Youth Outcomes in Nevada
INTRODUCTION

Nevada’s young adults face a vastly different set of challenges than those faced by older generations. Many are starting their careers following the economic turmoil caused by the COVID-19 pandemic, while others are experiencing disruptions in education. Mental health issues among young adults, especially anxiety and depression, have grown increasingly prevalent over the past decade.\(^1\)

The political priorities of America’s youth reflect these challenges. Results of the Fall 2020 Harvard Youth Poll revealed that young Americans (aged 18 to 29) found healthcare, mental health, and education their most significant current struggles.\(^2\)

More than 70 percent of survey respondents stated that the government should be doing more to address healthcare issues, improve mental health services, address systemic racism, and address environmental issues.

Young people represent a growing proportion of the eligible voter population, and even those who cannot vote have the opportunity to affect public policy through other forms of activism and involvement with the policymaking process. This brief presents data on youth in Nevada as well as some of the key issues affecting Nevada’s youth, including the economy, education, and health.

Section One presents a demographic overview of Nevada’s youth. Section Two offers data on educational attainment among Nevada’s youth. Section Three provides information on youth and the economy. Finally, Section Four presents data on health outcomes for youth in the Silver State.
Section One: Demographics of Nevada’s Youth

Nevada has a relatively young population. Approximately one-third (32 percent) of Nevada’s population is between the ages of 0-24 years (see Figure 1).

Among Nevada’s entire population, far more Nevadans aged 14-24 live in urban counties than in rural counties. Specifically, 387,278 young adults live in Clark and Washoe County compared to 20,913 young adults aged 14-24 in the rest of the state.

However, the proportion of those aged 14-24 is similar in urban and rural counties. Approximately 12 percent of people in Clark and Washoe County are aged 14-24 compared to approximately 11 percent in the rest of the state (see Figure 2).

Approximately one-third (32 percent) of Nevada’s population is between the ages of 0-24 years.
Figure 2. The Ratio of Youth to Older Adults in Urban and Rural Nevada

Source: 2019 American Community Survey 1-Year Public Use Microdata Samples.

There are significant differences in the proportion of young Nevadans by race and ethnicity (see Figure 3). White Nevadans tend to be older on average than non-white Nevadans; approximately 11 percent of white Nevadans are aged 14-24. Nevadans of Hispanic or Latino origin (regardless of race) tend to be younger; approximately 17 percent of Nevadans of Hispanic or Latino origin are aged 14-24.
The majority (58.0 percent) of Nevadans aged 14-24 are white (see Figure 4). The next most prevalent races are “Some other race” (14.5 percent), Black or African American (11.0 percent), and Asian (7.5 percent). About 41.0 percent of Nevadans (of any race) are of Hispanic or Latino ethnicity.

Nevada’s youth are considerably more diverse/less white than older generations. Among Nevadans aged 25 and older, 67.6 percent are white while only 24.0 percent are Latino.
Demographics of Nevada’s Youth

Section Two: Educational Attainment

Educational outcomes in Nevada generally lag those of other states. According to the Annie Casey Kids Count 2021 Data Book, Nevada ranked 46th in education while New Jersey ranked first. To provide one snapshot: in 2018-2019, 16 percent of Nevada’s students did not graduate on time compared to New Jersey, where only 9 percent of its students did not graduate on time.5

Four-year graduation rates from Nevada’s public high schools have increased from 2015 to 2019 across race/ethnicity, but serious disparities by race/ethnicity remain (see Figure 5).6 In 2019, the four-year graduation rates for Asian, Pacific Islander, and white students were 94.2 percent, 88.5 percent, and 87.3 percent, respectively, compared to 83.0 percent for Latino students, 74.4 percent for American Indian and Alaska Native students, and 72.2 percent for African American students.7

According to the Annie Casey Kids Count 2021 Data Book, Nevada ranked 46th in education while New Jersey ranked first.
Educational attainment is lower among Nevada’s young adults than among young adults in the United States as a whole (see Figure 6). Nevadans aged 18 to 24 are more likely to have only a high school education or less than Americans aged 18-24 overall.

Conversely, young adults in Nevada are less likely than the national average to have completed some college or to have obtained a bachelor’s degree.

Source: Nevada Report Card, four-year cohort graduation rates, classes of 2015 through 2019

Source: 2019 American Community Survey 1-Year Public Use Microdata Samples.
Educational attainment is lower among Nevada’s young adults than among young adults in the United States as a whole.

