

# Nevada Rural and Frontier Health Data Book

## End Notes

### Section One: Demographic Profile of Rural and Frontier Nevada

#### *Tables 1.1 and 1.2: Population Projections in Nevada and Density by County*

Note: The figures in these tables are from the most recently released Nevada State Demographer's Office projected population numbers based on estimates of the year 2017. Distribution of population estimates are twice a year: the certified general population estimates of the previous year are released in July and the next twenty years of population projections released in October. The Nevada State Demographer's Office is at the Nevada Department of Taxation. The Nevada State Demographer website is not updated at this time. Please go to the Taxation publications website for current information.

#### *Table 1.3: Population in Nevada by City, County, and Region — 2007 to 2017*

Note: These are the certified population estimates by the Nevada State Demographer's Office, NV Department of Taxation released in July 2018. There are unincorporated cities in seven of 14 rural and frontier counties in Nevada. Incorporated towns/cities may be small or large. Unincorporated populations may be large in rural and frontier counties. Carson City is a metropolitan city/county and has no rural population.

#### *Table 1.4 and 1.5: Population Characteristics*

Note: American Community Survey creates estimates using five-year rolling averages released annually. Current data used in this report is from 2012 — 2016 American Community Survey file for all counties. Tables used in the American factfinder query are in the sources.

#### *Table 1.6 to Table 1.11: Population in Nevada by Age, Race, and Ethnicity*

Note: Calculations for age, race and ethnicity are from unpublished Age, Sex, Race, and Hispanic Origin population data from the Nevada State Demographer's Office based at the NV Department of Taxation.

#### *Table 1.14: Population by Place of Birth in Nevada by County*

Note: American Community Survey creates estimates using five-year rolling averages released annually. Current data used in this report is from 2012 — 2016 American Community Survey file for all counties. Tables used in the American factfinder query are in the sources.

#### *Table 1.15: Population Incarcerated in State of Nevada Correctional Facilities by County – 2018*

Note: Number and percent of incarcerated population are unpublished data from the Nevada Department of Corrections. Percent of county population and rate per 1,000 population calculated based on Nevada State Demographer's Office 2018 population estimate.

## Section 2: Social and Economic Profile of Rural and Frontier Nevada

*Table 2.1 through Table 2.4: Sources and Percents of Personal Income in Nevada by County*

Note: All dollar estimates are in current dollars (not adjusted for inflation). Table 2.3 are major categories of personal income: net earnings, etc. Table 2.4 describes categories within transfer payments

*Table 2.10: Enrollment in Public and Private Schools (K-12) in Nevada by County — 2017*

Note: Public Charter Schools enrollment data may be statewide or in a county, however it is combined into a statewide total. “Not Applicable” means data is not available.

*Table 2.14: Registered Voters in Nevada by County — 2018*

Note: Eligible voting population aged 18 and over does not include people living in group quarters, e.g. prisons.

*Table 2.15: Registered Voters by Party in Nevada by County — 2018*

Note: Column “Other Party Affiliation” includes Libertarian party, which is larger than all other unlisted affiliations.

*Table 2.16: Income Inequality in Nevada by County – 2016*

Note: The Gini coefficient measures the income distribution of a county's population. Coefficients range between 0.0 (no inequality) and 1.0 (high inequality) among a county's population. Income inequality is measured based on the relative difference between a county residents' highest income and lowest income — regardless of the county's overall economic wealth.

*Table 2.23 to Table 2.25: Violent and Property Crime Rates in Nevada by County – 2015*

Note: Data was aggregated from various agencies: the sheriff's office, county police department, tribal agencies, University of Nevada (Las Vegas and Reno), and Truckee Meadows College campuses.

## Section Three: Health Insurance Coverage in Rural and Frontier Nevada

*Tables 3.1: Health Insurance Coverage in Nevada by County- 2016*

Note: To calculate total insurance coverage in Nevada, data from Small Area Health Insurance estimates and Medicare enrollee numbers were used.

*Tables 3.2 to 3.5: Health Insurance Coverage for Population and by various selected criteria, e.g. under the age of 65, under the age of 19, and Federal Poverty Level.*

Note: The Small Area Health Insurance Estimates are single-year estimates produced annually using a model based upon and consistent with the American Community Survey areas of interest. These survey estimates are “enhanced” with administrative data, within a Hierarchical Bayesian framework.

