



Southern Nevada Community Health Assessment Report 2020/2021



COVID-19 Preface

The unprecedented times we are currently experiencing as a result of COVID-19 and the ongoing coronavirus pandemic has resulted in limitations to the collection of data for the Community Health Assessment (CHA). Like every other sector of the population, we have had to deal with economic shutdowns, shifting resources to combat the virus, staff members being directly and indirectly exposed, and limitations in gathering sizes to name a few. COVID-19 brought on challenges and creative ways to collect data that otherwise would not have been used during the collection of data. The following paragraphs highlight some of the limitations faced during the collection of data for the CHA and the committee's work around to make sure the information was still gathered.

This assessment took place approximately three months after the shutdown of the United States due to COVID-19 which significantly impacted participation in the process. Many individuals within the Public Health sector were overwhelmed with responding to the needs of the community, especially employees of the Southern Nevada Health District and many other key stakeholders in the Local Public Health System (LPHS). This shift in resources to combat the virus resulted in a lack of participation in the process from the community.

Restrictions placed on gathering sizes to mitigate the spread of COVID-19 made it impossible to hold large meetings that under normal circumstances would have been conducted. Therefore, the entire data collection process was moved to a virtual format. The change in data collection resulted in additional limitations to include the use of a variety of assessment methods; individual differences in interpretation of assessment questions; the reliance on self-report information; and most importantly the wide variations in the breadth and knowledge of participants.

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MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIPS



Vision

“Healthy People in Healthy Communities: Working together to improve health and ensure health equity in Southern Nevada”

Southern Nevada Community Values

Community engagement

- A community in which all segments of the population are involved, as illustrated by volunteerism, engagement in education, public/private partnerships, increased social capital, and participation in public dialogue.
- A community supported by visionary leadership, both public and private.

Education

- A community that values education as illustrated by allocation of needed resources, high school graduation rates that equal or exceed national norms, and lifelong learning opportunities.
- A community where an educated workforce attracts diversified businesses and contributes to a strong, sustainable economy.

Health

- A community where high quality mental and physical health care is accessible to all residents, including the indigent and underserved.
- A community that recognizes the interaction of policies, systems, and the environment on health and supports public policies that promote health and prevent disease.

Environment

- A community where residents feel safe, have access to life-sustaining resources such as clean air and water, and reside in nurturing surroundings that meets their needs for self-respect, interaction with others, recreation, and connection with nature.
- A community that values and respects the contributions of many cultures to quality of life.
- A community that supports changes to the built environment that promote healthy, active lifestyles.

Executive Summary

Introduction

The Southern Nevada Health District (SNHD) collaborated with multiple community organizations and individuals to conduct a Community Health Assessment (CHA). This CHA identifies the community's health-related needs and strengths as well as resources available to address and improve health outcomes.

The CHA's intended purpose is to provide an overview of the health information and seeks to identify target populations who may be at an increased risk of poor health outcomes. Findings from the CHA are used to guide the development of a Community Health Improvement Plan (CHIP). The CHIP will direct and guide the development of SNHD's and other community partners' activities through the next three to five years. SNHD and community partnerships have assessed the health status of the community as well as community behaviors and conditions. Where available this CHA examines the health status of Clark County and compares it to the state-wide as well as national health indicators.

Community Health Assessment Methodology

Developed by the National Association of County and City Health Officials (NACCHO), the Mobilizing Action through Planning and Partnerships (MAPP) framework is a community-driven strategic planning process that aims to improve community health. This formal assessment, adopted by the CHA Steering Committee, consisted of four assessments that have gathered primary and secondary, qualitative and quantitative data. The four assessments were:

- Community Themes and Strengths Assessment (CTSA)
- Forces of Change Assessment (FOCA)
- Local Public Health System Assessment (LPHSA)
- Community Health Status Assessment (CHSA).

The MAPP framework from NACCHO is currently undergoing a redesign, and the updated foundational principles will be:

- Equity
- Inclusion
- Trusted Relationships
- Community Power
- Strategic Collaboration and Alignment

- Data and Community Informed Action
- Full Spectrum Actions
- Flexible
- Continuous

NACCHO wants to focus on stronger health equity integration in the Community Health Improvement process, as it was not an explicit foundational principle of MAPP prior. The CHA is currently done as part of a 5-year-cycle, but after the MAPP evolution is disseminated, assessments will be updated on an ongoing basis instead of repeating across the 3–5-year cycle. This evolution will create a more flexible and responsive timeline to help improve population health through community health improvement.

Community Themes and Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) focused on gathering information about health indicators of importance to the community, the assets to improve community health, and perception of quality of life. The Nevada Institute for Children’s Research and Policy (NICRP) worked with SNHD and conducted focus groups with six specific priority populations throughout the Southern Nevada region. These groups included:

- Those experiencing homelessness
- Members of the LGBTQ+ community
- Parents of young children
- Adults aged 55 and older
- People who primarily speak Spanish
- Members of the Black/African American community

A total of seven focus group discussions were held between February 28th and March 21st, 2019 with 70 individuals. An additional 3 focus groups were held in July and August of 2020 to include the Black/African American community, with a total of 15 individuals

Participants identified many assets including community history, future planning efforts, local community organizations, the public and private sectors, the community environment, and numerous volunteer organizations. Opportunities for community improvement included the need for advances in access to health care, the built environment, and increasing the number of and access to mental health providers. The main theme revolved around the perception that although the community has many assets, there is a strong need to improve the surrounding public infrastructure to support and advance identified assets, and connection to these assets.

Forces of Change Assessment

The purpose of the Forces of Change Assessment (FOCA) is to determine existing threats and opportunities to community health improvement gathered through community feedback and participation. Identifying forces such as trends, factors, or events that may influence and change the community's health and quality of life guide how the community and its local public health system will operate. The CHA Steering Committee collaborated to design a survey, which was based on the National Association of County and City Health Officials (NACCHO) guidelines to collect quantitative data. This survey assessed the continuation of any forces identified in the previous FOCA (conducted in 2015) and if the community experienced any new forces. Based on the findings from the survey, the following forces and their associated opportunities and threats were identified:

- Economic Changes
 - Unemployment
 - Education
 - Health care
- Social Changes
 - Transportation
 - Increase in Violence
 - Insufficient Primary Care Resources
- Health care-Related Changes
 - Lack of Access to Health care
 - Poor quality of care
 - High cost of health care

Local Public Health System Assessment

The Local Public Health System Assessment (LPHSA) identified the strengths and weaknesses of the local public health system. The assessment concentrated on the “Ten Essential Public Health Services” as defined by the Centers for Disease Control and Prevention (CDC). Due to the on-going coronavirus pandemic and public gathering restrictions, the methodology was adapted to support online surveys and virtual discussion meetings for participation. There were five breakout sessions, each covering one essential service; responses were coded from one to five, one representing “No” and five representing “Optimal”. There were 48 surveys completed and 37 participants across all virtual discussion groups.

The overall results indicated that the highest score was for Essential Service 6: Enforce law and regulations that protect health and ensure safety (75.0%), while the lowest score was Essential Service 1: Monitor health status to identify and solve community health problems (41.7%).

Community Health Status Assessment Key Findings

The Community Health Status Assessment (CHSA) collected, assessed, and reported on core health indicators about the health of residents to enable identification of health issues. The data and information collected represents the foundation of planning and program development for improving health outcomes in the community. The data displayed were collected from 2014-2018 to show change and 2016-2018 for averages, to support a comparable snapshot in time of the results.

Demographics & Socioeconomic Status

In 2018, Nevada's population was estimated at approximately 2.9 million individuals. This represents a 7.1% population increase since 2013. Clark County, Nevada's most populous county, accounts for 73% of the state's population. The diversity of Clark County's population is also increasing. Compared to 2013, there was a 44.5% population change for people identifying as American Indian/Alaska Native.

Clark County's median household income was \$56,802, which was slightly lower than the national median income of \$60,293 in 2018. During the recession, the rates of unemployment in Clark County peaked at 15% in 2010 but declined to 7.2% in 2018. This rate was still slightly higher than the national rate of 5.8% for unemployment. Clark County's poverty rate decreased from 15.7% (2010-2014) to 14.1% (2014-2018). The poverty levels remained highest in the American Indian/Alaska Native (25.0%) and Black/African American community (24.7%).

The influence of education on health status is recognized, and data from 2014-2018 showed slightly lower levels of education among Clark County residents than the U.S. national level. In Clark County, 85.9% of the population that is 25 years or older had obtained a high school diploma, while the national rate was 88.3%. People identifying as non-Hispanic White/Caucasian recorded that 92.6% have at least a high school diploma, compared to 67.7% of Hispanics/Latinos. Geographic distribution shows bachelors' degree attainments were highest in the census-designated places of Summerlin South, Enterprise, and Henderson. From the 2017-2018 school year, 46.4% of Hispanic/Latino children received free or reduced lunch, the majority of whom were in the 10th grade level.

Maternal and Child Health

In 2018, the fertility rate for individuals that identified as Black/African American had a fertility rate of 76.2 per 1,000 women aged 15-44 years old in Clark County, which was the highest amongst all races/ethnicities. Individuals identifying as Black/African American (non-Hispanic) also had the highest teen births rate of 38.9 per 1,000 female population for 15-19-year-old, while Asian/Pacific Islander (non-Hispanic) had the lowest rate of 7.2 per 1,000 female population.

Residents identifying as Black/African American (non-Hispanic) had the highest percentage of low infant birth weight, 13.9% in 2018. There were additional disparities among other racial/ethnic groups, as Asian/Pacific Islander reported 9.3% in low birth weight infants. Black/African American individuals accounted for 17.0% of preterm births, while Clark County's average is at 13.2%. With that, Clark County had a higher percentage of women reporting late/no prenatal care while the national average was (8.4% vs. 6.0%, respectively). Individuals identifying as the highest percentages of late or no prenatal care were those who identified as American Indian/Alaska Native (10.5%) and non-Hispanic Black/African American (10.4%).

Maternal smoking during pregnancy was lower in Clark County compared to the United States (3.1% vs. 6.8%, respectively). Additionally, 18.3% of Clark County reported maternal education less than high school diploma. Regarding race/ethnicity, the highest estimate for maternal education less than high school diploma was for Hispanic/Latinas at 30.3%, while the lowest reported was Asian/Pacific Islanders of 5.5%. The national rate of infant mortality per 1,000 live births in the United States was 5.8 from 2016-2018. The infant mortality rate was 9.7 per 1,000 live births for Black/African American and 5.7 per 1,000 live births average in Clark County. Finally, congenital syphilis was higher in Clark County when compared to the national rate (6.6 per 100,000 vs. 2.4 per 100,000 population, respectively). As for race/ethnicity, non-Hispanic White/Caucasian (38%) and non-Hispanic Black/African American (34%) accounted for most of Clark County's cases during 2016-2018.

Infectious Diseases

Active tuberculosis cases in Clark County were 2.5 per 100,000 population in 2018, while the national average was 2.8 per 100,000. The average rate of Hepatitis A infections during 2016-2018 in Clark County were 1.0 per 100,000, which was higher than the state rate but lower than the national rate (0.8 and 1.8, respectively). Regarding Hepatitis B, the average rate of acute HBV infections during 2016-2018 in Clark County were 1.0 per 100,000, higher than the state rate of 0.84 but same as the national rate. Hepatitis C, the average acute hepatitis C rate in Clark County, Nevada state, and the national rate was 1.2 per 100,000 residents.

Rates of sexually transmitted diseases/infections (STD's/STI's) have been increasing throughout the nation and in Clark County. The HIV rate in Clark County was 21.5 per 100,000 population higher than the national rate of 11.9 per 100,000 population. Individuals identifying as Black/African American have a rate of newly diagnosed HIV cases of 59.9 per 100,000 population. Looking at chlamydia, Clark County had 576.7 cases per 100,000 population in 2018 higher than the national rate of 519.7 per 100,000 population. The chlamydia rate was highest for individuals identifying as Black/African American and lowest for non-Hispanic, White/Caucasian at (928.3 per 100,000 population vs. 159.3 cases per 100,000 population, respectively).

Gonorrhea had increased in 2018; the Clark County rate is 207.4 per 100,000 population higher than the national rate of 164.9 per 100,000 population. The Black/African American residents reported 512.1 per 100,000 population while the lowest reported group

was Asian/Pacific Islander of 47.9 per 100,000 population. For syphilis (primary & secondary), Clark County had a rate of 22.2 per 100,000 population in 2018 again higher than the national rate of 9.6 per 100,000 population. Looking to race/ethnicity, residents who identified as Black/African American had the highest syphilis case rate of 56.8 per 100,000 population.

In 2018, there were 18.1 influenza and pneumonia deaths per 100,000 persons in Clark County higher than the national rate of 14.2 per 100,000. These rates have decreased in comparison to the 2016 CHA, which reported 25.8 deaths per 100,000 population in Clark County and 15.1 per 100,000 as the national rate for the 2014 data.

Chronic Diseases

Chronic diseases are long-lasting illnesses that persists over a long period of time. Between 2016-2018, chronic diseases ranked consistently among the top ten causes of death in Clark County.

Clark County reported 26.2% of the 100,000 population in 2018 has not been getting in physical activity, answering “no” to the questions: “During the past month, other than your regular job, did you participate in physical activity or exercise?” This is higher than the national average of 23.8%. Individuals identifying as Black/African American (32.7%) and Hispanic/Latino (31.6%) had the highest prevalence rates compared to other racial/ethnic groups. Looking at obesity, Clark County has 30.5% of the population having a BMI of 30 or greater, while the national rate is at 30.9%. There was no difference between males or females when comparing obesity.

Focusing on diabetes prevalence estimates, Clark County (10.5%) compares favorably to the national rate (11.0%). As for high blood pressure, 30.9% of Clark County adults had high blood pressure, while the national average was 32.3%. As for non-Hispanic Black/African Americans, they had the highest high blood pressure prevalence estimates (45.9%) followed by non-Hispanic White/Caucasian estimates (33.3%) in 2018.

Cancer prevalence in Clark County was higher for females (7.6%) than males (4.6%), and individuals identifying as non-Hispanic White/Caucasian made up for 10.1% of the population. As for heart disease prevalence, in 2018 males had higher estimates than females in Clark County (6% vs. 2.9%, respectively).

Chronic obstructive pulmonary disease (COPD) was highest among individuals who identified as non-Hispanic White (10.9%) and female (8.3%). Clark County’s COPD estimate was higher (7.2%) than the national estimate (6.4%). Chronic kidney disease was higher in females (4.9%) than males (3.2%) in Clark County in the year 2018. Finally, cigarette use for people who identify as non-

Hispanic Black/African American was the highest compared to other races/ethnicity groups, and was higher for males than females (20.9%, 16.5%, and 13.6%, respectively).

Leading Causes of Death

The all-cause mortality rates for 2018 were significantly higher for males than females (865.4 per 100,000 vs. 618.6 per 100,000, respectively). When considering race/ethnicity, residents who identified as non-Hispanic Black/African American and non-Hispanic White/Caucasian had the highest mortality rates (918.7 per 100,000 and 833.1 per 100,000, respectively).

Heart disease mortality rate was higher in Clark County (203.5 per 100,000) than the United States (164.7 per 100,000) in 2018.

Cancer mortality rates were highest among individuals identifying as non-Hispanic Black/African American (176.7 per 100,000 population) and males (172.7 per 100,000 population). The rates for Clark County, Nevada State, and the United States were all similar (an average of 152.6 per 100,000 population).

Unintentional injuries were highest among individuals identifying as male (59.8 per 100,000 population), non-Hispanic White/Caucasian (57.1 per 100,000 population) and Black/African American (53.1 per 100,000 population).

The Chronic Lower Respiratory Diseases (CLRD) mortality rate was higher in Clark County (50.1 per 100,000 population) compared to the national rate (40.4 per 100,000 population) in 2016-2018. Male CLRD death rate (52.7 per 100,000 population) was slightly higher than females (47.8 per 100,000 population).

When Clark County stroke mortality rates were examined for 2016-2018, non-Hispanic Black/African American individuals had the highest rate of 56.5 per 100,000 residents. As for heart attack mortality, Clark County had a rate of 15.5 per 100,000 population which was significantly lower than the national average which was 28.0 per 100,000 population.

Alzheimer's Disease mortality rates were also lower in Clark County at 24.7 per 100,000 population compared to the national rate of 30.6 per 100,000. People that identified as non-Hispanic White/Caucasian (28.0 per 100,000) and non-Hispanic Black/African American (24.1 per 100,000) had the highest rates of Alzheimer's Disease mortality.

Diabetes mortality rates were highest in males (21.4 per 100,000) and non-Hispanic Black/African American's (26.8 per 100,000). The mortality rate for diabetes was low in comparison to Nevada as a whole (18.5 per 100,000 population) and the national rate (21.3 per 100,000 population).

Hypertension mortality rates were relatively stable when comparing Clark County, Nevada, and the United States. Non-Hispanic Black/African American residents had the highest hypertension mortality rate of 17.0 per 100,000 population in comparison to other races/ethnicities.

From 2016-2018, the age-adjusted Clark County death rate for breast cancer was 21.4 deaths per 100,000 population, which was slightly higher than the state rate of 21.3 per 100,000 population and the national rate of 19.9 per 100,000. Rates for breast cancer among females were highest among people who identify themselves as non-Hispanic Black/African American (31.7 per 100,000 population).

Lastly, lung cancer mortality rates in Clark County was 37.2 per 100,000 population from 2016-2018 and highest among males (39.3 per 100,000) and individuals identifying as non-Hispanic White/Caucasian (44.7 per 100,000).

Mental and Behavioral Health

Drug overdose mortality rates were highest among individuals that identified themselves as male (25.9 per 100,000) and non-Hispanic White/Caucasian (32.4 per 100,000) in the year 2016-2018. Most drug overdose deaths were unintentional. Suicide mortality rates were highest for statewide estimates in comparison to the national rate and Clark County's rate (20.8 per 100,000 vs. 20.7 per 100,000 vs 21.5 per 100,000 respectively). Males in Clark County had a higher suicide mortality rate of 29.2 per 100,000 as well as individuals identifying as non-Hispanic White/Caucasian with a rate of 29.3 per 100,000.

In 2018, 5.5% of Clark County residents binge drank, compared to the national rate of 6.5% in 2018. Clark County firearm mortality rates showed males had a significantly higher rate than females (27.6 per 100,000 vs. 5.7 per 100,000 population). Non-Hispanic Black/African American residents had a higher firearm mortality rate than other racial/ethnic groups (28.2 per 100,000).

Overall, Clark County had a prevalence of poor mental health days of 14.5% in 2018 while the national prevalence of poor mental health days was 13.8%. Poor mental health days was calculated by adults reporting their mental health as "not good" 14 or more days in the past 30 days. Along with that, Clark County has a larger ratio in comparing mental health providers to population. Clark County has 540:1 mental health provider, higher than the national ratio of 310:1 mental health provider.

Health Care Access

In 2018, Clark County residents reported 12.5% not having any health care coverage, slightly higher than the national estimate of 9.4%. Residents who identify as Hispanic/Latino report higher estimates for no health insurance of 21.4%, while Black/African American's had the lowest report of 8.0%.

The average of emergency room visits in Clark County, Nevada was 303.3 per 10,000 population in the year 2018. Emergency room visits by age and sex were highest in females 20-29 years old accounting (11.1%) and the lowest for males aged 80+ accounting (1.6%).

Environmental Health

In Clark County, 50.7% of households spend 30% or more of household income on rent, while the national estimate is 50.2% of the population spending 30% or more of household income on rent. Further, Clark County residents recorded 31.2% of population spending 30% or more of household income on mortgage compared to the national estimate of 28.7%.

When looking at transportation security, 8.4% of Clark County households do not have a vehicle, while the national average of 8.7% does not. Lastly, Clark County reported a food environment index score of 8.0 (0 is the worst and 10 is the best) slightly higher than the national food environment index of 7.6. Regarding grocery store access, 6.7% of non-Hispanic White/Caucasian individuals live within 1-mile of a grocery store, while only 0.1% of American Indian/Alaska Native reported living within 1-mile of a grocery store.

Crime

Homicide rates in Clark County were the higher than the national rate was (8.7 per 100,000 population vs. 6.1 per 100,000). Individuals identifying as non-Hispanic Black/African American had the highest homicide mortality rate of 26.2 per 100,000 population and the lowest was non-Hispanic White/Caucasian individuals (5.5 per 100,000). The assaults reported as emergency room visits in Clark County were 284.8 per 10,000 was lower than the national rate of 503.5 per 10,000 population. Rates for non-Hispanic Black/African American residents were the highest at 712.9 per 10,000 population and lowest among Asian/Pacific Islanders of 71.4 per 10,000.

Overall Wellness Score

The overall years of potential life lost (premature deaths) in Clark County was 7,200 years per 100,000 population, lower than the state rate (7,300 per 100,000) yet higher than the national rate (6,900 per 100,000). Finally, the average life expectancy for Clark County residents was 78.8 years similar to national life expectancy 78.7 years in 2018. Individuals identifying themselves as Hispanic/Latino had the highest life expectancy of 86.2 years, while individuals identifying themselves as non-Hispanic White/Caucasian had the lowest life expectancy average of 77.2 years. ZIP codes with the highest life expectancy were 89141, 89183, 89084, 89052, and 89002.

TABLE OF CONTENTS

| | | |
|---|---|---|
| | <p>Chapter 1</p> <p>Population 28</p> <p>Total Population..... 29</p> <p>Race/Ethnicity..... 31</p> <p>Age and Sex..... 32</p> <p>Population Change..... 33</p> <p>Chapter 2</p> <p>Socioeconomic Status 35</p> <p>Income..... 36</p> <p>Households with SSI and SNAP.....38</p> <p>Poverty.....41</p> <p>Unemployment.....43</p> <p>Educational Attainment..... 45</p> <p>Free or Reduced Lunch.....47</p> | <p>Chapter 3</p> <p>Maternal and Child Health 48</p> <p>Birth Rate..... 49</p> <p>Fertility Rate..... 51</p> <p>Teen Births..... 53</p> <p>Low Birth Weight..... 55</p> <p>Preterm Births..... 57</p> <p>Late or No Prenatal Care..... 59</p> <p>Maternal Smoking during Pregnancy...61</p> <p>Maternal Education..... 63</p> <p>Infant Mortality 65</p> <p>Congenital Syphilis..... 67</p> <p>Chapter 4</p> <p>Infectious Disease 68</p> <p>Active Tuberculosis 69</p> <p>Hepatitis A 70</p> <p>Hepatitis B 71</p> <p>Hepatitis C 72</p> <p>HIV 73</p> <p>Chlamydia 74</p> <p>Gonorrhea..... 75</p> <p>Syphilis..... 76</p> <p>Influenza/Pneumonia..... 77</p> |
| <p>Acknowledgments 3</p> <p>Executive Summary 5</p> <p>Overview 16</p> <p>Community Themes & Strengths 17</p> <p>Forces of Change 20</p> <p>Local Public Health System Assessment 24</p> <p>Community Health Status Assessment 26</p> | | |

Chapter 5

Chronic Disease 79

| | |
|---|----|
| Physical Activity..... | 80 |
| Obesity..... | 82 |
| Diabetes..... | 84 |
| Hypertension..... | 86 |
| Cancer..... | 88 |
| Coronary Heart Disease..... | 90 |
| Stroke..... | 92 |
| Chronic Obstructive Pulmonary Disease..... | 94 |
| Chronic Kidney Disease..... | 96 |
| Cigarette Use..... | 98 |

Chapter 6

Leading Causes of Death 100

| | |
|---|-----|
| All-Cause | 101 |
| Heart Disease..... | 103 |
| Cancer..... | 105 |
| Unintentional Injury..... | 107 |
| Chronic Lower Respiratory Disease..... | 109 |
| Stroke | 111 |
| Heart Attack..... | 113 |
| Alzheimer's Disease | 115 |

| | |
|---------------------|-----|
| Diabetes | 117 |
| Hypertension | 119 |
| Breast Cancer | 121 |
| Lung Cancer | 123 |

Chapter 7

Mental and Behavioral Health 125

| | |
|--------------------------------|-----|
| Drug Overdose | 126 |
| Suicide | 128 |
| Binge Drinking..... | 130 |
| Firearm-Related Mortality..... | 132 |
| Poor Mental Health Days | 134 |
| Mental Health Providers..... | 136 |

Chapter 8

Health Care Access 137

| | |
|--------------------------------|-----|
| Health Insurance Coverage..... | 138 |
| Emergency Room Visits..... | 140 |

Chapter 9

Environment 142

| | |
|---|-----|
| Housing Security..... | 143 |
| Transportation – Vehicles Available..... | 144 |
| Food Security..... | 145 |

Chapter 10

Crime 146

| | |
|---------------|-----|
| Homicide..... | 147 |
| Assaults..... | 149 |

Chapter 11

Overall Wellness Score 151

| | |
|---------------------------------------|-----|
| Years of Potential Life Lost | 152 |
| Life Expectancy..... | 154 |

| | |
|---------------|-----|
| Summary | 156 |
|---------------|-----|

| | |
|---|-----|
| ZIP Codes with Greatest Health Burdens | 157 |
|---|-----|

| | |
|---------------------|-----|
| Helpful Links | 160 |
|---------------------|-----|

Overview

The Southern Nevada Health District (SNHD) utilized the Mobilizing for Action through Planning and Partnership (MAPP) framework to conduct community-wide health needs assessments from April 2020 to January 2021. The MAPP process engaged both traditional and non-traditional stakeholders to collect qualitative and quantitative data across four distinct assessments which included the Community Themes & Strengths Assessment, Forces of Change, Local Public Health System Assessment, and the Community Health Status Assessment. Each assessment was used to create a master list of challenges and opportunities and identify underlying themes that impact the community.



Community Themes & Strengths Assessment (CTSA)

The Community Themes and Strengths Assessment seeks to gather health related community thoughts, opinions, and concerns. It gives our community members a voice in this process and provides a deep understanding of the issues residents feel are important. This assessment was conducted by collecting data from focus groups with six specific priority populations throughout the Southern Nevada area. These groups include: (1) those experiencing homelessness, (2) members of the LGBTQ+ community, (3) parents, (4) seniors aged 55 and older, (5) primarily Spanish speakers, and (6) members of the Black/African American community.

Forces of Change Assessment (FOCA)

The purpose of the Forces of Change Assessment is to identify forces – trends, factors, or events – that influence the context in which the community and its local public health system operate. Trends are patterns over time identified in the community, factors are discrete elements such as population, and events are one-time occurrences.

Local Public Health System Assessment (LPHSA)

The purpose of the assessment is to identify strengths and weaknesses of the LPHS. The LPHSA is a prescriptive tool standardized by the local instrument from the National Public Health Performance Standards Program (NPHPSP). The assessment focuses on LPHS partners' perspectives on how well the 10 Essential Services are being performed by the LPHS.

Community Health Status Assessment (CHSA)

The purpose of the Community Health Status Assessment seeks to provide an overall summary of community health status. This information represents the foundation of planning and program development for improving health outcomes for our community. The data collected for this assessment was used to create individual infographics for quick reference guides. For inclusion in the CHSA, data had to be available for the 2016-2018-time frame.

Community Themes & Strengths Assessment

The Community Themes and Strengths Assessment (CTSA) seeks to gather health related community thoughts, opinions, and concerns. It gives our community members a voice in this process and provides a deep understanding of the issues residents feel are important. This assessment aims to answer: What is important to the community? How is quality of life perceived in the community? What assets does the community have that can be used to improve community health? To answer these questions, The Nevada Institute for Children’s Research and Policy (NICRP) conducted focus groups with six specific priority populations throughout the Southern Nevada region. These groups include: (1) those experiencing homelessness, (2) members of the LGBTQ+ community, (3) parents, (4) seniors aged 55 and older, (5) primarily Spanish speakers, and (6) members of the Black/African American community. A total of seven focus group discussions were held between February 28th and March 21st, 2019 with 70 individuals. An additional 3 focus groups were held in July and August of 2020 to include the Black/African American community, with a total of 15 individuals. Focus group responses were compared across populations to determine common strengths and needs across groups, as well as health care needs that might be unique to each specific population.

Key Findings

Though each priority population has its own unique needs and set of circumstances that affect day-to-day experiences, there are many aspects of community health that participants in all groups mention have the most impact on their ability to maintain a healthy lifestyle. The following key findings outline the resources, services, information, and formative experiences that have the most impact on health.

1. **Availability is not the same as accessibility.** Participants in all groups acknowledge that there are services and programs that exist throughout the community, but without access to reliable transportation, financial assistance, accommodations for those with a disability, or information presented in one’s preferred language, it is *very* difficult to utilize those services. A common example provided was the challenge of seeing multiple providers when they are physically located on opposite sides of the city. Many focus group members suggested the need for health care clinics that housed primary care physicians as well as specialists, mental health providers, dentists, and social services in one location as a solution to this barrier to care.

One important aspect of accessibility is ensuring that people who need these resources actually know that the resources are available to them. Members of all groups trust what they hear by word of mouth from peers within the same community or from staff of organizations that work with their population.

2. **One training doesn’t make someone an expert.** For participants in socially marginalized groups, such as those experiencing homelessness or those who identified as LGBTQ+, a widely mentioned challenge was finding a health care provider that was willing to provide care for them or who fully understood the type of care they needed. Many participants suggested that providers and staff take cultural competency trainings to learn how to treat people “*like human beings*” and to learn more about how health care may look different for different types of people. Some also mentioned that those who complete these trainings may identify themselves or their practice as “*LGBT Friendly*,” but then still have to be educated or are discriminatory when individuals go to them to receive care.

Key Findings, Continued

Additionally, those who provide language interpretation services may have difficulty explaining complex medical terminology and concepts to patients, making communication between doctors and patients frustrating and more apt to misinterpretation.

- 3) **Mental health is on everyone’s mind.** At various points during the discussions in all focus groups, participants raised concerns about the lack of mental health care services for people of all ages, lifestyles, living situations, language preferences, and identities. Members of all groups suggested the need for more mental health providers, as well as in-patient facilities and crisis hotlines. Additional concerns were raised about the stigma that persists with a mental diagnosis, how that can follow a person throughout their lifespan, and prevent them from being able to take advantage of certain opportunities. Support groups were also mentioned as a means of providing community support for mental and emotional health, wherein people can share experiences and information with each other about effective health programs and services that are affordable and available in the community.

Community Assets Survey Results

In 2016, the Southern Nevada Health District (SNHD) compiled a list of assets that were included in the Community Themes and Strengths Assessment for Clark County, Nevada. The assessment was aimed at identifying community assets, thoughts, opinions, and concerns that were influencing the health or quality of life of Clark County residents. The results of the assessment were intended to serve as a foundation for improving population health. This table is the updated 2020 results on assets and resources in the community that can be used to improve community health. This affirms past assets from 2016 and has identified new ones shared with the community.

| Assets | | |
|--|---|--|
| History | | |
| <ul style="list-style-type: none"> Affordable Living Celebration of Diversity (culture, ethnic, race) Historic West Side | <ul style="list-style-type: none"> Growth (Economic, Industrial) National parks Cultural Preservations Pioneers, Settlers | <ul style="list-style-type: none"> Water Conservation & Innovation Hoover Dam Bridge across Colorado River Sense of Community |
| Future Plans | | |
| <ul style="list-style-type: none"> Resurgence of Downtown Art District Allegiant Stadium Convention Venues Expanded Health Information Exchange Amazon | <ul style="list-style-type: none"> Dignity Health Neighborhood Hospital Wellness Centers The Shannon West Homeless Youth Center Deer Springs District Livable Centers UNLV Medical School | <ul style="list-style-type: none"> High-Capacity Transit Planning City of Las Vegas 2050 Master Plan RTC OnBoard Future Mobility Plan New Parks and Trails |
| Public Sector | | |
| <ul style="list-style-type: none"> Clark County School District Clark County Social Services Clark County Library District Nevada Department of Health and Human Services Family Resource Centers Fire Departments Police Departments Hospitals (University Medical Center – UMC) | <ul style="list-style-type: none"> Regional Transportation Commission of Southern Nevada, RTCSN University of Nevada, Las Vegas College of Southern Nevada Nevada State College Parks and Recreation Departments (Clark County, City of Las Vegas, City of Henderson, City of Boulder City & City of Mesquite) | <ul style="list-style-type: none"> Family Promise Nellis Air Force Base Head Start Nevada 2-1-1 Southern Nevada Health District Nonprofits Clark County Medical Society University of Nevada, Reno Extension |

| Assets Continued | | |
|---|--|--|
| Private Sector | | |
| <ul style="list-style-type: none"> • Life and Health Insurance • Youth Sports Leagues • Restaurants (Local, Celebrity Chefs) • Health Clubs | <ul style="list-style-type: none"> • Private Hospitals • Zappos • Walmart/Target/Grocery Store or Big Box Retailers | <ul style="list-style-type: none"> • Starbucks • Newspapers • Small Businesses • Casinos |
| Voluntary Sector | | |
| <ul style="list-style-type: none"> • Vietnam Veterans of America • Medical Reserve Corps • YMCA • AARP • Habitat for Humanity • Catholic Charities • Nature Conservancy • Girl Scouts/Boy Scouts • AmeriCorps VISTA • American Red Cross of Southern Nevada • Deseret Industries • Nevadans for the Common Good • Big Brothers/Big Sisters | <ul style="list-style-type: none"> • United Way of Southern Nevada • Safe Nest • Opportunity Village • Disabled American Veterans (DAV) • The Gay and Lesbian Center of Southern Nevada • Nevada Homeless Alliance • Special Olympics Nevada • Alliance of Nevada Nonprofits • Goodwill of Southern Nevada • The Salvation Army of Southern Nevada • HELP of Southern Nevada • Nevada Partnership for Homeless Youth | <ul style="list-style-type: none"> • Baby's Bounty • Meals on Wheel • Huntridge Teen Clinic • March of Dimes • Leid Animal Shelter • Aid for AIDS of Nevada (AFAN) • Helping Kids Clinic • Nevada Health Center's Mammovan • Clark County Safe Kids • Court-Appointed Special Advocates (CASA) • Three Square Food Bank • Immunize Nevada • Henderson Equality Center • Foundation for Positively Kids |
| Informal Sector | | |
| <ul style="list-style-type: none"> • Support Groups • Community Gardens • Professional Organizations | <ul style="list-style-type: none"> • Retirement Communities/Retirees • Animal Rescue Groups | <ul style="list-style-type: none"> • Community Events/Festivals • Artists • Foster Care Agencies |
| Environmental | | |
| <ul style="list-style-type: none"> • Mineral Resources • Local and State Parks • Lake Mead, Colorado River • Climate | <ul style="list-style-type: none"> • Springs Preserve • Mount Charleston • Desert Research Institute • Red Rock | <ul style="list-style-type: none"> • Solar and Wind Power • Wetlands Park • Bonnie Springs • Tule Springs |

Forces of Change Assessment

The purpose of the Forces of Change Assessment (FOCA) is to identify forces that are defined as trends, factors, or events that influence the context in which the community and its local public health system operate. Trends are patterns overtime identified in the community, factors are discrete elements such as population, and events are one-time occurrences. The CHA Steering Committee designed a survey to collect quantitative data from a representative population to assess whether the Forces of Change identified in 2015 were still valid and to gain insight into whether there were any new forces. The survey questions were designed to answer the following questions: What is occurring or might occur that affects the health of our community or the local public health system? What specific threats or opportunities are generated by these occurrences? Due to the COVID-19 pandemic, the FOCA was modified exclusively for online administration through Survey Gizmo from July 1-31, 2020. A total of 22 responses were received.

Overall Top Three Threats and Opportunities Posed by Participants

Participants were asked to select their top three forces of change in 2020 and rank them in order of importance to them. For each of their top three forces, participants were then asked to provide opportunities and threats to community health in Southern Nevada. Based on the rankings provided by each participant, the top three forces of change identified in 2020 were, in order: economic, social, and health care-related forces. These were the threats and opportunities selected for each force of change.

| Force of Change | Threats | Opportunities |
|---|---|---|
| Economic <ul style="list-style-type: none"> • Unemployment • Cost of Healthcare • Cost of Education • Cost of Transportation | <ul style="list-style-type: none"> • Severe unemployment affects the whole state, especially with the hard hit to Clark County. • Increase in number of uninsured persons | <ul style="list-style-type: none"> • Diversification of local economy • Improvement of human and social services • Universal health insurance and basic income |
| Social <ul style="list-style-type: none"> • Homelessness • Reduction in Safety Net Services • Violence • Change in Demographics • Transportation • Insufficient Primary Care Resources | <ul style="list-style-type: none"> • Inequality of populations • Increases in violence | <ul style="list-style-type: none"> • Increased advocacy and/or activism • Increased support for law enforcement to find solutions to reduce the threat of violence |

| | | |
|---|---|--|
| <p>Healthcare-Related</p> <ul style="list-style-type: none"> • Increased Disease Prevalence • Increase Chronic Disease • Health System Changes • Prenatal Care • Tobacco Use/E-cigarettes • Immunizations • Mental Health | <ul style="list-style-type: none"> • Lack of access to healthcare • Poor quality of healthcare • High costs of healthcare • Need for vaccines to prevent disease spread | <ul style="list-style-type: none"> • Changed paradigm of healthcare delivery • Increased number of providers moving to the local area • Further develop UNLV School of Medicine • Increased funding and access to vaccines |
|---|---|--|

Forces of Change at A Glance



- Unemployment
- Cost of Healthcare
- Cost of Education
- Cost of Transportation



- Homelessness
- Reduction in Safety Net Services
- Violence
- Change in Demographics
- Transportation
- Insufficient Primary Care Resources



- Increased Disease Prevalence
- Increase Chronic Disease
- Health System Changes
- Prenatal Care
- Tobacco Use/ E-cigarettes
- Immunizations
- Mental Health

Other Opportunities and Threats Identified

This table displays the threats and opportunities that participants reported for the remaining seven forces of change assessed.

| Force of Change | Threats | Opportunities |
|---|---|---|
| <p style="text-align: center;">*Political</p> | <ul style="list-style-type: none"> • Isolation from limitations on interpersonal contact • Rise in number of uninsured persons from COVID-19 policies • Weaponization of funding | <ul style="list-style-type: none"> • Identification of community needs and how to partner with government to address them • Strengthening of the existing medical infrastructure |
| <p style="text-align: center;">Technological</p> <ul style="list-style-type: none"> • Social Media • Increase use of technology for activities • Electronic health records | <ul style="list-style-type: none"> • High initial cost to implement • Lack of current infrastructure | <ul style="list-style-type: none"> • Virtualization of medical care due to COVID-19 |
| <p style="text-align: center;">Environmental</p> <ul style="list-style-type: none"> • Climate Change • Flooding/Flood Concerns • Food/Water Contamination • Food Systems/Agriculture issues • Waste disposable | <ul style="list-style-type: none"> • Climate change • Housing insecurity • Diseases affecting community health | <ul style="list-style-type: none"> • Adoption of green solutions • Community vaccine promotion |
| <p style="text-align: center;">Scientific</p> <ul style="list-style-type: none"> • Vaccines | <ul style="list-style-type: none"> • Inconsistency in science used for policymaking • Slow vaccine development • Lack of innovation | <ul style="list-style-type: none"> • Reduction in “red tape” to increase scientific output in vaccine development • Removal of political agendas from scientific research • Further general innovation |
| <p style="text-align: center;">Educational</p> <ul style="list-style-type: none"> • School Safety • Limited Curriculum • School Funding • Oversized Classrooms/Educator Qualifications • Disparities in Achievement | <ul style="list-style-type: none"> • Lack of funding for education • Budget cuts to schools due to financial mismanagement • Inadequate quality of education | <ul style="list-style-type: none"> • Reallocation of funds toward educational objectives • Recognition of existing talent in teaching • Improved quality and accessibility of virtual education |

| | | |
|---|---|---|
| <p>Legal</p> <ul style="list-style-type: none"> • Immigration Issues • Open Carry/Weapons | <ul style="list-style-type: none"> • <i>None reported</i> | <ul style="list-style-type: none"> • <i>None reported</i> |
| <p>Ethical</p> <ul style="list-style-type: none"> • Money Collected for Marijuana Sales • Equitable Treatment of Vulnerable/Underserved Populations • Government Legislation related to Individuals Human Rights • Awareness of Inactivity Related to Systemic Racism and Police Violence • Party Politics and Legislation • Lack of Action against Unethical Behavior in Government | <ul style="list-style-type: none"> • Broadening of powers held by police and law enforcement | <ul style="list-style-type: none"> • Community involvement in decisions affecting policies |

* For each new force of change, respondents identified from a list of options which forces they observe in the Southern Nevada community. Respondents were not provided a list of options of political forces from which to select those that applied; rather, respondents could only indicate a response of "Other" and were asked to write in specific political forces that they had observed.

Changes Over Time

These two tables show the continuing forces from the 2015 FOCA as well as new forces identified in the 2020 FOCA.

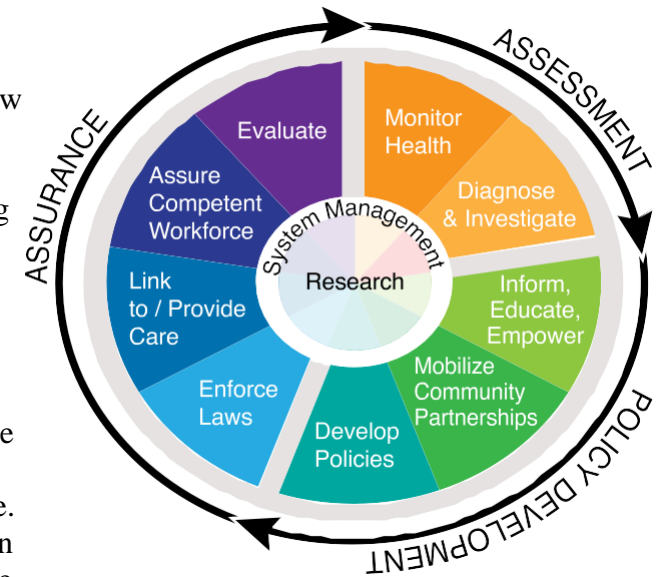
| Continuing Forces from 2015 |
|-----------------------------|
| Economic |
| Healthcare-Related |
| Educational |
| Political/Legal |

| Forces Identified in 2020 |
|---------------------------|
| Social |
| Economic |
| Healthcare-Related |
| Political |
| Educational |
| Environmental |
| Scientific |
| Technological |
| Legal |
| Ethical |
| Other |

Local Public Health System Assessment

Purpose: The purpose of the Local Public Health System Assessment (LPHSA) is to identify strengths and weaknesses of the Local Public Health System (LPHS). The assessment focuses on traditional and non-traditional LPHS partners' perspectives on how well the 10 Essential Services are being provided to the community by the LPHS. This report is designed to facilitate communication and sharing among and within programs, partners, and organizations, based on a common understanding of how a high performing and effective public health system can operate.

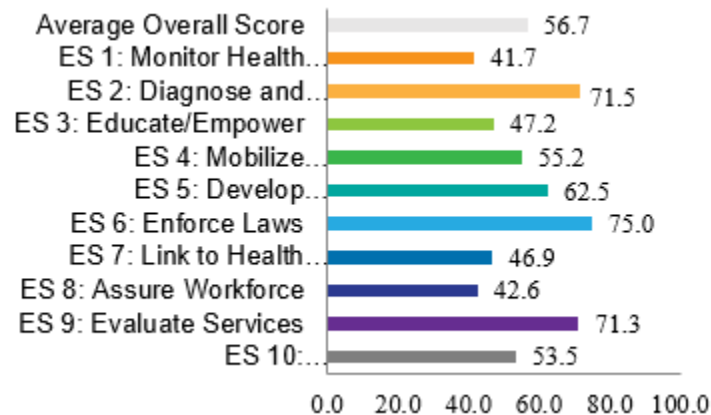
Overview: Due to the COVID-19 pandemic, holding large meetings in-person was not possible. Therefore, in addition to collecting data from the online surveys, two half-day virtual discussion meetings were held. The surveys were closed on August 30, 2020. During the virtual meetings, an introduction was provided to the participants in which the purpose of the meeting and the process were explained. Following the introduction, all participants were divided into five breakout sessions each covering one Essential Service. Participants identified which Essential Service discussion group they would participate in when they registered. The first 5 Essential Services were covered on the first day and the last 5 were covered on the second day. Responses were coded from 1 to 5, with 1 representing No and 5 representing Optimal. "No Knowledge" responses were coded as "missing" to exclude them from analysis.



Participation in both the online surveys and the virtual discussion groups was lower than expected, however, given the number of individuals within the LPHS that are working on issues related to COVID-19, it was not surprising. There were 48 surveys completed and there were 37 participants across all the virtual discussion groups.

Results: Overall, the Local Public Health System generated an average overall Essential Public Health Service Performance Score of Significant Activity (56.7%) which indicates that participants thought that greater than 50%, but no more than 75% of the overall activity of the system was met. The highest scores in the system were ES 6: Enforce Laws (75%), ES 2: Diagnose and Investigate (71.5%), and ES9: Evaluate Services. The lowest scores in the system were ES1: Monitor Health Status, ES8: Assure Workforce, and ES7: Link to Health Services (46.9). The full report is available by emailing huac@SNHD.org

Summary of Average ES Performance Score



Comparison to the 2012 LPHSA

The LPHSA selected for 2020 was based on the use of the same assessment in 2012. The use of the same tool would provide a method to compare change in the community. The table below provides a comparison between the overall scores obtained in 2012 and the scores for the current assessment. The overall average score made a slight improvement since 2012, however it is still perceived as operating at significant activity level and not optimal. Six of the Essential Service areas were perceived higher compared to 2012 with one area (ES6) remaining consistent. The services shown in red in the table below are the four areas where the system was perceived weaker compared to 2012, two of which were also the weakest in 2012 (ES1 and ES8). These areas provide good focus points for improvement within the system. The 2012 assessment suggested improving the partnerships among organizations within the LPHS, a sentiment that was echoed in the 2020 assessment, specifically by improving communication and sharing resources. All of the performance scores are averages.

| Average Scores from 2012 and 2020 | 2012 | 2020 | Difference |
|--|-----------|-----------|------------|
| Average Overall Score | 55 | 57 | 2 |
| 1. Monitor health status to identify and solve community health problems | 48 | 42 | -6 |
| 2. Diagnose and investigate health problems and health hazards in the community | 67 | 72 | 5 |
| 3. Inform, educate, and empower people about health issues | 59 | 47 | -12 |
| 4. Mobilize community partnerships and action to identify and solve health problems | 47 | 55 | 8 |
| 5. Develop policies and plans that support individual and community health efforts | 56 | 63 | 7 |
| 6. Enforce laws and regulations that protect health and ensure safety | 75 | 75 | 0 |
| 7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable | 53 | 47 | -6 |
| 8. Assure competent public and personal health care workforce | 46 | 43 | -3 |
| 9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services | 50 | 71 | 21 |
| 10 Research for new insights and innovative solutions to health problems | 46 | 54 | 8 |

Data Limitations

One of the major limitations of the current LPHSA was the lack of participation in the process from the community. This assessment took place approximately three months after the Nevada governor's shelter in place orders were put into place and after the shutdown of the United States due to COVID-19. These actions significantly impacted participation in the process. Some of the other limitations of the data gathered through this process include the use of a variety of assessment methods, individual differences in interpretation of assessment questions, the reliance on self-report information, and especially the wide variations in the breadth and knowledge of participants. The variation in knowledge of the participants may have led to interpretation differences, thus impacting the final scores for each service area. In addition, there are data limits on the method of analysis.

Community Health Status Assessment



Community Health Status Assessment

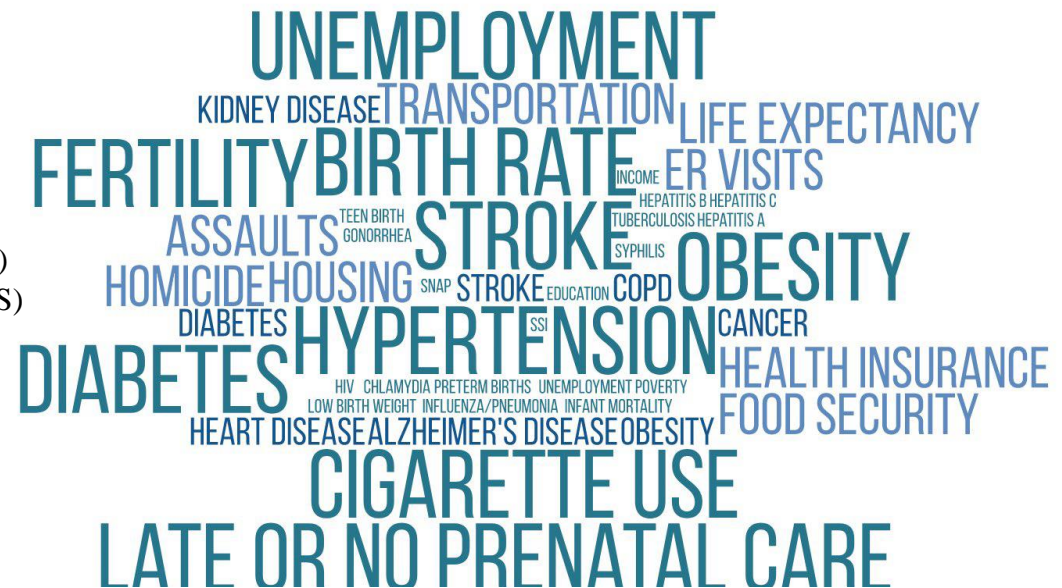
Purpose: The Community Health Status Assessment (CHSA) identifies health and quality of life issues that are areas for improvement in Clark County. The CHSA seeks to answer the questions:

- How healthy are our residents ?
- What does the health status of our community look like?

Methods

Quantitative social, economic, and health data for Nevada and Clark County came from a variety of primary and secondary data sources at the local, county, state, and national levels. The Healthy Southern Nevada community dashboard provides over 190 continually updated primary and secondary data indicators of health and quality of life in Clark County from over 24 data sources at <http://www.healthysouthernnevada.org/>. Data obtained through this platform are indicated throughout the report with a designated “Data Source” in each infographic. In addition, a number of other secondary data sources were used. Similarly, these sources of health data are noted within each infographic. Tables, charts, and figures are labeled directly with data sources.

- Behavioral Risk Factor Surveillance System (BRFSS)
- CDC WONDER, Natality Public-Use Data
- CDC WONDER, Underlying Causes of Death
- Centers for Disease Control and Prevention (CDC)
- Clark County School District Fast Facts
- Clark County Vital Records
- National Notifiable Diseases Surveillance System (CDC)
- National Plan and Provider Enumeration System (NPPES)
- Nevada Hospital Discharge Data
- NPI Registry
- PLACES Project (CDC)
- Sexually Transmitted Disease Surveillance (CDC)
- USDA Food Environment Atlas
- U.S. Census Bureau: American Community Survey





Chapter 1 County-Specific Population



HEALTH INDICATORS

- Total Population of Nevada and Clark County
- Clark County Specific Race/Ethnicity
- Clark County Specific Age & Sex
- Nevada and Clark County Specific Population Change

TOTAL POPULATION OF NEVADA & CLARK COUNTY

Summary

The county-specific total population provides information on how many residents reside in Nevada and Clark County.

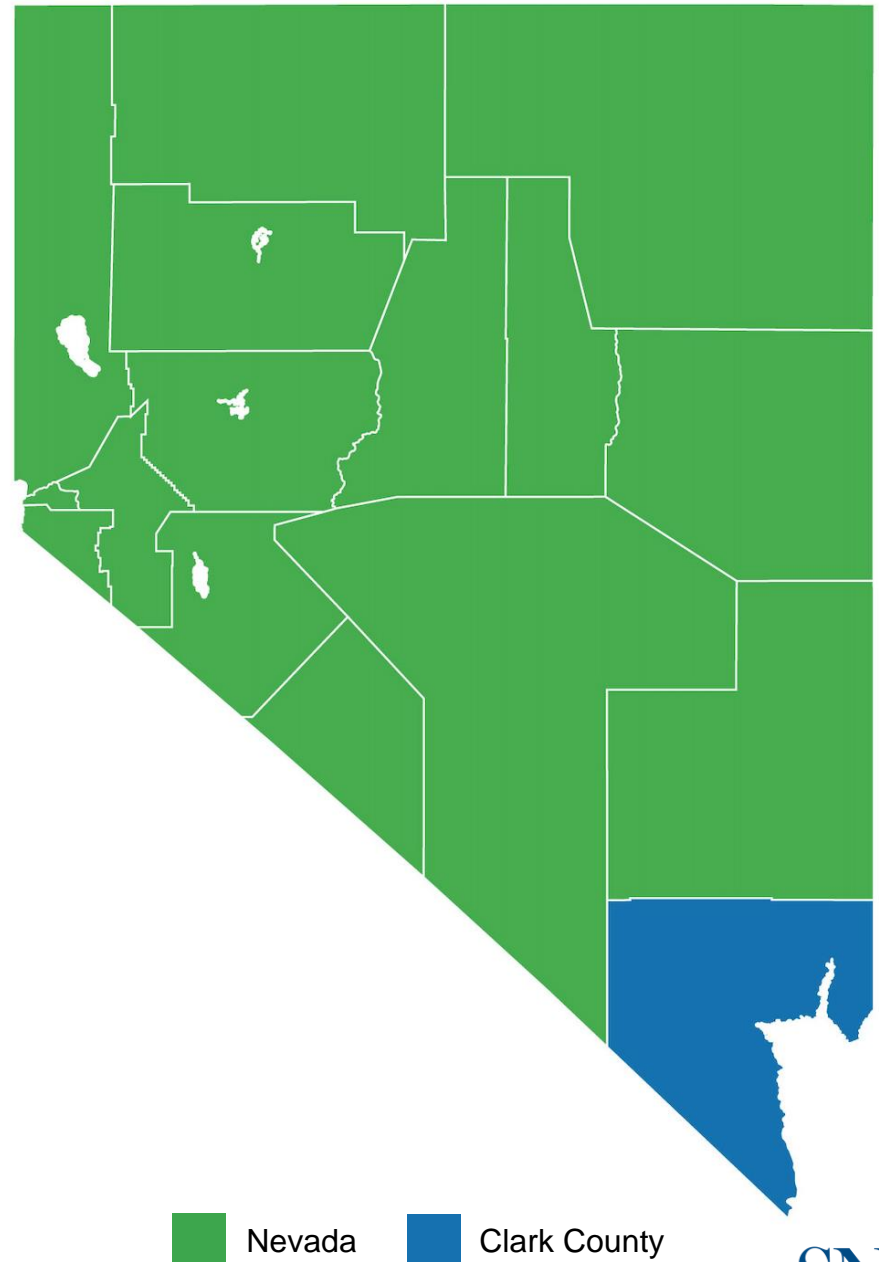
Why is it important?

The total population is important to community health outcomes as it signifies the number of individuals who play a role in a healthy living community. Understanding the total population in the county will help with establishing programs, policies, and services necessary to improve the health of the community and provide resources to individuals where needed.

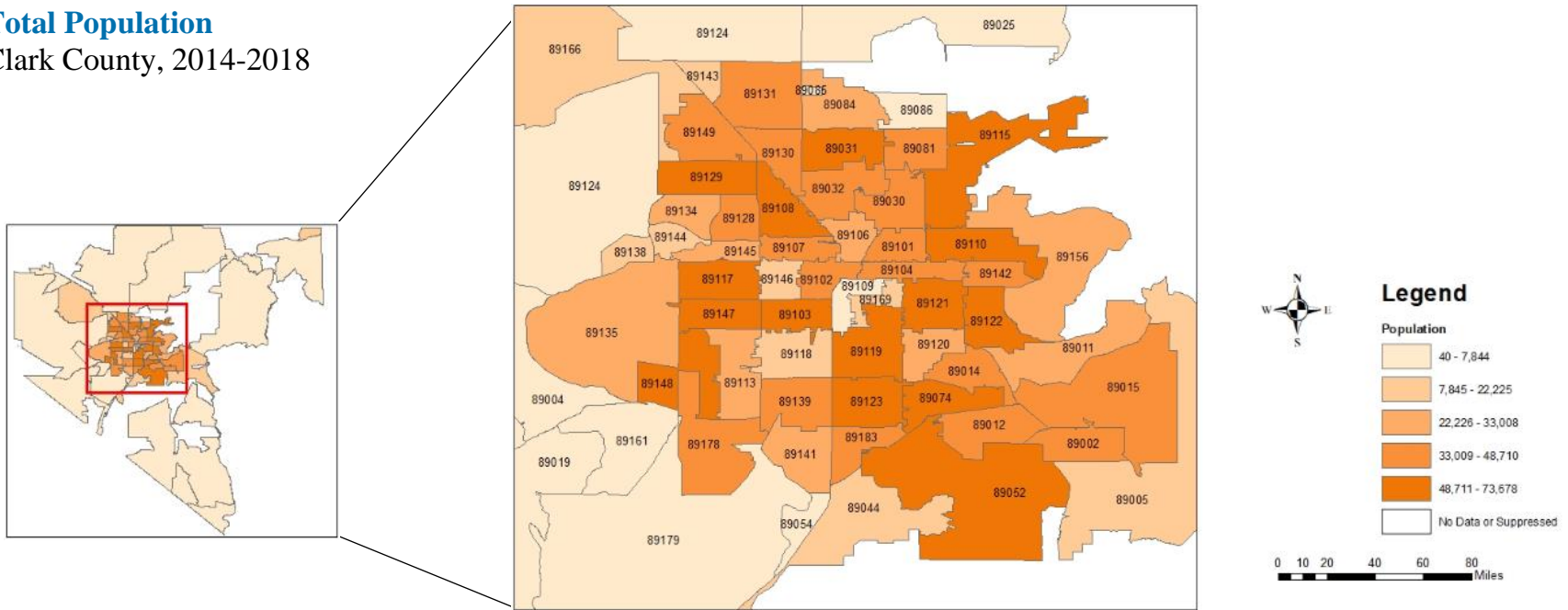
How are we doing?

The population estimates for 2018, based on 5 years of data, Clark County, Nevada had an estimate of 2,141,574 individuals and Nevada as a state had an estimated population of 2,922,849 individuals. Clark County accounts for 73% of the state's population. ZIP codes with the highest population counts were 89108, 89110, 89031, 89121, and 89115.

Data Source: 2014-2018 American Community Survey 5-Year Estimates



Total Population
Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|-------|--------|
| 89002 | 34,953 | 89026 | * | 89074 | 49,397 | 89109 | 7,844 | 89128 | 36,753 | 89145 | 24,385 |
| 89004 | 347 | 89027 | 17,904 | 89081 | 36,060 | 89110 | 71,573 | 89129 | 56,716 | 89146 | 18,927 |
| 89005 | 15,680 | 89029 | 7,707 | 89084 | 27,218 | 89113 | 30,626 | 89130 | 35,776 | 89147 | 53,140 |
| 89007 | 1,122 | 89030 | 48,382 | 89085 | 3,848 | 89115 | 61,811 | 89131 | 48,710 | 89148 | 52,967 |
| 89011 | 25,826 | 89031 | 68,201 | 89086 | 6,060 | 89117 | 55,061 | 89134 | 24,410 | 89149 | 39,372 |
| 89012 | 35,075 | 89032 | 44,034 | 89101 | 41,600 | 89118 | 22,105 | 89135 | 27,654 | 89156 | 29,323 |
| 89014 | 39,698 | 89039 | 140 | 89102 | 38,637 | 89119 | 52,278 | 89138 | 16,498 | 89161 | 209 |
| 89015 | 42,748 | 89040 | 3,632 | 89103 | 52,149 | 89120 | 25,124 | 89139 | 40,490 | 89166 | 22,225 |
| 89018 | 4,837 | 89044 | 20,406 | 89104 | 38,703 | 89121 | 64,340 | 89141 | 33,008 | 89169 | 21,589 |
| 89019 | 2,376 | 89046 | 316 | 89106 | 26,018 | 89122 | 49,934 | 89142 | 35,376 | 89178 | 37,116 |
| 89021 | 3,400 | 89052 | 54,586 | 89107 | 38,165 | 89123 | 60,138 | 89143 | 13,159 | 89179 | 6,934 |
| 89025 | 1,171 | 89054 | 40 | 89108 | 73,678 | 89124 | 1,051 | 89144 | 19,787 | 89183 | 40,511 |
| | | | | | | | | | | 89191 | 628 |

* No Data or Suppressed

COUNTY SPECIFIC RACE/ETHNICITY

Summary

Understanding the race and ethnicity composition of the Clark County population can help in developing new plans, programs, strategies, and policies geared towards different health outcomes. The Clark County population had an estimated 1,387,798 non-Hispanic White/Caucasian residents, 287,096 Black/African American residents, 255,927 Asian/Pacific Islander residents, and 662,081 Hispanics/Latino residents from 2014-2018.

How are we doing?

With respect to race/ethnicity, Hispanic/Latino and Asian/Pacific Islander residents account for a higher percentage of the population in Clark County than in the rest of Nevada and the United States. A higher percentage of Clark County residents spoke languages other than English at home when compared with statewide and national estimates.

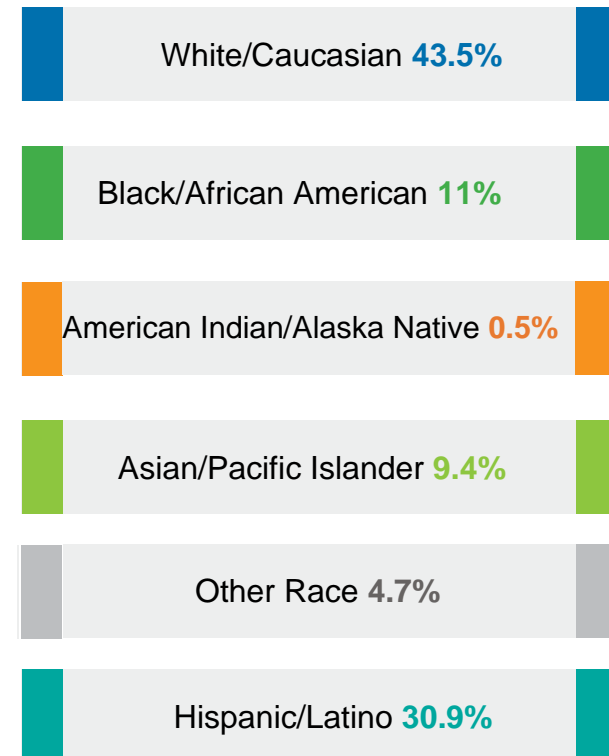
Data Source: 2014-2018 American Community Survey 5-Year Estimates



Why is it important?

Diversity within a community can help with community-led and community-driven initiatives within Clark County. Knowing the county's proportion of each race and ethnicity within a community allows the local public health system to create programs, policies, and services catered to each group. This will strengthen the network of health and social services, which then creates equitable opportunities and positive health outlooks for the community as a whole.

Demographic Breakdown Clark County, 2014-2018



COUNTY SPECIFIC AGE & SEX

Summary

Age and sex play significant roles in each health indicator and priorities. The male to female comparison in Clark County was 50% for both males and females, while the entire state of Nevada was made up of 50.2% males and 49.8% females. Clark County's median age of 37.1 is lower than the state and national median comparison of 37.9.

Why is it important?

Age and sex distribution of a population can be utilized to develop specific programs, policies, and services needed to address public health issues within the community. Concentrating on a certain age group and sex plays a significant role in community health outcomes and helps in identifying priorities for program development.

How are we doing?

Overall, male to female comparison in Clark County was 50/50, while the statewide comparison was of 50.2% males and 49.8% females. Clark County's median age of 37.1 is lower than the state and national median comparison of 37.9, with the largest proportion in the 25-29-year-old category (7.5%).

