Data Sources


Section One: Demographic Profile of Rural and Frontier Nevada

Table 1.1 to Table 1.5: Population in Nevada by County

Note: The figures in these tables are from the most recently released Nevada State Demographer’s Office projected population numbers based on the certified estimates of the year 2013. Population estimates are released twice a year, the certified general population estimates of the previous year are released in July with the next twenty years of population projections.

In October, the age, sex, race, and Hispanic origin reports are released. Some ASRHO numbers may be from unpublished data. In 2014, estimates were released twice. The second release included the impact of the Tesla project in Nevada.

Table 1.6: Population and Housing Density in Nevada by County – 2014

Note: Population per square mile uses the 2014 data and housing units per square mile uses 2013 data.

Table 1.7: Housing Units in Nevada by County – 2000 to 2013

Note: The change in housing units shows the increase or decrease of all housing units in an area over a period of time and can be used to measure the growth (or decline) experienced in that area. Nevada has many mobile homes in mining areas. Population estimate is from 2014 and the housing estimates is from 2013.

Table 1.8: Population in Nevada by City, County, and Region – 2010 to 2013

Note: These are the certified population estimates by the Nevada State Demographer’s Office released in July 2014. The 2010 population numbers are from the Nevada State Demographer’s Office (July 2010) not the decennial 2010 Census (April 2010). The Office of Statewide Initiatives calculated numbers not supplied by the Nevada State Demographer.

Table 1.9: Population in Incorporated and Unincorporated Areas in Nevada by County – 2013

Note: There are unincorporated cities in seven of 14 rural and frontier counties in Nevada. Incorporated cities may be small or large and unincorporated populations may be large in rural and frontier counties. Carson City is considered a metropolitan city/county and has no rural population.

Table 1.10 and Table 1.16: Population under 17 – 2014

Note: Totals for ages 17 and under were calculated from unpublished Age, Sex, Race, and Hispanic Origin population data from the Office of the Nevada State Demographer.
Table 1.19 to Table 1.22: Age, Sex, Race, and Hispanic Origin Population in Nevada by County

Note: In October, the age, sex, race, and Hispanic origin population reports are released. Some ASRHO numbers may be from unpublished data. Two population estimates are released: one include group quarters, e.g. prison population, dormitories, institutionalized people and nursing homes; the second does not include in the data used for Tables 1.19 to 1.22. The prison numbers are in Tables 1.27 and 1.28.

Table 1.24: Veterans Population by Age in Nevada by County

Note: Percent of total population is for each county.

Table 1.26: Population by Place of Birth in Nevada by County

Note: These numbers are averaged from 2008 – 2012 calculated by the American Community Survey for all counties. American factfinder query was used to find median age from population characteristics.

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

Table 2.1 to Table 2.8: Sources and Amounts of Personal Income in Nevada by County

Note: All dollar estimates are in current dollars (not adjusted for inflation).

Table 2.8: Income from Transfer Payments by Type of Transfer Payment in Nevada by County – 2012

Note: Income by type of transfer payment excluded payments less than $50,000 from the column “Other,” but the estimates for this item are included in the total of the column.

Table 2.9: Median Family Income in Nevada by County – 2009 to 2013 American Community Survey (ACS) Estimates

Note: Within each year, the American Community Survey estimate is based on five years of data for the average.

Table 2.10: Median Family Income in Nevada by County – 2013 American Community Survey (ACS) Estimates

Note: American Community Survey estimate is based on five years of data for the average. To build county-level data, estimates may vary broadly and the confidence interval should help interpret the variation.

Table 2.11: Median Household Income in Nevada by County – 2009 to 2013 Small Area Income and Poverty Estimates (SAIPE)

Note: These numbers are from the Small Area Income and Poverty Estimates reflecting the most current household incomes by county in 2012 in contrast to five-year averages.

