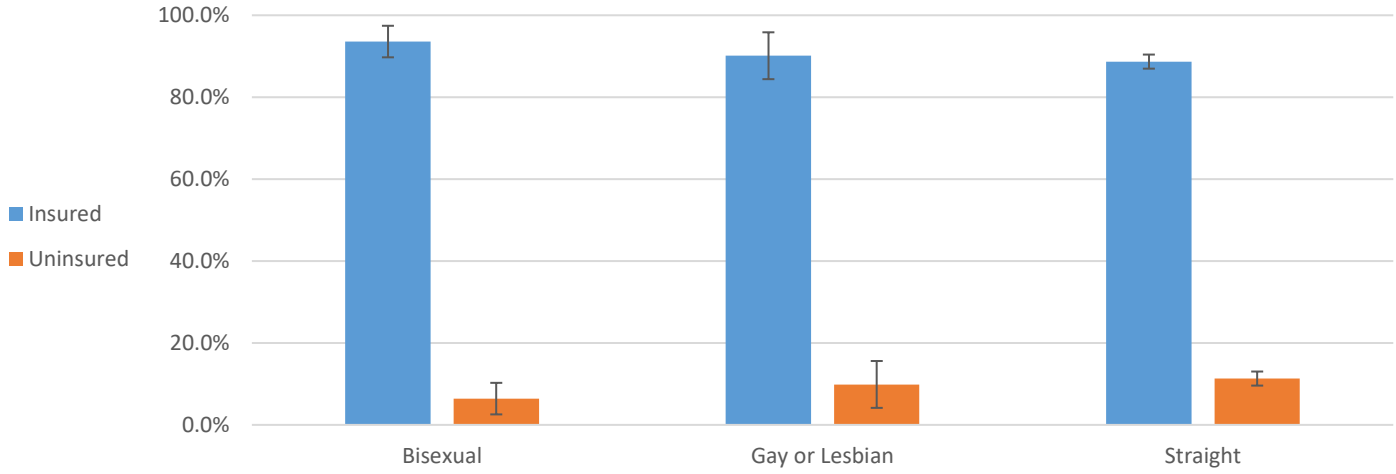


Figure 136. Population Distribution – Sexual Orientation by Annual Income, Nevada, 2022-2023 Aggregated (Continued)

Income Level	Bisexual	Gay or Lesbian	Straight
Less Than $15K	6.2% (2.3-10.1)	6.8% (1.7-11.9)	3.4% (2.6-4.1)
$15K to $25K	11.0% (5.4-16.6)	10.8% (0.0-25.5)	9.1% (7.7-10.5)
$25K to $35K	11.0% (5.3-16.8)	13.1% (5.5-20.8)	11.1% (9.5-12.7)
$35K to $50K	12.0% (6.0-18.0)	19.0% (8.1-29.9)	14.5% (12.6-16.4)
$50K to $100K	43.7% (33.0-54.3)	18.3% (9.8-26.7)	32.8% (30.2-35.4)
$100K to $200k	14.8% (7.7-21.9)	23.2% (11.9-34.5)	21.9% (19.8-24.0)
$200K or more	1.3% (0.0-3.0)	8.8% (0.7-16.9)	7.2% (6.0-8.5)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
Note: Graph scaled to 60% to display difference between groups.

Figure 137. Health Insurance Status by Sexual Orientation, Nevada, 2022-2023 Aggregated



