



Behavioral Risk Factors for the **Limited English Proficient Population** in Nebraska

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Behavioral Risk Factors for the Limited English Proficient Population

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Table of Contents

Introduction	1
Methodology	1
Key Findings	3
Health Status	4
Perceived Health Status: Fair or Poor.....	4
Access to Health Care	6
No Personal Physician	6
No Health Coverage	8
Unable to See a Physician Due to Cost.....	10
Chronic Disease	12
Myocardial Infarction	12
Coronary Heart Disease.....	14
Stroke	16
Chronic Obstructive Pulmonary Disease (COPD).....	18
Asthma	20
Diabetes	22
Arthritis	24
High Blood Pressure	26
High Cholesterol.....	28
Cancer	30
Skin Cancer.....	30
Any Other Type of Cancer	32
Substance Abuse	34
Heavy Drinking	34
Binge Drinking	36
Drinking and Driving.....	38
Current Cigarette Smoking.....	40
Tobacco Use	42

Preventative Care	44
Last Routine Check-Up: Past 2 Years	44
Last Visit to Dentist: Past 2 Years	46
Cholesterol Check	48
Cholesterol Checked: Last 5 Years.....	50
Flu Shot	52
Pneumonia Shot.....	54
Colonoscopy or Sigmoidoscopy.....	56
Sigmoidoscopy: Less than Five Years Ago	58
Risk Factors for Illness.....	60
Overweight: Body Mass Index 25 – 29.9	60
Obese: Body Mass Index 30+	62
Overweight or Obese: Body Mass Index 25+	64
High Physical Activity.....	66
Physically Inactive.....	68
Physical Health	70
Mental Health	72
Depressive Disorder	74
Activity Limitations.....	76
Exercise Outside of Work	78
Fruits and Vegetables.....	80
Conclusion	82

Introduction

This report focuses on Nebraska’s Limited English Proficient (LEP) population. According to the U.S. Department of Health and Human Services, LEP individuals are those who “do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English.”¹ The LEP population in Nebraska is continuously growing. From 1990 to 2013, the LEP population grew by 80% from approximately 14 million to 25 million.²

In Nebraska, English language knowledge is often essential in navigating the health care system. Research has shown that those with limited English proficiency are more likely to have difficulty understanding medical situations, more likely to have trouble understanding labels, and more likely to have adverse reactions to medications.³ The purpose of this report is to highlight the disparities faced by LEP individuals in order to identify better ways to serve the population.

Methodology

The data in this report was provided through the Nebraska Behavioral Risk Factor Surveillance System (BRFSS), which has been conducting surveys annually since 1986 in order to collect 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. 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 of the US territories.

The standard BRFSS survey did not include a question to identify the LEP population. A language ability question was added in 2008 in order to identify health disparities among the LEP population in Nebraska. The question was identical to that of the census: “How well do you speak English?” Individuals could respond: “very well,” “well,” “not well,” and “not at all.” For the purposes of this report, individuals with limited English proficiency were those who reported that they spoke English “not well” or “not at all”.

Please note, the American Indians population was not included in this report due to an insufficient sample size for the American Indian population who reported limited English proficiency.

¹ U.S. Department of Health and Human Services. (2013). Guidance to federal financial assistance recipients regarding Title VI and the prohibition against national origin discrimination affecting limited English proficient persons. Retrieved from www.hhs.gov/civil-rights/for-providers/laws-regulations-guidance/guidance-federal-financial-assistance-title-VI/index.html

² Migration Policy Institute. (2013). Tabulations from the U.S. Census Bureau’s 1990 and 2000 Decennial Censuses and 2010 and 2013 American Community Surveys (ACS).

³ Wilson, E., Chen, A.H., Grumbach, K., Wang, F., Fernandez, A. (2005). Effects of limited English proficiency and physician language on health care comprehension. *J Gen Intern Med* (20). 800–806.

Risk Factors for Limited English Speaking Nebraskans

➔ Perceived Health Status

2.4x Limited English speaking Nebraskans were 2.4 times more likely to perceive their health status as fair or poor, compared to proficient English speakers.



➔ Heart Attack

1.8x Limited English proficient Nebraskans (5.9%) were more likely to have ever had a heart attack than English proficient Nebraskans (3.2%).

➔ Physically Unwell

1.7x Limited English proficient Nebraskans (16.1%) were more likely to feel that their physical health was not good on more than 10 of the past 30 days, compared to English proficient Nebraskans (9.5%).

Access to Health Care

Health Insurance

2.2x

Limited English speaking Nebraskans were over twice as likely to have no health insurance than proficient English speaking Nebraskans.

Personal Physician

1.5x

Approximately 30% of limited English speaking Nebraskans had no personal physician, compared to 20% of English proficient Nebraskans.

Key Findings

Health Status

Overall, the limited English speaking population was more likely to perceive their health status as fair or poor, compared to the English proficient population. This was the case among the White, African American, and Hispanic populations. Within the Asian population, the English proficient population was more likely than the limited English speaking Asian population to perceive their health status as fair or poor.

Access to Health Care

In Nebraska, the limited English proficient population was more likely to have no health care coverage and more likely to be unable to see a doctor due to cost than the English proficient population. The limited English proficient population was also more likely than the English proficient population to have no personal physician.

Chronic Disease

Limited English proficient Nebraskans were more likely than were English proficient Nebraskans to have ever had a heart attack, stroke, and coronary heart disease. Limited English proficient Nebraskans were also more likely to have high blood pressure and high cholesterol than English proficient Nebraskans.

Cancer

Limited English proficient Nebraskans were more likely than were English proficient Nebraskans to report having ever had cancer, other than skin cancer. However, limited English proficient Nebraskans were only slightly more likely than were English proficient Nebraskans to have ever had skin cancer.

Substance Abuse

The English proficient population was more likely to report heavy drinking or binge drinking than was the limited English proficient population. However, the limited English population was slightly more likely to report drinking and driving.

Preventative Care

Similar proportions of the limited English proficient population and English proficient population reported having had a routine check-up in the past two years and visiting the dentist in the past two years. While the English proficient population was slightly more likely to have had a flu shot in the past year, the limited English proficient population was more likely to have ever had a pneumonia shot.

Risk Factor for Illness

The limited English speaking population was more likely to be overweight or obese than the English proficient population and more likely to report being physically inactive than the English proficient population. The limited English proficient population and the English proficient population reported similar percentages of those who had poor mental health on ten or more days in the past month, but the English proficient population was more likely to report having ever had a depressive disorder.

Health Status

Perceived Health Status: Fair or Poor

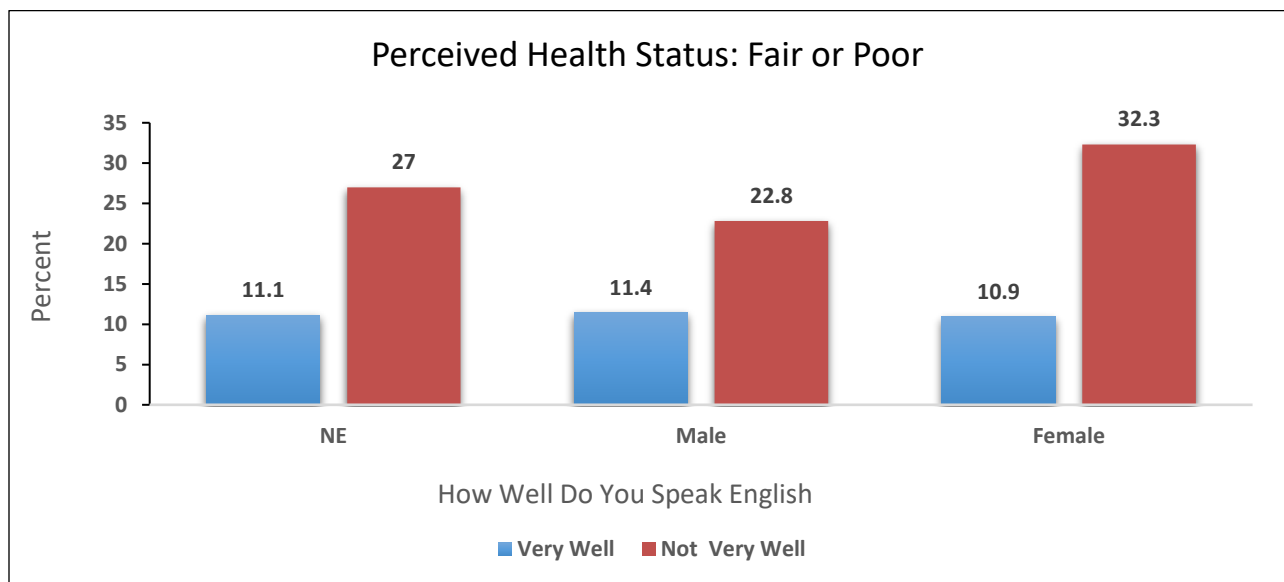
Perceived health status measures how an individual views his or her health – excellent, very good, good, fair, or poor. Individuals who are poor or uninsured are more likely to report being in fair or poor health and have higher rates of hospitalization and mortality compared to those who report excellent or good health.

English Speaking Ability Disparities

- When asked about their health status, 27% of individuals who were not proficient in English perceived their health status as fair or poor, compared to 11.1% of those who were proficient English speakers.

Key Gender Disparities

- Approximately 23% of adult males who were not proficient in English perceived their health status as fair or poor, compared to 11.4% of male proficient English speakers.
- Limited English speaking females were more likely to report their health status as fair or poor (32.3%), compared to 10.9% of females proficient in English.

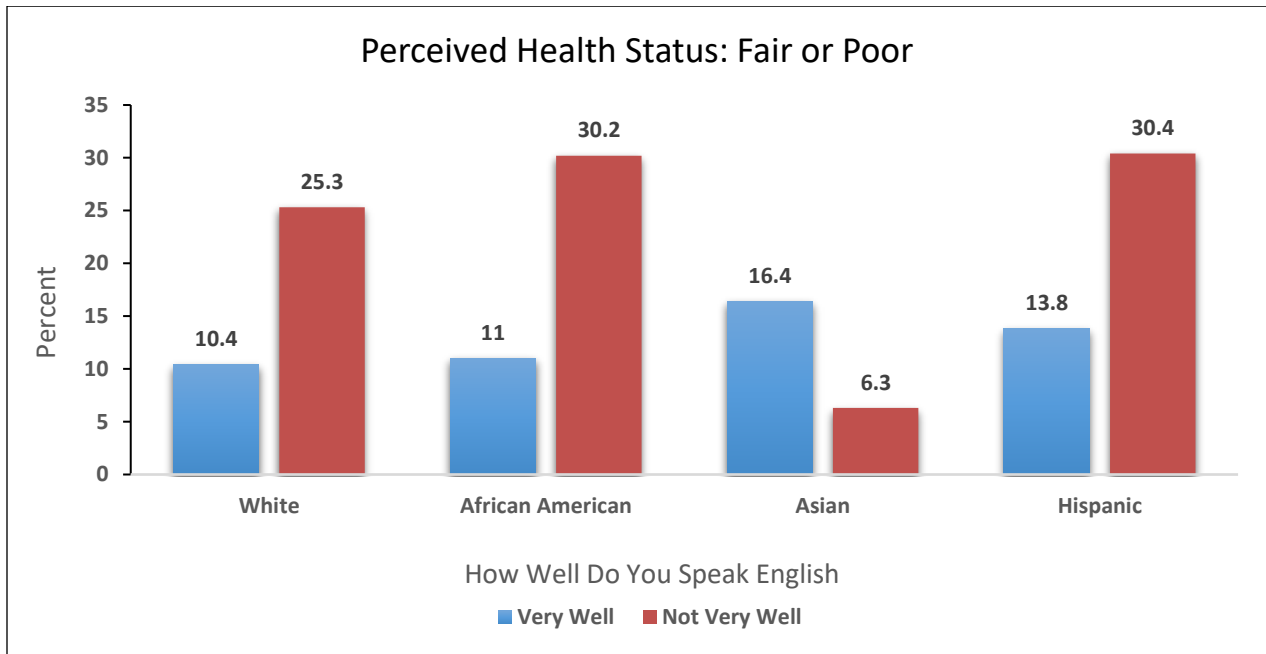


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	11.1	27.0	11.4	22.8	10.9	32.3
95% CI	10.0 – 12.4	23.6 – 30.8	9.5 – 13.6	18.7 – 27.4	9.7 – 12.3	26.6 – 38.5

Perceived Health Status: Fair or Poor

Key Race Disparities

- Limited English speaking Hispanics and African Americans were the most likely populations to report their health status as fair or poor, at approximately 30%.
- African Americans who were not proficient in English were 2.7 times more likely to report their health status as fair or poor, compared to African Americans who were proficient in English.
- Whites with limited English proficiency were over twice as likely as were English proficient Whites to report their health status as fair or poor.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	10.4	25.3	11.0	30.2	16.4	6.3	13.8	30.4
95% CI	9.3 – 11.5	21.9 – 29.0	5.8 – 19.8	14.5 – 52.6	8.6 – 29.2	2.6 – 14.6	9.0 – 20.5	23.3 – 38.7

Access to Health Care

No Personal Physician

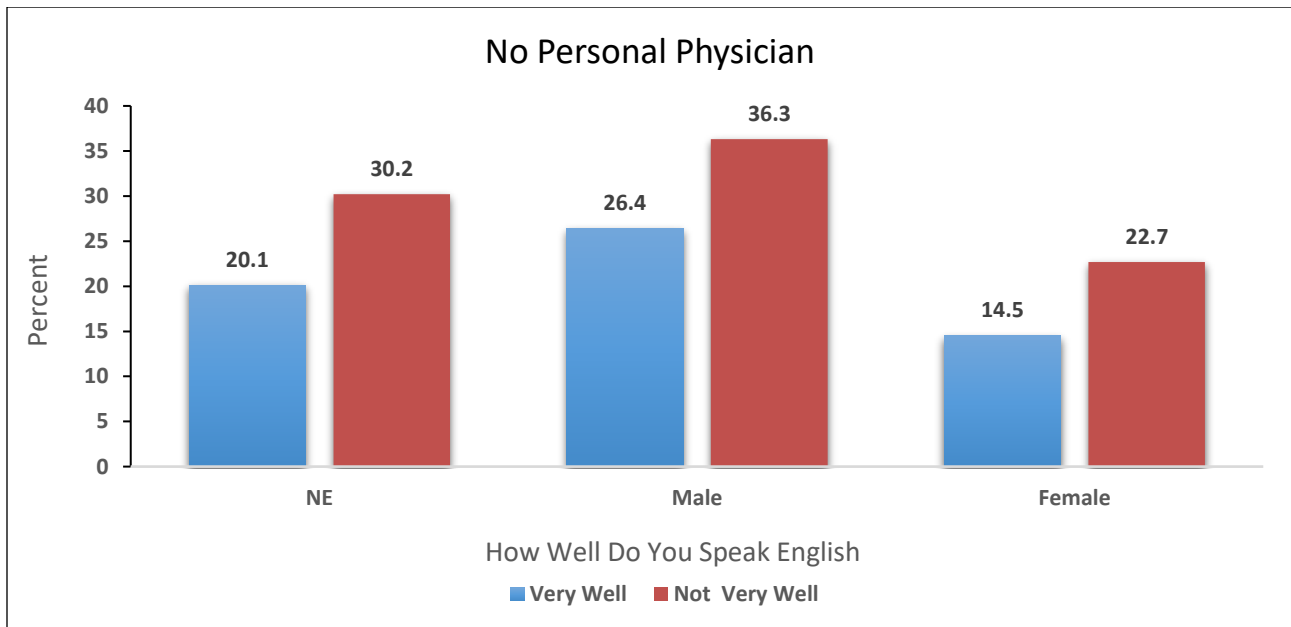
A personal physician or personal doctor is a health care provider that specializes in primary care. Individuals without a personal physician are less likely to have access to routine checkups.

English Speaking Ability Disparities

- Approximately 30% of Nebraskans who were not English proficient reported having no personal physician, which was ten percentage points higher than English proficient Nebraskans who reported the same (20.1%).

Key Gender Disparities

- Over one-third of limited English speaking males (36.3%) reported not having a personal physician, compared to only 26.4% of males who were proficient in English.
- Limited English speaking females (22.7%) were more likely to report not having a personal physician than were English proficient females (14.5%).

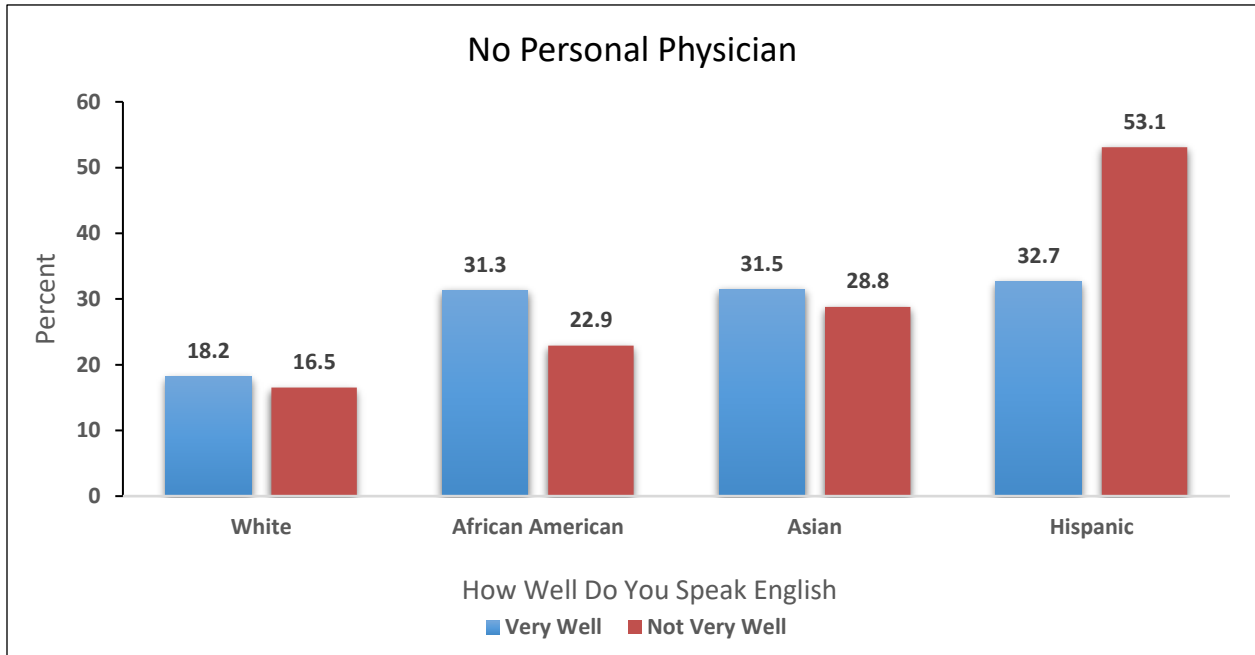


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	20.1	30.2	26.4	36.3	14.5	22.7
95% CI	18.4 – 22.0	26.2 – 34.5	23.5 – 29.5	30.7 – 42.2	12.7 – 16.6	17.5 – 29.0

No Personal Physician

Key Race Disparities

- Over half of the limited English speaking Hispanic population (53.1%) reported having no personal physician, compared to only 32.7% of the English proficient Hispanic population.
- The limited English speaking White, African American, and Asian populations were less likely to have no personal physician than were English proficient Whites, African Americans, and Asians, respectively.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	18.2	16.5	31.3	22.9	31.5	28.8	32.7	53.1
95% CI	16.6 – 20.0	13.4 – 20.1	18.6 – 47.6	10.1 – 44.2	20.3 – 45.4	16.9 – 44.5	22.8 – 44.4	44.7 – 61.4

No Health Coverage

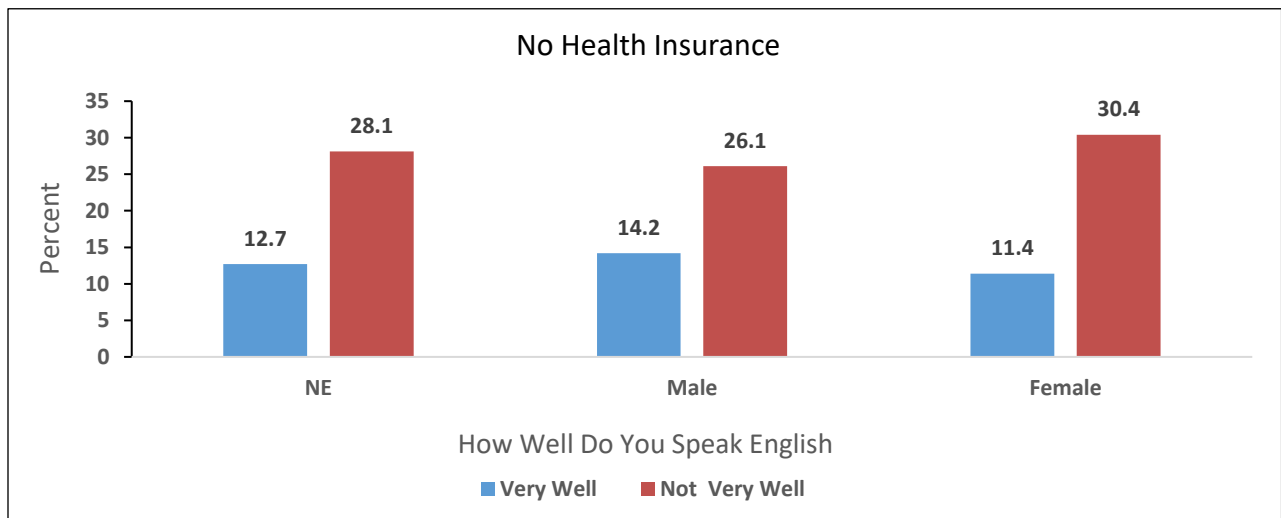
Health care coverage can include health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service. Individuals without health care coverage are less likely to access health care services and more likely to delay getting needed medical attention.

English Speaking Ability Disparities

- Approximately 28% of limited English speaking Nebraskans did not have health insurance, compared to 12.7% of English proficient Nebraskans.

Key Gender Disparities

- Nebraska males with limited English proficiency (26.1%) were more likely to have no health insurance than were English proficient Nebraska males (14.2%).
- Nebraska females with limited English proficiency (30.4%) were over twice as likely as were English proficient Nebraska females (11.4%) to have no health insurance.

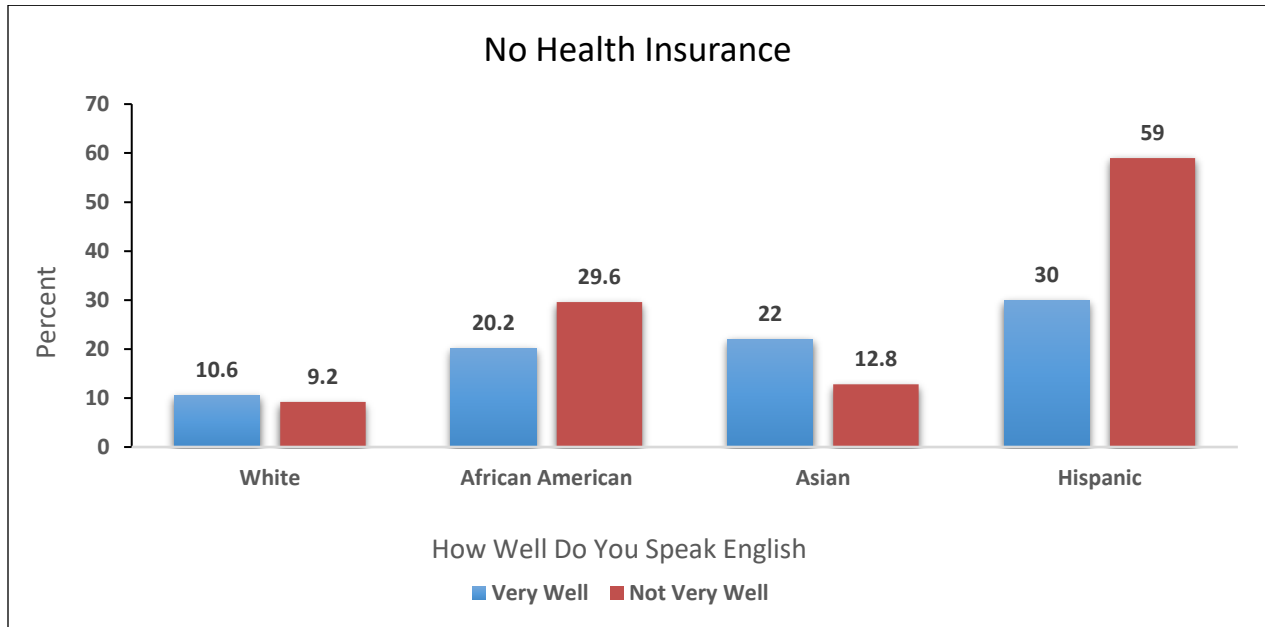


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	12.7	28.1	14.2	26.1	11.4	30.4
95% CI	11.3 – 14.3	24.0 – 32.6	11.8 – 17.0	20.6 – 32.5	9.8 – 13.2	24.5 – 37.1

No Health Coverage

Key Race Disparities

- Over half of limited English speaking Hispanics (59%) reported having no health insurance, compared to only 30% of English proficient Hispanics.
- African Americans with limited English proficiency (29.6%) were more likely to have no health insurance, compared to African Americans who were English proficient (20.2%).



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	10.6	9.2	20.2	29.6	22.0	12.8	30.0	59.0
95% CI	9.3 – 11.9	6.7 – 12.6	11.1 – 33.9	13.2 – 53.9	12.5 – 35.8	5.1 – 28.6	20.6 – 41.6	50.7 – 66.8

Unable to See a Physician Due to Cost

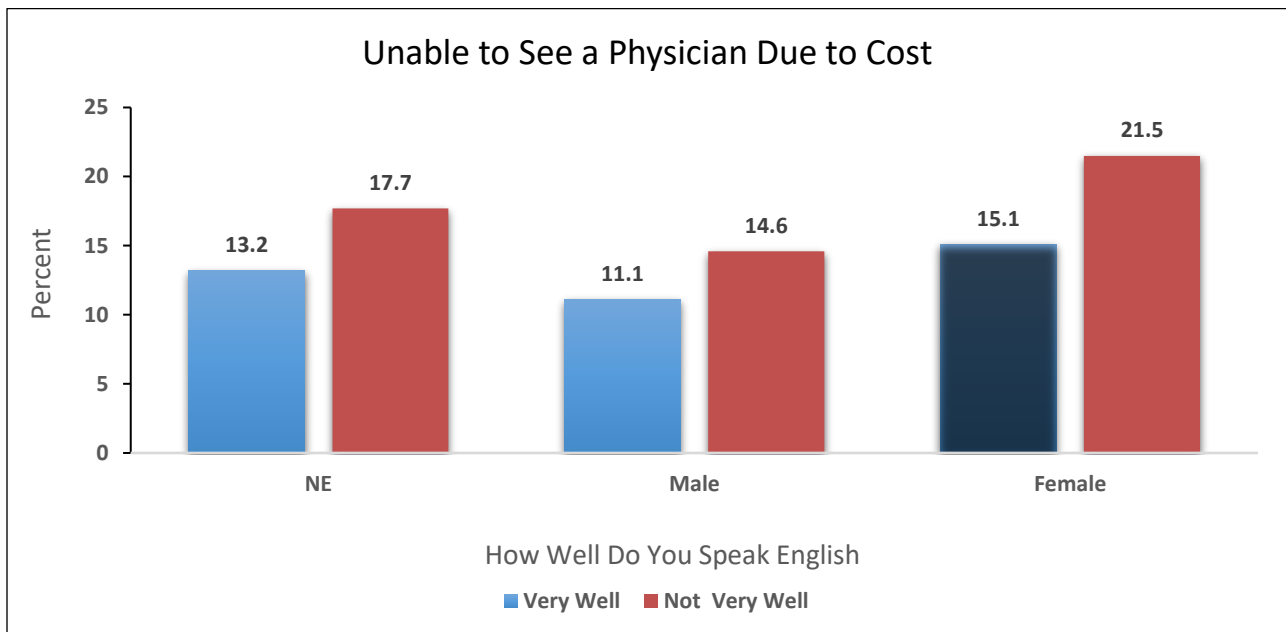
Participants were asked, “Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?”

English Speaking Ability Disparities

- Approximately 18% of Nebraskans with limited English proficiency reported being unable to see a physician due to cost within the past 12 months, compared to 13.2% of English proficient Nebraskans.

Gender Key Disparities

- Females with limited English proficiency (21.5%) were the most likely to report being unable to see a physician due to cost in the past 12 months, compared to both English proficient females (15.1%) and limited English speaking males (14.6%).
- Limited English speaking males (14.6%) were more likely to report being unable to see a doctor due to cost, compared to English proficient males (11.1%).

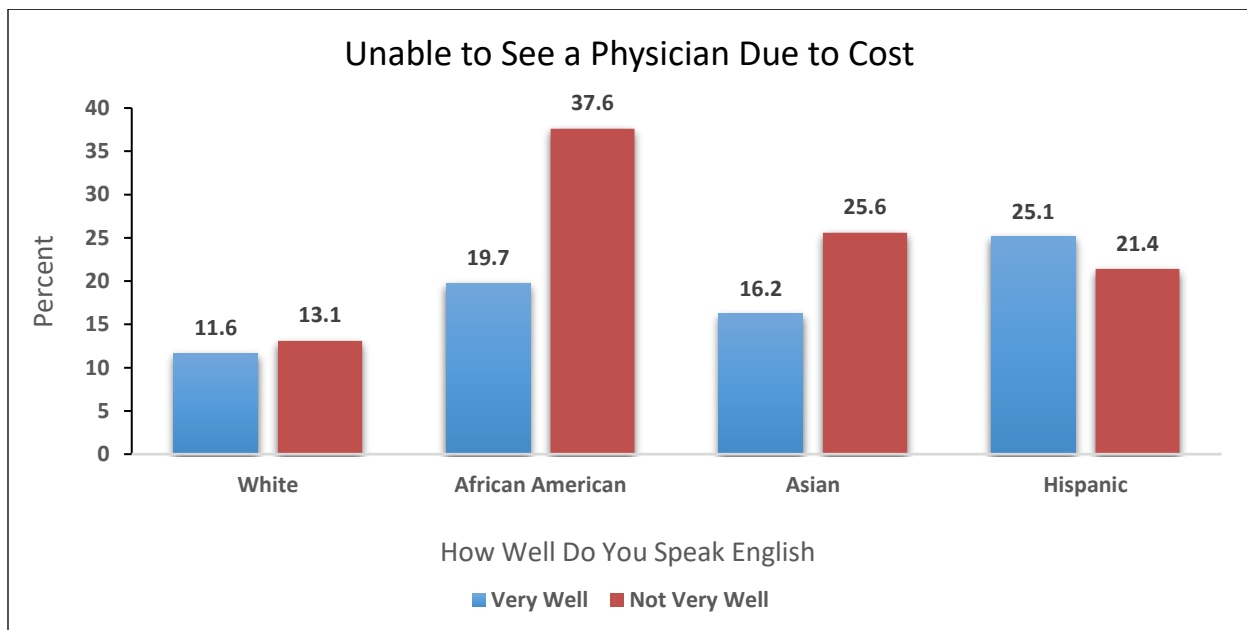


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	13.2	17.7	11.1	14.6	15.1	21.5
95% CI	11.8 – 14.8	14.7 – 21.2	9.0 – 13.7	11 – 19.1	13.4 – 17.0	16.7 – 27.4

Unable to See a Physician Due to Cost

Key Race Disparities

- African Americans with limited English proficiency (37.6%) were the most likely population to report being unable to see a physician due to cost. This was almost 18 percentage points higher than that of English proficient African Americans who reported the same.
- Just over one-fourth of the limited English speaking Asian population (25.6%) reported being unable to see a physician due to cost, compared to 16.2% of the English proficient Asian population.
- The limited English speaking White population (13.1%) was slightly more likely to report being unable to see a physician due to cost, compared to the English proficient White population (11.6%).



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	11.6	13.1	19.7	37.6	16.2	25.6	25.1	21.4
95% CI	10.4 – 13.1	9.7 – 17.3	11.4 – 31.7	18.3 – 62.0	9.5 – 26.2	13.2 – 43.7	16.2 – 36.8	15.8 – 28.2

Chronic Disease

Myocardial Infarction

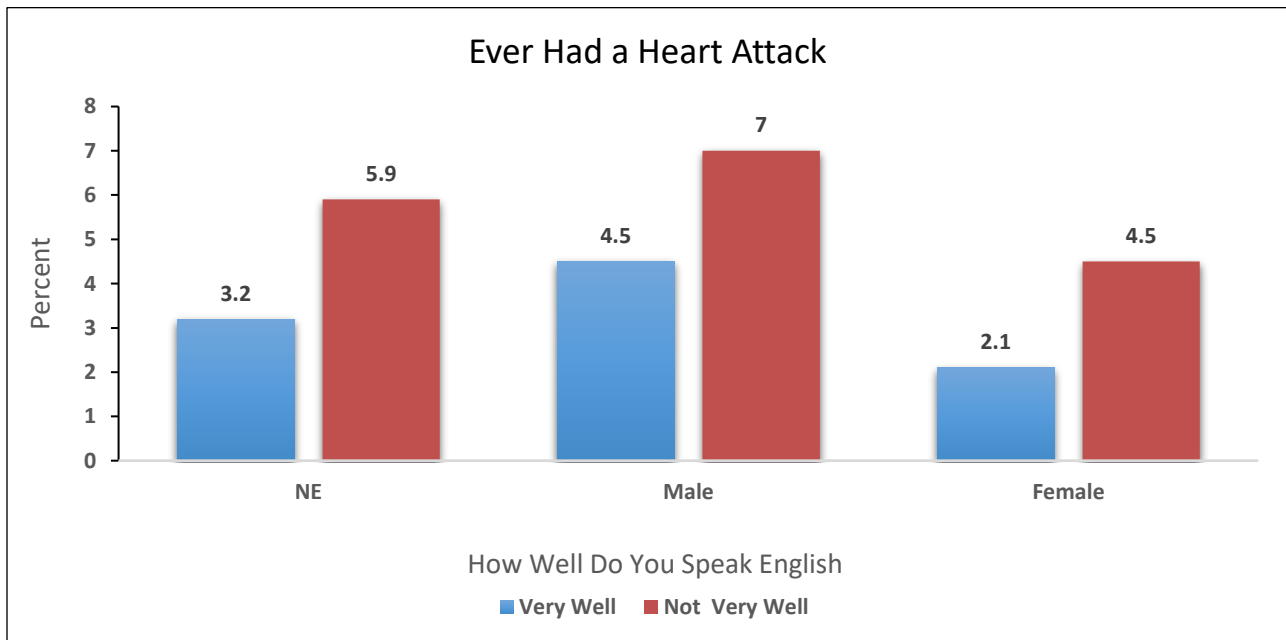
A myocardial infarction, also known as a heart attack, occurs when a part of the heart muscle does not receive enough blood flow. Every 43 seconds, someone in the United States has a heart attack.⁴

English Speaking Ability Disparities

- Approximately 6% of limited English speaking Nebraskans reported having ever had a heart attack, compared to 3.2% of English proficient Nebraskans.

