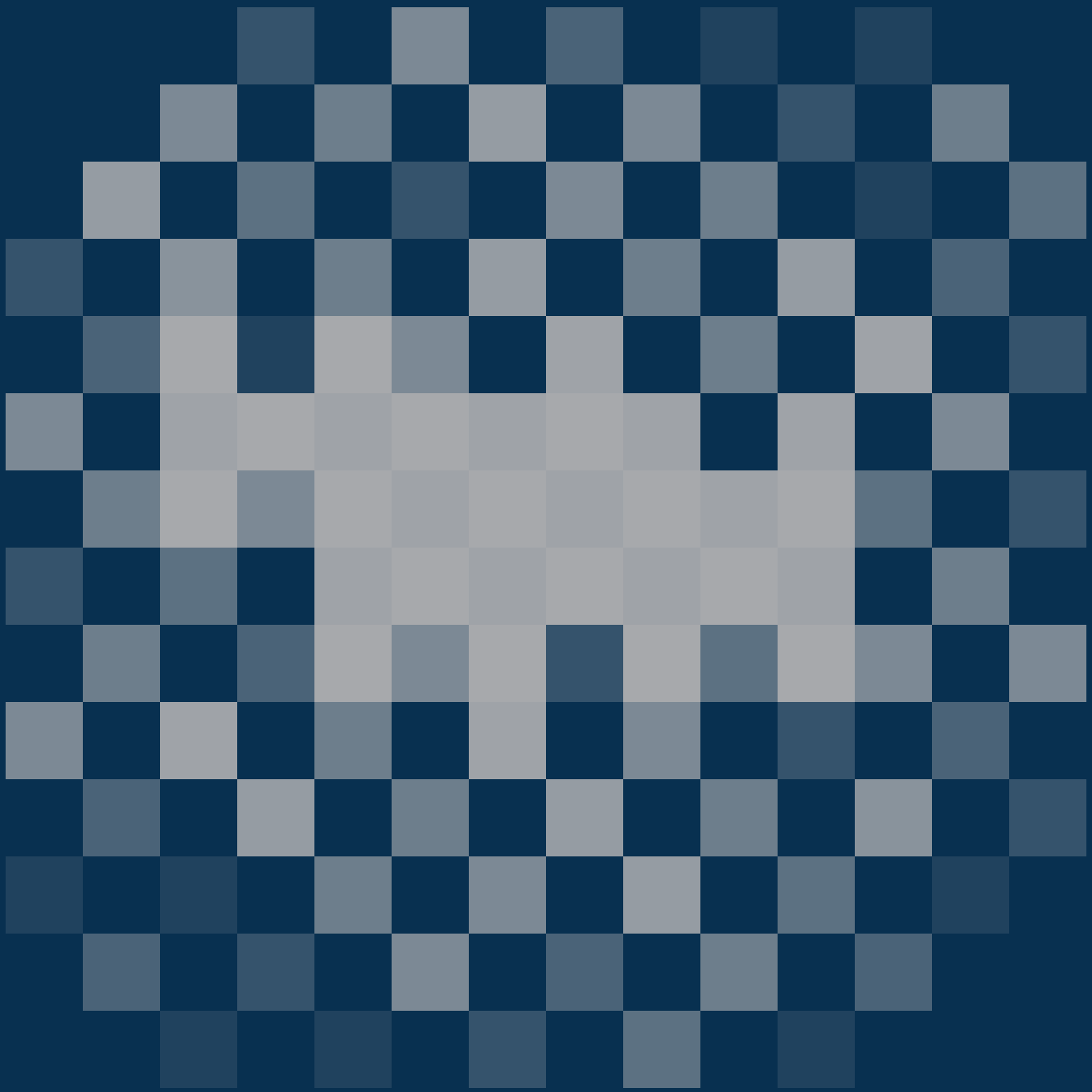
Behavioral Risk Factor

Surveillance System Report

2004-2006



Nebraska

Behavioral Risk Factor Surveillance System Report

2004–2006

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Executive Summary

Introduction

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major health risk factors among adults residing in the state. Information gathered in these studies can be used to target health education and risk reduction activities throughout the state in order to lower rates of premature death and disability.

Methodology

This surveillance system is based on a research design developed by the Centers for Disease Control and Prevention (CDC) and used in all 50 states, the District of Columbia, and three U.S. territories.

Telephone surveys with 25,131 randomly selected Nebraska residents aged 18 and older were conducted by the Nebraska Health and Human Services System during 2004, 2005, and 2006. To increase the number of respondents who are members of racial and ethnic minority groups, an additional "minority oversample" survey was conducted in each of the three years with adults aged 18 and older in Nebraska census tracts with large racial and ethnic minority populations. Total number of respondents to the minority oversample was 4,817 for 2004–2006.

Summary of Results

A comparison of prevalence estimates for selected risk factors for Nebraska and the nation is shown in **Table 1**. In general, prevalence rates for most risk factors and measures of health for Nebraska were similar to the national medians. Still, some differences were noted, particularly in rates for preventive measures and good health habits.

Although the uninsured rate has risen in recent years, Nebraska fared slightly better than the United States as a whole in the proportion of adults without health insurance.

The health status of Nebraskans was slightly better than that of Americans overall. For example, the proportion of adults in the state who reported that their health was fair or poor was two percentage points lower than the nationwide rate. A slightly smaller proportion of Nebraskans indicated that their activities were limited by physical, mental, or emotional problems. The proportions of adults with high blood pressure or elevated blood cholesterol levels were a little smaller than corresponding rates for the nation.

Differences in prevalence of risk factors were generally small. Prevalence of cigarette smoking in Nebraska has changed little from previous studies, but was slightly lower than the national rate. Slightly higher rates of obesity and overweight were reported for Nebraskans than for adults nationwide. Prevalence of binge drinking was higher for adults in Nebraska, compared to the nation.

Nebraska adults were somewhat less likely than American adults overall to participate in two good health habits tracked in the BRFSS. Fewer Nebraskans consumed fruits and vegetables five or more times daily. They were also a little less likely than adults nationwide to participate in the recommended level of moderate or vigorous physical activity.

Nebraskans were less likely than Americans overall to take some preventive screening measures. The proportion of Nebraskans aged 50 and older who ever had a colonoscopy or sigmoidoscopy to screen for colorectal cancer was lower than the national rate. Fewer Nebraskans also reported having their blood cholesterol level checked in the past five years. Breast cancer screening (mammograms) and cervical cancer screening (Pap tests) rates were about the same as those reported nationwide.

In other preventive measures, Nebraska performed better than the nation. A greater proportion of adults aged 65 and older had a flu shot in the past year. Nebraska adults were also more likely than adults nationwide to have visited their dentist in the last 12 months.

	Nebraska	U.S.
Access to Health Care		
No health insurance (adults aged 18 and older)	13%	15%
Health Status		
Reported general health to be "fair" or "poor"	13%	15%
Activities limited by physical, mental, or emotional problems (2005 only)	17%	19%
Health problems requiring use of special equipment (2005 only)	6%	6%
Ever told by health professional that they have:		
diabetes	7%	7%
asthma (current prevalence)	7%	8%
high blood pressure (2005 only)	24%	26%
high blood cholesterol (2005 only)	35%	36%
Risk Factors		
Cigarette smoking	20%	21%
Obesity (Body Mass Index = 30+)	25%	24%
Overweight but not obese (Body Mass Index = 25.0–29.9)	38%	37%
No leisure-time physical activity	22%	23%
Binge drinking (5 or more alcoholic drinks on at least 1 occasion in the past 30 days)	18%	15%
Heavy drinking (>2 alcoholic drinks for men or >1 alcoholic drink for women per day)	4%	5%
Had all teeth extracted due to decay or gum disease (aged 65 and older)	21%	20%
Good Health Habits		
Consume fruits/vegetables at least 5 times per day (2005 only)	20%	23%
Participate in recommended level of moderate/vigorous physical activity in a usual week (2005 only)	47%	49%
Preventive Measures		
Blood cholesterol level checked in past 5 years	70%	73%
Ever had sigmoidoscopy or colonoscopy (adults aged 50 and older)	49%	55%
Had Pap test in past 3 years (women aged 18 and older)	84%	85%
Had mammogram in past 2 years (women aged 40 and older)	75%	76%
Flu shot in past 12 months (adults aged 65 and older)	74%	68%
Ever had pneumonia vaccination (adults aged 65 and older)	67%	66%
Visited dentist in past 12 months	74%	71%

Table 1: Comparison of Prevalence
Selected Behavioral Risk Factors and Preventive Health Measures, Nebraska vs. United States, 2004–2006

Analysis of behavioral risk factor data also indicates that certain population subgroups are at greater risk for premature death and disability than the population as a whole. Young adults aged 18 to 29, persons with less education (particularly those who have not completed high school), and persons with low household incomes are often at greater risk due to health-related behaviors measured in this study.

Results of this study also show that racial and ethnic minority groups in Nebraska are generally at greater risk for premature death and disability than the white population of the state. African Americans and Native Americans generally reported poorer health status and greater prevalence of some risk behaviors. Hispanic Nebraskans and African Americans were less likely to have received certain recommended screenings and preventive care. Although Asian Americans were less likely to show significant differences when compared to white Nebraskans, like the other three racial/ethnic minority groups, they were less likely than white Nebraskans to have access to high-quality health care.

Prevalence of many risk factors was similar for rural and urban Nebraskans. However, rural residents were at greater risk than those living in urban counties due to lack of health insurance. Rural residents were also less likely to have received recommended health screening and preventive care. Prevalence of some risk behaviors (e.g., not wearing seat belts, use of smokeless tobacco) was also higher for rural respondents.

Highlights For Specific Risk Factors

Access to Health Care

- Among Nebraskans aged 18 to 64 years, in 2004–2006, 16 percent stated they did not have any type of health insurance at the time of the survey.
- From 1993 to 2000, the proportion of uninsured adults under age 65 remained fairly steady at 10 to 11 percent. Since then, rates have risen to 17 percent in 2005 and 2006.

- Sixteen percent of adult Nebraskans do not have a personal doctor or health care provider.
- Ten percent of BRFSS respondents reported that, at least once in the past 12 months, they had been unable to see a doctor due to the potential cost of care.

Health Status

- As in past studies, the majority of Nebraska adults (87 percent) rated their general health "good" to "excellent." However, 13 percent characterized their health as "fair" or "poor."
- Respondents reported an average of 3.1 days in the past 30 days when they felt their physical health was "not good." The number of days when mental health was "not good" averaged 2.6 days. Adults in this survey reported an average of 3.5 days in the past month when poor physical or mental health kept them from participating in their usual activities.

Anxiety and Depression

- In 2006, BRFSS respondents were asked how many days in the past two weeks they had experienced eight possible symptoms of anxiety or depression. Average number of days ranged from 0.3 days for "moving slowly . . . or been fidgety" to 3.3 days for "felt tired or had little energy."
- Overall, 10 percent of adult Nebraskans stated they had ever been diagnosed with an anxiety disorder, while 16 percent said they were ever told they had a depressive disorder.
- Asthma was significantly more prevalent among persons who had ever been diagnosed with anxiety or depression, compared to those who had not. In addition, the average number of chronic conditions reported was significantly higher among persons with depression or anxiety than among those who have never had these mental illnesses.
- In this study, depression was associated with more unhealthy behaviors than was anxiety. For respondents with depression (either current or lifetime), prevalence rates for smoking, physical inactivity, and obesity were all significantly higher than rates for those who never had depression. Smoking prevalence was also higher for persons diagnosed with an anxiety disorder than for those who never had this condition.

Disability and Quality of Life

- Seventeen percent of adults responding to the Nebraska BRFSS indicated that they experienced limitation in one or more activities due to physical, mental, or emotional problems.
- Six percent of respondents said they now have a health problem that requires them to use special equipment, such as a cane or wheelchair.
- Respondents who reported having an activity limitation or a health problem requiring use of special equipment are defined in this study as having a disability.
- One-half of respondents to the 2005–2006 BRFSS (49 percent) stated they "always" get the social and emotional support they need. Nearly as many (45 percent) reported that they were "very satisfied" with their lives.

Cardiovascular Disease

- Four percent of adults reported being told they had had a heart attack. Four percent were informed they had angina or coronary heart disease. Two percent had ever been told they had a stroke.
- Altogether, 53 percent of respondents who had been hospitalized for a heart attack participated in outpatient rehabilitation. Among persons who had been hospitalized due to stroke, only 32 percent reported going to outpatient "rehab."

Diabetes

- Seven percent of adults in Nebraska said a doctor had told them that they have diabetes.
- Prevalence of diabetes among the adult population remained fairly constant at 4 to 5 percent between 1994 and 2001. Prevalence rose to 6 percent in 2002, then continued upward to 7 percent in 2005 and 2006.

Arthritis

- In 2004–2005, 43 percent of BRFSS respondents were categorized as having probable or diagnosed arthritis.
- One-fourth (26 percent) of persons with probable or diagnosed arthritis reported activity limitations due to this condition.

Asthma

- Eleven percent of adults stated that a doctor or other health professional had at some time

told them they had asthma. When asked if they still have asthma, 7 percent of all respondents said they do.
- In 2006, BRFSS respondents were also asked about prevalence of asthma among selected children in their households. Results were the same as for adults (i.e., 11 percent of children were ever told they have asthma and 7 percent of children currently have this disease).

Environmental Factors and Excess
Sun Exposure
- Overall, nearly one-fifth of BRFSS respondents (18 percent) reported having an illness or symptom that they attributed to poor air quality at home, in the office, or in another building.
- Prevalence of reported illness or symptoms resulting from pollution in the air outdoors was much lower (7 percent).
- To lessen the chances of developing skin cancer, the American Cancer Society recommends avoiding or limiting exposure to the sun when its ultraviolet rays are strongest. In 2004, 43 percent of adults in Nebraska indicated they had gotten a sunburn in the past year.
- Recent sunburns were much more common among young adults than among older ones, with 59 percent of persons aged 18 to 29 reporting at least one sunburn in the past year.

Injury Prevention
- Two-thirds of adult Nebraskans surveyed in 2006 (66 percent) reported that they "always" use a seat belt when driving or riding in a car.
- Falls are the second-leading cause of unintentional injury deaths in Nebraska. Fourteen percent of individuals aged 45 and older said they had at least one fall in the past three months. Among the persons who had fallen, 28 percent stated they had been injured.
- Efforts to promote proper storage of firearms in homes would reduce the likelihood of both unintentional injuries and injuries from violence-related causes. Altogether, 45 percent of respondents to the 2004 Nebraska BRFSS said that firearms were kept in or around their homes. About five percent of all respondents who have firearms in or around their homes reported that they currently have these weapons loaded and unlocked.

Alcohol Misuse
- Binge drinking was much more prevalent than either heavy drinking or drinking and driving among BRFSS respondents. In 2004–2005, 17 percent of adults stated that they had five or more alcoholic drinks on at least one occasion during the past month. In 2006, when the definition for binge drinking changed to four or more drinks for women, prevalence of binge drinking edged upward to 18 percent.
- Heavy drinking is defined here as having more than two alcoholic drinks per day for men and more than one alcoholic drink per day for women, on the days when they drank. Prevalence of heavy drinking was 4 percent in 2004–2006 in Nebraska.
- Overall, five percent of respondents to the Nebraska BRFSS reported that, in the month prior to the survey, they had driven a motor vehicle after having consumed too much alcohol.

Tobacco Use
- In 2004–2006, one-fifth of Nebraskans aged 18 and older (20 percent) stated that they currently smoke cigarettes. Smoking prevalence remained fairly steady between 1993 and 2002 (at about 22 percent). Since then, it has edged downward, with 19 to 21 percent of Nebraska adults currently smoking between 2003 and 2006.
- The majority of BRFSS respondents (77 percent) said that smoking is not allowed anywhere inside their homes.
- Eight of every ten respondents (82 percent) reported that smoking is not allowed in indoor public areas at their workplace, while 88 percent stated there were rules prohibiting smoking in any work areas at their place of employment.
- In 2004, 9 percent of all Nebraska men indicated they currently use smokeless tobacco. Prevalence of smokeless tobacco use among adult men in the state has held steady at 8 to 9 percent since 1987–1988.

Overweight and Obesity
- In Nebraska, 25 percent of BRFSS respondents reported heights and weights that placed them in the "obese" category in 2004–2006. Nearly four out of ten adults (38 percent) were classified as "overweight but not obese." Thus, a total of 63 percent of Nebraska adults were "overweight or obese," with a Body Mass Index reading of 25.0 or greater.

- The proportion of adults who are at risk due to overweight or obesity has increased considerably over the years. Prevalence has increased by 18 percentage points — from 46 percent in 1989 to 64 percent in 2006.
- The greatest share of the increase in overweight and obesity has occurred in the obese category. Prevalence of obesity among adult Nebraskans has doubled since 1992.

Consumption of Fruits and Vegetables

- Eight out of ten Nebraska adults (80 percent) ate fruits and vegetables less frequently than the five or more times daily recommended for good nutrition in the 2000 Dietary Guidelines for Americans. (The 2005 Dietary Guidelines encourage adults to eat 7 to 10 servings of fruits and vegetables each day).

Folic Acid

- Altogether, 47 percent of women of childbearing age were able to correctly state that health experts recommend taking folic acid to prevent birth defects.
- A similar proportion (48 percent) of women in this age group (18 to 44 years) indicated they are receiving the optimal level of folic acid through dietary supplements.

Physical Activity Levels

- More than one-fifth of Nebraska adults (22 percent) stated they had not participated in any physical activities or exercise outside of their regular job in the past month. Prevalence of physical inactivity has remained fairly stable in the past five years, ranging from 21 to 24 percent.
- In a "usual week," 25 percent of Nebraska BRFSS respondents participated in "vigorous" physical activity (i.e., those causing large increases in breathing or heart rate) for 20 or more minutes per day on 3 or more days of the week.
- Nearly one-half (47 percent) of respondents engaged in activities meeting the requirements for moderate and/or vigorous physical activity. "Moderate" physical activities cause "small increases in breathing or heart rate." To achieve the recommended activity level, participants performed 30 or more minutes per day of moderate physical activity for five or more days per week and/or 20 or more minutes per day of vigorous physical activity on three or more days per week.

High Blood Pressure

- About one-fourth of adult Nebraskans (24 percent) said they had been told by a health professional that their blood pressure is high. An additional one percent had been told their blood pressure is "borderline high" or that they are "pre-hypertensive."
- Although the proportion of adults in Nebraska who have ever been told they have high blood pressure has not changed a great deal over time, prevalence appears to be moving gradually upward.
- Among respondents who have ever been told their blood pressure is high, 66 percent said they are currently taking medication for this condition.

Cholesterol Screening

- Seventy percent of Nebraska adults had their blood cholesterol level tested within the past five years.
- Among respondents who ever had their blood cholesterol level checked, nearly one-third (31 percent) said their doctor or other health professional told them it is high.
- Prevalence of elevated cholesterol levels has increased over the years, from 24 percent in 1989-1990 to 31 percent in 2003 and 2005.

Colorectal Cancer Screening

- Among respondents aged 50 and older, only 29 percent stated that they had a blood stool test (using a home kit) within the past two years to screen for colorectal cancer.
- Nearly one-half of persons in this age group (48 percent) reported ever having a sigmoidoscopy or colonoscopy to check for colorectal cancer. The proportion of respondents who ever had one of these tests increased from 38 percent in the 2001 study to 48 percent in 2004+2006.

Prostate Cancer Screening

- Three-fourths of men aged 50 and older in the 2004–2006 BRFSS (75 percent) reported ever having a Prostate-Specific Antigen (PSA) test to check for prostate cancer. More than one-half of all males in this age group (54 percent) indicated they had a PSA test in the last 12 months.

- Eight out of ten men aged 50 and older (82 percent) in this study said they ever had a digital rectal examination. Less than one-half (47 percent) had this exam in the past year.
- Four percent of men aged 40 and older stated they had ever been told by a health professional that they had prostate cancer.

Women's Health
- Sixty-one percent of all women aged 40 and older had a mammogram within the past year. Screening rates increased considerably between 1993 and 1999. Since then, the rate has remained at 60 to 62 percent each year.
- The majority of women aged 18 and older who participated in the 2004–2006 BRFSS (85 percent) reported having a Pap test within the past three years.

Family Planning
- Nearly two-thirds of respondents who were asked questions about birth control in 2004 (i.e., women aged 18 to 44 who were not pregnant and men aged 18 to 59) said they (or their partners) were currently using a form of birth control.
- Nine percent were not using birth control and were at risk for unintended pregnancy.
- Respondents who were asked these family planning questions were also asked about their desire to have children now or in the future. Altogether, 43 percent of these respondents stated they want to have a child now or sometime in the future, while 36 percent indicated they did not want a child. The remaining 21 percent were unsure.

HIV/AIDS
- In 2004–2006, only 29 percent of Nebraska BRFSS respondents aged 18 to 64 years said they had ever been tested for HIV.
- Fifteen percent of BRFSS respondents who ever had an HIV test reported having their last test within the past year. Twelve percent stated it had been more than 10 years since they were last checked for HIV infection.

Immunizations
- In 2004–2006, three-fourths of Nebraska adults aged 65 and older (74 percent) reported having a flu shot in the 12 months prior to the survey. Among respondents aged 50 to 64 years, only 40 percent received a flu shot within the past year.
- Two-thirds of all respondents aged 65 and older (67 percent) reported ever having a vaccination for pneumonia.
- Hepatitis B is a serious disease caused by a virus that attacks the liver. Routine vaccination of children aged birth through 18 years and vaccination of persons of all ages in high risk groups is recommended. In 2006, 37 percent of Nebraska BRFSS respondents aged 18 and older indicated that they ever received hepatitis B vaccine.

Oral Health
- Nearly three-fourths of the adults surveyed in the 2004–2006 Nebraska BRFSS (73 percent) said they had visited the dentist within the past year.
- Sixty percent of adults aged 18 and older reported that they had lost no teeth due to tooth decay or gum disease. However, 9 percent had lost six or more teeth (but not all) and 5 percent had at some time had all their teeth removed.
- Nearly three-fourths of BRFSS respondents (73 percent) indicated they had their teeth cleaned within the last year. The proportion of adults who had their teeth cleaned in the past 12 months declined gradually over the past six years, moving from 77 percent in 2001 to 72 percent in 2006.

Estimated Number Of People At Risk

The 2004–2006 Nebraska BRFSS shows that a substantial proportion of the adult population of the state is at risk for one or more of the factors studied. **Table 2** presents estimates of the number of persons aged 18 and older in Nebraska (based on 2005 U.S. Census estimates) who are at risk due to individual factors.

For some behaviors where certain age groups are most affected (such as mammograms, HIV testing, or flu shots), appropriate population subgroups have been used to estimate the number of persons at risk. Relevant age groups are noted in Table 2.

Table 2: Percentage and Number of Persons at Risk Due to Specific Factors
Nebraska Residents Aged 18 and Older, 2004–2006

Risk Factor	Estimated Percent at Risk	Estimated No. at Risk*
General health is fair/poor	13%	172,531
Activities limited by physical, mental, or emotional problems	17%	225,617
No health insurance (aged 18–64)	16%	174,977
No personal health care provider	16%	212,345
Ever had a heart attack	4%	53,086
Ever had a stroke	2%	26,543
Told by a doctor they have diabetes	7%	92,901
Currently have asthma	7%	92,901
Do not always wear seat belt when driving or riding in a motor vehicle	34%	451,234
Alcohol misuse:		
Heavy drinking	4%	53,086
Binge drinking	18%	238,888
Drinking and driving	5%	66,358
Cigarette smoking	20%	265,432
Obesity (BMI = 30+)	25%	331,790
Overweight but not obese (BMI = 25.0 - 29.9)	38%	504,320
Consume fruits/vegetables less than 5 times per day	80%	1,061,726
No leisure-time physical activity	22%	291,975
Ever told blood pressure is high	24%	318,518
Not had cholesterol level checked in past 5 years	30%	398,147
Not had sigmoidoscopy/colonoscopy to screen for colorectal cancer (aged 50+)	52%	275,765
Not had mammogram in past 2 years (women aged 40 and older)	25%	104,267
Never been tested for HIV (aged 18–64)	71%	776,462
No flu shot in past 12 months (aged 65 and older)	26%	60,723
Have not visited dentist in past 12 months	27%	358,333

*Estimated number at risk = % at risk × Nebraska population aged 18 and older (unless otherwise noted).
Population data: 2005 U.S. Census estimates.

Introduction

The Nebraska Behavioral Risk Factor Surveillance System (BRFSS) has been conducting surveys annually since 1986 for the purpose of collecting data on the prevalence of major risk factors among adults residing in the state.

This series of surveys is based on a research design developed by the Centers for Disease Control and Prevention (CDC). It is used in all 50 states, the District of Columbia, and three U.S. territories. Questions are standardized to ensure comparability of data with other states and to allow determination of trends over time.

Information gathered in these studies can be used to target health education and risk reduction activities in order to lower rates of premature death and disability.

The current report presents results of interviews conducted in 2004, 2005, and 2006. It addresses major health risk factors, such as smoking and physical inactivity; preventive health behaviors, such as immunizations and cancer screening; measures of health status, such as prevalence of diabetes or disabilities; and health care issues such as health insurance coverage.

As in the 2001–2003 Nebraska BRFSS report, this report includes data for racial and ethnic minorities. It also presents the 95 percent confidence intervals associated with most reported percentages, to enable the reader to assess statistical significance of findings. This report also summarizes trends in prevalence over time when available. It compares Nebraska BRFSS data with national averages and results in surrounding states. Nebraska Healthy People 2010 objectives that can be measured using BRFSS data have also been included.

Methodology

Telephone surveys with 25,131 randomly-selected Nebraska residents aged 18 years or older were conducted by the Nebraska Health and Human Services System during 2004, 2005, and 2006.

To increase the number of racial and ethnic minority respondents, a separate "minority oversample" survey was conducted in each of the three years (2004, 2005 and 2006). Racial and ethnic minority respondents are those who reported their race as African American, Asian American, Native American, Other, or reported more than one race. Persons who reported that they were of Hispanic Origin were also considered ethnic minority respondents. With the exception of a few questions not asked in the minority survey, the questionnaires used were identical to the main survey.

Sampling methods were the same, except that the respondents to the minority oversample were selected only from census tracts with large minority populations. A total of 4,817 Nebraskans aged 18 and older comprise the racial/ethnic minority oversample.

As in the studies conducted in 1993 through 2003, core questions were used by all the states. However, some of these questions were not asked every year. In addition to core questions, a variety of optional modules containing questions that were developed cooperatively between CDC and the states were available. Several of these modules were selected and used in the 2004–2006 Nebraska BRFSS.

The demographic distribution of survey respondents is presented in **Table 3**. Data on gender, age, rural vs. urban residence, education, household income, and race/ethnic origin were used to determine whether the prevalence of behavioral risk factors could be linked to or associated with these demographic variables. However, it is necessary to keep in mind that, in many instances, multiple factors may be operating to influence prevalence.

Prevalence estimates are based on weighted data rather than raw numbers of responses to a question. The weights adjust for over- or under-sampling of age/gender groups. Age-adjustment was used for most prevalence estimates in this report, except in cases where data were to be compared to prevalence estimates that were not age-adjusted (i.e., U.S. data, data for other states, and some trend data).

Most tables in this report show the 95 percent confidence intervals associated with reported percentages. Confidence intervals are a method of measuring sampling error and defining the range where the "true" percentage would be found 95 percent of the time. Larger sample size is related to smaller confidence intervals and greater reliability of data. Confidence intervals are also useful in statistical significance testing. Differences in prevalence estimates (percentages) for two subgroups of the population can be determined to be statistically significant if their confidence intervals do not overlap. Confidence intervals were calculated using SUDAAN, a software package that estimates sample variances for complex sample designs.

Percentages were not calculated for subgroups of the population when their sample size was less than 50. Calculations based on such a small sample size are considered to be unreliable. Unless otherwise noted, responses of "Don't know/ Not sure" and "Refused" were removed from the denominators when calculating prevalence percentages in this report.

Table 3: Demographic Distribution of Respondents

2004–2006 Nebraska Behavioral Risk Factor Surveillance System

Survey Sample for Table 3. 2004–2006.

Minority Oversample	**4,817**
RACE:	
White	422
African American	2,004
Asian American	126
Native American	515
Other/Multiple Race	1,688
Unknown/Refused	62
ETHNICITY:	
Hispanic	2,049
Non-Hispanic	2,755
Unknown/Refused	13

	2004–2006 BRFSS SURVEY SAMPLE		WEIGHTED TO 2005 POPULATION	
	Number	**Percent**	**Number**	**Percent**
All Adults Aged 18 and Older	25,131	100%	3,939,120	100%
Gender				
Male	9,844	39%	1,923,218	49%
Female	15,287	61%	2,015,902	51%
Age				
18–29	2,446	10%	864,147	22%
30–44	6,047	24%	1,105,245	28%
45–64	9,536	38%	1,241,736	32%
65+	6,952	28%	708,945	18%
Unknown/Refused	150	1%	19,047	0%
Education				
Less than High School	2,080	8%	331,482	8%
High School Graduate/GED	8,847	35%	1,275,107	32%
Some College/Technical School	7,142	28%	1,131,705	29%
College Graduate	7,022	28%	1,196,746	30%
Unknown/Refused	40	0%	4,080	0%
Income				
Under $15,000	2,510	10%	300,295	8%
$15,000–$24,999	4,304	17%	575,450	15%
$25,000–$49,999	7,661	30%	1,152,813	29%
$50,000+	7,517	30%	1,405,896	36%
Unknown/Refused	3,139	12%	504,666	13%
Race				
White	23,363	93%	3,519,366	89%
African American	352	1%	104,299	3%
Asian American	121	0%	34,148	1%
Native American	157	1%	33,262	1%
Other/Multiple Race	898	4%	233,724	6%
Unknown/Refused	23	0%	14,321	0%
Hispanic Origin (May be any race)	1,169	5%	250,886	6%
Place of Residence*				
Urban	6,507	26%	1,841,081	47%
Rural	18,624	74%	2,098,039	53%

*Urban residents are defined as persons living in Douglas, Sarpy or Lancaster counties. All other counties are considered rural.

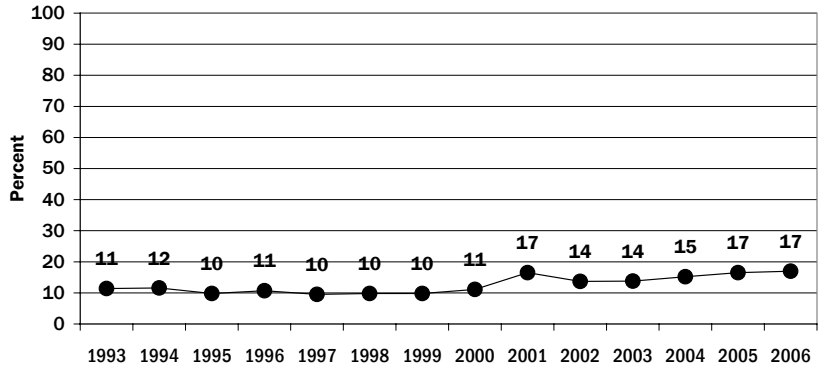
SOURCE: 2005 Population Estimates, U.S. Bureau of Census, July 1, 2005 estimates.

Access To Health Care

Lack of a health care plan or inadequate insurance coverage prevents many people from getting needed care because they are financially unable to pay for services without the help of insurance. Persons with health insurance are generally more likely to have a primary care provider and to have received appropriate preventive care, such as early prenatal care, immunizations, or health screening tests.

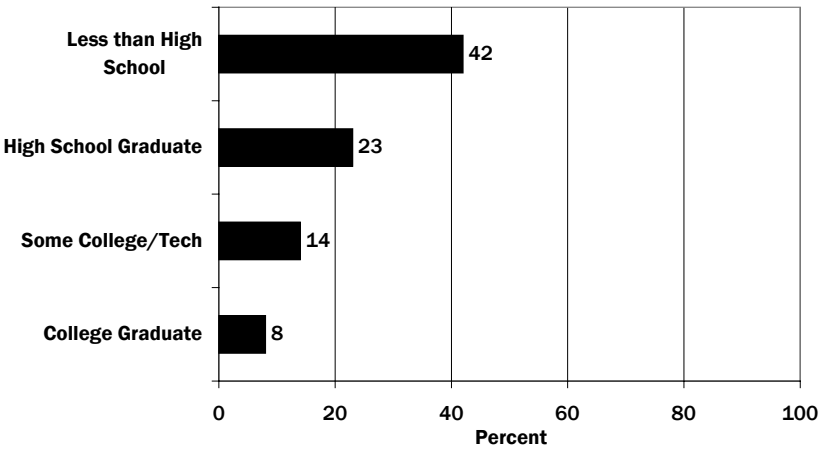
According to the National Health Interview Survey, 14.8 percent of Americans in all age groups (43.6 million persons) had no health insurance in 2006.

Figure 1
Trend in Proportion of Adults Aged 18–64 Who Are Uninsured (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 2
Adults Aged 18–64 Who Are Uninsured by Education, Nebraska (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

No Health Care Plan

DEFINITION

No Health Care Coverage (i.e., Uninsured): "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?"

Current Prevalence

Among Nebraska adults aged 18 to 64 years in 2004–2006, 16 percent stated that they did not have any type of health care coverage.

Trend over Time

From 1993 through 2000, the proportion of uninsured adults under age 65 remained fairly steady at 10 to 11 percent in Nebraska (**Figure 1**). In 2001, the rate rose sharply to 17 percent but dropped back to 14 percent in 2002 and 2003. However, the proportion of uninsured adults has risen again to 17 percent in 2005 and 2006.

Who Does Not Have Coverage in Nebraska?

Men (17 percent) were a little more likely than women (15 percent) in this age group to report having no health care plan at the time of the survey (**Table 4**).

The proportion of respondents with no health insurance was significantly higher among younger adults than among older respondents. One-fourth (25 percent) of young adults aged 18 to 29 stated they had no health care coverage, compared to 13 percent of adults aged 30 to 44 and 10 percent of those aged 45 to 64.

Significant differences in uninsured rates were also noted by educational attainment, with the proportion of uninsured respondents decreasing significantly with increasing levels of education (**Figure 2**). Persons who had not completed high school (42 percent) were significantly more likely than those with more education to say they had no health insurance. Similarly, the proportion of adults with a high school education who

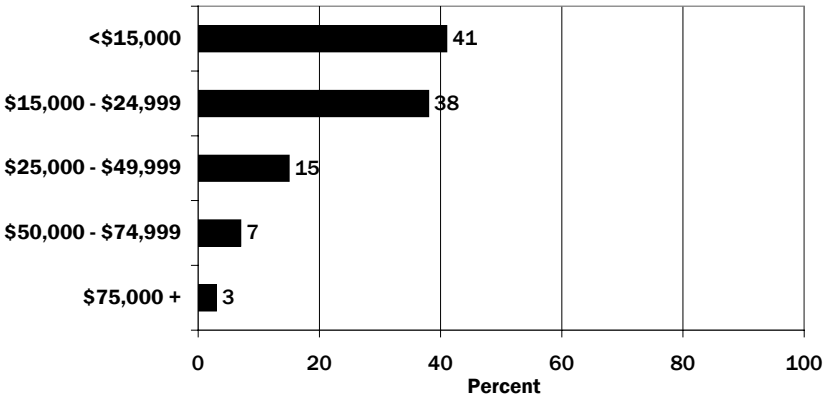
Table 4: Health Care Access
Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	NO HEALTH INSURANCE RESPONDENTS AGED 18–64			DOES NOT HAVE A PERSONAL HEALTH CARE PROVIDER			UNABLE TO SEE DOCTOR DUE TO COST (AT LEAST ONCE IN PAST TWELVE MONTHS)			HAD LAST ROUTINE CHECKUP WITHIN PAST TWELVE MONTHS (2005–2006 ONLY)		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
All Adults	17,981	16%	15.3–17.0	24,922	16%	14.9–16.4	24,925	10%	9.5–10.6	15,864	63%	62.2–64.4
Gender												
Male	7,386	17%	16.0–18.6	9,766	21%	19.4–21.8	9,775	8%	7.0–8.5	6,275	56%	53.8–57.2
Female	10,595	15%	14.0–16.0	15,156	11%	10.0–11.5	15,150	12%	11.7–13.3	9,589	71%	70.0–72.6
Age												
18–29	2,416	25%	22.8–27.9	2,431	28%	25.8–30.9	2,443	15%	12.9–17.0	1,437	54%	50.3–57.5
30–44	6,039	13%	12.2–14.5	6,031	18%	16.3–18.9	6,040	12%	11.1–13.2	3,729	56%	54.0–58.0
45–64	9,526	10%	9.4–10.9	9,523	10%	9.6–11.2	9,515	9%	8.1–9.5	6,144	65%	63.5–66.6
65+	--	--	--	6,937	5%	4.5–5.8	6,927	3%	2.9–3.9	4,554	82%	81.1–83.7
Education												
<High School	1,046	42%	37.7–45.6	2,060	34%	31.0–37.5	2,060	19%	17.0–22.2	1,318	61%	56.5–65.0
High School	5,617	23%	20.9–24.2	8,774	17%	15.3–18.1	8,781	13%	11.9–14.1	5,574	60%	58.2–62.2
Some College	5,427	14%	12.3–15.0	7,086	14%	13.0–15.6	7,083	11%	9.6–11.6	4,508	62%	59.6–63.6
College Degree	5,882	8%	6.3–9.1	6,969	13%	11.5–14.3	6,968	6%	4.7–6.6	4,446	68%	65.3–69.7
Income												
<$15,000	1,312	41%	37.0–44.7	2,494	24%	21.4–27.5	2,483	28%	25.3–31.2	1,580	56%	51.6–60.0
$15,000–$24,999	2,452	38%	35.4–41.0	4,272	26%	23.6–28.1	4,276	23%	20.8–24.8	2,688	60%	57.0–63.2
$25,000–$49,999	5,814	15%	13.6–16.7	7,626	15%	14.0–16.6	7,629	11%	9.9–12.2	4,768	62%	59.8–63.8
$50,000–$74,999	3,441	7%	5.4–9.3	3,789	11%	9.2–12.5	3,792	5%	3.5–5.7	2,472	66%	63.1–68.6
$75,000+	3,427	3%	2.4–4.7	3,697	9%	7.7–10.8	3,699	3%	2.1–4.4	2,465	68%	65.5–71.1
Race												
White	16,804	14%	13.0–14.6	23,616	14%	13.1–14.5	23,612	9%	8.8–10.0	14,988	63%	61.8–64.1
African American	1,447	27%	23.6–31.3	1,980	17%	14.5–19.4	1,981	20%	17.2–22.7	1,320	74%	69.7–77.6
Asian American	103	38%	23.6–54.2	124	23%	15.2–33.1	125	23%	13.2–37.2	88	57%	44.0–69.8
Native American	437	43%	35.8–51.4	512	35%	29.8–41.5	512	22%	16.8–28.7	449	70%	63.6–76.5
Hispanic American	1,864	51%	47.3–54.1	2,031	43%	40.2–46.2	2,033	23%	20.0–25.3	1,152	64%	59.5–67.9
Place of Residence												
Rural	12,851	18%	17.4–19.4	18,476	16%	14.8–16.4	18,478	11%	10.6–12.0	11,718	61%	59.8–62.4
Urban	5,130	14%	12.6–15.2	6,446	16%	14.4–16.8	6,447	9%	8.0–9.7	4,146	66%	64.1–67.7

NOTE: "Number" and "percent" exclude missing, "don't know," and refused responses.

Figure 3

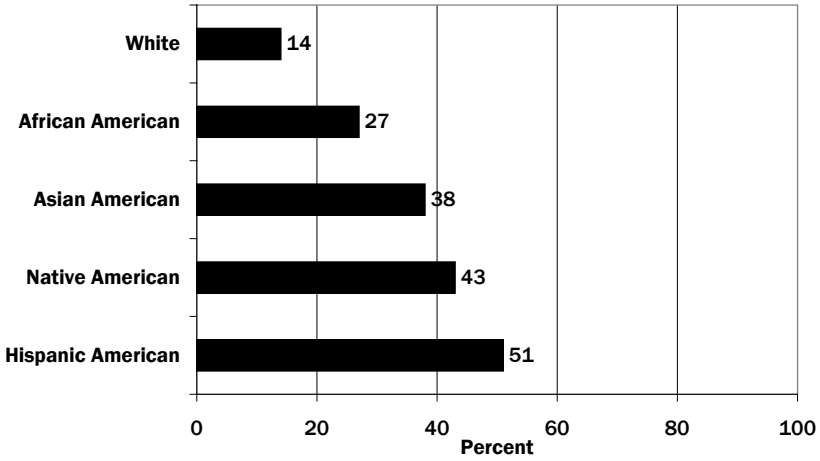
Adults Aged 18–64 Who Are Uninsured by Income, Nebraska (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 4

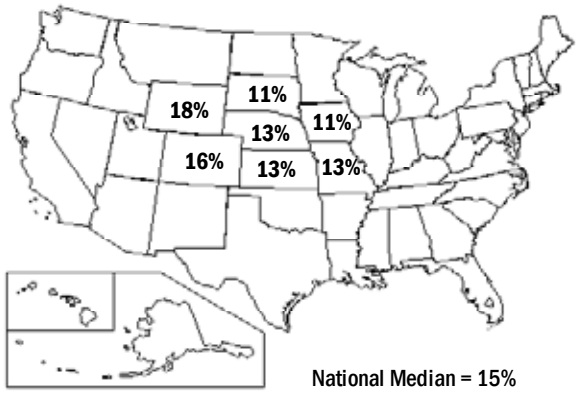
Adults Aged 18–64 Who Are Uninsured by Race/Ethnicity, Nebraska (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 5

Adults Aged 18+ Who Are Uninsured (2004–2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

were uninsured (23 percent) was significantly greater than the proportion among adults with some college (14 percent) or a college degree (8 percent).

Uninsured rates were significantly higher for respondents with incomes under $25,000 per year (38 to 41 percent) than for those with annual incomes of $25,000 to $49,999 (15 percent) (**Figure 3**). Rates of uninsurance were also significantly higher for both of these groups than for persons with annual household incomes of $50,000 to $74,999 (7 percent) or $75,000 and above (3 percent).

Native Americans (43 percent) and Nebraskans of Hispanic origin (51 percent) were significantly more likely than African Americans (27 percent) or white Nebraskans (14 percent) to say they had no health insurance (**Figure 4**). Asian Americans (38 percent) and African Americans were also significantly more likely than white persons in the state to report not having health insurance.

Residents of rural counties in Nebraska (18 percent) were significantly more likely than urban residents (14 percent) to indicate they had no health care coverage (**Table 4**).

Nebraska and the Nation

For purposes of comparison with other states and the nation, uninsured rates for persons 18 and older have been used in **Figure 5**. For this age group, 15 percent of adults nationwide reported that they had no health insurance, compared to 13 percent in Nebraska. Of the six surrounding states, uninsured rates were highest in Wyoming (18 percent) and Colorado (16 percent). Iowa and South Dakota fared best with 11 percent of adults in each state indicating they had no health care coverage.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2006	UNITED STATES BRFSS 2004–2006	UNITED STATES 2010 Target
Proportion of adults aged 18 and older who have no health insurance. (Data are not age-adjusted)	0%	13%	15%	0%

No Personal Health Care Provider

DEFINITION

No Personal Doctor or Health Care Provider: "No" to the question, "Do you have one person you think of as your personal doctor or health care provider?"

Current Prevalence

In the 2004–2006 BRFSS, 16 percent of adult Nebraskans stated that they do not have someone they consider their personal doctor or health care provider (**Table 4**).

Trend over Time

The proportion of adults who have no personal health care provider has remained fairly stable since 2001 (**Figure 6**), ranging from 14 percent to 17 percent over the six-year period.

Who Does Not Have a Personal Health Care Provider?

Men (21 percent) were significantly more likely than women (11 percent) to say they do not have a personal doctor or health care provider (**Table 4**).

The proportion of adults without a personal health care provider decreased significantly with increasing age. Twenty-eight percent of respondents aged 18 to 29 indicated they do not have a personal physician, compared to 18 percent of adults aged 30 to 44. Significantly fewer respondents in the 45-to-64 (10 percent) and 65-and-over (5 percent) age brackets reported not having a personal health care provider.

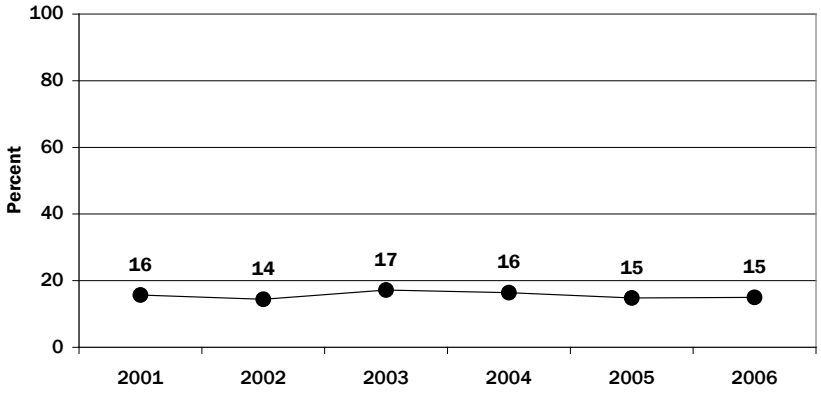
One-third (34 percent) of persons who had not completed high school indicated they did not have a personal physician. This proportion was significantly higher than the proportions reported for persons with more education. Only 17 percent of high school graduates, 14 percent of persons with technical training or some college, and 13 percent of college graduates stated they had no personal health care provider.

A similar pattern was evident by household income of respondent. The proportion of persons with annual incomes under $25,000 per year with no personal physician (24 to 26 percent) was significantly greater than the proportions reported for those with higher incomes. Respondents with incomes of $25,000 to $49,999 (15 percent) were also significantly more likely than those with incomes of $50,000 or higher (9 to 11 percent) to say they did not have a personal physician.

Hispanic Americans (43 percent) were significantly more likely than whites (14 percent), African Americans (17 percent), and Asian Americans (23 percent) to indicate they did not have anyone they consider their personal health care provider (**Figure 7**). Native Americans (35 percent) were significantly more likely than whites or African Americans in Nebraska to report having no personal physician. Asian Americans were also significantly more likely than white Nebraskans to have no personal health care provider.

Rural and urban residents of Nebraska were about equally likely to report being without a personal health care provider (16 percent each) (**Table 4**).

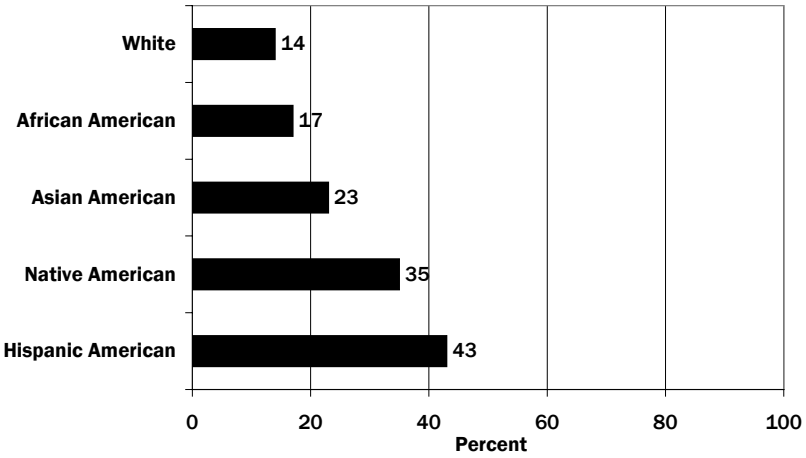
Figure 6
Trend in Proportion of Nebraska Adults with No Personal Health Care Provider (2001–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 7

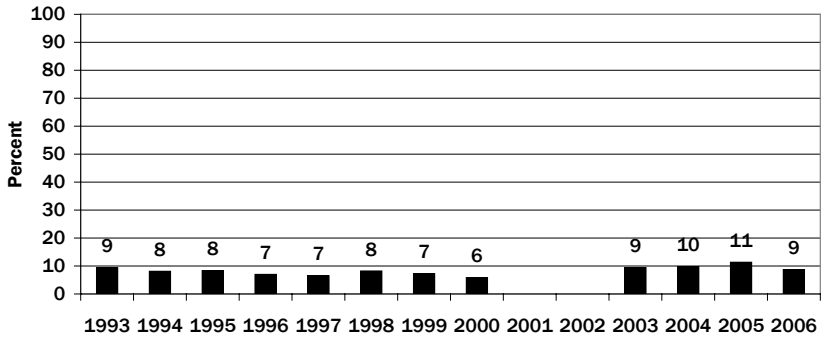
Adults with No Personal Health Care Provider by Race/Ethnicity, Nebraska (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 8

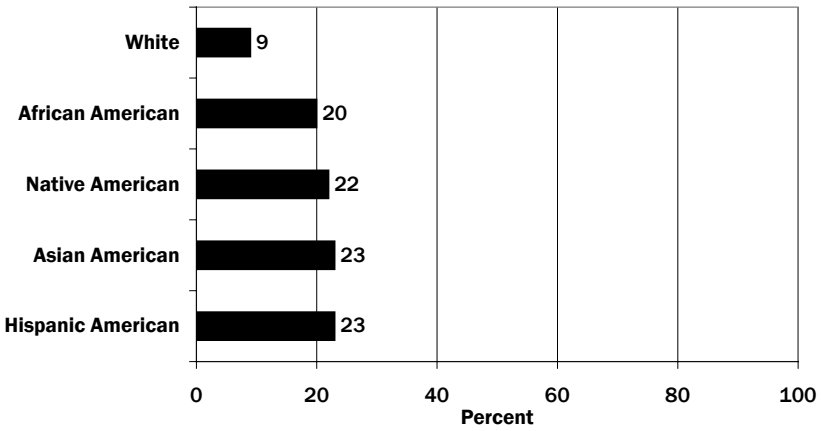
Trend in Proportion of Adults in Nebraska Who Could Not See Doctor Due to Cost (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 9

Adults Who Could Not See Doctor Due to Cost by Race/Ethnicity, Nebraska (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Unable To See A Doctor Due To Cost

DEFINITION

Unable to See a Doctor due to Cost: "Yes" to the question, "Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?"

Current Prevalence

In 2004–2006, 10 percent of adult Nebraskans reported that, at least once in the past 12 months, they had been unable to see a doctor due to potential cost of care (**Table 4**).

Trend over Time

The proportion of respondents who said the cost of health care kept them from visiting a physician when they needed to was up in the past four years (9 to 11 percent), compared to 1996 through 2000 when it averaged 7 percent (**Figure 8**).

Who's at Risk in Nebraska?

The proportion of respondents who indicated that cost prevented them from getting needed medical care was significantly higher among women (12 percent) than among men (8 percent) (**Table 4**).

Younger adults aged 18 to 44 were significantly more likely than older adults to report that, at least once in the past year, they had been unable to see a physician because of cost of care. Fifteen percent of 18- to 29-year-olds and 12 percent of 30- to 44-year-olds gave this response, compared to 9 percent of respondents aged 45 to 64 and 3 percent of those 65 and older.

The proportion of respondents unable to see a doctor due to cost decreased significantly with increasing levels of education. Nearly one-fifth of persons with less than a high school education (19 percent) reported being unable to get medical care for this reason, compared to only 6 percent of college graduates.

Similarly, persons with incomes below $15,000 per year (28 percent) were significantly more likely than persons in all higher income brackets to state they had been unable to get medical care because of potential cost. Adult Nebraskans with incomes of $15,000 to $24,999 (23 percent) were also significantly more likely to give this response than those with incomes of $25,000 to

$49,999 (11 percent) and $50,000 and above (3 to 5 percent).

The proportions of Hispanic Americans (23 percent), Asian Americans (23 percent), Native Americans (22 percent), and African Americans (20 percent) who reported they had been unable to see a physician because of cost in the past year were significantly higher than the proportion of white Nebraskans who gave this response (9 percent) (**Figure 9**).

The proportion of rural Nebraskans (11 percent) who were unable to visit a doctor due to cost was significantly greater than the proportion of urban residents (9 percent) (**Table 4**).

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2004–2006	BRFSS 2004–2006	2010 Target
Proportion of adults aged 18 and older who reported a time in past 12 months when they needed to see a doctor but could not because of cost. (Data are not age-adjusted).	4%	10%	N/A	7%

Last Checkup

DEFINITION

Last Checkup: Responses to the question, "About how long has it been since you last visited a doctor for a routine checkup?" (A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition).

Current Prevalence

In 2005–2006, 63 percent of adults surveyed in the Nebraska BRFSS stated they had their last routine checkup within the past 12 months (**Figure 10**). Fifteen percent said their last checkup occurred between one and two years ago. For twelve percent of respondents, it had been at least five years or they never had visited a doctor for this purpose.

Trend over Time

The proportion of respondents who had their last checkup with a physician in the past year ranged from a low of 61 percent in 1991–1992 to a high of 68 percent in 1999–2000 (**Figure 11**). The 2005–2006 rate of 63 percent is the lowest since 1991–1992.

Who Has Received This Care in Nebraska?

Women (71 percent) were significantly more likely than men (56 percent) to say they had their last physician checkup within the past 12 months (**Table 4**).

A significantly greater proportion of persons aged 65 and older reported having a checkup in the past year (82 percent), compared to younger respondents (**Figure 12**). Persons aged 45 to 64 (65 percent) also were significantly more likely than adults aged 18 to 44 (54 to 56 percent) to have had a routine exam within the past 12 months.

More than two-thirds of college graduates (68 percent) reported a checkup in the past year — a significantly greater proportion than the rates reported by persons with less education (60 to 62 percent).

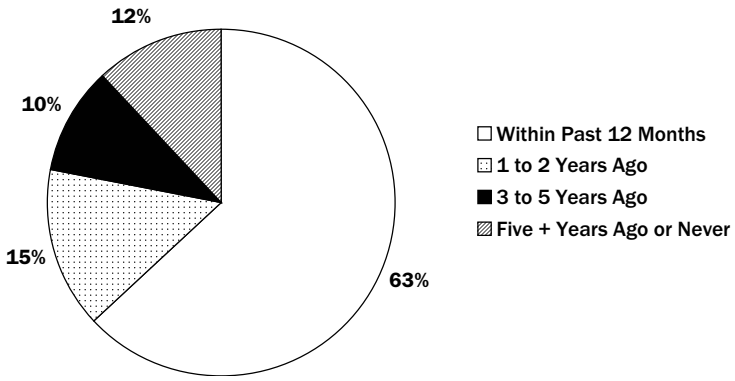
A similar trend was apparent by household income of respondents, with those earning $75,000 or more (68 percent) significantly more likely than persons with annual incomes under $50,000 (56 to 62 percent) to have visited their doctor for a routine checkup in the last 12 months. Respondents with incomes of $50,000 to $74,999 (66 percent) also were significantly more likely than those in the lowest income bracket (under $15,000) to give this response (56 percent).

A significantly greater proportion of African Americans (74 percent) stated they had a checkup in the past year, compared to white (63 percent) or Hispanic (64 percent) Nebraskans.

The proportion of urban residents who reported a physician checkup in the last 12 months (66 percent) was significantly greater than the proportion of rural residents who had an exam of this kind (61 percent).

Figure 10

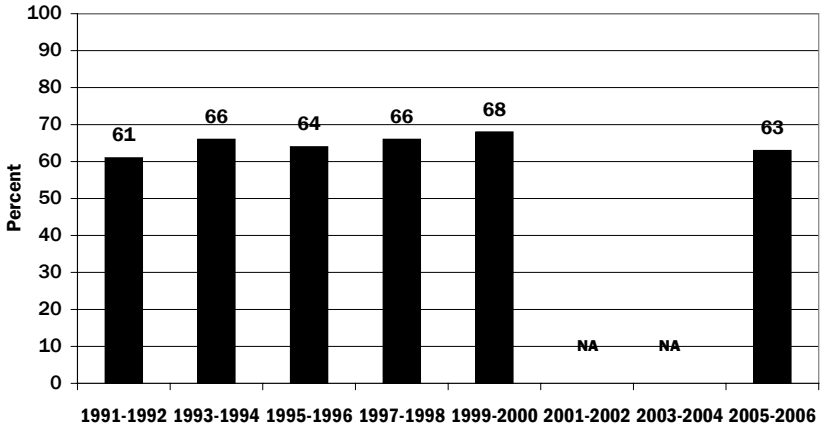
Time Since Last Physician Checkup, Adults Aged 18+ (2005–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 11

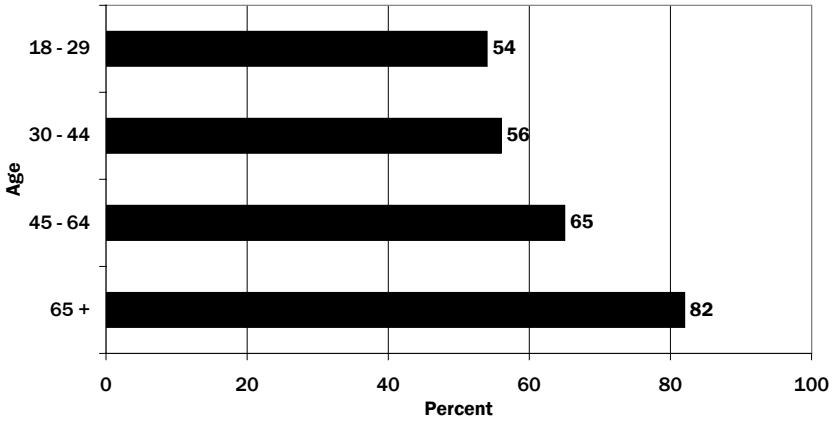
Trend in Proportion of Respondents Who Had Last Physician Checkup in Past 12 Months (1991–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 12

Respondents Who Had Last Physician Checkup Within the Past 12 Months by Age (2005–2006)

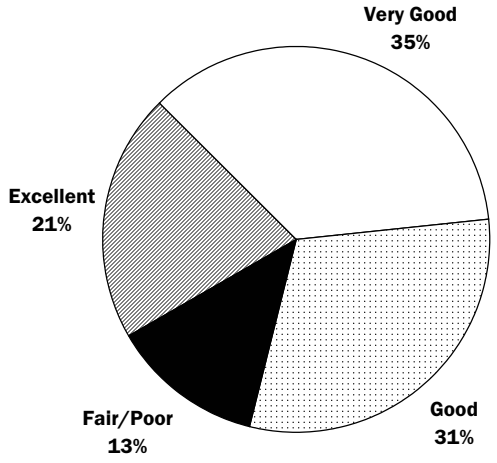


Nebraska Department of Health and Human Services: BRFSS

Health Status

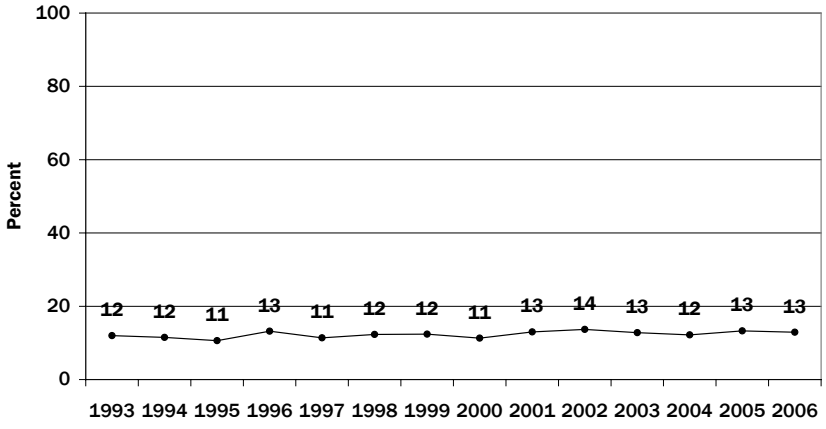
Health-related quality of life measures have been included in the Nebraska BRFSS since January 1993. These questions seek to determine how adults perceive their own health and how well they function physically, psychologically, and socially during their usual daily activities. These indicators are important because they can assess dysfunction and disability not measured by standard morbidity and mortality data.

Figure 13
Self-Reported General Health Status (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 14
Trend in Proportion of Adults Who Report "Fair" or "Poor" Health (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

General Health

DEFINITION

At Risk: Respondents who answered "Fair" or "Poor" to the question, "Would you say that in general your health is: Excellent? Very good? Good? Fair? Or Poor?"

Current Prevalence

When asked to rate their health in general, the majority of adults said it was "excellent" (21 percent) or "very good" (35 percent) in 2004-2006. An additional 31 percent considered their health to be "good." However, 13 percent of respondents rated it as "fair" or "poor" (**Figure 13**).

Trend over Time

The proportion of respondents categorizing their health as fair or poor generally held steady at 11 to 12 percent from 1993 through 2000 (**Figure 14**). Since then, the proportion of adults with fair or poor health has edged upward to about 13 percent.

Who's at Risk in Nebraska?

Men and women were about equally likely to report being in fair or poor health (13 percent each in 2004–2006) (**Table 5**).

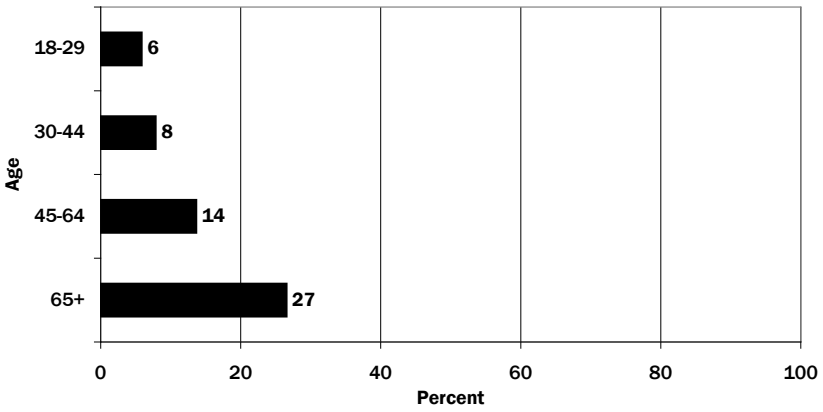
The proportion of adults with fair or poor health increased significantly with advancing age (**Figure 15**). More than one-fourth of adults aged 65 and older (27 percent) and 14 percent of those aged 45 to 64 indicated they had fair or poor health, compared to only 8 percent of adults aged 30 to 44 and 6 percent of those aged 18 to 29.

Adults with a lower level of education have significantly higher rates of fair or poor health than adults with higher levels of education. One-third of adults with less than a high school education (33 percent) reported being in fair or poor health (**Table 5**), compared to only 15 percent of high school graduates. Only 11 percent of persons with technical training or some college and 6 percent of college graduates rated their health this way.

