

Health Issues

AIDS (Acquired Immune Deficiency Syndrome)

The AIDS epidemic is a global concern, not just a U.S. concern, as its impact on young people is expected to grow.¹ Young people are at-risk for contracting HIV/AIDS due to their age and biological and emotional development.²

The number of cumulative reported human immunodeficiency virus (HIV) [not yet AIDS] and AIDS cases among Clark County children and youth less than 18 years of age through October 31, 2003, was 66. The rest of the state reported nine cases.³

Cumulative Reported HIV (Not Yet AIDS) and AIDS Cases among Nevada Children and Youth 17 and under by Age and Risk:* Through October 2003

Clark County							
Age	Risk*						Total
	Homosexual or Bisexual	Injecting Drug Use	Heterosexual Contact	Transfusion	Mother w/ HIV	Not Specified	
<5	0	0	0	1	44	0	45
5-12	0	0	0	1	2	0	3
13-17	6	0	8	0	0	4	18
TOTAL	6	0	8	2	46	4	66
Rest of State							
Age	Risk*						Total
	Homosexual or Bisexual	Injecting Drug Use	Heterosexual Contact	Transfusion	Mother w/ HIV	Not Specified	
<5	0	0	0	0	3	0	3
5-12	0	0	0	0	0	0	0
13-17	0	1	1	0	1	3	6
TOTAL	0	1	1	0	4	3	9

*Means by which HIV or AIDS was contracted.

Source: Nevada Department of Human Resources, Health Division, Bureau of Community Health, 2003.

Estimated Numbers of U.S. Children Ages 14 and under Living with AIDS by Year and Selected Characteristics: 1998-2002

Age as of End of Year (yrs)	1998	1999	2000	2001	2002
<13	3,128	3,006	2,816	2,571	2,292
13-14	372	438	513	642	732
TOTAL	3,500	3,444	3,329	3,213	3,024

Note: "These numbers do not represent actual cases in persons living with AIDS. Rather, these numbers are point estimates of persons living with AIDS that have been adjusted for reporting delays and for redistribution of cases in persons initially reported without an identified risk. The estimates have not been adjusted for incomplete reporting."

Source: Centers for Disease Control and Prevention, 2002, "HIV/AIDS Surveillance Report," Vol. 14, available online at: <<http://www.cdc.gov/hiv/stats/hasrlink.htm>> as of 10/28/03.

Sexually Transmitted Diseases (STDs)

Chlamydia and gonorrhea are common STDs. In the U.S., chlamydia is estimated to infect 308.4 per 100,000 males aged 15-19 and 2,359.4 per 100,000 females aged 15-19.⁴ "Gonorrhea rates are highest among females between the ages of 15 and 19 and males between the ages of 20 and 24."⁵

The tables on page 30 show that in 2002, 261 and 1,028 gonorrhea and chlamydia cases, respectively, were reported in Nevada among children and youth ages 10 to 17.

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Reported Gonorrhea Cases in Nevada for Ages 10-17 by Gender and Race/Ethnicity: 2002

<i>Demographics</i>	<i>Clark</i>	<i>Washoe</i>	<i>Rest of State</i>	<i>Total</i>
Female				
Hispanic				
White	21	3		24
Non-Hispanic				
Black (African American)	36	6		42
White	22	7	3	32
Native American		1	1	2
Unknown				
Black (African American)	1			1
White	1			1
Unknown race	93			93
TOTAL FEMALES	174	17	4	195
Male				
Hispanic				
White	8	1		9
Non-Hispanic				
Black (African American)	17	3		20
White	6	2		8
Native American			1	1
Unknown				
White	1			1
Unknown race	26			26
TOTAL MALES	58	6	1	65
Unclassified	1			1
TOTAL	233	23	5	261

Source: Nevada Department of Human Resources, Bureau of Community Health, 2002.