Gender Key Disparities

- Males with limited English proficiency (7.0%) were more likely than were English proficient males (4.5%) to have ever had a heart attack.
- Females with limited English proficiency (4.5%) were just over twice as likely as were English proficient females (2.1%) to have ever had a heart attack.



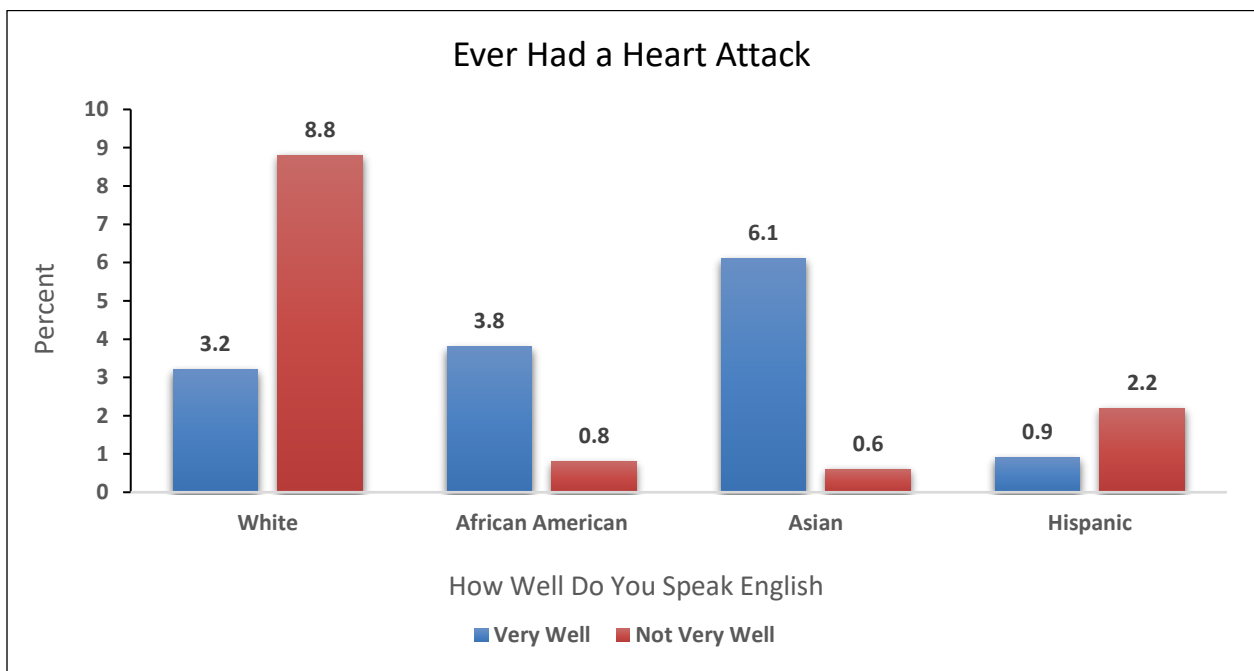
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	3.2	5.9	4.5	7.0	2.1	4.5
95% CI	2.8 – 3.8	4.6 – 7.5	3.7 – 5.5	5.1 – 9.6	1.6 – 2.8	2.9 – 6.8

⁴ Centers for Disease Control and Prevention. (2017). Heart attack. Retrieved from www.cdc.gov/heartdisease/heart_attack.htm

Myocardial Infarction

Key Race Disparities

- The White limited English speaking population (8.8%) was 2.8 times more likely than was the English proficient White population (3.2%) to have ever had a heart attack.
- Limited English speaking Hispanics (2.2%) were just over twice as likely as were English proficient Hispanics (0.9%) to report having ever had a heart attack.
- The English proficient African American and Asian populations were more likely to have ever had a heart attack than were the limited English speaking African American and Asian populations respectively.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	3.2	8.8	3.8	0.8	6.1	0.6	0.9	2.2
95% CI	2.7 – 3.8	6.8 – 11.4	1.5 – 9.3	0.1 – 5.7	2.8 – 12.7	0.1 – 4.4	0.4 – 2.3	1.0 – 4.5

Coronary Heart Disease

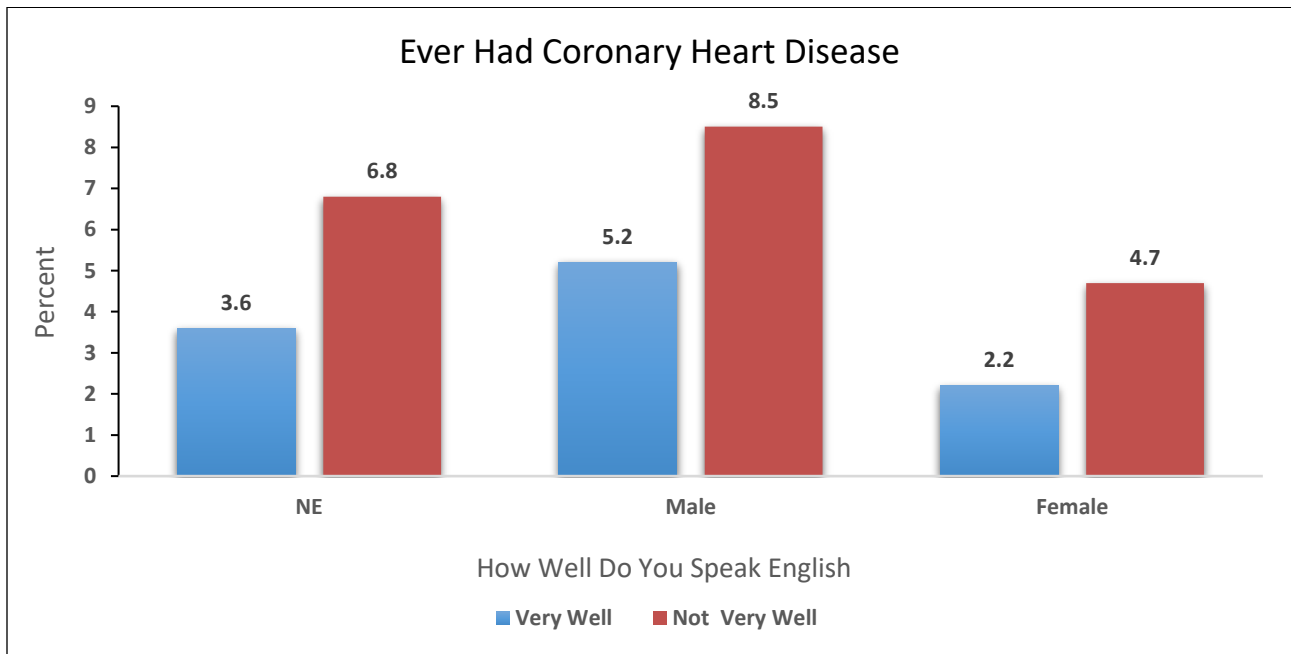
Heart disease is a leading cause of death for both men and women in the United States. Coronary heart disease is the most common type of heart disease, killing over 370,000 people annually.⁵

English Speaking Ability Disparities

- Limited English speaking Nebraskans (6.8%) were more likely to report having ever had coronary heart disease than were English proficient Nebraskans (3.6%).

Key Gender Disparities

- Nebraska males with limited English proficiency (8.5%) were more likely than were English proficient males (5.2%) to report having ever had coronary heart disease.
- Nebraska females with limited English proficiency (4.7%) were over twice as likely as were English proficient females (2.2%) to report having ever had coronary heart disease.



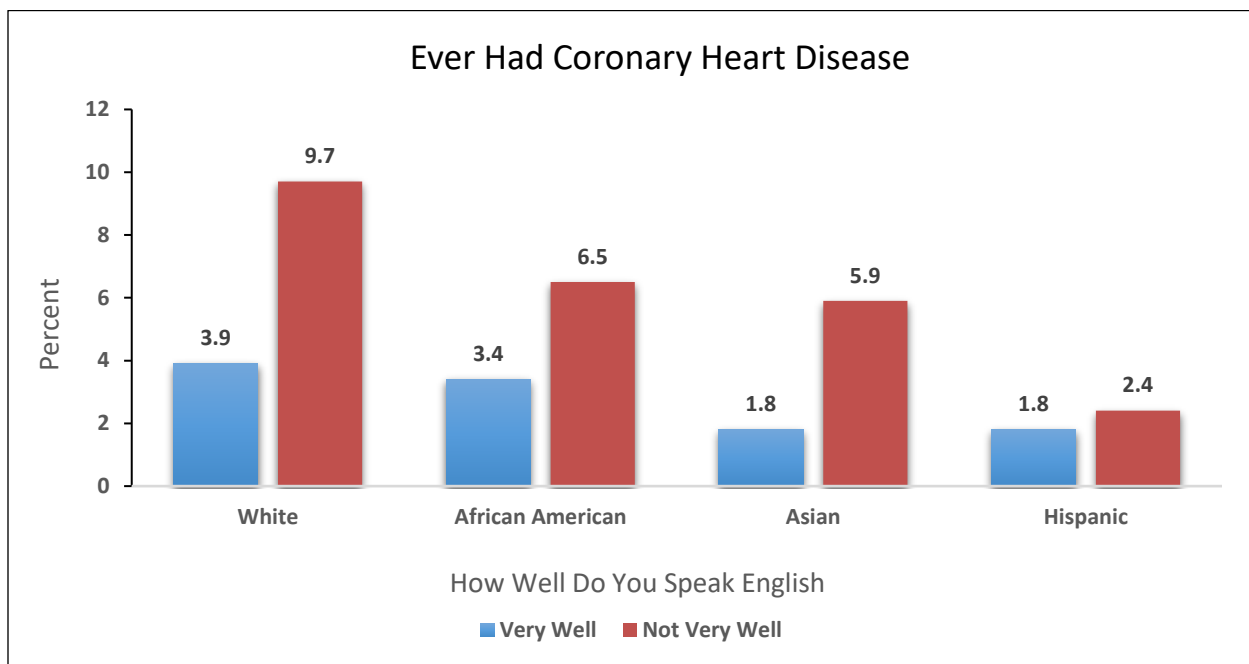
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	3.6	6.8	5.2	8.5	2.2	4.7
95% CI	3.1 – 4.3	5.4 – 8.6	4.3 – 6.4	6.4 – 11.3	1.7 – 2.8	3.1 – 7.1

⁵ Centers for Disease Control and Prevention. (2017). Heart disease. Retrieved from www.cdc.gov/HeartDisease/facts.htm

Coronary Heart Disease

Key Race Disparities

- Limited English speaking Whites (9.7%) were 2.5 times more likely than were English proficient Whites (3.9%) to report having ever had coronary heart disease.
- Asians with limited English proficiency (5.9%) were over three times as likely as were English proficient Asians (1.8%) to report having ever had coronary heart disease.
- African Americans (6.5%) and Hispanics (2.4%) who could not speak English very well were more likely to be diagnosed with coronary heart disease, compared to English proficient African Americans (3.4%) and Hispanics (1.8%) respectively.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	3.9	9.7	3.4	6.5	1.8	5.9	1.8	2.4
95% CI	3.3 – 4.6	7.6 – 12.3	1.3 – 8.3	1.8 – 20.8	0.7 – 4.5	1.3 – 23.3	0.6 – 5.9	1.1 – 5.2

Stroke

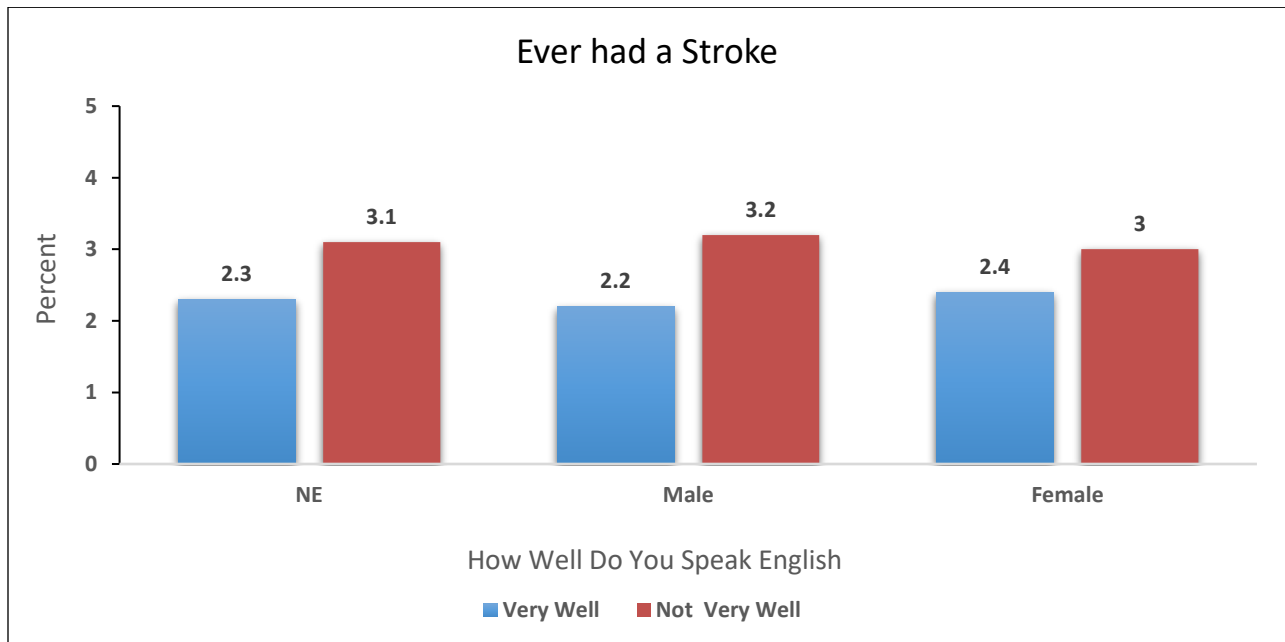
Stroke is the fifth leading cause of death in the United States and is a major cause of disability among adults. Approximately 800,000 people in the United States have a stroke each year and one American dies from a stroke every four minutes.⁶

English Speaking Ability Disparities

- Limited English speaking Nebraskans (3.1%) were more likely than were English proficient Nebraskans (2.3%) to report having ever had a stroke.

Key Gender Disparities

- Nebraska males (3.2%) and females (3.0%) with limited English proficiency were more likely than were English proficient males (2.2%) and females (2.4%) to report having ever had a stroke.



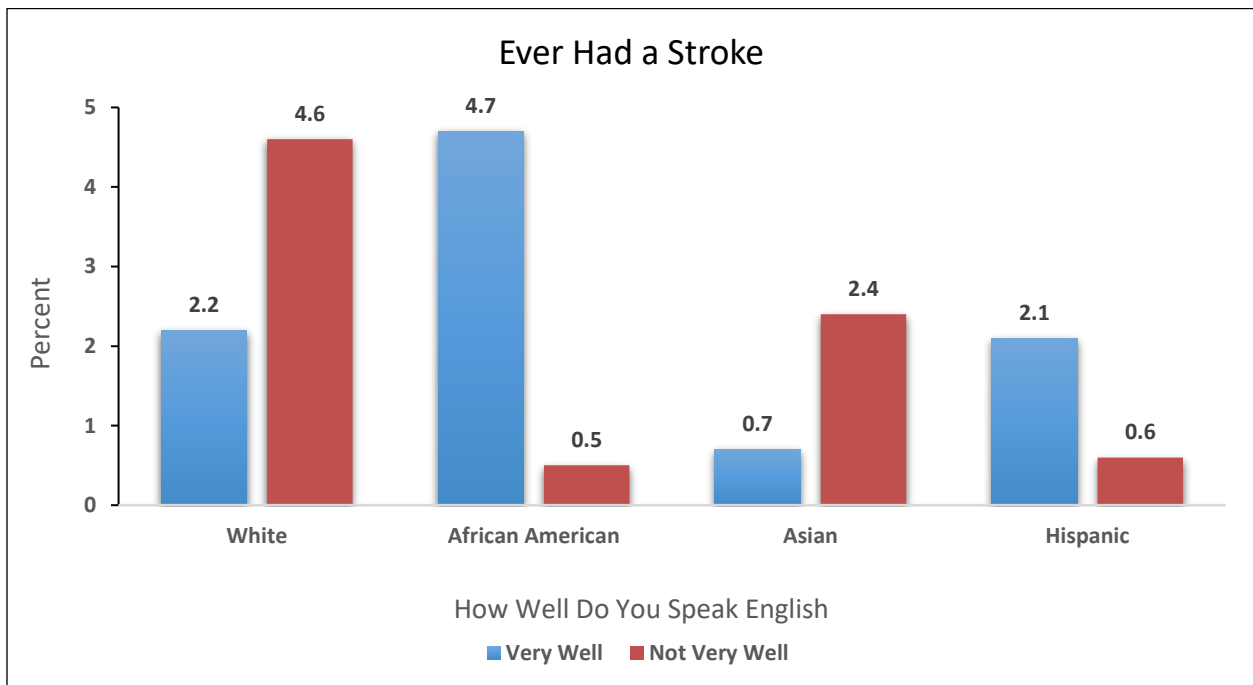
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	2.3	3.1	2.2	3.2	2.4	3.0
95% CI	1.9 – 2.8	2.4 – 4.1	1.6 – 2.9	2.2 – 4.7	1.8 – 3.1	2.0 – 4.4

⁶ Centers for Disease Control and Prevention. (2017). Stroke. Retrieved from www.cdc.gov/Stroke/index.htm

Stroke

Key Race Disparities

- English proficient African Americans (4.7%) were the most likely population to report having ever had a stroke, while limited English speaking African Americans (0.5%) were the least likely population to report the same.
- Limited English speaking Whites (4.6%) were twice as likely to report having ever had a stroke, compared to Whites proficient in English (2.2%).
- Limited English speaking Asians (2.4%) were over three times as likely as were English proficient Asians (0.7%) to report having ever had a stroke.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	2.2	4.6	4.7	0.5	0.7	2.4	2.1	0.6
95% CI	1.8 – 2.7	3.4 – 6.2	2.0 – 10.5	0.1 – 3.6	0.2 – 2.2	0.7 – 7.4	0.5 – 8.4	0.2 – 1.5

Chronic Obstructive Pulmonary Disease (COPD)

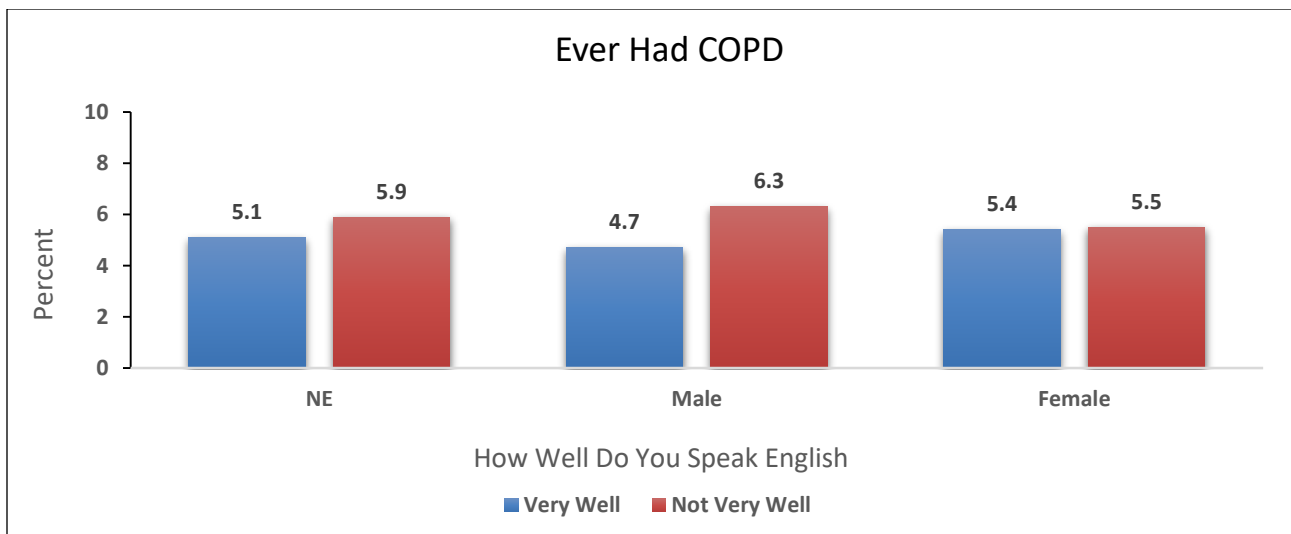
Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems, including emphysema and chronic bronchitis.⁷

English Speaking Ability Disparities

- Overall, Nebraskans (5.9%) with limited English proficiency were slightly more likely than were English proficient Nebraskans (5.1%) to report having ever had COPD.

Gender Key Disparities

- A similar proportion of limited English speaking females (5.5%) and English proficient females (5.4%) reported having ever been diagnosed with COPD.
- Males with limited English proficiency (6.3%) were more likely than were English proficient males (4.7%) to have ever been diagnosed with COPD.



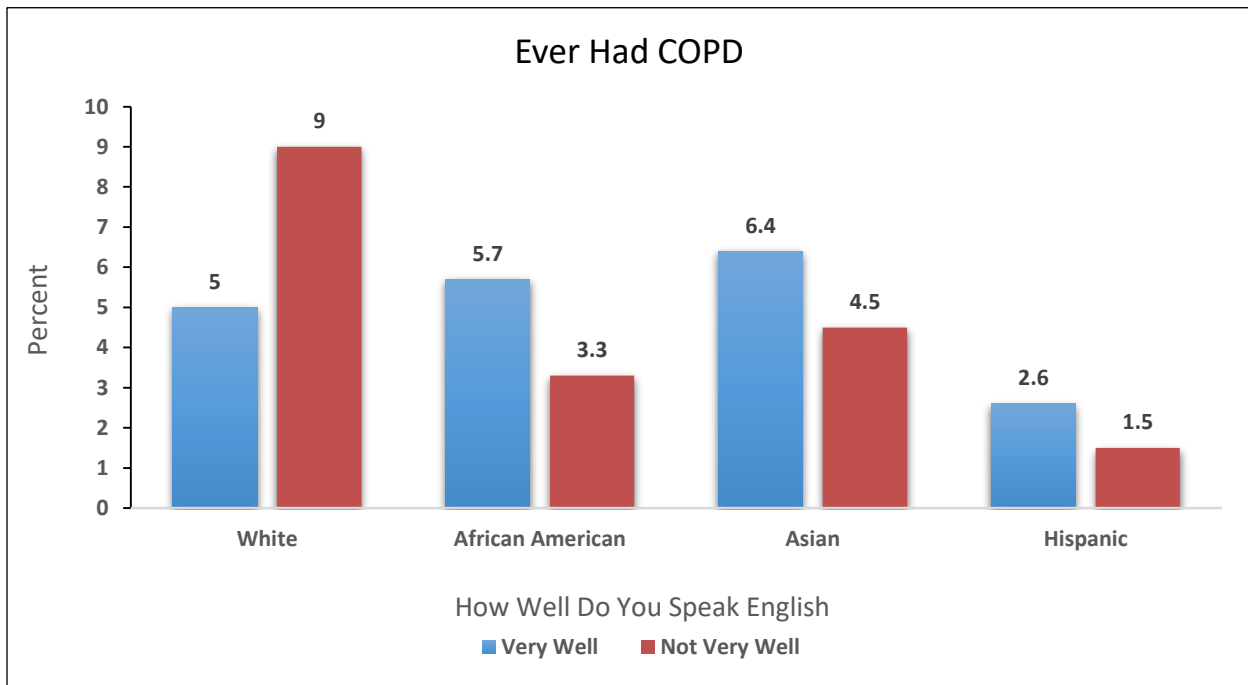
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	5.1	5.9	4.7	6.3	5.4	5.5
95% CI	4.4 – 5.8	4.7 – 7.5	3.8 – 5.8	4.6 – 8.7	4.5 – 6.6	3.9 – 7.5

⁷ Centers for Disease Control and Prevention. (2017). Chronic obstructive pulmonary disease. Retrieved from www.cdc.gov/copd/index.html

Chronic Obstructive Pulmonary Disease (COPD)

Key Race Disparities

- Limited English speaking Whites (9.0%) were the most likely population to have ever been diagnosed with COPD, compared to 5.0% of English proficient Whites.
- English proficient Asians (6.4%) were the second most likely population to report having COPD, which was almost two percentage points higher than that of limited English speaking Asians.
- African Americans with limited English proficiency (3.3%) were less likely to have ever had COPD than English proficient African Americans (5.7%).



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	5.0	9.0	5.7	3.3	6.4	4.5	2.6	1.5
95% CI	4.3 – 5.8	7.0 – 11.4	2.6 – 11.7	0.5 – 17.5	2.7 – 14.4	1.5 – 12.9	1.3 – 5.0	0.7 – 3.4

Asthma

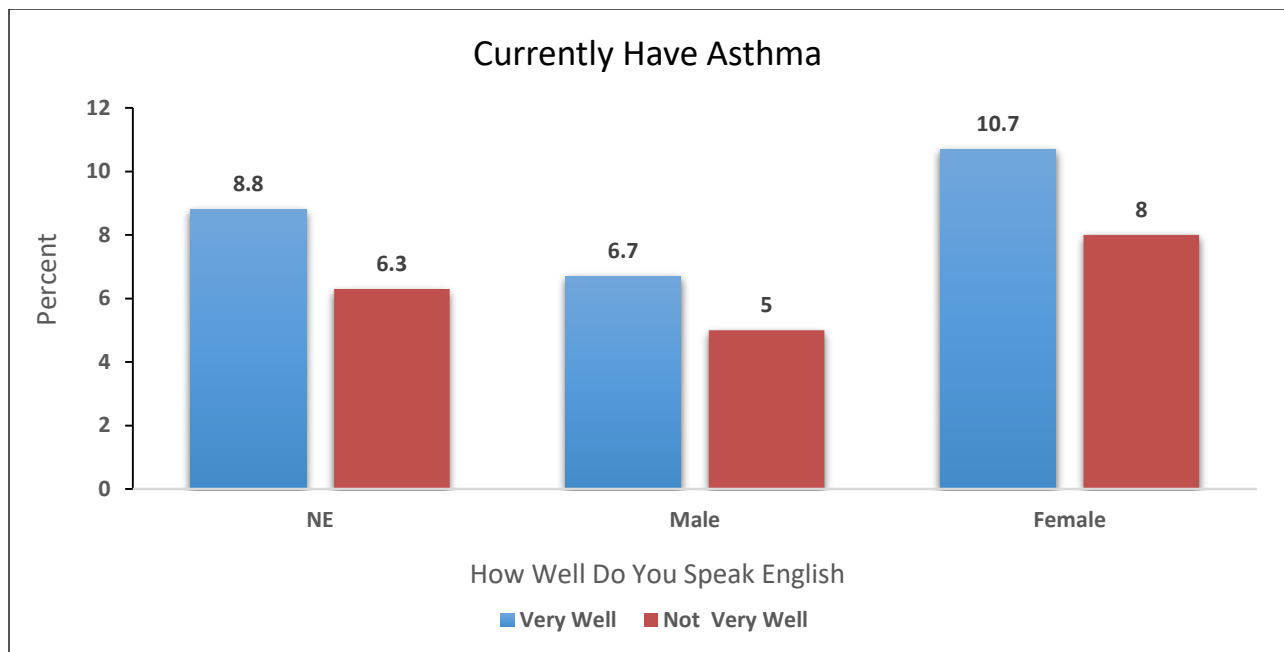
Asthma, a disease that affects the lungs, can cause breathlessness, chest tightness, and coughing. Asthma affects more than 34 million people across the United States.⁸

English Speaking Ability Disparities

- Nebraskans who were proficient in English (8.8%) were more likely to have asthma than were limited English speaking Nebraskans (6.3%).

Gender Key Disparities

- English proficient Nebraska males (6.7%) were more likely to report currently having asthma than were Nebraska males with limited English proficiency (5.0%).
- English proficient Nebraska females (10.7%) were 2.7 percentage points more likely than were limited English speaking Nebraska females (8.0%) to report currently having asthma.



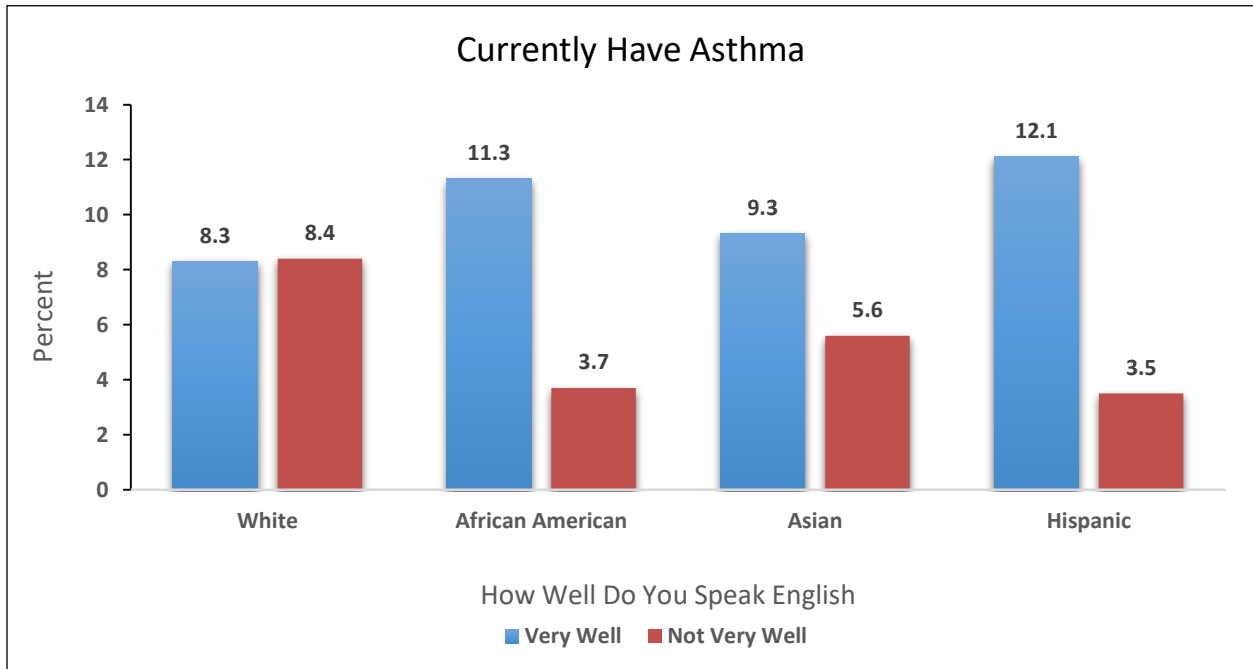
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	8.8	6.3	6.7	5.0	10.7	8.0
95% CI	7.7 – 10.1	4.8 – 8.2	5.1 – 8.6	3.6 – 6.9	9.2 – 12.5	5.3 – 11.7

⁸ Centers for Disease Control and Prevention. (2017). Asthma. Retrieved from www.cdc.gov/asthma/faqs.htm

Asthma

Key Race Disparities

- English proficient Hispanics (12.1%) were 3.5 times more likely to currently have asthma than were Hispanics with limited English proficiency (3.5%).
- English proficient African Americans (11.3%) were three times more likely to currently have asthma, compared to African Americans with limited English proficiency (3.7%).
- English proficient Whites (8.3%) and Whites with limited English proficiency (8.4%) reported similar percentages of individuals who currently have asthma.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	8.3	8.4	11.3	3.7	9.3	5.6	12.1	3.5
95% CI	7.2 – 9.5	6.7 – 10.5	5.8 – 21.1	0.7 – 18.4	4.6 – 17.9	2.1 – 13.9	5.1 – 25.8	1.2 – 9.3

Diabetes

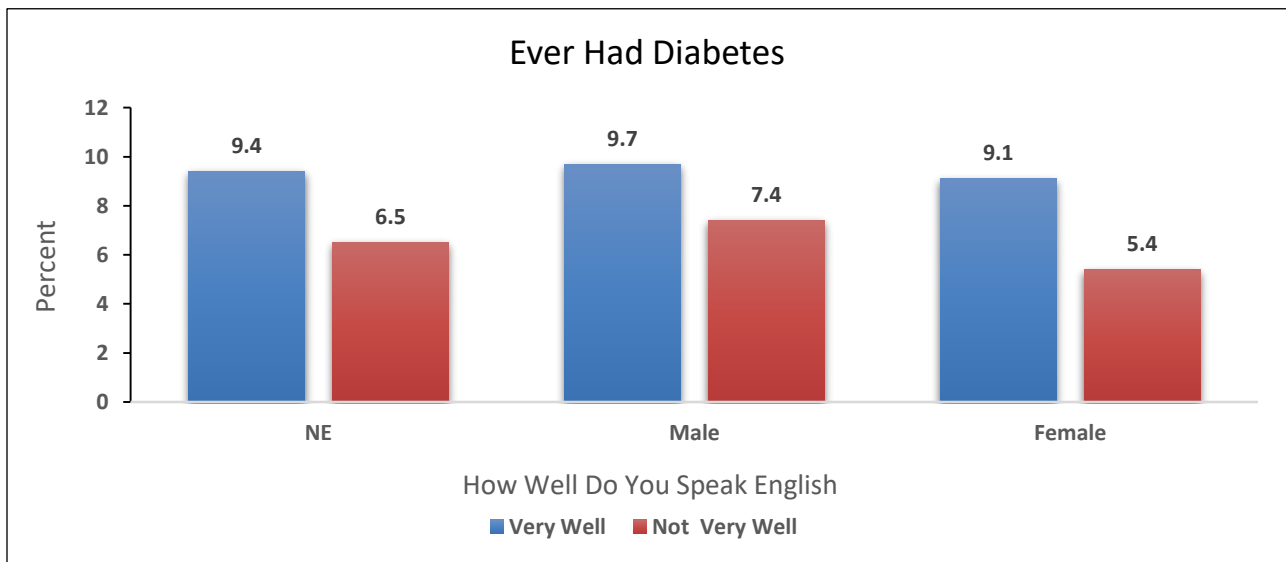
Diabetes is a condition in which the body does not produce enough insulin or cannot efficiently use the insulin, which causes too much blood sugar to remain in the blood stream.⁹ This can cause serious health complications, including heart disease, blindness, and kidney failure.