Table 5: Self-Reported Health Status and Activity Limitations
Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	FAIR OR POOR HEALTH			MEAN NUMBER OF DAYS WHEN PHYSICAL HEALTH WAS NOT GOOD			MEAN NUMBER OF DAYS WHEN MENTAL HEALTH WAS NOT GOOD			MEAN NUMBER OF DAYS ACTIVITIES WERE LIMITED BY POOR PHYSICAL OR MENTAL HEALTH		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Mean # Days**	**Confidence Interval**	**Total Number**	**Mean # Days**	**Confidence Interval**	**Total Number**	**Mean # Days**	**Confidence Interval**
All Adults	24,880	13%	12.0–13.0	24,419	3.1	2.9–3.2	24,541	2.6	2.5–2.7	11,985	3.5	3.3–3.6
Gender												
Male	9,763	13%	11.8–13.5	9,653	2.8	2.6–3.0	9,656	2.0	1.8–2.1	4,081	3.6	3.3–3.9
Female	15,117	13%	11.8–13.2	14,766	3.3	3.2–3.5	14,885	3.3	3.1–3.4	7,904	3.4	3.2–3.6
Age												
18–29	2,439	6%	4.7–7.4	2,417	1.8	1.5–2.1	2,423	2.8	2.5–3.2	1,309	2.3	1.8–2.8
30–44	6,040	8%	7.1–8.9	6,001	2.2	2.0–2.3	5,974	2.7	2.5–2.9	3,097	2.5	2.3–2.8
45–64	9,508	14%	12.8–14.6	9,385	3.4	3.2–3.6	9,390	2.8	2.6–2.9	4,550	4.1	3.8–4.4
65 +	6,893	27%	25.3–27.9	6,616	5.4	5.1–5.7	6,754	1.8	1.6–1.9	3,029	5.7	5.2–6.1
Education												
<High School	2,048	33%	30.2–36.1	1,967	5.2	4.6–5.8	1,987	3.5	3.0–4.0	1,009	5.3	4.5–6.1
High School	8,768	15%	14.0–16.0	8,557	3.4	3.2–3.6	8,635	2.8	2.6–3.0	4,106	4.0	3.7–4.4
Some College	7,077	11%	10.4–12.4	6,957	3.1	2.9–3.3	6,979	3.0	2.8–3.2	3,567	3.4	3.1–3.7
College Degree	6,956	6%	5.5–7.0	6,911	2.2	2.0–2.5	6,909	2.0	1.8–2.2	3,293	2.7	2.3–3.1
Income												
<$15,000	2,477	36%	32.9–38.7	2,374	7.7	7.1–8.4	2,402	6.1	5.5–6.8	1,567	7.5	6.7–8.2
$15,000–$24,999	4,265	21%	19.6–23.1	4,159	4.3	4.0–4.7	4,198	3.7	3.4–4.1	2,186	4.5	4.1–5.0
$25,000–$49,999	7,623	11%	9.9–11.8	7,528	2.7	2.5–2.9	7,560	2.6	2.4–2.8	3,637	3.0	2.7–3.3
$50,000–$74,999	3,789	6%	5.2–7.6	3,772	2.1	1.8–2.4	3,775	2.0	1.7–2.2	1,711	2.6	2.0–3.1
$75,000+	3,696	4%	3.3–5.2	3,682	1.7	1.4–2.0	3,677	1.6	1.4–1.9	1,559	2.1	1.6–2.6
Race												
White	23,570	11%	11.0–12.0	23,144	3.0	2.8–3.1	23,249	2.6	2.4–2.7	11,324	3.3	3.1–3.5
African American	1,984	26%	22.9–28.7	1,934	4.9	4.4–5.5	1,933	4.3	3.7–4.9	1,133	5.8	5.0–6.5
Asian American	124	13%	7.6–22.6	123	3.1	1.8–4.5	121	2.8	0.8–4.8	51	2.4	0.1–4.8
Native American	510	28%	22.9–33.0	506	5.4	4.2–6.6	502	4.1	3.1–5.1	293	8.0	6.1–9.9
Hispanic American	2,034	36%	33.0–39.3	2,008	4.1	3.5–4.7	1,992	2.5	2.0–3.0	857	4.4	3.5–5.2
Place of Residence												
Rural	18,440	13%	12.8–14.0	18,059	3.0	2.9–3.2	18,162	2.6	2.5–2.8	8,691	3.4	3.2–3.6
Urban	6,440	11%	10.5–12.3	6,360	3.1	2.9–3.3	6,379	2.7	2.5–2.8	3,294	3.5	3.2–3.8

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.



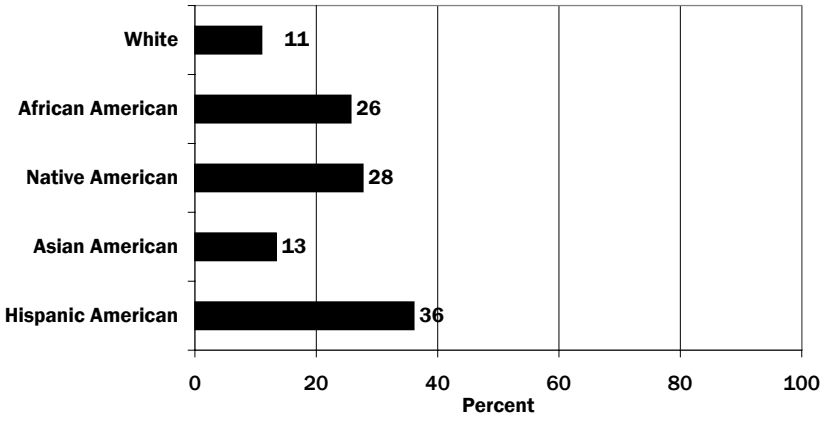
Nebraska Department of Health and Human Services: BRFSS

Figure 15
Respondents Self-Reporting "Fair" or "Poor" Health Status by Age (2004–2006)

A similar pattern is evident by household income of respondents. Persons with lower annual incomes were significantly more likely than those with higher incomes to indicate their health was fair or poor. More than one-third of respondents with incomes below $15,000 per year (36 percent) indicated they had fair or poor health, as did 21 percent of those with incomes between $15,000 and $24,999. A significantly smaller percentage (11 percent) of adults in the middle income range ($25,000-$49,999) reported fair or poor health. Among those with annual incomes of $50,000 or above, only 4 to 6 percent said their health was fair or poor.

Significant differences in self-reported health status were also identified by race and ethnicity of respondents (**Figure 16**). Hispanic Nebraskans (36 percent) were significantly more likely than any other group, except Native Americans (28 percent), to report that their health was fair or poor. Native Americans and African Americans (26 percent) were significantly more likely than white (11 percent) or Asian (13 percent) Nebraskans to have fair or poor health.

Figure 16
Respondents Self-Reporting "Fair" or "Poor" Health Status by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Rural Nebraskans (13 percent) were significantly more likely than urban residents (11 percent) to state that their health was fair or poor.

Nebraska and the Nation

Nebraska, with 13 percent, ranked below the 2004–2006 national median of 15 percent in proportion of adults who perceive their general health to be fair or poor (**Figure 17**). Three of the six surrounding states (Iowa, Kansas, and Wyoming) also reported 13 percent, while 12 percent of adults in Colorado and South Dakota gave this rating of their health. In Missouri, 17 percent rated their health fair or poor.

Physical Health

DEFINITION

Average (mean) Number of Days Physical Health Not Good: Based on responses 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?"

Current Status

In 2004–2006, adults in Nebraska reported an average of 3.1 days out of the past 30 days when they felt their physical health was not good (**Table 5**).

Trend over Time

The average number of days when physical health was not good was slightly higher in 2004-2006 than in previous periods, when the average ranged from 2.7 in 1993-1994 to 3.0 in 1997-1998 (**Figure 18**).

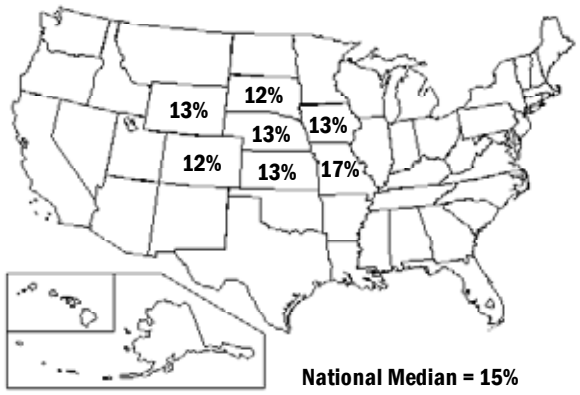
Who's at Risk in Nebraska?

On average, females (3.3 days) reported a significantly greater number of days when their physical health was not good than did males (2.8 days) (**Table 5**).

The average number of days when physical health was not good increased with increasing age of respondent. Elderly people aged 65 and older reported significantly more days in the past month when their health was not good (5.4 days) than people in each of the younger age groups. In addition, persons aged 45 to 64 indicated significantly more days (3.4) when their physical health was not good, compared to both 30- to 44-year-olds (2.2) and 18- to 29-year-olds (1.8).

Figure 17

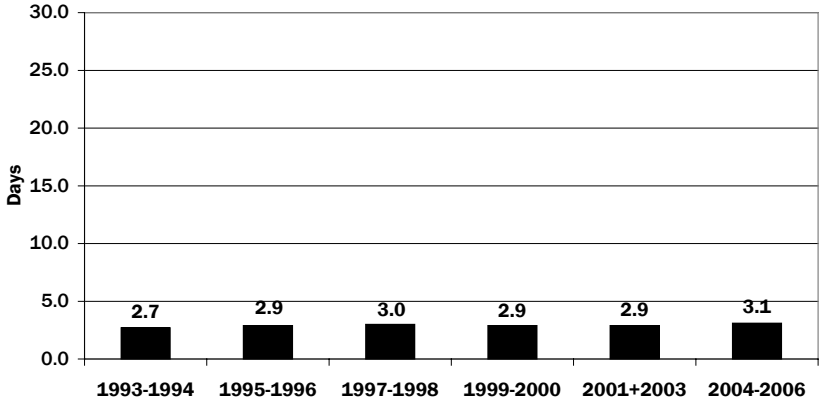
Respondents Who Self-Reported Their Health Status as "Fair" or "Poor" (2004–2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Figure 18

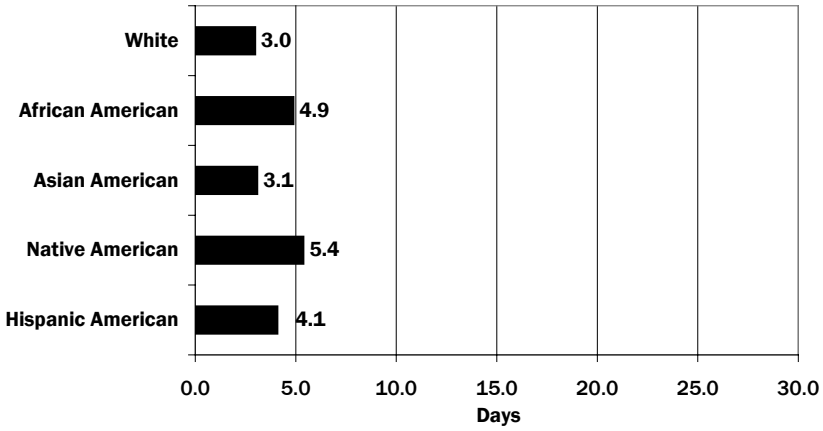
Mean Number of Days During Past 30 Days When Adults' Physical Health Was "Not Good" (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 19

Mean Number of Days During Past 30 Days When Adults' Physical Health Was "Not Good" By Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Persons with less than a high school education averaged significantly more days when their physical health was not good (5.2 days in the past month) than persons in all other educational categories. High school graduates (3.4 days) and persons with some college or technical training (3.1) reported significantly more days when health was not good than college graduates (2.2).

Significant differences were also apparent by annual household income of respondents. Persons with incomes in the two lowest income brackets — below $15,000 (7.7 days) and $15,000–$24,999 per year (4.3 days) had significantly more days when their physical health was not good than persons in the higher income categories. Persons in the middle income bracket ($25,000–$49,000) averaged significantly more of these days (2.7) than those with incomes of $50,000–$74,999 (2.1) or $75,000 and above (1.7).

Native Americans (5.4), African Americans (4.9), and Hispanic Americans (4.1) all reported significantly more days in the past month when their physical health was not good, compared to white Nebraskans (3.0 days) (**Figure 19**).

Differences in average number of days when physical health was not good were not significant between rural (3.0) and urban (3.1) Nebraskans (**Table 5**).

Mental Health

DEFINITION

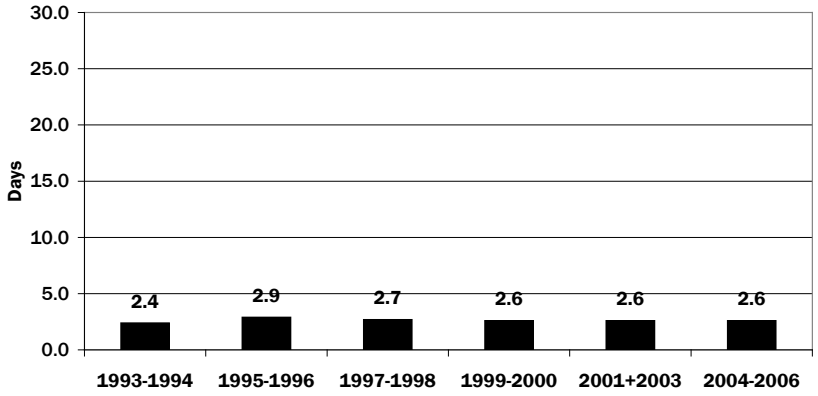
Average (mean) Number of Days Mental Health Not Good: Based on responses to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?"

Current Status

In 2004–2006, adults aged 18 and older in Nebraska reported an average of 2.6 days in the 30 days prior to the survey when their mental health was not good.

Trend over Time

Average number of days when mental health was not good has remained nearly steady from 1997–1998 through the present (**Figure 20**).



Nebraska Department of Health and Human Services: BRFSS

Figure 20
Mean Number of Days During Past 30 Days When Adults' Mental Health Was "Not Good" (1993–2006)

Who's at Risk in Nebraska?
Women reported a significantly greater number of days in the past month (3.3 days) when their mental health was not good than did men (2.0 days) (**Table 5**).

In contrast to physical health where the opposite was true, respondents aged 65 and older tended to report fewer days when their mental health was not good (1.8 days) than younger respondents. In fact, they averaged significantly fewer days than persons in each of the three younger age groups (2.7 to 2.8 days each).

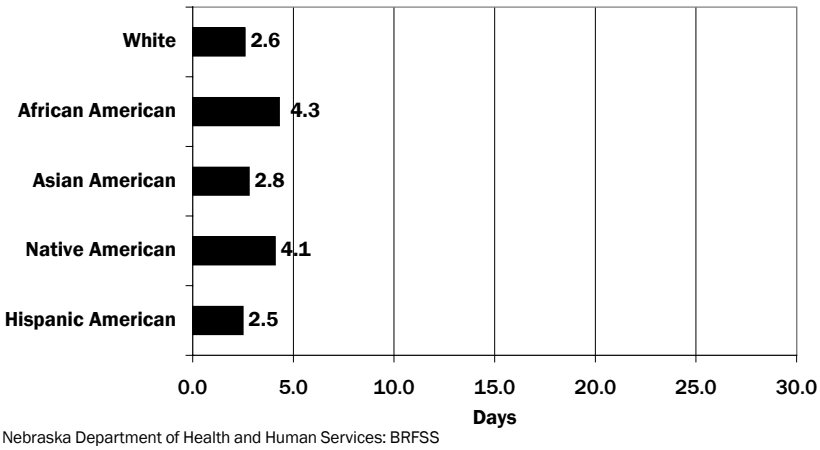
Respondents with college degrees reported significantly fewer days in the past month when mental health was not good (2.0) than those with less education.

The average number of days when mental health was not good declined significantly with increasing household income. Persons with annual incomes of $50,000 to $74,999 (2.0 days) and $75,000 and up (1.6 days) reported significantly fewer days with poor mental health than those with lower incomes. Persons in the lowest income bracket (less than $15,000) averaged at least three times as many days when mental health was not good (6.1) as those with incomes of $50,000 or more.

African American (4.3) and Native American (4.1) adults averaged significantly more days in the past month when their mental health was not good than Hispanic (2.5) or white (2.6) Nebraskans (**Figure 21**).

Rural (2.6) and urban (2.7) Nebraskans reported similar numbers of days when their mental health was not good.

Figure 21
Mean Number of Days During Past 30 Days When Adults' Mental Health Was "Not Good" By Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Activity Limitation

DEFINITION

Average (mean) Number of Days Activities Limited: Based on responses to the question, "During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?"

Current Status
BRFSS respondents who reported in previous questions that either their physical health or mental health or both were "not good" for one or more days in the past month were asked for how many days their activities were limited by these conditions. In 2004–2006, adults aged 18 and older reported an average of 3.5 days in the past month when poor health kept them from participating in their usual activities (**Table 5**).

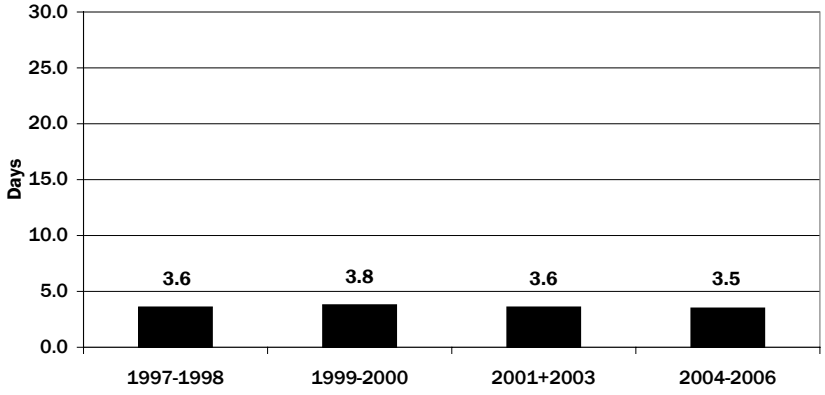
Trend over Time
Average number of days with limited activity in the current study was only slightly lower than in the three previous studies, when averages ranged from 3.6 to 3.8 days (**Figure 22**).

Who's at Risk in Nebraska?
Older respondents generally reported significantly more days when poor physical or mental health kept them from doing their usual activities. Respondents aged 65 and older had 5.7 days of limited activities in the past month—significantly more than the number reported by younger respondents (**Table 5**). Respondents aged 45 to 64 (4.1 days) also noted significantly more of these days than 18- to 29-year-olds (2.3 days) or 30- to 44-year-olds (2.5 days).

Persons who had not completed high school (5.3 days) reported significantly more activity-limited

Figure 22

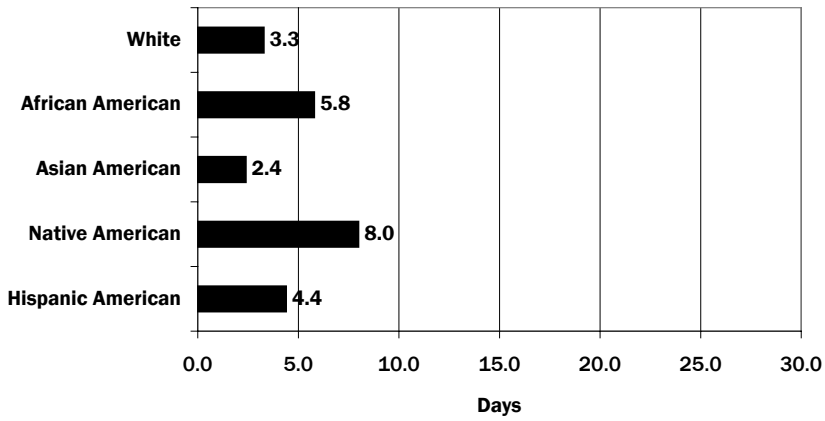
Mean Number of Days During Past 30 Days When Adults' Activities Were Limited Due to Poor Physical or Mental Health (1997–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 23

Mean Number of Days During Past 30 Days When Adults' Activities Were Limited Due to Poor Physical or Mental Health by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

days than persons with more education. Respondents with a high school education (4.0 days) also averaged significantly more of these days than persons with a college education (2.7 days).

A similar pattern was noted by household income of respondents. The average number of days when activities were limited by poor health was significantly greater for persons whose household incomes were under $15,000 (7.5 days) or in the $15,000 to $24,999 bracket (4.5 days), compared to the higher income categories. Respondents with annual incomes of $50,000 to $74,999 (2.6) or $75,000 and above (2.1) averaged significantly fewer days with limited activity than persons in the middle income bracket (3.0 days).

Native Americans (8.0) and African Americans (5.8) reported a significantly greater number of limited-activity days due to poor health in the past month than Asian Americans (2.4), white (3.3) or Hispanic (4.4) Nebraskans (**Figure 23**).

Differences in average number of limited-activity days by gender and place of residence were not statistically significant.

Anxiety and Depression

According to the National Institute of Mental Health, an estimated 26 percent of American adults suffer from a diagnosable mental disorder in a given year. About 6 percent of adults have a serious mental illness. Mental disorders are the leading cause of disability in the United States for people aged 15 to 44.

Anxiety disorders affect about 40 million American adults (18 percent of the total) each year, resulting in symptoms of fearfulness and uncertainty. Anxiety disorders commonly occur along with other mental or physical illnesses, including alcohol or substance abuse.

About 20.9 million adults (9.5 percent of the adult population) suffer from a depressive illness in a given year. Depression often interferes with normal functioning and causes pain and suffering to those who have this illness and to their families and friends.

Symptoms of Anxiety and Depression

The first eight questions in the anxiety/depression module were taken from the Patient Health Questionnaire (PHQ-8) developed at Columbia University as an easily administered tool for primary care physicians to use in diagnosing anxiety disorders and depression. Each question asks the respondent to state the number of days within the past two weeks that they have been affected by a particular mood.

Occurrence of Individual Symptoms of Anxiety and Depression

DEFINITION

Respondents to the 2006 BRFSS were told, "Now, I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the past 2 weeks." Average number of days reported by respondents for each of eight questions concerning symptoms of possible anxiety or depression was computed.

Little Interest or Pleasure in Doing Things

Survey respondents were asked, "Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?" Overall, they reported an average of 1.2 days in the past 14 when they had little interest in doing things (**Table 6**).

Persons with household incomes below $15,000 per year (3.0 days) indicated a significantly greater number of days when they found little pleasure in doing things than persons in all higher income categories. Persons with incomes of $15,000 to $24,999 (1.7 days) and those earning $25,000 to $49,999 (1.3 days) also averaged a significantly greater number of days with this symptom than persons with incomes of $50,000 or higher (0.8 days).

Native Americans (2.5 days) and African Americans (2.2 days) reported a significantly greater number of days than whites (1.2 days) in Nebraska when they had little interest in their activities.

Felt Down, Depressed or Hopeless

When asked, "Over the last 2 weeks, how many days have you felt down, depressed, or hopeless?," 2006 BRFSS respondents averaged 0.9 days in the past 14 days when they had these feelings.

Females (1.1 days) averaged a significantly greater number of days when they felt depressed or hopeless than males (0.7 days).

College graduates (0.6 days) reported significantly fewer days with these feelings than persons with less education (1.0 to 1.5 days).

The number of days when respondents felt down or depressed generally decreased with increasing household income. Persons in the lowest income bracket (under $15,000 per year) averaged 3.1 days out of the past 2 weeks when they felt this way—a significantly greater number than averages for persons earning $15,000 to $24,999 (1.4 days) or $25,000 or more (0.5 to 0.8 days).

Native Americans (1.8 days), African Americans (1.5 days), and Hispanic Americans (1.4 days) all averaged significantly higher numbers

Table 6: Prevalence of Anxiety and Depression Symptoms
Nebraska Adults, 2006 (with 95% Confidence Intervals—SUDAAN)

	AVERAGE NUMBER OF DAYS IN THE PAST TWO WEEKS											
	HAD LITTLE INTEREST OR PLEASURE IN DOING THINGS			FELT DOWN, DEPRESSED OR HOPELESS			HAD TROUBLE FALLING ASLEEP OR STAYING ASLEEP OR SLEEPING TOO MUCH			FELT TIRED OR HAD LITTLE ENERGY		
	Total Number	Avg. # of Days	Confidence Interval	Total Number	Avg. # of Days	Confidence Interval	Total Number	Avg. # of Days	Confidence Interval	Total Number	Avg. # of Days	Confidence Interval
Total Adults	3,719	1.2	1.10–1.35	3,812	0.9	0.80–1.01	3,783	2.6	2.36–2.76	3,766	3.3	3.08–3.52
Gender												
Male	1,469	1.1	0.95–1.32	1,516	0.7	0.55–0.84	1,509	2.1	1.84–2.41	1,495	2.8	2.49–3.11
Female	2,250	1.3	1.14–1.49	2,296	1.1	0.98–1.28	2,274	3.0	2.71–3.25	2,271	3.8	3.49–4.09
Age												
18–29	313	1.0	0.73–1.22	317	0.7	0.48–0.95	316	2.7	2.02–3.28	315	3.3	2.65–3.98
30–44	881	1.3	1.07–1.56	897	1.0	0.77–1.17	893	2.5	2.14–2.82	896	3.4	3.04–3.76
45–64	1,480	1.2	1.02–1.38	1,511	1.1	0.88–1.23	1,502	2.7	2.43–3.02	1,508	3.2	2.87–3.45
65+	1,045	1.2	0.87–1.44	1,087	0.7	0.57–0.92	1,072	2.2	1.93–2.53	1,047	3.3	2.88–3.62
Education												
<High School	277	1.7	1.11–2.19	292	1.5	0.99–1.91	287	3.2	2.31–3.99	283	3.9	3.10–4.74
High School	1,297	1.6	1.34–1.86	1,328	1.1	0.87–1.34	1,320	3.0	2.54–3.39	1,300	3.6	3.19–4.06
Some College	1,073	1.2	0.96–1.48	1,110	1.0	0.77–1.18	1,099	2.9	2.52–3.24	1,104	3.6	3.18–3.93
College Degree	1,069	0.9	0.73–1.14	1,078	0.6	0.49–0.75	1,073	1.8	1.54–2.08	1,075	2.8	2.22–3.33
Income												
<$15,000	332	3.0	2.18–3.78	343	3.1	2.15–4.06	341	4.8	3.71–5.91	340	5.3	4.33–6.35
$15,000–$24,999	594	1.7	1.36–2.08	618	1.4	1.00–1.69	607	3.0	2.47–3.58	605	3.7	3.15–4.26
$25,000–$49,999	1,181	1.3	1.06–1.62	1,199	0.8	0.66–0.97	1,195	2.8	2.40–3.16	1,190	3.4	2.98–3.76
$50,000–$74,999	595	0.8	0.57–1.04	609	0.8	0.35–1.24	600	2.8	2.10–3.55	603	3.4	2.77–4.09
$75,000 +	606	0.8	0.56–1.05	611	0.5	0.34–0.75	612	1.7	1.36–1.98	611	2.8	2.20–3.35
Race												
White	3,612	1.2	1.06–1.31	3,708	0.9	0.78–0.98	3,678	2.6	2.37–2.76	3,661	3.3	3.10–3.56
African American	557	2.2	1.71–2.72	583	1.5	1.16–1.85	581	3.0	2.50–3.52	581	3.6	3.13–4.14
Asian American	53*	2.0	1.00–3.02	56*	1.0	0.11–1.96	58*	1.8	0.52–3.02	58*	2.7	1.52–3.77
Native American	325	2.5	1.92–3.13	353	1.8	1.28–2.33	351	3.5	2.77–4.16	352	4.2	3.46–5.00
Hispanic American	591	1.6	1.26–1.97	612	1.4	1.10–1.76	610	2.8	2.31–3.22	612	3.2	2.67–3.69
Place of Residence												
Rural	2,778	1.3	1.10–1.40	2,850	1.0	0.84–1.12	2,821	2.7	2.43–2.94	2,803	3.4	3.14–3.58
Urban	941	1.2	1.01–1.45	962	0.9	0.69–1.01	962	2.4	2.13–2.73	963	3.3	2.87–3.65

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

Table 7: Prevalence of Anxiety and Depression Symptoms (continued)
Nebraska Adults, 2006 (with 95% Confidence Intervals—SUDAAN)

	AVERAGE NUMBER OF DAYS IN THE PAST TWO WEEKS											
	HAD A POOR APPETITE OR EATEN TOO MUCH			FELT BAD ABOUT YOURSELF OR THAT YOU WERE A FAILURE OR LET YOURSELF OR YOUR FAMILY DOWN			HAD TROUBLE CONCENTRATING ON THINGS, SUCH AS READING NEWSPAPER OR WATCHING TV			MOVED OR SPOKEN SO SLOWLY THAT OTHER PEOPLE NOTICED OR BEEN FIDGETY OR RESTLESS / MOVING A LOT		
	Total Number	**Avg. # of Days**	**Confidence Interval**	**Total Number**	**Avg. # of Days**	**Confidence Interval**	**Total Number**	**Avg. # of Days**	**Confidence Interval**	**Total Number**	**Avg. # of Days**	**Confidence Interval**
Total Adults	3,786	1.6	1.48–1.78	3,821	0.7	0.59–0.82	3,807	0.8	0.65–0.92	3,785	0.3	0.27–0.40
Gender												
Male	1,507	1.3	1.10–1.52	1,516	0.5	0.36–0.61	1,515	0.7	0.43–0.89	1,503	0.3	0.22–0.41
Female	2,279	2.0	1.74–2.16	2,305	0.9	0.73–1.11	2,292	0.9	0.75–10.5	2,282	0.4	0.25–0.45
Age												
18–29	315	1.6	1.18–2.08	316	0.6	0.38–0.82	315	0.9	0.60–1.29	314	0.2	0.09–0.30
30–44	892	1.6	1.38–1.90	900	0.6	0.47–0.81	897	0.9	0.65–1.05	892	0.4	0.27–0.57
45–64	1,504	1.8	1.53–1.97	1,511	0.8	0.66–0.98	1,514	0.7	0.55–0.86	1,502	0.3	0.24–0.43
65+	1,075	1.3	1.06–1.56	1,094	0.4	0.29–0.56	1,081	0.4	0.32–0.55	1,077	0.3	0.17–0.43
Education												
<High School	287	2.2	1.55–2.93	291	1.1	0.57–1.53	288	0.7	0.36–1.03	282	0.5	0.23–0.73
High School	1,317	1.9	1.56–2.19	1,329	1.0	0.74–1.22	1,323	1.0	0.72–1.32	1,318	0.5	0.32–0.67
Some College	1,103	1.7	1.43–2.00	1,114	0.6	0.49–0.78	1,111	0.8	0.62–1.00	1,100	0.4	0.23–0.51
College Degree	1,074	1.2	0.93–1.38	1,082	0.4	0.25–0.44	1,081	0.5	0.35–0.59	1,081	0.1	0.09–0.19
Income												
<$15,000	344	3.6	2.54–4.69	344	2.4	1.59–3.15	341	2.0	1.21–269	340	1.2	0.61–1.80
$15,000–$24,999	613	2.0	1.52–2.45	617	1.3	0.75–1.78	616	1.2	0.83–1.52	610	0.6	0.34–0.95
$25,000–$49,999	1,183	1.5	1.27–1.80	1,199	0.6	0.46–0.78	1,197	0.6	0.49–0.80	1,195	0.2	0.17–0.32
$50,000–$74,999	603	1.6	1.14–1.98	609	0.7	0.12–1.22	610	0.7	0.43–0.92	607	0.4	0.06–0.64
$75,000+	614	1.3	0.97–1.56	615	0.3	0.15–0.45	612	0.6	0.11–1.03	612	0.1	0.03–0.21
Race												
White	3,682	1.6	1.45–1.74	3,718	0.6	0.54–0.73	3,704	0.8	0.62–0.91	3,679	0.3	0.24–0.38
African American	583	2.3	1.85–2.68	585	1.1	0.64–1.51	586	1.0	0.68–1.27	578	0.7	0.46–0.97
Asian American	57*	1.7	0.61–2.74	57*	1.5	0.61–2.41	58*	0.4	0.00–0.79	57*	0.5	–0.16–1.09
Native American	351	2.7	2.10–3.35	355	1.2	0.81–1.66	353	1.3	0.82–1.73	348	1.0	0.56–1.39
Hispanic American	610	1.7	1.31–2.14	612	1.0	0.76–1.28	610	0.8	0.56–1.12	606	0.7	0.47–0.94
Place of Residence												
Rural	2,830	1.6	1.46–1.78	2,853	0.8	0.63–0.88	2,848	0.7	0.60–0.85	2,825	0.4	0.27–0.46
Urban	956	1.7	1.40–1.92	968	0.7	0.45–0.85	959	0.8	0.59–1.09	960	0.3	0.19–0.40

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

of days when they felt depressed or hopeless than white Nebraskans (0.9 days).

Problems with Sleep

Adults in the 2006 BRFSS were then asked how many days in the past two weeks they "had trouble falling asleep or staying asleep or sleeping too much." Overall, respondents averaged 2.6 days in the past 14 days when they had sleep problems.

Women (3.0 days) reported a significantly greater number of days with sleep problems than men (2.1 days).

Persons with less than a college education averaged 2.9 to 3.2 days when they had trouble falling asleep, staying asleep, or sleeping too much. For college graduates, this number was significantly smaller (1.8 days).

Respondents with household incomes under $15,000 per year (4.8 days) reported significantly more days with sleep problems than persons in each of the higher income brackets. Respondents with incomes between $15,000 and $74,999 (2.8 to 3.0 days) averaged significantly more of these days than those with incomes of $75,000 or more (1.7 days).

Felt Tired or Had Little Energy

When BRFSS respondents were asked how many days, over the last 2 weeks, they "felt tired or had little energy," they averaged 3.3 days — ranking highest in prevalence of all eight symptoms about which they were asked.

Females (3.8 days) reported a significantly greater number of days when they had little energy than did males (2.8 days).

Persons with household incomes below $15,000 per year (5.3 days) averaged significantly more days when they felt tired than persons with higher annual incomes. Among respondents in the other income brackets, average number of days when they were tired ranged from 2.8 for respondents with incomes of $75,000 or more to 3.7 days for those earning $15,000 to $24,999 per year.

Poor Appetite or Ate Too Much

Survey respondents were also asked, "Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?" Overall, they reported 1.6 days out of the last 14 days when they had problems related to eating (**Table 7**).

Females (2.0 days) averaged a significantly greater number of days when they had a poor appetite or ate too much than males (1.3 days).

The average number of days when respondents had a poor appetite or ate too much was significantly smaller for college graduates (1.2 days) than for persons with less education. Among persons with lower levels of education, averages ranged from 2.2 for respondents with less than a high school education to 1.7 days for those who had some college or technical training.

A similar pattern was evident by household income of respondents. Persons with the lowest annual incomes (less than $15,000 per year) averaged a significantly greater number of days (3.6) when they had a poor appetite or ate too much. For persons in the remaining income brackets, averages ranged from 1.3 days for those earning $75,000 or more to 2.0 days for respondents with incomes of $15,000 to $24,999.

Native American (2.7 days) and African American (2.3 days) adults reported significantly more days when they had symptoms related to eating than white adults (1.6 days) in Nebraska.

Felt Bad About Yourself

Adults in the 2006 BRFSS were also asked how many days in the past 2 weeks "you felt bad about yourself or that you were a failure or had let yourself or your family down." On average, respondents reported 0.7 days when they felt this way.

The average number of days when they experienced this symptom was significantly higher for women (0.9 days) than for men (0.5 days).

Persons aged 45 to 64 (0.8 days) reported a significantly higher number of days when they felt bad about themselves or felt they were a failure than persons aged 65 and older (0.4 days).

College graduates (0.4 days) averaged significantly fewer days with this symptom than persons with less education. For respondents with lower levels of education, the average number of days when they felt bad about themselves ranged from 0.6 to 1.1 days.

Similarly, persons with incomes below $15,000 per year (2.4 days) reported significantly more days when they experienced this mood than persons with household incomes above $25,000. Average number of days when they felt bad about themselves for higher-income respondents ranged from 0.3 days for those earning $75,000

Symptoms	Average # of Days	Confidence Interval
Felt tired or had little energy	3.3	3.08–3.52
Had trouble falling asleep/staying asleep/ sleeping too much	2.6	2.36–2.76
Had poor appetite or ate too much	1.6	1.48–1.78
Had little interest or pleasure in doing things	1.2	1.10–1.35
Felt down, depressed or hopeless	0.9	0.80–1.01
Had trouble concentrating on things, such as reading or watching TV	0.8	0.65–0.92
Felt bad about yourself/like a failure/let yourself or family down	0.7	0.59–0.82
Moved/spoke so slowly that people could notice OR fidgety/restless	0.3	0.27–0.40

Table 8: Summary of Prevalence of Anxiety and Depression Symptoms
Nebraska Adults (2006) with 95% Confidence Intervals—SUDAAN

and more to 0.7 days for those in the $50,000 to $74,999 bracket.

Average number of days with these feelings was significantly greater for Native Americans (1.2) and Hispanic Americans (1.0) than for whites (0.6) in Nebraska.

Trouble Concentrating

When asked, "Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?," BRFSS respondents averaged 0.8 days when they had this symptom.

Adults aged 18 to 44 reported an average of 0.9 days in the past 14 days when they had trouble concentrating on things. This rate was significantly higher than the average for adults aged 65 and older (0.4 days).

High school graduates (1.0 days) and respondents with some college (0.8 days) reported significantly more days when they had trouble concentrating than persons with college degrees (0.5 days).

Respondents with incomes below $15,000 per year averaged a significantly greater number of days with trouble concentrating (2.0), compared to those with incomes of $25,000 or higher (0.6 to 0.7 days).

Moved/Spoken Slowly or Been Fidgety

Survey respondents were also asked, "Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?" Overall, respondents averaged 0.3 days in the past 14 days when they experienced this symptom.

College graduates (0.1 days) reported significantly fewer days when they moved slowly or had been fidgety than persons with less education (0.4 to 0.5 days).

White respondents (0.3 days) averaged significantly fewer days than Native Americans (1.0 days), Hispanic Americans (0.7 days) or African Americans (0.7 days) when they experienced the symptoms described above.

Summary of Prevalence for Individual Anxiety/Depression Symptoms

Table 8 summarizes the average number of days in the past two weeks when BRFSS respondents experienced eight different symptoms of anxiety and/or depression.

Feeling tired or having little energy accounted for significantly more days (3.3) than any other symptom. Problems with sleeping (2.6 days) ranked second and were present for significantly more days than the remaining six symptoms. Poor appetite or eating too much was noted by respondents an average of 1.6 days in the past two weeks, while having little interest or pleasure in doing things accounted for 1.2 days. These two symptoms were experienced significantly more often than the remaining lower-ranked symptoms.

Certain demographic groups reported significantly more days when they experienced symptoms of anxiety or depression than others. Females averaged more days when they were depressed, had sleep problems, were tired, had poor appetite or ate too much, or felt bad about themselves than did males (**Figure 24**).

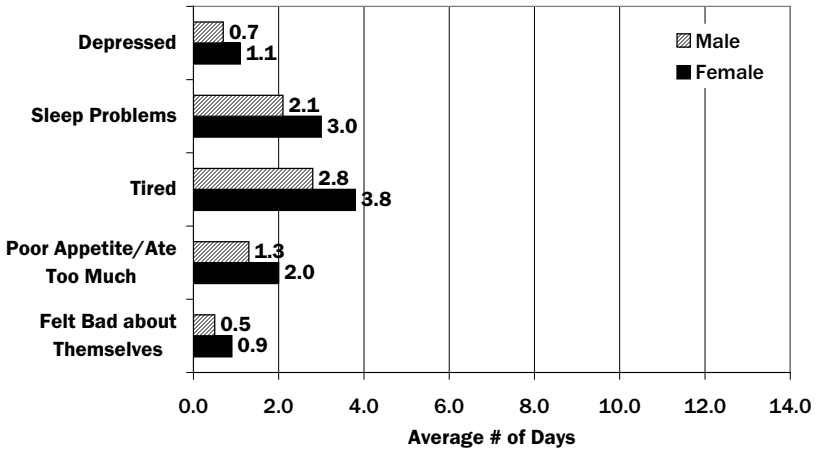
Persons who had educational levels lower than a college degree reported more days with symptoms of anxiety and/or depression than college graduates (**Figure 25**). Respondents with less education averaged significantly more days when they had little interest in doing things, were depressed, had sleep problems, ate too much or had poor appetite, felt bad about themselves, experienced trouble concentrating, or either moved too slowly or were fidgety.

Respondents in the lowest income bracket (under $15,000 per year) also averaged significantly more days with symptoms of anxiety or depression than those with higher incomes (**Figure 26**).

Figure 24

Number of Days with Anxiety and/or Depression Symptoms

Significant Differences by Gender (2006)

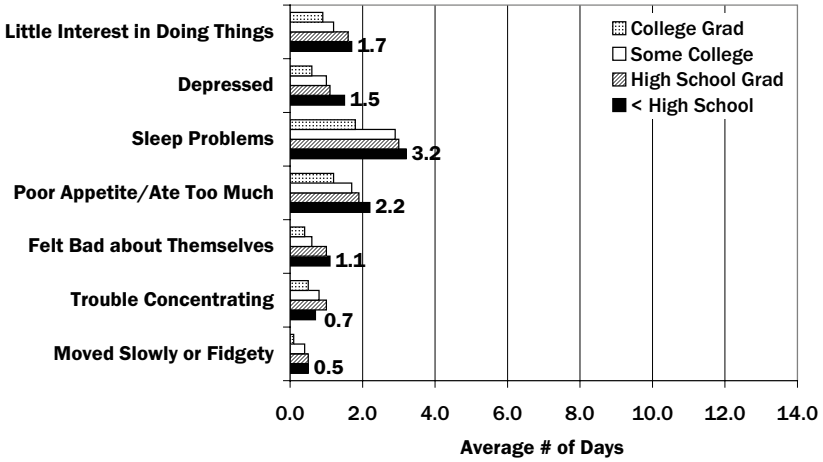


Nebraska Department of Health and Human Services: BRFSS

Figure 25

Number of Days with Anxiety and/or Depression Symptoms

Significant Differences by Education (2006)

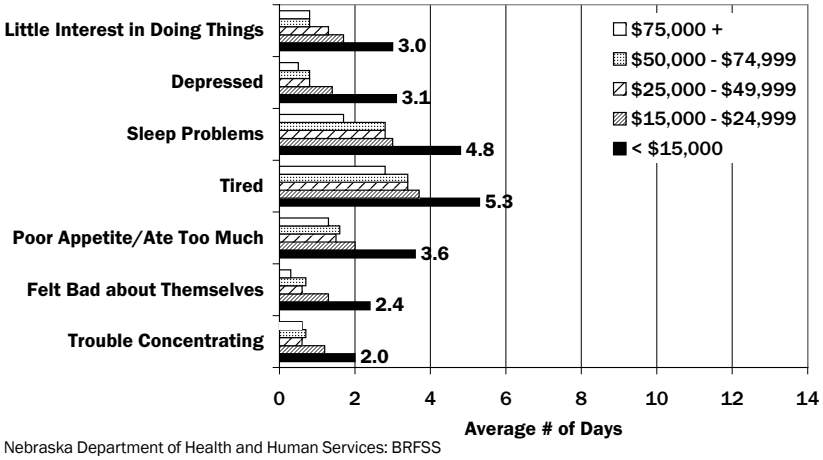


Nebraska Department of Health and Human Services: BRFSS

Figure 26

Number of Days with Anxiety and/or Depression Symptoms

Significant Differences by Income (2006)



Nebraska Department of Health and Human Services: BRFSS

They reported more days when they had little interest in doing things, were depressed, had trouble sleeping or slept too much, were tired, had eating problems, felt bad about themselves, or had trouble concentrating on things.

White respondents averaged significantly fewer days than African Americans and Native Americans when they had little interest in doing things, were depressed, had a poor appetite or ate too much, or moved either too slowly or were restless (**Figure 27**). Whites also reported significantly fewer days than Native Americans when they felt bad about themselves or had trouble sleeping/slept too much. Compared to Hispanic Nebraskans, whites averaged significantly fewer days when they were depressed, felt bad about themselves, or either moved too slowly or felt fidgety.

Current Prevalence of Depression (Based on Severity of Depression Index)

To construct the Severity of Depression Index, the number of days that respondents reported suffering from each of the above symptoms was summed over all eight questions. An algorithm developed by CDC was then used to reconfigure these scores to fit into the four-category scheme developed as part of the original PHQ-8. Using this index, reconfigured scores of ten or greater indicate that the respondent has depression.

Current Prevalence of Depression

Based on the Severity of Depression Index described above, 6 percent of adults responding to the 2006 Nebraska BRFSS had scores of 10 or higher in the past two weeks and were categorized as having depression (**Table 9**).

Who Currently Has Depression?

Seven percent of women were classified as currently having depression. Men (4 percent) were somewhat less likely to give responses indicating they were currently depressed, although differences by gender were not statistically significant.

Respondents aged 65 and older (4 percent) were less likely than persons in the three younger age groups (6 percent) to report depressive symptoms scoring 10 or more on the Severity of Depression Index. However, differences were not statistically significant.

Table 9: Prevalence of Current Depression and Lifetime Diagnosis of Depression and Anxiety

Among Nebraska Adults by Selected Sociodemographic Characteristics

2006 Nebraska BRFSS (with 95% Confidence Intervals—SUDAAN)

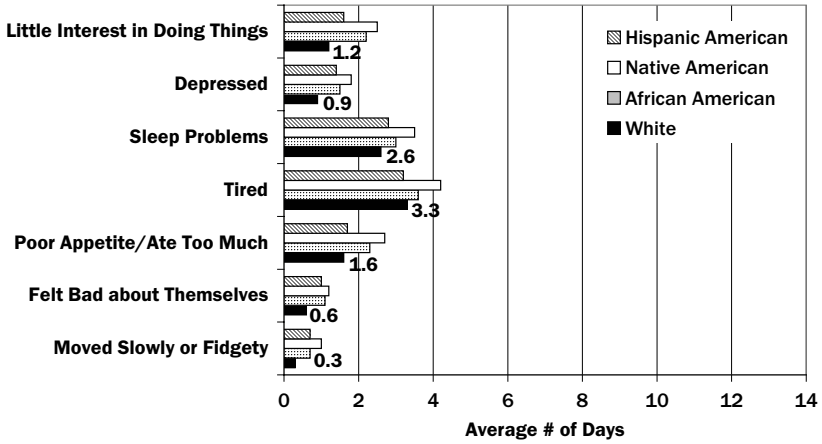
	CURRENT DEPRESSION (SEVERITY INDEX SCORE=10+)			LIFETIME DIAGNOSIS OF DEPRESSION			LIFETIME DIAGNOSIS OF ANXIETY		
	Total Number	**%**	**Confidence Interval**	**Total Number**	**%**	**Confidence Interval**	**Total Number**	**%**	**Confidence Interval**
Total	3,516	6%	4.6–6.8	3,851	16%	13.8–17.3	3,850	10%	8.4–11.4
Gender									
Male	1,398	4%	2.7–6.0	1,525	10%	7.7–12.1	1,522	7%	5.4–9.4
Female	2,118	7%	5.8–8.8	2,326	21%	18.7–23.9	2,328	12%	10.2–14.8
Age									
18–29	308	6%	3.2–10.6	316	15%	10.1–21.7	317	11%	7.1–17.8
30–44	848	6%	4.5–8.5	899	16%	12.9–18.7	898	10%	7.8–12.6
45–64	1,423	6%	4.6–7.5	1,518	19%	16.9–22.1	1,516	10%	8.2–12.0
65+	924	4%	2.6–5.6	1,100	9%	7.2–11.3	1,101	7%	5.5–9.6
Education									
<High School	251	8%	4.2–15.8	293	16%	8.8–27.2	294	10%	4.9–20.3
High School	1,205	8%	5.8–11.2	1,346	15%	12.5–18.6	1,342	10%	7.9–13.4
Some College	1,020	6%	4.2–7.7	1,117	15%	12.1–17.8	1,118	10%	7.5–12.5
College Degree	1,037	3%	1.7–3.8	1,089	16%	13.3–19.6	1,090	9%	6.7–12.0
Income									
<$15,000	289	17%	12.1–24.1	353	28%	21.7–35.5	353	19%	14.0–25.4
$15,000–$24,999	557	9%	6.2–12.8	623	22%	15.8–29.2	621	16%	10.5–24.1
$25,000–$49,999	1,129	5%	3.6–7.5	1,205	14%	12.0–17.0	1,203	10%	7.6–12.2
$50,000–$74,999	576	4%	2.6–7.5	610	13%	10.3–16.7	612	7%	4.9–10.0
$75,000+	596	2%	1.1–3.6	613	12%	8.7–15.2	615	6%	4.2–8.7
Race (Age-Adjusted)									
White NH*	3,226	5%	4.4–6.4	3,534	15%	13.7–17.3	3,533	9%	7.9–10.9
African American NH*	568	8%	5.5–12.1	625	14%	9.0–20.5	624	14%	8.9–21.6
Asian American NH*	50	8%	3.0–21.2	56	14%	5.4–31.2	57	6%	1.8–19.9
Native American NH*	318	17%	12.3–24.2	359	19%	13.9–25.4	361	14%	9.0–19.8
Hispanic American	721	7%	5.0–9.6	783	13%	9.8–16.2	781	8%	5.6–11.6
Marital Status									
Currently Married	2,251	4%	3.4–5.4	2,422	14%	11.9–15.5	2,421	8%	6.8–9.8
Previously Married	872	9%	7.0–12.4	1,006	21%	17.7–24.5	1,006	12%	9.5–14.9
Never Married	388	8%	4.4–12.7	418	18%	12.6–24.9	418	14%	9.0–20.1
Employment									
Employed	1,866	4%	3.3–5.8	1,971	15%	12.6–17.0	1,971	9%	7.3–11.2
Self–employed	422	4%	2.2–7.0	458	11%	7.7–15.4	457	7%	4.5–11.3
Unemployed	63	23%	8.9–47.6	75	29%	14.8–49.4	75	24%	10.7–43.4
Homemaker	236	5%	2.6–9.4	262	20%	13.9–26.7	262	9%	5.5–14.8
Student	57	3%	0.5–12.7	57	16%	6.6–34.9	58	6%	1.2–28.5
Retired	732	4%	2.8–6.5	866	9%	7.2–11.5	868	8%	5.8–10.6
Unable to Work	134	40%	29.3–51.7	156	61%	51.2–70.6	155	40%	30.2–51.0
Place of Residence									
Rural	2,614	6%	4.7–7.8	2,878	15%	12.8–16.8	2,875	8%	6.2–9.2
Urban	902	5%	3.8–7.0	973	16%	13.7–19.7	975	12%	9.7–15.2

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*NH = Non–Hispanic

Figure 27

Number of Days with Anxiety and/or Depression Symptoms

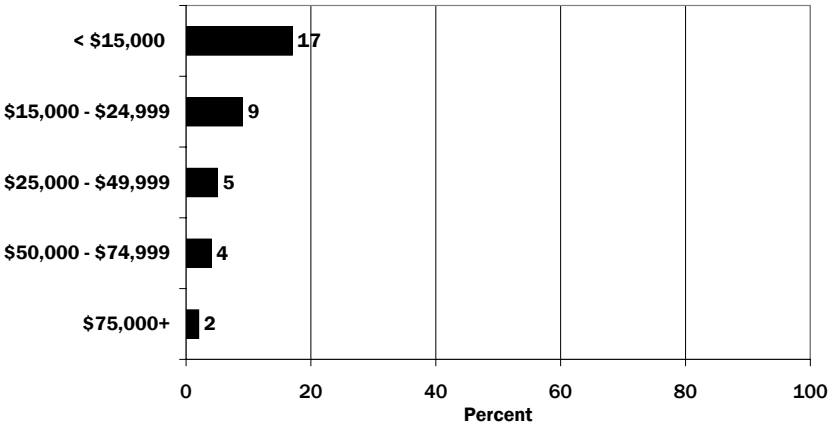
Significant Differences—White vs. Other Race/Ethnicity (2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 28

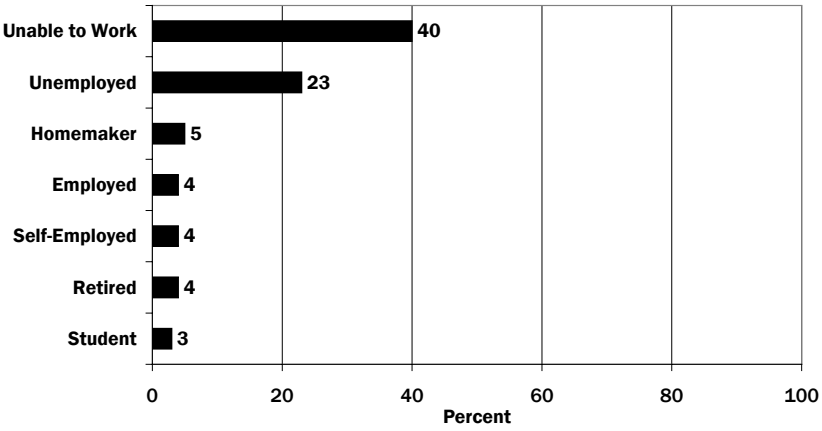
Prevalence of Current Depression* by Income, Nebraska (2006)



*Severity of Depression Index = 10+
Nebraska Department of Health and Human Services: BRFSS

Figure 29

Prevalence of Current Depression* by Employment Status, Nebraska (2006)



*Severity of Depression Index = 10+
Nebraska Department of Health and Human Services: BRFSS

College graduates (3 percent) were significantly less likely than persons with less education to currently be depressed. Six percent of respondents with some college were currently depressed, as were eight percent of those with a high school education or less.

A significantly greater proportion of persons with household incomes under $15,000 per year (17 percent) had current depression, compared to persons with incomes of $25,000 to $74,999 (4 to 5 percent) and those earning $75,000 or more annually (2 percent) (**Figure 28**). A significantly greater proportion of respondents with incomes of $15,000 to $24,999 (9 percent) also were categorized as having depression, compared to those in the highest income bracket.

In 2006, based on the Severity of Depression Index, Native American adults (17 percent) were significantly more likely to currently have depression than whites (5 percent), African Americans (8 percent), and Hispanic Americans (7 percent) in Nebraska.

Respondents who were "previously married" (i.e., divorced, widowed or separated) were significantly more likely to be depressed (9 percent) than those who stated they were currently married (4 percent). Eight percent of adults who "never married" gave responses indicating they were depressed in the past two weeks.

The highest rates of current depression (based on this index) were found among respondents who were unemployed (23 percent) or who were unable to work (40 percent) (**Figure 29**). Prevalence of current depression was significantly higher for those unable to work than for all other employment classes (3 to 5 percent), except the unemployed. Current prevalence of depression was also significantly higher for unemployed respondents than for employed, self-employed, and retired persons (4 percent each).

Six percent of rural adults and 5 percent of urban adults were classified as having depression in the two weeks prior to the survey (**Table 9**).

Prevalence of Diagnosed Anxiety and Depression

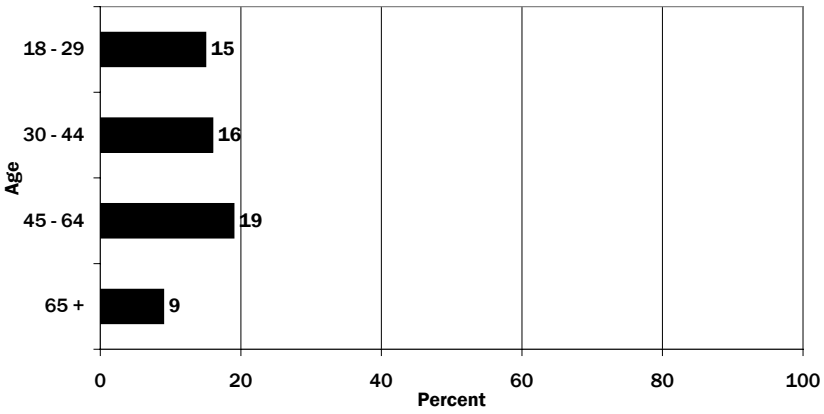
Depressive Disorder

DEFINITION

Ever Told You Have a Depressive Disorder (Lifetime Diagnosis of Depression): "Yes" to the

Figure 30

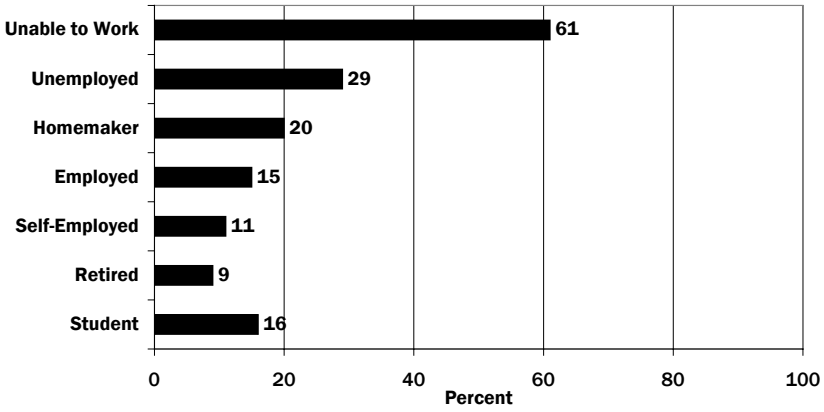
Lifetime Prevalence* of Diagnosed Depression by Age of Respondent (Nebraska—2006)



*Ever told by health care provider that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression).
Nebraska Department of Health and Human Services: BRFSS

Figure 31

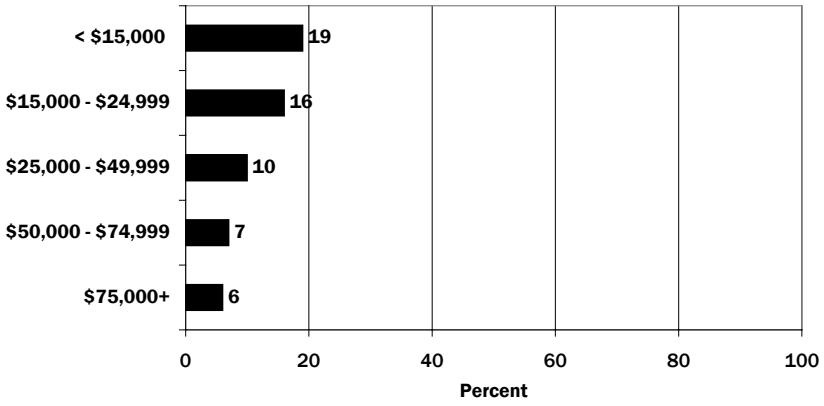
Lifetime Prevalence* of Depression by Employment Status (Nebraska—2006)



*Ever told by health care provider that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression).
Nebraska Department of Health and Human Services: BRFSS

Figure 32

Lifetime Prevalence* of Diagnosed Anxiety Disorder by Income—Nebraska (2006)



*Ever told by health care provider that you had an anxiety disorder (actue stress disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder).
Nebraska Department of Health and Human Services: BRFSS

question, "Has a doctor or other health care provider EVER told you that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Current Prevalence

Sixteen percent of 2006 Nebraska BRFSS respondents indicated that they had ever been told by a health professional that they have a depressive disorder (**Table 9**).

Trend over Time

Trend data are unavailable since this is the first time questions about anxiety and depression have been asked in a Nebraska BRFSS.

Who Has Been Diagnosed with a Depressive Disorder?

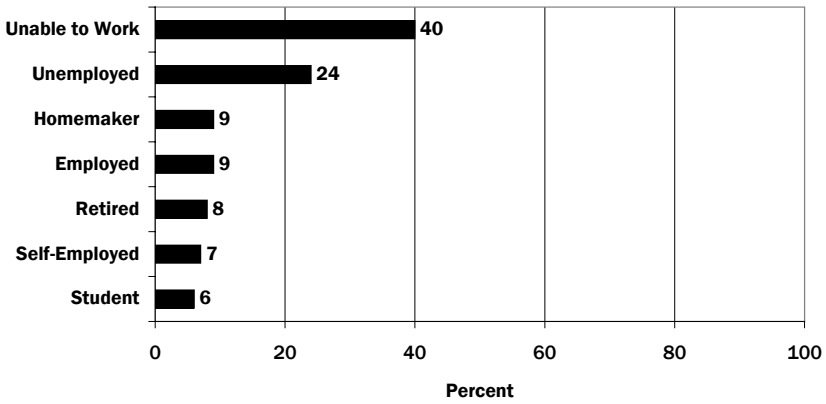
Women (21 percent) were significantly more likely than men (10 percent) to say they were ever diagnosed with a depressive order.

Respondents aged 45 to 64 (19 percent) and those aged 30 to 44 (16 percent) were significantly more likely than adults aged 65 and older (9 percent) to report ever being told by a doctor or other health professional that they had some form of depression (**Figure 30**). Among young adults aged 18 to 29, 15 percent were diagnosed with this condition.

Twenty-eight percent of respondents with household incomes under $15,000 per year stated they had been diagnosed with a depressive disorder at some time in their lives (**Table 9**). Respondents in this low-income category were significantly more likely than those earning $25,000 or more each year (12 to 14 percent) to have diagnosed with depression. Persons with annual incomes of $15,000 to $24,999 (22 percent) were significantly more likely than those in the highest income category ($75,000 or more) to report a lifetime diagnosis of depression (12 percent).

A significantly greater proportion of "previously married" respondents (i.e., those who were divorced, separated, or widowed) said they had ever been diagnosed with depression (21 percent), compared to "currently married" respondents (14 percent).

Respondents who were unable to work (61 percent) were significantly more likely to report a lifetime diagnosis of depression than those in all



*Ever told by a health care provider that you had an anxiety disorder (acute stress disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder).
Nebraska Department of Health and Human Services: BRFSS

Figure 33
Lifetime Prevalence of Diagnosed Anxiety Disorder by Employment Status—Nebraska (2006)

other employment classes (**Figure 31**). Unemployed respondents (29 percent), homemakers (20 percent), and employed persons (15 percent) were all significantly more likely than retired persons (9 percent) to state that they had ever been diagnosed with depression.

No significant differences in prevalence of diagnosed depression were evident by educational level, race/ethnic origin, or place of residence of respondents.

Anxiety Disorder

DEFINITION

Ever Told You Had an Anxiety Disorder (Lifetime Diagnosis of Anxiety): "Yes" to the question, "Has a doctor or other health care provider EVER told you that you had an anxiety disorder (including acute stress disorder, panic disorder, phobia, post traumatic stress disorder, or social anxiety disorder)?"

Current Prevalence

Overall, 10 percent of respondents to the 2006 Nebraska BRFSS stated that a doctor or other health care provider told them that they had an anxiety disorder of some kind (**Table 9**).

Trend over Time

Trend data are unavailable since these questions have not been asked in previous years.

Who Has Been Diagnosed with an Anxiety Disorder?

A significantly greater proportion of women (12 percent) reported ever being diagnosed with an anxiety disorder, compared to men (7 percent).

Nearly one-fifth of respondents with incomes below $15,000 per year (19 percent) indicated they ever had an anxiety disorder diagnosed by a physician or other health professional (**Figure 32**). This proportion is significantly greater than the rates reported for persons earning $25,000 or more. Prevalence of diagnosed anxiety disorders was significantly higher among respondents with household incomes of $15,000 to $24,999 (16 percent) than among those with incomes of $50,000 or higher (6 to 7 percent).

A significantly greater proportion of respondents who were unable to work (40 percent) said they had ever been diagnosed with an anxiety disorder, compared to persons in all other employment classes except unemployed persons (**Figure 33**). Unemployed respondents (24 percent) were significantly more likely than retired persons (8 percent) to report a lifetime diagnosis of anxiety.

Adults living in urban counties in Nebraska (12 percent) were significantly more likely to have a lifetime diagnosis of an anxiety disorder than rural residents (8 percent) (**Table 9**).

No significance differences in prevalence were noted by age group, educational level, race/ethnicity, or marital status of respondents.

