Intermountain Health | Southern Nevada

2025 Community Health Needs Assessment Executive Summary

Intermountain Health

Table of Contents

Executive Summary **3**
Letter from Leadership 3
2025 CHNA Significant Health Needs 3
Intermountain Health 4
Southern Nevada Service Area 6

Acknowledgments **7**

Community Profile **8**
Community Demographics 8

CHNA Data Methodology and Prioritization **9**
Collaborative Process 9
Intermountain Health Prioritization Process 9
Intermountain Health Board Approval 9

CHNA Significant Health Needs **10**
Improve Behavioral Health 11
Invest in Social Drivers of Health 12
Increase Access to Care 13
Prevent Childhood Injury and Illness 14

Evaluation of Prior CHNA **15**

Conclusion **16**

Appendices **17**
Intermountain Health CHNA Glossary 17
Resources to Address Significant Health Needs 18

2025 Southern Nevada Community Health Assessment Report

Executive Summary

The Power of We

Dear neighbors,

For more than a year, our Intermountain Health Community Health team worked to understand the unmet health needs of the service area through our Community Health Needs Assessment process. This report shares those findings, which are the backbone of our mission of helping people live the healthiest lives possible.

A wealth of quantitative and qualitative health data informed this assessment, including public health indicators, stakeholder and resident surveys, public meeting discussions, and interviews with subject matter experts. To the individuals and organizations who worked with us to understand the community's significant health needs: thank you. We are grateful for your collaboration.

This report outlines our process and the key lessons we have learned. It also serves to highlight our community's significant health needs, which will be prioritized for investment over the next three years. Specifically, we aim to improve behavioral health, invest in social drivers of health, increase access to care, and prevent childhood injury and illness.

Our efforts now shift from assessing needs to developing an Implementation Strategy to meet those needs. We know that having an impact means working together — the Power of We. As we consider how Intermountain's resources can be allocated in the service area, we want to collaborate with community-based organizations, local government agencies, and area leaders to improve community health.

Sincerely,

Mitchell Cloward,
Desert Region President

Lisa Nichols,
Vice President of Community Health

2025 CHNA Significant Health Needs

Intermountain Health

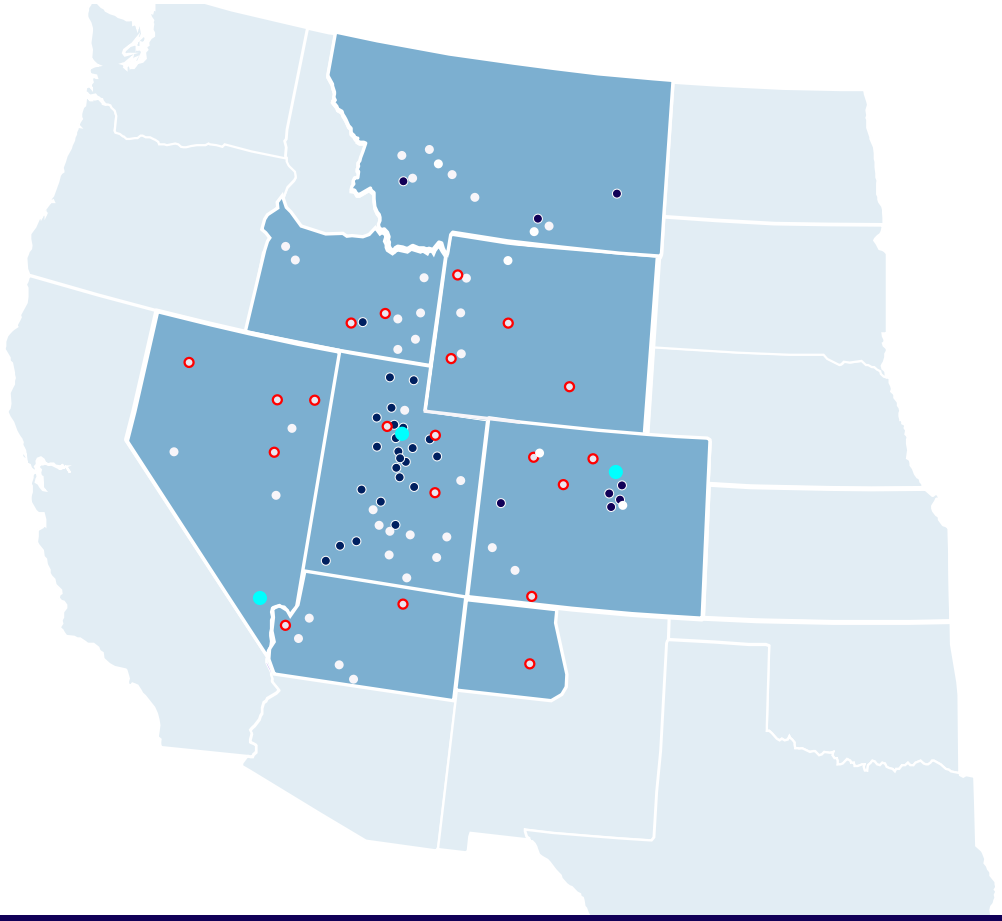
Headquartered in Utah with locations in six primary states and additional operations across the western U.S., Intermountain Health is a nonprofit system of 33 hospitals, 409 clinics, a medical group of nearly 5,000 employed physicians and advanced care providers, a health plan division called Select Health with more than one million members, and other health services.

With more than 68,000 caregivers on a mission to help people live the healthiest lives possible, Intermountain is committed to improving community health and is widely recognized as a leader in transforming healthcare. We strive to be the model health system by taking full clinical and financial accountability for the health of more people, partnering to proactively keep people well, and coordinating and providing the best possible care.

Our Mission

Helping People Live the Healthiest Lives Possible®

Our Values



Intermountain is headquartered in Salt Lake City, Utah, with regional offices in Broomfield, Colorado, and Las Vegas, Nevada.

- Hospitals
- Region Headquarter
- Affiliate/Outreach Partnerships
- Classic Air Medical Bases

Intermountain Health's 400+ clinics are not highlighted on the map

Intermountain Health by the Numbers

6 Primary States
(UT, NV, ID, CO, MT, WY)

33 Hospitals
Including One Virtual Hospital

4,700+
Licensed Beds

1.1 Million
Select Health Members

409
Clinics

68,000+
Caregivers

$17.15 Billion[1]
Total Revenue

4,800+
Employed Physicians & APPs

[1] Revenue for the year ended December 31, 2024

Southern Nevada Service Area

Intermountain Health offers more than 65 clinic locations in southern Nevada, 35 of which are award-winning senior primary care clinics recognized for providing exceptional healthcare for adults ages 65 and older. With an extended provider network, Intermountain delivers patient-centered primary, specialty, and urgent care services to approximately 350,000 Nevadans. In October 2024, Intermountain announced the Nevada Children's Hospital, the first comprehensive stand-alone children's hospital in the state. When the hospital opens, it will provide advanced specialty and subspecialty healthcare that increases access for children statewide.

To submit comments on the 2025 CHNA Report or to request a paper copy, please email IH_CommunityHealth@imail. org.

300+ **Healthcare Providers**

2,100+ **Caregivers**

25+ **Years serving Southern Nevada** (since 1996)

Acknowledgments

The Patient Protection and Affordable Care Act (ACA) requires each nonprofit hospital to conduct a Community Health Needs Assessment (CHNA) every three years to identify significant health needs and develop an Implementation Strategy in response. Intermountain Health adheres to all applicable laws and continuously reviews regulatory requirements to ensure compliance. Accordingly, we may adjust our CHNA processes and Implementation Strategy as regulations change.

While Intermountain does not operate a hospital in southern Nevada, it is committed to regularly assessing health needs, investing in communities, and working collaboratively to improve overall health.

Intermountain participated in the Southern Nevada Health District's community health assessment process that examined health needs in the service area by analyzing primary and secondary data. Using the findings of the collaborative work, Intermountain then determined its significant health needs for the service area through an objective, evidence-based prioritization process with final approval by the Intermountain Regional Board. The CHNA process is designed to align strategies and leverage resources with other public health and community organizations.

Both the CHNA and Implementation Strategy, which are developed and adopted to address health needs, are publicly available on Intermountain's website.

The Value of the Collaborative

Intermountain Health collaborated with the Southern Nevada Health District on its **2025 Community Health Assessment.** It resulted in opportunities to improve the quality of health data, reduce duplication, and align on health needs.

The collaborative utilized the Mobilizing for Action through Planning and Partnership (MAPP) 2.0 framework for data collection and the Hanlon Method for Prioritization.

This combined effort improved gathering community input by collectively designing surveys, presenting at input meetings, and engaging public and local stakeholders through distinctive community connections. Both the quantitative and qualitative data were made available to participating organizations for use in their own needs assessments.

What Is Health Equity at Intermountain Health?

Intermountain Health's mission – helping people live the healthiest lives possible – includes everyone and requires valuing, understanding, and including the backgrounds and experiences of people in the communities we serve. Health equity is the principle of pursuing the highest possible standard of health with a focus on improving the well-being of our most vulnerable communities.

Our Community Health Needs Assessment process is driven by data. We look carefully at public health data to understand the prevalence of health issues in our communities and where those issues create the greatest disparities or differences in healthy outcomes.

We talk with residents, community-based organizations, and local leaders to understand how health disparities connect and how they affect individuals and families across the lifespan. With an understanding of the needs our communities face, we develop a Community Health Implementation Strategy that directs our resources to remove barriers and invest resources where they will have the greatest impact. Using data and community input to identify the greatest needs and targeting our approach to meeting those needs is health equity in action.

As a healthcare system, employer, and community leader, Intermountain is committed to improving health equity in the communities we serve.

APPENDIX: INTERMOUNTAIN HEALTH CHNA GLOSSARY

Community Profile

Service Area

Intermountain Health provides care for people across southern Nevada. For purposes of the CHNA, the primary service area was Clark County, which is the most populous county in Nevada and where the majority of patients live. The primary service area includes underrepresented, underserved, low-income, and minority community members.

Clark County ZIP Codes
89002, 89004, 89005, 89011, 89012, 89014, 89015, 89018, 89019, 89025, 89030, 89031, 89032, 89040, 89044, 89046, 89052, 89056, 89074, 89081, 89084, 89085, 89086, 89101, 89102, 89103, 89104, 89106, 89107, 89108, 89109, 89110, 89113, 89115, 89117, 89118, 89119, 89120, 89121, 89122, 89123, 89124, 89128, 89129, 89130, 89131, 89134, 89135, 89138, 89139, 89141, 89142, 89143, 89144, 89145, 89146, 89147, 89148, 89149, 89156, 89161, 89166, 89169, 89178, 89179, 89183

Community Demographics

Demographic Factors	Service Area	Nevada	United States
Population	2,293,764	3,141,000	332,387,540
Persons Under 18 Years	22.5%	22.1%	22.2%
Persons 65 Years and Over	15.6%	16.6%	16.8%
Female Persons	50.0%	50.0%	50.5%
High School Graduate or Higher (age 25 years+)	86.8%	87.4%	89.4%
Persons in Poverty (100% Federal Poverty Level)	13.2%	12.6%	12.4%
Median Household Income (2023 dollars)	$73,845	$75,561	$78,538
Persons without Health Insurance	12.1%	11.3%	8.6%
White, not Hispanic or Latino	39.4%	46.0%	58.2%
Hispanic or Latino	31.5%	29.2%	19.0%
Black or African American	11.7%	9.1%	12.0%
Asian	10.3%	8.5%	5.8%
American Indian and Alaska Native	0.3%	0.6%	0.5%
Native Hawaiian and Other Pacific Islander	0.7%	0.7%	0.2%
Two or More Races	5.6%	5.4%	3.9%
Limited English Proficiency	13.0%	11.1%	8.4%

A demographic snapshot of the service area compared to Nevada and the United States (Source: U .S . Census Bureau: American Community Survey, 2019-2023)

CHNA Data Methodology and Prioritization

Collaborative Process

Intermountain participated in the 2025 Southern Nevada Health District Community Health Assessment. Unless otherwise indicated, this Executive Summary cites data from that health assessment. Three components informed the process:

- **Community Partner Assessment**: surveys and meetings with organizations to assess system capacity and health equity
- **Community Context Assessment**: focus groups with priority populations and a Youth PhotoVoice project
- **Community Status Assessment**: public survey on health status and inequalities

Clark County Health Needs	
Social Determinants of Health	Public Health Funding
Substance Use	Infectious Disease
Chronic Disease	Access to Care
Mental Health	Environmental Factors

This resulted in eight health needs that were presented at a community prioritization meeting on April 30, 2025. Nearly 200 community members heard from subject matter experts on assessment findings, and the Hanlon Method for Prioritizing Problems was used to rank the health needs based on size, seriousness, and effectiveness. The Hanlon Method is a nationally recognized technique used in public health needs assessments and recommended by the National Association of County and City Health Officials. The process resulted in four final priorities for the collaborative: Access to Care, Chronic Disease, Public Health Funding, and Substance Use.

Intermountain Health Prioritization Process

Intermountain Health determined its significant health needs by conducting its own Hanlon Method ranking of the collaborative's preliminary health needs. Public health funding was eliminated based on Intermountain's ability to impact the health need, and childhood injury and illness was added based on child-specific health data. Input from community collaborators was incorporated into scoring by Intermountain's subject matter experts, community health leaders, and executive leadership. This process determined the final scores. There were instances where additional health needs were identified, unified under one heading, or prioritized.

Following the scoring process, the PEARL test was applied to screen out health needs based on feasibility to impact using these criteria:

- **P** **Propriety:** Is an Intermountain-led or -supported activity for the health need suitable?
- **E** **Economics:** Does it make economic sense to address the need? Are there economic consequences if a need is not addressed?
- **A** **Acceptability:** Will the community accept Intermountain's intervention? Is the intervention wanted?
- **R** **Resources:** Is funding available or potentially available for the intervention?
- **L** **Legality:** Do current laws allow the intervention to be implemented?

Intermountain Health Board Approval

The Intermountain Health Regional Board approved the CHNA process, significant health needs, and report as presented on November 13, 2025. It was published on the Intermountain website before December 31, 2025.

CHNA Significant Needs

INTERMOUNTAIN PRELIMINARY HEALTH NEEDS

Access to care

84% of Clark County adults have health insurance, compared to 89% in the U.S.

Rates are lowest among Hispanic/Latino residents at 74%.

Childhood injury

Unintentional injury is the leading cause of death for children (ages 0 to 18 years) in Clark County.

Chronic diseases

Heart disease, cancer, COVID-19, chronic lower respiratory diseases, and stroke are leading causes of death among residents.

Environmental factors

Clark County heat-related deaths tripled since 2020.

Those at highest risk are elderly, pregnant, outdoor workers, and residents with chronic disease.

Infectious diseases

There is a higher incidence of tuberculosis, chlamydia, gonorrhea, syphilis, and Human Immunodeficiency Virus (HIV) in Clark County than in Nevada and the U.S.

Mental health

The percentage of Clark County adults reporting poor mental health has increased 38% over the past five years and remains higher than the national average.

Substance Use

Opioid overdose mortality nearly doubled to 20 deaths per 100,000 residents from 2019 to 2023. Rates are highest among Black residents at 47 deaths per capita.

Social drivers of health

87% of Clark County adults obtained a high school diploma, comparable to state and national rates. The rate is 70% among Hispanic/Latino adults.

SIGNIFICANT HEALTH NEEDS

IMPLEMENTATION STRATEGY

Identify Intermountain and community resources to address significant health needs

Develop strategies to address significant health needs with an emphasis on health equity and anticipated impact

Collaborate with other community organizations to have the greatest possible impact on data-identified needs

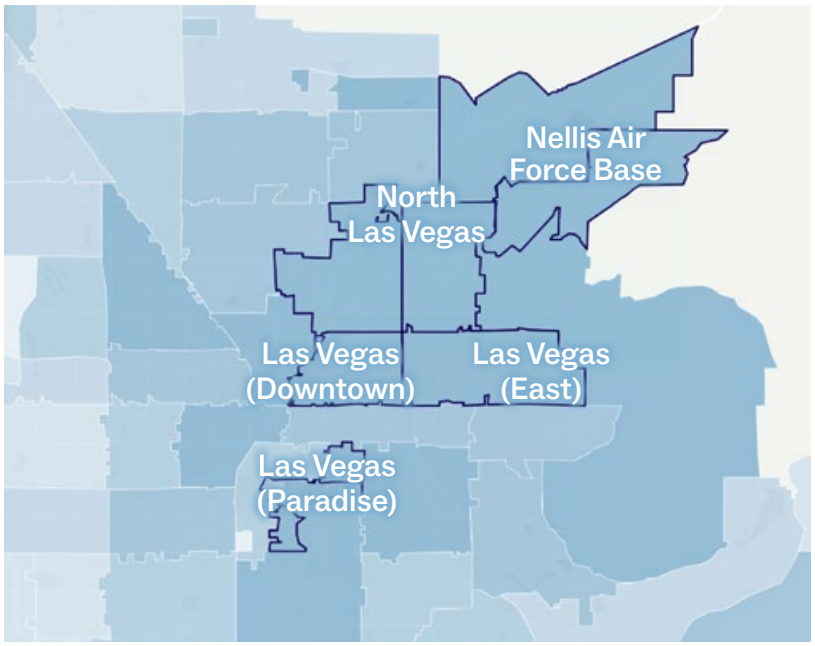
Improve Behavioral Health

The 2025 CHNA prioritizes improving behavioral health as a significant health need through addressing mental health, suicide, and substance use and addiction. This unifies the preliminary health needs identified during data collection and prioritization under Behavioral Health.

"There is a lack of representation in mental health [treatment]."
— Community Stakeholder

Mental Health

Self-Reported Poor Mental Health | 2022
Clark County: **16.9%**
±1.4% of adults



About 17% of Clark County adults report poor mental health, ranging from about 11% to 28% by ZIP code. The communities with over 20% are located in North Las Vegas, Las Vegas (downtown, east, and Paradise), and Nellis Air Force Base. Higher rates are also in the rural areas of Jean and Indian Springs (not shown).

Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES, BRFSS

DISPARITIES, HEALTH EQUITY & BEHAVIORAL HEALTH

Mental Health
About 20% of adult residents report having been diagnosed with depression. The rate is highest at the Nellis Air Force Base at 28%.

Suicide
Clark County's suicide rate is 16 deaths per 100,000 residents, which is higher than Nevada at 13 and the U.S. at 14. Rates are highest among White residents.

Substance Use and Addiction
The community survey ranked drug and alcohol abuse in the top three issues impacting quality of life in Clark County.

COMMUNITY STRENGTHS

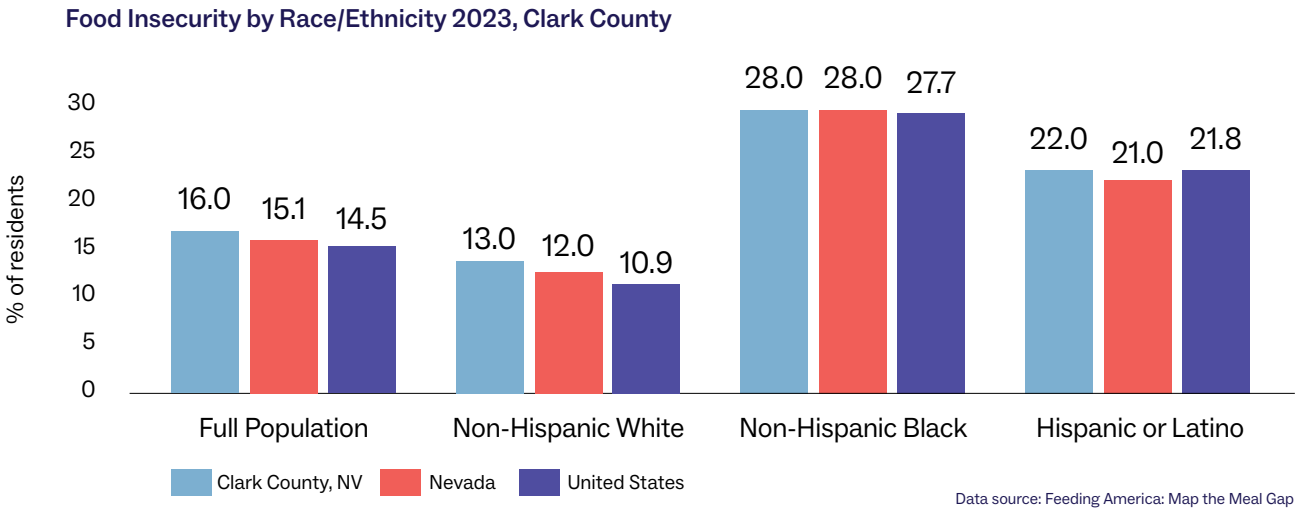
- High-quality behavioral health providers with community-based, care management services, and adjustable income-based fees.
- School-based behavioral health initiatives with a preventive and integrated approach to support youth.
- Continuing and expanding community collaborations from the previous Intermountain Health Implementation Strategy to address behavioral health.
- Aligned with public health and other health systems on behavioral health as a significant health need.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Invest in Social Drivers of Health

The 2025 CHNA prioritizes investing in social drivers of health as a significant health need based on data-driven needs specific to the service area.

> ***"Housing is really important to me in regards to health ... you cannot have anything if you don't have a stable home."***
>
> *— Community Member*



16% of Clark County residents are food insecure, increasing to 28% among Non-Hispanic Black residents, 22% among Latino/Hispanic residents, and 22% among children (ages 0 to 18 years).

DISPARITIES, HEALTH EQUITY & SOCIAL DRIVERS OF HEALTH

56% of residents spend over a third of their income on rent, a rate that increased by over 10% since 2018.

The percentage of students eligible for free and reduced lunch increased by nearly 52% from the 2016/2017 to 2022/2023 school year.

Community focus groups cited transportation as one of the biggest community health issues particularly impacting rural areas, seniors, and veterans.

COMMUNITY STRENGTHS

- Increasing service integration across healthcare, education, and social service agencies.
- Infrastructure of coalitions, advisory boards, and resident-led initiatives that engage diverse residents in decision-making.
- Networking among nonprofit, faith-based, and governmental agencies to address social drivers of health.
- Established programs connecting residents to social service resources with targeted outreach to populations with data-identified health needs.

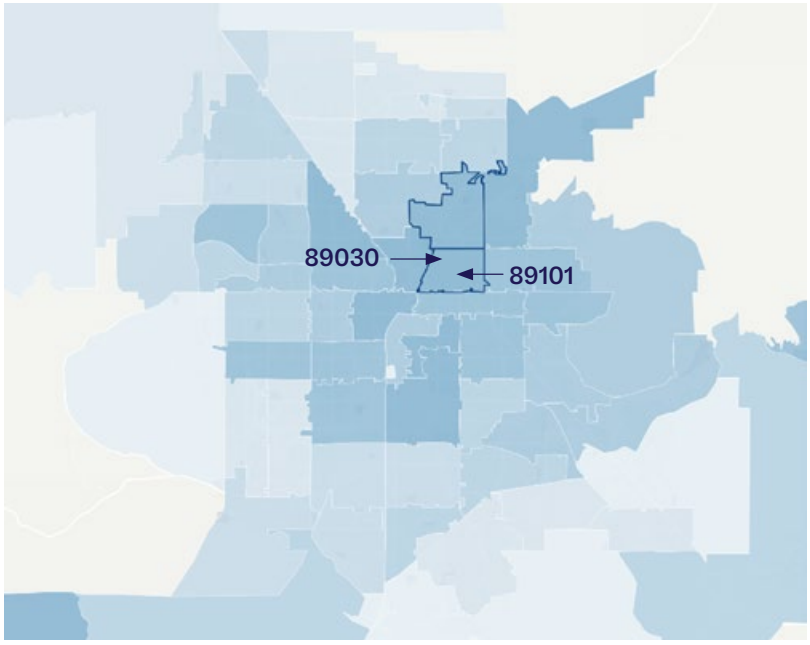
APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Increase Access to Care

The 2025 CHNA prioritizes addressing access to care as a significant health need based on data-driven needs specific to the service area.

"There was a time when I didn't have healthcare and had to be hospitalized. Luckily, I was able to get on Medicaid, but my insurance wasn't covering everything, and I couldn't afford the co-pays." — *Community Member*

Uninsured Rate for Hispanic/Latino | 2019 – 2023
Clark County: **20.6%**
± 0.5% of adults



The uninsured rate in Clark County is about 12% with disparities by neighborhood and race/ethnicity. The rate is 21% among Hispanic/Latino residents.

This map shows uninsured rates among Hispanic/Latino by ZIP code. Rates are highest in North Las Vegas (89030) and Las Vegas (89101), where one in three Hispanic/Latino residents are uninsured. The rate is over 50% in rural areas of Indian Springs and Sandy Valley (not shown).

Metopio | Ties © Mapbox, Data source: Centers for Disease Control and Prevention (CDC) PLACES, BRFSS

0.0% **57.1%**

DISPARITIES, HEALTH EQUITY & ACCESS TO CARE

75% of Clark County adults had an annual health check-up. Hispanic/Latino residents had the lowest rate at 67%.

Nearly 22% of Clark County residents were not born in the U.S. compared to 19.0% in Nevada and 13.9% in the U.S. Language and cultural differences can be barriers to navigating and accessing care.

There is a primary care provider shortage in Clark County with only 68 physicians per 100,000 residents, compared to 91 in the U.S.

COMMUNITY STRENGTHS

- Federally qualified health centers, community clinics, and other community-based health organizations offer access to comprehensive, culturally appropriate care with adjustable income-based fees.
- Collaboration opportunities with community-based organizations that have trusted relationships with residents experiencing access needs.
- Growing telehealth adoption to expand healthcare access to rural and mobility-limited residents.
- Diverse population with unique perspectives and skills that strengthen cultural capabilities.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Prevent Childhood Injury and Illness

Proactively addressing children's health can have an upstream and life-long impact. Intermountain Health prioritized preventing childhood injury and illness as a significant health need through addressing child abuse/neglect and injury prevention. Using child-specific morbidity and mortality data and community input, the CHNA identified and prioritized health needs that differ from the adult population.

"It makes me feel very unsafe that when I walk to school there. No one gives a warning to drivers that are above the speed limit, and if nothing is done, then it could lead to a serious accident."

— Youth Community Member

TOP CAUSES OF INJURY-RELATED DEATH IN CHILDREN (2019-2023)

Injuries are the leading cause of mortality and disability among children (ages 0 to 18 years). Injuries are classified by their intent: unintentional, suicide or intentional self-harm, and homicide/assault

Ages 0 to 1 year	Ages 1 to 4 years	Ages 5 to 9 years	Ages 10 to 14 years	Ages 15 to 18 years
Unintentional • Suffocation (sleep related)	**Unintentional** • Drowning • Motor vehicle accidents	**Unintentional** • Motor vehicle accidents • Drowning	**Unintentional** • Motor vehicle accidents **Suicide** • Asphyxia • Firearms	**Unintentional** • Motor vehicle accidents • Drug overdose **Homicide or Assault** • Firearms **Suicide** • Firearms • Asphyxia

DISPARITIES, HEALTH EQUITY & CHILDHOOD INJURY

The infant mortality rate in Clark County increased to 6.1 deaths per 1,000 children in 2023, which is higher than Nevada and the U.S. Rates are highest among Black (8.0) and multiracial (12.9) infants.

Unintentional injury deaths among Black residents are 54% higher than the overall population in Clark County.

Marijuana via vaping among Clark County high school students increased from 1.8% in 2017 to 30.5% in 2023.

COMMUNITY STRENGTHS

- Collaborations with healthcare providers and local organizations to address injury and illness prevention for populations with data-identified needs.
- Strong multi-sector collaborations with organizations to implement injury and illness prevention.
- Family-focused communities and a readiness to collaborate on issues relating to children's health.

APPENDIX: RESOURCES TO ADDRESS SIGNIFICANT HEALTH NEEDS

Evaluation of Prior CHNA

The previous CHNA was conducted in 2022, and the significant health needs were identified as improving mental well-being, improving chronic and avoidable health outcomes, addressing and investing in social determinants of health, and improving child and family well-being. A companion Implementation Strategy was developed to address these health needs identified among the medically underserved, low- income, and minority residents in the CHNA data. Notable outcomes from those activities are below.

2023 - 2025 Implementation Strategies and Outcomes

Significant Health Need	Strategies	Outcomes 2023-2025*
Improve Mental Well-Being	• Reduce access to lethal means • Reduce suicide attempts and completions • Reduce frequent mental distress, including anxiety and depression • Decrease opioid misuse and prevent opioid overdose deaths • Increase help seeking behaviors, resilience, and community mental health training	• Distributed over 1,600 gun locks to prevent firearm-related suicide attempts or death. • Provided or funded 203 community suicide prevention trainings. • Connected 587 community members with mental health tools. • Distributed 354 naloxone kits to prevent opioid overdose deaths. • Funded 28 community mental well-being programs.
Improving Chronic and Avoidable Health Outcomes	• Support community efforts to increase awareness and prevention of high blood pressure, diabetes, healthy lifestyle, and access to educational resources • Advance educational and wellness resources with community organizations • Strengthen alignment with public health and community organizations and share resources	• Established pre-diabetes screenings with three community collaborators. • Enrolled 301 community members in an evidence-based diabetes health coaching program. • Enrolled 2,286 community members in health education classes. • Funded 10 community chronic conditions programs.
Addressing and Investing in Social Determinants of Health	• Improve individual- and community-level social determinants of health • Support community efforts to build community capacity to address gaps in social services • Support organizations to expand food and housing assistance programs, including investing in affordable housing	• Held three Healthcare Career Academy sessions to introduce students to healthcare professions and provide mentorship. • Funded 19 social determinants of health programs, including two community food security programs. • Invested $3 million in affordable housing.
Improving Child and Family Well-Being	• Provide community safety and injury prevention training, education, and child safety devices • Provide mental well-being training, education, and resources for children • Advocate for the health of children and families • Improve access to educational resources by community organizations	• Distributed 753 safety devices to residents, law enforcement, and first-responders. • Distributed 2,537 safety and mental-health resources and educational materials. • Engaged 988 youth in mental well-being workshops, education, and resources.

* Totals as of July 2025

Conclusion

Intermountain is grateful for the support of community members and organizations for their valuable participation in the CHNA process. Their community voices offered a deeper understanding of unique local needs and health disparities identified through the CHNA data. Intermountain leverages this valuable input to develop an Implementation Strategy in collaboration and alignment with the community to create equitable opportunities for health.

Intermountain caregivers from Community Health and Consumer Experience worked with the Southern Nevada Health District on the 2025 CHNA process. We recognize the value of working alongside the Health District, which resulted in a more comprehensive, inclusive, and impactful CHNA. Intermountain will conduct the next CHNA in 2028 and looks forward to continuing collaborations to improve the health of our communities.

For additional information about the CHNA, contact:

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To submit written comments on this CHNA or request a paper copy, please email IH_CommunityHealth@imail.org

Appendices

Intermountain Health

CHNA Glossary

Term	Definition
Activity or Program	Evidence-based actions to address each significant health need.
Community Health Needs Assessment (CHNA)	Triennial review and analysis of unmet or significant health needs in the communities served by Intermountain Health; it informs the development of the Implementation Strategy and all of Intermountain Health's Community Health work.
Evaluation	Assessment of results from actions taken to address significant health needs.
External Stakeholder	Organizations, government agencies, individuals, and other entities outside Intermountain Health that will be influential in the success of or impacted by the CHNA and Implementation Strategy.
Health Disparity	Data-identified and preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health experienced by communities.
Health Equity	Foundational and embedded across Intermountain Health's approach to health improvement is the principle of pursuing the highest possible standard of health by focusing on improving the well-being of our most vulnerable communities.
Health Needs	Unmet community health needs identified during the CHNA.
Health Indicators	Specific health discrepancies identified by data within the health needs (i. e. , frequent mental distress as an indicator within behavioral health).
Health Outcome	Anticipated impact of strategies on significant health needs.
Implementation Strategies (IS)	A written plan to address health needs prioritized in the CHNA; it includes activities, collaborations, resources, funding, and the anticipated impact on data-driven needs.
Internal Stakeholder	Departments, teams, and other functions of Intermountain Health that will be influential in the success of or impacted by CHNA and Implementation Strategy.
Primary Data	Information gathered directly from sources including stakeholder and resident surveys, interviews, and community and stakeholder meetings.
Secondary Data	Information gathered by third parties, typically public health agencies, government agencies, or large studies.
Significant Health Needs	Community health needs prioritized during the CHNA that are addressed in the Implementation Strategy.

Community Resources

Resources to Address Significant Health Needs

Significant Health Need	Organization	Summary of Resources
Improve Behavioral Health	Local Mental Health Agencies	Mental health therapy, case management, group therapy, and trainings. Individual and group services on a sliding fee scale that support access for low-income individuals.
	Substance Use Disorder Treatment Centers	Organizations that provide Medication Assisted Treatment (MAT) programs for individuals with substance use disorder.
	County Health Departments	Provide prevention programming and harm reduction.
	Peer-Support Substance Use Organizations	Peer recovery coaching, family support services, and social supports.
Invest in Social Drivers of Health	Nonprofit Housing Organizations	Housing and utility assistance, emergency and respite shelter, case management, and workforce development.
	Housing Authorities	Affordable housing and support, case management, and transition services.
	County and State Government Agencies	Local workforce centers, government programs like Women, Infants and Children (WIC), and collaboration on economic stability strategies.
	Nonprofit Food Organizations	Community-based organizations that provide food assistance programs, local food banks, and pantries.
	Nonprofit Employment and Economic Stability Organizations	Community-based organizations that provide training programs leading to employment pathways, financial literacy education, and wrap-around support for people experiencing poverty.
Increase Access to Care	Federally Qualified Health Centers	Community-based organizations that provide comprehensive primary medical, dental, and behavioral healthcare regardless of ability to pay and insurance status.
	Safety Net Clinics	Community and school based primary care services including medical, behavioral health, and dental for low-income and uninsured residents.
	Nonprofit Community Organizations	Navigation and application assistance for public programs, including government and other health insurance.
	Nonprofit Transportation Organizations	Transportation services that improve access to care.
	Government Agencies	Enrollment assistance for numerous types of public benefits related to access, income, and insurance coverage.
	Law Enforcement and Corrections	Connection to medical, behavioral health, and social support services.
Prevent Childhood Injury and Illness	Early Childhood Government Agencies	In-home services, health and wellness support, and child protection.
	Nonprofit Community-Based Organizations	Assistance in connecting children and families experiencing poverty, abuse, neglect, or crisis to social services and other community resources. Supervision and programs for children focused on safety, health, learning, and development.
	Child Behavioral Health Organizations	Specialized pediatric behavioral health providers who serve children and youth.
	Education Organizations and Schools	Youth mental health resources, promotion of injury prevention and mental well-being, and career pathways leading to economic stability.

Intermountain
Health

2025

SOUTHERN NEVADA COMMUNITY HEALTH ASSESSMENT REPORT

TABLE OF CONTENTS

SOUTHERN NEVADA COMMUNITY HEALTH ASSESMENT REPORT

Table of Contents 2
Acknowledgments 3
Goals, Mission and Values 4
CHA: Methodology 5
- Community Partner Assessment 7
- Community Context Assessment 10
- Community Status Assessment 15

Community Health Priorities 19

CHAPTER 1
Demographics 20

CHAPTER 2
Social Determinants of Health 33

CHAPTER 3
Maternal and Child Health 61

CHAPTER 4
Infectious Disease 98

CHAPTER 5
Chronic Disease 127

CHAPTER 6
Leading Causes of Death 155

CHAPTER 7
Mental, Behavioral and Social Health 188

CHAPTER 8
Health Care Access 204

CHAPTER 9
Built and Physical Environment 221

CHAPTER 10
Violence, Crime and Injuries 244

CHAPTER 11
Longevity and Life Expectancy 255

APPENDIX
Social Determinants of Health 264

ACKNOWLEDGMENTS

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In collaboration with Dignity Health and Intermountain Health.

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GOALS, MISSION, AND VALUES : CREATED BY STEERING COMMITTEE

2025
Southern Nevada Community Health Assessment

Misson Statement:
To optimize the health of all community members equitably through bridging gaps and overcoming barriers by collaboratively identifying and addressing critical health disparities to help our community thrive.

Vision Statement:
Together - we advance equity and promote healthy communities.

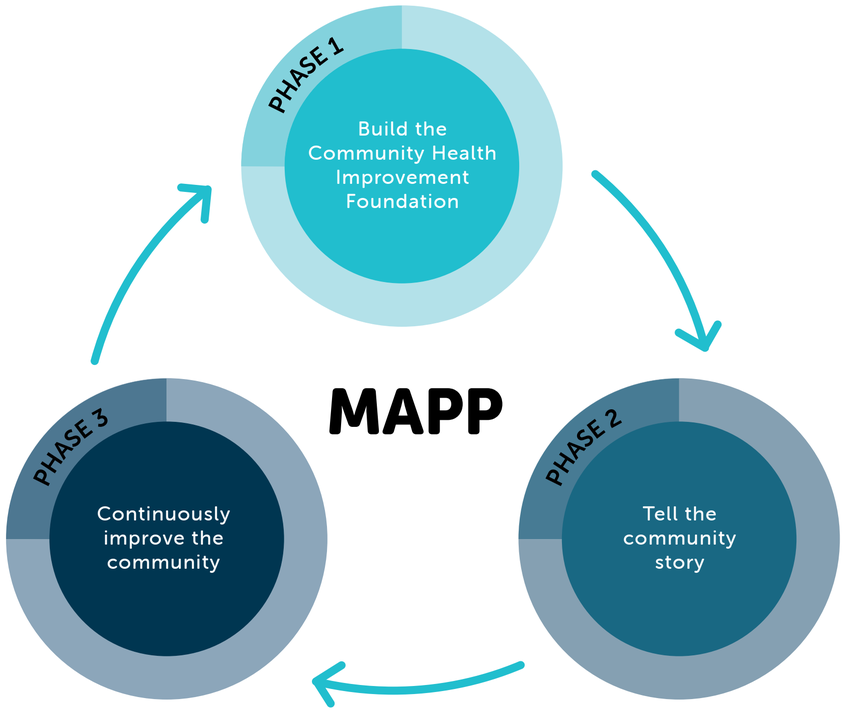
Values:

- Collaboration
- Diversity, Equity and Inclusion
- Accountability
- Transparency
- Compassion
- Respect

CHA : METHODOLOGY

OVERVIEW

The Southern Nevada Health District (SNHD) utilized the Mobilizing for Action through Planning and Partnership (MAPP) 2.0 framework to conduct community-wide health needs assessments. The goal of MAPP is to achieve health equity by identifying urgent health issues in the community and by aligning community resources. The MAPP process engaged both traditional and non-traditional stakeholders to collect qualitative and quantitative data across three distinct assessments which include the Community Partner Assessment, Community Context Assessment, and the Community Status Assessment. Each assessment was used as a collaborative approach to identifying the community's needs and strengths and how to address them.



CHA : METHODOLOGY

COMMUNITY CONTEXT ASSESSMENT (CCA)

A CCA is a qualitative tool to obtain data from the community such as insights, experiences, and views from people and communities that are currently affected by social systems. For the current CHA, two methods were selected that have been proven effective, the implementation of focus groups and the use of PhotoVoice. It was determined that the focus groups would be utilized with specific adult populations and the PhotoVoice project would be used as a more unique method to include youth perspectives. The six focus groups include: (1) People with Disabilities (2) Older Adults 60+ (3) Rural Communities (4) Veterans (5) American Indian/Alaska Natives and (6) Residents of ZIP code 89101. Alongside the focus groups, a Youth PhotoVoice project was conducted for youth aged 12-17 to capture the strengths and opportunities for improvement in our neighborhoods as seen through the eyes of young people.

COMMUNITY PARTNER ASSESSMENT (CPA)

The CPA is an assessment tool designed for Mobilizing for Action through Planning and Partnerships (MAPP) version 2.0, serving as a replacement for the Local Public Health Systems Assessment (LPHSA). It enables community partners within MAPP to critically assess both (1) their individual systems, processes, and capacities, and (2) their collective capacity as a network to tackle health inequities. The CPA is used to identify both current and future actions aimed at addressing health inequities at individual, systemic, and structural levels. A survey was administered to community organizations throughout Southern Nevada.

COMMUNITY STATUS ASSESSMENT (CSA)

The purpose of the CSA is to collect quantitative data on the status of our community such as demographics, health status, and health inequities. The CSA helps our community move “upstream” and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. The CSA is a community-driven assessment to help tell the community’s story. The data collected from a community survey that had over 3,300 responses for this assessment was used to create tables and graphs to reveal trends over time.

MAPP 2.0 Roadmap can be found here
https://www.naccho.org/uploads/resource-hub-images/MAPP-Handbook-Digital-FINAL-Fillable-2025-comp.pdf

CHA : METHODOLOGY

COMMUNITY PARTNER ASSESSMENT:

The Community Partner Assessment seeks to build upon existing partnership established through the 2020 Local Public Health Systems Assessment (LPHSA) while strengthening community engagement. The CPA was a two-part process — first, through a survey answered by engaged community partners, and second, by hosting meetings where these partners discuss survey results and analyze strengths, weaknesses, opportunities, and threats associated with each metric. With an emphasis on health equity and community involvement, the CPA empowers communities to address complex health challenges effectively, ensuring that the voices of those impacted by inequities are central to decision-making processes. The goals of the CPA, according to NACCHO, are as follows:

1. Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.

2. Name the specific roles of each community partner to support the local public health system (LPHS) and engage communities experiencing inequities produced by systems.

3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.

4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.

5. Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.

The SNHD collaborated with the Nevada Institute for Children's Research and Policy (NICRP) to assist in conducting the CPA.

CHA : METHODOLOGY

PART ONE:

A total of 46 questions were divided into three main parts. Questions 1-26 related to learning more about the organization taking the survey. Questions 27-31 focused on organizational capacity, and lastly questions 32-46 related to assessing the capacity of an organization to serve the community it operates. There were 26 distinct organizations and agencies that participated, and 34 total individuals that took part in the survey.

PART TWO:

The second phase of this assessment process was organizing community meetings to discuss the results of the CPA survey and identify who and what was missing. There were two in-person meetings held at different times and locations across the Las Vegas valley, and one virtual meeting for those who were not available to attend.

KEY FINDINGS:

The highlighted findings of all three assessments (CPA, CCA, and CSA) are found throughout each chapter in this report.

The following is a summary of the survey results and discussions based on the five overarching MAPP themes: Community Strengths, Organizational Capacities, Systems of Power, Privilege, and Oppression, Social Determinants of Health, and Health Behaviors and Outcomes.

THEME 1: COMMUNITY STRENGTHS	**THEME 2: ORGANIZATIONAL CAPACITIES**	**THEME 3: SYSTEMS OF POWER, PRIVILEGE & OPPRESSION**	**THEME 4: SOCIAL DETERMINANTS OF HEALTH**	**THEME 5: HEALTH BEHAVIORS & OUTCOMES**
The results revealed that there are many strengths that provide a good foundation to build upon in the community. • Commitment to CHA and CHIP Process • Collaboration and Engagement • Diversity and Representation • Community Outreach	Overall community partners reported a general ability to serve existing clients, however many indicated that more resources were needed to provide comprehensive service. • Service Delivery to Specific Populations • Data Utilization • Strategic Communication	These issues collectively highlight systemic disparities rooted in historical and structural inequities. • Marginalized and Underserved Populations: • Commitment to Equity • Barriers in Service Delivery • Data Practices and Equity • Policy and Advocacy Work • Opportunities to Address Power Imbalances	The results from this assessment indicate a strong foundation for addressing social determinants of health, with a focus on education, healthcare, and community collaboration. Education Access and Quality: • Healthcare Access and Quality • Social and Community Context • Economic Stability • Neighborhood and Built Environment • Barriers in SDOH	The following four themes emerged from reviewing the results in terms of efforts related to health behaviors and outcomes. • Chronic Disease Management • Mental and Behavioral Health • Preventive Health Behaviors • Social Influences on Health Behaviors

CHA : METHODOLOGY

CHANGES OVER TIME:

These three assessment results show the continuing forces from the 2015 Forces of Change Assessment (FOCA) as well as new forces identified in the 2020 FOCA, and the 2025 Community Context Assessment (combination of previous FOCA and Community Themes & Strengths Assessment).

2015 ASSESSMENT RESULTS	2020 ASSESSMENT RESULTS	2025 ASSESSMENT RESULTS
1. Economic Forces 2. Political Forces 3. Environmental Forces 4. Healthcare Related Forces	1. Social Forces 2. Economic Forces 3. Healthcare Related Forces 4. Technological Forces 5. Environmental Forces 6. Scientific Forces 7. Educational Forces 8. Legal Forces	1. Healthcare Related Forces 2. Social Forces 3. Economic Forces 4. Technological forces 5. Environmental Forces 6. Scientific Forces 7. Educational Forces 8. Legal Forces 9. Ethical Forces 10. Cultural Forces

For the full report please visit www.healthysouthernnevada.org

CHA : METHODOLOGY

COMMUNITY CONTEXT ASSESSMENT (FOCUS GROUPS):

The CCA seeks to understand the following:

1. What strengths and resources does the community have that support health and well-being?
2. What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
3. What physical and cultural assets are in the built environment? How do those vary by neighborhood?
4. What is the community doing to improve health outcomes? What solutions has the community identified to improve community health?

The Nevada Institute for Children's Research and Policy (NICRP) conducted focus groups with six specific priority populations throughout the Las Vegas area. These groups include: (1) People with Disabilities (2) Older Adults 60+ (3) Rural Communities (4) Veterans (5) American Indian/ Alaska Natives and (6) Residents of ZIP code 89101. Alongside the focus groups, a Youth PhotoVoice project was conducted for youth aged 12-17 to capture the strengths and opportunities for improvement in our neighborhoods as seen through the eyes of young people.

A total of eight focus group sessions were held between October 7 and November 7, 2024 with a total of 70 individuals. Focus group responses were compared across populations to determine common strengths and needs across groups, as well as healthcare needs that might be unique to each specific population.

CHA : METHODOLOGY

KEY FINDINGS:

The highlighted findings of all three assessments (CPA, CCA, and CSA) are found throughout each chapter in this report.

The focus groups revealed significant challenges in accessing timely and affordable healthcare services across all populations. Participants highlighted issues that significantly impacted their access to healthcare, such as:

- limited availability of specialists,
- long wait times,
- financial barriers
- inadequate public transit and costly alternatives

Attendees of the SNHD Health Assessment Focus Groups

2024

TARGET POPULATION	DATE	LOCATION	NO. OF ATTENDANTS
People with Disabilities	10/7/2024	NAMI Southern Nevada	10
Rural Areas	10/8/2024	Mesquite - Clark County Library	10
89101 ZIP Code	10/15/2024	Chicanos Por La Causa	12
Seniors (60+)	10/16/2024	Whitney Senior Community Center	13
Veterans	10/21/2024	Premier Business Center	10
American Indian / Alaska Native	11/06/2024 & 11/07/2024	UNLV Gateway Building and Inter-Tribal Council	15

Cultural and systemic insensitivity, including the lack of trauma-informed care and culturally competent providers, was especially pronounced among American Indian/Alaska Native (AI/AN) communities and people with disabilities.

Each community provided unique perspectives on health.

CHA : METHODOLOGY

AMERICAN INDIAN/ ALASKA NATIVE	PEOPLE WITH DISABILITIES	SENIORS	VETERANS	RURAL RESIDENTS	RESIDENTS OF ZIP 89101
Viewed health holistically, However, faced significant barriers, including limited medical treatments at the local Indian Health Service (IHS), the need for out-of-state travel for specialized care, and a lack of culturally sensitive mental health services.	Emphasized the need for better physical accessibility, consistent healthcare, and advocacy support to navigate complex systems. They also noted stigma and logistical challenges in mental health care.	Highlighted the importance of mobility, affordability, and self-advocacy in maintaining health, while also facing rising prescription costs, long wait times, and unsafe pedestrian infrastructure.	Reported difficulties transitioning from military to civilian healthcare systems, citing delayed services, poor communication within the VA, and limited mental health support.	Dealt with isolation, the lack of local healthcare providers, and transportation barriers, with the absence of mental health and detox services being particularly acute.	Most noted was food insecurity, homelessness, and unsafe living conditions as major factors affecting their health.

Environmental and infrastructure concerns emerged as additional barriers to health and safety, with common themes emerging across multiple groups:

- **Seniors, Veterans, & People with Disabilities:** Poorly maintained infrastructure, such as incomplete sidewalks and inadequate lighting, created safety risks.
- **Rural & AI/AN:** Extreme weather and poor air quality limited physical activity.

For the full report please visit www.healthysouthernnevada.org

CHA : METHODOLOGY

COMMUNITY CONTEXT ASSESSMENT (YOUTH PHOTO VOICE):

The Youth PhotoVoice, which was conducted for youth ages 12-17, began by hiring a youth project coordinator to ensure youth voice and perspective was prioritized throughout the process. The next step was to recruit a group of youth advisors to provide guidance on the development of the main questions. The following are the questions created by the youth. It was determined two questions were needed to represent both strengths and weaknesses in the community.

1. What resources ARE available in your community that help you with your mental or physical health?
2. What resources ARE NOT available in your community that could help your mental or physical health?

In the instructions for the project, youth were asked to think about the following when describing their image and how it relates to health. These questions gave supportive guidelines as youth captured images of the community in real-time. Photos can speak louder than words, exposing what is existing in the community, holding policy makers, and community members accountable.

Does your photo and statement answer the question?

- What do you see here?
- What is really happening here?
- Why does this happen?
- What can we do about it?
- How does this relate to the lives of youth in the community?

There were 22 complete submissions from youth aged 12-17 living in Clark County. The youth advisory group reviewed all submissions and indicated different themes that emerged.

CHA : METHODOLOGY

KEY FINDINGS:

The highlighted findings of all three assessments (CPA, CCA, and CSA) are found throughout each chapter in this report.

PART 1: EXISTING COMMUNITY RESOURCES THAT SUPPORT YOUTH MENTAL AND PHYSICAL HEALTH	PART 2: BARRIERS TO COMMUNITY RESOURCES THAT SUPPORT YOUTH MENTAL AND PHYSICAL HEALTH
• THEME 1. Access To Nature And Outdoor Activities • THEME 2. Movement • THEME 3. Fostering Connections • THEME 4. Medical Care	• THEME 1. Costs • THEME 2. Threats To Community Safety • THEME 3. Missing Community Attributes

THE MAIN COMMUNITY STRENGTHS THAT BENEFITED PHYSICAL AND MENTAL HEALTH INCLUDED:	THE MAIN AREAS OF IMPROVEMENT INCLUDED:
• Access to parks and nature • Physical activities such as sports, gyms, dance, and shopping • Medical and first responder availability • Spaces to foster connections and relationships with social supports (dogs, coaches, friends) such as cafes, libraries, school clubs, parks	• Reducing cost of living including activities specifically for youth • Increase community safety especially related to crime and clean streets • Increase availability of resources such as gyms, green spaces, homeless shelters, and education on practical issues such as health and budgeting.

For the full report please visit www.healthysouthernnevada.org

CHA : METHODOLOGY

COMMUNITY STATUS ASSESSMENT:

The Community Status Assessment (CSA) aims to comprehensively assess the health, social, and environmental conditions of Southern Nevada, particularly Clark County, Nevada. The assessment offers useful quantitative information on such variables as demographics, health behaviors, social determinants of health, and systems of power, privilege, and oppression. This will also serve as a vital tool for public health authorities and their community partners in making policy actions that promote a healthier, safer, more equitable living environment for its residents.

The SNHD collaborated with the Nevada Institute for Children's Research and Policy (NICRP) to assist in conducting the Community Status Assessment (CSA).

Primary Data Analysis: Survey Design and Development

The Community Status Assessment (CSA) survey was developed by staff at SNHD with the intent of gathering quantitative data on the health, social, and economic status of Clark County residents aged 18 and older. Please note that perspectives of those under 18 were captured in the Community Context Assessment utilizing the Photovoice methodology. The survey was shared with the evaluation team at the NICRP and the Community Health Assessment Steering Committee for feedback on content and final formatting prior to public dissemination.

The final survey was comprised of 36 questions, covering demographics variables (e.g., race, gender, housing, education), information about health behaviors, economic status, and access to services such as healthcare and housing, as well as perceptions of community priorities. The survey was translated in Spanish and Chinese to increase inclusivity and reach among the diverse community populations. The survey was available online (via the platform Qualtrics), and in print form.

Data was collected between May 15 - August 15, 2024. A comprehensive approach known as time-location sampling was implemented to ensure broad participation from all priority populations.

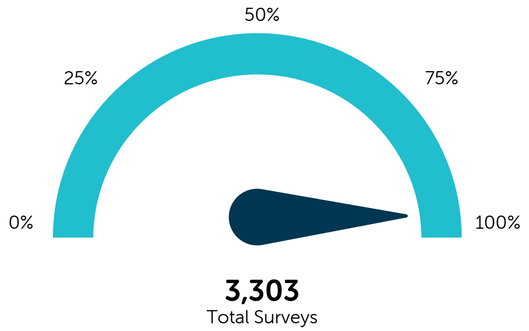
CHA : METHODOLOGY

RESULTS AND KEY FINDINGS:

The highlighted findings of all three assessments (CPA, CCA, and CSA) are found throughout each chapter in this report.

A total of 3,691 surveys were initiated during the survey period of May 15, 2024 to August 15, 2024. Responses were excluded from further analysis if ≤49% of the survey was completed. After filtering, 3,303 surveys (89.5%) were included for analysis. collected. The figure below illustrates the milestones reached of collecting data for the specific priority populations as they relate to the quotas set for each group within Clark County to ensure those community perspectives were captured.

2025 COMMUNITY STATUS ASSESSMENT: PROGRESS TRACKING



Black/African American	100%	Boulder City	100%
Hispanic/Latino	100%	Henderson	88%
Asian	100%	Las Vegas	100%
White, non-Hispanic	98%	Mesquite	100%
Native Hawaiian/ Pacific Islander	100%	North Las Vegas	100%
Multiracial	100%	Unincorporated Clark County	85%
Native American/ Alaskan Native	100%		

LGBT **249%**

Non U.S. Born Persons **119%**

Over 60 Years of Age **113%**

Rural **123%**

Disabled **144%**

Experiencing Housing Instability **1700%**

Disclaimer: Percentages listed represent the amount of people who took the CSA survey over proportional population quotas determined for each group. This is not a representation of the total amount of people of each demographic that live in our community.

CHA : METHODOLOGY

TOP 3 HEALTH ISSUES/BEHAVIORS RANKED IN THE CSA

PERCEIVED TOP 3 COMMUNITY ISSUES IMPACTING QUALITY OF LIFE IN CLARK COUNTY	PERCEIVED TOP 3 HEALTH PROBLEMS IN THE COMMUNITY	PERCEIVED TOP 3 COMMUNITY STRENGTHS IN CLARK COUNTY	PERCEIVED TOP 3 COMMUNITY AREAS NEEDING IMPROVEMENT IN CLARK COUNTY	PERCEIVED TOP 3 HEALTH BEHAVIORS NEEDING MORE INFORMATION IN THE COMMUNITY
1. Affordable Housing 2. Homelessness 3. Drug & Alcohol Abuse	1. Mental Health Issues 2. Extreme Heat 3. Cancers	1. Recreational Facilities 2. Employment 3. Family Activities	1. Affordable Housing 2. Healthcare Services Cost 3. Housing Assistance	1. Mental Health Resources 2. Anger/Stress Management 3. Driving Safely

Secondary Data Analysis

The purpose of the Community Status Assessment (CSA) secondary data analysis identifies health and quality of life issues that are areas for improvement in Clark County. The CSA seeks to answer the questions:

- What does the status of your community look like, including health, socioeconomic, environmental, and quality-of-life outcomes?
- What populations experience inequities across health, socioeconomic, environmental, and quality-of-life outcomes?
- How do systems influence outcomes?

CHA : METHODOLOGY

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 *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.

- American Community Survey
- Behavioral Risk Factor Surveillance System (BRFSS) Nevada
- CDC Wonder
- Centers for Disease Control and Prevention, Sexually Transmitted Infections Surveillance
- Centers for Medicare & Medicaid Services
- County Health Rankings & Roadmaps
- Environmental Protection Agency
- March of Dimes Peristats
- National Center for Education Statistics
- National Center for Health Statistics
- National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention
- National Environmental Public Health Tracking Network
- National Vital Statistics Reports
- Nevada Electronic Death Record System (EDRS)
- Nevada Electronic Vital Record System (NEVRS)
- Nevada Vital Records Death Data
- NV Youth Risk Behavior Survey
- Office of HIV Division of Public and Behavioral Health
- Office of State Epidemiology, Division of Public and Behavioral Health
- SNHD EpiTrax Surveillance System
- State Cancer Profiles
- U.S. Census Bureau

2025 COMMUNITY HEALTH PRIORITIES

On April 30, 2025, the Southern Nevada Health District facilitated a community health indicator prioritization meeting. During this event, over 195 community members reviewed high level Community Health Assessment findings (i.e., Community Partner Assessment, Community Context Assessment, and Community Status Assessment) presented by local subject matter experts. The key areas of opportunity identified include Social Determinants of Health, Access to Care, Mental Health, Chronic Disease, Public Health Funding, Environmental Factors, Substance Use, and Infectious Disease. These priority areas were selected based on the following criteria: inclusion in at least two of the three assessments conducted; the number of individuals affected; the personal and societal costs; the impact on length and quality of life; the feasibility of effective intervention; and how Clark County compares to national averages, established benchmarks, and target goals. Upon completion of presentations and a brief question and answer period, attendees were invited to rank these identified health issues across magnitude, severity, and effectiveness of interventions.[1] A total of 155 respondents submitted responses. The Hanlon method for prioritizing health problems was applied to determine the top three priorities for inclusion in the forthcoming 2026-2030 Community Health Improvement Plan (CHIP).

1

ACCESS TO CARE

Access to care refers to the ability of individuals to obtain the health services they need—when they need them—without barriers. This includes having affordable, timely, and culturally appropriate medical, mental health, and preventive services available in one's community. Access to care is essential for preventing disease, managing chronic conditions, and improving overall health outcomes. Without timely and affordable care, people are more likely to experience worsened health, avoidable hospitalizations, and increased health disparities, especially in underserved populations.

2

CHRONIC DISEASE

Chronic diseases are long-term health conditions that typically progress slowly and persist over time, often for the rest of a person's life. Common examples include heart disease, diabetes, and cancer—many of which are influenced by lifestyle factors like diet, physical activity, and tobacco use. Chronic diseases are a leading cause of death, and prioritizing them allows for prevention, early detection, and management. Focusing on chronic disease can improve health outcomes and extend life expectancy across populations.

3

PUBLIC HEALTH FUNDING

Public health funding is the financial support provided by governments, organizations, or institutions to protect and improve the health of communities. It supports different programs and services such as disease prevention, health education, emergency, preparedness, and access to care—which aim to reduce health risks and improve population well-being. Adequate funding supports essential services, preparedness and response, and health equity efforts targeting underserved and at-risk populations. Investing in public health infrastructure strengthens community health and resilience.

1. National Association of County and City Health Officials (NACCHO). Guide to Prioritizaion Techniques: The Hanlon Method. Available at https://www.naccho.org/uploads/downloadable-resources/Gudie-to-Prioritization-Techniques.pdf

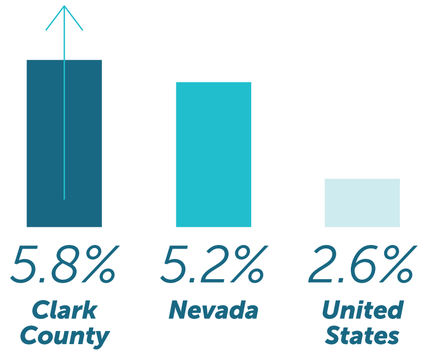
CHAPTER ONE
DEMOGRAPHICS

INTRODUCTION

Demographic characteristics refer to the varying subgroups groups that make up a population. These factors include age, sex, race/ethnicity, ability status, as well as other indicators. Clark County, Nevada is the southernmost county in the state. It is also the most populous county, and home to over 73% of Nevada residents. This large population is made up of a variety of demographic groups that each contribute to the wealth of culture that Southern Nevada has to offer.

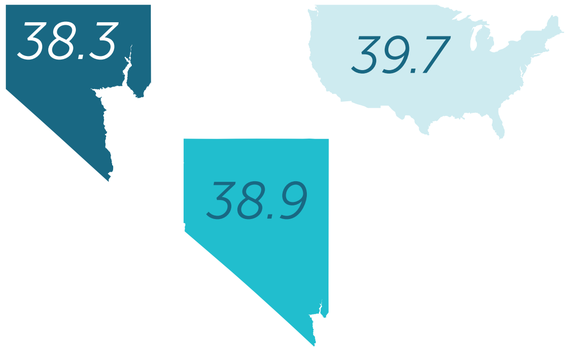
DEMOGRAPHICS : KEY FINDINGS

Population Growth



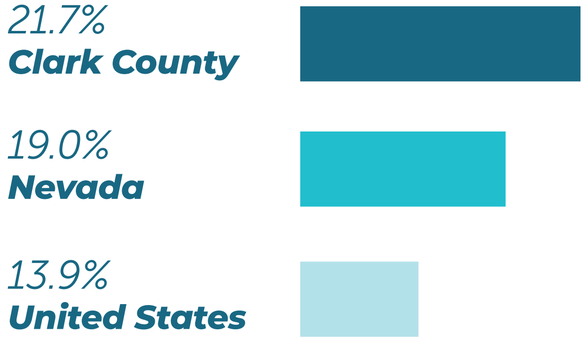
Clark County is experiencing population growth at 5.8%, higher than that of Nevada (5.2%), and the United States (2.6%). Clark County is made up of five incorporated cities: Boulder City, Henderson, Las Vegas, Mesquite and North Las Vegas.

Median Age



Approximately 43% of Clark County residents reside outside these cities, in areas collectively referred to as unincorporated Clark County, which encompasses the regions between the five major cities. ***The median age of Clark County residents is 38.3, slightly lower than the United States and Nevada median of 39.7 and 38.9 years respectively.***

Not Born in the United States



Nearly 21.7% of Clark County residents were not born in the United States, compared to 19.0% of Nevadans and 13.9% of the United States as a whole. While the percentage of residents under the age of 65 is similar, Clark County has a slightly lower value of 8.6% compared to 8.8% of Nevada and 8.9% of the nation.

DEMOGRAPHICS : TOTAL POPULATION

SUMMARY

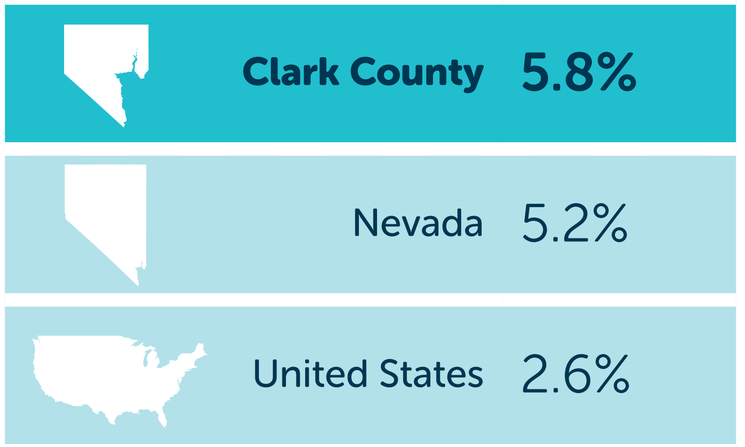
Population refers to the number of people living in an area, and this measure is tracked year by year to determine approximately how many people are entering or leaving an area within a given time frame.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Clark County has five incorporated cities: Boulder City, Henderson, Las Vegas, Mesquite, and North Las Vegas. Clark County also has a robust unincorporated area in between these jurisdictions. Keeping track of population and population change is imperative to help determine health burden and resource allocation across the Southern Nevada area.