English Speaking Ability Disparities

- Overall, 9.4% of English proficient Nebraskans reported having ever been diagnosed with diabetes, compared to 6.5% of Nebraskans with limited English proficiency.

Key Gender Disparities

- Approximately 10% of Nebraska males proficient in English were diagnosed with diabetes, compared to 7.4% of Nebraska males with limited English proficiency.
- Nebraska females with English proficiency (9.1%) were more likely than were limited English speaking Nebraska females (5.4%) to report having ever had diabetes.



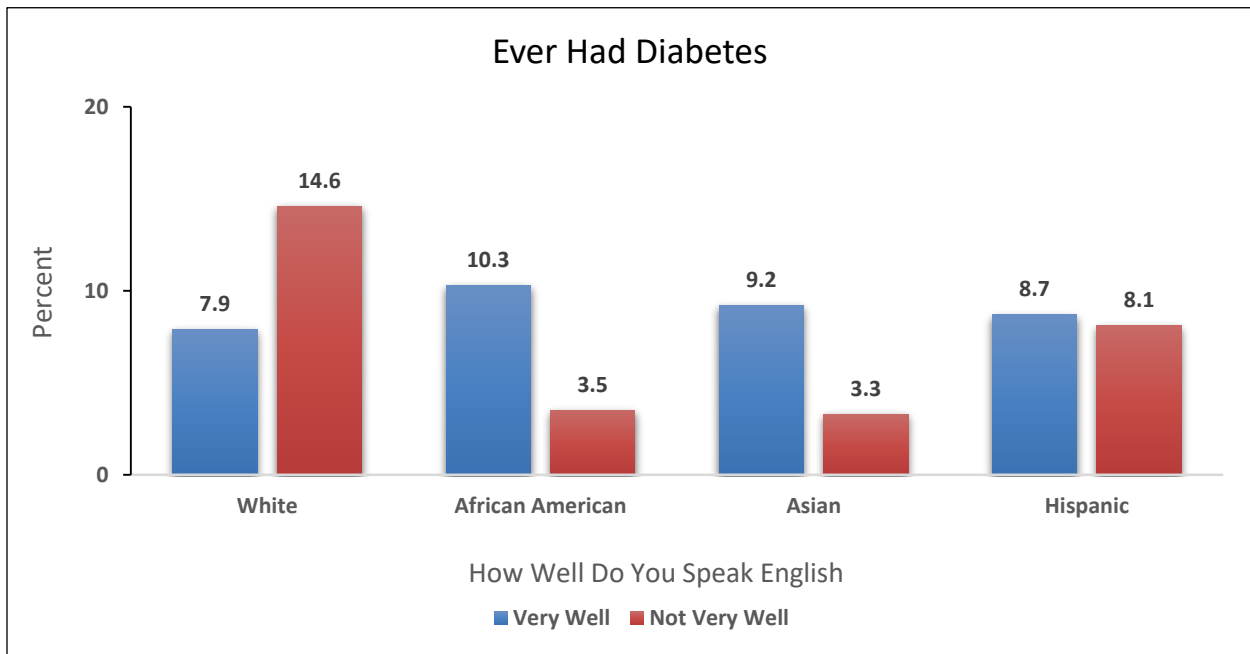
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	9.4	6.5	9.7	7.4	9.1	5.4
95% CI	9.0 – 9.8	4.9 – 8.5	9.0 – 10.4	5.0 – 10.9	8.6 – 9.7	3.7 – 8.0

⁹ Centers for Disease Control and Prevention. (2017). Diabetes. Retrieved from www.cdc.gov/diabetes/basics/diabetes.html

Diabetes

Key Race Disparities

- Limited English speaking Whites (14.6%) were the most likely population to report ever having had diabetes, compared to 7.9% of Whites proficient in English.
- English proficient African Americans (10.3%) were almost three times as likely as were African Americans with limited English proficiency (3.5%) to report having ever had diabetes.
- English proficient Asians (9.2%) were 2.8 times more likely than were Asians with limited English proficiency (3.3%) to report having ever had diabetes.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	7.9	14.6	10.3	3.5	9.2	3.3	8.7	8.1
95% CI	7.0 – 9.0	12.1 – 17.5	5.1 – 19.7	1.3 – 9.1	5.2 – 15.9	1.3 – 8.0	4.8 – 15.3	5.4 – 12.1

Arthritis

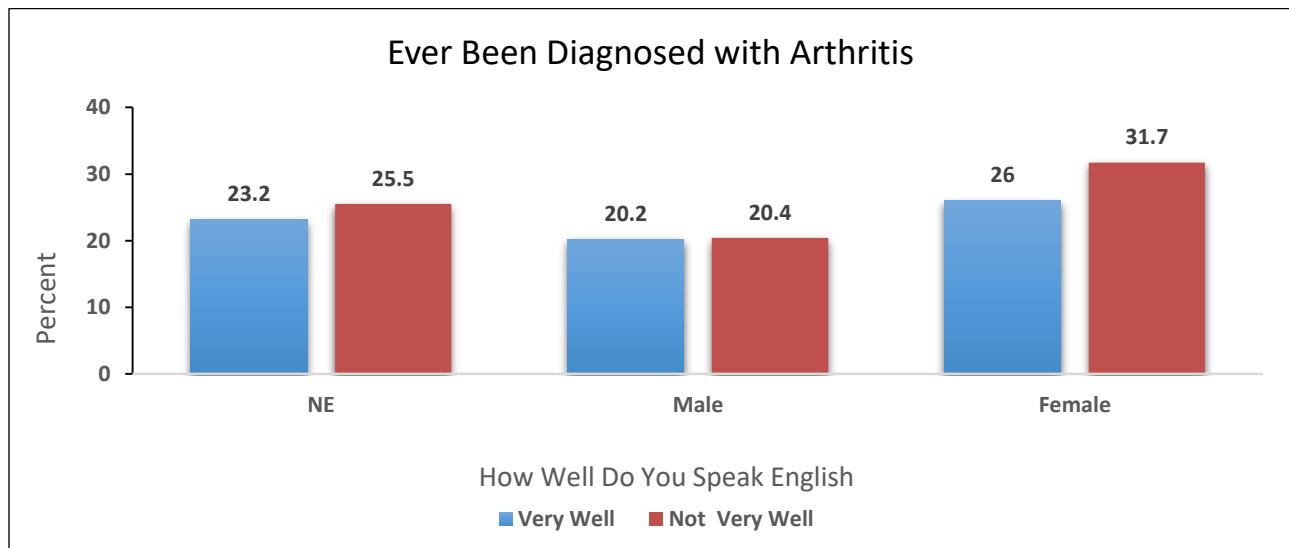
According to the Centers for Disease Control and Prevention, arthritis is one of the most common causes of chronic pain and affects one in four adults in the United States.¹⁰ Arthritis symptoms generally include joint pain and stiffness, although there are many different types of arthritis that can include varying symptoms.

English Speaking Ability Disparities

- Just over one-fourth of Nebraskans with limited English ability (25.5%) reported having ever been diagnosed with arthritis, compared to 23.2% of English proficient Nebraskans.

Key Gender Disparities

- Limited English speaking females (31.7%) were almost six percentage points more likely than were English proficient females (26.0%) to report having ever been diagnosed with arthritis.
- Both English proficient Nebraska males and those with limited English proficiency reported similar proportions of those who had ever been diagnosed with arthritis at approximately 20%.



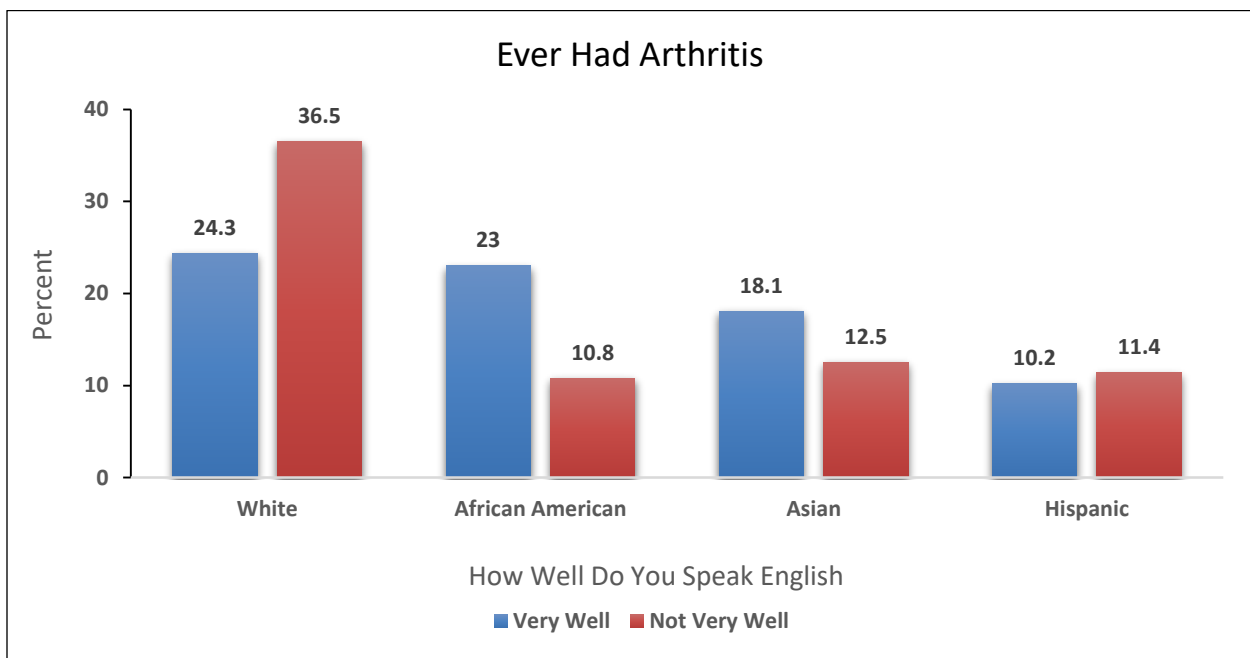
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	23.2	25.5	20.2	20.4	26.0	31.7
95% CI	21.8 – 24.7	22.4 – 28.8	18.1 – 22.5	16.9 – 24.3	24.1 – 27.9	26.6 – 37.2

¹⁰ Centers for Disease Control and Prevention. (2017). Arthritis. Retrieved from www.cdc.gov/arthritis/index.htm

Arthritis

Key Race Disparities

- Limited English speaking Whites (36.5%) were the most likely population to report having ever had arthritis, followed by English proficient Whites (24.3%).
- Hispanics with limited English proficiency (11.4%) were slightly more likely than were English proficient Hispanics (10.2%) to report having ever had arthritis.
- English proficient African Americans (23.0%) and Asians (18.1%) were more likely than were limited English speaking African Americans (10.8%) and Asians (12.5%) to report having ever had arthritis.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	24.3	36.5	23.0	10.8	18.1	12.5	10.2	11.4
95% CI	22.8 – 25.9	32.7 – 40.6	13.4 – 36.3	4.6 – 23.3	10.7 – 29.0	6.0 – 24.3	6.6 – 15.6	7.2 – 17.4

High Blood Pressure

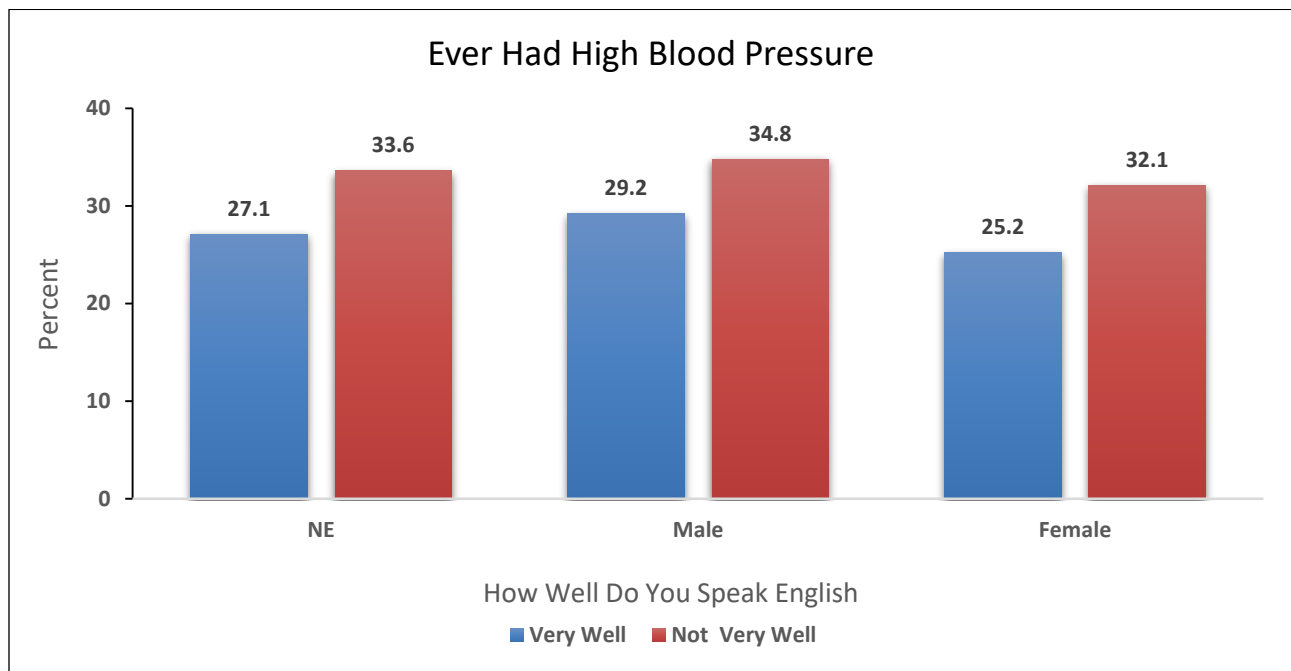
High blood pressure, also called hypertension, can increase the risk for heart disease and stroke, which are two leading causes of death among Americans.¹¹ Because individuals with high blood pressure often experience no symptoms, it is important to have regular blood pressure checks.

English Speaking Ability Disparities

- Over one-third (33.6%) of Nebraskans with limited English proficiency reported having ever had high blood pressure, compared to 27.1% of English proficient Nebraskans.

Key Gender Disparities

- Nebraska males with limited English proficiency (34.8%) were over five percentage points more likely than were English proficient Nebraska males (29.2%) to report having ever had high blood pressure.
- Nebraska females with limited English proficiency (32.1%) were almost seven percentage points more likely than were English proficient Nebraska females (25.2%) to report having ever had high blood pressure.



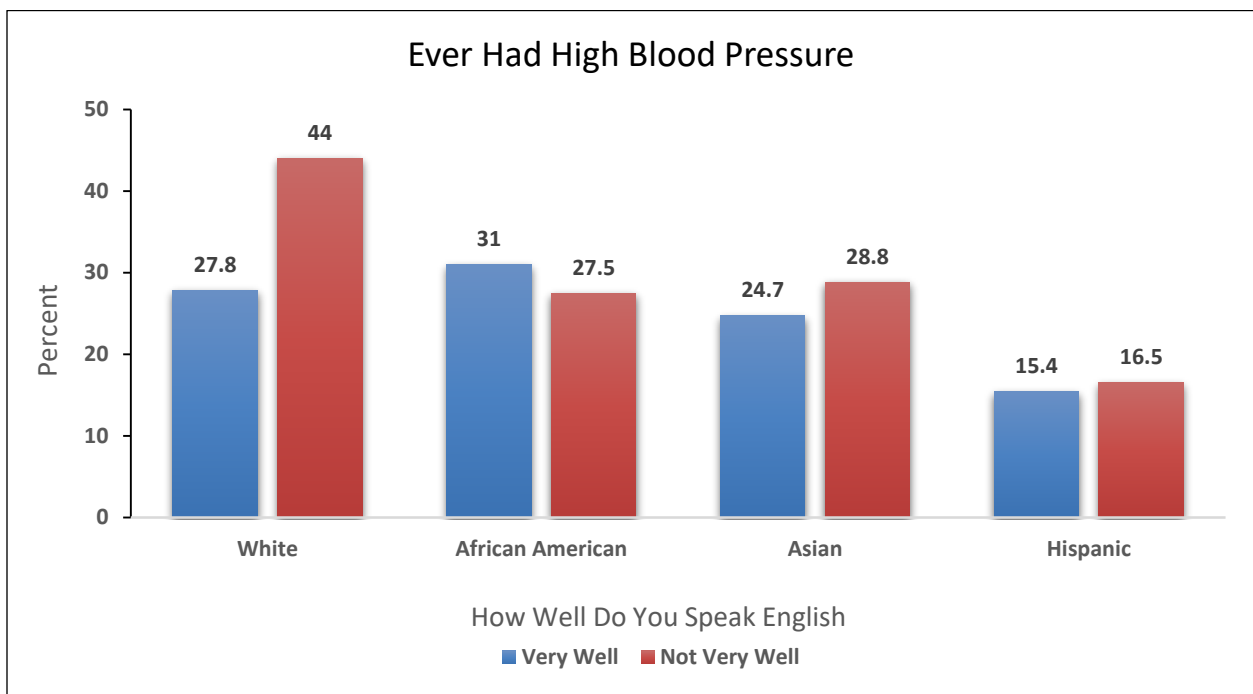
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	27.1	33.6	29.2	34.8	25.2	32.1
95% CI	25.5 – 28.7	30.2 – 37.1	26.7 – 31.8	30.2 – 39.7	23.4 – 27.1	27.2 – 37.4

¹¹ Centers for Disease Control and Prevention. (2014). High blood pressure. Retrieved from www.cdc.gov/bloodpressure/about.htm

High Blood Pressure

Key Race Disparities

- Whites with limited English proficiency (44%) were the most likely population to report having ever had high blood pressure. This percentage was 1.5 times higher than that of English proficient Whites (27.8%).
- Limited English speaking Asians (28.8%) were more likely than were English proficient Asians (24.7%) to report having ever had high blood pressure.
- Limited English speaking Hispanics (16.5%) were slightly more likely than were English proficient Hispanics (15.4%) to report having ever had high blood pressure.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	27.8	44.0	31.0	27.5	24.7	28.8	15.4	16.5
95% CI	26.2 – 29.5	39.9 – 48.1	19.1 – 46.1	14.2 – 46.5	14.4 – 38.9	14.7 – 48.6	10.5 – 21.9	12.2 – 22.0

High Cholesterol

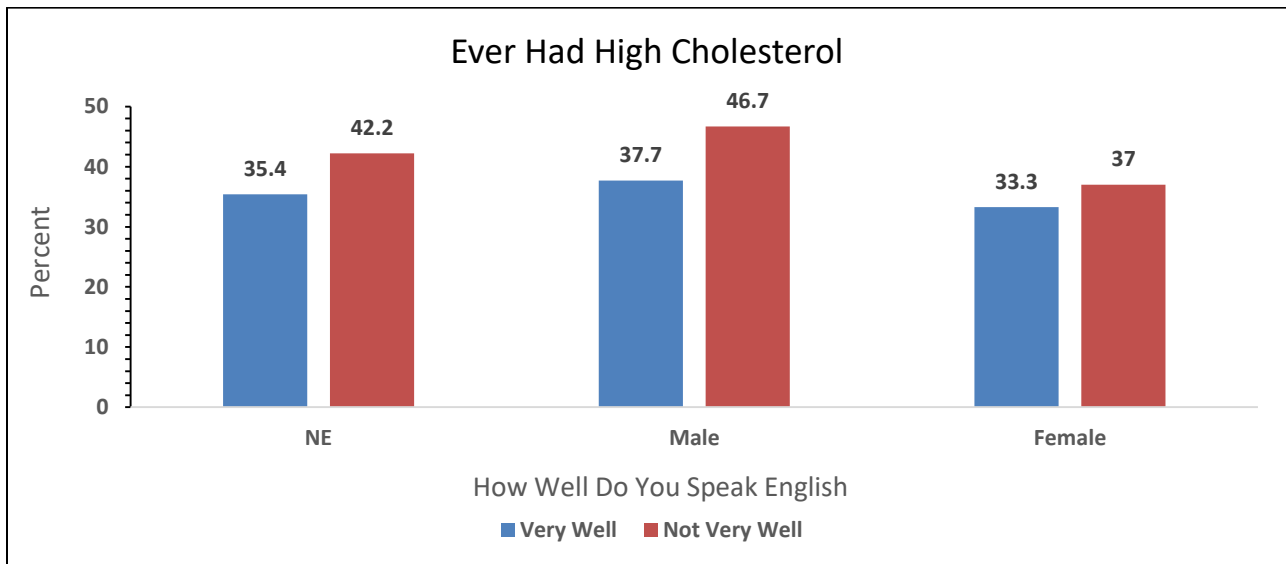
Approximately one in three adults has high cholesterol in the United States.¹² Family history, obesity, and lack of exercise can all increase the risk of having high cholesterol. Maintaining a healthy weight, exercising regularly, eating a healthy diet, and limiting alcohol can all help to prevent high cholesterol.

English Speaking Ability Disparities

- Limited English speaking Nebraskans (42.2%) were more likely than were English proficient Nebraskans (35.4%) to have ever had high cholesterol.

Gender disparities

- Overall, males were more likely to have high cholesterol than were females. Limited English speaking males (46.7%) were nine percentage points more likely than were English proficient males (37.7%) to have ever had high cholesterol.
- Nebraska females with limited English proficiency (37.0%) were somewhat more likely to be diagnosed with high cholesterol, compared to English proficient females (33.3%).



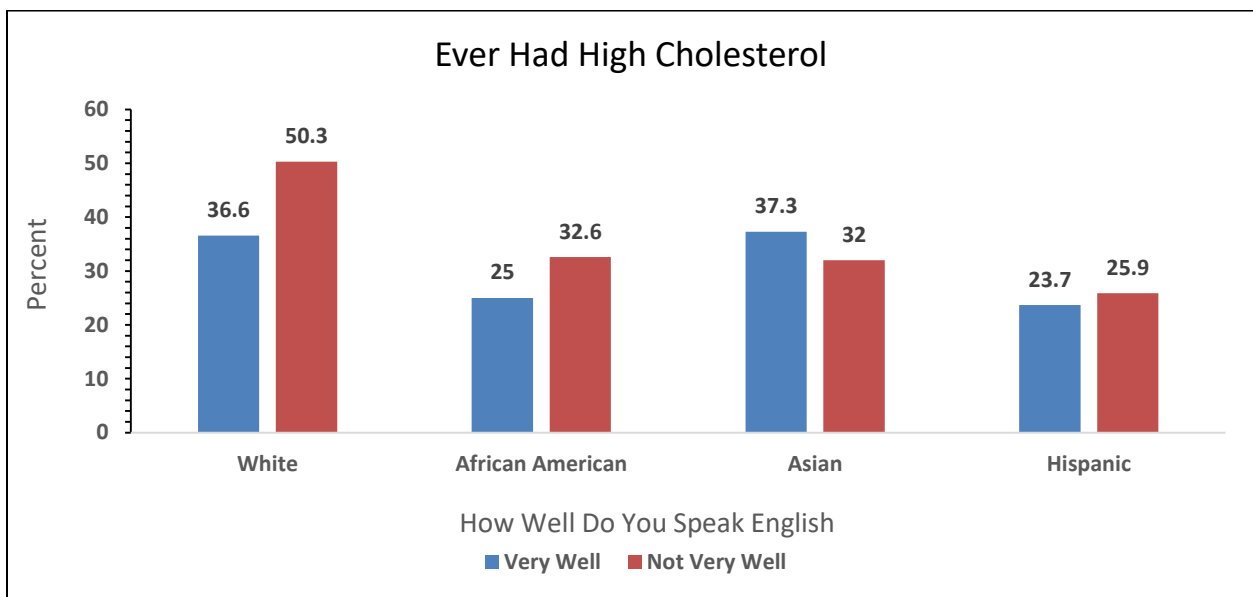
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	35.4	42.2	37.7	46.7	33.3	37.0
95% CI	33.5 – 37.3	37.9 – 46.5	34.6 – 40.9	40.8 – 52.8	31.1 – 35.7	31.2 – 43.2

¹² Centers for Disease Control and Prevention. (2018). Cholesterol. Retrieved from www.cdc.gov/cholesterol/index.htm

High Cholesterol

Race Disparities

- Just over half of limited English speaking Whites (50.3%) reported having ever had high cholesterol, compared to 36.6% of English proficient Whites.
- Almost one-third of limited English speaking African Americans (32.6%) reported having ever had high cholesterol, compared to one-fourth of English proficient African Americans (25.0%).
- The English proficient Asian population (37.3%) was just over five percentage points more likely to report having ever had high cholesterol, compared to the Asian population with limited English proficiency (32.0%).



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	36.6	50.3	25.0	32.6	37.3	32.0	23.7	25.9
95% CI	34.7 – 38.6	45.9 – 54.7	13.2 – 42.3	15.3 – 56.3	22.8 – 54.5	14.2 – 57.2	15.3 – 34.8	18.4 – 35.2

Cancer

Skin Cancer

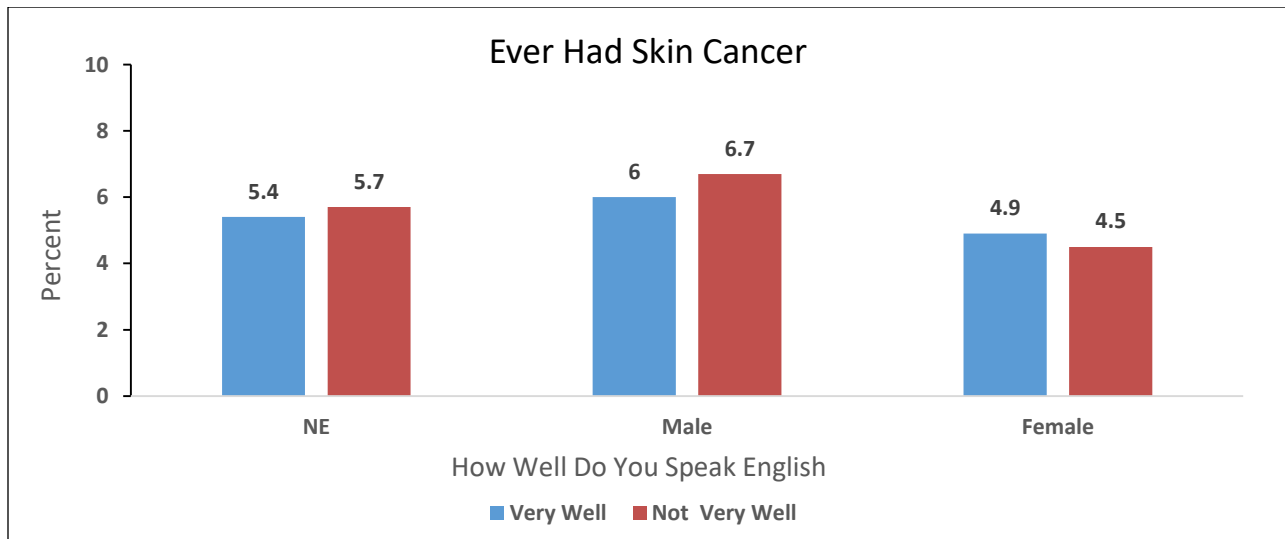
According to the Centers for Disease Control and Prevention, skin cancer is the most common form of cancer in the United States and is caused by exposure to ultraviolet light. To help prevent skin cancer, individuals can wear sunscreen and avoid indoor tanning.¹³

English Speaking Ability Disparities

- Overall, Nebraskans with limited English proficiency (5.7%) were only slightly more likely than were English proficient Nebraskans (5.4%) to report having ever had skin cancer.

Key Gender Disparities

- Males with limited English proficiency (6.7%) were slightly more likely than were English proficient males (6.0%) to report having ever had skin cancer.
- English proficient females (4.9%) were slightly more likely than were females with limited English proficiency (4.5%) to report having ever had skin cancer.



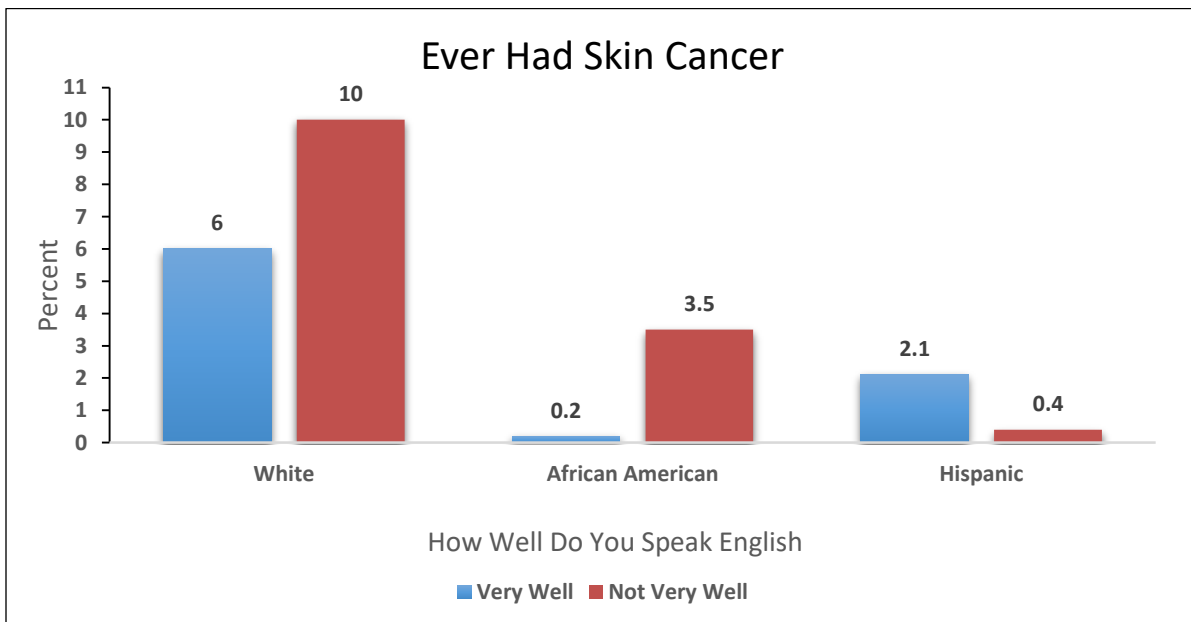
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	5.4	5.7	6.0	6.7	4.9	4.5
95% CI	4.8 – 6.1	4.6 – 7.0	5.0 – 7.3	5.0 – 8.8	4.2 – 5.7	3.3 – 6.0

¹³ Centers for Disease Control and Prevention. (2017). Skin Cancer. Retrieved from www.cdc.gov/cancer/skin/index.htm

Skin Cancer

Key Race Disparities

- Whites were the most likely population to report having ever had skin cancer. One in ten Whites with limited English proficiency (10.0%) reported having ever had skin cancer, compared to 6.0% of English proficient Whites.
- Limited English speaking African Americans (3.5%) were more likely than were English proficient African Americans (0.2%) to report having ever had skin cancer.
- English proficient Hispanics (2.1%) were more likely than were limited English speaking Hispanics (0.4%) to report having ever had skin cancer.



English Ability	White		African American		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	6.0	10.0	0.2	3.5	2.1	0.4
95% CI	5.3 – 6.8	8.1 – 12.2	0.0 – 1.2	0.7 – 16.1	0.5 – 7.9	0.1 – 2.6

*Please note that information for the Asian population was not included due to insufficient data.

Any Other Type of Cancer

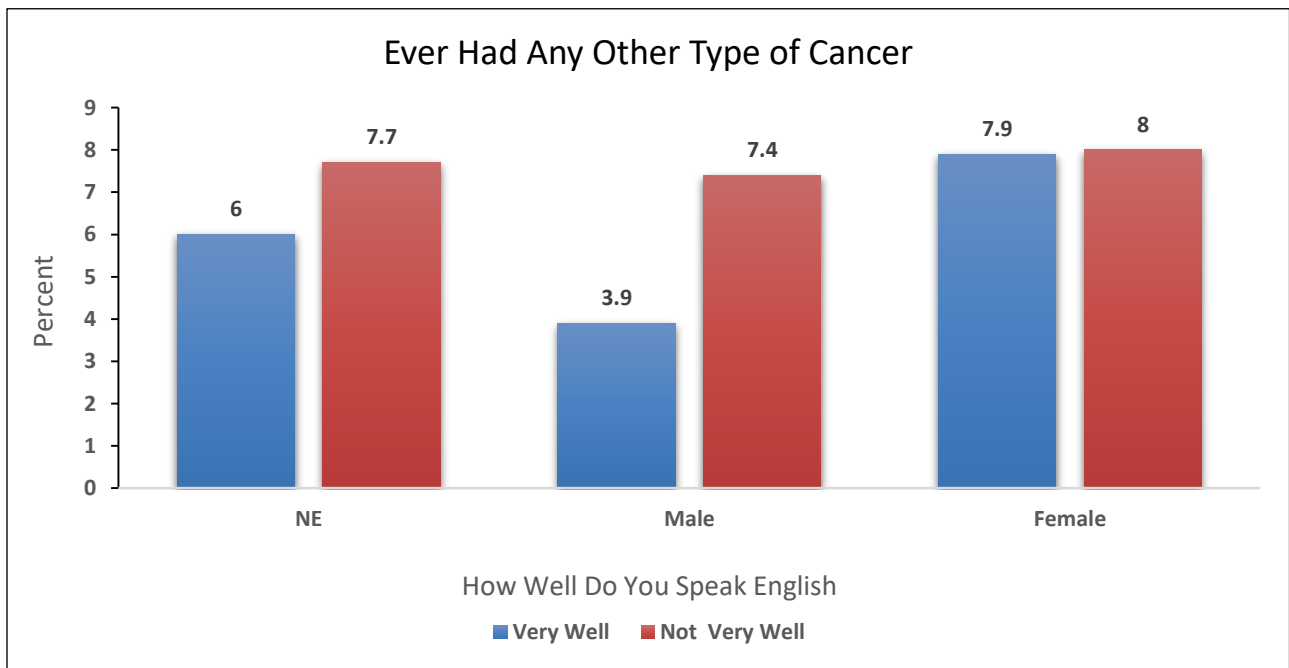
Cancer develops when normal cells begin to divide without stopping and spread into surrounding tissues. Cancer can start anywhere in the body and can be deadly if it is not diagnosed at an early stage. The following charts refer to individuals who had any type of cancer, other than skin cancer.