Prevalence of Selected Chronic Diseases and Unhealthy Behaviors Among Persons with Current Depression or a Lifetime Diagnosis of Depression or Anxiety

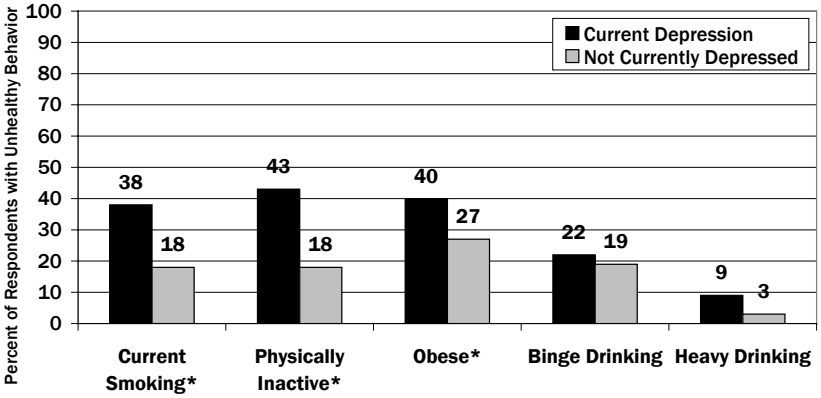
For this analysis, prevalence rates for four chronic diseases (coronary heart disease, stroke, diabetes, and asthma) were calculated for persons with current depression (based on the Severity of Depression Index) and for those without this condition (**Table 10**). A similar analysis was performed for respondents with and without lifetime diagnoses of depression or anxiety.

In addition, prevalence rates for five unhealthy behaviors (current smoking, no leisure-time physical activity, obesity, binge drinking, and heavy drinking) were calculated for persons with current depression (based on the Severity of Depression Index) and for those without this condition. A similar analysis was performed for respondents with and without lifetime diagnoses of depression or anxiety.

Table 10: Prevalence and Mean Number of Selected Chronic Conditions and Unhealthy Behaviors
By Status of Current and Lifetime Diagnosis of Depression and Anxiety
2006 Nebraska BRFSS
with 95% Confidence Intervals (SUDAAN)

	CURRENT DEPRESSION				LIFETIME DIAGNOSIS OF DEPRESSION				LIFETIME DIAGNOSIS OF ANXIETY			
	YES (Severity Index Score = 10+)		**NO** (Severity Index Score < 10)		**Ever Diagnosed with Depressive Disorder**		**NOT Diagnosed with Depressive Disorder**		**Ever Diagnosed with Anxiety Disorder**		**NOT Diagnosed with Anxiety Disorder**	
	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval	%	Confidence Interval
Coronary Heart Disease	7%	4.2–12.3	4%	3.3–4.8	6%	3.9–8.3	5%	3.8–5.4	8%	5.2–11.8	4%	3.6–5.2
Stroke	4%	2.3–8.1	2%	1.4–2.4	2%	1.2–3.4	2%	1.7–2.8	4%	2.0–6.9	2%	1.6–2.5
Diabetes	9%	5.9–14.7	7%	5.8–7.8	10%	7.2–12.7	7%	5.8–7.8	8%	5.3–12.3	7%	6.1–8.2
Asthma	11%	7.4–17.2	7%	5.3–8.7	**13%**	**9.7–16.4**	**6%**	**4.7–8.2**	**13%**	**9.6–18.2**	**7%**	**5.1–8.4**
Mean Number of Multiple Chronic Conditions	**0.33**	**0.23–0.43**	**0.19**	**0.17–0.22**	**0.30**	**0.24–0.36**	**0.19**	**0.17–0.22**	**0.33**	**0.26–0.41**	**0.20**	**0.18–0.22**
Current smoker	**38%**	**27.8–48.4**	**18%**	**16.2–20.3**	**31%**	**25.8–37.5**	**17%**	**15.5–19.4**	**31%**	**23.4–39.7**	**18%**	**16.6–20.4**
No leisure-time physical activity	**43%**	**34.0–53.0**	**18%**	**16.1–19.6**	**30%**	**25.3–35.4**	**18%**	**16.7–20.3**	26%	20.0–32.1	20%	18.0–21.6
Obesity	**40%**	**31.2–50.0**	**27%**	**24.8–29.1**	**38%**	**32.2–43.5**	**26%**	**23.9–28.3**	36%	28.8–43.7	27%	24.8–29.0
Binge Drinking	22%	14.7–31.0	19%	16.9–21.4	**13%**	**9.8–17.3**	**20%**	**17.4–22.1**	17%	12.0–23.1	19%	16.9–21.3
Heavy Drinking	9%	2.8–24.9	3%	2.6–4.1	5%	2.2–10.4	3%	2.5–4.1	7%	3.2–16.0	3%	2.4–3.8
Mean Number of Multiple Unhealthy Behaviors	**1.51**	**1.32–1.69**	**0.85**	**0.80–0.90**	**1.16**	**1.04–1.27**	**0.84**	**0.79–0.89**	**1.14**	**1.00–1.28**	**0.87**	**0.82–0.91**

NOTE: The boldface and lighter shaded areas indicate statistically significant differences.



*Statistically significant difference in prevalence of unhealthy behavior.
NOTE: Chart reads, "Among respondents with current depression, 38 percent currently smoke cigarettes. Among respondents who do not have current depression, 18 percent currently smoke cigarettes."
Nebraska Department of Health and Human Services: BRFSS

Figure 34
Prevalence of Unhealthy Behaviors by Current Depression Status—Nebraska (2006)

Current Depression

Chronic Diseases

Although prevalence of each of the four chronic conditions mentioned above was somewhat higher among persons classified as having current depression, rates were not significantly higher for any of them than those calculated for persons who did not currently have depression (based on the Severity of Depression Index).

However, when the mean (average) numbers of multiple chronic conditions were compared, persons with current depression were found to have a significantly greater average number of chronic conditions (0.33) than persons who did not currently have depression (0.19 conditions).

Unhealthy Behaviors

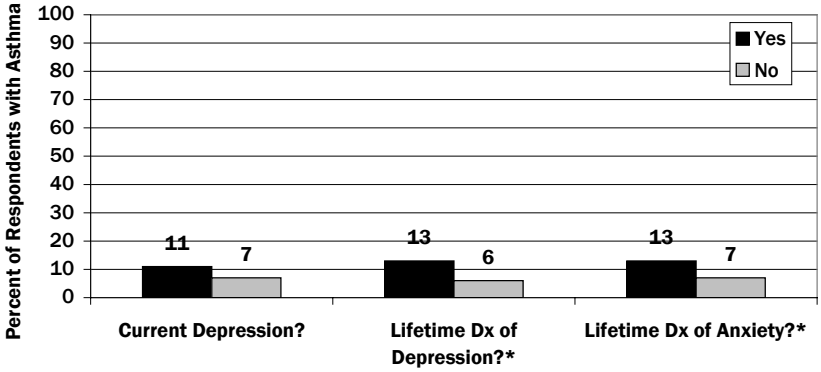
Prevalence rates for three of the five unhealthy behaviors were significantly higher among persons with current depression than among those who were not currently depressed. Nearly four out of ten respondents with current depression reported currently smoking cigarettes (38 percent), compared to only 18 percent of those who weren't depressed (**Figure 34**).

Forty-three percent of respondents with current depression did not participate in any leisure-time physical activity, while only 18 percent of those without depression were physically inactive.

Forty percent of currently depressed respondents reported heights and weights that placed them in the "obese" category. Among those who were not depressed, a significantly smaller proportion (27 percent) was classified as obese.

The average number of unhealthy behaviors reported by persons with current depression (1.51 behaviors per person) was significantly larger than the average for persons who were not currently depressed (0.85) (**Table 10**).

Figure 35
Prevalence of Asthma by Current Depression, Lifetime Depression Diagnosis, and Lifetime Anxiety Diagnosis Nebraska (2006)



*Statistically significant difference in prevalence of asthma.
NOTE: Chart reads, "Among respondents with current depression, 11 percent also have asthma. Among respondents who do not have current depression, 7 percent have asthma."
Nebraska Department of Health and Human Services: BRFSS

Lifetime Diagnosis of Depression

Chronic Diseases

Prevalence of coronary heart disease was only slightly higher for persons who had ever been told by a doctor or other health care provider that they have a depressive disorder (6 percent) than for those who were never diagnosed with this condition (5 percent). Diabetes prevalence was also somewhat greater among persons with a lifetime diagnosis of depression (10 percent) than among those without it (7 percent). Differences were not significant in either case.

However, prevalence of asthma was significantly higher among adults with a lifetime diagnosis of depression (13 percent) than it was among those who had never been diagnosed with this condition (6 percent) (**Figure 35**).

In addition, the mean number of chronic conditions was significantly higher among persons who had ever been diagnosed with depression (0.30 conditions) than among those who had not (0.19).

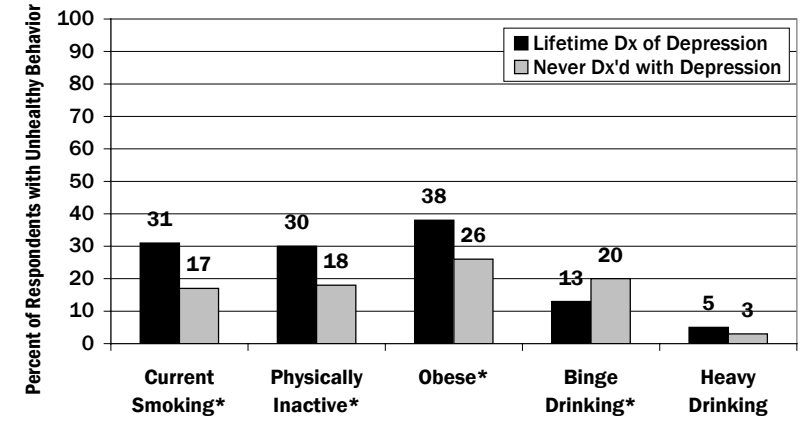
Unhealthy Behaviors

Persons who had ever been told by a health professional that they had a depressive disorder were significantly more likely than persons who had not been diagnosed with this condition to report three of the five unhealthy behaviors listed in **Table 10**.

Nearly one-third of respondents with a lifetime diagnosis of depression (31 percent) stated

Figure 36

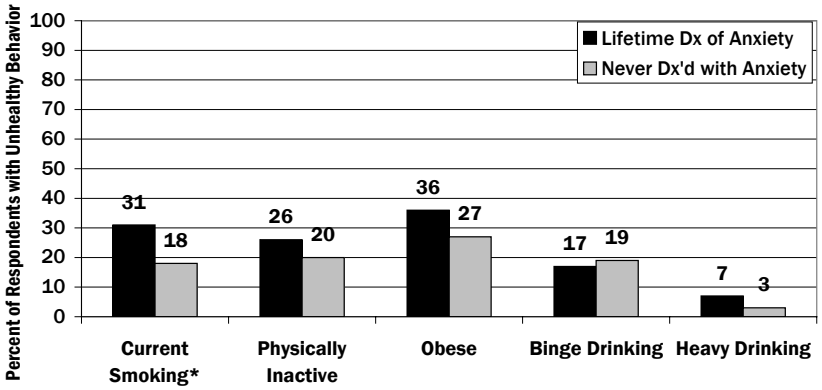
Prevalence of Unhealthy Behaviors by Lifetime Diagnosis of Depression—Nebraska (2006)



*Statistically significant difference in prevalence of unhealthy behavior.
NOTE: Chart reads, "Among respondents with a lifetime diagnosis of depression, 31 percent currently smoke cigarettes. Among respondents who were never diagnosed with depression, 17 percent currently smoke cigarettes."
Nebraska Department of Health and Human Services: BRFSS

Figure 37

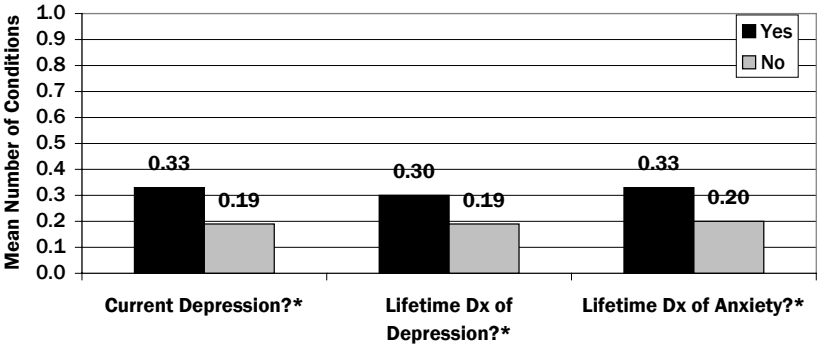
Prevalence of Unhealthy Behaviors by Lifetime Diagnosis of Anxiety—Nebraska (2006)



*Statistically significant difference in prevalence of unhealthy behavior.
NOTE: Chart reads, "Among respondents with a lifetime diagnosis of anxiety, 31 percent currently smoke cigarettes. Among respondents who were never diagnosed with anxiety, 18 percent currently smoke cigarettes."
Nebraska Department of Health and Human Services: BRFSS

Figure 38

Mean Number of Chronic Conditions per Respondent by Current Depression, Lifetime Depression Diagnosis and Lifetime Anxiety Diagnosis—Nebraska (2006)



*Statistically significant difference in means. NOTE: Chart reads, "Among respondents with current depression, respondents reported an average of 0.33 chronic conditions per person. Among respondents who do not have current depression, respondents had an average of 0.19 chronic conditions per person."
Nebraska Department of Health and Human Services: BRFSS

that they currently smoke cigarettes, compared to 17 percent of persons who were never diagnosed with this condition (**Figure 36**).

Thirty percent of adults with a lifetime diagnosis of depression reported not participating in any leisure-time physical activity in the past month, while only 18 percent of those who were never told they had depression were physically inactive.

Prevalence of obesity was also significantly higher among persons who were ever told they had depression (38 percent) than among those who had never been told they had it (26 percent).

On the other hand, persons with a lifetime diagnosis of depression were significantly less likely to have participated in binge drinking in the past 30 days (13 percent) than persons who never had diagnosed depression (20 percent).

The mean number of unhealthy behaviors reported by adults with a lifetime diagnosis of depression was 1.16 behaviors per person, compared to 0.84 for those who had never been told they had depression. This difference is statistically significant.

Lifetime Diagnosis of Anxiety Disorder

Chronic Diseases

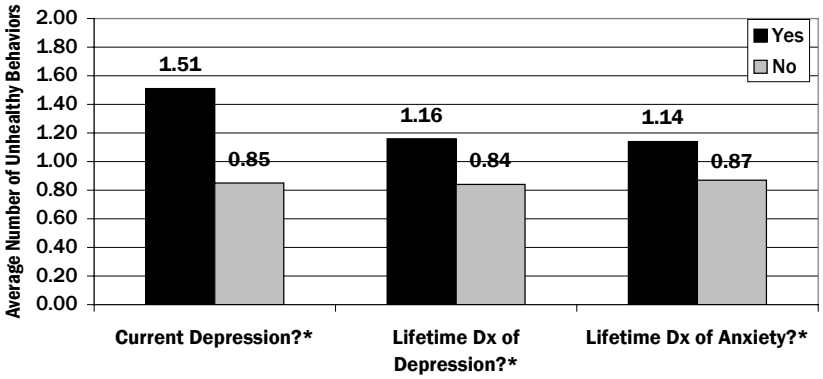
Although somewhat higher rates of coronary heart disease, stroke, and diabetes were found among persons who had ever been told they had an anxiety disorder than among those who had not, differences were not statistically significant.

However, asthma prevalence rates were significantly higher among persons who had ever been diagnosed with an anxiety disorder (13 percent) than among those who had not (7 percent) (**Figure 35**).

The mean number of chronic conditions was also significantly higher among respondents with a lifetime diagnosis of anxiety (0.33 conditions) than among respondents who had never received this diagnosis (0.20).

Unhealthy Behaviors

Prevalence of only one of the five unhealthy behaviors studied was significantly higher among persons who had ever been told they had an anxiety disorder (**Figure 37**). Nearly one-third of the respondents who had a lifetime diagnosis of anxiety reported that they currently smoked cigarettes (31 percent). In comparison, only 18



*Statistically significant difference in means.
NOTE: Chart reads, "Among respondents with current depression, respondents reported an average of 1.51 unhealthy behaviors per person. Among respondents who do not have current depression, respondents had an average of 0.85 unhealthy behaviors per person."
Nebraska Department of Health and Human Services: BRFSS

Figure 39
Mean Number of Unhealthy Behaviors by Current Depression, Lifetime Depression Diagnosis, and Lifetime Anxiety Diagnosis—Nebraska (2006)

percent of those who had never been diagnosed with an anxiety disorder stated that they were current smokers.

Prevalence rates for physical inactivity, obesity, and heavy drinking were all somewhat higher among persons with a lifetime diagnosis of an anxiety disorder than among those who had not been told they had this condition. However, differences were not significant.

Still, the mean number of unhealthy behaviors reported by persons with a diagnosed anxiety disorder (1.14 behaviors per person) was significantly higher than the mean number for persons who had never been diagnosed (0.87).

Summary of Associations Between Anxiety/Depression and Chronic Illness

Asthma was the only one of the four chronic conditions studied to be significantly more prevalent among persons with a lifetime diagnosis of anxiety or depression. However, the mean number of chronic diseases reported was significantly higher for respondents with current depression, a lifetime diagnosis of depression, and a lifetime diagnosis of an anxiety disorder (**Figure 38**). This finding suggests an association between chronic diseases in general and these mental illnesses.

Summary of Associations Between Anxiety/Depression and Unhealthy Behaviors

In this study, depression was associated with more unhealthy behaviors than was anxiety. Prevalence rates for smoking, physical inactivity, and obesity were all significantly higher for respondents with depression (either current or lifetime) than rates for those who never had depression.

Current smoking was the only unhealthy behavior for which prevalence was significantly higher among persons with an anxiety disorder than among those who had never been diagnosed with this condition.

The average number of unhealthy behaviors reported per respondent was significantly higher for persons with depression (current or ever diagnosed) or anxiety than for those who never had these illnesses (**Figure 39**).

Disability and Quality of Life

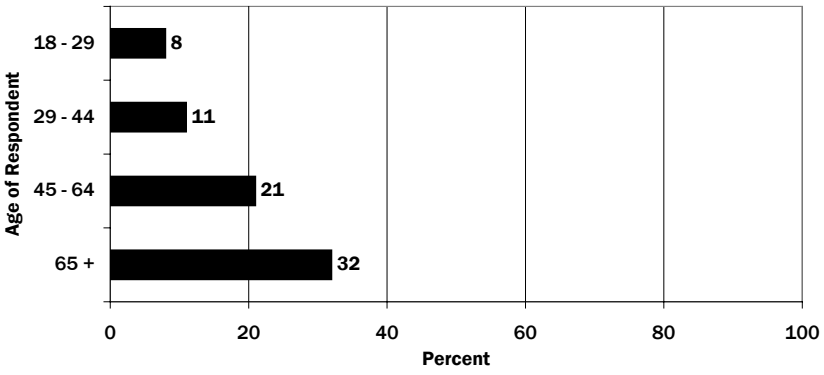
Disability may result from a wide range of conditions. People with disabilities include persons who have physical, cognitive, or sensory impairments that are either present at birth or acquired (resulting from an illness or injury that has long-term consequences).

Children and adults with disabilities and their families face special challenges related to maintaining health, productivity, independence, and quality of life. People with disabilities are generally more likely than people without disabilities to have fair or poor health, experience serious psychological distress, and have more co-existing illnesses or adverse health conditions. In addition, persons with disabilities often have lower incomes and/or fewer resources than persons who do not have disabilities.

Although multiple definitions of disability result in varying estimates of prevalence, nearly one-fifth of the U.S. population are thought to experience some limitation in their activities as a result of chronic health problems.

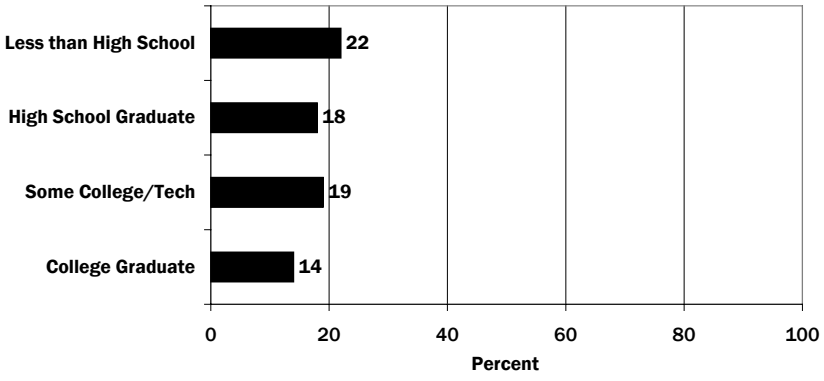
Total costs associated with disabilities are estimated to be more than $300 billion per year in the United States, with costs about evenly divided between costs of direct medical care and costs of lost productivity.

Figure 40
Activity Limitation Due to Physical, Mental or Emotional Problems by Age (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 41
Activity Limitation Due to Physical, Mental or Emotional Problems by Education (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Prevalence of Disability

Activity Limitation

DEFINITION

Have an Activity Limitation: "Yes" to the question, "Are you limited in any way in any activities because of physical, mental, or emotional problems?"

Current Prevalence of Activity Limitations
Seventeen percent of adults responding to the 2004–2006 Nebraska BRFSS stated that they experienced limitation in one or more activities due to physical, mental, or emotional problems (**Table 11**).

Who Has Activity Limitations?
Women (18 percent) were significantly more likely than men (16 percent) to report that they were limited in their activities.

Older respondents were significantly more likely than younger ones to say they were limited in any way in any activity due to physical, mental, or emotional problems (**Figure 40**). Nearly one-third of adults aged 65 and older (32 percent) mentioned activity limitations, compared to 21 percent of those aged 45 to 64. Significantly fewer 30- to 44-year-olds (11 percent) and 18- to

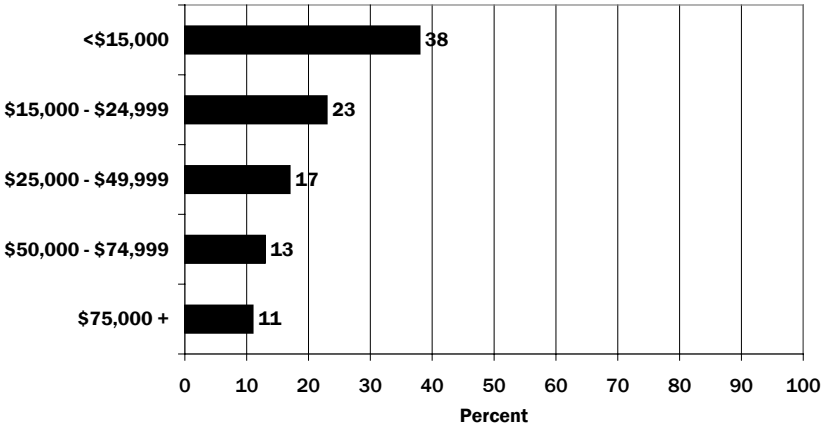
Table 11: Prevalence of Disability
Nebraska Adults, 2004–2006, (with 95% Confidence Intervals—SUDAAN)

	Activities Limited Due to Physical, Mental or Emotional Problems			Health Problem Requiring Use of Special Equipment		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Total Adults	24,777	17%	16.5–17.7	24,814	6%	5.5–6.1
Gender						
Male	9,701	16%	15.3–17.1	9,713	5%	4.9–6.0
Female	15,076	18%	17.2–18.8	15,101	6%	5.6–6.4
Age						
18–29	2,422	8%	6.5–8.3	2,420	1%	0.8–2.4
30–44	6,000	11%	10.3–12.3	6,006	2%	1.8–2.8
45–64	9,459	21%	20.4–22.5	9,476	6%	5.3–6.5
65+	6,896	32%	30.6–33.4	6,912	18%	16.6–18.9
Education						
<High School	2,047	22%	19.9–24.7	2,051	7%	6.3–8.7
High School	8,723	18%	17.4–19.6	8,739	6%	5.1–6.3
Some College	7,046	19%	17.8–20.0	7,057	7%	5.9–7.3
College Degree	6,930	14%	13.2–15.6	6,936	5%	4.3–5.6
Income						
<$15,000	2,476	38%	35.8–41.2	2,488	17%	15.2–19.5
$15,000–$24,999	4,252	23%	21.0–24.4	4,254	8%	7.0–9.2
$25,000–$49,999	7,595	17%	16.1–18.3	7,595	5%	4.2–5.3
$50,000–$74,999	3,771	13%	11.9–15.0	3,773	3%	2.5–4.2
$75,000+	3,678	11%	9.4–12.6	3,683	3%	2.0–3.5
Race						
White	23,474	17%	16.7–17.9	23,508	6%	5.3–6.0
African American	1,972	23%	20.5–25.9	1,984	11%	9.3–12.6
Asian American	124	14%	7.6–24.4	125	7%	3.1–14.4
Native American	511	22%	17.9–27.8	512	14%	10.3–19.2
Hispanic American	2,027	14%	11.5–16.6	2,039	6%	4.2–7.8
Place of Residence						
Rural	18,377	17%	16.7–18.0	18,398	6%	5.2–5.9
Urban	6,400	17%	16.0–18.0	6,416	6%	5.6–6.8

"Number" and "percent" exclude missing, don't know, and refused responses.

Figure 42

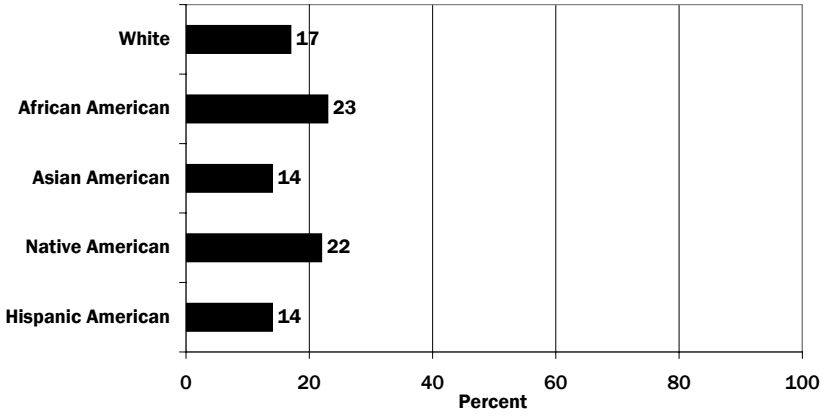
Activity Limitation Due to Physical, Mental or Emotional Problems by Income (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 43

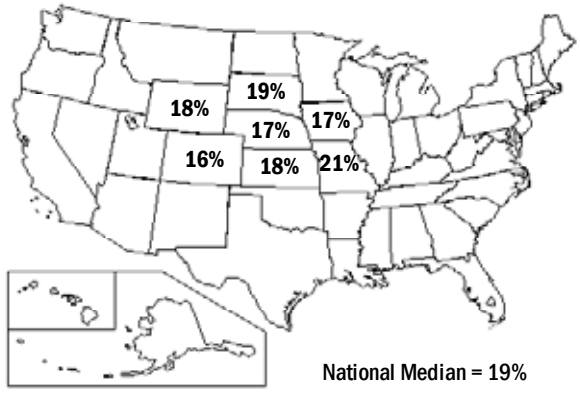
Activity Limitation Due to Physical, Mental or Emotional Problems by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 44

Activity Limitations Due to Physical, Mental or Emotional Problems (2005) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

29-year-olds (8 percent) said they experienced limitations.

The proportion of persons with less than a high school education who reported activity limitation (22 percent) was significantly greater than the rates for high school graduates (18 percent) and college graduates (14 percent) (**Figure 41**). In fact, respondents with college degrees were significantly less likely than persons at each of the other three educational levels to state they had activity limitations due to physical, mental, or emotional problems.

A similar pattern is evident by household income, with lower-income respondents significantly more likely than higher-income individuals to have limitations in activities due to these problems (**Figure 42**). Rates ranged from a high of 38 percent for persons earning less than $15,000 per year to a low of 11 percent for those with annual incomes of $75,000 or more.

The rate of reported activity limitations was significantly higher for African Americans (23 percent) than for white (17 percent) and Hispanic (14 percent) adults in Nebraska (**Figure 43**). Native Americans (22 percent) also experienced a significantly higher rate of activity limitation than Hispanic Americans in the state.

Prevalence of activity limitations was similar for rural and urban residents of Nebraska (17 percent each).

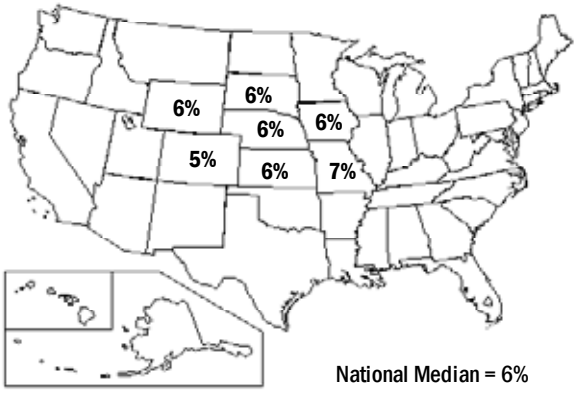
Nebraska and the Nation

Compared to the nation (19 percent), Nebraska (17 percent) reported a somewhat lower percentage of persons with limited activity due to physical, mental, or emotional problems in 2005 (**Figure 44**). Of the surrounding states, only Colorado reported a lower rate (16 percent) and Iowa (17 percent) matched the Nebraska rate. Missouri's rate (21 percent) exceeded the national median.

Health Problems Requiring Use of Special Equipment

DEFINITION

Require Special Equipment: "Yes" to the question, "Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?"



Nebraska Department of Health and Human Services: BRFSS

Figure 45
Health Problems Requiring Use of Special Equipment (2005)
(Data not age-adjusted)

Current Prevalence
Six percent of adults participating in 2004–2006 BRFSS said they now have a health problem that requires them to use special equipment (**Table 11**).

Who Has Health Problems Requiring Special Equipment?
The proportions of men (5 percent) and women (6 percent) who needed to use special equipment because of a health problem were nearly equal.

Younger respondents aged 18 to 44 years (1 to 2 percent) were significantly less likely than respondents aged 45 to 64 (6 percent) or those aged 65 and older (18 percent) to say they currently had a health problem requiring use of special equipment. Persons in the 45-to-64 age group were also significantly less likely than persons aged 65 and over to have this kind of limitation.

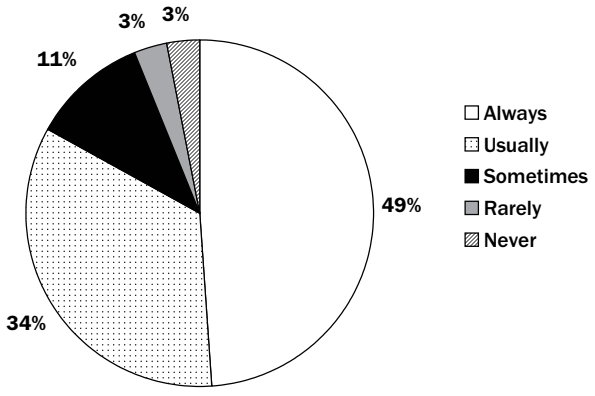
Significant differences were also noted by household income of respondents. Seventeen percent of adults with annual incomes under $15,000 reported needing to use special equipment due to health problems. In contrast, only 8 percent of persons with incomes of $15,000 to $24,999 and 5 percent of those with incomes of $25,000 to $49,999 indicated that they required this kind of equipment. For persons with incomes of $50,000 and above, only 3 percent used special equipment.

Native Americans (14 percent) and African Americans (11 percent) were significantly more likely than Hispanic Americans and whites (6 percent each) to say they had a health problem necessitating use of special equipment.

Six percent each of rural and urban residents in Nebraska reported using special equipment due to health problems.

Nebraska and the Nation
In 2005, the proportion of Nebraska adults who had health problems requiring use of special equipment (6 percent) matched the national median (**Figure 45**). There was little variation in rates among the surrounding states, with all but Colorado (5 percent) and Missouri (7 percent) reporting 6 percent.

Figure 46
Frequency of Emotional Support Among Nebraska Adults (2005–2006)



Nebraska Department of Health and Human Services: BRFSS

Emotional Support and Life Satisfaction

Emotional Support

DEFINITION

Responses to the question, "How often do you get the social and emotional support you need: Always? Usually? Sometimes? Rarely? Never?"

Current Prevalence
About one-half of the respondents to the 2005-2006 BRFSS (49 percent) stated that they "always" get the social and emotional support they need (**Figure 46**). An additional one-third (34 percent) said they "usually" do. Eleven percent reported "sometimes" receiving this level of support, while 3 percent each felt they "rarely" or "never" get the emotional support they need.

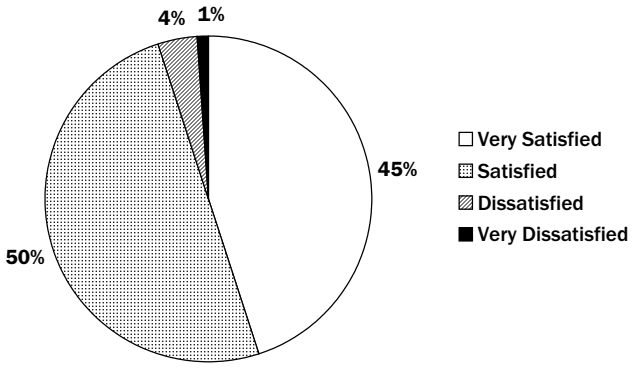
Who Receives the Emotional Support They Need?
More than one-half of adults aged 65 and older (52 percent) reported always receiving the social and emotional support they need (**Table 12**). These respondents were significantly more likely than persons aged 30 to 64 (47 percent) to rate the level of support they get this positively.

Table 12: Emotional Support and Life Satisfaction

Nebraska Adults, 2005–2006 (with 95% Confidence Intervals—SUDAAN)

	"Always" get social and emotional support you need			In general, "very satisfied" with my life		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Total Adults	15,532	49%	47.5–49.8	15,698	45%	44.3–46.6
Gender						
Male	6,058	49%	47.7–51.2	6,164	45%	43.4–46.8
Female	9,474	48%	46.4–49.3	9,534	46%	44.3–47.2
Age						
18–29	1,440	49%	45.5–52.7	1,438	44%	40.4–47.5
30–44	3,687	47%	44.5–48.6	3,694	46%	43.6–47.7
45–64	6,041	47%	45.9–49.1	6,056	46%	44.8–48.0
65+	4,364	52%	50.2–53.8	4,510	46%	44.1–47.7
Education						
<High School	1,238	44%	39.7–48.5	1,284	35%	30.9–39.4
High School	5,430	47%	45.0–49.1	5,495	39%	36.8–40.7
Some College	4,438	48%	45.8–49.9	4,478	44%	41.8–45.9
College Degree	4,413	53%	50.5–55.2	4,426	56%	53.6–58.2
Income						
<$15,000	1,535	37%	33.0–41.7	1,550	24%	20.3–27.5
$15,000–$24,999	2,622	42%	39.2–45.4	2,644	31%	27.8–33.5
$25,000–$49,999	4,701	46%	43.6–47.8	4,749	41%	39.4–43.4
$50,000–$74,999	2,439	52%	48.9–55.0	2,455	53%	50.3–56.5
$75,000+	2,434	58%	55.4–61.5	2,443	62%	58.5–64.9
Race						
White	14,689	49%	47.8–50.2	14,846	46%	44.9–47.3
African American	1,300	48%	44.4–52.5	1,320	33%	28.9–36.3
Asian American	85	46%	32.2–59.9	88	29%	20.0–40.2
Native American	445	43%	36.4–49.4	452	37%	31.1–43.9
Hispanic American	1,134	46%	42.2–50.6	1,155	32%	28.2–35.9
Place of Residence						
Rural	11,472	47%	45.4–48.1	11,595	44%	43.0–45.7
Urban	4,060	51%	49.1–52.8	4,103	47%	45.1–48.8

"Number" and "percent" exclude missing, don't know, and refused responses.



Nebraska Department of Health and Human Services: BRFSS

Figure 47
Nebraska Adults: Satisfaction with Their Lives (2005–2006)

Among persons in the youngest age bracket (18- to 29-year-olds), 49 percent said they always receive the support they consider necessary.

Respondents with a college degree were significantly more likely than persons in each of the three lower educational categories to report always receiving needed social and emotional support. More than one-half of college graduates (53 percent) gave this response, compared to 44 percent of persons who had not completed high school, 47 percent of high school graduates, and 48 percent of those with some college or technical training.

Similarly, respondents in the highest income bracket ($75,000 or more) were significantly more likely (58 percent) than persons in each of the lower income categories to state they always receive adequate social and emotional support. The proportion of respondents who always got needed support was also significantly greater for persons with incomes of $50,000 to $74,999 than for persons with annual incomes below $50,000.

Nebraskans living in urban areas (51 percent) were significantly more likely than those living in rural areas (47 percent) to report always receiving the emotional support they need.

No significant differences were found by gender or race/ethnic origin.

Life Satisfaction

DEFINITION

Responses to the question, "In general, how satisfied are you with your life: Very satisfied? Satisfied? Dissatisfied? Very dissatisfied?"

Current Prevalence

In the 2005–2006 BRFSS, 45 percent of adults stated that they were "very satisfied" with their life (**Figure 47**), while 50 percent said they were "satisfied." Thus, 95 percent rated their life satisfaction positively. Only 4 percent were "dissatisfied" and 1 percent "very dissatisfied."

Who Is "Very Satisfied" with Their Life?

Level of life satisfaction increased significantly with increasing level of education (**Table 12**). Respondents with college degrees (56 percent) and those with some college or technical training (44 percent) were significantly more likely to say they were very satisfied with their lives, compared to respondents with a high school diploma (39 percent) or less than a high school education (35 percent). College graduates were also significantly more likely than persons with some college to state they were very satisfied with their lives.

The proportion of persons who were very satisfied with their lives also increased significantly with annual household income. Among persons earning less than $15,000 per year, only 24 percent considered their lives very satisfactory. Satisfaction rates rose with income levels, reaching a high of 62 percent among respondents with incomes of $75,000 or more.

White Nebraskans (46 percent) were significantly more likely to rate their lives very satisfactory than Nebraskans in each of the other racial or ethnic groups. Rates for these groups ranged from 29 percent of Asian Americans to 37 percent of Native Americans reporting they were very satisfied with their lives.

No significant differences were found in life satisfaction rates by gender, age or place of residence.

Cardiovascular Disease

Cardiovascular disease (CVD) encompasses all diseases of the heart and blood vessels, including heart disease, stroke, congestive heart failure, hypertension, and atherosclerosis. According to the American Heart Association, 79.4 million Americans were estimated to have CVD in 2004.

Heart disease is the leading cause of death in the United States and in Nebraska, while stroke ranks third. In 2004, heart disease accounted for 3,736 deaths and stroke resulted in 977 deaths in Nebraska.

The American Heart Association estimates that the total cost of CVD, including stroke, was about $431.8 billion in the United States in 2007.

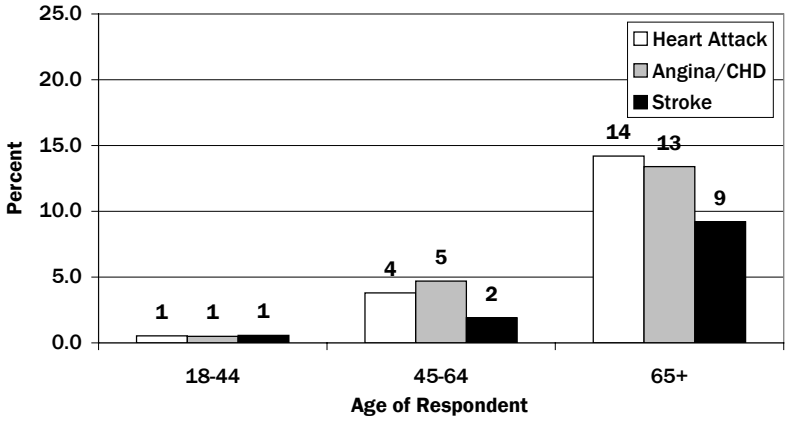
History of Heart Attack, Angina/ Coronary Heart Disease, or Stroke

History of Heart Attack

DEFINITION:

History of Heart Attack: "Yes" to the question, "Has a doctor, nurse or other health professional ever told you that you had any of the following: A heart attack, also called a myocardial infarction?"

Figure 48
Adults Ever Told by Health Professional That They Had Heart Attack, Angina/CHD*, or Stroke by Age of Respondent (2005)



*Coronary Heart Disease
Nebraska Department of Health and Human Services: BRFSS

Current Prevalence
Four percent of adults responding to the 2005–2006 BRFSS said they had ever been told by a health professional that they had had a heart attack (**Table 13**). The same proportion (4 percent) in the 2003 study reported ever having a heart attack.

Who Has Had a Heart Attack?
Males (5 percent) were significantly more likely than females (3 percent) to have been told by a doctor or other health professional that they had had a heart attack.

Persons aged 65 and older (14 percent) were significantly more likely than younger persons to have ever had a heart attack (**Figure 48**). Only 4 percent of adults aged 45 to 64 reported they had had a heart attack, while 1 percent of persons under age 45 (or fewer) had ever had one.

Respondents who had not completed high school (6 percent) were significantly more likely than college graduates (3 percent) to state they had ever been told they had a heart attack (**Table 13**).

Significant differences were also found by household income. Eight percent of persons with incomes below $15,000 and 6 percent of those with incomes of $15,000 to $24,999 reported ever having a heart attack. Significantly smaller proportions of persons with incomes of $25,000 and above (2 to 3 percent) indicated they ever had a heart attack.

Native Americans (8 percent) were significantly more likely than whites or African Americans (4 percent each) to report ever being told by a health professional that they had had a heart attack.

Four percent each of rural and urban residents said they were ever told they had had a heart attack.

History of Angina/Coronary Heart Disease

DEFINITION

History of Angina or Coronary Heart Disease: "Yes" to the question, "Has a doctor, nurse or other health professional ever told you that

Table 13: History of Heart Disease and Stroke

Nebraska Adults, 2005 and 2006 (with 95% Confidence Intervals—SUDAAN)

	EVER TOLD BY HEALTH PROFESSIONAL THAT YOU HAD A HEART ATTACK (MYOCARDIAL INFARCTION)			EVER TOLD BY HEALTH PROFESSIONAL THAT YOU HAD ANGINA OR CORONARY HEART DISEASE			EVER TOLD BY A HEALTH PROFESSIONAL THAT YOU HAD A STROKE		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
All Adults	16,114	4%	3.5–4.1	16,203	4%	3.6–4.3	16,157	2%	2.1–2.6
Gender									
Male	6,352	5%	4.9–6.0	6,391	5%	4.6–5.7	6,374	2%	2.1–2.9
Female	9,762	3%	2.2–2.8	9,812	3%	2.6–3.3	9,783	2%	2.0–2.6
Age									
18–29	1,479	0%	0.02–0.20	1,481	0%	0.01–0.26	1,479	0%	0.1–2.1
30–44	3,790	1%	0.45–1.08	3,802	1%	0.48–1.13	3,799	1%	0.4–1.0
45–64	6,207	4%	3.3–4.5	6,236	5%	4.1–5.5	6,217	2%	1.6–2.3
65+	4,638	14%	13.0–15.5	4,684	13%	12.2–14.7	4,662	9%	8.2–10.3
Education									
<High School	1,353	6%	4.5–7.6	1,372	5%	3.7–7.0	1,366	4%	3.1–5.7
High School	5,673	4%	3.4–4.4	5,707	4%	3.4–4.3	5,691	3%	2.1–3.1
Some College	4,568	4%	3.5–4.8	4,587	4%	3.5–4.7	4,572	3%	2.1–3.1
College Degree	4,499	3%	2.3–3.6	4,516	4%	3.3–4.7	4,507	2%	1.2–2.0
Income									
<$15,000	1,615	8%	6.4–9.8	1,636	6%	5.1–7.7	1,626	5%	3.8–6.0
$15,000–$24,999	2,719	6%	4.8–6.8	2,738	6%	4.9–7.1	2,729	3%	2.6–4.1
$25,000–$49,999	4,832	3%	2.9–4.0	4,852	4%	3.4–4.6	4,842	2%	1.7–2.7
$50,000–$74,999	2,497	3%	2.3–4.3	2,500	3%	2.1–4.0	2,495	2%	1.0–2.4
$75,000+	2,484	2%	1.7–3.6	2,487	4%	3.0–5.4	2,484	1%	0.6–2.3
Race									
White	15,216	4%	3.5–4.1	15,295	4%	3.6–4.3	15,253	2%	2.1–2.6
African American	1,323	4%	3.1–5.3	1,333	3%	2.4–4.3	1,330	4%	3.0–5.3
Asian American	88	6%	1.7–18.7	91	6%	1.8–17.9	90	0%	0.0–0.0
Native American	453	8%	5.4–11.9	456	6%	4.2–9.8	454	5%	3.4–8.3
Hispanic American	1,172	5%	3.7–7.7	1,179	4%	3.0–6.4	1,176	4%	2.4–6.1
Place of Residence									
Rural	11,927	4%	3.6–4.3	11,996	4%	3.7–4.4	11,962	3%	2.3–2.8
Urban	4,187	4%	3.1–4.2	4,207	4%	3.3–4.4	4,195	2%	1.8–2.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

you had any of the following: Angina or coronary heart disease?"

Current Prevalence
As in the 2003 study, 4 percent of adult Nebraskans in the 2005–2006 BRFSS had ever been told by a doctor, nurse or other health professional that they had angina or coronary heart disease (CHD) (**Table 13**).

Who Has Angina or Coronary Heart Disease?
A significantly greater proportion of males (5 percent) had been told they have angina or CHD, compared to females (3 percent)

Adults aged 65 and older (13 percent) were significantly more likely than younger adults to have angina or CHD (**Figure 48**). Five percent of adults aged 45 to 64 were told they have one of these conditions — a significantly greater proportion than the zero to one percent reported by persons under age 45.

Respondents with incomes below $25,000 per year were significantly more likely to say they had angina or CHD (6 percent), compared to respondents with incomes of $25,000 to $74,999 (3 to 4 percent) (**Table 13**).

No significant differences in prevalence of angina/CHD were apparent by educational level, race/ethnic origin, or place of residence of respondents.

History of Stroke

DEFINITION

History of Stroke: "Yes" to the question, "Has a doctor, nurse or other health professional ever told you that you had any of the following: A stroke?"

Current Prevalence
As with the prevalence of heart attack and of angina/CHD, the proportions of adults that reported ever being told by a doctor, nurse, or other health professional that they had a stroke (2 percent) were the same in the 2003 BRFSS and in the 2005–2006 study.

Who Has Had a Stroke?
As with heart attacks and CHD, the proportion of adults aged 65 and older who had ever been told they had a stroke (9 percent) was significantly higher than rates for younger adults (**Figure 48**). Only 2 percent of persons aged 45 to 64 and less than 1 percent of those aged 18 to 44 had been diagnosed as having had a stroke.

College graduates (2 percent) were significantly less likely to have ever been told they had a stroke, compared to adults with less education (**Table 13**).

The likelihood of having a stroke was also greater among low-income persons. Five percent of respondents with incomes under $15,000 per year reported being informed by a health professional that they had had a stroke. Among persons with incomes of $25,000 or higher, the rate was 1 to 2 percent.

Native Americans (5 percent) and African Americans (4 percent) were significantly more likely than white Nebraskans (2 percent) to have ever been told they had a stroke.

No significant differences were found by gender or place of residence of respondents.

Participation in "Rehab" Following Heart Attack or Stroke

Respondents who reported ever having a heart attack or stroke were asked, "After you left the hospital following your [heart attack or stroke], did you go to any kind of outpatient rehabilitation? This is sometimes called 'rehab'." Altogether, 53 percent of respondents who had been hospitalized for a heart attack participated in outpatient rehabilitation. Among persons who had been hospitalized due to stroke, only 32 percent reported going to outpatient rehabilitation.

The majority of persons who had not completed high school (84 percent) stated that they did not attend rehab after hospitalization for a heart attack (**Figure 49**). This proportion was significantly higher than the proportions of persons with some college (37 percent) or a college degree (48 percent). A similar pattern exists for persons who had been hospitalized for a stroke. More than three-fourths (82 percent) of those without a high school education reported they did not attend outpatient rehab.

No significant differences were found by gender, age, household income, race/ethnic origin, or place of residence of respondents.

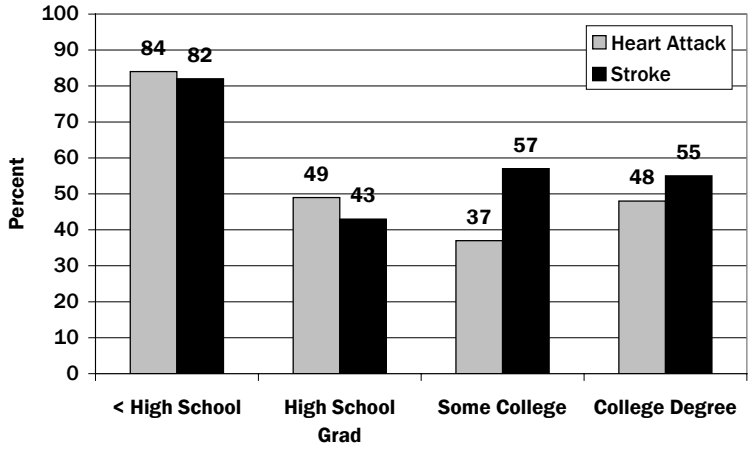
Aspirin Use

The American Heart Association recommends aspirin use for patients who have had a heart attack, unstable angina, a stroke caused by a blood clot, or transient ischemic attacks (TIAs or "little strokes"), if not contraindicated. This recommendation is based on studies showing that aspirin helps prevent recurrence of these events. There is also evidence that aspirin is helpful in primary prevention of these events among people at high risk.

Current Prevalence

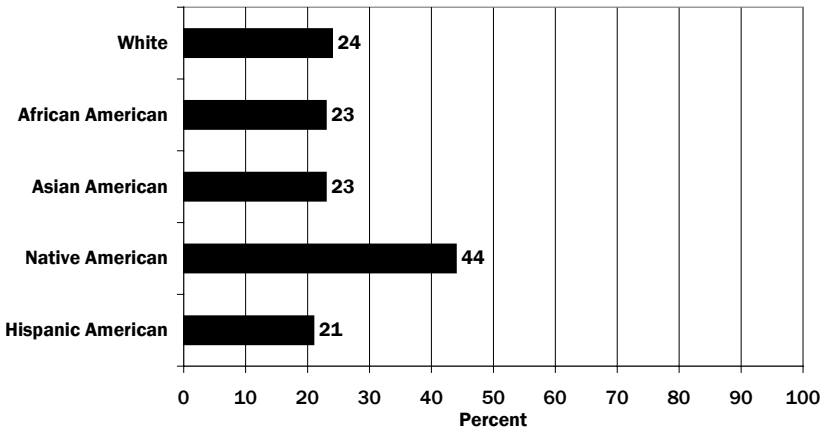
All 2005 BRFSS respondents were asked questions about their use of aspirin. They were first asked, "Do you take aspirin daily or every other day?" One-fourth (24 percent) indicate they do take aspirin this frequently (**Table 14**).

Figure 49
Adults Who Did NOT Go to Rehab After Hospitalized for Heart Attack or Stroke by Education of Respondent (2005)



Nebraska Department of Health and Human Services: BRFSS

Figure 50
Adults Aged 18+ Who Take Aspirin Daily or Every Other Day (2005)



Nebraska Department of Health and Human Services: BRFSS

Who Takes Aspirin Daily or Every Other Day?

A significantly greater proportion of men (27 percent) take aspirin daily or every other day compared to women (22 percent).

The proportion of adults taking aspirin this frequently increased significantly with advancing age group. More than one-half (55 percent) of adults aged 65 and older follow this schedule of aspirin use, compared to one-third (32 percent) of adults aged 45 to 64 and 12 percent of those aged 30 to 44 years.

Native Americans (44 percent) reported significantly greater rates of daily or every other day aspirin use than Hispanic Americans (21 percent), African Americans (23 percent), and whites (24 percent) in Nebraska (**Figure 50**).

No significant differences in prevalence of this level of aspirin use were evident by education, income, or place of residence of respondents.

Reasons for Not Taking Aspirin

Respondents who stated they did not take aspirin every day or every other day were then asked if they had "a health problem or condition that makes taking aspirin unsafe for you." Only 5 percent of those not taking aspirin this frequently reported that stomach problems prevented them from doing so, while 7 percent mentioned other health problems as the reason. The remaining 88 percent did not have a problem that made aspirin unsafe for them to take and could, presumably, take aspirin to help prevent stroke or heart attack.

Who Has Health Problems Preventing Use of Aspirin?

Women (14 percent of those not using aspirin) were significantly more likely than men (9 percent) to say they have a health problem that prevents them from taking aspirin (**Table 14**).

The proportion of older respondents (aged 65 and older) who could not use aspirin for health reasons (29 percent) was significantly greater than the proportion of 45- to 64-year-olds (14 percent). Both of these age groups were significantly more likely than persons aged 30 to 44 (8 percent) and those aged 18 to 29 (4 percent) to be unable to take aspirin for this reason.

Respondents with some college or technical training (15 percent) and high school graduates (13 percent) were significantly more likely than college graduates (9 percent) to report having a

health problem that keeps them from taking an aspirin every day or every other day.

A significantly greater proportion of persons with incomes below $15,000 per year (24 percent) mentioned that health problems made taking aspirin unsafe for them, compared to persons in higher income brackets.

Differences in the proportion of persons who could not take aspirin for health reasons by race/ethnicity or place of residence were not significant.

Table 14: Heart Disease and Stroke: Aspirin Use
Nebraska Adults, 2005 (with 95% Confidence Intervals—SUDAAN)

	TAKE ASPIRIN DAILY OR EVERY OTHER DAY			HAVE A HEALTH PROBLEM OR CONDITION THAT MAKES TAKING ASPIRIN UNSAFE FOR YOU		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	8,072	24%	23.3–25.5	5,510	12%	11.3–13.4
Gender						
Male	3,170	27%	25.2–28.5	2,076	9%	8.0–11.1
Female	4,902	22%	21.0–23.8	3,434	14%	13.1–15.9
Age						
18–29	795	7%	4.8–9.7	737	4%	2.6–6.9
30–44	1,920	12%	10.0–13.6	1,690	8%	6.3–9.6
45–64	3,054	32%	30.2–34.3	2,024	14%	11.8–15.6
65+	2,303	55%	52.4–57.4	1,059	29%	25.6–32.4
Education						
<High School	694	27%	23.5–31.5	420	13%	10.1–17.5
High School	2,830	24%	22.6–26.3	1,811	13%	10.9–14.5
Some College	2,306	24%	21.9–26.0	1,646	15%	12.8–17.2
College Degree	2,236	24%	22.4–26.6	1,629	9%	7.3–10.8
Income						
<$15,000	845	23%	19.1–26.4	536	24%	19.0–29.5
$15,000–$24,999	1,384	26%	23.1–28.6	854	15%	12.2–18.1
$25,000–$49,999	2,443	25%	22.5–26.7	1,712	12%	10.1–13.8
$50,000–$74,999	1,240	26%	22.9–29.4	907	8%	5.6–11.5
$75,000+	1,166	25%	21.6–28.1	876	7%	5.2–10.2
Race						
White	7,586	24%	23.0–25.2	5,128	12%	11.2–13.3
African American	744	23%	19.8–25.9	513	15%	10.9–19.1
Asian American	53	23%	13.2–36.3	65*	9%	2.8–24.2
Native American	99	44%	30.8–58.3	61	17%	11.0–25.3
Hispanic American	561	21%	16.5–25.7	473	10%	6.8–14.4
Place of Residence						
Rural	5,896	25%	24.0–26.6	356	48%	34.0–63.1
Urban	2,176	24%	21.8–25.4	75	45%	20.2–73.3

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

Diabetes

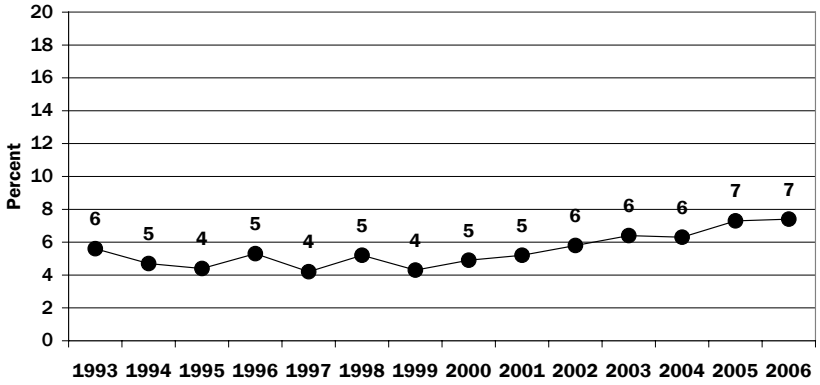
The number of newly-diagnosed cases of diabetes has risen rapidly in the United States, with an estimated 1.5 million new cases developing in 2005. With obesity on the increase, it is likely that the number of cases will continue this strong upward trend.

As of 2005, an estimated 20.8 million people in the United States (7.0 percent of the population) have diabetes. Of these, 6.2 million have the disease, but have not been diagnosed and are unaware they have diabetes. In addition to the 20.8 million Americans who currently have this condition, an estimated 54 million adults are at high risk for developing diabetes. They have prediabetes; that is, their blood sugar is elevated but not high enough for them to be classified as having diabetes.

Each year, more than 13,000 children and adolescents are diagnosed with type 1 diabetes. However, incidence of type 2 diabetes (a disease usually diagnosed in adults aged 40 or older) has risen substantially among U.S. children and adolescents in the last twenty years. Obesity and insufficient physical activity are thought to be important factors in the growing prevalence of diabetes among children and youth.

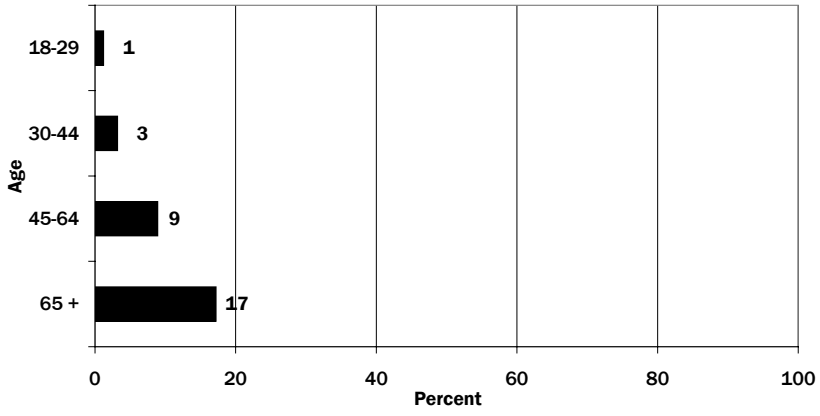
Diabetes was the sixth leading underlying cause of death in 2004 in Nebraska and the nation, accounting for 395 deaths in the state and more than 73,000 deaths nationwide. Diabetes was also listed as a contributing factor for more than 224,000 U.S. deaths.

Figure 51
Trend in Prevalence of Diagnosed Diabetes
Nebraska 1993–2006



Nebraska Department of Health and Human Services: BRFSS

Figure 52
Prevalence of Diagnosed Diabetes by Age, Nebraska 2004–2006



Nebraska Department of Health and Human Services: BRFSS

DEFINITION

Have diabetes: Have ever been told by a doctor that you have diabetes. (Does not include females told only during pregnancy.)

Current Prevalence

Altogether, 7 percent of adults in Nebraska in the 2004–2006 BRFSS said a doctor had told them they have diabetes (**Table 15**). If women who were told only during pregnancy that they have diabetes (gestational diabetes) were included, prevalence would be increased by less than one percentage point.

Trend over Time

Prevalence of diabetes among the adult population remained fairly constant at four to five percent between 1994 and 2001 (**Figure 51**). Prevalence rose to six percent in 2002 through 2004, then on to 7 percent in 2005 and 2006.

Who's at Risk in Nebraska?

Men and women were about equally likely to report they had been diagnosed with diabetes (7 percent each) (**Table 15**).

Prevalence of diabetes increased significantly with advancing age group of respondent (**Figure 52**).

Table 15: Diabetes
Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	EVER TOLD YOU HAVE DIABETES (NOT INCLUDING GESTATIONAL DIABETES)		
	Total Number	**Percent**	**Confidence Interval**
All Adults	24,967	7%	6.4–7.2
Gender			
Male	9,793	7%	6.6–7.7
Female	15,174	7%	6.1–7.0
Age			
18–29	2,445	1%	0.7–2.0
30–44	6,043	3%	2.7–3.8
45–64	9,531	9%	8.2–9.7
65+	6,948	17%	16.1–18.3
Education			
<High School	2,068	9%	7.8–10.9
High School	8,798	8%	7.2–8.5
Some College	7,095	6%	5.6–6.8
College Degree	6,973	6%	5.3–6.7
Income			
<$15,000	2,494	12%	10.6–14.2
$15,000–$24,999	4,283	9%	8.0–10.2
$25,000–$49,999	7,637	6%	5.7–7.0
$50,000–$74,999	3,794	7%	5.8–7.9
$75,000+	3,700	4%	3.2–5.0
Race			
White	23,649	7%	6.2–6.9
African American	1,984	14%	11.5–16.0
Asian American	125	9%	4.7–17.3
Native American	512	26%	21.7–31.5
Hispanic American	2,039	13%	10.9–15.8
Place of Residence			
Rural	18,511	7%	6.2–7.0
Urban	6,456	7%	6.5–7.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

Persons aged 65 and older (17 percent) were significantly more likely than younger persons to indicate they have diabetes. Respondents aged 45 to 64 (9 percent) were also significantly more likely than 30- to 44-year-olds (3 percent) and 18- to 29-year-olds (1 percent) to say they have diabetes.

The proportions of adult Nebraskans with a high school diploma (8 percent) or less than a high school education (9 percent) who were told they have diabetes were significantly higher than the proportion of college graduates or persons with some college or technical training who have this disease (6 percent).

Diabetes prevalence rates for respondents with household incomes under $15,000 (12 percent) and for those earning $15,000 to $24,999 were significantly higher than rates for persons in all higher income brackets. Prevalence of diabetes for persons in the $25,000-to-$74,999 income range (6 to 7 percent) was also significantly higher than for those with annual incomes of $75,000 or more (4 percent).

Native Americans (26 percent) experienced far higher rates of diagnosed diabetes than all of the other racial/ethnic groups in Nebraska in 2004–2006 (**Figure 53**). African American (14 percent) and Hispanic American (13 percent) adults also reported significantly higher rates of diabetes than white adults (7 percent).

Diabetes prevalence rates were the same (7 percent each) for rural and urban residents of Nebraska in 2004–2006 (**Table 15**).

