



# Dignity Health - St. Rose Dominican Community Health Needs Assessment

Rose de Lima, San Martín, Siena, Blue Diamond,  
North Las Vegas, Sahara, West Flamingo, & Rehab Hospital

May 2022



# 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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Three Square  
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- A community that supports changes to the built environment that promote healthy, active lifestyles.

# Executive Summary

## Introduction

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by Dignity Health – St. Rose Dominican. The priorities identified in this report help to guide the hospitals' community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health. This CHNA report meets requirements of the Patient Protection and Affordable Care Act that not-for-profit hospitals conduct a community health needs assessment at least once every three years. The joint CHNA report is clearly identified as applying to the hospital facilities listed below, and all of the collaborating hospital facilities and organizations included in the joint CHNA report define their community to be the same. Joint CHNA Hospitals:

- Dignity Health - St. Rose Dominican Siena Campus
- Dignity Health - St. Rose Dominican San Martin Campus
- Dignity Health – St. Rose Dominican Rose de Lima Campus
- Dignity Health Rehabilitation Hospital
- Dignity Health – St. Rose Dominican Blue Diamond Campus
- Dignity Health – St. Rose Dominican North Las Vegas Campus
- Dignity Health – St. Rose Dominican West Flamingo Campus
- Dignity Health – St. Rose Dominican Sahara Campus

## Dignity Health Commitment and Mission Statement

The hospital's dedication to engagement with the community, assessing priority needs, and helping to address them with community health program activities is in keeping with our mission. As Dignity Health we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

## CHNA Collaborators

The 2022 Southern Nevada Community Health Needs Assessment was sponsored by Dignity Health – St. Rose Dominican and the Southern Nevada Health District. Additional community partners and collaborators are listed on page 3.

## Community Definition

Clark County is the most populous county in Nevada, accounting for nearly three-quarters of the state's residents. All ZIP codes that encompass Clark County, Nevada, were analyzed to represent the community benefit service area for all Dignity Health – St. Rose

Dominican Hospitals. Within this CHNA, special attention has been given to populations that are medically underserved, low-income, or minority groups living in the community, such as older adults, parents of young children, individuals experiencing homelessness, LGBTQ+ individuals, and individuals who primarily speak Spanish in the home.

### **Assessment Process and Methods**

An extensive assessment process utilizing quantitative and qualitative analyses was undertaken to determine community health needs. Quantitative social, economic, and health data for Clark County, Nevada, came from a variety of secondary data sources at the local, state, and national levels. Primary data sources included a randomized telephone survey of Clark County residents and five focus group interviews of vulnerable populations in the community service area.

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 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. A total of seven focus group discussions were held between February 28<sup>th</sup> and March 21<sup>st</sup>, 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

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

### **Identification of Significant Community Health Needs**



Epidemiologists and subject-matter experts in a broad array of existing and emerging health issues at the Southern Nevada Health District, conducted a broad-sweeping data analysis to identify areas of concern for health-related topics across Clark County. For consideration in their analysis, they looked at size, scale, and severity of the problem and disparity and equity across multiple vulnerable groups. This analysis gave rise to a list of health priority areas, which included: sexual health, maternal/child health, injury, environmental health, mental health, healthcare infrastructure, and health care access.

### **List of Prioritized Significant Health Needs**

After the review of the findings of the CHNA report, engagement of the community and local public health system partners, the top four health priorities were chosen. From all the issues that were identified within the four assessments of the CHNA, the health priorities that were chosen will continue to be the focus of the Community Health Implementation Strategy.

1

#### **Chronic Disease**

Chronic diseases are long-lasting illnesses that persists over a long period of time and require ongoing medical attention, limited activities of daily living, or both. Between 2016-2018, chronic diseases ranked consistently among the top ten causes of death in Clark County. Social determinants of health, such as safe housing; job opportunities; discrimination and violence; language and literacy skills have an impact on the prevalence of chronic diseases in the community. Having appropriate resources to decrease chronic disease in the community is important as it will promote programs and interventions.

2

#### **Access to Care**

Promoting health equity within access to care is important as everyone has the right to be healthy. Health should not depend on the ZIP code, economic status, or color of skin of an individual. Having the access to care helps address disparities while it is the first step in creating a more equitable health system that improve the physical, social, and mental health for everyone in the community.

3

#### **Transportation**

Having transportation to and from health care services can improve health as well as health equity which can reduce air pollution and increase physical activity. Reliable access to transportation can help increase employment rates, access to healthy foods, access to health care providers and facilities, and access to parks and recreation for a healthy lifestyle. The assessment identified the high cost of transportation, accessibility to transportation and an insufficient utilization of transportation funding as areas to address.

# 4

## **Funding**

Having the appropriate public health funding will aid in grants that help reduce issues of Southern Nevada and aid in promoting programs and initiatives. With improvement to transparency with public health funding for key stakeholders and the public, it provides knowledge for individuals in the decision-making process. A high unemployment rate, high health care and transportation costs, limited public health funding, and lack of education funding have been identified as funding focus areas.

## **Resources Potentially Available**

A community asset analysis was conducted to determine resources available to address the identified significant community needs - See pages 18-19.

## **Report Adoption, Availability and Comments**

This CHNA report was adopted by the Dignity Health – St. Rose Dominican Community Board – Select Medical Board, and Emerus Board in May 2022. This report is widely available to the public on the hospitals’ web sites, and a paper copy is available for inspection upon request at Dignity Health – St. Rose Dominican Community Health Center. Written comments on this report can be submitted to Dignity Health – St. Rose Dominican, Community Health, 2651 Paseo Verde Pkwy, Ste 180, Henderson, NV 89074 or by email to [holly.lyman@dignityhealth.org](mailto:holly.lyman@dignityhealth.org).

No written comments were received on the 2019 CHNA or Implementation Strategy.

## **Prioritized Description of Significant Community Health Needs**

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 10<sup>th</sup> 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.

## Identification of Significant Community Health Needs

After the review of the findings of the CHNA report, engagement of the community and local public health system partners, the top four health priorities were chosen. From all the issues that were identified within the four assessments of the CHNA, the health priorities that were chosen will continue to be the focus of the Community Health Implementation Strategy.

1

### **Chronic Disease**

Chronic diseases are long-lasting illnesses that persists over a long period of time and require ongoing medical attention, limited activities of daily living, or both. Between 2016-2018, chronic diseases ranked consistently among the top ten causes of death in Clark County. Social determinants of health, such as safe housing; job opportunities; discrimination and violence; language and literacy skills have an impact on the prevalence of chronic diseases in the community. Having appropriate resources to decrease chronic disease in the community is important as it will promote programs and interventions.

2

### **Access to Care**

Promoting health equity within access to care is important as everyone has the right to be healthy. Health should not depend on the ZIP code, economic status, or color of skin of an individual. Having the access to care helps address disparities while it is the first step in creating a more equitable health system that improve the physical, social, and mental health for everyone in the community.

3

### **Transportation**

Having transportation to and from health care services can improve health as well as health equity which can reduce air pollution and increase physical activity. Reliable access to transportation can help increase employment rates, access to healthy foods, access to health care providers and facilities, and access to parks and recreation for a healthy lifestyle. The assessment identified the high cost of transportation, accessibility to transportation and an insufficient utilization of transportation funding as areas to address.

4

### **Funding**

Having the appropriate public health funding will aid in grants that help reduce issues of Southern Nevada and aid in promoting programs and initiatives. With improvement to transparency with public health funding for key stakeholders and the public, it provides knowledge for individuals in the decision-making process. A high unemployment rate, high health care and transportation costs, limited public health funding, and lack of education funding have been identified as funding focus areas.

## Assessment Process and Methods

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 28<sup>th</sup> and March 21<sup>st</sup>, 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"> <li>Affordable Living</li> <li>Celebration of Diversity (culture, ethnic, race)</li> <li>Historic West Side</li> </ul>	<ul style="list-style-type: none"> <li>Growth (Economic, Industrial)</li> <li>National parks</li> <li>Cultural Preservations</li> <li>Pioneers, Settlers</li> </ul>	<ul style="list-style-type: none"> <li>Water Conservation &amp; Innovation</li> <li>Hoover Dam</li> <li>Bridge across Colorado River</li> <li>Sense of Community</li> </ul>
Future Plans		
<ul style="list-style-type: none"> <li>Resurgence of Downtown Art District</li> <li>Allegiant Stadium</li> <li>Convention Venues</li> <li>Expanded Health Information Exchange</li> <li>Amazon</li> </ul>	<ul style="list-style-type: none"> <li>Dignity Health Neighborhood Hospital Wellness Centers</li> <li>The Shannon West Homeless Youth Center</li> <li>Deer Springs District Livable Centers</li> <li>UNLV Medical School</li> </ul>	<ul style="list-style-type: none"> <li>High-Capacity Transit Planning</li> <li>City of Las Vegas 2050 Master Plan</li> <li>RTC OnBoard Future Mobility Plan</li> <li>New Parks and Trails</li> </ul>
Public Sector		
<ul style="list-style-type: none"> <li>Clark County School District</li> <li>Clark County Social Services</li> <li>Clark County Library District</li> <li>Nevada Department of Health and Human Services Family Resource Centers</li> <li>Fire Departments</li> <li>Police Departments</li> <li>Hospitals (University Medical Center – UMC)</li> </ul>	<ul style="list-style-type: none"> <li>Regional Transportation Commission of Southern Nevada, RTCSN</li> <li>University of Nevada, Las Vegas</li> <li>College of Southern Nevada</li> <li>Nevada State College</li> <li>Parks and Recreation Departments (Clark County, City of Las Vegas, City of Henderson, City of Boulder City &amp; City of Mesquite)</li> </ul>	<ul style="list-style-type: none"> <li>Family Promise</li> <li>Nellis Air Force Base</li> <li>Head Start</li> <li>Nevada 2-1-1</li> <li>Southern Nevada Health District</li> <li>Nonprofits</li> <li>Clark County Medical Society</li> <li>University of Nevada, Reno Extension</li> </ul>

## Assets Continued

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

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

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



#### Economic

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



#### Social

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



#### Healthcare

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



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

\* 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.

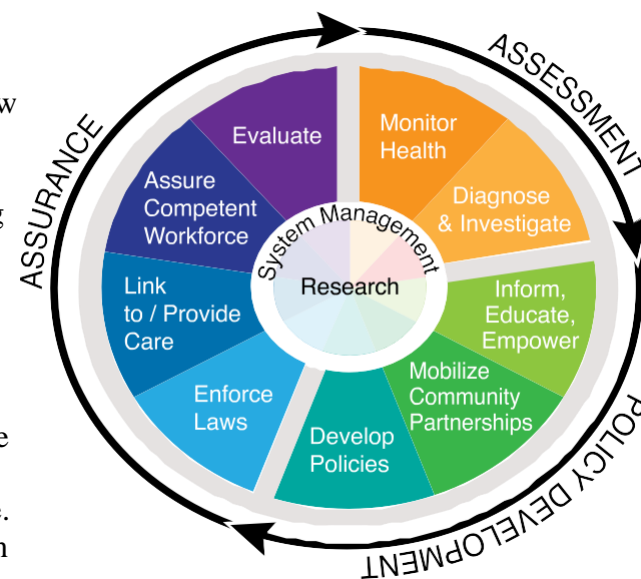
Continuing Forces from 2015
Economic
Healthcare-Related
Educational
Political/Legal

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

# Local Public Health System Assessment

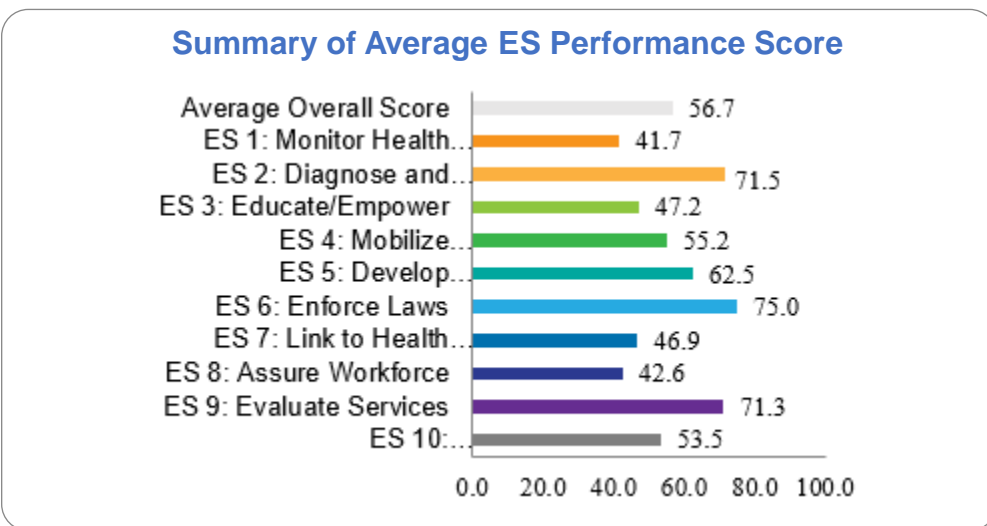
**Purpose:** The purpose of the Local Public Health System Assessment (LPHSA) is to identify strengths and weaknesses of the Local Public Health System (LPHS). The assessment focuses on traditional and non-traditional LPHS partners' perspectives on how well the 10 Essential Services are being provided 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](mailto:huac@SNHD.org)



## 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
<b>Average Overall Score</b>	<b>55</b>	<b>57</b>	<b>2</b>
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

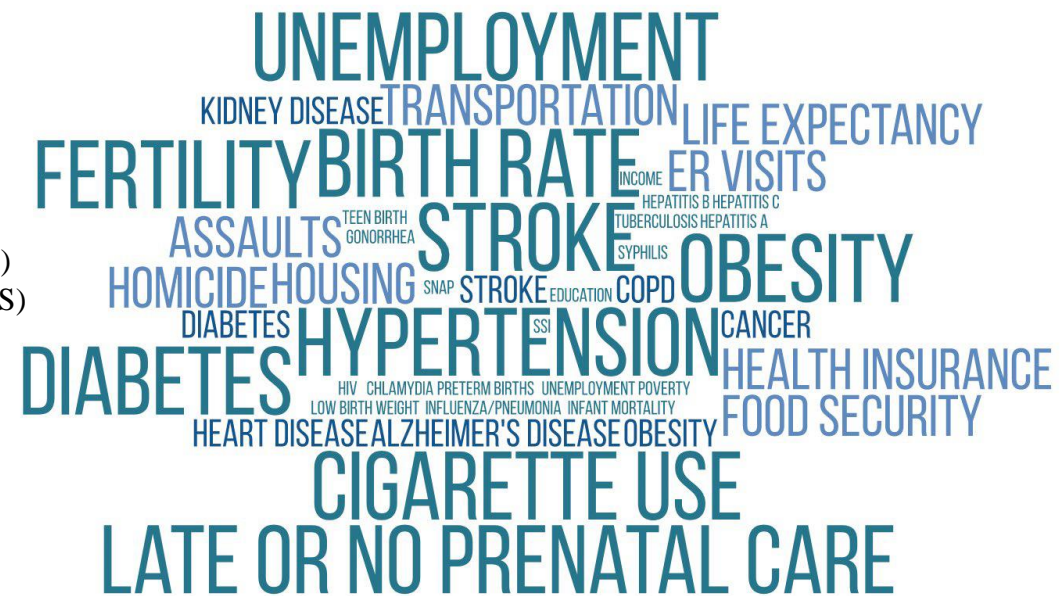
**Purpose:** The Community Health Status Assessment (CHSA) identifies health and quality of life issues that are areas for improvement in Clark County. The CHSA seeks to answer the questions:

- 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



# Assessment Data and Findings





A large, blurred photograph of a crowd of people, likely at a public event or festival, with various colors of clothing and lights visible. The image is out of focus, creating a bokeh effect with soft, glowing circles of light.

# Chapter 1 Community Definition

## 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



Dignity Health.  
St. Rose Dominican

**SNhD**  
Southern Nevada Health District

# TOTAL POPULATION OF NEVADA & CLARK COUNTY

## Summary

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

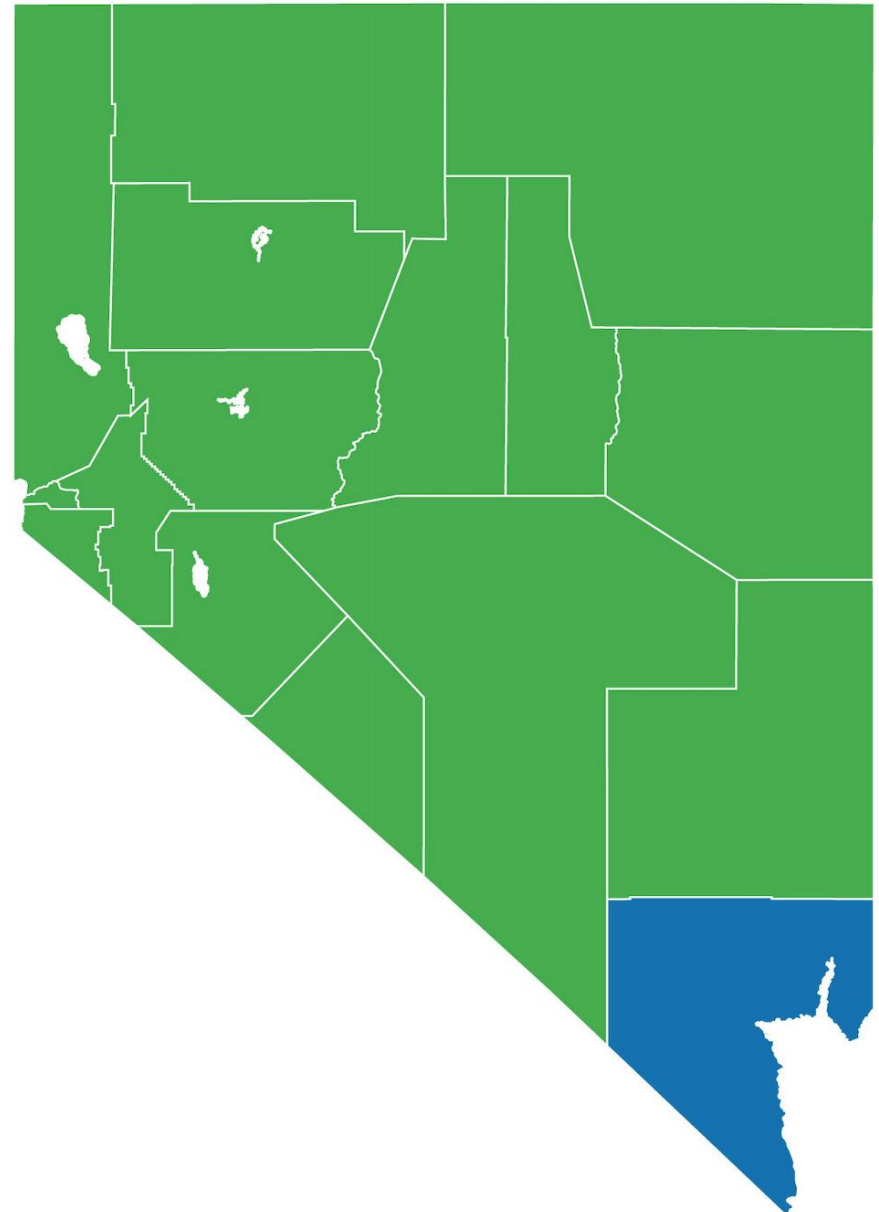
## Why is it important?

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

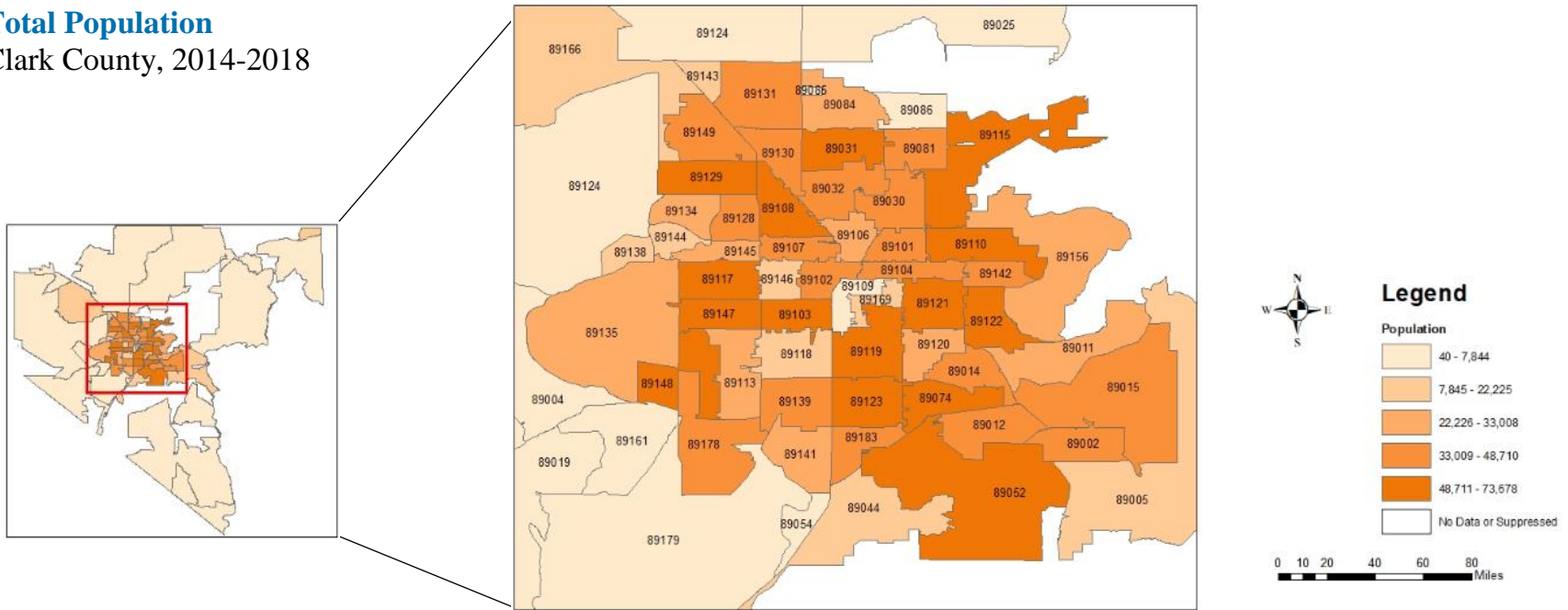


 Nevada

 Clark County  
Dignity Health.  
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Southern Nevada Health District

## 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.

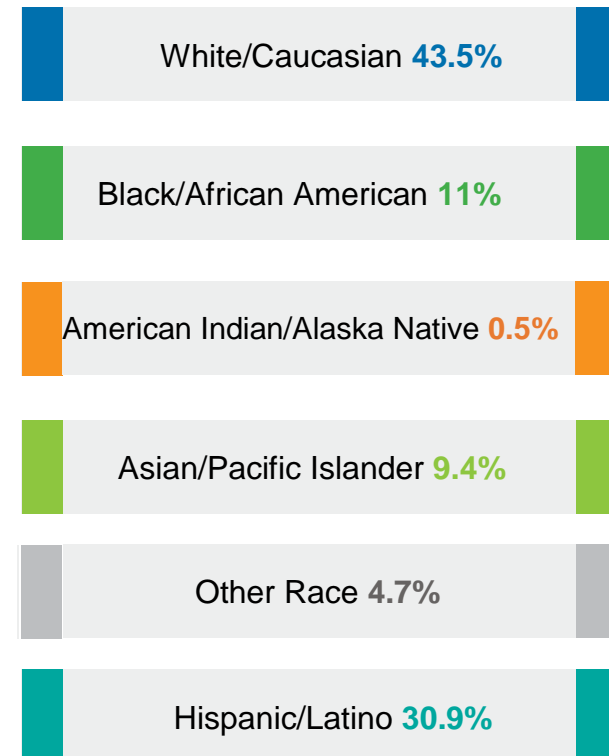
Data Source: 2014-2018 American Community Survey 5-Year Estimates



## 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

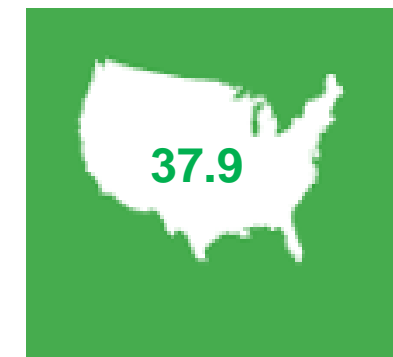
## Median Age Comparison 2014-2018



**Clark County**

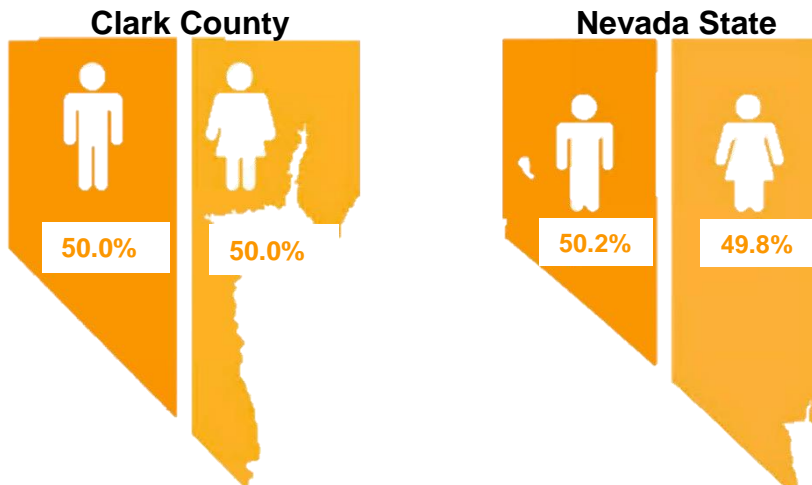


**Nevada State**



**United States**

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



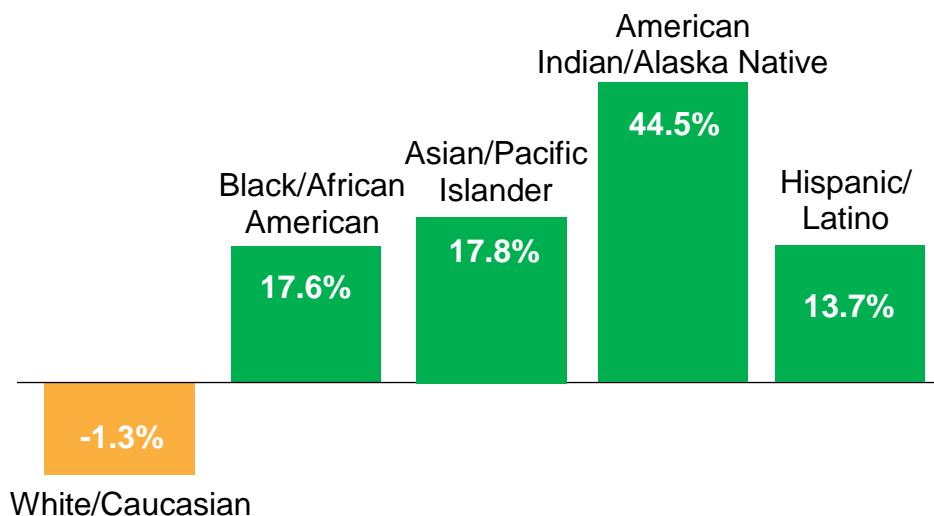


# COUNTY SPECIFIC POPULATION CHANGE

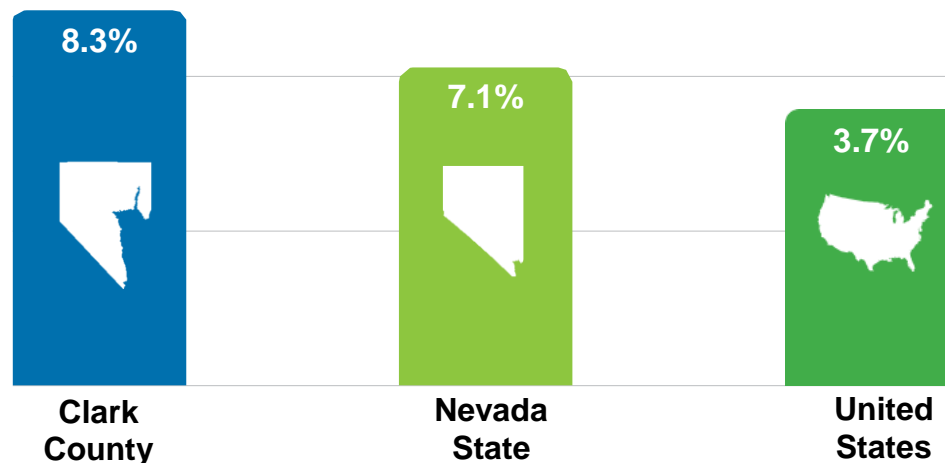
## Summary

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



**Percent Increase in Total Population Comparison, 2013 vs. 2018**



## How are we doing?

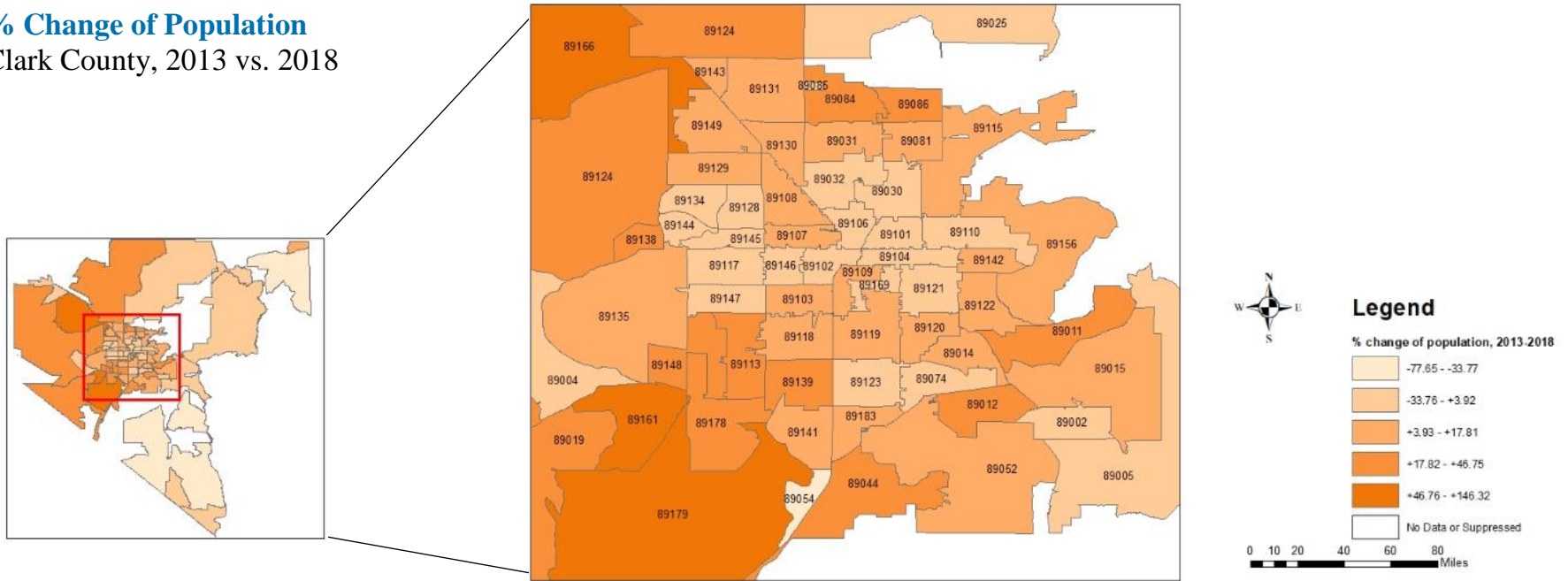
Comparing 2009-2013 to 2014-2018, there was an 8.3% increase in Clark County's total population. While the overall population increased, the non-Hispanic White/Caucasian population decreased by 1.3%. The greatest increase in population occurred within the American Indian/Alaska Native and Asian/Pacific 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.

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

**% 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



Dignity Health.  
St. Rose Dominican



# 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.

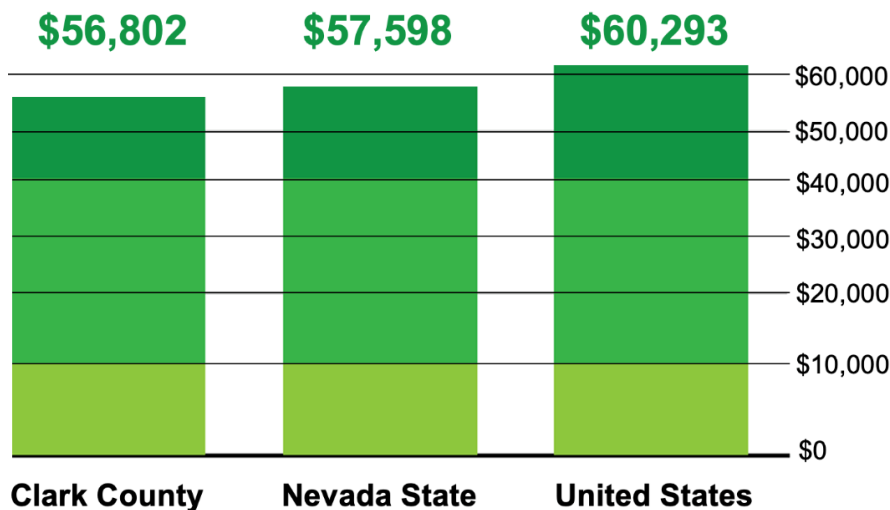
## Why is it important?

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?

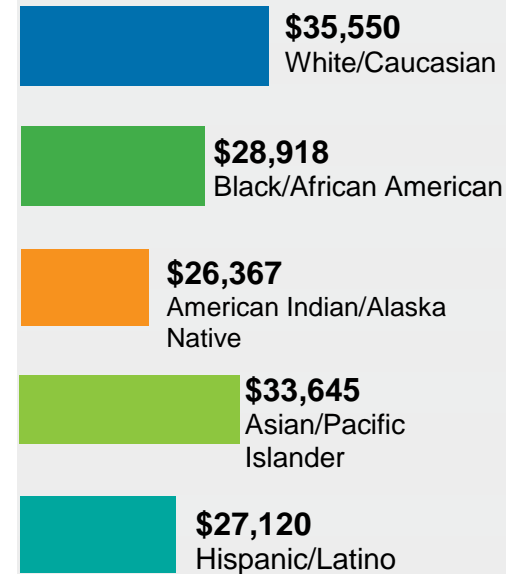
The median household income in Clark County was lower than Nevada and the United States median. When looking closer at individuals, males earned \$6,320 more dollars annually than females in Clark County. Regarding race/ethnicity, White, non-Hispanic individuals earn more annually than other races. The 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



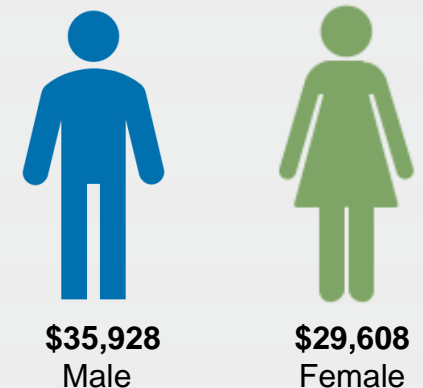
## Median Earnings by Race/Ethnicity

Clark County, 2014-2018



## Median Income by Sex

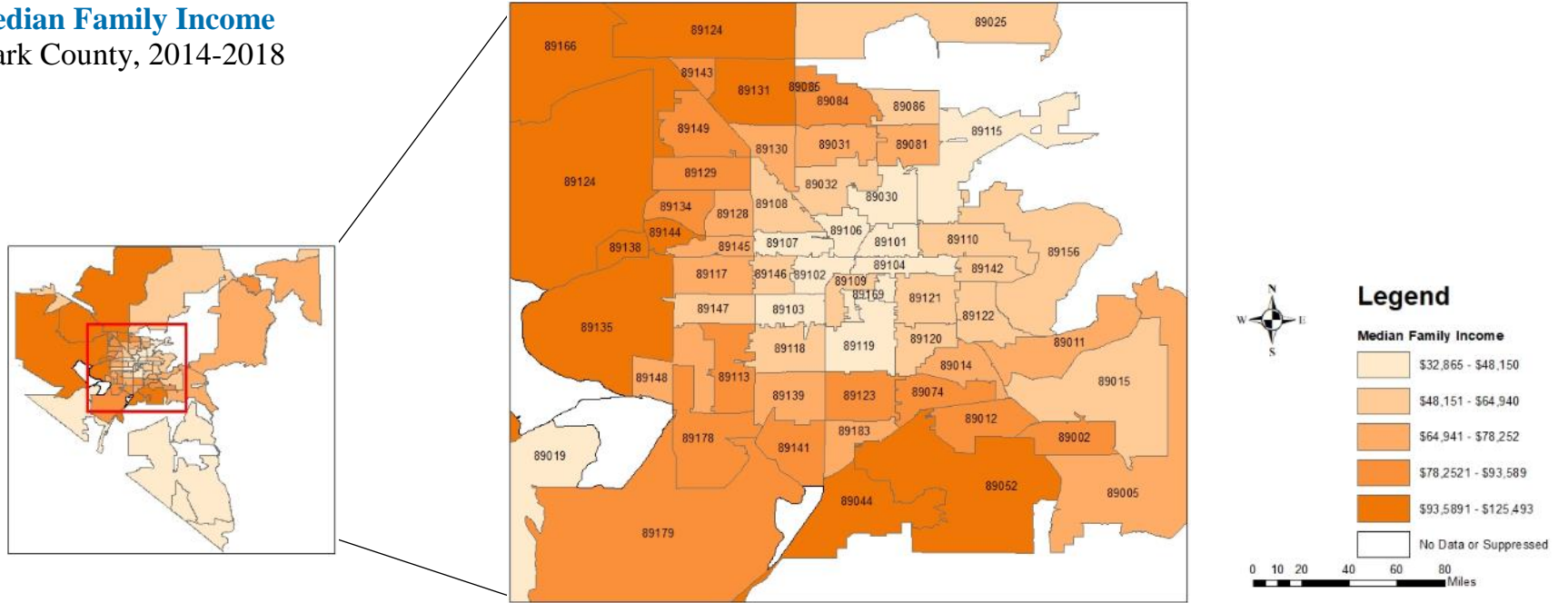
Clark County, 2014-2018



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.

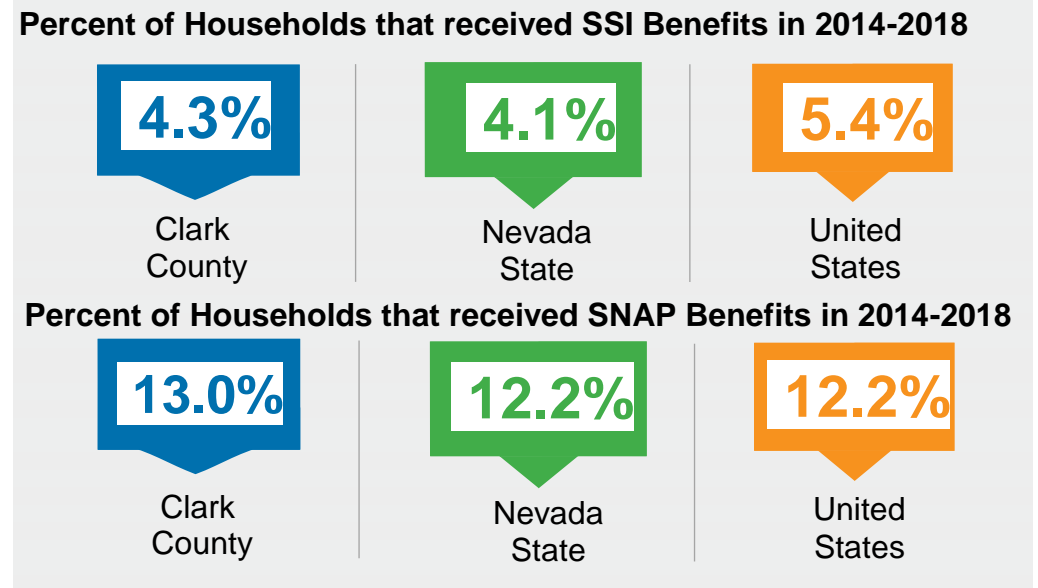
## Why is it important?

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.