Data Source: 2014-2018 American Community Survey 5-Year Estimates

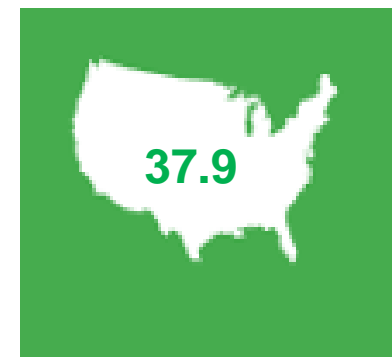
Median Age Comparison 2014-2018



Clark County

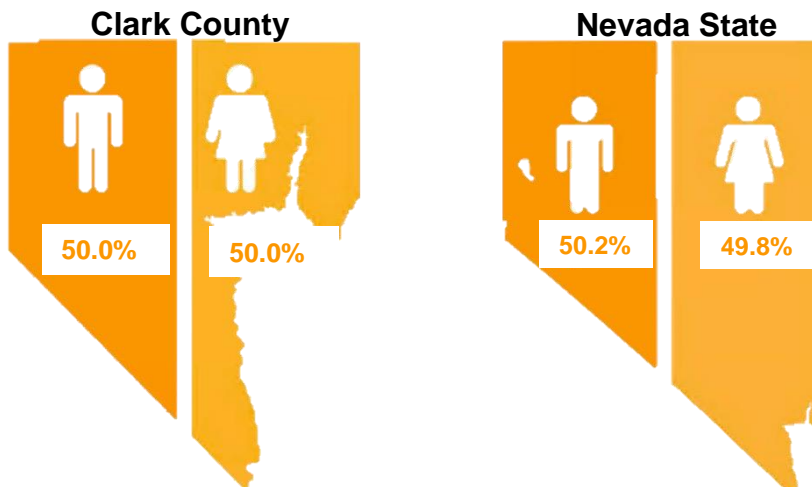


Nevada State



United States

Male and Female Comparison of Nevada State and Clark County 2014-2018

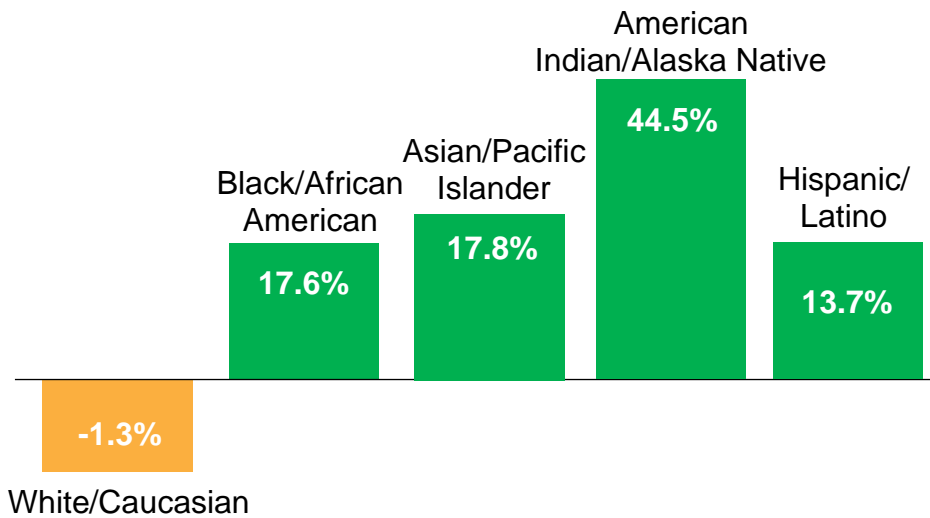


COUNTY SPECIFIC POPULATION CHANGE

Summary

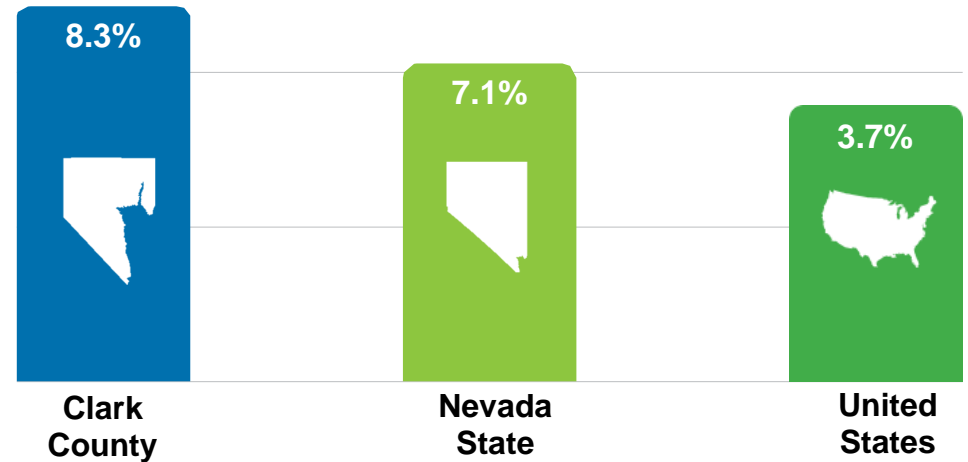
Population is a key indicator in seeing any change within the county and helps determine if there has been a growth or decline within the overall population. Clark County saw an estimated increase in overall population by 8.3% comparing the two five-year periods (2004-comparing 2009-2013 vs.to 2014-2018)

Percent Change in Population by Race/Ethnicity
Clark County, 2013 vs. 2018



Data Source: 2009-2013 American Community Survey 5-Year Estimates, 2014-2018 American Community Survey 5-Year Estimates

Percent Increase in Total Population Comparison, 2013 vs. 2018



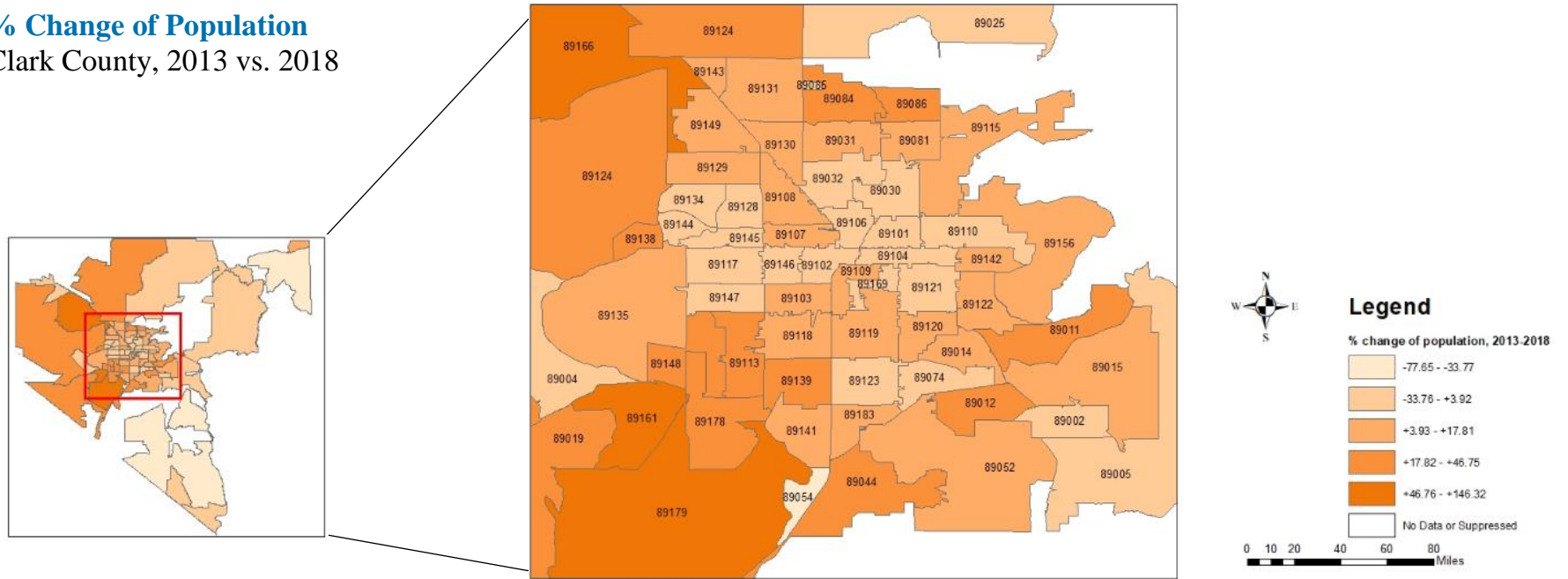
How are we doing?

Comparing 2009-2013 to 2014-2018, there was an 8.3% increase in Clark County's total population. While the overall population increased, the non-Hispanic White/Caucasian population decreased by 1.3%. The greatest increase in population occurred within the American Indian/Alaska Native and Asian/Pacific Islander populations. ZIP codes with the greatest population change were 89161, 89011, 89179, 89084, and 89086.

Why is it important?

The measure of how much a population grows or declines within a specific time period provides information on births, deaths, potential relocation in the area, or other factors. Understanding these changes in the population can aid community members in identifying concerns and address these concerns through program development, policy changes, and improved services to the community.

% Change of Population Clark County, 2013 vs. 2018



Data Source: 2009-2013 American Community Survey 5-Year Estimates, 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|------|-------|------|-------|-------|
| 89002 | 2.2 | 89026 | -100 | 89074 | 3.2 | 89109 | 14.5 | 89128 | -4.7 | 89145 | 0.4 |
| 89004 | -9.9 | 89027 | 14.1 | 89081 | 10 | 89110 | 0.6 | 89129 | 8.8 | 89146 | 2.2 |
| 89005 | 3.7 | 89029 | -3.5 | 89084 | 32.1 | 89113 | 24.4 | 89130 | 14.6 | 89147 | 3.4 |
| 89007 | -33.8 | 89030 | -0.1 | 89085 | -8.2 | 89115 | 5 | 89131 | 7.7 | 89148 | 23.4 |
| 89011 | 46.8 | 89031 | 9.2 | 89086 | 33.2 | 89117 | 0.8 | 89134 | -4.1 | 89149 | 17.8 |
| 89012 | 24.9 | 89032 | 0.3 | 89101 | -5.9 | 89118 | 7.1 | 89135 | 9.8 | 89156 | 7.5 |
| 89014 | 5.1 | 89039 | -2.8 | 89102 | 2.6 | 89119 | 17.7 | 89138 | 25 | 89161 | 124.7 |
| 89015 | 12.4 | 89040 | 3.2 | 89103 | 5.3 | 89120 | 8.3 | 89139 | 25.2 | 89166 | 87.4 |
| 89018 | -9.2 | 89044 | 25.6 | 89104 | -0.02 | 89121 | 3.9 | 89141 | 16.7 | 89169 | -1 |
| 89019 | 25.6 | 89046 | -38.6 | 89106 | -4 | 89122 | 8 | 89142 | 13.4 | 89178 | 29 |
| 89021 | -0.9 | 89052 | 8.6 | 89107 | 5.4 | 89123 | 1.9 | 89143 | 10 | 89179 | 146.3 |
| 89025 | -12.9 | 89054 | -77.7 | 89108 | 6.8 | 89124 | 28 | 89144 | -1.4 | 89183 | 4.4 |
| | | | | | | | | | | 89191 | -17.7 |

* No Data or Suppressed



Chapter 2 Socioeconomic Status



HEALTH INDICATORS

- Median Household Income
- Population Receiving Supplemental Security Income (SSI) or Supplemental Nutrition Assistance Program (SNAP)
- Population Living at or Below Poverty Level
- Unemployment
- Education Attainment
- Students Eligible for Free or Reduced-Price Lunch in Nevada Public Schools

MEDIAN HOUSEHOLD INCOME

Summary

Median household income is an indicator that identifies socioeconomic barriers within the community. The median household income in Clark County of \$56,802 was estimated to be lower than the median household income for the state of Nevada at \$57,598 and the United States at \$60,293.

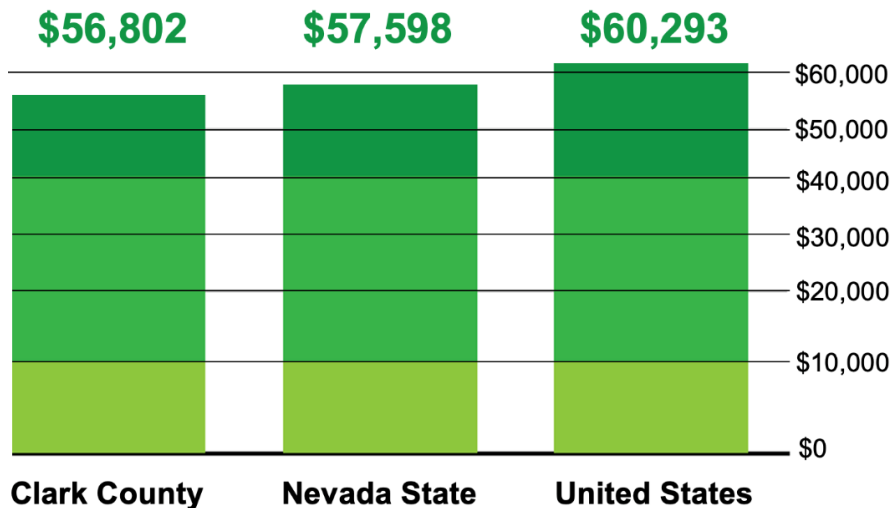
Why is it important?

Median household income can be associated with health outcomes within the community. In areas with lower household income, this can be associated with negative health effects such as a lower life expectancy or an increased rate of disease. Overall, households with lower incomes are associated with less access to healthy food options and proper living conditions. Knowing the household income of a community can reveal what programs, policies, and services can be created or modified to improve health outcomes.

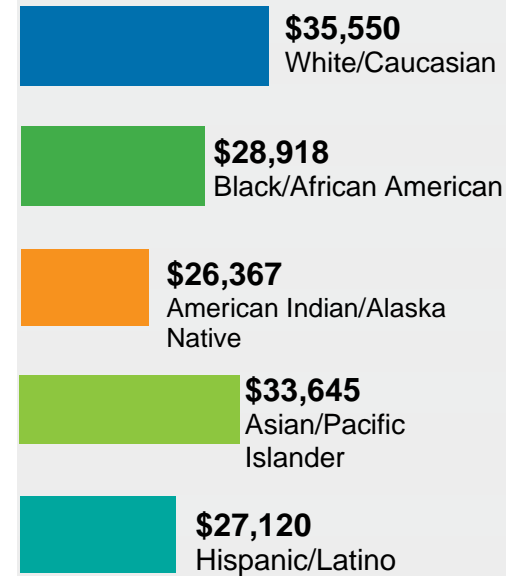
How are we doing?

The median household income in Clark County was lower than Nevada and the United States median. When looking closer at individuals, males earned \$6,320 more dollars annually than females in Clark County. Regarding race/ethnicity, White, non-Hispanic individuals earn more annually than other races. The ZIP codes with the highest median family income were 89085, 89138, 89135, 89131, and 89124. The ZIP codes with the lowest median family income were 89101, 89102, 89046, 89115, and 89106.

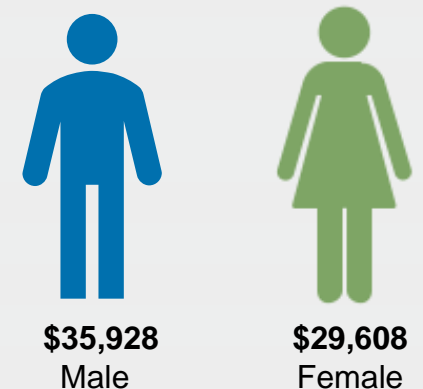
Median Household Income Comparison. 2014-2018



Median Earnings by Race/Ethnicity Clark County, 2014-2018

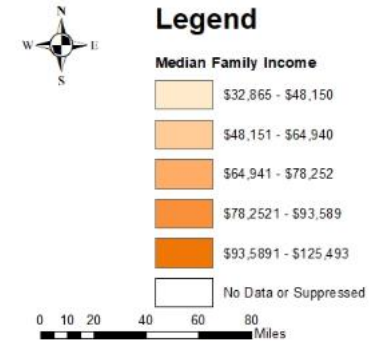
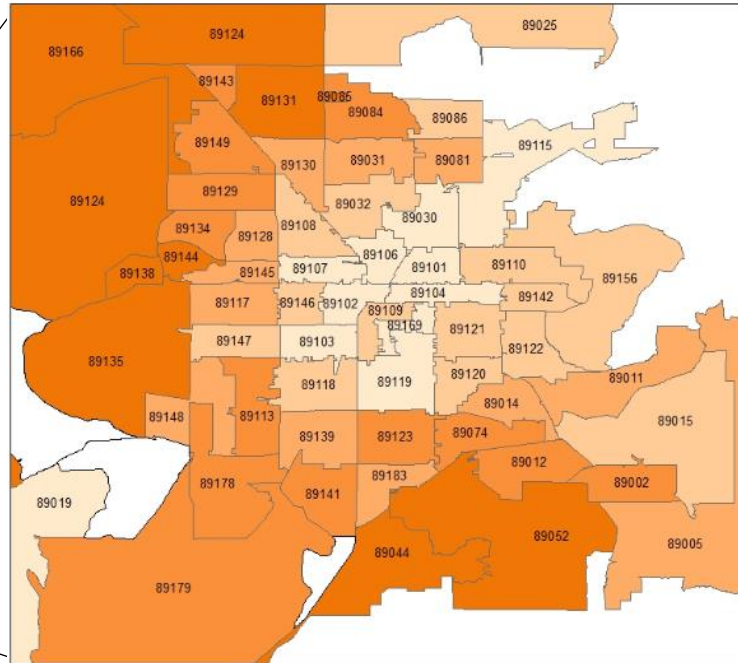
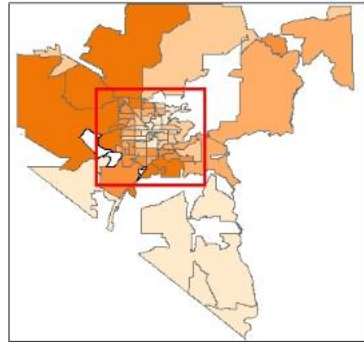


Median Income by Sex Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

Median Family Income Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|--------|-------|--------|-------|---------|-------|---------|-------|---------|-------|---------|
| 89002 | * | 89026 | * | 89074 | 83,802 | 89109 | 53,481 | 89128 | 68,288 | 89145 | 73,475 |
| 89004 | * | 89027 | 61,407 | 89081 | 66,752 | 89110 | 50,676 | 89129 | 81,659 | 89146 | 62,500 |
| 89005 | 72,444 | 89029 | 45,135 | 89084 | 83,851 | 89113 | 81,325 | 89130 | 75,701 | 89147 | 608,821 |
| 89007 | 69,659 | 89030 | 38,939 | 89085 | 125,493 | 89115 | 39,681 | 89131 | 101,872 | 89148 | 78,252 |
| 89011 | 76,259 | 89031 | 65,966 | 89086 | 59,404 | 89117 | 73,518 | 89134 | 83,890 | 89149 | 87,942 |
| 89012 | 91,221 | 89032 | 64,546 | 89101 | 32,865 | 89118 | 63,388 | 89135 | 105,840 | 89156 | 51,303 |
| 89014 | 71,270 | 89039 | 45,500 | 89102 | 37,897 | 89119 | 41,469 | 89138 | 121,338 | 89161 | * |
| 89015 | 62,100 | 89040 | 73,958 | 89103 | 46,605 | 89120 | 61,385 | 89139 | 76,776 | 89166 | 99,800 |
| 89018 | 63,472 | 89044 | 99,380 | 89104 | 42,983 | 89121 | 51,298 | 89141 | 92,449 | 89169 | 35,642 |
| 89019 | 48,150 | 89046 | 36,250 | 89106 | 39,036 | 89122 | 54,640 | 89142 | 55,982 | 89178 | 88,893 |
| 89021 | 93,589 | 89052 | 99,832 | 89107 | 45,846 | 89123 | 80,092 | 89143 | 93,273 | 89179 | 87,113 |
| 89025 | 64,940 | 89054 | * | 89108 | 53,210 | 89124 | 101,556 | 89144 | 98,214 | 89183 | 69,517 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

HOUSEHOLDS WITH SSI AND SNAP

Summary

Supplemental Security Income (SSI) and Supplemental Nutrition Assistance Program (SNAP) both aid low-income, older adults, disabled and blind individuals. SNAP is a Food and Nutrition Service program to aid low-income individuals and households in providing food purchasing power.

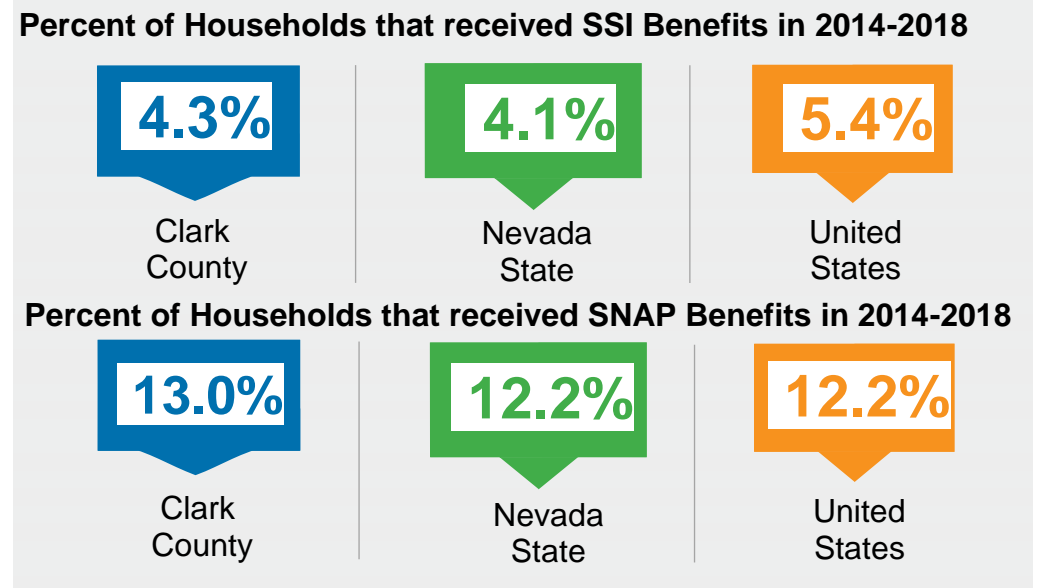
Why is it important?

SNAP and SSI programs provide low-income households the ability to purchase healthy food options. Equitably meeting nutritional needs of all populations is associated with improved community health status. This health indicator can be used to identify and measure the socioeconomic and health status of the community.

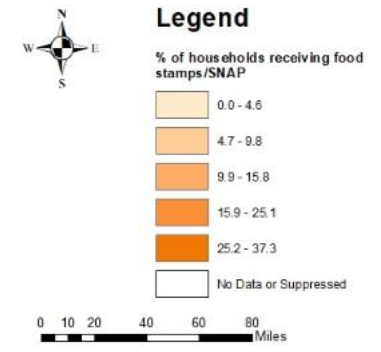
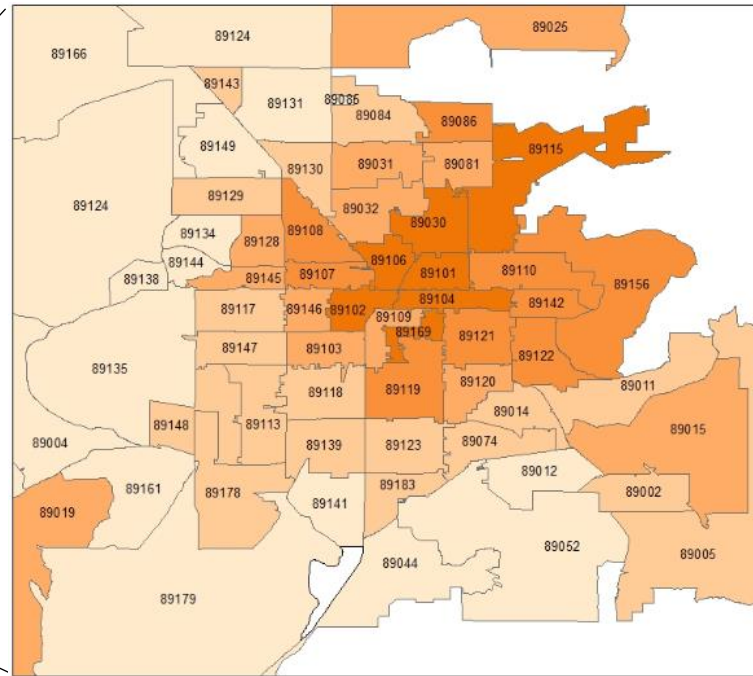
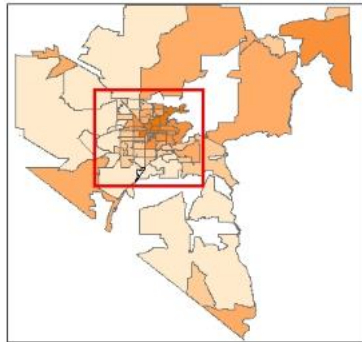
How are we doing?

Households receiving Social Security benefits were slightly higher in Clark County when compared to the rest of Nevada, but lower than the national average. More households received SNAP benefits in Clark County than in the rest of Nevada or the US. During 2014-2018 in Clark County, 4.3% received SSI and 13.0% received SNAP benefits. ZIP codes with the highest SSI assistance are 89004, 89007, 89085, 89106, and 89029. ZIP codes with the highest SNAP assistance are 89030, 89101, 89115, 89169, and 89119.

Data Source: 2014-2018 American Community Survey 5-Year Estimates



Households Receiving Food Assistance/SNAP Clark County, 2014-2018

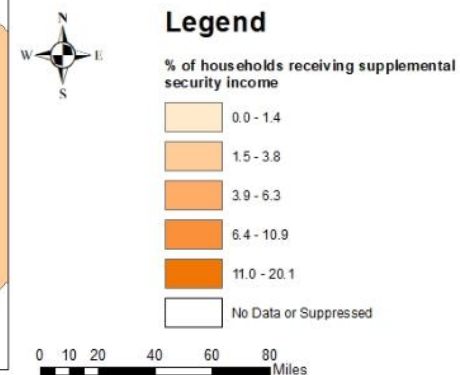
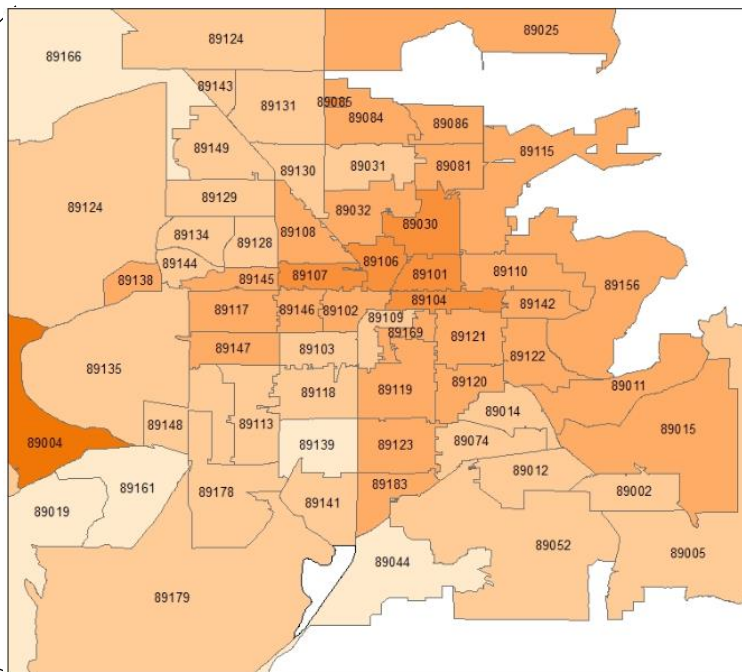
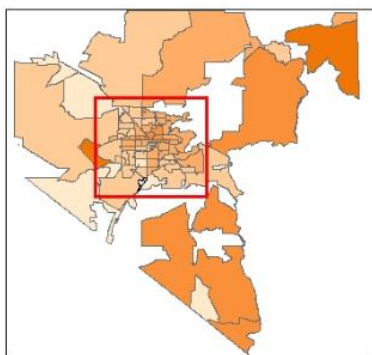


Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 4.8 | 89026 | * | 89074 | 5.1 | 89109 | 12 | 89128 | 10.8 | 89145 | 11.1 |
| 89004 | 0 | 89027 | 6.9 | 89081 | 13.5 | 89110 | 21.3 | 89129 | 8 | 89146 | 14.5 |
| 89005 | 7.6 | 89029 | 14.7 | 89084 | 9.2 | 89113 | 6.3 | 89130 | 7.5 | 89147 | 8.7 |
| 89007 | 22.2 | 89030 | 33 | 89085 | 2.8 | 89115 | 30.5 | 89131 | 4.6 | 89148 | 5.4 |
| 89011 | 9.1 | 89031 | 12.4 | 89086 | 18.6 | 89117 | 8.2 | 89134 | 1.6 | 89149 | 4.2 |
| 89012 | 4.2 | 89032 | 15.3 | 89101 | 34.1 | 89118 | 9.2 | 89135 | 2.1 | 89156 | 20.9 |
| 89014 | 6.7 | 89039 | 5 | 89102 | 26.9 | 89119 | 25.1 | 89138 | 1.8 | 89161 | 0 |
| 89015 | 15.5 | 89040 | 15.8 | 89103 | 13.8 | 89120 | 12.1 | 89139 | 6.2 | 89166 | 4.5 |
| 89018 | 11.8 | 89044 | 1.9 | 89104 | 27 | 89121 | 20.2 | 89141 | 4.1 | 89169 | 26.7 |
| 89019 | 13 | 89046 | 0 | 89106 | 37.3 | 89122 | 19.1 | 89142 | 18.2 | 89178 | 4.9 |
| 89021 | 5.1 | 89052 | 3.8 | 89107 | 24 | 89123 | 6.3 | 89143 | 5 | 89179 | 3.2 |
| 89025 | 10.4 | 89054 | * | 89108 | 18.9 | 89124 | 1.1 | 89144 | 3 | 89183 | 9.8 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

Households Receiving Supplemental Security Income (SSI) Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 93.7 | 89026 | * | 89074 | 93.9 | 89109 | 83.3 | 89128 | 90.2 | 89145 | 88.7 |
| 89004 | 94.4 | 89027 | 87.6 | 89081 | 86.4 | 89110 | 65.9 | 89129 | 92.1 | 89146 | 83.7 |
| 89005 | 94.3 | 89029 | 86.7 | 89084 | 91.8 | 89113 | 91.9 | 89130 | 91 | 89147 | 87.4 |
| 89007 | 88.4 | 89030 | 53.6 | 89085 | 93.1 | 89115 | 67.2 | 89131 | 94.5 | 89148 | 92.9 |
| 89011 | 90.6 | 89031 | 88.3 | 89086 | 88.9 | 89117 | 91.6 | 89134 | 94.6 | 89149 | 94.1 |
| 89012 | 95.4 | 89032 | 82.4 | 89101 | 65.3 | 89118 | 89.2 | 89135 | 96 | 89156 | 76.8 |
| 89014 | 92.5 | 89039 | 90 | 89102 | 75.7 | 89119 | 78.6 | 89138 | 96.8 | 89161 | 100 |
| 89015 | 87.5 | 89040 | 89.7 | 89103 | 80.9 | 89120 | 88.2 | 89139 | 91.4 | 89166 | 92.4 |
| 89018 | 72.9 | 89044 | 97.3 | 89104 | 72 | 89121 | 80.6 | 89141 | 94.6 | 89169 | 74.4 |
| 89019 | 72.9 | 89046 | 91.1 | 89106 | 71.3 | 89122 | 83.2 | 89142 | 76.7 | 89178 | 93.1 |
| 89021 | 93.3 | 89052 | 95.9 | 89107 | 74.9 | 89123 | 92.1 | 89143 | 95.8 | 89179 | 93.7 |
| 89025 | 80 | 89054 | * | 89108 | 78.5 | 89124 | 94.8 | 89144 | 96.3 | 89183 | 90.8 |
| | | | | | | | | | | 89191 | 100 |

* No Data or Suppressed

POVERTY

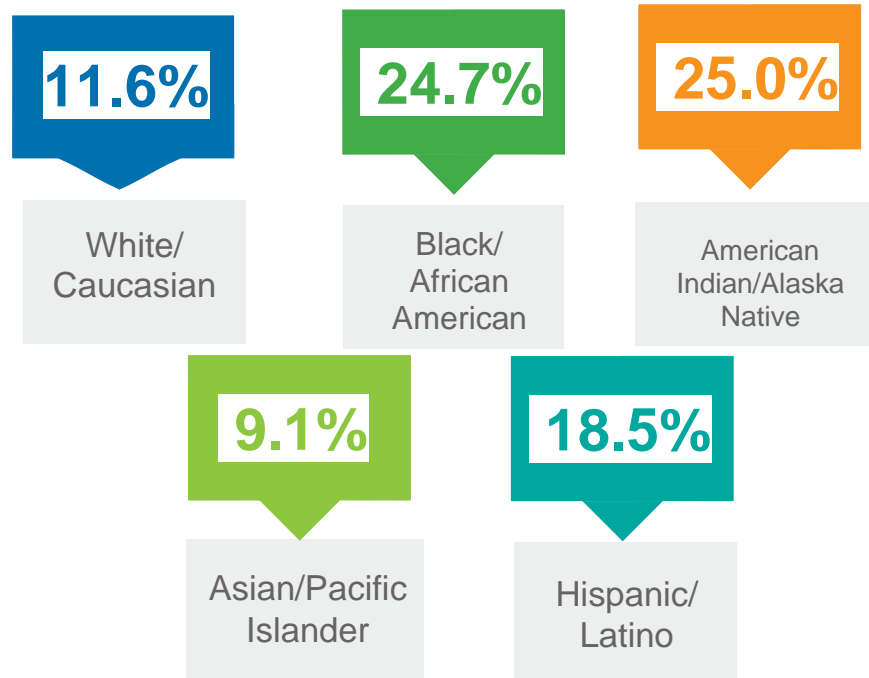
Summary

In 2018, the federal poverty level for a single individual living in the United States was \$12,140. Over 14.1% of Clark County residents were at or below the federal poverty level from 2014-2018, which is higher than the state average of 13.7%. Poverty at the ZIP code level in Clark County reached as high as 33%.

Why is it important?

Poverty is the lack of income, resources, and accessibility to ensure sustainability in a healthy living situation. Targeting high-poverty areas can improve health outcomes by revealing which areas need the most aid, whether that be creating new programs or providing services. Poverty is linked to a lower educational attainment level and an increase in barriers to accessing services. The local public health system can utilize these data to provide guidance in system planning and service delivery in areas of increased poverty.

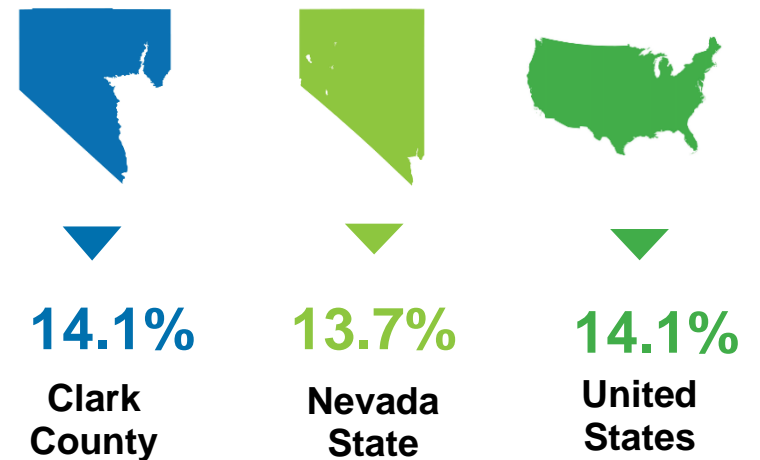
Poverty by Race/Ethnicity
Clark County, 2014-2018



How are we doing?

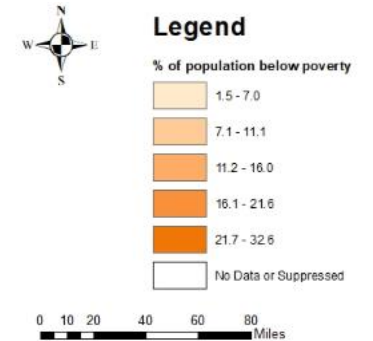
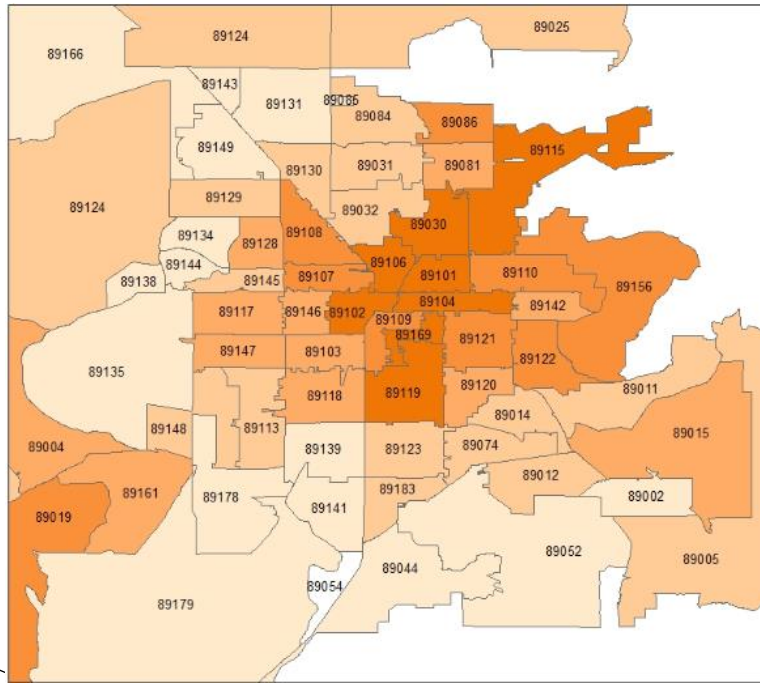
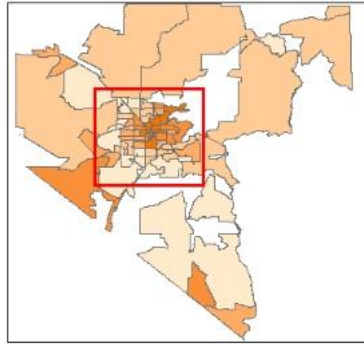
The percentage of people living at or below the federal poverty level in Clark County is slightly higher compared to Nevada, but the same as the United States. Percentages vary by race/ethnicity, such that people who identify as non-Hispanic American Indian/Alaska Native and non-Hispanic Black/African American have a disproportionately higher percentage when compared to other race/ethnicity categories (25% and 24.7%, respectively). ZIP codes with the highest poverty levels were 89101, 89106, 89030, 89115, and 89102.

Percent of Population below Poverty Comparison
2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

Population Living Below Poverty Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 5.7 | 89026 | * | 89074 | 7.5 | 89109 | 18.4 | 89128 | 12.7 | 89145 | 11.1 |
| 89004 | 13.5 | 89027 | 8.9 | 89081 | 14.4 | 89110 | 21.6 | 89129 | 10.1 | 89146 | 15.8 |
| 89005 | 10.2 | 89029 | 14.9 | 89084 | 8 | 89113 | 8.7 | 89130 | 10.1 | 89147 | 12.3 |
| 89007 | 7.9 | 89030 | 31.8 | 89085 | 1.5 | 89115 | 30.6 | 89131 | 4.9 | 89148 | 9.7 |
| 89011 | 10.4 | 89031 | 8.7 | 89086 | 20.4 | 89117 | 12.7 | 89134 | 5.1 | 89149 | 6.6 |
| 89012 | 7.4 | 89032 | 10.6 | 89101 | 32.6 | 89118 | 12.4 | 89135 | 6.8 | 89156 | 18.9 |
| 89014 | 10.8 | 89039 | 17.9 | 89102 | 28.4 | 89119 | 25.9 | 89138 | 5.4 | 89161 | 13.9 |
| 89015 | 14.8 | 89040 | 8.5 | 89103 | 15.9 | 89120 | 15.5 | 89139 | 7 | 89166 | 5.7 |
| 89018 | 12.3 | 89044 | 4.4 | 89104 | 25.5 | 89121 | 19.3 | 89141 | 4.6 | 89169 | 30 |
| 89019 | 18.5 | 89046 | 2.9 | 89106 | 32.1 | 89122 | 16.7 | 89142 | 16 | 89178 | 6.5 |
| 89021 | 5 | 89052 | 5.8 | 89107 | 20.3 | 89123 | 8.9 | 89143 | 4.8 | 89179 | 6.9 |
| 89025 | 9.1 | 89054 | * | 89108 | 19.1 | 89124 | 9.4 | 89144 | 6 | 89183 | 11.1 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

UNEMPLOYMENT

Summary

Employment rate is one indicator of economic strength or weakness within a community. The unemployment rate for Clark County was at 7.2% in 2014-2018, which was higher than the national level by 1.4%.

Why is it important?

Understanding the unemployment rate helps determine the health of the economy as well as helps identify health outcomes in the community. Negative health outcomes may include obesity, cardiovascular disease, or depression. These data can be utilized by community partners to create and organize programs that can decrease the unemployment rates, such as basic job training or business recruitment.

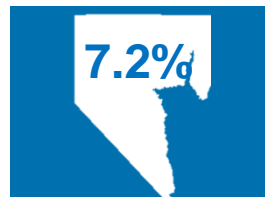
Data Source: 2014-2018 American Community Survey 5-Year Estimates

How are we doing?

In 2014-2018, the average unemployment rate in Clark County was 7.2%. This was higher than the unemployment rate in the state, 6.9%, and higher than the national unemployment rate of 5.8%. ZIP codes with the highest unemployment rates were 89018, 89104, 89115, 89029, and 89106. ZIP codes with the lowest unemployment rates were 89179, 89124, 89021, 89044, and 89085.



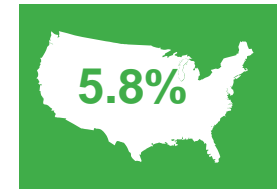
Percent of
Unemployed
Population
Comparison
2014-2018



Clark
County

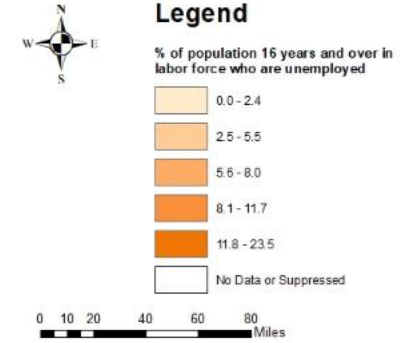
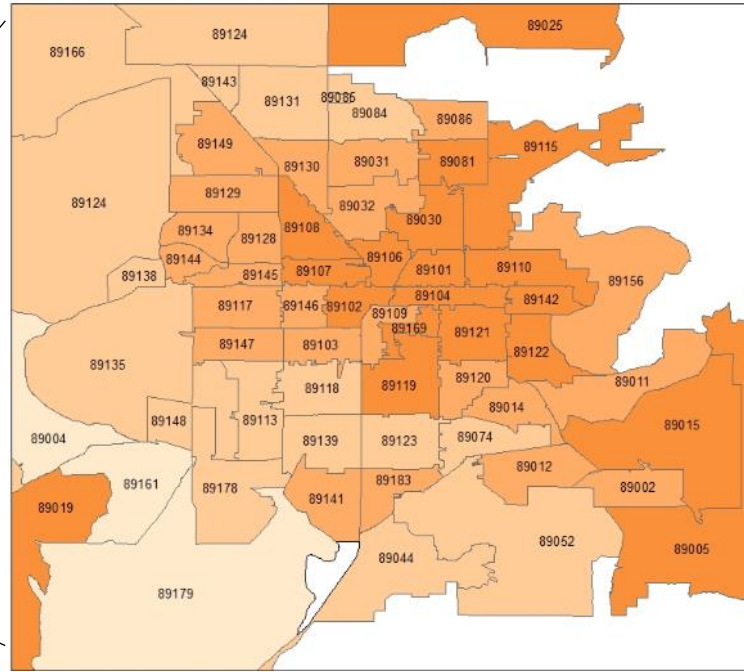
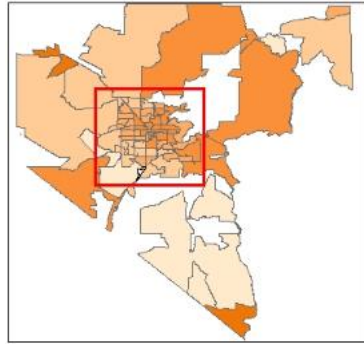


Nevada
State



United
States

**% of Population 16 Years and Over
in Labor Force who are Unemployed**
Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|-----|-------|-----|
| 89002 | 6.4 | 89026 | * | 89074 | 4.2 | 89109 | 7.8 | 89128 | 6.3 | 89145 | 6.7 |
| 89004 | 0 | 89027 | 7.6 | 89081 | 8.5 | 89110 | 8.7 | 89129 | 5.9 | 89146 | 5.8 |
| 89005 | 8.4 | 89029 | 16.2 | 89084 | 4.7 | 89113 | 3.5 | 89130 | 7 | 89147 | 6.9 |
| 89007 | 5.5 | 89030 | 9.3 | 89085 | 3.6 | 89115 | 11.7 | 89131 | 4.8 | 89148 | 3.5 |
| 89011 | 5.7 | 89031 | 7.5 | 89086 | 6.3 | 89117 | 6 | 89134 | 7.4 | 89149 | 5.8 |
| 89012 | 6 | 89032 | 5.6 | 89101 | 10.3 | 89118 | 6.6 | 89135 | 4.9 | 89156 | 7.5 |
| 89014 | 7.2 | 89039 | 0 | 89102 | 8.4 | 89119 | 9.5 | 89138 | 5 | 89161 | 0 |
| 89015 | 10.9 | 89040 | 8.4 | 89103 | 6.6 | 89120 | 8 | 89139 | 4.1 | 89166 | 3.6 |
| 89018 | 23.5 | 89044 | 3.9 | 89104 | 10.8 | 89121 | 11.5 | 89141 | 6.3 | 89169 | 9.7 |
| 89019 | 8.5 | 89046 | 0 | 89106 | 11.4 | 89122 | 10.3 | 89142 | 8.6 | 89178 | 4.4 |
| 89021 | 2.4 | 89052 | 5.1 | 89107 | 9.8 | 89123 | 5.1 | 89143 | 5.3 | 89179 | 1.4 |
| 89025 | 9.2 | 89054 | * | 89108 | 10 | 89124 | 2.8 | 89144 | 7.6 | 89183 | 6.7 |
| | | | | | | | | | | 89191 | 0 |

* No Data or Suppressed

EDUCATIONAL ATTAINMENT

Summary

The highest level of education an individual has attained plays a crucial role in providing an overview of the overall health of that individual as well as the community.

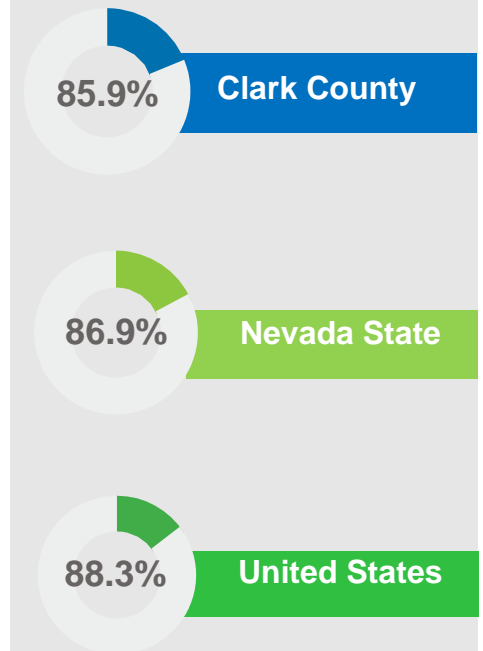
Why is it important?

Educational attainment data can be linked to higher paying jobs and positive health outcomes. Higher levels of education can be associated with delayed childbirth for females, and better health outcomes. This health indicator data can be used to advocate for programs, policies and services that increase graduation rates and push additional education and training opportunities.

How are we doing?

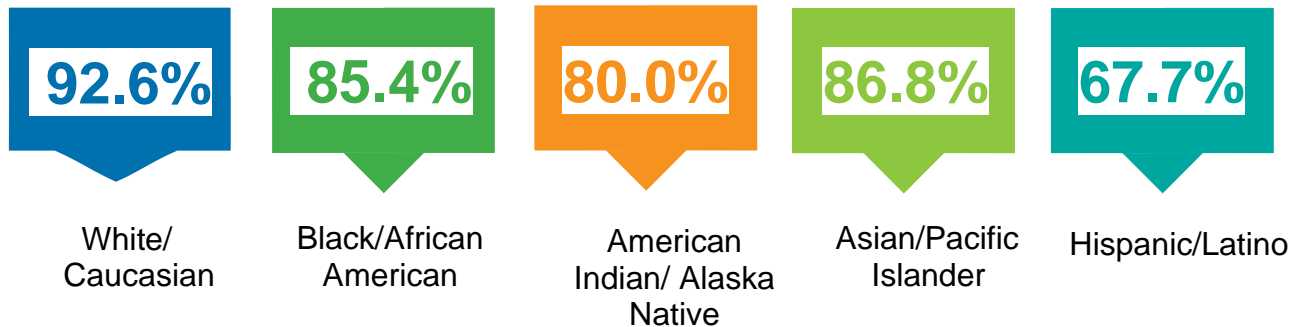
In 2018, 85.9% of the Clark County population had at least a high school diploma. This is lower than Nevada as a whole (86.9%), and the United States (88.3%). ZIP codes with the highest education attainment are 89044, 89138, 89144, 89135, and 89052. The ZIP codes with the lowest education attainment are 89030, 89110, 89115, 89101, and 89106.

Population 25+ With High School Diploma Comparison Clark County, 2014-2018

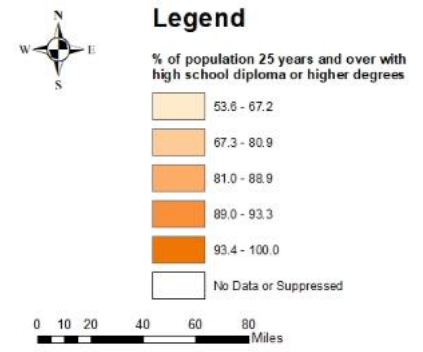
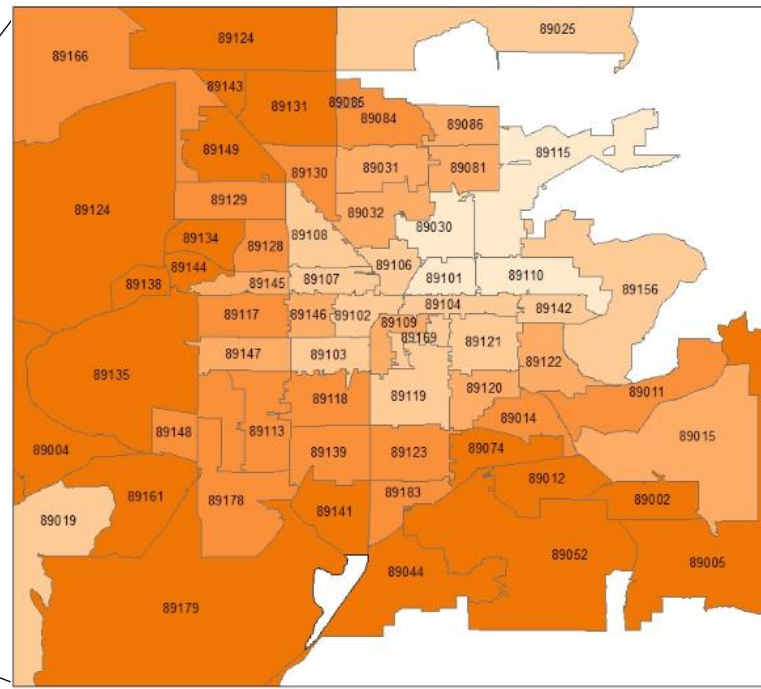
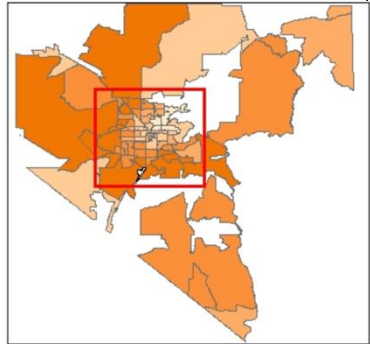


Data Source: 2014-2018 American Community Survey 5-Year Estimates

Population by Race/Ethnicity 25+ With High School Diploma Clark County, 2014-2018



% of Population 25+ with High School Diploma or Higher Degree
Clark County, 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 93.7 | 89026 | * | 89074 | 93.9 | 89109 | 83.3 | 89128 | 90.2 | 89145 | 88.7 |
| 89004 | 94.4 | 89027 | 87.6 | 89081 | 86.4 | 89110 | 65.9 | 89129 | 92.1 | 89146 | 83.7 |
| 89005 | 94.3 | 89029 | 86.7 | 89084 | 91.8 | 89113 | 91.9 | 89130 | 91 | 89147 | 87.4 |
| 89007 | 88.4 | 89030 | 53.6 | 89085 | 93.1 | 89115 | 67.2 | 89131 | 94.5 | 89148 | 92.9 |
| 89011 | 90.6 | 89031 | 88.3 | 89086 | 88.9 | 89117 | 91.6 | 89134 | 94.6 | 89149 | 94.1 |
| 89012 | 95.4 | 89032 | 82.4 | 89101 | 65.3 | 89118 | 89.2 | 89135 | 96 | 89156 | 76.8 |
| 89014 | 92.5 | 89039 | 90 | 89102 | 75.7 | 89119 | 78.6 | 89138 | 96.8 | 89161 | * |
| 89015 | 87.5 | 89040 | 89.7 | 89103 | 80.9 | 89120 | 88.2 | 89139 | 91.4 | 89166 | 92.4 |
| 89018 | 72.9 | 89044 | 97.3 | 89104 | 72 | 89121 | 80.6 | 89141 | 94.6 | 89169 | 74.4 |
| 89019 | 72.9 | 89046 | 91.1 | 89106 | 71.3 | 89122 | 83.2 | 89142 | 76.7 | 89178 | 93.1 |
| 89021 | 93.3 | 89052 | 95.9 | 89107 | 74.9 | 89123 | 92.1 | 89143 | 95.8 | 89179 | 93.7 |
| 89025 | 80 | 89054 | 75 | 89108 | 78.5 | 89124 | 94.8 | 89144 | 96.3 | 89183 | 90.8 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

FREE OR REDUCED LUNCH

Summary

Free or reduced lunch (FRL) provides children attending school equitable access to nutritious food. Low-income families and those who meet specific requirements are eligible to receive free/reduced cost lunch in Clark County, Nevada. Nearly 64% of CCSD's students received free or reduced lunch. These data represent the percent of children receiving free or reduced lunch during the 2017-2018 school year.

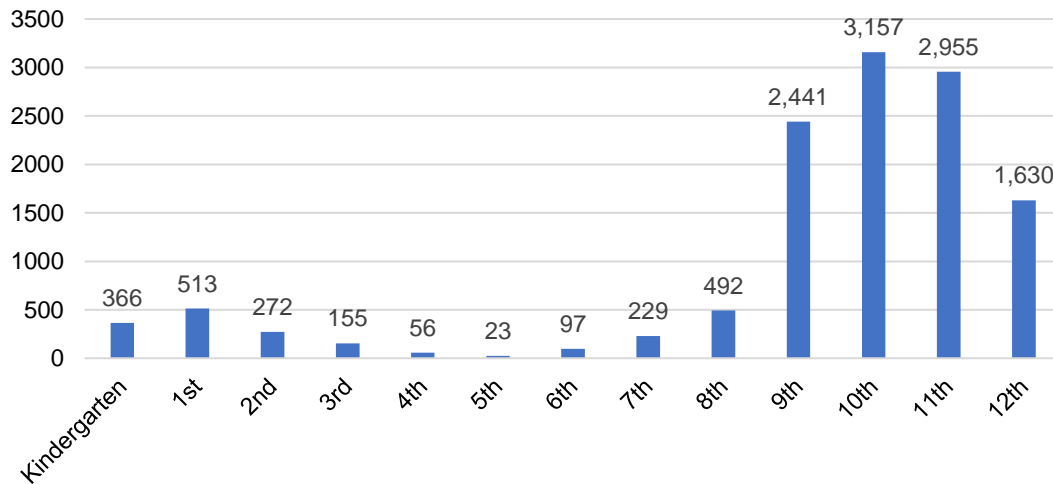
How are we doing?

For the 2017-2018 school year, 63.8% of Clark County students received free or reduced lunch. Of those enrolled in the program, 46.4% were Hispanic/Latino, 24.5% non-Hispanic White/Caucasian, 14.1% Black/African American, 6.4% Asian/Pacific Islander, and 0.4% American Indian/Alaska Native. The grades with the highest proportion receiving FRL were 9th, 10th, and 11th.

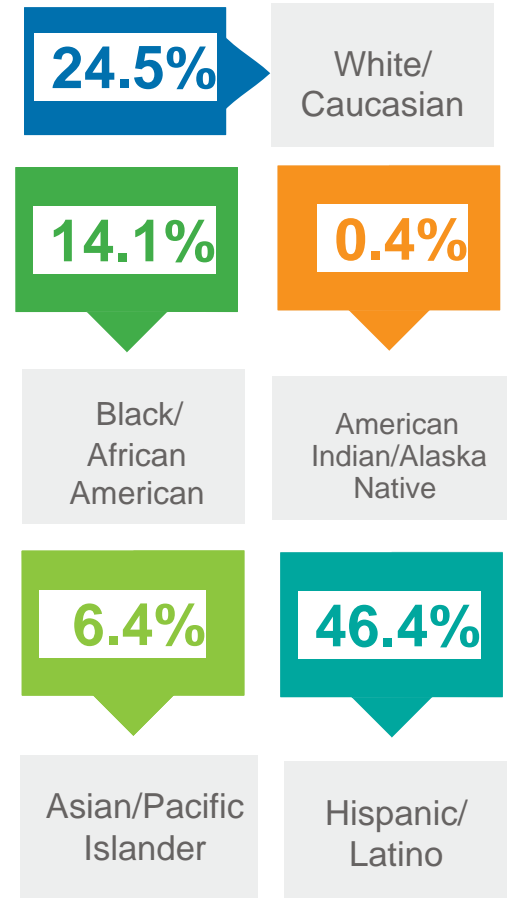
Why is it important?

Free or reduced lunch eligibility can be considered a secondary indicator of economic hardships. The local public health system can apply this information to identify resources that can aid in social inequalities and address childhood nutrition.

Students Receiving Free or Reduced Lunch by Grade Level
Clark County, School Year 2017-2018



Students Receiving Free or Reduced Lunch by Race/Ethnicity
Clark County, 2017-2018



Data Source: Clark County School District Fast Facts 2017-2018

Chapter 3 Maternal and Child Health



HEALTH INDICATORS

- Birth Rate
- Fertility Rate
- Teen Births
- Low Infant Birth Weight
- Preterm Births
- Late or No Prenatal Care
- Maternal Smoking during Pregnancy
- Maternal Education less than High School Diploma
- Infant Mortality Rate
- Congenital Syphilis

BIRTH RATE

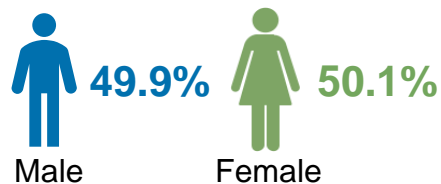
Summary

The birth rate helps to estimate fertility in the population. The birth rate for Clark County was 12.3 per 1,000 population. Nevada had a rate of 12.0 per 1,000, while the United States' rate was 11.9 per 1,000 from 2016-2018.

Why is it important?

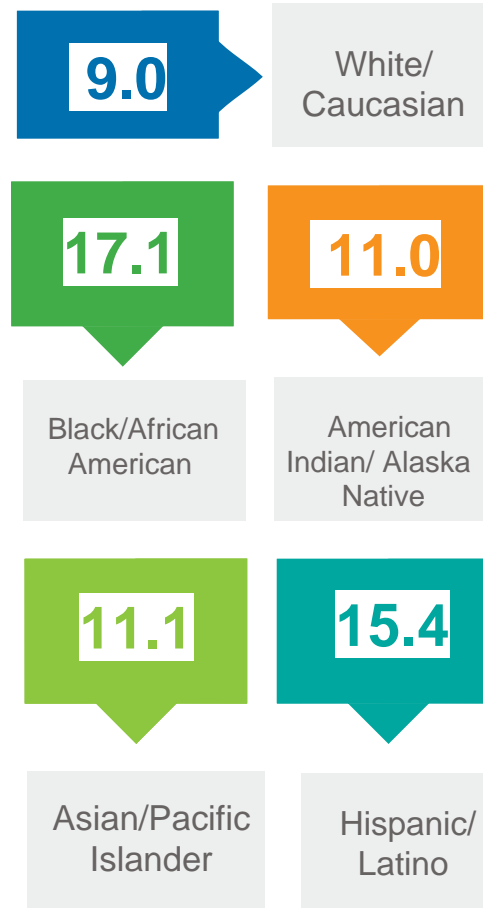
The birth rate is a common calculation to estimate fertility by indicating population growth or decline. Policies influencing education, housing, and transportation budgets are a few possible positive outcomes impacted by the birth rate.

Percent of Total Births by Sex Clark County, 2016-2018

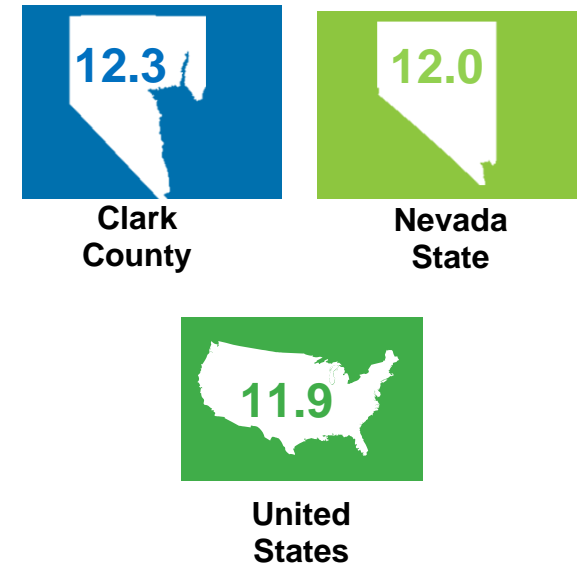


Data Source: CDC WONDER, Natality public-use data, 2016-2018

Birth Rate by Maternal Race/Ethnicity (Per 1,000 Population) Clark County, 2016-2018



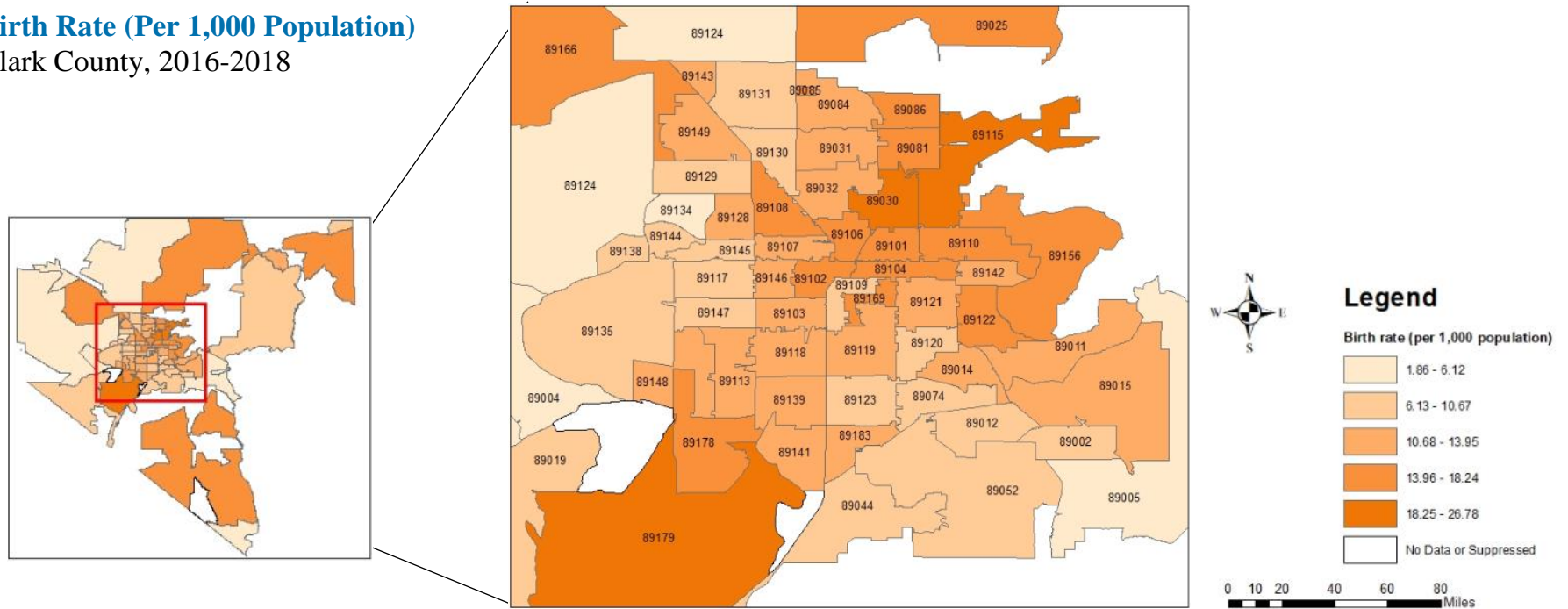
Birth Rate Comparison (Per 1,000 Population) 2016-2018



How are we doing?

The average birth rate for Clark County was 12.3 live births per 1,000 persons. The county rate was higher than both the state and national rate in 2016-2018. Fifty percent of total births were males and 50% were females. Individuals who identified as Hispanic/Latino recorded higher birth rates than those who did not identify as Hispanic/Latino (15.4 births per 1,000 vs. 10.8 births per 1,000, respectively). Black/African American, non-Hispanic individuals experienced the highest birth rate (17.1 births per 1,000) when compared to other race categories. ZIP codes with the highest birth rate are 89179, 89115, 89030, 89106, and 89169.