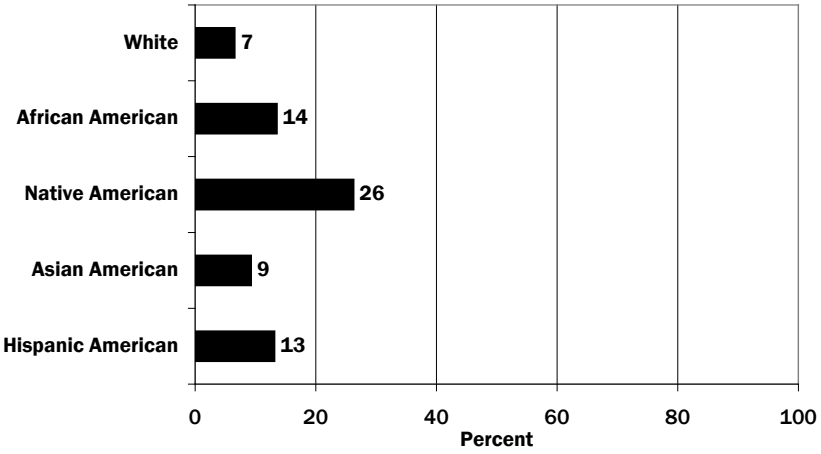
Nebraska and the Nation

The proportion of respondents to the Nebraska BRFSS who had ever been told by a doctor that they have diabetes (not including gestational diabetes) matched the 2004–2006 national median of 7 percent (**Figure 54**). Iowa, Kansas, and Missouri also reported rates of 7 percent. Prevalence in the three remaining neighboring states was slightly lower, with 5 percent of adults in Colorado and 6 percent in South Dakota and Wyoming diagnosed with diabetes.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2006	UNITED STATES BRFSS 2004–2006	UNITED STATES 2010 Target
Overall prevalence rate of clinically diagnosed diabetes (adults aged 18+). (Data are not age-adjusted).	2.5%	7%	7%	2.5%

Figure 53

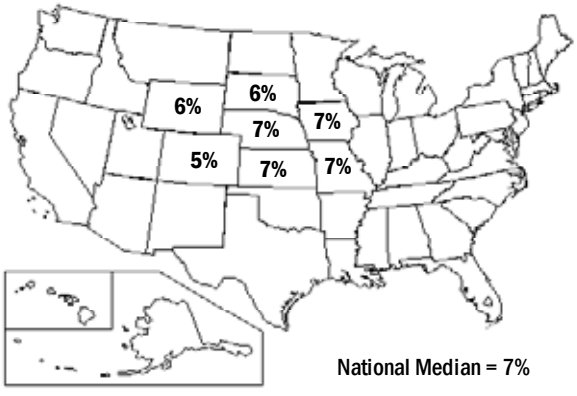
Prevalence of Diagnosed Diabetes by Race/Ethnicity—Nebraska (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 54

Prevalence of Diagnosed Diabetes 2004–2006 (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Arthritis

According to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, arthritis and related conditions affect about 43 million Americans. By 2020, it is estimated that 60 million Americans will be affected by arthritis.

Osteoarthritis is the most common type of arthritis, affecting about 21 million adults in the United States. It is characterized by deterioration of the cartilage cushioning the ends of the bones within the joint. The tissue lining of the joint can become inflamed, the ligaments looser, and the muscles weaker, resulting in pain when the joint is used.

Common symptoms of arthritis include: swelling in one or more joints; stiffness around the joints that lasts for at least one hour in the early morning; constant or recurring pain or tenderness in a joint; difficulty in using or moving a joint normally; and warmth or redness in a joint.

Arthritis is the leading cause of disability in the United States and ranks second only to heart disease as a cause of work disability. It also limits everyday activities and adversely affects the physical and mental health of the people who have it.

DEFINITIONS

Have probable arthritis: Had symptoms of pain, aching, or stiffness in or around a joint during the past 30 days and joint symptoms first began more than three months ago.

Have diagnosed arthritis: Have ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

Prevalence of Arthritis

"Probable" Arthritis

In Nebraska, 43 percent of adults responding to the 2004–2005 BRFSS reported having symptoms of pain, aching, or stiffness in or around a joint during the past 30 days. In 2004–2005, 82 percent said these joint symptoms first began more than three months ago and are considered to have "probable arthritis." Thus, applying this prevalence estimate to the proportion that had joint symptoms in the past month, approximately 35 percent of adults could be said to have probable arthritis (**Table 16**). In the 2001–2003 BRFSS, 35 percent of adults were also found to have probable arthritis.

Of respondents who had joint symptoms for at least three months, 70 percent reported that they had ever seen a doctor or other health professional for these symptoms.

Diagnosed Arthritis

In 2004–2005, all respondents were asked if they had ever been told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. About one-fourth (26 percent) said they had. This rate is very near the 2001–2003 prevalence of 25 percent of adults with diagnosed arthritis.

Prevalence of Probable or Diagnosed Arthritis

Altogether, 43 percent of respondents to the 2004–2005 BRFSS had either "probable" or "diagnosed" arthritis. In 2001–2003, 45 percent of adults were categorized as having probable or diagnosed arthritis.

Who Has Probable or Diagnosed Arthritis?

Respondents with "probable arthritis" or "diagnosed arthritis" (as defined above) will be considered to have arthritis for the remaining questions in this section of the report.

In 2004–2005, men (42 percent) and women (43 percent) were about equally likely to have probable or diagnosed arthritis. However, women (28 percent) were significantly more likely than men (24 percent) to indicate they had ever been told by a health professional that they have arthritis or a related condition.

Table 16: Arthritis: Prevalence and Activity Limitations
Nebraska Adults, 2004–2005 (with 95% Confidence Intervals—SUDAAN)

	Have "probable arthritis" (Pain, Aching, or Stiffness in or Around Joint in Past 30 Days and Joint Symptoms for >3 Months)			Have "diagnosed arthritis" (Told by Health Professional Have Arthritis, Rheumatoid Arthritis, Gout, Lupus, or Fibromyalgia)			Have "probable" or diagnosed arthritis			Have limited activity due to arthritis (Among Persons with Probable or Diagnosed Arthritis)		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
All Adults	12,412	35%	33.9–36.0	12,436	26%	25.2–26.9	12,422	43%	41.4–43.6	6,218	26%	23.8–27.4
Gender												
Male	4,841	34%	32.6–36.0	4,846	24%	22.4–25.0	4,842	42%	40.1–43.6	2,341	24%	21.4–26.8
Female	7,571	35%	34.0–36.7	7,590	28%	27.0–29.3	7,580	43%	41.6–44.3	3,877	27%	24.6–29.5
Age												
18–29	1,288	21%	18.4–24.8	1,291	6%	4.6–8.3	1,288	24%	20.5–27.1	298	21%	15.2–28.2
30–44	3,034	29%	26.6–30.6	3,036	14%	12.9–16.0	3,036	33%	31.0–35.2	1,053	20%	17.0–23.0
45–64	4,648	44%	42.4–46.0	4,656	36%	34.0–37.5	4,650	54%	52.0–55.6	2,579	30%	27.4–31.9
65 +	3,442	50%	47.7–51.8	3,453	57%	54.7–58.8	3,448	67%	64.9–68.8	2,288	35%	32.7–37.5
Education												
<High School	1,040	32%	27.9–35.8	1,040	26%	23.1–29.6	1,038	39%	35.0–43.0	555	34%	28.1–41.4
High School	4,333	36%	34.2–38.2	4,340	27%	25.9–28.9	4,335	44%	42.0–46.0	2,319	28%	24.8–31.5
Some College	3,559	39%	37.2–41.3	3,572	28%	26.5–29.8	3,566	47%	44.8–48.9	1,834	24%	21.7–27.4
College Degree	3,463	31%	28.8–33.0	3,467	23%	20.9–24.2	3,466	38%	35.9–40.1	1,501	24%	18.4–29.5
Income												
<$15,000	1,254	45%	41.1–49.5	1,260	35%	31.2–38.3	1,258	54%	49.8–58.1	792	46%	40.5–51.7
$15,000–$24,999	2,149	36%	33.7–39.3	2,148	31%	29.0–33.8	2,149	46%	42.6–48.4	1,200	31%	26.5–34.9
$25,000–$49,999	3,833	36%	33.7–37.8	3,834	27%	25.3–28.6	3,835	43%	41.2–45.3	1,860	23%	19.7–25.8
$50,000–$74,999	1,888	33%	29.8–35.6	1,893	23%	20.4–25.2	1,888	40%	37.1–43.1	832	17%	13.9–20.1
$75,000+	1,785	31%	28.1–34.5	1,789	21%	18.6–23.3	1,785	38%	35.0–41.5	712	21%	15.7–28.0
Race												
White	11,545*	36%	34.8–37.1	11,667	26%	25.3–27.1	11,556*	44%	42.4–44.8	6,793	26%	24.0–27.7
African American	172*	32%	25.5–38.9	742	31%	26.7–35.1	172*	40%	33.1–46.6	394	34%	28.5–40.4
Asian American	57*	24%	15.4–35.4	52	12%	5.9–23.9	58*	27%	18.9–36.4	16	#	#
Native American	77*	39%	28.8–50.6	99	41%	32.1–50.2	76*	51%	40.0–62.2	57	54%	33.3–73.2
Hispanic American	1136*	21%	17.4–25.2	561	20%	15.6–24.2	1,136*	26%	22.2–30.7	148	30%	22.3–39.5
Place of Residence												
Rural	9,103	36%	34.6–37.2	9,119	27%	25.8–27.9	9,110	44%	42.4–45.0	4,675	26%	24.0–28.0
Urban	3,309	34%	32.5–36.1	3,317	25%	24.0–26.9	3,312	42%	39.8–43.3	1,543	25%	22.3–28.5

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.
– Data not reported due to N<50.

Prevalence of arthritis increased significantly with advancing age group. Two-thirds (67 percent) of respondents aged 65 and older have probable or diagnosed arthritis, compared to 54 percent of 45- to 64-year-olds (**Figure 55**). Fewer younger persons have arthritis (33 percent of respondents aged 30 to 44 and 24 percent of those aged 18 to 29).

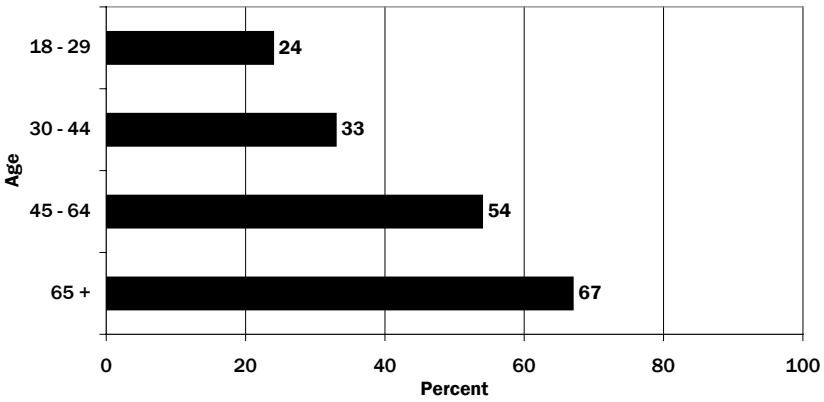
Persons with some college or technical training (47 percent) were significantly more likely to report having arthritis than college graduates (38 percent) or persons with less than a high school education (39 percent). High school graduates (44 percent) were also significantly more likely than college graduates to say they have been diagnosed with arthritis or have probable arthritis.

More than one-half of BRFSS respondents with incomes under $15,000 per year (54 percent) gave responses indicating that they have arthritis. This rate is significantly higher than rates in each of the higher income brackets. Persons with annual incomes of $15,000 to $24,999 (46 percent) were also significantly more likely than persons earning $75,000 or more (38 percent) to have this condition.

Whites (44 percent) and Native Americans (51 percent) were significantly more likely than Hispanic Americans (26 percent) or Asian Americans (27 percent) to have arthritis (**Figure 56**). A significantly greater proportion of African Americans (40 percent) also indicated they have probable or diagnosed arthritis, compared to Hispanic Nebraskans.

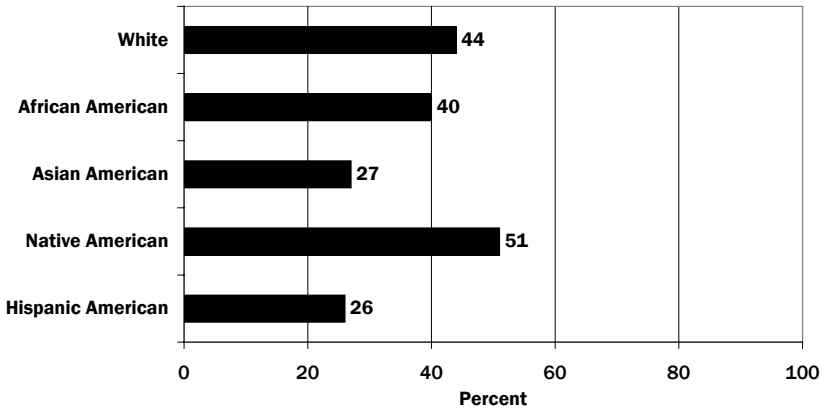
Similar proportions of rural (44 percent) and urban (42 percent) Nebraskans gave responses indicating they have arthritis.

Figure 55
Prevalence of Probable or Diagnosed Arthritis by Age (2004–2005)



Nebraska Department of Health and Human Services: BRFSS

Figure 56
Prevalence of Probable or Diagnosed Arthritis by Race/Ethnicity (2004–2005)



Nebraska Department of Health and Human Services: BRFSS

Activity Limitation due to Arthritis

DEFINITION

Have Activity Limitation due to Arthritis: "Yes" to the question, "Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?"

Current Prevalence

In 2004–2005, 26 percent of persons with "probable" or "diagnosed" arthritis reported activity limitations due to this condition (**Table 16**).

Trend in Activity Limitation

The current rate of 26 percent with limited activity due to arthritis represents a decrease from the 30 percent reported in the 2001–2003 BRFSS.

Who Has Activity Limitation due to Arthritis?

Persons aged 65 and older (35 percent) were significantly more likely than persons in each of the younger age groups to report activity limitations due to arthritis. Respondents aged 45 to 64 with arthritis (30 percent) were also significantly more likely than 30- to 44-year-olds (20 percent) with this condition to say their activities were limited in some way by arthritis.

Respondents who had not completed high school (34 percent) were significantly more likely to have their activities limited due to arthritis than those who had some college or technical training (24 percent).

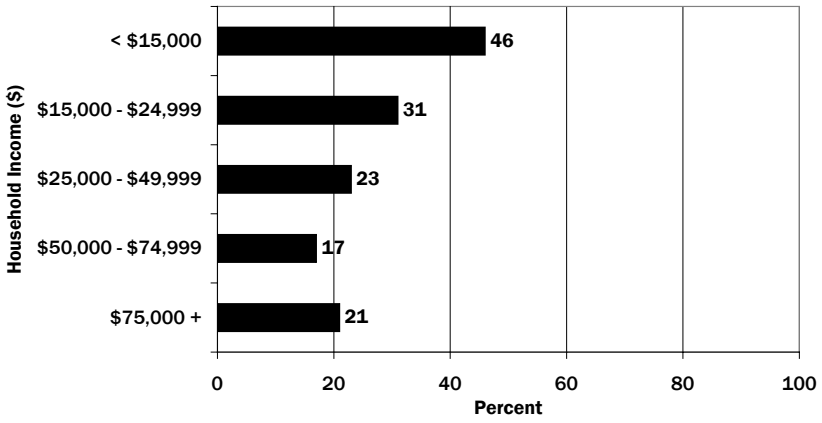
Activity limitations due to arthritis were significantly more common among respondents with annual incomes below $15,000 (46 percent)

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2005	UNITED STATES BRFSS 2004–2005	UNITED STATES 2010 Target
Proportion of adults aged 18 and older with activity limitations due to probable or diagnosed arthritis. (Data are not age-adjusted).	19%*	26%	NA	33%

*Revised Nebraska objective for 2010.

Figure 57

Prevalence of Activity Limitation due to Arthritis* by Household Income (2004–2005)



*Among persons with arthritis.
Nebraska Department of Health and Human Services: BRFSS

than among respondents with higher incomes (**Figure 57**). Persons with incomes of $15,000 to $24,999 per year (31 percent) were also significantly more likely than those with incomes of $25,000 to $49,999 (23 percent) or $50,000 to $74,999 (17 percent) to report limited activity resulting from arthritis.

More than one-half of Native American respondents with arthritis (54 percent) stated that they experienced activity limitation due to this condition (**Table 16**). One-third of African American adults (34 percent) also reported these limitations. Rates for these two groups were significantly higher than the rate of activity limitation reported for white Nebraskans (26 percent).

Differences in prevalence of activity limitation due to arthritis by gender and place of residence were not significant.

In addition to experiencing activity limitations due to arthritis, respondents with probable or diagnosed arthritis (20 percent) were much more likely than those without arthritis (8 percent) to report that their health is fair or poor.

Asthma

Asthma is a chronic inflammatory disease of the airways that is characterized by recurring symptoms such as wheezing, breathlessness, chest tightness, and coughing. In persons with asthma, the airways are more responsive than normal to various stimuli, such as pollen, cigarette smoke, respiratory infections, or exercise. When exposed to these stimuli, the airways narrow or become obstructed, which results in respiratory symptoms.

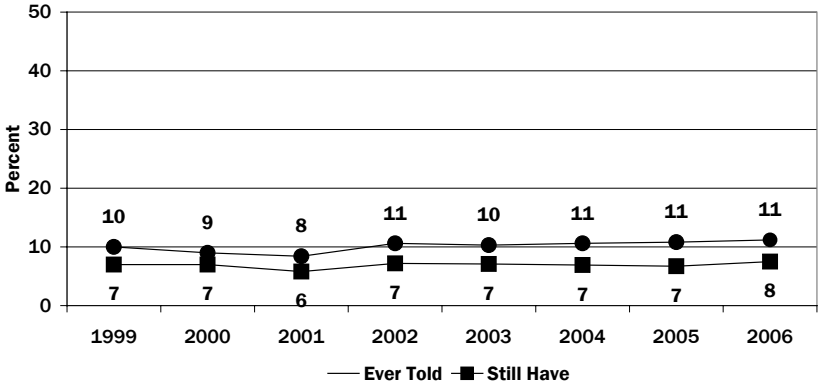
Asthma is a serious and growing health problem in the United States, with the number of people who have the disease increasing rapidly over the last 20 years. About 20.3 million Americans report having asthma, including 9 million children under age 18. It is estimated that 120,000 Nebraskans are affected by asthma, with more than 33,000 of them children. There are approximately 5,000 deaths nationwide for this disease each year. Asthma was the cause of 31 deaths in Nebraska in 2004.

Prevalence of Asthma Among Adults

DEFINITION

Currently Have Asthma: "Yes" to the question, "Have you ever been told by a doctor, nurse, or other health professional that you had asthma?" and "yes" to the question, "Do you still have asthma?"

Figure 58
Trend in Asthma Prevalence (1999–2006)



Nebraska Department of Health and Human Services: BRFSS

Prevalence of Asthma
In the 2004–2006 Nebraska BRFSS, 11 percent of adults aged 18 and older stated that a doctor or other health professional had at some time told them they had asthma (**Table 17**). When asked whether or not they still have asthma, the majority said they do. Seven percent of all adults surveyed reported that they currently have asthma.

Trend over Time
Lifetime prevalence estimates (i.e., ever told they have asthma) have remained steady at 11 percent for four of the past five years (**Figure 58**). From 2002 through 2005, current prevalence of asthma has stayed at 7 percent, edging upward to 8 percent in 2006.

Who in Nebraska Currently Has Asthma?
Women (9 percent) were significantly more likely than men (5 percent) to say that they currently have asthma (**Table 17**).

No significant differences were found in current prevalence of asthma by age of respondent. However, young adults aged 18 to 29 (14 percent) were significantly more likely than all older age groups (9 to 11 percent) to report ever being told by a health professional that they have asthma.

Respondents in the lowest income bracket (under $15,000 per year) were significantly more likely than persons with higher incomes to ever have been told they have asthma (18 percent) and still have asthma (14 percent).

The proportions of African Americans (12 percent) and Native Americans (11 percent) who currently have asthma are significantly greater than the proportions of white (7 percent) and Hispanic (4 percent) Nebraskans with this disease (**Figure 59**). White adults were also significantly more likely than Hispanic adults to currently have asthma.

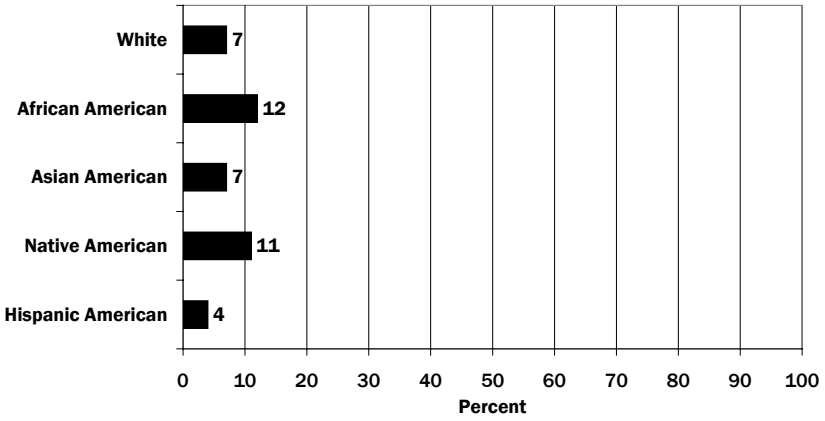
Rural (7 percent) and urban (8 percent) adults in Nebraska were about equally likely to report having asthma. No significant differences in asthma prevalence were found by educational attainment of respondents.

Table 17: Asthma Prevalence — Nebraska Adults
2004–2006 (with 95% Confidence Intervals—SUDAAN)

	EVER TOLD YOU HAVE ASTHMA BY HEALTH PROFESSIONAL			EVER TOLD HAVE ASTHMA AND CURRENTLY HAVE IT		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	24,929	11%	10.3–11.4	24,864	7%	6.6–7.5
Gender						
Male	9,781	9%	8.2–9.9	9,753	5%	4.7–6.0
Female	15,148	13%	11.9–13.5	15,111	9%	8.1–9.5
Age						
18–29	2,443	14%	11.8–15.7	2,437	8%	6.4–9.3
30–44	6,037	11%	9.6–11.6	6,015	7%	5.9–7.4
45–64	9,521	10%	9.1–10.6	9,499	7%	6.4–7.6
65+	6,928	9%	8.4–10.1	6,913	7%	6.3–7.8
Education						
<High School	2,067	10%	8.5–12.3	2,063	8%	6.1–9.3
High School	8,783	11%	9.9–12.1	8,761	7%	6.4–8.2
Some College	7,078	11%	10.1–12.1	7,059	7%	6.5–8.2
College Degree	6,968	11%	10.0–12.8	6,948	7%	5.8–7.9
Income						
<$15,000	2,487	18%	15.2–20.4	2,473	14%	11.9–16.7
$15,000–$24,999	4,279	11%	9.8–12.9	4,269	7%	6.2–8.4
$25,000–$49,999	7,625	10%	9.3–11.2	7,610	7%	6.1–7.6
$50,000–$74,999	3,794	12%	10.0–13.6	3,786	8%	6.2–9.4
$75,000+	3,696	11%	8.9–12.6	3,685	6%	4.8–7.5
Race						
White	23,612	11%	10.3–11.6	23,553	7%	6.5–7.5
African American	1,982	16%	13.3–18.3	1,977	12%	9.7–14.2
Asian American	124	9%	4.2–18.7	123	7%	2.7–15.1
Native American	509	16%	11.6–21.3	508	11%	8.0–16.0
Hispanic American	2,039	5%	4.3–7.0	2,037	4%	2.6–4.8
Place of Residence						
Rural	18,484	10%	9.5–10.8	18,436	7%	6.2–7.2
Urban	6,445	12%	10.6–12.7	6,428	8%	6.7–8.4

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

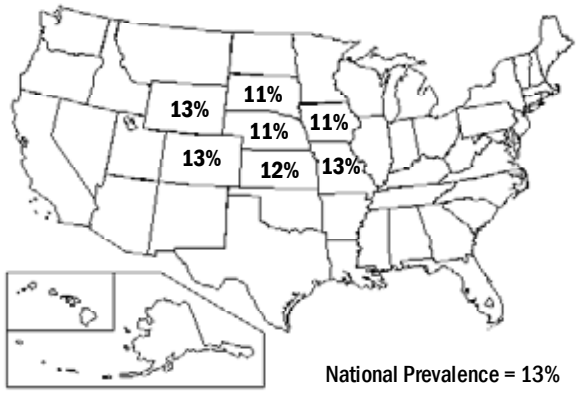
Figure 59
Adult Nebraskans Who Currently Have Asthma by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 60

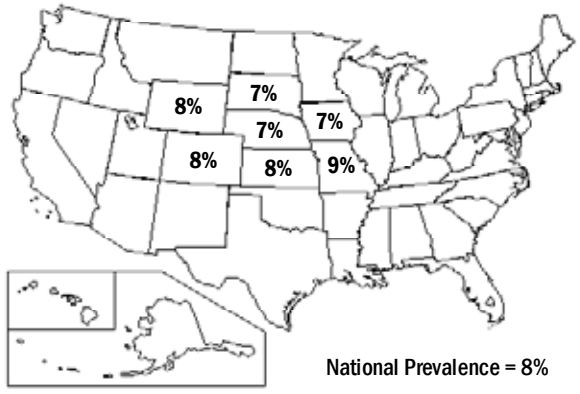
Adults Ever Told by Health Professional That They Have Asthma (2004–2006)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Figure 61

Proportion of Adults Who Currently Have Asthma (2004–2006)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska and the Nation

The proportion of adults in Nebraska who reported they were ever told by a health professional that they had asthma (11 percent) is lower than the national median of 13 percent for 2004–2006 (**Figure 60**). Of the surrounding states, none reported a lower lifetime prevalence of asthma than Nebraska. Colorado, Missouri, and Wyoming all matched the national rate of 13 percent.

Current asthma prevalence for Nebraska adults (7 percent) was one percentage point lower than the national median of 8 percent (**Figure 61**). Iowa and South Dakota also reported 7 percent of the adult population with asthma, while 8 percent of adults in Colorado, Kansas, and Wyoming stated they have this disease. Current prevalence was highest in Missouri (9 percent).

Prevalence of Asthma Among Children

DEFINITION

In 2006, adults living in households with children under age 18 were asked questions about one randomly-selected child from their household. Information on gender, age, and race/ethnicity of this child was also collected.

Child Currently Has Asthma: "Yes" to the question, "Has a doctor, nurse, or other health professional EVER said that the child has asthma?" and "yes" to the question, "Does the child still have asthma?"

Prevalence of Asthma

Eleven percent of the randomly-selected children in surveyed households were ever diagnosed by a health professional as having asthma (**Table 18**). Seven percent of all children in the survey were reported to still have this disease.

Children aged 5 to 9 and those aged 10 to 14 were more likely than younger or older children to ever have been diagnosed with asthma (13 percent) and were also more likely to currently have asthma (9 percent).

Little difference in lifetime or current prevalence of asthma by gender of the child was evident.

African American children (19 percent) were much more likely than white (11 percent) or Hispanic (7 percent) children to have ever been diagnosed with asthma. African American children (16 percent) were also much more likely to currently have asthma, compared to white (7 percent) and Hispanic American (4 percent) children in Nebraska.

Table 18: Asthma Prevalence — Nebraska Children
Children Under Age 18 Years, 2006

	EVER TOLD BY HEALTH PROFESSIONAL CHILD HAS ASTHMA		CHILD CURRENTLY HAS ASTHMA	
	Total Number	**Wtd. Percent**	**Total Number**	**Wtd. Percent**
All Children	2,456	11%	2,451	7%
Age of Child (Years)				
0–4	510	11%	510	6%
5–9	575	13%	573	9%
10–14	634	13%	632	9%
15–18	605	9%	605	7%
Unknown	132	10%	131	6%
Gender of Child				
Male	1,295	12%	1,293	7%
Female	1,152	11%	1,149	8%
Race/Ethnicity of Child				
White	2,161	11%	2,156	7%
African American	67	19%	67	16%
Asian American	18	#	18	#
Native American	27	#	27	#
Hispanic American	218	7%	218	4%

– Data not reported due to N< 50.

Environmental Factors and Excess Sun Exposure

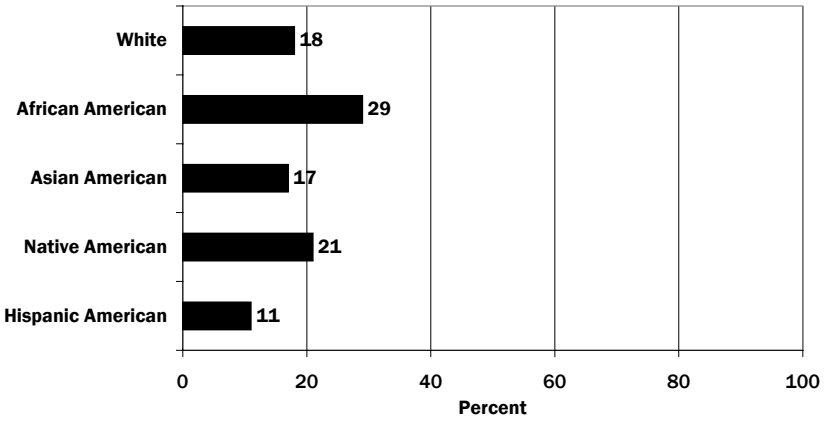
According to the American Lung Association, air pollution (both indoor and outdoor) continues to be a problem in the United States, causing premature death, cancer, and long-term damage to respiratory and cardiovascular systems. It is estimated that the annual health costs of human exposure to all outdoor air pollutants from all sources range from $40 billion to $50 billion. Approximately 50,000 to 120,000 premature deaths annually are associated with exposure to these air pollutants.

The Environmental Protection Agency states that levels of indoor air pollution may be two to five times higher than outdoor levels of pollution. In addition, research indicates that Americans in general spend approximately 90 percent of their time indoors. Thus, the risks to health from this source may also be greater due to more exposure to air pollution indoors than outdoors.

Illness Due To Poor Indoor Air Quality

Respondents to the 2004 Nebraska BRFSS received a brief explanation about the two questions they would be asked about illness due to poor air quality. They were told that these questions "are about things in the air you breathe that may make you ill, not about an illness you can catch from other people such as a cold."

Figure 62
Proportion of Adults with Illness in Past 12 Months Due to Poor Indoor Air Quality by Race/Ethnicity (2004)



Nebraska Department of Health and Human Services: BRFSS

DEFINITION

Illness due to Poor Indoor Air Quality: "Yes" to the question, "Things like dust, mold, smoke, and chemicals inside the home or office can cause poor indoor air quality. In the past 12 months have you had an illness or symptom that you think was caused by something in the air inside a home, office, or other building?"

Current Prevalence

Overall, 18 percent of 2004 BRFSS respondents reported having an illness or symptom that they thought was caused by poor air quality at home, in the office, or in another building (**Table 19**).

Who Has Had an Illness Caused by Poor Indoor Air Quality?

A significantly greater proportion of women (20 percent) stated they had an illness or symptom in the past 12 months that they attributed to poor air quality, compared to men (16 percent).

Persons under age 65 were significantly more likely than those aged 65 and older (9 percent) to say they had an illness or symptom caused by poor indoor air quality in the last year. One-fourth of adults aged 18 to 29 (24 percent) and one-fifth of adults aged 30 to 64 (19 percent) reported such an illness.

Respondents with household incomes under $75,000 per year (19 to 25 percent) were significantly more likely than those with annual incomes of $75,000 or more (12 percent) to attribute an illness or symptom to poor indoor air quality.

The proportion of African Americans (29 percent) who reported an illness related to indoor air quality was significantly higher than the proportions of whites (18 percent) and Hispanic Americans (11 percent) who mentioned such an illness or symptom (**Figure 62**). Whites were also significantly more likely than Hispanic Nebraskans to say they had an illness resulting from indoor air quality problems.

Table 19: Illness due to Poor Indoor and Outdoor Air Quality
Nebraska Adults, 2004 (with 95% Confidence Intervals—SUDAAN)

	Illness in past 12 months due to poor indoor air quality			Illness in past 12 months due to outdoor air pollution		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	8,659	18%	17.1–19.3	8,715	7%	6.7–8.2
Gender						
Male	3,368	16%	14.3–17.7	3,384	7%	5.8–7.9
Female	5,291	20%	18.9–21.9	5,331	8%	7.1–9.1
Age						
18–29	956	24%	20.5–28.1	960	6%	4.7–8.7
30–44	2,220	19%	17.4–21.3	2,229	8%	7.0–9.9
45–64	3,263	19%	17.8–21.2	3,275	9%	7.4–9.8
65+	2,220	9%	7.8–10.7	2,251	5%	4.3–6.4
Education						
<High School	685	15%	11.4–18.9	685	10%	7.3–14.1
High School	3,052	16%	14.5–18.3	3,071	7%	5.8–8.2
Some College	2,480	21%	18.5–22.8	2,498	8%	7.1–9.8
College Degree	2,430	18%	16.3–20.8	2,449	7%	5.3–8.2
Income						
<$15,000	850	25%	20.4–29.1	853	13%	9.9–16.8
$15,000–$24,999	1,524	19%	16.7–22.3	1,536	12%	9.3–14.4
$25,000–$49,999	2,755	19%	17.4–21.6	2,770	8%	6.5–9.0
$50,000–$74,999	1,284	20%	16.7–23.7	1,290	7%	4.8–9.4
$75,000+	1,198	12%	10.3–14.9	1,207	4%	3.0–5.6
Race						
White	8,260	18%	16.8–19.1	8,311	7%	6.4–7.8
African American	641	29%	24.5–35.0	641	13%	10.0–17.5
Asian American	79*	17%	9.1–29.9	79*	6%	2.5–14.6
Native American	55	21%	11.1–35.9	55	10%	4.4–21.2
Hispanic American	853	11%	9.0–13.9	852	10%	6.8–14.1
Place of Residence						
Rural	6,438	18%	16.7–19.4	6,480	8%	7.2–9.0
Urban	2,221	18%	16.6–20.3	2,235	7%	5.5–7.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

No statistically-significant differences were found by education or place of residence of respondents.

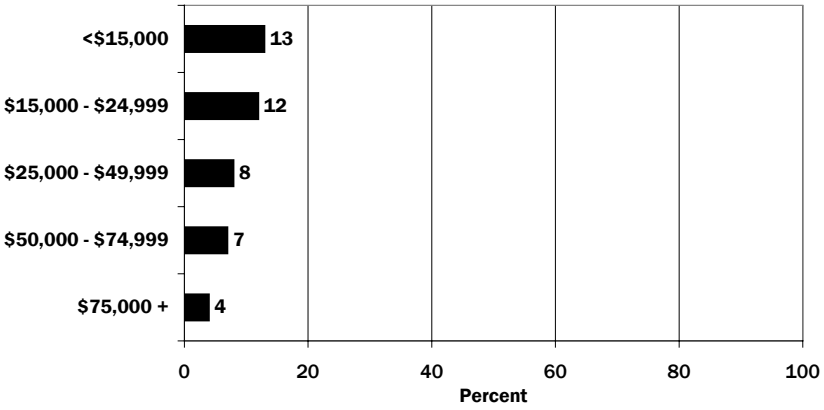
Illness Due To Outdoor Air Pollution

DEFINITION

Illness due to Outdoor Air Pollution: "Yes" to the question, "Things like smog, automobile exhaust, and chemicals can cause outdoor air pollution. In the past 12 months have you had an illness or symptom that you think was caused by pollution in the air outdoors?"

Current Prevalence

In 2004, prevalence of reported illness or symptoms resulting from poor outdoor air quality (7 percent) was much lower than prevalence re-



Nebraska Department of Health and Human Services: BRFSS

Figure 63
Proportion of Adults with Illness in Past 12 Months Due to Outdoor Air Pollution by Income (2004)

lated to poor indoor air quality in Nebraska (18 percent) (**Table 19**).

Who Has Had an Illness Caused by Outdoor Air Pollution?

Persons aged 30 to 44 (8 percent) and those aged 45 to 64 (9 percent) were significantly more likely than persons 65 or older (5 percent) to say they had symptoms or illness due to outdoor air pollution.

The proportion of respondents with household incomes below $15,000 who reported outdoor-air-pollution-related illness (13 percent) was significantly greater than the proportions of persons earning $25,000 per year or more (4 to 8 percent). Those earning $15,000 to $24,999 annually (12 percent) were also significantly more likely than respondents earning $25,000 to $49,999 (8 percent) or $75,000 or more (4 percent) to indicate they had experienced symptoms or illness related to air pollution (**Figure 63**).

The proportion of African Americans who had illness related to poor outdoor air quality (13 percent) was significantly greater than the corresponding proportion of white Nebraskans (7 percent).

No significant differences in prevalence were identified by gender, educational attainment, or place of residence of respondents.

Excess Sun Exposure (Sunburn)

Cancer of the skin is the most common of all cancers. More than one million cases of non-melanoma and 59,000 cases of melanoma skin cancer occur every year in the United States. Melanoma is the most serious form of skin cancer. It accounts for about three percent of skin cancer diagnoses, but causes most skin cancer deaths. It is estimated that more than 8,000 deaths will result from melanoma nationwide in 2007. In Nebraska, there were 300 cases of melanoma diagnosed and 2.8 deaths per 100,000 population from this cancer in 2004 (52 deaths).

Melanomas frequently start out as small, mole-like growths that change color or get larger. Recognition of changes in the skin or appearance of new growths is the best way to detect early skin cancer. Adults should practice skin self-examination regularly and have any suspicious areas evaluated promptly by a physician.

To lessen the chances of developing skin cancer, the American Cancer Society recommends avoiding or limiting exposure to the sun when its ultraviolet (UV) rays are the strongest (during the midday hours). Wearing protective clothing and use of a sunscreen with a solar protection factor (SPF) of 15 or higher is also advisable. Tanning lamps and booths are another source of UV radiation and should be avoided.

Since there is a possible link between severe sunburns in childhood and increased risk of melanoma later in life, it is particularly important to protect children from excessive sun exposure.

DEFINITION

Had a recent sunburn: "Yes" to the question, "Have you had a sunburn within the past 12 months?" Sunburns include "any time that even a small part of your skin was red for more than 12 hours."

Questions about prevalence of sunburn among adults were asked in the 1999, 2003, and 2004 BRFSS, but not in other years.

Current Prevalence

Overall, 43 percent of Nebraska adults aged 18 and older indicated they had gotten a sunburn in the past year (**Table 20**).

Of the respondents who had been sunburned, one-third (33 percent) said it had happened only once in the past 12 months, while 31 percent reported two such sunburns (**Figure 64**). About one-fourth (26 percent) stated they had gotten sunburned three to five times, while 10 percent mentioned six or more sunburns in the past year.

Table 20: Sunburn

Nebraska Adults, 2004 (with 95% Confidence Intervals—SUDAAN)

	HAD A SUNBURN IN PAST 12 MONTHS		
	Total Number	**Percent**	**Confidence Interval**
All Adults	8,741	43%	41.8–44.5
Gender			
Male	3,390	47%	45.2–49.4
Female	5,351	39%	37.5–41.0
Age			
18–29	961	59%	54.8–63.0
30–44	2,236	56%	53.8–59.0
45–64	3,284	38%	35.7–40.0
65+	2,260	8%	7.0–9.7
Education			
<High School	699	20%	16.2–25.1
High School	3,079	39%	36.3–41.4
Some College	2,503	46%	43.2–47.9
College Degree	2,448	50%	47.3–52.9
Income			
<$15,000	862	27%	22.6–31.4
$15,000–$24,999	1,542	31%	27.4–34.0
$25,000–$49,999	2,776	46%	43.4–48.1
$50,000–$74,999	1,287	51%	46.4–54.5
$75,000+	1,212	51%	46.8–54.4
Race			
White	8,331	47%	45.4–48.2
African American	652	6%	3.8–10.0
Asian American	80*	8%	3.2–18.6
Native American	56	37%	20.5–57.7
Hispanic American	860	11%	9.1–14.1
Place of Residence			
Rural	6,494	43%	41.7–45.0
Urban	2,247	43%	40.6–45.1

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

Trend over Time

The proportion of adults who reported a sunburn in the past year has increased slightly from 40 percent in 1999 to 43 percent in 2004 (**Figure 65**).

Who's at Risk in Nebraska?

Men (47 percent) were significantly more likely than women (39 percent) to report having at least one sunburn in the past year (**Table 20**). Men (11 percent) were somewhat more likely than women (7 percent) to state they had six or more sunburns in the past 12 months.

Recent sunburns were much more common in the younger age brackets, with the majority of respondents under age 45 reporting at least one sunburn in the past year (**Figure 66**). Fifty-nine percent of 18- to 29-year-olds and 56 percent of 30- to 44-year-olds had gotten sunburned during this time period. These rates are significantly higher than those reported for persons aged 45 to 64 (38 percent) or 65 and older (8 percent).

Respondents who had some college or technical training (46 percent) or had graduated from college (50 percent) were significantly more likely than those with less education to report having a sunburn in the last 12 months (**Table 20**). High school graduates (39 percent) were also significantly more likely than respondents who had not completed high school (20 percent) to say they had gotten sunburned in the past year.

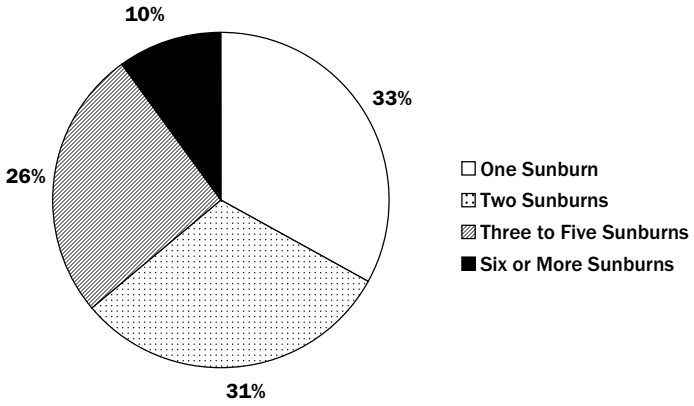
A similar pattern was evident by annual household income of respondents. The proportion of respondents with incomes of $25,000 or more who reported getting a sunburn ranged from 46 to 51 percent. These prevalence rates are significantly higher than the rate for respondents earning less than $15,000 annually (27 percent) or the rate for those earning $15,000 to $24,999 per year (31 percent).

Significantly greater proportions of whites (47 percent) and Native Americans (37 percent) indicated they had at least one sunburn in the past 12 months, compared to African Americans (6 percent), Asian Americans (8 percent) and Hispanic Americans (11 percent).

No difference in prevalence of sunburn was noted by place of residence.

Figure 64

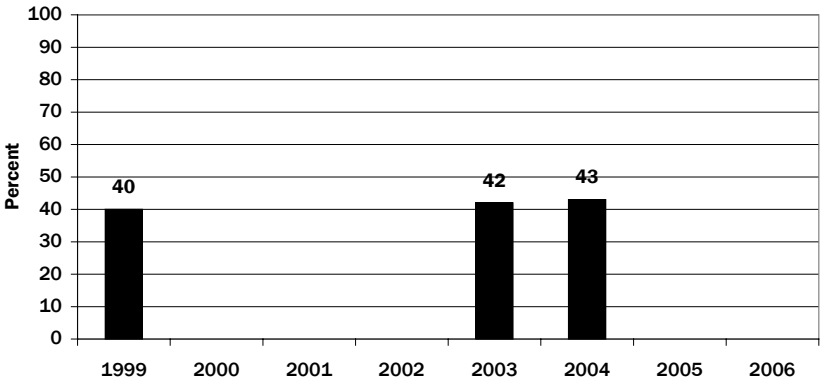
Number of Sunburns in Past 12 Months Among Respondents Who Had Sunburn (2004)



Nebraska Department of Health and Human Services: BRFSS

Figure 65

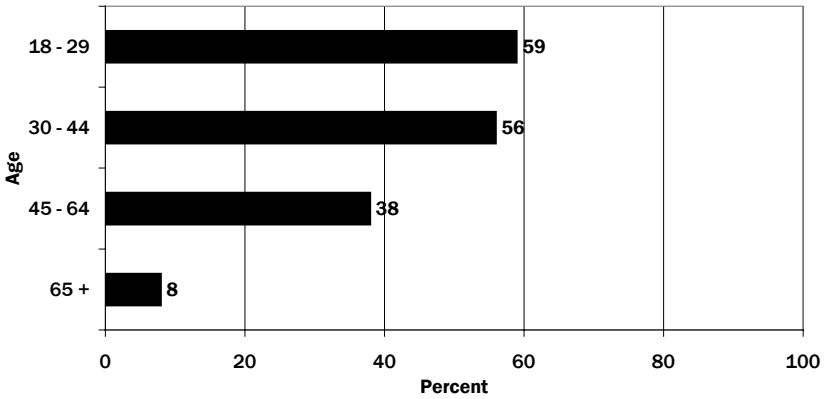
Proportion of Adults Who Had Sunburn in Past 12 Months (1999–2004)



Nebraska Department of Health and Human Services: BRFSS

Figure 66

Proportion of Adults with One or More Sunburns in Past 12 Months by Age (2004)



Nebraska Department of Health and Human Services: BRFSS

Injury Prevention

Seat Belt Usage

There were 269 people killed and an additional 18,424 people injured in motor vehicle crashes in Nebraska in 2006. Seat belts, when worn correctly, are the most effective way to reduce risk of death and serious injury in a motor vehicle crash. The Nebraska Office of Highway Safety states that, in 2005, 60 percent of all vehicle occupant fatalities occurred among persons who were not wearing their seat belts.

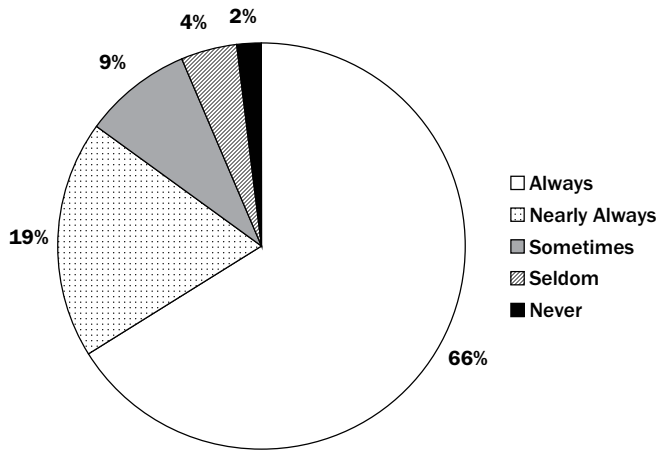
Passive restraints, such as airbags, which require no occupant action to be put into use, are becoming standard equipment for drivers and front seat passengers in newer vehicles. However, seat belts must still be used along with airbags to provide effective protection. Nebraska has a mandatory seat belt law that has been in effect since 1993.

DEFINITION

Not at Risk: "Always" use a seat belt when driving or riding in a car.

At Risk: "Nearly always," "sometimes," "seldom," or "never" use a seat belt when driving or riding in a car.

Figure 67
Seat Belt Usage
Nebraska Adults Aged 18 and Older (2006)



Nebraska Department of Health and Human Services: BRFSS

Current Prevalence

Two-thirds of adult Nebraskans surveyed in the 2006 BRFSS (66 percent) reported that they "always" use a seat belt when driving or riding in a car (**Figure 67**). One-fifth (19 percent) stated they "nearly always" do, while 9 percent indicated they only use seat belts "sometimes." Six percent said they "seldom" or "never" use these safety restraints when driving or riding in a motor vehicle.

Trend over Time

Seat belt questions were only asked in three of the last ten years. In 1997, 58 percent of respondents stated that they always wear a seat belt when driving or riding in a motor vehicle. In 2002, the proportion always wearing seat belts increased to 69 percent, but dropped back to 66 percent in 2006.

Who "Always" Wears Safety Belts in Nebraska?

Among women aged 18 and older, 71 percent indicated they always wear their seat belts when driving or riding in a motor vehicle (**Table 21**). This proportion is significantly greater than the 61 percent recorded for men in the 2006 BRFSS.

Nebraskans aged 65 and older (72 percent) were significantly more likely than those aged 45 to 64 (67 percent) and those aged 18 to 29 (63 percent) to say they always wear their seat belts.

College graduates (74 percent) were significantly more likely than respondents with a high school diploma (61 percent) or some college (63 percent) to always use these safety restraints when riding in or driving a motor vehicle. Two-thirds (66 percent) of respondents with less than a high school education gave this response.

Compared to persons with incomes below $50,000 per year, a significantly greater proportion of adults with incomes of $75,000 or higher (75 percent) always wear their seat belts.

More than three-fourths of adult Nebraskans living in urban counties (78 percent) always were their seat belts — a significantly greater proportion than the 56 percent of respondents reported for rural counties.

No significant differences were noted in seat belt use rates by race or ethnic origin of respondents.

	Always use seat belts (2006 only)			Fall in past 3 mos. – age 45+ (2006 only)			Injured 1+ times from falls in past 3 mos. – age 45+ (2006 only)			Firearms kept in or around home (2004 only)		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
All Adults	7,803	66%	64.8–67.9	5,324	14%	13.4–15.6	851	28%	24.6–32.3	8,399	45%	44.0–46.9
Gender												
Male	3,076	61%	58.6–63.5	2,080	14%	12.3–15.8	326	22%	17.1–27.9	3,208	55%	52.2–56.7
Female	4,727	71%	69.5–73.3	3,244	15%	13.6–16.7	525	33%	28.2–38.8	5,191	37%	35.6–39.0
Age												
18–29	657	63%	57.9–67.7	--	--	--	--	--	--	930	38%	34.3–42.6
30–44	1,811	68%	65.8–71.1	--	--	--	--	--	--	2,159	45%	42.0–47.1
45–64	3,078	67%	64.7–68.8	3,070	14%	12.7–15.7	486	31%	25.9–36.3	3,137	54%	51.3–55.7
65+	2,257	72%	69.3–73.8	2,254	15%	13.3–16.9	365	24%	18.7–29.6	2,173	42%	39.2–44.4
Education												
<High School	620	66%	60.5–71.6	447	17%	12.8–22.2	82	34%	22.3–48.5	668	23%	19.5–27.8
High School	2,755	61%	58.5–64.2	2,068	12%	10.4–13.9	287	33%	25.6–40.4	2,955	49%	46.5–51.7
Some College	2,199	63%	60.2–66.1	1,463	17%	15.0–19.9	263	25%	18.9–32.0	2,395	46%	43.6–48.8
College Degree	2,220	74%	71.0–76.8	1,338	14%	12.3–17.0	218	27%	20.1–34.6	2,371	47%	43.9–50.1
Income												
<$15,000	756	61%	54.8–67.4	613	23%	18.7–28.0	142	37%	27.6–47.8	836	21%	17.6–25.4
$15,000–$24,999	1,293	67%	62.4–70.4	934	19%	15.6–22.5	177	28%	20.3–37.5	1,499	34%	30.9–37.5
$25,000–$49,999	2,336	59%	55.9–61.4	1,549	13%	11.2–15.1	233	28%	21.8–35.7	2,685	50%	47.8–53.1
$50,000–$74,999	1,228	67%	63.0–71.6	748	15%	11.7–18.1	106	23%	15.3–34.2	1,248	53%	49.1–57.8
$75,000+	1,288	75%	71.3–77.8	783	11%	7.9–13.8	93	24%	12.4–40.0	1,171	54%	49.7–58.2
Race												
White	7,422	85%	83.2–85.8	5,171	14%	13.3–15.6	820	27%	23.2–30.9	8,013	48%	46.4–49.4
African American	588	84%	78.9–88.0	383	17%	12.2–23.4	53	40%	23.2–59.8	640	15%	12.4–19.0
Asian American	71*	85%	67.8–93.8	13	#	#	2	#	#	76*	19%	8.0–39.0
Native American	357	79%	72.8–84.6	162	23%	15.2–33.4	39	#	#	56	15%	7.7–27.6
Hispanic American	610	87%	82.0–90.2	219	13%	8.2–20.2	28	#	#	857	6%	4.4–9.2
Place of Residence												
Rural	5,844	56%	54.4–58.0	4,106	15%	14.2–16.8	673	30%	25.4–34.0	6,241	55%	53.3–56.7
Urban	1,959	78%	75.4–80.1	1,218	13%	11.3–15.4	178	26%	19.6–34.1	2,158	35%	32.2–36.9

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
– Data not reported due to N < 50.
* Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2006	BRFSS 2006	2010 Target
Proportion of adults aged 18 and older who always wear seat belts when driving or riding in a motor vehicle. (Data are not age-adjusted).	92%	66%	NA	92%

Falls

Falls are the second leading cause of unintentional injury deaths in Nebraska, accounting for 172 deaths (8.7 deaths per 100,000 population) in 2004. Nationwide, falls are the leading cause of injury deaths for adults aged 65 and older; they are also the most common cause of injuries and hospital admissions due to trauma for elderly persons. It is estimated that one-third of persons aged 65 and older fall each year.

Falls are also an important cause of work-related injuries and deaths. In addition, falls are the leading cause of non-fatal unintentional injuries and emergency department visits for children under age 15 years.

DEFINITION

Respondents aged 45 and older were read the following statement: "By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level." They were then asked, "In the past three months, how many times have you fallen?"

Current Prevalence

Altogether, 14 percent of individuals aged 45 and older said they had at least one fall in the past 3 months (**Table 21**). In the 2003 BRFSS, 12 percent of persons in this age group reported having fallen.

The proportion of respondents who had a fall during this time period varied somewhat by annual household income, with falls more common among respondents in the lower income brackets. Persons with incomes below $15,000 per year were significantly more likely to have experienced a fall in the last three months (23 percent) than persons earning $25,000 or more. Respondents with household incomes of $15,000 to $24,999 were significantly more likely to have had a fall (19 percent) than those earning $25,000 to $49,999 (13 percent) or $75,000 or more (11 percent).

No significant differences were found by gender, age, race/ethnic origin, or place of residence of respondents.

Injuries due to Falls

Respondents who reported a fall in the last three months were then asked, "How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor."

Of the 14 percent of respondents aged 45 or older who had fallen one or more times in the past 3 months, 28 percent stated that they had been injured. Women who had fallen (33 percent) were significantly more likely than men (22 percent) to report they had been injured as a result of falling during the last three months.

Although there were some variations in injury rates due to falls by age, education, income, race/ethnicity, and place of residence, none were found to be significant.

Firearm Safety

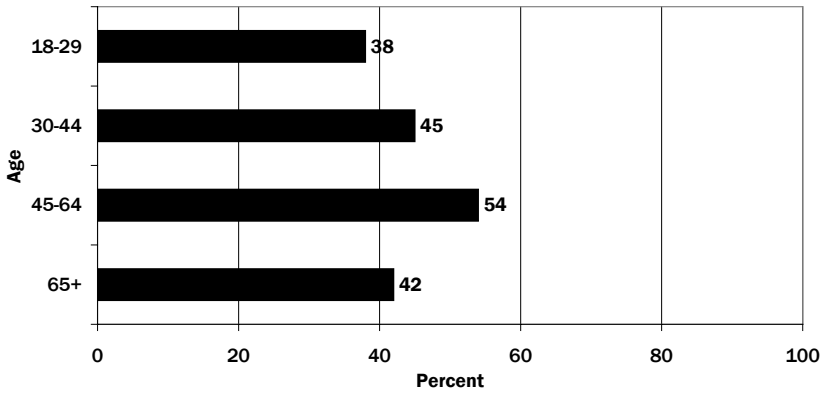
In 2003, there were 30,242 firearm-related deaths in the United States—10.4 deaths per 100,000 population. More than one-half of these deaths (56 percent) were suicides, 40 percent were homicides, 2 percent were unintentional injury deaths, and 2 percent were either the result of legal intervention or were undetermined.

Exposure to guns and access to a loaded firearm pose a particular risk of firearm-related death and injury to children as a result of unintentional injuries or violence-related causes. In 2004, 2,852 children aged 19 and under were killed with firearms (3.5 deaths per 100,000 children) in the U.S.

Efforts to promote proper storage of firearms in homes would reduce the likelihood of both unintentional injuries and injuries from

Figure 68

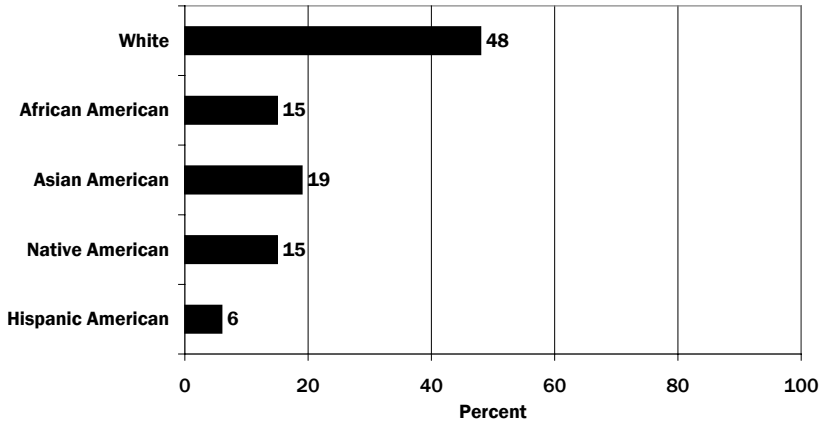
Presence of Firearms In/Around Home By Age (2004)



Nebraska Department of Health and Human Services: BRFSS

Figure 69

Presence of Firearms In/Around Home by Race/Ethnicity (2004)



Nebraska Department of Health and Human Services: BRFSS

violence-related causes. Injury prevention experts recommend that gun owners should always store firearms unloaded and locked up, with ammunition locked in a separate location, out of reach of children. Gun owners should also use trigger locks, load indicators, and other safety devices on all firearms.

Presence of Firearms in the Home

DEFINITION

Respondents were told that the following firearms questions were being asked because of interest in firearm-related injuries. They were instructed to include weapons such as pistols, shotguns, and rifles but not BB guns, starter pistols, or guns that cannot fire. Firearms that are kept in a garage, outdoor storage area, or motor vehicle were to be counted. Respondents were asked, "Are any firearms kept in or around your home?"

Current Prevalence

Altogether, 45 percent of all respondents to the 2004 Nebraska BRFSS stated that firearms were kept in or around their homes (**Table 21**). In the 2001–2002 study, 40 percent of respondents reported the presence of firearms in or around their homes.

Who Has Firearms In or Around Their Homes?

More than one-half of all male respondents (55 percent) reported having one or more firearms in or around their homes, compared to 37 percent of female respondents. This difference is statistically significant.

Respondents aged 45 to 64 (54 percent) were significantly more likely than respondents in both older and younger age groups to have firearms in their homes (**Figure 68**).

Persons who had not completed high school (23 percent) were significantly less likely to report the presence of firearms in their homes, compared to high school graduates (49 percent), college graduates (47 percent), or persons with some college or technical training (46 percent).

The proportion of respondents with firearms in or around their homes was significantly higher among those with household incomes of $25,000 or more per year (50 to 54 percent) than among those with incomes of $15,000 to $24,999 (34 percent) or under $15,000 (21 percent).

White Nebraskans (48 percent) were more than twice as likely as Asian Americans (19 percent) to say they keep firearms in or around their homes (**Figure 69**). White respondents were more than three times as likely as African Americans or Native Americans to report this behavior (15 percent each). Among Hispanic Americans, only 6 percent stated they have firearms. Differences in prevalence between white respondents and each of the other racial/ethnic groups in this study were significant.

A significantly greater proportion of rural residents (55 percent) reported the presence of firearms in their homes, compared to urban Nebraskans (35 percent).

Presence of Loaded and/or Unlocked Firearms

Respondents who reported the presence of firearms in or around their homes were asked whether or not any of these weapons are "now loaded." Overall, 9 percent of these respondents said any of their firearms are currently loaded.

Men (12 percent) were significantly more likely than women (5 percent) to indicate the presence of loaded firearms in or around their homes.

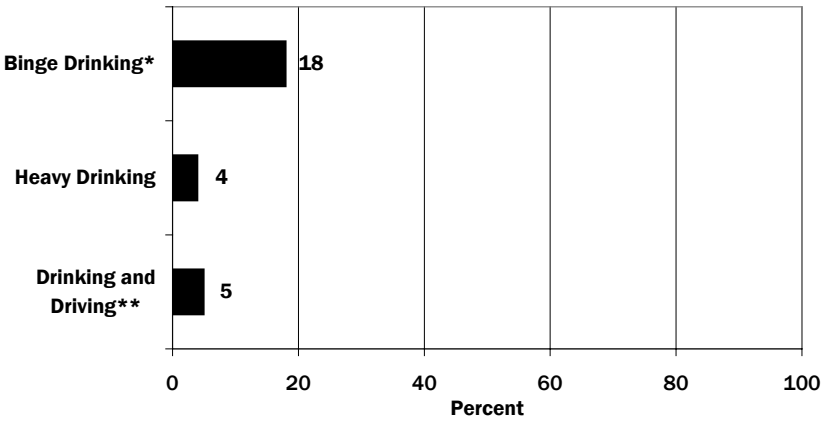
BRFSS respondents who reported having loaded firearms in their homes were then asked if any of these loaded weapons were also unlocked. (The interviewer explained that "unlocked" means "you do not need a key or combination to get the gun or to fire it. We don't count a safety as a lock.") More than one-half of the respondents who indicated they have a loaded firearm (56 percent) stated that this weapon was also unlocked. Thus, about five percent of all respondents who have firearms in or around their homes reported that they currently have them loaded and unlocked.

Alcohol Misuse

The Centers for Disease Control and Prevention report that there were approximately 75,000 preventable deaths and 2.3 million years of potential life lost (YPLL) due to excessive alcohol consumption in the United States in 2001. Excessive use of alcohol is currently the third leading lifestyle-related cause of death for people in the United States each year.

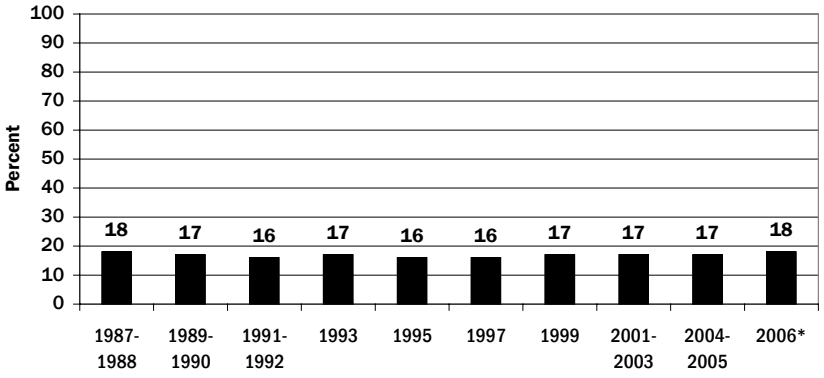
Alcohol abuse is associated with injuries and deaths due to motor vehicle crashes, falls, fires, and drownings. Alcohol abuse is also a factor in a substantial proportion of homicides, suicides, domestic violence, and child abuse and neglect cases. Long-term heavy drinking can lead to heart disease, cancer, alcohol-related liver disease, and pancreatitis. Alcohol use during pregnancy is known to cause fetal alcohol syndrome, a leading cause of mental retardation.

Figure 70
Prevalence of Alcohol Misuse, Nebraska Adults (2004–2006)



*2006 Only
**2004 + 2006 Only
Nebraska Department of Health and Human Services: BRFSS

Figure 71
Trend in Prevalence of Binge Drinking, Nebraska Adults (1987–2006)



*Definition of "binge drinking" changed for women.
Nebraska Department of Health and Human Services: BRFSS

Alcohol Use

Six out of ten respondents to the 2004–2006 Nebraska BRFSS (59 percent) reported consuming at least one drink of an alcoholic beverage (such as beer, wine, wine coolers, liquor or cocktails) during the past month. The proportion of respondents who described patterns of consumption indicating misuse of alcohol was much smaller.

Binge Drinking

DEFINITIONS

For the 2004 and 2005 surveys, the definition for binge drinking was the same for men and women.

Binge Drinking: Five or more drinks of alcohol (beer, wine, wine coolers, cocktails, or liquor) on an occasion, one or more times during the past 30 days.

However, in the 2006 survey, the number of drinks defining binge drinking was reduced to four or more on an occasion for women. For men, the number of drinks constituting binge drinking remained the same (five or more).