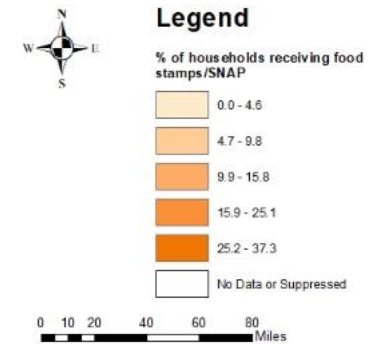
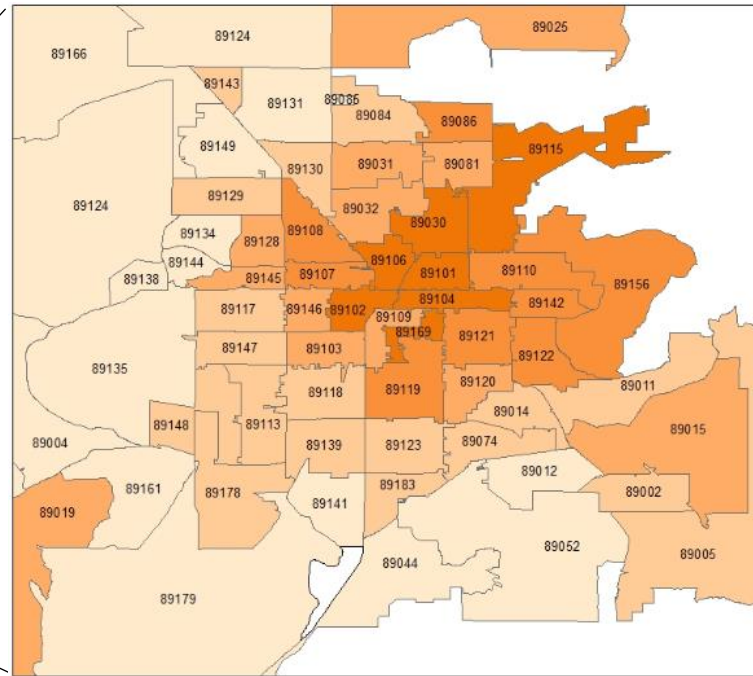
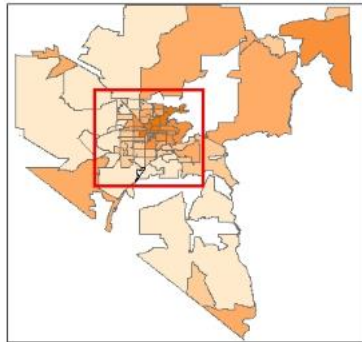
## How are we doing?

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

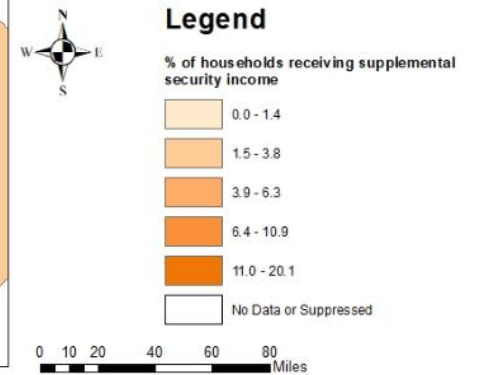
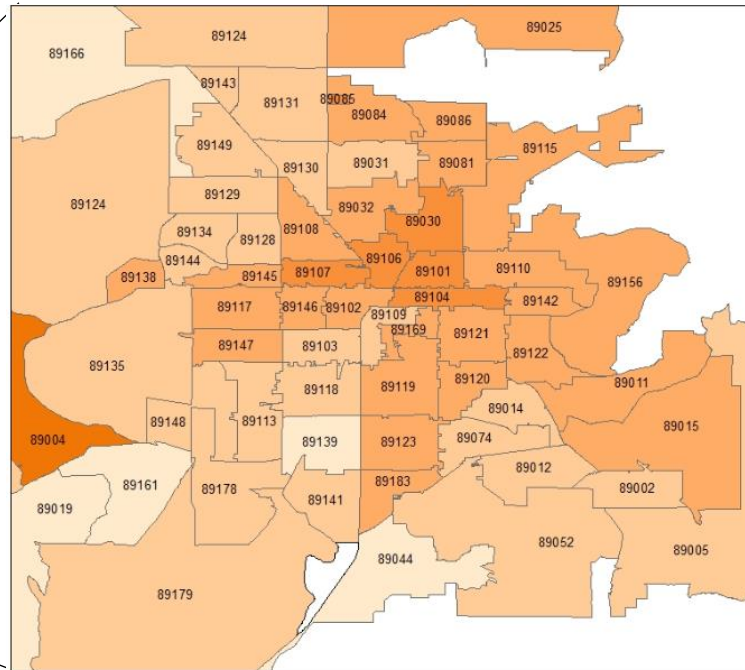
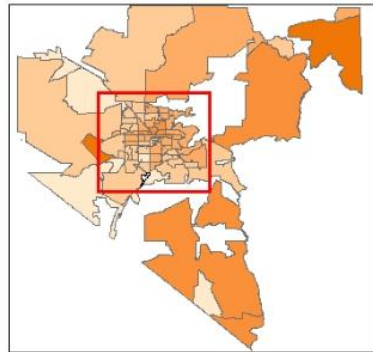


Data Source: 2014-2018 American Community Survey 5-Year Estimates

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

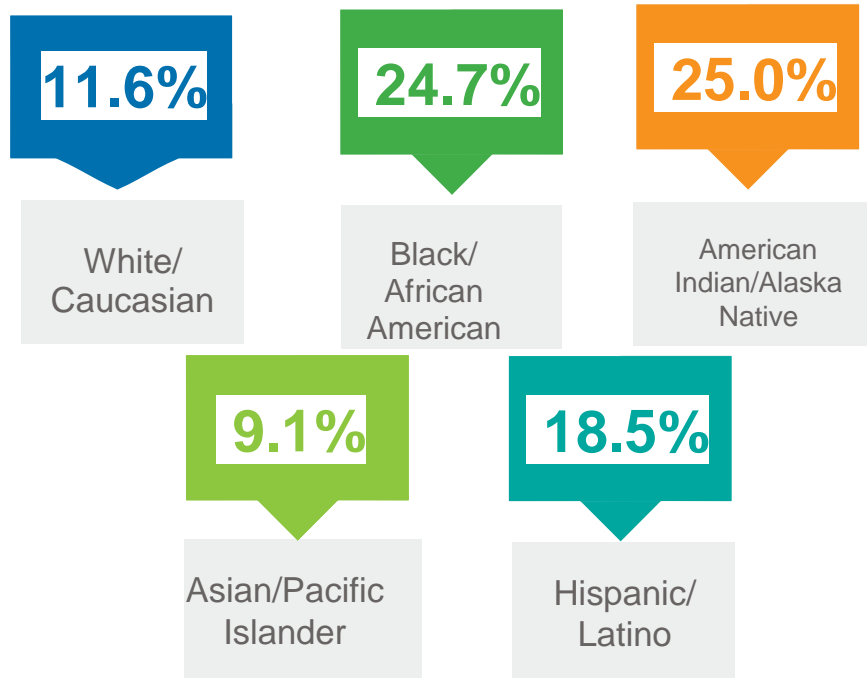
## Summary

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.

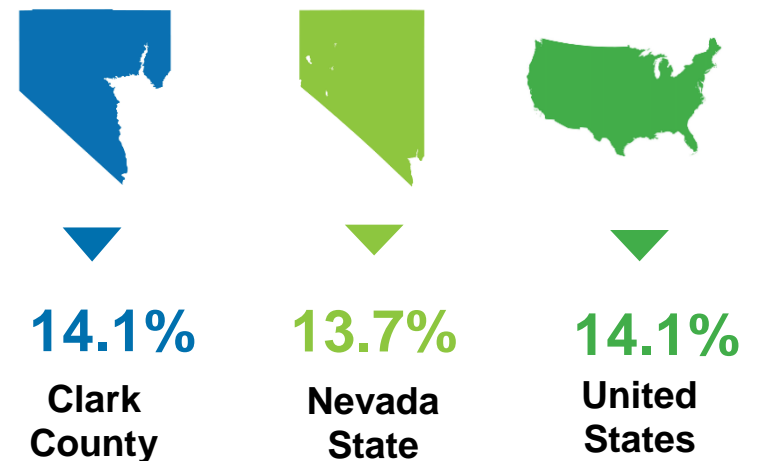
**Poverty by Race/Ethnicity**  
Clark County, 2014-2018



## 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.

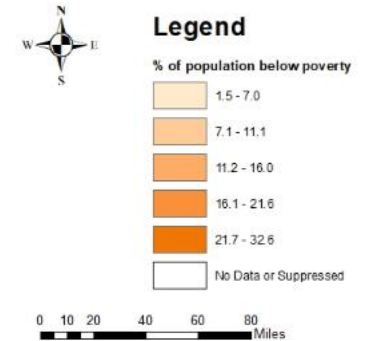
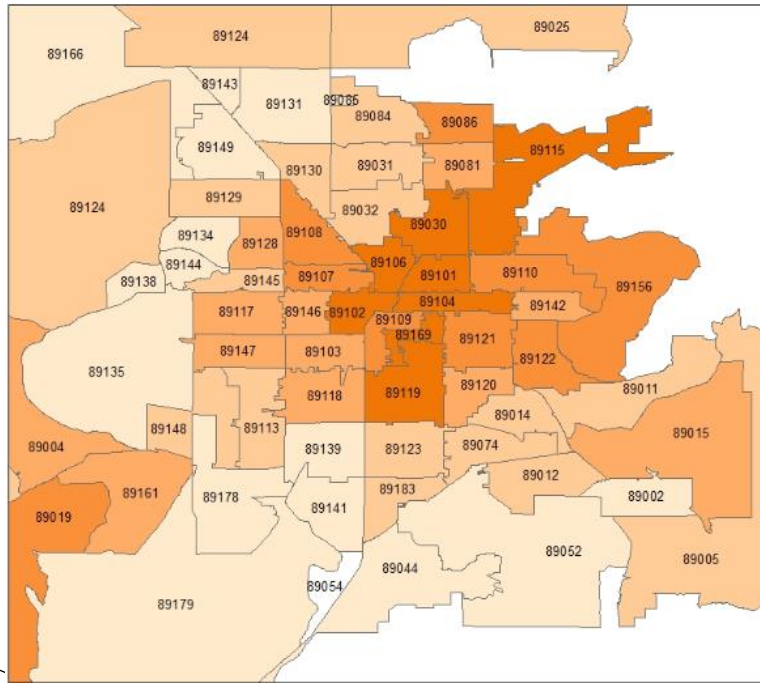
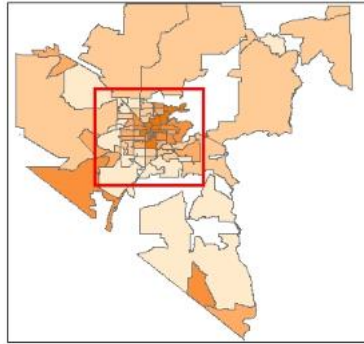
**Percent of Population below Poverty Comparison**  
2014-2018



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.

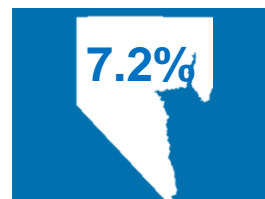
Data Source: 2014-2018 American Community Survey 5-Year Estimates

## 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.



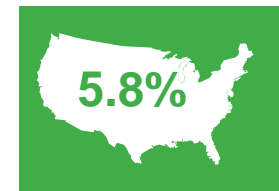
Percent of  
Unemployed  
Population  
Comparison  
2014-2018



Clark  
County

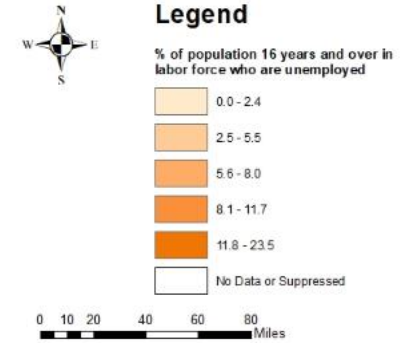
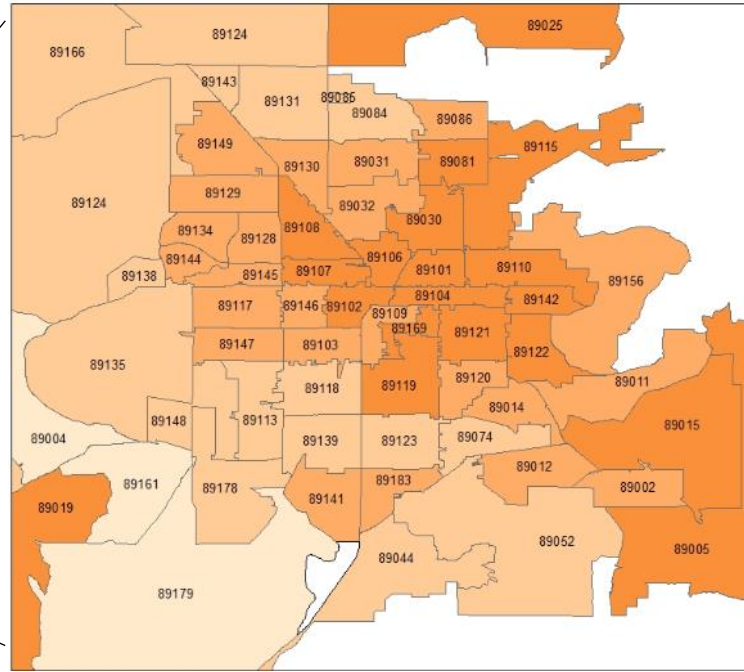
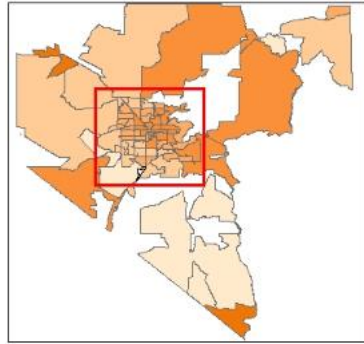


Nevada  
State



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.

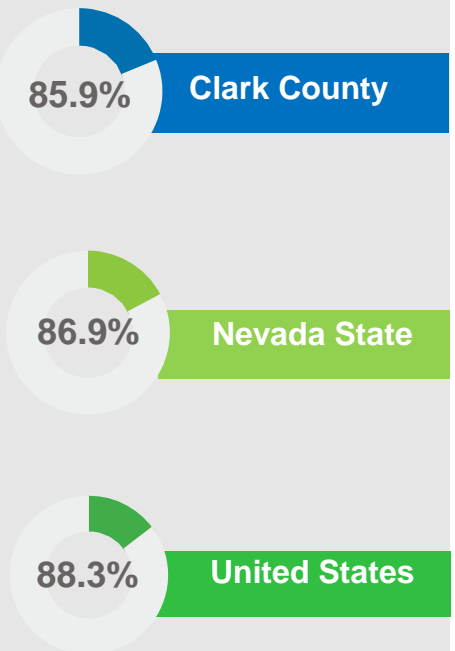
## Why is it important?

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?

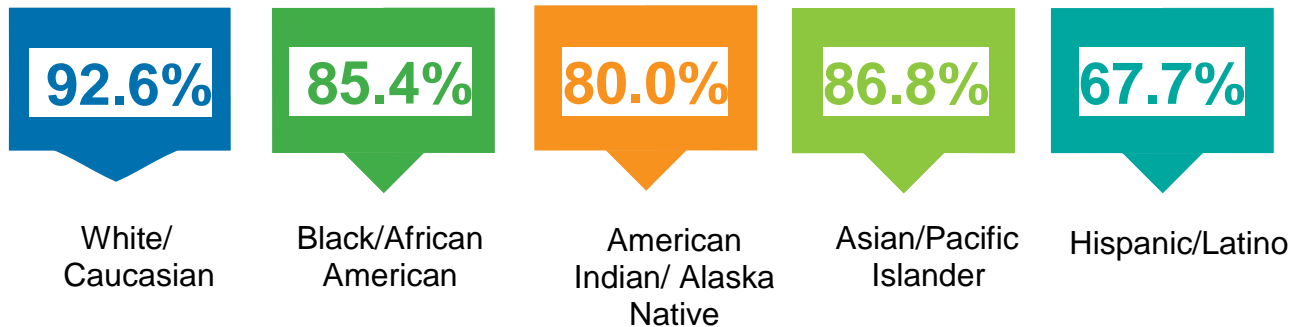
In 2018, 85.9% of the Clark County population had at least a high school diploma. This is lower than Nevada as a whole (86.9%), and the United States (88.3%). ZIP codes with the highest education attainment are 89044, 89138, 89144, 89135, and 89052. The ZIP codes with the lowest education attainment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

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

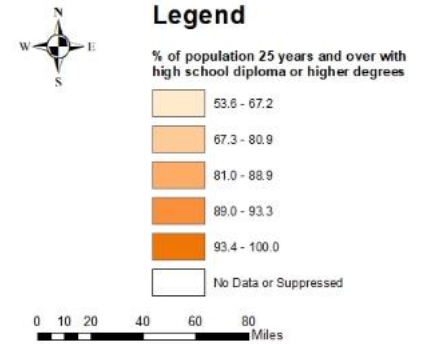
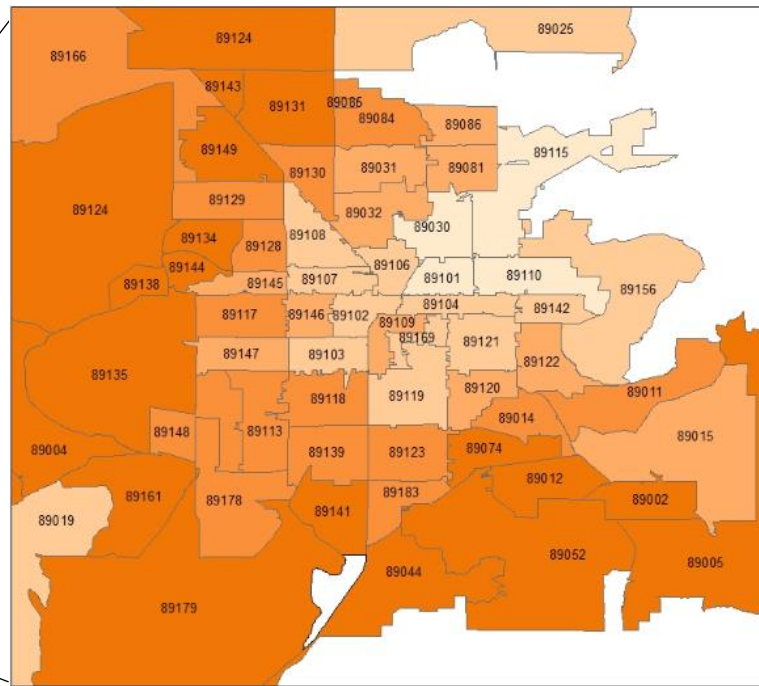
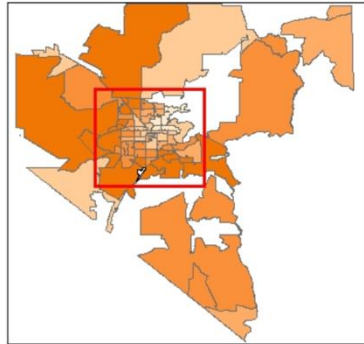


Data Source: 2014-2018 American Community Survey 5-Year Estimates

## 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.

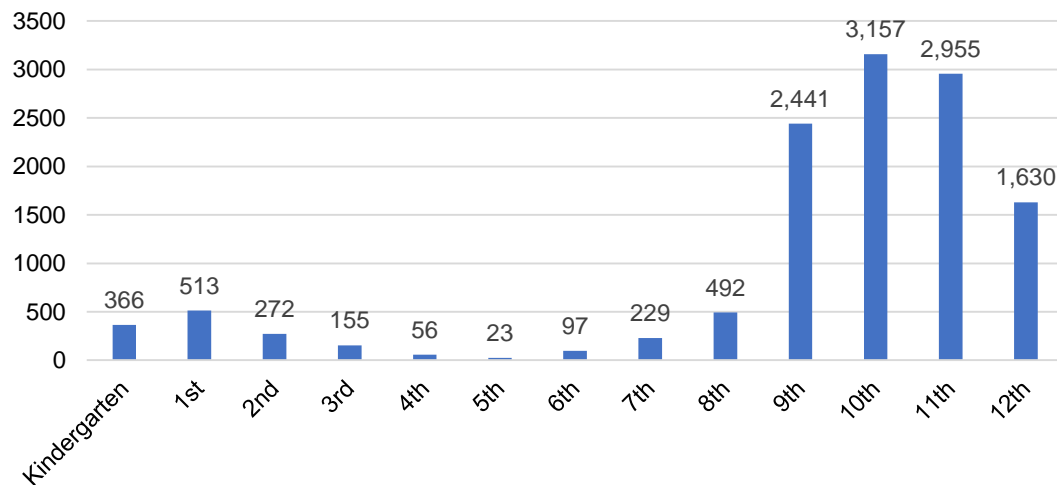
## How are we doing?

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 9<sup>th</sup>, 10<sup>th</sup>, and 11<sup>th</sup>.

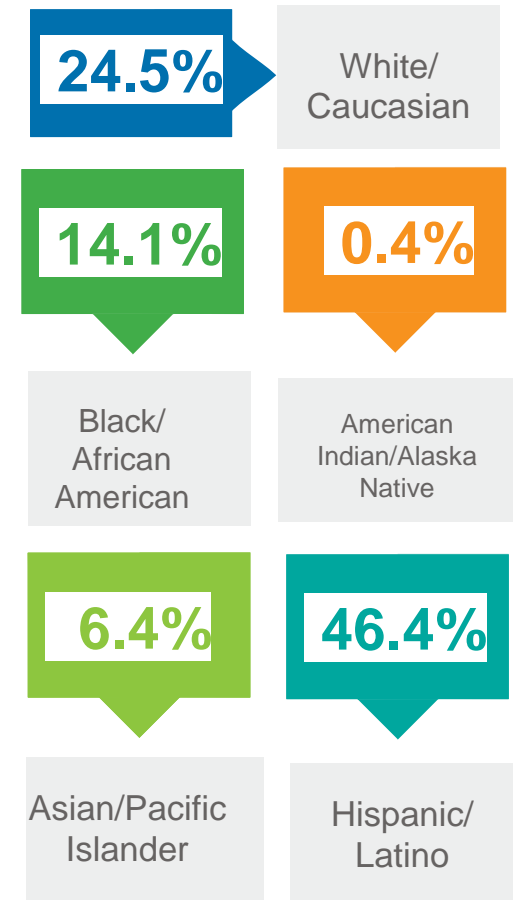
## Why is it important?

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



Dignity Health.  
St. Rose Dominican

**SNHD**  
Southern Nevada Health District

# BIRTH RATE

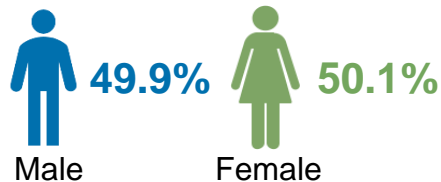
## Summary

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?

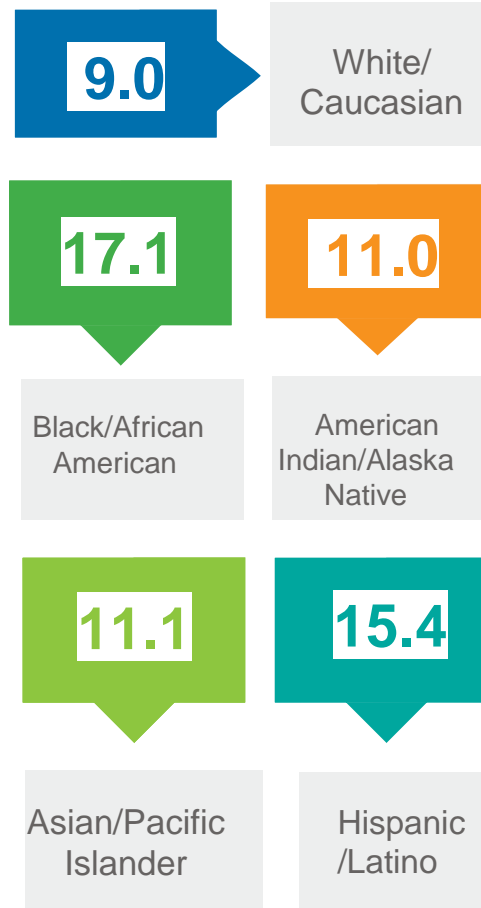
The birth rate is a common calculation to estimate fertility by indicating population growth or decline. Policies influencing education, housing, and transportation budgets are a few possible positive outcomes impacted by the birth rate.

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

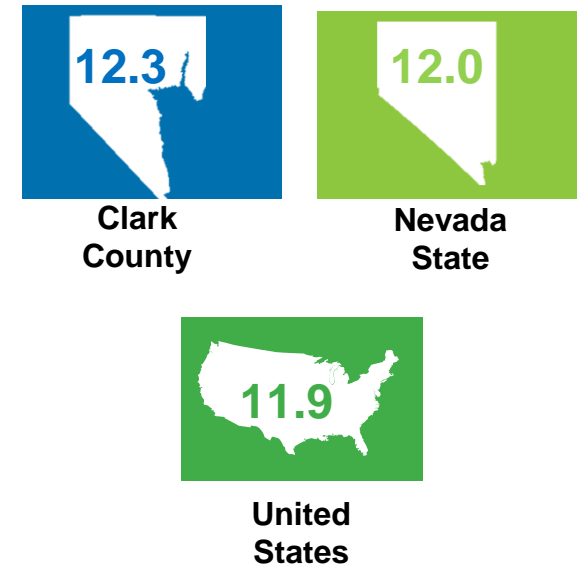


Data Source: CDC WONDER, Natality public-use data, 2016-2018

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



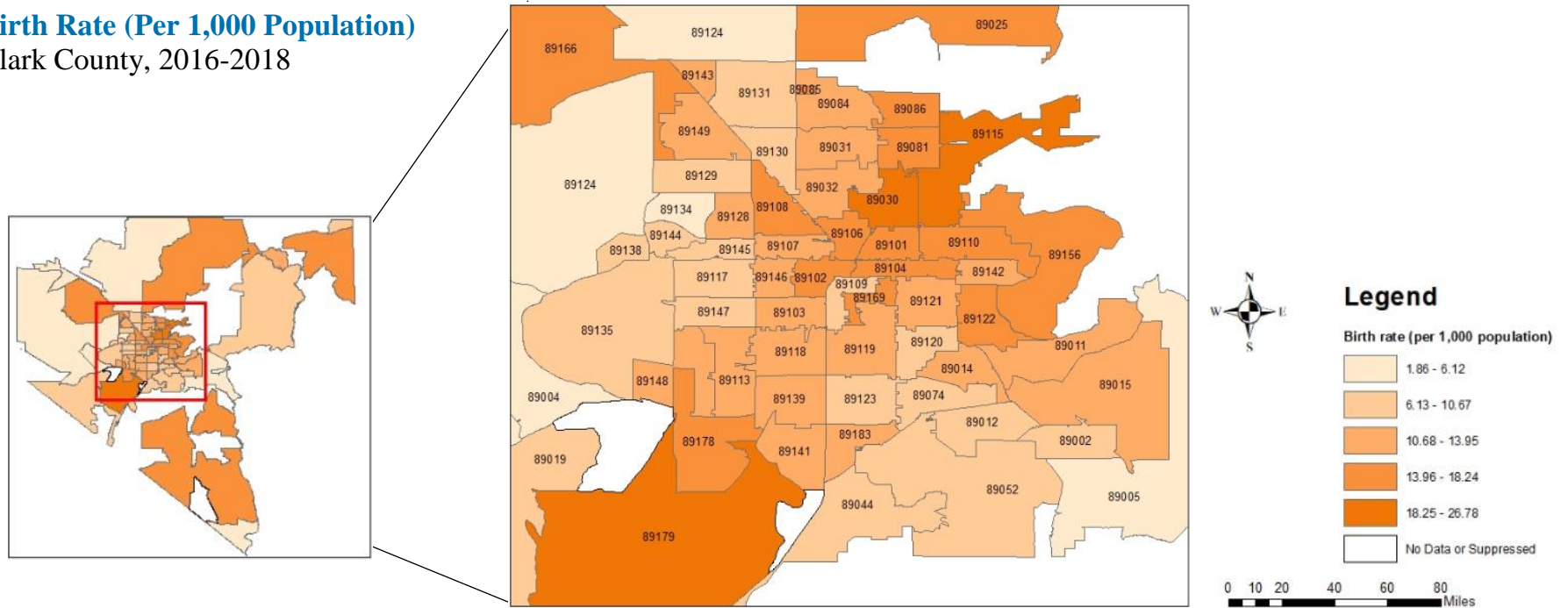
## Birth Rate Comparison (Per 1,000 Population) 2016-2018



## 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.

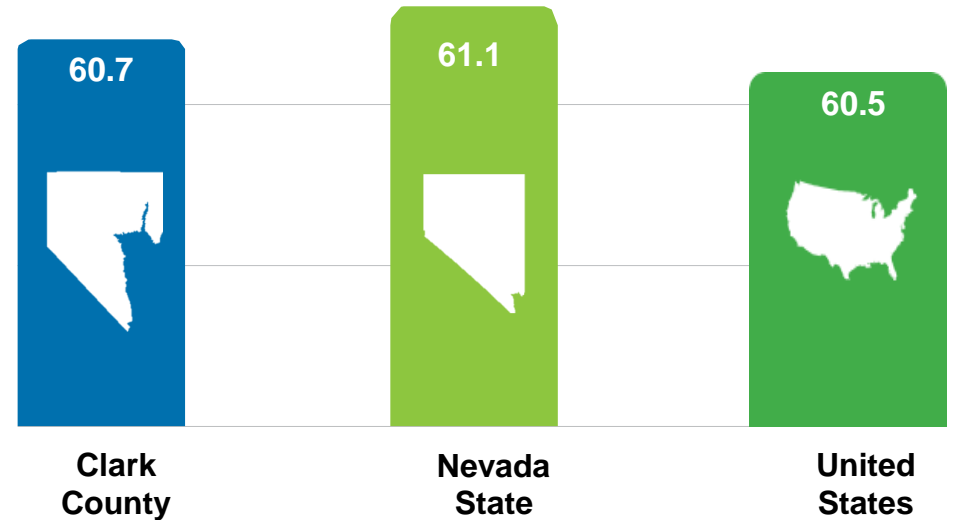
## Why is it important?

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.

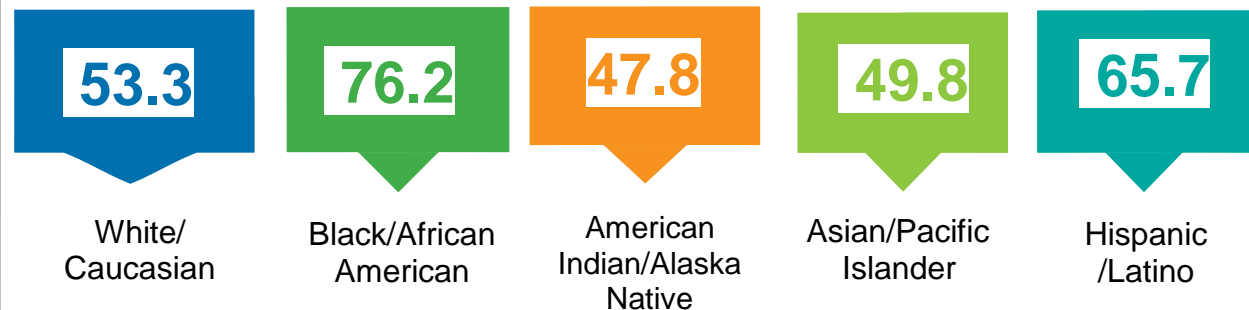
## How are we doing?

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



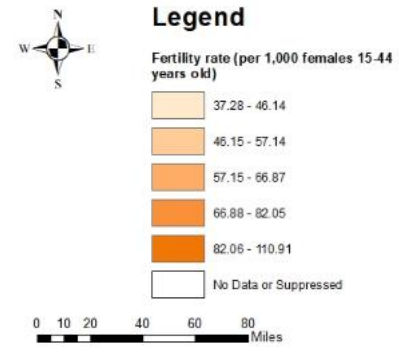
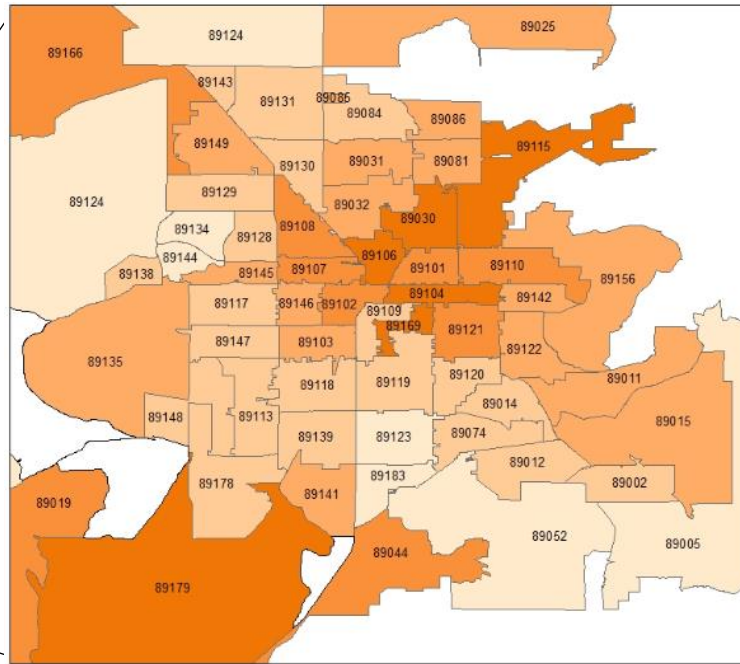
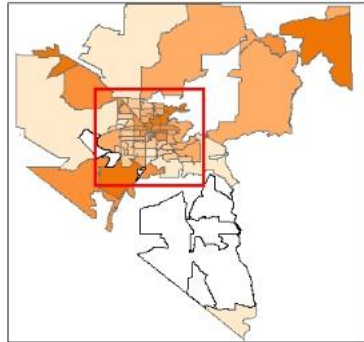
**Fertility Rate by Race/Ethnicity**  
(Per 1,000 women aged 15-44), Clark County, 2016-2018



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.

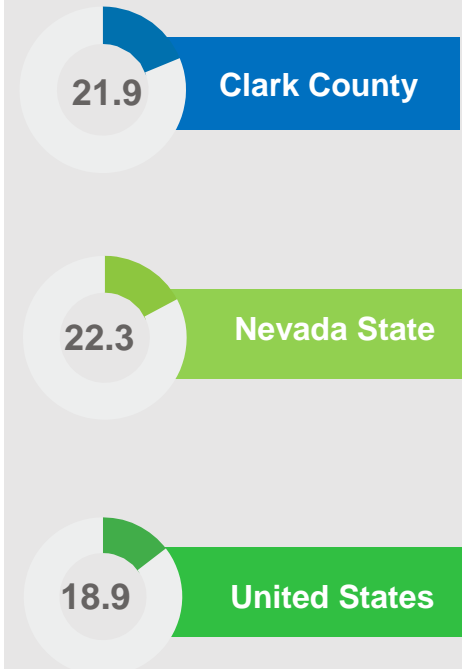
## Why is it important?

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



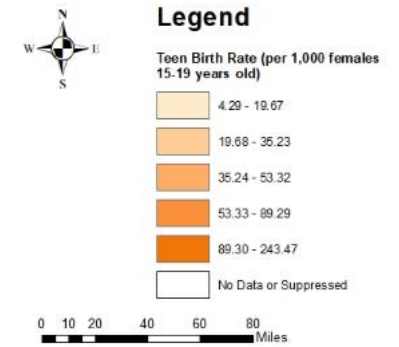
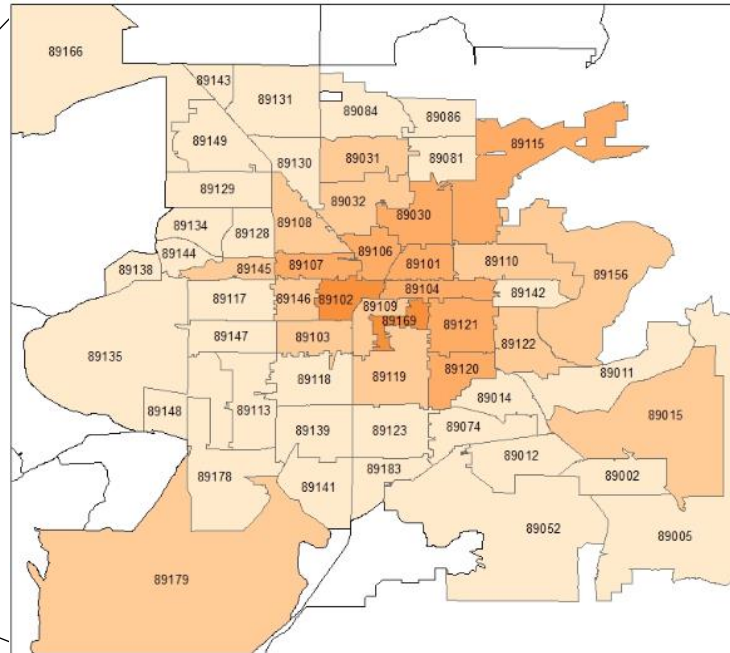
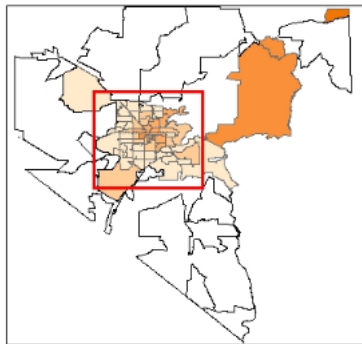
Data Source:  
CDC WONDER,  
Natality public-use data 2016-2018

## 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?

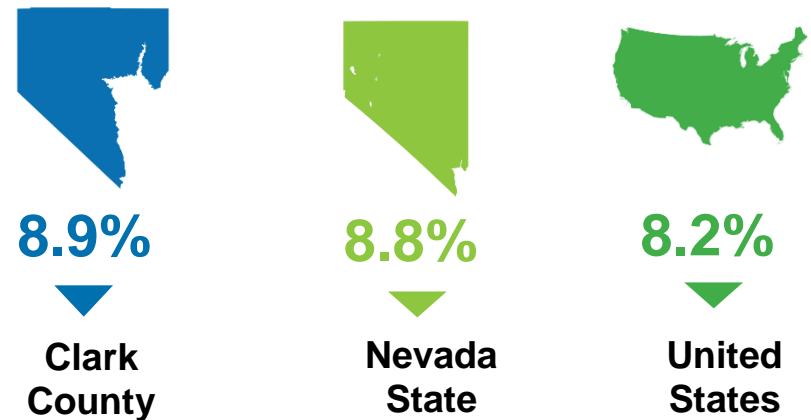
Risk factors that may increase a pregnant woman's chances of having a low birth-weight baby in her lifetime include smoking, drinking alcohol, lack of weight gain, being younger than 15 years or older than 35 years, and exposure to air pollution or environmental contaminants. Additionally, socioeconomic 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

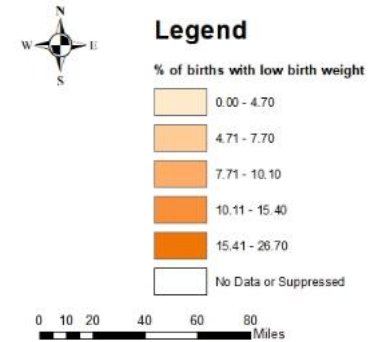
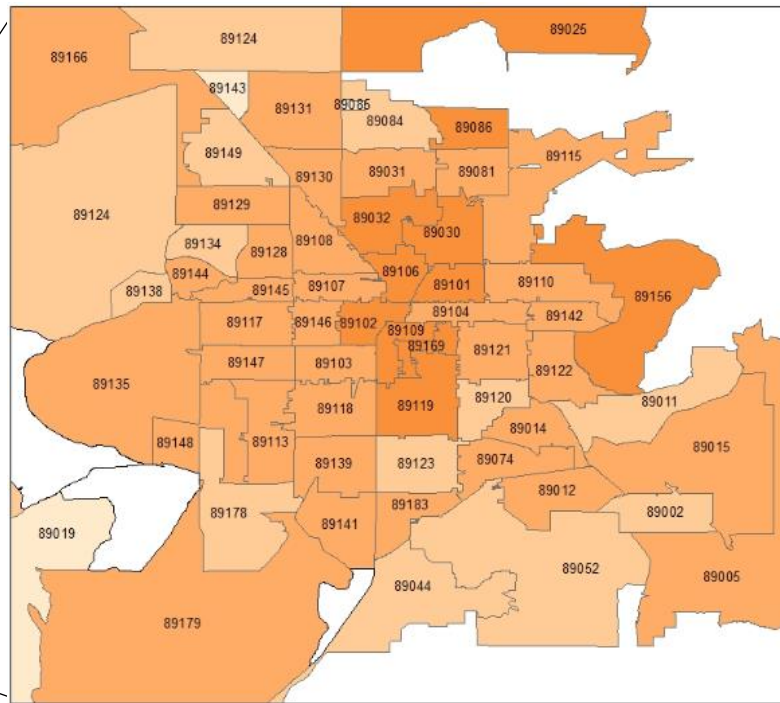
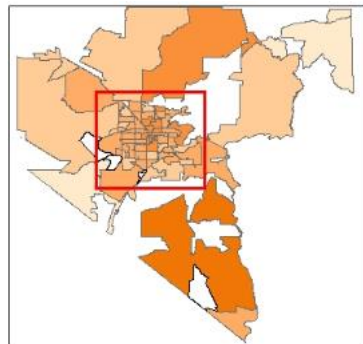


## Low Birth Weight Infants by Race/Ethnicity

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 37<sup>th</sup> 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%

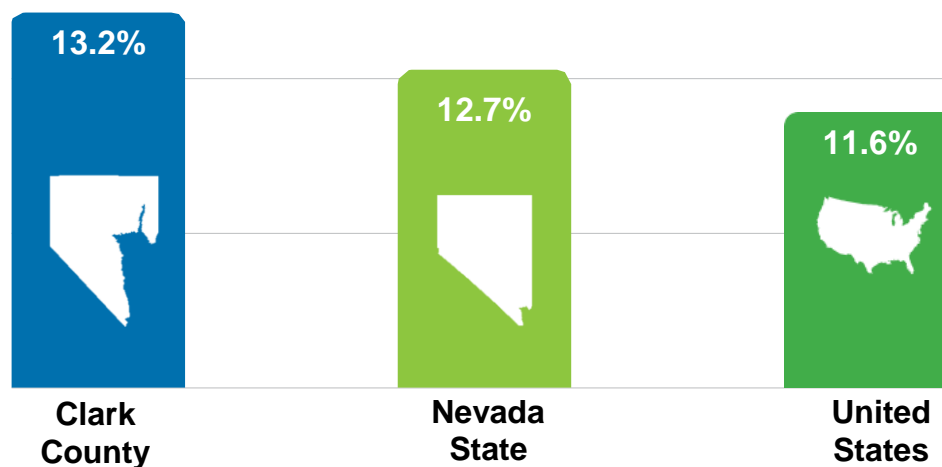
## Why is it important?

