



2005 County Profiles Definitions and Data Sources

DEMOGRAPHIC INFORMATION

Population Estimates: total county population and population by age, by gender and by race/ethnicity from 2004 U.S. Census estimates.

Households by Type: 2000 U.S. Census data.

Educational Attainment: Percent of persons aged 25 years or older who had reached standard levels of education (e.g., high school diploma, baccalaureate degree), based on 2000 U.S. Census.

SOCIAL INDICATORS

Per Capita Income: the mean income computed for every man, woman and child in a particular group. It is derived by dividing the total income of a particular group by the total population in that group. 2000 U.S. Census data.

Median Household Income: based on household incomes in Nebraska counties reported in 2002 U.S. Census estimates. The median household income is that income which represents the middle point of the income distribution; that is, there are an equal number of households with incomes lower than the median and an equal number of households with incomes higher than the median. *Source: U.S. Census Bureau.*

Percent Below 100% Poverty: Poverty thresholds are standards used by federal agencies for statistical purposes such as preparing estimates of the number of Americans living in poverty each year. Poverty thresholds vary by size of family and the number of related children under 18 years and are revised annually to allow for changes in the cost of living as reflected in the Consumer Price Index. The average poverty threshold for a family of four persons was \$19,307 in 2004.

A specified poverty level (e.g., 100% of poverty) is obtained by multiplying the income cutoffs at the poverty level by the appropriate factor. For example, the average income cutoff at 100% of poverty would be \$18,392 for a family of four persons in 2002. For 200% of poverty, the cutoff would be \$36,784 (\$18,392 x 2.00) in 2002 for a family this size.

Total population and age group data are 2002 Census estimates. Poverty estimates by race/ethnicity are taken from the 2000 U.S. Census. *Source: U.S. Census Bureau.*

Percent of Workers Unemployed: All civilians 16 years old or older are classified as unemployed if they: (1) were neither "at work" nor "with a job but not at work" during the reference week, and (2) were looking for work during the last four weeks, and (3) were available to accept a job. Also included as unemployed are civilians who did not work at all during the reference week and were waiting to be called back to a job from which they had been laid off. *Source: Nebraska Department of Labor, May 2004.*

High School Dropout Rate: Percent of children enrolled in grades seven through twelve at the beginning of the school year who drop out of school at some point during the school year. *Source: 2003-*

2004 school year data from the Nebraska Department of Education.

New Families at Risk: Number of first births to unmarried women under age 20 who have less than a high school education and percent of first births that represent new families at risk. *Source: NE HHSS, Regulation and Licensure, Data Management Section, Vital Statistics data.*

Reports and/or Arrests for Violent Crime, DUI and Other Drug Charges: Under the Uniform Crime Reporting Program, an arrest is counted each time a person is taken into custody, summoned, notified, or cited. For reporting purposes, one arrest is counted each time a person is taken into custody, regardless of the number of charges placed against him/her.

"Total arrests" includes arrests for both Part I and Part II offenses, based on the Uniform Crime Reporting Program. Part I offenses include homicide, rape, robbery, aggravated assault, burglary and other serious crimes. Part II offenses include simple assault, forgery, fraud, vandalism, drug abuse violations, DUI and a variety of other offenses.

"Arrests for violent crimes" are comprised of arrests for murder/manslaughter, forcible rape, robbery and aggravated assault.

"Arrests for DUI" refers to arrests of persons who are driving or operating any vehicle while drunk or under the influence of liquor or narcotic drugs.

"Drug abuse violation arrests" include all arrests for the violation of state and local laws, specifically those relating to the unlawful possession, sale, use, growing, manufacturing and making of narcotic drugs. Four divisions of narcotic drugs are recognized: (a) opium and cocaine and their derivatives (morphine, heroin, codeine), (b) marijuana, © synthetic narcotics which can cause true addiction (Demerol, methadone) and (d) other dangerous non-narcotic drugs (barbiturates, benzedrine).

Juvenile arrests include only arrests of persons under 18 years of age.