Current Prevalence

Binge drinking was much more prevalent than either heavy drinking or drinking and driving among survey respondents. In 2004–2005, 17 percent of adults in Nebraska stated that they had five or more alcoholic drinks on at least one occasion during the past month. In 2006, when the definition for women changed to four or more drinks, the prevalence edged upward to 18 percent (**Figure 70**). In contrast, only four percent reported heavy drinking and five percent

Table 22: Alcohol Consumption
Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	BINGE DRINKING			LARGEST # DRINKS ON ONE OCCASION (2005 & 2006 ONLY)			HEAVY DRINKING			DRINKING AND DRIVING (2004 AND 2006 ONLY)		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Mean # Drinks**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
All Adults	24,613	18%	17.2–18.7	8,059	3.7	3.57–3.82	24,530	4%	3.8–4.6	12,915	5%	4.2–5.4
Gender												
Male	9,597	25%	23.8–26.3	3,727	4.4	4.26–4.64	9,566	5%	4.6–5.9	5,314	7%	5.9–7.8
Female	15,016	11%	10.1–11.7	4,332	2.8	2.66–2.90	14,964	3%	2.9–3.8	7,601	3%	2.0–3.3
Age												
18–29	2,418	29%	26.8–31.9	833	5.1	4.72–5.45	2,393	5%	4.1–6.3	1,353	8%	6.6–10.8
30–44	5,959	22%	21.0–23.7	2,329	4.1	3.86–4.32	5,935	5%	3.9–5.3	3,435	6%	4.8–6.9
45–64	9,386	13%	12.2–14.0	3,314	3.0	2.93–3.14	9,367	4%	3.4–4.4	5,031	3%	2.9–4.2
65+	6,850	2%	1.9–2.8	1,583	2.0	1.88–2.07	6,835	2%	1.6–2.4	3,096	0%	0.1–0.6
Education												
<High School	2,024	14%	11.8–16.6	382	5.0	3.64–6.33	2,014	4%	2.9–5.5	878	5%	2.8–8.1
High School	8,654	19%	18.0–20.7	2,515	4.0	3.80–4.27	8,638	5%	4.4–6.1	4,392	5%	4.2–6.3
Some College	6,989	20%	18.2–21.0	2,370	3.7	3.51–3.91	6,965	5%	3.8–5.4	3,725	5%	4.2–6.6
College Degree	6,918	17%	15.9–19.1	2,789	3.3	3.17–3.49	6,885	4%	2.9–4.3	3,905	4%	3.3–5.9
Income												
<$15,000	2,457	13%	11.0–15.3	445	3.8	3.28–4.27	2,446	3%	2.3–4.4	1,068	3%	2.0–5.0
$15,000–$24,999	4,233	15%	13.7–17.1	1,037	3.9	3.54–4.27	4,216	4%	3.3–5.4	2,056	4%	2.7–5.3
$25,000–$49,999	7,544	18%	17.1–19.8	2,507	3.8	3.56–4.05	7,514	5%	4.3–6.1	4,044	5%	4.3–6.7
$50,000–$74,999	3,752	22%	20.2–24.5	1,592	3.7	3.42–3.94	3,743	5%	3.7–6.2	2,123	5%	3.9–7.2
$75,000+	3,671	21%	19.0–23.3	1,799	3.5	3.31–3.71	3,665	4%	3.6–5.6	2,175	5%	3.9–7.5
Race												
White	23,325	19%	18.0–19.6	7,732	3.6	3.53–3.74	23,099	4%	4.0–4.8	12,358	5%	4.3–5.5
African American	1,961	10%	8.3–12.8	461	2.9	2.70–3.17	1,113	6%	4.4–8.9	886	4%	1.9–6.7
Asian American	124	15%	8.5–23.7	62*	3.0	2.29–3.68	63	7%	2.7–15.4	108*	2%	0.4–10.2
Native American	505	22%	16.8–28.1	163	6.9	5.27–8.56	222	18%	10.6–29.3	193	5%	2.5–9.5
Hispanic American	1,997	10%	8.1–11.5	338	4.2	3.68–4.70	1,194	3%	1.9–4.4	1,011	3%	1.5–4.2
Place of Residence												
Rural	18,239	18%	17.3–19.0	5,636	3.8	3.69–3.97	18,184	4%	3.8–4.7	9,471	5%	4.4–5.9
Urban	6,374	18%	16.6–19.0	2,423	3.6	3.38–3.75	6,346	4%	3.7–5.0	3,444	4%	3.5–5.4

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
* Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

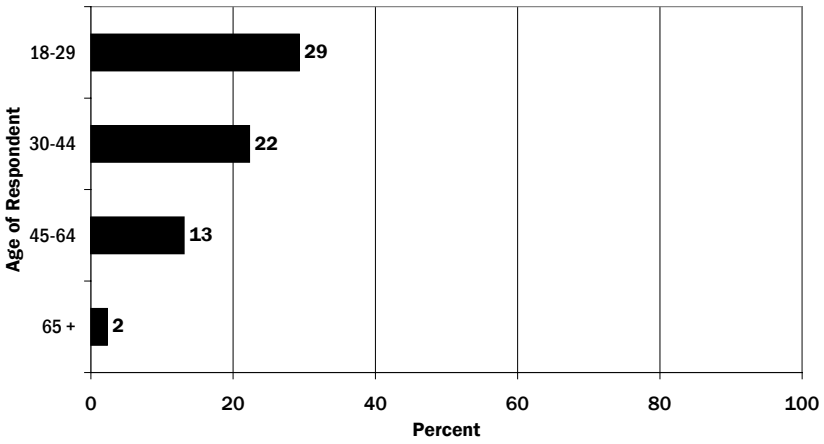
Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2006	UNITED STATES BRFSS 2004–2006	UNITED STATES 2010 Target
Proportion of adults aged 18 and older who reported binge drinking in the past month. (Data are not age-adjusted).	6%	18%	15%	6%

said they drove a motor vehicle after drinking alcohol in the month prior to the interview.

Trend over Time

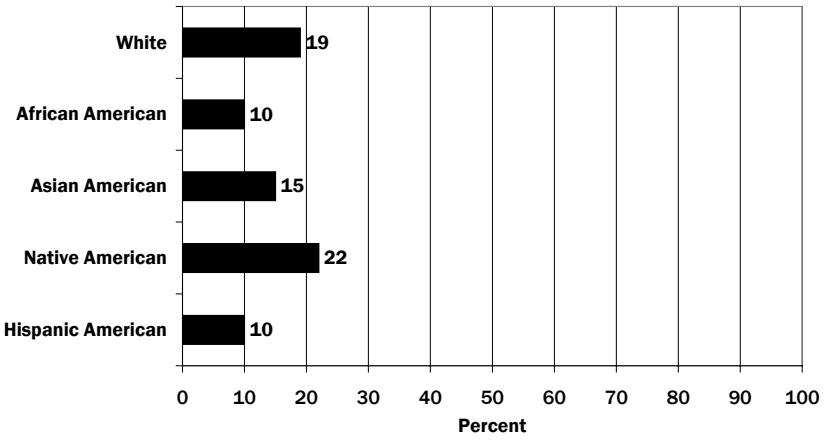
Prevalence of binge drinking among adults aged 18 and older was estimated to be 18 percent in the 1987–1988 Nebraska BRFSS (**Figure 71**). From 1989–1990 through 2005, the rate of binge drinking remained steady at 16 to 17 percent. With the change in the definition of binge drinking for women from "5 or more" to "4 or more" drinks on an occasion, the rate increased slightly to 18 percent in 2006.

Figure 72
Prevalence of Binge Drinking by Age (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 73
Prevalence of Binge Drinking Among Adults by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Who's at Risk in Nebraska?

Among adults aged 18 and older, men were significantly more likely than women to report binge drinking in the past 30 days (**Table 22**). In fact, prevalence was more than twice as high among men (25 percent) as among women (11 percent).

Significant differences were also seen in binge drinking rates by age of respondent, with younger respondents significantly more likely than older ones to report this pattern of alcohol consumption (**Figure 72**). Nearly three out of ten 18- to 29-year-olds (29 percent) indicated they had participated in binge drinking on at least one occasion in the past month, compared to 22 percent of 30- to 44-year-olds. Significantly lower rates were noted for respondents aged 45 to 64 (13 percent) and those aged 65 and older (2 percent).

The proportions of high school graduates (19 percent) and of persons with some college or technical training (20 percent) reporting binge drinking were significantly higher than the proportion for persons who had not completed high school (14 percent). Seventeen percent of college graduates engaged in binge drinking in the previous 30 days (**Table 22**).

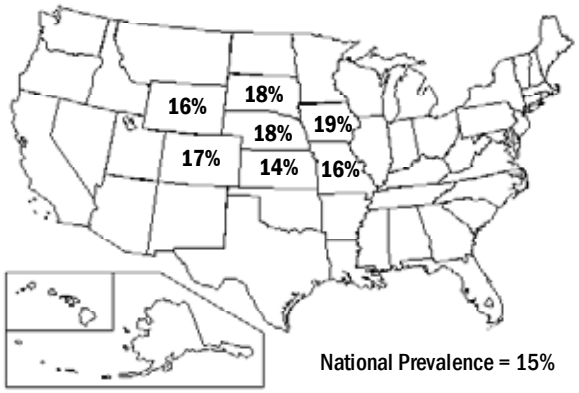
Respondents with annual household incomes of $50,000 or more (21 to 22 percent) were significantly more likely than those with incomes below $25,000 per year to say they participated in binge drinking (13 to 15 percent).

White (19 percent) and Native American (22 percent) adults were significantly more likely than African American (10 percent) or Hispanic American (10 percent) adults to report binge drinking in the past month (**Figure 73**).

Residents of urban and rural counties in Nebraska were about equally likely to indicate

Figure 74

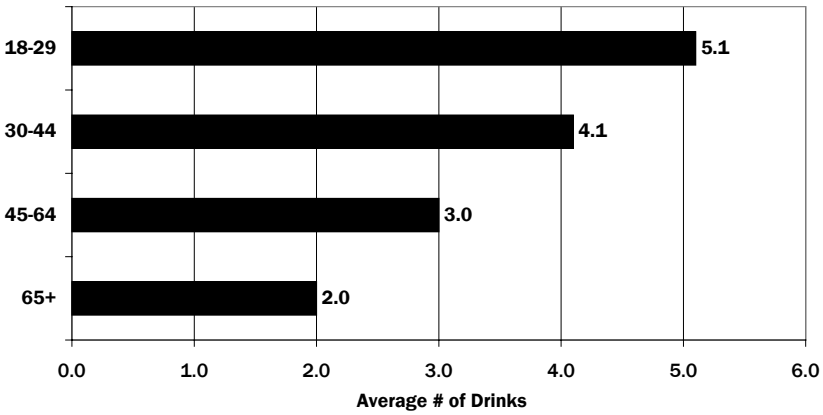
Prevalence of Binge Drinking* among Adults Aged 18 and Older (2004–2006)
(Data not age-adjusted)



*5+ drinks of alcohol for men or 4+ drinks for women on at least one occasion during the past month.
Nebraska Department of Health and Human Services: BRFSS

Figure 75

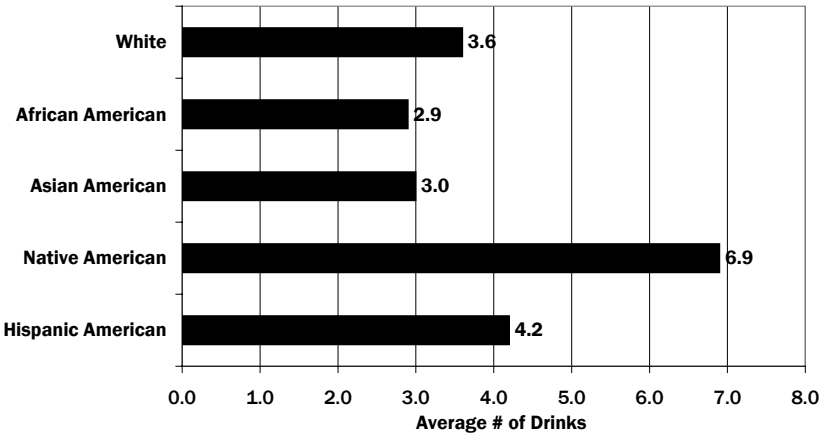
Largest Number of Alcoholic Drinks on One Occasion, Nebraska Adults by Age (2005–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 76

Largest Number of Alcoholic Drinks on One Occasion, Nebraska Adults by Race/Ethnicity (2005–2006)



Nebraska Department of Health and Human Services: BRFSS

they had participated in binge drinking (18 percent each).

Nebraska and the Nation

Nebraska's binge drinking prevalence in 2004–2006 (18 percent) exceeded the national median of 15 percent (**Figure 74**). Of the six surrounding states, all except Kansas (14 percent) reported rates of binge drinking that were higher than the national median.

DEFINITION

Largest Number of Drinks on an Occasion: Responses to the question, "During the past 30 days, what is the largest number of drinks you had on any occasion?"

Current Average

Among persons who had at least one drink of any alcoholic beverage in the past 30 days, the largest number of drinks on an occasion averaged 3.7 drinks in 2005–2006 (**Table 22**).

Who Averages the Largest Number of Drinks on an Occasion?

For men, the largest number of drinks on any occasion averaged 4.4 drinks — significantly greater than the average for women (2.8 drinks).

Average largest number of drinks decreased significantly with advancing age group of respondents (**Figure 75**). Persons aged 18 to 29 averaged 5.1 drinks as their largest number of drinks on an occasion. The average of the largest numbers reported for older respondents decreased with increasing age group to a low of 2.0 for persons aged 65 and older.

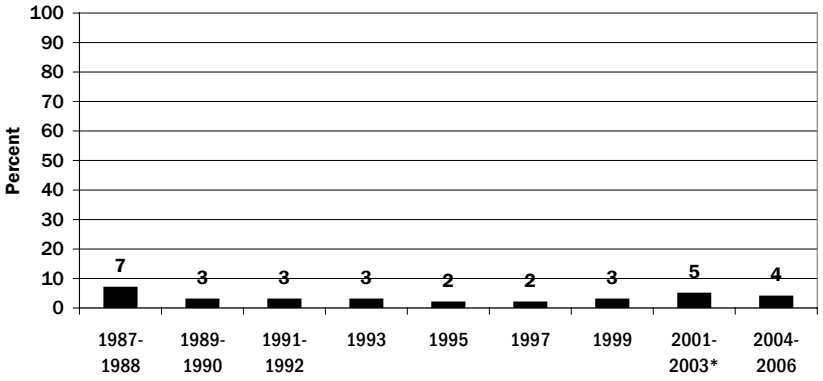
Persons with college degrees averaged a significantly lower number of drinks (3.3) than persons with each of the lower levels of educational attainment, where numbers ranged from 3.7 for persons with some college to 5.0 for persons with less than a high school education.

Native Americans reported a significantly higher "largest number of drinks on any occasion" (6.9) than any other racial/ethnic group in Nebraska (**Figure 76**). African Americans (2.9 drinks), on the other hand, reported significantly fewer than any other group except Asian Americans.

The difference between urban and rural residents of Nebraska was not significant.

Figure 77

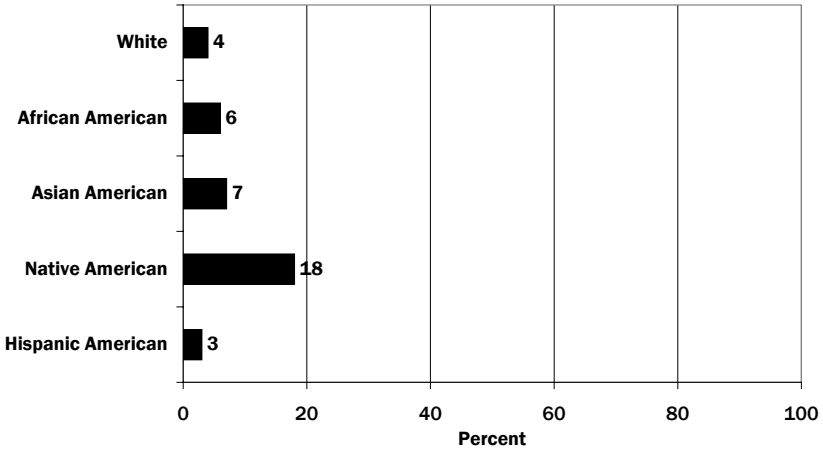
Trend in Prevalence of Heavy Drinking, Nebraska Adults (1987–2006)



*Definition of "heavy drinking" changed for women in 2001.
Nebraska Department of Health and Human Services: BRFSS

Figure 78

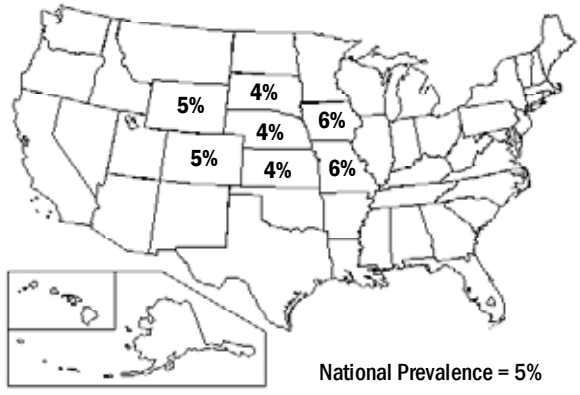
Prevalence of Heavy Drinking by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 79

Prevalence of Heavy Drinking*Among Adults Aged 18 and Older (2004–2006)
(Data not age-adjusted)



*60 or more alcoholic drinks in the past month.
Nebraska Department of Health and Human Services: BRFSS

Heavy Drinking

DEFINITION

Heavy Drinking: In 2004, responses of more than 2 drinks for men and more than 1 drink for women to the question, "On the days when you drank, about how many drinks did you drink on average?"

In 2005 and 2006, responses of more than 2 drinks for men and more than 1 drink for women to the question, "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?"

Current Prevalence

Four percent of Nebraska adults surveyed in 2004–2006 were categorized as "heavy drinkers" based on the above definitions (**Table 22**).

Trend over Time

Prevalence of heavy drinking decreased from seven percent in the 1987–1988 BRFSS to two or three percent from 1989 through 1999 (**Figure 77**). In the 2001–2003 study, the definition of "heavy drinking" for women was changed from "more than two drinks per day" to "more than one drink per day," thus possibly affecting prevalence estimates. In 2001–2003, prevalence rose to 5 percent, then dropped back to 4 percent in the current study.

Who's at Risk in Nebraska?

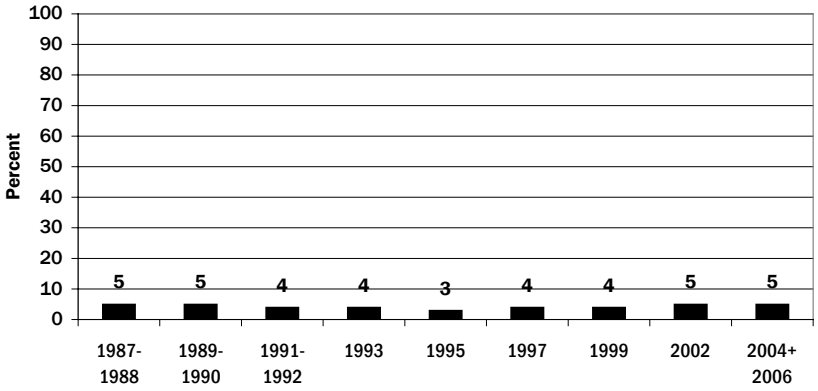
The proportion of men who reported heavy drinking (5 percent) was significantly greater than the proportion of women (3 percent).

Prevalence of heavy drinking was significantly lower for persons aged 65 and older (2 percent) than for persons in the younger age brackets (4 to 5 percent).

Native Americans (18 percent) were significantly more likely to report heavy drinking than African Americans (6 percent), whites (4 percent), and Hispanic Americans (3 percent) in Nebraska (**Figure 78**).

Although some variation in heavy drinking prevalence was noted by education, household income, and place of residence, differences were generally not large.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004+2006	UNITED STATES BRFSS 2004+2006	UNITED STATES 2010 Target
Proportion of adults aged 18 and older who reported drinking and driving during the past month. (Data are not age-adjusted).	1%	5%	NA	NA



Nebraska Department of Health and Human Services: BRFSS

Figure 80
Trend in Prevalence of Drinking and Driving Nebraska Adults (1987–2006)

Nebraska and the Nation
In 2004–2006, prevalence of heavy drinking in Nebraska (4 percent) was slightly less than the national median (5 percent) (**Figure 79**). Heavy drinking rates for the six surrounding states ranged from four percent for Kansas and South Dakota to six percent for Iowa and Missouri.

Drinking and Driving

DEFINITION

Drinking and Driving: Response of 1 or more times to the question, "During the past 30 days, how many times have you driven when you've had perhaps too much to drink?"

Current Prevalence
Overall, 5 percent of the respondents in the BRFSS (2004 and 2006 combined) reported that, in the month prior to the survey, they had driven a motor vehicle after having consumed too much alcohol (**Table 22**).

Trend over Time
The proportion of adults reporting drinking and driving decreased slightly from 5 percent between 1987–1988 and 1995, but has gradually climbed back up to 5 percent in the last two studies (**Figure 80**).

Who's at Risk in Nebraska?
As with other measures of alcohol misuse, males (7 percent) were significantly more likely than females (3 percent) to report drinking and driving in the past month (**Table 21**).

Young adults aged 18 to 29 were once again the age group most likely to say they had driven after having drunk too much alcohol (8 percent). They were significantly more likely than persons 45 and older to drink and drive.

A significantly greater proportion of white adults (5 percent) reported drinking and driving, compared to Hispanic adults (3 percent) in Nebraska.

No trends in prevalence of drinking and driving were identified by education, income, or place of residence of respondents.

Tobacco Use

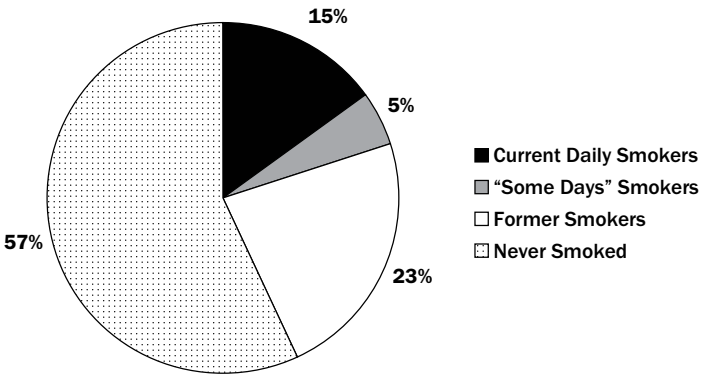
Tobacco use remains the single most preventable cause of disease and death in the United States today. Cigarette smoking is responsible for approximately 438,000 deaths annually—about 20 percent of all deaths in this country. An additional 8.6 million Americans have a serious illness caused by smoking.

Cigarette smoking is a major risk factor for heart disease, stroke, lung cancer, and chronic lung disease. Smoking may also result in injuries and environmental damage due to fires. Smoking during pregnancy increases the risk of miscarriages, premature delivery, and sudden infant death syndrome (SIDS). Secondhand smoke is responsible for an estimated 3,000 lung cancer deaths annually in nonsmokers and an estimated 35,000 deaths due to cardiovascular disease.

Other forms of tobacco are not safe alternatives to smoking cigarettes. Cigar smoking and pipe smoking increase the risk of dying from cancers of the lung, esophagus, larynx, and oral cavity. Smokeless ("spit") tobacco, which includes snuff and chewing tobacco, is the single most important risk factor for oral cancers (cancers of the lip, mouth, tongue, and throat).

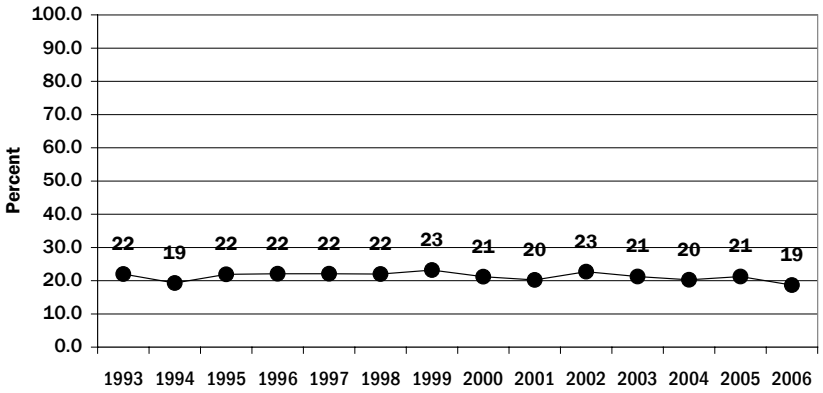
In Nebraska, cigarette smoking cost approximately $858 million for medical care of people with smoking-related illness and for lost wages and productivity in 2002.

Figure 81
Cigarette Smoking Status (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 82
Trend in Cigarette Smoking Prevalence (Daily and "Some Days" Smokers) 1993–2006



Nebraska Department of Health and Human Services: BRFSS

Cigarette Smoking

DEFINITIONS

Current Daily Smokers: Persons who reported smoking at least 100 cigarettes in their lifetime, currently smoke, and smoked all of the past 30 days.

Current "Some Days" Smokers: Persons who reported smoking at least 100 cigarettes in their lifetime, currently smoke, and smoked some (1 to 29) of the past 30 days.

Former Smokers: Persons who reported smoking at least 100 cigarettes in their lifetime, but do not currently smoke.

Current Prevalence

In 2004–2006, one-fifth (20 percent) of Nebraskans aged 18 and older stated that they are current smokers (**Figure 81**). Fifteen percent of the total said they smoke cigarettes on a daily basis, while 5 percent indicated they are current smokers but smoke less frequently than every day. Nearly one-fourth of respondents (23 percent) are former smokers and 57 percent had never smoked.

Trend over Time

Smoking prevalence has remained fairly steady at about 22 percent between 1993 and 2002 (**Figure 82**). Prevalence has edged downward

Table 23: Cigarette Smoking
Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	Currently smoke cigarettes			Quit for 1+ days in past year*		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	24,905	20%	19.5–21.0	4,617	53%	50.6–54.5
Gender						
Male	9,768	22%	20.6–22.9	2,015	49%	46.2–52.0
Female	15,137	19%	17.9–19.7	2,602	56%	53.8–58.9
Age						
18–29	2,440	25%	23.0–27.7	657	63%	57.3–67.8
30–44	6,034	23%	21.5–24.2	1,351	53%	49.1–56.1
45–64	9,509	21%	19.8–21.8	2,015	48%	44.8–50.4
65 +	6,922	8%	7.1–8.6	594	47%	41.8–52.3
Education						
<High School	2,061	28%	25.1–31.1	484	51%	45.4–57.4
High School	8,775	28%	26.6–29.6	1,977	51%	47.7–53.6
Some College	7,077	22%	20.6–23.4	1,416	56%	52.8–60.0
College Degree	6,959	11%	9.6–12.0	738	52%	46.2–57.0
Income						
<$15,000	2,488	37%	33.9–40.3	715	58%	52.6–62.8
$15,000–$24,999	4,279	26%	24.1–28.3	906	56%	51.6–59.9
$25,000–$49,999	7,618	23%	21.4–24.2	1,509	50%	46.4–53.6
$50,000–$74,999	3,787	17%	14.8–18.4	620	47%	40.6–53.0
$75,000+	3,694	12%	10.7–14.0	451	52%	45.0–58.4
Race						
White	23,590	20%	19.6–21.1	4,300	52%	49.7–53.7
African American	1,969	27%	23.6–30.0	486	60%	52.9–67.0
Asian American	124	33%	22.1–45.5	30	#	#
Native American	511	55%	48.4–60.7	240	58%	49.6–65.4
Hispanic American	2,027	16%	13.7–18.6	296	61%	53.0–68.1
Place of Residence						
Rural	18,463	21%	19.8–21.5	3,344	52%	49.8–54.2
Urban	6,442	20%	18.8–21.2	1,273	53%	49.9–56.6

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*Among current smokers.
– Data not reported due to N < 50.

since then with 19 to 21 percent of Nebraska adults currently smoking between 2003 and 2006. (These prevalence estimates include both daily and "some days" smokers).

Who's at Risk in Nebraska?

Men (22 percent) were significantly more likely than women (19 percent) to be current smokers (**Table 23**).

Young adults aged 18 to 29 (25 percent) were significantly more likely than adults aged 45 to 64 (21 percent) to report they were current smokers. Adults in all three younger age brackets were significantly more likely than persons aged 65 and older (8 percent) to say they currently smoke cigarettes.

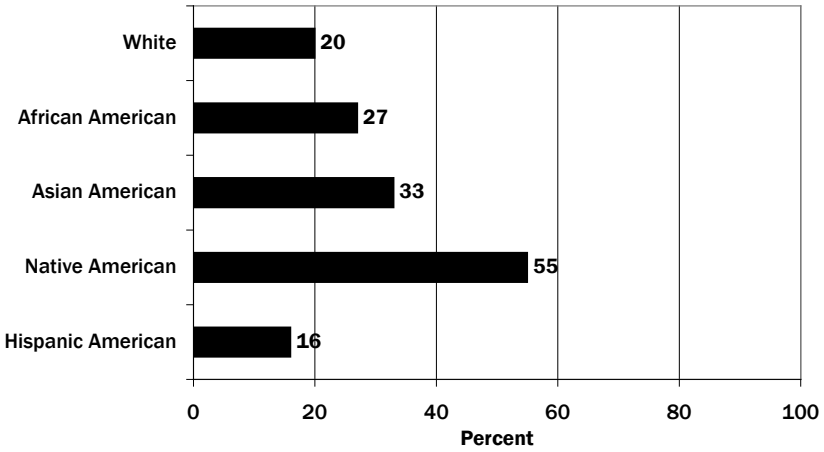
Smoking prevalence was significantly lower among college graduates (11 percent) and among respondents with some college or technical training (22 percent) than it was among respondents with a high school education or less (28 percent).

Results were similar when smoking prevalence was tabulated by income bracket. Respondents with annual incomes under $15,000 (37 percent) were significantly more likely than those with higher incomes to say they were current smokers. Prevalence was also significantly higher for respondents with household incomes of $15,000 to $49,999 (23 to 26 percent) than for persons with incomes of $50,000 to $74,999 (17 percent) or $75,000 and up (12 percent).

Native American adults reported a significantly higher proportion of current smokers (55 percent) than adults from other racial/ethnic groups in Nebraska in 2004–2006 (**Figure 83**). The proportions of Asian Americans (33 percent) and African Americans (27 percent) who smoke was significantly higher than the rates for whites (20 percent) and Hispanic Americans (16 percent) in Nebraska. The rate for Hispanic Nebraskans was also significantly lower than the smoking rate for white Nebraskans.

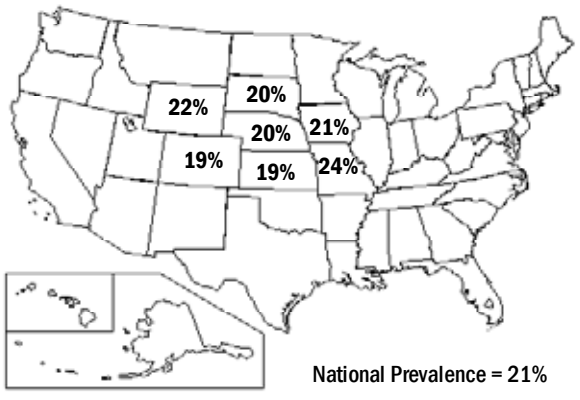
Residents of rural counties (21 percent) were only slightly more likely than urban residents (20 percent) to state that they are current smokers.

Figure 83
Cigarette Smoking Prevalence (Daily and "Some Days" Smokers) by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 84
Current Smoking Prevalence, Nebraska Adults Aged 18 and Older (2004–2006)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska and the Nation

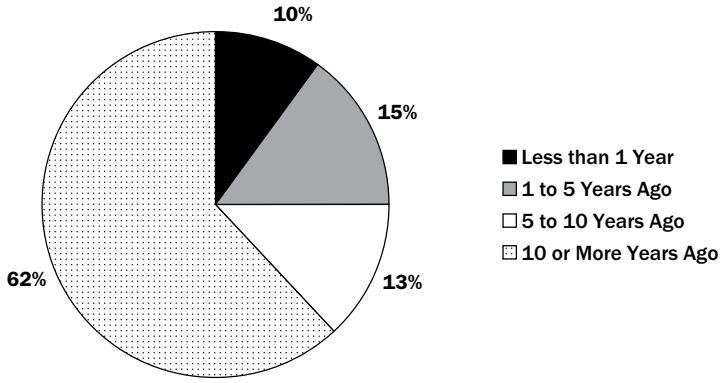
Nebraska's smoking prevalence rate (20 percent for 2004–2006) was slightly lower than the national median for the same period (21 percent) (**Figure 84**). Of the six surrounding states, Kansas and Colorado each reported 19 percent, while South Dakota's rate of 20 percent matched Nebraska's prevalence. Smoking prevalence was highest in Wyoming (22 percent) and Missouri (24 percent).

Former Smokers

Former smokers in the 2004–2005 BRFSS were asked how long it had been since they last smoked cigarettes regularly. More than six of every ten former smokers (62 percent) stated that they had quit smoking ten or more years ago (**Figure 85**). Thirteen percent reported that they had not smoked for five to ten years, while 15 percent had stopped one to five years ago. For 10 percent, it had been less than a year since they quit smoking.

Health Professional Advice about Smoking

Current smokers or former smokers who were still smoking in the past year were asked how



Nebraska Department of Health and Human Services: BRFSS

Figure 85
Length of Time Since Former Smokers Last Smoked Cigarettes Regularly (2004–2005)

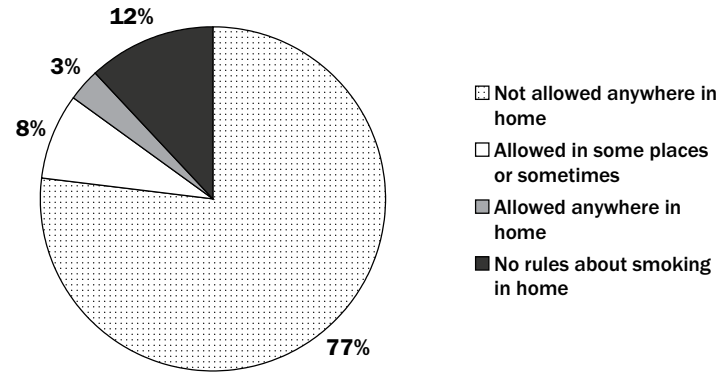
many times in the past 12 months they had seen a doctor, nurse, or other health professional to get any kind of care for themselves. Three-fourths (75 percent) said they had visited a health professional. Respondents asked this question averaged 3.8 visits in the past year, with females reporting significantly more visits (4.4) than males (3.2).

Of these respondents who had gotten care for themselves, 60 percent reported that a health professional had recommended they quit smoking. They reported an average of 2.2 times in the past year when this doctor or other health professionals advised smoking cessation. Thus, doctors did not generally mention quitting smoking on every patient visit.

Respondents who had gotten medical care in the past 12 months were then asked, "On how many visits did your doctor, nurse, or other health professionals recommend or discuss medication to assist you with quitting smoking, such as nicotine gum, patch, nasal spray, inhaler, lozenge, or prescription such as Wellbutrin/Zyban/Buproprion?" Nearly three-fourths of health professional did not recommend or discuss medication to help with quitting smoking (73 percent).

These same respondents were also asked, "On how many visits did your doctor or health provider recommend or discuss methods and strategies other than medication to assist you with quitting smoking?" The majority of health care providers (78 percent) did not discuss methods or strategies not involving medication to aid in smoking cessation.

Figure 86
Smoking Rules Inside Respondents' Homes (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Current Smokers Who Quit Smoking for One Day or More

DEFINITION

Current smokers (defined above) who said "Yes" to the question, "During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?"

When asked if they had quit smoking for one day or more in the past year, 53 percent of current smokers said they had (**Table 23**).

Female smokers (56 percent) were significantly more likely than male smokers (49 percent) to say they had quit smoking for one or more days in the past 12 months.

Younger smokers aged 18 to 29 were significantly more likely than each of the older age groups to have stopped smoking for at least one day in the past year. More than six out of ten (63 percent) of these younger respondents reported this behavior, compared to 53 percent of 30- to 44-year-olds, 48 percent of persons aged 45 to 64, and 47 percent of persons aged 65 and older.

No significant differences were found in the proportion of current smokers quitting for at least one day by education, income, race/ethnic origin, or place of residence.

Smoking Rules in the Home and Workplace

Smoking in the Home

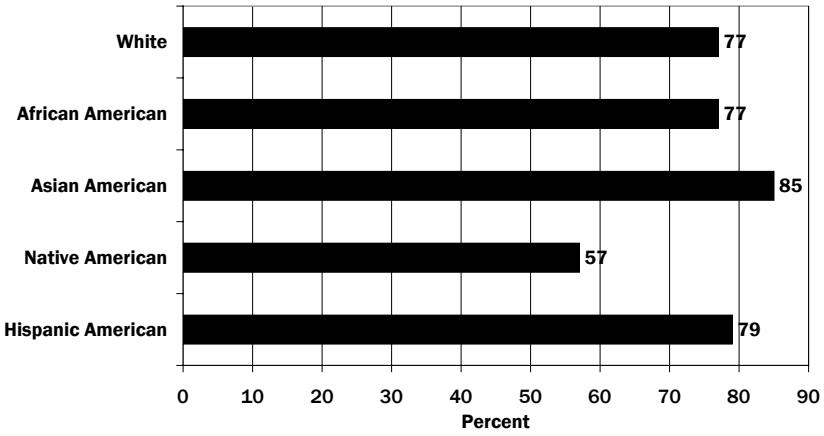
Participants in the 2004 and the 2006 BRFSS were asked which statement best describes the rules about smoking inside their home. The majority (77 percent) said that smoking is not allowed anywhere inside their home (**Figure 86**). A much smaller proportion (8 percent) indicated that "smoking is allowed in some places or at some times," while 3 percent stated that "smoking is allowed anywhere inside the home."

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2006	UNITED STATES BRFSS 2004–2006	UNITED STATES 2010 Target
Prevalence of cigarette smoking among adults aged 18 and older. (Data are not age-adjusted).	12%	20%	21%	12%

Twelve percent reported that "there are no rules about smoking inside the home."

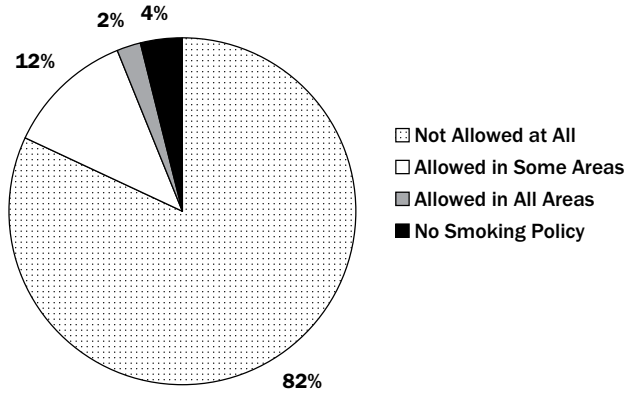
Young adults aged 18 to 29 (85 percent) and adults aged 30 to 44 (82 percent) were significantly more likely than adults aged 45 to 64 (73 percent) and those 65 and older (68 percent) to indicate that smoking is not allowed anywhere in their homes (**Table 24**). Adults aged 45 to 64 were also significantly more likely than persons aged 65 and up to have a no-smoking rule in their homes.

Figure 87
No Smoking Allowed in the Home by Race/ Ethnicity (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 88
Workplace Smoking Policy for Indoor Public Areas (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

The proportion of college graduates who do not allow smoking in their homes (85 percent) was significantly greater than the proportions reported by respondents with less education. Persons with technical training or some college (76 percent) were also significantly more likely than high school graduates (69 percent) to say smoking is not allowed at home.

A similar pattern is evident by household income. Persons earning $75,000 or more (86 percent) were significantly more likely not to allow smoking in their homes than those with annual incomes of $25,000 to $74,999 (75 to 79 percent) or those with incomes under $25,000 (65 to 68 percent).

The proportion of Native Americans who say they do not permit smoking in their homes (57 percent) was significantly smaller than the proportions of all other racial/ethnic groups surveyed except African Americans (**Figure 87**). More than three-fourths of whites (77 percent), African Americans (77 percent) and Hispanic Americans (79 percent) reported a no-smoking rule in their homes, as did 85 percent of Asian Americans.

Respondents living in urban counties (80 percent) were significantly more likely than those residing in rural counties (74 percent) to say they do not allow smoking in their homes.

Smoking in the Workplace

Respondents who were employed or self-employed at the time of the survey were asked if they are indoors most of the time at their job. Overall, 76 percent reported that they are.

These respondents were then asked, "What is your place of work's smoking policy for indoor public or common areas?" Eight of every ten respondents (82 percent) said that smoking is not allowed in any public areas in their workplace (**Figure 88**). Twelve percent indicated that smoking is permitted in some public areas, while 2 percent said their workplace smoking policy allows it in

Table 24: Smoking Rules in Home and Workplace

Nebraska Adults, 2004+2006, (with 95% Confidence Intervals—SUDAAN)

	SMOKING NOT ALLOWED IN HOME			SMOKING NOT ALLOWED IN PUBLIC AREAS AT WORK			SMOKING NOT ALLOWED IN INDOOR WORK AREAS		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	12,358	77%	75.7–77.7	5,863	82%	80.1–83.1	5,874	88%	86.6–89.1
Gender									
Male	4,771	76%	74.0–77.2	1,949	77%	74.0–79.3	1,955	84%	81.4–85.9
Female	7,587	78%	76.5–79.0	3,914	86%	84.0–87.2	3,919	91%	89.7–92.5
Age									
18–29	1,252	85%	82.4–87.4	689	77%	73.0–81.2	689	85%	81.6–88.7
30–44	3,038	82%	79.9–83.2	2,012	82%	79.9–84.2	2,013	89%	87.2–90.6
45–64	4,719	73%	71.2–74.4	2,775	85%	83.6–87.0	2,781	90%	88.1–91.0
65+	3,349	68%	66.0–69.9	387	81%	75.5–84.9	391	87%	82.5–90.1
Education									
<High School	983	72%	68.1–76.0	256	68%	60.4–74.5	258	84%	77.9–88.5
High School	4,347	69%	66.5–70.6	1,699	73%	69.3–75.6	1,704	81%	78.6–84.0
Some College	3,495	76%	74.1–77.8	1,685	81%	78.6–83.9	1,687	87%	84.0–88.9
College Degree	3,519	85%	83.3–86.8	2,217	92%	89.7–93.6	2,219	95%	93.2–96.0
Income									
<$15,000	1,229	65%	61.3–69.4	259	77%	69.3–82.7	260	80%	72.9–85.9
$15,000–$24,999	2,156	68%	65.3–71.0	821	74%	69.4–77.2	824	83%	79.9–86.5
$25,000–$49,999	3,814	75%	73.1–76.6	1,908	80%	77.2–82.5	1,917	87%	84.4–89.0
$50,000–$74,999	1,856	79%	75.7–81.5	1,201	88%	84.3–90.7	1,202	90%	86.6–93.3
$75,000+	1,841	86%	83.2–87.9	1,243	86%	80.9–89.8	1,241	91%	87.0–94.3
Race									
White	11,536*	77%	75.5–77.6	5,468*	83%	81.0–84.1	5,478*	88%	86.2–88.9
African American	167*	77%	68.8–83.0	75*	72%	59.6–82.0	74*	88%	75.8–94.4
Asian American	54*	85%	70.2–93.1	29*	#	#	30*	#	#
Native American	74*	57%	43.9–69.5	29*	#	#	29*	#	#
Hispanic American	567*	79%	73.6–83.2	286*	72%	65.6–78.0	287*	90%	85.8–93.5
Place of Residence									
Rural	9,203	74%	73.0–75.4	4,118	78%	76.2–80.0	4,127	86%	83.9–87.0
Urban	3,155	80%	77.9–81.2	1,745	86%	83.1–87.8	1,747	91%	89.0–92.7

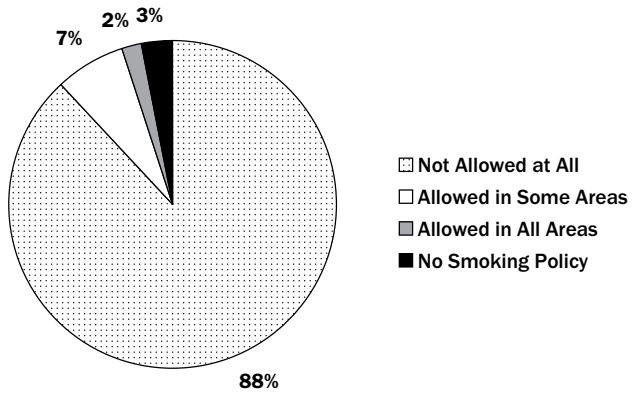
NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

*From "regular" BRFSS only (not asked in "minority" BRFSS).

– Data not reported due to N < 50.

Figure 89

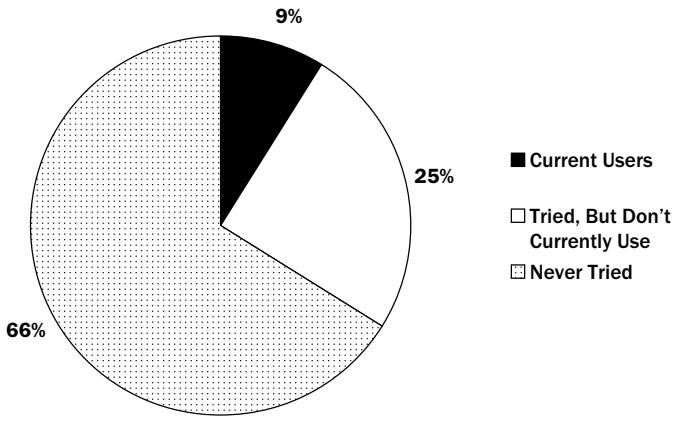
Workplace Smoking Policy for Indoor Work Areas (2004 + 2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 90

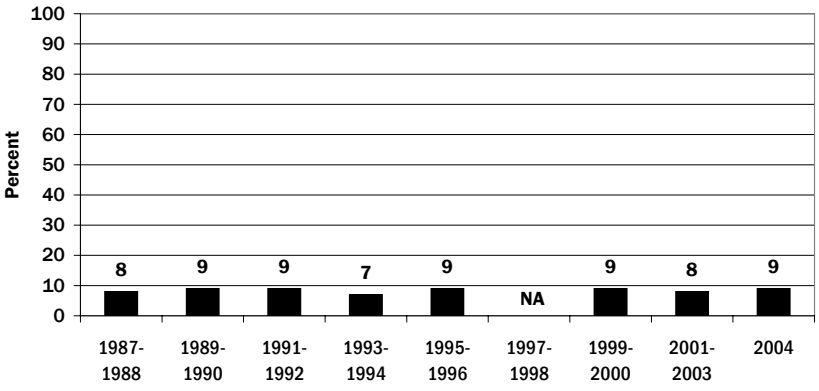
Smokeless Tobacco Use, Males (2004)



Nebraska Department of Health and Human Services: BRFSS

Figure 91

Trend in Smokeless Tobacco Use, Males (1987–2004)



Nebraska Department of Health and Human Services: BRFSS

all public areas. Very few workplaces (4 percent) did not have a smoking policy for public areas.

Respondents working in jobs where they are indoors most of the time were also asked what the smoking policy is for work areas. Again, the great majority of workplaces (88 percent) have a policy that does not permit smoking in any work areas (**Figure 89**). A few respondents stated that smoking was allowed in some (7 percent) or all (2 percent) work areas at their job. Only 3 percent of respondents said their workplace had no smoking policy for work areas.

Smokeless Tobacco

DEFINITION

Ever Used Smokeless Tobacco: Respondents who "ever used or tried any smokeless tobacco products such as chewing tobacco or snuff."

Current Smokeless Tobacco Users: Respondents who currently use chewing tobacco or snuff "every day" or "some days."

Ever Used

Eighteen percent of Nebraska adults reported that they ever used any smokeless tobacco products such as chewing tobacco or snuff.

Males aged 18 and older (33 percent) were much more likely than females in this age group (4 percent) to say they ever used smokeless tobacco.

Current Prevalence

In 2004, 9 percent of all Nebraska men stated that they currently use smokeless tobacco (**Figure 90**). One-fourth (25 percent) of all men aged 18 and older said that they have tried these products, but do not currently use them. Two-thirds (66 percent) indicated that they have never tried smokeless tobacco.

Trend over Time

The prevalence of smokeless tobacco use among adult men has held fairly steady at 8 to 9 percent since 1987–1988 (**Figure 91**).

Who's at Risk in Nebraska?

Young men aged 18 to 29 and men aged 30 to 44 (12 percent each) were significantly more likely to be current users of smokeless tobacco products than men aged 45 to 64 (5 percent) and those aged 65 and older (3 percent).

Men who had graduated from high school (12 percent) and those who had some college or technical training (10 percent) were significantly more likely to currently use smokeless tobacco than respondents who had not completed high school (3 percent).

Ten percent of white men aged 18 and older currently used smokeless tobacco, compared to only 2 percent of Hispanic males in this age group. The numbers of African American, Asian American, and Native American men answering this question were too small to permit reporting of rates.

Compared to men in urban counties (5 percent), a significantly greater proportion of rural men (12 percent) said they currently use snuff or chewing tobacco.

No trends in smokeless tobacco use were noted by household income of respondents.

Overweight and Obesity

The prevalence of overweight and obesity among adults, adolescents, and children has risen considerably over the past two decades in the United States and in Nebraska. Being overweight or obese often results in a variety of health problems and has been linked to increased risk of death. However, estimates of the number of obesity-related deaths in the United States have varied, due in part to the difficulty of separating out the health effects of co-existing conditions or risk factors.

Being overweight or obese substantially raises the risk of illness from: heart disease and stroke; high blood pressure; elevated blood cholesterol levels; type 2 diabetes; endometrial, breast, prostate, and colon cancers; gallbladder disease; arthritis; sleep disturbances; and breathing problems. Obese persons (both children and adults) may also suffer from social stigmatization, discrimination, and lowered self-esteem.

Prevalence of Overweight and Obesity

DEFINITIONS

The Body Mass Index (BMI) is used as a proxy measure for overweight and obesity in adults until a better method of determining actual body fat is developed. It is calculated by dividing weight in kilograms by the square of height in meters.

Overweight or Obese: A BMI reading of 25.0 or greater.

Obese: A BMI reading of 30.0 or greater.

Overweight but Not Obese: A BMI reading of 25.0 to 29.9.

The definition of *overweight* has changed from that used in the BRFSS prior to 1999. Prevalence data for past years have been recalculated to assure that trends are accurate.

Height and weight figures used to determine overweight and obesity in this study were those reported by respondents.

Current Prevalence

In Nebraska, 25 percent of BRFSS respondents reported heights and weights that placed them in the "obese" category in 2004–2006 (**Table 25**). Nearly four out of ten adults (38 percent) were classified as "overweight but not obese." Thus, a total of 63 percent of Nebraska adults were categorized as "overweight or obese" with a BMI reading of 25.0 or greater.

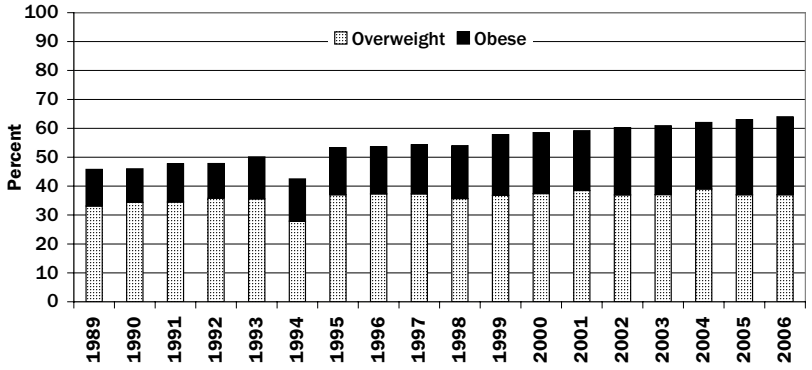
Trend over Time

The proportion of adults who are at risk due to overweight or obesity (BMI = 25+) has increased considerably over the years. Prevalence has increased by 18 percentage points — from 46 percent in 1989 to 64 percent in 2006 (**Figure 92**).

Overall, 37 percent of adults were classified as overweight but not obese (BMI = 25.0 – 29.9) in 2006. This proportion is higher than that reported in 1989 (33 percent), but the greatest share of the increase in overweight and obesity has occurred in the obese category (**Figures 93** and **94**). From 1989 through 1992, the proportion of adults who were obese was stable at 12 to 13 percent. Since, then prevalence of obesity has more than doubled, so that 27 percent were categorized as obese in 2006.

Figure 92

Trend in Prevalence of Overweight and Obesity (BMI* = 25+), Nebraska Adults (1989–2006)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2004–2006	BRFSS 2004–2006	2010 Target
Prevalence of obesity (BMI = 30.0 or greater) among adults 18 and older. (Data are not age-adjusted).	15%	25%	24%	15%

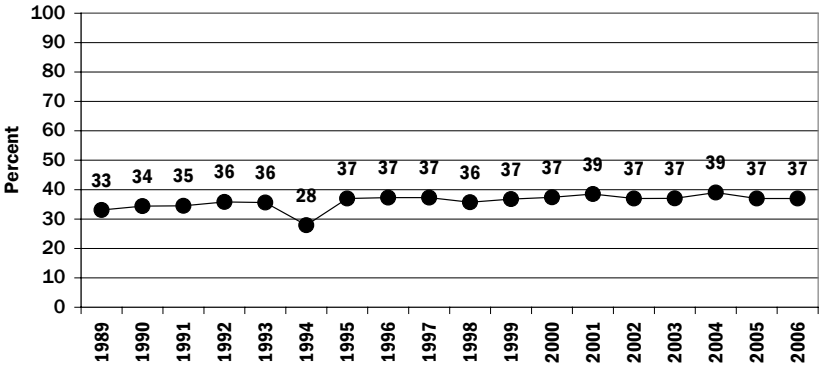
Table 25: Prevalence of Overweight and Obesity
Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	OVERWEIGHT BUT NOT OBESE (BMI = 25–29)			OBESE (BMI = 30+)		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	23,769	38%	36.9–38.7	23,769	25%	24.7–26.2
Gender						
Male	9,611	45%	43.9–46.6	9,611	26%	25.2–27.5
Female	14,158	30%	29.1–31.2	14,158	24%	23.5–25.4
Age						
18–29	2,293	35%	32.0–37.5	2,293	19%	17.2–21.6
30–44	5,716	38%	36.6–39.8	5,716	27%	25.1–28.0
45–64	9,072	40%	38.7–41.3	9,072	31%	29.8–32.2
65+	6,688	42%	40.1–43.0	6,688	23%	22.2–24.8
Education						
<High School	1,833	40%	36.3–43.6	1,833	28%	25.0–31.2
High School	8,400	37%	35.7–38.8	8,400	28%	26.3–29.2
Some College	6,812	38%	36.0–39.2	6,812	27%	25.2–28.0
College Degree	6,704	39%	37.1–40.8	6,704	22%	20.9–24.0
Income						
<$15,000	2,373	34%	30.8–37.2	2,373	30%	27.5–33.5
$15,000–$24,999	4,045	35%	32.6–37.2	4,045	32%	30.0–34.5
$25,000–$49,999	7,373	39%	37.2–40.3	7,373	26%	25.0–27.8
$50,000–$74,999	3,689	38%	35.9–40.6	3,689	25%	22.9–26.6
$75,000+	3,611	41%	38.8–44.0	3,611	20%	18.5–22.1
Race						
White	22,614	37%	36.6–38.4	22,614	25%	24.2–25.8
African American	1,908	32%	28.5–34.8	1,908	40%	36.3–43.1
Asian American	122	30%	19.9–42.7	122	25%	15.0–38.0
Native American	497	31%	25.3–36.7	497	49%	42.6–54.6
Hispanic American	1,405	38%	34.1–41.0	1,405	33%	29.6–36.5
Place of Residence						
Rural	17,596	38%	37.5–39.5	17,596	26%	25.5–27.3
Urban	6,173	37%	35.4–38.3	6,173	25%	23.3–25.8

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

Figure 93

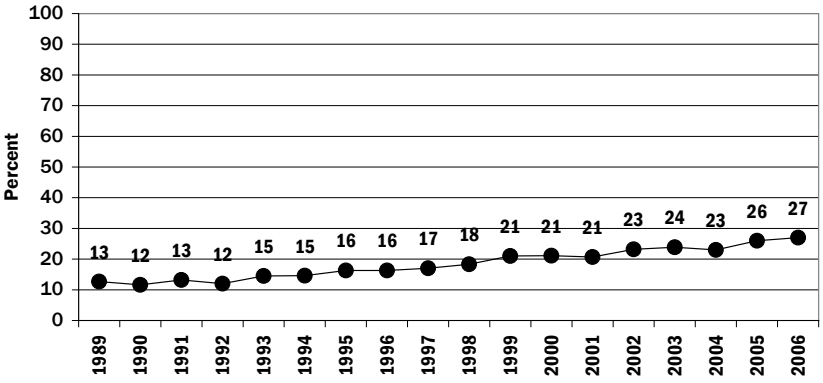
Trend in Prevalence of Overweight (BMI* = 25–29), Nebraska Adults (1989–2006)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

Figure 94

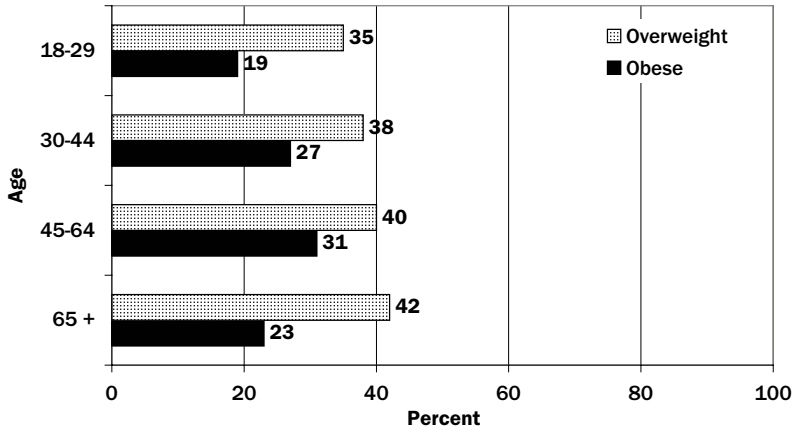
Trend in Prevalence of Obesity (BMI* = 30+), Nebraska Adults (1989–2006)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

Figure 95

Prevalence of Overweight (BMI* = 25.0–29.9) and Obesity (BMI* = 30+) by Age (2004–2006)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

Who's at Risk in Nebraska?

Men (26 percent) were slightly more likely than women (24 percent) in the 2004–2006 BRFSS to report heights and weights that placed them in the obese category (**Table 25**). The proportion of respondents who were overweight but not obese, however, was significantly higher among men (45 percent) than among women (30 percent), based on self-reported heights and weights.

Prevalence of obesity increased significantly with advancing age of respondent through age 64 (**Figure 95**). The proportion of respondents who were obese was lowest among young adults aged 18 to 29 (19 percent). Prevalence increased significantly in the 30-to-44 (27 percent) and 45-to-64 (31 percent) age groups. Prevalence of obesity dropped back to 23 percent among respondents aged 65 and older.

Looking at proportion of respondents who are overweight but not obese, a slightly different pattern emerges. Prevalence of overweight is significantly lower among young adults aged 18 to 29 (35 percent) than among adults aged 45 to 64 (40 percent) and those aged 65 and older (42 percent). Persons aged 30 to 44 (38 percent) are significantly less likely to be overweight but not obese than persons aged 65 and up.

College graduates (22 percent) were significantly less likely than persons with less education (27 to 28 percent) to be categorized as obese (**Table 25**). No significant differences were found in prevalence of overweight by educational level of respondents.

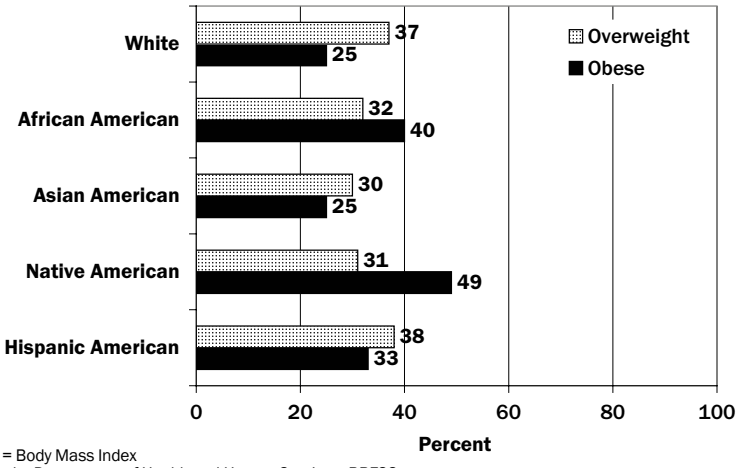
Respondents with household incomes of $75,000 or more (20 percent) reported a significantly lower prevalence of obesity than respondents in all lower income brackets. Persons earning $50,000 to $74,999 annually (25 percent) were significantly less likely than those with incomes below $25,000 (30 to 32 percent) to report heights and weights that placed them in the obese category.

Looking at the proportion of respondents who were overweight but not obese, the proportion was significantly smaller (34 to 35 percent) among those with incomes below $25,000, compared to 41 percent of respondents with $75,000 or more.

Native American adults (49 percent) were significantly more likely to be obese than adults in all other racial/ethnic groups in Nebraska except African Americans (**Figure 96**). African Americans

Figure 96

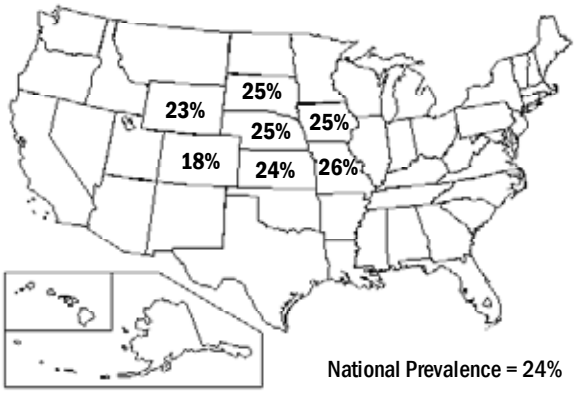
Prevalence of Overweight (BMI* = 25.0–29.9) and Obesity (BMI* = 30+) by Race/ Ethnic Origin (2004–2006)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

Figure 97

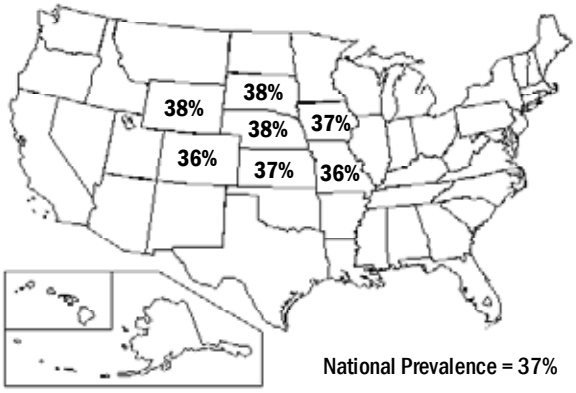
Prevalence of Obesity (BMI* = 30+), Adults Aged 18 and Older (2004–2006) (Data not age-adjusted)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

Figure 98

Prevalence of Overweight (BMI* = 25.0–29.9), Adults Aged 18 and Older (2004–2006) (Data not age-adjusted)



*BMI = Body Mass Index
Nebraska Department of Health and Human Services: BRFSS

(40 percent) and Hispanic Americans (33 percent) were also significantly more likely than white Nebraskans (25 percent) to be classified as obese.