PERCENT POPULATION GROWTH

FROM APRIL 1, 2020 TO JULY 1, 2024



Source: U.S. Census Bureau, July 1 2024. U.S. Census Bureau QuickFacts: United States; Nevada; Clark County, Nevada

DEMOGRAPHICS : TOTAL POPULATION

OUR SITUATION

Consistent with previous year's population data, around 73% of Nevada residents live in Clark County. However, the population growth of Clark County rose 5.8% from 2020 to 2024, a higher percentage than Nevada (5.2%) and the United States (2.6%). Unincorporated Clark County has over one million residents and accounts for 43.5% of the entire population of Clark County. **The City of Las Vegas houses 28.3% of Clark County residents, Henderson has 14.4%, North Las Vegas accounts for 12.2%, and Boulder City and Mesquite each house less than 1% of Clark County's population.**

Total Population

By Year, 2010-2024

	2010	2020	2024
United States	308,745,538	331,449,281	340,110,988
Nevada	2,700,551	3,104,614	3,267,467
Clark County	1,951,269	2,265,475	2,398,871

POPULATION BY CITY, 2023*

Boulder City	14,828
Henderson	337,305
Las Vegas	660,929
Mesquite	22,786
North Las Vegas	284,771
Unincorporated Clark County	1,015,954

Source: U.S. Census Bureau, July 1 2023. U.S. Census Bureau QuickFacts: Boulder City city, Nevada; Henderson city, Nevada; Mesquite city, Nevada; North Las Vegas city, Nevada; Las Vegas city, Nevada; Clark County, Nevada

**Population estimates by city are not available for 2024. The estimated population for Clark County, Nevada in 2023 was 2,336,573*

DEMOGRAPHICS : RACE AND ETHNICITY

SUMMARY

Racial and ethnic identity groups refer to individuals with a shared language, culture, history, or place of origin. In the U.S. Census, these groups are defined as American Indian/ Alaska Native, Asian, Black/ African American, Hispanic/ Latino, Multiracial, Native Hawaiian/ Pacific Islander, and White, non-Hispanic.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Race and ethnicity have no biological ranking, but differences in social and economic opportunities have existed among groups in the United States. Efforts are being made to promote equity, but historical disparities remain. There is a need to help identify potential disparities in health outcomes. **Tracking racial and ethnic data helps measure progress toward fairness.**

OUR SITUATION

The demographic composition of Clark County, Nevada, and the United States varies across racial and ethnic groups.The American Indian/ Alaska Natives represent 1.3% of both the United States and Clark County populations, slightly lower than Nevada's 1.7%. Asian individuals make up only 6.4% of the United States compared to 9.7% of Nevada and 11.6% of Clark County. Similarly Hispanic/ Latino individuals, who comprise 19.5% of the United States, increasing to 29.9% of Nevada, and 32.1% of Clark County. The percentage of Black/ African American individuals is comparable between the United States (13.7%) and Clark County (14%) while Nevada has a slightly lower percentage (11%). Multiracial individuals make up 5.6% of Clark County, 5.2% of Nevada, and 3.1% of the United States. Native Hawaiian/ Pacific Islander represent the smallest racial group comprising 0.3% of the United States, 0.9% of Nevada, and 1% of Clark County. Finally, non-Hispanic White individuals account for 58.4% of the United States, 45.4% of Nevada, and 38.6% of Clark County.

DEMOGRAPHICS : RACE AND ETHNICITY

PERCENT OF POPULATION BY RACE/ETHNICITY, 2024

	UNITED STATES	NEVADA	CLARK COUNTY
American Indian/ Alaska Native	1.3%	1.7%	1.3%
Asian	6.4%	9.7%	11.6%
Black/ African American	13.7%	11.0%	14.0%
Hispanic/ Latino	19.5%	29.9%	32.1%
Multiracial	3.1%	5.2%	5.6%
Native Hawaiian/ Pacific Islander	0.3%	0.9%	1.0%
White, Non-Hispanic	58.4%	45.4%	38.6%

Source: U.S. Census Bureau, July 1, 2024. U.S. Census Bureau QuickFacts: United States; Nevada; Clark County, Nevada

DEMOGRAPHICS : AGE

SUMMARY

The age distribution of a population is the percentage of individuals belonging to different age brackets. Monitoring this information gives insight into what burdens may be faced in an area now and in years to come.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

People of different ages are more susceptible to different types of illnesses and health considerations. When we keep track of the age distribution of a population it can be easier to allocate resources and create targeted interventions to better serve the Southern Nevada area.

TOTAL POPULATION BY AGE GROUP,

CLARK COUNTY, 2019-2023

	CLARK COUNTY	NEVADA	UNITED STATES
0-9	11.9%	11.4%	11.4%
10-19	12.8%	12.3%	12.9%
20-29	13.0%	11.4%	13.0%
30-39	14.8%	14.6%	13.8%
40-49	13.3%	13.0%	12.5%
50-59	12.8%	12.4%	12.2%
60-69	11.0%	11.9%	12.2%
70-79	7.4%	8.3%	8.1%
80+	3.0%	3.5%	3.9%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

DEMOGRAPHICS : AGE

OUR SITUATION

Nearly 25% of Clark County's population is below the age of 20 compared to the 10.4% that are aged 70 and above. The age brackets with the highest percentages of the population were 20-29 (13.0%), 30-39 (14.8%), and 40-49 (13.3%). **The median age of Clark County residents is 38.3 slightly lower than the United States and Nevada median of 39.7 and 38.9 years respectively.**

Median Age

Clark County, 2019-2023

38.3
Clark County

38.9
Nevada

39.7
United States

Average Years

DEMOGRAPHICS : OTHER DEMOGRAPHICS

SUMMARY

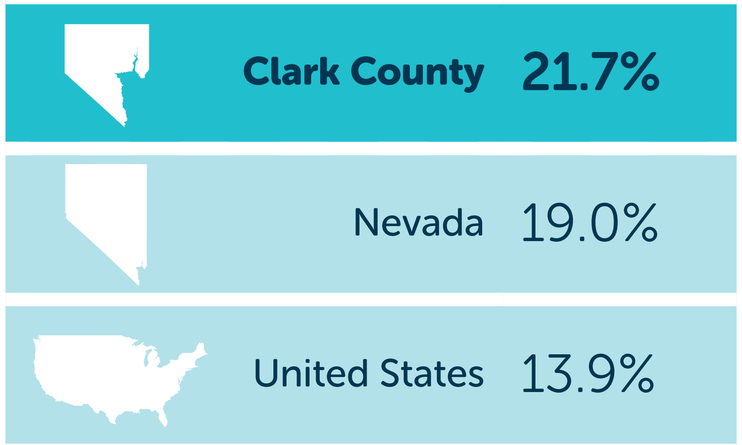
Other demographic factors such as sex, nationality, and disability status provide further insight to the background and identity of those who live in a given area. Sex measures the percentage of individuals who were assigned male or female at birth, nationality here refers to the percentage of residents in Clark County not born in the United States, and disability is defined as the percentage of those under age 65 with a disability.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Health outcomes can vary between males or females, making it important to understand population demographics. Migrants, even those who are undocumented, contribute to Clark County culture and economy but may encounter challenges in accessing resources. Monitoring the percentage of individuals under 65 years of age with disabilities helps identify potential health burdens and the need for chronic disease management.

Foreign-born persons

2019-2023



Source: U.S. Census Bureau 2019-2023. U.S. Census Bureau QuickFacts: United States; Nevada; Clark County, Nevada

DEMOGRAPHICS : OTHER DEMOGRAPHICS

OUR SITUATION

In 2024, the distribution of sex in Clark County was equal at 50% male and 50% female. By nationality, 21.7% of Clark County residents were not born in the United States, higher than 19.0% for Nevada and 13.9% for the United States. As of 2023, the percentage of those under age 65 with a disability remains fairly comparable at 9.0% in Clark County, 9.3% of Nevada, and 9.1% of the United States.

TOTAL POPULATION
BY SEX, 2024

	Male	Female
Clark County	50%	50%
Nevada	50.3%	49.7%
United States	49.5%	50.5%

Under 65 with a Disability

2019-2023

9.0%
Clark County

9.3%
Nevada

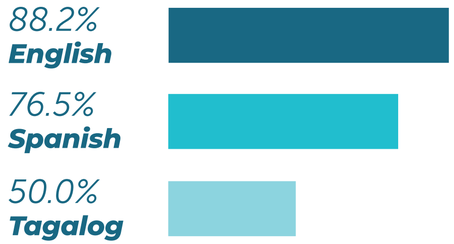
9.1%
United States

Source: U.S. Census Bureau 2019-2023. U.S. Census Bureau QuickFacts: United States; Nevada; Clark County, Nevada

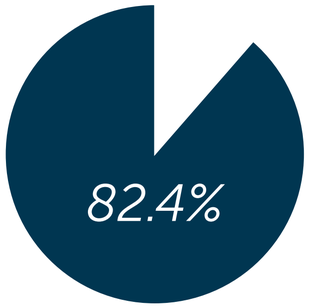
DEMOGRAPHICS : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

- The top three languages spoken by staff in community organizations that participated in the CPA were English, Spanish and Tagalog:



- 82.4% of community organizations serve immigrants, refugees, asylum seekers, and other populations who speak English as a second language



COMMUNITY STATUS ASSESSMENT

- The majority of respondents reside in Unincorporated Clark County (33.5%), Las Vegas (30.9%), and North Las Vegas (12.6%), while over half of respondents have resided in Clark County for 15+ years (51.5%).

Residency

Clark County

	NUMBER	PERCENTAGE
Boulder City	51	1.5%
Henderson	380	11.5%
Las Vegas	1019	30.9%
Mesquite	30	0.9%
North Las Vegas	416	12.6%
Unincorporated	1105	33.5%

Length of Residency

Clark County

	PERCENTAGE
<1 year	6.6%
1-5 years	15.6%
6-10 years	13.7%
11-15 years	9.5%
15+ years	51.1%

DEMOGRAPHICS : CPA, CCA, CSA KEY FINDINGS

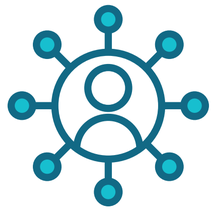
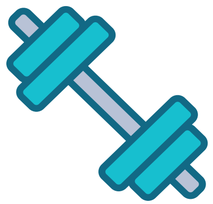
COMMUNITY CONTEXT ASSESSMENT

PhotoVoice

- Youth described an area of Improvement:

"Increase availability of resources such as gyms, green spaces, homeless shelters, and education on practical issues such as health and budgeting."

Focus Group : What does health mean to you?

ZIP 89101 and Individuals with Disabilities	Veterans, those identifying as American Indian/Alaskan Native and Rural Residents	Majority of participants
		
Respondents from ZIP 89101 and Individuals with Disabilities highlighted not needing or taking medication as a sign of health	Respondents from Rural residents, Veterans, and those identifying as American Indian/Alaskan Native agreed and pointed to having stable access to mental and physical healthcare without delays as an important sign of health	Majority of participants agreed that the most common healthy behavior reported by multiple groups was the use of preventive care, including annual check-ups.

CHAPTER TWO

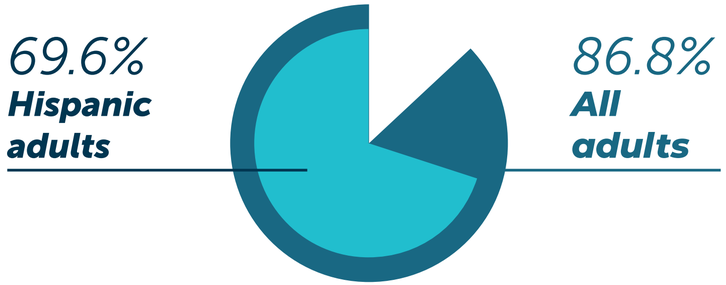
SOCIAL DETERMINANTS OF HEALTH

INTRODUCTION

Social determinants of health are the conditions where we grow, live, work, and play. They include factors like income, education, housing, neighborhood environment, and access to healthcare. Addressing these determinants is key to reducing inequities and improving health outcomes across populations.

SDOH : KEY FINDINGS

High School Diploma



In 2023, ***86.8% of adults in Clark County had at least a high school diploma***, reflecting a steady increase since 2018, though Hispanic individuals had a significantly lower proportion at 69.6%.

Free and Reduced Lunch

The percentage of ***students eligible for Free and Reduced Lunch increased by nearly 52%*** from the 2016-2017 to 2022-2023 school year.

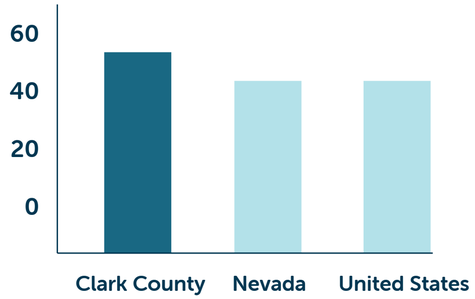
Median Household Income

Median household income in Clark County rose 28.2% from 2018 to 2023, reaching $73,845, though it remains lower than state and national averages. ***Black Households had the lowest median income at $57,122, 36% lower than Asian households ($88,663).***

SDOH : KEY FINDINGS

Rent Burden

56%
Spend 30% income on rent



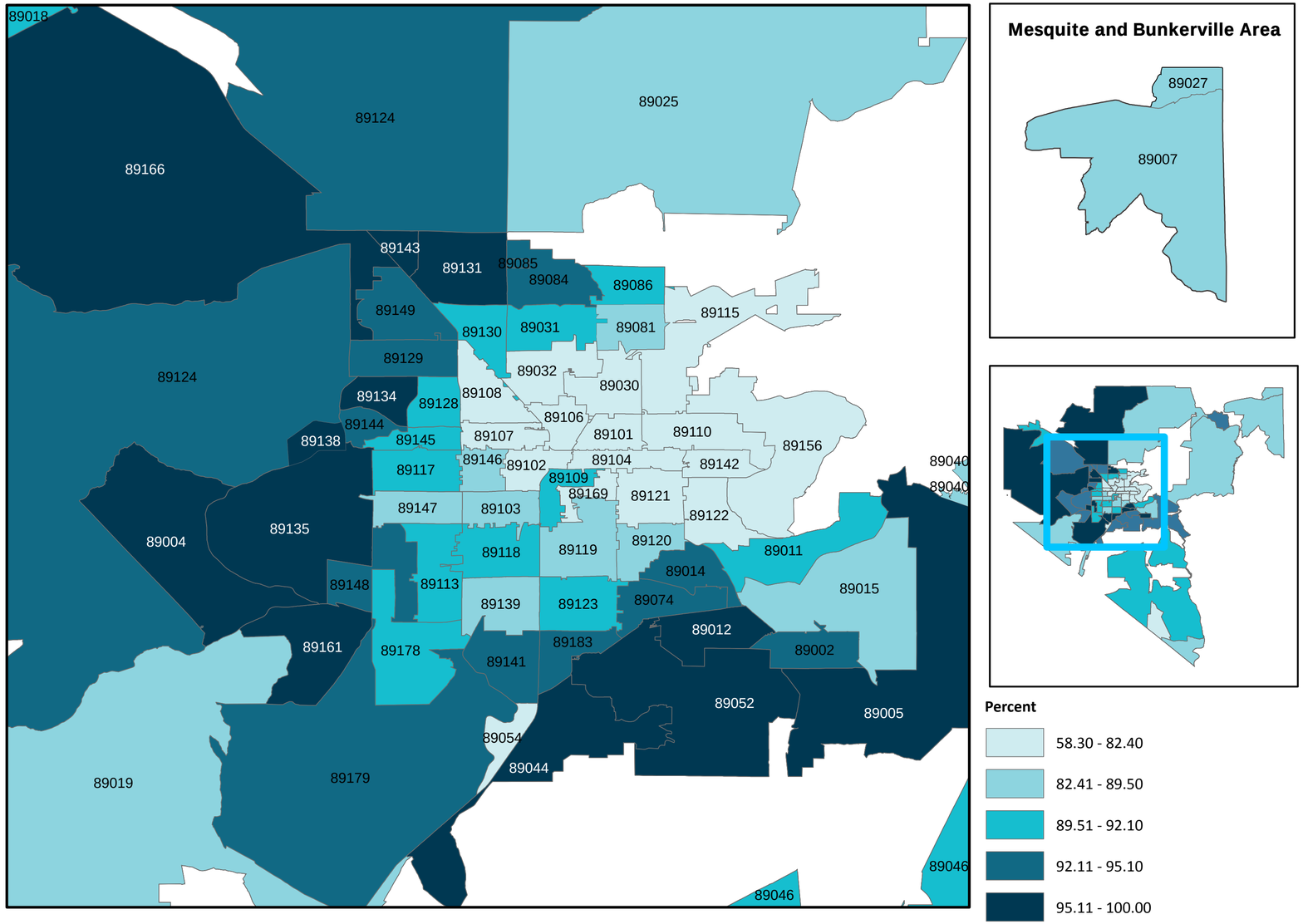
A higher proportion of households (56%) spend over 30% of their income on rent compared to Nevada and the United States. Additionally, 57% of occupied housing units are owner-occupied, with nearly 32% of those households spending 30% or more of their income on mortgages.

Public Assistance

The proportion of ***families receiving public assistance has risen from 3.0% to 3.6%,*** while approximately half of Clark County households in 2023 received SNAP. Black families have the highest proportion of households living under 100% of the 2023 poverty threshold, and the unemployment rate in Clark County (7.4%) remains higher than both Nevada and national averages.

SDOH : EDUCATIONAL ATTAINMENT

ADULTS AGED 25 AND OLDER WITH AT LEAST A HIGH SCHOOL DIPLOMA



Percent

- 58.30 - 82.40
- 82.41 - 89.50
- 89.51 - 92.10
- 92.11 - 95.10
- 95.11 - 100.00

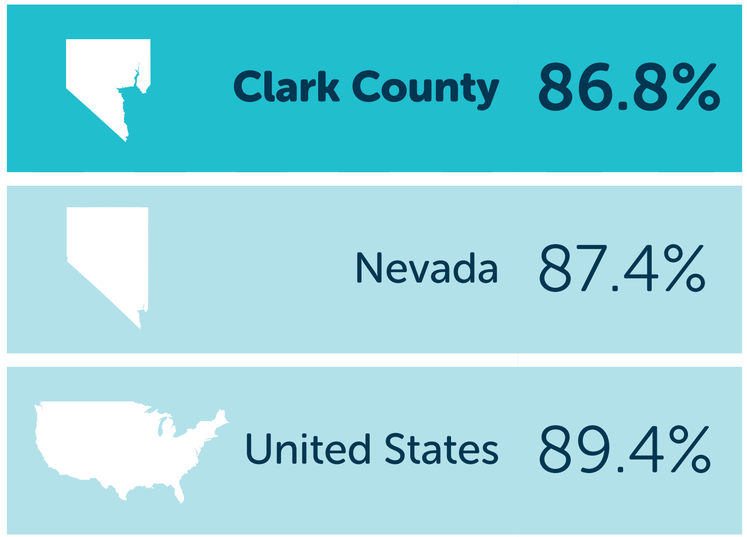
SDOH : EDUCATIONAL ATTAINMENT

SUMMARY

Educational attainment is the highest level of education that an individual has completed. In this assessment, the percentages (averaged over 2019-2023) of the Clark County population ages 25 and older were categorized by their levels of educational attainment. In 2023, 86.8% of adults aged 25 and older in Clark County had attained at least a high school diploma, while 87.4% of adults aged 25 and older in Nevada had attained at least a high school diploma. **Both Clark County and Nevada were below the national proportion of 89.4%.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Educational attainment is often used as a measure of an individual's education and is an important factor in studies related to employment, income, and social mobility.



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

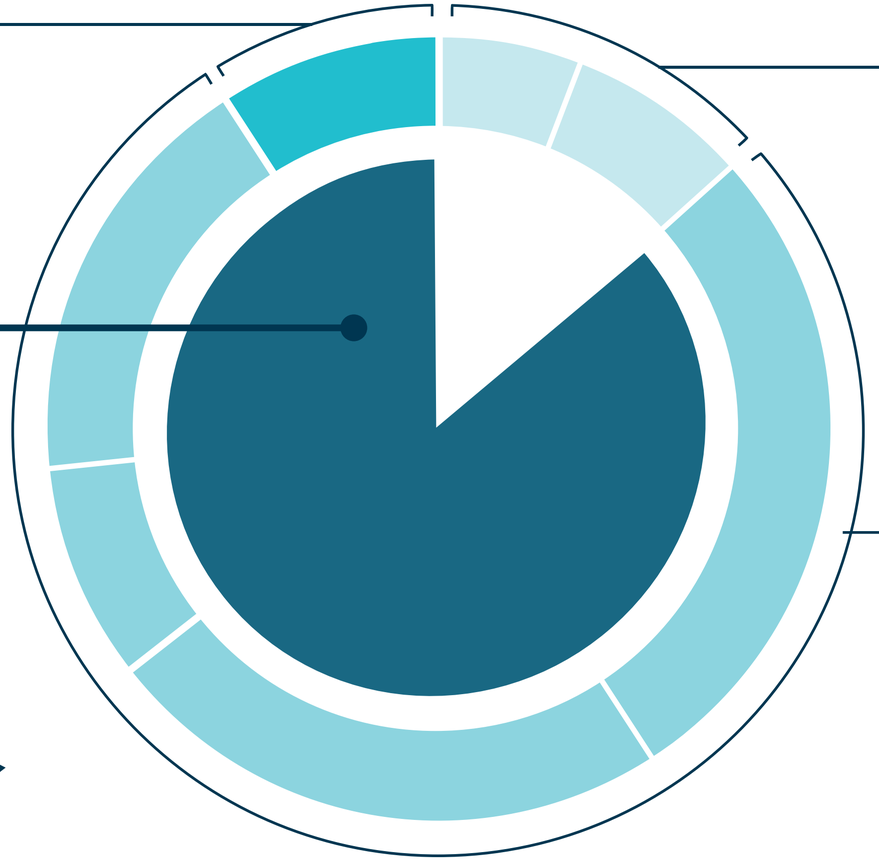
OUR SITUATION

In 2023, **86.8% of adults aged 25 and older in Clark County had at least a high school diploma, an increase from 85.7% in 2018**. White, non-Hispanic individuals had the highest proportion of adults aged 25 and older with at least a high school diploma (94.3%), followed by Asian (90.6%) and Black (90.6) individuals. The proportion of Hispanic individuals aged 25 years and older having at least a high school diploma was 26% lower than for White non-Hispanic individuals at 69.6%. More females than males had attained at least a high school diploma in Clark County in 2023 (87.0% and 86.6%, respectively). Among the age groups analyzed, the group with the highest proportion of adults ages 25 and older to have attained at least a high school diploma was for those ages 25-34 at 89.7%.

ECONOMICS : EDUCATIONAL ATTAINMENT

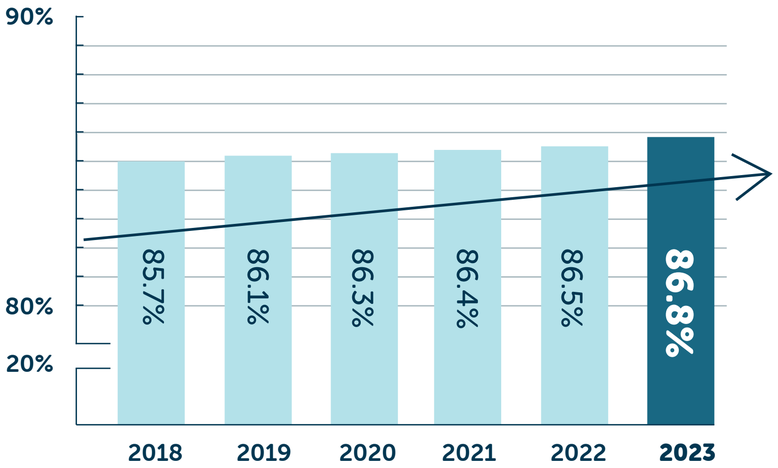
Graduate or Professional Degree	9.3%

86.8%
OF CLARK COUNTY RESIDENTS AGE 25+ HAVE A HIGH SCHOOL DIPLOMA OR HIGHER



Less than 9th Grade	5.7%
Some High School	7.5%
High School Graduate	27.6%
Some College	23.4%
Associate's Degree	8.5%
Bachelor's Degree	18.0%

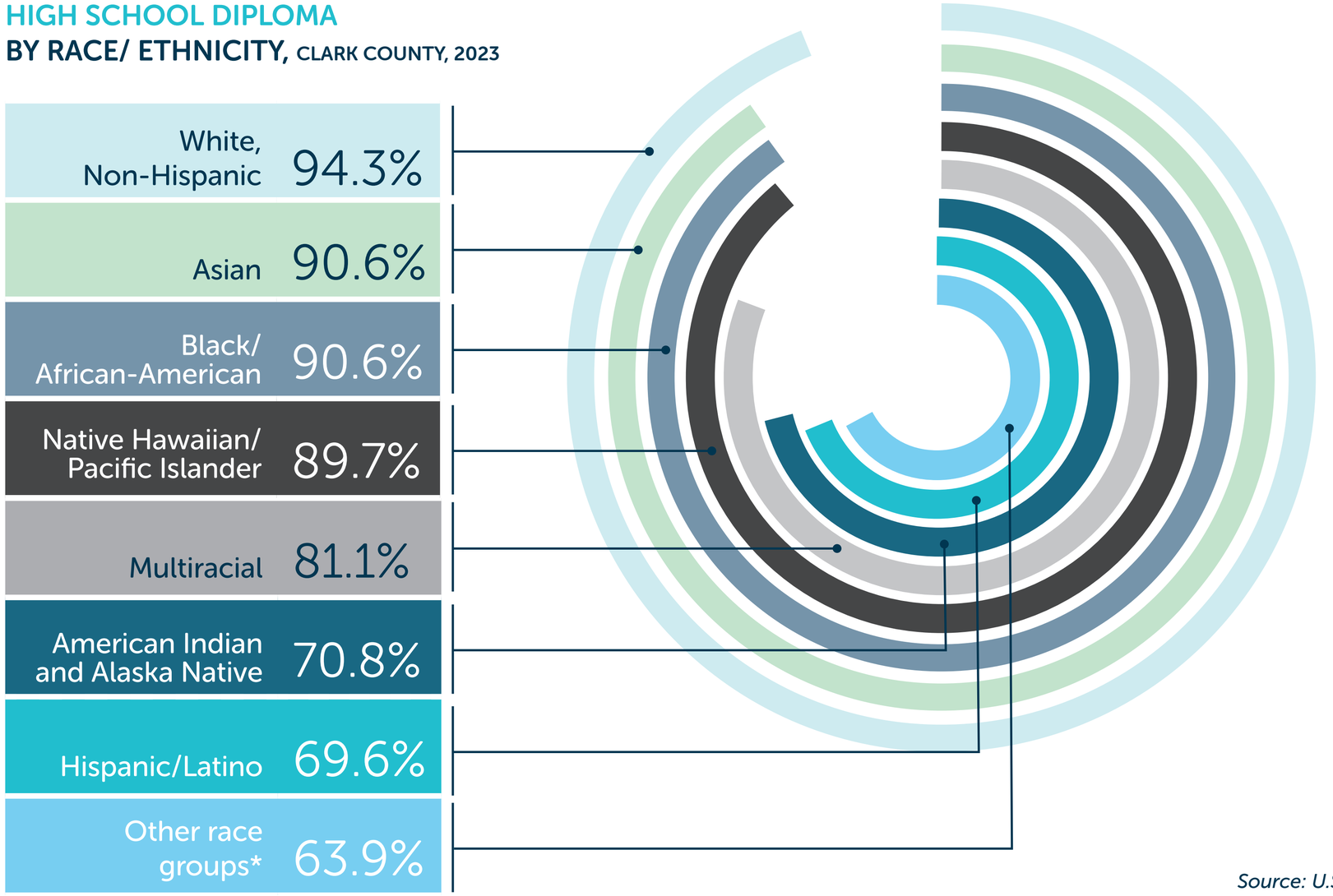
HIGH SCHOOL DIPLOMA OR HIGHER BY YEAR, CLARK COUNTY



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

ECONOMICS : EDUCATIONAL ATTAINMENT

POPULATION 25+ WITH AT LEAST HIGH SCHOOL DIPLOMA BY RACE/ ETHNICITY, CLARK COUNTY, 2023



POPULATION 25+ WITH AT LEAST HIGH SCHOOL DIPLOMA BY SEX, CLARK COUNTY, 2023

Female	87.0%
Male	86.6%

POPULATION 25+ WITH HIGH SCHOOL DIPLOMA BY AGE, CLARK COUNTY, 2023

25–34	89.7%
35–44	85.9%
45–64	85.4%
65+	87.2%

*Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates *ACS denotes as "Some Other Race"*

ECONOMICS : FREE/REDUCED LUNCH RATE

SUMMARY

This indicator shows the **percentage of public school students eligible to participate in the Free Lunch Program**. During the 2022-2023 school year, 87.4% of students enrolled in Clark County School District received a free or reduced lunch.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The Free or Reduced Lunch (FRL) program under the National School Lunch Program (NSLP) ensures that children in Clark County, NV, have equitable access to nutritious meals at school. It is available to low-income families and those who meet specific eligibility requirements; however, the Clark County School District provides free school meals to all students through the Community Eligibility Provision of the Healthy, Hunger-Free Kids Act.

Source: Healthy Southern Nevada/National Center for Education Statistics, last updated March 2024

OUR SITUATION

Clark County had a higher proportion of students eligible for free lunch in 2023 (87.4%) than the state of Nevada (79.0%) and the United States (42.8%). The **percentage of students eligible for the FRL program has increased by almost 52%** from the 2016-2017 to the 2022-2023 school year.

STUDENTS ELIGIBLE FOR FREE LUNCH PROGRAM 2022-2023

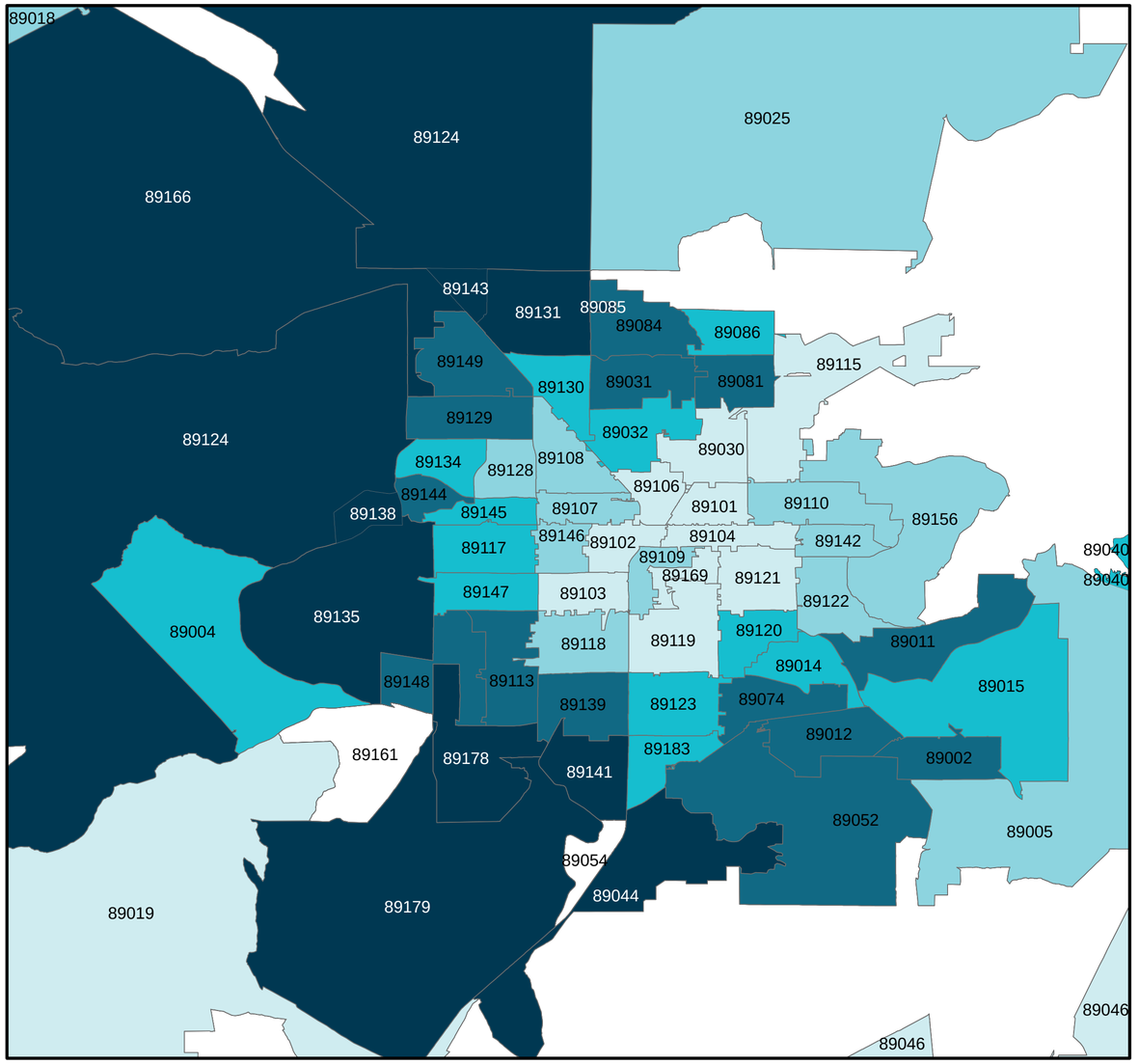
Clark County	87.4%
Nevada	79.0%
US	42.8%

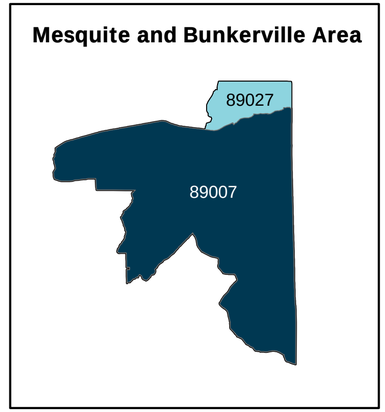
STUDENTS ELIGIBLE IN CLARK COUNTY 2016-2023

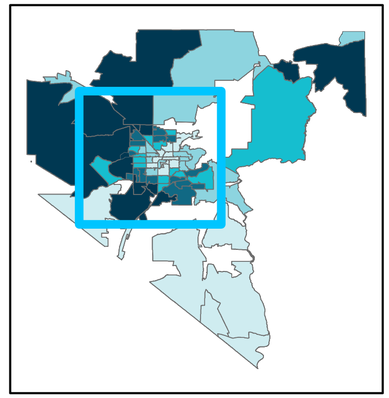
2016-2017	57.6%
2017-2018	56.3%
2018-2019	59.7%
2019-2020	63.5%
2020-2021	78.1%
2021-2022	75.3%
2022-2023	**87.4%**

ECONOMICS : INCOME

MEDIAN HOUSEHOLD INCOME 2019-2023







Dollars

- 34018 - 54667
- 54668 - 71176
- 71177 - 85227
- 85228 - 100398
- 100399 - 156645

ECONOMICS : INCOME

SUMMARY

The median household income represents the “middle” income with 50% of households receiving more and 50% of households receiving less. Household income is defined as the sum of money received by all household members aged 15 years and older over a calendar year. **The median household income for Clark County in 2023 was $73,845, which was lower compared to the $75,561 and $78,538 medians for Nevada and the United States, respectively.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

This indicator is often used to assess the economic health of a region, as well as to compare income levels across different areas or demographics. Median household income can be associated with health outcomes and access to essential resources within the community.

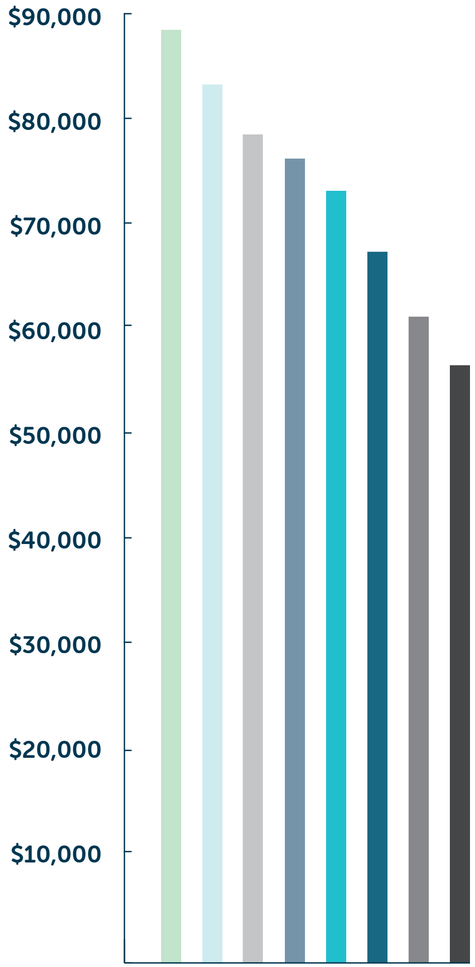
OUR SITUATION

The median household income in Clark County is lower than that of Nevada or the nation but has increased over time. Compared to the 2018 median income of $56,802, the 2023 median income of $73,845 reflects a 28.2% increase. In Clark County, Asian ($88,663) and White, non-Hispanic ($82,229) households had the highest median household incomes in 2023 compared to other race groups, while Black Households had the lowest median income at $57,122, 36% lower than Asian households.

Clark County	$73,845
Nevada	$75,561
United States	$78,538

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : INCOME



MEDIAN HOUSEHOLD INCOME BY RACE/ETHNICITY 2023

Asian	$88,663
White, Non-Hispanic	$82,229
Multiracial	$78,522
American Indian/ Alaska Native	$76,853
Native Hawaiian/ Pacific Islander	$73,142
Hispanic/Latino	$68,323
Other race groups*	$61,466
Black/ African-American	$57,122

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
**ACS denotes as "Some Other Race"*

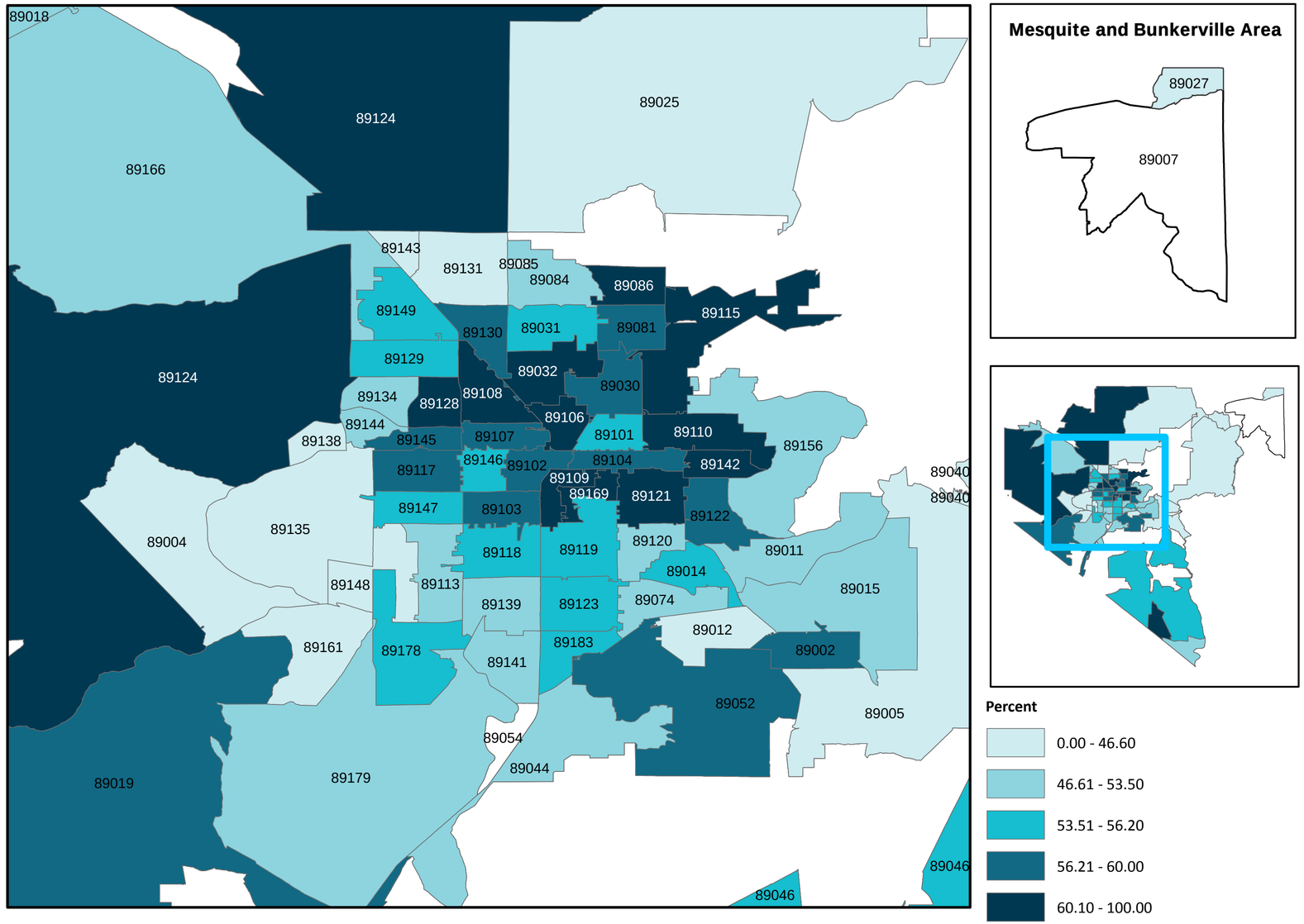
MEDIAN HOUSEHOLD INCOME BY YEAR 2018-2023

2018	$56,802
2019	$56,340
2020	$61,048
2021	$64,210
2022	$69,911
2023	**$73,845**

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

ECONOMICS : RENT BURDEN

RENTERS SPENDING 30% OR MORE OF HOUSEHOLD INCOME ON RENT 2019-2023



Percent

- 0.00 - 46.60
- 46.61 - 53.50
- 53.51 - 56.20
- 56.21 - 60.00
- 60.10 - 100.00

ECONOMICS : RENT BURDEN

SUMMARY

This indicator shows the percentage of renters who are **spending 30% or more of their household income on rent**. In 2023, 43% of occupied housing units in Clark County were renter-occupied, and 59.2% of these households were spending at least 30% of their income on rent.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Rent burden comprises rent and utilities (electricity, gas, other fuels, water, and sewer) and may impact housing security. Housing security refers to the stability and reliability of a person's or family's housing situation. It means **having access to safe, affordable, and permanent housing without the fear of eviction, displacement, or homelessness.**

OUR SITUATION

Clark County had a higher percentage of rent-burdened households (56.0%) than Nevada (54.3%) and the United States (50.4%). This percentage has increased by 10.5% since 2018, indicating growing affordability challenges. In Clark County, younger adults (ages 15-24) and seniors (65+) experienced the highest rent-burden, with 57.1% and 62.8% of households in those age groups in 2023.

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : RENT BURDEN

RENT BURDEN
BY AGE 2023

15–24	57.1%
25–34	53.2%
35–64	49.4%
65+	62.8%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

RENT BURDEN
BY YEAR 2018-2023

2018	50.7%
2019	51.5%
2020	51.7%
2021	53.3%
2022	54.7%
2023	**56.0%**

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : MORTGAGE BURDEN

SUMMARY

This indicator shows the percentage of homeowners with a mortgage who are spending 30% or more of their household income on housing-related costs. In 2023, mortgage burden was higher in Clark County than in Nevada or the United States, with **31.9% of households spending at least 30% of their income on a mortgage and related costs. Nationally, 28.5% of households spend at least 30% of their income on a mortgage or related costs, and 30.8% of households in Nevada.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Monthly mortgage burden includes the mortgage, second mortgage, home equity loan or line of credit, utilities (electricity, gas, other fuels, water), real estate taxes, property insurance, and any mobile home costs or condominium fees that may be applicable. An increased mortgage burden may increase financial instability and impact housing security for individuals or households.

OUR SITUATION

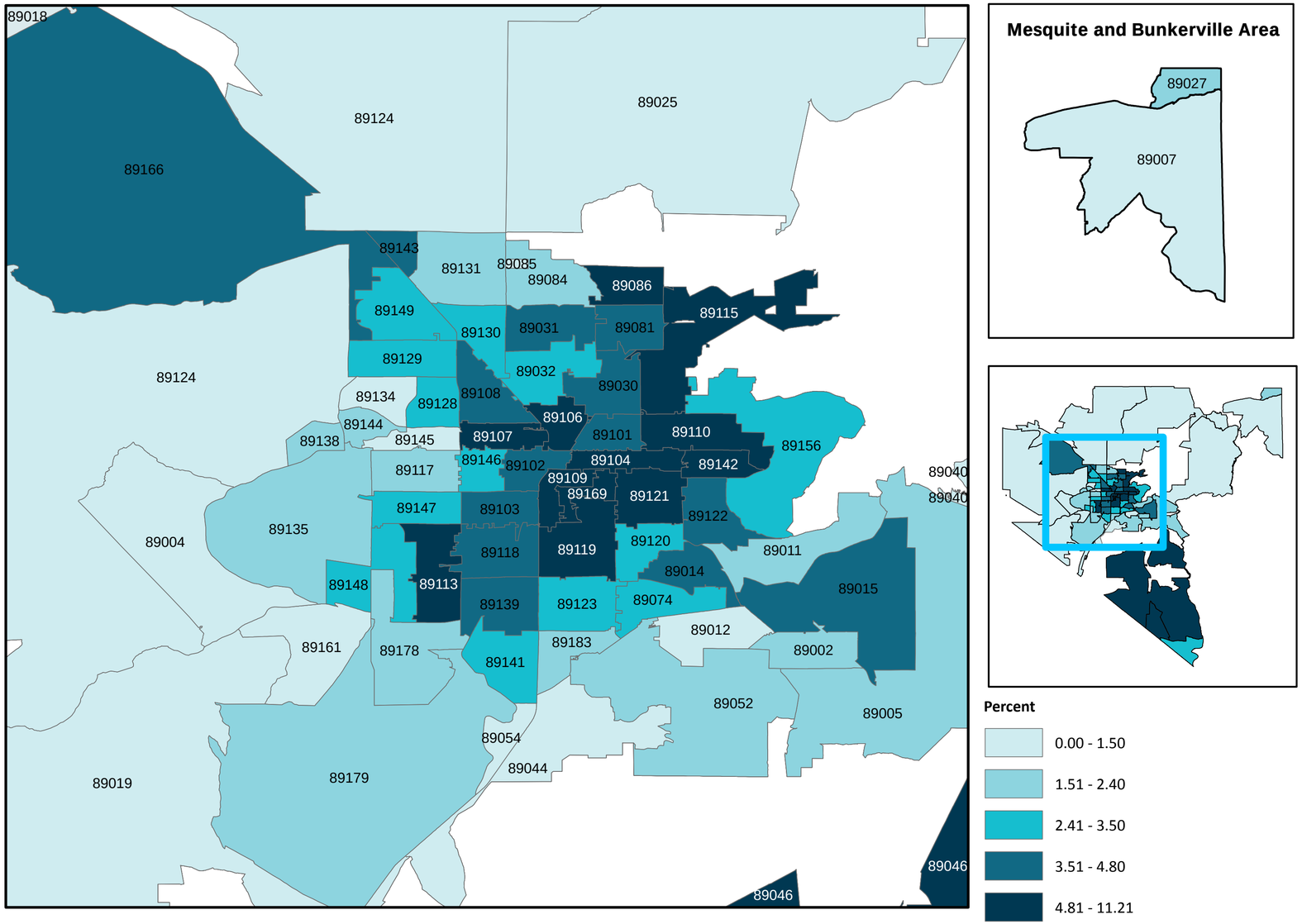
The American Community Survey estimates that 57% of occupied housing units in Clark County were owner-occupied in 2023. Of these owner-occupied units, 31.9% were spending 30% or more of their monthly income on mortgages or related costs, which is higher than the state and national averages.

Clark County	31.9%
Nevada	30.8%
United States	28.5%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : CASH PUBLIC ASSISTANCE

PERCENT OF HOUSEHOLDS WITH CASH PUBLIC ASSISTANCE INCOME 2019-2023



Percent

- 0.00 - 1.50
- 1.51 - 2.40
- 2.41 - 3.50
- 3.51 - 4.80
- 4.81 - 11.21

ECONOMICS : CASH PUBLIC ASSISTANCE

SUMMARY

The population receiving cash public assistance (CPA) is the percentage of families receiving general assistance and Temporary Assistance to Needy Families (TANF). It does not include Supplemental Security Income (SSI) or Supplemental Nutrition Assistance Program (SNAP) benefits. **In Clark County, 3.6% of families received cash public assistance in 2023, while 3.3% and 2.7% of families received CPA in Nevada and nationally, respectively.**

Population Receiving CPA

2023

3.6%
Clark County

3.3%
Nevada

2.7%
United States

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : CASH PUBLIC ASSISTANCE

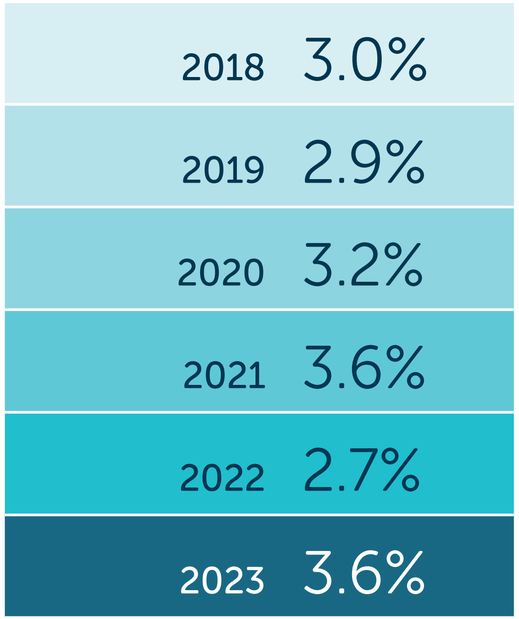
WHY IS IT IMPORTANT TO OUR COMMUNITY?

TANF is a federal assistance program designed to help low-income families with children achieve economic self-sufficiency. The program aims to promote work, reduce dependency on government assistance, and strengthen family units.

OUR SITUATION

The percentage of Clark County families receiving CPA has increased 20% since 2018, from 3.0% to 3.6%. **This proportion is 9% higher than the Nevada state proportion and 33.3% higher than the national proportion.**

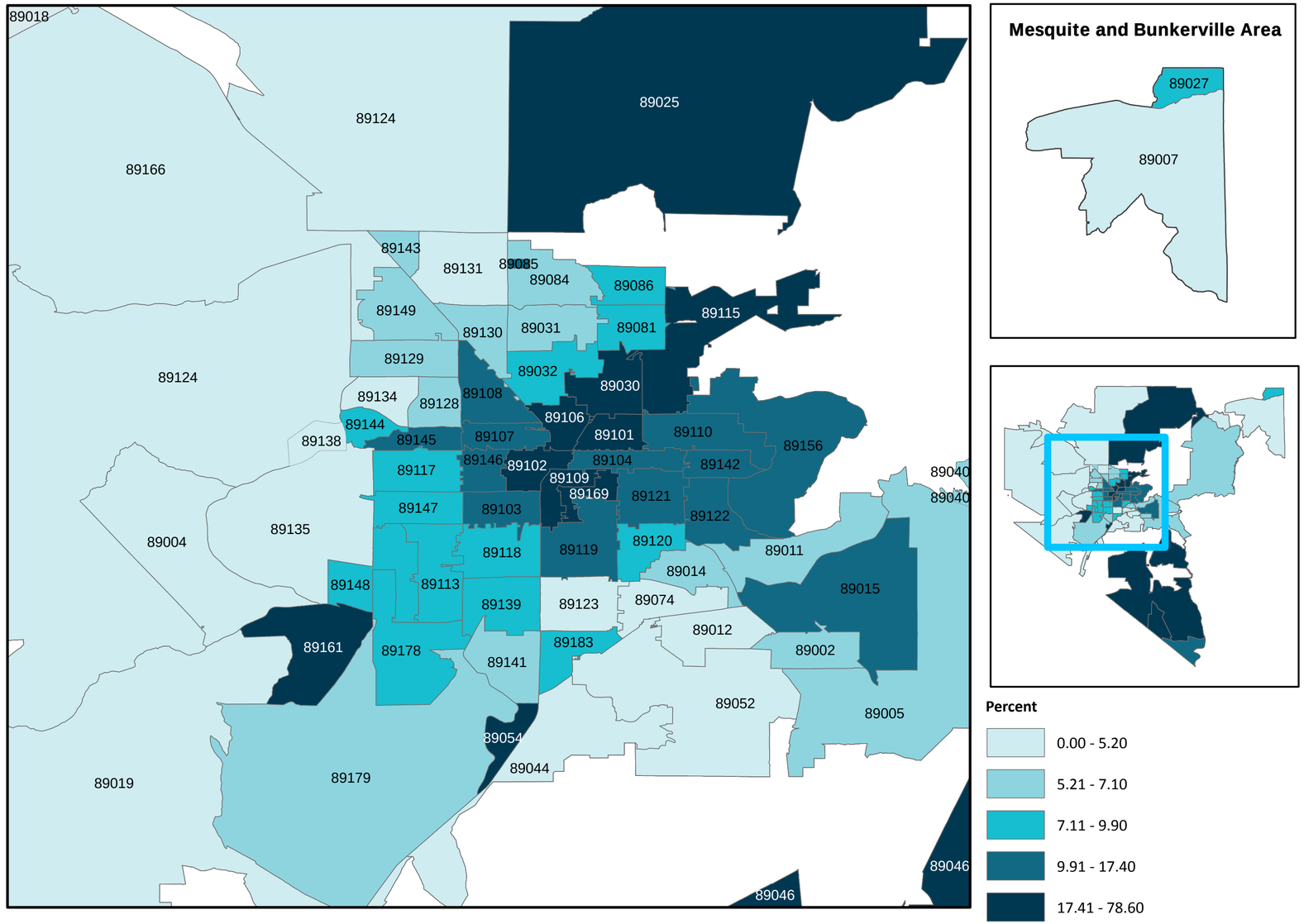
CASH PUBLIC ASSISTANCE BY YEAR 2018-2023



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

ECONOMICS : BELOW POVERTY THRESHOLD

PERCENT OF FAMILIES BELOW POVERTY 2019-2023



Percent

- 0.00 - 5.20
- 5.21 - 7.10
- 7.11 - 9.90
- 9.91 - 17.40
- 17.41 - 78.60

ECONOMICS : BELOW POVERTY THRESHOLD

SUMMARY

This indicator shows the percentage of families living below 100% of the 2023 poverty threshold. **In Clark County, 9.9% of families were below the poverty threshold, a higher proportion than in Nevada (9.0%) and the United States (8.7%).**

FAMILIES BELOW 2023 POVERTY THRESHOLD

United States	8.7%
Nevada	9.0%
Clark County	**9.9%**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The poverty threshold refers to an income threshold established by the U.S. Census Bureau, below which a person or family is living in poverty. This threshold varies based on factors such as family size, age, number of children under 18 years, and one- and two-person households with people over 65 years of age. These poverty thresholds are used for statistical purposes like collecting data on poverty rates for the census and are used to report poverty data from the American Community Survey. The thresholds are not used in determining eligibility for Federal programs.* Eligibility for federal programs is based on the poverty guidelines published annually by the Department of Health and Human Services.

**US Census Bureau. How the Census Bureau Measures Poverty. Census.gov. Published August 27, 2019. https://www.census.gov/topics/income-poverty/poverty/guidance/poverty-measures.html*

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : BELOW POVERTY THRESHOLD

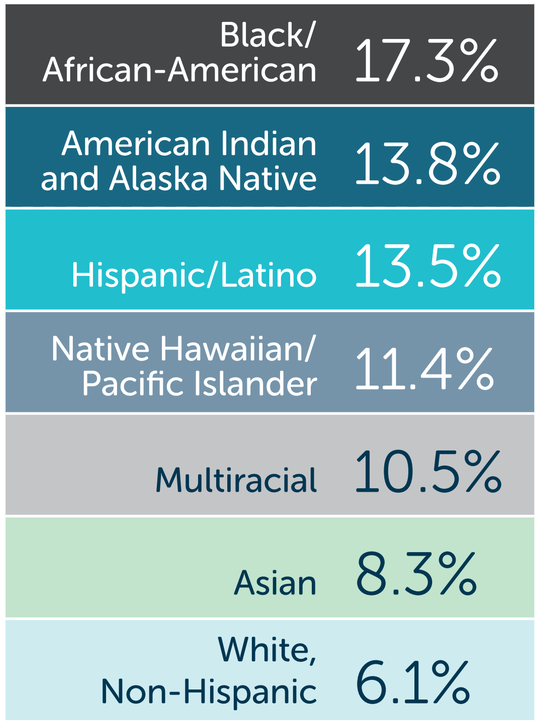
OUR SITUATION

Clark County had a higher percentage of families living below 100% of the 2023 poverty threshold in 2023 compared to both Nevada and the United States, but this percentage decreased by 5.7% since 2018, dropping from 10.5% of families to 9.9% of families. Black/African American families had the highest percentage of those living under 100% of the 2023 poverty threshold (17.3%), while White families had the lowest compared to other race groups (6.1%).

FAMILIES BELOW POVERTY LEVEL BY YEAR 2018-2023

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

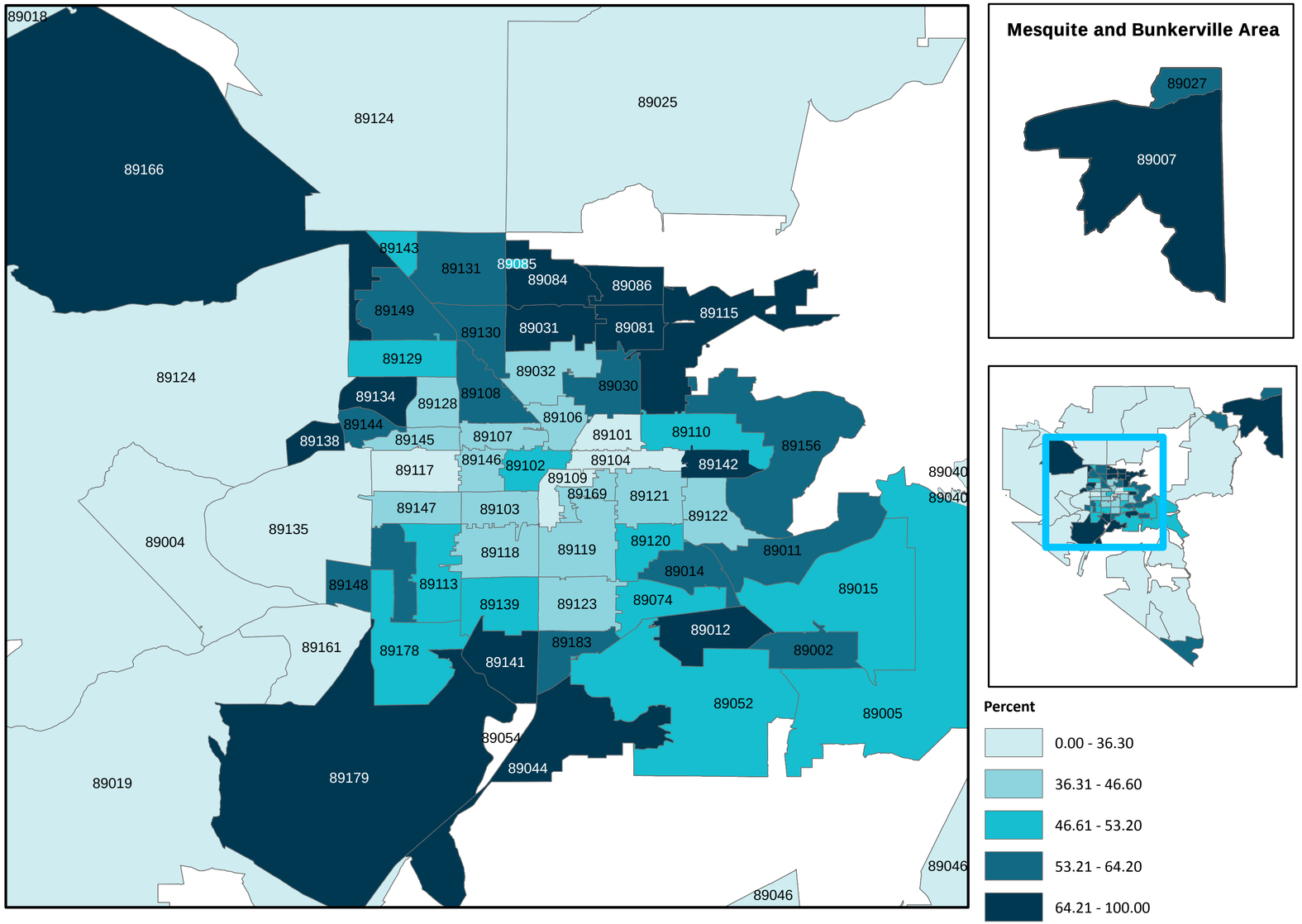
FAMILIES BELOW POVERTY LEVEL BY RACE/ ETHNICITY 2023



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023
**ACS denotes as "Some Other Race"*

ECONOMICS : HOUSEHOLDS WITH SNAP

PERCENT OF HOUSEHOLDS WITH CHILDREN RECEIVING SNAP 2019-2023



Percent

- 0.00 - 36.30
- 36.31 - 46.60
- 46.61 - 53.20
- 53.21 - 64.20
- 64.21 - 100.00

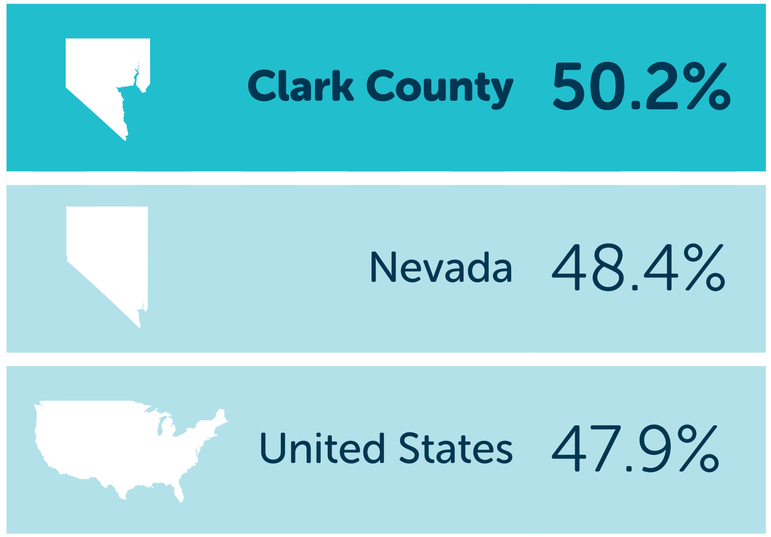
ECONOMICS : HOUSEHOLDS WITH SNAP

SUMMARY

This indicator represents the percentage of households that receive assistance from the Supplemental Nutrition Assistance Program (SNAP) out of all households. **In 2023, 50.2% of Clark County households received SNAP benefits, compared to 48.4% of households in Nevada and 47.9% of households throughout the United States.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

SNAP is a program that helps low-income individuals and families purchase food, designed to improve nutrition, and alleviate hunger among those in need.

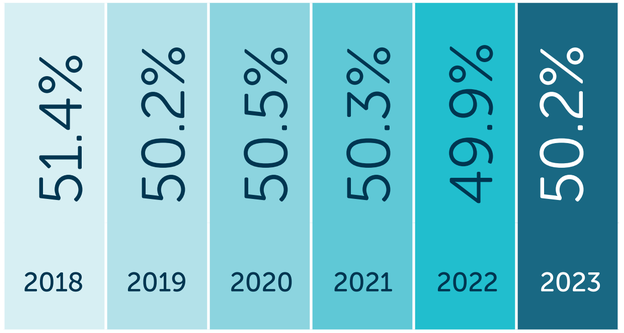


Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

OUR SITUATION

Approximately half of Clark County households received SNAP in 2023, and this percentage has remained relatively steady since 2018.

HOUSEHOLDS RECEIVING SNAP
BY YEAR 2018-2023



Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2014-2018, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

ECONOMICS : UNEMPLOYMENT RATE

SUMMARY

The unemployment rate is the percentage of the civilian labor force ages 16 and older that is unemployed but actively seeking and willing to work. **In 2023, the unemployment rate in Clark County (7.4%) was 8% higher than the rate for Nevada as a whole (6.8%) and 42% higher than the rate for the United States (5.2%).**

Population Unemployed
2023

7.4%
Clark County

6.8%
Nevada

5.2%
United States

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

ECONOMICS : UNEMPLOYMENT RATE

Tourism

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The unemployment rate is an economic indicator used to measure the health of the job market for a particular area. In Clark County, tourism contributes substantially to the local economy, and the volume of tourists may affect the availability of employment opportunities.

Unemployment Rate

OUR SITUATION

The Clark County unemployment rate is higher than Nevada and the United States and has ***increased from 2019 to 2023, from 6.2% to 7.4%.***

UNEMPLOYMENT BY YEAR 2019-2023

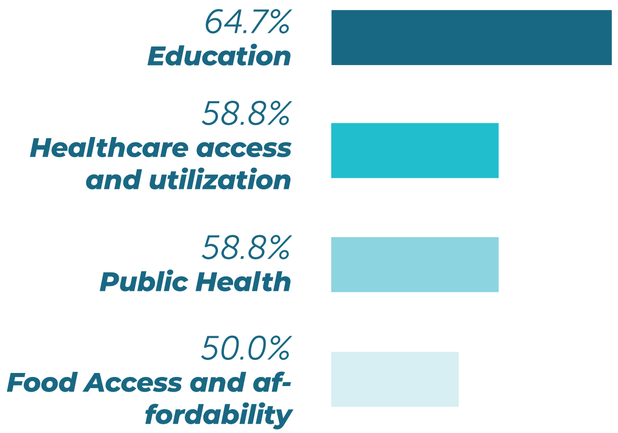
2019	6.2%
2020	6.6%
2021	7.1%
2022	7.0%
2023	7.4%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

ECONOMICS : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

- Identified within the CPA, these are the top four categories organizations work on/ with: Education: 64.7%, Healthcare access and utilization: 58.8% , Public Health: 58.8%, Food Access and affordability: 50%



COMMUNITY STATUS ASSESSMENT

Question: There is sufficient economic opportunity in Clark County? Consider the number and quality of jobs, job training/ higher education opportunities, and availability of affordable housing in the county.

