

Access to Quality Health Services

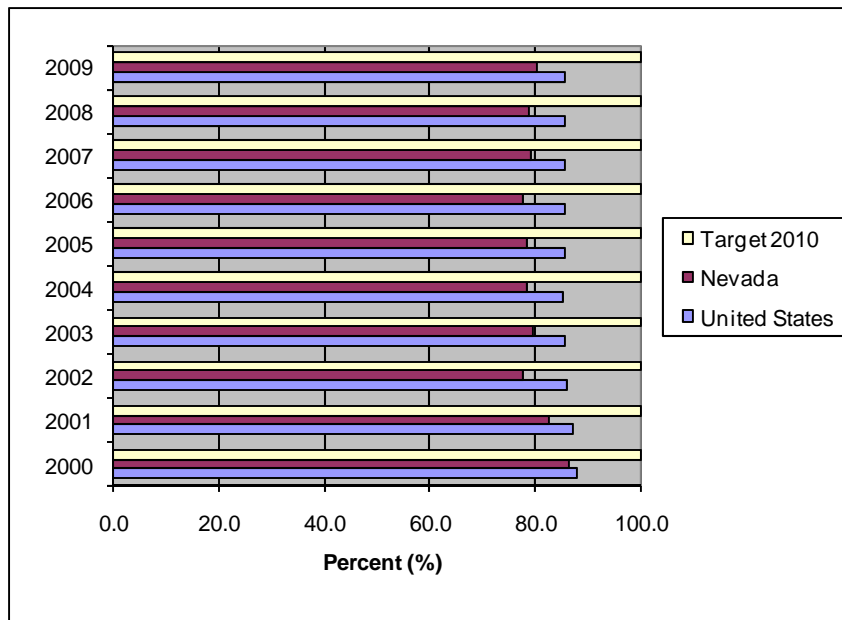
Improving access to quality health care is critical in eliminating health disparities and increasing the quality of life for all Nevadans. In particular, improved access to clinical preventive services such as screening tests and immunizations can reduce the number of preventable diseases and conditions. According to the Centers for Disease Control and Prevention (CDC), it is estimated in the first half of 2009, in the United States, 43.6 million people (14.8 percent) of all ages were uninsured and 6.8 million children (9.3 percent) were

Healthy People 2010 Objective (1-1): Increase the proportion of persons with health insurance.

Healthy People 2020 Objective AHS HP2020-1: Increase the proportion of persons with health insurance.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
80.5	85.6	100.0	100.0	Fluctuating

Proportion of Persons with Health Insurance, Nevada Residents and United States, BRFSS Data, 2000 - 2009.*

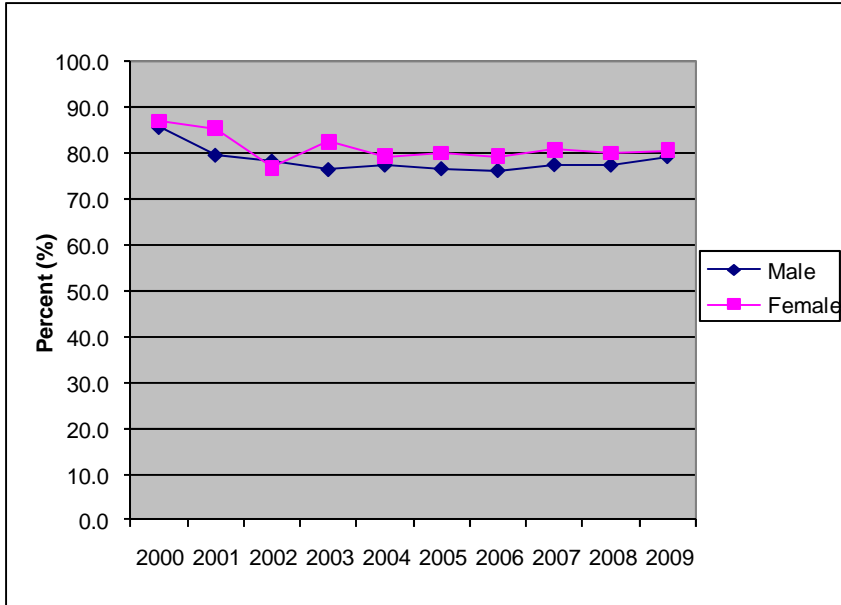


In 2010 it is estimated that 1 in 6 working age adults in America are uninsured.¹

From 2004 to 2009, the percentage of persons with health insurance within the United States was steady around 85 percent, at 85.6 percent in 2009. In Nevada, during the same period, the state averaged 80 percent of people had health insurance.

*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

Proportion of Persons with Health Insurance, Nevada Residents by Gender, BRFSS Data, 2000 - 2009.*

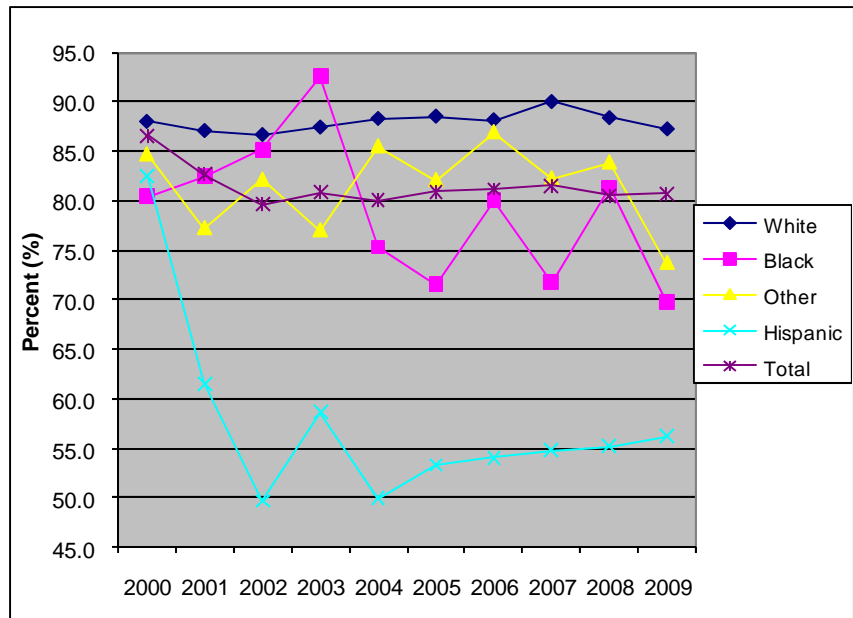


As of February 2009, approximately 1.7 million men have lost employer-provided health insurance from their jobs nationally, compared to approximately 396,800 women.²

From 2003 to 2009, there was a slightly higher proportion of Nevada females with health insurance than Nevada males.

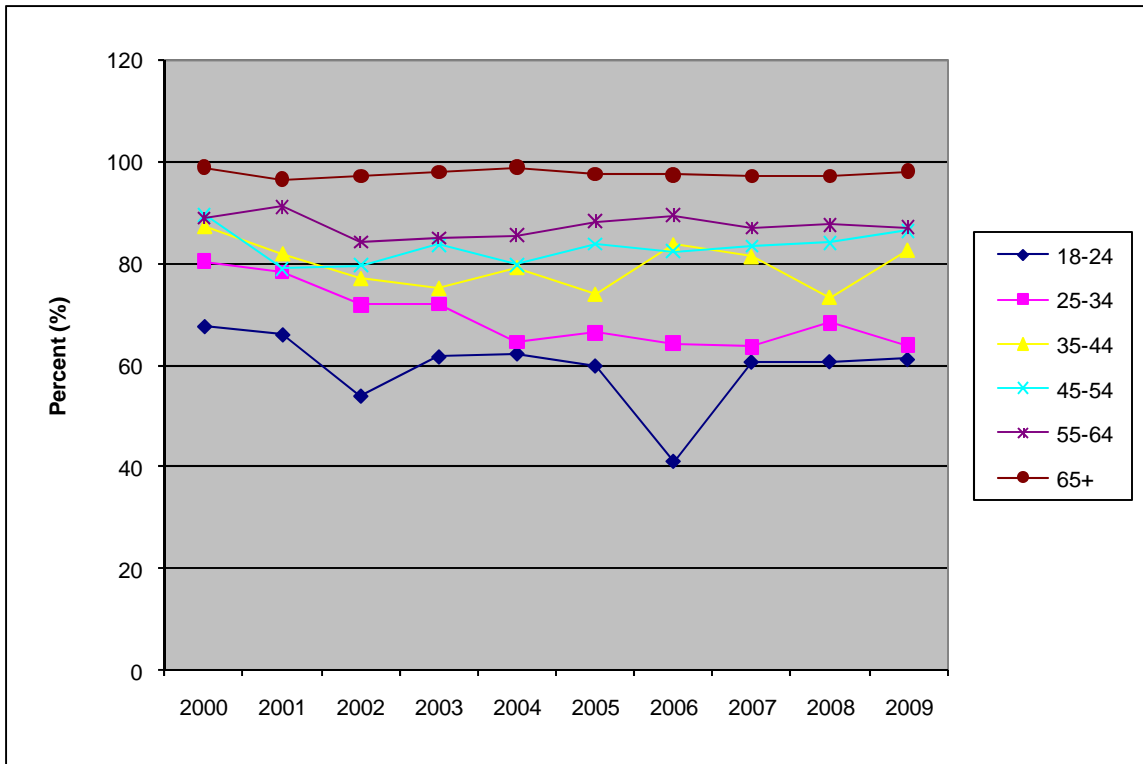
Proportion of Persons with Health Insurance, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000 - 2009.*

Whites had a higher proportion of people with health insurance than all other race/ethnic groups in the reported years. While Hispanics had the lowest proportion of people with health insurance among all race/ethnic groups.



*These percentages are weighted to survey population characteristics.

**Proportion of Persons with Health Insurance, Nevada Residents by Age, BRFSS
Data, 2000 - 2009.***



From 2000 to 2009, Nevada residents, 65 years and older, consistently had the highest proportion of people reporting that they have health insurance. Nevada residents who are 18 to 24 years old consistently had the lowest proportion of people reporting that they have health insurance.

*These percentages are weighted to survey population characteristics.

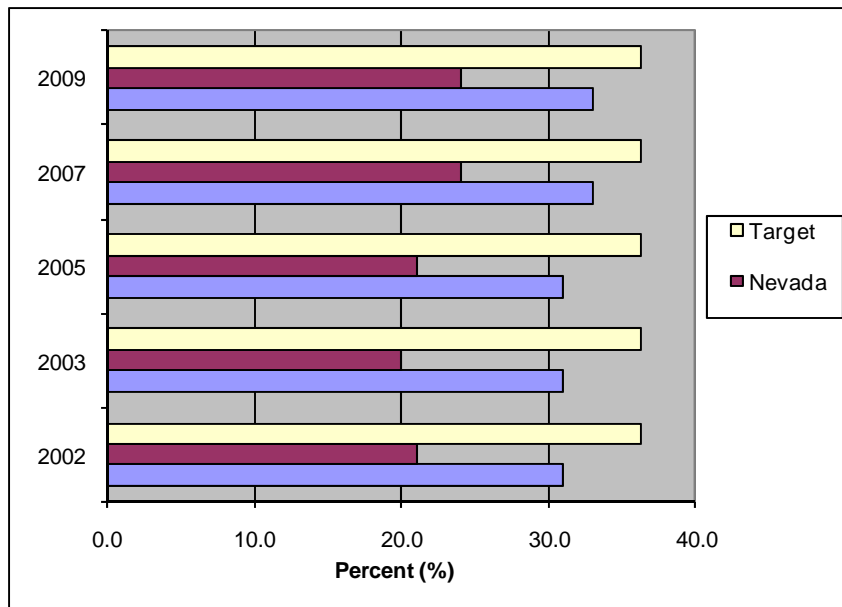
Adolescent Health

During the transition from childhood to adulthood, adolescents establish patterns of behavior and make lifestyle choices that affect both their current and future health. Adolescents and young adults are adversely affected by serious health and safety issues such as motor vehicle crashes, violence, substance use, and sexual behavior. They also struggle to adapt behaviors that can decrease their risk of developing chronic diseases in adulthood, behaviors such as eating healthy, engaging in physical activity, and choosing not to use tobacco. Environmental factors such as family, peer group, school, and community characteristics also contribute to the challenges that adolescents face.¹

Healthy People 2020 Objective AH HP2020-5.3.1: Increase the percentage of students whose reading skills are at or above the proficient achievement level for their grade- 4th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.0	33.0	N/A	36.3	Improving

Percentage of 4th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents and United States, 2002, 2003, 2005, 2007, 2009.*

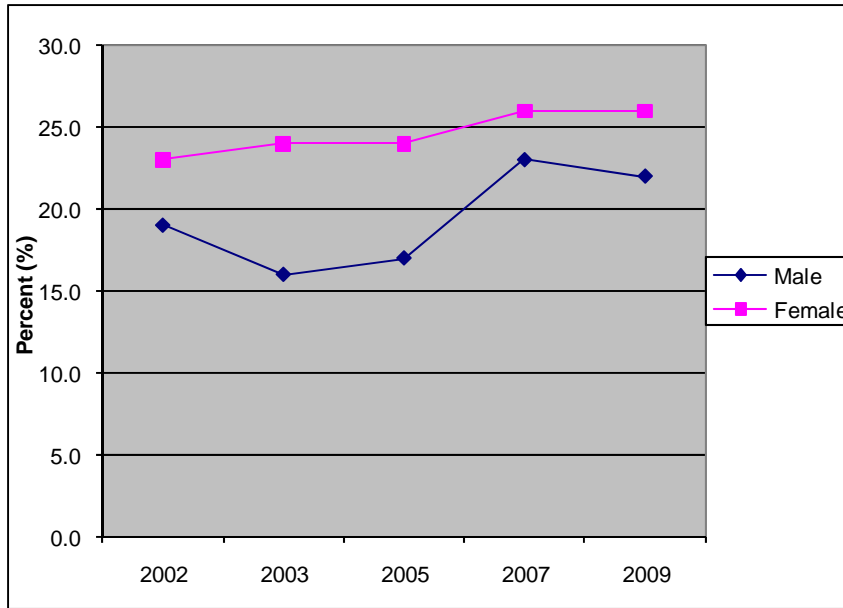


The percentage of 4th grade students who are considered "at or above proficient" was lower in Nevada than in the United States from 2002 to 2009. Neither region has met the Healthy People 2010 target of 36.3 percent.

The National Assessment of Educational Progress (NAEP) grade 4 reading achievement levels correspond to the following scale points: Below basic, 207 or lower; Basic, 208-237; Proficient, 238-267; Advanced, 268 or above.

*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Percentage of 4th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Gender, 2002, 2003, 2005, 2007, 2009.*

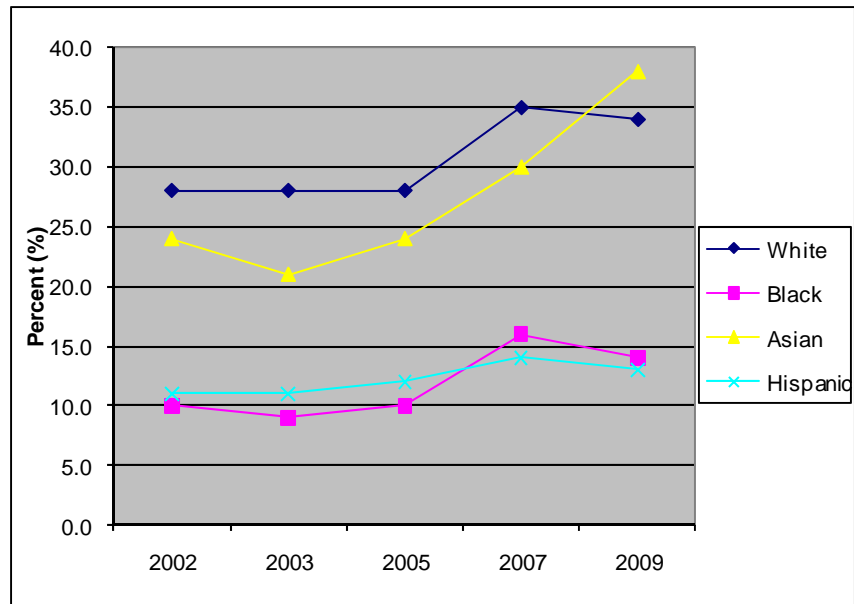


From 2002 to 2009, female 4th grade Nevada students have had a higher percentage of students with proficient reading scores than Nevada 4th grade male students.

The National Assessment of Educational Progress (NAEP) grade 4 reading achievement levels correspond to the following scale points: Below basic, 207 or lower; Basic, 208-

Percentage of 4th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2002, 2003, 2005, 2007, 2009.*

There was an overall increase in the percentage of Nevada 4th grade students who were proficient in reading in all race/ethnicity groups from 2002 to 2009. In general, White and Asian Nevada residents had the highest percentage of 4th grade student who were proficient in reading, while Black and Hispanic Nevada residents had much lower percentages.