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.

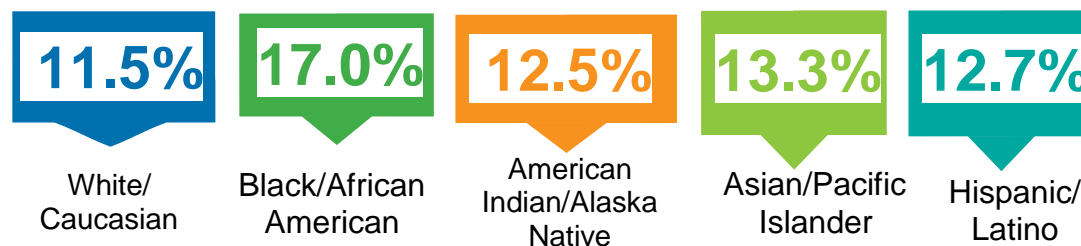
## How are we doing?

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



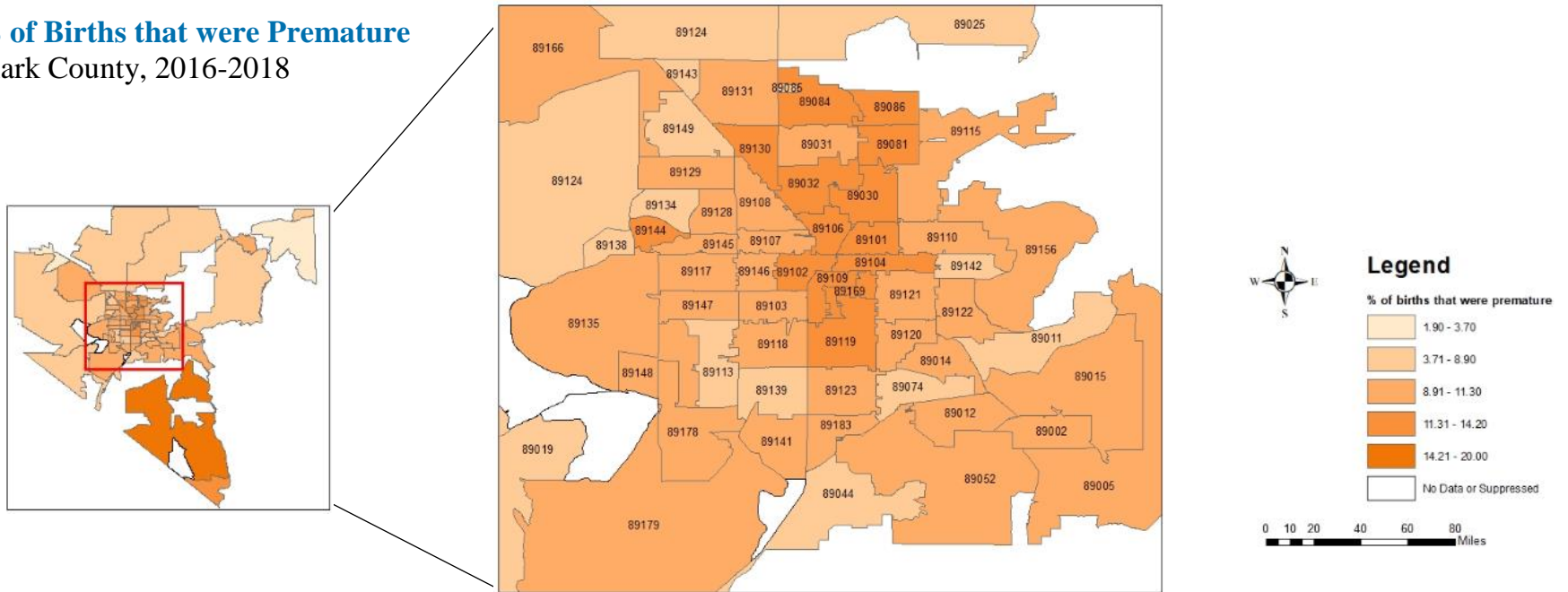
**Preterm Births by Race/Ethnicity**  
Clark County, 2016-2018



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%

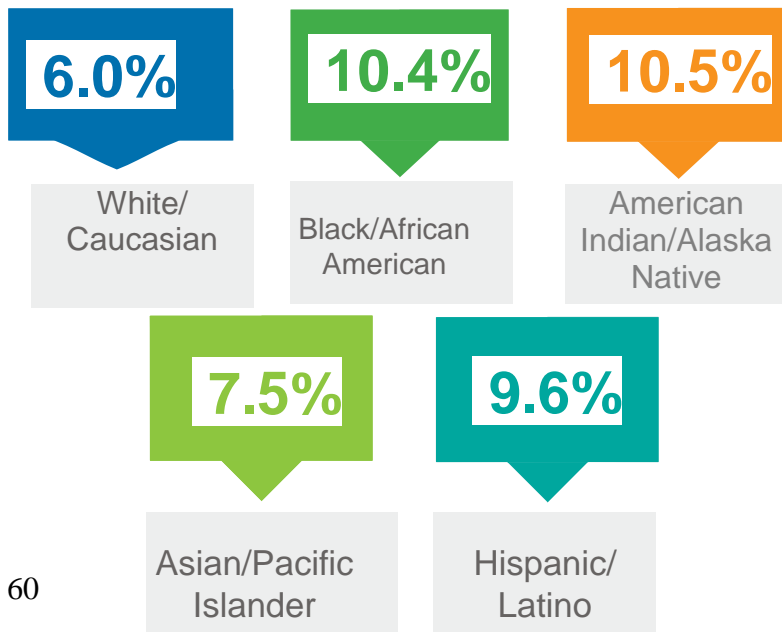
## Why is it important?

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.

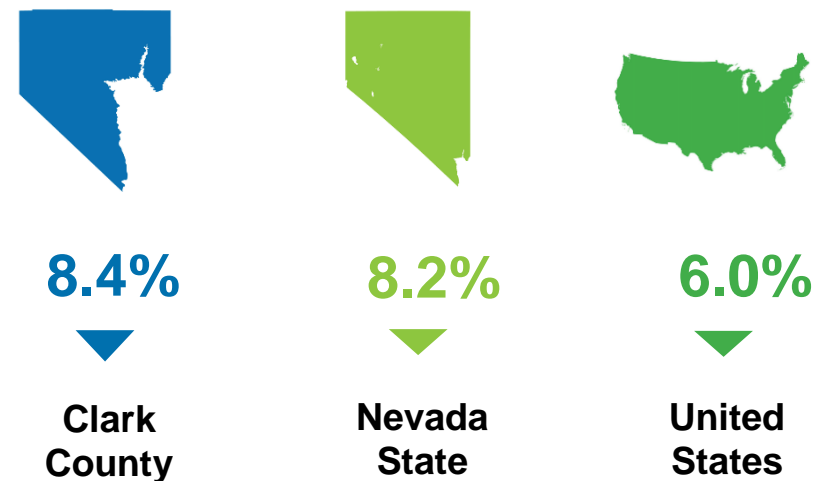
## How are we doing?

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/Alaskan 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

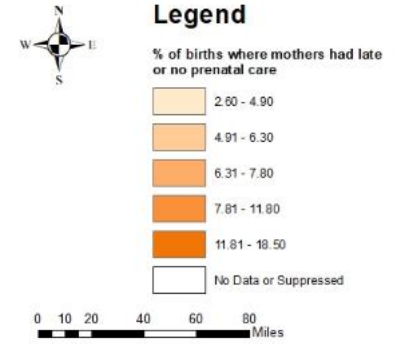
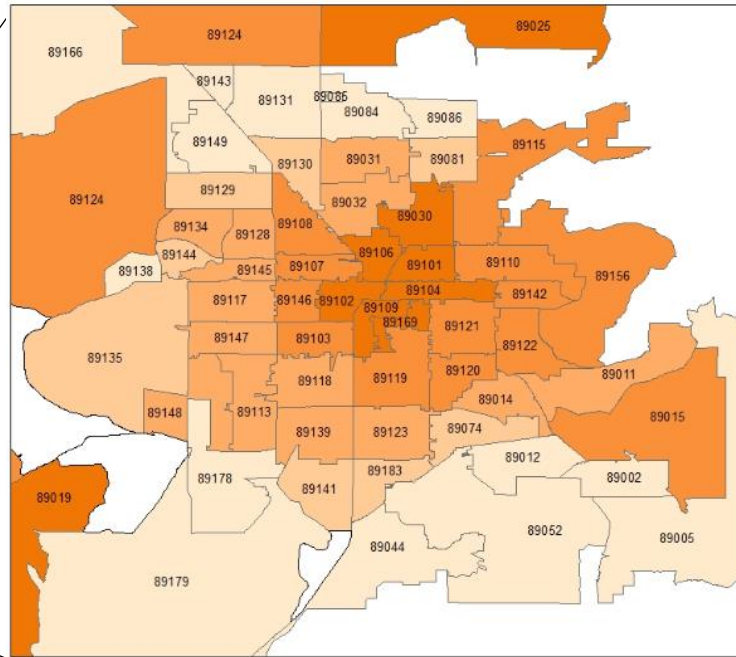
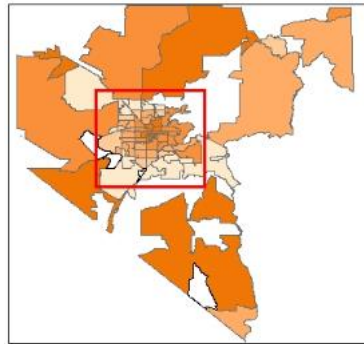


**Late/No Prenatal Care Comparison, 2016-2018**



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.

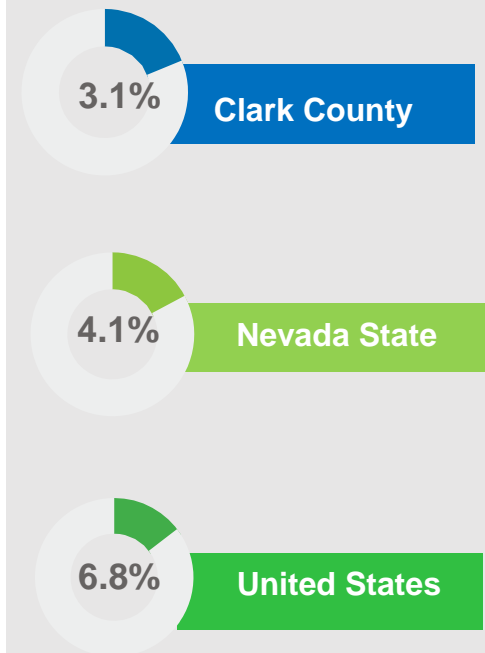
## Why is it important?

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?

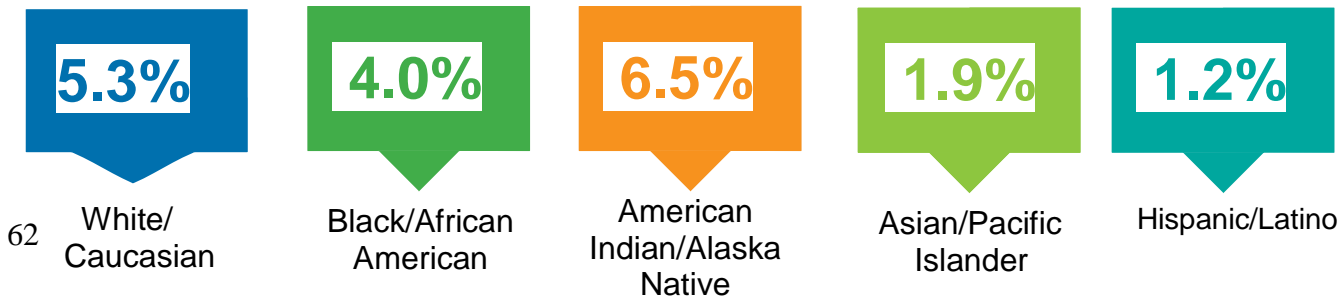
Approximately 3% of Clark County women reported smoking during pregnancy; this proportion was lower than the state and national estimates (4.1% and 6.8%, respectively). Women who identify as Hispanic/Latina and Asian/Pacific Islander, non-Hispanic reported the least amount of smoking during pregnancy (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

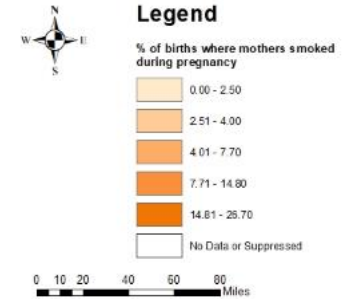
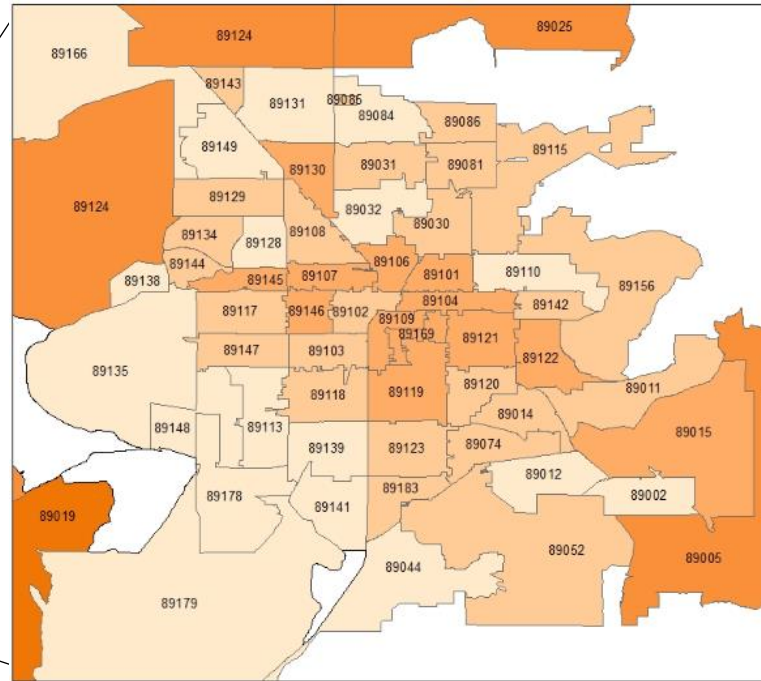
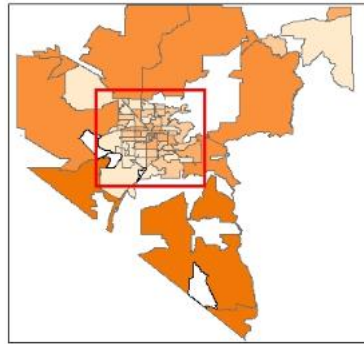


Data Source: CDC WONDER, Natality public-use data 2016-2018

## 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%).

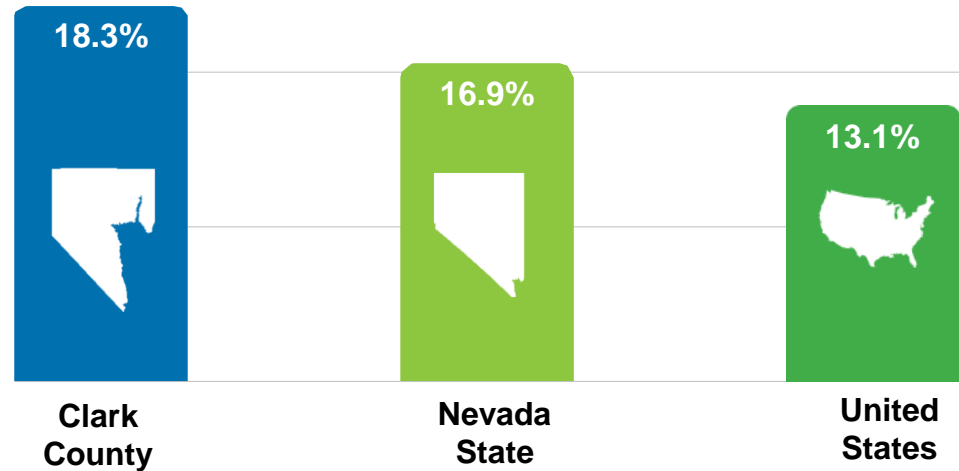
## Why is it important?

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.

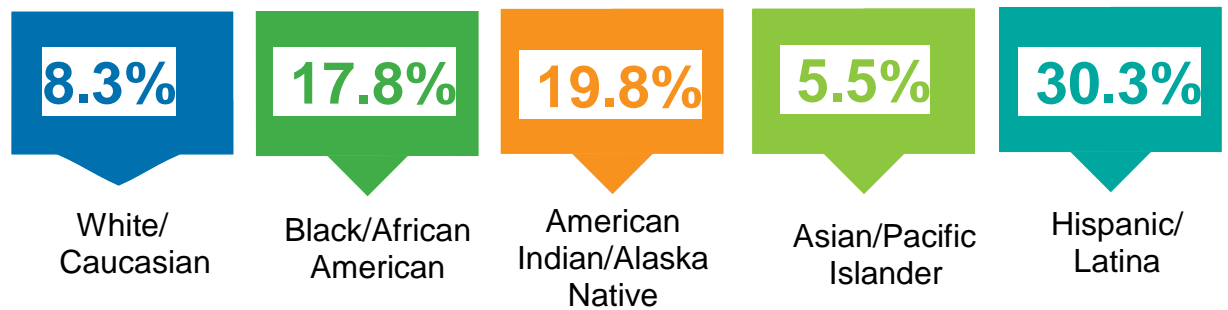
## How are we doing?

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/Alaskan 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**

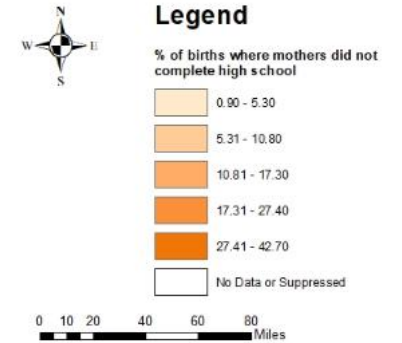
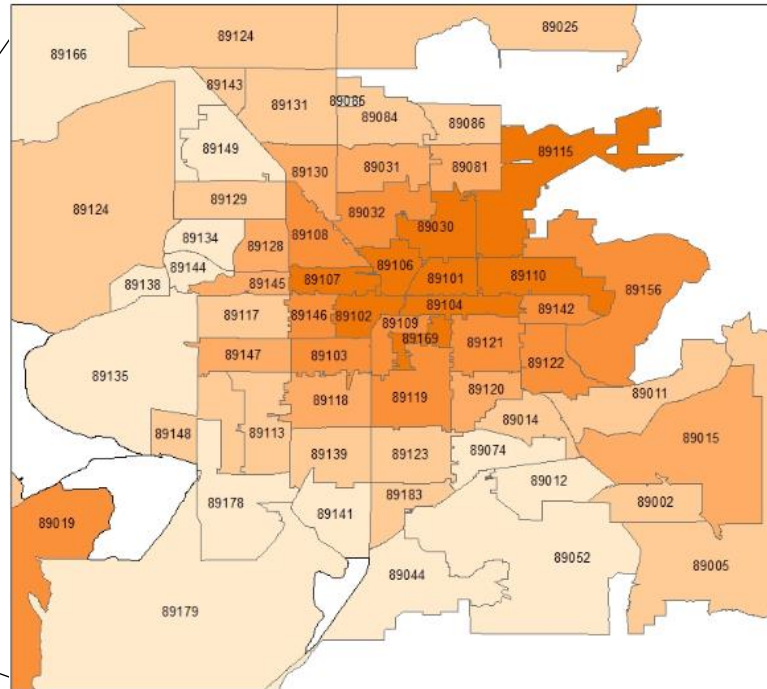
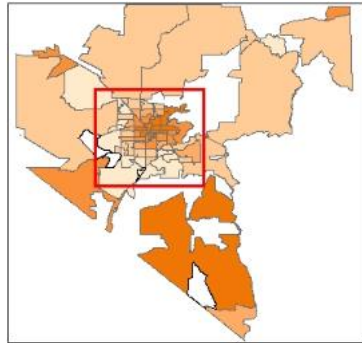


**Maternal Education Less Than High School Diploma by Race/Ethnicity Clark County, 2016-2018**



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

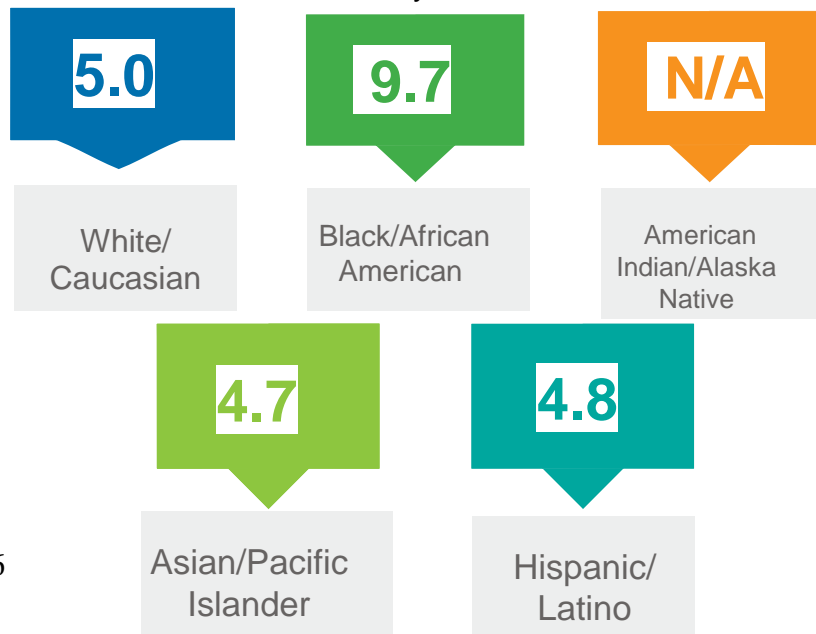
## Summary

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.

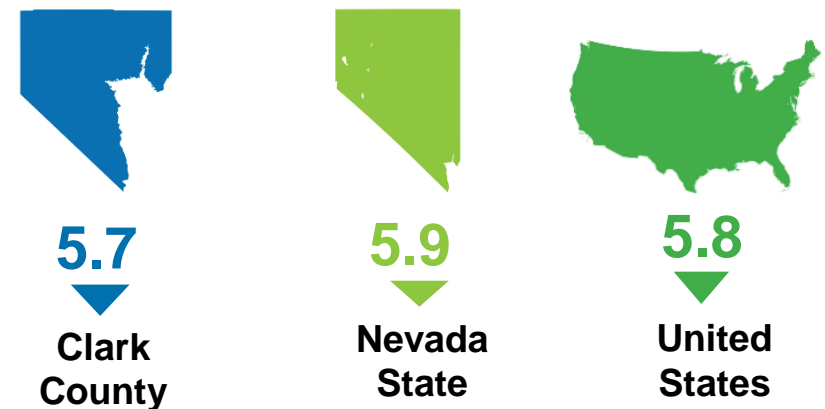
**Infant Mortality Rate by Race/Ethnicity**  
(Per 1,000 live births)  
Clark County, 2016-2018



## How are we doing?

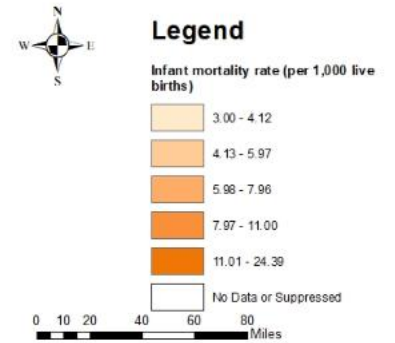
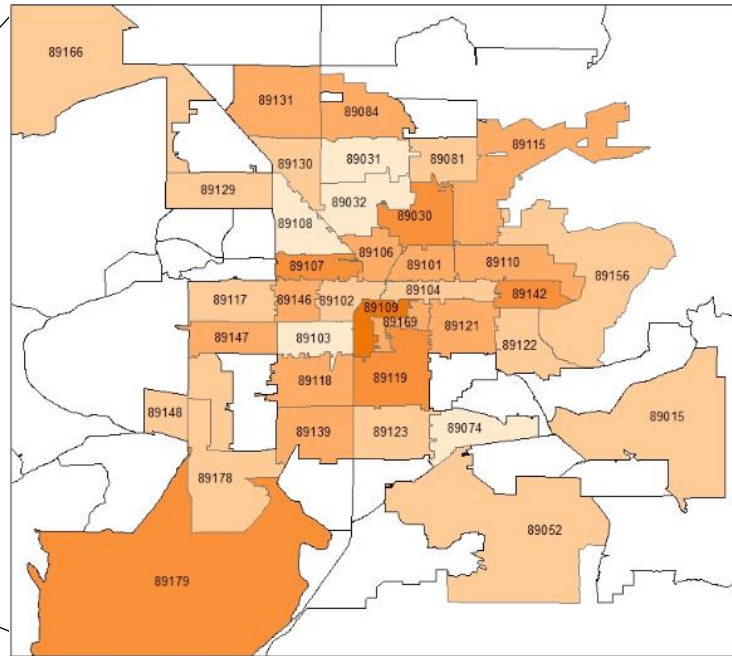
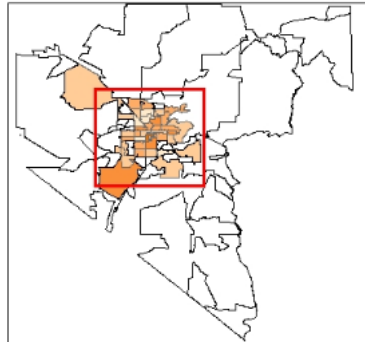
The infant mortality rate was 5.7 per 1,000 live births in Clark County, which is slightly lower than Nevada and national rates (5.9 per 1,000 and 5.8 per 1,000, respectively). With the available data, racial/ethnic disparities exist, such that the Black/African American, non-Hispanic infant mortality 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.

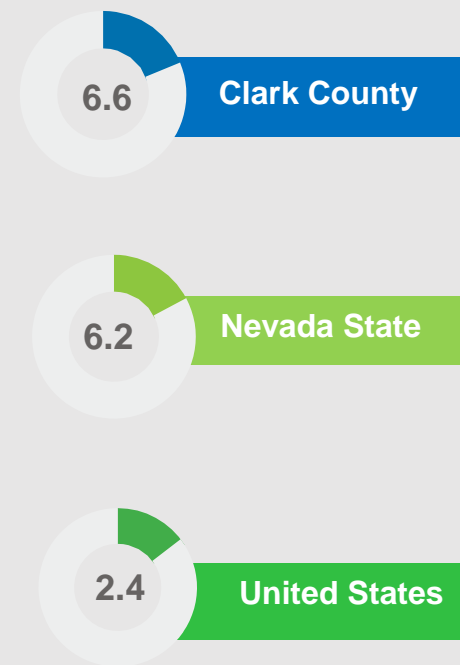
## Why is it important?

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 2<sup>nd</sup> 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.

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



## Congenital Syphilis Cases by Race/Ethnicity Clark County, 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



Dignity Health.  
St. Rose Dominican



# 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

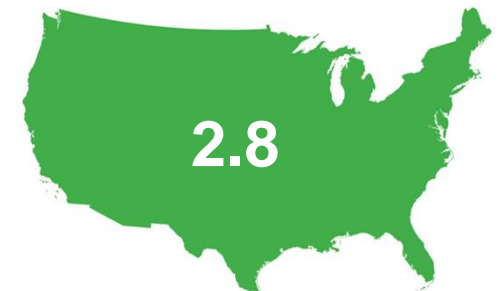
### Clark County



### 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**

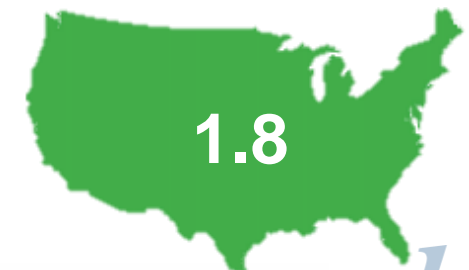
**Clark County**



**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**



Dignity Health.  
St. Rose Dominican

**SNHD**  
Southern Nevada Health District

# 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

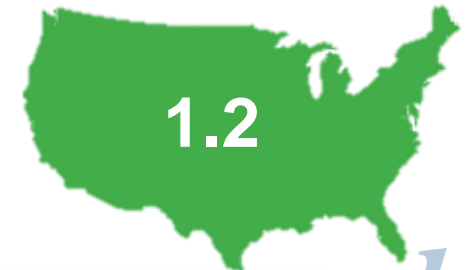
### Clark County



### 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.

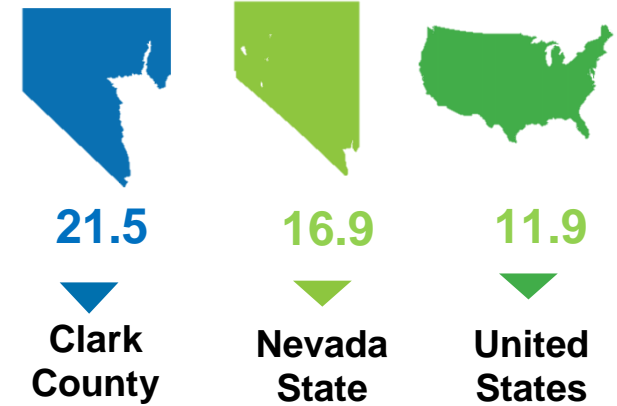
## How are we doing?

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.

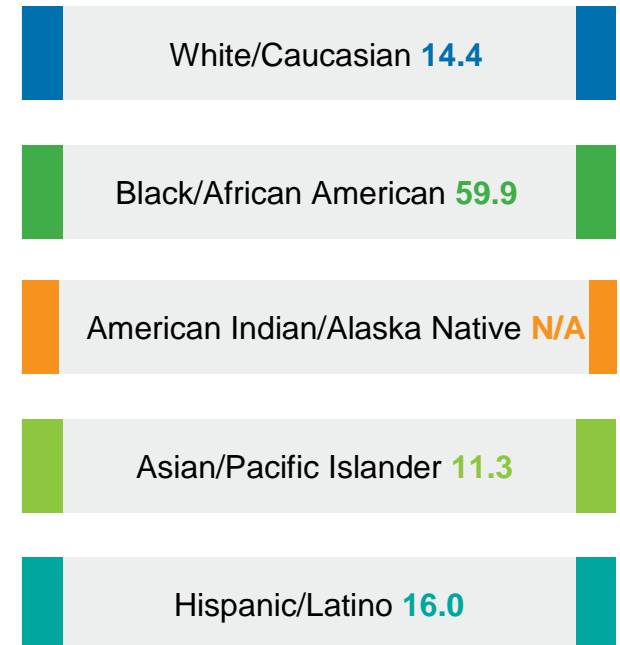
Data Source:

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

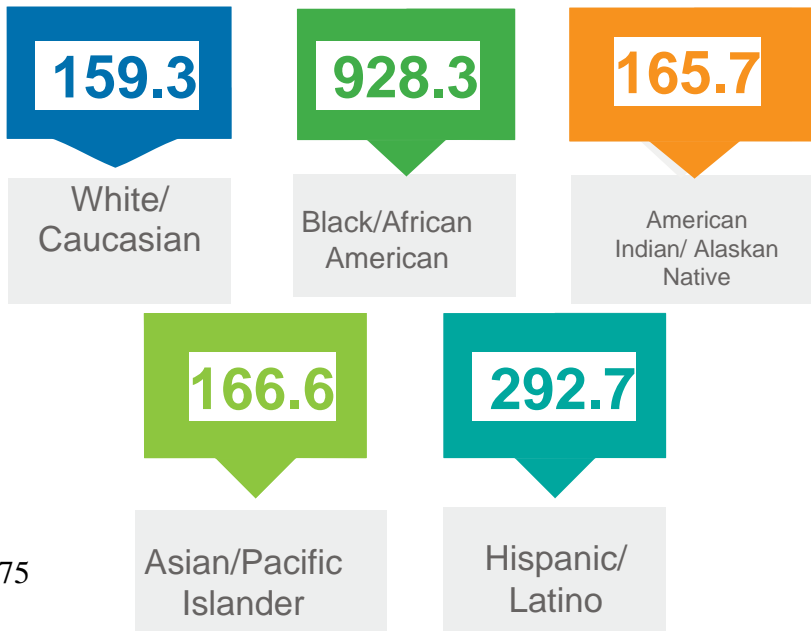
This health indicator displays the reported cases of chlamydia per 100,000 population from 2016 to 2018. There were 576.7 cases per 100,000 population in Clark County, compared to 519.7 cases per 100,000 in the United States, making this the most common sexually transmitted disease/infection (STD/STI).

## 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

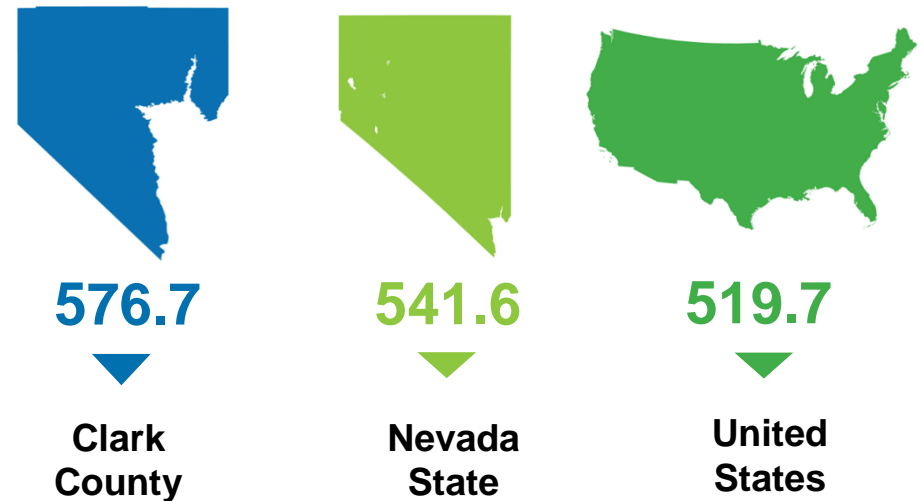


## Why is it important?

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.

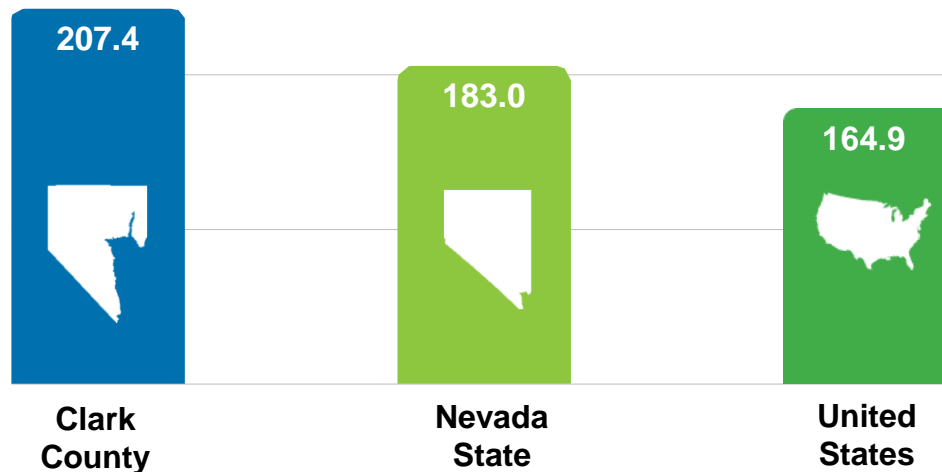
## Why is it important?

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.

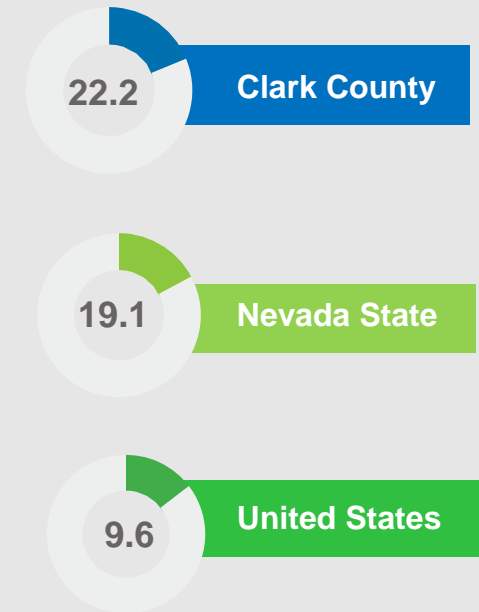
## How are we doing?

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.

**Syphilis Cases by Race/Ethnicity (Per 100,000 Population)**  
Clark County, 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/>

# INFLUENZA & PNEUMONIA

## Summary

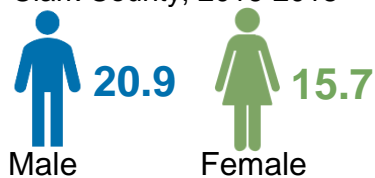
Influenza and pneumonia are one of the top 10 leading causes of death in Clark County. This health indicator represents number of deaths of reported cases of influenza and pneumonia per a 100,000 population. In Clark County, there were 18.1 per 100,000 deaths.