Birth Rate (Per 1,000 Population)
Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data, 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 10.2 | 89026 | * | 89074 | 9.9 | 89109 | 10.5 | 89128 | 11 | 89145 | 10.3 |
| 89004 | 4.8 | 89027 | 7.4 | 89081 | 15.5 | 89110 | 15.2 | 89129 | 10 | 89146 | 13.2 |
| 89005 | 6.1 | 89029 | 3.2 | 89084 | 11.2 | 89113 | 11.9 | 89130 | 10 | 89147 | 10.6 |
| 89007 | 15.5 | 89030 | 20.1 | 89085 | 14.1 | 89115 | 21.2 | 89131 | 9.3 | 89148 | 13.1 |
| 89011 | 13.7 | 89031 | 13 | 89086 | 15.8 | 89117 | 10.1 | 89134 | 4.2 | 89149 | 12 |
| 89012 | 8.5 | 89032 | 13.7 | 89101 | 15.6 | 89118 | 11.5 | 89135 | 9.3 | 89156 | 14.8 |
| 89014 | 11.3 | 89039 | * | 89102 | 14.9 | 89119 | 12 | 89138 | 10.7 | 89161 | * |
| 89015 | 11.2 | 89040 | 9.4 | 89103 | 12.4 | 89120 | 10 | 89139 | 13.5 | 89166 | 18 |
| 89018 | 1.9 | 89044 | 9.9 | 89104 | 15.9 | 89121 | 13.8 | 89141 | 12.9 | 89169 | 17.5 |
| 89019 | 9 | 89046 | 15.8 | 89106 | 18.2 | 89122 | 14.1 | 89142 | 14 | 89178 | 14.9 |
| 89021 | 11 | 89052 | 7.5 | 89107 | 13.5 | 89123 | 8.7 | 89143 | 12.4 | 89179 | 26.8 |
| 89025 | 14.8 | 89054 | * | 89108 | 14.7 | 89124 | 5.4 | 89144 | 7.3 | 89183 | 11.5 |
| | | | | | | | | | | 89191 | 5.3 |

* No Data or Suppressed

FERTILITY RATE

Summary

Fertility rate is the number of live births per 1,000 women aged 15-44 years. The Clark County fertility rate was 60.7 births per 1,000 women age 15-44 during 2016-2018. The Clark County rate was higher than the national rate by 0.2 per 1,000 live births.

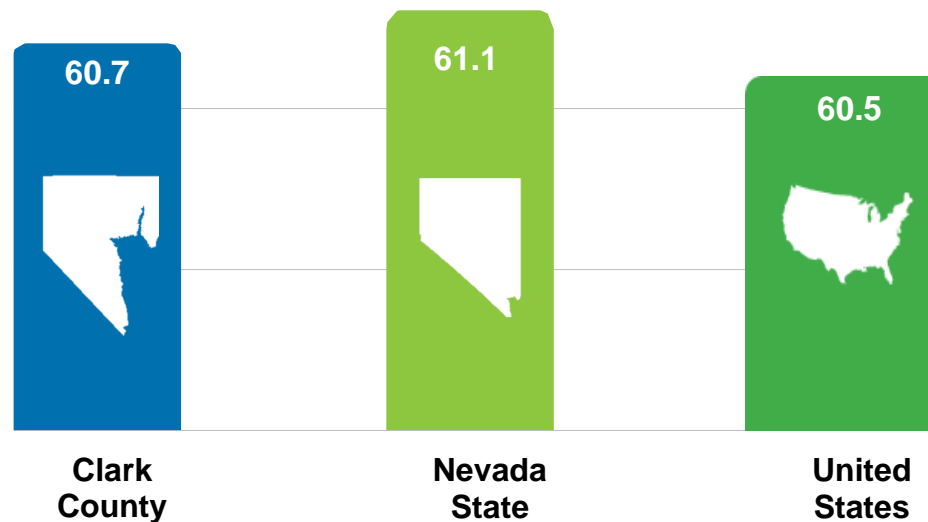
Why is it important?

Fertility rate represents the number of live children born to women within a course of the year and reveals population growth within the community. The local public health system can utilize fertility rates to allocate funding and resources to programs. Fertility rate reflects actual population change due to fertility as it is often considered more accurate than crude birth rate.

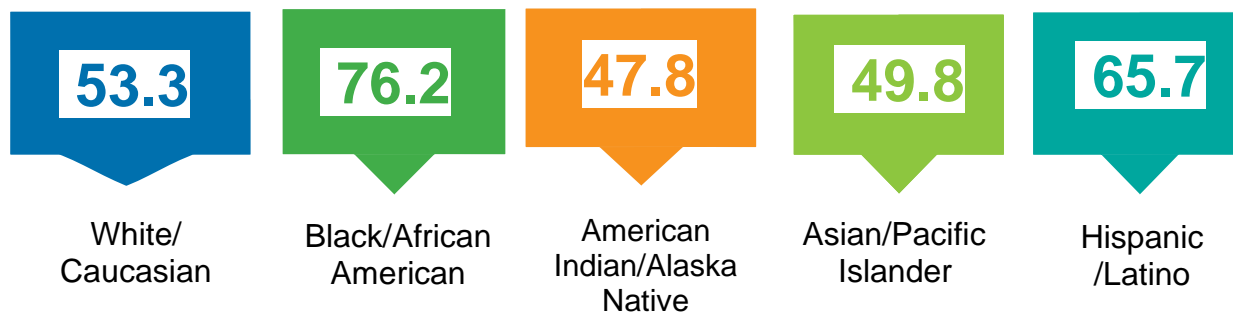
How are we doing?

The Clark County fertility rate was 60.7 births per 1,000 women aged 15-44 during 2016-2018. The Clark County rate was lower than the state, but higher than the United States 2016-2018 average. Individuals who identified as non-Hispanic/Latino had a lower fertility rate when compared to individuals who identified as Hispanic/Latino (50.5 births vs. 65.7 births per 1,000). Individuals who identified as non-Hispanic Black/African American had the highest fertility rate (76.2 births per 1,000) followed by non-Hispanic Asian/Pacific Islander, (49.8 births per 1,000) and non-Hispanic American Indian/Alaska Native (47.8 births per 1,000). ZIP codes with the highest fertility rate are 89179, 89104, 89106, 89018, and 89115.

Fertility Rate Comparison
(Per 1,000 women aged 15-44), 2016-2018

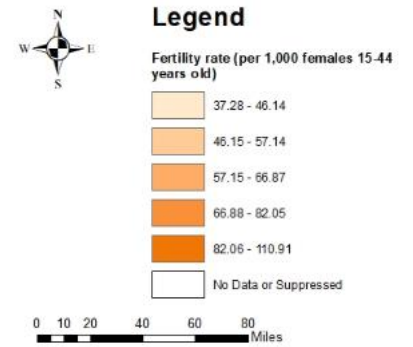
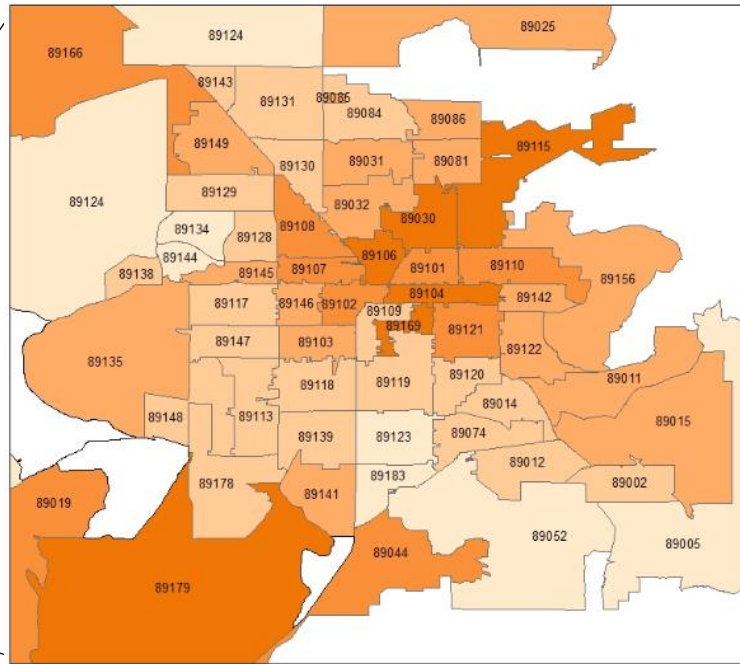
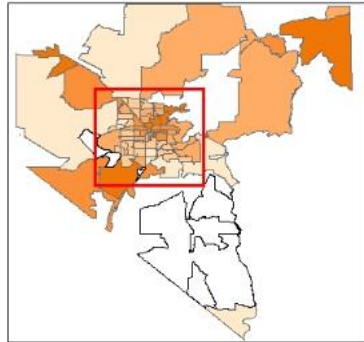


Fertility Rate by Race/Ethnicity
(Per 1,000 women aged 15-44), Clark County, 2016-2018



Data Source:
CDC WONDER, Natality public-use data 2016-2018

Fertility Rate (Per 1,000 Females 13-44 years old)
Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|-------|
| 89002 | 52.2 | 89026 | * | 89074 | 51.5 | 89109 | 54.3 | 89128 | 52 | 89145 | 60.3 |
| 89004 | ** | 89027 | 61.4 | 89081 | 66.9 | 89110 | 72.4 | 89129 | 50.2 | 89146 | 66 |
| 89005 | 43.3 | 89029 | 37.7 | 89084 | 53.7 | 89113 | 53.1 | 89130 | 55 | 89147 | 54.6 |
| 89007 | 84.1 | 89030 | 92.2 | 89085 | 62.5 | 89115 | 85.9 | 89131 | 50 | 89148 | 55.2 |
| 89011 | 62.3 | 89031 | 58.6 | 89086 | 57.8 | 89117 | 52.7 | 89134 | 41.9 | 89149 | 59.9 |
| 89012 | 48.5 | 89032 | 64.6 | 89101 | 77.9 | 89118 | 56.4 | 89135 | 58.3 | 89156 | 65.5 |
| 89014 | 50.9 | 89039 | * | 89102 | 77.9 | 89119 | 52.4 | 89138 | 49.1 | 89161 | * |
| 89015 | 64.4 | 89040 | 63.1 | 89103 | 58.6 | 89120 | 54.4 | 89139 | 55.2 | 89166 | 73.5 |
| 89018 | 86.5 | 89044 | 77.4 | 89104 | 86.1 | 89121 | 71.5 | 89141 | 60 | 89169 | 88.7 |
| 89019 | 82.1 | 89046 | * | 89106 | 86.8 | 89122 | 65.5 | 89142 | 59.6 | 89178 | 56.4 |
| 89021 | 75 | 89052 | 45 | 89107 | 71.7 | 89123 | 42.8 | 89143 | 57.1 | 89179 | 110.9 |
| 89025 | 60.6 | 89054 | * | 89108 | 72.3 | 89124 | 37.3 | 89144 | 38 | 89183 | 46.1 |
| | | | | | | | | | | 89191 | 24.5 |

* No Data or Suppressed

TEEN BIRTHS

Summary

Teen birth rate identifies the number of live births per 1,000 from females ages 15-19. The Clark County rate was at 21.9 per 1,000 from 2016-2018, while the national rate was at 18.9 per 1,000 population.

Why is it important?

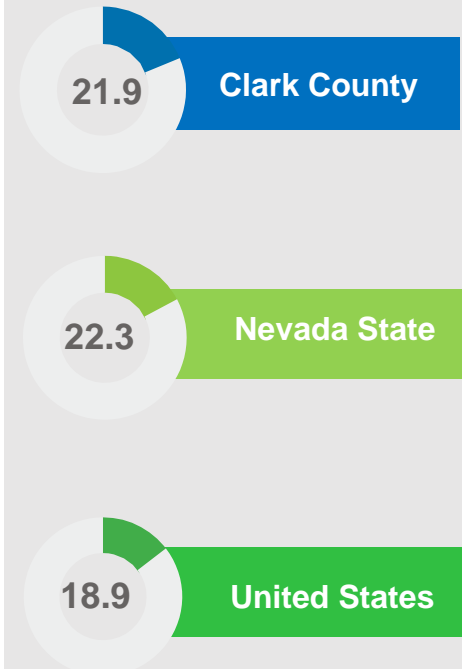
Teen mothers and their babies face increased risks to their health when compared with mothers over the age of 19. Pregnancy complications may include premature labor, anemia, and high blood pressure. Educational programs and policies for individuals aged 19 and younger help reduce teen births.

How are we doing?

The average teen birth rate in Clark County was approximately 22 births per 1,000 female teens aged 15-19 years old, which is higher than the national average of 18.9 births per 1,000 female teens. Teens identifying as Black/African American, non-Hispanic experienced the highest birth rate in Clark County (38.9 births per 1,000) when compared to those of other races categories. Teens who identified as Hispanic/Latino experienced a higher birth rate than those that did not identify as Hispanic/Latino (26.4 births per 1,000 vs. 18.2 births per 1,000, respectively). ZIP codes with the highest teen birth rates are 89027, 89021, 89040, 89102, and 89106.

Teen Births Comparison

(Per 1,000 female population 15-19 years old)
Clark County, 2016-2018



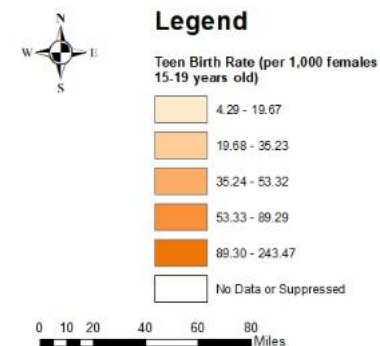
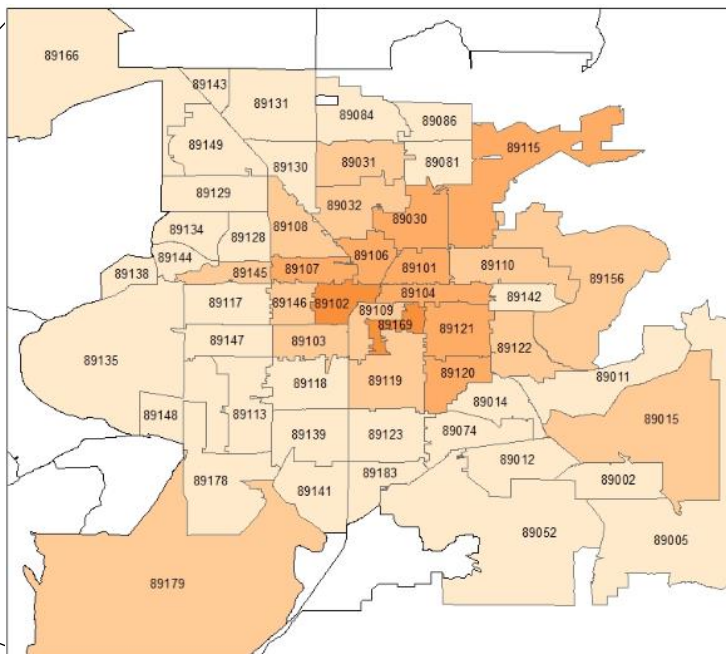
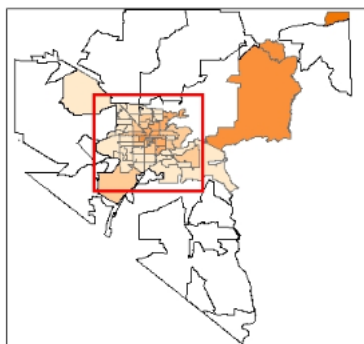
Data Source:
CDC WONDER,
Natality public-use data 2016-2018

Teen Births by Race/Ethnicity

(Per 1,000 female population 15-19 years old), Clark County, 2016-2018



Teen Births
(Per 1,000 Females 15-19 years old)
 Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|-------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 7.6 | 89026 | * | 89074 | 8.9 | 89109 | 35.2 | 89128 | 16.7 | 89145 | 27.1 |
| 89004 | * | 89027 | 243.5 | 89081 | 18.9 | 89110 | 29.2 | 89129 | 10.3 | 89146 | 33.6 |
| 89005 | 10.2 | 89029 | * | 89084 | 19.7 | 89113 | 12.6 | 89130 | 18.2 | 89147 | 15.2 |
| 89007 | * | 89030 | 52.1 | 89085 | * | 89115 | 48.2 | 89131 | 8.5 | 89148 | 10.6 |
| 89011 | 18.9 | 89031 | 21.4 | 89086 | 14.7 | 89117 | 15.7 | 89134 | 10.2 | 89149 | 11.4 |
| 89012 | 13 | 89032 | 30.5 | 89101 | 49.4 | 89118 | 14.3 | 89135 | 14.3 | 89156 | 30.1 |
| 89014 | 11.3 | 89039 | * | 89102 | 66.3 | 89119 | 28.1 | 89138 | 5.9 | 89161 | * |
| 89015 | 21.5 | 89040 | 84.7 | 89103 | 33.8 | 89120 | 41.6 | 89139 | 12.8 | 89166 | 9.8 |
| 89018 | * | 89044 | * | 89104 | 51.7 | 89121 | 39.1 | 89141 | 12.1 | 89169 | 82.3 |
| 89019 | * | 89046 | * | 89106 | 53.3 | 89122 | 29.5 | 89142 | 16 | 89178 | 12.6 |
| 89021 | 89.3 | 89052 | 6.1 | 89107 | 42.5 | 89123 | 18.2 | 89143 | 17.2 | 89179 | 23.1 |
| 89025 | * | 89054 | * | 89108 | 32.1 | 89124 | * | 89144 | 4.3 | 89183 | 13.9 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

LOW INFANT BIRTH WEIGHT

Summary

Low birth weight (LBW) is defined as a live-born infant weighing less than 2500 grams (5.5 lbs.). According to the Centers for Disease Control and Prevention (CDC), low birth weight infants may be more at risk for many health problems compared to infants of normal weight (CDC, 2016). Between 2016-2018 an estimated 8.9% of live birth infants met this definition in Clark County compared to the state and national rate of 8.8% and 8.2%, respectively.

Why is it important?

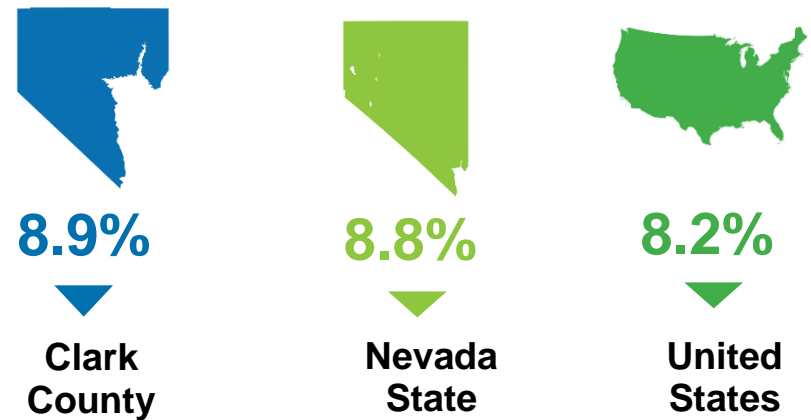
Risk factors that may increase a pregnant woman's chances of having a low birth-weight baby in her lifetime include smoking, drinking alcohol, lack of weight gain, being younger than 15 years or older than 35 years, and exposure to air pollution or environmental contaminants. Additionally, socioeconomic factors, such as low income, low educational level, stress, domestic violence/abuse or being unmarried may also increase risk.

Data Source: CDC WONDER, Natality public-use data 2016-2018

How are we doing?

The proportion of low-birth-weight babies in Clark County has been increasing since 2013 (8.1%), reaching 9.5% in 2017, and is now 8.9% (2016-2018). Disparities exist among racial/ethnic groups: approximately 14% Black/African American, non-Hispanic babies between 2016 and 2018 were low birth weight compared to that of White/Caucasian, non-Hispanic babies at 7.7%. Non-Hispanic/Latino babies experienced higher low birth weight than Hispanic/Latino babies (9.8% vs. 7.5%, respectively). ZIP codes with the highest low birth rate are 89046, 89025, 89169, 89086, and 89106.

Low Birth Weight Comparison, 2016-2018

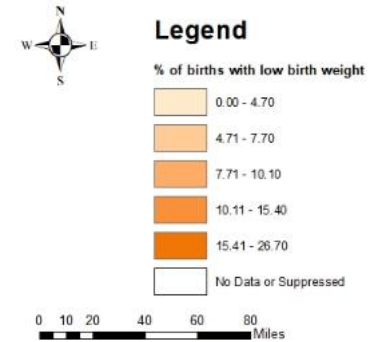
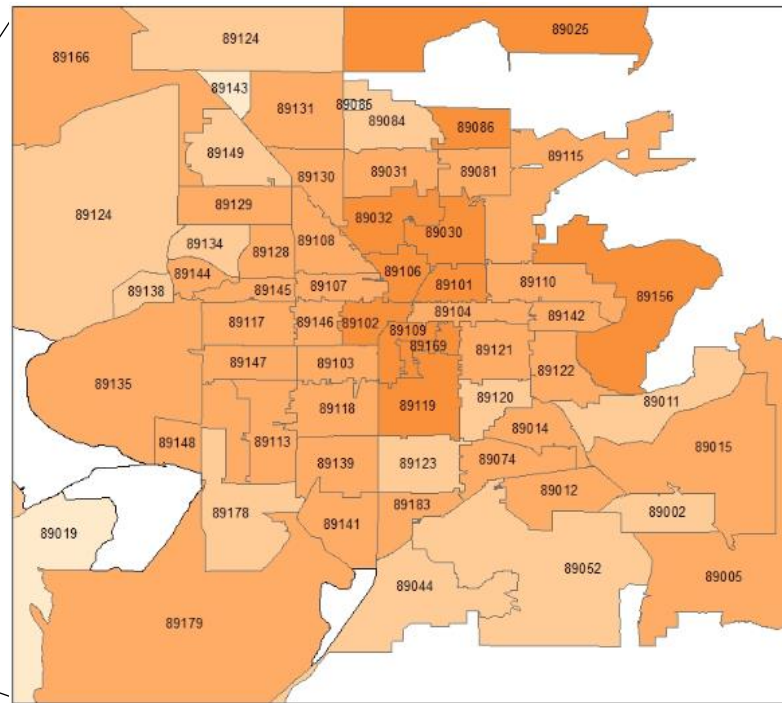
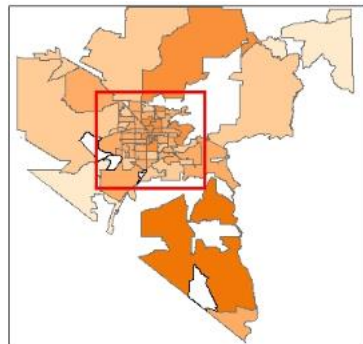


Low Birth Weight Infants by Race/Ethnicity

Clark County, 2016-2018



% of Births with Low Birth Weight
Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|-----|-------|------|
| 89002 | 7.6 | 89026 | * | 89074 | 8.3 | 89109 | 12.2 | 89128 | 8.3 | 89145 | 8.1 |
| 89004 | * | 89027 | 4.5 | 89081 | 9.9 | 89110 | 9.8 | 89129 | 8.3 | 89146 | 9.4 |
| 89005 | 8 | 89029 | 9.6 | 89084 | 7.7 | 89113 | 8.5 | 89130 | 8.6 | 89147 | 8.9 |
| 89007 | 0 | 89030 | 10.4 | 89085 | 4.3 | 89115 | 9.3 | 89131 | 8.5 | 89148 | 8.6 |
| 89011 | 6.2 | 89031 | 8.3 | 89086 | 11.8 | 89117 | 8.7 | 89134 | 5.6 | 89149 | 6.6 |
| 89012 | 8.9 | 89032 | 10.9 | 89101 | 12 | 89118 | 8.8 | 89135 | 8.5 | 89156 | 10.3 |
| 89014 | 8.1 | 89039 | * | 89102 | 10.4 | 89119 | 10.3 | 89138 | 6.1 | 89161 | * |
| 89015 | 9.7 | 89040 | 5.9 | 89103 | 8.9 | 89120 | 6.9 | 89139 | 8.2 | 89166 | 8.1 |
| 89018 | 7.4 | 89044 | 6.6 | 89104 | 8.8 | 89121 | 9.4 | 89141 | 8.7 | 89169 | 11.3 |
| 89019 | 1.6 | 89046 | 26.7 | 89106 | 11.2 | 89122 | 10.1 | 89142 | 8.1 | 89178 | 7 |
| 89021 | 2.7 | 89052 | 7.7 | 89107 | 9.1 | 89123 | 7.3 | 89143 | 4.7 | 89179 | 9.7 |
| 89025 | 15.4 | 89054 | * | 89108 | 9.4 | 89124 | 5.9 | 89144 | 8.8 | 89183 | 8.1 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

PRETERM BIRTHS

Summary

Preterm birth occurs before the 37th gestational week of pregnancy. The preterm birth rate in the United States is 11.6% from 2016-2018, while Clark County had a higher rate of preterm births of 13.2%

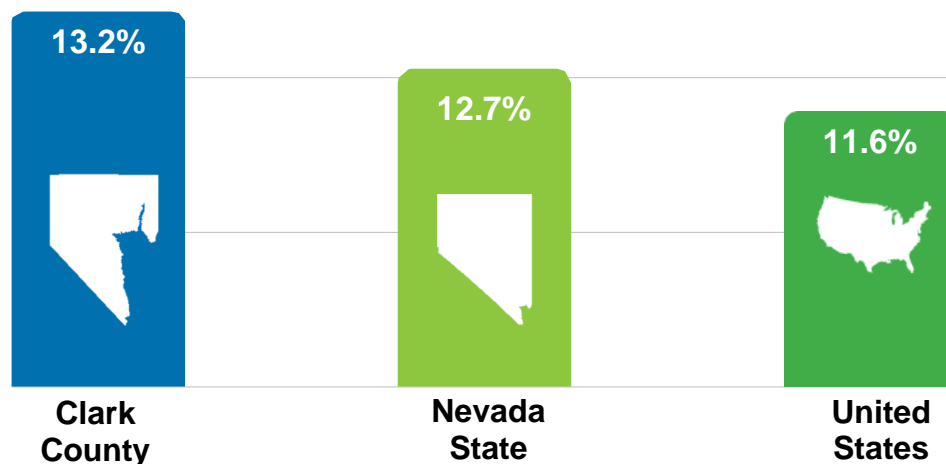
Why is it important?

Preterm births, those occurring at least 3 weeks before the due date, can result in negative health outcomes and long-term complications, such as impaired cognitive skills, vision and/or hearing loss, cerebral palsy, and chronic health issues. Some factors that can increase the risk of premature births include health issues such as diabetes, the use of illicit drugs, and/or poor nutrition.

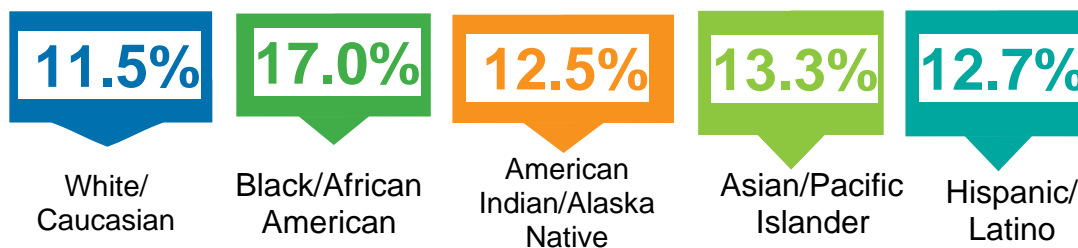
How are we doing?

In Clark County, the overall proportion of preterm births has been increasing since 2013. Clark County had a higher proportion of preterm births than the state and national average (13.2%, 12.7%, and 11.6%, respectively). Non-Hispanic Black/African American mothers were more likely to experience preterm births than other racial/ethnic groups (17%). ZIP codes with the highest preterm births are 89029, 89101, 89109, 89030, and 89032.

Preterm Births Comparison
2016-2018

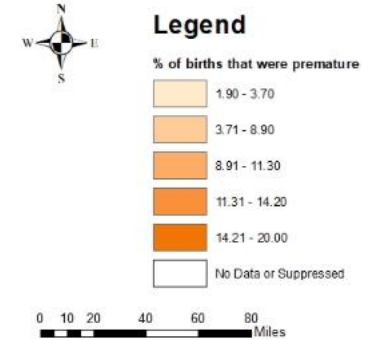
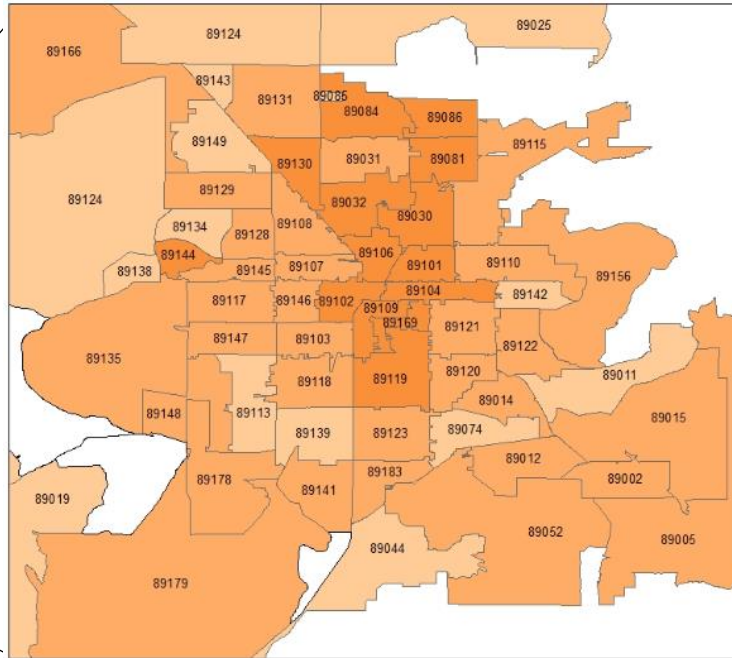
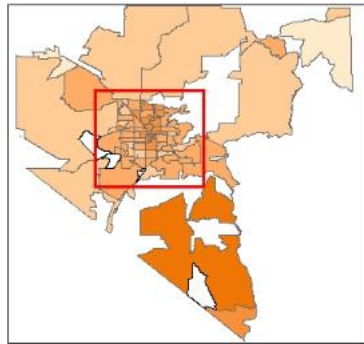


Preterm Births by Race/Ethnicity
Clark County, 2016-2018



Data Source:
CDC WONDER, Natality public-use data 2016-2018

% of Births that were Premature Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 9.9 | 89026 | * | 89074 | 8.8 | 89109 | 13 | 89128 | 11.1 | 89145 | 10.9 |
| 89004 | * | 89027 | 8.1 | 89081 | 11.8 | 89110 | 11.3 | 89129 | 9.2 | 89146 | 10.6 |
| 89005 | 11.1 | 89029 | 13.7 | 89084 | 11.5 | 89113 | 8.9 | 89130 | 12 | 89147 | 9.8 |
| 89007 | 1.9 | 89030 | 12.4 | 89085 | 8 | 89115 | 11 | 89131 | 10 | 89148 | 9.3 |
| 89011 | 8.7 | 89031 | 9.8 | 89086 | 12.2 | 89117 | 9.7 | 89134 | 6.9 | 89149 | 8.2 |
| 89012 | 10 | 89032 | 12.3 | 89101 | 14.2 | 89118 | 9.7 | 89135 | 9.9 | 89156 | 11 |
| 89014 | 10.8 | 89039 | * | 89102 | 12.6 | 89119 | 12.1 | 89138 | 8.9 | 89161 | * |
| 89015 | 11 | 89040 | 8.8 | 89103 | 9.4 | 89120 | 9.5 | 89139 | 8.9 | 89166 | 10.1 |
| 89018 | 3.7 | 89044 | 8.4 | 89104 | 11.5 | 89121 | 10.3 | 89141 | 10.4 | 89169 | 14 |
| 89019 | 7.8 | 89046 | 20 | 89106 | 12.1 | 89122 | 11.1 | 89142 | 8.9 | 89178 | 9.3 |
| 89021 | 10.7 | 89052 | 10.2 | 89107 | 10.5 | 89123 | 9.4 | 89143 | 7.6 | 89179 | 9.7 |
| 89025 | 7.7 | 89054 | * | 89108 | 11 | 89124 | 5.9 | 89144 | 12.9 | 89183 | 9.3 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

LATE OR NO PRENATAL CARE

Summary

Late or no prenatal care is defined as women who did not receive care at all during pregnancy or started care in the third trimester. Women in this population accounted for 8.4% of Clark County births between 2016-2018. The county percent came in higher than both the state and the national average. Clark County had 8.4% of the population that had late or no prenatal care, while the national level was at 6.0%

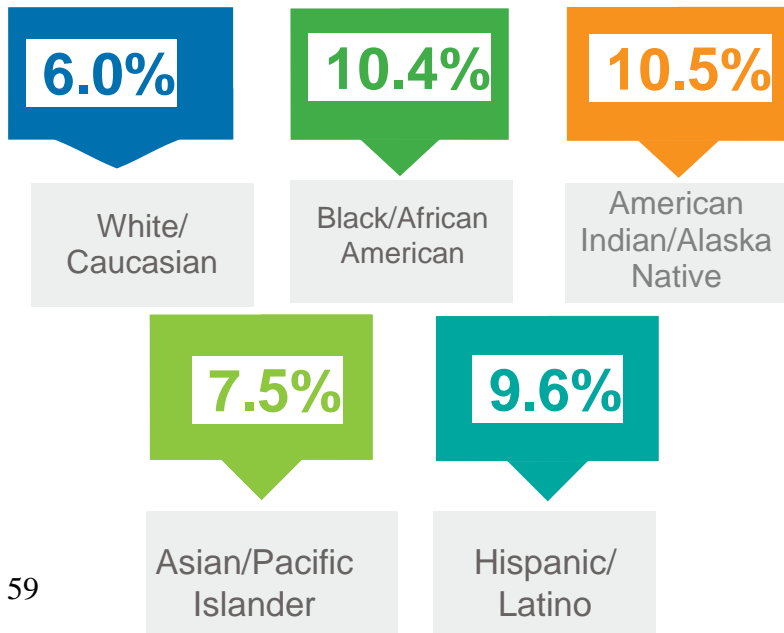
Why is it important?

Mothers that receive late or no prenatal care are more likely to have babies with health concerns than mothers with access to prenatal care, such as low birth weight or other health impacts. Access to prenatal care for mothers may help prevent complications during pregnancy as well as reduce risks of additional negative health outcomes.

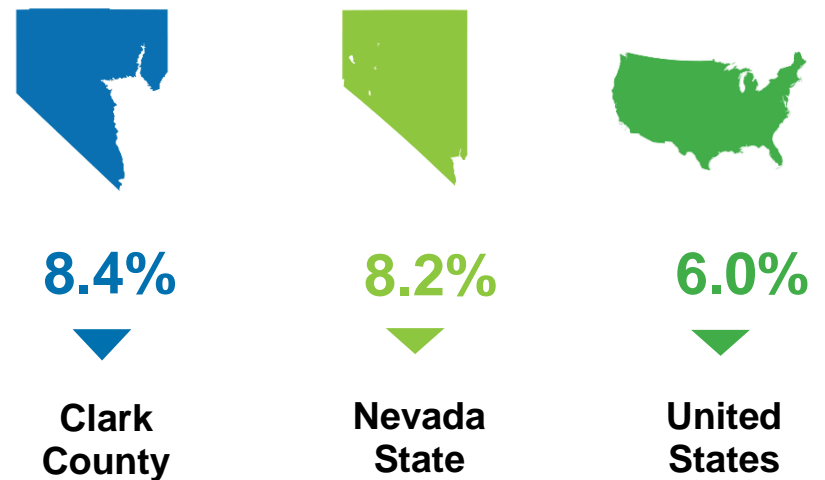
How are we doing?

Clark County had a similar proportion of women receiving late or no prenatal care compared to Nevada as a whole (8.4% and 8.2%, respectively) in 2016-2018; both estimates were higher than the national average (6%). Racial/ethnic disparities exist for prenatal care, such that American Indian/Alaska Native, non-Hispanic women report the highest proportion of late or no prenatal care (10.5%) followed by Black/African American, non-Hispanic women (10.4%), and women who identify as Hispanic/Latina (9.6%). ZIP codes with the highest rates of late or no prenatal care were 89018, 89025, 89019, 89101, and 89030.

Late/No Prenatal Care by Race/Ethnicity
Clark County, 2016-2018

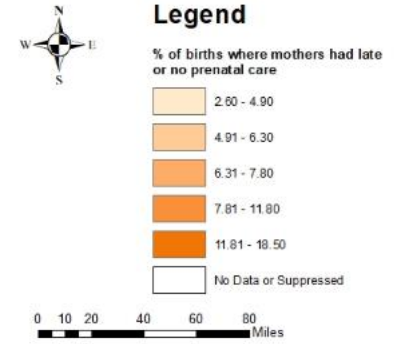
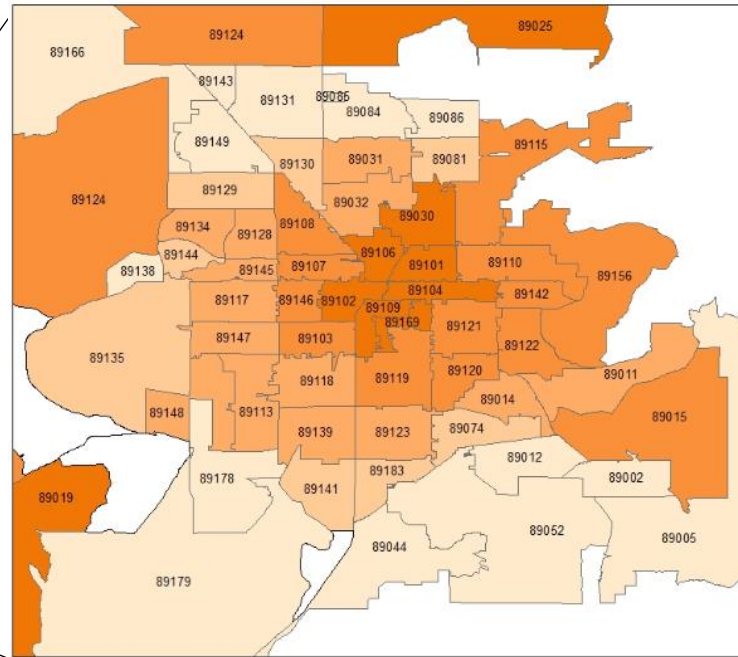
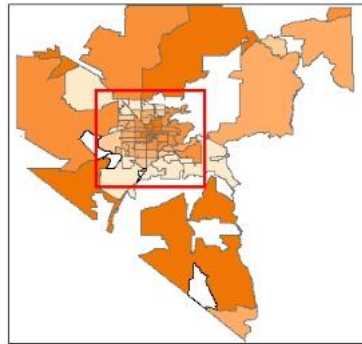


Late/No Prenatal Care Comparison, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

**% of Births where Mothers had Late or No Prenatal Care
Clark County, 2016-2018**



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|-----|-------|------|
| 89002 | 4.7 | 89026 | * | 89074 | 5.9 | 89109 | 14.6 | 89128 | 6.9 | 89145 | 7.6 |
| 89004 | * | 89027 | 9.8 | 89081 | 6.1 | 89110 | 10 | 89129 | 6.3 | 89146 | 10 |
| 89005 | 4.2 | 89029 | 6.8 | 89084 | 4.2 | 89113 | 6.8 | 89130 | 6.2 | 89147 | 7.4 |
| 89007 | 7.7 | 89030 | 14.7 | 89085 | 3.7 | 89115 | 11.3 | 89131 | 4.7 | 89148 | 6.6 |
| 89011 | 7.5 | 89031 | 6.8 | 89086 | 4.9 | 89117 | 7.5 | 89134 | 6.6 | 89149 | 3.8 |
| 89012 | 4.4 | 89032 | 6.8 | 89101 | 16.6 | 89118 | 7 | 89135 | 5.5 | 89156 | 9.8 |
| 89014 | 6.7 | 89039 | * | 89102 | 14 | 89119 | 11.5 | 89138 | 4.5 | 89161 | * |
| 89015 | 9.2 | 89040 | 7.8 | 89103 | 9.3 | 89120 | 9.1 | 89139 | 7.6 | 89166 | 3.4 |
| 89018 | 18.5 | 89044 | 2.6 | 89104 | 13.5 | 89121 | 11.8 | 89141 | 5.3 | 89169 | 13.9 |
| 89019 | 17.2 | 89046 | 13.3 | 89106 | 13.6 | 89122 | 9 | 89142 | 9.7 | 89178 | 4 |
| 89021 | 6.3 | 89052 | 4.5 | 89107 | 10.9 | 89123 | 6.7 | 89143 | 4.7 | 89179 | 2.9 |
| 89025 | 17.3 | 89054 | * | 89108 | 9.4 | 89124 | 11.8 | 89144 | 6 | 89183 | 5.4 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

MATERNAL SMOKING DURING PREGNANCY

Summary

Maternal smoking is defined as pregnant women who smoke cigarettes during pregnancy. It is defined as the percent of births from Clark County women during 2016-2018. Maternal smoking can be difficult to quantify due to social desirability around self-disclosure of smoking.

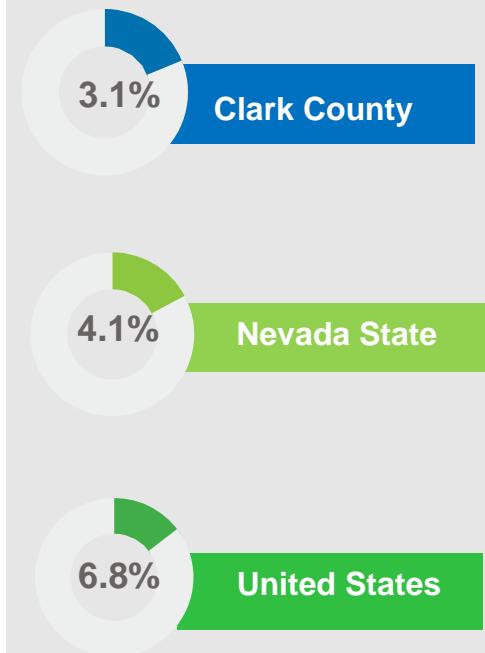
Why is it important?

Mothers who smoke during pregnancy are at a higher risk in developing health problems for developing babies, which include preterm birth, low birth weight, and even birth defects. When a mother smokes during pregnancy, there is an increase in risk for sudden infant death syndrome (SIDS) (CDC, 2020). Taking maternal and child health into consideration will indicate what type of programs and policies need to be implemented to decrease rates of substance abuse while pregnant.

How are we doing?

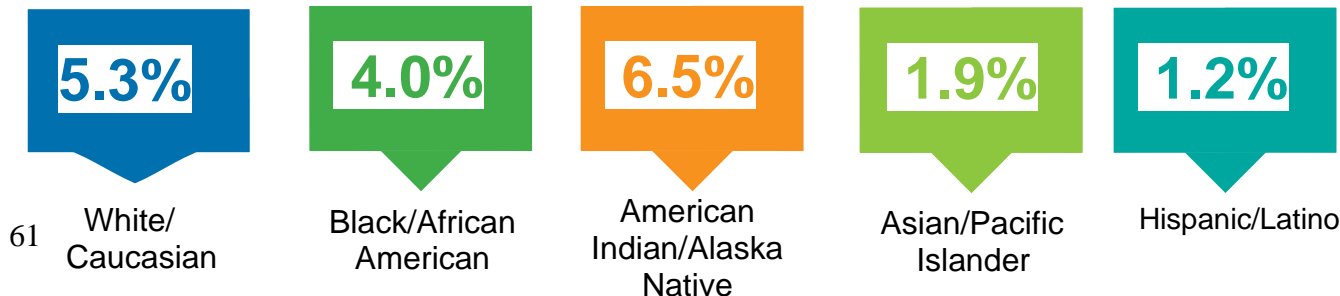
Approximately 3% of Clark County women reported smoking during pregnancy; this proportion was lower than the state and national estimates (4.1% and 6.8%, respectively). Women who identify as Hispanic/Latina and Asian/Pacific Islander, non-Hispanic reported the least amount of smoking during pregnancy (1.2% and 1.9%, respectively) followed by Black/African American women and non-Hispanic White/Caucasian women (4% and 5.3%, respectively). ZIP codes with the highest rate for maternal smoking during pregnancy include 89046, 89161, 89029, 89019, and 89018. ZIP codes with the highest rate for maternal smoking during pregnancy include 89046, 89161, 89029, 89019, and 89018.

Maternal Smoking during Pregnancy Comparison 2016-2018

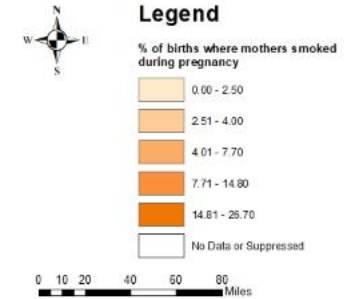
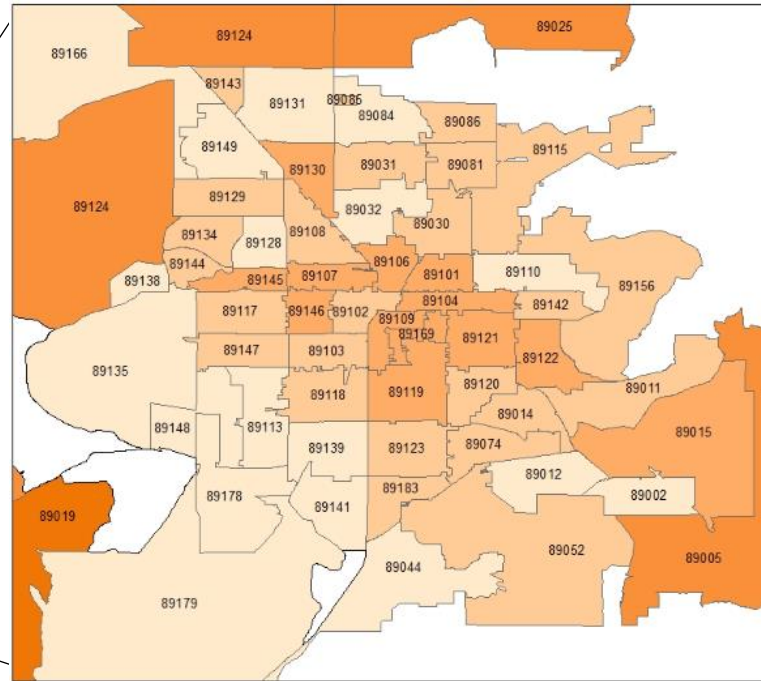
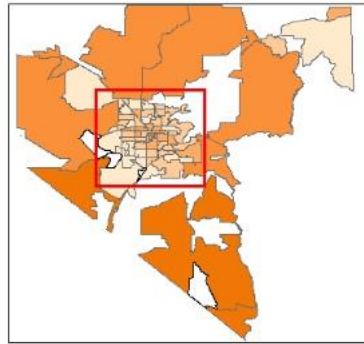


Data Source: CDC WONDER, Natality public-use data 2016-2018

Maternal Smoking during Pregnancy by Race/Ethnicity Clark County, 2016-2018



% of Births where Mothers Smoked During Pregnancy
Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|-----|-------|------|-------|-----|-------|-----|
| 89002 | 2.5 | 89026 | * | 89074 | 3.3 | 89109 | 7.7 | 89128 | 2.2 | 89145 | 5 |
| 89004 | * | 89027 | 7.1 | 89081 | 2.7 | 89110 | 2.1 | 89129 | 3.4 | 89146 | 4.5 |
| 89005 | 9.7 | 89029 | 17.8 | 89084 | 2 | 89113 | 2.3 | 89130 | 5.1 | 89147 | 3.1 |
| 89007 | 0 | 89030 | 4 | 89085 | 3.1 | 89115 | 3.7 | 89131 | 2.3 | 89148 | 2.3 |
| 89011 | 4 | 89031 | 3.6 | 89086 | 3.1 | 89117 | 3.7 | 89134 | 3 | 89149 | 2 |
| 89012 | 2.2 | 89032 | 2.4 | 89101 | 4.8 | 89118 | 2.6 | 89135 | 1.3 | 89156 | 3.8 |
| 89014 | 3.5 | 89039 | * | 89102 | 3.6 | 89119 | 4.7 | 89138 | 1.7 | 89161 | 25 |
| 89015 | 6.7 | 89040 | 8.8 | 89103 | 3.1 | 89120 | 3.3 | 89139 | 2.4 | 89166 | 1.3 |
| 89018 | 14.8 | 89044 | 1.5 | 89104 | 4.4 | 89121 | 5.7 | 89141 | 1.3 | 89169 | 5.6 |
| 89019 | 17.2 | 89046 | 26.7 | 89106 | 5.6 | 89122 | 4.5 | 89142 | 3.2 | 89178 | 1.8 |
| 89021 | 2.7 | 89052 | 2.9 | 89107 | 4.7 | 89123 | 3.5 | 89143 | 3.5 | 89179 | 1.8 |
| 89025 | 9.6 | 89054 | * | 89108 | 3.4 | 89124 | 11.8 | 89144 | 3.2 | 89183 | 2.9 |
| | | | | | | | | | | 89191 | 0 |

* No Data or Suppressed

MATERNAL EDUCATION

Summary

This indicator presents the percentage of Clark County births of women with an education level less than a high school diploma, averaged over the years 2016-2018. The Clark County rate (18.3%) was higher than the state (16.9%) and the national average (13.1%).

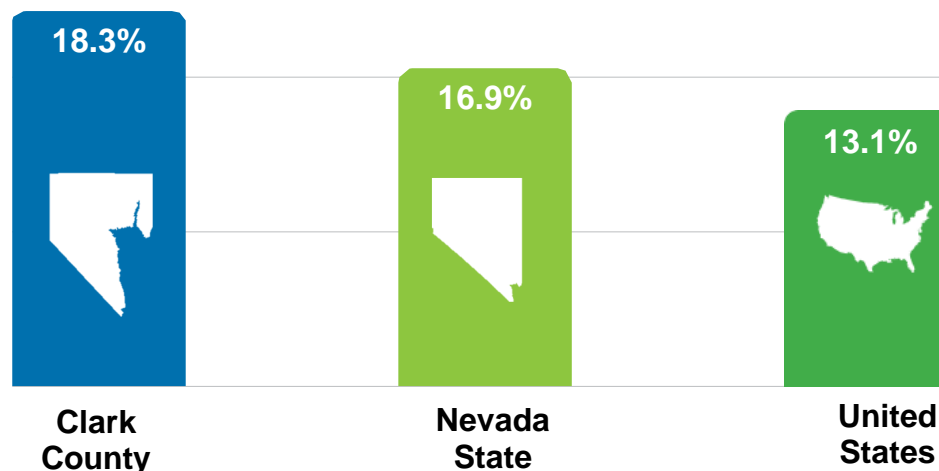
Why is it important?

Understanding maternal education is an important factor in explaining the current health outcomes of a child. Education is a key factor in reducing child mortality rates while increasing nutritional status and health of mothers.

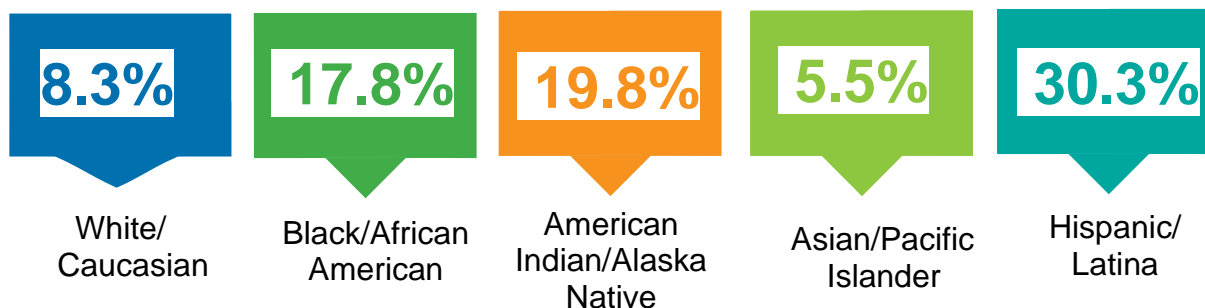
How are we doing?

More Clark County women reported less than a high school education than their counterparts in Nevada and the nation (18.3%, 16.9%, and 13.1%, respectively). Large racial/ethnic disparities exist for maternal education, such that 30.3% Hispanic/Latina women reported less than a high school education, followed by American Indian/Alaska Native, non-Hispanic women (19.8%) and Black/African American, non-Hispanic women (17.8%). Women who identify as Asian/Pacific Islander, non-Hispanic and White/Caucasian, non-Hispanic reported much lower percentages (5.5% and 8.3%, respectively). ZIP codes with the highest rate of maternal education are 89110, 89101, 89030, 89046, and 89102.

Maternal Education Less Than High School Diploma Comparison, 2016-2018

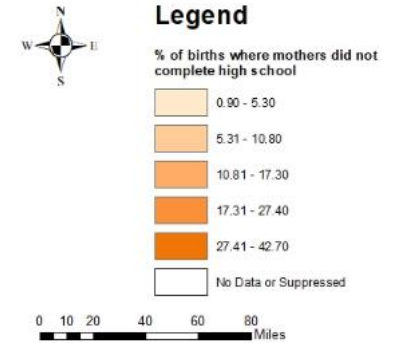
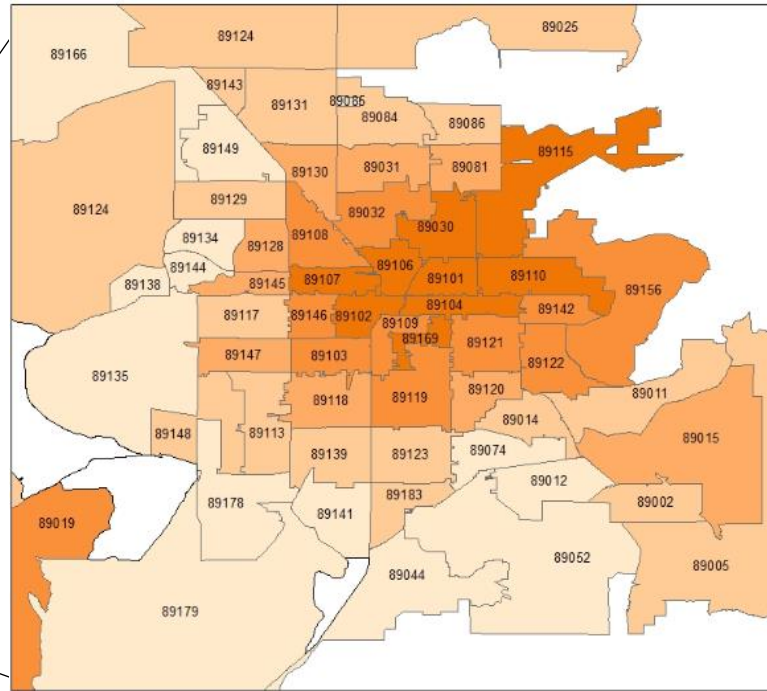
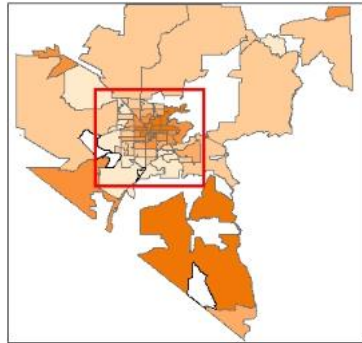


Maternal Education Less Than High School Diploma by Race/Ethnicity Clark County, 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018

**% of Births where Mothers Did Not Complete High School
Clark County, 2016-2018**



Data Source: CDC WONDER, Natality public-use data 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 6.8 | 89026 | * | 89074 | 5.3 | 89109 | 26 | 89128 | 11.9 | 89145 | 15.3 |
| 89004 | * | 89027 | 24.2 | 89081 | 12.2 | 89110 | 32.5 | 89129 | 8.8 | 89146 | 24.1 |
| 89005 | 10.8 | 89029 | 15.1 | 89084 | 7 | 89113 | 6.8 | 89130 | 14.3 | 89147 | 11.8 |
| 89007 | 7.7 | 89030 | 42.7 | 89085 | 1.8 | 89115 | 30 | 89131 | 6 | 89148 | 6.4 |
| 89011 | 9.6 | 89031 | 13.8 | 89086 | 9.7 | 89117 | 8.4 | 89134 | 3.9 | 89149 | 5.2 |
| 89012 | 3.8 | 89032 | 21 | 89101 | 41.1 | 89118 | 13.7 | 89135 | 3 | 89156 | 26.3 |
| 89014 | 9.9 | 89039 | * | 89102 | 33.4 | 89119 | 27.4 | 89138 | 0.9 | 89161 | * |
| 89015 | 15.3 | 89040 | 7.8 | 89103 | 23.1 | 89120 | 17.3 | 89139 | 6.7 | 89166 | 2 |
| 89018 | 25.9 | 89044 | 1.5 | 89104 | 31.2 | 89121 | 26.4 | 89141 | 4 | 89169 | 30.1 |
| 89019 | 20.3 | 89046 | 40 | 89106 | 32.9 | 89122 | 19.6 | 89142 | 23.3 | 89178 | 4.2 |
| 89021 | 2.7 | 89052 | 3.1 | 89107 | 31.2 | 89123 | 8.8 | 89143 | 6.8 | 89179 | 3.2 |
| 89025 | 9.6 | 89054 | * | 89108 | 24.7 | 89124 | 5.9 | 89144 | 2.3 | 89183 | 8.4 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

INFANT MORTALITY

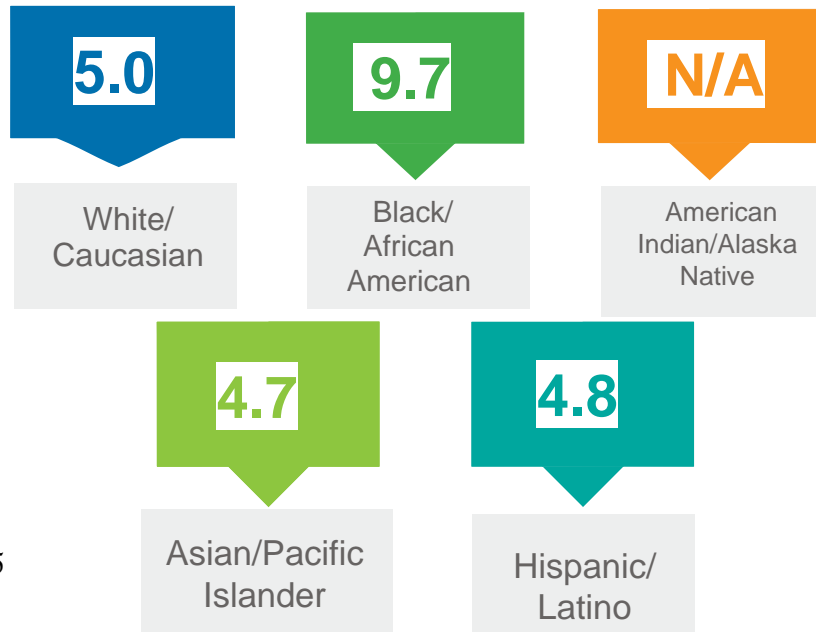
Summary

Infant mortality rate (IMR) is presented as the number of infant deaths per 1,000 live births, averaged over 2016-2018. Clark County had a rate of 5.7 deaths per 1,000 live births, while the national rate was 5.8 deaths per 1,000 live births.

Why is it important?

Deaths of infants before their first birthdays informs the infant mortality rate that indicates health of the population as well as reveal the quality of health care in each population. This shows access to health care, specifically medical technology available to use in the community, and impact of socioeconomic status on communities.

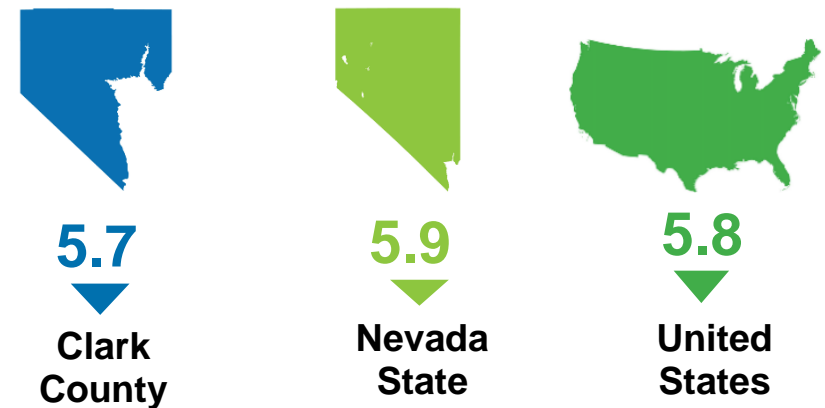
Infant Mortality Rate by Race/Ethnicity
(Per 1,000 live births)
Clark County, 2016-2018



How are we doing?

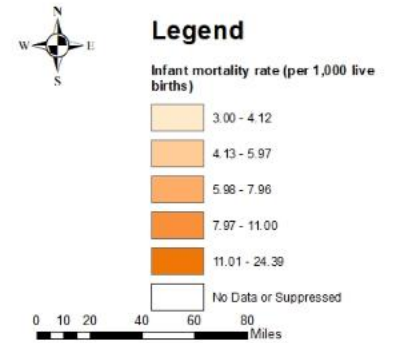
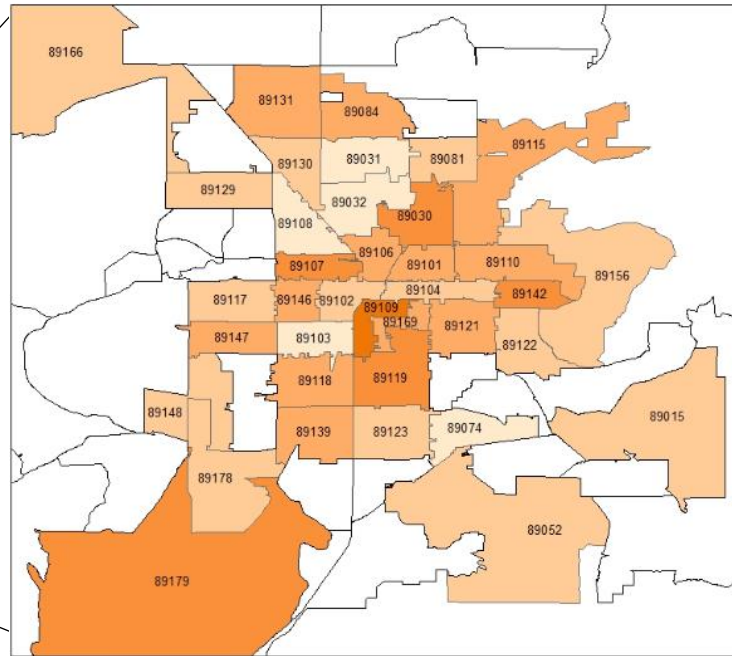
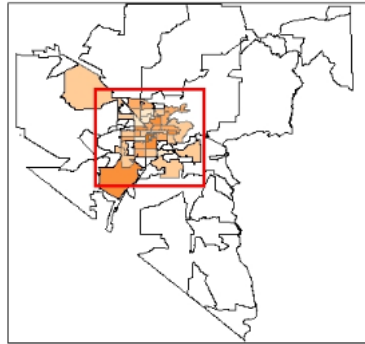
The infant mortality rate was 5.7 per 1,000 live births in Clark County, which is slightly lower than Nevada and national rates (5.9 per 1,000 and 5.8 per 1,000, respectively). With the available data, racial/ethnic disparities exist, such that the Black/African American, non-Hispanic infant mortality rate was 9.7 per 1,000 live births, higher than all other race/ethnicity categories. Individuals who identify as Hispanic/Latino and Asian/Pacific Islander, non-Hispanic report a lower infant mortality rate compared to other groups (4.8 per 1,000 live births and 4.7 per 1,000 live births, respectively). Due to low sample size, individuals that identified themselves as American Indian/Alaska were suppressed. ZIP codes with the highest infant mortality rate were 89027, 89029, 89109, 89084 and 89169.