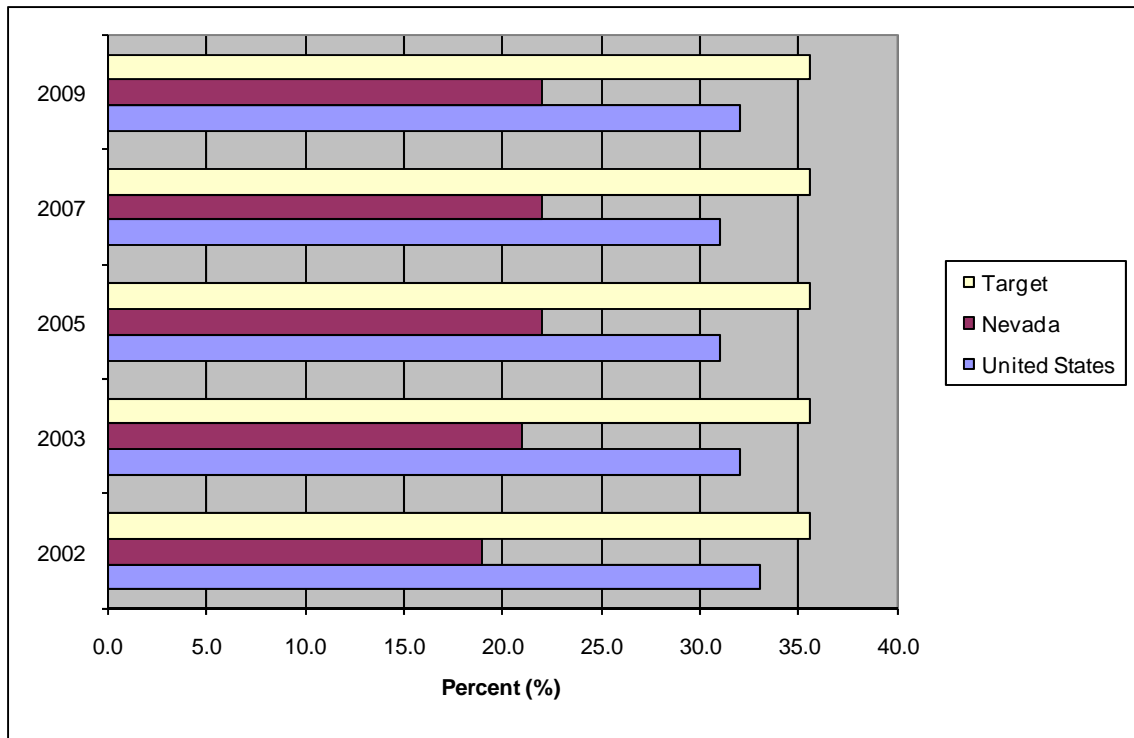
The National Assessment of Educational Progress (NAEP) grade 4 reading achievement levels correspond to the following scale points: Below basic, 207 or lower; Basic, 208-

*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Healthy People 2020 Objective AH HP2020-5.3.2: Increase the percentage of students whose reading skills are at or above the proficient achievement level for their grade- 8th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
22.0	32.0	N/A	35.6	Fluctuating

Percentage of 8th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents and United States, 2002, 2003, 2005, 2007, 2009.*

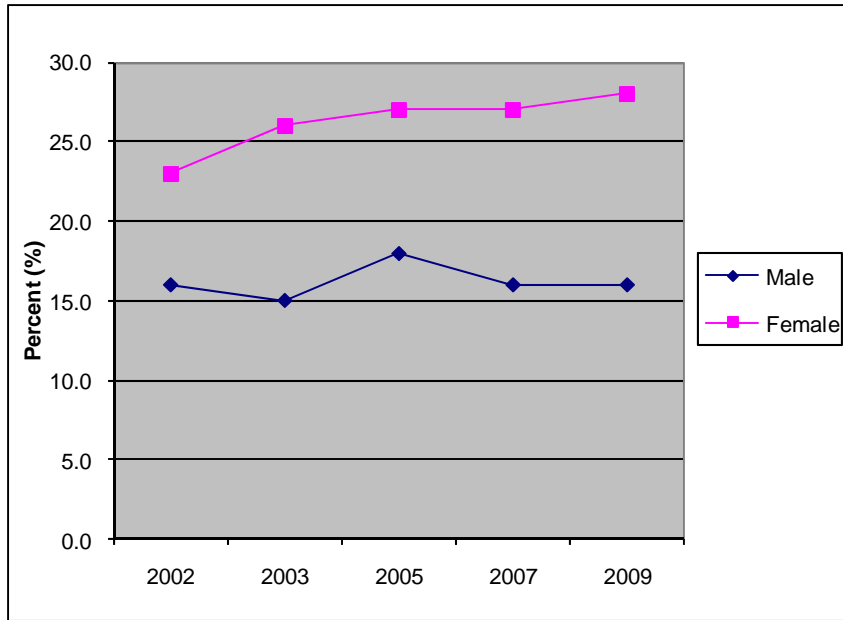


The National Assessment of Educational Progress (NAEP) grade 8 reading achievement levels correspond to the following scale points: Below basic, 242 or lower; Basic, 243-280; Proficient, 281-322; Advanced, 323 or above.

The percentage of 8th grade students who were considered “at or above proficient” was lower in Nevada than in the United States from 2002 to 2009. Neither region met the Healthy People 2010 target of 35.6 percent.

*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Percentage of 8th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Gender, 2002, 2003, 2005, 2007, 2009.*

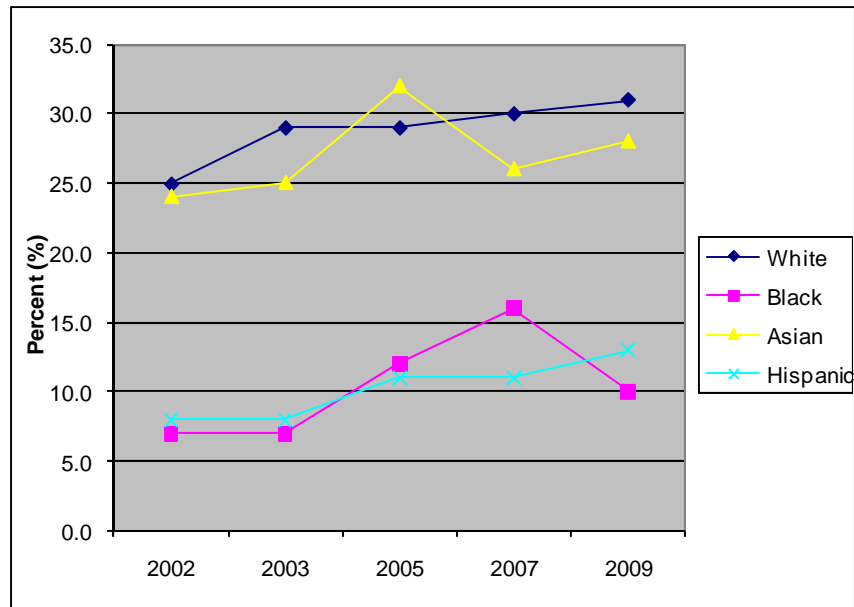


From 2002 to 2009, female 8th grade Nevada students had a higher percentage with proficient reading scores than Nevada 8th grade male students.

The National Assessment of Educational Progress (NAEP) grade 8 reading achievement levels correspond to the following scale points: Below basic, 242 or lower; Basic, 243-280; Proficient, 281-322; Advanced, 323 or above.

Percentage of 8th Grade Students Whose Reading Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2002, 2003, 2005, 2007, 2009.*

There was an overall increase in the percentage of Nevada 8th grade students who were proficient in reading in all race/ethnicity groups from 2002 to 2009. In general, White and Asian Nevada residents had the highest percentage of 8th grade student who were proficient in reading, while Black and Hispanic Nevada residents had much lower percentages.



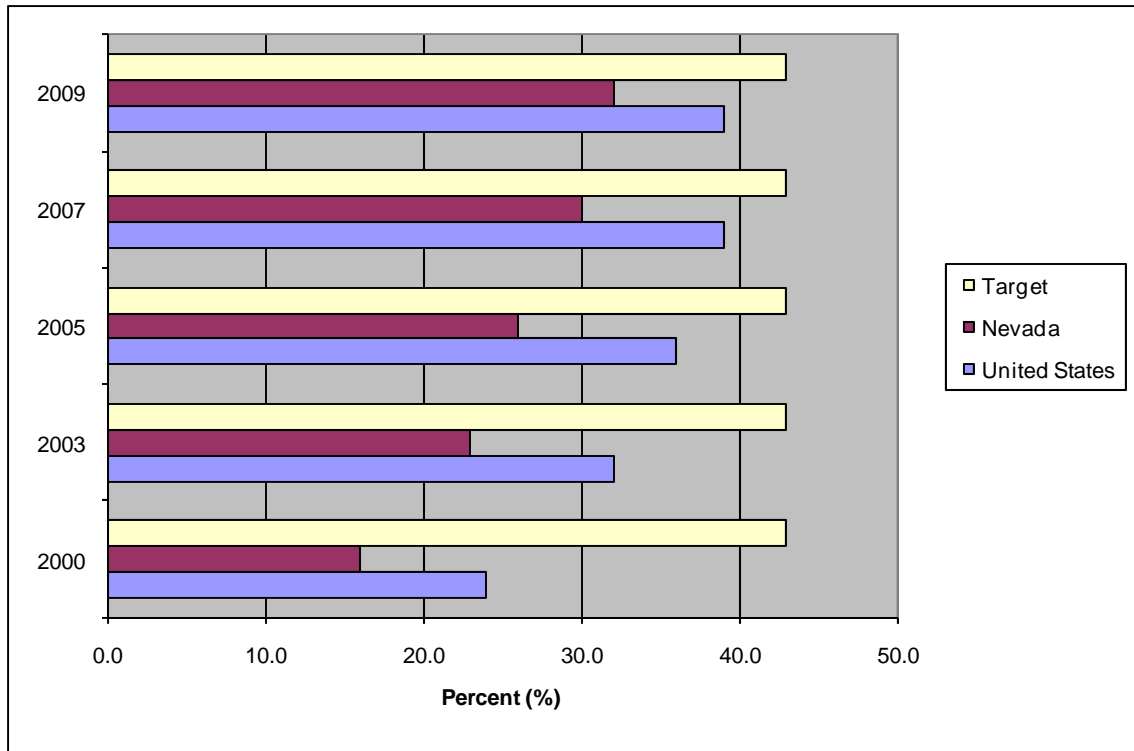
The National Assessment of Educational Progress (NAEP) grade 8 reading achievement levels correspond to the following scale points: Below basic, 242 or lower; Basic, 243-280; Proficient, 281-322; Advanced, 323 or above.

*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Healthy People 2020 Objective AH HP2020-5.4.1: Increase the percentage of students whose mathematical skills are at or above the proficient achievement level for their grade- 4th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
32.0	39.0	N/A	43.0	Improving

Percentage of 4th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents and United States, 2000, 2003, 2005, 2007, 2009.*



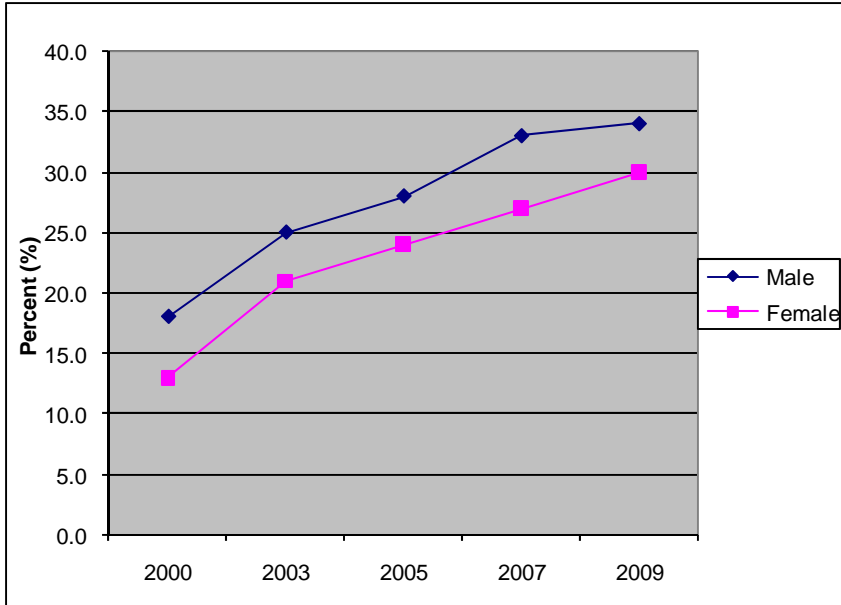
The National Assessment of Educational Progress (NAEP) grade 4 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

The percentage of Nevada 4th graders who are proficient in reading increased from 2000 to 2009. At 32.0 percent in 2009, Nevada had a lower percentage of reading proficient 4th graders than the nation (39.0 percent). Neither Nevada nor the nation have met the Healthy People 2020 target of 43.0 percent.

In 2009, the average mathematics proficiency score of 4th grade students in Nevada was 235. This was lower than the average score of 239 for public schools in the nation.²

*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Percentage of 4th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Gender, 2000, 2003, 2005, 2007, 2009.*



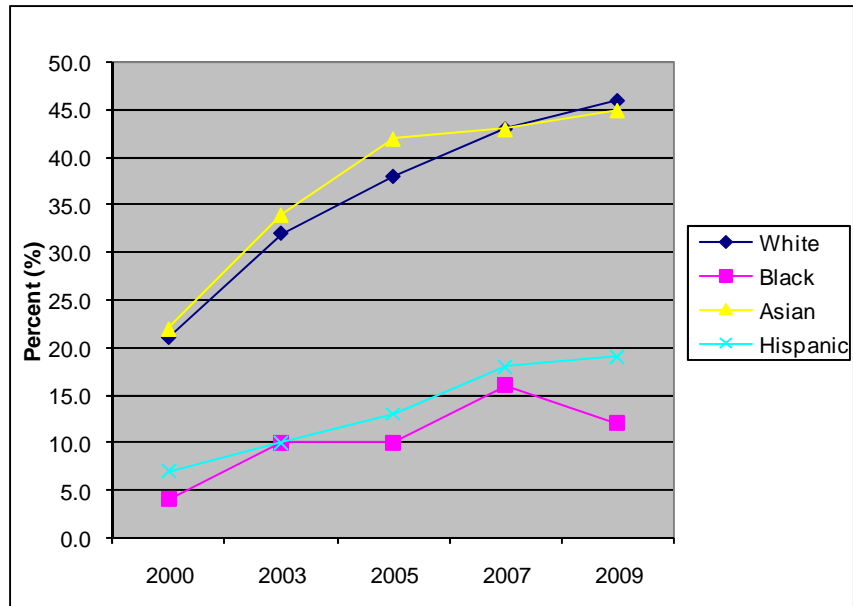
The percentage of 4th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for both genders. Nevada's male students were consistently higher than Nevada's female students.

The National Assessment of Educational Progress (NAEP) grade 4 mathematic achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

Percentage of 4th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2000, 2003, 2005, 2007, 2009.*

The percentage of 4th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for all race/ethnicity groups.

In general, White and Asian Nevada residents had the highest percentage of 4th grade student who are proficient in mathematics, while Black and Hispanic 4th grade Nevada students had much lower percentages.



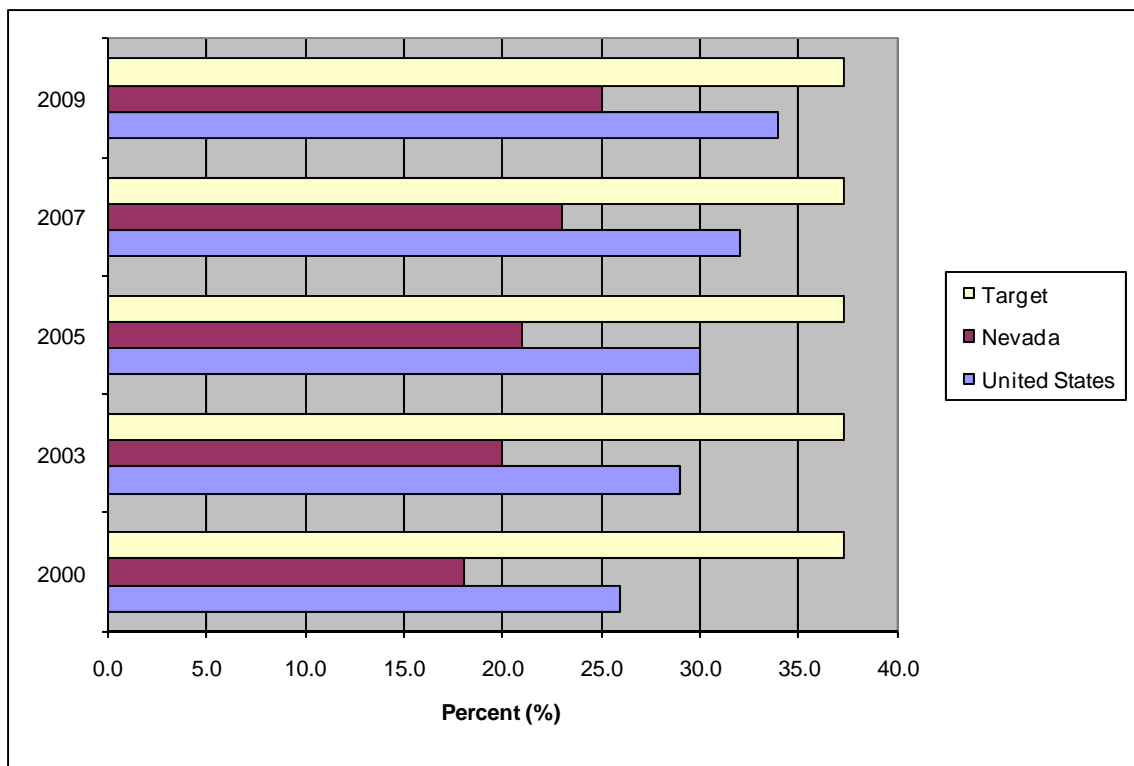
The National Assessment of Educational Progress (NAEP) grade 4 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Healthy People 2020 Objective AH HP2020-5.4.2: Increase the percentage of students whose mathematical skills are at or above the proficient achievement level for their grade- 8th Grade.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
25.0	34.0	N/A	37.3	Improving

Percentage of 8th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents and United States, 2000, 2003, 2005, 2007, 2009.*



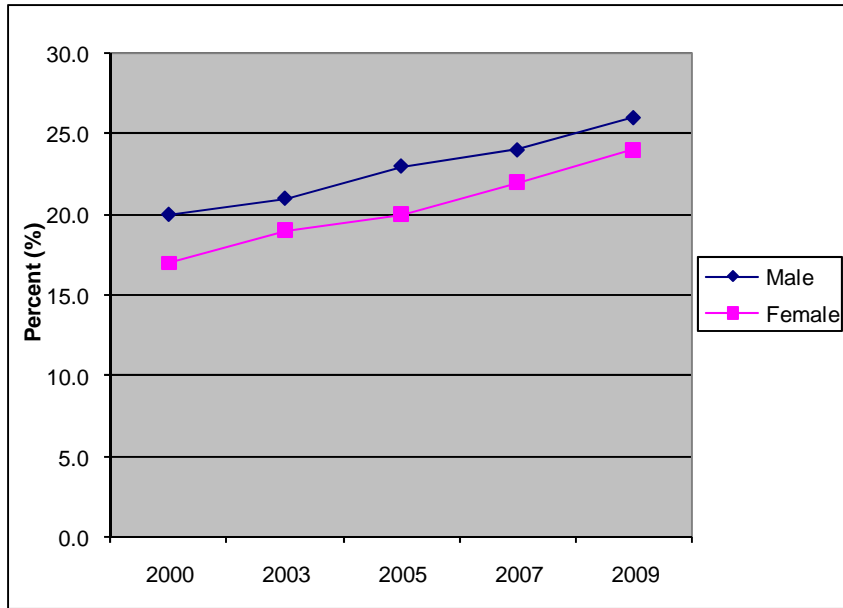
The National Assessment of Educational Progress (NAEP) grade 8 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

The percentage of Nevada 8th graders who are proficient in reading increased from 2000 to 2009. At 25.0 percent in 2009, Nevada had a lower percentage of reading proficient 8th graders than the nation (34.0 percent). Neither Nevada nor the nation met the Healthy People 2020 target of 37.3 percent.