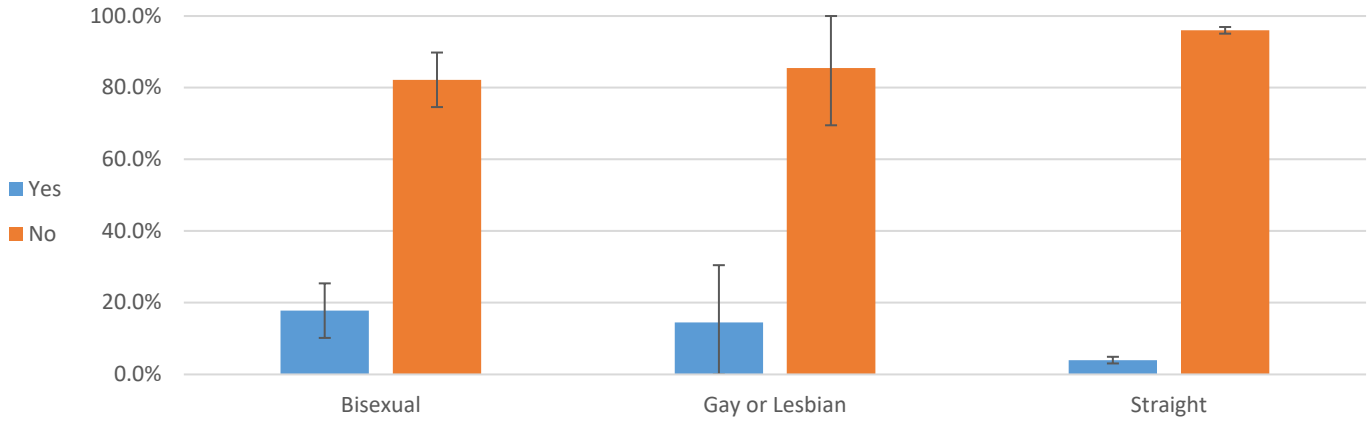
Health Insurance Status	Bisexual	Gay or Lesbian	Straight
Insured	93.6% (89.7-97.4)	90.1% (84.4-95.8)	88.7% (87.0-90.4)
Uninsured	6.4% (2.6-10.3)	9.9% (4.2-15.6)	11.3% (9.6-13.0)

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

Health Risk and Behavior

The LGBTQ+ population is at risk for multiple health threats and disparities associated with social inequalities and are at higher risk compared to their heterosexual peers.

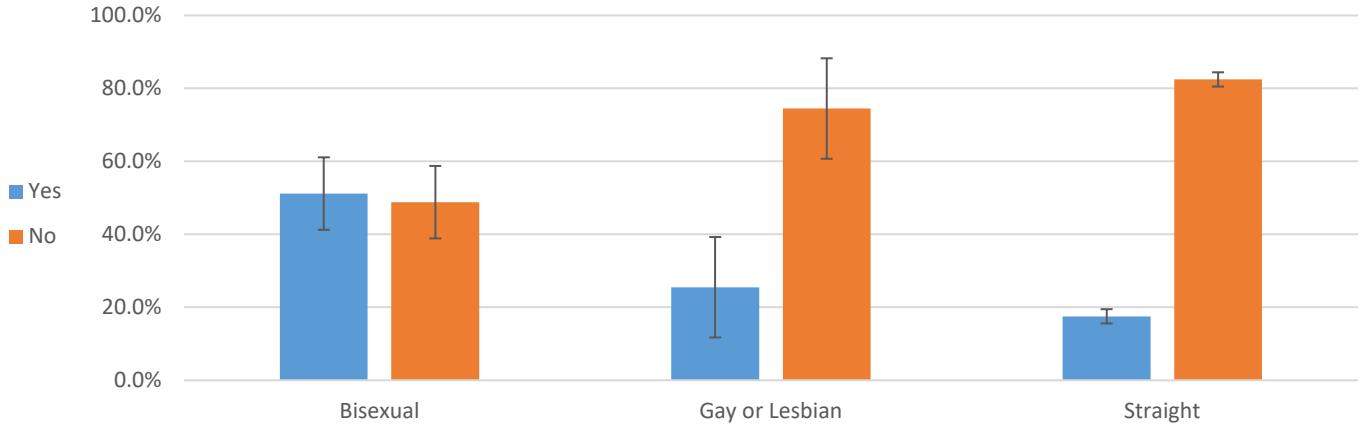
Figure 138. Prevalence of Thoughts of Suicide by Sexual Orientation, Nevada, 2022-2023 Aggregated



Thoughts of Suicide	Bisexual	Gay or Lesbian	Straight
Yes	17.8% (10.2-25.4)	14.5% (0.0-30.5)	4.0% (3.1-4.9)
No	82.2% (74.6-89.8)	85.5% (69.5-100.0)	96.0% (95.1-96.9)