47.0% of respondents agreed with this statement, while 26.9% disagreed. More individuals strongly disagreed (9.2%) compared to those who strongly agreed (6.1%).

	NUMBER	PERCENTAGE
Missing	354	10.7%
Strongly Disagree	304	9.2%
Disagree	889	26.9%
Agree	1553	47.0%
Strongly Agree	203	6.1%

ECONOMICS : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

PhotoVoice

- Youth submission stated a barrier to health: "Where we live, there are many examples of things that discourage our mental and physical health like inflation, taxes, safety, and many other things, but many revolve around money."

Focus Group : What is the biggest community health issue facing individuals specific to your group in Southern Nevada?

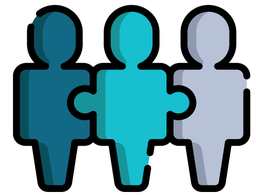
Disabilities, Seniors, Veterans and American Indian/Alaskan Native

Seniors, those with Disabilities, Veterans and American Indian/Alaskan Naitve said there was a shortage of medical providers and specialists. They described long wait times and the need to travel out of state to get needed care.

ZIP 89101, Rural Residents, Seniors and Veterans

Everyone noted that transportation was sparse and/or unaffordable, especially during emergencies.

A community issue that was brought up for seniors (60+) is that housing assistance requires being below poverty line.



Prior to COVID-19, the Clark County School District (CCSD) offered programs through Indian Education to support AI/AN students, but these services have largely disappeared, further deepening the gap for younger generations

CHAPTER THREE

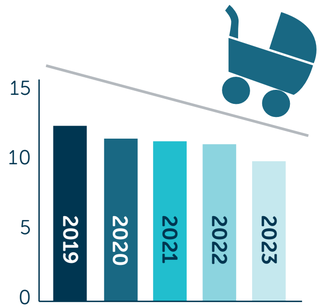
MATERNAL AND CHILD HEALTH

INTRODUCTION

Children are the next generation, and the health of the baby and mother during the perinatal period can greatly affect the future wellbeing of all members of the family unit.

MCH : KEY FINDINGS

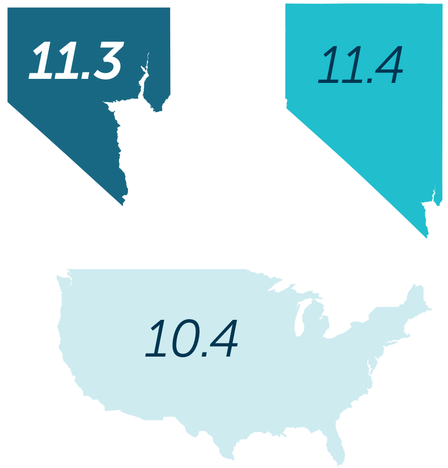
Declining Birth Rate



10.2 per 1,000 population
Clark County, 2019-2023

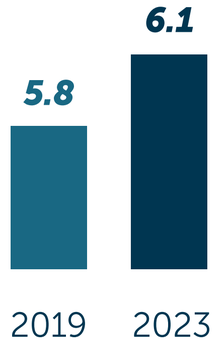
Overall, birth rates in Clark County have been declining since 2019 following similar trends statewide and nationally. In 2023, the birth rate for Clark County was 10.2 per 1,000 population. Nevada had a birth rate of 10.2 per 1,000 population, while birth rate for the United States was 10.7 per 1,000 population.

Preterm Birth Rate



The preterm birth rate for Clark County (11.3 per 100 live births) was lower than the rate for Nevada (11.4 per 100) and higher compared to the national rate in 2023 (10.4 per 100 live births).

Infant Mortality Rate



About 9.8% of births were low birthweight in Clark County in 2023, which was higher compared to both Nevada (9.5%) and the United States (8.6%). averages. ***In 2023, the infant mortality rate was 6.1 per 1,000 live births in Clark County. This is an increase from the 2019 rate of 5.8 per 1,000 live births.***

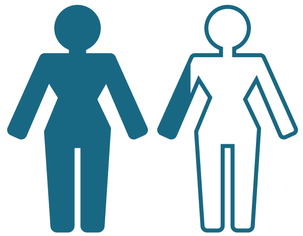
MCH : KEY FINDINGS

Late or Did Not Recieve Prenatal Care

Teen birth rates decreased by 30% from 2019 to 2023. ***Women who did not receive or initiated late prenatal care in Clark County (9.4%) was higher compared to that of the United States (7%) as well as Nevada (8.1%)***, however it decreased by 40.9% between 2019 and 2023.

Unmarried in Clark County

55.3%
Unmarried at delivery



More than half of the women (55.3%) were unmarried at the time of delivery in Clark County in 2023, much higher compared to state (48.1%) and national (39.8%) rates for 2022. The percent of Black or African American Non-Hispanic women (72.2%) who were unmarried at the time of delivery was 109%

Congenital Syphilis Rate

higher than the percentage for White Non-Hispanic women (34.5%). Maternal tobacco use and mothers not graduating high school decreased by 37.5% and 22% respectively, between 2019 and 2023. ***The congenital syphilis rate has increased by 50.7% from 2019 to 2023.***

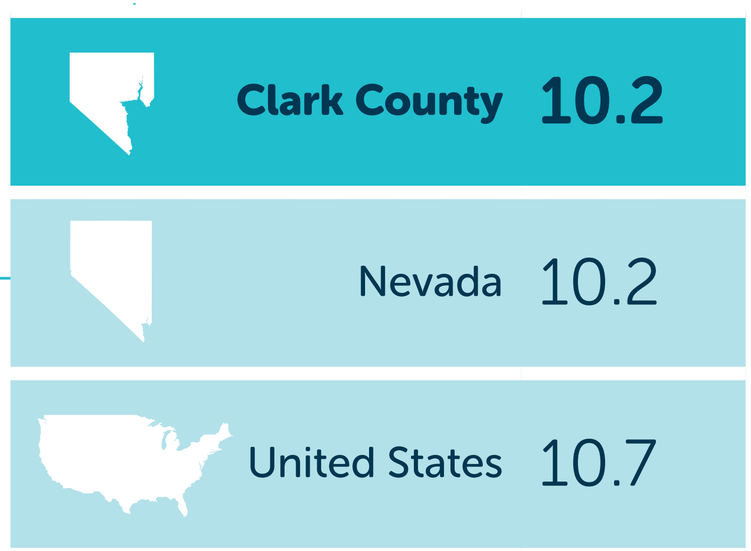
MCH : BIRTH RATE

SUMMARY

The birth rate, which is often termed as crude birth rate, is the total number of live births per 1,000 population. **In 2023, the birth rate for Clark County was 10.2 per 1000 population. Nevada had a birth rate of 10.2 per 1,000 population, while birth rate for the United States was 10.7 per 1,000 population.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The birth rate is an important determinant of the community's population growth or decline. Changing socio-cultural norms, education attainment, healthcare system, economy, and policies associated with these factors affect birth rate in the community.



OUR SITUATION

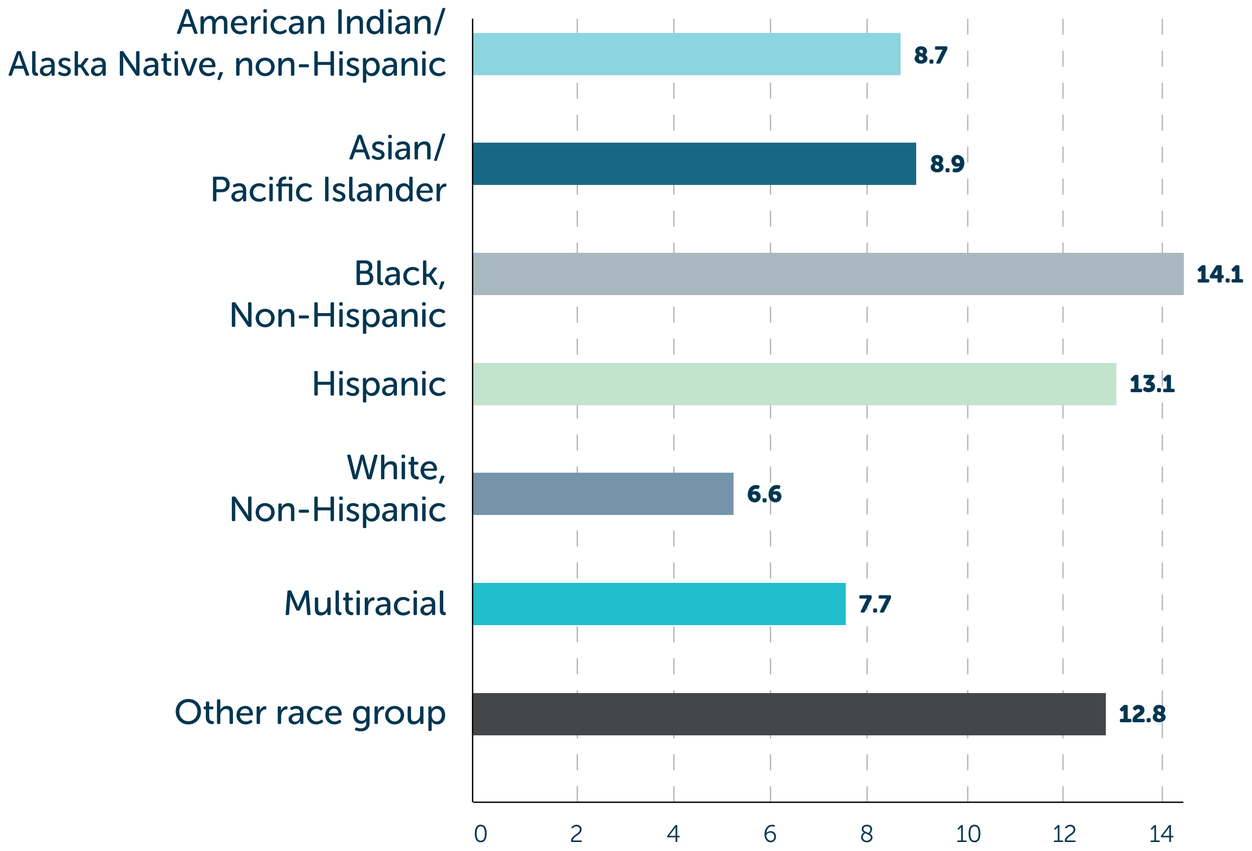
In 2023, the birth rate for Clark County (10.2 per 1,000 population) was the same as Nevada (10.2 per 1,000 population), while the United States (10.7 per 1,000 population) was slightly higher. **The birth rate for Clark County decreased by 13.5% between 2019 and 2023.** The birth rate among White Non-Hispanic individuals (6.6 per 1,000 population) was lowest, while it was highest among the Black/African American Non-Hispanic population (14.1 per 1,000 population) and Hispanic individuals (13.1 per 1,000 population).

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV; Population Data: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

Nevada and United States: CDC WONDER. Centers for Disease Control and Prevention. Updated February 5, 2025.

MCH : BIRTH RATE

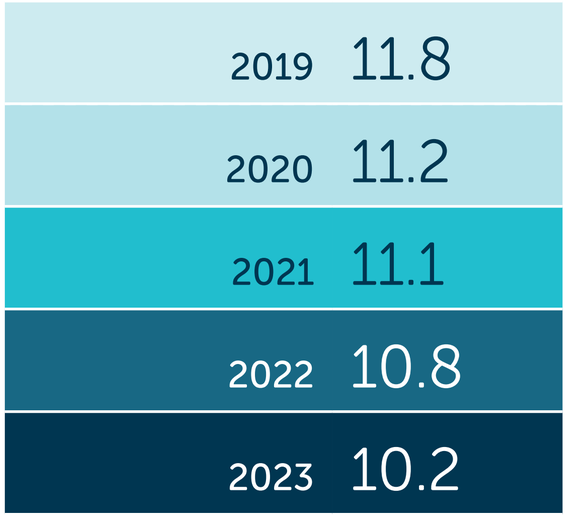
BIRTH RATE
BY RACE/ ETHNICITY, CLARK COUNTY, 2023



Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

Population Data: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

BIRTH RATE
BY YEAR, CLARK COUNTY, 2019-2023

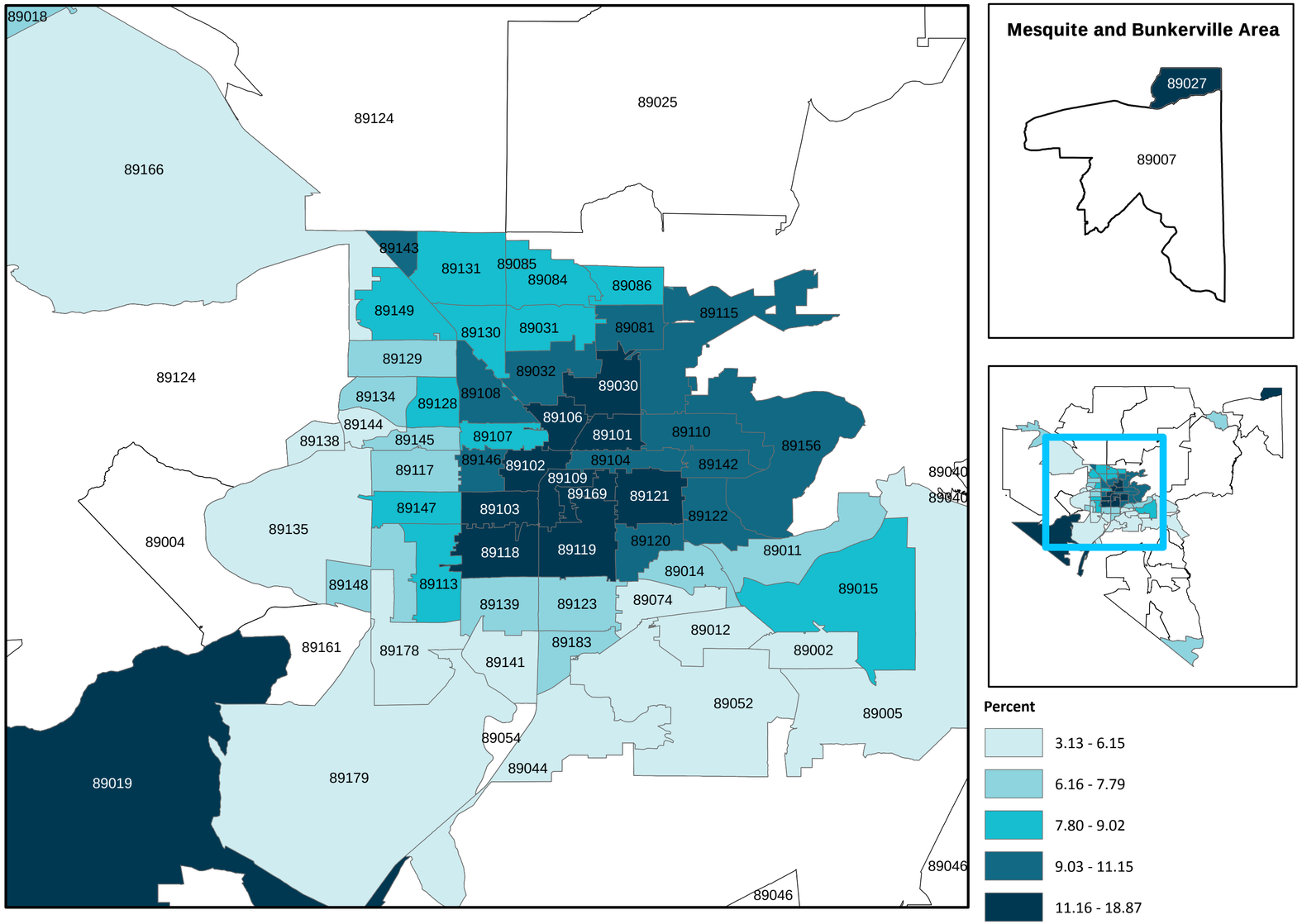


Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

Population Data: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

MCH : NO OR LATE PRENATAL CARE

PERCENT OF WOMEN WHO RECEIVED LATE/ NO PRENATAL CARE, 2023



Percent

- 3.13 - 6.15
- 6.16 - 7.79
- 7.80 - 9.02
- 9.03 - 11.15
- 11.16 - 18.87

MCH : NO OR LATE PRENATAL CARE

SUMMARY

Prenatal care is the medical care during pregnancy to evaluate the health of the mother and the growing baby. Women who received no or late prenatal care is the percentage of women who either received medical care in third trimester or did not receive it at all during pregnancy. **In 2023, 9.4% of women did not receive or initiate prenatal care in the third trimester in Clark County, higher than the percentage in Nevada as a whole (8.1%) and the United States (7%).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Early and regular prenatal care allows healthcare providers to monitor mother's health, babies' development, prevent and manage complications, provide opportunity for early intervention, promote healthier choices as well as prepare mothers for labor and delivery. However, factors like socio-economic status, socio-cultural barriers, healthcare accessibility, environmental factors, etc. contribute towards delay in or absence of prenatal care and needs to be addressed.

OUR SITUATION

In 2023, about 9.4% of women received no or late prenatal care in Clark County, which was 40.9% lower than in 2019 (15.9%). This percentage was much higher than the national percentage of 7%. Racial/ethnic disparities also exist. In 2023, American Indian/ Alaska Native, non-Hispanic women had the highest rate (16.9%), followed by Black/African American, non-Hispanic women (12.1%) and Hispanic women (9.3%). White, non-Hispanic women had the lowest percentage (5.8%), while Asian/Pacific Islander, non-Hispanic women had a slightly higher rate at 6.3%. A significant percentage (37.9%) was reported among births of unknown race.

NO OR LATE PRENATAL CARE

2022-2023

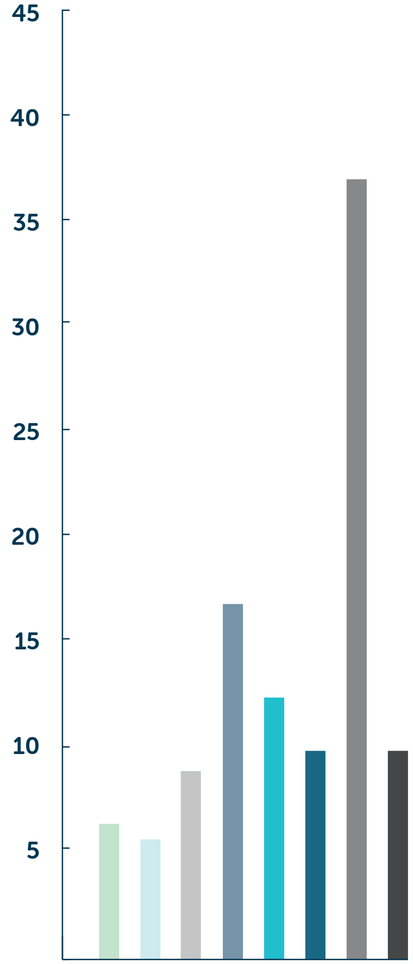
Clark County	9.4%
Nevada	8.1%
US	7.0%

Source: Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

Nevada: Birthweight. March of Dimes Peristats. Updated January 2024.

United States: Birthweight. March of Dimes Peristats. Updated January 2024.

MCH : NO OR LATE PRENATAL CARE



WOMEN WHO RECIEVED LATE/NO PRENATAL CARE BY RACE/ETHNICITY,

CLARK COUNTY, 2023

Asian/ Pacific Islander	6.3%
White/ Non-Hispanic	5.8%
Multiracial	9.0%
American Indian/ Alaska Native	16.9%
Black/ African-American	12.1%
Hispanic/Latino	9.3%
Unknown race	37.9%
Other race group	9.3%

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

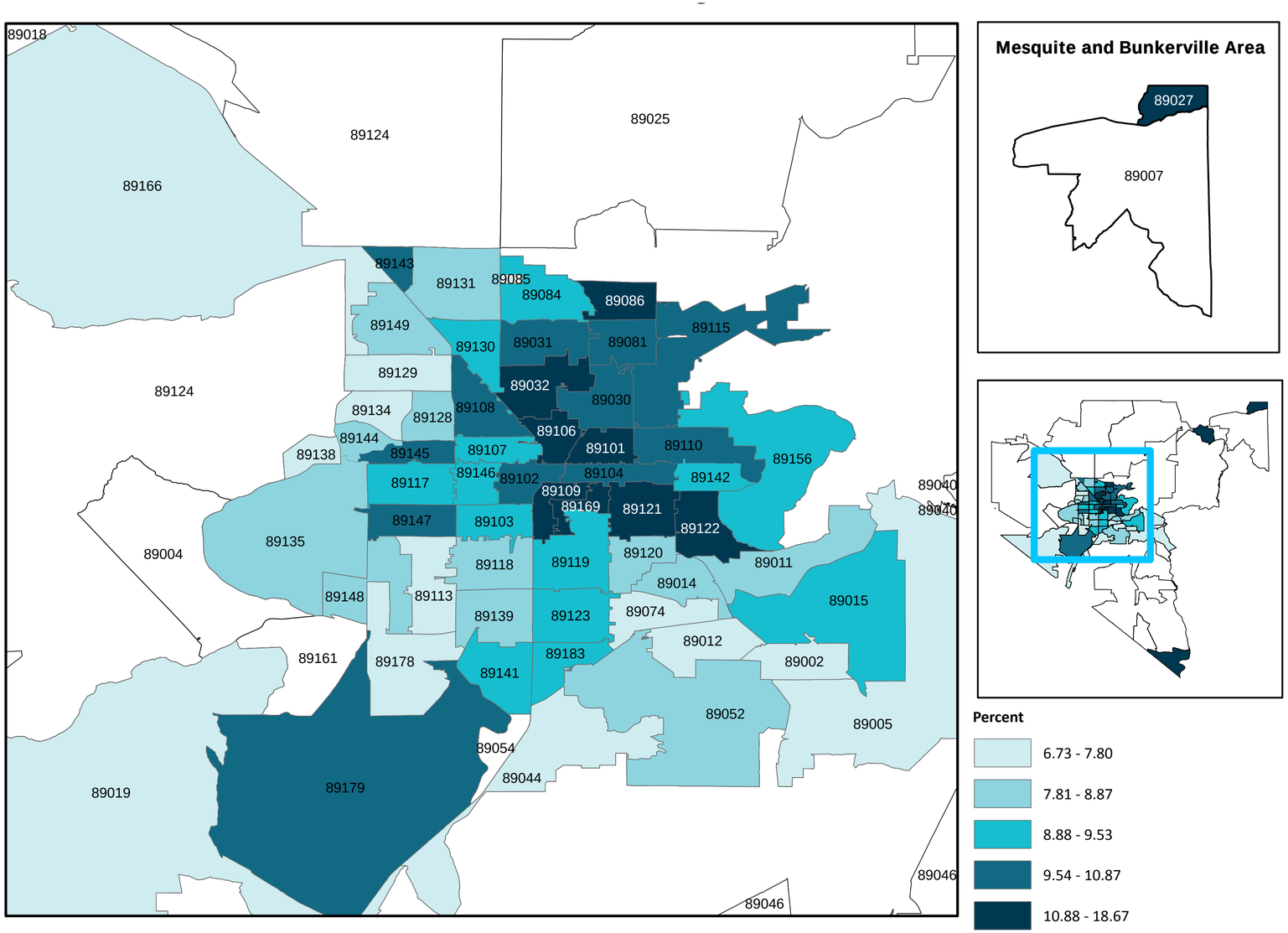
WOMEN WHO RECIEVED LATE/NO PRENATAL CARE BY YEAR 2019-2023

2019	18.6%
2020	13.3%
2021	9.6%
2022	9.7%
2023	9.4%
Overall rate	**12.1%**

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

MCH : PRETERM BIRTH RATE

PERCENT OF LOW BIRTH WEIGHT BIRTHS, 2023



Percent

- 6.73 - 7.80
- 7.81 - 8.87
- 8.88 - 9.53
- 9.54 - 10.87
- 10.88 - 18.67

MCH : PRETERM BIRTH RATE

SUMMARY

Preterm births are those born before 37 weeks of gestation. The preterm birth rate is calculated by dividing the total number of preterm births by the total number of live births in that year and then multiplying by 100. **Preterm Birth rate for Clark County in 2023 was 11.3 per 100 live births, slightly lower than Nevada's rate of 11.4 but higher than the United States rate of 10.4.**

Clark County	11.3
Nevada	11.4
United States	10.4

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Babies born 37 weeks before gestation are at higher risk of a variety of health and developmental issues such as respiratory issues, feeding difficulties, impaired cognitive skills, vision and/or hearing loss, cerebral palsy, and chronic health issues. Some of the common factors leading to preterm births include adverse maternal health issues during pregnancy like chronic or infectious disease, poor maternal health behavior, inadequate prenatal care, barriers to healthcare accessibility, socio-economic or environmental stressors.

OUR SITUATION

Preterm birth rate for Clark County was 11.3 per 100 live births in 2023, which was higher than national level rates (10.4 per 100 live births). **Between 2019 and 2023, preterm birth rate increased by 3.7% in Clark County, peaking in 2021 (11.6 per 100 live births). In 2023, preterm birth rates in Clark County varied by race and ethnicity.** Black/African American, non-Hispanic mothers had the highest preterm birth rate at 14.9 per 100 live births, followed by Asian/Pacific Islander, non-Hispanic mothers at 12.6. Multiracial and Hispanic mothers had rates of 11.0 and 10.7, respectively. White, non-Hispanic women had lowest preterm rate of 9.3 per 100 live births.

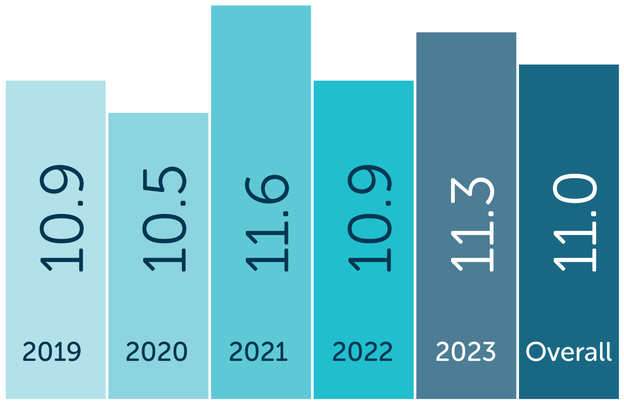
Source: Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

Nevada: Birthweight. March of Dimes Peristats. Updated January 2024.

United States: Birthweight. March of Dimes Peristats. Updated January 2024.

MCH : PRETERM BIRTH RATE

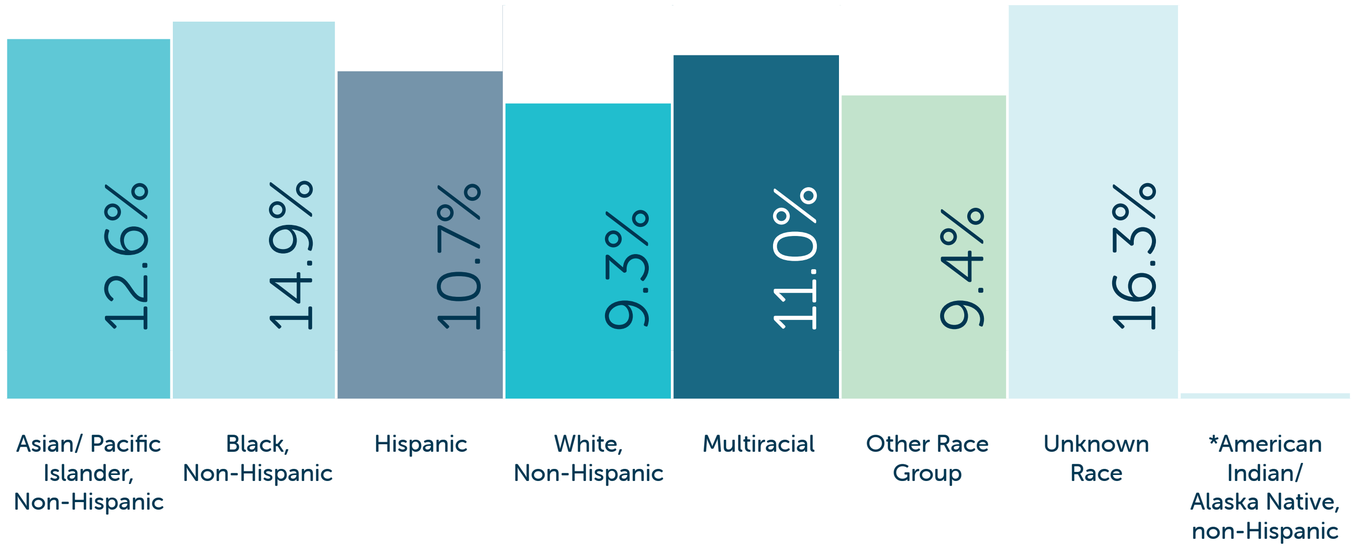
PRETERM BIRTH RATE
BY YEAR 2019-2023



Rate per 100 Live Births

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

PRETERM BIRTH RATE
BY RACE/ ETHNICITY,
CLARK COUNTY, 2023

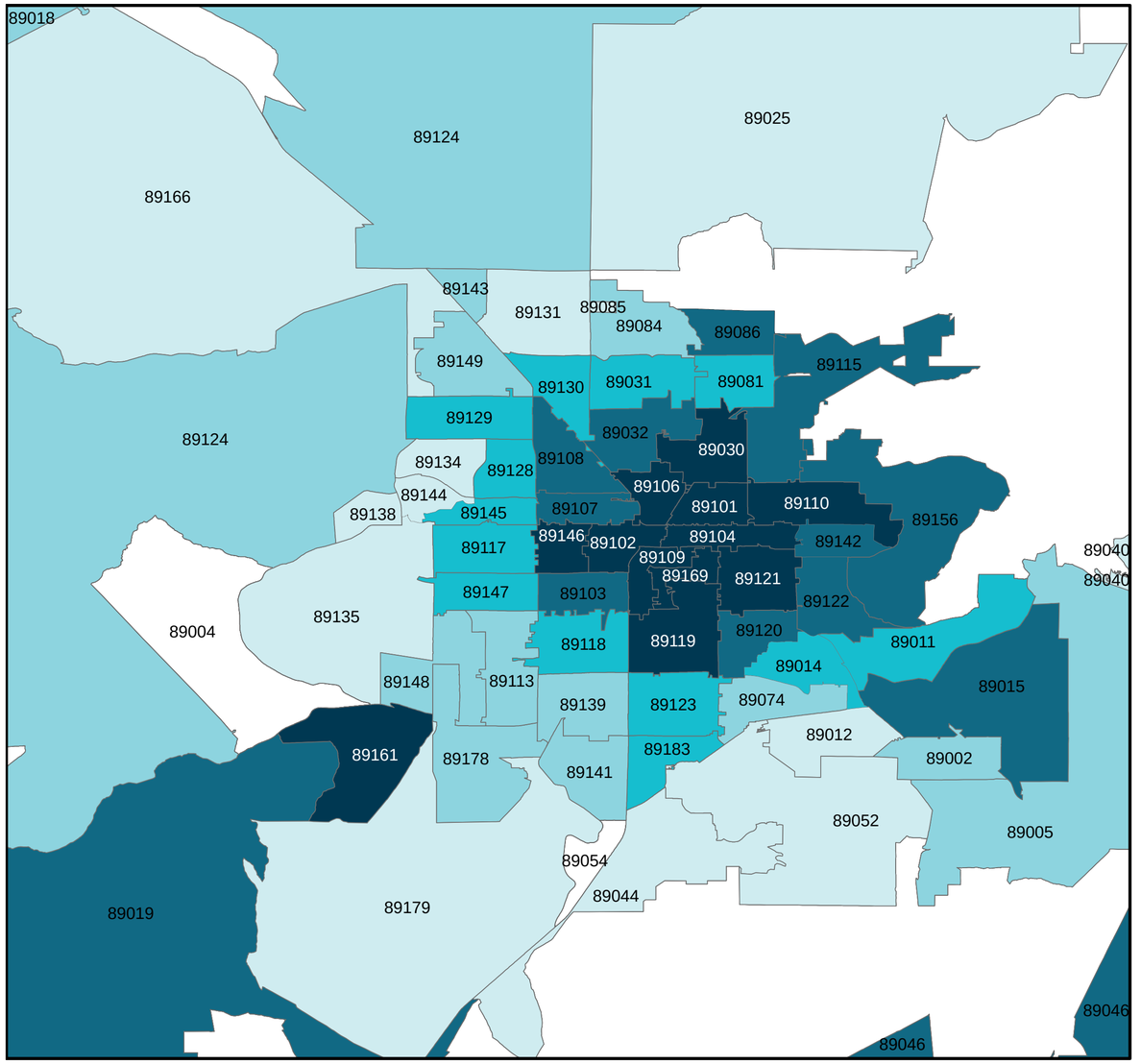


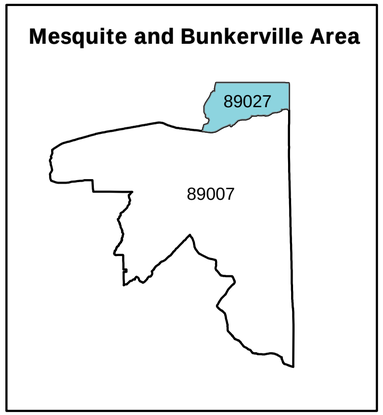
Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

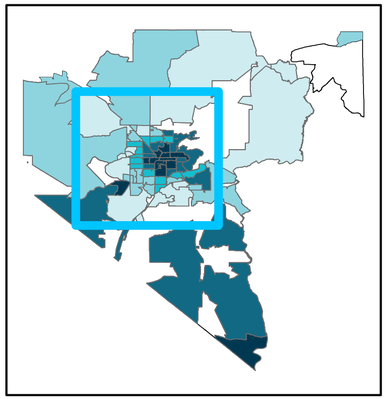
** Counts <5 and rates corresponding to counts < 12 are suppressed to safeguard protected health information and confidentiality.*

MACH : BIRTHS TO UNMARRIED WOMEN

PERCENT OF BIRTHS TO UNMARRIED WOMEN, 2023







Percent

- 13.21 - 31.85
- 31.86 - 38.58
- 38.59 - 50.82
- 50.83 - 61.88
- 61.89 - 74.30

MCH : BIRTHS TO UNMARRIED WOMEN

SUMMARY

Births to unmarried women are those born to woman who are not married at the time of the delivery. Between 2019 and 2023, more than half of pregnant women (55.3%) in Clark County were unmarried. **In 2022, the percentage in Clark County is 53.8%, which was higher than the rates for Nevada (48.1%) and the United States (39.8%). The 2022 data is the most recent available for the United States.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Births to unmarried women are important because they reflect changes in societal norms, family structures, and the economic impact on single mother household, and health outcomes of both mothers and children.

OUR SITUATION

Overall, the percent of births to unmarried women in Clark County decreased by 5% between 2019 and 2023. Women with "Other" race/ethnicity (28.3%) and Asian and Pacific Islander, non-Hispanic women (30.2%) had the lowest percentage of births to unmarried women, while Black/African American, non-Hispanic women (72.2%) had the highest.

BIRTHS TO UNMARRIED WOMEN

2022

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

**Nevada: Percent of babies born to Unmarried mothers. National Center for Health Statistics. Last updated February 2024.*

***United States: Unmarried Childbearing. National Center for Health Statistics. Last updated April 2024.*

MCH : BIRTHS TO UNMARRIED WOMEN

BIRTHS TO UNMARRIED WOMEN
BY YEAR 2019-2023

2019	57.9%
2020	55.5%
2021	54.7%
2022	53.8%
2023	54.6%
Overall Rate	**55.3%**

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

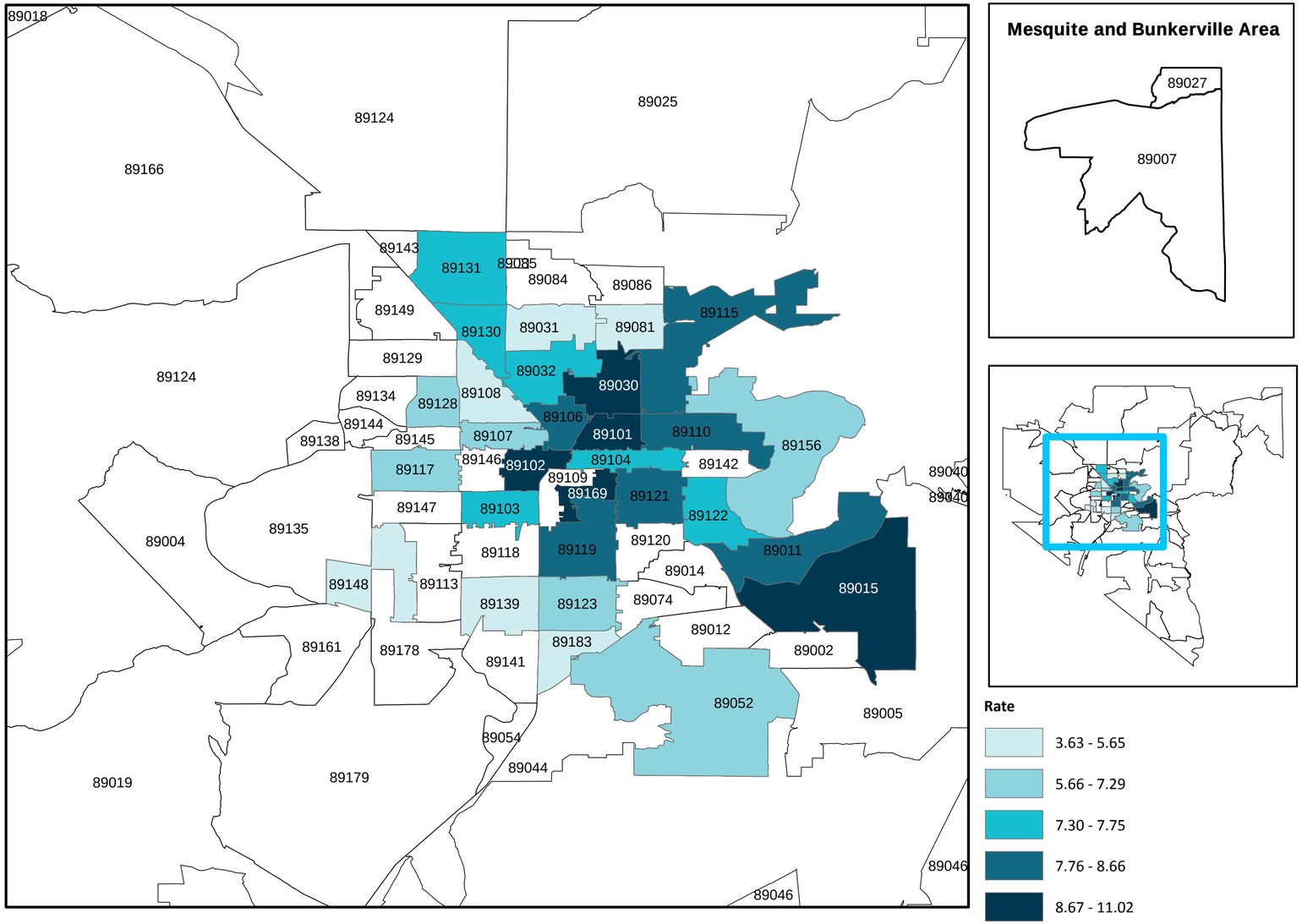
BIRTHS TO UNMARRIED WOMEN
BY RACE/ ETHNICITY,
CLARK COUNTY, 2023

Black/ African-American	72.2%
American Indian and Alaska Native	53.8%
Hispanic/Latino	57.0%
Asian/ Pacific Islander	30.2%
White/ Non-hispanic	34.5%
Multiracial	60.6%
Other Race Group	28.3%
Unknown Race	60.1%

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

MCH : INFANT MORTALITY RATE

INFANT MORTALITY RATE PER 1,000 LIVE BIRTHS, 2023



Rate

- 3.63 - 5.65
- 5.66 - 7.29
- 7.30 - 7.75
- 7.76 - 8.66
- 8.67 - 11.02

MCH : INFANT MORTALITY RATE

SUMMARY

Infant mortality rate (IMR) is presented as the number of infant deaths per 1,000 live births. **In 2023 the infant mortality rate was 6.1 per 1,000 live births in Clark County, which was higher than the state and national rates (6.0 and 5.6 live births respectively).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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

OUR SITUATION

In 2023 the infant mortality rate was 6.1 per 1,000 live births in Clark County, which was higher than the state and national rates (6.0 and 5.6 live births respectively). Between 2019 and 2023, infant mortality rate increased by 5.2% in Clark County. Racial/ethnic disparities exist, such that the infant mortality rate was highest among “multiracial” group (12.9 per 1,000 live births) followed by Black/African American, non-Hispanic (8.0 per 1,000 live births) and Hispanic populations (6.9 per 1,000 live births). The infant mortality rate was lowest among White Non-Hispanic individuals (4.2 per 1,000 live births).

Source: Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

MCH : INFANT MORTALITY RATE

Infant Mortality Rate, 2023

Rate per 1,000 Live Births

6.1
Clark County

6.0
Nevada

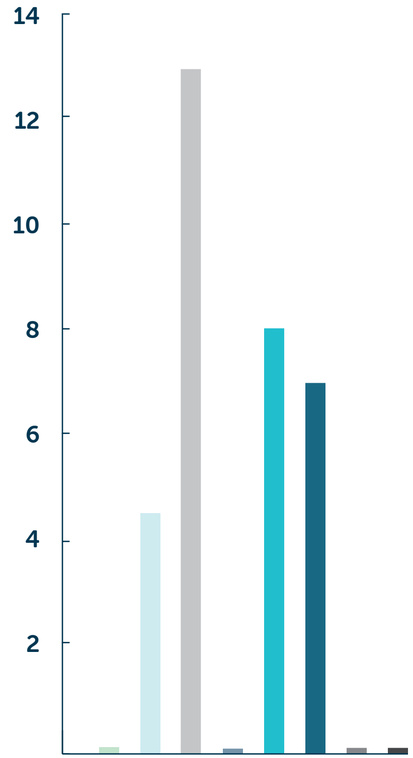
5.6
United States

Source: Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

Nevada and United States: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html on Feb 24, 2025 8:41:20 PM

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Natality on CDC WONDER Online Database. Data are from the Natality Records 2016-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/natality-expanded-current.html on Feb 24, 2025 8:47:42 PM

MCH : INFANT MORTALITY RATE



INFANT MORTALITY RATE BY RACE/ETHNICITY, CLARK COUNTY, 2023

Asian/ Pacific Islander	*
White/ Non-hispanic	4.2
Multiracial	12.9
American Indian/ Alaska Native	*
Black/ African-American	8.0
Hispanic/Latino	6.9
Unknown race	*
Other race group	*

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV
**Data with small counts (<5) and rates corresponding to counts <12 are suppressed to safeguard protected health information and confidentiality.*

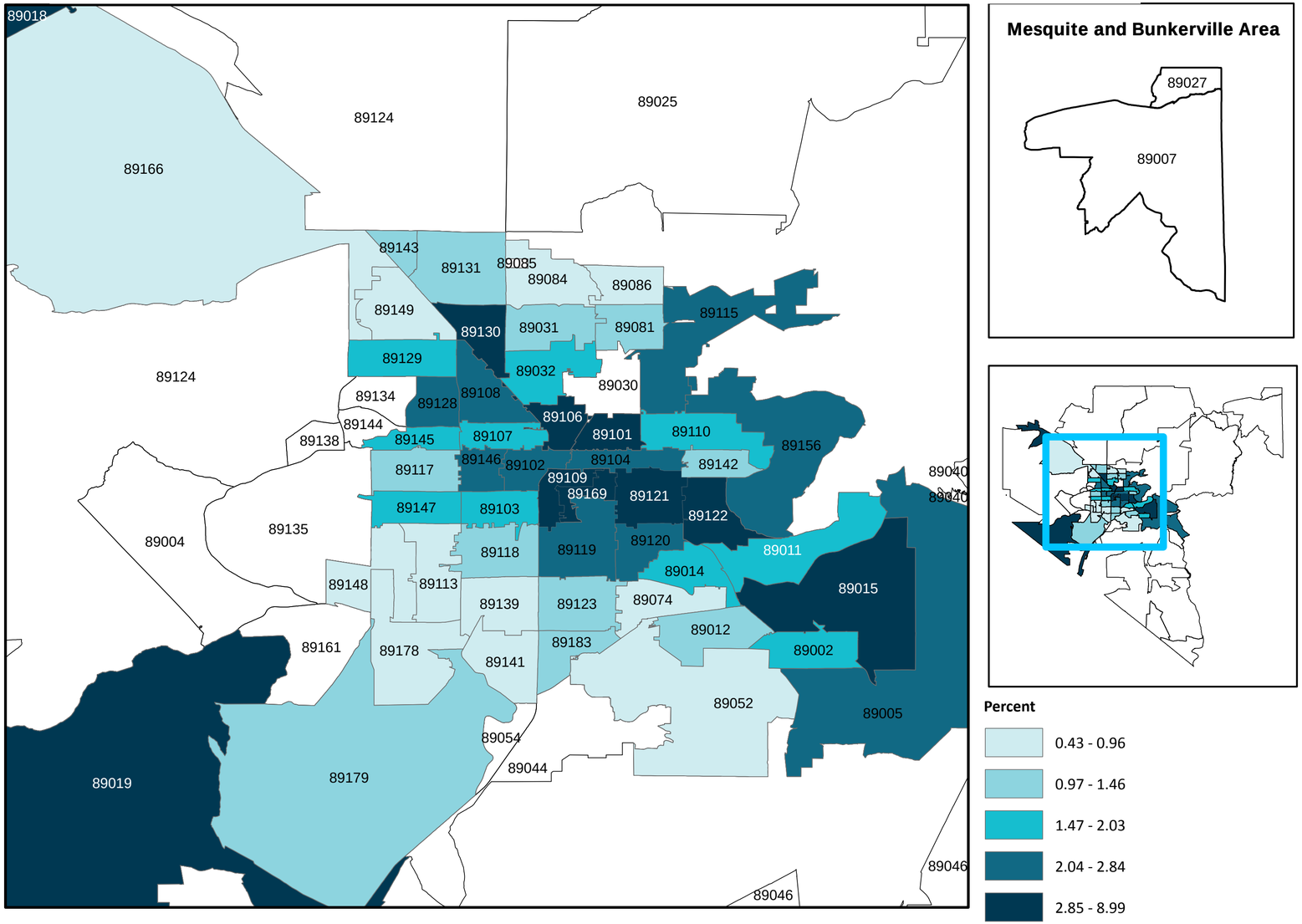
INFANT MORTALITY RATE BY YEAR 2019-2023

2019	5.8
2020	4.5
2021	5.6
2022	5.2
2023	6.1
Overall rate	**5.4**

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

MCH : MATERNAL TOBACCO USE

PERCENT OF BIRTHS TO MOTHERS WHO USED TOBACCO, 2023



Percent

- 0.43 - 0.96
- 0.97 - 1.46
- 1.47 - 2.03
- 2.04 - 2.84
- 2.85 - 8.99

MCH : MATERNAL TOBACCO USE

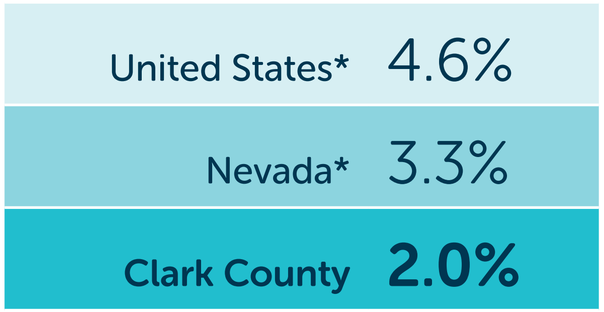
SUMMARY

Maternal tobacco use is calculated as percentage of pregnant women who smoked cigarettes during pregnancy. From 2019 to 2023, the percentage of births to mothers who used tobacco during pregnancy in Clark County has steadily decreased, from 2.4% in 2019 to 1.5% in 2023. **In 2021, the percentage of births to mothers who used tobacco during pregnancy was 2% in Clark County, lower than the rates for Nevada (3.3%) and the United States (4.6%) during the same year. The 2021 data is the most recent available for the U.S. rate.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Mothers who smoke during pregnancy have babies who are at a higher risk in developing health problems, which include preterm birth, low birth weight, and even birth defects. By reducing maternal tobacco use, communities can target vulnerable groups, improve health outcomes, reduce healthcare costs, etc.

BIRTHS TO MOTHERS WHO USED TOBACCO DURING PREGNANCY 2021



Source: Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

Nevada and United States: Martin JA, Osterman MJK, Driscoll AK. Declines in cigarette smoking during pregnancy in the United States, 2016–2021. NCHS Data Brief, no 458. Hyattsville, MD: National Center for Health Statistics. 2023. DOI: https://dx.doi.org/10.15620/cdc:123360

**Most recent data for Nevada and United States is for 2021*

MCH : MATERNAL TOBACCO USE

BIRTHS TO MOTHERS WHO USED TOBACCO DURING PREGNANCY BY RACE/ETHNICITY, CLARK COUNTY, 2023

American Indian/ Alaska Native	4.6%
Asian/ Pacific Islander	<1%
Black/ African-American	2.2%
Hispanic/ Latino	<1%
White/ Non-Hispanic	2.4%
Multiracial	1.9%
Other Race Group	<1%
Unknown Race	7.8%

OUR SITUATION

Maternal tobacco use has decreased by 37.5% from 2019 to 2023. Tobacco use was highest among American Indian/ Alaska Native, non-Hispanic mothers (4.6%). Other rates included Black/African American, non-Hispanic (2.2%), White, non-Hispanic (2.4%), and Multiracial at 1.9%.

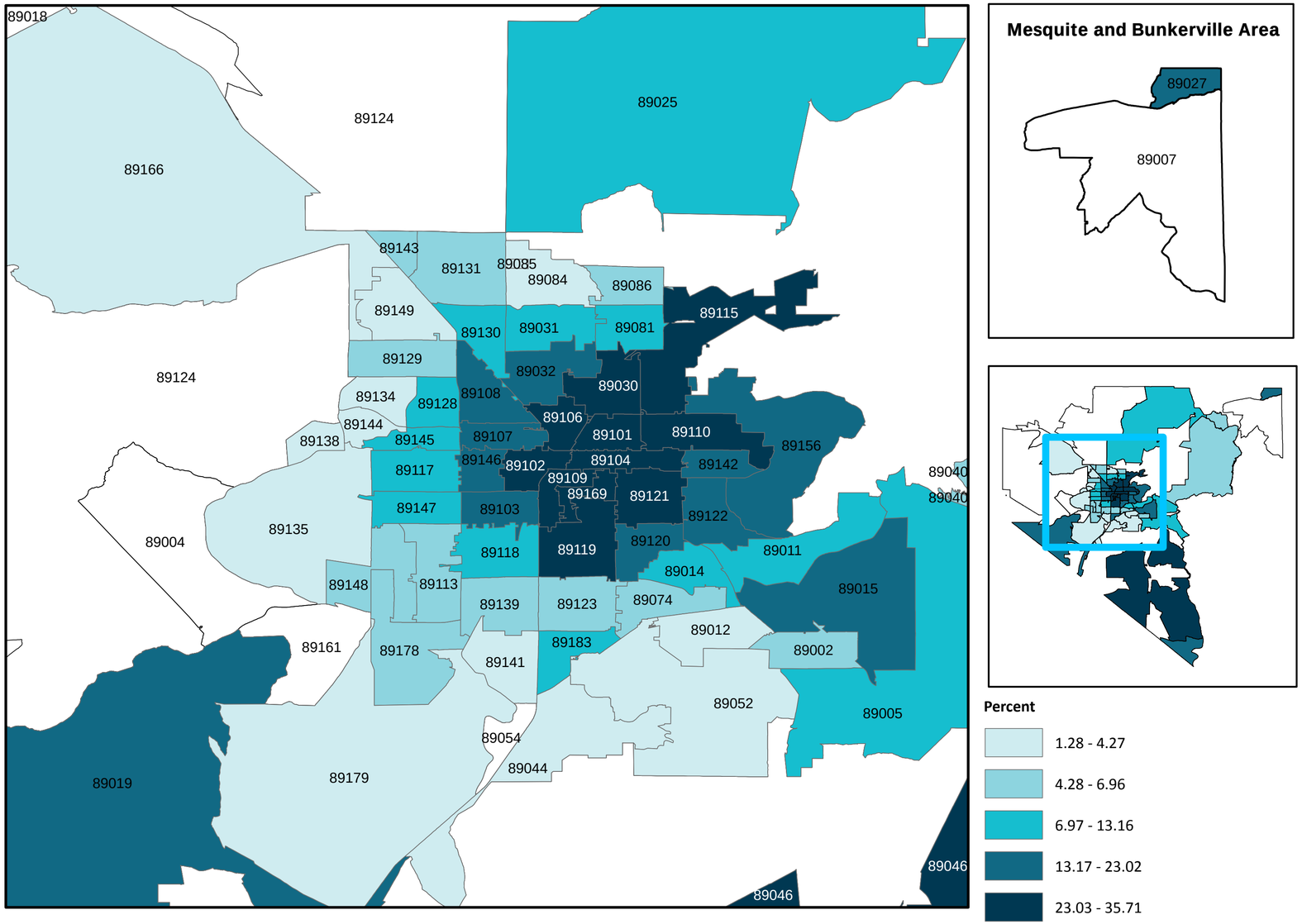
BIRTHS TO MOTHERS WHO USED TOBACCO DURING PREGNANCY BY YEAR 2019-2023

2019	2.4%
2020	2.3%
2021	2.0%
2022	1.7%
2023	1.5%
Overall rate	**2.0%**

Source: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

MCH : MATERNAL EDUCATION

PERCENT OF BIRTHS TO MOTHERS WITH LESS THAN HIGH SCHOOL EDUCATION, 2023



Percent

- 1.28 - 4.27
- 4.28 - 6.96
- 6.97 - 13.16
- 13.17 - 23.02
- 23.03 - 35.71

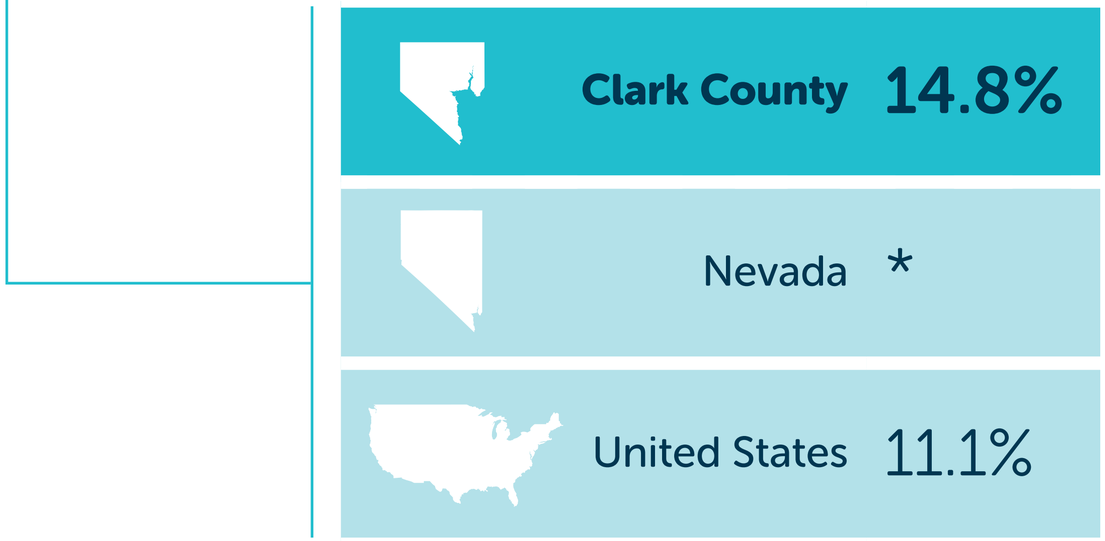
MCH : MATERNAL EDUCATION

SUMMARY

This indicator presents the percentage of women with an education level less than a high school diploma who gave live birth between 2019 and 2023. **In 2023, about 14.8% percent of women had education less than high school in Clark County.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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.



OUR SITUATION

The percentage of births to mothers with less than a high school education has decreased from 2019 to 2023 by 22%. The percentage among Hispanic (21.5%) and American Indian/Alaskan Native, non-Hispanic women (20%), was more than three times that among White non-Hispanic women (6.0%). Asian/Pacific Islander, non-Hispanic women (3.3%) have the lowest percentage of births to mothers with less than a high school education.

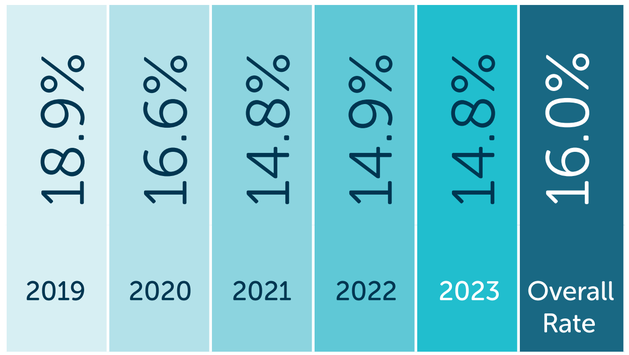
Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

**No Nevada state data available for 2021*

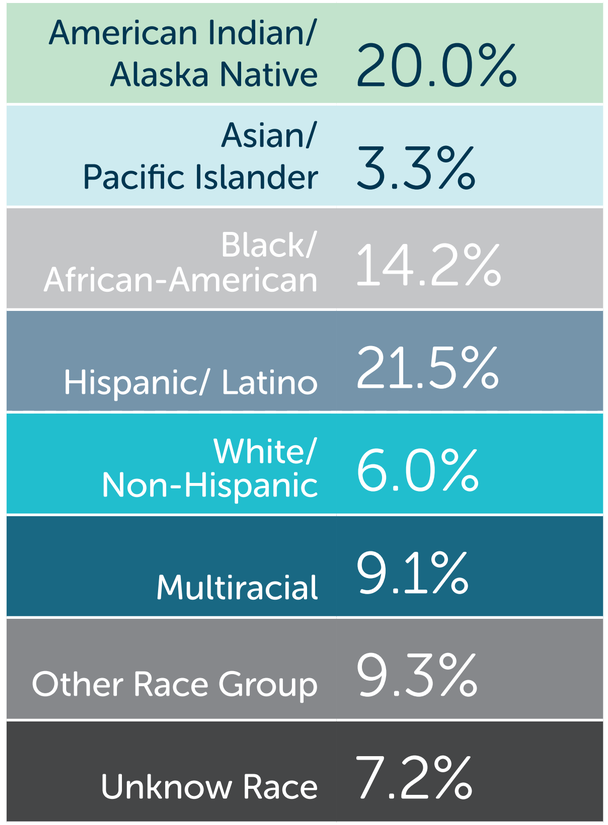
United States: National Vital Statistics Reports, Vol. 72 No. 1, January 31, 2023.

MCH : MATERNAL EDUCATION

BIRTHS TO MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION
BY YEAR, CLARK COUNTY, 2019-2023



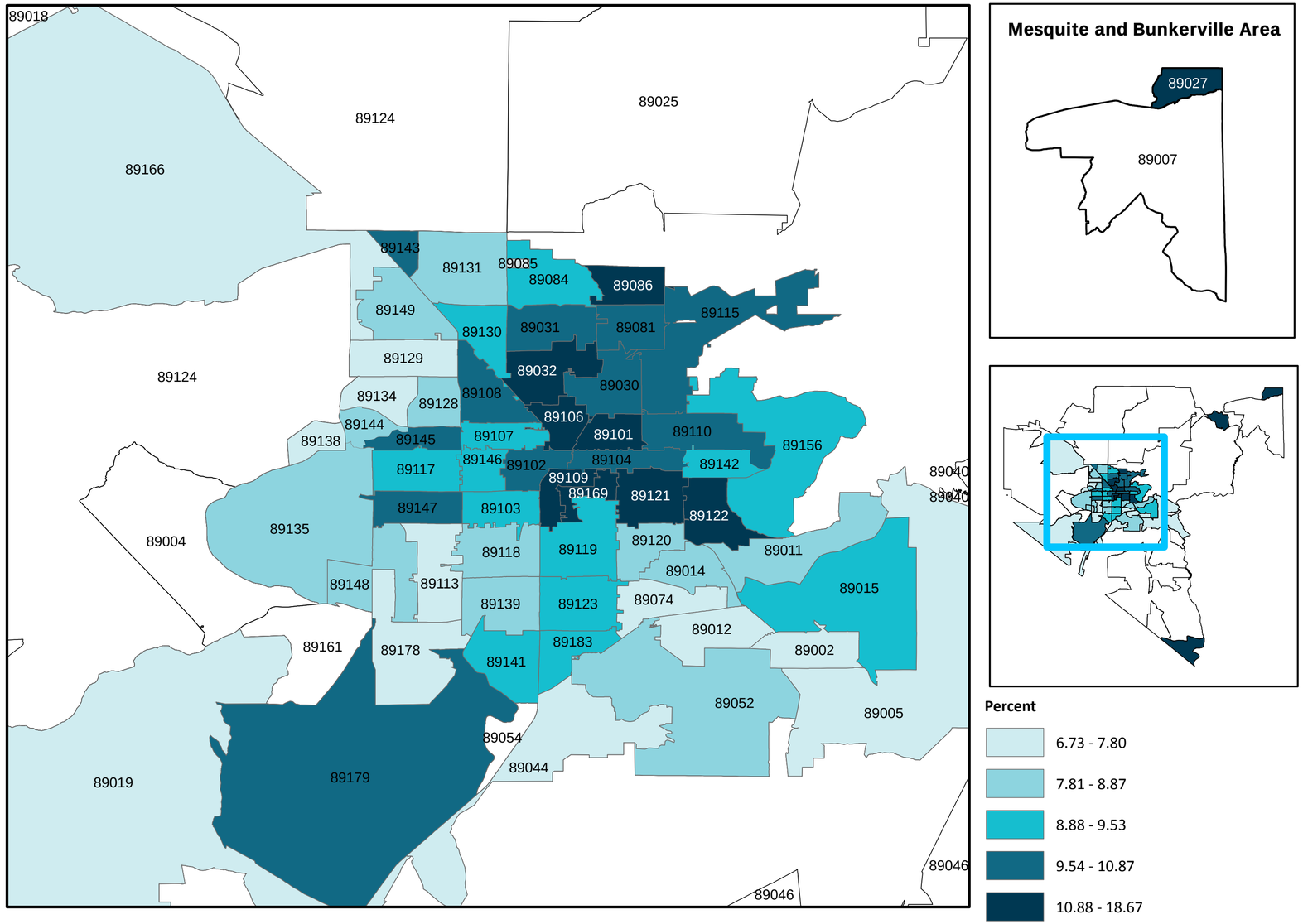
BIRTHS TO MOTHERS WITH LESS THAN A HIGH SCHOOL EDUCATION
BY RACE/ETHNICITY, CLARK COUNTY, 2023



Source: Nevada Electronic Vital Record System (NVERS), Clark County, NV

MCH : LOW BIRTH WEIGHT

PERCENT OF LOW BIRTH WEIGHT BIRTHS, 2023



Percent

- 6.73 - 7.80
- 7.81 - 8.87
- 8.88 - 9.53
- 9.54 - 10.87
- 10.88 - 18.67

MCH : LOW BIRTH WEIGHT

SUMMARY

Low birth weight is defined as when a baby is born weighing less than 5 pounds, 8 ounces (less than 2500 grams). It is calculated by dividing the total number of low birth weight live births by the total number of live births, multiplied by 100 for a given year. **In 2023, 9.8% of births were low birthweight in Clark County, which was higher compared to both Nevada (9.7%) and the United States (8.6%).**

United States	8.6%
Nevada	9.7%
Clark County	**9.8%**

Low Birth Weight

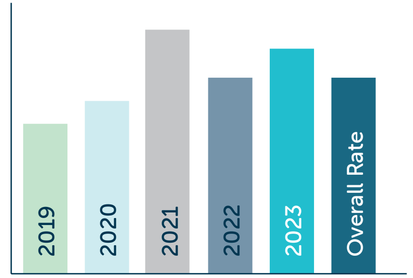
< 5lbs
8 oz

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Low birth weight is major determinant of neonatal death. It can cause immediate health issues or long-term health consequences in babies. Maternal risk factors include inadequate maternal nutrition, behavioral issues, chronic health problems, infections, etc. High rates of low birth weight often reflect underlying public health issues, including poor access to prenatal care, lack of education, socio-economic disparities, lack of community interventions, etc.