In 2009, the average mathematic proficiency score of 8th grade students in Nevada was 274. This was lower than the average score of 282 for public school students in the nation.²

*Nevada and U.S. data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Percentage of 8th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Gender, 2000, 2003, 2005, 2007, 2009.*



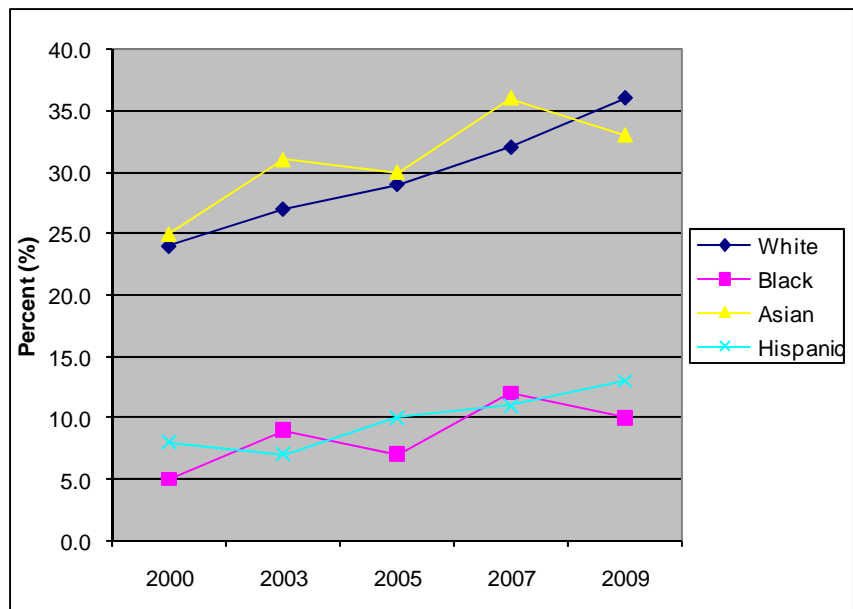
The percentage of 8th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for both genders. There has consistently been a higher percentage of Nevada 8th grade male students with proficient or better mathematics skills than Nevada 8th grade females.

The National Assessment of Educational Progress (NAEP) grade 8 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

Percentage of 8th Grade Students Whose Mathematics Skills Are At or Above Proficient, Nevada Residents by Race/Ethnicity, 2000, 2003, 2005, 2007, 2009.*

The percentage of 8th grade Nevada students who are proficient in Mathematics increased from 2000 to 2009 for all race/ethnicity groups.

In general, White and Asian Nevada residents have had the highest percentage of 4th grade student who are proficient in mathematics, while Black and Hispanic 4th grade Nevada students have had much lower percentages.



The National Assessment of Educational Progress (NAEP) grade 8 math achievement levels correspond to the following scale points: Basic, 239 and below; Proficient, 240 and above.

*Nevada data are from U.S. Department of Education, Institute of Education Sciences, National Center for Education Statistics, National Assessment of Educational Progress (NAEP). Individual county data are not available.

Arthritis, Osteoporosis, and Chronic Back Conditions

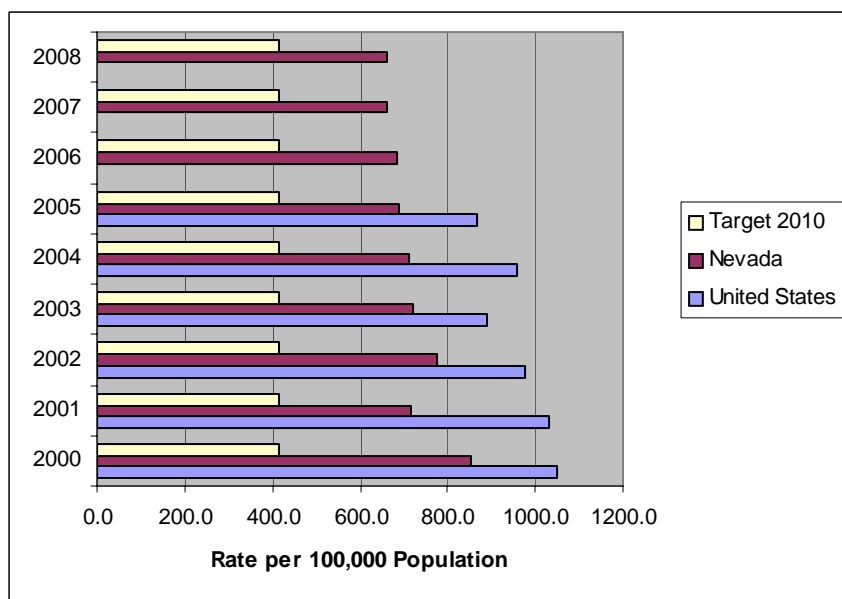
The term *arthritis* is used to describe more than 100 rheumatic diseases and conditions that affect joints, the tissues which surround the joint, and other connective tissue. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Early diagnosis and appropriate management are especially important for people with inflammatory arthritis. Injury prevention, physical activity, and weight control can lower a person's risk for arthritis. According to the Centers for Disease Control and Prevention (CDC),¹ arthritis is the leading cause of disability in the United States, limiting activities of more than 19 million adults.

Healthy People 2010 Objective (15-28): Reduce hip fractures among females and males aged 65 and older.

Healthy People 2020 Objective AOCBC HP2020-11: Reduce hip fractures among older adults.

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
663.1 (females)	868.0 (females)	416.0 (females)	741.2 (females)	Improving

Hospitalization Rate for Hip Fractures Among Females Aged 65 Years and Older, Nevada Residents and United States, 2000 - Most Current Data.*

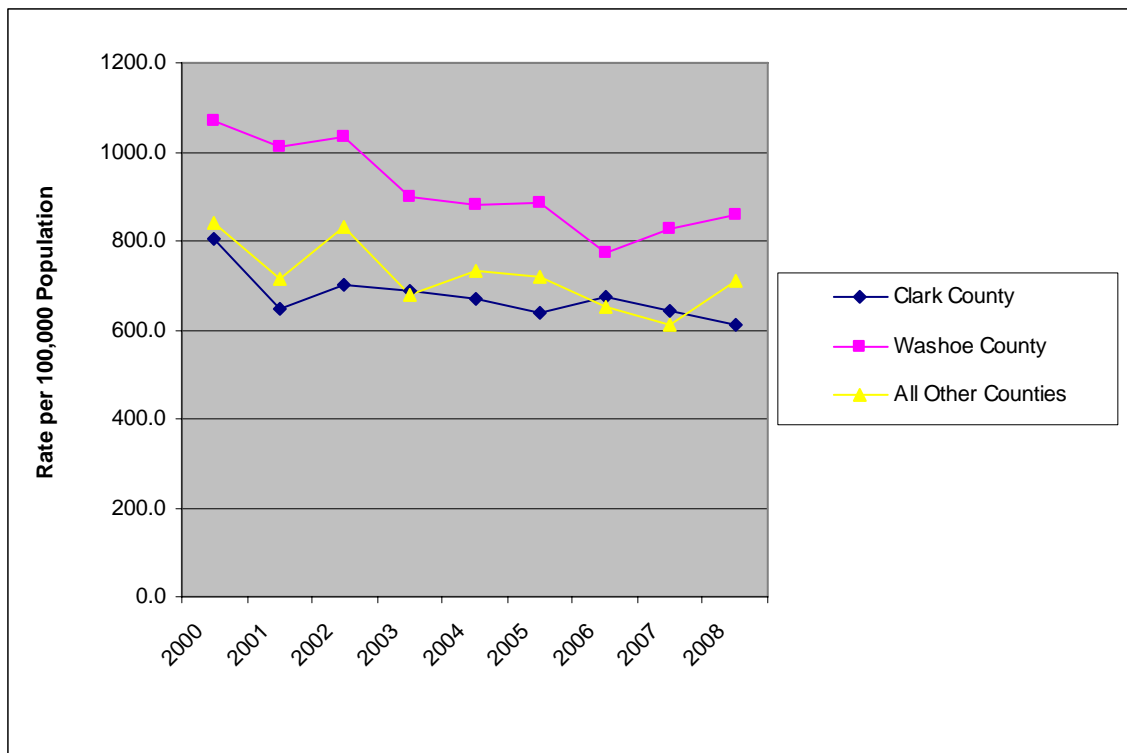


Hip fractures are associated with substantial morbidity and mortality; approximately 15-20 percent of patients die within one year of fracture.² In both Nevada and the nation, the hospitalization rate for hip fractures among females has declined slightly over the decade.

*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

Hospitalization Rate for Hip Fractures Among Females Aged 65 Years and Older, Nevada Residents by County/Region, 2000 - 2008.*

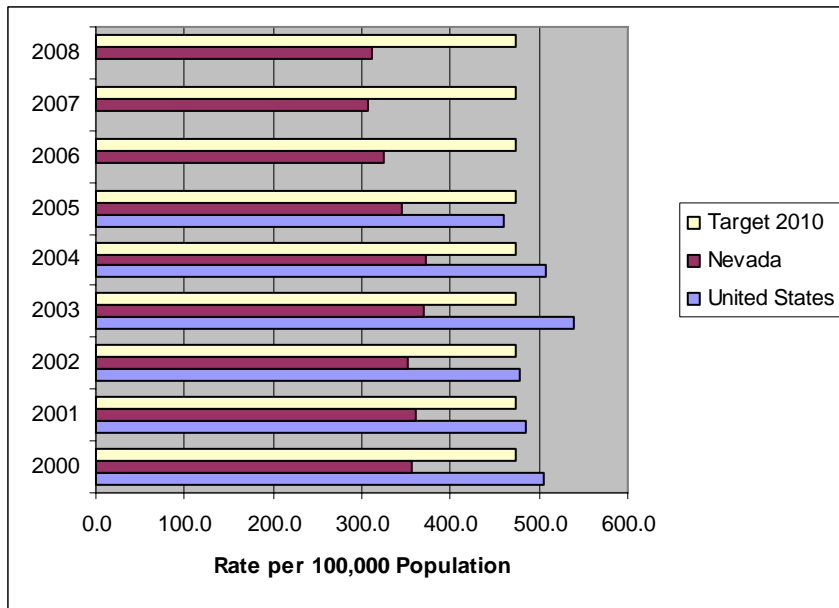


Most hip fractures occur in elderly individuals as a result of minimal trauma, such as a fall from standing height.² Washoe County had a higher hospitalization rate among females, aged 65 and older, for hip fractures than any other region from 2000 to 2008.

*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD).

Most Recent NV Value (2008)	U.S. (2005)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
310.2 (males)	459.4 (males)	474.0 (males)	418.4 (males)	Surpassed

Hospitalization Rate for Hip Fractures Among Males Aged 65 Years and Older, Nevada Residents and United States, 2000 - Most Current Data.*

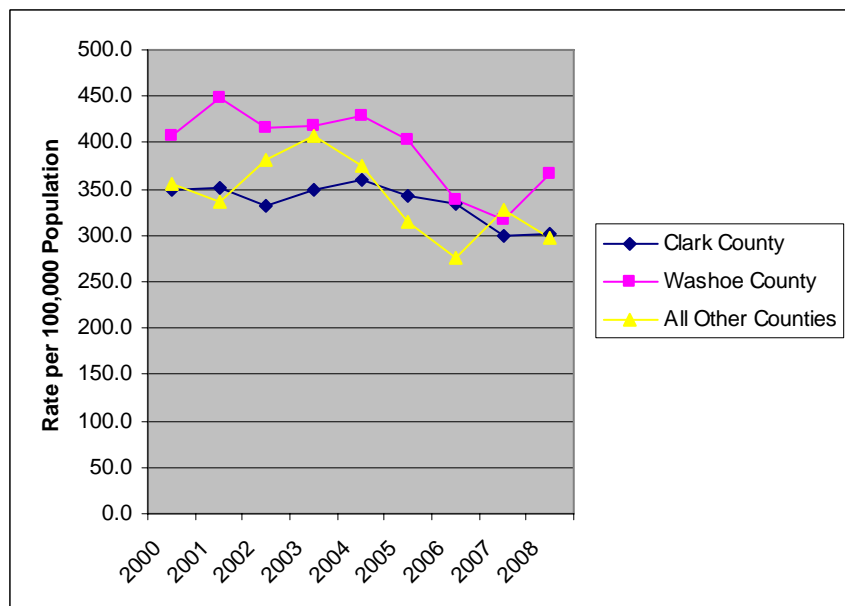


Increasing age, cognitive impairment, decreasing bone mass, decreasing depth perception, decreased mobility, dizziness, and a poor/fair self-perceived state of health are all linked to increasing likelihood of sustaining a fall and thus a possible hip fracture.²

The hospitalization rate for hip fractures among males, aged 65 and older, declined in Nevada from 2000 to 2008. While the national rate fluctuated and remained higher than the state rate.

Specific characteristics in men have been evaluated to determine the relationship to hip fracture; smoking, tall stature, stroke, and dementia were found to increase the risk of hip fracture,⁴ while non – work-related physical activity and high BMI were found to be protective.² Washoe County’s hospitalization rate for hip fractures among males, aged 65 and older, was higher than any other region in Nevada over the decade.

Hospitalization Rate for Hip Fractures Among Males Aged 65 Years and Older, Nevada Residents by County/Region, 2000 - 2008.*



*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD). The U.S. data are from the National Hospital Discharge Survey (NHDS).

Note: See appendix for additional information.

Blood Disorders and Blood Safety

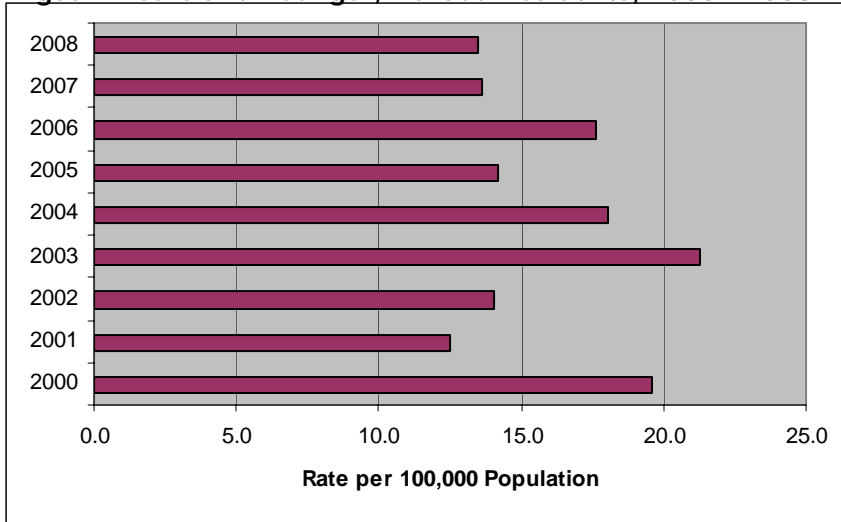
Blood disorders, such as sickle cell disease, anemia, and hemophilia, affect millions of people each year in the United States, cutting across the boundaries of age, race, sex, and socioeconomic status. Men, women, and children of all backgrounds live with the complications associated with these conditions, many of which are painful and potentially life-threatening. With proper preventive actions and early intervention, many of these disorders and their complications could, to a large extent, be eliminated.¹

Healthy People 2020 Objective BDBS HP2020-2: Reduce hospitalization for sickle cell disease among children aged 9 years and younger. Moved from HP 2010 16-21.

NOTE: This objective was removed from the final HP 2020 release.

Most Recent NV Value (2008)	U.S.	HP 2010 Target	HP 2020 Target	Progress Towards Targets
13.5		N/A	N/A	N/A

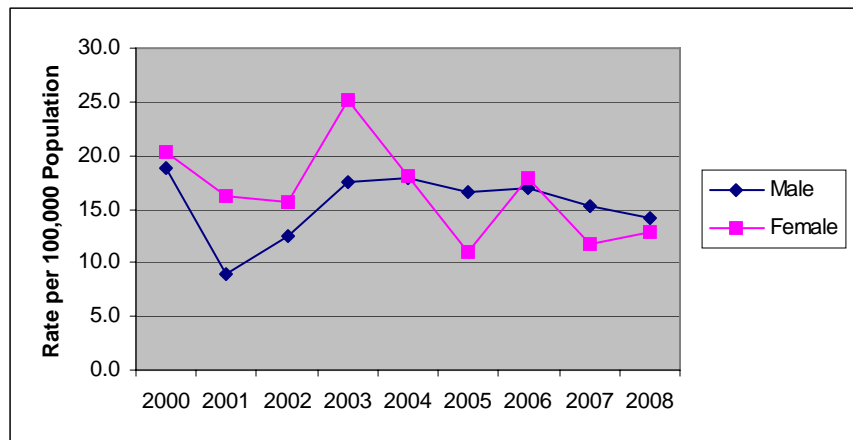
Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger, Nevada Residents, 2000 - 2008.*



Sickle cell disease (SCD) is an inherited disease of red blood cells that produces abnormal hemoglobin, the protein found in red blood.² The hospitalization rate for sickle cell disease among children, aged 9 years and younger, fluctuated from 2000 to 2008.

In the U.S., SCD affects around 72,000 people, most of whose ancestors came from Africa.² In the five-year period from 2003 to 2007, there were 49 infants born with SCD in Nevada.¹ Hospitalization rates for sickle cell disease among children, aged 9 years and younger, fluctuate for both males and females in Nevada.

Hospitalization Rate for Sickle Cell Disease Among Children Aged 9 Years and Younger, Nevada Residents by Gender, 2000 - 2008.*



*The Nevada data are from Nevada Inpatient Hospital Discharge (NIHDD).

Note: See appendix for additional information.

Cancer

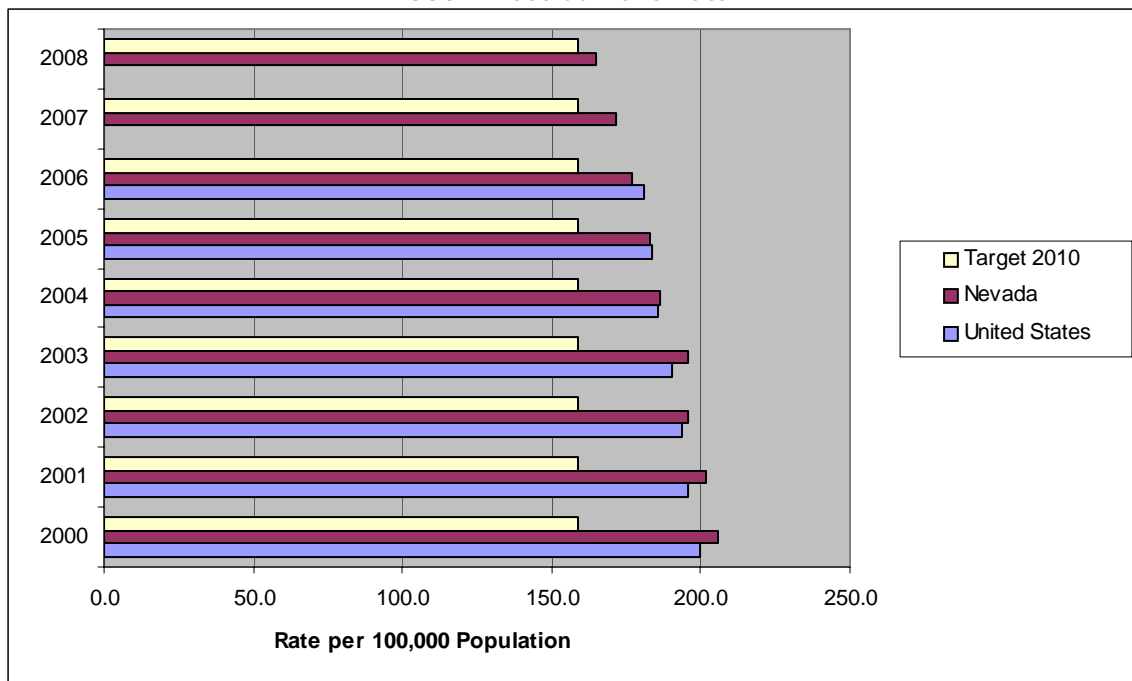
Cancer is the second leading cause of death in the United States and Nevada. According to the American Cancer Society the lifetime probability of developing cancer is 1 in 2 for men, and 1 in 3 for women. Cancer is attributed to causing over 4 million years of potential life lost in the U.S. Approximately two thirds of all cancers are caused by lifestyle, i.e. smoking, obesity, poor nutrition, and inadequate nutrition. Lifestyle contributes to roughly one third of all cancer deaths.¹

Healthy People 2010 Objective (3-1): Reduce the overall cancer death rate.