Table 2.12: Median Household Income in Nevada by County – 2013 Small Area Income and Poverty Estimates (SAIPE)

Note: American Community Survey estimate is based on five years of data for the average. To build county-level data, estimates may vary broadly and the confidence interval should help interpret the variation.
Table 2.13: Personal Bankruptcy in Nevada by County – 2005 to 2013

Note: “N/A” means no information provided.

Table 2.14: New Building Permits Issued in Nevada by County – 2003 to 2013

Note: Counties must participate in the Census Building Permits Survey to be counted. This data can be considered an indicator for the economic vitality of a county. N/A means no data available.

Table 2.19: Students Qualifying for Free and Reduced School Lunch (FRL) in Nevada by County – 2013

Note: Provision II lunches are included only in the totals not in FRL subtotals.

Table 2.21 and Table 2.22: Enrollment in Public and Private Schools in Nevada by County – 2012

Note: Public Charter Schools enrollment data may be statewide or in a county, however it is combined into a statewide total. N/A means data not available.

Table 2.21, Table 2.22 and Table 2.24: Enrollment in Public and Private Schools in Nevada by County

Note: School enrollment include grades Kindergartener through 12 grades.

Table 2.23: Number of Schools in Nevada by County – 2012

Note: “Other” for public schools include Charter K-12 Schools, Public K-12 Schools, and Public Special Schools (Detention Facilities, Special Education Schools, Alternative Education Schools, and Adult Schools). “Other” for private schools include Private K-12 Schools.

Table 2.24: Enrollment in Public Primary and Secondary Schools in Nevada by County – 2012

Note: “Ungraded” refers to a student who is enrolled in a non-graded class in a school for special education or a student who cannot be assigned to a grade because of the nature of his or her condition (NAC 387.111). Although the State Board of Education is not considered a "District", it is the State Sponsor of eleven Charter Schools and one University School, which are listed separately.

Table 2.25 to Table 2.28: High School Graduation Rates and post-secondary education in the Nevada System of Higher Education.

Note: Esmeralda County has no high school, “N/A” means not available and “– “ means numbers are less than 10 or suppressed. Department of Education uses “0” to indicate no population.

Table 2.29: First-year Persistence in Nevada System of Higher Education (NSHE) Institutions in Nevada by County – 2009 to 2011

Note: “—“ means numbers are suppressed. N/A means data is not available. “Percent Finished First Year of Courses” refers to completion of one year’s worth of progress within 2 years of initial in-state public enrolment.

Table 2.31: Voter Registration in Nevada by County – 2014
Note: Eligible voting population aged 18 and over do not include people living in group quarters, e.g. prisons.

Table 2.33: Percent of Registered Voters by Party in Nevada by County – 2014

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

Table 2.36 to Table 2.38: Reported Violent and Property Crimes – 2012

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

Section Three: Population Health Profile of Rural and Frontier Nevada

Tables 3.1 to 3.11: Health Insurance Coverage for Population Under the Age of 65, by Federal Poverty Level, Age and Gender.

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. Data is consistent over time from 2008 to 2012.

Table 3.12: Medicaid Enrollment in Nevada by County – 2011 – 2012

Note: Enrollment increased between 2013 and 2014 due to the implementation of the Affordable Care Act.

Table 3.13 and 3.14: Nevada Check Up (Nevada’s Children Health Insurance Program) Enrollment by County and Age 2004 – 2014

Note: Totals may not balance due to data being gathered at different points of time.

Table 3.16: Population Eligible for Medicare Benefits – Aged and Disabled in Nevada by County - 2012

Note: Report was published mid-year and totals may different from year-end reports.

Table 3.17 and 3.18: Number and Percent Enrolled in Medicare by Program Part in Nevada by County - 2012

Note: Hospital Insurance is Part A, Supplemental Medical Insurance is Part B, Medicare Advantage is Part C and Prescription Drug Plan is Part D. The total eligible reflects numbers from the Medicare Advantage Report Part C filed for December 2014 and may vary from the aged and disability report. Part B totals do not reflect any changes. Data is suppressed for Eureka County due to a count less than 10. County totals may not appear to add to overall totals due to rounding errors. ‘—’ means data was suppressed.