"Forcible rape" is defined as the carnal knowledge of a female forcibly and against her will. All rapes and attempts to rape are counted. Carnal abuse, without force (statutory rape) and other sex offenses are not included. Data included here represent only reported rapes. Actual numbers of forcible rapes are probably much higher. *Source: Nebraska Commission on Law Enforcement and Criminal Justice, 2004.*

Child Protection and Safety: "Children in out-of-home care" includes children in temporary or permanent out-of-home care (foster care, group homes, or other residential care facilities). The average number of children living in out-of-home care per month during CY2004 is reported here, with allocation to county determined by the county of the court committing them to this placement. *Source: Nebraska HHSS, Child Welfare Information System (CWIS).*

Court-substantiated abuse or neglect cases are those in which a juvenile, county or district court has determined by a preponderance of evidence that abuse/neglect occurred. Agency (HHS)- substantiated cases are those in which abuse or neglect is confirmed, based on information in the initial assessment which indicated a preponderance of evidence that maltreatment has occurred; this is referred to as "inconclusive" on the HHS Central Registry. CY 2003 data.

Domestic Violence: The Nebraska Network of Domestic Violence and Sexual Assault Programs seeks to ensure the safety of women and children by providing 24 hour access to seven essential services as needed: 24-hour crisis line, emergency shelter, transportation, medical advocacy and referrals, legal referrals and assistance with protection orders, on-going support and information, and education and prevention programs.

In April 1995, a statewide toll-free crisis line was established which directly connects individuals to the program serving their area of the state. The crisis line calls reported here include calls from victims, friends and family members, advocacy calls, and calls requesting information about services provided.

The majority of calls (56,075 in FY2000) were from abuse victims. Crisis calls are reported for the multi-county agency serving the county, except for Lancaster and Douglas Counties which are each served by more than one agency.

The "total new contacts" represent the number of adults and children who received services in FY2000 from the agency serving their multi-county area. *Source: Nebraska Domestic Violence/Sexual Assault Coalition, 1999-2000 Annual Statistical Report.*

HEALTH STATUS

Leading Causes of Death: Cause of death was obtained from ICD-10 coding on death certificates for 2000-2004. ICD-10 codes were obtained from the *10th Revision of the International Classification of Diseases*

<u>Cause of Death</u>	<u>ICD-10 Codes</u>
Heart Disease	390-398, 402, 404-429
Cancer (all sites)	140-208
Lung Cancer	162
Breast Cancer	174
Prostate Cancer	185
Cerebrovascular Disease	430-438
Unintentional Injuries	800-949
Motor Vehicle Crashes (Traffic and Non-Traffic)	810-825
Chronic Lung Disease	496
Suicide	950-959
Homicide	960-969
Diabetes-related	250 (as either the underlying or contributing cause of death)
Tobacco-related	Estimated using SAMMEC software. Based on attributable risk formulae for smoking-related causes of death (such as heart disease, lung cancer, etc.)
Alcohol-related	Estimated using CDC program based on attributable risk formulae for alcohol related causes of death (such as cirrhosis, motor vehicle crashes, etc.)
Work-related	800-949 (with the death certificate stating that the death was work-related)
All Causes	001-999

Source: Nebraska HHSS System, Regulation and Licensure, Data Management Section, Vital Statistics data.

Age-adjusted death rates are a weighted averaging of crude death rates according to a standard age distribution. An age-adjusted death rate represents what the crude death rate would be if the population for which the rate is adjusted and the standard population had the same age distribution. This procedure allows for the comparison of death rates among populations having different age distributions.

Formula for age-adjusted death rates:

$$\frac{\text{SUM OF: Age-specific death rates for each age group} \times \text{Standard population in each age group}}{\text{Total standard population}}$$

The death rates in this report have been adjusted to the age distribution of the United States population

in 2000 and are calculated as average yearly rates for the five-year period 2000-2004.

Cancer Incidence: The Nebraska Cancer Registry gathers data on Nebraska residents diagnosed and treated for invasive and in situ tumors, although certain types of skin cancer are not included. The registry gathers data on such cases from every hospital in the state and also includes Nebraska residents diagnosed and/or treated at hospitals in the states of Colorado, Missouri, Wyoming, Iowa, and South Dakota.