## Why is it important?

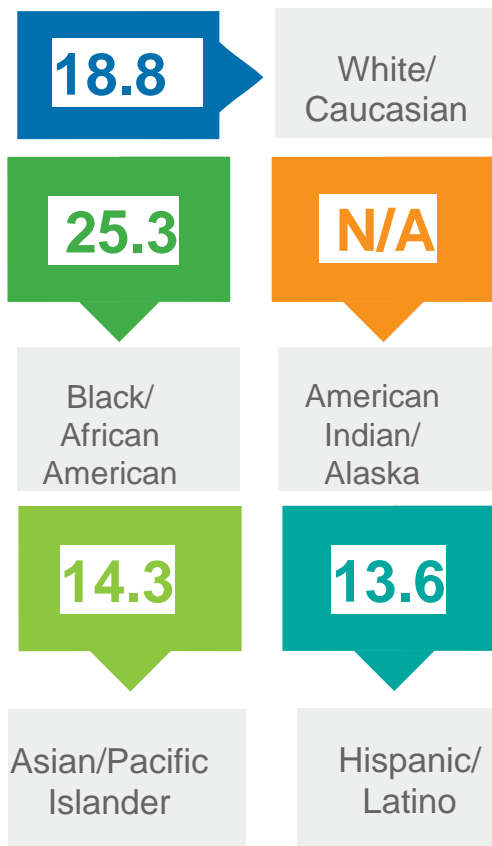
Influenza, better known as the flu, is a viral infection that is highly contagious and is typically characterized by fever and respiratory symptoms such as a cough. On the other hand, pneumonia is a more severe infection, leading to inflammation of the lungs, and can be a possible complication of influenza. 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

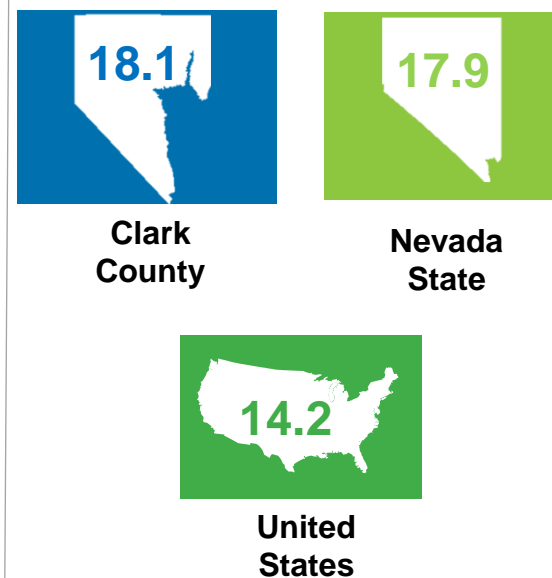
**Influenza & Pneumonia Mortality Rate by Sex**  
(Per 100,000 Population)  
Clark County, 2016-2018



**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

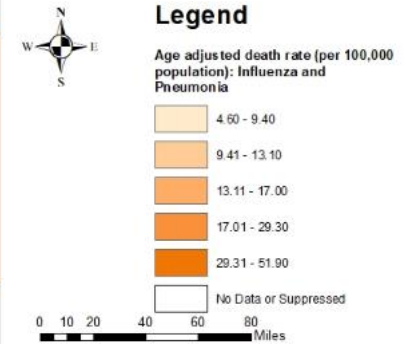
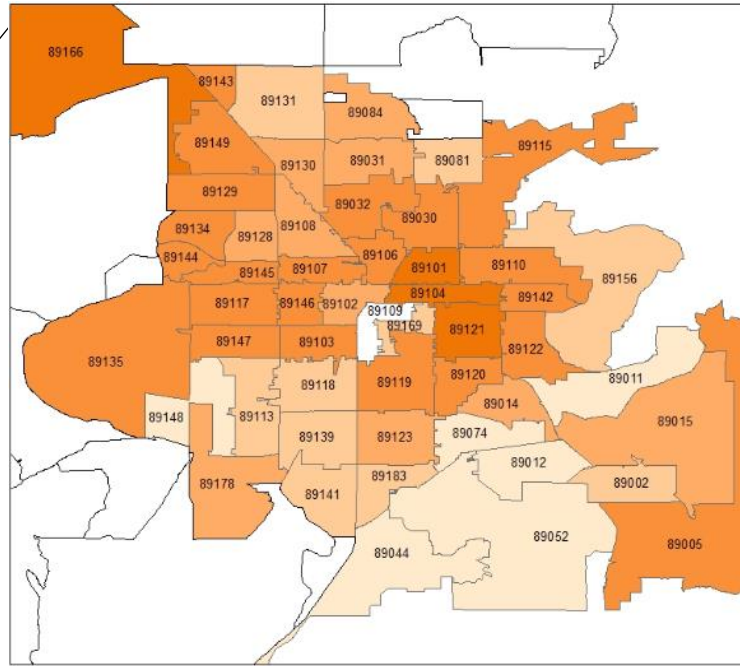
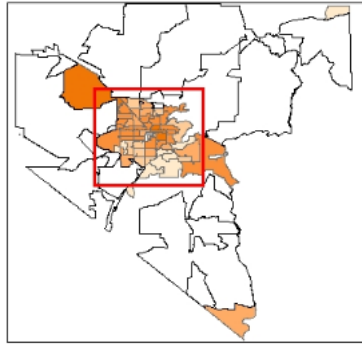


## How are we doing?

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)



Dignity Health.  
St. Rose Dominican



# 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).

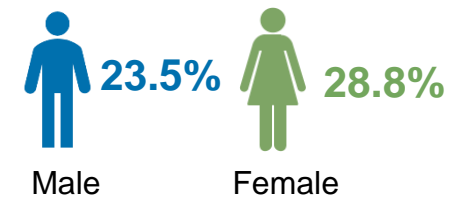
## No Physical Activity Prevalence Comparison, 2018



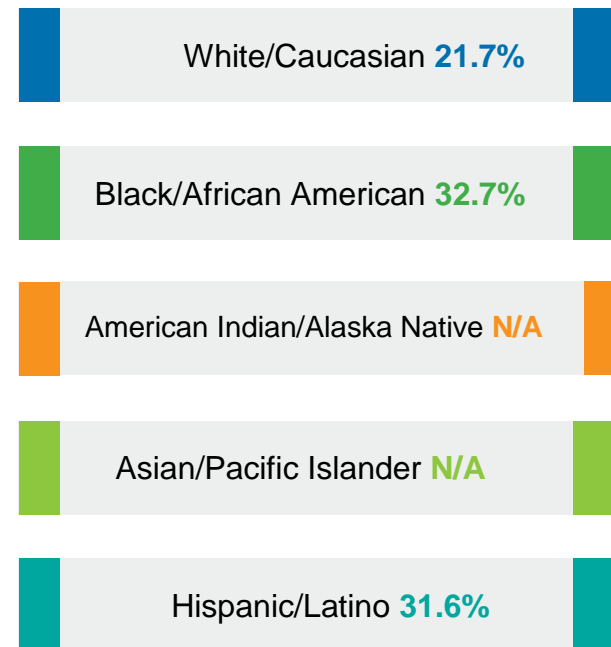
## How are we doing?

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

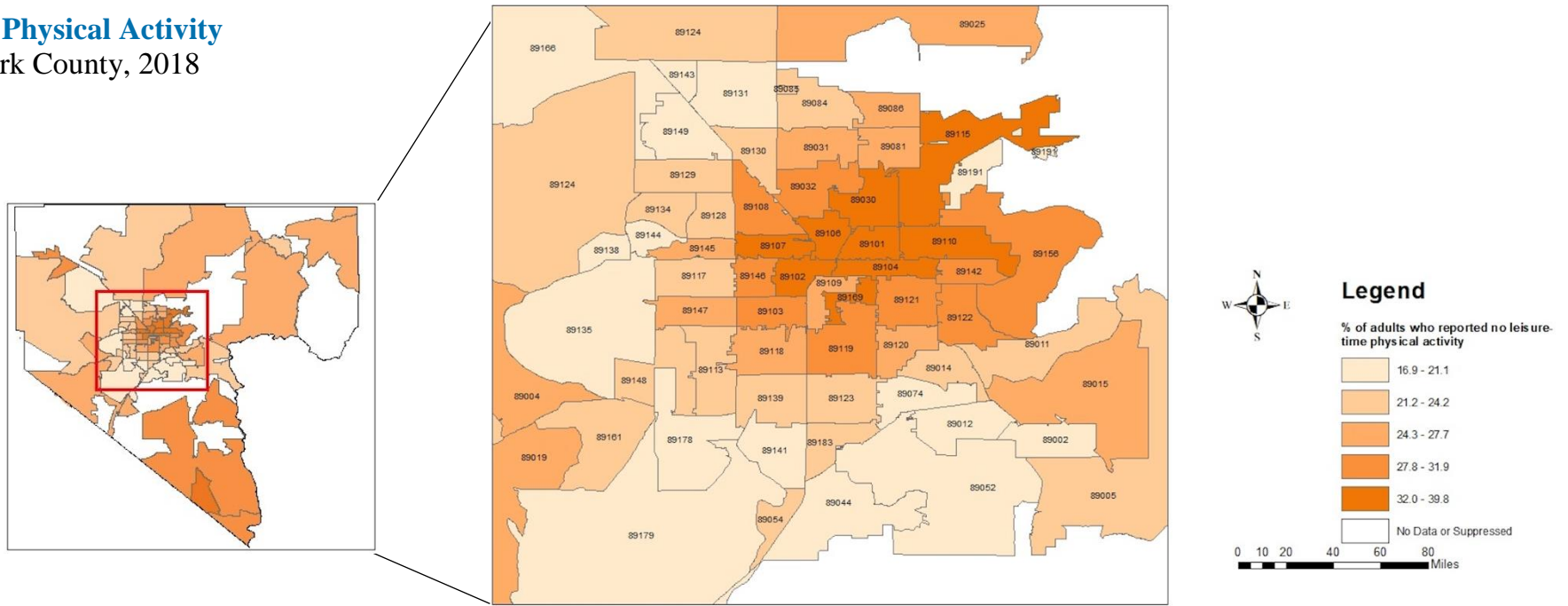


## No Physical Activity by Race/Ethnicity Clark County, 2018



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.

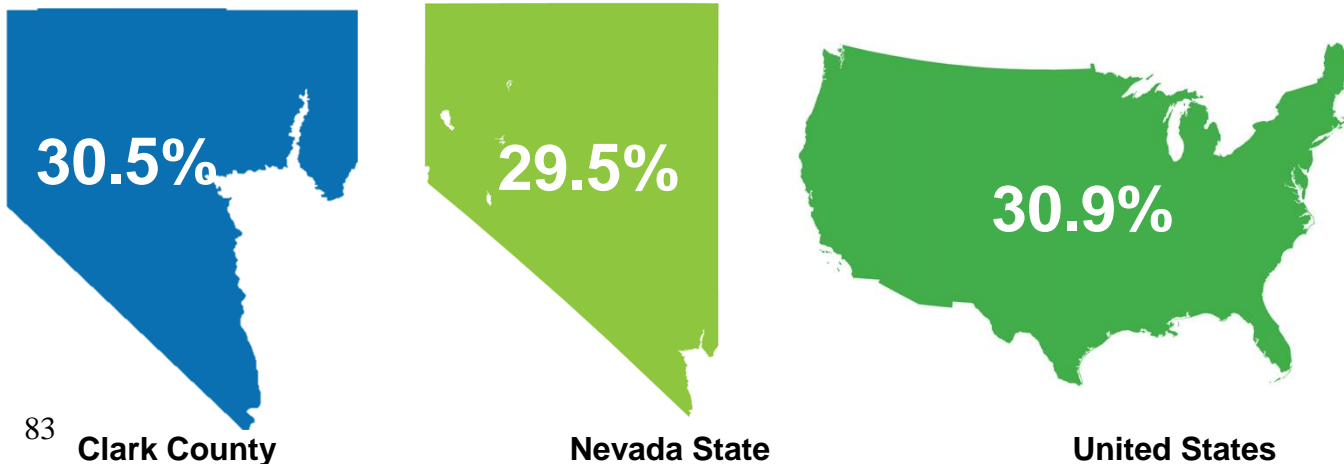
## Why is it important?

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.

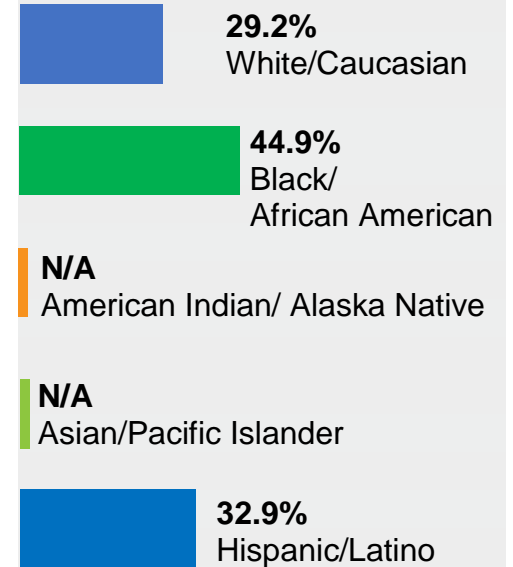
## How are we doing?

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.

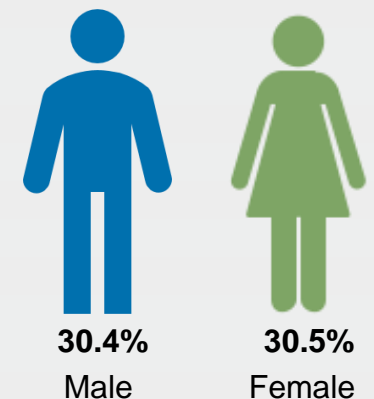
Obesity Prevalence Comparison, 2018



## Obesity Prevalence by Race/Ethnicity Clark County, 2018



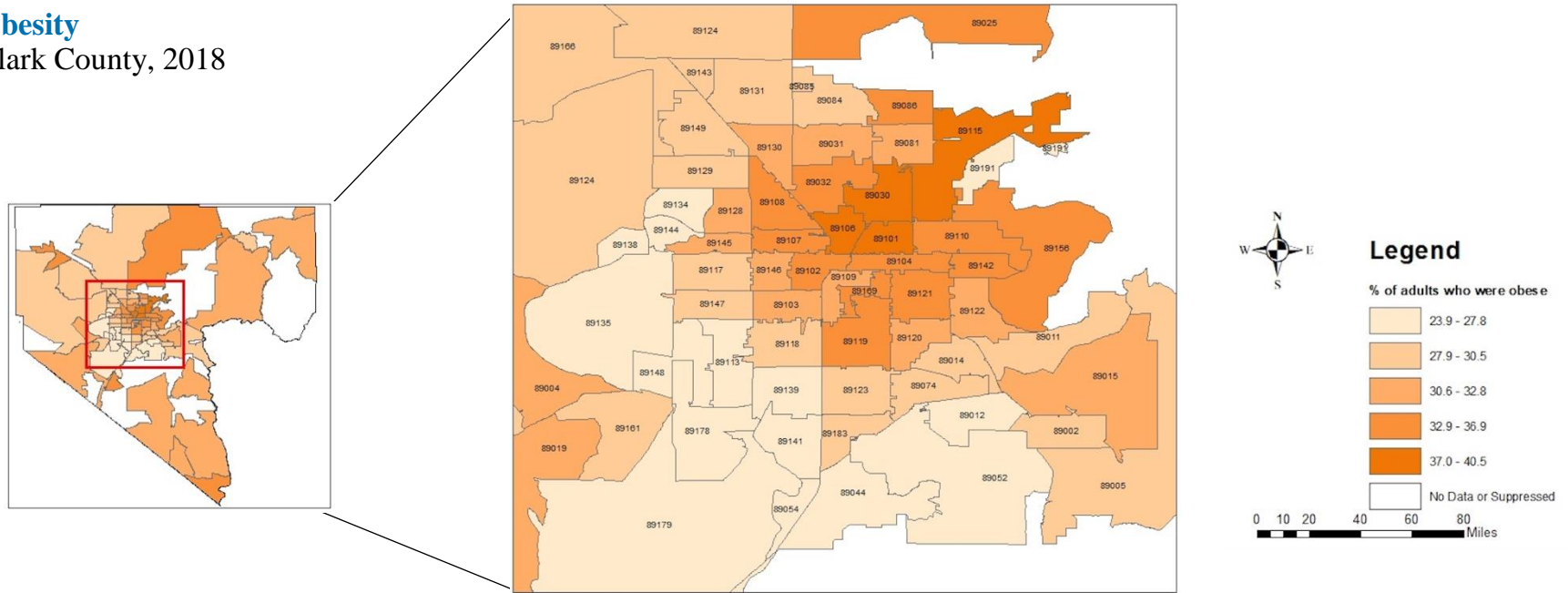
## Obesity Prevalence by Sex Clark County, 2018



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

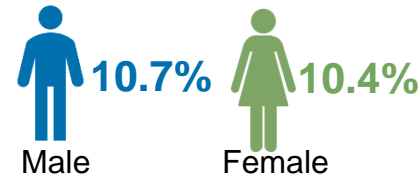
Diabetes is a chronic health condition that affects how a human body turns food into energy. Type 1 diabetes occurs when a person's autoimmune system stops making insulin. Type 2 diabetes occurs when a body does not use insulin well and is challenged to regulate blood sugar due to too much sugar circulating 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?

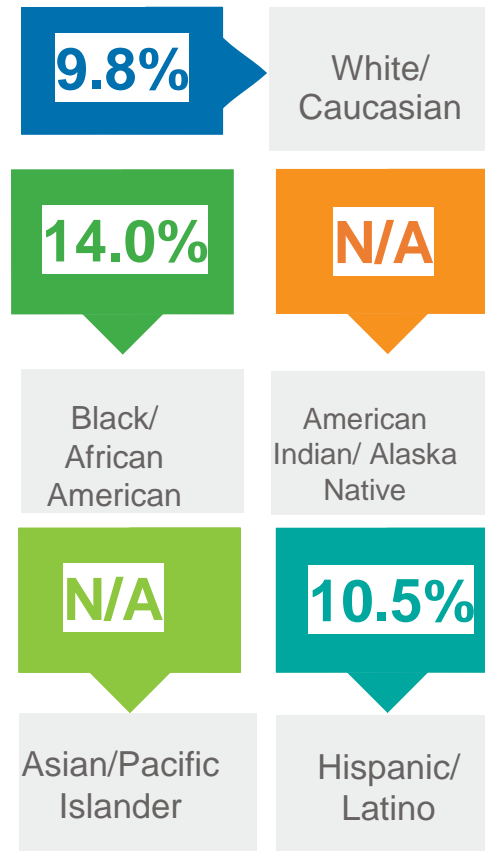
Diabetes is a chronic disease that occurs when not enough insulin is produced or when the individual's body does not use insulin effectively. Over time, diabetes can contribute to other serious health problems like heart disease, vision loss, and kidney disease. While there is no cure for diabetes, lifestyle 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

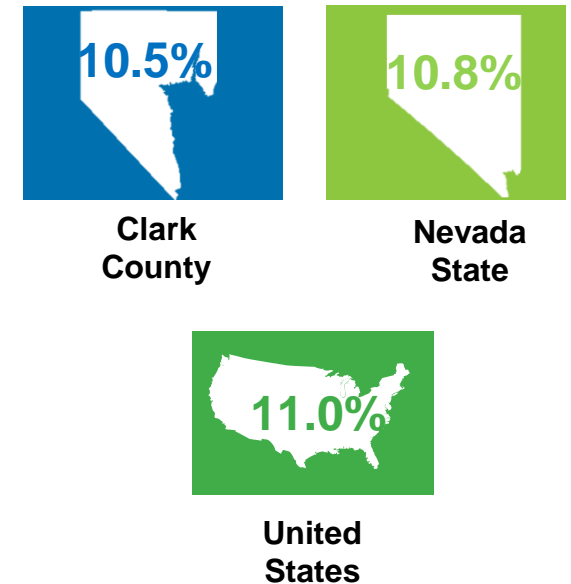
## Diabetes by Sex Clark County, 2018



## Diabetes by Race/Ethnicity Clark County, 2018



## Diabetes Prevalence Comparison 2018

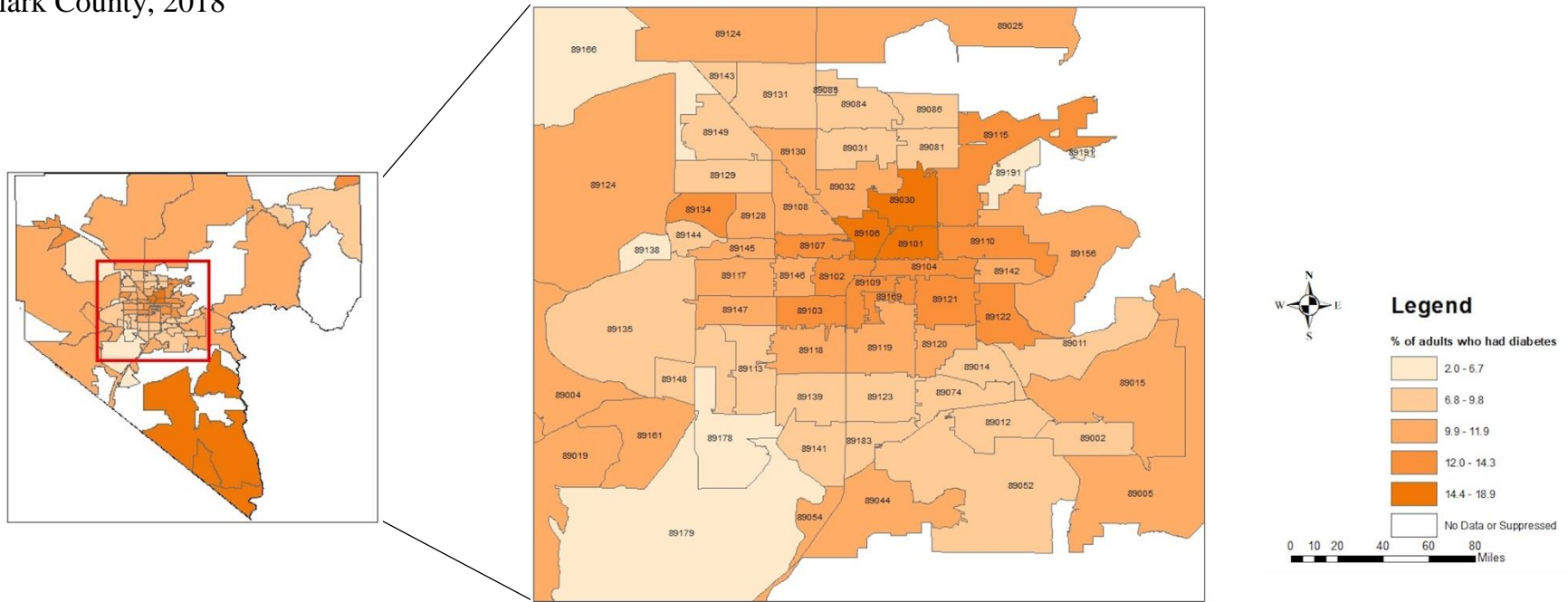


## How are we doing?

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

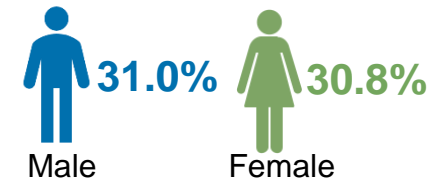


## How are we doing?

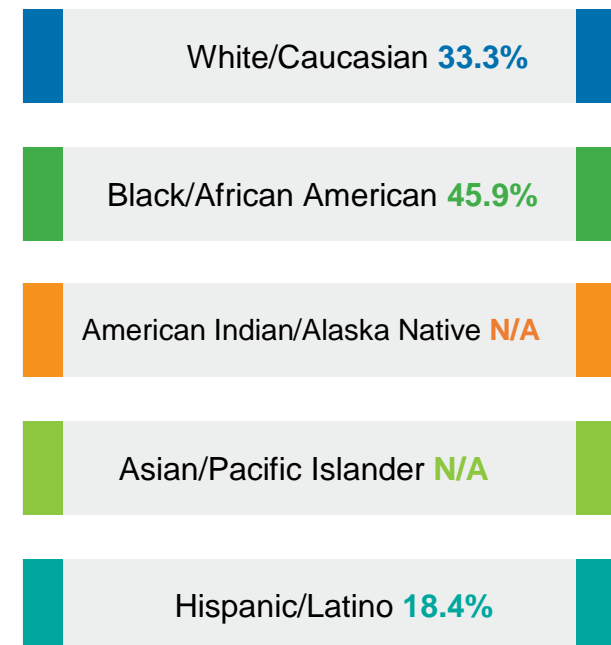
In 2018, 30.9% of Clark County adults had hypertension, which was lower than the state average of 32.8% as well as the national average of 32.3%. With the available data, hypertension was most prevalent among males (31%) and non-Hispanic Black/African American's (45.9%). Due to low sample size, rates 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

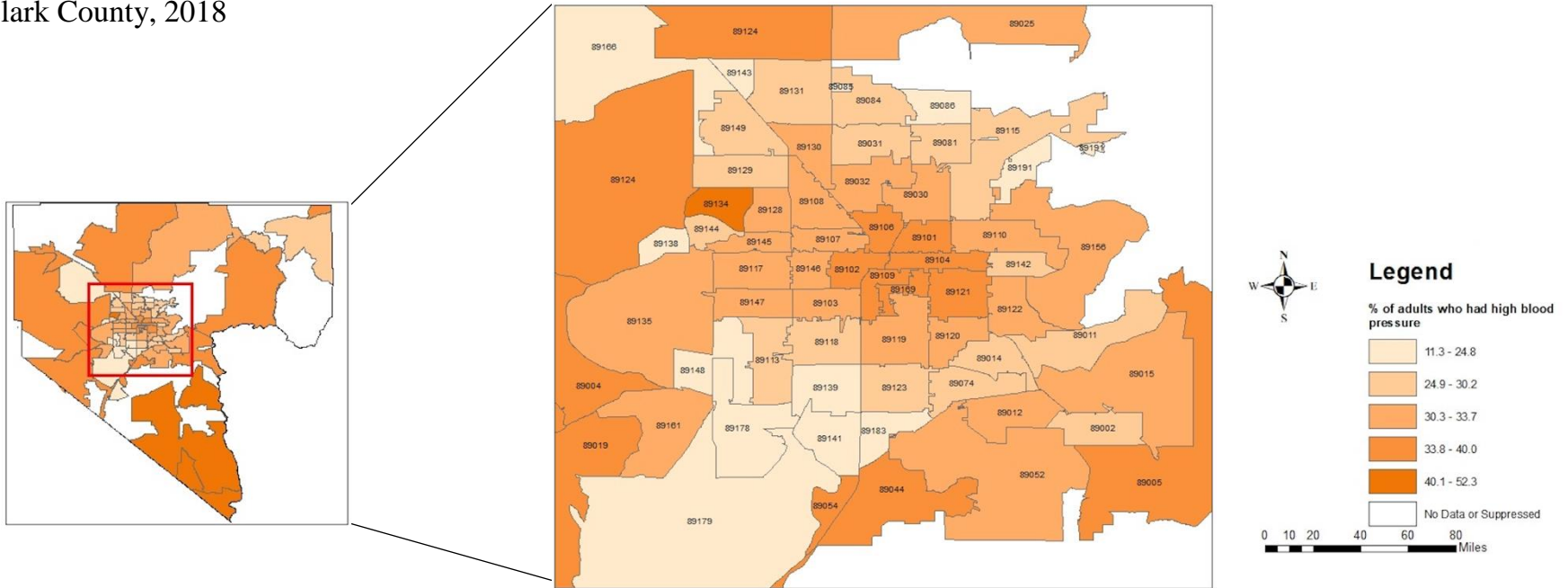
## Hypertension Prevalence by Sex Clark County, 2018



## 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.

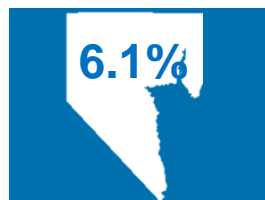
## Why is it important?

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.

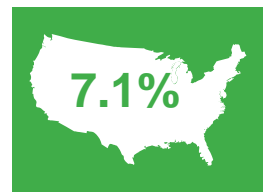
## Cancer Prevalence Rate Comparison , 2018



**Clark County**

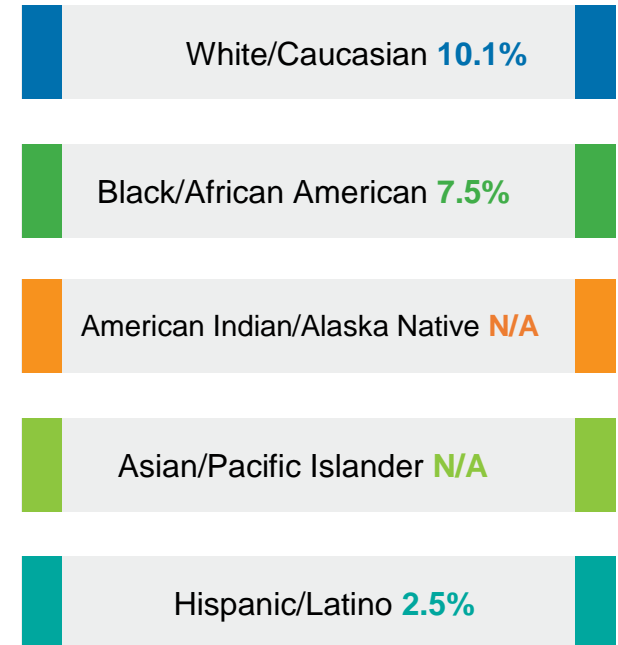


**Nevada State**



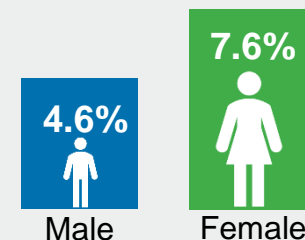
**United States**

## Cancer Prevalence by Race/Ethnicity Clark County, 2018

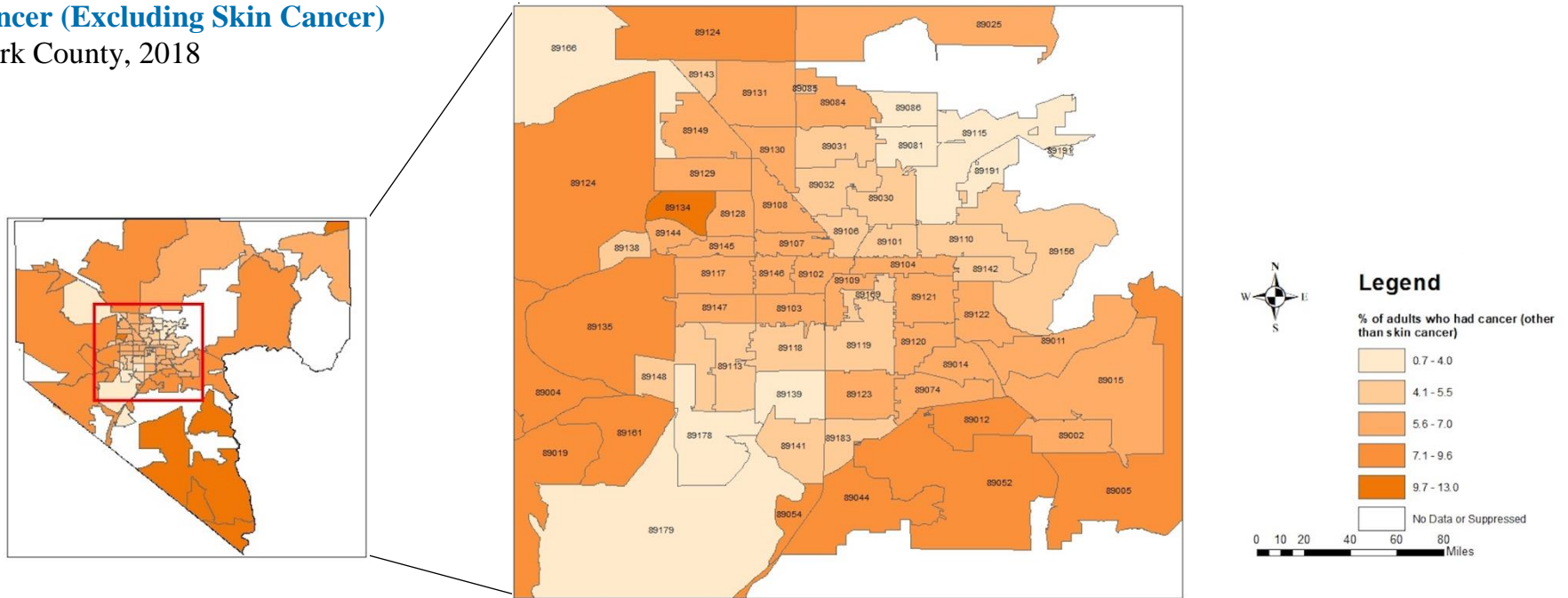


Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

## 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.

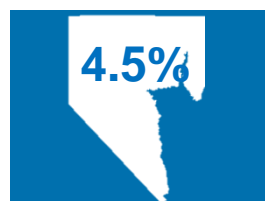
## Why is it important?

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.

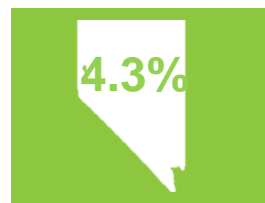
## How are we doing?

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.

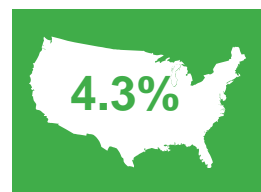
## Heart Disease Prevalence Comparison, 2018



**Clark County**

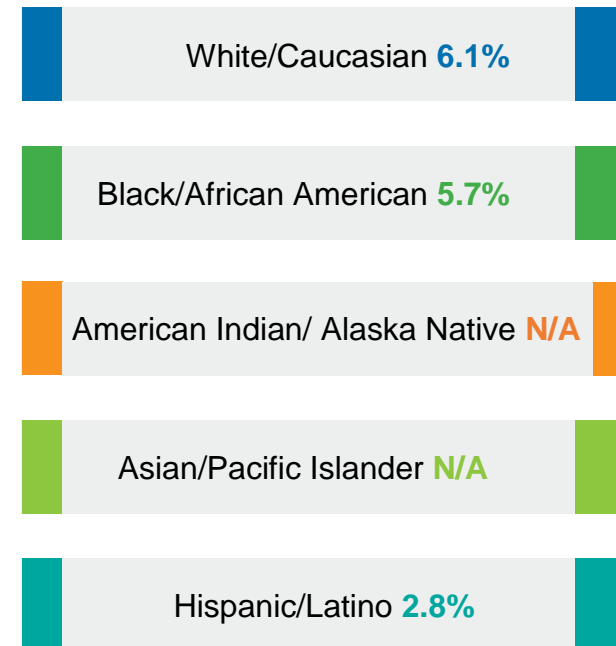


**Nevada State**



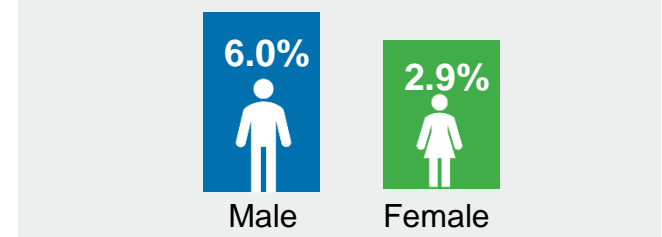
**United States**

## Heart Disease Prevalence by Race/Ethnicity Clark County, 2018

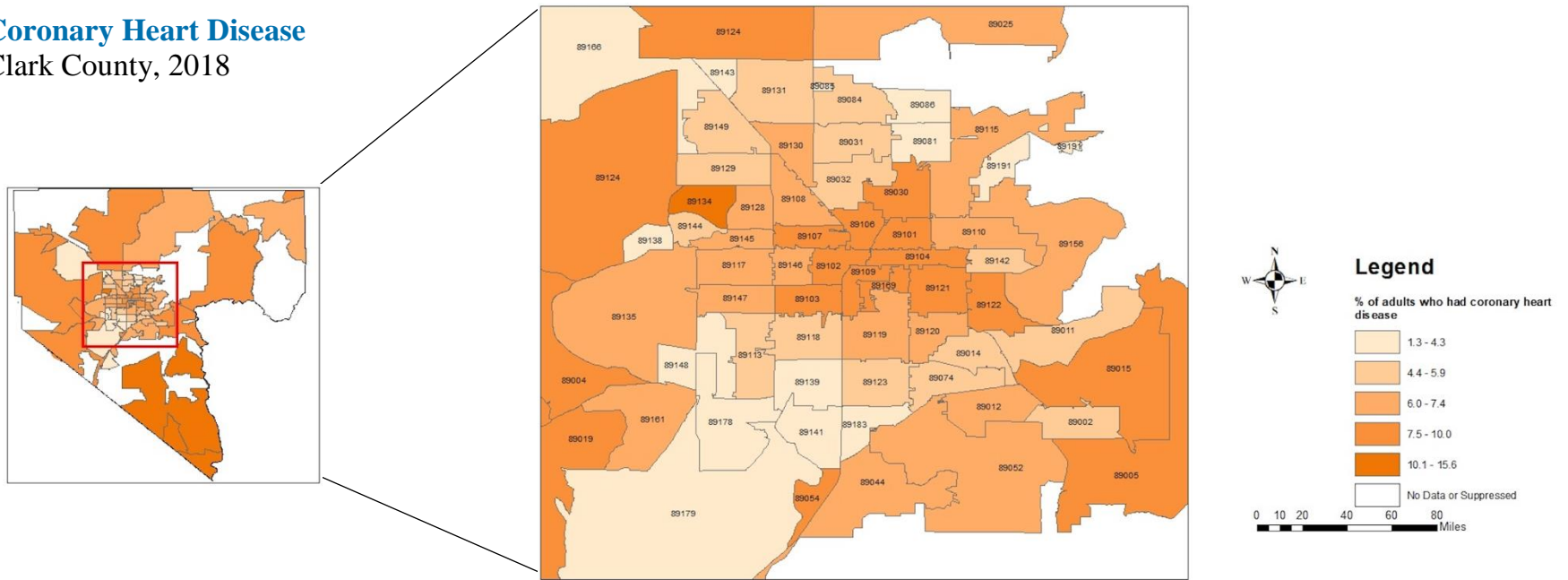


Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018

## 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

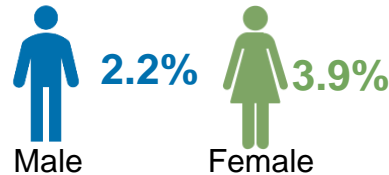
Stroke is a major cause of disability among US adults. Stroke is the rapid loss and interruption of blood supply in the brain that prevents the brain tissue from receiving oxygen. There are two types of stroke: ischemic and hemorrhagic. Ischemic stroke occurs when there is a blockage due to blood clots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

## Why is it important?

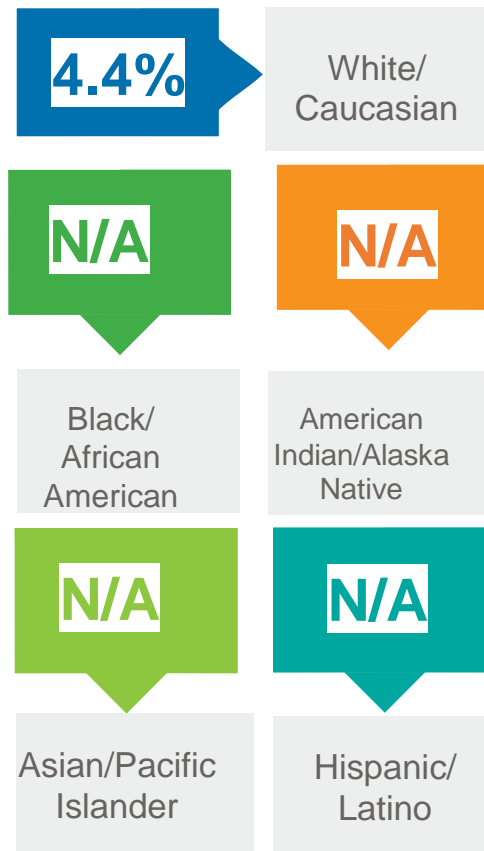
Some of the risk factors for stroke include hypertension as well as high blood pressure. Stroke is preventable as well as treatable. Smoking, high cholesterol and obesity are modifiable risk factors that can help to prevent stroke. Early intervention for stroke is essential; educating the public, spreading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

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

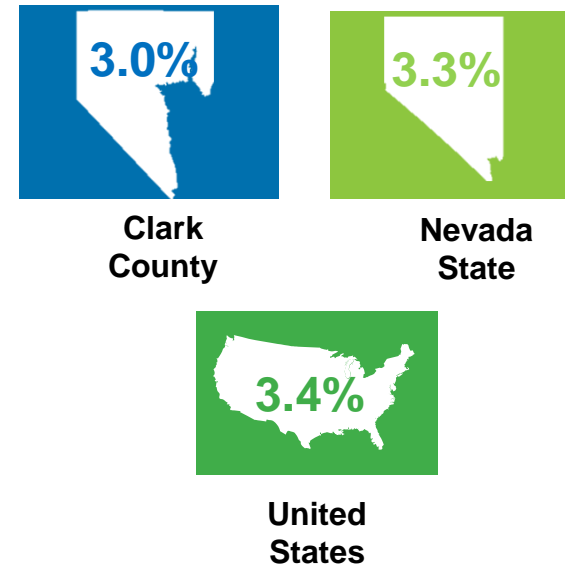
## Stroke Prevalence by Sex, Clark County, 2018



## Stroke Prevalence by Race/Ethnicity, Clark County, 2018



## Stroke Prevalence Comparison 2018

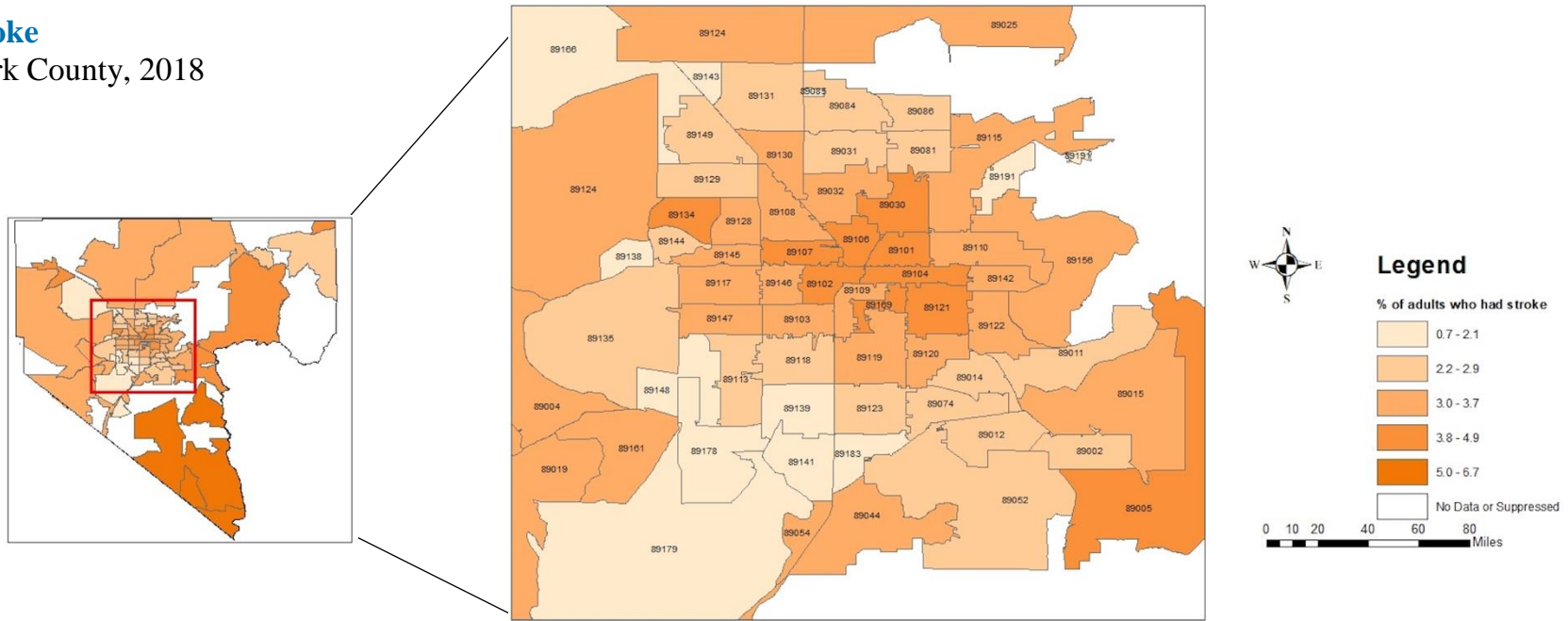


## How are we doing?

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

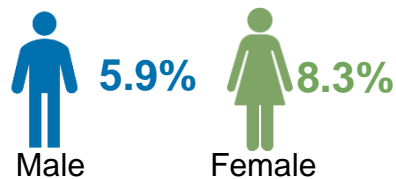
## Summary

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.