OUR SITUATION

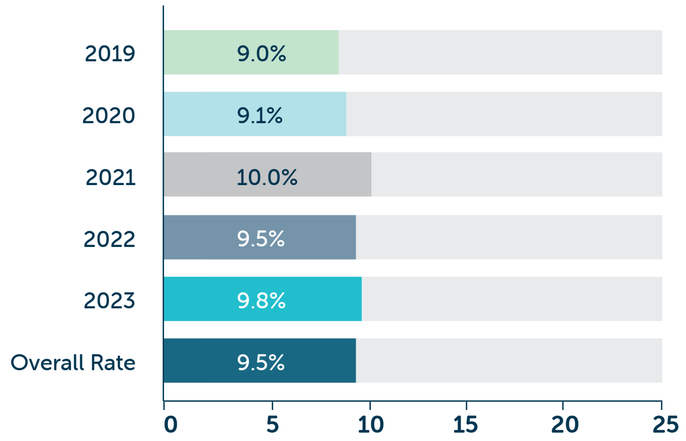
The percentage of babies born with low birth weight in Clark County fluctuated between 2019 and 2023, reaching its highest point in 2021 at 10.0%. In 2023, low birth weight rates in Clark County varied by race and ethnicity. The highest rate was among Black/African American, non-Hispanic infants (14.6%), followed by Asian/Pacific Islander, non-Hispanic (11.5%). The lowest rates were observed among White, non-Hispanic (7.0%) and Hispanic (8.9%) births.



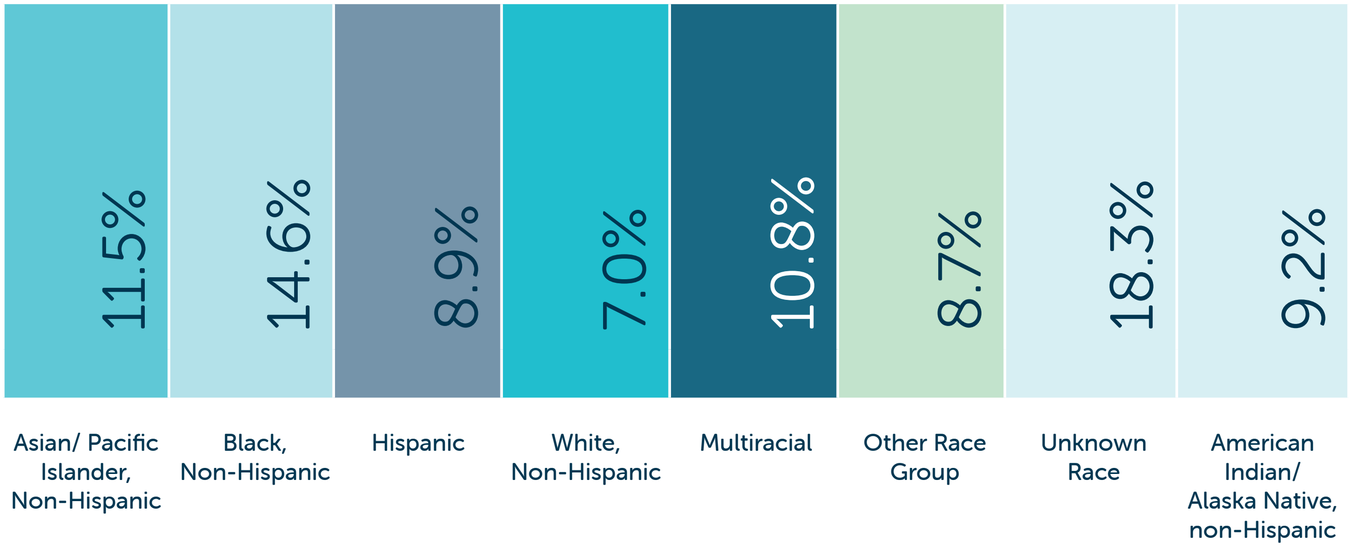
Source: Nevada Electronic Vital Record System (NVERS), Clark County, NV

MCH : LOW BIRTH WEIGHT

LOW BIRTH WEIGHT BIRTHS
BY YEAR, CLARK COUNTY, 2019-2023



LOW BIRTH WEIGHT BIRTHS
BY RACE/ ETHNICITY,
CLARK COUNTY, 2023

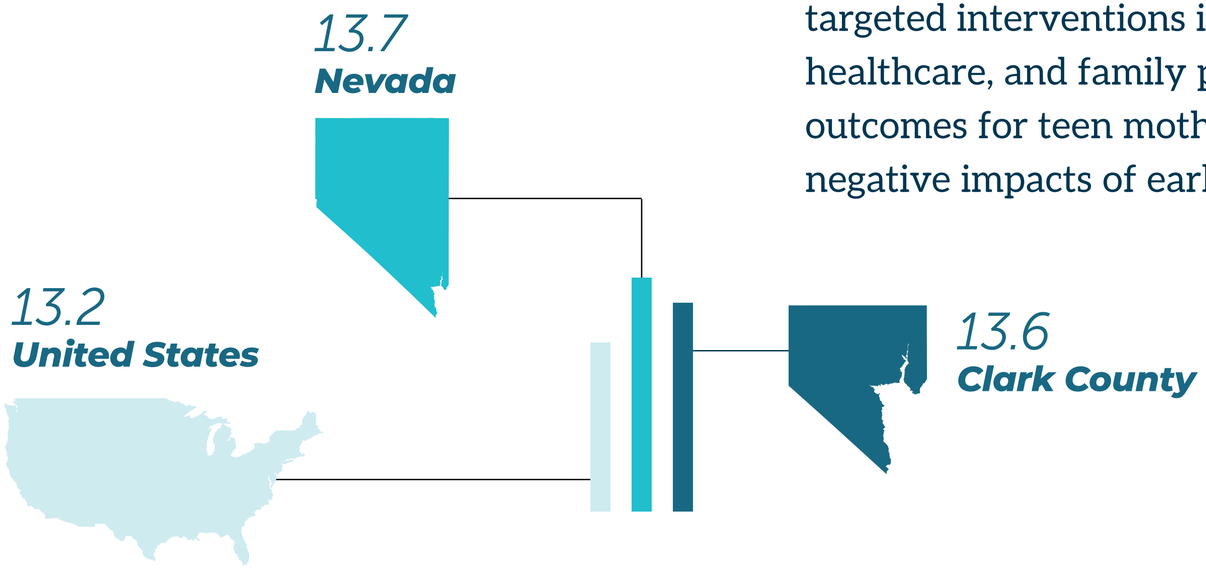


Source: Nevada Electronic Vital Record System (NVERS), Clark County, NV

MCH : TEEN BIRTH RATE

SUMMARY

Teen birth rate identifies the number of live births per 1,000 from females ages 15 to 19 years. **In 2023, the teen birth rate was 13.6 per 1,000 for women aged 15 to 19 years in Clark County, slightly lower than Nevada rate of 13.7 in Nevada and higher than the U.S. rate of 13.2 per 1,000.**



WHY IS IT IMPORTANT TO OUR COMMUNITY?

The teen birth rate is important because it has wide-reaching implications for the health, well-being, and economic stability of young women and their children. Pregnancy complications may include premature labor, anemia, and high blood pressure. It also highlights the need for targeted interventions in education, healthcare, and family planning to improve outcomes for teen mothers and reduce the negative impacts of early pregnancies.

OUR SITUATION

Teen birth rate in Clark County was slightly lower than Nevada and higher than the United States in 2023. **Between 2019 and 2023, the teen birth rate decreased by 30.3% from 19.5 to 13.6 per 1,000 females aged 15-19 years.**

Source: Clark County: Nevada Electronic Vital Record System (NEVRS), Clark County, NV

MCH : TEEN BIRTH RATE

TEEN BIRTH RATE

2023

	NUMBER OF BIRTHS	RATE PER 1,000
Clark County	930	**13.6**
Nevada	1,259	13.7
United States	140,977	13.2

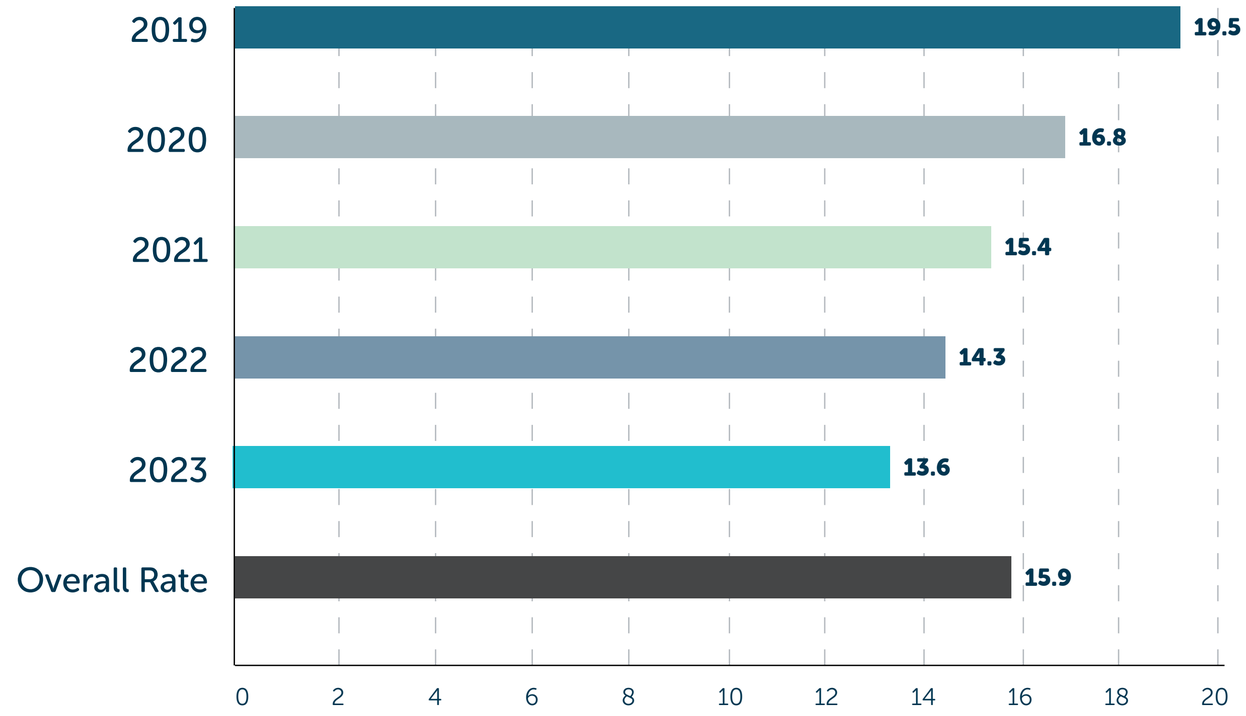
Source: Clark County and Nevada: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

United States: CDC WONDER. Centers for Disease Control and Prevention. Updated February 5, 2025.

Population Data: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

TEEN BIRTH RATE

BY YEAR, CLARK COUNTY, 2019-2023



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

MCH : CONGENITAL SYPHILIS

SUMMARY

The Congenital syphilis rate is presented as the number of reported congenital syphilis cases per 100,000 live births by the given year or averaged over 2019 to 2023. Percentages were calculated by dividing the number of congenital syphilis in a stratum (for each age group/ race and ethnicity) by the total number of congenital syphilis cases from 2019 to 2023, multiplied by 100. **Clark County had an average rate of 172.0 congenital syphilis cases per 100,000 live births, while the Nevada and national average rates were 232.0 and 105.8 cases per 100,000 live births, respectively.** Black non-Hispanic women made up 38.9% of babies born with congenital syphilis and women age 25-29 years made up 33.3%

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The congenital syphilis rate is a key public health measure, reflecting both syphilis prevalence among pregnant individuals and the effectiveness of prenatal care. High rates indicate missed screening and treatment opportunities, leading to severe consequences such as stillbirth, neonatal death, and lifelong disabilities. Since syphilis in pregnancy is easily treatable, each case represents a preventable failure in care. Rising rates often signal broader syphilis trends and highlight healthcare disparities. Strengthening prenatal screening and expanding access to care are essential to reducing preventable cases and protecting newborn health.

Congenital Syphilis Rates, 2023
Rate per 1,000 Live Births

172.0
Clark County*

232.0
Nevada**

105.8
United States**

Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024.

**Rate per 100,000 live births were calculated using birth counts from Nevada Electronic Vital Record System (EVRS), Clark County, NV*

***Source: Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance 2023. Atlanta: U.S. Department of Health and Human Services; 2024. Accessed December 2024.*

MCH : CONGENITAL SYPHILIS

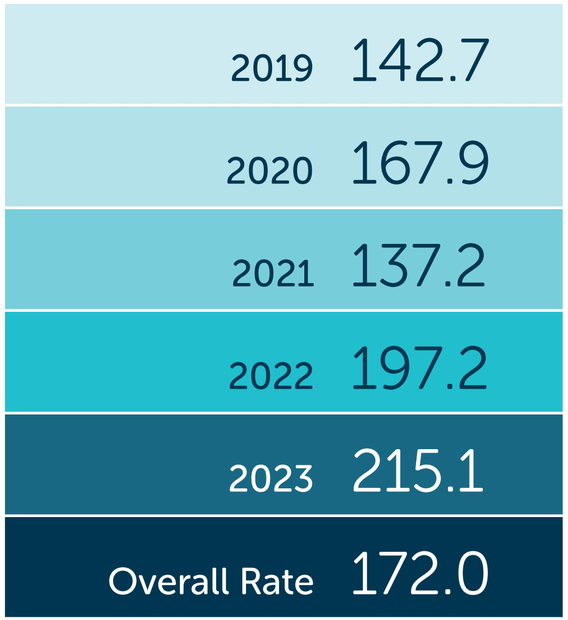
OUR SITUATION

The congenital syphilis rate from 2019 to 2023 was 172.0 per 100,000 live births in Clark County, which is higher than that of the United States (105.8 per 100,000 live births), but lower than Nevada (232.0 per 100,000 live births). Between 2019 and 2023, congenital syphilis cases in Clark County were most common among mothers aged 25 to 29 years, who accounted for 33.3% of total cases. This was followed by mothers aged 20 to 24 years (24.5%), and 30 to 34-year-olds (21.3%). Together, these three age groups represented the majority of congenital syphilis cases, highlighting that young to early middle-aged adults are at the highest risk. Between 2019 and 2023, congenital syphilis cases in Clark County disproportionately affected Black, non-Hispanic mothers, who accounted for 38.9% of total cases, the highest among all racial groups. White, non-Hispanic mothers made up 29.2%, while Hispanic mothers represented 22.7% of cases.

BIRTH RATE

BY YEAR, CLARK COUNTY, 2019-2023

*RATE PER 100,000 LIVE BIRTHS

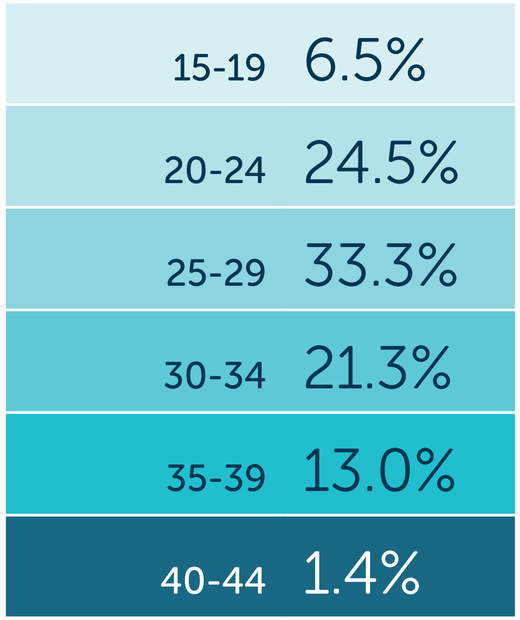


Source Southern Nevada Health District, EpiTrax Surveillance System, 2024

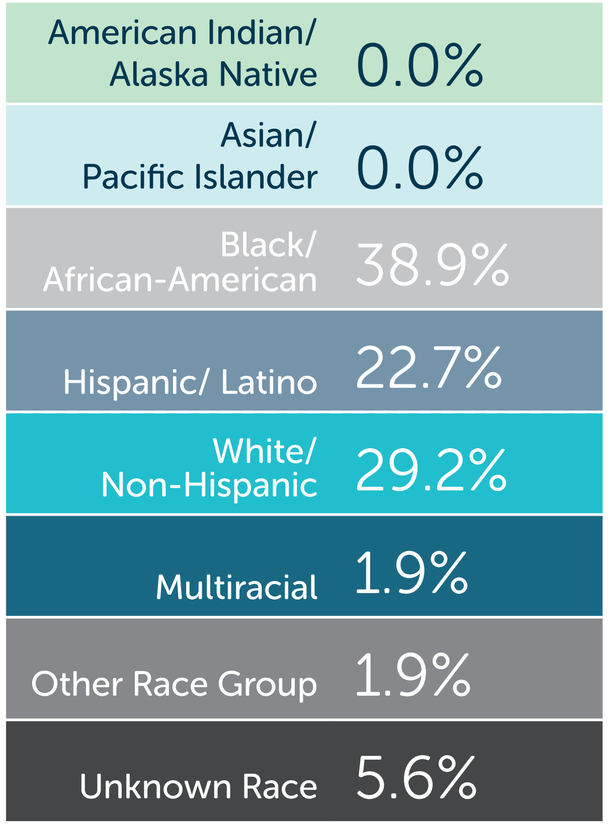
**Rates per 100,000 live births were calculated using birth counts from Nevada Electronic Vital Record System (EVRS), Clark County, NV*

MCH : CONGENITAL SYPHILIS

CONGENITAL SYPHILIS CASES BY MATERNAL AGE, CLARK COUNTY, 2019-2023



CONGENITAL SYPHILIS CASES BY RACE/ETHNICITY, CLARK COUNTY, 2023



Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024

MCH : FERTILITY RATE

SUMMARY

Fertility rate is the number of babies born to women considered to be in childbearing age (15-50 years) per 1,000 women aged 15 to 50 years. **Fertility rate in Clark County (50 per 1,000 women aged 15 to 50 years) was slightly lower than Nevada (51 per 1,000 women) and for the United States (52 per 1,000 women).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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.

OUR SITUATION

The trend in fertility rate has been steady from 2019 to 2023 in Clark County. Considering race/ethnicity, fertility rate was the highest among women of Black/ African American, non-Hispanic race group (62 per 1,000) and lowest among those women that identify as Multiracial (42 per 1,000) and Asian/ Pacific Islander (46 per 1,000). Fertility rate among women with a graduate degree was highest (60 per 1000 women aged 15-50 years) while those with less than high school education was lowest (39 per 1000 women aged 15-50 years).

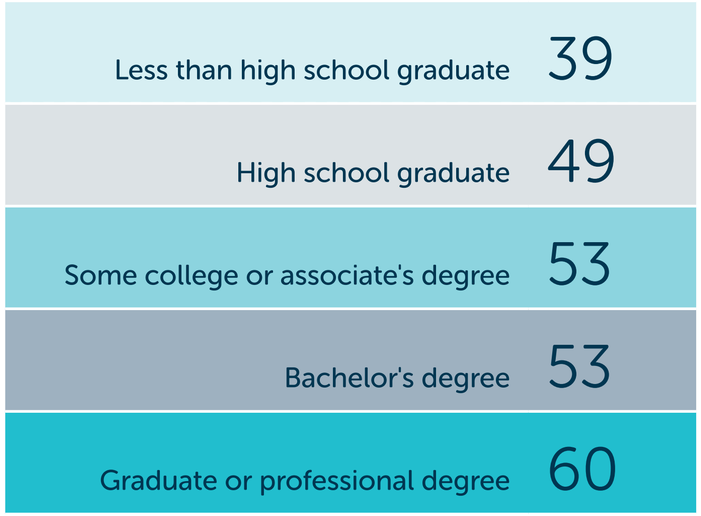
Fertility Rate,
(aged 15-50 years), 2023

	COUNT	RATE PER 1,000
Clark County	27,386	**50**
Nevada	37,286	51
United States	3,997,128	52

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates.

MCH : FERTILITY RATE

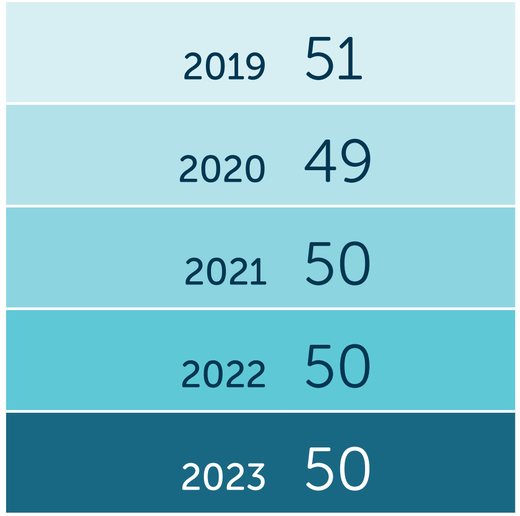
FERTILITY RATE
BY EDUCATION CLARK COUNTY, 2023



per 1,000 women age 15-50

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

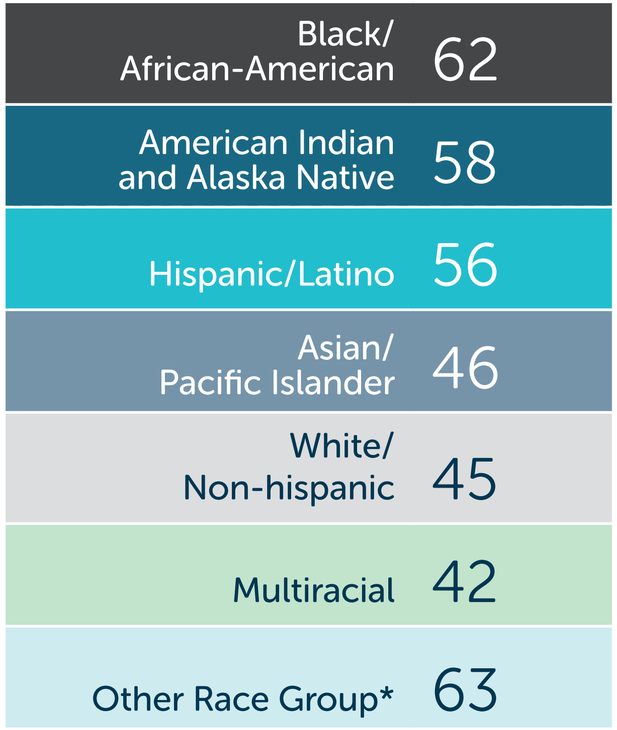
FERTILITY RATE
BY YEAR CLARK COUNTY, 2019-2023



per 1,000 women age 15-50

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2015-2019, 2016-2020, 2017-2021, 2018-2022, 2019-2023

FERTILITY RATE
BY RACE/ ETHNICITY, CLARK COUNTY, 2023



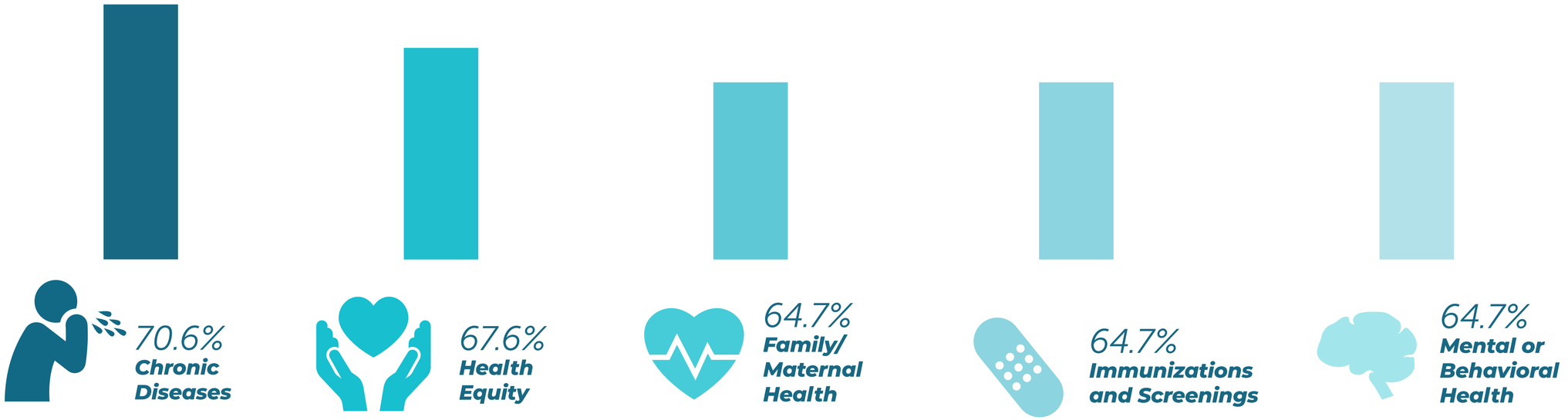
per 1,000 women age 15-50

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates
**ACS denotes as Some other race.*

MCH : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

- Community partners were asked to indicate all the health topics they worked on and the most prevalent included:



MCH : CPA, CCA, CSA KEY FINDINGS

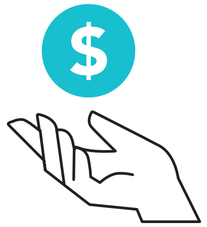
COMMUNITY CONTEXT ASSESSMENT

PhotoVoice

- Limitation to health: "In many communities, proper budgeting classes are often absent from high school curricula, limiting students' financial literacy and management skills. Without these classes, young people may struggle with financial stress, which can negatively impact their mental health."

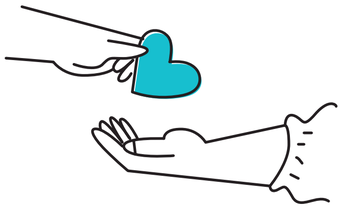
Focus Group : What is occurring that affects the health of your community or your local public health system? Or what would you say are some of the biggest barriers to improving these issues?

ZIP 89101



"If you're working, you also have to pay daycare, because you don't qualify for TANF and welfare. The daycare, I just checked with them because I'm trying to get a job, and they said it's taking me $1,200 a month for us. That's, that's, I gotta find a really, really, really good job. (Single Mother Family Household and Births to Unmarried Women)"

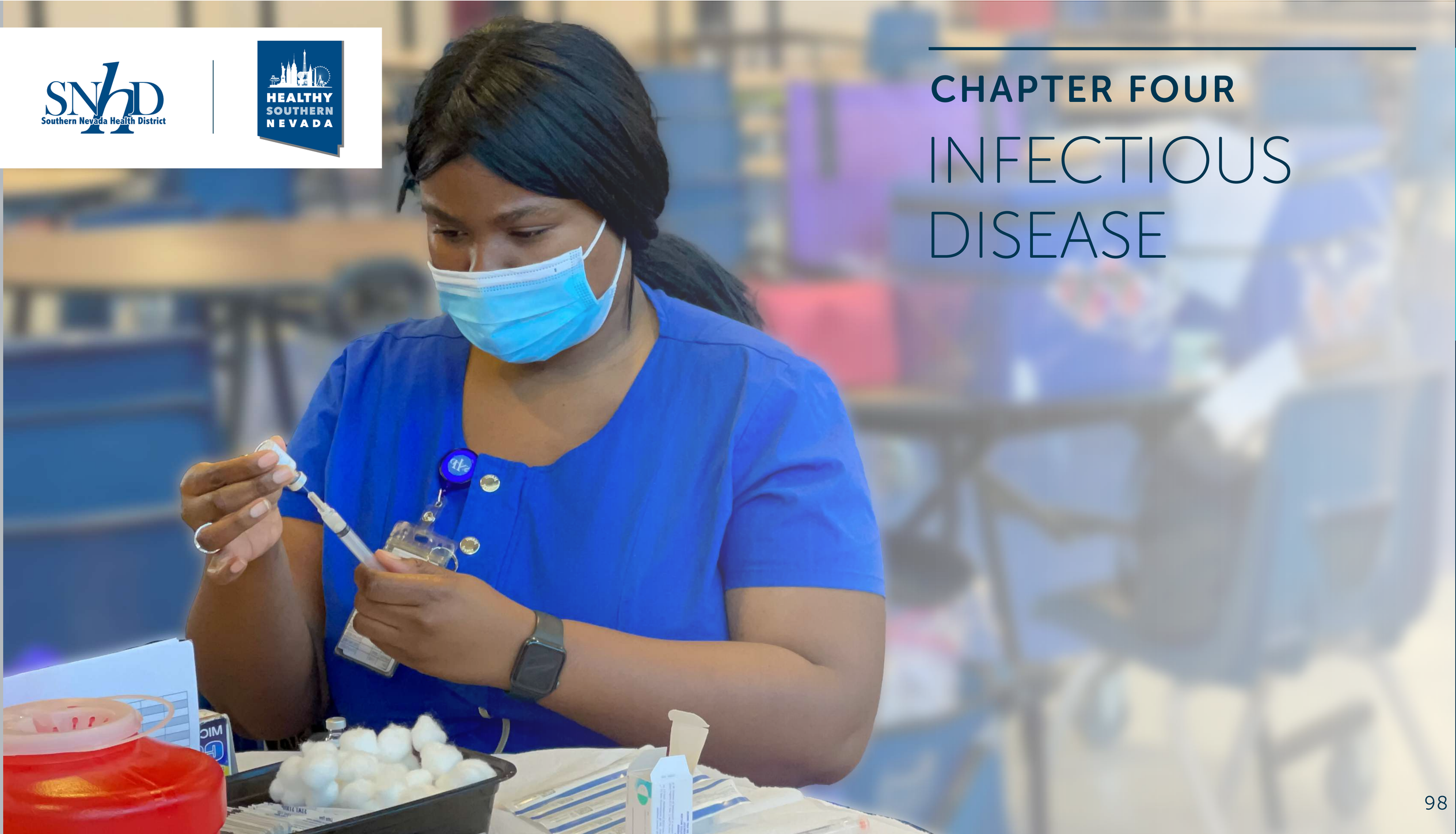
American Indian/ Alaskan Native



Participants highlighted the challenge of finding a therapist who is a good fit, saying it can take months to secure an appointment and often feels mentally draining to find a professional with whom they feel comfortable.

One mother shared her experience, stating, *"For us (parents and younger child), we have a medical support system, but my older children have to go to Arizona to the IHS or reservation to get medical care."*

This illustrates the difficulties families face in securing care locally.



CHAPTER FOUR

INFECTIOUS DISEASE

INTRODUCTION

An infectious disease is an illness caused by pathogens such as bacteria, viruses, fungi, or parasites that enter a person's body. These diseases can spread directly from person to person through contact, droplets, or bodily fluids, or indirectly through the environment, contaminated surfaces, or vectors like mosquitoes. It is important for health departments to monitor such conditions to ensure the health of the population and prevent the unnecessary spread of diseases.

ID : KEY FINDINGS

Higher Incidence Rate

Compared with Nevada and the United States, Clark County has higher incidence rates of active tuberculosis (TB), chlamydia, gonorrhea, infectious syphilis, as well as higher rates of both new Human Immunodeficiency Virus (HIV) diagnoses and individuals living with HIV.

Active TB Incidence Rate

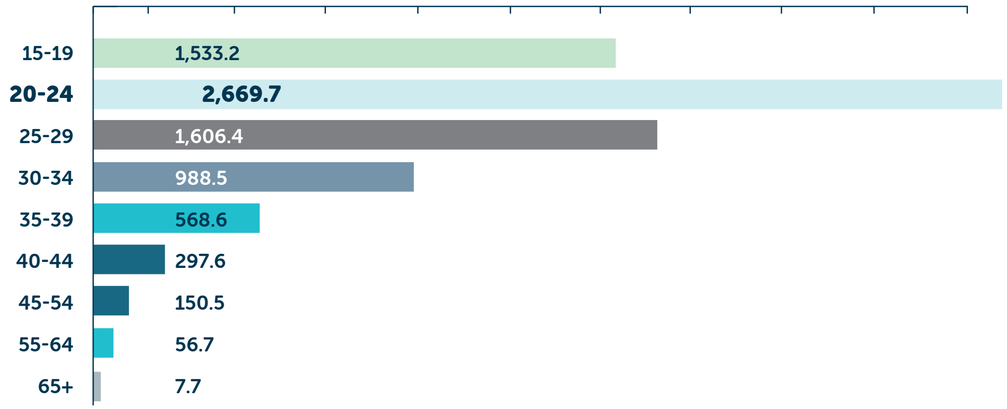
Active TB incidence rate in Clark County had a 68% increase from 2019 to 2023 (1.9 and 3.2 per 100,000 population respectively) with non-Hispanic Asians 36.3 times more likely than non-Hispanic Whites to be diagnosed with TB.

Acquiring HIV and Syphilis

In 2023, ***racial and ethnic disparities are seen in Clark County with non-Hispanic Black individuals 4.7 and 4.3 times more likely to acquire HIV and syphilis*** respectively than non-Hispanic Whites. Males have a higher burden of TB, syphilis, gonorrhea, and HIV than females.

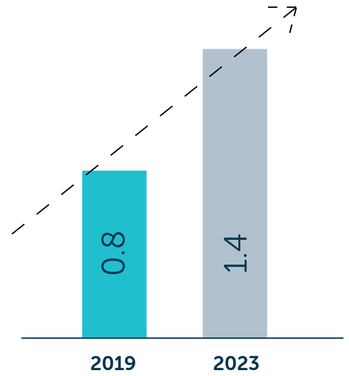
ID : KEY FINDINGS

Chlamydia Rates, *Clark County, 2019-2023*



Individuals aged 20 to 24 have a rate of chlamydia in Clark County that is 2,669.7 cases per 100,000 population overall in 2019-2023. Mortality rates from influenza and pneumonia are higher in Clark County than Nevada and the United States and were primarily among non-Hispanic Black individuals.

Acute Hepatitis B

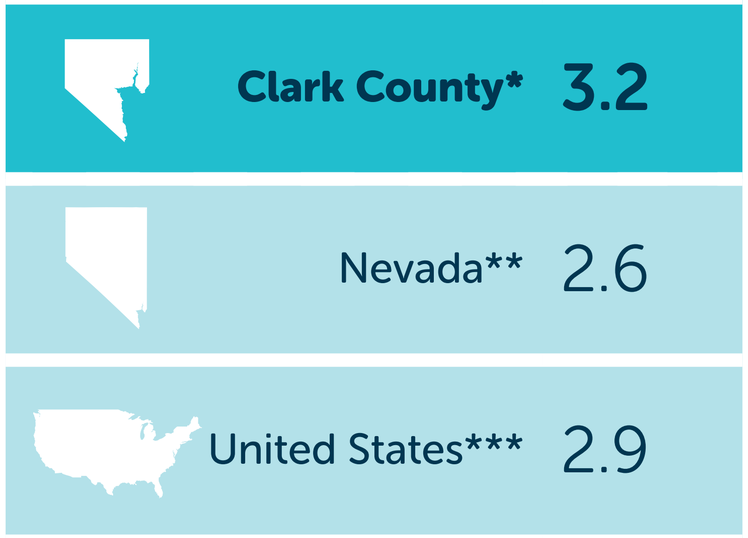


The rate of acute hepatitis B increased by 75.0% from 0.8 cases per 100,000 in 2019 to 1.4 cases per 100,000 population in 2023. From 2019 to 2022, Clark County had an average acute hepatitis C rate of 0.4 cases per 100,000 population, which is similar to the Nevada rate and much lower than the national average rate (0.4 and 1.5 cases per 100,000 population, respectively).

ID : TUBERCULOSIS

SUMMARY

The active tuberculosis (TB) rate is presented as the number of active TB cases per 100,000 population by the given year or averaged over 2019-2023. **In 2023, Clark County's rate of active TB was 3.2 cases per 100,000 population, higher than both the Nevada state average (2.6 cases per 100,000 population) and the national rate (2.9 cases per 100,000 population).** While the rates were similar between males and females (2.8 and 2.9 cases per 100,000 population, respectively), the highest rates were seen in non-Hispanic Asians /Pacific Islander (10.9 cases per 100,000 population) and those aged 65 and older (5.1 cases per 100,000 population) from 2019 to 2023.



Rate per 100,000 Population
2019-2023

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The active tuberculosis (TB) rate is a key public health measure that helps track disease spread, identify outbreaks, and assess treatment effectiveness. Rising rates may signal healthcare gaps, drug-resistant strains, or treatment failures, posing significant risks. TB disproportionately affects vulnerable populations, including immunocompromised individuals and those in congregate settings. Monitoring these rates enables targeted interventions, resource allocation, and progress toward TB elimination, ultimately protecting public health.

Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
**Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data*
***Source: Office of State Epidemiology. Division of Public and Behavioral Health. State of Nevada 2023 TB Fast Facts. Carson City, Nevada. Accessed December 2024.*
****Source: Division of Tuberculosis Elimination; National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention; Centers for Disease Control and Prevention*

ID : TUBERCULOSIS

OUR SITUATION

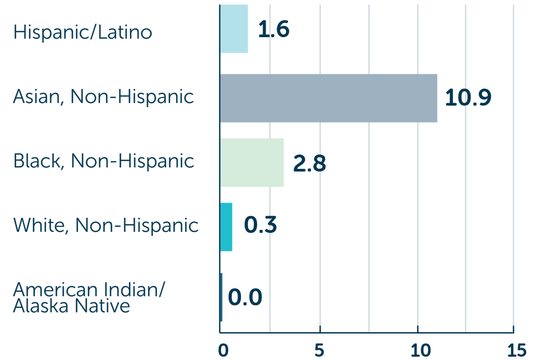
In 2023, Clark County reported an active tuberculosis (TB) rate of 3.2 cases per 100,000 population, which was higher than both the Nevada state rate of 2.6 per 100,000 population and the national rate of 2.9 per 100,000 population. The average active TB rate was similar between males and females (2.8 cases and 2.9 cases per 100,000 population, respectively) from 2019 to 2023.

Between 2019 and 2023, active TB rates in Clark County exhibited significant disparities across racial and ethnic groups. The highest incidence was observed among non-Hispanic Asians, with a rate of 10.9 cases per 100,000 population. Non-Hispanic Blacks had a rate of 2.8 cases per 100,000 population, followed by Hispanic/Latino individuals at 1.6 cases per 100,000 population. Non-Hispanic Whites reported a notably lower rate of 0.3 cases per 100,00 population, while no cases were recorded among non-Hispanic American Indian/Alaska Native populations during this period.

Between 2019 and 2023, active TB rates in Clark County varied across age groups. The incidence was lowest among individuals aged 15–24, with a rate of 1.2 cases per 100,000 population. Rates increased with age, reaching 2.4 cases per 100,000 population in the 25–44 age group, 2.9 cases per 100,000 population in the 45–64 cohort, and peaking at 5.1 cases per 100,00 population among those aged 65 and older.

ACTIVE TB RATES
BY RACE/ ETHNICITY, CLARK COUNTY, 2019-2023

RATE PER 100,000 POPULATION*



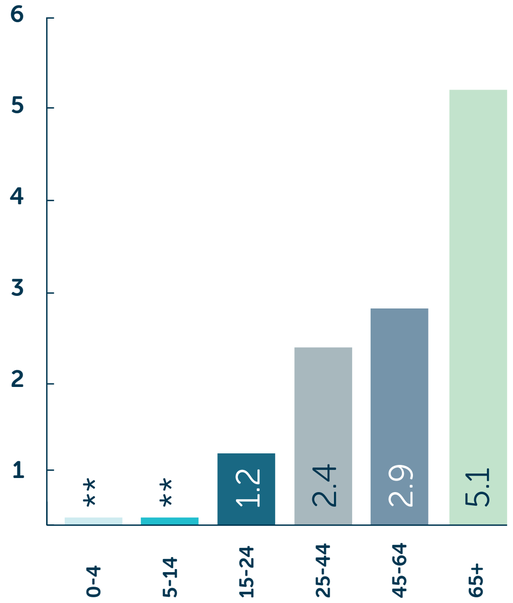
Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : TUBERCULOSIS

ACTIVE TB RATES
BY SEX, CLARK COUNTY, 2019-2023

Female	2.9
Male	2.8

ACTIVE TB RATES
BY AGE, CLARK COUNTY, 2019-2023



ACTIVE TB RATES
BY YEAR, CLARK COUNTY, 2019-2023

2019	1.9
2020	2.2
2021	2.3
2022	2.3
2023	3.2
Average Rate	**2.4**

Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*
***Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

ID : HEPATITIS B

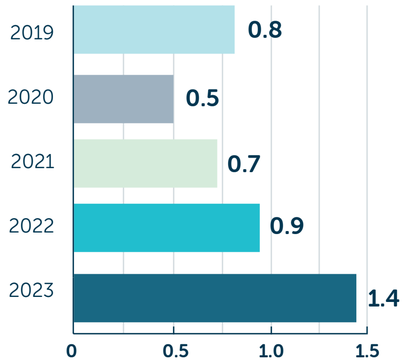
SUMMARY

Acute hepatitis B infection rate is presented as the number of reported newly acquired hepatitis B cases per 100,000 population by the given year from 2019-2023 or averaged over 2019-2023. Clark County had an average rate of 0.9 cases per 100,000 population, which is slightly higher than the average Nevada rate and even higher than the average national rate (0.8 and 0.6 cases per 100,000 population, respectively). **In 2023, the rate of acute hepatitis B (1.4 cases per 100,000 population) increased by 75.0% from 0.8 cases per 100,000 in 2019.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Monitoring acute hepatitis B cases helps to inform early intervention and prevention efforts. The presence of acute cases indicates ongoing spread within the community. Hepatitis B is a bloodborne pathogen that is primarily transmitted through direct blood-to blood contact as well as other body fluids that carry the hepatitis B virus (HBV). Some individuals will develop chronic hepatitis B, leading to liver disease, cirrhosis, and liver cancer. For acute cases that become long-term, chronic infection, treatments are available, but no cure exists. Prevention, which includes vaccination, is key to reducing the spread of HBV. Ensuring proper hygiene with needles, razors, and other potential means of blood transfer are key measures to stop the spread of HBV within the community.

ACUTE HEPATITIS B RATES BY YEAR, CLARK COUNTY, 2019-2023



*Rate per 100,000 Population**

Source: Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024

**Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data*

ID : HEPATITIS B

OUR SITUATION

From 2019 to 2022, the most recent period with available U.S. data, Clark County had an average rate of reported acute hepatitis B cases that are above the average for Nevada and the nation (0.9 vs 0.8 and 0.6 cases respectively per 100,000). In 2023, the rate of acute hepatitis B (1.4 cases per 100,000 population) increased by 75.8% from 0.8 cases per 100,000 in 2019. **From 2019 to 2023, the average rate in males is more than double that of females (1.2 vs 0.5 per 100,000).**

Acute Hepatitis B Rates *2019-2022*

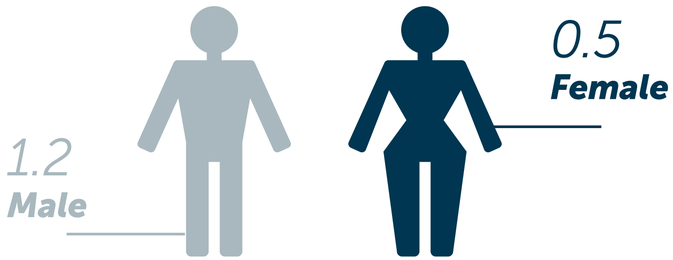
Rate per 100,000 Population

0.9
Clark County*

0.8
Nevada**

0.6
United States**

ACUTE HEPATITIS B RATES
BY SEX, CLARK COUNTY, 2019-2023



*Rate per 100,000 Population**

**Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024*

***Source: Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2022. https://www.cdc.gov/hepatitis-surveillance-2022/about/index.html. Published April 2024. Accessed October 2024.*

**Rates per 100,000 population were calculated using 2023 population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : HEPATITIS C

SUMMARY

Acute hepatitis C infection rate is presented as the number of reported newly acquired hepatitis C cases per 100,000 population averaged over 2019-2022. The number of cases in 2023 was too small to be reported so are not included here.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Acute hepatitis C is an important public health indicator as it reflects recent infections and suggests that active transmission is occurring in the community. Untreated acute hepatitis C can lead to chronic infections that may ultimately cause cirrhosis, cancer of the liver, or liver failure. Decreasing the rate of hepatitis C will contribute towards a better quality of life for the community and populations. 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.

OUR SITUATION

From 2019 to 2022, Clark County had an average acute hepatitis C rate of 0.4 cases per 100,000 population, which is similar to the Nevada rate and lower than the national average rate (0.4 and 1.5 cases per 100,000 population, respectively).

Acute Hepatitis C Rates, 2019-2022

*Rate per 100,000 Population**

Clark County*	0.4
Nevada**	0.4
United States**	1.5

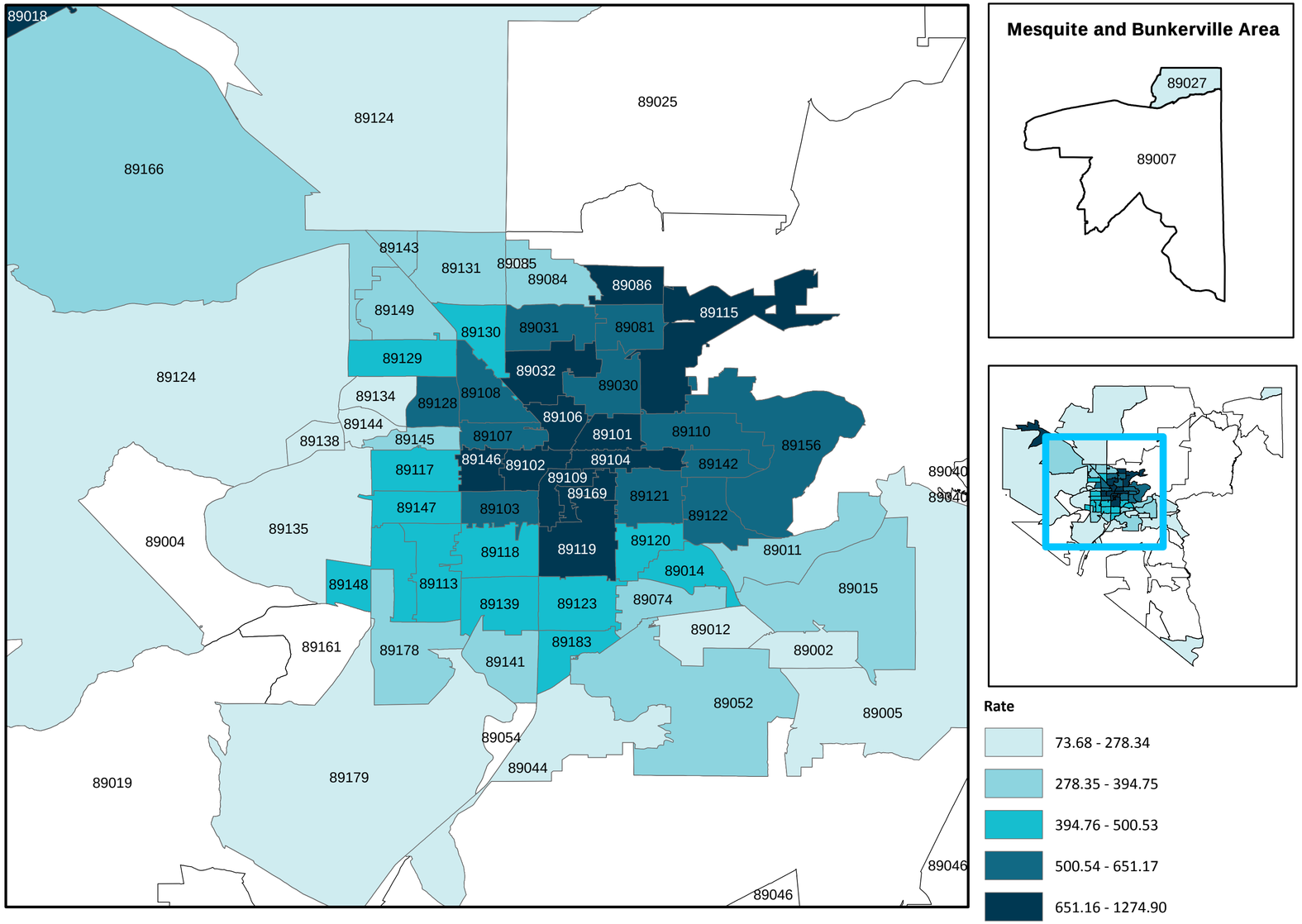
**Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024*

Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data Source: Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2022. https://www.cdc.gov/hepatitis-surveillance-2022/about/index.html. Published April 2024. Accessed October 2024.*

NOTE: Demographic stratification and yearly rates are unavailable due to case counts fewer than 12.

ID : CHLAMYDIA

CHLAMYDIA INFECTION RATES PER 100,000 POPULATION, 2019-2023



Rate

- 73.68 - 278.34
- 278.35 - 394.75
- 394.76 - 500.53
- 500.54 - 651.17
- 651.16 - 1274.90

ID : CHLAMYDIA

SUMMARY

Chlamydia infection rate is presented as the number of reported chlamydia cases per 100,000 population by the given year or averaged over 2019-2023. **Clark County had an average rate of 562.6 cases per 100,000 population, which is higher than both the Nevada state average of 515.3 and the national average of 502.1 cases per 100,000 population.** Overall, the rate decreased by 14.5% from 2019 to 2023. The highest rates were seen in females (673.3 cases per 100,000 population) and those aged 20 to 24 years (2,669.7 cases per 100,000 population). Young adults aged 20 to 24 have a rate 4.7 times higher than the rate of chlamydia than that of the overall Clark County rate.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Chlamydia infection rate is an important public health indicator because it reflects the prevalence of one of the most common sexually transmitted infections (STIs) and help guide prevention and treatment efforts. High chlamydia rates signal ongoing transmission within communities, particularly among young adults, who are the most affected demographic. 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. Additionally, untreated chlamydia can also increase the risk of acquiring or transmitting other STIs, including HIV.

Chlamydia Infection Rates *2019-2023*

*Rate per 100,000 Population**

562.6
Clark County*

515.3
Nevada**

502.1
United States**

**Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024*

**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

***Source: Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance 2023. Atlanta: U.S. Department of Health and Human Services; 2024. Accessed December 2024.*

ID : CHLAMYDIA

OUR SITUATION

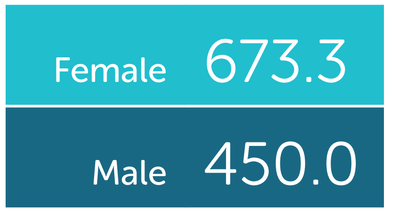
Between 2019 and 2023, the average chlamydia infection rate was 562.6 cases per 100,000 population in Clark County, which is higher than Nevada and national rates (515.3 and 502.1 cases per 100,000, respectively). In Clark County, the rate has declined slightly from 614.2 cases per 100,000 in 2019 to 525.1 cases in 2023. **Chlamydia infection rates were higher in females than in males (673.3 and 450.0 cases per 100,000, respectively).**

Chlamydia infection rates vary by age group. The data highlights that chlamydia is predominantly an issue among younger populations, particularly those in their late teens and twenties. Chlamydia infection rates in Clark County were highest among young adults, particularly those aged 20-24, with an average rate of 2,669.7 cases per 100,000 population. This age group experienced the most significant burden of infection, followed closely by individuals aged 15-19, who had a rate of 1,533.2 cases per 100,000 population. The trend continued with relatively high rates in the 25-29 age group at 1,606.4 cases per 100,000 population, before declining steadily with age.

By the time individuals reached their thirties, infection rates had dropped, with 30-34-year-olds experiencing a rate of 988.5 cases per 100,000 population and those aged 35-39 seeing a further decline to 568.6 cases per 100,000 population. The trend continued into middle age, with 45-54-year-olds reporting a rate of 150.5 cases per 100,000 population, and even lower rates observed in older adults. Those aged 55-64 had an infection rate of just 56.7 cases per 100,000 population, while individuals 65 and older had the lowest rate at 7.7 cases per 100,000 population.

Incomplete data limits the ability to report on disparities for race/ethnic groups.

CHLAMYDIA INFECTION RATES BY SEX, CLARK COUNTY, 2019-2023



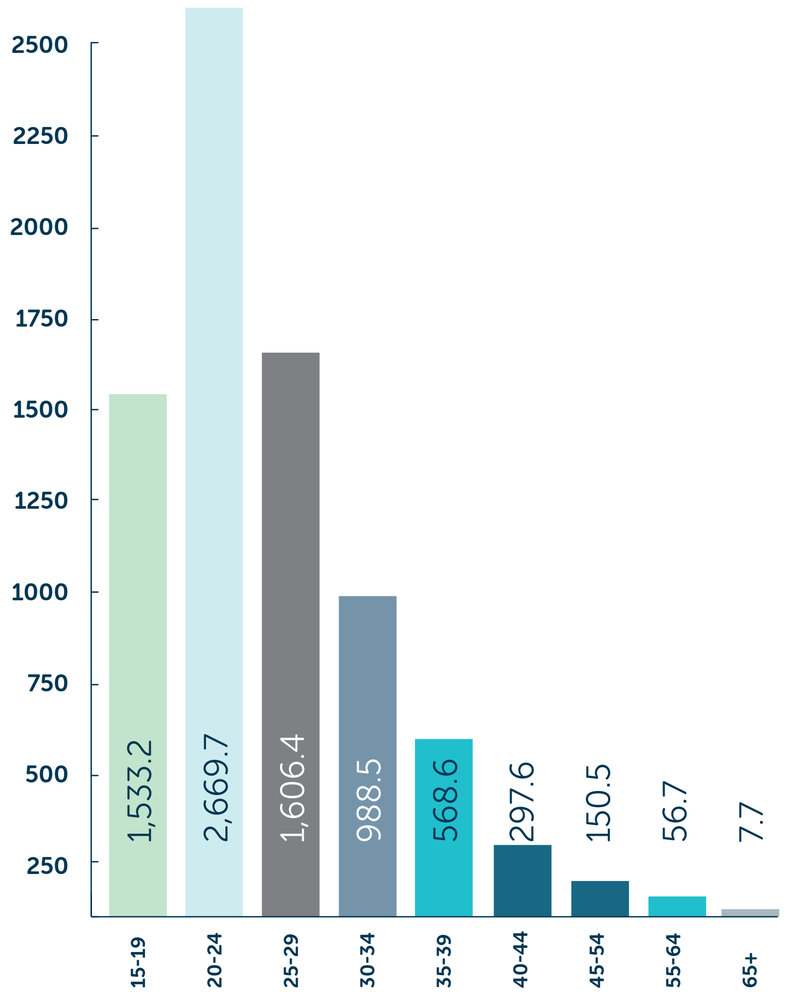
*Rate per 100,000 Population**

Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024

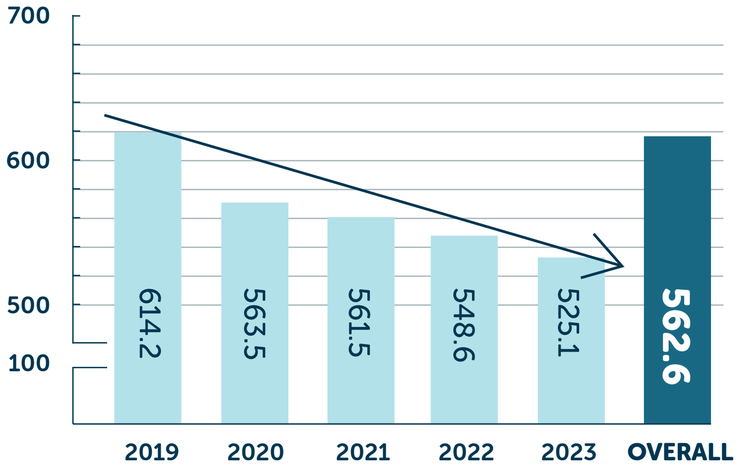
**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : CHLAMYDIA

CHLAMYDIA INFECTION RATES
BY AGE, CLARK COUNTY, 2019-2023



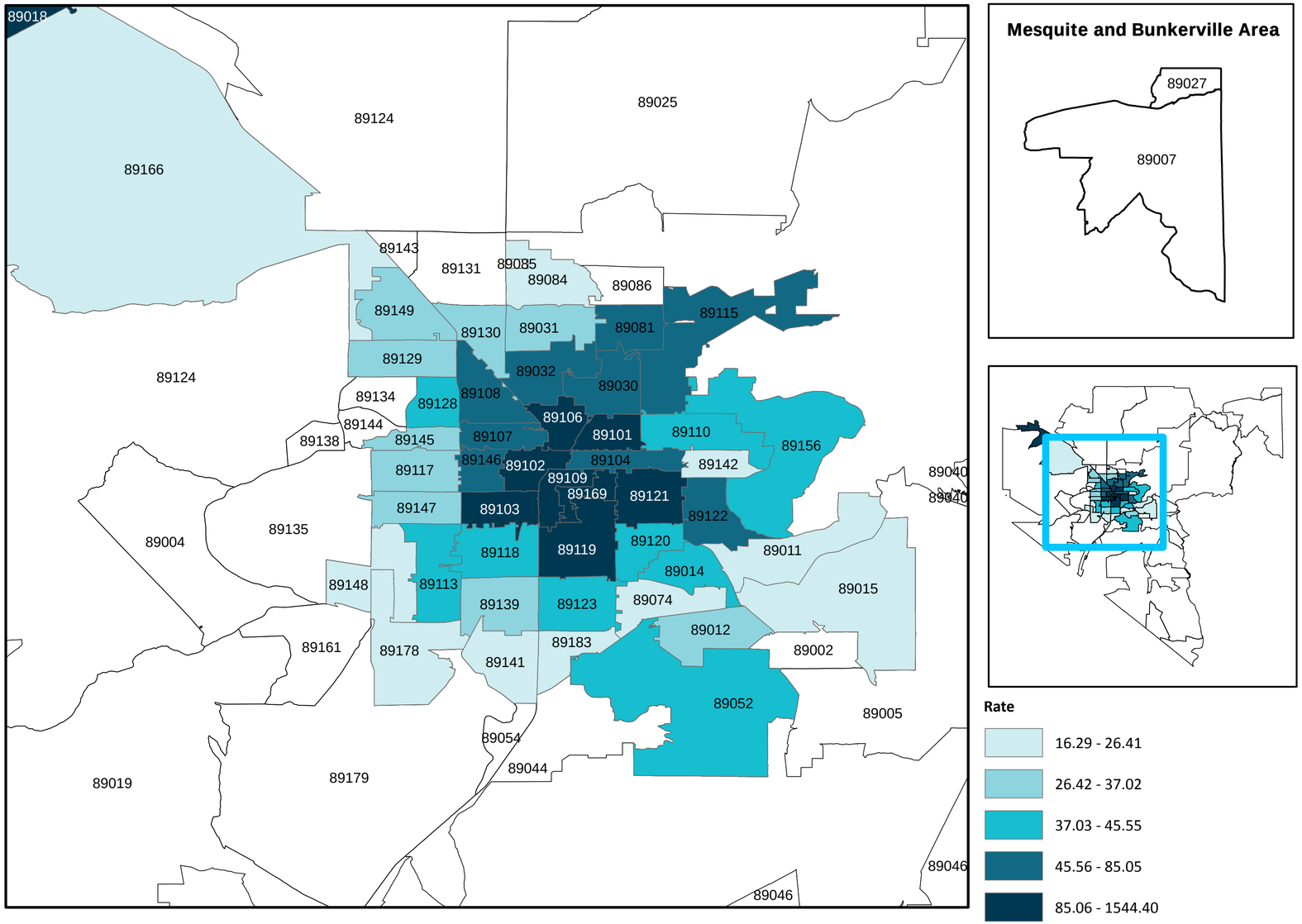
CHLAMYDIA INFECTION RATES
BY YEAR 2019-2023



Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
**Rates per 100,000 population were calculated using 2023 population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : SYPHILIS

PRIMARY AND SECONDARY SYPHILIS RATES PER 100,000 POPULATION, 2019-2023



Rate

- 16.29 - 26.41
- 26.42 - 37.02
- 37.03 - 45.55
- 45.56 - 85.05
- 85.06 - 1544.40

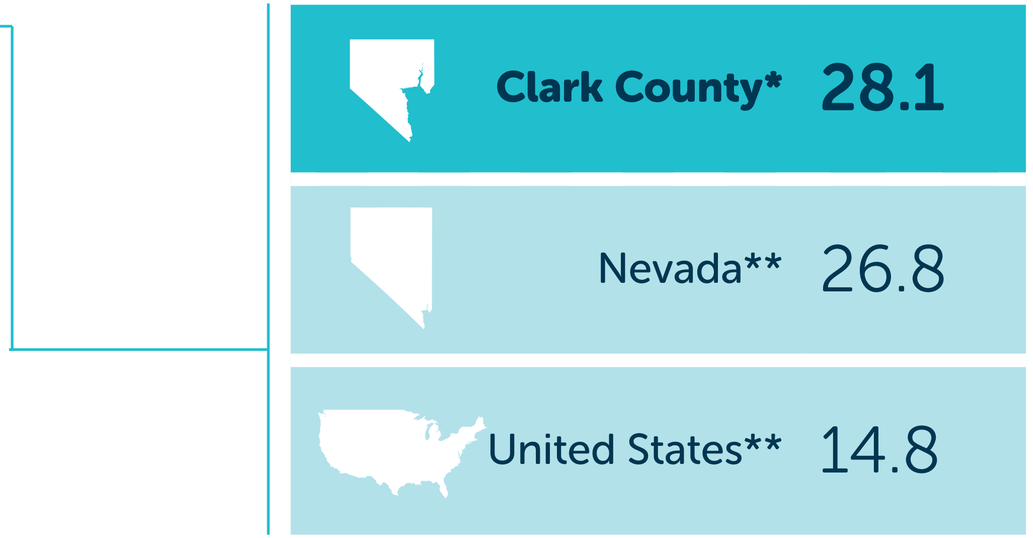
ID : SYPHILIS

SUMMARY

The primary and secondary syphilis rate is presented as the number of reported primary and secondary stages of syphilis cases per 100,000 population by the given year or averaged over 2019-2023. **Clark County had an average rate of 28.1 cases per 100,000 population, while the Nevada and national average rates were 26.8 and 14.8 cases per 100,000 population, respectively.** The rates were the highest in males (45.1 cases per 100,000 population), those aged 30-34 (79.8 cases per 100,000 population), and in Black, non-Hispanic individuals (84.0 cases per 100,000 population).

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The primary and secondary syphilis rate is a key public health measure, reflecting the most infectious stages of syphilis and indicating ongoing transmission. Rising rates suggest gaps in screening, treatment, and sexual health education, increasing the risk of severe complications and HIV transmission. Syphilis can cause serious long-term health complications if left untreated, including neurological, cardiovascular, and organ damage. In pregnant women with syphilis, there is also a risk of transmission to the baby known as congenital syphilis which is covered in Chapter 3 of this report. Since primary and secondary syphilis are highly contagious but often go undiagnosed due to mild or unnoticed symptoms, tracking infection rates helps detect outbreaks and prevent further spread.



Rate per 100,000 Population
2019-2023

Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*
***Source: Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance 2023. Atlanta: U.S. Department of Health and Human Services; 2024. Accessed December 2024.*

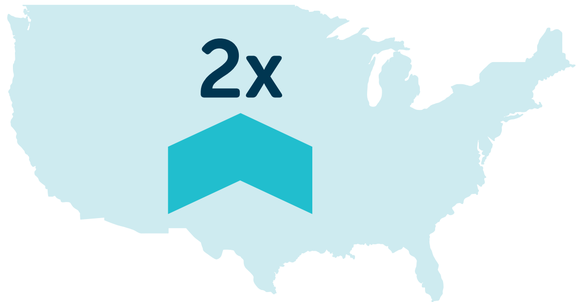
ID : SYPHILIS

OUR SITUATION

Between 2019 and 2023, the average primary and secondary syphilis rate was 28.1 cases per 100,000 population in Clark County, which is higher than Nevada and nearly twice the national rates (26.8 and 14.8 cases per 100,000 population, respectively). The rate in Clark County peaked at 31.6 cases per 100,000 in 2021, before declining to 23.2 cases per 100,000 in 2023. Primary and secondary syphilis rate was much higher in males than in females (45.1 and 11.2 cases per 100,000 population, respectively).

Between 2019 and 2023, primary and secondary syphilis rates in Clark County were highest among individuals aged 30-34, with an average rate of 79.8 cases per 100,000 population. This age group experienced the highest burden of infection, closely followed by those aged 25-29, who had a rate of 77.6 cases per 100,000 population. The rates remained relatively high among 35-39-year-olds at 57.3 cases per 100,000 population but began to decline steadily after this point.

Primary and secondary syphilis in Clark County varied significantly by race and ethnicity, with Black, non-Hispanic individuals experiencing the highest burden of infection. This group had a rate of 84.0 cases per 100,000 population, which was substantially higher than any other racial or ethnic category. Hispanic/Latino individuals had the second-highest rate at 22.8 cases per 100,000 population, followed by White, non-Hispanic individuals at 19.5 cases per 100,000 population. Asian/Pacific Islander, non-Hispanic individuals had the lowest reported rate at 8.8 cases per 100,000 population.