Incidence rates presented in this report represent the number of new cases of a specific site or type of cancer which occur within a specified population during the five-year period 1999-2003, expressed as an average annual rate per 100,000 population. All incidence rates presented here are age-adjusted to the 2000 population of the United States. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section, Nebraska Cancer Registry.*

Leading Reasons for Hospitalization: Hospital discharge rates are age-adjusted to the 2000 population. The following ICD-10 codes were used to classify reasons for hospitalization (diagnoses).

<u>Condition/Injury</u>	<u>ICD-10 Code</u>
All Conditions/Injuries	000-999
Pregnancy/Childbirth	630-676, V30-V39
All Injuries	800-999
Heart Disease	390-398,402,404-429
Diabetes-Related Diseases	250 (all-listed diagnoses)
Digestive Diseases	520-530, 534-570, 572-579
Psychosis/Mental Health	290-319
Musculoskeletal Disease	710-739
Tobacco-Related Diseases	Any of a defined list of tobacco-related diagnoses as first-listed diagnosis
Genitourinary Disease	590-629
Pneumonia	480-486
Cancer	140-208
Fractures	800-829
Cerebrovascular Disease	430-438
Other Respiratory Disease	460-479, 500-519
COPD	490-496
Alcohol-Related Diseases	Any of a defined list of alcohol-related diagnoses as first-listed diagnosis
Surgical/Medical Complications	996-999
Leading Causes of Injury	
Falls	E880-E888
MV Accidents	E810-E825
Self-Inflicted	E950-E959
Overexertion	E927
Other Unintentional	E925-E926, E928
Struck/Pierced by Object	E916-E918
Poisoning	E850-E858, E860-E869
Environmental	E900-E909
Assault	E960-E968

Source: Nebraska HHSS, Regulation and Licensure, Data Management Section, Hospital Discharge Data.

Leading Payer Type for Hospitalization: There are 5 categories of payers, all of which are mutually exclusive: commercial, Medicare, Medicaid, self-pay and other state/federal. Payer listed in the hospital discharge data is the "expected" payer, not necessarily the actual payer. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section, Hospital Discharge Data.*

Incidence of AIDS: To protect the privacy of persons with AIDS (auto-immune deficiency syndrome),

the Nebraska HHSS releases total numbers of AIDS cases by county only if the cumulative number of reported cases is greater than five. Because of the small number of cases of AIDS being recorded by individual counties in Nebraska in 2000-2004, rates were calculated for the six HHSS Service Areas in the state and not on an individual county basis. *Source: HHSS, HIV/AIDS Surveillance Program.*

Incidence of Resource-Intensive Communicable Diseases: West Nile virus, chronic hepatitis C, and tuberculosis are all reportable diseases in Nebraska. Physicians, hospitals, and laboratories are required by law to report laboratory-confirmed cases of these diseases to either their local health department or directly to the Nebraska Health and Human Services System. Rates for these diseases are computed per 100,000 population. *Source: Nebraska HHSS, Regulation and Licensure, Communicable Disease Surveillance Section.*

Incidence of Sexually Transmitted Diseases: Sexually transmitted diseases (STD's) are also reportable diseases in Nebraska. In this report, STD's include chlamydia, gonorrhea, genital herpes, and syphilis. *Source: Nebraska HHSS, Regulation and Licensure, Communicable Disease Surveillance Section.*

Estimated Prevalence of Dementia: Estimates of the number of persons with dementia in three age groups (65 to 74 years, 75 to 84 years and 85 years and older) were made for each Nebraska county based on estimates of the prevalence of dementia (e.g., Alzheimer's disease) in these age groups and 2004 U.S. Census population data. *Source: Nebraska HHSS, Aging Services. Alzheimer's Association, U.S. Census Bureau.*

MATERNAL AND CHILD HEALTH AND WELL-BEING

Infant Mortality: Infant mortality is defined as the death of a person under 1 year of age (less than 365 days old). All infant mortality rates reported here are average yearly rates per 1,000 live births for the five-year period 2000-2004. Only live births occurring to mothers who are Nebraska residents at the time of birth are included in the denominator. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.*