Infant Mortality Rate Comparison
(Per 1,000 live births), 2016-2018



Data Source: CDC WONDER, Natality public-use data 2016-2018 and Underlying Cause of Death 2016-2018

**Infant Mortality Rate
(Per 1,000 Live Births)
Clark County, 2016-2018**



Data Source: CDC WONDER, Natality public-use data 2016-2018 and Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|-----|-------|-----|-------|-----|-------|------|-------|-----|-------|-----|
| 89002 | * | 89026 | * | 89074 | 4.1 | 89109 | 24.4 | 89128 | * | 89145 | * |
| 89004 | * | 89027 | * | 89081 | 6 | 89110 | 6.7 | 89129 | 5.3 | 89146 | 6.7 |
| 89005 | * | 89029 | * | 89084 | 6.6 | 89113 | * | 89130 | 4.7 | 89147 | 6.5 |
| 89007 | * | 89030 | 9.2 | 89085 | * | 89115 | 6.4 | 89131 | 6.6 | 89148 | 4.8 |
| 89011 | * | 89031 | 3 | 89086 | * | 89117 | 4.8 | 89134 | * | 89149 | * |
| 89012 | * | 89032 | 3.9 | 89101 | 7.7 | 89118 | 7.9 | 89135 | * | 89156 | 4.6 |
| 89014 | * | 89039 | * | 89102 | 4.6 | 89119 | 9.6 | 89138 | * | 89161 | * |
| 89015 | 4.9 | 89040 | * | 89103 | 4.1 | 89120 | * | 89139 | 7.3 | 89166 | 5 |
| 89018 | * | 89044 | * | 89104 | 5.4 | 89121 | 7.5 | 89141 | * | 89169 | 8 |
| 89019 | * | 89046 | * | 89106 | 7 | 89122 | 5.7 | 89142 | 8.8 | 89178 | 4.8 |
| 89021 | * | 89052 | 4.9 | 89107 | 11 | 89123 | 5.7 | 89143 | * | 89179 | 9 |
| 89025 | * | 89054 | * | 89108 | 4 | 89124 | * | 89144 | * | 89183 | * |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

CONGENITAL SYPHILIS

Summary

Congenital syphilis is a sexually transmitted disease/infection (STD/STI). It is acquired by the fetus in the uterus before birth due to the mother contracting syphilis before or during pregnancy and not receiving treatment. The rate of congenital syphilis in Clark County was 6.6 cases per 100,000 live births, while the national rate was 2.4 cases per 100,000. population.

Why is it important?

Syphilis is a sexually transmitted disease caused by the bacterium *Treponema pallidum*. Congenital syphilis specifically occurs when a mother who has contracted syphilis passes the infection to her baby during pregnancy or at birth. The symptoms of this disease can potentially take several weeks, months, or even years to appear after birth. Once syphilis has been diagnosed, it is important to receive immediate, evidence-based treatment to halt disease progression. Symptoms are divided into primary, secondary, latent, and late stage. Babies born with congenital syphilis are prone to multiple health issues including bone damage, future nerve problems, and severe anemia.

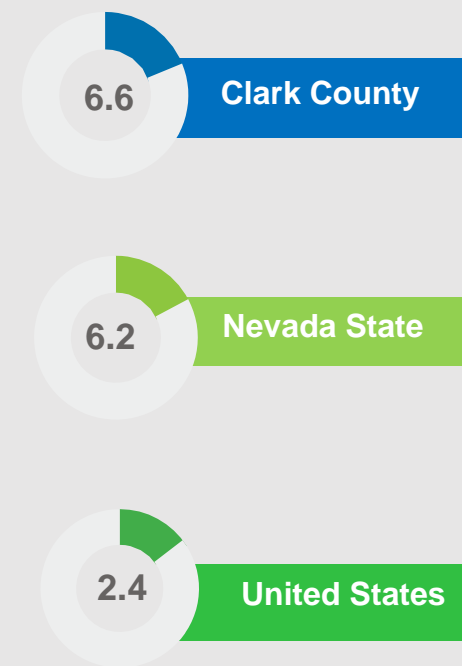
How are we doing?

Congenital syphilis has been increasing in Clark County since 2016, with 9 cases reported in 2016 and 24 cases in 2018, the highest count on record. There was an average of 6.6 congenital syphilis cases per 10,000 live births reported in Clark County during 2016-2018. Clark County's rate increased 173% from 2016 to 2018. Clark County's average rate was higher than average rates in Nevada and nationally. Nevada had the 2nd highest congenital syphilis rate in the nation in 2018. Non-Hispanic White/Caucasian (38%) and non-Hispanic Black/African American (34%) residents accounted for majority of Clark County's cases.

Congenital Syphilis Cases by Race/Ethnicity Clark County, 2016-2018



Comparison Case Rate of Congenital Syphilis (Per 100,000 Population) 2016-2018



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370. <https://www.cdc.gov/std/stats/>

Chapter 4 Infectious Disease



HEALTH INDICATORS

- Active Tuberculosis Rates
- Rate of New Acute Hepatitis A Infections
- Rate of New Acute Hepatitis B Infections
- Rate of New Acute Hepatitis C Infections
- Rate of New Cases of HIV
- Rate of New Cases of Chlamydia
- Rate of New Cases of Gonorrhea
- Rate of New Cases of Syphilis (Primary & Secondary)
- Influenza & Pneumonia

ACTIVE TUBERCULOSIS

Summary

This indicator represents the number of active tuberculosis (TB) cases per 100,000 population from 2016 to 2018. In Clark County, there were 2.5 cases of TB per 100,000 population, while the national rate stood at 2.8 cases per 100,000 population.

Why is it important?

Active tuberculosis is an infectious bacterial disease that primarily impacts the lungs. It can spread to others when an infected person either coughs or sneezes, as it spreads from microscopic droplets that are released into the air. Individuals with active TB in the lungs may have symptoms that include pain in the chest, a bad cough which lasts 3 weeks or longer, weakness or fatigue, and night sweats. Active tuberculosis rates are important to keep in mind as active TB can ultimately lead to death if no action or treatment is taken.

How are we doing?

Between 2016 and 2018, average active TB rates in Nevada and Clark County have been equal to or lower than the national average. The rate in Clark County (2.5 per 100,000 population) was lower than the national rate (2.8 per 100,000 population). Between 2016 and 2018, higher active TB incidence rates occurred in males compared to females. Hispanic/Latino populations and Asian/Pacific Islanders had two to three times higher active TB incidence than non-Hispanic Black/African Americans, respectively. Non-Hispanic Black/African Americans accounted for 16% of TB cases between these years. In Clark County, as in the United States, most active TB cases occur among non-U.S.-born persons; the most important risk factor for active TB is being born in a country with a high burden of tuberculosis. Among U.S. born Black/African Americans, the rate of active TB in Clark County has decreased every year between 2015 and 2018 from 4.3 to 0.8 cases per 100,000. Additional risk factors for active TB include diabetes (18.3% of Clark County cases in 2018, 19.8% of cases nationwide), HIV coinfection (8.3% of Clark County cases in 2018, 5.1% of cases nationwide), and experiencing homelessness in the past year (6.6% of Clark County cases in 2018, 4.3% of cases nationwide).

Data Source: CDC, National Notifiable Diseases Surveillance System (2020)

Active Tuberculosis Rates Comparison (Per 100,000 Population) 2016-2018

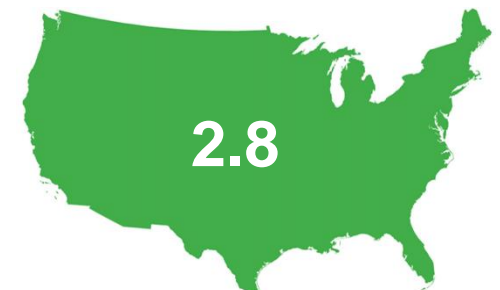
Clark County



Nevada State



United States



HEPATITIS A

Summary

Hepatitis A is a viral infection caused by the hepatitis A virus (HAV). The rate of new HAV cases in Clark County was 1.0 infected individual per 100,000 population from 2016 to 2018, while the United States rate was 1.8 infected individuals per 100,000 population.

Why is it important?

Hepatitis A is a highly contagious and short-term liver infection. The hepatitis A virus is spread when someone ingests the virus (even in amounts too small to see) through person-to-person contact or eating contaminated food or drink. Hepatitis A can be prevented by hepatitis A vaccine. Proper hygiene will help slow down the spread of HAV. Hepatitis A is primarily a liver infection that is contagious. Symptoms such as fatigue, nausea, and stomach pain can all last up to 2 months. Typically, an individual infected with hepatitis A will not have a long-lasting illness and will be considered a short-term infection.

How are we doing?

The average rate of HAV infections during 2016-2018 in Clark County was 1.0 (per 100,000), which was higher than the state rate of 0.8 but lower than the national rate of 1.8. Sixty-three cases of Hepatitis A were identified in Clark County, the majority of whom were male. In 2017 and 2018, rates of Hepatitis A were highest among non-Hispanic white population. Since 2016, person-to-person transmission of HAV have been occurring across the United States, mainly among people who use injection drugs and/or are experiencing homelessness. Clark County is no exception. The incidence rate in Clark County increased in 2018; thirty-nine cases were reported that year alone. Of the total cases reported in 2018, 54% were among persons who use or inject drugs (ever use and/or current use). Additionally, 18% of the total cases reported in 2018 were individuals experiencing homelessness or unstable housing.

Data Source:

CDC WONDER, Underlying Cause of Death 2016-2018

Centers for Disease Control and Prevention National Notifiable Diseases Surveillance System, 2018 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Division of Health Informatic and Surveillance, 2019.

Available at: <https://www.cdc.gov/nndss/infectioustables.html>.

**HAV Newly Infected Rates,
(Per 100,000 Population)
2016-2018**

Clark County



Nevada State



United States



HEPATITIS B

Summary

Hepatitis B is a vaccine-preventable liver infection caused by the hepatitis B virus (HBV). From 2016 to 2018, the rate of new infections was 1.0 per 100,000 population in Clark County, higher than the state rate but similar to the national rate.

Why is it important?

Hepatitis B is a bloodborne pathogen that is primarily transmitted through direct blood-to-blood contact as well as other body fluids. This virus can cause chronic hepatitis and may be life threatening by causing body inflammation. Prevention is the key to reducing the spread of HBV, including vaccination. Ensuring proper hygiene with needles, razors, and other potential means of transfer are key measures to stopping the spread of HBV within the community.

How are we doing?

The average rate of acute HBV infections during 2016-2018 in Clark County was 1.0 (per 100,000), which was higher than the state rate of 0.84 but similar to the national rate. Sixty-three cases of acute hepatitis B were identified in Clark County. There were no significant changes in the reported yearly number of acute cases. Most cases belong to the 30- 59 age group. There were more cases that were male than female. However, the percentage of female cases increased while the percentage of male cases decreased between 2016 and 2018. The incidence rate was highest among non-Hispanic White residents. The top three risk factors identified were history of incarceration, history of sexually transmitted disease, and injection/non-injection drug use (ever use and/or current use).

Data Source:

CDC WONDER, Underlying Cause of Death 2016-2018

Centers for Disease Control and Prevention National Notifiable Diseases Surveillance System, 2018 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Division of Health Informatic and Surveillance, 2019.

Available at: <https://www.cdc.gov/nndss/infectioustables.html>.

**HBV Newly Infected Rates,
(Per 100,000 Population)
2016-2018**

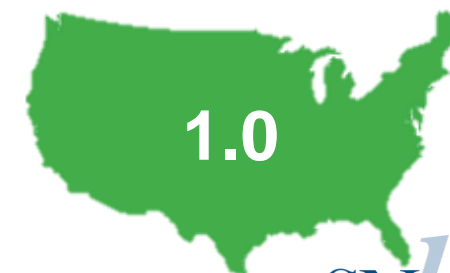
Clark County



Nevada State



United States



HEPATITIS C

Summary

Hepatitis C virus (HCV) is a bloodborne virus that may lead to liver infection and can range from mild to serious illness. The new HCV infection rate in Clark County was 1.2 per 100,000 population from 2016 to 2018, which is the same as both the state and the nation.

Why is it important?

Chronic hepatitis C can ultimately lead to cirrhosis, cancer of the liver, or liver failure. Hepatitis C spreads only by blood and cannot be prevented by vaccination; however, it is treatable and curable. The best way to prevent hepatitis C is by avoiding behaviors that can spread the disease, especially injection drug use. Decreasing the rate of hepatitis C will contribute towards a better quality of life for the community and populations.

How are we doing?

Between 2016 and 2018, the average acute hepatitis C rate in Clark County was 1.2 per 100,000. Today, most people become infected with the HCV by sharing needles or other equipment to inject drugs. Since 2014, new infections of hepatitis B and C have been increasing locally and nationally, particularly among young people. A common risk factor for this rise has been an increase in injection drug use among this population (ever use and/or current use). Additionally, geographic areas experiencing the highest burden of opioid use are also experiencing higher rates of hepatitis B and C.

Data Source:

CDC WONDER, Underlying Cause of Death 2016-2018, Centers for Disease Control and Prevention National Notifiable Diseases Surveillance System, 2018 Annual Tables of Infectious Disease Data. Atlanta, GA. CDC Division of Health Informatic and Surveillance, 2019. Available at: <https://www.cdc.gov/nndss/infectioustable.html>.

HCV Newly Infected Rates, (Per 100,000 Population) 2016-2018

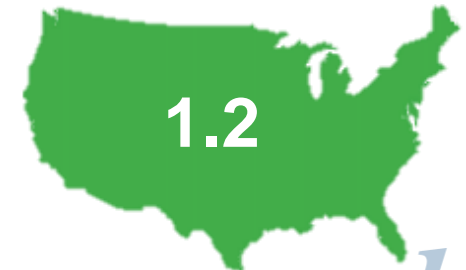
Clark County



Nevada State



United States



HIV

Summary

This health indicator is the number of newly reported cases of the Human Immunodeficiency Virus (HIV) diagnoses per 100,000 population. Clark County had 21.5 cases per 100,000 population from 2016 to 2018, higher than the national average of 11.9.

Why is it important?

HIV weakens an individual’s immune system by destroying healthy cells that fight off diseases and infections. There is currently no cure; however, for people at risk of HIV, there are highly effective, evidence-based prevention medications (e.g., pre-exposure prophylaxis (PrEP)). There are also major advancements in HIV treatment and care; people living with HIV can live full lives and significantly reduce, if not completely eliminate, their risk of transmitting the virus to others.

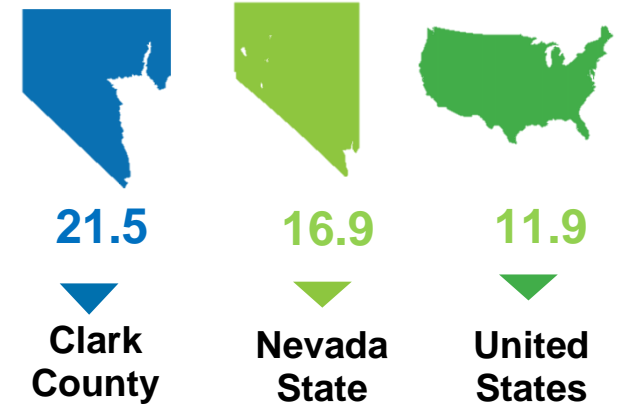
How are we doing?

The first HIV diagnosis in Nevada occurred in Clark County in 1982. Since then, the number of persons living with HIV (PLWH) has been steadily increasing. More recently, the number of PLWH increased from 9,263 in 2016 to 10,294 in 2018. New HIV diagnoses include persons newly diagnosed with HIV infection (both living and deceased) and exclude persons who were diagnosed in another state but currently reside in Clark County. This category also includes persons who were newly diagnosed with HIV in the same year. From 2016 to 2018, the rate of new HIV diagnoses in Clark County remained stable, but the average rate during the same period was higher than both the rate of Nevada and the U.S. Most new HIV diagnoses in 2018 were among men who have sex with men (MSM). When comparing by race and ethnicity, non-Hispanic Black/African American populations had a higher average rate than Hispanic and non-Hispanic White/Caucasian persons (59.9, 20.2 and 14.4 per 100,000 population, respectively) in Clark County.

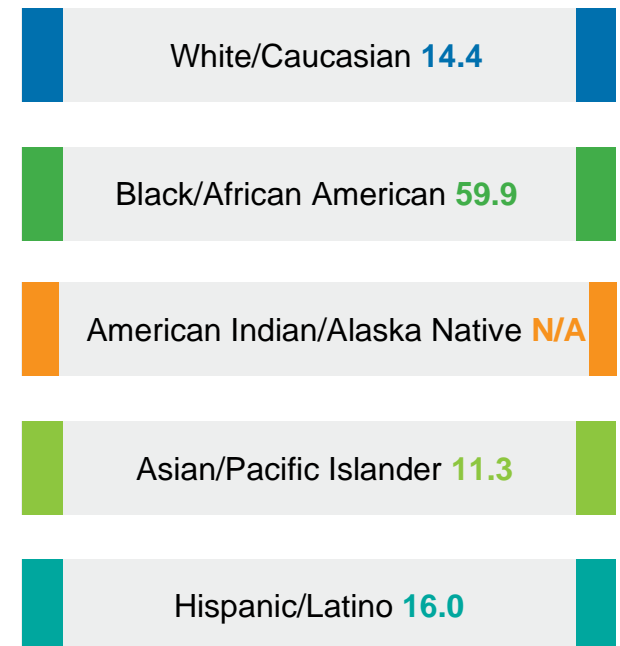
Data Source:

Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020.

Rate of Newly Diagnosed HIV Cases,
(Cases per 100,000 Population)
2016-2018



Rate of Newly Diagnosed HIV Cases
by Race/Ethnicity, Clark County
(Cases per 100,000 Population)
2016-2018



CHLAMYDIA

Summary

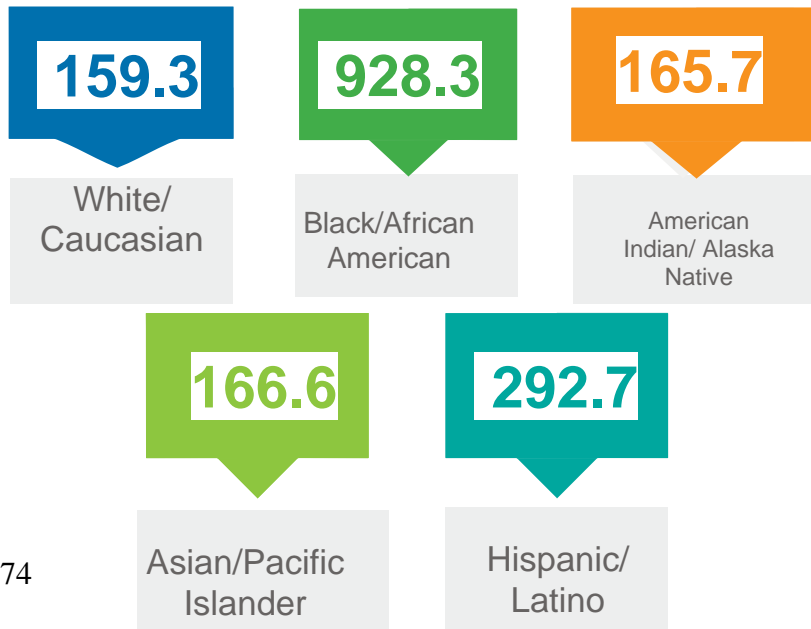
This health indicator displays the reported cases of chlamydia per 100,000 population from 2016 to 2018. There were 576.7 cases per 100,000 population in Clark County, compared to 519.7 cases per 100,000 in the United States, making this the most common sexually transmitted disease/infection (STD/STI).

How are we doing?

Chlamydia has been increasing overall in Clark County since 2016, with a total of 37,839 cases reported during 2016-2018. During the same period, the average rate of new chlamydia cases reported in Clark County was 576.7 cases per 100,000 population. Clark County's rate was higher than both the average rates for the state and the US.

Chlamydia Cases by Race/Ethnicity

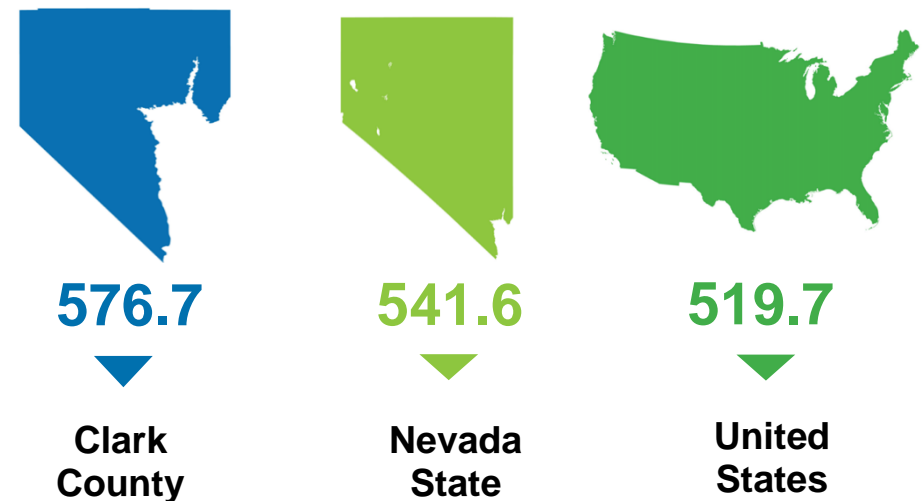
(Per 100,000 population), Clark County, 2016-2018



Why is it important?

The most reported sexually transmitted disease in Clark County and the U.S. is chlamydia. Chlamydia is believed to be underreported because most people with chlamydia are asymptomatic, resulting in delayed diagnosis as well as uninterrupted transmission. Left untreated, chlamydia can potentially cause pelvic inflammatory disease as well as other health issues, including infertility.

Chlamydia Comparison (Cases per 100,000 population), 2016-2018



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370. <https://www.cdc.gov/std/stats/>

GONORRHEA

Summary

This health indicator shows the reported cases of gonorrhea per 100,000 population. From 2016 to 2018, Clark County reported 207.4 new cases per 100,000 population, while the national rate was 164.9.

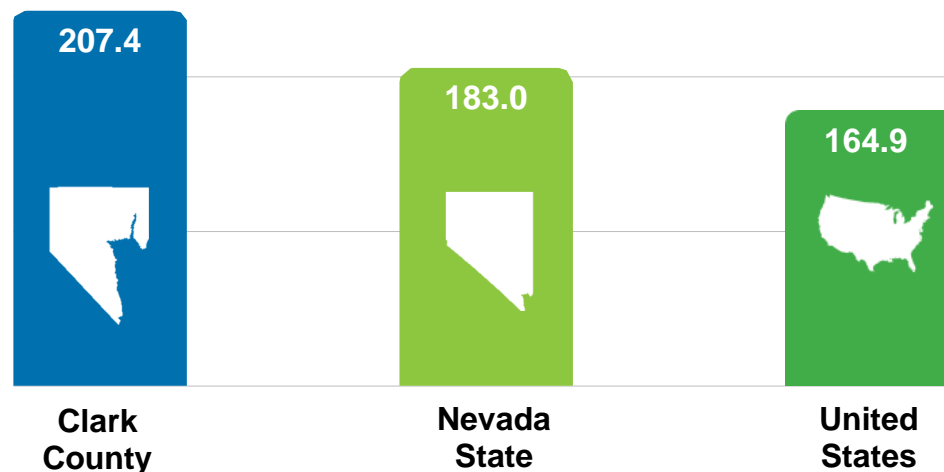
Why is it important?

Gonorrhea is the second most reported notifiable disease in the United States and Clark County. Gonorrhea is caused by the bacterium *Neisseria gonorrhoeae* and can lead to major complications, such as infertility, pelvic inflammatory disease, and other health issues. This infection can be treated with antibiotics as well as prevented by practicing safe sex and active communication with partners.

How are we doing?

There were 13,626 gonorrhea cases and a rate of 207.4 gonorrhea cases per 100,000 population reported in Clark County during 2016-2018. Cases of gonorrhea have been increasing in Clark County since 2013; during 2016-2018, the gonorrhea rate increased 39%. Clark County's average rate was higher than both the Nevada's and the nation's rates during 2016-2018. When comparing by race/ethnicity, non-Hispanic Black/African American residents had a higher average rate than Hispanic and non-Hispanic White/Caucasian populations (512.1, 94.8 and 80.1 per 100,000 population, respectively).

Gonorrhea Comparison
(Cases per 100,000 Population), 2016-2018



Gonorrhea Cases by Race/Ethnicity
(Per 100,000 Population), 2016-2018



Data Source:
Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370. <https://www.cdc.gov/std/stats/>

SYPHILIS

Summary

This health indicator represents the number of newly reported cases of syphilis (primary and secondary stage) per a 100,000 population. In Clark County, there was a rate of 22.2 cases per 100,000 population from 2016- 2018, while the rate of the United States was 9.6 per 100,000.

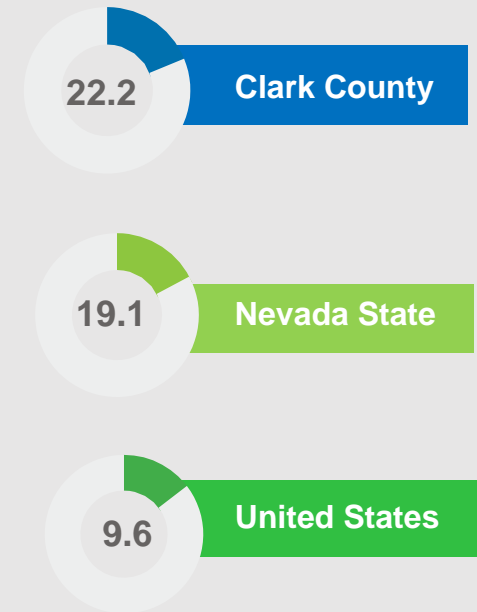
Why is it important?

Syphilis is a sexually transmitted disease/infection (STD/STI) caused by the bacterium *Treponema pallidum*. It is important to receive treatment, so disease does not progress. Syphilis can lead to significant complications without treatment and can increase risk of transmission of HIV. Symptoms are divided into primary, secondary, latent, and late stage syphilis. A person with syphilis starts out with a sore that can ultimately cause damage to the heart, nerves, eyes, and brain if not treated. It is important to understand the prevalence of this disease because some people are asymptomatic, and thus may not know they have contracted it and could potentially be spreading it to others.

How are we doing?

There were 1,459 primary and secondary syphilis cases and an average of 22.2 primary and secondary syphilis cases per 100,000 population reported in Clark County during 2016-2018. Syphilis has been increasing in Clark County since 2012; during 2016-2018, the primary and secondary syphilis rate increased 40%. Clark County's average rate was higher than Nevada and the national rates. Nevada had the highest rate of primary and secondary syphilis in the nation in 2017 and 2018. When comparing by race and ethnicity, non-Hispanic Blacks/African American populations had a higher average rate than Hispanic and non-Hispanic White/Caucasian populations (56.8, 20.0, and 17.1 per 100,000 population, respectively) in Clark County during 2016-2018.

Comparison Case Rate of Syphilis (Primary & Secondary) (Per 100,000 population), 2016-2018



Data Source: Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2018. Atlanta: U.S. Department of Health and Human Services; 2019. DOI: 10.15620/cdc.79370. <https://www.cdc.gov/std/stats/>

Syphilis Cases by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



INFLUENZA & PNEUMONIA

Summary

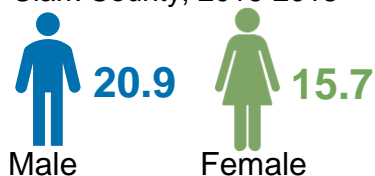
Influenza and pneumonia are one of the top 10 leading causes of death in Clark County. This health indicator represents number of deaths of reported cases of influenza and pneumonia per a 100,000 population. In Clark County, there were 18.1 per 100,000 deaths.

Why is it important?

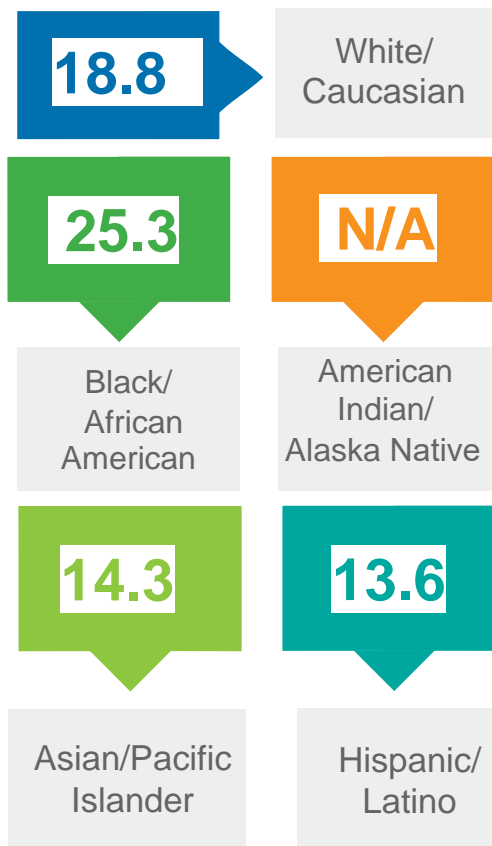
Influenza, better known as the flu, is a viral infection that is highly contagious and is typically characterized by fever and respiratory symptoms such as a cough. On the other hand, pneumonia is a more severe infection, leading to inflammation of the lungs, and can be a possible complication of influenza. Those most at risk for severe infection and death are the very young and the very old. The annual flu vaccine can help protect individuals from developing influenza. These vaccines are widely available throughout the flu season, which is typically early October into the spring and typically spikes January and February in Clark County. With public health efforts, such as epidemiological investigation and immunization services, providers and the community have an opportunity to work with and assist in the identification of gaps in vaccine standards and prevention policies to inform decision making around influenza and pneumonia.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

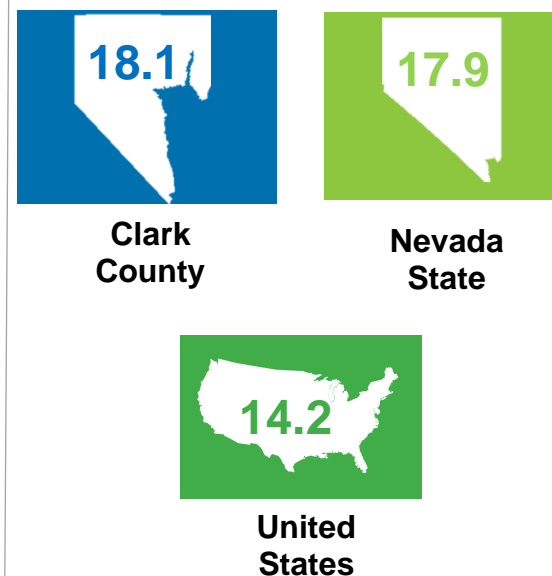
Influenza & Pneumonia Mortality Rate by Sex (Per 100,000 Population) Clark County, 2016-2018



Influenza & Pneumonia Death Rate by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



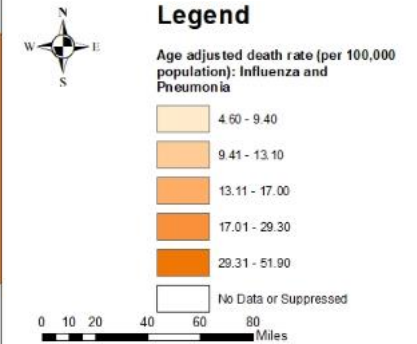
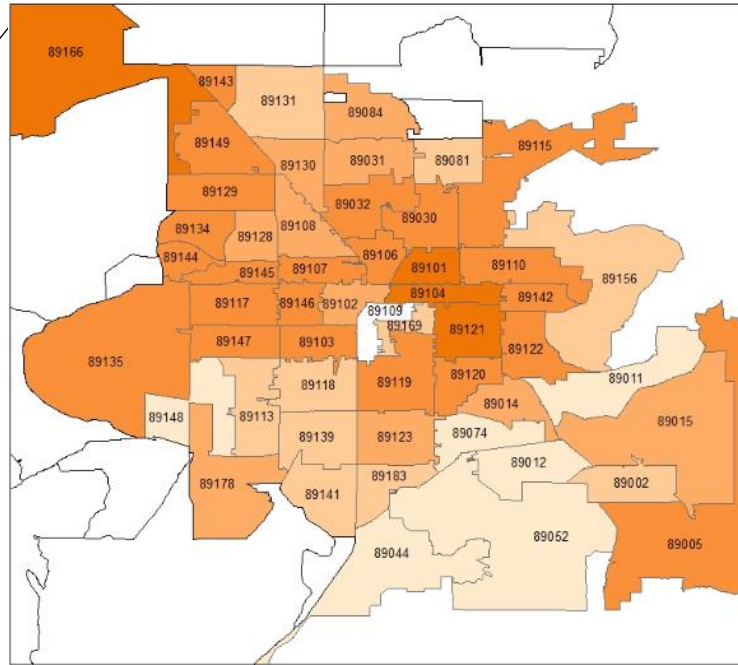
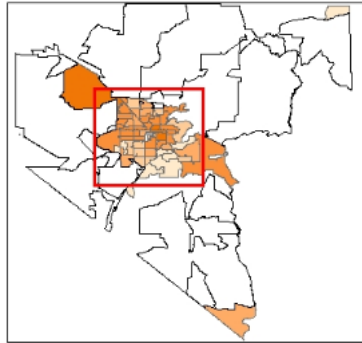
Influenza & Pneumonia Mortality Rate Comparison (Per 100,000 Population), 2016-2018



How are we doing?

Influenza and pneumonia are among the top 10 causes of death in Clark County. From 2016-2018, the age-adjusted death rate was 18.1 per 100,000 population, lower than both the state and the national age-adjusted mortality rates. Rates were highest among people who identified themselves as Black/African American non-Hispanic (25.3 per 100,000 population), and male (20.9 per 100,000 population). The ZIP codes with the highest influenza and pneumonia mortality rates were 89104, 89121, 89109, 89166, and 89144.

Influenza and Pneumonia Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 11.8 | 89026 | * | 89074 | 6.9 | 89109 | 54 | 89128 | 15.7 | 89145 | 23.6 |
| 89004 | * | 89027 | 9.3 | 89081 | 11.7 | 89110 | 21.8 | 89129 | 20.4 | 89146 | 20 |
| 89005 | 17.4 | 89029 | 14.7 | 89084 | 15 | 89113 | 11.9 | 89130 | 15.9 | 89147 | 21.5 |
| 89007 | * | 89030 | 27.2 | 89085 | * | 89115 | 21.9 | 89131 | 12.2 | 89148 | 9.4 |
| 89011 | 4.6 | 89031 | 15.6 | 89086 | * | 89117 | 26.8 | 89134 | 18.9 | 89149 | 22.9 |
| 89012 | 8.4 | 89032 | 19.9 | 89101 | 51.2 | 89118 | 11.6 | 89135 | 17.5 | 89156 | 13.1 |
| 89014 | 15.4 | 89039 | * | 89102 | 17 | 89119 | 22.2 | 89138 | * | 89161 | * |
| 89015 | 16.2 | 89040 | * | 89103 | 19.4 | 89120 | 25.2 | 89139 | 12 | 89166 | 35 |
| 89018 | * | 89044 | 5.6 | 89104 | 38.2 | 89121 | 36 | 89141 | 12.1 | 89169 | 12.8 |
| 89019 | * | 89046 | * | 89106 | 22.7 | 89122 | 21.1 | 89142 | 22.2 | 89178 | 15 |
| 89021 | * | 89052 | 7.8 | 89107 | 22.6 | 89123 | 15.3 | 89143 | 27.3 | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 16.8 | 89124 | * | 89144 | 29.3 | 89183 | 12.8 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

Chapter 5 Chronic Disease



HEALTH INDICATORS

- Physical Activity
- Obesity
- Diabetes
- Hypertension (High Blood Pressure)
- Cancer (except Skin Cancer)
- Coronary Heart Disease
- Stroke
- Chronic Obstructive Pulmonary Disease
- Chronic Kidney Disease
- Cigarette Use (Smoking Prevalence Rate)

PHYSICAL ACTIVITY

Summary

Physical activity can improve the quality of life of an individual and decrease the risk of various diseases and prevent early death. The lack of physical activity contributes to a higher risk of health conditions such as cardiovascular diseases, obesity, and some cancers. This indicator is based on adults 18 years and older answering “no” to the following question: “During the past month, other than your regular job, did you participate in physical activity or exercise?”

Why is it important?

Physical activity on a regular basis helps reduce disease risks, increase strength in muscles and bones, as well as aids in weight management. It is vital in supporting healthy aging. The World Health Organization (WHO) recommends adults aged 18-64 should do at least 150-300 minutes of moderate-intensity aerobic physical activity throughout the week. Adults should be moderately active for 150 minutes a week or vigorously active for 75 minutes a week (CDC, 2020).

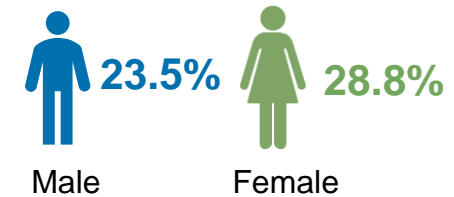
No Physical Activity Prevalence Comparison, 2018



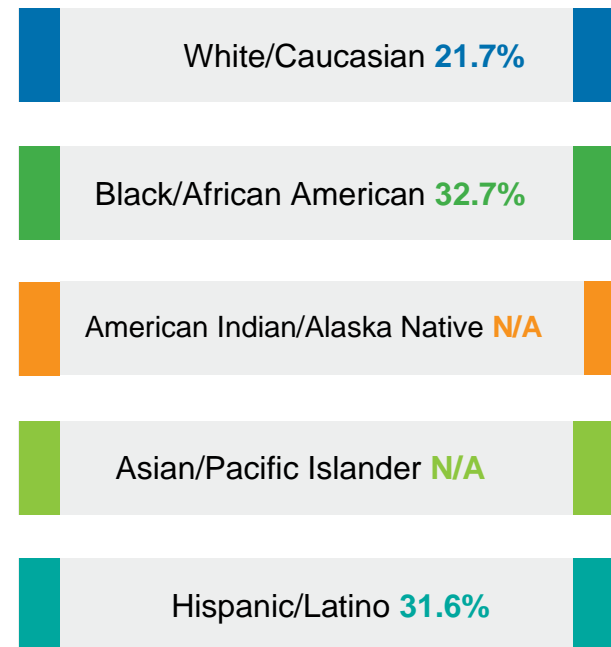
How are we doing?

About a quarter (26.2%) of Clark County adults reported no physical activity in 2018. This is higher than the national rate of 23.8% as well as the Nevada state rate of 25.0% in 2018. With the available data, lack of physical activity was most prevalent amongst individuals who identify themselves as non-Hispanic Black/African American of 32.7% as well as females with 28.8%. Due to low sample size, rates for American Indian/Alaska Native and Asian/Pacific Islander were suppressed. The ZIP codes with the highest prevalence of no physical activity were 89030, 89101, 89106, 89110, and 89115.

No Physical Activity by Sex Clark County, 2018

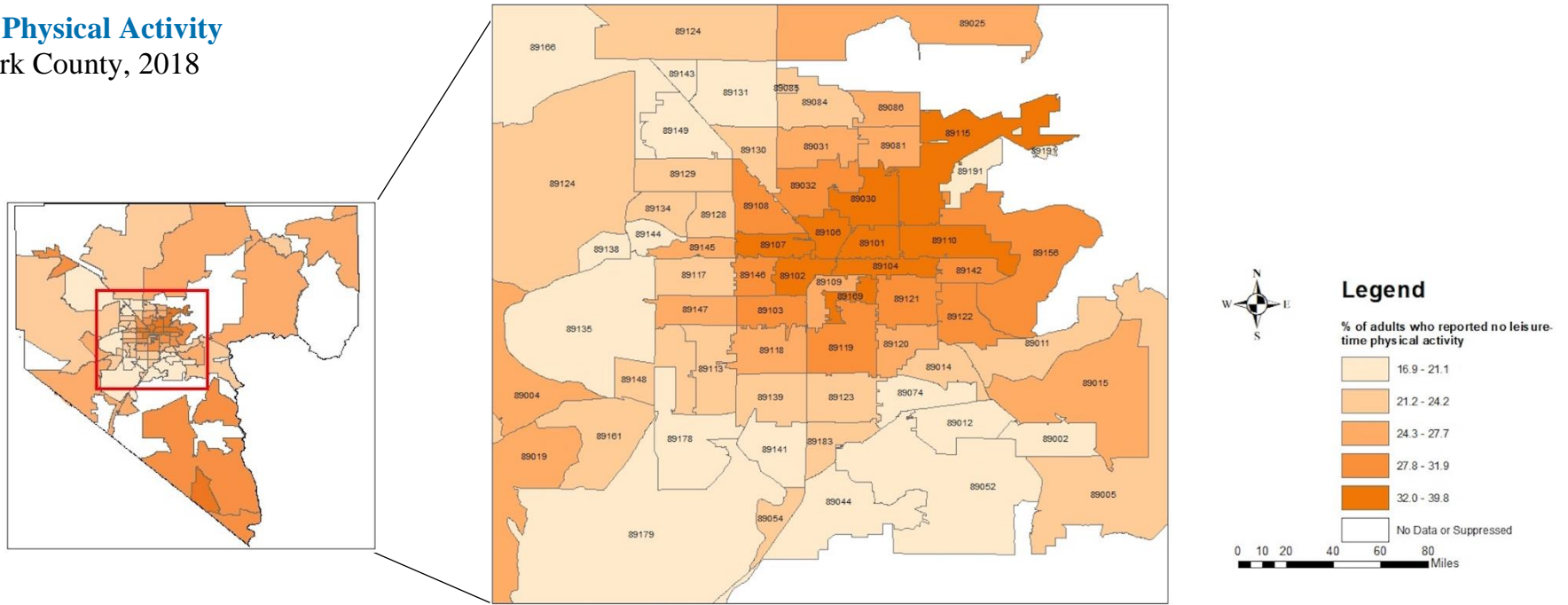


No Physical Activity by Race/Ethnicity Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

No Physical Activity Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 21.1 | 89026 | 27.6 | 89074 | 21.1 | 89109 | 27.1 | 89128 | 24.2 | 89145 | 25 |
| 89004 | 25.9 | 89027 | 26.2 | 89081 | 25.4 | 89110 | 34.1 | 89129 | 22.2 | 89146 | 28.4 |
| 89005 | 23.6 | 89029 | 30.7 | 89084 | 21.3 | 89113 | 22.6 | 89130 | 23.8 | 89147 | 26.1 |
| 89007 | 25 | 89030 | 39.8 | 89085 | 21.7 | 89115 | 35.4 | 89131 | 20.1 | 89148 | 21.4 |
| 89011 | 23 | 89031 | 25.3 | 89086 | 24.7 | 89117 | 23.5 | 89134 | 22.9 | 89149 | 20 |
| 89012 | 20.5 | 89032 | 28.7 | 89101 | 38.1 | 89118 | 25.3 | 89135 | 19.4 | 89156 | 30.7 |
| 89014 | 22.7 | 89039 | 33.4 | 89102 | 34.1 | 89119 | 30.7 | 89138 | 16.9 | 89161 | 22.8 |
| 89015 | 27.1 | 89040 | 25.4 | 89103 | 30 | 89120 | 26.9 | 89139 | 22.1 | 89166 | 19.5 |
| 89018 | 30.2 | 89044 | 19.9 | 89104 | 34.1 | 89121 | 31.2 | 89141 | 19.9 | 89169 | 34.4 |
| 89019 | 24.4 | 89046 | 31.9 | 89106 | 36.6 | 89122 | 29.4 | 89142 | 31 | 89178 | 20.9 |
| 89021 | 22.2 | 89052 | 20.2 | 89107 | 32.9 | 89123 | 22.7 | 89143 | 19.5 | 89179 | 18.6 |
| 89025 | 27.7 | 89054 | 21.9 | 89108 | 30.1 | 89124 | 24 | 89144 | 19.3 | 89183 | 22.5 |
| | | | | | | | | | | 89191 | 19.9 |

* No Data or Suppressed

OBESITY

Summary

Obesity is defined as an individual's body mass index (BMI) of 30 or greater. According to Centers for Disease Control and Prevention (CDC, 2020), obesity is a common, serious, and costly disease. Obesity can lead to numerous and varied comorbid conditions such as coronary heart disease. This indicator measures obesity among adults aged 18 years or older from self-reported weight and height.

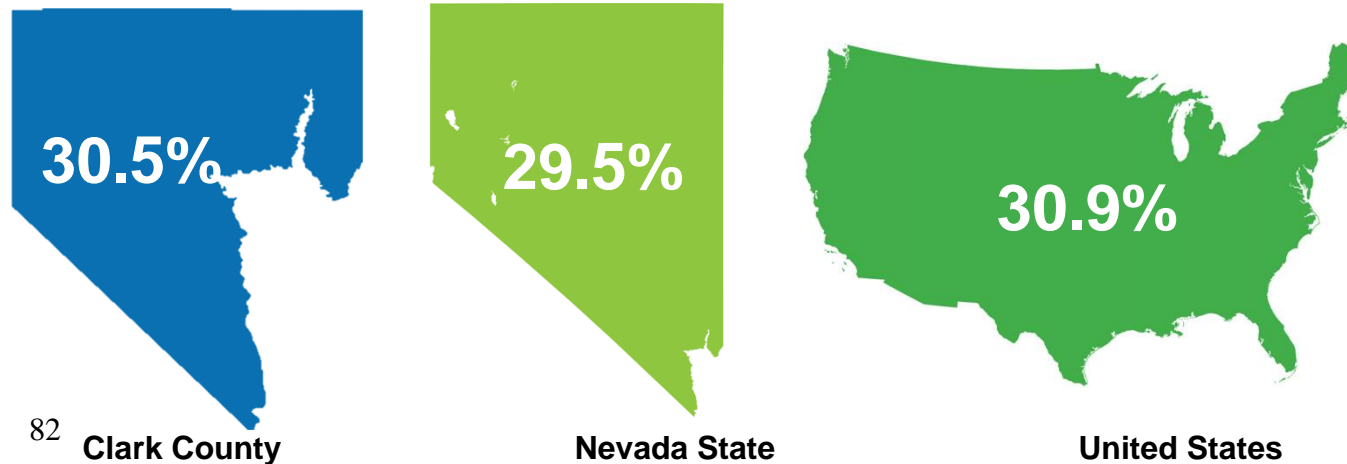
Why is it important?

Obesity is a complex health issue resulting from many causes and factors, including behaviors and genetics. Behaviors can include physical inactivity, dietary patterns, and other exposures. Other factors include the environment, food deserts, education and skills, and food marketing and advertising. Obesity is serious as it is associated with poorer physical and mental health outcomes and with U.S. leading causes of death, such as heart disease, diabetes, and cerebrovascular disease.

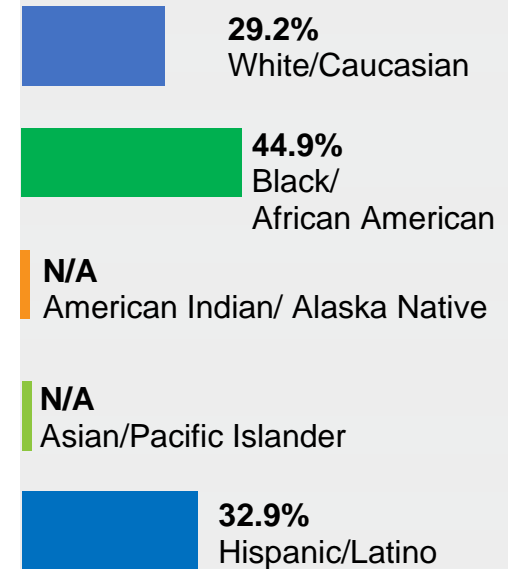
How are we doing?

In 2018, 30.5% of Clark County adults aged 18 years or older had obesity, which was about the same as the national rate of 30.9% and slightly higher than the state rate of 29.5%. With the available data, obesity was most prevalent among people who identify themselves as non-Hispanic Black/African American (44.9%). Due to low sample size, rates for American Indian/Alaska Native and Asian/Pacific Islander were suppressed. ZIP codes with the highest obesity prevalence 89030, 89106, 89101, 89115, and 89169.

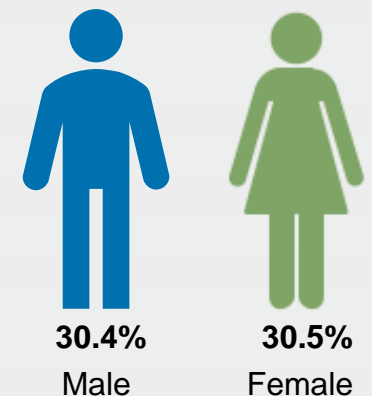
Obesity Prevalence Comparison, 2018



Obesity Prevalence by Race/Ethnicity Clark County, 2018

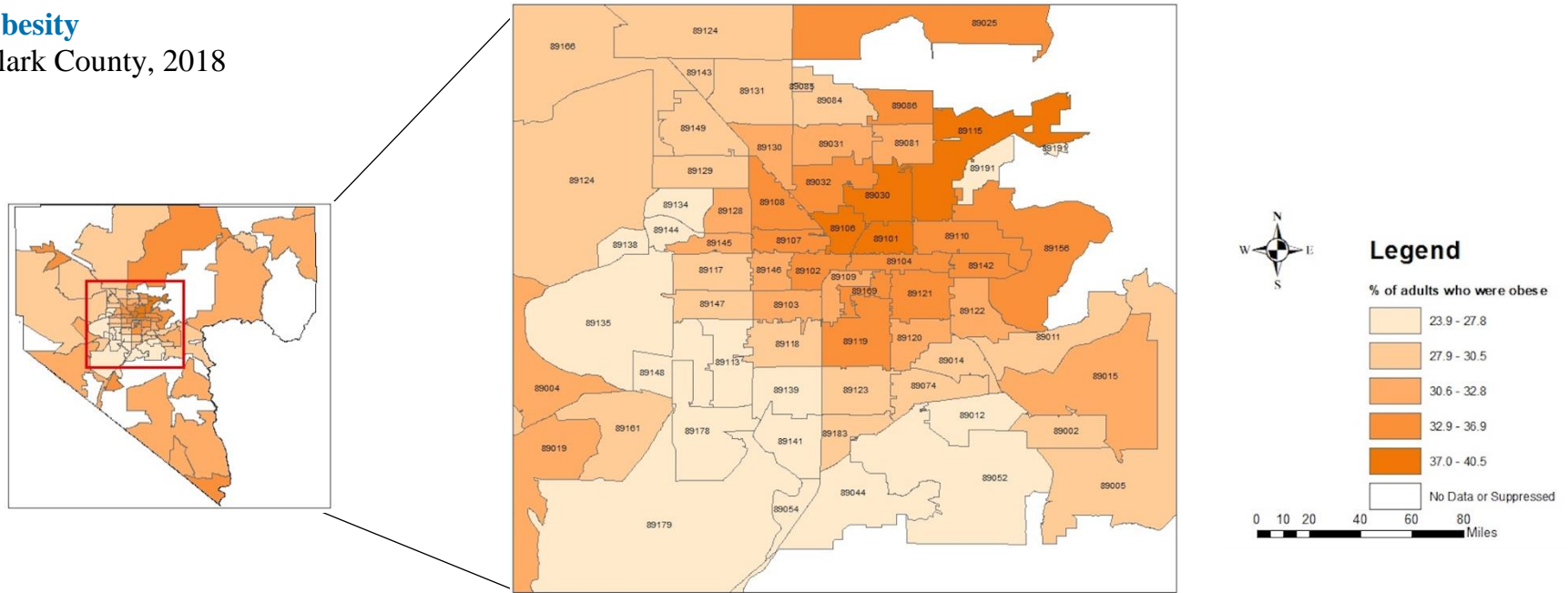


Obesity Prevalence by Sex Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Obesity
Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 29.2 | 89026 | 33.9 | 89074 | 28.3 | 89109 | 31 | 89128 | 30.8 | 89145 | 31.1 |
| 89004 | 31.5 | 89027 | 30.6 | 89081 | 32.1 | 89110 | 35.9 | 89129 | 29.8 | 89146 | 32 |
| 89005 | 29.1 | 89029 | 33.5 | 89084 | 28.9 | 89113 | 27.4 | 89130 | 30.7 | 89147 | 29.5 |
| 89007 | 31.3 | 89030 | 40.4 | 89085 | 29.6 | 89115 | 38.4 | 89131 | 29.2 | 89148 | 26.8 |
| 89011 | 30.1 | 89031 | 32.6 | 89086 | 33.2 | 89117 | 29.2 | 89134 | 25.7 | 89149 | 28.4 |
| 89012 | 27.8 | 89032 | 34.4 | 89101 | 40.1 | 89118 | 30.2 | 89135 | 26.6 | 89156 | 34.9 |
| 89014 | 29.7 | 89039 | 32.8 | 89102 | 35.4 | 89119 | 34.2 | 89138 | 26.2 | 89161 | 30.5 |
| 89015 | 32.4 | 89040 | 30.7 | 89103 | 32.6 | 89120 | 31.9 | 89139 | 26.3 | 89166 | 29.3 |
| 89018 | 33.4 | 89044 | 26.6 | 89104 | 35.7 | 89121 | 34.3 | 89141 | 27.6 | 89169 | 36.9 |
| 89019 | 30.8 | 89046 | 32.8 | 89106 | 40.5 | 89122 | 32.6 | 89142 | 33.4 | 89178 | 26.6 |
| 89021 | 29.8 | 89052 | 27.4 | 89107 | 35.2 | 89123 | 29.1 | 89143 | 29 | 89179 | 25.1 |
| 89025 | 33.9 | 89054 | 27.5 | 89108 | 34.3 | 89124 | 30.3 | 89144 | 27.4 | 89183 | 28.7 |
| | | | | | | | | | | 89191 | 23.9 |

* No Data or Suppressed

DIABETES

Summary

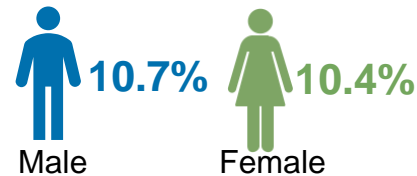
Diabetes is a chronic health condition that affects how a human body turns food into energy. Type 1 diabetes occurs when a person's autoimmune system stops making insulin. Type 2 diabetes occurs when a body does not use insulin well and is challenged to regulate blood sugar due to too much sugar circulating in the blood stream. Gestational diabetes develops in pregnant women who have never had diabetes. This health indicator is measured among adults aged 18 years and older who report had ever been told by a doctor, nurse, or other health professional that they have diabetes other than during pregnancy.

Why is it important?

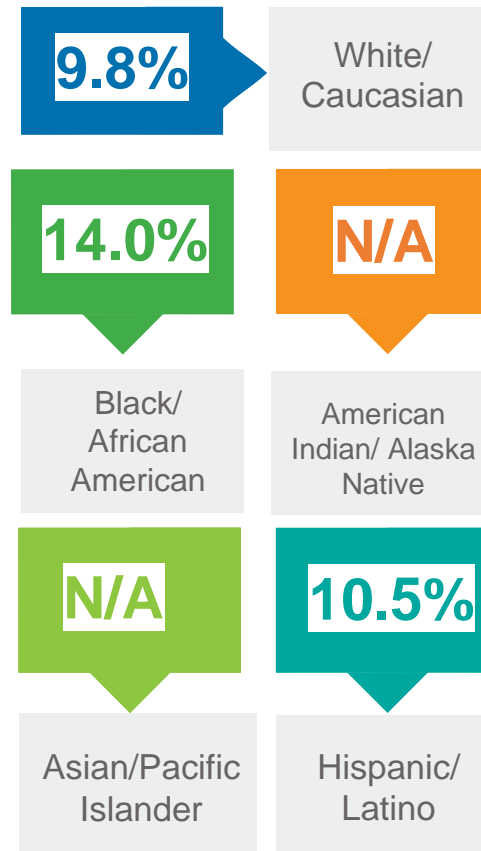
Diabetes is a chronic disease that occurs when not enough insulin is produced or when the individual's body does not use insulin effectively. Over time, diabetes can contribute to other serious health problems like heart disease, vision loss, and kidney disease. While there is no cure for diabetes, lifestyle changes such as losing weight, eating healthy food, being active, taking medication as needed, keeping up with health care appointments and participating in a diabetes self-management and education classes can help reduce risk and support people living with diabetes.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

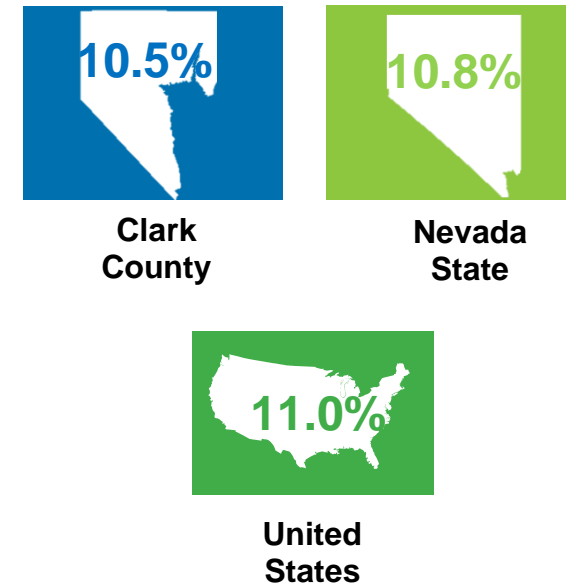
Diabetes by Sex Clark County, 2018



Diabetes by Race/Ethnicity Clark County, 2018



Diabetes Prevalence Comparison 2018

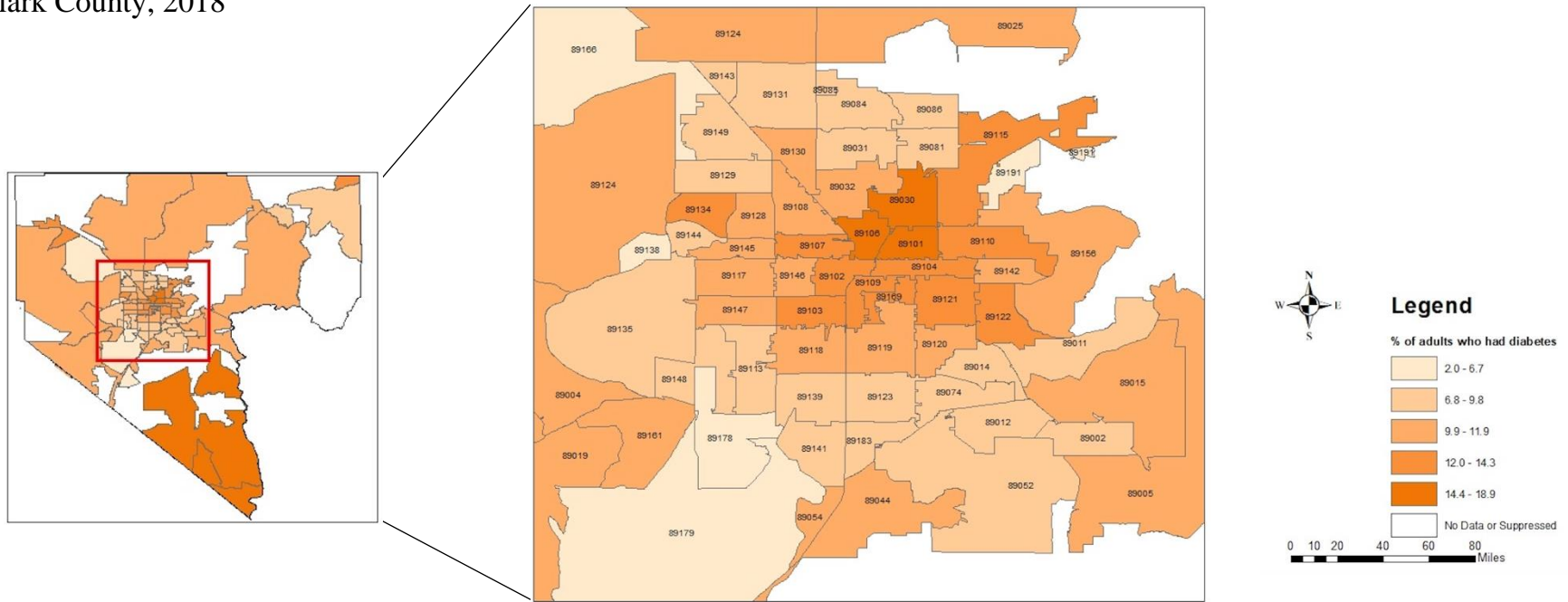


How are we doing?

In 2018, 10.5% of Clark County adults had diabetes. This was slightly lower than the national rate of 11.0% and the state rate of 10.8%. With the available data, diabetes was most prevalent among people who identify themselves as non-Hispanic Black/African American (14%). Due to low sample size, rates for American Indian/Alaska Native and Asian/Pacific Islander were suppressed. The ZIP codes with the highest diabetes prevalence were 89029, 89039, 89046, 89101, and 89106.

Diabetes

Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 8.3 | 89026 | 5.8 | 89074 | 9 | 89109 | 12.5 | 89128 | 10.3 | 89145 | 10.8 |
| 89004 | 11.4 | 89027 | 13.3 | 89081 | 8.6 | 89110 | 12.8 | 89129 | 9.1 | 89146 | 11.9 |
| 89005 | 11.5 | 89029 | 16.4 | 89084 | 9.1 | 89113 | 9 | 89130 | 10.3 | 89147 | 10.8 |
| 89007 | 9.4 | 89030 | 14.9 | 89085 | 7.7 | 89115 | 12.2 | 89131 | 8 | 89148 | 7.6 |
| 89011 | 8.9 | 89031 | 9.7 | 89086 | 8 | 89117 | 10.2 | 89134 | 13.3 | 89149 | 7.7 |
| 89012 | 9.6 | 89032 | 11.5 | 89101 | 15.1 | 89118 | 10.2 | 89135 | 9.5 | 89156 | 11.8 |
| 89014 | 9 | 89039 | 18.9 | 89102 | 13.8 | 89119 | 11.9 | 89138 | 6.6 | 89161 | 10.4 |
| 89015 | 11.3 | 89040 | 11.8 | 89103 | 12.4 | 89120 | 11.5 | 89139 | 7.7 | 89166 | 5.7 |
| 89018 | 12.7 | 89044 | 10.9 | 89104 | 14.3 | 89121 | 13.4 | 89141 | 7.3 | 89169 | 14 |
| 89019 | 11.8 | 89046 | 16.4 | 89106 | 16.1 | 89122 | 12.4 | 89142 | 11.4 | 89178 | 6.7 |
| 89021 | 8.9 | 89052 | 9.8 | 89107 | 13.4 | 89123 | 9.3 | 89143 | 7.2 | 89179 | 5.6 |
| 89025 | 11.2 | 89054 | 10.5 | 89108 | 11.7 | 89124 | 11.2 | 89144 | 8.5 | 89183 | 7.7 |
| | | | | | | | | | | 89191 | 2 |

* No Data or Suppressed

HYPERTENSION (HIGH BLOOD PRESSURE)

Summary

Hypertension (high blood pressure) is defined as a health condition where the pressure of the blood forced against the walls of the blood vessels is consistently too high. Hypertension can lead to stroke and heart disease if left untreated. High blood pressure is common as tens of millions of US adults have been diagnosed with high blood pressure.

Why is it important?

Hypertension commonly has no symptoms, so regular measurement is important. Prevention and management of hypertension is possible through lifestyle changes such as decrease of salt intake, increase physical activity, managing other health conditions such as diabetes, and taking medication as prescribed.

Hypertension Prevalence Comparison 2018

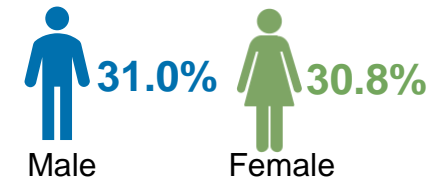


How are we doing?