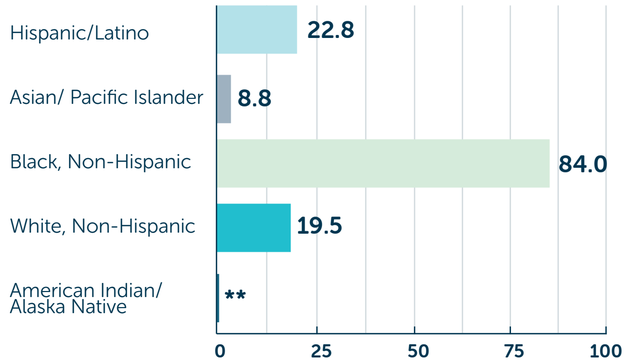
ID : SYPHILIS

PRIMARY AND SECONDARY SYPHILIS RATES
BY AGE, CLARK COUNTY, 2019-2023

15-19	11.3
20-24	52.1
25-29	77.6
30-34	79.8
35-39	57.3
40-44	38.4
45-54	27.9
55-64	15.2
65+	**

PRIMARY AND SECONDARY SYPHILIS RATES
BY RACE/ ETHNICITY, CLARK COUNTY, 2019-2023

RATE PER 100,000 POPULATION*



PRIMARY AND SECONDARY SYPHILIS RATES
BY SEX, CLARK COUNTY, 2019-2023

Female	11.2
Male	45.1

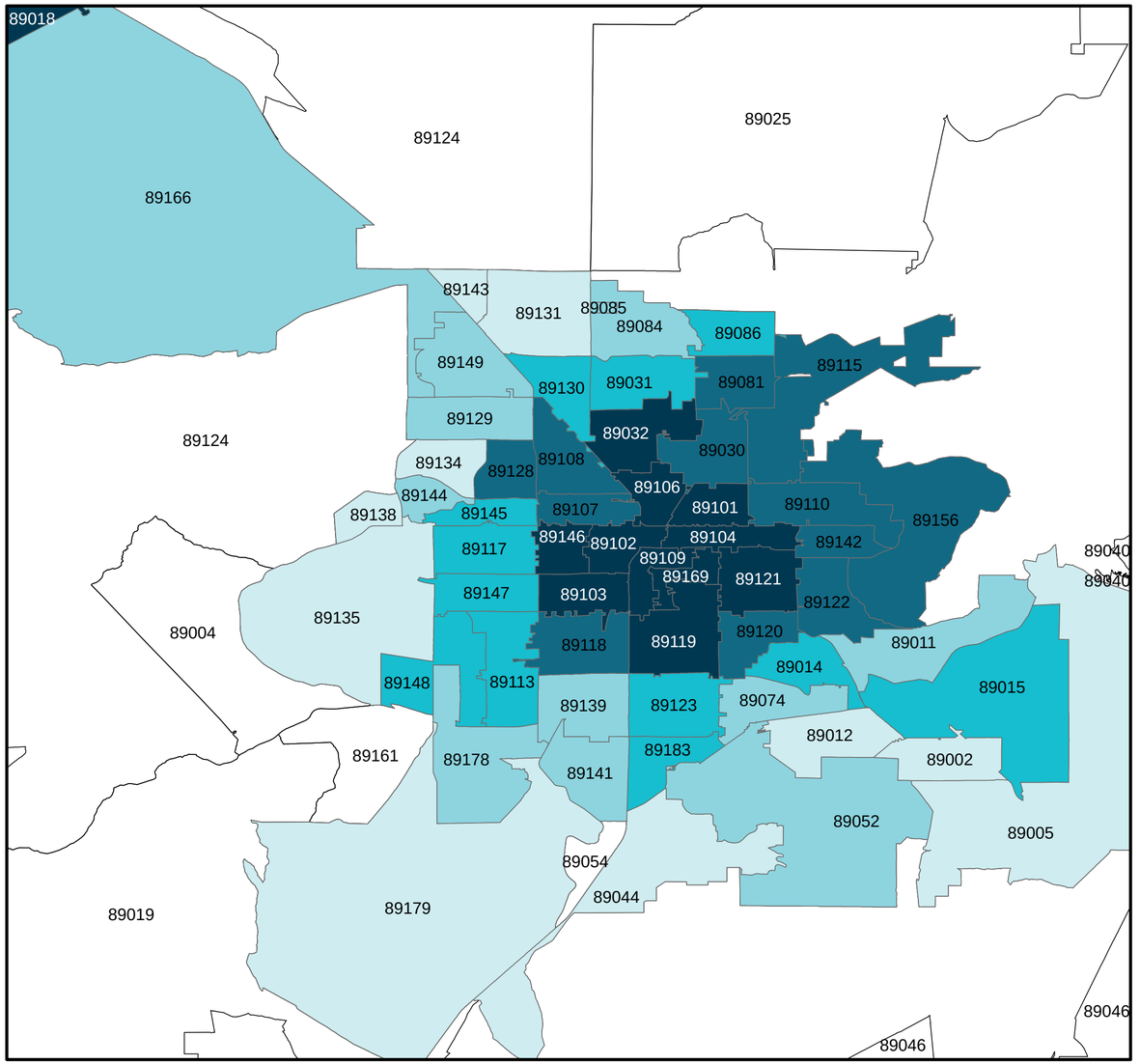
PRIMARY AND SECONDARY SYPHILIS RATES
BY YEAR, CLARK COUNTY, 2019-2023

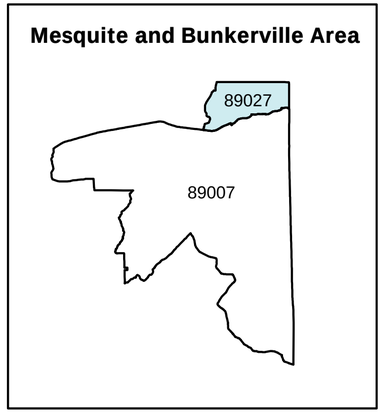
2019	27.7
2020	27.5
2021	31.6
2022	30.6
2023	23.2
Average Rate	**28.1**

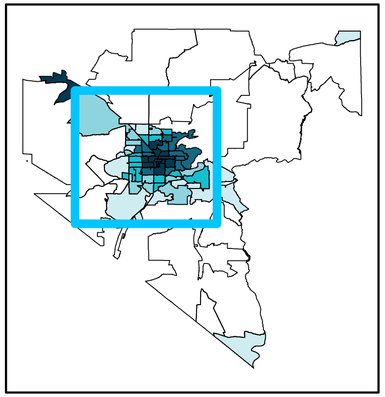
Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
** Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*
***Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality*

ID : GONORRHEA

GONORRHEA INFECTION RATES PER 100,000 POPULATION, 2019- 2023







Rate

- 31.59 - 91.12
- 91.13 - 159.60
- 159.61 - 212.88
- 212.89 - 287.36
- 287.37 - 949.70

ID : GONORRHEA

SUMMARY

The gonorrhea rate is presented as the number of reported gonorrhea cases per 100,000 population by the given year or averaged over 2019-2023. **From 2019 to 2023, Clark County had an average rate of 262.2 cases per 100,000 population, while the Nevada and national average rates were 224.8 and 196.0 cases per 100,000 population, respectively.** Gonorrhea was the highest in males (341.9 cases per 100,000 population) and those aged 20-24 (862.4 cases per 100,000 population).

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The gonorrhea rate is an important public health indicator because it reflects the prevalence and transmission of the second most common sexually transmitted infection (STI). Rising rates suggest gaps in screening, prevention, and treatment efforts, particularly among high-risk populations such as young adults. If left untreated, gonorrhea can lead to serious complications, including pelvic inflammatory disease (PID), infertility, ectopic pregnancies, and increased susceptibility to HIV. Additionally, the emergence of antibiotic-resistant gonorrhea poses a growing threat, making surveillance critical to ensure effective treatment options remain available.

GONORRHEA RATES

2019-2023

Clark County*	262.2
Nevada**	224.8
United States**	196.0

Rate per 100,000 Population

Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024

**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

*** Source: Centers for Disease Control and Prevention. Sexually Transmitted Infections Surveillance 2023. Atlanta: U.S. Department of Health and Human Services; 2024. Accessed December 2024.*

ID : GONORRHEA

OUR SITUATION

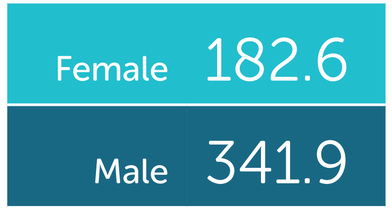
Between 2019 and 2023, the average gonorrhea rate was 262.2 cases per 100,000 population in Clark County, which was higher than Nevada and national rates (224.8 and 196.0 cases per 100,000 population, respectively). The gonorrhea rate in Clark County fluctuated from 2019 to 2023, peaking at 309.8 cases per 100,000 population in 2021 before declining to 240.9 cases per 100,000 in 2023. **The gonorrhea rate was much higher in males than in females (341.9 and 182.6 cases per 100,000 population, respectively).**

Between 2019 and 2023, gonorrhea rates in Clark County were highest among young adults, particularly those aged 20-24, who experienced an average rate of 862.4 cases per 100,000 population. This group had the highest burden of infection, followed closely by individuals aged 25-29, with a rate of 749.4 cases per 100,000 population. The trend continued with elevated rates in the 15-19 age group at 451.6 cases per 100,000 population, indicating that gonorrhea disproportionately affects younger populations.

As age increased, infection rates declined steadily. The 30-34 age group had a rate of 619.8 cases per 100,000 population, while those aged 35-39 saw a further decrease to 432.2 cases per 100,000 population. Beyond this point, the decline became more pronounced, with the 40-44 age group reporting a rate of 250.4 cases per 100,000 population, followed by 139.3 cases per 100,000 population among those aged 45-54. The lowest rates were observed in older adults, with 59.2 cases per 100,000 population in the 55-64 age range and just 8.9 cases per 100,000 population among individuals 65 and older.

Incomplete data limits the ability to report on disparities for race/ethnic groups.

GONORRHEA RATES
BY SEX, CLARK COUNTY, 2019-2023

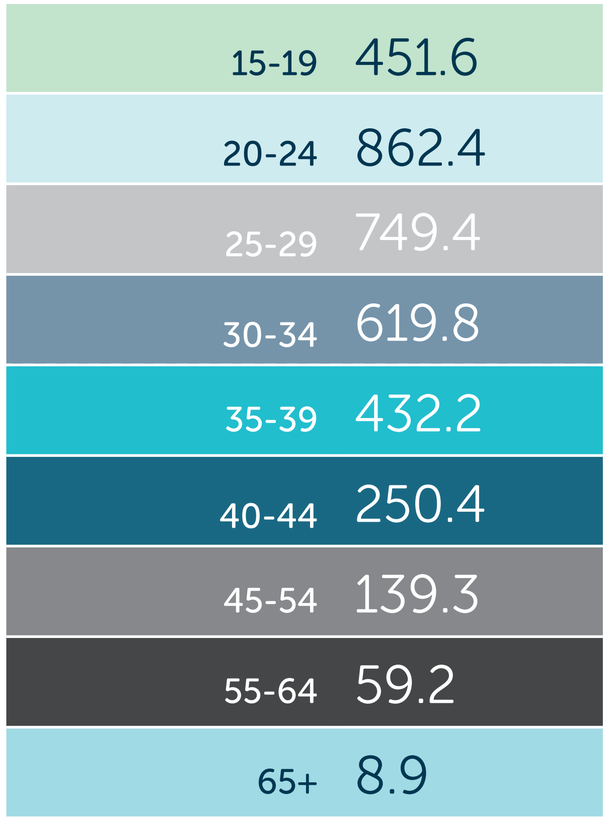


Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024

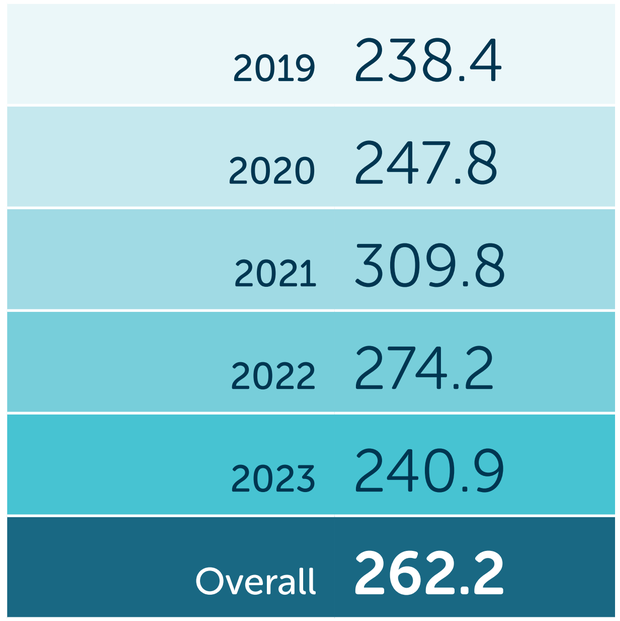
**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : GONORRHEA

GONORRHEA RATES
BY AGE, CLARK COUNTY, 2019-2023



GONORRHEA RATES
BY YEAR, CLARK COUNTY, 2019-2023



Source: Southern Nevada Health District, EpiTrax Surveillance System, 2024
**Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : HIV

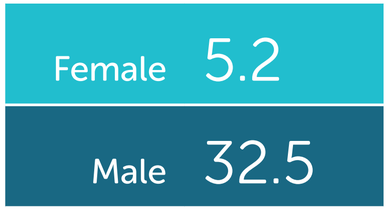
SUMMARY

The new HIV diagnoses rate is presented as the number of new HIV diagnoses among those who resided in Clark County at the time of diagnosis per 100,000 population by the given year or averaged over 2019-2023. The rate of people living with HIV (PLWH) is presented as the number of persons living with HIV per 100,000 population by the given year or averaged over 2019-2023. PLWH indicates any person regardless of HIV staging, including HIV stage 3 (AIDS), living in Clark County during the given year. These individuals may or may not have been diagnosed with HIV in Clark County.

Clark County's rate of new HIV diagnoses was 20.9 cases per 100,000 population, while the Nevada and national rates were 19.6 and 13.3 cases per 100,000 population, respectively, in 2022, the most recent year data is available for the United States. **From 2019 to 2023, the average rates of new HIV diagnoses in Clark County were the highest in males (32.5 cases per 100,000 population**), those aged 25-34 (51.0 cases per 100,000 population), and in Black, non-Hispanic individuals (51.3 cases per 100,000 population).

In 2022, Clark County's rate of PLWH was 436.0 cases per 100,000 population, while the Nevada and national rates were 436.0 and 387.9 cases per 100,000 population, respectively the most recent year data is available for the United States. From 2019 to 2023 in Clark County, the average rate of PLWH were the highest in males (806.4 cases per 100,000 population), those aged 55-64 (909.8 cases per 100,000 population), and in Black, non-Hispanic individuals (1,266.3 cases per 100,000 population).

NEW HIV DIAGNOSES RATES
BY SEX, CLARK COUNTY, 2019-2023



Source: State of Nevada, Office of HIV. Division of Public and Behavioral Health. 2023 HIV Fast Facts. Las Vegas, Nevada. e1.0. July 2024.

** New HIV diagnoses include only those who resided in Clark County at the time of diagnosis. Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

ID : HIV

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The rate of new HIV diagnoses is a key public health metric that reflects ongoing transmission trends and the effectiveness of prevention, testing, and education efforts. High or rising rates suggest gaps in awareness, access to healthcare, and risk reduction strategies such as condom use and PrEP (pre-exposure prophylaxis). **Tracking new cases helps public health officials identify at-risk populations, allocate resources, and implement targeted interventions to reduce further spread.**

The rate of PLWH is equally important because it represents the total burden of the disease within a community. As HIV is a lifelong condition, monitoring these rates helps ensure that those affected have consistent access to treatment, care, and support services to manage their health and prevent transmission. Effective treatment, such as antiretroviral therapy (ART), reduces viral loads to undetectable levels, making HIV untransmittable. By tracking both new diagnoses and the overall number of PLWH, public health programs can measure progress toward HIV prevention goals, address healthcare disparities, and improve long-term health outcomes for individuals and communities.

OUR SITUATION

The rate of new HIV diagnoses was 20.9 cases per 100,000 population in Clark County in 2022, the most recent year data is available for the United States, which was higher than Nevada and national rates (19.6 per 100,000 and 13.3 per 100,000 population, respectively). In 2023, the rate of new HIV diagnoses in Clark County was 20.9 cases per 100,000 population, which is an increase compared to 2019, when the rate was 19.5 cases per 100,000. This represents a 7.2% increase in new HIV diagnoses over the five-year period. The average rate of new HIV diagnoses in Clark County was much higher in males than in females from 2019 to 2023 (32.5 per 100,000 and 5.2 per 100,000 population, respectively).

Clark County*	20.9
Nevada**	19.6
United States**	13.3

Rate per 100,000 Population 2022*

Between 2019 and 2023, new HIV diagnoses rates in Clark County were highest among individuals aged 25-34, with a rate of 51.0 cases per 100,000 population, highlighting this age group as the most affected. The 35-44 age group followed with a rate of 31.1 cases per 100,000 population, while younger individuals aged 13-24 had a lower rate of 18.4 cases per 100,000 population. New HIV diagnoses rates declined steadily with age, with 45-54-year-olds reporting 18.7 cases per 100,000 population, and those aged 55-64 seeing a further drop to 11.4 cases per 100,000 population. The distribution suggests that young and middle-aged adults, particularly those in their late twenties and early thirties, are at the highest risk of new HIV infections.

Source: State of Nevada, Office of HIV. Division of Public and Behavioral Health. 2022 HIV Fast Facts. Las Vegas, Nevada. e1.0. July 2023. Accessed October 2024.

**Rate per 100,000 population were calculated using 2022 population estimation from the Nevada State Demographer vintage 2023 data.*

***Source: Volume 35 Diagnoses, Deaths, and Prevalence of HIV in the United States and 6 Territories and Freely Associated States, 2022. https://stacks.cdc.gov/view/cdc/156509/cdc_156509_DS1.pdf*

OUR SITUATION CONTINUED

Between 2019 and 2023, new HIV diagnoses rates in Clark County varied significantly by race and ethnicity, with Black, non-Hispanic individuals experiencing the highest rate at 51.3 cases per 100,000 population. This rate was more than double that of Hispanic individuals at 20.6 cases per 100,000 population and nearly five times higher than the rate among White, non-Hispanic individuals at 10.9 cases per 100,000 population. Asian, Hawaiian, and Pacific Islander individuals had the lowest reported rate at 8.6 cases per 100,000 population.

NEW HIV DIAGNOSES RATES BY RACE/ETHNICITY,

CLARK COUNTY, 2019-2023

White, Non-Hispanic	10.9
American Indian/ Alaska Native	**
Asian/Hawaiian/ Pacific Islander	8.6
Hispanic/Latino	20.6
Black/ African-American	51.3

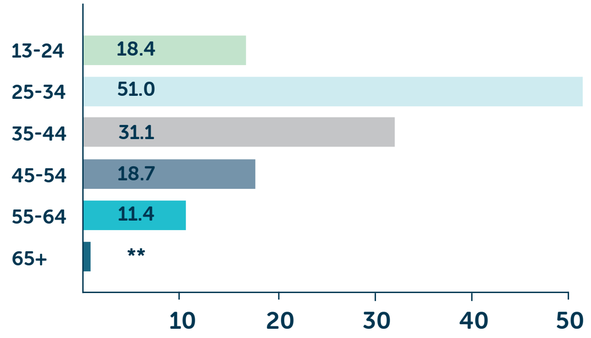
NEW HIV DIAGNOSES RATES BY YEAR,

CLARK COUNTY, 2019-2023

2019	19.5
2020	13.9
2021	19.0
2022	20.9
2023	20.9
Overall	18.8

NEW HIV DIAGNOSES RATES BY AGE,

CLARK COUNTY, 2019-2023



Source: State of Nevada, Office of HIV. Division of Public and Behavioral Health. 2023 HIV Fast Facts. Las Vegas, Nevada. e1.0. July 2024.

** New HIV diagnoses include only those who resided in Clark County at the time of diagnosis. Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

*** Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality*

ID : HIV

OUR SITUATION CONTINUED

The rate of PLWH was 492.6 cases per 100,000 population in Clark County in 2022, the most recent year data is available for the United States, was higher than Nevada and national rates (436.0 and 387.9 PLWH per 100,000 population, respectively). The average rate of PLWH was much higher in males than in females from 2019 to 2023 (806.4 and 144.5 PLWH per 100,000 population, respectively).

Persons Living with HIV[1] Rates, 2022

Clark County*	492.6
Nevada**	436.0
United States**	387.9

*Rate per 100,000 Population**

Between 2019 and 2023, the average rate of PLWH in Clark County increased with age, reflecting the long-term impact of HIV as a chronic condition. The highest rates were observed among individuals aged 55-64, with 909.8 PLWH per 100,000 population, followed closely by the 45-54 age group at 805.7 PLWH per 100,000 population and the 35-44 age group at 794.2 PLWH per 100,000 population. Younger age groups had lower rates, with 638.1 PLWH per 100,000 population among those aged 25-34, and 67.7 PLWH per 100,000 population for those aged 13-24. The 65 and older population had a rate of 329.5 PLWH per 100,000 population, reflecting a mix of aging individuals living with HIV and fewer new diagnoses in this age group.

Between 2019 and 2023, the rate of PLWH in Clark County varied significantly by race and ethnicity, reflecting disparities in HIV prevalence. Black, non-Hispanic individuals had the highest rate at 1,266.3 PLWH per 100,000 population, more than three times higher than the rates for Hispanic (384.8 PLWH per 100,000 population) and White, non-Hispanic individuals (382.1 PLWH per 100,000 population. American Indian/Alaska Native individuals had a rate of 348.7 PLWH per 100,000, while Asian, Hawaiian, and Pacific Islander individuals had the lowest rate at 172.4 PLWH per 100,000 population. **These differences highlight persistent racial and ethnic disparities in HIV prevention and diagnosis.**

Source: State of Nevada, Office of HIV. Division of Public and Behavioral Health. 2023 HIV Fast Facts. Las Vegas, Nevada. e1.0. July 2024.

** New HIV diagnoses include only those who resided in Clark County at the time of diagnosis. Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

*** Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality*

ID : HIV

PERSONS LIVING WITH HIV[§] RATES BY AGE, CLARK COUNTY, 2019-2023

13-24	67.7
25-34	638.1
35-44	794.2
45-54	805.7
55-64	909.8
65+	329.5

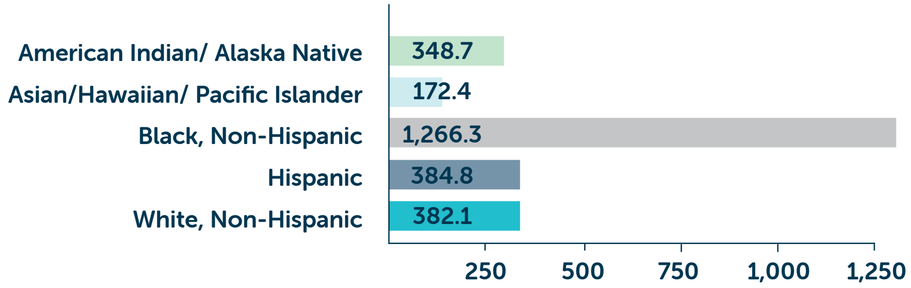
PERSONS LIVING WITH HIV[§] RATES BY YEAR, CLARK COUNTY, 2019-2023

2019	440.8
2020	457.5
2021	479.7
2022	492.6
2023	502.7
Overall	474.7

PERSONS LIVING WITH HIV[§] RATES BY SEX, CLARK COUNTY, 2019-2023

Female	144.5
Male	806.4

PERSONS LIVING WITH HIV[§] RATES BY RACE/ETHNICITY, CLARK COUNTY, 2019-2023



Source: State of Nevada, Office of HIV. Division of Public and Behavioral Health. 2023 HIV Fast Facts. Las Vegas, Nevada. e1.0. July 2024.

** New HIV diagnoses include only those who resided in Clark County at the time of diagnosis. Rates per 100,000 population were calculated using population estimations and projections from the Nevada State Demographer vintage 2023 data.*

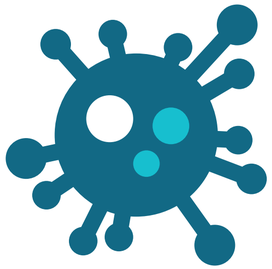
*** Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality*

ID : CCA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

Focus Group : What type of support health services are available in your community? Please share any experiences.

Zip Code 89101



"This side (of town) has a good, like, little doctor setup where they do STD checks, STI checks, but they don't do physical health stuff. I think they do just sexual health. I know they fill medication (Chlamydia/HIV/AIDS)"

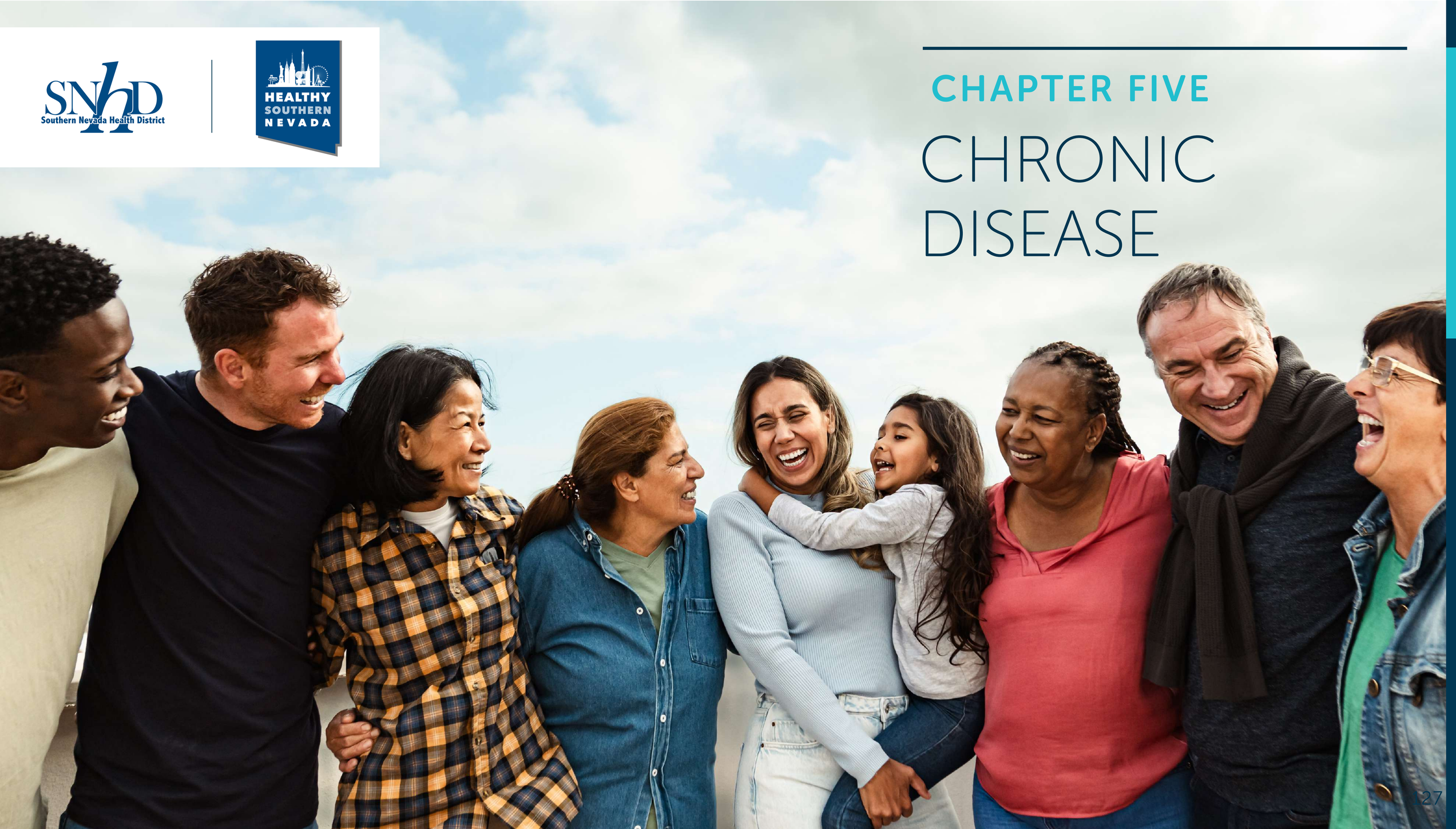
- Community member

Seniors

During COVID, accessibility to food greatly increased with the expansion of delivery services of groceries and meals. Now that funding is ending for many public programs that provide this service, members of this group noted that Meals On Wheels is the only option left remaining for them to get affordable food delivered to them.

CHAPTER FIVE

CHRONIC DISEASE



INTRODUCTION

Chronic diseases are ones that individuals live with for extended periods of time. These conditions can worsen over time and can burden individuals, their family and friends, and health systems.

CD : KEY FINDINGS

Obesity in Clark County

28.9%
Clark County

In 2023, 28.9% of Clark County adults were obese, compared to 30.8% of Nevada adults and 34.4% of adults nationally. Diabetes among adults in Clark County was 12.9%, which is higher than Nevada's and the national prevalence (11.9% and 11.8%, respectively). Hispanic adults (any race) had the highest prevalence of diabetes (15.3%) while the prevalence among non-Hispanic Black/African American and non-Hispanic White adults was 11.9% and 10.2%, respectively.

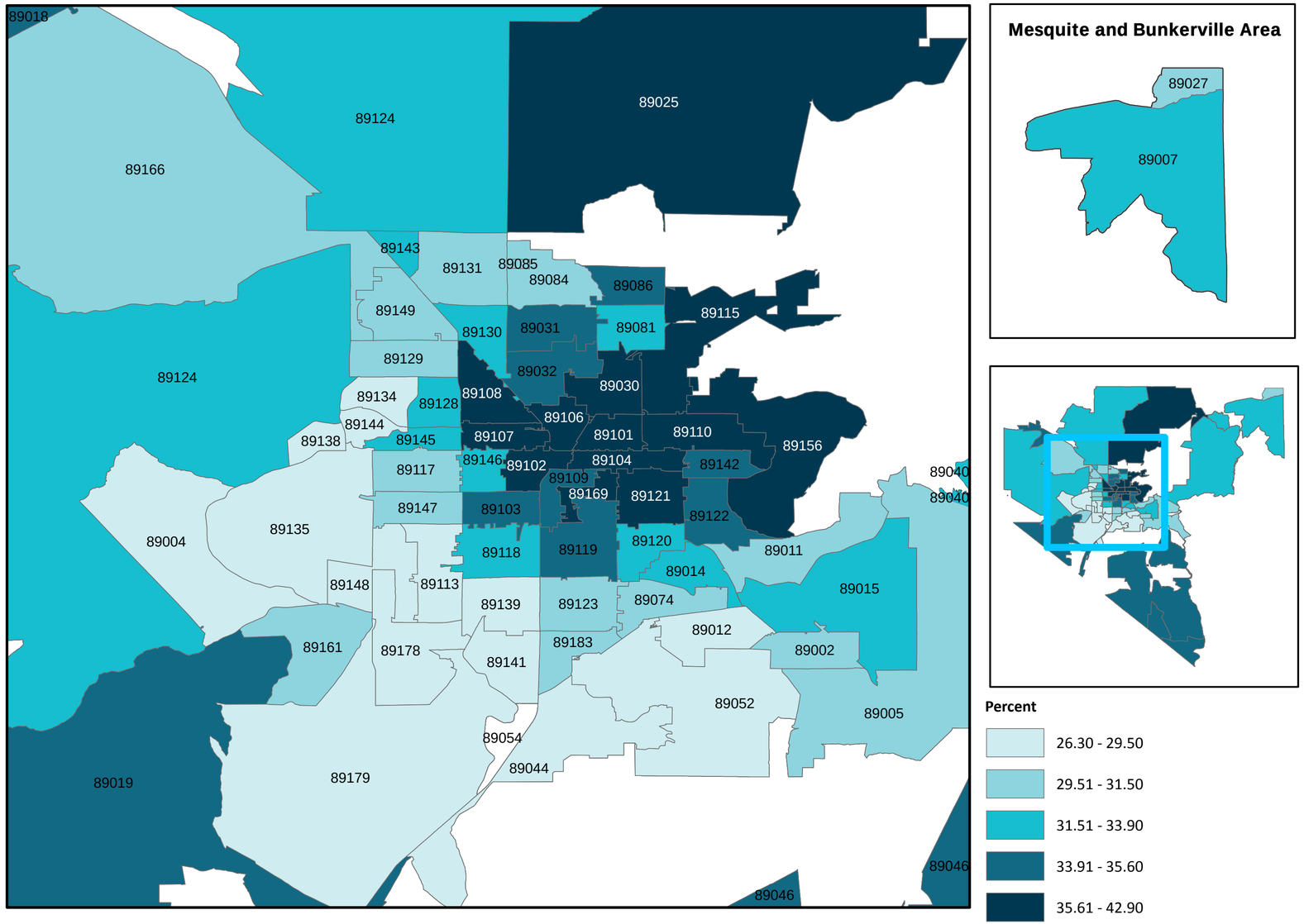
Cancer in Clark County

In Clark County in 2023, Non-Hispanic Black/African American adults had the highest percentage of hypertension (41.1%), 47.8% higher than Hispanic adults (any race, 27.8%), the group with the lowest prevalence in 2023. ***In 2023, cancer (except skin cancer) among adults 18 years and over in Clark County was 6.9%, which is lower than Nevada and nationwide (each 8.3%).*** When comparing cancer incidence rates by race and ethnicity, Hispanic individuals (any race) had the lowest rate at 280.4 per 100,000 population, 31% lower than non-Hispanic White individuals at 407.2.

Stroke prevalence among adults in Clark County between 2019 and 2023 was lowest in 2020/2021 (3.1%) and highest in 2022 (4.3%). In 2023, 6.1% of adult males had COPD, while the percentage of females was 7.8%. Smoking declined 10.2% between 2019 and 2023 from 16.6% to 14.9% of adults in Clark County. The prevalence of women who smoke (13.0%) was 22% lower than men (16.7%) in Clark County in 2023. ***In Clark County and Nevada, 5% of Medicare fee-for-service beneficiaries (excluding Medicare Advantage and dual eligible beneficiaries) had Alzheimer's Disease, related disorders, or senile dementia (ARS), compared to 6% nationwide as of 2023.***

CD : OBESITY

PERCENT OF ADULTS WITH OBESITY, 2022



Percent

- 26.30 - 29.50
- 29.51 - 31.50
- 31.51 - 33.90
- 33.91 - 35.60
- 35.61 - 42.90

CD : OBESITY

SUMMARY

Obesity is calculated using the Body Mass Index (BMI) scale. BMI is calculated by dividing a person's weight by their height in squared metric units (BMI = Weight (Kg)/ [Height (m) ^ 2]). A person with a BMI of 30 or higher is considered obese. In these findings, obesity is presented as a percentage (prevalence). **In 2023, 28.9% of Clark County adults were obese, while 30.8% of Nevada adults were obese and nationally 34.4% of adults were obese.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

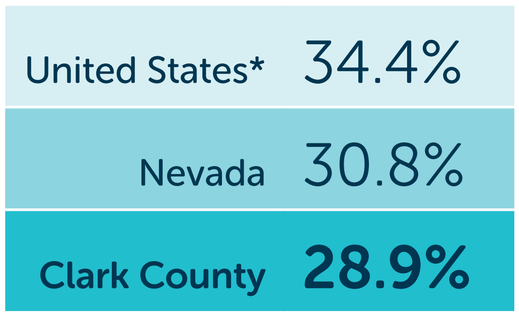
Obesity can pave the way for other non-communicable diseases, such as insulin resistance and metabolic syndrome, hyperinsulinemia, type 2 diabetes, hyperlipidemia, hypertension, and coronary artery disease. As a result, obesity can decrease the health of individuals while increasing the burden of the healthcare system.*

**Tiwari A, Balasundaram P. Public Health Considerations Regarding Obesity. PubMed. Published 2023. https://www.ncbi.nlm.nih.gov/books/NBK572122/*

OUR SITUATION

Between 2019 and 2023, the year with the lowest prevalence in Clark County was 2023 (28.9%), while the year with the highest was 2022 (34.3%). Racial/ethnic disparities exist; the prevalence among non-Hispanic Black/African American adults was 39.2%, higher than all other race/ethnicity categories. Individuals who identify as Hispanic (any race) or non-Hispanic White reported a similar prevalence (29.6% and 28.8%, respectively).

ADULTS WITH OBESITY
2023

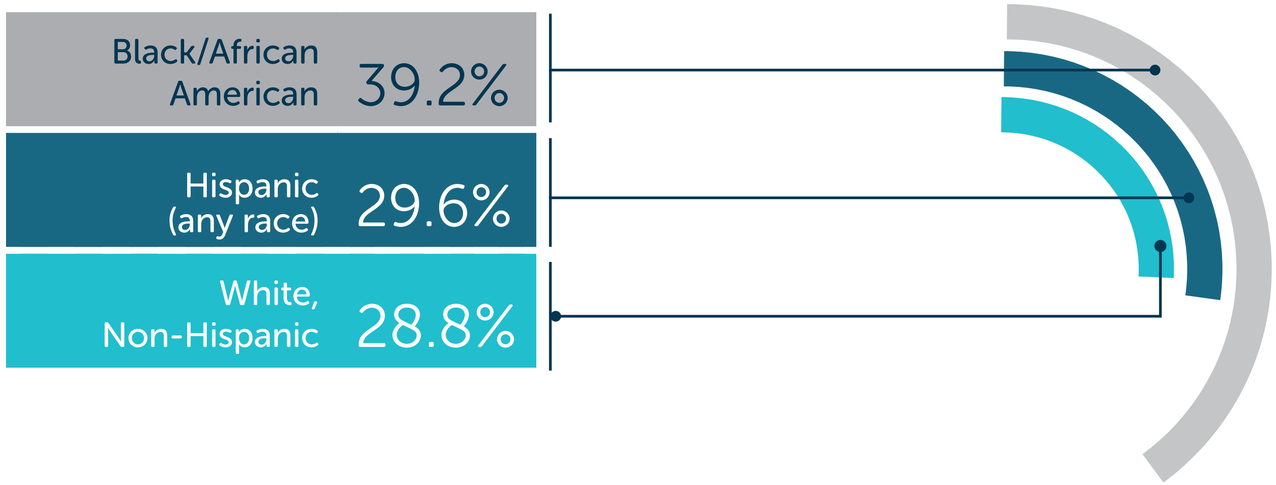


Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2019 - 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Source: Centers for Disease Control and Prevention. (2023.). BRFSS prevalence data and data analysis tools. https://www.cdc.gov/brfss/brfssprevalence/index.htm*

CD : OBESITY

ADULTS WITH OBESITY
BY RACE/ ETHNICITY, CLARK COUNTY, 2023



Other racial groups were not able to be displayed due to insufficient counts.

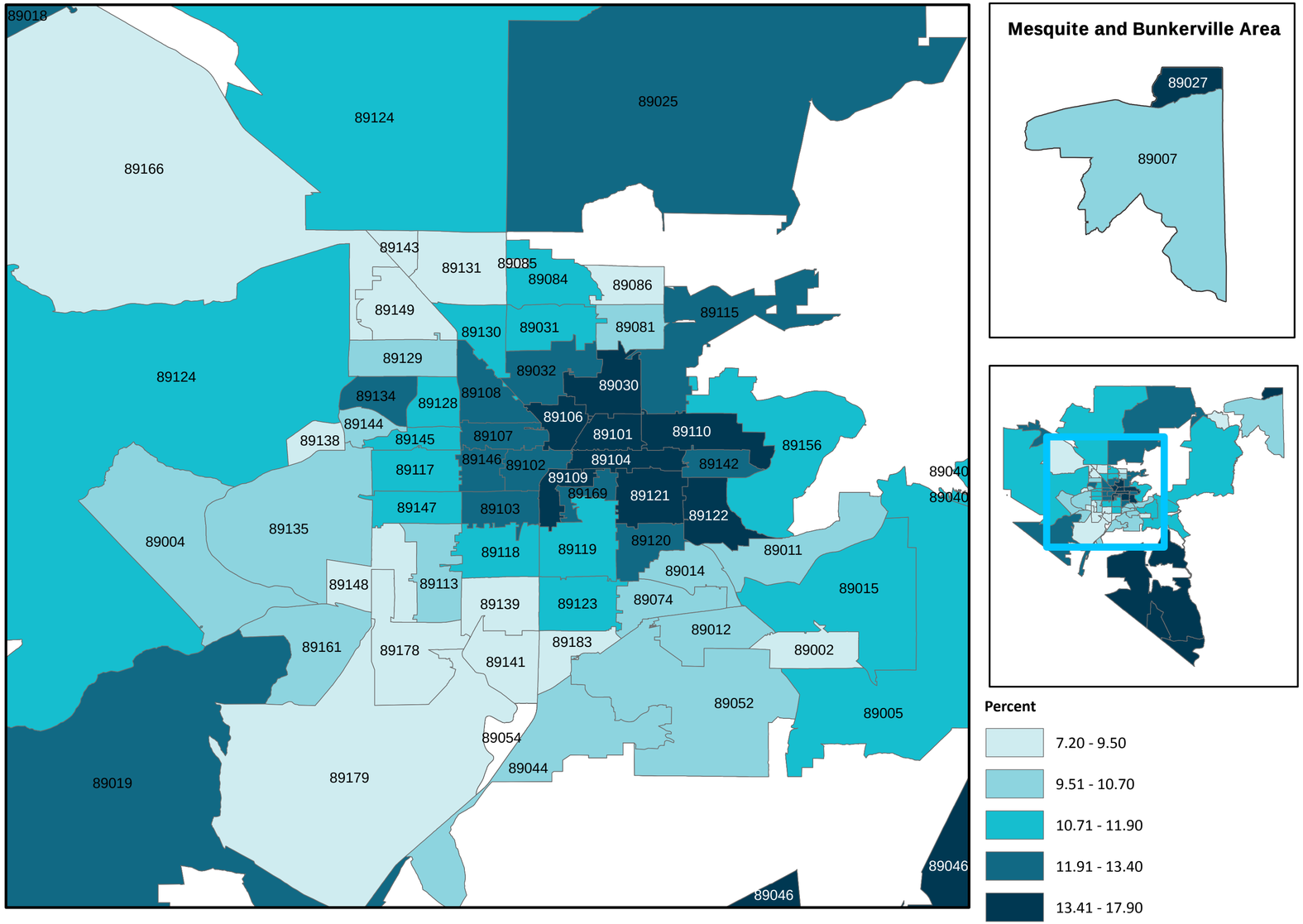
ADULTS WITH OBESITY
BY YEAR 2019-2023

2019	30.0%
2020	29.2%
2021	31.7%
2022	34.3%
2023	**28.9%**

Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2019 - 2023: Carson City, NV: Nevada Department of Health and Human Services.

CD : DIABETES

PERCENT OF ADULTS WITH DIABETES, 2022



Percent

- 7.20 - 9.50
- 9.51 - 10.70
- 10.71 - 11.90
- 11.91 - 13.40
- 13.41 - 17.90

CD : DIABETES

SUMMARY

Diabetes is a chronic health condition that affects how the human body turns food into energy. Type 1 diabetes occurs when a person's body stops making insulin. Type 2 diabetes occurs when the body does not use insulin well and is challenged to regulate blood sugar due to too much sugar circulating in the blood stream. This health indicator is measured among adults aged 18 years and older who report ever being told by a doctor, nurse, or other health professional that they have diabetes other than during pregnancy. **In Clark County, 12.9% of adults were diagnosed with diabetes at some point in their lives. In Nevada and nationally, the prevalence of diabetes was lower than Clark County at 11.9% and 11.8%, respectively.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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 diabetes self-management and education classes can help reduce risk and support people living with diabetes.

Clark County	12.9%
Nevada	11.9%
United States*	11.8%

OUR SITUATION

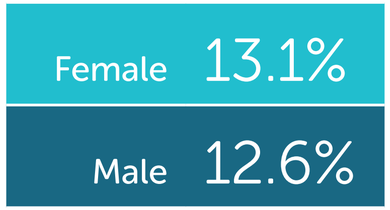
Between 2019 and 2023, the year with the lowest prevalence in Clark County was 2022 (9.8%), while the year with the highest was 2023 (12.9%). The proportion of individuals with the disease has generally increased over the years, with a dip in 2022. In 2023, Clark County's prevalence was higher among women than men (13.1% and 12.6%, respectively). Racial/ethnic disparities exist such that Hispanic adults (any race) had the highest prevalence of diabetes (15.3%) while the prevalence of non-Hispanic Black/African American adults and non-Hispanic White adults was 11.9% and 10.2%, respectively.

Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Source: Centers for Disease Control and Prevention. (2023.). BRFSS prevalence data and data analysis tools. https://www.cdc.gov/brfss/brfssprevalence/index.htm*

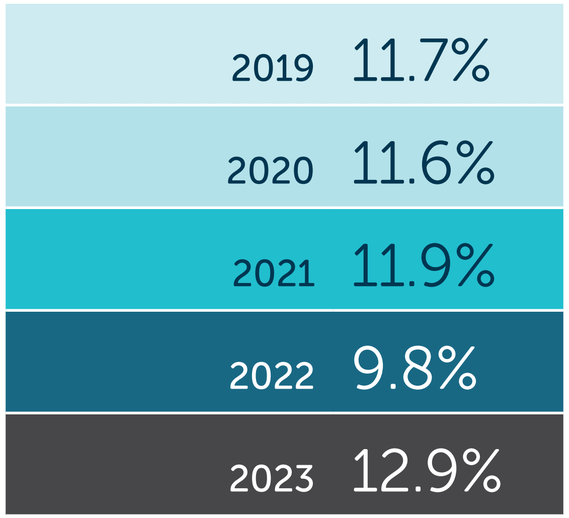
CD : DIABETES

ADULTS WITH DIABETES
BY SEX, CLARK COUNTY, 2023



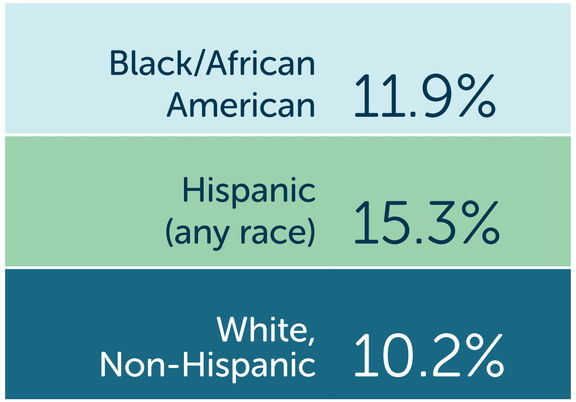
Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

ADULTS WITH DIABETES
BY YEAR, CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2017-2023: Carson City, NV: Nevada Department of Health and Human Services.

ADULTS WITH DIABETES
BY RACE/ETHNICITY,
CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

CD : HYPERTENSION

SUMMARY

Hypertension is the percentage of adults 18 years and older who have ever been told by a doctor, nurse, or other health professional that they had high blood pressure, excluding pregnancy-related or borderline hypertension. Hypertension is presented as a percentage (prevalence). **The prevalence of hypertension in Clark County was slightly higher at 34.6% than the state of Nevada (34.0%), and the U.S (34.0%) in 2023.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Hypertension (high blood pressure) is a condition that forces the heart to work harder to pump blood and the pressure of the blood against the arteries is consistently high. While hypertension typically does not cause symptoms in most individuals, it is associated with a higher risk of stroke, heart attack, and other serious health problems.

OUR SITUATION

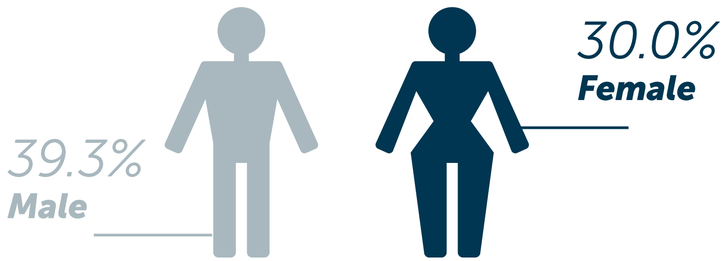
Between 2015 and 2023, the year with the lowest prevalence in Clark County was 2015 (26.2%), while the year with the highest was 2023 (34.6%). The prevalence of all other years was stable between 32 and 33%. In 2023, Clark County's prevalence was higher in men than in women (39.3% and 30%, respectively). In Clark County in 2023, Non-Hispanic Black/African American adults had the highest percentage of hypertension (41.1%), 47.8% higher than the group with the lowest prevalence, Hispanic adults (any race, 27.8%).

Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Source: Centers for Disease Control and Prevention. (2023.). BRFSS prevalence data and data analysis tools. https://www.cdc.gov/brfss/brfssprevalence/index.htm*

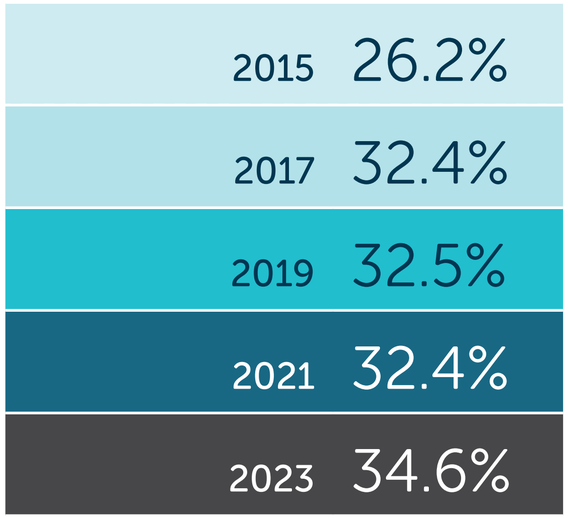
CD : HYPERTENSION

ADULTS WITH HYPERTENSION
BY SEX, CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

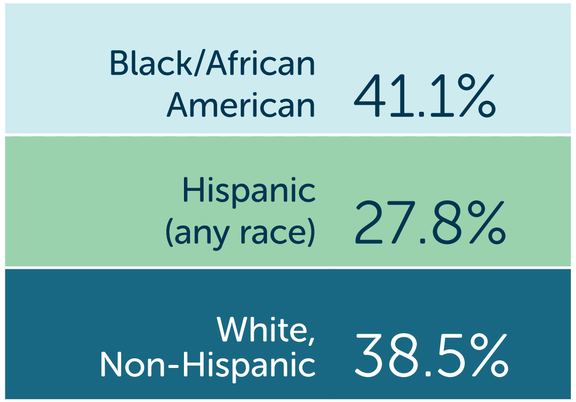
ADULTS WITH HYPERTENSION
BY YEAR, CLARK COUNTY, 2015-2023*



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2015-2023: Carson City, NV: Nevada Department of Health and Human Services.

**Note: Hypertension data are collected every other (odd) year on the BRFSS.*

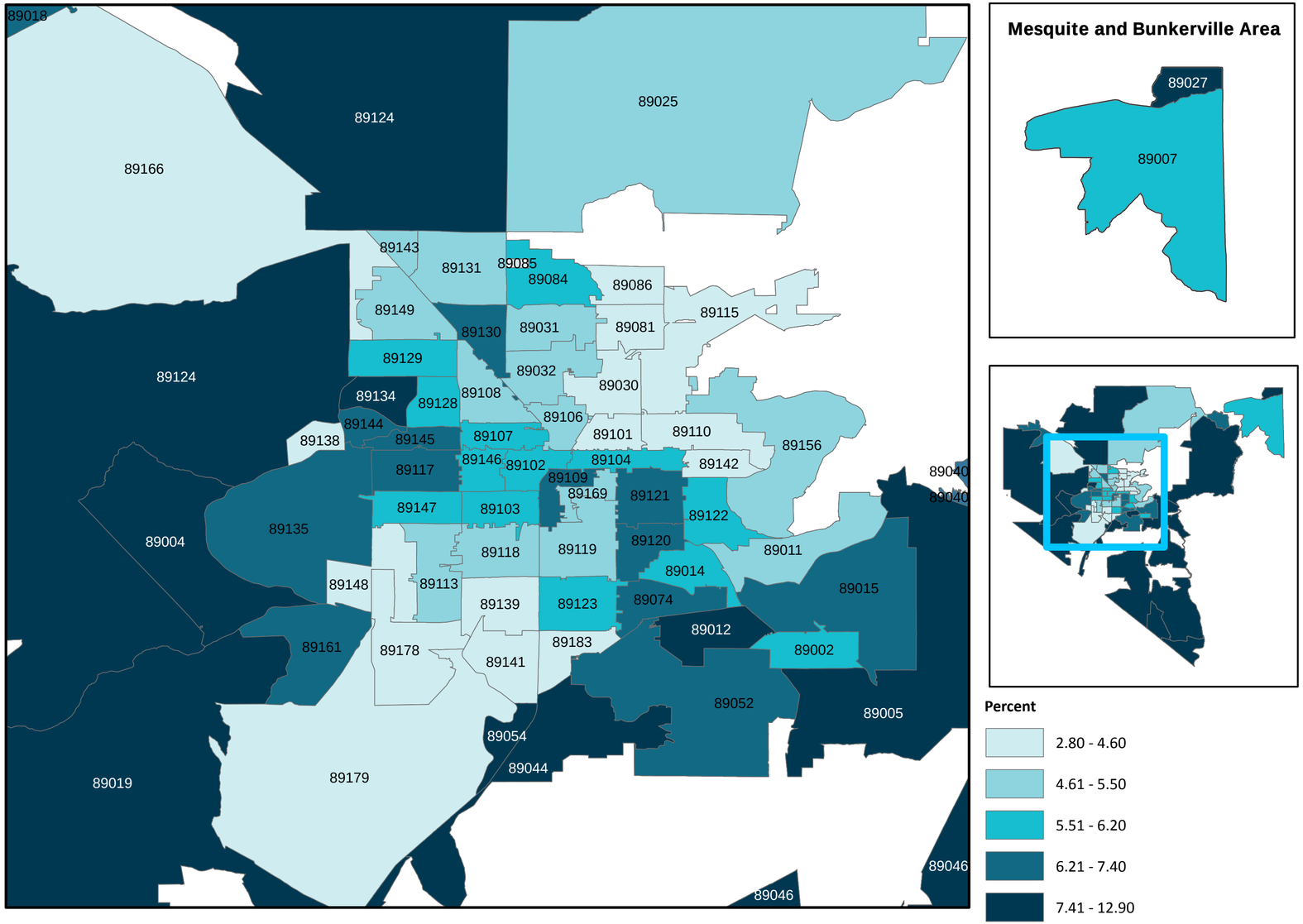
ADULTS WITH HYPERTENSION
BY RACE/ETHNICITY,
CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

CD : CANCER

PERCENT OF ADULTS WITH CANCER, 2021



Percent

- 2.80 - 4.60
- 4.61 - 5.50
- 5.51 - 6.20
- 6.21 - 7.40
- 7.41 - 12.90

CD : CANCER

SUMMARY

Cancer is the percentage of adults aged 18 years and older who have ever been told by a health professional that they have cancer, other than skin cancer. Cancer is presented as a percentage (prevalence). Cancer incidence is the number of new cases per 100,000 population. The prevalence of cancer in both Nevada and nationwide was 8.3% in 2023 but was lower in Clark County (6.9%). **The age adjusted incidence rate of cancer (all sites, excluding non-invasive and bladder cancer) between 2019 and 2021 in Clark County was 372 per 100,000 population, also lower than both Nevada and the United States. (388.3 and 444.4, respectively).**

Cancer incidence *2017-2023*

372.0
Clark County

388.3
Nevada

444.4
United States

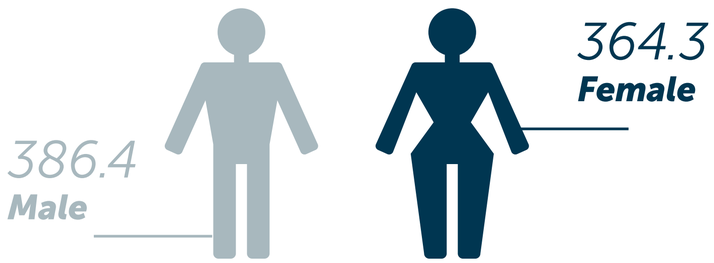
Source: State Cancer Profiles > Quick Profiles. Cancer.gov. https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=nevada

CD : CANCER

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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 of cancer and support early detection. Cancer can present a wide variety of symptoms depending on the type and location. 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.

CANCER INCIDENCE
BY SEX, CLARK COUNTY, 2017-2023



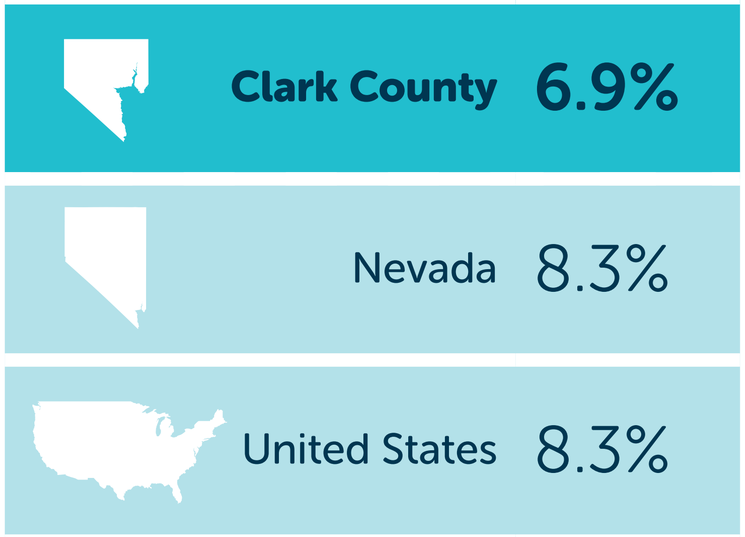
OUR SITUATION

In 2023, cancer (except skin cancer) among adults 18 years and over in Clark County was 6.9%, which is lower than Nevada and nationwide (each 8.3%). Between 2019 and 2023, the year with the lowest cancer prevalence in Clark County was 2019 (5.6%), while the year with the highest was 2022 (7.1%). **In 2023, Clark County's cancer incidence was higher in men than in women (386.4 and 364.3 per 100,000 population, respectively) in 2017-2021.** When comparing cancer incidence rates by race and ethnicity, Hispanic individuals (any race) had the lowest rate at 280.4 per 100,000 population, while non-Hispanic White individuals had the highest at 407.2.

Source: State Cancer Profiles > Quick Profiles. Cancer.gov. https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=nevada

CD : CANCER

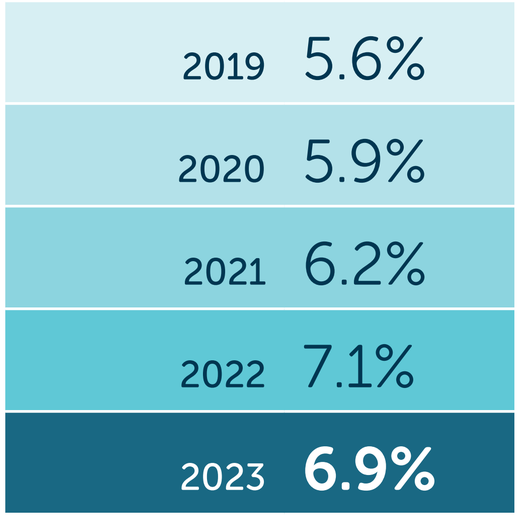
ADULTS WITH CANCER
BY GEOGRAPHIC AREA, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

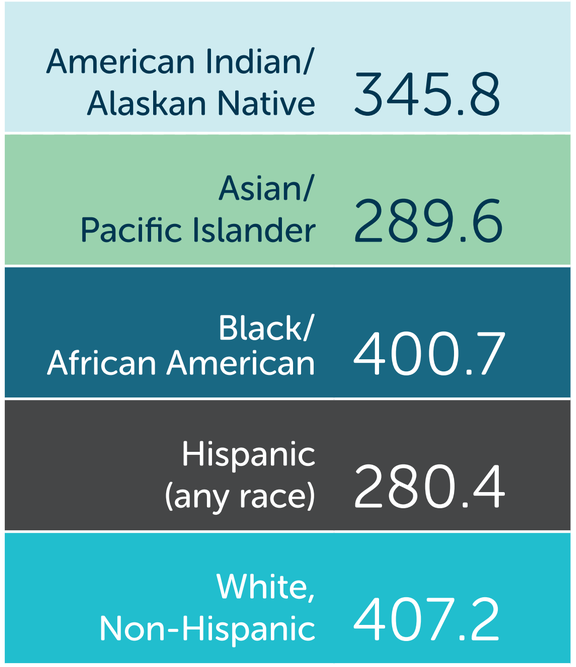
**Source: Centers for Disease Control and Prevention. (2023.). BRFSS prevalence data and data analysis tools. https://www.cdc.gov/brfss/brfssprevalence/index.htm*

ADULTS WITH CANCER
BY YEAR, 2019-2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2019-2023: Carson City, NV: Nevada Department of Health and Human Services.

CANCER INCIDENCE
BY RACE/ETHNICITY, CLARK COUNTY, 2023

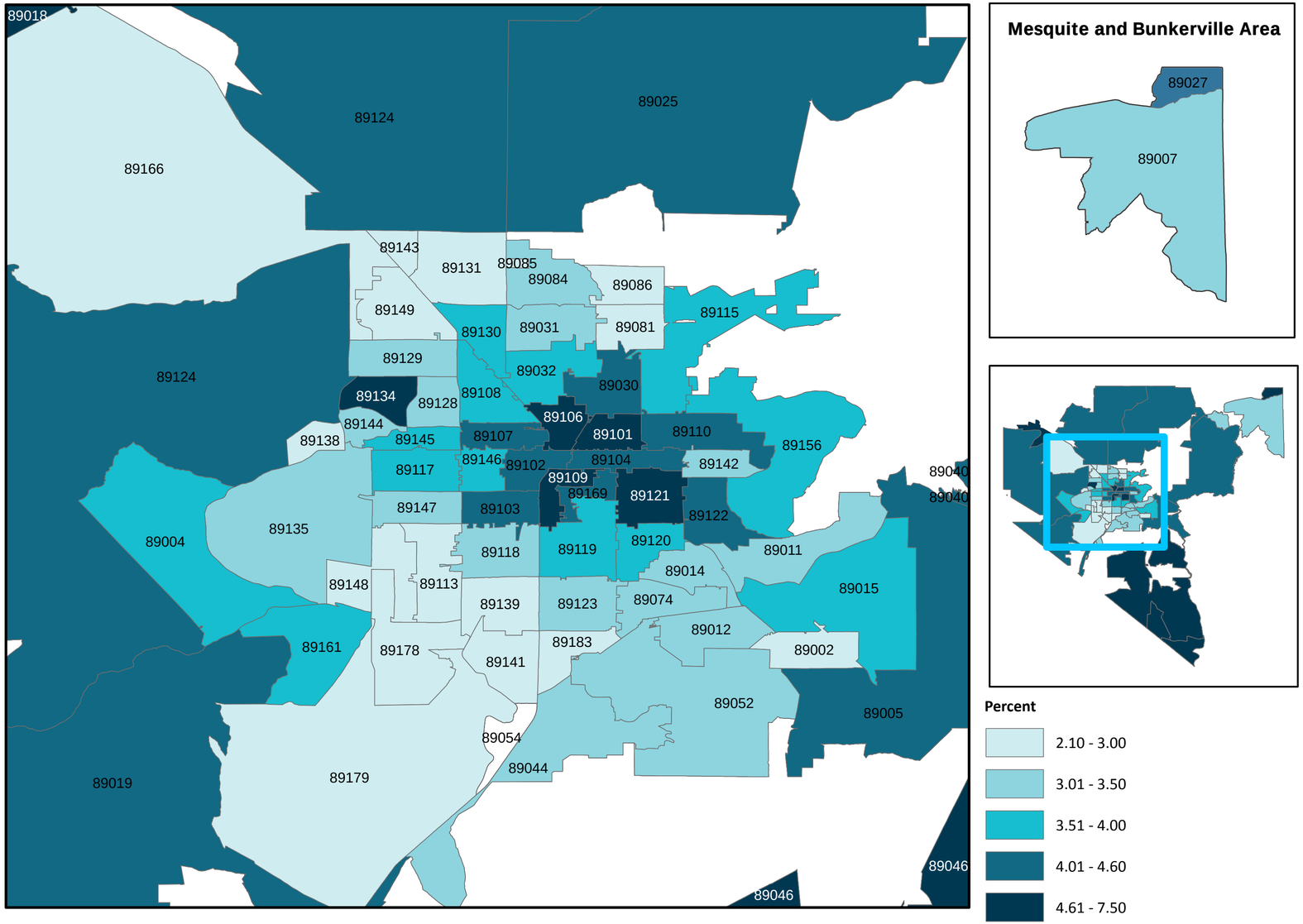


Age Adjusted Rate per 100,000 Population

Source: State Cancer Profiles > Quick Profiles. Cancer.gov. https://statecancerprofiles.cancer.gov/quick-profiles/index.php?statename=nevada

CD : STROKE

PERCENT OF ADULTS WHO HAVE HAD A STROKE, 2022



Percent

- 2.10 - 3.00
- 3.01 - 3.50
- 3.51 - 4.00
- 4.01 - 4.60
- 4.61 - 7.50

CD : STROKE

SUMMARY

Stroke is a major cause of disability among U.S. adults. Stroke is the rapid loss and interruption of blood supply in the brain that prevents brain tissue from receiving oxygen. The percentage of adults 18 and older in Clark County who have experienced a stroke between 2019 and 2021 was approximately 3% each year but increased to over 4% in 2022 and 2023. **In 2023, the prevalence of stroke in Clark County adults was higher than the prevalence in Nevada of 3.9%.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Stroke is a condition where blood supply to the brain is blocked or a blood vessel in the brain bursts, causing damage to the brain. 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.