English Speaking Ability Disparities

- Overall, 7.7% of limited English speaking Nebraskans reported having had any type of cancer, other than skin cancer, compared to 6.0% of English proficient Nebraskans.

Key Gender Disparities

- Limited English speaking males (7.4%) were 1.9 times more likely than were English proficient males (3.9%) to report having ever had cancer, other than skin cancer.
- Similar proportions of limited English speaking females (8.0%) and English proficient females (7.9%) reported having ever had cancer, other than skin cancer.

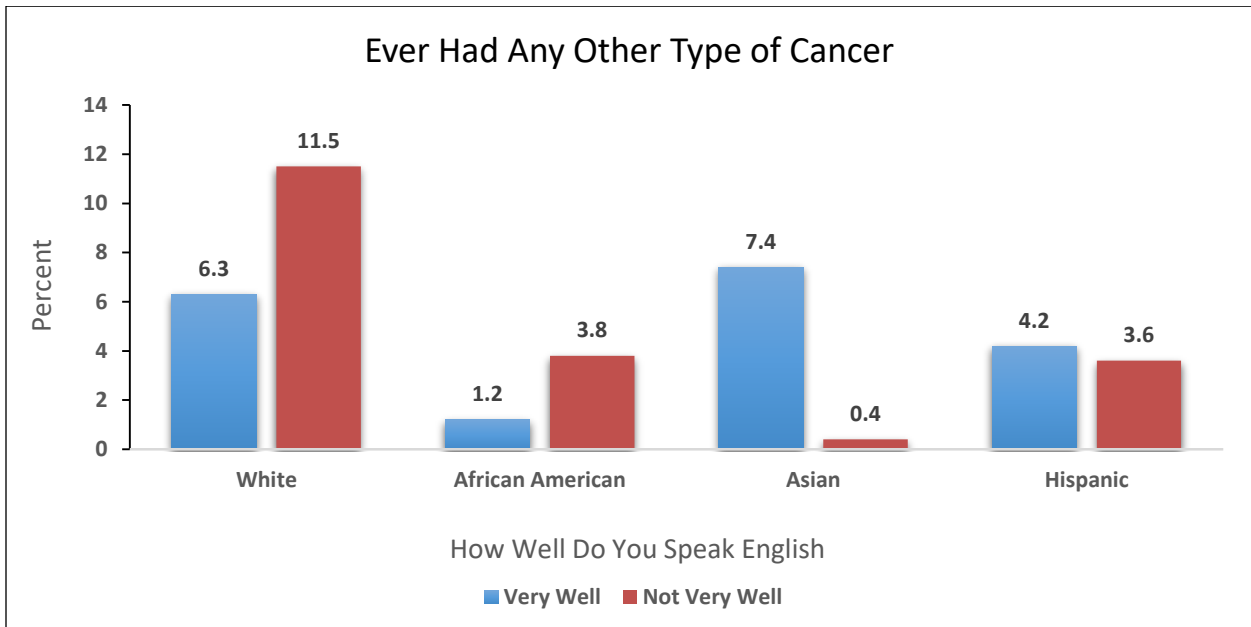


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	6.0	7.7	3.9	7.4	7.9	8.0
95% CI	5.3 – 6.7	6.1 – 9.6	3.2 – 4.8	5.2 – 10.5	6.9 – 9.1	6.0 – 10.6

Any Other Type of Cancer

Key Race Disparities

- Limited English speaking Whites (11.5%) were the most likely population to report having ever had cancer, other than skin cancer. This percentage was 1.8 times higher than that of English proficient Whites (6.3%) who reported the same.
- Limited English speaking African Americans (3.8%) were over three times more likely than were English proficient African Americans (1.2%) to report having ever had any type of cancer, other than skin cancer.
- English proficient Asians (7.4%) and Hispanics (4.2%) were more likely to have ever had cancer, other than skin cancer, than limited English speaking Asians (0.4%) and Hispanics (3.6%), respectively.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	6.3	11.5	1.2	3.8	7.4	0.4	4.2	3.6
95% CI	5.6 – 7.1	9.6 – 13.9	0.2 – 5.4	0.8 – 17.1	3.5 – 14.9	0.1 – 3.0	2.2 – 7.6	1.3 – 9.6

Substance Abuse

Heavy Drinking

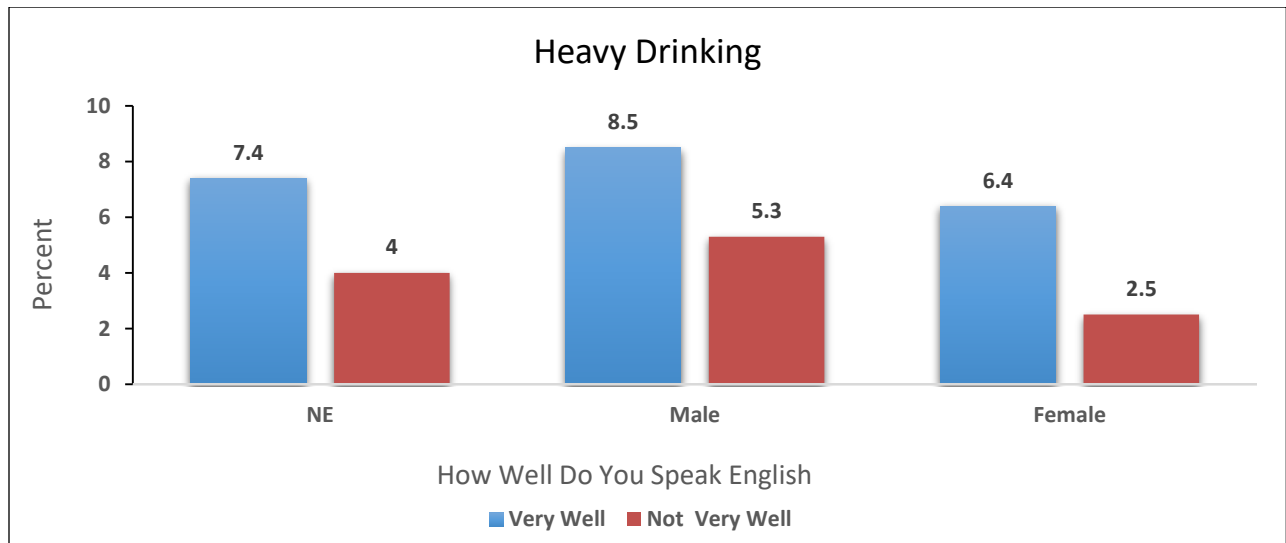
Heavy drinking was defined as males consuming more than 60 alcoholic beverages or women consuming more than 30 alcoholic beverages in one month.¹⁴ Heavy drinking can increase the risk of having a heart attack or stroke, weakens heart muscles, and can affect the lungs, liver and other body systems.

English Speaking Ability Disparities

- English proficient Nebraskans (7.4%) were more likely than were limited English speaking Nebraskans (4.0%) to report heavy drinking in the past 30 days.

Key Gender Disparities

- English proficient males (8.5%) were just over three percentage points more likely than were limited English speaking males (5.3%) to report heavy drinking in the past 30 days.
- Females proficient in English (6.4%) were over twice as likely as were females with limited English proficiency (2.5%) to report heavy drinking in the past 30 days.



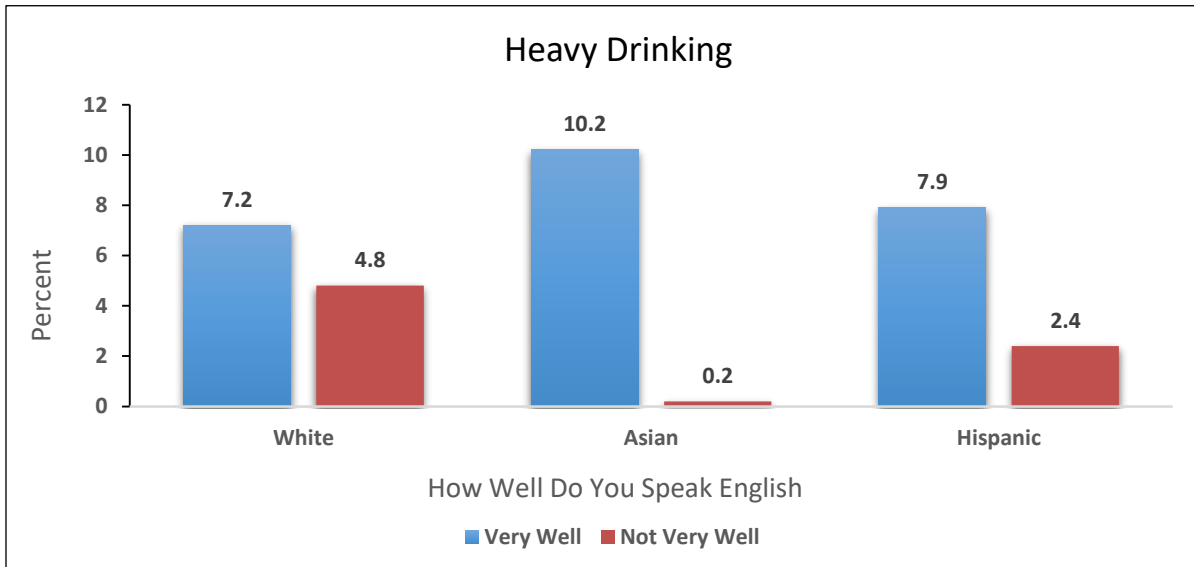
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	7.4	4.0	8.5	5.3	6.4	2.5
95% CI	6.3 – 8.7	2.6 – 6.0	6.7 – 10.7	3.1 – 8.8	5.2 – 8.0	1.3 – 4.5

¹⁴ Centers for Disease Control and Prevention. (2016). Preventing excessive alcohol abuse. Retrieved from www.cdc.gov/alcohol/fact-sheets/prevention.htm

Heavy Drinking

Key Race Disparities

- Approximately one in ten Asians proficient in English (10.2%) reported heavy drinking in the past 30 days, compared to only 0.2% of Asians with limited English proficiency.
- English proficient Hispanics (7.9%) were over three times more likely than were Hispanics with limited English proficiency (2.4%) to report heavy drinking in the past 30 days.
- English proficient Whites (7.2%) were more likely than were limited English speaking Whites (4.8%) to report heavy drinking in the past 30 days.



English Ability	White		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	7.2	4.8	10.2	0.2	7.9	2.4
95% CI	6.2 – 8.4	3.3 – 6.7	3.6 – 26.0	0.0 – 1.3	3.9 – 15.6	0.6 – 9.5

*Please note that information for the African American population was not included due to insufficient data.

Binge Drinking

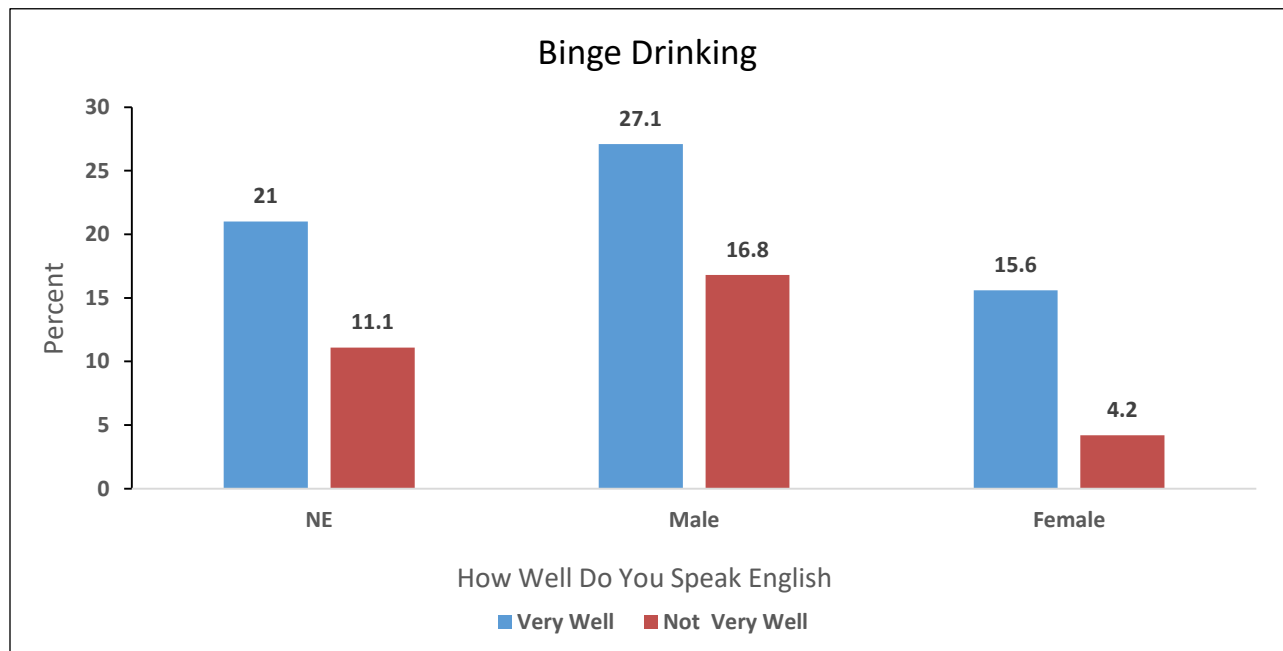
According to the Centers for Disease Control and Prevention, binge drinking occurs when men consume five or more drinks or when women consume four or more drinks on one occasion.¹⁵ Binge drinking has been associated with chronic diseases, certain cancers, and unintentional injuries.

English Speaking Ability Disparities

- English proficient Nebraskans (21.0%) were almost twice as likely as were limited English speaking Nebraskans (11.1%) to report having binge drank in the past 30 days.

Key Gender Disparities

- Over one-fourth of English proficient males (27.1%) reported having binge drank in the past 30 days, compared to approximately 17% of limited English speaking males.
- English proficient females (15.6%) were 3.7 times more likely than were limited English speaking females (4.2%) to report having binge drank in the past 30 days.



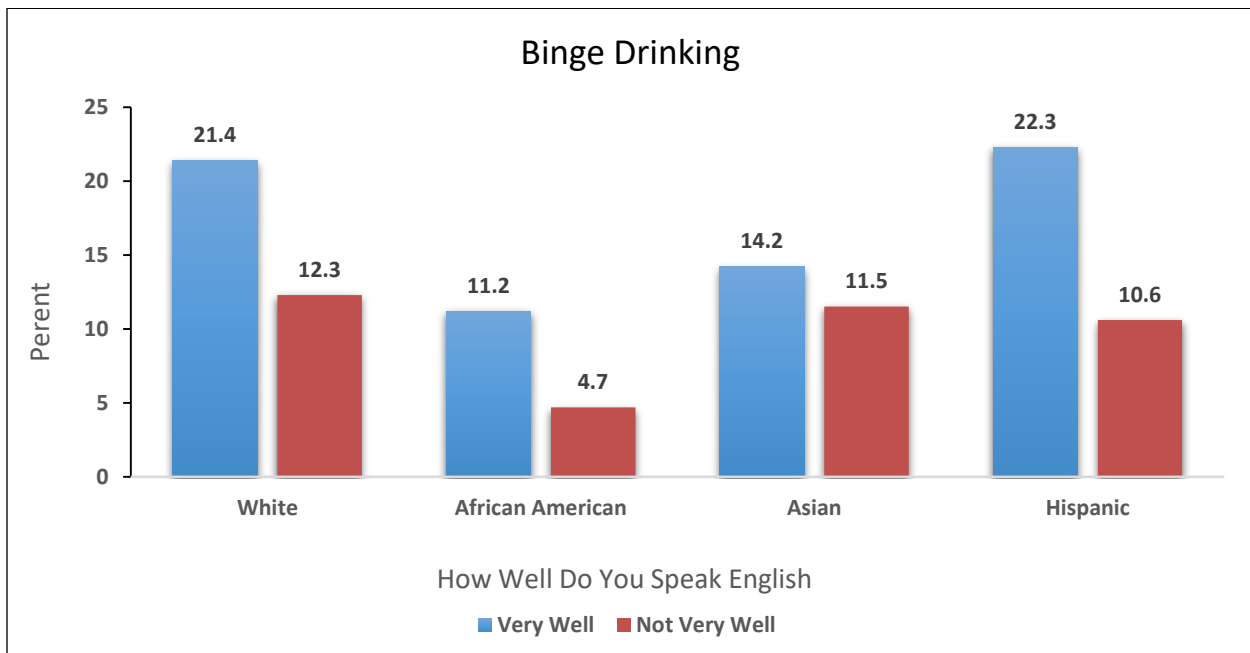
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	21.0	11.1	27.1	16.8	15.6	4.2
95% CI	19.4 – 22.8	8.7 – 14.0	24.4 – 29.9	12.8 – 21.6	13.6 – 17.8	2.8 – 6.4

¹⁵ Centers for Disease Control and Prevention. (2017). Binge drinking. Retrieved from www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

Binge Drinking

Key Race Disparities

- All English proficient populations were more likely to report having binge drank in the past 30 days, compared to their limited English speaking counterparts. English proficient Hispanics (22.3%) and Whites (21.4%) were the most likely populations to report having binge drank in the past 30 days.
- English proficient African Americans (11.2%) were over twice as likely as were limited English speaking African Americans (4.7%) to report having binge drank in the past 30 days.
- English proficient Asians (14.2%) were somewhat more likely than were limited English speaking Asians (11.5%) to report binge drinking in the past 30 days.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	21.4	12.3	11.2	4.7	14.2	11.5	22.3	10.6
95% CI	19.8 – 23.2	9.8 – 15.3	5.7 – 20.8	0.7 – 26.9	6.2 – 29.3	4.0 – 29.2	14.2 – 33.3	5.9 – 18.3

Drinking and Driving

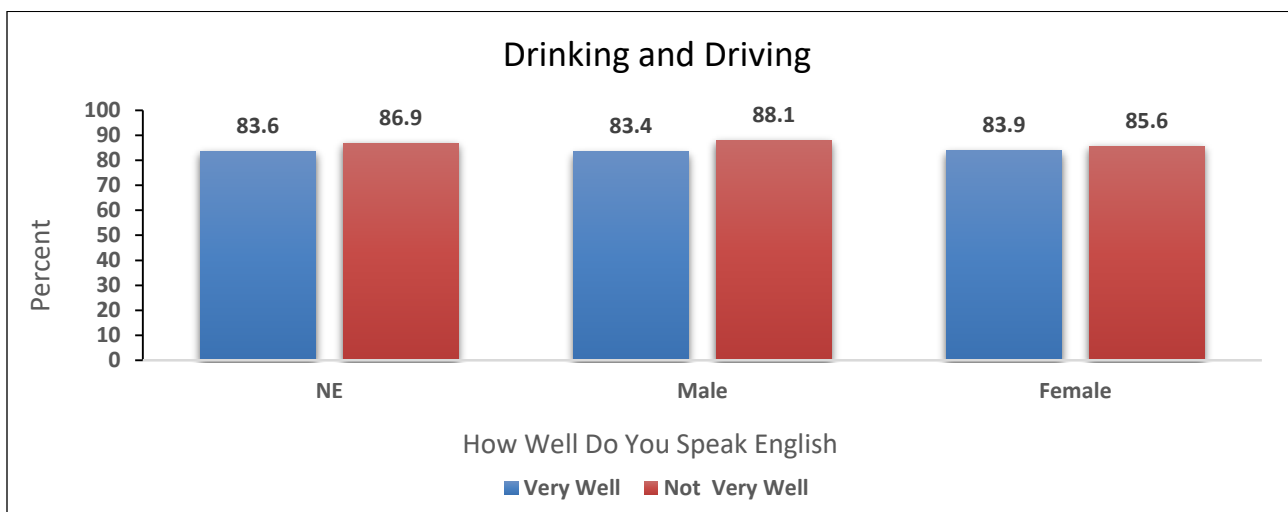
According to the Centers for Disease Control and Prevention, in 2015, nearly one-third of all traffic-related deaths in the United States were due to alcohol-impaired driving crashes.¹⁶ The below charts represent the proportion of those who reported driving when they had perhaps had too much to drink in the past 30 days.

English Speaking Ability Disparities

- Limited English speaking Nebraskans (86.9%) were slightly more likely than were English proficient Nebraskans (83.6%) to report having driven when they had perhaps had too much to drink in the past 30 days.

Key Gender Disparities

- Males with limited English proficiency (88.1%) were almost five percentage points more likely than were English proficient males to report drinking and driving in the past 30 days.
- Limited English speaking females (85.6%) were slightly more likely than were English proficient females (83.9%) to report drinking and driving in the past 30 days.



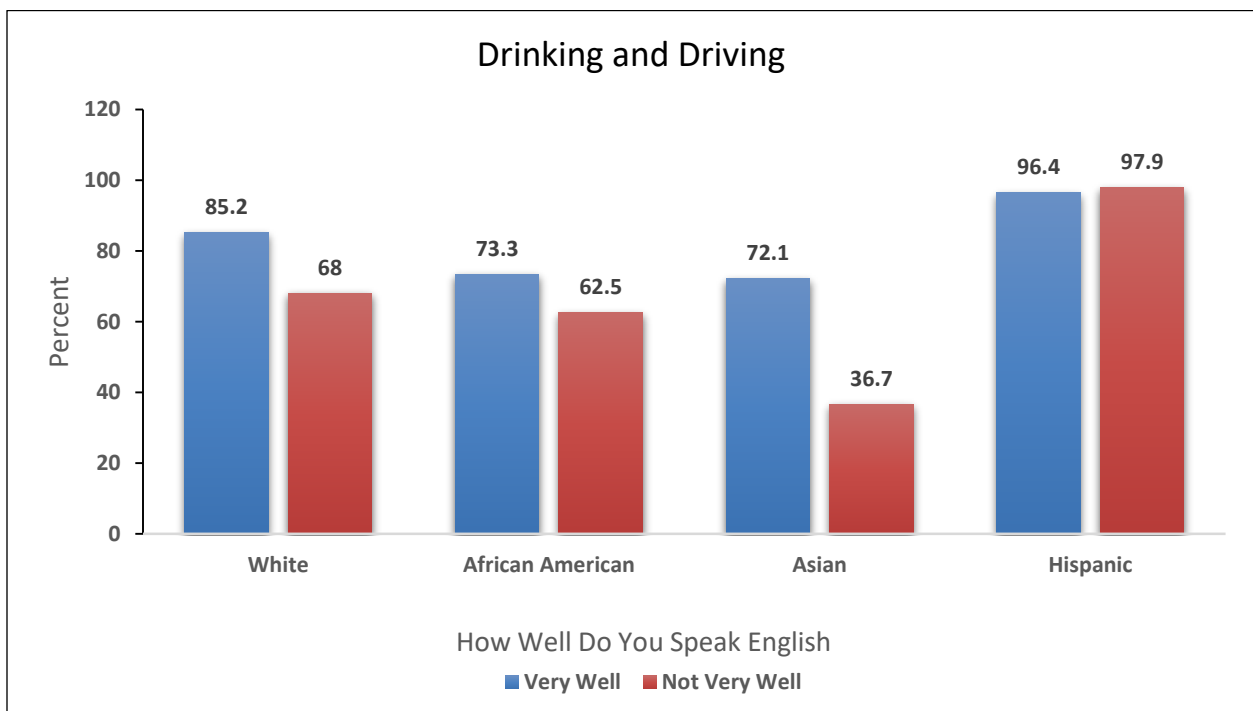
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	83.6	86.9	83.4	88.1	83.9	85.6
95% CI	78.0 – 88.0	81.5 – 90.9	75.0 – 89.3	80.2 – 93.1	75.8 – 89.7	77.2 – 91.2

¹⁶ Centers for Disease Control and Prevention. (2017). Motor vehicle safety. Retrieved from www.cdc.gov/MotorVehicleSafety/Impaired_Driving/impaired-driv_factsheet.html

Drinking and Driving

Race Key Disparities

- Limited English speaking Hispanics (97.9%) and English proficient Hispanics (96.4%) were the most likely populations to report drinking and driving in the past 30 days.
- English proficient Whites (85.2%) were approximately 17 percentage points more likely than were limited English speaking Whites (68%) to report driving and driving in the past 30 days.
- English proficient Asians (72.1%) were almost twice as likely as were limited English speaking Asians (36.7%) to report having driven when they perhaps had too much to drink in the past 30 days.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	85.2	68.0	73.3	62.5	72.1	36.7	96.4	97.9
95% CI	77.1 – 90.7	47.5 – 83.3	46.3 – 89.7	26.3 – 88.6	53.4 – 85.3	18.5 – 59.6	86.3 – 99.1	93.2 – 99.4

Current Cigarette Smoking

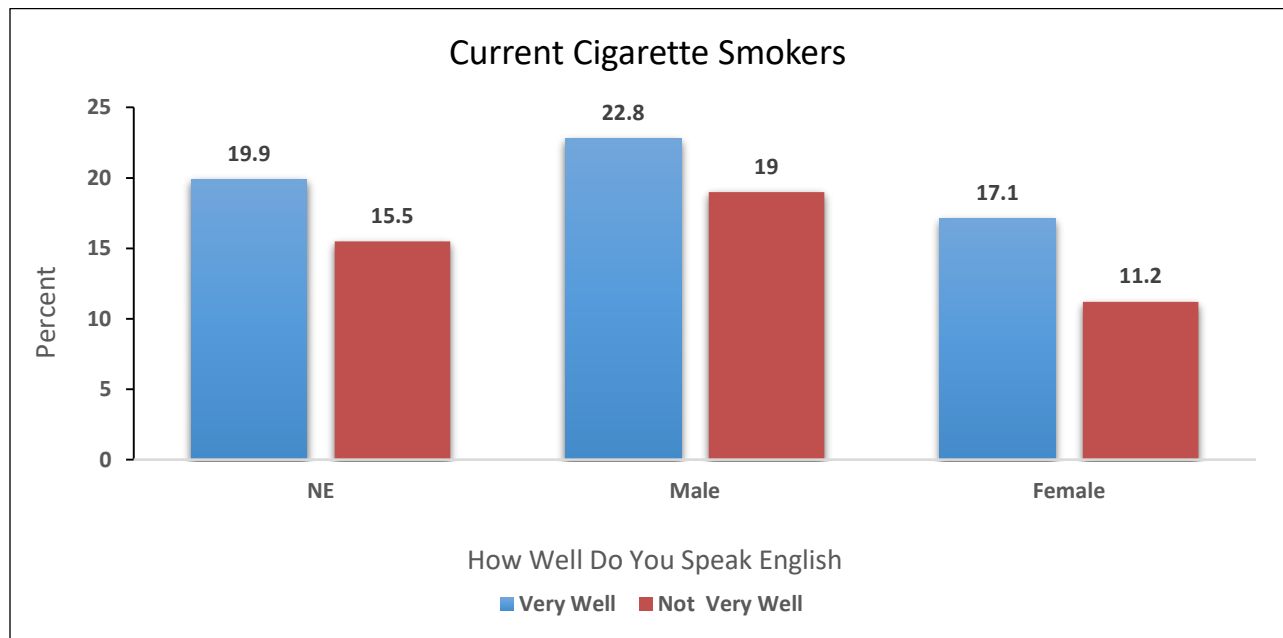
According to the Centers for Disease Control and Prevention, smoking is the leading cause of preventable death.¹⁷ Cigarette smoking can cause cancer, heart disease, lung diseases, and diabetes, among other illnesses. Secondhand smoke can also harm children by causing ear infections and respiratory symptoms and infections.

English Speaking Ability Disparities

- Approximately one-fifth of English proficient Nebraskans (19.9%) reported currently being a cigarette smoker, compared to 15.5% of limited English speaking Nebraskans.

Key Gender Disparities

- English proficient males (22.8%) were more likely than were limited English speaking males (19.0%) to currently be cigarette smokers.
- English proficient females (17.1%) were 1.5 times more likely than were limited English speaking females (11.2%) to currently be cigarette smokers.



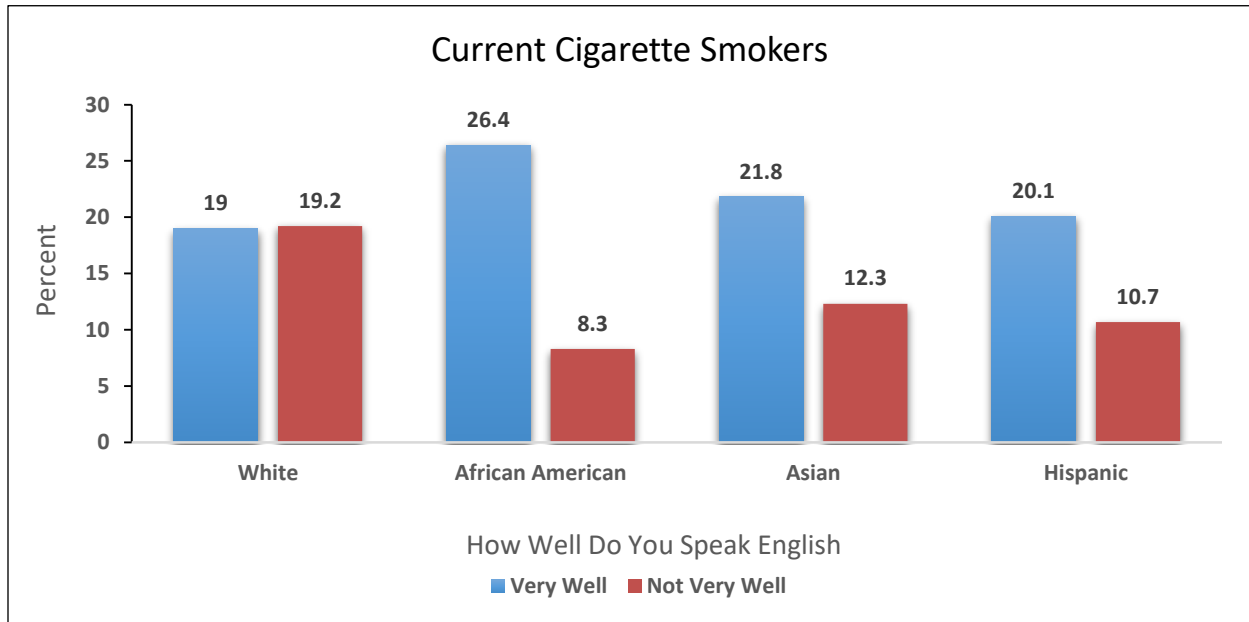
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	19.9	15.5	22.8	19.0	17.1	11.2
95% CI	18.2 – 21.6	12.9 – 18.5	20.3 – 25.7	15.1 – 23.6	15.2 – 19.3	8.1 – 15.2

¹⁷ Centers for Disease Control and Prevention. (2017). Smoking and tobacco use. Retrieved from www.cdc.gov/tobacco/data_statistics/fact_sheets/index.htm

Current Cigarette Smoking

Key Race Disparities

- Over one-fourth of English proficient African Americans (26.4%) reported currently being cigarette smokers, compared to only 8.3% of limited English speaking African Americans.
- English proficient Asians (21.8%) and Hispanics (20.1%) were more likely to currently smoke cigarettes than were limited English speaking Asians (12.3%) and Hispanics (10.7%), respectively.
- Approximately one-fifth of both limited English speaking Whites (19.2%) and English proficient Whites (19.0%) reported currently smoking cigarettes.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	19.0	19.2	26.4	8.3	21.8	12.3	20.1	10.7
95% CI	17.3 – 20.7	15.8 – 23.1	14.8 – 42.4	2.3 – 25.7	13.6 – 33.1	5.2 – 26.5	12.9 – 29.9	6.6 – 16.9

Tobacco Use

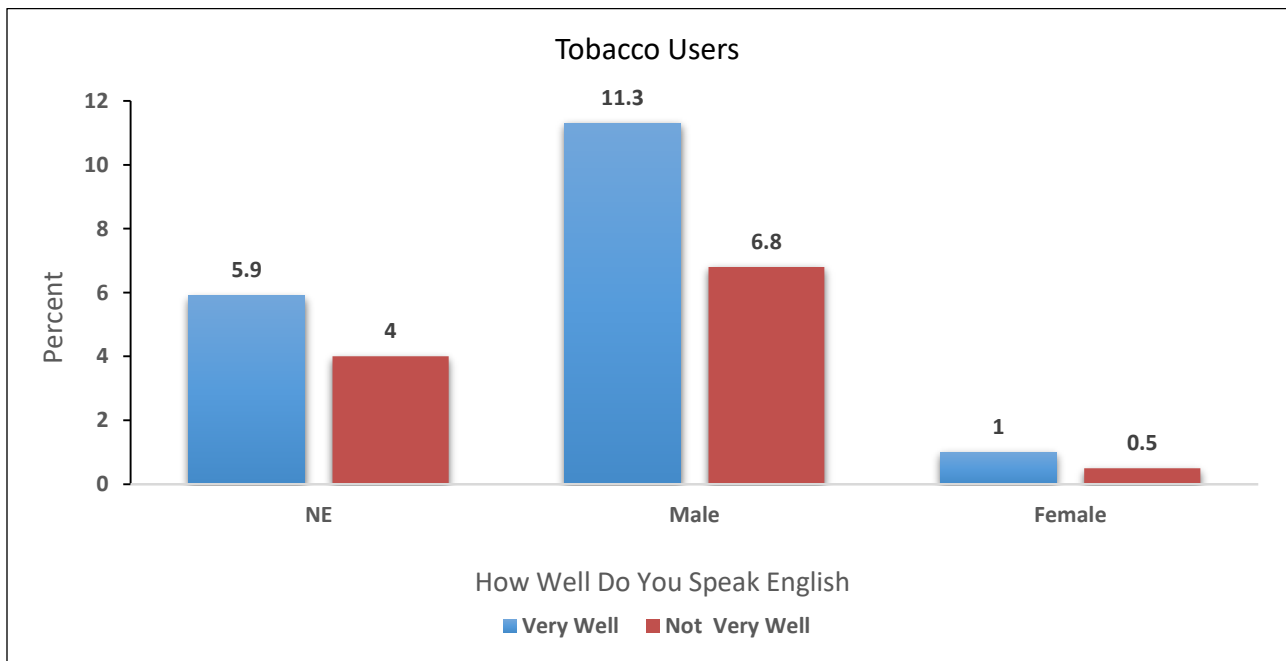
The following charts represent the proportion of individuals who reported using tobacco. Smokeless tobacco, such as chewing tobacco, can lead to nicotine addiction and contains carcinogens, which can cause cancer.¹⁸

English Speaking Ability Disparities

- Approximately 6% of English proficient Nebraskans reported using tobacco, compared to 4% of limited English speaking Nebraskans.