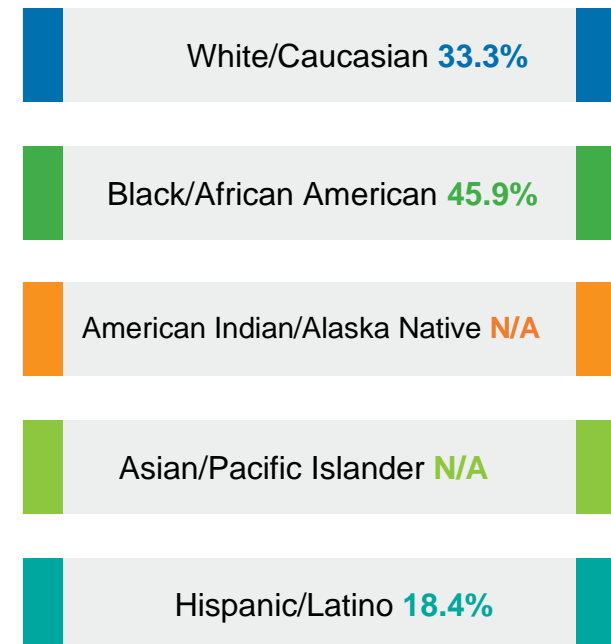
In 2018, 30.9% of Clark County adults had hypertension, which was lower than the state average of 32.8% as well as the national average of 32.3%. With the available data, hypertension was most prevalent among males (31%) and non-Hispanic Black/African American's (45.9%). Due to low sample size, rates for American Indian/Alaska Native and Asian/Pacific Islander were suppressed. ZIP codes with the highest hypertension prevalence rates were 89027, 89029, 89039, 89046, and 89134.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

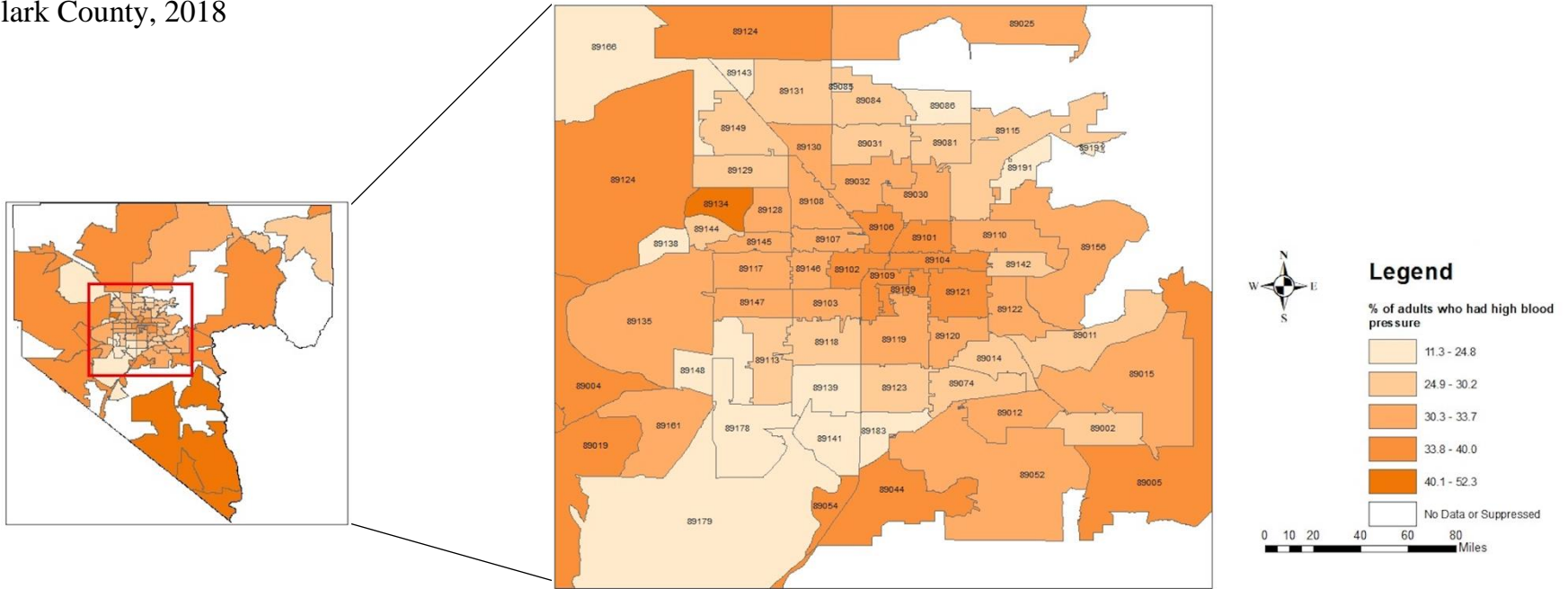
Hypertension Prevalence by Sex Clark County, 2018



Hypertension Prevalence by Race/Ethnicity Clark County, 2018



High Blood Pressure Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 27.9 | 89026 | 20.6 | 89074 | 29.7 | 89109 | 34.6 | 89128 | 31.6 | 89145 | 32.5 |
| 89004 | 35.7 | 89027 | 40 | 89081 | 26.1 | 89110 | 31.1 | 89129 | 29 | 89146 | 32.9 |
| 89005 | 37.5 | 89029 | 44.8 | 89084 | 28.6 | 89113 | 27.7 | 89130 | 31.9 | 89147 | 31 |
| 89007 | 29 | 89030 | 33.7 | 89085 | 23.9 | 89115 | 30.2 | 89131 | 27.2 | 89148 | 23.6 |
| 89011 | 27.9 | 89031 | 28.8 | 89086 | 24.4 | 89117 | 31.1 | 89134 | 43.2 | 89149 | 26.6 |
| 89012 | 31.5 | 89032 | 32.1 | 89101 | 34.9 | 89118 | 29.9 | 89135 | 31.3 | 89156 | 31.6 |
| 89014 | 28.4 | 89039 | 52.3 | 89102 | 34.2 | 89119 | 30.9 | 89138 | 22.8 | 89161 | 32.3 |
| 89015 | 32.9 | 89040 | 36.6 | 89103 | 33 | 89120 | 32.9 | 89139 | 23.3 | 89166 | 21.6 |
| 89018 | 37 | 89044 | 34.8 | 89104 | 34.8 | 89121 | 35.3 | 89141 | 23.6 | 89169 | 34.5 |
| 89019 | 34.6 | 89046 | 46.2 | 89106 | 38.3 | 89122 | 32.9 | 89142 | 28.9 | 89178 | 21.2 |
| 89021 | 29.6 | 89052 | 31.7 | 89107 | 33.5 | 89123 | 28.5 | 89143 | 24.8 | 89179 | 19.3 |
| 89025 | 30.3 | 89054 | 34.2 | 89108 | 32 | 89124 | 35.6 | 89144 | 28.4 | 89183 | 23.8 |
| | | | | | | | | | | 89191 | 11.3 |

* No Data or Suppressed

CANCER

Summary

Cancer is where an abnormal number of malignant cells uncontrollably divide and spread to different parts in the body. Cancer is not just one disease, but more than 100 kinds of diseases. Understanding risk factors for cancer can help to lower the risk for cancer and support early detection.

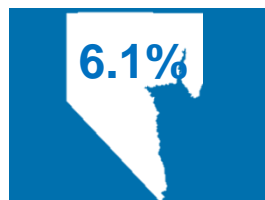
Why is it important?

With a disease as diverse as cancer, there are many ways to reduce risk, including getting regular screening tests, vaccines, and making healthy choices like maintaining a healthy weight, avoiding tobacco, limiting alcohol, eating a healthy diet, and being physically active. Education and advocacy opportunities for policies, programs, and services can increase access to screening and improve awareness in the community to check for cancer on a regular basis. Preventive tools and resources can also be made available for all community members.

How are we doing?

In Clark County, 6.1% of adults had cancer (other than skin cancer) in 2018. This is slightly higher than Nevada states rate of 6.4% and the national rate of 7.1%. The rates in Clark County were highest among people who identified themselves as female at 7.6% compared to males with 4.6%. With the available data, rates were highest among people who identify as Non-Hispanic White/Caucasian (10.1%). Due to low sample size, rates for American Indian/Alaska Native and Asian/Pacific Islander were suppressed. ZIP codes with the highest all-cancer prevalence rates include 89027, 89029, 89039, 89046, and 89134.

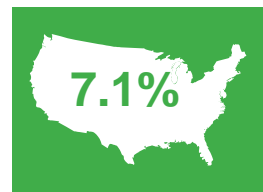
Cancer Prevalence Rate Comparison , 2018



Clark County

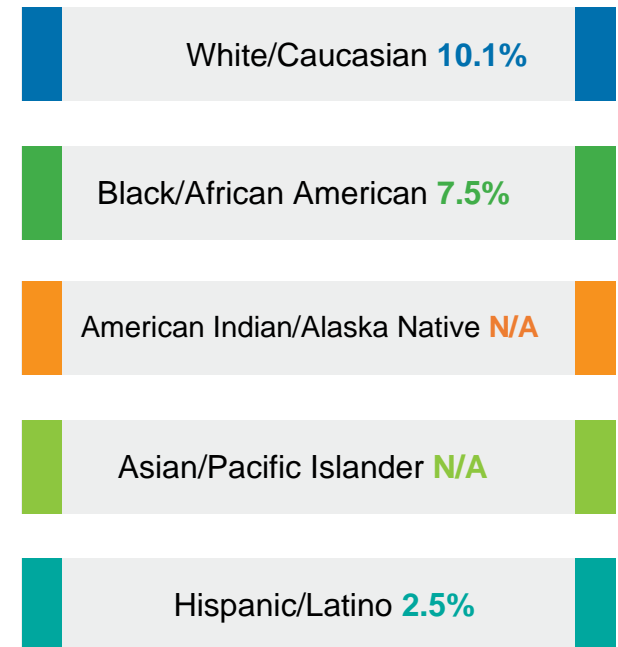


Nevada State



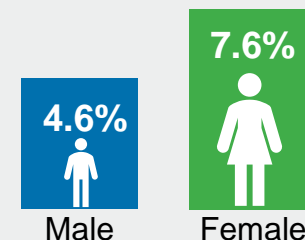
United States

Cancer Prevalence by Race/Ethnicity Clark County, 2018

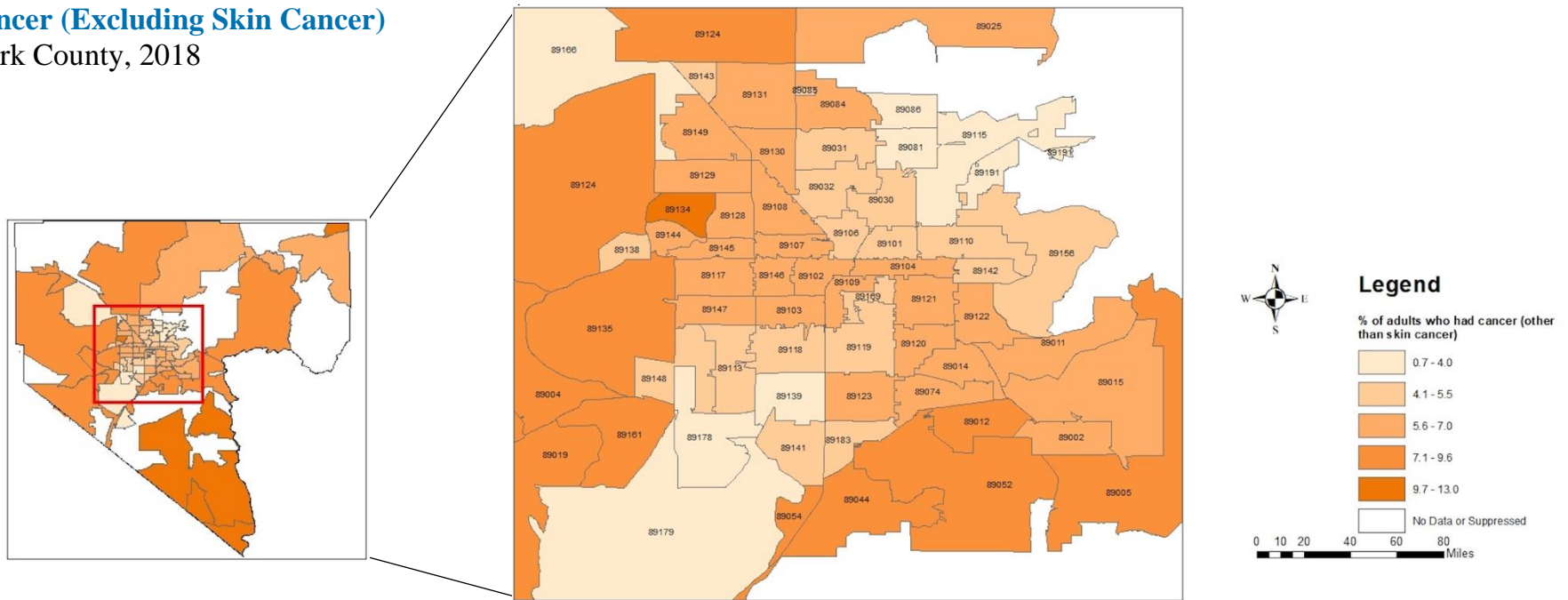


Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Cancer Prevalence by Sex Clark County, 2018



Cancer (Excluding Skin Cancer) Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|-----|-------|------|-------|-----|-------|-----|-------|------|-------|-----|
| 89002 | 6.1 | 89026 | 3.5 | 89074 | 6.6 | 89109 | 7 | 89128 | 6.5 | 89145 | 6.8 |
| 89004 | 8.3 | 89027 | 9.9 | 89081 | 3.9 | 89110 | 4.9 | 89129 | 6 | 89146 | 6.3 |
| 89005 | 9.6 | 89029 | 10.1 | 89084 | 5.9 | 89113 | 5.4 | 89130 | 6.9 | 89147 | 5.9 |
| 89007 | 6 | 89030 | 4.4 | 89085 | 4.4 | 89115 | 3.9 | 89131 | 5.8 | 89148 | 4.2 |
| 89011 | 5.6 | 89031 | 5 | 89086 | 3.5 | 89117 | 6.5 | 89134 | 12.7 | 89149 | 5.7 |
| 89012 | 7.7 | 89032 | 5.2 | 89101 | 4.6 | 89118 | 5.5 | 89135 | 7.6 | 89156 | 5.3 |
| 89014 | 5.8 | 89039 | 13 | 89102 | 5.9 | 89119 | 5 | 89138 | 4.9 | 89161 | 7.5 |
| 89015 | 6.8 | 89040 | 8.8 | 89103 | 6 | 89120 | 6.7 | 89139 | 4 | 89166 | 3.1 |
| 89018 | 7.5 | 89044 | 8.5 | 89104 | 5.9 | 89121 | 6.8 | 89141 | 4.5 | 89169 | 5.4 |
| 89019 | 7.8 | 89046 | 11 | 89106 | 5.2 | 89122 | 6.2 | 89142 | 4.6 | 89178 | 3.7 |
| 89021 | 6.9 | 89052 | 7.6 | 89107 | 6.1 | 89123 | 5.8 | 89143 | 5 | 89179 | 3.3 |
| 89025 | 5.8 | 89054 | 8.9 | 89108 | 5.6 | 89124 | 8.1 | 89144 | 6.5 | 89183 | 4.2 |
| | | | | | | | | | | 89191 | 0.7 |

* No Data or Suppressed

CORONARY HEART DISEASE

Summary

Heart disease is a range of conditions that impact the heart which include coronary artery disease, the most common type of heart disease. Its impact on the heart and blood vessels in the body can cause a heart attack or stroke. It is the leading cause of death in the United States.

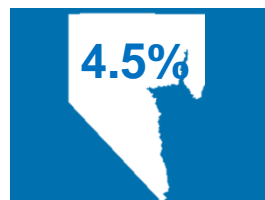
Why is it important?

Risk factors such as high blood pressure, high blood cholesterol, and smoking contribute to the development of heart disease. Lifestyle choices and other medical conditions, such as diabetes, obesity, and excessive alcohol use can also put people at a higher risk for developing heart disease.

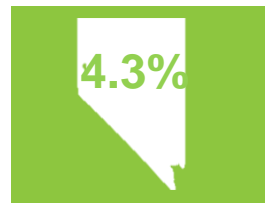
How are we doing?

Coronary heart disease is the leading cause of death in Clark County. In 2018, the prevalence rate for coronary heart disease was 4.5% in Clark County, which is slightly higher than Nevada state and national average, both being 4.3%. The rate for heart disease was higher in males (6.0%) than females (2.9%). With the available data, prevalence of heart disease was highest among people who identify themselves as non-Hispanic White/Caucasian (6.1%). ZIP codes with the highest prevalence of coronary heart disease were 89027, 89029, 89039, 89046, and 89134.

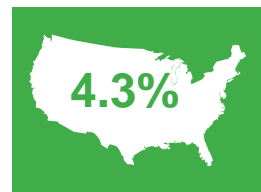
Heart Disease Prevalence Comparison, 2018



Clark County

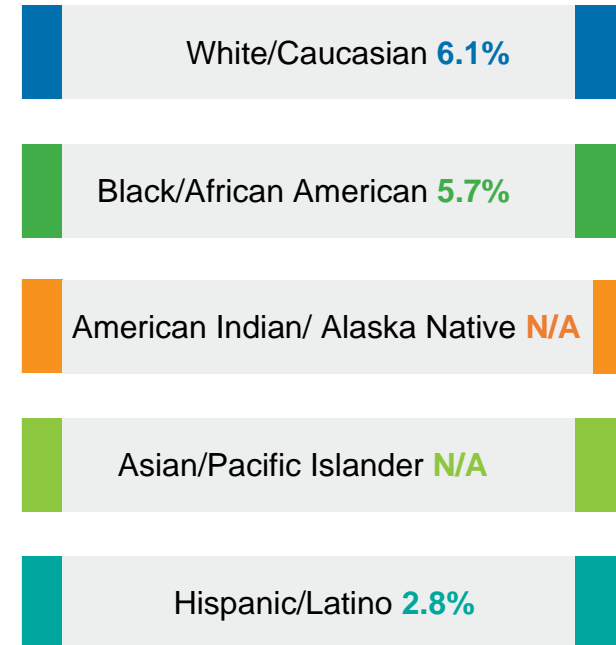


Nevada State



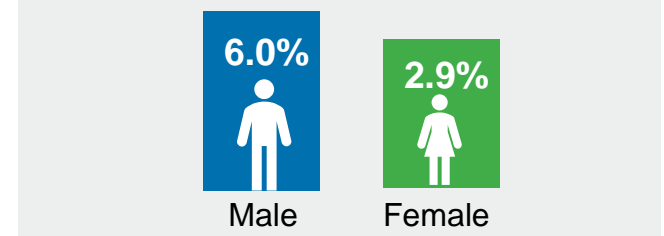
United States

Heart Disease Prevalence by Race/Ethnicity Clark County, 2018

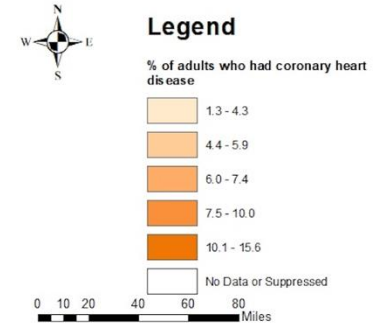
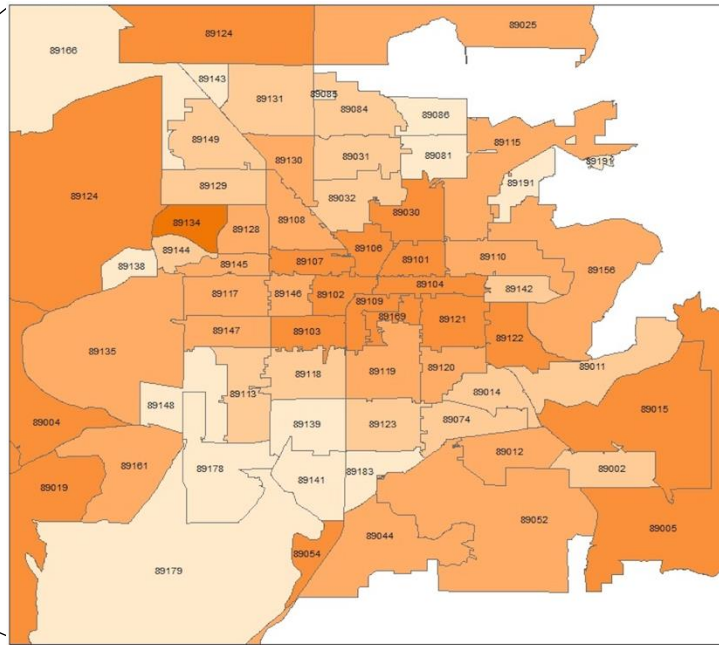
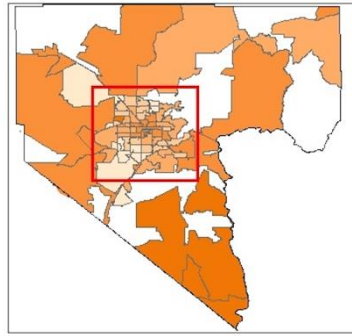


Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Heart Disease Prevalence by Sex Clark County, 2018



Coronary Heart Disease Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|-----|-------|------|-------|-----|-------|-----|-------|------|-------|-----|
| 89002 | 5.4 | 89026 | 2.4 | 89074 | 5.8 | 89109 | 8.3 | 89128 | 6.4 | 89145 | 6.9 |
| 89004 | 8 | 89027 | 10 | 89081 | 4.3 | 89110 | 6.9 | 89129 | 5.5 | 89146 | 7.3 |
| 89005 | 9.2 | 89029 | 12.3 | 89084 | 5.2 | 89113 | 5.1 | 89130 | 6.5 | 89147 | 6.3 |
| 89007 | 6.1 | 89030 | 7.5 | 89085 | 4 | 89115 | 6.1 | 89131 | 4.8 | 89148 | 3.9 |
| 89011 | 5.4 | 89031 | 5.2 | 89086 | 3.8 | 89117 | 6.3 | 89134 | 10.9 | 89149 | 4.7 |
| 89012 | 6.5 | 89032 | 5.9 | 89101 | 8.4 | 89118 | 5.8 | 89135 | 6.2 | 89156 | 6.7 |
| 89014 | 5.6 | 89039 | 15.6 | 89102 | 8.2 | 89119 | 6.9 | 89138 | 3.7 | 89161 | 6.9 |
| 89015 | 7.6 | 89040 | 9.1 | 89103 | 7.6 | 89120 | 7.4 | 89139 | 3.8 | 89166 | 3.1 |
| 89018 | 9 | 89044 | 7 | 89104 | 8.5 | 89121 | 8.6 | 89141 | 3.9 | 89169 | 8.4 |
| 89019 | 7.8 | 89046 | 13.4 | 89106 | 8.1 | 89122 | 7.6 | 89142 | 5.9 | 89178 | 3.4 |
| 89021 | 6.3 | 89052 | 6.4 | 89107 | 8.3 | 89123 | 5.6 | 89143 | 4.1 | 89179 | 2.8 |
| 89025 | 6.7 | 89054 | 8 | 89108 | 6.9 | 89124 | 8.2 | 89144 | 5.3 | 89183 | 4 |
| | | | | | | | | | | 89191 | 1.3 |

* No Data or Suppressed

STROKE

Summary

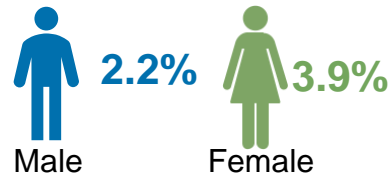
Stroke is a major cause of disability among US adults. Stroke is the rapid loss and interruption of blood supply in the brain that prevents the brain tissue from receiving oxygen. There are two types of stroke: ischemic and hemorrhagic. Ischemic stroke occurs when there is a blockage due to blood clots in the brain. A hemorrhagic stroke is when a blood vessel bursts within the brain.

Why is it important?

Some of the risk factors for stroke include hypertension as well as high blood pressure. Stroke is preventable as well as treatable. Smoking, high cholesterol and obesity are modifiable risk factors that can help to prevent stroke. Early intervention for stroke is essential; educating the public, spreading awareness, and providing outreach to communities can assist with early recognition and intervention for stroke.

Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

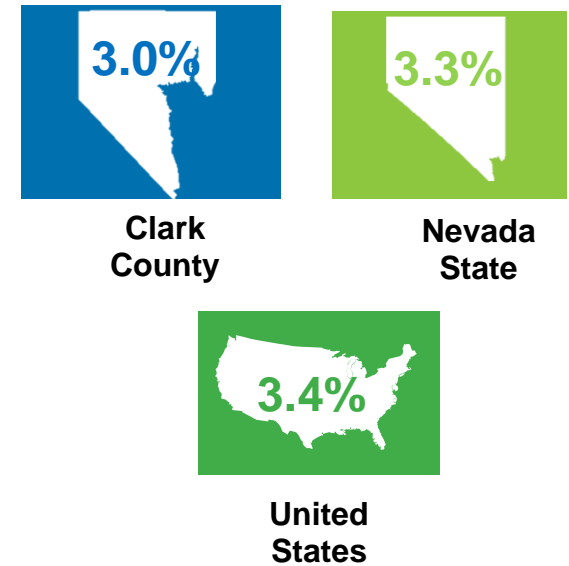
Stroke Prevalence by Sex, Clark County, 2018



Stroke Prevalence by Race/Ethnicity, Clark County, 2018



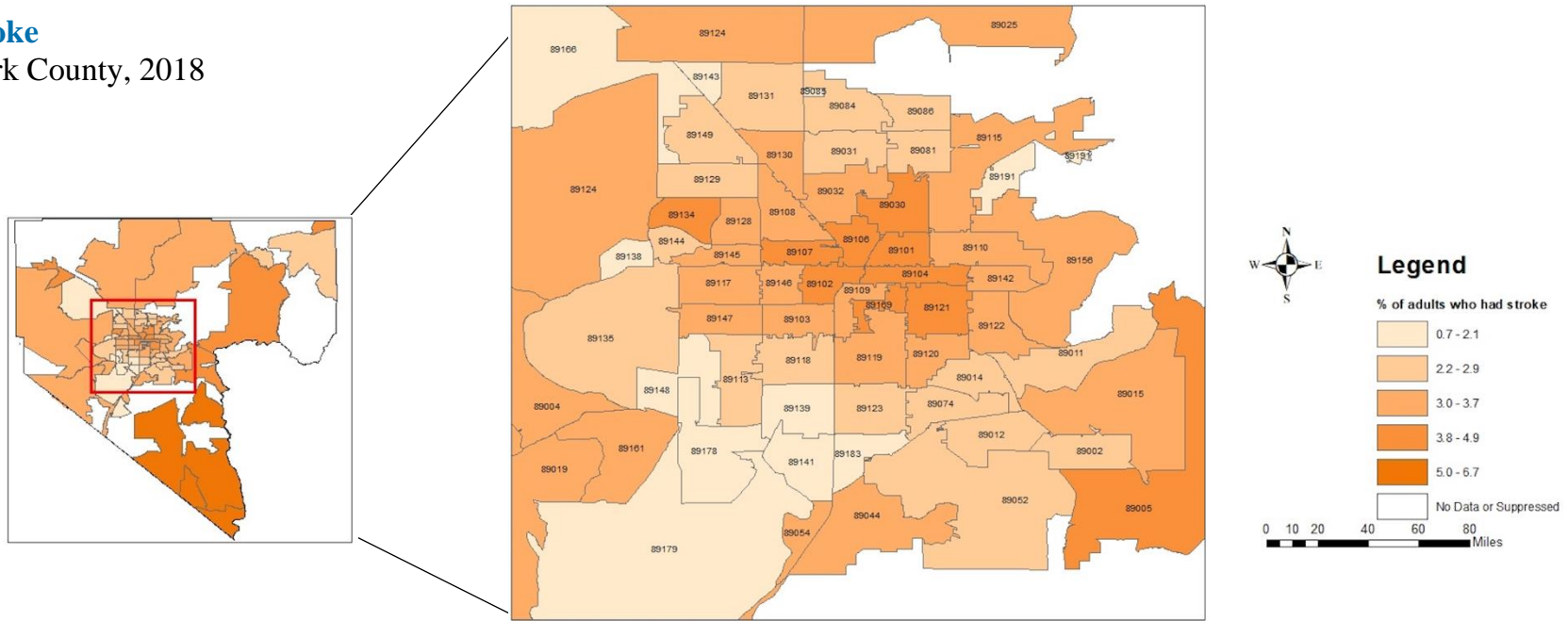
Stroke Prevalence Comparison 2018



How are we doing?

During 2018 in Clark County, the stroke prevalence rate was 3.0%, which was slightly lower than the state rate of 3.3% and the national rate of 3.4%. With the available data for people identifying themselves as non-Hispanic White/Caucasian, 4.4% was the stroke prevalence in 2018. Due to low sample size, rates for Black/African American, American Indian/Alaska Native, Asian/Pacific Islander, and Hispanic/Latino were suppressed. ZIP codes with the highest prevalence of stroke are 89018, 89029, 89039, 89046, and 89134.

Stroke
Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
| 89002 | 2.5 | 89026 | 1.8 | 89074 | 2.7 | 89109 | 3.7 | 89128 | 3.1 | 89145 | 3.3 |
| 89004 | 3.7 | 89027 | 4.3 | 89081 | 2.3 | 89110 | 3.5 | 89129 | 2.7 | 89146 | 3.5 |
| 89005 | 4 | 89029 | 5.4 | 89084 | 2.5 | 89113 | 2.4 | 89130 | 3.1 | 89147 | 3 |
| 89007 | 2.8 | 89030 | 4.2 | 89085 | 2.1 | 89115 | 3.3 | 89131 | 2.3 | 89148 | 1.9 |
| 89011 | 2.6 | 89031 | 2.7 | 89086 | 2.2 | 89117 | 3 | 89134 | 4.6 | 89149 | 2.2 |
| 89012 | 2.9 | 89032 | 3.3 | 89101 | 4.2 | 89118 | 2.8 | 89135 | 2.7 | 89156 | 3.4 |
| 89014 | 2.7 | 89039 | 6.7 | 89102 | 4 | 89119 | 3.4 | 89138 | 1.7 | 89161 | 3.2 |
| 89015 | 3.6 | 89040 | 4 | 89103 | 3.6 | 89120 | 3.5 | 89139 | 1.9 | 89166 | 1.6 |
| 89018 | 4.2 | 89044 | 3 | 89104 | 4.1 | 89121 | 4.1 | 89141 | 1.9 | 89169 | 4.1 |
| 89019 | 3.5 | 89046 | 5.8 | 89106 | 4.9 | 89122 | 3.6 | 89142 | 3 | 89178 | 1.7 |
| 89021 | 2.8 | 89052 | 2.8 | 89107 | 4 | 89123 | 2.6 | 89143 | 2 | 89179 | 1.4 |
| 89025 | 3.3 | 89054 | 3.5 | 89108 | 3.5 | 89124 | 3.7 | 89144 | 2.4 | 89183 | 2 |
| | | | | | | | | | | 89191 | 0.7 |

* No Data or Suppressed

CHRONIC OBSTRUCTIVE PULMONARY DISEASE

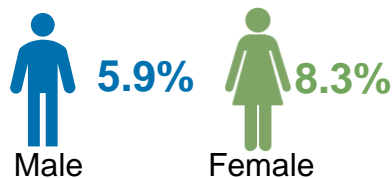
Summary

Chronic obstructive pulmonary disease (COPD) is a group of inflammatory lung diseases that restrict airflow from the lungs and cause breathing difficulties. It includes chronic bronchitis and emphysema.

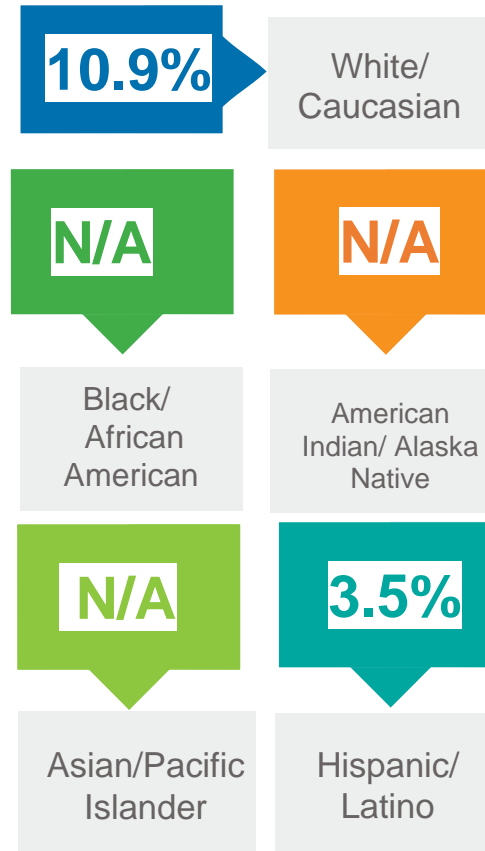
Why is it important?

Chronic obstructive pulmonary disease (COPD) is comprised primarily of chronic bronchitis and emphysema. Smoking, exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections all contribute to the development and progression of COPD. Treatment of COPD requires a careful and thorough evaluation by a physician and can be supported through quitting smoking and avoiding tobacco and other air pollutants at home or at work. This health indicator is measured among adults aged ≥ 18 who report having ever been told by a doctor, nurse, or other health professional that they had COPD, emphysema, or chronic bronchitis

Chronic Obstructive Pulmonary Disease Prevalence by Sex Clark County, 2018

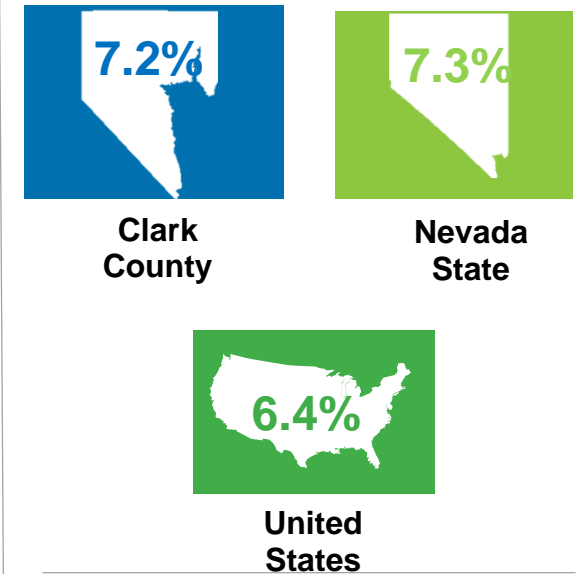


Chronic Obstructive Pulmonary Disease Prevalence by Race/Ethnicity Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Chronic Obstructive Pulmonary Disease Prevalence Comparison 2018

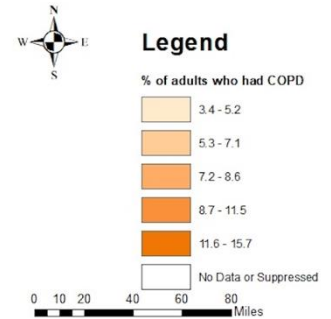
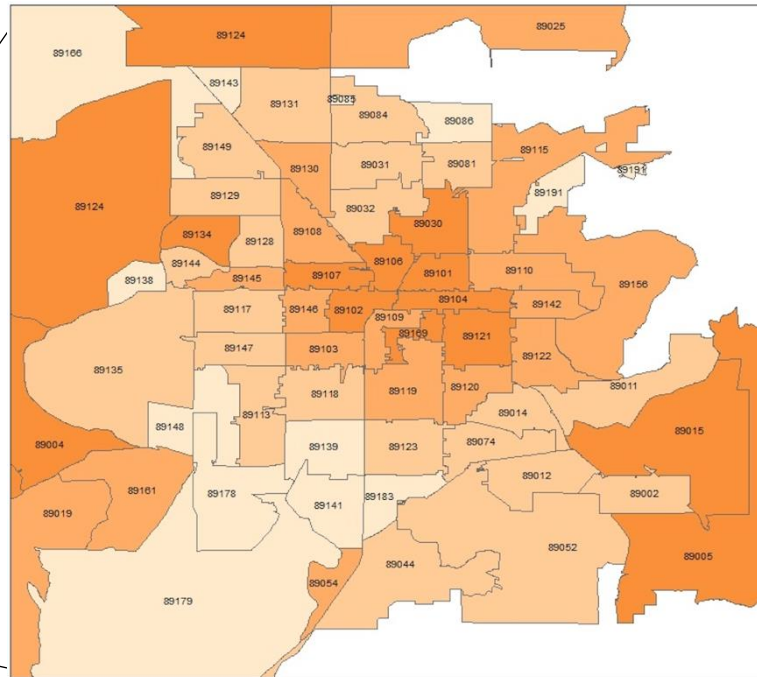
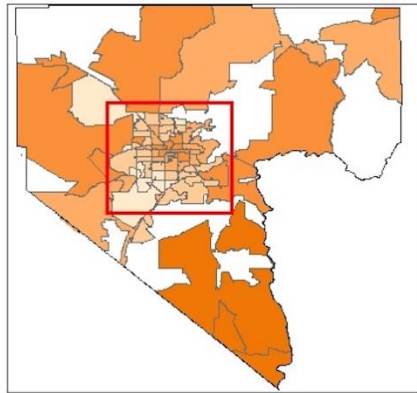


How are we doing?

Chronic obstructive pulmonary disease prevalence in Clark County was 7.2% in the year 2018. This was higher than the national prevalence of 6.4%. With the available data, COPD was most prevalent among people who identified themselves as female (8.3%) and non-Hispanic White/Caucasian (10.9%). Due to low sample size, rates for Black/African American, American Indian/Alaska Native and Asian/Pacific Islander were suppressed. ZIP codes with the highest COPD prevalence rates were 89004, 89018, 89027, 89039, and 89046.

Chronic Obstructive Pulmonary Disease

Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|-----|-------|-----|-------|-----|-------|-----|
| 89002 | 6.4 | 89026 | 6.5 | 89074 | 6.3 | 89109 | 8.1 | 89128 | 7 | 89145 | 7.8 |
| 89004 | 10.2 | 89027 | 10.1 | 89081 | 5.6 | 89110 | 8.3 | 89129 | 6.4 | 89146 | 8.2 |
| 89005 | 9 | 89029 | 13 | 89084 | 5.7 | 89113 | 5.6 | 89130 | 7.3 | 89147 | 7.1 |
| 89007 | 7.3 | 89030 | 9.2 | 89085 | 5.1 | 89115 | 8.2 | 89131 | 5.7 | 89148 | 4.6 |
| 89011 | 6.4 | 89031 | 6.4 | 89086 | 5.2 | 89117 | 6.9 | 89134 | 8.9 | 89149 | 5.6 |
| 89012 | 6.6 | 89032 | 7.1 | 89101 | 9.8 | 89118 | 6.7 | 89135 | 6 | 89156 | 8.3 |
| 89014 | 6.4 | 89039 | 15.7 | 89102 | 9 | 89119 | 8 | 89138 | 4.1 | 89161 | 8.1 |
| 89015 | 9 | 89040 | 9.7 | 89103 | 8.3 | 89120 | 8.2 | 89139 | 4.5 | 89166 | 3.9 |
| 89018 | 11.5 | 89044 | 6.6 | 89104 | 9.5 | 89121 | 9.6 | 89141 | 4.7 | 89169 | 9.6 |
| 89019 | 8.3 | 89046 | 13.9 | 89106 | 9.6 | 89122 | 8.6 | 89142 | 7.2 | 89178 | 4.2 |
| 89021 | 7.5 | 89052 | 6.4 | 89107 | 9.5 | 89123 | 6.3 | 89143 | 5 | 89179 | 3.5 |
| 89025 | 8.4 | 89054 | 8 | 89108 | 8.2 | 89124 | 9.3 | 89144 | 5.6 | 89183 | 5.1 |
| | | | | | | | | | | 89191 | 3.4 |

* No Data or Suppressed

CHRONIC KIDNEY DISEASE

Summary

Kidney disease is a condition where the kidneys are damaged and cannot filter blood as well as they should. This causes a buildup of excess fluid and waste in the blood and can lead to kidney disease. Other health consequences include anemia, increased occurrences of infections, and loss of appetite. Without treatment such as dialysis, chronic kidney disease can be life-threatening.

Why is it important?

Kidney diseases, including nephritis, nephrotic syndrome, and nephrosis are all considered a chronic disease and are preventable. Kidney disease can impact a person's life by developing conditions that can affect the blood, bones, nerves, and skin. While kidney disease has varying levels of seriousness, it usually gets worse over time. If left untreated kidney failure can occur and lead to cardiovascular disease. Getting tested, implementing lifestyle changes, and utilizing medicine as needed can reduce the risk of kidney disease.

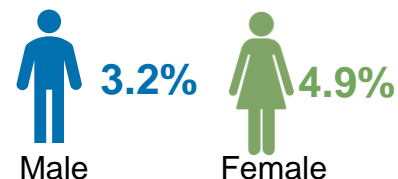
Kidney Disease Prevalence Comparison 2018



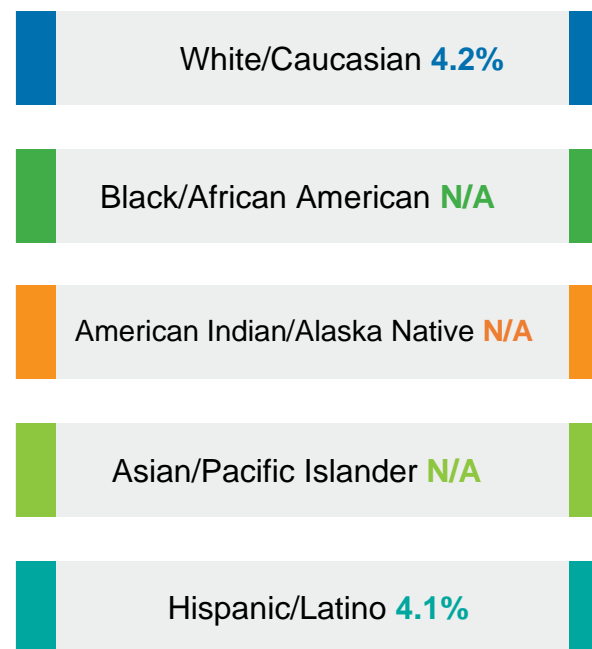
How are we doing?

Prevalence of chronic kidney disease in Clark County in 2018 was 4.0%, which was the same as the state's average and higher than the national average of 2.9%. Females had a higher prevalence of chronic kidney disease (4.9%) than males (3.2%). With the two groups available with data, individuals identifying themselves as non-Hispanic White/Caucasian had a prevalence of 4.2% while Hispanic/Latino was 4.1% in 2018. Due to low sample size, rates for Black/African American, American Indian/Alaska Native and Asian/Pacific Islander were suppressed. ZIP codes with the highest prevalence of chronic kidney disease were 89029, 89039, 89046, 89106, and 89134.

Kidney Disease Prevalence by Sex Clark County, 2018

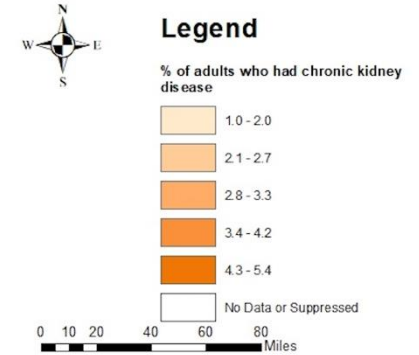
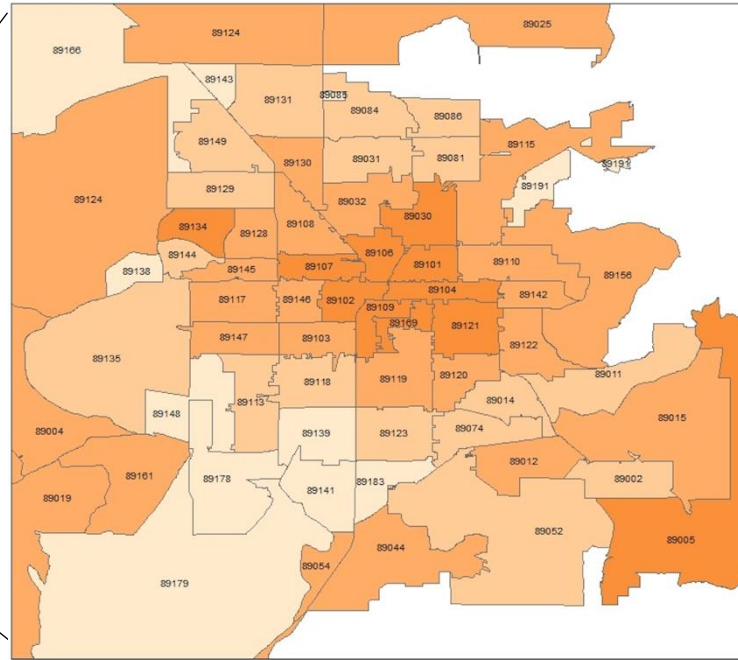
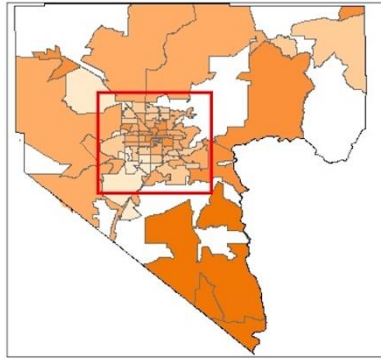


Kidney Disease Prevalence by Race/Ethnicity Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Chronic Kidney Disease Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|-------|-----|
| 89002 | 2.4 | 89026 | 1.7 | 89074 | 2.6 | 89109 | 3.4 | 89128 | 2.9 | 89145 | 3 |
| 89004 | 3.1 | 89027 | 3.8 | 89081 | 2.2 | 89110 | 3.3 | 89129 | 2.5 | 89146 | 3.2 |
| 89005 | 3.5 | 89029 | 4.6 | 89084 | 2.4 | 89113 | 2.3 | 89130 | 2.8 | 89147 | 2.8 |
| 89007 | 2.6 | 89030 | 3.8 | 89085 | 2 | 89115 | 3.1 | 89131 | 2.2 | 89148 | 1.9 |
| 89011 | 2.4 | 89031 | 2.5 | 89086 | 2.1 | 89117 | 2.8 | 89134 | 4.2 | 89149 | 2.2 |
| 89012 | 2.8 | 89032 | 2.9 | 89101 | 3.8 | 89118 | 2.6 | 89135 | 2.7 | 89156 | 3.1 |
| 89014 | 2.5 | 89039 | 5.4 | 89102 | 3.6 | 89119 | 3.1 | 89138 | 1.8 | 89161 | 2.9 |
| 89015 | 3.2 | 89040 | 3.5 | 89103 | 3.2 | 89120 | 3.2 | 89139 | 1.9 | 89166 | 1.6 |
| 89018 | 3.5 | 89044 | 2.9 | 89104 | 3.7 | 89121 | 3.6 | 89141 | 1.9 | 89169 | 3.6 |
| 89019 | 3.2 | 89046 | 4.7 | 89106 | 4 | 89122 | 3.3 | 89142 | 2.8 | 89178 | 1.7 |
| 89021 | 2.6 | 89052 | 2.7 | 89107 | 3.6 | 89123 | 2.5 | 89143 | 2 | 89179 | 1.5 |
| 89025 | 2.9 | 89054 | 3.2 | 89108 | 3.1 | 89124 | 3.1 | 89144 | 2.4 | 89183 | 2 |
| | | | | | | | | | | 89191 | 1 |

* No Data or Suppressed

CIGARETTE USE

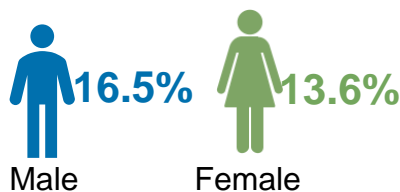
Summary

Cigarette use indicates adults who are current cigarette smokers, defined as adults aged ≥ 18 years, who reported having smoked ≥ 100 cigarettes in their lifetime and currently smoke every day or some days. In Clark County, 15% of adults aged ≥ 18 were smokers in 2018, which was slightly lower than the national prevalence of 16.1%

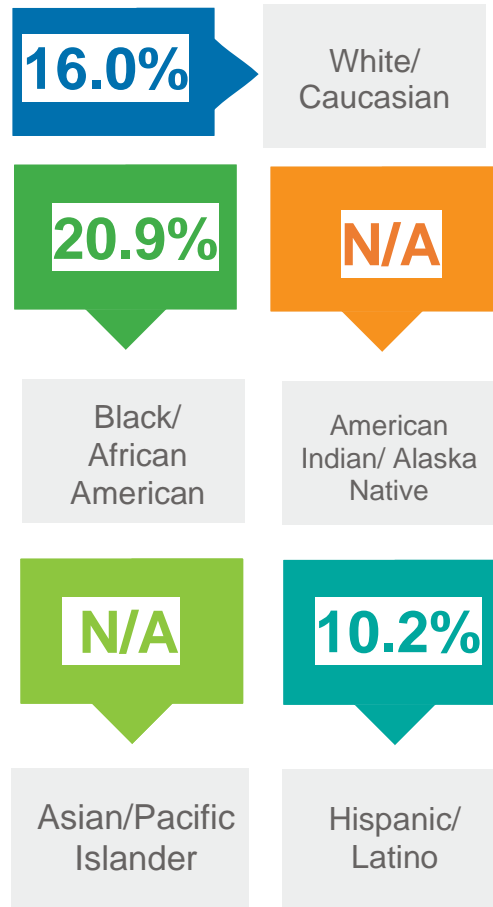
Why is it important?

Cigarette smoking remains the leading cause of preventable disease, disability, and death in the United States. Smoking leads to disease and disability and harms nearly every organ of the body. Smoking costs the United States hundreds of billions of dollars each year (CDC, 2018). Sales and use of non-cigarette tobacco products, such as smokeless tobacco, hookah, and cigars have remained constant or even increased. Meanwhile, youth use of electronic cigarettes is skyrocketing. All tobacco products are harmful to health and use of any tobacco product subverts a community's tobacco-free norm.

Cigarette Use by Sex Clark County, 2018

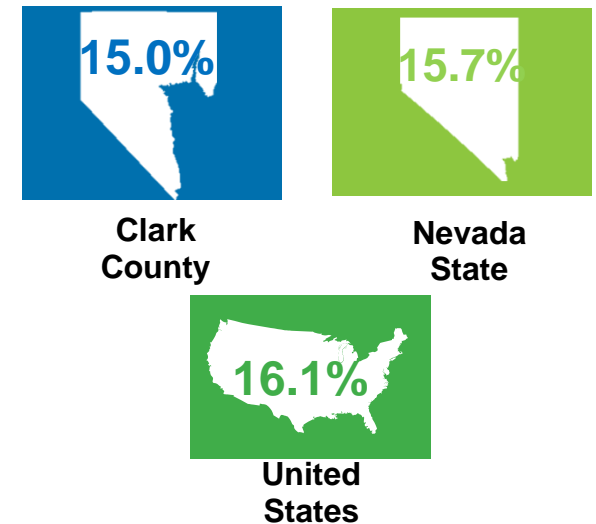


Cigarette Use by Race/Ethnicity Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

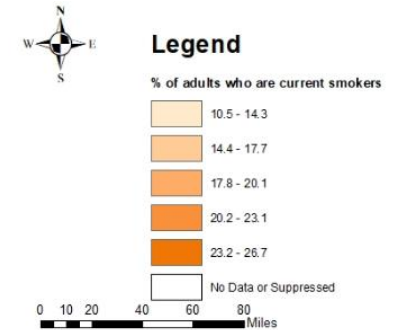
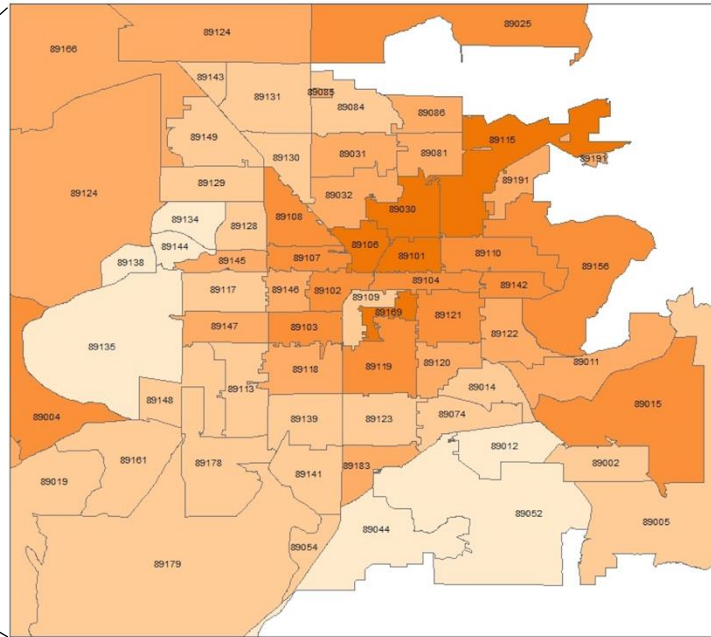
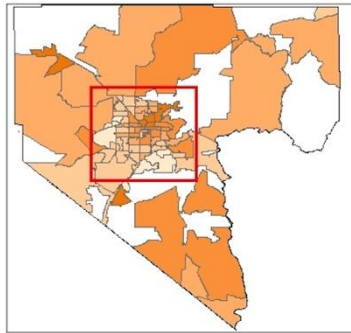
Cigarette Use Comparison 2018



How are we doing?

15% of adults in Clark County were identified as current smokers (cigarette use) in 2018. This is lower when compared to the state and national level. With the available data, rates were highest among individuals who identified as non-Hispanic Black/African American (20.9%) and were the lowest for individuals who identified as Hispanic/Latino at 10.2%. Due to low sample size, rates for Asian/Pacific Islander and American Indian/Alaska native were suppressed. Prevalence of tobacco use was 16.5% among males and 13.6% among females. ZIP codes with the highest percent of adults who are current smokers were 89018, 89030, 89101, 89106, and 89115.

Adults Who are Current Smokers Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Access [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 17.3 | 89026 | 26 | 89074 | 15.5 | 89109 | 17.7 | 89128 | 17.2 | 89145 | 18 |
| 89004 | 21 | 89027 | 16 | 89081 | 20.1 | 89110 | 22.3 | 89129 | 17.1 | 89146 | 19.6 |
| 89005 | 15.6 | 89029 | 20.1 | 89084 | 15.8 | 89113 | 16.8 | 89130 | 17.5 | 89147 | 18.4 |
| 89007 | 19.6 | 89030 | 25.7 | 89085 | 18.3 | 89115 | 25.4 | 89131 | 16.5 | 89148 | 16.9 |
| 89011 | 18.2 | 89031 | 19.4 | 89086 | 19.9 | 89117 | 16.8 | 89134 | 10.5 | 89149 | 16.2 |
| 89012 | 14.3 | 89032 | 20 | 89101 | 26.7 | 89118 | 18.9 | 89135 | 13 | 89156 | 21.9 |
| 89014 | 17.3 | 89039 | 18.7 | 89102 | 21.8 | 89119 | 21.8 | 89138 | 13.6 | 89161 | 17.5 |
| 89015 | 20.8 | 89040 | 18.4 | 89103 | 20.4 | 89120 | 18.6 | 89139 | 17.2 | 89166 | 18.7 |
| 89018 | 24.8 | 89044 | 12.7 | 89104 | 21.9 | 89121 | 21 | 89141 | 16.2 | 89169 | 24.3 |
| 89019 | 17.3 | 89046 | 20.6 | 89106 | 24.7 | 89122 | 19.8 | 89142 | 21 | 89178 | 17.5 |
| 89021 | 18.6 | 89052 | 13.8 | 89107 | 21.8 | 89123 | 17.1 | 89143 | 16.5 | 89179 | 16 |
| 89025 | 23.1 | 89054 | 15.1 | 89108 | 21.2 | 89124 | 18.8 | 89144 | 14.1 | 89183 | 18.3 |
| | | | | | | | | | | 89191 | 19.2 |

* No Data or Suppressed



Chapter 6 Leading Causes of Death

HEALTH INDICATORS

- All-Cause Mortality
- Heart Disease
- Cancer
- Unintentional Injuries
- Chronic Lower Respiratory Disease
- Stroke
- Heart Attack
- Alzheimer's Disease
- Diabetes
- Hypertension
- Breast Cancer
- Lung Cancer

ALL-CAUSE MORTALITY

Summary

All-cause mortality is the total number of deaths that occurred in Clark County between 2016 and 2018. The age-adjusted all-cause mortality rate for Clark County from 2016 to 2018 was 865.4 deaths per 100,000 males and 618.6 per 100,000 females.

Why is it important?

This indicator highlights the overall burden of disease and health outcomes within the community. Knowing the all-cause mortality rate provides a foundation for seeing how health indicators can be improved and what types of programs or policies should be implemented to decrease death within the population.

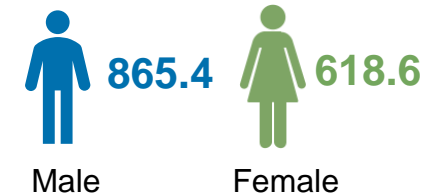
All-Cause Mortality Rates Comparison (Per 100,000 Population) 2016-2018



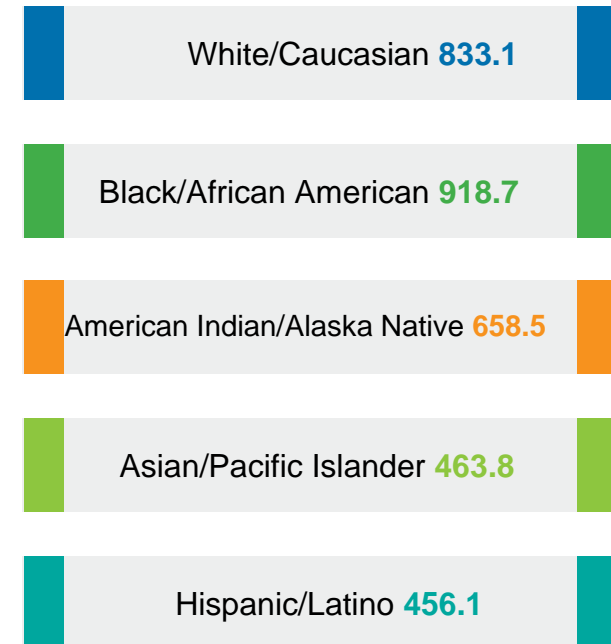
How are we doing?

The age-adjusted mortality rate for Clark County from 2016 to 2018 was 736.8 deaths per 100,000 people. This is slightly higher than the national rate of 728 deaths per 100,000 and lower than the state rate of 756.1 deaths per 100,000 residents. The top 10 causes of death in Clark County during 2016-2018 were: heart disease, cancer, chronic lower respiratory disease, unintentional injury, stroke, Alzheimer's disease, influenza and pneumonia, suicide, diabetes, and chronic liver disease and cirrhosis. Mortality rates were highest among people who identify as non-Hispanic Black/African American and male. Non-Hispanic/Latinos had a higher mortality rate than those who identify as Hispanic/Latino. The ZIP codes with the highest all-cause mortality were 89101, 89019, 89046, 89109, and 89030.

All-Cause Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018

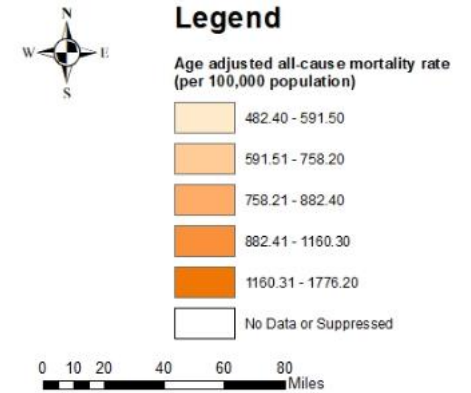
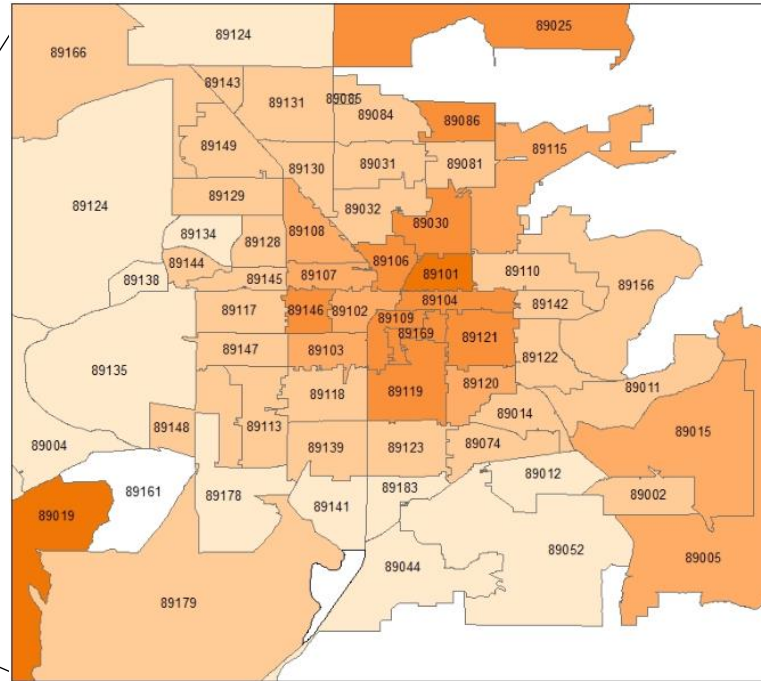
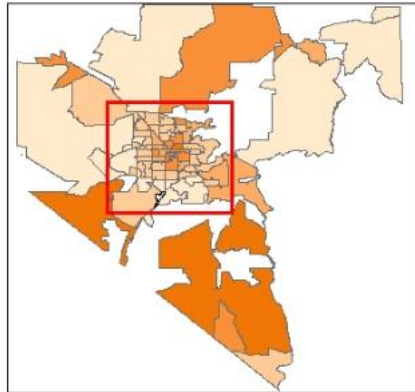


All-Cause Mortality Rates by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

All-Cause Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|--------|-------|--------|-------|--------|-------|--------|-------|-------|-------|-------|
| 89002 | 664.7 | 89026 | * | 89074 | 644.8 | 89109 | 1100.2 | 89128 | 724.1 | 89145 | 711.5 |
| 89004 | 533 | 89027 | 482.5 | 89081 | 745.2 | 89110 | 721.9 | 89129 | 695.1 | 89146 | 944.6 |
| 89005 | 822.1 | 89029 | 734.6 | 89084 | 670.1 | 89113 | 648.7 | 89130 | 682.6 | 89147 | 667.9 |
| 89007 | 504.1 | 89030 | 1160.3 | 89085 | 666.6 | 89115 | 882.4 | 89131 | 709.9 | 89148 | 647.7 |
| 89011 | 655.8 | 89031 | 697.8 | 89086 | 1008.1 | 89117 | 747.1 | 89134 | 566.1 | 89149 | 735.1 |
| 89012 | 591.5 | 89032 | 747.1 | 89101 | 1426.2 | 89118 | 683.2 | 89135 | 505.6 | 89156 | 734.2 |
| 89014 | 699.1 | 89039 | 1027.8 | 89102 | 795.5 | 89119 | 937.5 | 89138 | 500 | 89161 | 421.9 |
| 89015 | 864.7 | 89040 | 482.4 | 89103 | 804.7 | 89120 | 797.8 | 89139 | 668.4 | 89166 | 727.6 |
| 89018 | 1082.5 | 89044 | 502.5 | 89104 | 1006.1 | 89121 | 938.3 | 89141 | 550.5 | 89169 | 971.5 |
| 89019 | 1344.6 | 89046 | 1776.2 | 89106 | 1049.4 | 89122 | 758.2 | 89142 | 706.7 | 89178 | 482.5 |
| 89021 | 831.3 | 89052 | 496.8 | 89107 | 836.7 | 89123 | 653.3 | 89143 | 644.5 | 89179 | 742.9 |
| 89025 | 980.9 | 89054 | * | 89108 | 806 | 89124 | 528.2 | 89144 | 615.6 | 89183 | 528.2 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

HEART DISEASE MORTALITY

Summary

Heart disease consists of multiple conditions that affect the heart, which can include coronary artery disease and its impact on the heart and blood vessels in the body. Heart disease is the leading cause of death for men and women. From 2016-2018, the death rates per 100,000 population were 261.2 and 152.7 for males and females, respectively.

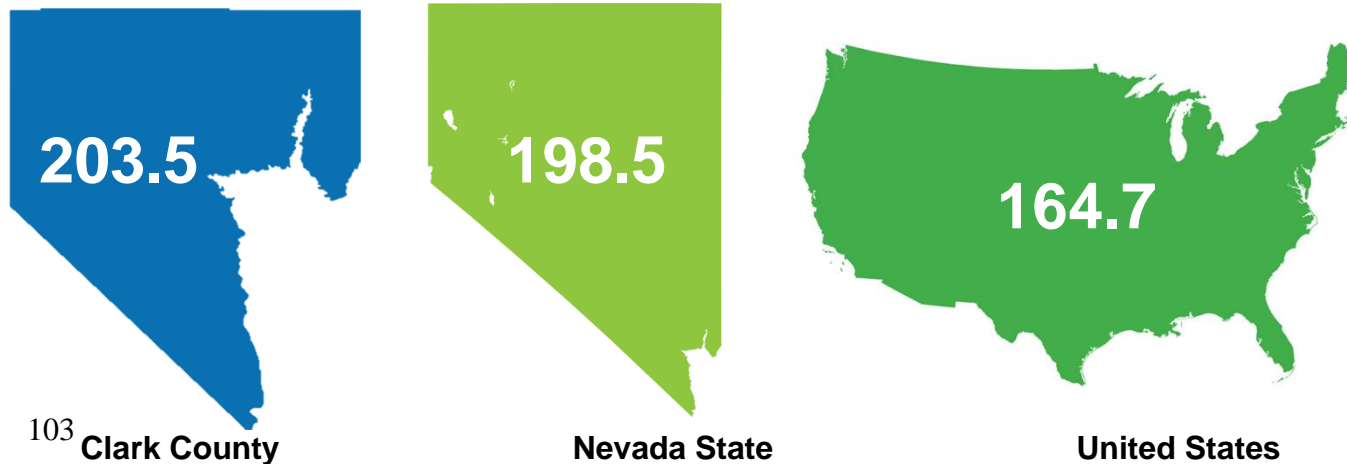
Why is it important?

Heart disease is an important health indicator as it is the leading cause of death for men and women among most racial and ethnic groups within the United States. Heart disease can be attributed to certain behavioral factors such as smoking as well as an unhealthy lifestyle lacking in physical activity and proper diet. The main causes of heart disease could be prevented with healthy lifestyle changes and access to medical care, among other strategies.

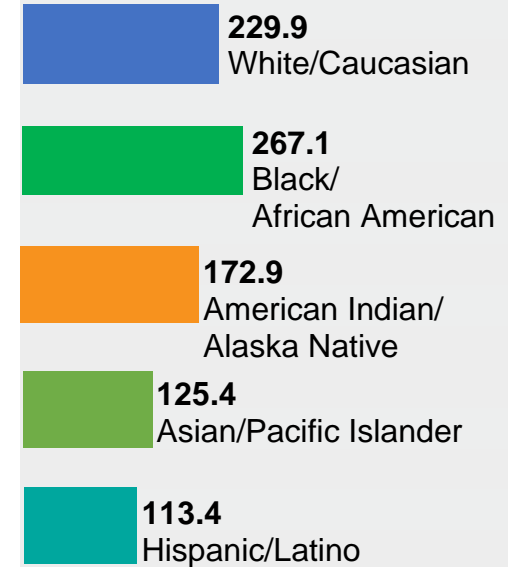
How are we doing?