Reported Chlamydia Cases in Nevada for Ages 10-17 by Gender and Race/Ethnicity: 2002

<i>Demographics</i>	<i>Clark</i>	<i>Washoe</i>	<i>Rest of State</i>	<i>Total</i>
Female				
Hispanic				
White	83	26	14	123
Black (African American)	1			1
Native American	1	1		2
Other		1		1
Unknown race			1	1
Non-Hispanic				
White	134	30	17	181
Black (African American)	104	14	14	132
Native American	5			5
Asian/Pacific Islander	4	5		9
Other	2			2
Unknown				
White	3		1	4
Black (African American)	3			3
Asian/Pacific Islander			1	1
Unknown race	328	33	30	391
TOTAL FEMALES	668	110	78	856
Male				
Hispanic				
White	18	5	3	26
Non-Hispanic				
White	25	5	9	39
Black (African American)	15	5	3	23
Native American	4	1		5
Asian/Pacific Islander	1	5		6
Unknown				
White	2			2
Unknown race	57	8	5	70
TOTAL MALES	122	29	20	171
Unclassified	1			1
TOTAL	791	139	98	1,028

Source: Nevada Department of Human Resources, Bureau of Community Health, 2002.

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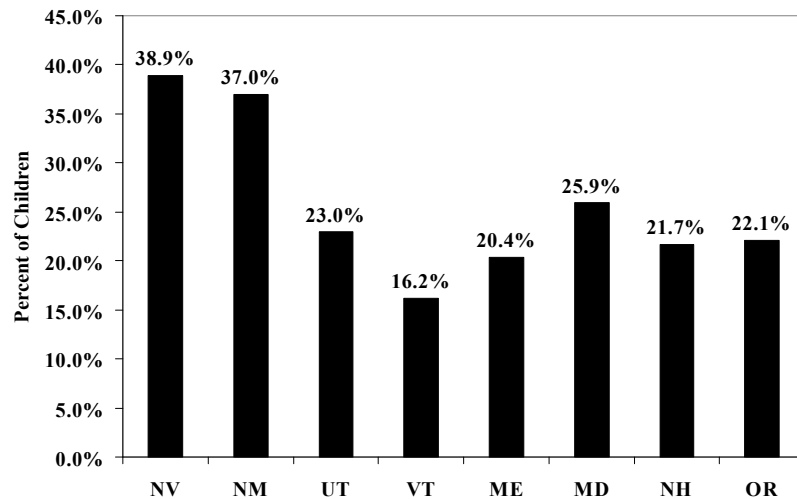
Oral Health

Some key findings from a 2003 survey of third-grade children in Nevada revealed that about 39 percent of the children had untreated dental decay and about 33 percent had dental sealants. (“A dental sealant [also called a pit and fissure sealant] is a plastic, professionally-applied material that is put on the chewing surfaces of back teeth to prevent cavities. Sealants provide a physical barrier so that cavity causing bacteria cannot invade the pits and fissures on the chewing surfaces of the teeth.”⁶) By region, Washoe County had the highest percentage (58.0) of children who had dental sealants, followed by the rest of the state (46.9 percent) and Clark

County (24.2 percent).⁷ Compared to children from other states, which used the same protocols for collecting oral-health data, Nevada children did not fare as well.

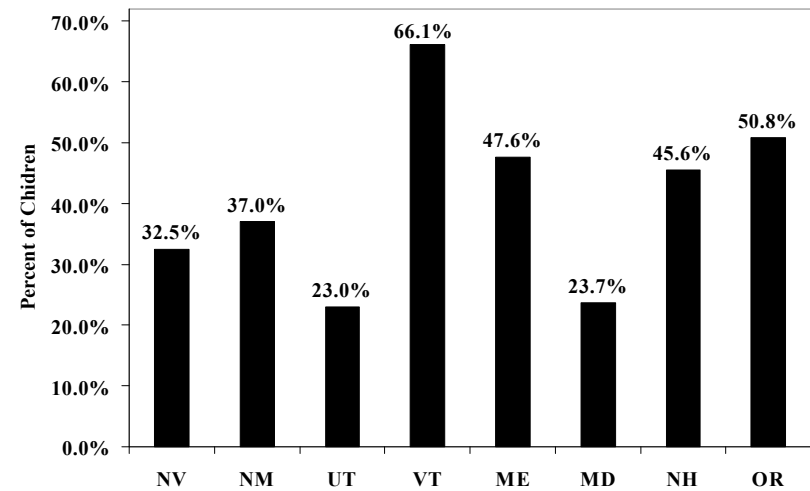
The most prevalent of childhood diseases is tooth decay. Fine tooth decay begins early--17 percent of two- to four-year-olds have had decay.^{8,9} Over half of the children by age 8 have had decay and by age 17, 78 percent.¹⁰ Low-income children are nearly twice as likely to have had unmet dental needs compared to higher-income children.¹¹