Section Three: Youth and the Economy

In 2019, approximately 10 percent of Nevada’s workforce aged 20 to 24 was unemployed (see Figure 7). This is higher than the unemployment rate for any older age group and higher than the statewide average 2019 unemployment rate of 4.0 percent.\(^8\)

Nationally, individuals under the age of 25 experienced unemployment related to the pandemic at much higher rates than those over the age of 25.\(^9\)

Figure 7. Unemployment Rate in Nevada, by Age Group, 2019

Figure 8 shows the percent of the youth labor force (ages 16-24) that was unemployed over the period 2011-2010. With few exceptions, the youth unemployment rate in Nevada has been higher than the national youth unemployment rate.

The youth unemployment rate in Nevada increased from 10.0 percent in 2019 to 22.6 percent in 2020.

Figure 8. Unemployment Rate in Nevada, by Age Group

![Graph showing percent of youth labor force unemployed in Nevada and the U.S. over time]

Source: U.S. Bureau of Labor Statistics

Historically, there have been large differences in national youth unemployment rates by race and ethnicity (see Figure 9). African American and Latino youth in the United States have experienced among the highest rates of unemployment while white and Asian American youth have had among the lowest rates of unemployment. The national youth employment rate for African Americans was 29.0 percent in 2011, later falling to 13.8 percent in 2019, before ticking up in 2020 to 21.2 percent.

Figure 9. U.S. Youth Unemployment Rate, by Race

![Graph showing U.S. youth unemployment rate by race over time]

Source: U.S. Bureau of Labor Statistics
Nationally, individuals under the age of 25 experienced unemployment related to the pandemic at much higher rates than those over the age of 25.

In addition to facing higher rates of unemployment than other age groups, Nevada’s youth also experience poverty at higher rates than other age groups (see Figure 10). There are significant differences in the poverty rates between rural and urban Nevadan youth. Nearly 25 percent of Nevada’s rural youth aged 14-18 live in poverty, compared to fewer than 15 percent of urban youth aged 14-18.

Figure 10. Youth in Poverty in Nevada

Source: 2019 American Community Survey 1-Year Public Use Microdata Samples.
Over the period 2010-2019, Nevada’s youth experienced poverty at higher rates than other age groups (see Figure 11). While the percent of youth aged 19-24 in poverty has declined over the period 2010-2019, it remains higher than adults aged 25 and older and youth aged 14-18.

**Figure 11. Percent in Poverty in Nevada, by Age Group**

There are major differences in the youth poverty rate by race (see Figure 12). Nearly 30 percent of Nevada’s African American youth aged 14-24 experienced poverty in 2019, compared to 15 percent of white Nevadan youth and 11 percent of Asian American Nevadans.

**Figure 12. Youth in Poverty in Nevada, by Race and Ethnicity, 2019**
Youth Homelessness

Homelessness is another serious issue affecting Nevada’s youth. A 2019 Point-in-Time count of unhoused people found a total homeless population of 7,169 in Nevada. Roughly 1,025 individuals (or 15 percent) of this population comprised unaccompanied young adults aged 18 to 24.\textsuperscript{11}

Furthermore, public school data from the 2017-2018 school year showed that more than 20,000 of Nevada’s public school students experienced homelessness at some point over the course of the school year.\textsuperscript{12}

The majority of these students (15,508) needed to stay with other families for at least one night of the year, but many needed to stay in hotels/motels (2,858) or shelters (1,592). And more than 700 public students experienced unsheltered homelessness at some point during the school year.\textsuperscript{12}

Table 1 presents data from the U.S. Housing and Urban Development Point-in-Time Homelessness Count for Clark County, Nevada over time.

| Table 1. Point-in-Time Homelessness County, Clark County, Nevada |
|------------------|---|---|---|---|---|---|---|---|---|
| Overall Homeless - Under 18 | NA | NA | 425 | 376 | 959 | 1,542 | 1,395 | 639 | 608 | 519 | 656 |
| Overall Homeless - 18-24 | NA | NA | NA | NA | 1,101 | 1,206 | 1,573 | 1,424 | 1,936 | 1,235 | 1,025 |
Youth Health Outcomes

Educational outcomes and housing can affect health outcomes. While young people are less likely to suffer from health issues that are strongly correlated with age, such as cardiovascular disease and cancer, they are particularly susceptible to health issues related to social and behavioral factors.

Lack of access to care can exacerbate some of the health issues related to social and behavioral factors and leave Nevada’s youth without help in navigating some of the mental and physical health issues prevalent among young people. Lack of access to medical care in Nevada varies for several different reasons.

limited access to care

Lack of access to healthcare can exacerbate some of the health issues related to social and behavioral factors and leave Nevada’s youth without help in navigating some of the mental and physical health issues prevalent among young people. Lack of access to medical care in Nevada varies for several different reasons.

Regardless, Nevada fares worse than its Intermountain West peers and the national average in terms of access to care by Nevada’s youth. As Figure 13 notes, only 53 percent of children ages 0-17 had both a medical and dental preventive care visit in the past 12 months, according the Kaiser Family Foundation. Nevada ranked 51st in the country.