The proportion of adults who were overweight but not obese was significantly higher for whites (37 percent) than for African Americans (32 percent) in Nebraska. Differences among other racial and ethnic groups were not significant.

Rural and urban residents in Nebraska were about equally likely to report heights and weights that indicated they were obese or overweight.

Nebraska and the Nation

Obesity was slightly more prevalent in Nebraska (25 percent) than nationwide (24 percent), based on the 2004–2006 BRFSS (**Figure 97**). Of the surrounding states, Iowa (25 percent), South Dakota (25 percent), Missouri (26 percent), and Kansas (24 percent) all reported prevalence estimates near Nebraska's. Only in Colorado (18 percent) was prevalence of obesity much lower.

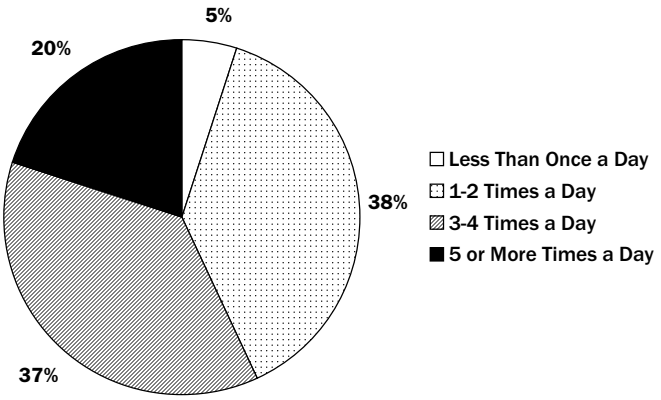
Proportion of BRFSS respondents who were overweight but not obese varied little among Nebraska (38 percent), the nation (37 percent), and the surrounding states in 2004–2006 (**Figure 98**). Prevalence estimates ranged from 36 to 38 percent for all.

Consumption of Fruits and Vegetables

Vegetables, fruits and grains are good sources of complex carbohydrates and dietary fiber, as well as vitamins, minerals, antioxidants, and phytochemicals that are important for good health. They are also generally low in fat. Studies suggest that water-soluble fibers from foods such as oat bran, beans, and certain fruits are associated with lower blood sugar and blood lipid levels. Dietary patterns that incorporate higher intake of vegetables, fruits and grains are associated with a variety of health benefits, including a reduced risk of some types of cancer.

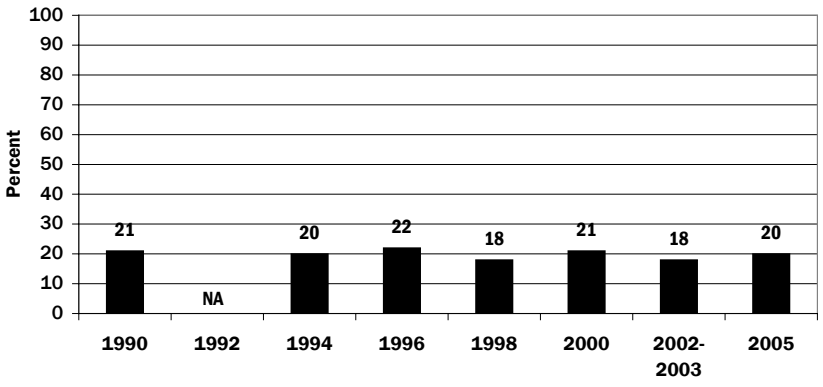
The 2000 Dietary Guidelines for Americans recommended five or more servings of fruits and vegetables per day for good nutrition. (These guidelines serve as the basis for the BRFSS questions on fruits and vegetables). A new set of dietary guidelines is issued every five years. The 2005 Dietary Guidelines encourage a healthy balance of nutritious foods, including 7 to 10 servings of fruits and vegetables each day or about 4 ½ cups of these foods daily for the average adult. These guidelines also emphasize reducing calorie consumption and increasing physical activity to help consumers control their weight.

Figure 99
Daily Consumption of Fruits and Vegetables (2005)



Nebraska Department of Health and Human Services: BRFSS

Figure 100
Trend in Consumption of Fruits and Vegetables 5 or More Times Daily (1990–2005)



Nebraska Department of Health and Human Services: BRFSS

DEFINITIONS

BRFSS respondents were asked a series of questions about the foods they usually eat and drink. They were asked how often they:

- Drink fruit juices such as orange, grapefruit, and tomato
- Eat fruit, not counting juice
- Eat green salad
- Eat potatoes (not including French-fried, fried potatoes, or potato chips)
- Eat carrots.

They were also asked how many servings of vegetables they usually eat (not counting carrots, potatoes, or salad).

Responses to the fruit and vegetable consumption questions were then summarized to arrive at the number of times per day each respondent eats fruits and vegetables. Although the BRFSS does not provide data on the number of servings of fruits and vegetables consumed each day, the information on number of times these foods are eaten is still useful for comparison with the national guidelines.

Current Prevalence

Altogether, one-fifth of respondents to the 2005 Nebraska BRFSS (20 percent) reported consuming fruits and vegetables the recommended five or more times daily (**Figure 99**). Nearly equal proportions of respondents state they eat these

Table 26: Fruit and Vegetable Consumption

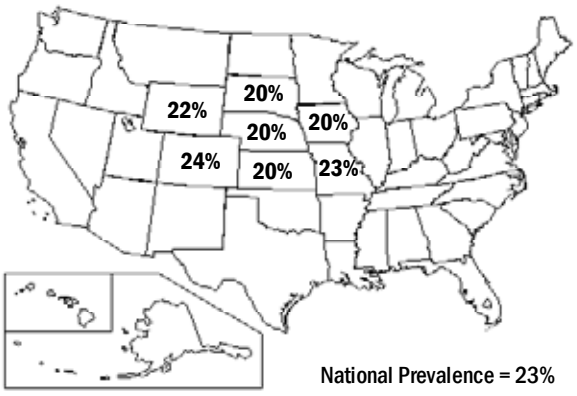
Nebraska Adults, 2005 (with 95% Confidence Intervals—SUDAAN)

	EAT 5+ FRUITS OR VEGETABLES DAILY		
	Total Number	Percent	Confidence Interval
All Adults	8,190	20%	18.9–21.2
Gender			
Male	3,211	16%	14.2–17.6
Female	4,979	24%	22.4–25.6
Age			
18–29	808	18%	14.7–22.0
30–44	1,953	16%	14.5–18.4
45–64	3,092	19%	17.4–20.9
65+	2,337	31%	28.4–33.1
Education			
<High School	713	18%	13.7–22.6
High School	2,874	16%	14.4–18.2
Some College	2,336	21%	19.2–23.4
College Degree	2,259	24%	21.8–27.2
Income			
<$15,000	855	17%	13.6–21.7
$15,000–$24,999	1,413	20%	17.3–23.7
$25,000–$49,999	2,467	18%	16.0–19.8
$50,000–$74,999	1,253	22%	18.3–25.4
$75,000+	1,182	26%	21.7–30.3
Race			
White	7,689	20%	18.4–20.9
African American	742	21%	17.1–24.6
Asian American	53	21%	10.7–36.0
Native American	99	18%	10.4–29.6
Hispanic American	561	23%	18.2–28.1
Place of Residence			
Rural	5,990	19%	18.0–20.8
Urban	2,200	21%	18.9–22.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

Figure 101

Adults Who Consumed Fruits and Vegetables Five or More Times Daily (2005)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

food items "three or four times a day" (37 percent) or "one or two times a day" (38 percent). Five percent consume fruits and vegetables less than once a day or never do. Overall, 80 percent of adults ate fruits and vegetables less frequently than the five or more times daily needed for good nutrition.

Trend over Time

Over the past 15 years, the proportion of respondents who reported consuming these foods five or more times per day has varied little, ranging from 18 to 22 percent (**Figure 100**).

Who's at Risk in Nebraska?

Women (24 percent) were significantly more likely than men (16 percent) in Nebraska to consume fruits and vegetables five or more times daily (**Table 26**).

Adults aged 65 and older (31 percent) were significantly more likely than younger persons to report adequate levels of fruits and vegetables in their diets. Persons aged 18 to 29 (18 percent), 30 to 44 (16 percent), and 45 to 64 (19 percent) were much less likely to consume these foods the recommended five or more times daily.

The proportions of college graduates (24 percent) and respondents with some college or technical school (21 percent) who met the five-a-day guidelines was significantly higher than the proportion reported for high school graduates (16 percent).

Although some variation in levels of fruit and vegetable consumption was noted by household income, place of residence, and race/ethnic origin of respondents, differences were not generally significant.

Nebraska and the Nation

An average of 23 percent of BRFSS respondents nationwide reported consuming fruits and vegetables five or more times per day in 2005 (**Figure 101**). Nebraska ranked well below the national median along with Iowa, Kansas, and South Dakota (all 20 percent). Wyoming (22 percent) and Missouri (23 percent) fared somewhat better, while Colorado (24 percent) exceeded the national median.

Folic Acid

The Centers for Disease Control and Prevention, the March of Dimes, and the National Council on Folic Acid are active in the National Folic Acid Campaign to promote the use of folic acid to prevent spina bifida and anencephaly, which are serious birth defects. These defects occur when the fetal neural tube fails to close fully, interrupting the development of the central nervous system.

Research has shown that, if taken before and during early pregnancy, folic acid can prevent 70 percent of these birth defects. In Nebraska, these birth defects occurred in an average of 4.1 births per 1,000 over the five-year period 2000–2004.

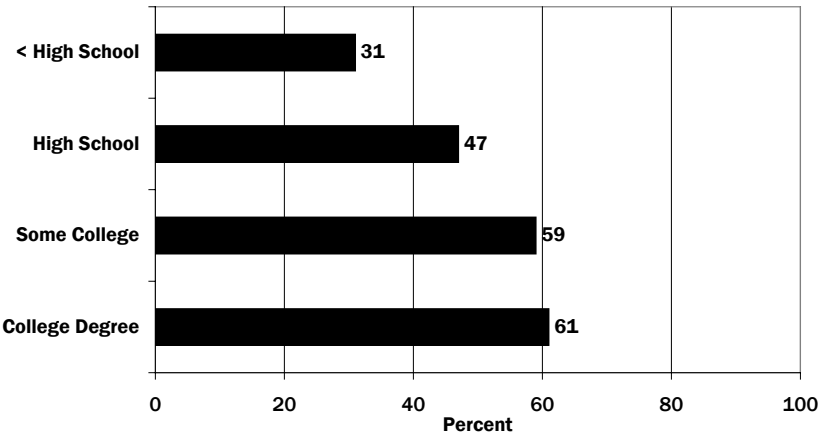
The goal of the folic acid campaign is to educate all women who could possibly become pregnant to consume 400 micrograms of folic acid daily from vitamin supplements and/or fortified foods, in addition to eating certain foods containing folic acid.

Folic Acid Intake By Women Aged 18 To 44 Years

DEFINITION

Optimal Folic Acid Intake: Currently taking multivitamins or other vitamin pills or supplements containing folic acid daily or more often.

Figure 102
Women Aged 18–44 Taking Folic Acid in Vitamin/Supplement Form by Educational Level (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Current Prevalence of Folic Acid Use

More than one-half (58 percent) of women aged 18 to 44 participating in the 2004 and 2006 Nebraska BRFSS stated that they currently take vitamin pills or supplements. Of those, 93 percent reported taking either a multivitamin or another supplement containing folic acid. This translates into 55 percent of all women in this age group taking folic acid (**Table 27**). The current rate represents an increase from 50 percent taking folic acid in the 2001–2003 study.

Who's Taking Folic Acid in Vitamin or Supplement Form?

Women with some college or technical school (59 percent) and women with college degrees (61 percent) were significantly more likely than women with less education to report taking folic acid (**Figure 102**). A significantly greater proportion of women with a high school education (47 percent) said they currently take vitamins or supplements containing folic acid, compared to women who had not completed high school (31 percent).

Women with household incomes of $25,000 or above were significantly more likely than those with incomes of $15,000 to $24,999 to currently take folic acid (**Table 27**).

A significantly greater proportion of white women aged 18 to 44 (56 percent) reported that they take folic acid, compared to African American (41 percent) and Hispanic American (37 percent) women in Nebraska.

No significant differences were noted by age group or place of residence of respondents.

Daily Folic Acid Use

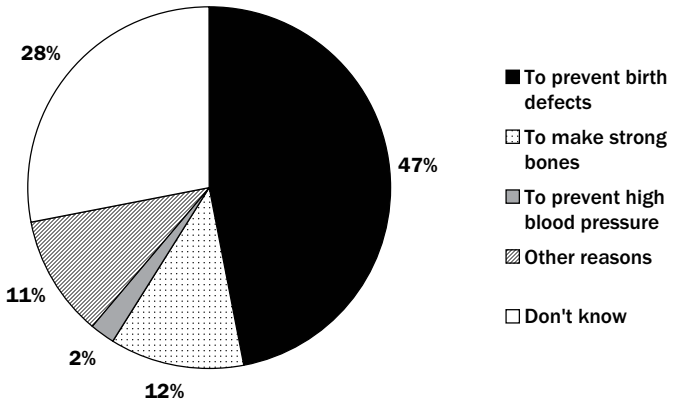
Among women taking a multivitamin or other vitamin containing folic acid, 87 percent indicated they take them daily or more often. Based on these findings and assuming that the vitamins they are taking contain 400 micrograms of folic acid, 48 percent of all women aged 18 to 44 participating in the survey were receiving the

Table 27: Vitamin and Folic Acid Use

Nebraska Adults, 2004+2006 (with 95% Confidence Intervals—SUDAAN)

	Women aged 18–44 taking folic acid			Women aged 18–44 taking folic acid daily*			Women aged 18–44 who say reason for taking folic acid is to prevent birth defects		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Women Aged 18–44	2,536	55%	52.4–57.5	1,470	87%	84.1–89.5	2,569	47%	44.2–49.2
Age									
18–29	756	52%	47.6–56.9	391	87%	81.7–90.6	765	46%	41.3–50.5
30–44	1,780	59%	56.4–62.0	1,079	88%	84.8–89.8	1,804	51%	48.6–54.2
Education									
<High School	183	31%	23.7–39.8	64	91%	81.2–95.5	190	22%	15.3–30.7
High School	641	47%	42.0–52.2	322	88%	81.1–92.5	659	28%	24.2–32.8
Some College	769	59%	54.4–63.2	463	87%	82.2–91.2	772	49%	44.5–53.4
College Degree	940	61%	56.0–66.2	619	86%	80.6–90.3	945	63%	57.4–67.6
Income									
<$15,000	218	47%	38.5–55.8	98	84%	71.2–91.3	224	33%	25.2–40.7
$15,000–$24,999	419	44%	38.3–50.6	198	95%	91.3–97.6	422	34%	28.5–40.0
$25,000–$49,999	824	59%	53.6–63.2	512	88%	83.7–91.9	833	48%	43.4–52.8
$50,000–$74,999	472	66%	58.9–72.2	305	92%	88.6–94.5	476	54%	46.2–60.9
$75,000+	405	58%	51.1–64.3	267	81%	70.9–88.3	408	56%	50.1–62.4
Race									
White	2,327	56%	53.2–58.7	1,366	87%	83.7–89.5	2,358	48%	45.3–50.6
African American	158	41%	31.4–50.6	62	89%	74.6–96.0	159	29%	19.8–41.3
Asian American	7	#	#	2	#	#	7	#	#
Native American	16	#	#	8	#	#	16	#	#
Hispanic American	340	37%	30.4–44.1	116	96%	91.4–98.4	353	21%	16.0–26.5
Place of Residence									
Rural	1,801	56%	52.9–59.0	1,054	90%	87.8–92.2	1,823	43%	40.3–45.9
Urban	735	54%	49.6–58.1	416	84%	78.2–87.8	746	50%	46.3–54.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
*As a percent of women aged 18 to 44 who take folic acid.
– Data not reported due to N < 50.



Nebraska Department of Health and Human Services: BRFSS

Figure 103
Awareness of Reason Health Experts Recommend that Women Take Folic Acid (2004+2006)

optimal level of folic acid through dietary supplements.

Daily use of vitamins or supplements containing folic acid was fairly consistent among all demographic groups in Table 27.

Awareness of Reason for Taking Folic Acid

Women aged 18 to 44 were read the following question: "Some health experts recommend that women take 400 micrograms of the B vitamin folic acid, for which one of the following reasons: To make strong bones? To prevent birth defects? To prevent high blood pressure? Some other reason?"

Overall, about one-half of the women in this age group (47 percent) were able to correctly state that health experts recommend taking folic acid to prevent birth defects (**Figure 103**). However, 25 percent gave incorrect responses ("to make strong bones," "to prevent high blood pressure," or other reasons). An additional 28 percent indicated they did not know the reason women should take folic acid.

Women who had some college or technical training (49 percent) were significantly more likely than women with a high school diploma (28 percent) or less than a high school education (22 percent) to correctly identify the reason for taking folic acid (**Table 27**). Women with college degrees (63 percent) were significantly more likely than those at each of the other educational levels to say folic acid is taken to prevent birth defects.

Significantly greater proportions of respondents with annual incomes of $50,000 or more (54 to 56 percent) correctly identified the reason for taking folic acid, compared to women living in household with incomes under $25,000 per year (33 to 34 percent correct responses).

The proportion of white women aged 18 to 44 who stated the correct reason for taking folic acid (48 percent) was significantly higher than the proportions for African American (29 percent) and Hispanic American (21 percent) women in Nebraska.

Urban women in this age group (50 percent) were significantly more likely to be aware of the reason for taking folic acid than women living in rural counties (43 percent) in Nebraska.

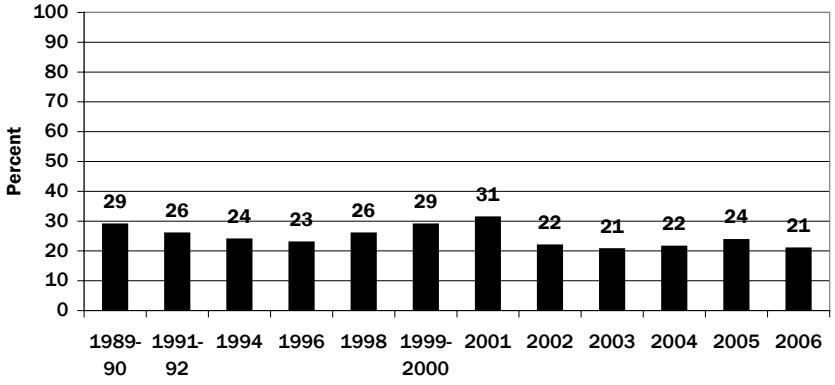
Physical Activity Levels

Regular physical activity is important at all stages of life for maintaining health, enhancing quality of life, and preventing premature death. On average, physically active people outlive those who are inactive.

According to the Surgeon General's Report on Physical Activity and Health, regular physical activity done at a moderate-intensity level can produce health benefits for people of all ages. This report points out that regular physical activity:

- Greatly reduces the risk of dying from coronary heart disease (the leading cause of death in the United States and in Nebraska);
- Decreases the risk of having a stroke;
- Reduces the risk of developing high blood pressure, diabetes and colon cancer;
- Enhances psychological well-being, combats the effects of stress, and reduces symptoms of anxiety and depression;
- Builds healthy bones, muscles, and joints;
- Increases lean muscle mass and decreases body fat;
- Aids in achieving and maintaining healthy body weight and is a key part of any weight loss effort;
- Helps older adults improve and maintain strength and agility, thus reducing falls and aiding them in maintaining an independent living status;
- Is associated with fewer hospitalizations, physician visits, and medications.

Figure 104
Trend in Physical Inactivity Among Adults (1989–2006)



Nebraska Department of Health and Human Services: BRFSS

The Surgeon General's report concludes that sedentary persons can achieve major health gains by engaging in at least 30 minutes of moderate-intensity physical activity (such as brisk walking) on five or more days of the week. Individuals who already include moderate activity in their daily lives can see additional improvement in their health and fitness levels by including at least 20 minutes of vigorous-intensity physical activity on three or more days per week.

For those who do not currently participate in any leisure-time physical activity, beginning to exercise at any level of intensity or for even small periods of time is preferable to continuing to get no exercise at all. For anyone just starting to exercise, experts agree that it is best to begin with "small steps" — starting out slowly and gradually increasing the frequency and duration of physical activity — as the key to successful behavior change.

Physically Inactive

DEFINITION

Physically Inactive: "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?"

Current Prevalence

In 2004–2006, 22 percent of Nebraska adults stated that they had not participated in any physical activities or exercise outside of their regular job in the past month (**Table 28**).

Trend over Time

The proportion of adults who were physically inactive during the month prior to the survey has varied since 1989–1990, with prevalence declining in the mid-1990s then rising to a high of 31 percent in 2001 (**Figure 104**). Since then, prevalence has ranged from 21 to 24 percent.

Table 28: Physical Activity

Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	No physical activity outside work (2004–2006)			At least moderate physical activity (moderate and/or vigorous activity) (2005 only)			Vigorous physical activity (2005 only)		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	24,956	22%	21.2–22.6	7,604	47%	45.8–48.9	7,893	25%	23.6–26.4
Gender									
Male	9,787	22%	20.6–22.8	2,982	48%	46.0–50.8	3,080	28%	26.3–30.7
Female	15,169	22%	21.2–23.0	4,622	47%	44.6–48.6	4,813	22%	20.0–23.4
Age									
18–29	2,443	18%	15.6–19.7	771	50%	45.2–54.8	788	31%	26.6–35.4
30–44	6,040	19%	18.2–20.8	1,869	52%	49.3–55.0	1,897	31%	28.8–34.0
45–64	9,531	23%	21.7–23.8	2,894	44%	42.2–46.8	2,980	21%	19.2–22.8
65+	6,942	31%	29.7–32.4	2,070	36%	33.6–38.7	2,228	11%	9.0–12.4
Education									
<High School	2,064	42%	39.0–45.6	645	27%	22.5–32.6	678	11%	7.7–14.3
High School	8,791	28%	26.8–29.6	2,601	48%	45.2–50.8	2,747	23%	20.2–25.1
Some College	7,094	20%	19.2–21.7	2,183	48%	45.7–51.3	2,256	25%	23.0–28.0
College Degree	6,974	13%	11.9–14.3	2,169	52%	48.5–54.9	2,207	31%	27.8–34.0
Income									
<$15,000	2,496	37%	34.4–40.5	770	37%	31.9–42.7	826	15%	11.1–19.0
$15,000–$24,999	4,282	34%	31.7–36.1	1,296	40%	36.1–44.6	1,351	18%	15.1–22.4
$25,000–$49,999	7,634	22%	20.5–23.0	2,336	48%	45.7–51.3	2,390	25%	22.6–27.7
$50,000–$74,999	3,794	15%	13.8–17.0	1,193	53%	48.6–57.0	1,215	29%	24.8–32.6
$75,000+	3,698	12%	10.6–14.0	1,144	55%	50.8–59.3	1,157	36%	31.8–40.6
Race									
White	23,643	20%	19.8–21.2	7,147	49%	47.1–50.4	7,413	26%	24.4–27.4
African American	1,982	35%	31.9–38.9	703	27%	22.3–32.9	731	22%	17.8–27.4
Asian American	124	32%	21.9–44.2	83*	41%	27.3–57.2	51	16%	6.5–35.4
Native American	509	32%	27.1–38.4	93	31%	19.5–44.3	98	16%	9.1–27.5
Hispanic American	2,039	41%	37.6–44.1	538	26%	21.1–31.4	556	19%	15.1–24.8
Place of Residence									
Rural	18,502	24%	23.2–24.9	5,500	48%	46.4–50.1	5,736	24%	22.0–25.2
Urban	6,454	20%	18.4–20.7	2,104	46%	43.8–48.8	2,157	26%	24.2–28.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

*Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2006	UNITED STATES BRFSS 2004–2006	UNITED STATES 2010 Target
Proportion of adults aged 18 and older who did not participate in any leisure-time physical activity in past month. (Data are not age-adjusted).	15%	22%	23%	20%

Who's at Risk in Nebraska?

Younger adults aged 18 to 29 (18 percent) and those aged 30 to 44 (19 percent) were significantly less likely than adults aged 45 and older to say they were physically inactive (**Table 28**). Nearly one-fourth of respondents aged 45 to 64 (23 percent) and 31 percent of those aged 65 and older reported being physically inactive in the past month.

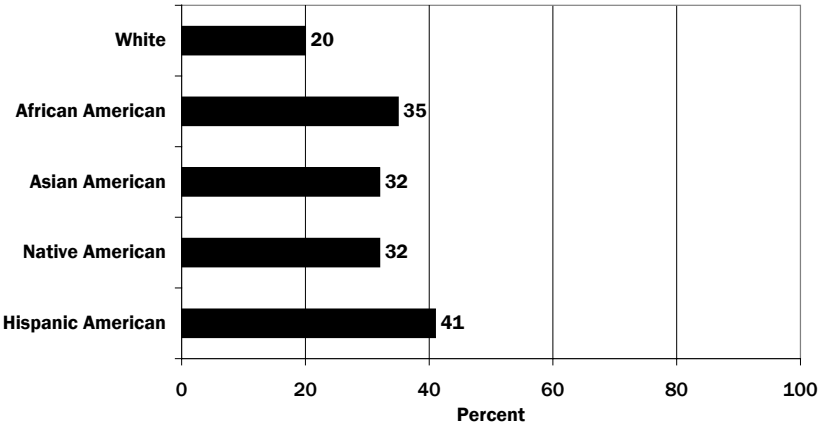
Prevalence of physical inactivity was highest among respondents with the least education. In fact, significant differences were noted between each of the educational levels reported. Among respondents with less than a high school education, 42 percent reported no leisure-time physical activity during the past month, compared to 28 percent of high school graduates. Prevalence was significantly lower among persons with some college or technical training (20 percent) and among college graduates (13 percent).

In general, persons with lower incomes were more likely than were those with higher household incomes to report getting no exercise during their leisure hours. Respondents with incomes under $25,000 per year were significantly more likely (34 to 37 percent) than those in each of the higher income categories to report being physically inactive during the past 30 days. Respondents with annual incomes of $25,000 to $49,999 (22 percent) were also significantly more likely than those earning $50,000 to $74,999 (15 percent) or $75,000 or more (12 percent) to say they were physically inactive.

Prevalence of physical inactivity outside of the workplace was significantly lower among white Nebraskans (20 percent) than among Hispanic Americans (41 percent), African Americans (35 percent), Native Americans (32 percent) and Asian Americans (32 percent) in the state (**Figure 105**).

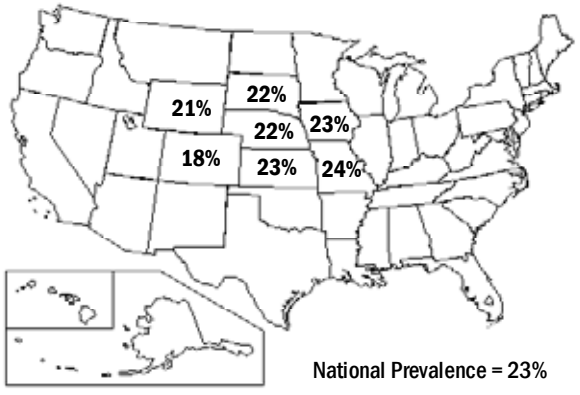
The proportion of rural Nebraskans (24 percent) who indicated they did not participate in any leisure-time physical activity was significantly higher than the proportion of urban residents (20 percent).

Figure 105
Prevalence of Physical Inactivity by Race/ Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 106
No Leisure-Time Physical Activity in Past Month, Adults Aged 18 and Older (2004–2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Nebraska and the Nation

Nationwide, 23 percent of adult Americans reported no leisure-time physical activity during the past 30 days in 2004–2006, compared to 22 percent of Nebraska adults (**Figure 106**). Compared to the six surrounding states, Nebraska ranked in the middle with South Dakota (22 percent). Missouri (24 percent), Kansas and Iowa (23 percent each) reported higher rates of physi-

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2005	BRFSS 2005	2010 Target
Proportion of adults aged 18 and older who engaged in vigorous physical activity for at least 20 minutes per day 3 or more days per week. (Data are not age-adjusted).	30%	25%	28%	30%

cal inactivity. Rates in Colorado (18 percent) and Wyoming (21 percent) were lower.

Moderate and Vigorous Physical Activity Levels

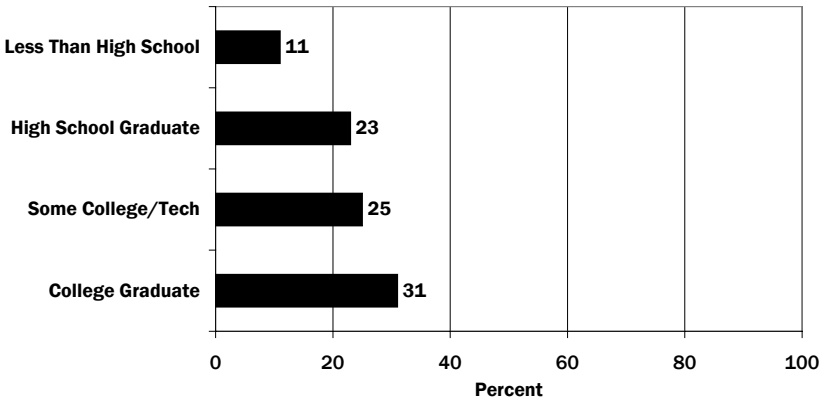
DEFINITIONS

Respondents were read an introduction to the physical activity questions that explains the difference between "vigorous" and "moderate" activities. It states that, "Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate." Examples of vigorous and moderate activities are given in the questions, with vigorous activities including "running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate." Examples of moderate exercise given are "brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate."

Meets Vigorous Physical Activity Guidelines: 20 or more minutes per day of vigorous physical activity on three or more days per week.

Meets Recommended (Moderate and/or Vigorous) Physical Activity Guidelines: 30 or more minutes per day of moderate physical activity for five or more days per week and/or 20 or more minutes per day of vigorous physical activity on three or more days per week.

Figure 107
Prevalence of Vigorous Physical Activity by Educational Level (2005)



Nebraska Department of Health and Human Services: BRFSS

Vigorous Physical Activity

Current Prevalence

In 2005, one-fourth of Nebraska BRFSS respondents aged 18 and older (25 percent) participated in activities meeting the definition for vigorous physical activity stated above (**Table 28**).

Trend over Time

Due to changes in definitions, prevalence estimates are only available for three years. Prevalence of vigorous physical activity rose from 16 percent in 2001 to 22 percent in 2003, then continued to increase to 25 percent in 2005.

Who Meets Vigorous Physical Activity Guidelines?

Men (28 percent) were significantly more likely than women (22 percent) to meet the recommended guidelines for vigorous physical activity.

Nearly one-third of adults aged 18 to 44 (31 percent) reported engaging in vigorous physical activity in a usual week. For adults aged 45 to 64, the participation rate was significantly lower (21 percent). Adults aged 65 and older reported by far the lowest rate of participation in vigorous physical activity (11 percent). This rate was significantly lower than rates for younger respondents.

College graduates (31 percent) were the group most likely to meet the guidelines for vigorous physical activity (**Figure 107**). They were significantly more likely than high school graduates (23 percent) and persons with less than a high school education (11 percent) to report vigorous physical activity in a usual week. Persons with some college or technical training (25 percent) were also significantly more likely than respondents who had not completed high school to have participated in this level of physical activity.

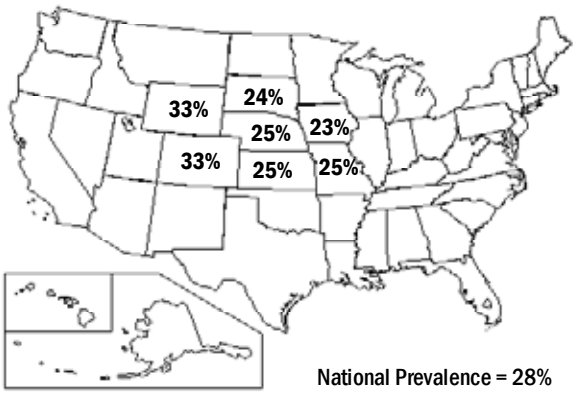
More than one-third of respondents with incomes of $75,000 or higher (36 percent) indicated that, in a usual week, they engage in the recommended level of vigorous physical activity (**Table 28**). This proportion is significantly higher than the rates reported for persons with annual incomes below $50,000. Respondents earning $25,000 to $49,999 (25 percent) or $50,000 to $74,999 (29 percent) were significantly more likely to be vigorously physically active than persons earning less than $25,000 per year (15 to 18 percent).

Although some differences were evident in vigorous physical activity participation rates by race/ethnic origin and by place of residence, these differences were not statistically significant.

Nebraska and the Nation

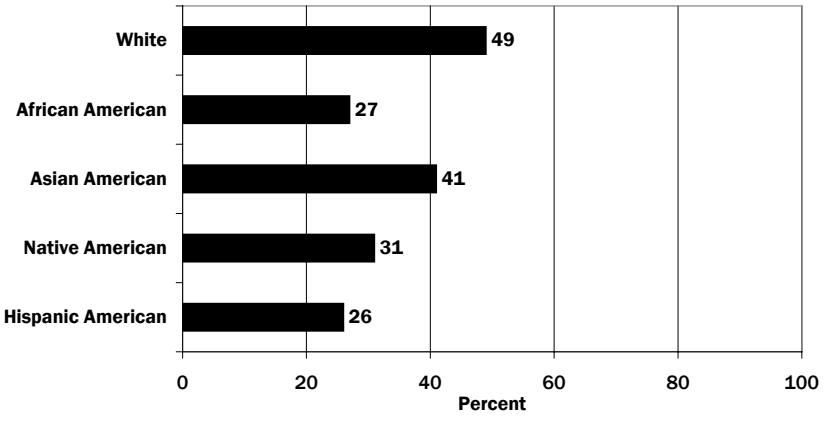
On average, 28 percent of American adults participating in the 2005 BRFSS said they participate in vigorous physical activity in a usual week (**Figure 108**). Nebraska (25 percent) ranked below the national median, as did respondents in Iowa (23 percent), South Dakota (24 percent), Kansas (25 percent), and Missouri (25 percent). Of the six surrounding states, only Colorado and Wyoming reported rates exceeding the national median (33 percent each).

Figure 108
Participation in Vigorous Physical Activity in a Usual Week, Adults Aged 18 and Older (2005)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Figure 109
Prevalence of Recommended (Moderate and/or Vigorous) Physical Activity by Race/Ethnicity (2005)



Nebraska Department of Health and Human Services: BRFSS

Recommended Moderate and/or Vigorous Physical Activity

Current Prevalence

In 2005, 47 percent of adults in Nebraska participated in activities meeting the requirements for moderate and/or vigorous physical activity, as defined above (**Table 28**).

Trend over Time

As with vigorous physical activity, prevalence estimates are only available for three years due to changes in definitions. Prevalence of moderate/vigorous physical activity rose from 34 percent in 2001 to 45 percent in 2003, then increased further to 47 percent in 2005.

Who Meets Recommended Guidelines for Moderate/Vigorous Physical Activity?

The proportion of respondents aged 65 and older (36 percent) who said they participated in moderate and/or vigorous physical activity in a usual week was significantly lower than rates for each of the younger age groups. Respondents aged 30 to 44 (52 percent) were also significantly more likely than those aged 45 to 64 (44 percent) to report engaging in this recommended level of physical activity.

Slightly more than one-fourth (27 percent) of respondents with less than a high school education reported moderate/vigorous physical activity in a usual week. Significantly greater proportions of persons with higher levels of education participated in this level of physical activity. Nearly one-half of all high school graduates and persons with some college (48 percent each) and 52 percent of college graduates said they engaged in moderate/vigorous activity in a usual week.

Respondents with incomes of $50,000 to $74,999 (53 percent) or $75,000 and above (55 percent) were significantly more likely to have participated in this level of activity than respondents with incomes under $25,000 (37 to 40 percent).

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2005	BRFSS 2005	2010 Target
Proportion of adults aged 18 and older who engaged in moderate physical activity in the past month for at least 30 minutes per day 5 or more days per week or vigorous physical activity for at least 20 minutes per day 3 or more days per week. (Data are not age-adjusted).	50%*	47%	49%	50%

*Revised Nebraska objective for 2010.

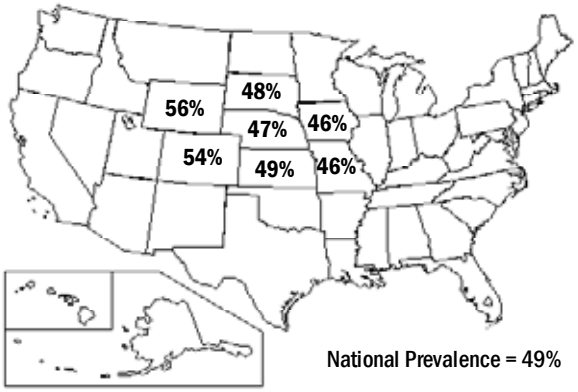
The proportion of white Nebraskans indicating participation in moderate/vigorous physical activity (49 percent) was significantly higher than proportions of Native Americans (31 percent), African Americans (27 percent) and Hispanic Americans (26 percent) (**Figure 109**).

No significant differences in prevalence of this recommended level of physical activity was found by gender or place of residence of respondents.

Nebraska and the Nation

The proportion of adult Nebraskans who reported participating in the recommended levels of moderate and/or vigorous physical activity in a usual week (47 percent) was lower than the national median of 49 percent (**Figure 110**). Of the six surrounding states, Iowa (46 percent), Missouri, (46 percent) and South Dakota (48 percent) also ranked below the national median. Kansas matched the national rate, while rates in Colorado (54 percent) and Wyoming (56 percent) exceeded it.

Figure 110
Participation in Recommended Level of Moderate/Vigorous Physical Activity in a Usual Week, Adults Aged 18+ (2005) (Data not age-adjusted)



Physical Activity at Work

In 2005, respondents who were employed or self-employed were asked, "When you are at work, which of the following best describes what you do: Mostly sitting or standing? Mostly walking? Mostly heavy labor or physically demanding work?"

Sixty percent of these respondents said that they mostly sit or stand while at work. Nearly one-fourth (24 percent) do mostly walking while at their job, while 16 percent do heavy labor or physically demanding work. To some degree, these respondents who walk or do heavy labor on the job may be meeting the physical activity guidelines recommended for good health, but it is not possible to determine to what extent from the data collected here.

When activity at work was matched with responses to the questions about physical activity levels outside of work, respondents who performed heavy labor (33 percent) were a little more likely than those who did mostly walking or primarily sitting/standing (27 percent each) to say they engaged in vigorous physical activity in their leisure time (**Table 29**).

Looking at prevalence of moderate and/or vigorous physical activity, persons who performed heavy labor (54 percent) or did a lot of walking (51 percent) as part of their job were a little more likely than those with sedentary occupations (45 percent) to report participating in the recommended moderate/vigorous activity during leisure hours.

Nebraska Department of Health and Human Services: BRFSS

Table 29: Physical Activity Levels Outside of Work vs. Physical Activity at Work

Among Employed or Self-Employed Respondents, Nebraska BRFSS (2005)

	PHYSICAL ACTIVITY OUTSIDE OF WORK		
	No Leisure-Time Physical Activity	**At Least Moderate Physical Activity (Moderate and/or Vigorous)**	**Vigorous Exercise**
Mostly Sitting/Standing	10%	45%	27%
Mostly Walking	11%	51%	27%
Mostly Heavy Labor or Physically Demanding Work	14%	54%	33%

High Blood Pressure

High blood pressure (also known as hypertension) is a major risk factor for coronary heart disease and stroke, two of the leading causes of death in Nebraska and the nation. It is defined as a condition in which blood pressure is consistently elevated (systolic pressure of 140 mm Hg or higher and/or diastolic pressure of 90 mm Hg or higher). Pre-hypertension is systolic pressure of 120–139 mm Hg, or diastolic pressure of 80-89 mm Hg.

According to the American Heart Association, an estimated 72 million Americans had high blood pressure and about 54,200 died from it in 2004. An addition 69.7 million are thought to have pre-hypertension.

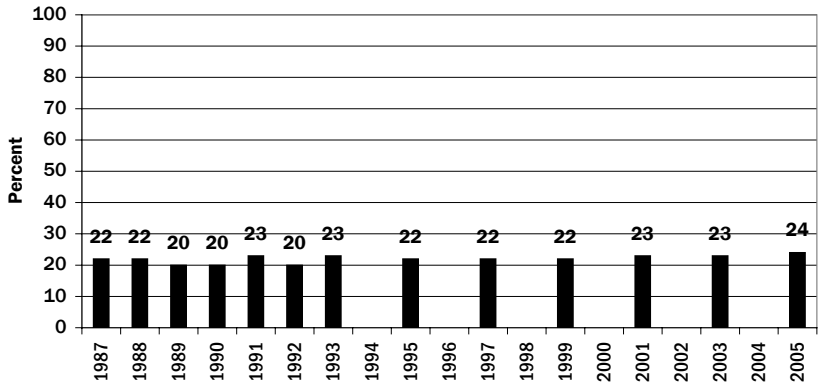
DEFINITION

Have High Blood Pressure: Respondents who reported they had ever been told by a doctor, nurse, or other health professional that they have high blood pressure.

Current Prevalence

Using this definition, 24 percent of respondents to the 2005 Nebraska BRFSS said they had been told by a health professional that their blood pressure is high (**Table 30**). An additional one percent said they were told that their blood pressure is "borderline high" or that they are "pre-hypertensive." Less than one percent of all women surveyed reported having high blood pressure only during pregnancy; they were not included in the 24 percent of respondents with hypertension.

Figure 111
Trend in Proportion of Adults Ever Told Their Blood Pressure Is High (1987–2005)



Nebraska Department of Health and Human Services: BRFSS

Trend over Time

Although the proportion of adults in Nebraska who have ever been told they have high blood pressure has not changed a great deal over time, prevalence appears to be gradually moving upward (**Figure 111**).

Who's at Risk in Nebraska?

In 2005, the proportion of men who were ever told they have high blood pressure (25 percent) was significantly higher than the proportion of women (22 percent) (**Table 30**).

Prevalence of high blood pressure increased significantly with advancing age (**Figure 112**). The proportion of 30- to 44-year-olds with hypertension (13 percent) was twice as high as the proportion among 18- to 29-year-olds (6 percent). Among respondents aged 45 to 64, 31 percent reported having hypertension. Among adults aged 65 and older, more than one-half (55 percent) had been told by a health professional that their blood pressure is high.

Respondents with a high school education or with some college or technical training (26 percent each) were significantly more likely than college graduates (21 percent) to have diagnosed hypertension (**Table 30**).

Adult Nebraskans with household incomes below $50,000 per year (25 to 29 percent) were significantly more likely to have been told they have high blood pressure than those with incomes of $75,000 or more (19 percent).

Prevalence of diagnosed high blood pressure was significantly higher among African Americans (35 percent) than among whites (24 percent) or Native Americans (19 percent) in Nebraska (**Figure 113**).

Similar proportions of rural (25 percent) and urban (23 percent) Nebraskans stated that they had been told by a doctor or other health professional that their blood pressure was high.

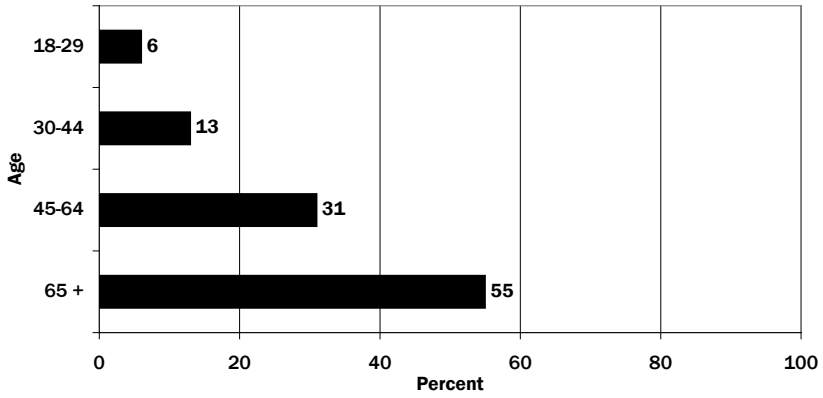
Table 30: Hypertension Screening and Awareness
Nebraska Adults, 2005 (with 95% Confidence Intervals—SUDAAN)

	EVER TOLD HAVE HIGH BLOOD PRESSURE BY HEALTH PROFESSIONAL			CURRENTLY TAKING MEDICATION FOR HIGH BLOOD PRESSURE (Among those ever told BP is high)		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Total Adults	8,265	24%	22.8–24.9	2,618	66%	60.9–70.1
Gender						
Male	3,253	25%	23.6–26.9	1,043	62%	56.7–66.6
Female	5,012	22%	21.1–23.4	1,575	73%	63.9–80.2
Age						
18–29	814	6%	4.3–9.4	43	#	#
30–44	1,962	13%	11.1–14.8	260	61%	52.4–68.1
45–64	3,123	31%	29.1–33.2	1,020	82%	79.0–85.3
65+	2,366	55%	52.5–57.4	1,295	92%	89.4–93.4
Education						
<High School	724	24%	20.7–28.0	285	68%	55.0–78.4
High School	2,899	26%	23.9–27.8	1,067	65%	57.4–71.2
Some College	2,355	26%	23.8–28.0	720	64%	58.3–68.6
College Degree	2,277	21%	18.7–22.6	542	72%	64.0–79.6
Income						
<$15,000	856	29%	25.2–34.0	379	66%	51.8–77.4
$15,000–$24,999	1,425	25%	22.3–28.5	547	65%	53.3–75.4
$25,000–$49,999	2,488	26%	23.8–27.8	752	66%	60.4–70.9
$50,000–$74,999	1,259	23%	20.1–25.4	295	67%	58.8–74.8
$75,000+	1,190	19%	16.5–22.2	251	81%	72.4–87.4
Race						
White	7,755	24%	22.6–24.7	2,501	64%	60.1–68.3
African American	744	35%	31.2–39.9	349	74%	67.6–79.0
Asian American	53	21%	10.8–36.2	12	#	#
Native American	99	19%	12.6–27.9	26	#	#
Hispanic American	561	27%	22.0–31.7	114	58%	45.3–68.9
Place of Residence						
Rural	6,044	25%	23.7–26.2	2,022	67%	61.4–72.8
Urban	2,221	23%	21.2–24.6	596	63%	56.8–67.8

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
– Data not reported due to N<50.

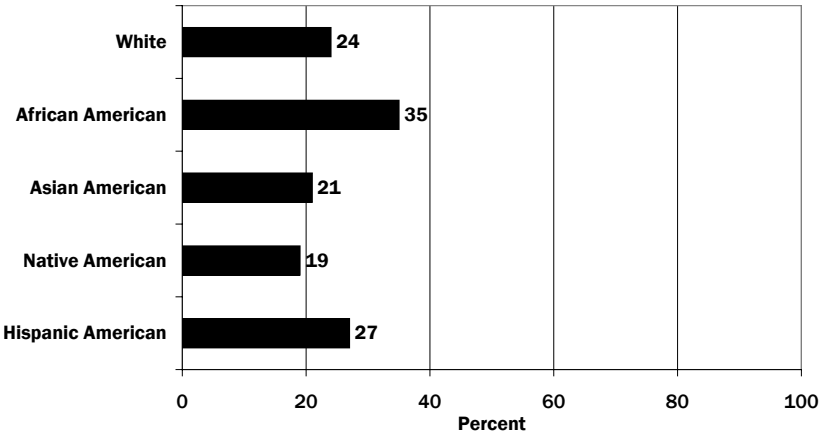
Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2005	BRFSS 2005	2010 Target
Proportion of adults aged 18 and older with high blood pressure among those who ever had it checked. (Data are not age-adjusted).	16%	24%	26%	16%

Figure 112
Adults Ever Told Their Blood Pressure Is High by Age (2005)



Nebraska Department of Health and Human Services: BRFSS

Figure 113
Adults Ever Told Their Blood Pressure Is High by Race/Ethnic Origin (2005)



Nebraska Department of Health and Human Services: BRFSS

Nebraska and the Nation
Prevalence of diagnosed hypertension was somewhat lower among Nebraska adults (24 percent) than the national median rate of 26 percent (**Figure 114**). Of the surrounding states, Colorado (20 percent) and Wyoming (23 percent) reported lower rates of hypertension. Prevalence of diagnosed high blood pressure was highest in Missouri (27 percent).

Medication for High Blood Pressure

DEFINITION

Currently Taking Medication for High Blood Pressure: "Yes" to the question, "Are you currently taking medicine for your high blood pressure?" among respondents ever told their blood pressure is high.

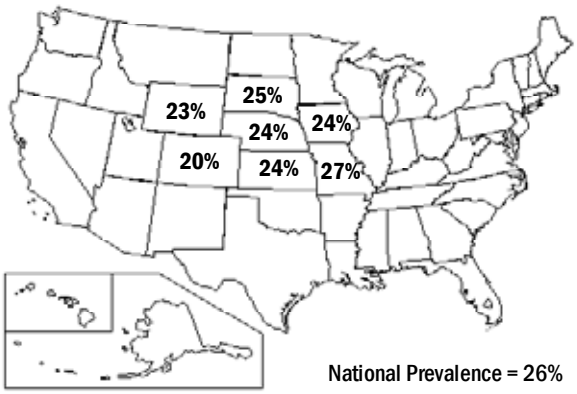
Current Prevalence
Among respondents who had ever been told by a doctor or other health professional that their blood pressure is high, 66 percent said they were currently taking medication for this condition (**Table 30**).

Who's Taking Medication for High Blood Pressure?
The proportion of respondents who were taking medication for high blood pressure rose significantly with increasing age of respondents (**Figure 115**). Among persons aged 30 to 44, 61 percent were taking drugs for this condition, compared to eight out of ten 45- to 64-year-olds. Nine out of ten (92 percent) respondents aged 65 and older who had hypertension reported taking medication for it.

No significant differences in proportion of respondents taking medication for their high blood pressure were found by gender, education, income, place of residence, or race/ethnicity of respondents.

Figure 114

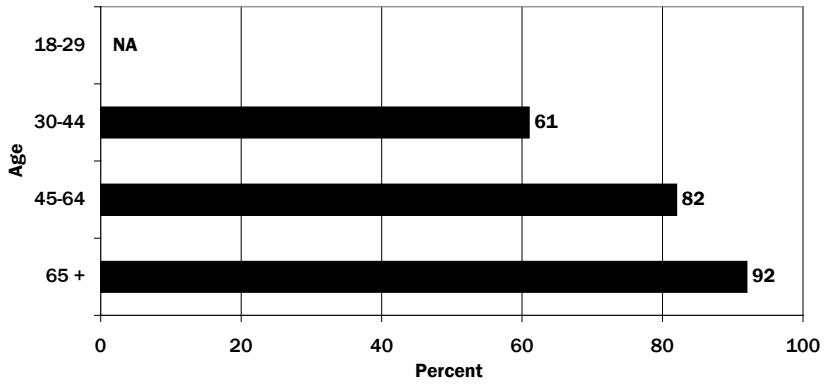
Adults Who Were Ever Told Their Blood Pressure Was High (2005)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Figure 115

Adults Currently Taking Medication for High Blood Pressure* by Age (2005)



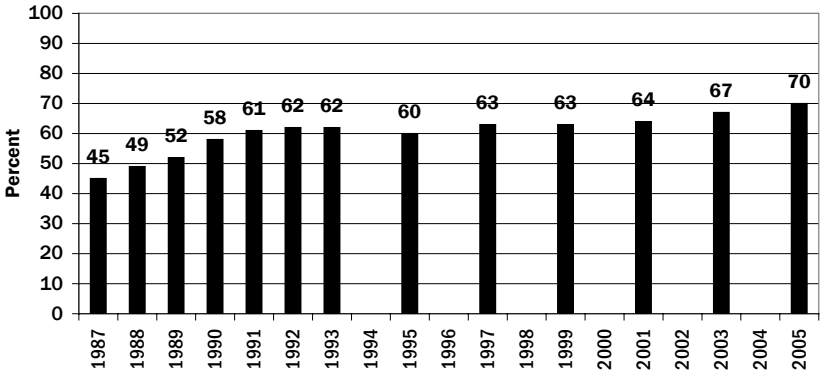
*Among adults ever told they have high blood pressure.
Nebraska Department of Health and Human Services: BRFSS

Cholesterol Screening

High blood cholesterol is a major risk factor for coronary heart disease. Persons with elevated blood cholesterol levels (total cholesterol of 200 mg/dL or higher) are at increased risk of developing coronary artery disease. However, studies have shown that even a small reduction in cholesterol level can be effective in lowering risk.

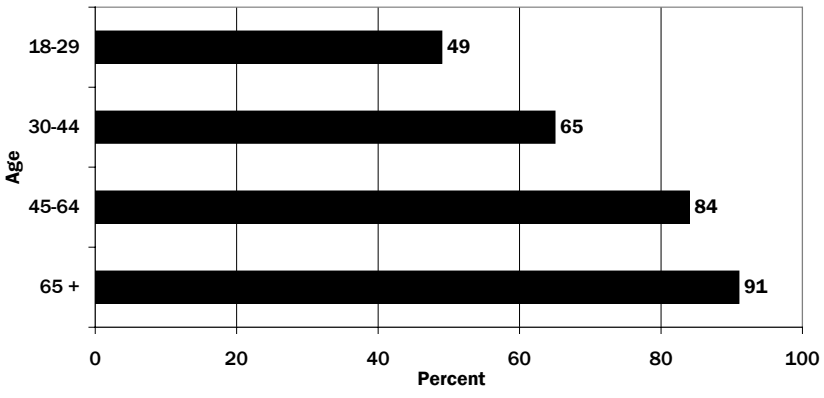
In 2004, an estimated 105 million Americans had blood cholesterol levels of 200 mg/dL or higher, according to the American Heart Association. The National Cholesterol Education Program recommends that blood cholesterol levels be checked at least once every five years in healthy adults aged 20 and older. For those with elevated readings, recommended lifestyle changes include a diet low in saturated fat and cholesterol, increasing physical activity, and losing excess weight. For many people with high cholesterol, diet and exercise alone are enough to bring it down to a satisfactory level. For the remainder, cholesterol-lowering drugs are available that may be effective in reducing cholesterol levels.

Figure 116
Trend in Proportion of Respondents Who Had Cholesterol Screening in Past Five Years (1987–2005)



Nebraska Department of Health and Human Services: BRFSS

Figure 117
Proportion of Respondents Who Had Cholesterol Screening in Past Five Years by Age (2005)



Nebraska Department of Health and Human Services: BRFSS

Ever Checked / Checked Within Last Five Years

DEFINITIONS

Ever Checked: "Yes" to the question, "Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?"

Checked Within the Last Five Years: Respondents whose replies to the question, "About how long has it been since you last had your blood cholesterol checked?" indicate testing within the last five years.

Current Prevalence

Three-fourths of respondents in the 2005 BRFSS (75 percent) stated they had at some time had their blood cholesterol level checked. Thus, one-fourth of adult Nebraskans (25 percent) were at risk since they had never had their cholesterol level checked (**Table 31**).

Most of the survey respondents (70 percent) said they had their blood cholesterol level tested within the past five years.

Trend over Time

The proportion of Nebraska adults who had a blood cholesterol test done in the past five years has increased substantially since 1987 when fewer than one-half (45 percent) reported having this screening done in the five years prior to the study (**Figure 116**). Prevalence of cholesterol testing rose steadily between 1987 and 1991, then leveled off at 60 to 62 percent through 1995. Since

Table 31: Cholesterol Screening and Awareness

Nebraska Adults, 2005 (with 95% Confidence Intervals—SUDAAN)

	NEVER HAD CHOLESTEROL CHECKED			HAD CHOLESTEROL CHECKED IN PAST 5 YEARS (AS % OF TOTAL RESPONDENTS)			EVER TOLD BY HEALTH PROFESSIONAL THAT CHOLESTEROL IS HIGH		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
Total Adults	8,113	25%	23.7–26.4	7,984	70%	68.8–71.6	6,557	31%	29.5–32.7
Gender									
Male	3,196	28%	25.7–29.8	3,162	67%	64.8–69.2	2,507	33%	30.8–35.5
Female	4,917	22%	20.6–24.0	4,822	73%	71.5–75.1	4,050	29%	27.0–31.3
Age									
18–29	770	47%	42.5–52.0	762	49%	44.4–53.9	352	12%	8.0–16.5
30–44	1,929	28%	25.9–31.0	1,911	65%	61.9–67.3	1,357	22%	19.8–25.3
45–64	3,098	11%	9.4–12.1	3,067	84%	82.4–85.6	2,722	43%	40.3–45.0
65+	2,316	6%	5.1–7.4	2,244	91%	89.3–92.2	2,126	51%	48.3–53.5
Education									
<High School	700	45%	39.5–50.7	680	53%	47.0–58.1	490	33%	27.2–40.1
High School	2,844	32%	28.6–34.7	2,787	63%	60.8–66.0	2,221	34%	31.0–37.0
Some College	2,308	23%	20.6–25.3	2,281	72%	69.7–74.6	1,883	32%	28.8–34.4
College Degree	2,251	17%	14.0–19.6	2,227	78%	75.2–81.0	1,956	30%	26.4–34.5
Income									
<$15,000	835	31%	26.4–36.8	808	62%	56.6–67.4	658	40%	34.0–47.3
$15,000–$24,999	1,389	35%	31.4–39.6	1,362	60%	55.3–63.7	1,055	30%	26.6–34.7
$25,000–$49,999	2,450	28%	25.2–30.2	2,423	68%	65.4–70.6	1,945	33%	30.0–35.6
$50,000–$74,999	1,251	23%	20.3–26.1	1,246	71%	67.4–73.9	1,040	33%	27.9–38.4
$75,000+	1,180	13%	9.8–17.0	1,172	83%	78.8–86.4	1,058	28%	23.1–34.0
Race									
White	7,909	24%	22.6–25.3	7,733	70%	68.9–71.8	6,452	31%	29.1–32.6
African American	1,826	19%	16.6–22.6	1,682	62%	58.5–65.5	1,489	27%	23.5–30.5
Asian American	112	31%	21.0–42.2	97	50%	37.9–63.0	67	22%	11.6–36.9
Native American	473	30%	24.8–36.4	352	84%	78.0–88.9	320	28%	22.2–34.0
Hispanic American	1,905	29%	25.8–31.5	1,609	44%	40.4–46.8	1,172	22%	18.3–25.1
Place of Residence									
Rural	5,934	28%	26.8–30.1	5,827	66%	34.5–67.8	4,733	32%	29.5–33.5
Urban	2,179	22%	19.6–23.8	2,157	74%	71.9–76.3	1,824	31%	28.2–33.2

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2005	BRFSS 2005	2010 Target
Proportion of adults aged 18 and older who had blood cholesterol level checked in past 5 years. (Data are not age-adjusted).	80%	70%	73%	80%

then, prevalence has increased to the 2005 rate of 70 percent.

Who's Received Screening in the Past Five Years in Nebraska?

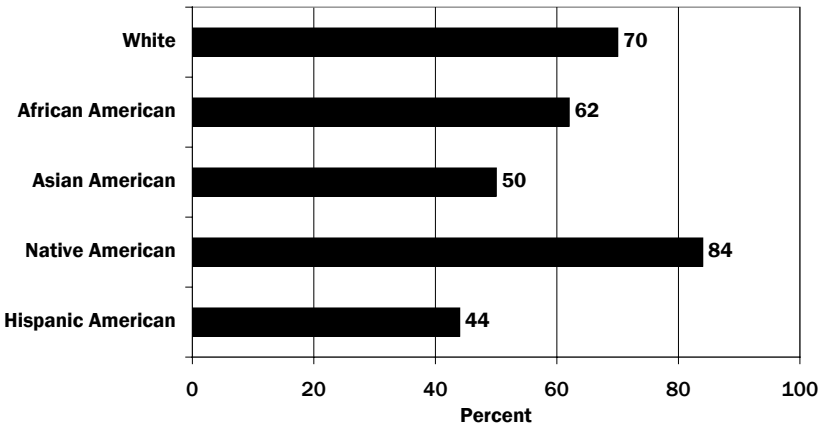
Nebraska women (73 percent) were significantly more likely than men in the state (67 percent) to indicate they had their cholesterol level checked within the past five years (**Table 31**).

Differences were found in prevalence of screening among all age groups, with older respondents significantly more likely than younger ones to say that they had this testing done in the past five years (**Figure 117**). About one-half of respondents aged 18 to 29 (49 percent) and 65 percent of those aged 30 to 44 years reported this testing. The proportion was significantly higher among respondents aged 45 to 64 (84 percent) and those aged 65 and older (91 percent).

Prevalence of cholesterol screening increased significantly with increasing education from a low of 53 percent for persons with less than a high school education to 78 percent for those with a college degree (**Table 31**).

The proportion of respondents who had their cholesterol levels checked in the past five years was significantly higher for those with incomes of $75,000 or more per year (83 percent) than for persons in all lower income brackets.

Figure 118
Proportion of Respondents Who Had Cholesterol Screening in Past Five Years by Race/Ethnicity (2005)



Nebraska Department of Health and Human Services: BRFSS

A significantly greater proportion of Native Americans (84 percent) reported having a cholesterol check in the past five years, compared to all other racial ethnic groups in the state in 2005 (**Figure 118**). White Nebraskans (70 percent) were significantly more likely than African Americans (62 percent), Asian Americans (50 percent), and Hispanic Americans (44 percent) to have had their cholesterol tested during the last five years. African Americans were also significantly more likely than Hispanic Nebraskans to indicate they had this screening within the stated time period.

Three-fourths of urban adults (74 percent) had their cholesterol level checked in the past five years, compared to two-thirds of rural residents (66 percent)—a significant difference (**Table 31**).

Ever Told Cholesterol Is High

DEFINITION

Ever Told Cholesterol Is High: Respondents who have ever had their blood cholesterol checked and were told it was high by a doctor, nurse, or other health professional.

Current Prevalence

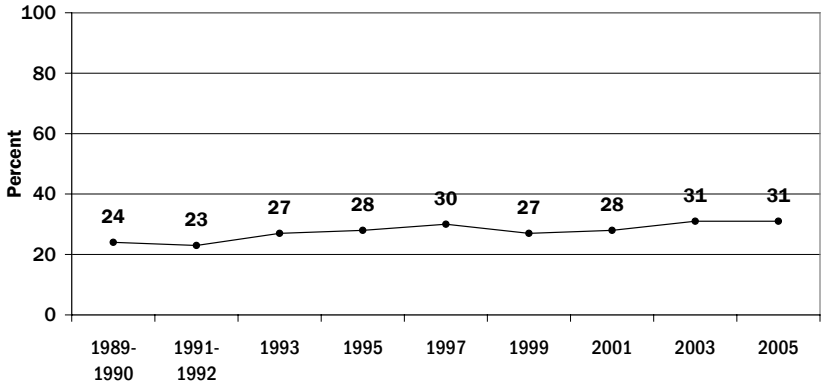
Among respondents who reported ever having their blood cholesterol level checked, 31 percent said their doctor or other health professional told them it was high.