Gender Key Disparities

- Overall, males were more likely than were females to use tobacco. Approximately 11% of English proficient males reported using tobacco, compared to approximately 7% of limited English speaking males.
- Approximately 1.0% of English proficient females and 0.5% of limited English speaking females reported using tobacco.



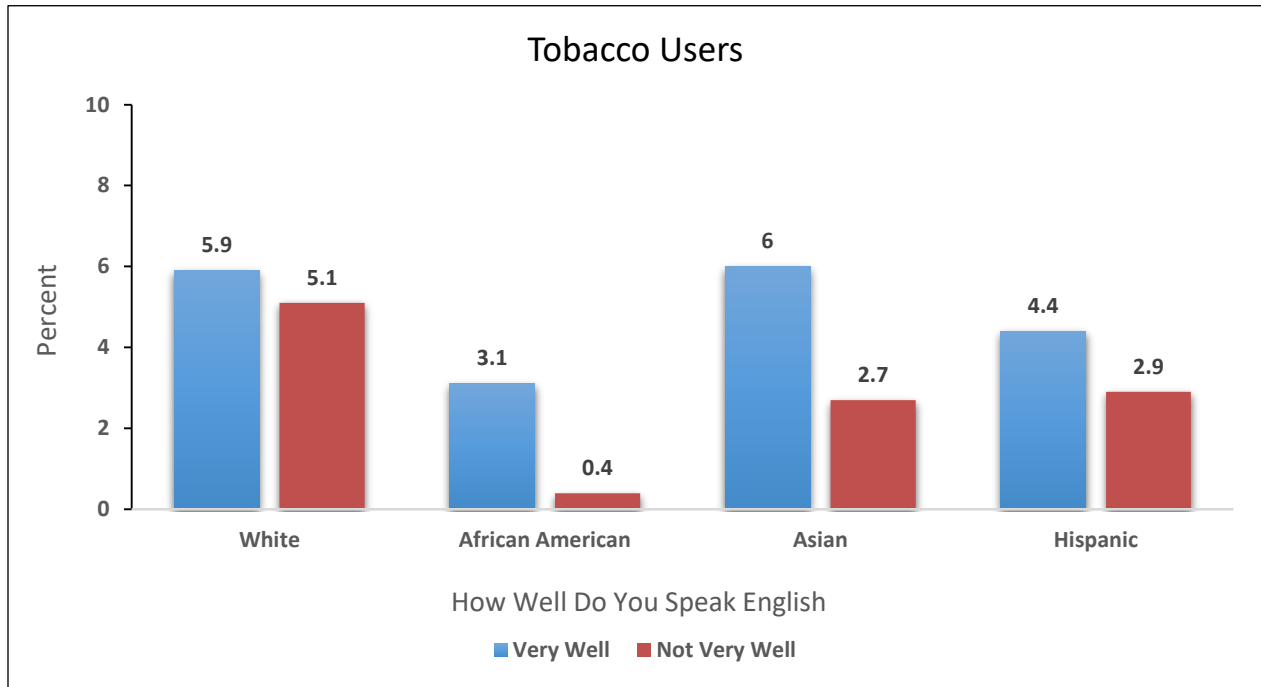
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	5.9	4.0	11.3	6.8	1.0	0.5
95% CI	5.0 – 7.0	2.7 – 5.8	9.5 – 13.6	4.6 – 10.1	0.6 – 1.7	0.2 – 1.2

¹⁸ Centers for Disease Control and Prevention. (2016). Smokeless tobacco: health effects. Retrieved from www.cdc.gov/tobacco/data_statistics/fact_sheets/smokeless/health_effects/index.htm

Tobacco Use

Key Race Disparities

- English proficient Asians (6.0%) were the most likely population to report using tobacco, followed by English proficient Whites (5.9%) and limited English speaking Whites (5.1%).
- English proficient African Americans (3.1%) were more likely than were limited English speaking African Americans (0.4%) to report using tobacco.
- English proficient Hispanics (4.4%) were 1.5 times more likely than were limited English speaking Hispanics (2.9%) to report using tobacco.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	5.9	5.1	3.1	0.4	6.0	2.7	4.4	2.9
95% CI	5.0 – 6.9	3.6 – 7.2	1.0 – 9.1	0.1 – 2.6	2.1 – 16.2	0.4 – 16.9	1.9 – 10.3	0.9 – 8.9

Preventative Care

Last Routine Check-Up: Past 2 Years

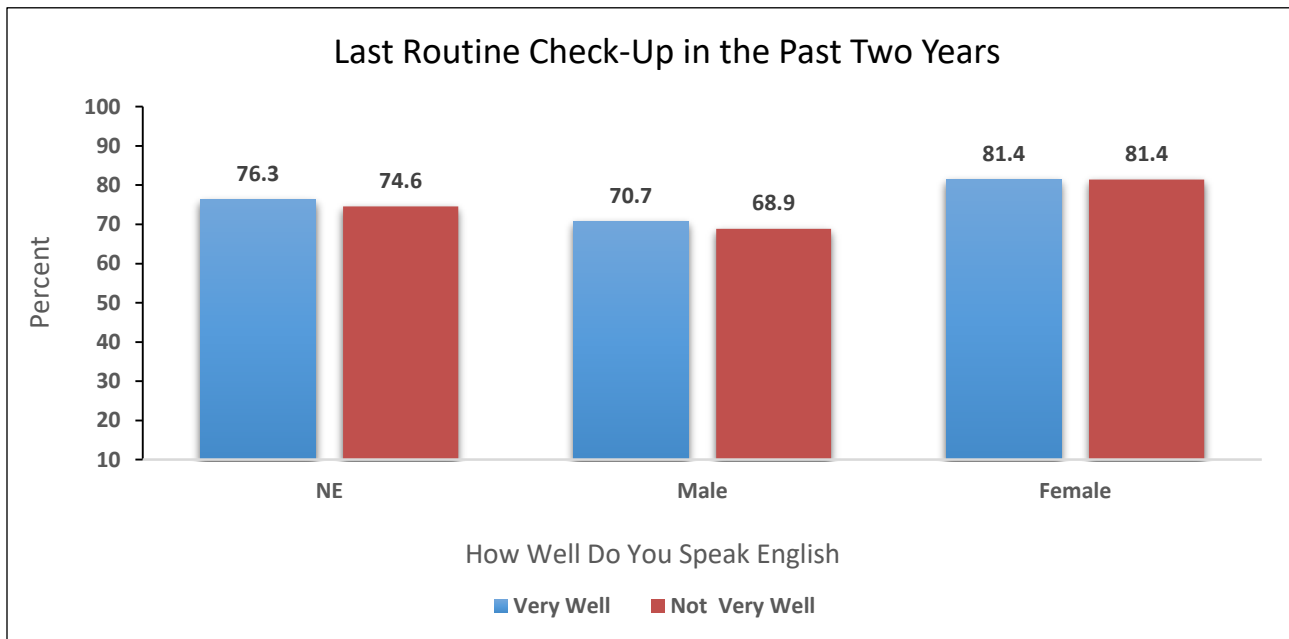
Regular check-ups are an important part of staying healthy. These check-ups can help to find problems in early stages, when the chance for treatment is better. The charts below represent the proportion of individuals who had a routine check-up in the past two years.

English Speaking Ability Disparities

- Just over three-fourths of English proficient Nebraskans (76.3%) reported having had a routine check-up in the past two years, compared to 74.6% of limited English speaking Nebraskans.

Key Gender Disparities

- Nebraska females were more likely than were Nebraska males to have had a routine check-up in the past two years. Approximately 81% of both English proficient females and limited English speaking females reported having had a routine check-up in the past two years.
- English proficient males (70.7%) were slightly more likely than were limited English speaking males (68.9%) to report having had a routine check-up in the past two years.

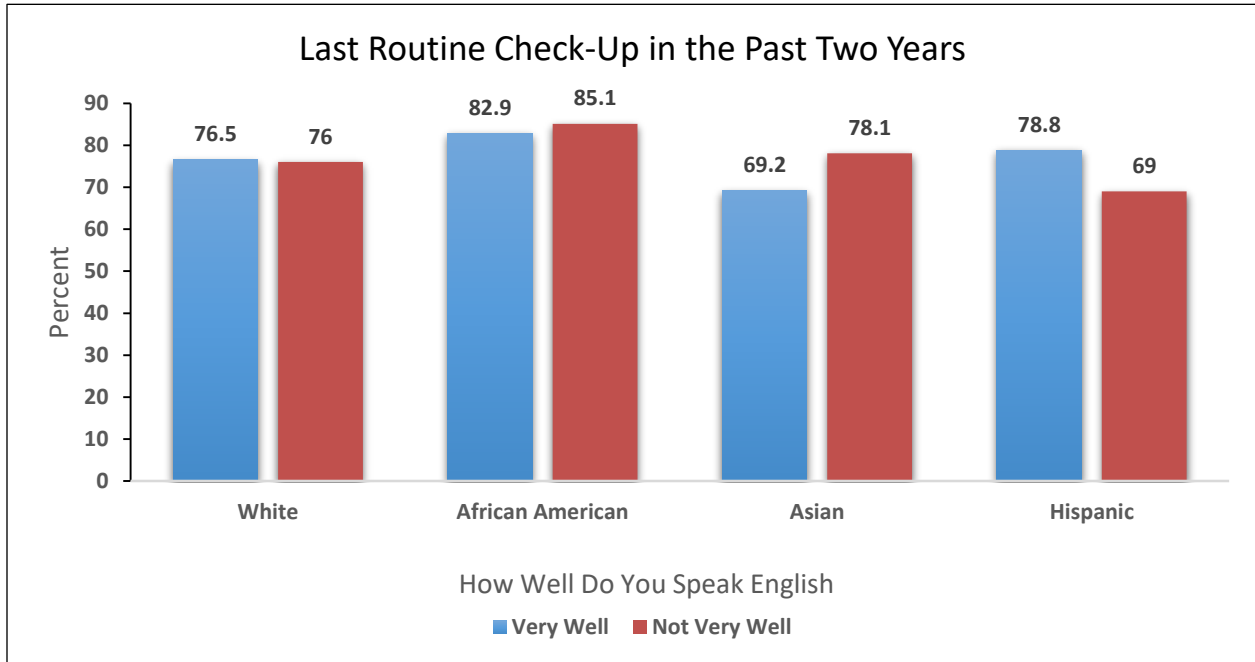


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	76.3	74.6	70.7	68.9	81.4	81.4
95% CI	74.5 – 78.0	70.5 – 78.3	67.6 – 73.6	62.8 – 74.3	79.3 – 83.3	76.4 – 85.6

Last Routine Check- Up: Past 2 Years

Key Race Disparities

- The African American population was the most likely to report having had a routine check-up in the past two years. Approximately 83% of the English proficient population and 85% of the limited English speaking population reported having had a routine check-up in the past two years.
- Limited English speaking Hispanics (69.0%) were the least likely population to report having had a routine check-up in the past year, compared to 78.8% of English proficient Hispanics.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	76.5	76.0	82.9	85.1	69.2	78.1	78.8	69.0
95% CI	74.7 – 78.2	71.5 – 79.9	70.0 – 91.0	64.6 – 94.7	56.2 – 79.8	62.8 – 88.3	66.7 – 87.3	59.9 – 76.8

Last Visit to Dentist: Past 2 Years

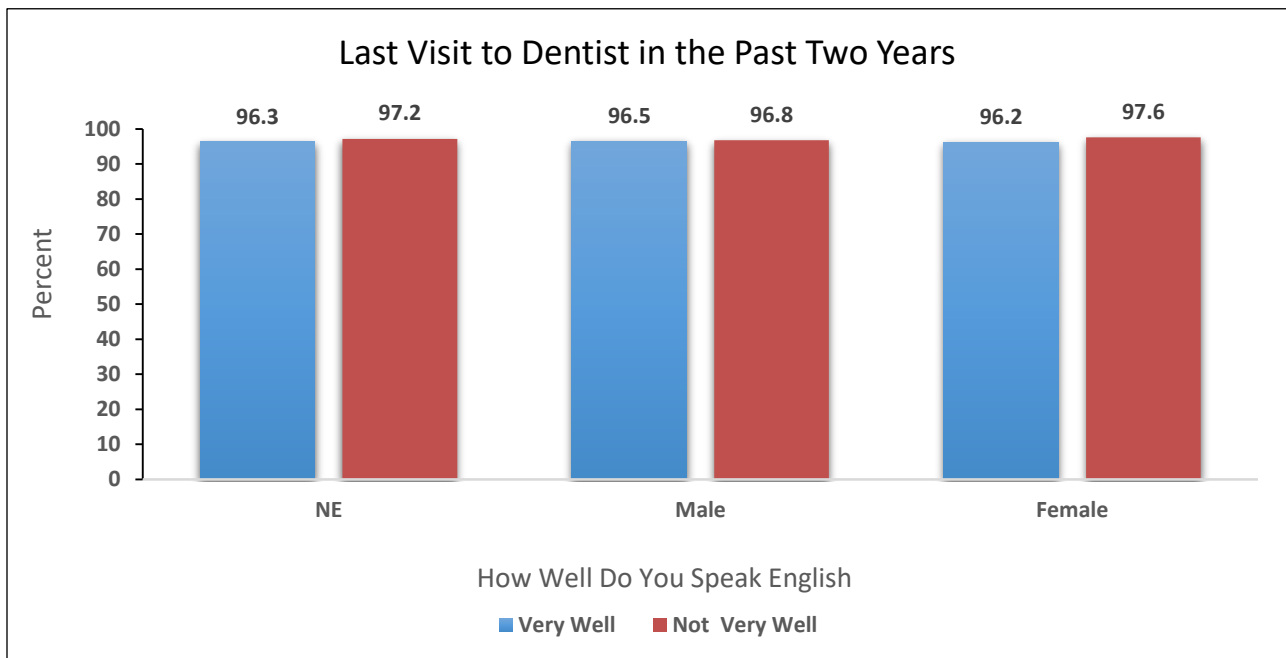
Regular visits to the dentist are an important step in maintaining good oral health. Poor oral health has been connected to chronic diseases, such as diabetes and heart disease.¹⁹ The charts below represent the proportion of individuals who visited a dentist in the past two years.

English Speaking Ability Disparities

- Limited English speaking Nebraskans (97.2%) were only slightly more likely than were English proficient Nebraskans (96.3%) to report having been to the dentist in the past two years.

Key Gender Disparities

- Similar percentages of English proficient males (96.5%) and limited English speaking males (96.8%) reported having been to the dentist in the past two years.
- Limited English speaking females (97.6%) were just over one percentage point more likely than were English proficient females (96.2%) to report having been to the dentist in the past two years.



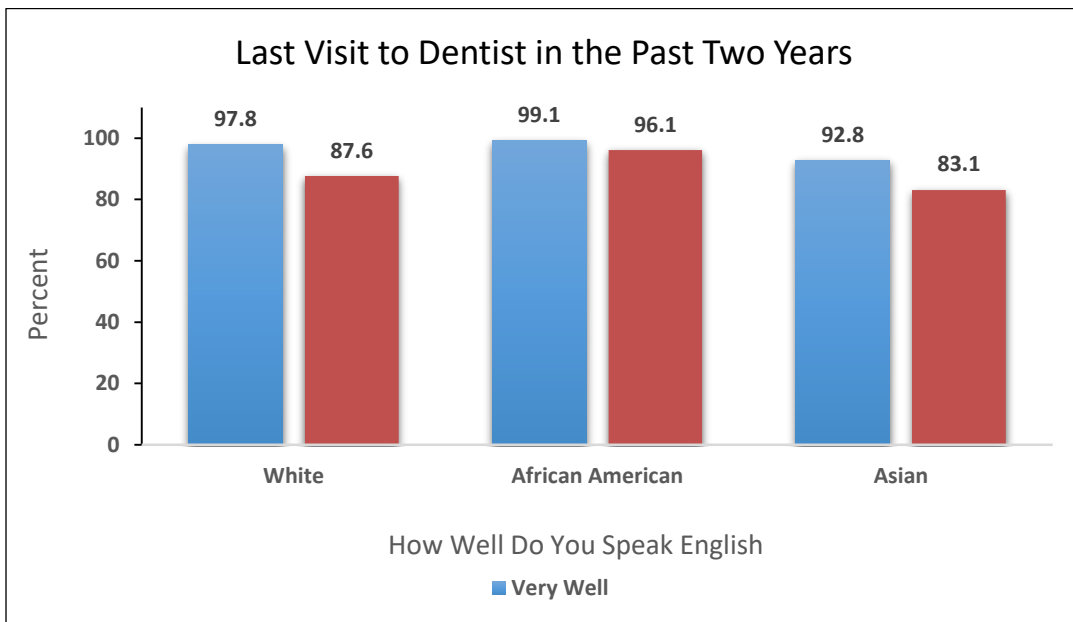
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	96.3	97.2	96.5	96.8	96.2	97.6
95% CI	92.6 – 98.2	94.4 – 98.6	91.7 – 98.5	92.1 – 98.8	88.3 – 98.8	93.3 – 99.1

¹⁹ Centers for Disease Control and Prevention. (2015). Oral health. Retrieved from www.cdc.gov/oralhealth/basics/index.html

Last Visit to Dentist: Past 2 Years

Key Race Disparities

- English proficient African Americans (99.1%) were more likely than were limited English speaking African Americans (96.1%) to report having been to the dentist in the past two years.
- English proficient Whites (97.8%) were just over ten percentage points more likely than were limited English speaking Whites (87.6%) to have been to the dentist in the past two years.
- Limited English speaking Asians (83.1%) were the least likely population to report having been to the dentist in the past two years. This proportion was 9.7 percentage points less than that of English proficient Asians who reported the same (92.8%).



English Ability	White		African American		Asian	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	97.8	87.6	99.1	96.1	92.8	83.1
95% CI	92.6 – 99.3	69.3 – 95.7	93.3 – 99.9	74.6 – 99.5	78.6 – 97.9	58.9 – 94.4

*Please note that information for the Hispanic population was not included due to insufficient data.

Cholesterol Check

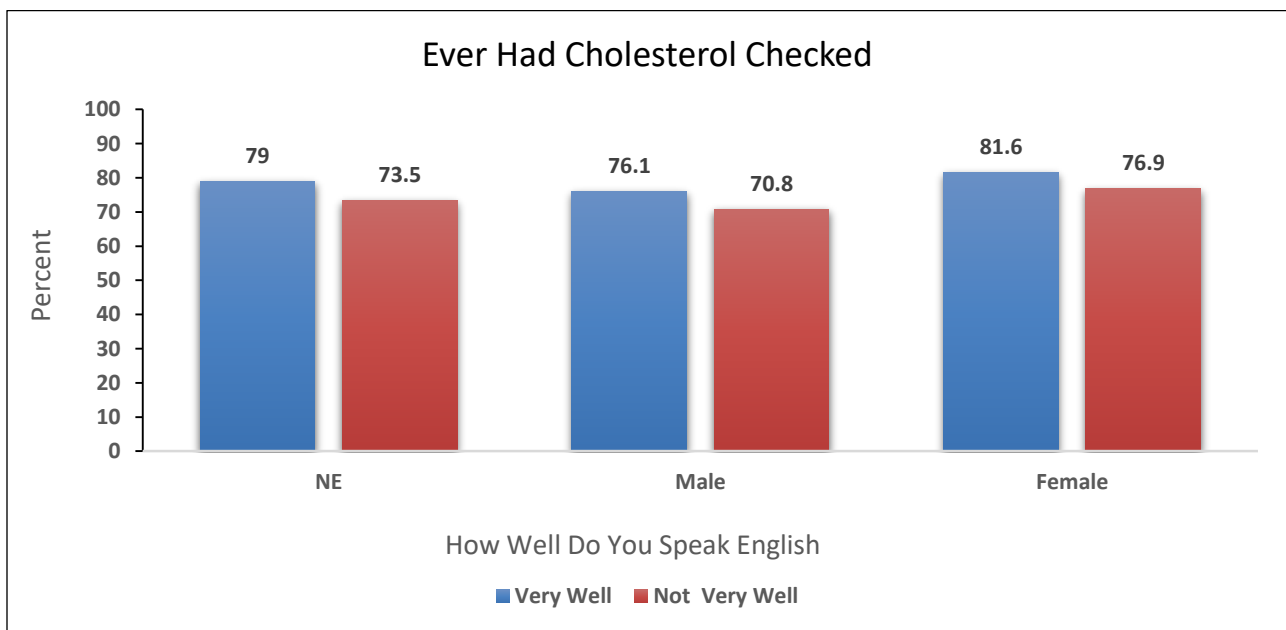
According to the Centers for Disease Control and Prevention, approximately one in three adults in the United States has high cholesterol.²⁰ High cholesterol increases an individual’s risk of heart disease and stroke and as high cholesterol often has no symptoms, it is important to have regular cholesterol checks.

English Speaking Ability Disparities

- English proficient Nebraskans (79.0%) were more likely to have had their cholesterol checked than were limited English speaking Nebraskans (73.5%).

Gender Key Disparities

- English proficient males (76.1%) were just over five percentage points more likely than were limited English speaking males (70.8%) to have ever had their cholesterol checked.
- English proficient females were the most likely population to report having ever had their cholesterol checked at 81.6%. This percentage was somewhat higher than that of limited English speaking females (76.9%) who reported the same.



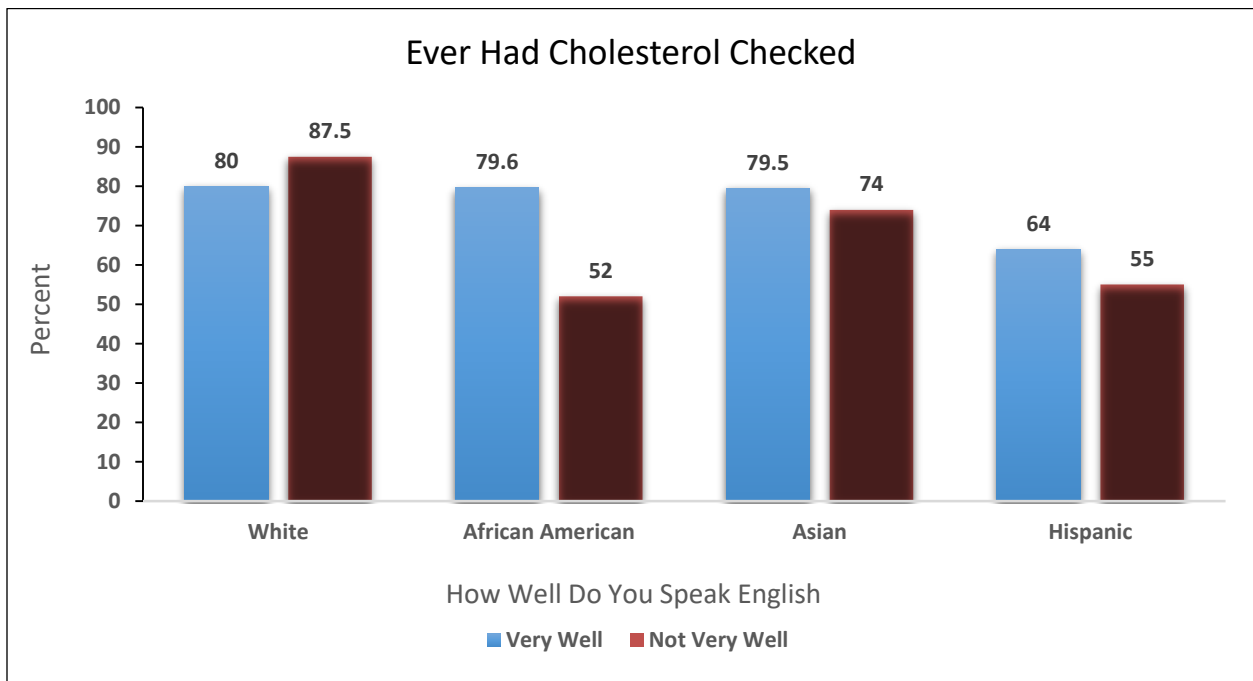
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	79.0	73.5	76.1	70.8	81.6	76.9
95% CI	77.0 – 80.8	69.2 – 77.4	73.0 – 78.9	64.7 – 76.1	79.2 – 83.9	70.7 – 82.2

²⁰ Centers for Disease Control and Prevention. (2018). Cholesterol. Retrieved from www.cdc.gov/cholesterol/index.htm

Cholesterol Check

Race Key Disparities

- Limited English speaking African Americans (52.0%) and Hispanics (55.0%) were the least likely populations to have ever had their cholesterol checked.
- Just over half of limited English speaking African Americans (52.0%) reported having ever had their cholesterol checked, compared to over three-fourths of English proficient African Americans (79.6%).
- English proficient Asians (79.5%) were somewhat more likely than were limited English speaking Asians (74.0%) to report having ever had their cholesterol checked.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	80.0	87.5	79.6	52.0	79.5	74.0	64.0	55.0
95% CI	78.1 – 81.9	84.1 – 90.2	62.8 – 90.0	29.5 – 73.8	66.2 – 88.5	52.1 – 88.1	52.4 – 74.1	46.3 – 63.5

Cholesterol Checked: Last 5 Years

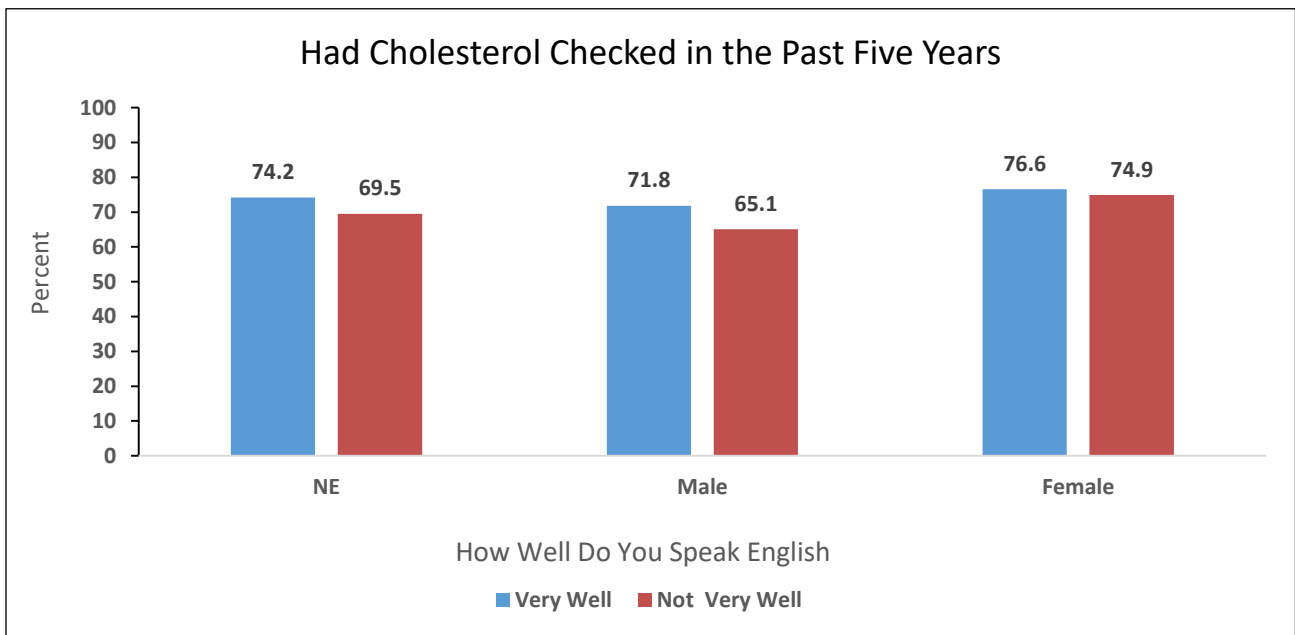
The below charts represent the proportion of individuals who had their cholesterol checked in the past five years.

English Speaking Ability Disparities

- Just under three-fourths of English proficient Nebraskans (74.2%) reported having had their cholesterol checked in the past five years, compared to 69.5% of limited English speaking Nebraskans.

Gender Key Disparities

- English proficient males (71.8%) were 6.7 percentage points more likely than were limited English speaking males (65.1%) to have had their cholesterol checked in the past five years.
- English proficient females (76.6%) were slightly more likely than were limited English speaking females (74.9%) to have had their cholesterol checked in the past five years.

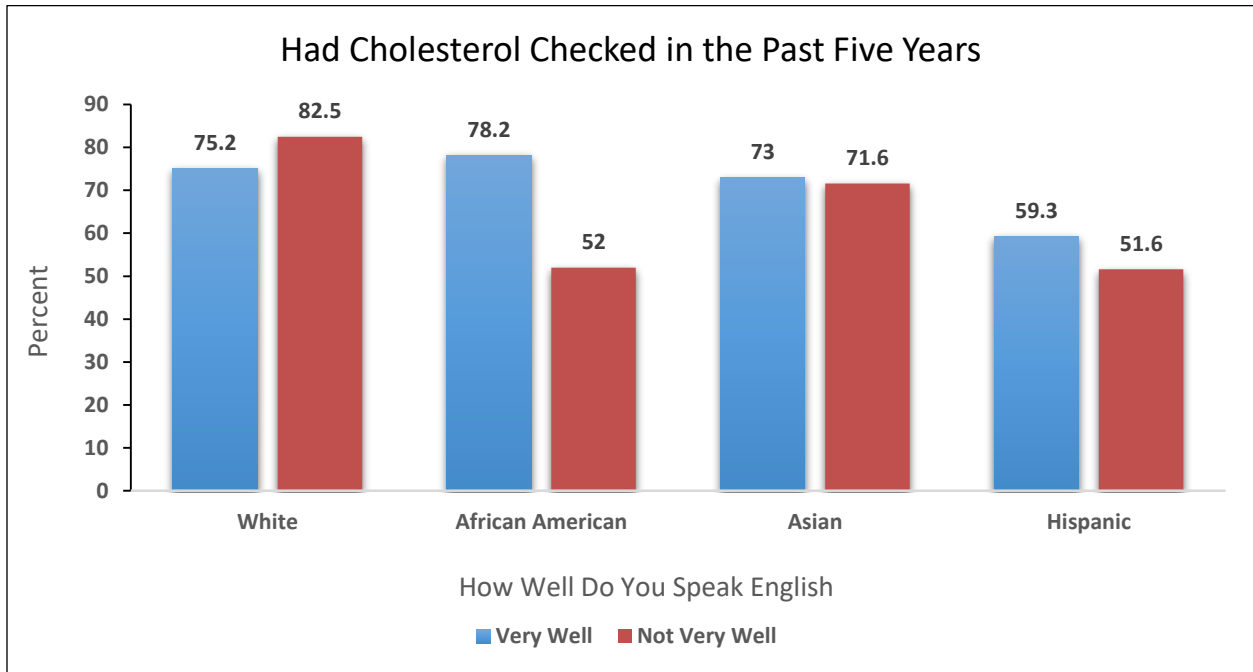


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	74.2	69.5	71.8	65.1	76.6	74.9
95% CI	72.3 – 76.1	65.0 – 73.6	68.6 – 74.7	58.8 – 70.9	74.0 – 78.9	68.7 – 80.3

Cholesterol Checked: Last 5 Years

Key Race Disparities

- Just over one half of limited English speaking African Americans (52.0%) and Hispanics (51.6%) had their cholesterol checked in the past five years, compared to 78.2% of English proficient African Americans and 59.3% of English proficient Hispanics.
- Similar percentages of limited English speaking Asians (71.6%) and English proficient Asians (73%) reported having had their cholesterol checked in the past five years.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	75.2	82.5	78.2	52.0	73.0	71.6	59.3	51.6
95% CI	73.2 – 77.1	78.7 – 85.8	61.4 – 89.0	29.5 – 73.8	58.6 – 83.8	49.8 – 86.5	48.0 – 69.8	42.9 – 60.2

Flu Shot

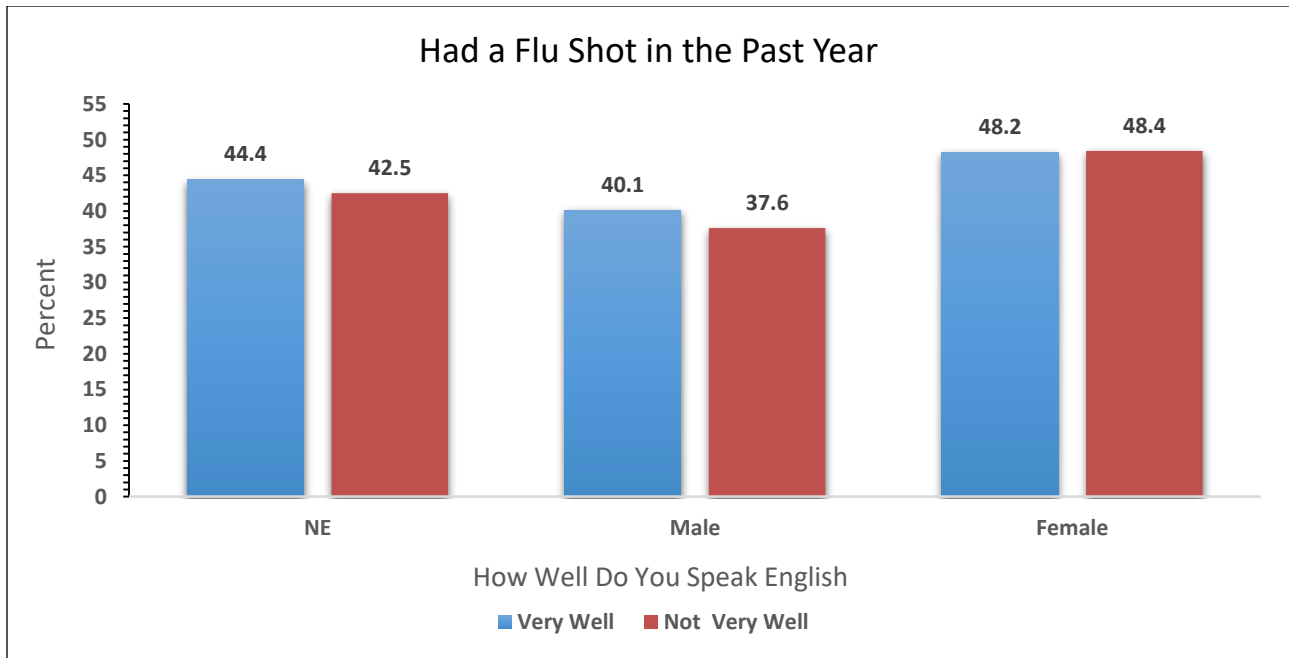
A flu shot is a vaccine injected into the arm to protect against influenza viruses. Flu shots are recommended for everyone six months of age and older for every flu season.