Figure 13. Youth Without Health Insurance in Nevada

Lack of Health Insurance

One reason that may affect a young person’s access to healthcare is health insurance coverage. In 2019, more than 16 percent of rural Nevadans and 18 percent of urban Nevadans aged 19-24 lacked health insurance (see Figure 14).
Figure 14. Youth Without Health Insurance in Nevada

![Graph showing youth uninsured rates in Nevada by age and location]

Source: 2019 American Community Survey 1-Year Public Use Microdata Samples.

Over the period 2010-2019, the youth uninsurance rate decreased, especially after Nevada expanded Medicaid in 2014. Nonetheless, the youth uninsurance rate in Nevada has consistently been higher than the national youth uninsurance rate (see Figure 15).

Figure 15. Youth Without Health Insurance in Nevada and the U.S., 2010-

![Graph showing youth uninsured rates in Nevada and the U.S.]
There were serious disparities in access to healthcare by race in Nevada (see Figure 16). A large proportion of Latino and Native American young adults lacked health insurance in 2019, while white, Asian, Native Hawaiian and Pacific Islander, and African American youth had higher rates of health insurance coverage. White, African American, and Asian American youth all had lower rates of health insurance coverage than older white, African American, and Asian American Nevadans, respectively.

Figure 16. Youth Without Health Insurance in Nevada by Race and Ethnicity

![Graph showing youth uninsured rates by race and ethnicity in Nevada](image)

Source: 2019 American Community Survey 1-Year Public Use Microdata Samples.
Mental Health and Suicide

The 2017-2018 National Survey on Drug Use and Health (NSDUH) highlights the need for accessible health services, particularly mental health services, for young Nevadans. Approximately 15 percent of Nevadans aged 12-17 and aged 18-24 reported a major depressive episode in the last year, compared to fewer than six percent of Nevadans aged 26 and older (see Figure 17). Nevada youth reported major depressive episodes at a higher rate than youth in the United States as a whole.

Figure 17. Nevadans Reporting a Major Depressive Episode in the Past Year

NSDUH Survey respondents aged 18-25 reported experiencing serious mental illness in the past year at rates higher than respondents aged 26 or older (roughly eight percent compared to four percent – see Figure 18). This was true in Nevada and in the United States as a whole.
The percentage of NSDUH Survey respondents aged 18-25 reporting that they have experienced serious mental illness in the past year has steadily increased over time (see Figure 19). This is true in Nevada and in the United States as a whole.

*Source: 2017-2018 National Survey on Drug Use and Health.*
Youth suicide is an issue of particular concern. Historically, in the United States, suicide rates have been higher for older adults than for youth; higher for males than for females; and higher in rural areas than in urban areas. According to the Centers for Disease Control and Prevention (CDC), the youth suicide rate nationally increased 56 percent between 2007 and 2017 after remaining largely stable from 2000 to 2007. This trend is also visible in Nevada.

Youth aged 15-24 in Nevada died from suicide at lower rates than Nevadans of all ages from 2011 through 2018, with the exception of 2017 (see Figure 21). The difference between the youth and overall suicide rates in Nevada appears to be narrowing as the youth suicide rate increases. This trend is also visible in the national suicide rates, though the rates of both youth and all-ages suicide are lower nationally than in Nevada.

There is evidence to suggest that improving access to mental health services can help to reduce suicide rates. In Nevada, only 7 percent of those aged 0-17 received any mental health care and/or counseling during the past 12 months, according to the Kaiser Family Foundation (see Figure 22). Nevada ranked 50th in the country and well below many of its peer states in the Intermountain West in the percent of youth receiving mental health care and/or counseling in the past year.
Older youth did not seem to fare any better in accessing mental health services. In Nevada, approximately 12 percent of those aged 18-25 who responded to the NSDUH reported receiving mental health services in the past year, compared to more than 15 percent of youth aged 18-25 in the United States as a whole (see Figure 23).
The percent of individuals in Nevada (and the U.S.) aged 18-25 who responded to the NSDUH indicating that they received mental health services in the past year increased over the period 2010-2018. Noticeably, there was a significant increase following Nevada’s expansion of Medicaid in 2014 (see Figure 24).

The percent of individuals in Nevada (and the U.S.) aged 18-25 who responded to the NSDUH indicating that they received mental health services in the past year increased over the period 2010-2018. Noticeably, there was a significant increase following Nevada’s expansion of Medicaid in 2014 (see Figure 24).
Furthermore, the percentage of youth aged 18 to 25 in Nevada and the U.S. reporting that they serious thoughts of suicide has steadily increased over the period 2008-2018 (see Figure 25).

Taken together, these data points suggest a serious need to improve youth access to mental health services in Nevada.