Healthy People 2020 Objective C HP2020–1: Reduce the overall cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
164.9	180.7	158.6	160.6	Improving

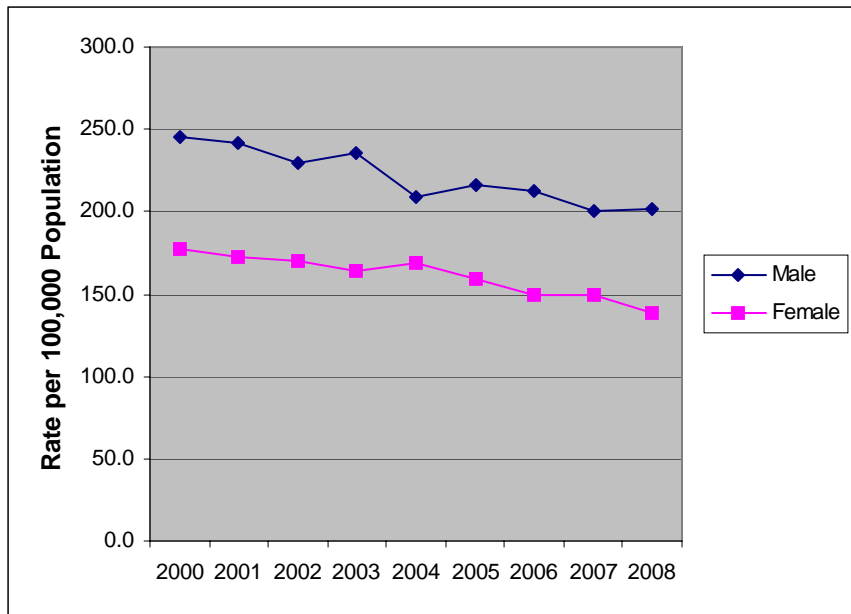
Age-Adjusted Overall Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data. *



While Nevada did not meet the 2010 target from 2000 to 2008, there was a decreasing trend in the overall cancer death rate. Nevada had a lower overall cancer rate than the United States in the reported years. Neither the state, nor the nation, reached the Healthy People 2010 target.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Age Adjusted Overall Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.*



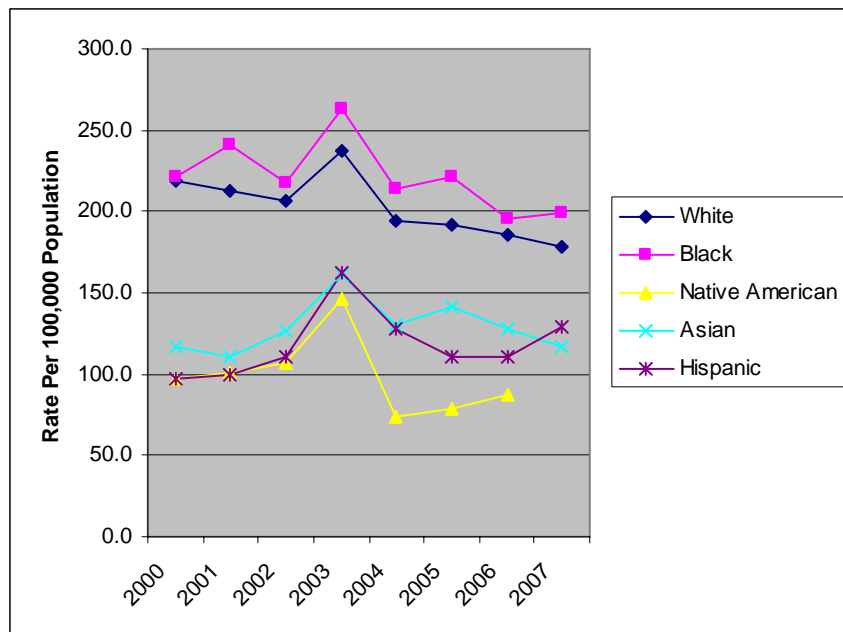
There was a decreasing trend in Nevada's overall cancer death rate among both genders from 2000 to 2008.

Nevada males had a higher overall cancer mortality rate than Nevada females.

Age-Adjusted Overall Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.*

The extent to which genetic variations cause disease in ethnic groups, such as African American, Hispanic and Asian Americans, is far less understood than that of Whites.²

Black Nevada residents had higher overall cancer mortality rates than any other racial/ethnic group in Nevada, followed by White Nevada residents from 2000 to 2007.



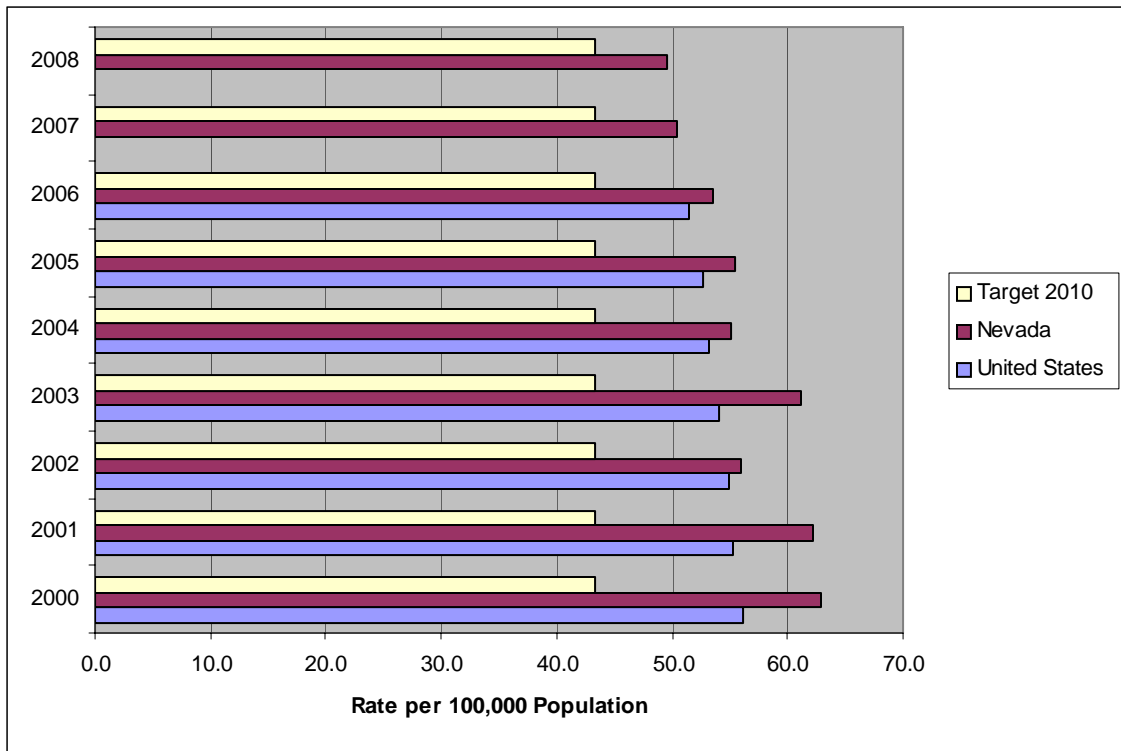
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for age group and county breakdowns.

Healthy People 2010 Objective (3-2): Reduce the lung cancer death rate.

Healthy People 2020 Objective C HP2020-2: Reduce the lung cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
49.5	51.5	43.3	45.5	Improving

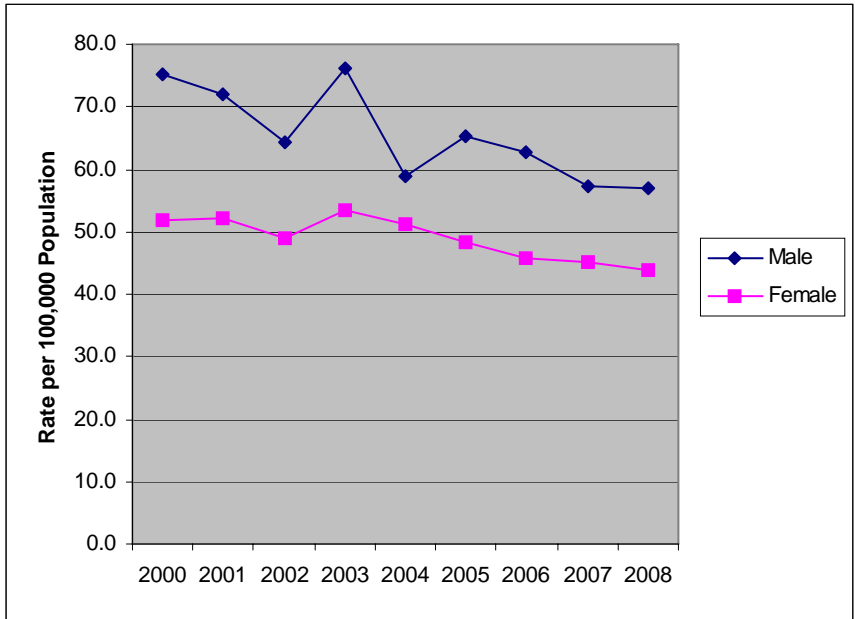
Age-Adjusted Lung Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.*



While Nevada’s lung cancer deaths decreased overall from 2000 to 2008, they were still above the national average in 2006. Both the United States and Nevada had lung cancer mortality rates that were higher than the Healthy People 2010 target over the decade.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Age-Adjusted Lung Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.*



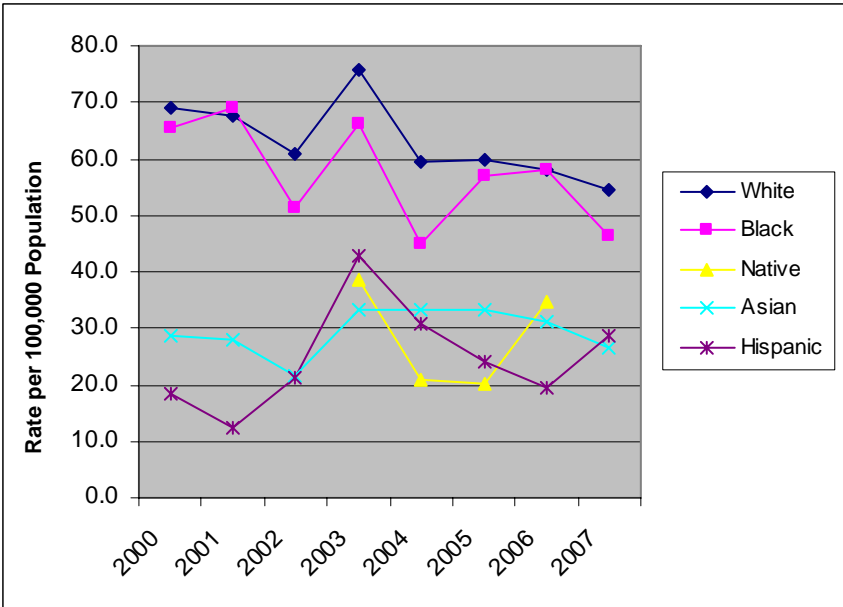
In 2007, the leading type of cancer deaths were lung and bronchus cancer, for both men (31 percent) and women (26 percent).²

In 2008, a higher number of males (57.1 per 100,000) died from lung cancer than females (43.9 per 100,000) in Nevada.

Age-Adjusted Lung Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.*

Studies on genetic variation in different ethnic groups and how these variations affect susceptibility to cancer, cardiovascular disease and other diseases which have a genetic component to their etiology are ongoing.²

More Whites and Blacks died from lung cancer than other racial/ethnic groups in Nevada from 2000 to 2007.



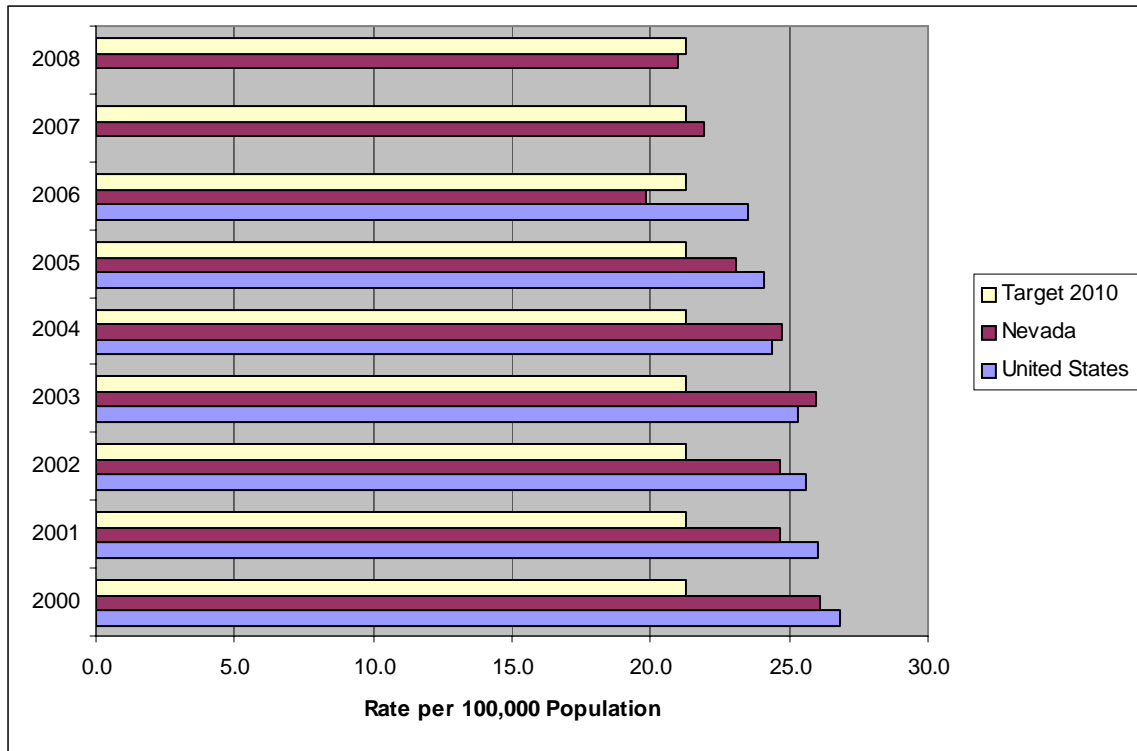
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change.

Healthy People 2010 Objective (3-3): Reduce the breast cancer death rate.

Healthy People 2020 Objective C HP2020-3: Reduce the female breast cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
21.0	23.5	21.3	20.6	Achieved

Age-Adjusted Female Breast Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.*

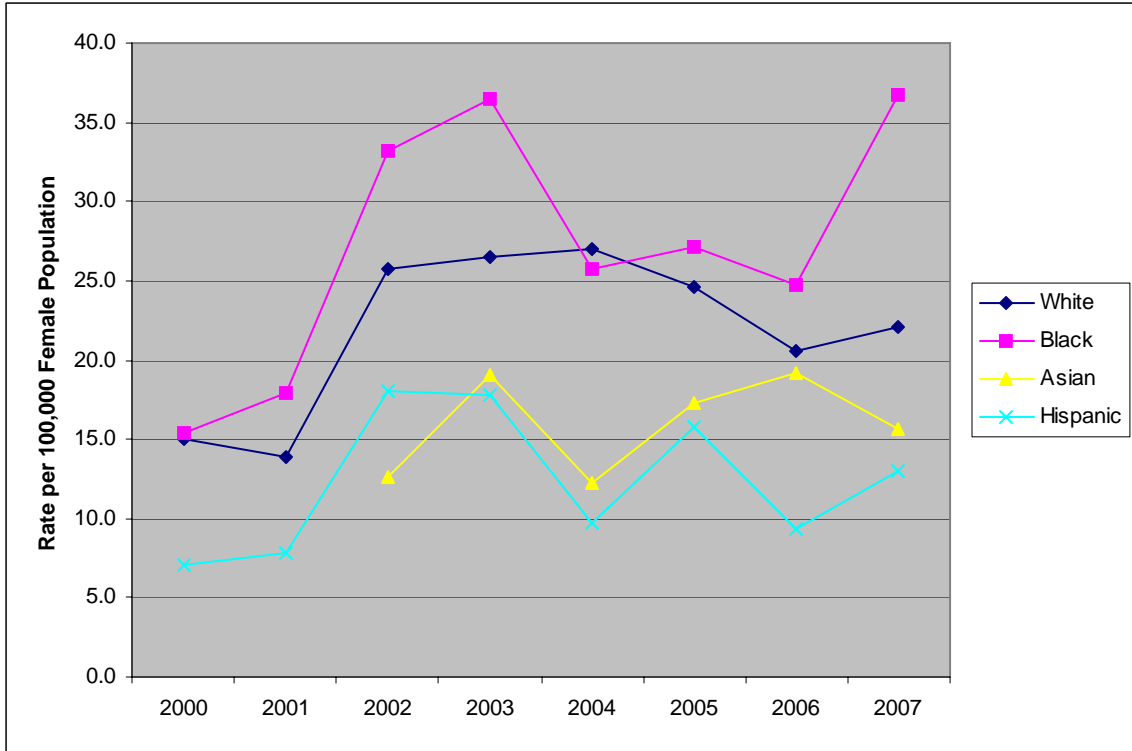


Breast cancer mortality rates decreased in both Nevada and the nation from 2000 to 2008. In 2006 and 2008, Nevada met the Healthy People 2010 target.

Many factors are linked to breast cancer risk. Some of these factors affect risk a great deal and others by only a small amount. Some risk factors you can't change. Being a woman and getting older increase your chances of getting breast cancer. Other factors you may be able to change. For instance, leading a healthy lifestyle can help reduce your risk of breast cancer.³

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

**Age-Adjusted Female Breast Cancer Death Rate, Nevada Residents by Race/
Ethnicity, 2000 - 2007.***



Black and White Nevada females had a higher rate of breast cancer death than Asian or Hispanic females in 2000 through 2007.