English Speaking Ability Disparities

- The proportion of English proficient adults (44.4%) who reported having ever had a flu shot was similar to that of limited English speaking adults (42.5%).

Key Gender Disparities

- English proficient males (40.1%) were slightly more likely than were limited English speaking males (37.6%) to report having had a flu shot in the past year.
- Similar proportions of English proficient females (48.2%) and limited English speaking females (48.4%) reporting having had a flu shot in the past year.

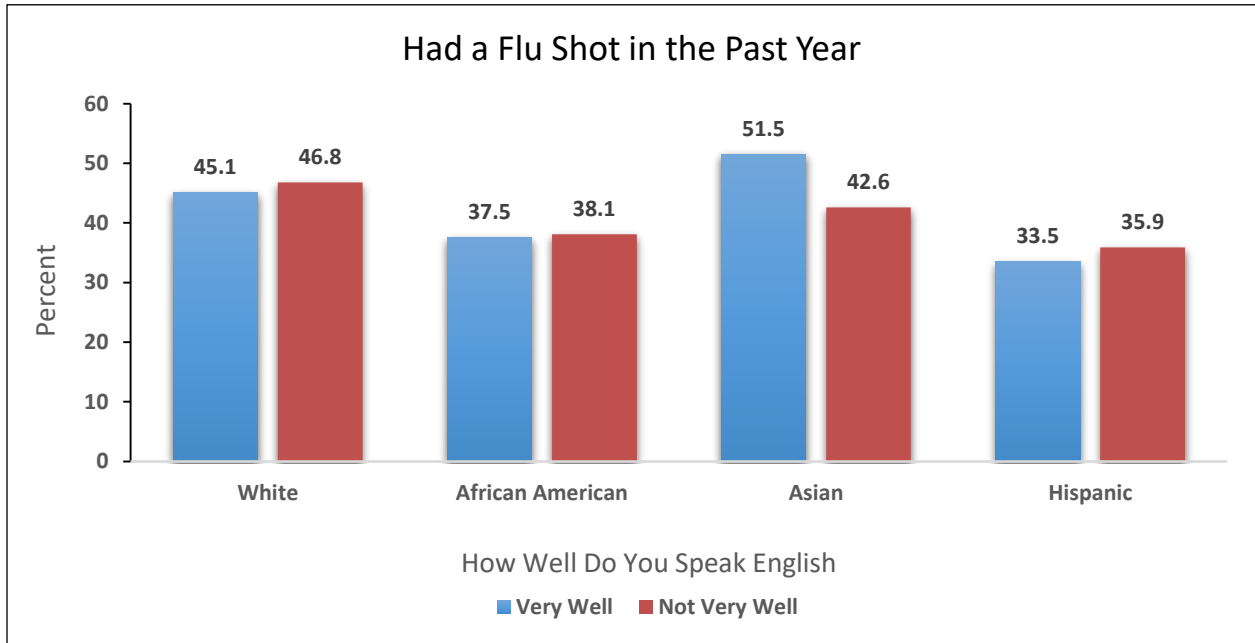


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	44.4	42.5	40.1	37.6	48.2	48.4
95% CI	42.4 – 46.3	38.6 – 46.5	37.1 – 43.1	32.9 – 42.7	45.7 – 50.7	42.4 – 54.5

Flu Shot

Key Race Disparities

- English proficient Hispanics (33.5%) and limited English speaking Hispanics (35.9%) were the least likely populations to report having had a flu shot in the past year, followed by English proficient African Americans (37.5%) and limited English speaking African Americans (38.1%).
- Approximately 38% of limited English speaking African Americans and 43% of limited English speaking Asians reported having had a flu shot in the past year, compared to approximately 47% of limited English speaking Whites.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	45.1	46.8	37.5	38.1	51.5	42.6	33.5	35.9
95% CI	43.1 – 47.0	42.6 – 50.9	21.1 – 57.3	21.3 – 58.4	38.5 – 64.2	27.6 – 59.1	25.0 – 43.3	28.3 – 44.3

Pneumonia Shot

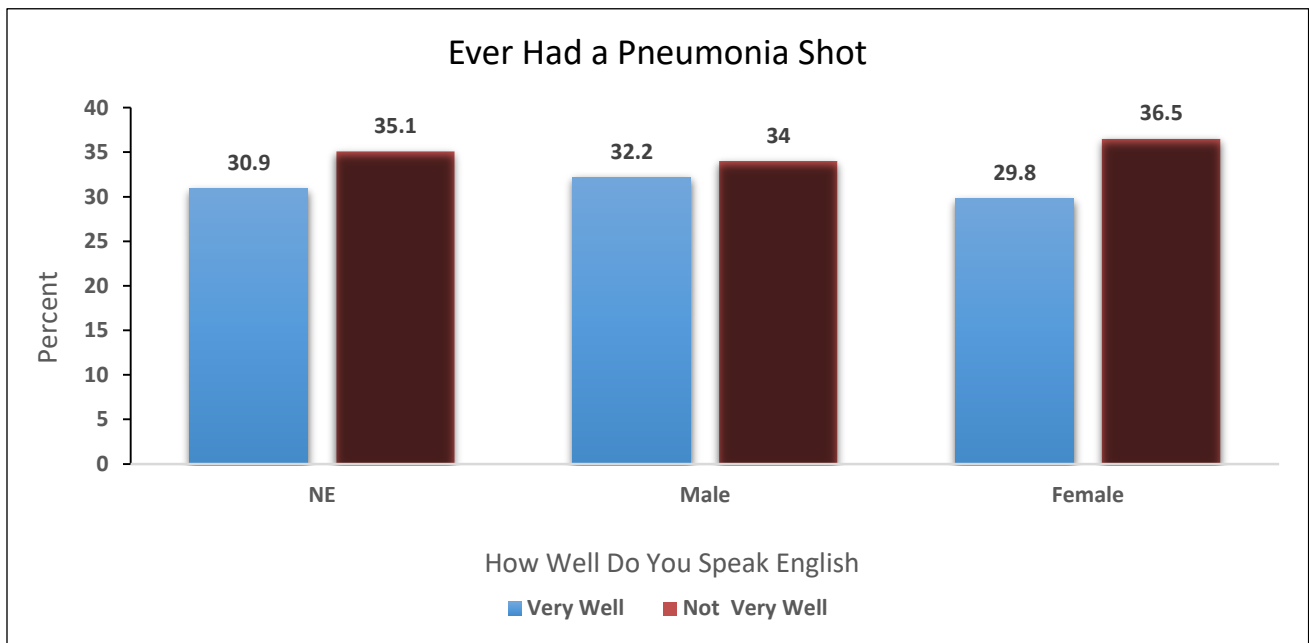
A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person’s lifetime and is different from a flu shot. The Centers for Disease Control and Prevention recommend the pneumococcal vaccine for children under the age of two and adults 65 years and older.²¹

English Speaking Ability Disparities

- Nebraskans with limited English proficiency (35.1%) were more likely than were English proficient Nebraskans (30.9%) to have ever had a pneumonia shot.

Key Gender Disparities

- Limited English speaking males (34.0%) were slightly more likely than were English proficient males (32.2%) to have ever had a pneumonia shot.
- Limited English speaking females (36.5%) were 6.7 percentage points more likely than were English proficient females (29.8%) to report having ever had a pneumonia shot.



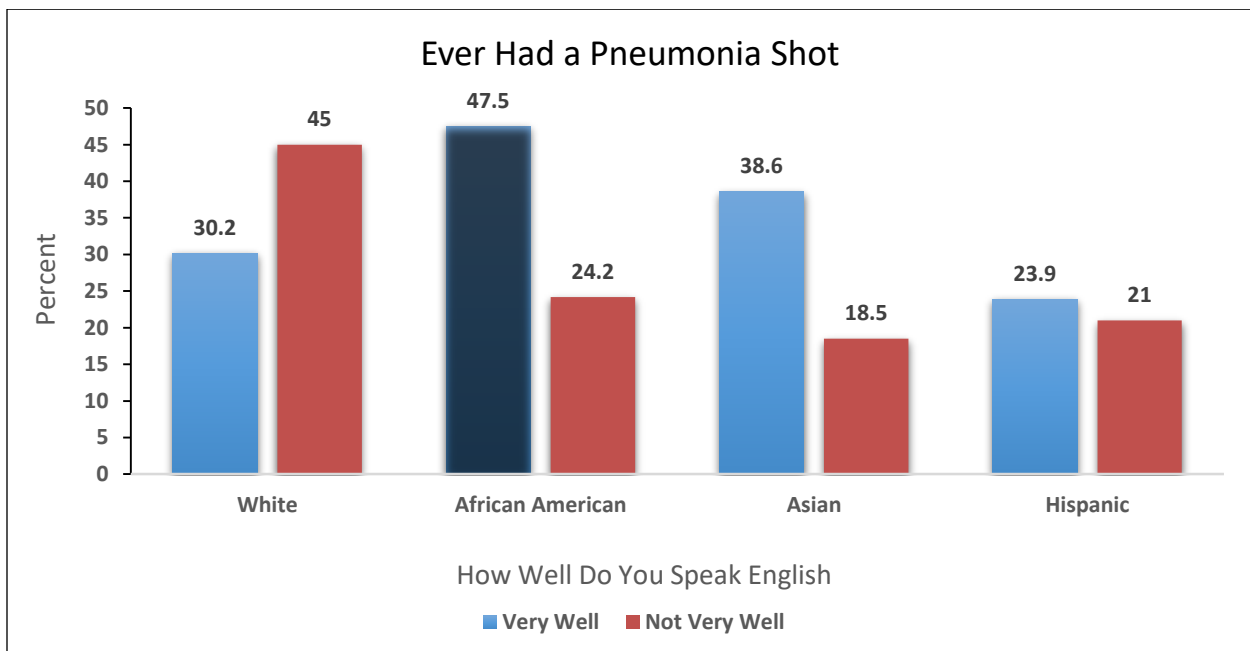
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	30.9	35.1	32.2	34.0	29.8	36.5
95% CI	29.0 – 32.9	31.5 – 39	29.0 – 35.7	29.3 – 38.9	27.7 – 32.1	30.9 – 42.4

²¹ Centers for Disease Control and Prevention. (2017). Pneumococcal vaccination: what everyone should know. Retrieved from www.cdc.gov/vaccines/vpd/pneumo/public/index.html

Pneumonia Shot

Key Race Disparities

- Within all populations, with the exception of the White population, the limited English speaking population was less likely than the English proficient population to have ever had a pneumonia shot. Limited English speaking Whites (45.0%) were more likely than were English proficient Whites (30.2%) to have ever had a pneumonia shot.
- Just under one-fourth of limited English speaking African Americans (24.2%) reported having ever had a pneumonia shot, compared to just under half of English proficient African Americans (47.5%).
- English proficient Asians (38.6%) were twice as likely as were limited English speaking Asians (18.5%) to have ever had a pneumonia shot.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	30.2	45.0	47.5	24.2	38.6	18.5	23.9	21.0
95% CI	28.4 – 32.1	40.7 – 49.3	29.6 – 66.1	11.6 – 43.6	25.3 – 53.9	8.1 – 36.8	16.2 – 33.7	15.0 – 28.6

Colonoscopy or Sigmoidoscopy

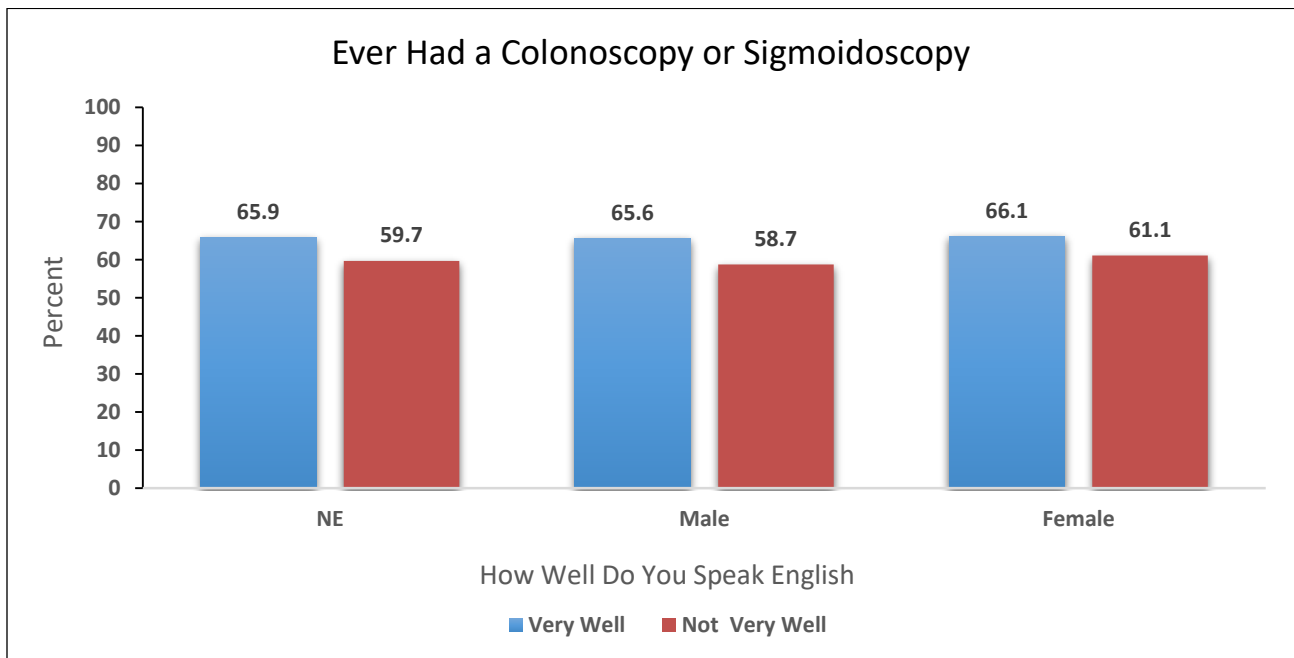
Colonoscopies and sigmoidoscopies are tests often used to screen for colorectal cancer. It is recommended that adults age 50 to 75 be screened for colorectal cancer.

English Speaking Ability Disparities

- Approximately two-thirds of English proficient Nebraskans (65.9%) reported having ever had a colonoscopy or sigmoidoscopy, compared to 59.7% of Nebraskans with limited English proficiency.

Key Gender Disparities

- English proficient Nebraska males (65.6%) were approximately seven percentage points more likely than were limited English speaking Nebraskan males (58.7%) to report having ever had a colonoscopy or sigmoidoscopy.
- Nebraska females with limited English proficiency (61.1%) were five percentage points less likely than were English proficient females (66.1%) to have ever had a colonoscopy or sigmoidoscopy.

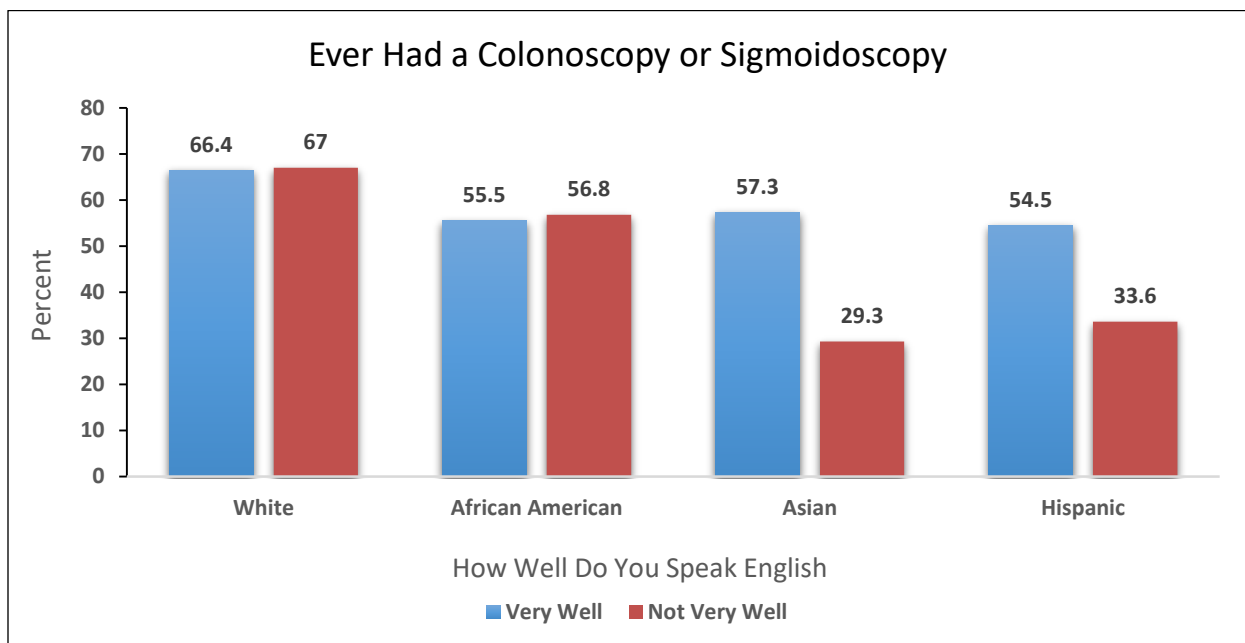


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	65.9	59.7	65.6	58.7	66.1	61.1
95% CI	63.7 – 68.0	55.1 – 64.2	62.1 – 69.0	52.5 – 64.6	63.2 – 68.8	54.0 – 67.8

Colonoscopy or Sigmoidoscopy

Key Race Disparities

- Limited English speaking Asians (29.3%) were the least likely population to report having ever had a colonoscopy or sigmoidoscopy. Approximately 57% of English proficient Asians reported the same.
- While over half of English proficient Hispanics (54.5%) reported having ever had a colonoscopy or sigmoidoscopy, only one-third of limited English speaking Hispanics (33.6%) reported the same.
- Limited English speaking Whites (67.0%) and English proficient Whites (66.4%) were the most likely populations to report having ever had a colonoscopy or sigmoidoscopy.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	66.4	67.0	55.5	56.8	57.3	29.3	54.5	33.6
95% CI	64.1 – 68.6	62.8 – 70.9	38.2 – 71.7	28.4 – 81.4	35.5 – 76.7	13.6 – 52.3	35.5 – 72.3	20.8 – 49.3

Sigmoidoscopy: Less than Five Years Ago

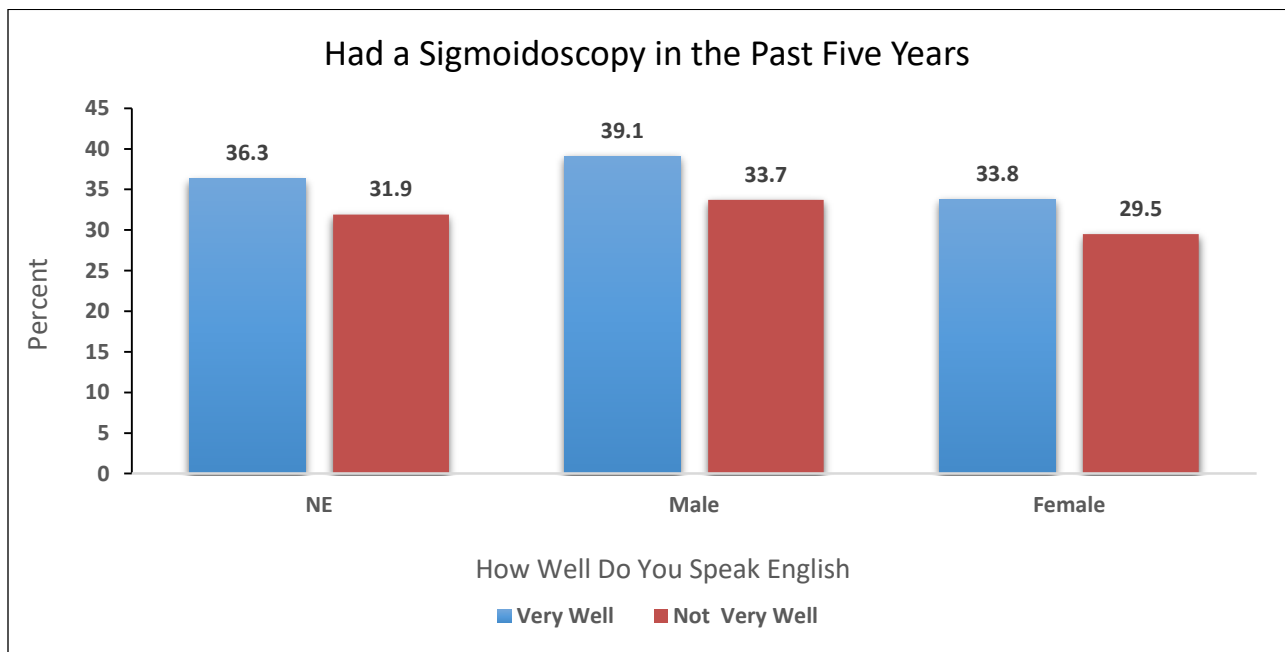
The below charts represent the proportion of the population that reported having had a sigmoidoscopy in the past five years.

English Speaking Ability Disparities

- Over one-third of English proficient Nebraskans (36.3%) reported having had a sigmoidoscopy in the past five years, compared to just under one-third of limited English speaking Nebraskans (31.9%).

Key Gender Disparities

- Approximately two-fifths of English proficient males (39.1%) reported having had a sigmoidoscopy in the past five years, compared to approximately one-third of limited English speaking males (33.7%).
- English proficient females (33.8%) were approximately four percentage points more likely than were limited English speaking females (29.5%) to report having had a sigmoidoscopy in the past five years.

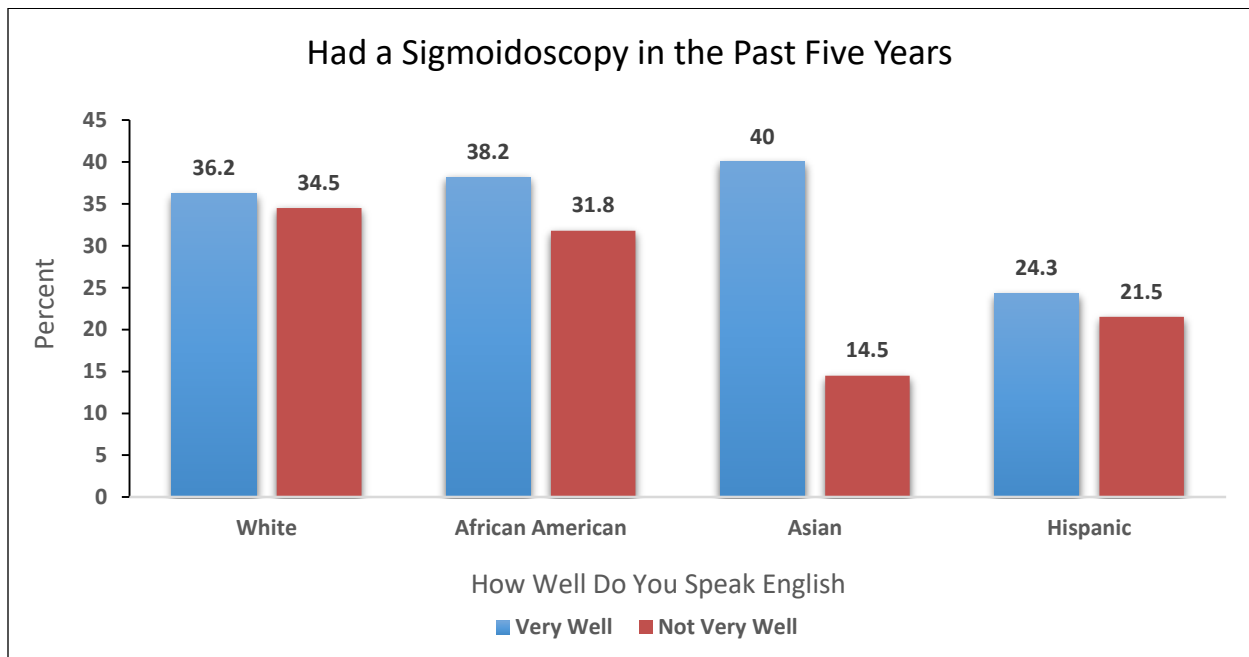


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	36.3	31.9	39.1	33.7	33.8	29.5
95% CI	34.1 – 38.5	27.9 – 36.3	35.6 – 42.8	28.0 – 39.9	31.2 – 36.6	24.1 – 35.5

Sigmoidoscopy: Less than Five Years Ago

Key Gender Disparities

- Limited English speaking Asians (14.5%) were the least likely population to report having had a sigmoidoscopy in the past five years, while English proficient Asians (40.0%) were the most likely population to report the same.
- English proficient African Americans (38.2%) were approximately six percentage points more likely than were limited English speaking African Americans (31.8%) to have had a sigmoidoscopy in the past five years.
- English proficient Hispanics (24.3%) were more likely than were limited English speaking Hispanics (21.5%) to report having had a sigmoidoscopy in the past five years.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	36.2	34.5	38.2	31.8	40.0	14.5	24.3	21.5
95% CI	34.0 – 38.5	30.4 – 38.8	22.9 – 56.3	12.8 – 59.8	21.5 – 61.9	4.6 – 37.1	13.3 – 40.2	10.5 – 39.1

Risk Factors for Illness

Overweight: Body Mass Index 25 – 29.9

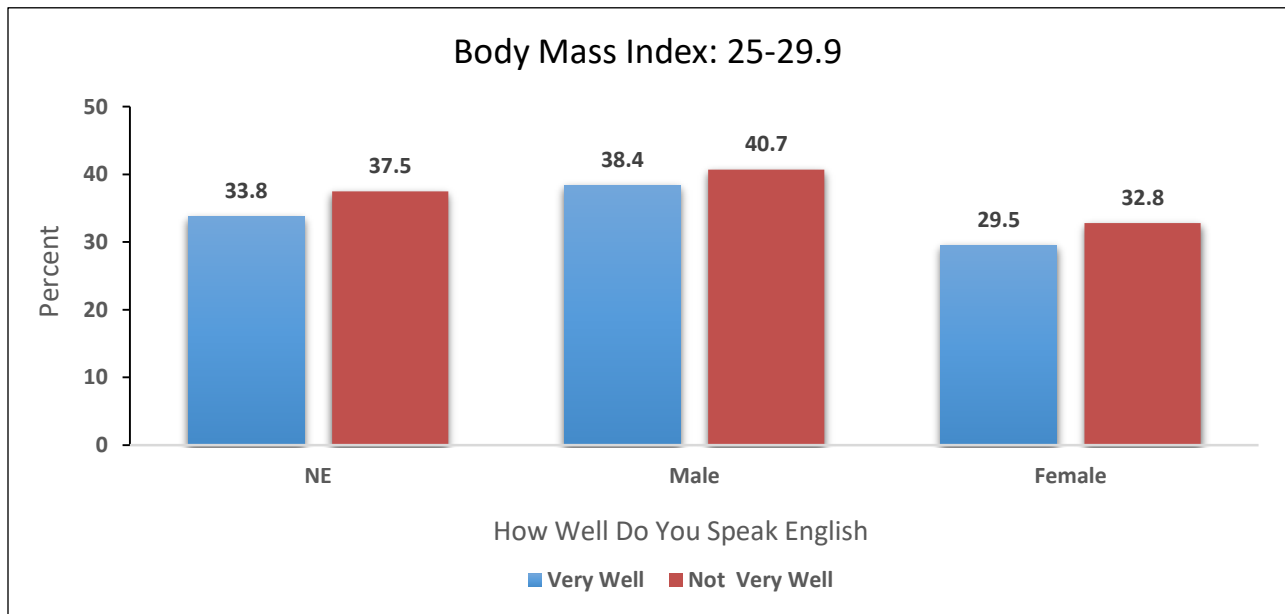
Body Mass Index (BMI) is an individual’s weight in kilograms divided by the square of their height in meters. While BMI is used to measure whether an individual is overweight or obese. Having a high BMI can be an indicator of heart disease, high blood pressure, and some cancers.²² Individuals with a BMI of 25 to 29.9 are considered overweight.

English Speaking Ability Disparities

- Limited English speaking Nebraskans (37.5%) were more likely than English proficient Nebraskans (33.8%) to be overweight.

Gender Key Disparities

- Limited English speaking males (40.7%) were slightly more likely than English proficient males (38.4%) to be overweight.
- Limited English speaking females (32.8%) were just over three percentage points more likely than English proficient females (29.5%) to be overweight.



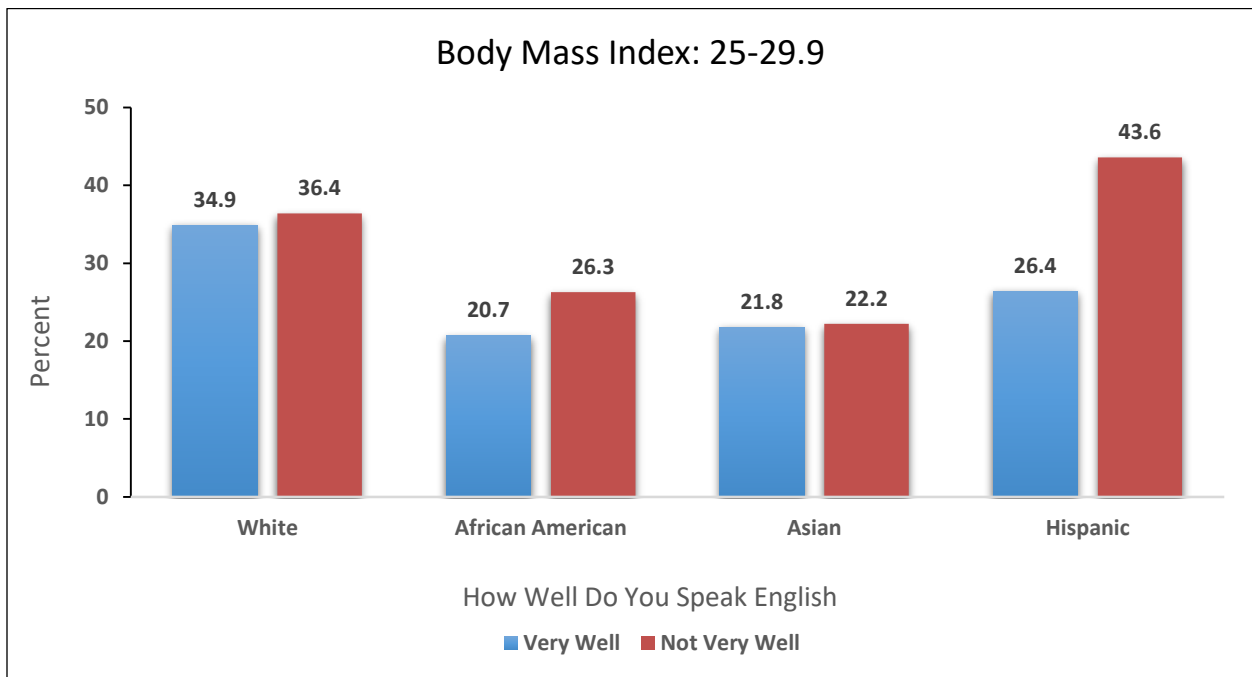
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	33.8	37.5	38.4	40.7	29.5	32.8
95% CI	32.0 – 35.7	33.4 – 41.7	35.5 – 41.3	35.3 – 46.3	27.3 – 31.8	27.0 – 39.3

²² Centers for Disease Control and Prevention. (2017). Healthy weight: about adult BMI. Retrieved from www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/index.html

Overweight: Body Mass Index 25 – 29.9

Key Race Disparities

- Limited English speaking Hispanics (43.6%) were the most likely population to report being overweight. English proficient Hispanics were less likely to report being overweight at 26.4% of the population.
- Limited English speaking African Americans (26.3%) were approximately six percentage points more likely than English proficient African Americans to be overweight.
- Similar proportions of English proficient Whites (34.9%) and limited English speaking Whites (36.4%) were overweight.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	34.9	36.4	20.7	26.3	21.8	22.2	26.4	43.6
95% CI	33.0 – 36.8	32.7 – 40.3	12.1 – 33.0	11.0 – 50.8	13.4 – 33.5	11.0 – 39.8	18.6 – 36.0	33.9 – 53.9

Obese: Body Mass Index 30+

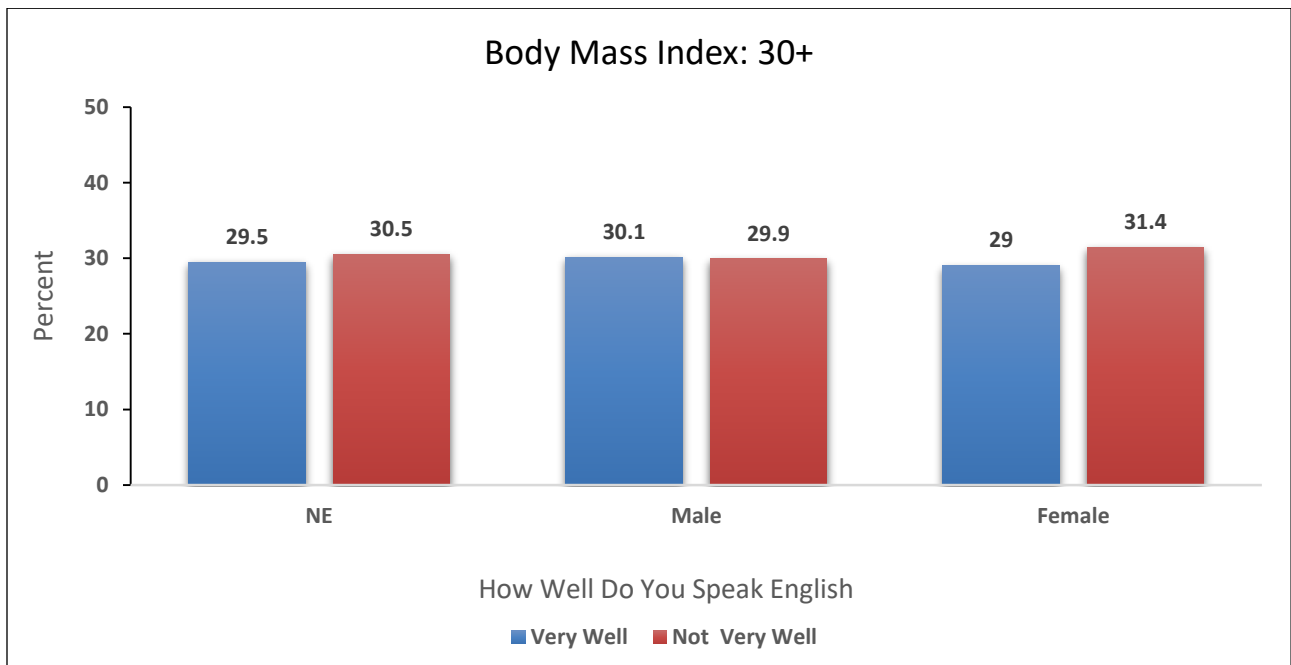
A Body Mass Index (BMI) of 30 or higher is considered obese.

