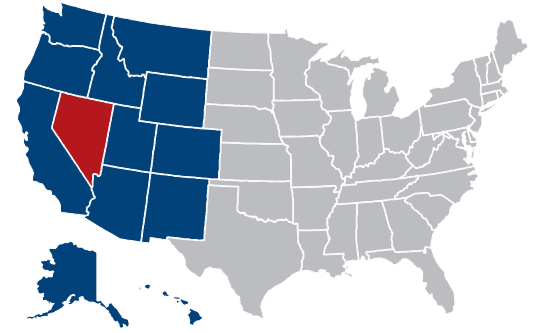


# Nevada

## Veteran Suicide Data Sheet, 2017



The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2017 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States.<sup>a</sup> This data sheet includes information about Nevada Veteran suicides by age, sex, and suicide method and compares this with regional and national data.

### Western Region

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

After accounting for age differences,<sup>b</sup> the Veteran suicide rate in Nevada:

- Was significantly higher than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

### Nevada Veteran Suicide Deaths, 2017

Sex	Veteran Suicides
Total	116
Male	106
Female	10

### Nevada, Western Region, and National Veteran Suicide Deaths by Age Group, 2017<sup>c</sup>

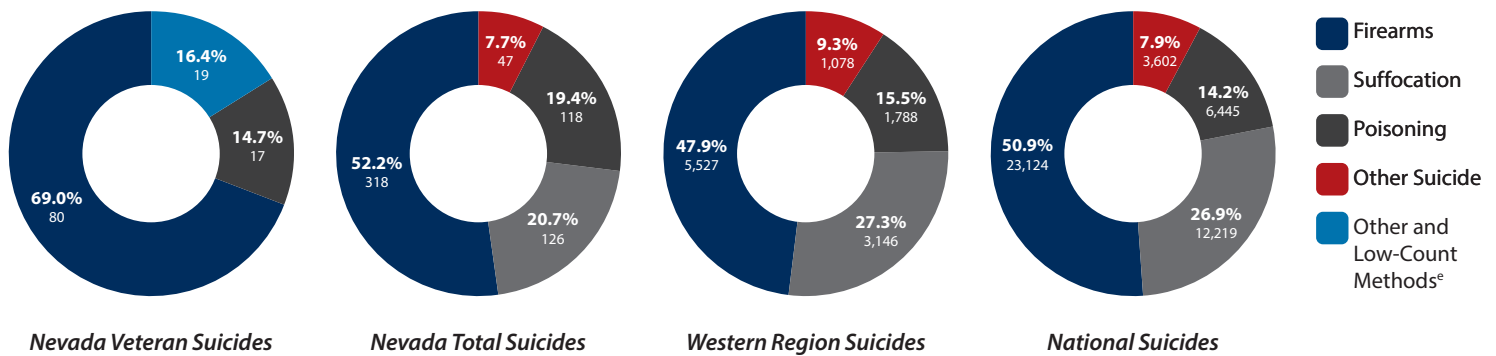
Age Group	Nevada Veteran Suicides	Western Region Veteran Suicides	National Veteran Suicides	Nevada Veteran Suicide Rate	Western Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	116	1,610	6,139	53.2	36.5	31.0
18-34	18	216	864	85.7*	47.1	44.5
35-54	31	419	1,708	58.5	39.7	35.1
55-74	44	635	2,319	44.4	33.5	27.1
75+	23	339	1,242	51.1	34.0	27.9

### Nevada Veteran and Total Nevada, Western Region, and National Suicide Deaths by Age Group, 2017<sup>c</sup>

Age Group	Nevada Veteran Suicides	Nevada Total Suicides	Western Region Total Suicides	National Total Suicides	Nevada Veteran Suicide Rate	Nevada Suicide Rate	Western Region Suicide Rate	National Suicide Rate
Total	116	609	11,539	45,390	53.2	26.4	19.5	18.1
18-34	18	160	3,363	12,944	85.7*	23.5	18.1	17.3
35-54	31	209	3,853	15,896	58.5	26.3	19.4	19.1
55-74	44	168	3,211	12,602	44.4	25.5	19.8	17.6
75+	23	72	1,112	3,948	51.1	41.8	24.2	18.7

<sup>a</sup> Rates calculated from suicide counts lower than 20 are considered unreliable.

## Nevada Veteran and Total Nevada, Western Region, and National Suicide Deaths by Method,<sup>d</sup> 2017



These 2017 state data sheets are based on a collaborative effort among the U.S. Department of Veterans Affairs (VA), the U.S. Department of Defense (DoD), and the National Center for Health Statistics (NCHS). The statistics presented are derived from multiple data sources, including the VA Office of Enterprise Integration, the VA Serious Mental Illness Treatment Resource and Evaluation Center, VA Post-Deployment Health Services, the VA Center of Excellence for Suicide Prevention, and the DoD Defense Suicide Prevention Office. For additional information, please email [VASPDataRequest@va.gov](mailto:VASPDataRequest@va.gov).