Figure 25. Percent of Youth (0-17) Who Received Any Mental Health Care/Counseling During the Past 12 Months

The numbers in parentheses indicate the state rank.

The percentage of youth aged 18 to 25 in Nevada and the U.S. reporting that they serious thoughts of suicide has steadily increased over the period 2008-2018.
Drug Use and Treatment Needs

Mental health wellness is often associated with substance abuse or drug use disorder, both as a cause and as a consequence. The NSDUH defined drug use disorder according to the criteria of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); it is characterized by symptoms such as withdrawal and tolerance and by interference with normal activities such as work and school.\(^\text{19}\)

According to the NSDUH, approximately 11 percent of Nevadans aged 18 to 25 experienced illicit drug use disorder in the past year (see Figure 26). This is considerably higher than the rate for youth in the United States as a whole (approximately seven percent).

Figure 26. Nevadans Experiencing Illicit Drug Use Disorder in the Past Year

According to the NSDUH, the percentage of Nevadans experiencing illicit drug use disorder in the past year has gradually increased. In 2017, the percentage of adults aged 18-25 experiencing illicit drug use disorder declined but remains higher than the percentage of younger Nevadans experiencing illicit drug use disorder (see Figure 27).
Nevadans aged 18 to 25 were more likely to need but not receive treatment at a specialty facility for illicit drug use than youth in the country as a whole (11 percent compared to seven percent - see Figure 28). Respondents to the NSDUH were classified as needing but not receiving treatment if they met the drug use disorder criteria laid out in the DSM-IV but did not receive treatment for drug use disorder.

Figure 27. Nevadans Experiencing Illicit Drug Use Disorder in the Past Year, 2015-2018

Figure 28. Nevadans Needing But Not Receiving Treatment for Illicit Drug Use in the Past Year

Rates of suicide, major depressive episodes, and illicit drug use disorder in Nevada exceed those in the United States overall, while the rates at which young people obtained treatment for mental health or drug use issues trailed the national average. There appear to be serious gaps in access to mental and behavioral healthcare for Nevada’s youth.

The nonprofit Mental Health America (MHA) ranked Nevada last among all states in 2020 in terms of a composite of prevalence of youth mental health issues and access to mental health services for young people. Furthermore, designated mental health professional shortage areas cover most of the state of Nevada.

Other Substance Use

Smoking

Smoking among youth in Nevada has declined in recent years. As reported in Figure 29, the percentage of high school students who ever smoked cigarettes (even one or two puffs) has fallen from 32 percent in 2015 to 18 percent in 2019.

Figure 29. Percentage of High School Nevadans Who Ever Smoked Cigarettes

![Percentage of High School Students Who Ever Smoked Cigarettes](image)

Electronic Vapor Products

The use of electronic vapor products is more prevalent among Nevada youth than smoking cigarettes. In 2019, almost half (44 percent) of Nevada’s youth said that they had used electronic vapor products (compared to 18 percent who had smoked cigarettes). However, the percentage of youth who have used electronic vapor products has fallen from 51 percent in 2015 to 44 percent in 2019 (see Figure 30).
Marijuana

The percentage of youth who have tried marijuana is also higher than the percentage of youth who have smoked cigarettes. In 2019, 35 percent of youth in Nevada reported that they had tried marijuana. Usage among youth has declined slightly over time from 39 percent in 2015 to 35 in 2019 (see Figure 31).
Alcohol

More than half (57 percent) of the youth in Nevada who responded to the NSDUH survey indicated that they had consumed alcohol (see Figure 32). This is significantly higher than tobacco and electronic vapor products. However, the percentage of alcohol use among youth has declined in recent years from 64 percent in 2015 to 57 percent in 2019.

Figure 32. Percentage of High School Nevadans Who Ever Drank Alcohol

The percentage of youth who have tried marijuana is higher than the percentage of youth who have smoked cigarettes; and more than half of the youth in Nevada indicated that they had consumed alcohol.
Teen Age Pregnancy

A decade or so ago, teen age pregnancy was a significant public health crisis in Nevada. In 2008, Nevada had the second highest teen pregnancy rate in the United States at 90 pregnancies per 1,000 teen girls aged 13-18 years old. In recent years, the teen birth rate in Nevada has declined significantly.

As shown in Figure 33, the teenage birth rate has fallen from 29 percent in 2014 to 17 percent in 2020. Nevada now ranks 21st in the country in the number of births per 1,000 females aged 15-19.

Figure 33. Teen Birth Rate in Nevada, 2014-2020

Conclusion

This policy brief presents an overview of some key demographic, educational, economic, and health outcomes among Nevada’s youth. Given the outcomes, Nevada’s decision makers and community groups should continue to explore evidence-based programs and interventions that can support youth and help improve outcomes.
Bibliography


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