From 2016-2018, the age-adjusted Clark County death rate due to heart disease was 15.5 deaths per 100,000 population, lower than the state and national age-adjusted rates. Rates were highest among people who identify as Black/African American, non-Hispanic and male. ZIP codes with the highest heart disease mortality rates were 89018, 89101, 89019, 89025, and 89086.

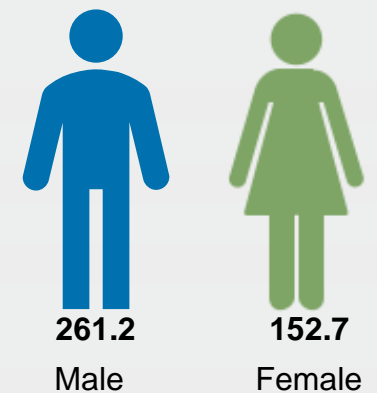
Heart Disease Mortality Rate Comparison,
(Per 100,000 Population), 2016-2018



Heart Disease Mortality Rates by Race/Ethnicity
(Per 100,000 Population)
Clark County, 2016-2018

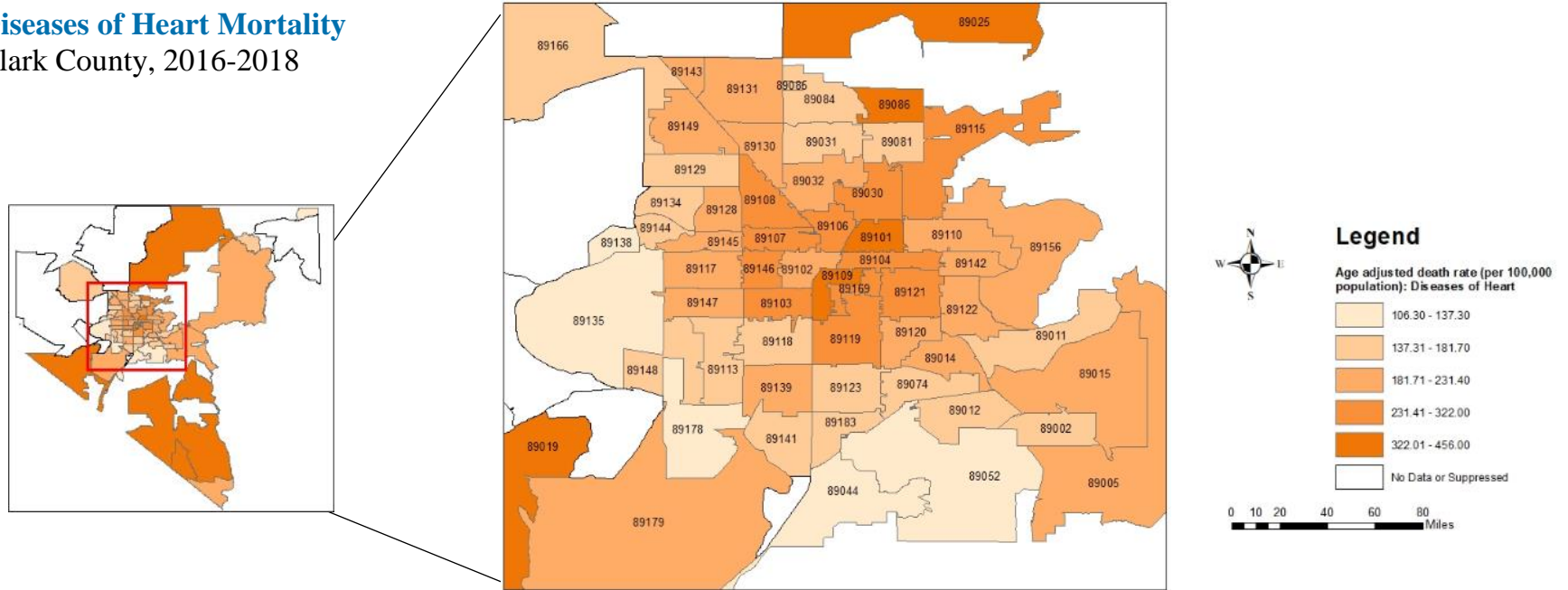


Heart Disease Mortality Rates by Sex
(Per 100,000 Population)
Clark County, 2016-2018



Data Source: CDC WONDER,
Underlying Cause of Death
2016-2018

Diseases of Heart Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 89002 | 177.9 | 89026 | * | 89074 | 170.7 | 89109 | 330.7 | 89128 | 209.5 | 89145 | 189.4 |
| 89004 | * | 89027 | 110.2 | 89081 | 161.7 | 89110 | 206.3 | 89129 | 176.4 | 89146 | 241.3 |
| 89005 | 202.6 | 89029 | 218.6 | 89084 | 161.7 | 89113 | 166.1 | 89130 | 187.7 | 89147 | 191.5 |
| 89007 | * | 89030 | 289.6 | 89085 | 169.9 | 89115 | 250 | 89131 | 204.5 | 89148 | 178.3 |
| 89011 | 178.5 | 89031 | 170.5 | 89086 | 382.2 | 89117 | 213.2 | 89134 | 158.8 | 89149 | 192 |
| 89012 | 157 | 89032 | 231.4 | 89101 | 456 | 89118 | 176 | 89135 | 129.2 | 89156 | 201.3 |
| 89014 | 197 | 89039 | 337.5 | 89102 | 226.9 | 89119 | 276.8 | 89138 | 117.7 | 89161 | * |
| 89015 | 230.3 | 89040 | 184.7 | 89103 | 256.7 | 89120 | 211.2 | 89139 | 196.1 | 89166 | 163.5 |
| 89018 | 492.8 | 89044 | 106.3 | 89104 | 322 | 89121 | 265.9 | 89141 | 156.6 | 89169 | 279.9 |
| 89019 | 419.5 | 89046 | 347.3 | 89106 | 311.9 | 89122 | 207.7 | 89142 | 185.9 | 89178 | 137.3 |
| 89021 | 149.9 | 89052 | 126.4 | 89107 | 242.8 | 89123 | 181.7 | 89143 | 196.9 | 89179 | 188.3 |
| 89025 | 387.5 | 89054 | * | 89108 | 241.4 | 89124 | * | 89144 | 158 | 89183 | 159 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

CANCER MORTALITY

Summary

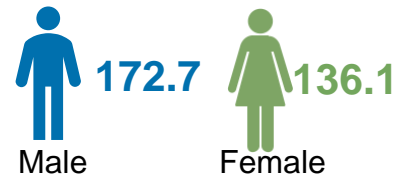
Cancer is one of the top 10 leading causes of death in Clark County. This indicator is presented as the number of deaths from all types of cancer per 100,000 population over the years 2016-2018. The rates were age-adjusted to account for age differences among our community.

Why is it important?

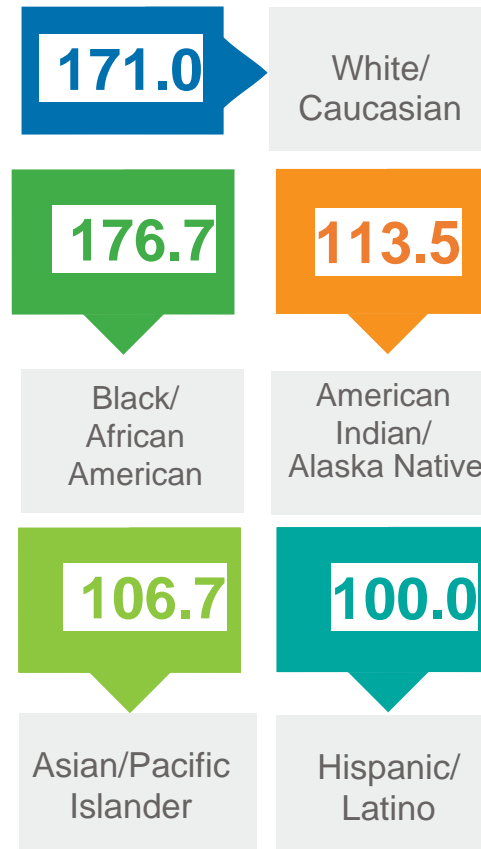
Cancer occurs when abnormal cells start dividing uncontrollably and overtake body tissue. Overall, an individual's risk of cancer can be lowered through adopting healthy lifestyles such as reducing tobacco and alcohol use, protecting the skin from excessive sun exposure, eating a healthy diet and engaging in physical activity. Additionally, the access to timely and affordable cancer screenings and immunization programs improves treatment options. The local public health system should advocate for policies, programs, and services that increase access to screening and improve awareness in the general community to check for cancer on a regular basis. Educational opportunities should be tailored to high-risk areas to improve understanding of early detection mechanisms. Prevention tools and resources should be made available for all community members.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

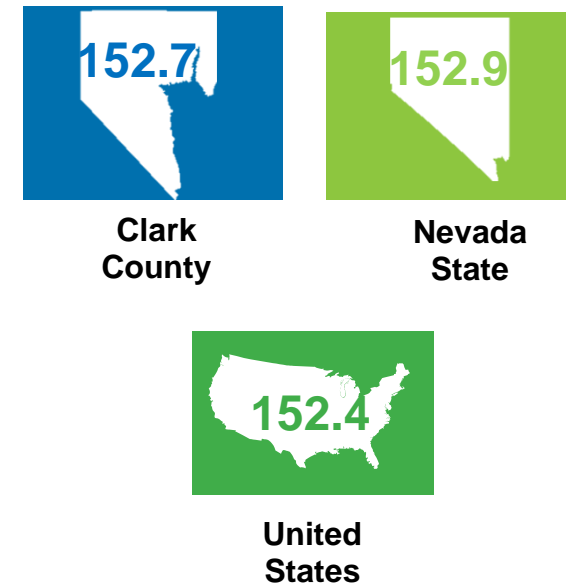
Cancer Mortality Rate (Per 100,000 Population) Clark County, 2016-2018



Cancer Mortality by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



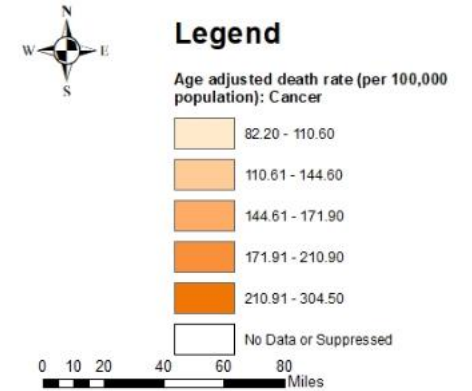
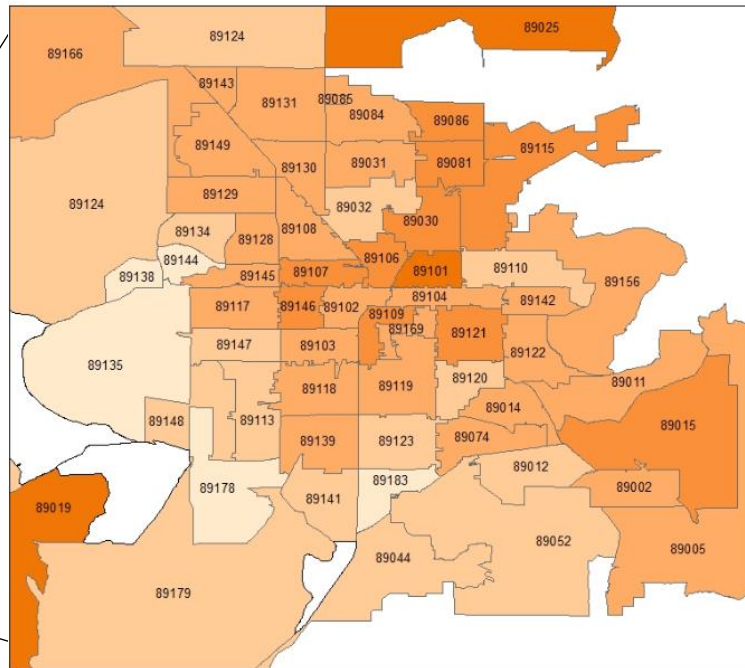
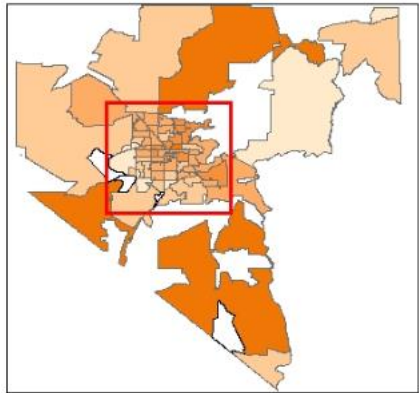
Cancer Mortality Rate Comparison (Per 100,000 Population) 2016-2018



How are we doing?

From 2016-2018, the age-adjusted Clark County death rate due to all types of cancer was 152.7 deaths per 100,000 population, similar to state and national age-adjusted cancer mortality rates. Rates were highest among people who identify as Black/African American, non-Hispanic, White/Caucasian, non-Hispanic and male. The ZIP codes with the highest all cancer mortality rates were 89046, 89025, 89101, 89019, and 89021.

Cancer Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| 89002 | 164 | 89026 | * | 89074 | 151.4 | 89109 | 199.7 | 89128 | 156.2 | 89145 | 152.4 |
| 89004 | * | 89027 | 107.1 | 89081 | 186.9 | 89110 | 141.9 | 89129 | 149.5 | 89146 | 202.1 |
| 89005 | 149.7 | 89029 | 137.3 | 89084 | 165.8 | 89113 | 135.8 | 89130 | 150.2 | 89147 | 144.6 |
| 89007 | 141.1 | 89030 | 210.9 | 89085 | 151.7 | 89115 | 177.3 | 89131 | 150.5 | 89148 | 144.5 |
| 89011 | 161.4 | 89031 | 171.9 | 89086 | 198.6 | 89117 | 159 | 89134 | 128 | 89149 | 151.6 |
| 89012 | 130.2 | 89032 | 144 | 89101 | 230.2 | 89118 | 156.3 | 89135 | 109 | 89156 | 146.8 |
| 89014 | 158.3 | 89039 | * | 89102 | 152.5 | 89119 | 167.9 | 89138 | 110.6 | 89161 | * |
| 89015 | 176.2 | 89040 | 82.2 | 89103 | 158.4 | 89120 | 142.3 | 89139 | 154.5 | 89166 | 150 |
| 89018 | 38 | 89044 | 126.3 | 89104 | 167.5 | 89121 | 180.2 | 89141 | 123.6 | 89169 | 164.9 |
| 89019 | 228.6 | 89046 | 304.5 | 89106 | 181.6 | 89122 | 160.8 | 89142 | 168 | 89178 | 106 |
| 89021 | 219.2 | 89052 | 122 | 89107 | 178.3 | 89123 | 139.5 | 89143 | 159.3 | 89179 | 128.3 |
| 89025 | 274.2 | 89054 | * | 89108 | 152 | 89124 | 140.5 | 89144 | 110 | 89183 | 103.4 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

UNINTENTIONAL INJURY MORTALITY

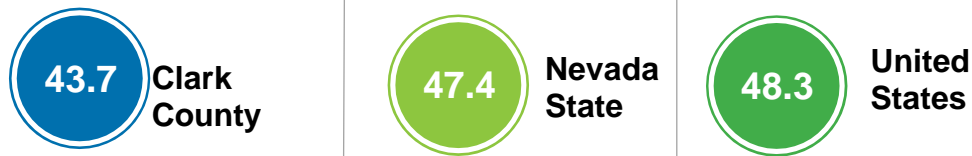
Summary

Injury contributes to the leading cause of death among persons 1-44 years of age. This indicator is presented as the number of deaths from unintentional injury per 100,000 population during 2016-2018. The rates were age-adjusted to account for differences in age distributions among the community.

Why is it important?

Unintentional injuries include motor vehicle accidents, accidental falls, drownings, fires, and poisonings. They were one of the leading causes of death in Clark County. Nationally there were more than 29.4 million emergency department visits regarding unintentional injuries in 2017.

Unintentional Injury Mortality Rates Comparison (Per 100,000 Population), 2016-2018

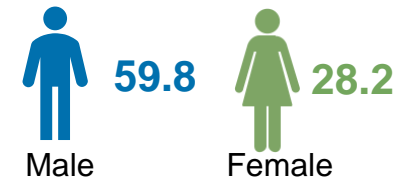


How are we doing?

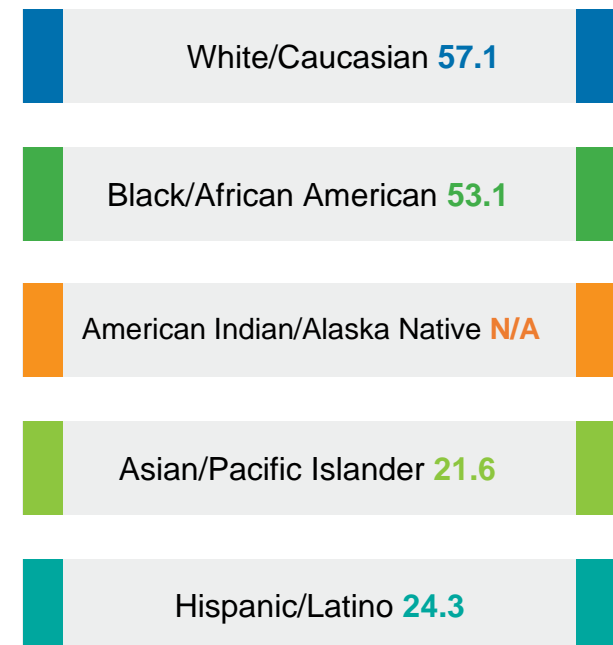
The average mortality rate in Clark County was 43.7 deaths per 100,000 population, lower than the state and national age-adjusted rates. The unintentional injury mortality rates were highest among males and people who identify as non-Hispanic White/Caucasian and non-Hispanic Black/African American. There were 59.8 unintentional male injury deaths per 100,000 population, compared to 28.2 deaths for females. Due to low sample size, rates for non-Hispanic American Indian/Alaska Native populations were suppressed. ZIP codes with the highest unintentional injury mortality rates were 89101, 89109, 89106, 89021, and 89169.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

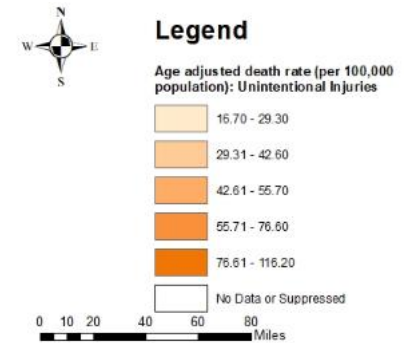
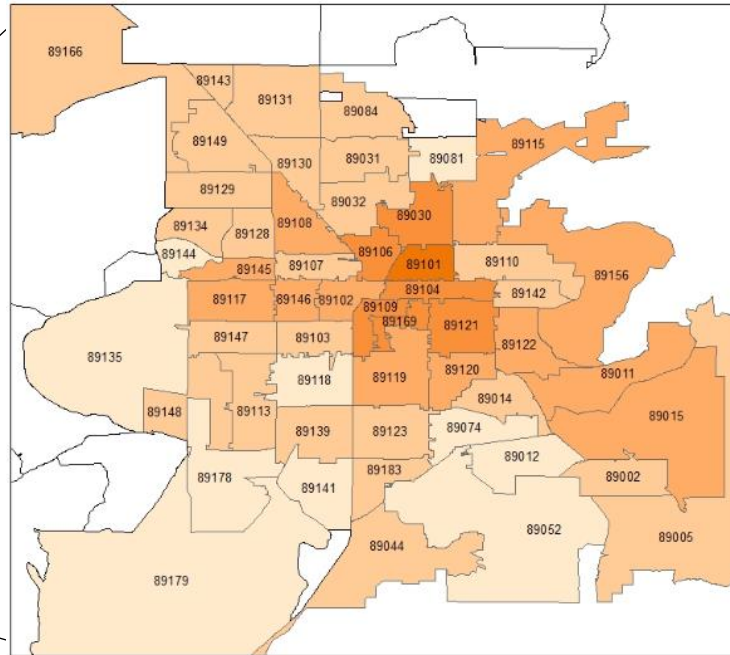
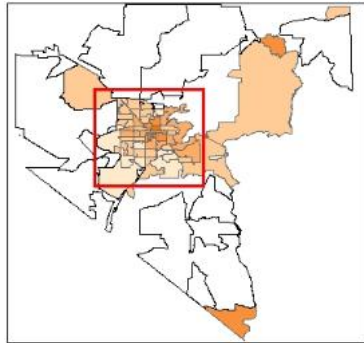
Unintentional Injury Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018



Unintentional Injury Mortality Rates by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Unintentional Injury Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|-------|-------|------|-------|------|-------|------|
| 89002 | 36.3 | 89026 | * | 89074 | 25 | 89109 | 76.6 | 89128 | 42.6 | 89145 | 53.8 |
| 89004 | * | 89027 | 40.4 | 89081 | 22 | 89110 | 38.5 | 89129 | 33.9 | 89146 | 55 |
| 89005 | 39.1 | 89029 | 58.2 | 89084 | 33.6 | 89113 | 31.9 | 89130 | 35.6 | 89147 | 36.3 |
| 89007 | * | 89030 | 60.3 | 89085 | * | 89115 | 51.8 | 89131 | 33.9 | 89148 | 34.1 |
| 89011 | 50.1 | 89031 | 32.9 | 89086 | * | 89117 | 45.3 | 89134 | 41.2 | 89149 | 36.6 |
| 89012 | 24 | 89032 | 32.5 | 89101 | 116.2 | 89118 | 26.6 | 89135 | 26.8 | 89156 | 47.2 |
| 89014 | 37.7 | 89039 | * | 89102 | 50.1 | 89119 | 54 | 89138 | * | 89161 | * |
| 89015 | 55.7 | 89040 | 40.7 | 89103 | 33.4 | 89120 | 52.8 | 89139 | 31.9 | 89166 | 34.9 |
| 89018 | * | 89044 | 31.6 | 89104 | 63.6 | 89121 | 61.6 | 89141 | 21.9 | 89169 | 65.3 |
| 89019 | * | 89046 | * | 89106 | 68.9 | 89122 | 46.6 | 89142 | 33.2 | 89178 | 16.7 |
| 89021 | 68.7 | 89052 | 26.1 | 89107 | 39.3 | 89123 | 37.8 | 89143 | 37.7 | 89179 | 27.2 |
| 89025 | * | 89054 | * | 89108 | 48.6 | 89124 | * | 89144 | 29.3 | 89183 | 39.5 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

CHRONIC LOWER RESPIRATORY DISEASE MORTALITY

Summary

Chronic lower respiratory disease (CLRD) is one of the top 10 leading causes of death in Clark County. From 2016-2018, CLRD had 50.1 deaths per 100,000 population in Clark County. The rates were age-adjusted to account for the age differences in the community.

Why is it important?

Chronic lower respiratory disease (CLRD) is a leading cause of mortality in Clark County and in the United States. It is comprised of a variety of conditions primarily chronic bronchitis, asthma, and emphysema. Some of these conditions can be prevented by behavioral modification, such as quitting smoking and engaging in physical activity. The environment (air quality) can affect CLRD; therefore, the local public health system can use air quality information to inform decisions and policy making to improve air quality and protect the environment.

How are we doing?

From 2016-2018, the age-adjusted Clark County death rate due to CLRD was 50.1 deaths per 100,000 population, lower than the state rate yet significantly higher than the national age-adjusted rate. Rates were highest among people who identify as White/Caucasian, non-Hispanic and male. Due to low sample size, rates for the American Indian/Alaska Native populations were suppressed. ZIP codes with the highest chronic lower respiratory disease mortality rates include 89046, 89019, 89101, 89030, and 89169.

Chronic Lower Respiratory Disease Mortality Rate Comparison (Per 100,000 Population), 2016-2018



**Clark
County**

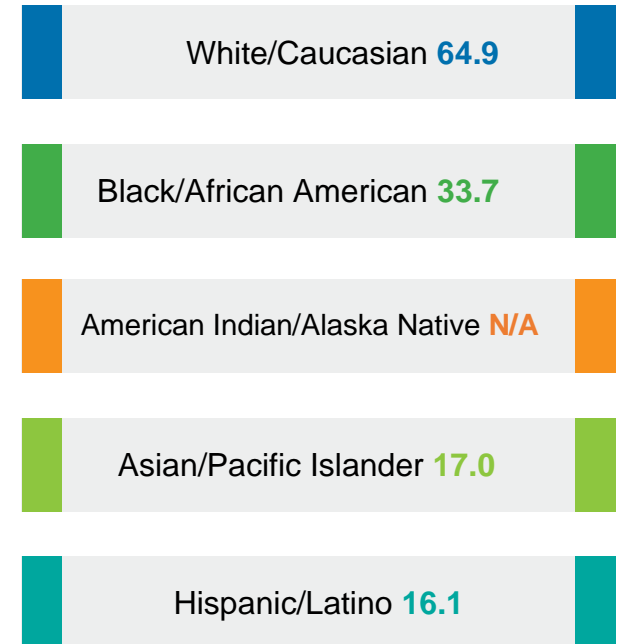


**Nevada
State**



**United
States**

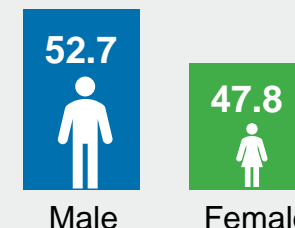
Chronic Lower Respiratory Disease Mortality by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Data Source:

CDC WONDER, Underlying Cause of Death 2016-2018

Chronic Low Respiratory Disease Mortality Rate by Sex (Per 100,000 Population) Clark County, 2016-2018

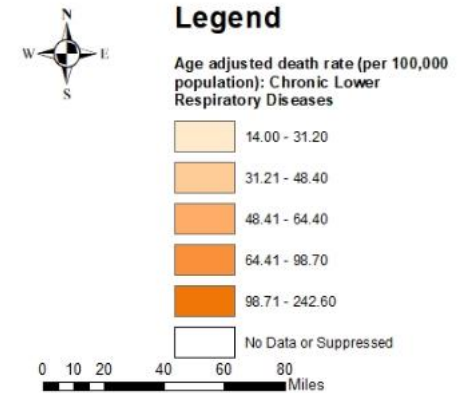
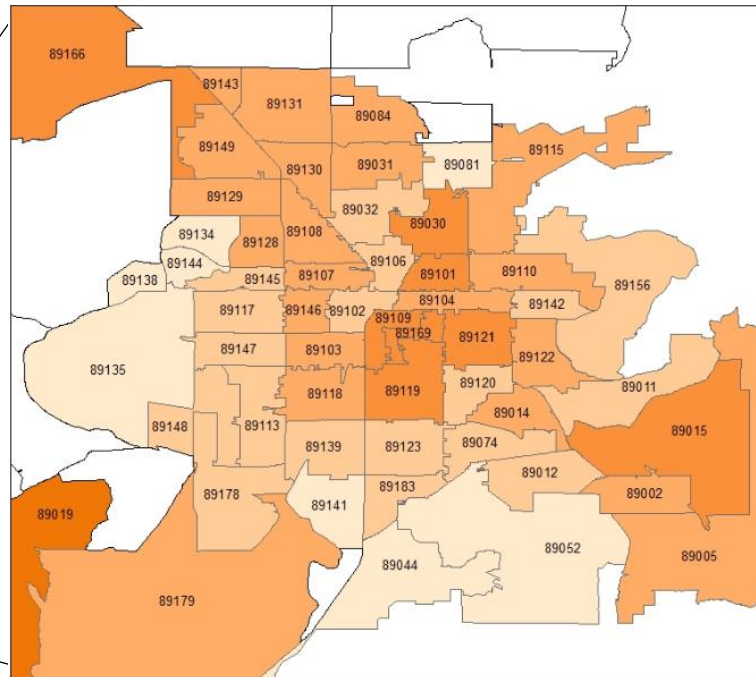
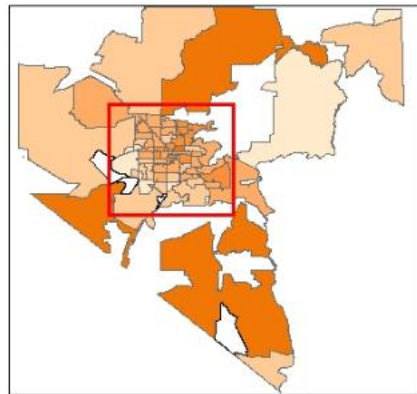


Male

Female

Chronic Lower Respiratory Diseases Mortality

Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|-------|-------|-------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 50.6 | 89026 | * | 89074 | 44.9 | 89109 | 69.5 | 89128 | 52.9 | 89145 | 39 |
| 89004 | * | 89027 | 45.5 | 89081 | 23.6 | 89110 | 50.4 | 89129 | 51.1 | 89146 | 59.5 |
| 89005 | 64.4 | 89029 | 51.4 | 89084 | 50.4 | 89113 | 42.5 | 89130 | 56.9 | 89147 | 37.9 |
| 89007 | * | 89030 | 82.9 | 89085 | * | 89115 | 52.5 | 89131 | 63.9 | 89148 | 35.9 |
| 89011 | 41.5 | 89031 | 53.8 | 89086 | * | 89117 | 41.3 | 89134 | 29.4 | 89149 | 53 |
| 89012 | 45.4 | 89032 | 45.6 | 89101 | 98.7 | 89118 | 52.6 | 89135 | 26.6 | 89156 | 48.1 |
| 89014 | 54.9 | 89039 | * | 89102 | 44.3 | 89119 | 72.3 | 89138 | 26.4 | 89161 | * |
| 89015 | 70.9 | 89040 | 40 | 89103 | 59.9 | 89120 | 48.4 | 89139 | 38.2 | 89166 | 68.5 |
| 89018 | * | 89044 | 31.2 | 89104 | 62.7 | 89121 | 75.3 | 89141 | 28.4 | 89169 | 80.8 |
| 89019 | 213.6 | 89046 | 242.6 | 89106 | 46.9 | 89122 | 59.1 | 89142 | 41.6 | 89178 | 40.3 |
| 89021 | * | 89052 | 25.9 | 89107 | 61 | 89123 | 45.4 | 89143 | 53 | 89179 | 60.5 |
| 89025 | * | 89054 | * | 89108 | 57.5 | 89124 | * | 89144 | 14 | 89183 | 41.1 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

STROKE MORTALITY

Summary

Stroke occurs when the brain blood supply is interrupted or reduced, preventing brain tissue from receiving oxygen. In Clark County, the age-adjusted stroke mortality death rate for males was 37.1 per 100,000 population, while females were 35.2 per 100,000 population from 2016-2018.

Why is it important?

A stroke occurs when there is a blood supply disturbance, either by a blockage or hemorrhaging, which prevents brain tissue from getting oxygen. Stroke is the leading cause of serious long-term disability. The most powerful modifiable risk factor for stroke is reducing hypertension or high blood pressure. Smoking, high cholesterol and obesity are also major risk factors, but they can be modified to help prevent stroke through a change in lifestyle. Aligning policies and practices in the local public health system improves access to care and recognition of the early signs of stroke. Educating the public, spreading awareness, and providing outreach to communities reduces strokes and recognizes strokes.

How are we doing?

Stroke is one of the top 10 leading causes of death in Clark County. From 2016-2018, the age-adjusted Clark County death rate was 36.2 deaths per 100,000 population, the same as Nevada's rate, but lower than the national rate. Rates were highest among people who identify as Black/African American, non-Hispanic and male. The ZIP codes with the highest stroke mortality rates were 89030, 89146, 89019, 89081, and 89104.

Stroke Mortality Rate Comparison
(Per 100,000 population), 2016-2018



Clark County

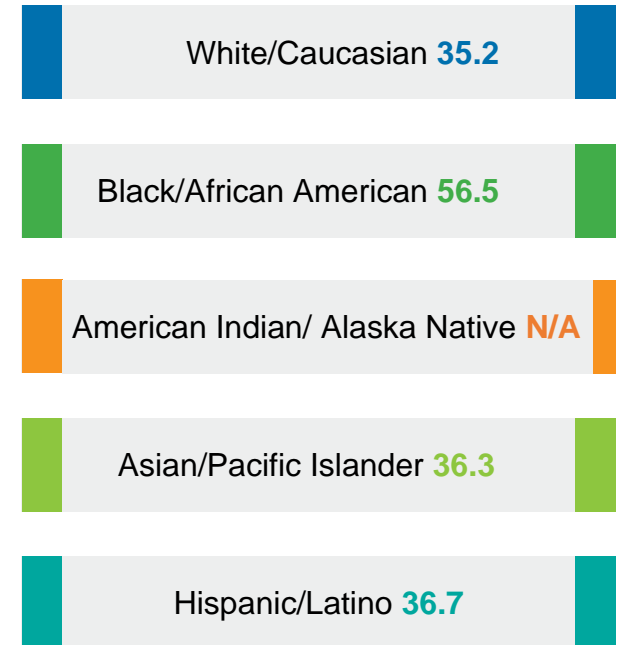


Nevada State



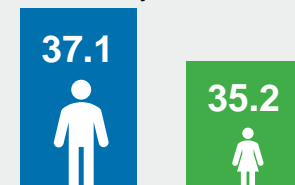
United States

Stroke Mortality by Race/Ethnicity
(Per 100,000 Population)
Clark County, 2016-2018



Data Source:
CDC WONDER, Underlying Cause of Death 2016-2018

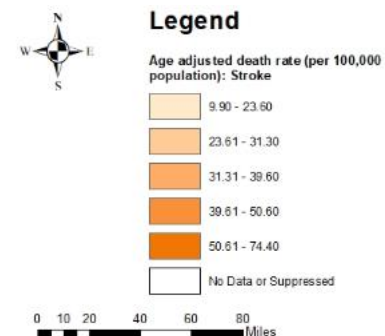
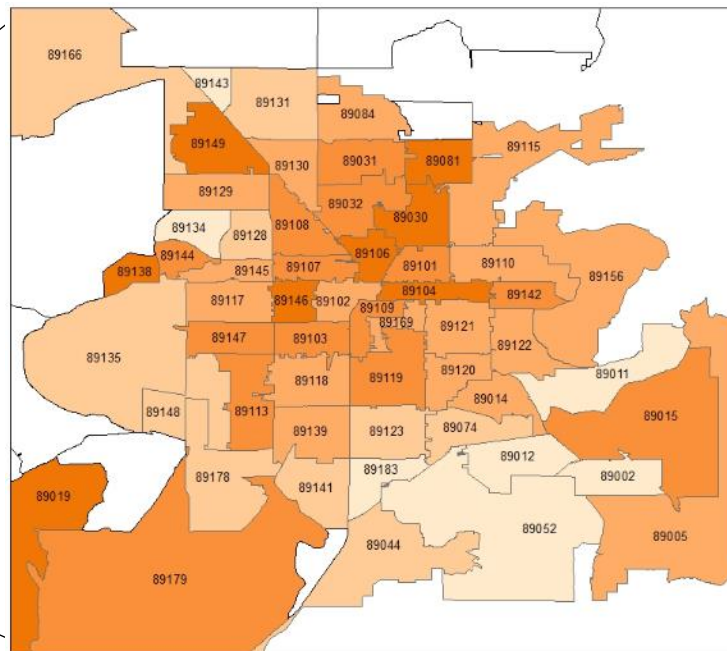
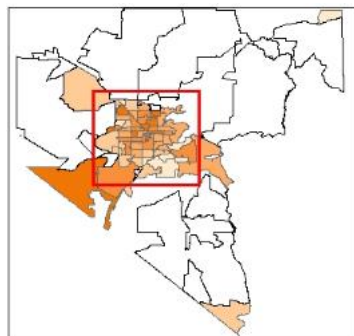
Stroke Mortality Rates by Sex
(Per 100,000 Population)
Clark County, 2016-2018



Male

Female

Stroke Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 16 | 89026 | * | 89074 | 28.8 | 89109 | 47.4 | 89128 | 26.2 | 89145 | 34.1 |
| 89004 | * | 89027 | 9.9 | 89081 | 55 | 89110 | 39.6 | 89129 | 37.7 | 89146 | 58.4 |
| 89005 | 34.2 | 89029 | 29.6 | 89084 | 37.9 | 89113 | 44.5 | 89130 | 34.9 | 89147 | 42.9 |
| 89007 | * | 89030 | 74.4 | 89085 | * | 89115 | 38.9 | 89131 | 27.3 | 89148 | 31.3 |
| 89011 | 23.6 | 89031 | 44.7 | 89086 | * | 89117 | 35.7 | 89134 | 20.4 | 89149 | 51.8 |
| 89012 | 20.6 | 89032 | 42.4 | 89101 | 49.6 | 89118 | 35.6 | 89135 | 31.1 | 89156 | 35.3 |
| 89014 | 34.6 | 89039 | * | 89102 | 38.5 | 89119 | 50.3 | 89138 | 52.2 | 89161 | * |
| 89015 | 44.2 | 89040 | * | 89103 | 47.5 | 89120 | 36.7 | 89139 | 39.6 | 89166 | 27.7 |
| 89018 | * | 89044 | 28.3 | 89104 | 54.3 | 89121 | 37.2 | 89141 | 29.1 | 89169 | 38.3 |
| 89019 | 56.1 | 89046 | * | 89106 | 51.6 | 89122 | 35.1 | 89142 | 44 | 89178 | 30.8 |
| 89021 | * | 89052 | 23 | 89107 | 45.5 | 89123 | 30.3 | 89143 | 18.9 | 89179 | 50.6 |
| 89025 | * | 89054 | * | 89108 | 41.7 | 89124 | * | 89144 | 47.7 | 89183 | 20.9 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

HEART ATTACK MORTALITY

Summary

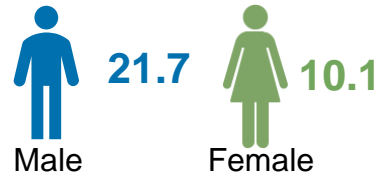
Heart attack occurs when the blood flow to the heart is interrupted, which can be due to the buildup of fat or cholesterol. This health indicator represents the age-adjusted number of deaths from heart attacks per 100,000 population between 2016-2018. In Clark County, the heart attack mortality rate was 15.5 deaths per 100,000 population.

Why is it important?

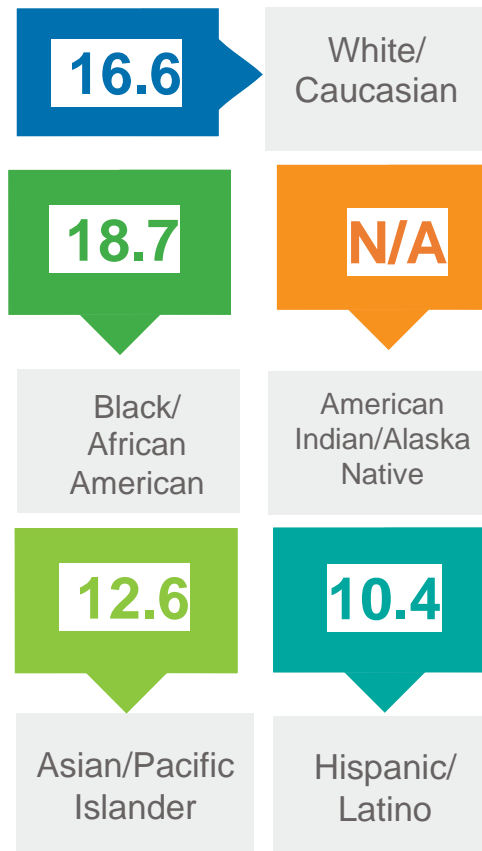
“Heart attack” (formally called acute myocardial infarction) is when the heart does not receive enough blood. Some symptoms of heart attack are chest pain or discomfort, feeling weak, light-headed, or faint, and shortness of breath. Immediate medical attention is important if symptoms of a heart attack develop to receive treatment. Health conditions such as lifestyle, age, and family history can increase the risk for heart attack. Three key risk factors for heart disease include high blood pressure, high blood cholesterol, and smoking.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

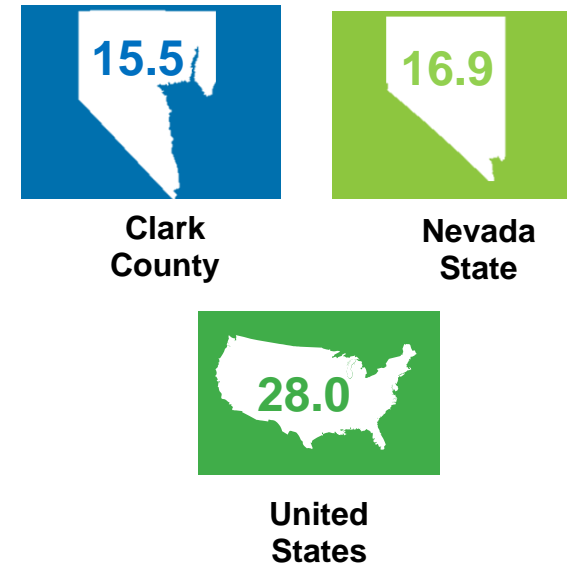
Heart Attack Mortality Rate by Sex, (Per 100,000 Population) Clark County, 2016-2018



Heart Attack Mortality Rate by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



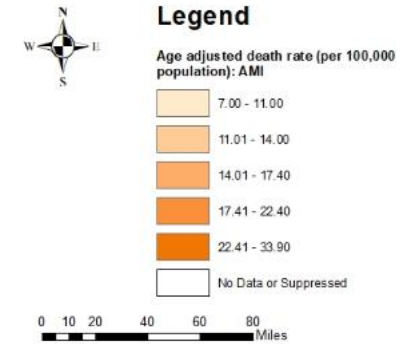
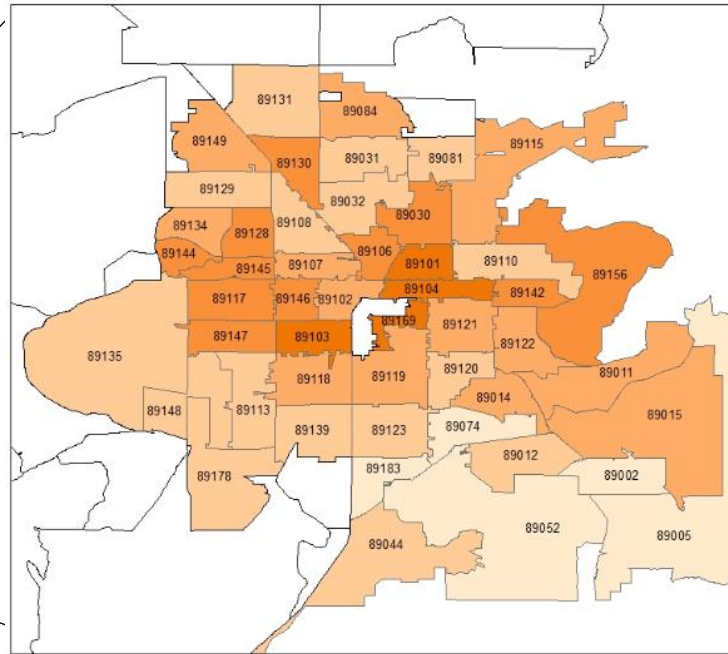
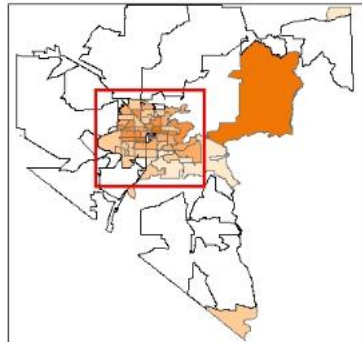
Heart Attack Mortality Rate Comparison (Per 100,000 Population), 2016-2018



How are we doing?

From 2016-2018, the age-adjusted Clark County death rate due to heart attack was 15.5 deaths per 100,000 population, which is lower than the state and national age-adjusted rates. Rates were the highest among people who identified as Black/African American and non-Hispanic White/Caucasian (18.7 deaths per 100,000 and 16.6 deaths per 100,000, respectively). ZIP codes with the highest heart attack mortality are 89169, 89101, 89103, 89104, and 89040.

Heart Attack Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 10.5 | 89026 | * | 89074 | 11 | 89109 | * | 89128 | 18.8 | 89145 | 19.1 |
| 89004 | * | 89027 | 10.5 | 89081 | 12.8 | 89110 | 13.4 | 89129 | 11.4 | 89146 | 20 |
| 89005 | 9.1 | 89029 | 13.7 | 89084 | 17.4 | 89113 | 11.7 | 89130 | 21.6 | 89147 | 19.8 |
| 89007 | * | 89030 | 20.3 | 89085 | * | 89115 | 16.7 | 89131 | 11.4 | 89148 | 13.6 |
| 89011 | 15 | 89031 | 12.8 | 89086 | * | 89117 | 18.5 | 89134 | 17.1 | 89149 | 15.5 |
| 89012 | 11.9 | 89032 | 13.8 | 89101 | 33.9 | 89118 | 16.4 | 89135 | 14 | 89156 | 18.8 |
| 89014 | 15.7 | 89039 | * | 89102 | 17.4 | 89119 | 16.6 | 89138 | * | 89161 | * |
| 89015 | 16.7 | 89040 | 27 | 89103 | 27.3 | 89120 | 12.9 | 89139 | 12.2 | 89166 | * |
| 89018 | * | 89044 | 12.3 | 89104 | 25.1 | 89121 | 17 | 89141 | * | 89169 | 26.7 |
| 89019 | * | 89046 | * | 89106 | 19.7 | 89122 | 15.5 | 89142 | 22.4 | 89178 | 14 |
| 89021 | * | 89052 | 7 | 89107 | 16.8 | 89123 | 11.6 | 89143 | * | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 13.3 | 89124 | * | 89144 | 18.5 | 89183 | 8.6 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

ALZHEIMER'S DISEASE MORTALITY

Summary

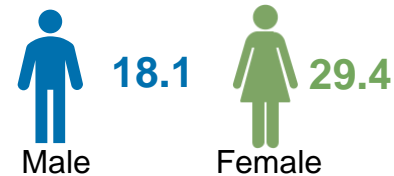
Alzheimer's disease was one of the leading causes of death in the Clark County between 2016-2018. This indicator represents the number of age-adjusted deaths due to Alzheimer's disease per 100,000 population from 2016 to 2018. There were 24.7 deaths per 100,000 population from 2016 to 2018 in Clark County.

Why is it important?

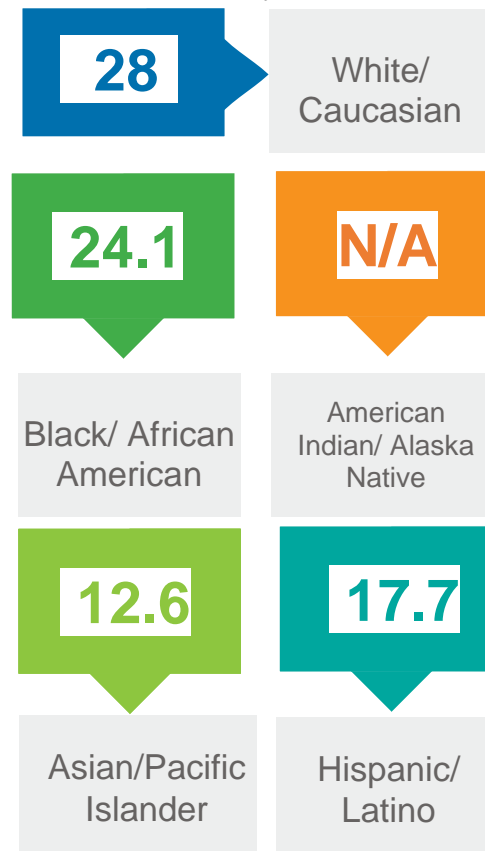
Alzheimer's disease is an irreversible, progressive brain disorder that starts with mild memory loss. Memory loss, language problems, and unpredictable behavior are some symptoms of Alzheimer's disease. Over time, more parts of the brain become damaged and more symptoms develop and get worse. Since there is currently no cure to Alzheimer's disease, taking preventive measures such as getting regular checkups with a health care provider can seek early attention.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

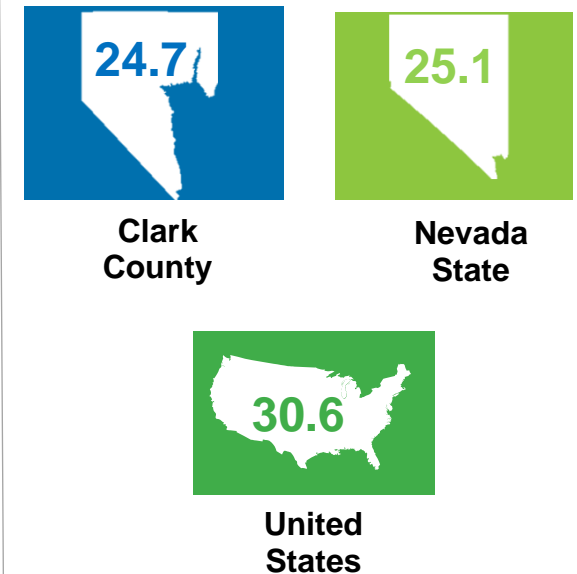
Alzheimer's Disease Mortality by Sex (Per 100,000 Population) Clark County, 2016-2018



Alzheimer's Death Rate by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



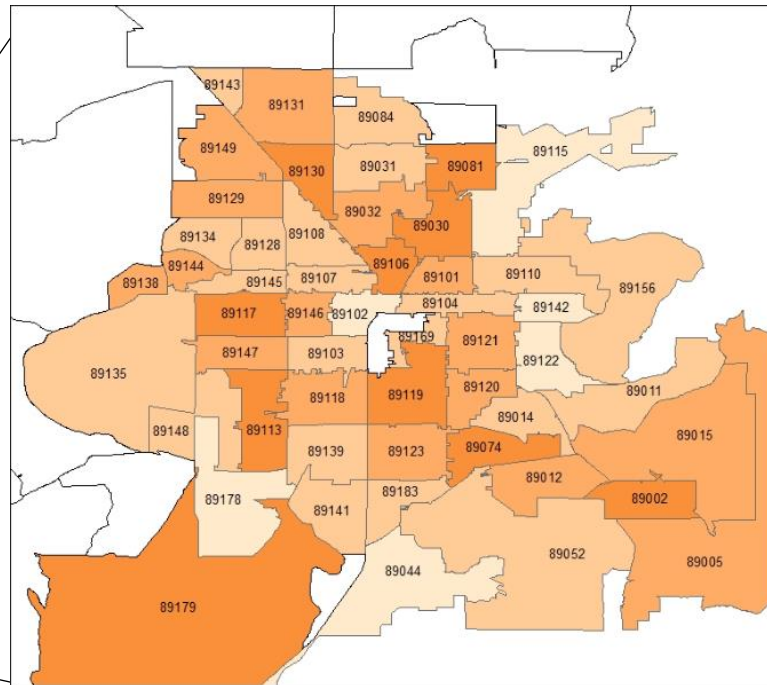
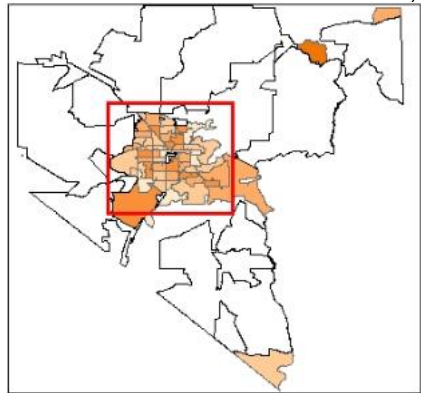
Alzheimer's Disease Mortality Rate Comparison (Per 100,000 population) 2016-2018



How are we doing?

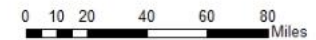
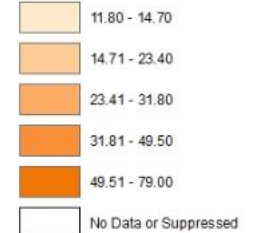
Alzheimer's is one of the top 10 leading causes of death in Clark County. From 2016-2018, the age-adjusted Clark County death rate due to Alzheimer's disease was 24.7 deaths per 100,000 population, lower than both the state and national age-adjusted Alzheimer's mortality rates. Rates were highest among people who identify as non-Hispanic, White/Caucasian, and female. ZIP codes with the highest Alzheimer's death rate were 89021, 89179, 89113, 89117, and 89081.

Alzheimer's Disease Mortality Clark County, 2016-2018



Legend

Age adjusted death rate (per 100,000 population): Alzheimers Disease



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 34 | 89026 | * | 89074 | 33.8 | 89109 | * | 89128 | 22.5 | 89145 | 22.8 |
| 89004 | * | 89027 | 28.4 | 89081 | 35.1 | 89110 | 17.5 | 89129 | 30.2 | 89146 | 30.8 |
| 89005 | 28.5 | 89029 | 19.4 | 89084 | 21.3 | 89113 | 41.7 | 89130 | 33.8 | 89147 | 24.9 |
| 89007 | * | 89030 | 33 | 89085 | * | 89115 | 13 | 89131 | 30.6 | 89148 | 23.4 |
| 89011 | 22.2 | 89031 | 20.3 | 89086 | * | 89117 | 38.2 | 89134 | 17.2 | 89149 | 27.4 |
| 89012 | 28 | 89032 | 29.5 | 89101 | 27.6 | 89118 | 29.6 | 89135 | 17.4 | 89156 | 22.1 |
| 89014 | 17.6 | 89039 | * | 89102 | 14.7 | 89119 | 32.9 | 89138 | 28.6 | 89161 | * |
| 89015 | 25.4 | 89040 | * | 89103 | 19.6 | 89120 | 31.8 | 89139 | 20.4 | 89166 | * |
| 89018 | * | 89044 | 11.8 | 89104 | 17.9 | 89121 | 24.4 | 89141 | 19.5 | 89169 | 17.9 |
| 89019 | * | 89046 | * | 89106 | 34.1 | 89122 | 12.3 | 89142 | 12.1 | 89178 | 13.6 |
| 89021 | 79 | 89052 | 17.3 | 89107 | 19.4 | 89123 | 25.7 | 89143 | 21.6 | 89179 | 49.5 |
| 89025 | * | 89054 | * | 89108 | 18.9 | 89124 | * | 89144 | 27.2 | 89183 | 18.9 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

DIABETES MORTALITY

Summary

Diabetes is one of the top 10 leading causes of death in Clark County. The mortality rate signifies the number of deaths per 100,000 population over the time span of 2016-2018 for type 1 and type 2 diabetes.

Why is it important?

Having a high blood glucose levels can ultimately lead to type 1 and type 2 diabetes, and it is currently an increasing cause of death in Clark County. Some of the risk factors include physical inactivity and a poor diet. Both types of diabetes are risk factors for other diseases and can lead to cardiovascular disease. Community diabetes data can be utilized to spread awareness and provide outreach programs that can aid in managing diabetes and advocating for nutritious foods, as well as an increase in physical activity.

Diabetes Mortality Rates Comparison (Per 100,000 Population), 2016-2018

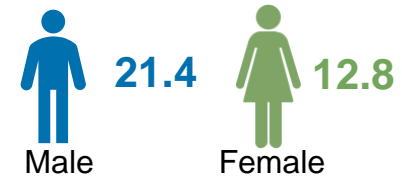


How are we doing?

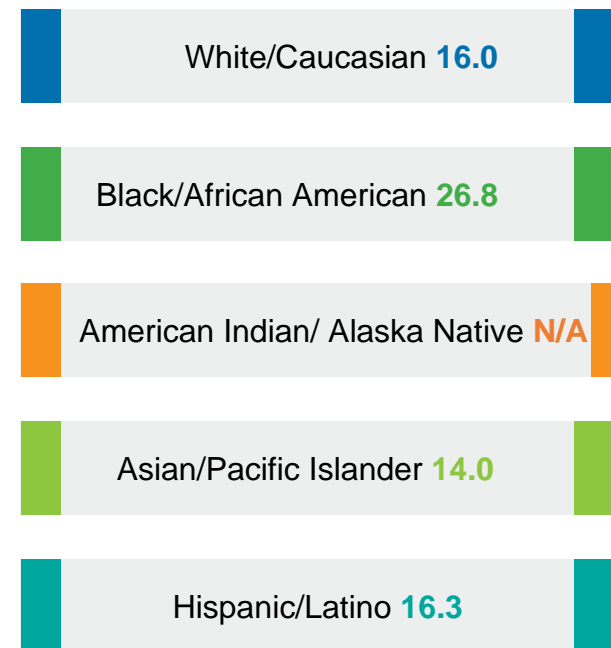
From 2016-2018, the age-adjusted Clark County death rate due to diabetes was 16.9 deaths per 100,000 population, lower than both the state and national mortality rates. Rates were highest among people who identify as Black/African American, non-Hispanic and female. ZIP codes with the highest rates of diabetes mortality are 89101, 89030, 89106, 89104, and 89166.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

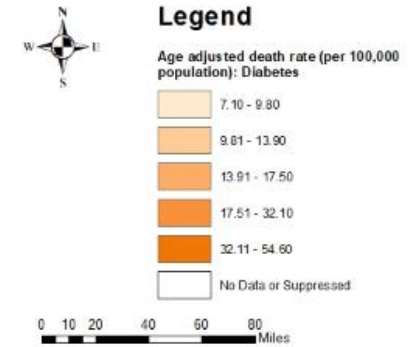
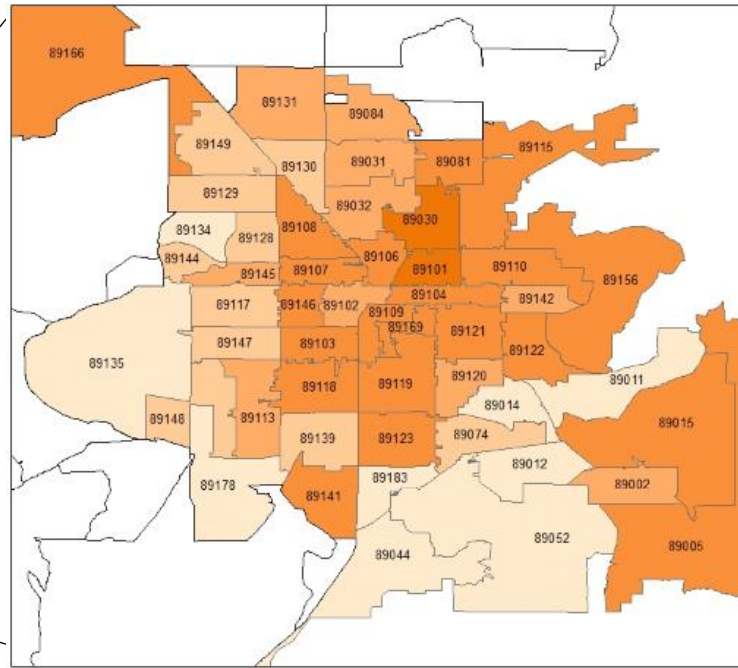
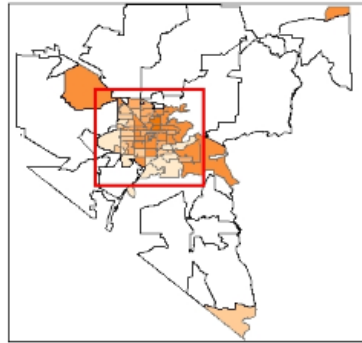
Diabetes Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018



Diabetes Mortality by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Diabetes Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 14.6 | 89026 | * | 89074 | 12.1 | 89109 | 25.1 | 89128 | 10.8 | 89145 | 16.1 |
| 89004 | * | 89027 | 20.3 | 89081 | 25.6 | 89110 | 22.3 | 89129 | 12.3 | 89146 | 21.1 |
| 89005 | 20.6 | 89029 | 11.8 | 89084 | 17.5 | 89113 | 15 | 89130 | 12.4 | 89147 | 13.6 |
| 89007 | * | 89030 | 37.5 | 89085 | * | 89115 | 24.4 | 89131 | 15.2 | 89148 | 12.1 |
| 89011 | 7.1 | 89031 | 15.4 | 89086 | * | 89117 | 10.6 | 89134 | 7.1 | 89149 | 11.5 |
| 89012 | 7.6 | 89032 | 16.3 | 89101 | 54.6 | 89118 | 19.7 | 89135 | 7.3 | 89156 | 19.7 |
| 89014 | 9.8 | 89039 | * | 89102 | 17.2 | 89119 | 20.8 | 89138 | * | 89161 | * |
| 89015 | 21.8 | 89040 | * | 89103 | 19.7 | 89120 | 16.5 | 89139 | 13.9 | 89166 | 26.6 |
| 89018 | * | 89044 | 8 | 89104 | 29.5 | 89121 | 23.5 | 89141 | 18.1 | 89169 | 20.6 |
| 89019 | * | 89046 | * | 89106 | 32.1 | 89122 | 20.1 | 89142 | 15.3 | 89178 | 8.6 |
| 89021 | * | 89052 | 8.8 | 89107 | 21 | 89123 | 23.3 | 89143 | * | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 22.1 | 89124 | * | 89144 | 12.6 | 89183 | 9.3 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

HYPERTENSION MORTALITY

Summary

Hypertension (high blood pressure) mortality is defined by the number of Clark County residents who died of hypertension due to kidney disease or hypertension without a known secondary cause. Hypertension mortality is age-adjusted and presented as deaths per 100,000 population in the years 2016-2018. Clark County had 9.1 deaths due to hypertension per 100,000 in 2016-2018.

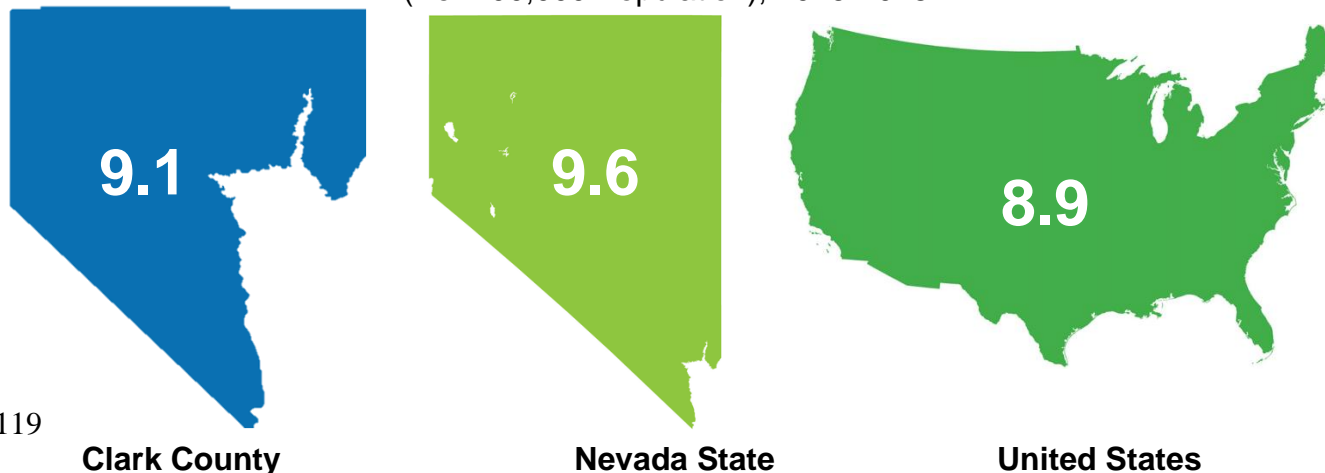
Why is it important?

Hypertension is preventable and can be managed through a well-balanced diet, exercise, and the decrease of salt intake. Hypertension can temporarily be stabilized by medication and gradually reduce blood pressure to a normal level over 24-48 hours. If untreated, hypertension can contribute to negative health conditions such as a stroke and even death. The possible outcome of death can be linked to lack of exercise, nutrient-dense foods, and even lack of education regarding prevention, maintenance and reduction or reversal through lifestyle changes

How are we doing?

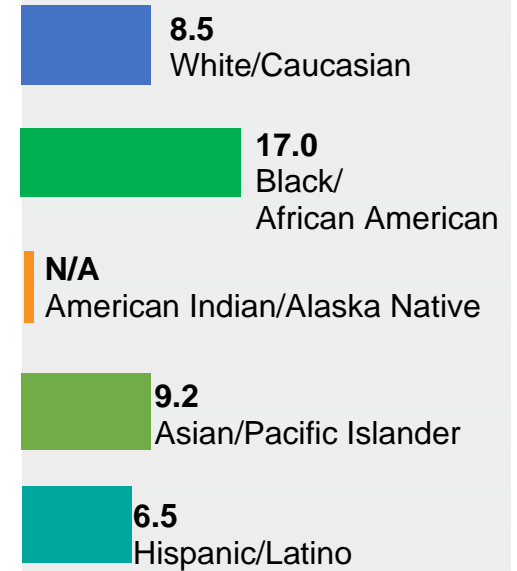
From 2016-2018, the age-adjusted Clark County death rate due to hypertension was 9.1 deaths per 100,000 population, slightly lower than the state rate, but higher than the national age-adjusted hypertension mortality rate. Rates were highest among people who identify as Black/African American, non-Hispanic and male. Due to low sample size, American Indian/Alaska Native were suppressed. ZIP codes with the highest hypertension mortality rates were 89115, 89030, 89103, 89142, and 89014.