These sheets include information on the Veteran population and general U.S. population age 18 and older, with deaths reported in the contiguous United States, Alaska, and Hawaii. The total state, regional, and national counts and rates presented include both Veterans and non-Veterans.

Suicide deaths are identified based on the underlying cause of death indicated on the state death certificate. For Veteran decedents, this information comes from the NCHS National Death Index (NDI) and was obtained from the joint VA/DoD Suicide Data Repository (SDR). Suicide death counts for the general U.S. population were obtained from Centers for Disease Control and Prevention (CDC) WONDER (Wide-ranging ONline Data for Epidemiologic Research).<sup>f</sup> Underlying cause of death is defined as (a) the disease or injury that initiated the train of events leading directly to death, or (b) the circumstances of the accident or violence that produced the fatal injury.<sup>g</sup> The ICD-10 (International Classification of Diseases, 10th revision) codes used to define suicide deaths are X60–X84 and Y87.0.

Suicide rates presented are unadjusted rates per 100,000, calculated as the number of suicide deaths in 2017 divided by the estimated population and multiplied by 100,000. Significance statements are based on the ratio of direct age-adjusted rates, using the 2000 standard U.S. population.<sup>h</sup> The Veteran Population Projection Model 2016 (VetPop2016) was used in calculating rates to estimate the Veteran population for each state and age group.<sup>i</sup> The U.S. Census Bureau American Community Survey (ACS) one-year estimates were used to estimate the general U.S. population.<sup>j</sup>

Veteran age-specific counts may not sum to the total counts because there are a small number of deaths for which age information is unavailable. These deaths are included in overall counts and rates but are not distributed among age groups; therefore, they are not included in age-specific counts, age-specific rates, or age-adjusted rates. Rates are marked with an asterisk (\*) when the rate is calculated from fewer than 20 deaths. Rates based on small numbers of deaths are considered statistically unreliable because a small change in the number of deaths might result in a large change in the rate. Because suicide rates based on fewer than 20 suicide deaths are considered statistically unreliable, any comparisons between age-adjusted rates and underlying age-specific rates based on fewer than 20 suicide deaths should be interpreted with caution.

To protect privacy and to prevent revealing information that may identify specific decedents, counts and rates are suppressed when based on 0–9 individuals. For suicide deaths by method, in cases where the number of deaths in any one of the categories was lower than 10, the categories with the smallest counts were combined until the minimum count of 10 was reached, to maintain confidentiality.

<sup>a</sup> The 2017 state data sheets contain suicide information for all 50 states and the District of Columbia.

<sup>b</sup> Suicide rates presented in the tables are unadjusted for age. Age-adjusting suicide rates ensures that the differences in rates are not due to differences in the age distributions of the populations being compared. In some cases, the results of comparisons of age-adjusted rates differ from those of unadjusted rates. Comparison of rates is based on the ratio of age-adjusted rates; significance is determined based on a p-value <0.05.

<sup>c</sup> Rates presented are unadjusted rates per 100,000. To protect privacy, and prevent revealing information that may identify specific individuals, counts and rates are suppressed when based on 0–9 people. Rates calculated with a numerator of less than 20 are considered statistically unreliable, as indicated by an asterisk (\*).

<sup>d</sup> Methods are based on ICD-10 codes X72 to X74 for firearms, X60 to X69 for poisoning (including intentional overdose), and X70 for suffocation (including strangulation). "Other Suicide" includes all other intentional self-harm including cutting/piercing, drowning, falling, fire/flare, other land transport, being struck by/against, and other specified or unspecified injury.

<sup>e</sup> "Other Suicide" refers to all methods of suicide death apart from firearms, suffocation, and poisoning. "Low-Count Methods" refers to methods used in fewer than 10 deaths in a given state or territory. In states or territories with fewer than 10 firearm deaths, suffocation deaths, or poisoning deaths, those data are represented in the "Other and Low-Count Methods" category to protect the privacy of individual suicide decedents.

<sup>f</sup> National, regional, and state general population suicide counts are obtained from the CDC WONDER online database. For more information on CDC WONDER, please refer to <http://wonder.cdc.gov/ucd-icd10.html>.

<sup>g</sup> World Health Organization, Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, based on the recommendations of the Ninth Revision Conference, 1975; Geneva, 1977.

<sup>h</sup> Klein, RJ, and Schoenborn, CA. Age adjustment using the 2000 projected U.S. population. Healthy People Statistical Notes, No. 20. Hyattsville, Maryland: National Center for Health Statistics. January 2001.

<sup>i</sup> Veteran Population Model 2016 (VetPop2016), Predictive Analytics and Actuary, Office of Enterprise Integration, Department of Veterans Affairs.

<sup>j</sup> U.S. general population estimates used for rate calculations are obtained from the U.S. Census Bureau, 2017 American Community Survey one-year estimates.