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

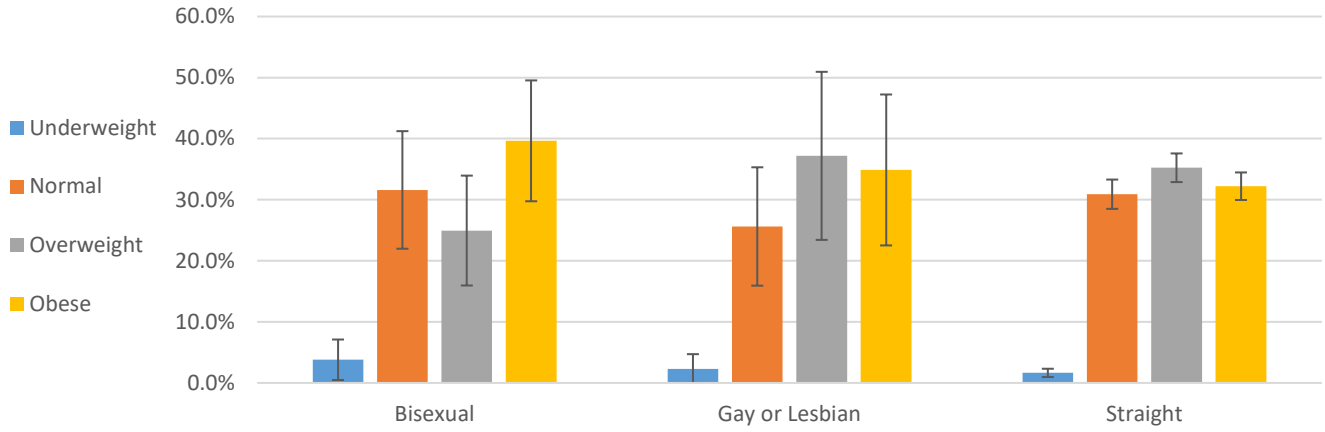
Figure 139. Prevalence of Depressive Disorder by Sexual Orientation, Nevada, 2022-2023 Aggregated



Depressive Disorder	Bisexual	Gay or Lesbian	Straight
Yes	51.2% (41.2-61.1)	25.5% (11.7-39.8)	17.5% (15.6-19.5)
No	48.8% (38.9-58.8)	74.5% (60.7-88.3)	82.5% (80.5-84.4)

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

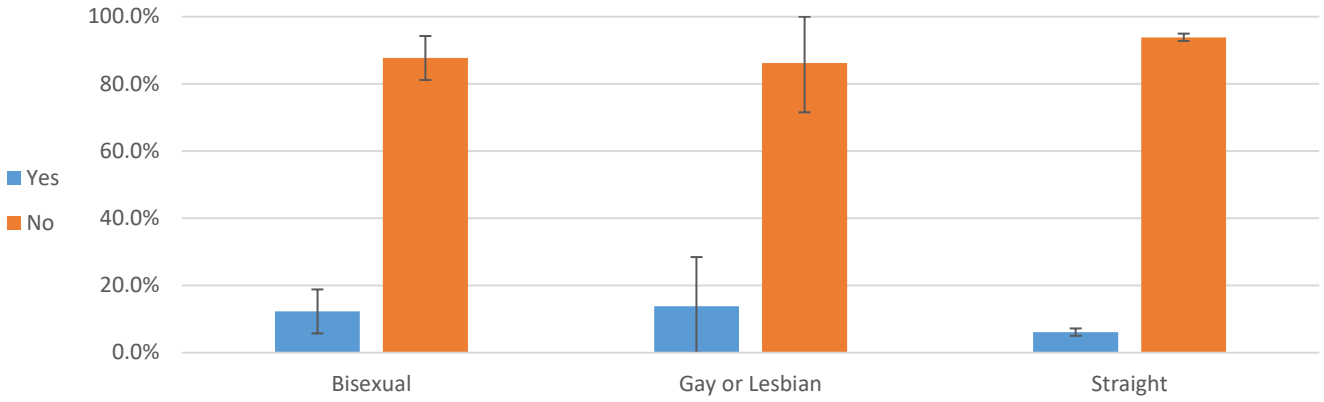
Figure 140. Body Mass Index by Sexual Orientation, Nevada, 2022-2023 Aggregated