Prevalence of Untreated Decay in Nevada’s Third-Grade Children Compared to Children from Other States: 2003



Source: Nevada State Health Division, Bureau of Family and Health Services, June 2003, *Oral Health Survey Nevada 2003*.

Prevalence of Dental Sealants in Nevada’s Third-Grade Children Compared to Children from Other States: 2003



Source: Nevada State Health Division, Bureau of Family and Health Services, June 2003, *Oral Health Survey Nevada 2003*.

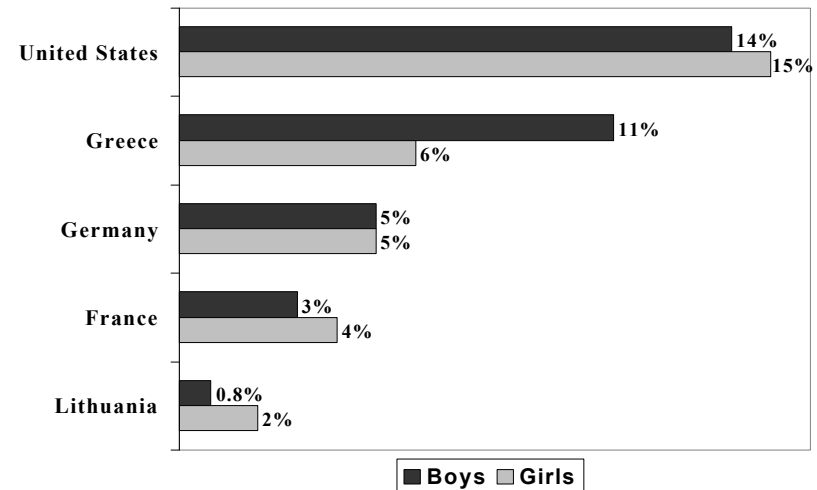
Health Issues Continued

Percentage of Nevada Students Who Believe They Are Slightly or Very Overweight and Who Are Trying to Lose Weight: 2001 and 2003

Behavior	2001		2003	
	Middle School %	High School %	Middle School %	High School %
Believe they are slightly or very overweight	24.0	29.5	24.9	30.0
Are trying to lose weight	44.9	47.5	45.1	47.0

Source: Nevada State Department of Education, Office of Child Nutrition and School Health, Nevada Youth Risk Behavior Survey, 2001, 2003.

Percentage of Obese 15-Year-Olds by Country: 1997-1998



Note: "Weight calculations were based on teens' body-mass index, a height-weight ratio."

Source: Tanner, Lindsey, January 7, 2004, "Teen Obesity Rate Highest in America: U.S. Leads 14 Other Industrialized Countries," *Las Vegas Review-Journal*, p. 22A.