Nationally, White women have higher rates of postmenopausal breast cancer compared to Black women.⁴

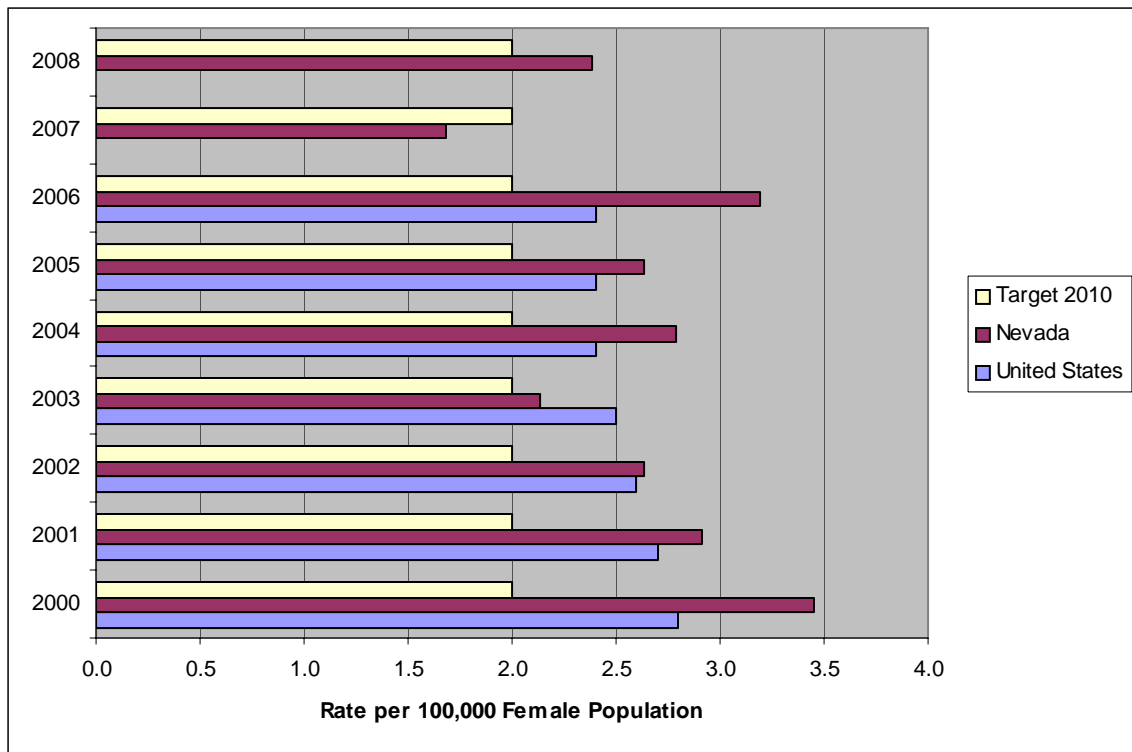
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the years 2000-2008 or for the Asian race/ethnicity group for the years 2000-2001 due to small counts.

Healthy People 2010 Objective (3-4): Reduce deaths from cancer of the uterine cervix.

Healthy People 2020 Objective C HP2020-4: Reduce deaths from cancer of the uterine cervix.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.4	2.4	2.0	2.2	Fluctuating

Age-Adjusted Uterine Cervix Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.*

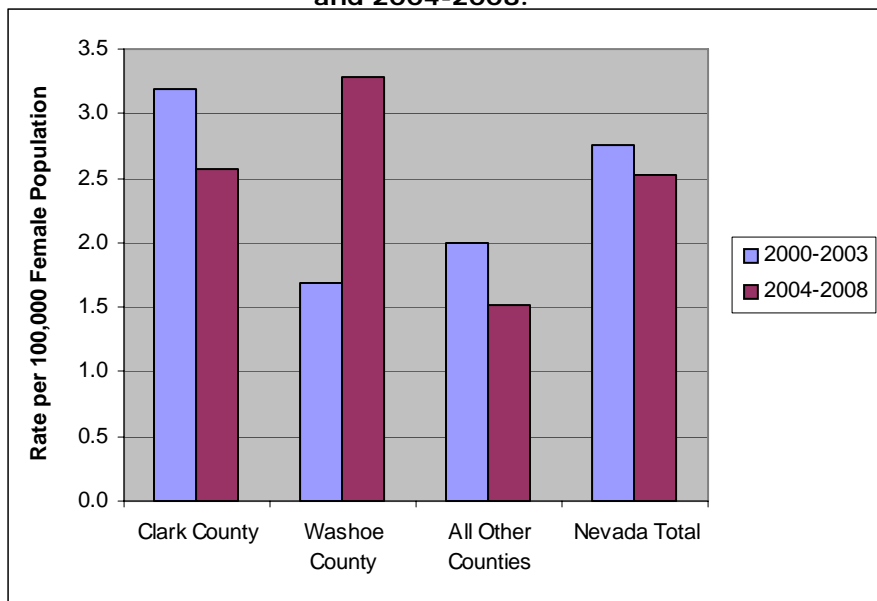


It is estimated that 43,470 women in the United States will be diagnosed and 7,950 women will die of cancer of the corpus and uterus, nitric oxide synthase (NOS) in 2010. From 2003-2007, the median age at diagnosis for cancer of the corpus and uterus, NOS was 62 years of age.⁵

Nationally, uterine cervix cancer mortality rates decreased from 2000 to 2006. In Nevada, the rate has fluctuated. In 2007, Nevada met the Healthy People 2010 target.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Aggregated Age-Adjusted Uterine Cervix Cancer Death Rate, Nevada Residents by County/Region, 2000 - 2003 and 2004-2008.*

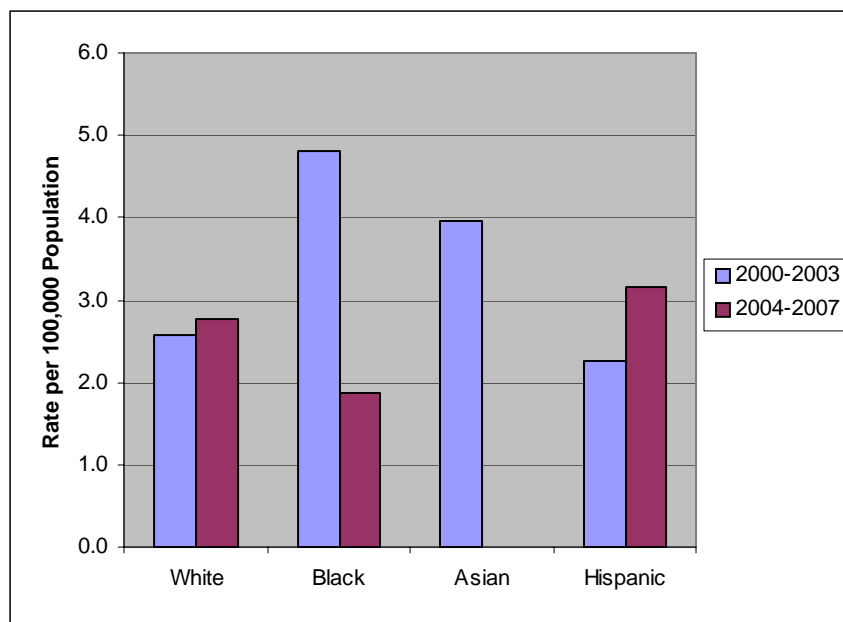


For the combined years 2004 through 2008, Washoe County had the highest rates of uterine cervix cancer mortality of all Nevada's regions.

Aggregated Age-Adjusted Uterine Cervix Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004-2007.*

In the United States, from 2003-2007, the median age at death for cancer of the corpus and uterus, was 72 years of age.⁵

For the combined years 2000 through 2003, Black and Asian females had the highest rates of uterine cervix cancer mortality in Nevada.



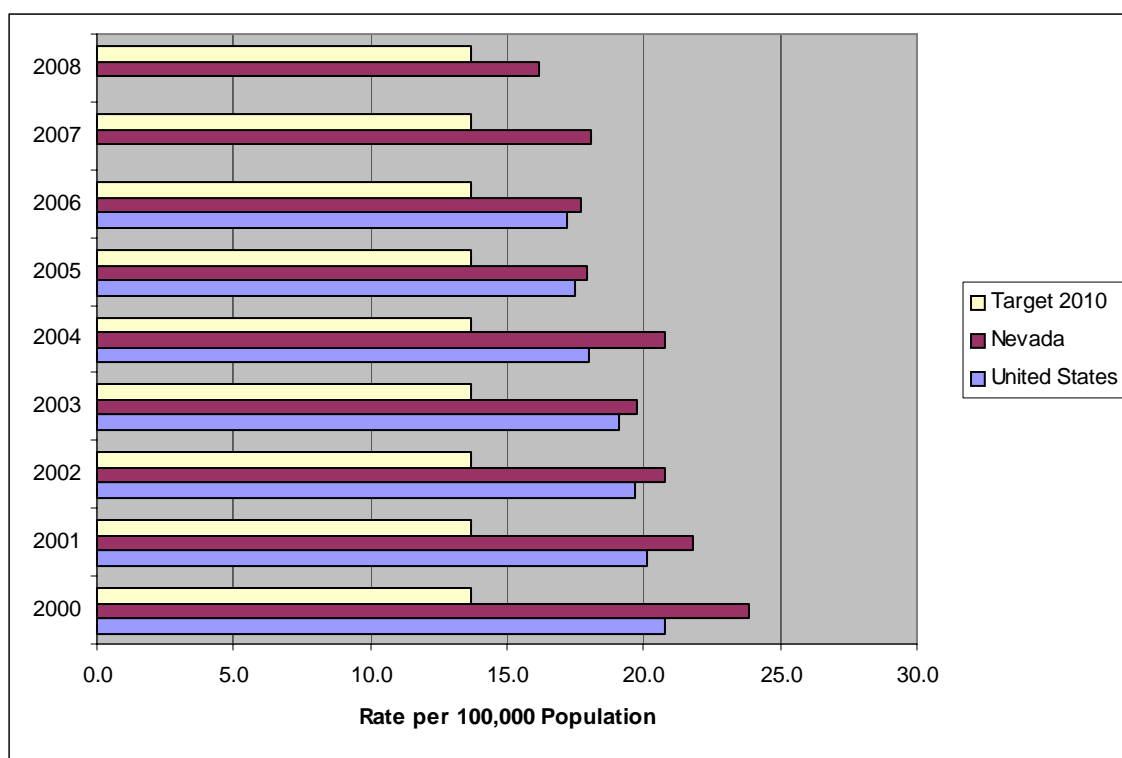
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group for the years 2000-2008 or for the Asian race/ethnicity group for the years 2004-2007 due to small counts.

Healthy People 2010 Objective (3-5): Reduce the colorectal cancer death rate.

Healthy People 2020 Objective C HP2020-5: Reduce the colorectal cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
16.1	17.6	13.7	14.5	Improving

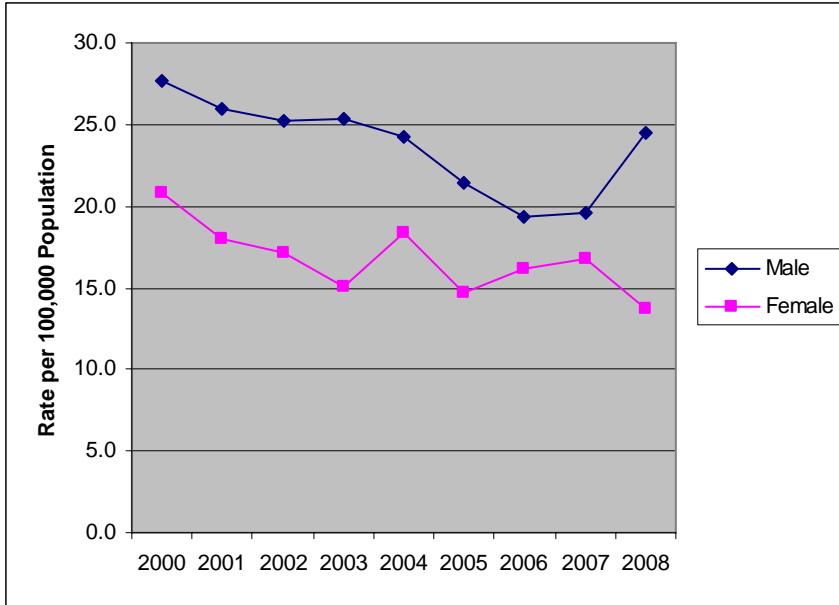
Age-Adjusted Colorectal Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.*



Colorectal cancer mortality rates for both Nevada and the United States have declined over the decade. Neither the state, nor the national rate, had met the Healthy People 2010 target.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Age-Adjusted Colorectal Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.*



Based on U.S. rates from 2005-2007, 5.1 percent (or 1 in 20) of men and women born today will be diagnosed with cancer of the colon and rectum at some time during their lifetime.⁶

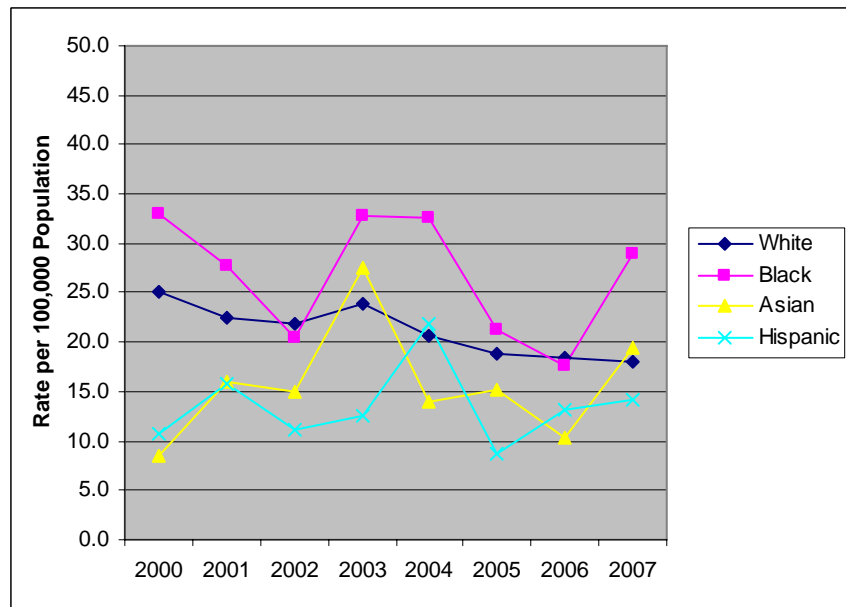
After a seven year period of decline, males in Nevada had shown an increase in colorectal cancer deaths in 2008.

The colorectal cancer death rate among females in Nevada decreased from 2000 to 2008.

Early stage colorectal cancer does not usually have symptoms; screening is necessary to detect colorectal cancer in its early stages.¹ Advanced disease may cause rectal bleeding, blood in the stool, a change in bowel habits, and pain in the lower abdomen.¹

In Nevada, Blacks had a higher rate of colorectal mortality than any other racial/ethnic group for six of the past eight years.

Age-Adjusted Colorectal Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2007.*



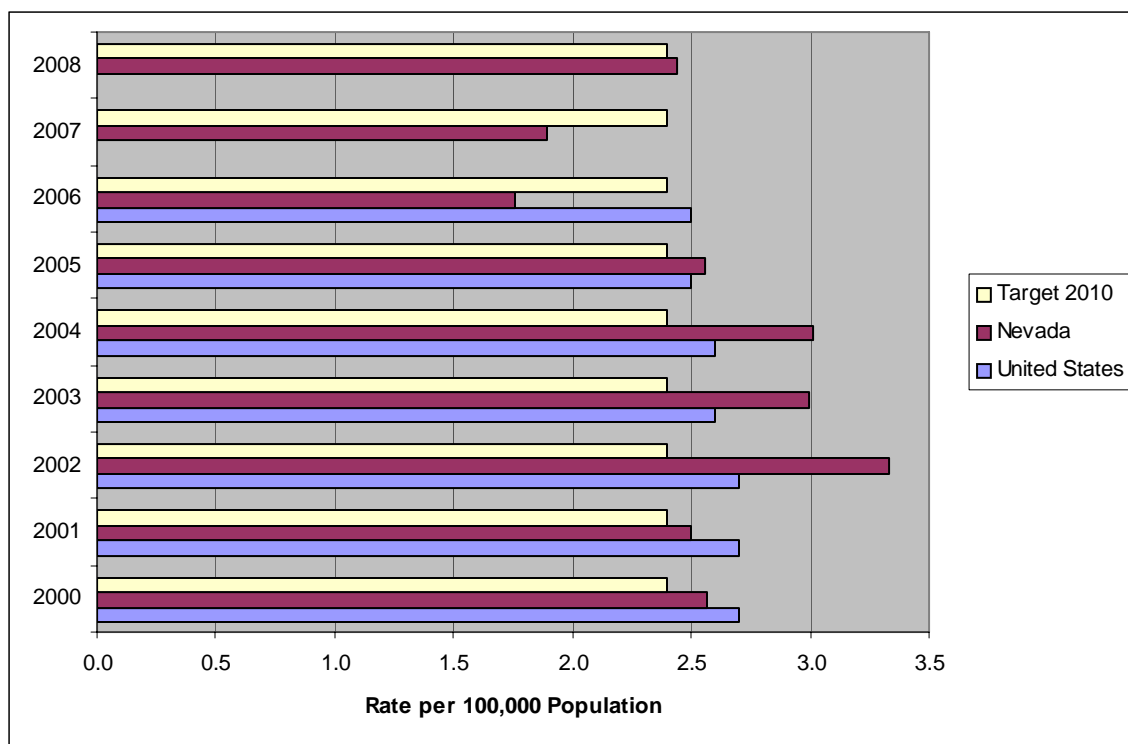
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group due to small counts.

Healthy People 2010 Objective (3-6): Reduce the oropharyngeal cancer death rate.