BMI Category	Bisexual	Gay or Lesbian	Straight
Underweight	3.8% (0.5-7.1)	2.3% (0.0-4.7)	1.6% (1.0-2.3)
Normal	31.6% (22.0-41.2)	25.6% (15.9-35.3)	30.9% (28.5-33.3)
Overweight	25.0% (16.0-33.9)	37.2% (23.4-50.9)	35.2% (32.9-37.6)
Obese	39.6% (29.8-49.5)	34.9% (22.5-47.2)	32.2% (30.0-34.5)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS). Note: Graph scaled to 60% to display difference between groups. The sum of the percentages may not equal 100% due to rounding.

Figure 141. Prevalence of Heavy Drinking by Sexual Orientation, Nevada, 2022-2023 Aggregated



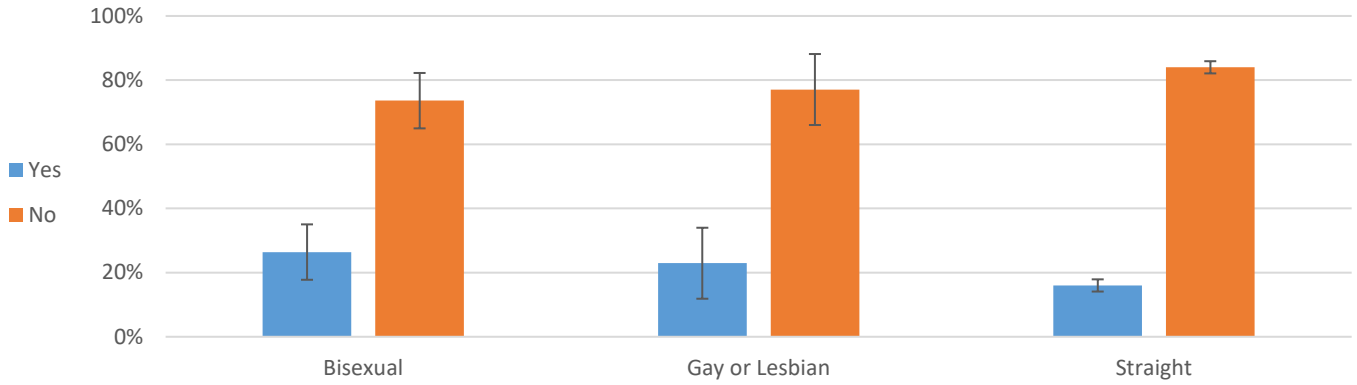
Heavy Drinker	Bisexual	Gay or Lesbian	Straight
Yes	12.3% (5.7-18.8)	13.8% (0.0-28.5)	6.1% (5.0-7.2)
No	87.7% (81.2-94.3)	86.2% (71.5-100.0)	93.9% (92.8-95.0)

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

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.

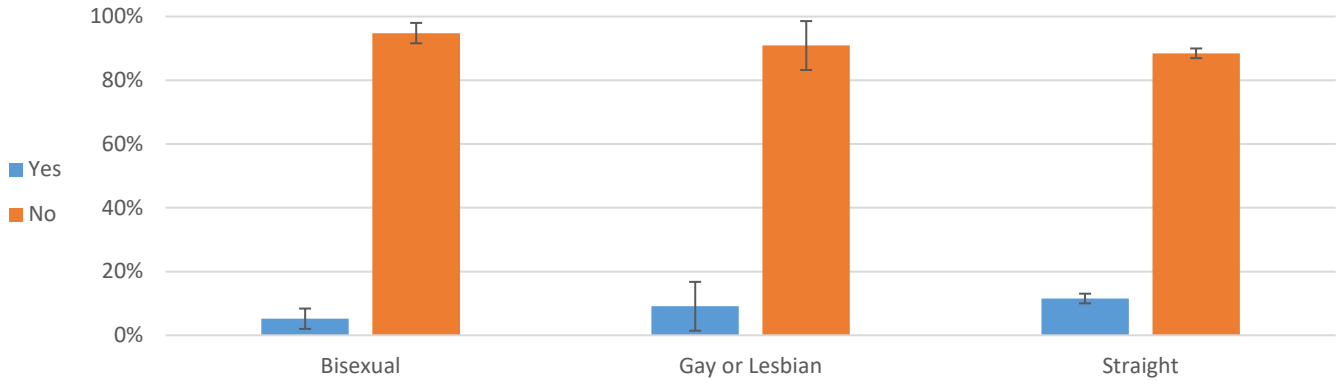
Figure 142. Prevalence of Asthma by Sexual Orientation, Nevada, 2022-2023 Aggregated