## Section Four: Population Health Profile of Rural and Frontier Nevada

### *Map 4.1: County Health Rankings in Nevada: Health Behaviors, Clinical Care, Social and Economic Factors, and Physical Environment – 2018*

Note: County Health Rankings is based on a model with multiple population health measures. Subcategories for health behaviors are tobacco use, diet & exercise, alcohol & drug use, and sexual activity; clinical care is based on access to care and quality of care; social and economic factors includes education, employment, income, family and social support, and community safety; physical environment factors include air and water quality, and housing and transit.

### *Map 4.2: County Health Rankings in Nevada: Length of Life and Quality of Life – 2018*

Note: County Health Rankings is based on a model with multiple population health measures. Length of life includes premature death and mortality; and quality of life is measured based on data from birth outcomes, physical health, mental health, and overall health.

### *Table 4.11 to 4.31: Various Vital Statistics Tables by County/Region in Nevada*

Note: Cells with a dash (—) denote counts that do not meet criteria, reliability, data quality or confidentiality. Counts are preliminary and are subject to change on all vital statistics tables.

## Section Five: Health Care Workforce in Rural and Frontier Nevada

### *Tables 5.3 and 5.4: Health Sector Employment and Payroll in Nevada by County — 2017*

- Note: DETR Nevada Workforce data supplemented with hospital cost report data and US Census Bureau County Business Patterns data. This approach is due to Bureau of Labor suppression of data for major employers in a given county.

### *Tables 5.5 and 5.6: Estimated Employment in the Health Care and Social Assistance Sector by Region in Nevada*

Note: Rural and Frontier includes all of Nevada's 13 non-urban counties. Some data generated by the authors used DETR employment data supplemented with data from hospital cost reports and county business patterns from the US Census Bureau.

### *Table 5.6: Projected Employment in the Health Care and Social Assistance Sector by Region in Nevada — 2024*

Note: Rural and Frontier includes all of Nevada's 13 non-urban counties. The authors used hospital generated employment data supplementing DETR employment growth rate for the sector.

### *Table 5.7 to 5.44: Licensed Healthcare Professionals by County/Region in Nevada*

Note: The calculation of the number of licensed health care professionals per 100,000 population for 2018 in Tables 5.7 through 5.44 utilize county- and state- population estimates developed by the Nevada State Demographer's Office for 2018. Some of the population estimates presented in this data book may utilize denominators varying slightly from these numbers as the tables and per population denominators were built using the most recent numbers at the time. All health professional licensure data presented in Tables 5.7 through 5.44 refer to individuals possessing an active license with a State of Nevada licensing board. Thus, these tables exclude inactive and/or retired licensees. Specific licensure data may not be updated for year 2018 if it were not made available to the authors.

*Table 5.9: Licensed Primary Care Physicians (MDs and DOs) in Nevada by County — 2018*

Note: Family Medicine, General Practice, Internal Medicine, Obstetrics and Gynecology, and Pediatric physicians are considered primary care physicians.

*Table 5.10: Licensed Physician Assistants (PAs) by in Nevada by County — 2008 to 2018*

Note: Both Allopathic and Osteopathic PAs are counted together by year.

*Table 5.24 and Table 5.25: Licensed Social Workers in Nevada — 2018*

Note: There is no total column due to variations between types of licences.

*Table 5.32: Licensed Emergency Medical Services (EMS) Professionals in Nevada by County — 2018*

Note: There is no total column due to variations between types of licences.

*Table 5.35 and Table 5.36: Licensed Medical Laboratory Professionals in Nevada — 2018*

Note: There is no total column due to variations between types of licences.

**Section Six: Health Care Resources and Economics in Rural and Frontier Nevada**

*Table 6.2: Licensed Beds in Community Hospitals in Rural and Frontier Nevada — 2018*

Note: The term “Critical Access Hospital” of CAH refers to a Medicare hospital facility designation from the Centers for Medicare and Medicaid Services. This designation allows small rural and frontier hospitals to receive cost-based reimbursement for inpatient and outpatient services provided to Medicare beneficiaries. As of January 2019, there are thirteen CAH hospitals. CAHs receive financial and technical assistance from the Nevada Rural Hospital Flexibility Program (Flex). The Nevada Flex Program is a federally supported program administered by the Nevada State Office of Rural Health based in the Office of Statewide Initiatives at the University of Nevada, Reno School of Medicine.

*Table 6.18: Net Income in Rural and Frontier Hospitals in Nevada*

Note: “Other Income” includes contributions, income from investments, bequests, and miscellaneous non-patient revenue.