Very Low and Low Birth Weight: Low birth weight is defined as an infant weighing less than 2,500 grams at birth. A very low birth weight infant is one weighing less than 1,500 grams at birth. Data on birth weights was obtained from the certificates of live birth of infants born to mothers listing Nebraska as their state of residence at the time of birth. Rates reported here are average yearly rates over the five-year period 2000-2004 per 1,000 live births. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.*

Number of Infants Born with Birth Defects: Birth defects were classified into 13 broad categories according to the British Pediatric Association Classification of Disease World Health Organization's 1979 International Classification of Diseases (9th Revision), Clinical Modification (ICD-9-CM) with modifications developed by the national Centers for Disease Control. The rate reported here (percentage of live births) represents the average percentage over the five-year period 1999-2003. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.*

Teen Age Births: Teenage births are defined here as births that occur in mothers whose age at time of birth is less than 18 years. Data on teenage births was obtained from the certificates of live birth of infants born to mothers listing Nebraska as their state of residence at the time of birth. The percentage of all births attributed to teenage mothers is averaged over the five-year period 2000-2004. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.*

Percentage of Pregnant Women Who Smoke During Pregnancy: Cigarette usage by pregnant women was determined from information documented on birth certificates of live births in Nebraska for the five-year period 2000-2004. If the certificate of live birth listed the mother as a tobacco user but the number of cigarettes smoked per day was not listed, then the number of cigarettes smoked per day was

categorized as unknown. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.*

Percent Beginning Prenatal Care in the First Trimester: The certificate of live birth lists the month of pregnancy in which prenatal care began. The first trimester is the first three months of pregnancy. Data on first trimester prenatal care was obtained from the certificates of live birth of infants born to mothers listing Nebraska as their state of residence at the time of the birth. The percent beginning prenatal care in the first trimester reported here represents an average rate over the five-year period 2000-2004. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.*

Children Aged 19-35 Months Up-to-Date on Immunizations: Number and percent of children in this age group who have received the basic set of immunizations: 4 doses of diphtheria and tetanus toxoids and pertussis (whooping cough) vaccine/diphtheria and tetanus toxoids (DTP/DT); 3 or more doses of poliovirus vaccine; 1 or more doses of a measles-containing vaccine; 3 doses of Hib vaccine; and 3 doses of hepatitis B vaccine. Only state-level data are available. Estimates of vaccination coverage are based on results of the National Immunization Survey conducted by the Centers for Disease Control and Prevention in July 2003 – June 2004. *Source: Nebraska HHSS, Immunization Program.*

RISK FACTOR PREVALENCE

BRFSS Risk Factor Prevalence Estimates: From 2000 through 2004, a random sample of persons aged 18 years or older was surveyed on a variety of risk-factor-related topics, using the Behavioral Risk Factor Surveillance System. Some questions were not asked every year, so the sample size for these questions would be significantly smaller. For each of the following factors, the number of surveyed persons reporting the particular risk behavior is presented, along with the prevalence rate (percentage). All data are self-reported. *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section, Nebraska Behavioral Risk Factor Surveillance System.*

Obesity is defined using the Body Mass Index (BMI). To calculate the BMI, an individual's weight in kilograms is divided by the individual's height in meters squared. A BMI of 30.0 or greater in adults aged 18 and older indicates the person is obese.

No leisure-time physical activity is defined as a response of "no" to the question, "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Since 1994, the definition for "**currently smoke cigarettes**" includes persons who reported smoking at least 100 cigarettes in their lifetime and were either "daily" or "some days" smokers. "Daily" smokers currently smoke and smoked all of the past 30 days. "Some days" smokers currently smoke and smoke some (1 to 29) of the past 30 days.

Chronic drinking is defined as 60 or more alcoholic drinks per month for men and 30 or more drinks per month for women. Estimates are based on responses to two questions: (1) During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (2) A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? Total drinks per month are calculated by multiplying the number of drinks per day by the number of days the respondents drank alcohol.

No health insurance is defined as "no" to the question, "Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare?"

Could not see physician in past 12 months due to cost is defined as "yes" to the question, "Was there a time in the last 12 months when you needed to see a doctor, but could not because of the cost?"