Asthma	Bisexual	Gay or Lesbian	Straight
Yes	26.4% (17.8-35.0)	22.9% (11.9-34.0)	16.0% (14.1-17.9)
No	73.6% (65.0-82.2)	77.1% (66.0-88.1)	84.0% (82.1-85.9)

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

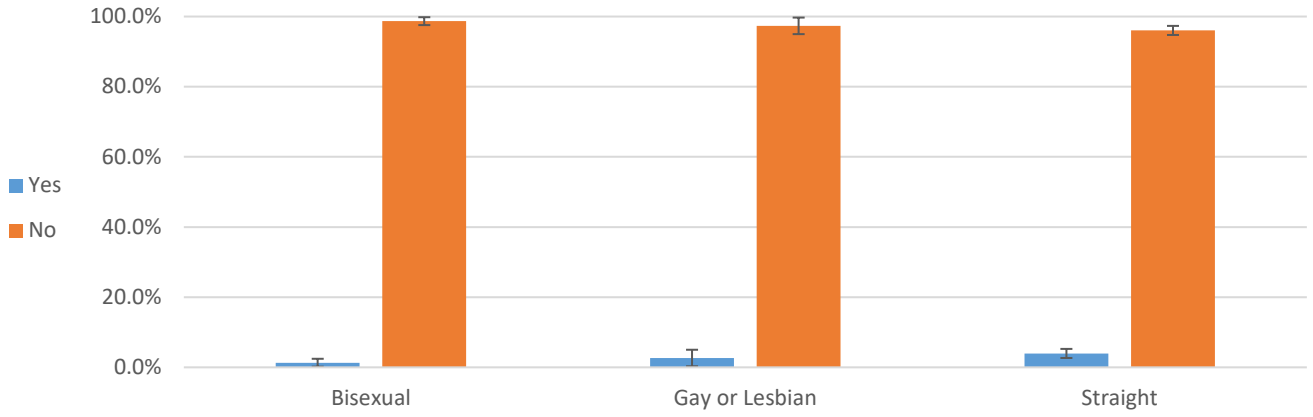
Figure 143. Prevalence of Diabetes* by Sexual Orientation, Nevada, 2022-2023 Aggregated



Diabetes	Bisexual	Gay or Lesbian	Straight
Yes	5.2% (2.0-8.4)	9.1% (1.4-16.8)	11.5% (10.0-13.1)
No	94.8% (91.6-98.0)	90.9% (83.2-98.6)	88.5% (86.9-90.0)

Source: Nevada Behavioral Risk Factor Surveillance System (BRFSS).
**Excluding diabetes during pregnancy only and pre-diabetes.*