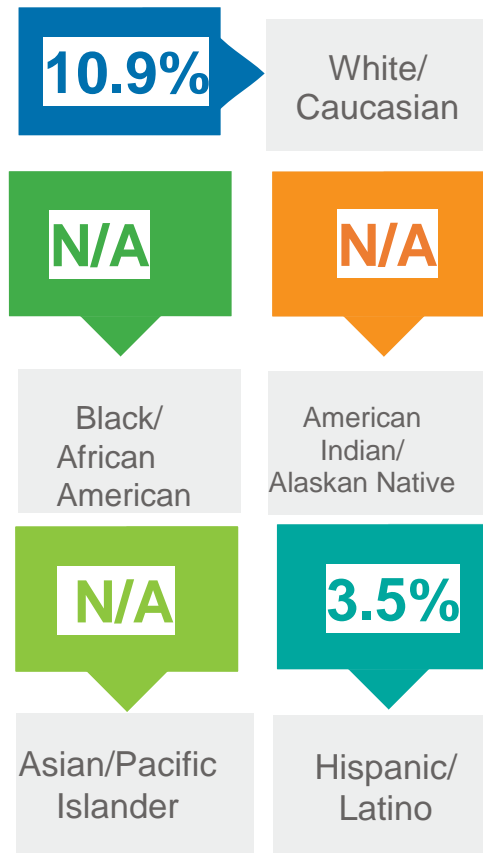
## Why is it important?

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  $\geq 18$  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

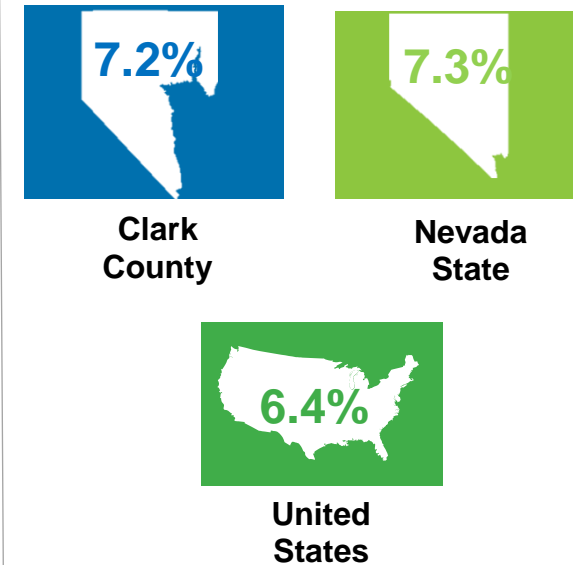


## Chronic Obstructive Pulmonary Disease Prevalence by Race/Ethnicity Clark County, 2018



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

## Chronic Obstructive Pulmonary Disease Prevalence Comparison 2018

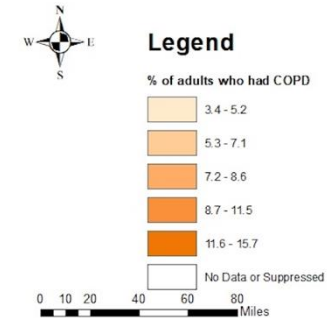
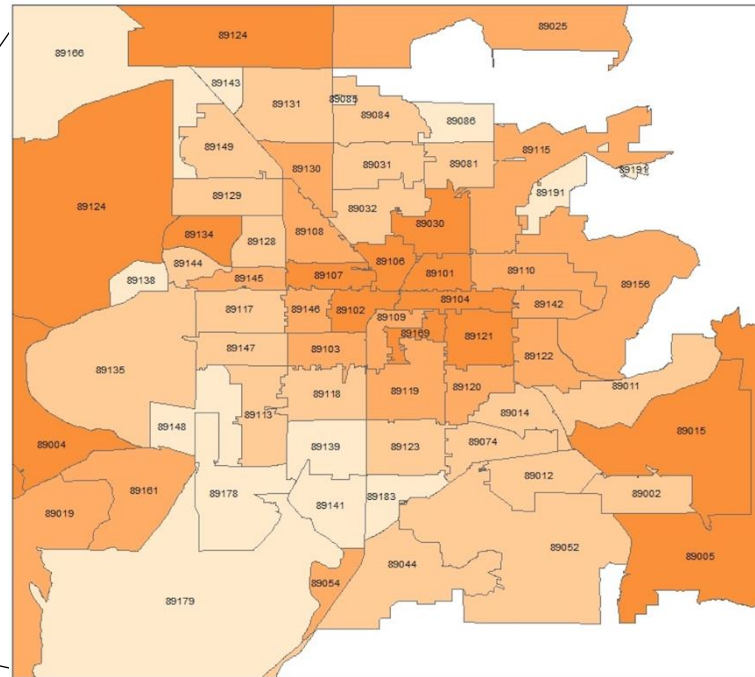
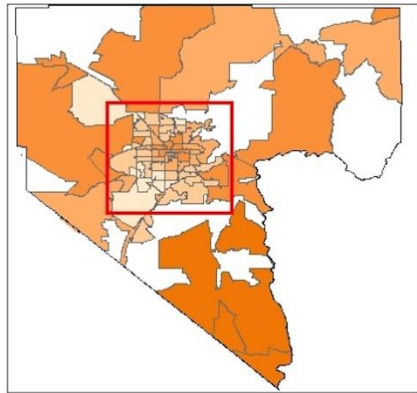


## How are we doing?

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.

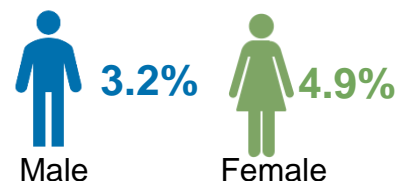
## Kidney Disease Prevalence Comparison 2018



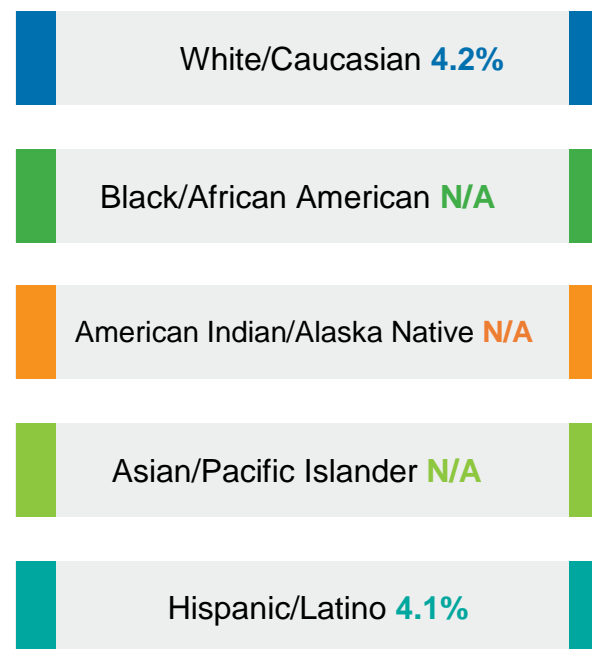
## How are we doing?

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



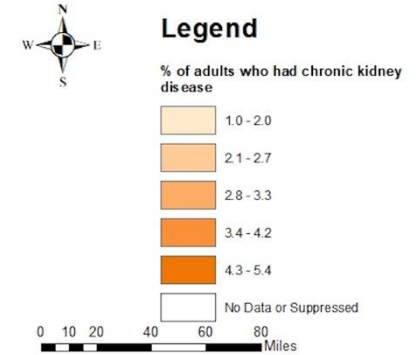
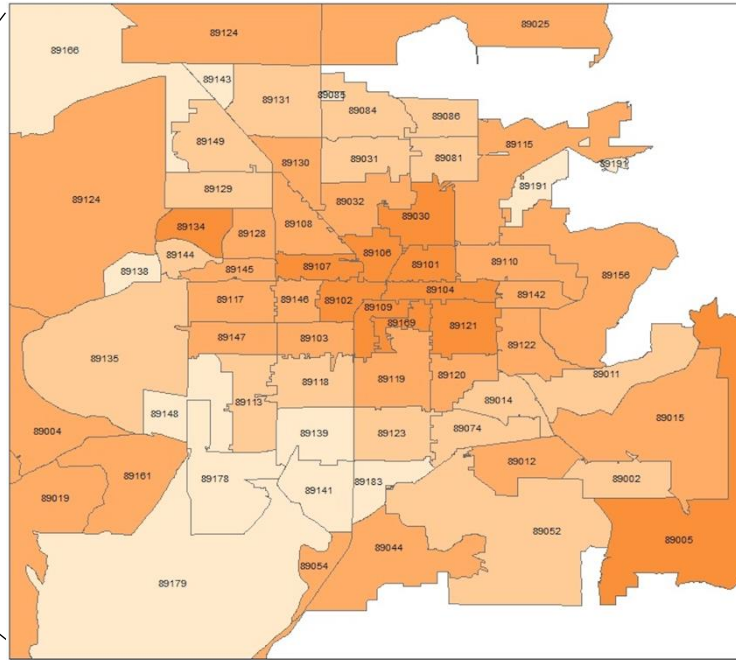
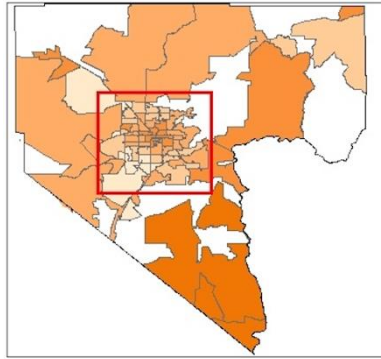
Data Source: Behavioral Risk Factor Surveillance System (BRFSS), 2018



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# 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

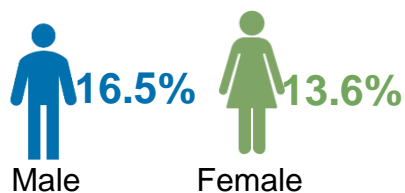
## Summary

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

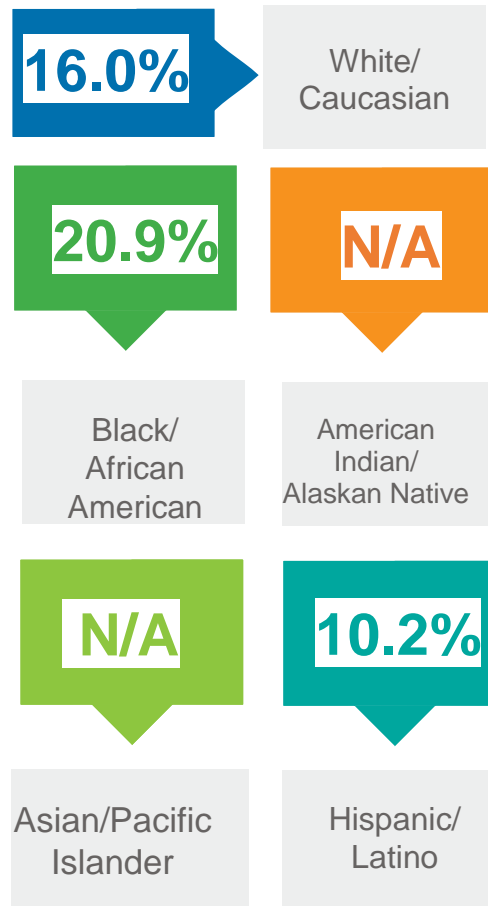
## Why is it important?

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

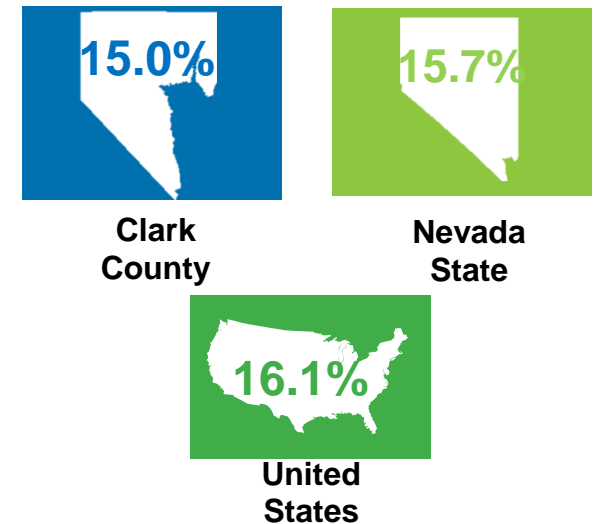


## Cigarette Use by Race/Ethnicity Clark County, 2018



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

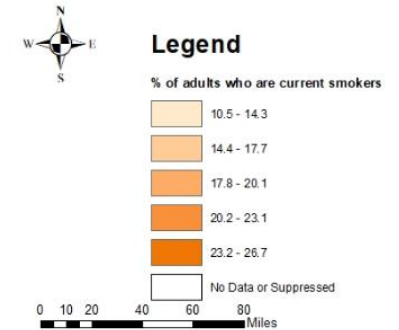
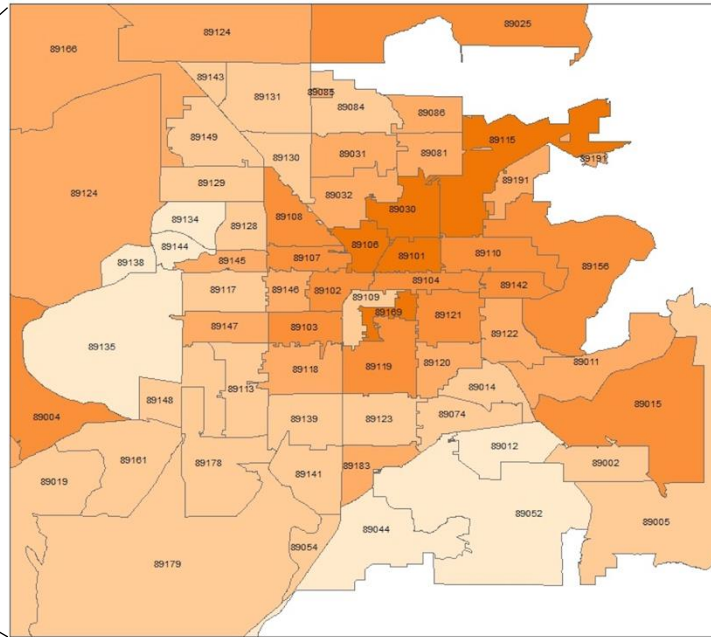
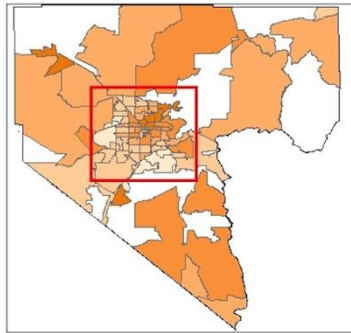
## Cigarette Use Comparison 2018



## 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



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Southern Nevada Health District

# 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.

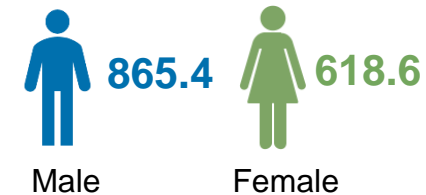
## All-Cause Mortality Rates Comparison (Per 100,000 Population) 2016-2018



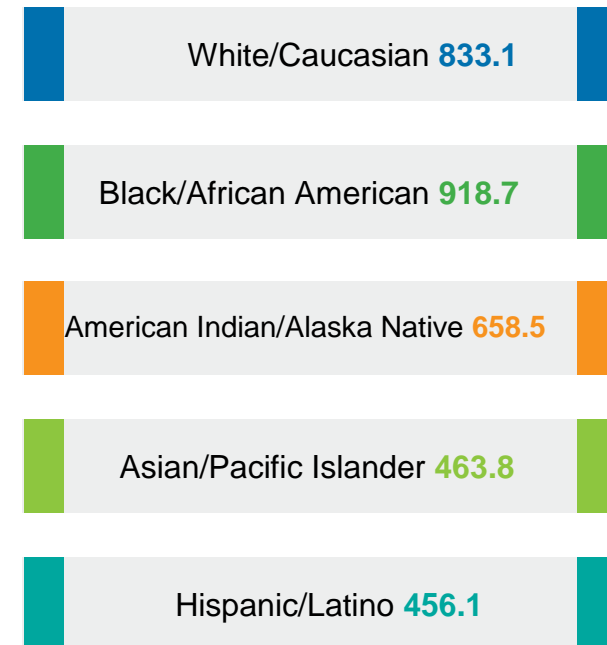
## How are we doing?

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

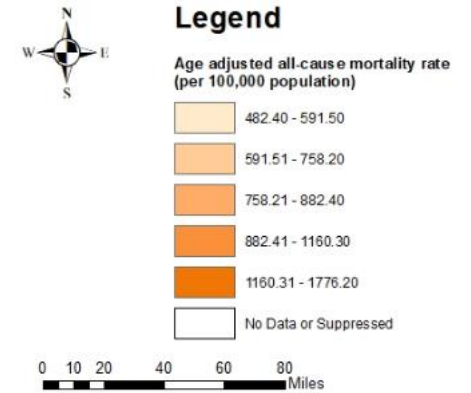
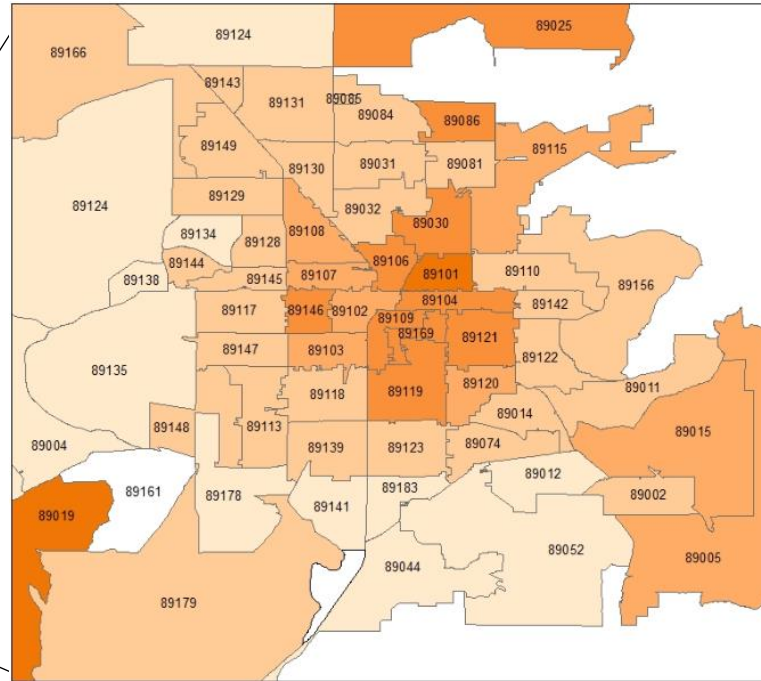
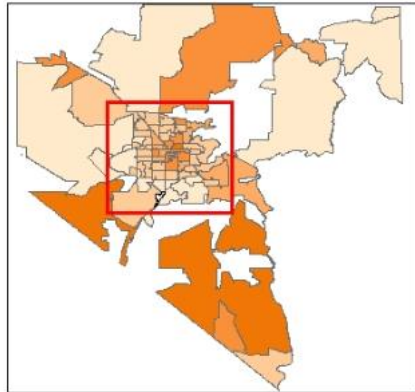


## All-Cause Mortality Rates by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



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.

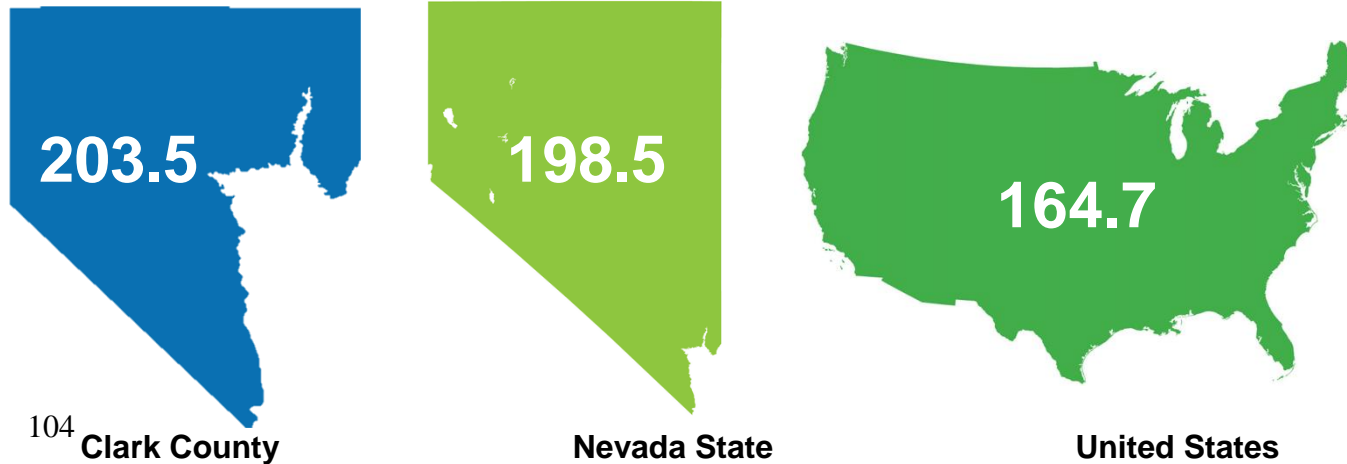
## Why is it important?

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.

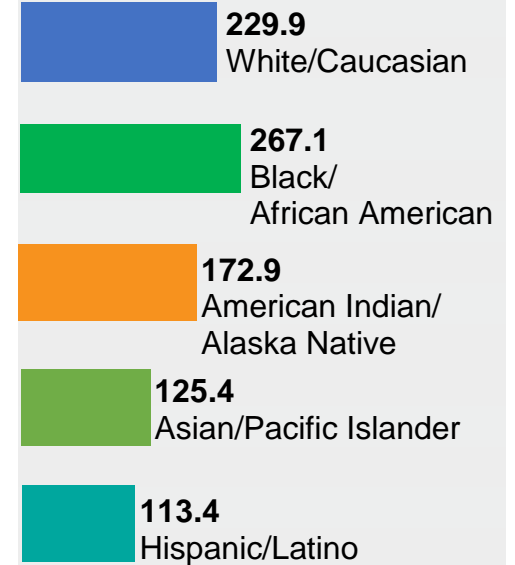
## How are we doing?

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

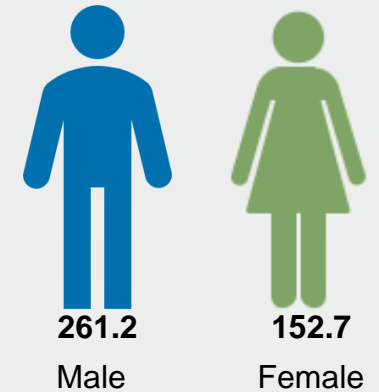


**Heart Disease Mortality Rates by Race/Ethnicity**  
(Per 100,000 Population)  
Clark County, 2016-2018



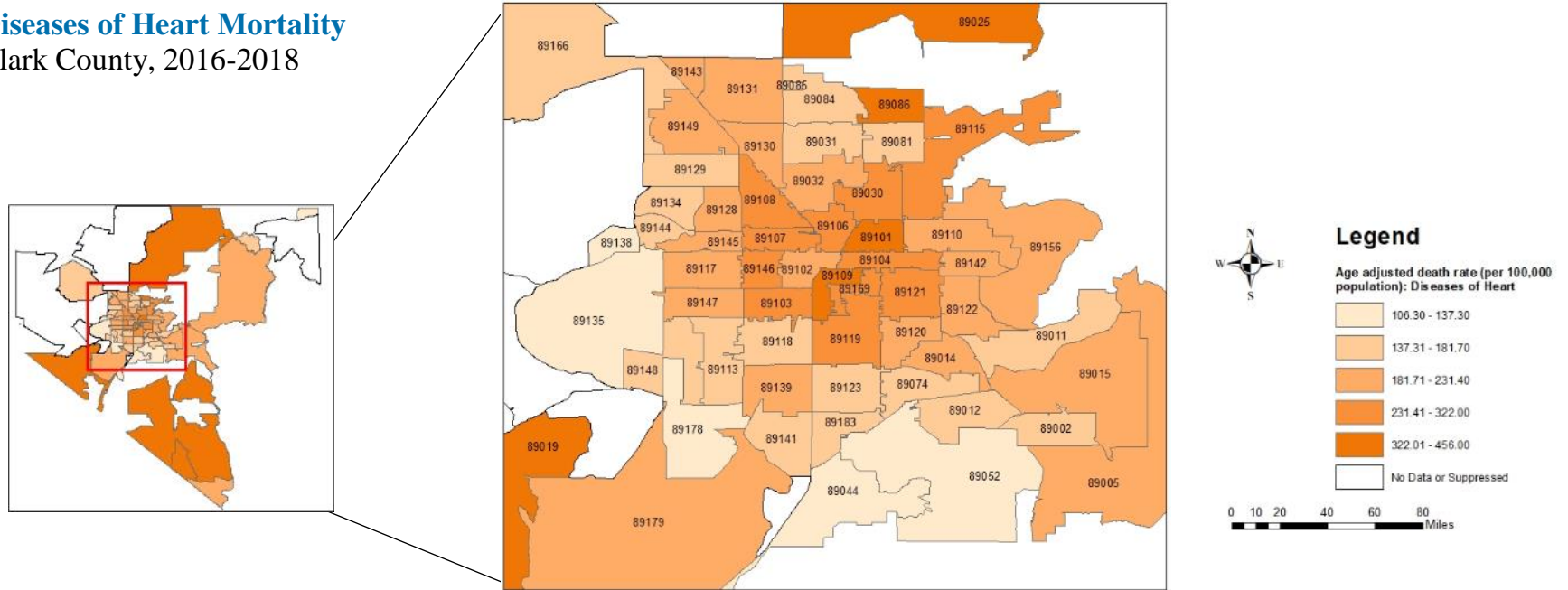
**Heart Disease Mortality Rates by Sex**

(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

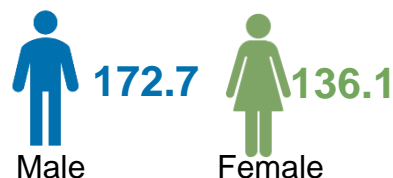
Cancer is one of the top 10 leading causes of death in Clark County. This indicator is presented as the number of deaths from all types of cancer per 100,000 population over the years 2016-2018. The rates were age-adjusted to account for age differences among our community.

## Why is it important?

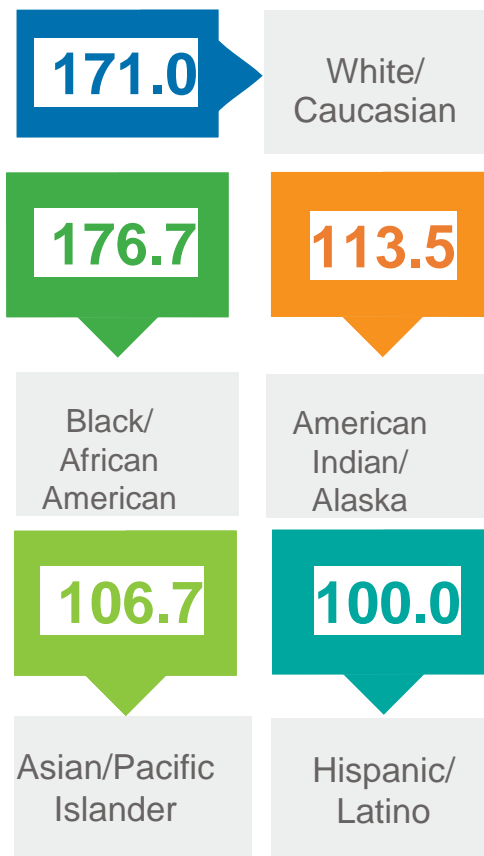
Cancer occurs when abnormal cells start dividing uncontrollably and overtake body tissue. Overall, an individual's risk of cancer can be lowered through adopting healthy lifestyles such as reducing tobacco and alcohol use, protecting the skin from excessive sun exposure, eating a healthy diet and engaging 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

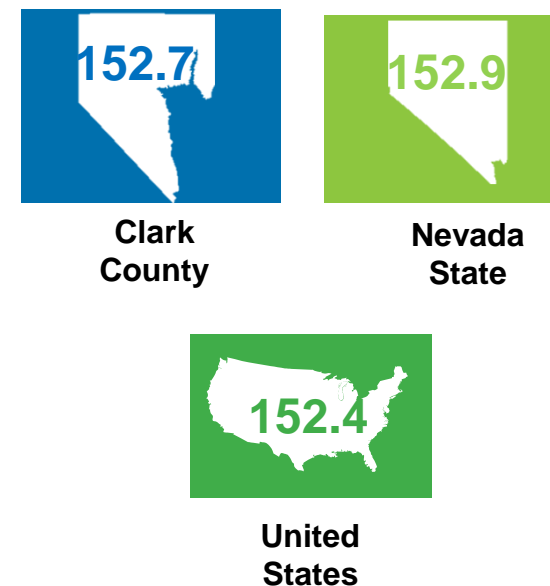
## Cancer Mortality Rate (Per 100,000 Population) Clark County, 2016-2018



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



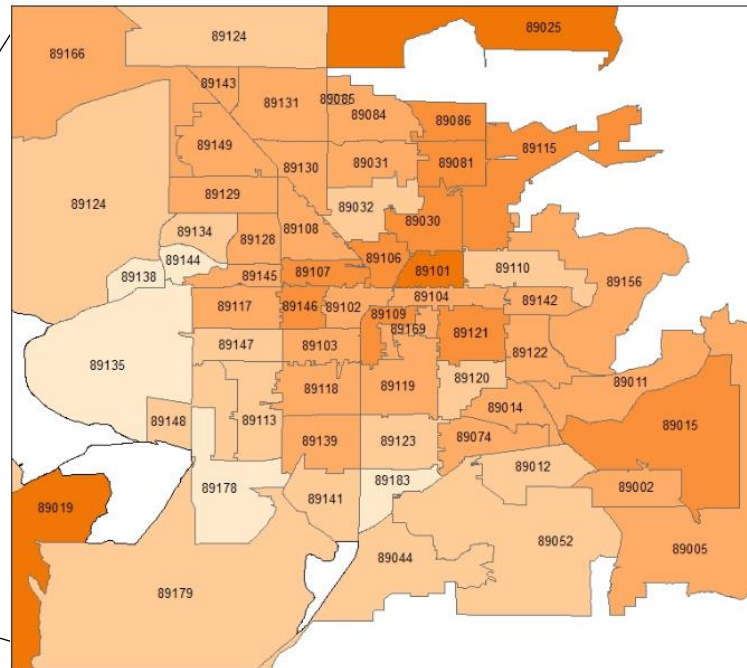
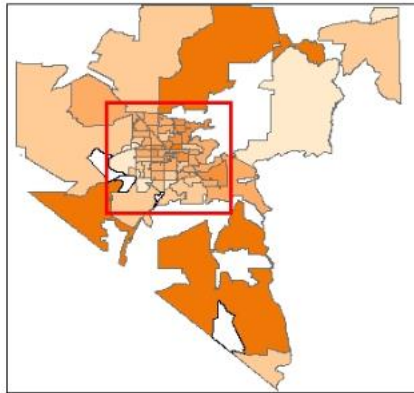
## Cancer Mortality Rate Comparison (Per 100,000 Population) 2016-2018



## 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



### Legend

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

- 82.20 - 110.60
- 110.61 - 144.60
- 144.61 - 171.90
- 171.91 - 210.90
- 210.91 - 304.50
- No Data or Suppressed

0 10 20 40 60 80 Miles

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

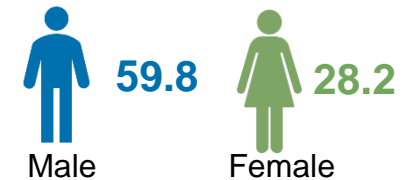


## How are we doing?

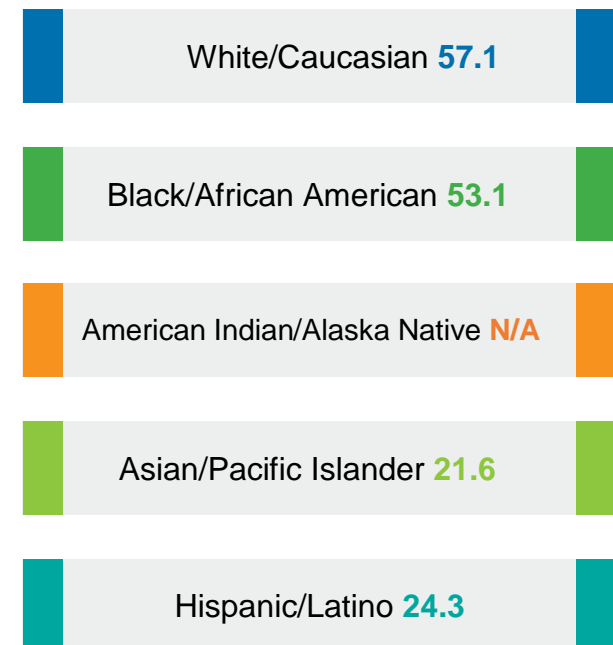
The average mortality rate in Clark County was 43.7 deaths per 100,000 population, lower than the state and national age-adjusted rates. The unintentional injury mortality rates were highest among males and people who identify as non-Hispanic White/Caucasian and non-Hispanic Black/African American. There 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

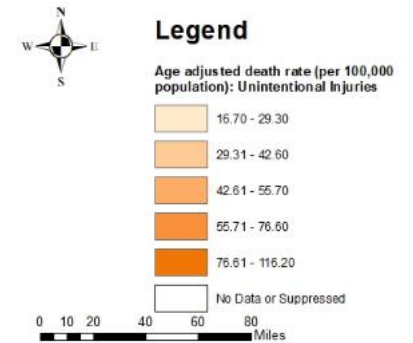
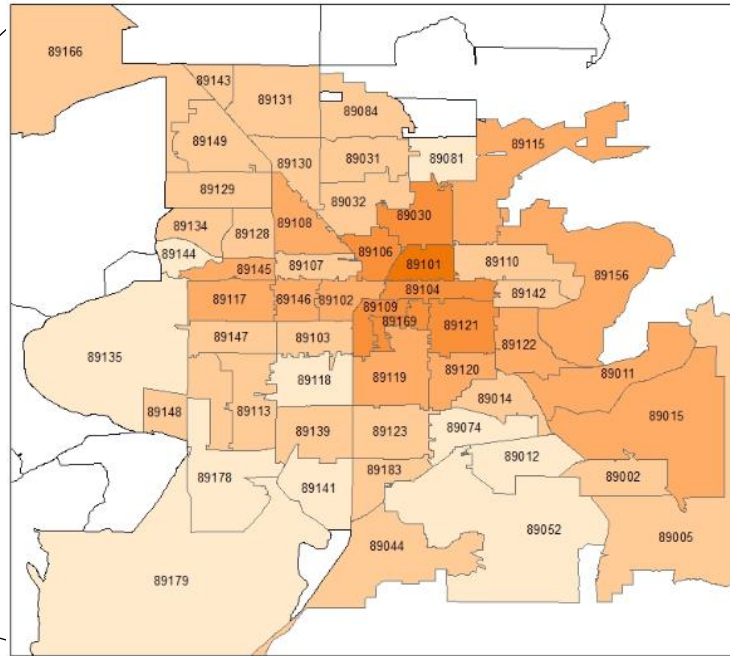
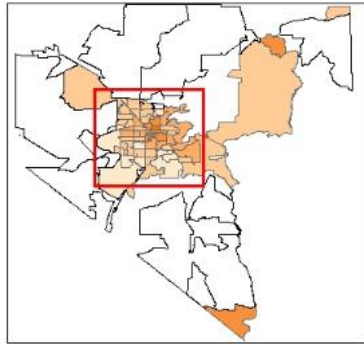


### Unintentional Injury Mortality Rates by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018





## 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.

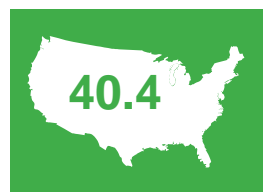
## Chronic Lower Respiratory Disease Mortality Rate Comparison (Per 100,000 Population), 2016-2018



**Clark County**

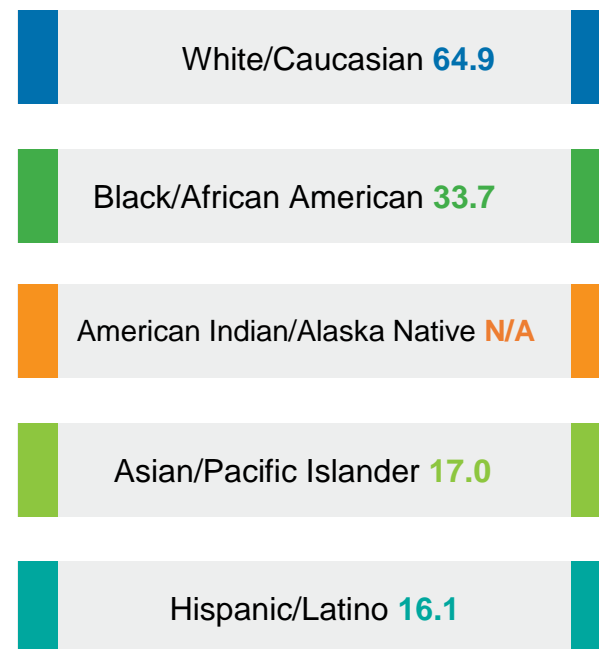


**Nevada State**



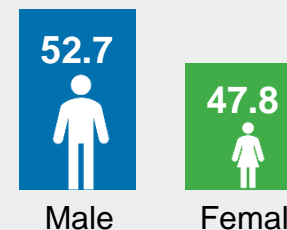
**United States**

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



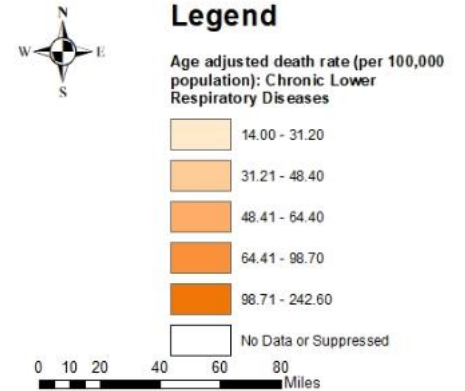
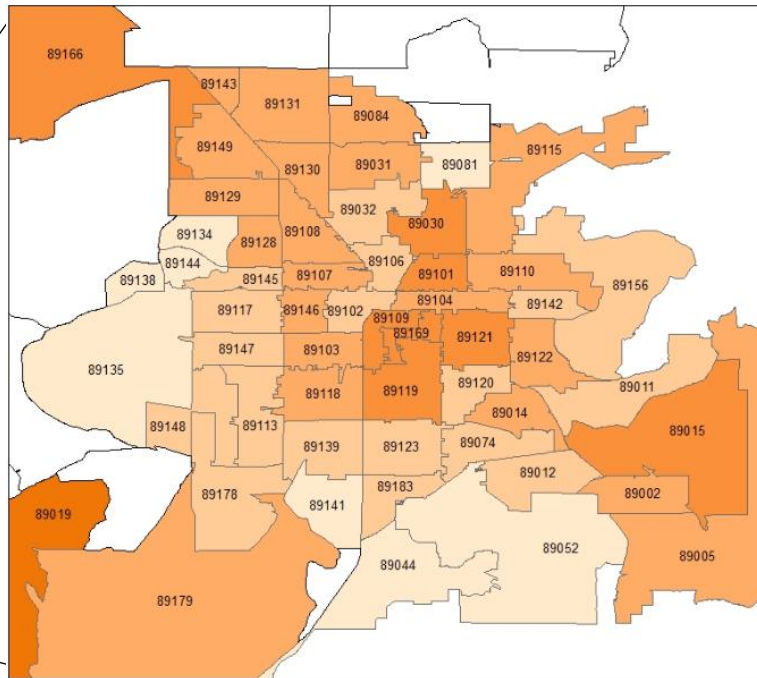
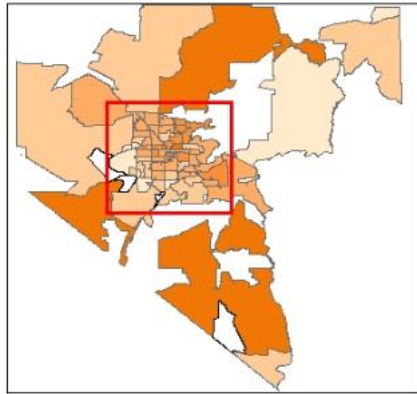
Data Source:  
CDC WONDER, Underlying Cause of Death 2016-2018