Hypertension Mortality Rate Comparison
(Per 100,000 Population), 2016-2018



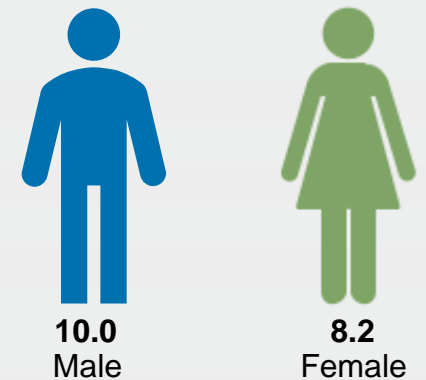
Hypertension Mortality Rates by Race/Ethnicity

(Per 100,000 Population)
Clark County, 2016-2018



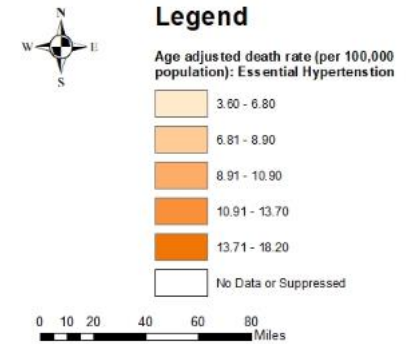
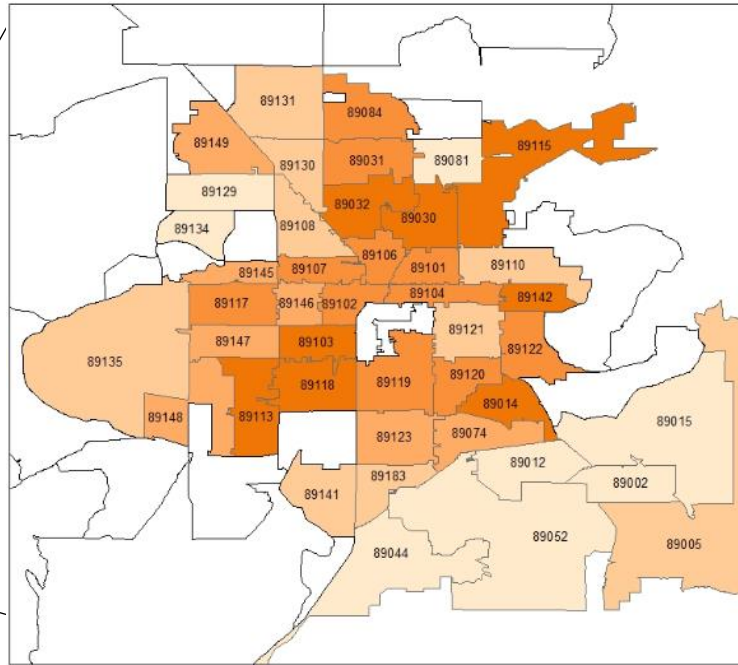
Hypertension Mortality Rates by Sex

(Per 100,000 Population)
Clark County, 2016-2018



Data Source: CDC WONDER,
Underlying Cause of Death
2016-2018

Hypertension Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 5.2 | 89026 | * | 89074 | 10.4 | 89109 | * | 89128 | * | 89145 | 10 |
| 89004 | * | 89027 | * | 89081 | 6.8 | 89110 | 8.7 | 89129 | 5.4 | 89146 | 10.9 |
| 89005 | 7.9 | 89029 | * | 89084 | 11.6 | 89113 | 14.7 | 89130 | 8.1 | 89147 | 9.8 |
| 89007 | * | 89030 | 16.6 | 89085 | * | 89115 | 18.2 | 89131 | 8.7 | 89148 | 9.9 |
| 89011 | * | 89031 | 12.1 | 89086 | * | 89117 | 12.8 | 89134 | 6.1 | 89149 | 10.4 |
| 89012 | 6.7 | 89032 | 15 | 89101 | 12.2 | 89118 | 14.2 | 89135 | 8.9 | 89156 | * |
| 89014 | 15.2 | 89039 | * | 89102 | 11.8 | 89119 | 11.5 | 89138 | * | 89161 | * |
| 89015 | 6.4 | 89040 | * | 89103 | 15.5 | 89120 | 11.6 | 89139 | * | 89166 | * |
| 89018 | * | 89044 | 6.2 | 89104 | 13.6 | 89121 | 8.2 | 89141 | 8.7 | 89169 | * |
| 89019 | * | 89046 | * | 89106 | 13.7 | 89122 | 11.5 | 89142 | 15.5 | 89178 | * |
| 89021 | * | 89052 | 3.6 | 89107 | 13.1 | 89123 | 9.7 | 89143 | * | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 7.4 | 89124 | * | 89144 | * | 89183 | 8.8 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

BREAST CANCER MORTALITY

Summary

Breast cancer impacts men and women within the United States. This health indicator is specifically female breast cancer mortality rates per 100,000 population. The rates were age-adjusted to account for distributions within the community.

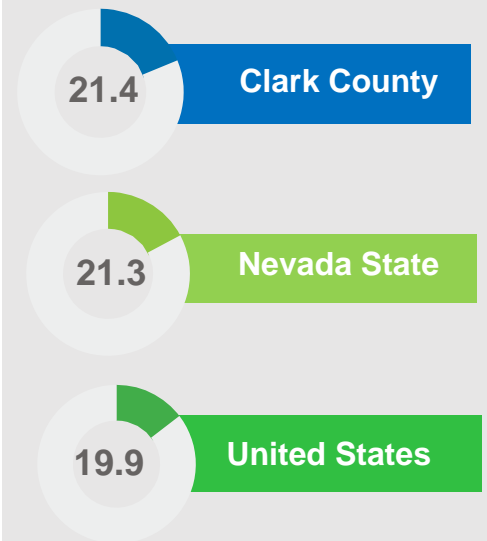
Why is it important?

Breast cancer is one of the most invasive cancers. Early detection is imperative to reduce breast cancer mortality rates. Taking health, physical activity, and diet into consideration can also decrease the rate of breast cancer mortality and increase life expectancy. Spreading more awareness about breast health and early detection can save lives.

How are we doing?

Breast cancer mortality is defined by the number of Clark County residents who died due to breast cancer from 2016-2018. From 2016-2018, the age-adjusted Clark County death rate for females due to breast cancer was 21.4 deaths per 100,000 population, similar to the state rate, but higher than the national rate. Rates were highest among people who identify as Black/African American, non-Hispanic and White/Caucasian, non-Hispanic. Due to low sample size, rates for Native American/Alaska Native, non-Hispanic populations were suppressed. ZIP codes with the highest breast cancer mortality rates include 89179, 89018, 89146, 89101, and 89129.

Female Breast Cancer Mortality Comparison (Per 100,000 Population) 2016-2018

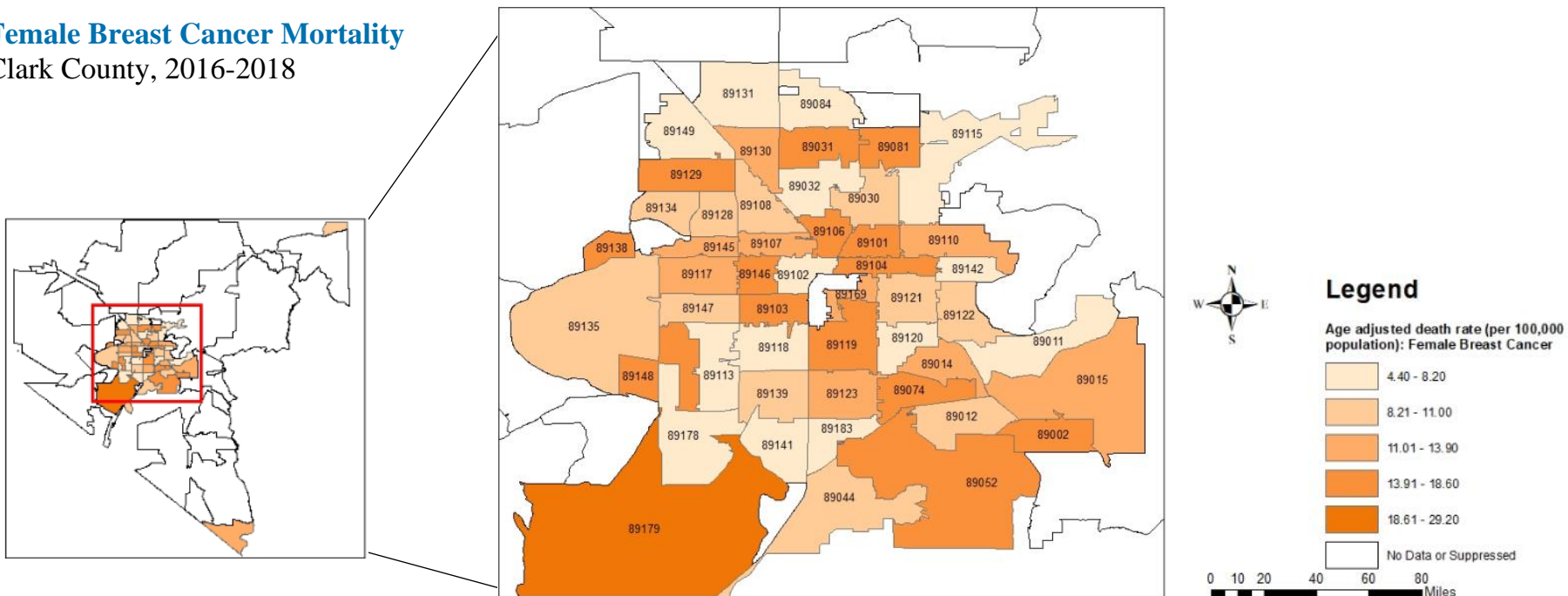


Data Source: CDC WONDER, Natality public-use data 2016-2018

Female Breast Cancer Mortality Rates by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Female Breast Cancer Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 14.8 | 89026 | * | 89074 | 16.9 | 89109 | * | 89128 | 10.4 | 89145 | 12.7 |
| 89004 | * | 89027 | 10.7 | 89081 | 18.6 | 89110 | 12.2 | 89129 | 17.1 | 89146 | 18 |
| 89005 | * | 89029 | 12 | 89084 | 8 | 89113 | 6.8 | 89130 | 12.4 | 89147 | 9.5 |
| 89007 | * | 89030 | 11 | 89085 | * | 89115 | 7.8 | 89131 | 7.7 | 89148 | 14.9 |
| 89011 | 7.6 | 89031 | 15.1 | 89086 | * | 89117 | 12.7 | 89134 | 10 | 89149 | 5.6 |
| 89012 | 9.3 | 89032 | 4.4 | 89101 | 17.3 | 89118 | 6.6 | 89135 | 8.8 | 89156 | * |
| 89014 | 13.6 | 89039 | * | 89102 | 8.2 | 89119 | 15.3 | 89138 | 14.8 | 89161 | * |
| 89015 | 12.7 | 89040 | * | 89103 | 16.2 | 89120 | 6.6 | 89139 | 8.7 | 89166 | * |
| 89018 | * | 89044 | 9.5 | 89104 | 14.5 | 89121 | 9.4 | 89141 | 6.9 | 89169 | 11.8 |
| 89019 | * | 89046 | * | 89106 | 14.9 | 89122 | 10.2 | 89142 | 8.2 | 89178 | 6.5 |
| 89021 | * | 89052 | 15 | 89107 | 11.7 | 89123 | 13.9 | 89143 | * | 89179 | 29.2 |
| 89025 | * | 89054 | * | 89108 | 9.3 | 89124 | * | 89144 | * | 89183 | 7.3 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

LUNG CANCER MORTALITY

Summary

Lung cancer mortality is presented as number of deaths per 100,000 population in the year 2016-2018. Rates have been age-adjusted accordingly for distribution within the community.

Why is it important?

Lung cancer can occur as a non-small cell and a small cell. Most lung cancer cases are caused by smoking, however, it can include other risk factors, such as secondhand smoke, air pollution, radon, and asbestos. The local public health system can use the data collected to collaborate with community partners to develop programs and practices in detecting lung cancer. Advocating for programs, policies, and services that reduce tobacco use and exposure to secondhand smoke is critical to reducing lung cancer mortality.

How are we doing?

Lung cancer mortality is defined by the number of Clark County residents who died due to lung cancer from 2016-2018. From 2016-2018, the age-adjusted Clark County death rate due to lung cancer was 37.2 deaths per 100,000 population, higher than the state and the national age-adjusted lung cancer mortality rates. Rates were highest among people who identify as non-Hispanic White/Caucasian males. Due to low sample size, rates for non-Hispanic American Indian/Alaska Native populations were suppressed. ZIP codes with the highest lung cancer mortality rates were 89086, 89019, 89146, 89101, and 89121.

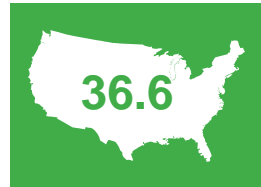
Lung Cancer Mortality Rate Comparison (Per 100,000 Population), 2016-2018



Clark County

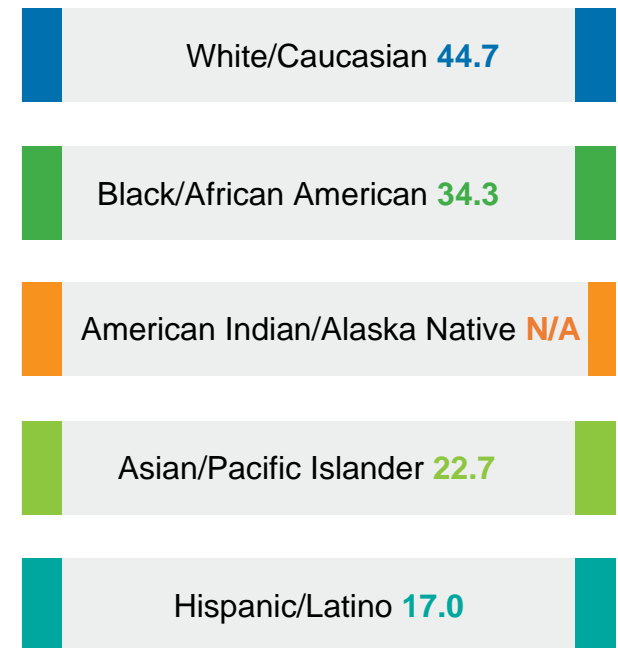


Nevada State



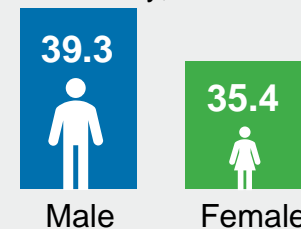
United States

Lung Cancer Mortality Rates by Race (Per 100,000 Population) Clark County, 2016-2018

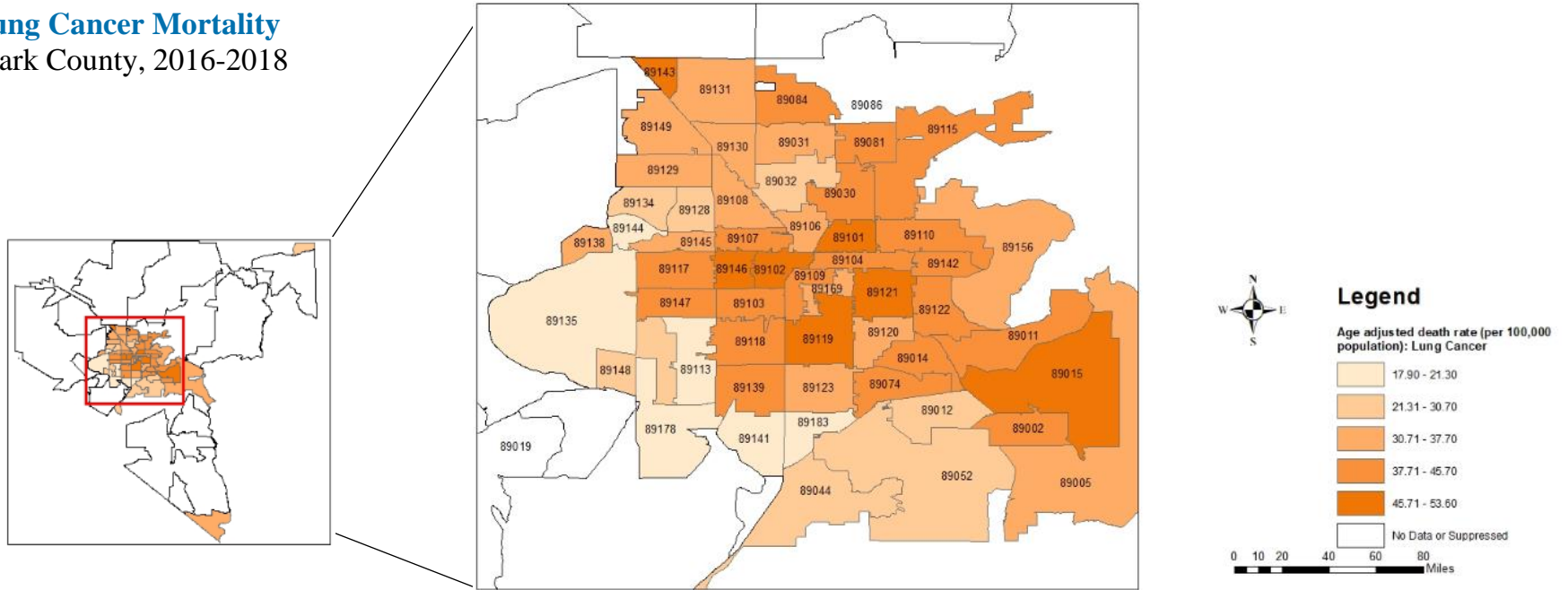


Data Source:
CDC WONDER, Underlying Cause of Death 2016-2018

Lung Cancer Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018



Lung Cancer Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 41.7 | 89026 | * | 89074 | 39.9 | 89109 | 40.6 | 89128 | 30.5 | 89145 | 35.7 |
| 89004 | * | 89027 | 24.9 | 89081 | 40.5 | 89110 | 41.2 | 89129 | 35 | 89146 | 53.6 |
| 89005 | 31.9 | 89029 | 34.4 | 89084 | 39.6 | 89113 | 20.8 | 89130 | 37.4 | 89147 | 39.9 |
| 89007 | * | 89030 | 41.9 | 89085 | * | 89115 | 42.1 | 89131 | 34 | 89148 | 29.8 |
| 89011 | 43 | 89031 | 35 | 89086 | 65.1 | 89117 | 39.7 | 89134 | 29.5 | 89149 | 34.2 |
| 89012 | 28.1 | 89032 | 30.7 | 89101 | 51.6 | 89118 | 44 | 89135 | 17.9 | 89156 | 35.2 |
| 89014 | 43.1 | 89039 | * | 89102 | 48.7 | 89119 | 49.1 | 89138 | 32.8 | 89161 | * |
| 89015 | 50.2 | 89040 | * | 89103 | 41.6 | 89120 | 32.6 | 89139 | 43.5 | 89166 | * |
| 89018 | * | 89044 | 26.2 | 89104 | 43 | 89121 | 50.5 | 89141 | 21.3 | 89169 | 36.1 |
| 89019 | 56.1 | 89046 | * | 89106 | 32 | 89122 | 45.7 | 89142 | 39.8 | 89178 | 21 |
| 89021 | * | 89052 | 27.9 | 89107 | 43.8 | 89123 | 34.7 | 89143 | 45.8 | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 37.7 | 89124 | * | 89144 | 20 | 89183 | 20.1 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

Chapter 7 Mental and Behavioral Health



HEALTH INDICATORS

- Drug Overdose Mortality
- Suicide Mortality
- Binge Drinking (Alcohol Use) Prevalence
- Firearm-Related Mortality
- Poor Mental Health Days
- Mental Health Providers

DRUG OVERDOSE MORTALITY

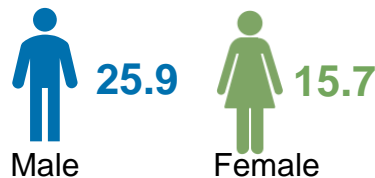
Summary

Overdose deaths in Clark County, historically driven by prescription opioids such as oxycodone, hydrocodone, codeine, and morphine, reached an age-adjusted rate of 20.8 per 100,000 in 2016-2018, lower than the state rate (21.5 per 100,000) and similar to the national rate (20.7 per 100,000).

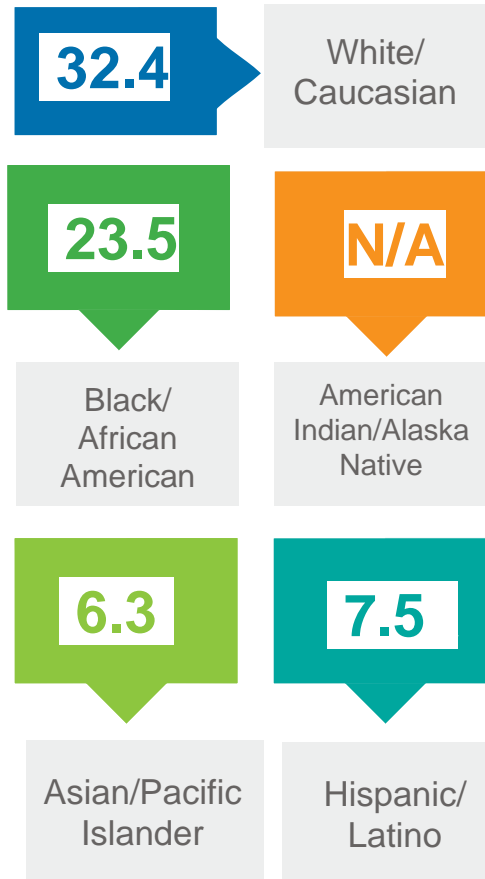
Why is it important?

The misuse and overuse of drugs pose a serious public health challenge. Drug overdose mortality rates can be decreased over time with the help of the community, partnerships, and programs. Drug overdose is preventable, and the local public health system can utilize this information to promote awareness and increase access to resources that decrease drug use in the community and offer environmental supports for wellness.

Drug Overdose Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018

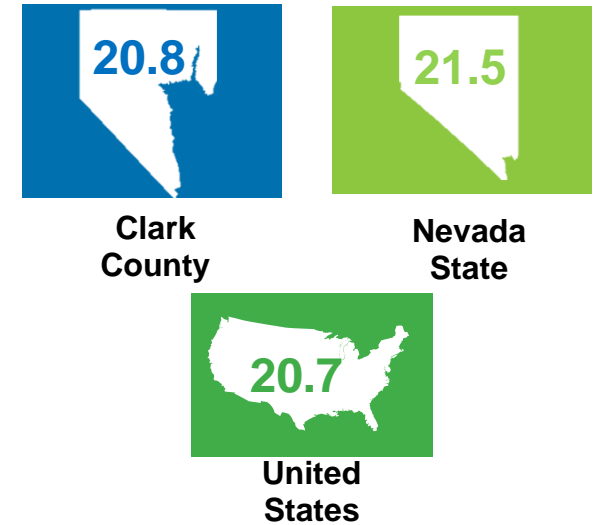


Drug Overdose Mortality by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

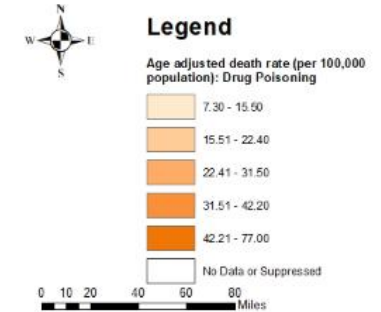
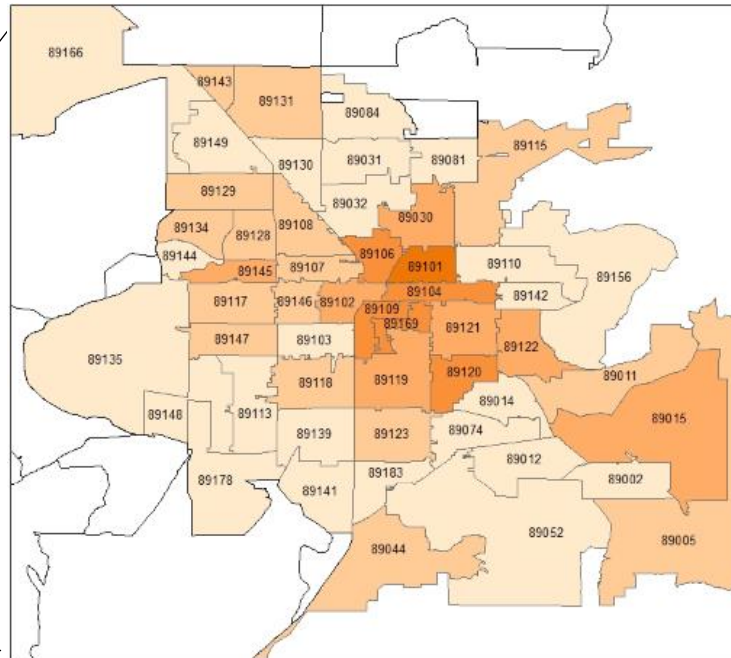
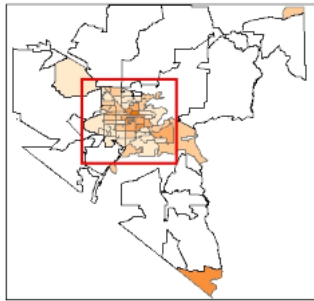
Drug Overdose Mortality Comparison (Per 100,000 Population) 2016-2018



How are we doing?

Since 2007, more Clark County residents have died from opioid overdoses than from motor vehicle crashes; most drug overdose deaths were unintentional. From 2016-2018, non-Hispanic White residents had the highest age-adjusted death rate (32.4 per 100,000) from drug overdose, followed by non-Hispanic Black/African American residents. Additionally, males had a significantly higher drug overdose death rate than females (25.9 per 100,000 vs. 15.7 per 100,000, respectively). ZIP codes with the highest drug overdose mortality rates were 89101, 89106, 89109, 89169, and 89120.

Drug Overdose Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 14.5 | 89026 | * | 89074 | 14.5 | 89109 | 41.2 | 89128 | 19.2 | 89145 | 27.2 |
| 89004 | * | 89027 | 20.3 | 89081 | 11.9 | 89110 | 12.1 | 89129 | 17.1 | 89146 | 21.9 |
| 89005 | 21.3 | 89029 | 33 | 89084 | 12.3 | 89113 | 11 | 89130 | 15.5 | 89147 | 19.4 |
| 89007 | * | 89030 | 26.1 | 89085 | * | 89115 | 17 | 89131 | 18.9 | 89148 | 14.5 |
| 89011 | 19.8 | 89031 | 12.6 | 89086 | * | 89117 | 17.4 | 89134 | 20.4 | 89149 | 7.3 |
| 89012 | 14 | 89032 | 9.8 | 89101 | 77 | 89118 | 19.2 | 89135 | 10.6 | 89156 | 11.4 |
| 89014 | 13.9 | 89039 | * | 89102 | 25.7 | 89119 | 30.4 | 89138 | * | 89161 | * |
| 89015 | 28.3 | 89040 | * | 89103 | 13.8 | 89120 | 33.1 | 89139 | 11.1 | 89166 | 12.1 |
| 89018 | * | 89044 | 17.4 | 89104 | 34.9 | 89121 | 31.5 | 89141 | 12.2 | 89169 | 39.1 |
| 89019 | * | 89046 | * | 89106 | 42.2 | 89122 | 25.4 | 89142 | 9.4 | 89178 | 11.8 |
| 89021 | * | 89052 | 12.4 | 89107 | 16.9 | 89123 | 19.1 | 89143 | 20.9 | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 22.4 | 89124 | * | 89144 | 14.8 | 89183 | 7.3 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

SUICIDE MORTALITY

Summary

Suicide mortality rates represent the number of suicides per 100,000 population. The age-adjusted suicide mortality rate in Clark County was 19.4 deaths per 100,000 population from 2016 to 2018.

Why is it important?

Suicide is one of the top 10 leading causes of death in Clark County. Suicide can be prevented as it is correlated with the incidence of suicidal acts and other risk factors for suicidal behavior. Promoting public awareness can decrease mental health stigma and increase acceptance of treatment. This may decrease the number of suicides and provide more resources and services to individuals who need them the most.

Suicide Mortality Rates Comparison (Per 100,000 Population), 2016-2018

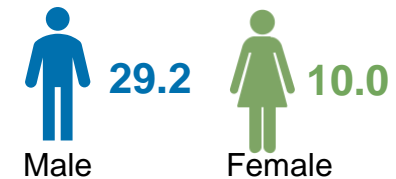


How are we doing?

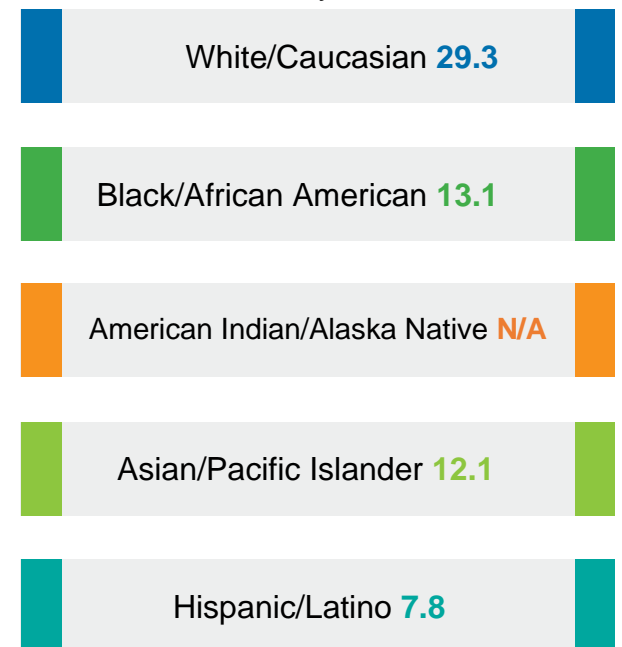
The suicide rate for Clark County was 19.4 per 100,000 in 2016-2018. This is slightly lower than the state age-adjusted suicide rate of 20.8 per 100,000 but higher than the national rate of 13.9 per 100,000 population. Rates were highest among individuals who identify as non-Hispanic White/Caucasian. The age-adjusted suicide mortality rate for males was 29.2 per 100,000 compared to 10.0 per 100,000 for females. The ZIP codes with the highest suicide mortality rates were 89109, 89029, 89005, 89134, and 89101.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

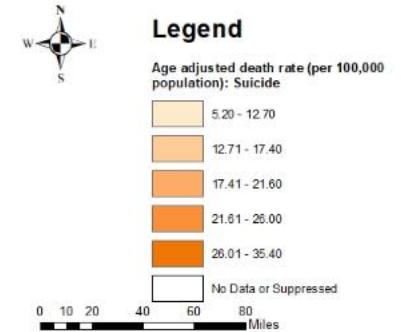
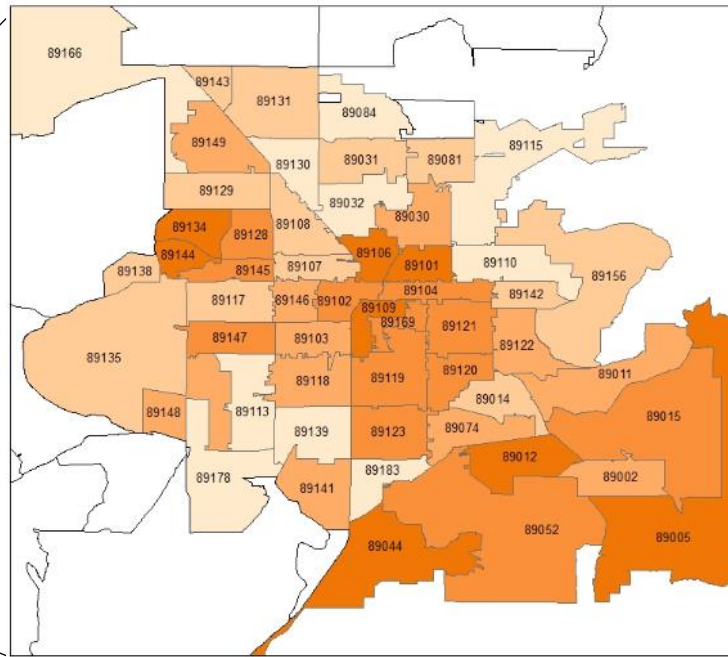
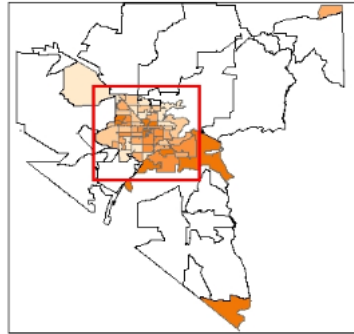
Suicide Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018



Suicide Mortality Rates by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Suicide Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 20.9 | 89026 | * | 89074 | 19.9 | 89109 | 35.4 | 89128 | 22.3 | 89145 | 24.3 |
| 89004 | * | 89027 | 21.6 | 89081 | 16.3 | 89110 | 10.2 | 89129 | 17.4 | 89146 | 20.5 |
| 89005 | 32 | 89029 | 34.7 | 89084 | 12.3 | 89113 | 9.1 | 89130 | 12.7 | 89147 | 24.4 |
| 89007 | * | 89030 | 21 | 89085 | * | 89115 | 11.8 | 89131 | 15.2 | 89148 | 19.6 |
| 89011 | 18.1 | 89031 | 16.6 | 89086 | * | 89117 | 14.9 | 89134 | 28.5 | 89149 | 20.4 |
| 89012 | 28.3 | 89032 | 7.9 | 89101 | 27.6 | 89118 | 18.7 | 89135 | 15.1 | 89156 | 16.3 |
| 89014 | 13.7 | 89039 | * | 89102 | 25.6 | 89119 | 23.7 | 89138 | 16.5 | 89161 | * |
| 89015 | 22.1 | 89040 | * | 89103 | 17.9 | 89120 | 26 | 89139 | 5.2 | 89166 | 11.3 |
| 89018 | * | 89044 | 27.4 | 89104 | 23.1 | 89121 | 23.9 | 89141 | 21.2 | 89169 | 22.6 |
| 89019 | * | 89046 | * | 89106 | 27.6 | 89122 | 19.7 | 89142 | 15.2 | 89178 | 10.3 |
| 89021 | * | 89052 | 22.6 | 89107 | 13.4 | 89123 | 25 | 89143 | 16 | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 17 | 89124 | * | 89144 | 27.5 | 89183 | 12.3 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

BINGE DRINKING

Summary

Binge drinking represents the percent of adults 18 years and older who drink excessively, defined as males having five or more drinks on one occasion and females having four or more drinks on one occasion. In Clark County, 5.5% of adults were binge drinkers in 2018.

Why is it important?

Binge drinking use can lead to health complications and potentially death. It can shorten the lifespan of an individual and contribute to alcoholism and poisoning. Some long-term health risks include high blood pressure, heart disease, stroke, and cancer. These health outcomes are preventable through decrease of alcohol use.

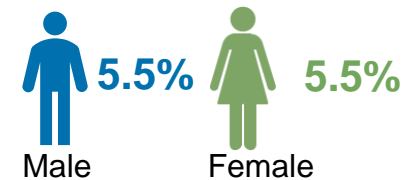
Binge Drinking Comparison, 2018



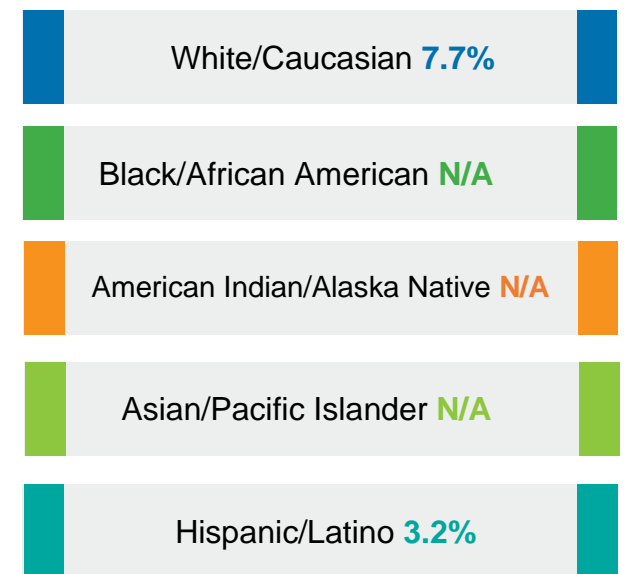
How are we doing?

This health indicator measures the prevalence of adults who are binge drinkers. The alcohol use rate for Clark County was 5.5%. This is lower compared to the state and national level. With the available data, rates were highest among individuals who identified as non-Hispanic White and were lowest for Hispanic/Latinos at 3.2%. Due to low sample size, the rates for Asian/Pacific Islanders, American Indian/Alaska Native and non-Hispanic Black individuals were suppressed. The rate for both males and females was 5.5%, respectively. ZIP codes with the highest percentage of adults who are binge drinkers are 89191, 89179, 89166, 89143, and 89178.

Binge Drinking by Sex Clark County, 2018

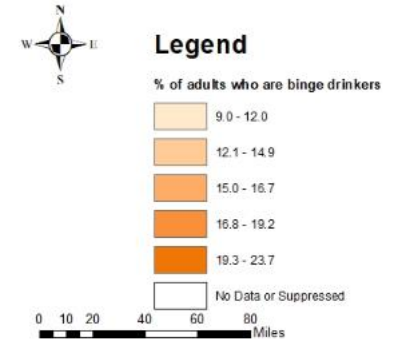
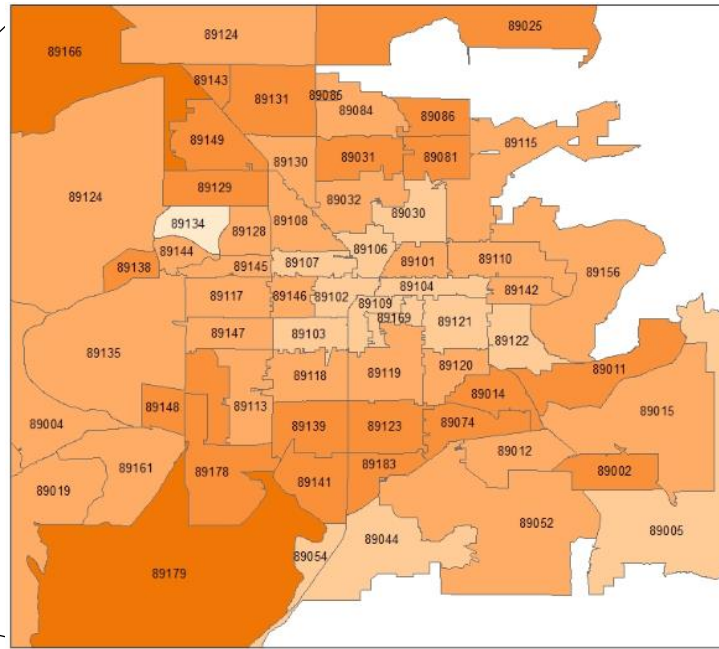
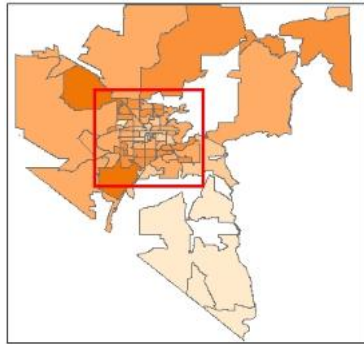


Binge Drinking by Race Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

Adults Who Binge Drink Clark County, 2018



Data Source: PLACES Project. Centers for Disease Control and Prevention. Accessed [June 08, 2021]. <https://www.cdc.gov/places>

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 18.3 | 89026 | 15.3 | 89074 | 17 | 89109 | 14.4 | 89128 | 15.6 | 89145 | 15.8 |
| 89004 | 15.6 | 89027 | 12.9 | 89081 | 17.8 | 89110 | 15 | 89129 | 17.1 | 89146 | 15 |
| 89005 | 14.3 | 89029 | 12 | 89084 | 16.7 | 89113 | 16.5 | 89130 | 16.1 | 89147 | 15.3 |
| 89007 | 18.1 | 89030 | 14.3 | 89085 | 18.6 | 89115 | 15.4 | 89131 | 18.3 | 89148 | 17.8 |
| 89011 | 17.5 | 89031 | 17 | 89086 | 17.9 | 89117 | 15.8 | 89134 | 10.3 | 89149 | 18.5 |
| 89012 | 16 | 89032 | 15.5 | 89101 | 15 | 89118 | 16.2 | 89135 | 15.2 | 89156 | 15.7 |
| 89014 | 17.4 | 89039 | 9 | 89102 | 14.1 | 89119 | 15.7 | 89138 | 18.7 | 89161 | 16.7 |
| 89015 | 16.1 | 89040 | 15.3 | 89103 | 14.9 | 89120 | 15.4 | 89139 | 17.7 | 89166 | 23.7 |
| 89018 | 15.5 | 89044 | 14.1 | 89104 | 14.2 | 89121 | 14.3 | 89141 | 18.6 | 89169 | 14.8 |
| 89019 | 15.1 | 89046 | 11.7 | 89106 | 13.3 | 89122 | 14.7 | 89142 | 15.5 | 89178 | 18.9 |
| 89021 | 18.1 | 89052 | 15.3 | 89107 | 14.8 | 89123 | 17.1 | 89143 | 19.2 | 89179 | 20.4 |
| 89025 | 17.4 | 89054 | 14.9 | 89108 | 15.7 | 89124 | 16 | 89144 | 16.7 | 89183 | 18.3 |
| | | | | | | | | | | 89191 | 25.7 |

* No Data or Suppressed

FIREARM MORTALITY

Summary

Firearm-related mortality is a death that results from firearm injuries regardless of intent. Firearm-related mortality represents the number of deaths in Clark County per 100,000 population. There were 16.6 firearm mortalities per 100,000 population in Clark County from 2016-2018.

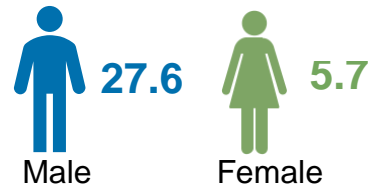
Why is it important?

Firearm mortality data can help the local public health system as well as community members and local officials by utilizing the information to create community programs, policies, and strategies in terms of improving gun safety within the community. Local law enforcement can also aid in identifying key areas of the community that need to be addressed regarding violence. Program implementation in these areas could potentially provide a decrease in firearm-related mortality. Advocacy organizations can also aid in providing adequate firearm safety training to the community.

Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

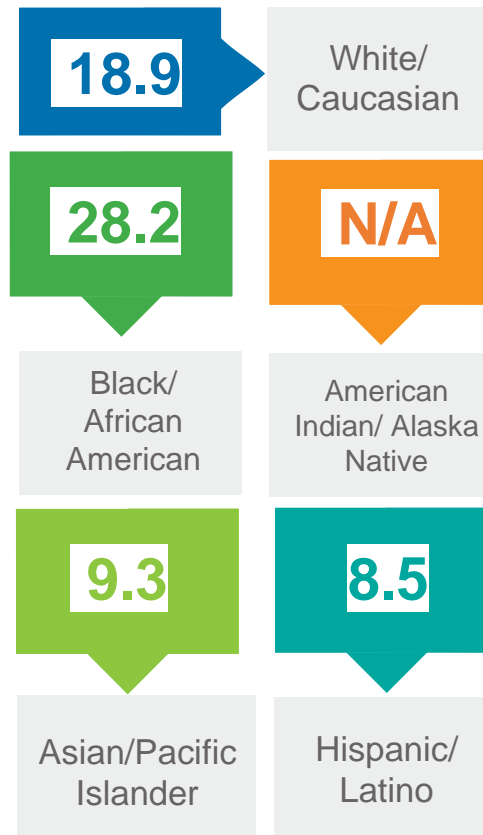
Firearm Mortality Rate by Sex

(Per 100,000 Population)
Clark County, 2016-2018



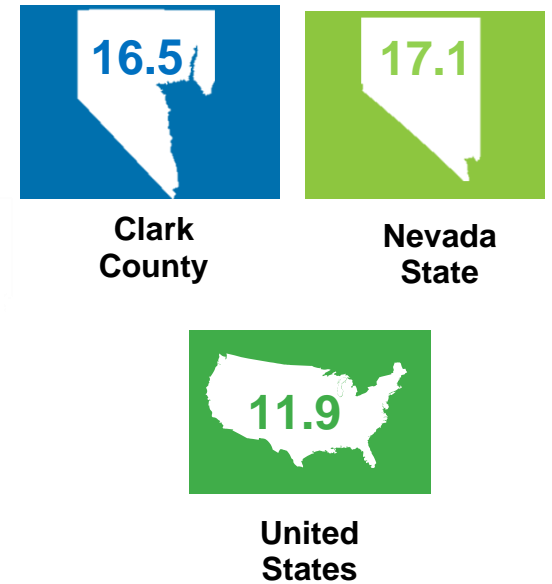
Firearm Mortality by Race/Ethnicity

(Per 100,000 Population)
Clark County, 2016-2018



Firearm Mortality Rate Comparison

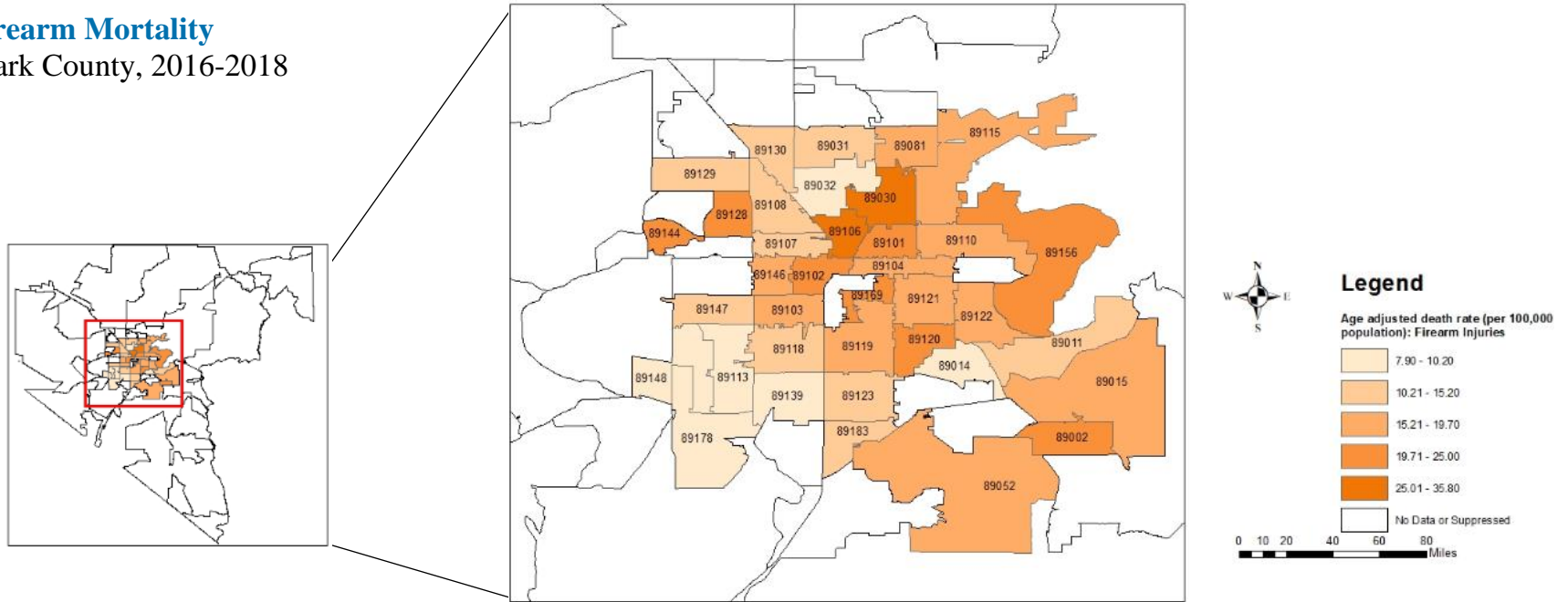
(Per 100,000 Population), 2016-2018



How are we doing?

The age-adjusted firearm-related mortality rate was 16.5 deaths per 100,000 residents, which was slightly lower than the state rate of 17.1 and higher than the national rate of 11.9 per 100,000. Rates were highest among individuals who identified as Black/African American (28.2 per 100,000) and male (27.6 per 100,000). The ZIP codes with the highest firearm related mortality include 89030, 89029, 81906, 89102, and 89169.

Firearm Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 24 | 89026 | * | 89074 | 12.1 | 89109 | * | 89128 | 25 | 89145 | 16 |
| 89004 | * | 89027 | * | 89081 | 17 | 89110 | 15.9 | 89129 | 14.7 | 89146 | 17.7 |
| 89005 | 14.3 | 89029 | 33.6 | 89084 | 13.4 | 89113 | 7.9 | 89130 | 12.3 | 89147 | 14.2 |
| 89007 | * | 89030 | 35.8 | 89085 | * | 89115 | 18.8 | 89131 | 9.7 | 89148 | 10.2 |
| 89011 | 12 | 89031 | 14.7 | 89086 | * | 89117 | 10.3 | 89134 | 14.6 | 89149 | 15.9 |
| 89012 | 18 | 89032 | 10.2 | 89101 | 20.7 | 89118 | 12.5 | 89135 | 8.8 | 89156 | 23.6 |
| 89014 | 9.9 | 89039 | * | 89102 | 24.8 | 89119 | 16.5 | 89138 | * | 89161 | * |
| 89015 | 18.6 | 89040 | * | 89103 | 18 | 89120 | 21.3 | 89139 | 8.8 | 89166 | * |
| 89018 | * | 89044 | 24.2 | 89104 | 19.7 | 89121 | 17.4 | 89141 | 11 | 89169 | 24.3 |
| 89019 | * | 89046 | * | 89106 | 33.1 | 89122 | 16.6 | 89142 | 11.6 | 89178 | 8.7 |
| 89021 | * | 89052 | 17.5 | 89107 | 14.2 | 89123 | 13.8 | 89143 | * | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 15.2 | 89124 | * | 89144 | 21.9 | 89183 | 12.2 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

POOR MENTAL HEALTH DAYS

Summary

Poor mental health days are a key indicator for the health-related quality life within a population. Poor mental health days measure the percentage of age-adjusted, mentally unhealthy days reported by residents in the past 30-days. In Clark County, an average of 14.5% of adults reported their mental health as “not good” 14 or more days in the past 30 days.

Why is it important?

Measuring healthy days and poor mental health days provides information in longevity, health of the community, and how healthy individuals are when they are alive. Poor mental health days provide information in estimating more recent health and examines the health status of the community. Communities with a higher prevalence of poor mental health days have higher unemployment, poverty, and mortality rates than compared to counties with fewer unhealthy days. The question of: "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?" was asked to record responses.

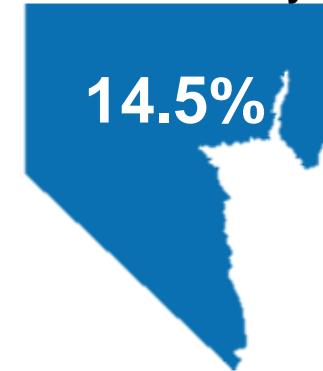
How are we doing?

This health indicator measures the average rate of individuals recording their mental health as not good for 14 or more days in the past 30 days. The average of 14.5% of adults in Clark County in 2018 reported poor mental health, which is slightly higher than the national average of 13.8%. ZIP codes with the highest prevalence of poor mental health days are 89030, 89191, 89106, 89101, and 89115.

Data Source:
Behavioral Risk Factor Surveillance System (BRFSS), 2018

Poor Mental Health Days Prevalence Rate 2018

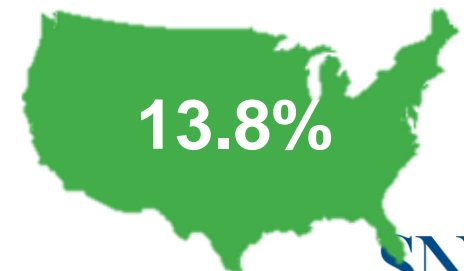
Clark County



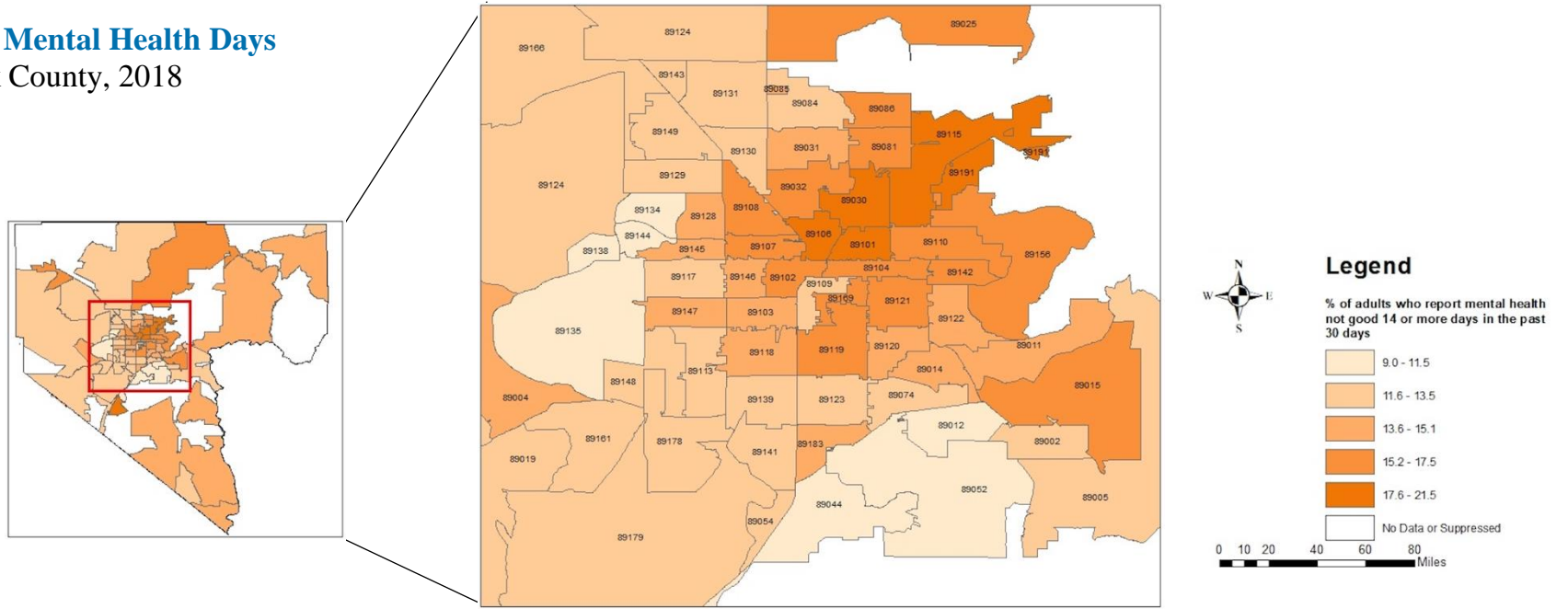
Nevada State



United States



Poor Mental Health Days Clark County, 2018



Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 13.4 | 89026 | 21.3 | 89074 | 12.5 | 89109 | 13.4 | 89128 | 13.7 | 89145 | 13.9 |
| 89004 | 14.5 | 89027 | 12.4 | 89081 | 15.5 | 89110 | 17.2 | 89129 | 13.5 | 89146 | 14.9 |
| 89005 | 12.2 | 89029 | 14.3 | 89084 | 12.5 | 89113 | 12.8 | 89130 | 13.5 | 89147 | 13.7 |
| 89007 | 14.5 | 89030 | 19.5 | 89085 | 13.8 | 89115 | 19.6 | 89131 | 12.8 | 89148 | 13 |
| 89011 | 14 | 89031 | 14.8 | 89086 | 16.3 | 89117 | 13.1 | 89134 | 9 | 89149 | 13 |
| 89012 | 11.5 | 89032 | 15.3 | 89101 | 19 | 89118 | 14 | 89135 | 10.6 | 89156 | 16.6 |
| 89014 | 13.9 | 89039 | 12.5 | 89102 | 16.4 | 89119 | 16.7 | 89138 | 11.1 | 89161 | 13.2 |
| 89015 | 15.5 | 89040 | 13.9 | 89103 | 15.1 | 89120 | 14.3 | 89139 | 13.1 | 89166 | 13.5 |
| 89018 | 16.7 | 89044 | 10.2 | 89104 | 16.3 | 89121 | 15.7 | 89141 | 12.6 | 89169 | 17.5 |
| 89019 | 12.8 | 89046 | 13.9 | 89106 | 18.3 | 89122 | 15 | 89142 | 16.2 | 89178 | 13.2 |
| 89021 | 13.8 | 89052 | 11.1 | 89107 | 16.6 | 89123 | 13.2 | 89143 | 13 | 89179 | 12.5 |
| 89025 | 16.3 | 89054 | 12.3 | 89108 | 16.2 | 89124 | 13.4 | 89144 | 11.4 | 89183 | 14.2 |
| | | | | | | | | | | 89191 | 21.5 |

* No Data or Suppressed

MENTAL HEALTH PROVIDERS

Summary

The number of mental health providers is one way to represent access to care; a ratio of the population to mental health providers in the area. A lower ratio indicates more mental health providers within the population. In Clark County, the ratio of mental health providers was 540:1 in the year 2018.

Why is it important?

Having an adequate number of mental health providers in the area helps to reduce the risk of chronic diseases that are related to anxiety, stress, and even substance abuse. Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, mental health providers that treat alcohol and other substance use, as well as advanced practice nurses specializing in mental health care.

How are we doing?

Mental health providers ratio is the population of the county to one mental health provider. In Clark County, the ratio of mental health providers was 540:1, higher than the national ratio of 310:1 for the year 2018. Clark County also had a higher ratio than the state ratio which was 510:1 mental health providers in 2018.

Data Source:
NPI Registry, National Plan and Provider Enumeration System (NPPES), 2018

Mental Health Providers Comparison Ratio 2018

Clark County



Nevada State



United States



Chapter 8 Health Care Access



HEALTH INDICATORS

- Health Insurance Coverage
- Emergency Room Visits

HEALTH INSURANCE COVERAGE

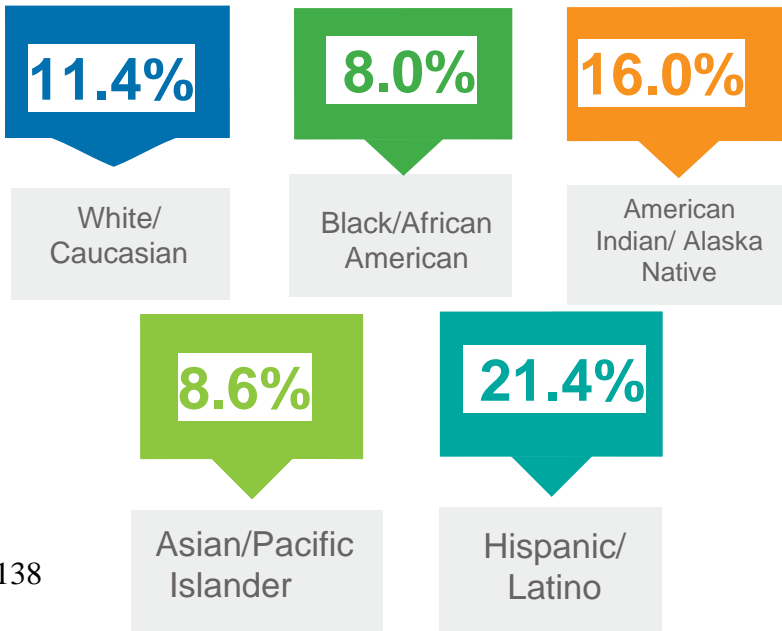
Summary

Health insurance coverage is defined as no insurance coverage by any type of health insurance or health care coverage plan. From 2014-2018, 12.5% of Clark County residents lacked health care coverage, higher than the state and national average (11.9% and 9.4%, respectively).

Why is it important?

Access to affordable, quality health care is vital to physical, social, and mental health. Health care coverage is beneficial for maintaining health, as well as treating illnesses and accidents. There are programs that cover a whole range of at-risk populations depending on the individual circumstances that can aid in increasing health insurance coverage across the population.

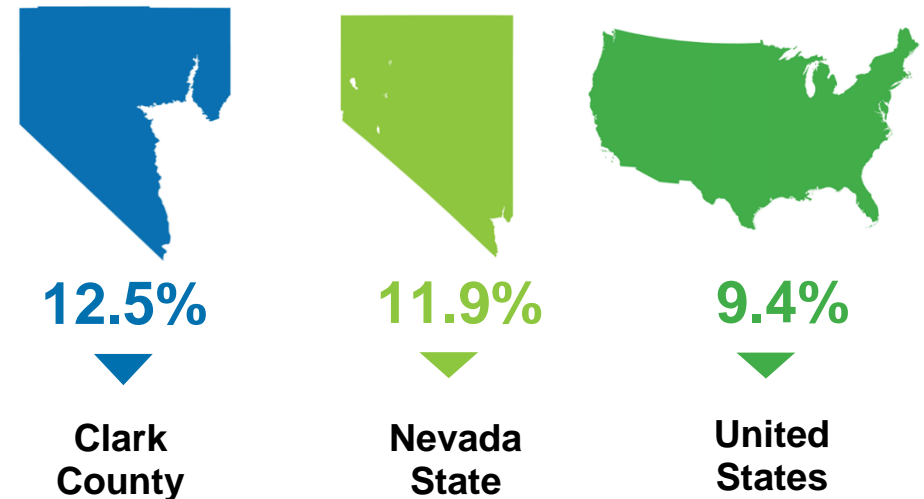
No Health Insurance Coverage by Race/Ethnicity Clark County, 2014-2018



How are we doing?

From 2014-2018, 12.5% of Clark County residents did not have health care coverage. This number is similar to the state coverage proportion at 11.9% and higher than the national average at 9.4%. No health care coverage is highest for people who identify themselves as Hispanic/Latino (21.4%) followed by American Indian /Alaska Native (16.0%). Similarly, Clark County lags the US in vaccinations, preventive screenings, routine checkups, and access to health care providers. ZIP codes with the highest proportion of no health care coverage were 89101, 89169, 89109, 89119, and 89115.

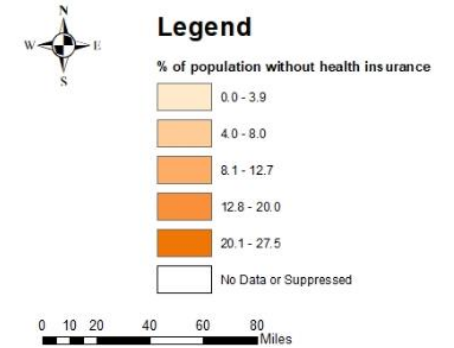
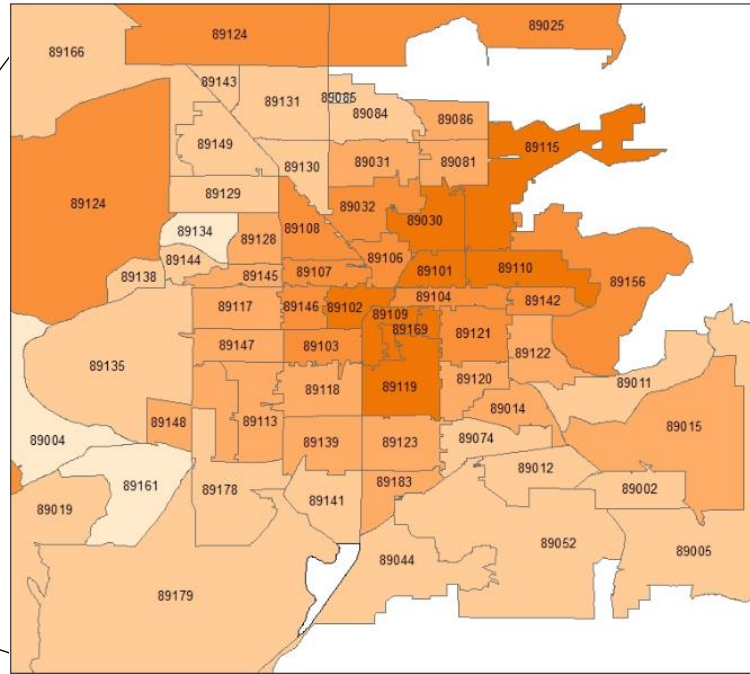
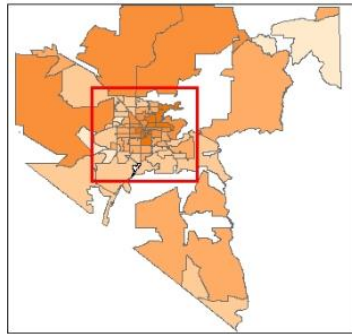
No Health Insurance Coverage Comparison, 2014-2018



Data Source: American Community Survey 5-Year Estimates, 2014-2018

Population without Health Insurance

Clark County, 2016-2018



Data Source: American Community Survey 5-Year Estimates, 2014-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 6.7 | 89026 | * | 89074 | 6.6 | 89109 | 23.1 | 89128 | 10.1 | 89145 | 9.6 |
| 89004 | 2 | 89027 | 8.6 | 89081 | 10.3 | 89110 | 21.4 | 89129 | 6.4 | 89146 | 19.1 |
| 89005 | 6.2 | 89029 | 7.4 | 89084 | 5.4 | 89113 | 11.2 | 89130 | 7.1 | 89147 | 12.5 |
| 89007 | 3.9 | 89030 | 27.5 | 89085 | 2.8 | 89115 | 21 | 89131 | 5.1 | 89148 | 8.9 |
| 89011 | 8 | 89031 | 10.2 | 89086 | 12.7 | 89117 | 10.1 | 89134 | 2.4 | 89149 | 5.4 |
| 89012 | 4.9 | 89032 | 16.5 | 89101 | 26.6 | 89118 | 12.6 | 89135 | 5.4 | 89156 | 16.1 |
| 89014 | 9.8 | 89039 | 5.7 | 89102 | 23.5 | 89119 | 23.1 | 89138 | 6.2 | 89161 | 0 |
| 89015 | 10.8 | 89040 | 11.3 | 89103 | 18.6 | 89120 | 11.2 | 89139 | 10.5 | 89166 | 6.8 |
| 89018 | 12.2 | 89044 | 4.8 | 89104 | 19.5 | 89121 | 16.7 | 89141 | 6.4 | 89169 | 25.3 |
| 89019 | 6.5 | 89046 | 9.8 | 89106 | 19.6 | 89122 | 12.5 | 89142 | 15.5 | 89178 | 6.6 |
| 89021 | 2.8 | 89052 | 6 | 89107 | 20 | 89123 | 11.1 | 89143 | 4.4 | 89179 | 6.7 |
| 89025 | 16.1 | 89054 | * | 89108 | 15.2 | 89124 | 17.1 | 89144 | 5.1 | 89183 | 9 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

ALL-CAUSE EMERGENCY ROOM VISITS

Summary

The all-cause emergency room visits indicator provides information regarding those who utilize the emergency room based on age and sex in Clark County. In 2016-2018, there were 303.3 visits per 1,000 population of all-cause emergency room visits in Clark County, Nevada.