English Speaking Ability Disparities

- Similar percentages of English proficient Nebraskans (29.5%) and limited English speaking Nebraskans (30.5%) were obese.

Key Gender Disparities

- Similar percentages of English proficient males (30.1%) and limited English speaking males (29.9%) were obese.
- Limited English speaking females (31.4%) were just over two percentage points more likely than English proficient females (29.0%) to be obese.

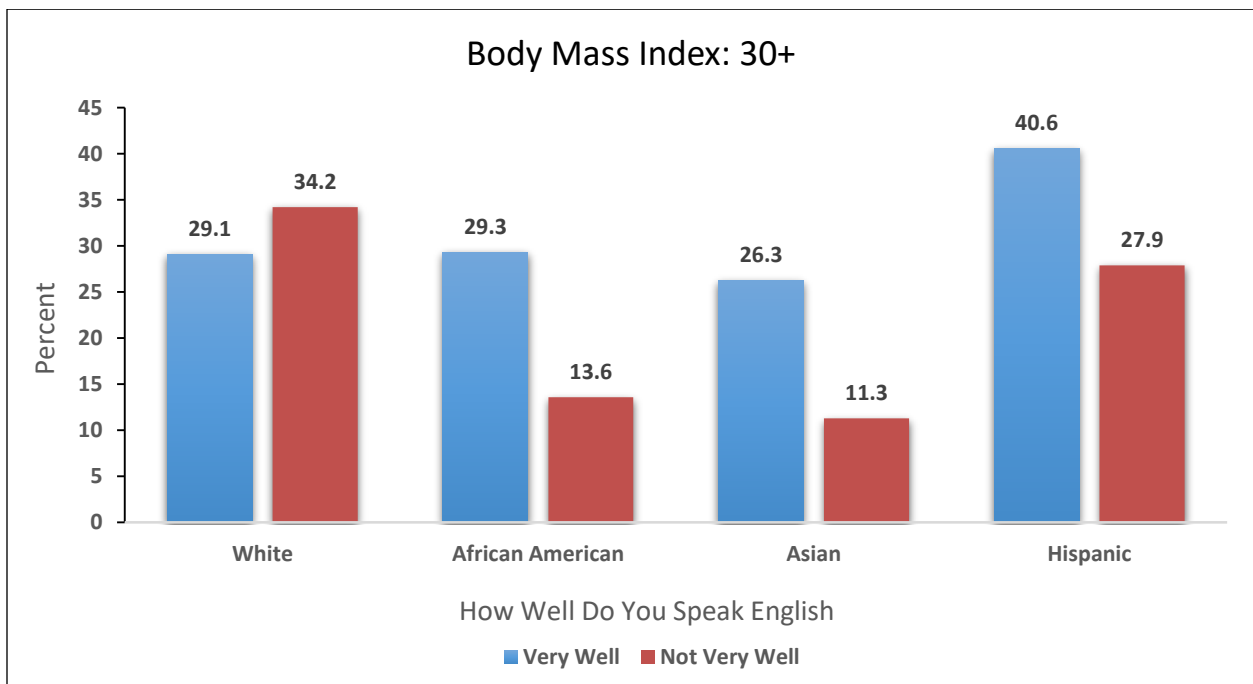


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	29.5	30.5	30.1	29.9	29.0	31.4
95% CI	27.8 – 31.3	27.0 – 34.3	27.5 – 32.8	25.4 – 34.9	26.8 – 31.3	26.0 – 37.4

Obese: Body Mass Index 30+

Race Key Disparities

- Within the African American, Asian, and Hispanic populations, English proficient individuals were more likely than were limited English speaking individuals to be obese. The opposite was true within the White population. Limited English speaking individuals (34.2%) were more likely than were English proficient Whites (29.1%) to be obese.
- Two-fifths of the English proficient Hispanic population (40.6%) was obese, compared to 27.9% of the limited English speaking Hispanic population.
- English proficient African Americans (29.3%) were over twice as likely as were limited English speaking African Americans (13.6%) to be obese. English proficient Asians (26.3%) were also over twice as likely as were limited English speaking Asians (11.3%) to be obese.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	29.1	34.2	29.3	13.6	26.3	11.3	40.6	27.9
95% CI	27.4 – 30.9	30.4 – 38.4	17.9 – 44.0	6.0 – 27.8	17.4 – 37.7	5.1 – 23.2	30.7 – 51.4	20.8 – 36.4

Overweight or Obese: Body Mass Index 25+

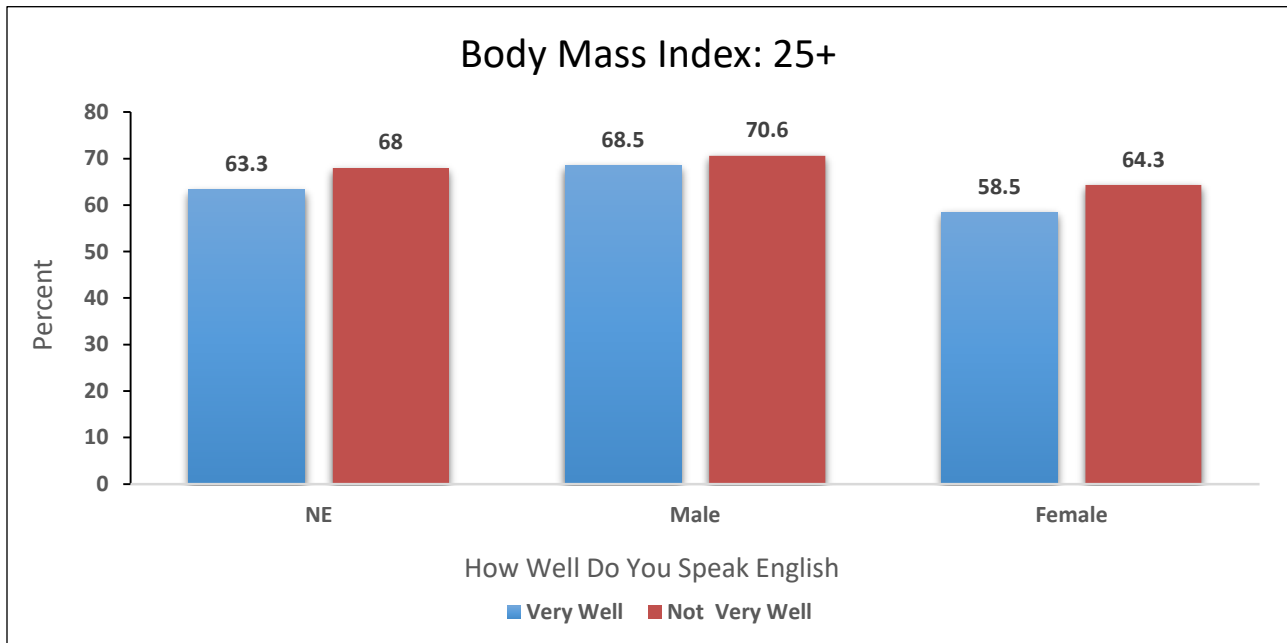
A Body Mass Index (BMI) of 30 or higher is considered obese, while a BMI of 25-29.9 is considered overweight. The below chart represents those who are overweight or obese.

English Speaking Ability Disparities

- Limited English speaking Nebraskans were more likely to be overweight or obese (68.0%) than English proficient Nebraskans (63.3%).

Gender Key Disparities

- Limited English speaking males (70.6%) were slightly more likely than English proficient males (68.5%) to be overweight or obese.
- Limited English speaking females (64.3%) were over five percentage points more likely than English proficient females (58.5%) to be overweight or obese.

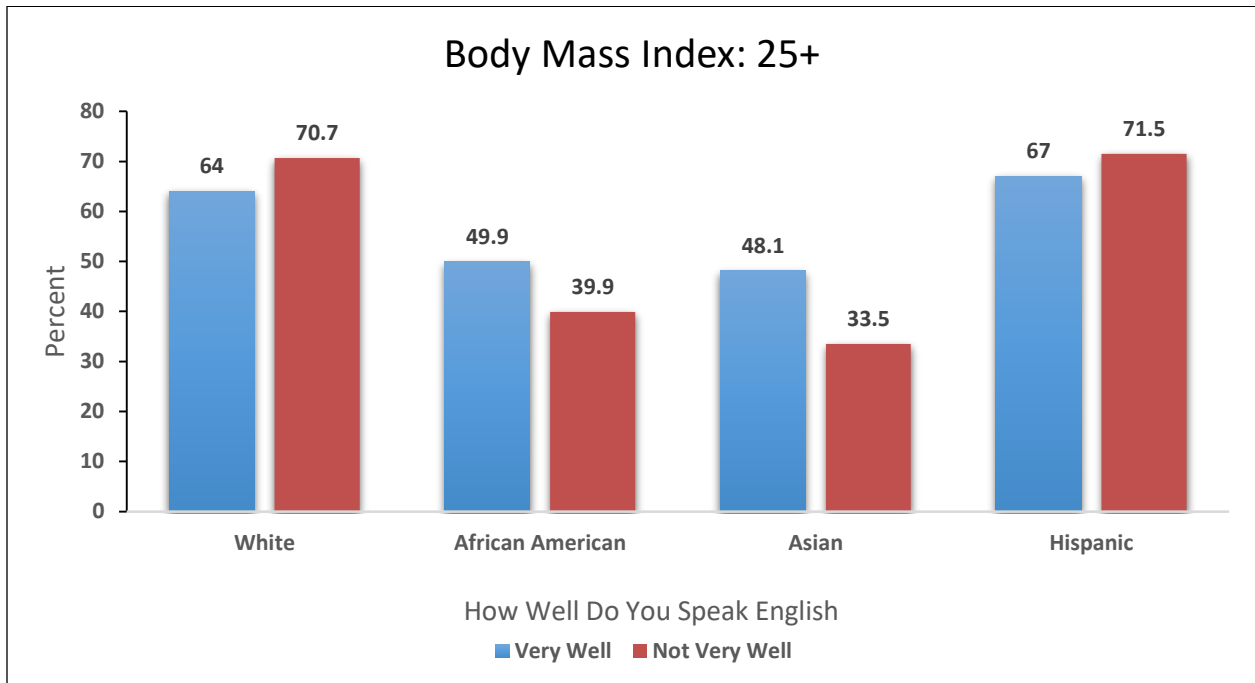


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	63.3	68.0	68.5	70.6	58.5	64.3
95% CI	61.2 – 65.4	63.9 – 71.9	65.1 – 71.7	65.2 – 75.5	55.8 – 61.1	57.7 – 70.4

Overweight or Obese: Body Mass Index 25+

Key Race Disparities

- Limited English speaking Hispanics (71.5%) were the most likely population to be overweight or obese, followed by limited English speaking Whites (70.7%). The next most likely populations to be overweight or obese were English proficient Whites (64.0%) and English proficient Hispanics (67.0%).
- English proficient African Americans (49.9%) were ten percentage points more likely than were limited English speaking African Americans (39.9%) to be overweight or obese.
- Just under half of English proficient Asians (48.1%) were overweight or obese, compared to only one-third of limited English speaking Asians (33.5%).



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	64.0	70.7	49.9	39.9	48.1	33.5	67.0	71.5
95% CI	61.9 – 66.0	66.6 – 74.4	32.7 – 67.2	21.6 – 61.6	35.3 – 61.1	19.8 – 50.6	54.4 – 77.6	61.1 – 80.1

High Physical Activity

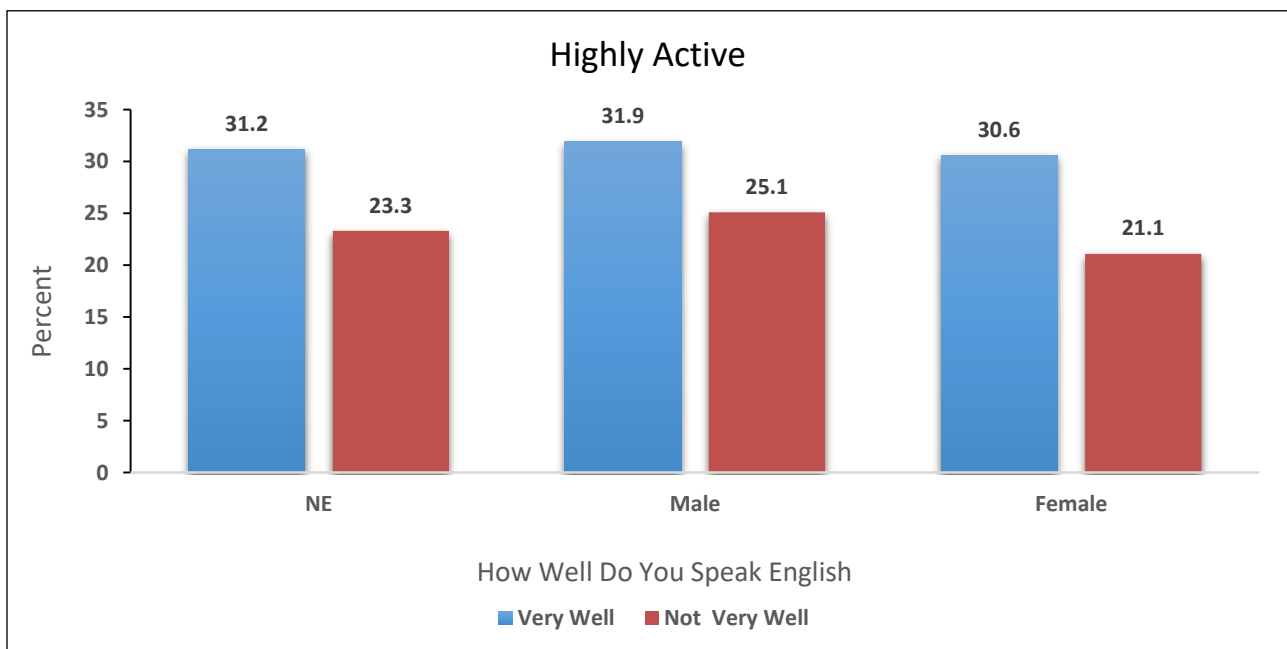
Regular physical activity is an important part of maintaining good health and has been shown to reduce risk for chronic disease. Individuals represented in the charts below reported high physical activity in the past 30 days.

English Speaking Ability Disparities

- Limited English speaking Nebraskans (23.3%) were less likely than English proficient Nebraskans (31.2%) to report being highly active in the past 30 days.

Gender Key Disparities

- English proficient males (31.9%) were approximately seven percentage points more likely than limited English speaking males (25.1%) to report being highly active in the past 30 days.
- English proficient females (30.6%) were almost ten percentage points more likely than limited English speaking females (21.1%) to report being highly active in the past 30 days.

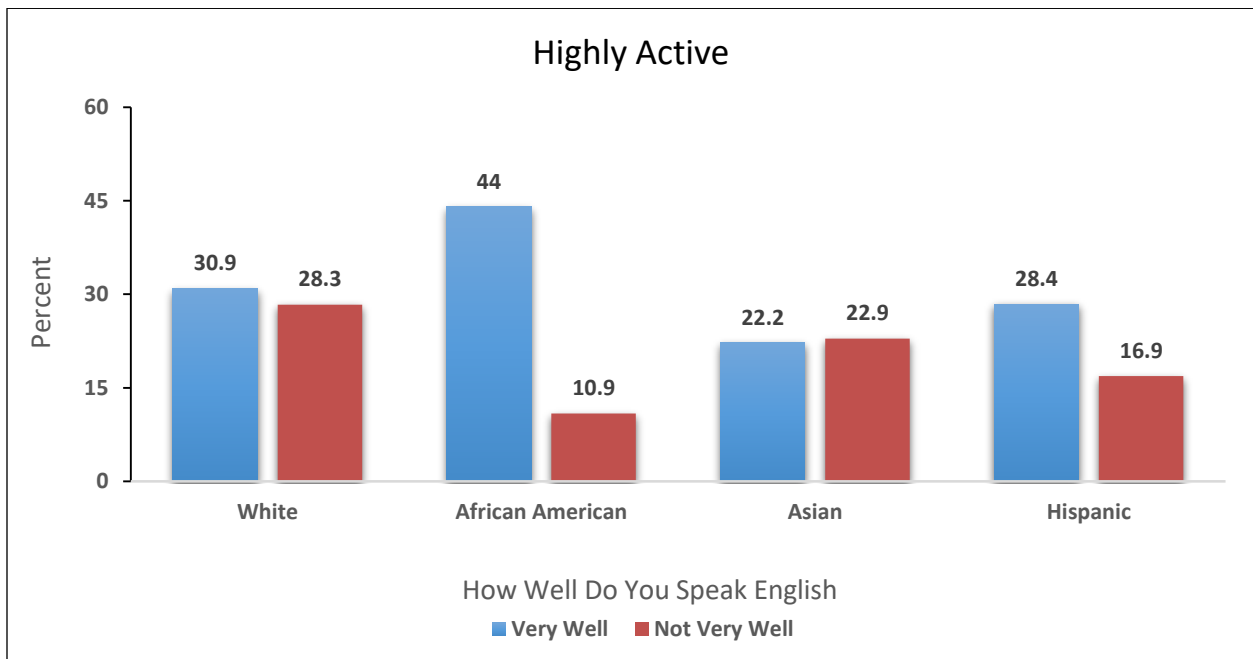


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	31.2	23.3	31.9	25.1	30.6	21.1
95% CI	29.4 – 33.1	19.9 – 27.0	29.0 – 35.0	20.7 – 30.1	28.3 – 32.9	16.2 – 27.0

High Physical Activity

Key Race Disparities

- English proficient African Americans (44.0%) were four times more likely than African Americans with limited English proficiency (10.9%) to report being highly active in the past 30 days.
- English proficient Hispanics (28.4%) were 1.7 times more likely than were limited English speaking Hispanics (16.9%) to report being highly active in the past 30 days.
- Approximately 31% of English proficient Whites reported being highly active in the past 30 days, compared to 28.3% of limited English speaking Whites.
- Similar proportions of English proficient Asians (22.2%) and Asians with limited English proficiency (22.9%) reported being highly active in the past 30 days.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	30.9	28.3	44.0	10.9	22.2	22.9	28.4	16.9
95% CI	29.1 – 32.7	24.6 – 32.2	26.5 – 63.1	3.5 – 29.3	13.9 – 33.4	10.3 – 43.7	19.6 – 39.2	10.9 – 25.2

Physically Inactive

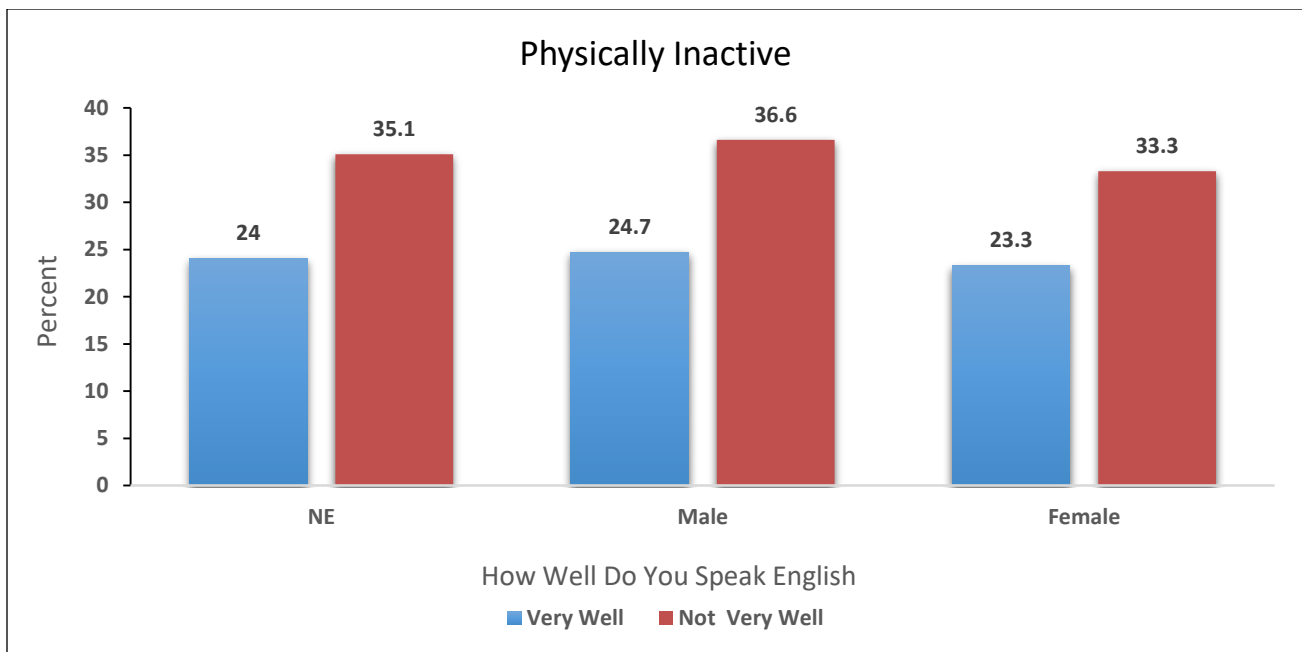
Individuals represented in the charts below reported no physical activity in the past 30 days.

English Speaking Ability Disparities

- Over one-third of limited English speaking Nebraskans (35.1%) reported being physically inactive in the past 30 days, compared to just under one-fourth of English proficient Nebraskans (24.0%).

Gender Key Disparities

- The proportion of limited English speaking males (36.6%) who reported being physically inactive in the past 30 days was 11.9 percentage points higher than that of English proficient males (24.7%) reporting the same.
- Limited English speaking females (33.3%) were ten percentage points more likely than English proficient females (23.3%) to report being physically inactive in the past 30 days.

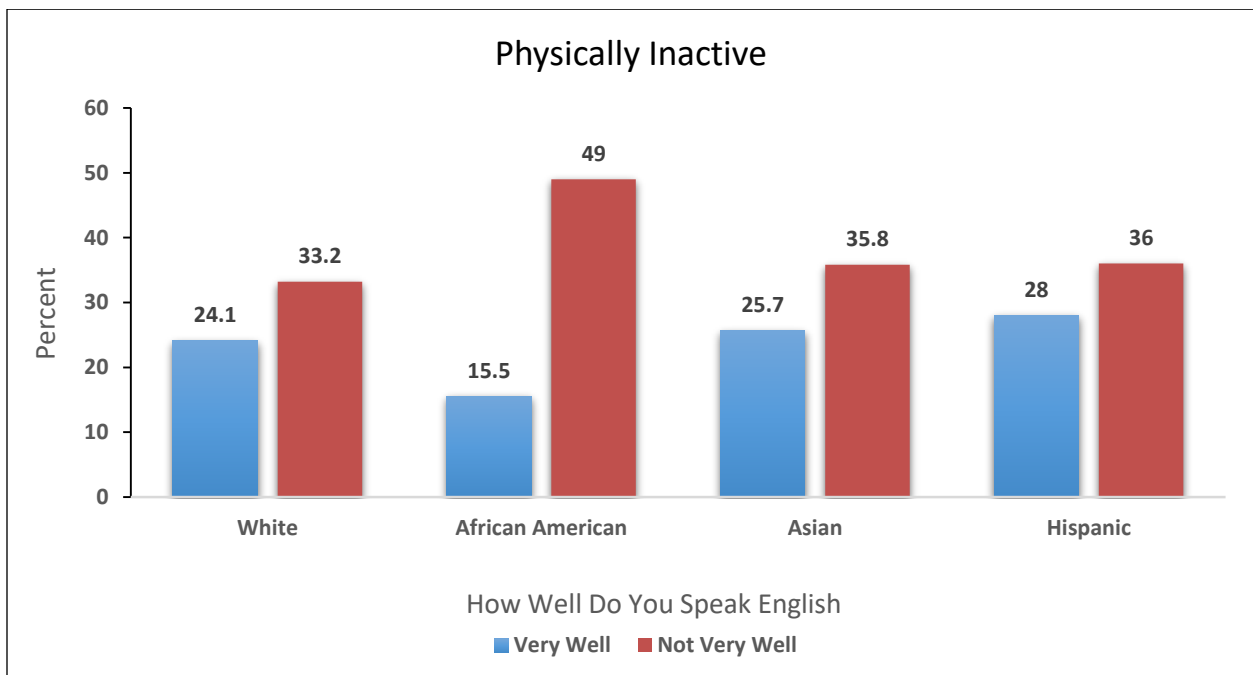


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	24.0	35.1	24.7	36.6	23.3	33.3
95% CI	22.4 – 25.6	31.3 – 39.2	22.3 – 27.3	31.3 – 42.2	21.2 – 25.5	28.0 – 39.2

Physical Inactivity

Key Race Disparities

- Almost half of limited English speaking African Americans (49.0%) reported being physically inactive in the past 30 days, a proportion three times that of English proficient African Americans (15.5%) who reported the same.
- Approximately one-third of limited English speaking Whites (33.2%) reported being physically inactive in the past 30 days, compared to just under one-fourth of English proficient Whites (24.1%).
- Limited English speaking Asians (35.8%) and Hispanics (36.0%) were more likely to report being physically inactive in the past 30 days than English proficient Asians (25.7%) and Hispanics (28.0%), respectively.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	24.1	33.2	15.5	49.0	25.7	35.8	28.0	36.0
95% CI	22.5 – 25.8	29.4 – 37.2	7.5 – 29.3	27.2 – 71.2	15.7 – 39.2	19.0 – 56.9	20.1 – 37.5	28.2 – 44.6

Physical Health

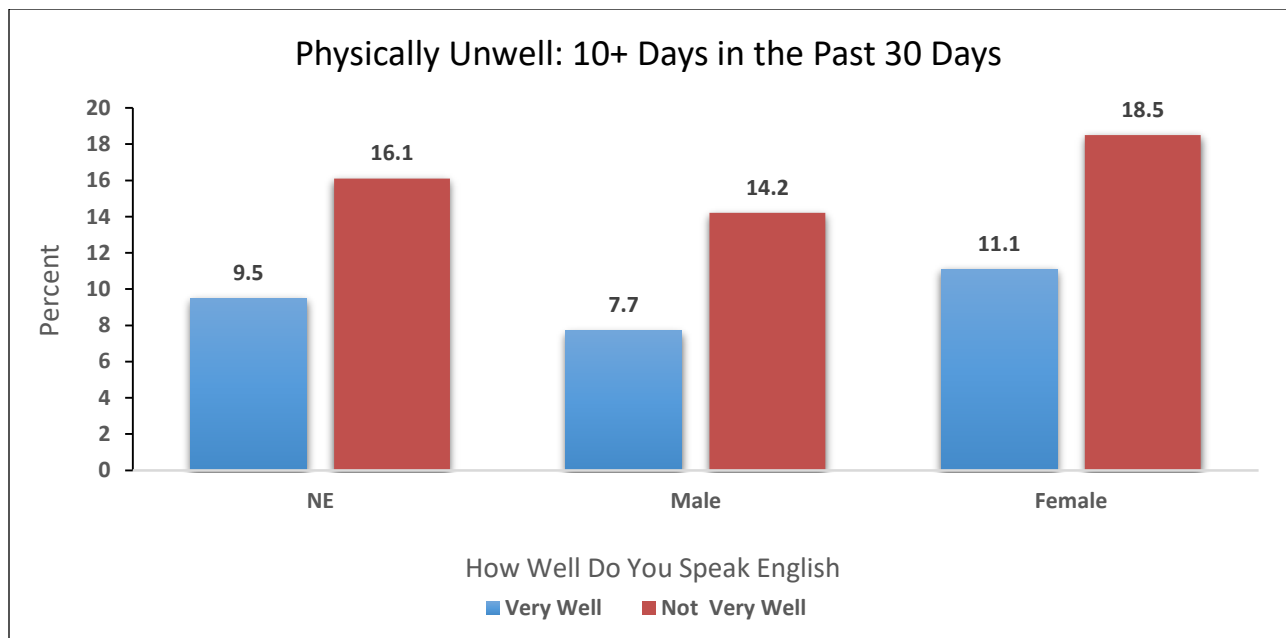
The below charts represent the percentage of individuals who felt their physical health, including physical illness and injury, was not good for ten or more days in the past 30 days.

English Speaking Ability Disparities

- Limited English speaking Nebraskans (16.1%) were more likely to have been physically unwell for ten or more days in the past 30 days, compared to English proficient Nebraskans (9.5%).

Key Gender Disparities

- Limited English speaking males (14.2%) were 1.8 times more likely than English proficient males (7.7%) to report being physical unwell on ten or more days in the past 30 days.
- Limited English speaking females (18.5%) were more likely than English proficient females (11.1%) to report being physically unwell on ten or more days in the past 30 days.

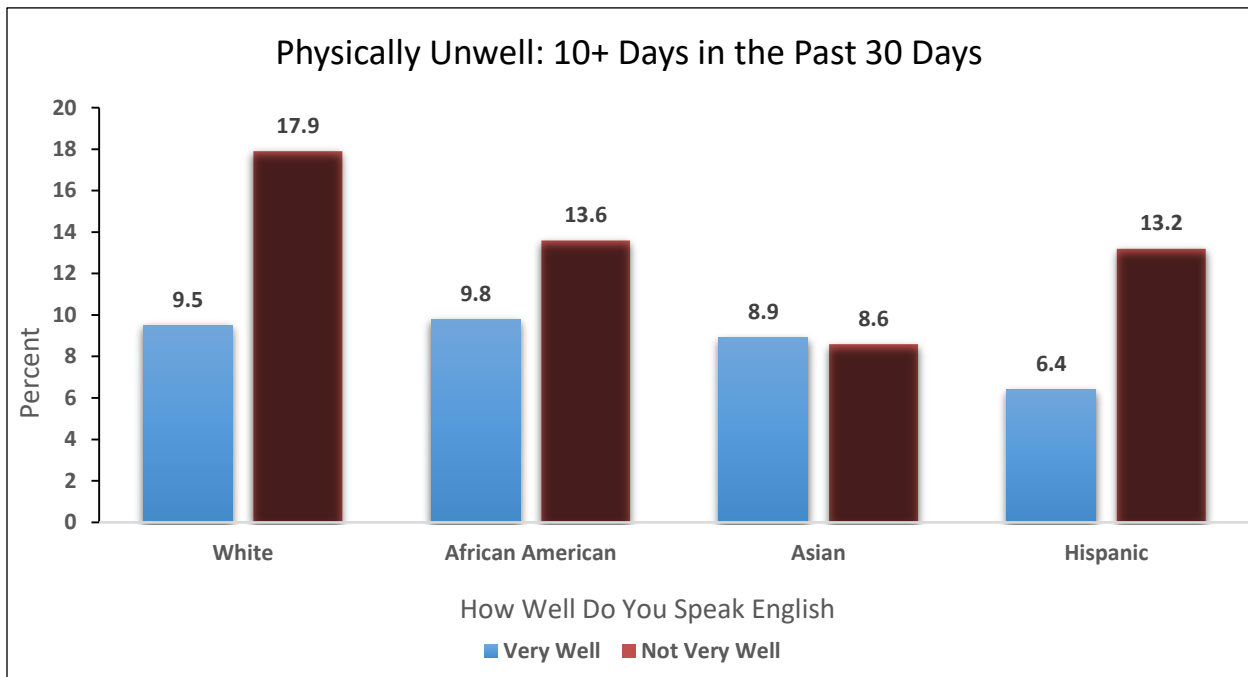


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	9.5	16.1	7.7	14.2	11.1	18.5
95% CI	8.5 – 10.5	13.5 – 19.1	6.4 – 9.1	10.9 – 18.3	9.8 – 12.5	14.6 – 23.1

Physical Health

Key Race Disparities

- Within the White, African American, and Hispanic populations, limited English speaking individuals were more likely to report being physically unwell for ten or more days in the past 30 days.
- The limited English speaking White population was most likely to report being physically unwell for ten or more days in the past 30 days. English proficient Whites (9.5%) were less likely to report the same.
- Hispanics with limited English proficiency (13.2%) were twice as likely as English proficient Hispanics (6.4%) to report being physically unwell for ten or more days in the past 30 days.
- The Asian population reported similar percentages of limited English speaking individuals (8.6%), compared to English proficient individuals (8.9%) who were physically unwell for ten or more days in the past 30 days.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	9.5	17.9	9.8	13.6	8.9	8.6	6.4	13.2
95% CI	8.6 – 10.6	15.2 – 21.3	5.4 – 17.2	5.6 – 29.4	4.2 – 17.8	3.8 – 18.5	3.8 – 10.6	8.5 – 20.0

Mental Health

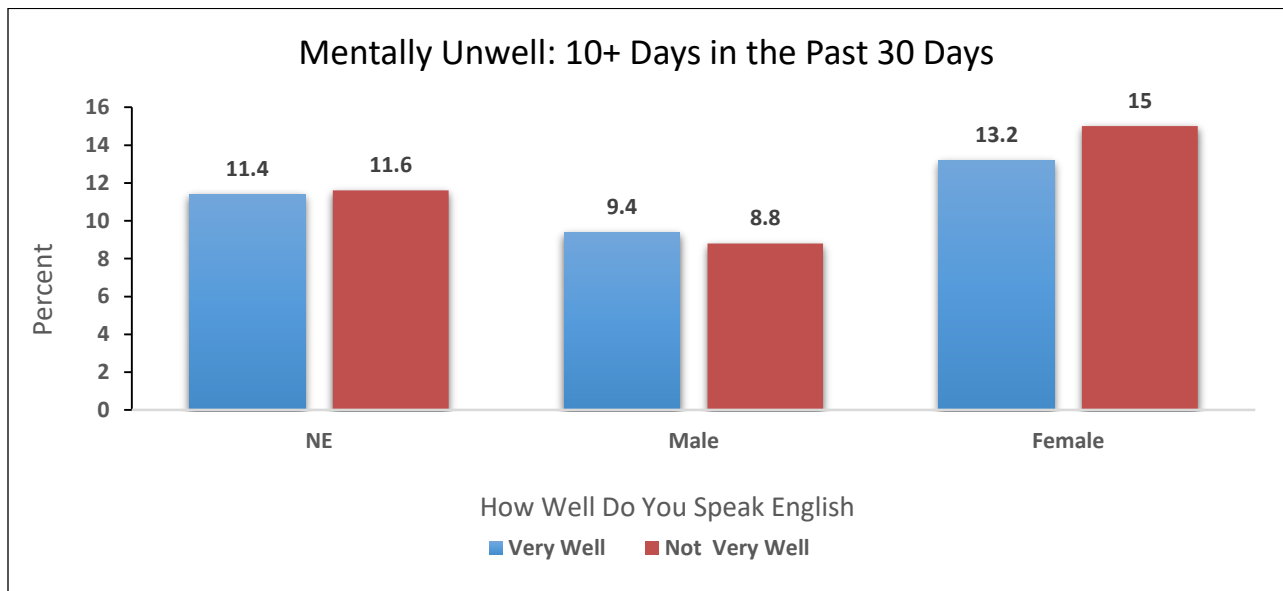
The below charts represent the percentage of individuals who felt their mental health was not good for ten or more days in the past 30 days.