Trend over Time

The proportion of respondents who had ever been told their cholesterol level is high has increased somewhat since the 1989–1990 BRFSS (**Figure 119**), when 24 percent of those who had the screening done were told it was high. The proportion with high blood cholesterol levels has been the highest in the 2003 and 2005 studies (31 percent each).

Figure 119

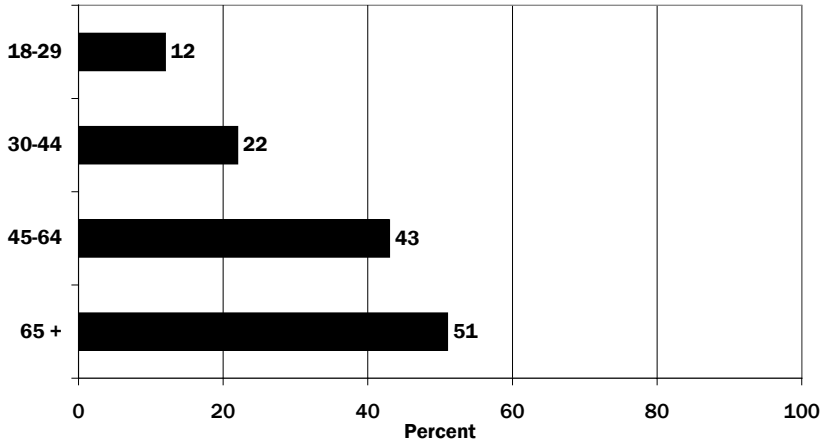
Trend in Proportion of Respondents Who Have Been Told Their Cholesterol Is High (1989–2005)



Nebraska Department of Health and Human Services: BRFSS

Figure 120

Respondents Ever Told Their Cholesterol Is High by Age (2005)



Nebraska Department of Health and Human Services: BRFSS

Who's at Risk in Nebraska?

The proportion of men who had ever been told their cholesterol level was high (33 percent) was somewhat greater than the proportion of women (29 percent), but the difference was not significant.

The proportion of respondents who were told they have elevated blood cholesterol levels increased significantly with advancing age for the age brackets shown (**Figure 120**). Only 12 percent of young adults aged 18 to 29 reported high cholesterol, compared to 22 percent of adults aged 30 to 44. More than four of every ten respondents in the 45-to-64 age group (43 percent) and one-half of all respondents aged 65 and older (51 percent) had been told by a health professional that their blood cholesterol was elevated.

White Nebraskans (31 percent) were significantly more likely than Hispanic Nebraskans (22 percent) to ever have been told they had high cholesterol (**Table 31**). Other differences by race were not significant.

No significant differences in prevalence of high blood cholesterol level were evident by educational level, household income, or place of residence of respondents.

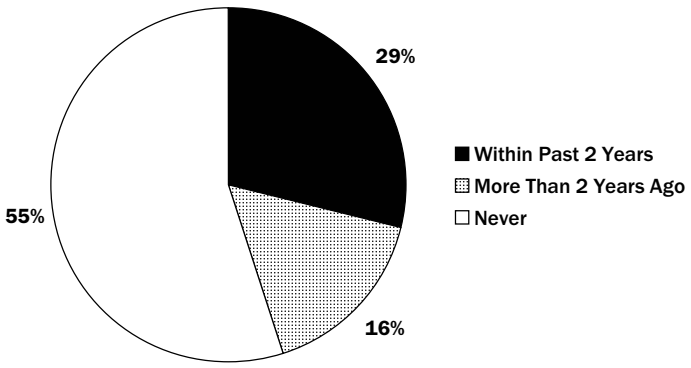
Colorectal Cancer Screening

Colorectal cancer is the second leading cause of cancer deaths in Nebraska, accounting for 357 deaths in 2004. Risk factors for colorectal cancer include: increasing age, personal or family history of colorectal cancer or polyps, personal or family history of inflammatory bowel disease, physical inactivity, obesity, high alcohol consumption, and cigarette smoking.

Since about three-fourths of all colorectal cancer occurs in people with no known risk factors, regular screening is important. Screening guidelines published by the American Cancer Society state that screening for asymptomatic persons with no personal or family history of colorectal cancer or related conditions should begin at age 50. Recommended screening methods include: either fecal occult blood testing annually, flexible sigmoidoscopy every five years, colonoscopy every ten years, double contrast barium enema every five years, or some combination of these approaches. In addition, guidelines advise that high-risk individuals begin screening before age 50, increase the frequency of screening, or both.

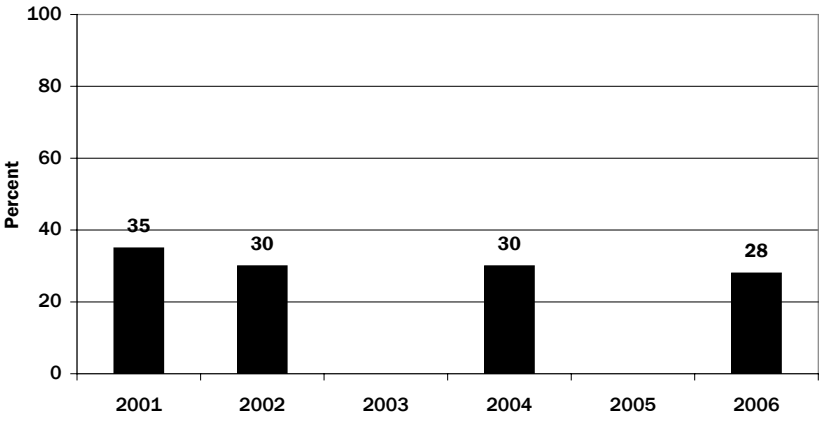
Only respondents who were 50 years of age or older were asked questions about blood stool testing and sigmoidoscopy/colonoscopy.

Figure 121
When Respondent Had Last Blood Stool Test Respondents Aged 50 or Older (2004 + 2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 122
Trend in Proportion of Adults Aged 50+ Who Had Blood Stool Test in Past Two Years (2001–2006)



Nebraska Department of Health and Human Services: BRFSS

Blood Stool Testing

DEFINITION

Ever Had a Blood Stool Test: "Yes" to the question, "A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?"

Current Prevalence

Of all respondents aged 50 and older in the 2004 and 2006 BRFSS, 46 percent reported ever having a blood stool test, using a home kit.

Of adults in this age group, 29 percent stated that they had this test done within the past two years (**Figure 121**). Sixteen percent had a blood stool test done more than two years ago. The remaining 55 percent had never had this screening done.

Trend over Time

The proportion of adults aged 50 and older who reported having a blood stool test in the two years prior to the survey has decreased somewhat from 35 percent in 2001 to 28 percent in 2006 (**Figure 122**).

Table 32: Colorectal Cancer Screening
Nebraska Adults Aged 50 and Older, 2004+2006 (with 95% Confidence Intervals—SUDAAN)

	HAD A HOME BLOOD STOOL TEST IN PAST TWO YEARS			EVER HAD A SIGMOIDOSCOPY OR COLONOSCOPY		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Adults Aged 50+	9,005	29%	26.7–29.1	9,079	48%	46.4–49.1
Gender						
Male	3,400	27%	24.8–28.5	3,408	46%	43.5–47.7
Female	5,605	29%	27.8–30.9	5,671	50%	48.2–51.6
Age						
50–64	4,606	24%	22.6–25.8	4,608	43%	41.0–44.7
65+	4,399	34%	32.7–36.3	4,471	56%	54.6–58.2
Education						
<High School	809	18%	14.5–23.0	817	36%	31.0–42.2
High School	3,624	26%	24.2–28.0	3,649	44%	41.4–45.7
Some College	2,414	30%	27.4–32.0	2,438	49%	46.9–51.9
College Degree	2,143	32%	29.4–34.5	2,159	55%	52.5–57.8
Income						
<$15,000	1,104	21%	17.2–24.2	1,114	41%	36.5–45.3
$15,000–$24,999	1,768	25%	22.6–28.3	1,775	41%	37.7–44.3
$25,000–$49,999	2,662	27%	25.0–29.1	2,673	45%	43.0–47.8
$50,000–$74,999	1,074	33%	29.8–37.0	1,077	51%	47.4–54.7
$75,000+	1,083	33%	29.2–37.0	1,087	56%	52.0–60.0
Race						
White	8,772	28%	26.7–29.2	8,848	48%	46.5–49.2
African American	669	28%	23.5–32.6	380	49%	43.4–54.4
Asian American	17	#	#	18	#	#
Native American	157	20%	12.9–29.9	157	36%	26.0–46.3
Hispanic American	336	14%	10.7–19.3	338	33%	26.6–39.3
Place of Residence						
Rural	7,024	25%	24.1–26.7	7,081	43%	41.6–44.5
Urban	1,981	32%	29.4–33.9	1,998	54%	51.8–56.7

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
– Data not reported due to N<50.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004+2006	UNITED STATES BRFSS 2004+2006	UNITED STATES 2010 Target
Proportion of adults aged 50+ who had blood stool test in past 2 years (as % of total). (Data not age-adjusted).	50%	29%	25%	50%

Who Has Received This Screening in the Past Two Years?

Men (27 percent) and women (29 percent) were about equally likely to say they had a blood stool test in the preceding two years (**Table 32**).

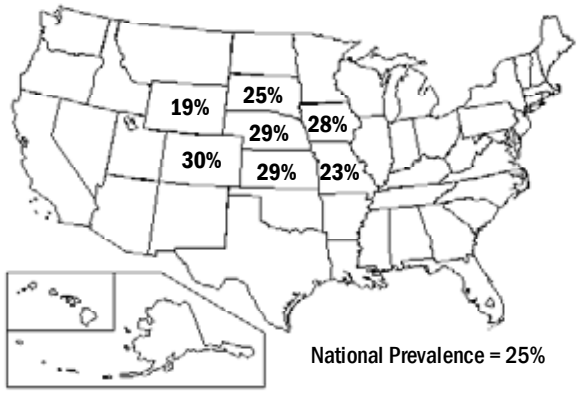
A significantly greater proportion of adults aged 65 and older (34 percent) stated they had used a home kit to test for blood in the stools in the last two years, compared to adults aged 50 to 64 (24 percent).

Prevalence of blood stool testing increased with increasing levels of education. The proportion of respondents with less than a high school education who had a blood stool test in the last two years (18 percent) was significantly smaller than the proportions for persons with all additional levels of education. College graduates (32 percent) were also significantly more likely than high school graduates (26 percent) to have had this test in the specified time period.

Adults aged 50 and older with annual incomes of $50,000 or more (33 percent) were significantly more likely than those with incomes below $50,000 per year to report having a blood stool test in the past two years.

White (28 percent) and African American (28 percent) respondents in the 50-and-older age group were significantly more likely than Hispanic Americans (14 percent) to say they had this screening within the previous two years.

Figure 123
Had Blood Stool Test in Past Two Years
Adults Aged 50 or Older
(2004+2006)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

The proportion of urban residents who indicated they had a blood stool test in the last two years (32 percent) was significantly greater than the proportion reported by rural Nebraskans (25 percent).

Nebraska and the Nation

Nationwide, 25 percent of adults aged 50 and older participating in the 2004 and 2006 studies (combined) reported having a blood stool test in the past two years (**Figure 123**). Prevalence of this screening was higher than the national median in Nebraska (29 percent), Iowa (28 percent), Kansas (29 percent) and Colorado (30 percent). Rates were lower in Wyoming (19 percent) and Missouri (23 percent).

Sigmoidoscopy or Colonoscopy Exams

DEFINITION

Ever Had a Sigmoidoscopy or Colonoscopy: "Yes" to the question, "Sigmoidoscopy and colonoscopy are exams in which a tube is inserted into the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?"

Current Prevalence

Nearly one-half of persons aged 50 and older responding to the 2004 and 2006 Nebraska BRFSS (48 percent) reported ever having a sigmoidoscopy or colonoscopy (**Table 32**).

One-fourth of all adults aged 50 and older (26 percent) had their last sigmoidoscopy or colonoscopy within the last two years (**Figure 124**). Fourteen percent reported last having this exam between two and five years ago, while nine percent said it had been five years or more since they had a sigmoidoscopy or colonoscopy. About one-half of all respondents (51 percent) had never had either of these examinations.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004+2006	UNITED STATES BRFSS 2004+2006	UNITED STATES 2010 Target
Proportion of adults aged 50+ who ever had sigmoidoscopy or colonoscopy. (Data not age-adjusted).	50%	49%	55%	50%

Trend over Time

The proportion of respondents who ever had one of these tests increased from 38 percent in the 2001 study to 51 percent in 2006 (**Figure 125**).

Who Has Received Screening?

Women (50 percent) were significantly more likely than men (46 percent) to report ever having a sigmoidoscopy or colonoscopy (**Table 32**).

A significantly greater proportion of respondents aged 65 and older (56 percent) indicated they ever had either of these tests, compared to those aged 50 to 64 (43 percent).

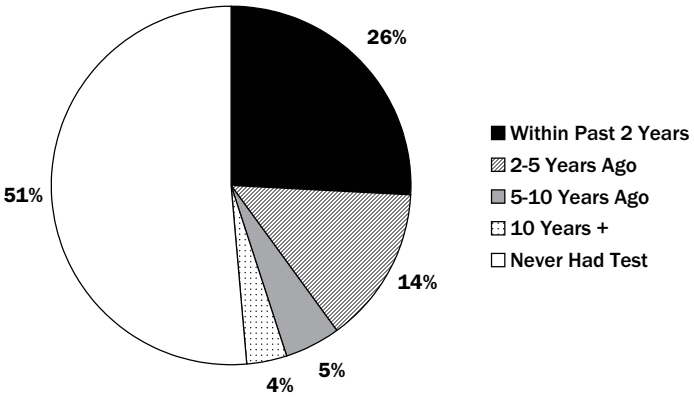
Respondents with a college degree (55 percent) or some college/technical school (49 percent) were significantly more likely than high school graduates (44 percent) or respondents who had not completed high school (36 percent) to say they ever had these tests.

A significantly greater proportion of persons with annual household incomes of $50,000 or more (51 to 56 percent) stated they ever had either of these tests, compared to those with incomes below $25,000 (41 percent).

White Nebraskans aged 50 and older (48 percent) were significantly more likely than Native Americans (36 percent) or Hispanic Americans (33 percent) in this age group to report having a colonoscopy or sigmoidoscopy (**Figure 126**). African Americans (49 percent) were also significantly more likely than Hispanic Nebraskans to have had these exams.

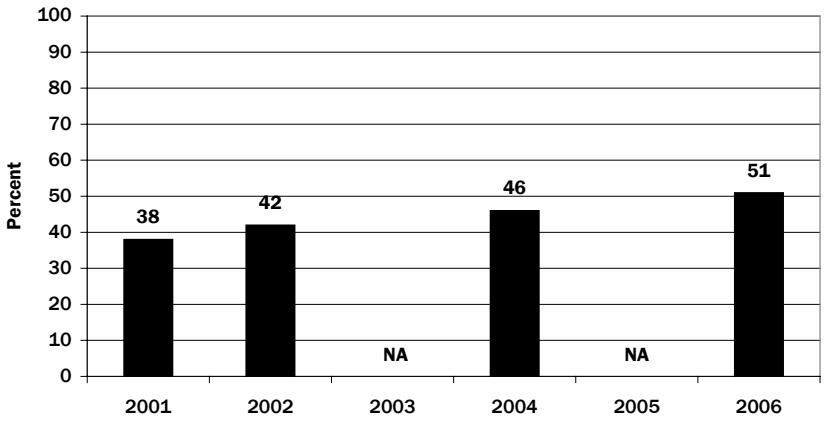
Prevalence of this testing was significantly higher among urban Nebraskans (54 percent) than among residents of rural counties (43 percent).

Figure 124
Time Since Last Sigmoidoscopy or Colonoscopy, Respondents Aged 50+ (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 125
Trend in Proportion of Adults Aged 50+ Who Ever Had Sigmoidoscopy or Colonoscopy (2001–2006)



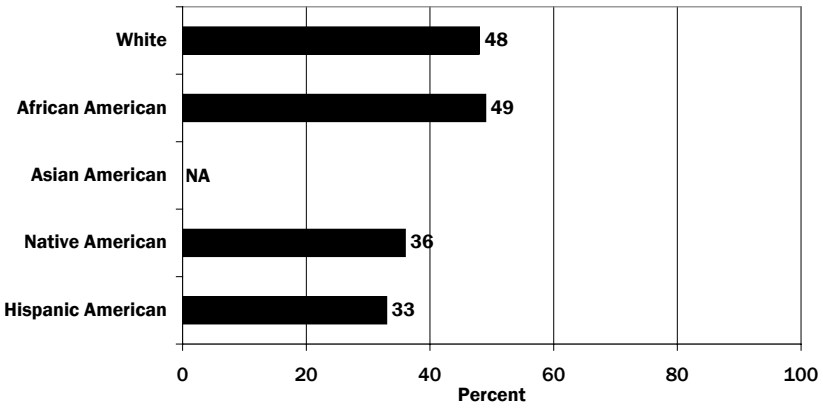
Nebraska Department of Health and Human Services: BRFSS

Nebraska and the Nation

In 2004–2006, Nebraska (49 percent) ranked well below the national median (55 percent) in proportion of adults aged 50 and older who ever had a sigmoidoscopy or colonoscopy exam (**Figure 127**). The Nebraska rate was also lower than rates for each of the surrounding states, where prevalence ranged from 51 percent for Wyoming to 55 percent for Missouri.

Figure 126

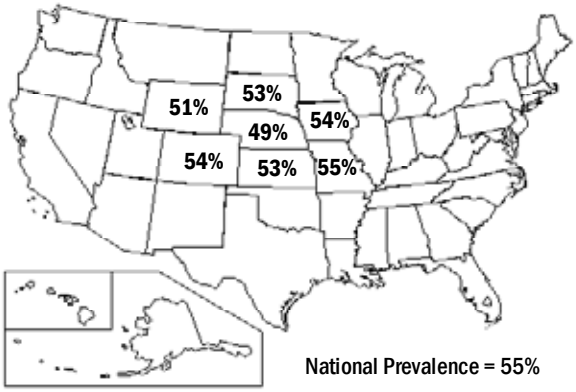
Proportion of Adults Aged 50+ Who Ever Had Sigmoidoscopy or Colonoscopy by Race/Ethnicity (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 127

Ever Had a Sigmoidoscopy or Colonoscopy, Adults Aged 50 or Older (2004+2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Prostate Cancer Screening

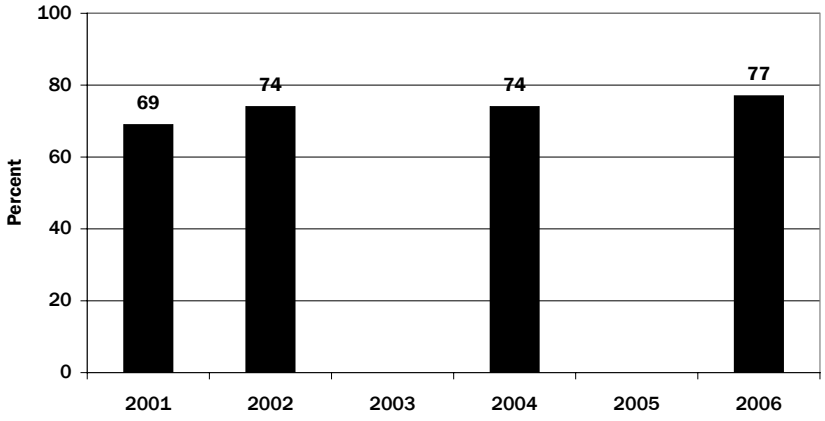
Prostate cancer is the most commonly diagnosed form of cancer (other than skin cancer) among males in the United States. It is estimated that more than 218,890 new cases of prostate cancer will be diagnosed in the U.S. in 2007. Although deaths due to prostate cancer have been declining in recent years, this disease is expected to result in 27,050 deaths nationwide in 2007.

The American Cancer Society estimates that there will be 1,260 new cases of prostate cancer diagnosed and 170 deaths due to this form of cancer in Nebraska in 2007.

There has been a lack of consensus about the usefulness of prostate cancer screening. Two methods are commonly used. The digital rectal exam (DRE) has been used for years as a screening test, but its ability to detect prostate cancer is limited. The prostate-specific antigen (PSA) test measures the level of PSA in the blood. The level of PSA can rise naturally as men age or if prostate abnormalities are present.

Currently, the American Cancer Society recommends that the PSA test and the digital rectal exam be offered annually, beginning at age 50, to men who have a life expectancy of at least 10 years. Men at high risk (African American men and men with a strong family history of prostate cancer at an early age) should begin testing at age 45. Information should be provided about the benefits and limitations of early detection and treatment of prostate cancer so that men can make an informed decision about testing.

Figure 128
Trend in Proportion of Men Aged 50+ Who Ever Had Prostate-Specific Antigen Test (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Prostate-Specific Antigen (PSA) Testing

DEFINITION

Ever Had a PSA Test: "Yes" to the question, "A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. Have you ever had a PSA test?"

In 2004 and 2006, men aged 40 and older were asked questions about prostate cancer screening. However, since screening guidelines refer primarily to men aged 50 and older, data for this age group will generally be presented here.

Current Prevalence

Overall, 75 percent of men aged 50 and older in the combined 2004 and 2006 Nebraska BRFSS reported ever having a PSA test (**Table 33**).

Trend over Time

The proportion of men in this age group who reported ever having a PSA test increased from 69 percent in 2001 to 77 percent in 2006 (**Figure 128**).

Who Has Ever Had the PSA Test?

A significantly greater proportion of men aged 65 and older (86 percent) ever had this screening for prostate cancer, compared to men aged 50 to 64 years (69 percent) **(Table 33)**.

Men with college degrees (83 percent) or some college or technical training (77 percent) were significantly more likely to have ever had a PSA test than men with less education. High school graduates (69 percent) were also significantly more likely than respondents who had not completed high school (53 percent) to indicate they ever had this screening.

The PSA screening rate for Nebraska men aged 50 and older with annual household incomes of $75,000 or more (86 percent) was significantly higher than rates for those with lower

Table 33: Men's Health: Prostate Cancer Screening
Nebraska Men 50 and Older, 2004+2006 (with 95% Confidence Intervals—SUDAAN)

	EVER HAD A PSA BLOOD TEST			HAD A PSA BLOOD TEST IN PAST YEAR			EVER HAD A DIGITAL RECTAL EXAM			HAD A DIGITAL RECTAL EXAM IN PAST YEAR		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
Males Aged 50+	3,345	75%	72.9–76.7	3,299	54%	51.6–55.9	3,417	82%	80.1–83.4	3,371	46%	44.0–48.2
Age												
50–64	1,835	69%	65.9–71.3	1,821	47%	43.9–49.7	1,881	79%	77.0–81.6	1,861	41%	38.6–44.3
65+	1,510	86%	83.4–87.8	1,478	66%	63.0–68.9	1,536	86%	84.0–88.1	1,510	54%	51.2–57.3
Education												
<High School	325	53%	44.4–60.9	315	36%	29.0–44.0	331	63%	53.5–70.8	324	36%	28.0–44.2
High School	1,292	69%	65.6–72.4	1,271	51%	47.3–54.5	1,326	78%	74.6–80.7	1,305	41%	38.0–44.8
Some College	800	77%	73.4–80.6	791	54%	50.0–58.2	818	82%	78.5–85.1	808	45%	40.8–49.2
College Degree	922	83%	80.2–85.9	916	62%	57.9–65.6	936	89%	86.3–91.3	929	55%	51.4–59.3
Income												
<$15,000	286	54%	46.2–62.2	286	32%	26.0–39.3	299	69%	61.4–76.5	294	28%	21.6–34.5
$15,000–$24,999	584	62%	56.0–67.3	572	43%	37.3–48.6	596	67%	61.4–72.8	584	33%	28.1–38.1
$25,000–$49,999	1,102	73%	69.3–76.2	1,090	53%	48.8–56.2	1,128	82%	79.0–85.0	1,118	49%	45.0–52.3
$50,000–$74,999	504	78%	73.2–81.3	501	56%	51.1–61.2	515	84%	80.4–87.7	512	50%	44.7–54.7
$75,000+	573	86%	81.9–88.7	567	66%	61.0–70.2	579	89%	85.6–92.1	574	55%	49.3–59.8
Race												
White	3,241	75%	73.5–77.3	3,241	75%	73.5–77.3	3,312	83%	81.0–84.2	3,268	46%	44.0–48.3
African American	212	65%	55.7–74.1	208	40%	31.3–49.9	219	74%	64.7–82.1	216	37%	28.2–46.2
Asian American	10	#	#	10	#	#	10	#	#	10	#	#
Native American	62*	54%	38.0–69.6	62*	54%	38.0–69.6	52	72%	53.6–85.6	52	41%	26.5–58.1
Hispanic American	134	52%	40.2–63.4	132	36%	26.2–47.2	139	60%	49.6–70.4	137	28%	19.8–38.6
Place of Residence												
Rural	2,592	74%	71.6–75.8	2,551	53%	50.5–55.2	2,649	80%	78.0–81.8	2,613	44%	41.6–46.3
Urban	753	76%	72.8–79.7	748	55%	51.1–59.0	768	84%	81.3–87.2	758	49%	45.4–53.3

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
– Data not reported due to N < 50.
* Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

incomes. Rates for men with incomes of $25,000 to $74,999 (73 to 78 percent) were significantly higher than rates for men with incomes below $25,000 per year (54 to 62 percent).

White men in Nebraska reported a significantly higher PSA screening rate (75 percent) than Native Americans (54 percent) and Hispanic Americans (52 percent) in 2004–2006. Among African Americans, 65 percent said they ever had a prostate-specific antigen test.

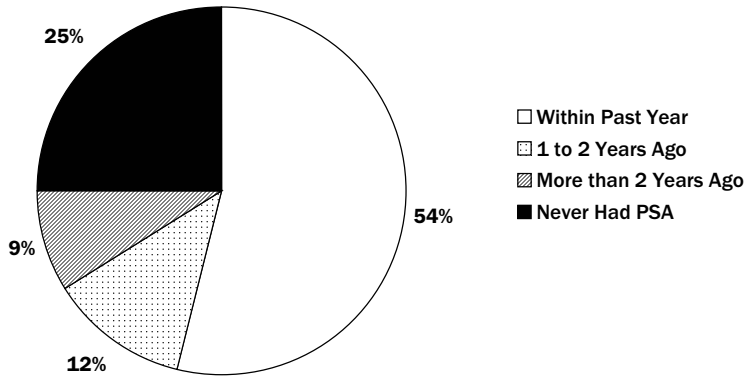
Urban (76 percent) and rural (74 percent) male residents of Nebraska were about equally likely to state they ever had a PSA test to check for prostate cancer.

Last PSA Test

Current Prevalence

More than one-half of all male respondents aged 50 and older (54 percent) reported having a PSA test in the last 12 months (**Figure 129**). Twelve percent had this test one to two years ago, while it had been more than two years ago for nine percent. One-fourth of the men in this age group (25 percent) stated they had never had a PSA test to screen for possible prostate cancer.

Figure 129
Last Prostate-Specific Antigen Test
Men Aged 50+
(2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Trends by age, education, income, race/ethnicity, and place of residence for men having their last PSA test in the past year were similar to those reported for men ever having a PSA test.

Digital Rectal Examination (DRE)

DEFINITION

Ever Had a Digital Rectal Exam: "Yes" to the question, "A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. Have you ever had a digital rectal exam?"

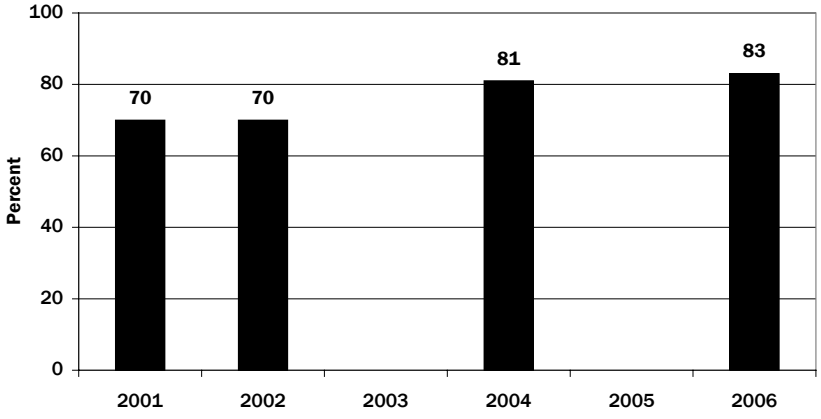
Current Prevalence

Eight out of ten men aged 50 and older (82 percent) in the 2004 and 2006 BRFSS (combined) reported ever having a digital rectal exam (**Table 33**).

Trend over Time

The proportion of men in this age group who ever had a DRE increased from 70 percent in 2001 and 2002 to 83 percent in 2006 (**Figure 130**).

Figure 130
Trend in Proportion of Men Aged 50+ Who Ever Had Digital Rectal Exam
(2001–2006)



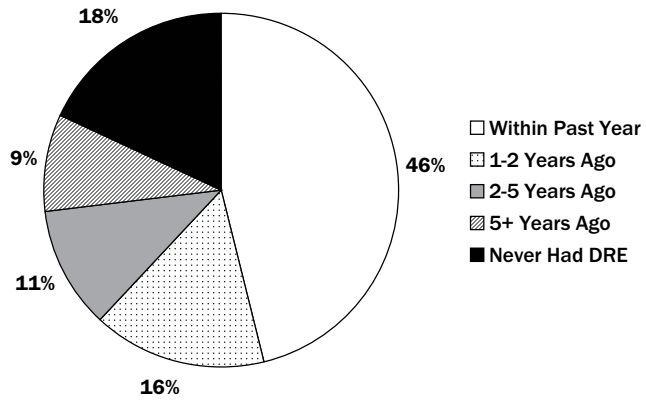
Nebraska Department of Health and Human Services: BRFSS

Who Has Ever Had a DRE?

A significantly greater proportion of men aged 65 and over (86 percent) indicated they ever had a DRE, compared to men aged 50 to 64 (79 percent) (**Table 33**).

College graduates (89 percent) were significantly more likely than men with less education to report ever having a DRE. Men with less than a high school education (63 percent) were significantly less likely than high school graduates (78 percent), men with some college (82 percent) or college degrees to have ever had this exam.

Men with higher household incomes were also significantly more likely than those with lower annual incomes to indicate they ever had a DRE. Among respondents with incomes of $75,000 or more, 89 percent ever had this exam. In contrast, only 67 to 69 percent of men with incomes below $25,000 said they ever had this screening for prostate cancer.



Nebraska Department of Health and Human Services: BRFSS

Figure 131
Last Digital Rectal Exam (DRE) Men Aged 50+ (2004+2006)

The proportion of white men aged 50 and older who ever had a DRE (83 percent) was significantly greater than the corresponding proportion of Hispanic men in this age group (60 percent) in Nebraska.

The proportions of men aged 50 and older who ever had this exam were not significantly different in rural (80 percent) and urban (84 percent) counties in Nebraska.

Last DRE

Current Prevalence

Less than one-half of all male respondents aged 50 and older (46 percent) said they had a DRE within the past year (**Figure 131**). One-fourth (27 percent) stated they had this exam between 1 and 5 years ago, while 9 percent said it had been 5 or more years ago. Eighteen percent indicated they never had a digital rectal examination.

Trends by age, education, income, race/ethnicity, and place of residence of respondents were similar to those noted for men aged 50 or older ever having a DRE.

Ever Told Have Prostate Cancer

In 2004 and 2006, men aged 40 and older were asked, "Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?" Four percent of respondents stated they did have prostate cancer.

Prevalence of diagnosed prostate cancer was significantly higher among men aged 65 and older (13 percent) than among men aged 50 to 64 (1 percent). Less than one percent of men aged 40 to 44 reported ever being told they have prostate cancer.

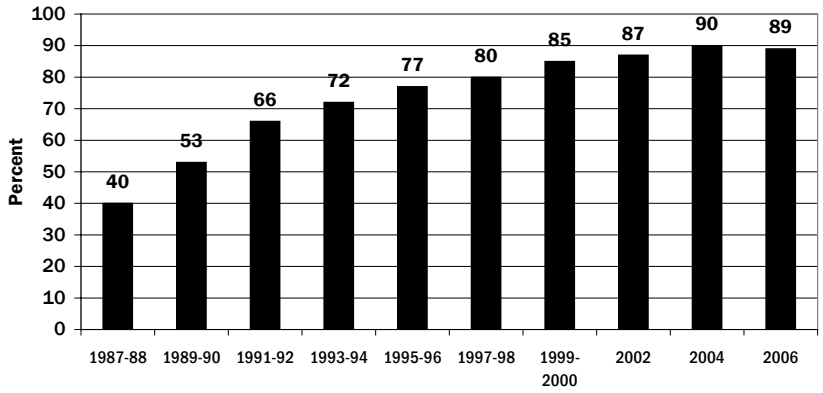
Women's Health

Breast Cancer

Breast cancer is the most frequently diagnosed cancer among women in the United States and in Nebraska. Breast cancer ranks second only to lung cancer as a cause of cancer deaths among women. In Nebraska, this disease caused the deaths of 248 women in 2004.

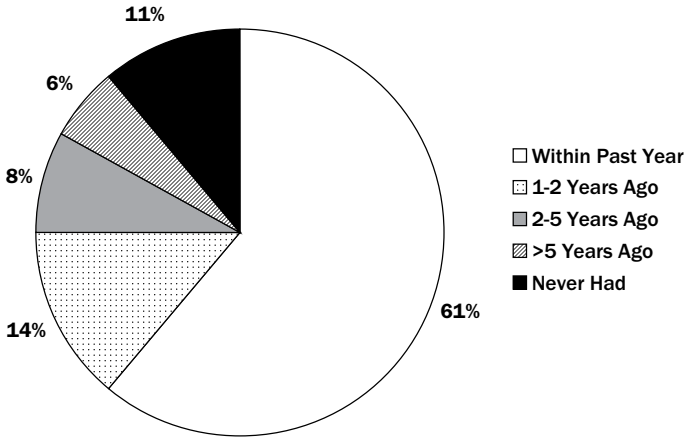
According to the American Cancer Society, mammography is very valuable as an early detection tool because it can identify breast cancer at an early stage, usually before physical symptoms develop. Studies have shown that early detection saves lives and increases treatment options.

Figure 132
Trend in Proportion of Women Aged 40+ Who Ever Had a Mammogram (1987–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 133
Time Since Last Mammogram, Women Aged 40+ (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

The American Cancer Society recommends yearly mammograms starting at age 40. Clinical breast examinations should also be done annually for women aged 40 and older and every three years for women in their twenties and thirties. All women should perform monthly breast self-examinations.

Ever Had a Mammogram

DEFINITION

Ever Had a Mammogram: Women in the survey were read a statement describing a mammogram as "an x-ray of each breast to look for breast cancer." They were then asked if they "ever had a mammogram."

Current Prevalence

The majority of women aged 40 and older (89 percent) in 2004 and 2006 (combined) reported ever having a mammogram. However, 11 percent were at risk because they never had this recommended screening.

Trend over Time

The proportion of Nebraska women aged 40 and older who ever had a mammogram has more than doubled since 1987–1988 when only 40 percent said they ever had this screening performed (**Figure 132**).

Had Mammogram in the Past Year

Current Prevalence

In 2004–2006, 61 percent of all female respondents aged 40 and over had a mammogram at some time within the past year (**Figure 133**). An additional 14 percent had this exam between one and two years ago. Thus, 75 percent of women in the target age group had received a mammogram within the past two years. Eight percent reported having this screening between two and five years ago, while it had been five years or longer for 6 percent of respondents. Eleven percent had never had a mammogram.

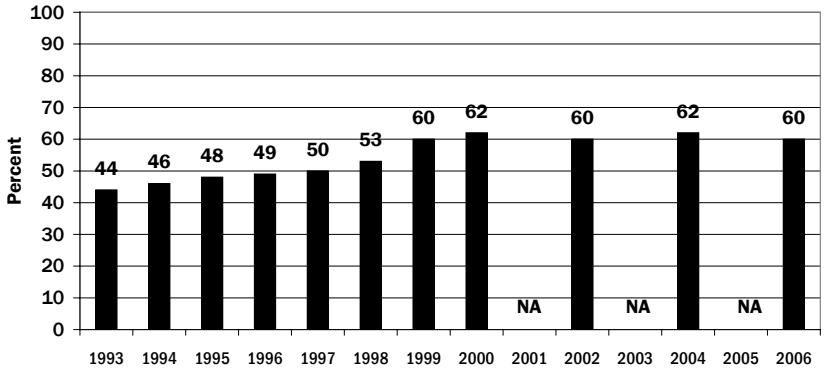
Table 34: Women's Health: Breast Cancer Screening
Nebraska Women, 2004+2006 (with 95% Confidence Intervals—SUDAAN)

	Had a mammogram in past year (women aged 40+)			Had clinical breast exam in past year (women aged 18+)		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Females Aged 40+	7,536	61%	58.9–62.9	9,916	66%	64.8–67.5
Age						
18–29	--	--	--	979	67%	63.0–71.0
30–44	--	--	--	2,379	69%	66.6–71.1
40–44	900	45%	41.3–49.3	--	--	--
45–64	3,717	66%	63.9–67.6	3,699	70%	68.6–72.2
65+	2,919	61%	58.9–63.3	2,859	58%	55.3–59.8
Education						
<High School	584	54%	46.3–62.5	756	55%	49.4–59.9
High School	2,898	57%	53.8–61.0	3,447	59%	56.7–61.9
Some College	2,198	60%	56.5–63.5	2,961	65%	62.9–67.6
College Degree	1,845	68%	64.9–71.7	2,739	75%	72.3–77.7
Income						
<$15,000	947	47%	41.7–52.5	1,142	53%	48.0–57.5
$15,000–$24,999	1,424	54%	48.2–58.8	1,817	58%	54.6–61.6
$25,000–$49,999	2,135	58%	54.5–61.5	2,948	65%	62.9–67.9
$50,000–$74,999	934	67%	61.7–71.6	1,398	75%	71.2–78.7
$75,000+	896	71%	66.3–75.7	1,250	74%	69.6–77.4
Race						
White	7,322	61%	58.8–63.0	9,498	67%	65.5–68.3
African American	618	61%	54.2–68.0	833	69%	64.0–73.0
Asian American	14	#	#	79*	50%	33.2–66.0
Native American	154	46%	32.6–60.3	272	53%	44.5–60.6
Hispanic American	352	55%	47.3–62.4	854	54%	48.3–58.4
Place of Residence						
Rural	5,792	57%	54.6–59.2	7,445	63%	61.7–64.9
Urban	1,744	66%	62.9–70.0	2,471	70%	67.4–72.0

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
* Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.
# – Data not reported due to N<50.

Figure 134

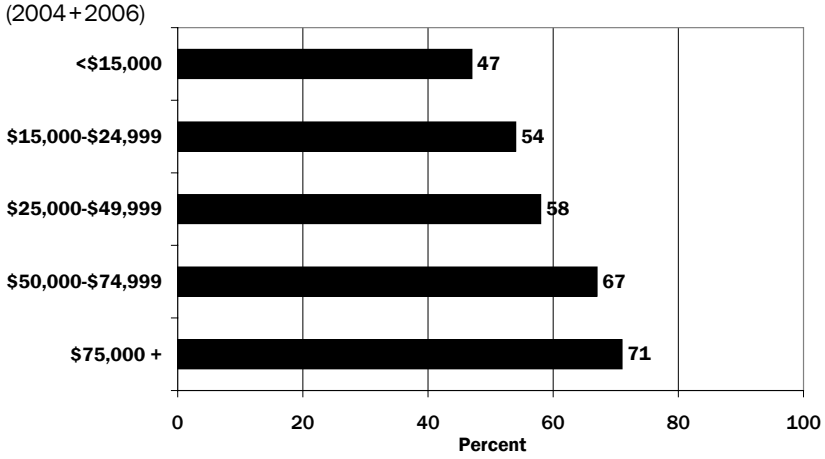
Trend in Proportion of Women Aged 40+ Who Had Mammogram in Past Year (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 135

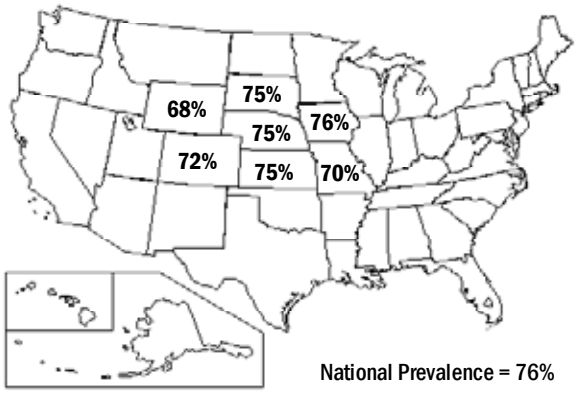
Women Aged 40+ Who Had Mammogram in Past Year by Household Income (2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 136

Had Mammogram in Past Two Years, Women Aged 40 and Older (2004+2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Trend over Time

The proportion of women in this age group who have had a mammogram in the last 12 months increased considerably between 1993 and 1999, moving from 44 percent in 1993 to 60 percent in 1999 (**Figure 134**). Since then, the proportion has remained at 60 to 62 percent each year.

Who Has Received Screening?

Two-thirds of women aged 45 to 64 (66 percent) reported having a mammogram in the past 12 months—a significantly greater screening rate than that recorded for older or younger women (**Table 34**). Among women aged 65 and older, 61 percent had a mammogram in the last year. This rate is significantly greater than the rate for women aged 40 to 44 (45 percent).

Women with college degrees (68 percent) were significantly more likely than women with less education to have had this screening in the past year. Screening rates for women with lower levels of education ranged from 54 percent for those with less than a high school education to 60 percent for women with some college or technical training.

Women aged 40 and older with household incomes of $50,000 or more (67 to 71 percent) were significantly more likely than those with incomes under $15,000 per year (47 percent) and incomes of $15,000 to $49,999 (54 to 58 percent) to indicate they had a mammogram in the past 12 months (**Figure 135**).

Women living in urban counties in Nebraska (66 percent) were significantly more likely than those living in rural counties in the state (57 percent) to report having a mammogram in the last year (**Table 34**).

Although some differences were found in proportion of women aged 40 and older receiving mammograms in the past year by race and ethnic origin, none of these differences were significant.

Nebraska and the Nation

The proportion of women aged 40 and older who had a mammogram in the past two years was one percentage point lower in Nebraska (75 percent), compared to the national median of 76 percent (**Figure 136**). Of the surrounding states, only Iowa (76 percent) matched the national median, followed by Kansas, South Dakota, and Nebraska (all with 75 percent). Screening prevalence was quite a bit lower in Colorado (72 per-

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004+2006	UNITED STATES BRFSS 2004+2006	UNITED STATES 2010 Target
Proportion of women aged 40+ who had a mammogram in the past 2 years. (Data not age-adjusted).	75%	75%	76%	70%

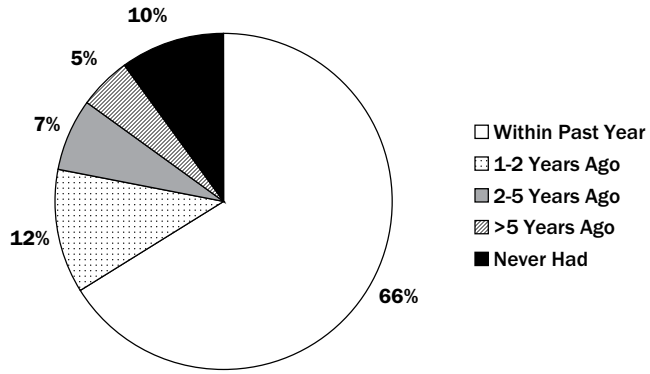
cent), Missouri (70 percent), and Wyoming (68 percent).

Clinical Breast Exams

DEFINITION

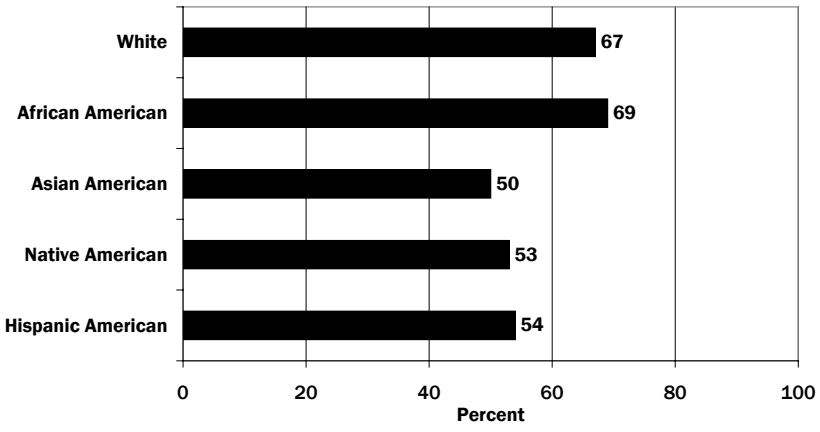
Women in this survey were read the following description of a clinical breast exam: "A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps." They were then asked if they ever had a clinical breast exam.

Figure 137
Time Since Last Clinical Breast Exam
Women Aged 18+
(2004+2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 138
Women Aged 18+ Who Had CBE* in Past Year by Race/Ethnic Origin (2004+2006)



*CBE = Clinical Breast Examination
Nebraska Department of Health and Human Services: BRFSS

Current Prevalence
Ninety percent of women aged 18 or older in the 2004 and 2006 Nebraska BRFSS (90 percent) said they had at some time had a clinical breast examination (CBE).

Two-thirds of female respondents aged 18 and older (66 percent) reported having a CBE in the last 12 months (**Figure 137**). An additional 12 percent had this exam one to two years ago, while 7 percent indicated it had been two to five years since their last CBE. Five percent said it had been five years or more since they had this exam.

Trend over Time
The proportion of women aged 18 and over who stated they had a CBE in the past year decreased to 64 percent in 2006 from 68 percent each in 2002 and 2004.

Who Has Received Screening?
The proportion of women aged 65 and older who had their last CBE within the past 12 months (58 percent) was significantly lower than the proportion of younger women (67 to 70 percent) (**Table 34**).

Women with some college or technical training (65 percent) or college degrees (75 percent) were significantly more likely than women with high school diplomas (59 percent) or less than a high school education (55 percent) to have a CBE in the past year. College graduates were also significantly more likely than women with some college to have had this exam in the specified time period.

The proportion of women who had a CBE in the past year increased significantly with increasing household income. Three-fourths of respondents with incomes of $50,000 or more said they had this screening in the past year, compared to 65 percent of those with incomes in the middle range ($25,000 to $49,999) and 53 to 58 percent of women with incomes below $25,000.

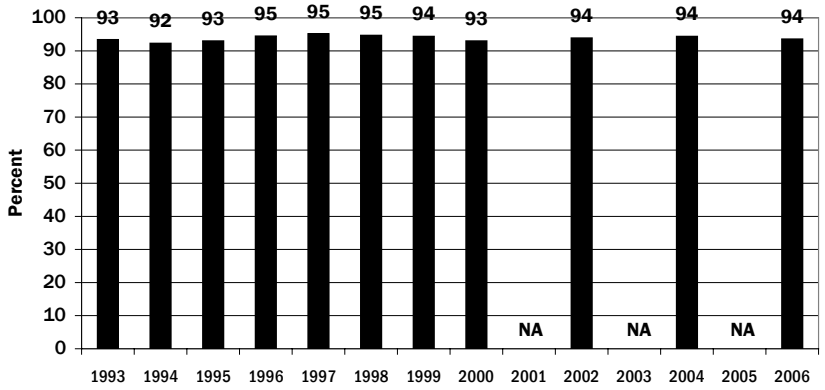
African American (69 percent) and white (67 percent) women were significantly more likely than Hispanic (54 percent) and Native American (53 percent) women to report they had a CBE in the last 12 months (**Figure 138**).

Urban women (70 percent) were significantly more likely than rural women (63 percent) to indicate they had a CBE during the 12 months preceding the survey (**Table 34**).

Cervical Cancer

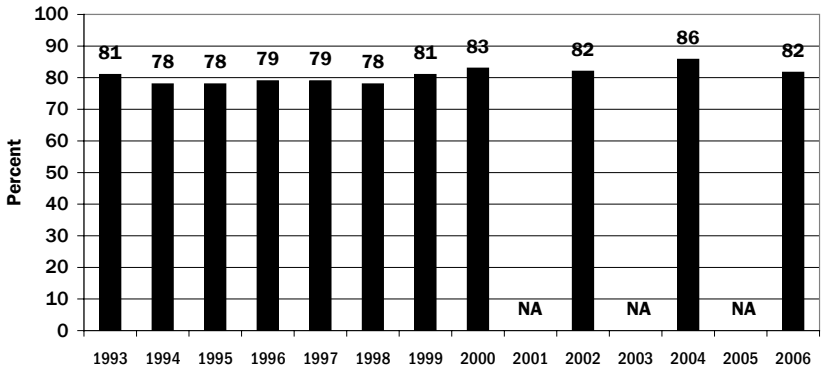
Pap tests are used to detect cervical cancer in women. Early cervical pre-cancers or cancers often have no signs or symptoms, so it is important for women to have regular Pap tests. The American Cancer Society recommends that women who are, or have been, sexually active or who have reached 21 years of age should have a Pap test performed annually, along with a pelvic exam. At or after age 30 and after three or more consecutive annual exams with normal results, the Pap test may be performed less frequently at the discretion of the physician.

Figure 139
Trend in Proportion of Women Aged 18+ Who Ever Had Pap Test (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 140
Trend in Proportion of Women Aged 18+ Who Had Pap Test in Past 3 Years (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Ever Had a Pap Test

DEFINITION

Female respondents were read this description of a Pap test: "A Pap test is a test for cancer of the cervix." They were then asked if they "ever had a Pap test."

Current Prevalence

Among women aged 18 and older, 94 percent in the 2004 and 2006 BRFSS reported having a Pap test at some time in their lives (**Table 35**).

Trend over Time

The proportion of women who ever had a Pap test has varied little since 1993 (**Figure 139**), ranging from 92 to 95 percent.

Had a Pap Test in the Past Three Years

Current Prevalence

The majority of women participating in the 2004–2006 BRFSS (85 percent) reported that they had this test performed within the past three years (**Table 35**).

Trend over Time

The proportion of women aged 18 and older who had a Pap test in the last three years has surpassed 80 percent since 1999 (**Figure 140**).

Who Has Received Screening in the Past Three Years?

The proportion of women aged 18 and older who reported having a Pap test in the past three years decreased significantly with advancing age bracket of respondent (**Figure 141**). The screening rate was significantly higher for women aged 18 to 29 (97 percent) than for older women. More than nine out of ten women aged 30 to 44 (92 percent) had this exam, compared to 83 percent of those in the 45-to-64 age group and 60 percent of women aged 65 and older.

The screening rate for college graduates (88 percent) was significantly higher than rates for women at each of the lower educational levels, where rates ranged from 81 percent for high school graduates to 85 percent for women who had technical training or some college (**Table 35**).

Table 35: Women's Health: Pap Test
Nebraska Women Aged 18 and Older, 2004+2006 (with 95% Confidence Intervals—SUDAAN)

	EVER HAD A PAP TEST			HAD A PAP TEST IN PAST 3 YEARS		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
Adult Females	10,039	94%	93.5–95.1	9,468	85%	84.1–85.7
Age						
18–29	981	91%	88.3–92.9	883	97%	95.0–98.2
30–44	2,382	99%	98.1–99.1	2,334	92%	90.4–93.1
45–64	3,728	99%	98.2–99.1	3,644	83%	81.0–84.0
65+	2,948	92%	90.2–92.8	2,607	60%	57.9–62.5
Education						
<High School	771	88%	84.1–90.7	654	82%	78.8–85.4
High School	3,508	94%	92.2–95.3	3,292	81%	79.5–82.8
Some College	2,986	95%	93.7–96.2	2,839	85%	83.2–86.2
College Degree	2,760	97%	95.6–98.1	2,674	88%	86.9–89.9
Income						
<$15,000	1,162	93%	90.1–94.6	1,051	75%	70.8–78.2
$15,000–$24,999	1,837	95%	93.6–96.3	1,711	82%	79.9–83.9
$25,000–$49,999	2,966	95%	93.0–96.2	2,840	85%	83.8–86.6
$50,000–$74,999	1,407	98%	95.0–99.5	1,393	88%	84.4–90.3
$75,000+	1,255	95%	91.4–96.7	1,231	88%	84.9–90.4
Race						
White	9,619	95%	93.6–95.4	9,088	85%	83.9–85.5
African American	844	94%	91.8–96.3	791	91%	88.2–92.5
Asian American	79*	89%	79.2–94.3	66	93%	83.2–97.1
Native American	276	92%	84.5–95.7	256	87%	80.6–92.0
Hispanic American	866	91%	88.4–93.5	794	90%	86.0–92.6
Place of Residence						
Rural	7,543	94%	93.2–95.1	7,082	83%	81.8–83.8
Urban	2,496	95%	93.0–95.8	2,386	88%	86.2–88.8

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

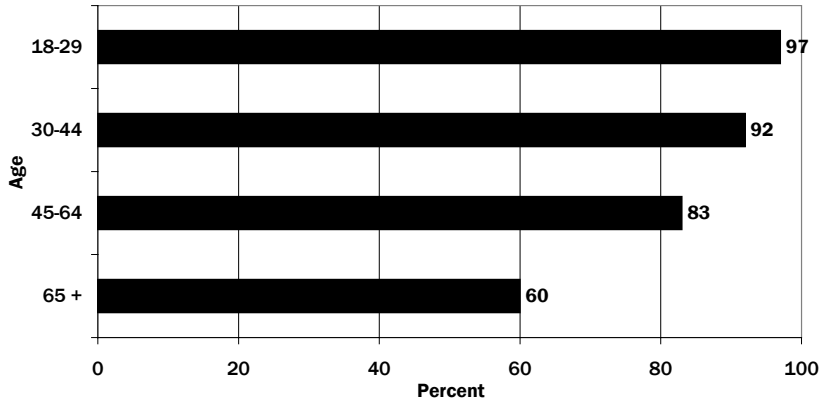
– Data not reported due to N<50.

* Includes respondents from "minority" and "regular" BRFSS due to <50 respondents to question in "minority" sample.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004+2006	UNITED STATES BRFSS 2004+2006	UNITED STATES 2010 Target
Proportion of women aged 18+ who had a Pap test in the past 3 years. (Data not age-adjusted).	90%	84%	85%	90%

Figure 141

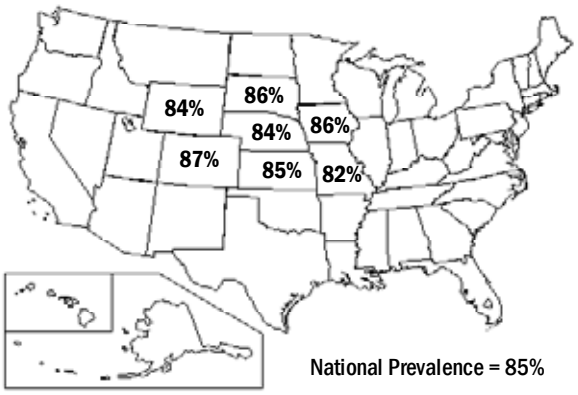
Proportion of Women Who Had Pap Test in Past 3 Years by Age of Respondent (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 142

Had Pap Test in Past 3 Years, Women Aged 18+ (2004+2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

The proportion of women in the upper income brackets ($50,000 and above) who had a Pap test in the past three years (88 percent) was significantly higher than the proportion reported for women with household incomes of less than $25,000 per year.

Significantly greater proportions of African American (91 percent) and Hispanic American (90 percent) women had Pap tests in the past three years, compared to white women (85 percent) in Nebraska.

Women living in urban counties in Nebraska (88 percent) were significantly more likely than those living in rural areas (83 percent) to have had a Pap test in the last three years.

Nebraska and the Nation

The proportion of women aged 18 and older who had a Pap test in the past three years was slightly lower in Nebraska (84 percent) than the 2004–2006 national median of 85 percent (**Figure 142**). Of the six surrounding states, only Wyoming (84 percent), Missouri (82 percent), and Nebraska reported rates below the national median. The screening rate was highest in Colorado (87 percent).

Family Planning

Unplanned pregnancy rates in the United States have declined in recent years. Still, about one-half of all pregnancies nationwide are unintended. (Unintended pregnancies are those not wanted at the time of conception or not wanted at all).

Consequences of an unplanned pregnancy can be serious and costly. Socially, the costs can be measured in unintended births, reduced educational attainment and employment opportunity, greater welfare dependency, and increased potential for child abuse and neglect. Medically, an unintended pregnancy is serious in terms of a lost opportunity to prepare for a healthy pregnancy, an increased chance of infant and maternal illness, and the possibility of abortion.

With an unintended pregnancy, a mother is less likely to seek prenatal care in the first three months of pregnancy and is more likely not to obtain prenatal care at all. She is also less likely to breastfeed and more likely to expose the unborn child to harmful substances by smoking or consuming alcohol.

Table 36: Use of Birth Control by Respondents or Partners
Non-Pregnant Women Aged 18–44 and Men Aged 18–59, 2004

	Weighted Percent
Using Birth Control	**65%**
Not at Risk for Unintended Pregnancy	**23%**
Not Sexually Active/No Partner	15%
Want a Pregnancy	4%
Had Hysterectomy	1%
Partner Is Pregnant Now	1%
Same-Sex Partner	<1%
Do Not Use Birth Control and At Risk for Unintended Pregnancy	**9%**
Don't Know/Refused to Answer	**3%**
TOTAL	100%

Birth Control Use and Methods

In the 2004 Nebraska BRFSS, women aged 18 to 44 who were not currently pregnant and men aged 18 to 59 were asked whether or not they or their partner were using birth control.

DEFINITIONS

Using Birth Control: "Yes" to the question, "Are you or your [spouse]/partner doing anything now to keep you (or her) from getting pregnant? Some things people do to keep from getting pregnant include not having sex at certain times, using birth control methods such as the pill, Norplant, shots or Depo-provera, condoms, diaphragm, foam, IUD, having their tubes tied, or having a vasectomy."

Birth Control Method Used: Responses to the question, "What are you or your [spouse]/partner doing now to keep you (or her) from getting pregnant?"

Reason for Not Using Birth Control: Responses to the question, "What is your main reason for not doing anything to keep you/your partner from getting pregnant?"

Use of Birth Control

Altogether, 65 percent of respondents who were asked questions about birth control in 2004 (i.e., women aged 18 to 44 who were not pregnant and men aged 18 to 59) said they were currently using a form of birth control (**Table 36**).

Nearly one-fourth (23 percent) were not at risk for unintended pregnancy for various reasons. Nine percent were not using birth control and were at risk for unintended pregnancy. The remaining three percent did not know how to respond to these questions or refused to answer.

Among respondents who were not at risk for unintended pregnancy, the majority were not at risk because they stated they currently do not have a "partner" or are not sexually active (15 percent of all respondents). Four percent of all respondents to birth control questions said they

	Weighted Percent
Pill	28%
Vasectomy	21%
Condoms	16%
Tubes tied	16%
Shots (Depo-Provera, Lunelle)	4%
Hysterectomy	4%
Rhythm	3%
Other (including foam, diaphragm, implant, IUD, withdrawal, patch, emergency contraception, and all other)	8%
TOTAL	100%

Table 37: Type of Birth Control Currently Used
Non-Pregnant Women Aged 18–44 and Men Aged 18–59, 2004

wanted to achieve pregnancy. Others stated their partner was already pregnant now, said they or their partner had had a hysterectomy, or reported that they had a same-sex partner.

Birth Control Method Used

Among respondents who indicated they or their partner were currently using birth control, 37 percent reported using a permanent method (**Table 37**). One-fifth (21 percent) of male partners had a vasectomy and 16 percent of female partners had their "tubes tied." "The pill" (an oral contraceptive) was the method of choice for 28 percent of couples, while 16 percent relied on condoms to prevent pregnancy.

Who Is Using These Birth Control Methods?

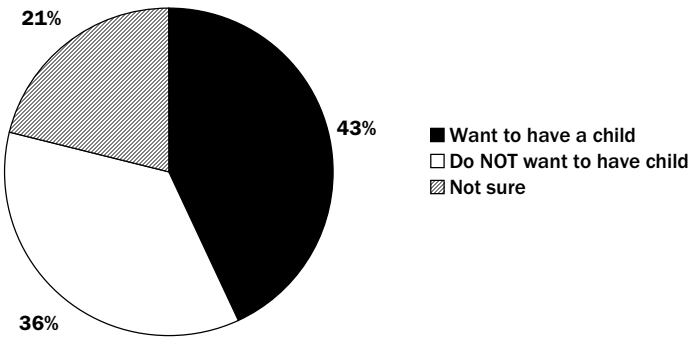
The "Pill"

Nearly one-third of female respondents (32 percent) said they use the pill, compared to only 24 percent of male respondents who said their partner uses this means of birth control (a statistically significant difference) (**Table 38**).

Young adults aged 18 to 29 were significantly more likely to say they use the pill (46 percent) than were respondents aged 30 to 44 (23 percent). Only 8 percent of males aged 45 to 59 said their partner relies on the pill for contraception.

Respondents with college degrees (30 percent) were significantly more likely than those with less education to report the pill as the method they use to prevent pregnancy.

Figure 143
Respondents'* Feelings about Having a Child Now or in the Future (2004)



*Non-pregnant women aged 18 to 44 and men aged 18 to 59.
Nebraska Department of Health and Human Services: BRFSS

Sterilization

As might be expected, use of sterilization (tubes tied for females and vasectomy for males) was significantly more common among older respondents. Among respondents aged 18 to 29, only 7 percent mentioned female sterilization and 4 percent mentioned male sterilization as the method of birth control they or their partner use. In comparison, 25 percent of men aged 45 to 59 reported that their spouse or partner had her tubes tied and 37 percent of men in this age group stated they had had a vasectomy.

Hispanic Americans (29 percent) and African Americans (27 percent) were significantly more likely than white Nebraskans (17 percent) to report female sterilization (tubes tied) as the method they use to prevent pregnancy. In contrast, white respondents (25 percent) were significantly more likely than African American (7 percent) or Hispanic American (6 percent) respondents to say they or their partner had a vasectomy to prevent pregnancy.

Condoms

Young adults aged 18 to 29 (25 percent) were significantly more likely than respondents 30 to 44 (12 percent) or males aged 45 to 59 (8 percent) to use condoms as their means of birth control.

African Americans (30 percent) were significantly more likely than white (14 percent) or Hispanic (13 percent) respondents in Nebraska to say condoms are the method they use to prevent pregnancy.