Mammogram in past 2 years. Women in the survey were read a statement describing a mammogram

as “an x-ray of each breast to look for breast cancer” then asked if they ever had a mammogram. Those who ever had this test were then asked when they last had a mammogram. The prevalence rate reported here is for women aged 40 years or older.

Immunization rates (age 65+). Prevalence estimates are reported only for persons aged 65 or older at the time of the survey.

Flu shot past 12 months is defined as “yes” to the question, “During the past 12 months, have you had a flu shot?”

Pneumonia immunization is defined as “yes” to the question, “Have you ever had a pneumonia vaccination?”

General health good to excellent is defined as responses of “excellent,” “very good,” or “good” to the question, “Would you say that in general your health is: Excellent? Very good? Good? Fair? Or Poor?”

Ten or more days in past 30 physical health not good is defined as percent of respondents who answered 10 or more to the question, “Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”

Ten or more days in past 30 mental health not good is defined as percent of respondents who answered 10 or more to the question, “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

Youth Risk Behaviors, Grades 9-12: In the spring of 2003, a survey of 2,933 Nebraska public school students in grades 9 through 12 was conducted using a questionnaire and methodology developed by the Centers for Disease Control and Prevention’s Division of Adolescent and School Health.

Source: Nebraska HHSS, Health Promotion and Education Division.

Definitions for the risk behaviors reported here are listed below.

- **Smoking at least once in past 30 days:** smoked cigarettes on one or more of the 30 days preceding the survey.
- **Drank alcohol on at least 1 of past 30 days:** drank alcohol on one or more of the 30 days preceding the survey.
- **Binge drinking (5+ drinks on an occasion) in past 30 days:** drank five or more drinks of alcohol on at least one occasion on one or more of the 30 days preceding the survey.
- **Drinking and driving in past 30 days:** drove a motor vehicle after drinking alcohol one or more times during the 30 days preceding the survey.
- **Riding in a motor vehicle with someone who has been drinking alcohol (past 30 days):** one or more times during the 30 days preceding the survey had ridden in a motor vehicle with a driver who had been drinking alcohol.
- **Ever used marijuana in lifetime:** ever used marijuana.
- **Used marijuana in past 30 days:** used marijuana one or more times during the 30 days preceding the survey.
- **Ever used cocaine (in any form) in lifetime:** ever tried any form of cocaine, including powder, “crack,” and “freebase.”
- **Ever used inhalants (sniffed glue, breathed contents of aerosol spray cans, inhaled paint sprays to get high) in lifetime.**

Racial/Ethnic Risk Factor Prevalence Estimates: Prevalence estimates are taken from results of the Nebraska Behavioral Risk Factor Surveillance System conducted in 2000 through 2004. Risk factor prevalence rates reported in the Profiles are defined as follows.

Obese is defined here as having a Body Mass Index of 30.0 or higher, based on self-reported heights and weights.

No leisure-time physical activity is defined as a response of “no” to the question, “During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?”

Currently smoke cigarettes is defined as a response of “yes” to each of the following two questions: “Have you smoked at least 100 cigarettes in your entire life?” and “Do you now smoke cigarettes everyday, some days, or not at all?”

General health good to excellent is defined as responses of “excellent,” “very good,” or “good” to the question, “Would you say that in general your health is: Excellent? Very Good? Good? Fair? Or Poor?”

No health insurance is defined as a response of “no” to the question, “Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? *Source: Nebraska HHSS, Regulation and Licensure, Data Management Section, Nebraska Behavioral Risk Factor Surveillance System.*

Could not afford to see physician is defined as “yes” to the question, “Was there a time in the last 12 months when you needed to see a doctor, but could not because of the cost?”

ENVIRONMENTAL DATA

Nitrate Levels in Municipal Water Systems/Rural Water Districts: From 2000-2004, 1,351 community water systems in Nebraska were tested for the level of nitrates present in drinking water. Drinking water was determined to be unsafe if the nitrate level exceeded 10 parts per million (ppm).