OUR SITUATION

Stroke prevalence among adults in Clark County between 2019 and 2023 was lowest in 2020 and 2021 (3.1%), while highest was in 2022 (4.3%). The prevalence of stroke in White non-Hispanic adults in 2023 was 2.9%. Data for other racial and ethnic groups were excluded due to data suppression.

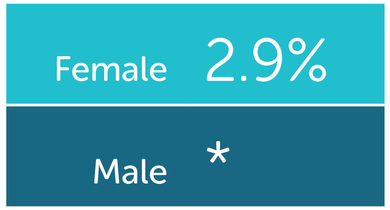
Clark County	4.1%
Nevada	3.9%
United States*	3.4%

Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Source: Centers for Disease Control and Prevention. (2023). BRFSS prevalence data and data analysis tools. https://www.cdc.gov/brfss/brfssprevalence/index.htm*

CD : STROKE

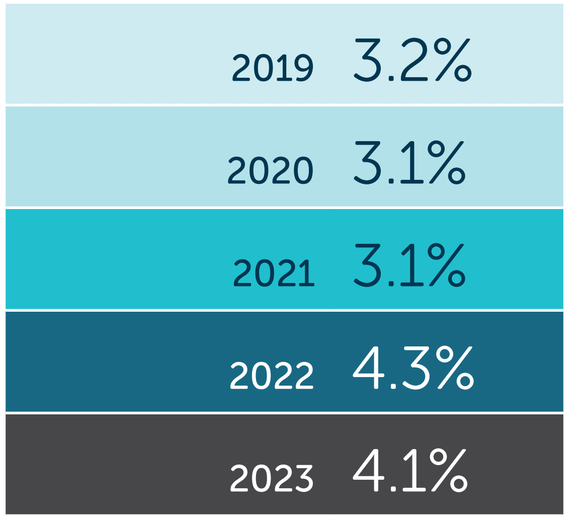
ADULTS EXPERIENCING STROKE
BY SEX, CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

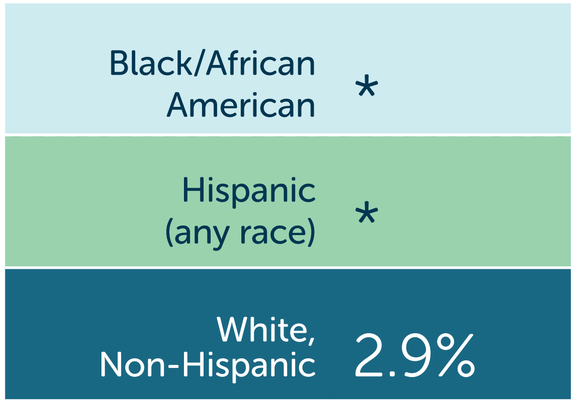
**Estimates with a relative standard error >0.4 were suppressed to ensure data reliability.*

ADULTS EXPERIENCING STROKE
BY YEAR, CLARK COUNTY, 2019-2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2019-2023: Carson City, NV: Nevada Department of Health and Human Services.

ADULTS EXPERIENCING STROKE
BY RACE/ETHNICITY,
CLARK COUNTY, 2023

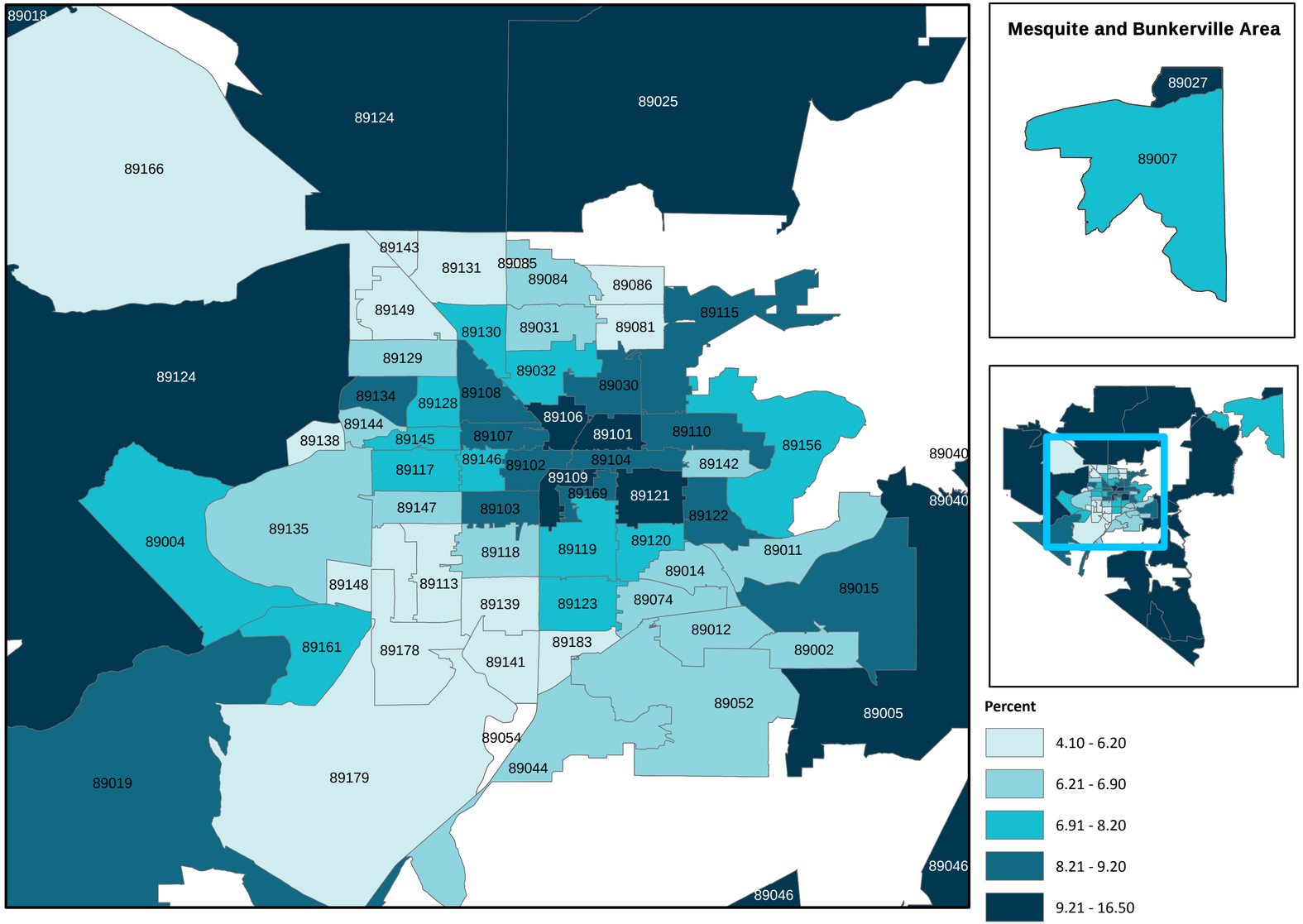


Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Estimates with a relative standard error > 0.4 were suppressed to ensure data reliability.*

CD : CHRONIC OBSTRUCTIVE PULMONARY DISEASE

PERCENT OF ADULTS WITH COPD, 2022



Percent

- 4.10 - 6.20
- 6.21 - 6.90
- 6.91 - 8.20
- 8.21 - 9.20
- 9.21 - 16.50

CD : 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. **In 2023, 7.0% of adults in Clark County reported having COPD, slightly lower than Nevada's state average of 7.2%**. Between 2019 and 2023, COPD among Clark County residents 18 years of age and over fluctuated between 6% and 8%. The year with the lowest prevalence was 2021 (6.3%), while the year with the highest was 2019 (8%).

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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.

Adults with COPD *2023*

7.0%
Clark County

7.2%
Nevada

6.2%
United States

Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

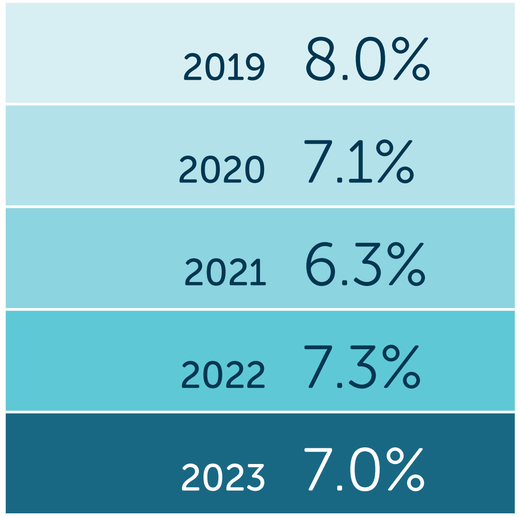
**Source: Centers for Disease Control and Prevention. (2023). BRFSS prevalence data and data analysis tools. Microsoft Power BI*

CD : CHRONIC OBSTRUCTIVE PULMONARY DISEASE

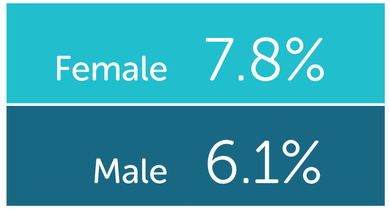
OUR SITUATION

Between 2019 and 2023, COPD prevalence among adults in Clark County was highest in 2019 (8%), while the lowest was in 2021 (6.3%). The prevalence of COPD was slightly higher in Nevada (7.2%) than Clark County (7.0%) in 2023, but both are higher than the U.S. average (6.2%). In 2023, 6.1% of adult males had COPD, while percentage of females was 7.8%. While Clark County COPD data had to be suppressed for Hispanic adults (any race), 10.9% of Black/African American and 8.3% of White (non-Hispanic) adults had COPD in 2023.

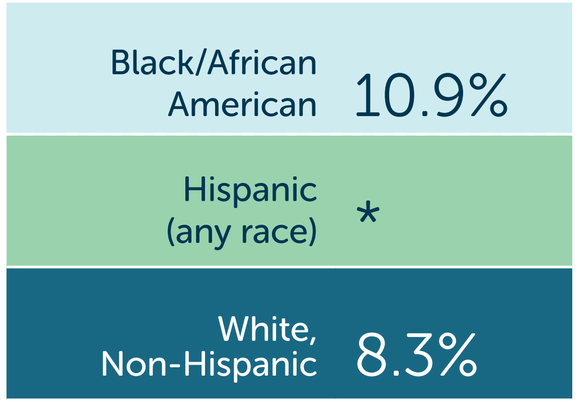
ADULTS WITH COPD
BY YEAR 2019-2023



ADULTS WITH COPD
BY RACE/ ETHNICITY 2023



ADULTS WITH COPD
BY RACE/ ETHNICITY 2023

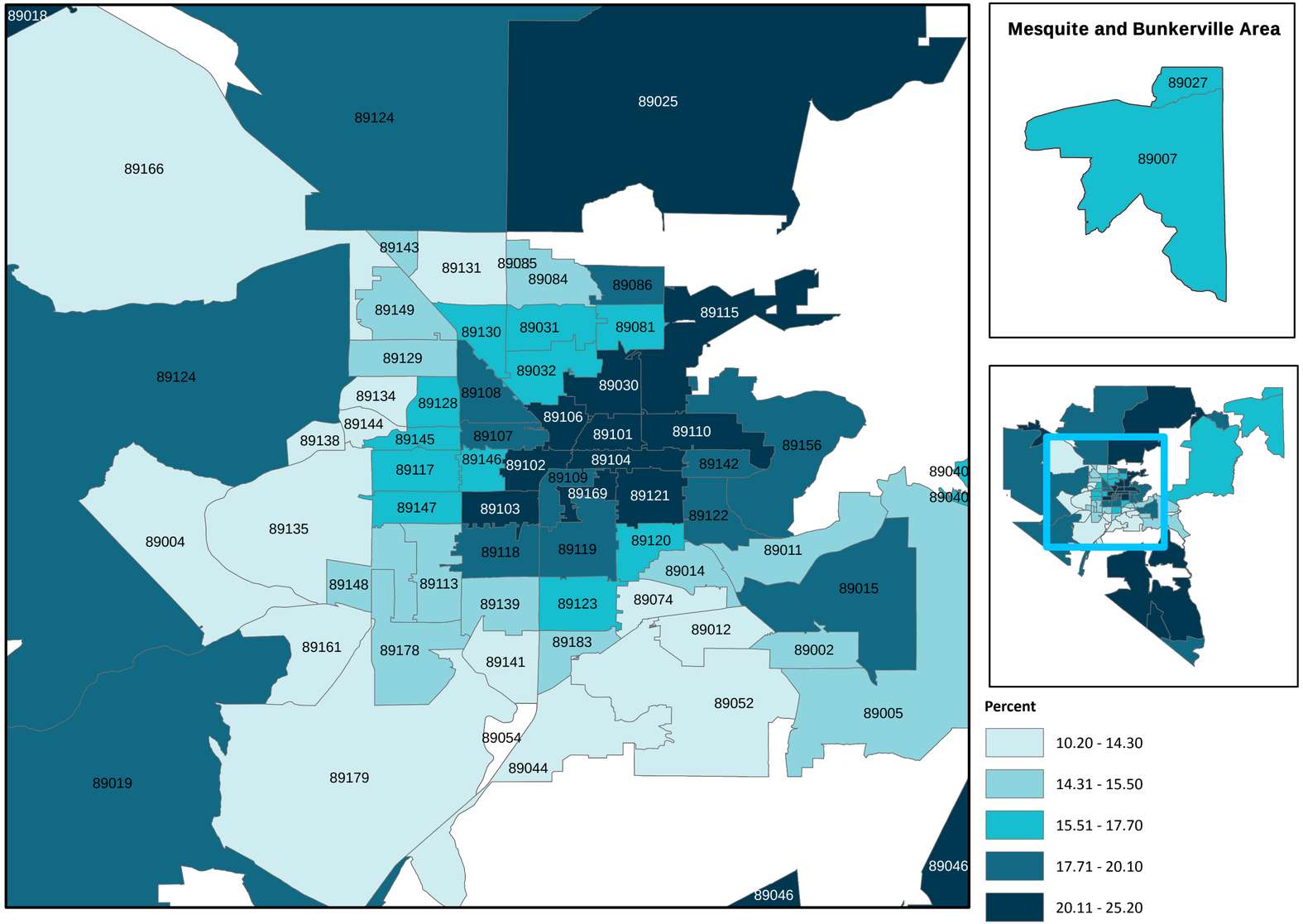


Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Estimates with a relative standard error >0.4 were suppressed to ensure data reliability.*

CD : CIGARETTE USE (ADULTS WHO ARE CURRENT SMOKERS)

PERCENT OF ADULTS WHO SMOKE, 2022



Percent

- 10.20 - 14.30
- 14.31 - 15.50
- 15.51 - 17.70
- 17.71 - 20.10
- 20.11 - 25.20

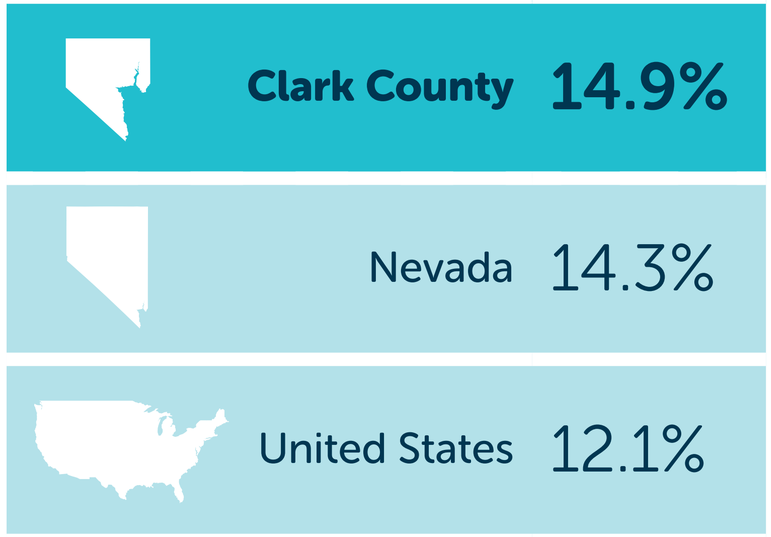
CD : CIGARETTE USE (ADULTS WHO ARE CURRENT SMOKERS)

SUMMARY

Cigarette use indicates adults who are current cigarette smokers, defined as adults aged 18 years and older, who reported having smoked at least 100 cigarettes in their lifetime and currently smoke every day or some days. **The prevalence of smoking in 2023 among adults 18 years of age and over in both Clark County and Nevada were similar (14.9% and 14.3%, respectively), but higher than nationwide (12.1%).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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.



OUR SITUATION

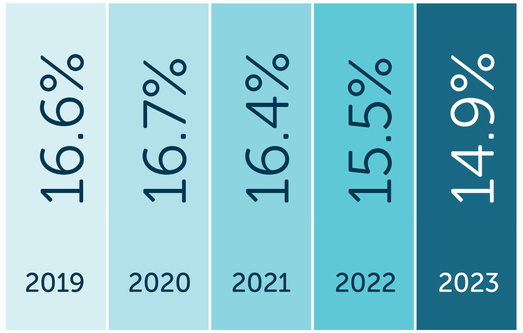
Smoking declined 10.2% between 2019 and 2023. The prevalence of women who smoke (13.0%) was 22% lower than men (16.7%) in Clark County in 2023. Black/ African American non-Hispanic adults had the highest prevalence of smoking (15.9%) in Clark County in 2023, compared to other race groups.

Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

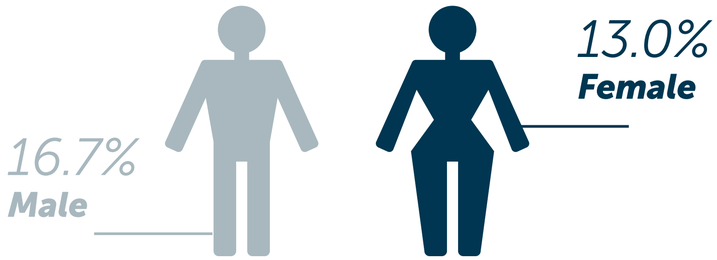
**Source: Centers for Disease Control and Prevention. (2023). BRFSS prevalence data and data analysis tools. Microsoft Power BI*

CD : CIGARETTE USE (ADULTS WHO ARE CURRENT SMOKERS)

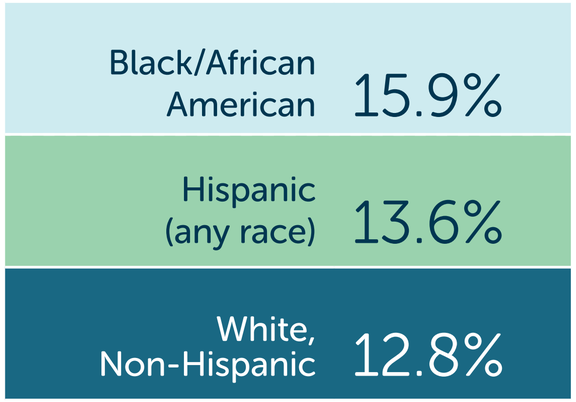
ADULTS WHO SMOKE
BY YEAR CLARK COUNTY, 2023



ADULTS WHO SMOKE
BY SEX, CLARK COUNTY, 2023



ADULTS WHO SMOKE
BY RACE/ ETHNICITY
CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023: Carson City, NV: Nevada Department of Health and Human Services.

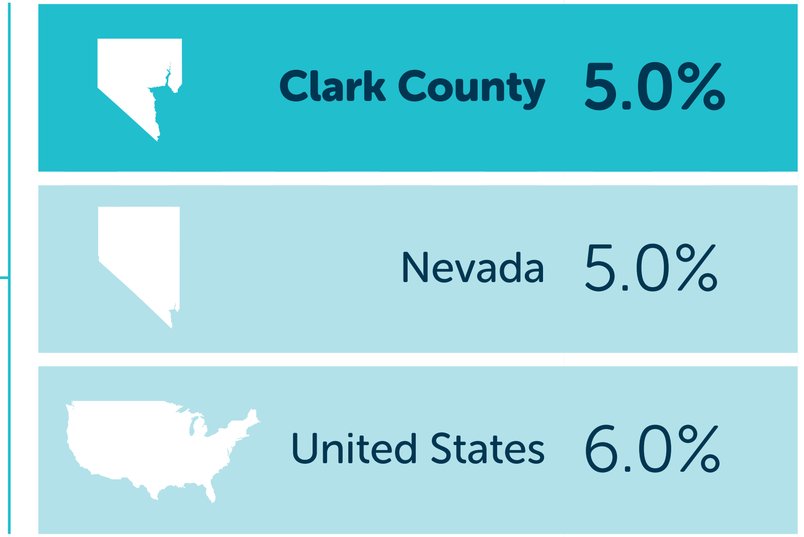
CD : ALZHEIMER'S DISEASE RELATED DISORDERS, OR SENILE DEMENTIA: MEDICARE POPULATION

SUMMARY

The percentage of Medicare beneficiaries diagnosed with Alzheimer's disease, related disorders, or senile dementia reflects the burden of cognitive decline among older adults. This measure provides insight into the prevalence of these conditions within the Medicare population, highlighting the need for specialized healthcare services, caregiver support, and community resources. **In Clark County and Nevada, 5% of Medicare fee-for-service beneficiaries (excluding Medicare Advantage and dual eligible beneficiaries) had Alzheimer's Disease, related disorders, or senile dementia (ARS), compared to 6% nationwide as of 2023.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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 for Alzheimer's disease, taking preventive measures, such as getting regular checkups with a health care provider, can ensure early detection.



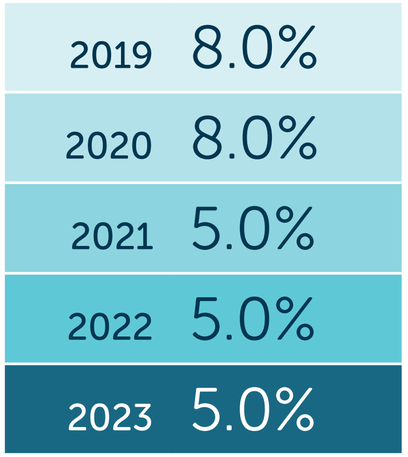
Source: Centers for Medicare & Medicaid Services Data. data.cms.gov. https://data.cms.gov/tools/mapping-medicare-disparities-by-population

CD : ALZHEIMER'S DISEASE

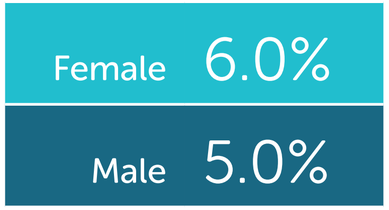
OUR SITUATION

Alzheimer's Disease, related disorders, and senile dementia among Medicare beneficiaries in Clark County was 5% in 2023, which is the same as Nevada's and lower than the national prevalence (6%). Between 2019-2023, the years with the highest prevalence in Clark County were 2019 and 2020 (8% each year). The proportion of individuals with Alzheimer's disease has decreased 37.5% to 5% in 2021, 2022, and 2023. **In 2023, Clark County's prevalence for women and men was 6% and 5%, respectively.** With the available data, racial/ethnic disparities exist such that Non-Hispanic American Indians/Alaska Natives, non-Hispanic Black/African Americans, and non-Hispanic Whites had the highest prevalence (each 6%) compared to Non-Hispanic Asians/Pacific Islanders and Hispanics (any race, each 4%).

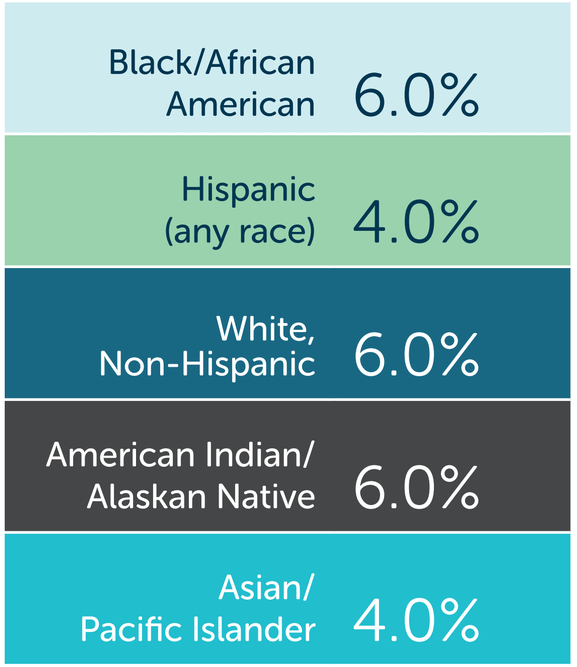
MEDICARE BENEFICIARIES WITH ALZHEIMER'S DISEASE BY YEAR 2019-2023



MEDICARE BENEFICIARIES WITH ALZHEIMER'S DISEASE BY RACE/ ETHNICITY 2023



MEDICARE BENEFICIARIES WITH ALZHEIMER'S DISEASE BY RACE/ ETHNICITY 2023

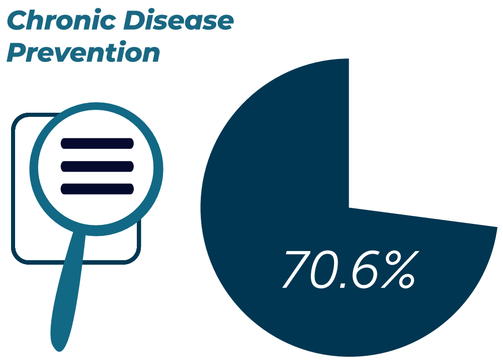


Source: Centers for Medicare & Medicaid Services Data. data.cms.gov. https://data.cms.gov/tools/mapping-medicare-disparities-by-population

CD : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

- A significant focus for 70.6% of organizations was on the prevention and management of chronic conditions.



- Programs aim to address risk behaviors such as poor nutrition and sedentary lifestyles.

COMMUNITY STATUS ASSESSMENT

Question: How would you describe your health?

Majority of respondents indicated they have “Good” health (37.5%) while individuals that indicated they have ‘Poor” health was only 3.1%.

	NUMBER	PERCENTAGE
Excellent	322	9.7%
Very Good	851	25.8%
Good	1238	37.5%
Fair	628	19.0%
Poor	104	3.1%
Unsure	42	1.3%
Missing	118	3.6%

CD : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

PhotoVoice

- Strength in the community: "...a support in the community is athletics because they keep people happy and healthy, mentally and physically. It also improves teamwork which is a very important skill in life that everyone must understand and abide by."

Focus Group : What are the larger community issues impacting health?

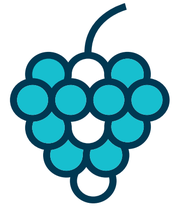
American Indian/ Alaskan Native

Members of this group brought up the most unique concerns. They spoke about the generational trauma and stigma they deal with when accessing services, and the prevalence of chronic illness in their community such as diabetes and high blood pressure.

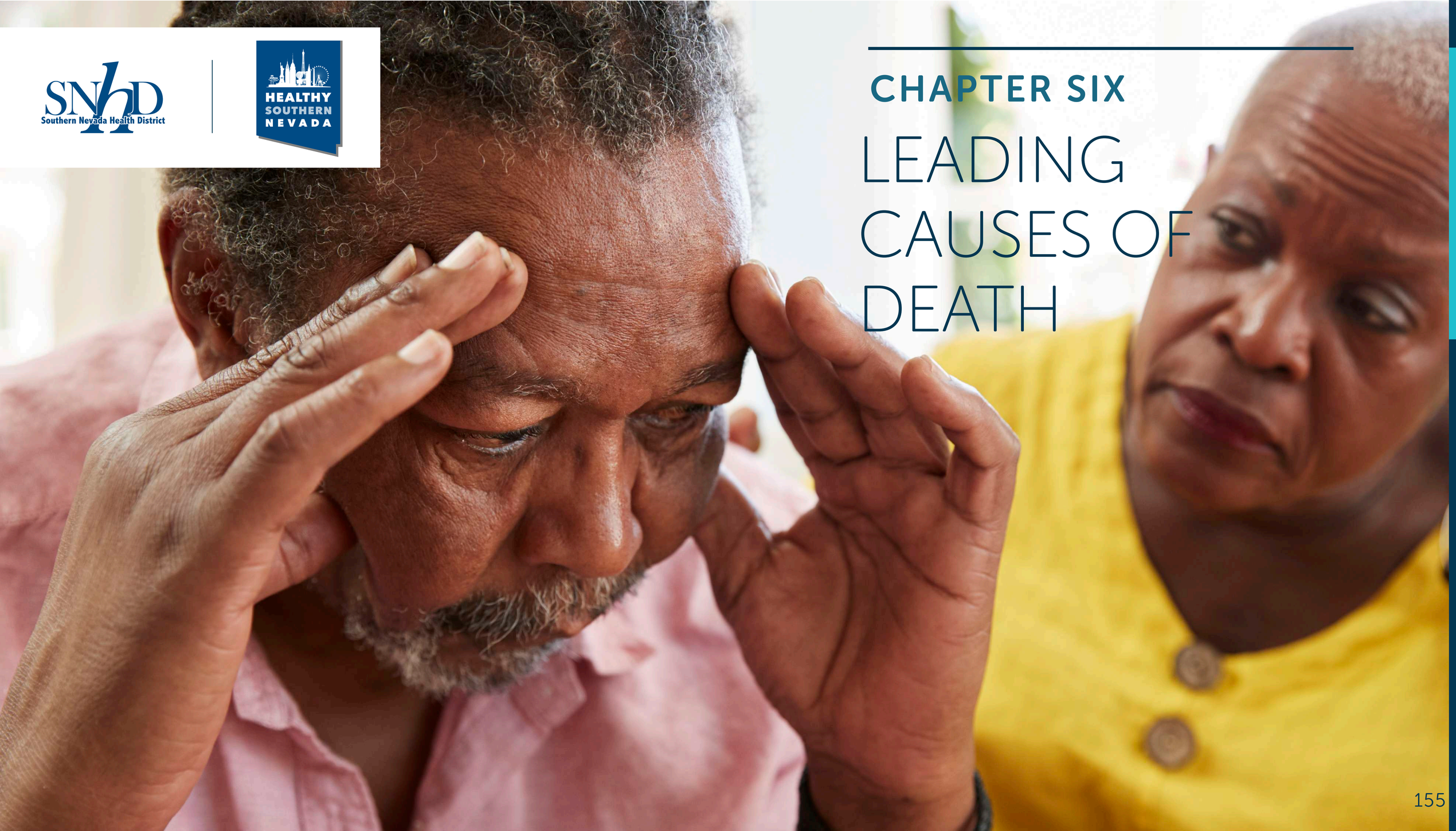
Many noted that grocery stores in the area mostly offer processed or expensive organic items that are not always fresh or healthy. Another participant added, *"It is almost impossible and you really need money to have access to healthy food."* The high cost of healthier options, combined with the difficulty of finding fresh produce, creates a major barrier to maintaining a balanced diet and managing chronic health conditions.

One participant expressed frustration with the lack of fresh, affordable food, saying, *"This is the worst place I have ever lived in regards to food access. We do not have a food system. Everything is imported and impregnated with chemicals."*

Those with Disabilities



Members of this group also described difficulty finding foods that meet stricter dietary needs and shared concerns about the limited enforcement of ADA-compliant spaces.



SNHD Southern Nevada Health District | HEALTHY SOUTHERN NEVADA

CHAPTER SIX

LEADING CAUSES OF DEATH

INTRODUCTION

The leading causes of death in Clark County reflect significant health challenges that impact the community. Understanding these causes and trends is crucial for addressing both preventable and chronic health conditions, while also identifying disparities that affect specific groups. By examining the mortality data, we can better guide efforts to improve health outcomes and reduce preventable deaths in our population.

LCOD : KEY FINDINGS

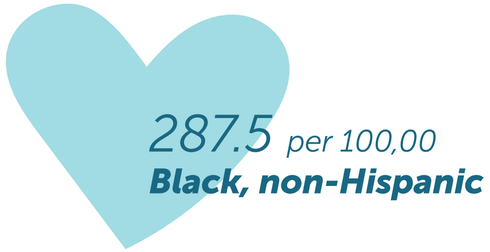
Causes of Death

The top 10 causes of death in Clark County were: diseases of the heart, malignant neoplasms (cancer), unintentional injuries (accidents), chronic lower respiratory diseases, cerebrovascular diseases (stroke), diabetes mellitus, Alzheimer's disease, influenza and pneumonia, essential hypertension and hypertensive renal disease, and chronic liver disease and cirrhosis.

Decline in All-Cause Mortality

Notable trends in ***Clark County's mortality data show an overall decline in the all-cause mortality rate from 924.4 per 100,000 in 2021 to 743.9 per 100,000 in 2023***, reflecting a return to pre-pandemic levels. While mortality rates for heart disease and cancer have steadily decreased, deaths from unintentional injuries have risen sharply, increasing from 37.8 per 100,000 in 2019 to 56.9 per 100,000 in 2023.

Mortality Rate for Heart Disease



Black, non-Hispanic individuals experienced the highest mortality rates due to heart disease (287.5 per 100,00), unintentional injuries (87.6 per 100,000), breast (13.3 per 100,000), lung (32.7 per 100,000) and prostate cancer (16.6 per 100,000), as well as higher all cancer mortality rates (178.1 per 100,000) than other race/ethnic groups, underscoring the need for targeted health interventions.

LCOD : ALL-CAUSE MORTALITY

SUMMARY

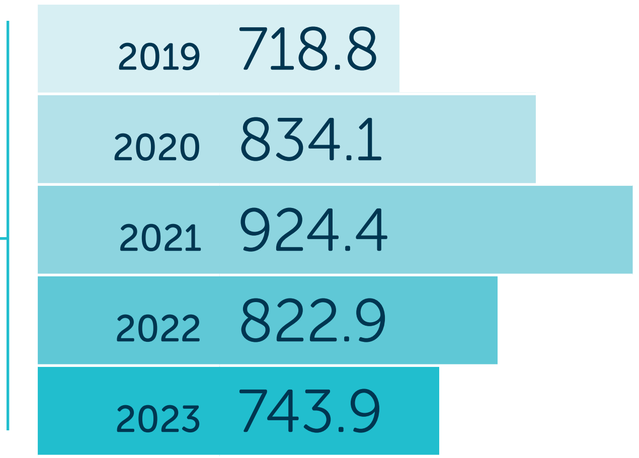
All-cause mortality represents the total number of deaths in Clark County from all causes, providing a comprehensive measure of overall health and mortality trends. **In 2023, the age-adjusted all-cause mortality rate in Clark County declined to 743.9 per 100,000, reflecting a decrease from the peak in 2021 (924.4 per 100,000) and aligning with downward trends in Nevada and the United States.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Tracking all-cause mortality helps assess the overall health status of a community and identify key areas for public health intervention. Understanding mortality trends enables policymakers, healthcare providers, and public health officials to allocate resources effectively, implement targeted prevention programs, and improve healthcare services to reduce premature deaths and enhance community well-being.

OUR SITUATION

In 2023, Clark County's age-adjusted mortality rate was 743.9 per 100,000, which was lower than both the Nevada rate (848.3 per 100,000) and the U.S. rate (750.5 per 100,000). Black, non-Hispanic individuals had the highest age-adjusted mortality rate at 1064.0 per 100,000. American Indian/Alaska Native, non-Hispanic individuals had the lowest rate at 447.5 per 100,000 in 2023. **While all-cause mortality in Clark County decreased in 2023 (743.9 per 100,000), it remained higher than pre-pandemic levels of 718.8 per 100,000 in 2019. Further investigation is needed to understand the factors driving these trends and inform targeted interventions**



LCOD : ALL-CAUSE MORTALITY

ALL-CAUSE MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	69	447.5
Asian/ Pacific Islander	1,593	535.4
Black, Non-Hispanic	2,627	1064.0
Hispanic/Latino	2,437	548.9
White, Non-Hispanic	12,360	823.0
Other race groups	48	***
Unknown race	50	***

*Rate per 100,000 Population**

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

All-Cause Mortality in Clark County

2019-2023

	2019	2020	2021	2022	2023
Clark County	718.8	834.1	924.4	822.9	743.9
Nevada	845.7	975.7	1023.6	924.1	848.3
United States	715.2	835.4	879.7	798.8	750.5

*Rate per 100,000 Population**
2019-2023

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : 10 LEADING CAUSES OF DEATH

SUMMARY

In 2023, the top 10 causes of death in Clark County were: diseases of heart, malignant neoplasms, unintentional injuries, chronic lower respiratory diseases, cerebrovascular diseases/ stroke, diabetes mellitus, Alzheimer's disease, influenza and pneumonia, essential hypertension and hypertensive renal disease, and chronic liver disease and cirrhosis.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

The leading causes of death in Clark County reflect significant health challenges that impact the community. Understanding these causes and trends is crucial for addressing both preventable and chronic health conditions.

OUR SITUATION

Heart diseases (185.3 per 100,000 population) and cancer (135.6 per 100,000) are the leading causes of death in both Clark County and the United States in 2023 (162.1 and 141.8 per 100,000 respectively), with Clark County showing higher rates. In 2023, Nevada had higher rates of both heart disease and cancer than either Clark County or the United States (199.2 and 146.7 per 100,000 respectively). **Unintentional injuries, including accidents and overdoses, are a significant and increasing concern in Clark County, but remained below national rates in 2023 (56.9 vs 62.3 per 100,000).**

56.9 per 100,000
Unintentional Injuries
Clark County, 2023

62.3 per 100,000
Unintentional Injuries
United States, 2023

185.3 per 100,000
Heart Diseases
Clark County, 2023

135.6 per 100,000
Cancers
Clark County, 2023

LCOD : HEART DISEASE MORTALITY

SUMMARY

Heart disease was the leading cause of death in Clark County in 2023 and 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. In 2023, the age-adjusted Clark County death rate due to heart disease was 185.3 deaths per 100,000 population.).

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Heart disease is an important health indicator as it is the leading cause of death among most racial and ethnic groups within the United States. Heart disease can be partially 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.

OUR SITUATION

In 2023, the age-adjusted Clark County death rate due to heart disease was 185.3 deaths per 100,000 population, lower than the state (199.2 per 100,000) but higher than the national (162.1) age-adjusted rates. Clark County heart disease mortality rates have decreased from 199.6 per 100,000 in 2019. Rates in 2023 were highest among Black, non-Hispanic individuals (287.5 per 100,000 population) compared to other race groups. The following tables provide a breakdown of heart disease mortality rates, along with heart attack mortality by race.

Heart Disease Mortality *2023*

*Rate per 100,000 Population**

185.3
Clark County

199.2
Nevada

162.1
United States

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

LCOD : HEART DISEASE MORTALITY

HEART DISEASE MORTALITY
BY RACE/ETHNICITY,
CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	14	93.2
Asian/ Pacific Islander	393	132.4
Black, Non-Hispanic	701	287.5
Hispanic/Latino	519	125.5
White, Non-Hispanic	3,160	204.1
Other race groups	9	***
Unknown race	13	***

*Rate per 100,000 Population**

HEART DISEASE MORTALITY
CLARK COUNTY, 2023

	2019	2020	2021	2022	2023
Clark County	199.6	201.3	207.6	201.0	185.3
Nevada	228.0	229.9	222.1	216.1	199.2
United States	161.5	168.2	173.8	167.2	162.1

*Rate per 100,000 Population**

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : HEART ATTACK MORTALITY

HEART ATTACK MORTALITY

One condition in the heart disease category is heart attacks. Heart attack mortality is presented as number of deaths per 100,000 population. **As with diseases of the heart overall, rates of heart attack were highest in Black individuals in 2023 at 16.3 per 100,000 population**, while the overall age-adjusted heart attack mortality rate in Clark County was 12.5 per 100,000.

HEART ATTACK MORTALITY BY RACE/ETHNICITY, CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	33	11.7
Black, Non-Hispanic	39	16.3
Hispanic/Latino	37	9.0
White, Non-Hispanic	207	13.3
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD 10: Heart Attack, I21-I22. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

****Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : MALIGNANT NEOPLASMS (CANCER)

SUMMARY

Cancer is the second leading cause of death in Clark County.

This indicator represents the number of deaths from all types of cancer per 100,000 population. The age-adjusted death rate due to cancer was 135.6 per 100,000 population among Clark County residents in 2023.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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, access to timely and affordable cancer screenings and immunization programs improves treatment options. 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.

Malignant Neoplasms Mortality

2019-2022

	2019	2020	2021	2022	2023
Clark County	151.9	141.2	137.2	137.4	135.6
Nevada	164.4	159.7	147.1	148.4	146.7
United States	146.2	144.1	146.6	142.3	141.8

*Rate per 100,000 Population**
2019-2023

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : MALIGNANT NEOPLASMS (CANCER)

OUR SITUATION

Cancer is a significant public health concern in Clark County, though its overall age-adjusted death rate in 2023 (135.6 per 100,000) was lower than both the Nevada (146.7 per 100,000) and national rates (141.8 per 100,000) and mortality has decreased 10.7% since 2019 (151.9 per 100,000). To provide a clearer understanding of cancer-related disparities, the following tables present age-adjusted mortality rates for all cancers followed by lung, breast, and prostate cancers, by race. **The data reveals that in 2023, Black, non-Hispanic individuals experienced 15.3% higher mortality rates from cancer overall (178.1 per 100,000) compared to White, non-Hispanic individuals (152.8 per 100,000).** Further, they had the highest rates of breast (16.4 per 100,000), lung (34.5 per 100,000) and prostate cancer (20.0 per 100,000) compared to other race groups, highlighting the need for targeted prevention and treatment efforts.

CANCER MORTALITY BY RACE/ETHNICITY, CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	13	72.1
Asian/ Pacific Islander	358	109.4
Black, Non-Hispanic	444	178.1
Hispanic/Latino	444	99.2
White, Non-Hispanic	2,467	152.8
Other race groups	5	***
Unknown race	15	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD 10: C00-C97. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

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****Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : BREAST CANCER MORTALITY

FEMALE BREAST CANCER MORTALITY
BY RACE/ETHNICITY,
CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	40	12.6
Black, Non-Hispanic	39	16.4
Hispanic/Latino	32	7.2
White, Non-Hispanic	166	10.6
Other race groups	*	***
Unknown race	*	***
Clark County, all races	280	10.4

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD 10: C50. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : LUNG CANCER MORTALITY

LUNG CANCER MORTALITY
BY RACE/ETHNICITY,
CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	5	***
Asian/ Pacific Islander	84	26.3
Black, Non-Hispanic	85	34.5
Hispanic/Latino	52	12.7
White, Non-Hispanic	549	33.5
Other race groups	*	***
Unknown race	*	***
Clark County, all races	779	27.8

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10: Lung Cancer C34. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : PROSTATE CANCER MORTALITY

PROSTATE CANCER MORTALITY

Prostate cancer affects cisgender men and can affect transwomen. .

Prostate cancer mortality is presented as an age adjusted rate per 100,000 population.

PROSTATE CANCER MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	15	4.8
Black, Non-Hispanic	44	20.0
Hispanic/Latino	19	5.7
White, Non-Hispanic	156	10.0
Other race groups	*	***
Unknown race	*	***
Clark County, all races	237	9.2

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10: Prostate Cancer C61. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population

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LCOD : UNINTENTIONAL INJURIES

SUMMARY

Unintentional injuries are the third leading cause of death and a significant public health concern. This measure tracks the number of deaths from unintentional injuries per 100,000 population, highlighting the impact of preventable accidents on the community. **In 2023, Clark County's age-adjusted unintentional injury mortality rate was 56.9 deaths per 100,000 population. Unintentional injury mortality rates have increased nearly 51% since 2019 (37.8 per 100,000).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Unintentional injuries encompass motor vehicle accidents, falls, drownings, fires, and poisonings, many of which are preventable through safety measures and public health interventions. Addressing unintentional injury mortality requires targeted efforts such as injury prevention education, enforcement of safety regulations, and improved access to emergency care.

Unintentional Injury Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	37.8	47.1	54.1	53.3	56.9
Nevada	53.0	63.9	70.5	72.4	82.6
United States	49.3	57.6	64.7	64.0	62.3

*Rate per 100,000 Population**
2019-2023

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : UNINTENTIONAL INJURIES

OUR SITUATION

In 2023, Clark County's age-adjusted unintentional injury mortality rate was 56.9 deaths per 100,000 population, lower than both state (82.6 per 100,000) and national rates (62.3 per 100,000). **However, disparities exist, with Black, non-Hispanic individuals experiencing the highest unintentional injury mortality rate at 87.6 deaths per 100,000, 260% higher than the group with the lowest rates, Asian and Pacific Islander, non-Hispanic individuals (24.3 per 100,000).** These figures underscore the importance of community-based prevention strategies, equitable healthcare access, and policies aimed at reducing unintentional injury risks among the most affected populations.

UNINTENTIONAL INJURY MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	8	***
Asian/ Pacific Islander	71	24.3
Black, Non-Hispanic	239	87.6
Hispanic/Latino	268	38.8
White, Non-Hispanic	800	67.0
Other race groups	5	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10: Unintentional Injuries V01-X59, Y85-Y86. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : CHRONIC LOWER RESPIRATORY DISEASES

SUMMARY

Chronic lower respiratory disease (CLRD) is the fourth leading causes of death in Clark County. **In 2023, the age-adjusted mortality rate for CLRD was 37.0 deaths per 100,000 population, a decrease from 43.8 per 100,000 in 2019.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

CLRD is a major cause of mortality both in Clark County and across the United States, encompassing conditions such as chronic bronchitis, asthma, and emphysema. Many risk factors for CLRD, including smoking and physical inactivity, can be mitigated through behavioral changes and preventive healthcare measures. Addressing CLRD requires a multifaceted approach, including smoking cessation programs, improved access to healthcare, and initiatives to enhance local air quality.

Chronic Lower Respiratory Disease Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	43.8	41.4	36.8	39.4	37.0
Nevada	53.8	50.5	42.8	46.6	41.9
United States	38.2	36.4	34.7	34.3	33.4

*Rate per 100,000 Population**
2019-2023

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : CHRONIC LOWER RESPIRATORY DISEASES

OUR SITUATION

In 2023, the age-adjusted mortality rate for CLRD in Clark County was 37.0 deaths per 100,000 population, which was higher than the national rate of 33.4 but lower than the Nevada state rate of 41.9. **White, non-Hispanic individuals had the highest CLRD age-adjusted death rate at 48.4 per 100,000, 236% higher than Asian, non-Hispanic (14.4 per 100,000) individuals and 199% higher than Hispanic individuals (16.2 per 100,000).**

CHRONIC LOWER RESPIRATORY DISEASE MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	43	14.4
Black, Non-Hispanic	91	38.3
Hispanic/Latino	58	16.2
White, Non-Hispanic	784	48.4
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10: Unintentional Injuries V01-X59, Y85-Y86. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : STROKE MORTALITY

SUMMARY

Cerebrovascular disease or stroke was the fifth leading cause of death in Clark County in 2023. 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 was 33.4 per 100,000 population in 2023, a decrease from 2019 at 36.3 per 100,000.**

Stroke Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	36.3	36.7	39.0	36.6	33.4
Nevada	45.3	47.5	45.2	45.2	40.0
United States	37.0	38.8	41.1	39.5	39.0

*Rate per 100,000 Population**
2019-2023

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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 strokes 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 improves recognition of strokes.

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : STROKE MORTALITY

OUR SITUATION

In 2023, the age-adjusted stroke mortality rate in Clark County was 33.4 deaths per 100,000 population, lower than both the Nevada (40.0 per 100,000) and United States. (39.0 per 100,000) rates. **However, disparities exist, with Black, non-Hispanic individuals experiencing the highest age-adjusted stroke mortality rate at 59.1 deaths per 100,000 compared to other race groups.**

STROKE MORTALITY BY RACE/ETHNICITY, CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	113	39.1
Black, Non-Hispanic	148	59.1
Hispanic/Latino	100	27.3
White, Non-Hispanic	488	31.5
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10 Codes: I60-I69. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : DIABETES MELLITUS MORTALITY

SUMMARY

Diabetes is the sixth leading causes of death in Clark County, contributing to significant health complications and reduced life expectancy. The mortality rate represents the number of deaths per 100,000 population for both type 1 and type 2 diabetes. **In 2023, the age-adjusted diabetes mortality rate in Clark County was 23.6 per 100,000, an increase from 2019 (22.8 per 100,000).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

High blood glucose levels can lead to both type 1 and type 2 diabetes, which are increasingly contributing to mortality in Clark County. Risk factors such as physical inactivity and poor diet can exacerbate the disease, and diabetes itself is a major risk factor for other chronic conditions, including cardiovascular disease. Tracking diabetes mortality helps inform public health efforts, allowing for targeted outreach programs that promote disease management, nutritious eating, and increased physical activity.

Diabetes Mellitus Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	22.8	23.6	21.8	22.7	23.6
Nevada	26.1	27.5	24.9	25.4	26.0
United States	21.6	24.8	25.4	24.1	22.4

*Rate per 100,000 Population**

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : DIABETES MELLITUS MORTALITY

OUR SITUATION

In 2023, Clark County's age-adjusted diabetes mortality rate was 23.6 per 100,000, lower than the Nevada rate (26.0 per 100,000) but higher than the U.S. rate (22.4 per 100,000). **However, significant disparities exist, with Black, non-Hispanic individuals experiencing the highest mortality rate at 42.2 per 100,000, more than double the 20.9 per 100,000 for White non-Hispanic individuals.**

DIABETES MELLITUS MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	89	28.2
Black, Non-Hispanic	109	42.2
Hispanic/Latino	117	25.9
White, Non-Hispanic	332	20.9
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD 10: E10-E14. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : ALZHEIMER'S MORTALITY

SUMMARY

Alzheimer's disease was the seventh leading cause of death in Clark County in 2023. This measure tracks the number of age-adjusted deaths due to Alzheimer's disease per 100,000 population. **In 2023, Clark County recorded an age-adjusted Alzheimer's mortality rate of 28.5 per 100,000 residents.**

Alzheimer's Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	24.7	32.9	29.0	31.0	28.5
Nevada	24.7	32.5	26.4	27.5	24.1
United States	29.8	32.4	31.0	28.9	27.7

*Rate per 100,000 Population**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Alzheimer's disease is a progressive, irreversible brain disorder that initially causes mild memory loss and gradually leads to severe cognitive decline. Symptoms include memory impairment, language difficulties, and unpredictable behavior, worsening over time as more areas of the brain are affected. While there is currently no cure, early detection and management through regular medical checkups can help slow disease progression and improve quality of life. Increased awareness and support services are essential to assist both patients and caregivers.

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : ALZHEIMER'S MORTALITY

OUR SITUATION

In 2023, the age-adjusted Alzheimer's mortality rate in Clark County was 28.5 per 100,000, higher than both the Nevada (24.1 per 100,000) and U.S. (27.7 per 100,000) rates, and an increase from 24.7 per 100,000 in 2019. **Among racial and ethnic groups, Black, non-Hispanic individuals had the highest mortality rate at 33.2 per 100,000.**

ALZHEIMER'S MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	46	18.9
Black, Non-Hispanic	64	33.2
Hispanic/Latino	65	24.1
White, Non-Hispanic	467	31.1
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10 Codes: G30. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : INFLUENZA AND PNEUMONIA MORTALITY

SUMMARY

Influenza and pneumonia are serious respiratory infections that can lead to severe complications, particularly among older adults, young children, and individuals with weakened immune systems. This measure tracks the number of age-adjusted deaths per 100,000 population due to influenza and pneumonia. In 2023, Clark County recorded an age-adjusted mortality rate of 15.5 per 100,000 residents. **Influenza and pneumonia have increased overall between 2019 (13.1 per 100,000) and 2023 but decreased between 2022 (17.2 per 100,000) and 2023.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Influenza and pneumonia are preventable causes of death, often mitigated through vaccination, timely medical treatment, and public health interventions. Both conditions can lead to severe respiratory distress, hospitalization, and increased mortality, especially in vulnerable populations. Preventive strategies, including flu shots, pneumonia vaccines, and proper hygiene practices, play a crucial role in reducing the burden of these illnesses. Enhancing public awareness and access to healthcare services can help lower mortality rates and protect at-risk individuals.

OUR SITUATION

In 2023, the age-adjusted mortality rate due to influenza and pneumonia in Clark County was 15.5 per 100,000, slightly higher than the Nevada rate (15.4 per 100,000) and notably higher than the U.S. rate (10.9 per 100,000). Black, non-Hispanic individuals had the highest age-adjusted mortality rate at 23.9 per 100,000 compared to other race groups. These disparities highlight the need for targeted vaccination campaigns, increased healthcare access, and community outreach efforts to reduce the impact of influenza and pneumonia in high-risk populations.

LCOD : INFLUENZA AND PNEUMONIA MORTALITY

INFLUENZA AND PNEUMONIA'S MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	46	15.2
Black, Non-Hispanic	59	23.9
Hispanic/Latino	47	12.2
White, Non-Hispanic	243	16.4
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

INFLUENZA AND PNEUMONIA'S MORTALITY

CLARK COUNTY, 2023

	2019	2020	2021	2022	2023
Clark County	13.1	13.6	13.3	17.2	15.5
Nevada	15.7	15.8	13.8	17.7	15.4
United States	12.3	13.0	10.5	11.3	10.9

*Rate per 100,000 Population**

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10 Codes: J09-J18. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

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*** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : HYPERTENSION

SUMMARY

Hypertension, or high blood pressure, is a major contributor to mortality in Clark County. It is defined as the number of individuals who died of hypertension due to kidney disease or hypertension without a known secondary cause. This measure tracks the number of deaths per 100,000 population due to hypertension, adjusted for age. **In 2023, the age-adjusted hypertension mortality rate in Clark County was 13.5 deaths per 100,000 population, an increase from 9.6 per 100,000 in 2019.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Hypertension is a largely preventable and manageable condition that, if left untreated, can lead to severe health complications such as stroke, heart disease, and kidney failure. While medication can help stabilize blood pressure, long-term management relies on lifestyle factors, including a balanced diet, regular physical activity, and reduced salt intake. Limited access to healthcare, lack of awareness, and socioeconomic barriers can contribute to higher mortality rates. Public health efforts focusing on prevention, education, and increased healthcare access are essential in reducing the burden of hypertension-related deaths.

Hypertension Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	9.6	10.1	11.3	13.3	13.5
Nevada	12.0	11.9	12.2	13.7	13.4
United States	8.9	10.1	10.7	10.3	10.1

*Rate per 100,000 Population**

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : HYPERTENSION

OUR SITUATION

In 2023, Clark County's age-adjusted death rate due to hypertension was 13.5 per 100,000, slightly higher than the Nevada rate (13.4 per 100,000) and notably higher than the United States rate (10.1 per 100,000). **The highest mortality rate was observed among Black, non-Hispanic individuals at 30.7 per 100,000, which was more than double the rate for all other race groups.**

HYPERTENSION MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	38	13.1
Black, Non-Hispanic	71	30.7
Hispanic/Latino	42	11.2
White, Non-Hispanic	190	12.3
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10 Codes: I10, I12, I15. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

**** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY

SUMMARY

Chronic liver disease, including cirrhosis, is a major health concern in Clark County and is responsible for a considerable number of deaths each year. This measure reflects the number of deaths per 100,000 population due to chronic liver disease and cirrhosis, adjusted for age differences. **In 2023, the age-adjusted mortality rate for chronic liver disease in Clark County was 13.4 per 100,000 population, higher than the rate in 2019 of 12.6 per 100,000.**

Chronic Liver Disease and Cirrhosis Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County	12.6	14.0	14.8	15.1	13.4
Nevada	15.4	17.0	18.4	18.6	17.0
United States	11.3	13.3	14.5	13.8	13.0

*Rate per 100,000 Population**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Chronic liver disease and cirrhosis are progressive conditions that impair liver function, often due to long-term damage caused by excessive alcohol consumption, viral hepatitis, obesity-related fatty liver disease, and other metabolic disorders. If left untreated, these conditions can lead to liver failure, severe complications, and death. Preventive measures such as reducing alcohol intake, maintaining a healthy weight, getting vaccinated for hepatitis, and seeking early medical intervention can lower the risk of developing advanced liver disease. Targeted public health interventions, including increased access to liver disease education, early screenings, and culturally relevant healthcare services are essential to reducing mortality and improving overall liver health.

Sources: Nevada Vital Records Death Data, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population. Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

LCOD : CHRONIC LIVER DISEASE AND CIRRHOSIS MORTALITY

OUR SITUATION

In 2023, the age-adjusted mortality rate for chronic liver disease and cirrhosis in Clark County was 13.4 per 100,000. This rate was lower than Nevada's rate (17.0 per 100,000) but slightly higher than the U.S. rate (13.0 per 100,000). **Hispanic/Latino individuals had the highest age-adjusted mortality rate at 16.6 per 100,000 in 2023.**

CHRONIC LIVER DISEASE MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	18	5.5
Black, Non-Hispanic	33	11.8
Hispanic/Latino	96	16.6
White, Non-Hispanic	221	15.2
Other race groups	*	***
Unknown race	*	***

Rate per 100,000 Population

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services. ICD-10 Codes: I10, I12, I15. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics. System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025 12:40:50 AM.

**Data with small counts (<5) and rates based on counts <12 are suppressed to safeguard protected health information and confidentiality.*

*** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : COVID-19 MORTALITY

SUMMARY

COVID-19 is respiratory disease of considerable health burden both in Clark County and internationally. **It is considered one of the worst pandemics of the 21st century.** This measure reflects the deaths per 100,000 of Clark County residents caused by COVID-19 adjusted for age differences. In 2023, the age-adjusted mortality rate for COVID-19 in Clark County was 11.0 per 100,000 population, drastically lower than the rate in 2020 of 92.6 per 100,000. Counts and rates for COVID-19 in this section are based on ICD-10 codes and values may differ from those in previously recorded sources as the definition for mortality caused by COVID-19 has changed over time.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

COVID-19 is a disease caused by the SARS-CoV-2 virus that impacts the lungs and respiratory system. While many people experience no or mild symptoms, in severe cases COVID-19 can result in hospitalization or death. With every COVID-19 infection, the risk of Long COVID increases. Long COVID is a chronic illness that lasts anywhere from weeks to years that can impact an individual's ability to breathe, remember, concentrate, sleep, smell, or fight off other infections. Public health interventions including encouraging COVID-19 vaccination and the importance of mask wearing can help limit COVID-19 mortality.

OUR SITUATION

The national, state, and local trends for COVID-19 mortality rates have been on a drastic decline since their height in 2021. While between 2020 and 2022, Clark County had a higher COVID-19 death rate than the nation, in 2023 the Clark County value of 11.0 per 100,000 population was lower than both Nevada (12.1 per 100,000) and the United States (11.9 per 100,000). The mortality rate due to COVID-19 in Clark County was highest in White, non-Hispanic individuals (12.9 per 100,000) followed by Black non-Hispanic individuals (10.6 per 100,000).

LCOD : COVID-19 MORTALITY

COVID-19 MORTALITY
BY RACE/ETHNICITY,
CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	***
Asian/ Pacific Islander	21	7.7
Black, Non-Hispanic	24	10.6
Hispanic/Latino	31	9.4
White, Non-Hispanic	200	12.9
Other race groups	*	***
Unknown race	*	***
Other race groups	278	11

Rate per 100,000 Population

COVID-19 MORTALITY
CLARK COUNTY, 2023

	2020	2021	2022	2023
Clark County	92.6	150.3	64.5	11.0
Nevada	100.0	153.0	64.4	12.1
United States	85.0	104.1	44.5	11.9

*Rate per 100,000 Population**

Source: Nevada Vital Records Death Data, 2023. ICD 10: U07.1. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

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*** Rates were not able to be calculated for Other race or Unknown race due to unavailable population counts.*

LCOD : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

PhotoVoice

- Strength in the community: "Gyms serve as vital community resources by providing spaces for physical fitness and mental well-being. Overall, gyms contribute to holistic health, supporting individuals in achieving their fitness goals while boosting mental resilience and emotional well-being."

Focus Group : What is a larger community issue impacting health?

Rural Residents

Rural residents talked about inconsistent quality they received from hospital services, possible due to the high turnover of doctors.

"I had to go through beginner radiation for breast cancer last year, and there's nothing here, and everybody knows that. I went through a very minute amount, but you go into St. George where you're not feeling good and having somebody else to help drive you—that's a definite need here."

All Groups

Most participants in all groups agreed Clark County needs more mental health services, affordable housing, and additional healthcare providers – specifically specialist.

Visit www.healthysouthernnevada.org for the full report and table of recommendations

CHAPTER SEVEN

MENTAL, BEHAVIORAL AND SOCIAL HEALTH

INTRODUCTION

Connections with those around us have a profound impact on our resilience and how we can manage stress. A lack of healthy social interactions can lead to adverse mental health, unhealthy coping mechanisms, such as substance use, and can lead to negative effects on physical well-being.

MBSH : KEY FINDINGS

Substance Use Deaths

+60.6%

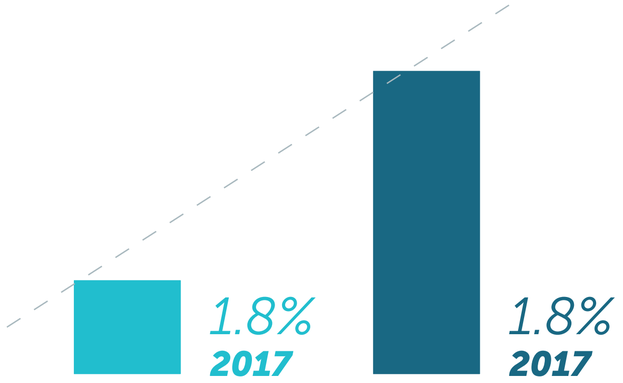
Suicide mortality remains a significant concern in Clark County, with the county's suicide rate consistently higher than the state rate for Nevada from 2019 to 2023. ***Substance use-related deaths have also increased 60.6% during the same period.***

Opioiod Overdose Mortality

2X

The opioid overdose mortality rate in Clark County was slightly lower than the Nevada state rate in 2023, ***but it has nearly doubled from 9.9 per 100,000 in 2019 to 19.5 per 100,000 in 2023.***

Marijuana Via Vaporization



Among youth, marijuana vaping has surged in prevalence. ***The percentage of high school students in Clark County who reported using marijuana via vaporization in the past 30 days rose dramatically from 1.8% in 2017 to 30.5% in 2023.***

MBSH : POOR MENTAL HEALTH 14+ DAYS PER MONTH

SUMMARY

This metric reflects the percentage of mentally unhealthy days reported by residents aged 18 years and older over the past 30 days. **In 2023, 20.9% of adults in Clark County reported experiencing poor mental health for 14 or more days, which is higher than both the Nevada state average (20.0%) and the national average (15.4%).**

Poor mental health days are a key indicator of health-related quality of life within a population. 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.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Poor Mental Health 14+ Days per Month

2023

20.9%
Clark County

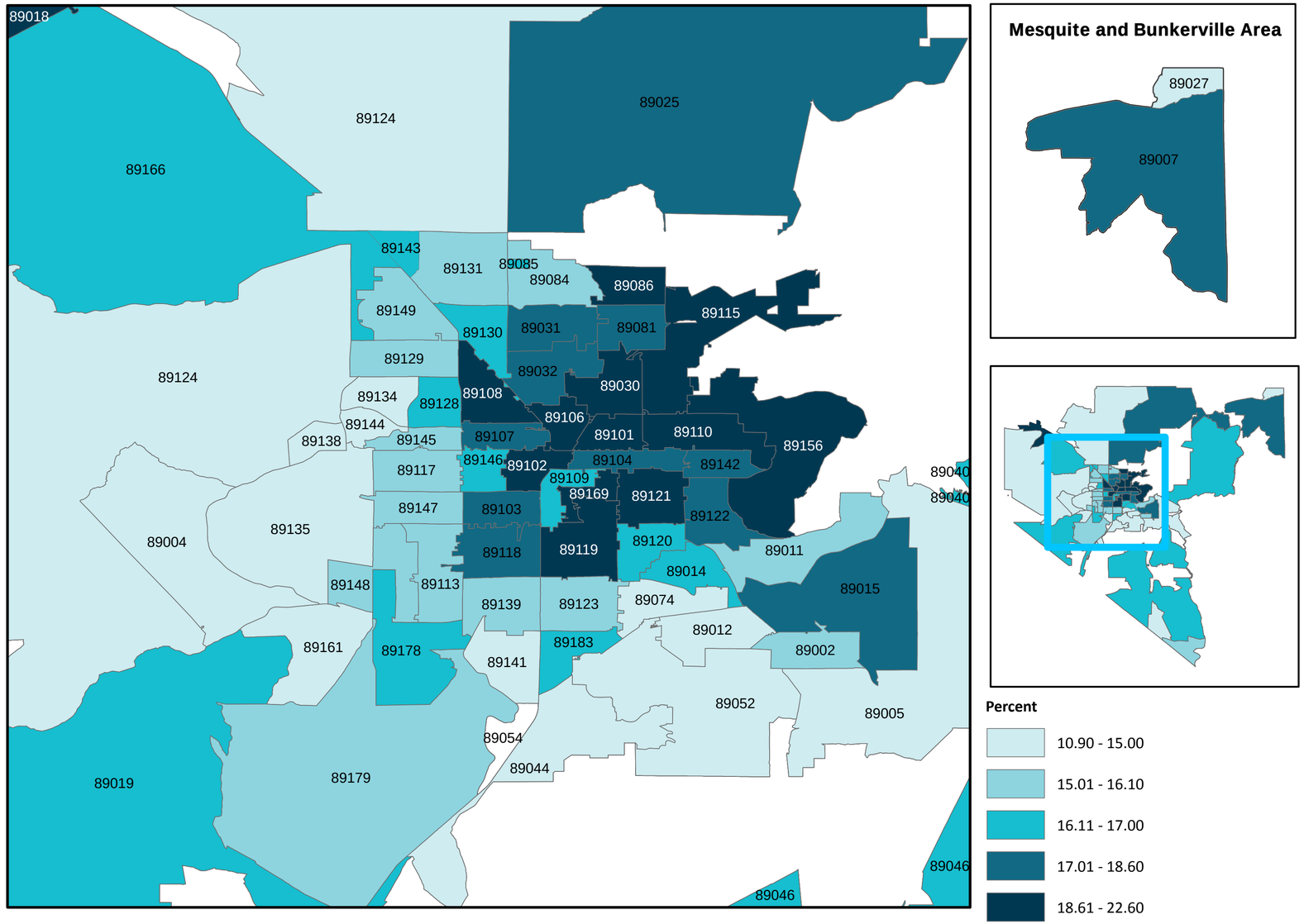
20.0%
Nevada

15.4%
United States

Source: Nevada Behavioral Risk Factors Surveillance System, 2023

MBSH : POOR MENTAL HEALTH 14+ DAYS PER MONTH

PERCENT OF ADULTS WITH POOR MENTAL HEALTH, 2022



Percent

- 10.90 - 15.00
- 15.01 - 16.10
- 16.11 - 17.00
- 17.01 - 18.60
- 18.61 - 22.60

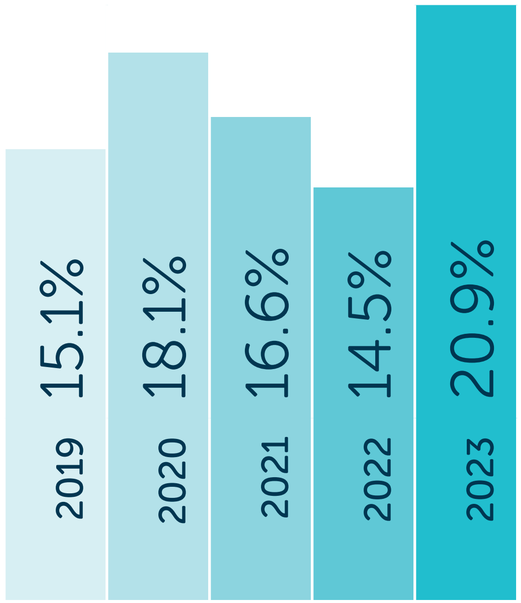
MBSH : POOR MENTAL HEALTH 14+ DAYS PER MONTH

OUR SITUATION

In Clark County, 20.9% of adults reported experiencing poor mental health for 14 or more days in the past month in 2023, which is higher than both the Nevada state average (20.0%) and the national average (15.4%). This percentage has increased by 38%, rising from 15.1% in 2019 to 20.9% in 2023.