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



# 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.

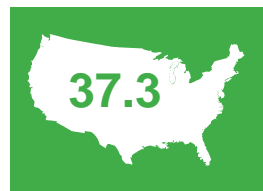
**Stroke Mortality Rate Comparison**  
(Per 100,000 population), 2016-2018



**Clark County**



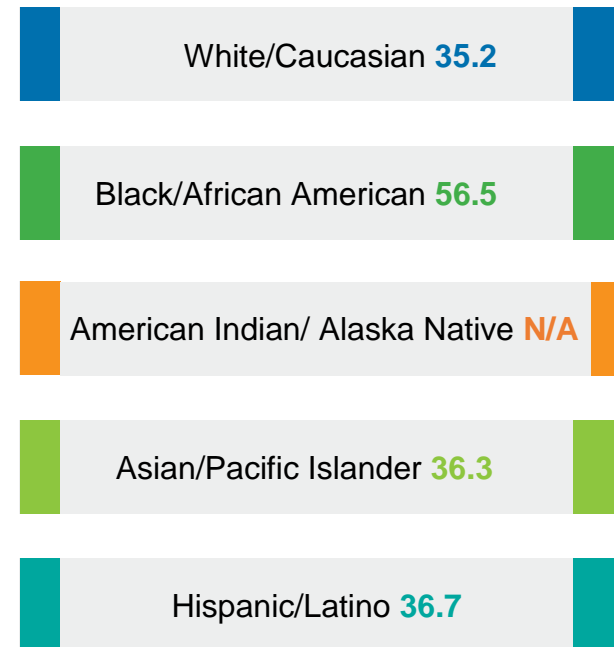
**Nevada State**



**United States**

## Stroke Mortality by Race/Ethnicity

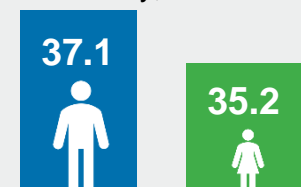
(Per 100,000 Population)  
Clark County, 2016-2018



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

## Stroke Mortality Rates by Sex

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



Male

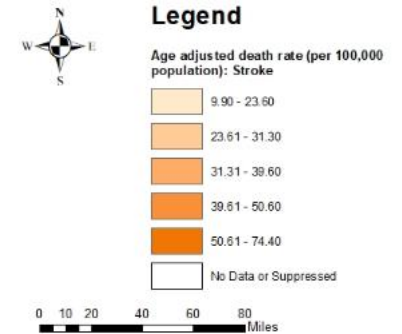
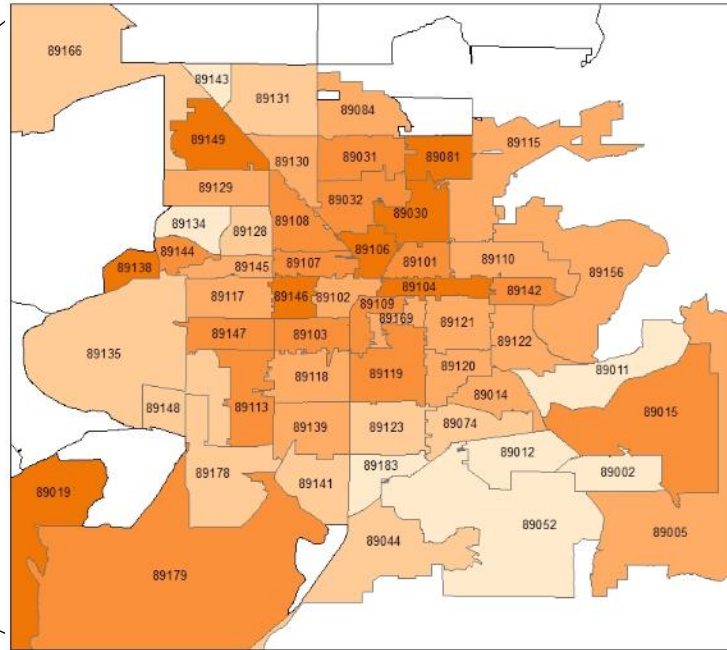
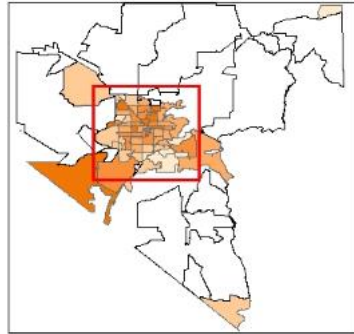
Female



Dignity Health.  
St. Rose Dominican



## 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

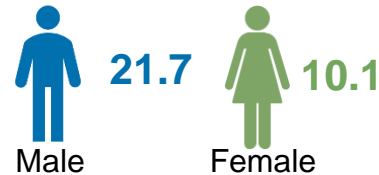
Heart attack occurs when the blood flow to the heart is interrupted, which can be due to the buildup of fat or cholesterol. This health indicator represents the age-adjusted number of deaths from heart attacks per 100,000 population between 2016-2018. In Clark County, the heart attack mortality rate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

## Why is it important?

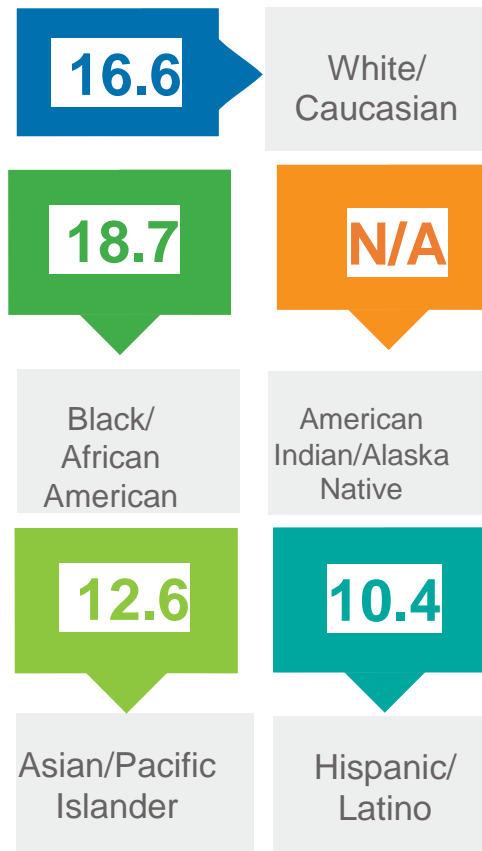
“Heart attack” (formally called acute myocardial infarction) is when the heart does not receive enough blood. Some symptoms of heart attack are chest pain or discomfort, feeling weak, light-headed, or faint, and shortness of breath. Immediate medical attention is important if symptoms of a heart attack 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

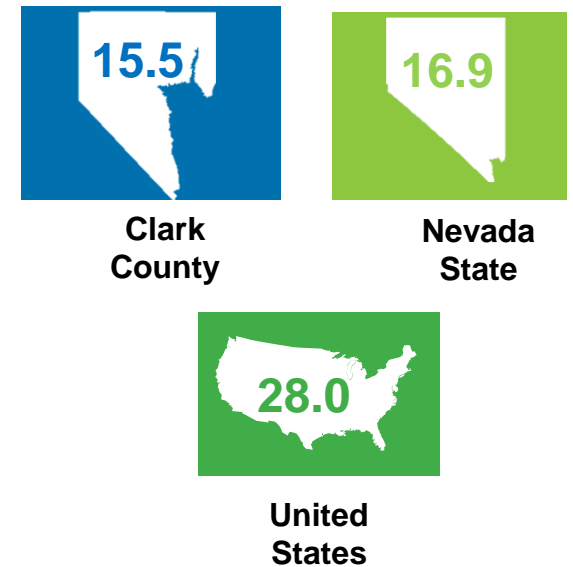
## Heart Attack Mortality Rate by Sex, (Per 100,000 Population) Clark County, 2016-2018



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



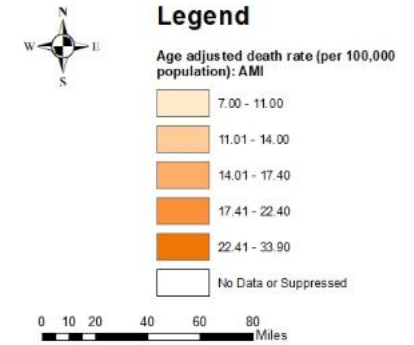
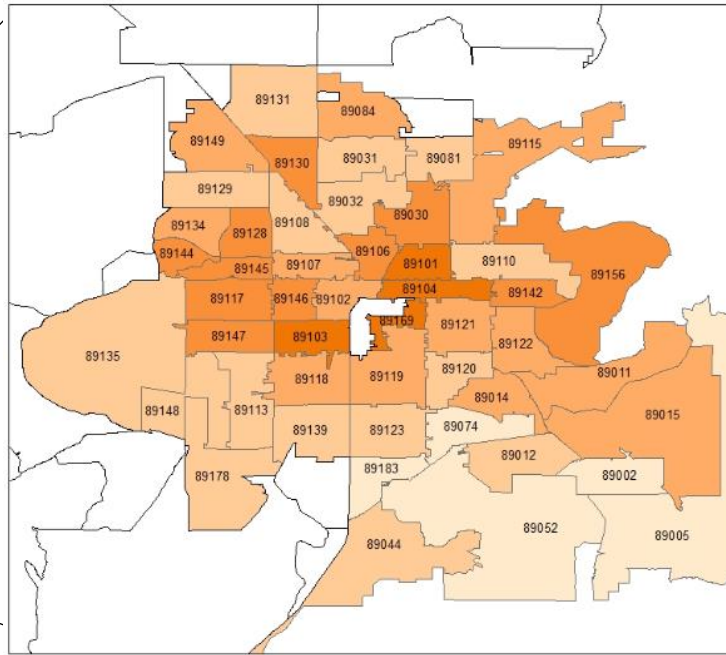
## Heart Attack Mortality Rate Comparison (Per 100,000 Population), 2016-2018



## 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

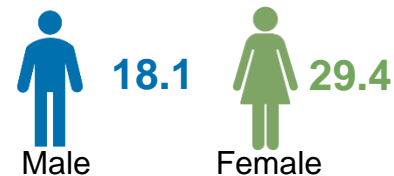
Alzheimer's disease was one of the leading causes of death in the Clark County between 2016-2018. This indicator represents the number of age-adjusted deaths due to Alzheimer's disease per 100,000 population from 2016 to 2018. There were 24.7 deaths per 100,000 population from 2016 to 2018 in Clark County.

## Why is it important?

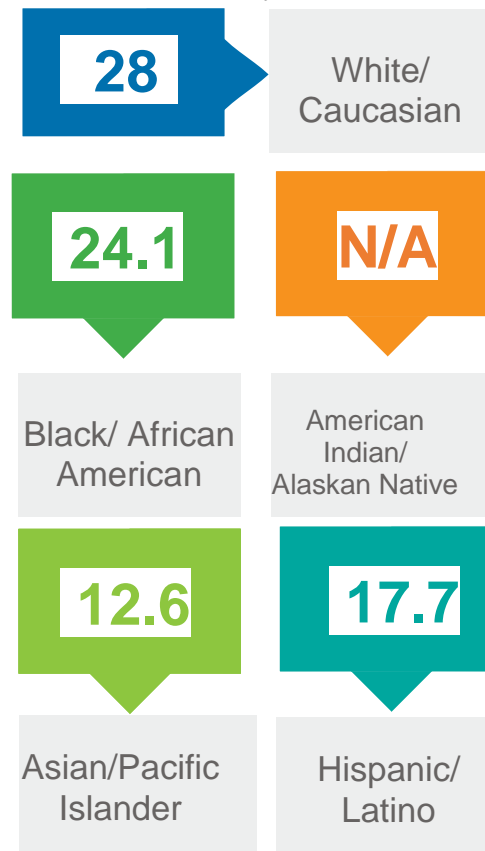
Alzheimer's disease is an irreversible, progressive brain disorder that starts with mild memory loss. Memory loss, language problems, and unpredictable behavior are some symptoms of Alzheimer's disease. Over time, more parts of the brain become damaged and more symptoms develop and get worse. Since there 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

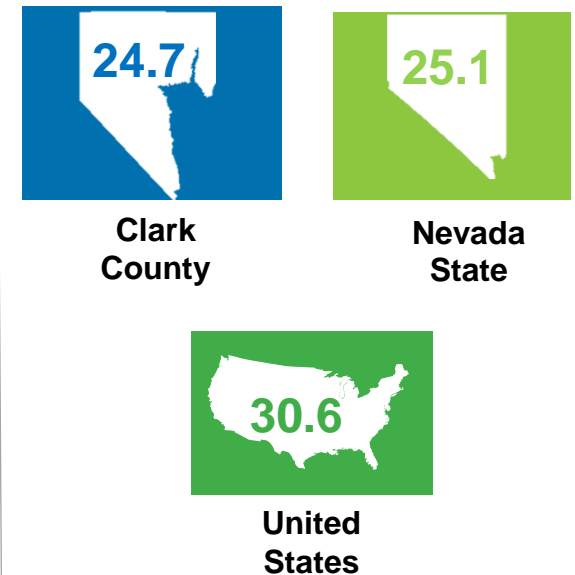
## Alzheimer's Disease Mortality by Sex (Per 100,000 Population) Clark County, 2016-2018



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



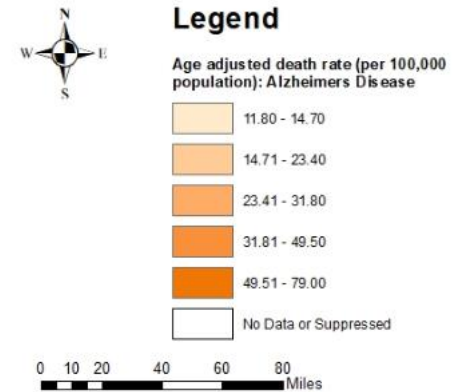
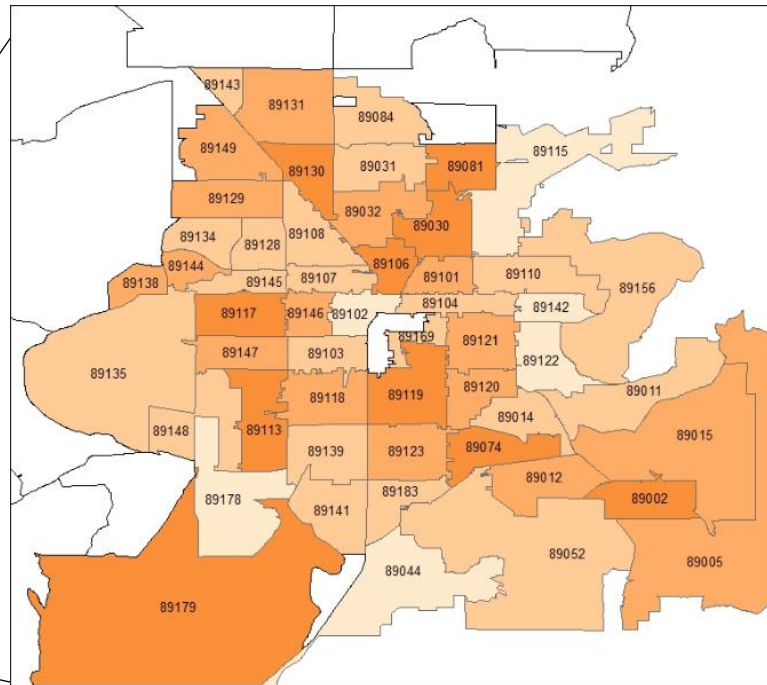
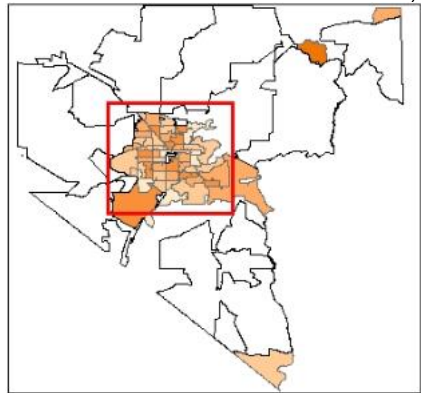
## Alzheimer's Disease Mortality Rate Comparison (Per 100,000 population) 2016-2018



## 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



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

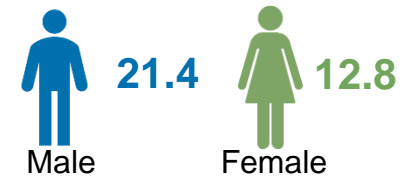


## How are we doing?

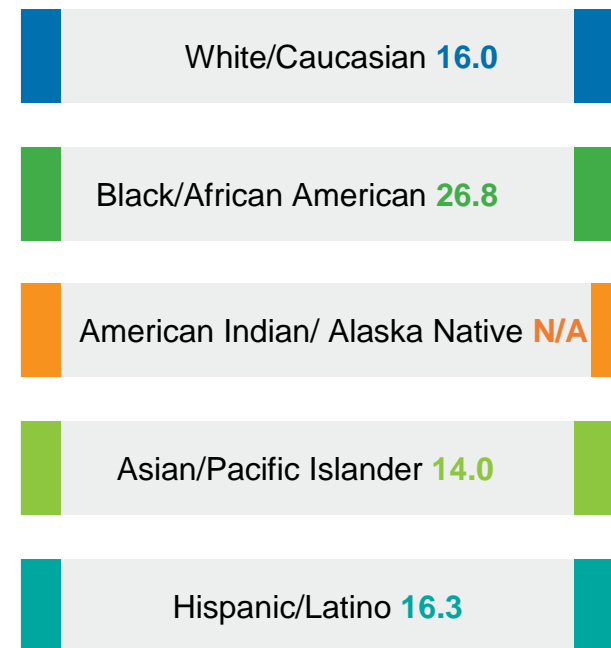
From 2016-2018, the age-adjusted Clark County death rate due to diabetes was 16.9 deaths per 100,000 population, lower than both the state and national mortality rates. Rates were highest among people who identify as Black/African American, non-Hispanic and female. ZIP codes with the highest rates of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

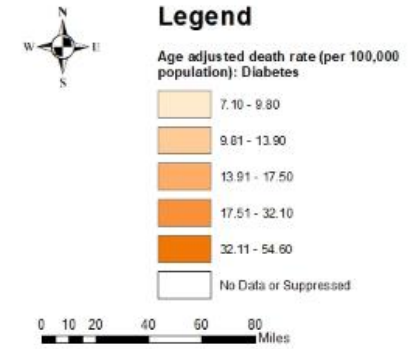
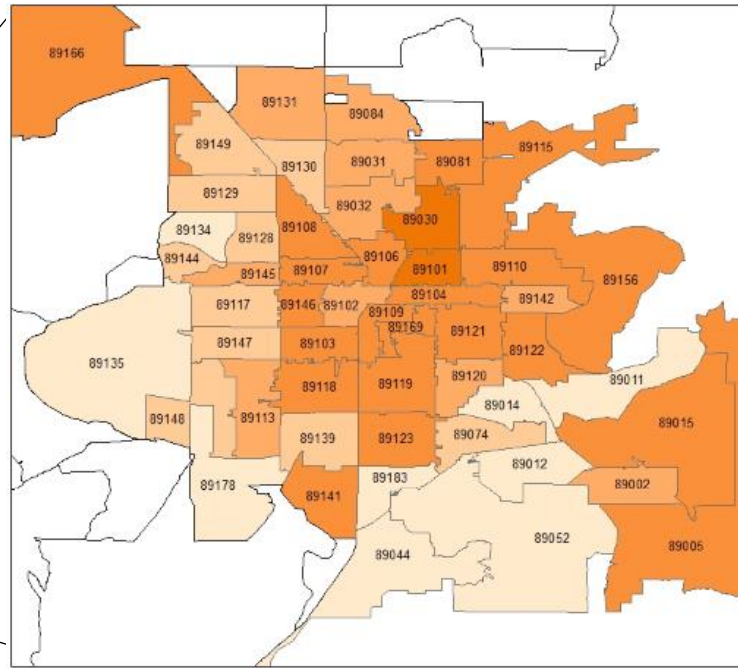
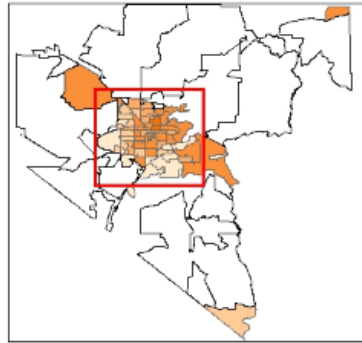


## Diabetes Mortality by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018





## 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.

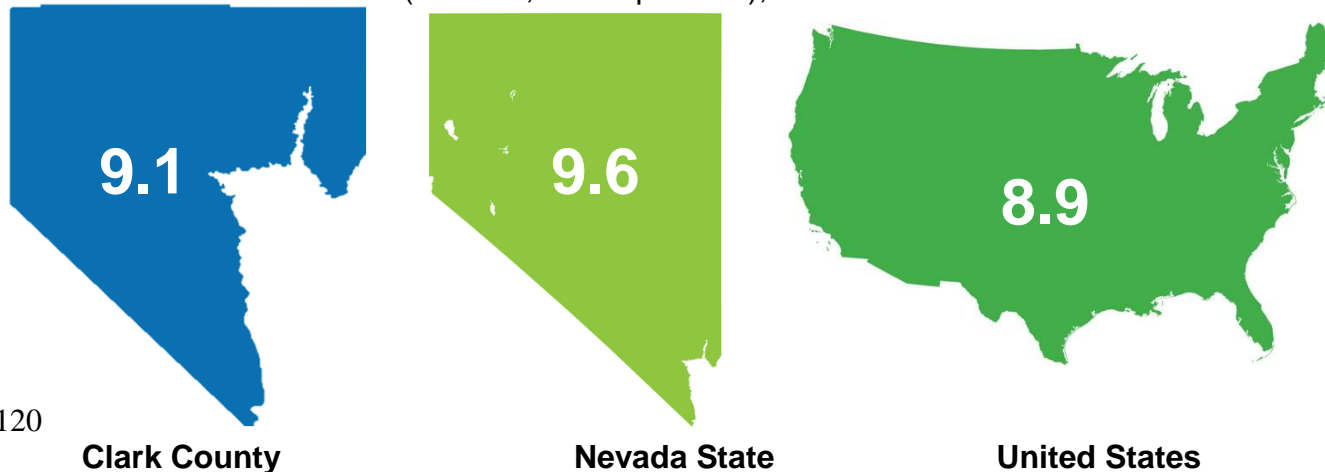
## Why is it important?

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?

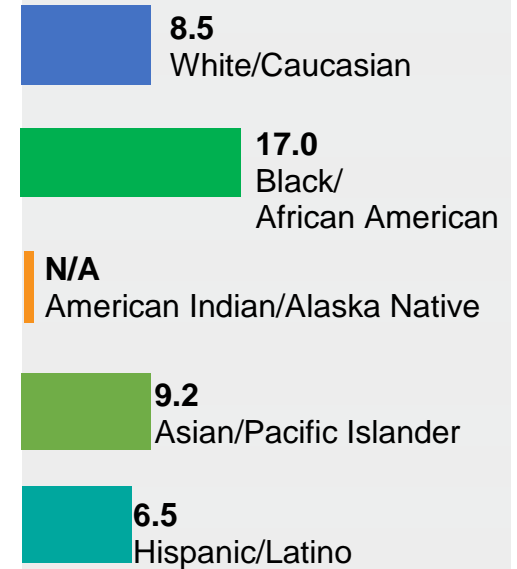
From 2016-2018, the age-adjusted Clark County death rate due to hypertension was 9.1 deaths per 100,000 population, slightly lower than the state rate, but higher than the national age-adjusted hypertension mortality rate. Rates were highest among people who identify as Black/African American, non-Hispanic 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



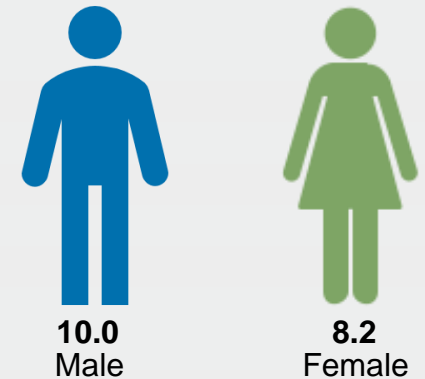
## Hypertension Mortality Rates by Race/Ethnicity

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

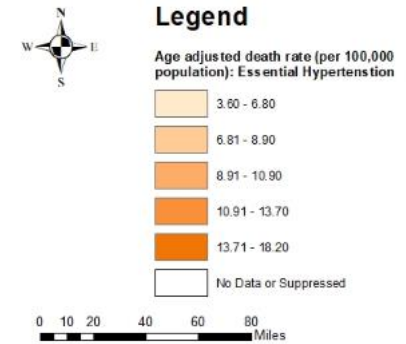
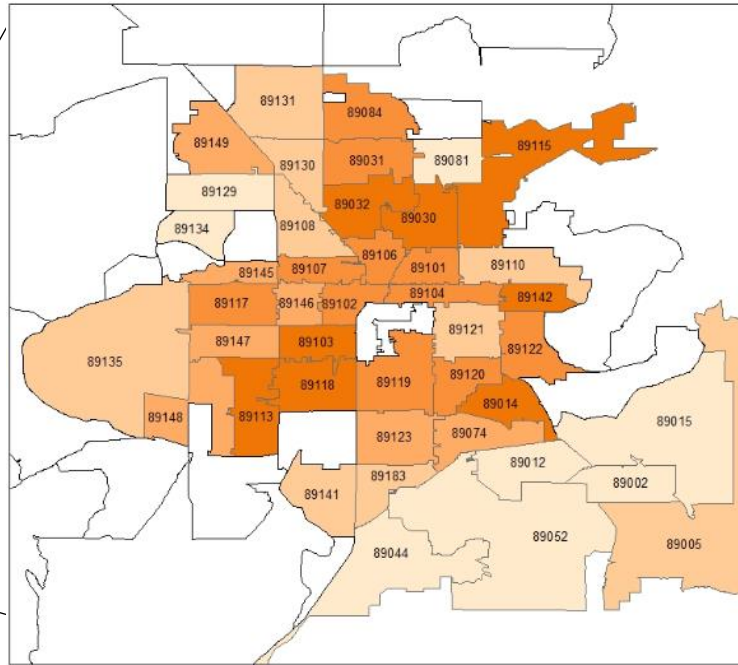


## Hypertension Mortality Rates by Sex

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



## 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.

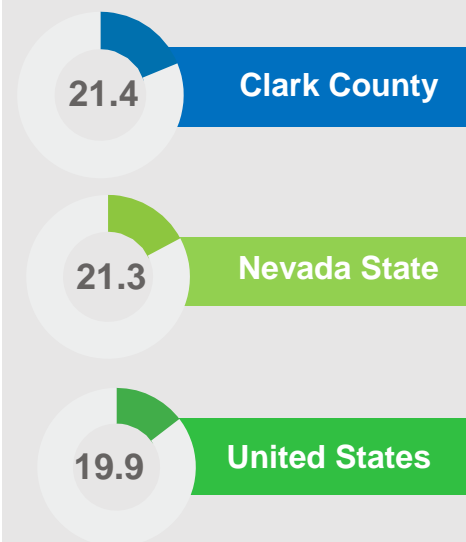
## Why is it important?

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

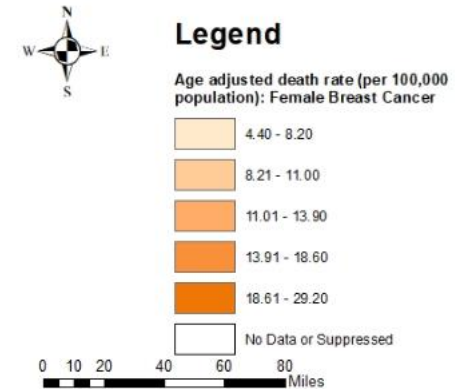
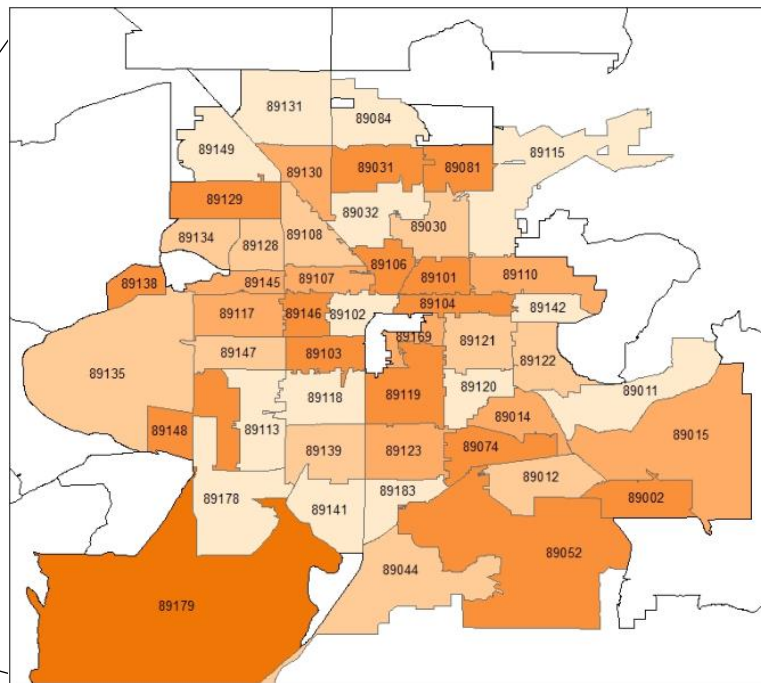
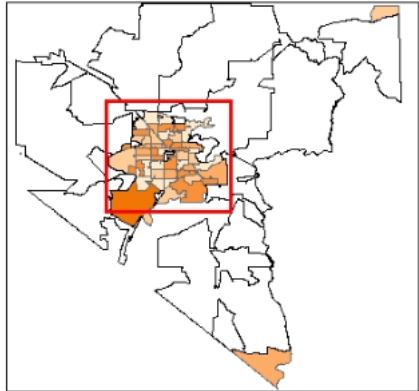


Data Source: CDC WONDER, Natality public-use data 2016-2018

## 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.

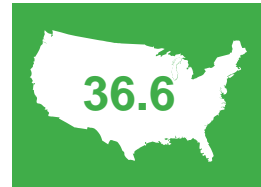
## Lung Cancer Mortality Rate Comparison (Per 100,000 Population), 2016-2018



**Clark County**

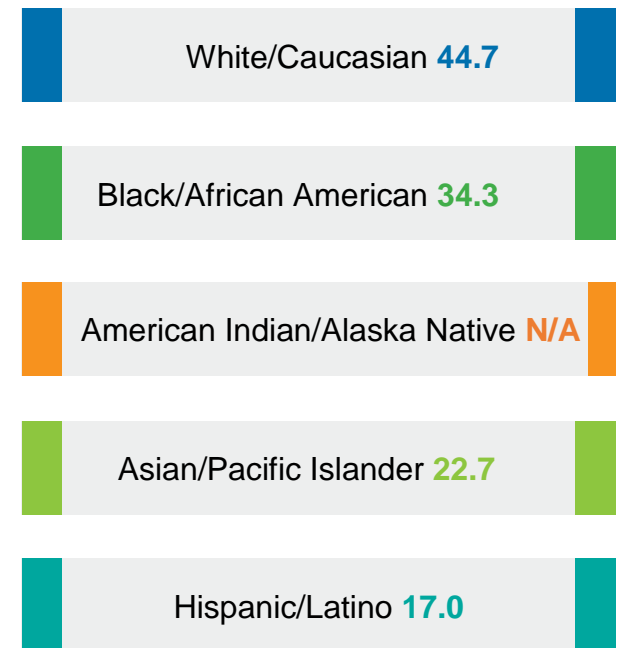


**Nevada State**



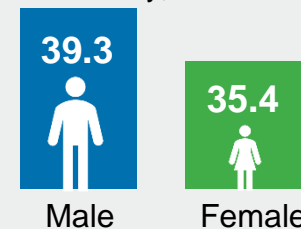
**United States**

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

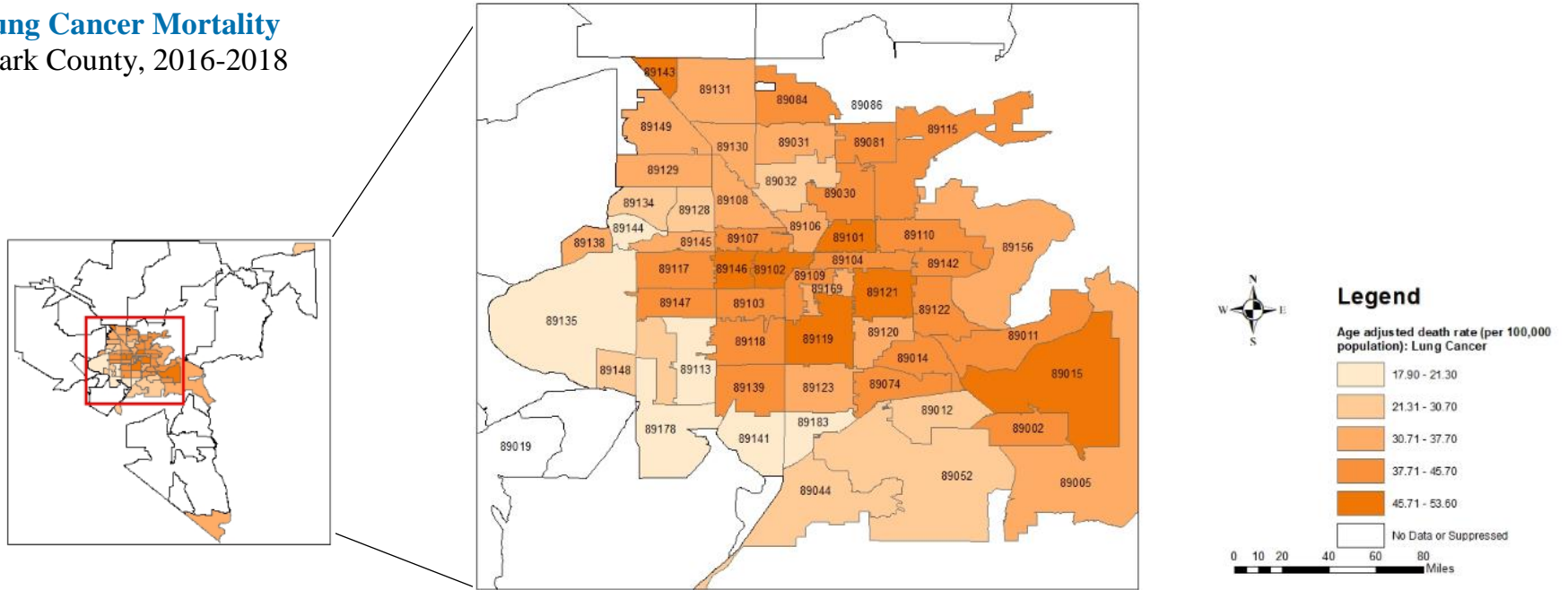


Data Source:  
CDC WONDER, Underlying Cause of Death 2016-2018

## 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



Dignity Health.  
St. Rose Dominican



# DRUG OVERDOSE MORTALITY

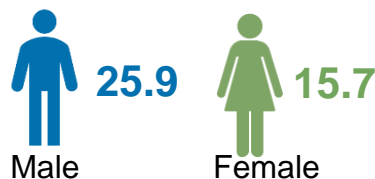
## Summary

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).

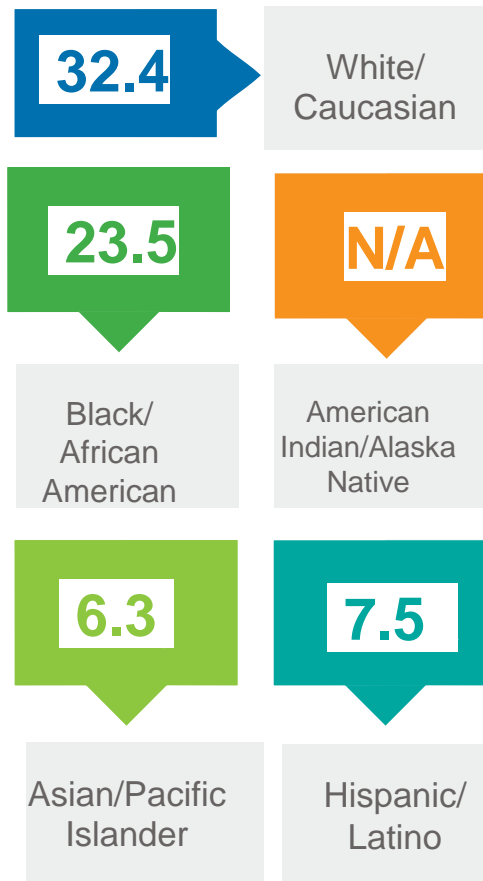
## Why is it important?