Healthy People 2020 Objective C HP2020-6: Reduce the oropharyngeal cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.4	2.5	2.4	2.3	Achieved

Age-Adjusted Oropharyngeal Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data. *

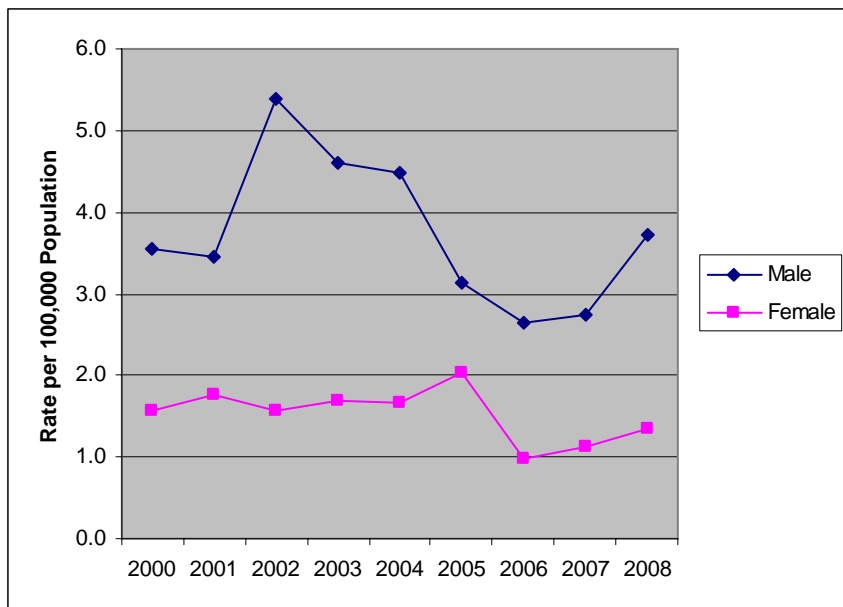


Known risk factors for oropharyngeal cancer include all forms of smoked and smokeless tobacco products and excessive consumption of alcohol. Many studies have reported a synergism between smoking and alcohol use, resulting in more than a 30-fold increased risk in individuals who both smoke and drink heavily.⁷

While Nevada met the Healthy People 2010 target in 2006 and 2007 and nearly met the Healthy People 2010 target in 2008, the oropharyngeal cancer mortality rate has fluctuated. The national rate has decreased over the decade.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Age-Adjusted Oropharyngeal Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.*



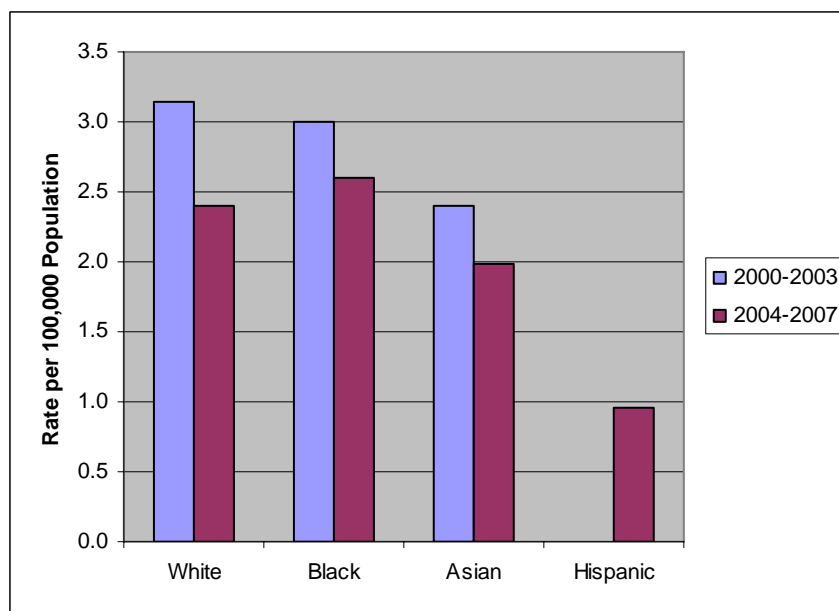
Nationally, an estimated 7,880 deaths from oral cavity and pharynx cancer are expected in 2010.⁸ Death rates have decreased by more than 2 percent per year since 1980 in men and since 1990 in women.⁸

Nevada males had a higher rate of oropharyngeal cancer deaths than Nevada females from 2000 to 2008.

Aggregated Age-Adjusted Oropharyngeal Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.*

Cancer can affect any part of the oral cavity, including the lip, tongue, mouth, and throat.⁸ Dentists and primary care physicians can detect premalignant abnormalities and cancer at an early stage, when they are most curable.⁷

Whites and Blacks had higher rates of oropharyngeal cancer mortality than other racial/ethnic groups in Nevada.



*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change.

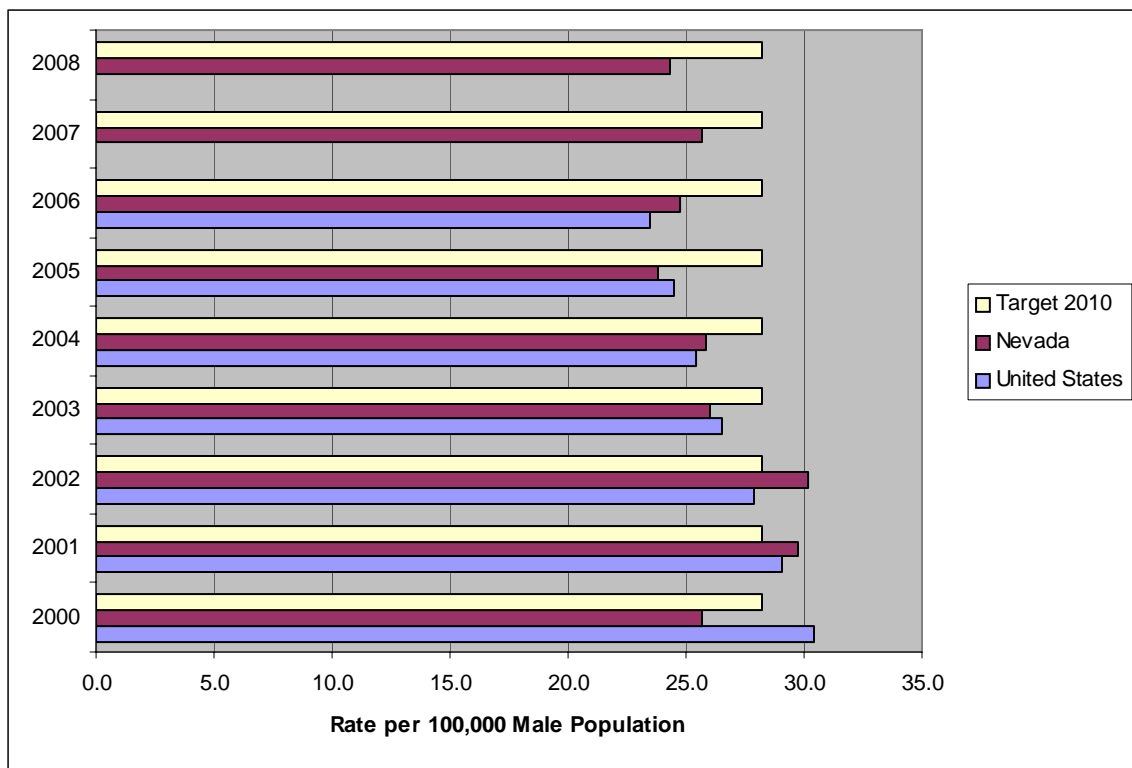
Note: Data not available for the Native American race/ethnicity group for the years 2000-2008 or for the Hispanic race/ethnicity group for the years 2004-2007 due to small counts.

Healthy People 2010 Objective (3-7): Reduce the prostate cancer death rate.

Healthy People 2020 Objective C HP2020-7: Reduce the prostate cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
24.3	23.5	28.2	21.2	Surpassed

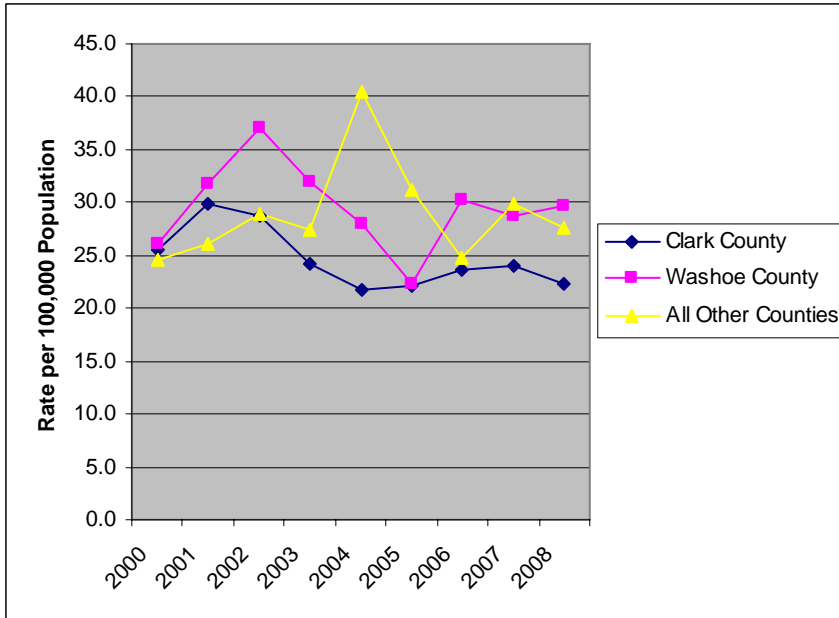
Age-Adjusted Prostate Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data. *



Both national and Nevada prostate cancer mortality rates have shown a slight decrease over the decade. The state rate met the Healthy People 2010 target from 2003 to 2008, and the U.S. rate met the Healthy People 2010 target from 2002 to 2008.

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Age-Adjusted Prostate Cancer Death Rate, Nevada Residents by County/Region, 2000 - 2008.*

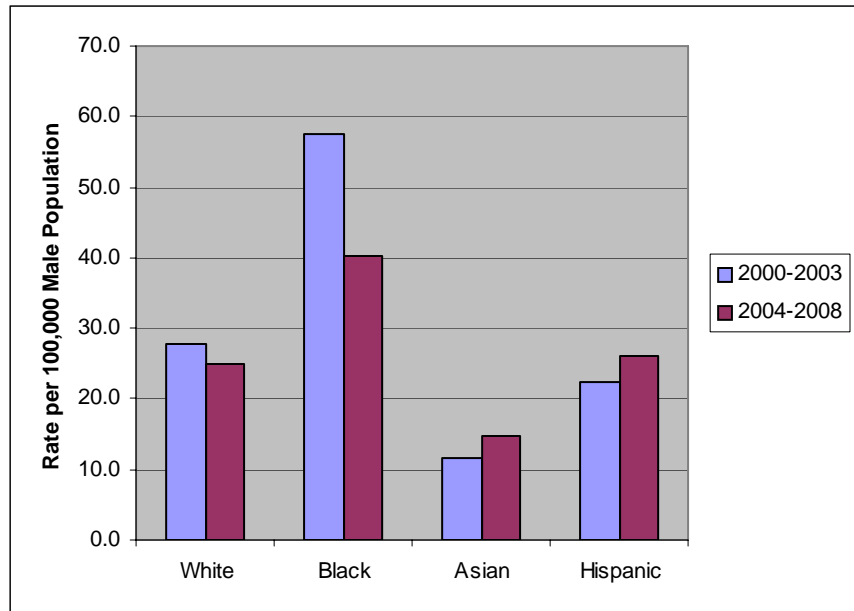


Some prostate cancers can grow and spread quickly, but most prostate cancers grow slowly. Autopsy studies show that many men who died of other diseases also had prostate cancer that hadn't yet produced symptoms. 70 percent to 90 percent of the men had cancer in their prostate by age 80, but in many cases neither they nor their doctors knew they had it.⁹

In Nevada, Clark County had the lowest prostate cancer mortality rate in the state from 2003 to 2008.

In Nevada, Black males had a higher rate of prostate cancer mortality than any other racial/ethnic group, over twice that of males in other race/ethnicity groups for the combined years 2000 through 2003. This rate, among Black males, did decrease in the combined years 2004 through 2008. Asian males had the lowest rate of prostate cancer death in the state.

Aggregated Age-Adjusted Prostate Cancer Death Rate, Nevada Residents by Race/Ethnicity, 2000 - 2003 and 2004 - 2007.*



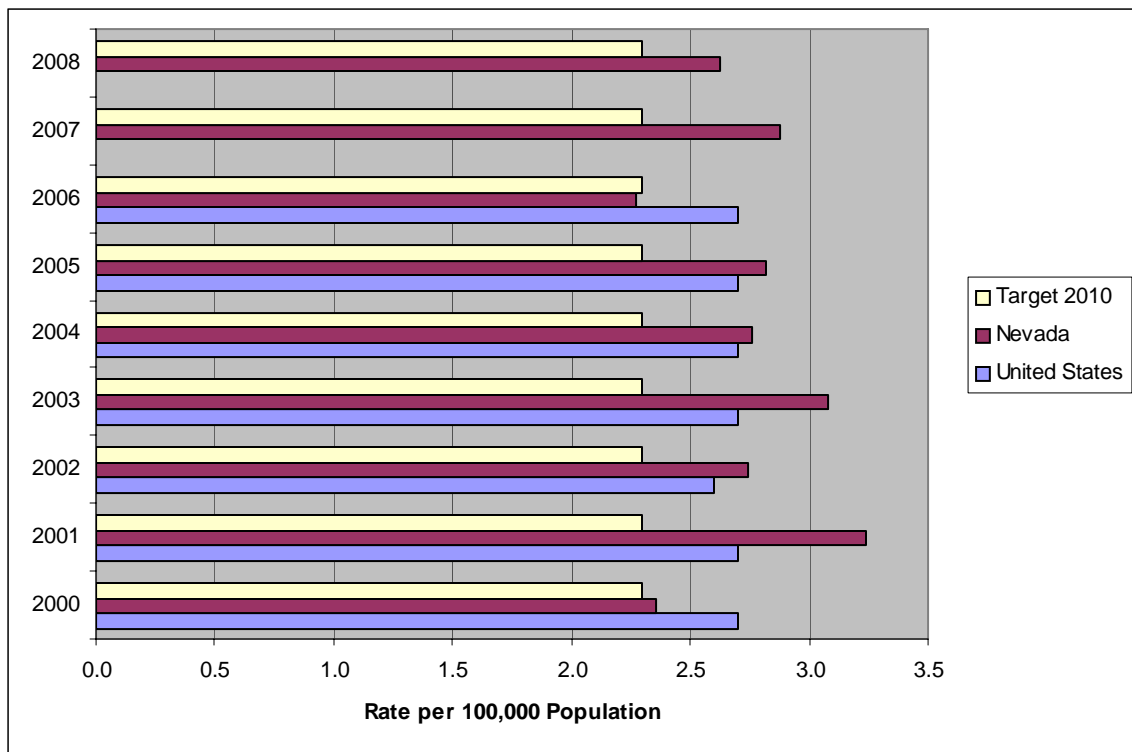
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change. Note: Data not available for the Native American race/ethnicity group due to small counts.

Healthy People 2010 Objective (3-8): Reduce melanoma cancer.

Healthy People 2020 Objective C HP2020-8: Reduce the melanoma cancer death rate.

Most Recent NV Value (2008)	U.S. (2006)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
2.6	2.7	2.3	2.4	Fluctuating

Age-Adjusted Melanoma Cancer Death Rate, Nevada Residents and United States, 2000 - Most Current Data.*

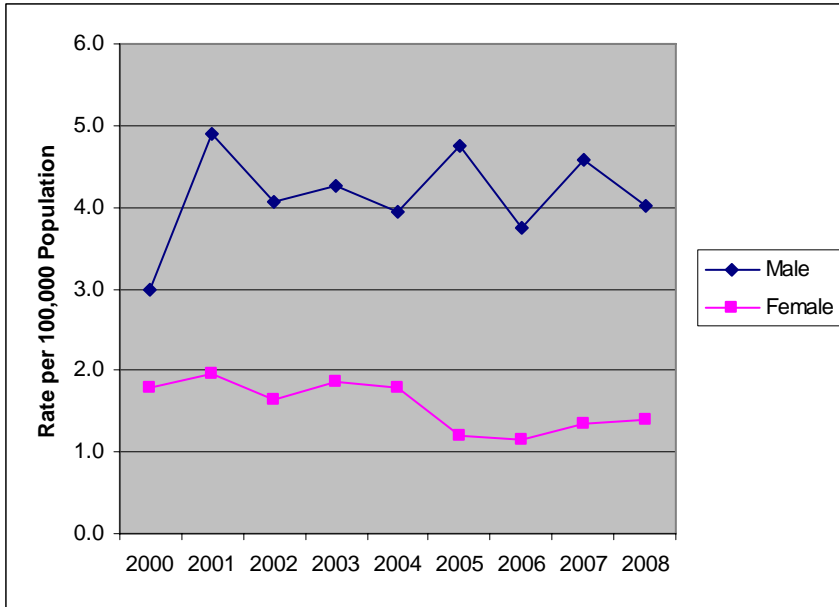


In 2006, Nevada met the Healthy People 2010 target for melanoma cancer mortality. The state rate has fluctuated over the decade. The U.S. rate has remained steady. Nevada did not meet the Healthy People 2010 rate in either 2007 or 2008. The national rate did not meet the Healthy People 2010 rate this decade.

Exposure to the sun’s ultraviolet (UV) radiation is a known cancer risk factor. Because more than half of a person’s lifetime skin damage from sun exposure occurs by the age of 18, educating parents, caregivers, and children is critical. To reduce the risk of skin cancer stay out of the sun between 10:00 a.m. and 4:00 p.m. and wear protective clothing, including a wide brimmed hat and sunglasses. Sun-screen with a minimum sun protection factor (SPF) of 15 should be used.¹⁰

*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. The U.S. data are from the National Vital Statistics System - Mortality.
 Note: 2007 and 2008 Nevada data are not final and are subject to change.
 Note: See appendix for additional information.

Age-Adjusted Melanoma Cancer Death Rate, Nevada Residents by Gender, 2000 - 2008.*



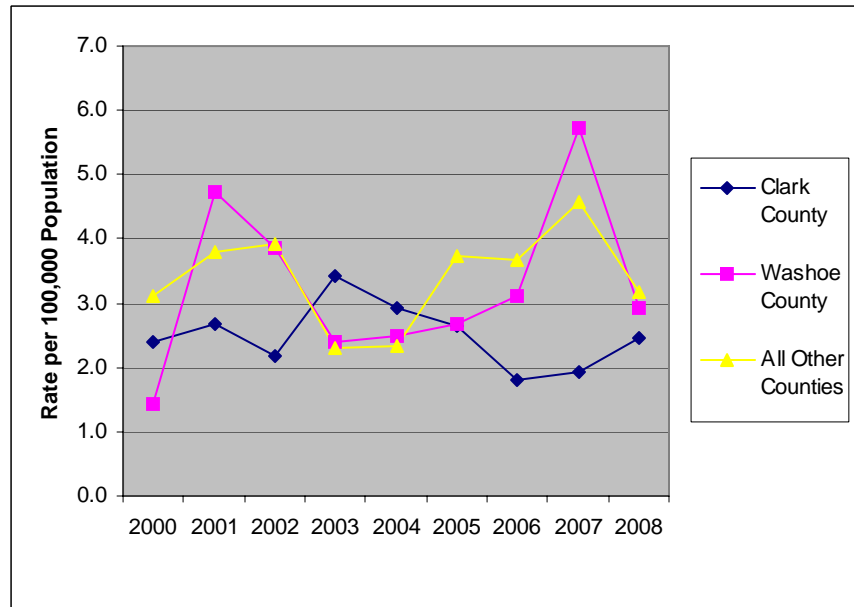
In Nevada, males had a melanoma cancer mortality rate which is much higher than that of females, some years over twice as high, from 2000 to 2008.