Desire to Have Children Now or in the Future

DEFINITION

Want to Have a Child Now or in the Future: Responses to the question, "How do you feel about having a child now or sometime in the

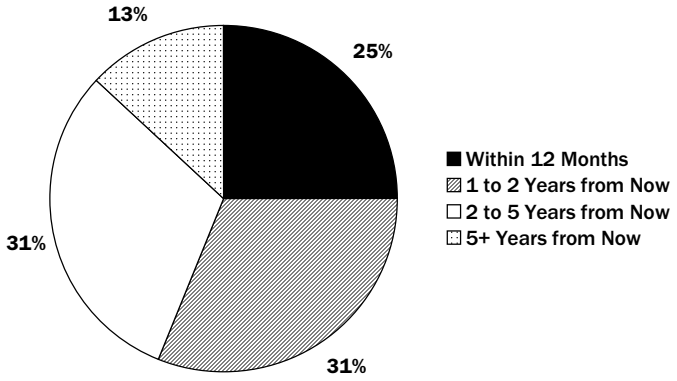
Table 38: Family Planning
Type of Birth Control Used (First Mentioned), Nebraska Adults, 2004 (with 95% Confidence Intervals—SUDAAN)

	TYPE OF BIRTH CONTROL USED: PILL			TYPE OF BIRTH CONTROL USED: TUBES TIED			TYPE OF BIRTH CONTROL USED: VASECTOMY			TYPE OF BIRTH CONTROL USED: CONDOMS		
	Total Number	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**	**Total Number**	**Percent**	**Confidence Interval**
Total Adults	2,481	24%	21.6–25.8	2,481	18%	15.9–19.7	2,481	25%	22.5–26.8	2,481	15%	13.0–16.7
Gender												
Male	1,308	24%	21.1–27.2	1,308	16%	13.5–17.8	1,308	24%	21.9–27.0	1,308	17%	14.7–20.2
Female	1,173	32%	28.4–35.6	1,173	17%	14.6–19.3	1,173	18%	15.4–20.1	1,173	15%	12.1–17.8
Age												
18–29	549	46%	40.7–51.6	549	7%	4.8–9.9	549	4%	2.6–6.6	549	25%	20.6–29.7
30–44	1,368	23%	20.3–25.7	1,368	20%	17.3–22.2	1,368	27%	24.7–30.5	1,368	12%	9.9–14.1
45–59 (Males Only)	564	8%	5.8–11.6	564	25%	21.0–29.7	564	37%	32.6–42.5	564	8%	6.0–11.4
Education												
<High School	155	17%	12.0–23.8	155	35%	23.8–48.2	155	5%	2.2–10.1	155	16%	9.6–25.8
High School	699	22%	18.1–25.4	699	22%	18.5–26.2	699	23%	19.2–26.7	699	15%	11.8–18.5
Some College	758	21%	17.6–24.5	758	20%	16.3–23.4	758	26%	21.9–30.0	758	14%	11.0–16.9
College Degree	869	30%	26.4–34.3	869	12%	9.3–14.7	869	27%	23.3–30.5	869	14%	11.3–18.1
Income												
<$15,000	132	30%	19.3–44.3	132	16%	10.4–24.3	132	17%	8.2–33.2	132	17%	10.2–26.2
$15,000–$24,999	332	21%	16.2–26.0	332	22%	15.5–29.6	332	14%	8.6–20.8	332	17%	12.1–22.4
$25,000–$49,999	860	24%	20.4–27.8	860	23%	19.4–26.9	860	17%	14.2–21.1	860	17%	14.4–21.1
$50,000–$74,999	515	28%	23.6–33.5	515	15%	11.6–19.1	515	27%	23.3–32.0	515	11%	7.4–14.6
$75,000+	501	25%	19.9–31.3	501	11%	8.6–14.5	501	36%	31.4–40.4	501	10%	6.6–13.8
Race												
White	2,313	24%	22.2–26.7	2,313	17%	15.2–18.9	2,313	25%	23.7–28.1	2,313	14%	12.4–16.3
African American	149	19%	11.6–28.6	149	27%	19.8–35.4	149	7%	2.2–19.1	149	30%	18.4–44.6
Asian American	10	#	#	10	#	#	10	#	#	10	#	#
Native American	16	#	#	16	#	#	16	#	#	16	#	#
Hispanic American	367	17%	12.0–22.5	367	29%	20.6–39.7	367	6%	2.5–15.0	367	13%	10.2–16.7
Place of Residence												
Rural	1,749	22%	19.3–23.9	1,749	20%	18.1–22.7	1,749	25%	22.2–27.1	1,749	13%	10.9–15.0
Urban	732	26%	22.5–29.7	732	15%	12.2–18.6	732	25%	21.1–28.4	732	17%	14.0–20.2

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.
– Data not reported due to N < 50.

Figure 144

How Soon Respondents Want to Have a Child Among Those Who Want One (2004)



Nebraska Department of Health and Human Services: BRFSS

future? Would you say: You don't want to have one? You do want to have one? You're not sure if you do or don't?"

Among women aged 18 to 44 who were not currently pregnant and men aged 18 to 59 in the 2004 Nebraska BRFSS, 43 percent stated they want to have a child now or sometime in the future (**Figure 143**). More than one-third (36 percent) indicated that they don't want to have a child, while 21 percent were unsure.

Of those who said they want to have a child, one-fourth (25 percent) said they would like to have a child within the next 12 months (**Figure 144**). Nearly one-third (31 percent) would like to have a child one to two years from now, while another 31 percent stated they would prefer to have a child two to five years from now. Only 13 percent wanted to wait five years or more before having a child.

HIV/AIDS

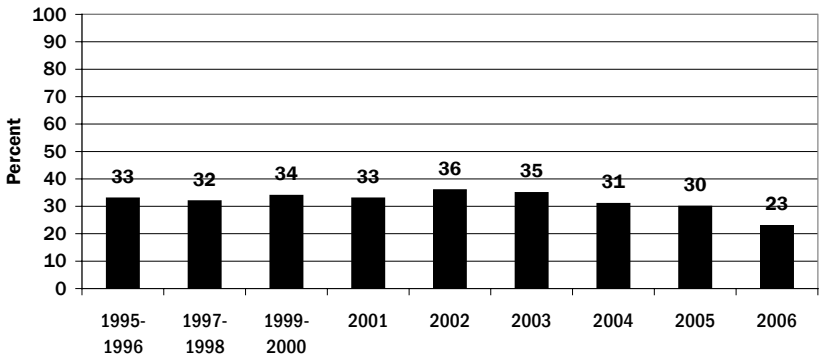
AIDS (acquired immunodeficiency syndrome) is a chronic, life-threatening condition cause by the human immunodeficiency virus (HIV). By damaging or destroying the cells of a person's immune system, HIV interferes with the body's ability to effectively fight off bacteria, viruses, and fungi that cause disease. This makes the person more susceptible to opportunistic infections that the body would normally be able to resist.

Since 1981, approximately 1.5 million people in the United States have been infected with HIV, including more than 550,000 who have died from HIV/AIDS as of 2005. Although the number of new cases is down from its high of more than 150,000 per year in the 1980s, approximately 40,000 new HIV infections still occur each year in this country.

In Nebraska, a cumulative total of 2,007 cases of HIV or AIDS has been reported as of December 31, 2005. More than one-third of all persons in the state who were diagnosed with HIV or AIDS since 1983 have died (36 percent).

The number of persons living with HIV/AIDS has increased as powerful new combination drug therapies were developed and deaths from the disease declined. These new treatments are not a cure, however, and do not benefit all people with HIV. In addition, about one-fourth of all persons with HIV are undiagnosed and unaware that they are infected. Thus, controlling the HIV/AIDS epidemic will continue to require sustained testing and prevention efforts, particularly among population groups at highest risk for infection.

Figure 145
Trend in Proportion of Respondents Aged 18–64 Who Were Ever Tested for HIV (1995–2006)



Nebraska Department of Health and Human Services: BRFSS

HIV TESTING

Ever Tested for HIV

DEFINITION

Ever Tested for HIV: "Yes" to the question, "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth."

Current Prevalence
In the 2004–2006 Nebraska BRFSS, only 29 percent of all respondents aged 18 to 64 years said they had ever been tested for HIV (**Table 39**).

Trend over Time
The proportion of respondents who stated that they ever had a test for HIV infection changed little between 1995–1996 and 2003, ranging from 32 percent to 36 percent (**Figure 145**). However, the prevalence of HIV testing has declined somewhat in the past three years, reaching a low of 23 percent in 2006.

Who Has Been Tested?
A significantly smaller proportion of men (26 percent) reported ever being tested, compared to women (32 percent) (**Table 39**).

Only 16 percent of respondents aged 45 to 64 stated that they had ever been tested for HIV infection. This proportion was significantly lower than that reported for 18- to 29-year-olds (38 percent) or 30- to 44-year-olds (39 percent).

Persons with annual household incomes below $25,000 (33 to 35 percent) were significantly more likely than those earning $25,000 to $74,999 per year (27 percent) to report ever being tested for HIV.

The proportion of African Americans who were ever tested for HIV (53 percent) was sig-

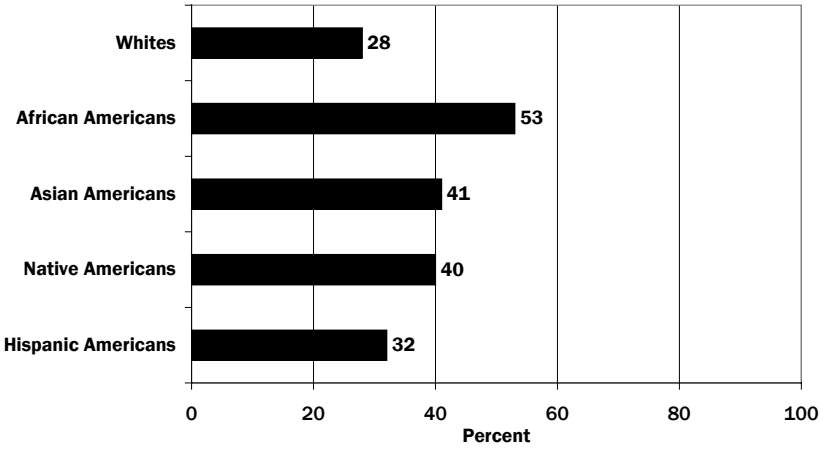
Table 39: HIV/AIDS
Nebraska Adults Aged 18–64, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	EVER TESTED FOR HIV (EXCEPT BLOOD DONATION)		
	Total Number	**Percent**	**Confidence Interval**
Adults Aged 18–64	17,300	29%	27.9–29.8
Gender			
Male	7,060	26%	24.7–27.4
Female	10,240	32%	30.6–33.1
Age			
18–29	2,361	38%	34.9–40.3
30–44	5,792	39%	37.3–40.5
45–64	9,147	16%	15.3–17.2
Education			
<High School	1,002	25%	22.0–28.8
High School	5,379	26%	24.2–27.6
Some College	5,229	30%	28.8–32.2
College Degree	5,681	30%	28.5–32.1
Income			
<$15,000	1,260	35%	31.2–38.7
$15,000–$24,999	2,365	33%	29.9–35.3
$25,000–$49,999	5,606	27%	25.8–29.2
$50,000–$74,999	3,319	27%	24.4–28.9
$75,000+	3,315	29%	27.3–31.5
Race			
White	16,126	28%	26.8–28.8
African American	1,037	53%	48.2–56.9
Asian American	77	41%	27.6–55.2
Native American	376	40%	33.4–46.6
Hispanic American	1,475	32%	29.2–35.9
Place of Residence			
Rural	12,368	25%	24.2–26.3
Urban	4,932	32%	30.8–33.9

* "Number" and "percent" exclude missing, don't know, and refused responses.

Figure 146

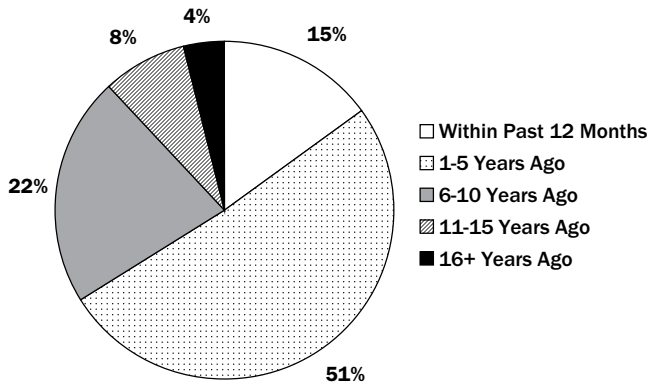
Ever Tested for HIV, Respondents Aged 18–64 by Race/Origin (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 147

Last HIV Test—Respondents Aged 18–64 (2006)



Nebraska Department of Health and Human Services: BRFSS

Table 40: Site of Most Recent HIV Blood Test

Adults Aged 18–64 (2006)

	Percent
Private doctor or HMO	36%
Clinic	22%
Hospital	20%
Drug treatment facility	9%
Counseling and testing site	4%
Prison	1%
Somewhere else	8%
TOTAL	100%

nificantly higher than the proportions reported for Native Americans (40 percent), Hispanic Americans (32 percent), and whites (28 percent) (**Figure 146**). Native Americans and Hispanic Americans were also significantly more likely than white Nebraskans to say they were ever tested for this disease.

Residents of urban Nebraska counties (32 percent) were significantly more likely than residents of rural counties (25 percent) to report ever being tested for this infection.

Last HIV Test

Fifteen percent of 2006 BRFSS respondents who ever had an HIV test reported having their last HIV test within the past year (**Figure 147**). More than one-half (51 percent) said they last had this test between one and five years ago, while 22 percent last had this test done six to ten years ago. The remaining 12 percent stated it had been more than ten years since they were lasted tested for HIV infection.

In 2006, respondents who ever had an HIV test were asked, "Was it a rapid test where you could get your results within a couple of hours?" Sixteen percent said that it was.

Site of Most Recent HIV Test

When asked where they had their last HIV test, more than one-third (36 percent) said a private doctor or HMO (**Table 40**) did the testing. More than one-fifth (22 percent) reported being tested for HIV at a clinic, while 20 percent cited a hospital as the testing site. Nine percent stated they were tested at a drug treatment facility and four percent at a counseling and testing site.

Immunizations

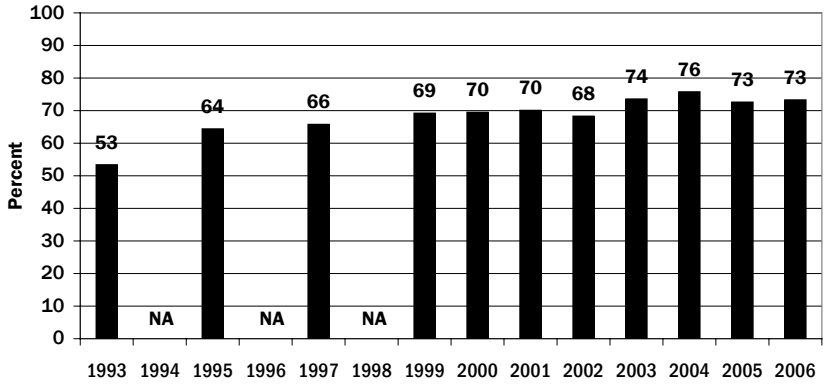
According to the National Center for Health Statistics, immunizations against influenza and pneumococcal disease can prevent serious illness and death. Pneumonia and influenza deaths combined together constitute the sixth leading cause of death in the United States, with 1,100 influenza deaths and 58,664 pneumonia deaths in 2004. In Nebraska, there were 5 deaths due to influenza and 342 deaths due to pneumonia in 2004.

Influenza vaccine (i.e., a "flu shot" or the nasal spray vaccine) can be very effective in preventing illness from the flu. According to the Centers for Disease Control and Prevention, in years when the vaccine strains and the virus strains are well-matched, the vaccine can reduce the chances of getting the flu by 70 to 90 percent in healthy adults. Among elderly persons not living in nursing homes and in persons with long-term medical conditions, the flu shot is 30 to 70 percent effective in preventing hospitalization for pneumonia or influenza. Among nursing home residents, this shot can be 50 to 60 percent effective in preventing hospitalization or pneumonia and 80 percent effective in preventing deaths from flu.

The Centers for Disease Control and Prevention currently recommend flu shots for people aged 50 and older, nursing home residents, children aged 6 to 59 months, pregnant women, people with chronic health problems and certain health care and daycare workers. The nasal spray flu vaccine is recommended for healthy people aged 5 to 49 years. It is not recommended for pregnant women.

Pneumonia vaccine can prevent more than one-half of all pneumococcal infections, although it will not protect against other types of pneumonia. It is recommended that adults aged 65 and older receive a one-time immunization against pneumococcal disease.

Figure 148
Trend in Proportion of Adults Aged 65+ Who Had Flu Shot in Past 12 Months (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Influenza Vaccinations

DEFINITIONS

Had a Flu Shot in the Past 12 Months: "Yes" to the question, "A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?"

Had Nasal Spray Flu Vaccine in the Past 12 Months: "Yes" to the question, "During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist."

Current Prevalence

In 2004–2006, 74 percent of Nebraska BRFSS respondents aged 65 and older reported having a flu shot within the past 12 months (**Table 41**). Persons aged 50 to 64 (40 percent) were much less likely than respondents 65 and older to report being vaccinated for influenza during the specified period.

Only about one percent of respondents to the 2004–2006 BRFSS said they had the FluMist vaccine in the past 12 months. Among respondents aged 50 and older (for whom this form of influenza vaccine is not recommended), the proportion receiving the nasal spray vaccine was less than one percent.

Trend over Time

The proportion of respondents aged 65 and older who had flu shots in the past 12 months rose substantially between 1993 and 1995, then remained steady at nearly 70 percent between 1999 and 2002 (**Figure 148**). In the last four years (2003

Table 41: Influenza and Pneumonia Vaccinations

Nebraska Adults Aged 50–64 and 65+, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

	Flu shot in past yr. (aged 65+)			Flu shot in past yr. (aged 50–64)			Ever had pneumonia vaccination (aged 65+)		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	6911	74%	72.6–75.2	6,945	40%	38.4–41.3	6,774	67%	65.9–68.7
Gender									
Male	2368	74%	72.1–76.3	2,870	37%	34.3–38.8	2,290	66%	63.3–68.1
Female	4543	74%	72.1–75.2	4,075	43%	41.3–45.1	4,484	68%	66.7–70.0
Education									
<High School	1,004	72%	68.9–75.6	336	33%	27.2–39.9	980	66%	62.6–69.8
High School	3,149	72%	70.5–74.3	2,406	39%	36.3–41.1	3,094	66%	64.4–68.5
Some College	1,656	74%	71.2–76.4	2,051	37%	34.5–39.8	1,624	69%	66.4–72.0
College Degree	1,081	79%	75.6–81.6	2,148	44%	41.8–47.1	1,058	68%	64.0–71.1
Income									
<$15,000	1,179	70%	67.0–73.4	557	38%	32.8–43.7	1,161	69%	65.2–71.9
$15,000–$24,999	1,818	74%	71.0–75.9	922	37%	33.2–41.1	1,794	70%	67.1–72.4
$25,000–$49,999	1,809	77%	74.4–79.0	2,169	39%	36.2–41.4	1,771	67%	64.3–69.6
$50,000–$74,999	350	73%	67.5–78.6	1,287	40%	36.3–42.8	341	67%	60.3–72.2
$75,000+	265	71%	64.3–77.6	1,346	43%	39.4–45.8	263	60%	52.8–66.8
Race									
White	6,780	74%	72.9–75.4	6,674	40%	38.7–41.6	6,647	68%	66.3–69.1
African American	536	56%	50.6–61.9	552	36%	30.4–42.3	527	51%	45.3–56.6
Asian American	21	#	#	13	#	#	21	#	#
Native American	72	72%	54.7–85.0	131	42%	30.1–54.5	72	59%	42.6–74.4
Hispanic American	168	62%	52.9–71.1	311	43%	35.1–50.5	165	49%	39.1–57.9
Place of Residence									
Rural	5,594	73%	71.2–74.0	5,140	39%	37.7–41.0	5,482	65%	63.3–66.4
Urban	1,317	76%	73.7–78.8	1,805	41%	38.1–43.1	1,292	72%	68.9–74.3

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

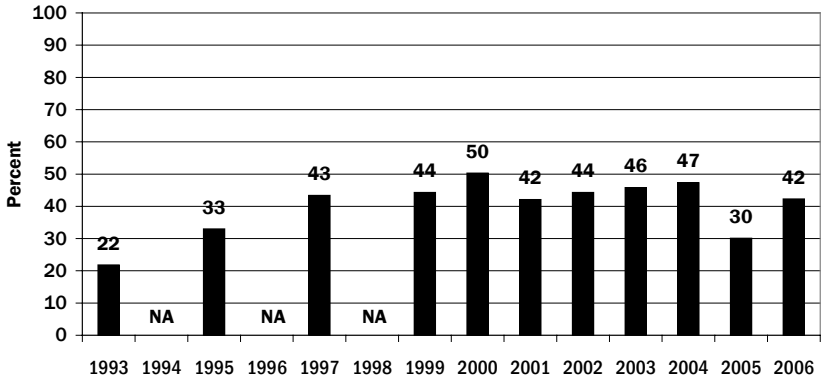
– Data not reported due to N < 50.

Nebraska 2010 Objectives	NEBRASKA 2010 Target	NEBRASKA BRFSS 2004–2006	UNITED STATES BRFSS 2004–2006	UNITED STATES 2010 Target
Proportion of adults aged 65+ who had a flu shot in the past 12 months. (Data not age-adjusted).	90%	74%	68%	90%

through 2006), prevalence has been somewhat higher (at 73 to 76 percent).

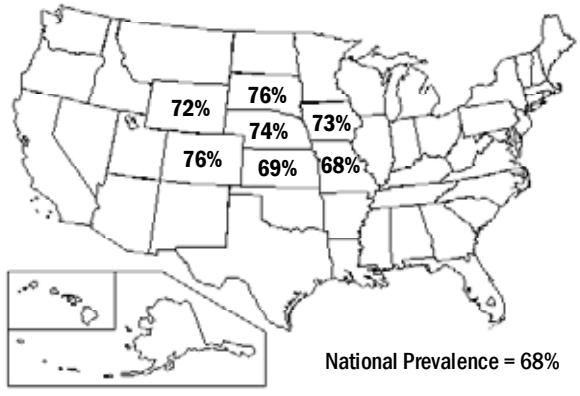
Among persons aged 50 to 64, the proportion who had had a flu shot in the past year nearly doubled between 1993 (22 percent) and 1997 (43 percent). Since then, rates have ranged in the mid-forties except for 2005, when the rate dipped to 30 percent due to a vaccine shortage (**Figure 149**).

Figure 149
Trend in Proportion of Adults Aged 50–64 Who Had Flu Shot in Past 12 Months (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 150
Influenza Vaccination in Last 12 Months, Adults Aged 65+ (2004–2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Who Has Been Vaccinated in Nebraska?

Overall, men (74 percent) and women (74 percent) aged 65 and over were about equally likely to say they had received a flu shot in the past 12 months (**Table 41**). Among respondents aged 50 to 64, women (43 percent) were significantly more likely than men (37 percent) to report they had been vaccinated against influenza in the past year.

Among persons aged 65 and older, the influenza vaccination rate was significantly higher for college graduates (79 percent) than for high school graduates (72 percent). For respondents aged 50 to 64, college graduates (44 percent) were significantly more likely to have had a flu shot in the last year than respondents at each of the lower levels of education (33 to 39 percent).

White Nebraskans in the 65-and-older age group (74 percent) were significantly more likely than African Americans (56 percent) and Hispanic Americans (62 percent) in this age bracket to state that they had had a flu shot in the past 12 months.

Nebraska and the Nation

The proportion of people aged 65 and over who had received an influenza vaccination in the past 12 months was higher in Nebraska (74 percent) than the national median of 68 percent (**Figure 150**). Vaccination rates were also higher than the national median in five of the six surrounding states, ranging from 69 percent in Kansas to 76 percent in Colorado and South Dakota.

Pneumonia Vaccinations

DEFINITION

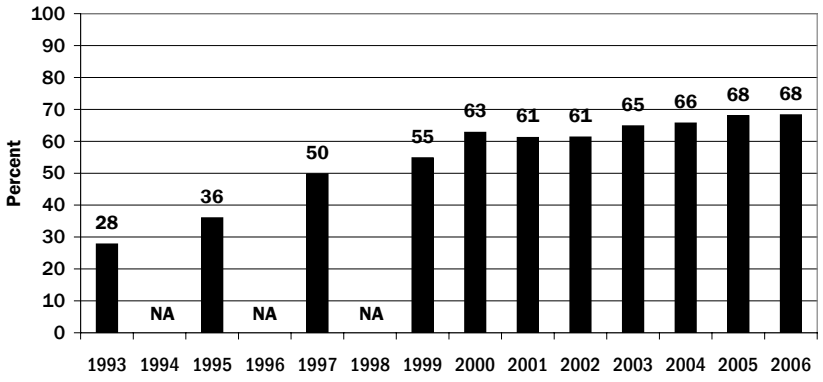
Ever Had a Pneumonia Shot: "Yes" to the question, "A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?"

Current Prevalence

In the 2004–2006 Nebraska BRFSS, two-thirds of all respondents aged 65 and older (67 percent) reported ever having a vaccination for pneumonia.

Figure 151

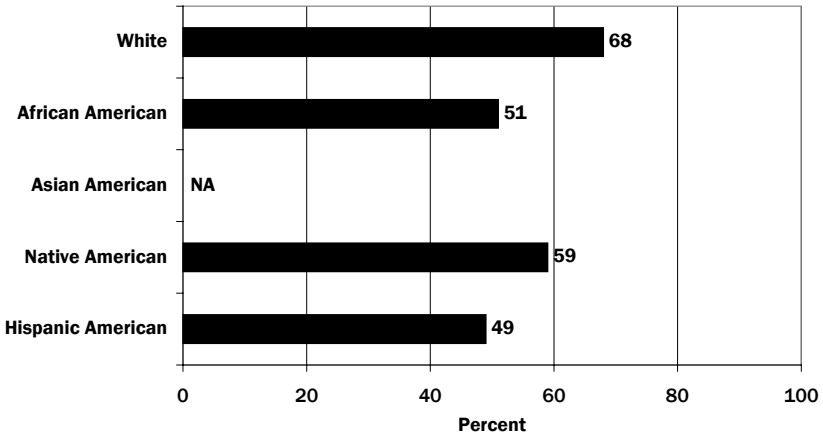
Trend in Proportion of Adults Aged 65+ Who Ever Had a Pneumonia Vaccination (1993–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 152

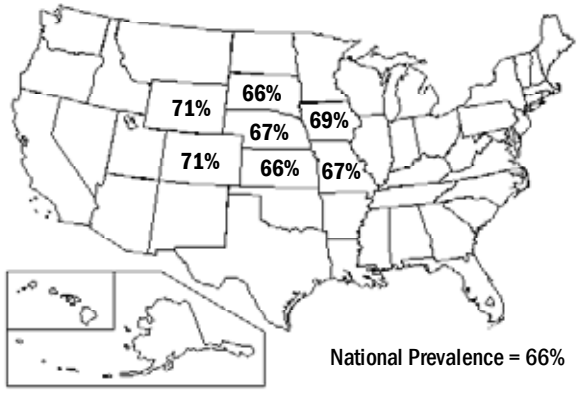
Ever Had Pneumonia Vaccination (Aged 65+) by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 153

Ever Had Pneumonia Vaccination, Adults Aged 65+ (2004–2006)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Trend over Time

The proportion of respondents aged 65 and over who ever had a pneumonia vaccination has increased considerably since 1993 when data were first collected in the Nebraska BRFSS (**Figure 151**). Prevalence nearly doubled from 28 percent in 1993 to 55 percent in 1999, then has continued to increase gradually to the 2006 rate of 68 percent.

Who Has Been Vaccinated in Nebraska?

White Nebraskans aged 65 and over (68 percent) were significantly more likely than African Americans (51 percent) or Hispanic Americans (49 percent) in this age group to state that they ever had had a pneumonia shot (**Figure 152**).

Urban residents in this age bracket (72 percent) were significantly more likely than rural residents (65 percent) to report ever having a pneumonia vaccination.

No significant trends were apparent by gender, educational level, or household income of respondents.

Nebraska and the Nation

Nebraska (67 percent) ranked just above the national median (66 percent) in proportion of adults aged 65 and older who ever received a pneumonia vaccination (**Figure 153**). Of the six surrounding states, Kansas and South Dakota (66 percent) reported slightly lower rates, matching the national median. Colorado and Wyoming (71 percent) achieved the highest rates.

Hepatitis B

Hepatitis B is a serious disease caused by a virus that attacks the liver. This hepatitis B virus (HBV) can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Transmission of HBV occurs when blood from an infected person enters the body of an uninfected person. The virus is spread through sexual contact, by sharing drugs or needles when injecting drugs, through needlesticks on the job, or from an infected mother to her baby during birth.

According to CDC, about 60,000 new cases of hepatitis B infection occurred in 2004 in the United States. Approximately 1.25 million Americans are chronically infected with hepatitis B.

Nebraska 2010 Objectives	NEBRASKA		UNITED STATES	
	2010 Target	BRFSS 2004–2006	BRFSS 2004–2006	2010 Target
Proportion of adults aged 65+ who ever had pneumonia vaccination. (Data not age-adjusted).	90%	67%	66%	90%

Routine vaccination of all children aged birth through 18 years and vaccination of persons of all ages in high risk groups are recommended.

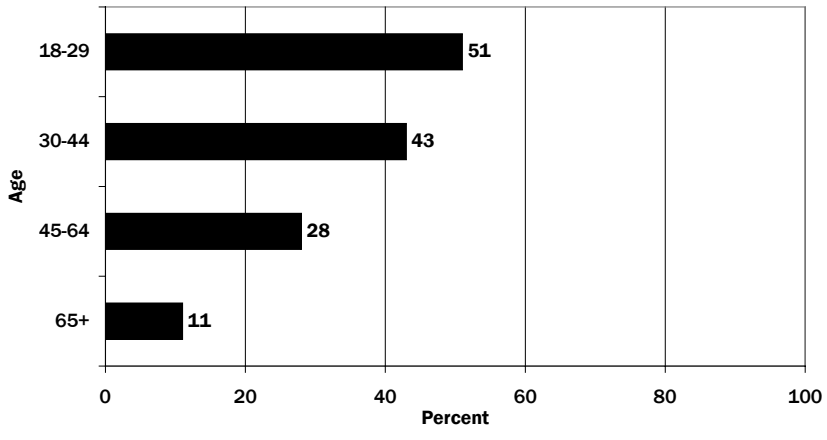
At Risk for Hepatitis B

DEFINITION

At Risk for Hepatitis B Infection: Respondents were asked to indicate if any of the following statements were true for them. (They were asked NOT to tell the interviewer WHICH statement or statements were true for them, just if ANY of them are).

- "You have hemophilia and have received clotting factor concentrate.
- You are a man who has had sex with other men, even just one time.
- You have taken street drugs by needle, even just one time.
- You traded sex for money or drugs, even just one time.
- You have tested positive for HIV.
- You have had sex (even just one time) with someone who would answer 'yes' to any of these statements.
- You had more than two sex partners in the past year."

Figure 154
Ever Had Hepatitis B Vaccination by Age (2006)



Nebraska Department of Health and Human Services: BRFSS

Overall, only 4 percent of Nebraska adults aged 18 and older stated that any of the above statements describing risk behaviors for hepatitis B infection were true for them (**Table 41**).

Who's at Risk for Hepatitis B Infection?

Younger persons aged 18 to 29 (7 percent) and those aged 30 to 44 (4 percent) were significantly more likely than persons aged 45 to 64 (2 percent) and aged 65 and older (1 percent) to report having a hepatitis B risk factor.

Persons with incomes below $15,000 per year were significantly more likely than persons earning $25,000 to $74,999 to indicate they had one or more of the stated risk factors for hepatitis B.

Otherwise, no significant trends were found by gender, education, race, or place or residence of respondents.

Hepatitis B Vaccination

Ever Received Hepatitis B Vaccine: "Yes" to the question, "Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given."

Current Prevalence

In 2006, 37 percent of Nebraska BRFSS respondents reported that they ever received hepatitis B vaccine (**Table 42**).

Who's Has Been Vaccinated for Hepatitis B?

Forty percent of women aged 18 and older indicated that they had been vaccinated for hepatitis B, compared to 34 percent of men. This difference is statistically significant.

More than one-half of BRFSS respondents aged 18 to 29 (51 percent) had received hepatitis B vaccine, as had 43 percent of 30- to 44-year-olds (**Figure 154**). Respondents in these younger age groups were significantly more likely than older persons to have received this vaccination. Persons in the 45-to-64 age group (28 percent) were also significantly more likely than persons aged

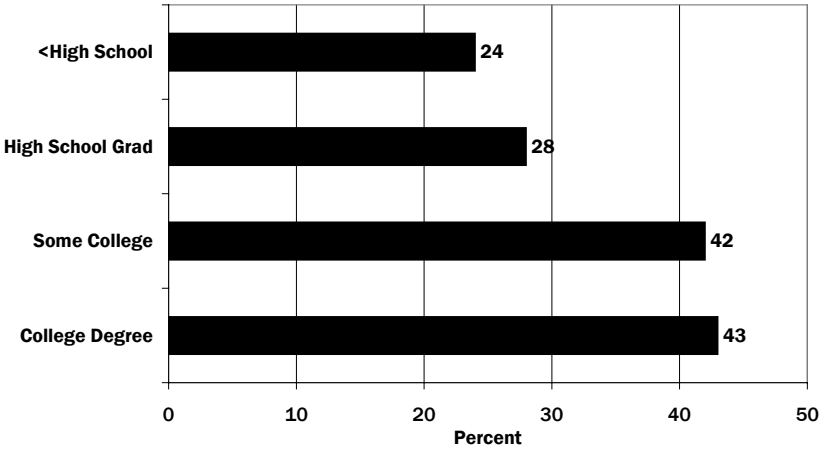
Table 42: Hepatitis B: At Risk and Ever Vaccinated
Nebraska Adults Aged 18+, 2006 Only (with 95% Confidence Intervals—SUDAAN)

	AT RISK FOR HEPATITIS B INFECTION			EVER HAD VACCINATION FOR HEPATITIS B		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	7801	4%	3.2–4.9	6,970	37%	35.0–38.5
Gender						
Male	3071	4%	3.4–5.7	2,660	34%	31.1–36.5
Female	4730	4%	2.6–4.9	4,310	40%	37.6–42.0
Age						
18–29	653	7%	4.3–11.1	540	51%	45.3–56.9
30–44	1,813	4%	3.4–5.8	1,520	43%	40.3–46.7
45–64	3,085	2%	1.4–2.5	2,806	28%	26.0–30.2
65+	2,250	1%	0.5–1.3	2,104	11%	9.4–12.8
Education						
<High School	623	4%	2.6–7.6	557	24%	19.1–30.3
High School	2,750	4%	3.2–6.0	2,477	28%	24.7–30.8
Some College	2,203	4%	3.1–5.9	1,970	42%	39.0–45.0
College Degree	2,217	4%	2.0–7.0	1,957	43%	40.0–46.6
Income						
<$15,000	755	8%	5.6–12.6	692	30%	23.3–37.2
$15,000–$24,999	1,290	6%	3.4–9.3	1,185	35%	30.5–39.5
$25,000–$49,999	2,342	3%	2.5–4.9	2,087	36%	33.1–39.4
$50,000–$74,999	1,226	2%	1.0–4.9	1,088	44%	40.6–47.4
$75,000+	1,290	4%	2.1–7.3	1,121	38%	33.2–42.7
Race						
White	7,418	4%	3.3–5.0	6,643	37%	35.6–39.3
African American	697	5%	3.2–7.8	622	43%	37.3–49.8
Asian American	70	7%	2.6–16.5	62	44%	30.0–58.1
Native American	411	9%	5.0–16.8	349	47%	36.3–57.5
Hispanic American	955	5%	3.0–6.8	837	27%	23.1–31.7
Place of Residence						
Rural	5,850	4%	3.0–4.8	5,249	37%	35.4–39.1
Urban	1,951	4%	2.9–5.7	1,721	36%	33.1–39.1

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

Figure 155

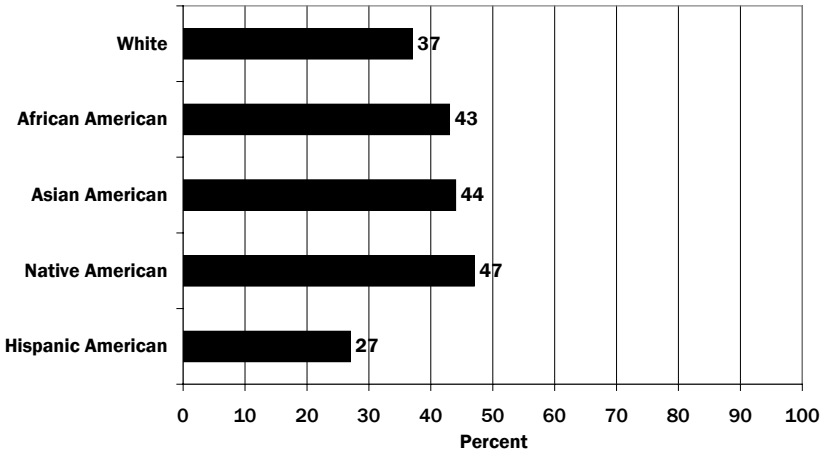
Ever Had Hepatitis B Vaccination by Education (2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 156

Ever Had Hepatitis B Vaccination by Race/Ethnicity (2006)



Nebraska Department of Health and Human Services: BRFSS

65 and older (11 percent) to report being vaccinated for this disease.

The proportion of respondents with a college degree (43 percent) or some college (42 percent) who had received hepatitis B vaccine was significantly greater than the proportion of persons with a high school diploma (28 percent) or less than a high school education (24 percent) (**Figure 155**).

Persons with annual incomes below $50,000 per year were less likely than persons with incomes of $50,000 to $74,999 to report being vaccinated for hepatitis B.

Native Americans (47 percent), African Americans (43 percent), and whites (37 percent) were all significantly more likely than Hispanic Americans (27 percent) in Nebraska to indicate they had been vaccinated for hepatitis B (**Figure 156**).

Differences in vaccination rates by place of residence of respondents were not significant.

Vaccination of Persons at Risk for Hepatitis B Infection

In 2006, 45 percent of persons who were classified as "at risk" for hepatitis B infection (based on the above question) reported that they had received vaccination for this disease.

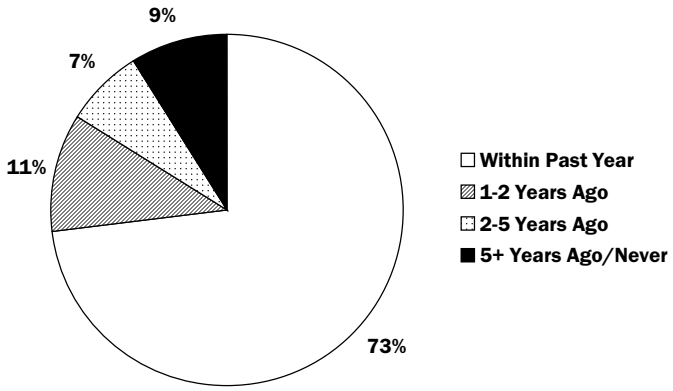
Oral Health

Millions of people nationwide experience dental cavities or periodontal disease. Many more have lost all their teeth. Early tooth loss caused by dental decay in children can result in failure to thrive, impaired speech development, absence from and inability to concentrate in school and reduced self-esteem. Children may also develop permanent disabilities that affect their ability to learn and grow. More than one-fourth of American children aged two to five and one-half of those aged 12 to 15 have tooth decay.

Untreated dental decay in older persons can lead to pain, abscesses, and eventual loss of teeth. Periodontal disease is a leading cause of bleeding, pain, infection, tooth mobility, and tooth loss. Nationwide, one-fourth of adults over age 60 have lost all their teeth. Even when missing teeth are replaced with dentures, there may be limitations in speech, ability to chew, and overall quality of life.

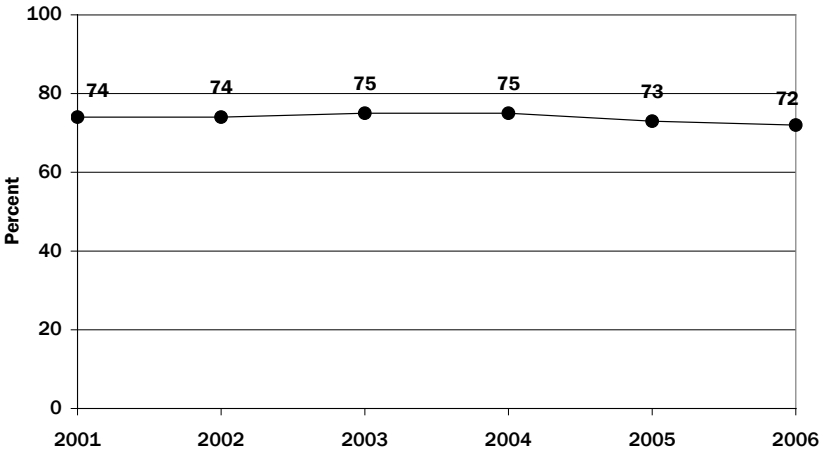
Dental disease is one of the most preventable of health problems. Proper dental hygiene and good eating habits, combined with regular professional dental care, decrease the risk of developing cavities and periodontal disease.

Figure 157
Last Visit to Dentist
Adults Aged 18+ Years
(2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 158
Trend—Last Visited the Dentist in Past 12 Months (2001–2006)



Nebraska Department of Health and Human Services: BRFSS

Visits to the Dentist

DEFINITION

Visited the Dentist in the Past 12 Months: Responses to question, "How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists." indicating a visit anytime less than 12 months ago.

Current Prevalence

Nearly three-fourths of the adults surveyed in the 2004–2006 Nebraska BRFSS (73 percent) said they had visited the dentist within the past year (**Figure 157**). For 11 percent, it had been one to two years since their last visit. Nine percent of respondents stated it had been five or more years ago or that they had never visited a dentist.

Trend over Time

The proportion of adults who reported a dental visit within the last 12 months was slightly smaller in 2005 (73 percent) and 2006 (72 percent) than in previous years (74 to 75 percent) (**Figure 158**).

Who Has Visited the Dentist in the Past Year?

A significantly greater proportion of women (76 percent) said they had seen a dentist in the past 12 months, compared to men (71 percent) (**Table 43**).

Table 43: Oral Health

Nebraska Adults, 2004–2006 (with 95% Confidence Intervals—SUDAAN)

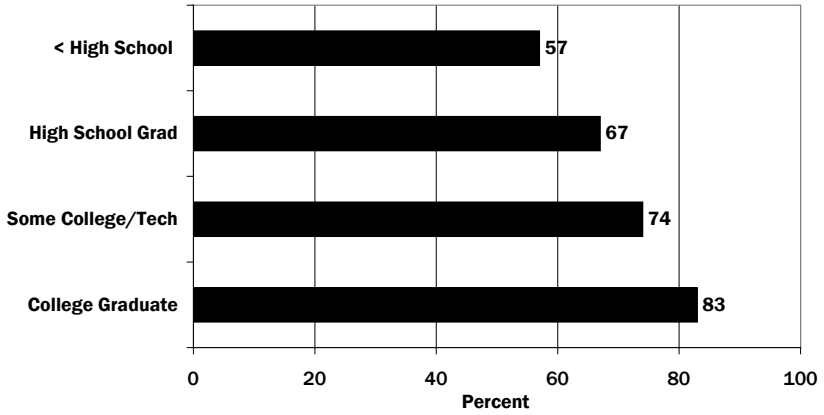
	Visited dentist in past 12 months			6 or more permanent teeth removed due to decay or periodontal disease			Dental cleaning in past 12 months*		
	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval	Total Number	Percent	Confidence Interval
All Adults	20,491	73%	72.5–74.2	20,492	14%	13.7–14.7	18,630	73%	72.3–74.1
Gender									
Male	7,970	71%	69.5–72.2	8,010	14%	13.3–14.9	7,342	70%	68.1–71.0
Female	12,521	76%	74.7–76.9	12,482	14%	13.7–14.9	11,288	77%	75.6–77.7
Age									
18–29	2,014	70%	67.3–73.0	2,054	2%	0.9–2.8	2,007	69%	65.7–71.4
30–44	4,980	75%	73.4–76.3	5,024	4%	3.7–5.2	4,923	73%	71.1–74.2
45–64	7,885	76%	75.0–77.4	7,830	17%	15.5–17.6	7,373	76%	74.3–76.8
65+	5,612	68%	66.7–69.7	5,584	45%	43.4–46.6	4,327	75%	73.8–77.0
Education									
<High School	1,630	57%	52.9–60.2	1,689	28%	25.4–30.7	1,193	57%	53.0–60.9
High School	7,186	67%	65.1–68.5	7,173	18%	17.4–19.3	6,285	66%	63.7–67.2
Some College	5,854	74%	72.8–75.8	5,843	13%	12.1–14.0	5,496	74%	72.0–75.1
College Degree	5,799	83%	81.3–84.4	5,763	7%	6.4–7.9	5,643	83%	81.0–84.2
Income									
<$15,000	1,966	54%	50.5–57.9	2,002	31%	28.3–33.2	1,501	52%	48.5–56.2
$15,000–$24,999	3,500	61%	58.1–63.1	3,519	21%	19.5–22.4	2,974	61%	58.4–63.5
$25,000–$49,999	6,327	71%	69.8–73.0	6,321	14%	13.2–15.0	5,915	71%	69.2–72.4
$50,000–$74,999	3,144	81%	78.2–82.7	3,131	9%	7.9–10.5	3,055	80%	77.9–82.5
$75,000+	3,096	86%	84.2–88.0	3,081	6%	4.8–7.3	3,060	84%	81.7–86.5
Race									
White	19,530	74%	73.4–75.2	19,506	14%	13.4–14.3	17,745	74%	73.0–74.8
African American	1,953	62%	59.1–65.6	1,944	23%	21.2–25.6	1,696	63%	59.2–65.9
Asian American	118	63%	50.7–74.5	121	13%	6.9–22.1	108	59%	45.3–71.8
Native American	501	58%	50.6–65.9	503	27%	22.2–31.7	448	56%	48.1–63.9
Hispanic American	1,865	63%	59.2–65.7	2,031	17%	14.7–19.5	1,780	61%	57.3–64.4
Place of Residence:									
Rural	15,182	70%	69.0–71.0	15,186	16%	15.0–16.2	13,602	69%	67.9–70.1
Urban	5,309	77%	75.9–78.7	5,306	12%	11.4–13.1	5,028	78%	76.3–79.2

NOTE: "Number" and "percent" exclude missing, don't know, and refused responses.

* Among respondents who had ever been to dentist and who had not had all their teeth extracted.

Figure 159

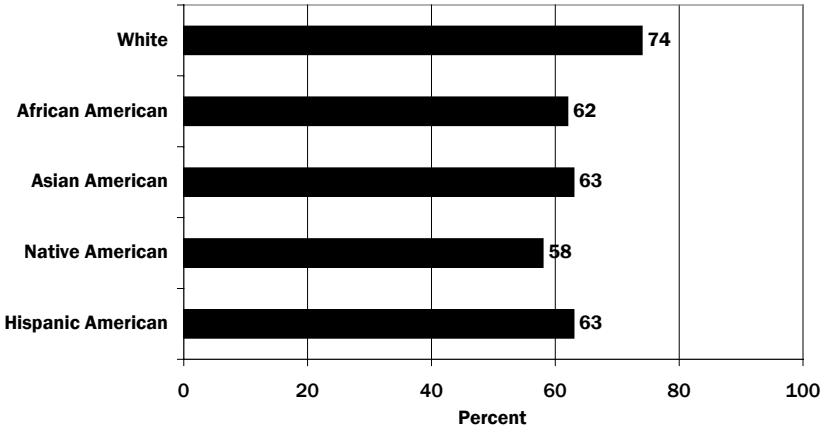
Last Visited Dentist in Past 12 Months By Educational Level (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 160

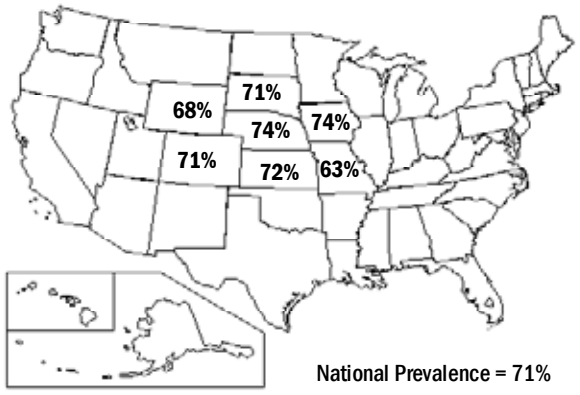
Last Visited Dentist in Past 12 Months by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 161

Proportion of Adults Aged 18+ Who Visited Dentist in Past 12 Months (2004+2006)
(Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

The proportion of respondents who had visited the dentist in the past year was significantly larger for the two middle age groups. Three-fourths of persons aged 30 to 44 (75 percent) and aged 45 to 64 (76 percent) indicated a dental visit during this time period. Prevalence was lower for 18- to 29-year-olds (70 percent) and those aged 65 and older (68 percent).

The proportion of respondents who had visited the dentist in the past 12 months increased significantly with each increasing educational level (**Figure 159**). Among persons who had not completed high school, only 57 percent had seen the dentist this recently. Two-thirds of high school graduates (67 percent) and three-fourths of persons with some college or technical training (74 percent) reported a dental visit within the past year. For college graduates, the proportion was even higher (83 percent).

A similar trend is evident by household income of respondents. The likelihood of a dental visit within the last 12 months increased significantly with each increasing income bracket shown in Table 43. For respondents with annual incomes below $15,000, 54 percent reported a dental visit in the past year. Prevalence rose in each income bracket, reaching a high of 86 percent for persons with incomes of $75,000 or more per year.

White adults (74 percent) were significantly more likely to have seen the dentist in the past 12 months than Hispanic Americans (63 percent), African Americans (62 percent) and Native Americans (58 percent) (**Figure 160**).

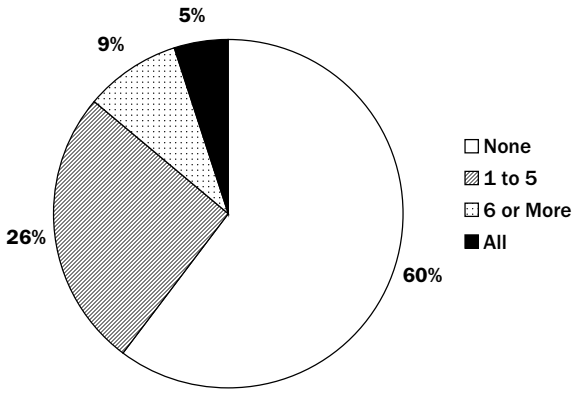
The proportion of urban Nebraskans who had seen the dentist this recently (77 percent) was significantly greater than the proportion of rural residents (70 percent) (**Table 43**).

Nebraska and the Nation

In 2004–2006, an average of 71 percent of adults nationwide stated their last visit to the dentist occurred during the past 12 months (**Figure 161**), compared to 74 percent for Nebraska. Nebraska and Iowa (74 percent) reported the highest rates of the seven neighboring states, with Kansas (72 percent), Colorado (71 percent) and South Dakota (71 percent) near the national median. Lower rates were reported for Wyoming (68 percent) and Missouri (63 percent).

Figure 162

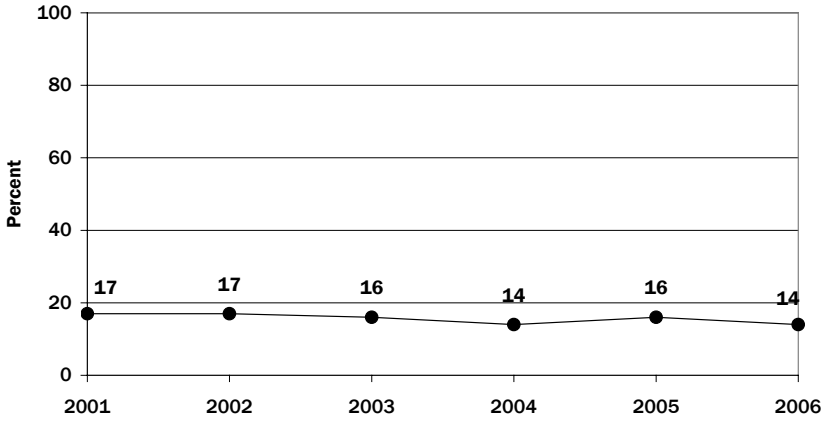
Number of Permanent Teeth Removed Due to Tooth Decay or Gum Disease (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 163

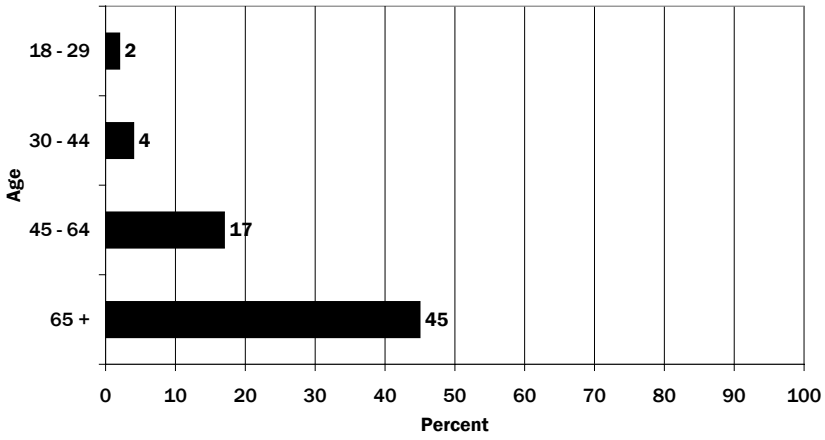
Trend—Proportion of Adults with 6+ Permanent Teeth Extracted Due to Decay or Periodontal Disease (2001–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 164

Proportion of Adults with 6+ Permanent Teeth Extracted by Age (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Loss of Permanent Teeth

DEFINITION

Number of Permanent Teeth Lost: Responses to the question, "How many of your permanent teeth have been removed because of tooth decay or gum disease? Do not include teeth lost for other reasons, such as injury or orthodontics."

Current Prevalence

Sixty percent of adults in the 2004–2006 BRFSS reported that they had lost no teeth due to these dental problems (**Figure 162**). One-fourth (26 percent) said they had one to five teeth removed due to decay or gum disease. Nine percent had lost six or more teeth (but not all), while 5 percent had at some time had all their teeth removed.

Trend over Time

Since 2001, the proportion of adults who had six or more permanent teeth removed has declined slightly from 17 percent to 14 percent in 2006 (**Figure 163**).

Who Has Lost Permanent Teeth?

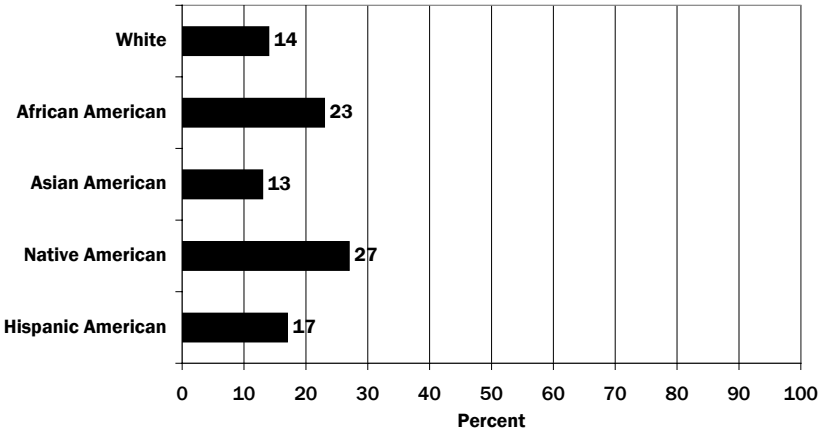
The proportion of persons who had lost six or more of their permanent teeth to tooth decay or gum disease increased significantly with age of respondent, ranging from only 2 percent of 18- to 29-year-olds to 45 percent of persons aged 65 and older (**Figure 164**).

Significant differences were also noted by educational level of respondent (**Table 43**). More than one-fourth of those with less than a high school education (28 percent) reported loss of six or more teeth, while 18 percent of high school graduates reported losing this many teeth. The proportion of respondents who lost six or more teeth decreased further among those who had some college (13 percent) and among college graduates (7 percent).

Similarly, lower-income respondents were significantly more likely than respondents with higher incomes to have lost six or more of their permanent teeth. Nearly one-third of those with household incomes below $15,000 per year (31 percent) stated that this many teeth had been extracted. Prevalence of tooth loss decreased with increasing income level to a low of only 6 percent among adults with incomes of $75,000 or more.

Figure 165

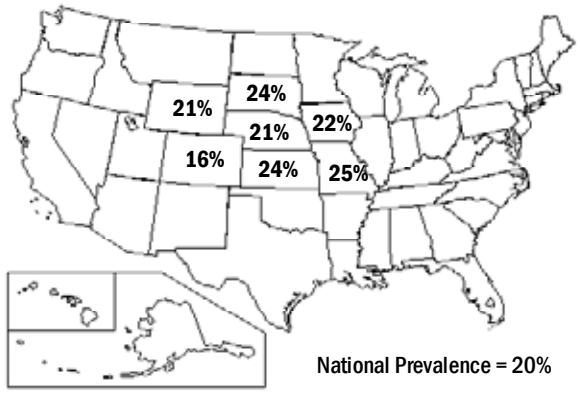
Proportion of Adults with 6+ Permanent Teeth Extracted by Race/Ethnicity (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 166

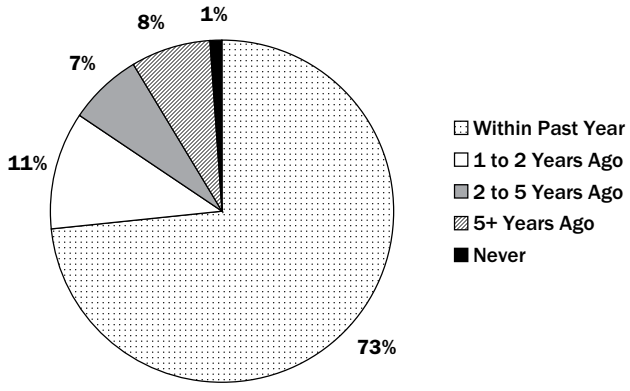
Proportion of Adults Aged 65+ Who Had All Their Teeth Extracted due to Decay or Gum Disease (2004–2006) (Data not age-adjusted)



Nebraska Department of Health and Human Services: BRFSS

Figure 167

Last Time Respondents Had Their Teeth Cleaned (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

Native Americans (27 percent) were significantly more likely than Asian Americans (13 percent), Hispanic Americans (17 percent), or whites (14 percent) in Nebraska to have lost six or more permanent teeth to decay or gum disease (**Figure 165**). African Americans (23 percent) were also significantly more likely than Hispanic and white Nebraskans to report this extent of tooth loss.

Sixteen percent of adult Nebraskans living in rural counties stated that they had six or more teeth removed, compared to 12 percent of urban residents (a statistically significant difference) (**Table 43**).

Nebraska and the Nation

In 2004–2006, the median proportion of adults aged 65 and older who had all their teeth extracted due to decay or gum disease was 20 percent for the nation (**Figure 166**), compared to 21 percent in Nebraska. Of the six surrounding states, only Colorado reported a lower rate of tooth loss (16 percent). The proportion of adults in this age group who had lost all their teeth was highest in Missouri (25 percent).

Teeth Cleaning

DEFINITION

Responses to the question indicating anytime less than 12 months ago, "How long has it been since you had your teeth cleaned by a dentist or dental hygienist?" This question was asked only of respondents who had ever been to the dentist and who had not had all their teeth extracted.

Current Prevalence

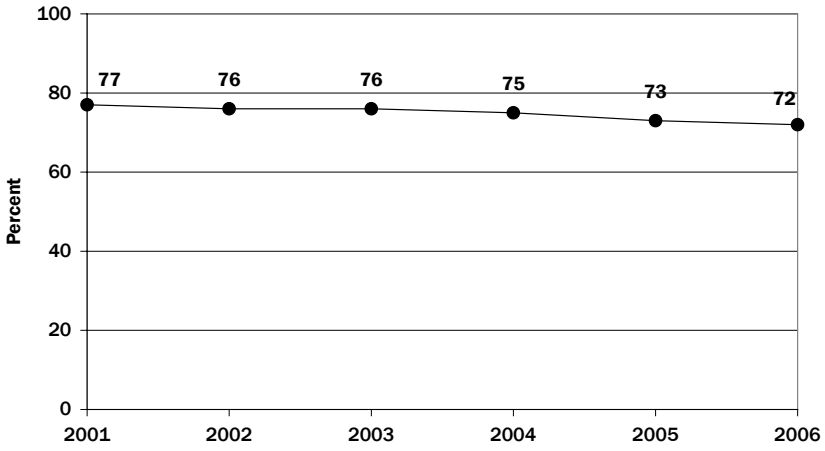
Nearly three-fourths of the respondents to the 2004–2006 Nebraska BRFSS (73 percent) said they had their teeth cleaned within the past year (**Figure 167**). For 11 percent, it had been one to two years since their last cleaning. Seven percent said it had been two to five years ago, while 8 percent stated it had been five years or more since they last had a dentist or dental hygienist clean their teeth.

Trend over Time

The proportion of adult Nebraskans who had their teeth cleaned in the past 12 months has declined gradually over the past six years, moving

Figure 168

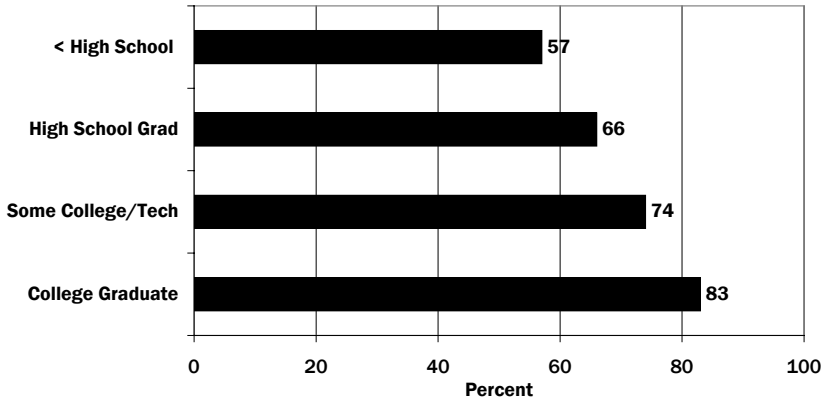
Trend—Last Dental Cleaning in Past 12 Months (2001–2006)



Nebraska Department of Health and Human Services: BRFSS

Figure 169

Had Teeth Cleaned in Past 12 Months by Education (2004–2006)



Nebraska Department of Health and Human Services: BRFSS

from 77 percent in 2001 to 72 percent in 2006 (**Figure 168**).

Who Has Had Teeth Cleaned?

A significantly greater proportion of women (77 percent) had their teeth cleaned in the past year, compared to men (70 percent) (**Table 43**).

Persons aged 45 to 64 (76 percent) were significantly more likely than younger adults to say they had their teeth cleaned in the last 12 months. Persons aged 65 and older (75 percent) were significantly more likely than persons 18 to 29 years of age (69 percent) to have this done.

The proportion of adults who had a dental visit for teeth cleaning in the past year increased significantly with increasing educational level (**Figure 169**). Only 57 percent of persons who had not completed high school had their teeth cleaned within the year. In contrast, 83 percent of college graduates reported having a dental cleaning within this time period.

A similar trend is apparent by household income of respondents (**Table 43**). Only 52 percent of those in the lowest income bracket (<$15,000 per year) said they had their teeth cleaned during the past 12 months, as did 61 percent of those earning $15,000 to $24,999 per year. Persons in the next higher income bracket ($25,000 to $49,999) were significantly more likely to report a dental cleaning (71 percent). Persons in the two highest income categories (80 to 84 percent) were also significantly more likely than those with lower incomes to report having their teeth cleaned in the last year.

The proportion of white respondents indicating they had teeth cleaned in the past year (74 percent) was significantly higher than the proportions reported by all other racial and ethnic groups: African Americans (63 percent), Hispanic Americans (61 percent), Asian Americans (59 percent), and Native Americans (56 percent).

In comparison to rural Nebraskans (69 percent), urban residents (78 percent) were significantly more likely to have had a dental cleaning in the past 12 months.

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