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Cigarette and Illegal Substance Use among Nevada Students: 2001 and 2003

<i>Behavior</i>	<i>2001</i>		<i>2003</i>	
	<i>Middle School Percent</i>	<i>High School Percent</i>	<i>Middle School Percent</i>	<i>High School Percent</i>
Ever tried smoking a cigarette	36.5	66.5	34.5	57.3
Smoked first cigarette before age 13	19.5	23.3	16.4	18.8
In past 30 days, smoked cigarettes on 1 or more days	13.0	25.3	10.4	19.6
In past 30 days, of those who reported current cigarette use, smoked more than 10 cigarettes per day on the days they smoked	NA	12.0	NA	8.0
In past 30 days, used chewing tobacco, snuff, or dip on 1 or more days	3.9	7.0	3.4	3.6
During their life, had at least 1 drink of alcohol on 1 or more days	49.5	80.2	49.7	75.6
Had first drink of alcohol before age 13	36.0	32.9	36.0	31.9
In past 30 days, drank alcohol on 1 or more days	NA	47.7	NA	43.4
In past 30 days, had 5 or more drinks in a row on 1 or more days	14.4	32.6	13.5	27.8
Of those who drink alcohol, usually get their alcoholic beverages from home with or without parental knowledge	66.0	32.0	65.3	33.9
Ever used marijuana	NA	50.8	NA	46.6
Used marijuana for first time before age 13	11.3	17.7	11.7	12.4
In past 30 days, used marijuana on 1 or more days	9.9	26.6	9.5	22.3
Ever used any form of cocaine (powder, crack, freebase, etc.)	6.3	12.0	5.6	10.9
In past 30 days, used any form of cocaine	NA	5.6	NA	4.4
Ever used methamphetamines (speed, crystal, crank, ice)	5.6	15.7	5.5	12.5
Ever used other illegal drugs (heroin, hallucinogens, depressants, tranquilizers, etc.)	5.7	17.3	5.2	15.0
Ever used steroid pills or shots without a doctor's prescription	NA	6.4	NA	6.5

Note: NA = Not Applicable.

Source: Nevada State Department of Education, Office of Child Nutrition and School Health, Nevada Youth Risk Behavior Survey, 2001, 2003.

Health Issues Continued

Percentage of Nevada Children and Youth Ages 5 to 15 by County with a Disability:* 2000

County	Disabled	Disabled Males	Disabled Females
	Percent	Percent	Percent
Carson City	5.0	5.9	4.1
Churchill	4.3	5.3	3.2
Clark	4.8	5.7	3.8
Douglas	5.4	7.9	2.8
Elko	4.1	5.1	3.0
Esmeralda	4.2	3.1	5.7
Eureka	6.4	9.4	2.9
Humboldt	2.6	4.2	0.9
Lander	2.2	4.2	0.0
Lincoln	8.7	9.9	7.3
Lyon	6.1	7.5	4.5
Mineral	7.8	12.8	2.0
Nye	3.8	5.8	1.9
Pershing	8.6	9.1	8.0
Storey	8.3	8.5	8.0
Washoe	4.3	5.2	3.3
White Pine	3.8	3.5	4.1
NEVADA	4.7	5.7	3.6

*“The Census Bureau defines disability as a long-lasting physical, mental, or emotional condition. This condition can make it difficult for a person to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering.” U.S. Census, “Disability,” available online at: <<http://www.census.gov/acs/www/UseData/Def/Disabili.htm>> as of 10/8/03.

Source: CBER calculations, U.S. Census Bureau, Census of Population and Housing, Summary File 3, Table PCT34, 2000.

Percentage of Nevada Children and Youth Ages 5 to 15 with a Disability of a Certain Type by Race/Ethnicity: 2000

Disability Type	White Alone	Black or African American Alone	American Indian & Alaska Native Alone	Asian Alone	Native Hawaiian & Other Pacific Islander Alone	Some Other Race Alone	Two or More Races	Hispanic or Latino	White Alone, Not Hispanic or Latino
Sensory	12.6	12.7	20.3	22.3	22.5	16.9	15.9	17.3	12.3
Physical	12.1	18.1	12.0	11.6	10.0	19.0	18.9	15.5	11.9
Mental	62.9	56.6	58.5	51.4	67.5	45.7	52.1	48.1	65.4
Self-Care	12.4	12.6	9.2	14.7	0.0	18.4	13.1	19.1	10.4
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Source: CBER calculations, U.S. Census Bureau, Census of Population and Housing, Summary File 3, Table PCT67 A-I, 2000.