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

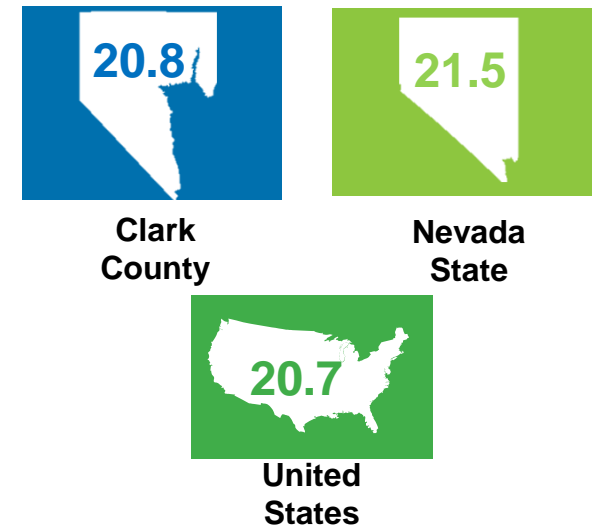


## Drug Overdose Mortality by Race/Ethnicity (Per 100,000 Population) Clark County, 2016-2018



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

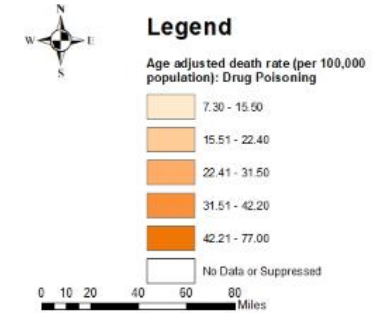
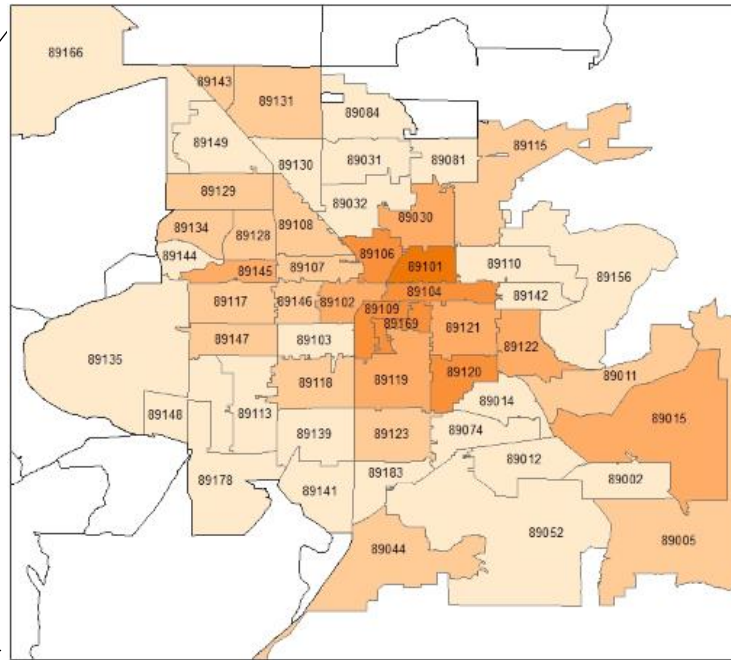
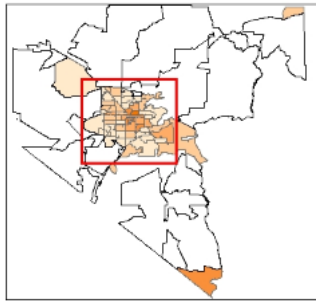
## Drug Overdose Mortality Comparison (Per 100,000 Population) 2016-2018



## 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

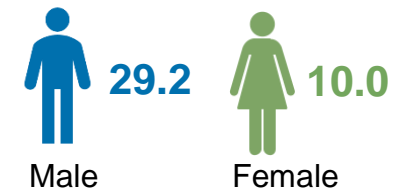


## How are we doing?

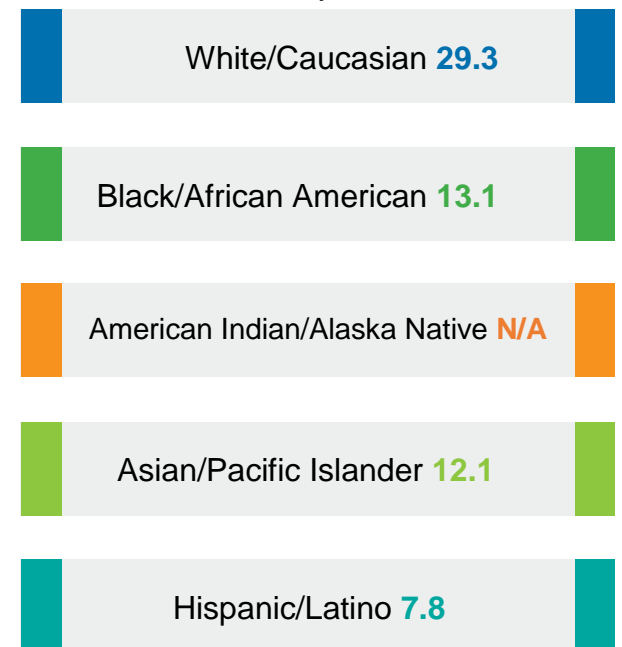
The suicide rate for Clark County was 19.4 per 100,000 in 2016-2018. This is slightly lower than the state age-adjusted suicide rate of 20.8 per 100,000 but higher than the national rate of 13.9 per 100,000 population. Rates were highest among individuals who identify as non-Hispanic White/Caucasian. 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

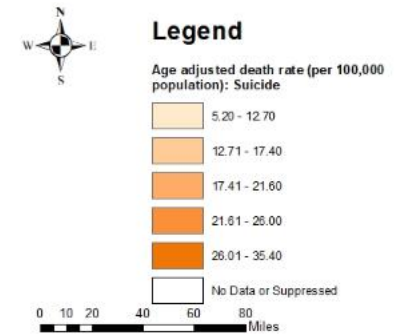
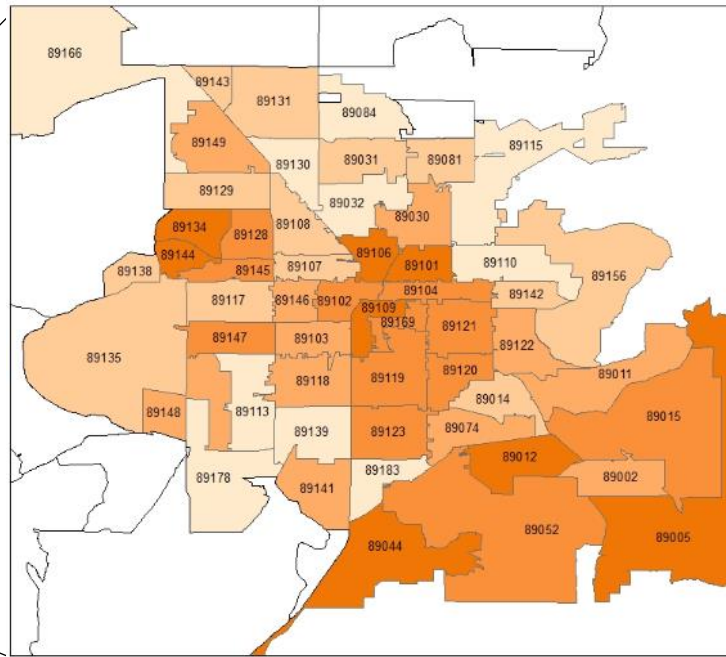
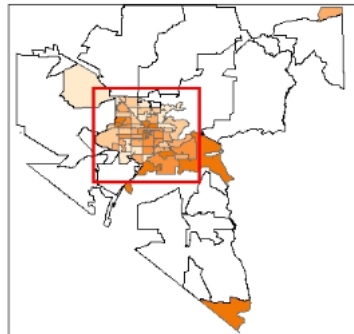
## Suicide Mortality Rates by Sex (Per 100,000 Population) Clark County, 2016-2018



## 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.

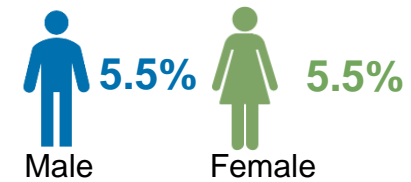
## Binge Drinking Comparison, 2018



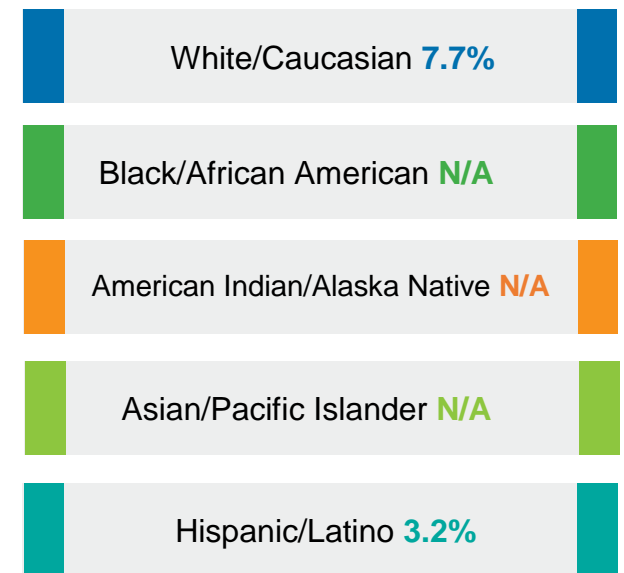
## How are we doing?

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

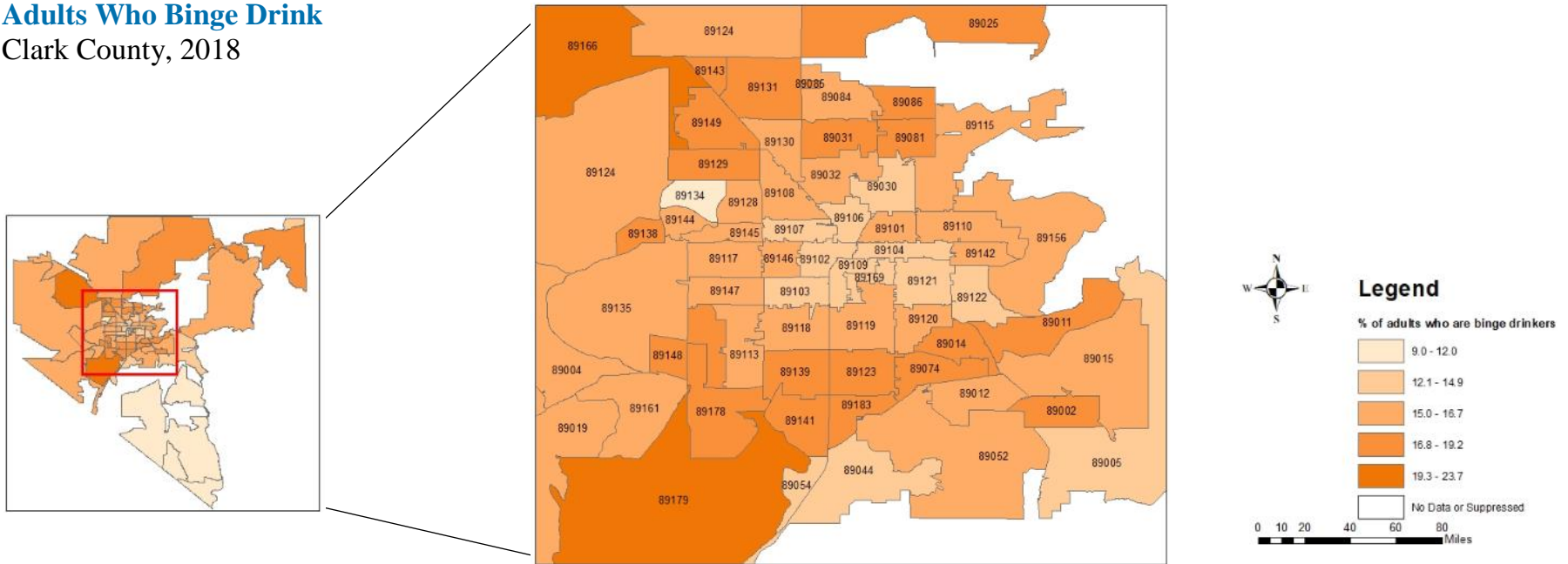


## Binge Drinking by Race Clark County, 2018



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.

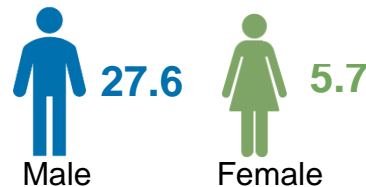
## Why is it important?

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

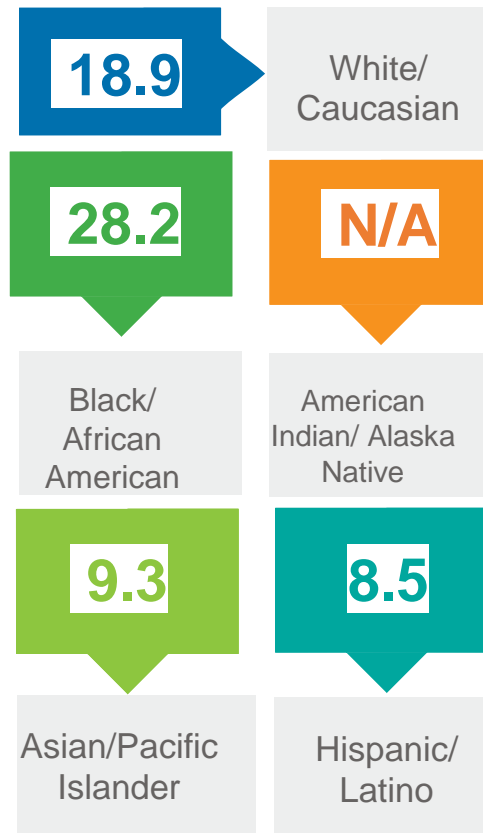
## Firearm Mortality Rate by Sex

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



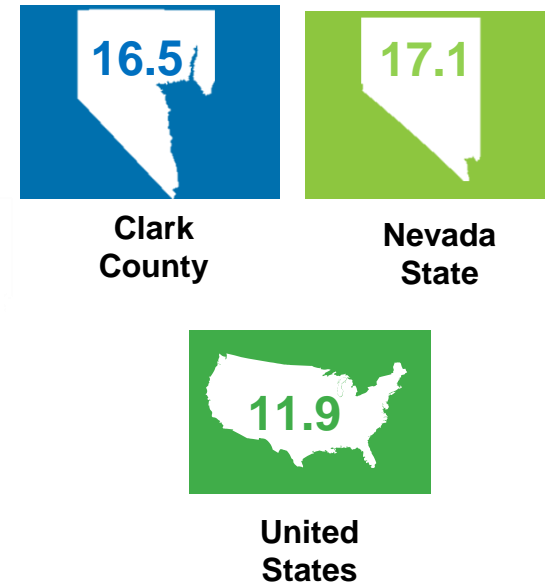
## Firearm Mortality by Race/Ethnicity

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



## Firearm Mortality Rate Comparison

(Per 100,000 Population), 2016-2018



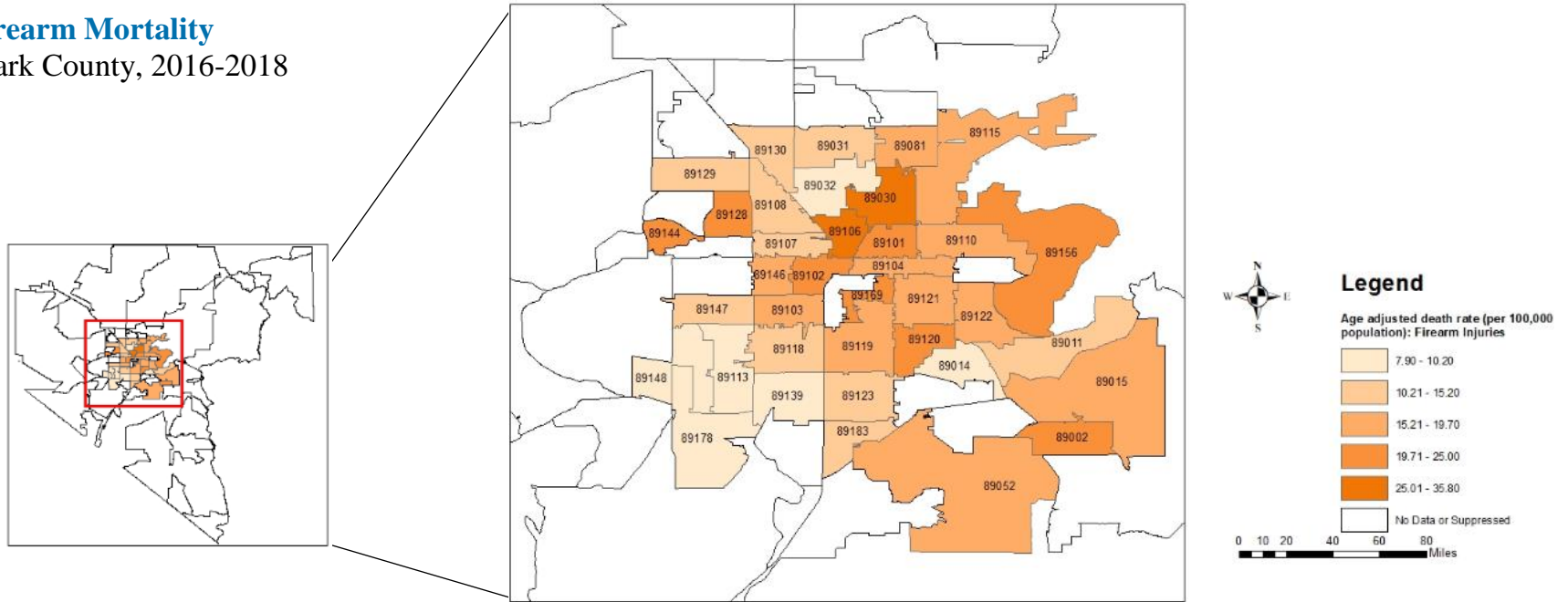
## How are we doing?

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.

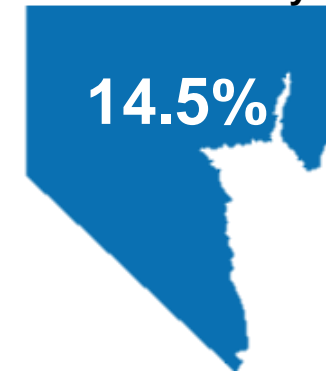
## How are we doing?

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

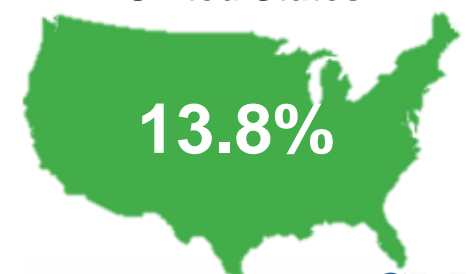
### Clark County



### Nevada State



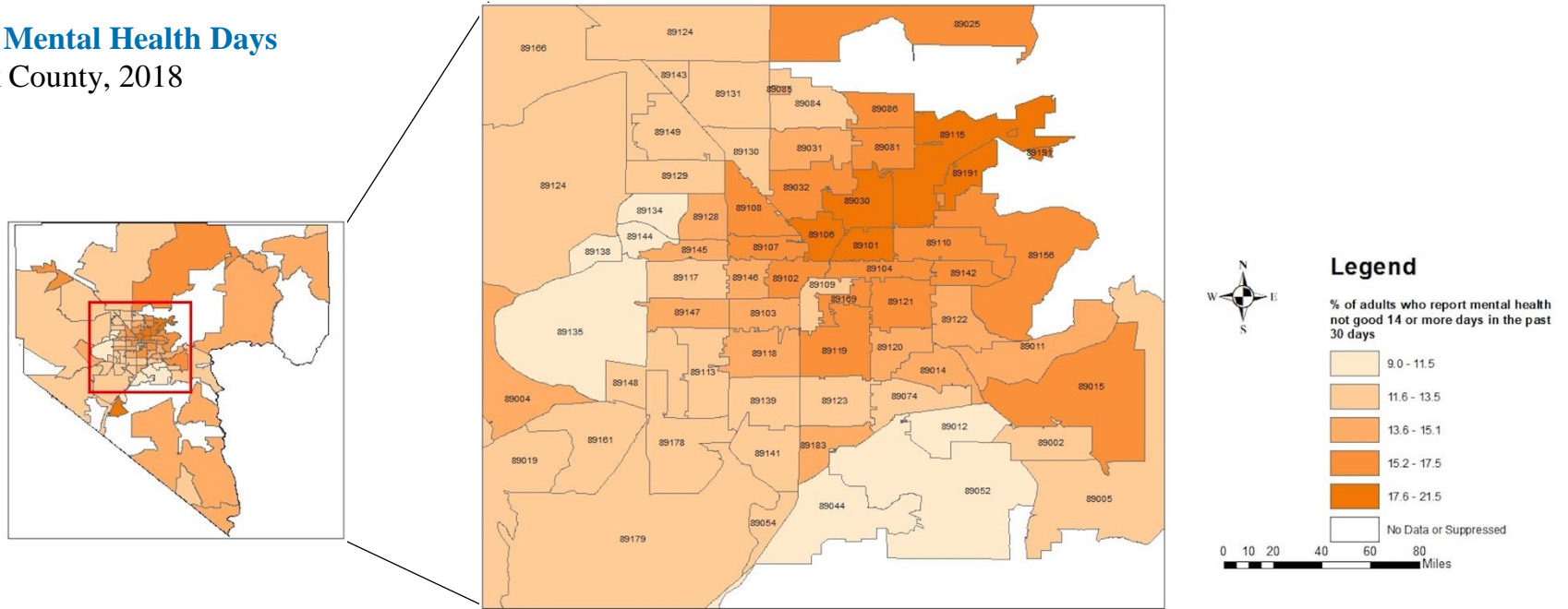
### United States



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## 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



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# Chapter 8 Health Care Access



## HEALTH INDICATORS

- Health Insurance Coverage
- Emergency Room Visits



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# HEALTH INSURANCE COVERAGE

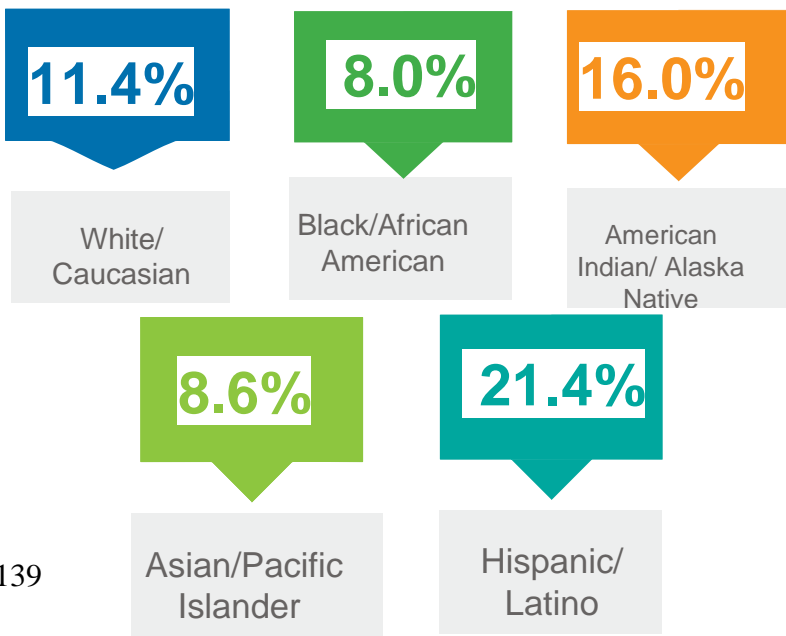
## Summary

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.

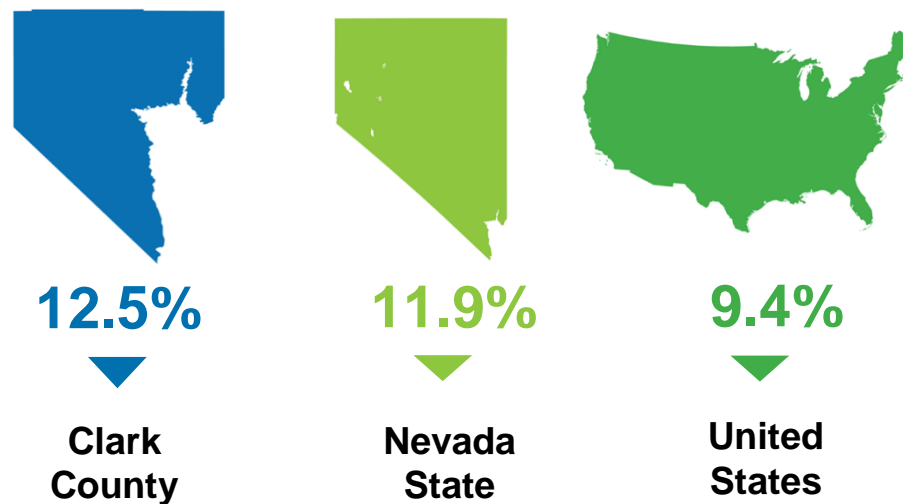
## No Health Insurance Coverage by Race/Ethnicity Clark County, 2014-2018



## 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.

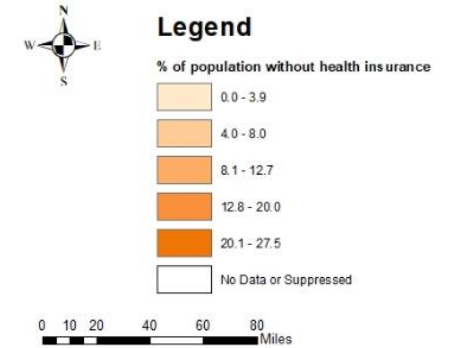
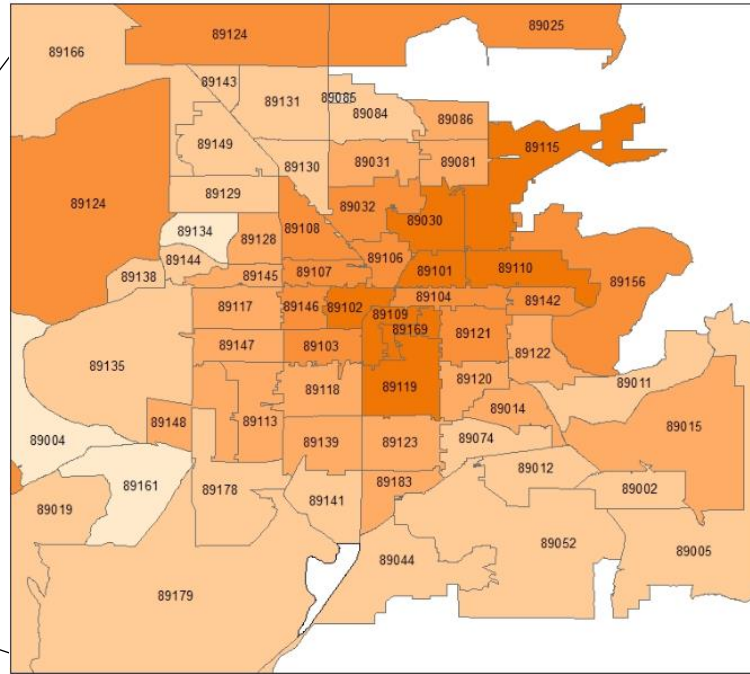
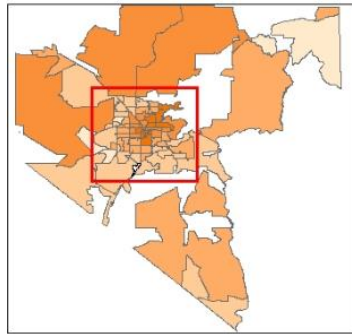
## No Health Insurance Coverage Comparison, 2014-2018



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?

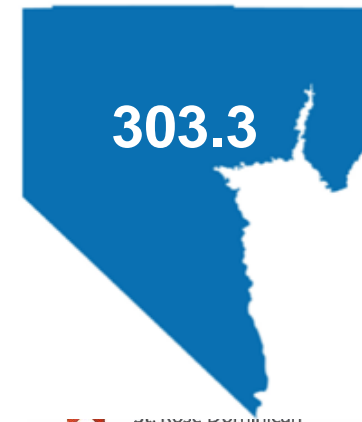
This indicator presents the number of overall emergency department visits and the proportion of visits by age for 2016-2018. During this time period, there were approximately two million visits to the emergency room, and a rate of 303.3 per 1,000 residents in Clark County. The proportion of visits were 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

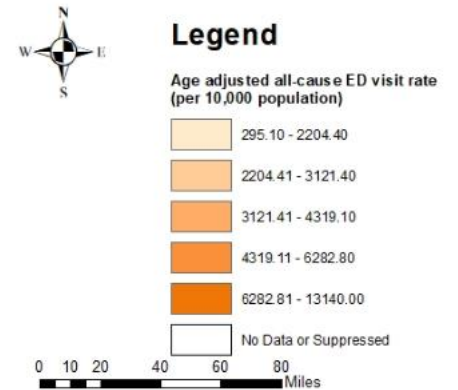
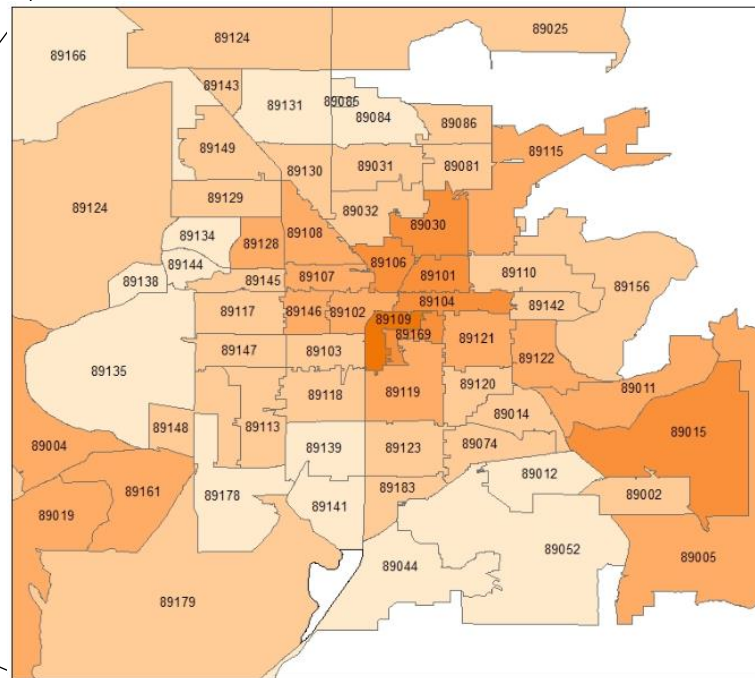
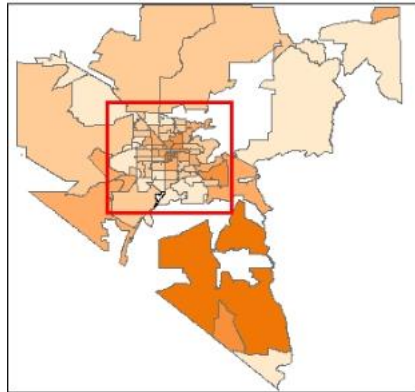
**Emergency Room Visits by Age and Sex**  
Clark County, 2016-2018

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



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Southern Nevada Health District



# 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?

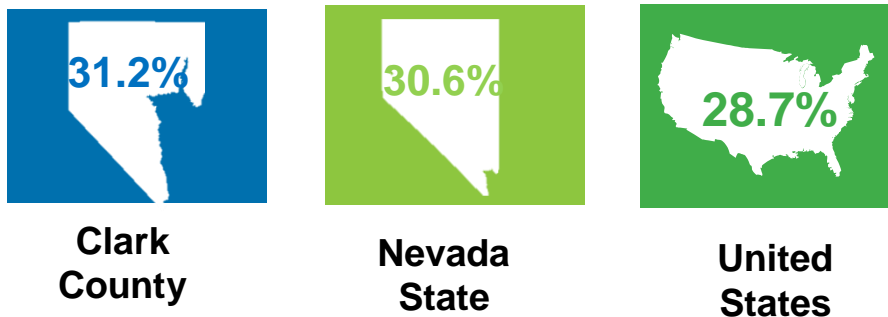
The proportion of renter-occupied housing units in Clark County is 50.7% which is slightly higher than the state and national estimates. For owner-occupied housing units with a mortgage, the percentage is 31.2% of units spending more than thirty percent on mortgage, a percentage also slightly higher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

## Why is it important?

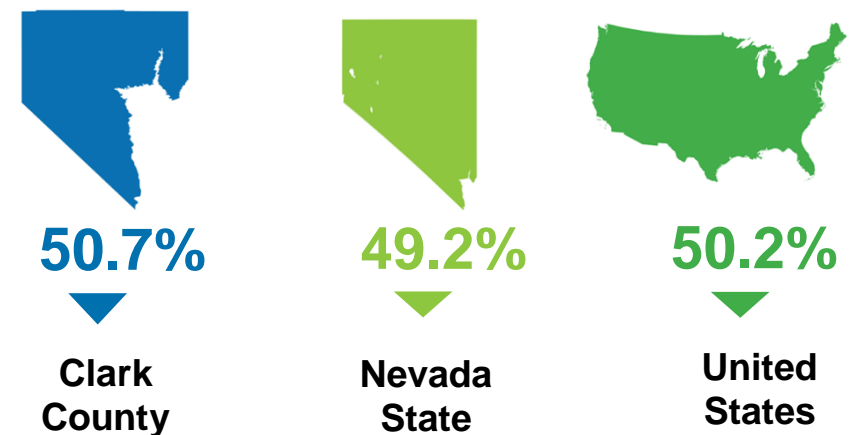
There is strong evidence characterizing housing's relationship to health. At a basic level, housing provides safety, protection, and access to basic needs, such as food, clothing, and a secure place to sleep. Several different factors influence housing security such as cost of living, poor housing quality, 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 Mortgage, 2014-2018



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?

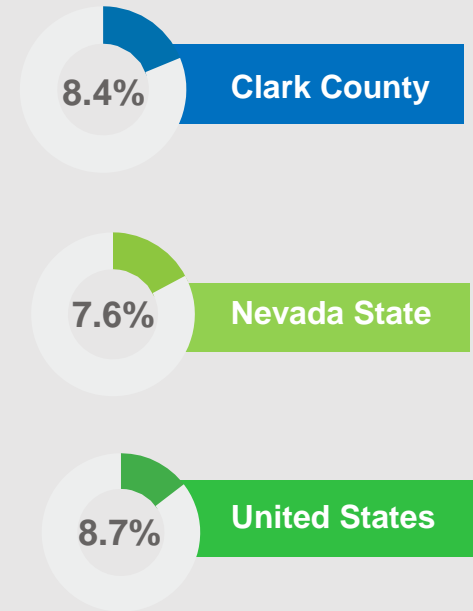
Access to reliable transportation has shown an increase in employment rates, healthy food accessibility, more health care visits, and access to parks and recreation facilities. This includes personal vehicles, defined here, and access to a robust public transportation system. Transportation issues can 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?

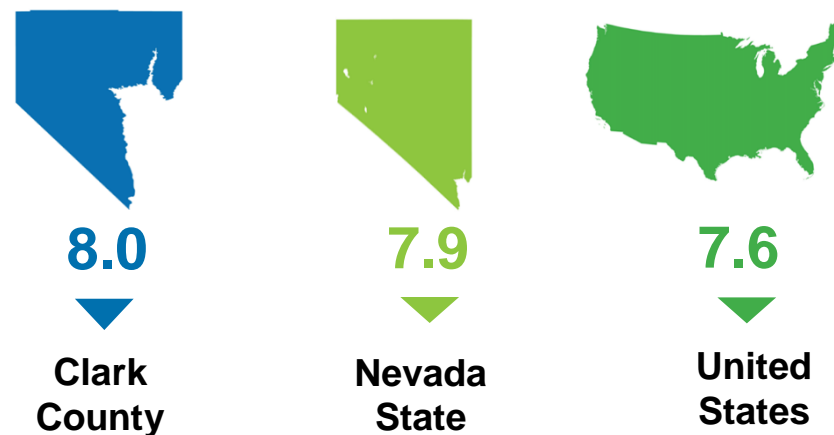
Limited or lack of access to healthy food is a significant barrier to healthy eating. Low-income and underserved areas often have a limited number of stores that sell healthy foods. People living far away from grocery stores are less likely to access healthy food options on a regular basis, and more 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?

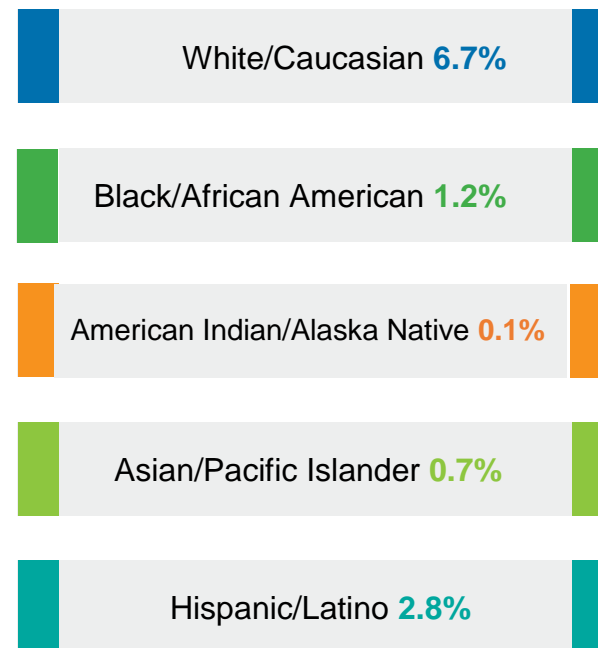
On the scale from 0 (worst) to 10 (best), Clark County stands at 8.0, while the national level is 7.6. Clark County and Nevada State are ranked higher for providing food access to the population that is low-income and has low access to grocery stores. Comparing the population living within 1-mile of 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



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# 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



148

**Clark  
County**

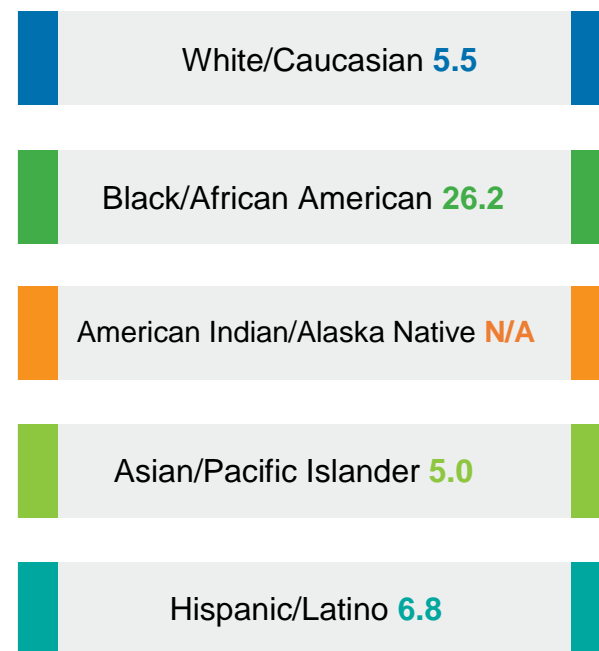


**Nevada  
State**



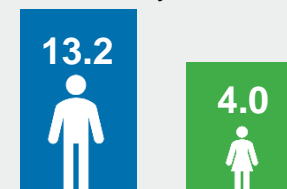
**United  
States**

## 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



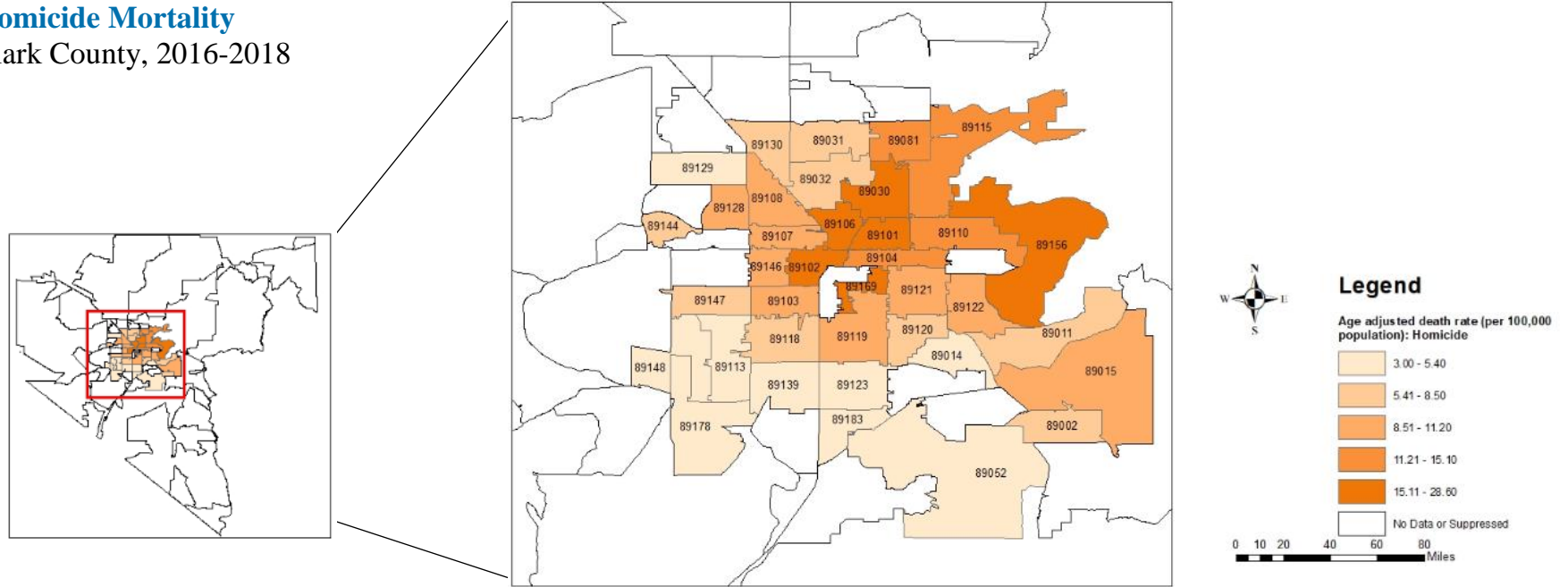
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## Homicide Mortality

### 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.

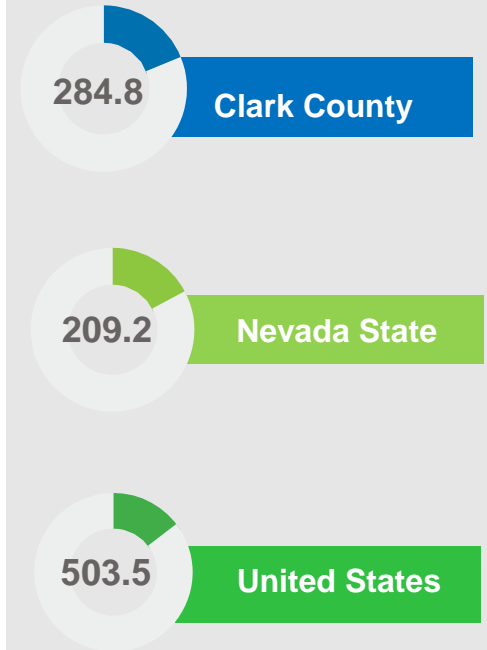
## Why is it important?

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?