English Speaking Ability Disparities

- Similar proportions of limited English speaking Nebraskans (11.6%) and English proficient Nebraskans (11.4%) reported being mentally unwell on ten or more days in the past 30 days.

Gender Key Disparities

- English proficient males (9.4%) were slightly more likely than limited English speaking males (8.8%) to report being mentally unwell on ten or more days in the past 30 days.
- Females with limited English proficiency (15.0%) were almost two percentage points more likely than English proficient females (13.2%) to report being mentally unwell on ten or more days in the past 30 days.

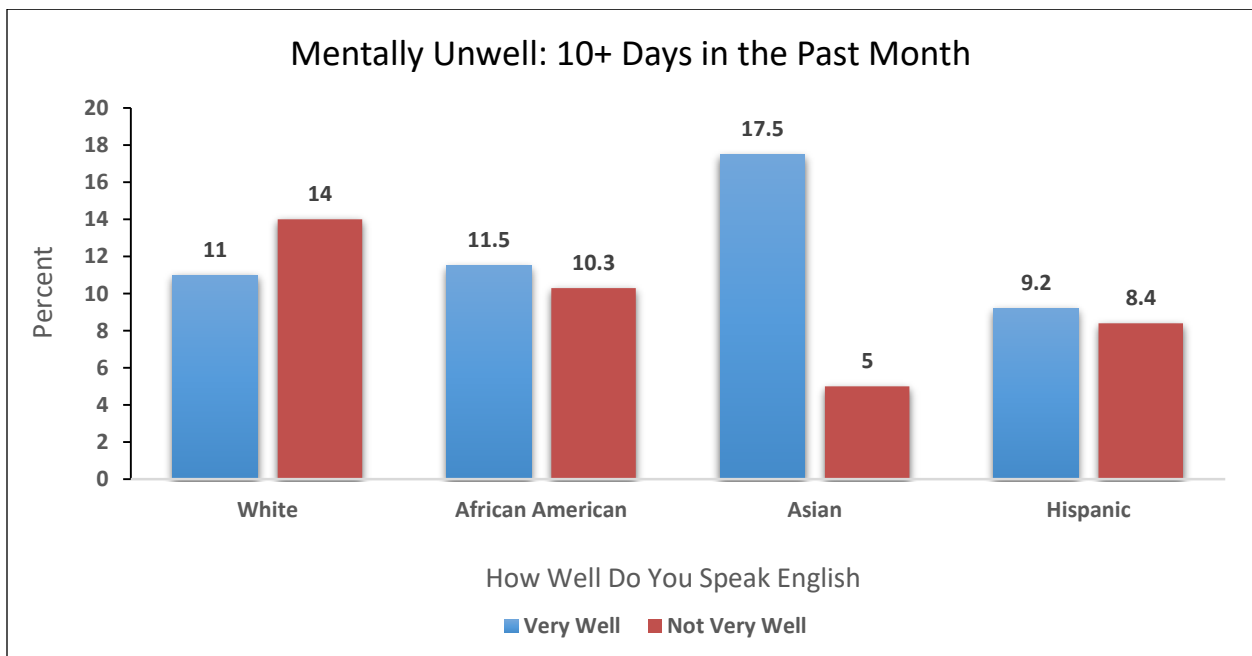


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	11.4	11.6	9.4	8.8	13.2	15.0
95% CI	10.2 – 12.7	9.2 – 14.7	7.7 – 11.3	6.3 – 12.2	11.6 – 14.9	10.8 – 20.6

Mental Health

Key Race Disparities

- English proficient Asians (17.5%) were the most likely population to report being mentally unwell on ten or more days in the past 30 days, while limited English speaking Asians (5.0%) were the least likely population to report the same.
- English proficient African Americans (11.5%) and Hispanics (9.2%) were both slightly more likely to report being mentally unwell for ten or more days in the past 30 days than limited English speaking African Americans (10.3%) and Hispanics (8.4%), respectively.
- The proportion of limited English speaking Whites (14.0%) to report being mentally unwell for ten or more days in the past 30 days was three percentage points higher than that of English proficient Whites (11.0%) reporting the same.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	11.0	14.0	11.5	10.3	17.5	5.0	9.2	8.4
95% CI	9.8 – 12.4	10.6 – 18.2	6.2 – 20.2	3.7 – 25.4	9.9 – 29.1	1.7 – 13.9	5.1 – 16.0	4.8 – 14.4

Depressive Disorder

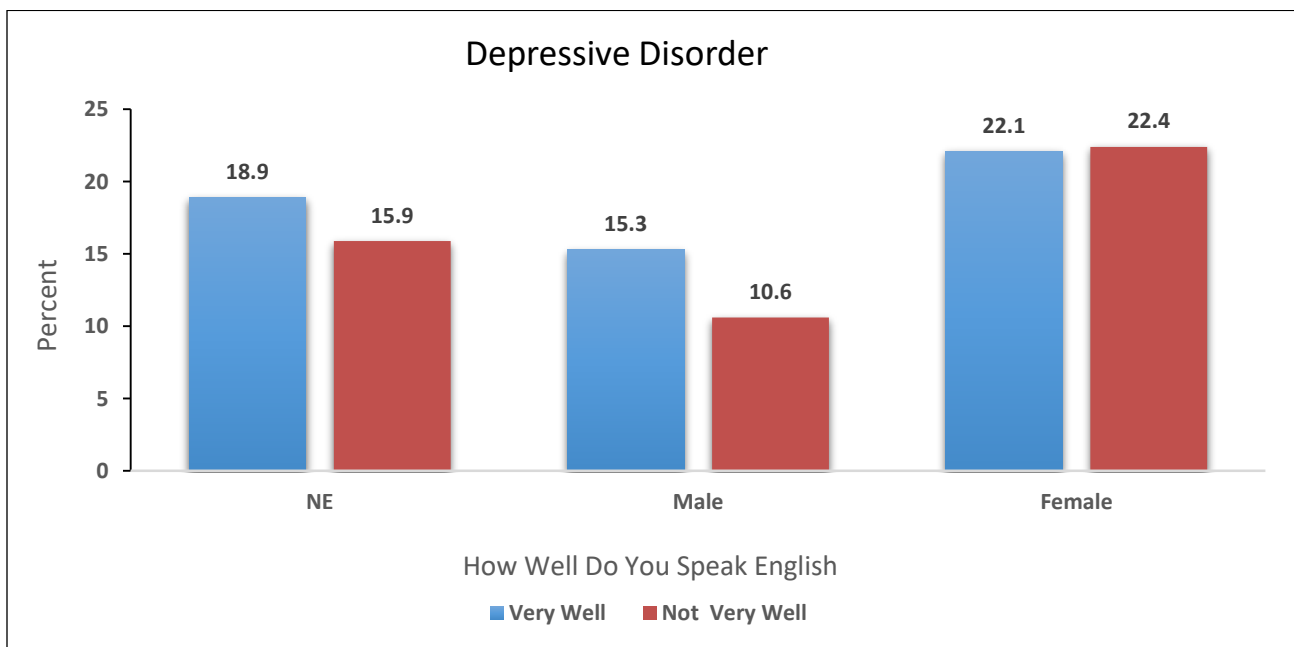
Depression affects one in six adults at some point in their life.²³ The below charts represent the percentage of individuals who had ever been diagnosed with a depressive disorder.

English Speaking Ability Disparities

- Approximately 19% of English proficient Nebraskans reported having ever had a depressive disorder, compared to approximately 16% of limited English speaking Nebraskans.

Key Gender Disparities

- The proportion of English proficient males (15.3%) who had ever had a depressive disorder was 4.7 percentage points higher than that of limited English speaking males (10.6%) to report the same.
- Similar percentages of English proficient females (22.1%) and limited English speaking females (22.4%) reported having ever had a depressive disorder.



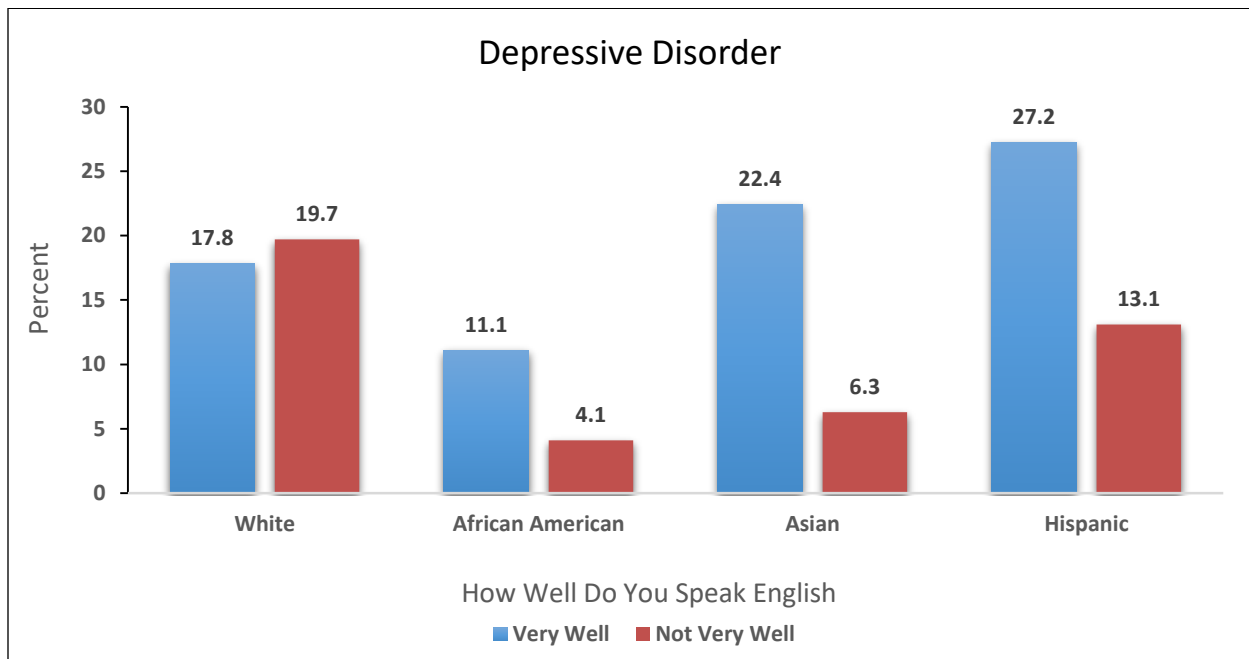
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	18.9	15.9	15.3	10.6	22.1	22.4
95% CI	17.3 – 20.5	13.2 – 19.1	12.9 – 18.0	8.2 – 13.7	20.1 – 24.3	17.5 – 28.2

²³ Centers for Disease Control and Prevention. (2017). Mental health conditions: depression and anxiety. Retrieved from www.cdc.gov/tobacco/campaign/tips/diseases/depression-anxiety.html

Depressive Disorder

Key Race Disparities

- Limited English speaking Whites (19.7%) were more likely than English proficient Whites (17.8%) to report having ever had a depressive disorder.
- English proficient Hispanics were the most likely population to report having ever had a depressive disorder at 27.2% of the population, a percentage twice that of limited English speaking Hispanics (13.1%).
- English proficient Asians were the second most likely population to report having ever had a depressive disorder at 22.4%, a percentage 3.5 times greater than that of limited English speaking Asians (6.3%).



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	17.8	19.7	11.1	4.1	22.4	6.3	27.2	13.1
95% CI	16.4 – 19.4	16.2 – 23.7	6.1 – 19.3	1.3 – 12.0	13.9 – 34.0	2.5 – 14.9	17.6 – 39.7	8.4 – 19.9

Activity Limitations

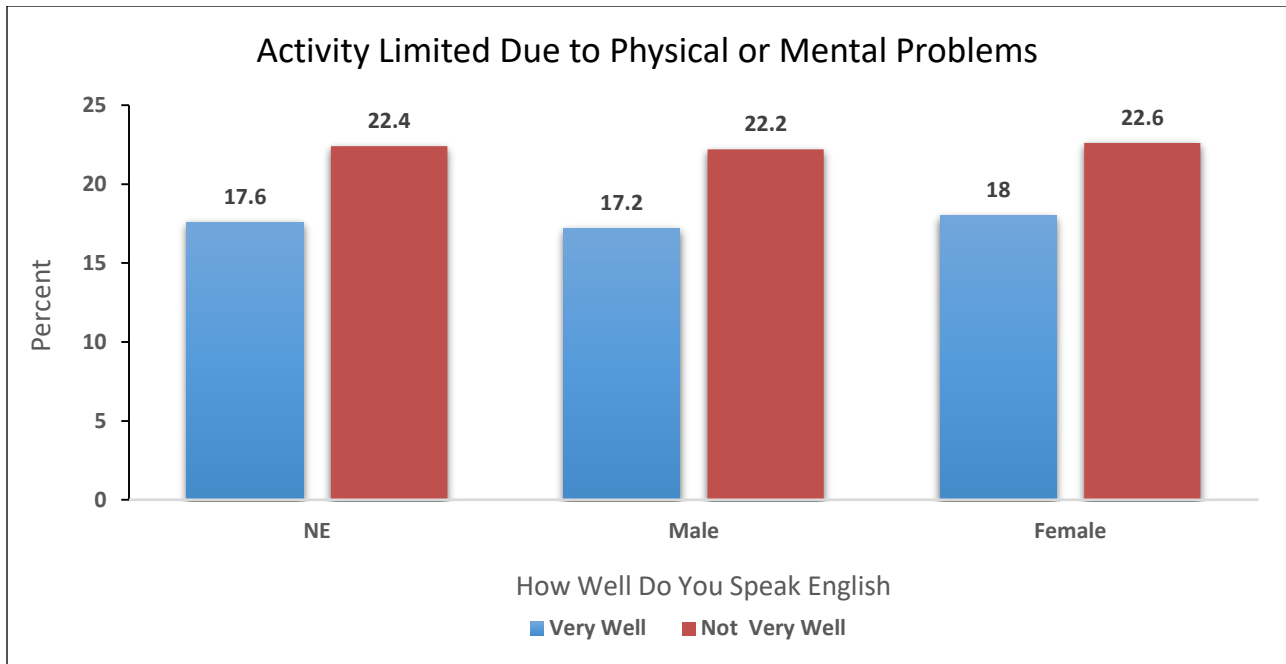
The below charts represent the percentage of individuals who reported that physical or mental problems limited their activity in the past 30 days.

English Speaking Ability Disparities

- Nebraskans with limited English proficiency (22.4%) were more likely to report activity limitations due to physical or mental problems, compared to English proficient Nebraskans (17.6%).

Key Gender Disparities

- Limited English speaking males (22.2%) were five percentage points more likely than English proficient males (17.2%) to report activity limitations due to physical or mental problems.
- Limited English speaking females (22.6%) were 4.6 percentage points more likely than English proficient females (18.0%) to report activity limitations due to physical or mental problems.

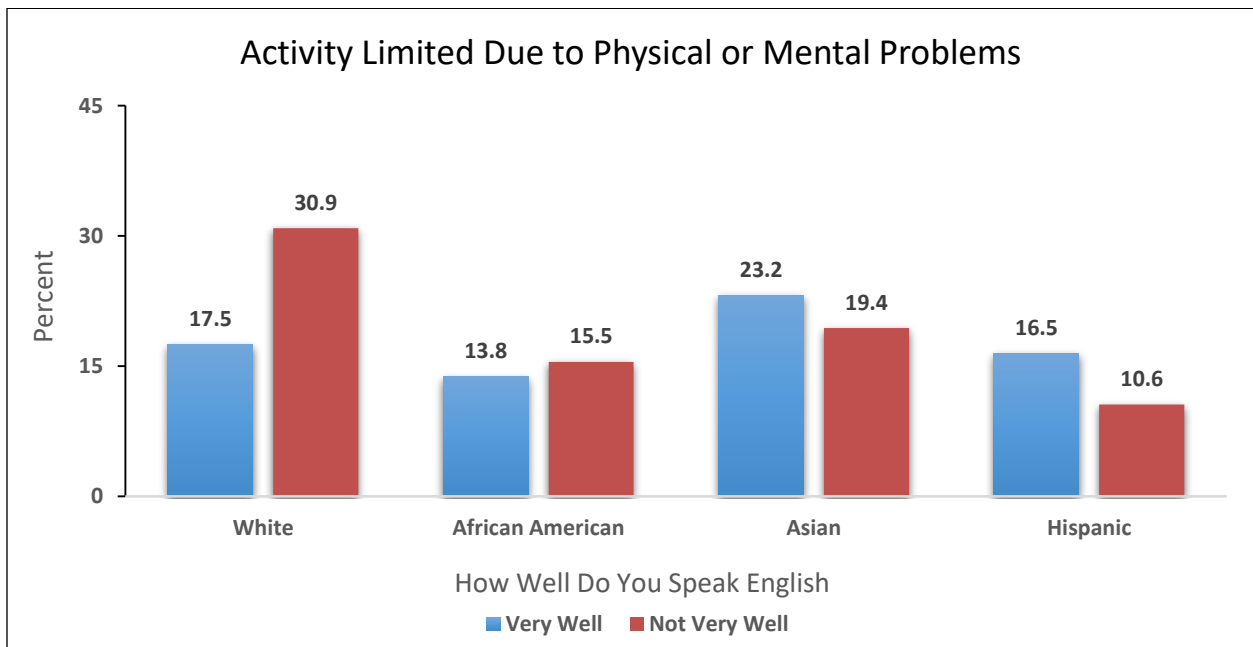


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	17.6	22.4	17.2	22.2	18.0	22.6
95% CI	16.3 – 19.1	19.3 – 25.7	15.2 – 19.5	18.2 – 26.7	16.3 – 19.8	18.2 – 27.8

Activity Limitations

Key Race Disparities

- Whites with limited English proficiency (30.9%) were the most likely population to report activity limitations due to physical or mental problems. Only 17.5% of English proficient Whites reported the same.
- English proficient Asians (23.2%) were the second most likely population to report activity limitations due to physical or mental problems, followed by limited English speaking Asians (19.4%).
- Limited English speaking African Americans (15.5%) were more likely than English proficient African Americans (13.8%) to report activity limitations due to physical or mental problems.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	17.5	30.9	13.8	15.5	23.2	19.4	16.5	10.6
95% CI	16.1 – 18.9	26.9 – 35.2	7.9 – 23.2	6.9 – 31.2	14.4 – 35.2	10.0 – 34.3	9.6 – 26.9	6.4 – 17.0

Exercise Outside of Work

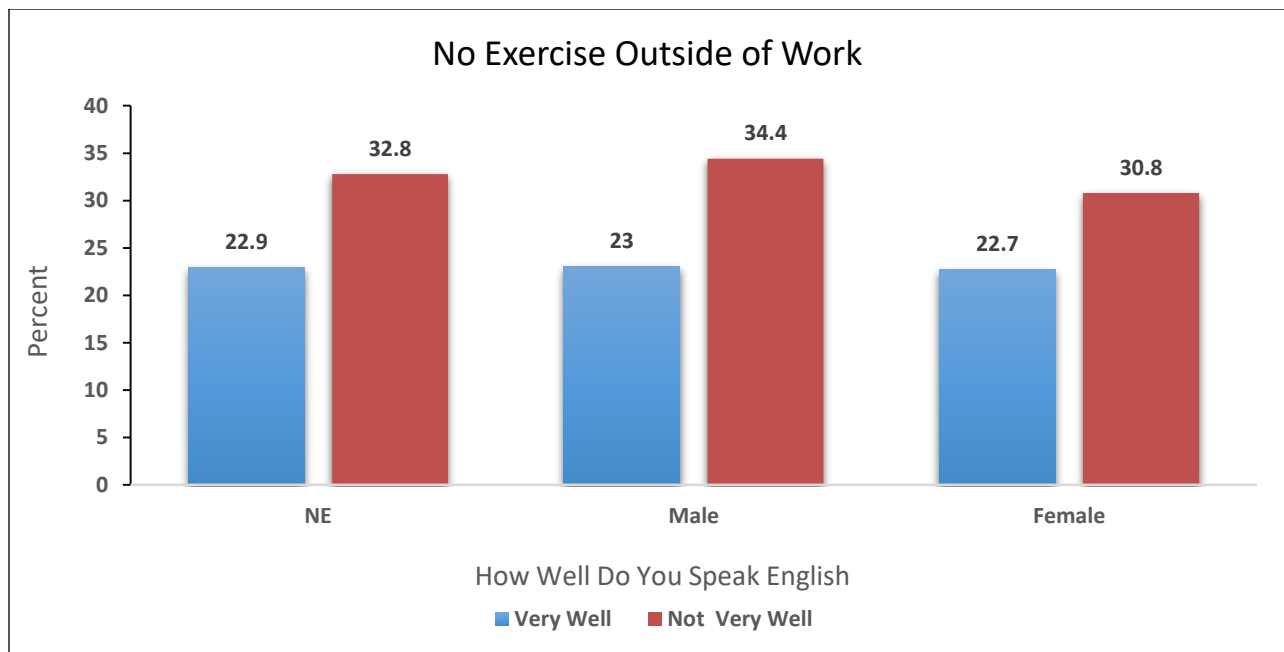
The below charts represent the percentage of individuals who did not exercise outside of work in the past 30 days.

English Speaking Ability Disparities

- Approximately one-third of the limited English speaking population (32.8%) reported having no exercise outside of work, compared to only 22.9% of the English proficient population.

Gender Key Disparities

- The proportion of limited English speaking males (34.4%) reporting having no exercise outside of work was over 11 percentage points higher than that of English proficient males (23.0%).
- The proportion of limited English speaking females (30.8%) reporting having no exercise outside of work was over 8.1 percentage points higher than that of English proficient females (22.7%).

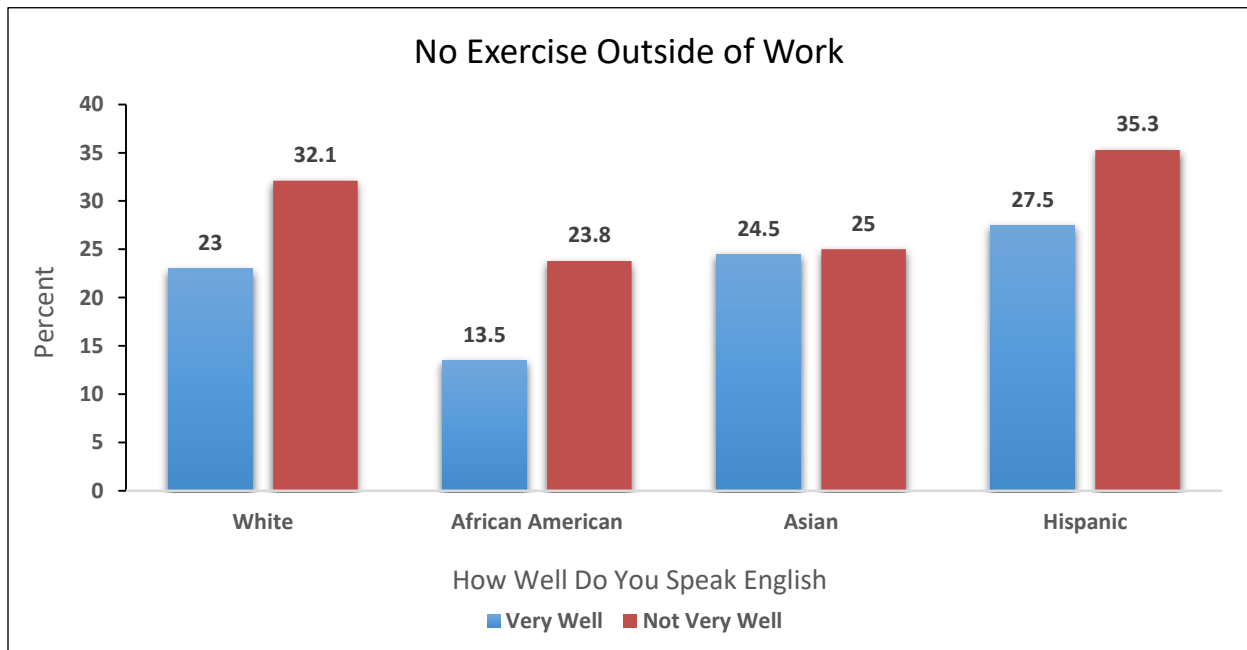


English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	22.9	32.8	23.0	34.4	22.7	30.8
95% CI	21.3 – 24.5	29.1 – 36.7	20.7 – 25.5	29.3 – 39.9	20.7 – 24.9	25.8 – 36.3

Exercise Outside of Work

Key Race Disparities

- Limited English speaking Hispanics (35.3%) were the most likely population to report not exercising outside of work, followed by 32.1% of limited English speaking Whites.
- Approximately one-fourth of both English proficient Asians (24.5%) and limited English speaking Asians (25.0%) reported not exercising outside of work.
- Limited English speaking African Americans (23.8%) were more likely than English proficient African Americans (13.5%) to report not exercising outside of work.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	23.0	32.1	13.5	23.8	24.5	25.0	27.5	35.3
95% CI	21.4 – 24.7	28.4 – 36.0	6.3 – 26.5	10.7 – 44.9	15.3 – 36.8	13.5 – 41.7	19.7 – 36.9	27.5 – 43.8

Fruits and Vegetables

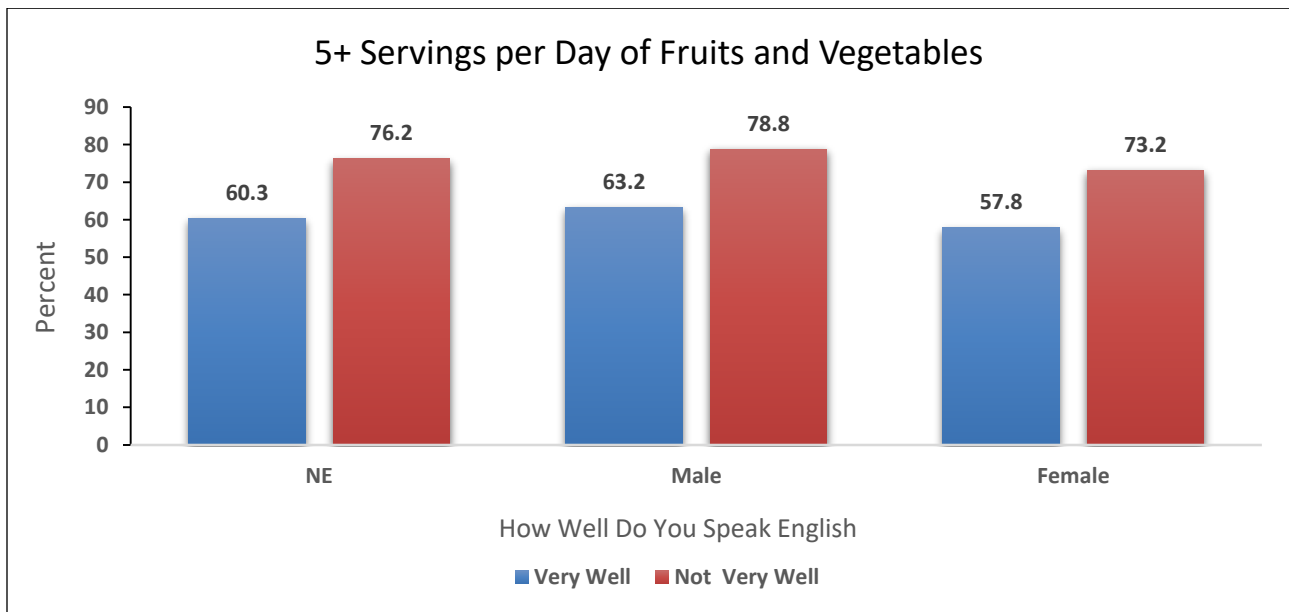
Fruits and vegetables are an important part of a balanced diet and can lower the risk of developing chronic diseases.²⁴ The below charts represent the percentage of individuals who reported eating five or more servings of fruits and vegetables daily.

English Speaking Ability Disparities

- Just over three-fourths of limited English speaking Nebraskans (76.2%) reported having five or more servings of fruits or vegetables daily, compared to only 60.3% of English proficient Nebraskans.

Key Gender Disparities

- The proportion of limited English speaking males (78.8%) who had five or more servings of fruits and vegetables daily was over 15 percentage points higher than that of English proficient males (63.2%) to report the same.
- The proportion of limited English speaking females (73.2%) who had five or more servings of fruits and vegetables daily was also approximately 15 percentage points higher than that of English proficient females (57.8%) who reported the same.



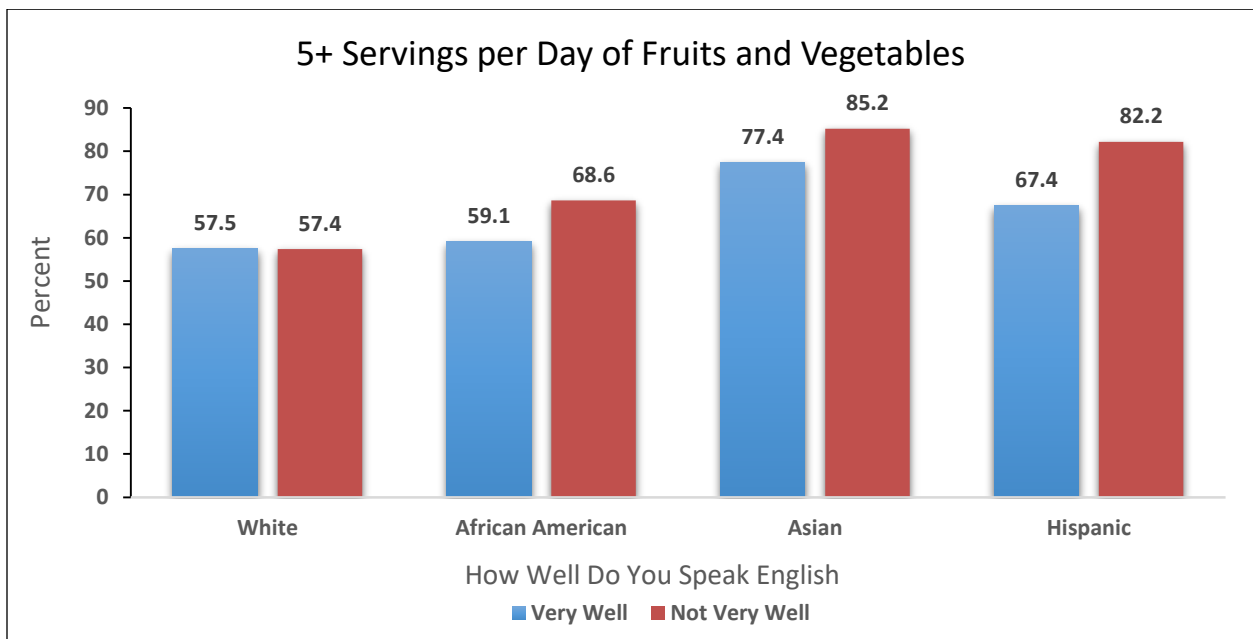
English Ability	Nebraska		Male		Female	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	60.3	76.2	63.2	78.8	57.8	73.2
95% CI	56.2 – 64.3	70.0 – 81.4	56.4 – 69.6	70.3 – 85.3	52.8 – 62.7	63.7 – 81.1

²⁴ Centers for Disease Control and Prevention. (2013). *State indicator report on fruits and vegetables*. Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services.

Fruits and Vegetables: 5+ Servings

Key Race Disparities

- Within the African American (68.6%), Asian (85.2%), and Hispanic (82.2%) populations, limited English speaking individuals were more likely to have five or more servings of fruits and vegetables daily than English proficient African Americans (59.1%), Asians (77.4%), and Hispanics (67.4%), respectively.
- Limited English speaking Asians (85.2%) were the most likely population to report having five or more servings of fruits and vegetables daily, followed by limited English speaking Hispanics (82.2%).
- Similar proportions of English proficient Whites (57.5%) and limited English speaking Whites (57.4%) reported having five or more servings of fruits and vegetables daily.



English Ability	White		African American		Asian		Hispanic	
	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well	Very Well	Not Very Well
Percent	57.5	57.4	59.1	68.6	77.4	85.2	67.4	82.2
95% CI	53.0 – 61.9	46.0 – 68.1	35.2 – 79.4	27.5 – 92.7	56.8 – 89.9	55.7 – 96.3	53.3 – 79.0	74.4 – 88.0

Conclusion

Nebraska is home to a population of diverse individuals who speak a variety of languages. While the majority of non-native English speakers do speak English very well or with near native fluency, there is still a proportion of the population considered Limited English Proficient (LEP). As seen in this report, disparities among the English proficient and LEP populations persist in regards to access to health care, chronic disease, preventative care, and risk factors for illness. Identifying the gaps in these areas is the first step towards creating inclusive policies and programs to eliminate these disparities.

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