Skin cancer is the most common of all cancers. Melanoma accounts for less than 5 percent of skin cancer cases, but it causes most skin cancer deaths. The number of new cases of melanoma in the United States has been increasing for at least 30 years.¹⁰

Age-Adjusted Melanoma Cancer Death Rate, Nevada Residents by County/Region, 2000 - 2008.*

Overall, the lifetime risk of getting melanoma is about 1 in 50 for Whites, 1 in 1,000 for Blacks, 1 in 200 for Hispanics.¹⁰

Melanoma cancer mortality rates fluctuated in all of Nevada's counties over the decade.



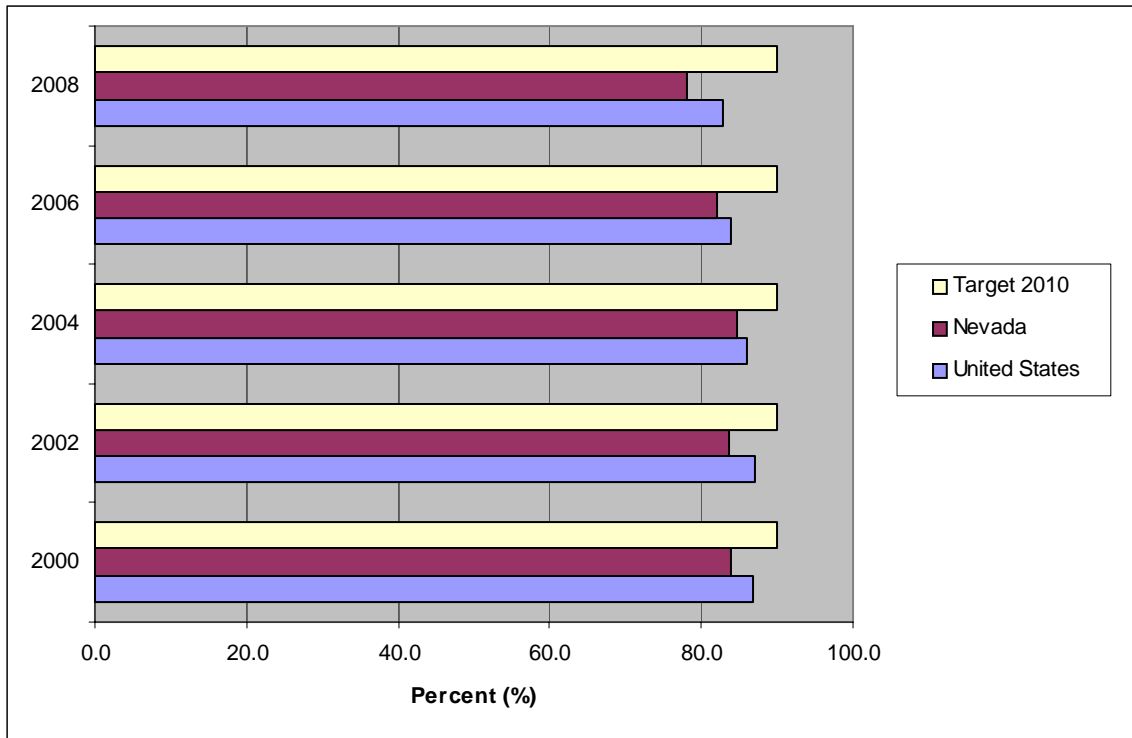
*These rates are age-adjusted to the 2000 U.S. standard population. The Nevada data are from Nevada Vital Statistics Records. Note: 2007 and 2008 Nevada data are not final and are subject to change.

Healthy People 2010 Objective (3-11b.): Increase the proportion of women aged 18 years and older who have had a Pap test in the preceding three years.

Healthy People 2020 Objective C HP2020-15: Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
78.2	82.9	90.0	93.0	Worsening

Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Nevada Residents and United States, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*

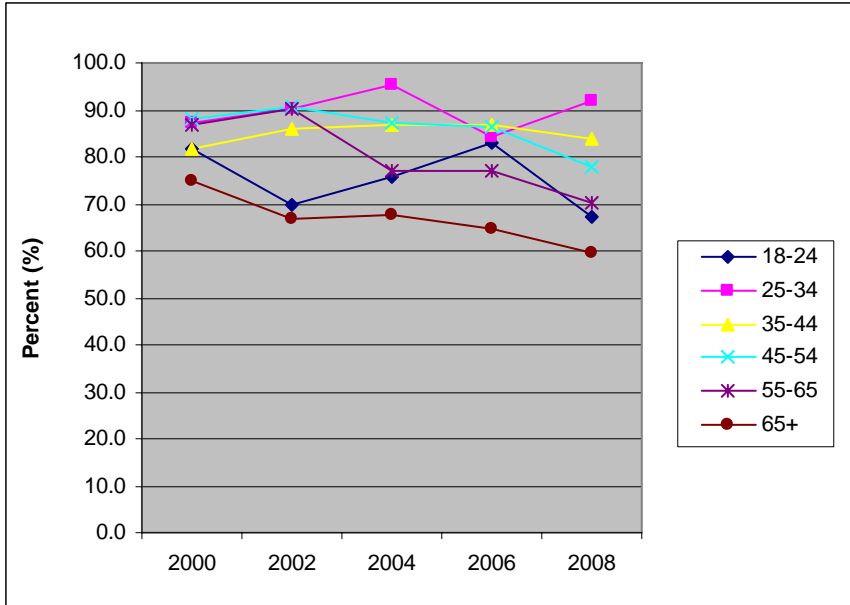


The proportion of women aged 18 years and older who received a pap smear test within the past three years in both the Nevada and U.S. decreased from 2000 to 2008. Neither met the Healthy People 2010 target of 90.0 percent.

The American Cancer Society's most recent estimates for cancer of the uterine corpus (body of the uterus) in the United States for 2010 are: About 43,470 new cases of cancer of the uterine corpus will be diagnosed, about 1,200 of these cases will be uterine sarcomas. About 7,950 women in the United States will die from cancer of the uterine corpus during 2010. Incidence rates of uterine sarcoma cancer have been decreasing since 1998. Death rates from uterine sarcoma have been stable since 1992.¹

*These percentages are weighted to survey population characteristics.
Note: See appendix for additional information.

Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Nevada Residents by Age, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*



A Pap smear is a microscopic examination of the cells scraped from the cervix. It can detect cancerous or even precancerous conditions of the cervix.¹¹

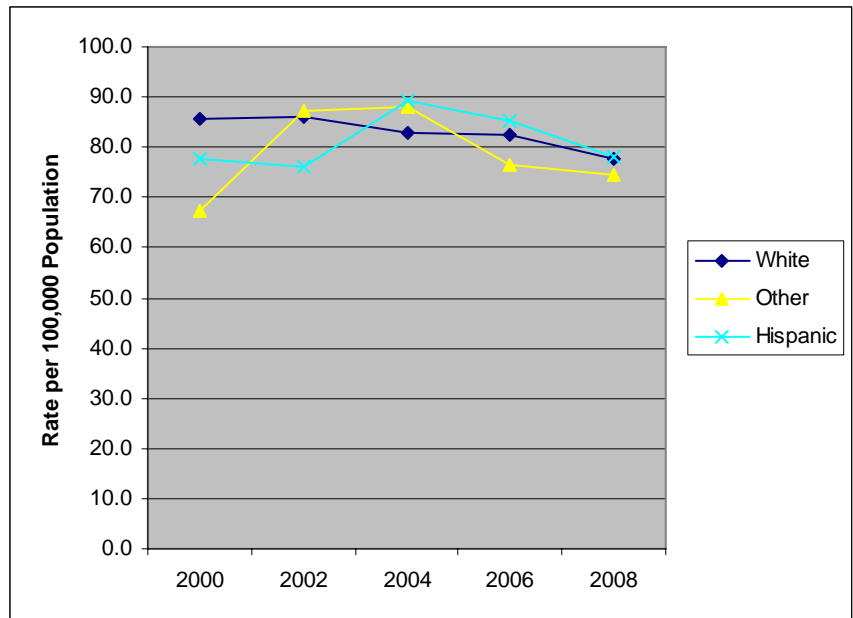
In Nevada, 25 to 34 year old females tend to had the highest proportion of women having received a pap test within the last 3 years from 2000 to 2008. Females aged 65 years and older had the lowest proportion during these years.

Women should have a Pap test at least once every 3 years, beginning 3 years after they begin to have sexual intercourse, and no later than age 21.¹¹

An estimated 4,210 deaths from cervical cancer are expected in 2010.¹

The proportion of White, Hispanic, and Other race Nevada adult females who have received a pap test within the past three years decreased from 2004 to 2008.

Proportion of Women Aged 18 and Older Receiving a Pap Test within Three Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*



*These percentages are weighted to survey population characteristics.

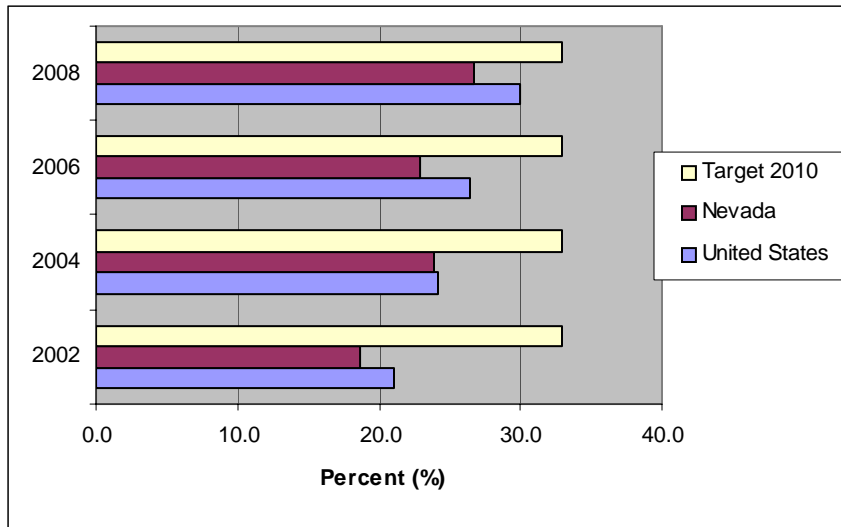
Note: Data for the Black race/ethnicity group are not available, due to less than 50 respondents, and is not included in the Other race/ethnicity group.

Healthy People 2010 Objective (3-12a.): Increase the proportion of adults aged 50+ who have had a fecal occult blood test in the preceding two years.

Healthy People 2020 Objective C HP2020-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
26.7	30.0	33.0	70.5	Improving

Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents and United States, BRFSS Data, 2002, 2004, 2006, 2008.*

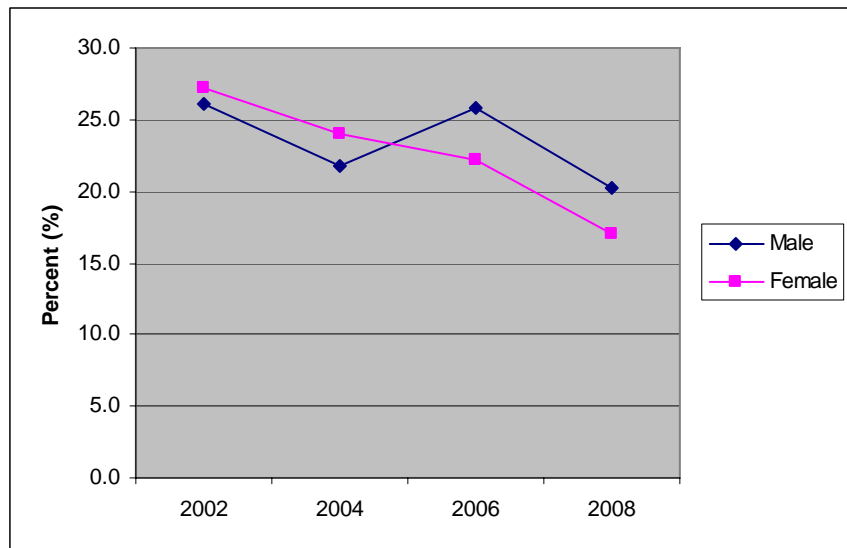


Nevada did not surpass the Healthy People 2010 target for adults who have had a fecal occult blood test within the preceding two years from 2002 to 2008, but did improve (BRFSS). The proportion of adults 50 years and older who have had a blood stool test within the last two years nationally also did not to meet the Healthy People 2010 target.

Fecal occult blood is a test for microscopic traces of blood in the feces (stool). A positive test is usually an indication to do a colonoscopy.

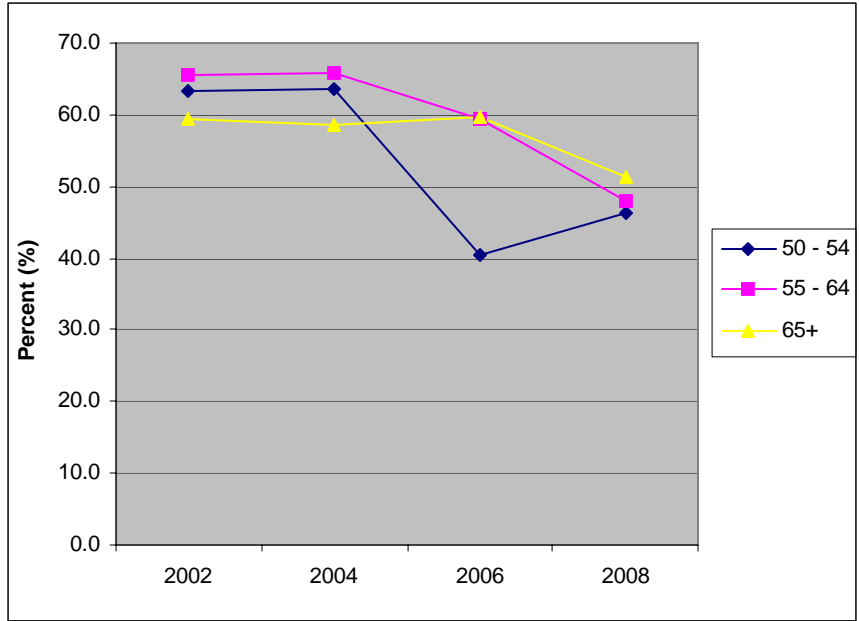
The proportion of both male and female Nevada residents aged 50 years and older who have had a fecal occult blood stool test within the preceding two years decreased from 2002 to 2008.

Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents by Gender, BRFSS Data, 2002, 2004, 2006, 2008.*



*These percentages are weighted to survey population.
Note: See appendix for additional information.

Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents by Age, BRFSS Data, 2002, 2004, 2006, 2008.*

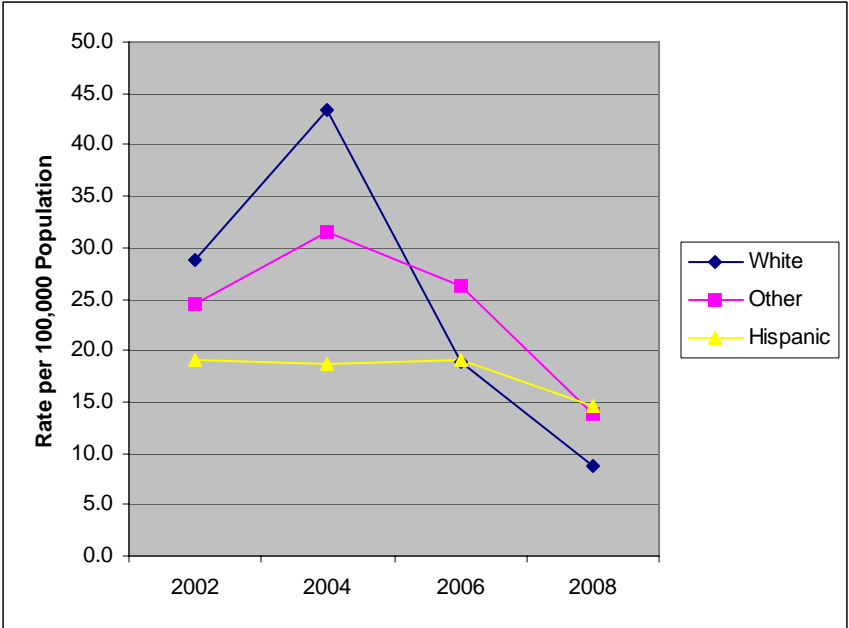


The proportion of Nevada adults who had received a fecal occult blood stool test within the past two years decreased overall in all age groups older than 50 years, from 2002 to 2008.

In 2008, 51.4 percent of Nevada adults aged 65 and older had received a fecal occult blood stool test within the past two years, 47.9 percent of Nevada adults aged 55 to 64 had received a fecal occult blood stool test within the past two years, and 46.4 percent of Nevada adults aged 50 to 54 had received a fecal occult blood stool test within the past two years.

Proportion of Adults Aged 50+ Who Have Had A Fecal Occult Blood Test Within the Preceding 2 Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2002, 2004, 2006, 2008.*

The proportion of Nevada adults who had received a fecal occult blood stool test within the past two years decreased in all three race/ethnicity groups from 2004 to 2008.



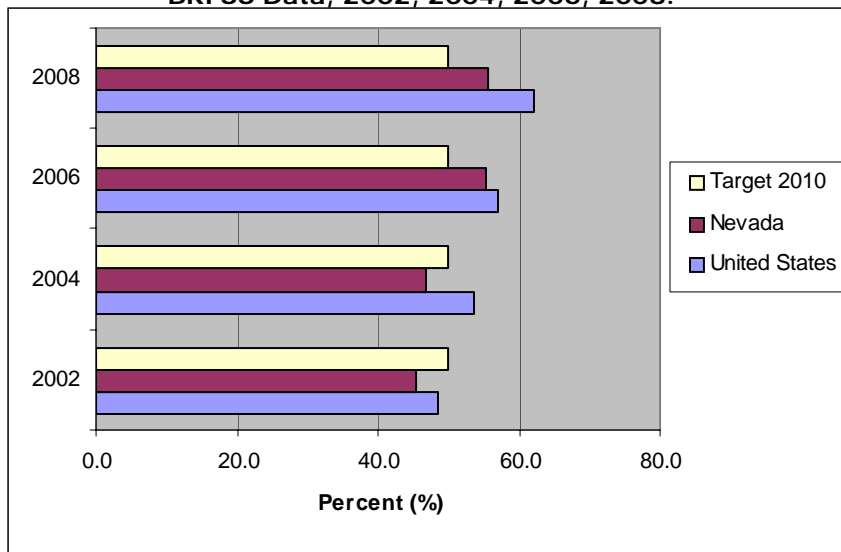
*These percentages are weighted to survey population.
 Note: Data for the Black race/ethnicity group are not available, due to less than 50 respondents, and is not included in the Other race/ethnicity group.

Healthy People 2010 Objective (3-12b.): Increase the proportion of adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy.