Why is it important?

Identifying opportunities to reduce avoidable hospital emergency department visits helps to decrease non-urgent patient volume and health care costs. Communities can employ multiple evidence-based strategies, such as focusing on individuals with high emergency department utilization and redesigning the health care system to increase primary care access, providing alternative sites for non-urgent care, improving case management of chronic diseases, and using incentives.

How are we doing?

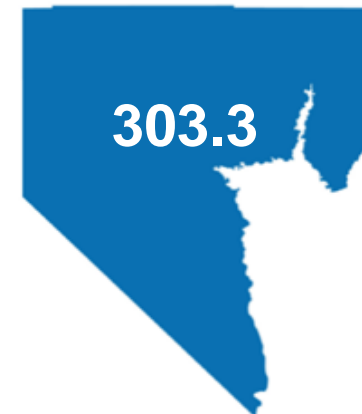
This indicator presents the number of overall emergency department visits and the proportion of visits by age for 2016-2018. During this time period, there were approximately two million visits to the emergency room, and a rate of 303.3 per 1,000 residents in Clark County. The proportion of visits were highest among 20-29-year-old females (11%) and lowest among 80+ year old males (1.6%). ZIP codes with the highest all-cause emergency room rates were 89169, 89106, 89101, 89191, and 89030.

Data Source: Nevada Hospital Discharge Data, 2016-2018

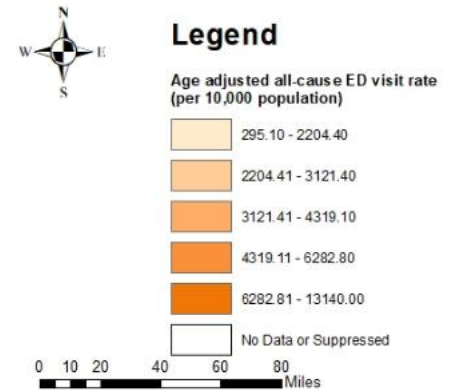
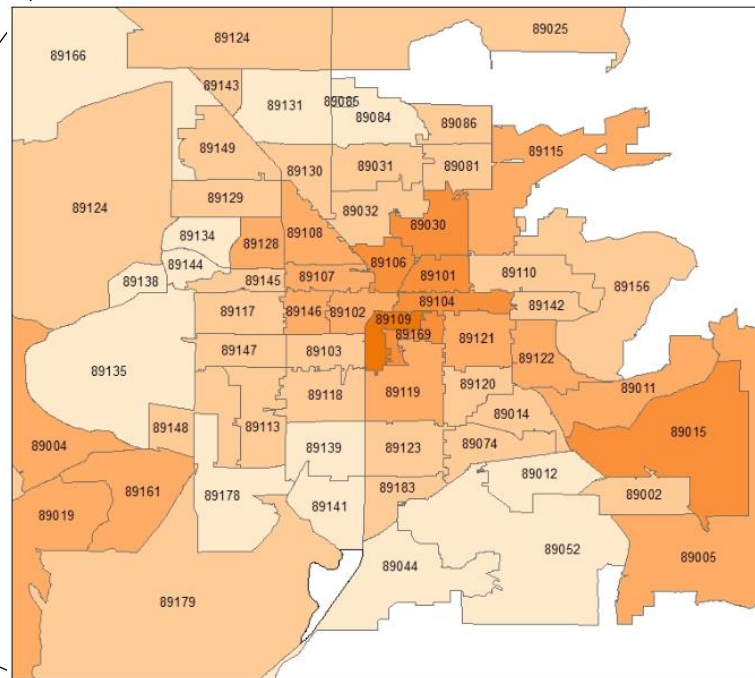
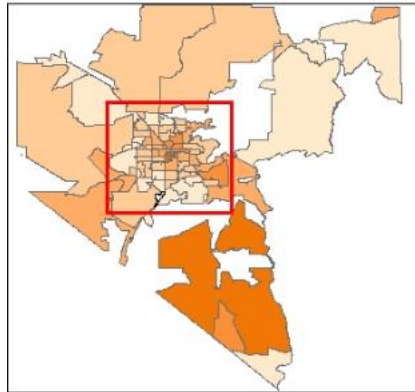
Emergency Room Visits by Age and Sex
Clark County, 2016-2018

| Age | Male | Female |
|-------|------|--------|
| 00-09 | 8.0% | 6.8% |
| 10-19 | 3.9% | 4.9% |
| 20-29 | 6.4% | 11.1% |
| 30-39 | 6.6% | 9.4% |
| 40-49 | 5.7% | 7.1% |
| 50-59 | 5.9% | 6.0% |
| 60-69 | 4.0% | 4.5% |
| 70-79 | 2.7% | 3.2% |
| 80+ | 1.6% | 2.2% |

Emergency Room Visit Rate in Clark County
(Per 1,000 Population) 2016-2018



All-Cause Emergency Room Visits Clark County, 2016-2018



Data Source: Nevada Hospital Discharge Data, 2016-2018

| | | | | | | | | | | | |
|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|-------|---------|
| 89002 | 2,351.8 | 89026 | * | 89074 | 2,298.5 | 89109 | 13,140 | 89128 | 3,351.2 | 89145 | 2,889 |
| 89004 | 3,679.7 | 89027 | 3,364.3 | 89081 | 2,426.7 | 89110 | 3,044.3 | 89129 | 2,336.9 | 89146 | 3,477 |
| 89005 | 3,678.8 | 89029 | 295.1 | 89084 | 2,009.9 | 89113 | 2,533 | 89130 | 2,641.2 | 89147 | 2,830.4 |
| 89007 | 2,200.4 | 89030 | 5,309.3 | 89085 | 2,001.1 | 89115 | 3,865.5 | 89131 | 2,090.2 | 89148 | 2,786.5 |
| 89011 | 3,517 | 89031 | 2,442.2 | 89086 | 2,739 | 89117 | 3,052.2 | 89134 | 1,945.3 | 89149 | 2,338.2 |
| 89012 | 1,959.6 | 89032 | 3,099.8 | 89101 | 5,424.9 | 89118 | 2,802.6 | 89135 | 1,852.4 | 89156 | 3,121.4 |
| 89014 | 2,911.1 | 89039 | 4,488.2 | 89102 | 3,795.7 | 89119 | 4,172.8 | 89138 | 1,608.2 | 89161 | 3,609.6 |
| 89015 | 4,617.7 | 89040 | 1,862.6 | 89103 | 3,074.5 | 89120 | 2,975.7 | 89139 | 2,080.8 | 89166 | 2,204.4 |
| 89018 | 1,623 | 89044 | 1,755.3 | 89104 | 4,678.8 | 89121 | 4,319.1 | 89141 | 1,706.5 | 89169 | 6,282.8 |
| 89019 | 3,239.3 | 89046 | 7,240 | 89106 | 6,146.9 | 89122 | 4,081.7 | 89142 | 2,713.3 | 89178 | 1,997.9 |
| 89021 | 1,273.6 | 89052 | 2,066.6 | 89107 | 3,519.5 | 89123 | 2,308.8 | 89143 | 2,431.1 | 89179 | 2,620.4 |
| 89025 | 3,014.9 | 89054 | * | 89108 | 3,708.7 | 89124 | 2,804.2 | 89144 | 1,882.6 | 89183 | 2,297.4 |
| | | | | | | | | | | 89191 | 5,341.3 |

* No Data or Suppressed



Chapter 9 Environment

HEALTH INDICATORS

- Housing Security
- Transportation Security – Vehicles Available
- Food Security

HOUSING SECURITY

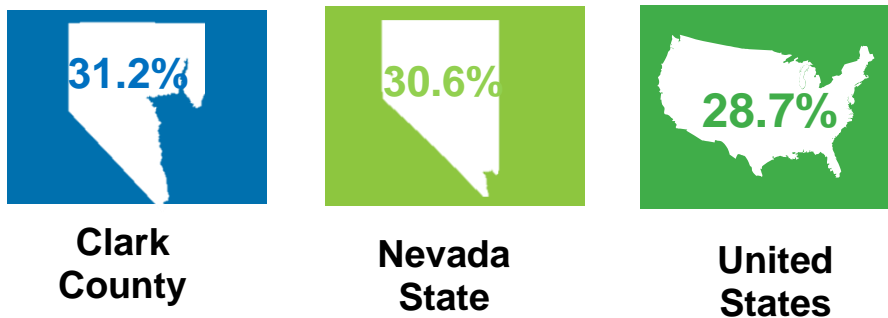
Summary

Housing security is the result of an individual lacking adequate shelter. It examines both renter-occupied housing units and owner-occupied housing units with a mortgage spending 30% or more of household income on housing from 2014-2018.

How are we doing?

The proportion of renter-occupied housing units in Clark County is 50.7% which is slightly higher than the state and national estimates. For owner-occupied housing units with a mortgage, the percentage is 31.2% of units spending more than thirty percent on mortgage, a percentage also slightly higher than the state and national estimates.

Percent of Population Spending 30% or More of Household Income on Mortgage, 2014-2018

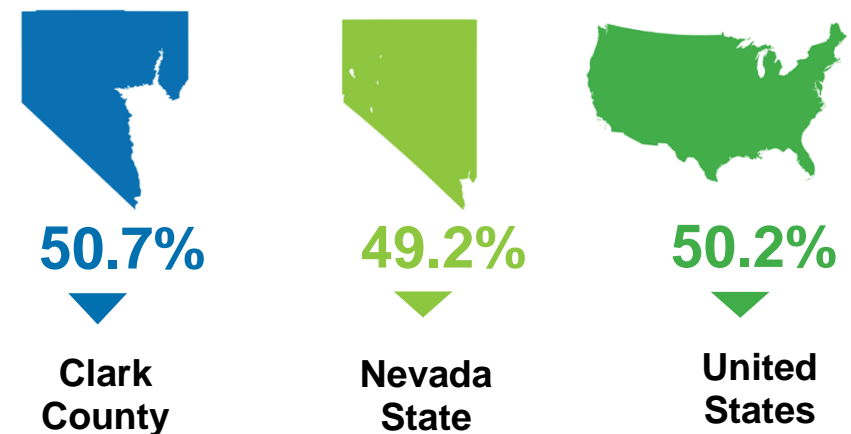


Why is it important?

There is strong evidence characterizing housing's relationship to health. At a basic level, housing provides safety, protection, and access to basic needs, such as food, clothing, and a secure place to sleep. Several different factors influence housing security such as cost of living, poor housing quality, and overcrowding.. The local public health system can examine housing security to support affordable housing options in the community through creation of programs and policies, as well as advocating for additional research to address housing affordability and instability as a social determinant of health.

Data Source: 2014-2018 American Community Survey 5-Years Estimates

Percent of Population Spending 30% or More of Household Income on Rent, 2014-2018



TRANSPORTATION – VEHICLES AVAILABLE

Summary

Transportation consists of the population’s access to motor vehicle’s and/or public transit. The greater the percentage of households without a vehicle indicates transportation insecurity in the community. From 2014-2018, 8.4% of households in Clark County reported they did not have a vehicle for commuting.

Why is it important?

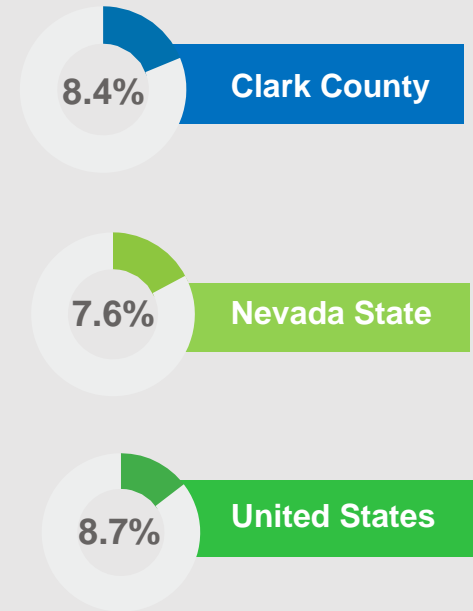
Access to reliable transportation has shown an increase in employment rates, healthy food accessibility, more health care visits, and access to parks and recreation facilities. This includes personal vehicles, defined here, and access to a robust public transportation system. Transportation issues can impact an individual’s access to health care services, resulting in delayed or missed appointments, increased expenditures, and poorer health outcomes. Transportation security data inform community planning efforts such as expansion of the public transportation network or other programs to help individuals get around.

How are we doing?

Transportation insecurity represents no vehicles available for a household and how it impacts a community. From 2014-2018 the national average of households with no vehicle was estimated to be 8.7%. This is slightly higher than Clark County, which was 8.4% of households not having a vehicle and the state percentage of 7.6% of households not having a vehicle to commute.



Percent of Household Without a Vehicle Comparison 2014-2018



Data Source: 2014-2018 American Community Survey 5-Year Estimates

FOOD SECURITY

Summary

The food environment index combines two measures of food access: the percentage of the population that is low-income and has limited access to a grocery store (living more than 1-mile away from a grocery store), and the percentage of the population that did not have access to a reliable source of food during the past year. The index ranges from 0 (worst) to 10 (best) and equally weighs the two measures.

Why is it important?

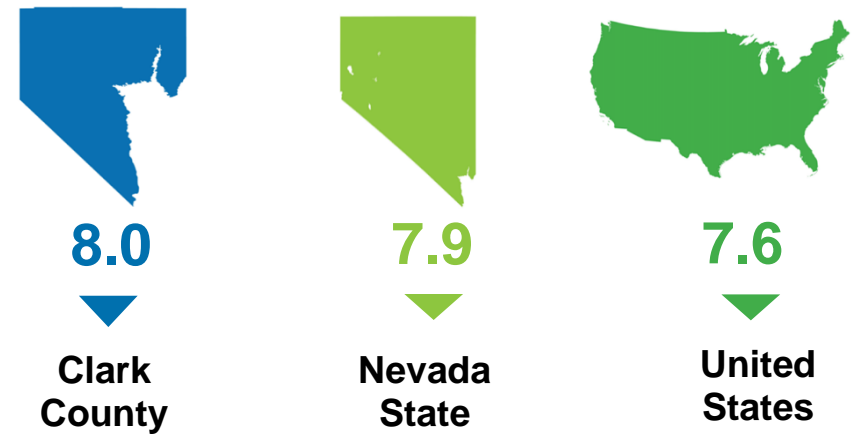
Limited or lack of access to healthy food is a significant barrier to healthy eating. Low-income and underserved areas often have a limited number of stores that sell healthy foods. People living far away from grocery stores are less likely to access healthy food options on a regular basis, and more likely to consume foods which are readily available at convenience stores and fast-food outlets. Food insecurity, defined as limited availability or uncertain ability to access nutritionally adequate foods, is associated with chronic health problems including diabetes, heart disease, high blood pressure, hyperlipidemia, obesity, and mental health issues, including major depression.

How are we doing?

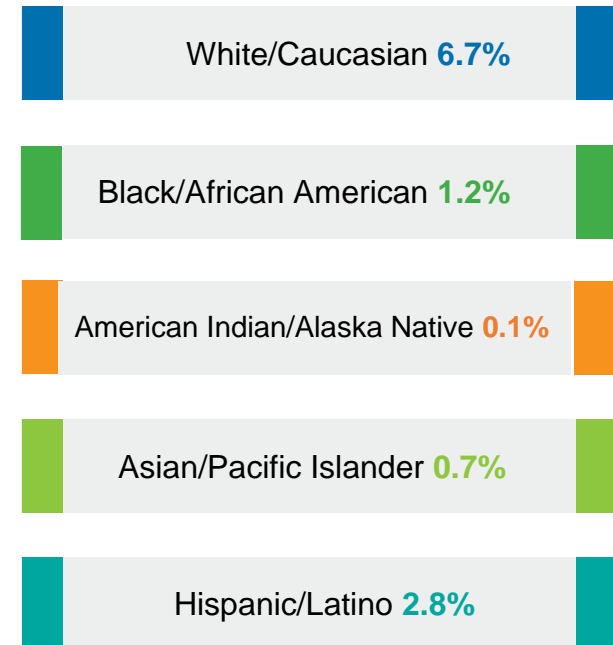
On the scale from 0 (worst) to 10 (best), Clark County stands at 8.0, while the national level is 7.6. Clark County and Nevada State are ranked higher for providing food access to the population that is low-income and has low access to grocery stores. Comparing the population living within 1-mile of a grocery store by race and ethnicity, 6.7% of non-Hispanic White/Caucasian individuals lived within a mile or less, while 0.1% of non-Hispanic American Indian/Alaska Native and 0.7% of non-Hispanic Asian/Pacific Islanders had lived within one mile.

Data Source: USDA Food Environment Atlas, 2015 & 2017

Food Environment Index Comparison, 2015 & 2017



Percent of Population Living Within 1 Mile of a Grocery Store by Race and Ethnicity Clark County, 2015 & 2017



Chapter 10 Crime



HEALTH INDICATORS

- Homicide
- Assaults: Emergency Room Visits

HOMICIDE

Summary

Homicide is when one human being causes the death of another. This health indicator measures homicides per 100,000 population in 2016-2018. There were 8.5 homicides per 100,000 population in Clark County from 2016-2018.

Why is it important?

The homicide rate represents dangers and threats within a specific community. The local public health system can address community violence through awareness campaigns and prevention programs that aim to reduce specific types of violence, including gender-based violence, youth and young adults, and child abuse and neglect. Effective prevention requires the understanding of factors that influence violence, including addressing conditions that give rise to violence in communities.

How are we doing?

The age-adjusted homicide rate for Clark County was 8.7 per 100,000 residents from 2016-2018. This was higher than the national rate of 6.1 per 100,000 and the state rate of 7.6 per 100,000. Rates were highest among the non-Hispanic Black/African American populations (26.2 per 100,000 population) and males of all races and ethnicities (13.2 per 100,000 population). ZIP codes with the highest homicide rates were 89030, 89106, 89156, 89101, and 89169.

Homicide Rate Comparison (Per 100,000 Population), 2016-2018



Clark County



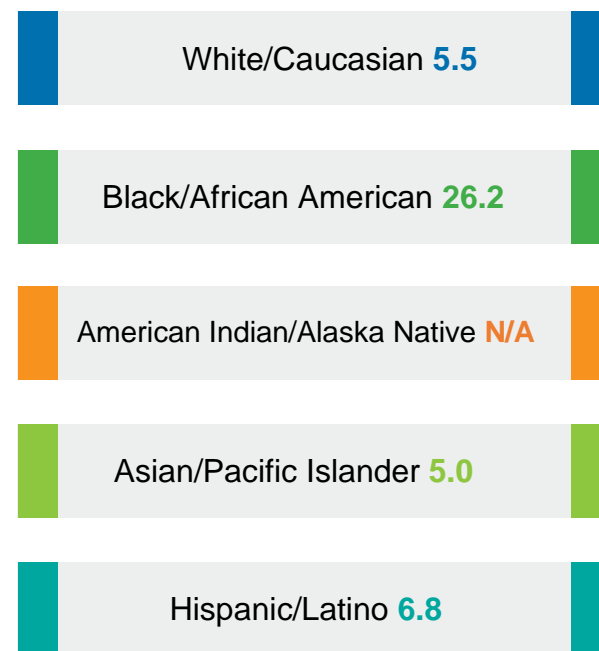
Nevada State



United States

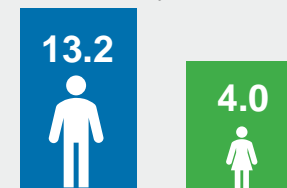
147

Homicide Rate by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death, 2016-2018

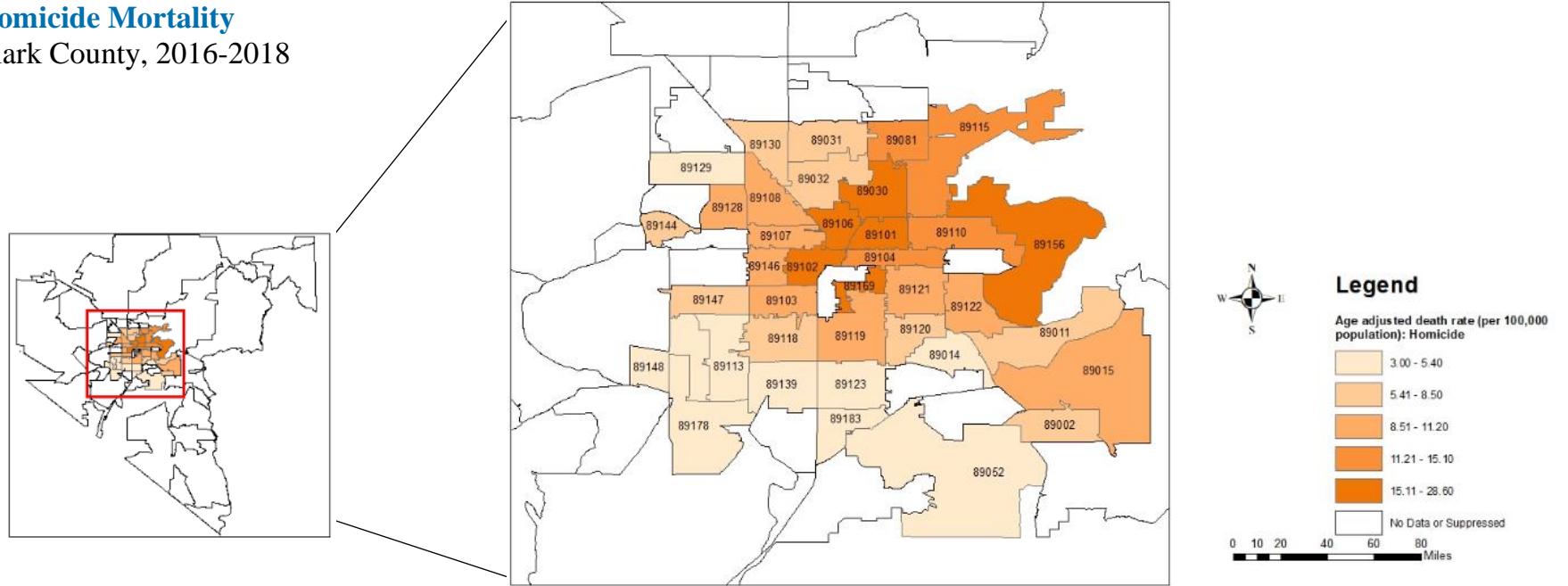
Homicide Rate by Sex (Per 100,000 Population) Clark County, 2016-2018



Male

Female

Homicide Mortality Clark County, 2016-2018



Data Source: CDC WONDER, Underlying Cause of Death 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 6.4 | 89026 | * | 89074 | * | 89109 | * | 89128 | 10.5 | 89145 | * |
| 89004 | * | 89027 | * | 89081 | 12.8 | 89110 | 13.5 | 89129 | 5.4 | 89146 | 10.4 |
| 89005 | * | 89029 | * | 89084 | * | 89113 | 5 | 89130 | 6.7 | 89147 | 8.1 |
| 89007 | * | 89030 | 28.6 | 89085 | * | 89115 | 15.1 | 89131 | * | 89148 | 4.8 |
| 89011 | 7.8 | 89031 | 7.2 | 89086 | * | 89117 | * | 89134 | * | 89149 | * |
| 89012 | * | 89032 | 7.4 | 89101 | 21.5 | 89118 | 6.9 | 89135 | * | 89156 | 21.8 |
| 89014 | 4.2 | 89039 | * | 89102 | 18.7 | 89119 | 10.9 | 89138 | * | 89161 | * |
| 89015 | 11.2 | 89040 | * | 89103 | 9.3 | 89120 | 8.5 | 89139 | 4.4 | 89166 | * |
| 89018 | * | 89044 | * | 89104 | 12.5 | 89121 | 10.6 | 89141 | * | 89169 | 20.4 |
| 89019 | * | 89046 | * | 89106 | 23.1 | 89122 | 9.7 | 89142 | * | 89178 | 4.8 |
| 89021 | * | 89052 | 3.3 | 89107 | 9 | 89123 | 3 | 89143 | * | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 10.9 | 89124 | * | 89144 | 6.8 | 89183 | 3.7 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

ASSAULTS – EMERGENCY ROOM VISITS

Summary

This health indicator measures assaults that resulted in emergency room visits. It is calculated per 10,000 residents from years 2016-2018. The rates have been adjusted to fit the community’s age distribution.

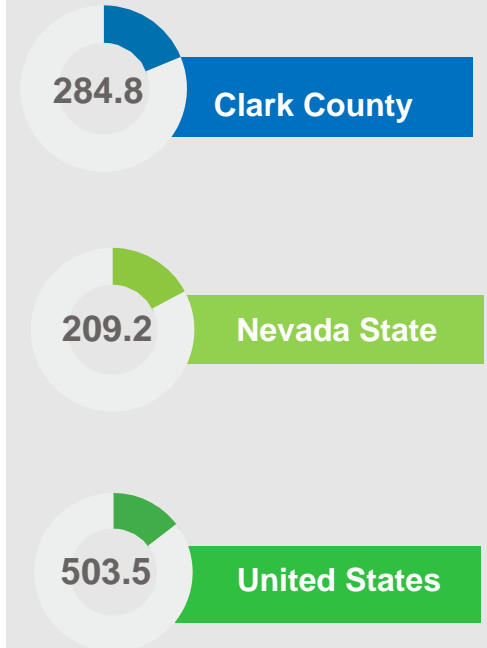
Why is it important?

Assault is the act of causing harm to another individual, a type of community violence. These data are important as they allow the local public health system to review strategies in promoting a healthier community through identifying areas with higher violence and providing more prevention programs. Increasing these programs and policies could potentially decrease the assault rate in the community, and, by extension, additional emergency room visits.

How are we doing?

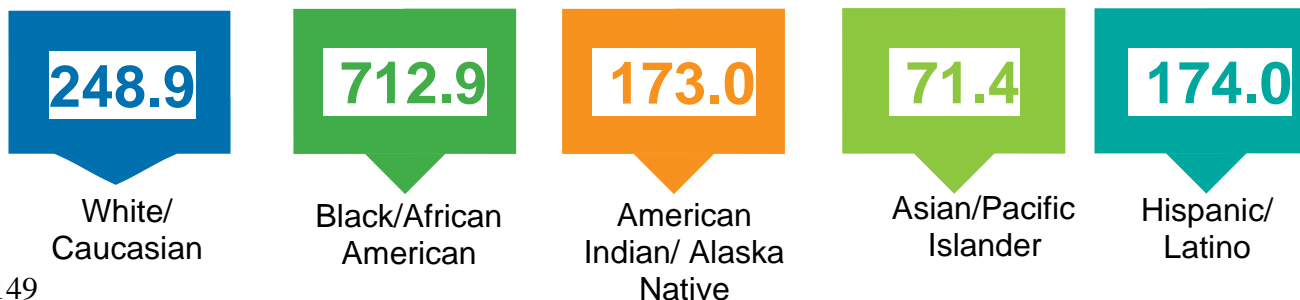
According to Nevada Hospital Discharge Data from 2016-2018, the assault-related emergency department visit rate was 284.8 assaults per 10,000 in Clark County. This rate is higher than the state rate (209.2 per 10,000) yet much lower than the national crude rate (503.5 per 10,000). The assault-related emergency department visit rate was highest among those self-reported to be non-Hispanic Black/African American (712.9 per 10,000); the second highest rate was individuals who self-reported as non-Hispanic, White/Caucasian (248.9 per 10,000). The ZIP codes with the highest assault rates – ER visits are 89169, 89109, 89106, 89121, and 89119.

Assault ER Visits Comparison (Per 10,000 Population) 2016-2018

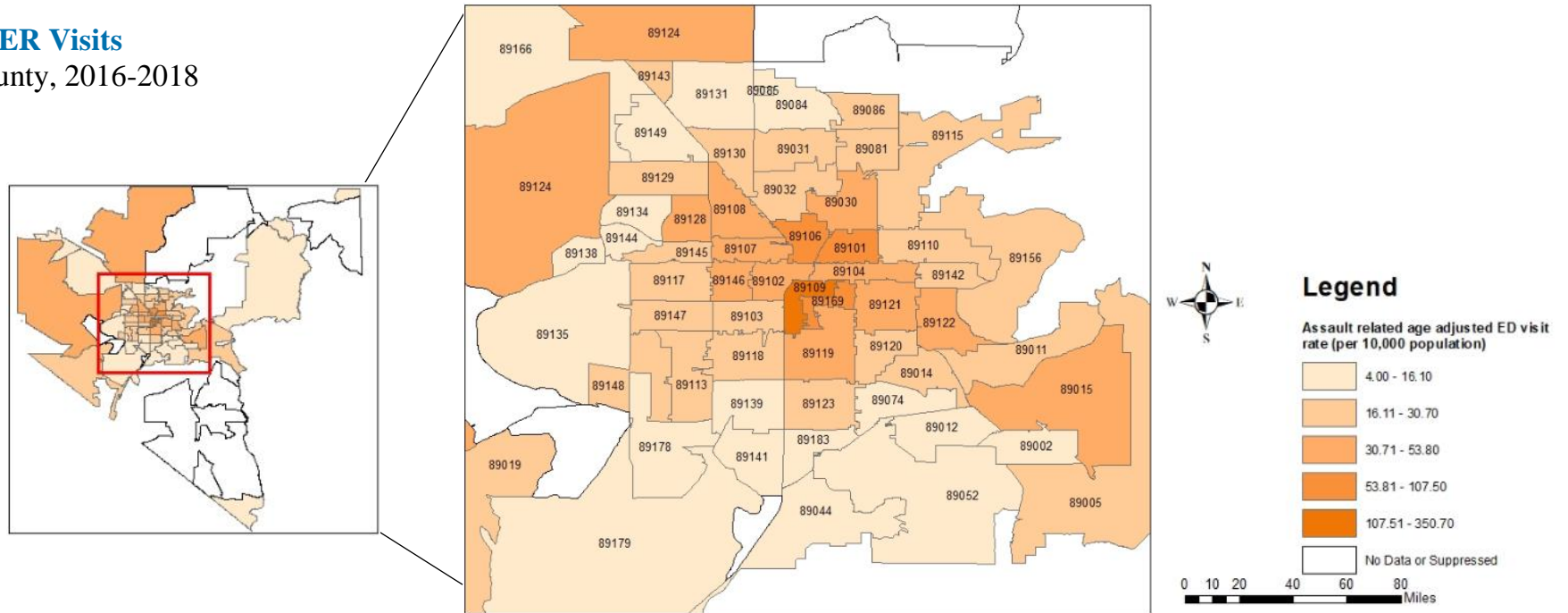


Data Source: Nevada Hospital Discharge Data 2016-2018

Assault ER Visits by Race/Ethnicity (Per 10,000 Population), Clark County, 2016-2018



Assault- ER Visits Clark County, 2016-2018



Data Source: Nevada Hospital Discharge Data, 2016-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|-------|-------|------|-------|-------|
| 89002 | 13.9 | 89026 | * | 89074 | 14.6 | 89109 | 350.7 | 89128 | 33.1 | 89145 | 26.2 |
| 89004 | * | 89027 | 16.1 | 89081 | 17.6 | 89110 | 25.6 | 89129 | 17.9 | 89146 | 34.8 |
| 89005 | 19.9 | 89029 | 6.5 | 89084 | 11.5 | 89113 | 17.8 | 89130 | 22.4 | 89147 | 23.2 |
| 89007 | * | 89030 | 38.7 | 89085 | 6.8 | 89115 | 30.7 | 89131 | 13.1 | 89148 | 22.3 |
| 89011 | 21.4 | 89031 | 18.4 | 89086 | 19.1 | 89117 | 22.2 | 89134 | 8 | 89149 | 15.6 |
| 89012 | 9.7 | 89032 | 27.6 | 89101 | 78.3 | 89118 | 24.2 | 89135 | 8.2 | 89156 | 22.1 |
| 89014 | 21.7 | 89039 | * | 89102 | 44.4 | 89119 | 52.5 | 89138 | 7.1 | 89161 | * |
| 89015 | 45.5 | 89040 | 11.6 | 89103 | 27.5 | 89120 | 25.2 | 89139 | 14.1 | 89166 | 11.8 |
| 89018 | 4 | 89044 | 6.9 | 89104 | 53.8 | 89121 | 49.1 | 89141 | 12 | 89169 | 107.5 |
| 89019 | 28.8 | 89046 | * | 89106 | 82.2 | 89122 | 36.9 | 89142 | 24.3 | 89178 | 9.4 |
| 89021 | 10.2 | 89052 | 13.6 | 89107 | 35 | 89123 | 18.4 | 89143 | 18.7 | 89179 | 14.6 |
| 89025 | * | 89054 | * | 89108 | 38.8 | 89124 | 48.4 | 89144 | 11.9 | 89183 | 15.7 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

Chapter 11 Overall Wellness Score



HEALTH INDICATORS

- Years of Potential Life Lost
- Life Expectancy

YEARS OF POTENTIAL LIFE LOST

Summary

Years of Potential Life Lost (YPLL) is a widely used measure of the rate and distribution of premature deaths. YPLL emphasizes deaths of younger persons, whereas statistics that include all mortality are dominated by deaths of the elderly. This measure identifies age-adjusted premature death before the age of 75 in Clark County, and indicates the 5-year cumulative years of life lost per 100,000 population.

Why is it important?

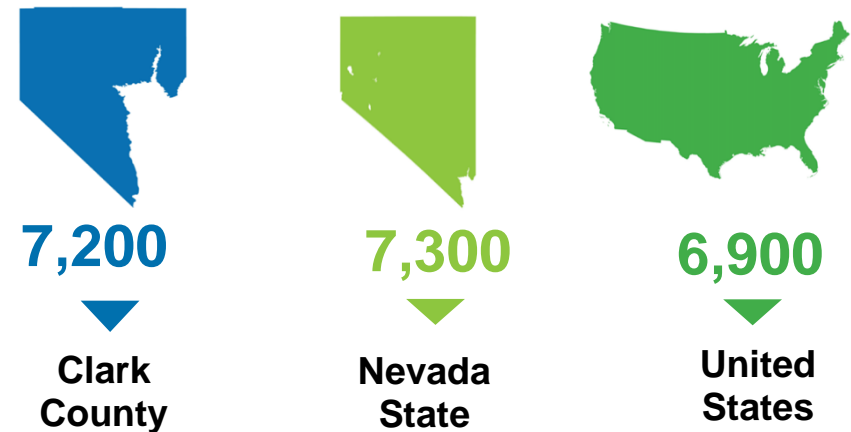
Mortality rates have historically measured the magnitude of disease and deaths. Utilizing YPLL brings a focus to deaths that were premature. Understanding how to decrease the YPLL aids the local public health system in visualizing areas of the community that need to be focused on in order to prevent future deaths as well as improve the areas of quality of life.

How are we doing?

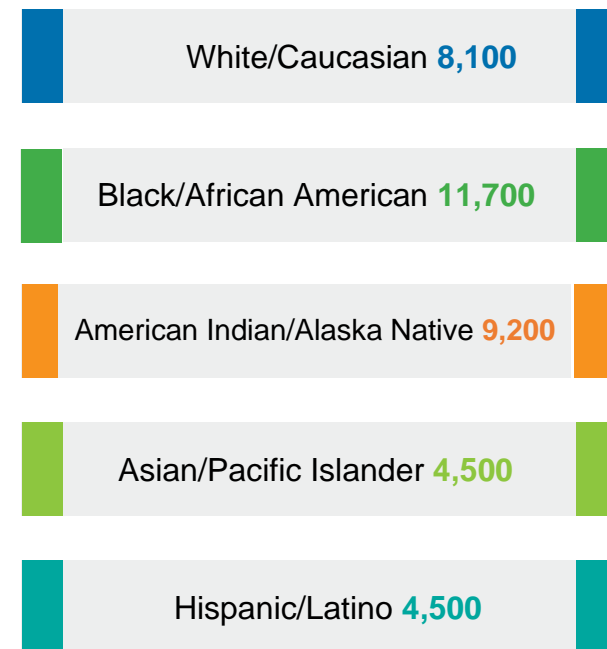
The overall years of potential life lost in Clark County was 7,200 years per 100,000 population, lower than the state rate (7,300 per 100,000) yet higher than the national rate (6,900 per 100,000). This rate for years of potential life lost was highest for individuals identifying as non-Hispanic Black/African American (11,700 per 100,000 population) followed by American Indian/Alaska Native, (9,200 per 100,000 population). ZIP codes with the highest years of potential life lost are 89046, 89161, 89109, 89025, and 89101.

Data Source: County Health Rankings 2020, Clark County Vital Records 2016-2018

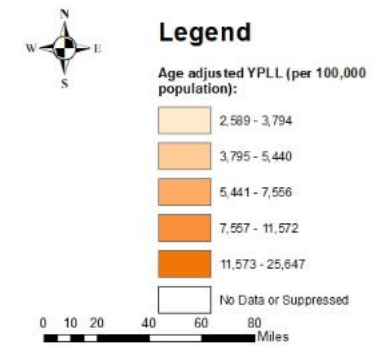
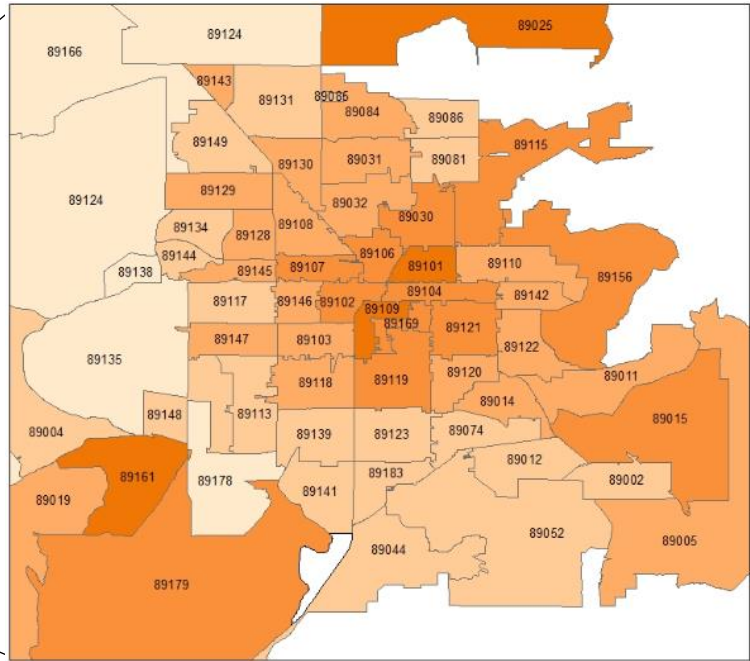
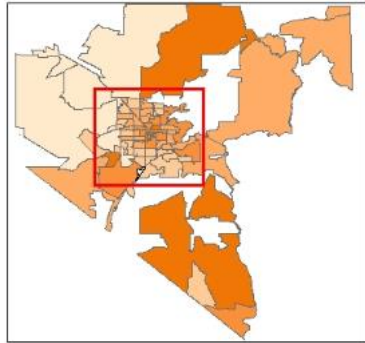
Years of Potential Life Lost Rate Comparisons
(Per 100,000 Population), 2016-2018



Years of Potential Life Lost by Race and Ethnicity
(Per 100,000 Population) Clark County, 2016-2018



Years of Potential Life Lost Clark County, 2016-2018



Data Source: County Health Rankings 2020, Clark County Vital Records 2016-2018

| | | | | | | | | | | | |
|-------|--------|-------|--------|-------|--------|-------|--------|-------|-------|-------|--------|
| 89002 | 5,179 | 89026 | * | 89074 | 4,649 | 89109 | 14,261 | 89128 | 6,681 | 89145 | 5,818 |
| 89004 | 4,719 | 89027 | 5,544 | 89081 | 5,420 | 89110 | 6,737 | 89129 | 5,572 | 89146 | 7,434 |
| 89005 | 6,526 | 89029 | 11,572 | 89084 | 5,546 | 89113 | 4,290 | 89130 | 5,635 | 89147 | 5,868 |
| 89007 | 6,612 | 89030 | 11,073 | 89085 | 4,550 | 89115 | 8,627 | 89131 | 4,623 | 89148 | 4,634 |
| 89011 | 6,055 | 89031 | 5,773 | 89086 | 5,363 | 89117 | 5,440 | 89134 | 4,886 | 89149 | 4,267 |
| 89012 | 4,253 | 89032 | 6,424 | 89101 | 13,334 | 89118 | 6,002 | 89135 | 3,794 | 89156 | 7,944 |
| 89014 | 5,532 | 89039 | 4,418 | 89102 | 7,852 | 89119 | 8,156 | 89138 | 3,297 | 89161 | 14,449 |
| 89015 | 8,196 | 89040 | 5,939 | 89103 | 6,190 | 89120 | 7,169 | 89139 | 4,557 | 89166 | 3,672 |
| 89018 | 2,589 | 89044 | 5,243 | 89104 | 9,799 | 89121 | 9,043 | 89141 | 4,195 | 89169 | 11,266 |
| 89019 | 5,729 | 89046 | 25,647 | 89106 | 11,482 | 89122 | 7,462 | 89142 | 6,414 | 89178 | 3,646 |
| 89021 | 6,370 | 89052 | 4,155 | 89107 | 7,866 | 89123 | 5,181 | 89143 | 5,724 | 89179 | 7,937 |
| 89025 | 16,346 | 89054 | * | 89108 | 7,556 | 89124 | 3,649 | 89144 | 4,402 | 89183 | 4,444 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

LIFE EXPECTANCY

Summary

Life expectancy is the average number of years of life a person can expect to live. It is a reliable snapshot of a population's longevity and general health. Capturing mortality along the entire life course, life expectancy describes the average age of death in a population.

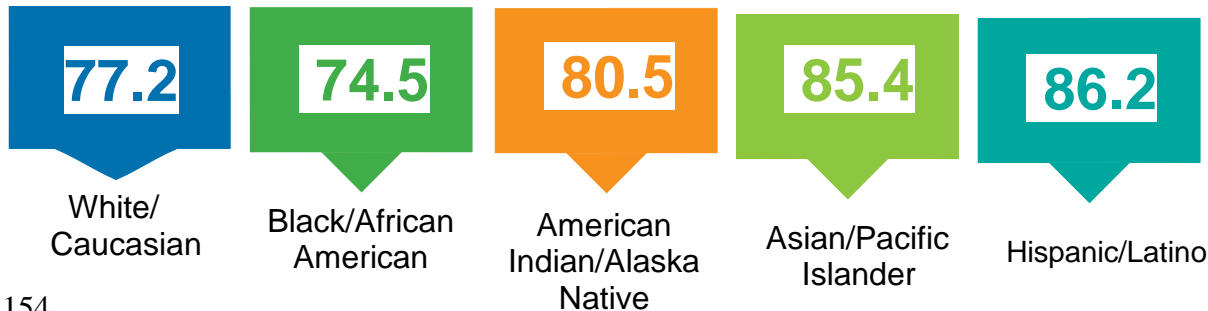
Why is it important?

In communities, life expectancy provides a foundation for population health outcomes. At the local level, life expectancy can guide decision making as it reflects indicators like neighborhood safety, quality of health care, physical environment, and physical and mental health of residents. Policies, programming, services, and education can all be tailored to improve health outcomes across the county, targeting areas with lower life expectancy.

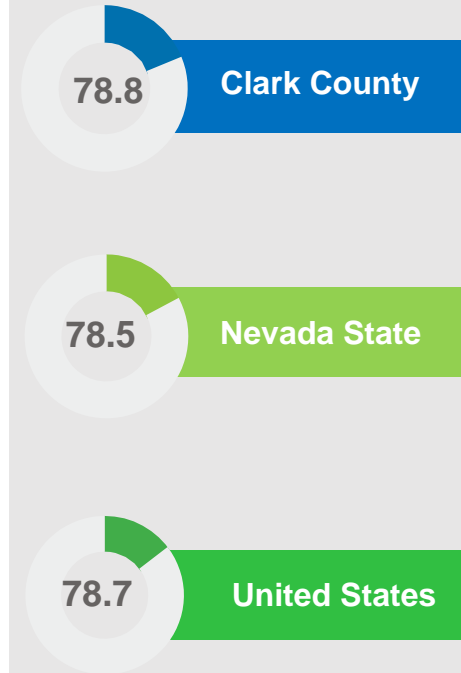
How are we doing?

The average life expectancy in Clark County, 78.8 years, is similar to both the state (78.5 years), and the U.S. population life expectancy (78.7 years). Individuals identifying themselves as Hispanic/Latino had the highest life expectancy of 86.2 years, while individuals identifying themselves as non-Hispanic White/Caucasian had the lowest life expectancy average of 77.2 years. ZIP codes with the highest life expectancy were 89141, 89183, 89084, 89052, and 89002 from 2009-2018.

Life Expectancy by Race/Ethnicity
(Years) Clark County, 2016-2018

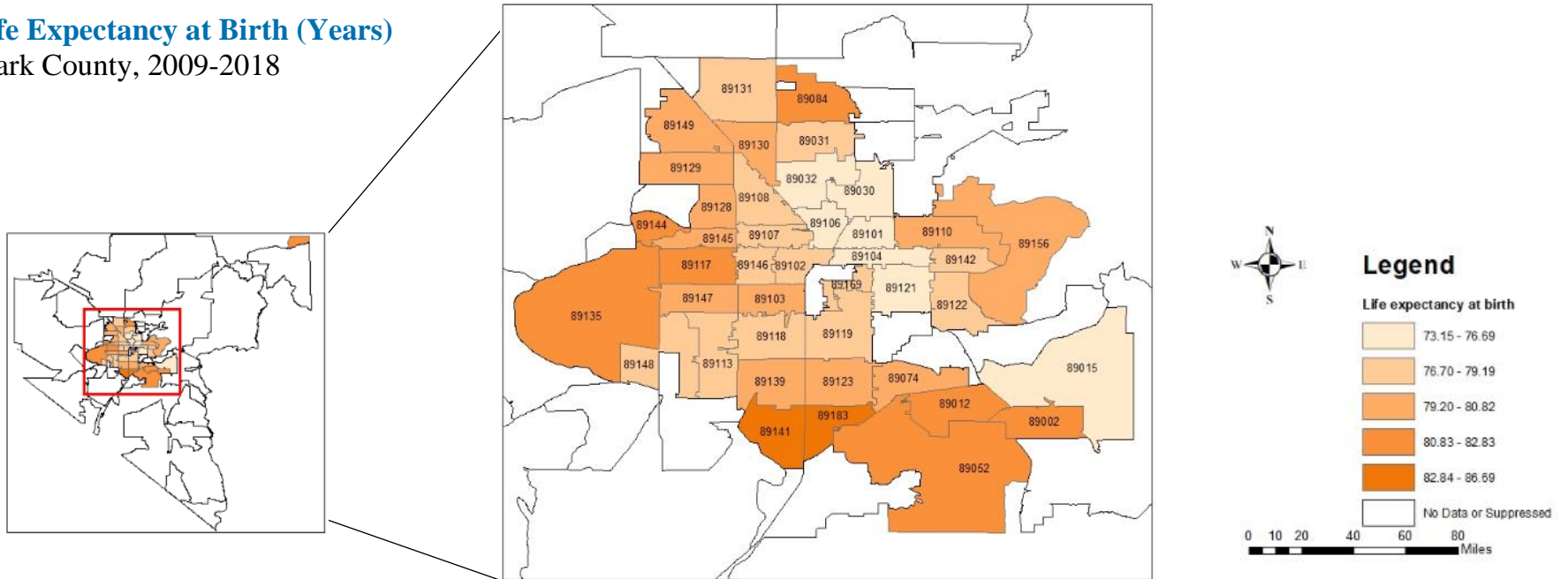


Life Expectancy Comparisons (Years)
2016-2018



Data Source: County Health Rankings, 2020

Life Expectancy at Birth (Years) Clark County, 2009-2018



Data Source: Clark County Vital Records 2009-2018

| | | | | | | | | | | | |
|-------|------|-------|------|-------|------|-------|------|-------|------|-------|------|
| 89002 | 82.3 | 89026 | * | 89074 | 80.8 | 89109 | * | 89128 | 80.6 | 89145 | 80 |
| 89004 | * | 89027 | 82.2 | 89081 | * | 89110 | 80.2 | 89129 | 80.5 | 89146 | 77.6 |
| 89005 | * | 89029 | * | 89084 | 82.1 | 89113 | 79.2 | 89130 | 79.5 | 89147 | 80.5 |
| 89007 | * | 89030 | 74.1 | 89085 | * | 89115 | * | 89131 | 78.2 | 89148 | 78.4 |
| 89011 | * | 89031 | 77.7 | 89086 | * | 89117 | 81.4 | 89134 | * | 89149 | 80.4 |
| 89012 | 81.6 | 89032 | 76.5 | 89101 | 73.1 | 89118 | 78.8 | 89135 | 81.8 | 89156 | 79.6 |
| 89014 | * | 89039 | * | 89102 | 78.4 | 89119 | 77.9 | 89138 | * | 89161 | * |
| 89015 | 75.4 | 89040 | * | 89103 | 80.2 | 89120 | * | 89139 | 80.1 | 89166 | * |
| 89018 | * | 89044 | * | 89104 | 76.7 | 89121 | 76.6 | 89141 | 86.7 | 89169 | 78.5 |
| 89019 | * | 89046 | * | 89106 | 74.3 | 89122 | 78.1 | 89142 | 79.1 | 89178 | * |
| 89021 | * | 89052 | 82.8 | 89107 | 78.5 | 89123 | 80.6 | 89143 | * | 89179 | * |
| 89025 | * | 89054 | * | 89108 | 77.9 | 89124 | * | 89144 | 81.4 | 89183 | 84.8 |
| | | | | | | | | | | 89191 | * |

* No Data or Suppressed

Summary

The Community Health Assessment Steering Committee analyzed the qualitative and quantitative data described in this report. In general, the input received from community members and those who participated in the delivery of health care services varied slightly. The common themes that presented themselves from community feedback for all MAPP assessments were Access to Care (Cost, Availability, Knowledge of Services), Transportation, Chronic Disease, Mental Health, Funding and Community Safety. The findings from this report will be utilized to identify priority strategic issues for the 2021-2026 community health improvement process cycle. The chosen priority strategic issues will be a joint community decision and will be the focus of the community health improvement plan.

According to the County Health Rankings, the health status of Clark County residents has shown improvement over time as demonstrated by an increase in life expectancy. The improved health status of the residents of Clark County is also reflected in key health indicators and social determinants of health statistics, such as increases in median household income and education; and decreases in unemployment and those with no health care coverage.

While improved outcomes are to be celebrated, there are still opportunities for improvement in overall health rankings. Areas for continued attention include addressing the opioid epidemic and expanding projects and partnerships with community stakeholders to maximize outreach and resources. In addition to topic-specific measurements, this report reviewed 67 health indicators. Of those, 51 health indicators were reviewed by ZIP codes. The top five ZIP codes identified with the highest health burdens were: 89101 (25), 89106 (19), 89030 (18), 89169 (14), and 89115 (12).

APPENDIX- ZIP Codes with Greatest Health Burdens

89018 (9)

- Unemployment
- Fertility Rate
- Late or No Prenatal Care
- Maternal Smoking During Pregnancy
- Stroke Prevalence
- Chronic Obstructive Pulmonary Disease (COPD) Prevalence
- Cigarette Use
- Heart Disease Mortality
- Breast Cancer Mortality

89019 (8)

- Late or No Prenatal Care
- Maternal Smoking During Pregnancy
- All-Cause Mortality
- Heart Disease Mortality
- Stroke Mortality
- Chronic Lower Respiratory Disease Mortality (CLRD)
- All-Cancer Mortality
- Lung Cancer Mortality

89025 (5)

- Low Infant Birth Weight
- Late or No Prenatal Care
- Heart Disease Mortality
- All-Cancer Mortality
- Years of Potential Life Lost

89027 (6)

- Teen Births
- Infant Mortality
- Hypertension Prevalence
- All-Cancer Prevalence
- Coronary Heart Disease Prevalence
- Chronic Obstructive Pulmonary Disease (COPD) Prevalence

89029 (11)

- Supplemental Security Income (SSI)
- Unemployment
- Maternal Smoking During Pregnancy
- Infant Mortality
- Preterm Births
- Diabetes Prevalence
- Hypertension Prevalence

- Coronary Heart Disease Prevalence
- Stroke Prevalence
- Suicide Mortality
- Firearm Mortality

89030 (18)

- Supplemental Nutrition Assistance Program (SNAP)
- Poverty
- Birth Rate
- Preterm Births
- Late or No Prenatal Care
- Maternal Education
- Physical Activity
- Obesity Prevalence
- Cigarette Use
- All-Cause Mortality
- Chronic Lower Respiratory Disease (CLRD) Mortality
- Stroke Mortality
- Diabetes Mortality
- Hypertension Mortality
- Firearm Mortality
- Poor Mental Health Days
- Emergency Room Visits
- Homicide

89039 (8)

- Maternal Education
- Diabetes Prevalence
- Hypertension Prevalence
- All-Cancer Prevalence
- Coronary Heart Disease Prevalence
- Stroke Prevalence
- Chronic Obstructive Pulmonary Disease (COPD) Prevalence
- Chronic Kidney Disease

89046 (10)

- Low Infant Birth Weight
- Maternal Smoking During Pregnancy
- Maternal Education
- Diabetes Prevalence
- Hypertension Prevalence
- Stroke Prevalence
- Chronic Obstructive Pulmonary Disease (COPD) Prevalence
- Chronic Kidney Disease
- Chronic Lower Respiratory Disease (CLRD) Mortality
- Years of Potential Life Lost

89101 (25)

- Supplemental Nutrition Assistance Program (SNAP)
- Poverty
- Preterm Births
- Late or No Prenatal Care
- Maternal Education
- Physical Activity
- Obesity Prevalence
- Diabetes Prevalence
- Cigarette Use
- All-Cause Mortality
- Heart Disease Mortality
- All-Cancer Mortality
- Unintentional Injuries
- Chronic Lower Respiratory Disease (CLRD) Mortality
- Heart Attack Mortality
- Diabetes Mortality
- Breast Cancer Mortality
- Lung Cancer Mortality
- Drug Overdose
- Suicide
- Poor Mental Health Days
- Health Insurance Coverage
- Emergency Room Visits
- Homicide
- Years of Potential Life Lost

89104 (6)

- Unemployment
- Fertility Rate
- Influenza/Pneumonia
- Stroke Mortality
- Heart Attack Mortality
- Diabetes Mortality

89106 (19)

- Supplemental Security Income (SSI)
- Poverty
- Unemployment
- Birth Rate
- Fertility Rate
- Teen Births
- Low Infant Birth Weight
- Physical Activity
- Obesity Prevalence
- Diabetes Prevalence
- Chronic Kidney Disease
- Cigarette Use
- Unintentional Injuries
- Diabetes Mortality
- Drug Overdose
- Poor Mental Health Days
- Emergency Room Visits
- Homicide
- Assaults – ER Visits

89109 (10)

- Preterm Births
- Infant Mortality
- Influenza/Pneumonia
- All-Cause Mortality
- Unintentional Injuries
- Drug Overdose
- Suicide
- Health Insurance Coverage
- Assaults – ER Visits
- Years of Potential Life Lost

89115 (12)

- Total Population
- Supplemental Nutrition Assistance Program (SNAP)
- Poverty
- Unemployment
- Birth Rate
- Fertility Rate
- Physical Activity
- Obesity Prevalence
- Cigarette Use
- Hypertension Mortality
- Poor Mental Health Days
- No Insurance Coverage

89134 (6)

- Hypertension Prevalence
- All-Cancer Prevalence
- Coronary Heart Disease Prevalence
- Stroke Prevalence
- Chronic Kidney Disease
- Suicide

89169 (14)

- Supplemental Nutrition Assistance Program (SNAP)
- Birth Rate
- Low Infant Birth Rate
- Infant Mortality
- Obesity Prevalence
- Unintentional Injuries
- Chronic Lower Respiratory Disease (CLRD) Mortality
- Heart Attack Mortality
- Drug Overdose
- Firearm Mortality
- Health Insurance Coverage
- Emergency Room Visits
- Homicide
- Assaults – ER Visits

89179 (6)

- Population Change
- Birth Rate
- Fertility Rate
- Alzheimer’s Disease
- Breast Cancer Mortality
- Binge Drinking

APPENDIX- Helpful Links

Community Resources

American Community Survey

<https://www.census.gov/en.html>

Nevada Public Schools Free or
Reduced Lunch Data

<https://www.ccsd.net/departments/food-service/free-reduced-meal-program>

CDC WONDER

<https://wonder.cdc.gov>

Centers for Disease Control and
Prevention

<https://www.cdc.gov/std/stats/>

Behavioral Health Risk Factor
Surveillance System (BRFSS)

<https://www.cdc.gov/brfss/brfssprevalence/index.html>

USDA Food Environment Atlas

<https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas/>

County Health Rankings

<https://www.countyhealthrankings.org>

Community Assets

Resurgence of Downtown Art
District

<https://www.18b.org>

Allegiant Stadium

<https://www.allegiantstadium.com>

Convention Venues

<https://www.lvcva.com>

Expanded Health Information
Exchange

<https://healthienvada.org>

Amazon

<https://www.amazon.com>

Dignity Health Neighborhood

Hospital Wellness Centers

<https://www.dignityhealth.org/las-vegas>

The Shannon West Homeless

Youth Center

<http://www.helpsonv.org/programs-youth.php>

Deer Springs District Livable
Centers

http://www.cityofnorthlasvegas.com/departments/lacs/deer_springs_district.php

UNLV Medical School

<https://www.unlv.edu/medicine>

City of Las Vegas 2050 Master
Plan

<https://www.lasvegasnevada.gov/Business/Planning-Zoning/Master-Plan>

RTC OnBoard Future Mobility Plan

<https://onboardsnv.com>

Clark County School District

<https://www.ccsd.net>

Clark County Social Services

https://www.clarkcountynv.gov/residents/assistance_programs/index.php

Clark County Library District

<https://lvcld.org>

Nevada Department of Health and
Human Services Family Resource
Centers

<http://dhhs.nv.gov>

Hoover Dam

<https://www.usbr.gov/lc/hooverdam/>

Fire Departments

https://www.clarkcountynv.gov/government/departments/fire_department/index.php

Police Departments

<https://www.lvmpd.com/en-us/Pages/default.aspx>

Hospitals (University Medical Center – UMC)

<https://www.umcsn.com>

Regional Transportation

Commission of Southern Nevada, RTCSN

<https://www.rtcnv.com>

University of Nevada, Las Vegas

<https://www.unlv.edu>

College of Southern Nevada

<https://www.csn.edu>

Nevada State College

<https://nsc.edu>

Parks and Recreation Departments (Clark County, City of Las Vegas, City of Henderson, City of Boulder City & City of Mesquite)

<https://www.cityofhenderson.com/parks-and-recreation/about>

<https://www.lasvegasnevada.gov/Government/Departments/Parks-Recreation>

<https://www.bcnv.org/237/Parks-Recreation>

<https://www.mesquitenv.gov>

https://www.clarkcountynv.gov/government/departments/parks_recreation/index.php

Family Promise

<https://familypromiselv.com>

Nellis Air Force Base

<https://www.nellis.af.mil>

Head Start

<http://www.doe.nv.gov/HeadStart/>

Nevada 2-1-1

<https://www.nevada211.org>

Southern Nevada Health District

<https://www.southernnevadahealthdistrict.org>

Clark County Medical Society

<https://www.clarkcountymedical.org>

University of Nevada, Reno

Extension

<https://extension.unr.edu/default.aspx>

Zappos

<https://www.zappos.com>

Starbucks

<https://www.starbucks.com>

Vietnam Veterans of America

<https://vva.org>

Medical Reserve Corps

<https://mrc.hhs.gov/HomePage>

YMCA

<https://www.lasvegasymca.org>

AARP

<https://www.aarp.org>

Habitat for Humanity

<https://www.habitat.org>

Catholic Charities

<https://www.catholiccharities.com>

Nature Conservancy

<https://www.nature.org/en-us/about-us/where-we-work/united-states/nevada/>

Girl Scouts/Boy Scouts

<https://www.scouting.org>

<https://www.girlscoutsnv.org>

AmeriCorps VISTA

<https://www.nationalservice.gov/programs/ameri-corps/ameri-corps-programs/ameri-corps-vista>

American Red Cross of Southern Nevada

<https://www.redcross.org/local/nevada/about-us/locations/Southern-Nevada.html>

Deseret Industries

<https://www.deseretindustries.org>

Nevadans for the Common Good

<https://www.nevadansforthecommongood.org>

Big Brothers/Big Sisters

<https://www.bbbs.org>

United Way of Southern Nevada

<https://www.uwsn.org>

Safe Nest

<https://safenest.org>

Opportunity Village

<https://www.opportunityvillage.org>

Disabled American Veterans
(DAV)
<https://www.dav.org>
The Gay and Lesbian Center of
Southern Nevada
<https://thecenterlv.org>
Nevada Homeless Alliance
<https://nevadahomelessalliance.org>
Special Olympics Nevada
<https://www.sonv.org>
Alliance of Nevada Nonprofits
<https://alliancefornevadanonprofits.com>
Goodwill of Southern Nevada
<https://www.goodwill.vegas>
The Salvation Army of Southern
Nevada
<https://www.salvationarmysouthernnevada.org>
HELP of Southern Nevada
<https://www.helpsonv.org>
Nevada Partnership for Homeless
Youth
<https://nphy.org>
Baby's Bounty
<https://www.babysbounty.org>
Meals on Wheel
<https://www.mealsonwheelsamerica.org>
Huntridge Teen Clinic
<https://www.huntridgefamilyclinic.org>

March of Dimes
<https://www.marchofdimes.org>
Leid Animal Shelter
<https://animalfoundation.com>
Foundation for Positively Kids
<https://positivelykids.org>
Lake Mead, Colorado River
<https://www.nps.gov/lake/learn/nature/overview-of-lake-mead.htm>
Springs Preserve
<https://www.springspreserve.org>
Mount Charleston
<https://www.gomtcharleston.com>
Desert Research Institute
<https://www.dri.edu>
Red Rock
<https://www.redrockcanyonlv.org>
Solar and Wind Power
Wetlands Park
https://www.clarkcountynv.gov/government/departments/parks_recreation/wetlands_park/index.php
Aid for AIDS of Nevada (AFAN)
<http://afanlv.org>
Helping Kids Clinic
<http://www.helpingkidsclinic.org>
Nevada Health Center's
Mammovan
<https://www.nevadahealthcenters.org/mammography/>
Clark County Safe Kids
<https://www.safekidsclarkcounty.org>

Court-Appointed Special Advocates
(CASA)
<https://nationalcasagal.org>
Three Square Food Bank
<https://www.threesquare.org>
Immunize Nevada
<https://www.immunizenevada.org>
Henderson Equality Center
<https://hendersonequalitycenter.org>
Tule Springs
<https://www.nps.gov/tusk/index.htm>