“% of comm pop drinking >10 ppm” refers to the percent of the population of the county who received drinking water with nitrate levels greater than 10 parts per million. “Average nitrate level” for the county was determined by multiplying the nitrate level found in each water system by the number of persons served by that system, then adding these weighted levels and dividing this sum by the total persons served by water systems in that county. *Source: Nebraska HHSS, Environmental Health Section.*

Fluoride Levels in Cities with Municipal Water Systems: As of 2004, the Nebraska HHSS Drinking Water Division tested all municipal water systems in Nebraska for fluoride levels in their drinking water. A total of 607 water systems serving 81.4% of the total 2000 population were tested.

“Community % of 2000 Census” was calculated by dividing the number of persons served by water systems and districts tested for fluoride levels in a county by the total population of the county. “% of community population drinking fluoride .75-1 ppm” refers to the percent of persons served by community water systems who received drinking water with fluoride levels of .75 to 1.0 parts per million (suggested optimal fluoride level). *Source: Nebraska HHSS, Environmental Health Section.*

High Blood Lead Levels in Children under Age 6: As of April 1993, physicians, hospitals and laboratories are required by law in Nebraska to report results of blood lead level testing, with levels of 10 ug/dL or higher considered elevated. During the three-year period 2001-2003, more than 49,000 children under age 6 were tested statewide. It is currently recommended that all children be screened for elevated blood lead levels at ages 12 and 24 months, especially children living in pre-1950 housing and those living in housing built before 1978 with recent or ongoing remodeling or renovation. *Source: Nebraska HHSS, Regulation and Licensure, Section of Environmental, Disease, and Vector Surveillance.*

AVAILABILITY OF SERVICES

Health Professionals in Practice: The Health Professions Tracking Center at the University of

Nebraska Medical Center collects and maintains current data on physicians and other health professionals in practice in Nebraska.

- **Physicians** in active practice are listed by primary specialty: General/Family Practice, Internal Medicine, Pediatrics, Obstetrics/Gynecology, Psychiatry
- **Physician Assistants** in active practice
- **Nurse Practitioners** in active practice
- **Registered Nurses** in active practice
- **Licensed Practical Nurses** in active practice
- **Dentists** in active practice

“Number of persons served per practitioner” is calculated by dividing the number of health practitioners in active practice in the county by the population of the county (based on 2003 U.S. Census estimates).

Federal Shortage Area Designations: There are currently two basic types of federal shortage area designations: HPSA's and MUA's. Health Professional Shortage Areas (HPSA's) are reviewed every three years or as conditions change and states request new designations. Criteria for designation include population-to-primary care physician ratios exceeding 3,500:1 (or 3,000:1 if high needs are indicated) and primary care services in contiguous areas that are overutilized, excessively distant, or inaccessible. Designated HPSA's are eligible sites for: Rural Health Clinic certification; National Health Service Corps practitioners; and 10% Medicare bonus payments to physicians. Areas may also be designated as dental or mental health provider HPSA's.

Medically Undeserved Areas (MUA's) or Medically Underserved Populations (MUP's) are reviewed as requested. The basic criterion for designation as an MUA or MUP is a specified score on an index of medical underservice, which weights data on infant mortality, percent of population aged 65 and over, poverty, and the population-to-physician ratio. Designated MUA's/MUP's are eligible sites for Rural Health Clinic certification and Community Health Center development.

Emergency Services: Nebraska law requires that all ambulance squads in Nebraska be licensed. Number of licensed ambulance services, which may operate more than one squad each, are reported here. *Source: Nebraska HHSS, Regulation and Licensure, Credentialing Division.*

Availability of Transportation: Only public transportation service availability is reported here. “Public transportation” here refers to service which is available to the general public, not just to a specific group such as charter groups or residents of a specific hotel. The service must also be oriented to transporting a passenger between points as opposed to social/recreation-oriented service such as sightseeing or special occasion limousines. *Source: Nebraska Department of Roads, Intermodal Transportation Division. “Nebraska Transit Directory, 1998.”*

SERVICE UTILIZATION DATA

Medicaid Eligibility and Expenditures: The Medicaid Program is designed to provide medical coverage to children, individuals and families in households with low incomes. There are four broad eligibility categories for Medicaid: aged, blind and disabled, children, and Aid to Dependent Children (ADC) adults. For further information, contact the Nebraska Medicaid Program. The expenditure data reported here represent direct payments made during FY2003 to health care providers for services, rather than actual services provided during that period. *Source: Nebraska HHSS, Finance and Support, Financial Services Division, State and Federal Aid: Financial and Program Analysis section.*