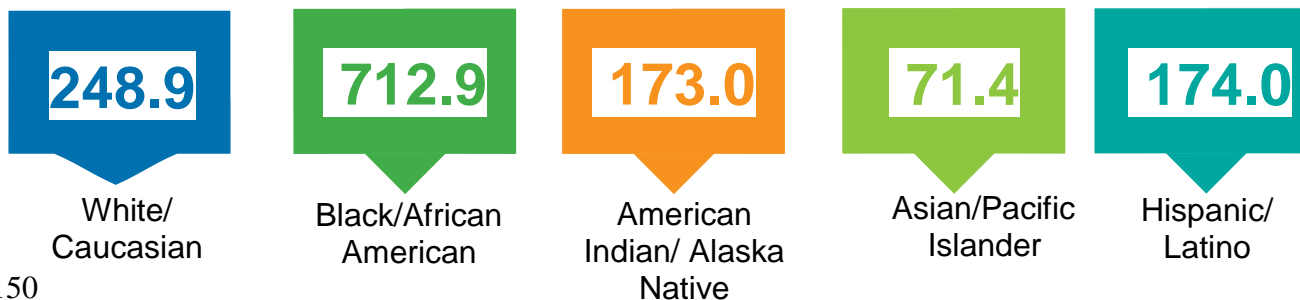
According to Nevada Hospital Discharge Data from 2016-2018, the assault-related emergency department visit rate was 284.8 assaults per 10,000 in Clark County. This rate is higher than the state rate (209.2 per 10,000) yet much lower than the national crude rate (503.5 per 10,000). The assault-related 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

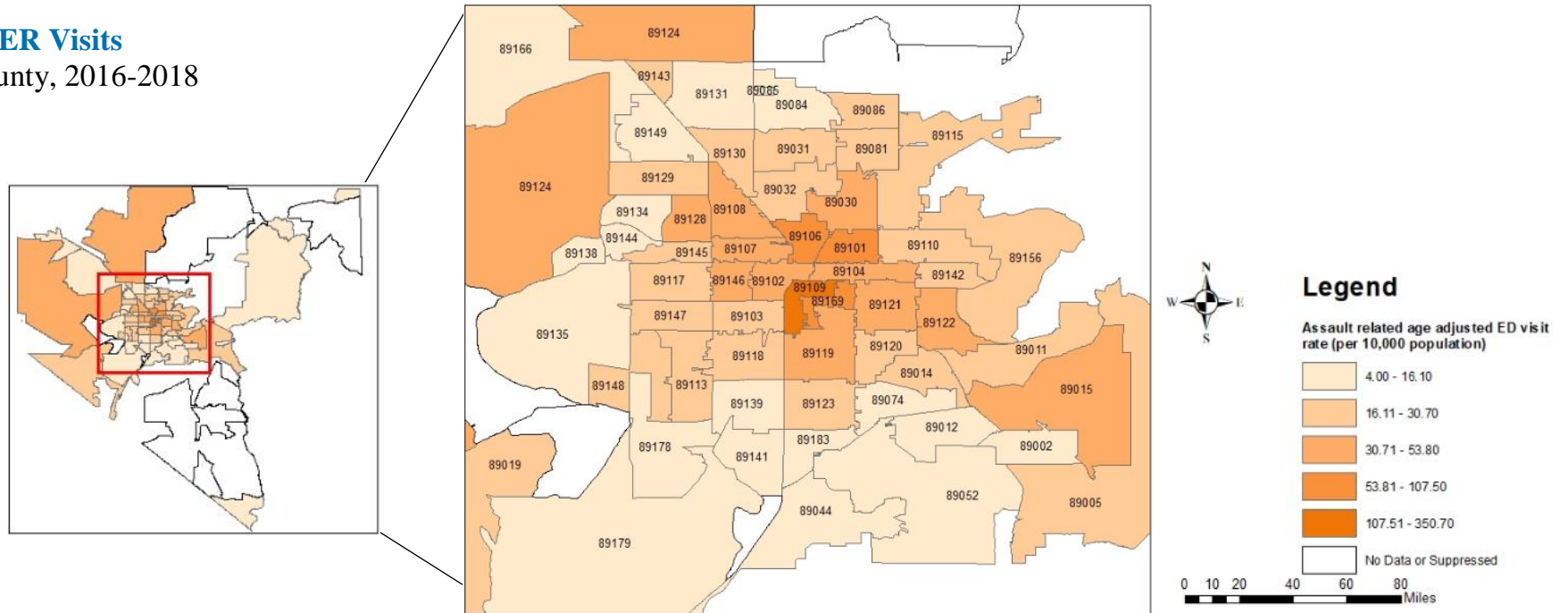


Data Source: Nevada Hospital Discharge Data 2016-2018

## 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



Dignity Health.  
St. Rose Dominican

**SNhD**  
Southern Nevada Health District

# 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?

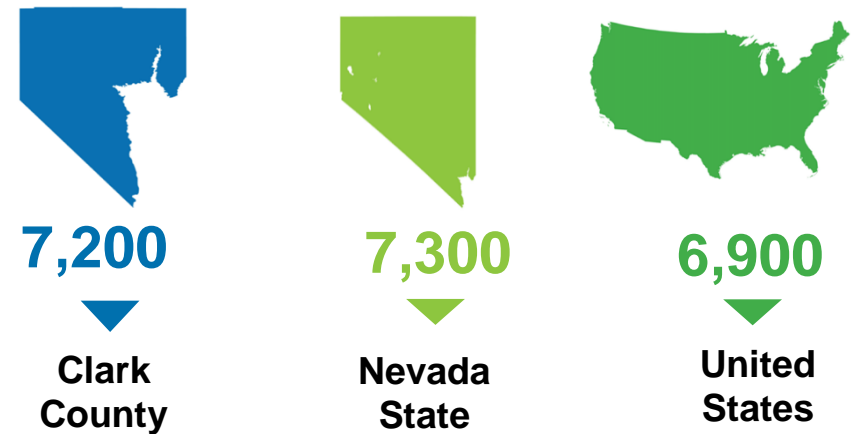
Mortality rates have historically measured the magnitude of disease and deaths. Utilizing YPLL brings a focus to deaths that were premature. Understanding how to decrease the YPLL aids the local public health system in visualizing areas of the community that need to be focused on in order to prevent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

## How are we doing?

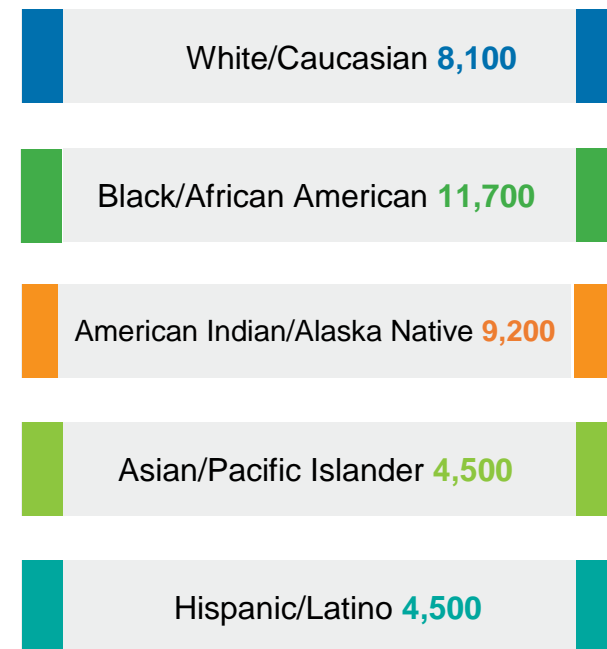
The overall years of potential life lost in Clark County was 7,200 years per 100,000 population, lower than the state rate (7,300 per 100,000) yet higher than the national rate (6,900 per 100,000). This rate for years of potential life lost was highest for individuals identifying as non-Hispanic Black/African 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

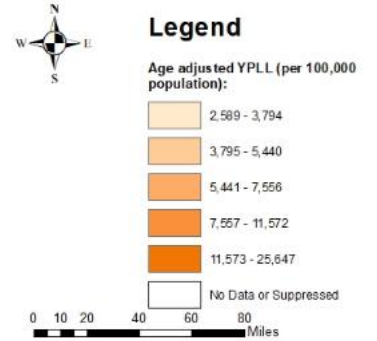
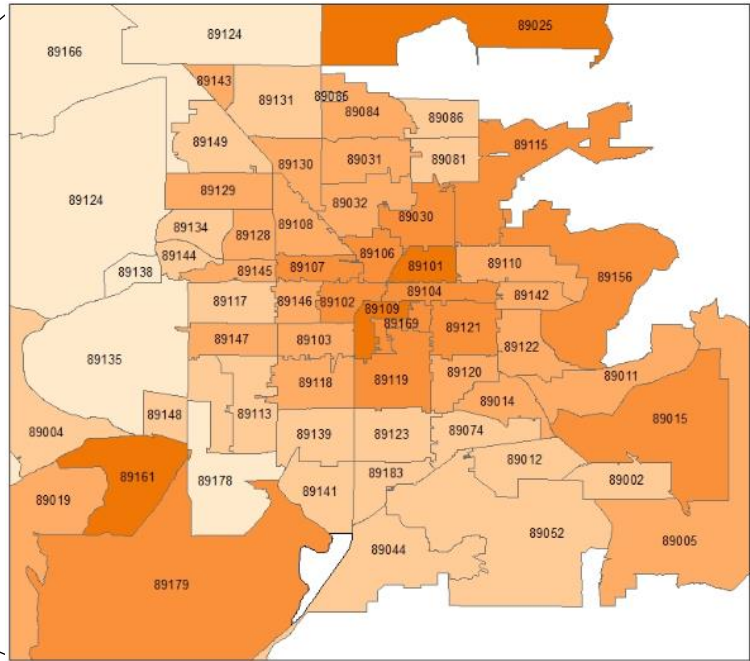
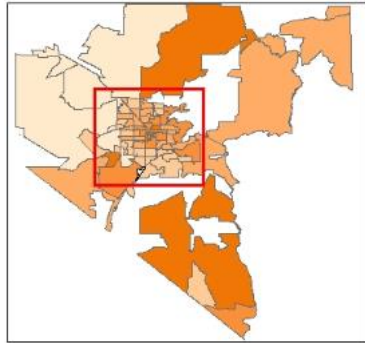


**Years of Potential Life Lost by Race and Ethnicity**  
(Per 100,000 Population) Clark County, 2016-2018





## 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.

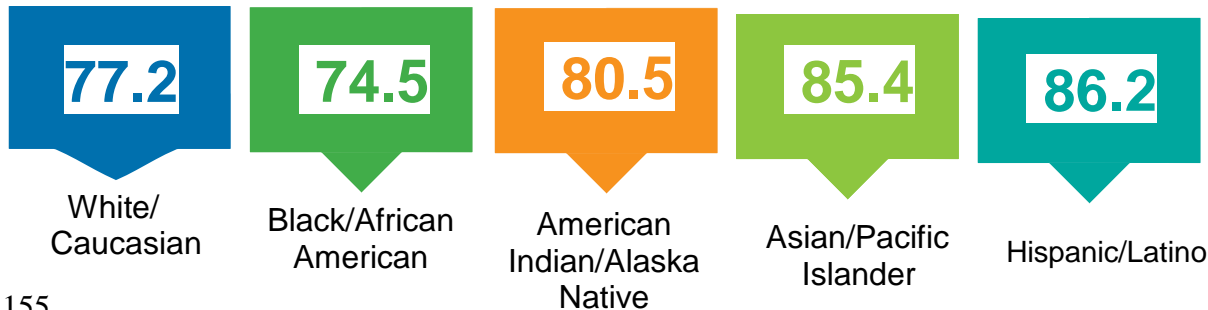
## Why is it important?

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.

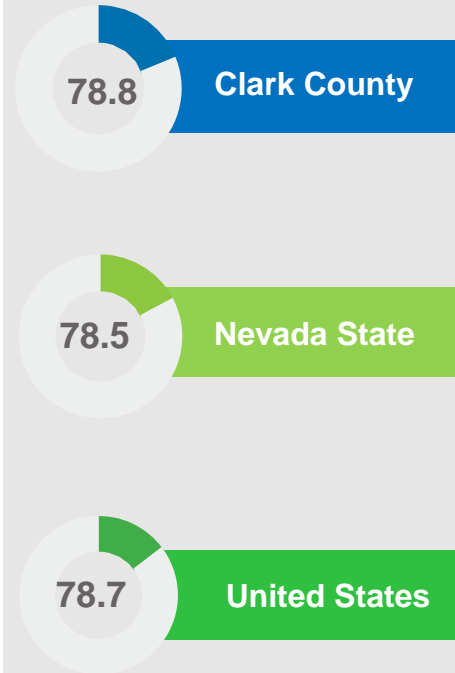
## How are we doing?

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

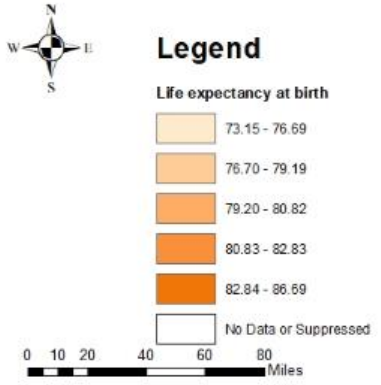
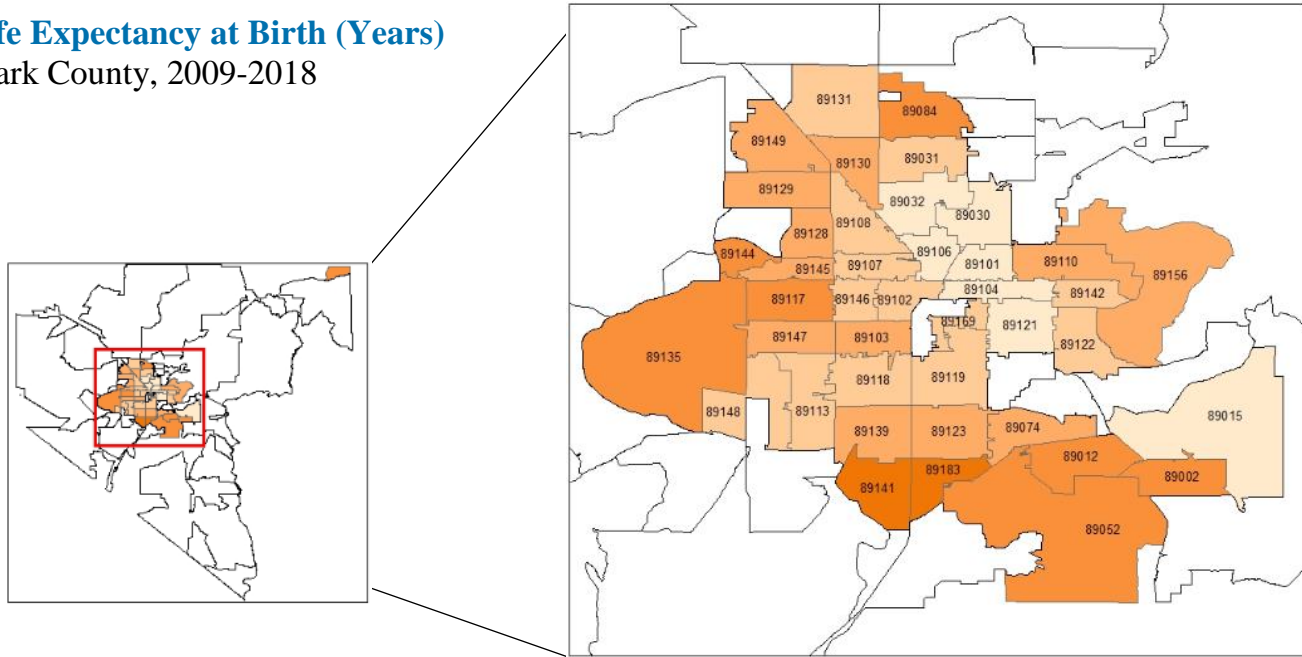


## Life Expectancy Comparisons (Years) 2016-2018



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

# Impact of Actions Taken Since the Preceding CHNA

In the FY19-FY21 Implementation Strategy, available to the public on the hospital’s website (<https://www.dignityhealth.org/las-vegas>), St. Rose Dominican planned for and drew on a broad array of resources and strategies to improve the health of our communities and vulnerable populations. An evaluation of the impact of actions that were taken since the May 2019 CHNA to address the significant health needs identified are summarized below.

## Active Hospitals

- Dignity Health - St. Rose Dominican Siena Campus
- Dignity Health - St. Rose Dominican San Martin Campus
- Dignity Health – St. Rose Dominican Rose de Lima Campus
- Dignity Health Rehabilitation Hospital
- Dignity Health – St. Rose Dominican Blue Diamond Campus
- Dignity Health – St. Rose Dominican North Las Vegas Campus
- Dignity Health – St. Rose Dominican West Flamingo Campus
- Dignity Health – St. Rose Dominican Sahara Campus

Priority Health Need Addressed: Access to Care	
STRATEGY OR ACTIVITY 1: Nevada Health Link & Medicare Assistance Program	
<b>Program Description</b>	Nevada has one of the highest uninsured rates in the nation. We have trained staff who assist the uninsured in enrolling in a Qualified Health Plan (QHP) or Medicaid. These staff attend many events out in the community and are available for walk-ins or appointments. Launched the Medicare Assistance Program July 1, 2020, to provide unbiased Medicare Counseling, Enrollment and Outreach.
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021
<b>Other Health Needs Addressed</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Access to Health</li> <li><input type="checkbox"/> Motor Vehicle and Pedestrian Safety</li> <li><input type="checkbox"/> Violence Prevention</li> <li><input type="checkbox"/> Substance Use</li> <li><input type="checkbox"/> Mental Health</li> </ul>

<b>Program Performance / Outcomes<sup>1</sup></b>	Access to Care NHL & MAP			FY19	FY20	FY21
	Qualified Health Plan (QHP)	435	987	1,036		
	Medicaid	390	333	340		
	Events	212	238	123		
	EEF Trained & Licensed Staff	5	8	8		
	Medicare Assistance contacts (launched FY21)			8,370		
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$248,824 FY20 \$198,555 FY21 \$434,739					
<b>STRATEGY OR ACTIVITY 2: Helping Hands</b>						
<b>Program Description</b>	Helping Hands of Henderson assists homebound individuals 60 years of age and older who live in Henderson with transportation to medical/dental/optical appointments, prescription drop off/pick up, grocery shopping, congregate meals and social activities. This program allows seniors to maintain an independent and healthy lifestyle.					
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021					
<b>Other Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health					
<b>Program Performance / Outcomes<sup>1</sup></b>	Helping Hands			FY19	FY20	FY21
	Unduplicated Clients	507	472	383		
	Round-trip Rides	8912	7560	5869		
	Referrals	3244	5045	6208		
	Active Volunteers	51	52	On hold		
	Reassurance Calls	507	1209	826		
	Golden Grocery Clients	40	57	89		
	Grocery Deliveries	130	770	1441		
	COVID Personal Care Bag Deliveries		91			



<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$363,739 FY20 \$397,357 FY21 \$461,501				
<b>STRATEGY OR ACTIVITY 3: RED Rose Program</b>					
<b>Program Description</b>	<p>For individuals 49 years and younger who are undocumented, uninsured or underinsured, the RED Rose program provides free:</p> <ul style="list-style-type: none"> <li>• Clinical Breast Exams</li> <li>• Mammography</li> <li>• Ultrasound</li> <li>• Biopsy</li> <li>• Surgical Consultations and Surgery</li> </ul> <p>The RED Rose bi-lingual Breast Health Navigator coordinates care from screening to treatment. Women undergoing breast cancer treatment have access to financial support services such as:</p> <ul style="list-style-type: none"> <li>• Payment of monthly utilities</li> <li>• Transportation costs</li> <li>• Groceries</li> <li>• Rent</li> </ul> <p>In addition, all navigators are trained and licensed Nevada Health Link Enrollment Facilitators and can enroll clients into the appropriate plan.</p>				
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021				
<b>Other Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health				
<b>Program Performance / Outcomes<sup>1</sup></b>	RED Rose	FY19	FY20	FY21	
	Eligibility Screening	232	166	170	
	Clinical Breast Exam	70	50	97	
	Diagnostic Mammogram	134	110	84	
	Screening Mammogram	19	11	8	
	Breast Ultrasound	206	142	108	

	Biopsy	39	34	15	
	Surgical Consultation	26	30	9	
	Breast Cancer Diagnosis	6	14	9	
	Breast Surgical Treatment	4	7	51	
	Temporary Financial Assistance Clients	30	32	27	
	Total Temporary Financial Assistance	\$72,259	\$83,069	\$91,622	
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$418,631 FY20 \$755,155 FY21 \$539,749				
<b>STRATEGY OR ACTIVITY 4: Neighborhood Hospitals &amp; Wellness Centers</b>					
<b>Program Description</b>	<p>Opened 4 Neighborhood Hospitals and 3 Wellness Centers in underserved areas in Clark County:</p> <ul style="list-style-type: none"> <li>• North Las Vegas, June 2017</li> <li>• Blue Diamond, July 2017</li> <li>• West Flamingo, August 2017</li> <li>• Sahara &amp; Decatur, December 2017, Wellness Center pending</li> </ul> <p>The mission of the Neighborhood Hospitals is to increase the community's access to high quality health care through an experienced staff and state-of-the-art resources. In addition to hospital services, the second floor will accommodate a Dignity Health Community Wellness Center, primary care, physical therapy and other ancillary services opening in FY19</p>				
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021				
<b>Other Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health				
<b>Program Performance / Outcomes<sup>1</sup></b>	2019 ER/Inpatient Volume 62,649 2020 ER/Inpatient Volume 53,975 2021 ER/Inpatient Volume 64,667 Majority of clients were on Medicaid				
<b>STRATEGY OR ACTIVITY 5: Women Infant Child (WIC) Nutrition Program</b>					

<b>Program Description</b>	A nutrition program for women, infants and children under age 5 providing healthy food, nutritional counseling and education, referrals, breastfeeding counseling and breast pumps for low income families.				
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021				
<b>Other Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health				
<b>Program Performance / Outcomes<sup>1</sup></b>		WIC Clients	FY19 3,954	FY20 4,222	FY21 4,110
	Clients are seen every three months for assessment and/or nutrition education. Classes offered weekly include: Cooking Demos, Mommy Mixer Breastfeeding Support, Infant Development, Infant Nutrition, Toddler Playgroup, On-Line education, One-on-one with Registered Dietitian				
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$632,889 FY20 \$664,980 FY21 \$677,133				
<b>STRATEGY OR ACTIVITY 6: Diabetes Lifestyle Center</b>					
<b>Program Description</b>	St. Rose Dominican Provides evidence-based diabetes prevention, education and self-management programs including: <ul style="list-style-type: none"> <li>▪ AADE Recognized Diabetes Management</li> <li>▪ CDC National Diabetes Prevention Program</li> <li>▪ DSMP</li> <li>▪ Diabetes Screening, Prevention, Support and Awareness Programs</li> </ul>				
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021				
<b>Other Health Needs Addressed</b>	<input checked="" type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health				

<b>Program Performance / Outcomes<sup>1</sup></b>	Diabetes Lifestyle Center	FY19	FY20	FY21
	Pre-Diabetes Lecture Participants	81	32	26
	CDC NDPP Classes	2	2	2
	CDC NDPP Completers	21	43	40
	CDC NDPP Met weight loss goals	80%	74%	82%
	CDC NDPP Train the Trainer	42	21	18
	AADE Group Education	335	295	299
	AADE One-on-one with RD/CDE	319	269	214
	AADE One-on-one follow-up	173	153	170
	AADE A1c point decrease post program	1.2	2.17	2.0
	AADE BMI point decrease post program	1.2	0.6	1.0
	AADE Met Behavior Change Goals	80.2%	72.2%	83%
	DSMP Classes	8	6	3
	DSMP Participants	123	63	18
	Diabetes Screenings	629	14,539	573
	Diabetes Support Group	186	186	108
	Nutrition Lecture attendance	97	52	162
<p>Obtained full recognition status from the CDC for the NDPP program in 2020.  Due to COVID-19, programs and individual consultations were offered virtually which may have limited the number of participants to those willing and able to use telephonic or virtual modalities for access.</p>				
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$207,371 FY20 \$187,462 FY21 \$130,906			
<b>STRATEGY OR ACTIVITY 7: Chronic Disease Management &amp; Prevention</b>				
<b>Program Description</b>	Provide access to evidence-based programs for prevention, education and self-management of chronic disease. Programs include: <ul style="list-style-type: none"> <li>▪ CHAMP – Congestive Heart Active Management Program</li> <li>▪ CDSME (Chronic Disease Self-Management Education) includes: Cancer Thriving and Surviving, Positive Self -Management for HIV (English &amp; Spanish), Chronic Pain Self-Management</li> <li>▪ Innovative Heart Health</li> <li>▪ Stepping On Fall Prevention &amp; Tai Ji Quan Movement for Better Balance (TJQMBB)</li> </ul>			

	<ul style="list-style-type: none"> <li>▪ Powerful Tools for Caregivers (English &amp; Spanish)</li> <li>▪ Enhance Fitness</li> </ul> <p>In addition, St. Rose Community Health has been the designated statewide Quality and Technical Assistance Center (QTAC) for Nevada since 2015. The QTAC facilitates a statewide system for evidence-based models of chronic disease management and supports organizations in establishing the infrastructure to deliver programs in Nevada.</p>																																																																																
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021																																																																																
<b>Other Health Needs Addressed</b>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Access to Health</li> <li><input type="checkbox"/> Motor Vehicle and Pedestrian Safety</li> <li><input type="checkbox"/> Violence Prevention</li> <li><input type="checkbox"/> Substance Use</li> <li><input type="checkbox"/> Mental Health</li> </ul>																																																																																
<b>Program Performance / Outcomes<sup>1</sup></b>	<table border="1"> <thead> <tr> <th>PROGRAM</th> <th>FY19</th> <th>FY20</th> <th>FY21</th> </tr> </thead> <tbody> <tr> <td>CHAMP Patients Enrolled</td> <td>683</td> <td>253</td> <td>139</td> </tr> <tr> <td>CHAMP ACEI or ARB</td> <td>94.4%</td> <td>93.9%</td> <td>86.1%</td> </tr> <tr> <td>CHAMP Beta Blocker</td> <td>96%</td> <td>96.6%</td> <td>92.2%</td> </tr> <tr> <td>CHAMP Readmission</td> <td>0</td> <td>1</td> <td>1</td> </tr> <tr> <td>CDSME Participants English</td> <td>378</td> <td>366</td> <td>89</td> </tr> <tr> <td>CDSME Participants Spanish</td> <td>71</td> <td>36</td> <td>30</td> </tr> <tr> <td>CDSME Classes English</td> <td>31</td> <td>36</td> <td>10</td> </tr> <tr> <td>CDSME Classes Spanish</td> <td>5</td> <td>3</td> <td>3</td> </tr> <tr> <td>CDSME Total Leaders Trained in Nevada</td> <td>163</td> <td>174</td> <td>186</td> </tr> <tr> <td>Innovative Heart Health Participants</td> <td>44</td> <td>102</td> <td>153</td> </tr> <tr> <td>Self-Monitored Blood Pressure Program (FY20)</td> <td>0</td> <td>21</td> <td>36</td> </tr> <tr> <td>Fruit &amp; Vegetable RX Program (FY21)</td> <td>0</td> <td>0</td> <td>50</td> </tr> <tr> <td>PTC Workshops</td> <td>6</td> <td>7</td> <td>12</td> </tr> <tr> <td>PTC Completers</td> <td>72</td> <td>66</td> <td>73</td> </tr> <tr> <td>PTC Trained Leaders in Nevada</td> <td>14</td> <td>20</td> <td>50</td> </tr> <tr> <td>Fall Prevention Training for Facilitators in NV</td> <td>35</td> <td>17</td> <td>14</td> </tr> <tr> <td>TJQMBB Workshops</td> <td>9</td> <td>6</td> <td>6</td> </tr> <tr> <td>TJQMBB Encounters</td> <td>4,357</td> <td>3,428</td> <td>3,845</td> </tr> <tr> <td>Fall Prevention Stepping on Classes</td> <td>7</td> <td>6</td> <td>1</td> </tr> </tbody> </table>	PROGRAM	FY19	FY20	FY21	CHAMP Patients Enrolled	683	253	139	CHAMP ACEI or ARB	94.4%	93.9%	86.1%	CHAMP Beta Blocker	96%	96.6%	92.2%	CHAMP Readmission	0	1	1	CDSME Participants English	378	366	89	CDSME Participants Spanish	71	36	30	CDSME Classes English	31	36	10	CDSME Classes Spanish	5	3	3	CDSME Total Leaders Trained in Nevada	163	174	186	Innovative Heart Health Participants	44	102	153	Self-Monitored Blood Pressure Program (FY20)	0	21	36	Fruit & Vegetable RX Program (FY21)	0	0	50	PTC Workshops	6	7	12	PTC Completers	72	66	73	PTC Trained Leaders in Nevada	14	20	50	Fall Prevention Training for Facilitators in NV	35	17	14	TJQMBB Workshops	9	6	6	TJQMBB Encounters	4,357	3,428	3,845	Fall Prevention Stepping on Classes	7	6	1
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	Fall Prevention Stepping on Completers	72	56	8
	Enhance Fitness Classes	845	977	760
	Enhance Fitness Encounters	12,584	13,520	11,556
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$113,474 FY20 \$610,389 FY21 \$555,867			

**Priority Health Need Addressed: Motor Vehicle and Pedestrian Safety**

**STRATEGY OR ACTIVITY 1:**

<b>Program Description</b>	Zero Fatalities is all about eliminating fatalities on our roadways. We are aiming for zero fatalities because everyone matters. Dignity Health supports this goal by partnering to address impaired driving, seat belt usage and pedestrian safety through legislation, community outreach, collaboration and marketing. Staff serve on the Office of Traffic Safety Coalition for Zero Fatalities				
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021				
<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input checked="" type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health				
<b>Program Performance / Outcomes<sup>1</sup></b>		FY19	FY20	FY21	
	Car Seat Safety Checks	126	79	79	
	AARP Driver Safety Class	131	54	COVID-19	
	Sponsored the Ride Smart Lyft Campaign on major holidays to reduce DUIs. Cross-promoted the campaign through all Dignity Health social media				
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$5,130 FY20 \$3,600 FY21 \$2,500				

**Priority Health Need Addressed: Violence Prevention**

**STRATEGY OR ACTIVITY 1: safeTALK**

<b>Program Description</b>	safeTALK is a half-day training program that teaches participants to recognize and engage persons who might be having thoughts of suicide and to connect them with community resources trained in suicide intervention. safeTALK stresses safety while challenging taboos that inhibit open talk about suicide.									
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021									
<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input checked="" type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input checked="" type="checkbox"/> Mental Health									
<b>Program Performance / Outcomes<sup>1</sup></b>	<p>Began planning trainings and partnerships in FY19  Due to COVID-19 unable to hold classes in FY21 because curriculum not approved for virtual instruction.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>safeTALK</th> <th>FY20</th> </tr> </thead> <tbody> <tr> <td>Trained Instructors</td> <td>8</td> </tr> <tr> <td>Total Classes</td> <td>10</td> </tr> <tr> <td>Total Participants</td> <td>212</td> </tr> </tbody> </table>		safeTALK	FY20	Trained Instructors	8	Total Classes	10	Total Participants	212
safeTALK	FY20									
Trained Instructors	8									
Total Classes	10									
Total Participants	212									
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY20 \$4,800 FY21 \$0									
<b>STRATEGY OR ACTIVITY 2: Human Trafficking</b>										
<b>Program Description</b>	Dignity Health created the Human Trafficking Response (HTR) program to ensure trafficked persons are identified in the health care setting and appropriately assisted with trauma-informed care and services.									
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021									
<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input checked="" type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input type="checkbox"/> Mental Health									
<b>Program Performance / Outcomes<sup>1</sup></b>	<ul style="list-style-type: none"> <li>Trained clinical staff on Dignity Health’s Huma Trafficking 101: Dispelling the Myths which provides basic education to health care professionals and other first responders about human trafficking, including</li> </ul>									

	<p>definitions, prevalence, and common misconceptions. This module is narrated, includes video clips of survivors, and has the option to print a certificate of completion.</p> <ul style="list-style-type: none"> <li>• Dignity Health created a HTR Shared Learnings Manual and provides it for free download on our website for any provider to implement the program in their health care setting.</li> <li>• Created and implemented a policy to guide staff on how to respond to patients who may be victims/survivors of any type of abuse, neglect, or violence, including human trafficking. This policy includes the PEARR Tool, a tool that guides health professionals on how to offer victim assistance to patients in a trauma-informed manner.</li> </ul>
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	Funded by the Dignity Health Foundation

<b>Priority Health Need Addressed: Substance Use</b>	
<b>STRATEGY OR ACTIVITY 1: EMPOWERED</b>	
<b>Program Description</b>	<p>EMPOWERED (Empowering Mothers for Positive Outcomes with Education, Recovery, and Early Development) addresses the increasing number of women of childbearing age in Southern Nevada who are either challenged with opioid dependence or maintained on opioid prescriptions. For both groups, the goal is for a healthy pregnancy, delivery, and postpartum experience. EMPOWERED provides community resources, education, and connections to treatment and/or recovery services. In addition, we provide:</p> <ul style="list-style-type: none"> <li>• Education on Neonatal Abstinence Syndrome (NAS)</li> <li>• Developmental assessments</li> <li>• Postpartum support for one year after delivery</li> <li>• Breastfeeding support</li> <li>• Parenting classes and education on the hospital stay</li> <li>• Infant CPR</li> <li>• Support groups</li> </ul>
<b>Fiscal Years Active</b>	FY 2020, FY 2021
<b>Other Health Needs Addressed</b>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to Health</li> <li><input type="checkbox"/> Motor Vehicle and Pedestrian Safety</li> <li><input type="checkbox"/> Violence Prevention</li> <li><input checked="" type="checkbox"/> Substance Use</li> </ul>

	<input type="checkbox"/> Mental Health			
<b>Program Performance / Outcomes<sup>1</sup></b>		EMPOWERED	FY20	FY21
		Total Mothers Enrolled	65	60
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY20 \$177,085 FY21 \$178,448			
<b>STRATEGY OR ACTIVITY 2: Mental Health First Aid</b>				
<b>Program Description</b>	Mental Health First Aid (MHFA) is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand and respond to signs of mental illness. The vision of this program is to become as common as CPR and First Aid training. This means having regular courses offered in every community across the U.S.			
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021			
<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input checked="" type="checkbox"/> Violence Prevention <input checked="" type="checkbox"/> Substance Use <input checked="" type="checkbox"/> Mental Health			
<b>Program Performance / Outcomes<sup>1</sup></b>	FY19: Launched program October 2019 FY20: Trained 1 staff member and hired two contract instructors to teach MHFA. Provided 7 classes reaching 120 participants FY21: Trained an additional 2 staff members in MHFA and YMHFA (Youth). Transitioned program to the Virtual Mental Health First Aid model through Learning Management Systems. Provided 7 virtual MHFA classes reaching 178 participants.			
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY20 \$15,000 FY21 \$17,639			

**Priority Health Need Addressed: Mental Health**

**STRATEGY OR ACTIVITY 1: Perinatal Mood & Anxiety Disorder**

<b>Program Description</b>	The PMAD (Perinatal Mood and Anxiety Disorders) Program is a statewide initiative through the MCH Coalition to reduce mental health stigma, promote and educate health professionals on PMADs and available resources for their clients/patients, and continue to provide care coordination, counseling and support to moms and families experiencing PMADs.				
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021				
<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Substance Use <input checked="" type="checkbox"/> Mental Health				
<b>Program Performance / Outcomes<sup>1</sup></b>		PMAD	FY19	FY20	FY21
		Train Health Professionals	269	81	160
		Client Intake and Navigation	232	209	137
		Provide Counseling Services	218	346	177
		Let's Talk & Mommy Mixer Support Group Participation	735	818	80
		New Mama Care Kits	-	-	600
	Due to COVID-19 and the limitations of face-to-face outreach, distributed 600 New Mama Care Kits in Southern Nevada, secured 760 radio show spots statewide and 8 weeks of bus shelter advertisements to promote PMAD resources. Hosted a Virtual Fall Symposium with 60 attendees.				
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$157,344 FY20 \$66,664 FY21 \$88,427				
<b>STRATEGY OR ACTIVITY 2: Mental Health First Aid</b>					
<b>Program Description</b>	Mental Health First Aid (MHFA) is an 8-hour course that gives people the skills to help someone who is developing a mental health problem or experiencing a mental health crisis. The evidence behind the program demonstrates that it does build mental health literacy, helping the public identify, understand and respond to signs of mental illness. The vision of this program is to become as common as CPR and First Aid training. This means having regular courses offered in every community across the U.S.				
<b>Fiscal Years Active</b>	FY 2020, FY 2021				



<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input checked="" type="checkbox"/> Violence Prevention <input checked="" type="checkbox"/> Substance Use <input checked="" type="checkbox"/> Mental Health					
<b>Program Performance / Outcomes<sup>1</sup></b>	FY19: Launched program October 2019 FY20: Trained 1 staff member and hired two contract instructors to teach MHFA. Provided 7 classes reaching 120 participants FY21: Trained an additional 2 staff members in MHFA and YMHFA (Youth). Transitioned program to the Virtual Mental Health First Aid model through Learning Management Systems. Provided 7 virtual MHFA classes reaching 178 participants.					
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY20 \$15,000 FY21 \$17,639					
<b>STRATEGY OR ACTIVITY 2: Senior Peer Counseling</b>						
<b>Program Description</b>	A nation-wide program designed by the Center for Healthy Aging, the Senior Peer Counseling program provides confidential, personal and supportive counseling to people facing the challenges and concerns of growing older, such as: loss and bereavement, retirement, health concerns, relationships, normal aging issues and loneliness. Counselors are a team of carefully trained volunteers who provide supportive counseling under the close supervision of mental health professionals.					
<b>Fiscal Years Active</b>	FY 2019, FY 2020, FY 2021					
<b>Other Health Needs Addressed</b>	<input type="checkbox"/> Access to Health <input type="checkbox"/> Motor Vehicle and Pedestrian Safety <input type="checkbox"/> Violence Prevention <input checked="" type="checkbox"/> Substance Use <input checked="" type="checkbox"/> Mental Health					
<b>Program Performance / Outcomes<sup>1</sup></b>		<b>Senior Peer Counseling</b>	<b>FY19</b>	<b>FY20</b>	<b>FY21</b>	
		Total Intakes	251	72	54	
		Total Clients	66	74	62	
		Total Counseling Sessions	440	572	803	
		Active Counselors	14	27	22	

		Referrals to other programs or services	20	20	32
		Total Clients who have completed counseling	23	31	23
	During COVID-19 counselors provided phone counseling.				
<b>Dignity Health Contribution / Program Expense<sup>2</sup></b>	FY19 \$71,317 FY20 \$81,304 FY21 \$82,789				

1. All program outcomes and expenses are reflective of the timeframe (fiscal years) indicated by the 'Fiscal Years Active' section of the table for each program.
2. Does not include grant funding. Hospital contribution only.

### Community Grants

Dignity Health’s Community Grants program focuses on collaboration with an emphasis on responding to significant health needs identified in the CHNA. The goal of the program is to develop strategic partnerships between community-based organizations that link services directly to Dignity Health hospitals; leveraging resources that address priority health issues, and utilize creative strategies that have a direct, positive and lasting impact on the health of disadvantaged individuals and families in our community.

To be eligible for funding, organizations must work in collaboration with a minimum of 3 community partners. Program/Project responds to one or more of the following priority health needs:

1. Access to Care
2. Motor vehicle and pedestrian safety
3. Violence Prevention
4. Substance use
5. Mental health

In FY19 through FY21, St. Rose Dominican Hospitals collectively awarded 17 grants totaling \$1,017,625 to address priority health needs. The table below highlights the grantees.

Lead Grant Recipient	Project Name	Priority area	FY Funded			TOTAL Amount
			FY19	FY20	FY21	
The Shade Tree	Stallman Touro Clinic	Access to Care	X	X		\$130,000
Nevada Health Centers, Inc.	Nevada Children's Health Project	Access to Care	X			\$59,005

Catholic Charities of Southern Nevada	Mobilizing Medical Care for the Medically Underserved, Transitional Respite for the Homeless, Health, Hope, and Housing	Access to Care	X	X	X	\$200,000
Foundation for Recovery	Emergency Department Recovery Coaching Program	Mental and Behavioral Health, Substance Abuse	X	X	X	\$140,000
United States Veterans Initiative	Healthy Living for Veterans	Access to Care	X			\$20,000
Lend A Hand of Boulder City	Senior Transportation and Respite Care	Access to Care	X	X	X	\$60,000
Helping Hands of Vegas Valley	Senior Coordinated Transportation Program	Access to Care	X			\$20,000
Vision Theatrical Foundation, Inc	Toe Tag Monologues Program	Violence Prevention, Substance Abuse, Mental Health		X		\$50,000
Community Action Against Rape DBA Rape Crisis Center	Prevention Resources on Violence Education Child Abuse Prevention and Services	Violence Prevention, Mental Health		X	X	\$138,551
St. Jude's Ranch for Children	Therapeutic Residential Foster Care	Access to Care, Violence Prevention, Substance Abuse, Mental Health		X		\$25,000
UNLV Prevent Child Abuse Nevada	Prevent Child Abuse Nevada Community Training	Violence Prevention		X		\$20,069
College of Southern Nevada	Community Health Worker Students Helping Covid-Vulnerable Elders	Access to Care			X	\$50,000
Solutions of Change	North Las Vegas CARE Project	Mental and Behavioral Health			X	\$40,000
Roseman University of Health Sciences	Roseman Medicare Call Center	Access to Care			X	\$65,000

# 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).

During the prioritization meeting held on October 22, 2021, community members and partners used the findings from the CHA and identified four priorities that will be the focus of the Community Health Improvement Plan (CHIP). The priorities were determined by ranking and measuring the seriousness of each issue's burden to the community as well as how many people are impacted directly or indirectly, and the cost to the community and the economy. The criteria were based on importance, control, and effective actions. The priority areas voted in order are: 1) Chronic Disease, 2) Access to Care, 3) Transportation, and 4) Funding.



# 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://healthinevada.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](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](https://www.clarkcountynv.gov/residents/assistance_programs/index.php)

Clark County Library District

<https://lvccld.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](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.rtcsv.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](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.lasvegasyymca.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](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>