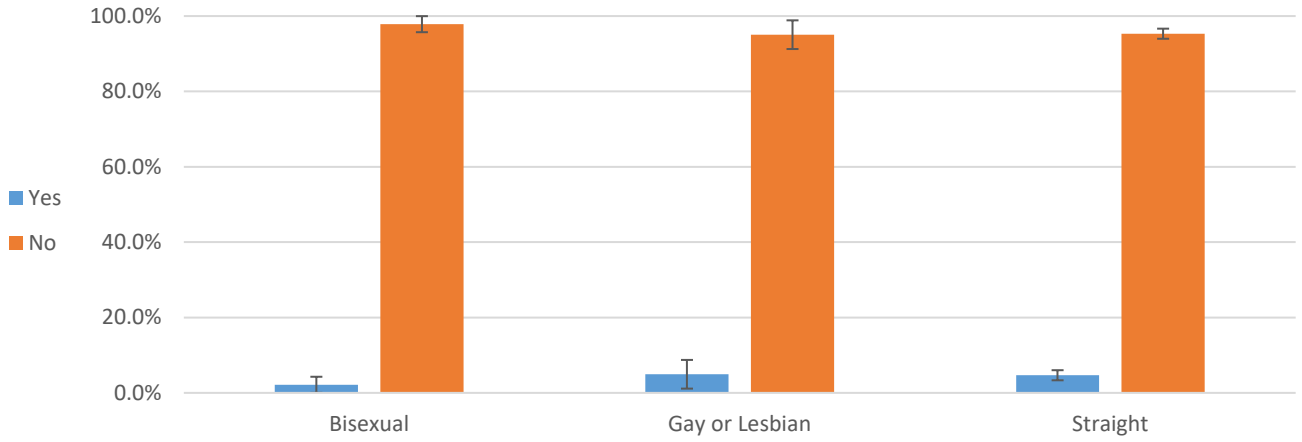
Figure 144. Prevalence of Heart Disease by Sexual Orientation, Nevada, 2022-2023 Aggregated



Heart Disease	Bisexual	Gay or Lesbian	Straight
Yes	1.3% (0.2-2.4)	2.7% (0.3-5.0)	4.0% (2.7-5.3)
No	98.7% (97.6-99.8)	97.3% (95.0-99.7)	96.0% (94.7-97.3)

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

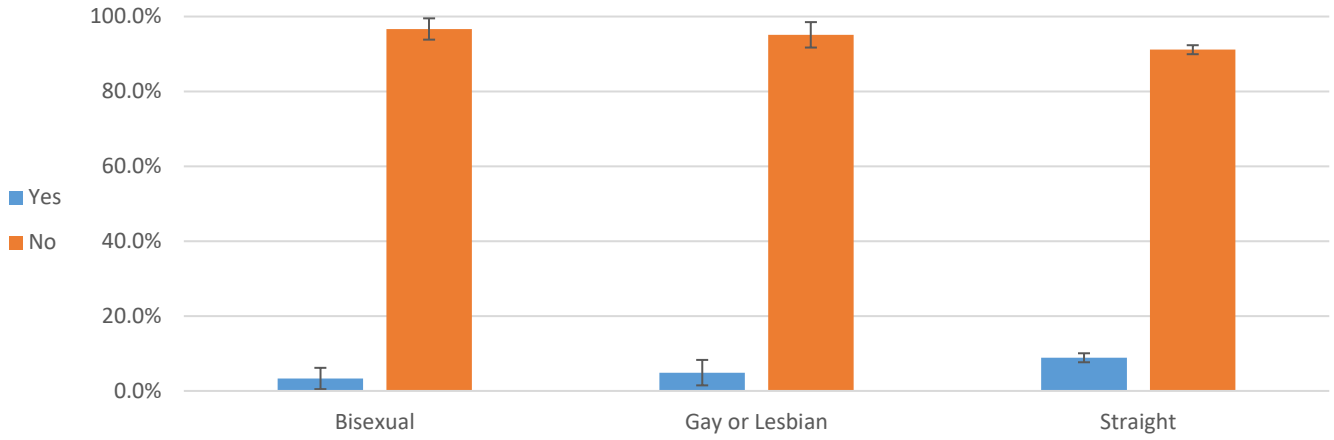
Figure 145. Prevalence of Heart Attack by Sexual Orientation, Nevada, 2022-2023 Aggregated



Had Heart Attack	Bisexual	Gay or 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)

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

Figure 146. Prevalence of Cancer* by Sexual Orientation, Nevada, 2022-2023 Aggregated



Have/Had Cancer	Bisexual	Gay or Lesbian	Straight
Yes	3.3% (0.5-6.2)	4.9% (1.5-8.3)	8.9% (7.7-10.1)
No	96.7% (93.8-99.5)	95.1% (91.7-98.5)	91.1% (89.9-92.3)