Healthy People 2020 Objective C HP2020-16: Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
55.7	62.2	50.0	70.5	Surpassed

Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Nevada Residents and United States, BRFSS Data, 2002, 2004, 2006, 2008.*

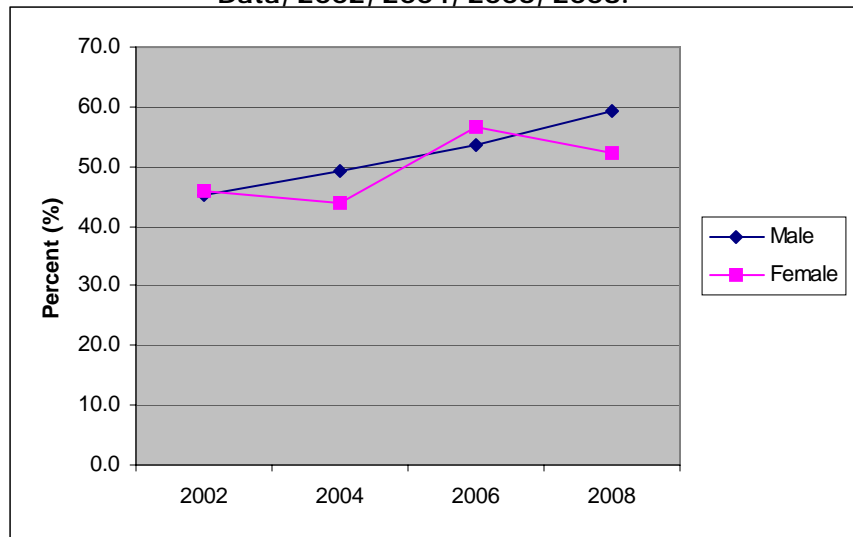


A sigmoidoscopy is the minimally invasive medical examination of the large intestine from the rectum through the last part of the colon. A colonoscopy is the endoscopic examination of the colon and the distal part of the small bowel with a charge coupled device (CCD) camera or a fiber optic camera on a flexible tube passed through the anus. It may provide a visual diagnosis and grants the opportunity for biopsy or removal of suspected lesions.¹²

In 2006 and 2008, the proportion of adults aged 50 and older who had ever had a sigmoidoscopy or colonoscopy in both Nevada and the nation surpassed the Healthy People 2010 target.

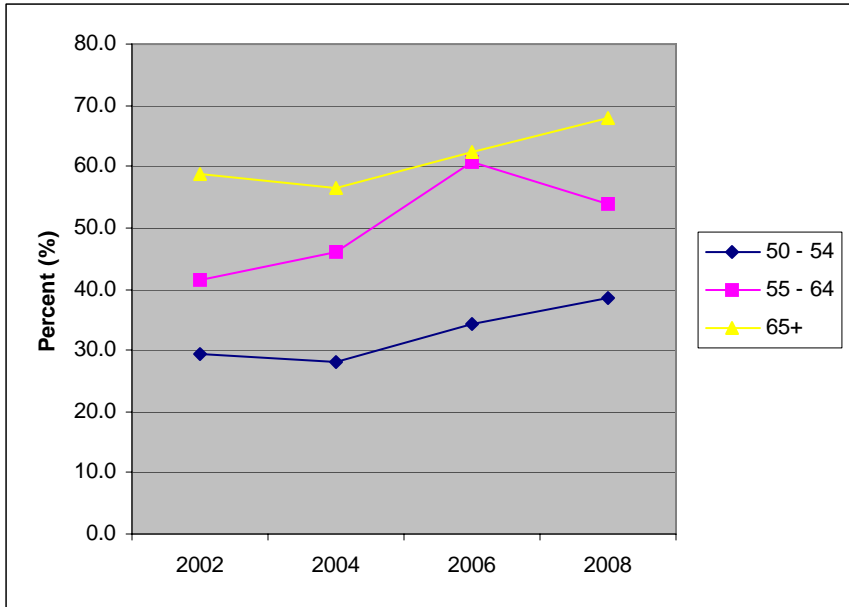
The proportion of both male and female Nevada residents aged 50 years and older who have had a sigmoidoscopy or colonoscopy increased from 2002 to 2008.

Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Nevada Residents by Gender, BRFSS Data, 2002, 2004, 2006, 2008.*



*These percentages are weighted to survey population characteristics. Note: See appendix for additional information.

Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Nevada Residents by Age, BRFSS Data, 2002, 2004, 2006, 2008.*



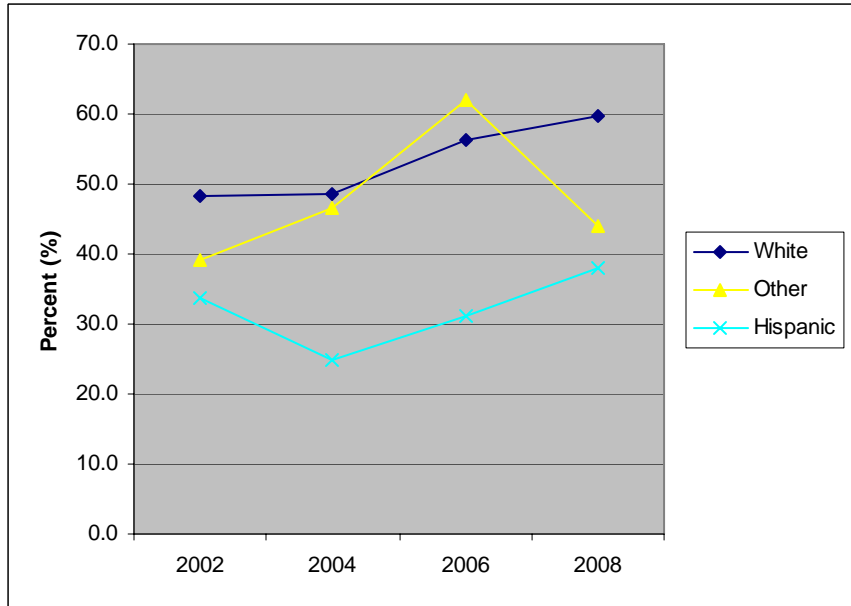
Conditions that call for colonoscopies include gastrointestinal hemorrhage, unexplained changes in bowel habit and suspicion of malignancy. Colonoscopies are often used to diagnose colon cancer, but are also used to diagnose inflammatory bowel disease.¹²

In Nevada, adults aged 65 years and older, had the highest proportion of people ever receiving a sigmoidoscopy or colonoscopy from 2002 to 2008. Adults aged 50 to 54 years, had the lowest proportion.

In Nevada, Whites had the highest proportion of people who had received a sigmoidoscopy or colonoscopy in 2008.

Due to the high death rates associated with colon cancer and the effectiveness and low risks associated with colonoscopy, it is now a routine screening test for people 50 years of age or older. Subsequent rescreenings are then scheduled, based on the initial results found, with a five to ten year recall being common for colonoscopies that produce normal results. Patients with a family history of colon cancer are often first screened during their teenage years.¹²

Proportion of Adults Aged 50+ Who Have Ever Had a Sigmoidoscopy or Colonoscopy, Nevada Residents by Race/Ethnicity, BRFSS Data, 2002, 2004, 2006, 2008.*



*These percentages are weighted to survey population characteristics.

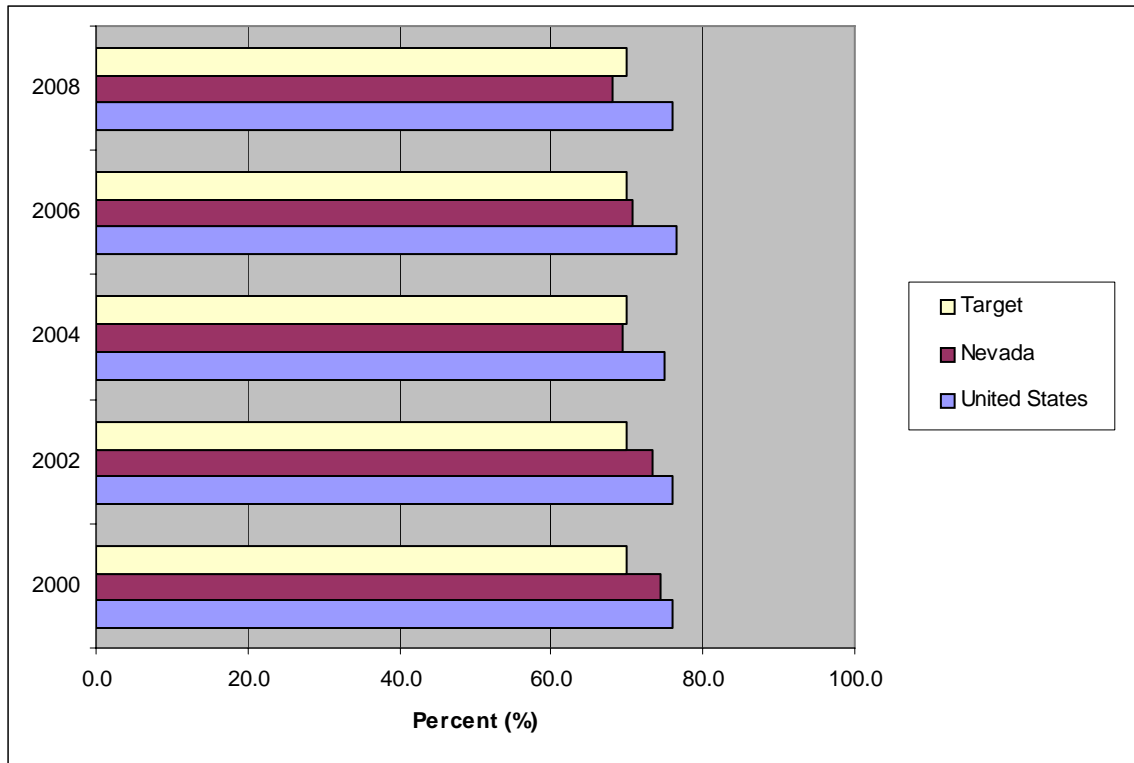
Note: Data not available for the Black race/ethnicity group due to small counts and is not included in the Other race/ethnicity group.

Healthy People 2010 Objective (3-13): Increase the proportion of women aged 40+ who have had a mammogram in the preceding two years.

Healthy People 2020 Objective C HP2020-17: Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines.

Most Recent NV Value (2008)	U.S. (2008)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
68.0	76.0	70.0	81.1	Worsening

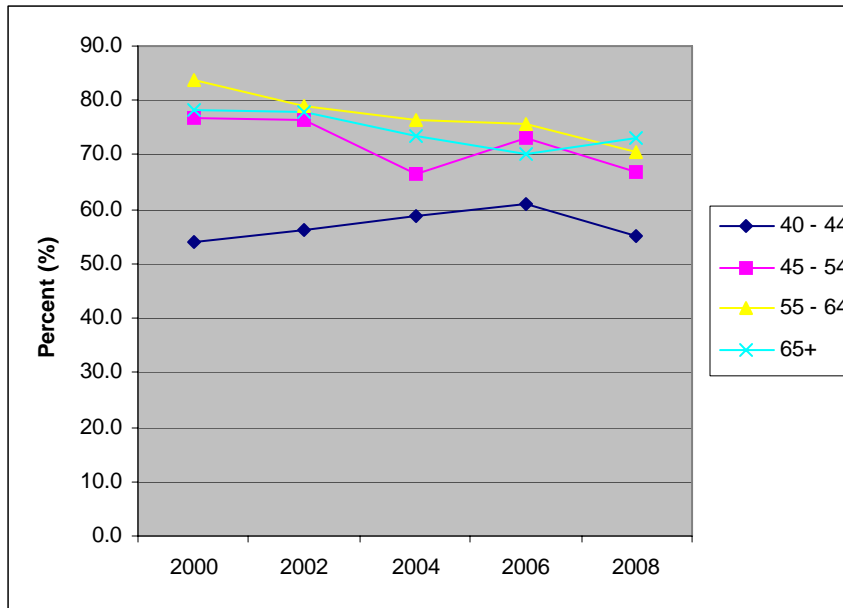
Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Nevada Residents and United States, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*



The proportion of Nevada adults aged 40 years and older who had received a mammogram in the past 2 years decreased from 2000 to 2008. In 2000 and 2002 Nevada had surpassed the Healthy People target of 70.0 percent, at 74.4 percent and 73.3 percent respectively. In 2008 this proportion had decreased to 68.0 percent.

*These percentages are weighted to survey population characteristics.
Note: See appendix for additional information.

Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Nevada Residents by Age, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*

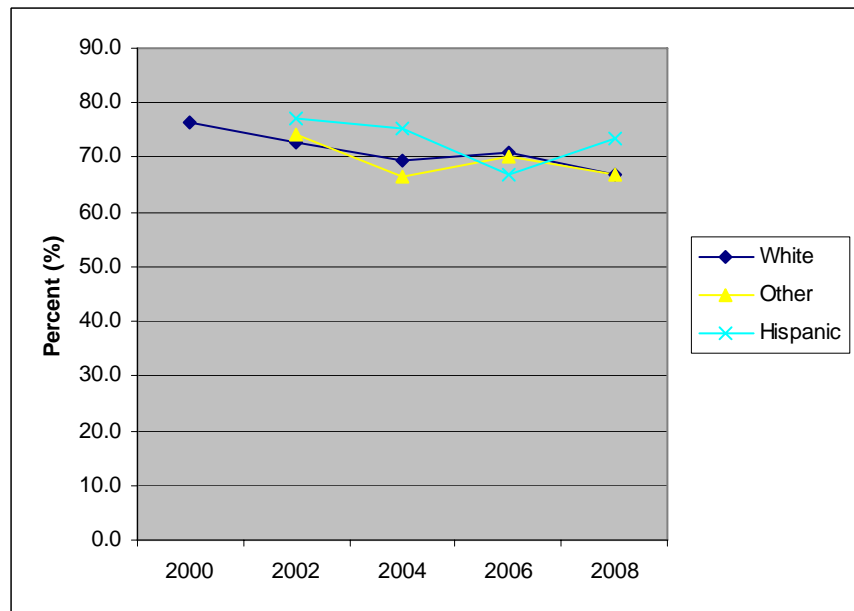


In Nevada, the number of females who had had a mammogram in the preceding two years decreased from 2000 to 2008 for all age groups and race/ethnicities.

The American Cancer Society's most recent estimates for breast cancer in the United States are for 2010:

- About 207,090 new cases of invasive breast cancer will be diagnosed in women.
- About 54,010 new cases of carcinoma in situ (CIS) will be diagnosed (CIS is non-invasive and is the earliest form of breast cancer).
- About 39,840 women will die from breast cancer.¹³

Proportion of Women Aged 40+ Who Have Had A Mammogram in The Preceding 2 Years, Nevada Residents by Race/Ethnicity, BRFSS Data, 2000, 2002, 2004, 2006, 2008.*



*These percentages are weighted to survey population characteristics.

Note: Data are not available for the Black race/ethnicity group due to small counts and is not included in the Other race/ethnicity group.

Note: Data are not available for the Other and Hispanic race/ethnicity groups for 2000 due to small counts.

Diabetes

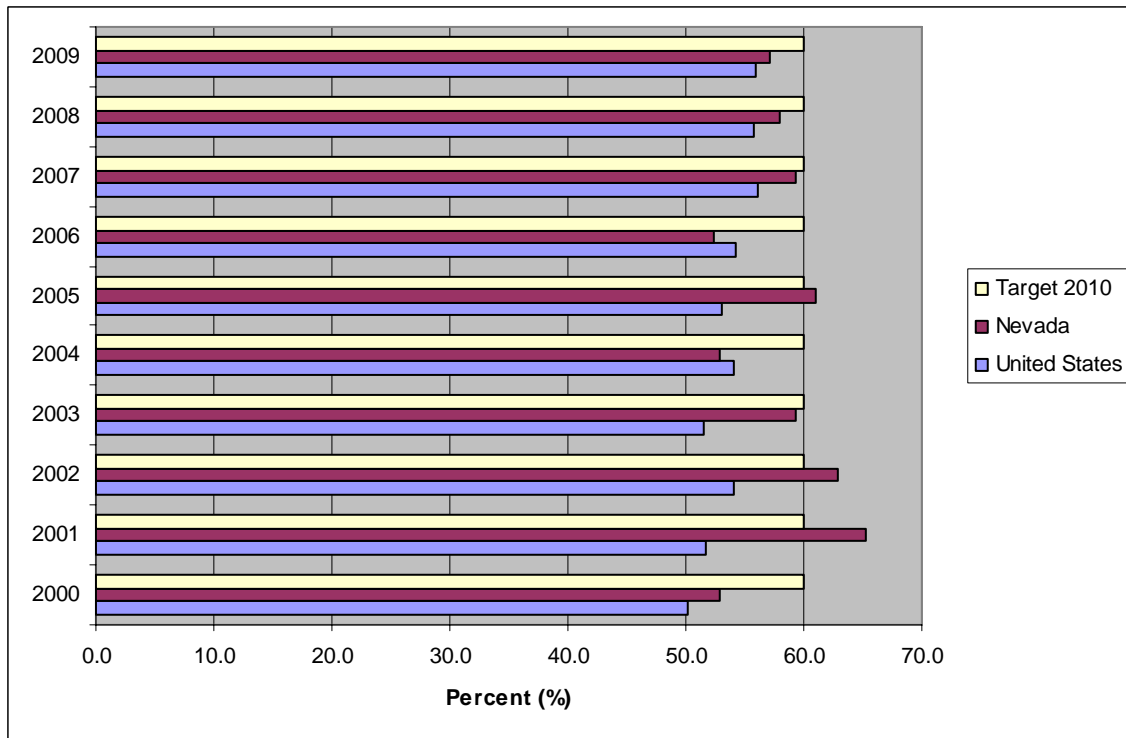
Diabetes is the seventh leading cause of death in the United States. Individuals with diabetes are at greater risk for heart disease, stroke, high blood pressure, blindness, kidney disease, disease of the nervous system, amputations, and dental disease. In 2007, an estimated 23.6 million people or 7.8 percent of the population had diabetes. Diabetes prevalence in the U.S. is likely to increase for several reasons. A large segment of the population is aging. Hispanic/Latinos and other minority groups are at an increased risk and make up the fastest-growing segment of the U.S. population. And Americans are increasingly overweight and sedentary. The CDC projects that the prevalence of diagnosed diabetes in the U.S. will increase 165 percent by 2050.¹

Healthy People 2010 Objective (5-1): Increase the proportion of persons with diabetes who receive formal diabetes education.

Healthy People 2020 Objective D HP2020-14: Increase the proportion of persons with diabetes who receive formal diabetes education.

Most Recent NV Value (2009)	U.S. (2009)	HP 2010 Target	HP 2020 Target	Progress Towards Targets
57.2	55.9	60.0	62.5	Fluctuating

Proportion of Persons With Diabetes Receiving Formal Diabetes Education, Nevada Residents and United States, BRFSS Data, 2000 - 2009.*



Nevada's proportion of persons receiving diabetes education has not consistently reached the Healthy People 2010 target. Nevada, however, had higher proportions of people with diabetes that have ever received diabetes education than the U.S. from 2007 to 2009.

*These percentages are weighted to survey population.
Note: See appendix for additional information.