POOR MENTAL HEALTH 14+ DAYS PER MONTH BY YEAR,

CLARK COUNTY, 2019-2023



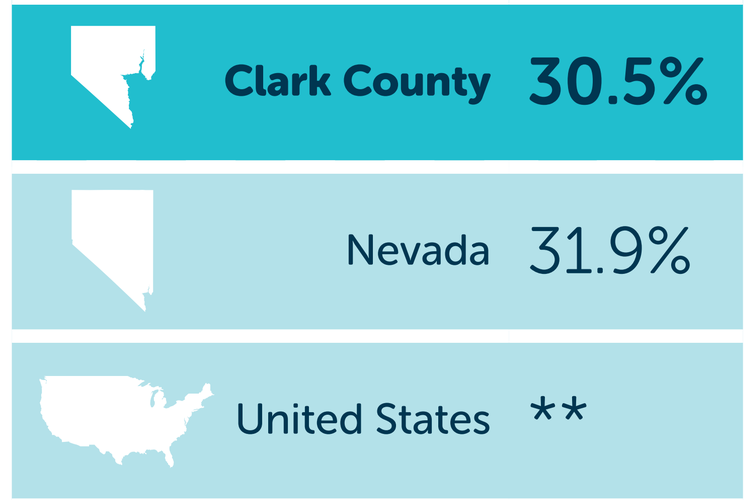
Source: Nevada Behavioral Risk Factors Surveillance System, 2023

MBSH : TEENS WHO VAPORIZED MARIJUANA IN THE LAST 30 DAYS

SUMMARY

This measure tracks the percentage of high school students who reported using marijuana in the last 30 days and usually used it by vaporizing it. **In Clark County, the prevalence of marijuana vaping has sharply increased, rising from 1.8% in 2017 to 30.5% in 2023. The rate in Clark County is lower than the state average.**

HIGH SCHOOL STUDENTS WHO VAPORIZED MARIJUANA IN THE LAST 30 DAYS* 2023



Data Source: Nevada Youth Risk Behavior Survey, 2017-2023

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Teen marijuana vaping poses significant risks to adolescent brain development, mental health, and academic performance, especially as vaping devices can deliver high high tetrahydrocannabinol (THC) concentrations. Early exposure to these substances may lead to long-term issues with memory, learning, and emotional regulation. Addressing and monitoring this behavior is crucial for improving public health outcomes in the community.

HIGH SCHOOL STUDENTS WHO VAPORIZED MARIJUANA IN THE LAST 30 DAYS* BY RACE/ETHNICITY, CLARK COUNTY, 2023

American Indian/ Alaska Native	0.0%
Asian	75.8%
Black	18.0%
Hispanic/Latino (any race)	26.6%
White	47.7%
Native Hawaiian/ Pacific Island-	28.2%
Other or multiple race groups	15.4%
Overall	14.7%

**Source: Nevada Youth Risk Behavior Survey, 2023*

Howard, L., Powers, M.G., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2024). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. 2023 Nevada High School Youth Risk Behavior Survey (YRBS) Clark County Special Report.

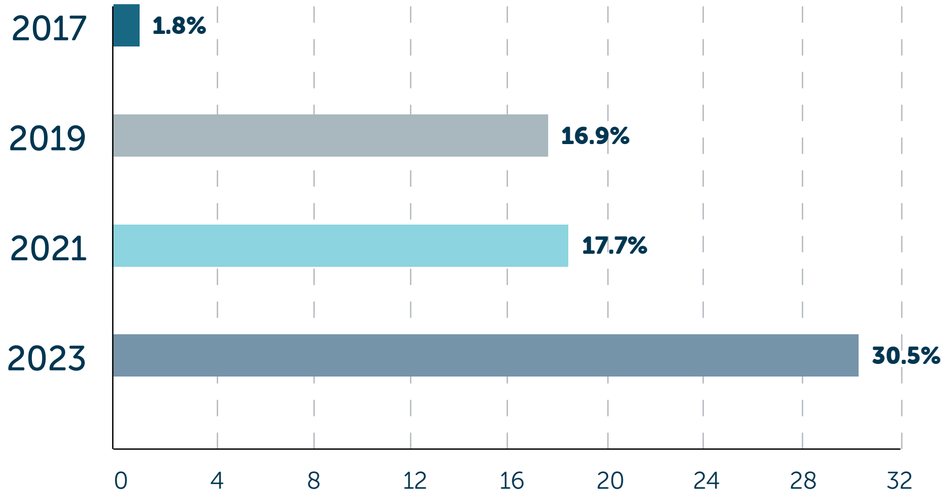
***Data on vaping use for marijuana among high school students is not collected nationally in the YRBS.*

MBSH : TEENS WHO VAPORIZED MARIJUANA IN THE LAST 30 DAYS

OUR SITUATION

In 2023, 11.9% of High School students said they used marijuana in the last 30 days. While smoking marijuana is the most common method reported ion the YRBS, the percentage of students using marijuana by vaporizing it has increased. While the prevalence of marijuana vaping among high school students in Clark County remains lower than the Nevada state prevalence, it has risen sharply from 1.8% in 2017 to 30.5% in 2023. Among racial groups, Asian high school students reported the highest rates of marijuana vaping (75.8%) in the past 30 days in Clark County in 2023, followed by White, non-Hispanic students (47.7%).

HIGH SCHOOL STUDENTS WHO VAPORIZED MARIJUANA IN THE LAST 30 DAYS* BY YEAR, CLARK COUNTY, 2017-2023



Data Source: Nevada Youth Risk Behavior Survey, 2017-2023

Howard, L., Powers, M.G., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2024). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. 2023 Nevada High School Youth Risk Behavior Survey (YRBS) Clark County Special Report.

Brandon, K., Anderson, M., Nolle, O., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. (2023). University of Nevada, Reno School of Public Health and State of Nevada, Division of Public and Behavioral Health. 2021 Nevada High School Youth Risk Behavior Survey (YRBS) Clark County Special Report

Diedrick, M., Lensch, T., Zhang, F., Peek, J., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2019 Nevada High School Youth Risk Behavior Survey (YRBS): Clark County Special Report

Lensch, T., Martin, H., Zhang, F., Clements-Nolle, K., Yang, W. University of Nevada, Reno. 2017 Nevada High School Youth Risk Behavior Survey (YRBS): Clark County Special Report

**2017, 2019, 2021, 2023 Percentage of high school students who usually used marijuana by different methods during the past 30 days before the survey (vaporized it)*

MBSH : DRUG OVERDOSE MORTALITY

SUMMARY

This measure tracks deaths resulting from drug overdoses involving any substance, highlighting the ongoing public health challenge posed by drug misuse and overdose. In 2023, the drug overdose death rate in Clark County (28.1 per 100,000 population) was lower than the rate for Nevada (29.1 per 100,000 population) and the United States (31.3 per 100,000 population).

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Drug overdose mortality is a critical public health issue that affects families, communities, and healthcare systems, with long-term social and economic impacts. Reducing drug overdose mortality requires a comprehensive approach, including community engagement, partnerships, and targeted intervention programs.

Drug Overdose Mortality
2019-2023

	2019	2020	2021	2022	2023
Clark County*	17.5	23.1	25.4	24.3	28.1
Nevada*	15.5	21.9	22.9	23.2	29.1
United States**	21.6	28.3	32.4	32.6	31.3

*Rate per 100,000 Population**

OUR SITUATION

In 2023, Black, non-Hispanic and White, non-Hispanic individuals experienced the highest overdose death rate within the county (46.5 and 34.8 per 100,000 population respectively). **Additionally, the drug overdose death rate in Clark County has risen markedly, increasing from 17.5 per 100,000 population in 2019 to 28.1 per 100,000 in 2023, while Nevada's rate increased from 15.5 to 29.1, surpassing Clark County in 2023.** The United States had the highest rates, with an increase from 21.6 to 31.3 per 100,000 population, peaking in 2021 and 2022 before slightly decreasing in 2023.

Sources:

**Southern Nevada Health District, Nevada Electronic Death Record System (EDRS), Clark County and NV Residents, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.*

***Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2019-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2019-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html on Feb 4, 2025, 11:09:53 PM ICD10: X40-X44, X60-X64, X85, Y10-Y15*

MBSH : DRUG OVERDOSE MORTALITY

DRUG OVERDOSE MORTALITY
BY RACE/ETHNICITY,
CLARK COUNTY, 2023

	DEATHS	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	19	6.3
Black, Non-Hispanic	131	46.5
Hispanic/Latino	131	16.5
White, Non-Hispanic	385	34.8
Multiracial	15	*
Other race groups	8	*
Unknown race	*	*

*Rate per 100,000 Population***

Data Source: Southern Nevada Health District, Nevada Electronic Death Record System (EDRS), Clark County and NV Residents, 2023. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

ICD10: X40-X44, X60-X64, X85, Y10-Y15

**Data with small counts (<5) and rates based on counts (<12) are suppressed to safeguard protected health information and confidentiality.*

MBSH : OPIOID OVERDOSE MORTALITY

SUMMARY

This measure tracks the age-adjusted death rate from overdoses involving any opioid. **In 2023, Clark County's opioid overdose mortality rate (19.5 per 100,000 population) was slightly lower than the state rate for Nevada (19.6 per 100,000 population) and 18.7% lower than the U.S. rate (24.0 per 100,000 population).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Opioid overdose mortality is a serious public health concern, reflecting the widespread impact of opioid misuse and the urgent need for prevention, harm reduction, and treatment efforts.

Opioid Overdose Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County*	9.9	16.0	15.4	15.3	19.5
Nevada*	8.8	13.5	12.8	13.9	19.6
United States**	15.5	21.4	24.7	25.0	24.0

*Rate per 100,000 Population**
2019-2023

**Southern Nevada Health District, Nevada Electronic Death Record System (EDRS), Clark County and NV Residents, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.*

***Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2019-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2019-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html on Feb 4, 2025, 11:09:53 PM. ICD10: X40-X44, X60-X64, X85, Y10-Y14 with T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 as a contributing cause*

MBSH : OPIOID OVERDOSE MORTALITY

OUR SITUATION

Black, non-Hispanic and White, non-Hispanic individuals experienced the highest opioid-related overdose mortality rates within Clark County (29.3 and 25.7 per 100,000 population respectively) in 2023. From 2019 to 2023, the opioid overdose mortality rate among Clark County residents nearly doubled, rising from 9.9 to 19.5 per 100,000. Mirroring increases in Nevada (8.8 to 19.6 per 100,000 population) and the United States (15.5 to 24.0 per 100,000 population) during the same time period.

OPIOID OVERDOSE MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	DEATHS	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	5	*
Black, Non-Hispanic	82	29.3
Hispanic/Latino	98	11.9
White, Non-Hispanic	269	25.7
Multiracial	11	*
Other race groups	*	*
Unknown race	*	*

*Rate per 100,000 Population**

Southern Nevada Health District, Nevada Electronic Death Record System (EDRS), Clark County and NV Residents, 2023. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

ICD10: X40-X44, X60-X64, X85, Y10-Y14 with T40.0, T40.1, T40.2, T40.3, T40.4, T40.6 as a contributing cause

**Data with small counts (<5) and rates based on counts (<12) are suppressed to safeguard protected health information and confidentiality.*

MBSH : SUICIDE & SELF-INFLICTED INJURY MORTALITY

SUMMARY

Suicide mortality rates measure the number of suicides per 100,000 population. **In 2023 the suicide rate in Clark County was 16.0 per 100,000 compared to 13.3 per 100,000 in Nevada and 14.1 per 100,000 in the United States.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Suicide and self-inflicted injury mortality are critical public health concerns that impact individuals, families, and communities, often reflecting underlying mental health challenges. Reducing suicide rates requires increasing awareness, expanding access to mental health care, and fostering supportive environments that encourage early intervention and help-seeking behavior.

Suicide Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County*	16.6	15.5	17.8	18.3	16.0
Nevada*	13.9	12.8	14.3	14.9	13.3
United States**	13.9	13.5	14.1	14.2	14.1

*Rate per 100,000 Population**

**Southern Nevada Health District, Nevada Electronic Death Record System (EDRS), Clark County and NV Residents, 2019-2023. Rates per 100,000 population were calculated using population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.*

***Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2019-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2019-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/mcd-icd10-expanded.html on Feb 4, 2025, 11:09:53 PM.*

MBSH : SUICIDE & SELF-INFLICTED INJURY MORTALITY

OUR SITUATION

From 2019 to 2023, the Clark County's suicide rate was consistently higher than the rate for Nevada and the rate for the United States. Encouragingly, Clark County's overall suicide rate has declined, decreasing from 16.6 per 100,000 in 2019 to 16.0 per 100,000 in 2023. **In 2023, White, non-Hispanic individuals had the highest suicide mortality rate in Clark County.**

SUICIDE MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	DEATHS	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	25	8.5
Black, Non-Hispanic	39	14.8
Hispanic/Latino	73	9.5
White, Non-Hispanic	238	19.5
Multiracial	8	*
Other race groups	7	*
Unknown race	*	*

*Rate per 100,000 Population**

Southern Nevada Health District, Nevada Electronic Death Record System (EDRS), Clark County and NV Residents, 2023. Rates per 100,000 population were calculated using 2023 population projections from the Nevada State Demographer vintage 2023 data and age adjusted to the 2000 U.S. Standard population.

ICD-10 codes: X60-X84, Y87.0

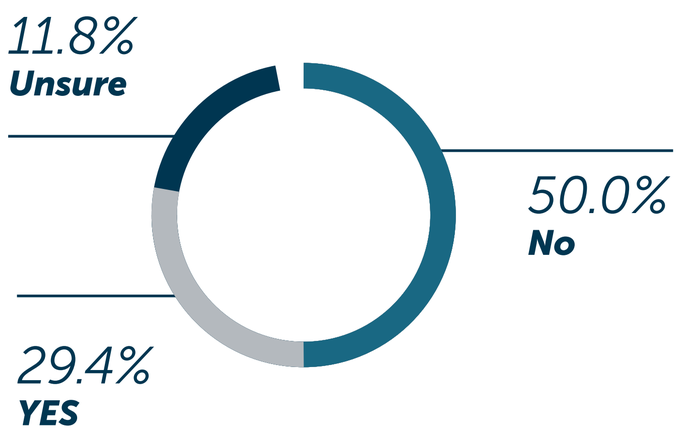
**Data with small counts (<5) and rates based on counts (<12) are suppressed to safeguard protected health information and confidentiality.*

MBSH : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

Question: Does your organization has sufficient capacity to meet client/member needs?

Results



COMMUNITY CONTEXT ASSESSMENT

PhotoVoice:

- ***Strengths in the community***

  Fostering connections: "Hanging out with my friends after school at local cafes help my mental illness and makes me much happier"

- ***Barriers in the community***

  Several youth captured pictures that related to the high costs of living and taxes in our community which was a barrier to accessing services such as medical care, housing, transportation, outdoor activities and other youth activities. : "We have so many tourist attractions in Las Vegas, but how come there aren't enough resources for the residents that already live here?"

MBSH : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT CONTINUED

Focus Group : What are some of the biggest community health issues?

American Indian/Alaskan Native, 89101, Disabilities and Rural Residents

"We need more mental health services, it is very limited and lacking."

89101 and Veteran Residents

Residents of 89101 and those in the Veterans' group elevated *Homelessness* as a top issue, especially as it causes despair, pain, and a loss of pride.

89101, Veterans and Senior Residents

Additionally, residents of 89101, Veterans, and seniors discussed difficulties with finding *affordable housing*.

89101 and Disabled Residents

Individuals with disabilities and 89101 residents discussed *substance use* as a major issue, especially marijuana and other drug use in public spaces.

Most Groups

To learn more about larger concerns within their communities, all six groups were asked to share the main issues that cause them concern. *Homelessness, substance use, and affordable housing* emerged as the most common concern from multiple groups

CHAPTER EIGHT

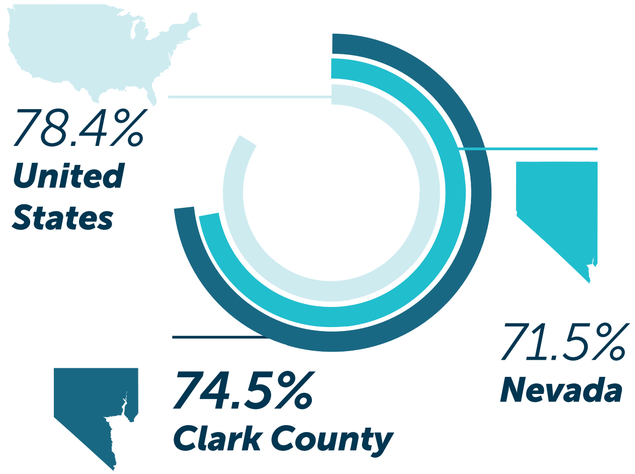
HEALTH CARE ACCESS

INTRODUCTION

Access to health care is essential for preventing and managing health conditions, reducing early death, and improving health and well-being. Limited access to healthcare can delay treatment, worsen health, and increase financial hardship, which can exacerbate health disparities.

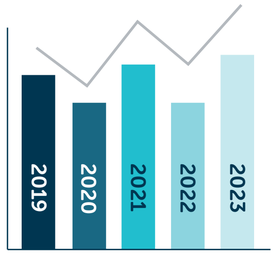
HCA : KEY FINDINGS

Annual Health Check-Up
2023



In 2023, 74.5% of Clark County adults had an annual health check-up, which was higher than in Nevada (71.5%), yet lower than in the United States. (78.4%).

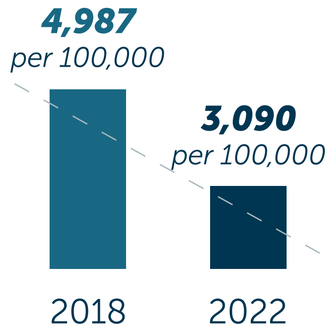
Annual Health Check-Up
2019-2023



74.5%
Clark County, 2023

From 2019 to 2023, the percentage of adults in Clark County who had an annual health check-up in the past year varied, peaking at 74.5% in 2023. Regarding race/ethnicity, Hispanic adults had the lowest percentage of annual health check-ups among all racial/ethnic groups (66.6%).

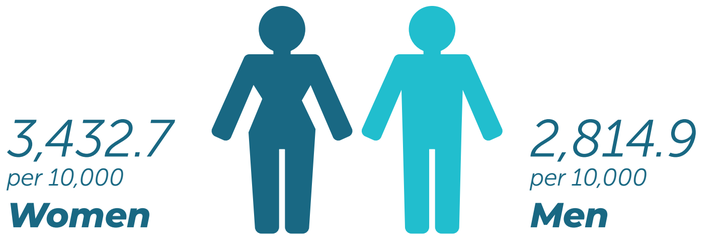
Preventable Hospital Stays
Clark County



Clark County had a higher rate of preventable hospital stays among Medicare enrollees (3,090 per 100,000) than Nevada (2,788 per 100,000) and the United States (2,677 per 100,000). ***However, Clark County's rate decreased from 4,987 per 100,000 in 2018 to 3,090 per 100,000 in 2022.***

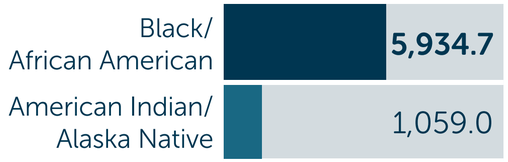
HCA : KEY FINDINGS

Emergency Room Visits



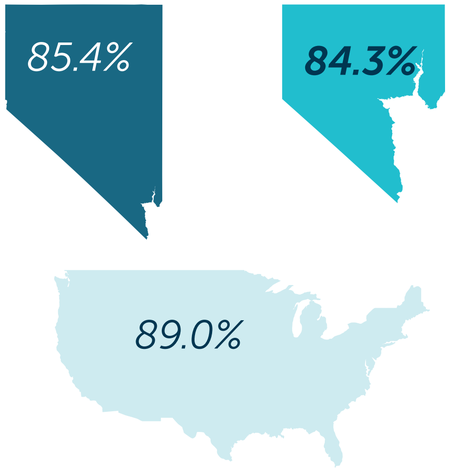
Clark County's five-year rate for all cause emergency department utilization was 3,121.1 per 10,000 from 2018 to 2022. ***Women visited the emergency department at a higher rate (3,432.7 per 10,000) than men (2,814.9).***

Emergency Room Visit Rates



Among racial/ethnic groups, Black persons had the highest rate of emergency department visits (5,934.7 per 10,000), while American Indian/ Alaska Native persons had the lowest (1,059.0 per 10,000).

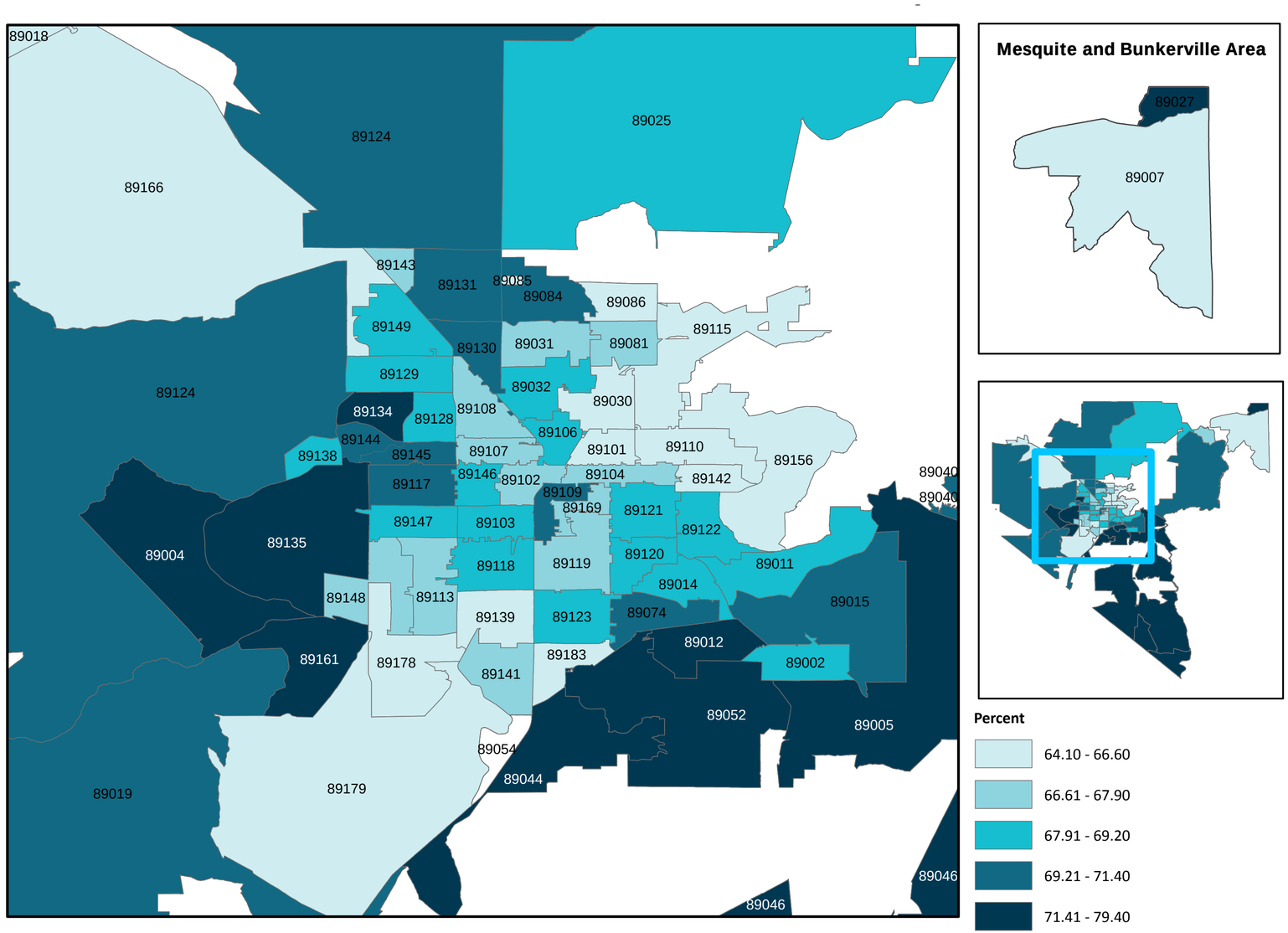
Health Insurace Coverage



Clark County had a lower percentage of adults with health insurance coverage (84.3%) than Nevada (85.4%) and the United States (89.0%). Hispanic/Latino adults had the lowest percentage of health insurance coverage (74.0%) followed by American Indian/Alaska Native adults (75.8%).

HCA : ANNUAL HEALTH CHECK UP

PERCENT OF ADULTS THAT HAD A ROUTINE CHECK-UP, 2022

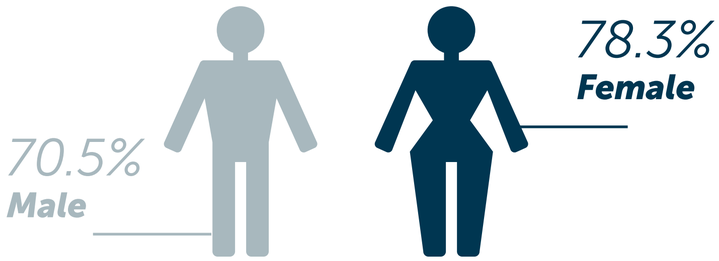


HCA : ANNUAL HEALTH CHECK UP

SUMMARY

In Clark County in 2023, 74.5% adults had an annual health check-up in the past year, a figure that was higher than in Nevada (71.5%), yet lower than in the United States (78.4%). The percentage of adults in Clark County who had an annual health check-up in the past year varied from 2019 to 2023, peaking at 74.5% in 2023. Hispanic adults had the lowest percentage of annual health check-ups among all racial/ethnic groups (66.6%).

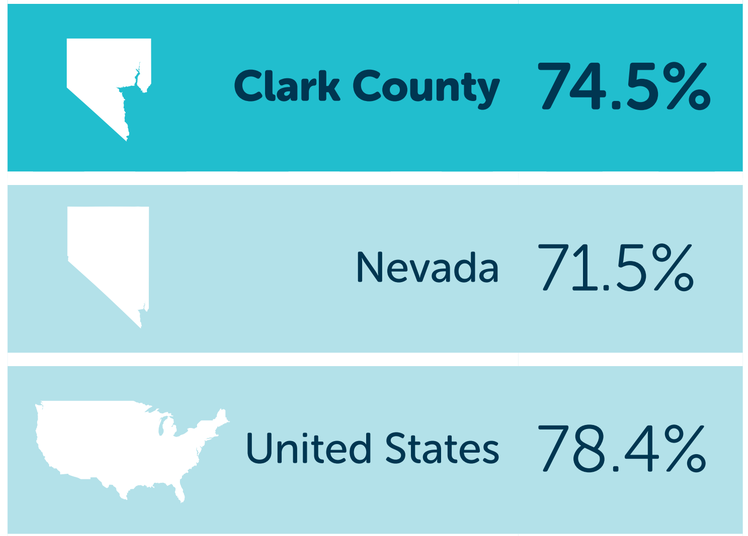
ANNUAL HEALTH CHECK UP
BY SEX, CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2019-2023. Carson City, NV: Nevada Department of Health and Human Services; 2023.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Annual check-ups are essential for preventive care, early disease detection, and timely interventions and treatments. Regular medical visits also serve as an indicator of our community's access to healthcare.



Source: Nevada Department of Health and Human Services. Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2023. Carson City, NV: Nevada Department of Health and Human Services; 2023.

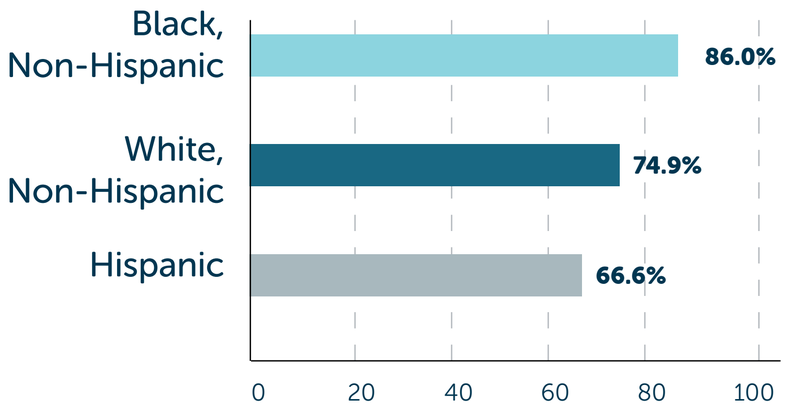
**Centers for Disease Control and Prevention. BRFSS prevalence data and data analysis tools. Published 2023. Accessed February 12, 2025. https://www.cdc.gov/brfss/brfssprevalence/index.htm*

HCA : ANNUAL HEALTH CHECK UP

OUR SITUATION

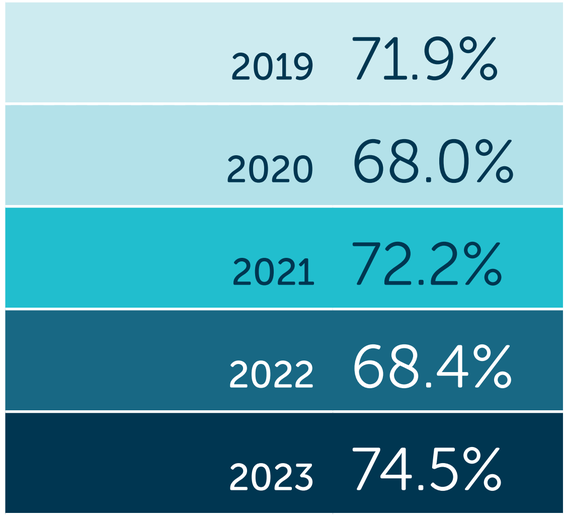
The percentage of adults who had a routine checkup in the past year varied by sex and race/ethnicity. A greater percentage of women (78.3%) had a routine checkup compared to men (70.5%). Black, non-Hispanic adults (86.0%) had the largest percentage of checkups, followed by White, non-Hispanic adults (74.9%), and Hispanic adults (66.6%).

ANNUAL HEALTH CHECK UP
BY RACE/ ETHNICITY, CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2019-2023. Carson City, NV: Nevada Department of Health and Human Services; 2023.

ANNUAL HEALTH CHECK UP
BY YEAR, CLARK COUNTY, 2019-2023



Source: Nevada Department of Health and Human Services. Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data File for 2019-2023. Carson City, NV: Nevada Department of Health and Human Services; 2023.

HCA : PREVENTABLE HOSPITAL STAYS

SUMMARY

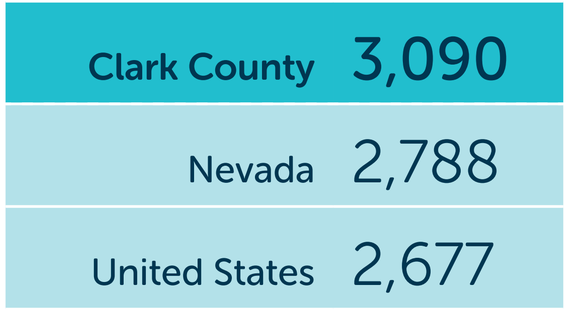
Preventable hospital stays measure the rate of hospital discharges for ambulatory care-sensitive conditions (ACSC) per 100,000 Medicare enrollees—conditions that could have been prevented or managed through timely primary care or annual health checkups. **In 2022, Clark County had a higher rate of preventable hospital stays among Medicare enrollees (3,090 per 100,000) than Nevada (2,788 per 100,000) and the United States (2,677 per 100,000).** However, Clark County's rate of preventable hospital stays among Medicare enrollees decreased from 4,987 per 100,000 in 2018 to 3,090 per 100,000 in 2022.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Preventable hospitalizations indicate barriers to primary and preventive care, leading to unnecessary hospital stays and poorer health outcomes. High rates of preventable hospitalizations often indicate limited access to primary care for annual health checkups and chronic disease management. Overall, this results in greater strain on our local healthcare system and worse population health.

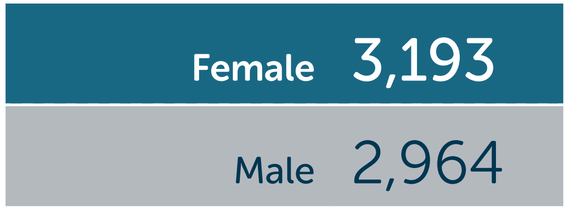
PREVENTABLE HOSPITAL STAYS

2022-2023



Hospital Discharges per 100,000 Medicare Enrollees

PREVENTABLE HOSPITAL STAYS BY SEX 2019-2023



Hospital Discharges per 100,000 Medicare Enrollees

Source: Centers for Medicare & Medicaid Services. Mapping Medicare disparities by population. 2022. Accessed February 5, 2025. https://data.cms.gov/tools/mapping-medicare-disparities-by-population

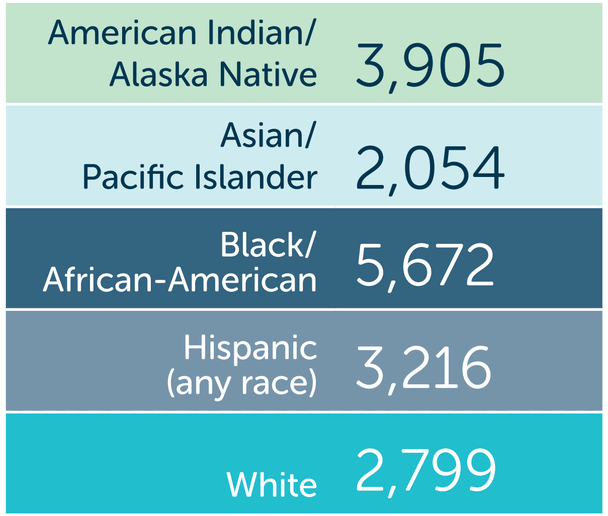
HCA : PREVENTABLE HOSPITAL STAYS

OUR SITUATION

Clark County's rate of preventable hospital stays among Medicare enrollees declined over time from 4,987 per 100,000 in 2018 to 3,090 per 100,000 in 2022. However, Clark County's rate of preventable hospital stays among Medicare enrollees remains higher than our state and national rates (2,788 per 100,000 for Nevada and 2,677 per 100,000 for the United States). Disparities exist by sex and race/ethnicity. Female Medicare enrollees had a higher preventable hospitalization rate (3,193 per 100,000) than male enrollees (2,964 per 100,000). Black/African American Medicare enrollees experienced the highest rate of preventable hospital stays (5,672 per 100,000), followed by American Indian/Alaska Native enrollees (3,905 per 100,000) and Hispanic enrollees (3,216 per 100,000). Non-Hispanic White and Asian enrollees had the lowest rates of preventable hospital stays (2,799 per 100,000 and 2,054 per 100,000, respectively).

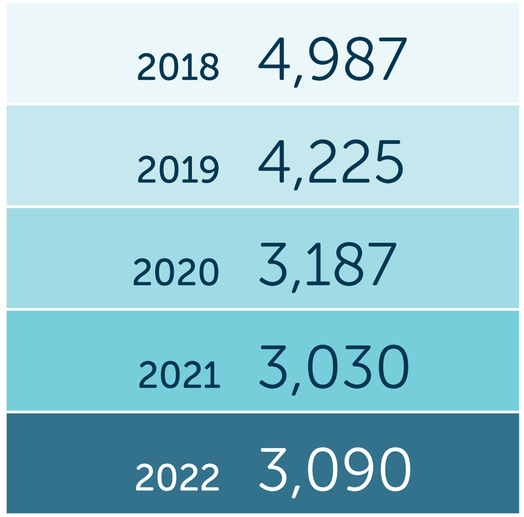
PREVENTABLE HOSPITAL STAYS BY RACE/ETHNICITY,

CLARK COUNTY, 2023



Hospital Discharges per 100,000 Medicare Enrollees

PREVENTABLE HOSPITAL STAYS BY YEAR 2019-2023

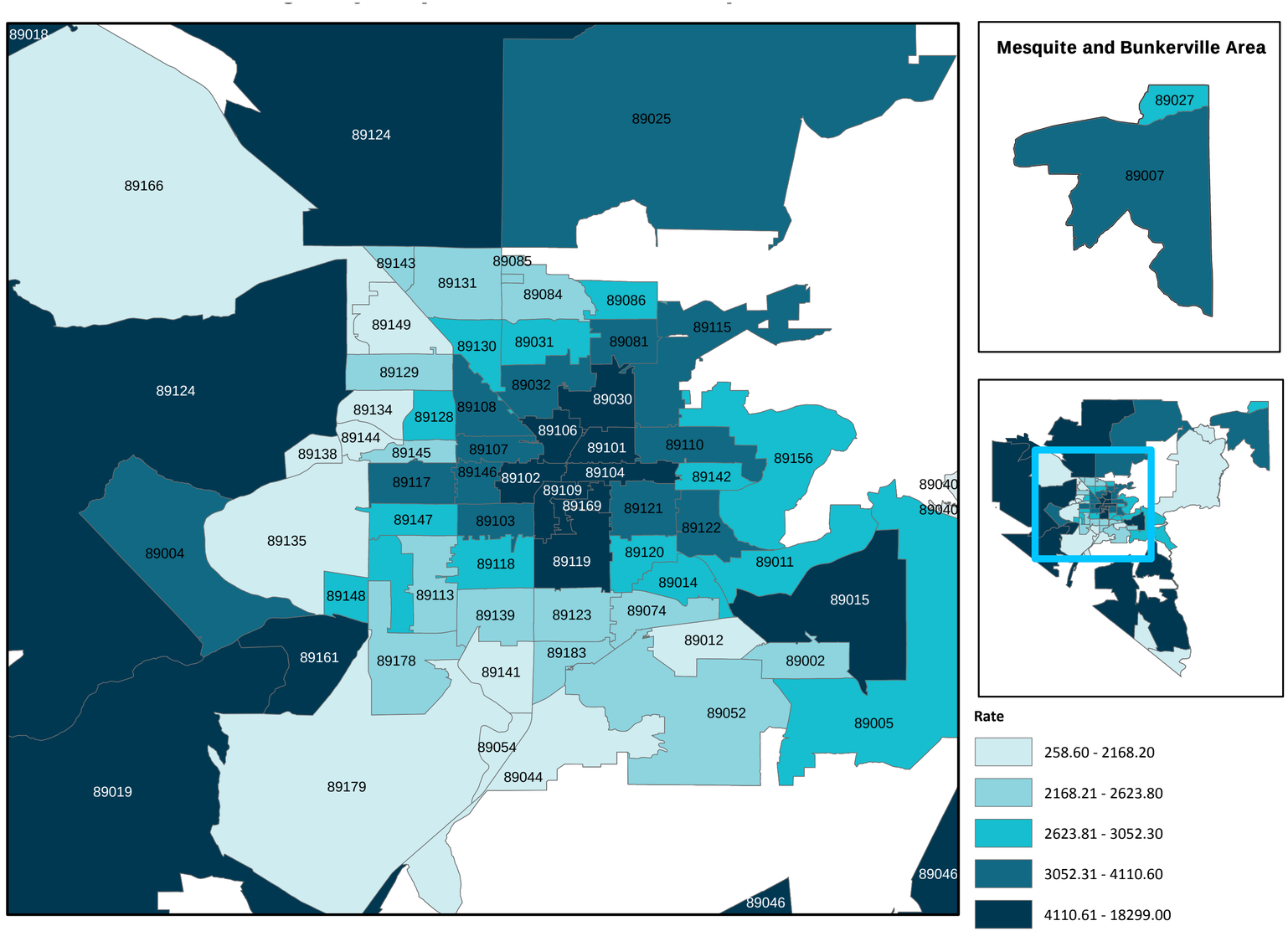


Hospital Discharges per 100,000 Medicare Enrollees

Source: Centers for Medicare & Medicaid Services. Mapping Medicare disparities by population. 2019-2023. Accessed February 5, 2025. https://data.cms.gov/tools/mapping-medicare-disparities-by-population

HCA : ALL CAUSE EMERGENCY DEPARTMENT (ED) UTILIZATION

EMERGENCY DEPARTMENT UTILIZATION PER 10,000, 2018-2022



Rate

- 258.60 - 2168.20
- 2168.21 - 2623.80
- 2623.81 - 3052.30
- 3052.31 - 4110.60
- 4110.61 - 18299.00

HCA : ALL CAUSE EMERGENCY DEPARTMENT (ED) UTILIZATION

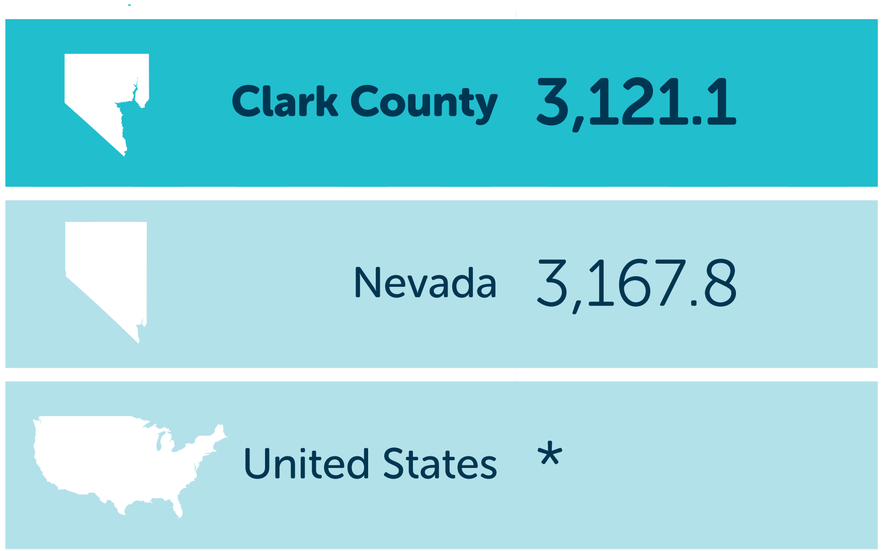
SUMMARY

All cause emergency department utilization measures the overall frequency of emergency department visits for any health condition per 10,000 population. **Clark County's five-year average for all cause emergency department utilization was 3,121.1 per 10,000 from 2018 to 2022.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Although not all emergency department visits are avoidable, a high rate of emergency department visits can indicate potential issues with access to primary care, poor care coordination, or concerning health trends within a community. It can also help identify populations with greater risk for poor health, which can guide critical interventions to address underlying health issues.

All Cause ED Utilization *2018-2022*

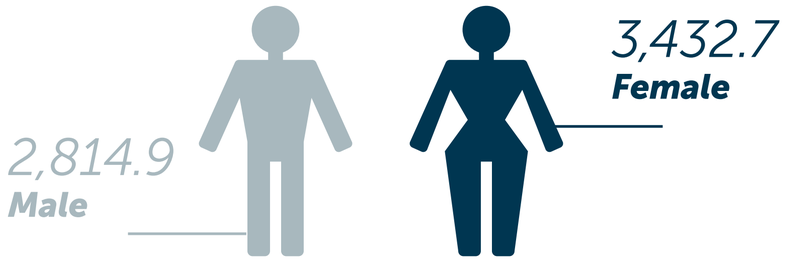


Source: Nevada Department of Health and Human Services. Nevada hospital inpatient billing data. Published 2018-2022.

**No comparable data source for U.S. All Cause ED Utilization*

HCA : ALL CAUSE EMERGENCY DEPARTMENT (ED) UTILIZATION

ALL CAUSE ED UTILIZATION
BY SEX, CLARK COUNTY, 2018-2022



Rate of ED utilization per 10,000 population

Source: Nevada Department of Health and Human Services. Nevada hospital inpatient billing data. Published 2018-2022.

OUR SITUATION

In Clark County, emergency department utilization varied by sex and race/ethnicity. Women had a higher rate of emergency department utilization than men (3,432.7 and 2,814.9 per 10,000, respectively). **Among racial/ethnic groups, Black persons had the highest rate of emergency department utilization (5,934.7 per 10,000), while American Indian/Alaska Native persons had the lowest (1,059.0 per 10,000).** White non-Hispanic, Hispanic/Latino, and Asian non-Hispanic persons had emergency department utilizations rates within that range (3,074.0, 1,612.7, and 1,177.1 per 10,000, respectively).

ALL CAUSE ED UTILIZATION
BY RACE/ETHNICITY,
CLARK COUNTY, 2018-2023

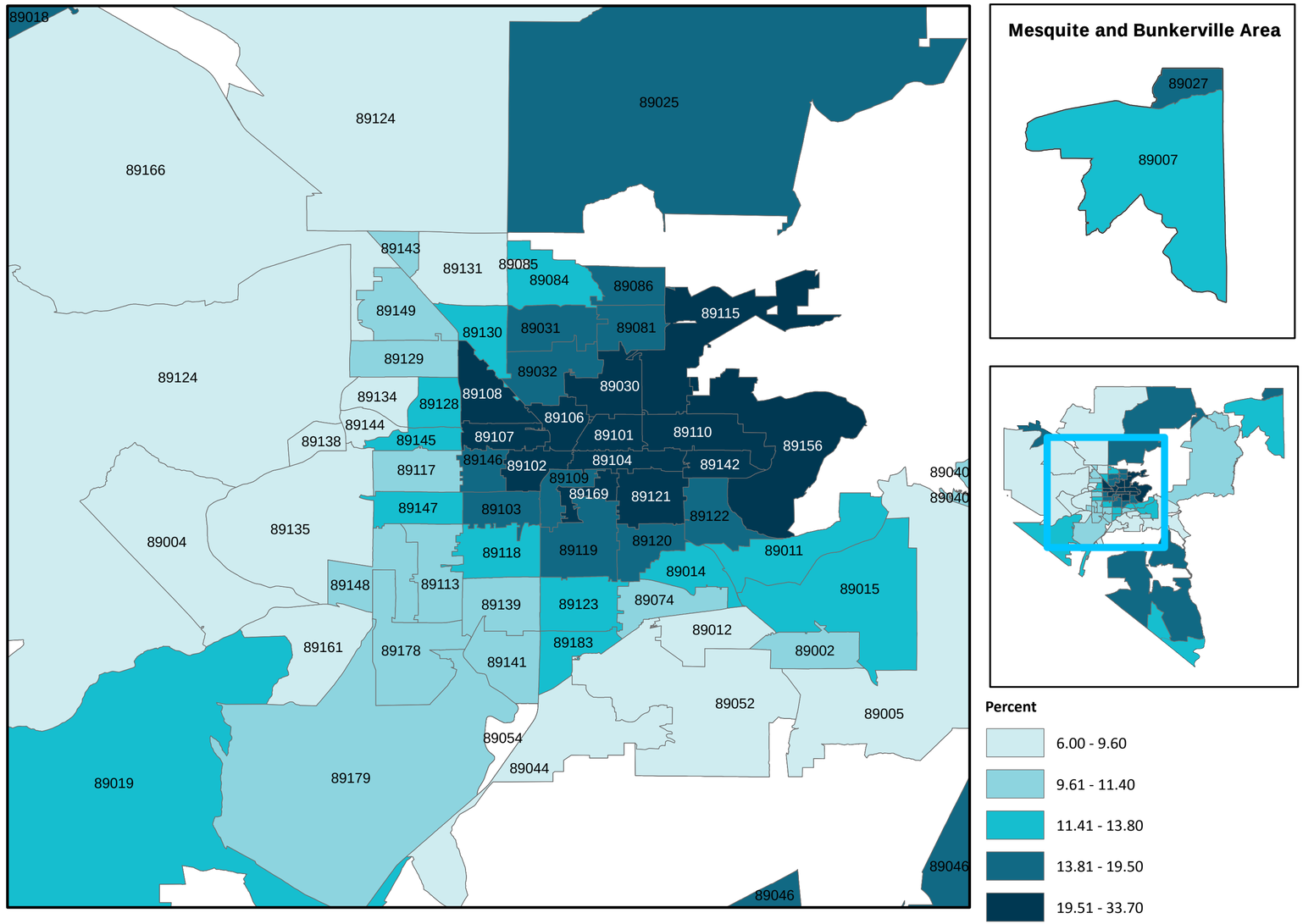
White, Non-Hispanic	3,074.0
Black, Non-Hispanic	5,934.7
Asian, Non-Hispanic	1,177.1
American Indian/ Alaska Native	1,059.0
Hispanic/Latino	1,612.7

Rate of ED utilization per 10,000 population

Source: Nevada Department of Health and Human Services. Nevada hospital inpatient billing data. Published 2018-2022.

HCA : ADULTS WITH HEALTH INSURANCE

PERCENT OF ADULTS WITHOUT HEALTH INSURANCE, 2022



Percent

- 6.00 - 9.60
- 9.61 - 11.40
- 11.41 - 13.80
- 13.81 - 19.50
- 19.51 - 33.70

HCA : ADULTS WITH HEALTH INSURANCE

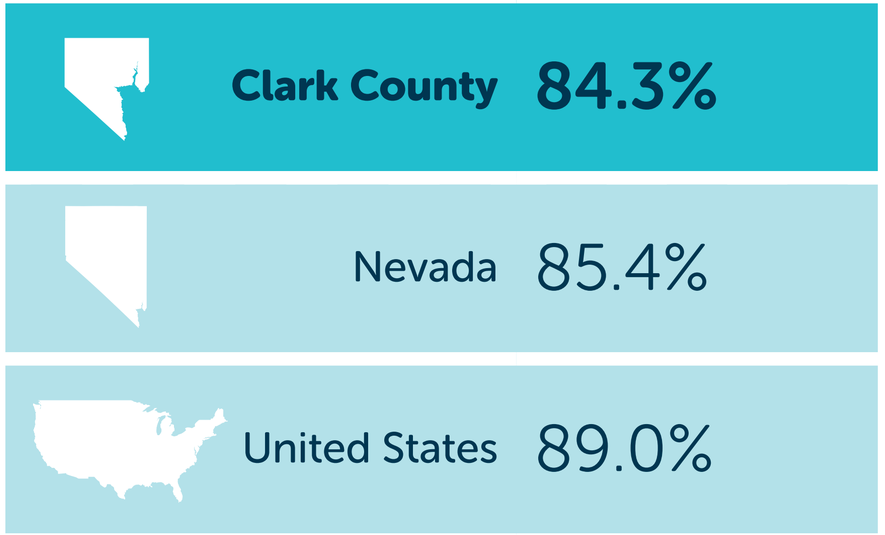
SUMMARY

This indicator shows the percentage of adults aged 19 to 64 years who have any type of health insurance coverage. **Health insurance coverage among adults was lower in Clark County (84.3%) compared to Nevada (85.4%) and the United States (89.0%).** Overall, the percentage of adults with health insurance coverage remained relatively stable, varying to less than 1.5% from 2018 to 2023 and peaking at 84.3% in 2023.

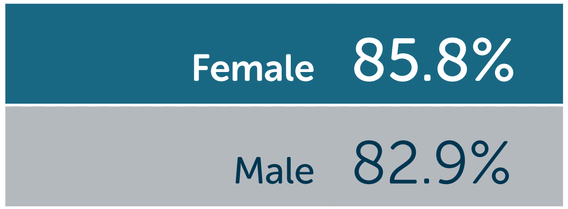
WHY IS IT IMPORTANT TO OUR COMMUNITY?

Health insurance coverage is vital for accessing medical care, improving health outcomes, and reducing financial hardship. A lack of healthcare coverage can lead to delayed medical treatment, higher out-of-pocket costs, and worse health outcomes.

Adults with Health Insurance *2023*



ADULTS WITH HEALTH INSURANCE BY SEX, 2023



Source: U.S. Census Bureau. American Community Survey 1-Year Estimates: Adults with Health Insurance by Year, Clark County, 2023. Published 2023. Accessed February 5, 2025. https://www.census.gov/programs-surveys/acs

HCA : ADULTS WITH HEALTH INSURANCE

OUR SITUATION

Health insurance coverage among adults remained relatively stable from 2018 to 2023, varying by less than 1.5% and peaking at 84.3% in 2023. Health insurance coverage varies by sex and race/ethnicity. A greater percentage of women had health insurance coverage (85.8%) than men (82.9%). White, non-Hispanic (90.0%), Asian (89.1%), and Black/African American (88.8%) adults had the highest health insurance coverage, while Hispanic/Latino (74.0%), American Indian/Alaska Native adults (75.8%), and those of Other Race (67.2%) had the lowest.

ADULTS WITH HEALTH INSURANCE BY RACE/ETHNICITY, CLARK COUNTY, 2023

American Indian/ Alaska Native	75.8%
Asian	89.1%
Black/ African-American	88.8%
Hispanic/Latino (any race)	74.0%
White, Non-Hispanic	90.0%
Multiracial	82.1%
Other Race	67.2%

ADULTS WITH HEALTH INSURANCE BY YEAR, CLARK COUNTY, 2019-2023

2018	84.1%
2019	83.6%
2020	*
2021	83.0%
2022	84.0%
2023	84.3%

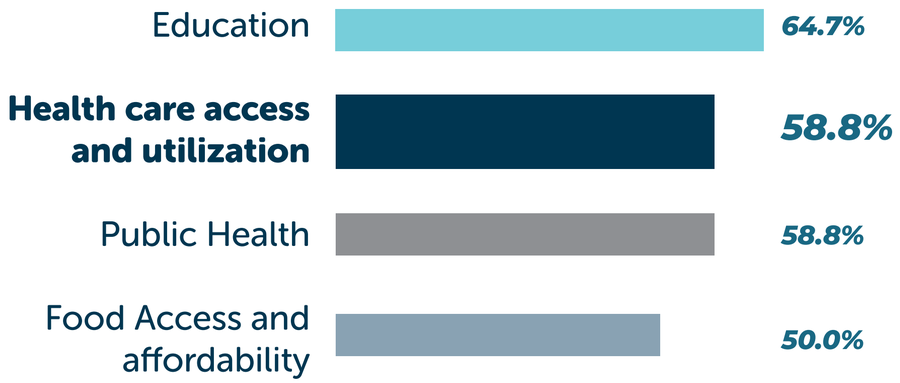
**No data available for 2020*

Source: Source: U.S. Census Bureau. American Community Survey 1-Year Estimates: Adults with Health Insurance by Year, Clark County, 2018-2023. Published 2018-2023. Accessed February 5, 2025. https://www.census.gov/programs-surveys/acs

HCA : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

Partners were asked to indicate all the categories they work on or with and the following were the four selected by the most partners:



Health care access and quality:

- Many organizations emphasize healthcare access, utilization, and affordability.

- Specific services target chronic disease management, mental health, and family/maternal health.

COMMUNITY CONTEXT ASSESSMENT

Photovoice:

- ***Strengths in the community***

"Within my local community, there is an abundance of first responders including firefighters, police, paramedics, etc who are responsible for taking reaction care in cases where people are or in risk of being harmed. . . it's important that we have the infrastructure to support when that falls through."

HCA : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT CONTINUED

Focus Group :

Have you experienced any situation that prevented you or your family member from getting the necessary health care?

"There is a lack of awareness and education about trauma-informed care & cultural sensitivity. Trauma-informed care should be in every aspect of healthcare."

All Groups

Transportation was an overall highlighted barrier to health in almost all focus group participants.

CHAPTER NINE

BUILT AND PHYSICAL ENVIRONMENT

INTRODUCTION

The built and physical environment includes buildings, businesses, housing, roads, sidewalks, green spaces, climate, and even the air and water quality within a given area. These are important because they influence how far one may have to travel for work, leisure, or appointments, as well as their personal safety in and around their neighborhoods.

BPE : KEY FINDINGS

Food Environment

7.8
Clark County

7.1
Nevada

7.4
United States

Over the past five years, Clark County has experienced a significant reduction in the release of recognized carcinogens into the air. While there was an increase from 23,141 pounds in 2019 to 30,313 in 2020, there was a decline of 54% to 13,977 pounds in 2023. ***The most recent County Health Rankings data (2019, 2022) show Clark County had a better food environment index (7.8) compared to Nevada (7.1) and the United States (7.4).*** In 2022, Clark County's liquor store density was 5.0 per 100,000 residents, which was below both the national (10.9) average and the Nevada state (5.1) average.

Nearby Park Access, *Clark County*

While Nevada as a whole has slightly greater access to parks, Clark County has a higher percentage of residents with access to exercise opportunities. ***The percentage of residents with nearby park access more than doubled from 38.8% in 2010 to 80.0% in 2020.*** However, despite this improvement, Clark County still lags slightly behind the Nevada state average (81.7%). Clark County has significantly higher access to exercise opportunities compared to both the state (91%) and the nation (84%), with 96% of residents living near parks or recreational facilities. This marks a substantial improvement from 2019, when only 73% of residents had access.

BPE : KEY FINDINGS

Physical Activity Levels, Clark County

In 2023, only 1.2% of Clark County workers walked to work, which is lower than the national average (2.4%) and state average (1.5%). Across racial and ethnic groups, walking rates remain consistently low, with Asian individuals having the lowest rate (0.7%). Other groups range between 1.1% and 1.3%, indicating minimal variation across racial demographics. Additionally, the percentage of workers who drive alone to work in Clark County has been gradually declining over the past five years, dropping from 78.8% in 2019 to 72.6% in 2023. ***Clark County has seen a general upward trend in physical activity levels over the past five years, increasing from 69.9% in 2019 to 73.8% in 2023.*** While this is an encouraging trend, there have been some fluctuations, with activity levels peaking at 75.6% in 2021 before slightly declining in subsequent years.

BPE : RECOGNIZED CARCINOGENS RELEASED INTO AIR

SUMMARY

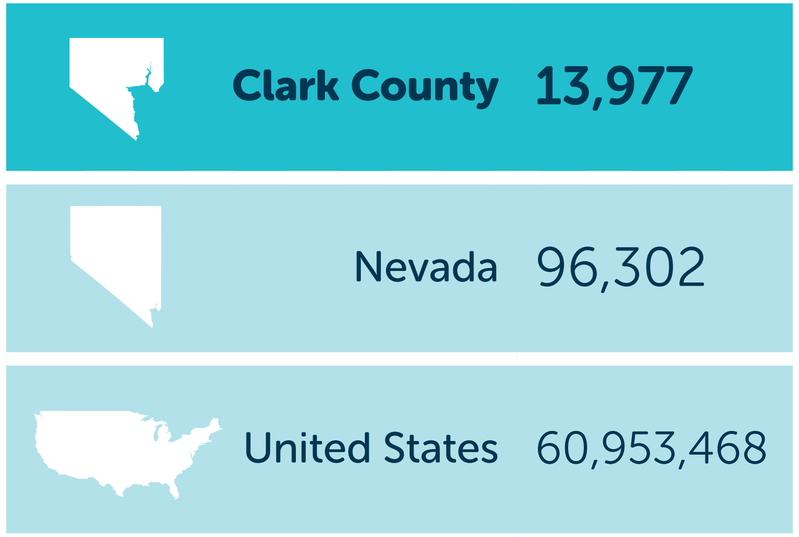
This indicator measures the quantity (in pounds) of reported and recognized carcinogens released into the air. The data only represents the release of these chemicals, not the extent or impact of actual exposure for workers or the public. Over the past five years, Clark County has experienced a significant reduction in the release of recognized carcinogens into the air, decreasing from 23,141 pounds in 2019 to 13,977 pounds in 2023.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Recognized carcinogens are compounds with strong scientific evidence linking them to cancer. Exposure to these substances poses a significant public health concern, particularly in industrial settings where workplace exposure levels tend to be higher than those of the general public. Understanding and monitoring these emissions help protect both workers and the community by guiding regulatory policies and pollution control efforts.

Carcinogens Released into Air

2023



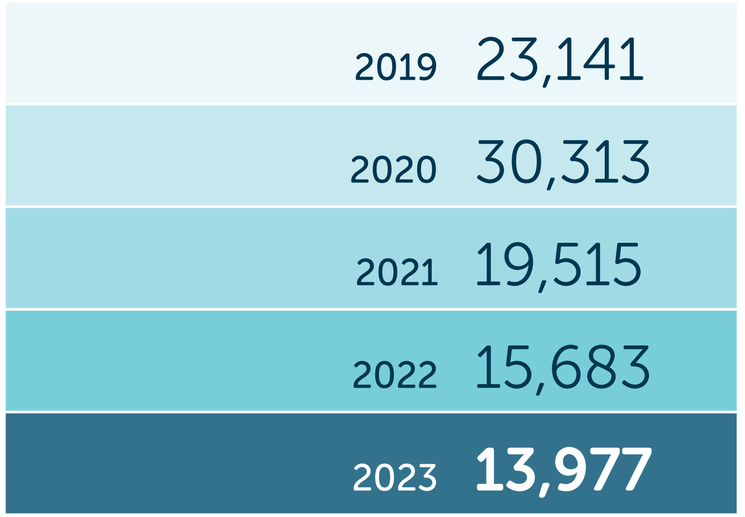
Source: Environmental Protection Agency 2023 National Analysis Dataset (updated October 2024, released October 2024) from https://enviro.epa.gov/

BPE : RECOGNIZED CARCINOGENS RELEASED INTO AIR

OUR SITUATION

Overall, there has been a general decline in emissions, with the highest release in 2020 at 30,313 pounds and the lowest in 2023 at 13,977 pounds, marking a reduction of more than 50% over four years.