Medicaid Expenditures by Type of Service Provided: Inpatient and outpatient hospital services, visits to physicians, prescription drugs, dental, visual and nursing home care are among the range of medical services covered in Nebraska's Medicaid Program. The dollar figures reported here represent direct payments made during FY2003 to health care providers for services, rather than actual services provided during that period. *Source: Nebraska HHSS, Finance and Support, Financial Services Division,*

Utilization of Services by Program:

Aid to Dependent Children (ADC). The Aid to Dependent Children (ADC) program provides cash assistance to low-income families with minor children. ADC income is used to pay for family living expenses like rent, utilities, food, clothing and other necessities. To be eligible, the family's primary wage earner must be deceased, incapacitated, unemployed, underemployed, or absent from the child's home. Data reported here represent the average number of families participating in the program per month in FY2004 and the average monthly payment per case. *Source: Nebraska HHSS, Finance and Support, Financial Services Division, State and Federal Aid: Financial and Program Analysis section.*

Food Stamp Program. The Food Stamp Program is designed to increase the purchasing power of low-income households by providing them with coupons redeemable for food at retail outlets. These coupons allow the participating household to prepare nutritionally adequate meals. Eligibility for participation in this program is determined primarily through federal criteria established in three broad categories: income, assets, and work requirements. All of these criteria must be satisfied to be eligible to participate. The "monthly average per person" reported here is calculated using the formula below:

$$\frac{\text{"total value of coupons" for the year}}{\text{"average number of monthly participants" x 12 months}}$$

Source: Nebraska HHSS, Finance and Support, Financial Services Division, State and Federal Aid: Financial and Program Analysis section.

Number of Persons Served by Public Health Programs:

WIC. The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is designed to improve the nutritional status of mothers and their children. It serves low-income pregnant, breast-feeding or postpartum women, infants, and children to their fifth birthday, based on a priority system of medical and nutritional need. The program assesses nutritional status and provides nutrition education and direct subsidies to purchase specific, nutritious foods for qualifying mothers and children. Nutritional information is offered to mothers to help them to select healthy foods for themselves and their families. This program also serves as a "gateway" for access to other health and social services, such as medical care and childhood immunizations. Number of persons served is an unduplicated count for each county for 2004. *Source: Nebraska HHSS, Services, Family Health Division, Nebraska WIC Program.*

Reproductive Health. The Nebraska Reproductive Health Care Program provides a variety of services to Nebraskans, including: contraception counseling, breast exams, Pap smears, testing and treatment for sexually-transmitted diseases, pregnancy tests, referrals for other services (such as prenatal care, WIC, drug/alcohol treatment), and community education services. The number of persons served reported here represent unduplicated counts of persons served by the program in 2004. *Source: Nebraska HHSS, Services, Family Health Division, Nebraska Reproductive Health Care Program.*

Nursing Home and Hospital Long-Term Care Occupancy:

Nursing Home and Hospital Long-Term Care Facilities. Nursing homes and long-term care units in hospitals (including Veteran's Administration facilities) are required to submit quarterly reports to Nebraska HHSS with occupancy statistics that include number and ages of residents. The data reported here include the total number of licensed beds and an occupancy rate in these facilities per county for 2004.

$$\text{Occupancy rate} = \frac{\text{number of annual census days}}{\text{number of available census days per year}}$$

where:

annual census days per year = for all licensed beds, the sum of (the number of days each licensed bed is occupied during the year)

and

available census days per year = for all licensed beds, the sum of (the number of days each licensed bed is potentially available during year)

Persons Aged 65 and Older Living in Nursing Homes or Hospital Long-Term Care Facilities.

Total number of residents in these facilities for the year is reported here, along with the percent of the population in that age group living there (based on 2004 U.S. Census population estimates). Please note that the county of residence for persons in these facilities is considered to be the county in which the nursing home/long-term care facility is located, not the previous county of residence of the person.

Source: Nebraska HHSS, Regulation and Licensure, Data Management Section.

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