Table 3.19: Medicare Eligible Population in Nevada by County – 2000 to 2012

Note: The 2012 number reflects changes from the Medicare Advantage Report Part C filed for December 2014 and may vary from the aged and disability report.

Table 3.24 – Table 3.26 Behavioral Risk Factor Surveillance System (BRFSS) Tables
Note: Refinements to the system include data received from cell phone users facilitates the inclusion of a broader demographic and ultimately provides a better reflection of the nation's health status.

Table 3.27 – Table 3.29 2004 to 2011 Diabetes, Obesity, and Physical Inactivity Tables

Note: The prevalence of diagnosed diabetes and selected risk factors by county was estimated using data from CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the US Census Bureau’s Population Estimates Program. The BRFSS is an ongoing, monthly, state - based telephone survey of the adult population. The survey provides state - specific information on behavioral risk factors and preventive health practices. Respondents were considered. You can view trends in county - level data beginning in 2004. Three years of data were used to improve the precision of the year - specific county - level estimates of diagnosed diabetes and selected risk factors. For example, 2003, 2004, and 2005 were used for the 2004 estimate and 2004, 2005, and 2006 were used for the 2005 estimate. Estimates were restricted to adults 20 years of age or older to be consistent with population estimates from the US Census Bureau. The US Census Bureau provides year - specific county population estimates by demographic characteristics — age, sex, race, and Hispanic origin. The county level estimates for the over 3,200 counties or county equivalents (e.g., parish, borough, and municipality) in the 50 US states, Puerto Rico and the District of Columbia were based on indirect model – dependent estimates. The model - dependent approach employs a statistical model that “borrows strength” in making an estimate for one county from BRFSS data collected in other counties. Bayesian multilevel modeling techniques were used to obtain these estimates. Multilevel Poisson regression models with random effects of demographic variables (age 20 – 44, 45 – 64, ≥65; race; sex) at the county - level were developed. State was included as a county - level covariate. The model specification is essentially the same as Malec, et al. For selected years, rates were age adjusted by calculating age specific rates for the following three age groups, 20 – 44, 45 – 64, and ≥65. A weighted sum based on the distribution of these three age groups from the 2000 census was then used to adjust the rates by age using the weights 0.52, 0.31, 0.17, respectively.

Table 3.30 – Self-reported Substance Abuse and Mental Illness Among Population Aged 12 and Over in Nevada by Region – 2012.

Note: West Counties includes Carson City, Douglas County, and Lyon County.

Table 3.31 and 3.32: Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) Incidence and Prevalence in Nevada by Region – 2013 and 2009 -- 2013

Note: Carson City data is suppress due to confidentiality issues of the count being less than 10 for a single county.

Table 3.37 to 3.54: Various Vital Statistics Tables by County/Region in Nevada – 2013

Note: ‘–’ denotes counts that do not meet the criteria, reliability, data quality or confidentiality and regional subtotals may not sum to a statewide total. Las Vegas Metropolitan Statistical Area (MSA) is Clark County, Reno-Sparks MSA includes Washoe and Storey Counties, and Rural and Frontier includes the remaining 13 non-urban counties. Counts are preliminary and are subject to changes on all vital statistics tables.

Table 3.46: Childhood Disability by Type of Disability in Nevada by County of Residence - 2013
Note: County detail may not cross-foot to county totals due to suppressing of counts less than 10.

Table 3.57: Population Health Institute’s County Health Rankings in Nevada Health Outcomes – 2012

Note: Urban counties are white. Esmeralda County is not ranked due to small populations and missing data.

Table 3.58: Population Health Institute’s County Health Rankings in Nevada Health Determinants – 2012

Note: Urban counties are white. Esmeralda County is not ranked due to small populations and missing data.