CARCINOGENS RELEASED INTO AIR
BY YEAR 2019-2023



Quantity (Pounds) of recognized carcinogens released*

Source: U.S. Environmental Protection Agency, 2019-2023 (https://www.epa.gov/) via Healthy Southern Nevada

The quantity is based on fugitive and point source emissions of 179 recognized U.S. Occupational Safety and Health Administration (OSHA) carcinogens. Data from all industry sectors subject to reporting under the Toxic Release Inventory (TRI) program are included.*

***The term "fugitive emission" means the emission of any air contaminant into the open air from nonpoint sources like oil, pet waste, agriculture (including pesticides, herbicide, fertilizer), or any other ground contaminant resulting of natural or human activity rather than definable point sources such as a stack or air pollution control equipment.*

BPE : FOOD ENVIRONMENT INDEX

SUMMARY

The Food Environment Index measures both physical and economic access to healthy and nutritious food. It combines two key indicators of food access: the percentage of the population that is low-income and has low access to a grocery store, and the percentage of the population that did not have access to a reliable source of food during the past year (food insecurity). The index ranges from 0 (worst) to 10 (best) and equally weights the two measures. Clark County's food environment has remained relatively stable, with some fluctuations in the index score over the years.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Monitoring this indicator is critical because food deserts (areas with limited access to grocery stores) have been strongly linked to high prevalence of overweight, obesity, and premature death. Additionally, individuals with low income often face barriers to accessing consistent sources of healthy foods, which have been associated with negative health outcomes including weight gain, asthma, activity limitations, and increased healthcare costs.*

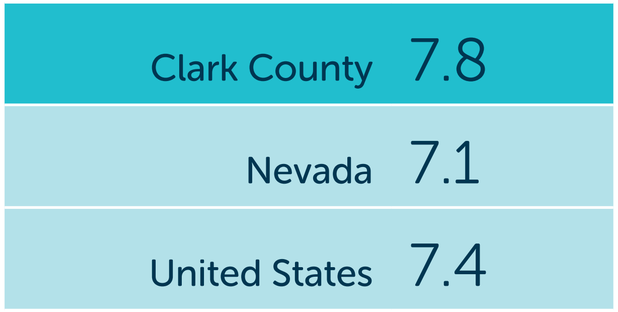
**Food Environment Index | County Health Rankings & Roadmaps. www.countyhealthrankings.org. https://www.countyhealthrankings.org/health-data/community-conditions/health-infrastructure/health-promotion-and-harm-reduction/food-environment-index?anchor=data-methods&selected-tab=methods&year=2025&county=32003*

BPE : FOOD ENVIRONMENT INDEX

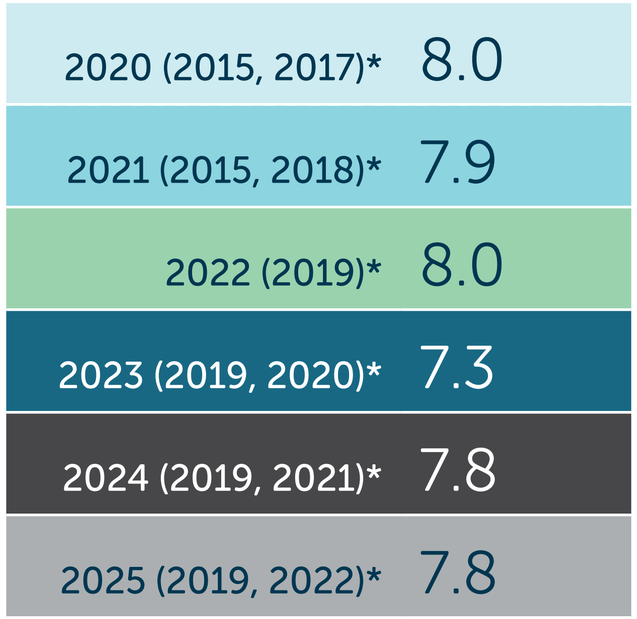
OUR SITUATION

In Clark County, the index has fluctuated slightly over the past five years; the most recent 2025 data release (using 2019 and 2022 data) shows a score of 7.8, an improvement from 7.3 in 2023 but slightly below the 8.0 recorded in 2020 and 2022. Comparatively, Clark County's most recent 2025 index score is higher than the Nevada state average (7.1) and slightly above the national average (7.4), indicating relatively good access to food resources.

Food Environment Index
2019-2022



FOOD ENVIRONMENT INDEX
BY YEAR 2020-2025

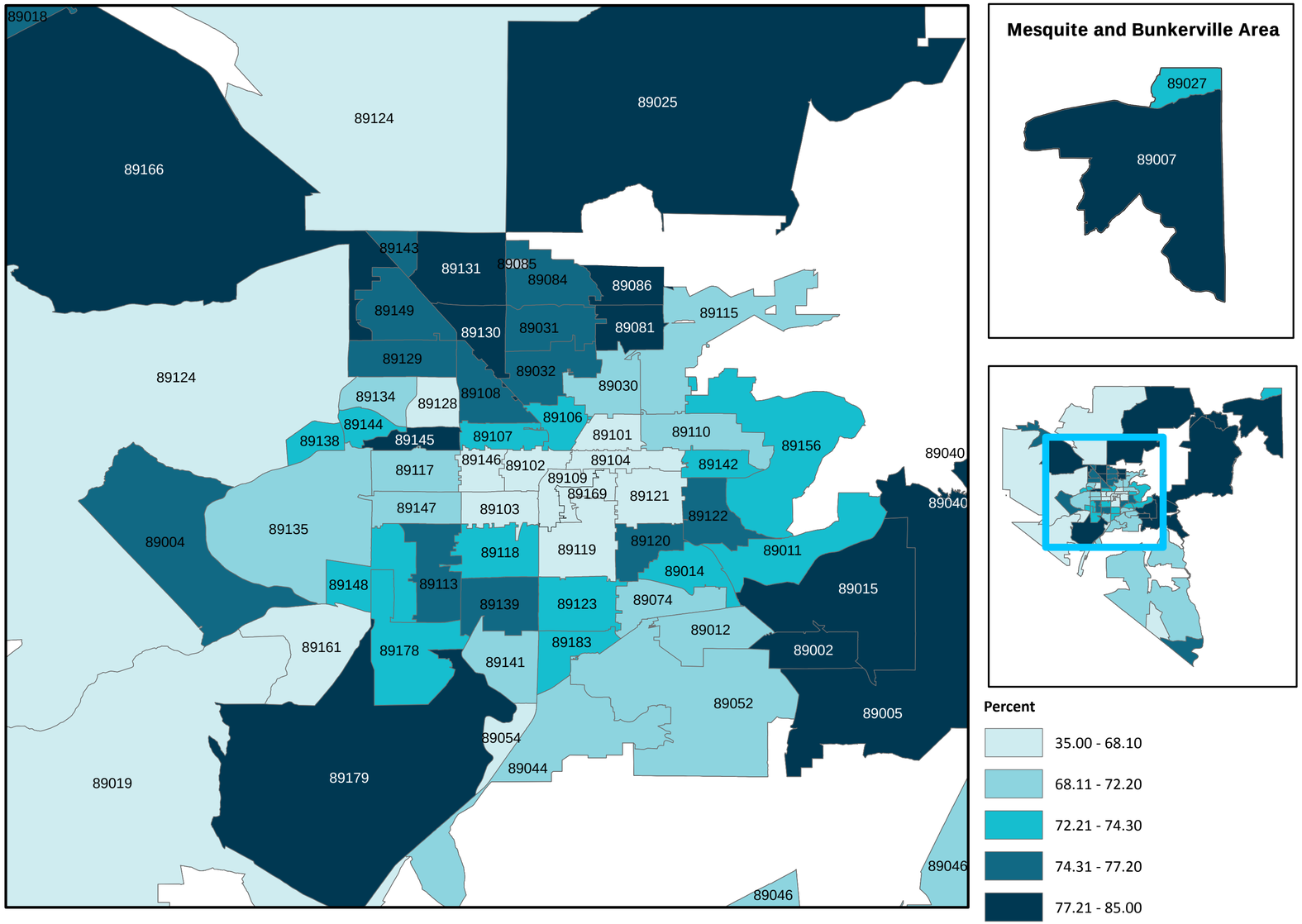


**Years of data used*

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

BPE : WORKERS WHO DRIVE ALONE TO WORK

PERCENT OF WORKERS WHO DRIVE ALONE TO WORK, 2019-2023



Percent

- 35.00 - 68.10
- 68.11 - 72.20
- 72.21 - 74.30
- 74.31 - 77.20
- 77.21 - 85.00

BPE : WORKERS WHO DRIVE ALONE TO WORK

SUMMARY

This indicator measures the percentage of workers aged 16 years and over who commute by driving alone in a car, truck, or van. **From 2019 to 2023, the percentage of individuals in Clark County who drove alone to work steadily declined (78.8% to 72.6%). However, it remains above both the state (72.1%) and national averages (70.2%).**

WORKERS WHO DRIVE ALONE TO WORK

2019-2023

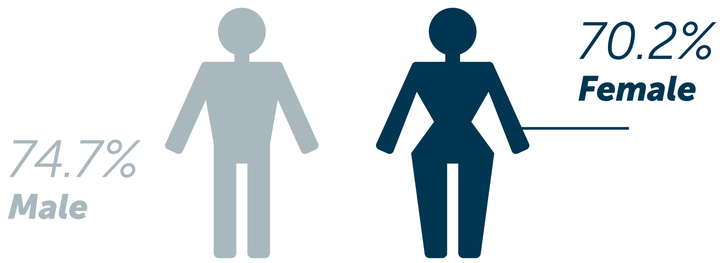
United States	70.2%
Nevada	72.1%
Clark County	**72.6%**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Driving alone to work consumes more fuel and resources than other transportation options such as carpooling, public transit, biking, and walking. It also contributes to increased carbon emissions, traffic congestion, and greater strain on infrastructure. As a result, communities may experience longer commute times, reduced productivity, and higher stress levels, which can negatively impact economic efficiency and overall quality of life, especially in densely populated areas.

WORKERS WHO DRIVE ALONE TO WORK

BY SEX, CLARK COUNTY, 2023



Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates

BPE : WORKERS WHO DRIVE ALONE TO WORK

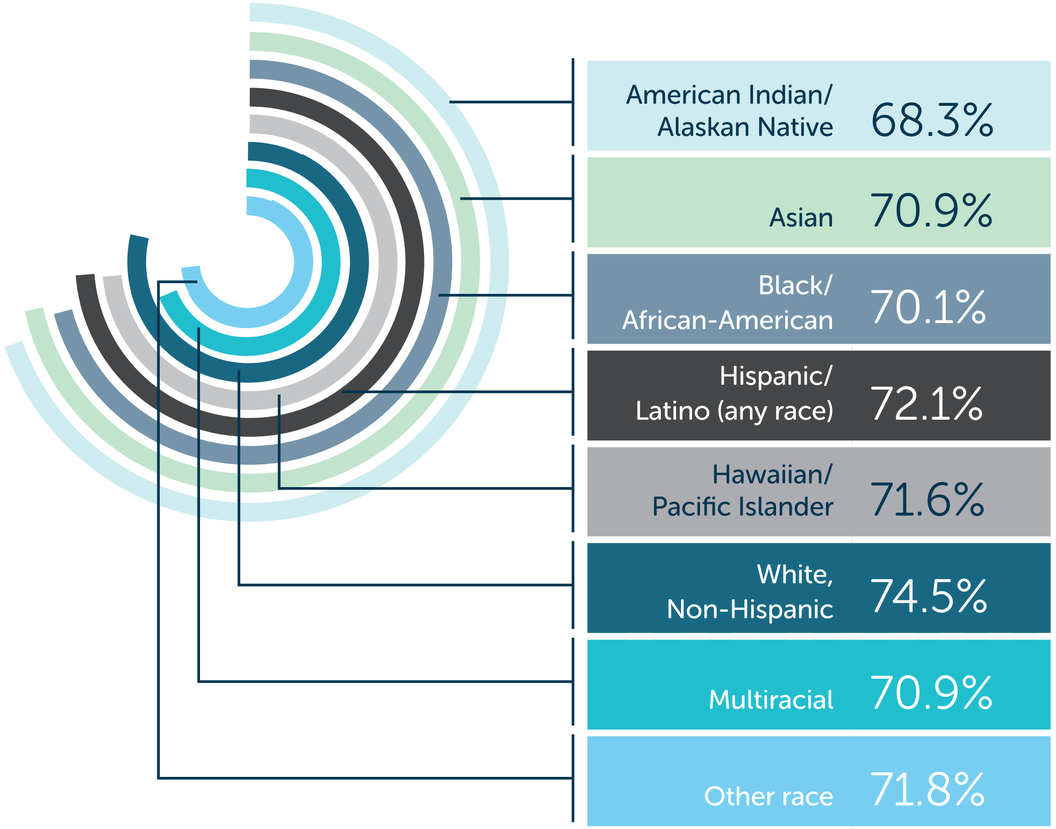
OUR SITUATION

The percentage of workers who drive alone to work in Clark County has been gradually declining over the past five years, dropping from 78.8% in 2019 to 72.6% in 2023. While this decrease suggests a shift towards alternative commuting methods, Clark County's rate remains above the national average (70.2%) and the Nevada state average (72.1%). Demographic data shows variations across racial and ethnic groups, with White, non-Hispanic workers (74.5%) being the most likely to drive alone, while American Indian/Alaskan Native workers (68.3%) have the lowest rate. Gender differences also play a role, as men (74.7%) are more likely than women (70.2%) to commute alone.

WORKERS WHO DRIVE ALONE TO WORK BY YEAR 2019-2023

2019	78.8%
2020	77.5%
2021	75.8%
2022	74.2%
2023	**72.6%**

WORKERS WHO DRIVE ALONE TO WORK BY RACE/ ETHNICITY, CLARK COUNTY, 2023

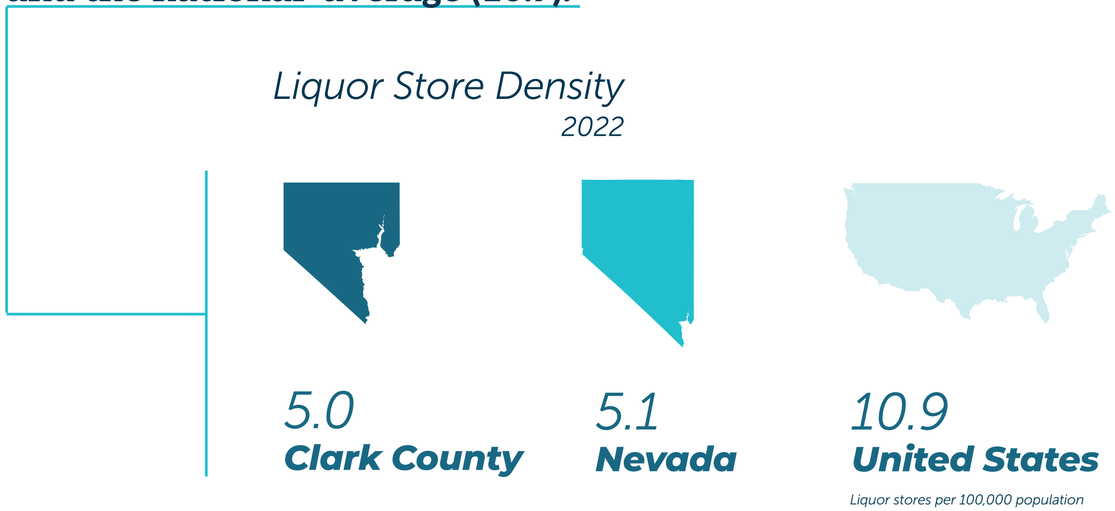


Source: U.S. Census Bureau, American Community Survey 5-Year 2019-2023 (https://data.census.gov/)

BPE : LIQUOR STORE DENSITY

SUMMARY

Liquor store density refers to the number of liquor stores per 100,000 population. A liquor store is defined as a business that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits. This indicator helps assess alcohol availability within the community and its potential social and public health impacts. The liquor store density in Clark County has remained relatively stable over the past four years, with minor fluctuations. **In 2022, Clark County's liquor store density was 5.0 per 100,000 residents, which was below both the Nevada state average (5.1) and the national average (10.9).**



WHY IS IT IMPORTANT TO OUR COMMUNITY?

The density of liquor stores in a community can have significant public health and social impacts. Neighborhoods with a high density of liquor stores are often associated with higher rates of violence, increased drinking and driving incidents, motor vehicle-related pedestrian injuries, property-related offenses, and child abuse and neglect. Additionally, high alcohol outlet density has been linked to public health concerns such as liver disease and alcohol dependency. Conversely, lower liquor store density may help reduce alcohol-related harm and contribute to a safer, healthier environment for residents. Some ways to control and reduce liquor store density include mandating minimum distances between alcohol outlets, limiting new licenses in areas already densely populated with alcohol outlets, and closing outlets that repeatedly violate liquor laws.

Source: U.S. Census - County Business Patterns, 2022 (https://www.census.gov/programs-surveys/cbp.html) via Healthy Southern Nevada

Last updated: September 2024

BPE : LIQUOR STORE DENSITY

OUR SITUATION

Over the past four years, Clark County's liquor store density has fluctuated slightly, increasing from 4.5 in 2019 to 5.4 in 2021, before declining to 5.0 in 2022.

LIQUOR STORE DENSITY
BY YEAR 2019-2023

Liquor stores per 100,000 population

Source: U.S. Census - County Business Patterns, 2022 (https://www.census.gov/programs-surveys/cbp.html) via Healthy Southern Nevada
Last updated: September 2024

BPE : ACCESS TO PARKS

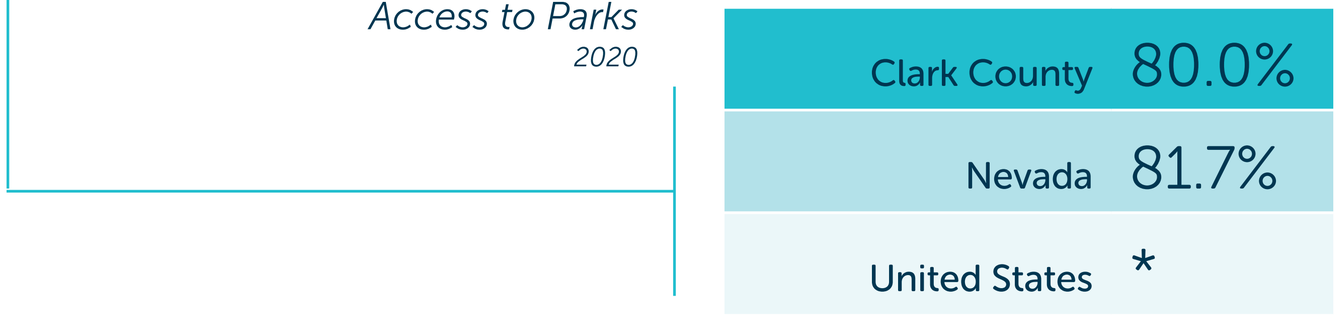
SUMMARY

Access to parks refers to the percentage of residents who live within a reasonable distance of a park or public green space. This indicator represents the percentage of residents living within half a mile of a publicly accessible park. Clark County has made significant progress in expanding access to parks over the past decade. The percentage of residents with nearby park access more than doubled from 38.8% in 2010 to 80.0% in 2020. **However, despite this improvement, Clark County still lags slightly behind the Nevada state average (81.7%).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Proximity to parks plays a crucial role in promoting physical activity, mental well-being, and overall community health. Easy access to parks encourages regular exercise, which helps strengthen bones and muscles, control weight, increase life expectancy, and prevent chronic diseases such as type 2 diabetes, cardiovascular disease, metabolic syndrome, and certain cancers. Beyond physical health benefits, parks and recreational facilities serve as vital community spaces that foster social interaction, enhance community engagement, and improve overall social well-being.

Access to Parks
2020



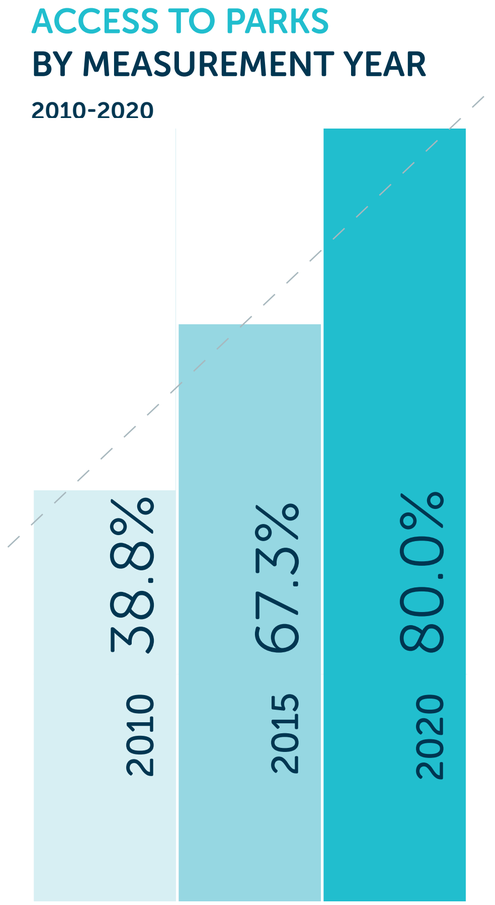
Source: National Environmental Public Health Tracking Network via Healthy Southern Nevada (https://ephtracking.cdc.gov/DataExplorer/)

**Data for United States not available*

BPE : ACCESS TO PARKS

OUR SITUATION

Over the past decade, access to parks in Clark County has significantly improved, increasing from 38.8% in 2010 to 67.3% in 2015, and further rising to 80.0% in 2020.



Source: National Environmental Public Health Tracking Network (https://ephtracking.cdc.gov/DataExplorer/)

BPE : ACCESS TO EXERCISE OPPORTUNITIES

SUMMARY

This indicator measures the percentage of individuals who live within a reasonable distance of a park or recreational facility. **Clark County (95%) has significantly higher access to exercise opportunities compared to both the state (91%) and the nation (84%), with 95% of residents living near parks or recreational facilities.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Having easy access to exercise opportunities is critical for public health, as it encourages regular physical activity, which helps reduce obesity rates and prevent chronic diseases, improve mental health, strengthen community well-being, increase life expectancy, and enhance the overall quality of life within our community. Conversely, limited access to exercise opportunities can negatively affect health outcomes, leading to higher rates of physical inactivity, increased healthcare costs, and poorer community health overall. Ensuring equitable access to parks, gyms, and recreational facilities is essential for promoting healthier lifestyles and preventing long-term health issues.

OUR SITUATION

Over the past several years, Clark County has maintained high levels of access, fluctuating slightly from 97% in 2020 and 2021 to 96% in 2025.

Access to exercise opportunities
2020, 2022, 2024

95% ***Clark County***

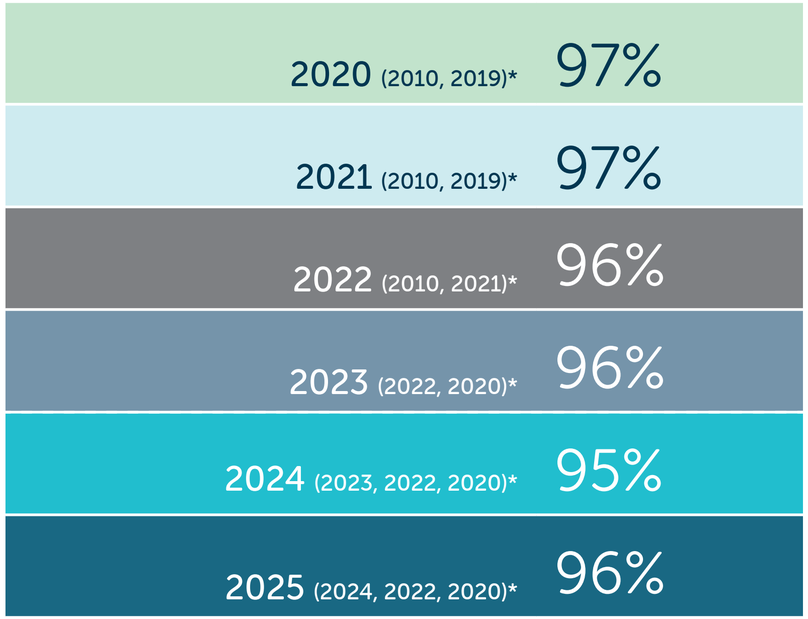
91% ***Nevada***

84% ***United States***

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

BPE : ACCESS TO EXERCISE OPPORTUNITIES

ACCESS TO EXERCISE OPPORTUNITIES
BY YEAR CLARK COUNTY, 2020-2025

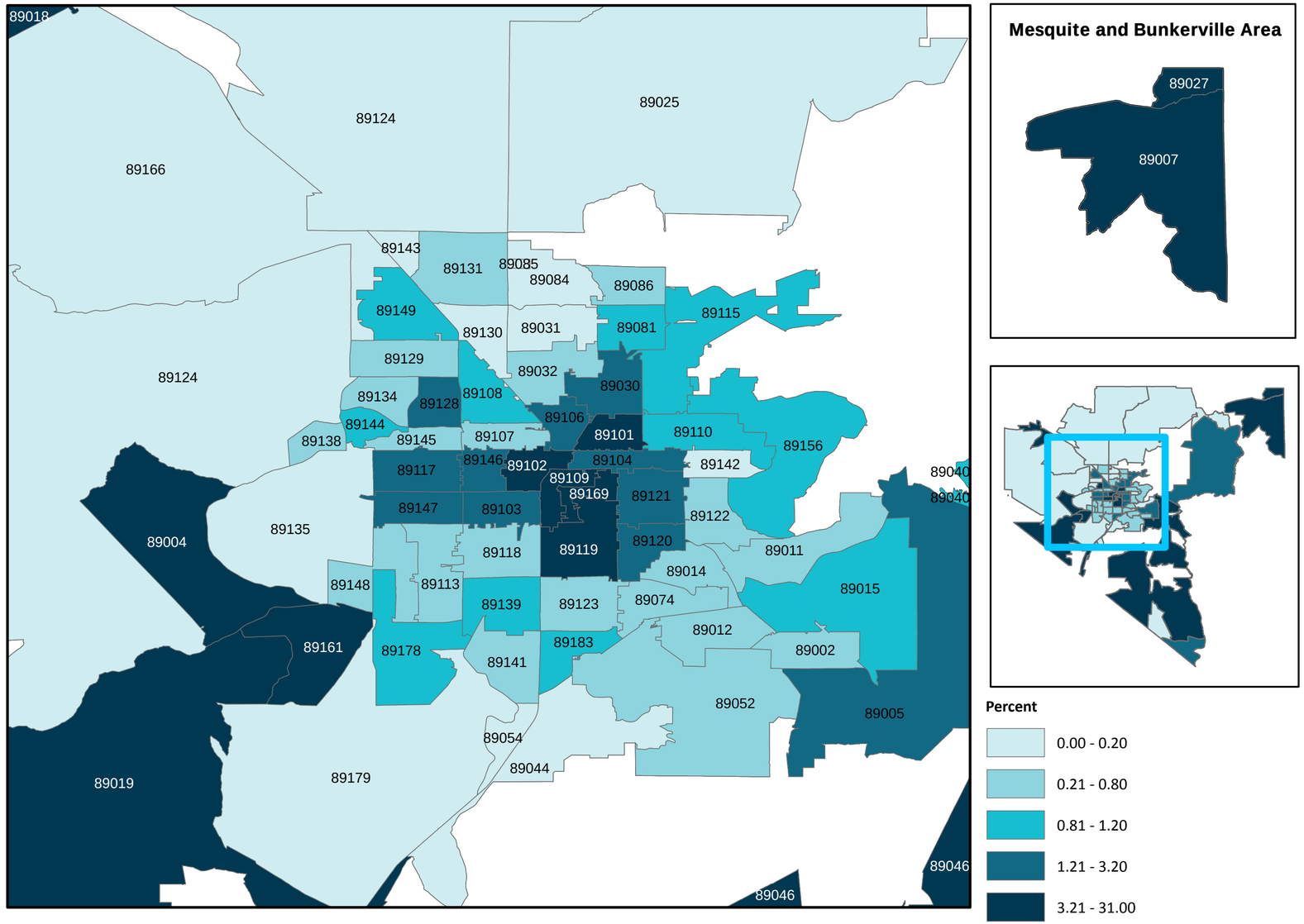


**Years of data used*

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org.

BPE : WALK TO WORK

PERCENT OF WORKERS WHO WALK TO WORK, 2019-2023



Percent

- 0.00 - 0.20
- 0.21 - 0.80
- 0.81 - 1.20
- 1.21 - 3.20
- 3.21 - 31.00

BPE : WALK TO WORK

SUMMARY

This indicator measures the percentage of workers aged 16 years and over who get to work by walking. **In 2023, only 1.2% of workers in Clark County walked to work, which is lower than both the Nevada state average (1.5%) and the national average (2.4%).** Walking rates vary slightly by gender, with 1.2% of males and 1.1% of females commuting on foot. Younger workers (ages 16-19) have the highest rate of walking to work (3.2%), while rates decline with age before slightly increasing for workers 65 and older (1.5%). Across racial and ethnic groups, walking rates remain consistently low, with minor variations among different populations.

Walk to Work
2019-2023

Clark County	1.2%
Nevada	1.5%
United States	2.4%

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Walking to work provides significant health, environmental, economic, and social benefits. It incorporates exercise into daily routines, promoting both physical and mental well-being, while also fostering greater interaction with the surrounding environment.

Beyond the health benefits, walking helps reduce transportation costs by eliminating fuel, parking, and maintenance expenses. It also supports environmental sustainability by lowering carbon emissions, improving air quality, and reducing urban pollution. Additionally, increased pedestrian activity leads to less traffic congestion and safer streets. (Source: Healthy Southern Nevada, Workers who Walk to Work)

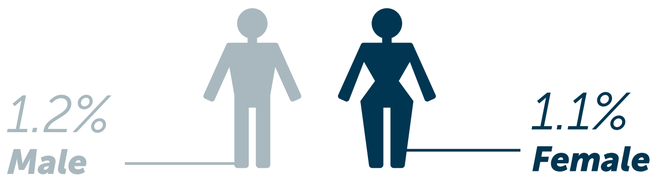
Source: U.S. Census Bureau, American Community Survey 5-Year 2019-2023 (https://data.census.gov/)

BPE : WALK TO WORK

OUR SITUATION

Walking rates vary across age groups, younger workers were more likely to walk, with 3.2% of those aged 16-19 and 2.5% of those aged 20-24 walking to work. Among older age groups, 1.0% of workers aged 25-44 and 1.5% of those aged 65+ walked to work. By gender, 1.2% of males and 1.1% of females commute on foot, showing minimal differences. Across racial and ethnic groups, walking rates remain consistently low, with Asian individuals having the lowest rate (0.7%). Other groups range between 1.1% and 1.3%, indicating minimal variation across racial demographics.

WALK TO WORK
BY SEX, CLARK COUNTY, 2023



WALK TO WORK
BY AGE 2023

16-19 years	3.2%
20-24 years	2.5%
25-44 years	1.0%
45-54 years	0.8%
55-59 years	1.1%
60-64 years	0.9%
65+ years	1.5%

WALK TO WORK
BY RACE/ ETHNICITY,
CLARK COUNTY, 2023

American Indian/ Alaskan Native	1.2%
Asian	0.7%
Black/ African-American	1.3%
Hispanic/ Latino (any race)	1.1%
Hawaiian/ Pacific Islander	1.3%
White, Non-Hispanic	1.2%
Multiracial	1.3%
Other Race	1.1%

Source: U.S. Census Bureau, American Community Survey 5-Year 2019-2023 (https://data.census.gov/)

BPE : PHYSICAL ACTIVITY

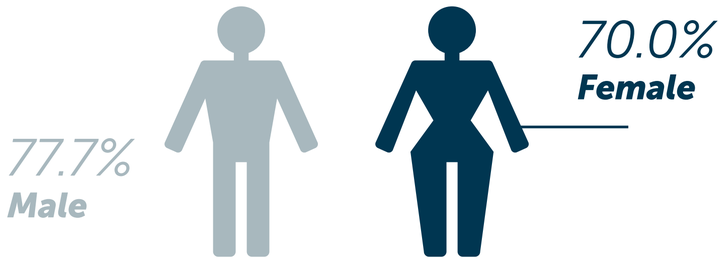
SUMMARY

Physical activity is a key indicator of overall health and well-being. This measure reflects the percentage of adults who participated in any leisure-time activities (physical activities other than their regular job) during the past month. In 2023, 73.8% of adults in Clark County reported being physically active, showing a slight increase from 72.9% in 2022 but a decrease from the 75.6% recorded in 2021. Over the past five years, physical activity levels in the county have fluctuated but increased overall, rising from 69.9% in 2019 to 73.8% in 2023.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

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. 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.

ADULTS WHO ARE PHYSICALLY ACTIVE
BY SEX, CLARK COUNTY, 2023



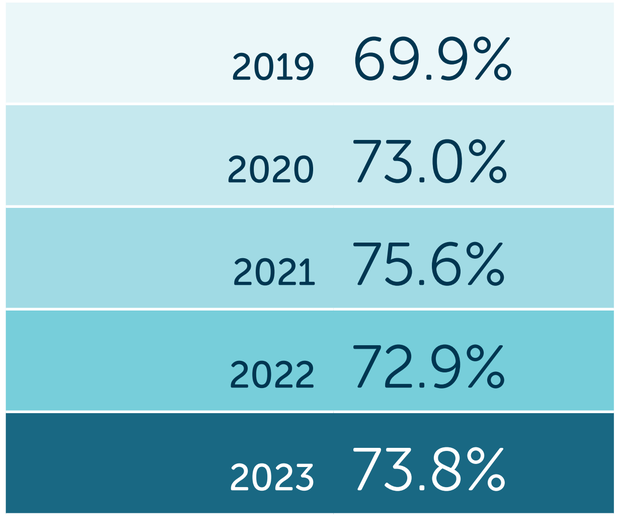
Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2023: Carson City, NV: Nevada Department of Health and Human Services.

BPE : PHYSICAL ACTIVITY

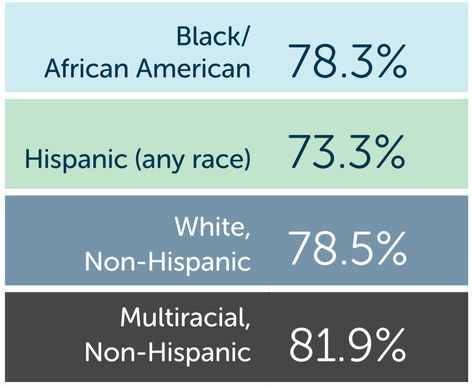
OUR SITUATION

Clark County has seen a general upward trend in physical activity levels over the past five years, increasing from 69.9% in 2019 to 73.8% in 2023. While this is an encouraging trend, there have been some fluctuations, with activity levels peaking at 75.6% in 2021 before slightly declining in subsequent years. Gender disparities remain notable, with men (77.7%) being more active than women (70.0%). Among racial and ethnic groups, Multiracial (81.9%), White non-Hispanic (78.5%), and Black/African American non-Hispanic (78.3%) adults report higher levels of physical activity, while Hispanic adults (73.3%) report slightly lower rates.

ADULTS WHO ARE PHYSICALLY ACTIVE BY AGE, CLARK COUNTY, 2023



ADULTS WHO ARE PHYSICALLY ACTIVE BY RACE/ ETHNICITY, CLARK COUNTY, 2023



Source: Nevada Department of Health and Human Services. (2023). Behavioral Risk Factor Surveillance System (BRFSS) Nevada Data Files for 2023: Carson City, NV: Nevada Department of Health and Human Services.

BPE : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

PhotoVoice: Strength to Built Environment:

"Local community parks can help to calm people down. They can help people to get exercise and think of new ways to have fun in the outdoors"

"The library is an example of a positive place in the community because it provides people with a safe place to learn and have fun."

Barrier to Built Environment:

"The lack of green spaces and parks in communities significantly impacts mental and physical health. Without accessible outdoor areas, individuals have fewer opportunities for physical activity, leading to a sedentary lifestyle that contributes to obesity and related health issues."

"A resource that is not available in our community is having enough homeless shelters."

Focus Group : What physical strengths and resources exist in the built environment of your community? (i.e. sidewalks, food security, parks and recreational centers, etc.) What barriers are there?

All Groups

During this discussion there was one issue that was brought up by members of all six groups: ***pedestrian safety.*** Incomplete sidewalks, being forced to walk on the street, unlit areas, and dangerous crosswalks were noted by all groups.

The next most common concern was ***feeling unsafe*** due to the presence of homeless individuals, gangs, and substance use in public areas; this was reported by every group except those identifying as American Indian/Alaskan Native.

"I went to an officer and asked him what they were doing about the gangs, but they denied them. I showed him the pictures of all the tagging around the neighborhood. The officer only says that we {Mesquite} are a growing city and that's meant to happen."

American Indian/ Alaskan Native

"I did have to take at least 1-2 days off from work in the last year because the air quality is so bad. I go out running or riding my bike, doing healthy things, and getting sick because of it."

CHAPTER TEN

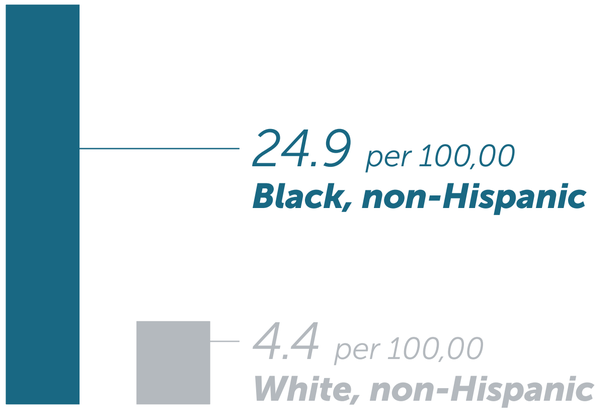
VIOLENCE, CRIME AND INJURIES

INTRODUCTION

Safety is paramount to preserving the mental and physical health of those in Clark County. Being impacted by violence, crime, and injuries leading to premature death is a loss to those directly impacted, their families, and society.

VCI : KEY FINDINGS

Homicide Death Rate



In 2023, the non-Hispanic Black population experienced the highest homicide mortality rate at 24.9 per 100,000, 466% higher than the rate for non-Hispanic White individuals (4.4 per 100,000).

Firearm Death Rate

Over the five-year period from 2019 to 2023, ***the age-adjusted firearm death rate in Clark County peaked in 2021 at 17.1 per 100,000 and declined by 11.1% to 15.2 per 100,000 in 2023.*** Similar trends were observed for the national and state rates.

Vehicle Crash Death Rate

10.3 per 100,00
2023

Over the five-year period from 2019 to 2023, the age-adjusted motor vehicle crash death rate in Clark County increased from 7.5 per 100,000 in 2019 to a peak of 10.8 per 100,000 in 2022 before slightly decreasing to 10.3 per 100,000 in 2023.

VCI : HOMICIDE MORTALITY

SUMMARY

Homicide mortality is presented as the age-adjusted death rate per 100,000 population. **In 2023 Clark County had an age-adjusted rate of 7.7 homicide mortalities per 100,000 population, which is lower than Nevada (8.2 per 100,000), but higher than the age adjusted rate for the United States (7.1 per 100,000).**

Homicide mortality serves as a critical indicator of public safety, social stability, and overall community well-being. High homicide rates can indicate underlying social and economic issues such as poverty, systemic inequities, and access to critical resources like mental health services, education, and employment opportunities. Additionally, the impact of homicide extends beyond victims to families and communities, influencing public health through increased trauma, stress, and reduced perceptions of safety.

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Homicide Mortality

2019-2023

	2019	2020	2021	2022	2023
United States*	6.0	7.8	8.2	7.7	7.1
Nevada*	5.5	7.3	8.5	7.8	8.2
Clark County**	5.6	7.4	8.4	7.8	7.7

****Rate per 100,000 Population*

** Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025.*

*** Source: Nevada Department of Health and Human Services. (2019-2023). Nevada Vital Records Death Data, 2019-2023: Carson City, NV: Nevada Department of Health and Human Services*

****Rates per 100,000 population were calculated using vintage 2023 population projections from the Nevada State Demographer and age adjusted to the 2000 U.S. Standard population.*

VCI : HOMICIDE MORTALITY

OUR SITUATION

Over the five-year period 2019-2023, homicide rates in Clark County peaked in 2021 at 8.4 per 100,000 and slightly declined to 7.7 per 100,000 in 2023. Disparities in homicide mortality existed among racial and ethnic groups in Clark County. **In 2023, the non-Hispanic Black population experienced the highest homicide mortality rate at 24.9 per 100,000, significantly exceeding other racial/ethnic groups. The Hispanic/ Latino population had a homicide mortality rate of 6.7 per 100,000, while non-Hispanic White residents experienced a rate of 4.4 per 100,000.**

HOMICIDE MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	11	*
Black, Non-Hispanic	68	24.9
Hispanic/Latino	58	6.7
White, Non-Hispanic	46	4.4
Multiracial	*	*
Other race groups	*	*
Unknown	*	*

*Rate per 100,000 Population***

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Data with small counts (<5) and rates based on counts (<12) are suppressed to safeguard protected health information and confidentiality.*

***Rates per 100,000 population were calculated using vintage 2023 population projections from the Nevada State Demographer and age adjusted to the 2000 U.S. Standard population.*

VCI : FIREARM INJURY MORTALITY

SUMMARY

Firearm injury mortality is presented as the age-adjusted firearm death rate per 100,000 population. **In 2023, Clark County had a rate of 15.2 deaths per 100,000 population, which was slightly lower than the state rate of 18.4 per 100,000 but higher than the national rate of 13.7 per 100,000.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Firearm-related deaths reflect issues related to gun violence, access to firearms, suicide, and unintentional shootings. Understanding these trends can help develop policies and programs aimed at reducing firearm-related deaths and improving public health interventions. Addressing firearm injury mortality in Clark County requires a comprehensive approach involving law enforcement, mental health services, policy makers, and community organizations to reduce firearm-related deaths and promote safer communities.

Firearm Injury Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County**	13.6	15.9	17.1	16.8	15.2
Nevada*	15.3	17.0	19.8	18.9	18.4
United States*	11.9	13.6	14.6	14.2	13.7

****Rate per 100,000 Population*

** Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025.*

*** Source: Nevada Department of Health and Human Services. (2019-2023). Nevada Vital Records Death Data, 2019-2023: Carson City, NV: Nevada Department of Health and Human Services.*

****Rates per 100,000 population were calculated using vintage 2023 population projections from the Nevada State Demographer and age adjusted to the 2000 U.S. Standard population*

VCI : FIREARM INJURY MORTALITY

OUR SITUATION

Over the five-year period from 2019 to 2023, the age-adjusted firearm death rate in Clark County peaked in 2021 at 17.1 per 100,000 and declined by 11.1% to 15.2 per 100,000 in 2023. Similar trends were observed for the national and state rates. Significant racial and ethnic disparities exist in firearm mortality in Clark County. **In 2023, the non-Hispanic Black population experienced the highest firearm mortality rate at 28.1 per 100,000, followed by non-Hispanic White residents at the rate of 16.1 per 100,000, while the Asian/Pacific Islander population had the lowest rate among reported groups at 6.2 per 100,000.**

FIREARM INJURY MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	19	6.2
Black, Non-Hispanic	78	28.1
Hispanic/Latino	80	9.4
White, Non-Hispanic	194	16.1
Multiracial	*	*
Other race groups	*	*
Unknown	*	*

*Rate per 100,000 Population***

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Data with small counts (<5) and rates based on counts (<12) are suppressed to safeguard protected health information and confidentiality.*

***Rates per 100,000 population were calculated using vintage 2023 population projections from the Nevada State Demographer and age adjusted to the 2000 U.S. Standard population.*

VCI : MOTOR VEHICLE CRASH MORTALITY

SUMMARY

Motor vehicle crash (MVC) mortality is presented as the age-adjusted MVC death rate per 100,000 population. **In 2023 Clark County had an age adjusted rate of 10.3 motor vehicle deaths per 100,000, lower than the rates for both the state (12.9 per 100,000) and nation (12.5 per 100,000).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

MVC deaths reflect issues such as road safety, traffic laws, impaired and distracted driving, and emergency response. Understanding these trends can help shape policies and interventions to improve traffic safety, reduce fatalities, and enhance vehicle designs to protect drivers, passengers, and pedestrians. Addressing MVC mortality in Clark County requires a multifaceted approach involving traffic enforcement, infrastructure improvements, driver education, and public awareness campaigns to reduce crashes and save lives.

Motor Vehicle Crash Mortality

2019-2023

	2019	2020	2021	2022	2023
Clark County**	7.5	8.8	9.9	10.8	10.3
Nevada*	9.1	10.5	12.1	13.0	12.9
United States*	11.1	12.0	13.3	12.9	12.5

****Rate per 100,000 Population*

** Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Accessed at http://wonder.cdc.gov/ucd-icd10-expanded.html on Feb 6, 2025.*

*** Source: Nevada Department of Health and Human Services. (2019-2023). Nevada Vital Records Death Data, 2019-2023: Carson City, NV: Nevada Department of Health and Human Services.*

****Rates per 100,000 population were calculated using vintage 2023 population projections from the Nevada State Demographer and age adjusted to the 2000 U.S. Standard population*

VCI : MOTOR VEHICLE CRASH MORTALITY

OUR SITUATION

Over the five-year period from 2019 to 2023, the age-adjusted MVC death rate in Clark County increased from 7.5 per 100,000 in 2019 to a peak of 10.8 per 100,000 in 2022 before slightly decreasing to 10.3 per 100,000 in 2023. These trends align with national and state patterns, with overall increases in MVC mortality observed during the pandemic years. Significant racial and ethnic disparities exist in motor vehicle crash mortality rates in Clark County. **In 2023, non-Hispanic Black residents had the highest age-adjusted death rate at 18.0 per 100,000, nearly 1.8 times higher than non-Hispanic White residents (10.3 per 100,000) and more than three times higher than Asian/ Pacific Islander residents (5.5 per 100,000). The Hispanic/Latino population had a mortality rate of 8.5 per 100,000, falling between the rates for White and Asian/Pacific Islander groups. Understanding these disparities is crucial for implementing targeted safety measures and interventions that address the unique risk factors contributing to MVC fatalities in different communities.**

MOTOR VEHICLE CRASH MORTALITY BY RACE/ETHNICITY,

CLARK COUNTY, 2023

	COUNT	AGE-ADJUSTED RATE
American Indian/ Alaska Native	*	*
Asian/ Pacific Islander	17	5.5
Black, Non-Hispanic	51	18.0
Hispanic/Latino	67	8.5
White, Non-Hispanic	116	10.3
Multiracial	*	*
Other race groups	*	*
Unknown	*	*

*Rate per 100,000 Population***

Source: Nevada Department of Health and Human Services. (2023). Nevada Vital Records Death Data, 2023: Carson City, NV: Nevada Department of Health and Human Services.

**Data with small counts (<5) and rates based on counts (<12) are suppressed to safeguard protected health information and confidentiality.*

***Rates per 100,000 population were calculated using vintage 2023 population projections from the Nevada State Demographer and age adjusted to the 2000 U.S. Standard population.*

VCI : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

PhotoVoice: Participant shared a general concern:

"Public safety can range from anywhere to some broken glass on the ground to a serious robbery. Although cities usually have police and other basic defenses at the ready, crime still finds a way to harm people and cause harm to the community"

Focus Group : What physical strengths and resources exist in the built environment of your community? (i.e. sidewalks, food security, parks and recreational centers, etc.) What barriers are there?

All except American Indian/ Alaskan Native	Veterans, Disabled and American Indian/Alaskan Native	Seniors, Disabled and Zip Code 89101	Disabled
The most common concern was **feeling unsafe** due to the presence of homeless individuals, gangs, and substance use in public areas; this was reported by every group except those identifying as AI/AN.	Additionally, **safety regarding traffic and parking** lots was discussed by members of the disabilities, Veterans, and AI/AN groups, especially in regard to accessing disabled parking spots, dangerous traffic patterns in construction zones, and speeding drivers.	Members of the 89101, disabilities, and senior groups also noted concerns related to **heat exposure** in public areas, especially when waiting in food lines or for public services. Because of this, access to public restrooms, drinking water, and shaded areas are essential, especially for those experiencing homelessness. 89101 recommendation: Improve local infrastructure – complete and enhance sidewalks and crosswalks for pedestrian safety.	For example, those with hearing impairments encounter additional challenges, such as difficulty understanding verbal instructions or directions in public spaces, which can leave them **feeling unsafe and unsupported**. Without safe, well-lit paths and accessible sidewalks, individuals with disabilities face unnecessary risks, making it difficult to navigate public spaces

VCI : CPA, CCA, CSA KEY FINDINGS

COMMUNITY STATUS ASSESSMENT

PRIORITIES AND PERCEPTIONS OF CLARK COUNTY:

Community Perceptions: *Overall approximately half or more of respondents think that Clark County has available health care, is safe, and has economic opportunities.*

Men tended to be more positive in their view of the community, along with those who live in Henderson who were more likely to report their community was safe, and those in rural areas were more likely to indicate it was a safe place to raise children.

CHAPTER ELEVEN

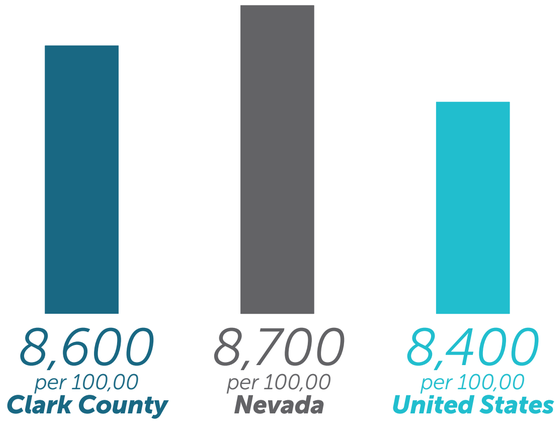
LONGEVITY AND LIFE EXPECTANCY

INTRODUCTION

The average lifespan and the ability to achieve full health potential are key indicators of overall population wellness in Southern Nevada. Years of Potential Life Lost (YPLL) is a measure of premature death, while life expectancy (LE) represents the expected lifespan at birth. Tracking YPLL and LE over time, in addition to comparing them with state and national averages, provides valuable insights into population longevity and health trends.

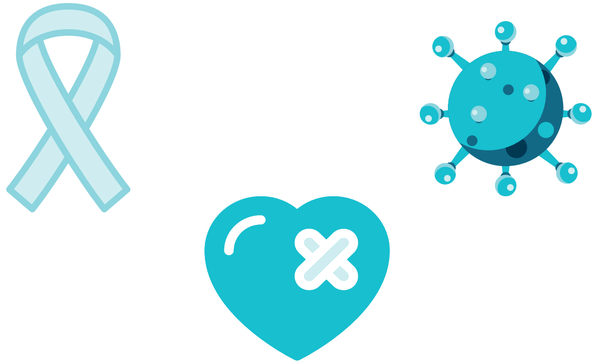
LLE : KEY FINDINGS

YPLL Rate



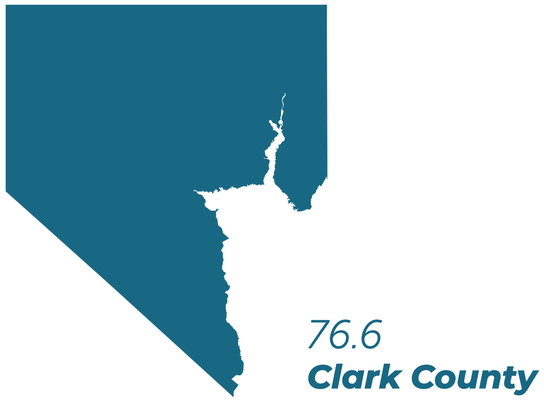
In Clark County in 2020-2022, the age-adjusted YPLL rate of 8,600 years per 100,000 population was higher than the national rate (8,400 per 100,000) but lower than the state rate (8,700 per 100,000).

Leading Cause of Death



The three leading causes of death under age 75 in Clark County in 2020-2022 were diseases of the heart, cancers, and COVID-19.* The inclusion of COVID-19 is important and highlights how infectious and communicable disease impact YPLL.

LE Rate



In 2020-2022, Clark County's LE of 76.6 years is slightly above that of the state of Nevada (76.4 years) but falls just behind the U.S. LE (77.1 years). Non-Hispanic Asians in Clark County have the highest LE at 83.9 years, which is almost 16 years longer than the LE for Native Hawaiian/Pacific Islanders (LE = 68 years).

**University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2025. www.countyhealthrankings.org*

LLE : YEARS OF POTENTIAL LIFE LOST

YEARS OF POTENTIAL LIFE LOST

Years of potential life lost before age 75 per 100,000 population (age-adjusted).

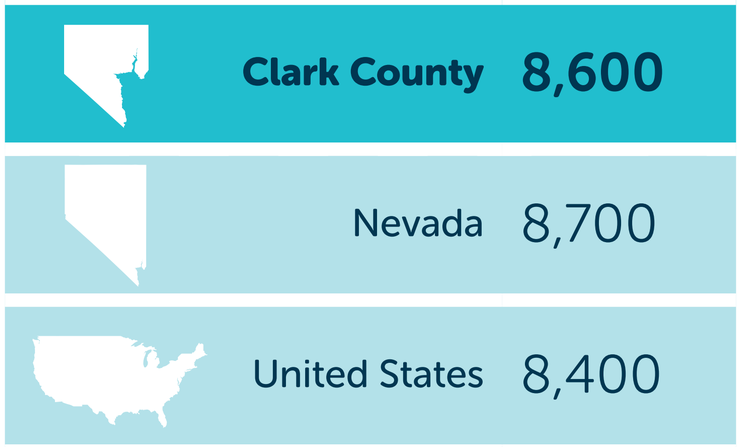
SUMMARY

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 older persons. This measure identifies age-adjusted premature death before the age of 75 in Clark County. **In 2020 to 2022, Clark County had an age adjusted rate of YPLL of 8,600 years per 100,000 population.**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

Mortality rates have historically measured the magnitude of disease and deaths. 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 to prevent future deaths as well as improve the areas of quality of life.

YEARS OF POTENTIAL LIFE LOST
2020-2022



Years per 100,000 population

University of Wisconsin Population Health Institute. How Healthy is your County? | County Health Rankings. County Health Rankings & Roadmaps. Published 2025. https://www.countyhealthrankings.org/

LLE : YEARS OF POTENTIAL LIFE LOST

OUR SITUATION

The rate of YPLL in Clark County in 2020-2022 was 8,600 per 100,000- lower than the rate for Nevada (8,700 per 100,000) and higher than the rate for the United States at 8,400 per 100,000.

The rate of YPLL has increased 20.4% from 2015-2017 to 2020-2022 in Clark County.

Years of Potential Life Lost

By Year, 2016-2021

	2016 (2015-2017)	2017 (2016-2018)	2018 (2017-2019)	2019 (2018-2020)	2020 (2019-2021)	2021 (2020-2022)
United States*	6,901	6,940	6,907	7,282	7,972	8,400
Nevada*	7,276	7,270	7,136	7,493	8,317	8,700
Clark County*	7,145	7,167	7,029	7,362	8,193	8,600

3-year average per 100,000

*University of Wisconsin Population Health Institute. How Healthy is your County? | County Health Rankings. County Health Rankings & Roadmaps. Published 2025. https://www.countyhealthrankings.org/*Age-adjusted rate of YPLL per 100,000 population*

Notes: Each year represents a 3-year average around the middle year (e.g. 2015 is the middle year of 2014-2016). Methods used for population estimates changed with data years 2004-2006 and again with data years 2019-2021. Use caution when comparing across years.

LLE : LIFE EXPECTANCY

SUMMARY

Life Expectancy (LE) measures the average number of years from birth people are expected to live. LE calculations are based on the number of deaths in a given time period and the average number of people at risk of dying during that period. **LE for Clark County in 2020-2022 was 76.6 years, slightly higher than Nevada (76.4 years) and lower than the LE for the United States (77.1 years).**

WHY IS IT IMPORTANT TO OUR COMMUNITY?

LE is important because it provides a foundation for population health outcomes. At the local level, LE 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 LE.

Life Expectancy at Birth

2020-2022

76.6
Clark County
Average Years

76.4
Nevada

77.1
United States

University of Wisconsin Population Health Institute. How Healthy is your County? | County Health Rankings. County Health Rankings & Roadmaps. Published 2025. https://www.countyhealthrankings.org/

LLE : LIFE EXPECTANCY

OUR SITUATION

Based on the information presented in the tables, The average LE in Clark County decreased during 2020-2022 to 76.6 years, down from 78.8 years for 2016-2018. **Asian non-Hispanic individuals had the highest LE at 83.9 years, followed by Hispanic/Latino with a LE of 80.9 years for 2020-2022. Native Hawaiian/Pacific Islander individuals had the lowest LE average of 68.0 years, 19% lower than the LE for Asian individuals.**

LIFE EXPECTANCY AT BIRTH BY RACE/ETHNICITY, CLARK COUNTY, 2020-2022

American Indian/ Alaska Native	79.7
Asian, Non-Hispanic	83.9
Black, Non-Hispanic	71.0
Hispanic (all races)	80.9
White, Non-Hispanic	75.6
Native Hawaiian/ Pacific Islander	68.0

LIFE EXPECTANCY AT BIRTH BY AGE, CLARK COUNTY

2016 (2015-2017)	78.8
2017 (2016-2018)	78.8
2018 (2017-2019)	79.0
2019 (2018-2020)	78.4
2020 (2019-2021)	77.2
2021 (2020-2022)	76.6

University of Wisconsin Population Health Institute. How Healthy is your County? | County Health Rankings. County Health Rankings & Roadmaps. Published 2025. https://www.countyhealthrankings.org/

LLE : CPA, CCA, CSA KEY FINDINGS

COMMUNITY PARTNER ASSESSMENT

Community Strengths:
Commitment to CHA and CHIP Process, Collaboration and Engagement, Diversity and Representation, Community Outreach.

Organizational Capacities:
Service Delivery to Specific Population, Data Utilization, Strategic Communication.

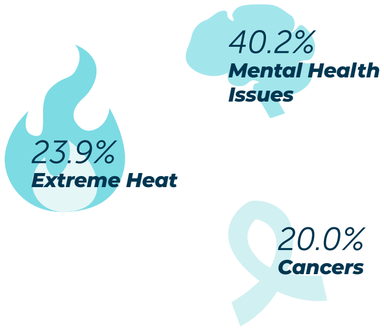
Systems of Power, Privilege, and Oppressions:
Marginalized and Underserved Populations, Commitment to Equity, Barriers in Service Delivery, Data Practices and Equity, Policy and Advocacy Work, Opportunities to Address Power Imbalances.

Social Determinants of Health:
Education Access and Quality, Healthcare Access and Quality, social and Community Context, Economic Stability, Neighborhood and Built Environment.

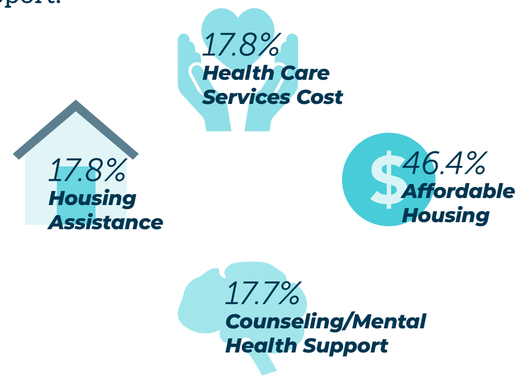
Health Behaviors and Outcomes:
Chronic Disease Management, Mental and Behavioral Health, Preventive Health Behaviors, Social Influences on Health Behaviors.

COMMUNITY STATUS ASSESSMENT

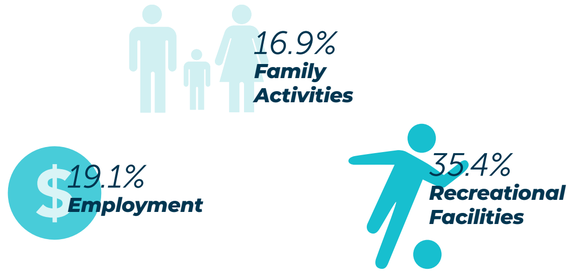
Perceived Top 3 Health Problems in the Community:
Mental health issues, extreme heat, and cancers.



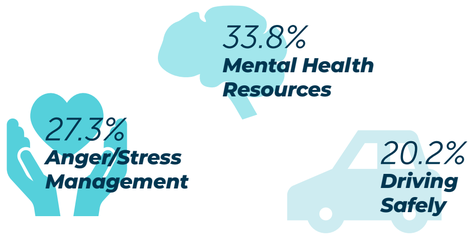
Perceived Top 4 Community Areas Needing Improvement:
Affordable housing, healthcare service costs, housing assistance and counseling/mental health support.



Perceived Top 3 Community Strengths in Clark County:
Recreational facilities, employment, and family activities.



Perceived Top 3 Health Behaviors Needing More Education:
Mental health resources, anger/stress management, and driving safely.



LLE : CPA, CCA, CSA KEY FINDINGS

COMMUNITY CONTEXT ASSESSMENT

Focus Group : What is a barrier to your health?

Participants mentioned that maintaining mental health can be especially challenging given the lifestyle in Las Vegas, which some felt drains mental energy and resilience over time. This 24/7 lifestyle was described as mentally exhausting, with prolonged exposure contributing to stress.

Majority of participants highlighted the following recommendations:

Expanding healthcare access through centralized services, mobile units, and increased funding for mental health and disability support.

Addressing transportation barriers with affordable, reliable options was seen as crucial for low-income residents and those in rural areas.

Enhancing food security by improving access to fresh, affordable produce and making food drives more accessible was also emphasized.

Promoting culturally responsive and trauma-informed care through targeted training for providers.

Increasing community safety through improved infrastructure, such as sidewalks and pedestrian crossings, and addressing homelessness and drug-related issues.

APPENDIX

SNHD Community Health Assessment
Presentation of Preliminary Data

February 19, 2025 5:30pm-7:00pm
UNLV Strip View Pavilion

Before finalizing the Community Health Assessment reports, a community meeting was organized to discuss the results of the Community Partner Assessment, Community Status Assessment, and the Community Context Assessment. This process was intended to facilitate community engagement from diverse partners to determine if the interpretation of the results of the reports matched the community perceptions.

Recruitment for the CHA meeting to discuss preliminary results was conducted via electronic announcements to a wide variety of community partners, followed by individualized emails to a variety of organization to maximize attendance. The email list included all partners, and participants that were involved in the different assessments. We had approximately 90 people register for the event and 34 people attended. Most of the people who registered for the event were from community organization. Some community partners were not able to attend as other commitments were prioritized, the members of the community who could not attend indicated that the drive was too far or that they were not able to commute in the evenings but wanted to stay informed.

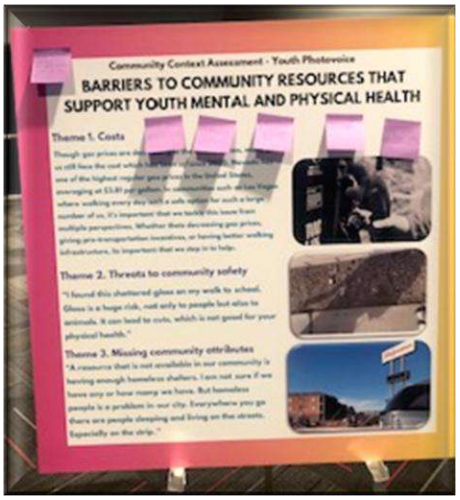
MEETING OVERVIEW

The event included 34 partners from 18 different organizations (see Table 1). The community engagement meeting commenced with NICRP representatives introducing themselves and outlining the collaborative efforts with SNHD in conducting the Community Health Assessment (CHA). The primary objective of the meeting was to disseminate and discuss the findings from the four community health reports completed by NICRP and to have the community discuss the main results and recommendations. After a brief overview of the results of each report, the attendees were asked to divide into four groups and rotate between 4 stations, each displaying the results and final recommendations of one of the reports. Attendees were asked to designate a note taker to document main discussion points of the group. Members of the group could also write comments on note pads available at the stations. Each group had approximately 12 minutes at each station. At the conclusion, the group reassembled and had a brief group discussion of main highlights from their discussions.

Table 1. List of Organizations in Attendance

Act4Kids Nevada	Nevada Chapter, American Academy of Pediatrics
Bridging The Gap Adult Sickle Cell foundation	Nevada Office of Minority Health and Equity
City of Henderson	RTC of Southern Nevada
Community Member	Southern Nevada Health District
DCFS	Southern Nevada Health District Advisory Board
Dignity Health St Rose Dominican	Southern Nevada Health Consortium
Helping Hands of Vegas Valley	The Salvation Army
Huntsman Cancer Institute	Three Square
Intermountain Health	UNLV School of Medicine

The meeting fostered a collaborative environment, allowing partners to engage meaningfully with one another to discuss if they felt the finding represented their view of the community. Most of the notes from the groups emphasized the results that were presented and there were a few comments to include explanations in the report about why certain populations were selected (e.g. 89101 focus group) and to detail limitations if goals were not met.



NEXT STEPS

The NICRP and SNHD team will review the reports to determine if any changes are needed before SNHD moves forward drafting the implementation plan. Another community meeting is set for the April 30th to review strategies and prioritize health issues. This meeting will be held during the day and available both in person and online. This should increase access to the meeting and increase participation. Overall, there is a lot of interest in the Community Health Assessment process which present a great opportunity to keep the community engaged throughout the next several years during implementation.