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

**Excluding skin cancer.*

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:

Nevada Youth Risk Behavioral Survey

March of Dimes Report Card 2022

MPox Surveillance Dashboard

Minority Health Social Vulnerability Index Explorer

Do No Harm Guide: Applying Equity Awareness in Data Visualization | Urban Institute

Principles for Using Public Health Data to Drive Equity https://www.cdcfoundation.org/data-equity-principles?inline

Assessing Meaningful Community Engagement: A Conceptual Model to Advance Health Equity through Transformed Systems for Health - National Academy of Medicine

Making Communities More Visible: Equity-Centered Data to Achieve Health Equity - PubMed

References

1. United States Census Bureau. American Community Survey (ACS), About the American Community Survey. Retrieved from: http://www.census.gov/programs-surveys/acs/about.html

2. United States Census Bureau. Explore Census Data. Retrieved from: https://data.census.gov/

3. Center for Disease Control and Prevention. Behavioral Risk Factor Surveillance System (BRFSS) https://www.cdc.gov/brfss/index.html

4. Nevada Epitrax User Guide 4.0. Retrieved from: https://dpbh.nv.gov/uploadedFiles/dpbh.nv.gov/content/Programs/OPHIE/dta/Training/Nevada%20Epitrax%20User%20Guide%204.0.pdf

5. Nevada Division of Public and Behavioral Health, Office of Public Health Informatics and Epidemiology, Nevada Central Cancer Registry (NCCR).

6. Centers for Disease Control and Prevention. Current Trends National Electronic Telecommunications System for Surveillance -- United States.

7. Nevada Department of Taxation and Small Business Development Center. Nevada State Demographer Office, vintage 2023.

8. Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC Social Vulnerability Index 2022 Database Nevada. Retrieved from: https://www.atsdr.cdc.gov/place-health/php/svi/index.html

9. United States Cancer Statistics (USCS). Questions and Answers About USCS. Retrieved from: http://www.cdc.gov/cancer/npcr/uscs/qa.htm

10. Nevada Division of Public and Behavioral Health, Office of Vital Records, Web-Enabled Vital Records Registry System (WEVRRS).

11. State of Nevada, Division of Public and Behavioral Health and the University of Nevada, Reno. Nevada High School Youth Risk Behavior Survey (YRBS).

12. United States Census Bureau, Retrieved from: https://www.census.gov/library/stories/2021/08/2020-united-states-population-more-racially-ethnically-diverse-than-2010.html

13. Wikipedia, Retrieved from: https://en.wikipedia.org/wiki/Majority_minority_in_the_United_States

14. World Health Organization. Health Topics, Definition of Cardiovascular Diseases. Retrieved from: https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds)

15. Centers for Disease Control and Prevention. National Center for Health Statistics. Mortality in the United States,2023. Retrieved from: https://www.cdc.gov/nchs/products/databriefs/db521.htm

16. Centers for Disease Control and Prevention, Chronic Disease Indicators: Cardiovascular Diseases. Retrieved from: https://www.cdc.gov/cdi/indicator-definitions/cardiovascular-disease.html

17. Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHD). About the Division for Heart Disease and Stroke prevention. Retrieved from: https://www.cdc.gov/nccdphp/divisions-offices/about-the-division-for-heart-disease-and-stroke-prevention.html

18. Centers for Disease Control and Prevention, National Center for Health Statistics: Heart Disease Mortality by State. Retrieved from: https://www.cdc.gov/nchs/pressroom/sosmap/heart_disease_mortality/heart_disease.htm

19. Centers for Disease Control and Prevention. Stroke, About Stroke. Retrieved from: https://www.cdc.gov/stroke/about/index.html

20. Centers for Disease Control and Prevention. Stroke, Stroke Facts. Retrieved from: https://www.cdc.gov/stroke/data-research/facts-stats/index.html

21. Centers for Disease Control and Prevention. Heart Disease, Heart Disease Risk Factors. Retrieved from: https://www.cdc.gov/heart-disease/risk-factors/index.html