Section Four: Health Care Workforce in Rural and Frontier Nevada

Table 4.3: Health Sector Employment in Nevada by County – 2013

Note: Las Vegas Metropolitan Statistical Area (MSA) is Clark County, Reno-Sparks MSA includes Washoe and Storey Counties, and Rural and Frontier includes the remaining 13 non-urban counties. Some data were generated by the authors using hospital employment data supplementing DETR employment growth rate for the sector.

Table 4.4: Health Sector Payroll in Nevada by County – 2013

Note: Some DETR data may be suppressed and changes may occur from other sources of data.

Note: Las Vegas Metropolitan Statistical Area (MSA) is Clark County, Reno-Sparks MSA includes Washoe and Storey Counties, and Rural and Frontier includes the remaining 13 non-urban counties. Some data were generated by the authors using hospital payroll data supplementing DETR data for the sector.

Table 4.5: Employment in the Health Care and Social Assistance Sector by Region in Nevada by County – 2014

Note: Las Vegas Metropolitan Statistical Area (MSA) is Clark County, Reno-Sparks MSA includes Washoe and Storey Counties, and Rural and Frontier includes the remaining 13 non-urban counties. Some data were generated by the authors using hospital employment data supplementing DETR employment data for the sector.

Table 4.6: Projected Employment in the Health Care and Social Assistance Sector by Region in Nevada – 2014

Note: Las Vegas Metropolitan Statistical Area (MSA) is Clark County, Reno-Sparks MSA includes Washoe and Storey Counties, and Rural and Frontier includes the remaining 13 non-urban counties. The authors used hospital generated employment data supplementing DETR employment growth rate for the sector.

Table 4.7 to 4.47: Licensed Professionals by County/Region in Nevada – 2012

Note: The calculation of the number of licensed health care professionals per 100,000 population in Tables 4.7 through 4.47 utilize county- and state- population estimates developed by the Nevada State Demographer’s Office for 2014. 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 4.7 through 4.47 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 2014 if it were not made available to the authors.
Table 4.8: Licensed Primary Care Physicians (MDs and DOs) by in Nevada by County – 2014

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

Table 4.12: Licensed Physician Assistants (PAs) by in Nevada by County – 2014

Note: Allopathic and Osteopathic PAs have been combined; in the year 2004, only Allopathic PAs were counted.

Table 4.49: Population Residing in a Health Professional Shortage Area in Nevada by County – 2015

Note: HPSA Areas are current designations and population counts are from the 2014 census bureau.

Maps 4.1 to Maps 4.9:

Note: Maps which shows HPSAs and those areas and facilities with a greater chance of National or Nevada Health Service Corps funding based on a HPSA score of 16 and above, the state primary care office can better direct providers to the correct loan repayment program depending on their work location.

Section Five: Health Care Resources and Economics of Rural and Frontier Nevada

Table 5.2: Community Hospitals in Rural and Frontier Nevada – 2013

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 February 2013, there were eleven certified CAHs and four CAH-eligible hospitals in Nevada. CAH and CAH-eligible receive financial and technical assistance from the Nevada Rural Hospital Flexibility Program. The Nevada Flex Program is a federally supported program administered by the Nevada State Office of Rural Health based with the Office of Statewide Initiatives at the University of Nevada School of Medicine.

Tables 5.18: Total Patient Revenue in Rural and Frontier Hospitals in Nevada – 2013.

Note: Inpatient revenue includes inpatient and long-term care numbers. Outpatient revenue includes outpatient and clinic care numbers.


Note: Operating expense includes Medicaid and Medicare fees for service and management; PPOs, insurance and non-Medicaid/Medicare HMOs; uninsured discounts; charity care; bad debt; government and other contractual deductions.

Tables 5.23 to 5.27: Income Tables in Rural and Frontier Hospitals in Nevada – 2013.

Note: N/A means data was not supplied by the source. Uninsured may be counted in self-pay or charity care.