22. National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) program. Retrieved from: https://seer.cancer.gov/report_to_nation/

23. Centers for Disease Control and Prevention. Lung Cancer Risk Factors. Retrieved from: https://www.cdc.gov/lung-cancer/risk-factors/index.html

24. Centers for Disease Control and Prevention. Cancer Home. Breast Cancer. Chapters: Risk Factors, Statistics. Retrieved from: https://www.cdc.gov/cancer/breast/index.htm

25. Centers for Disease Control and Prevention. Cancer Home. Prostate Cancer. Chapters: Risk Factors, Statistics. Retrieved from: https://www.cdc.gov/cancer/prostate/index.htm

26. Centers for Disease Control and Prevention. Injury Prevention & Control. Injury Center. Retrieved from: https://www.cdc.gov/injury/wisqars/animated-leading-causes.html

27. Centers for Disease Control and Prevention. Gateway to Health Communication and Social Marketing Practices. Chronic Respiratory Disease. Retrieved from: https://www.cdc.gov/copd/index.html

28. Centers for Disease Control and Prevention. Diabetes Home, About Diabetes. Retrieved from: https://www.cdc.gov/diabetes/about/?CDC_AAref_Val=https://www.cdc.gov/diabetes/basics/diabetes.html

29. Centers for Disease Control and Prevention. United State Diabetes Surveillance System. Diagnosed Diabetes - Total, Adults Age 18+ Years, Age-Adjusted Percentage, National. Retrieved from: https://gis.cdc.gov/grasp/diabetes/DiabetesAtlas.html

30. Centers for Disease Control and Prevention. Chronic Kidney Disease (CKD). Retrieved from: https://www.cdc.gov/kidney-disease/index.html

31. Centers for Disease Control and Prevention. Firearm Deaths Grow, Disparities Widen Retrieved from: https://www.cdc.gov/vitalsigns/firearm-deaths/index.html

32. Centers for Disease Control and Prevention. Influenza (Flu), Key Facts About Influenza (Flu). Retrieved from: https://www.cdc.gov/flu/about/index.html

33. Centers for Disease Control and Prevention. HIV. Retrieved from: https://www.cdc.gov/hiv/about/?CDC_AAref_Val=https://www.cdc.gov/hiv/basics/whatishiv.html

34. Centers for Disease Control and Prevention. HV Surveillance Supplemental Report: Estimated HIV Incidence and Prevalence in the United States, 2018–2022. Retrieved from: https://stacks.cdc.gov/view/cdc/156513

35. Centers for Disease Control and Preventions. Sexually Transmitted Infections (STIs). Retrieved from: https://www.cdc.gov/sti/about/index.html

36. Centers for Disease Control and Preventions. STI Statistics. Retrieved from: https://www.cdc.gov/sti-statistics/annual/summary.html

37. Centers for Disease Control and Prevention. National Center for Health Statistics, Teen Births. Retrieved from: https://www.cdc.gov/nchs/fastats/teen-births.htm

38. Centers for Disease Control and Prevention. Vital Statistics Rapid Release. Retrieved from: https://www.cdc.gov/nchs/data/vsrr/vsrr037.pdf

39. Centers for Disease Control and Prevention. Teen Newsletter: November 2020 – Mental Health. Retrieved from: https://www.cdc.gov/museum/education/newsletter/2020/nov/index.html

40. Centers for Disease Control and Prevention. National Center for Health Statistics. U.S. Overdose Deaths Decrease in 2023, First Time Since 2018. Retrieved from: https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2024/20240515.htm

41. Centers for Disease Control and Prevention: Aircrew and Communicable Diseases. Retrieved from: https://www.cdc.gov/niosh/aviation/prevention/aircrew-disease.html

42. Centers for Disease Control and Prevention. National Notifiable Diseases Surveillance System (NNDSS). Retrieved from: https://www.cdc.gov/nchs/hus/sources-definitions/nndss.htm

43. Robert Wood Johnson Foundation. What is Health Equity? Retrieved from: https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html

44. World Health Organization. Social Determinants of Health. Retrieved from: https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1